SustiNet Health Partnership

Health Information Technology
Advisory Committee

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Health Information Technology Committee Regular Meeting
December 11, 2009
Meeting Minutes

Teleconference Participants: *Mark Boxer, Co-chair; Marie Smith, Co-chair; Alex Hutchinson; Rob Aseltine; Meg Hooper; John Brady; Victor Villagra; Angelo Carraba*

Office of the Healthcare Advocate: *Michael Foy Mitchell*

Absent: *Pam Cucinelli*

Mark Boxer began the teleconference by welcoming everyone and explaining that this call was open to the public for listening but not participating. All of the participants introduced themselves. Mark described the charter for the committee, to develop a plan to develop a fully operational electronic software and hardware package for subscribing providers. The plan will include a periodic payment system. He reminded everyone that all committee meetings will be recorded and documented for the public.

Marie Smith talked about the SustiNet website, www.ct.gov/sustinet and recommended that all committee members familiarize themselves with it. She explained that meeting minutes will be posted there, as well as agendas, meeting schedules, contact information and reference materials, for this committee and the other SustiNet Committees and Task Forces. Michael Mitchell spoke of the process that will be followed for posting information onto the website. He explained that all the meetings will be recorded via MP3 files, and then they will be transcribed by the Office of the Healthcare Advocate and posted onto the webpage as drafts. Members will discuss and vote on the minutes at the next meeting. Marie also mentioned that there are two board members who will act as liaisons between the Board of Directors and this committee, Jamie Mooney and Jeff Kramer.

Mark emphasized that accessing the website will be an essential tool for participating on this committee. Marie asked Michael if it was appropriate for committee Co-chairs to contact other committee Co-chairs, and Michael said that he felt it was fine to do so. Angelo

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Carraba asked where he could find the SustiNet act. Michael said that it was located on the first page of the website. Mark asked members for input on topics that should be discussed. He said that the committee should be looking for examples across the country for examples of how others have dealt with the issue of Health Information Technology (HIT). He invited members to share documentation and bring in presentations and speakers. Victor Villagra asked if there would be a presentation given to provide an overview of the state of affairs here in CT. Marie said that she and Mark have given this some thought. She said that during today's call, she would like committee members to share any knowledge they have of HIT issues in CT. Victor said that while looking at the Committee's workplan, some items are indicated as being in progress. He also questioned something that Mark had mentioned about purchasing software, and the availability of stimulus funds. Mark said that it will be up to this workgroup to define what the model would be in the final recommendation. He said that at this point, the charter should be looked at broadly, and not specifically.

Meg Hooper said that the Department of Public Health (DPH) was designated as the state REO, and as such was able to apply for stimulus funding. There were several opportunities that came about as a result of this, the first being for community health centers to receive HIT support funds to be used to develop or expand the use of electronic health records. Those funds were distributed directly to 13 community health centers in CT. She felt that a representative from one of the community health centers could provide some insights into this. DPH is tracking the activity done by the community health centers in developing state HIT plans, and is also looking at policy and oversight. The second opportunity is for regional extension centers, where funding is being offered for direct technical assistance to physicians, to provide training for physician groups at private offices, specifically to provide training for the upcoming Centers for Medicaid Services (CMS) reimbursement for the "meaningful use," which is still not clearly defined, of electronic health information. Connecticut has applied for funding, but she was unsure of the status of their application. The third opportunity was for the state REO to apply for development funds. One of the requirements for continued federal funding is for CT to have an HIT strategic plan in addition to an implementation plan. The DPH began meeting with the Health Information Technology and Advisory Committee, established in legislation, to determine how to develop a strategic plan using their baseline HIT plan that was published in June. They are currently working with a contractor to adjust their existing plan to meet the strategic planning model. The fourth opportunity is for Beacon communities, focusing on provider groups and direct clinical care, and not mental health or public health. This opportunity is for existing electronic medical records systems to advance. There will only be fifteen grants offered for systems across the country. DPH is concerned that CT may not have the opportunity to be competitive for these funds, as there are many public and private organizations that are further advanced than CT with their efforts. She summarized that she feels that CT has an opportunity to move forward, but that electronic health information exchange will require sustaining funding.

Marie asked about the Community College's Consortium for HIT Workforce Development. Meg said that the governor's office has contacted the Board of Higher Education and

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worked with the Community Colleges Association to begin to develop that application for training staff in the use of HIT. This is an opportunity for workforce development and also for the advancement of health information exchange. These are funds restricted to community colleges to advance curricula specifically for HIT. Meg also said that she didn't know where the Board of Higher Education is in this process, but she did know that they have been engaged in it. Angelo said that e-healthCT is involved with the regional centers for education and for other section grants. e-healthCT has passed the first hurdle for a federal grant, has submitted a finalized proposal, and is now awaiting word. Angelo expects that e-Health will hear something after January 1st, 2010. It has been working on staying eligible and submitting grant proposals. The Connecticut State Medical Society (CSMS) IPA has done a review of several practice systems, and has narrowed it down to six vendors who offer a product that is provider friendly. He suggested that we use CSMS as a resource.

Rob Aseltine spoke of CT Health Information Network (CHIN) efforts. They are creating the technologies that allow the sharing and integration of data that are contained within various platforms and the kinds of surveillance and human service databases that are used by various state agencies. CHIN's focus has been on creating applications and architecture to connect these systems once they are deployed. They are creating technologies that will link these disparate platforms regardless of their underlying architecture.

Victor mentioned that he has been working on several different initiatives. One of these is a very small pilot project with a community health center in New York, working on care coordination, specifically leveraging health information exchange and HIT. In that project, there are 60 patients with diabetes and heart disease whose care is shared by a primary care practice and a cardiology practice. Their care is being analyzed in detail both from the resources perspective and identifying the electronic health record and the health exchange information needs required for the care coordination of two ambulatory sites that are otherwise not connected. Both of these sites have electronic medical records. Both have already attained NCQA Medical Home status. Much progress has already been made in developing a health information exchange platform. There are many lessons to be learned from this project, not only from the technology side of things, but also from the human aspect, the workflow and the business side, and the changes in the culture of how to do this that must take place in order for this to work. The interventions will begin in mid-January, and there will be an initial report that will be available in mid-2010.

Victor also mentioned that he has been studying the concept of the creation of a public utility that will accept data that is produced in various locations and will provide data repository analysis and recording structure. This proposed utility would provide services on a subscription basis to practices and physicians. This is currently a conceptual model only. There are approximations of this, but none of them are functioning as a true public utility under the regulatory framework of public utilities, which includes public accessibility, transparency, rate regulation on the part of the state, and an arrangement to guarantee profits. This concept arose out a feeling that healthcare is a necessary service, much like

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water and electricity. This concept remains to be proven, so there will more studies forthcoming.

Mark asked committee members to look at the workplan. The workplan shows the date of July 1, 2010 as being the deadline for finalizing a report of recommendations for submission to the SustiNet Board. Much of the initial work that has already been done focused on seeing what other committees have done, looking at what other states are doing to assess best practices, and evaluating what other organizations are doing. Using these resources, this committee will formulate a plan. He said that the committee will be looking for input from committee members for any items that may be missing from the workplan. Meg Hooper said that this is an ambitious workplan. She asked Mark how much of a commitment is required from committee members. Marie said that the committee would hold conference calls as often as possible, but that meetings could be held in Hartford when necessary. She said she and Mark would like the committee to conduct calls or hold meetings on Friday afternoons, twice a month. Members will need to do some research on their own between meetings. There may be an intern from UConn who can help with research. Meg said that there may be DPH employees who can assist with this.

Mark asked that committee members bring resource information to the next meeting, including efforts from other states. He also felt that the committee should learn what other SustiNet committees are working on. He said that he felt that these particular tasks should be done early on, so that nothing is duplicated, and also so that the efforts of this committee fit in with those of other committees. Victor asked about financing options for this effort, specifically what the financial considerations are for the work that this committee will do. Marie said that she and Mark will be meeting with the board liaisons next week, and that they will discuss this with them at that time.

Marie asked members whether they'd like to schedule another call for December. Members agreed that they'd like to do this. Mark said that a few suggested times would be sent out to members for them to vote on. He asked that members look at the workplan and decide which items they would like to tackle personally, and items can be assigned during the next teleconference. He also asked each member to determine which states or topics they would like to discuss next time.   He said that any documentation could be sent to him or Marie, and that they would distribute the information. He reiterated the importance of becoming familiar with the website. Alex Hutchinson said he'd like to find out how the various programs are interconnected in CT. He felt that this would prove helpful in narrowing the focus of the committee. John Brady said that he agreed, and wanted to know how this committee fits in with others. Meg said that she would forward information that DPH has compiled; there is a great deal of it available. Michael stated that he would post the information onto the SustiNet website.

Meeting adjourned.

Next meeting TBD.