Health Information Technology Advisory Council

Meeting Notes

Meeting Date	Meeting Time	Location
December 17, 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 (Co-Chair)		Minakshi Tikoo, HHS HIT	X
Joseph Quaranta, appointed by Majority Leader of the Sen. (Co-Chair)	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			
Comm. Jewel Mullen, DPH			
Comm. Morna Murray, DDS			
Mark Raymond, BEST	X		
James Wadleigh, Access HealthCT			
Mark Schaefer, SIM	X		
Jon Carroll, UConn Health	X	Kathy Noel, UCONN Health	
Victoria Veltri, OHA	X		
Bob Tessier, appointed by Governor	X		
Philip Renda, appointed by Sen. Looney	X		
Jeannette DeJesus, appointed by Sen. Looney	X		
Ken Yanagisawa, appointed by Rep. Aresimowicz	X		
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			
Patrick Charmel, appointed by Majority Leader of the Sen.	X		
TO BE APPOINTED			
Four members appointed by the Governor			
Two members appointed by House Representative Speaker			
ADDITIONAL PARTICIPANTS			
Dawn Boland, CSG	*X*	*Sarju Shah, UCONN*	*X*
Rosanne Mahaney, CSG	*X*	*Michele Darnell, SES*	*X*
La'Tivia Tipton, CSG	*X*		

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

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>5 min.</td></tr>
<tr><td></td><td colspan="3">Call to Order: The fourth meeting of the HealthIT Advisory Council was held on December 17th, 2015 at the Legislative Office Building in Hartford, CT. The meeting convened at 1:05 pm, Co-Chair Dr. Quaranta presiding.</td></tr>
<tr><td>3.</td><td>Review and approval of the November 19, 2015 Minutes</td><td>HealthIT Advisory Council</td><td>2 min.</td></tr>
<tr><td></td><td colspan="3">The motion was made by Dr. Ken Yanagisawa, and seconded by Mark Raymond to approve the minutes of the November 19, 2015 meeting. Motion carried.</td></tr>
<tr><td>4.</td><td>Appointments Update</td><td>Dr. Quaranta and HealthIT Advisory Council</td><td>3 min.</td></tr>
<tr><td></td><td colspan="3">One new member was appointed since the November 19, 2015 meeting- Patrick Charmel, appointed by Majority Leader of the Senate.
➢ Dr. Quaranta opened discussion regarding whether to reach out regarding the six outstanding appointees to the Council. Victoria advised that she sees no need for the Council to submit a formal request that these appointments be made.
➢ Dina Berlyn noted that her office has reached out to the House, however the effort has not been successful; therefore a formal request may be helpful.
➢ Jennifer Macierowski supported sending a formal request as it wouldn't hurt to encourage them to finalize the appointments.
➢ Final decision: The Council chairs will send a letter to the appointing agencies encouraging them to complete the final appointments.</td></tr>
<tr><td>5.</td><td>Public Comments</td><td>Public Attendees</td><td>10 min.</td></tr>
<tr><td></td><td colspan="3">No comments from public.
➢ Dr. Israel submitted written testimony to the committee. Copies were distributed to the Committee members, public and will be posted on the website.</td></tr>
<tr><td>6.</td><td>Review Previous Action Items</td><td>Dawn Boland/Rosanne Mahaney</td><td>5 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>Status</th></tr>
<tr><td>Provide voting results regarding HIE goals</td><td>CSG</td><td>Prioritization Included in 11/19/2015 meeting minutes.</td></tr>
<tr><td>Provide more details regarding other states' HIE costs</td><td>CSG</td><td>Included additional costs in Appendix D of HIE Plan.</td></tr>
<tr><td>Seek consultation, and share with the Council, on whether CT should pursue an RFI or host vendor demos via an informal process.</td><td>Commissioner Bremby</td><td>Follow up by Commissioner Bremby.</td></tr>
<tr><td>Schedule additional Council meetings, as needed</td><td>Dr. Tikoo</td><td>Schedule based on need.</td></tr>
<tr><td>Develop and circulate questions as it relates to demonstrations, pending decision on the RFI process.</td><td>Dr. Tikoo</td><td>Distributed electronically on 11/30/15.</td></tr>
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	Provide the names of other states that the Council may be interested in seeing demonstrations from.	HealthIT Advisory Council	Names provided during 12/17/15 meeting. Dr. Tikoo encouraged council members to provide additional state's by 12/28/15.
	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	Provided in draft HIE Plan.

Please note: Additional action item slide displayed for consideration/decisions to be made by Advisory Council regarding the HIE Plan:

- Recommendations on Council Membership
- State HIE presentations
- Connecticut HIE's focus (consumer- mediated vs. provider directed)
- Opt-in vs. opt-out
- Operational approach of the HIE (turn-key vs. integrator)
- Funding recommendations within draft plan

7.	**CT's Direct Messaging Service Overview**	**SES**	**30 min.**

- Michele Darnell, Vice President of Sales, introduced Secure Exchange Solutions (SES):
  - Working with Connecticut since 2013
  - Known as HISP (Health Information Service Provider) and Certificate Authority (CA)
  - Direct Exchange- developed by 2010; goal was to provide a means that was scalable and standards-based
  - Public/Private HIE Experience
- Connecticut Direct Messaging Program:
  - Supports both manual and automated model
  - Uniqueness of the direct approach: "Push method"- patient can elect to transport the information, especially in a manual mode
  - Very scalable to support other use cases (alerts, referrals)
  - Is available in two ways: 1) Portal and 2) Automated through existing workflows
- Step Approach to Improving HIE:
  - Provides foundation for other value added services
- EHR and Trust Community stats:
  - Over 300 EHRs, 50+ HIEs, 60+ Integrated Specialty HIT Application Providers
- Direct Landscape- Connecticut and beyond:
  - 100+ Direct endpoints (CT Provider direct community)
  - 6,832 Direct endpoints in CT available in HISP to HISP Directory Exchange
  - 1m endpoints/ 40,000 DirectTrust Organizations
- Examples of Use Cases:
  - Care Transitions (most popular as it's one of the core measures under the Meaningful Use Program), Referrals/Consults, Care Management, Lab Orders/Results, Patient Engagement, Prior-Authorizations and Clinical Queries, and Reporting

- Some Business Challenges:
  - Traditional care coordination and transition programs are more hospital centric and related to patient discharge.
  - Case Managers manages many patients and need more timely information.
- Recommendations for expanding Connecticut Direct:
  - Leverage existing CT HIT assets, sustainable model, demonstrated in other states, augments state-wide HIE when implemented, and rapid implementation demonstrating results in 2016
- Questions:
  - Dr. Alan Kaye asked: Do you envision this as a bridge to the HIE?
    Michele Darnell: Yes. It can be viewed as a temporary solution or a primary communication method. This is not to be viewed as a replacement to a HIE or as a centralized repository for health information that can be queried, however it's a bridge that you would want to continue even in a query model (to push valuable information).
  - Dina Berlyn asked: Would it be difficult to obtain a patient's complete record? Will it have to be a separate inquiry?
    Michele Darnell: The goal is not to provide a patient's complete record, however direct exchange, with a CCDA (complete summary), is being used to provide medical records in support to inquiries. Query HIEs gives the ultimate flexibility to query against specific items. SES works with consumer and personal health applications where the consumer/patient is directing what happens to their information, because it is a push mechanism.
  - Jennifer Macierowski asked Ms. Darnell to further clarify the "push method".
    Michele Darnell: "Push" means that there's not necessarily a query required in order to get the information, however it can be initiated by a manual effort from the sender.
  - Jennifer Macierowski also asked: If expanded, would the hospitals automatically be participating?
    Michele Darnell: The hospitals would need to choose to be added and agree to provide their ADT.
  - Jennifer Macierowski: Format of information sent- is it discrete data?
    Michele Darnell: It depends on the EHR. Some are able to receive the discrete data and some have no flexibility to receive beyond CCDA.
  - Jennifer Macierowski asked: Are the "100 endpoints" the number of providers through the Connecticut provider direct?
    Michele Darnell: Correct; these are providers or provider organizations using the portal for exchange of clinical information. This number is expected to grow.
  - Jennifer Macierowski: Is your contract with providers a year to year contract? What is your fee?
    Michele Darnell: It's an annual subscription model; the market rate ranges from $85 to $120 per year. Dr. Tikoo added that the EHR Incentive Program created 3,000 accounts with SES. The cost of purchase order was approximately $200,000. **Action item**: Dr. Tikoo will provide the Council with information regarding the SES purchase order.
  - Dr. Tikoo advised that there are currently 73 individual EHR accounts; 53 of the 73 were physicians. Direct secure messaging supports providers and

	health care organizations (eg. Long-term care facilities) who currently do not have an EHR system. This provides organizations and providers the ability to send and received encrypted emails and attachments contributing to better coordinated care for patients. This is a first step toward achieving goals of a HIE. o Dr. Ken Yanagisawa: In regards to EHR coverage- what number of providers actually fall outside of the coverage range? Michele Darnell: The coverage range is through a trust community. SES customer base divides up into hospital/facilities (largest usage of direct exchange); LTC, care coordination and care managers experienced growth this past year. The community of users has moved well beyond the hospital facilities and primary care practices. Additional information can be found at www.directtrust.org.		
8.	**Review Draft Preliminary Conceptual Plan**	**Dr. Tikoo**	**45 min.**
	Dr. Tikoo led the Draft State Plan discussion with the Advisory Council (handouts were distributed): ➢ Colorado, Maine, Michigan and Ohio are states with sustainable, successful HIEs and are called out in Appendix D with information regarding their services, operational expenses, etc. ➢ Question was posed as to the type of HIE should be implemented -consumer-mediated exchange with an opt-in model. ➢ To be sustainable, it is estimated that CT HIE fees must provide $3 per person per year ($0.25 cents per member per month) ➢ Discussion was opened to the Council: o Jon Carroll commented that there is at least one hospital in Connecticut participating in Rhode Island's HIE. Due to this, what consideration is given to their model? Dr. Tikoo answered that Rhode Island was included in Appendix D of the Plan since it is an adjacent state, has a participating CT hospital and advisory council members were interested in that model. However, Rhode Island is not classified as a successful HIE in the reference materials reviewed for the Plan.. o Dina Berlyn added the following concerns regarding the draft plan: • The Council's ranking of the HIE goals was not appropriate because the legislation requires that each of these goals/services be included, not ranked to emphasize one over the other; • The plan lists the Commissioner as the "Chair", however he's the Co-Chair; • Table 1 on Page 11 leaves out that it "needs to be controlled by the patient." • There is also a mentioned concern in the plan that there isn't a "Patient advocate", however Vicky Veltri is on the committee and this is her area; • There seems to be a suggestion of merging the HIE with the SIM project (not sure if this is allowed in the legislation) • Budget concerns, including the number of personnel and consultants o Regarding the concern of the Council's ranking of the HIE goals; Mark Raymond noted that the Advisory Council has been assigned the role of helping to prioritize the efforts of the Commissioner. He feels the ranking exercise was to think about the capabilities to match the needs of the state and prioritizing those capabilities (what needs to be taken into account). He does not believe the exercise was to determine what should be included and what could be excluded.		

- Jennifer Macierowski asked about the difference between the consumer-mediated vs. query based exchange. Dr. Tikoo answered that the consumer-mediated exchange does not stop the query based exchange; it's more about how the information gets into the HIE. This definition will be clarified.

➢ Opt-In vs. Opt-Out:

- Dr. Alan Kaye asked if Connecticut has officially decided to be an opt-in model. Dr. Kaye prefers the opt-out model.
- Patrick Charmel commented that a desired model is one that engages the consumer by providing patient reported outcomes, documenting impressions of their care, giving patients' control of their health records and providing a large portion of that information. Dr. Tikoo directed the Council to page 15 of the draft plan where information regarding the personal health record is located.
- Patrick Charmel pointed out that there is no reference to CT's previous HIE or early foundational work. Dr. Tikoo directed him to the call out box at the beginning of the draft plan that contains the history. **Action item:** Patrick Charmel will search and provide the predecessor work to be added to the history.
- Jennifer Macierowski indicated she would support an opt-out model that gives patients clear choices regarding what data is included and shared.
- Vicki Veltri confirmed that a hybrid model is needed as the opt-out model cannot be used for behavioral health services.
- Dr. Quaranta noted that state rules prohibit behavioral health, substance abuse and HIV status from being shared under an opt-out model.
- Dr. Tikoo advised that a survey found that 64% of Connecticut residents favored an "opt-in" model.
- Vickie Veltri and Dr. Alan Kaye both agreed that more information is needed to be able to make this decision including hearing the other HIE vendors' experiences.
- Fernando Muñiz asked if there were differences in populations in states that chose opt-in/opt-out models as it relates to impacts of lower socio-economic groups, people of color and etc. Dr. Tikoo answered that an assessment of the states that have data available showed that 92%-98% consented to participate in the HIE.
- **Decision**: Provide the Council with more information regarding opt-in vs. opt-out models.
- Jennifer Macierowski noted that the vendors (especially Ohio) should specifically be asked about their opt-in/opt-out model.

➢ Incremental/Integrated vs. Big Bang Approach:

- Mark Schaefer asked if there has been enough discussion and analysis of the pros and cons to make a decision regarding this approach. Jennifer Macierowski answered that she doesn't believe there's been enough discussion. Dina Berlyn added that she doesn't believe the legislation allows Connecticut to hire just an Integrator. Dr. Tikoo pointed out that the legislation requires the reuse of CT's Health IT assets and an integrator is needed for these assets to work together.
- Bob Tessier relayed that DSS has clearly heard from CMS, on the Medicaid side, that most systems are moving away from Big Bang implementations. Bob also added that through an RFI process the vendors can give pros and cons on how they implemented their systems and the approaches taken.
- Mark Raymond added that the following critical questions should be answered: Are we buying a capability? Are we expecting someone to provide the entire service? Are we buying a technology solution? Are we buying a software solution

	that Connecticut can operate on its own? o Jennifer Macierowski agreed with the need to have short term goals and deliverables. She agrees with an incremental approach with the first step being obtaining an Integrator. She does not believe obtaining an integrator should be the end of the process. o Dina Berlyn noted the plan seems to envision a state-run HIE, while the legislation was drafted visualizing that it could be a privately-run HIE. o Vickie Veltri asked if an integrator approach would allow the HIE to be implemented sooner? Dr. Tikoo noted that the Maryland HIE, CRISP, said they would have started with obtaining event notification services if they could do it again. Dr. Alan Kaye commented that he feels an integrator approach would kill the timeline due to the need to integrate with existing, outdated systems. ➢ Budget: o Dr. Tikoo explained that the budget is an estimate based on the budgets of other successful HIEs. The final costs would be determined through the RFP process. The HIE Plan must first be approved by OPM before bonds funds can be requested. o Dr. Alan Kaye noted that the timeline and costs should really be taken into consideration. ➢ Summary of next steps: o Dr. Quaranta noted that the Council determined during this meeting that more clarity is needed regarding opt in vs. opt out models, as well as the incremental/integrator approach vs. big bang approach, particularly information from other states' HIEs. o Dr. Tikoo reminded the council that states will be called in to provide demonstrations vs. vendors as hearing directly from vendors could compromise the RFP process. She noted that two comments were received regarding the questions for HIE demos that were circulated to the Council. o Dr. Tikoo posed the question to the Council: What states would the Council like to see presentation from and how many demonstrations should they schedule: • Dina Berlyn recommended Rhode Island, Maine and one of the New York regional exchanges. She would like to have the people actually running the HIE present. • Jennifer Macierowski suggested Ohio (larger state and they've changed from an opt in to an opt out model), and other large successful regional exchanges (New York/New Jersey regional exchanges). o Jon Carroll suggested that build vs. buy scenario should be discussed with the presenting states. o Vicki Veltri advised that there may be some private sector solutions that the Council may wish to hear from.		
9.	**Wrap Up and Next Steps**	**HealthIT Advisory Council**	**5 min.**
	➢ Dr. Quaranta noted that it had not been determined whether the Council could move forward with holding informal HIE demonstrations or must wait for the RFI process. He would like to have this question answered prior to the January 21, 2016 meeting. ➢ Dr. Tikoo indicated she would move forward with scheduling demonstrations while obtaining the clarification on this issue. She asked that Council members submit any additional names of HIEs they'd like to see presentations from by Thursday, December		

	24th. ➢ Next meeting will be held on January 21, 2015 from 1:00-3:00 p.m. ➢ Dr. Tikoo will make revisions to the plan based on the 12/17/2015 Advisory Council discussion and other comments received. ➢ Dr. Tikoo will send the Council the revised plan by Wednesday, December 23rd, or Monday, December 28th. ➢ Plan will be submitted to OPM on 1/4/2016. ➢ The meeting adjourned at 3:01 pm

Action Items	**Responsible party**	**Follow Up Date**
Dr. Tikoo will send out information regarding the SES purchase order to the Advisory Council.	Dr. Tikoo	1/21/2016
Search and provide the predecessor work to be added to the history section of the State HIE Plan.	Patrick Charmel	1/21/2016
Revised HIE Plan will be submitted to the Advisory Council no later than Monday, December 28th.	Dr. Tikoo	12/28/15
Make informal demonstrations vs. RFI decision	**HealthIT Advisory Council**	1/21/2016

Parking Lot:

- Opt-in vs. opt-out model recommendation
- Incremental/Integrator vs. Big Bang approach recommendation

Handouts:

1. 12/17/15 Agenda
2. 11/19/15 Meeting Minutes
3. HealthIT Advisory Council Member List
4. OPM Funding Brief
5. Questions for Consideration
6. Distributed Public Comment