

Health Information Technology Advisory Council

Meeting Minutes

Meeting Date	Meeting Time	Location
August 20, 2020	1:00 pm – 3:00 pm	Zoom Meeting Recording

Council Members

Allan Hackney, HITO (Co-Chair)	X	Ted Doolittle, OHA	Lisa Stump	
Joseph Quaranta (Co-Chair)	X	Stacy Beck	Patrick Charmel	X
Joe Stanford, DSS	X	Robert Rioux	Alan Kaye, MD	X
Elizabeth Taylor, DMHAS		David Fusco	Dina Berlyn	X
Cindy Butterfield, DCF	X	Nicolangelo Scibelli	Tekisha Everette	X
Cheryl Cepelak, DOC		Patricia Checko	Cassandra Murphy	X
Vanessa Hinton, DPH	X	Kimberly Martone, OHS	Chuck Podesta	
Dennis C. Mitchell, DDS	X	William Petit, MD	Ken Ferrucci	
Mark Raymond, CIO	X	Jeanette DeJesus	X	
Sandra Czunas, OSC		Robert Blundo, AHCT		

Supporting Leadership

Victoria Veltri, OHS	Alan Fontes, UCONN AIMS	Carol Robinson, CedarBridge	
Sean Fogarty, OHS	Tom Agresta, MD, UConn Health	Terry Bequette, CedarBridge	
Adrian Texidor, OHS	Dawn Bonder, CedarBridge	Craig Jones, CedarBridge	
Tina Kumar, OHS	Sheetal Shah, CedarBridge		

Agenda

	Topic	Responsible Party	Time
1.	Welcome & Call to Order	Allan Hackney	1:00 PM
	Allan Hackney recognized a quorum and called the meeting to order at 1:05 pm.		
2.	Public Comment	Attendees	1:05 PM
	There was no public comment.		
3.	Review and Approval of Minutes June 18, 2020	Council Members	1:10 PM
	Allan Hackney asked for a motion to approve the June 18 meeting minutes. Vanessa Hinton created a motion. Mark Raymond seconded. There was no further discussion. The minutes were approved.		

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4.	Connie Update	Allan Hackney	1:15 PM
	<p>Allan Hackney provided an update on Connie developments.</p> <p>The Connie Board of Directors has restarted their search for an Executive Director. Allan recalled a candidate was offered the role but declined due to family issues. As a result of Connie picking up momentum, the Search Committee discussed the need and value of having an interim director to take on most of the activities the permanent director would take on. The Board has appointed Michael Matthews as the interim Executive Director. Michael will be working part time for approximately five months while the Search Committee continues their recruitment. Michael's willingness to come out of retirement and invested interest in CT's Health IT activities is appreciated.</p> <p>Allan recalled two organizations (CTHealthLink and Community Health Network) have signed on to be legally connected to Connie. Currently, a third client is in the process of gathering signatures and will be announced soon. Additionally, two organizations are close, and 23/24 organizations are in various stages of signing on to the Connie network.</p> <p>Once the organizations legally sign on to the HIE, the onboarding process begins to learn about the environment, move into technical planning, and ultimately testing of the data to be shared back and forth between the HIE and network.</p> <p>Connie is funded by the seed money contract. OHS and The Department of Social Services (DSS) are currently in negotiation with the main contract to allow the IAPD funds to flow into Connie to begin basic business operations. An amendment was made to reflect the dynamic nature of how the Connie rollout is happening. As of this morning (8/20) the amendments were approved by the Attorney General.</p> <p>Allan reported that the Core Data Analytic Solutions (CDAS) a core piece of the Connie infrastructure, successfully completed an intensive examination of the infrastructure, architecture, the finances, process and security. A final report will be completed in approximately two weeks. The UConn AIMS put forth a tremendous amount of work to ensure the CDAS is in good shape.</p> <p>The Connie team submitted a request for quote (RFQ) to solicit vendors and service providers to supply integration engine activities. The integration engine is the primary interface to all of the participating organizations, and message brokering to allow transactions into the hie, and be distributed and subscribed to. After the responses from the RFQ were evaluated by the selection team, and integration partner has been selected and is currently in negotiation.</p> <p>Dr. Alan Kaye questioned if there is a road map of a prioritization list of potential users for Connie that we are soliciting, and how are members/users of Connie recruited? Allan Hackney explained that there are two principal targets driving the selection. The healthcare organizations serving Medicaid are targeted, due to IAPD funds that have to be used for the benefit of Medicaid. The second target is to look at scale. The value of a health information exchange (HIE) is dependent upon the completeness on the information that exists in the hie. The scale can be achieved by focusing on hospital systems and larger physician groups. If there is interest in an organization and ready to participate, they are also considered.</p>		

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	<p>Dr. Kaye followed up by asking what the marketing strategy is once the targets have been identified, and if there is the ability to scale up? Allan responded we've been targeting the biggest players and have 30 organizations in the pipeline in various stages. Given the fact that we are operating with the seed money contract and bringing on an integration partner to provide the scaling we need, we've been cautious about soliciting given the level of resources. Once the FY21 funding main contract is approved, there is significant resource included to do a full-scale case management. The statute that gives rise to the hie does require hospitals and labs to participate in one year (other organizations two years).</p> <p>Dr. Kaye is concerned about the scale timeline and will keep an eye on it. Allan said that Connie is in the pilot phase. The CDAS environment has been tested with synthetic personal health data, not tested with live data because of the need to establish a legal connection to the hie business associate agreement.</p> <p>Dr. Kaye was encouraged by this and recommended a report the Council on the organization recruitment status. Allan Hackney agreed and thanked Dr. Kaye for his questions.</p>		
5.	Update on Funding Streams (IAPD, MOA)	Allan Hackney	1:30 PM
	<p>Allan Hackney gave a brief update on the various funding streams. On July 24, 2020, the IAPD for FY2021 was submitted to CMS for their review and approval. Generally, CMS takes 60 days to review a state submitted IAPD.</p> <p>Allan congratulated DSS on the "State Medicaid Health IT Plan" (SMHP) approved earlier this week. Along with the submission of the IAPD, Medicaid is also required to submit this critical document which highlights the long-term view of health IT in Medicaid. Sandi Ouellette agreed that this is promising, and a positive indication of what CMS is thinking in terms of the IAPD.</p> <p>The Office of Health Strategy (OHS) worked with DSS to create a Memorandum of Agreement (MOA) for FFY20 to allow cash to flow from DSS. This MOA was submitted to CMS and approved a few weeks ago, OHS is currently working with DSS to determine how to take advantage of this. Additionally, a similar amendment Memorandum of Agreement #4 is being worked on, which will allow to draw down the FF21 funds that are pending approval.</p> <p>Allan recalled a tri-party MOA (DCP, DSS, OHS) for the SUPPORT Act was approved by CMS, however the MOA expires at the end of September 2020, and challenge is to take advantage the 100% funding. Allan gives Mark Heuschkel a lot of credit for pushing hard to work with OHS and DCP. Allan added that we received guidance by the Office of the National Coordinator, which states if you were approved for the Support Act grant, pieces of the Support Act would be eligible for HITECH funding for a remaining year.</p>	Olga Armah	1:45 PM
	Olga Armah gave a brief update on the All-Payer Claims Database (APCD) Advisory Group. At OHS, Olga oversees databases and reports and was recently appointed as the co-chair for the APCD Advisory Group.		

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	<p>The APCD Advisory Group held its quarterly meeting on 8/13. During this meeting Advisors were updated that the APCD has eight years of data to date (2012-1st quarter of 2020) with Commercial and Medicaid data. There is a lag with the Medicare data with only data up to 2018, and Pharmacy data up to 2016.</p> <p>Olga shared that OHS is completely taking over the data use agreements that the state had with CMS. Once we do this, we will be able to receive quarterly data. DSS has agreed to receive Medicaid data from the data warehouse, they will be able to obtain data using the data submission guide we have for the APCD. We will also be receiving claims that the state pays 100% for.</p> <p>Olga reported that the Data Release Committee has received five applications, four have been approved and one is going through the process. The APCD can be used for internal uses of the data, there are three main use cases:</p> <ul style="list-style-type: none"> 1) Covid-19 Analysis using APCD data, to identify high risk areas in the state where there is likelihood of Covid-19 cases and make decisions on capacity of a hospital. 2) NESCO, primary care investment hazards for six states to identify what percentage of total healthcare expenditures goes into primary care in the state. 3) Use APCD data to identify cost drivers trend, specifically services that are growing rapidly among providers or payers. 	
7.	Announcements and General Discussion	Allan Hackney, Council Members 1:55 PM
	There was none.	
8.	Wrap up and Meeting Adjournment	Allan Hackney 2:00 PM
	Allan Hackney asked for a motion to adjourn. Dr. Alan Kaye made a motion, Pat Charmel seconded. The meeting adjourned at 1:57 pm.	

Upcoming Meeting Dates: September 17, October 15, 2020

Meeting information is located at: <https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>