



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

Connecticut Office of Health Reform & Innovation

Health Technology Work Group

Thursday, November 10, 2011
Meeting Minutes

Members: Roderick Bremby; Victor Villagra; Alexis Fedorjaczenko; Peter Zelez, Bobbi Schmidt; Mark Raymond; John Vittner; Louis Polzella; Vanessa Kapral; Lori Reed-Forquet; Cheryl Wamuo; Hari Chanda; Tia Cintron; Tim Desmond

Absent Members: Mark Thomas

Invited guests: Mark Heuschkel; Thomas Agresta

Welcome and Introductions

- Introductions
- Tim Desmond will be the new designee from DMHAS

Approval of October 18, 2011 and October 27, 2011 Meeting Minutes

- Oct 18, 2011 meeting minutes approved
- Oct 27, 2011 meeting minutes approved

New Business

- Inventory Review
 - Social Services, continued (Mark Heuschkel & Thomas Agresta)
 - Pre-ARRA HIT activities, funded with Medicaid Transformation Grant funds (from Balanced Budget Act of 2005)
 - E-Prescribing
 - Health Information Exchange (HIE) Pilot
 - Comprehensive Active Medicaid Profile (CAMP) Pilot
 - DSS ARRA-Funded Activities
 - Medicaid (Electronic Health Records) EHR Program
 - State Medicaid Health Information Technology Plan (SMHP)
 - Medical Assistance Provider Incentive Repository (MAPIR application)

- EHR Incentive Payment Program Current Status
- Moving toward Meaningful Use: Year 2 of the EHR Incentive Program and tie-into the HIE
 - Education and Outreach
 - Health Information Exchange
 - Strategic Vision and Planning
- Strategic Goals for Connecticut Medicaid HIT
 - Improved quality, safety, and efficiency of care in the State's Medicaid health care system
 - Engaged patients and families in their care
 - Improved care coordination
 - Promotion of public and Medicaid population health through achievement of secured real-time EHR reporting
 - Promotion of privacy and security of EHRs
 - Support of interoperability
- CT Health Information Technology Exchange presentation by Lori Reed-Forget (HITE-CT) (see PPT online)
 - How does the ONC define a HIE?
 - Electronic movement of health-related information among organizations according to nationally recognized standards.
 - Requires national standards
 - Data can be from multiple sources, current focus is on clinical data only.
 - CT-HIE Background
 - 2009: CT HIT Strategic Plan
 - 2010: HITECH, ONC Grant in cooperation with DPH
 - 2011: HITE-CT, Quasi-public agency
 - HITE-CT Goals
 - HITE CT goals are driven by priorities of ONC and strategies which take a longitudinal clinical view, and propose sharing documentation across providers as well as provide point to point sharing between providers.
 - HITE-CT Strategies
 - Establish a standards based (XDS) document sharing infrastructure
 - Enable direct secure-messaging for point to point sharing
 - Hosted service based environment
 - Phased implementation
 - Grow to include
 - Wide range of services including interfaces to existing providers systems and edge systems

- Other clinical content (personal health records, quality)
- HITE-CT Collaboration with eHealthConnecticut (REC)
- HITE-CT Collaboration with State Agencies
 - For example, collocation with immunization registries and laboratory reporting and eventually surveillance.
 - HITE-CT Collaboration with Capitol Community College (workforce training) to build HIT staff capacity.
 - 30-40% of CT primary care and specialties already have EHRs.
 - Note: No HIE's cross state lines except for Veteran Administration. However smaller regional HIE's exist already, such as that of the Yale New Haven Hospital system.
- HITE – CT Review of Subcommittees
 - Technical infrastructure subcommittee
 - Finance committee which monitors the budget and sustainability models
 - Business and technical operations subcommittee which considers HITE CT operations.
 - Special populations subcommittee, which makes sure needs are met in HIE.
 - Subcommittees welcome public input
- HIE Inventory
 - Direct messaging service (send and receives secure email)
 - Provider portal allows physicians to access the HIE if the electronic medical record is not connected.
 - Clinical Data Repository, mapped and standardized to national specification
 - Provider and patient matching through probabilistic matching algorithm.
 - Components of service include: data audit and transformation, user portal, exchange services XDS consent, EMPI/Provider DIR, Secure email, state agency reports, EMR systems patient data.
- HIE for CT will facilitate “Meaningful Use” of HIT
 - Allow delivery of labs, D/C summaries to clinicians
 - Allow “proof” of secure transfer of standardized and non-standardized healthcare data between providers.
 - Connect with government offices such as the DPH immunization and communicable disease registry.
 - On board any provider, document registry patient index.
 - Provide a direct messaging secure email system

- HIE impact
 - The HIE is cost effective, with less point to point connections to move information between parties.
 - The HIE is aligned with findings from the Public Health Informatics conference regarding improved continuity of care.
 - The HIE is believed to improve care at point of visit, for instance in the medical home model.
- The HIE will be implemented using an Opt-Out consent model

Question and Answer

- Roderick Bremby asks about collaboration with Regional Extension Centers:
 - Ms. Reed-Forquet answers, that HITE has been in contact with RECs about standards and are discussing plans whether to merge with the State HIE or to continue independently with interoperable transactions.
- Victor Villagra is curious whether Regional exchanges offer services that exceed the proposed HIE CT.
 - Ms. Reed-Forquet answers “Yes”, for example regional exchange may report on their own population or provide additional features in their own portal environment.
- Tia Cintron asks whether HITE CT is willing to collaborate with the Health Insurance Exchange in the future.
 - Ms. Reed-Forquet answers favorably.
- Hari Chandra asks for specifics about the exchange mechanism.
 - Ms. Reed-Forquet reiterates features of the HIE system outlined in the aforementioned presentation (see online). In summary, she answers there is some interoperability between systems and the complex algorithm is well tested.
- Peter Zelez asks a question about future funding for these currently grant funded programs
 - Ms. Reed-Forquet answers that HITE CT will start charging for these services to become self-sustaining.
 - Tom Agresta adds that this is a very important question in general that is being explored.

Public Comment

- No public comment

Next Meeting

- Next meeting, November 23, 10:30 to 11:30 a.m.

Adjourn