Health IT Advisory Council

December 21, 2017

Agenda

Welcome and Introductions	**1:00 pm**
Public Comment	**1:05 pm**
Review and Approval of Minutes – November 16, 2017	**1:07 pm**
Updates • **Introduce Sandra Czunas**	**1:10 pm**
IAPD-U Review and Acceptance	**1:15 pm**
Wrap-up, Action Items, and Next Steps	**2:50 pm**

Public Comment

Review and Approval of November 16, 2017 Minutes

Welcome and Introduction of Sandra Czunas

IAPD-U Review
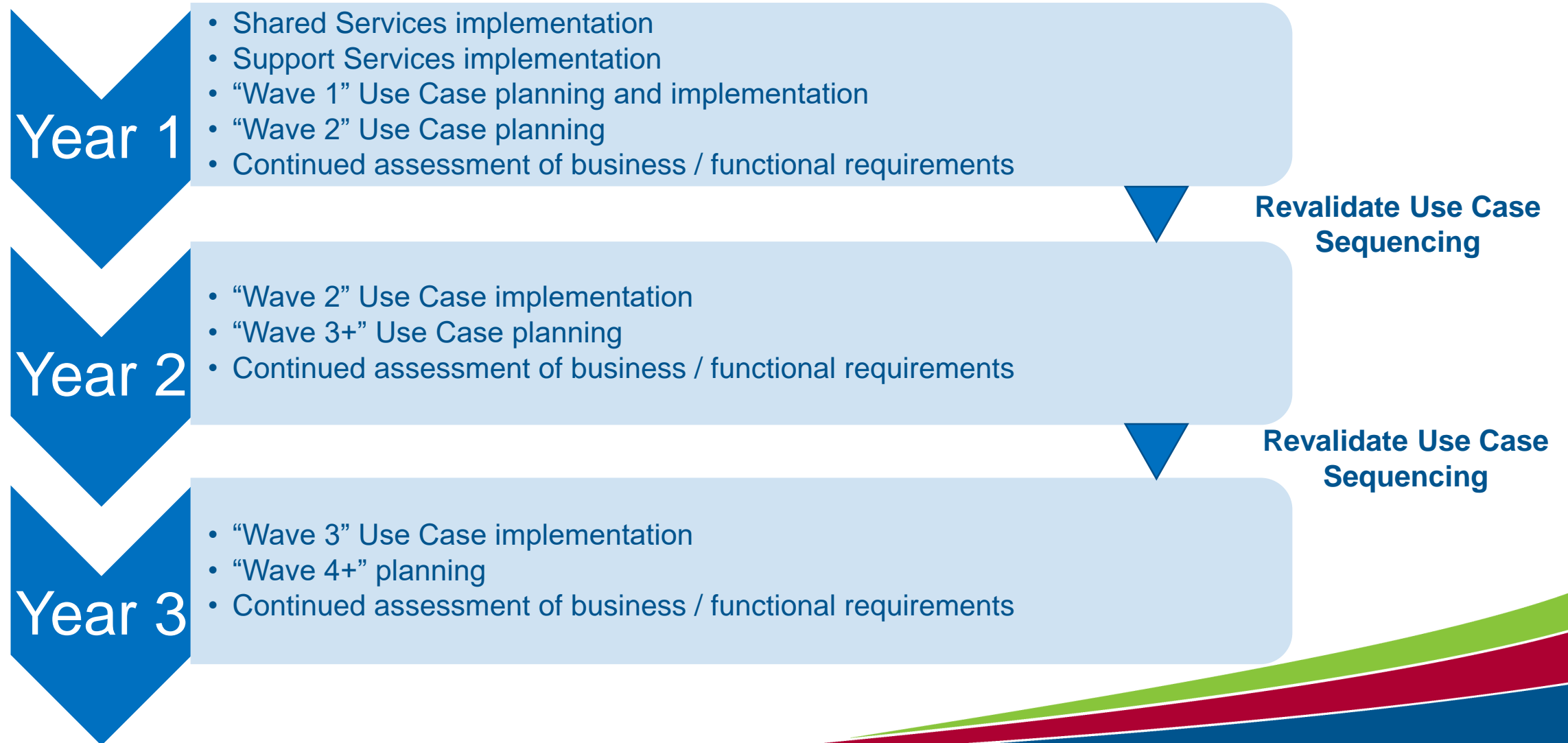
Setting the stage - HIT IAPD and Appendix D

- **What is the overall purpose of the IAPD?**
  - The HIT IAPD is used for both planning and implementation purposes of HITECH activities, including the EHR Incentive Program/Meaningful Use
  - The HIT IAPD secures funding for HITECH activities and the Federal Financial Participation (FFP) to implement activities

- **What is Appendix D?**
  - The Appendix D is an addendum to the HIT IAPD and describes the need for and funding for HIE-related design, development, and implementation (DDI) activities
    - All HIE-related activities in the Appendix D must link to the Meaningful Use and greater adoption and use of EHRs by eligible Medicaid providers
  - The Appendix D secures a 90% match in FFP for DDI activities related to HIE

Overview of Appendix D Progress

▸ **Appendix D has been reviewed by HIT PMO and state agency partners including SIM, DPH, DSS, OSC, and UCONN**
  ▸ Collaboration occurred with DPH to support the end-user needs of the Immunization Information System (IIS) and DPH IIS staff
  ▸ Collaboration occurred with SIM PMO to align with SIM HIT Operational Plan submitted 11/30/17
  ▸ Collaboration occurred with DSS to support Medicaid providers in meeting Meaningful Use requirements and in participating in health transformation initiatives, including TEFT and SIM

▸ **Targeted submission date of HIT IAPD-U for CMS review is 12/29/17**
  ▸ IAPD-U Request must be submitted by DSS
  ▸ CMS may take 30-60 days for initial comments/questions
  ▸ HIT PMO, in collaboration with state partners, will have a short period of time to respond and make updates to the IAPD-U
  ▸ CMS approval is typically obtained shortly after addressing all comments and questions

Cyclical Review for Future IAPDs

Year 1
- Shared Services implementation
- Support Services implementation
- "Wave 1" Use Case planning and implementation
- "Wave 2" Use Case planning
- Continued assessment of business / functional requirements

Revalidate Use Case Sequencing

Year 2
- "Wave 2" Use Case implementation
- "Wave 3+" Use Case planning
- Continued assessment of business / functional requirements

Revalidate Use Case Sequencing

Year 3
- "Wave 3" Use Case implementation
- "Wave 4+" planning
- Continued assessment of business / functional requirements

Today's Discussion

▸ IIS (10 Min)

▸ HIE (30 Min)

▸ CDAS (15 Min)

▸ Budget (10 Min)
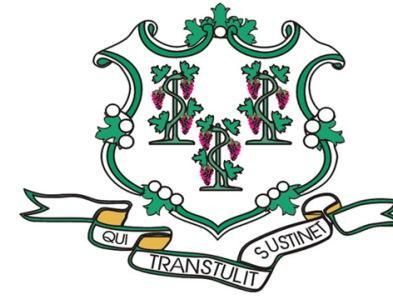
State of Connecticut
Department of Social Services
Division of Health Services

**Annual Health Information Technology
Implementation Advance Planning Document
For Federal Fiscal Years 2018-2019**

Version: 7
Date: 12/16/2017

Connecticut
Department of Public Health
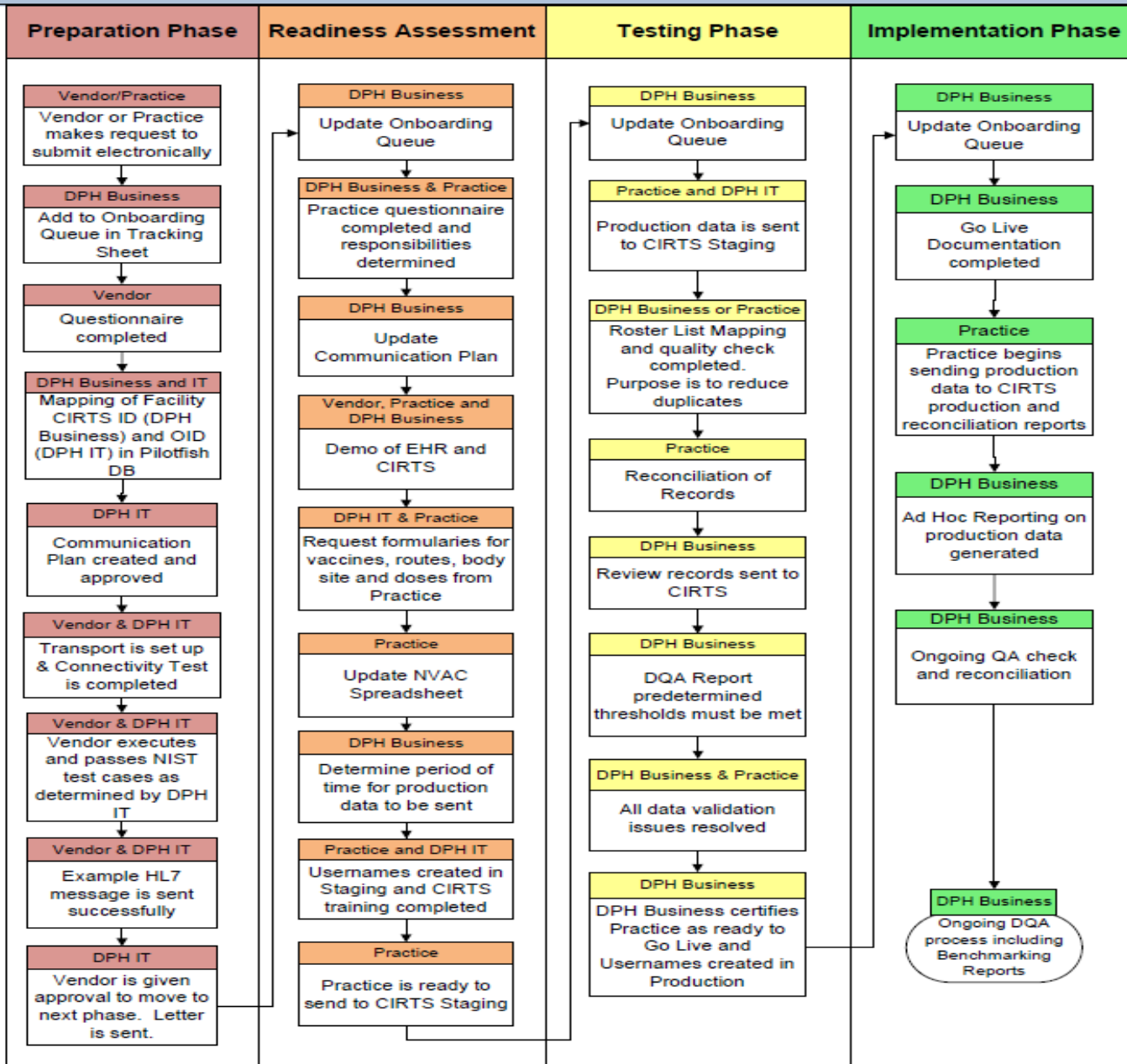# Immunization Information System
(IIS) Update

- ▸ Presented by: Nancy Sharova, MPH
- ▸ IIS Health Program Supervisor
- ▸ CT DPH Immunization Program www.ct.gov/dph/immunizations

Background on Connecticut IIS

▸ CT IIS is funded by the Centers for Disease Control and Prevention (CDC) this included the purchase of the new IIS in 2017.

▸ CT IIS is also applying for the IAPD-U 90/10 CMS funding.

▸ DPH Immunization Program is required to have an IIS that meets the CDC's National IIS Functional Standards, updated every 5 years.

▸ To meet new standards and for sustainability, a new IIS was purchased and data will be migrated into the new IIS by mid-2018.

▸ CT is part of a consortium/group of IIS who use this same vendor that shares resources for enhancements as new standards are set.

CIRTS EHR On-boarding Process

Preparation Phase	Readiness Assessment	Testing Phase	Implementation Phase
Vendor/Practice — Vendor or Practice makes request to submit electronically	**DPH Business** — Update Onboarding Queue	**DPH Business** — Update Onboarding Queue	**DPH Business** — Update Onboarding Queue
DPH Business — Add to Onboarding Queue in Tracking Sheet	**DPH Business & Practice** — Practice questionnaire completed and responsibilities determined	**Practice and DPH IT** — Production data is sent to CIRTS Staging	**DPH Business** — Go Live Documentation completed
Vendor — Questionnaire completed	**DPH Business** — Update Communication Plan	**DPH Business or Practice** — Roster List Mapping and quality check completed. Purpose is to reduce duplicates	**Practice** — Practice begins sending production data to CIRTS production and reconciliation reports
DPH Business and IT — Mapping of Facility CIRTS ID (DPH Business) and OID (DPH IT) in Pilotfish DB	**Vendor, Practice and DPH Business** — Demo of EHR and CIRTS	**Practice** — Reconciliation of Records	**DPH Business** — Ad Hoc Reporting on production data generated
DPH IT — Communication Plan created and approved	**DPH IT & Practice** — Request formularies for vaccines, routes, body site and doses from Practice	**DPH Business** — Review records sent to CIRTS	**DPH Business** — Ongoing QA check and reconciliation
Vendor & DPH IT — Transport is set up & Connectivity Test is completed	**Practice** — Update NVAC Spreadsheet	**DPH Business** — DQA Report predetermined thresholds must be met	**DPH Business** — Ongoing DQA process including Benchmarking Reports
Vendor & DPH IT — Vendor executes and passes NIST test cases as determined by DPH IT	**DPH Business** — Determine period of time for production data to be sent	**DPH Business & Practice** — All data validation issues resolved	
Vendor & DPH IT — Example HL7 message is sent successfully	**Practice and DPH IT** — Usernames created in Staging and CIRTS training completed	**DPH Business** — DPH Business certifies Practice as ready to Go Live and Usernames created in Production	
DPH IT — Vendor is given approval to move to next phase. Letter is sent.	**Practice** — Practice is ready to send to CIRTS Staging		

Onboarding Process

← **Currently** some providers report through HL7 messages from their Electronic Health Record (EHR) to the IIS through '**uni-directional**' exchange.

New IIS, we will update this process to '**bi-directional**' exchange. →

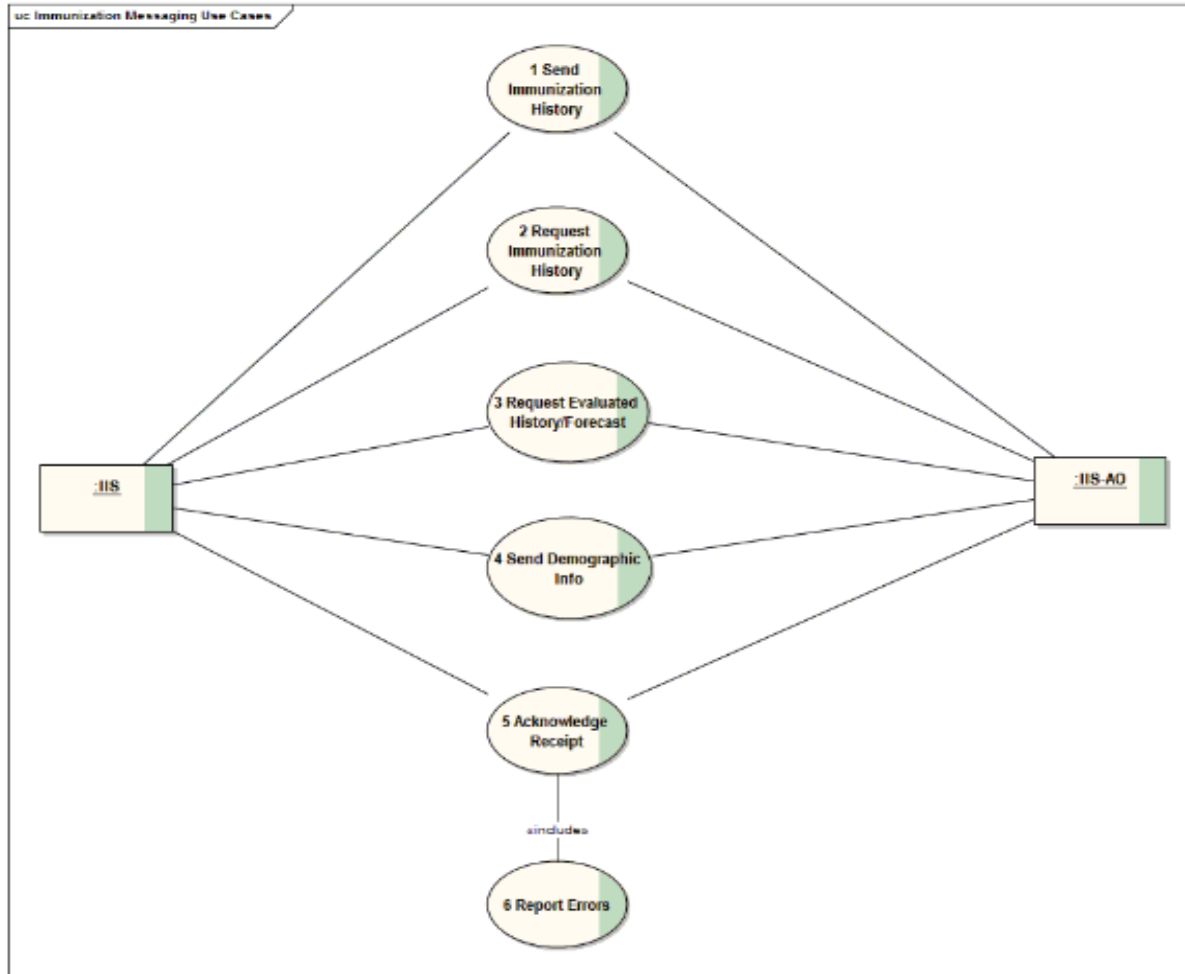# Bi-Directional Electronic Exchange

Figure 1 Immunization Messaging Use Cases

Query and Response (EHR↔IIS):

- Send Immunization History
- Request Complete Immunization History
- Request Evaluated History and Forecast
- Send Demographic Data
- Acknowledge Receipt
- Report Error

IIS Authorized Organization (IIS AO): entity authorized to submit data to an IIS and to request data from an IIS.
https://www.cdc.gov/vaccines/programs/iis/technical-guidance/downloads/hl7guide-1-5-2014-11.pdf

IAPD-U Funding

Will be used to:

- ▸ design, develop, and implement (DDI) improvements to the State's system
- ▸ enable DPH to declare readiness for Meaningful Use Stage 3 bi-directional electronic data exchange for the public health reporting requirement for immunizations
- ▸ onboard Eligible Professionals (EPs) plus Medicaid providers who are not EHR incentive-eligible
- ▸ employ staff to prepare and implement onboarding and training
- ▸ purchase hardware, software and supplies to maintain and improve the system

Goals for the New CT IIS

▸ Electronic reporting from providers to the IIS to ensure timely and accurate records and to prevent under/over vaccinating patients.

▸ Onboard providers for bi-directional electronic exchange.

▸ Interface with HIE once available.

▸ Expand the age range for mandated reporting of immunizations.

Council Discussion

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IAPD
Approved
Activities for
Planning
($4.9M)

HIT Planning
- Meeting Facilitation
- Strategic Planning Support
- Proposal/Document Writing

eCQM
- Refine business drivers/requirements to define functional and technical specifications
- Develop a deployment strategy that includes sequencing of deployment
- Provide subject matter experience
- Review and assess the capabilities of statewide EHRs and connectivity capabilities to HIE

HIE
- Refine business drivers/requirements to define functional and technical specifications
- Develop Requirements of an RFP
- Assist with Solicitations and Vendor Management
- Establish electronic strategy for Technical Standards
- Provide subject matter expertise on HIE and EHR technology

Sustainability Model
- Develop a sustainable and practical solution to support the exchange of health information
- Design practical financial models to fund ongoing operations of the HIE

IAPD-U Appendix D Funding Requests for Implementation Activities

Activity 1: Establish Governance Framework ($1.5M)

- Establish statewide governance and operational structure
- Execute HIE governance model recommendations
- Deliver trust framework and related agreements
- Specify policies and procedures, including consent model
- Deploy Data Governance Council Charter

IAPD-U Appendix D Funding Requests for Implementation Activities

Activity 2: Stakeholder Outreach ($510k)

- Facilitate stakeholder outreach and collaborative workgroups
- Create Clinical Advisory Work Group to obtain feedback in the planning and implementation of prioritization of business functionality requirements
- Identifying stakeholder workgroup to participate in the incremental delivery of HIE
- Continue Medication Reconciliation workgroup

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Activity 3: HIE, Shared Services, CDAS, & Use Cases ($8.17M)

HIE Solution Approach:
- Establish the HIE core infrastructure and interfaces to EHRs
- Interface HIE with EHRs/other HIEs
- Onboard providers to the HIE and shared services
- Deliver HIE services incrementally

Shared-Services Components:
- Enhancing MDM services (MPI, PR, Peer Relationships, Attribution)
- Establish data transformation activities
- Evaluate existing state assets against requirements

Clinical Data Analytics Services (CDAS)
- Build interface between HIE and CDAS
- Transfer of data from EHRs in standard format (CCDs, QRDA1)
- CDAS generating quality measures (eCQMS, HEDIS, etc.)

HIE Use Cases:
- Define new or refine existing use cases based on feedback of incremental delivery of requirements
- Refine business drivers/requirements to define functional and technical specifications

Activity 4: HIE Onboarding ($900k)

HIE Onboarding Activities:

- Provide statewide outreach, education, and training
- Leverage relationships with provider advocacy groups, trade organizations, and other stakeholder groups
- Provide workflow development support

IAPD-U Appendix D Funding

Cost Category	Year 1		Year 2	
	IAPD (Approved)	IAPD-U	IAPD (Approved)	IAPD-U
State Personnel	Total	Total	Total	Total
Office of Health Strategy (OHS)	$ 694,155	$ 689,007	$ 711,085	$ 989,272
Department of Public Health (DPH)	$ -	$ 422,042	$ -	$ 660,938
UCONN Health	$ 265,387	$ 387,848	$ 273,144	$ 420,522
Contractors				
HIE Governance Foundation	$ -	$ 1,000,000	$ -	$ 500,000
OHS HIT Consultant(s)	$ 2,314,136	$ 2,314,136	$ 715,081	$ 715,081
OHS Project Managers (PMs)	$ -	$ 144,000	$ -	$ 144,000
DPH - IIS	$ -	$ 949,410	$ -	$ 949,410
UCONN Health	$ -	$ 120,000	$ -	$ 120,000
Technology				
HIE Service (Use Case Enablement)	$ -	$ 3,500,000	$ -	$ 3,500,000
HIE Shared Service Components (Enhancements)	$ -	$ 805,200	$ -	$ 364,800
Service Contractors				
Outreach & Onboarding	$ -	$ 400,000	$ -	$ 500,000

2 Year	Total	90%	10%	
Approved IAPD	$ 4,972,988	$ 4,475,690	$ 497,299	
IAPD-U (HIE)	$ 11,640,878	$ 10,476,790	$ 1,164,088	
IAPD-U (IIS)	$ 2,981,800	$ 2,683,620	$ 298,180	DPH 10%
Total	$ 19,595,667	$ 17,636,100	$ 1,661,387	OHA 10%

Council Discussion

Wrap up and Next Steps

Next Health IT Advisory Council Meeting

Thursday January 18, 2018 | 1:00 pm – 3:00 pm

Legislative Office Building, Hearing Room 1D

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http://portal.ct.gov/Office-of-the-Lt-Governor/Health-IT-Advisory-Council