

STATE OF CONNECTICUT
State Innovation Model
Health Information Technology (HIT) Council
Design Group – Measures Performance and Reporting
Workshop #4
Meeting Summary
Monday, June 8, 2015
10:00-11:00a.m.

Location: By Conference Call

HIT Council Members Present: Thomas Agresta; Patricia Checko; Anthony Dias; Michael Hunt; Philip Renda

Other Participants: Mehul Dalal; Daniela Giordano; Susan Israel; Nana Kittiphane; Michelle Moratti; Robert Nardino; Mark Schaefer; Minakshi Tikoo; Charles Torre; Fran Turisco; Thomas Woodruff

Agenda Items:

1. **Review the responses from Zato**
2. **Discuss selection criteria introduced at the HIT Council Meeting**
3. **Determine the fit of the APCD and Zato for as per the criteria**

Meeting Summary:

Fran Turisco and Michelle Moratti of The Chartis Group facilitated a group discussion. Mehul Dalal, Daniela Giordano, Robert Nardino, and Thomas Woodruff represented the Quality Council in the discussion.

General Comments

Meeting participants provided general comments about the [Zato responses](#) and supporting material.

- Many design group participants were concerned about the lack of healthcare related responses.
- The Zato diagrams depict a sophisticated, complex solution. The breadth of the solution's capabilities may reach far beyond what is necessary for SIM. However, it does move us in the right direction.
- Reading the materials and responses, members were not sure **how** the Zato solution would work for CT SIM.
- There were no diagrams or response discussion about the end user interfaces. We need to understand how the users will interact with the system. The responses did not address the functionality of the system in practical/tactical terms.
- It appears that the solution is limiting access to a small number of users. The limited access may restrict external evaluation and consumer data availability.

Specific comments/questions related to each of the Zato questions

1. Will Zato provide a healthcare demonstration of their de-identified EHR indexed solution?

- The group agreed that a first interaction with the system through the de-identified demonstration should be promptly scheduled. The group wanted to make sure they understand the data sources that Zato can present and the user interface.
 - The Design Group also wants clarification around the complexity of retrieving the data.
 - During the second interaction using the de-identified Cerner data from Bay State, the group wants to fully understand Zato's definition of DRG. Does it cover population data and outcomes? What are the analytic capabilities of the system, especially related to PHM?
 - The group would like Zato to demo using the Council's two EHR measures to understand data integrity and normalization.
 - Additionally, the group wants to know more about how Zato retrieves the data from the EHR.
 - If the timeframe for getting the second interaction is too long, a provider representative of the HIT Council offered to create a de-identified CCDA file that Zato could use for demonstration purposes.
2. Please provide more details on how Zato will work with multiple data sources.
 - From the Zato response, the indices contain patient data (normalized).
 - The group wants to know more about **how** Zato works with multiple data sources in the associated completion timeframes.
 3. Please explain what is stored in the indices.
 - The response was generic so it is not clear **what** is stored. Our assumption is that the index data is based on the data required to complete the measure analysis but we would like confirmation from Zato.
 - One member stated that this strategy is time consuming if executed for each participating provider.
 4. What is the impact on provider resources?
 - Zato interpreted the question to mean impact on the system for indexing and then completing the analytics.
 - The group was inquiring about the cost and resource burden on the provider to set up and support the interaction between the provider systems and Zato. The group will rephrase the question in the next submission to ask what is the cost and staffing needs associated with the solution's initial set up and what costs are associated with maintaining the solution?
 - One member asked how Zato works with hosted EHR solutions. Are there issues and can they provide an example of where they have done it?
 - What are the operational requirements to maintain a state wide solution?
 - How does the solution interact with organization's varying technical relationships? For example, some provider's submit data through their own system, while others use vendors to provide data.
 5. What is the tool to store data and perform reporting of that data?
 - The response indicates that the tools are built into the Zato platform and are not commercial products.
 - What is the response time to query and get a response? Certainly, it will depend on the complexity of the request, but a range or examples would help the group

understand the service level.

6. What analytics capabilities are available for immediate use?
 - Again, it appears that the process is inside the Zato package.
 - Can we use our own tools to export the data and do additional analysis? What tools would work with their solution?
7. There is a concern about normalization and data distortion. Please explain the Zato process.
 - The response was acceptable for reformatting and simple recoding. The challenge is when data is aggregated.
 - What is the necessary level of matching with an administrative user interface?
 - The group agreed that they are not concerned about pulling data from text to create the measures.
 - This discussion prompted Pat Checko to suggest that a smaller group of Quality and HIT Council members work together in a face-to-face meeting to go through the EHR measures and data requirements in detail and prioritize the data needs. Ms. Turisco mentioned that the group has the specs from NQF and are ready to meet.
8. Is the data always kept behind the firewall? Is it encrypted?
 - From the response it is clear that the data stays behind the firewall.
 - Data is encrypted in transition and can be encrypted at rest.
 - In addition, the index contains PHI.
 - A question was raised about the security at the state level. Specifically, the information the SIM PMO receives as part of the analysis and queries. The data is no longer within the site's firewall and there are concerns about access and security. The group would like Zato to further explain how they address this situation.
9. Many of the states use HIEs or central data bases. What are the advantages of edge servers?
 - The response was fine. However, an outline of a business case for the Zato solution would be helpful.
 - A design group member inquired about the impact of public bill number 811. Mark Schaefer said that the Commissioner would address that at a later meeting.
 - Dr. Schaefer also commented that aside from Oklahoma, no other SIM state is able to derive HIE performance measures.
10. Do you follow a proof of concept methodology?
 - The Zato response addressed the group's first question.
 - The group would like Zato to provide an example of a related work plan.
11. How does your work with the intelligence industry translate into healthcare?
 - The response did not address data normalization, data sharing, and data standards for healthcare. The group should rewrite the question to ask, "based on your experience with Bay State, what expertise is needed to work on the schema and mapping for the indexing?"
12. What individual and state-wide challenges should we anticipate based on your experience?

- The response addressed the group's question.
 - There were additional questions about the expectation for other resources outside of IT such as clinical involvement in the implementation.

Suggestions for Next Steps

- Send out the Design Group summary and ask participants to make sure the minutes reflect the findings, concerns and follow up questions.
- The findings and proposed questions for the first and second Zato interaction will be presented to the Council for further input before submission.
- The Design Group will reconvene prior to the next HIT Council meeting.
- The Quality Council and the HIT Council need to physically convene to discuss the complexity of the solution and its relation to the measures for both the short term and long term solution.