

SustiNet Health Partnership

Health Information Technology Advisory Committee

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Health Information Technology Committee Regular Meeting

February 5, 2010

Meeting Minutes

Teleconference Participants: *Mark Boxer, Co-chair; Marie Smith, Co-chair; Robert Aseltine; Jody Bishop-Pullan; Meg Hooper; Alex Hutchinson; Enrique Juncadella; Ryan O'Connell; Robert Tessier; Colleen Rooney; Victor Villagra; Jamie Mooney*

Office of the Healthcare Advocate: *Michael Foy Mitchell; Africka Hinds-Ayala*

Absent: *John Brady; Angelo Carraba; Pam Cucinelli; Jeffrey Kramer; Steve O'Neill*

Mark Boxer opened the teleconference by welcoming all Committee members.

Colleen Rooney gave this presentation on The Market View of State Health Information Exchange.

<http://www.ct.gov/sustinet/lib/sustinet/committeeinformation/hit/marketviewofstatehealthinformationexchange.pdf>

Colleen said that there was a pilot program in Alabama called Together for Quality. It was a Medicaid based HIE targeting asthma and diabetes outcomes. It has already had significant impact on asthma and diabetes just in the three county pilot region. That pilot ended in July and is now in a statewide rollout. Colleen said that Medicaid is an obvious component of any HIE programs. Many states are planning on starting HIE programs with the Medicaid population, and branching out from there. Alex Hutchinson asked if there is a single database that shows a listing of HIE vendors and which states are using them. Colleen said that there isn't anything available to the public, but that she would search for this data and share it with Committee members. Additionally, she said that she feels that many states are waiting for stimulus dollars, consistency among systems and a preferred vendor list before initiating HIE efforts.

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Meg Hooper said that many of the Community Health Centers have already received stimulus funding for capitol improvements and implementation of HIT. There is at least one ONC BEACON application from Connecticut with awards to be announced in April. ARRA funding has been awarded first to Community Health Centers, then to physicians, and hopefully funds will be announced for hospital HIT projects.

Marie Smith said that the CT Department of Social Services was a recipient of the first round of the CMS Medicaid Transformation Grants with a focus on e-prescribing and health information exchange (HIE). This grant is being used to build an HIE for CT Medicaid beneficiaries. As part of this grant, she is involved with a pilot project to build a comprehensive active medication profile for Medicaid beneficiaries that would be available to all licensed health care professionals through the HIE. She noted that it is important to know the specific functionality and features of a practice's EHR/e-prescribing system. The pilot project she is involved with is demonstrating that having an EHR/e-prescribing system does not provide a patient's comprehensive medication profile that would be critical for a clinician to review in an HIE.

Victor Villagra spoke of a project that he's engaged in that examines the use of HIT in promoting and facilitating care coordination in public and private organizations. He said that he initiated this project and then it was adopted by E-Health Initiatives, a non-profit organization based in Washington, DC that works with public and private sector providers desiring to use HIT. E-Health Initiatives examined care coordination in primary care settings that have already implemented HIT that are interacting with specialists in their communities that they are not affiliated with. The Initiative selected Community Health Center in Middletown and Taconic IPA in Fishkill, NY to study. Victor said that the non-technology issues that have to be in place in order to achieve care coordination are astounding. He said that the business model is a critical element in these initiatives, and that the solutions must be sustainable. He said that the initial phase of the project, which was a six month planning and data collection effort, is completed. The next phase is the implementation of care coordination protocols. He will be giving a more detailed presentation at the next HIT Committee meeting.

Marie asked how this project is funded. Victor said that a pharmaceutical company is providing funding.

Subgroup Reports

Meg said that the Organizational subgroup is still in the process of coordinating schedules, so has not met yet.

Meg reported that the Federal Health Reform subgroup has decided how to proceed and is developing materials for the Committee to look at.

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Alex said that the Logistics subgroup focused on reviewing the language of the Logistics section of the workplan. The group has made some recommendations to the co-chairs. Where the workplan calls for recommending vendors for HIT, the group felt that this was too narrow a goal, so rather than recommending vendors, the goal should be broadened to include recommending a strategy for adopting HIT. Ryan O'Connell said that the subgroup wants to contact CT Hospital Association and other organizations to compile a list of recommended vendors. Alex said that the subgroup also needs to consider managing the growth of the vendors used in the system so that the system isn't overwhelmed. Alex said that there are hospitals that have already begun developing and implementing HIT systems, so the Committee will need to consider integrating some of the things currently being used, rather than developing recommendations around what already exists. Alex also said that there is a need for an inventory of all the different IT exchange initiatives in the state.

Jamie Mooney said that the work done in this Committee will be driven by the work of several other Committees, specifically Medical Home, so it will be important to keep their efforts in mind. She also said that it is vital to pay attention to the HIT Exchange Committee to learn what's going on in the state as a whole. Marie said that she and Mark have agreed to keep tabs on what the other Committees are doing. She will review what the Medical Home and Provider Advisory Committees are doing, and Mark will be covering the Health Disparities and Preventive Healthcare Committees.

Alex reported that the Market Research/Outreach subgroup is planning to meet next week.

Meeting was adjourned.

Next meeting will be February 19, 2010 at noon.