

Health IT Advisory Council

May 18, 2017

Agenda

Welcome and Introductions	1:00 pm
Public Comment	1:05 pm
Review and Approval of Minutes – 4/20/17	1:07 pm
Updates <ul style="list-style-type: none">• Review of Previous Action Items• Council Appointments	1:15 pm
Review and Accept: eCQM Design Group Recommendations and Report	1:25 pm
Review and Accept: Environmental Scan Recommendations and Report	1:45 pm
Immunization Registry Design Group Update	2:30 pm
Wrap-up and Next Steps	2:40 pm

Public Comment

Review and Approval of April 20, 2017 Minutes

Review of Action Items

Action Items	Responsible Party	Follow Up Date
1. Council input on eCQM Report and Recommendations	Council Members	COMPLETE 05/05/2017 05/01/2017
2. Council input on Stakeholder Engagement/ Environmental Scan Summary of Findings and Calls to Action	Council Members	05/16/2017
3. Correct March 16 council minutes to accurately describe CSMS secure messaging capabilities	HIT PMO	COMPLETE 04/20/2017
4. Revise & Circulate Guiding Principles (v.4)	CedarBridge	TBD
5. Review SB-811/ PA 15-146 requirements for and SB-445 impact on APCD	HIT PMO	TBD

Updates

Council Resignations

Name	Represents	Appointment by
Matthew Katz	Connecticut State Medical Society	President Pro Tempore of the Senate
Ken Yanagisawa, MD	Physician who provides services in a multispecialty group and who is not employed by a hospital	Majority Leader of the House

Review and Accept

eCQM Design Group Recommendations

Governance Recommendations

A governing entity should be established to address the following needs:

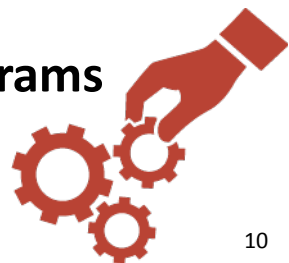
1. **Governance authorities** and type of entity needed (non-profit, quasi-governmental, etc.);
2. **Compliance and auditing mechanisms;**
3. **Accountability to and transparency with stakeholders;**
4. The creation of **bylaws and policies** to guide stakeholder representation;
5. The maintenance of a **policy framework;**
6. The creation of a **clear decision-making process;**
7. The creation of principles to guide **prioritization of programs and processes;**
8. A well-defined **relationship between the governance entity and operations;**
9. The development of a **sustainable business model** for operations; and
10. The creation of a **data governance process** to maintain data integrity.



Operational Recommendations

The following operational issues should be addressed as part of any future efforts:

1. The **hiring and retention of experienced staff** with skill in all areas of operations;
2. **Interoperability with existing health IT infrastructure**, such as patient and provider directories or other sources of aggregated data (including the state's APCD) to whatever extent possible;
3. **Electronic consent management;**
4. The development of **quality assurance and quality control programs** that address data inputs and outputs at their source, and allow for rectification and reconciliation of discrepancies; and
5. The development of **technical assistance and communication programs** that will enable ease and efficiency for those who provide and extract data and measures.



General Recommendations

The **development of a statewide quality measurement system:**

- 1. Should focus on the Quadruple Aim** of better health, better care, lower costs, and a positive healthcare workforce;
- 2. Should keep the patient as the “north star”** with a vision for a person-centered system;
- 3. Should incorporate all types of quality-related, structured data;** and ingest and create quality measures from different data sources;
- 4. Should include the Design Group’s Functional Requirements;**
- 5. Should interface with provider-specific reporting systems** (such as behavioral health and LTPAC providers) to whatever extent possible;



General Recommendations, cont.

The **development of a statewide quality measurement system**:

- 6. Should adopt specifications for aligned measures** as they become available [through the efforts of CMS, America's Health Insurance Plans (AHIP), and other national initiatives];
- 7. Should maintain flexibility** as quality measurement improves from measuring processes to measuring outcomes, including patient-reported outcomes;
- 8. Should integrate with other components of Connecticut's health IT infrastructure**, including the state's APCD;
- 9. Should address transparency of costs** and availability of public-facing data over time; and
- 10. Should recognize the key challenges** that will be faced as the system is implemented.



Council Discussion

Review and Accept

Environmental Scan Summary of Findings and the Priority Calls to Actions

Environmental Scan

- Priority Recommendations for the State: “Calls to Action”
- Summary of Findings
 - Patients and Consumers
 - Environment
 - Tools
 - Governance
- Themes and Considerations
- Recommendations

ASSESSING CONNECTICUT'S HEALTH
INFORMATION TECHNOLOGY &
HEALTH INFORMATION EXCHANGE SERVICES

Summary Findings of Current State, Future
Needs, and Recommendations for Action

Prepared by:
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Carol Robinson, Principal

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May 8, 2017
Report prepared for:
The Connecticut
Health Information
Technology Advisory
Council

The image shows the cover of a report. The top half is a dark green rectangle with white text. The bottom half is a dark blue rectangle with white text. On the right side, there is a vertical white bar containing the date, report title, and logo. The logo features a stylized bridge icon and the text 'CEDARBRIDGE GROUP'.

Calls to Action: Priority Recommendations for the State



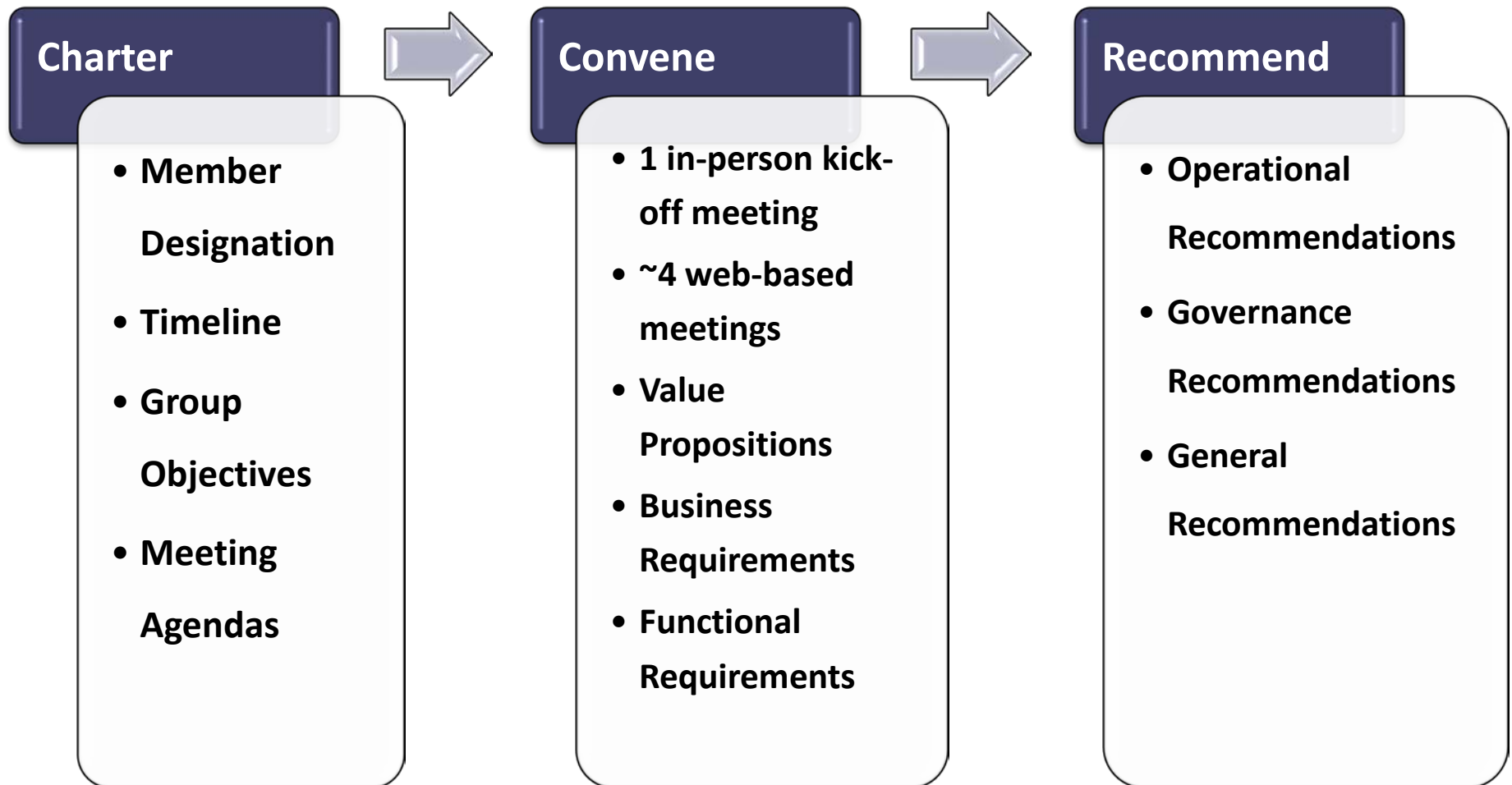
1. Connecticut must keep patients and consumers as a primary focus in all efforts to improve health IT or HIE, including addressing health equity and the social determinants of health.
2. Connecticut must leverage existing interoperability initiatives, including existing or planned private investments and relationships with state-based HIEs and the national initiatives.
3. Connecticut must implement core technology that complements and interoperates with systems currently in use by private sector organizations.
4. Connecticut must establish “rules of the road” to provide an appropriate governance framework.
5. Connecticut must support provider organizations and networks that have assumed accountability for quality and cost.
6. Connecticut must ensure that basic mechanisms are in place for all stakeholders to securely communicate health information with others involved in a patient’s care and treatment.
7. Connecticut must implement workflow tools that will improve the efficiency and effectiveness of healthcare delivery.
8. State agencies must charter and implement a Health IT Steering Committee, chaired by the HITO, staffed by the HIT PMO, and reporting to the legislative and executive branches.
9. Connecticut should establish, or designate, a neutral, trusted organization representing public and private interests to operate agreed-to statewide health information exchange services.

Council Discussion



Immunization Registry Design Group Overview

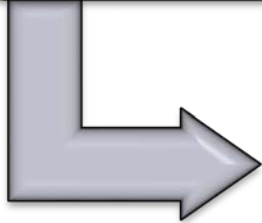
Immunization Registry Design Group Overview



Immunization Registry Design Group Timeline and Next Steps

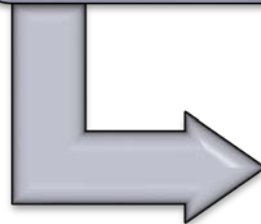
May

- Charter and member designation



June

- Design Group Meetings



July

- Recommendations to Council

Council Discussion

Proposed Timeline of Activities

Stakeholder Engagement / Environmental Scan

Jan - March 2017

Stakeholder engagement / environmental scan

Feb – July 2017

Use Case process planning

Jan - Dec 2017

Ongoing stakeholder communication

eCQM System Planning

Jan 2017

eCQM webinars

Jan - April 2017

eCQM Design Group to develop recommendations

May- July 2017

Begin Additional Use Cases

RFP development

July - Dec 2017

Possible pilot for an eCQM solution

HIE Entity Planning

May - July 2017

HIE entity planning process

July – TBD

Proposal for operating entity for HIE services

Wrap up and Next Steps

Next Health IT Advisory Council Meeting

- **Thursday June 15, 2017 | 1:00 pm – 3:00 pm**

Contact Information

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Health IT Advisory Council Website

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