Overview of Connecticut's 5-Year Statewide Health IT Plan

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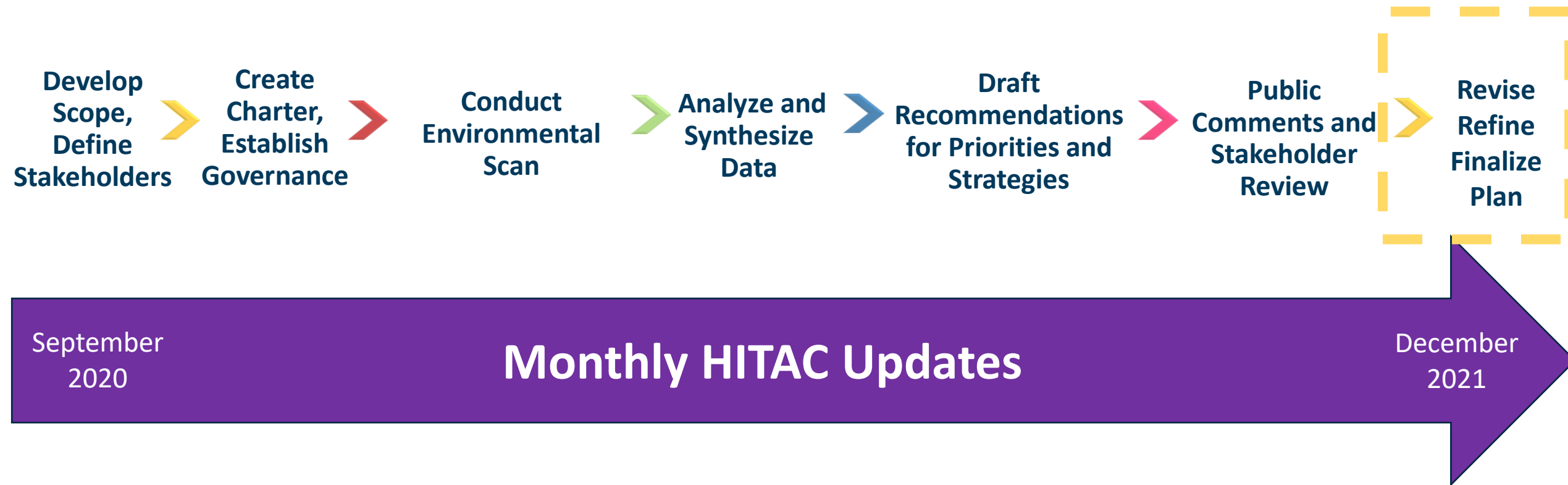Office of Health Strategy

Health IT Plan Imperatives

❑ Launch of the Statewide HIE, Connie

❑ State IT Governance Plans and State Data Assets
- State Data Plan – OPM
- Connecticut IT Strategic Plan – DAS CIO

❑ C.G.S. 17b-59a(3)(c)
- Requires creation of the state health IT plan
  - ✓ Protocols and standards for data sharing
  - ✓ National standards for secure information exchange through the statewide HIE
  - ✓ Privacy and security mechanisms for patient health information

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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

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Environmental Scan

- Input from **over 1200** Connecticut residents and organizations!

- Multiple inputs:
  - Virtual forum sessions
  - Key informant interviews
  - Online surveys
  - Focus groups

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Overall Participation by Sector

Health and Social Service Sectors	Approximate # of Participants*
Ambulatory Care Providers and Hospitals	229
Behavioral Health Stakeholders	397
Consumers	502
Emergency Services Stakeholders	61
Health Plans and Payers	17
Long-Term and Post-Acute Care Stakeholders	78
Public Health	24
Social Services	46
State Agency Officials	39
Total	**1,393**

*Participant totals may include duplicates due to individuals who represent multiple sectors or participated in multiple engagement opportunities

Public Comment and Feedback on Draft Recommendations

145 Comments Received from 38 Stakeholders

3 Interactive Feedback Webinars
- ✓ 25 attendees

Public Comment Period (July 14th – Aug. 13th)
- ✓ 35 public comments received from 8 organizations/ individuals

HITAC and OHS Workgroup Meetings
- ✓ June & July HITAC meetings
- ✓ Medication Reconciliation and Polypharmacy Committee July meeting
- ✓ Primary Care Workgroup & Community Health Subgroup

State Agency Meetings
- ✓ Department of Public Health
- ✓ Office of Policy & Management
- ✓ Department of Consumer Protection
- ✓ Department of Social Services

Connie Meeting
- ✓ Executive Director

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Connecticut Statewide Health IT Plan Goals

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

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Goal 1: Increase and Sustain Use of Statewide HIE Services
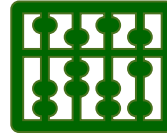
Key Considerations for Agency Leaders

→ State agencies must play key roles in breaking down data silos preventing whole person-centered care. Agency Data Officers must <u>champion</u> the appropriate exchange of client information to improve service coordination and actively seek ways for using Connie services to improve data availability and reporting to state-operated data systems.

→ Leverage Connie as a public health hub to streamline access to public health registries using funding from the CARES Act.

Key Considerations for Legislators

→ Small and rural provider practices need extra assistance to adopt, use, and pay for IT systems.

→ Incentives and/or mandates for Medicaid providers to encourage use of Connie services.

→ Requirements for health plans that provide coverage to state employees and retirees to incentivize the use of Connie services in value-based contracts.

→ Study the feasibility of shared identity management services as a public utility.

→ Connie may require continuous state funding beyond FFY 2023.

❖ Launch a Sustainability Workgroup to evaluate strategies, analyze options for shared public utility services, and recommend actions.

❖ Validate functional requirements for a centralized clinical quality measurement and reporting system for supporting value-based payment programs.

❖ Conduct evaluations of current "in-house" technical and business analyst resources to determine funding needs for developing and supporting a centralized clinical quality measurement and reporting system for providers and health plans in value-based payment models.

❖ Partner to provide education campaign on the Final Federal Rule on Information Blocking to encourage greater portability and interoperability of patient health information.

❖ Establish payment incentives from payers for HIE onboarding and regional extension centers for smaller provider practices to access HIE technical assistance and trainings.

❖ Convene to determine a mix of funding sources for a statewide quality measurement and reporting system; conduct procurement, hire skilled staff, develop services, etc.

Success Metrics

→ Patients have access to their health information stored on Connie through a patient portal.

→ A legislative concept paper with Connie to establish a quality measurement and reporting system for value-based payment models.

→ Clear guidelines are established for how the Federal Final Rule on Information Blocking will be monitored and enforced.

→ HITAC's Sustainability Workgroup presents a comparative analysis of HIE sustainability practices and shared service utility options and makes recommendations to OHS.

→ Connecticut begins HIE technical assistance and trainings for small practices.

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Discussion

- ## General Questions
  1. Are there any major themes or initiatives missing that you think should be reflected in the plan?
  2. Do the milestones and metrics seem achievable?
  3. Do the Health IT Plan activities optimize the HITAC's ability to guide strategic health IT initiatives in Connecticut?

- ## Specific Questions for Goal 1: *Sustain and increase use of statewide HIE services*
  1. What is needed to accelerate Connie's establishment of the patient access mechanism?
  2. As Connie matures, how can the HITAC support the statewide HIE in becoming the focus for health data exchange in Connecticut?
  3. How best can the proposed HITAC Sustainability Workgroup align with and work in concert with Connie's leadership and board of directors?

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Goal 2: Systems to Improve Health Equity & Address Social Needs

Key Considerations for Legislators

→ Funding is needed for social service agencies, CBOs, and other community partner organizations participating in the Health Enhancement Communities (HECs) program to support implementation, training, and technical assistance for using care coordination data systems.

→ Funding is needed for Behavioral Health providers to hire staff with technical skills for support, train users, manage vendors, and operate technology systems.

Key Considerations for Agency Leaders

→ Providers, CBOs, researchers, and businesses are forming HECs to improve community health and wellness. State agency leaders should explore mechanisms exchange of information in state data systems.

→ Connecticut should adopt industry best practices for standardization of social needs assessments following The Gravity Project's efforts to develop standards for electronic health record systems.

→ Community information exchange initiatives should work to minimize duplicative demands on CBOs.

❖ Appoint a *HITAC Social Risk Data Design Group* to analyze current social needs screening processes, referral management options, and CBO data sharing capabilities to support a pilot for establishing social risk data standards.

❖ Explore ways to support CBOs and social service agencies to adopt IT systems that help track and coordinate care, and to support staffing, training, and ongoing technical assistance.

❖ Develop a CT Health Equity Dashboard with a public facing web interface to identify health disparities at the community level and monitor interventions.

❖ Convene stakeholders for consideration of a statewide CIE shared services hub governance and management needs. HITAC members will be tapped for input. Funding sources will be evaluated and sought for the establishment statewide shared CIE services (e.g., a master directory of healthcare providers and social service organizations, master person index, attribution tables, consent management services). OHS will develop a blueprint report on the findings of this work for the General Assembly.

❖ Establish a neutral *Community Information Exchange (CIE) Feasibility Planning Committee* to validate functional requirements and evaluate existing CIE infrastructure in Connecticut for shared services.

Success Metrics

→ *HITAC Social Risk Data Design Group* is appointed and workplan has been finalized.

→ The public facing Health Equity Dashboard goes live.

→ The first IT infrastructure funds are allocated to CBOs and social service agencies.

→ HITAC to issue statewide data standards recommendations for social needs assessments.

→ *Community Information Exchange (CIE) Feasibility Planning Committee* is chartered.

→ A blueprint report is published for Connecticut General Assembly for establishment of a CIE shared services hub.

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Discussion

- General Questions

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- Specific Questions for Goal 2: *Implement systems to improve health equity and address health-related social needs*

  1. How can the HITAC most effectively engage community-based organizations and social service agencies who need to be involved in the planning and design of CIE and social risk data standards?
  2. What are your thoughts on leveraging existing CIE infrastructure such as CHA's Unite Connecticut referral management service, Connie, the Homeless Management Information System, and the 2-1-1 referral network?
  3. How should Connecticut turn data collected on Race, Ethnicity, and Language (REL), as part of Public Act No. 21-35, into actionable community and clinical health insights that empower partners to reduce health disparities?

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Goal 3: Improve Service Coordination & Data Sharing Across State HHS Agencies

Key Considerations for Legislators

→ The pandemic has led to a large influx of one-time public health funding for modernization of public health registries. The General Assembly should ensure ongoing state funding that leverages the modernization initiatives at the state and local level for the initial investments.

→ Previous legislation and statutes fostering greater data sharing across agencies have laid significant groundwork. The focus moving forward will be on implementation and evaluation of data sharing initiatives.

Key Considerations for Agency Leaders

→ Connie is a powerful new resource that Agency Data Officers must consider leveraging for existing HHS agency data assets.

→ Department of Administrative Services (DAS), OPM, and OHS are partnering to assist HHS agencies with data sharing and integration challenges.

❖ Dept. of Public Health (DPH) and OHS will collaborate to evaluate needs for local public health IT infrastructure needs; and evaluate the feasibility of a central *Public Health Gateway* for reporting and querying high-priority public health registries; consider pros/cons of a gateway hosted by DPH and also by Connie.

❖ Establish a working group of various health and human service agencies wishing to connect to Connie for data sharing to evaluate and set appropriate policies and procedures, system integration standards, data elements, data fields, and data sets to be shared, consent requirements, and other details to accelerate agency data systems ability to connect to Connie.

❖ Establish and facilitate the Person-Centered Services Collaborative (PCSC), a multi-agency working group of state health and human service program managers and IT staff with the objective of delivering more efficient and coordinated care and services with more accurate identity matching of vulnerable individuals and families receiving services from multiple agencies and programs. The PCSC will identify pilot initiatives and implement cross-agency data sharing policies, workflows, and technical integrations between high priority data systems.

❖ Establish a HITAC workgroup devoted to technical interoperability of state health and human services data systems including development of standards for procuring new systems and upgrading existing systems.

Success Metrics

→ OHS/DPH *Public Health Gateway Evaluation Report* is completed and shared with HITAC for guidance, and with Connie to determine next steps.

→ At least two *Person-Centered Services Collaborative (PCSC)* pilots will be sharing data.

→ Establish interoperability standards for connecting state agency data systems to Connie.

→ Establish state standards for procuring and maintaining state health and human service data systems with interoperability requirements.

Discussion

- General Questions
    1. Are there any major themes or initiatives missing that you think should be reflected in the plan?
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- Specific Questions for Goal 3: *Improve Service Coordination and Data Sharing Across State HHS Agencies*
    1. What is needed to maintain momentum and continuous collaboration across state agency partners participating in the HHS Person-Centered Services Collaborative over time?
    2. What are your thoughts on the appropriate and secure connection of state HHS data assets to Connie? Which ones would you prioritize to improve service coordination for residents?
    3. What do you think about the feasibility of Connecticut incorporating interoperability mechanisms in existing and planned HHS data assets to more effectively share and integrate data across agencies?
    4. What privacy safeguards are needed for data sharing across HHS agencies?

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Goal 4: Support Behavioral Health Providers with Adoption of HIE and EHR Services

Key Considerations for Legislators

→ Behavioral health provider incentives should leverage federal funding sources and ensure adequate privacy and security protocols for building client/patient trust.

→ Consider the growth of telehealth in the behavioral health realm, and include requirements, as well as funding, for an audit program (inclusive of telehealth providers and practices) as part of any EHR incentive program or hosted EHR offering.

Key Considerations for Agency Leaders

→ It is essential for policy and program leaders to better understand the perspectives and needs of behavioral health providers before implementing new policies, funding, or other incentives.

→ Providing a hosted EHR option for behavioral health practices accepting Medicaid payments may be a good option; look for consent management services as part of that package.

❖ Conduct town hall listening sessions with behavioral health providers and their patients around the use of information technology and HIE services while maintaining confidentiality to provide coordinated whole person care.

❖ Plan a financial incentive program for behavioral health providers; ensure adequate funding from Connecticut General Assembly in 2023 session; incentive program to begin in October 2023.

❖ Plan, develop, and implement a technical assistance and training program for behavioral health providers.

❖ Conduct an analysis of cloud-hosted behavioral health EHR systems and review eScan survey data to understand current EHR adoption rates for this specialty. Determine whether provider incentive payments or access to a state-hosted system is a better option.

❖ Based on feedback from the listening sessions, develop an educational campaign for providers and patients on the benefits and risks of health information exchange, focusing on ways to ensure data privacy while making sure healthcare providers and other members of an individual's care team are able to have the right information at the right time to provide the best care possible.

Success Metrics

→ Determine which option to pursue: 1) offer incentive payments for adopting EHR system from a list of approved EHRs, or 2) offer a hosted EHR system for Medicaid behavioral health providers.

→ Ensure funding for technical assistance and training for behavioral health providers to adopt EHRs and onboard to Connie.

→ Develop Medicaid-focused provider incentives for EHR adoption and HIE participation.

→ Complete behavioral health provider and patient education campaigns.

→ Finalize implementation plans for a behavioral health provider training and technical assistance program.

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Discussion

- General Questions
  1. Are there any major themes or initiatives missing that you think should be reflected in the plan?
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  3. Do the Health IT Plan activities optimize the HITAC's ability to guide strategic health IT initiatives in Connecticut?

- Specific Questions for Goal 4: *Support Behavioral Health Providers with Adoption of HIE and EHR Services*
  1. How can the HITAC incorporate more behavioral health provider representation in it's membership and subject matter addressed?
  2. How should commercial payers be engaged and involved in providing financial incentive for Connecticut's behavioral health providers?
  3. Which state agency is best situated to lead technical assistance and training efforts for behavioral health providers?

Goal 5: Protect Health Information Privacy of Individuals

Key Considerations for Legislators

→ Connecticut has a long legacy of consumer advocacy among legislators, which is laudable. In addition, HITAC can serve as an important venue for discussions between legislators and other stakeholders on developing appropriate safeguards and ensuring those are in place to protect consumers.

→ Creating a neutral office for consumers' digital privacy rights and/or expanding the role of Connecticut's Office of the Healthcare Advocate would make Connecticut a leader nationally in addressing patient privacy concerns. In addition to health privacy, such an office could provide information and consumer protection services for other types of personal data at risk everyday of being improperly captured through our digital activities.

Key Considerations for Agency Leaders

→ State agency leaders should prioritize and build on existing efforts to inform consumers about how their health data is currently shared, and what their health data are.

→ Protecting the privacy of individuals of served by Connecticut health and human service agencies is an essential priority, yet many times a more difficult burden for beneficiaries is providing affirmative consent for information to be shared appropriately with care teams and/or caregivers. It is recommended that OPM and OHS collaborate on issuing a Request for Information (RFI) process to assess the capabilities of consent management vendors and consider a Request for Proposals (RFP) process if RFI responses are promising.

❖ Plan and conduct consumer town halls/listening sessions on health information exchange with state officials, Connie leadership, and interested individuals across the state.

❖ OHS to provide recommendations on standardized consent

❖ Consider operationalizing the Patient Health Information Protection Office.

❖ Conduct Request for Information (RFI) process to assess electronic consent management software solutions for state agency needs.

❖ Develop and disseminate educational materials and media on privacy directed at consumers.

❖ Patient Health Information Protection Office is launched

❖ Request for proposals (RFP) process if agency leadership wishes to move forward with this option.

Success Metrics

→ Contract with a facilitator to support privacy town halls.

→ An RFI process for consent management vendor solutions will be completed.

→ Coordinate on development of media and education campaigns with the campaigns to be executed with appropriate funding.

→ Develop support and funding for creation of Patient Health Information Protection Office.

→ Decide whether to conduct an RFP to select a consent management solution.

Discussion

- General Questions
  1. Are there any major themes or initiatives missing that you think should be reflected in the plan?
  2. Do the milestones and metrics seem achievable?
  3. Do the Health IT Plan activities optimize the HITAC's ability to guide strategic health IT initiatives in Connecticut?

- Specific Questions for Goal 5: *Protect Health Information Privacy of Individuals*
  1. How should the proposed Patient Health Information Protection Office (PHIPO) be empowered to effectively protect residents' health information?
  2. What are your perspectives on the current state of providers ability to effectively manage patients' consent preferences for sharing their health information with other providers?
  3. How best can Connecticut educate and support providers in understanding requirements for consent and engaging their patients to educate them on their health data rights?

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Goal 6: Establish Electronic Data Standards

Key Considerations for Legislators & Agency Leaders

→ Strong coordination between the HITAC Standards Advisory Committee, OHS, and the General Assembly to ensure ongoing alignment between federal and state data standards. The HITAC Standards Advisory Committee can serve in a coordination function as federal standards evolve, along with OHS staff assigned to the committee.

→ The ONC has taken a cautious approach to regulations of health IT systems and HIE technology, choosing to provide guidance whenever possible. Several federal agencies however are beginning to include interoperability requirements in funding opportunity announcements (FOAs); these types of actions can begin to drive vendors to move develop solutions using standard application program interfaces (APIs), for example, rather than building proprietary interfaces that are more costly to maintain or connect to.

❖ Deliver annual recommendations to the OHS Executive Director on any necessary revisions to Connecticut General Statutes relative to data standards.

❖ OHS to make recommendations as needed to update state statute and/or required legislation.

❖ Establish a standing committee reporting to HITAC and OHS Executive Director, *Standards Advisory Committee* to review changes to federal standards and assess alignment with current Connecticut General Statutes.

Success Metrics

→ HITAC Standards Advisory Committee will recommendations on statutory changes related to health data standards is submitted to the OHS Executive Director.

→ A legislative concept paper is written with recommendations on changes to statute related to health data standards, particularly based on federal requirements and opportunities.

→ Opportunities for advancing standards in state technology procurements, upgrades, and in data exchange pilots should be leveraged.

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Discussion

- ## General Questions

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- ## Specific Questions for Goal 6: *Electronic Data Standards*

  1. What role can Connecticut play in influencing health information data standards at the federal level?
  2. What types of standards have the best impact on interoperable data exchange?

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Discussion & Input

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Next Steps and Close

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