HEALTH INFORMATION TECHNOLOGY (HIT) COUNCIL

Charter

This work group will develop for recommendation to the Healthcare Innovation Steering Committee, a proposal for HIT requirements[1] and technology components in support of SIM goals. This work group will review current and proposed technologies cited in the SIM Model Test Proposal[2] or others as needed to understand capabilities and uses for the Test Model, will work collaboratively with the Quality, Practice Transformation, and Equity & Access work groups to develop a high level HIT schema of technologies and data interactions that align SIM initiatives, and will describe the implementation approach/roadmap for recommended technology solutions that are scaleable, adaptable, and based on national standards.

Key questions this work group needs to answer

Access

What are the HIT requirements to support recommendations of the Equity & Access Council to guard against under-service or patient selection?

Connectivity and Exchange

1. What are the HIT requirements to support recommendations of the Practice Transformation Task Force?
2. How will HIT support information exchange across providers?
3. What are the HIT requirements to implement and pilot test short-term[3] information exchange leveraging existing technology asset: Direct Messaging, ADT-SES?
4. What are the HIT requirements to leverage existing core procurement and implement and pilot test a Consent Registry-Nextgate?
5. What are the HIT requirements and recommended solution(s) to implement and pilot test 1-3 Disease Registries-Nextgate?
6. What are the HIT requirements for procuring Mobile Medical Applications for care management using crowd sourcing?
7. What are the HIT requirements to leverage the existing technology asset: EHR-SAAS hosted by BEST?
8. How will proposed technologies align with existing technologies used by Advanced Networks and FQHCs to avoid redundancies and duplication of efforts?
9. What is the process for introducing and considering new technology and innovation alternatives to those cited in the SIM proposal?

Quality

1. What are the HIT requirements to support recommendations of the Quality Council?
2. What quality measures/metrics will be adopted to measure provider performance with regard to targeted health conditions & prevention goals?
3. Which quality measures/metrics are claims-based and which are clinically-based? Which have priority?
4. How will measures be attributed, aggregated, stored, accessed and reported?
5. What are the potential and recommended data sources for these quality measures?
6. What technology solutions are available to mine the data sources? What are the criteria for selecting a solution? What is the recommended solution?
7. What are the HIT requirements and recommended approach to leverage the existing technology asset: licensing agreement-Zato for edge server indexing for eCQMs?
8. What are the HIT requirements and recommended approach to leverage the existing technology asset: Provider Directory-Nextgate hosted by BEST?
9. What are the HIT requirements and recommended approach to leverage the existing technology asset: eMPI-Nextgate hosted by BEST?
10. How will the technology solution(s) be pilot tested? Is there a short-term and long-term solution?

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[1] Requirements include infrastructure, capabilities, functionality, data interactions, data security, selection criteria and process, implementation

[2] Connecticut SIM Model Test Proposal – Amendment 03 – 4/30/2015 – Budget Narrative – Health Information Technology – pg. 25 & Project Narrative – pgs. 26-31

[3] The long-term solution for information exchange is the state-wide HIE which will be implemented via the HIT Advisory Council pursuant to Public Act 15-146.

11. What are the HIT requirements to support cross-payer analytics and the common performance scorecard?
12. What are the SIM MQISSP HIT requirements to link/integrate Medicaid data with the APCD for claims-based quality measures?
13. What are the HIT requirements to leverage existing technology asset for patient risk stratification: pilot test Care Analyzer for MQISSP?
14. How will the quality measure data be stored, organized, aggregated, accessed, and reported? Who will have access to the data?
15. Are there HIT requirements for the common care experience survey?

Roles and Responsibilities

1. Develops and recommends SIM HIT Council charter to the Healthcare Innovation Steering Committee
2. Establishes ad hoc task forces to investigate specific technical, functional and data exchange topics
3. Discusses options and makes a recommendation using majority consensus[4]
4. Members communicate HIT Council progress back to constituents and bring forward their ideas and issues
5. Works collaboratively with the other SIM work groups to collect and share information needed to provide an aligned HIT solution
6. Monitors progress and makes adjustments to stay within the SIM timeline – pre and post SIM HIT solution implementation
7. Makes recommendations to the Healthcare Innovation Steering Committee
8. Comes to HIT Council meetings prepared, by reviewing the materials in advance
9. Escalates issues, questions and concerns that cannot be resolved by the HIT Council as a group to the Healthcare Innovation Steering Committee
10. Establishes an executive team that includes the co-chairs and three members from the HIT Council representing the major stakeholder groups (Consumers, Payers and Providers). The non-co-chair members will be included in the agenda prep calls to assist in agenda development and identify any issues brought forth by council members.

Guiding Principles

1. Advocate for HIT solutions that are scalable and meet existing standards that are available and feasible
2. Comply with SIM's conflict of interest protocol, currently in draft status
3. HIT is a tool to support or supplement care delivery and the collection of necessary data but is not, nor should be the end goal
4. Be the advocate for the role you are representing

Scope - range and boundaries of the responsibilities of the HIT Council

In-Scope

1. Review of the current and proposed technologies cited in the SIM grant to understand capabilities and uses for Test Model
2. Work collaboratively and actively support two way communications with the other SIM workgroups and councils to develop the HIT design.
3. High level schema of HIT solution
4. SIM HIT solution implementation approach and roadmap
5. Recommendations for technologies to support the SIM initiatives
6. Participation with the SIM HIT Steering Committee and other SIM work groups and councils

Out-of-Scope

1. Personal Health Record technology and Patient Portal (from original grant proposal)
2. Development of policies and procedures tied to recommended technologies

[4] If necessary the council will follow a majority voting process, assuming a quorum (one co-chair and at least 50% of the members are present).

Membership

Roderick Bremby **(Chair)** Commissioner Department of Social Services	Mark Raymond **(Co-chair)** Chief Information Officer Bureau of Enterprise Systems Technology	Dr. Thomas Agresta Professor and Director of Medical Informatics UConn Health Center	Dr. Anne Camp Director, Diabetes & Diabetes Prevention Program Fair Haven Community Health Center
Dr. Patricia Checko Public Health Practice and Policy Consultant	Dr. Anthony Dias Vice President, Data Services Connecticut Hospital Association	Tiffany Donelson Vice President of Program Connecticut Health Foundation	Dr. Michael Hunt CMO/CMIO St. Vincent's Health Partners
Ludwig Johnson CIO Middlesex Health System	Vanessa Kapral Information Technology Manager Department of Public Health	Matthew Katz EVP/CEO Connecticut State Medical Society	Dr. Alan Kaye Vice President Radiological Society of Connecticut
Jessica DeFlumer-Trapp Clinical Manager Department of Mental Health & Addiction Services	Mike Miller Client Relationship Executive Optum Solutions	Philip Renda HCCN Network Director/CIO Community Health Center Association of Connecticut	Amanda Skinner Executive Director Clinical Integration Population Health Yale New Haven Health System
Sheryl Turney Staff VP HlthCore APCD Healthcare Inc., a wholly owned subsidiary of Anthem, Inc.	Dr. Victor Villagra Associate Director University of Connecticut Health Disparities Institute	Joshua Wojcik Policy Director Office of the State Comptroller	Moh Zaman Vice President, Analytic Hartford Healthcare

Meeting Frequency

The HIT Council meets every three weeks and as needed to meet the scope deliverables.

Meeting Preparation and Staffing

1. The chair or designee and the facilitator are responsible for overseeing preparation of the materials for the meetings.
2. Meeting agendas will be sent at least 72 hours in advance of the meeting. Every effort will be made to send out meeting materials in advance.
3. Draft minutes will be taken and posted within five days of the meeting. Final minutes will be posted after adoption.

Meeting Ground Rules

– Agenda
- Help with agenda setting through making recommendations for the agenda

– Presence
- Participate in meetings to the fullest extent
- Prepare and participate between meetings as needed

– Outlook
- Leave jobs and titles at the door; focus on best interest of CT citizens
- Look for consensus to make recommendations to the Healthcare Innovation Steering Committee

– Action
- Find solutions for proposed questions
- Build ideas and be a proponent of change and transformation
- Be vocal and share the importance of our mission

– Standing Up and Stepping Back
- Be respectful to all in the room; please give everyone the chance to voice their opinions
- Focus on the task at hand and the topic being discussed at the moment

– Post meeting Communications
- After the meeting, members are invited to raise process and content issues with the members of the executive team

Glossary of Technology Components

Direct Messaging (DM) and ADT-SES	Direct Messaging protocol standards are specified by the US government. DM facilitates secure exchange of messages and attachments between providers and/or systems, such as: discharge summaries, orders, and continuity of care documents. DM can be used to generate health alerts and reminders to improve care (i.e. Admission, Discharge, and Transfer (ADT) systems provide updates about a patient's care transitions).
Consent Registry-NextGate	Registry can be queried by Model Test participants in order to assess consumer consent status with respect to sharing of information.
Disease Registries-NextGate	Disease registries are special database that contains information about people diagnosed with a specific type of disease. Disease registries will support patient population health planning analyses and interventions.
Mobile Medical Applications for care management	Mobile Medical Applications for care management are software programs that help health care professionals improve and facilitate patient care. They run on smartphones and other mobile communication devices.
EHR-SaaS hosted by BEST	Software-As-A-Service is a software licensing and delivery model in which software is licensed on a subscription basis and is centrally hosted. Electronic Health Record-SaaS will provide certified EHR technologies to providers that do not have access to federal funding targeted for increasing HIT adoption.
Crowd Sourcing	The process of obtaining needed services, ideas, or content by soliciting contributions from a large group of people, and especially from an online community, rather than from traditional employees or suppliers.
Care Analyzer	Existing technology asset currently being used by the State's Medical ASO to assign risk levels to the Medicaid population.
Edge server indexing for eCQMs	Edge servers indexing allows for data analysis and aggregation without having to move and secure large data sets. This allows for the most updated information in local provider databases and clinical systems to be generated in the reports.
Provider Directory-NextGate hosted by BEST	Aggregation and consolidation of provider (individual and organizational) information from different public and private sources to provide consistent, up-to-date, and easily accessible single source format.
eMPI-NextGate hosted by BEST	Enterprise Master Person/Patient Index is a method for managing consumer identity across systems.