

Health Information Technology Advisory Council

Meeting Notes

Meeting Date	Meeting Time	Location
March 17, 2016	1:00 - 3:00 pm	Hearing Room 1B Legislative Office Building 300 Capitol Avenue, Hartford

Participant Name and Attendance

State HIT Advisory Council – Appointed Members		Supporting Leadership	
Participant Name	Attended	Participant Name	Attended
Comm. Roderick Bremby (Co-Chair)		Minakshi Tikoo, HHS HIT	X
Joseph Quaranta, appointed by Majority Leader of the Sen. (Co-Chair)	X		
Michael Michaud, designee to Comm. Miriam Delphin-Rittmon, DMHAS	X		
Fernando Muñiz, designee to Comm. Joette Katz, DCF	X		
Cheryl Cepelak for Comm. Scott Semple, DOC	X		
Comm. Raul Piño, DPH			
Comm. Morna Murray, DDS			
Mark Raymond, BEST	X		
James Wadleigh, Access HealthCT		Shan Jeffries	X
Mark Schaefer, SIM	X		
Kathy Noel, designee to Jon Carroll, UConn Health	X		
Victoria Veltri, OHA	X		
Bob Tessier, appointed by Governor			
Philip Renda, appointed by Sen. Looney			
Patricia Checko, appointed by Governor			
Kathleen DeMatteo, appointed by Governor	X		
Nicolangelo Scibelli, appointed by Governor	X		
Jeannette DeJesus, appointed by Sen. Looney	X		
Ken Yanagisawa, appointed by Rep. Aresimowicz			
Alan Kaye, appointed by Rep. Klarides			
Sen. Looney, President Pro Tempore of Sen.		Dina Berlyn	X
Rep. Sharkey, Speaker of the House of Rep.			
Jennifer Macierowski, designee of Sen. Fasano	X		
Prasad Srinivasan, designee of Rep. Klarides			
Patrick Charmel, appointed by Majority Leader of the Sen.			
TO BE APPOINTED			
<i>One member appointed by the Governor</i>			
<i>Two members appointed by House Representative Speaker</i>			
ADDITIONAL PARTICIPANTS			
Dawn Boland, CSG	X	Sarju Shah, UCONN	X
La'Tivia Tipton, CSG	X		

Meeting Schedule

2016 Dates – Apr 21, May 19, June 16

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	Agenda	Responsible Person	Time Allotted																		
1.	Introductions	All	2 min.																		
	Call to Order: The sixth meeting of the HealthIT Advisory Council was held on March 17th, 2016 at the Legislative Office Building in Hartford, CT. The meeting convened at 1:05 pm, Co-Chair Dr. Quaranta presiding.																				
2.	Public Comment	Public Attendees	10 min.																		
	There were no comments from the public.																				
3.	Review and approval of the January 21, 2016 Minutes	HealthIT Advisory Council	1 min.																		
	The motion was made by Victoria Veltri, and seconded by Mark Raymond to approve the minutes of the January 21, 2016 meeting. Motion carried.																				
4.	Appointments Update	Dawn Boland	1 min.																		
	One new member was appointed since the January 21, 2016 meeting- Kathleen DeMatteo, appointed by the Governor.																				
5.	Review Previous Action Items	Dawn Boland	2 min.																		
	Action items from the previous meeting were reviewed and appropriate action was taken.																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">Action Items</th> <th style="width: 20%;">Responsible party</th> <th style="width: 35%;">Status</th> </tr> </thead> <tbody> <tr> <td>Vote on soliciting an RFI versus an RFP for HIE vendor(s).</td> <td>HealthIT Advisory Council</td> <td>Closed. The Council voted to proceed with procuring a vendor, via sole source, to begin stakeholder engagement and to develop the RFP for the HIE Vendor.</td> </tr> <tr> <td>Search and provide the predecessor work to be added to the history section of the State HIE Plan.</td> <td>Patrick Charmel</td> <td>Closed. Will be re-opened if necessary; Patrick Charmel was not at the meeting.</td> </tr> <tr> <td>CSG is to provide literature it reviewed regarding the patient consent models.</td> <td>CSG</td> <td>Closed. Provided within PowerPoint slide.</td> </tr> <tr> <td>Obtain national experts to provide the Council with information regarding patient consent models.</td> <td>Dr. Tikoo</td> <td>Deferred. Will revisit if necessary during the development of the consent policy.</td> </tr> <tr> <td>Provide the Council with the HITE-CT Consent Policy.</td> <td>Dr. Tikoo</td> <td>Closed. Provided to Council on 1/28/2016.</td> </tr> </tbody> </table>			Action Items	Responsible party	Status	Vote on soliciting an RFI versus an RFP for HIE vendor(s).	HealthIT Advisory Council	Closed. The Council voted to proceed with procuring a vendor, via sole source, to begin stakeholder engagement and to develop the RFP for the HIE Vendor.	Search and provide the predecessor work to be added to the history section of the State HIE Plan.	Patrick Charmel	Closed. Will be re-opened if necessary; Patrick Charmel was not at the meeting.	CSG is to provide literature it reviewed regarding the patient consent models.	CSG	Closed. Provided within PowerPoint slide.	Obtain national experts to provide the Council with information regarding patient consent models.	Dr. Tikoo	Deferred. Will revisit if necessary during the development of the consent policy.	Provide the Council with the HITE-CT Consent Policy.	Dr. Tikoo	Closed. Provided to Council on 1/28/2016.
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6.	Goals and Objectives of Today's Meeting	Dawn	5 min.																		
	<ul style="list-style-type: none"> ➤ History: Advisory Council received education and presentations from five states (Ohio, Michigan, Rhode Island, New Jersey, and Maine) to be informed on the landscape of some successful HIEs. ➤ Goal 1: To talk through, from a Connecticut Advisory Council's perspective, the pros, cons, and items the Council will like to see going forward. ➤ Goal 2: To be in a position where voting can take place today on the following: <ol style="list-style-type: none"> 1. Decide if more information is needed and if appropriate to administer an RFI in order to understand more about the products in the landscape, OR 2. Move forward in the development of an RFP for the HIE solution vendor(s). ➤ Goal 3: To poll the Council on any additional thoughts, information, and/or considerations to include in the upcoming agenda(s). ➤ Objective: For the Council to vote on how to move forward in order to chart out next steps. 																				
7.	HIE Timeline Update	Dawn Boland	4 min.																		
	<ul style="list-style-type: none"> ➤ Dawn provided the Council the original timeline of activities. The plan was submitted to OPM in January 2016. To date, the formal approval has not been received. ➤ Due to the delay in approval, an estimated timeline of activities has been provided with a schedule shift of 1.5 months out to accommodate the time lapse. ➤ Jennifer Macierowski asked: Are we procuring an actual physical asset where DSS will run the 																				

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	<p>alert system or will a vendor be hired to run it? What if the vendor for the HIE and the vendor for the alert system are different?</p> <p>Dr. Tikoo answered: The plan states that Connecticut will procure the same vendor to perform the ADT alert notifications (enhancing that part of the HISP). Dr. Tikoo agreed that Connecticut is only purchasing a service, not the actual hardware.</p> <p>Dr. Tikoo also confirmed that the vendors do not have to be the same for the services provided by the HIE since Connecticut is following nationally recognized standards for the moving of data.</p> <ul style="list-style-type: none"> ➤ Dina Berlyn added that she does not believe the Council agreed that buying an alert system was appropriate; the Bill does not anticipate procuring a new separate asset, rather it was meant for procuring a complete HIE. <p>Dr. Tikoo advised that this will be noted, however the Plan has not been approved as of yet, therefore she cannot speak to it at this time.</p> <ul style="list-style-type: none"> ➤ Kathy Noel asked: What is a reasonable timeframe to get the plan approved since a lot is contingent upon the approval? <p>This could not be answered at this time.</p>		
8.	Discussion of the HIE Presentations	Dawn Boland	50 min.
	<ul style="list-style-type: none"> ➤ Dawn: Purpose of this discussion is for the Council to talk through each of the data points, discuss as a group the thoughts, considerations, and interests to inform the go-forward strategy and plan once OPM approval is received. ➤ Dawn offered that this will assist in formulating the initial Connecticut-specific requirements. ➤ The snapshot of the five State HIE summaries were displayed to include the HIE start data, consent model, annual costs, and number of participating organizations. ➤ Discussion items from the Council: <ul style="list-style-type: none"> ○ Vicky Veltri asked: Is there a breakdown on how the states are funding their HIE? Dawn answered yes, slides have been provided. ○ Kathy Noel pointed out that Maine seemed very different from the others in being proactive at looking at analytics towards the future to improve outcomes, while other states seemed behind in those regards. Dina agreed that this was very impressive. ○ Mark Raymond found it interesting that each of the states spoke about their formation related to solving specific needs in gaining buy-in from the community. Mark would like to have a discussion on what the structure of the RFP will actually look like, what will be bought, set up, or created along the way. When the State issues a contract, Connecticut owns the underlying capability; however, the discussions from the presentations demonstrated they were driven largely because they were adding value to the providers/hospitals. Mark will like a better understanding of this factor. Dawn agreed that this is a commonality amongst successful HIEs and encourages the Council to discuss this further today. ○ Jennifer Macierowski advised that there was also a commonality amongst the states expressing the importance of “grass root supports” which is driven by the stakeholders themselves. Jennifer offered that the Council should discuss in greater detail and figure out how to move forward on this. Dawn recognized that Jennifer is speaking on the process of stakeholder engagement, which is included in the timeline. Dawn added that ensuring the stakeholder groups are both identified and engaged is imperative in order to obtain early feedback and buy-in from the provider community. ➤ Governance Structure Open Discussion: Dawn opened the discussion for the Council’s additional thoughts on governance from both an operational and organizational perspective. <ul style="list-style-type: none"> ○ Vicky Veltri offered that it’s difficult to provide recommendations on a governance structure, because the structure itself or the direction thereof has not been laid out. The provider engagement is a higher priority in comparison to the governance structure. ○ Kathleen DeMatteo spoke from a provider’s perspective and added that Connecticut should figure out what the state really needs or else it could be repeating what occurred 4-5 years ago, which was a painful and expensive endeavor. A survey gauging where the 		

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hospitals, providers, and ambulatory providers currently are and how many HIEs are already working can be really beneficial versus purchasing and deploying a brand new HIE. This purchase may be duplicative of the initiatives that are already occurring within the state.

- Mark Raymond responded that he doesn't want the lessons from those who have been successful to get lost. Who the beneficiaries are should largely drive Connecticut's future discussions of what the governance structure should be.
- Dr. Quaranta highlighted Ohio's report that their hospitals were the driving force of how their HIE began. He stressed that a repository of huge amounts of data will be helpful and usable by the provider community; anything less than may not be. Figuring out the hospitals level of interest in participating will be vital.
Dr. Quaranta asked what structure should be used in order to obtain this information. Kathleen DeMatteo suggested approaching the hospitals via CHA (Connecticut Hospital Association), because the CIOs for the hospitals hold regular meetings; however, there will be a need to go beyond the CHA for the ambulatory providers. She concluded that there may be a statewide ambulatory organization to reach out to.
- Dr. Quaranta relayed he is not as optimistic that there are many "grass-roots" engagements for individual providers. The individual providers will be attracted to a data platform that has significant amount of data in it. If the hospital data, more specifically the payer data, is collected it will ignite their interest.

➤ **Stakeholder Engagement Recommendation:**

- Mark Schaefer indicated that hospitals and practices seem to be key and that could be the focus of the Advisory Council's next meeting. Mark offered that it may be valuable to incorporate an elaborated engagement plan to gauge workgroups from different practices, hospitals, homecare associations, LTCs (long-term care organizations), behavioral health communities, and provider associations. Each group would have an initial engagement so that there will be an understanding of what's being solved. Then a more specific strategy can emerge around workgroups that would represent the private, non- profit, and hospital communities.
- Mark Schaefer offered that the Council should go into the workgroups with the following organized information:
 1. What have other states solved for?
 2. What's the functionality or value that's been introduced in these varieties of communities?
 3. What do we need and not need to solve for?
- Mark Schaefer recommended that between Council meetings there could be a workgroup that advises the consultants of what that strategy could be and subsequently have a specific proposal for the next meeting.
- Dawn Boland, in reference to Mark Schaefer's recommendation to develop a workgroup, asked the Advisory Council if this is something they will like to commit to or should it be discussed in greater detail in the next meeting.
 - Dr. Tikoo stated that this is a great idea; however, voiced caution that staffing must first be identified. Who is going to do the heavy lifting of the strategy engagement? This is only a caution- not prevention.
 - Jennifer Macierowski volunteered to participate and assist after May 2016 when the legislative session ends or when time becomes available.
- Dr. Quaranta asked the Council if the provider engagement process should occur prior to formulating what the next plan will be. Can this work be done in parallel fashion? Opened to the Council to discuss:
 - Mark Raymond noted that he's not sure if sufficient information has been given to make the decision on what to purchase. In regards to the staffing question, Mark is very hesitant drawing a conclusion without having a full time team available to make progress on the goals.

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- Fernando Muniz suggested the Council should gather as much input as possible from the end-users; however, without this process of gathering feedback, he's not sure if enough information has been received either.
- Nicolangelo Scibelli agreed. He stated there are many reasons why the Providers would want to participate in an HIE and the additional information would be useful in that decision. As with Michigan and Ohio, Connecticut can start out with something that's not simply a theory, rather provide something they would really want.
- Dr. Quaranta summarized the discussion consensus. The Council is advising there isn't enough information to vote for an RFI vs. RFP. The next step is to formulate a plan to obtain more information to update the committee on the needs, what is being accomplished, and the existing capabilities of the community. Motion was offered.
- Jennifer asked if CSG could assist in the stakeholder engagement.
 - Dr. Tikoo indicated that Dawn could speak to CSG's capabilities and spoke to the terms of CSG's current contract and that it is limited to facilitating these meetings. She indicated that the contract had been shared previously with the council.
 - Dawn answered organizationally, yes; CSG is involved in strategy and planning around HIT initiatives. CSG is a company that can potentially assist in developing the RFI/RFP.
- Vicky Veltri noted that Connecticut is approaching the end of the fiscal year and asked could a portion of that budget that had not been used during the fiscal year be used to assist in the staffing of the stakeholder engagement and RFI/RFP activities.
 - Dr. Tikoo answered: The question up for discussion today was whether the Council wanted to issue an RFP to engage a vendor to write the RFP and do the work. Previously, when CSG was engaged as the sole source, this option was not pleasing to the committee; therefore we did not want to proceed with that. Dr. Tikoo concluded that yes this is an option (regarding Vicky's budget question); however, it will be up to the Advisory Council to provide direction.
- Jennifer Macierowski stated that the question boils down to: Can Connecticut utilize the resources from developing an RFP for the HIE to contract a consultant to help set up and facilitate the meetings, and develop a stakeholder engagement plan across the state. Dr. Tikoo answered yes. This will be up to the Council to make that decision.
- Mark Schaeffer recommended against defining it too precisely in a way that would be a limitation on the state in terms of what actions can be taken. For example, RFP versus sole source -this doesn't need to be so descriptive in obtaining the resources. How the executive branch supports the work through consulting is less important than the need of a dedicated team to support the work.
- Dr. Tikoo noted the next steps: The Advisory Council will need to have an up and down vote. The next step would be, rather than moving into the RFP development, the Council will like to see the stakeholder engagement process be undertaken and then the RFP development can happen. Council members should then vote "yay or nay" which will be the direction and indication on how to move forward. Once this is completed, the resources can be reviewed and the plan approved.
- Dr. Quaranta asked which option will be the best to correlate the resources and get the job done most efficiently. Option 1: Move forward with the RFP coupled with the stakeholder engagement or Option 2: Have a separate provider engagement. Dr. Tikoo responded that either option is doable; it depends on the direction of the Council.
- Precursor to Mark Raymond's motion: "Without having the set of requirements of what the providers and hospitals really need"

Motion:

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	<p>Mark Raymond motioned “to identify and allocate staff using the funds available, under the Commissioner of DSS’ discretion, to work in a dedicated way to reach out to the community to assess the needs of and current capability to support said community”. Vicky Veltri seconded that motion. Motion passed.</p> <ul style="list-style-type: none"> ○ Jennifer Macierowski added that the engagement strategy may be twofold: <ol style="list-style-type: none"> 1. Provide a snapshot of what is going on currently in the market place (assessment). 2. Identify what will be most useful to providers and patient organizations to develop a plan that will bridge the gaps and meet those needs. ○ Jeanette DeJesus noted that the second phase of the motion should identify and provide direction on what the Council will like for the allocated people to do. Vicky Veltri agreed that this should also be added in the contract. ○ Mark Schaefer expressed a need for a non-exclusive list on how “community” is being defined. He added that the Council should think carefully on how broad the stakeholder community is. 		
9.	Vote on soliciting an RFI versus an RFP for HIE vendor(s)	HealthIT Advisory Council	10 min.
	The Council voted to proceed with procuring a vendor, via sole source, to begin stakeholder engagement and to develop the RFP for the HIE Vendor.		
10.	HITE-CT Policies and Procedures Q&A	HealthIT Advisory Council	15 min.
	Dr. Tikoo provided the HITE-CT policies and procedures in an email sent in January. No further comments.		
11.	Future Agenda Items	HealthIT Advisory Council	15 min.
	<ul style="list-style-type: none"> ➤ Jennifer Macierowski would like to know more about what SIM is doing. She stated that would be helpful to gain better understanding of their goals and how HIE issues may interplay. ➤ Dr. Tikoo asked Mark Schaefer to present on SIM at the next Council meeting. Mark accepted this request. 		
12.	Wrap Up and Next Steps	HealthIT Advisory Council	10 min.
	<ul style="list-style-type: none"> ➤ Updated PowerPoint presentation slide will be posted within 24 hours. ➤ Will continue to work with Dr. Tikoo and co-chairs to strategize for the next meeting held on April 21, 2016. ➤ Dr. Tikoo asked if the Council was satisfied with the education from the five states and asked if the Council would like more sessions or webinars. Mark Schaefer complimented those involved in pulling the presentation series together; it was very informative. Mark requested to circle back for additional sessions once a clearer view is in place for Connecticut. Jennifer Macierowski echoed this compliment and request. <p>Meeting was adjourned at 2:10 p.m.</p>		

Action Items	Responsible party	Follow Up Date
Present on SIM at the next Advisory Council meeting.	Mark Schaefer	4/21/2016
Identify funds and vendor to provide stakeholder engagement and develop the HIE RFP.	Dr. Tikoo	4/21/2016

Parking Lot: N/A

Handouts:

1. 3/17/16 Agenda
2. 1/21/16 Meeting Minutes

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