Health Information Technology Advisory Council
Meeting Agenda

Meeting Date	Meeting Time	Location
April 19, 2018	1:00 pm – 1:30 pm	**WEBINAR**

Council Members					
Allan Hackney, HITO (Co-Chair)	X	James Wadleigh, AHCT		Jeannette DeJesus	
Joseph Quaranta (Co-Chair)		Mark Schaefer, SIM	X	Lisa Stump	
Joe Stanford, DSS	X	Bruce Metz, UCHC CIO		Jake Star	X
Miriam Delphin-Rittmon, DMHAS		Ted Doolittle, OHA	X	Patrick Charmel	X
Cindy Butterfield, DCF		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		Patricia Checko	X	Prasad Srinivasan, MD	
Mark Raymond, CIO	X	Robert Tessier	X	Tekisha Everette	X
Sandra Czunas, OSC	X	Robert Rioux		Patrick Troy, MD	
Supporting Leadership					
Victoria Veltri, OHS	X	Kelsey Lawlor, OHS	X	Kate Hayden, UConn Health	X
Jennifer Richmond, OHS	X	Dr. Tom Agresta, UConn Health	X		
Dino Puia, OHS	X	Alan Fontes, UCONN AIMS	X		
Open Appointments					
Representative of the Connecticut State Medical Society (President Pro Tempore of Senate)					
Speaker of the House of Representatives or designee					

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	Topic	**Responsible Party**	**Time**
1.	**Welcome & Call to Order**	**Allan Hackney**	**1:00 PM**
	Kelsey Lawlor welcomed the Council and called the meeting to order.		
2.	**Public Comment**	**Attendees**	**1:05 PM**
	There was no public comment.		
3.	**Review and Approval of the March 15, 2018 Minutes**	Council Members	**1:10 PM**
	There was not a quorum of Council members present. Therefore, the Advisory Council could not vote to approve the minutes from March 15, 2018.		
4.	**Update on the IAPD-U Funding Request**	**Allan Hackney**	**1:15 PM**
	Allan Hackney gave a brief update on the status of the implementation advance planning document update (IAPD-U) submission. Allan presented a timeline slide of health information exchange (HIE) Milestones and the IAPD-U submission and explained that in past meetings, the Council had finalized the language in the funding request. On December 29, 2017 the IAPD-U was submitted to the Department of Social Services (DSS) for their review. Over the past three months, there have been a number of discussions with DSS regarding the IAPD-U, including several group meetings to discuss issues and concerns that DSS had with respect to some of the language and approaches contained within the IAPD-U. An issue was identified related to the State Medicaid Health IT Plan (SMHP). It was determined that the SMHP needed to be updated, irrespective of the Advisory Council actions. The SMHP details the overall plan for managing health IT within DSS. The SMHP had not been updated for several years. When the joint IAPD that was approved in November, 2017 to provide funding the advisory work of the Office of Health Strategy (OHS), as well as all of the other programs that the DSS oversees, CMS made it a requirement to have an update to the SMHP in concert with any future IAPD submission. The SMHP is 300+ pages long, which created a concern about how this document was going to be updated and how it would impact timelines. OHS recommended that DSS speak with CMS to try and		

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pursue a partial update to the SMHP (where only the relevant sections would be updated, rather than the entire document). CMS agreed to this approach on March 12th.

On March 26, 2018, OHS met with DSS to work out the game plan for getting the IAPD-U submitted and to resolve the issues. From this discussion, there were two approaches that emerged. The first approach, a two-phase approach, would begin with DSS reviewing the IAPD-U and providing feedback while the HIT PMO team would work to address DSS' issues and concerns by the end of April. At this point, the IAPD-U would be submitted in the first week of May and DSS would update the relevant portions of the SMHP.

The second approach was a three-phase approach. The first phase would be an initial IAPD submission to CMS for only the components that relate to the Department of Public Health's (DPH) immunization information system (IIS). In concert with this submission, the sections in the IAPD-U relating to the HIE would be updated to address DSS's issues and concerns as the IIS-specific IAPD submission was reviewed by CMS. CMS typically takes about 60 days to review and approve any IAPD submission, which could create timing issues. The second phase will require DSS to update the HIE portion of the SMHP with an expected submission date by the end of April. The third phase will be the final submission of the IAPD-U HIE portion (contained within the Appendix D) which is dependent on CMS approval of the IIS portion of the IAPD-U as well as the SMHP update. On April 5th, DSS decided to pursue the three-phase approach and consequently submitted the IIS-specific IAPD to CMS for their review and approval the following day.

Given this three phased approach, we can expect the IIS-specific IAPD to be approved in early June. We would expect that the HIE language contained within Appendix D to be finalized with DSS by the end of April. As soon as the IIS-specific IAPD is approved by CMS, DSS and OHS should be in position to submit the rest of the IAPD-U, at which point there will be another 60-day review/approval period. This approval will likely occur in mid-August, HIT PMO will have been planning all along and will be able to launch immediately. At which point we can begin building requirements and procuring HIE services, likely in December 2018 and piloted by January or February 2019.

Bob Tessier asked if there is any concern that the delay in submitting the HIE portion of the IAPD might jeopardize the approval or further delay funding approval beyond what is presented on the timeline. Allan Hackney answered that he does not foresee any issues getting approval from CMS; however, he does not know for certain how CMS feels about the three-phased approach. Joe Stanford of DSS added that this approach probably helps us in terms of approval because we are addressing potential concerns. By addressing these issues up front, Joe believes that it ultimately helps the process. Bob Tessier responded that we are talking about a significant delay in the process compared to what the Advisory Council originally approved; he was trying to understand the implications and any lessons from that. If the Advisory Council and OHS are on a different page than DSS, how do we address this moving forward? He hopes Joe's response is accurate, and that we will see positive impacts from this delay.

Mark Raymond asked what can be done in the interim to confirm that our previously identified direction and use cases remain to be something that the broader community is still interested in. Allan Hackney answered that his team is expecting final confirmation of their contract with the resources that are going to do the requirements gathering and strategy for the HIE. This process will involve another wave of community engagement to validate the proposed sequence of events with the use cases. CMS moves fairly quickly when reviewing contracts that have already been vetted by the state procurement people.

Patricia Checko asked if the eCQM work stream was on its own track, outside of this HIE timeline. Allan answered that the eCQM work stream is funded out of SIM budget so it is not financially impacted by the delay in IAPD-U funding. He also mentioned that there is an eCQM pilot in progress in partnership with the Office of the State Comptroller that Allan feels confident about. However, he worries about the subsequent connection of this pilot program to the HIE. At the current pace, we will have to push back the timeline on collecting raw eCQM data from the HIE. This is also concerning in regards to the SIM grant, since the grant period ends on January 30, 2020.

Jake Star asked if Allan could provide the Council with a reminder on when the overall 90/10 FFR funding ends for these types of programs. Allan answered that the HITECT funding period runs through 2021. Jake responded while he

can understand the delays, it is concerning that we may not be able to complete all of this work before the funding stream expires. Allan agreed that this is certainly a risk.

Allan Hackney then stated that he wants to be clear to the Council that his team currently holds securing IAPD-U funding as their number one priority.

Patricia Checko asked Allan for an update on health IT-specific legislation. Allan outlined the updates for HB 5290, SB 465, and HB 5415. House Bill 5290 is a technical correction to the statutes to fully incorporate the Office of Health Care Access into the Office of Health Strategy, and Senate Bill 465 and House Bill 5415 both pertain to the collection of race, ethnicity and language (REL) data. HB 5290 has been passed by the House and is awaiting a vote in the Senate; 465 and 5415 aroused concern over the collection and use of REL data in new ways, so they have not yet been brought for a vote in either chamber. Tekisha Everette was asked by Allan to add any commentary on the REL legislation or topic. She confirmed Allan's summary, adding that there was some confusion as to the purpose of HB 5415 and what it is trying to do. Allan also mentioned that he has been thinking about how to legislatively address an issue that exists in including Medicaid data in the All-Payer Claims Database. As of now, CHIP is not included in the statute allowing data to be shared with the ACPD and any change to statute has no bill to attach such language

Dina Berlyn stated that the delay in IAPD-U submission by DSS is frustrating. She asked if we know for sure if and when the Department will submit this funding request within the two month period they agreed to, or if it could be delayed again. Secondly, she asked if there is anything in the legislation that explicitly prevents CHIP from submitting data to the APCD. Allan answered that DSS has been very clear that they need the legislation to be amended in order to include CHIP data, and that Commissioner Bremby has been on the record as committing to submission of the IAPD-U by June 10, 2018. Joe Stanford added that he wants to reiterate that DSS is not trying to delay the submission process; there were content issues that necessitated the delay, including issues of sustainability and duplicative funding requests. He stated that they want to make sure the language is in line with what would be approved by CMS. Dina Berlyn responded that she is not in total agreement with Joe's comments, but her questions were answered.

5.	**Wrap up and Meeting Adjournment**	**Allan Hackney**	**1:25 PM**
	Allan Hackney asked for a motion to adjourn. Bob Tessier moved to adjourn, and Pat Checko seconded the motion. The meeting was adjourned at approximately 1:50pm.		

Upcoming Meeting Schedule: 2018 Dates – May 17, June 21, July 19, August 16

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