

**STATE OF CONNECTICUT  
HEALTHCARE INNOVATION STEERING COMMITTEE**

**Special Meeting Summary  
Thursday, December 11, 2014**

**Members Present:** Lt. Gov. Nancy Wyman (Chair); Catherine F. Abercrombie; Patricia Baker; Jeffrey G. Beadle; Mary Bradley; Roderick L. Bremby; Patrick Charmel; Anne Melissa Dowling; Bernadette Kelleher; Alta Lash; Robert McLean; Jane McNichol; Jewel Mullen; Thomas Raskauskas; Patricia Rehmer; Robin Lamott Sparks; Jan VanTassel; Victoria Veltri; Thomas Woodruff

**Members Absent:** Tamim Ahmed; Raegan M. Armata; Anne Foley; Terry Gerratana; Suzanne Lagarde; Courtland G. Lewis; Frances Padilla; Frank Torti; Michael Williams

**Other Participants:** Michael Michaud; Deb Polun; Ron Preston; James Wadleigh

The meeting was called to order at 3:05 p.m.

**1. Call to order**

Mark Schaefer announced that the Program Management Office (PMO) had signed a contract with the Chartis Group for consultative support through June. He introduced Michelle Moratti and Adam Stolz who will be leading the team and Fran Turisco of Aspen Consulting who will be supporting the Health Information Technology Council. Katie Sklarsky will be working with Ms. Stolz to support the Equity and Access Council.

**2. Public Comment**

There was no public comment.

**3. Minutes**

Approval of minutes will be deferred to the next meeting.

**4. Health Information Technology**

Roderick Bremby presented on the state's health information technology strategy ([see HIT presentation here](#)). The presentation included remarks from Paul McOwen, CEO of Zato Health about existing tools that may be available.

There were questions about the plan for a consent registry. Thomas Raskauskas noted that there is no state law for the exchange of health information (e.g. consumer ability to opt in or opt out). He expressed concern that there were plans to write policy defining consent in the state. Cmr. Bremby said the intention was not to create or set policy and that discussions for how data will be exchanged are needed. He said the consent registry would enable whatever policy is adopted.

Alta Lash asked how the SIM would influence or be integrated with the Medicaid program. Cmr. Bremby said the Department of Social Services did not intend to walk away from the success that has been achieved in the program. He said that payment reform was an area where they could learn from others.

Jewel Mullen said she was struggling with the big picture and was not sure how the tools and capabilities referenced in the presentation serve a broader purpose that gets to the SIM triple aim

or how they fit within the test grant application. Cmr. Bremby said that most of the items on the list are important to the support of the SIM vision and that the components are not solely Medicaid tools. Dr. Schaefer noted that a commonality among states at a National Governors' Association meeting was the questionable outcomes that resulted in state investments in health information technology. The federal government recognizes these investments need to occur as part of a broader plan in order to increase the likelihood that they will be successful. There is more work needed to be able to further flesh out the plan for health information technology.

Patricia Baker noted that it is critical that there be common metrics in order to ease the burden on payers and providers and asked that people think about what might be missing in terms of objectives. Deb Polun asked about training for providers. Dr. Schaefer said that we adopted a strategy of focusing on advanced networks in our model test grant. Ms. Polun also asked whether Medicaid would be included in the All Payer Claims Database. Commissioner Bremby said that there are currently 12 functional APCDs and most reside or have a contractual relationship with Medicaid. He said there is a lot of data that people want included in the APCD beyond Medicaid but that the benefits of that data need to be clear. There were suggestions to better flesh out the budget, including right-time hiring, and clearer explanations of what the existing funds are being used for.

Mr. McOwen discussed his work with Zato Health. He said their work focuses on effective use of data rather than tools. He said their focus is decentralized analysis which is network based and does not require the movement of data. Zato Health is looking at cross agency and cross medical provider analysis. The cross medical provider work supports Meaningful Use for CMS. The cross agency work focuses on client/customer registries. Cmr. Bremby noted that Zato has not been contracted to work on the SIM but is doing internal work with DSS.

## **5. Updates**

Dr. Schaefer provided updates on the work to date ([see presentation here](#)). He discussed the role of the Steering Committee in reviewing the recommendations of the work groups. His expectation was that work group recommendations would come before the Steering Committee. Some of the work group projects will include a public comment period. Dr. Schaefer expected that the PMO would provide a schedule in January.

For Practice Transformation, there is a need for a plan and time table for practice recruitment for the Advanced Medical Home. The PMO will confer with the Practice Transformation Task Force before rolling out the plan. The goal in the Quality Council is to move beyond using only claims based measures in 2016. Dr. Schaefer noted that setting the system up will not be a small task. He further noted that the three Quality Council sub-groups had been very productive in working through the measures. Dr. McLean asked how they envisioned working through three disparate opinions. Dr. Schaefer said it will require the leadership of the Council co-chairs and supported by a spirit of problem solving amongst Council members, which has been very much in evidence.

Ms. Baker said she did not understand the logic of deferring the start of the Workforce Council. Dr. Schaefer said that all available bandwidth in the PMO is being used to support the other councils that it did not appear that the PMO could appropriately support this council at this time. He was also unsure that a work group was needed to oversee the one remaining workforce initiative in the test grant.

## **6. Adjourn**

***Motion: to adjourn – Thomas Raskauskas; seconded by Patricia Baker.***

There was no discussion.

*All were in favor.*

The meeting adjourned at 5:05 p.m.