

Health Information Technology Advisory Council

Meeting Notes

Meeting Date	Meeting Time	Location
April 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/ Designees			
Participant Name	Attended	Participant Name	Attended
Comm. Roderick Bremby (Co-Chair)	X	Patricia Checko appointed by Governor	X
Joseph Quaranta (Co-Chair) appointed by Majority Leader of the Sen.		Kathleen DeMatteo appointed by Governor	X
Michael Michaud For Comm. Miriam Delphin-Rittmon, DMHAS	X	Nicolangelo Scibelli appointed by Governor	X
Fernando Muñiz For Comm. Joette Katz, DCF		David Fusco appointed by Governor	X
Cheryl Cepelak For Comm. Scott Semple, DOC	X	Philip Renda appointed by Sen. Looney	
Comm. Raul Pino, DPH		Jeannette DeJesus appointed by Sen. Looney	
Comm. Morna Murray, DDS		Ken Yanagisawa appointed by Rep. Aresimowicz	
Mark Raymond, BEST		Alan Kaye appointed by Rep. Klarides	X
James Wadleigh, Access HealthCT	X	Sen. Looney President Pro Tempore of Sen.	
Mark Schaefer, SIM	X	Rep. Sharkey Speaker of the House of Rep.	
Kathy Noel For Jon Carroll, UConn Health	X	Jennifer Macierowski designee of Sen. Fasano	X
Victoria Veltri, OHA	X	Prasad Srinivasan designee of Rep. Klarides	
Bob Tessier, appointed by Governor	X	Patrick Charmel appointed by Majority Leader of Sen.	X
Supporting Leadership			
Minakshi Tikoo, HIT Coordinator	X		
Dina Berlyn for Sen. Looney	X		
TO BE APPOINTED			
<i>Two members appointed by House Representative Speaker</i>			
Additional Participants			
Dawn Boland, CSG	X	Sarju Shah, UCONN	X
Alicia Hutcherson, CSG	X	Faina Dookh, SIM	X

Meeting Schedule 2016 Dates – May 19, June 16, July 21, August 18

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	Agenda	Responsible Person	Time Allotted									
1.	Introductions	All	2 min.									
	Call to Order: The seventh meeting of the HealthIT Advisory Council was held on April 21, 2016 at the Legislative Office Building in Hartford, CT. The meeting convened at 1:11 pm, Co-Chair Commissioner Bremby presiding.											
2.	Public Comment	Public Attendees	10 min.									
	There were no comments from the public.											
3.	Appointments Update	Dawn Boland	1 min.									
	There are two remaining appointees from the House of Representatives.											
4.	Review of Previous Action Items	Dawn Boland	2 min.									
	Action items from the previous meeting were reviewed and appropriate action was taken.											
	<table border="1" style="width: 100%;"> <thead> <tr> <th>Action Items</th> <th>Responsible Party</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>Present on SIM at the 4/21/2016 Advisory Council meeting.</td> <td>Mark Schaefer</td> <td>Closed. Mark Schaefer and Faina Dookh provided overview to council.</td> </tr> <tr> <td>Identify funds and vendor to provide stakeholder engagement and develop the HIE RFP.</td> <td>Commissioner Bremby and Dr. Joe Quaranta</td> <td>Deferred until the 5/19/2016 meeting. Identification of the vendor and approval of the funding is contingent upon the approval of the Strategic and Operational Plan by OPM, which is still outstanding.</td> </tr> </tbody> </table>			Action Items	Responsible Party	Status	Present on SIM at the 4/21/2016 Advisory Council meeting.	Mark Schaefer	Closed. Mark Schaefer and Faina Dookh provided overview to council.	Identify funds and vendor to provide stakeholder engagement and develop the HIE RFP.	Commissioner Bremby and Dr. Joe Quaranta	Deferred until the 5/19/2016 meeting. Identification of the vendor and approval of the funding is contingent upon the approval of the Strategic and Operational Plan by OPM, which is still outstanding.
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5.	HIE Timeline Update	Dawn Boland	4 min.									
	<p>Dawn Boland reminded the council of the initial timeline of activities that was submitted with the plan to OPM for achieving the HIE goals and objectives. The plan was submitted on January 4, 2016, on schedule. Since the plan has not been approved within the anticipated 30 days, Dawn communicated the following to the council:</p> <ul style="list-style-type: none"> ➤ What the schedule would look like considering an approximate three-month shift. The start of operations for the HIE has pushed from July 1, 2017 to October 1, 2017 keeping all things within the schedule equal. 											
6.	SIM Overview	Mark Schaefer and Faina Dookh	30 min.									
	<p>Mark Schaefer and Faina Dookh presented an overview of the SIM initiative. The presentation is available on the Public Act 15-146 Website.</p> <ul style="list-style-type: none"> ➤ Alan Kaye inquired on the planned Zato Demonstration and if this will support the health information technology needs as it relates to SIM. Minakshi Tikoo responded that the Zato platform is used for accessing clinical data in a distributed federal network and that it has been deployed at UCONN health center. She indicated that it is being used for clinical documentation review process, and assures the correct diagnosis being placed on the claim. The SIM council had requested to see a demonstration of the capabilities. Alan indicated that he looked at Zato's website and that the company aggregates data from diverse sources which aligns with what the state is considering. ➤ Commissioner Bremby added to Minakshi's statement regarding how the state has often struggled with the concept of trying to aggregate data. We've talked about logical data warehouses, types of massive structures to import data. What we are finding is a cost prohibitive approach that is also time sensitive. This technology can be used to index data from multiple sources to perform analysis. This utility is currently being used to index over 30 years' worth of Medicaid enrollment eligibility data. By indexing the data, we can then begin to analyze the data and understand: "What has happened?", "Where is the population moving?", "What is the age of the population?" etc. ➤ Alan Kaye added that it appears they also deal with clinical data, and just about any type of data. Commissioner Bremby stated the underlying engine for the Zato technology is the Optum Utilization Model which is also used across the United Health platform. The creator of the engine is still with Zato. ➤ Commissioner Bremby asked if there were any additional questions or comments before moving on to the approval of the March 17, 2016 meeting minutes. 											
7.	Review and Approval of the	HealthIT Advisory Council	1 min.									

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	March 17, 2016 Minutes		
	This agenda item was moved to follow the SIM overview to allow for quorum. The motion was made by Victoria Veltri, and seconded by Alan Kaye to approve the minutes of the March 17, 2016 meeting. Motion carried.		
8.	Stakeholder Engagement Process	HealthIT Advisory Council	20 min.
	<ul style="list-style-type: none"> ➤ At the March 17, 2016 Council meeting, the council voted to move forward on the selection of a vendor to facilitate stakeholder engagement session that would support the development of the RFP for the HIE solutions. Council members provided input via email on stakeholders that should be included to participate in the engagement sessions. During the April meeting, the list of stakeholders was presented and council members provided feedback for additional stakeholder recommendations. Council members are welcomed to email Minakshi Tikoo if there is additional feedback. CSG will capture additional recommendations and provide a comprehensive list as part of the meeting notes. ➤ Dina Berlyn spoke to her recommendations and indicated that she wanted to be sure the healthcare consumer is included. ➤ Kathy DeMatteo indicated that CHA should be added to the list. ➤ Alan Kaye recommended including insurance companies because they can benefit from the information and provide physician’s with care coordination. ➤ Patricia Checko indicated that pharmacy data is valuable and Patrick Charmel agreed indicating that PBM data is valuable. ➤ Victoria Veltri indicated community organizations should be added. She would like for the Council to consider the community organizations that can benefit from the HIE. ➤ Alan Kaye said consumers are major players. He posed several questions. “Who is going to be asked to give out the most in terms of healthcare benefits? Is it the state employees, union members?” We need to find ways to balance rich benefits with responsible cost of care. This initiative is one that is going to help create improved quality and decrease cost of care. ➤ Nicolangelo Scibelli suggested the Connecticut Association of Non-Profits because they are a large group. ➤ Patrick Charmel recommended physician EHR vendors and analytic platform vendors (i.e., Arcadia, Crimson, etc.) because they are looking to take the data and turn it into meaningful information. Alan Kaye agreed. ➤ Victoria Veltri indicated that APRNs and other clinical professionals should be included. ➤ Mark Schaefer recommended community based and facility based long-term care organizations. ➤ Commissioner Bremby asked Dawn about the threshold for additional comments? ➤ Bob Tessier said he would volunteer his organization on behalf of the private sector members and would be happy to work with Dawn and others to pull in broader labor participation. ➤ The vendor that is procured to work with the Advisory Council will bring additional ideas to assist with the stakeholder development and provide additional recommendations for the council to consider. ➤ Dawn asked the Council members to provide additional Stakeholders to Minakshi and CSG will keep a running log and present any additional stakeholders at the May 19, 2016 meeting. 		
9.	HIE IAPD Approval	Dawn Boland	10 min.
	<ul style="list-style-type: none"> ➤ Advanced Planning Documents (APD) are action plans that are developed by states and submitted to CMS for approval and commitment for federal financial participation (FFP) for administering Medicaid services and other Human Services programs. ➤ There are different allocations for FFP in which CMS will provide a percentage of the shares and the state is expected to present the other alternative percentage of share to offset the cost of implementing and/or operating a program. These include: <ul style="list-style-type: none"> ✓ 50/50 ✓ 75/25 ✓ 90/10 ➤ There are several types of APDs: <ul style="list-style-type: none"> ✓ Planning Advanced Planning Document – PAPD ✓ Implementation Advanced Planning Document – IAPD ✓ Advanced Planning Document Update – APD-U <ul style="list-style-type: none"> • Annual APDU • As-needed APDU 		

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	<ul style="list-style-type: none"> • Operational APDU ➤ Once the APD receives the state’s approval it is submitted to CMS. The standard CMS approval timeframe is anywhere from 45-60 days, but expedited approval can be requested. ➤ Dawn informed the council that Connecticut did seek and receive approval for 90/10 funding on February 18, 2016. Included in Appendix D of the IAPD was language relative to the establishment of the statewide HIE focusing on building the alert notification. The IAPD approval included 90/10 funding where CMS will pay for 90% of and the State is responsible for 10% for Fiscal year 2016 and 2017 for the Medicaid portion. This is specific to implementation only, not operational costs. ➤ There were no questions. 		
10.	Availability of HITECH Administrative Matching Funds to Fund HIEs	Dawn Boland	30 in.
	<ul style="list-style-type: none"> ➤ The State Medicaid Director (SMD) letter #16-003 in which CMS gives the overview and guidelines of how funding for an HIE can work. This letter is available on the public website for council members to review. If the Council has detailed questions, Commissioner Bremby has offered to make CMS available for questions. Additionally, if there are specific questions, the Council is encouraged to provide them to Commissioner Bremby and he can vet them with CMS. ➤ The SMD letter was published on February 29, 2016 after Connecticut’s IAPD approval. The letter outlines the guidelines of how the state can leverage the portion of cost allocations to connect eligible providers to other Medicaid providers through meaningful use. ➤ In response to a questions posed by Alan Kaye relative to how the funding works, Minakshi discussed the fair share formula for the 90/10 funding and that the fair share calculation for the 90% is based on the Medicaid population. She also mentioned that CMS discourages “double dipping” and that states need to take a look at the allocation of costs across programs. ➤ Commissioner Bremby stated that the council can talk about resources and bring examples of fair share cost allocation to the next meeting if it interests the council. He confirmed this is a once in a lifetime experience with CMS and the State of Connecticut has a unique opportunity to build out the infrastructure with funding support from CMS. ➤ CMS encourages collaboration including MITA principles, scalability, usability, modularity, and interoperability. The HITECH 90/10 funding is only for Design, Development, and Implementation (DDI) and can’t be used for ongoing operations and maintenance costs. It is important for Connecticut to think about a sustainability strategy and plan. ➤ Vickie Veltri stated she was excited to listen to the information about the 90/10 funding opportunity. She also stated there was an Office of the National Coordinator (ONC) call regarding the 90/10 funding and how it would work with the SIM initiative. ➤ Commissioner Bremby stated that CMS can provide 75% funding for the operations maintenance expense for the life of the product. ➤ Mark Schaefer asked Commissioner Bremby if he was aware of any states were preparing to solve these issues across state lines? Commissioner Bremby stated there is an MMIS collaborative between Michigan and Illinois. Their goal is driving toward modularity. However, he was not aware of any at the moment. 		
11.	Wrap up and Next Steps	Dawn Boland	10 min.
	Meeting was adjourned by Commissioner Bremby at 2:26pm.		

Action Items	Responsible Party	Follow Up Date
Continue to provide Stakeholders for inclusion in the development of the HIE requirements.	HealthIT Advisory Council	5/19/16