Health Information Technology Advisory Council
Meeting Notes

Meeting Date	Meeting Time	Location
January 19, 2017	1:00 – 3:00 p.m.	Legislative Office Building, Hearing Room 1D 300 Capitol Avenue, Hartford

Participant Name and Attendance

Council Members					
Victoria Veltri, (LGO)	X	James Wadleigh, AHCT	X	Jeannette DeJesus	
Joseph Quaranta (Co-Chair)	X	Mark Schaefer, SIM	X	Matthew Katz	X
Allan Hackney, HITO	X	Robert Darby, UCHC	X	Lisa Stump	
Kathleen Brennan, DSS	X	Demian Fontanella, OHA	X	Jake Star	X
Michael Michaud, DMHAS	X	Kathleen DeMatteo		Patrick Charmel	
Fernando Muñiz, DCF		David Fusco	X	Ken Yanagisawa, MD	X
Cheryl Cepelak, DOC	X	Nicolangelo Scibelli	X	Alan Kaye, MD	X
Vanessa Kapral, DPH	X	Patricia Checko	X	Dina Berlyn	X
Jordan Scheff, DDS		Robert Tessier	X	Jennifer Macierowski	X
Mark Raymond, CIO	X	Robert Rioux	X	Prasad Srinivasan, MD	X
Supporting Leadership					
Sarju Shah, HIT PMO	X	Michael Matthews, CedarBridge	X	Chris Robinson, CedarBridge	X
Faina Dookh, SIM PMO	X	Karen Bell, MD, CedarBridge	X		
To Be Appointed					
Health care consumer or a health care consumer advocate (Speaker of the House)					

Meeting Schedule 2017 Dates – Feb. 16; Mar. 16; Apr. 20
Meeting Information is located at: http://portal.ct.gov/en/Office-of-the-Lt-Governor/Health-Care-IT-Advisory-Council

	Agenda	Responsible Person	Time Allotted
1.	**Welcome and Introductions**	**Council Members**	**5 min.**
	Call to Order: The first regular meeting of the Health IT Advisory Council for 2017 was held on January 19h at the Legislative Office Building in Hartford, CT. The meeting convened at 1:06 p.m., Joseph Quaranta presiding.		
2.	**Public Comment**	**Attendees**	**5 min.**
	Karen Buckley, Vice President of Advocacy at the CT Hospital Association, read public comment on behalf of the Collaboration of Care Partnership. The testimony warned against wasting health information technology funds on duplicative systems. Dr. Quaranta noted that later agenda items should address these concerns. Bettye Jo Pakulis introduced Allan Hackney on behalf of LT. Gov. Nancy Wyman. Mr. Hackney will be serving as the state's Health Information Technology Officer. Mr. Hackney introduced himself and expressed the need for the support of the Advisory Council to help him come up to speed on the issues that are affecting them. He said he was not a stranger to monolithic structure problems and he hoped to bring his experience to bear in solving those issues in the state. He said the starting point is with data: who owns it, who controls it, who has access to it, and what data is critical.		
3.	**Review and Approval of the December 15, 2016 Minutes**	**Council Members**	**5 min.**
	The motion was made by Robert Tessier, and seconded by Mark Schaefer to approve the minutes of the December 15, 2016 meeting. **Motion carried.**		

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4.	**Review of Previous Action Items**	**Sarju Shah**	**5 min.**

Sarju Shah reviewed the previous action items and noted that all items have been completed

Action Items	Responsible Party	Follow-up Date
1. Revise & Circulate Guiding Principles (v.2)	CedarBridge	1/17/2017 – COMPLETE
2. eCQM Learning Experience	Sarju Shah	1/13/2017 – COMPLETE
3. IAPD Review & Discussion	Sarju Shah	1/05/2017 – COMPLETE

5.	**Updates**	**Sarju Shah**	**15 min.**

Ms. Shah provided updates.

- *Council Appointments*
  The one remaining appointment to be made is for a healthcare consumer or consumer advocate.
- *Guiding Principles*
  Council members were asked to review the revised draft and provide feedback in the next couple of weeks. Dr. Quaranta expressed hope that the principles would be finalized at the February Council meeting.
- *Housekeeping*
  Ms. Shah asked members to provide short biographies and photographs for the Council web site by January 31st. She also asked members to confirm they were receiving Council correspondence as there may have been issues with email transmittal. Lastly, she noted that parking may be a challenge as the legislature was in session.
- *Stakeholder Engagement*
  Ms. Shah introduced Michael Matthews and Karen Bell of CedarBridge. They are leading stakeholder engagement activities.

6.	**Stakeholder Engagement/Environmental Scan**	**Michael Matthews**	**10 min.**

Mr. Matthews discussed the stakeholder engagement plan and reviewed the project schedule and stakeholder domains. CedarBridge will be working to engage stakeholders and develop an environmental scan to inform Allan Hackney to understand the current HIT landscape in the state.

Matthew Katz said he had responded to the request but was unclear who they wanted to sit down with: CT State Medical Society staff or physician members. For physicians he said they would need evening hours and more flexibility. Mr. Matthews said their help would be appreciated.

7.	**eCQM Discussion**	**Karen Bell, MD**	**60 min.**

Dr. Bell led the discussion on eCQM. Mr. Katz asked whether they should remain reliant on electronic medical records. Dr. Bell said they will need to be a qualified data reporting organization in order to report to CMS and it isn't a difficult process. The real issue has to do with the percentage of providers in the state that will be involved in alternative payment models versus merit-based incentive payments. Mr. Katz said Connecticut only has two next generation ACOs and most are Medicare Shared Savings Program based. In Connecticut he sees an advantage of the HIE doing that reporting because it would be difficult for small practices. Dr. Bell said it was an area that should be explored in greater depth.

Dr. Bell noted that mobile data and patient generated health data will explode in the coming years and that the state will need to insure that the implemented system can accommodate large amounts of data. She shared the work being done in Oregon and Rhode Island and reviewed the plan for the state's eCQM system. The next step is to name members to the eCQM System Design Group that will recommend options.

Alan Kaye asked about the data Rhode Island takes in. Dr. Bell said they take in data besides clinical and claims. The question is where they are taking information in from data sources. Dr. Kaye said that seemed restrictive and asked where eCQM fit into that. Dr. Bell said the eCQMs come primarily from electronic health records as well as registries – they come from points of care. Dr. Kaye asked whether the use of APCD and EHR could create a robust system. Dr. Bell said they would create a robust reporting system and that HIE

can do many things. She noted that Rhode Island has an RFP out and is not at the point of doing eQCM reporting. Mr. Katz asked if anyone was successfully reporting eCQMs and if so, how long does it take to get to that point. Dr. Bell said that it does take time as there is pulling data in from multiple sources, scrubbing it, ensuring it is normalized. The process is similar to the one used for APCDs. Putting agreements in place is the biggest time commitment but once they are in place, they can start work on the technical aspects. She estimated the process would take at least two years. Mark Schaefer noted that he saw a presentation on HIE from Oklahoma that has eCQM production for value based payment.

Dina Berlyn asked whether the HIE needs to be up and running or whether they could be done on a parallel track. Dr. Bell said they can be on a parallel track. Centralized reporting is needed in order to do eCQM reporting. The issues can be worked out centrally. Massachusetts uses a federated system but has a single database for reporting. Dr. Kaye asked whether it was a "cart before the horse" or a "chicken and egg" situation. Dr. Bell said it was the latter. Dr. Kaye said it seemed to make sense to have a system in place before trying to put data in. He asked whether the direction they went in would impact their choices. Mr. Matthews said that the correct way would be to watch the strategy negotiation for both fronts at the same time. They are trying to flush out the nuance of eCQM approaches. Dr. Bell said that providing a service that brings value to stakeholders is a great way to get them engaged in the HIE. If there is a reporting service in place, providers are much more likely to be involved. She noted that Maine has a lot of value added services. Dr. Kaye noted concern with a federated model as it there is less of a priority to communicate with other systems. Mr. Katz said that Maine and Massachusetts have different systems of health care delivery which may be why their models came up. He said that disease registries would be helpful as the state does not have a system that meets MACRA requirements. If the state had an HIE that fully operationalized disease registries, that would help providers earn points towards the MIPS system and ensure they would receive additional money.

Dr. Quaranta noted that in many cases, eCQMs are gathered through a manual process. He expressed concerns about asking the provider community to interface into the system. He asked how they have impacted providers in real life. Dr. Bell said the APCD will be able to provide those metrics from claims. James Wadleigh said that getting the data has been much more difficult but that the APCD is much further along. Dr. Quaranta asked about the existing issues. Mr. Katz said the issues were both technical and engagement-related and include standardization of data, legal issues with ERISA, and differences of opinion and challenges as to how data is stored and transmitted. He said the APCD is doing yeomen work to work through the issues. Dr. Schaefer noted that for measures to have utility for value based payment, they would need to be able to identify practitioners and patients and the APCD statute does not allow for that. Mr. Wadleigh said that while they have identifiable data, they ae prevented from using it by statute and cannot use the data on a population health basis. There are a number of privacy issues across the industry. The plan is to get all claims information, to get laws passed that allow them to get Medicare and Medicaid data and self-funded claims. Once they can show the value of the reports the expectation is that the large self-funded corporations will come on board. Those corporations already have their own databases that are much further ahead than the state is and they are legally allowed to use those databases allow them to drill down to one patient.

Dr. Kaye asked if there was data available on the number of providers actually have electronic health records and how many are parts of systems that have electronic health systems. Mr. Matthews said they would want to see if survey work has already been done. They may need to supplement interviews and surveys. Dr. Kaye said there was a lot of consolidation of practices and there is a large base already using EHRs and being part of entities that provide them. Providers will have to use them going forward in order to get paid. Mr. Katz said CSMS's ACO is agnostic so their providers are not using just one system. If they are not using a common electronic medical record system, it makes it difficult to adopt new practices. They are solo and small practices and getting them to adopt EMRs is much more difficult. He noted there was a study done and

	found there were about seven systems that are most commonly used. How they use those systems and what information is in them are also important considerations. Dr. Bell said that most have 2014 certification which is not interoperable. In 2018 they will need to have 2015 certification which will facilitate integration. Mr. Matthews said practices (in an ACO) could all be on one system but each practice could use the system differently. They would need to standardize within the group. Mr. Matthews asked whether the group wanted to sign off on the creation of the Design Group. Dr. Quaranta said they will seek volunteers offline and extend the invitation to other stakeholders.		
8.	**Wrap Up and Next Steps**	**Joe Quaranta**	**15 min.**
	Ms. Shah asked members to contact her if they were interested in joining the design group. The Council will next meet on February 16th. Members were asked to provide when they are available for interviews. They were also asked to review the revised principles. Mr. Hackney said they will solve problems that will be meaningful for the state. The meeting adjourned at 2:34 p.m.		

Action Items	**Responsible Party**	**Follow-up Date**
1. Revise & Circulate Guiding Principles (v.2)	CedarBridge	2/03/2017
2. Circulate eCQM Task Force Charter	Sarju Shah	2/03/2017