

# Health IT Advisory Council

October 15, 2020



# Agenda

<b>Agenda Item</b>	<b>Time</b>
Welcome and Call to Order	1:00 PM
Public Comment	1:05 PM
Review and Approval of Minutes – September 17, 2020	1:10 PM
Connie Update	1:15 PM
Overview on Federal Policy Changes	1:25 PM
Developing a Statewide Five-Year Information Technology Plan for Connecticut	1:45 PM
Primary Care & Related Reforms Workgroup	2:15 PM
Announcements & General Discussion	2:45 PM
Wrap up and Meeting Adjournment	3:00 PM

# Welcome and Call to Order

# Public Comment

(2 minutes per commenter)

# Review and Approval of:

September 17, 2020 Meeting Minutes

# Connie Update

*Michael Matthews, Connie Interim Executive Director*

# Overview on Federal Policy Changes

*Kate Kiefert, Consultant, SME  
CedarBridge Group*

# Federal Policies Overview

- **CMS Interoperability Rule**
- **ONC Interoperability Rule**
- **Payment models**
- **Others**
  - 42 CFR Part 2
  - Public Health – reporting requirements



# CMS Interoperability and Patient Rule (CMS-9115-F)

The CMS Interoperability and Patient Access final rule establishes policies that break down barriers in the nation's health system

- Enabling better patient access to their health information
- Improving interoperability and unleashing innovation
- While reducing burden on payers and providers

## Impacted entities:

- CMS Regulated Payers
  - Medicare Advantage organizations,
  - Medicaid (FFS and managed care)
  - CHIP (FFS and managed care)
  - Qualified health plans in the federal exchanges
- **Promoting Interoperability Providers**
- **Hospitals (including CAHs, Psychiatric Hospitals)**

# CMS Interoperability Rule – Key Policies (7)



## Public Reporting & Information Blocking

- **What?** CMS will publicly report eligible clinicians, hospitals, and critical access hospitals (CAHs) that may be information blocking based on how they attested to certain Promoting Interoperability Program requirements
- **What?** Based on 2019 performance year data

Late 2020



## Digital Contact Information

- **Who?** Providers
- **What?** CMS will begin publicly reporting the providers who do not list or update their digital contact information in the National Plan and Provider Enumeration System (NPPES).
- This includes providing digital contact information such as secure digital endpoints like a Direct Address and/or a FHIR API endpoint.

Late 2020



## Admission, Discharge, Transfer Event Notifications

- **Who?** Hospitals, including psychiatric hospitals and Critical Access Hospitals
- **What?** Requiring as a **Condition of Participation** to send electronic patient event notifications of a patient's admission, discharge, and/or transfer to another healthcare facility or to another community provider or practitioner

May 1, 2021

Continued

# CMS Interoperability Rule – Key Policies



## Patient Access API

- **Who?** CMS-regulated payers\*
- **What?** required to implement and maintain a secure, standards-based (HL7 FHIR Release 4.0.1) API that allows patients to easily access their claims and encounter information, including cost, as well as a defined sub-set of their clinical information through third-party applications of their choice.

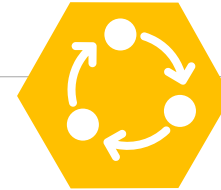
January 1, 2021



## Provider Directory

- **Who?** MA organizations, Medicaid FFS programs, CHIP, FFS programs, Medicaid managed care plans, and CHIP managed care entities
- **What?** Required to make provider directory information available via the Provider Directory API.
- This API must be accessible via a public-facing digital endpoint on the payer's website.

January 1, 2021



## Payer to Payer Exchange

- **Who?** CMS-regulated payers
- **What?** required to exchange certain patient clinical data (specifically the U.S. Core Data for Interoperability (USCDI) version 1 data set) at the patient's request, allowing the patient to take their information with them as they move from payer to payer over time to help create a cumulative health record with their current payer.

January 1, 2022



## Improving the Dual Eligible Experience

- **Who?** State Medicaid Agency
- **What?** Increasing the Frequency of Federal-State Data Exchanges of enrollee data from monthly to daily exchange

April 1, 2022

# ONC 21<sup>st</sup> Century Cures Act Final Rule

ONC's 21<sup>st</sup> Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program Final Rule implements certain provisions of Title IV of the 21<sup>st</sup> Century Cures Act to advance interoperability, addressing occurrences of information blocking, improve patient access, exchange, and use of electronic health information, and health IT certification through the following provisions and updates:

## 1) Changes to Information Blocking

- Definitions of Health IT actors, Electronic Health Information (EHI), Health Information Network (HIN) and Health Information Exchange (HIE)
- What it means to “interfere with” access, exchange, or use of EHI
- Exceptions structure

## 2) Changes to ONC Health IT Certification Program

- Electronic Health Information (EHI) Export Certification Criteria
- FHIR Standard for Application Programming Interface (API) for patient and population Services
- Conditions and Maintenance of Certification requirements for health IT developers

## 3) United States Core Data for Interoperability (USCDI)

### Impacted entities:

- Health IT Developers
- Health Information Exchanges (HIEs)
- Health Information Networks (HINs)
- Health care providers

# ONC 21<sup>st</sup> Century Cures Act Final Rule – Information Blocking

## Information Blocking

- Any health IT developer that has a product certified through the ONC Health IT Certification Program is prohibited from information blocking and can face fines and/or the loss of their certification
- This prohibition applies to all products offered by a health IT developer that has a non-certified product, not just to their certified products
- The Cures Act defined and prohibited information blocking by covered actors, which include health care providers, health IT developers of certified products, health information exchanges (HIEs), and health information networks (HINs).

# ONC 21<sup>st</sup> Century Cures Act Final Rule – Changes to ONC Health IT Certification Program

## Electronic Health Information (EHI) Export Certification Criteria

- Single Patient EHI Export
- Patient Population EHI Export
- Standard/Format
- Image Data
- Timeframe
- “Direct-to-patient” Functionality

# ONC 21<sup>st</sup> Century Cures Act Final Rule – Changes to ONC Health IT Certification Program

## **FHIR Standard for Application Programming Interface (API) for patient and population Services**

The Final Rule requires the use of the HL7® Fast Healthcare Interoperability Resources (FHIR®) Release 4 standard and several implementation specifications. The United States Core Data for Interoperability standard (USCDI) is the scope of patients' electronic health information that must be supported via certified API technology. Two types of API-enabled services are required:

- services for which a single patient's data is the focus, and
- services for which multiple patients' data are the focus.

# ONC 21<sup>st</sup> Century Cures Act Final Rule

## United States Core Data for Interoperability (USCDI)

- The ONC Final Rule sets a new baseline for interoperability and replaces the Common Clinical Data Set (CCDS)
- The USCDI establishes a minimum set of data classes to improve the flow of EHI and helps ensure that the information can be effectively understood when it is received
- Over time, it will be updated to expand the baseline set of interoperable data available nationwide

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"><li>• Clinical Notes (New)</li><li>• Discharge Summary Note</li><li>• History &amp; Physical</li><li>• Progress Note</li><li>• Consultation Note</li><li>• Imaging Narrative</li><li>• Laboratory Report Narrative</li><li>• Pathology Report Narrative</li><li>• Procedures Note</li></ul> | <ul style="list-style-type: none"><li>• Allergies and Intolerances (New)</li><li>• Substance (Drug Class)</li><li>• Reaction</li><li>• Patient Demographics (Expanded)</li><li>• Current Address</li><li>• Previous Address</li><li>• Phone Number</li><li>• Phone Number Type</li><li>• Email Address</li></ul> | <ul style="list-style-type: none"><li>• Provenance (New)</li><li>• Author time stamp</li><li>• Author organization</li><li>• Vital Signs (Expanded to include pediatrics)</li><li>• Head Occipital-frontal circumference percentile (Birth to 36 Months)</li><li>• Weight-for-length percentile (Birth to 36 Months)</li><li>• BMI percentile (2-20 Years of Age)</li></ul> |
|---|--|---|



# CMS Medicare Program

Multiple CMS rules call out interoperability and data use in payment program participation and rules

- CMS ACO Medicare Shared Savings Program
- Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals
- 2021 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Acute Care Hospital (LTCH) Final Rule includes interoperability measures for CY 2021

# CMS Medicare Program – HIT/E Requirements

- **ePrescribing**
- **Query of PDMP (bonus measure)**
- **Health Information Exchange**
  - Electronic Referral Loops by Sending Health Information
  - Support Electronic Referral Loops by Receiving and Reconciling Health Information
- **Provider to Patient Exchange**
- **Public Health and Clinical Data Exchange**
  - Syndromic Surveillance Reporting
  - Immunization Registry Reporting
  - Electronic Case Reporting
  - Public Health Registry Reporting
  - Clinical Data Registry Reporting
  - Electronic Reportable Laboratory Results Reporting

# Public Health Reporting Requirements

- **COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115**
  - Expanding required data elements to be collected
    - Ask at order entry
    - Specimen collection
  - Data reporting and transmission requirements
  - Lab data reporting and EHR requirements
- **Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting to HHS**
  - Capacity and Utilization Data
  - Flu condition reporting
  - Testing data using in-house laboratory
  - Reporting and transmission requirements
  - Conditions of Participation to comply within 14 weeks

# Other Federal Policies

## CARES Act updates to 42 CFR Part 2

- Part 2 has been revised to further facilitate better coordination of care in response to the opioid epidemic while maintaining its confidentiality protections against unauthorized disclosure and use.

# Developing a Statewide Five-Year Information Technology Plan for Connecticut

*Vatsala Pathy, Senior Director  
CedarBridge Group*

# Health IT Plan Process



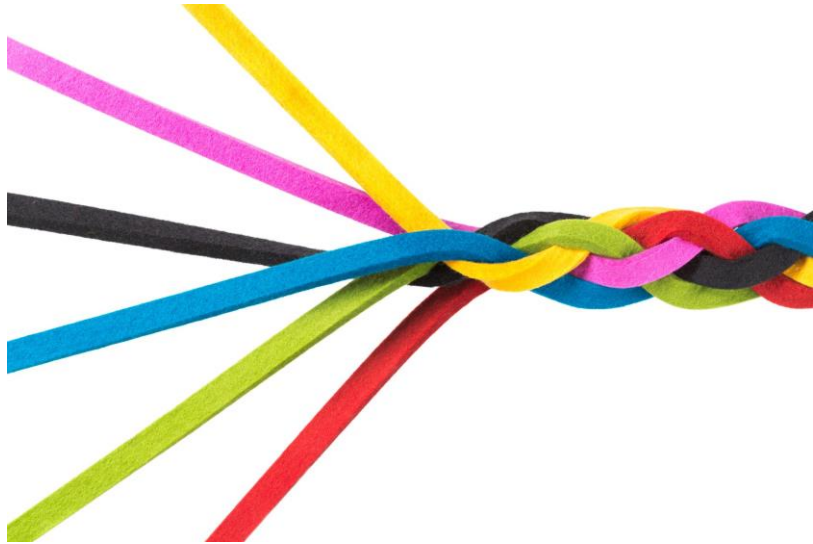
# Phase One

## Engage & Discover

- Key informant interviews– individuals and small groups
- Domain-specific electronic surveys, working with associations for dissemination to members
- Interactive webinars to inform, engage, and receive input from stakeholders
- Bi-directional communication pathways for informing and soliciting input



# Phase Two



## Analyze & Synthesize

- Develop a comprehensive environmental scan report from stakeholder and agency engagement with findings from the discovery process
  - Describe the Current State of health IT adoption and use across public and private sectors; HIE participation; inter-agency data sharing; system functionality and interoperability; governance; etc.
  - Describe the Desired Future State for health IT availability and functionality; HIE services; data needs; policy needs; governance; etc.
  - Develop a Gap Analysis between the Current State and Desired Future State to meet the needs / priorities of public and private sectors caring for Connecticut residents



# Phase Three

## Roadmap Recommendations

Develop recommendations for OHS and the Health IT Council; topic areas may include:

- Use case priorities
- Standards and shared services infrastructure recommendations
- Funding requirements and timelines
- Sustainability strategies
- Communication strategies
- Potential regulatory and legislative needs
- Implementation strategies
- Monitoring and measuring processes
- Governance structures to assist in continued success of new strategies



# Phase Four

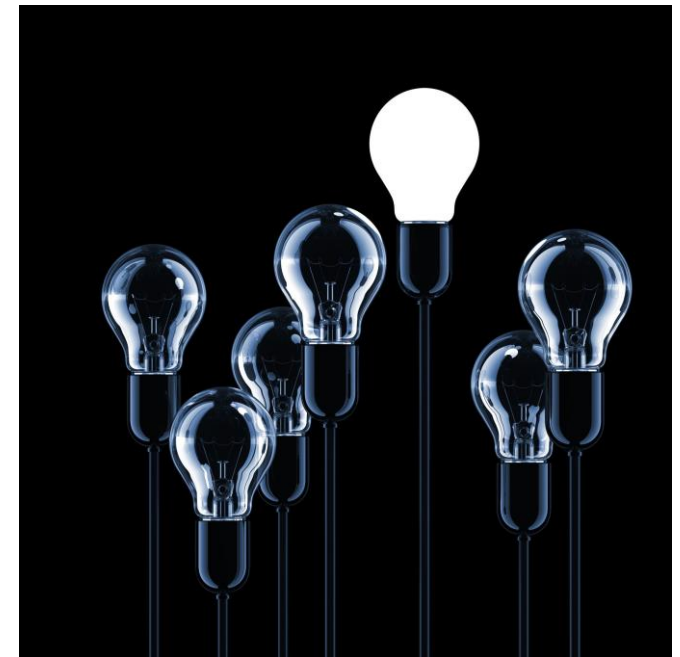
## Validate, Revise & Finalize



- Hold feedback meetings with stakeholders to share draft recommendations
- Support OHS in posting draft recommendations for public comment period
- Collate and review public comments and stakeholder feedback with OHS team and Health IT Council
- Incorporate any changes from OHS and Council review
- Final approval by OHS and acceptance by Council

# Project Management, Accountability & Oversight

- OHS will invite participation in a Roadmap Steering Committee with representation of state agencies and Council appointees
- CedarBridge will update Council on a monthly basis and develop a dashboard for tracking progress of the work
- Weekly project management meetings between OHS and CedarBridge
- Monthly written status reports
- Coordination with other initiatives underway



**More to come!**

# Primary Care & Related Reforms Workgroup

*Don Ross, Senior Director  
CedarBridge Group*

# Primary Care and Related Reforms Work Group

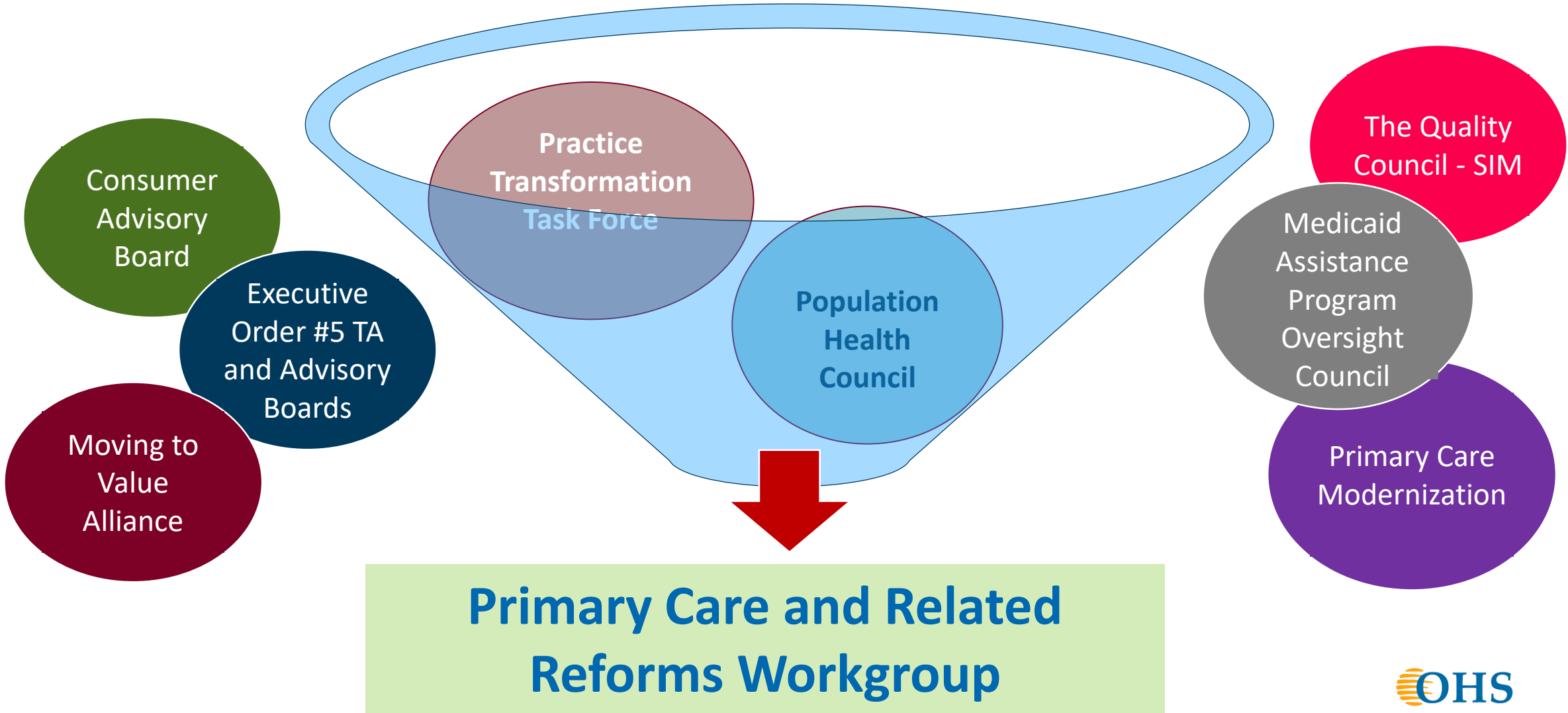
- 32 members representing provider organizations, consumers, health plans, community-based organizations, and more
- Chartered by OHS, facilitated by CedarBridge Group
- Meet as a group once per month.
  - First meeting was September 22<sup>nd</sup>
  - Next meeting is October 27<sup>th</sup>

Website: <https://portal.ct.gov/OHS/Pages/Primary-Care-Work-Group>

# Mission

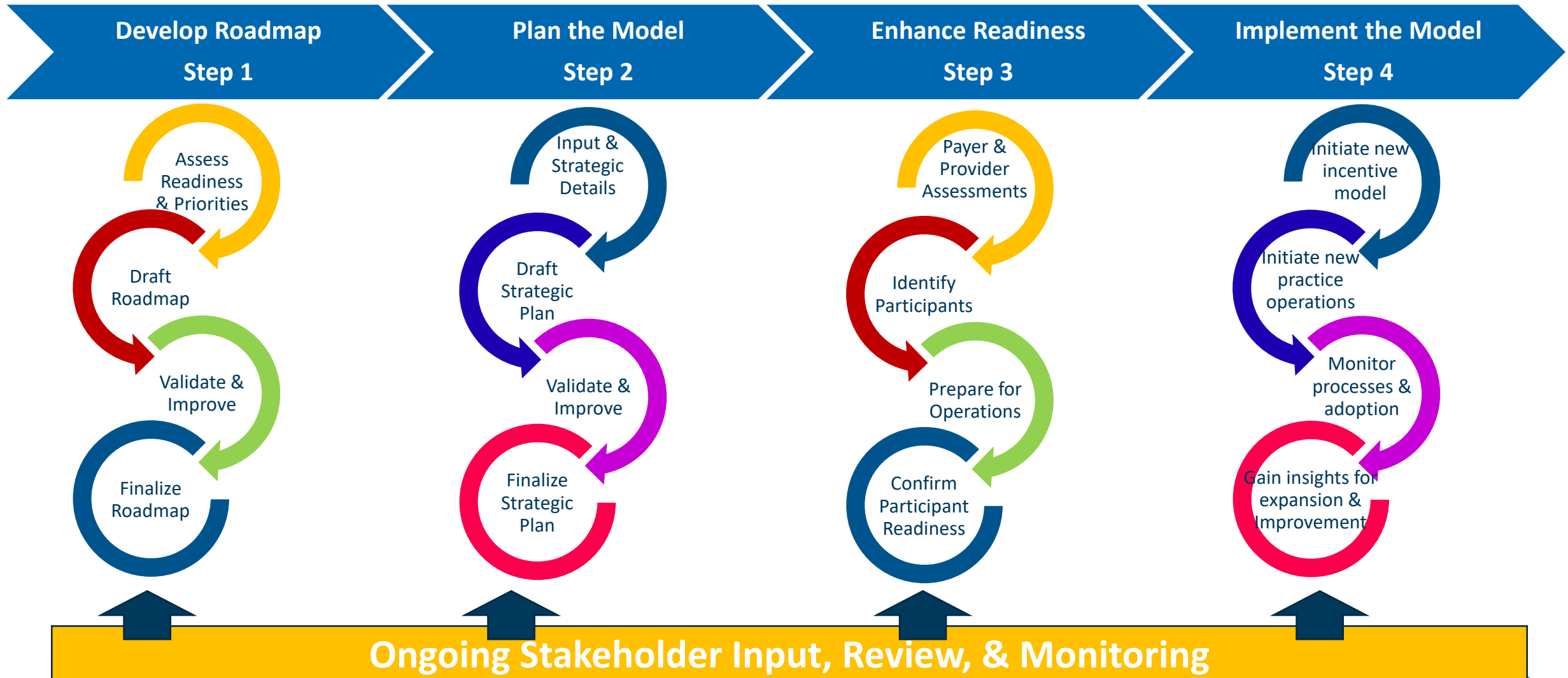
- To align Connecticut around proven capabilities, with flexible model options to support patient-centered and convenient care, delivered effectively and efficiently
- To advise OHS on health enhancement community initiatives (HECs) to address upstream interventions affecting health and well-being
- In response to Governor Lamont's Executive Order No. 5, coordinate with Cost Growth and Quality Benchmarks and Primary Care Target initiatives' Technical Team and Stakeholder Advisory Board to implement strategies for increasing primary care spending
  - As a percentage of total health care expenditures
  - Goal of a 10% increase by 2025

# Build on Previous and Other Current Initiatives



# Advancing Primary Care Transformation in Connecticut

## *Pathway from Roadmap to Implementation*





# Advancing Primary Care Transformation

## *Step 1: Roadmap Development*

### Objective

Develop a **consensus-based roadmap** for primary care transformation in Connecticut and ensure:

- **Previous planning and stakeholder input is incorporated**
- **The roadmap will**
  - **Provide detailed strategic planning** for primary care investment and transformation model
  - ✓ **Include assessment of readiness** for providers, payers, state agencies, community partners, and others to participate
  - ✓ **Support the implementation of new primary care model or models** with pilots and/or phasing

# Advancing Primary Care Transformation in Connecticut

## *Step 1 – Developing a Roadmap*

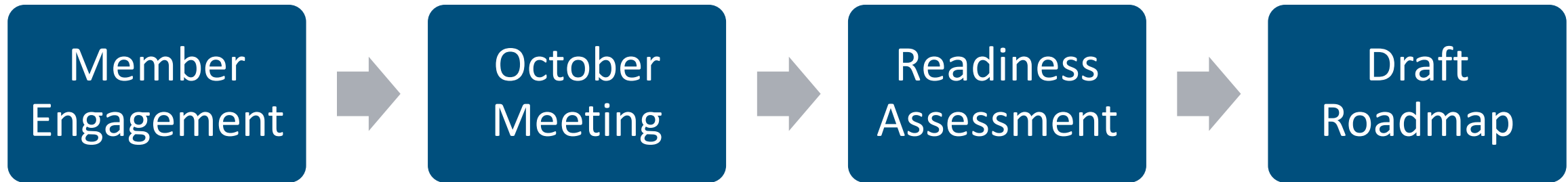
Develop  
Roadmap  
Step 1



- Research and review existing materials
- Conduct tailored interviews and surveys of key stakeholders and committee members
- Assess priorities and readiness across stakeholder groups
- Develop draft roadmap
- Review, refine augment, and improve roadmap with stakeholder engagement as new models of payment and care delivery are developed

Stakeholder Input

# We are Here



- Electronic survey of workgroup members is near completion
- Conducting key informant interviews with members and others

- Vote on charter and bylaws
- Shared learning with SME presentation
- Survey report out

- Assess various stakeholder groups
- Coordinate with Health IT Plan Environmental Scan
- Enhance readiness through engagement and education

- Confirm member priorities
- Build consensus
- Validate draft roadmap

# Thank you!

## CedarBridge Group

**Contact us:**

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[Donald.ross@cedarbridgegroup.com](mailto:Donald.ross@cedarbridgegroup.com)

[www.cedarbridgegroup.com](http://www.cedarbridgegroup.com)

# Announcements and General Discussion

*Allan Hackney, Council Members*

# Wrap up and Next Steps

# Contact Information

## Health Information Technology Officer

Allan Hackney, [Allan.Hackney@ct.gov](mailto:Allan.Hackney@ct.gov)

Sean Fogarty, HIT Program Manager, [Sean.Fogarty@ct.gov](mailto:Sean.Fogarty@ct.gov)

Adrian Texidor, HIT Program Manager, [Adrian.Texidor@ct.gov](mailto:Adrian.Texidor@ct.gov)

Tina Kumar, HIT Stakeholder Engagement, [Tina.Kumar@ct.gov](mailto:Tina.Kumar@ct.gov)

General E-Mail, [HITO@ct.gov](mailto:HITO@ct.gov)

## Health IT Advisory Council Website:

<https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>

# Appendix

## Health IT Plan Additional Information



# Health IT Strategic Plan - Background

## Statute Requirement:

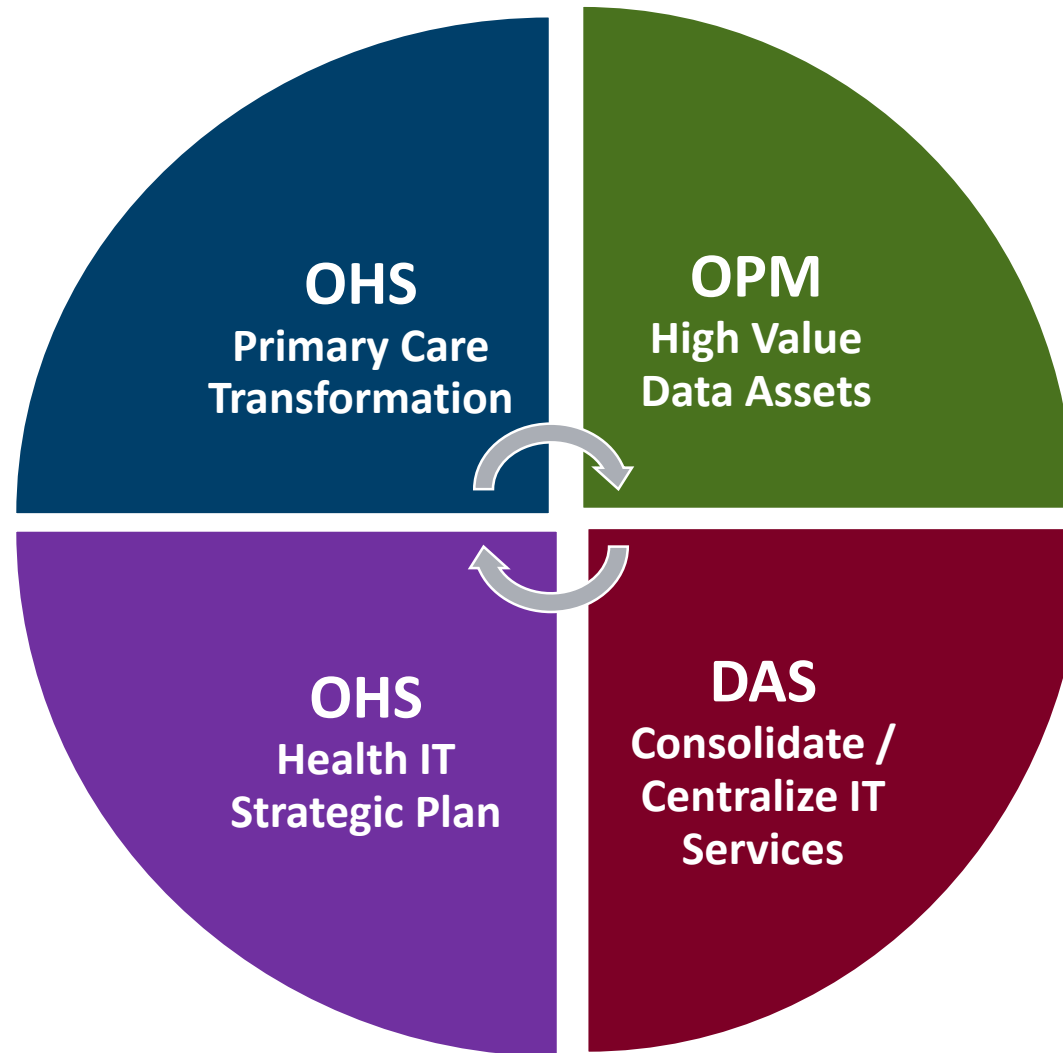
Implement and periodically revise the state-wide health information technology plan and establish electronic data standards to facilitate the development of integrated electronic health information systems, for use by health care providers and institutions receiving state funding.

# Additional requirements:

- Include provisions relating to
  - Security and Privacy
  - Data content
  - Structures, Format, Vocabularies
  - Transmission protocols
- Social Security number restrictions
- Electronic audit trail
- Compatible with national data standards
- Permit collection of health information
- Compatible with requirements for an EHR
- Develop the plan
  - Implement it
  - Re-visit and revise as needed
- Emphasis of statute is on standards to support interoperability and support the collection of health information
- Additional emphasis will support Connecticut priorities including Primary Care Transformation, Public Health Modernization, Opioid Crisis, others

# HIT Strategic Plan Alignment with Other Initiatives

- Executive Order No. 5
- Cost growth and quality benchmarks
- Primary care spending targets
- Payment and Delivery Transformation
- Health Information Technology Officer
- Electronic Data Standards
- Facilitate integrated health information systems and Interoperability



- Chief Data Officer
- State Data Plan
- Catalog data assets
- Data sharing across agencies
- Data Analytics
- State CIO
- IT strategic plan
- IT consolidation
- IT centralization

# Anticipated Strategies

- Support and enhance efforts to address COVID-19 and opioid crisis
- Support primary care transformation
- Support health equity and address disparities
- Support public health modernization
- Align with CT-METS
- Align with consent management policy development
- Promote federated HIE model and continuing development of Connie
- Align with state data plan for agency systems
- Align with reorganization of state IT services
- Plan for sustainable funding
- Consider governance