

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Health Information Technology Council***

**Meeting Summary**  
**Friday, March 20, 2015**  
**10:00am - 12:00pm**

**Location:** Room 310, 210 Capitol Avenue, Hartford CT.

**Members Present:** Thomas Agresta; Roderick Bremby; Anne Camp; Patricia Checko; Anthony Dias; Ed Fisher; Michael Hunt; Vanessa Kapral; Matthew Katz; Mike Miller; Mark Raymond; Craig Summers; Sheryl A. Turney; Josh Wojcik

**Members Absent:** Crystal Emery; Ludwig Johnson; Alan Kaye; Michael Michaud; Philip Renda; Jenn Whinnem; Moh Zaman

**Other Participants:** Tamim Ahmed; Supriyo B. Chatterjee; Jessica Deflumer-Trapp; Mark Schaefer; Minakshi Tikoo; Fran Turisco

**1. Introductions**

The meeting was called to order at 10:05am. The meeting was chaired by Commissioner Roderick Bremby and Mark Raymond. Council members introduced themselves.

**2. Public Comments**

Supriyo B. Chatterjee delivered public comment, [available here](#).

Mark Schaefer thanked Mr. Chatterjee for his comments. Dr. Schaefer said he would respond via email to Mr. Chatterjee's statement regarding the State Innovation Model (SIM) project's "lack of transparency." Mr. Chatterjee's transparency concerns referenced 80 public comment submissions made available without signatures or names associated. Dr. Schaefer remarked that the comments were submitted with personal health information that the SIM Project Management Office was not comfortable disclosing. The comments were made available per the Freedom of Information Act requirements. In regards to Mr. Chatterjee's remarks on the SIM Conflicts of Interest policy, Dr. Schaefer stated that the SIM PMO has been following the draft Conflict of Interest protocol reviewed by the Steering Committee in its February meeting, which provides significant protections. . Dr. Schaefer invited Mr. Chatterjee for further discussion offline.

**3. Minutes**

Pat Checko moved to approve the December HIT Council minutes. The motion was seconded by Mark Raymond and approved. Matthew Katz moved to approve the February HIT Council Minutes. Thomas Agresta seconded the motion and the minutes were approved.

**4. Charter Recommendations**

Fran Turisco from The Chartis Group reviewed Charter recommendations proposed by an offline HIT Council workgroup. Ms. Turisco presented on the HIT Council's roles and responsibilities as evidenced in the Charter. Patricia Checko identified a typo in the Charter where the "Healthcare Innovation Steering Committee" was referred to as the "Healthcare Information Steering Committee" which Ms. Turisco committed to correcting.

Matthew Katz commended Ms. Turisco on the materials and facilitation of the offline HIT Council workgroups and credited her for the amount of progress the Council and groups made. . Mr. Katz remarked that the changes made by the Charter workgroup simultaneously provide more structure and flexibility.

Mr. Katz remarked that the Charter references the SIM Conflict of Interest document as the foundation for the HIT Council's Conflict of Interest protocol. The SIM Conflict of Interest is currently a draft document. Dr. Schaefer said the draft SIM Conflict of Interest protocol will be revisited by the Steering Committee after the Office of the State Comptroller releases its guidelines. The current Conflict of Interest document reflects the SIM PMO's current protocol

Mr. Katz then addressed the lack of a HIT Executive Team and the absence of a non-state affiliated co-chair. Additionally, Mr. Katz remarked that elevating concerns to the Steering Committee on an individual basis was not an effective conflict resolution procedure for the HIT Council. Dr. Schaefer remarked that SIM workgroups may have variations in their administrations but an Executive Team could be an element of the HIT Council if the Council felt it helpful. A non-governmental chair is not a required element of the workgroups.

Mr. Katz suggested the Charter language be changed to reflect the pending status of the SIM Conflict of Interest protocol document. Commissioner Roderick Bremby proposed the group defer their Charter adoption until the Conflict of Interest protocol was revisited. Commissioner Bremby suggested the Health Innovation Steering Committee (HISC) would bring back alternative options for consideration to the council. Commissioner Bremby recommended items be escalated to HISC only in the event the HIT Council came to an impasse.

Dr. Checko remarked that the Conflict of Interest protocol's draft status is a high level SIM issue, and not an individual Council issue. Dr. Checko reminded the group that all Charters must be submitted to HISC for approval. Dr. Checko endorsed the idea of a HIT Executive Team. Michael Miller suggested the Charter address monitoring financial limitations that may arise in later stages. Ms. Turisco suggested item number six be modified to include "monitor financial operations as well as timeline," to which Mr. Miller agreed. Mr. Raymond asked what process the HIT Council would assume should they want to make additions to the SIM Conflict of Interest protocol document. Dr. Schaefer said the SIM Project Management Office (PMO) or Ms. Turisco could facilitate a Charter discussion. The Council could also present their suggestions to the HISC. Ms. Turisco summarized the Council's agreement to defer Charter adoption until the Conflict of Interest protocol was revisited.

##### **5. Measures Performance and Reporting Design Group**

Ms. Turisco presented on the HIT Council's Measures Performance and Reporting Design Group charge and findings. The Design Group identified areas where additional information is necessary to develop the HIT Council design and assembled exploratory questions for each subject matter expert (SME) working with the Council. A question was raised as to whether Dr. Schaefer and a member of the Quality Council join the discussion. Dr. Schaefer offered to attend.

Dr. Checko and Mr. Katz asked how the Council will address the gaps with providers who do not have EHRs. Anne Camp asked why Medicaid claims data cannot be stored in the All Payer Claims Database (APCD). Commissioner Bremby relayed the complexities of authority and laws that govern the ability for Medicaid data to be shared. Commissioner Bremby informed the Council he is addressing the issue of data availability. The HIT Council discussed interpreting claims data. Commissioner Bremby remarked that if a technological program is indexing across providers and includes a Medicaid patient, there needs to be exclusion to retrieve the data for purpose of analysis. Dr. Agresta stated the importance of having a useable method across payers to encourage service of Medicaid. Commissioner Bremby relayed that Medicaid is researching data inclusion options and referenced Colorado's APCD that exists outside the state system but includes Medicaid data. Ms. Turisco communicated that the edge server vendor will present at the HIT Council's next meeting in April and that a list of targeted questions will be compiled in preparation for this meeting. Dr. Checko asserted the need for identifiers in the data. Commissioner Bremby relayed the complexity of the federal government's relationship with data citing the Substance Abuse and Mental Health Services Administration's (SAMHSA) request to remove all behavioral health data from Medicare and Medicaid claims. Ms. Turisco discussed the importance of data standardization and the dichotomy between patient and measure information.

Dr. Schaefer relayed the difference between identifying that a patient received A1C testing and detecting the test's value. Additionally, a measure is produced, what other information is needed to understand the patient's health outcome (e.g. comorbidities)? Dr. Checko asked if the Quality Council Executive Team might join a HIT Council Design Group discussion. Dr. Agresta cautioned against using EHR data because the data measures may be engineered multiple times. Ms. Turisco stressed the importance of a vendor presentation to the HIT Council. Ed Fisher remarked that once a vendor demonstrated their abilities, the Council can design the best process for technology based on the combined expertise from separate EHRs. Mr. Fisher described the complexity of data fields citing the institutional review board as an example. Mr. Miller noted that each measure is made of elements and specifications that the Council would need to agree on. Anthony Dias said the Council needs to understand what the technology can accomplish. Michael Hunt asserted the importance of defining the level of expectation SIM is working to attain.

#### **6. Inter-Council Communications Discussion**

Per Commissioner Bremby's suggestion, this item was tabled for a later date.

#### **7. All Payer Claims Database (APCD) Education**

Dr. Tamim Ahmed, the Executive Director of Access Health Analytics [presented](#) on the capabilities and status of the APCD. Dr. Camp requested more information on the data providers would be required to input. Dr. Ahmed responded that providers would enter two level codes. Mr. Katz remarked that entering Category II codes would complicate the conceptual and structural care delivery processes within provider organizations. Dr. Ahmed and Dr. Camp discussed the feasibility of blood pressure reporting from the APCD and provider perspective. Dr. Ahmed explained that reporting levels of code is current practice in some ACOs. Dr. Agresta described the current data analysis process in ACOs. Dr. Ahmed and Dr. Agresta discussed the hybrid level analysis. Dr. Agresta relayed the human interpretation data analysis currently requires. Mr. Katz asked if SIM would be able to access the APCD data. Dr. Ahmed responded that access at member level would be a problem because the data cannot be released if it is not de-identified. Dr. Camp remarked that de-identifying would negate the ability to validate the data. Dr. Checko and Dr. Ahmed discussed measurements of population health, access, and quality measures. Dr. Ahmed explained that the data could identify underserved areas based on provider density information. Dr. Tikoo remarked that the Council should be educated on the general limitations for claims datasets and be better informed on what CPT codes can accomplish. For example, mental health data cannot be coded. Dr. Hunt and Dr. Ahmed discussed APCD policy in regards to de-identifying data. Dr. Schaefer asked if shared savings vs. non-shared savings attribution analysis can be conducted. Dr. Schaefer said the APCD would have to develop its own attribution algorithm if this is not submitted by the plans. Dr. Ahmed responded that all data is de-identified unless legislation is changed. Craig Summers described the provider's perspective on a reporting method change. Dr. Summers stressed the importance of level setting with providers.

#### **8. Next Steps**

Ms. Turisco reviewed the HIT Council next steps. The HIT Council will continue technological education with a presentation by the edge server. Ms. Turisco will compile a list of questions that came out of the APCD discussion. These questions will be sent to Dr. Ahmed and the answers sent back. Overall, the Council needs to identify the general limitations of using claims and APCD data. Dr. Schaefer mentioned that the Quality Council would address the questions described in the meeting's presentation and will deliver the response to the HIT Performance Measures Design Group.

To sum up the meeting and next steps, Commissioner Bremby reviewed the action items and summarized the discussion:

- Commissioner Bremby suggested the Charter proposed change (COI, escalation of issues, and Executive Team) and Conflict of Interest policy move forward simultaneously.
- The Council will be educated on the Zato solution at the next meeting.

- Commissioner Bremby suggested the Council crystalize the working process with other Councils. How will the Councils receive communication? Can questions be refused? Commissioner Bremby remarked that the Council is in the initial phases of work and suggested the aim be a sustainable, long term centered tool with infrastructure the Council can use. He went on to urge the Council not to get bogged down in the short term when there is a marathon yet to be won.

The meeting adjourned at 12:00pm.

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