

Health Information Technology Advisory Council Meeting Minutes

Meeting Date	Meeting Time	Location
September 17, 2020	1:00 pm – 3:00 pm	Zoom Meeting Recording

Council Members					
Allan Hackney, HITO (Co-Chair)	X	Ted Doolittle, OHA	X	Lisa Stump	X
Joseph Quaranta (Co-Chair)	X	Stacy Beck	X	Patrick Charmel	X
Joe Stanford, DSS	X	Robert Rioux		Alan Kaye, MD	X
Elizabeth Taylor, DMHAS		David Fusco	X	Dina Berlyn	X
Cindy Butterfield, DCF		Nicolangelo Scibelli		Tekisha Everette	X
Cheryl Cepelak, DOC	X	Patricia Checko	X	Cassandra Murphy	X
Vanessa Hinton, DPH	X	Kimberly Martone, OHS	X	Chuck Podesta	X
Dennis C. Mitchell, DDS	X	William Petit, MD	X	Ken Ferrucci	
Mark Raymond, CIO	X	Jeanette DeJesus			
Sandra Czunas, OSC	X	Robert Blundo, AHCT			
Supporting Leadership					
Victoria Veltri, OHS		Alan Fontes, UCONN AIMS		Terry Bequette, CedarBridge	
Sean Fogarty, OHS		Tom Agresta, MD, UConn Health		Craig Jones, CedarBridge	
Adrian Texidor, OHS		Dawn Bonder, CedarBridge			
Tina Kumar, OHS		Carol Robinson, 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 1:03 pm.		
2.	Public Comment	Attendees	1:05 PM
	There was no public comment.		
3.	Review and Approval of Minutes August 20, 2020	Council Members	1:10 PM
	Allan Hackney asked for a motion to approve the August 20 meeting minutes. Mark Raymond created a motion. Dr. Alan Kaye seconded. Pat Checko abstained. 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. Allan shared that there is continued interest from organizations to participate in Connie. The Connie team is continuing to work with healthcare organizations to socialize the trust framework for joining Connie and they have also been keeping busy responding to queries. Additionally, three new organizations have signed on to Connie: The Community Medical Group, Pro-Health Physicians and Signify Health (Remedy Partners).</p> <p>Allan reported that the IAPD for Federal Fiscal year 2021 was approved by CMS. This IAPD provides the necessary funding for Connie, The Office of Health Strategy (OHS) and The Department of Social Services (DSS). To access the IAPD funds there are a few documents which need to be executed. A Memorandum of Agreement document between OHS and DSS is in process of being completed, and secondly a contract with OHS and Connie is pending approval.</p> <p>The Connie Board of Directors held a Special Meeting on 9/16 to review the respondents to a Request for Quote that Connie executed for an integration partner. The Board authorized Connie to proceed to negotiate an agreement, and ultimately sign a contract with the organization “CRISP” to solve for integration issues. CRISP is providing similar services for Maryland, West Virginia and the District of Columbia.</p> <p>Dr. Alan Kaye commented that it is great news that the large physician organizations have signed on to Connie.</p>			
5.	State Health IT Plan Discussion	Terry Bequette, CedarBridge Group	1:25 PM
<p>Allan Hackney announced that under the CT statute, OHS is required to develop certain health IT statewide plans. Allan introduced Terry Bequette from CedarBridge Group to describe what this is all about.</p> <p>Terry shared the process for the HIT strategic plan. Please refer to Terry’s presentation here: https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Presentations/OHS_HITAC_Meeting-Presentation_091720.pdf#page=7</p> <p>Questions:</p> <p>Dina Berlyn asked who accesses the data or who can see it? Terry responded that the HIE is bound by privacy and security issues and access concerns and deferred to Allan Hackney for confirmation. Allan confirmed that OHS is developing policies and when they are known Connie will make sure to take the steps to align.</p> <p>Terry agreed to keep track of this and add as anticipated strategies to consider how patients can control and include in the initial scope going forward.</p> <p>Carol Robinson added that the final rule around 21st Century Cures Act requires that providers and payers to provide consumers with easy access to their own health data. This will be part of the statewide health IT plan by default because it is included in the federal rule.</p>			

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	<p>Dr. Alan Kaye commented that the main role of the advisory council is to establish an effective HIE. Dr. Kaye is concerned that while the anticipated strategies are important, it is a big check list and each one raises the bar which could create delays and problems.</p> <p>Terry referred to the ‘additional requirements’ slide and talked about specific areas the plan will have to address. All of the requirements on this slide relate to interoperability. The other list of anticipated strategic areas are things we want to be aware of to the extent that our knowledge of what is going on in those areas will influence the plan in terms of how the requirements are met.</p> <p>Dr. Alan Kaye agreed and that his main concern was the “Additional emphasis will support Connecticut priorities including Primary Care Transformation, Public Health Modernization, Opioid Crisis” should not impair our ability to institute an HIE.</p> <p>Allan Hackney added that they are trying to put commonality, standards and structure in all of these areas since they all use health data. It’s meant to complement these standards as they move in their own directions.</p> <p>Carol Robinson commented to Dr. Kaye that the CedarBridge Group has done this type of health IT roadmap in other states. Their approach is to look at the scope with the state partners in terms of considering what the state’s programmatic priorities are and thinking about how the HIE is an enabler to help those programs to be successful. The terminology is the Health IT Plan, not the health information exchange plan.</p>		
<p>6.</p>	<p>Advanced Directives Discussion</p>	<p>Dr. Tom Agresta, Rachel Rusnak UConn Health</p>	<p>1:45 PM</p>
	<p>The UConn Health conducted a rapid analysis of advance directives in CT. Dr. Tom Agresta presented the findings in the presentation here: https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Presentations/OHS_HITAC_Meeting-Presentation_091720.pdf#page=14</p> <p>Questions/Comments:</p> <p>Dr. Quaranta commented that one of his personal goals would be to put this forward as something with no cost to folks. The legal services have a cost associated with them and patients or their caregivers shouldn’t have to pay.</p> <p>Dr. Agresta commented that there are a few components to this, the standardized data elements on some level. There are some places where there are standardized downloadable forms. CT has this and can be updated as appropriate. The advantage to this is if there is a standardized workflow, often insurance or vendors can bear this cost. Strategies would need to be well thought through and discussed in detail to implement this.</p> <p>Carol Robinson added that Oregon has developed a standard Advance Directive form and suggested it can be looked at as a model: https://www.oregon.gov/oha/PH/ABOUT/Pages/AdvanceDirectiveAdoptionCommittee.aspx</p> <p>Terry shared that Vermont has a standardized form and operates a registry at the state level.</p>		

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7.	Health Equity Data Analytics Project Update	Mark Abraham, DataHaven Dashni Sathasivam, Health Equity Solutions Tara Rizzo, Yale Equity Research Innovation Center	2:15 PM
<p>Tekisha Everette introduced Mark Abraham and his team who worked on the Health Equity Data Analytics Project. Please refer to the Health Equity Data Analytics Project Update here: https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Presentations/OHS_HITAC_Meeting-Presentation_091720.pdf#page=29.</p> <p>Pat Checko commented on the importance of requiring information to be collected, we won't be able to do anything with health equity. Mark Abraham said that there are ways to test the data and we want to encourage the systems to do a better job.</p> <p>Mark Raymond commented that when we don't use the things we already have, the more opportunity we create for discrepancies in the data. Allan clarified from Mark's comment that the more time you ask people for data in different ways, the more variability you receive.</p> <p>Tekisha said that this is often discussed on their team at HES. From the initial stakeholder interviews to the ones with the CBOS, some of the most valuable aspects to come out of the HITAC and Connie.</p> <p>Pat Checko added that public health is completely dependent on the provider who is reporting to fill out a form, and the lab to fill out a form. If there is missing information it is because the requestor or the provider has not shared that information, not the patient.</p>			
8.	Announcements and General Discussion	Allan Hackney, Council Members	2:00 PM
There was none.			
9.	Wrap up and Meeting Adjournment	Allan Hackney	3:00 PM
Dr. Quaranta asked for a motion to adjourn. Pat Checko made a motion. The meeting adjourned at 3:00 pm.			

Upcoming Meeting Dates: October 15, November 19, 2020

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