

STATE OF CONNECTICUT
State Innovation Model
Health Information Technology (HIT) Council
Meeting Summary
Friday, September 18, 2015
10:00-12:00p.m.

Location: Room 1B of the Legislative Office Building, 300 Capitol Avenue Hartford, CT

Members Present: Roderick Bremby; Patricia Checko; Anthony Dias; Michael Hunt; Vanessa Kapral; Matthew Katz; Jessica DeFlumer-Trapp; Mike Miller; Mark Raymond; Pilip Renda; Amanda Skinner; Sheryl Turney; Victor Villagra; Josh Wojcik; Moh Zaman

Members Absent: Thomas Agresta; Anne Camp; Tiffany Donelson; Alan Kaye

Other Participants: Ian Goldsweig; Michelle Moratti; Minakshi Tikoo

The meeting was called to order at 10:00am. Commissioner Roderick Bremby and Mark Raymond co-chaired the meeting.

1. Introductions

Commissioner Bremby initiated roll call. Council members announced themselves.

2. Public Comment

There was no public comment.

3. Minutes

Mark Raymond motioned to approve the August 21st meeting minutes. Matt Katz seconded the motion and the minutes were approved. Patricia Checko abstained. Mr. Katz remarked that while the minutes clearly reflect what was discussed during the August 21st meeting, he urged the Project Management Office (PMO) to be timely in the disbursement of materials.

4. HIT Charter Update

Michelle Moratti of The Chartis Group reviewed feedback on the HIT Council's Charter by the Quality Council (QC) and Health Information Steering Committee (HISC). The most notable suggested revisions to the HIT Charter, were to strike item's two and three under "Quality," which the QC interpreted as an assertion of authority and control over the definition of metrics as well as insert language that emphasizes the collaborative nature of the Work Groups. Additionally, the HISC suggested the HIT Charter include a "Guiding Principles" section, outlined in the HIT Council's September 18th presentation, available [here](#).

Mr. Katz suggested a redline version of the Charter be brought forth to better track the suggested edits by the HISC and QC. Ms. Moratti and Ian Goldsweig of The Chartis Group presented a redlined version of the HIT Charter to the Council.

Mr. Katz remarked that the two entities suggested changes that are inconsistent with one another, and asked what revisions are suggested, and which are required, citing the deliberate and specific nature with which the items in HIT Council's Charter were created. Commissioner Bremby said the HIT Council retains full wherewithal to accept, reject, and

modify the Charter. Commissioner Bremby explained that the QC revisions came from its September 16th meeting, and the HISC suggestions from its September 17th meeting, the day before the HIT Council's September 18th, meeting leaving very little time for review and guidance. Additionally, no other Council is required to include a "Guiding Principles" section in their Charters.

Ms. Moratti reviewed the redlined version of the HIT Charter. Mr. Raymond commented on the intent of items two and three under "Quality," stating the importance of understanding the specifics of what the QC is asking in terms of measurement. Ms. Moratti remarked that the QC interpreted these items as giving the HIT Council vetoing power, and suggested the language be revised to clearly articulate the collaborative nature of the HIT Council's work in regards to the QC measures. Sheryl Turney said of highest importance is what is measured and what data is going to be required. Without the data, the HIT Council is unable to effectively complete a large part of its work. Anthony Dias suggested item number five in the "Quality" section of the HIT Charter come before item number four. Dr. Checko agreed that the issue is one of language and that the HIT Council is speaking in terms of data and variables. She suggested the Council give clarity around the fact that these items are data driven requirements as opposed to anything suggesting possession. Additionally, Dr. Checko agreed with Dr. Dias, stating that item number five under "Quality" is not a standalone item. Perhaps this could be clarified with sub items, a, b, and c under that component. Amanda Skinner said she agrees with adding language that speaks to the collaborative nature of inter-Council work. However, Ms. Skinner said this collaboration must be mutual, as some requests may be unfeasible, and part of the HIT Council's job is to provide expertise to determine what is achievable. Michael Hunt asked for clarification regarding the QC's elimination of the term "attribution." Ms. Moratti said that the QC interpreted attribution to mean the manner in which populations are attributed, and not the manner in which we attribute data, as the HIT Council intended. Minakshi Tikoo suggested the word attribution be kept to satisfy the requirement that the HIT solution attribute people in advance via the algorithm defined. Dr. Dias said items four and fourteen are redundant and suggested they be combined as one bullet. Dr. Checko disagreed, stating that each has their own function. Ms. Moratti suggested further contemplation by the Council. Mr. Katz recommended the redline draft be circulated to Council members. Ms. Skinner suggested revisions be handled by email to eliminate the need for a lengthy discussion at the next meeting. Commissioner Bremby said he will discuss the possibility of orchestrating a special meeting of the HIT Council to approve the revisions of the Charter as that process needs to occur in the public sphere. The HIT Council is able to process offline. Dr. Checko endorsed a special meeting to allow the HIT Council's approval of the Charter prior to the HISC meeting, where the Charter will be re-reviewed for possible approval. Ms. Moratti said the PMO will work to reestablish a redline version and refine the Charter to incorporate the Council's point of view and determine the manner in which the Council will complete the final approval. Dr. Tikoo suggested the "Guiding Principles" be required of all groups to reflect the collaborative nature of the process. Mr. Katz agreed, stating that it is unclear as to why the principles are required by the HIT Council and not the other Councils. Ms. Skinner said the purpose of the HIT Council is different than other Councils. The HIT Council is at the service of the other Councils, to support them in the realization of their objectives. Dr. Checko suggested the principles be part of all Work Group Charters to reflect the collaborative nature of the SIM work. She stressed the importance of inter-Council communication. Additionally, Dr. Checko suggested an item addressing the IT solution's governance be added under scope. Ms. Turney agreed with Dr. Checko and Ms. Skinner, suggesting the HIT Charter include a more robust description of the relationship between

the HIT Council and other Work Groups. Victor Villagra agreed that language addressing collaboration of the Work Groups is critical. Commissioner Bremby suggested the Charter continue to be evolved. Commissioner Bremby said he would explore the convening of a special meeting to adopt the changes and allow the HIT Council to offer a draft to the HISC based on some of their input. The Council agreed.

Ms. Moratti reviewed other comments that surfaced during the September 17th HISC meeting. To address feedback from the HISC, Ms. Moratti reviewed the rationale for the selection of Zato for the Short Term Solution Pilot, available in the meeting presentation, [here](#). Phillip Renda suggested the Council work to define its concept of the Short Term Solution. Typically, a Short Term Solution is a “throw away” solution that can be implemented in a timelier manner than the Long Term Solution. He said the SIM Short Term Solution is different in that it may not be a “throw away” solution. Dr. Checko said that the Council reviewed the APCD and Zato solutions. APCD could not meet some of the proposed measures. She said the Council requested to see the Zato solution in a healthcare setting. Mr. Raymond said the Short Term Solution could be a “throw away” solution after tested, but that is the point of innovation, to try multiple avenues to satisfy the difficult design prescribed to the Council. Ms. Skinner asked why the Council is only piloting Zato. She said the Council needs to communicate this decision to respond to concerns. Mr. Miller remarked that the decision came about as a means to leverage what currently exists in the state and determine its feasibility for the SIM solution.

5. Consumer Concerns

Ms. Moratti reviewed the August 31st letter several HISC and Consumer Advisory Board (CAB) members brought forth to Lieutenant Governor Wyman outlining the concerns over process, substance, and timelines of the HIT Council. The letter can be reviewed on the HIT Council website, [here](#). Dr. Villagra suggested the Council communicate the facts leading to the selection of Zato to address the transparency issue the letter references. Dr. Checko stressed the importance of communicating the existence of another unrelated contract with Zato in the Department of Social Services (DSS). She said there is confusion among SIM governance members about this contract. Many believe SIM is already contracted with Zato, when this is not the reality. Commissioner Bremby agreed with Dr. Villagra stating that there is a communication challenge. In construction of the HIT plan and budget, the group aimed to leverage the resources and align state infrastructure. APCD wasn't an asset the group could use. The existing Zato license with DSS could be used without a cost to SIM. Commissioner Bremby addressed the letter's concern that only one vendor was invited to present at HISC, giving them an unfair advantage. He said other Work Groups have had presentations by sole vendors and received contracts. He said the HIT Council is trying to accomplish an unprecedented feat, with wherewithal, expertise, and talent. He stated that no other state was given a grant for SIM without having a fully developed HIE or APCD. The SIM evaluators saw something in the Connecticut proposal that merited that bet. Dr. Villagra suggested the Council release a communication outlining the facts of the decision. Dr. Hunt suggested the communication include the concern that Zato has limited healthcare experience and how the Council is prepared to support the tool and where it will live.

6. Design Team Charters, Milestones and Deliverables

Ms. Moratti reviewed the proposed approach for the Technology Pilot Oversight Design Team and the Long Term Solution Design Team. Ms. Turney asked if there would be PMO representation in both groups. Ms. Moratti said the PMO and UConn will be providing staff

support for the Design Groups. Dr. Checko remarked that the Long Term Solution Design Team will need additional end user participation. Perhaps the HIT Council will solicit non-voting representatives from the Practice Transformation Task Force (PTTF) and the QC.

Dr. Dias asked if there is another opportunity to nominate participants to the Design Group. He nominated Ms. Skinner for participation in the Technology Pilot Oversight Design Team. Ms. Turney seconded the nomination. Ms. Skinner said she would contemplate participation and let the Council know at a later date

Ms. Moratti reviewed the proposed steps and timeline for the Design Groups, available on our website, [here](#). Mr. Raymond said the question of the level of effort required to deploy the solution more broadly is a critical item of examination for the Long Term Solution Design Team, referencing Dr. Hunt's earlier point. Dr. Villagra suggested exchanging "Zato" for "selected vendor" in the Design Group Charters. Ms. Turney suggested the addition of potential risks and obstacles that may impede adoption, and their corresponding mitigation plans. Dr. Villagra suggested the addition of language outlining the collaborative nature of the Work Groups and Design Teams. For example, who will be involved in the validation process? Ms. Skinner suggested item eight in the Technology Pilot Oversight Design Team Charter be modified to ask "in what way" instead of "whether or not" the QC will interact with the Design Teams. Dr. Checko suggested adding the cost to the end user to participate with the vendor and what it will take to align metrics. Dr. Villagra asked if the Council had a public statement of intention to participate by end user groups. Ms. Moratti said a significant work will be identifying and securing the level of commitment needed to successfully test. Dr. Dias suggested the October 19th deliverable of the Technology Oversight Pilot Design Team be moved back a week as it will be the heaviest lift in the process.

Ms. Moratti reviewed the Charter of the Long Term Solution Design Team. Dr. Villagra suggested the question of the frequency with which these metrics will be aggregated and reported be added. Ms. Turney suggested the question of identifying the historical data requirements. Dr. Checko suggested adding a reference to the permanence of the data sets. Dr. Tikoo reminded the group that they are not the deciders of data ownership. Data ownership is a bigger SIM discussion for the HISC. Commissioner Bremby suggested the governance question be taken to HISC for guidance.

Ms. Moratti said a doodle poll will be circulated to determine the best meeting time for Group participants.

Dr. Checko moved to approve the concept of the proposed process for the Design Groups. The motion was seconded by Ms. Turney and the notion to move forward in concept with additional modifications was approved.

7. Quality Council Update

Ms. Moratti gave the HIT Council an update on the QC's progress to date. Ms. Turney asked if the QC had any objectives relating to the important healthcare issue of information blocking. Dr. Tikoo suggested bidirectional feedback be given to the QC defining the blocking of information problem and asking for the QC's recommendation of a quality metric to address the issue. Commissioner Bremby said the item was new and expressed concern over prescribing work to another Council. Ms. Turney stressed the importance of the matter, especially for the Long Term Solution. Commissioner Bremby suggested a

communication be drafted outlining the importance of the issue to HIT for Ms. Turney's review.

Ms. Moratti reviewed the QC implementation plan objectives.

Dr. Checko asked for an update on the creation of the advisory group for the HIE called for by Senate Bill 811. Commissioner Bremby reviewed the current administrative progress of the group, stating that it has not yet convened. Dr. Checko asked if there were appointments to date. Commissioner Bremby said there is a list of appointments on the website, which can be circulated to the group.

8. PTTF Update on CCIP

Ms. Moratti reviewed the PTTF's progress.

9. Next Steps

The meeting adjourned at 12:00pm.