Health IT Advisory Council

February 15, 2024

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February 2024 HITAC Meeting

Agenda

1	Welcome & Call to Order
2	Public Comment
3	New Member Introduction
4	**Vote**: Approval of Minutes: December 21, 2023
5	**Vote:** Review and Acceptance of Draft OHS Annual Health IT and HIE Report
6	HITAC 2024 Strategic Agenda
7	Connie Update
8	Connie Privacy, Confidentiality & Security Committee Update
9	Announcements and General Discussion
10	**Vote**: Wrap Up & Meeting Adjournment

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Welcome and Call to Order

Public Comment

(2 minutes per commenter)

New Member Introduction

Approval of Meeting Minutes:

December 21, 2023

2024 Health Information Technology and Health Information Exchange Annual Report to the Connecticut General Assembly

Sumit Sajnani

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General Overview

1. Report in draft form

2. Five Sections –

   - Statewide Health IT Plan
   - Data and Interoperability Standards – Federal and State
   - Statewide Health Information Exchange
   - Recommendations for Policy, Regulatory or Legislative Changes
   - Other Initiatives Supporting Health IT – including APCD

3. Enhancements

   - APCD and HIE – Inclusion of Critical Policies
   - Interoperability and Data Standards – inclusion of Federal Landscape

Section 1: Progress Report
Statewide Health IT Plan Implementation Priorities

1. Sustain and Increase the Use of Statewide HIE Services

2. Implement Systems to Improve Health Equity, Address Health-Related Social Needs

3. Improve Service Coordination and Data Sharing Across HHS Agencies

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

5. Protect Individuals' Health Information Privacy

6. Establish Electronic Data Standards to Facilitate Development of Integrated Electronic Health Information Systems

Priority 1: Sustain and Increase the Use of Health Information Exchange Services

Activities and Accomplishments:

➤ Press Conference

➤ Stakeholder Engagement

➤ June 2023: HITAC approved a charter for an HIE Regulations Advisory Subcommittee

  ▪ The HIE Regulations Advisory Subcommittee will be convened in 2024 to provide feedback on Connecticut's HIE regulatory framework

➤ Comparative analysis of four states with similar provider participation requirements to Connecticut's HIE mandates

➤ Additional guidance published by OHS through FAQ

➤ OHS is drafting regulations

Priority 2: Implement Systems to Improve Health Equity, Address Health-Related Social Needs

Activities and Accomplishments:

➢ Developed an interoperability concept and roadmap for Community Information Exchange (CIE) and HIE services

➢ Building on closed loop referrals between hospitals, SNFs, clinics, and home and community-based providers.
- Connie's eReferral services are supporting DSS with its Medicaid Home and Community Based Services (HCBS) Waiver

➢ Discussions with UniteUs and FindHelp on SDOH assessment and referral data

➢ At HITAC's April 2023 meeting OHS presented a CIE overview of activities in Connecticut to support identification of health-related social needs (HRSNs) and coordination of health care and social services.

Priority 3: Improve Service Coordination and Data Sharing Across HHS Agencies

Activities and Accomplishments:

➢ OHS and OPM coordinated HHS interagency planning sessions to identify barriers and opportunities for improving data-sharing

➢ OHS has been convening state agencies in monthly meetings to collaborate on technical assistance and problem solving as they are implementing the REL standards

➢ DSS, DOL, DOH Enhanced Resource Centers (ERCs) Pilot

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Priority 4: Support Behavioral Health Providers with EHR and HIE Adoption

Activities and Accomplishments:

➢ Partnered with the Department of Mental Health and Addiction Services (DMHAS) to conduct listening sessions with behavioral health providers associations and stakeholders

➢ Town Halls to share information with behavioral health providers about the statutory requirements for providers to connect to and participate in the Statewide HIE

➢ Developed an educational campaign for behavioral health providers and patients on the benefits and risks of health information exchange

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Priority 5: Protect Individuals' Health Information Privacy

Activities and Accomplishments

➤ Provider-Mediated Affirmative e-Consent within Connie's - allowing substance use treatment data to be shared via the HIE with an individual's consent

➤ Presented an overview on electronic consent management to HITAC - October 2023
  - Health data privacy laws differ substantially between states
  - Consent forms for data-sharing are often static documents, can be difficult to retrieve from an EHR system without a time-consuming search
  - Paper consent forms may place a higher burden

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Priority 6: Establish Electronic Data Standards

Activities and Accomplishments:

➢ Developed and published standards for the collection of Race, Ethnicity and Language (REL) data as required by Connecticut General Statute §19a-754d

➢ Developed Connecticut's Master Toolkit for REL Data Collection

➢ The REL Implementation Plan (v.3.0) provides a structure for implementing the REL standards through five activity domains:
- Planning for the technology implementation of the REL standards
- Designing the workflows for collecting REL data
- Building and testing the REL data collection capability
- Training staff to use the tools effectively to collect REL data and deployment of the REL workflows
- Monitoring, maintaining and reporting REL data collection to address health-related racial disparities

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Section 2

Data and Interoperability Standards- Federal and State

Section 2: Data Standards—Federal

21st Century Cures Act

- Improve interoperability of HIT systems
- Penalties for blocking electronic data access
- United States Core Data for Interoperability (USCDI)

HTI-1 Rule

- HHS released the final requirements and operational dates for the Health Data, Technology, and Interoperability:
- Certification Program Updates
- Algorithm Transparency
- Published definitive system requirements for compliance with USCDI Version 3

Section 2: Establishment of Data Standards—Federal

FHIR® Standards Fast Healthcare Interoperability Resources

- Adoption and expanded uses of the FHIR® standards
- Next generation standards framework created by HL7

Consent Management - SHIFT

- Independent health care task force for equitable interoperability
- Primary goal - advance national standards for data segmentation for privacy (DS4P FHIR) with security labels for sensitive health data mapped to the USCDI v.3 data elements

The Trusted Exchange Framework and Common Agreement (TEFCA)

- Establish a universal governance, policy, and technical floor for nationwide interoperability
- Simplify connectivity for organizations to securely exchange information
- Enable individuals to gather their health care information.

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Section 2: *Establishment of Data Standards—Federal*

TEFCA Qualified Health Information Networks (QHINs)

- Five organizations have been officially designated as the first QHINs:
  - *eHealth Exchange*
  - *Epic Nexus*
  - *Health Gorilla*
  - *KONZA*
  - *MedAllies*

- Participants and Sub participants can choose their QHIN and will be able to share information with all other connected entities

Section 2: *Establishment of Data Standards—Federal*

TEFCA Qualified Health Information Networks (QHINs) – cont.

- Organizations connected to a QHIN **may** request or respond to any of these purposes:
    1. Purposes;
    2. Treatment;
    3. Payment;
    4. Health Care Operations;
    5. Public Health;
    6. Government Benefits Determination; and
    7. Individual Access Services (IAS)

- TEFCA currently only ***requires*** responses for Treatment and IAS

- Over time, responses will be required for the remaining Exchange Purposes and other Exchange Purposes may be added

Section 2: *Establishment of Data Standards—State*

Examples of "Public Health Purposes" for REL Data Collection by State Agencies

Could include data systems for case reporting, syndromic surveillance, lead screening and other toxicology tracking systems, immunizations and disease registries (cancer, HIV), etc.

Could include data systems for delivering physical and mental health services (EHRs, labs, pharmacy, case management systems) paying for physical and mental health services (eligibility and claims processing systems) etc.

Preventing Disease

Promoting Health

Prolonging Life

Could include data systems for ensuring health care workforce capacity, collecting quality measures, and survey instruments, etc.

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Section 2: *Establishment of Data Standards—State*

Agency	Data Systems Being Converted to REL Standards	Agency	Data Systems Being Converted to REL Standards
Dept. of Social Services (DSS)	▪ Integrated Eligibility System (ImpaCT) ▪ Medicaid Management Information System (MMIS) ▪ Social Work Services System (now SWAN)	Dept. of Public Health (DPH)	Evaluating over 30 systems for REL compliance requirements as part of Data Modernization Initiative. Initial priorities are: ▪ Electronic Death Registry System (EDRS) ▪ Fetal Death System ▪ Birth Registry ▪ Tumor Registry ▪ Behavioral Risk Factor Surveillance System (BRFSS) ▪ Youth Behavioral Risk Surveillance System (YBRSS)
Office of Health Strategy (OHS)	✓ All-Payer Claims Database (APCD) ▪ Inpatient Database ▪ Outpatient Database ▪ Emergency Department Database		
Office of the Chief Medical Examiner (OCME)	▪ Planning to tie compliance to new interface with DPH Electronic Death Registry System (EDRS)		
Dept. of Children and Families (DCF)	✓ SACWIS (also known as LINK) ▪ Legacy Child Welfare Information System ▪ Provider Information Exchange (PIE) System	Dept. of Development Services (DDS)	▪ eCAMRIS System (Case Management)
Dept. of Veterans Affairs (DVA)	▪ New EHR System (2024)	Dept. of Correction (DOC)	✓ Inmate EHR System
Dept. of Mental Health and Addiction Services (DMHAS)	▪ Admission/Discharge/Transfer System (WITS) ▪ DMHAS Data Program (DDap) ▪ New EHR System (2026)	Department of Aging and Disability Services (ADS)	Currently evaluating systems for REL requirements

Section 3

Statewide Health Information Exchange

Section 3: *Statewide Health Information Exchange*

Connie Policies

Participants' User Access

- ❑ Participants must appoint an Authorized Individual to ensure compliance of Users
- ❑ Participant Users should only have access to the minimum amount of information required to perform their job function
- ❑ Ensure the appropriate use of Connie Services by Participant and Participant Users

Patient Access and Rights

- ❑ Accounting of Disclosure Requests
- ❑ Opting Out of Connie Services
- ❑ Access to Health Information
- ❑ Access to Information for Minors
  - ▪ Data for adolescents ages 12-17 is not available through Connie HIE services due to consent and data filtering challenges
- ❑ Support and Education

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Section 3: *Statewide Health Information Exchange*

Connie Policies, continued

Permitted Purposes

- ❑ For Treatment, Payment, and Healthcare Operations
- ❑ For public health activities as permitted or required by applicable law and consistent with Connie's mission
- ❑ For participation in federal programs
- ❑ For transacting with external HIEs, including eHealth Exchange, in accordance with applicable use cases
- ❑ For responding to requests for individual access
- ❑ All other allowed purposes as determined by Connie to be required or permitted under the applicable law

Participating Data Providers

- ❑ Must complete data validation testing before provisioning Users
- ❑ Data Contributors
  - ▪ Participants must submit at least one defined data type over a secure connection configured by Connie and the Participant
- ❑ Sensitive Health Information
  - ▪ Participants are responsible for filtering any information that must not be disclosed to or through Connie
  - ▪ Data contributors must refrain from sending certain sensitive health information unless they have obtained patient consent, including substance use disorder treatment

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Section 3: *Statewide Health Information Exchange*

Connie Policies, continued

Data Release Policy

- ❑ Approved by Connie Board of Directors in January 2023
- ❑ Gives Connie management the authority to disclose data to third party requesters, consistent with applicable state and federal laws, in the categories of
  - Health Care Provider Access Disclosures
  - Service Disclosures
  - Research Disclosures
- ❑ Requires an existing or new committee to serve as the Research Evaluation Committee to review research disclosure applications
  - To determine the adequacy of applicants' privacy and security infrastructure and safeguards

Additional information on the Connie Data Release Policy posted on Connie's website.

Use Cases and Service Enhancements Updates – FFY24/25

Available
In Development
DDI for FY25

Provider Portal Service

PMP SSO	Medication Management (Pharmacy Data Enhancement)
Image Share (Emergent Imaging Enhancement)	Allergy List
Advance Directives	CCD Sensitive Data Filters
Immunizations	Post Acute Network Tool
Dental Data (Care Team)	Population Health Reports (new)
Provider Mediated Affirmative Consent	Data in the Workflow (new)
Problem List (Filter enhancement)	SDOH Assessment
	Medicaid Redetermination

E&E Alerts

Encounter Notification

Alerts Worklist /Integration with Clinical Information

Logic-Based Alerts (new)

eReferral

HCBS Referrals

HRSN Referrals

Provider Directory

Provider Directory

Patient Services

eConsent (Opt Out)

Patient Access to Clinical Info

Patient Portal

eConsent – Patient Mediated Affirmative Consent

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Section 4:

Recommendations for Policy, Regulatory, or Legislative Changes

The OHS Executive Director is required by Public Act 22-58 to develop regulations related to:

1. The administration of the Statewide Health Information Exchange

2. The participation of health care providers in the Statewide Health Information Exchange

The HITAC will convene the Regulations Advisory Subcommittee to review draft HIE regulations, after which HITAC will provide an advisory report to the OHS Executive Director and the HITO.

OHS will post a notice of intention to adopt regulations related to statewide health information exchange on the eRegulations System with a public comment period of not less than thirty days

OHS will give notice to each joint standing committee of the General Assembly with a fiscal note estimating the cost or revenue impact on the state, or any municipality of the state, and on small businesses in the state. OHS will hold a public hearing on the proposed regulations.

OHS will post all comments received (in writing or verbal) on the eRegulations System with a statement of intended actions on the proposed regulations, the principal reasons in support of the intended action, the principal considerations in opposition to the intended action and reasons for supporting or rejecting considerations offered in the public comments.

OHS will distribute its response to comments to all persons who have commented on the regulation in an electronic format, unless otherwise requested by the commenter.
OHS will complete all steps to certify the regulations and will submit the final actions to the Attorney General and the standing legislative regulation review committee for approval.

Section 5

APCD and Other Initiatives Promoting State Health IT

Section 5: *All Payer Claims Database (APCD)*

All Payer Claims Database

OHS provides oversight and staffing support for several APCD workgroups and committees, including:

- ❑ APCD Advisory Group
- ❑ APCD Data Privacy and Security Subcommittee
- ❑ APCD Data Release Committee (DRC)
- ❑ APCD DRC Application Review Workgroup

Key APCD Initiatives in 2023

- ❑ Release of limited datasets to Connecticut hospitals for use in:
  - • Preparing Community Health Needs Assessments
  - • Preparing and executing community benefit implementation strategies, and
  - • Meeting community benefit program reporting requirement
- ❑ APCD data was analyzed by the UConn Health Interoperability, Innovation and Learning Lab for CGA-mandated Telehealth Study

Section 5: *All Payer Claims Database (APCD)*

Strategic Planning

APCD program engaged in a strategic planning process to ensure the program continues to provide value and achieve its aims. Seven strategic initiatives across two broad areas, data enhancements and utilization have been defined for action by the APCD program.

Strategic initiatives and proposed actions:

1. Produce and publish data visualizations with APCD data
2. Enhance and enrich APCD data
3. Increase the external uses of APCD data
4. Explore fee structure changes
5. Refine APCD data request application and process
6. Enact new APCD policies and procedures
7. Fill vacancies on the APCD Data Release Committee and APCD Advisory Group

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Section 5: *Other Initiatives Promoting State Health IT*

Healthcare Cost Growth Benchmark Reports

Based on analyses of 2020 and 2021 data

- ❑ March 2023 Report: Healthcare cost growth benchmark and primary care spending target initiatives based on 2020 and 2021 performance

- ❑ October 2023 Report: Healthcare cost growth benchmark and primary care spending target recommendations to the general assembly

- ❑ **March 2023:** Presented recommendations to OHS Healthcare Benchmark Initiative Steering Committee

- ❑ **June 2023**: Public hearing held

Healthcare Benchmark Initiative Data Analytics Workgroup

Charge includes:

- Designing and reviewing standard cost drivers, cost driver reports, and ad hoc analyses using available APCD data;

- Identifying opportunities to reduce spending growth;

- Offering recommendations for areas of focus to the OHS Healthcare Benchmark Initiative Steering Committee

Healthcare Benchmark Initiative Data Analytics Workgroup
Designees from DSS and the Office of the State Comptroller
Healthcare Providers
Insurance Carriers
Health Equity Advocate
Health Economists or Actuarial Experts
Data Analytics Subject Matter Experts

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Section 5: *Other Initiatives Promoting State Health IT*

Quality Benchmarks

❑ The Quality Council recommends quality measures with annual target values to OHS

❑ OHS selects Quality Benchmark measures and Benchmark values for phased implementation

❑ Most Quality Benchmarks have separate values for commercial insurance and Medicaid due to historical performance disparities

❑ Two measures have separate values for Medicare Advantage

The Data Compendium

A compilation of the key databases maintained by OHS; information includes:

- A brief overview of the data source
- Website link
- Data fields
- Information on public availability
- Access to the data

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Section 5: *Other Initiatives Promoting State Health IT*

Telehealth Study

Pursuant to CGS §41 of Public Act 22-81, the Office of Health Strategy (OHS) was required to conduct a study and report findings on:

❑ The feasibility and impact of expanding access to telehealth services, telehealth providers and coverage for telehealth services in this state beginning on July 1, 2024;

❑ Any means available to reduce or eliminate obstacles to patient access to telehealth services, telehealth providers, and coverage.

OHS contracted the UCONN Health Interoperability, Innovation and Learning Lab to conduct the study and develop the report; it was submitted by OHS to the Public Health, Human Services, and Insurance and Real Estate Committees of Connecticut's General Assembly on March 31, 2023.

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Section 5: *Other Initiatives Promoting State Health IT*

DSS and OHS Joint Steering Committee for HIE

❑ Shared governance of statewide HIE through an interagency Memorandum of Understanding (MOU)

❑ Activities include:
- Development of Advance Planning Documents for CMS funding requests for the Medicaid share of HIE planning, implementations and ongoing operations
- Supporting Connie to achieve CMS certification of HIE functionality as new use cases and technology offerings go through the Design, Develop, Implementation phase of the APD process

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HITAC 2024 Strategic Agenda

Sumit Sajnani, HITO

2024 Strategic Plan | Key Agenda Items

All activities and dates subject to change

JANUARY 18	FEBRUARY 15	MARCH 21	APRIL 18
CANCELLED	• 2024 HITAC Strategic Agenda • Annual Health IT Report • Connie Privacy, Confidentiality & Security Committee Update	• Washington State Consent Management Presentation • Health Equity Dashboard (intro) • Associations / Stakeholder Engagement Update (evolved from BH engagement)	• HIE Regulations • FFY 2025 Advanced Planning Document Acceptance • Connie Privacy, Confidentiality & Security Committee Update

MAY 16	JUNE 20	JULY 18	AUGUST 15
• HIE Regulations • HIE Statutory goals – progress to date and roadmap ahead • REL Implementation Update • AI Task Force Recommendations Report	• HIE Regulations • APCD Strategic Plan Progress Update • CBOs and Social Service Agencies (correspond with SDoH symposium)	• HIE Regulations • Legislative Update • Person-Centered Services Collaborative • Connie Privacy, Confidentiality & Security Committee Update	Typically cancelled No agenda items planned On Calendar for contingency/urgent items

SEPTEMBER 19	OCTOBER 17	NOVEMBER 21	DECEMBER 19
• HIE Regulations • Connie Quality Metrics	• HIE Patient Portal Demo • Annual RAND Corp Findings Report (contingent on completion date)	• REL Implementation Update • Connie Privacy, Confidentiality Security Committee Update • Connie Consumer Outreach Update	• Year In Review • HITAC Strategic Planning (Intro 2025) • APCD Strategic Planning

Other topics of interest identified by members and general stakeholders may be added

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Connie Update

Health IT Advisory Council
February 24, 2023

Jenn Searls, Executive Director
Heidi Wilson, Director, HIE Services

Connie

Connecting People for Better Health

Connie Updates

1. Onboarding highlights

2. PFAC recruitment and patient portal

3. Bristol Hospital area dinner & Connie webinars

4. Pop health reporting analysis

5. Connie HITRUST certification

| Enhance Utility of Health Data | Empower Patients | Optimize Care Team Tools | Advance Population Health | Maintain Operational Excellence |

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Collective Value

Critical Mass
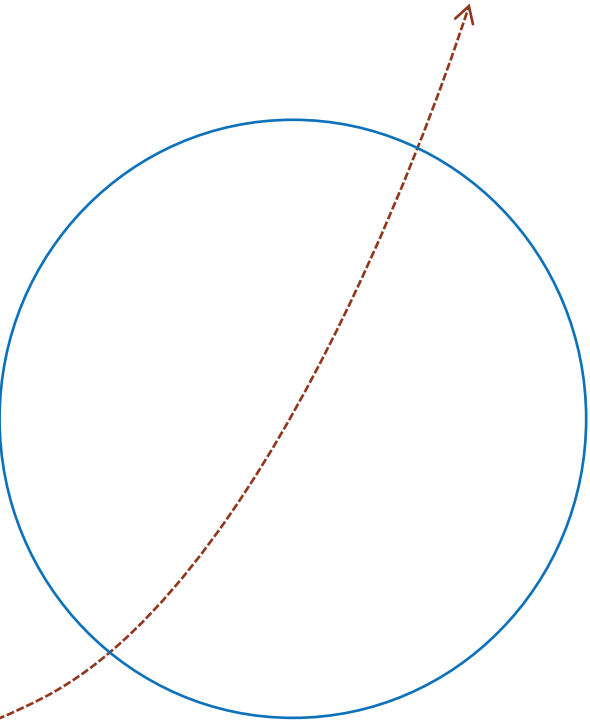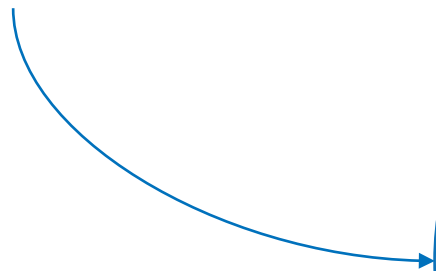
Data
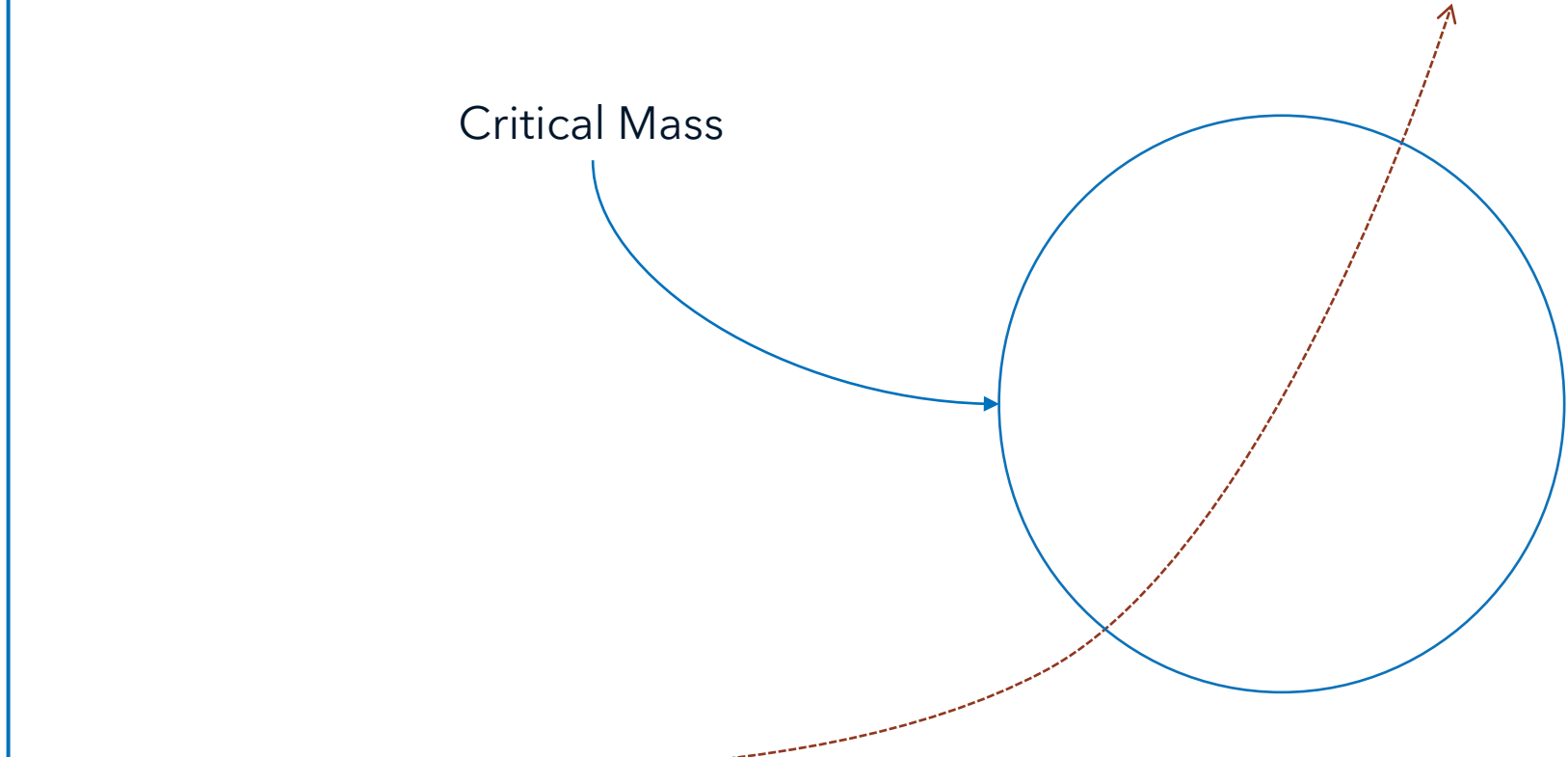
Critical Mass
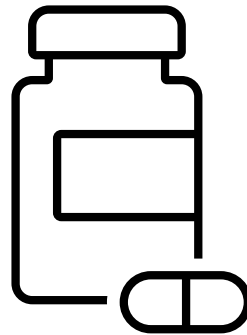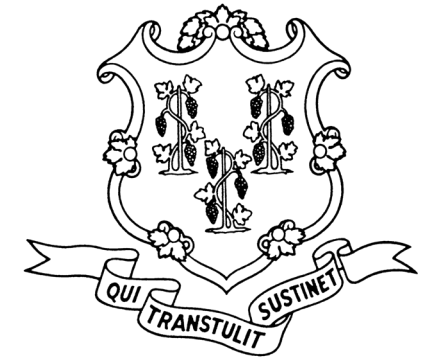
| 95% of hospitals | + | 75% of ambulatory providers | + | 75% of pharmacies | + | 75% of SNFs | + | 1 Private – State Connection through Connie |

Connie's Focus for 2023

1. Connectivity across all healthcare providers

   Goal: By the end of 2023, Connie will be 60% of the way towards critical mass

2. State agency strategy

   Goal: By the end of 2023, Connie will have at least one state connectivity project in progress

3. Patient access to Connie data

   Goal: By the end of 2023, Connie will have a plan for patient access

Critical Mass: Are we 60% of the way there?
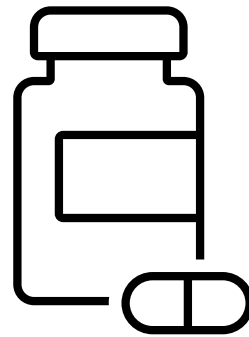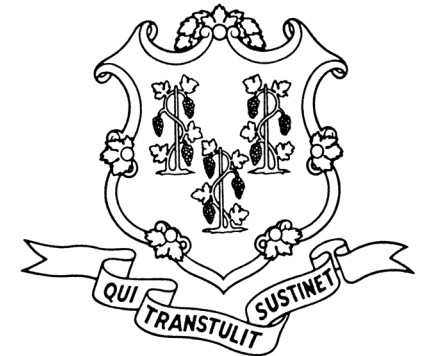
95% of hospitals	+ 75% of ambulatory providers	+ 75% of pharmacies	+ 75% of SNFs	+ 1 Private – State Connection through Connie
2023 goal → 57% of hospitals	45% of amb providers	45% of pharmacies	45% of SNFs	1 Private – State Connection through Connie
2023 → 95% of hospitals	55% of amb providers	7% of pharmacies	9% of SNFs	DPH ETOR Project
✓	✓	✗	✗	✓

Connie's Focus for 2023

2. ## State agency strategy

Goal: By the end of 2023, Connie will have at least one state connectivity project in progress

- › Connie and DPH Labs helping connect healthcare organizations for electronic test orders and results through Connie to DPH

- › DSNP payor organizations to connect with Connie for DSNP for sharing care plans

- › CT Department of Developmental Services – sharing data with department for services to individuals

3. ## Patient access to Connie data

Goal: By the end of 2023, Connie will have a plan for patient access

- › Individual access use case available through Carequality

- › Project developed for portal implementation in 2024

Strategic Priorities & Goals

Strategic Priorities

Over the next three years, to improve the health and wellbeing of the state's residents, Connie priorities are to ….

1

Enhance Utility of Health Data

So that we can…

2

Empower Patients

3

Optimize Care Team Tools

4

Advance Population Health

To do this, we need to…

5

Maintain Operational Excellence

FY 2024-26 Strategic Priorities

1	**2**	**3**	**4**	**5**
Enhance Utility of Health Data	**Empower Patients**	**Optimize Care Team Tools**	**Advance Population Health**	**Maintain Operational Excellence**

Ingest: Connie will receive the data necessary to effectively support its mission. The data sent to Connie from all connected stakeholders will be complete, use appropriate data standards, and be timely.

Enhance: Connie will aggregate and enhance data by standardizing, normalizing, and de-duplicating data for improved interoperability and usability. Data sets will be combined to make information better to meet our goals.

Understand: Patients will have access to clear, understandable information about who Connie is, what value Connie brings, the consequences of siloing their data from their providers, how they can participate in Connie, and their consent options so they can make informed decisions about their participation in Connie.

Access: Patients will have secure, free, and timely access to all elements of their own health data provided to and through Connie.

Manage: Patients will have the ability to manage access to specific elements of their health data when there are sensitive data concerns.

Build: Connie services, and their functionality, will reflect the needs and priorities of Connie's end-users.

Access: End users will be able to access and efficiently and effectively use all Connie services appropriate to their permitted purpose.

Monitor: Connie will have a clear awareness of what and how services are being utilized to improve patient outcomes.

Inform: Connie will provide tools, report, and functionality so that stakeholders can develop the necessary tools and programs to advance the health of the populations they serve.

Excellence: Connie will maintain a high level of operational excellence through its people, policies, technology, and accountability.

Improvement: Connie will use a continuous quality improvement approach to maintain operational excellence.

FY 2024 Annual Goals

1 Enhance Utility of Health Data

- Define, develop, and implement a process to monitor Connie's data quality, establish baseline, and define improvement targets.

- Connie will continue progress towards achieving critical mass by increasing connectivity by at least 25% in at least 2 industry types who have not yet met critical mass.

- Develop plan to measure stakeholder awareness and trust.

2 Empower Patients

- Connie's first Patient and Family Advisory Council has been established and begun to provide feedback on Connie's patient-facing activities.

- By October 1, 2024, Connie's patient portal will be ready to go live.

3 Optimize Care Team Tools

- Monitor and improve the use of core care team tools (Connie Portal/InContext app) across at least two industry types from Dec 2023 levels (tentative measure: median searches/active user/month and tentative industry types: hospital and amb. medical).

4 Advance Population Health

- Define a set of Connie population health and analytics tools and develop a plan for implementation.

- At least one project in place connecting private sector to public sector.

5 Maintain Operational Excellence

- Develop revised three-year financial strategy that includes meeting net service income goal of $250,000.

- Create Leadership Development Plan for Connie.

Patient Access Updates

Patient Portal Vendor: Medicasoft

Medicasoft's HealthCenter Personal Health Record (PHR) solution:

- has been **used by thousands of patients** through projects other HIEs and healthcare providers;

- contains many features that **address future capabilities** on Connies roadmap, including:

  - patient consent and sensitive data management,

  - Demographic update notifications

  - Support for caregivers (e.g., parents and guardians)

  - Messaging and data sharing with providers

- includes a patient identification (ID) verification process using **ID proofing at IAL2 and authentication at AAL2**; and

- meets national standards for **data privacy and security**.

Patient and Family Advisory Committee (PFAC)

PFAC works collaboratively with Connie leadership to support a Connecticut health care system where interoperability and data sharing empower patients and families to make informed health decisions and equip health care providers with the records they need to provide the best possible care.

- Recruitment included outreach to
  - Connie participating organizations,
  - community-based organizations, and
  - social media
- Focused on diverse representation
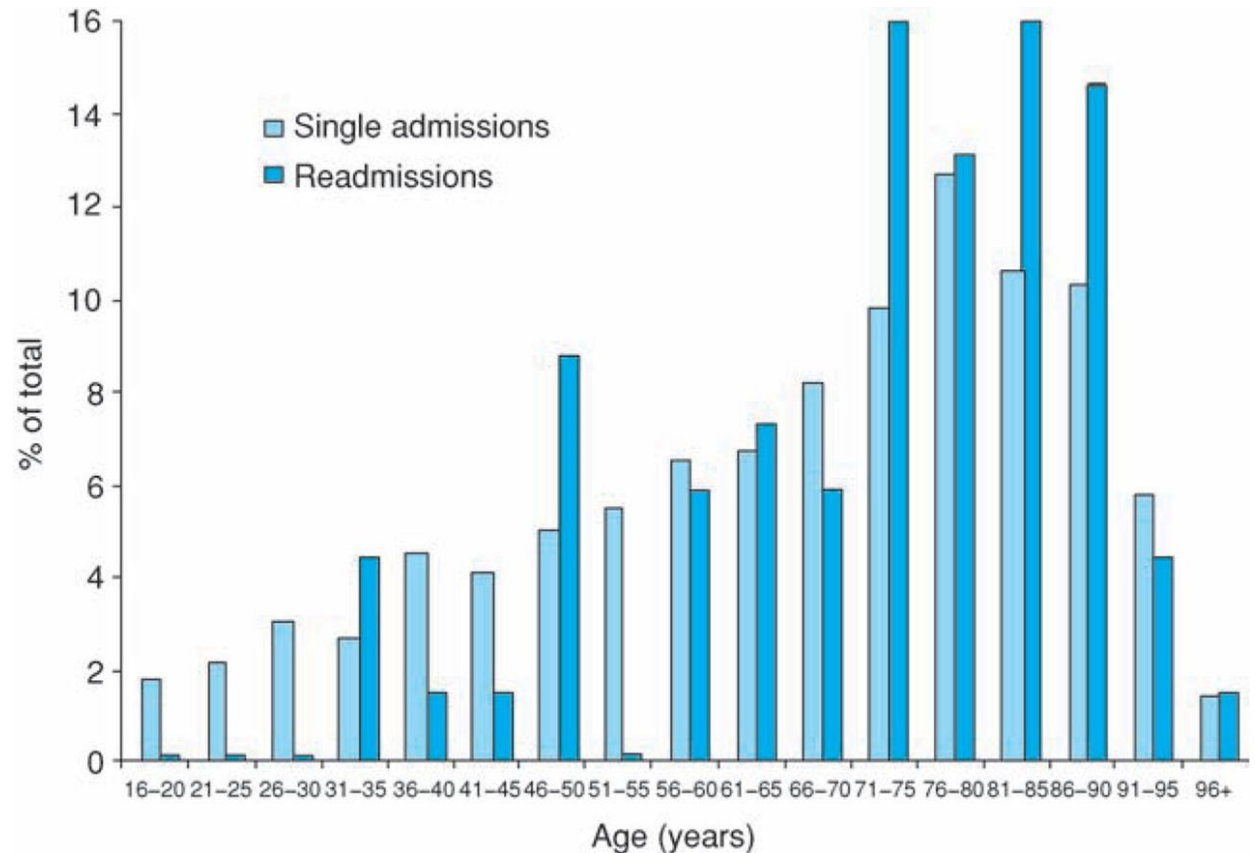- First meeting targeted end of March

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Population Health Analytics

Service Description

Connie is working to build aggregated population health reports from rich, patient-level data to assist healthcare organizations in:

- better understanding their patient population
- monitoring their patient's health trends
- identifying gaps in care
- data driven strategic planning and program analysis
- improving patient care and outcomes

Proposed Use Cases

Use Cases	Data Sources	Notes
Readmissions to hospitals	ADT from Hospitals	What percent of my patients are being readmitted to the hospital within 30 days of discharge?
Avoidable Hospitalizations	ADT from Hospitals	What percent of my patients are being hospitalized for problems that could be avoided?
ED Utilization	ADT from Hospitals	What percent of my patients are overutilizing the ED for issues that could be addressed more appropriately in other settings? Which of my patients are the highest overutilizers? For which situations/diagnosis is the ED most used?
SNF/LTC length of stay	SNF/LTC	What percent of my patients are (a) in post-acute care settings; (b) what is the average length of stay for my patient population; (c) what percent are staying longer than 100 days; (d) which of my patients are staying longer than 100 days?
Reasons for hospitalizations	ICD 10 codes from ADTs	What are the most common reasons my patients are being hospitalized?
Top Diagnosis/ problems	ICD 10 codes from ADTs or CCDs	What are the most common health related issues my patients are dealing with?

Connie Privacy, Confidentiality & Security Committee Update

Mark Raymond, CIO & PSCS Chair

Announcements & General Discussion

Dr. Joseph Quaranta & Council Members

Wrap Up and Meeting Adjournment

Contact Information

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Health IT Advisory Council Website
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