

CONNECTICUT  
HEALTHCARE  
INNOVATION PLAN



# Healthcare Innovation Steering Committee

## HIT Council Update

June 11<sup>th</sup>, 2015

# HIT Council Goal: Documented in the charter

The purpose and goals of the HIT Council are as follows:

## Purpose

- Develop recommendations for the Healthcare Innovation Steering Committee with respect to HIT requirements and technology components by SIM participants (e.g. hospitals, physicians, state agencies, consumers) to achieve the goals of the SIM proposal. Specific recommendations and deliverables (outcomes) include:
  - Solution set of scalable and adaptable health information technologies,
  - High-level diagram of the technologies and data interactions
  - HIT implementation approach and roadmap for SIM participants

## Goals

- **Access:** Ensure HIT supports health care service access and delivery, as well as data aggregation method for analysis and quality improvement
- **Connectivity and Exchange:** Achieve integration across and within health care delivery systems and physician practices based on national standards for content and information exchange, and transmit data to the SIM participants.
- **Quality:** Support SIM Quality Initiatives that are quantitative and qualitative enabled by HIT. Provide ongoing monitoring of the data reporting and technology supporting the quality initiatives.

# Roles and Responsibilities

We have draft roles and responsibilities including the following:

1. Develops and recommends SIM HIT Council charter
2. Establishes ad hoc task forces to investigate specific technical, functional and integration topics
3. Discusses options and makes a recommendation using majority consensus. If necessary, the council will follow a majority voting process, assuming a quorum (one co-chair and at least 50 percent of the members are present)
4. Members communicate SIM HIT Council progress back to constituents and bring forward their ideas and issues
5. Works collaboratively with the other SIM groups to collect and share information needed to provide an aligned HIT solution
6. Monitors progress and financials, and makes adjustments to stay within the timeline- pre and post SIM HIT solution implementation
7. Recommends SIM HIT solutions to the HISC
8. Comes to the meetings prepared by reviewing the materials in advance
9. Issues, questions and concerns that cannot be resolved by the HIT Council as a group (versus individual members) are escalated to the HISC.
10. Has an Executive team that includes the co-chairs and one member from each of the three main stakeholder groups: payer, provider and consumer advocate. The executive team provides input into the agenda and brings to the co-chairs issues voiced by other members.

# HIT Council Membership

We have broad representation and active participation in the HIT Council.

Commissioner Roderick Bremby (Chair)	Commissioner	Department of Social Services
Dr. Thomas Agresta	Associate Professor and Director of Medical Informatics	UConn Health Center
Dr. Anne Camp	Director, Diabetes & Diabetes Prevention Program	Fair Haven Community Health Center
Dr. Patricia Checko	Public Health Practice and Policy Consultant	
Dr. Anthony Dias	Vice President, Data Services	Connecticut Hospital Association
Ed Fisher (resigned)	VP & Chief Technology Officer	Yale New Haven Health System
Dr. Michael Hunt	CMO/CMIO	St. Vincent's Health Partners
Ludwig Johnson	CIO	Middlesex Health System
Vanessa Kapral	Information Technology Manager	Department of Public Health
Matthew Katz	EVP/CEO	Connecticut State Medical Society
Dr. Alan Kaye	Vice President	Radiological Society of Connecticut
Michael Michaud	Chief of Staff to the DMHAS Deputy Commissioner	Department of Mental Health and Addiction Services
Mike Miller	Client Relationship Executive	Optum Solutions
Mark Raymond (co-chair)	Chief Information Officer	Bureau of Enterprise Systems Technology
Philip Renda	HCCN Network Director/CIO	Community Health Center Association of Connecticut
Dr. Craig Summers		Community Medical Group IPA
Sheryl Turney	Staff VP HlthCore APCD	Healthcare Inc., a wholly owned subsidiary of Anthem, Inc.
Joshua Wojcik	Policy Director	Office of the State Comptroller
Moh Zaman	Vice President, Analytic	Hartford Healthcare

# Draft Charter Scope

A key challenge is to remain focused on the core objectives to ensure required progress.

Scope: the range and boundaries of the responsibilities of the HIT Council

## In Scope

- Review of the current and proposed technologies cited in the SIM grant to understand capabilities and uses for Test Model
- Work collaboratively and actively support two way communications with the other SIM workgroups and councils to develop the HIT design.
- High level schema of HIT solution
- SIM HIT solution implementation approach and roadmap
- Recommendations for technologies to support the SIM initiatives
- Participation with the SIM HIT Steering Committee and other SIM work groups and councils.

## Out of Scope

- Personal Health Record technology and Patient Portal (from original grant proposal)
- Development of policies and procedures tied to the above technologies

# Progress to Date

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We have made the following progress to date:

- The **HIT Council developed a draft Charter** to guide its efforts
- **We have approved the addition of an executive team to the HIT Council** and are developing a process to confirm members
- We approved the launch of a Design Work Group to develop the **Quality Measure Performance and Reporting HIT Solution. This Design Group has met several times and is making material progress**
- **Developed high level architecture diagram** to guide the overall development efforts of the Council

# HIT Performance Measure and Reporting Design Group

The activities of the Design Group are detailed below:

Meeting Date	Discussion Topics	Outcomes/ Follow up
March 12 <sup>th</sup>	<ul style="list-style-type: none"><li>• DG objectives</li><li>• QC Inter-council memorandum Jan 2016</li></ul>	<ul style="list-style-type: none"><li>• List of questions to clarify the memo request requirements</li></ul>
April 8th	<ul style="list-style-type: none"><li>• Discussion of a staged approach</li><li>• Review of Zato (IT vendor) provided material on product</li><li>• Identify gaps and additional data</li></ul>	<ul style="list-style-type: none"><li>• List of Zato specific questions developed and sent to the vendor via Dr. Tikoo</li></ul>
April 23 <sup>rd</sup>	<ul style="list-style-type: none"><li>• Discuss 2016 SIM requirements – what can be done by Jan 2016</li><li>• Discussion on how the vendors addressed the requirements</li></ul>	<ul style="list-style-type: none"><li>• Follow up questions to APCD, Zato and the Quality Council</li><li>• Investigate what other SIM sites are doing</li></ul>
June 8th	<ul style="list-style-type: none"><li>• Review all responses to questions</li><li>• Discussion of Stage 1 and Stage 2 options</li></ul>	<ul style="list-style-type: none"><li>• Prepare materials for the HIT Council to review and discuss</li></ul>

# Progress to Date

Additional progress includes:

- **Received and reviewed the Quality Council 2016 requirements determined an approach to evaluating solutions**
- **Conducted initial review of two technologies**, narrowing focus given reviewed the two technology components most likely to address requirements – APCD and Edge Server:
  - Both vendors presented their solution and responded to two rounds of questions
  - Our Design group is preparing supplemental questions for the Edge Server vendor and working to arrange a “demo” of the technology
- **Measures identified to date by the Quality Council are well-defined industry measures** that have established methodologies and data sources that can inform our approach:
  - Additionally, other States’ have implemented these same measures through partial and fully-manual solutions

# Next Steps

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- Continue design and evaluation of potential solution by Design Group and recommendation of solution to HIT Council and HISC