Health Information Technology Advisory Council
Meeting Notes

Meeting Date	Meeting Time	Location
September 15, 2016	1:00 – 3:00 p.m.	Legislative Office Building, Hearing Room 1C 300 Capitol Avenue, Hartford

Participant Name and Attendance

State HIT Advisory Council – Appointed Members/Designees			
Participant Name	**Attended**	**Participant Name**	**Attended**
Victoria Veltri, Chief Health Policy Advisor for the Lieutenant Governor			
Comm. Roderick Bremby, DSS		Patricia Checko Appointed by Governor	X
Joseph Quaranta (Co-Chair) Appointed by Majority Leader of the Sen.	X	Kathleen DeMatteo Appointed by Governor	X
Michael Michaud For Comm. Miriam Delphin-Rittmon, DMHAS	X	Nicolangelo Scibelli Appointed by Governor	X
Fernando Muñiz For Comm. Joette Katz, DCF		David Fusco Appointed by Governor	X
Cheryl Cepelak For Comm. Scott Semple, DOC	X	Matt Katz Appointed by Sen. Looney	X
Vanessa Kapral For Comm. Raul Pino, DPH	X	Jeannette DeJesús Appointed by Sen. Looney	X
Comm. Morna Murray, DDS		Ken Yanagisawa Appointed by Rep. Aresimowicz	X
Mark Raymond, BEST	X	Alan Kaye Appointed by Rep. Klarides	X
James Wadleigh, Access HealthCT	X	Dina Berlyn Designee of Sen. Looney	X
Mark Schaefer, SIM	X	Rep. Brendan Sharkey Speaker of the House of Representatives	
Kathy Noel For Jon Carroll, UConn Health		Jennifer Macierowski Designee of Sen. Fasano	X
Sean King For Demian Fontanella, OHA	X	Prasad Srinivasan Designee of Rep. Klarides	X
Robert Tessier Appointed by Governor	X	Patrick Charmel Appointed by Majority Leader of Senate	X
Supporting Leadership			
Sarju Shah, PMO	X	Minakshi Tikoo, DSS/UCONN	
Faina Dookh, PMO	X	Teresa Younkin, HIT Consultant	X
Carol Robinson, HIT Consultant	X		
TO BE APPOINTED			
Health Information Technology Officer (Lt. Gov)		*Technology expert who represents a hospital system (Speaker of the House)*	
FQHC representative (President Pro Tempore of Senate)		*Health care consumer or a health care consumer advocate (Speaker of the House)*	
Provider of home health care services (Speaker of the House)			

Meeting Schedule 2016 Dates – October 20, November 17, December 15

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	Agenda	Responsible Person	Time Allotted
1.	**Welcome and Introductions**	**Council Members**	**5 min.**
	Call to Order: The sixth meeting of the Health IT Advisory Council for 2016 was held on September 15 at the Legislative Office Building in Hartford, CT. The meeting convened at 1:05 p.m., Joseph Quaranta presiding.		
2.	**Public Comment**	**Attendees**	**10 min.**
	There were no comments from the public.		
3.	**Review and Approval of the July 21, 2016 Minutes**	**Council Members**	**5 min.**
	The motion was made by Mark Raymond, and seconded by Michael Michaud to approve the minutes of the July 21, 2016 meeting. **Motion carried.**		
4.	**Review of Previous Action Items**	**Joe Quaranta**	**5 min.**
	Sarju Shah reviewed the previous action items:		

Action Items	Responsible Party	Follow-up Date
1. SIM HIT Council Report	Faina Dookh/Sarju Shah	9/15/2016
2. Overview of MACRA	Faina Dookh/Sarju Shah	9/15/2016
3. Summary of HIE Presentations	Sarju Shah	8/09/2016 – COMPLETED
4. Provide links to the SIM Quality Council, State Medicaid Letter, ONC HIT Roadmap, MACRA Proposed Rule	Sarju Shah	8/09/2016 – COMPLETED

	Agenda	Responsible Person	Time Allotted
5.	**Update – Appointments**	**Joe Quaranta**	**5 min.**
	Ms. Shah introduced new member Matt Katz, Executive Vice President of the Connecticut State Medical Society. She noted that five appointments remain to be made.		
6.	**Update – HITO search**	**Sarju Shah**	**5 min.**
	Ms. Shah provided the update on the HITO search. Candidate interviews began on September 13th. The interview team will recommend finalists who will be interviewed by the Lieutenant Governor. It is anticipated the selected candidate will begin in October.		
7.	**Update – HIT Consulting Services**	**Sarju Shah**	**10 min.**
	Ms. Shah reviewed the request for qualifications (RFQ) process to select a HIT consulting team and she introduced the selected vendor: CedarBridge Group. Carol Robinson, Principal of the CedarBridge Group, provided background information on the firm. Mark Schaefer said he was excited to have technical assistance on board to support the transition to the HITO.		
8.	**Update – Alert Notification**	**Sarju Shah**	**10 min.**
	Ms. Shah provided the update. Alan Kaye asked for clarification and asked why the state was not looking to purchase a technology solution. Ms. Shah said it may not be feasible to find something that fits Connecticut so they are looking at existing assets and leveraging and building on those. Dr. Kaye said they had discussed concerns about using legacy systems when the state may be better off with a "new car." Ms. Shah said that if there are things that are working, the assumption is the state would want to keep them. She added that once the HITO is on board and does stakeholder engagement, a decision will be made. Dr. Schaefer said that the Office of Policy and Management authorized DSS to move forward with the alert notification plan with federal approval for 90/10 Medicaid match already in place. He noted it is an early stage effort and not the health information exchange as a whole.		
	Jennifer Macierowski said there were a lot of discussions about whether the state should be tied to legacy assets, particularly if they were outdated, or whether they should invest in a new acquisition of technology or assets. Her understanding was that any new technology would have to be "plug and play" so that it could be used in future health information exchange. Dr. Quaranta cautioned against believing claims that modules		

	are interoperable with other modules as that tends not to bear out in the real world. Dina Berlyn noted that there was some intent to conduct some procurement in the legislation. There was no requirement that they retain legacy systems. Dr. Checko asked if DSS can provide an update on their strategy. Dr. Schaefer said it may be worth taking the concerns back to DSS and CedarBridge and look at how they can provide more insight into why the strategy makes sense. He noted that he did not think they could adequately address it here.		
9.	**SIM HIT Council Recommendations and Next Steps**	Sarju Shah	30 min.
	Ms. Shah provided a review of the recommendations made by the SIM HIT Council and potential next steps. Dr. Quaranta asked whether they were collecting clinical data from claims or electronic health records. Currently, the bulk of programs are based on claims. Patrick Charmel said that with electronic health records, they need to differentiate between structured language and natural language within the EHR. He said that in his experience, most of the information has been pulled from structured data. Dr. Schaefer said that SIM was trying to solve for ways to pull EHR data reliably so that it can be used for quality improvement and payment. If they only stand up a few eCQMs that focus on structured data, that may be enough to move things forward.

Prasad Srinivasan asked whether other states have provided models that can be useful. Ms. Shah said that Oklahoma currently analyzes clinical quality measure and they too have to manage data issues like duplication and data cleaning. Dr. Schaefer added that the Oklahoma system involves deep engagement that is all about managing data integrity so that it is useful to providers and payers. He said it takes a lot to do it well and sustainably. He said they can examine what information from Oklahoma they can bring to the Council. Dr. Quaranta said there was currently a lack of any data to support overall quality assessment. He said they don't need a perfect solution early on to provide value. Matt Katz said that putting physicians on a common network is not easy. He said that a webinar on the Oklahoma model would be helpful. Ms. Macierowski asked who receives the eCQM data in Oklahoma and how it is funded. Dr. Schaefer said that it is a private non-profit that holds data use agreements with the payers and providers. It is a regionally developed initiative that begin this work in response to a CMMI grant (CPC).

Ms. Berlyn said she did not recall anyone approving Zato as the solution. Mr. Katz said that the SIM HIT Council did not recommend Zato. They did not make a formal recommendation about the solution and there were concerns them. It was one system they looked at. Ms. Berlyn said she thought there wasn't a feeling that the Council wanted to go with edge server technology for the statewide HIE. Dr. Schaefer said the PMO submitted a test grant that proposed edge server as the solution to produce clinical quality measures. The SIM HIT Council tried to determine whether it was a viable technology for this purpose. He said the feds are focused on helping the state make good use of the money they've been awarded and with standing something up in the coming year. He said the question is what the state should do at this point based on the SIM HIT Council review. Ms. Berlyn asked whether SIM and HIE issues are necessarily the same. Dr. Schaefer said they are not and that other options can be explored. They can move forward with a Zato pilot or reassess the landscape and look for a procured solution. Ms. Berlyn said that Zato did not have a lot of experience in this area and she would be hesitant about moving forward with them. Patricia Checko said that what was put forward to the SIM HIT Council was an available state asset as the first option. DSS was already working with Zato so it was strongly recommended as an option. The council never saw a demonstration until May. Dr. Checko said she would not go as far as to have the Advisory Council assume they strongly recommended Zato as an option. Had they had a quorum at their last meeting, they would have held a vote on the issue. Ms. Berlyn noted that it has been overstated that the authorizing legislation encourages the use of existing assets.

Dr. Quaranta noted that the SIM need to have a system in place may be separate from an HIE. He asked what the timeframe was. Dr. Schaefer said it was as soon as possible. Ms. Robinson said that Oregon has an RFP out now. The feds were more lenient with Round One states. Round 2 states had to go through a year of | | |

	planning for their test design so they expect the round 2 awarded states to move more quickly. Colorado is feeling the same pressure. She said that a solution is needed as soon as possible but the question at hand is whether they do a Zato pilot or if they really need to know what else is in the market. Mr. Charmel noted that Zato is not a legacy system. Dr. Kaye said that each HIT group worked under different priorities. He noted that SIM needs may conflict with statewide HIE needs. Ms. Robinson noted that they need to be clear about using the term HIE as a noun or a verb. She said that to her it meant the exchange of electronic health information. Ms. Berlyn said that the intent of the legislation was not to require the use of legacy programs and the intent was to have a centralized system. She was concerned about going down a path that was not intended by the legislative language. Ms. Macierowski said that it would be negligent to move forward with Zato. Dr. Checko said she thought the majority of the SIM HIT Council would agree. Dr. Schaefer said if they move forward with the RFI, they can look at solutions that are both attached and not attached to an HIE and examine multiple options. A motion was made by Robert Tessier, and seconded by Patrick Charmel, to begin a request for information and request for a proposals to begin an education process an eCQM solution. **Motion carried.** Ms. Macierowski noted that she saw a huge benefit from combining the councils as there was a potential for them to work at cross purposes.		
10.	**Overview of MACRA**	**Faina Dookh**	**30 min.**
	Faina Dookh provided an overview of MACRA. Dr. Kaye asked if there was a work threshold that had to be part of it. Mr. Katz noted the numbers aren't final yet. Ken Yanagisawa noted the implementation date is January 1, 2017 and asked whether there has been discussion about how to contend with changes that won't be finalized until November. Mr. Katz noted that the first year will be more about reporting than evaluation. Participants will be able to look at different intervals. But, he said, they will be locked into whichever options they choose and they will not be able to change it. Getting practices into the SIM programs will help them to be ready for the first year. There are no penalties in the reporting phase but they will have to report. He added that correct use of PQRS in New England is less than half. Dr. Schaefer said that as they think about engaging stakeholders, it is important to think about the current context and future landscape and that they need to think of the stakeholder view so that they will best be able to participate in these Medicare reforms. Mr. Charmel noted that the feds are trying to push practices into risk-based payment models that are not upside only. He said that from the SIM perspective, they need to talk about how to help providers meet the quality measures. Most providers aren't ready to take on risk. Dr. Quaranta said they need to consider the ramifications of the programs they build and they should seek solutions that make doctors' jobs easier rather than harder.		
11.	**Wrap up and Next Steps**	**Joe Quaranta**	**10 min.**
	The Council will next meet on October 20th. The PMO/HIT Team will begin work on a request for information/proposals to learn more about potential technological solutions.		

Action Items	Responsible Party	Follow-up Date
1. SIM HIT Recommendations	Sarju Shah	09/15/2016 – COMPLETED
2. Present on MACRA	Faina Dookh	09/15/2016 – COMPLETED
3. Alert Notification Strategy	Department of Social Services	10/20/2016
4. HIE learning experience – Review of the Oklahoma MyHealth	Sarju Shah	10/20/2016
5. RFI/RFP development	HIT Consultant	11/17/2016