

Health IT Advisory Council

February 17, 2022



Agenda

Agenda Item	Time
Welcome & Call to Order	1:00 PM
Public Comment	1:05 PM
<u>Council Action</u> : Approval of Minutes: January 20, 2022	1:10 PM
Connie Update	1:15 PM
2022 Strategic Plan Survey Outcome	1:17 PM
Review HIE Sustainability Workgroup (HIE-SSW) Charter	1:27 PM
<u>Council Action</u> : Review and Acceptance of HIE-SSW 8-10 Week Sprint	1:50 PM
Presentation on Connecticut Race, Ethnicity and Language (REL) Mandate	2:05 PM
Announcements & General Discussion	2:20 PM
<u>Council Action</u> : Wrap Up & Meeting Adjournment	2:30 PM

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Approval of Meeting Minutes:

January 20, 2022

Connie Update

Jenn Searls, Executive Director

Health IT Advisory Council

February 17, 2022



2022 HITAC Strategic Plan Survey Outcome

*Sumit Sajnani, OHS HITO &
Amy Tibor, OHS*

2022 HITAC Strategic Plan | Survey Outcome

Survey Background and Purpose: Role of HITAC

The role of HITAC is to advise the OHS Executive Director and the Health Information Technology Officer in developing priorities and policy recommendations to advance the state's health information technology and health information exchange efforts and goals

2022 HITAC Strategic Plan | Survey Outcome

Survey Background, Outcome & Next Steps

- Presentation provided on strategic plan focus areas & activities under each area during January 2022 HITAC meeting
- 25 total strategic activities whittled down to 10 based on:
 - (1) achievability in 2022
 - (2) initiatives already in progress
 - (3) consideration of time commitment on part of respondents
- Survey opened on February 10th and closed on February 16th
- Council asked for guidance in selecting from 10 activities to be undertaken by the Council to “begin” in 2022
- Total respondents: 15
- Feedback by HITAC member regarding
 - Number of respondents
 - Ease of understanding survey function/format
- Survey will stay open until Tuesday COB

Connecticut Statewide Health IT Plan Strategic Focus Areas

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

2022 Strategic Plan | Survey Outcome

2022 Strategic Activity	% Response
Focus Area 4: 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.	87%
Focus Area 3: Establish a workgroup for technical interoperability of HHS data systems including development standards. (Interagency HHS sharing)	73%
Focus Area 4: Conduct listening sessions with behavioral health providers on use of IT and HIE services while maintaining patient confidentiality. (Behavioral health)	67%
Focus Area 5: Plan and conduct public consumer town halls/listening sessions on HIE with state officials and Connie leadership. (Privacy)	67%
Focus Area 5: Provide recommendations on standardized statewide consent management protocols. (Privacy)	67%
Focus Area 6: Develop a HITAC Standards Advisory Committee to provide recommendations on statutory changes needed relative to health data standards. (Electronic data standards)	67%

N= 15

2022 Strategic Plan | Survey Outcome Cont'd.

2022 Strategic Activity	% Response
<p>Focus Area 1: 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, positioning the entity to deliver on its value proposition. Look to make Connie infrastructure a shared public utility service.</p>	60%
<p>Focus Area 2: 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. (Health equity and social needs)</p>	47%
<p>Focus Area 4: Analyze behavioral health EHR systems and reviewing environmental 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. (Behavioral health)</p>	40%
<p>Focus Area 2: 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. (Health equity and social needs)</p>	40%

N= 15

2022 Strategic Plan | Survey Outcome

Respondent Comments

- *The first step needs to be the creation of a task force to oversee, audit and monitor all of the new proposed databases, as they are being developed, for privacy and consent provisions. This cannot be under Connie, which is a private entity, to decide how CT citizen medical data is handled.*
- *I am concerned that patients are not mentioned. As the HIE is part of the HIT plan I think there should be some mention of patient access to and control over their own data*
- *Confidentiality is critical*
- *There were really no boundaries on how much HITAC CAN undertake. I tried to be prudent in my answers - others may be more open to selecting a lot of the items. I think the differences in those approaches will likely skew the results in meaningful ways*
- *All are important components and just a subset of a more comprehensive list of activities - Before prioritizing this list, it would be helpful to have clarification of some of these items, and a better understanding of available resources, level of effort required for each of these activities, and an understanding of which activity needs to come first in a step-wise approach relative to meeting the objectives outlined in the six focus areas.*

Review of Health Information Exchange Sustainability Support Workgroup (HIE-SSW) Charter

*Sumit Sajnani, OHS HITO &
Donald Ross, CedarBridge Group*

Article 1: Authority to Establish and Name a Workgroup

- The Council was established by statute to advise the Executive Director of OHS and HITO on priority and policy recommendations to advance the state's health IT and HIE
- The Council charter (Article 5, Section 3) authorizes the Council to form standing and/or limited duration workgroups to deliberate and provide recommendations to the Council on topics of specific concern or interest
- In accordance with the Health Information Technology Plan, the Council authorized formation of the **Health Information Exchange Sustainability Support Workgroup (HIE-SSW)**



Article 2 Section 1: Background



- Value of Connie's services is initially realized by individuals with more complete information at point-of-care; system-level value will take longer to accrue and will not accrue in every sector equally (or at all for providers with mostly fee-for-service contracts)
 - Strong support for Connie by General Assembly
 - Rapid growth of participants since going live
- Connie must support all Providers in Connecticut (those with EHR systems capable of connecting) meet legislative requirements for participation
- Connie must provide access for all individuals in the state to their own health data

Article 2 Section 1: Background (Continued)



- Timeline for Connie’s sustainability is compressed
 - HITECH Act provided some funding; program expired 9/30/21
 - Near-term and long-term funding strategies are necessary
 - HIE-SSW focused solely on question of participant fees for FFY 2023 and/or FFY 2024
- Financial sustainability of Connie is important to everyone in the state
 - Connie’s Board of Directors holds fiduciary responsibility
 - CGS 17b-59g(e) grants authority to HITO to “...fees set by Health Information Technology Officer charged to persons or entities for access to or interaction with said exchange...” (participation fees)
 - HITO is requesting recommendations from the Council pertaining to the fees; the HIE-SSW will inform Council’s recommendations

Article 2 Section 2: Purpose



HIE-SSW will support the Council in making recommendations to the HITO, and the Executive Director of OHS, as questions on Connie participation fees are considered.

- The Workgroup will review, consider, and provide recommendations to the Council and the HITO on questions relating to participation fees, including but not limited to:
 - How will various types of organizations potentially be impacted by participation fees? (Feasibility)
 - Can potential impacts of *not* collecting participation fees be mitigated by Connie?
 - Can fee structures be developed that are equitable, easy to collect, avoid unintended consequences to participants, etc.?
 - Will fees set for FFY 2023 and/or FFY 2024 be permanent, or will recommendations for renewal/adjustment criteria be needed?

Article 2 Section 3: Process

- Weekly two-hour meetings are anticipated for 4 – 6 weeks, beginning the first week of March
- A straw-vote is anticipated after approximately 3 meetings to gauge the Workgroup’s level of consensus around a HITO-set participation fees for FFY 2023 and/or FFY 2024
- If a consensus is not reached, other funding options and planning requirements may be discussed before retiring the Workgroup’s efforts
- The goal is for the Workgroup to provide recommendations to the Council at the April 21st meeting

***The Chair of the HIE-SSW may adjust the workplan as appropriate.**



Article 3 Section 1: Members

The Council's Co-Chairs will make appointments of 10-12 individuals representing:

- Independent practice providers;
 - Primary care
 - Specialty care
 - Supportive care (behavioral health, oral health)
- Hospitals and health systems;
 - Acute care hospitals
 - Community hospitals
- Health Plans (payors);
- Clinical/reference labs;
- Pharmacies;
- Purchasers (employers, Taft-Hartley plans/labor unions)
- Safety-net clinics (Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and tribal health)
- Department of Social Services
- Department of Public Health
- Others, at the Co-Chairs' discretion



Article 3 Sections 2-3: Term of Membership & Attendance

Term of Membership

- Membership on the HIE-SSW shall be for a three-month timeframe, unless extended by a vote of the workgroup membership and approval by the Health IT Advisory Council.

Attendance

- Members of the HIE-SSW will commit to regular attendance
- Members will inform the HIE-SSW Chair if unable to attend a meeting
- The Council Co-Chairs will request resignation of any member of the HIE-SSW who becomes unable to attend meetings on a regular basis



Article 4: Role of Workgroup Chair



Section 1: HIE-SSW Chair Appointment

- The Chair of the HIE-SSW shall be appointed by the Co-Chairs of the Council

Section 2: Duties of HIE-SSW Chair

- Shall preside at all meetings
- Will ensure appropriate representation and subject matter expertise
- Will provide guidance and content review to staff and contractors supporting the workgroup
- A representative from the HIE-SSW will be selected by the Chair of the HIE-SSW to assume responsibilities of the Chair, in the event of the Chair's absence from any workgroup meeting

Article 5: Project Management

- OHS, with support through the engagement of professionals with required experience, will:
 - develop meeting agendas and materials
 - conduct research and analysis
 - provide meeting facilitation for the HIE-SSW
- A project schedule will be maintained, and meeting minutes will be posted in draft form to the OHS website within seven calendar days of each of the HIE-SSW meetings
- Minutes shall be deemed final by majority vote of a quorum of HIE-SSW members at a subsequent meeting and approved minutes will be posted to the OHS web site within seven calendar days of the workgroup's approval



Article 6: Meetings and Operating Procedures

- Meetings will be public
- Meetings will be virtual
- Meeting schedule and frequency will be determined by the HIE-SSW Chair
- Expected kick-off in early March 2022
- Meetings will be governed by Robert's Rules of Order, Abbreviated
- All meeting notification information will be published on the Connecticut Public Notice website and on the OHS website
- Meeting changes will be sent by email to members no later than 9 am on the day of the scheduled meeting
- Members of the HIE-SSW are expected to be active participants in meetings, and to be prepared for meetings by reviewing materials in advance

Article 7: Records, Governance, and Public Comment

- Please refer to the Health IT Advisory Council's Charter for requirements related to records maintenance, governance, and public comment.
- The HIE-SSW will adhere to all requirements, policies, and laws set by the State of Connecticut and the Council.



HIE-SSW Draft Workplan: Meetings 1 - 2

Meeting Topics	Approximate Dates
<p>Meeting 1—Orienting to the Problem and Proposed Process to Address it</p> <ul style="list-style-type: none"> • Welcome & Introductions • Context and Objectives <ul style="list-style-type: none"> • Review statute language granting the HITO authority to set participation fees (but not requiring fees) • Review of Workgroup Charter and Criteria <ul style="list-style-type: none"> • Discuss criteria (i.e., fair, equitable, easy to collect, avoidance of unintended consequences) • Previous, Current, and Projected Breakdown of Connie’s Funding <ul style="list-style-type: none"> • 2021 • 2022 • Connie Presentation <ul style="list-style-type: none"> • Connie’s Board of Director-Approved Sustainability Plan • Review Connie’s currently connected entities • Next Steps 	<p>March 4, 2022</p>
<p>Meeting 2—Leveling Understandings</p> <ul style="list-style-type: none"> • National and State Trends in HIEs <ul style="list-style-type: none"> • How are other statewide HIEs funded? • How does the value of HIEs accrue? • Trusted Exchange Framework and Common Agreement; opportunities and threats to HIE sustainability • Deeper dive on Connie’s budget (current and projected) <ul style="list-style-type: none"> • Connie’s future value propositions • Models of participation fees- quick view 	<p>March 11, 2022</p>
<p>Present Progress Update to Health IT Advisory Council</p>	<p>March 17, 2022</p>

The Chair of the HIE-SSW may adjust the workplan as appropriate.

HIE-SSW Draft Workplan: Meetings 3 - 6

Meeting Topics	Approximate Dates
Meeting 3: Evaluate, Discuss, Straw Vote <ul style="list-style-type: none"> • Present and evaluate approximately three straw models for structuring participation fees (quick view on 3/11) <ul style="list-style-type: none"> • Discuss pros and cons of each of the straw models in reference to criteria laid out in Meeting 1 • Workgroup straw vote on the question: <ul style="list-style-type: none"> • “Should the HITO set participation fees for any of Connie’s participants for FFY 2023 and/or FFY 2024?” 	March 25, 2022
Meeting 4- Moving Forward or Recalibrating -- TBD by Workgroup	April 1, 2022
Meeting 5- TBD by Workgroup	April 8, 2022
Meeting 6- TBD by Workgroup	April 15, 2022
Present Recommendations to Health IT Advisory Council	April 21, 2022

The Chair of the HIE-SSW may adjust the workplan as appropriate.

Questions?

Review and Acceptance of HIE-SSW 8-10 Week Sprint

Sumit Sajnani, OHS HITO

Presentation on Race, Ethnicity and Language (REL) Mandate

Adrian Texidor, OHS

REL Mandate and Implementation

- ❖ Public Act 21-35 Section 11 Background
- ❖ Requirements
 - (An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic)
- ❖ Reporting standards from Community and Clinical Integration Program (CCIP) of the Office of Health Strategy and Office of Management and Budget (OMB), and International Organization for Standardization (ISO) for languages
- ❖ OHS Responsibilities Under PA 21-35
- ❖ REL Data Collection Standards and Implementation Guide

Background – Why PA 21-35?

CT compares favorably against other states with most measures but performs poorly on race-based equity and disparities measures. PA 21-35 is an effort:

- ❖ To reduce disparities in CT by 70%
- ❖ To advance race-based equity and eliminate disparities in all sectors (e.g., healthcare, public health, education, criminal justice, economic etc., etc.)
- ❖ To reduce financial impact of racial and ethnic health disparities¹
- ❖ Collect granular race/ethnic data, analyze the data to identify disparities, and conduct root cause analyses to identify and implement interventions to address those disparities.
- ❖ To develop and implement a strategic plan to eliminate racial disparities and inequity

¹In 2018, DPH estimated the 2014 estimated excess hospital cost for Non-Hispanic Blacks CT residents was over \$384 million and for Hispanics/Latinos/as was \$121 million. Source: https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/hems/chronic_dis/DisparityAnalysis/Disparity_Summary_DEC_2018-final.pdf

Racial Inequities and Disparities Across CT

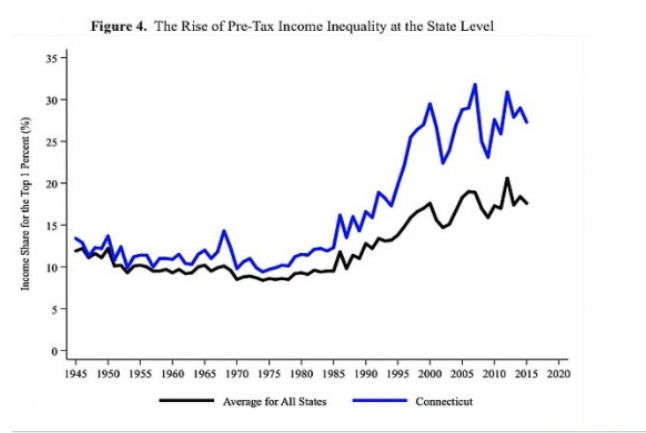
GAPS IN ACCESS TO HEALTH CARE IN CONNECTICUT

Hispanic adults were more than 2X as likely as white adults to say they went without seeing a doctor in the past 12 months because of cost.

Connecticut Health
Changing Systems, Improving Lives.
#HealthDisparitiesCT

Highlights

- All cause-age-adjusted mortality rates are lower than national averages for all Connecticut groups.
- However, Connecticut mortality rates exhibit significant differences across racial and ethnic groups.
- Connecticut Blacks have the highest all-cause mortality rates, and the highest mortality in 6 of the 10 leading causes of death.
- Hispanic mortality is generally lower, but Hispanic diabetes mortality is 1.67 times Whites'.
- Nationwide, Native Americans have the highest mortality rate.
- COVID-19 is the leading cause of death in 2020.



The report emphasizes racial inequality: For pre-tax income, the median Black household earns 58 percent of what the median white household earns. The median Hispanic household earns 55 percent.

There is a physical toll of discrimination.

STUDIES HAVE FOUND LINKS BETWEEN EXPERIENCING DISCRIMINATION AND NEGATIVE PHYSICAL AND MENTAL HEALTH EFFECTS.

Race Matters.

Connecticut Health
Changing Systems, Improving Lives.

Health disparities have economic costs.

A 2018 CONNECTICUT STUDY LINKED DISPARITIES TO \$384 MILLION IN EXCESS HOSPITAL COSTS FOR BLACK RESIDENTS AND \$121 MILLION FOR HISPANIC RESIDENTS.

Race Matters.

Connecticut Health
Changing Systems, Improving Lives.

Highlights

- Although race and ethnicity are social constructs, they are points of focus in measuring health disparities because race and ethnicity are highly correlated with socioeconomic determinants of health.
- Black, Hispanic, and Native American populations have lower educational attainment and greater poverty rates than do Asian Americans and Whites, conditions that are risk factors for inadequate treatment of chronic conditions.

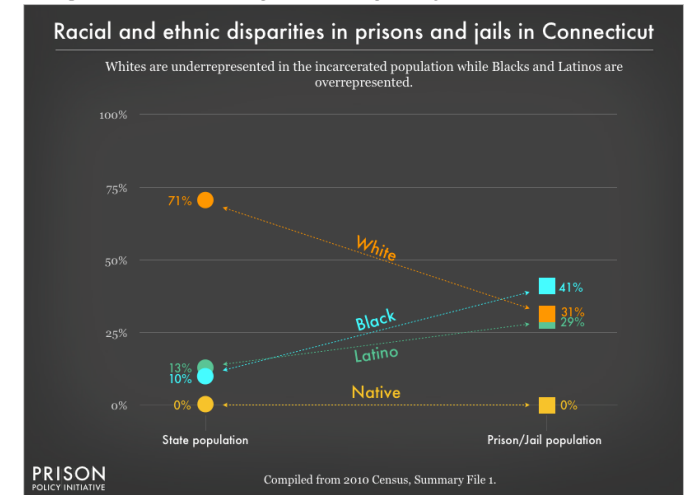
It's not just socioeconomic status.

NATIONWIDE, BLACK WOMEN WITH A COLLEGE DEGREE OR HIGHER WERE 1.6X MORE LIKELY TO DIE FROM PREGNANCY-RELATED CAUSES THAN WHITE WOMEN WITHOUT A HIGH SCHOOL DIPLOMA.

Race Matters.

Connecticut Health
Changing Systems, Improving Lives.

Home Page > Publications > Visuals > Racial disparities in Connecticut prisons and jails



(Graph: Peter Wagner and Joshua Aiken, December 2016)

Source: Access HealthCT

Public Act 21-35 Section 11 Requirements

Effective January 1, 2022:

- ❖ Applies to any state agency, board, or commission that collects or contracts with an entity to collect race, ethnicity or primary language data for health care or public health purposes
 - ❖ Such data should allow aggregation and disaggregation by race, ethnicity and primary language categories
 - ❖ Expand race and ethnicity categories to include the OHS Community and Clinical Integration Program (CCIP) subgroup identities and align with the US Office of Office of Management and Budget (OMB) hierarchical mapping standards
 - ❖ Align primary language categories with the International Organization for Standardization (ISO) language codes set
- ❖ Health providers with electronic health records (EHR) connected to the statewide health information exchange (Connie) must also provide patient self-reported:
 - ❖ Race, ethnicity, primary language, insurance and disability status

Public Act 21-35 Section 11 Requirements (cont.)

Race, ethnicity and primary language information collected must:

- ❖ Be self-reported and not required to be provided by individual to receive services
- ❖ Allow individuals to select more than one race or ethnicity and to write in identities unrepresented by other codes
- ❖ Provide a refuse-to-identify option with any racial or ethnic designations

OHS Responsibilities Under PA 21-35

- ❖ OHS in consultation with consumer advocates, health equity experts, state agencies and health care providers must create REL Data Collection Standards and Implementation Guide
- ❖ OHS in consultation with health care providers, consumers, and the Public Health joint standing committee of the General Assembly must:
 - ❖ Review and reevaluate race/ethnicity categories from time to time based on demographic changes from US Census Bureau and state agencies' data

REL Data Collection Standards and Implementation Guide

❖ REL Data Collection Standards and Implementation Guide have been developed and posted on the OHS website

❖ Both are available at:

<https://portal.ct.gov/OHS/HIT-Work-Groups/Race-Ethnicity-and-Language>

❖ You may email REL Data Collection Standards and Implementation guide feedback to ohs@ct.gov

Questions?

For more information on REL Data Collection Standards:

<https://portal.ct.gov/OHS/HIT-Work-Groups/Race-Ethnicity-and-Language>

Announcements & General Discussion

Dr. Joe Quaranta, Council Members

Wrap Up and Meeting Adjournment

Next Meeting Date:
March 17, 2022

Contact Information

OHS Contact for February 2022 HITAC Meeting

Amy Tibor

Amy.Tibor@ct.gov

OHS General Email:

OHS@ct.gov

Health IT Advisory Council Website:

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