

STATE OF CONNECTICUT
State Innovation Model
Health Information Technology (HIT) Council
Meeting Summary
Friday, June 19, 2015
10:00-12:00p.m.

Location: Room 1B of the Legislative Office Building, 300 Capitol Avenue Hartford, CT

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

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

Other Participants: Faina Dookh; Jessica DeFlumer-Trapp; Michelle Moratti; Fran Turisco

The meeting was called to order at 10:00am. Commissioner Roderick Bremby and Mark Raymond co-chaired the meeting.

1. Introductions

Council members introduced themselves.

2. Public Comment

There was no public comment.

3. Minutes

Fran Turisco of The Chartis Group asked if there were any questions about or changes to the minutes. There were none. Mike Miller motioned to approve the May 22nd meeting minutes. Victor Villagra seconded the motion and the minutes were approved. Matthew Katz, who was not able to review the minutes, abstained.

4. Executive Team Selection

Commissioner Bremby reviewed the Executive Team nomination and voting process, outlined in the [meeting presentation](#). The State Innovation Model's (SIM) Project Management Office (PMO) received one written nomination prior to the meeting supporting Patricia Checko as the Consumer representative to the Executive Team. Commissioner Bremby solicited nominations from the remaining stakeholder groups, provider and payer. Mr. Katz requested clarification on individual membership to each stakeholder group, which the co-chairs provided. Mr. Miller nominated himself as the Payer representative to the Executive Team. Dr. Villagra nominated Thomas Agresta as the Provider representative to the Executive Team. Dr. Agresta accepted the nomination. Commissioner Bremby closed the nomination slate.

Motion: Matthew Katz motioned to vote on the Executive Team nomination slate. Dr. Villagra seconded the motion. Council members voted.

Vote: All in favor

The HIT Executive Team was finalized with Dr. Agresta representing Providers, Dr. Checko representing Consumers, and Mr. Miller representing Payers.

5. HIT Council Design Group Process and Confirmation

Michelle Moratti of The Chartis Group reviewed the HIT Design Group charge and process. Commissioner Bremby identified the group's dependency on the Quality Council measure set. Dr. Villagra asked when the quality measures would be available to the Consumer Advisory Board for feedback. Ms. Moratti and Ms. Turisco reviewed the two short-term EHR quality measures, "Controlled Hypertension" and "Uncontrolled Diabetes with A1C greater than 9."

Dr. Checko requested a review of the Design Group appointee process for the new Council members. Ms. Moratti informed the Council that members could volunteer for the Design Group on an open basis.

Commissioner Bremby asked if the Design Group would be open to accepting the Person Centered Medical Home (PCMH) measures used in Medicaid to accelerate proper IT solution review for design. Dr. Agresta said other certifying bodies would need to review them and asked what context the measures would be produced, electronic health records or others by individual analysis? Dr. Checko remarked that there is considerable discussion around PCMH measures in other SIM work groups and it may be premature to agree on their utilization. Commissioner Bremby suggested augmenting PCMH measures with the short term measures provide a more comprehensive approach and may accelerate measure completion. Mr. Katz suggested the Quality Council as a more appropriate forum to evaluate SIM's use of PCMH measures.

Faina Dookh of the SIM PMO commented on the use of PCMH measures in conjunction with the short term measure sets. She said the Quality Council previously evaluated measures based on their relevance for value based payment arrangements such as shared savings as opposed to pay for performance programs like the DSS PCMH program. The Quality Council reviewed the DSS PCMH measures as well as national measure sets and those of other state Medicaid shared savings programs. She commented that the DSS PCMH measures are primarily based on claims data, whereas she understood the Zato solution extracts clinical data for measures using the Electronic Health Record (EHR).

The Council discussed provider evaluation in terms of PCMH measures. Using PCMH and the short term measure set congruently would eliminate duplicate provider evaluation.

Dr. Agresta commented on the importance of harmonizing standards at the federal and state level to ensure practitioner compliance. He said that perhaps the Design Group could point out the inconsistencies, but the HIT Council may not be the appropriate vehicle to evaluate their viability. Ms. Moratti suggested the Council respond to the Quality Council memorandum referencing measure requirements in terms of technology and suggest they take a broader look at suggested processes. Mr. Katz endorsed Ms. Moratti's suggestion. Dr. Checko suggested that representatives of the HIT and Quality Councils meet in person to discuss the measures. Mr. Miller endorsed one common mechanism to promote forward action. Ms. Turisco stated the scheduling of the meeting was on the Design Group list. Mark Raymond suggested recommending a series of actions with multiple plan to allow space for innovation, and the ability to have multiple back up options. Mr. Raymond suggested the group move quickly so they could fail fast and move on to alternative

solutions. Mr. Katz agreed, endorsing multiple pathways with one preferred method and other alternatives.

The Council discussed the HIT solution timeline relevant other corresponding SIM and State milestones.

Ms. Moratti reviewed the tiered selection criteria and the risks and cost burden associated with the SIM stakeholder groups, [outlined in the presentation](#) and discussed during the June 16th Design Group meeting. Mr. Katz said that while identifying resource burdens is an important exercise, the Council must highlight the opportunities that exist, and resist becoming overly negative. Mr. Raymond commented that the HIT solution may have ancillary benefits. Ms. Moratti said that ancillary benefits would be added as a solution criteria for the Design Group. Dr. Villagra commented that consumer ease of use should be added to the criteria. Dr. Villagra added that the solution should help the consumer make decisions regarding purchase and use. Dr. Checko commented that the Consumer Advisory Board (CAB) discussed transparency, usability, and scalability. Mr. Katz added the burden of maintenance and management under the PMO/State category.

6. Conflict of Interest

Howard Rifkin of the Lieutenant Governor's office reviewed the updated [SIM Conflict of Interest document](#). Mr. Rifkin explained that the Health Innovation Steering Committee (HISC) put forth the document as an interim solution until a SIM Conflict of Interest document is adopted. The document mirrors the state's Code of Ethics agreement, which Workgroup members are not subject to given their advisory nature. SIM Workgroup members are encouraged to raise questions or concerns by July 25th. The interim document will be finalized during the July 16th HISC meeting. Council members must disclose potential conflicts and recuse themselves should a conflict arise.

Mr. Katz asked if this Conflict of Interest policy would replace the HIT Conflict of Interest policy that was drafted, vetted, and approved by the Council. Commissioner Bremby remarked that the document is a single, overarching Conflict of Interest policy that governs the SIM process. Mr. Katz asked if the provision allowing to intervene if a member does not recuse themselves applies. Mr. Rifkin said there is a provision in the document that allows for chair review. Mr. Katz asked that the document be emailed to the Council members and posted on the website for review.

7. CMMI HIT Q&A Webinar Summary

Ms. Turisco reviewed a Center for Medicare & Medicaid Innovation (CMMI) webinar question and answer session she attended as a representative of the SIM PMO. The [webinar materials](#) provide HIT plan guidance. Ms. Turisco said a number of the states use low-tech solutions at this point. Ms. Moratti commented that the advice was to implement a solution in the short term, even if it is imperfect and is consistent with the state HIT vision and does not constrain the long term solution.

Philip Renda commented that to ensure quality of the solution, it is important to understand the Medicaid timeline. Ms. Dookh commented that the Quality Council aims to present their provisional measure set during the July Steering Committee meeting and then submit the measures for public comment. Dr. Villagra asked for further clarification on the timeline. Ms. Dookh commented that the Quality Council's charge is to look specifically at quality measures for value-based payment arrangements in the state. Their target is Federally

Qualified Health Centers (FQHCs) and Advanced Networks such as large provider groups and hospital networks. The Quality Council looked at measures currently used by other states for Medicaid value-based arrangements, at the Medicare Shared Savings ACO measures, and other sets. Ms. Dookh echoed Dr. Agresta's earlier point that the goal is to harmonize the quality measures used in shared savings in the state to minimize duplicate provider measure sets from each payer to focus their efforts and reduce the administrative burden. Ms. Dookh commented that the DSS PCMH measures are for a pay for performance arrangement, and not a value-based shared savings arrangement, which is why the measure set is distinct. Commissioner Bremby commented that the Medicaid program serves more children and pregnant females than other payer arrangements. Thus, a measure set that does not specifically address those populations is impractical for Medicaid. Dr. Villagra said that perhaps considering a pay for performance measures glide path as a means to a future value-based payments system. Mr. Katz commented that PCMH data is claims based, a fundamental difference. How does the system shift from claims based to EHR/EMR?

Dr. Villagra asked if there is any consideration for a data source that is more relevant to consumers. Commissioner Bremby commented that the original plan called for a PHR option that may not have been retained with funding. Dr. Villagra supported a patient portal that links electronic health records and gathers consumer experience and satisfaction information. Dr. Checko agreed, noting Consumer Advisory Board (CAB) discussions around patient survey's to measure experience. Ms. Dookh commented that the Quality Council looked at the care experience measure PCMH CAPHS, which is a survey based tool for consumer care experience. To Mr. Katz's earlier point, Ms. Dookh said both the PCMH and the SIM Quality Council measure sets use different data sources including claims and survey data. The SIM Quality Council measures are mostly based in claims data. Ms. Dookh said the Quality Council is emphasizing clinical sources to utilize the added value in areas such as race stratification for health equity, a focus on outcomes like A1C control, and information that cannot be obtained through claims analysis. This strategy is comprehensive in terms of quality and is potentially innovative. Ms. Dookh said SIM could explore claims data source primarily as a sort of phasing. Implementation will be explored by the Quality Council in the future. Ms. Moratti commented that the consumer point of aggregation is unfortunately far in the future. Dr. Villagra acknowledged the point, but added that awareness in the system is imperative. The group must be mindful of consumer health literacy.

8. HIT Council Design Group Progress and Request to Proceed

Ms. Turisco reviewed the HIT Design Group's progress and their latest discussion regarding the Zato responses. The group requested a demonstration from Zato. Dr. Agresta commented that the demonstration proposed uses discharge summaries and not de-identified EHR data summaries. Mr. Katz commented that de-identified that seeing a demonstration with de-identified data is critical to understand their functionality in the healthcare arena. Dr. Renda suggested Zato submit written responses to the additional Design Group questions congruently with the demonstration. Commissioner Bremby suggested the Design Group submit the additional questions, receive the responses from Zato, and then move forward with the demonstration. Dr. Villagra motioned to move forward with the process and the Council agreed.

9. HISC Meeting Update

Commissioner Bremby recapped the HIT Council presentation at the June 11th Steering Committee meeting. The HISC requested the HIT Council format their Charter to match other SIM Work Groups. The Commissioner reviewed Senate Bill 811, which authorizes DSS

to develop and issue the RFP for the HIE platform. Under Bill 811, DSS is responsible for the state HIT implementation. Additionally, the Bill calls for a 28 member Work Group. Commissioner Bremby explained that Bill 811 is a robust planning process including external and internal stakeholders to the state. Mr. Katz asked where the Work Group will sit in the governance structure. Commissioner Bremby replied that it was unclear. Mr. Katz remarked that while intersection of work is good, duplication is inefficient. Commissioner Bremby commented that the administration is describing the HIT planning as umbrella in nature and will facilitate various options that are not redundant. Ms. Donelson asked in the spirit of due diligence, would the Council be considering other vendors? If so, their evaluation would need to begin promptly given the lengthy state procurement process and forthcoming HIT deadlines. Mr. Raymond suggested the group do a market scan and identify multiple back up plans. Commissioner Bremby commented that the group may need assistance from an outside source or CMS to conduct a market scan. He also stated that the current HIT solutions of the state SIMs would be presented at the next meeting.

10. Next Steps

Mr. Katz motioned to adjourn the meeting. Dr. Agresta seconded and the meeting was adjourned at 12:00pm.