Statewide HealthIT Plan

Overview for Health Care Cabinet

April 13, 2021

OHS
CONNECTICUT
Office of Health Strategy

Presenters

Brenda Shipley
HealthIT Senior Program Manager
Office of Health Strategy

Carol Robinson
CEO and Founder
CedarBridge Group

Vatsala Pathy
Senior Director
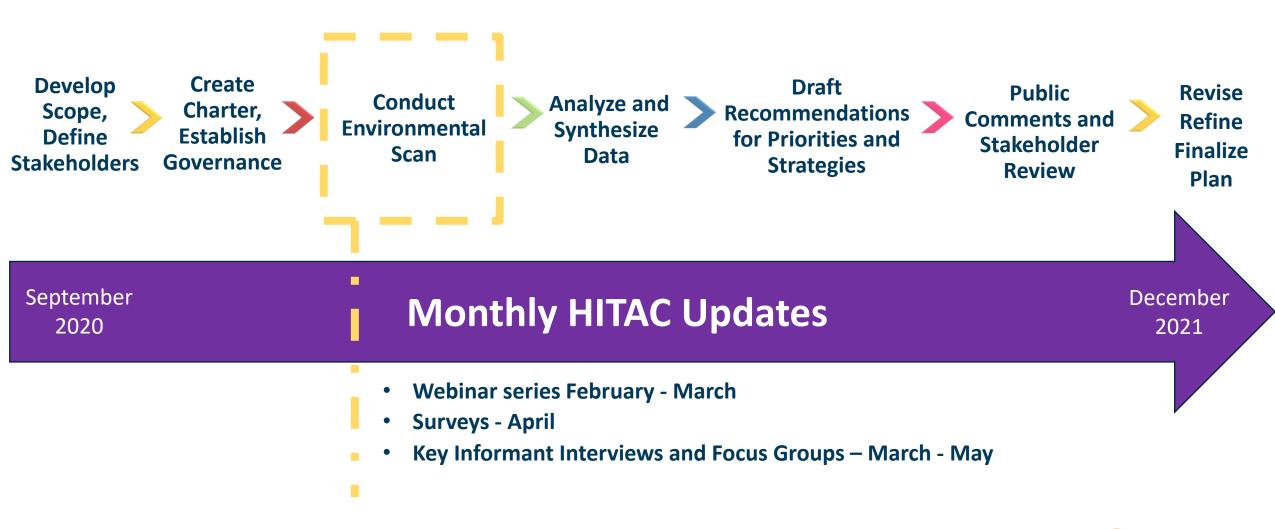*CedarBridge Group*

Why do we have to create a plan?

Connecticut General Statute § 17b-59a(3)(c)

"The executive director of the Office of Health Strategy shall, in consultation with the Commissioner of Social Services and the State Health Information Technology Advisory Council… implement and periodically revise the state-wide health information technology plan… and shall establish electronic data standards to facilitate the development of integrated electronic health information systems for use by health care providers and institutions that receive state funding."

Connecticut Health Care Cabinet – Operating Principles

- Commitment to impact
- Equity in health care delivery and access
- Leverage data, expertise and opportunities
- Accountability and transparency
- Inclusion
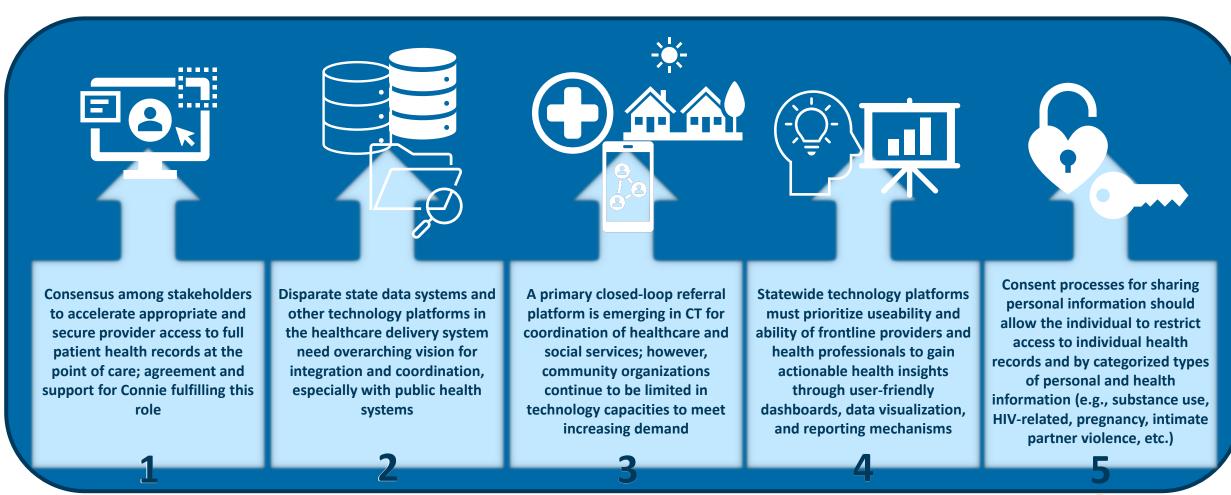- Action

Process and Timeline for Statewide Health IT Plan

Develop Scope, Define Stakeholders → **Create Charter, Establish Governance** → **Conduct Environmental Scan** → **Analyze and Synthesize Data** → **Draft Recommendations for Priorities and Strategies** → **Public Comments and Stakeholder Review** → **Revise Refine Finalize Plan**

September 2020 ——————— **Monthly HITAC Updates** ——————— December 2021

- **Webinar series February - March**
- **Surveys - April**
- **Key Informant Interviews and Focus Groups – March - May**

OHS
CONNECTICUT
Office of Health Strategy

Defining the Topics for Discussion Today

- **HealthIT** - encompassing technologies that enables health data collection and/or exchange

- **Health information exchange (verb)** assumes bidirectional interoperable data exchange between health IT systems

- **Health Information Exchange (HIE) (noun)** is an organization with agreed-upon operational and business rules that provides services to enable the electronic and secure sharing of health-related information. In Connecticut, options include: Connie, CT HealthLink, PatientPing, CareEverywhere, eHealth Exchange, Carequality, CommonWell

- **Social Health Information Network (SHIN)** connects health care, human and social services partners to improve the health and well-being of communities and address health disparities and health equity. Through the combination of HIE with functions such as statewide social services directory, shared risk assessment capabilities, real-time closed loop referral management, collaborative care coordination, standardized metrics, and data analysis

- **Data analytics** are the bridge from raw data to actionable information in reliable and understandable formats (dashboards, reports, etc.)

- **Health insights** are the value created as a result of data analytics, informing policy decisions, investments, clinical decisions, rate-setting, risk analysis, measurement (programs and outcomes), etc.

- **Health equity** "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

- **Sustainability** of health IT investments refers to the need for stable, adequate resources to ensure consistent availability of health IT and HIE services as a public utility need

- **Governance** of health IT investments refers to the assurance of defined responsibilities for the management of publicly funded technology investments

OHS
CONNECTICUT
Office *of* Health Strategy

6

What We're Hearing So Far

1. Consensus among stakeholders to accelerate appropriate and secure provider access to full patient health records at the point of care; agreement and support for Connie fulfilling this role

2. Disparate state data systems and other technology platforms in the healthcare delivery system need overarching vision for integration and coordination, especially with public health systems

3. A primary closed-loop referral platform is emerging in CT for coordination of healthcare and social services; however, community organizations continue to be limited in technology capacities to meet increasing demand

4. Statewide technology platforms must prioritize useability and ability of frontline providers and health professionals to gain actionable health insights through user-friendly dashboards, data visualization, and reporting mechanisms

5. Consent processes for sharing personal information should allow the individual to restrict access to individual health records and by categorized types of personal and health information (e.g., substance use, HIV-related, pregnancy, intimate partner violence, etc.)

OHS
CONNECTICUT
Office of Health Strategy

We'd like to hear from you!

Using *Poll Everywhere,* please participate in a series of yes/no, multiple choice, and open-ended discussion questions

Example:

⚏ Respond at **PollEv.com/healthitplan**
⌨ Text **HEALTHITPLAN** to **22333** once to join, then **A or B**

Access to Your Own Health Information:

I think my providers generally have the relevant information about my health when I receive care

Yes	**A**
No	**B**

1:37

Total Results: 1

OHS
CONNECTICUT
Office of Health Strategy

(PLACEHOLDER – displayed in Poll Everywhere)
Access to Your Own Health Information

Yes or No:

- I think my providers generally have the relevant information about my health when I receive care

- I find errors in my medication list, vaccinations, and diagnostic tests in my provider's patient portal

- I have had to hand carry my medical records (e.g., radiology images, clinical notes, medication lists, etc.) when I've been referred to a specialist

- I am able to access my medical records when I need to and find them to be generally up to date

OHS
CONNECTICUT
Office of Health Strategy

(PLACEHOLDER – displayed in Poll Everywhere)
Health information exchange (verb)

Right now, the biggest barrier to having the right information at the right time, for improving patient care is

_____.

The second biggest barrier is _____.

OHS
CONNECTICUT
Office of Health Strategy

(PLACEHOLDER – displayed in Poll Everywhere)
Health Information Exchange (noun)

Connecticut's biggest challenge for establishing sustainability for the new statewide health information exchange (Connie) is

_____.

(PLACEHOLDER – displayed in Poll Everywhere)
Discussion Question:

What type of strategies and action steps should the Statewide HealthIT Plan include to drive participation in Connie?

- Agency program participation
- State-level policies
- Regulatory actions
- Incentives for participation
- Financial penalties for non-participation
- Technical assistance
- Public awareness campaign
- Website for Connie?

OHS
CONNECTICUT
Office of Health Strategy

(PLACEHOLDER – displayed in Poll Everywhere)
Data Analytics

The State has appropriate analytic tools and resources for (select all that apply):

- Setting Medicaid rates and determining service levels
- Evaluating cost and quality of hospital services
- Supporting quality measurement for value-based payment models
- Preparing for public health crisis situations
- Disaster preparations
- Conducting financial modeling and evaluating budget needs
- Evaluating effectiveness of social and community interventions
- Developing programs to address health disparities
- Ensuring the safety of vulnerable children
- Monitoring program expenditures for fraud/waste
- Determining vaccination status

OHS CONNECTICUT
Office of Health Strategy

13

(PLACEHOLDER – displayed in Poll Everywhere)
Health Equity

Which of the following health equity action steps should be included in the Statewide 5-Year HealthIT Plan?

1. Increase state investments in health analytics to improve Identification of health disparities

2. Develop standardized assessments for social needs (i.e., food and housing insecurity, transportation needs, etc.) and social determinants of health (SDoH)

3. Require providers and community-based organizations to report race, ethnicity and language (REaL) data in standard formats

4. Develop strategies to increase the capture of "Z codes" in EHRs and state data systems (ICD-10 codes identifying socioeconomic and psychosocial circumstances in an individual's health record)

5. Explore digital health strategies for increasing confidence and trust of diverse populations for participation in research activities to study health disparities associated with race, ethnicity, gender identification, socioeconomic status, trauma, and environment, in order to improve health equity

6. Improve access and affordability of high-speed internet and cellular service across the state

7. Provide health education resources in multiple languages and formats through consumer-friendly technology

8. Support community-based organizations and rural practices with the adoption and use of health IT for care and social service coordination

OHS CONNECTICUT Office of Health Strategy

(PLACEHOLDER – displayed in Poll Everywhere)

Discussion Question:

Are there other ways healthIT and health information exchange could be leveraged to help improve health equity in Connecticut over the next 5 years?

(PLACEHOLDER – displayed in Poll Everywhere) Governance

What actions should the state take to ensure publicly funded healthIT assets are well-managed and financially sustainable?

- Contract Requirements
- Regular performance reports
  - System performance (# of messages processed, # of null queries, % of mismatched records/months, security breeches, etc.)
  - Maintenance of security certifications
- Disaster plan, updated annually
- Audited financials
- Expert technical assessment annually

Let's brainstorm!

What other ideas or concerns do you have about healthIT and health information exchange?

OHS
CONNECTICUT
Office of Health Strategy

Send us your ideas!

CedarBridge Group

Contact us:
Vatsala.pathy@cedarbridgegroup.com
carol@cedarbridgegroup.com

www.cedarbridgegroup.com

OHS
CONNECTICUT
Office of Health Strategy