

Health Information Technology Advisory Council Meeting Minutes

Meeting Date	Meeting Time	Location
June 21, 2018	1:00 pm – 3:00 pm	Legislative Office Building Hearing Room 1D

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

Supporting Leadership					
Victoria Veltri, OHS	X	Tom Agresta, MD UConn Health	X	Sean Carey, CedarBridge	X
Kelsey Lawlor, OHS		Kate Hayden, UConn Health	X	Tim Pletcher, PhD, Velatura	X
Sarju Shah, OHS	X	Alan Fontes, UCONN AIMS	X	Jeff Livesay, Velatura	X
Jennifer Richmond, OHS	X	Michael Matthews, CedarBridge	X	Courtney DelGoffe, Velatura	X

Open Appointments					
<i>Representative of the Connecticut State Medical Society (President Pro Tempore of Senate)</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
	Sarju Shah 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
	Allan Hackney asked for a motion to approve the minutes from the March 15, 2018 meeting. Vanessa Hinton moved to approve the March 15 th minutes, Pat Checko seconded the motion; all Council members approved the minutes and there were no oppositions or abstentions.		
	Allan Hackney then asked for a motion to approve the minutes from the April 19, 2018 meeting. Rob Rioux moved to approve the April 19 th minutes, Patrick Charmel seconded the motion; all Council members approved the minutes and there were no oppositions or abstentions.		
4.	Membership Update	Allan Hackney	1:15 PM
	Allan shared with the Council that Jennifer Macierowski, the former Council to Senate Republican President Pro Tempore Len Fasano avid supporter of HIT activities in the state, has recently been sworn in as a judge, and had to resign from the Council due to a prohibition on judges serving on any other Boards or Commissions. Her balanced perspective and advocacy has been deeply appreciated, and will very much be missed.		
5.	Legislative Update	Allan Hackney	1:20 PM
	Allan outlined three main legislative updates pertinent to the work of the Council:		

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	<ul style="list-style-type: none"> - Public Act 18-91 passed, and delineates technical corrections to Public Act 17-2, which gave rise to the Office of Health Strategy. These technical changes were necessary to fully integrate the Office of Health Care Access into OHS. - Special Act 18-6 passed, and arose out of a public hearing on polypharmacy. This Act directs the HITO to establish a working group under the Health IT Advisory Council to research practical solutions for improving medication reconciliation and polypharmacy activities and outcomes in CT. Allan also noted that Since the Advisory Council does not have a nominating committee, Allan Hackney and Dr. Joe Quaranta will determine the membership recommendations. A request for applicants has been distributed and was sent to Council members. Allan requested members to distribute the request to anyone who might be interested as they are looking to cast as wide a net as possible. A number of spots on the working group is dictated by statute, but it can be larger. A member of the Advisory Council must be on this workgroup. - Public Act 18-77 passed, and is a technical change to statute that will allow CHIP data to flow into the APCD. This will allow a standard Medicaid data file to be used, instead of having to implement technical change orders and programming. 		
6.	APCD Update	Allan Hackney	1:30 PM
<p>Allan shared that there are three deliveries scheduled for this month, and two more are in process. The APCD preparing to integrate Medicaid data following the passage of PL 18-77 and test files are ready to be exchanged. 3Q2017 Medicare data is available and a request for 2018 data is in progress. Report specifications for a consumer transparency website are complete and the results are expected this summer.</p>			
7.	IIS Update	Vanessa Hinton	1:35 PM
<p>Vanessa shared the vision, focus and goal of IIS program. They are currently working to migrate the Vaccination Ordering System (VTrcks) and CT immunization registry and tracking system (CIRTS) into CT WiZ. The completed program will be bi-directional. The go-live is planned for September 2018.</p> <p>Pat Checko asked if there is any plan to explore if IIS can be used for mass vaccination efforts, such as in response to an attack. Vanessa will bring that suggestion back to the team to see if a future phase can include local public health and EMS use cases.</p> <p>Following the meeting, Vanessa Hinton provided the following information:</p> <p>Pat Checko stated that her question was related to the potential of using the ISS for Emergency Preparedness purposes. For example, if it became necessary to do mass vaccination for an influenza pandemic or anthrax attack or other emergency that involved vaccines would it be possible to utilize the ISS to record and track for epi response purposes? Has any thought been given to that use case, since DPH, Local Health Departments and providers would all have access already?</p> <p>The Immunization Program Manager Kathy Kudish responded that CT WiZ (CT's Immunization Information System [IIS]) is equipped to capture mass vaccination events, and the plan is to use the system to track doses administered in an emergency (flu, anthrax, or any other vaccine).</p>			
8.	eCQM Update	Alan Fontes	1:45 PM
<p>Alan Fontes shared that they are looking at a subscription-based licensing model so that if grant funding ends, there will not be any ongoing cost. The contract also allows for an early exit if funding runs out, as well as the ability to transfer the contract at no cost to another entity. The system is built in Azure as a separate environment, so it can be transferred completely to another entity if needed. Alan shared the project timeline. Currently, they are working on data use agreements, working with UCONN health and others within the state on how to structure data elements, and other components of data governance. The initial pilot will not require extensive data governance work because it will be in a closed environment. Once the next phase rolls out, there</p>			

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	<p>are a lot of data policy and management policies that will need to be developed. The Azure contract will be closed this week, and they will start standing up the infrastructure next week and installing software after that. Preliminary work is already being done in a test environment at UCONN, including some preliminary data imports and dashboard development. Looking at the timeline, there is a lot of overlap between stage 1 and stage 2, stage 2 looking at expanding the components, installing the data lake to receive data; stage 3 receiving data directly from HIEs and EHRs; Alan also talked about dependencies required for the project. They will be looking at initial pilots, pain management, genomics data and other possibilities that can be done after the core components are stood up. In addition, they will be assessing at social determinants of health and health equity data for potential reporting.</p> <p>Mark Raymond asked Alan if he could talk more about the closed data environment and what kind of diligence is being done around security and testing. Alan answered that his team is working of a state of work with Microsoft’s security architect group, with a goal to attain HIPAA compliance over time. The UConn IT Security Officer will oversee this. They are also looking at a third party to do vulnerability testing, in addition to the in-house UConn security testing and auditing. Mark responded that he recommends the assessment should be as broad as possible, perhaps following CMS guidelines on data protections. We should take the most stringent view, since that is where we need to end up. Alan answered that this is exactly what they’re shooting for. Allan Hackney added that they will be conducting a solicitation for pilot candidates to submit data, particularly geared towards ACOs.</p>		
9.	IAPD-U	Jennifer Richmond	1:55 PM
	Jennifer shared that the team is expecting to hear from CMS regarding their initial review of the IAPD-U sometime over the next few weeks.		
10.	Introduction of Velatura	Tim Pletcher	2:00 PM
	<p>Sarju shared that the current HIT work has support from two consulting groups, Cedarbridge Group and Velatura. She then introduced Tim Pletcher, Jeff Livesay, and Courtney Delgoffe from Velatura.</p> <p>Tim shared background on Velatura and its origin with MiHIN, and described three core components of HIE work: trust and the legal component, cybersecurity, and the technical capabilities to execute. The goal of an HIE entity is to leverage public and private expertise, to lower burden on provides, scale costs and investments, and help doctors and patients work more closely together. When the work begins, people will say it’s never going to work; then people will say it’s never going to last; to be successful, you need to get through both stages. Beyond the pilot, there is the question of how do we get people engaged.</p> <p>There has also been a great deal of work to prioritize use cases, now we need to optimize use cases, look at the data flows needed for use cases, mapping the requirements and success criteria, and understanding what conformance looks like. It is essential to have high quality data. Sequencing will likely be influenced by both value and the technical requirements (e.g., data flows).</p> <p>Patrick Charmel asked how Velatura will balance adding value through the use cases, and doing things quickly. Tim answered that it is crucial to get people to participate, and testing that commitment as quickly and early as possible. With MiHIN, when they actually started sharing data, the hospitals were not ready for it. They approached the largest payer in the state who seemed really committed but was not willing to invest any money. They only wanted to pay for value, they said, and what’s the value? We asked them to take a piece of their population health value strategy and align it with ADT data. When they did, in 9 months we had 93% of ADTs coming to MiHIN. A similar thing happened with immunization. Now MiHINs up to 3.5 million messages a day. There need to be carrots and sticks. There needs to be the opportunity to come in at the speed they want but they need to come in.</p>		

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Lisa Stump asked how CT's prioritized use cases compare to Velatura's recommendations and experience. Tim answered that it is important to look at data flows behind use cases. We will look at things that people will put money behind, or use policy levers, either carrots or sticks, to drive change.

Tim then invited the Council members to participate in a visioning exercise. Specifically, he asked them to think about what success looks like in 18 months, considering the following questions:

- What will we have done?
- What did you like best about how we did it?
- Who most surprised you by their engagement?
- What are we excited about accomplishing?

Highlights from this exercise include:

What will we have done?

- We've put together coalition of dedicated stakeholders; created an environment with the community moving forward; established trust framework and data is flowing; HIE is in place; public health reporting is accomplished through IIS; eCQM data is flowing.
- The community is engaged, infrastructure is in place, and some kind of governance entity is created
- We are rowing in the same direction and working together
- Patients have access to their entire medical record

What did you like best about how we did it?

- Thoughtful meaningful collaborative approach, we all worked well together, played in sandbox together, compromised without being compromising
- Identified infrastructure already in place and built on top of it— not just technology, but the people, infrastructure and legal agreements, too
- Maintained involvement, explained things well to legislature, and developed a roadmap that was carefully thought out

Who most surprised you by their engagement?

- Payers just love it
- Vendors
- Hospitals / providers
- Medicaid / DSS

What are we excited about accomplishing?

- Patient is North Star, we've got to figure out interim steps, and there is a very real fiduciary responsibility
- CT is out in front; there is an opportunity because of the technology landscape; stakeholders buy in
- We pay attention to health equity, with sensitivity to different segments of the population

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	<ul style="list-style-type: none"> - Found the optimal balance between sustainability and innovation <p>What are the first next steps? What can we accomplish in the next three months?</p> <ul style="list-style-type: none"> - Pat Checko: We're beginning to look at governance and making this happen - Allan Hackney: Want to be doing pilots - Dina Berlyn: Vaccination registration is started by then - Lisa Stump: Getting closer to the trust agreement - David Fusco: The next group of stakeholders is critically engaged—those who have to open their wallets are onboard. 	
11.	Governance Design Group Update	Jennifer Richmond 2:45 PM
	<p>Jennifer stated that the first Governance Design Group meeting was held on May 23rd, and thanks all of the participants for their efforts. She briefly described the charge of the design group, and that the recommendations they develop will be shared at the July 19, 2018 Health IT Advisory Council meeting. Michael Matthews added that the group is working through the building blocks of governance, soliciting input on the critical factors for success, characteristics of a trusted and neutral entity, and key policies and procedures. Michael noted that this work is intended to be an initial foundation for the significant governance development activities that will begin later this year. Additionally, Michael stated that ONC is required to develop a common trust framework to build on the various efforts such as state level, regional, and other data sharing agreements. CT governance will align with TEFCA and the timing of these is ideal.</p>	
12.	Polypharmacy and Medication Reconciliation Work Group	Sarju Shah 2:55 PM
	<p>Sarju reviewed Public Act 18-6 regarding the polypharmacy workgroup. The solicitation went out on June 13th, and they are looking at having at least the representation required with statute but are open to more members. Lisa Stump suggested that membership include a pharmacist or physician with strong pharmacy knowledge. Jake Star stated that regardless of the July deadline, we should take the opportunity to move more quickly and that CMS just confirmed 90/10 funding is available for funding these types of efforts. Allan agreed we should move forward as fast as possible with investment opportunities and use case pilots.</p>	
13.	Wrap up and Meeting Adjournment	Allan Hackney 3:00 PM
	<p>Allan reminded the Council that the next meeting will be held on July 19, 2018 and will be an in-person meeting at the Legislative Office Building. Allan Hackney then asked for a motion to adjourn. Mark Schaefer moved to adjourn, and Sandra Czunas seconded the motion. The membership voted unanimously to adjourn.</p>	

Upcoming Meeting Schedule: 2018 Dates – August 16, September 27, October 18

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