

CONNECTICUT  
HEALTHCARE  
INNOVATION PLAN



# Health Information Technology Council Meeting

September 18, 2015

# Meeting Agenda

Agenda Item	Presenter	Timing (Minutes)	Action
1. Introductions	Commissioner Bremby	5	Discuss
2. Public Comments	Commissioner Bremby	5	Discuss
3. Minutes Approval	Commissioner Bremby	5	<b>Approve</b>
4. HIT Charter Update	Commissioner Bremby	5	<b>Approve</b>
5. Consumer Concerns	Michelle Moratti	10	Discuss
6. Design Team Charters, Milestones and Deliverables	Michelle Moratti	60	<b>Approve</b>
7. Quality Council Update	Michelle Moratti	10	Discuss
8. PTF Update on CCIP	Michelle Moratti	15	Discuss
9. Next Steps	Commissioner Bremby	5	Discuss

# Objective of Discussion

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**4. HIT Charter Update**

**5 min**



Provide feedback from the HISC Meeting

# Input from QC

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We received from the Quality Council in regards to the Charter.

- **Ensure all HIT design efforts are conducted in the context of design input from the Councils and Task Force**

# Input from HISC

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We received direction from the HISC on the charter:

## **Input to the Charter:**

- We need to add a set of guiding principles that reflect the following concepts:
  - We are committed to a fair and transparent process for the design of the technology requirements and the procurement of the solutions
  - We will work collaboratively with the other councils in an iterative and inclusive manner to develop the solution
  - The resulting solutions will be coordinated with current efforts underway at DSS to ensure no duplication of effort

## **Concerns independent of the Charter:**

- Would advise us to have a more transparent process with adequate due diligence to ensure the design and selection of technology is fair and appropriate
- Concerns regarding the exclusive testing of Zato as the short term solution and questions regarding the “due diligence” undertaken to arrive at that conclusion

# Recap of Rationale for Zato Selection for Short Term Solution Pilot

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As a reminder of the due diligence process undertaken to arrive at the decision to test Zato as the short term solution.

- **Evaluated APCD, HIE-related and Zato solution against three criteria – Timing (1<sup>st</sup> gate), Functionality and Cost. Only Zato met the first “gating” criteria of timing.**
- **Recognized Zato is being used extensively for other aspects of the State of CT HIT plan and could be extended easily for a short term solution**

# Charter: HIT Council (1/2)

## HEALTH INFORMATION TECHNOLOGY (HIT) COUNCIL

### Charter

This work group will develop for recommendation to the Healthcare Innovation Steering Committee, a proposal for HIT requirements<sup>1</sup> and technology components in support of SIM goals. This work group will review current and proposed technologies cited in the SIM Model Test Proposal<sup>2</sup> or others as needed to understand capabilities and uses for the Test Model, will work collaboratively with the Quality, Practice Transformation, and Equity & Access work groups to develop a high level HIT schema of technologies and data interactions that align SIM initiatives, and will describe the implementation approach/roadmap for recommended technology solutions that are scaleable, adaptable, and based on national standards.

### Key questions this work group needs to answer

#### Access

What are the HIT requirements to support recommendations of the Equity & Access Council to guard against under-service or patient selection?

#### Connectivity and Exchange

1. What are the HIT requirements to support recommendations of the Practice Transformation Task Force?
2. How will HIT support information exchange across providers?
3. What are the HIT requirements to implement and pilot test short-term<sup>3</sup> information exchange leveraging existing technology asset: Direct Messaging, ADT-SES?
4. What are the HIT requirements to leverage existing core procurement and implement and pilot test a Consent Registry-Nextgate?
5. What are the HIT requirements and recommended solution(s) to implement and pilot test 1-3 Disease Registries-Nextgate?
6. What are the HIT requirements for procuring Mobile Medical Applications for care management using crowd sourcing?
7. What are the HIT requirements to leverage the existing technology asset: EHR-SAAS hosted by BEST?
8. How will proposed technologies align with existing technologies used by Advanced Networks and FQHCs to avoid redundancies and duplication of efforts?
9. What is the process for introducing and considering new technology and innovation alternatives to those cited in the SIM proposal?

#### Quality

1. What are the HIT requirements to support recommendations of the Quality Council?
2. What quality measures/metrics will be adopted to measure provider performance with regard to targeted health conditions & prevention goals?
3. Which quality measures/metrics are claims-based and which are clinically-based? Which have priority?
4. How will measures be attributed, aggregated, stored, accessed and reported?
5. What are the potential and recommended data sources for these quality measures?
6. What technology solutions are available to mine the data sources? What are the criteria for selecting a solution? What is the recommended solution?
7. What are the HIT requirements and recommended approach to leverage the existing technology asset: licensing agreement-Zato for edge server indexing for eCQMs?
8. What are the HIT requirements and recommended approach to leverage the existing technology asset: Provider Directory-Nextgate hosted by BEST?
9. What are the HIT requirements and recommended approach to leverage the existing technology asset: eMPI-Nextgate hosted by BEST?
10. How will the technology solution(s) be pilot tested? Is there a short-term and long-term solution?

<sup>1</sup> Requirements include infrastructure, capabilities, functionality, data interactions, data security, selection criteria and process, implementation

<sup>2</sup> Connecticut SIM Model Test Proposal – Amendment 03 – 4/30/2015 – Budget Narrative – Health Information Technology – pg. 25 & Project Narrative – pgs. 26-31

<sup>3</sup> The long-term solution for information exchange is the state-wide HIE which will be implemented via the HIT Advisory Council pursuant to Public Act 15-146.

# Charter: HIT Council (2/2)

11. What are the HIT requirements to support cross-payer analytics and the common performance scorecard?
12. What are the SIM MQISSP HIT requirements to link/integrate Medicaid data with the APCD for claims-based quality measures?
13. What are the HIT requirements to leverage existing technology asset for patient risk stratification: pilot test Care Analyzer for MQISSP?
14. How will the quality measure data be stored, organized, aggregated, accessed, and reported? Who will have access to the data?
15. Are there HIT requirements for the common care experience survey?

## Roles and Responsibilities

1. Develops and recommends SIM HIT Council charter to the Healthcare Innovation Steering Committee
2. Establishes ad hoc task forces to investigate specific technical, functional and data exchange topics
3. Discusses options and makes a recommendation using majority consensus<sup>4</sup>
4. Members communicate HIT Council progress back to constituents and bring forward their ideas and issues
5. Works collaboratively with the other SIM work groups to collect and share information needed to provide an aligned HIT solution
6. Monitors progress and makes adjustments to stay within the SIM timeline – pre and post SIM HIT solution implementation
7. Makes recommendations to the Healthcare Innovation Steering Committee
8. Comes to HIT Council meetings prepared, by reviewing the materials in advance
9. Escalates issues, questions and concerns that cannot be resolved by the HIT Council as a group to the Healthcare Innovation Steering Committee
10. Establishes an executive team that includes the co-chairs and three members from the HIT Council representing the major stakeholder groups (Consumers, Payers and Providers). The non-co-chair members will be included in the agenda prep calls to assist in agenda development and identify any issues brought forth by council members.

## Guiding Principles

1. Advocate for HIT solutions that are scalable and meet existing standards that are available and feasible
2. Comply with SIM's conflict of interest protocol, currently in draft status
3. HIT is a tool to support or supplement care delivery and the collection of necessary data but is not, nor should be the end goal
4. Be the advocate for the role you are representing

## Scope - range and boundaries of the responsibilities of the HIT Council

### In-Scope

1. Review of the current and proposed technologies cited in the SIM grant to understand capabilities and uses for Test Model
2. Work collaboratively and actively support two way communications with the other SIM workgroups and councils to develop the HIT design.
3. High level schema of HIT solution
4. SIM HIT solution implementation approach and roadmap
5. Recommendations for technologies to support the SIM initiatives
6. Participation with the SIM HIT Steering Committee and other SIM work groups and councils

### Out-of-Scope

1. Personal Health Record technology and Patient Portal (from original grant proposal)
2. Development of policies and procedures tied to recommended technologies

<sup>4</sup> If necessary the council will follow a majority voting process, assuming a quorum (one co-chair and at least 50% of the members are present).

# Objective of Discussion

## 5. Consumer Concerns

10 min



### Brief on Consumer Input to Process

**On August 31, several Steering Committee and Consumer Advisory Board members sent a letter to Lieutenant Governor Wyman outlining the following concerns over process, substance, and timelines of the HIT Council:**

- 1) The delay in the HIT Council charter limits the Steering Committee's ability to provide meaningful suggestions and oversight in the face of deadlines
- 2) The recommendation of one vendor for testing (Zato) suggests a lack of a strong due diligence and could result in delayed implementation if the selected vendor is unable to perform appropriately
- 3) CT is at risk by not exerting a strong and competitive due diligence process
- 4) While the role of the HIT Council is to make recommendations, many feel decisions were already made by staff prior to HIT Council meetings and the process during the Council's meetings was for the staff to persuade the Council that the staff decision was right, limiting the Council's ability to advise
- 5) Having one vendor brings to question whether there was a fair and competitive process
- 6) The Steering Committee has not seen an overall technology plan with timelines and deliverables to ensure the state has the capacity to support the goals and objectives of the SIM plan to transform the health delivery system. Work Groups are dependent on a collaborative work process and successful execution of their proposed measures. Ensuring this collaboration is essential as SIM moves forward.

# Objective of Discussion

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**6. Design Team Charters, Milestones and Deliverables**

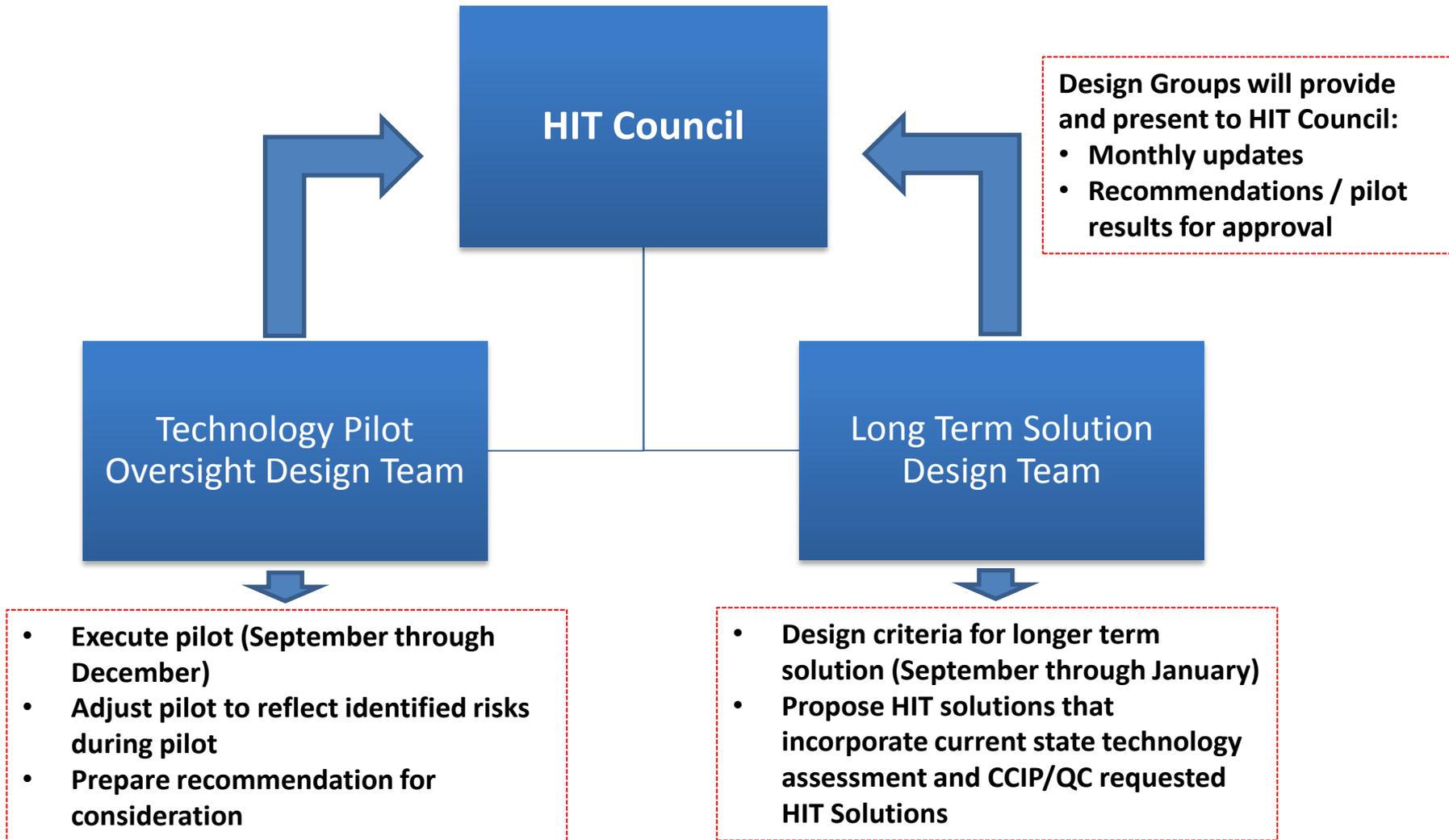
**60 min**



Confirm Team Charters, Milestones and Deliverables

# Proposed Design Group Approach

*Previously Discussed*



# Proposed Meeting Schedule

*Draft for discussion*

The proposed schedule suggests that the Design Groups meet bi-weekly through January.

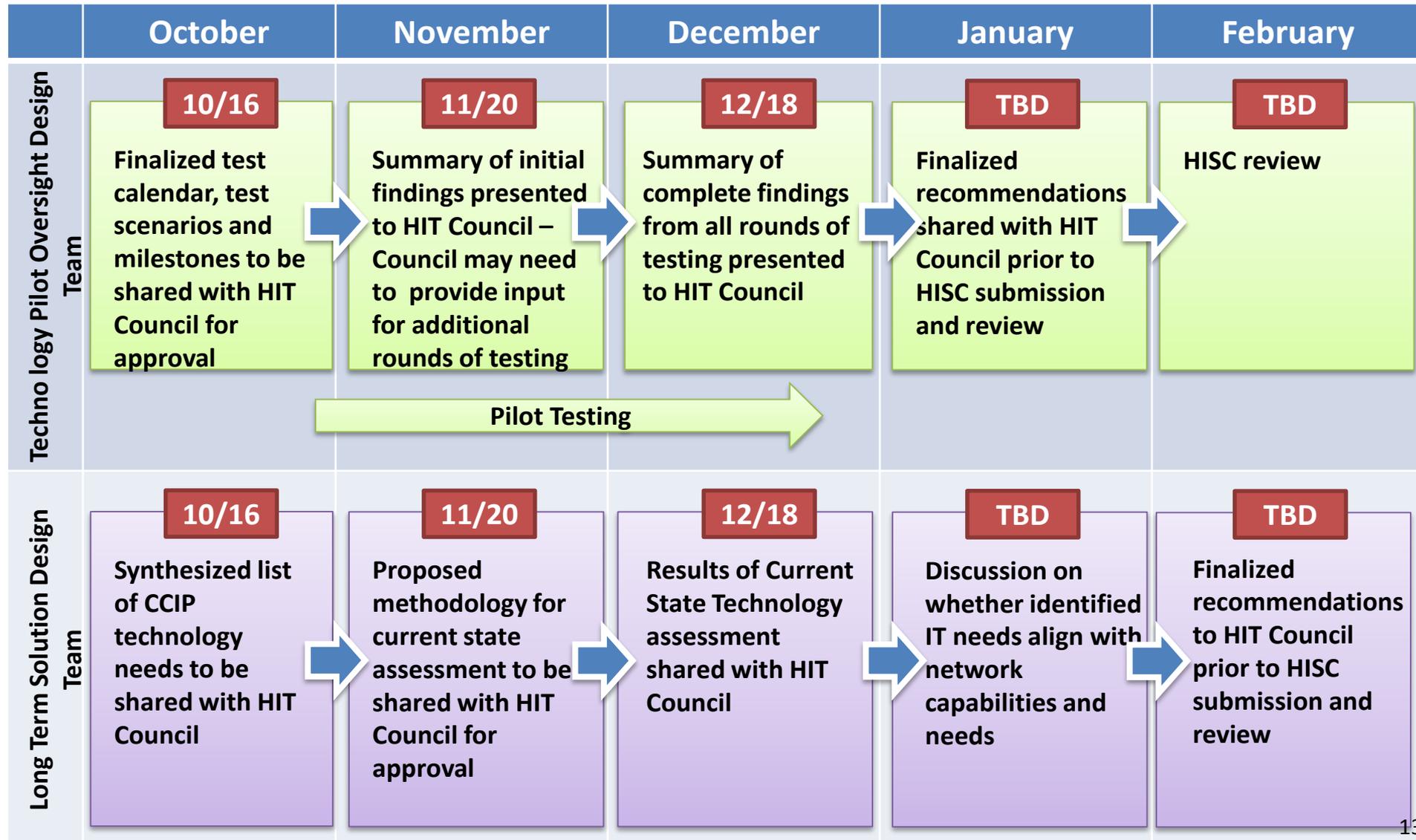
	Week of																				
	September				October				November				December				January				
	7	14	21	28	5	12	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25
Technology Pilot Oversight Design Group Meetings																					
Long Term Solution Design Group Meetings																					
HIT Council Meeting - Design Groups to share updates		18				16					20				18			<b>TBD</b>			
HISC Meeting		17				8					12				10						



***Begin Preparing for  
Initial Recommendations***

# Design Group Timelines

## Proposed Steps and Timeline for Design Groups – **Draft for Discussion**



# Technology Pilot Oversight Design Team



## PROPOSED GROUP MEMBERS

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**Anthony Dias**  
**Tiffany Donelson**  
**Sheryl A. Turney**  
**Jessica DeFlumer-Trapp**

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*Is there anyone else who should be part of this Design Team?*

# Technology Pilot Oversight Design Team: Charter

## Charter

This design group will be responsible for the oversight and development of piloting an initial HIT solution, including the design and execution of the initial pilot. It will develop updates and share its findings with the HIT council as appropriate as well as develop recommendations for consideration by the HIT council.

## Key questions this design team needs to answer

1. What are the appropriate test scenarios?
2. What is the process for creating the test patients? Who will do the work? Who will validate that the data are accurate and complete?
3. What is the data access / interface process with Zato?
4. Where are the metric calculations done?
5. What level of interoperability can be achieved?
6. Does the solution provide the necessary security and patient confidentiality requirements?
7. Who will verify the output from the Zato system? What will be the process?
8. Will the Quality Council be involved in the validation process

# Technology Oversight Pilot Design Team Deliverables

In order for the pilot to be completed by the end of the year, the Design Group will have to move quickly to establish the parameters and scenarios necessary for the pilot.

Date (week of)	Objective	Deliverable
<b>9/21/2015</b>	Define purpose of Design Group, scope, objectives and methodology for pilot	Defined pilot scope, objectives and methodology
<b>10/5/2015</b>	Identify measure sets, develop test calendar and test scenarios, and determine milestones needed to meet	Finalized test calendar, test scenarios and milestones to be shared with HIT council for approval
<b>10/19/2015</b>	Identify data collection process	Launch data collection process
<b>11/2/2015</b>	Preliminary update on first round of pilot	Summary of testing – open issues, progress, overall status
<b>11/16/2015</b>	Evaluate initial findings from first round of pilot	Document discussing initial findings as well as next steps for second round testing to be shared with HIT Council - Seek input from HIT Council on rounds 2/3 if necessary
<b>11/30/2015</b>	Evaluate initial findings from second round of pilot	Refined pilot recommendations for round 3 of pilot
<b>12/13/2015</b>	Evaluate findings after round 3 and begin drafting recommendations	Initial draft of recommendations
<b>1/11/2016</b>	Finalize recommendations to be presented at HIT Council	Finalized set of recommendations to be presented for approval at HIT Council

# Long Term Solution Design Team



## PROPOSED GROUP MEMBERS

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**Michael Hunt**  
**Ludwig Johnson**  
**Pat Checko**

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**Victor Villagra**  
**Mike Miller**  
**Mark Raymond**

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*Is there anyone else who should be part of this Design Team?*

# Long Term Solution Design Team: Charter

## Charter

This design group will work collaboratively with the Quality, Practice Transformation, and Equity & Access work groups to identify potential HIT solutions for their recommendations. It will conduct a current state network technology assessment to match up technology needs with HIT solutions. The design group will develop an implementation plan and roadmap to be approved by the HIT council.

## Key questions this design team needs to answer

### PTTF

1. What is the current state technology assessment for existing networks?
2. How do the PTTF's recommendations translate to HIT solutions, and how do they match up with existing network capabilities?
3. Do networks have the technological capabilities to implement the recommendations today? Do they need them?
4. For networks that do not have the capabilities – how can CT SIM support them to develop these capabilities?
5. Are funding resources allocated correctly to the proper HIT solution? If not, what is the appropriate allocation?

### Quality Council

1. Which quality measures/metrics are claims-based and which are clinically-based? Which have priority?
2. How will measures be attributed, aggregated, stored, accessed and reported?
3. What are the potential and recommended data sources for these quality measures?
4. What technology solutions are available to mine the data sources? What are the criteria for selecting a solution? What is the recommended solution?
5. How will the recommended technology be piloted in the long term?

# Long Term Solution Design Team Deliverables

Date (week of)	Objective	Deliverable
9/28/2015	Identify Design Group purpose in relation to HIT Council and prioritization of work	Finalized charter and initial roadmap for work completion in the next 3 months
10/12/2015	Understand list of technology needs identified by CCIP	Synthesized list of key technology needs identified for CCIP
10/26/2015	Understand list of technology needs identified by QC and EAC	Synthesized list of key technology needs identified for QC and EAC
11/9/2015	Determine process and method to develop a current state technology assessment of network needs	Identified list of target networks and key technology areas to assess; finalized process of communication with networks
12/7/2015	Evaluate results of current state technology assessment of networks	Defined list of current state technology assessment to be shared at next HIT Council meeting
12/21/2015	Begin development of more detailed "SIM Logic" model based on work group requests and network technology assessment	
1/5/2016	Continued discussion of more detailed "SIM Logic" model based on work group requests and network technology assessment	Initial draft of HIT recommendations
1/19/2016	Finalize key recommendations for HIT Council and develop roadmap for implementation	Finalized report and document outlining key recommendations for HIT solutions and timeline to implement programs

# Objective of Discussion

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**7. Quality Council Update**

**10 min**



Update on Quality Council

# Quality Council Update

The Quality Council has developed a provisional measure set that contains both claims based and EMR/outcomes-based measures and is in the process of its final prioritization and review process. The suggested measures are stratified into domains based on the Medicare ACO program.

Domain	Description
 <b>Consumer Experience</b>	Assesses the experiences of adults and children in primary and specialty care settings
 <b>Care Coordination / Patient Safety</b>	Measures (re)admission rates and ED visits for various health conditions
 <b>Prevention</b>	Analyzes frequency of preventative measures and screenings to ensure patient health
 <b>Acute Chronic Care</b>	Accounts for rates of various chronic ailments
 <b>Behavioral Health</b>	Child and adult metrics that analyze behavioral health outcomes that including depression and ADHD rates
 <b>Obstetrics</b>	Determines rate of patients with elective deliveries during 37 through 39 week gestational period

Final measures are to be released in January 2016 for inclusion in 2017 contracts.

# Quality Council Implementation Plan Objectives

In addition to finalizing the measure set, the Quality Council is working on a realistic implementation plan that includes:

Implementation Plan Objectives
Degree of alignment with Medicaid, Medicare, and commercial health plan measures
Technology needs to facilitate collection and reporting of measures (e.g.; all-payers claims database, HIE)
Other logistical issues including timelines, interim measures, benchmarks, and base rates

# Quality Metrics to be Used for Zato Pilot

As previously discussed, two metrics have been chosen as part of the Zato Pilot: Controlled Hypertension and Uncontrolled Diabetes with A1C Greater than 9.

## Metrics for Pilot

Metric	Description
 <p data-bbox="208 761 481 861"><b>Controlled Hypertension</b></p>	<p data-bbox="649 618 1818 718"><i>Measures the effectiveness of the care and management of patients diagnosed with hypertension</i></p>
 <p data-bbox="104 1125 587 1218"><b>Uncontrolled Diabetes with A1C Greater than 9</b></p>	<p data-bbox="649 982 1837 1139"><i>Measures the percentage of patients aged 18 through 75 years with type 1 or type 2 diabetes mellitus that had a most recent hemoglobin A1c (HbA1c) greater than 9 percent</i></p>

# Objective of Discussion

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**8. PTF Update on CCIP**

**15 min**



Update on PTF

# PTTF Update: Proposed HIT Solutions (1/2)

CCIP has developed a set of HIT solutions that align with CT SIM's overall goal.

Primary Driver	HIT Solution	HIT Relevant Objective	Target Population
<b>Primary Care Transformation</b>	Consent Registries	Provider entities are able to gather and store consents from consumers to share their data	AN/FQHCs participating in CCIP
	Care-analyzer?	Provider entities are able to identify high risk populations and patients with gaps in their outcomes Networks have timely access to comprehensive claims data to supplement their clinical data	
	ADT	Providers have timely information regarding hospital related care events including standardized discharge instructions	
	Direct Messaging	Providers are able to securely and efficiently share patient information across the clinical & community continuum to enhance care coordination	AN/FQHCs participating in CCIP and their cmnty partners

# PTTF Update: Proposed HIT Solutions (2/2)

CCIP has developed a set of HIT solutions that align with CT SIM's overall goal.

Primary Driver	HIT Solution	HIT Relevant Objective	Target Population
<b>Payment Reform</b>	HIE/ Server	Payers are able to receive EHR-based quality measures, in order to include these measures in the calculation of shared savings rewards for AN/FQHCs with which they have value based payment arrangements	All payers in the state involved in value-based payment arrangements
	Disease Registries	AN/FQHCs have timely access to data that identifies care gaps and opportunities (e.g., colonoscopy screening) in accordance with evidenced-based treatment and prevention guidelines  AN/FQHCs integrate behavioral health care into primary care process to consistently diagnose and treat mild to moderate behavioral health conditions	AN/FQHCs participating in AMH
	HIE/ Server	AN/FQHCs can undertake data analytic activities to track and trend performance and identify quality gaps in order to drive continuous quality improvement.	AN/FQHCs participating in CCIP

# Next Steps based on PTF Recommendations

Several next steps have come out of the PTF meeting that are necessary to determine the feasibility of the suggested HIT solutions.

PTTF HIT Solution Next Steps
Conduct current state network technology assessment – approach under development
Identify if networks have capabilities to use suggested technology solutions
Re-evaluate solutions if network capabilities and recommendations do not match up

# Objective of Discussion

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## 9. Next Steps

5 min



- Schedule required Design Group Meetings – Technology Oversight Pilot and Long Term Solution
- Others?