Health Information Technology Advisory Council

Meeting Minutes

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

Council Members					
Joseph Quaranta (Co-Chair)	X	Stacy Beck		Patrick Charmel	
Joe Stanford, DSS	X	Robert Rioux		Alan Kaye, MD	X
Elizabeth Taylor, DMHAS	X	David Fusco	X	Dina Berlyn	X
Cindy Butterfield, DCF		Nicolangelo Scibelli	X	Tekisha Everette	
Cheryl Cepelak, DOC		Patricia Checko	X	Cassandra Murphy	X
Vanessa Hinton, DPH		Kimberly Martone, OHS	X	Chuck Podesta	X
Dennis C. Mitchell, DDS		William Petit, MD	X	Ken Ferrucci	
Mark Raymond, CIO	X	Jeanette DeJesus		Pareesa Charmchi Goodwin	X
Sandra Czunas, OSC	X	Robert Blundo, AHCT			
Ted Doolittle, OHA		Lisa Stump			
Supporting Leadership					
Victoria Veltri, OHS		Tina Kumar, OHS		Kassi Miller, CedarBridge	
Brenda Shipley, 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	

Agenda

	Topic	Responsible Party	Time
1.	**Welcome & Call to Order**	**Dr. Joe Quaranta**	**1:00 PM**
	Dr. Joe Quaranta welcomed the council members 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 November 19, 2020**	**Council Members**	**1:10 PM**
	There was no quorum established. The meeting minutes will be tabled until the January meeting.		

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4.	**Connie Update**	**Jenn Searls, Connie Executive Director**	**1:15 PM**
	Jenn Searls shared a brief report on Connie. Jenn thanked those who have reached out and shared time to provide thoughts, comments, concerns and the challenges of Connie. Jenn reported a milestone was met. The Yale New Haven Health Security Team completed their security assessment of the Connie infrastructure. The drafts were shared with the Connie team, and there were no findings in the assessment, only recommendations of the report. Subsequent to this, Yale will create an executive summary of the report to share with their hospital counterparts across the state. This allows Yale to sign the Qualified Data Sharing Organization Agreement (QDSOA) with Connie. In regard to the transfer of Project Notify from The Department of Social Services (DSS) to Connie, here have been continued efforts to sign organizations up to join the Connie network, currently there 18 new organizations that have been signed on. Additionally, the initial technical onboarding with the Yale New Haven Health and ProHealth Physicians participants has begun. The legal onboarding continues with the CT State Medical Society (CSMS), a great collaborative, discussion was held to talk through how to get their practices that have signed up for CTHealthLink on board with Connie. Furthermore, a great conversation was held with the CT Hospital Association (CHA) on how to collaborate and share the value of joining the Health Information Exchange throughout the state.		
5.	**Update on the Statewide Five-Year Health Information Technology Plan**	**Vatsala Pathy** **CedarBridge Group**	**1:25 PM**
	Vatsala Pathy provided a brief update on the early phases of the discovery work with the Statewide Five-Year Health Information Technology Plan. Vatsala's presentation can be referred to here: https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Presentations/OHS_HITAC_Meeting-Presentation_121720.pdf#page=7. Following the update, Mark Raymond asked in regard to the discovery process, what the time frame was to wrap up this work. Vatsala responded (refer to Process and Timeline for Health IT Plan) the goal is to have the draft recommendations ready for the HITAC to review and provide considerations and input in the summer months of 2021, with the opportunity for public comment and stakeholder review. The statutory time frame to finalize the plan and submitted to Legislature is in 3rd quarter of 2021.		

	Vatsala noted the importance of this expedited timeframe, and this is why the discovery work is done in January and February to meet this deadline. Vatsala added we will be speaking to the Council members over the new few months to solicit input and perspective on priorities and recommendations to include in the final plan.		
6.	**Collecting and Sharing Social Needs Data, Social Determinants Data, and Social Services Data: A Brief Overview and Discussion**	**Carol Robinson,** **CEO CedarBridge Group**	**1:35 PM**
	Carol Robinson led a discussion on the importance of standardizing and integrating social determinants and social services data. Please refer to Carol's presentation here: https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Presentations/OHS_HITAC_Meeting-Presentation_121720.pdf#page=11 Following Carol's presentation, Dr. Quaranta opened the floor up to the advisors for questions and comment. Carol framed the discussion questions for the advisors to respond to. • If you could look five years into the future, how could the use of health IT be improved to help address social determinants of health? • Does your organization use Z codes in identifying high risk patients, in population health analysis, or for care coordination? What could help increase the use of Z codes by providers? • Are you aware of organizations in Connecticut currently engaged in capturing social needs assessments in a care coordination platform or in an EHR? What can you tell us about how the information is being used? • Do you know of any initiatives in Connecticut where social needs data, social services data, justice system data, or education data is being shared with healthcare providers? How is that being done? Nic Scibelli commented that the CHCACT recently discussed in a meeting there are organizations that are using a platform called "Unite Us," and currently there is a least one health center in CT that is using it. For several years, many of the health centers have been using the PRAPARE screening tool that was developed by the National Association of Community Health Centers that is integrated with electronic health records (EHRS) and captures data electronically. Some health centers have started working producing standardized risk scoring using this instrument. Nic added, the challenge with screening tools is implementation, programs that have dedicated Care Managers and Patient Care Coordinators are the ones able to do them, and then figuring out how to use that data in your care planning beyond the care management team is the challenge. For those organizations that have been participating in the states PCMH plus program, it has not been evolved beyond the discussion. The real value five years from now if this information can be collected from the multiple sources if an HIE can provide that information to sync with EHRs then this can be taken into consideration when treating the patient.		

Pat Checko thinks a piece of this is that so much of this information is captured in other places. Places that may not naturally be feeding into the HIE. Can we think of an EHR to expand that everyone's information may end up in one place, rather than your social information? There is a real challenge to think about how we can use what is already there rather than creating another model.

Carol summarized Pat Checko's comments as a collection of what kinds of data assessment tools are currently in use, both in state agencies and local agencies and community-based organizations and across programs and do an inventory of where (and how) common data is captured and how. This could be a useful activity.

Nic Scibelli agrees this would be a worthwhile activity, this data does exist in systems. if we were to connect those systems to the HIE, and if we can look at how we can extract the data and report back to the providers treating the patients this may be worthwhile.

Dr. Tom Agresta added (via chat) We need natural language processing and connected Artificial Intelligence to collect and evaluate this in the clinical workflow to make it most useful and help the clinical team

Dr. Joe Quaranta commented one of the challenges with the method Carol talked about for documenting a social determinant using Z codes. Providers are currently bombarded with many requests for entering data into the claims system. It is a challenging process to do, it is not automated sufficiently and requires a fairly substantial amount of manual work for clinicians to do.

Dr. Quaranta agrees with Dr. Tom Agresta's comment (via chat) that trying to find ways to automate data entry in the system is critical. It is a challenge to ask providers to collect more data and submit more information. Our EHRs are not well designed to collect this information and report on them. In regard to Carol's second question on how to get data to providers and clinicians in a seamless way, this is another challenge we have the ideal way to present data to the clinician. The problem is we get data from many different sources that is not integrated into the workflow.

Carol suggested that overtime doing a technology assessment of what is available may be useful in the future. Carol added in in regard to Dr. Agresta's comment, she thinks the technology has been improving, there are some products in last few years that are better.

Carol asked how do we ensure better data quality? How do make sure we are collecting data and conforming to quality?

Dr. Alan Kaye have not we in the past created special groups on individual aspects that would report to us? Concerned and frustrated by agenda. If we do not start addressing clinical data that can help providers that can help diagnose.

	Pat Checko added that it has always been the intention to utilize the system for the greater good for the patient and having all of the information that helps to take care of that person best. We know moving the data is clearly goal number one, but also wants to remind everyone that we have something the consumer can go to. To get the things up and running is beyond the scope of our group. She thinks this conversation is important. Carol asked Mark Raymond to talk about some of the work they are doing in terms of state to ensure data can be easily matched and across the work does. Mark commented that a multi stakeholder buy in require series of buy in to move forward. In many ways, Connie is moving quickly, the funding is a part of it but the establishment of operating in a trusted way and creating value is a pain staking process and requires careful and coordinated steps of buy in. Mark believes we are moving forward quickly on Connie. The day-to-day activities is strained through the resources of the pandemic. Mark added that in relation to what is happening in state, looking at technology resources we have across the state they are mostly distributed out to the agencies. Each support its own program/domain, as we look at the need to leverage technology deeply and provide common solutions, we are not positioned to do this. We are not able to match our scale in terms of data we have, so we started a program to redo/rethink this. We are working alongside agency leaders, legislature, internally with agency IT and leadership to go about the process we have been talking about this for a while because we want input to make it right. Pareesa Goodwin suggests an inventory of what is collected and how would be helpful. She is an oral health advocate and to her knowledge, SDOH is not typically captured in dental records, but is important for the work. Dentists are sometimes the first to see signs of domestic violence or substance use disorder, and of course food security, homelessness, etc. impact oral health. Having some sort of system to collect this information in EDRs and/or have a bridge between patients EHRs and EDRs would be great. Dave Fusco added that as we think more of what the payers are focused on that is looking to identify and work with providers that are adding the highest value. The highest value defined by outcomes, defined by best cost result. This is an enabler of that. The payers benefit that, the payers are 75% large employers. When you think about alignment of employers, indirectly the continued development engagement of highest producing delivery system would be of interest. Dr. Quaranta thanked everyone for the informative and robust discussion and thinks work can be done regarding an operational and functioning health information exchange as well as continuing to work to further develop the functionality. As we think this through, the primary work is no longer work of this Councill and there is work done by the Connie staff and Connie Board.		
	Announcements and General Discussion	**Dr. Joe Quaranta,**	**2:45 PM**

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		Council Members	
	Dr. Quaranta commented this is the last meeting of a very eventful year, he thanked the council members and team and staff we are in a transition mode without Allan Hackney. His presence is missed, we thank him for the work for so long to bring us where we are. The work of the council will continue vigorously. Personally, been apart of this process for many years and we always wish progress would be quicker. Pleased to be where we are and excited to move forward. Wished everyone a happy holiday, and a Happy 2021 for everyone.		
9.	**Wrap up and Meeting Adjournment**	**Dr. Joe Quaranta**	**3:00 PM**
	Dr. Quaranta adjourned the meeting at 3:00 pm.		

Upcoming Meeting Dates: January 21, 2021

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