

Health IT Advisory Council

April 21, 2022



Agenda

Agenda Item	Time
Welcome & Call to Order	1:00 PM
Public Comment	1:05 PM
<u>Council Action</u> : Approval of Minutes: March 17, 2022	1:08 PM
Connie Update	1:13 PM
Connie Security, Privacy and Confidentiality Committee Status	1:25 PM
Behavioral Health Education Campaign Initial Roadmap	1:40 PM
<u>Council Action</u> : HIE Sustainability Support Workgroup Update	2:10 PM
Announcements & General Discussion	2:20 PM
<u>Council Action</u> : Wrap Up & Meeting Adjournment	2:25 PM

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Approval of Meeting Minutes:

March 17, 2022

Connie Update

Health IT Advisory Council
April 21, 2022

Jenn Searls, Executive Director



Connectivity Updates: Hospital

Health System	ADT	CCD	Lab	Rad	Trans	Img
Bristol Health	●	◐	●	●	●	●
Nuvance Health (West) ¹	●	●	●	●	○	●
Nuvance Health (East) ²	●	◐	●	●		●
UConn Health	●	◐	●	●	●	
Hartford Healthcare	●	◑	○	○	○	
Yale New Haven Health	●	◑				
Griffin Health	◐	◑	◑	◑	◑	
Middlesex Health	◐		○	○	○	
Hospital for Special Care	◐	○	○	○	○	

¹ Includes Nuvance West Medical Group ² Includes Nuvance East medical practices

○ Connectivity/planning ◑ Development ◐ Testing ◑ Change Control Board ● Live

ADT: Admit, Discharge, Transfer Messages (Hospital Encounters) | CCD: Continuity of Care Document | LAB: Laboratory Results
 RAD: Radiology Results | TRN: Transcribed Documents (Discharge Summaries) | Img: Radiology Images





Connectivity Updates: Hospital

Health System	ADT	CCD	Lab	Rad	Trans	Img
Prospect (Waterbury) ¹						
Prospect (ECHN)						
<i>Legal signed. Technical Discovery to be scheduled.</i>						
Gaylord Health						
The Connecticut Hospice						
Stamford Health						
<i>Legal Review</i>						
Trinity Health Of New England						
Hebrew Senior Care						
Masonicare						
Silver Hill Hospital						

¹ Includes Alliance Medical Group

Connectivity/planning
 Development
 Testing
 Change Control Board
 Live

ADT: Admit, Discharge, Transfer Messages (Hospital Encounters) | CCD: Continuity of Care Document | LAB: Laboratory Results
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Connectivity Updates: Other

EMR Hub/Organization	Pilot	Category	ADT	CCD	Access
Athena Hub (41 practices)	Avanta Clinic	EMR Hub	●	●	InContext
Glenwood Systems Hub (15)	Modern Era Peds	EMR Hub	○	○	Portal
Greenway Hub (29)	Mansfield Family Practice	EMR Hub	●	●	Portal
eCW Hub (72)		EMR Hub	○		InContext
CureMD (10)	Bridgeport Family Med	Ambulatory			Portal
American Health Tech (11)	iCare Health	EMR Hub	○	○	Portal
ProHealth Physicians		Ambulatory	●	○	
Yale Community Connect		Ambulatory	●	●	

○ Connectivity/planning ◐ Development ◑ Testing ◒ Change Control Board ● Live

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National Network Connectivity

The screenshot displays the Connie HIE InContext interface. At the top, the Connie logo is visible, along with copyright information and navigation links: SWITCH HIE, SEND FEEDBACK, PRODUCT UPDATES, and a user profile for JOEL BRADLEY with a LOGOUT option. Below this is a search bar for 'Search Applications & Reports'. The main content area is titled 'HIE InContext' and shows a patient record for 'Vvv Testpat', Male, born Jul 7, 1982. The record is organized into tabs: ENCOUNTERS, HEALTH RECORDS, STRUCTURED DOCUMENTS (selected), and IMMUNIZATIONS. A sidebar on the left lists 'Reports & Applications' with options for PATIENT INFORMATION, CLINICAL DATA, and CARE COORDINATION. The 'STRUCTURED DOCUMENTS' tab displays a table of documents:

Date ↓	Source	Title	Type	Size (KB)
—	CVS Health IT\ MinuteClinic - TST	Continuity of Care Document	Summarization of Episode Note	—
—	CVS Health IT\ MinuteClinic - TST	Continuity of Care Document	Surgical Operation Note	—

At the bottom of the table, it indicates 'Rows per page: 25' and '1-2 of 2' with navigation arrows.

eHealth Exchange Hub: Veterans Administration
UMass Memorial | Southcoast Health | CVS Minute
Clinics | NYU Langone Medical Center



Onboarding Status Update

287 Live data connections

- Expanding data types (radiology, CCDs, labs, National Networks)
- 3.2 million unique consumers

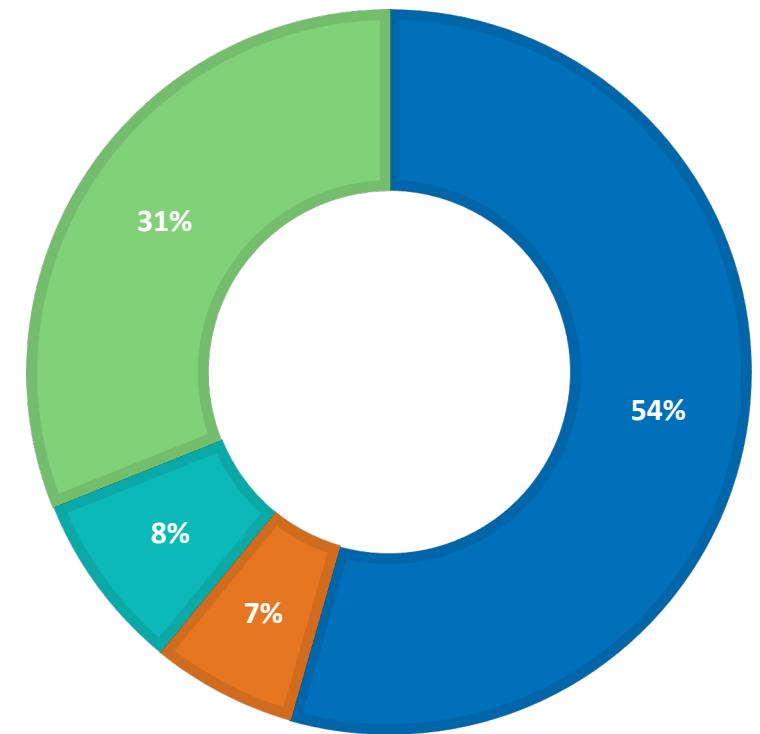
618 Trusted Data Sharing Agreements

170+ in the Queue

- 35 trusted data sharing agreements in active discussion stage

ORGANIZATION TYPES

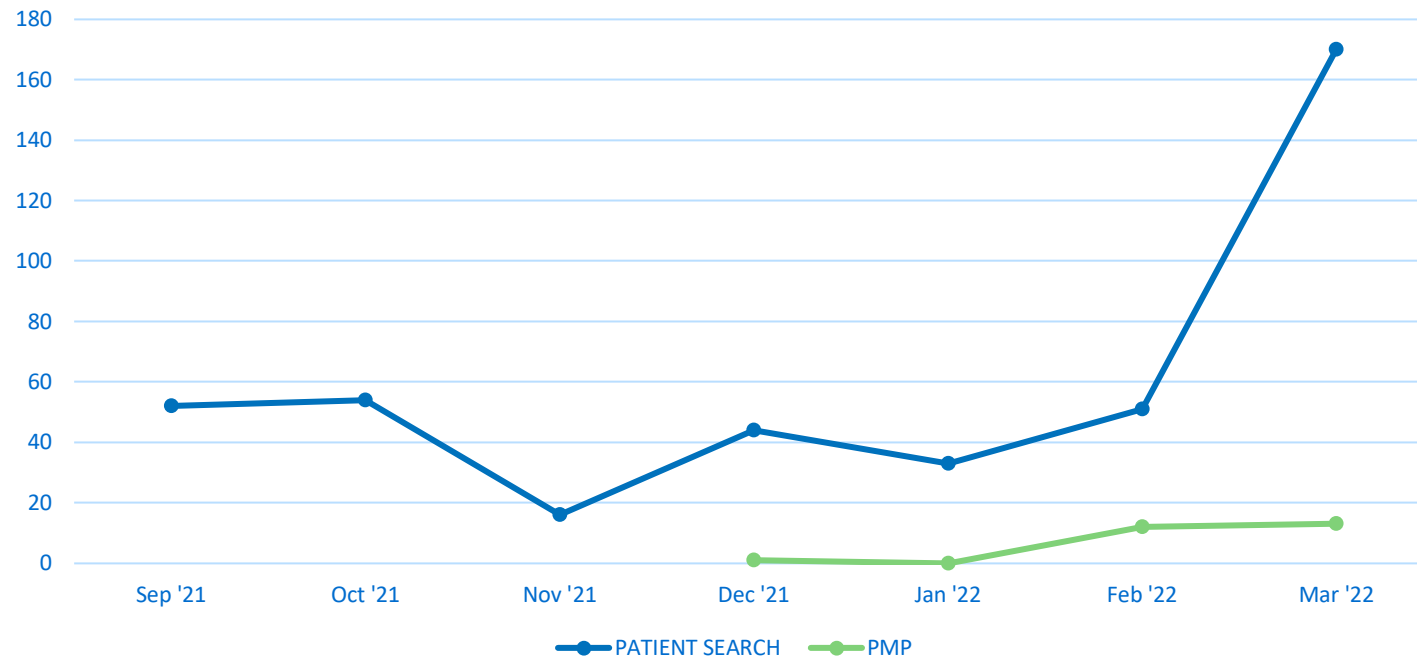
■ Ambulatory ■ Hospital ■ Post Acute ■ Other





Data Access (March 2022)

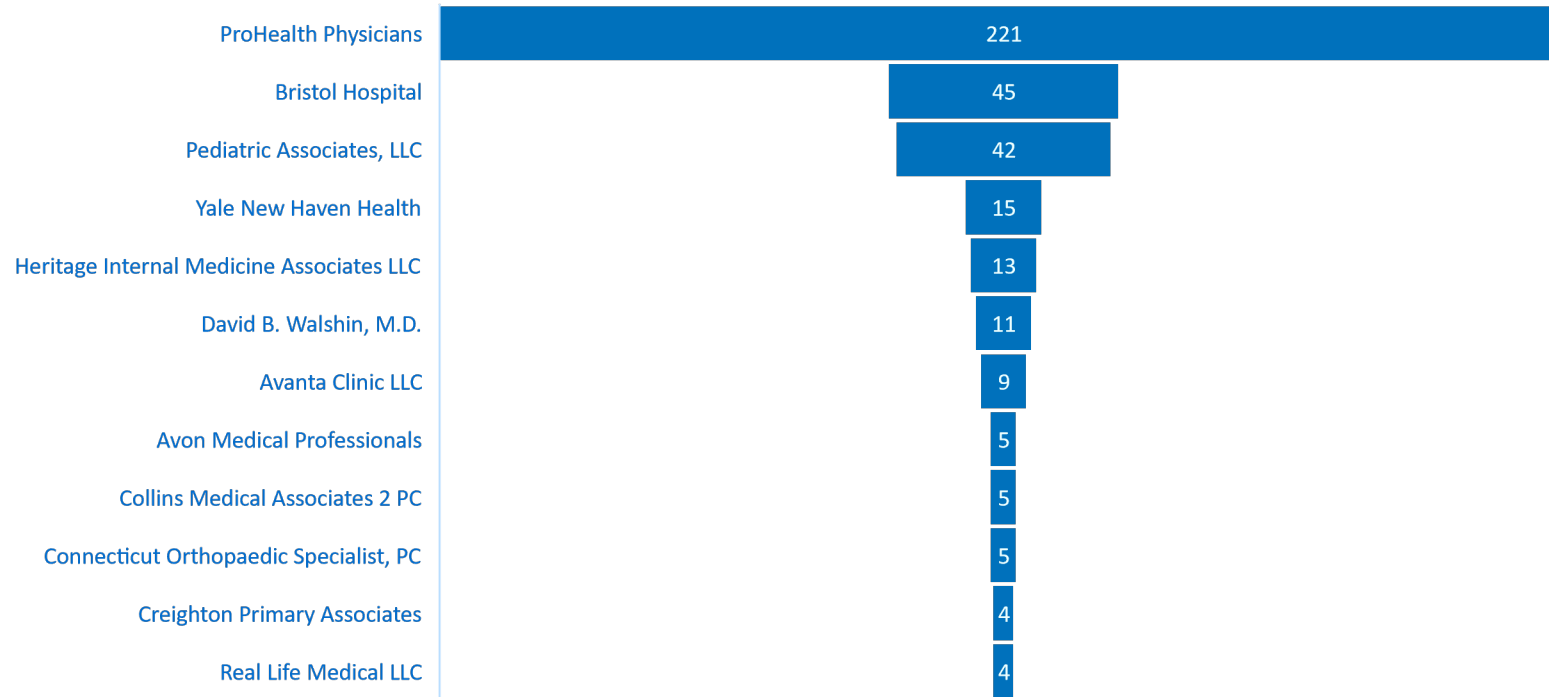
Patient Search & PMP Queries





Data Access (March 2022)

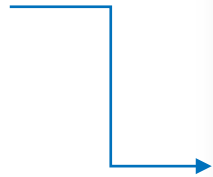
Connie Portal Access By Organization





Other Updates

Website Update



Participating Organizations Connect With Connie

Our List of Partners is Growing Every Day

Connie Dashboard: Who's Connected and What They're Sharing

Facility	Parent	Panel	ADT	CCDA	Lab	Rad	Trans
Adult and Pediatric Asthma and Allergy of CT		●					
Advanced Cardiovascular Specialists, P.C.		●	●	●			
Advanced Diagnostic Pain Treatment Centers, PC		●	●	●			
Advanced Orthopedics New England		●					
Allergy, Asthma & Immunology Center, LLC		●	●	●			

Provider Directory

Connie

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HOME Search Applications & Reports

Reports & Applications

CT Provider Directory

Convergent Search

Search

Name NPI Organization Specialty Provider Type

Location

Use Distance Search?

Street Address City State Zip

Search Clear



Other Updates

Anna Cadence
Female | Nov 16, 1981

PDMP MEDICATIONS

Medications

Medication	Generic Name	Dose
Pulmicort 0.5 MG/2ML	budesonide 0.25 MG/ML Inhalation Suspension [Pulmicort]	2.0 ml

Sig: 2 ml Inhalation TWICE A DAY
Start Date: 2019-02-15
Capture Date
Prescriber

BPMH Progress

- Review of parsed medication data from CCDs
- 90-day simple, expanded and all-history views
- “let the data do the talking”
- Finalize UI by end of April
- Dev work starting in May

Anna Cadence
Female | Nov 16, 1981

PDMP MEDICATIONS

LAST 90 DAYS ALL

Medications - Last 90 Days

Medication	Generic Name	Dose	Sig	Prescriber	Start Date ↓	Capture Date
Pulmicort 0.5 MG/2ML	budesonide 0.25 MG/ML Inhalation Suspension [Pulmicort]	2.0 ml	2 ml Inhalation TWICE A DAY	Smith, John	2019-02-15	2019-02-18

Rows per page: 25 1-1 of 1



Privacy, Confidentiality and Security Committee

Objective: Ensure that Connie has the proper structure, process, and controls necessary to safeguard the privacy, confidentiality, and security of health information

Approach: Establish Privacy, Confidentiality, and Security Committee of the Board of Directors





Privacy, Confidentiality and Security Committee

Process: Ad hoc workgroup to develop recommendations to Board re: structure and process for effective committee

- Review best practices, stakeholder input, regulatory requirements
- Inventory of current assets
- Draft charter



Privacy, Confidentiality and Security Committee

Timeline:

- April 18 Planning meeting
- April 21 Update to HITAC
- May 4 Update to Connie Board
- May 5 Planning meeting
- May 19 Update to HITAC
- Date TBD Action by Connie board to establish committee

Discussion

- What ways would HITAC want to provide input to the Connie Board and PC&S Committee related to its work?
- What ways would be most effective for communication with HITAC in the future about the work of the PC&S Committee?



Questions?



Behavioral Health Education Campaign Initial Roadmap

Carol Robinson, CedarBridge Group

Implementing the Statewide Health Information Technology Plan

Phase One: Support Behavioral Health Providers in the Use of Health IT



CedarBridge Group®



Health IT Advisory Council's Top Priorities for 2022

1

Support behavioral health providers in the use of health IT

Address data privacy concerns and increase awareness through engagement campaign

2

Establish interoperability standards

Charter HITAC Standards Advisory Committee to make regulatory recommendations

3

Increase interagency data sharing

Establish Person-Centered Services Collaborative to develop common policies and standards

4

Optimize the value of Connie's HIE services

Support HIE services for public health use cases and evaluate sustainable funding approaches

Why
behavioral health
providers
are a top priority in
Connecticut's
Statewide
Health IT Plan



Background

- ❑ Behavioral health treatment is not coordinated or integrated with treatment for physical health conditions
- ❑ Fragmentation of physical and mental health services impedes access and negatively impacts health outcomes in individuals suffering from comorbidities (i.e., depression and diabetes)
- ❑ Medicaid beneficiaries have higher rates of co-occurring substance use disorder (SUD), mental illness, and chronic conditions, compared privately insured peers
- ❑ Most behavioral health providers were left out of the HITECH Act's EHR incentive program for Medicaid and Medicare providers

Barriers to Behavioral Health IT Adoption

- ❑ Investing in technology and training to use an EHR is cost prohibitive for many providers
- ❑ There is no industry standard for behavioral health IT
 - Segmenting SUD information within an EHR, while sharing the rest of a patient record, is challenging
 - Clinical tools and data fields within EHRs generally do not include mental health and SUD functions
- ❑ Behavioral health EHRs are necessary for behavioral health providers who work in integrated care settings

Types of Licensed Behavioral Health Professionals

- **Psychiatrists**
- **Nurses**
- **Psychologists**
- **Primary Care Physicians**
- **Advanced Practitioners**
- **Marriage and Family Therapists**
- **Licensed Professional Counselors**
- **Nurse Educators**
- **Social Workers**
 - **Licensed Clinical Social Workers**
 - **Licensed Independent Social Workers**
- **School Guidance Counselors**
 - **Licensed Counselors**
 - **Licensed Professional Counselors**
 - **Licensed Mental Health Counselors**
 - **Licensed Clinical Alcohol and Drug Abuse Counselors**

Federal Winds

Medicaid and CHIP Policy Advisory Commission

Draft Recommendations for Encouraging Health IT in Behavioral Health

Expected to be finalized in June 2022 Report to Congress

MACPAC Recommendation 1: Guidance to States on Using Medicaid Authorities for EHR Adoption

The Secretary of Health and Human Services should direct Center for Medicare and Medicaid Services (CMS), Substance Abuse and Mental Health Services Administration (SAMHSA), and Office of the National Coordinator for Health IT (ONC) to develop joint guidance on how states can use Medicaid authorities and other federal resources to promote behavioral health IT adoption and interoperability.

Rationale: Guidance to States on Using Medicaid Authorities for EHR Adoption

- States do not have a playbook for incentivizing EHR adoption for providers ineligible for the EHR incentive payment program
- Various Medicaid authorities can be used to support EHR adoption and promote information sharing via HIEs
- SAMHSA and ONC grant opportunities can be combined with Medicaid to support EHR technical assistance

Implications: Guidance to States on Using Medicaid Authorities for EHR Adoption

- Federal spending:** No direct spending on Medicaid and CHIP
- States:** Creates a state option to run an EHR incentive payment program
- Beneficiaries:** Benefit from better coordination of care, which is correlated with better patient outcomes
- Plans and providers:** Greater funding for IT adoption efforts; better position to provide integrated care

MACPAC Recommendation 2: Voluntary Standards for Behavioral Health IT

The Secretary of Health and Human Services should direct Substance Abuse and Mental Health Services Administration (SAMHSA) and Office of the National Coordinator for Health IT (ONC) to jointly develop voluntary standards for behavioral health information technology.

Rationale: Voluntary Standards for Behavioral Health IT

- Creates an industry standard for behavioral health IT through a collaborative process with ONC, SAMHSA, and stakeholders
- Builds EHR technical specifications that conform with 42 CFR Part 2 and ONC Certified EHR Technology (CEHRT) requirements
- Provides a non-financial incentive for providers working in integrated settings
- Creates a glide-path towards mandatory behavioral health EHR functions when technology matures

Implications: Voluntary Standards for Behavioral Health IT

- Federal spending:** This would have no direct effect on federal spending
- States:** Would support state efforts when establishing its own EHR incentive payment program and facilitate greater information sharing on state-run HIEs
- Beneficiaries:** Would have greater control over the type of SUD information that can be shared versus kept private from other providers
- Plans and providers:** In the near term, both would have technical specifications for behavioral health clinical and behavioral IT functions. In the long term, integration efforts would improve when functions are made mandatory



Bipartisan bill aims to create incentives for mental health providers to adopt electronic records, health IT systems

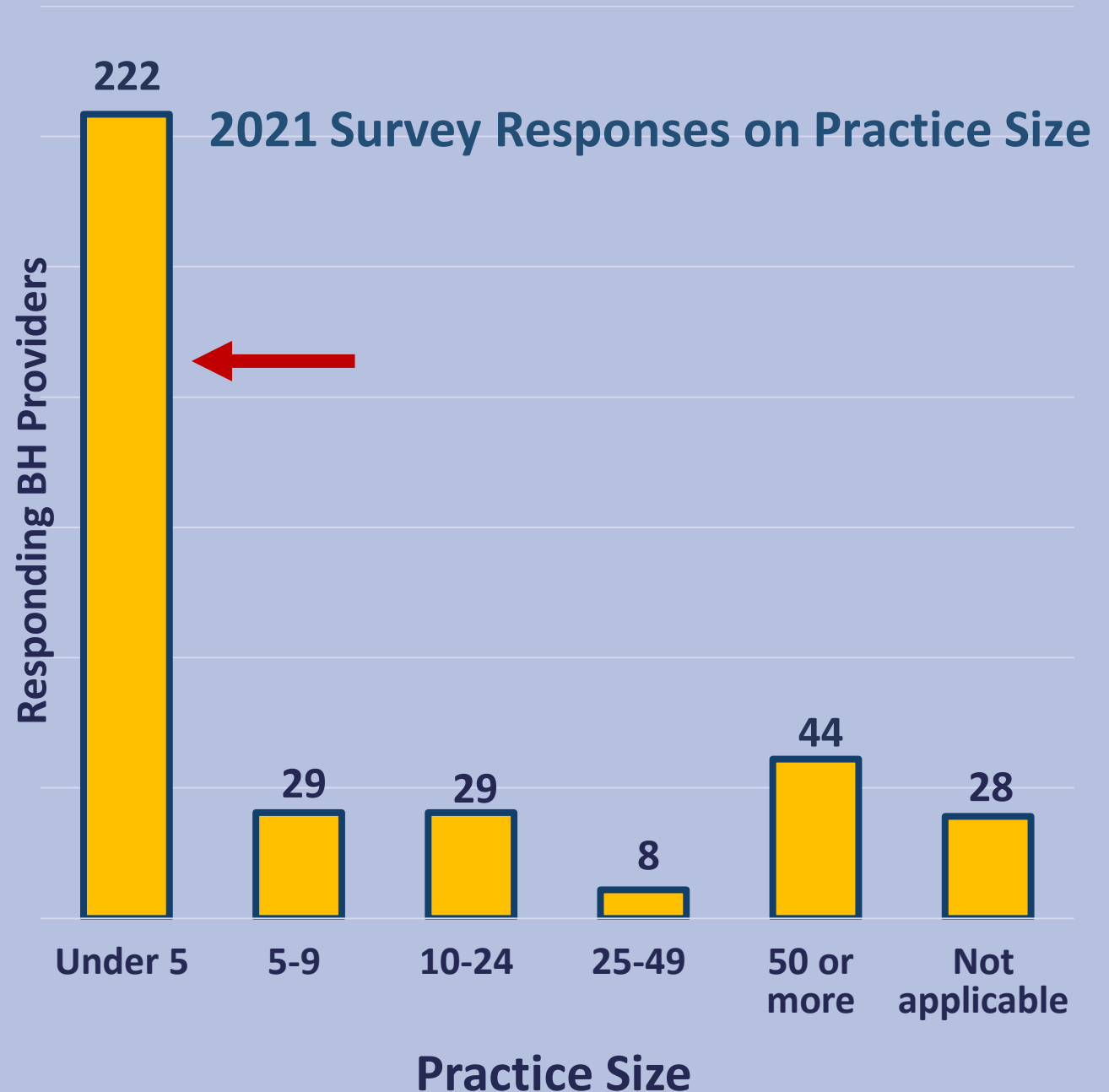
Apr 13, 2022 05:00am

- A new bipartisan bill introduced by Reps. Doris Matsui, D-California, and Markwayne Mullin, R-Oklahoma, aims to give targeted funding to providers and community mental health centers aimed at adopting health IT systems.
- The Behavioral Health Information Technology Now Act would provide \$250 million over three years to finance behavioral health IT adoption via the Center for Medicare and Medicaid Innovation (CMMI).

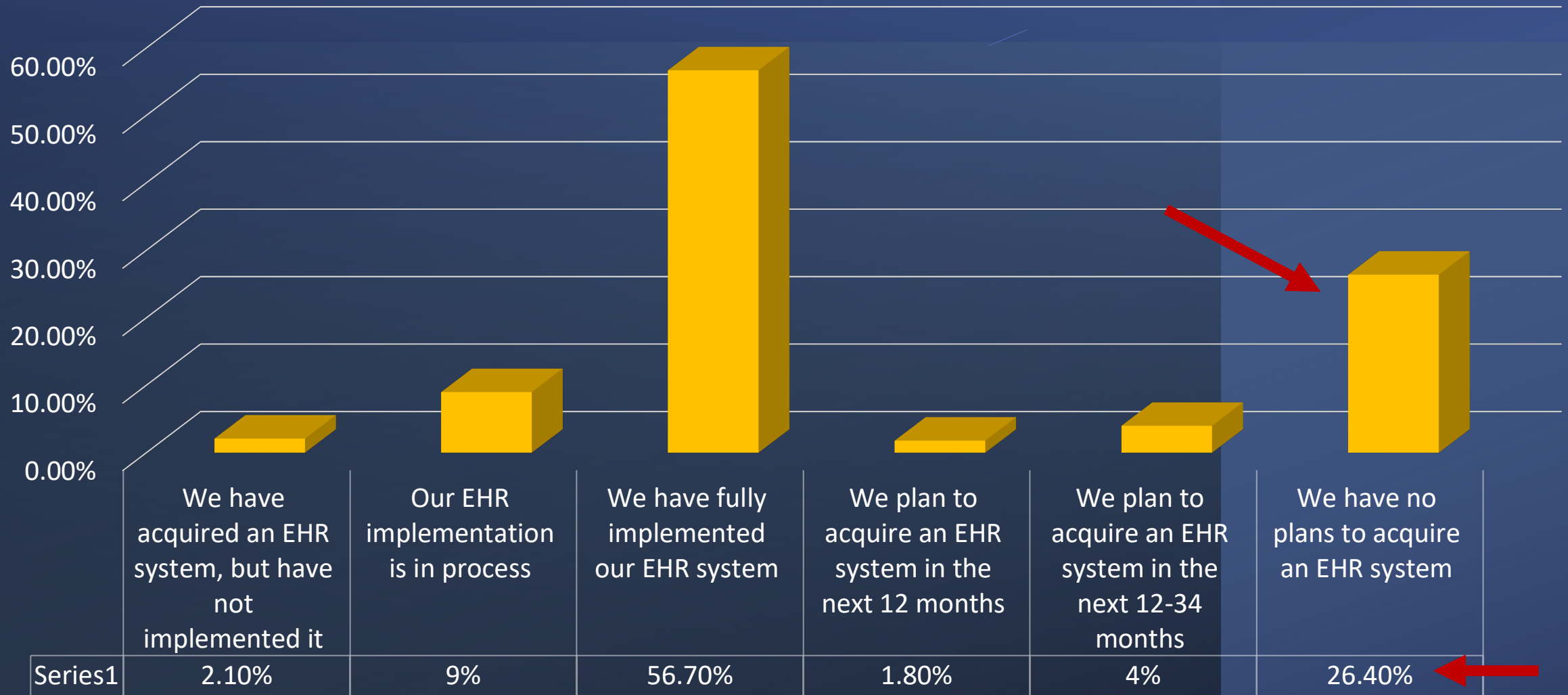
Planning for Connecticut's Behavioral Health Providers

62% of surveyed providers reported **working independently** or in a practice with **fewer than five** providers.

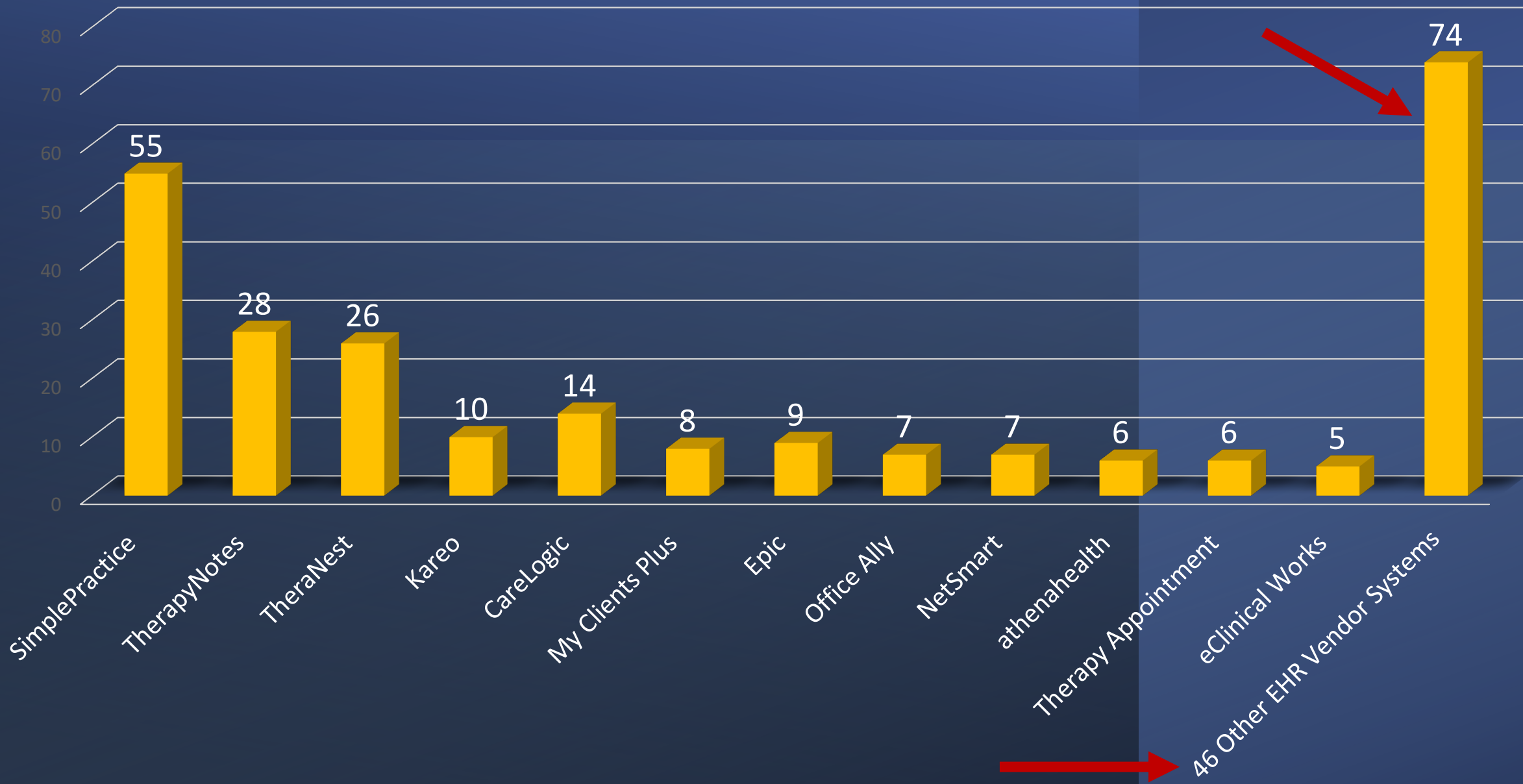
It is important to **support care coordination** between behavioral health and primary care providers with **health IT solutions** that even **the smallest practices can afford and manage.**



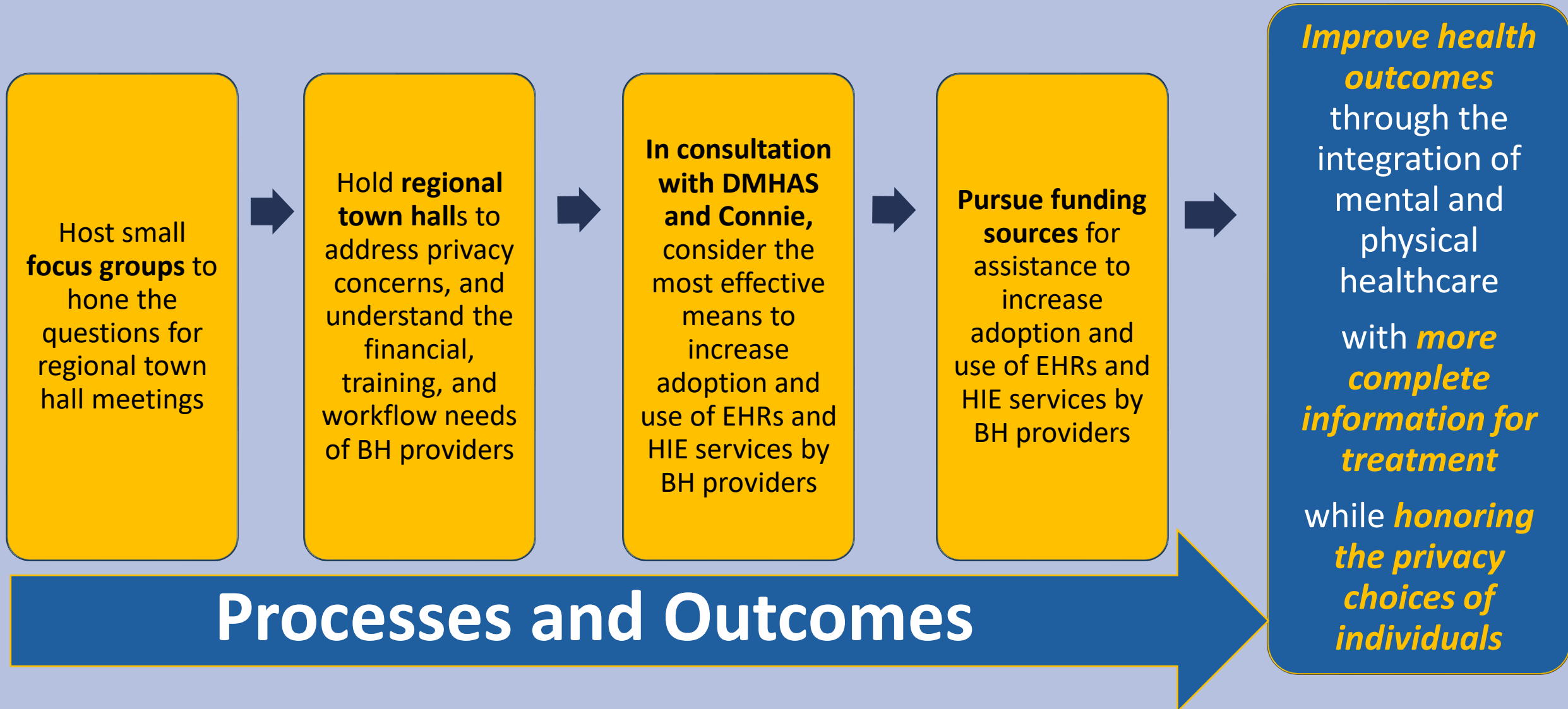
More than a Quarter of Surveyed Providers Have Not Adopted an EHR



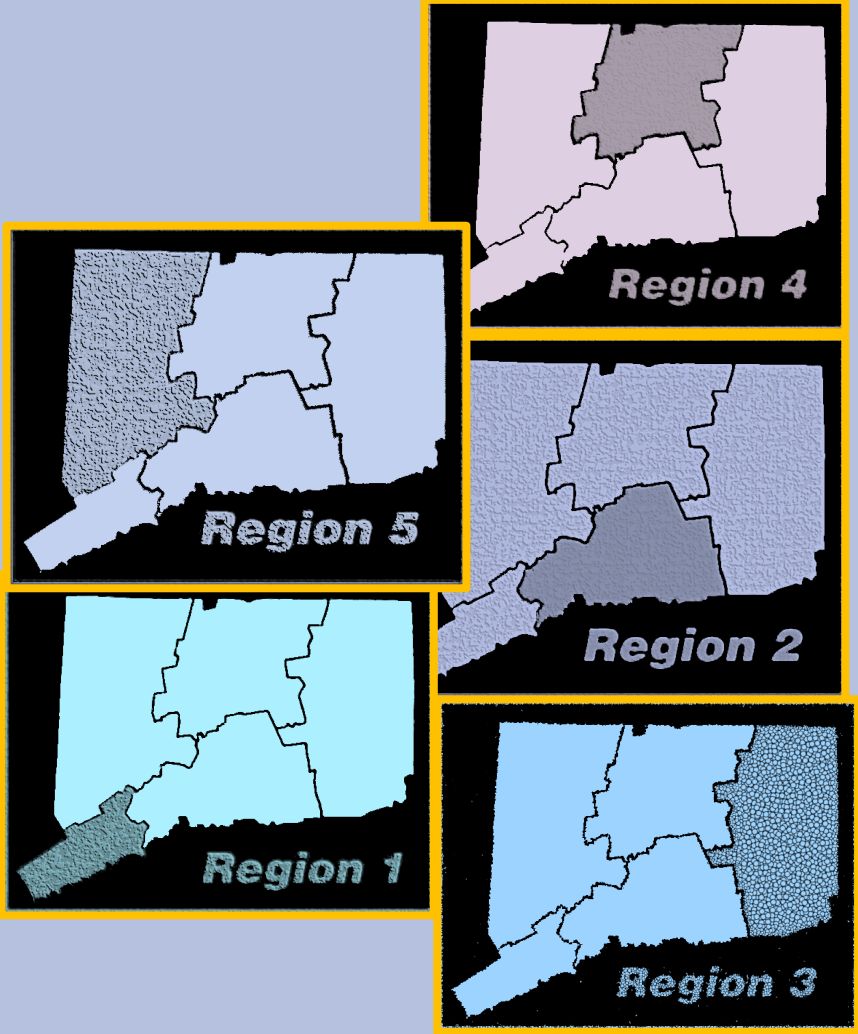
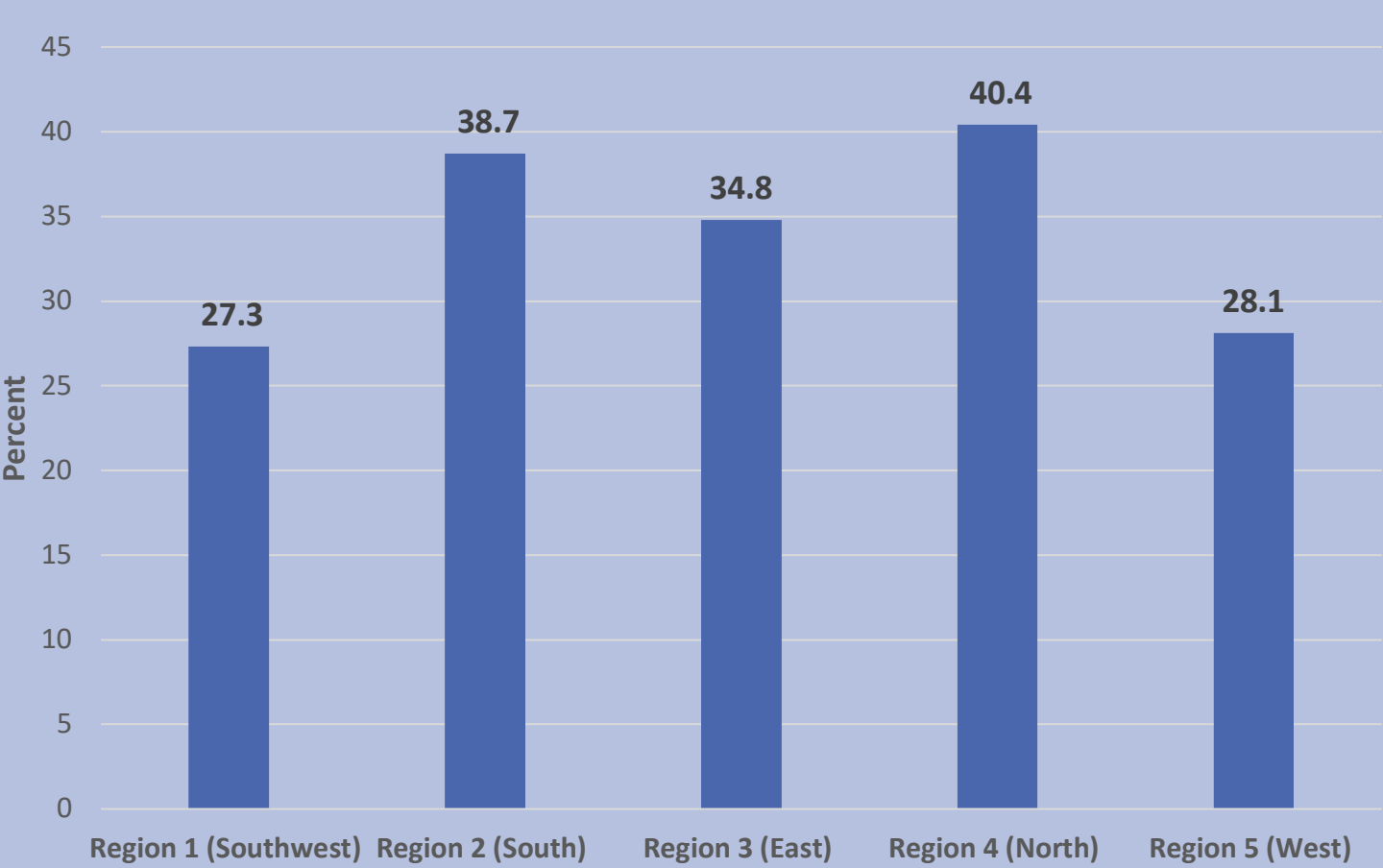
59 Different EHR Vendors Reported in Survey Responses



Support Behavioral Health Providers Use of Health IT



Leverage Connecticut's Local Mental Health Regions



Distribution of 2021 Survey Responses by LMH Regions

Community Engagement Goals



Understand data privacy concerns



Increase awareness of Connie services



Understand barriers to adoption



Understand training and technical assistance needs

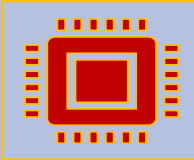
Examples of Questions For Town Hall Discussions



Are you using an EHR to document client care?

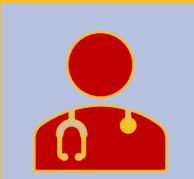
Are you using an EHR system to share information about client care?

?



Are you currently participating in HIE with Connie ? Are you considering it?

What would help alleviate your concerns and increase your interest in using HIE services?



How do you usually find out if a client is in crisis in an emergency department?

What types of information would be most helpful as you're providing client care?



Do you have opportunities to speak with your clients about the benefits of sharing information with other healthcare providers they're seeing?

Would you like more resources or training to help you with those conversations?



What would you like to see happen from these conversations?

Do you have ideas for policies, programs, technology, regulations?

What kinds of assistance would be most helpful?

Strategies and Tactics

Support behavioral health providers in the use of health IT

➤ **Address data privacy concerns**

➤ **Increase awareness of Connie services**

➤ **Assess and define technology and training needs**

Engage

Hold focus groups and town hall listening sessions

Provide communication support for Connie and DMHAS

Involve other HHS agencies (DSS, DCF, DPH, etc.)

Educate

Learn more about barriers and needs for technology and training

Understand and discuss ways to address privacy concerns

Emphasize the value of care coordination

Evaluate

Support Connie in addressing privacy concerns

Analyze funding options to assist BH providers

Support DMHAS with technology planning and evaluation

Execute

Develop funding plan for provider assistance fund

Develop training and technical assistance programs

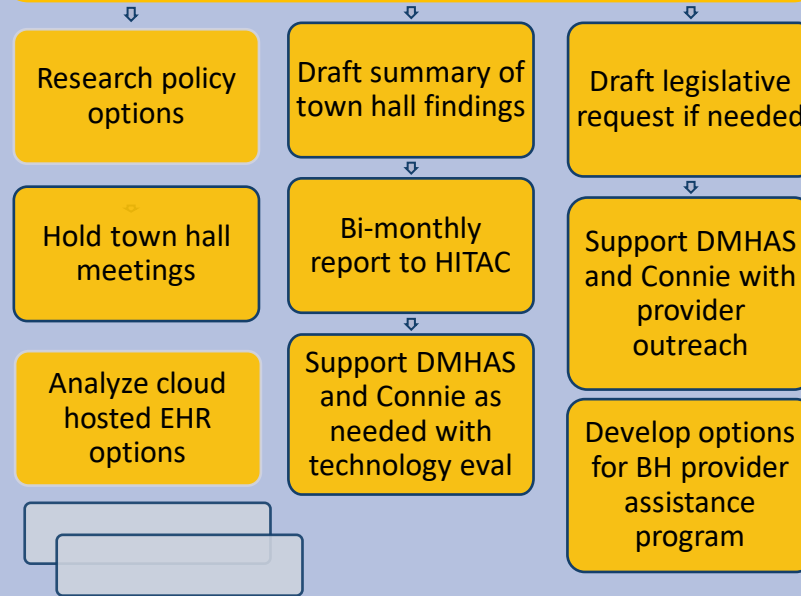
Measure adoption of EHR/HIE technology and impacts on care

High-Level Workplan for Engagement Campaign and Provider Assistance Program Planning

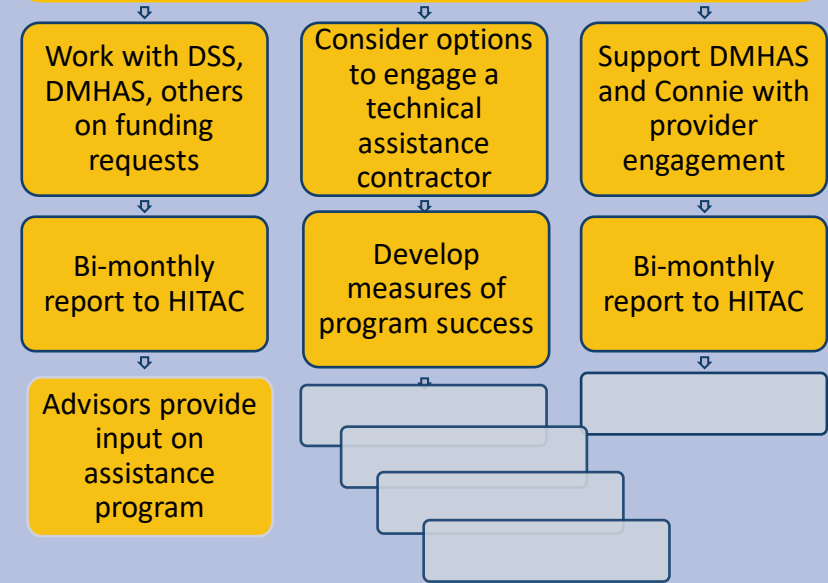
2022 - Q2



2022 - Q3



2022 - Q4



Dependencies:

- Funding secured for provider incentives, technical assistance, and training
- Cloud EHR technology offered to ensure standards and economies of scale
- Trust is established and maintained in Connie to ensure data privacy and enable person-focused policies and services

Health Information Exchange Sustainability Support Workgroup Update

Sumit Sajnani, OHS HITO

Announcements & General Discussion

Dr. Joe Quaranta, Council Members

Wrap Up and Meeting Adjournment

Next Meeting Date:
May 19, 2022

Contact Information

OHS Contact for May 2022 HITAC Meeting

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OHS@ct.gov

Health IT Advisory Council Website:

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