OHS CONNECTICUT Office of Health Strategy

Health Information Technology Advisory Council
Meeting Minutes

MEETING DATE	MEETING TIME	Location
September 19, 2019	1:00PM – 3:00PM	Hearing Room 1C, Legislative Office Building 300 Capitol Ave, Hartford CT

COUNCIL MEMBERS						
Allan Hackney, HITO (Co-Chair)	X	Sandra Czunas, OSC		Jeanette DeJesus		X
Joseph Quaranta (Co-Chair)	X	Mark Schaefer, SIM		Robert Blundo, AHCT		X
Joe Stanford, DSS	X	Bruce Metz, UCHC CIO	X	Lisa Stump		
Mary Kate Mason, DMHAS		Ted Doolittle, OHA	X	Patrick Charmel		
Cindy Butterfield, DCF		David Fusco		Alan Kaye, MD		X
Cheryl Cepelak, DOC		Nicolangelo Scibelli		Dina Berlyn		X
Vanessa Hinton, DPH	X	Patricia Checko		Tekisha Everette		
Dennis C. Mitchell, DDS	X	Robert Tessier	X	Patrick Troy, MD		
Mark Raymond, CIO	X	Robert Rioux		Stacy Beck		X
Lewis Bower		William Petit, MD				
SUPPORTING LEADERSHIP						
Victoria Veltri, OHS		Tom Agresta, MD, UConn Health	X	Sabina Sitaru, HIE Entity		X
Tina Kumar, OHS	X	Kate Hayden, UConn Health	X	Tim Pletcher, Velatura		
Sean Fogarty, OHS	X	Carol Robinson, CedarBridge	X	Lauren Kosowski, Velatura		X
Adrian Texidor, OHS	X	Michael Matthews, CedarBridge	X	Rick Wilkening, Velatura		
Alan Fontes, UConn AIMS	X	Chris Robinson, CedarBridge	X			

Minutes			
	Topic	**Responsible Party**	**Time**
1.	**Welcome and Call to Order**	**Allan Hackney**	**1:00 PM**
	Allan welcomed the Health IT Advisory Council members and provided an overview of the agenda.		
2.	**Public Comment**	**Attendees**	**1:05 PM**
	S.B Chatterjee made a public comment regarding small startups evolving around the HIT. Please refer here to review a copy of his statement addressed to the council.		
3.	**Review and Approval of August 15, 2019 Minutes**	**Council Members**	**1:10 PM**
	No quorum was established. Minutes to be reviewed and approved at following October 17, 2019 HIT Advisory Council Meeting.		
4.	**Approval of the Medication Reconciliation and Polypharmacy Work Group as a standing committee of the Advisory Council**	**Council Members**	**1:15 PM**
	Michael Matthews (CedarBridge) led the discussion on the Medication Reconciliation and Polypharmacy (MRP) to reconstitute the group as a standing committee of the Health IT Advisory Council. The MRP work group was an act of legislation with an end date. The purpose of the committee is to continue to address issues around med rec and polypharmacy, and is action orientated to take some of the recommendations and actually begin some tangible outreach actions to get recommendations implemented.		

An MRP Committee Charter has been drafted to define the project goals, membership, and organizational structure of the work group. This charter will be reviewed by the MRP at the first meeting.

Alan Kaye commented that the MRP committee did some good work and should remain active. He questioned why this needs to be approved.

Allan Hackney answered that the prior MedRec group in 2017 was created out of a special act of legislature which has ended. They completed the work and one of 12 recommendations was to continue its work by reconstituting the group as a standing subcommittee. The MRP group has continued to demonstrate energy behind the MRP and wants a formal role in driving the recommendations to operational reality.

In general, the statutory charter of the Health IT Advisory council is designed so that advisors can create subcommittees they desire for standing basis or typically –time box design groups. Any and all topics can fall into subcommittees or design group depending on what the council decides on.

Allan Hackney asked to see a motion to approve the recommendation to create the standing MRP committee a subset of the HIT Advisory Council to pursue the project goals.

There was a motion to approve the Medication Reconciliation Polypharmacy Committee. Ted Doolittle made a motion, and Alan Kaye seconded this motion.

Alan Kaye asked if there are any projected financial or political issues.

Allan Hackney responded that in reality any funded request or recommendations that evolve out of this new committee are going to be brought back for affirmation to the HIT advisory council.

Mark Raymond said the Advisory Council should be prepared to for the organizational structures or procedures to consider the circumstances under which they would conclude their activities.

Michael Matthews commented on the charter with a timeframe of 2 years (Oct 1 2019-Sept 30 2021).

Allan Hackney added there is currently a standing committee of the HIT Advisory Council which is the APCD.

Pat Checko commented on the financial commitment, or political issues and to be sure an attorney looked any order it appears that they would be tied into the APCD funding.

Allan Hackney responded that there is no question as to where the fiscal authority lies in these groups. In statue, the HIT Advisory Council is the reviewer and commenter for all federal and state funding requests regarding to the HIT. Anything that happens in both the APCD Advisory Group and the MRP (upon affirmation), reports back to the HIT Advisory Council.

Alan Kaye is more concerned for the longevity of the committee because as long as there is an HIE there is always going to be a need for continuation of the group.

Allan Hackney: added that the concept of having a charter is having an end date, and if it goes past that then it comes back to the HIT Advisory council. The concept of the charter puts guard rails and sets expectations so members know what they are signing up for.

Dina Berlyn asked if there is a way if the HIE step in if Epic cannot talk to Epic.

Bruce Metz commented on seeing the charter to know what is being approved.

Michael Matthews responded that the charter has been scoped out and will come back to the council and will be shared to provide input from the council.

	Mark Raymond questioned if the past activities have been durational and if we move into a standing committee to consider procedures to finish the activities		
	Allan Hackney suggested that based on the comments that the we ask the members who are interested to this to meet sometime in October to review the charter and if given enough time to return the draft back to the HIT Advisory Council prior to the November meeting which will allow this group to pre read and begin to affirm the group. The advisors agreed on this approach.		
5.	**Update on Support Act (HR6, Section 5042) Planning**	**Terry Bequette, CedarBridge**	**1:25 PM**

Terry Bequette (CedarBridge) provided an update on the Support Act HR6, Section 5042 Planning. Please refer to Terry's presentation on pages 10-16 here: https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Presentations/OHS_HealthIT_Advisory_Council_Mtg-Presentation_20190919_CedarBridge_v4.pdf.

Allan Hackney clarified that the advanced plan documents is a template used in Medicaid to advance funding requests. There are three places where the same IAPD template is used among three different congressional appropriations: 1.) The HITech Act, 2.) Medicaid (MMIS) 3.) Support Act.

Bruce Metz referred to funding slide and asked about the ongoing costs. Terry answered the ongoing costs would flow into Medicaid funding with match rates of 75/25 and there is an overall electronic footprint which would have to be acceptable to DSS & DCP.

Dr. Quaranta asked about the subscription costs, and Terry answered the subscription is $50 per patient.

Alan Kaye why is are is there a limit to controlled substances? Any spinoffs? What would be a reason not to do this?

Terry B commented that there is a lot to learn a lot in the process & the HIE change in the ecosystem. Identity management issues (Tom Novak spoke) – Plea to the states to take advantage of the act. Requires providers to do it.

- RxCheck Hub – Open Source and free gateways (3 states and dozens lining up)
- HIE as a connection
- Appriss charges for connections & subscriptions – Broad savings, good early use case.

Next steps:

- Draft review by DSS & DCP w/ budget adjustments
- Goal to bring it back no later than the October meeting, if we can do it.

6.	**Update on IAPD Status (HITECH)**	**Joe Stanford, DSS**	**1:55 PM**

Joe Stanford from the Dept. Of Social Services reported that they anticipate the IAPD approval in the next week or two.

7.	**Update on Consent Policy Design Group**	**Michael Matthews**	**2:10 PM**

Michael Matthews provided the HIT Council with an update from the Consent Policy Design Group.

Michael shared The Consent Design Group anticipate coming back to HIT Advisory Council in November with the guiding principles to share.

	Mark Raymond asked if there are models for applying our thoughts or if they are more generic. Michael Matthews said that it will be a few years out, and that there are more consumer friendly way to indicate or rescind your consent and not to put burden on patients. Alan Kaye commented that the guiding principles are not enough and wants policy implemented. Pat Checko added that there HIPPA issues are another issue of what already allows in terms of sharing information if you want the individual to say yes/no. There is also concern of the specificity of use case concerns and the need to talk about where consent happens and who is responsible for it.		
6.	**Demonstration of the CDAS Dashboard**	**Alan Fontes, UConn AIMS**	**2:25 PM**
	Alan Fontes from UConn Aims team presented a demonstration of an overview of the CDAS Dashboard. This entails the APCD data regarding cost and impacts of prescription drugs. As of 2.5 weeks ago, the limited data set from the APCD allows more details for full zip codes or towns to be included. - 2016/2017 = Best Data Years - Dig into data to address issues Dr. Quaranta asked about OnPoint Data – 20 months old? Where is the problem? - DRG (Diagnosis Related Group) The data is currently pulled from the claims data from the APCD. Allan Hackney commented, that this is the first time a light has been shined on the data in the APCD. What the UConn aims team is discovering are typical data quality issues that have not been through scrubbing & mapping. A lot of the things are going to be resolved, or will be asked to OnPoint (our vendor) to include extracted data. In regards to timing, it depends on who is sending data. Medicare is not included because they do not have a data use agreement. Whereas, commercial carriers are submitting monthly and we are taking a quarterly extract of the APCD. Pat Checko invited Invites Alan Fontes to present this demonstration at the upcoming APCD Data Release Committee Meeting on 10/8. To help move this discussion. Alan Kaye asked that in the regards of this being a relational database, can every physician have access to this. - EHR & HIE will bring this together and make for endless opportunities. Alan Fontes commented that the UConn Aims team is working on the security of the CDAS architecture and plan in the next month start making things happen. Allan Hackney added that a physician group could (with entitlements) go into CDAS and look at information on their patients.		

	Jeannette de Jesús commented to consider the costs for people, and Dina Berlyn agrees about not wanting to make it more expensive. Alan Fontes welcomed input and feedback during this process.		
6.	**Wrap up and Meeting Adjournment**	**Allan Hackney**	**2:55 PM**
	Allan Hackney asked for a motion to adjourn the meeting. Mark Raymond made a motion. The motion to adjourn passed without objections or abstentions.		

Upcoming Meeting Schedule: October 17, 2019; November 21, 2019
Meeting information is located at: https://portal.ct.gov/OHS/Services/Health-Information-Technology