

Annual
Report:
Health
Information
Exchange

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A Report Pursuant to Public Act 16-77 (as amended by Public Act 18-91)
for the Connecticut General Assembly.

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Acronyms

ACO	Accountable Care Organization	IIS	Immunization Information System
APCD	All-Payer Claims Database	LDS	Limited Data Set
ARRA	American Recovery and Reinvestment Act	OHS	Office of Health Strategy
CCIP	Community and Clinical Integration Program	ONC	Office of the National Coordinator for Health Information Technology
CDAS	Core Data Analytics Solution	OPM	Office of Policy and Management
CMMI	Center for Medicare and Medicaid Innovations	OSC	Office of the State Comptroller
CMS	Centers for Medicare and Medicaid Services	PCMH	Patient Centered Medical Home
CQM	Clinical Quality Measure	PDMP	Prescription Drug Monitoring Program
DPH	Department of Public Health	PSI	Prevention Service Initiative
DSS	Department of Social Services	R & D	Research and Development
eCMS	Electronic Consent Management System	RFA	Request for Applications
eCQM	Electronic Clinical Quality Measure	SDLC	Systems Development Life Cycle
EHR	Electronic Health Record	SIM	State Innovation Model
FFY	Federal Fiscal Year	SIM PMO	State Innovation Model Program Management Office
FQHC	Federally Qualified Health Center	SMHP	State Medicaid Health IT Plan
Health IT	Health Information Technology	SMMS	Statewide Medication Management Services
HEC	Health Enhancement Communities	TA	Technical Assistance
HIE	Health Information Exchange	TEFCA	Trusted Exchange Framework and Common Agreement
HIPAA	Health Insurance Portability and Accountability Act of 1996	UCFM	Use Case Factory Model
HITECH	Health Information Technology for Economic and Clinical Health Act	UConn	University of Connecticut
HITO	Health Information Technology Officer	UConn AIMS	UConn Analytics and Information Management Solutions
HITRUST	Health Information Trust Alliance	VBID	Value-based Insurance Design
IAPD	Implementation Advance Planning Document		
IAPD-U	Implementation Advance Planning Document Update		

Introduction and Background

On October 31, 2017 the Governor signed Public Act 17-2 (P.A. 17-2)¹, *An Act Concerning the State Budget for the Biennium Ending June 30, 2019, Making Appropriations Therefore, Authorizing and Adjusting Bond of the State and Implementing Provisions of the Budget*. This act established the Office of Health Strategy (OHS), within the Department of Public Health (DPH) for administrative purposes only. The Executive Director of OHS was named as the department head and Victoria Veltri was appointed to this position by the Governor on January 25, 2018.

On May 14, 2018 the Governor signed Public Act 18-91 (P.A. 18-91)², *An Act Concerning the Office of Health Strategy*. This act further amended P.A. 16-77, as well as P.A. 17-2. As part of this act OHS was charged with the following responsibilities:

- (1) Developing and implementing a comprehensive and cohesive healthcare vision for the state, including but not limited to, a coordinated state healthcare cost containment strategy;
- (2) Promoting effective health planning and the provision of quality healthcare in the state in a manner that ensures access for all state residents to cost-effective healthcare services, avoids the duplication of such services and improves the availability and financial stability of such services throughout the state;
- (3) Directing and overseeing the State Innovation Model Initiative and related successor initiatives;
- (4) (A) Coordinating the state's health IT initiatives; (B) seeking funding for and overseeing the planning, implementation, and development of policies and procedures for the administration of the all-payer claims database (APCD) program established under section 19a-775a, as amended by P.A. 18-91; (C) establishing and maintaining a consumer health information Internet web site under 19a-775b, as amended by P.A. 18-91; and (D) designating an unclassified individual from the office to perform the duties of HITO, as set forth in sections 17b-59f, as amended by P.A. 18-91, and 17b-59g, as amended by P.A. 18-91;
- (5) Directing and overseeing the Health Systems Planning Unit, established under section 19a-612, as amended by P.A. 18-91, and all of its duties and responsibilities; and
- (6) Convening forums and meetings with state government and external stakeholders, including but not limited to, the Connecticut Health Insurance Exchange, to discuss healthcare issues designed to develop effective healthcare cost and quality strategies.

P.A. 16-77 (as amended by P.A. 18-91) requires the Executive Director of OHS, in consultation with the statewide Health IT Advisory Council, to submit a report to the joint standing committees of the Connecticut General Assembly concerning:

- (1) The development and implementation of the Statewide Health IT Plan and data standards, established and implemented by the Executive Director of OHS;
- (2) The establishment of the statewide HIE; and

¹ <https://www.cga.ct.gov/2017/act/pa/pdf/2017PA-00002-R00SB-01502SS1-PA.pdf>

² <https://www.cga.ct.gov/2018/act/pa/pdf/2018PA-00091-R00HB-05290-PA.pdf>

- (3) Recommendations for policy, regulatory, and legislative changes and other initiatives to promote the state's health IT and exchange goals.

Connecticut's vision aligns with all relevant statutes through the adoption and effective use of health IT to support quality improvement. In this context, and to achieve the State's aims of healthier people, better healthcare, smarter spending, and health equity, the State will establish an interoperable statewide HIE, as envisioned by P.A. 16-77 (and amended by P.A. 18-91):

The state, acting by and through the Secretary of the Office of Policy and Management (OPM), in collaboration with the Executive Director of OHS, shall establish a program to expedite the development of the Statewide HIE, established under section 17b-59d, as amended by P.A. 18-91, to assist the state, healthcare providers, insurance carriers, physicians, and all stakeholders in empowering consumers to make effective healthcare decisions, promote patient-centered care, improve the quality, safety, and value of healthcare, reduce waste and duplication of services, support clinical decision-making, keep confidential health information secure and make progress toward the state's public health goals. The purposes of the program shall be to: (1) assist the Statewide HIE in establishing and maintaining itself as a neutral and trusted entity that serves the public good for the benefit of all Connecticut residents, including but not limited to, Connecticut healthcare consumers and Connecticut healthcare providers and carriers; (2) perform, on behalf of the state, the role of intermediary between public and private stakeholders and customers of the Statewide HIE; and (3) fulfill the responsibilities of OHS, as described in section 19a-754a, as amended by P.A. 18-91.

The enactment of P.A. 16-77 also reorganized the scope of the SIM Health IT Council, integrating it into the Health IT Advisory Council with the aim of enhancing overall coordination of health IT efforts. The SIM test grant provided funding for consulting services to facilitate and support the Health IT Advisory Council as well as accelerate investments to promote health information exchange services supporting clinical quality measure production and data analytics, in conjunction with the support of the Office of the Lieutenant Governor. A list of members of the Health IT Advisory Council can be found in Appendix A. Funding for these consulting services is now provided by OHS, in part through the Health Information Technology for Economic and Clinical Health (HITECH) Act administrative funding, enacted as part of the American Recovery and Reinvestment Act (ARRA) of 2009.³ This 90/10 HITECH administrative funding is provided by the Centers for Medicare and Medicaid Services (CMS).

Allan Hackney was designated as the HITO by the Lieutenant Governor during January 2017, and then re-designated by the Executive Director of OHS during June 2018. The HITO and the statewide Health IT Advisory Council developed a strategic road map to include activities of (1) stakeholder engagement; (2) environmental scan; (3) use case development and prioritization; and (4) the development of an HIE plan. The Health IT Advisory Council continues to provide advisory support and guidance to the HITO and the Executive Director of OHS in regard to the establishment of a statewide HIE and alignment of the state's health IT initiatives.

³ <https://www.medicaid.gov/medicaid/data-and-systems/hie/federal-financial-participation/index.html>

Current and Completed Activities of the Statewide Health Information Technology Plan & Data Standards

During the period of February 1, 2018 through January 31, 2019, OHS has completed a wide variety of activities in support of developing a Statewide Health IT Plan, the establishment of a statewide HIE, and in regard to policy, regulatory, and legislative changes. At the time of this report, several activities are in-progress towards the stated goals. During this period, OHS, in consultation with the Health IT Advisory Council, has completed, or is actively conducting, the activities described throughout this section.

Stakeholder Engagement

To support Connecticut's approach to ensuring alignment and participation among stakeholders, OHS contracted a consulting firm to support the development of HIE Services. OHS with support of the firm, met with close to 40 organizations across the state from May through October 2018, including state agencies, provider organizations, hospitals, payers, healthcare organizations, consumers, and key health reform initiatives. These key-informant interviews were focused on implementation and provided insight into existing technical and operational infrastructure, as well as top priorities related to data sharing. Input, feedback, and business drivers were captured which continues to support business and functional requirements, documentation for prioritized use cases, and value propositions to support establishment of the HIE entity's sustainability plan. Participating organizations included:

- Access Health CT
- Anthem Blue Cross Blue Shield
- Center for Diagnostic Imaging
- Community Health Center Association of Connecticut
- Community Health Center, Inc.
- Community Medical Group, Inc.
- ConnectiCare
- Connecticut Children's Medical Center
- Connecticut Department of Children and Families
- Connecticut Department of Public Health
- Connecticut Health Foundation
- Connecticut Hospital Association
- Connecticut State Medical Society
- Consumer Advocate
- Fairfield County Medical Association
- Hartford Healthcare
- Health IT Advisory Council
- Northeast Medical Group
- Office of Health Strategy
- Office of the Lt. Governor
- Office of the State Comptroller
- ProHealth Physicians
- Radiological Society of CT
- Senate Democrats
- Shipman & Goodwin
- SIM Quality Council
- St. Francis Hospital and Medical Center
- State Innovation Model
- The Griffin Hospital
- UConn Health
- United Healthcare
- Visiting Nurses Association (VNA) Community Healthcare and Hospice
- Wheeler Clinic
- Yale New Haven Health System

Development of Statewide Health IT Plan

Per the statutory requirements of P.A. 18-91, the Statewide Health IT Plan is being developed by the Executive Director of OHS, in consultation with the Commissioner of the Department of Social Services (DSS) and the Health IT Advisory Council. As further defined by statutory requirements, the Statewide Health IT Plan shall establish electronic data standards to facilitate the development of integrated electronic health information systems for use by healthcare providers and institutions that receive state funding. Such electronic data standards shall:

- (1) Include provisions relating to security, privacy, data content, structures and format, vocabulary, and transmission protocols;
- (2) Limit the use and dissemination of an individual's Social Security number;
- (3) Require privacy standards no less stringent than the "Standards for Privacy of Individually Identifiable Health Information" established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA);
- (4) Require that individually identifiable health information be secure and that such information be traceable by an electronic audit trail;
- (5) Be compatible with any national data standards in order to allow for interstate interoperability;
- (6) Permit the collection of health information in a standard electronic format; and
- (7) Be compatible with the requirements for an electronic health information system.

A draft Statewide Health IT Plan has been developed and will be further reviewed and refined in consultation with the Health IT Advisory Council, DSS, and the State Health IT Plan Design Group (as described below). The draft Statewide Health IT Plan is organized into three domains. The first domain, OHS Policy Support, addresses how health IT can be used to support OHS programs and the development of fact-based policies. The second domain, State Agency Engagement, and third domain, Innovation / Research & Development (R&D), address potential opportunities for broad collaboration that contribute to the mission of OHS and the improvement of health and healthcare across the state.

Together these three domains will define practical and value-added approaches to achieve both near-term impacts and longer-term strategic opportunities. The Health IT Plan should be viewed as the first iteration of a dynamic document that will continue to be refined annually in both its breadth and depth. Importantly, this document will support the state's commitment to ongoing stakeholder engagement around the adoption and use of health IT tools and HIE services, as well as quality measurement, quality reporting, and data analytic services. The Health IT Plan will be used as a tool for gathering input and reporting on progress made in key areas by public and private sector organizations serving Connecticut residents. Through listening sessions, community forums, interviews, and other methods for gathering input from citizens and stakeholders, new ideas will continue to be vetted and assimilated into future iterations.

Statewide Health IT Plan Design Group

In support of the development and review of the Statewide Health IT Plan, an ad hoc design group was established in January 2019. The Statewide Health IT Plan Design Group is comprised of

state agency representatives who currently serve on the Health IT Advisory Council. The Design Group will continue to meet as needed to support the review and refinement of the second domain of the Health IT Plan (State Agency Engagement). This group has been convened for two meetings and is actively planning the development of additional meetings with a broader set of state agency representatives, including technology and business owners. The following individuals are the current members of the State Health IT Plan Design Group:

- Vicki Veltri (Office of Health Strategy)
- Mark Raymond (Dept. of Administrative Services)
- Cindy Butterfield (Dept. of Children and Families)
- Joe Stanford (Dept. of Social Services)
- Rajiv Chawla (Access Health CT)
- Dennis Mitchell (Dept. of Developmental Services)
- Sandra Czunas (Office of the State Comptroller)
- Cheryl Cepelak (Dept. of Correction)
- Mary Kate Mason (Dept. of Mental Health and Addiction Services)
- Ted Doolittle (Office of the Healthcare Advocate)
- Vanessa Hinton (Dept. of Public Health)

Governance Design Group

Recognizing that successful and sustainable data sharing initiatives are built upon solid foundations of governance and trust, the Health IT Advisory Council chartered a Governance Design Group to develop high-level recommendations for how to best establish an overall HIE governance framework for Connecticut. Such recommendations were prepared over the course of five meetings of the Governance Design Group from May through July of 2018. The recommendations were presented to the Health IT Advisory Council on July 19, 2018 and were approved unanimously.⁴ The members of the Governance Design Group included:

- Roderick Bremby (Dept. of Social Services)
- Patricia Checko, DrPH (Co-chair of SIM Consumer Advisory Board and Health IT Advisory Council member)
- Jake Star (VNA Community Healthcare and Health IT Advisory Council member)
- Lisa Stump, MS, RPh (Yale New Haven Health and Health IT Advisory Council member)
- Bill Roberts, JD (Shipman & Goodwin LLP)
- Bruce Adams, JD (Office of the Lieutenant Governor)

⁴ https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Design-Groups/Governance/Governance_DG_Final_Report_20180821.pdf

Building upon previous planning and analysis, including the Environmental Scan⁵ and HIE Use Case Design Group recommendations⁶, the HITO and the Health IT Advisory Council formally chartered⁷ the formation of the Governance Design Group to address the following:

1. Relationship of the State of Connecticut, the HIE entity, OHS, and the Health IT Advisory Council;
2. Pros and cons of either establishing or designating an entity to oversee HIE operations;
3. Baseline elements of a trust agreement;
4. Table of contents for HIE policies and procedures; and
5. Critical success factors in HIE governance.

Through the detailed discussion of the Governance Design Group, recommendations were developed in nine separate categories, or building blocks, which are listed below.

- Mission, vision, and values
- Critical success factors
- Characteristics of a neutral and trusted entity
- Relationship of the State of Connecticut, the HIE entity, OHS, and the Health IT Advisory Council
- Considerations for the creation of a new entity or the designation of an existing entity to oversee HIE operations
- Data governance as a component of corporate governance
- Elements of a trust agreement
- Table of contents for policies and procedures
- Conformance with the Trusted Exchange Framework and Common Agreement (TEFCA)

These recommendations will inform future policy and governance activities by the HIE entity and other stakeholders in the state.

Consent Design Group

The development, implementation, and management of a sound consent policy is foundational for the effective governance of health information exchange and an essential aspect of establishing a framework of trust. At its January 2019 meeting, the Health IT Advisory Council expressed support for a proposal from the HITO to establish a multi-stakeholder Consent Design Group to develop recommendations for a consent policy. The Design Group is being appointed in January 2019 and is expected to commence its work in March 2019. It is anticipated that the Design Group will meet eight times over the following three months. The topics that will be addressed include: a review of relevant State and Federal statutes, including HIPAA, core

⁵ https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Reports/Environmental_Scan_Summary_Findings_FINAL_20170523.pdf?la=en

⁶ https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Design-Groups/HIE/HIE_Use_Case_DG_Final_Report_20171101.pdf?la=en

⁷ <https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Design-Groups/Governance/GovernanceDGProjectCharterV10-52118-003.pdf?la=en>

principles related to consent, specially protected health information, and tools for consent management.

CancelRx Work Group

In October 2017, medication reconciliation was identified as a priority use case by the Health IT Advisory Council. In response to this, a multi-stakeholder group organically convened to discuss how they could productively engage in Health Information Exchange (HIE) planning and implementation activities in collaboration with the emerging plans for state-wide HIE services and the priority use cases that had recently been approved.

This newly formed group agreed that medication reconciliation is a major pain point and patient safety issue for all clinical leaders and their healthcare organizations. They identified one component of the solution that was technically available to prescribing clinicians but was underutilized due to a number of reasons that were not clear to the initial group. This was an HIT messaging standard called CancelRx that allows clinicians to electronically cancel a prescription for a patient using their Electronic Health Record (EHR). Although this solution exists, adoption rates of the CancelRx function in CT are low. In January 2018, the first of these multi-stakeholder groups was convened by a physician-informatician and clinical advisor to the HITO at UConn Health to create recommendations and propose pilot solutions for sharing & dissemination across CT for continued work. There were 11 CancelRx meetings total from January - September 2018 with over 50 participants ranging from physicians, pharmacists, health IT professionals, State agency representatives, pharmacy students, EHR vendor representatives, Standards setting organizations (NCPDP) and ePrescribing Hub Vendors. Collectively, the CancelRx Workgroup decided to take a 3-pronged approach. The three working subgroups formed were 1) Workflow 2) Return on Investment for each stakeholder and 3) Technical Standards. After evaluating CancelRx pilots in CT and elsewhere, recommendations from the CancelRX group will be submitted to the Health IT Advisory Council for review and action in early 2019. These recommendations are contained in the accompanying Executive Summary.

In May 2018, the Connecticut General Assembly legislatively approved the creation of the Medication Reconciliation and Polypharmacy (MRP) Work Group to address the broader topics of medication reconciliation. The MRP Work Group is described in greater detail below. The recommendations of the CancelRx Work will be delivered to the MRP Work Group and will continue to be developed, refined, validated, and disseminated to stakeholders across the state. Information from these recommendations will be used to develop a use case, create a learning community for technical training and guidance on implementing CancelRx, to build a use case, and to assess the discontinuation of medications through the integration of the HIE and other public and private information systems.

Medication Reconciliation and Polypharmacy Work Group

In May 2018, the Governor signed Special Act 18-6⁸, *An Act Requiring the HITO to Establish a Working Group to Evaluate Issues Concerning Polypharmacy and Medication Reconciliation*.

⁸ <https://www.cga.ct.gov/2018/act/sa/pdf/2018SA-00006-R00SB-00217-SA.pdf>

Special Act 18-6 stated that the members of the working group, who shall be appointed by the HITO, shall include, but not be limited to the following:

1. Two experts in polypharmacy;
2. Two experts in medication reconciliation;
3. A representative of the Department of Consumer Protection;
4. A pharmacist licensed under chapter 400j of the general statutes;
5. A prescribing practitioner; and
6. A member of the state Health Information Technology Advisory Council established pursuant to section 17b-59f of the general statutes.

In addition, the statute stated, "Not later than July 1, 2019, the HITO shall report, in accordance with the provisions of section 11-4a of the general statutes, regarding the findings and recommendations of the working group to the joint standing committee of the General Assembly having cognizance of matters relating to public health and general law." OHS and the HITO, in consultation with the Health IT Advisory Council, recruited members for the MRP Work Group in August 2018. The Work Group was officially convened in September 2018 and meets on a monthly basis. A complete listing of MRP Work Group members can be found in Appendix B.

In order to more efficiently address the myriad of issues and topics associated with medication reconciliation and polypharmacy, the MRP Work Group formed four specific Sub-committees: (1) Technology & Innovation; (2) Medication Reconciliation & Deprescribing; (3) Engagement & Safety; and (4) Policy. In addition, the Work Group developed and approved an initial project charter, including the following high-level project goals and objectives:

- Develop, implement, and operate an effective organizational structure and process;
- Establish foundational definitions for Work Group activities;
- Secure funding for planning, design, and implementation activities;
- Develop strategies to operationalize medication reconciliation by defining responsibilities, communication, and providing guidance to healthcare professionals around best practices;
- Identify mechanisms to enhance efficiency and effectiveness of cancelling prescription medications;
- Develop strategies to operationalize deprescribing by defining responsibilities, communication, and providing guidance to healthcare professionals around best practices;
- Develop strategies for communicating with and engaging key stakeholders;
- Support the implementation of priority recommendations based on funding availability and design approval; and
- Evaluate the effectiveness of any implemented standards and solutions.

The MRP Work Group, and its established Sub-committees, will continue to meet regularly during the first half of 2019, and will submit recommendations to the Connecticut General Assembly and the Health IT Advisory Council in July 2019. At the discretion of the members, the Work Group

can elect to continue their work beyond the July 1, 2019 deadline. A list of members of the MRP Work Group and sub-committees can be found in Appendix B.

Healthcare Cabinet Data & Cost Containment Group

In furtherance of its work to support more effective healthcare in the state, the Healthcare Cabinet established the Data & Cost Containment Group in August 2018. The purpose of this group is to review the availability and accessibility of health and human services data that could support the development of sound, fact-based healthcare policy for the state. Current members of the group include:

- Vicki Veltri (Office of Health Strategy)
- Rob Blundo (AccessHealth CT)
- Ted Doolittle (Office of the Healthcare Advocate)
- Josh Wojcik (Office of the State Comptroller)
- Kelly Sinko (Office of Policy and Management)
- Ellen Andrews (CT Health Policy Project)
- Shelly Sweatt (T.R. Paul, Inc.)
- Pat Baker (Connecticut Health Foundation)
- Susan Adams (Cigna)

The Data & Cost Containment Group has met four times and will continue to meet in 2019 to define recommended areas of priority and focus. Preliminary priorities that will undergo further review and analysis include:

- Out-of-pocket cost burden;
- Variations in utilization and cost;
- Preventable hospitalizations, readmissions, and emergency department visits; and
- Over-utilization, under-utilization, and waste.

Recommendations are scheduled for review by the Healthcare Cabinet at its April 2019 meeting.

Health Equity Data Analytics

As part of the stakeholder outreach conducted in 2017, a top priority in the analysis of the outreach findings was “Connecticut must keep patients and consumers as a primary focus in all efforts to improve health IT or HIE, including addressing health equity and the social determinants of health.” A clear priority of health equity arose from this stakeholder outreach and provided an opportunity to integrate data in a holistic manner with population health, consumer awareness, quality improvement and other potential needs in an innovative and impactful manner. In partnership with the Connecticut Health Foundation, the HITO established the Health Equity Data Analytics Project (HEDA).

The HEDA Project is identifying and defining the “vital few” health equity data elements relevant to health equity issues in Connecticut, and collaborate with the HIT architectural team, UConn AIMS, to incorporate those elements into the emerging health analytics architecture. Additionally, the goal of this project is to propose a potential use case that can be used in a future pilot or

prototype to demonstrate the use of the health equity data elements in an analytical context that leads to clinical actions. The output of this project will drive two additional activities, which are:

1. Inform the components of the health data architecture to address health equity, ensuring that foundational and elemental structures that anticipate incremental additions of data related to health equity and social determinants are considered and embedded in the architecture.
2. Provide a model for piloting, testing and proving the hypothesis that proactive alerts can be an effective tool for addressing health equity gaps.

The HEDA Project is broken into 4 phases including Planning, Discovery & Analysis, Incorporation of HE data into the CDAS Architecture, and Pilot Use Case Development. At this time, the HEDA project has begun Phase 2: Discovery & Analysis and is currently developing a short-term work plan for the environmental analysis of the as-is and future landscape in Connecticut. As part of this phase, team members have are identifying stakeholders to interview, identify best practices internal and external to Connecticut, as well as identify data sources. By April, the HEDA Project expects to develop a use case for incorporating health equity data into the CDAS architecture.

The Establishment of the Statewide HIE

Under the Executive Director and the HITO, OHS has accomplished planning, development and implementation activities over the past year that support the establishment of a statewide HIE. These activities have included the submission and approval of the Implementation Advance Planning Document (IAPD) funding request for Health IT and HIE planning activities (Appendix D), submission of the SIM Operational Plan for Award Year 4, and the development of an IAPD-Update (Appendix D) to secure additional funding for the planning, design, development, and implementation activities for health IT and HIE in Connecticut.

Approved Implementation Advance Planning Document Funding

On May 4, 2017 CMS approved Connecticut's IAPD funding request to support statewide Health IT and HIE planning, design, development, and implementation activities during federal fiscal year (FFY) 2017 for \$1,624,318 with an effective date of January 1, 2017. On October 4, 2017, CMS approved planning funding to support statewide Health IT and HIE planning during FFYs 2018 and 2019 for \$4,972,990 with an effective date of October 1, 2017. On May 11, 2018 CMS approved funding for the immunization information system (IIS). Then on September 5, 2018, CMS approved the additional Health IT and HIE request of \$12,170,013 to be added to the previously approved FFY 2019 budget with an effective date of October 1, 2018. A summary of the Appendix D Health IT and HIE IAPD funding requests that have been submitted to CMS since the appointment of the HITO are listed in table below.

Approval Date	Title	Funding Period	Related to HIE	
			Total	FFP
05/04/2017	IAPD-U	10/01/16 - 9/30/17	\$1,624,318	\$1,461,886
10/04/2017	IAPD-U	10/01/17 - 9/30/19	\$4,972,990	\$4,475,691
5/11/2018	IAPD-U	10/01/17 - 9/30/19	\$7,077,960	\$6,370,164
09/05/2018	IAPD-U	10/01/18 - 9/30/19	\$19,247,972	\$17,323,175

Submission of Implementation Advanced Planning Document Update

Appendix D

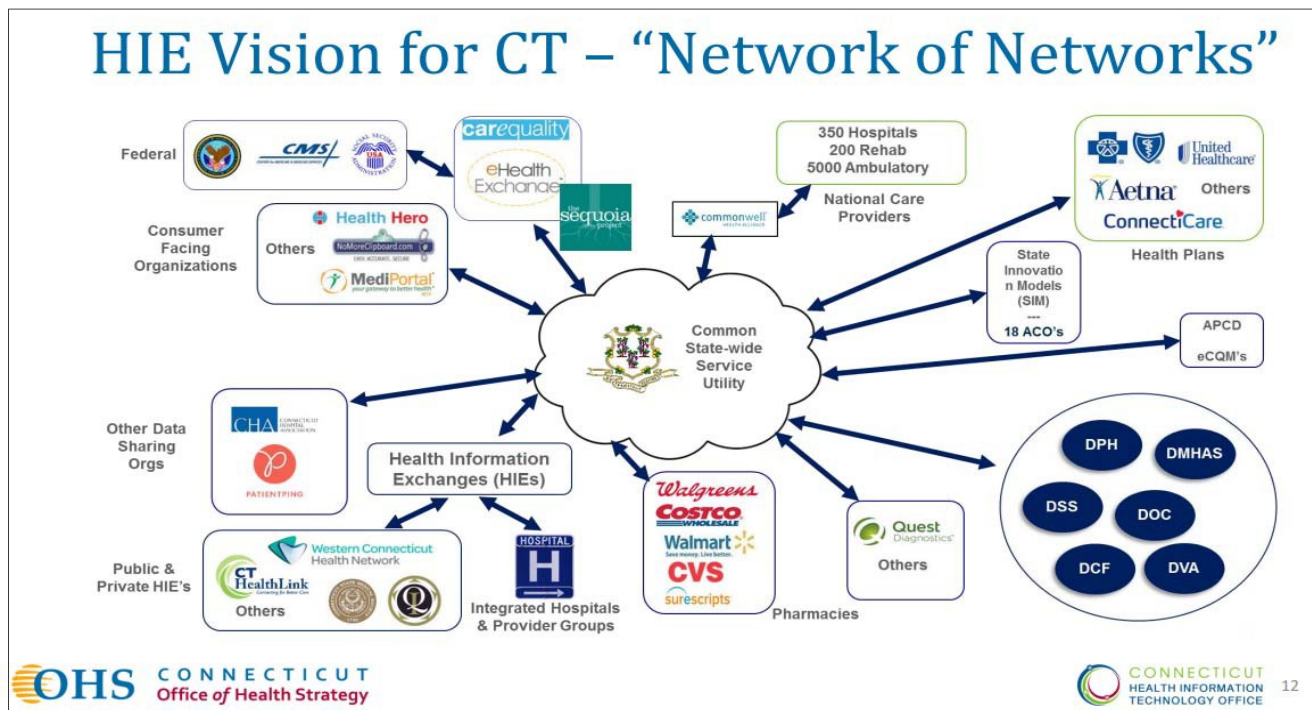
The State of Connecticut, through a collaboration between OHS, DSS, and DPH, are actively working to develop an additional IAPD-U funding request for FFYs 2019 and 2020. This IAPD-U has been reviewed by the Health IT Advisory Council and will be submitted to CMS in the near future. The current request, as detailed below, builds on previous requests to support additional HIE implementation activities. The table below summarizes the current HIE request.

TOTAL BUDGET REQUEST: FFY 2019 & FFY 2020				
Year	Cost Category	Federal Share 90%	State Share 10%	Total 100%
FFY 2019	HIE	\$ 22,351,071.25	\$ 2,483,452.36	\$ 24,834,523.62
	Immunization Registry	\$ 1,175,465.70	\$ 130,607.30	\$ 1,306,073.00
	Total for FFY 2019	\$ 23,526,536.95	\$ 2,614,059.66	\$ 26,140,596.62
FFY 2020	HIE	\$ 25,277,543.08	\$ 2,808,615.90	\$ 28,086,158.98
	Immunization Registry	\$ 1,524,534.30	\$ 169,392.70	\$ 1,693,927.00
	Total for FFY 2020	\$ 26,802,077.38	\$ 2,978,008.60	\$ 29,780,085.98
Total (FFY 2019 - FFY 2020)		\$ 50,328,614.33	\$ 5,592,068.26	\$ 55,920,682.59

Connecticut is pursuing a network-of-networks model for statewide HIE. This model will support connectivity between existing HIE organizations offering data sharing services to providers and hospitals and will also support those providers and hospitals leveraging EHR functionality to connect and share health data through national interoperability initiatives. This model was deliberated and affirmed by the state Health IT Advisory Council. The HIE services will be developed to support identified use cases and ensure healthcare organizations in Connecticut have the ability to exchange data in a secure, standard, and flexible environment, whether they are connecting through a community or private HIE service provider, using national standards for point-to-point exchange, or participating in a national interoperability initiative. The figure below depicts the HIE vision of Connecticut, where the statewide HIE will:

- Provide a mechanism for providers and other caregivers to connect directly to the Statewide HIE entity;
- Leverage existing data sharing initiatives;
- Establish the ability to participate with national interoperability initiatives;
- Implement a common statewide service utility to support secure connectivity across the provider and caregiver community and the implementation of current and future use cases;
- Assist Eligible Providers and Eligible Hospitals in meeting Meaningful Use and Promoting Interoperability requirements; and
- Provide mechanisms for the participation of community organizations, behavioral health providers, long-term and post-acute care providers, and others who may not have the technology or resources to participate in the same manner as those with certified EHR systems.

HIE Vision for CT – “Network of Networks”



As part of these efforts, healthcare organizations are required to connect to the statewide HIE with an expectation that hospitals and clinical laboratories will connect within one year of the HIE becoming operational, and provider organizations connecting within two years. To meet the statutory requirements, the state is in the process of developing an HIE entity to oversee and drive services to support the exchange of health data in the state. The establishment and operationalization of the HIE entity is described in more detail below. OHS has identified the following planning, design, and development activities needs to support the advancement of the statewide HIE plan and expand the state's health IT functionalities:

- Administration of the health IT functions within OHS
- **Domain 1:** Establishment of the HIE entity and the HIE entity Governance Framework to support statewide health data exchange
- **Domain 2:** Development of the technical infrastructure to support the Connecticut network-of-networks model for health information exchange
- **Domain 3:** Provision of technical assistance and onboarding support for providers and hospitals to connect to the HIE entity directly, or through a hub organization on the Connecticut HIE network
- **Domain 4:** Provision of ongoing outreach, education, and engagement to stakeholders about the value health IT and HIE services provide

The Technical Assistance and Connectivity Program represents the majority of the new Health IT and HIE funding requested by this IAPD-U. This funding will be used to build upon the foundational work with initial implementers in the current IAPD. The proposed approach for the Technical Assistance and Connectivity Program was modeled after a deliverable-based approach that has

been successfully deployed in New Jersey. The Technical Assistance and Connectivity Program funding will be used for the following six purposes:

1. To provide temporary capacity to OHS and the HIE entity to develop and administer the HIE Technical Assistance and Connectivity Program;
2. To offset the initial cost of connections for Medicaid providers and hospitals participating with a qualified HIE node or connecting directly to the statewide HIE;
3. To support the connection of qualified HIE nodes to the HIE entity to ensure statewide connectivity and data availability to all Medicaid providers;
4. To provide associated support through the HIE entity to qualified HIE nodes and provider and hospital participants, including education, technical assistance, training, and outreach communication support during the timeframe of the Technical Assistance and Connectivity Program;
5. To reduce provider burden by providing integrated information access across HIE nodes and by streamlining clinical and administrative workflows through the statewide HIE entity; and
6. To develop an audit program within OHS that will help ensure the Technical Assistance and Connectivity Program has effective mechanisms to distribute funds to participants, including the qualified HIE nodes, and that the organizations receiving funds are using those resources responsibly and effectively.

New funding is also requested for planning, design, and development of a Use Case Factory Model (UCFM) which is a sociotechnical construct that enables prioritized and systematic data sharing among stakeholders aligned with the plan, design, develop, and implementation process. The UCFM includes an agile stage-gate methodology that allows all stakeholders to contribute their conceptual ideas into a process that refines concepts against the technical, regulatory, financial, or organizational constraints and evaluates the magnitude of the value proposition.

In addition, new funding has been requested to support the planning, design, and development of a few high priority use cases that have been identified during previous planning activities. This includes a State Medication Management Service (SMMS), a Statewide Electronic Consent Management System (eCMS), and an eConsult / eReferrals use case.

Submission of the State Innovation Model Operational Plan

On February 1, 2019 the SIM PMO submitted the SIM Operational Plan Award Year 4 Update to CMMI. The Operational Plan outlines the strategy that will be executed over the duration of the SIM test grant, with a focus on the final award year (February 1, 2019 – January 31, 2020). The Operational Plan is consistent with the approach set forth in the original test grant application and is supplemented with plans developed since the application was submitted. It outlines model goals, supporting strategies, milestones, and allocation of funding among project components. This year's Operational Plan places a greater emphasis on building the foundation for sustainability and the extension of Connecticut's population health strategy to support upstream root cause reduction of health risk. The Operational Plan will govern the business relationship between Connecticut and CMMI and establish accountability for proposed strategies.

The Operational Plan also provides details on the Core Data Analytics Solution (CDAS). As described in greater detail in the following section, CDAS will enhance statewide data sharing and enable the analytic capabilities to provide data and information to drive efficient, effective, and personalized patient-centered care to improve health outcomes. CDAS is primarily focused on quality and utilization measures and analytics to enable value-based care initiatives. OHS is in the process of developing CDAS through the University of Connecticut (UConn) Analytics and Information Management Solutions (AIMS) group.

A Driver Diagram (Appendix C) was developed to illustrate how SIM initiatives connect with one another and the various drivers that will enable SIM to achieve its aims. The diagram also creates the high-level framework that guides this Operational Plan. The Driver Diagram identifies the following: project aims, primary drivers, secondary drivers, and accountability targets. The capabilities that the HIE services and CDAS enable are critical to the SIM drivers and to the care delivery and payment reforms that providers in the state are adopting.

Development of Core Data Analytics Solution and Electronic Clinical Quality Measure (eCQM) Model

As described above, the SIM PMO, Office of State Comptroller (OSC), OHS, and UConn AIMS teams collaborated in 2018 to establish CDAS to further promote SIM's initiatives, aligning with the movement towards alternative payment models. These new payment models give providers incentives to improve the efficiency, effectiveness, and outcomes of patient healthcare, and therefore more of a reason to share information. Technical and analytics assistance to these providers on how to best use health IT tools, data, and information will support transformation and influence behavior change.

In the short-term, CDAS will promote the use of eCQMs and advanced analytics by improving outcomes by increasing the use of eCQMs and analytics in quality improvement and alternative payment model efforts of payers, providers, and employers. In the long-term, the solution is to expand CDAS outputs, including population health analytics by enabling more targeted, holistic, and population health-centered interventions through the use of additional data sources, such as social determinant of health data, public data sources, and more.

A structured approach to identify organizations to model and promote the use of eCQMs for quality improvement was developed based on feedback received via provider and health plan outreach across Connecticut. The Request for Application (RFA) process facilitated by OHS was open to providers across the state and resulted in eight provider organizations being selected as Model participants. These eight organizations include an optimal variety of providers, including health systems, Accountable Care Organizations (ACOs) and Federally Qualified Health Centers (FQHCs). The technical and operational teams that support the Model facilitated planning meetings with each participant and all participants joined a meeting outlining the approach to legal agreements. Technical, business, and legal activities continued through the end of 2018 leading toward a successful launch of the pilot in 2019.

As the state agency responsible for the management of health benefits for the state employee and retiree populations, OSC will receive eCQM data to better monitor providers and give them

feedback and tools so that they can improve care delivery to the state public employee and retiree populations. OSC facilitated participation in the CDAS eCQM Model with the two health plans that manage the state employee and retiree populations. OSC, OHS, and participating health plans designed and initiated the approach for integrating health plan data with the provider data collected from those selected during the RFA process into the Model.

Business and functional requirements gathered from provider and health plan outreach were documented and leveraged as a basis for defining initial technical requirements. In following an Agile System Development Lifecycle (SDLC), these requirements will be validated and used as the basis of initial functionality. Each iteration of the Agile process will focus on the delivery and release of solution components as they become available, meeting the incremental business and functional requirements captured as part of this use case.

The CDAS architecture is based on leading technologies that have been implemented across many other industries and leverages open source and commercial off the shelf (COTS) components. This architecture approach along with the technology components provides a configurable solution, not a custom coded solution, and is designed to incorporate the HITRUST framework into the security program from its inception. HITRUST is a hybrid of other leading security frameworks and is the healthcare industry's third-party validated security framework of choice. In recognition of Connecticut's unique architectural approach to HIE, ONC and CMS requested Connecticut leadership share the design with national audiences for other states to emulate.

Under the guidance of the UConn AIMS team, the initial components of CDAS were designed, developed and configured in collaboration with COTS vendors and development partners. As the technology solution scales beyond the CDAS eCQM model to meet the requirements of Connecticut's emerging use cases, the team will scale to address the associated challenges.

Establishment of the Health Information Exchange Entity

Connecticut P.A. 17-2, as amended by P.A. 18-91, stated that one of the purposes of the program to expedite the development of the statewide HIE shall be to "assist the Statewide Health Information Exchange in establishing and maintaining itself as a neutral and trusted entity that serves the public good for the benefit of all Connecticut residents." Supported by recommendations of the Health IT Advisory Council and its Governance Design Group, OHS has made significant progress in efforts to establish a not-for-profit HIE entity to serve as the corporate home for the delivery of high-value HIE services. Articles of Incorporation have been drafted and are under review by OPM. Once these Articles have been finalized and members of the board of directors have been designated, the HIE will begin its governance and operational activities. The adoption of bylaws of corporate policies will take place at the board of director's organizational meeting.

Work is well underway to put in place an effective operating structure and management team, including selection of a Chief Operating Officer. In addition, processes have been established for the planning, design, acquisition, implementation, and operations of HIE services, building upon recommendations from the Health IT Advisory Council and input from stakeholders across the state.

All-Payer Claims Database (APCD)

Significant progress has been realized in the organization, processing and reporting of data from the APCD program. P.A. 17-2, as amended by P.A. 18-91, transferred administrative duties to the Executive Director of OHS. Pursuant to legislative mandate, the Executive Director of OHS shall:

- Make data in the all-payer claims database available to any state agency, insurer, employer, healthcare provider, consumer of healthcare services or researcher for the purpose of allowing such person or entity to review such data as it relates to healthcare utilization, costs or quality of healthcare services.
- If health information, as defined in 45 CFR 160.103, as amended from time to time, is permitted to be disclosed under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, or regulations adopted thereunder, any disclosure thereof made pursuant to this subdivision shall have identifiers removed, as set forth in 45 CFR 164.514, as amended from time to time.
- Any disclosure made pursuant to this subdivision of information other than health information shall be made in a manner to protect the confidentiality of such other information as required by state and federal law.

A number of definitions, parameters, and processes have been established that codify the manner in which data can be released. The first of these is the Limited Data Set (LDS). There are 18 specific identifiers that need to be removed in order for the LDS to be considered de-identified. The identifiers include such data elements as names, addresses, telephone numbers, and Social Security numbers. There is also the concept of a Covered Entity, which are the healthcare providers (so long as they transmit health data via a standard), health plans, and healthcare clearinghouses. Covered Entities may disclose LDS data if: (1) the purpose is research, healthcare operations, or public health; (2) LDS has been redacted for the 18 specific identifiers; and (3) the recipient enters into a data use agreement outlining specific safeguards. Safe Harbor Data Fields from the eligibility table, medical table, medical claim header table, pharmacy table, and pharmacy supplemental table have also been identified, and a Data Field Matrix has been created to demonstrate the 200+ data fields contained within an APCD extract.

A carefully designed process for making and reviewing data requests has been fully implemented, with oversight provided by the Data Release Committee of the APCD Advisory Group. The Data Release Committee was very active in 2018, with monthly meetings to evaluate data release applications. Applicants approved to receive data from the APCD include: UConn Health, Altarum, Southern California University of Health Sciences, Yale, and My Medical Shopper. Mechanisms to streamline data requests are under review and development.

Recommendations for Policy, Regulatory, Legislative Changes, and Other Initiatives Promoting the State's Health Information Technology

As mentioned previously, the State of Connecticut, enabled by recent legislation (P.A. 16-77, P.A. 17-2, and P.A. 18-91), aims to establish a neutral, trusted organization representing public and private interests to operate the statewide HIE. This organization will establish and oversee a

common set of policies and procedures, business practices, and standards to drive trusted health information exchange to support patient-centered care, ensure privacy and security of data exchanged, and to decrease the costs and complexity of exchange and analytics. OHS will continue to review and monitor any proposed or enacted legislative changes related to its legislatively defined responsibilities. OHS, in consultation with the Health IT Advisory Council, will also make recommendations for policy, regulatory and legislative changes as needed to support its defined goals and objectives and legislatively defined responsibilities.

On October 24, 2018, House Resolution 6 (H.R. 6)⁹, *The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)*, was signed into law. Section 5042 of this law provides for the expansion of capabilities and use of Prescription Drug Monitoring Programs (PDMPs) and provides 100% federal funding to states to ensure compliance with requirements. In order to analyze this opportunity, determine priorities, and define common objectives, OHS will convene relevant state agencies in the near future. Currently, OHS is awaiting the release of implementation rules from the Office of Management and Budget regarding the process for the development and submission of funding requests.

⁹ <https://www.congress.gov/bill/115th-congress/house-bill/6>

Appendix A: Health IT Advisory Council Membership

Health IT Advisory Council		
Appointment by	Name Appointment Date	Represents
1. Statute	Allan Hackney	Health Information Technology Officer or designee
2. Statute	Joe Stanford (designee) 5/11/2017	Commissioner of Social Services or designee
3. Statute	Mary Kate Mason (designee) 11/15/2018	Commissioner of Mental Health and Addiction Services or designee
4. Statute	Cindy Butterfield (designee) 4/17/2017	Commissioner of Children and Families or designee
5. Statute	Cheryl Cepelak (designee)	Commissioner of Correction or designee
6. Statute	Vanessa Hinton (designee) 7/8/2016	Commissioner of Public Health or designee
7. Statute	Dennis Mitchell (designee) 3/16/2017	Commissioner of Developmental Services or designee
8. Statute	Sandra Czunas (designee) 12/21/2017	State Comptroller or Designee
9. Statute	Mark Raymond	CIO or designee
10. Statute	Robert Blundo (designee) 3/22/2017	CEO of the CT Health Insurance Exchange or designee
11. Statute	Mark Schaefer	An expert in state healthcare reform initiatives appointed by the Executive Director of OHS
12. Statute	Dr. Bruce Metz	CIO of UCHC or designee
13. Statute	Ted Doolittle	Healthcare Advocate or designee
14. Governor	Vacant	Representative of a health system that includes more than one hospital
15. Governor	David Fusco 3/9/2016	Representative of the health insurance industry
16. Governor	Nicolangelo Scibelli 1/19/2016	Expert in health information technology
17. Governor	Patricia Checko 1/19/2016	Healthcare consumer or consumer advocate
18. Governor	Robert Tessier 10/8/2015	An employee or trustee of a plan established pursuant to subdivision (5) of subsection (c) of 29 USC 186
19. President Pro Tempore of Sen.	Robert Rioux 9/20/2016	Representative of a federally qualified health center
20. President Pro Tempore of Sen.	Jeannette DeJesus 7/31/2015	Provider of Behavioral Health Services

21. President Pro Tempore of Sen.	Vacant	Representative of the Connecticut State Medical Society
22. Speaker of the House of Rep.	Lisa Stump 11/22/2016	Technology expert who represents a hospital system
23. Speaker of the House of Rep.	Vacant	Provider of home healthcare services
24. Speaker of the House of Rep.	Tekisha Everette 2/9/2018	Healthcare consumer or a healthcare consumer advocate
25. Majority Leader of the Sen.	Patrick Charmel 11/30/2015	Representative of an independent community hospital
26. Majority Leader of the House of Rep.	Patrick Troy, MD 12/13/2017	Physician who provides services in a multispecialty group and who is not employed by a hospital
27. Minority Leader of the Sen.	Joseph L. Quaranta, MD (Co-Chair) 7/22/2015	Primary care physician who provides services in a small independent practice
28. Minority Leader of the House of Rep.	Alan D. Kaye, MD 8/24/2015	Expert in healthcare analytics and quality analysis
29. President Pro Tempore of Sen.	Dina Berlyn (designee)	President Pro Tempore of Senate or designee
30. Speaker of the House of Rep.	Vacant	Speaker of the House of Representatives or designee
31. Minority Leader of the Sen.	Vacant	Minority Leader of the Senate or designee
32. Minority Leader of the House of Rep.	Vacant	Minority Leader of the House of Representatives or designee
33. Health IT Advisory Council Co-Chairs	Stacy Beck 7/9/2018	Representative of a commercial health insurer
34. Health IT Advisory Council Co-Chairs	Vacant	Health IT Advisory Council Co-Chairs Appointee
35. Health IT Advisory Council Co-Chairs	Vacant	Health IT Advisory Council Co-Chairs Appointee
36. Health IT Advisory Council Co-Chairs	Vacant	Health IT Advisory Council Co-Chairs Appointee

Appendix B: Medication Reconciliation and Polypharmacy Work Group Members

Medication Reconciliation and Polypharmacy Work Group		
Member Name	Organization	Membership Category
1. Sean Jeffery, PharmD	Integrated Care Partners – Hartford Healthcare	Expert in medication reconciliation
2. Nityu Kashyap, MD	Yale New Haven Health	Expert in medication reconciliation
3. Kate Sacro, PharmD	Value Care Alliance	Expert in medication reconciliation
4. Amy Justice, MD, PhD	Dept. of Veteran Affairs, Connecticut Healthcare System	Expert in Polypharmacy
5. Janet Knecht, PhD, MSN	University of Saint Joseph	Expert in Polypharmacy
6. Nathaniel Rickles, PharmD, PhD, BCPP	UConn School of Pharmacy	Expert in Polypharmacy
7. Marghie Giuliano, RPh	Connecticut Pharmacists Association	Pharmacist
8. Anne VanHaaren, PharmD	CVS Health	Pharmacist
9. Thomas Agresta, MD, MBI	UConn Health	Prescribing practitioner
10. Bruce Metz, PhD	UConn Health	Member of the Health IT Advisory Council
11. R. Douglas Bruce, MD, MA, MSc	Cornell Scott-Hill Health Center	Prescribing practitioner
12. Ece Tek, MD	Cornell Scott-Hill Health Center	Prescribing practitioner
13. Lesley Bennett	Consumer / Patient Advocate	Represents consumers
14. MJ McMullen	Surescripts	Represents expertise in CancelRx Workflow
15. Jennifer Osowiecki, JD, RPh	Connecticut Hospital Association	Represents expertise in law
16. Diana Mager, RN-BC	Connecticut Association of Healthcare at Home	Represents LTPAC / Hospice
17. Jameson Reuter, PharmD, MBA, BCPS	ConnectiCare	Represents payers
18. Jeremy Campbell, PharmD, MHI	Boehringer-Ingelheim	Represents pharmaceuticals
19. Peter Tolisano, PsyD, ABPP	Connecticut Dept. of Developmental Services	Represents a state agency
20. Rodrnick Marriott, PharmD	Connecticut Dept. of Consumer Protection	Representative of the Dept. of Consumer Protection
21. Barbara Bugella	Connecticut Dept. of Mental Health and Addiction Services	Represents a state agency

Appendix C: SIM Operational Plan Driver Diagram Biographies of HIT PMO

Aims	Primary Drivers	Secondary Drivers
<p>By 6/30/2020 Connecticut will establish:</p> <p><u>Healthier People While Promoting Health Equity:</u> Reduce statewide rates of diabetes, obesity, and tobacco use</p> <p><u>Better Care While Promoting Health Equity:</u> Improve performance on key quality measures, increase preventative care and consumer experience, and increase the proportion of providers meeting quality scorecard targets</p> <p><u>Smarter Spending:</u> 1-2% percentage point reduction in annual healthcare spending growth</p>	<p>Promote policy, systems, & environmental changes, while addressing socioeconomic factors that impact health</p>	<p>Engage local and state health, government, and community stakeholders to produce a population health plan</p> <p>Identify reliable & valid measures of community health improvement</p> <p>Design Health Enhancement Communities (HECs) model that includes financial incentive strategy to reward communities for health improvement</p> <p>Connect CBOs and healthcare providers through the Prevention Service Initiative (PSI)</p>
	<p>Engage consumers in healthy lifestyles, preventive care, chronic illness self- management, and healthcare decisions</p>	<p>Promote use of Value-Based Insurance Designs (VBID) that Incentivize healthy choices by engaging employers and others</p> <p>Provide transparency on cost and quality by creating a public scorecard and deploying consumer experience survey</p> <p>Develop informed and actively participating consumers for health reform</p> <p>Execute stakeholder engagement to support data analytics and deploy health IT tools that engage consumers</p>
	<p>Promote payment models that reward improved quality, care experience, health equity and lower cost</p>	<p>All payers in CT use financial incentives to reward improved quality and reduced cost: including the launch of the Medicaid Person Centered Medical Home+ (PCMH+)</p> <p>Recommend a statewide multi-payer core quality measure set for use in value-based payment models to promote quality measure alignment</p> <p>Support data analytics and deploy health IT tools, including a multi-payer solution for the extraction, integration, and reporting of eCQMs</p>
	<p>Strengthen capabilities of Advanced Networks and FHQCs to deliver higher quality, better coordinated, community integrated and more efficient care</p>	<p>Community & Clinical Integration Program (CCIP): Provide technical assistance & awards to PCMH+ participating entities to achieve best- practice standards in: comprehensive care management; health equity improvement; & behavioral health integration</p> <p>Promote use of CHWs through technical assistance, resource development, and policy recommendations</p> <p>Convene providers for peer-to-peer learning (PCMH+ and CCIP collaboratives)</p>
	<p>Enable health data sharing services, analytics, and health IT to drive transformation</p>	<p>Establish health data sharing services (including alerts, virtual health record, image exchange, immunization system, and more)</p> <p>Establish CDAS and enable the use of eCQMs in value-based payment</p>

Appendix D: Biographies of HIT PMO

Allan Hackney

Health Information Technology Officer



Allan is an outcome-driven, people-oriented leader recognized for developing and executing pragmatic strategies that drive growth, improve efficiency and control risk. He serves as Connecticut's Health Information Technology Officer, a role he was appointed to by Lt. Governor Nancy Wyman to develop and coordinate the implementation of a statewide health information technology strategy, and to build and operate a health information exchange.

Previously, Allan served as SVP & Chief Information Officer (CIO) at John Hancock Financial Services with oversight of the company's technical teams. In this role, he introduced mobile computing and the first company-wide customer data repository. As a catalyst for change, he created shared services and optimized vendors, generating millions in free cash flow to reinvest in new functions and capabilities.

Allan joined John Hancock from AIG Consumer Finance Group where, as CIO and Operations Executive, he led the effort to reposition autonomous banking and lending operations into a more integrated global platform to enable significant expansion. Previously, he was SVP of IT for Bank of America Commercial Finance.

Allan started his career at GE, where he held a number of leadership positions in the USA and Japan for GE Capital's global consumer finance business, led more than 50 global IT due diligence and M&A integration transactions, and headed GE Capital's initiative to launch Six Sigma across its IT function.

Allan was named a Computerworld Premier 100 CIO during 2012 and is a Mentor in Columbia University's Technology Management Masters program. Professionally, he also holds CISM and CRISC certifications.

In the community, Allan co-founded the Boston region and is a member of the Board of Directors of buildOn, a national non-profit organization that empowers youth is to break the cycle of poverty, illiteracy and low expectations through service and education. He is also on the Board of Directors for Common Impact, the national leader in developing tomorrow's leaders through skill-based volunteering and community engagement.

Allan graduated with a Bachelor's degree from Colgate University. He and his wife, Jane, reside in New Canaan, CT and Boston, MA

Sarju Shah, MPH**Health Information Technology Program Manager, Office of Health Strategy**

Sarju is a public health professional with fifteen years' experience in project management and multi-stakeholder initiatives. Currently, Sarju oversees Health IT program and provides planning and management expertise to achieve advancements in the adoption of Health IT and health information exchange. In her position, she works with teams to develop actionable reports, policy recommendations, and technical assistance. As part of OHS, Sarju is responsible for the statewide Health IT Advisory Council, the Medication Reconciliation & Polypharmacy Work Group, Health Equity Data Analytics as well as OHS IT interfaces. She has worked at the Department of Public Health and the University of Connecticut Health Center, securing over \$50 million in grant awards for a broad array of public health and health information technology initiatives – including obesity, chronic disease prevention, maternal health and Health IT. Sarju received a bachelor's degree and a master's degree in public health, healthcare management and epidemiology from Boston University.

Jennifer Richmond, LCSW**Program Manager Health Information Exchange, Office of Health Strategy**

Jennifer is a member of the HIT PMO and will oversee the implementation of the state health information exchange. Jennifer has 18+ years of experience in the healthcare field, including the management of three end-to-end EHR implementations, having also led the information technology, quality, clinical, and compliance functions. She has worked in various settings, including private non-profit community settings and hospitals. Jennifer comes to the HIT team from a long career at Clifford Beers Clinic, where she held many leadership roles, including Compliance and HIPPA Privacy Officer, Director of Health Informatics and Information Management, and Director of Quality Improvement. She is a Licensed Clinical Social Worker (LCSW) and holds a Certification in Healthcare Compliance (CHC).

Christopher Wyvill**Information Technology Analyst, Office of Health Strategy**

Chris is an Information Technology professional with over 15 years of experience implementing and supporting technological infrastructure to advance operational efficiencies. His career is centered on Health I.T., where he has held positions at WebMD, the State of Connecticut Office of the Chief Medical Examiner, Department of Public Health, and Office of Health Strategy. At the inception of OHS, Chris was brought on to design and configure the network infrastructure needed to launch the new agency and to perform the I.T. migration of staff from three different agencies into OHS. After the successful completion of this project, he continues to support the operational needs of OHS and strives to help the agency reach its goals through technological advancement. Chris received a bachelor's degree from Boston College, Carroll School of Management, with a concentration in computer science and general management.

Alan Fontes
Solutions Architect, Core Data Analytics Solution
Director, Analytics and Information Management Solutions
University of Connecticut



Alan is an Analytics and Information Management (AIM) Solution Architect with over 30 years of experience designing innovative solutions to empower businesses with the information and insight they need to make data-driven decisions. He has developed innovative solutions to improve the population's health status and wellbeing through outcomes-based analyses that have been used to enhance the efficacy of program services and guide the quality of health and human services delivery, migrating from a purely reactive cost-based model to a proactive preventable event management solution.

Alan has provided leadership to organizations and held executive level positions as Chief Information Officer (CIO), Chief Operations Officer (COO), and Managing Partner of managed care and advanced analytics organizations. He has worked with State and Federal government agencies, national healthcare payers, managed care organizations, integrated healthcare delivery systems, and service contractors in the areas of data governance, master data management, data transformation and integration, advanced analytics, clinical groupers and stratification models, business and clinical intelligence (BCI), information visualization and delivery, business process design, and solution integration.

In addition, Alan has served in the United States Army for over 30 years, where he has provided the leadership for military deployments and global operations to include a chief operations officer for the mobilization of forces in support of Overseas Contingency Operations, including OPERATION IRAQI FREEDOM and OPERATION ENDURING FREEDOM.

Thomas Agresta MD, MBI
Clinical Advisor to the Health Information Technology Officer
Professor and Director of Medical Informatics Family Medicine
Director of Clinical Informatics - Center for Quantitative Medicine
Section Leader for Informatics Connecticut Institute for Primary Care Innovation



Dr. Agresta is a seasoned family physician, educator, administrator, researcher and innovator with a history of bringing together multidisciplinary teams to focus on developing novel methods for creating, using and evaluating technology in both clinical and teaching settings. He has a bachelor's degree in biomedical engineering from Stevens Institute of Technology, a medical degree from New Jersey Medical School, and a masters in biomedical informatics from Oregon Health Sciences University. He oversees the Electronic Medical Record for the Family Medicine Residency Clinic and has held state-level leadership roles in adoption and implementation for Health Information

Exchange and Electronic Health Records. Dr. Agresta is also the section leader for Informatics in the Connecticut Institute for Primary Care Innovation, a joint venture between the University of Connecticut and St. Francis Hospital. He has research interests in using technology to enhance the care of patients, as well as the experience and efficiency of providers.

Kate Hayden, MPH

Health Information Exchange Project Coordinator, Center for Quantitative Medicine at UConn Health

Kate Hayden, MPH is a public health professional with over 10 years of experience working in grant writing, strategic planning, development, research project coordination, and the tracking and evaluation of programs. She has extensive experience and aptitude for working on health projects using technologies. In her current position, she works as the Health Information Project Coordinator at the Center for Quantitative Medicine, UConn Health.

Robert Blundo, MPH

Director, Technical Operations & Analytics, APCD Access Health CT



Robert Blundo serves as the Director of Technical Operations and Analytics for Access Health CT. Prior to joining Access Health CT, Robert led the development of scalable data operations and analytic solutions for a variety of clients spanning the health payer, provider, and employer space. Robert most recently served as the Director of Analytics at SCIO Health Analytics, and he holds a Bachelor of Science in Healthcare Management as well as a Master's in Public Health from the University of Connecticut.