

Board of Directors Meeting Agenda
December 1, 2021
4:00-7:00 pm
Regular Meeting

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Meeting agendas and minutes can be found [here](#).

- I. Opening
 - a. Welcome - Sumit Sajjani, CT Health Information Technology Officer
 - b. Roll Call
 - c. Approval: Board Meeting Minutes
RECOMMENDED ACTION: That the Board approve the November meeting minutes.
 - d. Approval: Meeting Agenda
RECOMMENDED ACTION: That the Board accepts the meeting agenda.
- II. Public Comment
- III. Reports
 - a. Board Chair Report
 - b. Executive Director Report
- IV. Business Agenda
 - a. Second Read: Patient Access Policy
 - RECOMMENDED ACTION: That the Board approve the Patient Access Policy
 - b. Connie Goals Discussion
- V. Adjournment

Board of Directors Meeting Minutes

December 1, 2021

4:00-7:00 pm

Regular Meeting

[Zoom Meeting Recording](#)

Directors Present:

Sumit Sajnani, Allen Davis, Lisa Stump, Pat Charmel, Mark Raymond, Claudio Gualtieri, Deidre Gifford, Jose Crespo. Absent: Stacia Strouss Grosso

Opening:

Sumit Sajnani welcomed the Board and called the meeting to order at 4:02pm

Roll Call: Tara McGovern called the roll and confirmed a quorum.

November Board Regular Meeting Minutes: **Motion:** Sumit Sajnani asked for a motion to approve the September regular meeting minutes. Dr. Allen Davis created the motion. Mark Raymond seconded the motion. There was no further discussion. **Motion carried.**

Meeting Agenda: **Motion:** Sumit Sajnani asked for a motion to approve the December 1, 2021 meeting agenda as submitted. Claudio Gualtieri created the motion. Mark Raymond seconded the motion. There was no further discussion. **Motion carried.**

Public Comment: There was no public comment.

I. Reports

- a. Board Chair Report: The chair has had an opportunity to meet with most of the board members and is hoping to meet the remaining by the January board meeting. The common themes that are being noted during these meetings will be shared at the January meeting, as well as the Statewide Health IT plan.
- b. Executive Director Report: Jenn Searls reported the following:
 - Connie welcomed Amanda Stevens to the Connie team in the position of Program Assistant for the Account Management team

- Connie is making steady progress in onboarding new participants, including hospitals who are aiming to make the May 2022 deadline.
- Services implementation updates:
 - Radiology/Image exchange: Connie is working with three organizations on implementing Image Exchange. The hope is to launch Image Exchange with at least one organization next year. UConn offered a webinar presenting the benefits of Image Exchange and how it works. Please request a link from Jenn to the recording of the webinar if interested.
 - Best Possible Medication History (BPMP): this working group is taking the recommendations of the MPRC and building the best possible medication history in Connie. The group recently reviewed data sources and a data display of the medication information.
 - DSS and Connie are working on a three-year project with a goal of providing seamless care coordination of patients and encourage modernization and whole person care of the participants and beneficiaries that are served by DSS. Connie is hosting two webinars with DSS to introduce the project to LTSS's and discuss connecting to Connie.
- Connie has launched monthly webinars to assist participants with connecting to Connie as well as answer questions and receive input and feedback from Connie users.
- Jenn noted that UConn is working with Connie on a Podcast with Connie staff and several Board members, including Lisa Stump and Dr. Allen Davis. The purpose is to get the guests perspective about Connie. If any Board members are interested in participating, please let Jenn know. The podcast series can be found here: <https://health.uconn.edu/health-interopability-learning/ct-ehealth-podcast-series/>
- Connie will be convening a clinical advisory committee for Connie. If the Board would be interested in providing their input on physicians and clinicians that would benefit this group. Tom Agresta of UConn will be at the next Connie board meeting to discuss this advisory committee.

II. Business Agenda

a. **Second Read:** Patient Access Principles Policy

A clarification was made on the process of accepting policies for first and second reads. Accepting the policy by vote for a first read is discretionary, but not required. The process going forward will be to introduce the policy on first read and discuss and vote on the approval of the policy on the second read. This will also become the adopted process for the HITAC for consistency.

A motion was made to accept the policy by Pat Charmel and a second by Mark Raymond. There was no further discussion. **Motion carried.**

b. Connie Goals

Jenn provided a review of the calendar year goals for 2021 and will present a full report on these goals at the January 2022 meeting. Goal categories included connection goals, financial goals, use case goals, governance & staffing models.

Jenn requested and the Board provided input from the board on the following definitions: What counts as a hospital? The Connie statute applies to hospitals that are licensed by the state of Connecticut. Should facilities that are not licensed by the state be included? Connie has reached out to all hospitals. A question was raised about whether the Board is being asked whether all hospitals should be targeted to connect to Connie, or if all of the hospitals should be included in the goal to be connected to Connie. Jenn responded that the question is determining the total number of hospitals to be included for the Connie goal. However, it is ideal for Connecticut health care consumers to have all hospitals in the state connected to Connie. A suggestion was made to include the VA in the goal, since it is an acute care hospital and would be a benefit. Additionally, having a second phase of the goal to include the additional hospitals was also recommended. A report could be made on phase 1 and phase 2 of this goal.

A question was made about what the goals are tied to. The goals were aspirational for Connie to attempt to achieve in the first year and part of the evaluative process for the Executive Director and Chief Operating Officer. There was no disagreement to the approach of not including the 39 licensed hospitals in the 2021 goal as phase 1 and then include the remaining goals in phase 2 of the goal.

What counts as a lab? There are many ambulatory labs that are licensed and affiliated as clinical labs, and many hospitals have labs that are also licensed as clinical labs (40%). Research study labs should not be included. A question was raised about some of the labs affiliated with larger urgent care groups. Connie has included those in the ambulatory labs. Many of these are just doing COVID testing, so be sure that the data comes through.

Reference labs that are supporting a hospital lab only need to have one data feed to be included in a Connie feed. Some labs are both a reference lab and a primary lab. Connie may need to more research to understand the role of each of the eligible labs. A question was raised regarding patients that go to a lab following a physician's order and the lab results being provided to Connie via the CCDA from the provider. Is this information duplicated by a feed coming from the lab? It is possible that this information is coming from two streams and the technology from CRISP would need to parse the data to remove the duplication.

A comment was made to caution the board of their role in setting goals that undermine the statute. The concern is that board may set goals that may underrun the statutory guidance that they have. The connection of the labs and their process is softer, yet the statute is more

rigid. It may be necessary to create some compensating legislation. This could be addressed by having Connie goals and statutory goals.

It is unknown who is holding these labs accountable for their compliance with the statute, and there is concern that if Connie did not include these labs in their goals, then it may create ambiguity for compliance.

Jenn and Sumit will continue to refine any questions related to what is written in the statute and what should be implemented.

For the purposes of reporting on calendar year 2021 goals, Connie will report on the current universe of hospitals, labs, and providers. For calendar year 2022, Connie can report in a “phase 1/year one and phase 2/year 2 format” with year two being inclusive of a broader definition of the denominators in each goal category.

For the definition of provider, the intent of the proposed goal was the individual, rather than the institution, facility or corporation. In the same vein of the prior discussion related to phase 1 and phase 2 reporting, Connie can refine this definition, including active/inactive providers. For the 2021 calendar year goal, Connie will report out on providers within Connie.

Two takeaways from the discussion were noted:

- Be very cognizant of the statute not being compromised by the Connie goals
- If there is a definition variance that needs to be clarified, then Connie may need to circle back to the legislature with a suggestion for a statutory amendment.

1. Adjournment

Motion: Sumit asked for a motion to adjourn. Pat Charmel made a motion, Commissioner Gifford seconded. No one opposed. **Motion carried.** The meeting adjourned at 4:52 pm.