

STATE OF CONNECTICUT
State Innovation Model
Health Information Technology (HIT) Council
Design Group 1: Measures Performance and Reporting
Workshop #5
Meeting Summary
Tuesday, June 16, 2015
4:00-5:00p.m.

Location: By Conference Call

HIT Council Members Present: Roderick Bremby; Anne Camp; Patricia Checko; Anthony Dias; Michael Hunt

Other Participants: Mehul Dalal; Faina Dookh; Phil Hopkins; Nana Kittiphane; Michelle Moratti; Fran Turisco

Agenda Items:

- 1. Review 6.8 Meeting Summary and Zato Questions**
- 2. Selection Criteria Discussion**

Meeting Summary:

Fran Turisco and Michelle Moratti of The Chartis Group facilitated a group discussion. Mehul Dalal represented the Quality Council in the discussion.

In review of the June 8th Design Group meeting summary, Commissioner Roderick Bremby identified participant Mark Schaefer as erroneously excluded from the listed participants.

Ms. Turisco and Ms. Moratti facilitated a group discussion regarding risk and cost criteria of the HIT solution selection. Design Group participants articulated a number of perspectives, including:

- The Design Group reviewed first and second tier solution selection criteria, outlined in the [meeting presentation](#):
 - First Tier:
 - Timing
 - Functionality
 - Second Tier:
 - Risk
 - Cost
- The Design Group articulated risks and costs associated with each stakeholder group, identifying costs as resource burdens:
 - Consumer:
 - What is the level of patient data exposure outside of the EHR?
 - What safeguards are in place to maintain patient confidentiality?
 - Will there be a need to use a consent registry to record consumer authorization?
 - Provider:

- What level of interoperability can be achieved? All data? Quality measures? Not enough for SIM?
 - Will the care providers need to change online documentation process to collect the data for the solution?
 - Are the costs in line with the expected benefits for participation? Are the costs clearly defined?
 - Does the provider have the skills and resource to support the solution?
 - Feasibility of implementing technology with different EMRs because each vendor/system is mapped differently.
 - Payer:
 - Can the solution designate attributed population by plan? By member and by plan and plan sponsor?
 - Is the audit application accurate?
 - What is the cost to install and support the solution?
 - What technical and analytical skills are needed?
 - Are the costs in line with the expected benefits for participation? Are the costs clearly defined?
 - Scalability
 - Solution cannot provide all the data
- Additionally, the Design Group articulated risks and costs associated with the State Innovation Model's (SIM) Project Management Office (PMO) and the State of Connecticut as well as the Vendor/Technology.
 - SIM PMO/State:
 - What assurances are documented that the solution meets the SIM requirements?
 - Will the PMO have the right number and types of skills needed to manage the solution? Infrastructure, end user issues?
 - What is the risk that payers decide not to participate? Providers?
 - Are the processes and procedures in place to manage the solution vendor and the user sites?
 - What is the cost to install and support the solution at the SIM site?
 - There were questions about where the technology will reside?
 - A comment was made that the EHR data shouldn't end up with Medicaid.
 - Vendor/Technology:
 - Does the vendor have a track record in healthcare?
 - Does the vendor/product have a track record for the proposed solution?
 - How well does their data normalization meet our requirements?
 - What audit capabilities are provided to assure accurate data aggregation?
 - What is the financial viability of the vendor?
 - Does the vendor have sufficient technical and support resources? Does the solution have additional functionality that we can use in future years? Will they customize the solution for our needs?
 - What additional costs do they anticipate for this initiative? Is it within the SIM budget?

The Design Group identified the need for a meeting between Quality Council and HIT members to discuss the details of the two EHR based measures as the topic for the next meeting.

The meeting adjourned at 5:00pm.