

STATE OF CONNECTICUT
State Innovation Model
Health Information Technology (HIT) Council
Meeting Summary
Friday, February 20, 2015
10:00-12:00p.m.

Location: Capital Building, Room 310, 210 Capitol Avenue, Hartford, CT

Members Present: Thomas Agresta; Roderick Bremby; Anne Camp; Patricia Checko; Anthony Dias; Ed Fisher; Michael Hunt; Vanessa Kapral; Matthew Katz; Mike Miller; Mark Raymond; Philip Renda; Craig Summers; Jenn Whinnem; Josh Wojcik

Members Absent: Crystal Emery; Alan Kaye; Theanvy Kuoch; Michael Michaud; Stephen O'Mahony; Moh Zaman

Other Participants: Jessica Deflumer-Trapp; Michelle Moratti; Mark Schaefer; Minakshi Tikoo; Fran Turisco

The meeting was called to order at 10:04 a.m.

1. Introductions

Mark Raymond and Commissioner Roderick Bremby chaired the meeting. Participants introduced themselves. The Commissioner stated that the meeting had an aggressive agenda that was based on the feedback from the interviews.

2. Public Comments

There was no public comment.

3. Minutes

Matthew Katz requested that meeting minutes and material be sent out in a timely fashion to allow Council members a chance to review before the Council meetings. Patricia Checko asked that page four of the December 18, 2014 meeting minutes be modified to capture her request for background information regarding the Council's decision to use the Medicare Model as a building block. Currently, the minutes suggest Dr. Checko asked why the Council followed the Medicare model.

Minute approval was tabled until the next HIT Council meeting.

4. Interview Common Themes

Fran Turisco from Chartis presented an overview of the common themes from the individual interviews with the Council members. Each were discussed in more detail, as the presentation was developed based on the themes.

5. Interview Theme: Goal

Mark Raymond presented the HIT Council's goal as documented in the Charter. Mr. Raymond urged the Council to focus on outcomes and to identify necessary tools to enable the capabilities that already exist. Mr. Raymond explained the IT Council's charge was to support the SIM initiatives, not technology for technology's sake. Mr. Raymond reviewed the high risk and high priority IT components for the SIM program. Mr. Raymond suggested the group define phases for implementing the solution. Start small and build on our successes. The group decided to table the discussion about the consent registry until it is clear that the solution needs one. At this time, the indexing of data may or may not be considered accessing PHI data. It may be necessary once the design is fleshed out to request a policy review for the need for a consent registry.

6. Interview Theme: Charge

Fran Turisco reviewed the HIT Council's charge using excerpts from the Connecticut SIM Operational Plan and the Notice of Grant Award. Ms. Turisco urged the Council to identify risks quickly and alter the timeline accordingly. The Council must work with CMMI to meet its milestones.

Anne Camp asked for clarification regarding the term "risk." Ms. Turisco clarified that the term risk refers to adherence to schedule and budget. Currently, SIM funding is tied to milestone achievement. Fran Turisco explained the best way to mitigate risk as understanding the larger picture while achieving incremental successes.

Matthew Katz expressed concern regarding the HIT Council's aggressive timeline. Additionally, the HIT Council received little direction from other Councils on their direction and scope of work. Commissioner Roderick Bremby suggested the Steering Committee be informed that there are deliverables that would precede the development of the HIT project. Mr. Katz added that direction from the Quality Council would be valuable in obtaining critical elements. Mark Raymond suggested the HIT Council present the capabilities and constraints of the technologies and the Quality Council provide information on specifics they need to collect. Mark Schaefer explained that the March 4th Quality Council meeting will define the requirements for the test elements and formally approve communication with the HIT Council regarding test elements.

Fran Turisco presented a high level overview of the components and interactions for the 2016 SIM target. Dr. Tikoo reviewed the edge server schematic and data sources. Dr. Tikoo explained the fundamentals needed to have outcome measures. She described the APCD as an asset given its claims data and should be a valuable part of the solution. The SIM needs leads itself to be a federated interoperable system model. Dr. Tikoo cautioned that the success of the solution requires that providers will not need to make drastic changes in their system. Fran Turisco inquired about the indexing capabilities. Dr. Tikoo explained that the index tagging data tagged based on conditions as a way to make calculation more efficient. Anthony Dias asked if there are other alternatives in place that the Council should consider. Dr. Tikoo explained that these are examples her group identified as being uniquely efficient and do not require centralized data.

Matthew Katz remarked that the systems need to be standardized as definitions for tagging will change over time and throughout organizations. Dr. Thomas Agresta requested the technical aspects of the project be clarified, specifically, what the HIT Council is trying to enable. Mark Raymond suggested the group identify the primary purpose of proposed technology and their secondary benefits. Michael Miller asked if there is an opportunity to pull the edge server capability into the left which will provide more flexibility in the future.

Jennifer Whinnem reinforced the idea that the technology be standardized. Dr. Tikoo asserted that only so much standardization can happen at one time. Dr. Tikoo suggested the HIT Council move standardization gradually and in a realistic way. Standards in the space are evolving and changing, she added. Philip Renda asked where the clinical and claims data requirements were defined. He asserted that requirements be defined and broken down before solutions are proposed. Fran Turisco informed the Council that the Quality Council is working on those requirements and clarified that these elements will be brought into focus during phase one.

Mark Schaefer explained that an edge server technology is the most effective means for the 2016 target based on Dr. Tikoo's team and the University of Connecticut's recommendations. The Quality Council is mindful that policy may drive the requirements and technology solutions and recognize the importance of defining the high level requirements.

Jenn Whinnem suggested the other Council's be educated on the technologies and capabilities that were listed. Mark Raymond agreed that an education in the purpose of certain technologies would be helpful for other Councils. Michael Hunt asserted that the Council needs clarification on the content the technology will measure. Mark Raymond clarified the areas the SIM grant is asking the Council to

solve. Patricia Checko remarked that it seemed that the technology is not measuring quality of care but documenting that something happened to the patient. Fran Turisco clarified that later SIM phases will address aspects of patient socioeconomic status and patient experience. Dr. Tikoo said the hope is that computation data will not just be for federal reporting, but to help ACOs and providers understand the larger picture of care.

Mark Schaefer informed the Council that the federal government wants 100% of Connecticut citizens to be under SIM care. Connecticut has proposed to have 90% covered under SIM by 2020. Matthew Katz informed the Council that the APCD is not consistent with what the Council's description of its purpose. Mark Raymond and Fran Turisco asserted that the APCD, SIM, and Access Health need to be in communication.

Dr. Tikoo presented on the scope and dataflow of HIT analysis using a patient scenario. She explained that if the edge server approach cannot meet the needs of the SIM initiatives, the Council and her team can look at other options. Michael Hunt and Dr. Tikoo discussed the amount of funding for the SIM technology. Mark Raymond clarified that SIM funding is not the only source for the consent and fundamental springboard.

Fran Turisco presented on the Council's ten steps from concept to implementation. Ms. Turisco discussed the communication between Council's and offline Council workgroups.

7. Interview Theme: Solution

The Council discussed the scope of the HIT Council solution. Dr. Tikoo discussed testing. Mike Miller suggested a pilot entity test out the solution to which Dr. Tikoo remarked that the pilot would be the first ACO to sign the DURSA. Michael Hunt reminded the Council to be mindful of the different levels of technology at each ACO. Matthew Katz informed the Council that selecting and working with vendors will take time. Anthony Dias, Fran Turisco, and Mark Schaefer discussed implementation tracking and feedback. Dr. Tikoo suggested that the group clarify what topics are relevant to their discussions and what topics are relevant to other groups' discussions. (Technology versus SIM initiative business requirements). Michael Hunt asserted that all solutions should be accurate and timely and have an outcome that is presented. Thomas Agresta pointed out the importance of having data that is usable across the board with similar metrics. Data quality is tantamount and that it should be included in the HIT Council charge.

Interview Theme: Workload

Fran Turisco presented on the 2016 solution and the HIT work streams. Thomas Agresta asked that the group think about how end user implementation impacts each of the elements. Michael Hunt and Dr. Tikoo discussed how different end users are in different stages of technology implementation. Dr. Tikoo expressed that the process will be a collective learning process and will depend on testing feedback. Patricia Checko discussed confidentiality in patient data from a legal standpoint. Mark Schaefer explained that the technology must be assessed before consent can be addressed.

8. Next Steps

The group will work to help other Councils understand the technology being presented. The Council will set up a basic system and may add as more information becomes available. The Council will pilot with one ACO and add others as the process continues. How phased the Council is depends on the solution. A good test could be through a MQISSP provider. A design group will convene to review the requirements that will result from the March 4th Quality Council meeting. Matthew Katz will report back from the APCD meeting. The Charter will be readdressed and edited to include voting practices. Moving forward, Council meeting materials will be distributed in a more timely fashion.

The Council members were thanked for their time. The meeting adjourned at 12:04p.m.