Health Information Technology Advisory Council

Meeting Notes

Meeting Date	Meeting Time	Location
January 21, 2016	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)	X	Minakshi Tikoo, HHS HIT Coordinator	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			
Cheryl Cepelak for Comm. Scott Semple, DOC	X		
Comm. Raul Pino, DPH	X		
Comm. Morna Murray, DDS			
Mark Raymond, BEST	X		
James Wadleigh, Access HealthCT	X		
Mark Schaefer, SIM	X		
Jon Carroll, UConn Health		Kathy Noel, UCONN Health	X
Victoria Veltri, OHA	X		
Bob Tessier, appointed by Governor	X		
Patricia Checko, appointed by Governor			
Nicolangelo Scibelli, appointed by Governor			
Philip Renda, appointed by Sen. Looney			
Jeannette DeJesus, appointed by Sen. Looney			
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			
Prasad Srinivasan, designee of Rep. Klarides			
Patrick Charmel, appointed by Majority Leader of the Sen.			
TO BE APPOINTED			
Two members appointed by the Governor			
Two members appointed by House Representative Speaker			
ADDITIONAL PARTICIPANTS			
Dawn Boland, CSG	X	Carol Wilson, Director of Procurement, DAS	X
Rosanne Mahaney, CSG	X	Joe Giliberto, Contract Team Leader	X
Sarju Shah, UCONN	X	Devin Marquez, DAS Procurement Assistant Director	X

Health Information Technology Advisory Council

Meeting Notes

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

	Agenda	Responsible Person	Time Allotted
1.	**Introductions**	**All**	**3 min.**
	Call to Order: The fifth meeting of the HealthIT Advisory Council was held on January 21, 2016 at the Legislative Office Building in Hartford, CT. The meeting convened at 1:05 pm, Co-Chairs Commissioner Roderick Bremby and Dr. Joseph Quaranta presiding.		
2.	**Public Comment**	**Public Attendees**	**10 min.**
	There were no comments from the public		
3.	**Review and Approval of the December 17, 2015 Minutes**	**HealthIT Advisory Council**	**2 min.**
	The motion was made by Alan Kaye, and seconded by Ken Yanagisawa to approve the minutes of the December 17, 2015 meeting. **Motion carried.**		
4.	**Appointments Update**	**Comm. Bremby**	**2 min.**
	Two new members were appointed by the Governor since the December 17, 2015 meeting - Patricia Checko and Nicolangelo Scibelli. Four appointments remain outstanding.		
5.	**Review Previous Action Items**	**Dawn Boland**	**8 min.**
	Action items from the previous meeting were reviewed and appropriate action was taken.		

Action Items	Responsible party	Status
Seek consultation, and share with the Council, on whether CT should pursue an RFI or host vendor demos via an informal process.	Commissioner Bremby	Closed. DAS presented at today's meeting.
Schedule additional Council meetings, as needed.	Dr. Tikoo	Closed. Webinars with other HIEs have been scheduled.
Dr. Tikoo to send out information regarding the SES purchase order to the Advisory Council.	Dr. Tikoo	Closed. SES PO distributed electronically on 1/15/16.
Vote on soliciting an RFI versus an RFI and RFP for HIE vendor(s).	HealthIT Advisory Council	Deferred to the 2/18/16 meeting.
Search and provide the predecessor work to be added to the history section of the State HIE Plan.	Patrick Charmel	Patrick was not in attendance. Follow up deferred to the 2/18/16 meeting.
Revised HIE Plan will be submitted to the Advisory Council no later than Monday, December 28th	Dr. Tikoo	Closed. Revised HIE Plan submitted to Advisory Council on December 28th.
Provide the names of other states that the Council may be interested in seeing demonstrations from.	HealthIT Advisory Council	Closed. Names have been provided and the meetings have been scheduled.

6.	Department of Administrative Services Presentation: RFI/RFP	Carol Wilson, DAS Director of Procurement, and Staff	30 min.

Carol Wilson pointed the Council to the ***Guide to Public Procurement*** in the DAS packet provided to Council members, indicating it contains important "do's and don'ts" when speaking to vendors and highlights the importance of keeping the procurement process open and transparent. She noted that Public Act 15-146 grants DSS specific authority to release a Request for Proposal (RFP) to procure a Health Information Exchange vendor. As a result, DSS does not need to rely on DAS to issue the RFP. However, there are State IT requirements that will need to be included in the RFP and resulting contract. DAS BEST has authority over state IT solutions so procurements need to include these requirements.

Joe Giliberto highlighted the difference between an RFP and an Invitation to Bid (ITB):

- ➢ RFP is more flexible
- ➢ RFP enables an agency to provide information regarding its goals and objectives, statement of work and background information, resulting in agencies getting the best value from the procurement process
- ➢ ITB is very specific and less flexible
- ➢ With an ITB, agencies must include very clear specifications and requirements. As a result, agencies must know exactly what they want upfront
- ➢ With an ITB, the award must go to the lowest bidder
- ➢ With an RFP, price is not the final decider

Joe Giliberto indicated that agencies must follow a formal process to receive approval to waive the competitive process and award a contract to a vendor without issuing an RFP or ITB. It must be a true sole-source situation where only one vendor is able to deliver the product being procured. A special market condition must exist where no alternative supplier can be identified. Requests for Information (RFIs) are not solicitations and not all vendors will respond to an RFI. As a result, many agencies go right to releasing an RFP and do not bother issuing an RFI first.

Carol Wilson stressed that when you know the procurement is imminent, you need to stop talking to vendors to enable fair and open competition. Demonstration from vendors are permitted after the RFP is issued and during the evaluation period. She recommended involving DAS Procurement early in the process as they must approve the contract that results from the RFP.

Questions:
- ➢ Dr. Alan Kaye asked whether price is considered with an RFP?
  Joe Giliberto: Yes, price is part of the evaluation criteria, but is not the sole determinant.
- ➢ Dina Berlyn: Is it acceptable to request vendors to provide presentations regarding the workings of their Health Information Exchange (HIE)?
  Carol Wilson: You can seek educational information, but should not divulge any information regarding your project, including your goals and objectives.
- ➢ Dr. Alan Kaye indicated that the Council submitted a list of questions to the presenters about their HIE processes.
  Carol Wilson: If you ask questions and receive answers from certain vendors you may be giving them special advantage over vendors that did not present.

	➤ Mark Raymond clarified that the Council is asking states to provide information, not vendors. Carol Wilson indicated that it is fine to ask other states for information. ➤ Dina Berlyn indicated that the Council wants to hear from nonprofit agencies and vendors that are actually operating HIEs. ➤ Dr. Tikoo noted that she is being very clear with the individuals and entities being asked to provide presentations that they may not be able to bid on the RFP that CT will be releasing as a result of providing the presentation. She shared the questions being asked with DAS to assure that these presentations were permissible. ➤ Dina Berlyn asked if the Council can have vendors that do not bid come in and share information after the RFP has been released. Carol Wilson: Yes, but you can't then change your Scope of Work based on the information you obtain from these vendors and after the RFP has been released. ➤ Commissioner Bremby asked what is meant by "when a procurement is imminent". Does that mean the RFP will be released in the next 6 to 8 months? Carol Wilson: Yes, when the RFP is expected out in the next 6 to 8 months, you should stop talking with vendors. ➤ Dina Berlyn asked if it was acceptable if someone comes in and purely provides you with information and you do not share information with them. Carol Wilson: That is gathering information which is fine. However, this is difficult to do as vendors generally try to elicit information from you while they are presenting.			
7.	**Senate Bill 811 Deliverables Status**		**Dawn Boland**	**5 min.**
	Dawn Boland reviewed the status of the deliverables mandated within Public Act 15-146: <table><tr><td>**Deliverable**</td><td>**Status**</td></tr><tr><td>Section 21 – On or before January 1, 2016, DSS in consultation with HIT Advisory Council must submit a plan to the Office of Policy and Management (OPM) for the establishment of a statewide HIE.</td><td>Submitted to OPM On 1/04/2016</td></tr><tr><td>Section 21 – DSS in consultation with the HIT Advisory Council must develop, implement and periodically revise the state-wide 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.</td><td>Ongoing</td></tr><tr><td>Section 23 – Not later than February 1, 2016 and annually thereafter, the Commissioner of DSS, in consultation with the HIT Advisory Council, reports to the appropriate joint standing committees of the General Assembly on: • Development and implementation of HIT plan and data standards • Recommendations for policy regulatory and legislative changes • Establishment of the statewide HIE</td><td>In Process The report submitted to the General Assembly in 2015 is on the DSS website. DSS is working on updating this report for the 2/1/2016 submittal.</td></tr></table>			
8.	**Timeline of Activities**		**Dawn Boland**	**5 min.**

Dawn Boland reviewed the timeline of upcoming activities that was included in the HIE Plan submitted to OPM on January 4, 2016. This timeline is contingent on OPM approval of the plan within 30 days. Any delays in OPM approval will have an impact on this schedule. Following OPM approval, DSS anticipates:

- Hiring staff and a vendor to write the RFP by March 2016
- Procure Alert Notification Services between April and June 2016
- Start Alert Notifications in July 2016
- Release the RFP in September 2016
- Start state HIE operations in July 2017

➢ Dina Berlyn asked if the Council agreed to start with the Alert Notification. She noted that Alert Notification does not constitute an HIE and that the Legislation envisioned a procurement being released for an HIE. She expressed concern that starting with Alert Notification would result in a fragmented approach.

Commissioner Bremby: The Alert Notification is just a step in the plan toward developing a state-wide HIE and that DSS does plan to release an RFP. The content of the RFP needs to be discussed with the Council.

9.	**Opt-in/Opt-out Additional Considerations**	**Rosanne Mahaney**	**20 min.**

Rosanne Mahaney reviewed the different types of Patient Consent Models used by HIEs across the country.

➢ **No Consent Model** – Patients' health information is automatically included in the HIE. Patients do not have the ability to opt out of the exchange. This model is rarely used.

➢ **Opt-Out Model** – Patients' health information is automatically included in the HIE as a default. Patients have the opportunity to opt out of the exchange in full. Puts the onus on the patient to take action in order to opt out of the exchange. This model is used by most HIEs as it is seen as being less burdensome on the HIE, participating providers and the patient, while still permitting patients to exercise control over their health information. Some HIEs adopt an "opt-out with notice" policy where all patients receive a notice that their data is going into the exchange that includes the op-out policies and procedures.

➢ **Opt-Out with Exceptions Model** – Patients' health information is automatically included in the HIE as a default. Patients have the opportunity to opt-out of the Exchange. This model enables patients to:

- ✓ Selectively exclude certain clinical data from the exchange, or
- ✓ Limit the exchange of their clinical data to specific providers, or
- ✓ Limit the exchange of their clinical data for only specific purposes

This model is more technically and procedurally complex to administer.

➢ **Opt-In Model** – No patient health information is made available in the Exchange until the patient actively indicates that they consent to having all their information made available. Puts the onus on the exchange or its participating providers to obtain permission from each patient stating they opt in to the HIE. An exchange using this model may not be as robust initially and may grow more slowly as a result.

➢ **Opt-In with Restrictions Model** – No patient health information is made available in the Exchange until the patient actively indicates that they consent to having their information made available. Patients have the option to include only specific health information, or

allow their information to be accessed by only specific provider or for specific purposes. This consent model is more complex to implement and manage.

➢ Some HIEs use a combination of these models. Many state HIEs have used an incremental consent approach where they use a full Opt-In or Opt-Out approach, then work on implementing a more complex consent model in a future phase.

Questions:

➢ Dr. Alan Kaye asked if the Council should request CSG or another consultant to provide additional information regarding consent models so the Council can make a fully informed recommendation.
Dr. Tikoo recommended that the Council obtain experts to provide this information.

➢ Vicky Veltri noted that HITE-CT had a vigorous 1 ½ year debate regarding the consent option and asked if their information could be shared to inform the Council.

➢ Dina Berlyn expressed that the Council could allow the vendor that is awarded the HIE contract to decide on the consent model.
Dr. Tikoo responded that you do not want a vendor to make this policy decision.

➢ Dr. Alan Kaye asked the difference between opt-in and opt-out HIEs with regards to the amount of patient data within the exchange.
Dr. Tikoo indicated that the difference is very minimal – less than 5 – 7%.

➢ Dr. Kaye noted that Ohio told the Council that they abandoned the opt-in model as they were not getting any business.
Dr. Tikoo indicated that Ohio abandoned the opt-in model as it was too expensive to administer.

➢ Dr. Joseph Quaranta asked when the Council would make its decision regarding its recommendations for the HIE's consent model. What are the next steps?

➢ Cheryl Cepelak asked if the decision needs to be made before the RFI/RFP process.

Mark Raymond replied that it would be helpful to inform potential vendors in the RFP what the HIE consent model will be as it would impact how they bid.

➢ Bob Tessier asked if the RFP could be released asking that vendors respond with how they would implement both options – opt-in and opt-out.

Mark Raymond expressed that this would make the vendor proposals difficult to evaluate.
Dina Berlyn indicated that we may be able to include both in the RFI process.

➢ Commissioner Bremby noted that this is a critically important decision that should be made without considering costs initially. He recommended bringing in national experts to provide additional information to the Council.

➢ Dr. Alan Kaye asked what HIEs are doing once a patient who initially opts into the exchange then decides to opt out of the exchange. Is the patient's information totally expunged from the exchange or does patient's history remain within the exchange for the period for which consent had been given?

Dr. Tikoo indicated that the HIE needs to adopt policy in which it determines how such situations are handled.

➢ Bob Tessier noted that Maine, Rhode Island and Ohio all started with an opt-in approach and are changing to an opt-out approach for operational and cost reasons and CT is concerned about the cost of its HIE.
Dr. Tikoo indicated that CT's consent laws are very different from other states and need to be taken into consideration.

➢ Dr. Alan Kaye noted that certain members had been appointed to the Council who are

	familiar with CT's laws. He asked CSG to share with the Council the literature it reviewed regarding the various consent models.		
10.	**Revised HIE Plan Discussion**	**Dr. Tikoo and HealthIT Advisory Council**	**20 min.**
	There were no further discussions regarding the revised HIE Plan submitted to OPM on 1/4/2016.		
11.	**Schedule of HIE Presentations**	**Dawn Boland**	**5 min.**

The schedule of the educational presentations from other states' HIEs was reviewed. These presentations will be delivered via WebEx.

Date:	Time:	Presenter:
January 13, 2016	10:00 a.m. - 11:00 a.m.	Dan Paoletti, CEO of Ohio's statewide HIE – CliniSync
January 27, 2016	10:00 a.m. - 11:00 a.m.	Douglas Dietzman, Executive Director Great Lakes Health Connect (MI)
February 10, 2016	10:00 a.m. - 11:00 a.m.	Amy Zimmerman, RI HIT Coordinator
February 24, 2016	10:00 a.m. - 11:00 a.m.	Jersey Health Connect
March 2, 2016	10:00 a.m. - 11:00 a.m.	Devore Culver, CEO of HealthInfoNet (ME)

Dawn Boland noted that the Council posed additional questions to Ohio and Ohio's response to these questions had been received and will be distributed to the Council. She also noted that some Council members wished to find out more regarding Ohio's work with its vendor, Medicity.

➢ Mark Raymond recommended that no additional questions be posed to Ohio based on the information DAS provided to the Council at this meeting.
➢ Dina Berlyn noted that per the minutes from the last Council meeting, the Council had not made a final decision on having these presentations, but they have been scheduled.
Dr. Tikoo indicated that she spoke with DAS after the last meeting and confirmed that these presentations were acceptable before moving forward and scheduling them.

12.	**Wrap Up and Next Steps**	**Dawn Boland**	**5 min.**

Dawn Boland reviewed the next steps for the Council, which include:

➢ Notifying Dr. Tikoo if you want presentations from additional HIEs
➢ Making RFI/RFP decision at the next meeting
➢ Identifying a vendor to assist with the development of the RFP
➢ The next Council meeting is scheduled for February 18, 2016
➢ The meeting adjourned at 2:15 pm

Action Items	Responsible party	Follow Up Date
CSG is to provide literature it reviewed regarding the patient consent models.	CSG	2/18/2016
Obtain national experts to provide the Council with information regarding patient consent models.	Dr. Tikoo	2/18/2016
Provide the Council with the HITE-CT Consent Policy.	Dr. Tikoo	2/18/2016

Health Information Technology Advisory Council
Meeting Notes

Parking Lot:

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

Handouts:

1. 1/21/16 Agenda
2. 12/17/15 Meeting Minutes
3. HealthIT Advisory Council Member List
4. DSS 2015 Health Information Technology/Health Information Exchange Annual Report to the General Assembly
5. DAS presentation and procurement material