

SustiNet Health Partnership

Health Information Technology Advisory Committee

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Health Information Technology Advisory Committee Regular Meeting

April 30, 2010
Meeting Minutes

Participants: *Marie Smith, Co-chair; Alex Hutchinson, Co-Chair (Interim); Jeffrey Asher; Enrique Juncadella; Bob Tessier; and Lynn Townshend*

Teleconference Participants: *Rob Aseltine; Ryan O'Connell, Bob Tessier; and Victor Villagra*

Office of the Healthcare Advocate: *Africka S. Hinds-Ayala*

Absent: *Jody Bishop-Pullan; Mark Boxer; John Brady; Angelo Carraba; Joel Cruz; Pam Cucinelli; Alexis Fedorjaczenko; Judith Fifield; Tonya Hazley; Meg Hooper; Darlene Kish-Thompson; Jeffrey Kramer; Jamie Mooney; Steve O'Neill; Marama Pramanik; and Jill Zorn*

Marie Smith opened the teleconference by welcoming all Committee members.

Marie informed the group that Lynn Townshend is the Department of Public Health (DPH) representative that is the designee for Meg Hooper.

Lynn introduced herself as the Executive Assistant to the Commissioner, in which she is assigned to Health Information Technology HIT and Health Information Exchange (HIE) projects full-time. Lynn informed the Group that DPH is working with the Office of the National Coordinator for Health Information Technology (ONC) and that DPH will serve as Connecticut's only Regional Health Information Organization (RHIO). DPH received \$7.29M in federal funds to determine and implement a way to securely, privately and accurately create HIE in Connecticut. DPH is working with Gartner, Inc. to develop a strategic and operational plan. DPH has a grants master working on the cooperative agreement full-time. Current DPH strategy is to build a HIT Planning Section within DPH that will be overseen by Meg Hooper and include the following positions: Director, HIT Coordinator, Grants Master, Informatics Specialist, Technical Specialist, Accountant, Paralegal and Secretary. There is legislation (Senate Bill 403) before the CGA that will create an authority / quasi-governmental agency that would become the RHIO by January 1, 2011. Marie provided thanks for the update and agreeing to work with the SustiNet HIT Committee with the work that needs to be preformed.

Marie stated to the committee that Mark Boxer stepped aside as Co-Chair and will remain member of the committee; Alex Hutchinson agreed to serve as interim Co-Chair and will be approved by the SustiNet Board of Directors at the next meeting. Africka Hinds-Ayala will serve as dedicated SustiNet staff member for the Committee.

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Marie spoke of the recent SustiNet Board of Directors/Co-chairs retreat. Stan Dorn of the Urban Institute, who is acting as a consultant for SustiNet, provided an overview of the impact of the federal healthcare reform bill on SustiNet. He clarified that federal law tackles insurance reform issues but SustiNet goes beyond that to drive healthcare delivery reform. Stan identified three key areas that SustiNet addresses specifically: HIT, patient centered medical homes and incentives for care quality. His presentation will be posted on the SustiNet website. There were two “take-a-ways” from the meeting retreat: 1. to address concerns about the role of the committees/taskforces, clarify the duties of the charged groups; and 2. work product and timeframes will allow for the development of tool for the committees/taskforces to use for recommendations. The role of the committee is to advise the Board of Directors on the issues around HIT with regard to key issues, questions, guiding principals for legislative intent and legislation going forward.

Marie continued the discussion information about the two templates and the Substantive Context document that came out of the retreat and will guide the discussion. The retreat also gave a more concrete timeline for the committees/taskforces to get a draft of recommendations. Marie reviewed the timeline, as outlined in the agenda, stating that the ambition for completion is ambitious, but it is doable because the sub-groups have been working.

Alex Hutchinson said the organization of the committee template aligns with the workgroups and it is a matter of transferring the recommendations into the appropriate sections of the template. Marie said the HIT committee is a good position to complete the work ahead. Enrique Juncadella agreed with the previous statements of getting things done on-time and sees the template very helpful. Ryan questioned if there will be continuous outreach to the committee and is there the ability to address questions by others who are less versed in HIT issues. Marie explained that the committees are providing the Board with information and recommendations to deliberate on and assist with creating a final report for the legislature; the committees are not disbanding but should be available to answer any questions, address issues, etc. as needed by the Board.

Africka supported Marie’s statements clarifying that Stan Dorn is responsible for the 60-day report as legislatively mandated; the taskforces are to provide a final report by July 1, 2010; and the committees are to be “on-call” until the Board submits their final report by January 1, 2011.

Jeff Asher asked if the template is to be used to identify the constituencies that need HIT technology or to identify financing scenarios/schemes to the various constituencies (physician practices, hospitals, CHCs, labs, radiology centers, etc.) to gain access to capital. Marie answered that there are various charges of the HIT committee that is being addressed by the sub-groups: Financing, Organizational Tasks, ERA Stimulus /Federal Reform Funds, Logistics, Market Research Outreach Enrollment, Results, and Final Reporting. Marie suggested that the workgroups go forward with their specific charge and address both concerns of identifying HIT services and HIT finances now that more clarification has been received. Enrique stated that two to three bullet points from this meeting should be sent out to reengage the other committee members. Marie agreed and wants to ensure committee members have the time to commit to the work that needs to be performed.

Alex states that the committee needs to be careful in the development of their recommendations, as not to perform the work in a “vacuum”, but be cognizant of the other committees and their identified needs. Marie said that this has been addressed at the last two Board meetings, there has been individual committee calls with Stan Dorn, and observation of the other committees work through public record and meeting minutes. Marie believes that the HIT committee must come up with clear and concrete recommendations and language, without “personal agendas”, going forward to the board. HIT committee work should not be viewed as a strategy, but strategy and direction of the larger plan should be driving the development of the committee’s recommendations. Marie said that the committee must be aware of the directives of the other groups to be in sync with the whole process, but must wait until everything is reviewed as a whole.

Enrique stated that the Patient-Centered medical Home Committee will be the overarching anchor that “ties” everything together with prevention, quality, tracking, disparities, etc.; thus assume that the HIT committee role is to support the medical home model. Marie said that the committees are expected to bring a leadership perspective to the table and be the reality check of the larger plan.

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Victor Villagra asked several questions: how will the committee relate to the new State HIT coordinator?; What is the role of the committee under the new federal grant funding?; and What is the status of eHealth-CT and the legislative initiative for establishing the State RHIO?; and How does the SustiNet HIT Committee relate to the various entities regarding roles and responsibilities? Lynn responded that DPH is the RHIO and the Health Information Technology Exchange of Connecticut (HITECT), which will be a quasi-government agency established through the federal funding received.

Victor questioned how the SustiNet HIT committee work will intersect with the HITECT authority and/or the Office of the State HIT Coordinator. Lynn stated that everyone will work in partnership with the RHIO having the overarching authority with the Health Information Exchange and Technology. This is a great opportunity to discuss the partnership at length. Marie said that the vision is that the SustiNet HIT Committee should work with the RHIO after careful review of the many moving parts and issues that need to be addressed. Marie continued to say that this is a dynamic process that requires a close review of the template to see how these parts can be integrated; the committee is expected to use its expertise/knowledge to advise the Board on the statewide HIT governance coordination and collaboration issues.

Victor stated that there should be a high level document to compare and contrast the roles/responsibility of the SustiNet HIT Committee and what will be the HITECT Authority. The other entity is the State HIT Coordinator, who may have a very important executive role and high-level responsibility; place in a three-column document where the group is responsible for HIT policy, coordinate office and who will do what. Lynn responded that Senate Bill 403 does not address the role of the State HIT Coordinator, but a proposal that will fall under the direction of Meg Hooper with Warren Wollschlager who is the acting State HIT Coordinator. This is coming from the ONC cooperative agreement that establishes this position through their policy and regulations. Victor did not want the group to waste energies, but to populate the template with what needs to be done.

Alex said the timing of everything will not play out as we would like, and we will not have perfect knowledge of what the structure will look like. The thought of what are the capabilities that have to exist for HIT to exist; do not get caught-up on who will do what; allow the landscape to become firmly set; and then determine if the capabilities are being addressed through structures that have been defined and identify the gaps. We are not in position to make the market on this dynamic. The feedback from the other committees and taskforces will determine what the HIT committee needs to do to align the capabilities with what is being developed statewide through the RHIO.

Victor agreed that it is due diligence to check with the other committees and see what their needs are; SustiNet will provide guidance and general principles for more detailed work. The idea of asking the questions is to provide the group with a general map of how it will all work and to determine where energies should be placed as to avoid duplication of efforts.

Lynn mentioned that there will be a Gap Analysis meeting on May 3, 2010 at the State Department of Information Technology. There will be a presentation by Gartner, Inc. that will address a Statewide Strategic Plan and Operational Plan. Lynn stated that all documentation will be posted on the DPH website and will forward to the committee through Africka.

Marie gave an overview of the four sections of the committee template and recommend that the group reviews how each section applies to what has been accomplished to this point, and what needs to be thought about going forward. Jeff posed a question for section one stating that the committee's legislative questions are specific to SustiNet and not any other entity. Marie and others responded yes. A general insight that Marie noticed is that the questions regarding SustiNet's role with other HIT initiatives statewide that affect others groups, such as medical home, disparity, prevention, etc. The recommendations brought forward by the group will be within the context of SustiNet, however may have an impact beyond the program (can influence the commercial insurance market).

Alex stated that no single payer has a critical mass of patient population committed to the medical home model that it can bring to the healthcare market; therefore, everyone is waiting to see who will go forward first with initiating HIT and its associated costs. Alex continued that there is much hesitation because the "investors" do not want to make the

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investment into HIT without knowing when they will receive a financial return. When the SustiNet program comes to fruition, there is a sizeable critical mass population that exists among the Connecticut employees and retirees, Medicaid, Husky, etc. groups that bring tremendous ramifications across the board for purchasers, providers, and other members of the healthcare industry. Marie stated that this places SustiNet in the position to be leaders in HIT. Marie supported the statements by saying that the HIT development should not compartmentalize patients since clinicians do not separate use of HIT according to patients' insurance coverage or plans.

Victor disagreed stating that the idea presented is not the reality. Victor questioned the *modus operandi* of the State HIT Coordinator and will that person and the quasi-governmental agency created have jurisdiction over SustiNet as a large purchaser within the state and/or jurisdiction over all those who require healthcare.

Lynn responded stating DPH will not have authority over SustiNet, but that the RHIO will have the regulatory authority over the HIE and HIE-like projects within the state, especially those projects where federal funding was received and spent. There is some flexibility, but the RHIO must comply with various standards (security, privatization, connectivity, operational, etc.). This is a regulatory entity versus being hardware intense. Alex asked if the regulatory impact on SustiNet will be no different from that same regulatory impact on a private commercial payer. Lynn replied that is correct. Alex continued stating that the federal government has their own set of criteria, and standards that the State / RHIO must abide by. Lynn verified the statements and said that DPH is working with Gartner and DSS to begin Medicaid reimbursements on January 1, 2011. Enrique said the technical requirements must be met first before building a system, similar to same regulations with the FAA and other federal agencies. Victor said the discussion helps because it allows placing elements of the law in perspective with regard to the program and the people the program serves, which give SustiNet the opportunity to set the standard high.

Marie requested the committee/subcommittees review the template and Substantive Context documents. Alex said the template and document are good to the extent that it provides each committee with a check point. Marie mentioned that the template should be used to include issues discussed in the committee's work to date that may not be identified within the documents created by Stan Dorn. Africka said that the templates and substantive context document began with Stan's individual meetings with committee co-chairs in February/March 2010, conference calls and from feedback at the April 2010 retreat.

Marie discussed information regarding DPH meetings with Gartner and requested that the information be shared through Africka. Marie confirmed that Lynn is the correct DPH contact for the HIT advisory committee; Lynn identified Michael Purcaro as the DPH representative for the state with regard to federal health care reform. Marie and Alex identified leaders for each of the committee's subgroups to report back to the full committee at the next meeting.

Marie and Alex discussed consolidating the Market Research sub committee into the Financing sub-committee because the committees are symbiotic; the Outreach and Enrollment sub-committee may not be needed. Marie said the Workplan may need to be revisited to update where necessary and ensure the committee is staying on target.

Marie thanked Jeff for the accommodations at CHEFA; the meetings have been held for every two weeks at CHEFA with the ability to have break-out sessions. There was group discussion on how to handle having a public meeting if the sub-groups are meeting separately; it was suggested that each sub-group are responsible for their own agenda and minutes.

Meeting was adjourned.

Next meeting will be May 14, 2010 from 1:00 pm – 3:00 pm at CHEFA