

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Health Information Technology Council Meeting

June 19, 2015

Meeting Agenda

Item	Allotted Time
1. Introductions	5 min
2. Public Comments	10 min
3. Minutes	10 min
4. Conflict of Interest	20 min
5. Executive Team Selection	10 min
6. HIT Council Process and Confirmation	25 min
7. CMMI HIT Q&A Webinar Summary	10 min
8. HIT Design Group Progress and Request to Proceed	15 min
9. HISC Meeting Update	10 min
10. Next Steps	5 min
11. Appendix Health IT Supplemental Guidance Presentation	

Conflict of interest safeguards for the State Innovation Model Initiative



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Nomination and Voting Process:

- Call for nominations at the HIT Council Meeting
- For multiple nominations, HIT Council members vote for one nominee in each stakeholder category
- Chair announces the stakeholder additions to the executive committee team based on the votes



Summary of Roles and Responsibilities as per the HIT Charter:

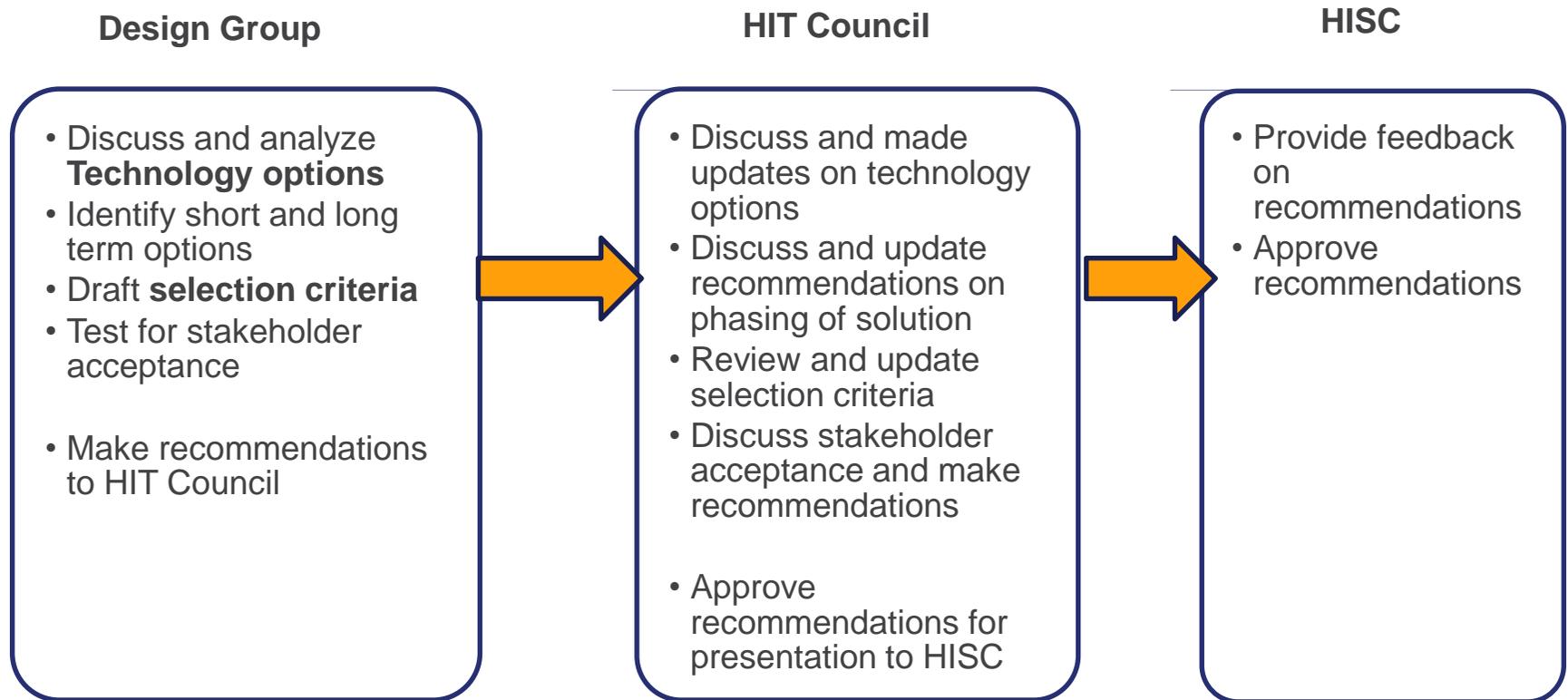
- Includes the co-chairs and three members from the council representing the major stakeholder groups (Consumer Advocates, Payers and Providers).
- The non-co-chair members will be included in the agenda prep calls to assist in agenda development and identify any issues brought forth by council members.
- After the meeting, HIT Council members are invited to raise process and content issues with the members of the executive team.

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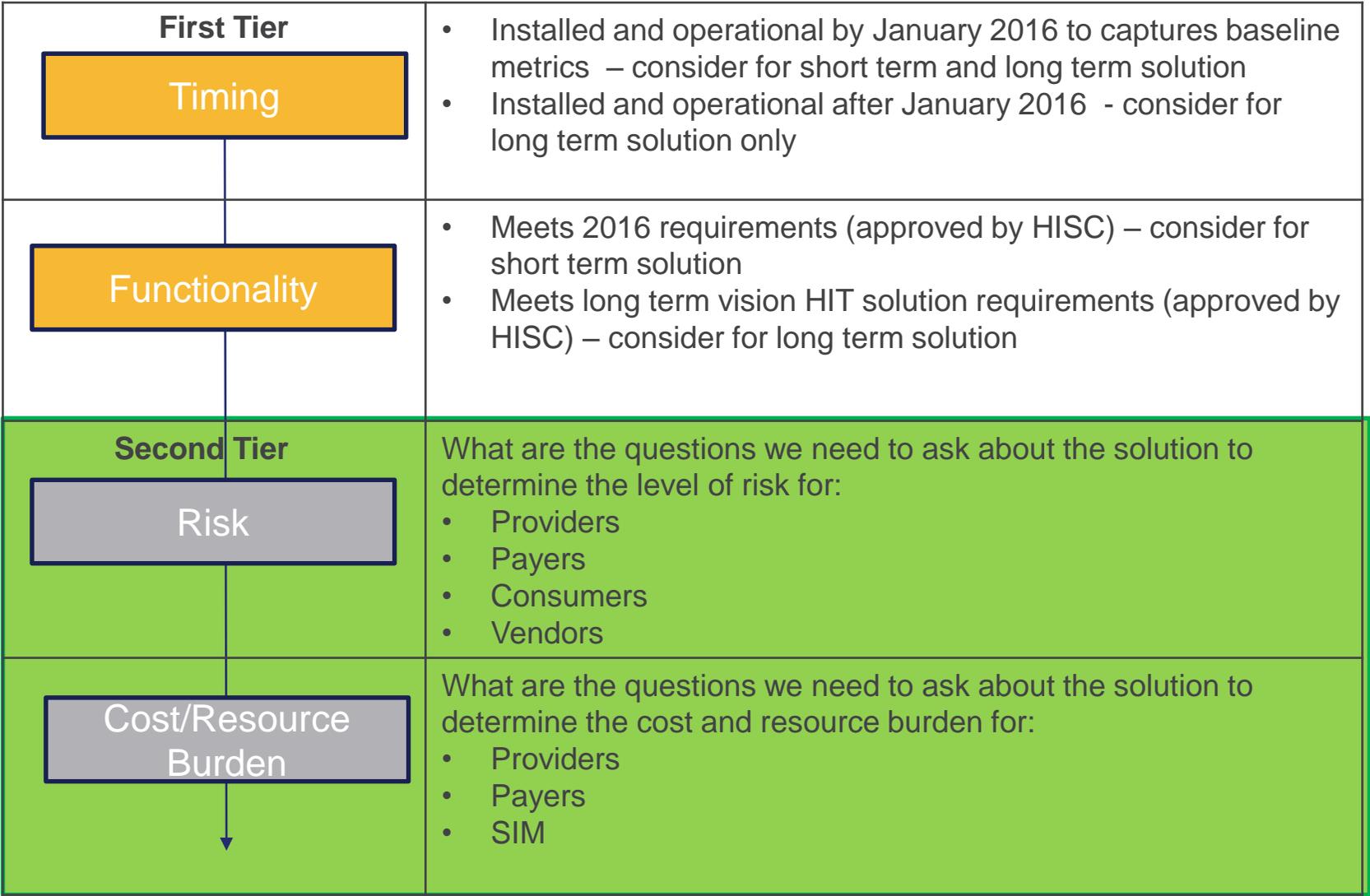
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Quality Measures and Reporting Design Group Process

The design group is tasked by the HIT Council to investigate technologies and options for HIT solutions to support the quality measures and reporting requirements for SIM. Findings are reporting to the HIT Council. The Council updates and makes recommendations to the HISC



HIT Solution Tiered Selection Criteria



HIT Solution Functionality

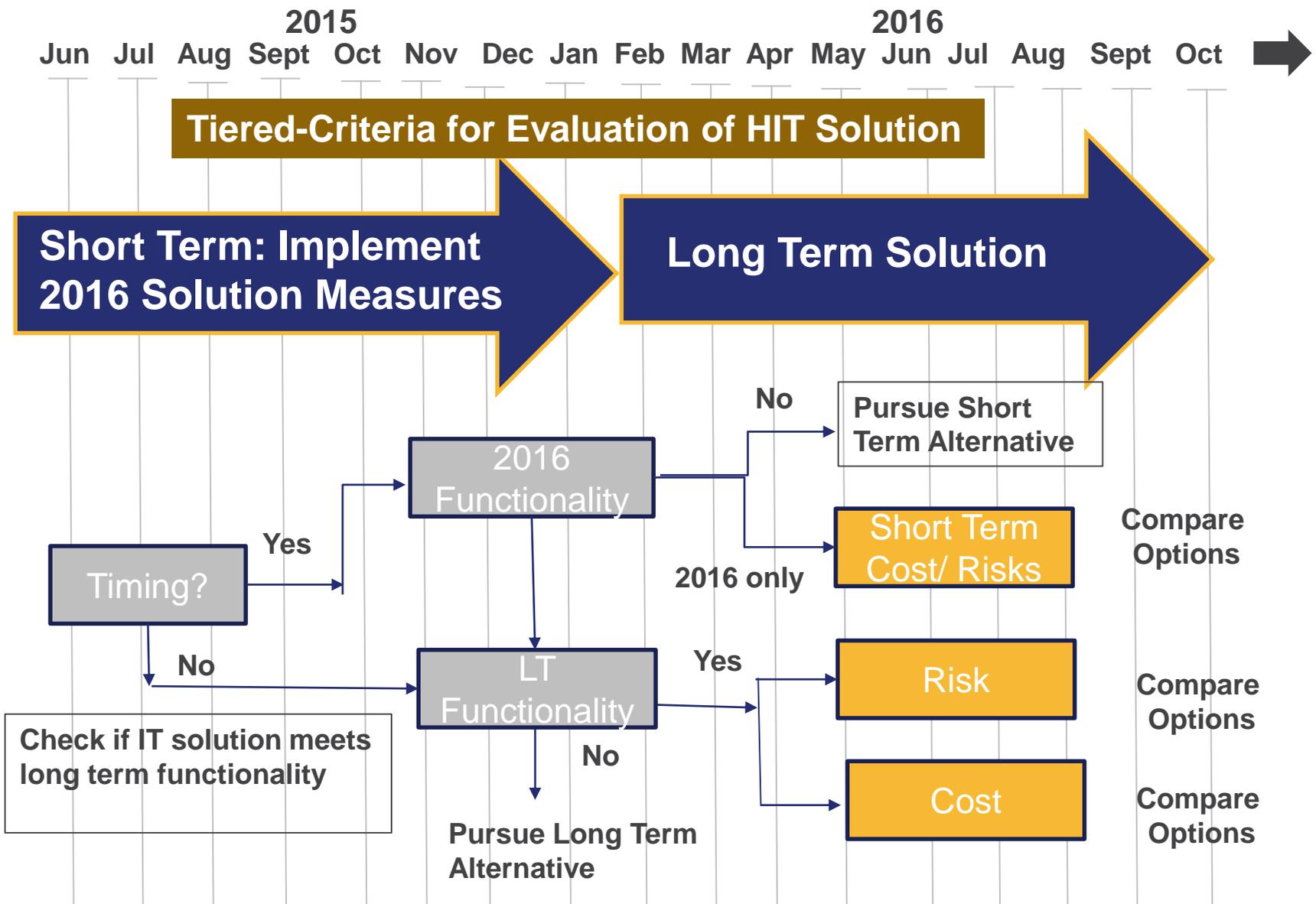
- Data collection
- Data aggregation/measure aggregation
- Reporting and analysis

Responsible Council

- HIT Council
 - All functionality is automated
 - At least one function is automated
- Quality Council
 - No automated functionality



Evaluation Process – Second Tier Criteria



Second Tier Selection Criteria: Risks and Costs

Stakeholder	Risks and Cost/ Resource Burden
Payers	<ul style="list-style-type: none">• Can the solution designate attributed population by plan? By member and by plan and plan sponsor?• Is the audit application accurate?• What is the cost to install and support the solution?• What technical and analytical skills are needed?• Are the costs in line with the expected benefits for participation? Are the costs clearly defined?
Providers	<ul style="list-style-type: none">• What level of interoperability can be achieved? All data? Quality measures? Not enough for SIM?• Will the care providers need to change online documentation process to collect the data for the solution?• Are the costs in line with the expected benefits for participation? Are the costs clearly defined?• Does the provider have the skills and resource to support the solution?
Consumer	<ul style="list-style-type: none">• What is the level of patient data exposure outside of the EHR?• What safeguards are in place to maintain patient confidentiality?• Will there be a need to use a consent registry to record consumer authorization?

Second Tier Selection Criteria: Risks and Costs

Stakeholder	Risks and Cost/ Resource Burden
SIM PMO / State	<ul style="list-style-type: none">• What assurances are documented that solution meets the SIM requirements?• Will the PMO have the right number and types of skills needed to manage the solution? Infrastructure, end user issues?• What is the risk that payers decide not to participate? Providers?• Are the processes and procedures in place to manage the solution vendor and the user sites?• What is the cost to install and support the solution at the SIM site?
Vendor/ Technology	<ul style="list-style-type: none">• Does the vendor have a track record in healthcare?• Does the vendor/product have a track record for the proposed solution?• How well does their data normalization meet our requirements?• What audit capabilities are provided to assure accurate data aggregation?• What is the financial viability of the vendor?• Does the vendor have sufficient technical and support resources? Does the solution have additional functionality that we can use in future years? Will they customize the solution for our needs?• What additional costs do they anticipate for this initiative? Is it within the SIM budget?

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CMMI Q&A Session Highlights

Goal: Design for your vision (5-7 years) and then work backwards



Getting Started Steps:

Task	Status
Validate current state before starting to draft the solution and timeframe	✓
Identify core functionality first, looking at it from the end user needs Basic quality measure reports Aggregation of quality metrics	In progress
Look at data sources – claims, social media, EHRs	✓
Determine how to access the data	In progress
Determine how the solution will aggregate it	In progress
Determine solution for year 1 baseline metrics	In progress

Implications: CT SIM is following the recommended steps; need to determine year 1 solution quickly

Goal: Design for your vision (5-7 years) and then work backwards



Longer Term Recommendations:

- Be practical on implementation timelines given the realities of the market place
- If cannot make the timeline, let CMMI know as soon as possible
- There is a plethora of documentation and templates to help build the road map and HIT Plan
- Optional individual state specific TA assistance for developing the State Health IT Component of the Operational plan. Can also help explain the documents and tools and provide brainstorming on how they can be used to move the effort forward.
- Expect issues related to policy, operations, technologies and the role of government in governance

Implications:

- Review timeline for HIT Plan and make adjustments as needed to match expected timeframes
- Take advantage of TA assistance to understand the documents and brainstorm how they could work for CT SIM **(Material available on the website, [here](#))**

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Quality Measures and Reporting Design Group Progress Summary

The design group was formed to analyze the Quality Council inter-council memorandum and provide feedback to the HIT Council, the Quality Council and the current vendors regarding need for IT and functional requirements.

Progress Highlights:

- **Six meetings have been held via conference calls**
- Reviewed Inter-council memorandum and identified questions for the QC and vendors
- Recommended the addition of three QC members to the DG
- Drafted questions for Zato and APCD
- Reviewed responses and presented summaries to HIT Council
- Brought follow up questions to HIT Council
- Created draft selection criteria for HIT Council review
- Request approval from HIT Council to proceed with vendor analysis



Zato Responses: What We Learned

- The Zato materials and diagrams described a complex solution that moves CT SIM HIT Solution in the right direction. What it is capable of processing may be far more than we need for CT SIM
- The indices contain PHI (normalized). It can be encrypted in transit and at rest
- All data stays behind the entity's firewall
- Zato uses a proof of concept methodology and recommends it for new sites
- Zato platform applications and analytics are in-house developed
- Offered two options for conducting product demonstrations
 - Demonstration in Connecticut using de-identified discharge summary data
 - Demonstration using Cerner data from Bay State once it has been de-identified



Zato Responses: What We Still Need to Understand

- How does Zato work in a healthcare environment and specifically how will it address the IT functionality and analysis for CT SIM?
- How will the users interact with the system?
- What is the complexity for retrieving the data from the EHR. How does the system retrieve the data? Will Zato demonstrate how the system work using the two EHR-based measures to understand data integrity and normalization?
- What is contained in the index, assuming we are only interesting in the two measures?
- What are the cost and staffing needs for set up and support (on the provider's side)? Can Zato work with hosted or ASP EHRs?
- Are there commercial tools providers can use to do additional analysis using the Zato platform?
- Based on your experience with Bay State, what expertise is needed to work on the data schema and mapping? Set up and Support?

Request to Proceed

- Receive approval to send additional questions
- Receive approval to set up Interaction I demonstration using de-identified discharge summaries
- Receive approval to request Interaction II - a demonstration of Zato using either de-identified data from Bay State Cerner system or from one of our Council member's sites



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HISC Meeting Highlights

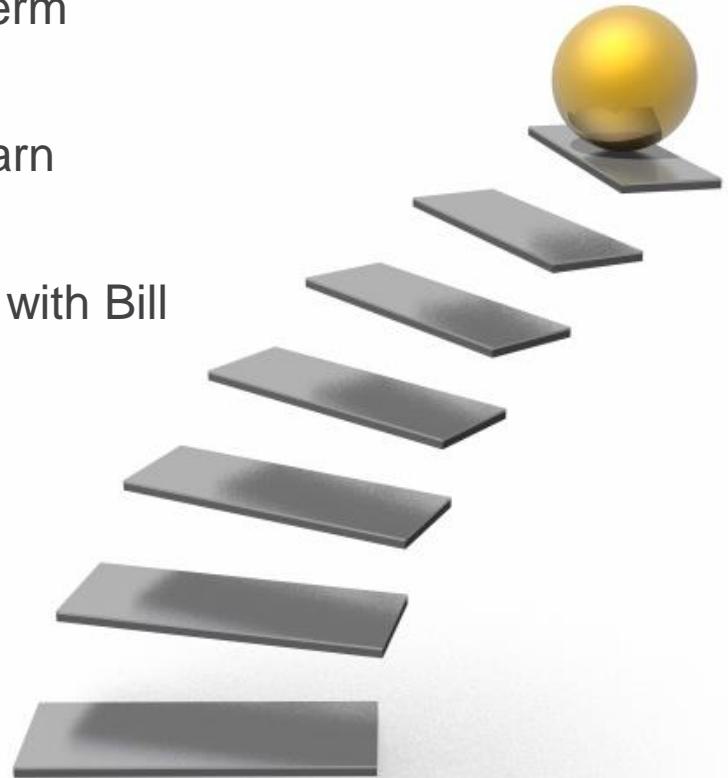
- Operational and Resource Needs
- Selection Criteria
- Integration/relationship with Senate Bill 811



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- Proceed with short term and long term technology assessment
- Start communications with TA to learn more about HIT plan and tools
- Determine intersection/relationship with Bill 811



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The Office of the National Coordinator for
Health Information Technology



Health IT Supplemental Guidance for SIM State Health IT Components of Innovation and/or Operational Plan

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■ **Process for TA**

1. Today: overview of what the documents are and how they can be used by both Test and Design SIM States
2. 6/11/15: 4-5 p.m. eastern time -- “office hours” with no presentation but both Test and Design SIM states can call in and ask questions after having a chance to look at the documents
3. Individual State Specific TA: request through TASC and SIM PO for individual assistance with developing State Health IT Components of “Innovation” or “Operational” Plan

■ **Purpose of Health IT Supplemental Guidance:**

1. Support the development of the state’s health IT components of their SIM Model Test/Model Design Plan
2. Assist the state in implementing and utilizing health IT to support the other components of their SIM Model Test/Model Design Plan

- **Components of Health IT Supplemental Guidance:**
 1. Cover Letter (Varies by Test and Design)
 2. HIT Plan Supplemental Guide (Varies by Test or Design)
 3. HIT Plan Checklist (Same for Test and Design)
 4. HIT Plan Workbook in Word Format (Same for Test and Design) HIT Plan Workbook in Excel Format (Same for Test and Design)

- **Parameters for Use**

1. Templates and tables are “samples” and optional
2. No expectation that all the templates and/or all the elements of the templates are relevant to every SIM state

HIT Plan Checklist

Health IT Components & Context	Guide Table & Page	Completed (v)
<p>Overarching Information Needs: Based on what the SIM awardee is trying to improve by a certain date</p> <p>Overarching Data Needs: Based on the information needs identified above</p> <p>Overarching Health IT Needs: Based on the information and data needs identified above</p> <p>-----</p> <p>-----</p> <p>Overarching: How specified Health IT elements and/or programs, in combination, will achieve state-wide health transformation</p> <p>A. Governance:</p> <p>B. Policy:</p> <p>C. Infrastructure:</p> <p>D. Technical Assistance</p>	<p>Table 1 Page 3 and the result of analysis of multiple tables</p>	

HIT Plan Supplemental Guidance

- Relevant ***optional*** illustrative templates: alignment with driver

Workbook Templates	Table	Workbook Tab
Health IT Support for Data/Information for Driver Diagram	Table 1	Tab 1

Workbook Templates	Table	Workbook Tab
Diagram(s) of Organizational Structure(s) related to Health IT	Table 2	Tab 10
Health IT Related Positions Assistance	Table 3	Tab 6
Description of How Health IT Organizational Structure(s) Incorporated into Overall Organizational Chart	Table 4	Tab 10

Stakeholder Engagement

Supplemental Guide, pg. 5)

Awardees should consider:

- The inclusion of federal, state, local and tribal governments, physical health, behavioral health (BH), and public health (PH) care providers/systems, commercial payers/purchasers, community-based and long term support (LTPAC/LTSS) providers, regional HIE(s)/HIO(s) (if applicable), consumers, state Regional Extension Center, and tribal communities;
- The process for stakeholder engagement; and
- If through the SIMs process stakeholders identified key health IT priorities and/or specific health IT requests, the priorities/requests and how the priorities/request support the SIM initiative.

Workbook Templates	Table	Workbook Tab
Health IT Stakeholder Engagement	Table 10	Tab 6
Health IT Stakeholder Engagement Process	Table 11	Tab 6
Health IT Stakeholder Priorities/Requests	Table 12	Tab 6

Health IT Plan: Workbook

Table 1: Health IT Support for Data/Information for Driver Diagram (Workbook Tab 1)

<p>Metric: What data will be used to track progress (how much and by when)?</p> <p><i>(copy from Operational Plan Driver Diagram- Tab 1)</i></p>	<p>Who needs the data? (1) state (2) HC delivery systems/managed care entity (3) providers (4) patients/enrollees</p>	<p>What Health IT is needed to support data collection, retention, aggregation, analysis, dissemination? (what and by when)</p>	<p>What Health IT policy (P), technical assistance (TA), technology (IT), or business operation (O) changes are required and by when?</p>	<p>Identify and explain policy levers that will be used (if applicable): (1)statutory/regulatory (2) Leveraging State Purchasing - Medicaid (managed care contracting/MMIS/MU Program) (3) Leveraging State Purchasing - State Employees (4)Leveraging Private Financing</p>	<p>Identify challenges & additional clarifications regarding Health IT Policy (P), TA, technology (IT) or business operation (O) changes required by item</p>
<p><i>Examples: clinical data from the EHR; claims data from the APCD; payment data from the MMIS; etc.</i></p>	<p><i>Examples: state - for reporting to state legislature; delivery system- to determine if a change in benefits required; provider - care team for delivery of care; patient – compliance with treatment plan; etc.</i></p>	<p><i>Examples: Collection – connectivity between BH, PH and medical providers, Retention - Data Repository, Aggregation – patient matching; Analysis - Data Analytic capability; Dissemination – HIE; etc.</i></p>	<p><i>Examples: TA - TA to providers regarding specifications; IT -data analytic software at the state; P - data sharing agreement; O- policies and procedures; etc.</i></p>	<p><i>Examples: amendment to state law; contract language in managed care contract; condition of participation; direct or indirect payment; etc.</i></p>	<p><i>Examples: P – legislative action; TA – funding; IT – procurement; O – timelines; etc.</i></p>

Health IT Plan: Workbook

- Table 2: Organizational Structure(s) related to Health IT (Workbook Tab 10)

(May include diagram(s) and/or narrative)

- Table 5: Health IT Organizational Capacity –Staffing (Workbook Tab 6)

HIT Activity <i>(Repeat this column from first column in previous table)</i>	Staffing Resources & Roles <i>(beyond “lead” which is identified in previous table)</i>		Recruitment Mechanisms <i>(narrative if any special efforts or N/A)</i>	Training <i>(indicate staff (S) or contractor (C) or both (B)) (indicate new (N) existing (E) or both (B)) (Indicate if mandatory training (M) or optional training(O) & if training type/content)</i>			
	Number	Roles		S/C/B	N/E/B	M/O	Type/Content
<i>Examples: HIE Infrastructure for Driver X; Health IT Data Repository; Identity Management; Privacy and Security; etc.</i>	<i>Examples: actual or estimated number</i>	<i>Examples: technical; managing contracts; business analysts; policy; etc.</i>	<i>Examples: link to community colleges); special newspaper advertising; special training; etc.</i>				<i>Examples: web; one-on-one; classroom internal; community college training; etc.</i>

Leverage Existing Assets

Table 13: Current State of Health IT for the Key Care Delivery Transformation and Payment Reform SIM Commitments (Workbook Tab 7)

Health IT Item	Detail			If Y in Detail: Operational (O) Planned (P)	Total Number or Unknown	As of Date	Clarifying Comments/Further Explanation
HIE and EHR Use in State							
Statewide HIE	State Government*	Query: DIRE CT: Both:	Y/N Y/N Y/N				
	Non-State Government: Name of entity _____ _____	Query: DIRE CT: Both:	Y/N Y/N Y/N				

Policy Levers and Quality Reporting

- Table 16: Health IT Policy Levers for the Key Care Delivery Transformation and Payment Reform SIM Commitments (Workbook Tab 8)

Health IT Policy Lever	Detail	Policy Lever Operational by Detail Level <i>Yes/No (OY/ON)</i> Planned <i>Yes/No (PY/PN)</i>	If Operational or Planned As of Date	Clarifying Comments/Further Explanation <i>(If language, copy and paste language in this column)</i>
Statutory or Regulatory Authority				

Table 27: Percentage of Provider Organizations Enabled for HIE Core Measure (Workbook Tab 2)

- Table 27: Percentage of Provider Organizations Enabled for HIE Core Measure (Workbook Tab 2)

Core Measure Element	Define and Identify Data Source
Target Goal by Project Period	Specify Goal:
Baseline	Define baseline:
Number of provider organizations enabled for health information exchange.	Define Provider Organizations: Define "enabled": Data Source:

Initial Questions, Comments and Next Steps

- Identify your state and whether you are test or design state please and then ask question and/or provide comments

- Next Steps