

STATE OF CONNECTICUT
State Innovation Model
Health Information Technology (HIT) Council
Meeting Summary
Friday, April 15, 2016
10:00am – Noon

Location: Capitol Room 310, State Capitol Building, 210 Capitol Ave., Hartford, CT

Members Present: Roderick Bremby (Co-Chair); Mark Raymond (Co-Chair); Thomas Agresta; Anne Camp; Patricia Checko; Jessica DeFlumer-Trapp; Anthony Dias; Tiffany Donelson; Matthew Katz; Mike Miller; Amanda Skinner; Sheryl Turney; Victor Villagra;

Members Absent: Michael Hunt; Ludwig Johnson; Vanessa Kapral; Alan Kaye; Philip Renda; Moh Zaman; Josh Wojcik

Other Participants: Faina Dookh; Mark Schaefer; Sarju Shah; Anne Mengers, Minakshi Tikoo; Tom Woodruff; Victoria Veltri

The meeting was called to order at 10:00am with Commissioner Roderick Bremby and Mark Raymond presiding.

1. Introductions

Commissioner Bremby initiated roll call. Council members and supporting staff announced themselves.

2. Public Comment

There were no public comments.

3. Minutes

Motion to approve the minutes of the March 18, 2016 meeting: Mike Miller; seconded by Matt Katz.
Vote: All in favor.

4. HIT Relevant Updates

Faina Dookh presented quality measure alignment and the CCIP standards updates (see presentation [here](#)).

Regarding the quality measure alignment the next steps are pending the Quality Council review, and the PMO will continue to finalize the alignment strategy.

Matt Katz mentioned CMS' announcement on primary care payment reform which rewards clinicians based on the quality of care, not quantity of care they provide patients. Mr. Katz asked if SIM will be pursuing this model. Mark Schaefer responded the he would happy to bring Mr. Katz's questions to CMS.

Ms. Dookh then spoke about the CCIP standards. These standards will be incorporated into the MQISSP RFP that will be released in June 2016. During the CCIP development process, they have identified gaps that HIT can possibly support.

Mike Miller brought up the example of New York State utilizing Performing Provider Systems (PPS) to help transform the delivery system to better coordinate care and meet needs of the communities. Currently, PPS is engaging providers to understand the needs of the community. It seems that there is a potential value for SIM to do similar outreach within the state to understand the landscape. Victor Villagra agreed and stated that we should align our activities with the HIE activities within the state. Outreach to providers and networks should occur concurrently and we should assure that infrastructure is in place to support HIT.

Victor Villagra asked where the assembly of metrics would be maintained and disseminated from and if it will be the basis for payment. Mr. Schaefer responded that the Quality Council is working diligently to reconcile measures with CMS, American Health Insurance Plans (AHIP) and other agencies. The council will consider public scorecard reporting, which hopefully be built out through the evaluation dashboard. It is anticipated that the Council will begin these discussions in July.

Mr. Villagra then asked if there are any conversations between DSS and commercial health plans to share data. Ms. Veltri answered in regards to the recent Supreme Court ruling concerning APCD that it is still being analyzed by Access Health CT (AHCT) and is still in flux. Commissioner Bremby added that Medicaid has a verbal agreement with AHCT to share data and currently the signed DURSA between the two agencies is pending AHCT's legal team's review and approve.

Commissioner Bremby also added that the HIE specifications will be mapped with SIM. He also announced that CMS recently provided guidance regarding the availability of federal funding (90/10) for activities that promote health information exchange and encourages the adoption of certified EHR technology by certain Medicaid providers.

5. Value-Based Insurance Design Pilot

Tom Woodruff presented on the VBID pilot and the data infrastructure. A mock sample of a dashboard was provided to the Council members. Please see the VBID handouts.

Key points of the presentation are:

- An element of VBID is to reduce barriers for consumer to receive healthcare services (e.g. lowering co-pays for chronic disease management services will reduce costs of healthcare services)
- Employers, Advanced Networks, Health Plans and other state agencies have a high level of interest with VBID pilot.
- Plan to have a learning collaborative begin in Fall 2016.
VBID plans on implementing the "Choosing Wisely" initiative as part of the program, where the goal is to reduce waste in care delivery and risk with potentially harmful services. Currently, there are 10 'Choosing Wisely' measures.
- The comptroller's office uses multiple contractors for this work, they have a vendor that supports their data warehouse and analytics

Note: The Scorecard provided by Mr. Woodruff is a sample. The data within this sample is not real.

Mr. Villagra asked if Mr. Woodruff can describe how VBID fits into the data infrastructure being proposed by the state and that of SIM. Mr. Woodruff responded that is a question for SIM to answer but the data to be collected for the Advanced Networks needs to be identifiable for it to be actionable. Mr. Woodruff described how the Comptroller's office (OSC) is trying to blend EHR and claims based data to aid in this. Mr. Woodruff described the process for how OSC is integrating the data from EHRs, from a process perspective for the VBID proof-of-concept, the data from the EHRs is sent to the health plans, which is matched with claims data, and then it is shipped to the data warehouse. The proof-of-concept is being done with one measure and Pro Health. Mr. Woodruff said that OSC needs identifiable data at the physician level as well. Mr. Villagra then asked if Zato had a role to support extracting data and suggested mapping processes. Or are we doing the same work twice?

Thomas Agresta commented that Mr. Woodruff's work is of great value.

Mr. Woodruff commented that there are two advanced networks using the same tool right now, and that those groups are looking at claims data.

Mr. Katz commented that this might be what we need instead of Zato. He further indicated that he does not want to suggest one system over the other, but to look into this solution, as this solution could be less time consuming as it has a different approach. Mark Raymond responded that a decision is premature and that it is a challenge, but that our job is to understand the best set of possibilities.

Anne Camp commented that the handout focuses on costs, and asked how it reports on outcomes, to which Mr. Woodruff answered that this is a Tableau output where you can drilldown on everything, and that this system is also capable of accepting EHR data. Mike Miller clarified that Tableau is a visualization tool and not a solution. He further emphasized that each EHR version is a different system and that the Zato platform should be reviewed if it standardizes data acquisition into the data warehouse in a cost-effective manner. We should be looking for the most flexible piece.

Anthony Dias asked if pharmacy and prescription data can be leveraged to help fill the gaps.

Mr. Villagra commented that the data in the handout is not clinical data, but proxies for claims, and providers can discard this information if there are discrepancies.

Minakshi Tikoo asked Mr. Woodruff for a timeline for the project, and how they will evaluate whether this has been a successful pilot, and if they would share the results, and Mr. Woodruff answered that it will be at least six months to test the single selected measure and that the next step would be to expand the "proof-of-concept" to measures related with BMI and Blood pressure. He will share the evaluation at a later date with the Council.

Mr. Miller questioned if the quality measures that VBID has identified are aligned with SIM. Mr. Woodruff clarified that the VBID project predates the Quality Council's recommendations; however the common measure set is aligned.

Sheryl Turney asked if the algorithms are proprietary or would be in the public domain. Mr. Woodruff answered that OSC is working with the Center for Quantitative Medicine at UConn and invited Dr. Agresta to elaborate on the work being done at CQM, and that “they” are capturing all of the algorithms without it being proprietary. Ms. Turney mentioned a new ONC grant regarding federal patient IDs, and Ms. Dookh asked for a link to be sent to her.

Mr. Raymond thanked Mr. Woodruff for coming.

6. Zato Demonstration

Dr. Tikoo reminded the Council that those who are participating in the Zato demonstration need to sign and submit the NDA, as it is necessary to participate. The Zato questions and answers are posted online, however this is still a draft as some of the questions came later and are still waiting to be answered. As soon as the answers are received, they will be sent out and posted online.

Mr. Katz asked if there will be an opportunity to discuss some of these answers at a later date, and Mr. Raymond asked to wait until after the demonstration, and added that there will be a possibility to ask questions at the demonstration. Dr. Tikoo noted that there will be an evaluation sheet ready at the demonstration for the council to complete during the demonstration and then discuss at the June meeting.

Dr. Tikoo then spoke of the SIM HIT OPs plan, and mentioned that as promised, the members will review the SIM OPs plan between May 23rd – May 27, and comments are needed by May 27th. Any substantial changes will be presented to the council.

Mark Raymond opened the meeting for Q & A and then asked if there were other steps for the meeting, and there were none.

The meeting adjourned at 11.30 pm. Motioned by Thomas Agresta and seconded by Sheryl Turney.