

# Health IT Advisory Council

May 21, 2020



# Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 PM
Public Comment	1:05 PM
Review and Approval of Minutes – April 16, 2020	1:10 PM
Health Information Exchange Update	1:15 PM
DSS & OHS Joint Steering Committee Update	1:45 PM
IAPD Update	2:00 PM
CT Hospital Association Letter	2:20 PM
Announcements & General Discussion	2:45 PM
Wrap up and Meeting Adjournment	3:00 PM

# Welcome and Call to Order

# Public Comment

(2 minutes per commenter)

# **Review and Approval of:**

## **April 16, 2020 Meeting Minutes**

# HIE Update

*Allan Hackney*

# Progress on Onboarding

- ❑ ***CTHealthLink is the first participating organization!***
  - Legal connection signed May 8
  - Technical teams are working together to establish technical connections
- ❑ ***Collaborative process helping to improve legal framework for all domains***
  - Community legal work shop addressed several common issues efficiently
  - Useful suggestions from hospitals, physician groups, CHA and others have led to improvements and clarity
- ❑ ***Collaborative process also helping on security assessments***
  - Joint effort by several hospitals and a payer will result in an efficient mechanism to respond to necessary security assessments
- ❑ ***Operations Advisory Committee is providing real value***
  - In the HIE governance framework, the OAC is populated by members of participating organizations to guide operational aspects
  - Three meetings have provided guidance on pandemic rapid response possibilities, direction to address operational privacy needs, security and other key topics



# Branding



PRIMARY COLORS: BLUE AND GREEN  
medical, healthy, trusted, friendly, accessible

BLUE: Trustworthy and secure,  
calming and a sense of safety

GREEN: Stability and growth,  
health, life and hope

CONNIE BRAND/LOGO  
IMAJ ASSOCIATES, INC

# Branding



The symbol is based on interlocking C's. They have joined together to form a chain-like form. The image symbolizes strength, interaction and interconnectivity, representing information/data securely coming together. It also suggests the human connection, arms interlocking and supporting each other. The form sits on a different plane than the typography for a more dynamic impression, especially adaptable for digital and video applications. The letter "i" is in a different color to highlight importance of and focus on the person/individual/patient.

# DSS & OHS Joint Steering Committee Update

*Allan Hackney*

# DSS/OHS Joint Steering Committee

- ❑ ***DSS and OHS have formed a joint steering committee to oversee HIT activities***
  - Developed collaboratively from Oct to Nov 2019
  - Committee charter signed off by Comm. Gifford and Vicki Veltri Dec 2019
  - First two meetings completed
- ❑ ***Committee members cross key functions:***
  - Kathleen Brennan, Deputy Commissioner, DSS
  - Sean Fogarty, HIT Program Manager, OHS
  - Demian Fontanella, General Counsel, OHS
  - Michael Gilbert, CFO, DSS
  - Allan Hackney, Health Information Technology Officer, OHS
  - Mark Heuschkel, CT METS Project Director, DSS
  - Kate McEvoy, Medicaid Director, DSS
  - Christine Nguyen-Matos, Fiscal Officer, OHS
  - Joe Stanford, Chief Innovation Officer, DSS

# Joint Steering Committee Working Framework

## Addressing Foundational Elements

- **Business Case** – needs, priorities, & strategic direction for HIT
- **Governance** – consensus & alignment on key decision points
- **Policy** – assure that plans align with policy priorities
- **Legal** – alignment on interagency agreements, funding agreements
- **Financial** – assure that strategic HIT planning & financing are aligned

# Joint Steering Committee Working Framework

- Monitor performance of HIT implementation, ongoing operations, and impact of health IT investments made to support the Medicaid enterprise
- Use measurement and monitoring to inform and guide ongoing activities including work of JSC, HITAC, Committees, and Workgroups

Ongoing Measuring, Monitoring, & Improvement Activities

Strategic Partnership Will Set Priorities

Implementation of HIT & Technical Solutions

Planning Business, Functional, and Financial Requirements

- Detailed planning and roadmaps, guided by JSC input, provides a basis for HIA, UCONN AIMS, and other contractors to assure that implementation aligns with DSS priorities and needs.
- Also provides HITAC and JSC with a basis for monitoring the work of the HIA, UCONN AIMS, and other contractors.

- DSS is both a strategic partner & a stakeholder
- Assure work of OHS, HITAC, standing committees, design groups, and other ad hoc workgroups will align with the needs & priorities of Medicaid beneficiaries, Medicaid providers, and the overall Medicaid enterprise
- Promote cross agency collaboration for health IT investments made with public funds, for the oversight of those investments, and for governance of the use, standards, quality, privacy and security of data.

- Conceptual and strategic input from JSC guides development of detailed Business, Functional, and Financial requirements.
- Extends DSS priorities through incorporation into plans that are handed off to implementation partners including HIA, UCONN AIMS, and other contractors.

# JSC Activities

- Two meetings have occurred; monthly cadence planned
- Topics to date have included:
  - DSS & OHS Memorandum of Agreement
  - IAPD development FFY20-21
  - SUPPORT Act
  - Connie progress
  - Med Rec and Polypharmacy
  - Reporting on progress, milestones
  - COVID / PULSE

# Federal Funding Request HITECH IAPD-U Update

*Terry Bequette, CedarBridge  
Sean Fogarty, OHS*

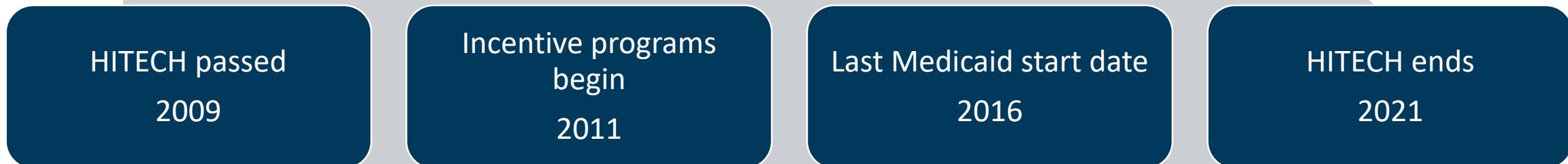
# Update HITECH IAPD-U

- The HITECH Program – Federal and Connecticut
- Timeline for submission and spending
- Budget table summaries
- Comparison: Proposed and current approved IAPD-U
- Future funding considerations

# The HITECH Act

- Health Information Technology for Economic and Clinical Health Act
  - Part of the American Recovery and Reinvestment Act (ARRA)
    - ONC managed investments in HIE, EHR adoption, training the HIT workforce, and spurring HIT research
    - CMS managed investments EHR incentive payments for adoption and meaningful use by providers and hospitals
    - CMS also supported state funding for planning and implementation of programs and technical solutions in support of the adoption and use of EHR technology
    - The State of Connecticut and Connecticut providers have been active participants in these programs and opportunities

# Key HITECH Act Dates



## DSS and OHS activities in support of HITECH



# IAPD-U Process and Structure

- DSS initiates, submits, and manages the HITECH IAPD-U
- DSS has significant Health IT initiatives and related content in the IAPD-U
- OHS develops Appendix D, the established placeholder for HIE initiatives.
- OHS and DSS collaborate to ensure initiatives are aligned

# IAPD-U Content Highlights

- **DSS content – main body of IAPD-U**
  - Executive Summary
  - Results of HIT activities in prior IAPDs
  - HIT needs and objectives
    - Continue Medicaid Promoting Interoperability Program
    - Continue Direct Secure Messaging
    - Discontinue Provider Registry program
    - Discontinue PHR and Medicaid HIE Node
- **OHS content – Appendix D of IAPD-U**
  - Executive Summary
  - Results of HIE activities in prior IAPDs
  - HIE needs and objectives
    - Establishment of the HIE Entity and governance framework
    - HIE technical infrastructure
    - Technical assistance and connectivity
    - Ongoing outreach and engagement activities
    - DPH Immunization Information System
    - SUPPORT Act HIT and HIE initiatives

HITAC advises OHS and influences the HIE initiatives in Appendix

# IAPD-U: OHS Contracted Items for OHS and Connie

ConnIE- Contractual Resources			
		2020	2021
Clinical Advisory	UCONN Health	\$0	\$516,733
HIA Governance	TBD	\$970,547	\$500,000
HIE Portfolio	Velatura	\$0	\$1,599,946
Core Infrastructure	UCONN AIMS	\$0	\$7,070,000
Outreach/Onboarding	TBD	\$476,920	\$476,919
Use Case Factory	TBD	\$433,000	\$867,000
Medicaid connection	TBD	\$250,000	\$0
MRPC	TBD		\$300,000
eConsent	TBD	\$300,000	\$900,000
eConsult/referral	TBD	\$100,000	\$150,000
TA and Connectivity	TBD	\$6,953,250	\$10,621,750
Auditing Function	TBD	\$0	\$158,250
Interface Engine	TBD	\$352,562	
Interface Integrator	TBD	\$367,000	
Telehealth	TBD		\$150,000
HIE MITA Alignment	TBD		\$129,000
<b>TOTAL</b>		<b>\$10,203,279</b>	<b>\$23,439,598</b>

Office of Health Strategy - Contractual Resources			
		2020	2021
Clinical Advisory	UCONN Health	\$707,818	\$200,000
HIE Portfolio	Velatura	\$2,165,378	\$0
HIT Portfolio	CedarBridge	\$1,337,115	\$1,000,000
Project Managers (PM)	Covendis	\$288,000	\$288,000
Core Infrastructure	UCONN AIMS	\$7,170,000	\$0
MRPC Plan/design	TBD	\$100,000	\$150,000
Auditing Function	TBD	\$184,500	\$184,500
<b>TOTAL</b>		<b>\$11,952,811</b>	<b>\$1,822,500</b>

	2020	2021
<b>TOTAL CONTRACTED</b>	<b>\$22,156,090</b>	<b>\$25,262,098</b>

# IAPD-U: Contracted Items for DPH and SUPPORT Act

SUPPORT Act - Contractual Resources		
Contractor Cost	Vendor	FY 2021
Category		(Oct 2020–
		Sept 2021)
HIE activities and services	HIA	\$450,000
PDMP user workflow integration	Appriss Health	\$694,500
Consulting services in support of planning	TBD	\$200,000
Outreach and education	TBD	\$250,000
PULSE planning	TBD	\$150,000
PULSE implementation	Connie	\$700,000
Disaster recovery planning	TBD	\$100,000
Disaster recovery procured solutions	TBD	\$150,000
Project management – DSS	Health Tech Solutions	\$100,000
<b>Total Contractor Cost</b>		<b>\$2,794,500</b>

DPH - Contractual Resources			
Contractor Cost Category	Vendor	FFY 2020	FFY 2021
Business Associates (2)	Covendis	\$299,468	\$317,014
Project manager	Covendis	\$213,400	\$213,400
IT Analysts (2)	Covendis	\$0	\$139,271
Improvements to the IIS and Cloud hosting	Sage Pursuits, Inc.	\$295,000	\$345,175
<b>Total Contractor Cost</b>		<b>\$807,868</b>	<b>\$1,014,860</b>
<b>Total Contractor Cost</b>		<b>\$807,868</b>	<b>\$1,014,860</b>

# IAPD-U Total OHS Budget

## Office of Health Strategy Proposed Budget

State Cost Category	FFY 2020			FFY 2021			Total
	% Federal Share	% State Share	Total	% Federal Share	% State Share	Total	
OHS State Personnel including	\$936,781	\$104,087	\$1,040,868	\$974,463	\$108,274	\$1,082,737	\$2,123,605
Travel (conferences and in-st	\$11,700	\$1,300	\$13,000	\$11,700	\$1,300	\$13,000	\$26,000
Hardware/Software/Licensin	\$2,700	\$300	\$3,000	\$2,700	\$300	\$3,000	\$6,000
Equipment Supplies	\$4,500	\$500	\$5,000	\$4,500	\$500	\$5,000	\$10,000
Contractor Costs OHS	\$10,757,530	\$1,195,281	\$11,952,811	\$1,640,250	\$182,250	\$1,822,500	\$13,775,311
Contractor Costs Connie	\$9,182,951	\$1,020,328	\$10,203,279	\$21,095,638	\$2,343,960	\$23,439,598	\$33,642,877
<b>Total Direct</b>	<b>\$20,896,162</b>	<b>\$2,321,796</b>	<b>\$23,217,958</b>	<b>\$23,729,252</b>	<b>\$2,636,584</b>	<b>\$26,365,835</b>	<b>\$49,583,793</b>
Indirect	\$93,678	\$10,409	\$104,087	\$97,446	\$10,827	\$108,274	\$212,361
<b>Total</b>	<b>\$20,989,840</b>	<b>\$2,332,204</b>	<b>\$23,322,045</b>	<b>\$23,826,698</b>	<b>\$2,647,411</b>	<b>\$26,474,109</b>	<b>\$49,796,154</b>



# Total budgets for DPH and the SUPPORT Act

State Cost Category	FFY 2020			FFY 2021		
	90% Federal Share	10% State Share	Total	90% Federal Share	10% State Share	Total
State Personnel including benefits (from Table 20)	\$ 423,979	\$ -	\$ 423,979	\$ 455,511	\$ 50,612	\$ 506,123
Travel (conferences and in-state mileage)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Hardware/Software/Licensing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing, Wireless Access, Brochures	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect to DSS	\$ 30,284	\$ -	\$ 30,284	\$ 36,152	\$ -	\$ 36,152
<b>Sub-Total</b>	<b>\$ 454,263</b>	<b>\$ -</b>	<b>\$ 454,263</b>	<b>\$ 542,275</b>	<b>\$ -</b>	<b>\$ 542,275</b>
Contractor Costs (from Table D.16)	\$ 676,443	\$ 131,425	\$ 807,868	\$ 864,385	\$ 150,475	\$ 1,014,860
<b>Grand Total DPH</b>	<b>\$ 1,130,706</b>	<b>\$ 131,425</b>	<b>\$ 1,262,131</b>	<b>\$ 1,406,660</b>	<b>\$ 150,475</b>	<b>\$ 1,557,135</b>

State Cost Category	Support Act Related Work - Proposed HIE Budget						Total FFY 20 & FFY21
	90% Federal Share	10% State Share	Total	90% Federal Share	10% State Share	Total	
DCP State Personnel including benefits	\$ -	\$ -	\$ -	\$ 195,501	\$ 21,722	\$ 217,223	\$ 217,223
Travel (conferences and in-state mileage)	\$ -	\$ -	\$ -	\$ 18,000	\$ 2,000	\$ 20,000	\$ 20,000
Hardware/Software/Licensing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Supplies	\$ -	\$ -	\$ -	\$ 18,000	\$ 2,000	\$ 20,000	\$ 20,000
Contractor Costs	\$ -	\$ -	\$ -	\$ 2,515,050	\$ 279,450	\$ 2,794,500	\$ 2,794,500
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,746,551</b>	<b>\$ 305,172</b>	<b>\$ 3,051,723</b>	<b>\$ 3,051,723</b>



## Office of Health Strategy Proposed Budget

State Cost Category	FFY 2020			FFY 2021			Total
	90% Federal Share	10% State Share	Total	90% Federal Share	10% State Share	Total	
OHS State Personnel including benefits	\$936,781	\$104,087	\$1,040,868	\$974,463	\$108,274	\$1,082,737	\$2,123,605
Travel (conferences and in-state mileage)	\$11,700	\$1,300	\$13,000	\$11,700	\$1,300	\$13,000	\$26,000
Hardware/Software/Licensing	\$2,700	\$300	\$3,000	\$2,700	\$300	\$3,000	\$6,000
Equipment Supplies	\$4,500	\$500	\$5,000	\$4,500	\$500	\$5,000	\$10,000
Contractor Costs OHS	\$10,757,530	\$1,195,281	\$11,952,811	\$1,640,250	\$182,250	\$1,822,500	\$13,775,311
Contractor Costs Connie	\$9,182,951	\$1,020,328	\$10,203,279	\$21,095,638	\$2,343,960	\$23,439,598	\$33,642,877
<b>Total Direct</b>	<b>\$20,896,162</b>	<b>\$2,321,796</b>	<b>\$23,217,958</b>	<b>\$23,729,252</b>	<b>\$2,636,584</b>	<b>\$26,365,835</b>	<b>\$49,583,793</b>
Indirect	\$93,678	\$10,409	\$104,087	\$97,446	\$10,827	\$108,274	\$212,361
<b>Total</b>	<b>\$20,989,840</b>	<b>\$2,332,204</b>	<b>\$23,322,045</b>	<b>\$23,826,698</b>	<b>\$2,647,411</b>	<b>\$26,474,109</b>	<b>\$49,796,154</b>

## Office of Health Strategy Proposed Budget

State Cost Category	FFY 2019			FFY 2020			Total
	90% Federal Share	10% State Share	Total	90% Federal Share	10% State Share	Total	
OHS State Personnel including benefits	\$547,279	\$60,809	\$608,088	\$935,809	\$103,979	\$1,039,788	\$1,647,876
Travel (conferences and in-state mileage)	\$11,700	\$1,300	\$13,000	\$11,700	\$1,300	\$13,000	\$26,000
Hardware/Software/Licensing	\$2,700	\$300	\$3,000	\$2,700	\$300	\$3,000	\$6,000
Equipment Supplies	\$4,500	\$500	\$5,000	\$4,500	\$500	\$5,000	\$10,000
Contractor Costs - OHS	\$19,752,977	\$2,194,775	\$21,947,752	\$22,024,876	\$2,447,208	\$24,472,084	\$46,419,836
<b>Total Direct</b>	<b>\$20,319,156</b>	<b>\$2,257,684</b>	<b>\$22,576,840</b>	<b>\$22,979,585</b>	<b>\$2,553,287</b>	<b>\$25,532,872</b>	<b>\$48,109,712</b>
Indirect	\$2,031,916	\$225,768	\$2,257,684	\$2,297,958	\$255,329	\$2,553,287	\$4,810,971
<b>Total</b>	<b>\$22,351,072</b>	<b>\$2,483,452</b>	<b>\$24,834,524</b>	<b>\$25,277,543</b>	<b>\$2,808,616</b>	<b>\$28,086,159</b>	<b>\$52,920,683</b>

# HITECH IAPD-U: Summary

- HITECH Act sunsets in FFY 2021; Probably the last HITECH IAPD-U
- HITECH Act put \$402,570,521 in Medicare and Medicaid EHR incentives into the Connecticut economy (CMS year-end 2018 report)
- Two-year IAPD-U total for 2020-21 is slightly less than 2019-20
- Late approval of current IAPD-U resulted in little spending of the approved 2019 amount
- Content in the proposed IAPD-U is aligned with content in the current approved IAPD-U
- SUPPORT Act funding transitions from 100% federal participation to 90/10 funding

# Health IT Funding in the Future

- Connecticut Medicaid Enterprise Technology System: CT METS
  - Meeting CMS guidelines to transition to a modular Medicaid enterprise architecture consistent with the Medicaid Information Technology Architecture (MITA)
  - CT METS is a major effort and will occur over several years
  - CT METS project page: <https://portal.ct.gov/DSS/CT-METS/Connecticut-Medicaid-Enterprise-Technology-System-CT-METS-Project>
- HIT/HIE initiatives and architectures must be aligned with CT METS
- Funding will be a combination of 90/10 for implementing, 75/25 for maintaining, and 50/50 for administration, subject to CMS cost-allocation requirements.
- DSS and OHS have begun CT METS discussions

# CT Hospital Association Letter

*Allan Hackney, Council Members*

# Announcements and General Discussion

*Allan Hackney, Council Members*

# Wrap up and Next Steps

# Contact Information

## Health Information Technology Officer

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## Health IT Advisory Council Website:

<https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>