Health IT Advisory Council

May 18, 2023

OHS
CONNECTICUT
Office *of* Health Strategy

Agenda

Topics
Welcome & Call to Order
Public Comment
Council Action: Approval of Minutes: April 20, 2023
HIE Regulations Initiation
Connie Update
APCD Strategic Plan Update
Announcements & General Discussion
Council Action: Wrap Up & Meeting Adjournment

OHS
CONNECTICUT
Office of Health Strategy

Welcome and Call to Order

OHS
CONNECTICUT
Office of Health Strategy

Public Comment

(2 minutes per commenter)

OHS
CONNECTICUT
Office of Health Strategy

Approval of Meeting Minutes

April 20, 2023

OHS
CONNECTICUT
Office of Health Strategy

Initiating the State-wide Health Information Exchange Policies, Procedures and Regulations

Health Information Technology Advisory Council (HITAC)

May 18, 2023

Sumit Sajnani, HITO
Vasi Gournaris, OHS
Alicia Novi, OHS

OHS
CONNECTICUT
Office *of* Health Strategy

OHS SEEKS HITAC FEEDBACK

- Towards developing policies, procedures and regulations for the state-wide health information exchange
- To ensure success in meeting the statutory objectives of the state-wide health information exchange (HIE)
- On principle HIE concepts which will help develop additional regulatory concepts for future meetings

OHS CONNECTICUT Office of Health Strategy

HIE Regulation Concepts for HITAC Advisement

Privacy & Security	HIE purpose	Data sharing requirements
Patient Access	Providers	Data use restrictions
Complete Medical Record	Providers-in depth	3 HIE Connection Levels
HIE authority/restrictions	Funding management	Privacy restrictions
11 statutory goals	Direct messaging	Data Access
Definitions	Infrastructure	Privileged Data
Additional Requirements	Fees	Penalties

OHS CONNECTICUT Office of Health Strategy

Initiating Regulations for the State-wide HIE

Today's Presentation Topics:

- **Purpose of formulating regulations**
- **HITAC's Advisement Role**
- **Regulations Process**
- **Initial concepts for HITAC feedback:**
  - 2 key principles - "health care providers" and the "complete medical record"
  - 3 HIE connection levels - "begin the process of connecting"; "connecting; and "participating"

Why do we need regulations?

- To provide guidance and clarity to all involved with the state-wide health information exchange
- To meet the statutory objectives of the state-wide health information exchange

OHS HIE Regulatory Authority

Connecticut General Statutes sections 17b-59d(g) and 17b-59e(d) both state:

The executive director of the Office of Health Strategy shall adopt regulations in accordance with the provisions of chapter 54 *that set forth requirements necessary to implement the provisions of this section. The executive director may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided the executive director holds a public hearing at least thirty days prior to implementing such policies and procedures and publishes notice of intention to adopt the regulations on the Office of Health Strategy's Internet web site and the eRegulations System not later than twenty days after implementing such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time such regulations are effective.* (Effective May 23, 2022.)

- ***CGS* 17b-59d** (State-wide HIE established with goals)
- ***CGS* 17b-59e** (Health records and connecting to the HIE)

OHS CONNECTICUT Office *of* Health Strategy

The HITAC Role

Advisement to ensure success in meeting the statutory objectives of the state-wide health information exchange

HITAC Advisement Role

Connecticut General Statutes section 17b-59f(a) states:

Sec. 17b-59f. State Health Information Technology Advisory Council. Establishment of All-Payer Claims Database Advisory Group. *(a) There shall be a State Health Information Technology Advisory Council to advise the executive director of the Office of Health Strategy and the health information technology officer, designated in accordance with section 19a-754a, in developing priorities and policy recommendations for advancing the state's health information technology and health information exchange efforts and goals and to advise the executive director and officer in the development and implementation of the state-wide health information technology plan and standards and the State-wide Health Information Exchange, established pursuant to section 17b-59d.* ***The advisory council shall also advise*** *the executive director and officer* ***regarding the development of appropriate governance, oversight and accountability measures to ensure success in achieving the state's health information technology and exchange goals.***

OHS CONNECTICUT Office of Health Strategy

HITAC Feedback Mechanism for the Development of HIE Regulations

1. **Send HITAC members a PowerPoint and drafts of regulations and receive comments:**
   - during the HITAC meetings
   - outside of the HITAC meetings
   - through a combination of methods
2. **Develop a sub-committee**
   - short-term working group to review and respond to draft regulations
3. **Other suggestions?**

The Process

- **The Formal Rules and Regulations Process**
  - Notice, Filing, Hearing, Public Comment, Approval and Adoption
- **Developing the Policies, Procedures and Regulations (before the formal process)**
  - Research, Analyze, Stakeholder Outreach, Draft, HITAC Feedback, Draft Revisions, Final Draft

Rules and Regulations Process

Alicia Novi
Staff Attorney
Office of Health Strategy
May 18, 2023

OHS
CONNECTICUT
Office *of* Health Strategy

Agenda

- Statutory Authority to write regulations
- Connecticut General Statutes and Rules for the Legislative Review
- Rules and Regulations Process
- Timeline for the Regulations process
- eRegulations - Home (ct.gov)

Where do we get the authority to make rules and Regulations?

- Effective May 23, 2022, subsection (g) was added to Connecticut General Statute §17b-59d State-wide Information Health Exchange
  - (g) The executive director of the Office of Health Strategy shall adopt regulations in accordance with the provisions of chapter 54 that set forth requirements necessary to implement the provisions of this section. The executive director may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided the executive director holds a public hearing at least thirty days prior to implementing such policies and procedures and publishes notice of intention to adopt the regulations on the Office of Health Strategy's Internet web site and the eRegulations System not later than twenty days after implementing such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time such regulations are effective.

- Effective May 23, 2022, subsection (d) was added to Connecticut General Statute §17b-59e Electronic Health Record Systems. Connection to State-wide information exchange
  - (d) The executive director of the Office of Health Strategy shall adopt regulations in accordance with the provisions of chapter 54 that set forth requirements necessary to implement the provisions of this section. The executive director may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided the executive director holds a public hearing at least thirty days prior to implementing such policies and procedures and publishes notice of intention to adopt the regulations on the Office of Health Strategy's Internet web site and the eRegulations System not later than twenty days after implementing such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time such regulations are effective.

What governs rules and regulations

- Regulations are adopted in Connecticut pursuant to the UAPA Chapter 54 of the General Statutes
  - CGS §4-168 through §4-174 Chapter 54 - Uniform Administrative Procedure Act

- Rules of the Legislative Regulation Review Committee (LRRC).
  - Legislative Regulation Review Committee - C G A - Connecticut General Assembly

OHS CONNECTICUT Office of Health Strategy

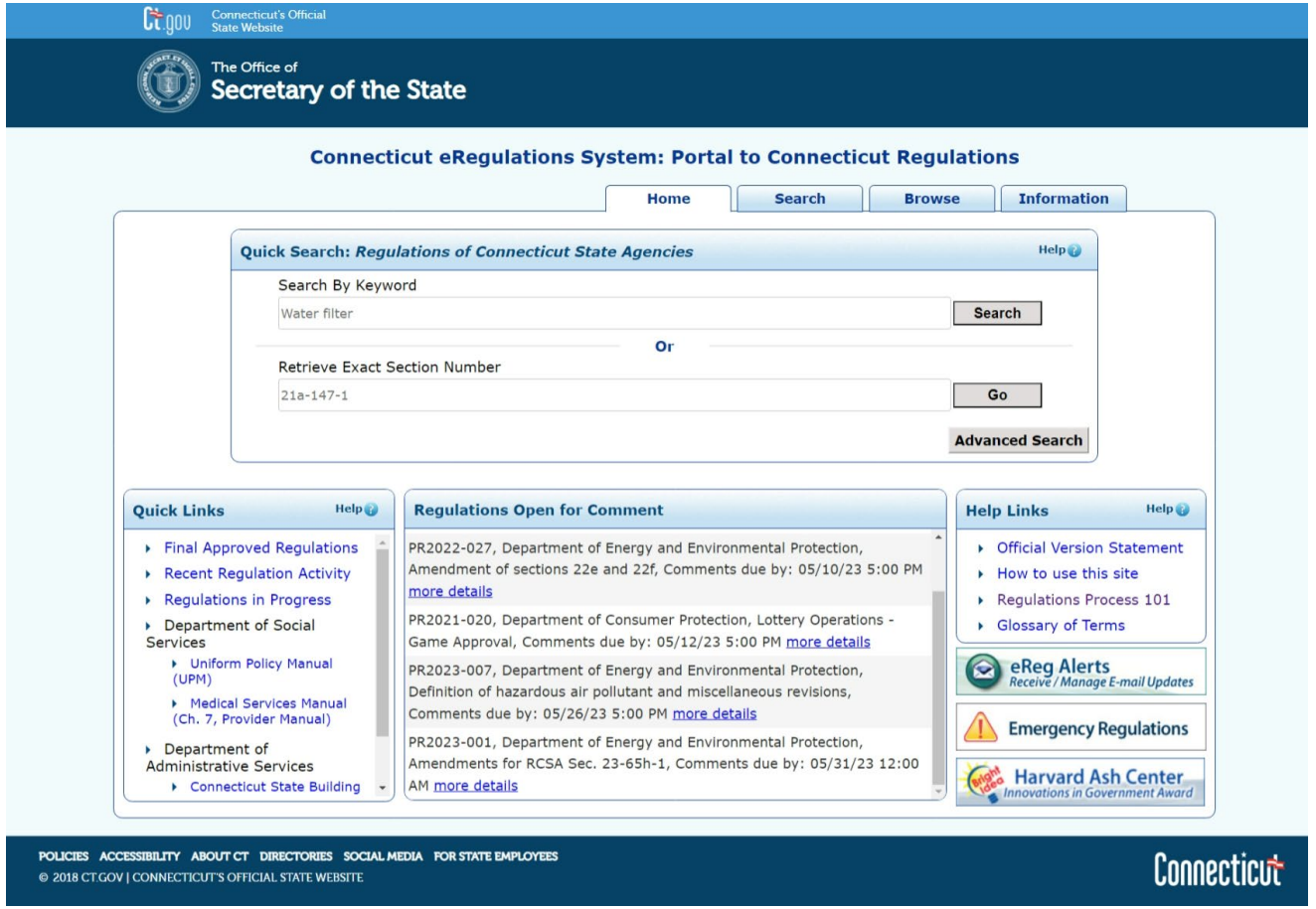
The Process

1. Submission of Regulations to OPM for review and approval
2. Regulations submitted to the Governor's office for approval
3. Notice of Intent to Adopt Regulations
   - Must be sufficient to notify the public what you are regulating and where the purposed regulations are on the eRegulations portal
4. Public Inspection/Comment period
   - submitted in written form or orally if a public hearing is held
   - All written/oral comments must be responded to and uploaded to the portal
5. Attorney General Review for legal sufficiency
   - AG will either approve, deny, or reject without prejudice
6. Be approved by the LRRC
   - Will be voted on at the meeting scheduled for the following month
7. Filed with the Secretary of State's Office

Timeline for the process

- Review By OPM and Governor's office
  - 3-6 months or longer.
- Notice of Intent
  - Uploaded with the purposed regulations
- A comment period for regulations
  - At least 30 days, if a public hearing is requested this step will take longer
- AG review
  - AG must give notice of legal insufficiency within 30 days, or the regulation shall be deemed approved.
- Regulations submitted to the LRRC
  - must issue a decision within 65 days of date of submission or deemed approved. For previously rejected regulations timeline is 35 days.

eRegulations Portal



OHS CONNECTICUT Office of Health Strategy

Before the Formal Process

- **Developing the Policies, Procedures and Regulations (before the formal process)**
  - Research, Analyze, Stakeholder Outreach, Draft, HITAC Feedback, Draft Revisions, Final Draft

Developing policies, procedures and regulations

- Analyze current statutes pertaining to the state-wide HIE
- Review federal and state laws, and digital privacy standards relevant to healthcare
- Research other state HIE laws and government HIE practices
- Engage with legal counselors
- Engage with various stakeholders
- Seek HITAC advisement

HIE Statutes

Focusing on portions of:

- **CGS 17b-59d**, (State-wide HIE establishment)
- **CGS 17b-59e**, (Definitions and HIE connection and participation)
- **CGS 17b-59a**, (Definition for HIE data standards)

CGS 17b-59d

• **Sec. 17b-59d. State-wide Health Information Exchange. Established.** (a) There shall be established a State-wide Health Information Exchange to empower consumers to make effective health care decisions, promote patient-centered care, improve the quality, safety and value of health care, reduce waste and duplication of services, support clinical decision-making, keep confidential health information secure and make progress toward the state's public health goals.

• (b) It shall be the goal of the State-wide Health Information Exchange to: (1) Allow real-time, secure access to **patient health information** and **complete medical records** across **all health care provider settings**; (2) provide patients with secure electronic access to their health information; (3) allow voluntary participation by patients to access their health information at no cost; (4) support care coordination through real-time alerts and **timely access to clinical information**; (5) reduce costs associated with preventable readmissions, duplicative testing and medical errors; (6) promote the highest level of interoperability; (7) meet all state and federal privacy and security requirements; (8) support public health reporting, quality improvement, academic research and health care delivery and payment reform through data aggregation and analytics; (9) support population health analytics; (10) be standards-based; and (11) provide for broad local governance that (A) includes stakeholders, including, but not limited to, representatives of the Department of Social Services, hospitals, physicians, behavioral health care providers, long-term care providers, health insurers, employers, patients and academic or medical research institutions, and (B) is committed to the successful development and implementation of the State-wide Health Information Exchange.

• (c) All contracts or agreements entered into by or on behalf of the state relating to health information technology or the exchange of health information shall be consistent with the goals articulated in subsection (b) of this section and shall utilize contractors, vendors and other partners with a demonstrated commitment to such goals.

• (d) (1) The executive director of the Office of Health Strategy, in consultation with the Secretary of the Office of Policy and Management and the State Health Information Technology Advisory Council, established pursuant to section 17b-59f, shall, upon the approval by the State Bond Commission of bond funds authorized by the General Assembly for the purposes of establishing a State-wide Health Information Exchange, develop and issue a request for proposals for the development, management and operation of the State-wide Health Information Exchange. Such request shall promote the reuse of any and all enterprise health information technology assets, such as the existing Provider Directory, Enterprise Master Person Index, Direct Secure Messaging Health Information Service provider infrastructure, analytic capabilities and tools that exist in the state or are in the process of being deployed. Any enterprise health information exchange technology assets purchased after June 2, 2016, and prior to the implementation of the State-wide Health Information Exchange shall be capable of interoperability with a State-wide Health Information Exchange.

• (2) Such request for proposals may require an eligible organization responding to the request to: (A) Have not less than three years of experience operating either a state-wide health information exchange in any state or a regional exchange serving a population of not less than one million that (i) enables the exchange of patient health information among health care providers, patients and other authorized users without regard to location, source of payment or technology, (ii) includes, with proper consent, behavioral health and substance abuse treatment information, (iii) supports transitions of care and care coordination through real-time health care provider alerts and access to clinical information, (iv) allows health information to follow each patient, (v) allows patients to access and manage their health data, and (vi) has demonstrated success in reducing costs associated with preventable readmissions, duplicative testing or medical errors; (B) be committed to, and demonstrate, a high level of transparency in its governance, decision-making and operations; (C) be capable of providing consulting to ensure effective governance; (D) be regulated or administratively overseen by a state government agency; and (E) have sufficient staff and appropriate expertise and experience to carry out the administrative, operational and financial responsibilities of the State-wide Health Information Exchange.

• (e) Notwithstanding the provisions of subsection (d) of this section, if, on or before January 1, 2016, the Commissioner of Social Services, in consultation with the State Health Information Technology Advisory Council, established pursuant to section 17b-59f, submits a plan to the Secretary of the Office of Policy and Management for the establishment of a State-wide Health Information Exchange consistent with subsections (a), (b) and (c) of this section, and such plan is approved by the secretary, the commissioner may implement such plan and enter into any contracts or agreements to implement such plan.

• (f) The executive director of the Office of Health Strategy shall have administrative authority over the State-wide Health Information Exchange. The executive director shall be responsible for designating, and posting on its Internet web site, the list of systems, technologies, entities and programs that shall constitute the State-wide Health Information Exchange. Systems, technologies, entities, and programs that have not been so designated shall not be considered part of said exchange.

• (g) The executive director of the Office of Health Strategy shall adopt regulations in accordance with the provisions of chapter 54 that set forth requirements necessary to implement the provisions of this section. The executive director may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided the executive director holds a public hearing at least thirty days prior to implementing such policies and procedures and publishes notice of intention to adopt the regulations on the Office of Health Strategy's Internet web site and the eRegulations System not later than twenty days after implementing such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time such regulations are effective.

CGS 17b-59e

• **Sec. 17b-59e. Electronic health record systems. Connection to State-wide Health Information Exchange.** (a) For purposes of this section:

• (1) "**Health care provider**" means any individual, corporation, facility or institution licensed by the state to provide health care services; and

• (2) "**Electronic health record system**" means a computer-based information system that is used to create, collect, store, manipulate, share, exchange or make available **electronic health records** for the purposes of the delivery of patient care.

• (b) Not later than one year after commencement of the operation of the State-wide Health Information Exchange, **each hospital licensed under chapter 368v and clinical laboratory licensed under section 19a-565 shall maintain an electronic health record system capable of connecting to and participating in the State-wide Health Information Exchange and shall apply to begin the process of connecting to, and participating in, the State-wide Health Information Exchange.**

• (c) Not later than two years after commencement of the operation of the State-wide Health Information Exchange, (1) **each health care provider with an electronic health record system capable of connecting to, and participating in, the State-wide Health Information Exchange shall apply to begin the process of connecting to, and participating in**, the State-wide Health Information Exchange, and (2) each health care provider without an electronic health record system capable of connecting to, and participating in, the State-wide Health Information Exchange shall be capable of sending and receiving secure messages that comply with the Direct Project specifications published by the federal Office of the National Coordinator for Health Information Technology.

• (d) The executive director of the Office of Health Strategy shall adopt regulations in accordance with the provisions of chapter 54 that set forth requirements necessary to implement the provisions of this section. The executive director may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided the executive director holds a public hearing at least thirty days prior to implementing such policies and procedures and publishes notice of intention to adopt the regulations on the Office of Health Strategy's Internet web site and the eRegulations System not later than twenty days after implementing such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time such regulations are effective.

CGS 17b-59a

- **Sec. 17b-59a. (Formerly Sec. 4-60i). Development of uniform information and technology standards. Health information technology plan. Electronic data standards. State-wide Health Information Exchange. Report.** (a) As used in this section:
- (1) **"Electronic health information system"** means an information processing system, involving both computer hardware and software that deals with the storage, retrieval, sharing and use of health care information, data and knowledge for communication and decision making, and **includes:** (A) **An electronic health record that provides access in real time to a patient's complete medical record;** (B) a **personal health record through which an individual, and anyone authorized by such individual, can maintain and manage such individual's health information;** (C) computerized order entry technology that permits a health care provider to order diagnostic and treatment services, including prescription drugs electronically; (D) electronic alerts and reminders to health care providers to improve compliance with best practices, promote regular screenings and other preventive practices, and facilitate diagnoses and treatments; (E) error notification procedures that generate a warning if an order is entered that is likely to lead to a significant adverse outcome for a patient; and (F) tools to allow for the collection, analysis and reporting of data on adverse events, near misses, the quality and efficiency of care, patient satisfaction and other healthcare-related performance measures.
- (2) "Interoperability" means the ability of two or more systems or components to exchange information and to use the information that has been exchanged and includes: (A) The capacity to physically connect to a network for the purpose of exchanging data with other users; and (B) the capacity of a connected user to access, transmit, receive and exchange usable information with other users.
- (3) "Standard electronic format" means a format using open electronic standards that: (A) Enable health information technology to be used for the collection of **clinically specific data**; (B) promote the interoperability of **health care information across health care settings,** including reporting to local, state and federal agencies; and (C) facilitate clinical decision support.
- (b) The Commissioner of Social Services, in consultation with the executive director of the Office of Health Strategy, established under section 19a-754a, shall (1) develop, throughout the Departments of Developmental Services, Public Health, Correction, Children and Families, Veterans Affairs and Mental Health and Addiction Services, uniform management information, uniform statistical information, uniform terminology for similar facilities, and uniform electronic health information technology standards, (2) plan for increased participation of the private sector in the delivery of human services, and (3) provide direction and coordination to federally funded programs in the human services agencies and recommend uniform system improvements and reallocation of physical resources and designation of a single responsibility across human services agencies lines to facilitate shared services and eliminate duplication.
- (c) The executive director of the Office of Health Strategy shall, in consultation with the Commissioner of Social Services and the State Health Information Technology Advisory Council, established pursuant to section 17b-59f, implement and periodically revise the state-wide health information technology plan established pursuant to this section and shall establish electronic data standards to facilitate the development of integrated electronic health information systems for use by health care providers and institutions that receive state funding. Such electronic data standards shall: (1) Include provisions relating to security, privacy, data content, structures and format, vocabulary and transmission protocols; (2) limit the use and dissemination of an individual's Social Security number and require the encryption of any Social Security number provided by an individual; (3) require privacy standards no less stringent than the "Standards for Privacy of Individually Identifiable Health Information" established under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, and contained in 45 CFR 160, 164; (4) require that individually identifiable health information be secure and that access to such information be traceable by an electronic audit trail; (5) be compatible with any national data standards in order to allow for interstate interoperability; (6) permit the collection of health information in a standard electronic format; and (7) be compatible with the requirements for an electronic health information system.
- (d) The executive director of the Office of Health Strategy shall, within existing resources and in consultation with the State Health Information Technology Advisory Council: (1) Oversee the development and implementation of the State-wide Health Information Exchange in conformance with section 17b-59d; (2) coordinate the state's health information technology and health information exchange efforts to ensure consistent and collaborative cross-agency planning and implementation; and (3) serve as the state liaison to, and work collaboratively with, the State-wide Health Information Exchange established pursuant to section 17b-59d to ensure consistency between the state-wide health information technology plan and the State-wide Health Information Exchange and to support the state's health information technology and exchange goals.
- (e) The state-wide health information technology plan, implemented and periodically revised pursuant to subsection (c) of this section, shall enhance interoperability to support optimal health outcomes and include, but not be limited to (1) general standards and protocols for health information exchange, and (2) national data standards to support secure data exchange data standards to facilitate the development of a state-wide, integrated electronic health information system for use by health care providers and institutions that are licensed by the state. Such electronic data standards shall (A) include provisions relating to security, privacy, data content, structures and format, vocabulary and transmission protocols, (B) be compatible with any national data standards in order to allow for interstate interoperability, (C) permit the collection of health information in a standard electronic format, and (D) be compatible with the requirements for an electronic health information system.
- (f) Not later than February 1, 2017, and annually thereafter, the executive director of the Office of Health Strategy, in consultation with the State Health Information Technology Advisory Council, shall report in accordance with the provisions of section 11-4a to the joint standing committees of the General Assembly having cognizance of matters relating to human services and public health concerning: (1) The development and implementation of the state-wide health information technology plan and data standards, established and implemented by the executive director of the Office of Health Strategy pursuant to this section; (2) the establishment of the State-wide Health Information Exchange; and (3) recommendations for policy, regulatory and legislative changes and other initiatives to promote the state's health information technology and exchange goals.

Initial Concepts for HITAC Advisement

Feedback on core concepts which will help construct concepts for future meetings

- **The healthcare provider (Who?)**
- **The medical record (What?)**
- **Beginning the Process, Connecting and Participating (How?)**

Principle 1:

Who are the Health Care Providers that should be included as part of the regulatory mandate to connect with the State-wide HIE?

Statutory definition:

- "Health care provider" means any individual, corporation, facility or institution licensed by the state to provide health care services." CGS 17b-59e(a)(1)
- **Did the statute intend ALL and ANY licensed providers?**
  - **Regulations need to refine and identify specifically which licensed providers and in some cases within a provider group the specific type of practice.**

OHS CONNECTICUT Office of Health Strategy

Who is licensed by the state to provide health care services?

- There is no definition of healthcare services in the HIE legislation or in licensing legislation
- There are two sections of Connecticut law that regulate Individual Licensing and Institutional Licensing.

OHS
CONNECTICUT
Office of Health Strategy

Institutional Licensing

Chapter 368v of Conn. Gen. Stats. deals with health care institutions.

Sec. 19a-490 defines institutions as *"hospital, short-term hospital, special hospice, hospice inpatient facility, residential care home, nursing home facility, home health care agency, home health aide agency, behavioral health facility, assisted living services agency, substance abuse treatment facility, outpatient surgical facility, outpatient clinic, an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution; a facility engaged in providing services for the prevention, diagnosis, treatment or care of human health conditions,* *including facilities operated and maintained by any state agency; and a residential facility for persons with intellectual disability licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disability. "Institution" does not include any facility for the care and treatment of persons with mental illness or substance use disorder operated or maintained by any state agency, except Whiting Forensic Hospital;*

Sec. 19a-490 and 490a define each institution further.

OHS
CONNECTICUT
Office of Health Strategy

Individual Licensing

Title 20 of Conn. Gen. Stats **deals with professional and occupational licensing in the state**. Chapter 369 Sec 20-1 defines "healing arts" as "…the practice of medicine, chiropractic, podiatry, naturopathy, and except as used in chapters 384a and 388, the practice of optometry."

Further Sec. 20-7b defines a **provider** as ***"…any person or organization that furnishes health care services and is licensed or certified to furnish such services pursuant to chapters 370-373, inclusive, 375 to 384a, inclusive, 388, 398 and 399 or is licensed or certified pursuant to chapter 368d."***

Chapter 370 Medicine and Surgery providers
Chapter 372 Chiropractic providers
Chapter 373 Naturopathy providers
Chapter 375 Podiatric providers
Chapter 375a Athletic training providers
Chapter 376 Physical Therapists
Chapter 376a Occupational Therapists
Chapter 376b Alcohol and Drug Counselors
Chapter 376c Radiographers, Rad Tech, Rad Assts and Nuclear Med Techs
Chapter 377 Midwives
Chapter 378 Nurses
Chapter 378a Nurse's Aides

Chapter 379 Dentists
Chapter 379a Dental Hygienists
Chapter 380 Optometrists
Chapter 381 Opticians
Chapter 381a Respiratory Care Practitioners
Chapter 381b Perfusionist
Chapter 382 Pharmacy *(see Chapter 400j)*
Chapter 382a Behavior Analysts
Chapter 382b Central Service Technicians
Chapter 382c Phlebotomists
Chapter 383 Psychologists
Chapter 383a Marital and Family Therapists
Chapter 383b Clinical Social Workers and Master Social Workers

Chapter 383c Professional Counselors
Chapter 383d Genetic Counselors
Chapter 383e Psychology Technicians
Chapter 383f Music Therapists
Chapter 383g Art Therapists
Chapter 383h Community Health Workers
Chapter 384 Veterinarians
Chapter 384a Massage Therapists
Chapter 388 Electrologists
Chapter 398 Hearing Instrument Specialists
Chapter 399 Speech and Language Pathologists
Chapter 400j Pharmacy*(transferred from 382)*
Chapter 368d Emergency Medical Services

https://www.cga.ct.gov/current/pub/chap_369.htm
https://www.cga.ct.gov/current/pub/chap_369.htm#sec_20-7b

OHS
CONNECTICUT
Office *of* Health Strategy

Principle 1 Consideration for HIE Regulations (Feedback requested)

The health care providers are those who:

- **provide treatment to individual patients;**
- **are provider organizations that generate medical records;**
- **can begin the process of connecting to and participating with the state-wide HIE (by having an EHR/EMR capable of connecting)**

Questions? Feedback?

- The healthcare provider (Who?)

Principle 2:

What health data should providers send to the State-wide HIE, for a complete medical record, as part of the regulatory mandate?

There are no definitions in the HIE statutes, but instead there are references to:

- "complete medical record"
- "health information"
- "health care information"
- "clinical information"
- "personal health record"
- "electronic health record"

What data did the HIE statutes intend providers send to the state-wide HIE? (Regulations need to provide clarification)

Statutory references to the medical record (CGS 17b-59e and 17b-59d)

- CGS 17b-59e(a)(2) states: "**Electronic health record system**" means a computer-based information system that is used to create, **collect, store, manipulate, share, exchange or make available electronic health records for the purposes of the delivery of patient care.**

- CGS 17b-59d. State-wide Health Information Exchange. Established. (a) **There shall be established a State-wide Health Information Exchange to** empower consumers to make effective health care decisions, promote patient-centered care, improve the quality, safety and value of health care, reduce waste and duplication of services, support clinical decision-making, keep **confidential health information** secure and make progress toward the state's public health goals.

- (b) It shall be the goal of the State-wide Health Information Exchange to: (1) **Allow real-time, secure access to patient health information and complete medical records across all health care provider settings;** (2) **provide patients with secure electronic access to their health information; (3) allow voluntary participation by patients to access their health information at no cost; (4) support care coordination through real-time alerts and timely access to clinical information;** (5) reduce costs associated with preventable readmissions, duplicative testing and medical errors; (6) promote the highest level of interoperability; (7) meet all state and federal privacy and security requirements; (8) support public health reporting, quality improvement, academic research and health care delivery and payment reform through data aggregation and analytics; (9) support population health analytics; (10) be standards-based; and (11) provide for broad local governance that (A) includes stakeholders, including, but not limited to, representatives of the Department of Social Services, hospitals, physicians, behavioral health care providers, long-term care providers, health insurers, employers, patients and academic or medical research institutions, and (B) is committed to the successful development and implementation of the State-wide Health Information Exchange.

Statutory references to the medical record (CGS 17b-59a)

CGS 17b-59a(a)(1) **"Electronic health information system"** means an information processing system, involving both computer hardware and software that deals with the storage, retrieval, sharing and use of **health care information, data and knowledge for communication and decision making, and includes: (A) An electronic health record that provides access in real time to a patient's complete medical record; (B) a personal health record through which an individual, and anyone authorized by such individual, can maintain and manage such individual's health information; (C) computerized order entry** technology that permits a health care provider to order **diagnostic and treatment services, including prescription drugs** electronically; (D) electronic alerts and reminders to health care providers to improve compliance with best practices, promote **regular screenings and other preventive practices, and facilitate diagnoses and treatments;** (E) error notification procedures that generate a warning if an order is entered that is likely to lead to a significant adverse outcome for a patient; and (F) tools to allow for the collection, analysis and reporting of data on adverse events, near misses, the quality and efficiency of care, patient satisfaction and other healthcare-related performance measures.

CGS 17b-59a(a)(3) "Standard electronic format" means a format using open electronic standards that: (A) Enable health information technology to be used for the **collection of clinically specific data**; (B) promote the interoperability of **health care information across health care settings,** including reporting to local, state and federal agencies; and (C) facilitate **clinical decision** support.

Principle 2 Consideration for HIE Regulations (Feedback requested)

Health care providers should send individual patient data that conforms with:

- **HIPAA rule protections <u>at a minimum</u>**
- **Other state and federal laws in addition to HIPAA** protecting for certain provider type data (when applicable)
  - Sent to HIE only after consent/disclosure/authorization
- **Sending applicable data listed in the chart on the next slide**

HIE data for a complete medical record
(Feedback requested)

DATA for HIE	Do not send to HIE
Patient List	Psychotherapy notes (HIPAA)
Patient Demographic data	Therapist thoughts about session
Lab test/Imaging/Diagnostic reports	Therapist questions for research
Treatment Plans and Progress	Therapist hypotheses before diagnosis
Prescriptions/Medications	Couples/family counseling therapy records
Discharge Summary	Non-treatment service records (e.g. forensics, evaluations, court-sealed, victim srvcs.)
Billing Information (e.g. CPT codes/insurance codes)	Federal or State legally protected data without consent (e.g. FERPA, CGA Chapters 368 and 899, 42 CFR Part 2)
Diagnoses Codes (e.g. CD10 codes)	Event details or circumstances relating to mental health symptoms, diagnosis, treatment, progress.
Any patient consented data that will help in the 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

Questions? Feedback?

- The medical record (What?)

3 Connection Levels

HOW do providers begin the process, connect and participate in the State-Wide HIE as part of the regulatory mandate?

There is no defined process for health care providers to:

- Begin the process of connecting and participating
- Connect to
- Participate in

What did the statute intend for the mandate to connect and participate in the state-wide HIE?

Regulations need to provide clarification by defining the 3 levels.

OHS CONNECTICUT Office of Health Strategy

CGS 17b-59e(b)-(c)

The mandate to connect and participate

- (b) Not later than one year after commencement of the operation of the State-wide Health Information Exchange, each **hospital licensed under chapter 368v and clinical laboratory licensed under section 19a-565 shall maintain an electronic health record system capable of connecting to and participating in the State-wide Health Information Exchange and shall apply to begin the process of connecting to, and participating in, the State-wide Health Information Exchange.**

- (c) Not later than two years after commencement of the operation of the State-wide Health Information Exchange, (1) **each health care provider with an electronic health record system capable of connecting to, and participating in, the State-wide Health Information Exchange shall apply to begin the process of connecting to, and participating in, the State-wide Health Information Exchange**, and (2) each health care provider without an electronic health record system capable of connecting to, and participating in, the State-wide Health Information Exchange shall be capable of sending and receiving secure messages that comply with the Direct Project specifications published by the federal Office of the National Coordinator for Health Information Technology.

Consideration for defining the 3 levels (evolving) (Feedback requested)

1. **Begin the process to connect and participate to state-wide HIE**
   - Apply by submitting the Commitment to Connect form
   - Communicate with HIE account manager
     - Sign the provider data agreement (if applicable)
     - Begin the process of setting up the EHR/EMR technical connection

2. **Connecting to the state-wide HIE**
   - Set up infrastructure and establish an EHR/EMR technical connection without yet submitting data, but ready and on hold to send and receive data once the participating step begins

3. **Participating in the state-wide HIE**
   - Send and periodically update demographic and clinical data for your patients , and access data through the state-wide HIE for your patients as appropriate

Questions? Feedback?

- **Beginning the process, Connecting and Participating (How?)**

HIE Regulation Concepts for HITAC Advisement

Privacy & Security	HIE purpose	Data sharing requirements
Patient Access	Providers	Data use restrictions
Complete Medical Record	Providers-in depth	3 HIE Connection Levels
HIE authority/restrictions	Funding management	Privacy restrictions
11 statutory goals	Direct messaging	Data Access
Definitions	Infrastructure	Privileged Data
Additional Requirements	Fees	Penalties

HITAC Feedback Mechanism for the Development of HIE Regulations (Feedback requested)

1. **Send HITAC members a PowerPoint and drafts of regulations and receive comments:**
   - during the HITAC meetings
   - outside of the HITAC meetings
   - through a combination of methods
2. **Develop a sub-committee**
   - short-term working group to review and respond to draft regulations
3. **Other suggestions?**

THE END

May 18, 2023

OHS
CONNECTICUT
Office *of* Health Strategy

Connie Update

Health IT Advisory Council
May 18, 2023

Amanda Crociata, Dir, Acct Management
Kary Nulisch, Technical Integration
Heidi Wilson, Dir, HIE Services

Connie
Connecting People for Better Health

Connie Update

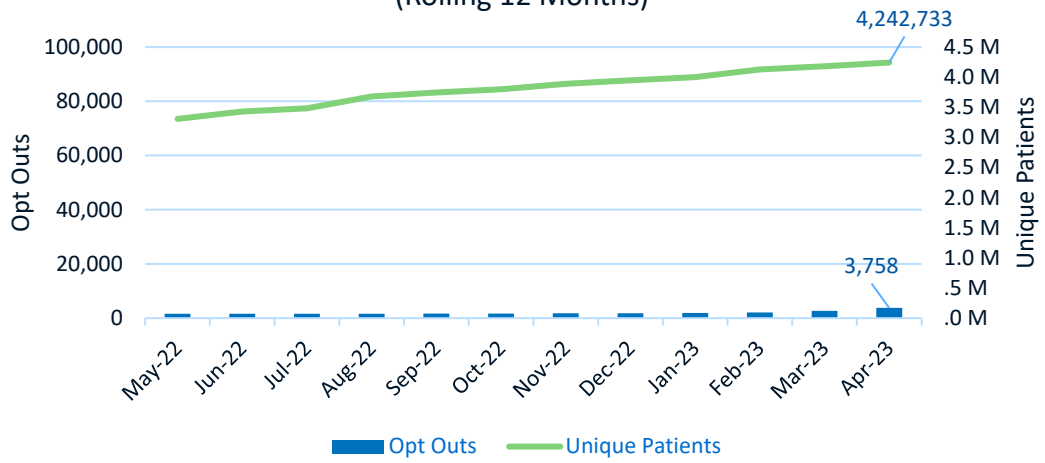
Community Engagement

BH Community Forums

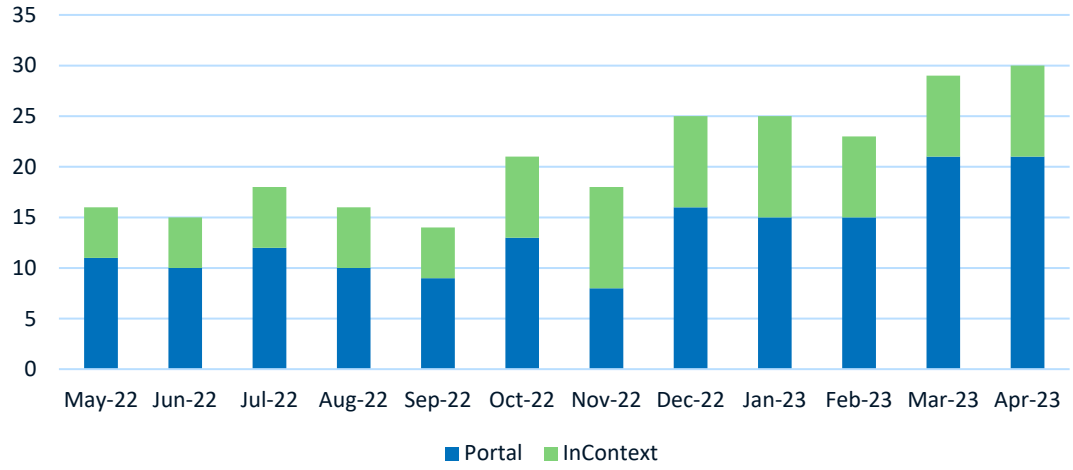
- 90-min sessions
- Small groups to allow for dialog
- Focus on answers to questions that organizations still have
  - Data sharing
  - Privacy & security
  - Legal agreements
  - Connecting to Connie
- Two groups of invitees identified initially
  - CT Chapter National Association of Social Workers, CT APRN Society, CT Counseling Association, CT Psychological Association, CT Association of Addiction Professionals, CT Association for Marriage and Family Therapy, LeadingAge Connecticut, Community Health Center Association of CT, CT Assisted Living Association, CT Association for Healthcare at Home, CT Association of Health Care Facilities, Connecticut Psychiatric Society

Connie
Connecting People for Better Health

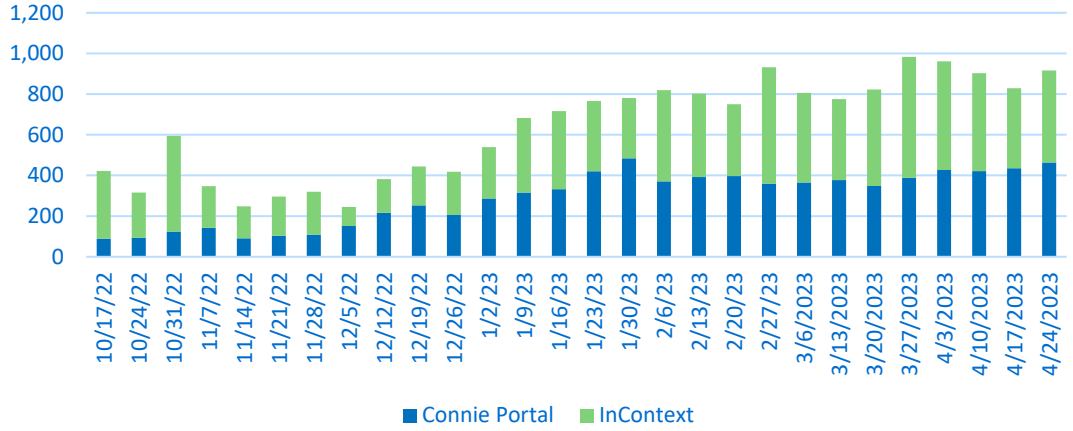
Unique Patients and Opt Outs by Month
(Rolling 12 Months)



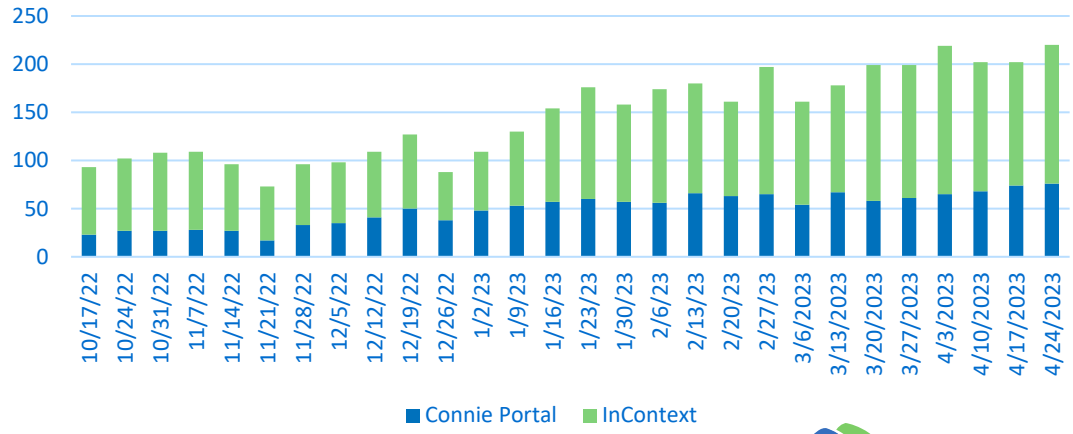
Organizations with Active Users



Connie Queries
(week of Oct 17, 2022 - week of Apr 24, 2023)

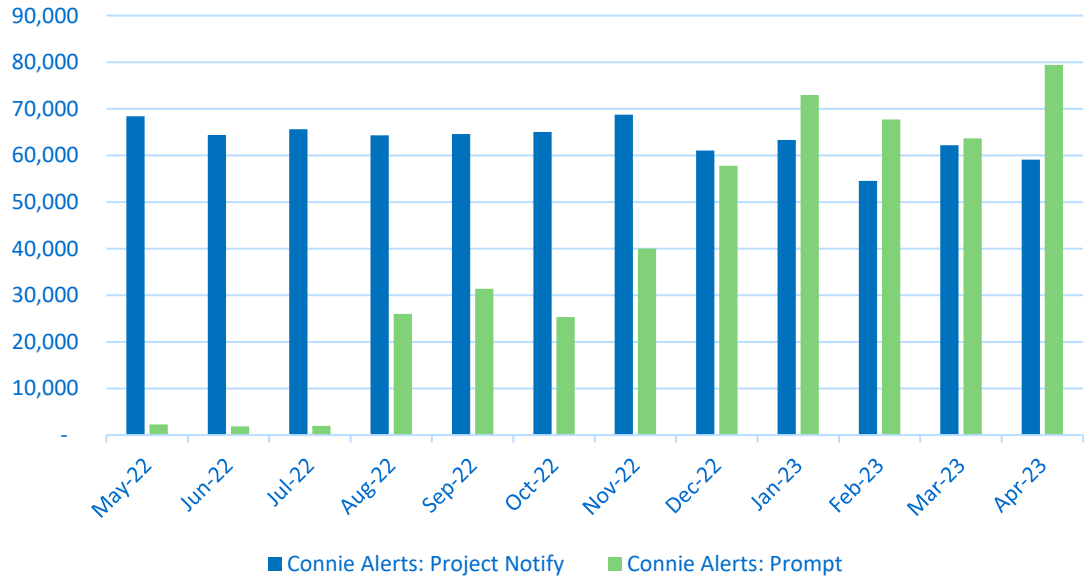


Connie Unique Users
(week of Oct 17, 2022 - week of Apr 24, 2023)

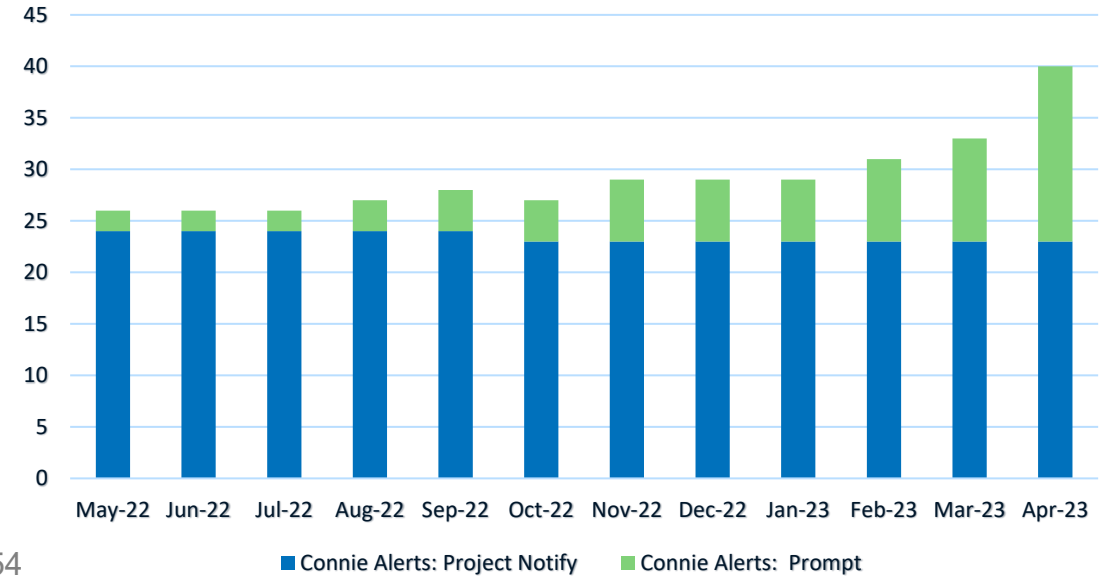


Connie
Connecting People for Better Health

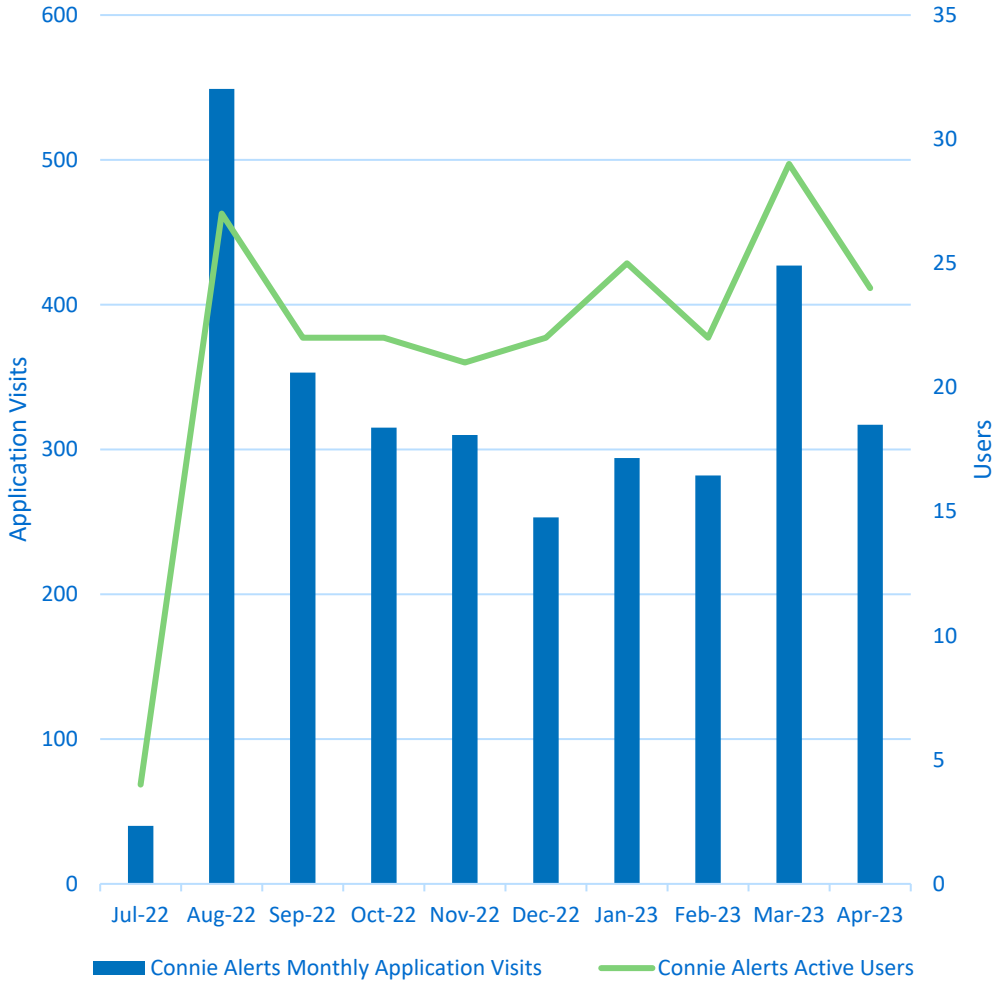
Connie Alerts Sent by Month



Organizations Receiving Outbund Data Services



Connie Alerts: Prompt

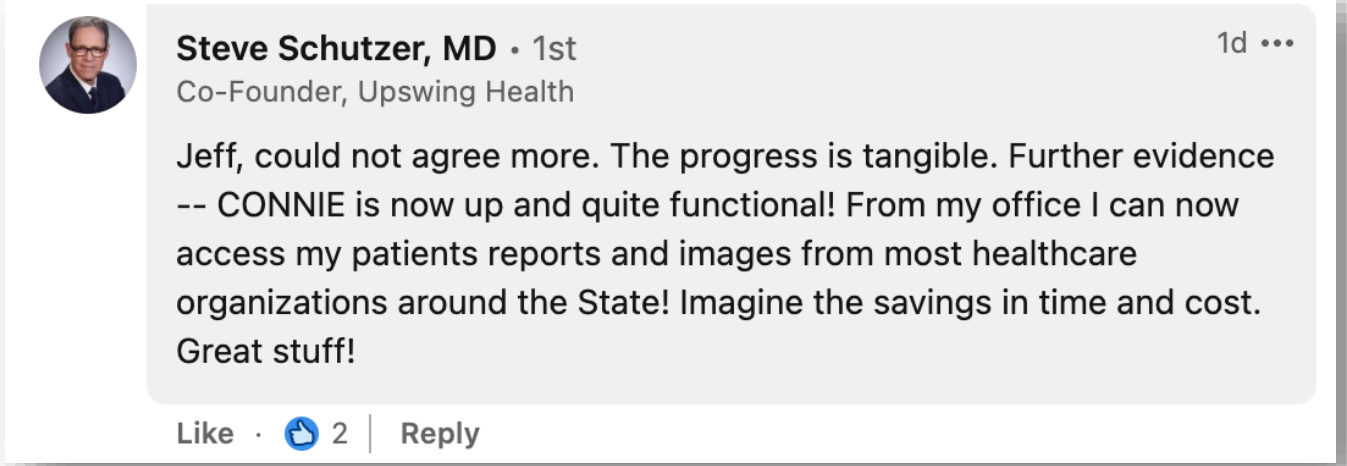


Connie
Connecting People for Better Health

Queries

Metric	2/13/23	2/20/23	2/27/23	3/6/23	3/13/23	3/20/23	3/27/23	4/3/23	4/10/23	4/17/23	4/24/23	5/1/23	5/8/23
Manual Queries	**802**	**750**	**932**	**806**	**775**	**822**	**983**	**961**	**903**	**829**	**916**	**1,036**	**1,306**
Connie	802	750	932	806	775	822	983	961	903	829	916	1,036	1,306
Distinct Users Performing Manual Queries	**180**	**161**	**197**	**161**	**178**	**199**	**199**	**219**	**202**	**202**	**220**	**229**	**249**
Connie	180	161	197	161	178	199	199	219	202	202	220	229	249

New Connie milestone: >1,000 weekly queries!



Steve Schutzer, MD • 1st
Co-Founder, Upswing Health

1d •••

Jeff, could not agree more. The progress is tangible. Further evidence -- CONNIE is now up and quite functional! From my office I can now access my patients reports and images from most healthcare organizations around the State! Imagine the savings in time and cost. Great stuff!

Like · 2 | Reply

Comment from Dr. Schutzer on LinkedIn

Orthopedic surgeon at Advanced Orthopedics, a Connie Participating Organization. Founding member of the Connecticut Joint Replacement Institute. Physician Executive at Trinity Health Of New England Orthopedic Service Line. Long time champion of value in healthcare.

Connie
Connecting People for Better Health

Onboarding Updates

AM Team Outreach Efforts

- **Cold-calling and emailing provider organizations**
  - Provider Contact Sources: state licensing data, Definitive Healthcare, industry associations, medical supply vendors, EHR vendors
  - 1:1 Connie overview and demos
  - All provider organizations contacted by AM Team at least once
- **Monthly Webinars: How to Connect and demos**
- **State Agency Meetings and Webinars**
- **Health System/ACO Meetings and Webinars**
- **Association Meetings/Webinars**
  - Long Term Care: CAHCF and Leading Age
  - Ambulatory: CMGMA, CT Academy of Family Physicians, Fairfield County Medical Association, CT Orthopaedic Society, CTMS IPA
  - Dental: CT State Dental Association
  - Behavioral Health: National Assoc of Social Workers, CT Chapter
  - EMS Committee
- **Time is Running Out Webinar Series: marketed to outstanding Year 2 providers (3/30, 4/12, 4/24, 5/2)**

Connie
Connecting People for Better Health

Current Outreach Status

Industry	Provider Orgs	Committed	Outstanding
Ambulatory	3,093	2,119	974
Long Term/Post Acute	279	193	86
First Responder	250	95	155
Pharmacy	150	41	109
Other	79	35	44
Community Based Org	31	28	3
Radiology Center	21	5	16
Urgent Care	15	7	8
Totals	**5,346**	**3,951**	**1,395**

1,428 Committed Provider Organizations and counting that we have not processed C2C's for yet!
***unsure of industry breakdown for these**

Connie AM Team attempted to reach 100% of provider organizations via cold-calling efforts and email.

~74% of provider organizations are Committed. ~26% of provider organizations are still outstanding.

719 (~18%) committed providers/ organizations sent, or soon to be sent, to SES for Direct Addresses. Mostly BH Providers.

Connie
Connecting People for Better Health

AM Team Future Focus

Outreach → Onboarding

- **Increase Portal Adoption and Utilization**
  - Targeted webinars, demos, and user affinity groups
  - Metrics to track success
  - Targeted outreach based on metrics
- **Building clinical champions**
- **Continued outreach to outstanding orgs**

Connie
Connecting People for Better Health

Post May 3rd Commitment Process

- Continue onboarding with providers already in process
- Continue partnership with EHR vendors
- Analysis of outstanding orgs/providers
  - Did provider respond to any type of outreach?
  - How many times did we reach out? What methods did we use to outreach?
  - Did the provider ask if there were any penalties?
  - Can Connie confirm contact information?
- Develop list for OHS of all providers still outstanding for commitment

Connie
Connecting People for Better Health

Technical Onboarding

EHR Inventory

- 233 unique EHRs across 1,500+ providers
- 75% of providers are using ~40 EHRs
- Approx 150 EHRs in use by ≤ 3 providers

Hub Progress

- For Top 40 EHRs
  - Is there a hub or integration already in place with CSS?
  - Or are integration development discussions in progress with EHR vendor?
  - Or do EHR vendors have existing solutions in place with integration partners/vendors

Connie
Connecting People for Better Health

Technical Onboarding

Next Steps

- Initial focus – EHRs with largest volume of providers
  - EHR inventory analyzed to develop hub integration strategy, where applicable
  - Team in place to manage internal/external admin tasks and tracking
  - Team in place to handle volume associated with large volume hub deployments
- Secondary focus – lower volume EHRs
- Parallel focus
  - "Panel Only" Providers
  - Limited EHR capabilities for data submission but can still participate and use portal integration of patient panel

Technical Onboarding

Potential Obstacles

- Integration costs from EHR vendors
- Some associations counseling to sign C2C but not move forward (Community Forums to address outstanding questions/concerns)
- Less popular EHRs may be less technically capable – more time/resource intensive
- Some EHR vendors require additional contracting agreements with orgs
- Lack of clarity on impact of not connecting/participating

APCD Strategic Plan Update

Olga Armah, OHS

OHS
CONNECTICUT
Office of Health Strategy

APCD Strategic Initiatives – 8 Proposals

Data Enhancements and Utilization

- Produce and publish data visualizations with APCD data
- Enhance and enrich APCD Data
- Pursue ERISA plan Involvement
- Increase the external uses of APCD data

Operational Enhancements

- Explore fee structure changes
- Refine APCD data request application and process
- Enact new APCD policies and procedures
- Fill APCD Data Release Committee & APCD Advisory Group vacancies

Feedback Received

- Solicited feedback on strategic proposals by APCD Advisory Group & Data Release members
- Received feedback from both groups on 6 out of 8 proposals

Internal Prioritization Process

- Development of 3 Rails (Tracks)
- OHS grouped the proposals based on three factors: resources, processes, and time

  - Resources = staffing, knowledge base, technical tools
  - Processes = do we have the processes in place to execute now, coordinating with other states/national efforts, stakeholder engagement (insurers/payors, employers and committees/advisory groups)
  - Time horizon

Proposed Grouping of Initiatives for 2023

- Rail One:
  - Website redesign
  - Application improvement
  - Enact new APCD Policies and Procedures
  - Fill APCD Data Release Committee and APCD Advisory Group Vacancies
  - Refine APCD data request application and process
  - Create and release deidentified Public Use File
- Rail Two: Produce and Publish Data Visualizations with APCD data
- Rail Three: Build knowledge base around ERISA plans integration into the CT APCD

Next Steps

- Soliciting additional feedback from APCD committees
  - on proposed tracks of work
  - prioritization of data visualizations
- Development of project plans
- Development of learning agendas for advisory group and internally, to build the capacity to be able to execute the proposals

Announcements & General Discussion

OHS
CONNECTICUT
Office *of* Health Strategy

Wrap Up and Meeting Adjournment

Upcoming Meeting

June 15, 2023

OHS
CONNECTICUT
Office *of* Health Strategy

Contact Information

OHS Contact for May 2023 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

OHS
CONNECTICUT
Office of Health Strategy