

Health IT Advisory Council

December 15, 2016

Session 9

Agenda

Welcome and Introductions	1:00 pm
Public Comment	1:05 pm
Review and Approval of Minutes – 11/17/16	1:10 pm
Review of Previous Action Items	1:15 pm
Updates	
• Appointments	1:20 pm
• Federal Funding Request	
Decision Making Framework	1:30 pm
• Review and Approval of Guiding Principles	
Wrap-up and Next Steps	2:45 pm



Public Comment



Review and Approval of November 17, 2016 Minutes

Review of Action Items

Action Items	Responsible Party	Follow Up Date
Timeline for eCQM Learning Experiences	CedarBridge Group	11/17/16 – COMPLETE
Timeline for eCQM RFI/RFP Process	CedarBridge Group	11/17/16 – COMPLETE
Circulate References	Sarju Shah	12/08/16 – COMPLETE
Circulate 11/17 Public Comment	Sarju Shah	12/08/16 – COMPLETE
Circulate Guiding Principles for Discussion	Sarju Shah	12/08/16 – COMPLETE



Updates

Appointments

Name	Represents	Appointment by
Lisa Stump	Technology expert who represents a hospital system	Speaker of the House
Jake Star	Provider of home health care services	Speaker of the House

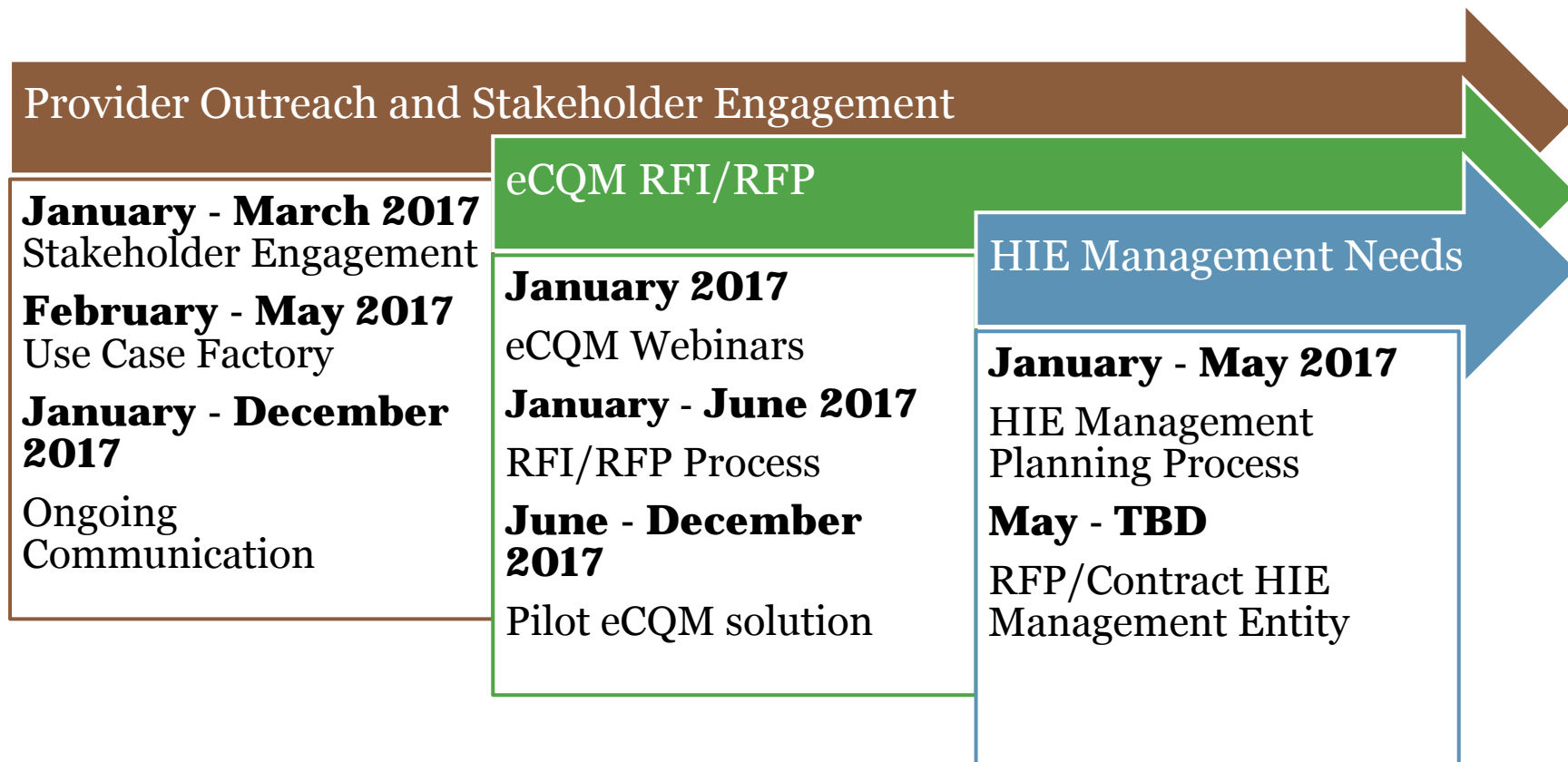
Pending Appointment

Name	Represents	Appointment by
TBD	Health care consumer or health care consumer advocate	Speaker of the House

Federal Funding Request

- CT requested **\$1.6M** federal funds to support Statewide HIT planning including:
 - **Provider outreach and stakeholder engagement**
 - Environmental scan
 - Use case factory
 - Ongoing engagement plan
 - **Determine marketplace solution(s):**
 - RFI/RFP eCQM reporting & measurement solution
 - Evaluate management needs of an HIE entity
 - Other HIT needs based on the environmental scan
 - **Facilitate the Health IT Advisory council**
 - **Project Management support of the HITO**

Proposed Timeline of Activities





Guiding Principles

Council Discussion

November 17th Draft Guiding Principles*

Rapid deployment to have services available as soon as possible

A **comprehensive** set of services with full functionality as soon as possible

Interoperable services that can fit together in a way that is not cost or work-flow burdensome

Streamlined **management and governance** of components

A **cost-effective and sustainable** strategy

Use the **latest technologies when possible**, weighing costs of older (legacy) systems against new technology

Incorporate what is already working and has proven to be successful from other states/operating HIEs

Operator of the services must have **a track record of success**

* Developed by SIM PMO staff, reflecting legislative directives and Council sentiments expressed in previous meetings

Council Feedback:

Council members asked that the guiding principles be tied to the language in Connecticut Public Act 16-77.

Specific suggestions:

- Guiding principles should be **more patient-centered**
- Include focus on privacy, security and confidentiality
- Include focus on data stewardship

Council was provided with a written brief with revised Guiding Principles in advance of the meeting

Slide 12

SS1

slide updated

Shah, Sarju, 12/13/2016



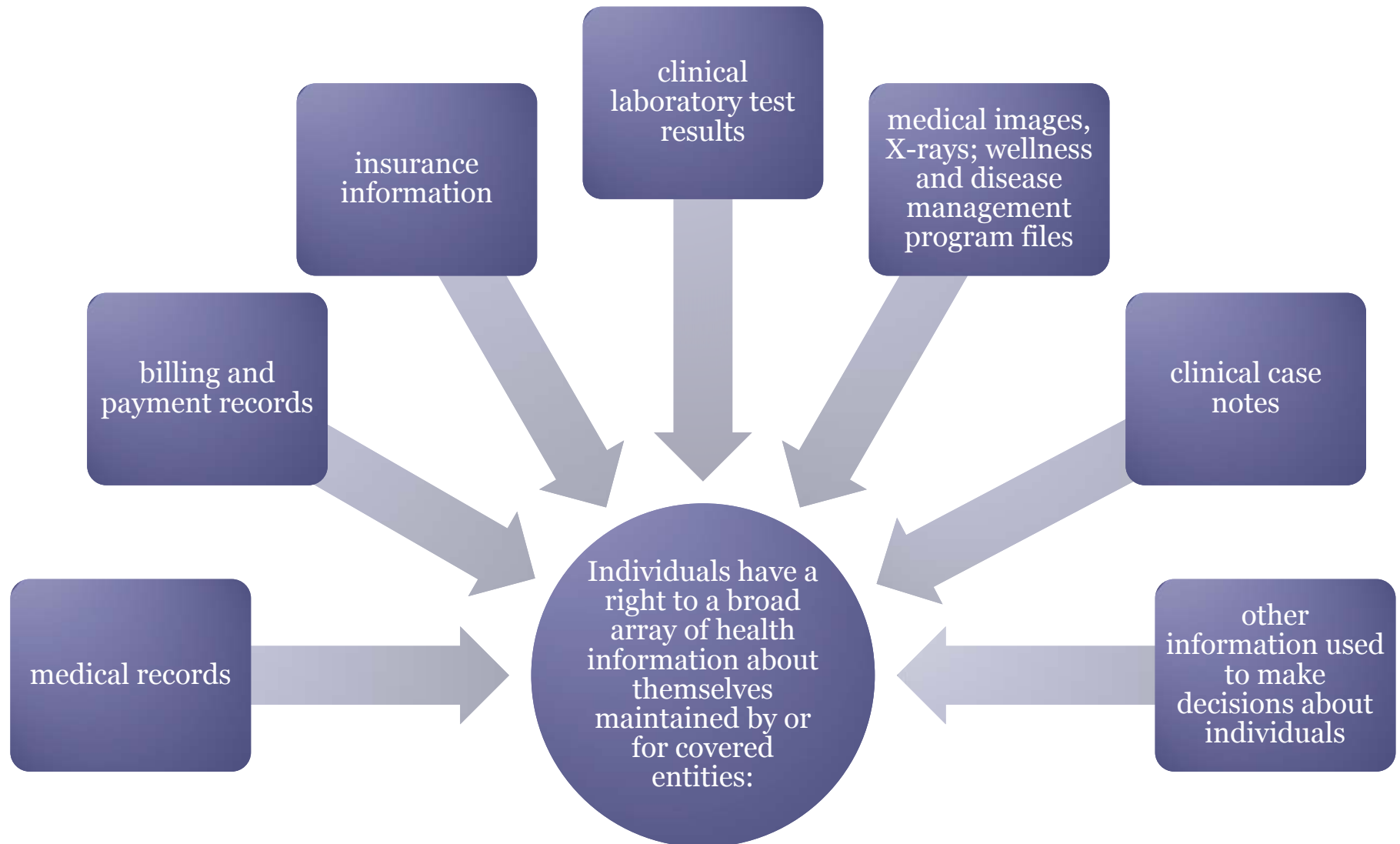
*Connecticut health
information exchange services
should...*



Principle #1

Allow patients to control
access to their data

45 CFR 164.501





Principle #2

Keep patient data private,
secure, and confidential

Statewide Consent Models are Emerging

- Michigan Health Information Network (MiHIN) is demonstrating a model for electronic consent in ONC's Patient Choice Pilot
- Arizona HealtHeConnection (AZHeC) is demonstrating a different electronic consent model in a SAMHSA-funded Consent2Share (C2S) pilot
- Vermont has issued an RFP for an electronic consent system



Principle #3

Use approved national standards *where available*

ONC Interoperability Standards Advisory (ISA)

The model by which the Office of the National Coordinator for Health Information Technology (ONC) will coordinate the identification, assessment, and determination of “recognized” interoperability standards and implementation specifications for industry use to fulfill specific clinical health IT interoperability needs.

<https://www.healthit.gov/standards-advisory/draft-2017>

Purpose

Provide the industry with a single, public list of the standards and implementation specifications that can best be used to fulfill specific clinical health information interoperability needs

Reflect the results of ongoing dialogue, debate, and consensus among industry stakeholders when more than one standard or implementation specification could be listed as the best available

Document known limitations, preconditions, and dependencies as well as known security patterns among referenced standards and implementation specifications when they are used to fulfill a specific clinical health IT interoperability need

Standards Development Organizations (SDOs) with a Healthcare Focus

Examples of SDOs

- Health Level Seven International (HL7)
- International Organization for Standardization (ISO)
- American National Standards Institute (ANSI)
- American Society for Testing and Materials (ASTM)
- Institute of Electrical and Electronics Engineers (IEEE)
- National Institute of Standards and Technology (NIST)

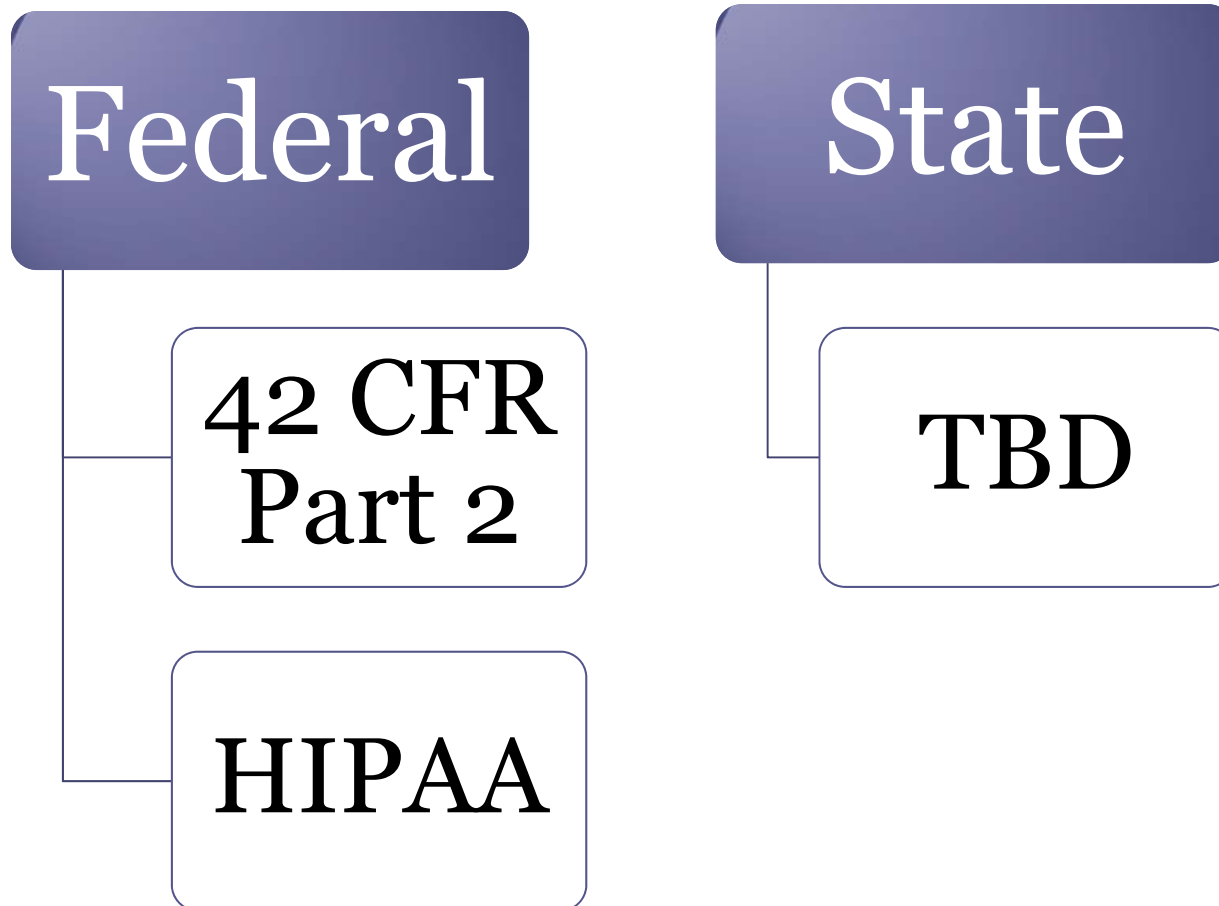




Principle #4

Adhere to *state* and federal
regulations

State and Federal Regulations

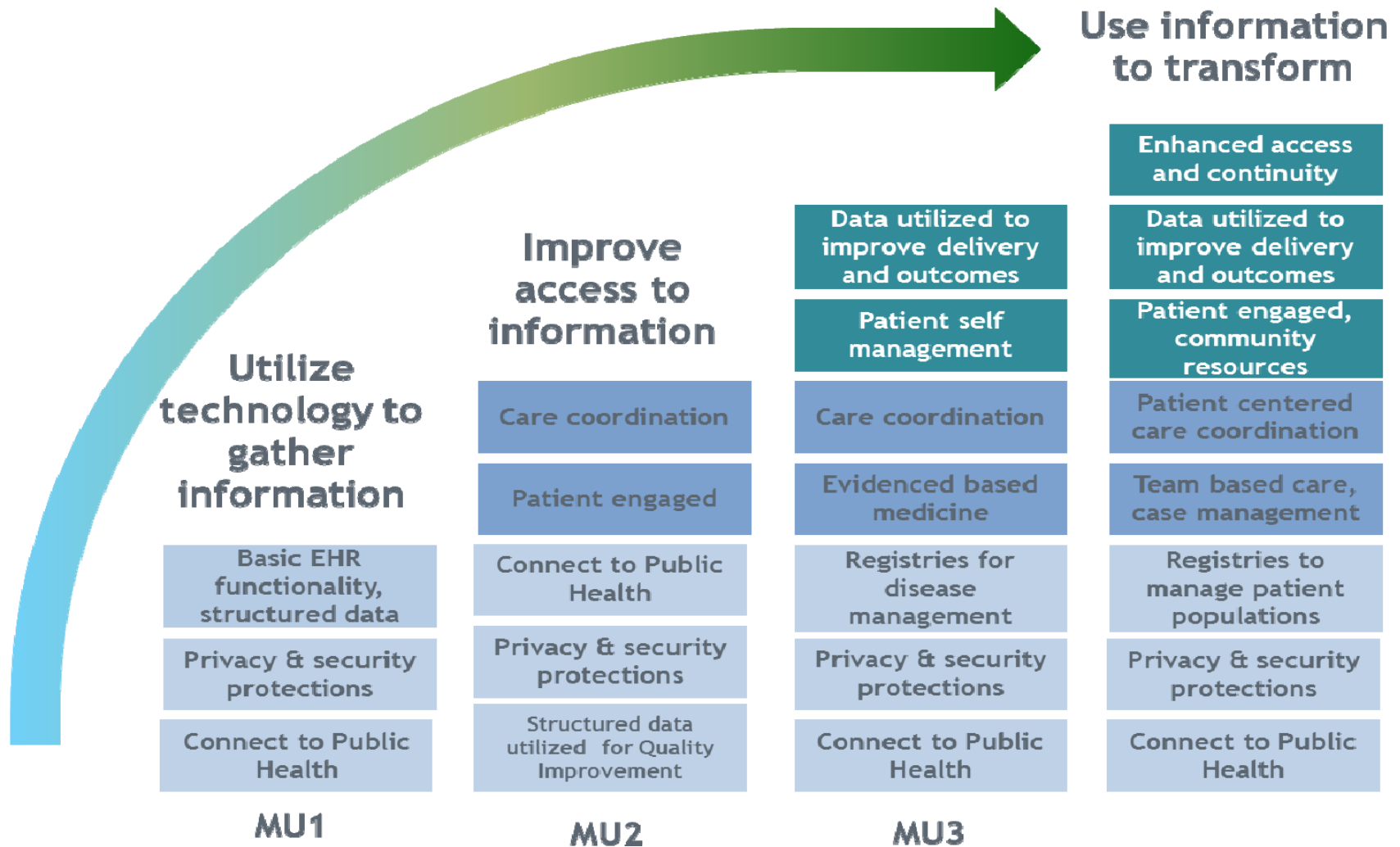




Principle #5

Be cost effective,
sustainable, and utilize
best practices *where proven*

A Journey to Develop Best Practices

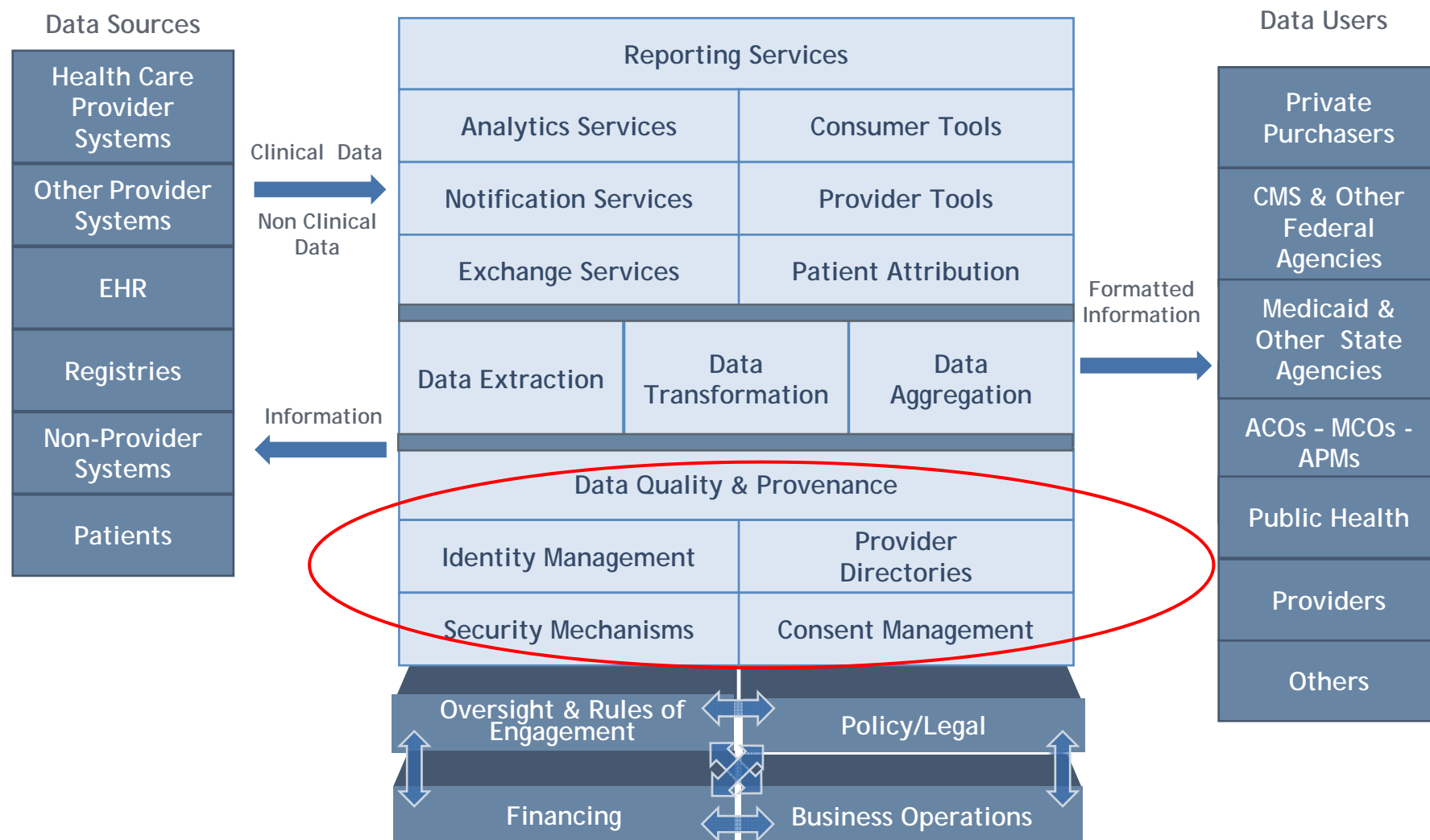




Principle #6

Be rapidly deployed by
promoting the use of modular
services

Modular Functionalities and Foundation Elements to Operationalize the Exchange of Information

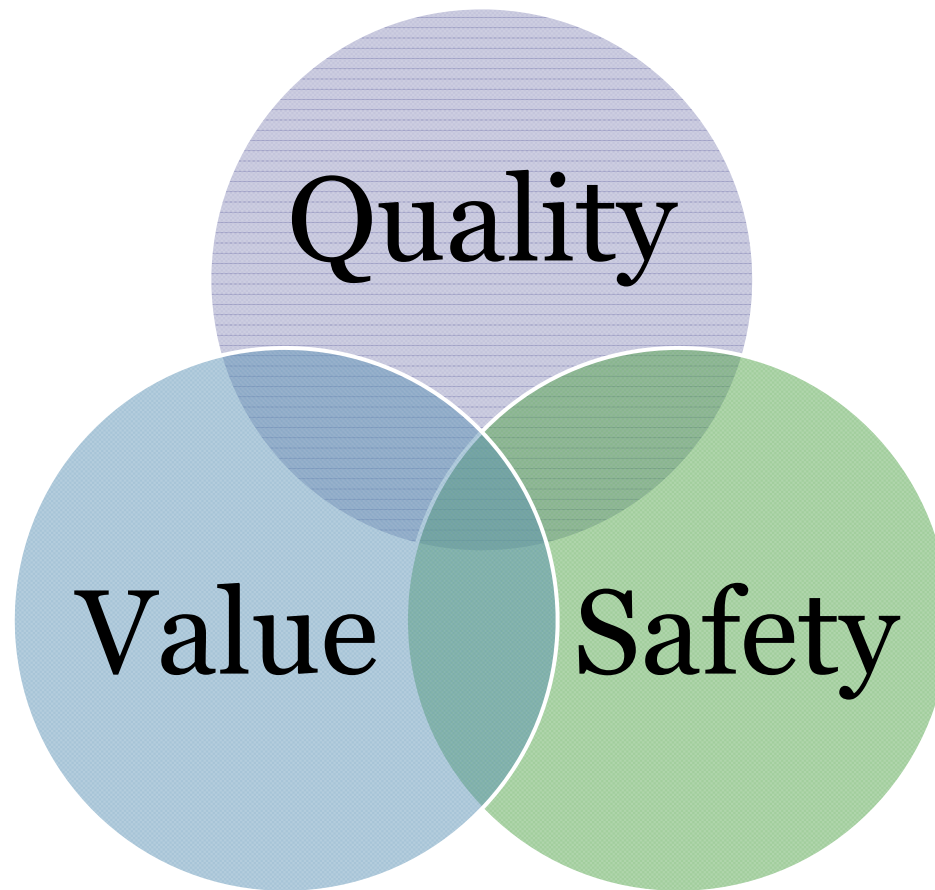




Principle #7

Be focused on improving the
quality, safety and value of
health care

Improving Health Care In Connecticut





Principle #8

Promote strong data
stewardship policies to
improve data accuracy

Data Stewardship

DEFINING THE DATA

Identifying key data, gathering definitions, documenting allowable values

DEFINING BUSINESS RULES

For creation of data, for usage of data, for derivation of data

DOCUMENTING DATA SOURCES

Identifying system of record/system of recommendation

SETTING DATA QUALITY TARGETS

Fit-for-use thresholds

METADATA IDENTIFICATION/DOCUMENTATION

REMEDICATION OF DATA ISSUES



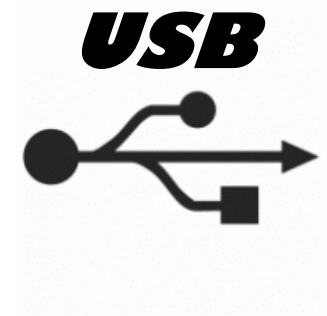
Principle #9

Be interoperable with other health data systems, especially with those operated by the State, and fit into provider workflows without being burdensome

Standards and Interoperability



- Interoperability is the extent to which systems and devices can exchange and interpret data
- Standards are inherently necessary for interoperability between/among disparate information systems



FHIR - Fast Healthcare Interoperability Resources



“It’s like Match.com for FHIR” – Steve Posnack, Director, ONC Office of Standards and Technology/ Interoperability Proving Ground

- Simple, cost effective, open source interoperability
- Out-of-the-box support for ~80% of use cases world wide*
 - Extensible to support virtually *any* use via custom architecture and a robust Implementation Guide that prevents variation among implementations
- Leverages cross-industry web technologies
- Selected by ONC as a specified standard for the Interoperability Proving Ground

*Source: <http://www.slideshare.net/ewoutkramer/hl7-fhir>



Principle #10

Be managed by an experienced organization with a proven track record of providing a comprehensive set of health information exchange services



Principle #11

**Employ a streamlined
governance model that is
inclusive of participants to
ensure sustainability of
services**



Examples of HIE Governance

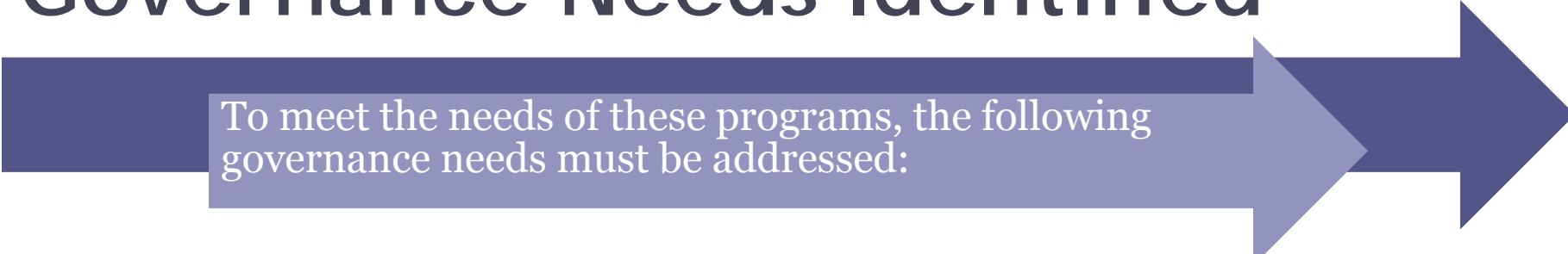
Colorado

Michigan



Colorado's Process to Retool the State's Governance of Health IT Services

Colorado: Governance Needs Identified



To meet the needs of these programs, the following governance needs must be addressed:

A transparent and accountable structure to support the shift in funding sources from grants to public (state and federal) funding sources;

Additional technical capabilities and coordination of stakeholders to support expanding information, information sources, and information users beyond the clinical care delivery settings leveraging existing HIT investments whenever possible;

Clarity for recommended “rules of the road” for secure, effective sharing and use of health information and technology to improve health, quality, and reduce costs;

Reduce or remove of barriers for effective information sharing due to lack of coordination among providers and entities; and

Build and strengthen technical infrastructure in Colorado.

Colorado's Problem Statement

As health IT evolved in Colorado, stakeholders and state leaders identified that a lack of core definitions and standards, clear rules of engagement, and support structures for increasing data sources will not support the long-term vision

Advisory	Administrative	Technical
<ul style="list-style-type: none">• No clear, central entity advising the stakeholders on health IT information beyond HIE• Multiple technical organizations with no clearly defined common policies, standards• No common health IT roadmap based on use cases• No central entity researching emerging technologies that may compliment the health IT infrastructure ecosystem beyond clinical data sources• No public, private stakeholder advisory group for health IT	<ul style="list-style-type: none">• No independent program oversight for statewide projects advancing HIT that cross organizations• No independent entity advising on funding proposal, funding distribution, organizational criteria for participation, or performance oversight• No widespread, statewide communication of best practices	<ul style="list-style-type: none">• No statewide enabling infrastructure tying organizations and the state together• No common, gateway to state data systems• No statewide interoperability of health information

Colorado Conducted a Gap Analysis to Evaluate Governance Frameworks (see handout)

Compared Colorado, Michigan and Pennsylvania
Governance (Oversight/Coordination)
Organizational Structure
Mission
Functions
Stakeholders
Regulatory Requirements
Standards (recommendations and/or requirements)
Technical Infrastructure
Legal/business policies
Revenue stream/funding mechanisms

Colorado: Executive Order B 2015-008

Created the **Governor's Office of eHealth Innovation** and the **eHealth Commission**, with fiscal administrative support from the Department of Health Care Policy and Financing (Medicaid)

Establish an open and transparent statewide collaborative effort to develop common policies, procedures, and technical approaches that will enhance the state's Health IT network

Promote and advance data sharing by reducing or removing barriers to effective information sharing

Support health innovation and transformation by enhancing Colorado's information infrastructure

Improve health in Colorado by promoting meaningful use of Health IT

Colorado: Office of eHealth Innovation & eHealth Commission *Advisory Functions*

Advise and recommend the use of industry standards to improve data quality, standardization, and interoperability of health information

- Improve quality of care
- Don't inhibit business processes

Identify and recommend industry standards to set “rules of the road” for minimum standards for interacting with the statewide Health IT ecosystem

Create guidelines for engagement

Policy levers and/or regulatory requirements to accelerate HIT adoption and interoperability

Support future health information technology in need of central advisory guidance

Colorado: Office of eHealth Innovation & eHealth Commission Administrative & Operations Functions

Convene and coordinate operational support for the governance bodies, commissions and workgroups to maintain broad stakeholder engagement

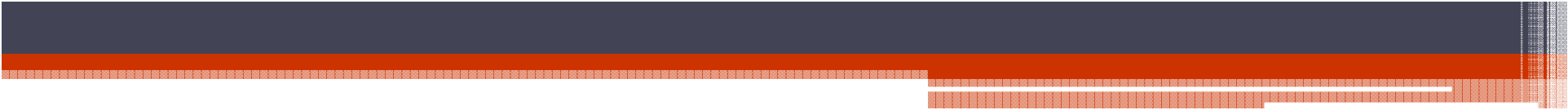
Communicate the State Health IT initiatives and provide administrative oversight for finance distribution, program performance metrics, and statewide, cross-organization initiatives

- Financial oversight of public HIT funds
- Program oversight and coordination
- Coordinated stakeholder advisory governance
- Workgroup coordination

Colorado: Office of eHealth Innovation & eHealth Commission Technical Infrastructure Functions

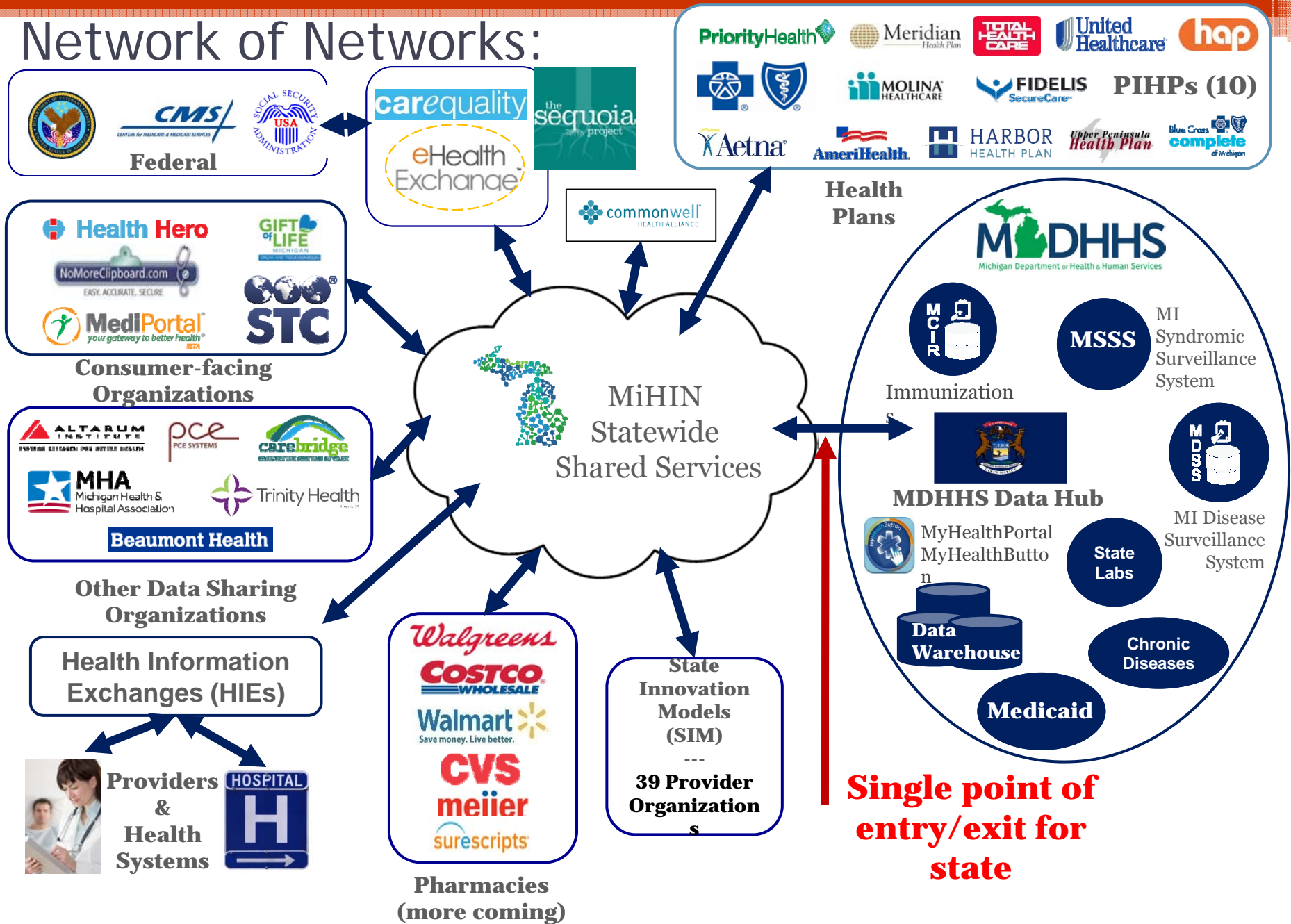
Support a “Network of networks” using the current HIE infrastructure and investments, and identify common technical services needed to advance **statewide** health information interoperability among organizations and geographic services areas

- Common technical services include master patient index (MPI), provider directory, and a single gateway to state systems
- Governance entity will not maintain or build technical services
- Use current investments where possible
- Assess and expand Colorado’s health IT ecosystem to support state health transformation goals
- Do no harm

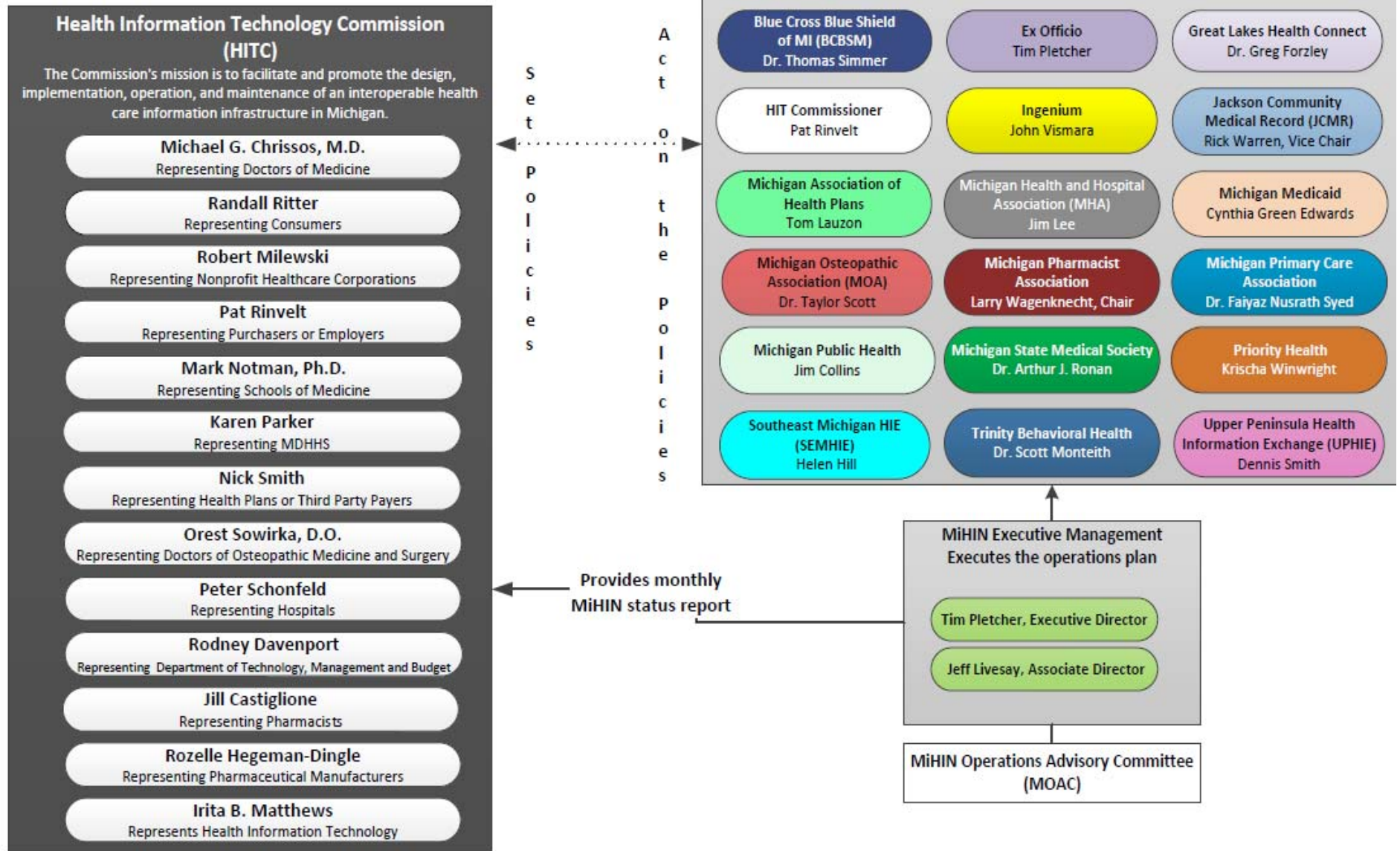


Michigan's Governance Model for the Michigan Health Information Network Shared Services Infrastructure

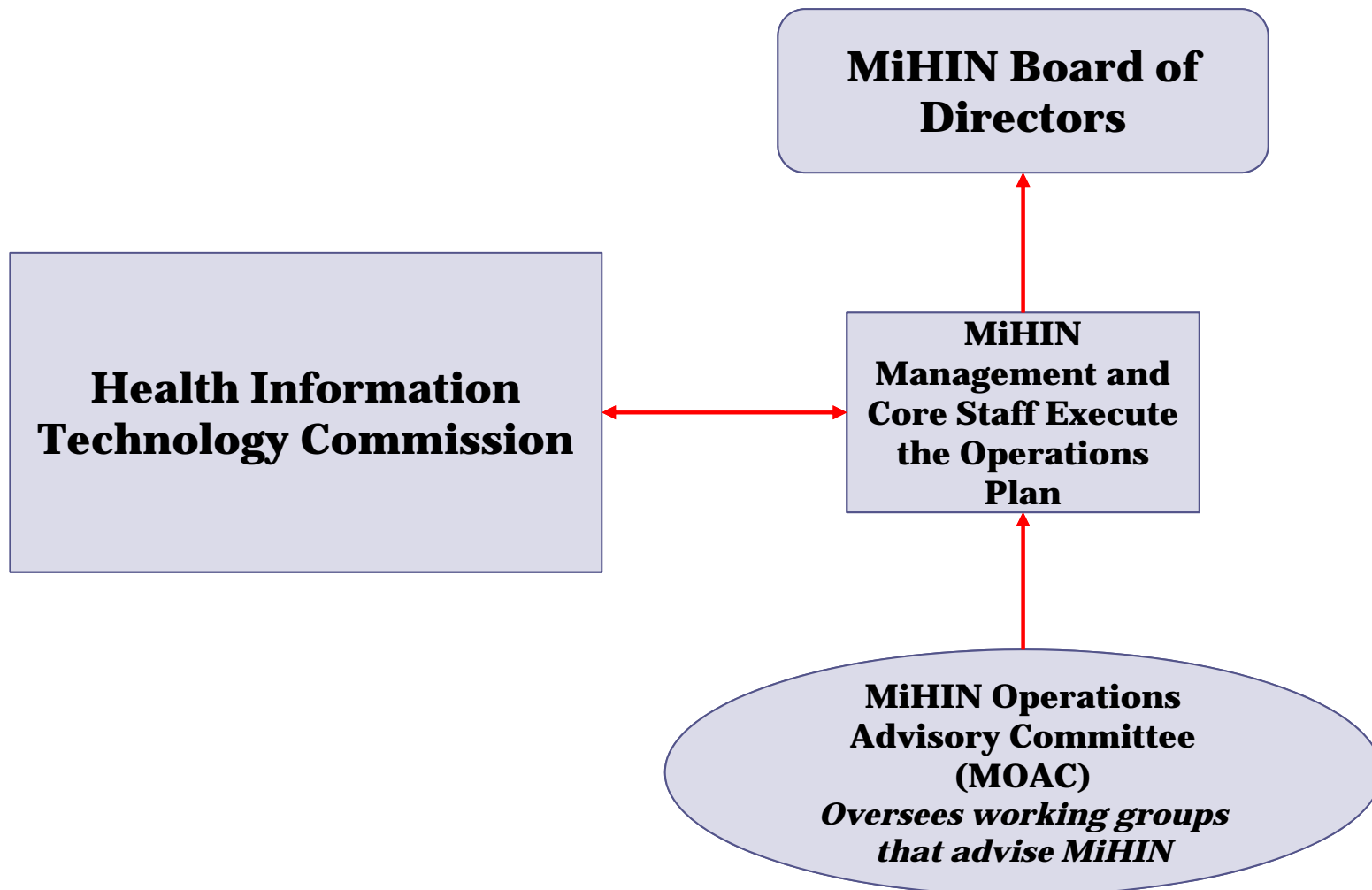
Network of Networks:



MiHIN Governance



MiHIN Governance (Simplified)



Constituent Transparency



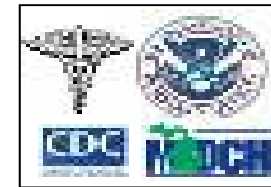
Patients & Families



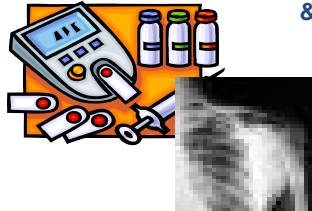
Communities



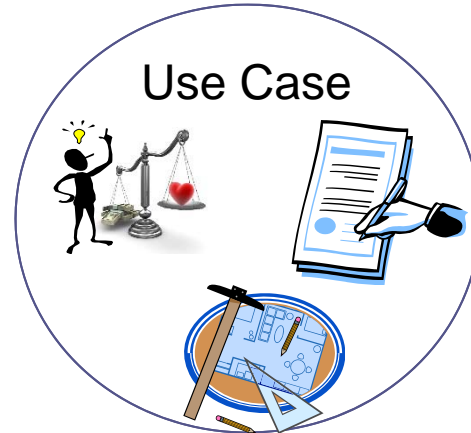
Physicians



Public Health & CMS



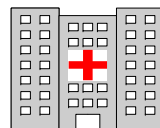
Laboratories & Diagnostic centers



Specialty Providers



Policy Makers



Hospitals & Clinics



Pharmacies



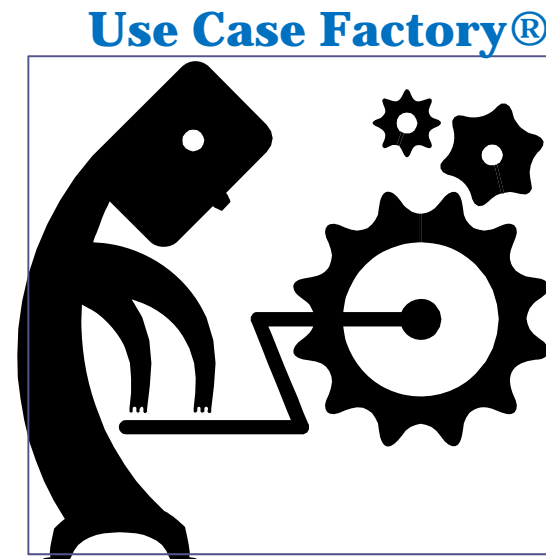
Employers



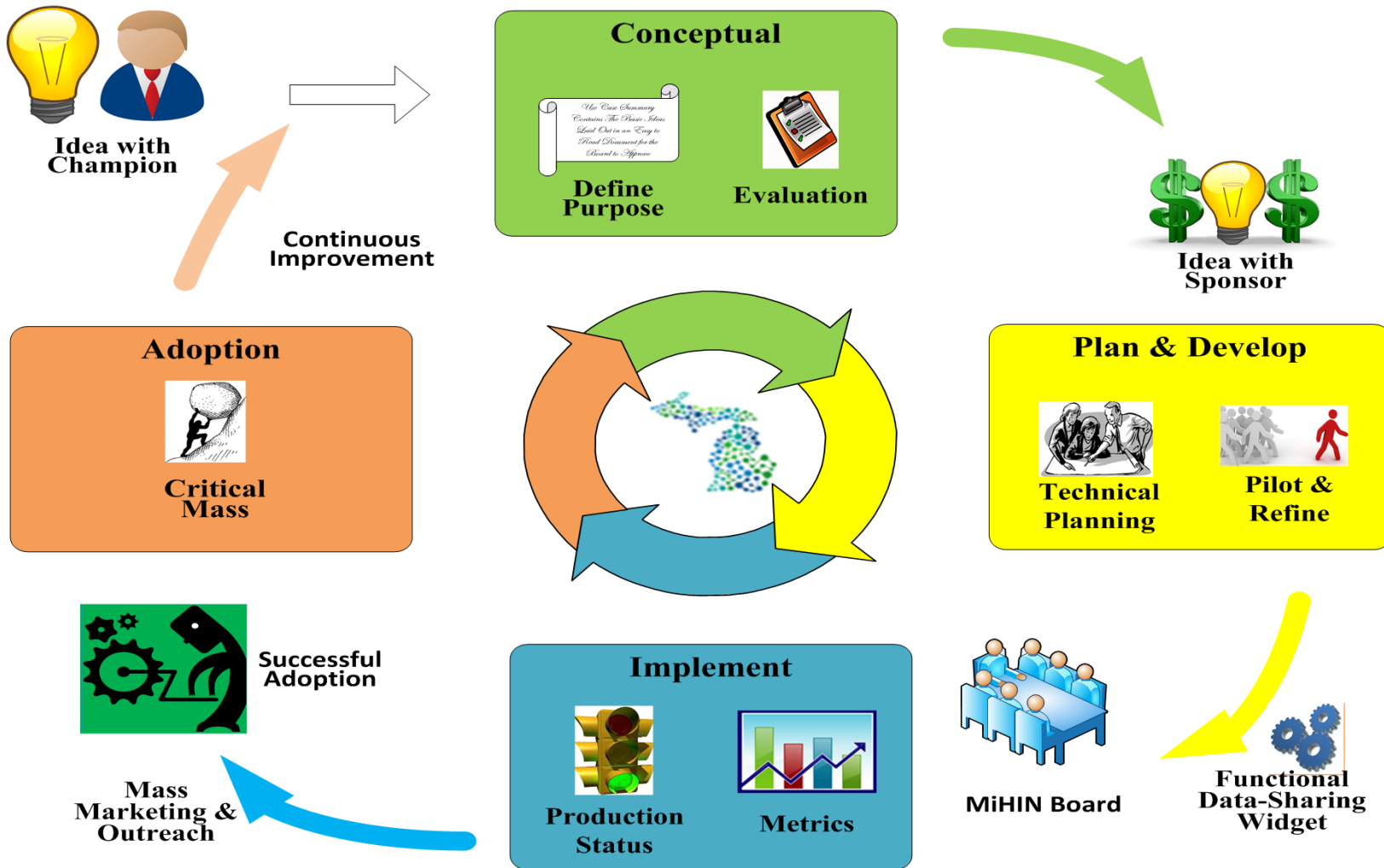
Health Plans

What is a Use Case?

- One or more *scenarios* to share specific information
- Each use case has its own:
 - purpose
 - type of information exchanged
 - description of interactions between people/systems
- Examples of use cases:
 - Immunizations
 - Admission Discharge Transfer (ADT) Notifications

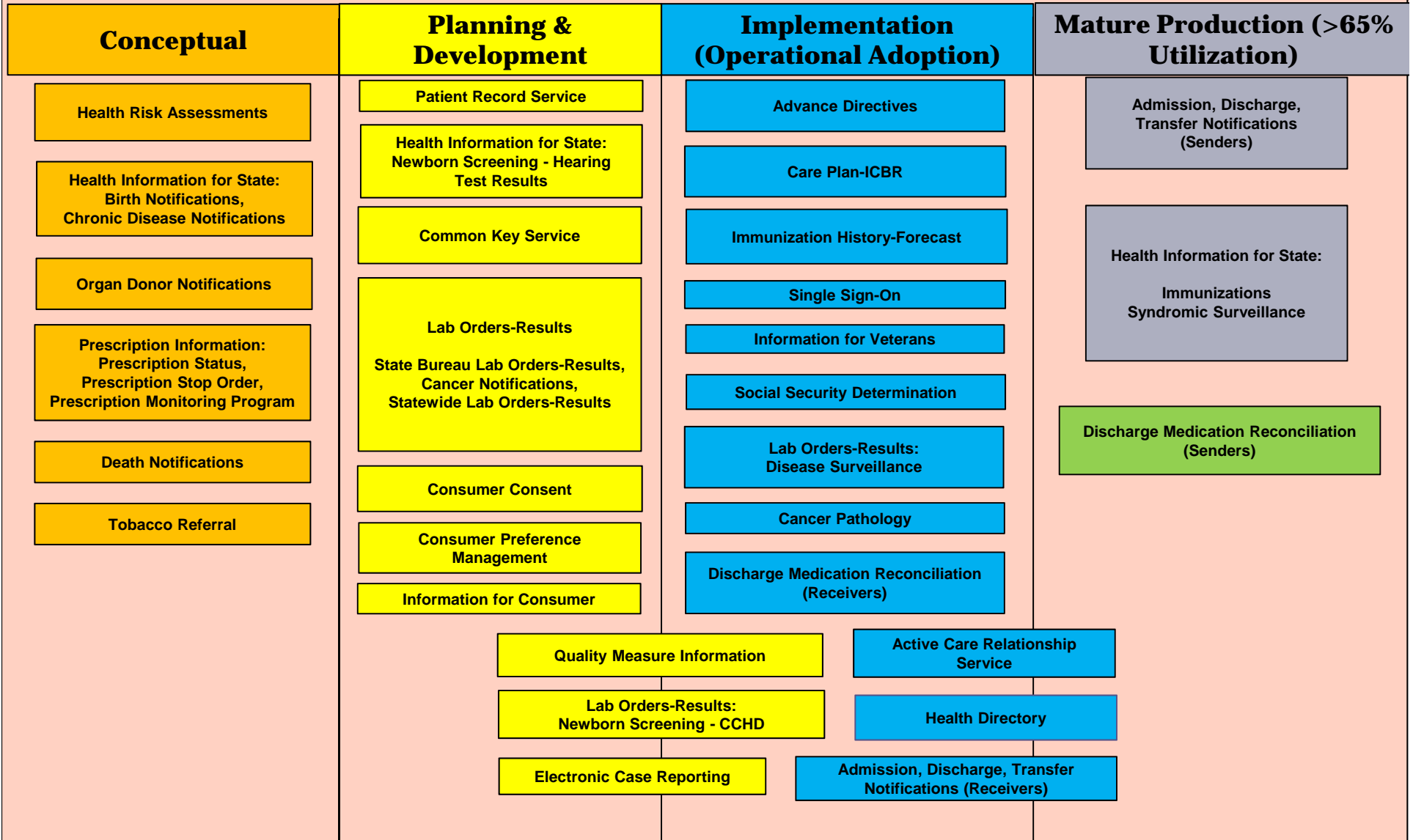


Use Case Factory[®] Process



<http://mihin.org/about-mihin/resources/use-case-submission-form/>

MiHIN Statewide Use Case and Scenario Status





Discussion / Next Steps

Wrap up and Next Steps

Upcoming Meetings

- January 19, 2017
- Educational webinars in January

Contact Information

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Health IT Advisory Council Website

<http://portal.ct.gov/Office-of-the-Lt-Governor/Health-IT-Advisory-Council>