



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

Health Technology Work Group

Friday, October 7, 2011
Meeting Minutes

Members: *Roderick Bremby; Alexis Fedorjaczenko; Peter Zelez, Terry Macy; Bobbi Schmidt; Laurie Graham; Jared Augenstein*

Public attendees: *Susan Halpin; Christine Cappiello; Janice Perkins*

Commissioner and Co-lead Roderick Bremby opened the meeting by welcoming all attendees and having co-leads, student interns, members and attendees introduce themselves.

Mr. Bremby began the discussion by reading the Health Technology Work Group Charge prepared by the Office of Health Reform & Innovation:

“The success of health reform depends on the abilities of multiple communities and organizations to access the information they need to make decisions about health care delivery and system change.

The Office of Health Reform & Innovation requests that the Health Technology Work Group provide recommendations for consideration by the full Cabinet regarding a fully coordinated and integrated approach to the design and purchase of technology related to health reform, with an eye towards integrated architecture.

The key to success is in the collaboration between multiple stakeholders. This plan should include carefully delineated participation at a minimum by HITE-CT, the Insurance Exchange, DSS, DMHAS, DDS, CID, DOL, and DPH.

In pursuing this charge, it is imperative that the Work Group consider the impact of its recommendations on related initiatives.”

Alexis Fedorjaczenko spoke of this charge and the impact it might have on the direction of this Work Group, and explained that the charge reflects thinking of Special Advisor to the Governor on Health Reform Jeannette DeJesús with the knowledge that there may be more to add and clarify. Mr. Macy commented that he “believes this is a significant charge” and Mr. Zelez questioned the need to identify software, hardware and cost information. Mr. Bremby responded “no” but suggested a schedule for deliverables is expected. Mr. Bremby continued to explain that while many organizations are moving

already, this group should be looking for what technology already exists, what are the project overlaps, and what future changes can be expected. Mr. Bremby mentioned that in the future, Mark Raymond, CIO will hopefully be at the table in future meetings to orient the enterprise, but that the Work Group should offer suggestions for the architecture. Mr. Bremby went on to say the Health Exchanges are running parallel to this issue, and that this Work Group will be instrumental in our readiness to address legislation in February. The role of this group will be to make suggestions based on what already exists and the integration needs going forward.

Mr. Bremby asked the group, "Are modifications needed to the work plan?" Alexis Fedorjaczenko responded on behalf of Jeannette DeJesús and reminded the group "This charge is about people...and to consider this, and to not lose sight of this" when discussing more detailed work of the technology charge. Ms. Fedorjaczenko suggested adding language to the charge such as, "Improve health outcomes for the citizens of Connecticut". Mr. Bremby agreed the charge must convey means to an end, in which this group does make a difference and meets desirable outcomes. Mr. Bremby said when people talk about health reform, and talk about health insurance information, we need to support each other. He continued to say that health reform can only work if systems integrate. The Work Group should explain why integration is necessary, what value is derived by integration and provide principles for integration.

Mr. Bremby presents an example: The eligibility system is the front-end of insurance exchange, and front end of DSS. He asks, "How might the architecture lend itself to eligibility for all systems?" He went on to say that departments should not wait for enterprise architecture to build out their own systems, however, system oriented architecture would allow divisions to share information across the enterprise. Mr. Bremby discusses the need for model systems, and the need to develop in preparation for future development, given the role of mHealth applications, new types of data encryption and data transmission available on the market. He provides the example of Jawbone, a hardware device for quick and easy data transmission. Mr. Bremby asks the groups to consider how we might get information from pharmaceuticals, while following hard and fast protocols for information exchange. Mr. Zelez concurred with Mr. Bremby's suggestions and asked whether other states have had strategies for data integration. Laurie Graham says integration across departments in other states has proven challenging, especially given departments are at different stages of development. However the standardization of data formatting, specifically the use of unique patient identifiers and common encryption protocols has helped streamline transfer of data across departments. Mr. Bremby says people want to use the same information in multiple departments but that governance of data in light of interoperability is another consideration. Ms. Schmidt agrees, and suggests the Work Group should consider what each department wants to use the data for. Mr. Bremby asks for further input on the goals of the Work Group, and given all are silent, he announces consensus on the charge.

Mr. Bremby distributes handout "Health Reform / Transformation" that includes six illustrative alignment targets" health insurance exchange, health information exchange, eligibility systems, mHealth, registries, and claims database.

Mr. Bremby leads a discussion in identifying future members based on expertise. Alexis Fedorjaczenko suggests that other people be involved from HITE CT and the Health Insurance Exchange. Ms. Fedorjaczenko says a state agency lead, non-state agency Cabinet member, and a community member should be included. Mr. Bremby suggests project management support is needed to devise a work plan to meet timely deliverables. Mr. Bremby says he knows a vendor who is

“agnostic” to hardware and software preferences and knowledgeable about the HHS initiatives. He says this outside support has the skills we need to help use data for informatics and achieve what we want through integration. Mr. Macy agrees the expansion of skilled workforce is needed. Mr. Bremby and Mr. Macy express joint concern that experienced individuals are retiring resulting in a loss of institutional knowledge. Skilled workforce is needed that can interpret HHS requirements. Mr. Bremby says the universal eligibility system is one area that HHS is thinking about requiring. For the DSS to replace eligibility system is an estimated \$250 million dollars. Federal CMS has a 90% cost share in that conversion, therefore is invested in integration.

Mr. Bremby distributes handout “Health Reform – ARRA- HITECH Act” and leads a discussion about the expectations regarding timeframes and deliverables for the Health Technology Work Group including that if we focus solely on insurance exchanges, this is far too narrow. Data from claims, registries, and public health sources can provide aggregate reports and useful measures such as disease prevalence. Ms. Fedorjaczenko speaks on behalf of Jeanette DeJesus in suggesting the need for discrete objectives for the Work Group; “There is a legislative session coming up to think about and it would be helpful to have some sort of deliverable to bring back to the cabinet, to show that things are moving.” Mr. Bremby says the group should look for a deliverable in 2-3 months that will hold everyone accountable for their work. He says the group should expect that the Cabinet will ask us to expand and fill out the deliverable, but suggests the group should issue a deliverable as quickly as possible to build the support we need to make it happen.

Mr. Bremby says he will keep the graduate student interns informed of research topics that might contribute to the group discussion. Mr. Bremby and Mr. Zelez agree that any edicts from HHS and best practices from other states would be helpful. Bremby says the initiatives under ARRA and health reform for health technology is “new space” and it should be expected that each state has different technology plans, both for current systems link and future systems link. He suggests using mHealth experts who have used applications to generate outcomes from health information exchange pipelines. For example, by monitoring claims flowing through the system, it is possible to alert unusual activity such as increased incidence of flu diagnoses. Given the creativity to this process, Mr. Bremby asks the group to consider on how it can commercialize information for public benefit.

Mr. Bremby leads a discussion to establish meeting schedule dates and times for the remainder of the year and suggests meeting every two weeks on Thursdays when the Cabinet is not meeting. Ms. Fedorjaczenko speaks on behalf of Jeanette DeJesus by stating a strong preference for public meetings. The group acknowledges this request.

Mr. Bremby reviews the next steps: Edit charge to include the conversation today; Develop roster and contact information; Continue to take input for community member co-league and cabinet member co-league; Check on resource to provide broad brushstroke consideration to guide work; Put out calendar for meeting dates and times. Ms. Fedorjaczenko says the group should provide an update at the next Cabinet meeting, regarding the Work Group’s first meeting and direction. Mr. Bremby says “we are creatures of the cabinet” and Mr. Macy agrees. Mr. Bremby confirms the communication strategy for upcoming meetings. Ms. Fedorjaczenko said there will be Work Group information posted on OHRI’s website www.healthreform.ct.gov.

Meeting was adjourned by Mr. Bremby (11:53am).