Health IT Advisory Council

March 16, 2023

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Agenda

Topics
Welcome & Call to Order
Public Comment
Introductions
Council Action: Approval of Minutes: January 19, 2023
Connie Standing Update
HITAC Strategic Planning
Behavioral Health Engagement Update and Interim Report
APCD Data Release Committee Charter
Announcements & General Discussion
Council Action: Wrap Up & Meeting Adjournment

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Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Introductions

Sumit Sajnani, HITO

Onboarding Updates

Onboarding & Outreach Progress

Onboarding Progress by Organization Type

Organization Type	Live	Technical	Legal	Lead
Hospitals n=39	30	9		
Ambulatory n=2,890	982	308	367	1,233
LT/PAC n=327	16	117	58	136
Pharmacy n=146		14	9	123
Other n=576	17	213	18	328

Legend: ■ Live ■ Technical ■ Legal ┄ Lead
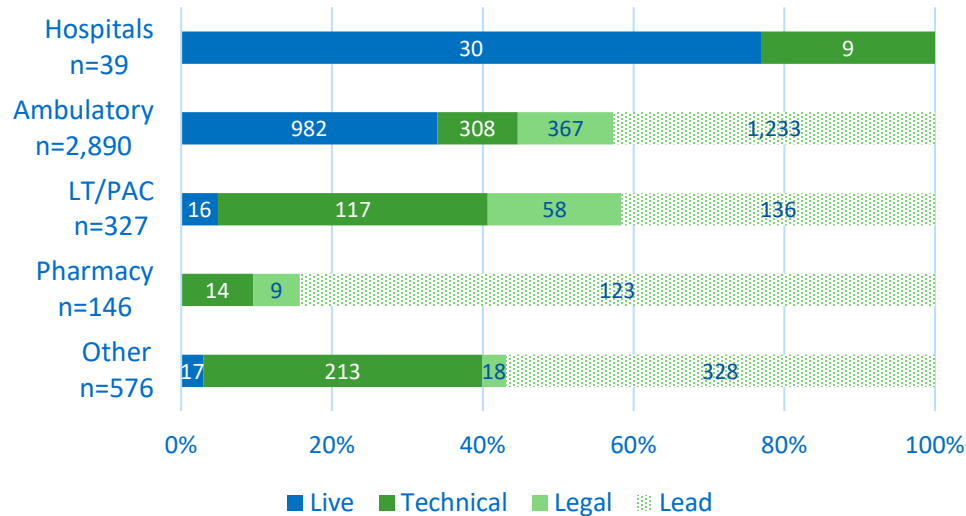
C2Cs, Signed Legal, and Live Orgs (30 days & Since Nov)

	Total	30 Days
Live	15	3
Contracts	312	116
C2Cs	734	307

Legend: ■ Total ■ 30 Days
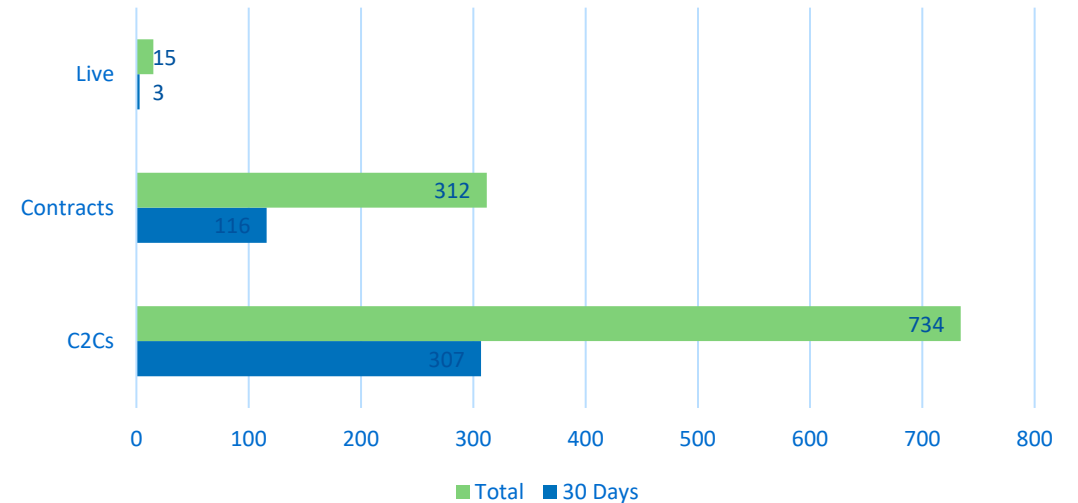
Onboarding Highlights:
- UConn Health (Images)
- Tolland Imaging Center (ADT)
- Peter Licht MD and Jennifer Holloway MD (CCD)
- Pediatrics Associates LLC (CCD)
- Gandelman Cardiology (CCD)
- Orthopaedic Specialists of Connecticut (CCD)
- THOfNE (*Tentative:* ADT April, ORU and CCD May)

9

New National Network Connections:
- AthenaHealth Global (Carequality)
- Fresenius (Carequality)
- Mount Sinai Hospital (eHealth Exchange)
- Cleveland Clinic Martin Health (eHealth Exchange)
- Montefiore Medical Center (eHealth Exchange)
- Atlantic Health System (eHealth Exchange)
- Mayo Clinic (eHealth Exchange)
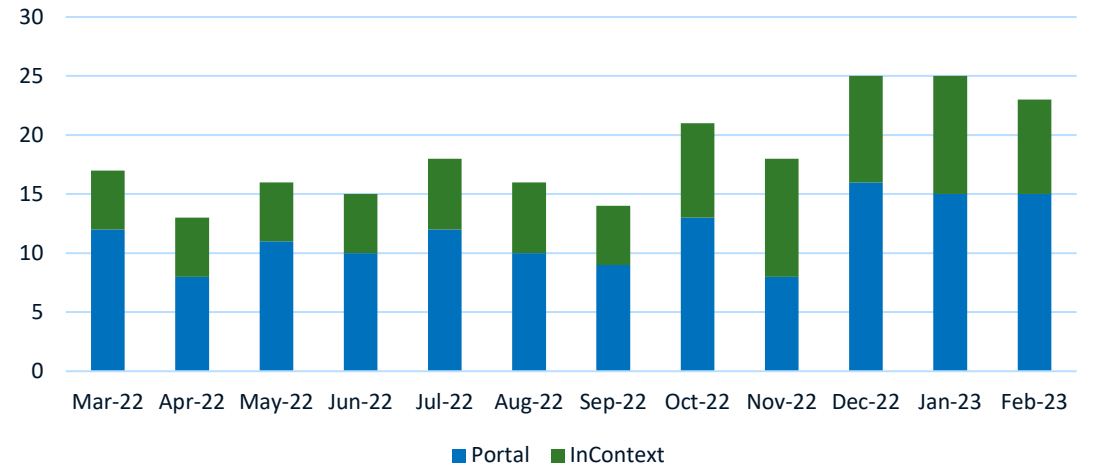- Tucson Medical Center (eHealth Exchange)

Outreach Updates:
- 100% of orgs originally identified have been contacted at least once
- 50-90 Commitment to Connect forms (C2C) received weekly
- Prioritizing technical integrations based on EHR
- Connecting with SmartLink and Tangible to facilitate integrations
- Dept of EMS – Connie to help connect First Responders

Connie
Connecting People for Better Health

Unique Patients and Opt Outs by Month

Legend: Opt Outs, Unique Patients

4,128,523

2,046
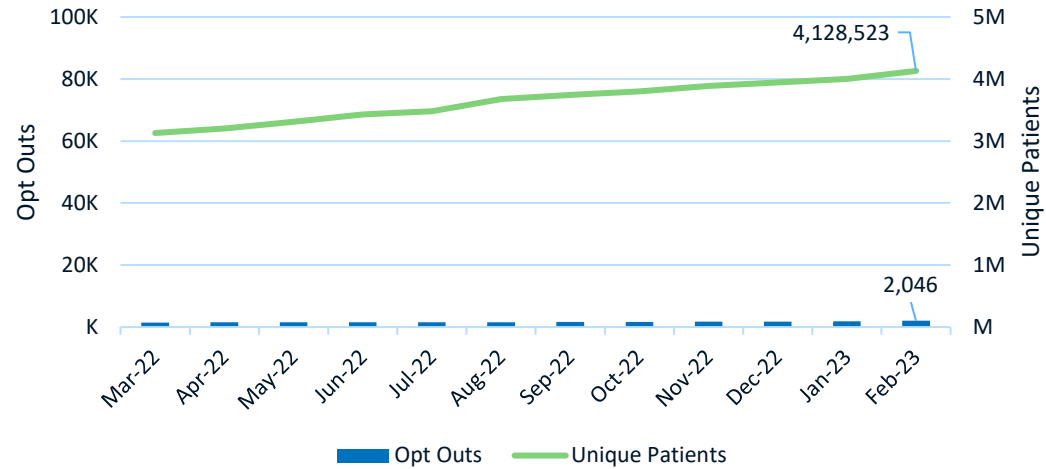
Organizations with Active Users by Month

Legend: Portal, InContext

Weekly Connie Queries
(Oct 17, 2022 - Feb 27, 2023)

Legend: Connie Portal, InContext
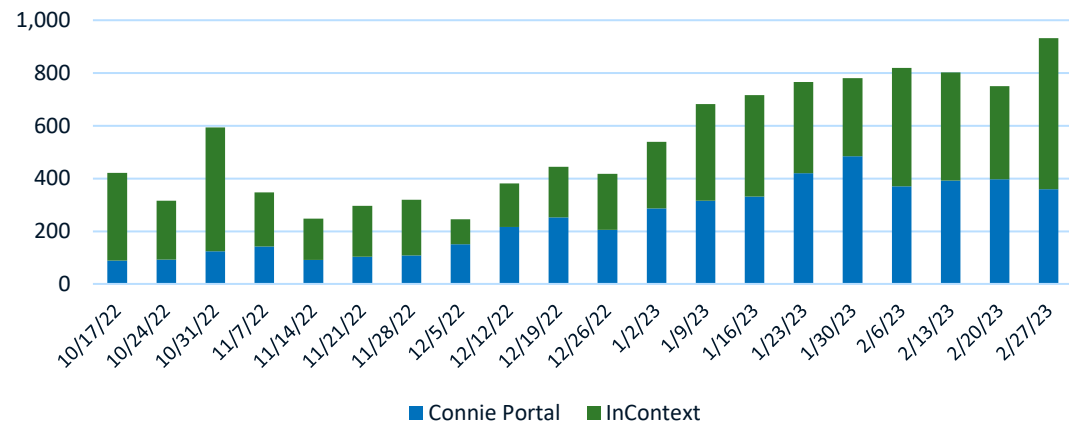
Weekly Connie Unique Users
(Oct 17, 2022 - Feb 27, 2023)

Legend: Connie Portal, InContext

Connie
Connecting People for Better Health
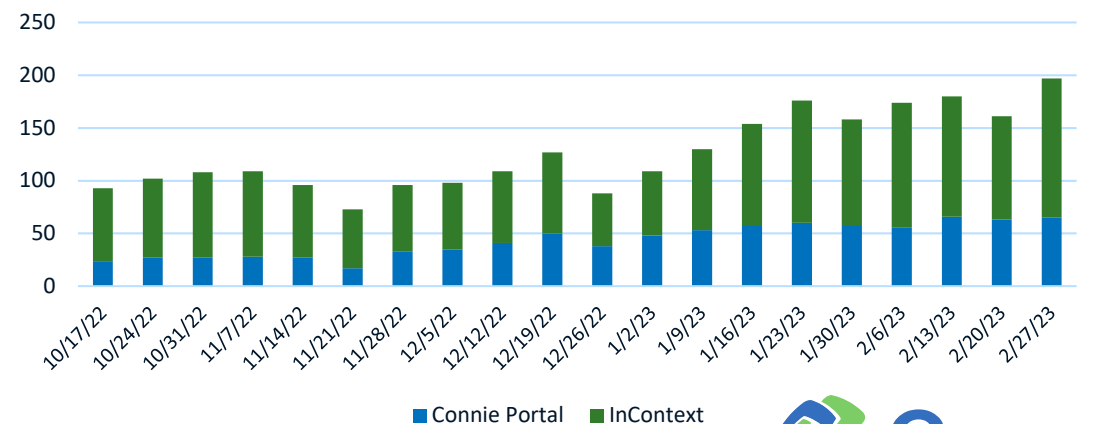
Connie Alerts Sent by Month

Organizations Receiving Connie Alerts by Month

Connie Alerts: Prompt

11
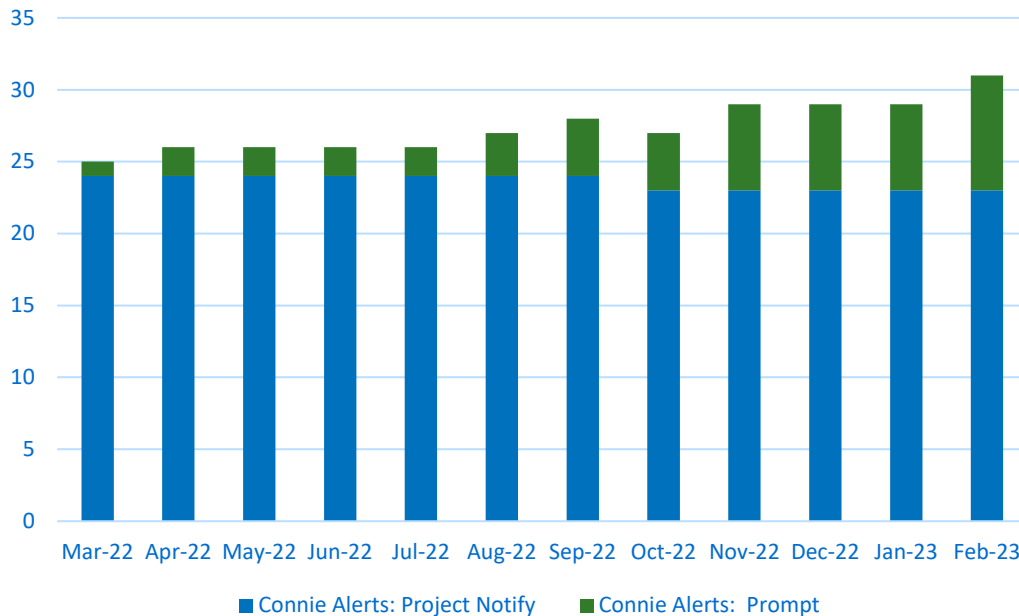
Use Case Updates

Dental Records

- Displaying as part of Care Team, initially
- Problem list development specific for dental providers

Patient Access

- Three workstreams:
    - Patient identification and validation
    - API Gateway for apps
    - Working with EMR vendors to connect to existing portals

Connie
Connecting People for Better Health

Use Case Updates

Advanced Directives

- Currently configuring the system to display advance directives available within 3rd party vendors (e.g. AD Vault/My Directives)

Emergent Imaging

- Currently configuring the system for Connie
- Discussed onboarding timeline and approach with key receiving hospitals

Provider Mediated Affirmative Consent

- Finalizing testing and will be made available to providers once testing is complete

Other Updates

Other Updates

FY23 OHS/Connie Contract

> Submitted for CMS and AG approval

FY2024/25 APD

> Work has begun with DSS and OHS

DPH Use Case – Lab Reporting

> Work has begun with DSS and OHS

Recruitment Efforts

> Clinical Application Trainer

> Program Assistant for Account Management Team

Connie
Connecting People for Better Health

HITAC Strategic Planning

Sumit Sajnani, HITO & Amy Tibor, OHS

HITAC Strategic Planning

Strategic Planning Survey Outcome

➤ Background
- January meeting – staff outlined process by which 6 activities were identified for 2023 survey & provided general status report on all activities in 5-year plan
- Survey sent to members late January

➤ Survey structure
- Members asked to select up to 3 (out of the 6) activities to be added to existing inventory
- 1 question for special consideration

➤ Total respondents = 16 (70%)

Six Activities within HITAC Strategic Planning

Appoint HITAC Social Risk Data Design Group

Establish neutral CIE Feasibility Planning Committee

Analyze BH EHR systems and review e-scan data to understand current EHR adoption rates

Explore support for CBOs and social service agencies

Plan, develop, and implement a financial incentive program for BH providers

Recommendations on standardized statewide consent management protocols

2023 Strategic Planning Survey Results
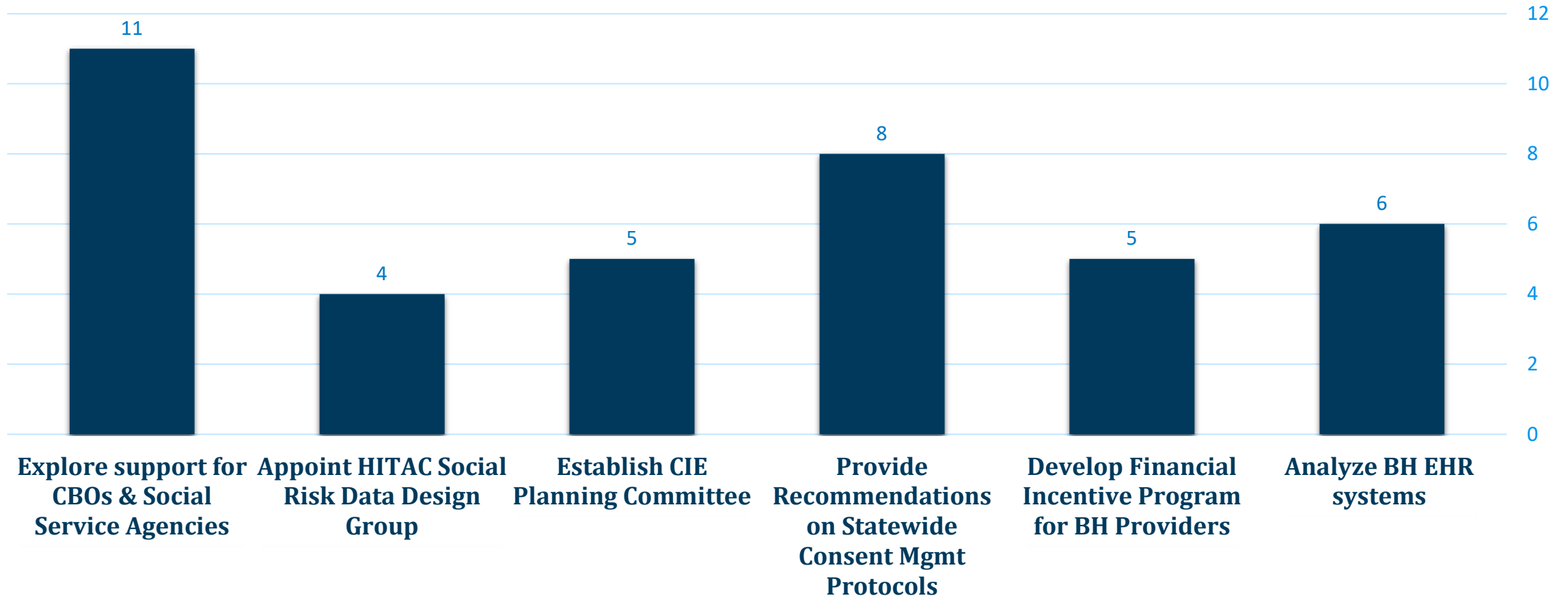
HITAC Strategic Planning

Associated Comments related to 2023 Strategic Agenda

"I would like to see a patient portal sooner"

"I suggest we add something to this: "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." We should drive standards and perhaps add language like "to adopt IT systems that help track and coordinate care using standards supporting data exchange and sharing"

"Overall and if possible to reduce costs and complexities, I would try to use and adapt existing electronic systems and personnel groups, rather than create new ones. Thank you."

"Clarifying question re: whether "consent management" is in reference to MOLST? or something else? Consents for procedures are very specific to trying to understand what that scope would be. If it is in reference to MOLST, I would include this as a priority."

HITAC Strategic Planning

Should a HITAC Standards Advisory Committee be undertaken in 2023?

	Yes	No	Other Response
	10	3	3

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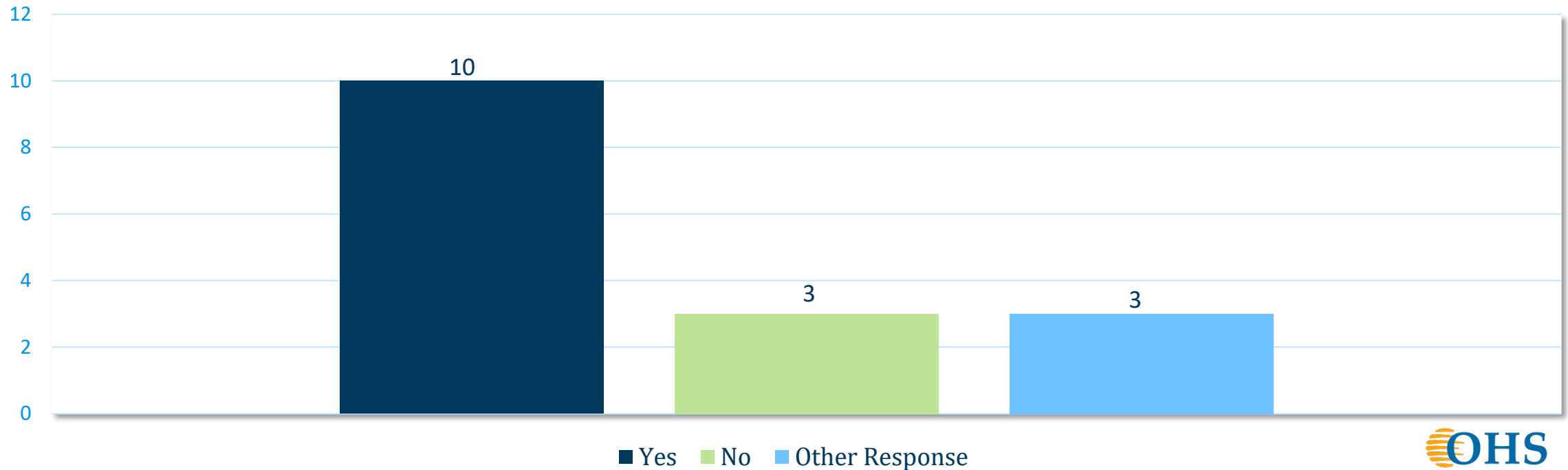
HITAC Strategic Planning

Associated Comments related to development of HITAC Standards Advisory Committee in 2023

"If the work would help the HITAC accomplish other 2023 goals"

"[It] depends on what would be taken out"

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HITAC Strategic Planning

Key 2023 HITAC Priorities at a Glance	
2022 Carryovers	❖ Behavioral Health Stakeholder Engagement ❖ Person-Centered Services Collaborative ❖ Connie as a public health data exchange (state agency data exchange) ❖ Establish HITAC Standards Advisory Committee*
NEW 2023 Priorities	❖ Explore support for CBOs & social service agencies ❖ Develop recommendations for consent management protocols
Statutory Requirements	❖ Connie Regulations ❖ CT-Wiz / Connie integration

Also a statutory requirement

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2023 Strategic Plan | Key Agenda Items

All activities and dates subject to change

JANUARY 19
- Annual Health IT Report
- 2023 Strategic Prioritization
- Connie Privacy, Confidentiality & Security Committee Update
- APCD Update & Strategic Objectives
- BH Engagement Update

FEBRUARY 16

Meeting Cancelled

MARCH 16
- BH Engagement Update & Interim Report
- Strategic Planning Survey & 2023 HITAC Agenda

APRIL 20
- CBOs and Social Service Agencies - Initiation
- REL Implementation Update
- Connie Privacy, Confidentiality & Security Committee Update

MAY 18
- HIE Regulations
- HITAC Standards Advisory Committee Charter (initiation)
- BH Engagement Update
- APCD Strategic Plan

JUNE 15
- Connie Consumer Engagement Progress Update
- 2024 Advanced Planning Document Acceptance
- REL Proposed Federal Amendments

JULY 20
- HIE Regulations
- Person-Centered Services Collaborative Refresh
- Connie Privacy, Confidentiality & Security Committee Update

AUGUST 17
- Legislative Update
- BH Engagement Update & Report
- CBOs and Social Service Agencies Update

SEPTEMBER 21
- Health Equity Dashboard
- Standardized Consent Management Protocols (initiation)
- HITAC Standards Advisory Committee Update

OCTOBER 19
- Connie Patient Access Update
- REL Implementation Update
- Annual RAND Corp Findings Report (contingent on completion date)

NOVEMBER 16
- Connie Quality Metrics (info)
- Connie Privacy, Confidentiality Security Committee Update
- Connie Consumer Engagement Update

DECEMBER 21
- Annual HIT Report (submitted to CGA Feb. 2024)
- HITAC Standard Advisory Committee Update

Behavioral Health Stakeholder Engagement Update & Interim Report

OHS | DMHAS | Connie

Behavioral Health Engagement

- ➤ **Recent Engagement**
  - ▪ Information Sessions
  - ▪ Listening Sessions

- ➤ **Findings**
- ➤ **Responses**
- ➤ **Next steps**

Information Sessions

Engagement & Participation
- Three sessions (October 2022)
- Approx. 550 behavioral health providers invited
- Approx. 120 participated
- Approx. 60 questions documented

Topics
- OHS and the agency's role pertaining to the HIE
- Connecticut General Assembly mandate
- What it means to connect and the timeframe
- Connie achievements and roadmap
- Special considerations for Behavioral Health Providers

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Listening Sessions

Engagement & Participation
- Four sessions (January – March 2023)
- Approx 40 individuals invited from 25 organizations, 22 total participants
- Attended by provider associations, mental health advocacy groups, and action organizations

Topics
- How data is currently shared with other providers
- Current state: What works well? What does not work well?
- Ideal future state for patient data sharing & exchange
- Implications of connection to Connie, and barriers
- Perceived value of connection to Connie for coordinated care
- Hearing practitioner experience, concerns and questions

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Behavioral Health Engagement

Organizations represented in *listening* sessions

- CT Association for Marriage and Family Therapy
- CT Psychological Association
- CT Psychological Association, Forensic Division
- National Association of Social Workers – CT Chapter
- Connecticut College
- CT Counseling Association
- Central CT State University – Dept. of Counselor Education and Family Therapy
- FAVOR, Inc. – Regions 2 & 3
- Southwestern Regional Action Council (SERAC)
- CT Council for Child and Adolescent Psychiatry
- Institute of Living Child and Adolescent High Intensity Treatment Program
- Yale Medicine, Dept. of Psychiatry
- Amplify

Themes from Engagement

➢ Patient Privacy; trust in providers and system

➢ Differences between behavioral health records and other health records

➢ Interoperability: how patient data is currently shared & accessed

➢ Broad diversity of behavioral health specialties

➢ Care coordination and the promise of collaborative data sharing

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Patient Privacy, trust in providers and systems

➢ Emphasis on patient/client data privacy and confidentiality

➢ Mental health records are more sensitive than other health records

➢ Data sharing may deter individuals from seeking treatment; fear of societal stigma and potential for discrimination

➢ Patients may be retraumatized, not knowing who is sharing or viewing their behavioral health records

➢ Patients/clients must be in control over what portions of their records are shared, with whom they are shared, and for what purposes

➢ Patients and providers are not familiar with Connie and how the HIE works

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Differences between behavioral health and other records

In contrast with physical health records...

➢ Many behavioral health records are not electronic or a part of an interoperable EHR system

➢ Patient data exchange, integrated coordinated care, population health, analytics, and value-based payments are more recent care delivery and business models for behavioral health practitioners

➢ There are a significant amount of behavioral health providers that are independent practitioners

➢ Behavioral health records are documented with diagnosis and treatment codes, but there are other data elements (e.g. therapy notes) that patients and providers are more reticent to share and exchange

➢ Patient trepidation about discrimination, stigmatization, and other social and workplace impacts influence expectations regarding confidentiality

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Interoperability: how patient data is currently shared & accessed

Wide variation of patient data systems depending on size and setting

- ➢ ***Providers working in large healthcare systems***
  - ▪ Access to large EHR
  - ▪ Experience with data exchange for treatment with other providers
  - ▪ ROI form for all providers within the same organization
- ➢ ***Providers working in smaller or independent practices***
  - ▪ Limited or no electronic records
  - ▪ Use of paper forms, fax , phone and secure email
  - ▪ Electronic data may be cost prohibitive
  - ▪ Lack of office support for data exchange
  - ▪ Provider specific Release of Information Form (ROI)

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Broad diversity of behavioral health specialties

Broad range of behavioral health provider types and specialties
- Governed specific licensure regulations, federal and state laws in addition to HIPAA
- Not all providers can follow the same approach to record sharing
- Providers need more information about who should share what

Examples of types of behavioral health providers and questions asked:

- Forensic psychologists – services involve evaluation ordered by a court; *Who is the client? Who would give consent to share records?*

- School counselors governed by FERPA – *do they have to share client date?*

- Marriage and family counseling – couples as clients. *Whose records are these? Who gives consent to share?*

- Substance Abuse Counselors- *how is 42 CFR Part 2 protected data shared with the HIE?*

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Care coordination and collaborative data sharing

Behavioral health practitioners say:

- ➤ *They sometimes struggle to obtain health records from other providers unless they work in a larger health system where everyone uses the same EHR system*

- ➤ *It is a cumbersome process from the signed Release of Information (ROI) through multiple follow up calls, faxing, and emails*

- ➤ *Some providers they request records from do not honor the patients' ROI and they won't send records*

- ➤ *Many do see the value in collaborative and coordinated care, but not at the expense of patient control where data sharing is concerned*

- ➤ *Most participants in listening sessions perceived the value of health information exchange to be less compelling than their concerns about the risks to privacy protection*

Currently regarded BHP data exchange practices

Providers said they like:

➢ *that patients are in charge of releasing access to their health records*

➢ *receiving alerts and discharge summaries after hospitals stays and ER visits, after patient consent*

➢ *when EHR systems are accessible by multiple providers, such as those in practices with integrated health systems*

➢ *when patients are informed about who has access to their health record, and for what purpose*

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What else was said…

Providers and patients are broadly unaware of the HIE mandate and the May 3, 2023 deadline to connect

➢ **Providers need information about:**

  ▪ *connecting to the HIE*

  ▪ *behavioral health data privacy*

  ▪ *the types of data to submit*

  ▪ *whose data will be included in the HIE (e.g. Veterans? Non-residents? Adolescents?)*

  ▪ *the requirements for patient authorization beyond HIPAA for specific providers*

➢ **Providers seek support and guidance on informing patients about the HIE**

➢ **Some providers are concerned with the cost of connecting and question the value of the HIE**

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Immediate Response

OHS published an evolving FAQ page on their website to address common listening session questions and it will periodically updated

➢ The process of connecting to Connie is compliant with federal and state laws governing privacy and confidentiality of health records

➢ Providers inform patients before sharing data, and communicate to patients when their records have been shared, and their option for opting-out of Connie

➢ Providers must follow federal and state laws governing health records for their specific license and/or specialty

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Examples of HIE data of interest for care coordination and also what not to share

HIE DATA OF INTEREST	DO NOT SHARE
Patient List	Psychotherapy notes (HIPAA*)
Symptoms and Diagnosis	Therapist Observations
Summary of Treatment Plan	Therapist questions for research
Summary of Progress	Therapist thoughts about session
Prescribed Medications	Therapist hypotheses before diagnosis
Discharge Summary	Court-sealed, non-treatment forensic services
Billing Information (e.g. CPT codes/insurance codes)	Federal or State legally sealed data (e.g. FERPA, 42 CFR Part 2**)
Diagnosis Codes (e.g. CD10 codes)	Event details or circumstances relating to symptoms, diagnosis, treatment, progress.
Any patient consented data that will help in the holistic care and treatment of the patient, alongside patient's other providers.	Any information that requires patient consent under federal and state law, in which your patient/client does not consent to.

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Next Steps for Engagement

➢ **OHS and its partners are planning additional engagement activities and a communication plan to:**
- provide further information and awareness of the state's HIE
- eliminate confusion about HIE practices
- inform providers about resources available on the Connie website

➢ **OHS and its partners are evaluating the need to develop work groups of various provider types**

APCD Data Release Committee Charter

Olga Armah, OHS

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APCD Data Release Committee (APCD-DRC) Charter

General Background & Purpose

- OHS established charters across all councils and committees
- In accordance with HITAC charter:
  - *HITAC will ensure all committees and work groups prepare and ratify a charter...*
- APCD DRC ratified its charter in December
- Charter brought before HITAC for information purposes only

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APCD-Data Release Committee Charter

General Charter Format

7 Articles within APCD-DRC Charter	
Article 1	Authority to Establish Working Group (APCD-DRC)
Article 2	Purpose
Article 3	Membership
Article 4	Officers
Article 5	Operating Procedures
Article 6	Duties of APCD-DRC
Article 7	Duties of OHS

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APCD-DRC Charter Review

Article 2: Purpose

The purpose of the APCD-DRC shall be to:

(i) review and approve or deny Data Release Applications submitted by Applicants for the release of Data (in accordance with policy and established procedures); and

(ii) provide support to the OHS during the receipt and review of Data Release Applications.

Announcements & General Discussion

Dr. Joe Quaranta & Council Members

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Wrap Up and Meeting Adjournment

Upcoming Meeting
April 20, 2023

Contact Information

OHS Contact for March 2023 HITAC Meeting

Amy Tibor
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OHS General Email
OHS@ct.gov

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