

Health IT Advisory Council

September 21, 2017



CONNECTICUT
HEALTH INFORMATION
TECHNOLOGY OFFICE

Agenda

| | |
|--|----------------|
| Welcome and Introductions | 1:00 pm |
| Public Comment | 1:05 pm |
| Review and Approval of Minutes – July 20, 2017 and August 17, 2017 | 1:10 pm |
| Updates <ul style="list-style-type: none">• Welcomes and Introduction of New Staff• Review Action Items• Branding of the HIT PMO Office | 1:15 pm |
| Review and Accept Recommendations from Immunization Information System (IIS) Design Group | 1:25 pm |
| Status Update on IIS / HIE Funding Request | 1:40 pm |
| HIE Use Case Design Group Update and Discussion | 1:50 pm |
| HIE Entity Update | 2:50 pm |
| Wrap-up and Next Steps | 3:25 pm |

Public Comment

Review and Approval of July 20, 2017 Minutes

Review and Approval of August 17, 2017 Minutes

Welcome and Introduction of New Staff

Review of Action Items

| Action Item | Responsible Party | Date Due |
|---|-------------------|----------|
| Motion of acceptance for July council meeting minutes | ALL | 9/21/17 |
| Motion of acceptance for IIS recommendation. | ALL | 9/21/17 |
| HIE Use Case Design Group recommendations. | CedarBridge | 10/19/17 |

Branding of HIT PMO Office

Review Recommendations from Immunization Information Systems (IIS) Design Group

IIS Design Group Members

| Name/Role | Stakeholder Representation |
|--------------------------------|---|
| Thomas Agresta, MD, MBI | Healthcare provider at a primary care setting and at UConn Health; designee for the Health IT Advisory Council |
| Martin A. Geertsma, MD | Pediatrician providing services at a Federally Qualified Health Center with direct patient care responsibility |
| Deirdre Gruber, MSN, FNP-BC | School Nurse Supervisor at a large Local Health Department that promotes a health school environment by managing immunizations to ensure appropriate exclusion for infectious illnesses, and reporting communicable disease as required by law |
| Hyung Paek, MD | Medical Director of Information Technology of a health system and healthcare provider in a Federally Qualified Health Center with direct patient care responsibilities |

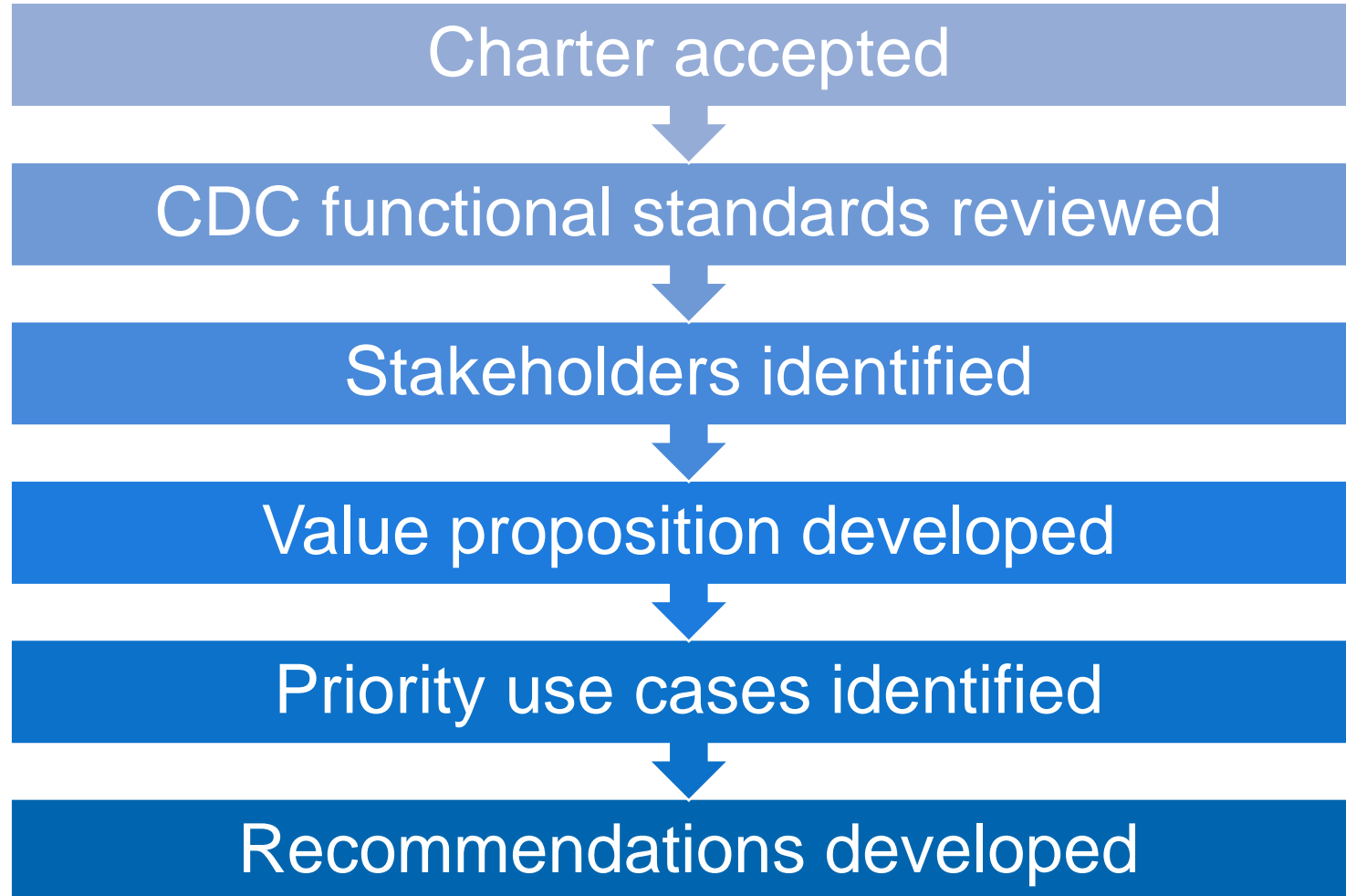
Timeline

Milestones/Deliverables

Dates

| | |
|---|---------|
| Session 1: Kick-Off Meeting – validate charter, roles and responsibilities, and timeline of IIS Design Group; receive update on current status of IIS system; identify value propositions | 7/7/17 |
| Session 2: Discuss value propositions, high level review of CDC IIS functional standards and overall services; begin to identify issues, obstacles, gaps | 7/13/17 |
| Session 3: Determine stakeholder needs and prioritization, identify additional stakeholders and their roles; review high level implementation roadmap | 7/20/17 |
| Present update to Health IT Advisory Council | 7/20/17 |
| Session 4: Continue to review role of HIE services in supporting IIS interoperability and considerations for financial sustainability models | 7/27/17 |
| Session 5: Identify priorities and draft recommendations | 8/4/17 |
| Present Report and Recommendations to Health IT Advisory Council | 8/17/17 |
| Advisory Council Vote on Acceptance of IIS Design Group Recommendations | 9/21/17 |

IIS Design Group Milestones Achieved



IIS Design Group Recommendations

1. Implement priority use cases

- Providers' ability to send/retrieve info from a statewide, lifetime IIS
- IIS customized with CT-specific forms for schools and preschools
- Vaccine forecasting
- Vaccine inventory tracking

2. Leverage and align efforts with HIE services

- Identity management, transport options, data transformation, interoperability, patient attribution, SMART on FHIR Apps
- Establish joint planning committee; consideration of sustainability

3. Maximize collaboration and planning across federal programs

- Collaboration between CT agencies; support transparency with federal partners; relevance for IAPD update

4. Provide ongoing stakeholder engagement

- Agile development process to gather feedback during implementation
- Establish ongoing user group for outreach, education, training, etc.

5. Propose necessary legislative updates

- Lifetime registry; promote graduated approach; careful consideration of timing; coordination with Legislative Reps on Advisory Council

6. Opportunities for financial sustainability

- Consortium model; shared HIE services across use cases/stakeholders; prioritize/support infrastructure; invest resources in analytics

7. Need for technical assistance

- Comprehensive technical assistance as a top priority
- Ensure necessary resources are included in any funding requests

8. Need for ongoing education and training

- Adequate resource allocation; IIS program staff determine effective structure; includes initial and ongoing training; evaluation of effectiveness for all stakeholders

Acceptance of IIS Design Group Recommendations

Status Update on IIS / HIE Funding Request

Annual APD Request

- Submitted to CMS on June 9, 2017 as a \$4.973M request (Appendix D)
- Continuation of planning funds to further support Health IT Design Group activities, community outreach, RFP development, HIT consultant services, and HIT PMO Staff
- Currently pending federal approval – anticipated October/November approval

APD Update

- Tentative Submission Date November/December
- Requesting federal funds to support an integrated, unified IIS and health information exchange services
- Currently in drafting process in concert with other state agencies

Further information will be provided at the October/November Council Meetings for review and acceptance.

HIE Use Case Design Group Status Update

HIE Use Case Design Group Members

| Name/Role | Stakeholder Representation |
|---------------------|---|
| Stacy Beck | Clinical Quality Program Director of Anthem |
| Pat Checko, DrPH | Co-chair of State Innovation Model Consumer Advisory Board and Health IT Advisory Council Member |
| Kathy DeMatteo | Chief Information Officer of Western Connecticut Health Network |
| Gerard Muro, MD | Chief Medical Information Officer of Advanced Radiology Consultants and Board Member of Charter Radiology Network |
| Mark Raymond | Chief Information Officer for the State of Connecticut |
| Jake Star | Chief Information Officer of VNA Community Healthcare |
| Lisa Stump, MS, RPh | Senior Vice President and Chief Information Officer of Yale New Haven Health System |

Proposed Timeline

| Milestones/Deliverables | Dates |
|---|--------------------------|
| Session 1: Kick-off meeting | 6/27/17 |
| Session 2: Review use cases (part 1) | 7/12/17 |
| Session 3: Review use cases (part 2) | 7/19/17 |
| Present update to Health IT Advisory Council | 7/20/17 |
| Session 4: Review use cases (part 3) | 7/27/17 |
| Session 5: Review use cases (part 4) | 8/2/17 |
| Session 6: Review use cases (part 5) and prioritization criteria for use cases | 8/9/17 |
| Session 7: Review final use cases (part 6); Apply prioritization criteria | 8/16/17 |
| Present update to Health IT Advisory Council | 8/17/17 |
| Session 8: Review results of prioritization/sequencing activities; Select “Top 10” use cases (part 1) | 8/23/17 |
| Session 9: Select “Top 10” use cases (part 2); Discuss need for additional meetings | 8/30/17 |
| CedarBridge to conduct analysis of HIE services and technology infrastructure necessary to support “Top 10” use cases; Research financial, business, legal, and policy considerations and social use cases with stakeholders | 8/23/17 – 10/4/17 |
| Present update to Health IT Advisory Council | 9/21/17 |
| Session 10: Review expanded use case documents for identified “Top 10”; Determine recommended “First Wave” of use cases (3-5) | 10/4/17 |
| Session 11: Finalize recommendations; Develop plan for delivery of recommendations to the Advisory Council | 10/11/17 |
| Present report and recommendations to the Advisory Council | 10/19/17 |
| Delivery of final report and recommendations to HITO | 10/31/17 |

HIE Design Group Milestones Achieved

Use case library reviewed

Prioritization / sequencing activities conducted

Design Group validated “Top 10” use cases for additional analysis

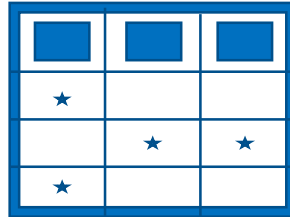
CedarBridge is conducting additional analysis of use cases (business, financial, legal, policy, & technology) and socializing with stakeholders

Full Use Case Inventory

| Use Cases | Use Cases |
|--|---|
| 1. Electronic Clinical Quality Measures (eCQM) | 17. Image Exchange |
| 2. Immunization Information System (IIS) - Submit and Query/Retrieve | 18. Population Health Analytics |
| 4. Advance Directives | 19. Public Health Reporting |
| 5. Opioid Monitoring and Support Services | 20. Lab Results Delivery |
| 6. Wounded Warriors | 21. Social Determinants of Health |
| 7. Longitudinal Health Record | 22. Research / Clinical Trials |
| 8. Emergency Department Super-Utilizers | 23. Patient Portal / Personal Health Record |
| 9. Medication Reconciliation | 24. Patient-Generated Data |
| 10. Care Coordination: Referral Management | 25. Medical Orders / Order Management |
| 11. Care Coordination: Transitions of Care | 26. CHA Dose Registry |
| 12. Care Coordination: Clinical Encounter Alerts | 27. Bundle Management |
| 13. Care Coordination: Care Plan Sharing | 28. Emergency Medical Services (EMS) |
| 14. POLST / MOLST | 29. Lab Orders |
| 15. Disability Determination | 30. Genomics |
| 16. Life Insurance Underwriting | 31. eConsult |

Methodology of Use Case Prioritization/Sequencing Activities

Following the review of use cases, Design Group members engaged in two activities to prioritize and sequence the use cases, with a goal of identifying a "Top 10" for further analysis.



Activity 1: Matrix

- The Matrix was built in Excel and distributed to DG Members
- Members assessed each use case against 8 criteria elements (listed on next slide)
- In assessing the use cases, members were asked to determine if the use case impacted the criterion positively (1 point), negatively (-1 point), or neutrally (0 points)
- Scores were cumulated based on responses from all DG members



Activity 2: Survey

- Survey was built in SurveyMonkey
- DG members were asked to assemble a top 10 ranking, based solely off of their personal perspective and opinions.
- Points were assigned to each use case based on its position within each member's ranking
- Scores were cumulated based on responses from all DG members

Use Case Prioritization/Sequencing Criteria

1. Value for Patients and Consumers

- Patient-centered, allows patient preference; improves patient safety
- Improves care coordination across the continuum
- Enable population health improvements and care team engagement

2. Value for Other Stakeholders

- Define ROI and value proposition for stakeholder groups
- Alignment with organization goals and business requirements
- Enable community organization and providers of social services

3. Workflow Impact

- Enabling access to health records by individual providers
- Define impact to clinical and administrative workflows

4. Ease of Implementation

- Implementation readiness / use case maturity / business process
- Procurement process, speed of implementation, training requirements

5. Integration, Maintenance, and Technical Assistance

- Define resource requirements necessary to support implementation and integration(s), including technical assistance and maintenance

6. Prerequisite Services

- Define services and infrastructure that is necessary to support use cases
- Assessment of prerequisite services for any HIE entity / partner orgs

7. Scalability

- Stand-alone use case vs. clusters
- Leverage HIE services that will support multiple use cases when implemented (economy of scale)

8. Existing Infrastructure / Resources

- Does existing infrastructure meet the needs to stakeholders?
- Governance / scalability of existing infrastructure / resources

Use Cases Identified for Further Analysis

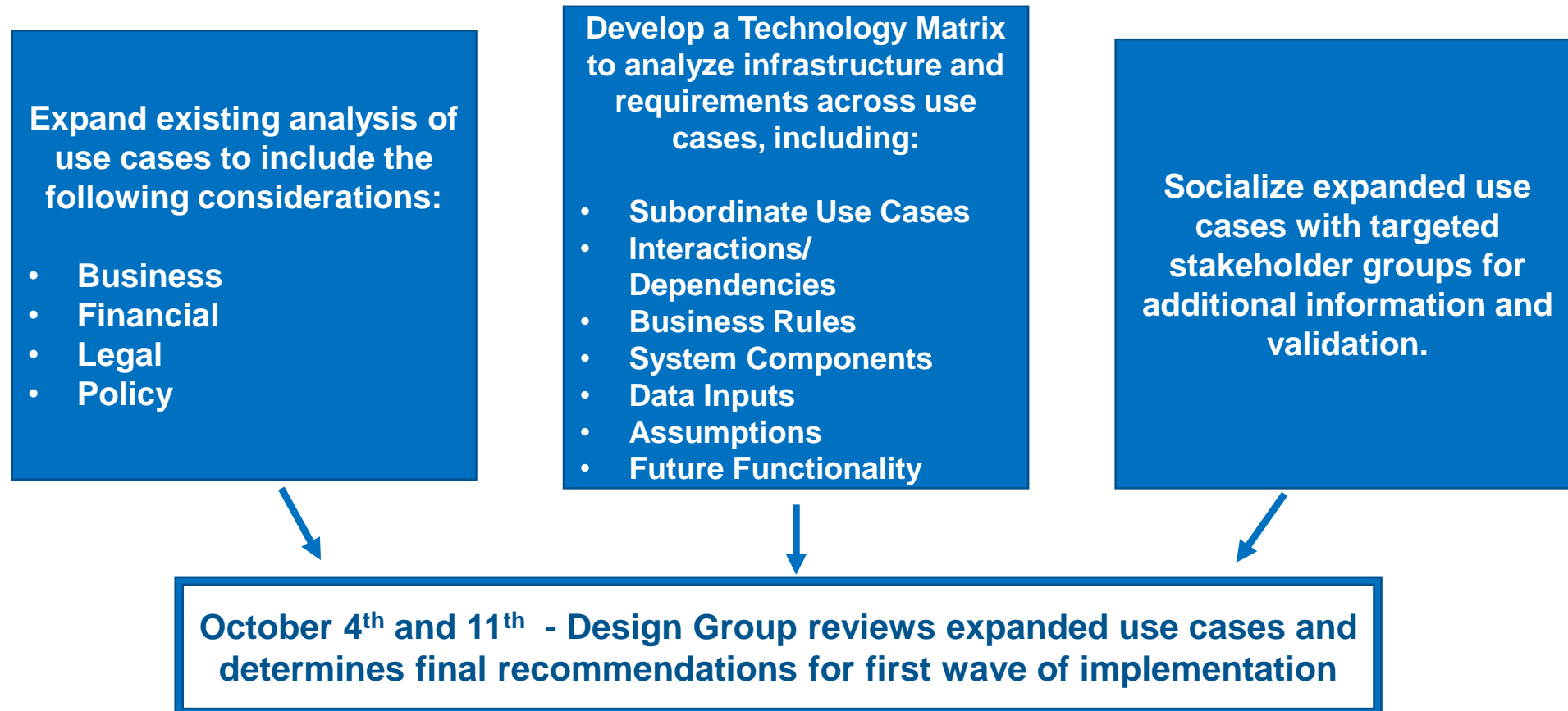
The use case scores that were produced by the prioritization / sequencing activities were intended to inform and guide the discussion by Design Group Members. Based on these discussions, **the following use cases were validated and accepted by all Design Group members to be moved into the next phase of analysis/consideration:**

Use Cases Identified for Further Analysis

1. **Immunization Information System (Submit/Query)** – *Affirmed by HIE Use Case DG as a priority*
2. **eCQM** – *Affirmed by HIE Use Case DG as a priority*
3. **Longitudinal Health Record** – *Foundational element for other use cases*
4. **Clinical Encounter Alerts** – *Foundational element for other use cases, including Transitions of Care and ED Super Utilizers*
5. **Public Health Reporting** – *Complementary to, and supportive of the IIS use case*
6. **Population Health Analytics** – *Potential to leverage technology supporting eCQM use case*
7. **Patient Portal / PHR** – *Consistent with the concept of the patient as the “North Star”*
8. **Image Exchange** – *Validated by HIE Use Case DG for further analysis*
9. **Medication Reconciliation** – *Validated by HIE Use Case DG for further analysis*
10. **Advance Directives / MOLST** – *Consistent with the concept of the patient as the “North Star”*

Use Case Analysis: Process & Next Steps

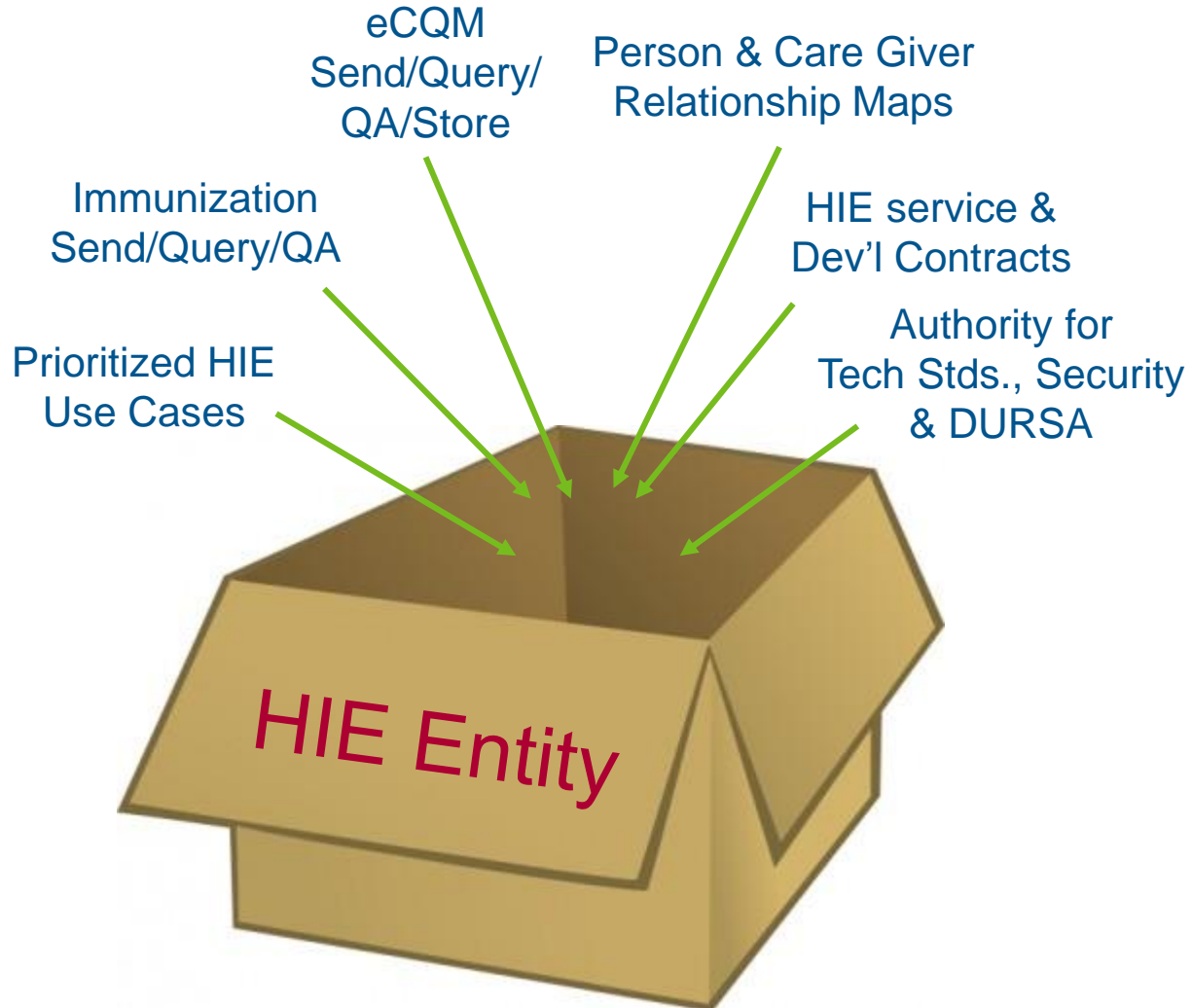
Following the identification of the “Top 10” use cases, listed on the previous slide, the Design Group affirmed the need for additional analysis to inform the creation of a final recommendation for the first wave of 3-5 use cases. The analysis process will adhere to the following steps:



Council Discussion

HIE Entity Update

Initial Deployment



▶ **Target simple nonprofit:**

- Incorporate in collaboration with OPM
- Structure pending with budget implementer bill

▶ **Consistent with precedents from other states:**

- 68% of HIE's are nonprofits
- Includes highest-regarded HIE's (CA Santa Cruz, MD CRISP, MI MiHIN, NY HealthLinkNY, OK MyHealthAccess, others)

▶ **Establish January 2018**

Procurement Approach

July Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun

Health IT Advisory Council Meetings and Continued Stakeholder Engagement

Immunization Design Group

HIE Use Case Design Group

Technology Assessment

HIE Entity Planning

Not-for-Profit HIE Entity Named

- State led
- HIE entity led
- Executive Order or Legislative Action

HIE Entity Governance Development

Develop model and functional requirements for HIE shared services

Develop IAPD for HIE implementation

Agile Procurement

HIE Services
Integrator
eQMRS

HIE Services Contract(s)

Agile Dev'l Contract

Service configuration and piloting

Agile Dev'l and piloting

IIS procurement through GSA process

IIS Implementation and Connectivity with HIE

Wrap up and Next Steps

Next Health IT Advisory Council Meeting

- Thursday October. 19, 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>

Appendix: IIS Design Group Expanded Recommendations

Recommendation #1: Implement Priority Use Cases

Priority Use Cases

1. Providers' ability to send electronic immunization information to a statewide, lifetime (birth to adult) IIS
2. Providers' ability to electronically query and retrieve information from a statewide, lifetime IIS (real-time)
3. IIS customized with Connecticut-specific forms for schools and preschools
4. Vaccine forecasting including
 - Catch-up and other non-standard schedule needs
 - Manage for chronic diseases and support targeted outreach
 - High risk patients who should not receive immunizations
5. Vaccine inventory tracking

Recommendation #2: Leverage and Align Efforts with HIE Services

HIE Services

- Identity management (patient, provider, and organization matching)
- Transport options (short and long-term) to connect to provider organizations (SOAP, HTTPS, SFTP, API, etc.)
- Data transformation to support data quality assurance and normalization
- Interoperability with other systems (e.g. surveillance) and IIS from other states and jurisdictions
- Patient attribution to PCP/medical home
- SMART on FHIR Apps, utilizing open APIs, for providers and consumers

Recommendation #2: Leverage and Align Efforts with HIE Services (continued)

Other Activities

- Establish joint planning committee (HITO, DPH, and other relevant stakeholders) to ensure alignment before deployment
- Goal to expedite the deployment of IIS Phase 2 (bi-directional connections with EHRs) supported by the HIE services
- Carefully consider how alignment with the HIE services can support financial sustainability, including coordination, planning, and identification of potential shared costs

Recommendation #3: Maximize Collaboration and Planning Across Federal Programs

Activities

- Joint conversations to ensure collaboration between Connecticut agencies including DPH, DSS, the HITO, and others with federal partners including CDC, ONC, and CMS
- Support transparency with federal partners around Connecticut's health IT planning, including alignment of the IIS and the HIE services planning effort
- Especially relevant for IAPD update (federal funding opportunities)

Recommendation #4: Provide Ongoing Stakeholder Engagement

Activities

- During planning and implementation, utilize an Agile development structure to engage stakeholders with rapid sprint cycles to gather feedback on features and customization needs
- Establish ongoing user group comprised of a wide-range of stakeholders to facilitate outreach, education, and training once the IIS is in production

Recommendation #5: Provide Necessary Legislative Updates

Proposed Legislative Updates & Activities

- Establish a lifetime registry (birth through adult)
- Promote a graduated approach so electronic exchange can begin without delay, but without penalties if the capability is not in place
- Careful consideration to the timing of requiring manual entry to the IIS for providers not connected electronically
- Coordinate legislative updates with the Legislative Representatives on the Health IT Advisory Council
- Review of legislation to identify any other issues between public health requirements and HIE activities needing updates, including privacy, data access, etc.

Recommendation #6: Opportunities for Financial Sustainability

Activities

- Consortium model will help with shared resources across states and other jurisdictions
- Shared HIE services across multiple use cases and stakeholders
- State needs to prioritize and support infrastructure
- State should invest resources in analytics of the data that will be available through the IIS and other systems, with a goal of reducing health disparities.

Recommendation #7: Need for Technical Assistance

Activities

- Comprehensive technical assistance should be offered to providers to support the work needed by EHR vendors to connect to the IIS, whether or not it is provided through HIE shared services
- Should be top priority in the planning and coordination discussions as data transport options are investigated
- Ensure necessary resources are included in any funding requests through the IAPD process

Recommendation #8: Need for Ongoing Education and Training

Activities

- Adequate resources should be allocated
- Critical to successful deployment of new IIS
- IIS program staff should determine most efficient ways to structure this effort
- Needs to include initial, and ongoing, training opportunities for stakeholders administering immunizations or accessing the IIS, perhaps stratified by need or stakeholder type
- Concerns about whether the IIS is meeting the needs of all stakeholders will continue without ongoing touchpoints

Need for HIT Entities

- ***Stakeholders broadly agree on structure:***
 - Input from 130 orgs; 282 individuals
 - Desire is for a “neutral and trusted” entity
 - Neutral – no participant advantaged over another
 - Trusted – participants have transparent and genuine input over costs, priorities and execution capabilities
- ***HIT Advisory Council accepted recommendation for entity planning May 14, 2017:***
 - “9. Connecticut should establish, or designate, a neutral, trusted organization representing public and private interests to operate agreed-to statewide health information exchange services.”
- ***Nimble operating structure needed:***
 - No current operating capability in the Lt. Governor’s office or proposed Office of Health Strategy, for these activities:
 - Service delivery and execution
 - Market-paced contracting
 - Billing and chargeback functions
 - Readiness-to-serve client support and integration
 - Technical standards, security protocols and conformance validation
 - Universal Data Use and Reciprocal Services Agreement (DURSA) administration