Health Information Technology Advisory Council

Meeting Notes

Meeting Date	Meeting Time	Location
October 15, 2015	1:00 - 3:00 pm	Legislative Office Building 300 Capitol Avenue, Hartford Hearing Room 1D

Participant Name and Attendance

State HIT Advisory Council – Appointed Members		Supporting Leadership	
Participant Name	**Attended**	**Participant Name**	**Attended**
Comm. Roderick Bremby (Chair)	X	Minakshi Tikoo, HHS HIT Coordinator	X
Comm. Miriam Delphin-Rittmon, DMHAS	X	Sarju Shah, UCONN	X
Fernando Muñiz for Comm. Joette Katz, DCF	X		
Cheryl Cepelak for Comm. Scott Semple, DOC	X	Rosanne Mahaney, CSG	X
Comm. Jewel Mullen, DPH		Dawn Boland, CSG	X
Comm. Morna Murray, DDS		Lisa Pouliot, CSG	X
Mark Raymond, BEST	X		
James Wadleigh, Access HealthCT	X		
Mark Schaefer, SIM	X		
Jon Carroll, UConn Health	X		
Victoria Veltri, OHA	X		
Bob Tessier, appointed by Governor	X		
Philip Renda, appointed by Sen. Looney	X		
Jeannette DeJesus, appointed by Sen. Looney			
Ken Yanagisawa, appointed by Rep. Aresimowicz	X		
Joseph Quaranta, appointed by Sen. Fasano			
Alan Kaye, appointed by Rep. Klarides	X		
Sen. Looney, President Pro Tempore of Sen.		Dina Berlyn	X
Rep. Sharkey, Speaker of the House of Rep.			
Jennifer Macierowski, designee of Sen. Fasano	X		
Prasad Srinivasan, designee of Rep. Klarides	X		
TO BE APPOINTED			
Four members appointed by the Governor			
Two members appointed by House Representative Speaker			
One member appointed by Senate Majority Leader			

2015 Meeting Dates – Aug. 20, Sept. 10, Oct. 15, Nov. 19, Dec. 17

Health Information Technology Advisory Council

Meeting Notes

<table>
<tr><td></td><td>Agenda</td><td>Responsible Person</td><td>Time Allotted</td></tr>
<tr><td>1.</td><td>Introductions</td><td>All</td><td>10 min.</td></tr>
<tr><td></td><td colspan="3">Call to Order: The second meeting of the HealthIT Advisory Council was held on October 15th, 2015 at the Legislative Office Building in Hartford, CT. The meeting convened at 1:05 pm, Commissioner Bremby presiding.

The meeting convened with introductions.</td></tr>
<tr><td>2.</td><td>Review and approval of the August 20, 2015 Minutes</td><td>All</td><td>2 min.</td></tr>
<tr><td></td><td colspan="3">The motion was made by Deputy Commissioner Fernando Muñiz, and seconded by Vicky Veltri to approve the minutes of the August 20, 2015 meeting. Motion carried.</td></tr>
<tr><td>3.</td><td>Review Previous Action Items</td><td>Dawn Boland</td><td>3 min.</td></tr>
<tr><td></td><td colspan="3">Action items from the previous meeting were reviewed and appropriate action was taken.

<table>
<tr><th>Action Items</th><th>Responsible party</th><th>Follow Up Date</th></tr>
<tr><td>Add Public Comment to the agenda</td><td>Facilitator</td><td>Completed</td></tr>
<tr><td>Confirm appointments receive information about upcoming meetings</td><td>Commissioner Bremby</td><td>Completed</td></tr>
</table>

Action items are closed.</td></tr>
<tr><td>4.</td><td>Ground Rules</td><td>Dawn Boland</td><td>5 min.</td></tr>
<tr><td></td><td colspan="3">Ground rules for these meetings were reviewed to ensure we create an open, honest, and safe environment where all participants are encouraged to actively participate in the meetings.</td></tr>
<tr><td>5.</td><td>Appointments</td><td>Comm. Bremby</td><td>5 min.</td></tr>
<tr><td></td><td colspan="3">Comm. Bremby reviewed the outstanding appointments with the Council:
➢ Four members to be appointed by the Governor
➢ Two members to be appointed by House Representative Speaker
➢ One member appointed by Senate Majority Leader

Jennifer Macierowski noted that Dr. Quaranta has been appointed by the Senate Minority Leader yet was unable to attend this meeting.</td></tr>
<tr><td>6.</td><td>Election of Co-Chair</td><td>All</td><td>5 min.</td></tr>
<tr><td></td><td colspan="3">Comm. Bremby noted that the election of the Co-Chair was deferred during the August 20th meeting. He stated that any appointee who is not a state official is eligible for this role and he asked for nominations or self-nominations.
➢ Bob Tessier suggested that the election be deferred until all appointments were complete.
➢ A motion was made by Bob Tessier, and seconded by Jennifer Macierowski to defer the election of a Co-Chair until all appointments were made. Motion carried.
➢ Comm. Bremby tabled this item until all appointments are complete.</td></tr>
<tr><td>7.</td><td>Review of Deliverables</td><td>Dawn Boland</td><td>10 min.</td></tr>
<tr><td></td><td colspan="3">Dawn reviewed the PA 15-146 Deliverables:
➢ Section 21 – On or before January 1, 2016, DSS in consultation with HealthIT Advisory Council must submit a plan to the Office of Policy and Management (OPM) for the establishment of a statewide HIE.
➢ Section 21 – DSS in consultation with the HealthIT Advisory Council must develop, implement and periodically revise the statewide health information technology plan and establish electronic data standards to facilitate the development of integrated electronic health information systems for use by health care providers and institutions that receive state funding.
➢ Section 23 – Not later than February 1, 2016 and annually thereafter, the Commissioner of DSS, in consultation with the HealthIT Advisory Council, reports to the appropriate joint standing committees of the General Assembly on:</td></tr>
</table>

	✓ Development and implementation of HIT plan and data standards ✓ Recommendations for policy regulatory and legislative changes ✓ Establishment of the statewide HIE Dawn noted that the focus of the next two Council meetings would be on the HIE plan due to OPM on or before January 1, 2016.		
	Question: Jennifer Macierowski asked about CSG's experience as it relates to health information technology (health IT) and CSG's contract with UCONN to facilitate the Council meetings. She asked about the nature of the contract. CSG staff Dawn Boland and Rosanne Mahaney explained: ➢ CSG facilitated the meetings held by DSS in the fall of 2014 and early 2015, which resulted in the production of the CT HealthIT Strategic and Operational Plan, including governance structure. ➢ CSG was incorporated in 1997, has approximately 400 staff and has worked in 40 states providing the following services: ✓ Quality Assurance and Independent Verification & Validation for large IT system builds ✓ Project Management services ✓ Strategy and planning services, including health IT Dr. Tikoo stated that the contract with CSG to facilitate the HealthIT Advisory Council meetings is a new contract. She also stated that this was executed as a sole source contract due to the limited timeframe, and CSG's experience in the field and with the state. Dr. Tikoo agreed to provide the Council with a copy of the contract.		
8.	**HIE Plan Outline**	**Dawn Boland**	**5 min.**
	Dawn Boland suggested that today's meeting focus on the HIE goals, governance structure, high level budget, activities and timeline. HIE functionality would be an agenda item for the Council's November 2015 meeting. Dawn suggested that the HIE plan to be submitted to OPM include the following topics: ➢ HIE Goals ➢ Governance Structure ➢ HIE Functionality ➢ High Level Budget ➢ Activities and Timeline		
9.	**HIE Plan Goals**	**All**	**20 min.**
	Dawn reviewed the goals set out in PA 15-146. Jennifer Macierowski commented: ➢ It seems that the priority of goals depends on an individual's perspective. ➢ The goals of the statewide HIE and the CT State Health Care Innovation Plan (SHCIP) are very patient-centered and patients should have access to everything. She asked if this information was online. Dr. Tikoo said this information is posted on the DSS HealthIT website (www.ct.gov/cthealthit) and will also be sent to each member of the Council. Dawn Boland agreed that the HIE goals need to be prioritized and that a future Council meeting would include this task as an agenda item.		
10.	**HIE Plan Governance Structure**	**All**	**20 min.**
	Dawn Boland reviewed three examples of governance structures to help inform the Council as they determine what recommendations they would like to make for the CT HIE governance structure: ➢ CT HIT governance structure as outlined in the CT HIT Strategic and Operational Plan (SOP). This SOP was presented as a handout in the 8/20/15 HIT Advisory Council meeting. ➢ Alabama's HIE governance structure. ➢ Rhode Island's HIE governance structure.		

	Dawn noted that these examples share common structures that include: ➢ Stakeholder input; ➢ Sub-committees for interested entities; ➢ A decision-making body; and, ➢ HIT over-arching governing body. Comm. Bremby stated that they are working to develop an overall health IT plan (which is a key priority to PA 15-146). The HIE fits in the overall health IT plan, therefore the HealthIT Advisory Council should recommend what kind of HIE governance structure would be helpful. ➢ Jennifer Macierowski asked if the Advisory Council was going to have workgroups (as shown in the sample governance structures) or if that was just for the HIE governance structure. o Dawn responded that they should recommend a structure that supports the CT HIE. ➢ Victoria Veltri noted that PA 15-146 talks about governance, so is it already setting parameters for us. o Comm. Bremby responded that the Advisory Council needs to consider the HIT overarching structure. ➢ Cheryl Cepelak asked how the CT HIT governance structure outlined in the CT Health IT SOP fits with the HIE governance structure. She noted that it would need to be broadened to include the stakeholders specified in PA 15-146. She expressed that she felt the Council should first establish a vision for HIE that would then guide the development of the governance structure. o Comm. Bremby responded stating that they developed an HIT governance structure for internal agencies last year, so they decided to try to build off of that instead of starting new. He acknowledged that what was created last year didn't include many of the external stakeholders. ➢ Victoria Veltri suggested that the Council meet the goals, then develop the governance structure. o Comm. Bremby suggested that the Council consider what is needed via these discussions. This feedback will assist CSG in facilitating iterative discussions. Today's goal is to get ideas and thoughts that the CSG team can incorporate into future discussions. ➢ Dina Berlyn asked if Council members could send in ideas about the governance structure after the meeting. o Dr. Tikoo stated that because the council has <u>less than 3 months</u> to complete the OPM deliverable, they want to ensure that every member of the Council believes in the process, trusts it and feels that the group is cohesive. To do that, Dr. Tikoo and Comm. Bremby would like them to bring their ideas and thoughts to the Council meetings so that they can be appropriately recorded, discussed and considered. Later in the meeting Jennifer Macierowski expressed that the HIE should have a local Board of Directors dominated by stakeholders with possibly subcommittees on Financing and Privacy/Security.		
11.	**HIE Desired Functionality**	**ALL**	**10 min.**
	Council members described what they would like the HIE to do: ➢ It should assure that patient records are never discarded. ➢ Patient health information can be shared across all providers (hospitals, walk-in clinics, emergency rooms, physician offices). ➢ Providing health information across health care providers will save money by reducing duplicative services and procedures. ➢ The Council needs to consider the barriers to HIE adoption. One such barrier is economics		

as the HIE is not free. Small practices may have more difficulty participating in the HIE as a result.

- A single point of entry for all (providers, patients, state agencies, and other stakeholders).
- Real-time or near real-time; automatic sharing of health records that is not reliant on the will of the user.
- No or low cost to patients, which will require a funding stream.
- Integrated with providers' electronic medical records (EMRs) so that providers can easily work with the data provided by the HIE.
- It should be as standards-based as possible.
- Patients must have the ability to opt-out of their health information being part of the HIE.
- Some information cannot be shared with the HIE and other providers, such as behavioral health information. The HIE needs to adhere to such privacy rules.
- It was noted that a privacy committee, as part of HITE-CT, (this organization was sunset in 2014) had met and developed policies and procedures regarding patient opt-out provisions that covered many of these concerns.
- Health care providers often have to deal with multiple systems and corresponding passwords, which is difficult. They need one system and a single way of accessing that system.
- The HIE should provide "one stop shopping".
- The CT State Innovations Model (SIM) initiative has long range strategies that include developing value-based payment structures for providers. Having an automated, timely way to collect patient data would assist in the creation of provider quality score cards.
- It would also assist the SIM initiative to have a HIE that more quickly provides data to payers (health insurance companies), rather than having them wait for claims data. Other members noted that PA 15-146 did not envision giving insurers access to HIE data.
- The patient must have the ability to choose what medical information goes to which providers.
- The patient must be able to indicate which providers they do not want to receive their health information.
- Provide de-identified data to assist in achieving public health goals.
- Use the HIE as a disease registry. There are separate disease registries in CT, but it would be helpful to have the information all in one place.
- It would be helpful to share the data across CT social systems to assist in addressing population health issues, such as health disparities.
- It is important to include and involve community providers and consumers.
- Patient-centered.

Comm. Bremby noted that this is a long list of desired functionality and it may not be possible to have all of it incorporated into the HIE immediately. He recommends that the Council review and prioritize for future discussion. Dawn Boland stated that utilizing the CSG AIM Methodology at the next Council meeting might be a good approach for the Council to prioritize desired functionality.

12.	**HIE Budget**	**ALL**	**15 min.**

Dawn Boland presented some considerations for the Council to consider for HIE budget recommendations:

- The HIE will need a Strategic and Operational Plan (SOP).
- PA 15-146 requires a Request for Proposal (RFP):
  - Does CT want to develop the SOP and RFP?
  - Does CT want to procure a vendor to develop both or either of these documents?
- What approach does CT want to take for the HIE?
  - Some states have leveraged existing private/public HIEs that then became the statewide HIE (ex. Maine and Georgia).
  - RI transferred their HIE responsibility to the Rhode Island Quality Institute (RIQI).
- Whichever the approach, DSS has to apply for bond funds to support the HIE. The process

	involves authorization of these funds by the General Assembly and approval by the State Bond Commission. Dawn Boland provided the Council with examples of HIE consulting vendors for HIE SOP and/or RFP development and the corresponding contract costs, along with the same information for HIE implementation vendors. ➢ Council members would like more information regarding contract information that makes these costs more meaningful. ➢ Mark Raymond stated that it would be helpful to leverage "lessons learned" from other states. CT could be a "fast follower" of a successful HIE. CT needs an environmental scan of what is out there and which HIEs are most successful. ➢ Philip Renda noted that RI has a very successful HIE and he would like more information about that HIE. ➢ Dina Berlyn commented that there are patients from CT who are already in the RI HIE. ➢ Comm. Bremby stated that the need and desire to have a functioning HIE soon may result in CT choosing to re-purpose and procure a successfully functioning HIE rather than develop its own HIE. DSS may need to consider an alternative procurement strategy. ➢ Jennifer Macierowski commented that CT has some very proprietary private HIEs that make the approach of leveraging an existing CT HIE impractical. ➢ Jennifer Macierowski commented that PA 15-146 requires that CT's HIE promote the reuse of health information technology assets to the extent that it is practical. She stated that CT may find another avenue that is less expensive. Comm. Bremby responded by saying that PA 15-146 does not indicate "to the extent practical," yet DSS will consider her point. He noted that CT is very good at leveraging other systems, referencing AccessHealth as an example.		
13.	**HIE Activities and Timeline**	**ALL**	**15 min.**
	Dawn reviewed some activities that must be completed to procure a HIE, including: • Submit the HIE plan to OPM by January 1, 2016. • Apply and obtain approval for Bond funds for the HIE. • Obtain consulting vendor to help draft the HIE Strategic and Operational Plan and RFP (3 to 6 months depending on use of CT's vendor list or RFP). • Develop HIE Strategic and Operational Plan (2 to 3 months). • Obtain Federal funding. • Develop and issue an RFP for HIE vendor (3 to 6 months). ➢ Comm. Bremby indicated that DSS wants to take a parallel path to shorten the timeline and asked CSG to provide an alternative timeline that layers activities. ➢ Comm. Bremby suggested that DSS issue a Request for Information (RFI) to invite regional HIE vendors to come and demonstrate their fully functioning HIE (possibly in January 2016). Council members expressed interest in this. It was noted that there are no ratings of HIEs to identify the most successful ones. ➢ Jennifer Macierowski commented that more Council meetings may be needed to accomplish all activities. She stated that a roadmap and plan needs to be developed. ➢ Comm. Bremby explained that the HIT Plan needs to go to OPM with HIE requirements incorporated as part of that overarching plan.		
14.	**Wrap up and Next Steps**	**Dawn Boland**	**5 min.**
	Dawn summarized the initial plans for the next Council meetings. These include the Council reviewing and solidifying the HIE requirements and the HIE plan content that came out of this meeting, and discuss staffing. ➢ Comm. Bremby commented that the selection of requirements is going to be a large undertaking. Dawn suggested that CSG's AIM Methodology may be useful for this task. ➢ Jon Carroll indicated that he would like hear from successful HIEs and recommendations		

	regarding which HIEs would best fit CT's needs. ➢ Comm. Bremby commented that the plan to OPM is building on the previous HIT plan. He stated that the entire HIT plan will take longer to finalize and HIE needs to be incorporated into the plan. DSS doesn't want to take the time to build a HIE, but rather leverage an existing fully functioning HIE. Comm. Bremby confirmed the next meeting is on November 19th and expressed that there may be a need for additional meetings.		
15.	**Public Comment**	**Public Attendees**	**10 min.**
	Susan Israel expressed her concern to the Council about PA 15-146. She noted that a patient's right to consent is critical. The patient consent policy should be a fundamental starting point and needs to be clarified. Real transparency is needed. Rhode Island allows patients to totally opt-out of their Exchange. Patients need control over what is shared from their medical records. The technology is there to enable this to happen, yet in her opinion it just isn't being used. She expressed concern regarding what vendors can see of patients' medical information and data. She feels that it is not the intent to give Public Health the entire patient record. She indicated that de-identified data can be re-identified and asked who would be de-identifying data. She feels these issues also apply to the All Payer Claims Database and the SIM initiative.		
	The meeting adjourned at 2:58 pm.		

Action Items	Responsible party	Follow Up Date
Provide contract with CSG	Dr. Tikoo	11/19/2015
Prioritize HIE goals	HealthIT Advisory Council	11/19/2015
Develop a vision for CT's HIE	HealthIT Advisory Council	11/19/2015
Prioritize HIE requirements/functionality	HealthIT Advisory Council	11/19/2015
Provide more details regarding other states' HIE costs	CSG	11/19/2015
Conduct an environmental scan to identify successful HIEs	CSG	11/19/2015
Determine best method to obtain information from successful, operating HIEs (release RFI, visit state HIEs, etc.). Include RIQI as one of these HIEs.	HealthIT Advisory Council	11/19/2015
Schedule additional Council meetings	Dr. Tikoo	11/19/2015
Provide a HIE timeline showing activities being conducted in parallel	CSG	11/19/2015

Parking Lot:

1. HIE functionality will be addressed during future Council meetings.

Handouts:

1. 10/15/15 Agenda
2. 08/20/15 Meeting Minutes