# Health Information Technology Advisory Council
## IAPD-U Budget Walk-Through Learning Session – Special Meeting Minutes

| Meeting Date | Meeting Time | Location |
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| Dec. 19, 2017 | 12:00 pm – 12:30 pm | Webinar: https://zoom.us/j/744681152 <br> Meeting ID: 744 681 152 |

| Council Members | | | | | |
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| Allan Hackney, HITO | | Robert Blundo, AHCT | X | Jeannette DeJesus | |
| Joseph Quaranta, (Co-Chair) | | Mark Schaefer, SIM | | Lisa Stump | |
| Joe Stanford, DSS | | Bruce Metz, UCHC CIO | | Jake Star | X |
| Michael Michaud, DMHAS | | Ted Doolittle, OHA | | Patrick Charmel | |
| Cindy Butterfield, DCF | | Kathleen DeMatteo | | Alan Kaye, MD | |
| Cheryl Cepelak, DOC | | David Fusco | X | Dina Berlyn | X |
| Vanessa Hinton, DPH | X | Nicolangelo Scibelli | X | Jennifer Macierowski | X |
| Dennis C Mitchell, DDS | | Patricia Checko | X | Prasad Srinivasan, MD | |
| Mark Raymond, CIO | X | Robert Tessier | | | |
| Sandra Czunas, OSC | | Robert Rioux | | | |
| **Supporting Leadership** | | | | | |
| Victoria Veltri, LGO | X | Kelsey Lawlor, HIT PMO | X | Michael Matthews, CedarBridge | X |
| Jennifer Richmond, HIT PMO | X | Alan Fontes, UCONN AIMS | X | Tracy McDonald, CedarBridge | |
| Dino Puia, HIT PMO | X | Faina Dookh, SIM PMO | | | |
| **Other Attendees** | | | | | |
| Kate Hayden, UConn Health | X | Laurie Anderson, DPH | X | Susan Israel | X |
| Kathy Kudish, DPH | X | Kasia Purciello, OPM | X | D Blitz | X |
| Nancy Sharova, DPH | X | Sheryl Turney | X | | |
| **Open Appointments** | | | | | |
| *Representative of the Connecticut State Medical Society (President Pro Tempore of Senate)* | | | | | |
| *Health care consumer or a health care consumer advocate (Speaker of the House)* | | | | | |
| *Physician who provides services in a multispecialty group and who is not employed by a hospital (Majority Leader of House of Rep)* | | | | | |
| *Speaker of the House of Representatives or designee* | | | | | |

| Agenda | | | |
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| | **Topic** | **Responsible Party** | **Time** |
| 1. | Welcome & Call to Order | Dino Puia | 12:00 PM |
| | Dino Puia of the HIT PMO welcomed attendees to the IAPD-U Budget Review session for Health IT Advisory Council members in advance of the December 21, 2017 regular meeting. Kelsey Lawlor read a roll call of attendees. | | |
| 2. | Budget walk-through | HIT PMO | 12:03 PM |
| | Dino Puia explained the overall purpose of the IAPD. It is a biannual process used for both planning and implementation purposes to fund HITECH activities. The IAPD secures funding though DSS Medicaid dollars via Federal Financial Participation (FFP) at a 90/10 split. This means that the federal government will fund 90% of this dollar amount, and the state would be responsible for the remaining 10%. The submission that was made in June by Connecticut to the federal government was approved on October 4, 2017 for $4.9 million, which includes funding for HIT contracting services for HIT planning. <br><br> Dino then explained that Appendix D is an addendum to the IAPD and describes the Funding and Statement of Need for HIE-related activities. Appendix D must relate back to and promote Meaningful Use and greater adoption of Electronic Health Records by eligible Medicaid providers. This document is requesting an additional $14.6 million to support state Health Information Exchange services and Immunization Information Systems (IIS) | | |

onboarding, bidirectional exchange, and Training at a 90/10 split, on top of the $4.9 million requested in the IAPD.

Dino further broke down the funding for Appendix D. IIS would be allocated $3.0 million and Health IT would be allocated $11.6 million, for a total request of $14.6 million. At a high level, there would be approximately $7.0 million allotted for Services, $1.1 million for Development/Enhancement, $1.5 million for Governance Foundation, $900k for Onboarding, and $1.1 million for miscellaneous functions.

This request will be submitted to CMS for review by December 29, 2017. CMS may take between 30-60 days for initial comments and questions. The HIT PMO will then have a short amount of time to collaborate with state partners and update the IAPD-U draft. Finally, CMS approval is typically obtained after addressing all comments and questions.

**Discussion**

Mark Raymond and Dave Fusco asked for clarification on the dollar amount being requested for HIE efforts. Dino responded that it is $3 million for IIS services and $11.6 million for Health IT activities, for a total of $14.6 million for all HIE efforts.

Dave Fusco commented that he can't gauge how far along this money will get us in terms of HIE implementation waves. It is not possible to map the budget laid out in this document to actual deliverables. Alan Fontes answered that once a vendor has been contracted with, one of the tasks they will have to complete is to map out the use cases from a functional standpoint delivered within that price. Price will be dependent on the capabilities that are innate with the vendor. It is hard to estimate what percentage of each use case will be actionable up front versus which functions will have to be enhanced. Dino added that wave 1 use cases are the focus, and wave 2 planning is also included in this budget request. Dave Fusco asked if these slides would be included in the presentation for the Health IT Advisory Council meeting on Thursday 12/21/17. Alan Fontes answered that they are putting more slides together. Dave Fusco state that he believes it would be helpful to build discussion around what "services" means and the correlation between the budget and future vendor. That connection is not fully explained or fleshed out in the document yet. Alan Fontes said that this issue has been discussed by the team and will continue to be built out.

Jake Star stated that he did not see in the document how the money was broken out by the various wave 1 initiative. Did he miss something or is the money just in a big bucket? Alan Fontes answered that the funding is in more of a bucket, per se, but that they did not want to be pigeonholed into a particular order for implementation of each use case because functionality and ease of implementation may shift as the process moves forward. If we engage a vendor that already has some of the initial functionalities developed, the cost will impacted, and vice versa. In the next IAPD-U, we can get more granular in our funding requests because there will be a baseline with the vendor to work and plan off of.

Mark Raymond stated that the 90/10 funding that comes from Medicaid is typically used for development, and additional ongoing costs may or may not be able to continue to be funded. Is there any indication of how the projects outlined in the document would continue to pay for ongoing costs once the 90/10 funding is depleted? Alan Fontes replied that the Operations and Maintenance activities for the HIE are probably the largest unknown in terms of how their future ongoing expenses will be met. Mark Raymond responded that if we, as the Advisory Council and State of CT, are making a commitment to complete these activities, where in the timeline to we figure out these unknowns? Dino answered that sustainability modeling is a key part of the Health IT consulting RFQ, and once we have secured a consultant, they will help the team determine a course of

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|   | action. Alan Fontes added that his team has made estimates for Operations and Maintenance costs that will be incurred, and once we engage an implementation vendor, we can keep solidifying those numbers and update as needed.<br><br>D. Blitz asked if the Operations and Maintenance sustainability activities will be part of the HIE implementation contract, or if it will be a separate contracting activity. Alan Fontes responded that it depends on each service. If it is a subscription service, the state will most likely stay with that original vendor. If it is a product, the will competitively bid it out. Alan stated that they are leaning towards subscription services.<br><br>Dina Berlyn asked if the 5:30pm webinar includes the same content as this meeting. Dino and Alan confirmed that the later webinar is the same information and there is no need to attend both. |   |   |
| 3. | Wrap up, Action Items and Next Steps | HIT PMO | 12:27 PM |
|   | Dino concluded the meeting at 12:27pm. The HIT PMO will update the presentation with accurate budget numbers. |   |   |

**Meeting Schedule**  2017 Dates – Dec. 21

**Meeting information is located at:** http://portal.ct.gov/office-of-the-lt-governor/health-it-advisory-council