

STATE OF CONNECTICUT
State Innovation Model
Health Information Technology (HIT) Council
Meeting Summary
Friday, March 18, 2016
10:00am – Noon

Location: Old Judiciary Room, State Capitol Building, 210 Capitol Ave., Hartford, CT

Members Present: Roderick Bremby (Co-Chair); Mark Raymond (Co-Chair); Thomas Agresta; Patricia Checko; Jessica DeFlumer-Trapp; Anthony Dias; Michael Hunt; Matthew Katz; Mike Miller; Amanda Skinner; Sheryl Turney; Victor Villagra; Josh Wojcik

Members Absent: Anne Camp; Tiffany Donelson; Ludwig Johnson; Vanessa Kapral; Alan Kaye; Philip Renda; Moh Zaman

Other Participants: Deanna Chaparro; Faina Dookh; Sarju Shah; Minakshi Tikoo; Victoria Veltri

The meeting was called to order at 10:00am with Commissioner Roderick Bremby and Mark Raymond presiding.

1. Introductions

Commissioner Bremby initiated roll call. Council members and supporting staff announced themselves.

2. Public Comment

SB Chatterjee provided oral comments for the Council's consideration. Mr. Chatterjee's comment has been published on the SIM HIT Council page.

3. Minutes

Motion to approve the minutes of the January 15, 2016 meeting: Patricia Checko; seconded by Victor Villagra.

Vote: All in favor.

4. HIT Relevant Updates

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

- SIM PMO has requested an additional 5 month no cost extension (NCE) to better align the SIM initiatives. The 2nd NCE is for May 1 to September 30, 2016. If approved by CMMI, the initiatives will be aligned with the federal fiscal year starting on October 1, 2016.

Dr. Minakshi Tikoo provided an update to the HIT portion of the SIM Operational Plan (SIM Ops Plan). HealthTech Solutions (HTS) was hired to write the HIT portion of the SIM OPs Plan. HTS has reviewed all the SIM documents that are located in the public domain, the team then created questions based

on the documents to ask the work stream leads. A total of five meetings were held; one with each work stream lead of which 3 were with the SIM PMO since they led three separate work streams. The current challenge is that the specific business and programmatic requirements are still a work in progress. The HIT portion of the OPs plan will be similar to other states in which it will solve technology issues at a broader level and focus on the coordination of care. A draft of the HIT portion of the OPs plan will be ready for the June HIT Council meeting.

The SIM PMO will have the OPs plan ready by June 1st. At that time, HTS and UCONN will review the full operational plan and may modify and update the HIT portions as to align identified activities with the work streams.

The SIM PMO will finalize and submit the Operational Plan by August 1st.

Matt Katz suggested that this challenge of design process provides an opportunity to ask providers questions on their HIT needs. Dr. Katz also noted that with this plan being submitted on 6/1/16 it leaves restricted time for the HIT Council members to review and provide feedback. Dr. Tikoo responded that the HIT portion of the OPs plan is dependent on the other work streams developing business/programmatic requirements. The SIM PMO has asked all work streams to finalize their portions of the plan by 6/1/16 and HTS will then review the complete operational plan and provide additional changes to the HIT portion prior to the 6/17 HIT Council meeting. Dr. Katz then suggested the draft HIT portion of the OPS plan be sent out to the HIT Council prior to the 6/1 deadline to allow comments, to which Dr. Tikoo agreed to, at least a week in advance.

Amanda Skinner mentioned that the HIT portion of the OPs plan should be aligned with the state's HIE activities. Dr. Tikoo responded that SIM is solving technology at a higher level and that it will align with the state's HIT and HIE activities. Members from the SIM Council also sit on the State Health IT advisory Committee which ensures overlap and representation.

Thomas Agresta stated that SIM is solving for interoperability and care coordination and questioned how quality and transformation will be solved. That this is an opportunity to solve for what is needed. Dr. Tikoo agreed and stated as the work streams finalize what is considered a "SIM Participant" and as the design groups get closer to finalizing programmatic requirements, we will then be able to identify the technology needs and help solve for it.

Victor Villagra asked if it is the plan to access claims data as well as clinical data. Dr. Tikoo responded with a yes.

Sheryl Turney mentioned the recent Supreme Court ruling and its impact in Connecticut and questioned who has the right to give permissions to access data? She also suggested the Rhode Island example of developing a patient portal for consent. She understands that it is complicated, but suggested this as an option. Commissioner Bremby responded that Access Health CT is currently considering the impact of the Supreme Court ruling. For the purpose of the plan this has not been factored in. This may have an impact on DURSA's as we move forward. Dr. Tikoo also mentioned as the Council moves forward, there may need to be a policy decision for SIM as how it will receive data. In

addition, the consent registry and other technology assets will remain in the stack until it has been identified as unnecessary so that the funds can be re-appropriated to solve for the technology needs identified through the work streams. Patricia Checko stated that if it is in our budget then the HIT Council should raise the questions and needs of these technologies to the other work streams.

Ms. Dookh resumed updating the HIT Council on the quality measure alignment, in which the SIM Quality Council cross-walked the state identified quality measures with the national set. SIM plans to include a focus on state specific pediatric measure set. The Quality Council will “dive deeper” in the future. Discussion began with Matt Katz acknowledging a need for synergy between federal and state identified quality measures; however, he mentioned that the population defined at the national level does not represent the state’s population and some of the state specific quality measures is important. Thomas Agresta stated that the “we” need to align behind the tools and methods that are nationally recognized and have special measures developed. His concern is that this is an extra burden on providers since EHRs will be aligned with the national measure sets. Dr. Katz then stated that there are organizations actively working to get age-dependent measures on the national set (i.e. Geriatric and Pediatric associations).

Mr. Villagra questioned if it would be useful to have Zato look at the national core metrics. The metrics can be distributed to Yale/Hartford and then have Zato do a gap assessment. We can then gleam if Zato can meet both the state and federal core measure set better. Commissioner Bremby asked who would be responsible, and Mr. Villagra suggested the Quality Council would coordinate this activity since it is also an interest to the HIT Council.

Ms. Checko then raised the question about cost and who has the funds budgeted to do this. Michael Miller mentioned that burden should be removed from the provider to self-reporting and that a utility service for reporting may be more useful. Michael Hunt then responded that the function of collecting data already occurs through ACOs and other such organizations. He then posed the question to the group of how do we bring value to the HIT Table – that capturing data in a useful manner is important and is that part of the scope. Mr. Villagra responded by saying that this is an opportunity for the SIM to create a system at the state level that could provide a cost effective solution. Mark Raymond summarized that the Quality Council needs to: (1) identify and finalize a set of metrics; (2) work through how the data is stratified and who needs to access it, who are we leaving out, who needs it (e.g. payers, analytics, etc.); and (3) know what is currently out there and be able to provide appropriate solutions (i.e. Zato is one solution).

Ms. Dookh then moved the discussion to CCIP and Community Health Workers (CHW) work streams and the potential HIT implications and potential gaps that should be addressed. An example she mentioned is the need of CHW inability to access EHR to support care coordination. For CCIP, the work stream plans to (1) test standards before entities are required to participate so SIM can evaluate unanticipated burden and/or cost to CCIP participants; and (2) that SIM will provide an incentive (range of \$200-750K) for participants. Additionally, CCIP will finalize standards by the end of March and by June a joint RFP for MQISSP/CCIP will be released.

Dr. Tikoo mentioned that in preparation for the HIT OPS plan she learned that VBID was further along, and then asked Josh Wojcik to further explain the VBID pilot. Mr. Wojcik stated that VBID is piloting EHR integration with claims data using the state health plan. He mentioned that Tom Woodruff is leading this charge and is looking to coordinate with other private self-insured payers to expand VBID to support changing payment structures, engage with physicians and to seek out high value services. He detailed the previous trend toward high deductible health plans moves people away from health and the goal is to move people towards care. VBID is evaluating five (5) chronic diseases in terms of care coordination and healthcare costs. Mr. Wojcik offered to have Tom Woodruff present at an upcoming HIT Council meeting.

5. Discuss next steps for demonstration Zato/Baystate pilot

Dr. Tikoo began the discussion for the demonstration of the Zato/Baystate pilot. Early March, Dr. Tikoo and her team contacted the HIT Council members to collect their questions and comments regarding what they would like Zato to answer and/or demonstrate for the pilot. The questions were presented in the slide deck (Please note: several members submitted their response post deadline and responses were not included in the presentation). All of the questions and Zato's response will be shared with the HIT Council shortly.

Dr. Tikoo then inquired how the council will evaluate the Zato as well as how many members will attend the demonstration. Anthony Dias responded with a suggestion to keep the questions open for further discussion. Commissioner Bremby then specified that it is not the intention to keep the questions open, but that it should be enough to facilitate the go-and-see trip. Dr. Katz commented that some of the questions marked with 1 could be collapsed with some of the other questions, as they are a subset of them. He also stated it would be hard to evaluate the efficiency of the questions, as there are multiple definitions of success. Commissioner Bremby then clarified that the purpose was to evaluate the success of the trip.

Sheryl Turney asked if the council has identified all features/capabilities and are we mapping it against other work streams and HIT deliverables? Dr. Tikoo responded affirmatively and stated that Zato can crosswalk for the future state. The HIT Council currently does not have a deliverable list from the SIM PMO since programmatic requirements are still being developed. With that said, the deliverable for the HIT components is still unclear.

Ms. Skinner wanted to confirm the HIT Council's charge is to identify the HIT needs of the programs and to find solutions to support these programs. [Members nod in agreement] Mr. Raymond states that the SIM PMO is working towards identifying their programmatic/business requirements. He also mentions the disconnect between HIT and other work streams and that "we" need to make sure HIT resources are embedded in the other work streams. Ms. Skinner then asks if there should be an HIT Council member participating in each work stream? Mr. Raymond tabled this discussion for this meeting.

Mr. Villagra pointed out that the HIT requirements mentioned in the CCIP slides are not HIT solutions related; and some of the issues are more staffing and workflow problems. He mentioned that Zato has a potential to be a great resource. Commissioner Bremby reiterated that as we understand the

program requirements then the council can help solve for the technology pieces. Ms. Dookh responded that CCIP will be finalized by March 31st.

Commissioner Bremby then spoke of the trip for the demonstration, he would like to have as many council members participate even if it takes two demonstrations. Dr. Tikoo then asked the council members to check their calendars for availability on Mondays and Tuesdays in April and May, the demonstration will start at 10 am. Mr. Villagra asked if a WebEx would be permissible in which Dr. Tikoo responded that it would not since the demonstration will be using PHI data. In addition, council members will need sign a non-disclosure agreement (NDA). Dr. Katz requested the NDA be reviewed by Counsel prior to the members signing it so that members understand the type of discussion is permissible (ie. Public meeting or a non-public meeting). Commissioner Bremby stated that he would look into it.

Dr. Katz proceeded to ask if the Zato questions that have the number one or two can be collapsed with some of the larger questions since they seem to be a subset of them, Dr. Tikoo responded that Zato will be responding to each question and she wanted to assure that the Council members questions were all posted. Dr. Katz was fine with the questions remaining separate. Commissioner Bremby added that the questions are meant as a guide for Zato's demonstration and that it does not restrict them from asking further questions.

Mr. Villagra asked about the possibility of queries. Dr. Tikoo answered that CDI and standards are available, but Zato is not creating queries during the demonstration. Zato will provide other views of data. Ms. Checko followed up asking if Zato can demonstrate how disparity demographics is collected and Dr. Tikoo stated that if the information is in the system; Zato will be able to provide the stratification. Anthony Dias asked if security is addressed elsewhere, and Dr. Tikoo answered that Zato follows the federal and state security and authentication standards.

Commissioner Bremby then asked if there were other steps for the meeting, and a public member asked if the OPS plan would be available for the public to review to which Dr. Tikoo answered that it would be posted on the SIM website.

The meeting adjourned at 12.00 pm.