

STATE OF CONNECTICUT
State Innovation Model
Health Information Technology (HIT) Council
Design Group 1: Measures Performance and Reporting
Workshop #2
Meeting Summary
Wednesday, April 8, 2015
1:00-2:00p.m.

Location: By Conference Call

HIT Council Members Present: Patricia Checko; Anne Camp; Anthony Dias; Michael Hunt; Matthew Katz; Mark Raymond; Phil Renda, Jenn Whinnem

Other Participants: Minakshi Tikoo; Fran Turisco

Agenda Items:

1. **Public Comment**
2. **Update on the QC Inter Council Memorandum**
3. **Review of Zato Materials**
4. **Develop Zato-specific Questions**

Meeting Summary:

The meeting was called to order at 1:06pm.

There was no public comment.

Fran Turisco of The Chartis Group facilitated a group discussion. Participants articulated a number of perspectives including:

The Zato Solution

- If Zato has software that can calculate standards, the Council should consider its use.
- Minakshi Tikoo articulated the Zato solution's ability to pull data and aggregate it across all points and sub-points.
- The Design Group assembled additional questions for Zato to answer during the April 17th HIT Council meeting:
 - Please provide more clarity on the collecting and aggregating properties of the Zato solution.
 - How does an individual provider or ACO benefit from having the edge server and software?
 - If the Zato solution is selected, will it act as an aggregating tool exclusively or will there be additional capabilities built into the software? For example, Zato's demonstration [video](#), viewed by Design Group participants prior to the meeting, alludes to a built in capability to calculate and report CMMI standards.
 - How are we going to create a database and warehouse in disparity and complexity as the project moves forward?
 - Could Zato measure improvement and public health 20/20 indicators?
 - Could Zato be used to calculate meaningful usage?
 - If Zato has programs to produce FQHC standards, can they demonstrate how those programs are used?
 - Where has Zato been installed?

The Council's Work and Solution

- The HIT Council would be well served by direct communication with other Council's members.
 - Ms. Turisco stated Mark Schaefer and Patricia Checko attend both the HIT Council and Quality Council meetings.
 - Ms. Turisco relayed that she was asked to attend the Inter-Council Memorandum meeting.
- The Council must clearly articulate the vendor's deliverable once its functionality is understood. This will be part of the functional design that the group will work on after this week.
- There may be other readmission data sources already in use by other state agencies, so using EHR or APCD may not be the best approach. For example, the Department of Public Health receives readmission data from the Connecticut Hospital Association on an annual basis. The SIM solution could utilize this data and prevent a duplication of resources within the state.
- The HIT Council solution must deliver the January 2016 standup requirements and be able to grow beyond the first year capability. Therefore, the Council will need to assess the solution with both a short and long term lens.
- HIT Council members would like further clarification of SIM quarter deliverables for January 2016 beyond the three measures. Overall they need more information on year 1 and year 2-5 HIT needs.

The Design Group adjourned at 1:50pm.