

Health Information Technology Advisory Council Meeting Minutes

Meeting Date	Meeting Time	Location
Dec. 21, 2017	1:00 pm – 3:00 pm	Legislative Office Building, Hearing Room 1D 300 Capitol Ave., Hartford

Council Members					
Allan Hackney, HITO	X	Robert Blundo, AHCT	X	Jeannette DeJesus	X
Joseph Quaranta, (Co-Chair)		Mark Schaefer, SIM	X	Lisa Stump	X
Joe Stanford, DSS		Bruce Metz, UCHC CIO	X	Jake Star	
Michael Michaud, DMHAS		Ted Doolittle, OHA	X	Patrick Charmel	
Cindy Butterfield, DCF	X	Kathleen DeMatteo		Alan Kaye, MD	
Cheryl Cepelak, DOC		David Fusco	X	Dina Berlyn	X
Vanessa Hinton, DPH	X	Nicolangelo Scibelli	X	Jennifer Macierowski	
Dennis C. Mitchell, DDS	X	Patricia Checko	X	Prasad Srinivasan, MD	
Mark Raymond, CIO	X	Robert Tessier			
Sandra Czunas, OSC	X	Robert Rioux	X		

Supporting Leadership					
Victoria Veltri, LGO		Faina Dookh, SIM PMO	X	Carol Robinson, CedarBridge	X
Jennifer Richmond, HIT PMO	X	Alan Fontes, UCONN AIMS	X	Michael Matthews, CedarBridge	X
Dino Puia, HIT PMO	X	Andrea Schroeter, DSS		Chris Robinson, CedarBridge	X
Kelsey Lawlor, HIT PMO	X	Nancy Sharova, DPH	X		

Open Appointments					
<i>Representative of the Connecticut State Medical Society (President Pro Tempore of Senate)</i>					
<i>Health care consumer or a health care consumer advocate (Speaker of the House)</i>					
<i>Physician who provides services in a multispecialty group and who is not employed by a hospital (Majority Leader of House of Rep)</i>					
<i>Speaker of the House of Representatives or designee</i>					

Agenda			
	Topic	Responsible Party	Time
1.	Welcome & Call to Order	Allan Hackney	1:00 PM
	Call to Order: the twelfth and final regular meeting of the Health IT Advisory Council for 2017 was held on December 21, 2017 in Hearing Room 1D of the Legislative Office Building. The meeting convened at 1:00 p.m.		
2.	Public Comment	Attendees	1:05 PM
	There was no public comment.		
3.	Review and Approval of the November 16, 2017 Minutes	Council Members	1:07 PM
	The motion to approve the November 16, 2017 minutes was passed unanimously.		
4.	Updates	Kelsey Lawlor	1:10 PM
	Kelsey Lawlor of the HIT PMO went over the meeting agenda and introduced the newest member of the Health IT Advisory Council, Sandra Czunas of the Office of the State Comptroller. Sandra introduced herself as an Associate Healthcare Analyst, and mentioned the value-based insurance design provided to state employees as well as the intention to start a diabetes prevention program.		
5.	IAPD-U Review and Approval	HIT PMO, DPH	1:15 PM
	Michael Matthews of the CedarBridge Group introduced the discussion of Connecticut's Health Information Technology (HIT) IAPD-Update funding request process that is being undertaken by the HIT PMO.		

Health Information Technology Advisory Council

Meeting Minutes

Michael explained that the HIT IAPD is a funding request to the federal government for dollars that can be used both for planning and implementation purposes of HITECH activities, including EHR Incentive Program/Meaningful Use. This funding is secured through the Federal Financial Participation (FFP) program.

Michael then explained that Appendix D is an addendum to the HIT IAPD that describes the need for HIE-related design, development, and implementation (DDI) activities, and how they relate to the associated funding request. All HIE-related activities in the Appendix D must link to Meaningful Use standards and the greater adoption and use of EHRs by eligible Medicaid providers. The Appendix D secures a 90% match in FFP for DDI activities related to the HIE. Appendix D has been reviewed by the HIT PMO and state agency partners, including the State Innovation Model (SIM) Program Management Office (PMO), the Dept. of Public Health, the Dept. of Social Services, the Office of the State Comptroller, and UConn. The SIM PMO collaborated with the HIT PMO to align this funding request with the SIM HIT Operational plan submitted on 11/30/2017. The Dept. of Social Services collaborated to support Medicaid providers in meeting Meaningful Use requirements and in participating in health transformation initiatives, including TEFT and SIM.

The targeted submission date of the HIT IAPD-U for CMS review is December 29, 2017. This request must be submitted through the Dept. of Social Services, and CMS could take between 30-60 days for their initial review and questions. Approval is typically obtained shortly after addressing all comments and questions from CMS.

Future IAPDs will be submitted and reviewed in a cyclical pattern. Year One will entail shared services implementation, Wave 1 Use Case planning and implementation, Wave 2 Use Case planning, a continued assessment of business and functional requirements, and a revalidation of Use Case sequencing. Year Two would entail Wave 2 Use Case implementation, Wave 3+ Use Case planning, and a continued assessment of business and functional requirements. Year Three would cover Wave 3 Use Case implementation, Wave 4+ planning, and a continued assessment of business and functional requirements.

Michael concluded that a great deal has been accomplished over the course of the past year as to the “what” and “why” of interoperability and HIE. The discussion today will shift the focus to “how” we realize this roadmap that has been established.

Next, Nancy Sharova, the IIS Health Program Supervisor at the Department of Public Health (DPH), presented background on Connecticut’s Immunization Information System (IIS).

Connecticut’s IIS is funded by the CDC, including the purchase of a new IIS system in 2017. The IIS team is also applying for the federal 90/10 FFP funding through the IAPD-U to support years two and three of the onboarding and technical assistance process for bidirectional information exchange within the new IIS. DPH is required to have an IIS that meets the CDC’s National IIS Functional Standards, which are updated every five years. To meet the new standards and for sustainability, a new IIS was purchased and data will be migrated into the new IIS by mid-2018. Connecticut is now part of a consortium/group of IIS users who utilize the same vendor and can share resources for enhancements as new standards are set.

Currently, some providers report through HL7 messages from their EHR to the IIS through uni-directional exchange; the new IIS will update this process to bi-directional exchange. This bidirectional electronic exchange will allow for Query and Response, in which information can be pushed and pulled from an EHR to the IIS, and vice versa. Users will be able to send immunization history, request complete immunization history, request evaluated history and forecast, send demographic data, acknowledge receipt, and report errors.

Health Information Technology Advisory Council Meeting Minutes

The requested IAPD-U funding will be used to design, develop, and implement improvements to the state's system, enable DPH to declare readiness for Meaningful Use Stage 3 bi-directional electronic exchange for the public health reporting requirement for immunization, onboard Eligible Professionals (EPs) plus Medicaid providers who are not EHR incentive-eligible, employ staff to prepare and implement onboarding and training, and to purchase hardware, software, and supplies to maintain and improve the system.

The goals of the new Connecticut IIS are to facilitate electronic reporting from providers to the IIS to ensure timely and accurate records and to prevent under/over vaccinating patients, to onboard providers for bi-directional electronic exchange, interface with HIE once available, and to expand the age range for mandated reporting of immunizations.

Following Nancy Sharova's presentation, Council Member Pat Checko commented that she was excited to hear about the updates to the IIS. She then stated that bidirectional exchange is translated as provider and DPH being able to transmit data, and suggested two additional users to incorporate: Local Health Directors and Patients. Pat asked whether or not there is a plan to allow Local Health Directors to access the information for their residents, and if a consumer will ever be able to look at their own or their children's data. She added that school nurses are very important as well. Nancy Sharova answered that yes, local health departments will have access. About 15 local health departments currently have access and this will continue. School nurse access began this fall and currently about 300 school nurses access the system. The new systems will have new functionality, such as patient rosters. In the new system, DPH is in talks about patient portal access, although this does not exist currently. Pat followed up with a question on the public health reporting gateway portal; how far away is this system? Local Health Directors hope to soon use this portal for all public health reporting. Michael Matthews answered that this discussion has been opened with DPH, but the conversations are still in their early stages and many of the details are still being determined. Also, with the patient portal, many of the details are being determined, and is more conceptual at this point. For Nancy's group, Wave 1 is to focus on IIS implementation.

Council Member Vanessa Hinton added that when Nancy was talking about immunizations for children, currently the legal requirements are for ages 0 to 6. Legislative changes would be needed to expand this age range.

Jennifer Richmond of the HIT PMO gave an update on the IAPD Appendix D funding for planning that has already been approved. The approved activities for planning have been allocated \$4.9 million, and include meeting facilitation, strategic planning and support, and proposal/document writing.

For the eCQM activity stream, activities will include refining business drivers/requirements to define functional and technical specifications, developing a deployment strategy that includes sequencing of deployment, the provision of subject matter expertise, and the review and assessment of the capabilities of statewide EHRs and connectivity capabilities to HIE.

For the HIE activity stream, activities will include refining business drivers/requirements to define functional and technical specifications, the development of requirements for an RFP, solicitations and vendor management, establishment of electronic strategy for technical standards, and the provision of subject matter expertise.

For the sustainability model activity stream, activities will include the development of a sustainable and practical solution to support the exchange of health information and the design of practical financial models to fund ongoing operations of the HIE.

Health Information Technology Advisory Council

Meeting Minutes

Jennifer then explained Implementation Activities for the IAPD-U Appendix D funding request. It is an eight quarter (2 year) funding request to cover only the minimal amount necessary to build and maintain the HIE. The team does not want to overbuild.

Activity 1 will be to establish a Governance framework, and has been allocated \$1.5 million. It will include the following:

- Establishment of a statewide governance and operational structure
- Execution of an HIE governance model recommendations
- Delivery of a trust framework and related agreements – development of these documents and legal fees, harmonizing trust, establishing common requirements, etc.
- Specification of policies and procedures, including consent model – develop policies around critical elements of trust and consent, determining which organizations will face additional requirements, etc.
- Deployment of data governance council charter

Activity 2 will be Stakeholder Outreach, and has been allocated \$510,000. It will include the following:

- Facilitation of stakeholder outreach and collaborative workgroups
- Creation of Clinical Advisory Work Group to obtain feedback in the planning and implementation of prioritization of business functionality requirements
- Identification of stakeholder workgroup to participate in the incremental delivery of HIE - obtain feedback from stakeholders for further development of use cases
- Continuation of Medication Reconciliation workgroup – additional movement in the state around poly-pharm

Activity 3 will be the rollout of the HIE, Shared Services, CDAS, and Use Cases. This has been allocated \$8.7 million and will include:

- HIE Solution Approach
 - Establish the HIE core infrastructure and interfaces to EHRs
 - Interface HIE with EHRs/other HIEs
 - Onboard providers to the HIE and shared services
 - Deliver HIE services incrementally
 - Network of network approach leveraging existing interoperability approaches
 - Customizations – this will be minimal in Connecticut as a standard approach will be adopted whenever possible. We want functionality that can easily morph and avoid developing Connecticut-specific requirements, standards, or functionality
 - Initial implementation will focus on providing technical assistance to providers.
 - Once the service is stable, we will deploy to remaining providers and FQHCs and provide technical assistance
- Shared-Services Components
 - Enhancing MDM services (MPI, PR, Peer Relationships, Attribution)
 - Establish data transformation activities
 - Evaluate existing state assets against requirements
 - \$1.17 million for interface and enhancements to existing systems in the state – MDM will be further funded by IAPD (in addition to SIM funding)
 - Evaluation of existing state assets against identified and developed requirements

Health Information Technology Advisory Council

Meeting Minutes

- Clinical Data Analytics Services (CDAS) – Alan Fontes, UConn
 - Alan is not going to discuss the whole system – he is going to discuss how the CDAS ties into the overall HIE
 - This will be a system that we design – we will be building the interface between the HIE and the CDAS – CCD format
 - Existing standards and protocols will be used
 - CDAS – looking at calculation/generation of quality measures for eQMs, HEDIS, etc.
 - Build interface between HIE and CDAS
 - Transfer of data from EHRs in standard format (CCDs, QRDA1)
 - CDAS generating quality measures (eQMs, HEDIS, etc.)
- HIE Use Cases
 - Determining the functional and technical requirements
 - Determining what can be implemented “out of the box” vs what requires customization and modification
 - We want to see what delivers the most value quickly and easily
 - Define new or refine existing use cases based on feedback of incremental delivery of requirements
 - Refine business drivers/requirements to define functional and technical specifications

Activity 4 will constitute the Onboarding process, and has been allocation \$900,000. It will include:

- Provision of statewide outreach, education, and training – demonstrations, webinars, forums, etc.
- Leveraging of relationships with provider advocacy groups, trade organizations, and other stakeholder groups
- Provision of workflow development support – “train the trainer” model as well as onboarding and interface costs, support the socialization of connectivity to the HIE

Allan Fontes, the Director of UConn Analytics and Information Management Solutions, further discussed the budget. He stated that funding has been broken down by cost categories, and \$4.9 million has already been approved in an earlier IAPD. This IAPD update has an additional \$11.6 million (two years), plus \$2.9 million for the IIS.

Following this presentation, Council Members asked a number of questions.

Dr. Bruce Metz asked, given the complexity of these projects, is there a contingency plan? If we run into roadblocks, what do you think the response will be? Alan Fontes answered that during the planning process, they had considered the experiences of CedarBridge and other groups. They will be using an Agile procurement process – what the needs are today, and what it will take to cover any contingencies. They will be progressing incrementally and considering this in the next wave of funding. Dr. Metz also asked, in terms of Full-Time Employees and the money allocated for staffing, what level of effort is being looked at? Alan Fontes answered that the staffing being discussed at this time is primarily for the HIT PMO and UConn Health. HIE service implementation staffing would be dependent on the vendor.

Mark Raymond stated that in an earlier version, the Council had discussed the resources to reach sustainability. The discussion today looks like implementation, and he wanted to make sure that the funding for recruitment, commitments, and “sales force” of this effort have been taken into account. He stated that before committing to building and obtaining architecture, are we articulating what it will take to get commitments from participants? Alan Fontes answered that part of the \$4.9 million that has been awarded has been allocated to reach out to stakeholders, and there have been a couple planning calls so far to prioritize who the team wants

Health Information Technology Advisory Council

Meeting Minutes

	<p>to get involved up front. In the long-term, the team is still looking at the model from a sustainability standpoint and what will be needed. Some of this will come out of HIE services implementation and operations, but he does not feel that we are able to know all the answers just yet. Mark Raymond responded by saying that he cannot state strongly enough that he feels that we should not start to spend implementation money if we first do not understand what the costs will be and who will bear the costs. That is a recipe for getting to the end and not having customers. To the extent that this has to be an ongoing part of this group or the trusted operational organization, we need to make sure this is part of the process and that we do not move to a large scale spend phase without these commitments. Alan Fontes agreed and the team will have to keep this as part of the perspective. Allan Hackney added that he wanted to clarify some of the information. What is explicit in the request are 4 streams of activities, one of which is financial sustainability. One of the other streams is around the HIE deployment strategy. It is Allan’s expectation that we are reaching out to different actors in the ecosystem and gaining their commitments to participate, as well as a time frame for when they will come in. I don’t see how we would build anything without commitments. People are going to ask about the costs, and he feels that this is all wrapped up in the previously approved set of activities.</p> <p>Vanessa Hinton asked, in terms of the RFP, will the HIT PMO be using the traditional state RFP process, or will it be considering the GSA? Alan Fontes answered that the team is using both processes. They are looking at all options, as well as the UConn procurement process. Vanessa asked if the UConn procurement process is the same as the state process. Mark Raymond answered that they need to follow the same requirements.</p>		
6.	Acceptance of the IAPD-U Funding Request	Allan Hackney	1:50 PM
	<p>Allan Hackney stated that it is important to him in his capacity as Health Information Technology Officer to gain approval and affirmation from this Council before pursuing next steps. The approval of this IAPD-Update would be coupled with Dept. of Social Services acceptance, and there may need to be tweaks made prior to submission under DSS letterhead.</p> <p>Allan asked for a motion to accept the IAPD-U funding request draft. The motion to approve was passed unanimously with no abstentions.</p>		
7.	Wrap up, Action Items and Next Steps	Dino Puia/Kelsey Lawlor	2:00 PM
	<p>Allan Hackney reminded members that the Council will be pursuing another Design Group around governance models for the HIE, to begin mid-January. There are two volunteers already, and he is hoping to have three Council Members represented on the Design Group. Bruce Adams, the General Counsel to Lt. Governor Wyman, as well as a representative from the Attorney General’s office will also participate.</p> <p>Michael Matthews, on behalf of the CedarBridge Group, thanked the Council for all of their work and wished attendees a happy holiday season.</p> <p>Allan Hackney asked for a motion to adjourn the meeting. The motion was approved and passed unanimously. The meeting closed at approximately 2:00pm.</p>		

Upcoming Meeting Schedule: 2018 Dates – Jan. 18, Feb. 15, Mar. 15

Meeting information is located at: <http://portal.ct.gov/office-of-the-lt-governor/health-it-advisory-council>