

STATE OF CONNECTICUT
State Innovation Model
Health Information Technology Council

Meeting Summary
January 15, 2016

Meeting Location: Legislative Office Building, Room 1C, 300 Capitol Avenue, Hartford

Members Present: Thomas Agresta; Roderick Bremby; Patricia Checko; Jessica DeFlumer-Trapp; Tiffany Donelson; Michael Hunt; Vanessa Kapral; Matthew Katz; Mark Raymond; Amanda Skinner; Sheryl Turney; Victor Villagra; Josh Wojcik

Members Absent: Anne Camp; Ludwig Johnson; Alan Kaye; Mike Miller; Philip Renda; Moh Zaman

Introductions

Roderick Bremby, co-chair, called the meeting to order at 10:05 a.m. Members introduced themselves.

Public Comment

There was no public comment.

Minutes

Commissioner Bremby asked if there were any corrections to the minutes of the November 10, 2015 meeting. There were none.

Motion: to approve the minutes of the November 10, 2015 meeting – Mark Raymond; seconded by Tiffany Donelson.

There was no additional discussion.

Vote: All in favor.

HIT Relevant Updates

Faina Dookh presented programmatic updates related to the no cost extension on SIM Model Test Grant, the work being done on the operational plan, the logical model, and relevant work stream information ([see presentation here](#)).

Matthew Katz asked how the federal MITS Program tied in. He said he was concerned about the creation of more advisory committees with no coordination. He asked how that will be addressed. Ms. Dookh noted that there is a wide array of Medicare programs being released which makes for a complicated landscape. Commissioner Bremby said that the MITS program will not go into effect until 2019 but they need to consider alignment. Ms. Dookh said there has been discussion as to how better coordinate work group activities. There may be opportunities to bring people from the various groups together. Mark Schaefer agreed about the discussions regarding cross-council communication. The Program Management Office will release a work stream report soon. He spoke of a need for a more conceptual document that talks about how the work is proceeding. He also said the co-chairs of the HIT Council and Quality Council proposed meeting on an as needed basis. Patricia Checko said there should be meetings where the work groups can discuss issues together.

Victoria Veltri said that the HIT Council and Quality Council meeting was to understand each council's charge and then determine how to work together. She said there was a need for more regular ongoing communication between the councils. Mark Raymond said he left the discussion with the understanding that there was a need to periodically synchronize the work done by the two councils, as well as the other work groups. He also said the full executive committee should participate. Ms. Veltri said a lot of work was being done behind the scenes with the payers on quality measure alignment. Alignment will not be an overnight process as each plan has its own priorities. The PMO is meeting with the plans in the next week and will continue to keep the HIT Council updated. Commissioner Bremby stated that another level of complexity that needs to be synchronized is that payers are struggling to meet the 53 quality measures for products sold on

insurance exchanges. Ms. Veltri stated that a lot of internal work to sync up measures has been done, however alignment needs to be addressed.

The Council discussed the [Council charter](#). Mr. Raymond reviewed the comments from the Healthcare Innovation Steering Committee, which recommended removing the last “Out of Scope” item on under service. Amanda Skinner said she had no problem with the removal as there could be any number of items that fell outside their scope.

Motion: to remove the under service element from the Out of Scope section of the HIT Council Charter in order to finalize the charter for the Healthcare Innovation Steering Committee – Patricia Checko; seconded by Amanda Skinner.

Discussion: there was no additional discussion.

Vote: All in favor.

Ms. Veltri noted that the contract with Chartis had ended and the Council is currently in between facilitators.

Zato Presentation

Paul McOwen, John Holbrook and Anita Karcz presented on behalf of Zato ([see presentation here](#)). Ms. Skinner noted that the data extraction piece sounded like a onetime thing but would need to be ongoing. She asked how often it would occur. Mr. McOwen said it could be done as needed. Ms. Skinner asked whether it had been tested on a broad range of EHRs such as Epic or Cerner. Mr. McOwen said they have worked with 3 different EHRs and with hundreds of different data sources. The process takes data out of the system so that it is no longer EHR based.

Q&A

Victor Villagra asked about the system’s ability to capture metrics subject to nuance and contextual issues. Dr. Holbrook said that as long as the information is documented, they can find the context. Mr. McOwen said that once they have the data they can process it in any number of ways. He noted that physicians have different ways of saying things but they are not bound by the need for everything to be said the same way. Dr. Holbrook said they have tested humans against computers and that they match 80 percent of the time and when they do not match it, it is often human error. Dr. Villagra asked if the process incorporates any risk adjustments. Dr. Holbrook replied that the extract includes facts and text, and where there is no code, one is created, and rule sets are applied to facts to assess co-morbidities; that once you have data you can process it many ways.

Dr. Checko asked about accessing data other than ethnic and racial information such as economic status, education, and location. Mr. McOwen said they can access whatever information is in the record. They can retain three digits of the zip code to get geographic information in a way that is compliant with HIPAA. There was discussion about domain specific and ontology based natural language processing (NLP) and the use of training sets. Dr. Holbrook said their system works independent of training sets and has an understanding of how doctors say things and the shortcuts and slang they use. Dr. Holbrook also explained de-duplication as patients have multiple encounters across health care providers. The indexing process uses techniques to look across records and assign unique patient identifiers, and will use a provider registry and master patient index for de-duplication.

Mr. McOwen said that they can have HIT Council members come to Bay State to see a demonstration in February once they receive permission.

Dr. Villagra asked about the false positive/false negative rate with clinical data. Dr. Holbrook said that human coders miss about 10 percent of codes and have a false negative rate of about 10%. The computer has a false positive rate of about 5 percent. The two combined make for an optimal system. He said the process is not completely automated but is computer assisted.

Dr. Villagra asked how far along Zato was in having payers and providers accepting reports for shared savings arrangements. Dr. Holbrook replied that the quality domain is relatively new however the software has been accepted for auditing, has been used with outpatient ACOs, and that metrics and standard definitions will continue to change as more standardization is needed.

Next Steps

Dr. Schaefer noted that the Program Management Office is meeting with the health plans in the next week and they will discuss payer participation in the pilot. Josh Wojcik asked whether the vision was for Zato to serve as a possible option for providers who may want to participate in shared savings programs by leveraging the state contract or rather to mandate adoption of a Zato-like option. Dr. Minakshi Tikoo said the purpose of the solution would be to aggregate data across various systems for cross-payer analytics and clinical quality measures using the agreed upon clinical quality measure set agreed to by payers and providers and to compute metrics on which payments would be based. Who participates is a PMO decision. Dr. Tom Agresta said a pilot would validate NLP extraction for accurate results, as NLP is still a research oriented process. Dr. Schaefer said that the goal is to enable payers to extract clinical data. The Department of Social Services proposed edge server technology as a potential enabler. They can look at whether a state utility would be the best way to do that. It would be up to the payers to decide. Mr. Raymond said let's find someone that wants to participate in a pilot; that we've been asked to apply new technology for a problem we haven't solved for yet and while there is promise with the technology, the Council will need to decide whether it meets existing needs.

Matthew Katz noted that there was not a lot of discussion about the time and cost to connect to the particular EHR systems. He would like to know the time and cost involved with various EMR vendors. Dr. Schaefer said they will analyze that. Dr. Checko asked about the timeline and said a 3-month window to do the pilot was totally unrealistic. Dr. Tikoo said that once they receive the data, it takes 30 days for the data extraction process; that the question is who is participating? Where will the data come from? Who is signing an agreement to pilot test? Zato has provided an approximation. There are multiple EHR questions involved.

Mr. Wojcik asked whether the Council would put out a request for participation and if there are resources for that. Ms. Dookh said the RFP is one option but that there are no further specifics in terms of cost and participation. Dr. Villagra asked if technology requirements for participation have been developed for providers to participate. Dr. Tikoo said as long as there is a clear identification of the clinical quality measures and the data is available electronically, there are no other requirements such as Meaningful Use or other parameters for providers to meet; that they just have to data in their EHRs. Dr. Villagra asked what conclusions can be drawn if parts of the patient population aren't included. Dr. Checko noted that the pilot is a research project and that issues of patient confidentiality need to be addressed. Commissioner Bremby said the next steps are to start thinking about how a pilot would be structured, what criteria for a successful pilot might look like, barriers to participate, and who can participate. He also noted what they come up with should be applicable to any vendor.

Adjournment

Motion: to adjourn – Mark Raymond; seconded by Patricia Checko

Discussion: None.

Vote: All in favor.

The meeting adjourned at 11:55 a.m.