Health Information Technology Advisory Council

Meeting Minutes

Meeting Date	Meeting Time	Location
November 19, 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	X
Comm. Miriam Delphin-Rittmon, DMHAS		Michael Michaud, DMHAS	X
Fernando Muñiz for Comm. Joette Katz, DCF	X		
Cheryl Cepelak for Comm. Scott Semple, DOC	X		
Comm. Jewel Mullen, DPH	X		
Comm. Morna Murray, DDS			
Mark Raymond, BEST	X		
James Wadleigh, Access HealthCT	X		
Mark Schaefer, SIM			
Jon Carroll, UConn Health		Kathy Noel, UCONN Health	X
Victoria Veltri, OHA	X		
Bob Tessier, appointed by Governor			
Philip Renda, appointed by Sen. Looney			
Jeannette DeJesus, appointed by Sen. Looney			
Ken Yanagisawa, appointed by Rep.	X		
Joseph Quaranta, appointed by Sen. Fasano	X		
Alan Kaye, appointed by Rep. Klarides	X		
Sen. Looney, President Pro Tempore of Sen.		Dina Berlyn, for Sen. Looney	X
Rep. Sharkey, Speaker of the House of Rep.			
Jennifer Macierowski, designee of Sen. Fasano	X		
Prasad Srinivasan, designee of Rep. Klarides			
TO BE APPOINTED			
Four members appointed by the Governor			
Two members appointed by House Representative Speaker			
One member appointed by Senate Majority Leader			
ADDITIONAL PARTICIPANTS			
Dawn Boland, CSG	*X*	*Michael Collisi, CSG*	*X*
Roseanne Mahaney, CSG		*Sarju Shah, UCONN*	*X*
La'Tivia Tipton, CSG	*X*		

Meeting Schedule 2015 Dates – Dec 17
2016 Dates – Jan-21, Feb 18, Mar 17, Apr 21, May 19, June 16

Health Information Technology Advisory Council

Meeting Minutes

	Agenda	Responsible Person	Time Allotted
1.	**Introductions**	**All**	**10 min.**
	Call to Order: The third meeting of the HealthIT Advisory Council was held on November 19th, 2015 at the Legislative Office Building in Hartford, CT. The meeting convened at 1:08 pm, Commissioner Bremby presiding. The meeting convened with introductions.		
2.	**Public Comment**	**Public Attendees**	**3 min.**
	No comments from public.		
3.	**Review and approval of the October 15, 2015 Minutes**	**HealthIT Advisory Council**	**2 min.**
	The motion was made by Mark Raymond, and seconded by Dr. Ken Yanagisawa to approve the minutes of the October 15, 2015 meeting. **Motion carried.**		
4.	**Appointments Update**	**Comm. Bremby and HealthIT Advisory Council**	**3 min.**
	Comm. Bremby advised the Council that there were no additional appointments since the last meeting.		
5.	**Election of Co-Chair**	**Comm. Bremby**	**5 min.**
	The Council chair posed a question to the Council whether to defer or to elect a co-chair for the Council. The Council opted to go forth with electing a co-chair. ➢ A motion was made by Dina Berlyn, and seconded by Dr. Alan Kaye to nominate Dr. Joseph Quaranta as the co-chair. No other nominations or objections were made. **Motion carried.**		
6.	**Review Previous Action Items**	**Dawn Boland**	**5 min.**

Action items from the previous meeting were reviewed and appropriate action was taken.

Action Items	Responsible party	Status
Provide contract with CSG to Council members	Dr. Tikoo	Contract was provided to the Council on 10/26/2015.
Prioritize HIE goals	HealthIT Advisory Council	The prioritization of the goals and requirements is on the agenda for the 11/19/2015 Council meeting.
Develop a vision for CT's HIE	CSG	The Vision, per the Public-Act, has been added to the materials for the 11/19/2015 meeting.
Prioritize HIE requirements/functionality	HealthIT Advisory Council	The prioritization of the goals and requirements is on the agenda for the 11/19/2015 Council Meeting.
Provide more details regarding other states' HIE costs	CSG	Additional details on Maine, Rhode Island, Delaware, and Indiana are provided in the 11/19/2015 meeting materials.
Conduct an environmental scan to identify successful HIEs	CSG	Information on successful HIEs are provided in the 11/19/2015 meeting materials.
Determine best method to obtain information from successful, operating HIEs	HealthIT Advisory Council	Options were discussed in the 11/19/2015 meeting. Next steps were identified, with follow on action items.

	(release RFI, visit state HIEs, etc.). Include RIQI as one of these HIEs.		
	Schedule additional Council meetings	Dr. Tikoo	This has been extended to 12/17/2015 to account for the procurement approach.
	Provide an HIE timeline showing activities being conducted in parallel	CSG	Timelines were provided in the 11/19/2015 meeting materials. Additional timelines will be discussed as the procurement approach is solidified.

Please note: Dawn Boland advised that after the new year, Dr. Tikoo will be scheduling demonstrations from successful HIE states, including Rhode Island and Maine. Dawn also encouraged the Council members to recommend any other states or solution providers where guidance may be obtained from.

7.	**CSG Experience Overview**	**Dawn Boland**	**5 min.**
	Dawn Boland gave a formal introduction of CSG Government Solutions ("At-A-Glance") and provided an overview of CSG's background, services, program expertise, HIT projects list and government clients served.		
8.	**HIE Plan Outline**	**Dawn Boland**	**5 min.**

HIE Preliminary Conceptual Plan slide was discussed:

- Purpose: To solidify the outline of the plan as Dr. Tikoo and team are looking to develop and submit to OPM by January 2, 2016.
- Expectations: Looking to the Advisory Council to propose additional components to be considered as part of the outline and move forward to prioritize them.
- HIE Vision and HIE Goals: Both are defined by the Bill.
- Governance Structure: Will discuss further to ensure the appropriate governing body is identified for continued success.
- HIE Functionality: The HIE requirements, captured from 10/15/15 meeting, were mapped to the HIE goals identified in the Public Act; will be looking to the Council to provide additional requirements based on the expected needs. Also, a voting process (utilizing colored dots) will be executed in order to prioritize each of the identified requirements.
- High Level Budget: HIE costs as well as the high level budget will be discussed in greater detail during the December 17, 2015 meeting.
- Financial Sustainability Model/Plan: Very important component of the conceptual plan as this is how the HIE will continue to be funded through implementation as well as operationally; this will ensure the HIE's sustainability.
- Development of Stakeholder Value Proposition: The approach to obtaining concurrence and securing participation by the stakeholders in sharing the uses and value of the HIE.
- Alignment with Federal HealthIT Strategic Plan: Will incorporate how Connecticut is mapping the HIE Requirements to the Federal HealthIT Strategic Plan from 2015-2020; this will show the traceability to the federal objectives.
- Activities and Timeline: Maps out what will be done and the timeframe it will be completed.

Dawn Boland opened up the discussion to the Advisory Council for any additional components that should be added to the outline before submitting to OPM:

- Mark Raymond stated that "commitment" points will be very important to cover. He posed the question of how does one determine or obtain commitment from a broad stakeholder group.

9.	**Review PA 15-146 HIE Vision**	**Dawn Boland**	**5 min.**

Dawn Boland read and explained the meaning of Section 21- PA 15-146 HIE Vision and advised that Connecticut is unique in that consumer empowerment is at the center of its vision. The Council is in position to allow the identified requirements to assist in driving the solution.

- Comm. Jewell Mullen wanted to clarify the wording of the vision as it appears to be written in such a way that the "consumer empowerment" goal is superior to the other goals. Dawn Boland responded that the intent was to drive home the uniqueness of consumer empowerment, however understanding that each goal has a shared priority. Dawn reiterated that the Advisory Council will vote on the priority of goals/requirements based on the Council's perspective.
- Kathy Noel added that one of the major challenges, when working with patients and providers, is the correction of patient records. Ms. Noel gave the scenario of: "As a patient being a consumer, how do I correct errors in my records?" She concluded this should be kept in mind when moving forward. Dawn advised that this is a requirement that should be captured.

10.	**HIE Requirements Review, Brainstorming and Prioritization**	**HealthIT Advisory Council**	**35 min.**

Dawn Boland gave the summary of the four Federal HIT Strategic Plan-Goals, explained the format and spoke to each of the requirement identified by the council and listed within the matrix:

- Dawn highlighted that the Public Act requirement, "Reduce costs associated with preventable readmissions, duplicative testing and medical errors" was the only one requirement from the public act that was not captured or mapped by the Council in the last session.

Dawn opened up the discussion to the Advisory Council to examine prioritizing the goals of the HIE:

- Dr. Alan Kaye advised that there is no need for concern regarding the missing requirement related to "cost savings" as the preceding goals and following standards would lead to cost savings.
- Comm. Jewell Mullen asked if the matters centered on syndromic surveillance, antibiotic resistance, tracking, health care associated infections and other analytics that are important for patients' quality are captured in the requirements? And if not, should it be? "Analytical/Advance Public Health- Create new data statistics" was captured during the meeting.
- Dr. Joseph Quaranta advised the Council should be mindful of the following:
    1. The mass amount of data, portals and access points already available to providers to navigate the complex system.
    2. There are too many portals for patients.
    3. With the volume of data and information available, how would we construct the system in a way for users that isn't overwhelming due to the amount of data?
    4. Think about outlining short term (achievable) goals so that early success may be visible before over-engineering a complex HIE system.
    5. Have to recognize the importance of engaging all of the stakeholders, particularly those with heavy patient data.
    6. Engage insurance companies as they have large amount of data readily available and accessible. What information can we collect from them to assist in building the HIE? This should be our first point of interaction.
- Jennifer Macierowski expressed an action to move towards simplifying and prioritizing the current requirements to show value and set realistic values versus compiling new requirements.
- Dr. Joseph Quaranta added that it will be beneficial to be mindful of the many groups that do

not have the resources if the cost of entry is too high. "Cost to Providers" was captured as a new requirement.

- Dr. Ken Yanagisawa added that the costs for any individual providers (both small and medium groups) extends beyond the financial costs, but goes towards future IT and revamping expenses.
- Kathy Noel reiterated the importance of patients being able to have the access needed to enter data, as well as retrieving it. The new Meaningful Use (MU) rules, released on 10/16/15, stated that in 2018 patients will have the need to connect their own data into EHR; this is important to keep track of.
- Kathy Noel also asked what would be the expected outcome from the upcoming demonstrations, as it relates to best practices and measures of success, in terms of the prioritization list that will be produced today. Comm. Bremby answered that it will be useful to frame the high level requirements against the vendors' and verify if the systems are capable of meeting those requirements. Also, knowledge can be obtained from what's already been deployed and the possibility to enhance the current requirements in order to procure the system. Currently, Rhode Island and Maine, are being contacted; however this list is not limited.
- Dr. Tikoo added that sustainability will be important and being cognizant of the cost is beneficial; there is always a cost involved. This was in reference to Ms. Berlyn's observation that in RI providers were not charged a cost for working with the HIE and that "two- lines of code" in EHRs was supporting interoperability
- Dr. Tikoo gave a brief overview of the 2012 "Consumer Empowerment" article. This journal article provides the pros and cons of a consumer-mediated health information exchange. The article also contains cost data and how it varies. It discussed the possibility of a personal health record, which can be another mechanism to empower the consumer to control their data and where it flows.
- Jennifer Macierowski reiterated the differences in costs. For example, Rhode Island has a $1 per member subscription fee that is paid for by each plan.
- Victoria Veltri added that in order to bring down costs, one must increase quality. How does quality get added to the cost discussion? The requirement "Ability to measure quality of procedures across time; capability to track metrics and report on quality" was captured as a new requirement. "Triple AIM" will be captured as well to improve the population health.
- Dr. Alan Kaye explained that the metrics are the outcomes. (Electricity example given.)

Voting took place: the Advisory Council was allotted 10 min. to do so. Following are the results of the requirements in priority order:

Mapped Council Identified Requirements	**Voting Results**
Integrated with provider's EMRs so providers can easily work with the data provided by the HIE	12
PHI can be shared across all providers (hospitals, walk-in clinics, emergency rooms, physician offices, etc.)	9
Single point of entry for all (providers, patients, state agencies, and other stakeholders)	8
Include and involve community providers and consumers	8
One system and a single way for health care providers to access (vs. multiple systems and passwords)	6

	Ability to measure quality of procedures across time; capability to track metrics and report on quality	5
	Provide de-identified data to assist in achieving public health goals	4
	Share data across CT social systems to assist in addressing population health issues, such as health disparities	2
	Be as standards-based as possible	2
	The patient must have the ability to choose what medical information goes to which providers, including which providers they do not want to receive their information	1
	Real or near real-time; automatic sharing of health records that is not reliant on the will of the user	1
	Analytical/Advance Public Health- Create new data statistics	1
	No or low cost to patients, which will require a funding stream	1
	Provider costs- subsidies- decrease barrier to entry	1
	SIM initiative has long range strategies that include developing value-based payment structures. Having an automated, timely way to collect patient data would assist in the creation of provider quality scorecards.	1
	Assist the SIM initiative to have a HIE that more quickly provides data to payers (health insurance companies) rather than wait for claims data	1
	Assure patient records are never discarded	1
	"One-stop shopping"	0
	Require Medical Records vendors to add code to transmit data to the HIE	0
	Patient-centered	0
	Is cognizant of large systems and small providers to assist in the exchange of health information	0
	Engage all data elements from all Stakeholders (including Insurance Companies)	0
	Triple AIM	0
	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	0
	Patients must have ability to opt-out	0

11.	**Solicitation Approach (RFI, RFP, etc.) including Activities/Timelines**	**HealthIT Advisory Council**	**10 min.**

Dawn explained the differences between the Request for Information (RFI) vs. Request for Proposals (RFP) processes:

- The RFI process is a much leaner and quicker process; whereas the RFP timeframe is much longer, greater in detail, and there is an evaluation process with scoring which will result in a winning vendor.
- The requirements can be placed within the RFI and sent to a solutions provider to ascertain the requirements they can support and those items that will require additional effort. RFI is the opportunity to gain a greater understanding about what is available and to get educated on solutions to inform our next steps.
- The RFP is a formal process for soliciting vendors to respond to detailed requirements; requesting the specifics of how the vendor will implement these requirements within their solutions.

Items to consider:

- Dina Berlyn expressed concern with the timeline depicted in the October 15, 2015

	presentation as the timeframe is longer than envisioned. The expectation was to have the HIE up and running within a year. Dawn answered that it depends on the decision of going the RFI or RFP route and the effort and time commitment of the State. ➢ Dr. Alan Kaye asked if there is the possibility to combine both the RFI and RFP process. ➢ Victoria Veltri reminded the Council that there are state laws involved in the RFI and RFP processes (conflict of interest statements are involved). Victoria advised that the RFI process may be more suitable as an initial step. ➢ Mark Raymond stated that the Director of Statewide Procurement has determined the RFI process is **NOT** an allowable procurement process since vendors are not required to participate in an RFI therefore the State cannot use this as a procurement vehicle. ➢ Dr. Joseph Quaranta stated that it's difficult to inform a business model/plan without understanding the reality of the products. Dr. Quaranta opted for an RFI process so that the Council is better versed in current vendors and products ➢ Dr. Tikoo sought guidance from the Council if they would like her proceed in drafting ten questions for the 01/2016 demonstration/ presentations or if this should be postponed until after the RFI was drafted. As mentioned at the 10/15 meeting, the Council wanted to learn more about HIE models being utilized in other states. o Maine and Rhode Island will be the first set of states to perform a demonstration. ➢ Mark Raymond verified that the state cannot connect the process of gathering information to specifications of requirements for the purposes of purchase. Both the RFI and RFP will need to be open to the industry. Mark further explained if the state isn't buying anything, then the vendor community can be engaged openly; however no one should be handpicked. ➢ Cheryl Cepelak expressed concern and cautioned the Council to be very careful with the conversations being shared during the demonstrations due to a recent incident; suggests a more formal basis. ➢ Comm. Bremby summarized the consensus of the Council: Connecticut will need to go through an RFP process at some point, but also need to be informed about what's out there. Consultation will be sought after and the Council will frame the most interested requirements (approximately 10) to those giving the demos in January. ➢ The pending timeline for conducting demos is expecting to be mid- to late January 2016 depending on decisions and staffing availability made by the Council regarding the RFI Process.		
12.	**Governance Structure**	**HealthIT Advisory Council**	**10 min.**
	Comm. Bremby expresses expectations from Council: ➢ Posed the following questions to the group- How do we govern and advise the structure? Is it this group or a subset of this group? ➢ Need to begin thinking about the next steps for sustainability.		
13.	**Examples of Successful HIEs**	**Dawn Boland**	**15 min.**
	Dawn Boland gave a high level overview of the four operating HIEs; however, also reminded the Advisory Council that the presentation will be posted for their review.		
14.	**Wrap up and Next Steps**	**Dawn Boland**	**5 min.**
	Dawn summarized the next steps: ➢ Next meeting will be held on December 17, 2015 from 1:00-3:00 p.m. ➢ Planning to talk about HIE costs based on Connecticut's approach ➢ Planning to review a draft of the HIE Preliminary Conceptual Plan; the goal is to provide a draft plan by Monday, December 14, 2015 and post for public comment for an opportunity to do a read through prior to the December 17, 2015 meeting.		

	➢ Dr. Tikoo has lined up CT's HISP to provide the Council information about the State's current Direct Messaging Service. ➢ Kathy Noel asked if it will be good to engage CMIOs because they will be good participants. Comm. Bremby encouraged the appointments be filled on the Advisory Council.
	The meeting adjourned at 3:00 pm.

Action Items	Responsible party	Follow Up Date
Provide voting results HIE goals	CSG	11/24/2015
Provide more details regarding other states' HIE costs	CSG	12/17/2015
Seek consultation, and share with the Council, on whether CT should pursue an RFI or if can host vendor demos via an informal process.	Commissioner Bremby	12/17/2015
Schedule additional Council meetings, as needed	Dr. Tikoo	12/17/2015
Develop and circulate questions as it relates to demonstrations, pending decision on the RFI process.	Dr. Tikoo	1/1/2016
Provide the names of others states that the Council may be interested in seeing demonstrations from.	**HealthIT Advisory Council**	12/17/2015
Consider approach to ensure HIE sustainability to be included as part of the Plan. This includes how the HIE will continue to be funded.	**HealthIT Advisory Council**	12/17/2015

Parking Lot:

N/A

Handouts:

1. 11/19/15 Agenda
2. 10/15/15 Meeting Minutes
3. "Consumer-mediated health information exchanges: The 2012 ACMI"