SustiNet Health Partnership

Health Information Technology
Advisory Committee

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Health Information Technology Advisory Committee Regular Meeting
June 11, 2010
Meeting Minutes

Participants: *Marie Smith, Co-chair; Alex Hutchinson, Co-Chair; Debra Pinney (for Jeffrey Asher); Enrique Juncadella; and Ryan O'Connell*

Teleconference Participants: *Victor Villagra*

SustiNet Consultant: *Linda Green*

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

Absent: *Rob Aseltine; Jody Bishop-Pullan; Mark Boxer; John Brady; Angelo Carraba; Joel Cruz; Pam Cucinelli; Judith Fifield; Meg Hooper; Darlene Kish-Thompson; Jeffrey Kramer; Jamie Mooney; Steve O'Neill; Bob Tessier; and Lynn Townshend*

Marie Smith opened the meeting by welcoming committee members, the SustiNet Consultant, and OHA Staff.   Marie requested that all present in person and via phone introduce themselves.

The April 30, 2010 and May 14, 2010 meeting minutes were approved by all present, without any corrections and/or changes.

Marie provided an update from the June 1, 2010 Board of Directors Special Meeting stating that there were brief presentation done by every committee and taskforce co-chairs or their designee. Marie and Alex Hutchinson presented the HIT template of recommendations and considerations. Marie highlighted the guiding principles Alex highlighted the actual recommendations. There were several questions and some feedback. Everyone who is involved is pleased with the work completed to date.

Alex stated that the Board of Directors and other committee co-chairs discussed and sought guidance from the HIT committee for specific reporting, data elements, and measurements; the HIT committee is responsible for focusing on the technical aspects (hardware and software) and a special committee needs to be created to address the data and statistical needs of the other committees and co-chairs. Marie said the overall general discussions and feedback has several common themes, whereas HIT the document, *Topics Raised with Committee Co-Chairs after Presentations*, listed only four concerns:

- **Is it time to implement a patient-carried medical record card?:** Vendors have attempted to schedule presentations for product demonstration but have been informed that all vendors must follow state policy and procedures, as well as apply for any relevant Request for Proposal for consideration.

- **SustiNet should require same medical record information as other carriers:** Marie stated that the Electronic Health Records – Health Information exchange document follow federal and commonly accepted language that advocates for continuity of care. Ryan O'Connell stated that it is not necessary to ´re-invent the wheel", but use time wisely to gather, channel, and identify one set of standards. Alex stated that there will not be other payers, but SustiNet will be a pioneer in its consideration of the other payers.
- **Standardize data elements across all Sustinet areas (quality, disparities, etc.)**
- **Look at what other states have been doing:** Marie said the HIT committee has been reviewing what other states have conducted thus far, but it was not reflected in the presentation. Alex said that SustiNet is seeking out what the Regional Health Information Organization (RHIO) is doing in other states.   Marie said it an update regarding the Health Information Technology Exchange of Connecticut (HITECT) Authority is not on the agenda, but will seek out an update from Lynn Townshend.

Marie provided an update from the June 9, 2010 Board of Directors General Meeting stating that this meeting was to establish a frame work of what will occur for the short- and long-term. The meeting dates, time and locations have been established from July to December 2010 and will be forwarded to all board directors, co-chairs, consultants, and staff. The SustiNet Co-Chairs (Wyman and Lembo) requested that all committees and taskforces remain constituted to assist the Board, as needed, with the final report due January 1, 2011.   In the meeting, there was ample discussion around the **Draft Work Plan (June – December 2010)**, which provided an overview and highlighted design components, core questions, baseline proposal, and additional considerations/options for each month through the end of the calendar year.

Marie said there was broader discussion around cross-cutting questions and metrics, which can get lost. The HIT Committee does not have the bandwidth or expertise to develop data elements and metrics for the other committees and taskforces; each group should be responsible for forwarding determining factors, metrics, etc. Marie stated that needs to have a discussion on success metrics and data analytics before attempting to design a HIT system, which shall be discussed in September; each group will need to define the metrics that they need. Ryan said that SustiNet is a payer. Marie and Alex will reach out to other co-chairs and request that the respective groups to forward information on the metrics needed. Linda Green suggested a framework design to indicate the qualification of entities specifying measures and use any existing measures for consistency. Enrique Juncadella stated that all of the work can easily be done outside of SustiNet and the governing agency.

Marie discussed with Kevin Lembo about having a separate group to design the infrastructure; Marie stated that there does not need to be a separate group but a separate discussion with new participants. Victor Villagra stated that it would be helpful for a group to look at the complete operation of SustiNet entity and plan in order to do a comprehensive plan for reporting need, outcomes measures, etc. for an administrator to manage; a comprehensive plan with metrics and data elements offered by the vendor. Marie said there is not enough representation of specific data elements for some of the groups, such as Healthcare Quality and Provider Advisory committee, who are responsible for providing healthcare safety and payment reform issues. Ryan said the data from the clinical databases is much more useful than the data from any claims database. Marie said the same sentiment was shared by Bruce Gould and Robert Zavoski; they expressed that it is hard to match clinical and claims data because of such a large gap of missing information. It should be clearly define what metrics everyone considers important amongst the Board of Directors, committees, taskforces, providers, etc., especially from an end-users point-of-view. Alex said this can be mile-long wish list that becomes difficult to manage and capture all the data; there is a need to map back the metrics to a database. Marie said that the Healthcare Quality/Provider Advisory Committee was not represented at the June 1, 2010 meeting and that could be a reason as to why others were looking to the HIT committee for direction; Marie continued to say that everyone agreed that quality issues (evaluation, metrics, etc.) can not be left as a cross-cutting issues, but must be a dedicated discussion.

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On June 10, 2010, DPH called the HIT-HIE Leadership Meeting which will be a first of a series of public meetings to bring principal stakeholders within the state to discuss the RHIO and Health Information Technology Exchange of Connecticut (HITECT). The Connecticut Department of Public Health is the RHIO and currently Health Information Exchange lead agency per CGS Public Act 09-232 until December 31, 2010; the HITECT is not in effect until January, 2011. There were various speakers and presentations by DSS, DMHAS, and eHealth-CT; the leadership forum is designed to bring various entities together periodically to keep lines of communication open about development of the RHIO, HITECT and HIE efforts. The SustiNet HIT Committee will be represented at these meetings. It was clarified that Connecticut will not be placing a lot of funds into the development of an HIE, but will rely on the payers to maintain this information for access and use; there is value in paying for access. Linda asked how this meeting discussion aligned with Victor's data presentation to manage SustiNet as a plan. Victor responded that everything is connected as a plan with a specific financial arrangement and the data being produced by those who are governing SustiNet.; the data provided by DSS is there, but not useful.

Alex discussed with DPH Commissioner Robert Galvin the issues of creating the exchange and supporting the exchange; the questions of who will pay, who will manage, and who will decide the best policy and procedures. The providers need to state what is needed clinically and how can society support these needs so that they will want to continue to be a provider. Ryan stated the platform needs to be sustainable. Victor said that SustiNet needs to look at the "Public Utility" Model because this option remedies substantial financial benefits; the primary care physician has the capability to become the medical home for the patient. Under this model, each physician can plug-in the pertinent data and become funded by multiple sources, which would leverage the economy of scale.

Marie agreed with and responded to Victor's commentary stating that the HIT Committee did give three HIE Sustainability models as listed in the **Templates Summarizing Work to Date** (page 39 and 40): Government-Led Electronic HIE, HIE Public Utility with Strong Government Oversight, and Private-Sector-Led Electronic HIE with Government Collaboration. Marie said it is software as a service model; Victor said of the three options, the second one fits the mold he is speaking to. Marie asked Victor to present to the larger group at a later date and time; Victor accepted. Marie said that other states do charge per medical claim to generate millions that help sustain the Health Information Technology systems.

Victor said that although the American Recovery and Reinvestment Act money will assist to build a model, it will not be available to sustain the model built; the analytics are needed to administer and sustain the model/plan. Enrique said there is a gap of information between the data collected from the payer to the physician; the value has to be created by SustiNet, as a payer, to support the physician; the physician will then see the value. Ryan agreed to a certain extent stating that today's system does not follow this train of thought; the payment reform must include true follow-up and true compensation to the provider, which will allow better services provided and a better collection of data from t he patient. There needs to be financial and care management incentives.

Linda said there are three strands that are being discussed: SustiNet needs to participate and support the CT HIE, there are HIT-type functions needed to administer the SustiNet Plan, and an HIT infrastructure to support the analytics. Linda continued to state that she is unsure how these strands will come together to give what is needed; HIE will have little effect o the implementation of Sustinet, although it is important (measurement of quality of care and outcomes) to do it is not necessary for the development of SustiNet. Ryan agreed and said the PCP/Provider will ensure that there are not duplicate efforts. Victor agreed and said HIE will traffic clinical data. Alex asked if it is the eligibility/claims data administration for sustinet as a health plan or something larger. Linda responded that everything needs to betaken into consideration and the MMIS Systems are seen as a logical place for health information packages but it does not work for what is needed. Victor asked there are shortcomings of this system and/or limited amount of resources that makes it inoperable. Marie responded that it is both because it is a claims transaction database and data warehouse.

Marie said there are three buckets of metrics, as stated by the Healthcare Quality/Provider Group: SustiNet Health Plan level administrative metrics, clinical quality metrics, and safety/security metrics. The

first set of metrics is governed by the Board of Directors and the other set of metrics need to be aligned with a reformed payment system to get the primary care physician to care enough to enter data correctly. The questions that need to be answered and the perspective that it should be view from are: Who are the end users? and What do the consumers want/need? Alex said that each group stated out with a set of objectives and as the process evolved the tasks of the groups increased to ensure that as much as possible was captured. Marie said that it needs to be clearly defined the role of the SustiNet HIT Committee and the role of the Statewide HIT Committee (HITECT).

Marie said that the current state is to complete the Final Report using the template. The template is to give a listing of items/headline that the Board of Directors need to act upon. Linda briefed the group about the nature of the template and its purpose to be a menu versus a mandatory piece. Marie said Linda will assist with the drafting of the report; Linda said the HIT material provided for the template was very strong and can be used to write the report. The topics that are not covered are left o the charge of the Board and indicate that these topics are outside the scope of the committee; Alex said that those topics should be written as additional recommendations, identifying the role of the HIT committee. Marie said that there are sustainability issues and the HIT Committee role to become a part of on-going discussions. Another unresolved issue is to be a watchdog for the federal level HIT development.

Marie discussed having Victor make his presentation to the group before July 1, 2010; it was decided that the presentation will be done at a later time so that the group can focus getting the final report done. This information will be noted and request that Victor representative to present the models. Linda said to go forward with the work done thus far with clear recommendation.

Linda informed the group that in Massachusetts all payers claim database will become aggregated and standardized to monitor cost trends beginning October 2010; the same will occur in Vermont, New Hampshire, and Maine.

There was no unfinished business.

Meeting was adjourned.

Next meeting will be June 25, 2010 from 1:00 pm – 3:00 pm at CHEFA