Health Information Technology Division

Health IT Advisory Council Meeting

June 21, 2018

Agenda

Welcome and Call to Order	1:00 pm
Public Comment	1:05 pm
Review and Approval of Minutes – March 15, 2018 and April 19, 2018	1:10 pm
Status Updates: • Membership • Legislative • APCD • IIS • eCQM • IAPD-U Funding	1:15 pm
Introduction of Velatura	1:30 pm
Design Group Updates / Discussion: • Governance Design Group • Polypharmacy and Medication Reconciliation Working Group	2:30 pm
Wrap-up and Adjournment	3:00 pm

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Public Comment

(2 minutes per commenter)

Review and Approval of:

March 15, 2018 Minutes
&
April 19, 2018 Minutes

Membership Update

Legislative Update

Public Act 18-91 (substitute House Bill 5290):
An Act Concerning the Office of Health Strategy

- **Purpose:** To make the statutory changes necessary to implement the establishment of the Office of Health Strategy.

- Implements technical changes to allow full integration of the Office of Health Care Access into the Office of Health Strategy

- Status: ***PASSED***

Special Act 18-6 (substitute Senate Bill 217):
An Act Requiring the HITO to Establish a Working Group to Evaluate Issues Concerning Polypharmacy and Medication Reconciliation

- **Purpose:** establishes a working group under the HIT Advisory Council, with minimum composition to include:
  - Two experts in polypharmacy;
  - Two experts in medication reconciliation;
  - A representative of the Department of Consumer Protection;
  - A licensed pharmacist;
  - A prescribing practitioner; and
  - A member of the HIT Advisory Council

- Would require a final report on the findings and recommendations to be submitted to the General Assembly no later than July 1, 2019

- Status: ***PASSED***

Public Act 18-77 (substitute Senate Bill 246):
An Act Limiting Auto Refills of Prescription Drugs Covered Under the Medicaid Program

- **Purpose:** Provided a vehicle for technical language changes that allows the sharing of CHIP data with the APCD

- The technical change enables Medicaid to use an existing standardized file to pass information to the APCD without change orders or programming, reducing expense and time to implement

- Status: ***PASSED***

APCD Update

APCD Activities

❑ **_Requests for APCD Data:_**
- Three deliveries scheduled this month: (Yale, Southern Cal, UConn)
- Two applications awaiting review

❑ **_Focus on integrating Medicaid data:_**
- SB 246 signed by governor
- MoA in final review
- Test files ready to be exchanged

❑ **_Medicare FFS Data Load:_**
- Q3 2017 data now available
- Request for 2018 data in progress

❑ **_Consumer price transparency reporting:_**
- Report specifications finalized
- Results expected by end of summer
- Committee to be engaged on review and distribution of results

IIS Update

IIS Strategy

- **Vision:** Real-time, consolidated immunization data and services for all ages to be available for authorized clinical, administrative, and public health users and consumers – anytime and anywhere.

- **Focus:** Enhancing the performance of all IISs to meet the needs of vaccination providers, immunization programs, and the increasingly broad network of stakeholders nationwide.

- **Goal:** To raise the performance of IISs to improve and sustain immunization coverage levels for children, adolescents, and adults.
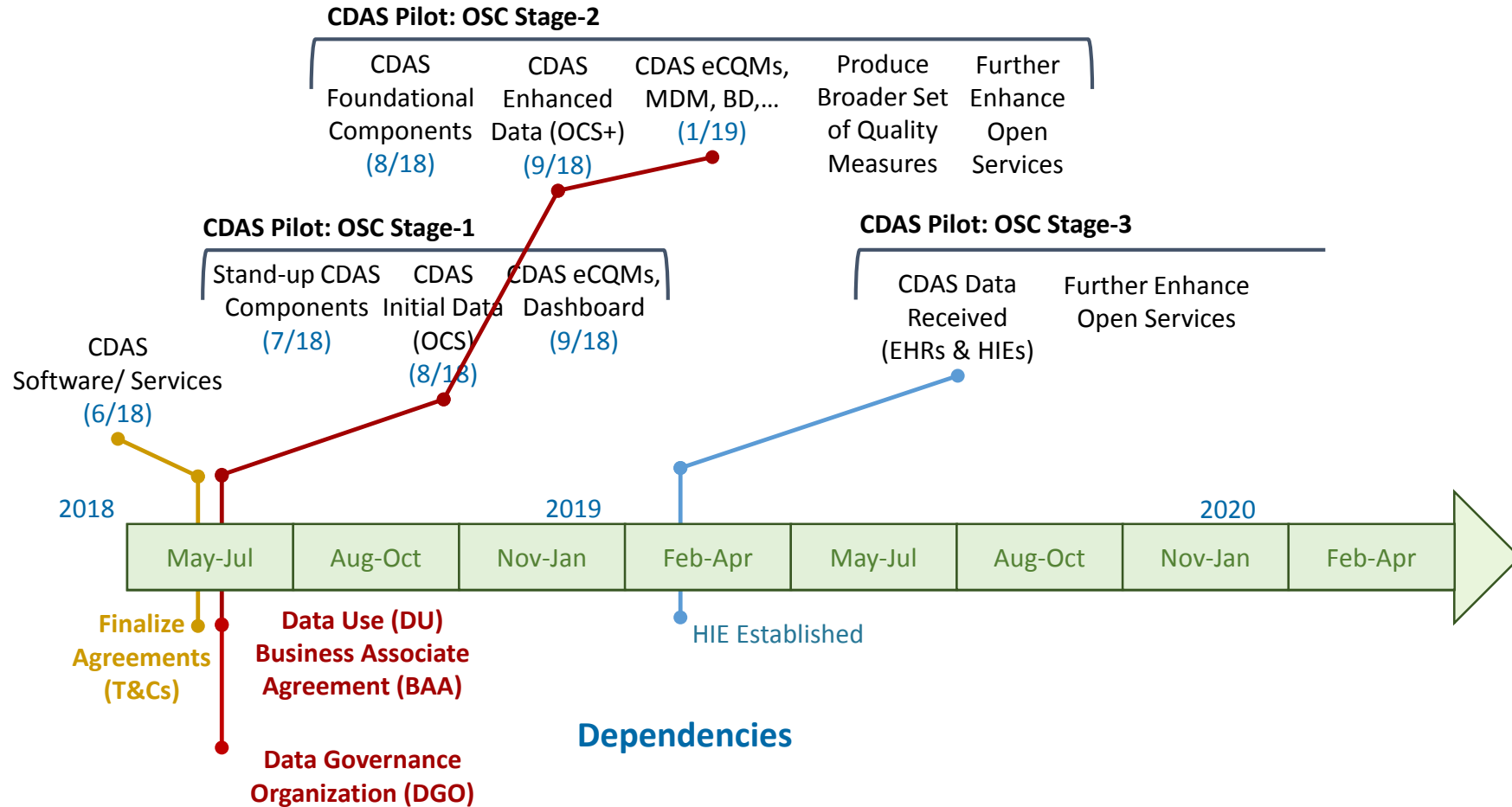
CT WiZ

- Working to migrate Vaccine Ordering System (VTrckS) and Connecticut Immunization Registry and Tracking System (CIRTS) into CT WiZ

- Updating standard operating procedures, user management, and help desk solutions

- CT has now joined the WebIZ consortium of 14+ user locations and can leverage existing resources and expertise

- Go-live planned for mid-September 2018

eCQM Update

CDAS Pilot - OSC eCQM Modified Timeline

CDAS Pilot: OSC Stage-2

| CDAS Foundational Components (8/18) | CDAS Enhanced Data (OCS+) (9/18) | CDAS eCQMs, MDM, BD,... (1/19) | Produce Broader Set of Quality Measures | Further Enhance Open Services |

CDAS Pilot: OSC Stage-1

| Stand-up CDAS Components (7/18) | CDAS Initial Data (OCS) (8/18) | CDAS eCQMs, Dashboard (9/18) |

CDAS Pilot: OSC Stage-3

CDAS Data Received (EHRs & HIEs)   Further Enhance Open Services

CDAS Software/ Services (6/18)

| 2018 | | | 2019 | | | | 2020 | |
| May-Jul | Aug-Oct | Nov-Jan | Feb-Apr | May-Jul | Aug-Oct | Nov-Jan | Feb-Apr |

Finalize Agreements (T&Cs)

Data Use (DU) Business Associate Agreement (BAA)

HIE Established

Data Governance Organization (DGO)

Dependencies

IAPD-U Funding Update

IAPD Activities

▸ Current IAPD Activities
  ▸ HIT planning
  ▸ Integration
  ▸ HIE
  ▸ Sustainability model

▸ IIS
  ▸ System implementation
  ▸ Onboarding providers

▸ Remaining HIE Request
  ▸ Establish governance framework
  ▸ Stakeholder outreach
  ▸ HIE shared services, HIE use cases, integration
  ▸ HIE onboarding
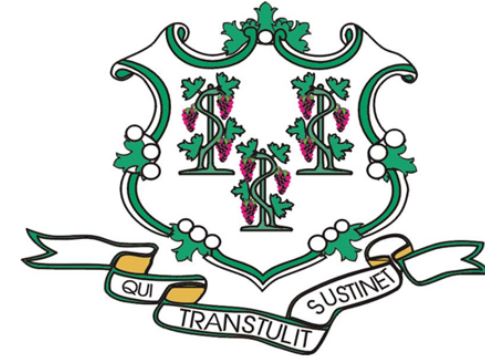
State of Connecticut
Department of Social Services
Division of Health Services

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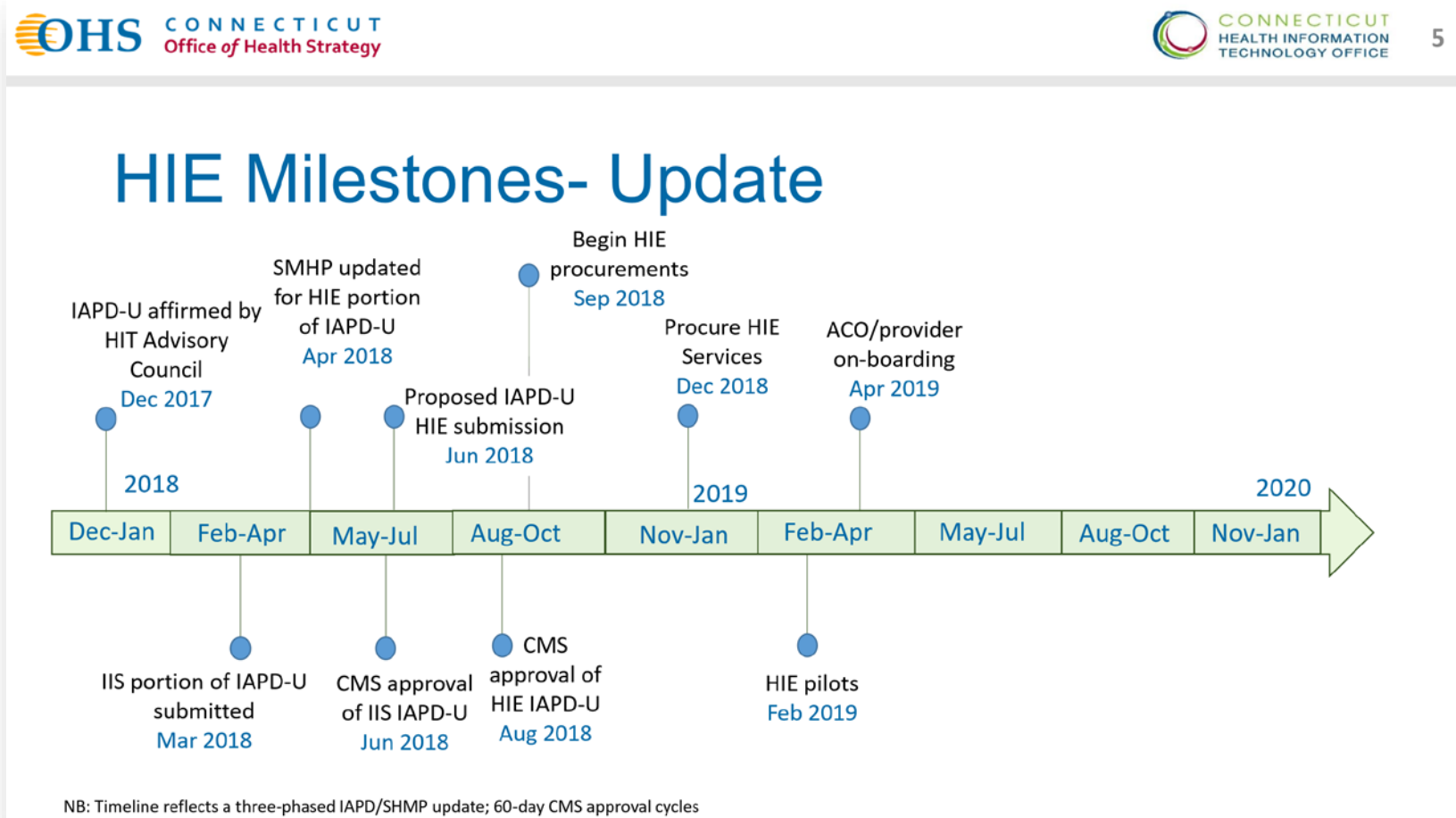For Federal Fiscal Years 2018-2019**

Timeline Update

- IIS
  - Submitted: April 6, 2018
  - Approved: May 11, 2018

- Remaining HIE Request
  - Submitted: May 21, 2018

From April 19, 2018
Health IT Advisory Council Meeting

Introduction of Velatura

Connecticut
Health Information Technology
Consulting

velatura

Agenda

1. Brief Overview of Velatura

2. Introduction to the Velatura Team

3. Snap shot of the Velatura Scope of Work

4. Bias for Action, Agile, Pilot Activities

5. Prioritization Exercise- Remember The Future

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Velatura creatively connects and aligns people, organizations, technology, ideas, and information to improve the way things are done and to enhance healthcare, simplify work, and reduce costs.

Velatura exclusively provides solutions from MiHIN to organizations needing the ability to interoperate and seamlessly share electronic information.
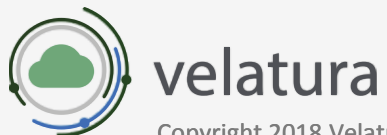
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◆ Key partner, collaborator and consultant to state and federal agencies

◆ Extensive experience with payer, state agency and multi-stakeholder focused solutions to meet demand of health care transformation

◆ Standards based, state-of-the art technology advancements to solve health care delivery, quality and payment reform pain points

◆ Methods leverage modular use-case approach to consistently achieve outcomes for payers, providers and consumers

◆ Full spectrum approach that considers technology, operation and function

Velatura Team	
Tim Pletcher *President/CEO*	Exec Leadership, Oversight
Jeff Livesay *Senior Executive Vice President*	Exec Leadership, Acct. Oversight
Rick Wilkening *Vice President Service Delivery*	Program Manager, Service Area Lead
Lisa Moon *Consultant*	Service Area Lead, SME
Lauren Kosowski *Associate Consultant*	Project Manager
Brandon Elliott, MD *Consultant*	Analyst
Bo Borgnakke *Consultant*	eCQM SME
Courtney Delgoffe *Associate Consultant*	Analyst
Igor Voyteskhivskyy *Chief Financial Officer*	CFO, SME

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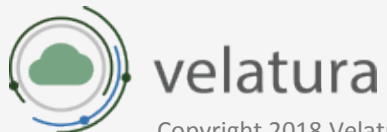
Service Area 2:
Development and Implementation of eCQM Reporting System

SA 2 Activities
Workstream #1: Refine Business drivers/requirements to define functional and technical specification
Workstream #2: Phase Two of eCQM Pilot
Workstream #3: Develop a Deployment strategy
Workstream #4: Implementation Planning
Workstream #5: Governance
Workstream #6: As Needed

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Service Area 3:
Implementation of Health Information Exchange Services

SA 3 Activities
Workstream #1: Refine Business drivers/requirements to define functional and technical specification)
Workstream #2: Assist with HIE Solicitations
Workstream #3: Support the design, development, testing and deployment planning of core infrastructure and technical solutions
Workstream #4: Data Governance
Workstream #5: As Needed

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Service Area 4:
Development of Sustainability Models

SA 4 Activities
Workstream #1: Design Practical Financial Models for CT
Workstream #2: As Needed

Bias for Action, Agile, Pilot Activities

- Agile

- Build off of previous work

- Pilot Activities

- Implementation language

- Pursue data flowing and activity over dialog and paper documents "working code"

Innovation Exercise

Remember our Future Success

1. Imagine its just after Labor Day 2019

2. Write what success looked like on 3x5 cards

3. Answer any or all of the following:
   - What will we have done?
   - What did you like best about how we did it?
   - Who most surprised you by their engagement?
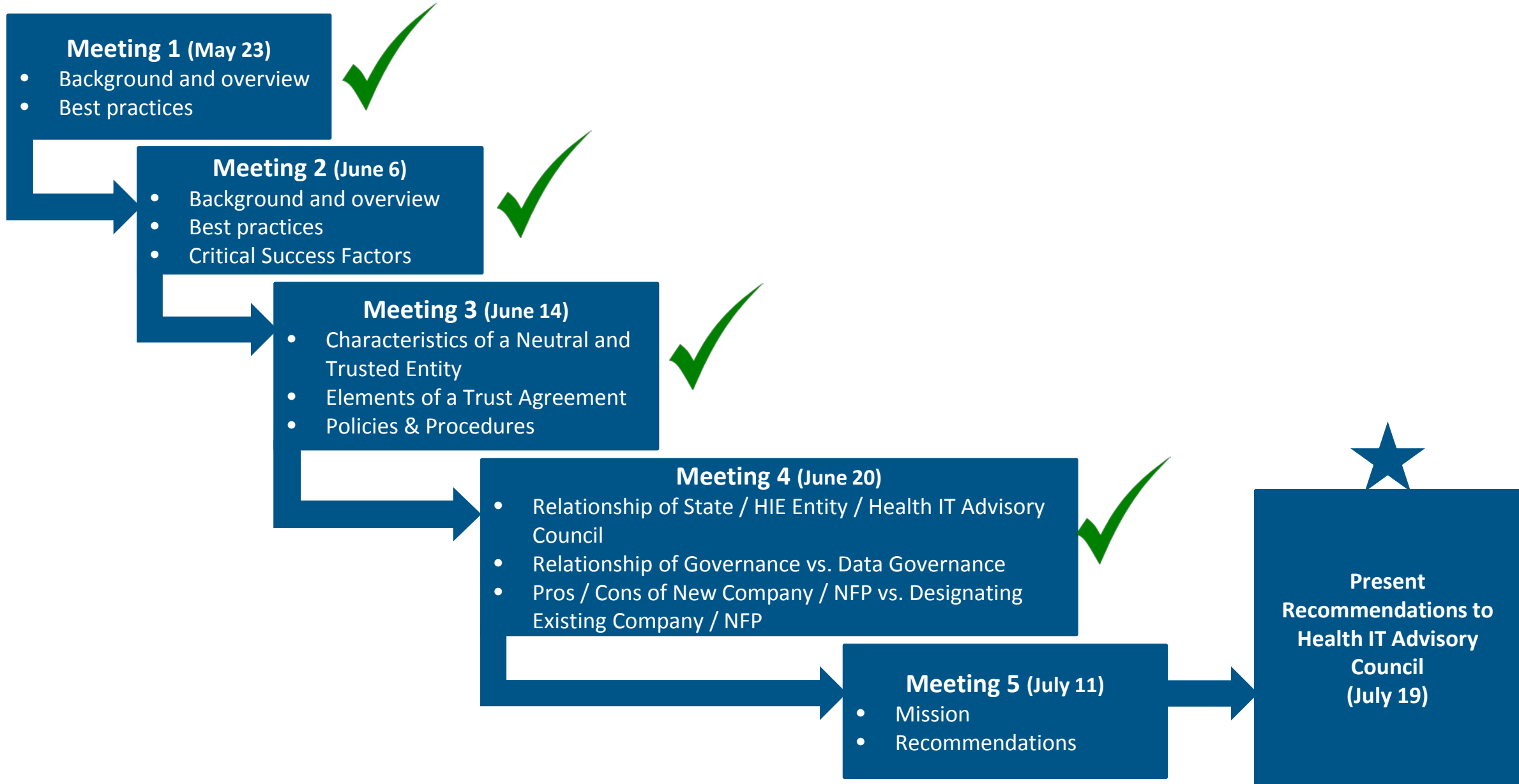   - What are we excited about accomplishing?

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Governance Design Group Update

Governance Design Group Meeting Schedule

Meeting 1 (May 23)
- Background and overview
- Best practices

Meeting 2 (June 6)
- Background and overview
- Best practices
- Critical Success Factors

Meeting 3 (June 14)
- Characteristics of a Neutral and Trusted Entity
- Elements of a Trust Agreement
- Policies & Procedures

Meeting 4 (June 20)
- Relationship of State / HIE Entity / Health IT Advisory Council
- Relationship of Governance vs. Data Governance
- Pros / Cons of New Company / NFP vs. Designating Existing Company / NFP

Meeting 5 (July 11)
- Mission
- Recommendations

Present Recommendations to Health IT Advisory Council (July 19)

Building Block Exercises

June 6
- ✓ 1. Critical Success Factors

June 14
- ✓ 2. Characteristics of a neutral and trusted entity
- ✓ 3. Elements of a trust agreement
- ✓ 4. Policies and procedures table of contents

June 20
- ✓ 5. Relationship of state / HIE entity / Health IT Advisory Council
- ✓ 6. Relationship of governance vs. data governance
- ✓ 7. Pros and cons of new company not-for-profit vs. designation of existing not-for-profit entity

July 11
- 8. Potential impact of TEFCA
- 9. Mission and vision considerations

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Outcome - Critical Factors for Success

- Alignment with Connecticut statutes

- Alignment with federal statutes

- Compatibility with national interoperability initiatives

- Stakeholders (patients/consumers, providers, payors, state agencies, etc.,) engagement, support, and participation

- Sustainability

- Foundation for trust

- Reliable, accessible, and secure technology

- Tangible value to stakeholders

- Neutrality – no competitive advantage to any one stakeholder / segment

- Confidentiality vs. privacy – consumers comfortable in how data are being used

- Roadmap for HIE development and use case implementation – foster early participation from broad range of stakeholders

Outcome - Characteristics of a Neutral and Trusted Entity

- Serves public good

- Benefits all CT residents

- Accountability and transparency to stakeholders

- Owned and governed, in whole or in part, by a party or parties other than the state

- *May* be organized as a nonprofit entity

- Governance by an engaged board of directors representing private and public sector leaders with decision-making authority in the organizations that they represent

- Foundational trust agreement that establishes clear "rules of the road" including enforcement authority related to compliance

- Sound policies and procedures

- Business decisions driven by value-creation, leading to financial sustainability

- Judicious use of public and private resources

- Effective engagement with the State of Connecticut for public policy and technology integration with state-run systems

- Consensus-driven approach

- Transparent contracting and purchasing practices

- External certification or audit from an information security perspective

- Balanced value creation across stakeholder groups

- Clear and tangible benefits for consumers and patients

Outcome – Elements of a Trust Agreement

- Purpose & Scope
  - Scope of Exchange
  - Approach to Establishing Trust
  - Governance Structure
- Operational Policies/Procedures
- Permitted Purposes
- Permitted Participants
- Identity Proofing & Authentication
- Technical Approach and Infrastructure
  - Standards Used
- Cooperation & Non-Discrimination
- Allocation of Liability and Risk
- Accountability

- Technical
  - Network Flow Down
  - Enforcement
  - Dispute Resolution
- Consent Model
  - States Consent Models
  - CT Consent Policy
- Transparency
- Privacy & Security
  - Breach Notifications
- Access
- Amendment process
- Miscellaneous Provisions – Boiler Plate Language

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Outcome – P&P Table of Contents (Part 1)

Privacy and Security

- Consent
- Authorization
- Authentication
- Access
- Audit
- Breach
- Compliance
- Sanctions and enforcements
- Cybersecurity
- Specially protected information
- Permitted purposes

- Individual's access and rights
- Auditing and monitoring
  - HIE Entity
  - HIE Participants
- Participant subcontractor requirements
- Permitted purposes
  - Permitted uses
  - Permitted disclosures

Outcome – P&P Table of Contents (Part 2 & 3)

Technical and Operational

- System requirements
- Standards
- Testing and onboarding
- Auditing and monitoring
- Identity management
- Data quality and integrity
- Service Level Agreements (SLA)
- Training
- Help desk

Organizational

- Openness and transparency
- Node eligibility
- Insurance and liability
- Flow-down requirements
- Suspension
- Dispute resolution
- Non-discrimination
- Information blocking
- Fees
- Application review process

Exercises from June 20 and July 11

1. Relationship of state / HIE entity / Health IT Advisory Council (June 20)

2. Relationship of governance vs. data governance (June 20)

3. Pros and cons of new company not-for-profit vs. designation of existing not-for-profit entity (June 20)

4. Potential impact of TEFCA (July 11)

5. Mission and vision considerations (July 11)

★ **Recommendations delivered to Health IT Advisory Council on July 19 for review and feedback.**

Polypharmacy and Medication Reconciliation Working Group

Background

▸ Special Act 18-6: signed by the Governor on June 1, 2018

  ▸ Bill was put forward by the Joint Committee on Public Health following public testimony provided by:
    ▸ Dr. Justice - Polypharmacy in Connecticut in 2018
    ▸ Dr. Agresta - Polypharmacy: Clinician-Informatician's Perspective
    ▸ Mr. Hackney - Medication Reconciliation Use Case in HIT
    ▸ Mr. Jeffrey - Polypharmacy – When Less is More
    ▸ Mr. Marriott - Potential Expansion of the Prescription Monitoring and Reporting System
    ▸ Potential Solutions and Funding Sources

  ▸ Directs HITO to establish a working group to deliberate on the concerns associated with medication reconciliation and polypharmacy
    ▸ **Polypharmacy** – "The simultaneous use of multiple drugs by a patient to treat one or more ailments or conditions."
    ▸ **Medication Reconciliation** – "The process of comparing a patient's admission, discharge, and transfer medication orders to all of the medications the patient has been taking for the purposes of avoiding medication errors, including omissions, duplications, dosing errors, and drug interactions."

  ▸ Objective: recommend practical approaches and investments to improving the ability to reconcile medication lists, and demonstrably reduce the incidence of undesirable drug interactions

  ▸ Present a final report and recommendations to the Health IT Advisory Council and to the Public Health Committee no later than July 1, 2019.

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Approach

Membership (nominations to be made by July 13):

▸ A solicitation was sent out on June 13, 2018 seeking applicants for the working group. <u>At a minimum</u>, membership will consist of:

  ▸ Two experts in polypharmacy
  ▸ Two experts in medical reconciliation
  ▸ A representative of the Department of Consumer Protection
  ▸ A licensed pharmacist
  ▸ A prescribing practitioner
  ▸ A member of the Health Information Technology Advisory Council

Meetings

▸ Monthly meetings
▸ Duration – TBD

Process

▸ Analyze and recommend approaches to improve the ability to prepare efficient and reliable reconciled medication lists to serve the clinical needs across relevant care-giving settings.
▸ Assess mechanisms to gather and assure the quality pertinent medication data.
▸ Recommend objectives and metrics for measuring the impact of reductions incidence of undesirable drug interactions.
▸ Introduce additional objectives and outcomes that may include policy recommendations and/or legislation suggestions, among other things.
▸ Sub-committees may be created as needed to support workgroup

Next Steps

July 19, 2018 Health IT Advisory Council Meeting:

▸ Review and validate membership recommendations from Co-Chairs

▸ Appoint representative from Health IT Advisory Council to serve on working group

Wrap up and Next Steps

Next Health IT Advisory Council Meeting:

Thursday July 19, 2018 | 1:00 pm – 3:00 pm
Legislative Office Building, Hearing Room 1D

Contact Information

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