

STATE OF CONNECTICUT
State Innovation Model
Health Information Technology Council

Meeting Summary
Friday, May 22, 2015
10:00am – 12:00pm

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

Members Present: Thomas Agresta; Roderick Bremby; Patricia Checko; Anthony Dias; Tiffany Donelson; Ed Fisher; Michael Hunt; Vanessa Kapral; Matthew Katz; Mike Miller; Mark Raymond; Philip Renda; Sheryl Turney; Josh Wojcik; Victor Villagra

Members Absent: Ludwig Johnson; Alan Kaye; Michael Michaud; Craig Summers; Moh Zaman

Other Participants: Michelle Moratti; Mark Schaefer; Minakshi Tikoo; Fran Turisco

The meeting was called to order at 10:03am.

1. Introductions

Co-chair Mark Raymond introduced new Council members Victor Villagra and Tiffany Donelson. The Council members introduced themselves.

2. Public Comments

Council members received a handout of [Dr. Susan Israel's public comment](#), submitted prior. Dr. Israel was in attendance.

3. Minutes

Matthew Katz motioned to approve the April 17th meeting minutes. Michael Hunt seconded the motion and the minutes were approved.

4. Executive Team Nomination Process

Co-chair Commissioner Roderick Bremby reviewed the Executive Team roles and nomination process, detailed on slide three of the HIT [meeting presentation](#). Mr. Katz expressed support for the creation of the HIT Executive Team.

Commissioner Bremby called for a vote to approve the Executive Team creation process. Dr. Hunt motioned to accept the process. Anthony Dias seconded the motion and the process was approved. Pat Checko asked if there would be an opportunity for the Council to caucus around the nomination process. The co-chairs suggested nominations be submitted in writing via email to Virginia Sullivan of the State Innovation Model's Project Management Office (SIM PMO) by May 30th.

5. Review of Progress to Date

Mr. Raymond reviewed the HIT Council's goals, scope, and charge. Mr. Raymond discussed the HIT Council's progress to date citing the Council's interactions with the Quality Council

and the technological evaluations of both the All Payer Claims Database (APCD) and Zato solutions.

6. Update on Evaluation of Short Term Options

Mr. Raymond reviewed the Council's progress regarding the evaluation approach and criteria (i.e. timing, functionality, risks, and cost) of the short term technological options. The HIT technology selection criteria will be reviewed and refined by the Design Group. Mr. Raymond opened the floor to discussion.

- Mr. Katz suggested the Council determine the technologies ownership in the short term (which is related to cost). Would the SIM initiative own the technology?
- Dr. Checko suggested the Council determine the risk associated with the technology option. How does the Council define risk and who is assuming the risk? How does the risk relate to the consumer and the provider? Is the risk solely financial or is there other risk as well? Mr. Raymond reminded the Council that their purpose is to represent all interests in their evaluation – payer, provider, and consumer advocate).
- Mr. Raymond asked how the short term consideration impacts the long term goal and solution. How can the Council leverage the short term option to make progress?

Commissioner Bremby suggested the Council discuss the scope of their recommendations. The Commissioner stated that the recommendation of a paper option is out of the Council's scope to which Minakshi Tikoo and several others agreed. Joshua Wojcik remarked that it is within the Council's scope to determine whether a technological option is not viable in the short term. Dr. Checko said if the manual component is linked with technology it is within the Council's scope. The Commissioner stated that the quality metrics must be developed and approved in order to make a HIT solution recommendation.

Dr. Villagra asked if the scope of the Council's thinking relates to source data as an element of the HIT solution. Mr. Raymond said the Council is looking at the current landscape of available data. Dr. Tikoo reminded the Council that their implementation will be impacted by the varying technical capabilities and data sources of the participating Accountable Care Organization's (ACO).

Philip Renda supported the use of clinical data and electronic health records as data sources. Mr. Raymond reminded the Council that the data used to assess quality in the short term may differ from that used in the long term solution as it evolves. Dr. Hunt said the HIT Council's goal is to assess the use of the data set and technology and determine how to layer on that ability in the future. Mr. Raymond said that a recommendation regarding technology that collects manually entered data may be within the Council's scope. Dr. Villagra stressed the importance of data collection that fairly represents all segments of Connecticut's population in order to reach SIM's overarching goal of reducing healthcare disparities. Dr. Checko and Mr. Katz asked if the Council has a responsibility tied to data collection and if not, is there another component of SIM more or equally qualified to make those recommendations.

Mr. Raymond reviewed the Council's evaluation of the APCD solution. The Council discussed the APCD's relevance and potential as a solution for the A1C blood control measure. Fran Turisco of the Chartis Group said measuring hypertension with the APCD solution would require additional, more complex coding; a significant burden for providers.

The Council discussed their short and long term goals, specifically the technological options for the quality measure set. Dr. Tikoo asked if the Quality Council measure set for 2016 were confirmed. Mr. Raymond asked to hold the question until SIM Director Mark Schaefer arrived. Michelle Moratti of The Chartis Group relayed that the Quality Council's measures, "Hemoglobin A1C Poor Control" and "Controlling High Blood Pressure" were confirmed for the 2016 solution. Ed Fisher asked who is working on the data normalization piece. He suggested the data be normalized through a governance process to eliminate the gaps between physician practices, commercial offices, independent offices, and pharmacies. Dr. Hunt described the complexity of evaluating the measure sets. For example, to evaluate hemoglobin A1C the technology would have to pull from labs or diagnosis and practice management systems. How does the Council address these connections? Dr. Tikoo added that the Council does not know who will participate in SIM so it is unclear what information will be available and in what format.

Dr. Checko said the APCD solution provides a baseline but currently does not include Medicaid data. Dr. Tikoo reminded the Council that the APCD cannot give out identified data which is essential for attribution. Mr. Raymond summarized the discussion relaying the Council's wish to keep the APCD solution in evaluation for some short and long term goals. He asked the group to think about the goal and strategy around delivery of the HIT solution and the requirements and clarity needed for the model solution.

Mr. Raymond reviewed the Council's evaluation of the Zato solution. The HIT Design Group compiled a list of additional questions for Zato during their April 23rd meeting. The questions were reviewed with the Council for revisions and additions. Dr. Hunt asked for clarification regarding Zato's timeframe for state implementation. Dr. Tikoo said the timeframe is dependent on the ACOs and providers that contract with the SIM initiative. Dr. Dias asked if Zato could frame the challenges they anticipate encountering during a statewide implementation process. Mr. Raymond acknowledged the additional Zato questions and said they would be finalized and sent out electronically for review.

7. Proposed Process Moving Forward

Mr. Raymond reviewed the Council's two proposed avenues of progression. The first option involves submission of the Zato questions followed by an evaluation of Zato and/or the APCD's ability to meet all of the criteria. If the Council agrees to either solution, a recommendation will be reviewed at the next HIT Council meeting, along with a rating against the criteria. Otherwise, the Design Group will continue to explore open points to definitively determine the current solutions' fit and explore alternatives such as those used by other SIM states. Dr. Schaefer briefly reviewed some of the technological solutions presented at the SIM conference, "Learning From Each Other: How States Are Transforming Their Health Care Systems." Dr. Checko reminded the Council of the ambiguity surrounding the use of Medicaid data. Commissioner Bremby provided a brief update regarding the Medicaid data sharing concern and said a resolution is forthcoming.

8. Process for Responding to Questions

Mr. Raymond reviewed the proposed process for HIT Council questions. Ms. Turisco said the Executive Team will receive Council questions once it is created. In the interim, Council members should submit inquiries to Mark Schaefer at the SIM PMO office. Mr. Raymond clarified that only Council members could submit questions but can bring forth inquiries from non-participants. Dr. Hunt supported this process.

Mr. Raymond reviewed some of the questions Council members raised outside of the full Council discussions located in the [appendix of the presentation](#). The Council discussed the item entitled, “care management tools” on slide 21. Dr. Schaefer remarked that this item’s language originated in the model test grant innovation plan when it was still focused on smaller offices. Dr. Tikoo reiterated that the language was aimed at smaller providers to help them manage and review care, including direct messaging for care coordination if they wanted it, with the specific focus on “leveling the playing field” for small and large practices. Dr. Hunt asked the HIT solution intended to support direct messaging capabilities. Dr. Tikoo said it is dependent on what the Council solves for.

Dr. Villagra asked about public reporting. Dr. Schaefer said the Quality Council has not yet discussed through which vehicle data will be transparent. However, emerging legislation may provide clarity on that issue.

Dr. Checko asked if members of the HIT Council would join the Quality Council Design Group, given their members’ participation in the HIT Design Group. Dr. Tikoo suggested the Design Group could evolve to represent both Council’s equally to most effectively use participant’s time.

9. Next Steps

Commissioner Bremby suggested the Design Group roster be shared with the full Council along with the appointee process, identification of leadership, and minutes at the conclusion of the meetings. As part of next steps, the Zato questions will be revised and submitted to Zato who will provide feedback by the June 8th Design Group meeting. Information about the Executive Team nomination and appointee process will also be distributed and nominations gathered.

Mr. Renda motioned to adjourn. The motion was seconded and meeting was adjourned at 11:58am.