Health IT Advisory Council

January 19, 2023

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Agenda

Topics
Welcome & Call to Order
Public Comment
Introductions
Council Action: Approval of Minutes: December 15, 2022
Hospitals' Community Benefits
Connie Data Privacy, Confidentiality & Security Committee Update
Council Action: Review and Acceptance of OHS Annual Health IT Report
HITAC Strategic Planning Survey
Announcements & General Discussion
Council Action: Wrap Up & Meeting Adjournment

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Introductions

Sumit Sajnani, HITO

Approval of Meeting Minutes:

December 15, 2022

Agenda

- What is community benefit?

- CGS §19a-127k and Public Act 22-58 §50

- All-Payers Claim Data

- Data Use Agreements

- Discussion

What is Community Benefit?

Community Benefit Overview

- Community Benefits are "initiatives and activities undertaken by nonprofit hospitals to improve health in the communities they serve"

- "Community benefit program" means any voluntary program or activity to promote preventive health care, protect health and safety, improve health equity and reduce health disparities, reduce the cost and economic burden of poor health and improve the health status for all populations within the geographic service areas of a hospital

Community Benefit Overview

- Nonprofit hospitals are relieved of taxes for demonstrating community benefit pursuant to:
  - Internal Revenue Code 501(c)(3) and 501(r)
  - IRS Revenue Ruling 69-545

- There are six factors hospitals may demonstrate to qualify for tax exemption

- The IRS uses a standard to test if those factors were demonstrated, but no one factor is determinative

- IRS Form 990 Schedule H is how hospitals document evidence of community benefit

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Community Benefit Overview

- Patient Protection and Affordable Care Act (2010)

- Internal Revenue Code 501(r)
  - Financial Assistance Policy
  - Community Health Needs Assessment
  - Implementation Strategy
  - Limitation on Charges
  - Billing and Collection

Community Benefit Overview

- Examples of community benefit include:
  - Unreimbursed costs from Medicaid patients
  - Charity care - discounted or free care - for qualifying patients
  - Health professions education
    - Nurse education for those free to pursue employment elsewhere
  - Community Health Improvement Services and Community Benefit Operations
    - Activities solely to improve a community; Community Health Needs Assessments

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Community Benefit Overview

- Examples of community benefit include:
  - Subsidized health services
    - Service provided despite a loss that addresses an identified health need
      - Psychiatric inpatient beds
  - Unfunded research by the organization or funded by a tax-exempt organization or government entity
  - Cash and in-kind contributions
- Activities that must be justified include community building, as well as the unreimbursed costs from Medicare patients and bad debt

CGS §19a-127k and Public Act 22-58 §50

Legislative Update

- CGS §19a-127k
  - Office of the Healthcare Advocate
  - OHS designee prior to passage of SB 5500

- Public Act 22-58 §50
  - Federal requirements of CHNA + State requirements
  - Federal requirements of Implementation Strategy + State requirements
  - Hospital Community Benefit Annual Report
  - OHS Community Benefit Report, public comment period
  - OHS make APCD available for community benefit programs
  - Includes for profit hospitals

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All-Payers Claim Data

Community Benefit All-Payers Claim Data Release

Public Act 22-58 §50(f)

Notwithstanding the provisions of section 19a-755a, and **to the full extent permitted by 45 CFR 164.514(e)**, the Office of Health Strategy shall make data in the all-payer claims database available to hospitals for use in their community benefit programs and activities solely for the purposes of

- ✓ (1) preparing the hospital's community health needs assessment,
- ✓ (2) preparing and executing the hospital's implementation strategy, and
- ✓ (3) fulfilling community benefit program reporting,

as described in subsections (c) to (e), inclusive, of this section. Any disclosure made by said office pursuant to this subsection of information other than health information shall be made in a manner to protect the confidentiality of such information as may be required by state or federal law."

45 CFR 164.514(e)

(e)(1) *Standard: Limited data set.* A covered entity may use or disclose a limited data set that meets the requirements of paragraphs (e)(2) and (e)(3) of this section, if the covered enters into a data use agreement with the limited data set recipient, in accordance with paragraph (e)(4) of this section.

- **(e)(2)** Zip codes and dates

- **(e)(3)** *Permitted purposes for uses and disclosures: purposes of research, public health, or health care operations.*

- **(e)(4)** *Data use agreement -*
  - *Establish the permitted uses and disclosures;*
  - *Who is permitted to use or receive the limited data set;*
  - *Disallow further disclosure and safeguards to ensure that;*
  - *Any agents allowed access are under the same restrictions & conditions; and*
  - *Not identify or contact individuals/patients*

Community Benefit Data Use Agreements

Community Benefit APCD Data Use Agreement

- Each hospital to fill a data request application; and
- Execute DUA with OHS to access a standard limited data set

- DUAs will include:
  - The public act and the three allowed uses
  - The contract length, renewable upon request
  - Data protection (security)
  - Data destruction
  - Prohibition on re-identification of individuals in data
  - Prohibition on linking of the data to other data sets
    - (Patient privacy and confidentiality)

Advisors' recommendations for consideration for inclusion in DUA

Questions

Connie Privacy, Confidentiality & Security Committee Update

Mark Raymond, CIO

Review & Acceptance of OHS Annual Health IT Report to the Connecticut General Assembly

Sumit Sajnani, HITO

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Section 1:
Progress Report: 2022 Statewide Health Information Technology Plan Implementation Priorities

- Support Behavioral Health Providers With EHR and HIE Adoption (Focus Area #4)

- Improve Service Coordination and Data Sharing Across State Agencies (Focus Area #3)

- Establish Electronic Data Standards (Focus Area #6)

- Sustain and Increase the Use of Health Information Exchange Services (Focus Area #1)

- Focus Area #2: Implement Systems to Address Health Equity and Social Needs

- Focus Area #5: Protect Individuals' Health Information Privacy

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Priority 1:
Support Behavioral Health Providers with EHR and HIE Adoption
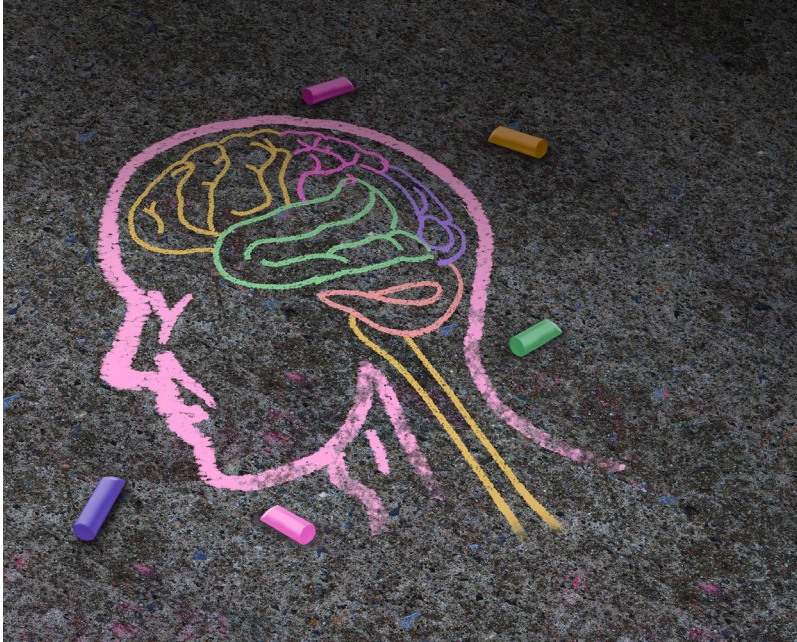
Activities and Accomplishments:

➢ Established common objectives and messaging across OHS and DMHAS for Behavioral Health providers

➢ Held information sessions with behavioral health providers, administrators, compliance and technology personnel in October and November of 2022 on the Statewide Health IT Plan, Connie HIE services, and requirements for providers with EHR technology to connect;

  ➢ Listening sessions and feedback collection occurring during January and February of 2023

Key Themes for Policymakers:

➢ Nearly all hospitals and medical providers have adopted EHR technology, but behavioral health providers were left out of past federal incentives. Many small/independent behavioral health practices do not use health IT limiting coordination with primary care

➢ Some states provide financial subsidies, engagement and education campaigns, and technical assistance for behavioral health providers to facilitate EHR and HIE adoption

Priority 2:
Improve Service Coordination and Data Sharing Across State Agencies

Activities and Accomplishments:

➢ Planning for the Patient-Centered Services Collaborative (PCSC)

- ▪ Four exploratory meetings for eleven state agencies on the potential formation of a PCSC were convened by the Office of Policy and Management (OPM) and OHS in late 2021 and early 2022
- ▪ Concept Document was developed for the Patient-Centered Services Collaborative (included in the Annual Report)

Key Theme for Policymakers:

➢ Plans for the Concept Paper's use include facilitation of discussions with agency heads and the Governor's office, determining what office will lead the PCSC, and determining funding sources for staffing and contractor resources if the agency and executive branch leaders are supportive of the concept

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Priority 3:
Establish Electronic Data Standards

Activities and Accomplishments:

➢ OHS performed work related to PA 21-35 for the development of the Race, Ethnicity and Language (REL) Data Standards and the REL Implementation Plan for data and collection standards in alignment with OHS CCIP, US Office of Management and Budget, and ISO language standards to enable data aggregation from different sources

- ▪ This work supports the mission of the Commission on Racial Equity in Public Health
- ▪ Connecticut's Bureau of Information Technology Services (BITS) is assessing the agency databases in need of modification to meet REL standards developed by OHS

Key Theme for Policymakers:

➢ Availability of REL data and collection standards by OHS will support development of targeted interventions to reduce racial disparities and promote efforts to provide quality access and services to all Connecticut residents

Priority 4:
Sustain and Increase the Use of Health Information Exchange Services

Activities and Accomplishments:

➢ HITAC established the Health Information Exchange Sustainability Support Workgroup (HIE-SSW) in February 2022 and approved its charter; the workgroup's convening was postponed to allow for more providers to be connected and to expand use cases to further demonstrate Connie's value to providers

- ▪ HITAC Co-Chairs will evaluate when work should commence to consider participation fees as well as other options for sustainability in 2023

➢ Development of new HIE services for prioritized Use Cases and provider onboarding continued throughout 2022 and is ongoing.

Key Theme for Policymakers:

➢ Connie's path to self-sustainability increases as the number of connected organizations to Connie increases, and as the variety of data sources sending data to Connie increases.

- ▪ Connie's HIE services deliver value to patients through improved quality of care and outcomes, better access to care, and reduced health disparities
- ▪ Connie's HIE services deliver value to providers through efficient and timely access to clinical data for clinical decisions
- ▪ Connie's HIE services deliver value to payers and taxpayers in Connecticut through more efficient, effective healthcare and reduction in duplicative diagnostic tests and services with the right information available at the right time for patient care

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Focus Area #2:
Implement Systems to Address Health Equity and Social Needs

Activities and Accomplishments:

➢ OHS will continue to educate healthcare providers who must comply with the REL Standard, and is working with Connie on REL standard implementation and the inclusion of disability status to be collected as part of the mandate

➢ OHS was awarded $1.15 million as part of American Rescue Plan Act (ARPA) funding to create a Health Equity Dashboard and upgrade four OHS systems (APCD, Inpatient, Outpatient Surgical, and Emergency Room Patient Databases), and select Department of Social Services (DSS) systems

➢ OHS has updated the APCD Data Submission Guide to enable collection of REL data and is in the process of developing the implementation plan and implementing the changes in the remaining four databases

Focus Area #5:
Protect Individuals' Health Information Privacy

Activities and Accomplishments:

➢ Connie for its part has been working to develop a patient-centered communication outreach plan, with a goal of educating patients about what Connie is, the benefits of Connie, the choices that patients have, and ultimately building patients' trust and understanding of the HIE. A communications firm has been contracted by Connie to help support this work.

➢ Connie's Board of Directors established a Privacy, Confidentiality and Security Committee with advisory duties to Connie related to policy and best practices for guarding privacy, security, supporting HIPAA compliance, and review of any cyber or security incidents

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Section 4:
Recommendations for Policy, Regulatory, Legislative Changes

- OHS plans undertake regulations / policies and procedures for the HIE

- OHS intends to make policy recommendations this legislative session that are in development; they will be brough to HITAC as appropriate

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Section 5:
Other Initiatives Promoting State Health IT

➢ **DSS and OHA Joint Steering Committee –** Current activity includes development of funding proposals for HIE implementations and ongoing operation, and obtaining CMS certification of HIE functionality as it evolves

➢ **Healthcare Benchmark Initiative Data Analytics Workgroup –** Makes recommendations to the Healthcare Benchmark Initiative Steering Committee on opportunities to contain growth in costs

➢ **OHS Data Compendium -** The Data Compendium is a compilation of selected databases maintained by the Office of Health Strategy (OHS) and provides a current online profile of each database maintained by OHS

➢ **All Payer Claims Database -** OHS provides oversight and staffing support for several APCD workgroups and committees, including the APCD Advisory Group, the APCD Data Privacy and Security Subcommittee, the APCD Data Release Committee (DRC), and the APCD DRC Application Review Workgroup.

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2023 HITAC Strategic Planning

Sumit Sajnani, HITO & Amy Tibor, OHS

HITAC 2023 Strategic Planning Process

➢ Background
- 5 Year Statewide Health IT Plan = 6 Focus Areas (approx. 25 activities)
- 2022 Prioritization Process
- Status update on 4 priorities provided in December

➢ 2023 Prioritization Process & Survey Approach
  ➢ 6 Activities identified for ranking

➢ Status on all activities

HITAC Strategic Activities: Status by Activity

FA1 Activity: Sustain and Increase Use of Statewide HIE Services	Survey Status
Establish a **HITAC sustainability workgroup**	HITAC agreed not to pursue in 2022 due to strategic and legal limitations (strategic planning ongoing)
Evaluate how best to optimize Connie for **public health data exchange** and seek ways to use Connie's services to improve data availability and reporting to state-operated data systems. Look to make Connie infrastructure a shared public utility service. **(Connecting state agencies to Connie)**	In progress Identified by HITAC as a priority to begin in 2022; continued priority in 2023
Measure and assess how providers utilize Connie at the point of care to improve care quality, care coordination, and drive better health outcomes for individual patients and communities. **(Connie utilization and performance measures)**	Activity in progress under Connie
Evaluate Connie's current technical and business analyst resources for **developing a centralized electronic quality measurement and reporting system** for providers and health plans in value-based payment models. **(Quality Metrics)**	Activity in progress under Connie

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HITAC Strategic Activities: Status by Activity

FA1 Activity: Sustain and Increase Use of Statewide HIE Services	Survey Status
Establish **payment incentives from payers for HIE onboarding** and regional extension centers for smaller provider practices to access HIE technical assistance and trainings. **(Payor to provider payment incentive).**	Further exploration on how best to pursue
Conduct a **public education campaign** to improve public awareness of Connie as well as educating providers on the Final Federal Rule on Information Blocking to encourage greater portability and interoperability of patient health information.	Activity in progress under Connie w/ vendor (Consumer Outreach Engagement update provided in December)
Create a patient access portal.	In progress under Connie

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HITAC Strategic Activities: Status by Activity

FA2 Activity: Implement Systems to Improve Health Equity and Address Health-Related Social Needs	Survey Status
Appoint a **HITAC Social Risk Data Design Group** to analyze current social needs screening processes, referral management options, and community-based organization (CBO) data sharing capabilities to support statewide social risk data standards.	Included in 2023 survey
Explore support for **CBOs and social service agencies to adopt IT systems** that help track and coordinate care, and to support staffing, training, and ongoing technical assistance.	Included in 2023 survey
Develop a **Health Equity Dashboard** with a public facing web interface to identify health disparities at the community level and monitor interventions.	Will be undertaken with ARPA funds (target completion date: mid—2024)
Establish a neutral **Community Information Exchange (CIE) Feasibility Planning Committee** to validate functional requirements and evaluate existing CIE infrastructures in Connecticut for shared services.	Included in 2023 survey

= **Included in 2023 Survey**

HITAC Strategic Activities: Status by Activity

FA3 Activity: Improve Service Coordination and Data Sharing Across HHS Agencies	Survey Status
DPH and OHS collaboration to evaluate local **public health IT infrastructure needs** and provide recommendations; evaluating the feasibility of a **central Public Health Gateway**.	OHS and DPH anticipate collaborating on this after 2023
Create a **joint working group of various HHS agencies** wishing to connect data systems to Connie for data sharing.	In progress – ongoing
Establish and facilitate the **HITAC Person-Centered Services Collaborative (PCSC),** a multi-agency working group with the objective of delivering more efficient and coordinated services with accurate identity matching of vulnerable individuals receiving services from multiple agencies.	Not on 2023 survey due to overlap with row 4 which was identified as a 2022 priority by HITAC
Establish a **workgroup for technical interoperability of HHS data systems** including development of standards.	Identified as priority to begin in 2022 Paused due to resource constraints Consideration being given re: when to refresh PSCS concept document in HIT report

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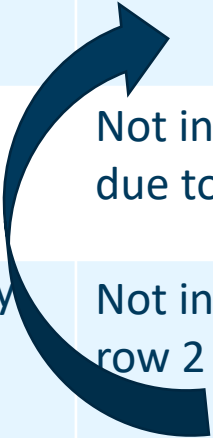# HITAC Strategic Activities: Status by Activity

FA4 Activity: Support Behavioral Health Providers with Adoption of EHR and HIE services	Survey Status
Conduct **listening sessions with providers** on use of IT and HIE services while maintaining patient confidentiality.	In progress – overlap with row 4
Analyze behavioral health EHR systems and reviewing e-scan survey data to understand current EHR adoption rates; Determining whether provider incentive payments or access to a state-hosted system is a better option. *Consider modifying activity to "Identify EHR providers that specifically support BH through survey to BH providers."*	Included in 2023 survey (Second part of this activity for future consideration)
Plan, develop, and implement a financial incentive program for behavioral health providers with technical assistance and training.	Included in 2023 survey
Develop an **educational campaign for behavioral health providers** and patients on the benefits and risks of health information exchange, focusing on ways to ensure data privacy while making sure the individual's care team can access the right information at the right time to provide the best care possible.	Identified as top 2022 priority & In progress

= Included in 2023 Survey

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HITAC Strategic Activities: Status by Activity

FA5 Activity: Protect Individuals' Health Information Privacy	Survey Status
Plan and conduct **public consumer town halls/listening sessions** on HIE with state officials and Connie leadership	Discussions are in progress and will continue throughout 2023
Provide recommendations on standardized **statewide consent management protocols**	Included in 2023 survey
Consider establishing a new **Patient Health Information Protection Office** within Connecticut state government.	Not included in 2022 or 2023 survey due to pre-requisite dependency
Assess **electronic consent management software solutions** for state agency needs.	Not included in 2023 survey due to row 2 must come first

= **Included in 2023 Survey**

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HITAC Strategic Activities: 2023 Survey Status by Activity

FA6 Activity: Establish Electronic Data Standards to Facilitate Development of integrate Electronic Health Information Systems	Survey Status
Develop a **HITAC Standards Advisory Committee** to provide recommendations on statutory changes needed relative to health data standards.	Identified as priority to begin in 2022; paused due to resource constraints HITO open to feedback on whether to pursue in 2023 (resources include staffing/SMEs and HITAC participation)
Propose **legislative concepts** to be submitted to OHS to the CGA with recommendations on changes to statute related to health data standards, particularly based on federal requirements and opportunities	Will be undertaken as needed
Evaluate opportunities for **advancing standards in state technology procurements,** upgrades, and in data exchange pilots	Overlap with Row 1 (This year REL was undertaken by statute)

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2023 Strategic Planning

➢ Survey Timeline & Next Steps
- Week of Jan 23rd – Survey circulated
- Feb 6th – Deadline for responses
- Feb 16th HITAC Meeting– Discussion on results & 2023 HITAC strategic agenda

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Thank you in advance
for completing the survey!

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Announcements & General Discussion

Dr. Joe Quaranta & Council Members

Wrap Up and Meeting Adjournment

Upcoming Meeting
February 16, 2023

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Contact Information

OHS Contact for January 2023 HITAC Meeting

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

5 Year Statewide plan - Focus Areas

Focus Area 1	Sustain and increase use of statewide HIE services
Focus Area 2	Implement systems to address health equity and health-related social needs
Focus Area 3	Improve service coordination and data sharing across state Health and Human Services (HHS) agencies
Focus Area 4	Support behavioral health providers with the adoption of EHR and HIE services
Focus Area 5	Protect individuals' health information privacy
Focus Area 6	Establish electronic data standards to facilitate development of integrated electronic health information systems

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