State of Connecticut
State Innovation Model Design
Health Information Technology Work Group

Monday, May 20, 2013
Meeting Minutes

Location: Connecticut Valley Hospital, 1000 Silver Street, Middletown, CT

Members Present: Mark Raymond, Chairman; Michael Michaud, Co-Chairman; Bernadette Kelleher; Daniel G. Maloney; Dan Olshansky, LICSW; Barry Simon; Minakshi Tikoo, PhD; Jonathan Velez, MD; Victor Villagra, MD; James Wadleigh; Josh Wojcik

Members Absent: Daniel Carmody

Meeting convened at 9:00 a.m.

Discuss Connecticut SIM Design Aspirations and Roadmap
After participant introductions, the group discussed background on the State Innovation Model (SIM) initiative. Connecticut has received a $2.8 million grant from the Centers for Medicare Medicaid Innovation to design a model that will improve health, improve delivery, and gain control over costs. The project began on April 1 and will conclude on September 30 with the submission of an application for a test grant. The test grant would provide up to $42 million over a three to five year performance period.

The group will work over a 10 week period to find health information technology solutions to support the care delivery and payment model. The aim of the model is to positively impact the care of at least 80% of the state's population. The model should address problem areas such as health disparities. The ultimate goal is to create one common model to be used across commercial and public health care.

Review care delivery and payment work groups' early discussions and considerations
There are four groups involved in developing the model: the State Healthcare Innovation Planning (SHIP) Team, Care Delivery, Payment Reform, and Health Information Technology (HIT). The three work groups will work in concert to develop the model under the oversight of the SHIP team. The model will ultimately become the basis for Connecticut's SIM Test application. The work of each of the groups to date was discussed.

The work group discussed the goals and objectives for its work ahead. There was discussion regarding technology being both patient and provider centric, how to appropriately collect, analyze, and distribute data, and how to leverage existing capabilities. It was felt that while Providers have the highest degree of interaction with the HIT system, a patient perspective needs to be applied to ensure broader engagement and adoption.

Share key questions and options for designing a HIT infrastructure that supports care delivery and payment innovation
The work group introduced seven questions with regard to developing the HIT infrastructure for the model, which they will answer in subsequent meetings. What the group develops will ultimately be dependent on the decisions of the other two work groups. One of the goals is to

develop a system that is unified across providers and payers. The group discussed the All Payer Claims Database as a parallel track. The group also discussed a Department of Public Health study that looked at whether enough data was being collected.

Break out to identify existing assets in CT that could be leveraged in a HIT design effort
The work group participants broke out into three groups to discuss existing assets that could be incorporated into the model design.

Group 1 talked about system level assets (public health registries, United Way 211) and operational components (payer data and analytics, ACO data). The group also talked about the need to be mindful of privacy/security regulations, as well as the need for interoperability and transparency

Group 2 talked about potential challenges with aggregating data collected by the different stakeholders. The state's human services agencies all collect data but it is not standardized. With the roll out of the ACA, many providers have purchased HIT software. The model's HIT system should take that into account. They also discussed having a coordinating portal/clearing house that would contain patient data such as allergies and medication.

Group 3 also discussed existing data sets and databases and the lack of linkage across them. They also talked about converting data into useful information. There was also discussion about the need for sensitivity regarding consumer privacy, as well as discouraging business practices that impede the flow of information. The group also talked about the other non-technological barriers to information flow such as policy restrictions and lack overall governance to drive coordination.

Align on next steps
There are plans to have one-on-one meetings with each of the work group members to better understand what technology currently exists and how to best leverage it. The work group discussed the importance of developing a practical solution. Group members were asked to provide feedback on the meeting location, as well as their availability for the July 1 work group meeting. The work group's next meeting is June 3, 2013.

The meeting adjourned at 11:00 a.m.