Health IT Advisory Council

Amended 6/17/2022

Originally presented 6/16/2022

Amendments from original 6/16/22 presentation are as follows:

- *Modification to text (slide 68)
- **Replacement of slides (23-25) with corrected slides (23-26)

Agenda at a Glance

Agenda Item	Est. Time
Welcome & Call to Order	1:00 PM
Presentation by RAND Corporation on Hospital Price Transparency Report 4.0	1:00 PM
Public Comment	1:30 PM
Council Action: Approval of Minutes: May 19, 2022	1:35 PM
Connie Update	1:40 PM
Legislative Update	1:50 PM
Advanced Planning Document (APD) Update	2:05 PM
Announcements & General Discussion	2:25 PM
Council Action: Wrap Up & Meeting Adjournment	2:30 PM

Welcome and Call to Order

Presentation by RAND Corporation on Annual Hospital Transparency Report 4.0

Christopher Whaley, RAND Corporation

RAND Hospital Price Transparency Project

Connecticut Health Information Technology Advisory Council

June 2022

Christopher Whaley | cwhaley@rand.org

$1.2 trillion

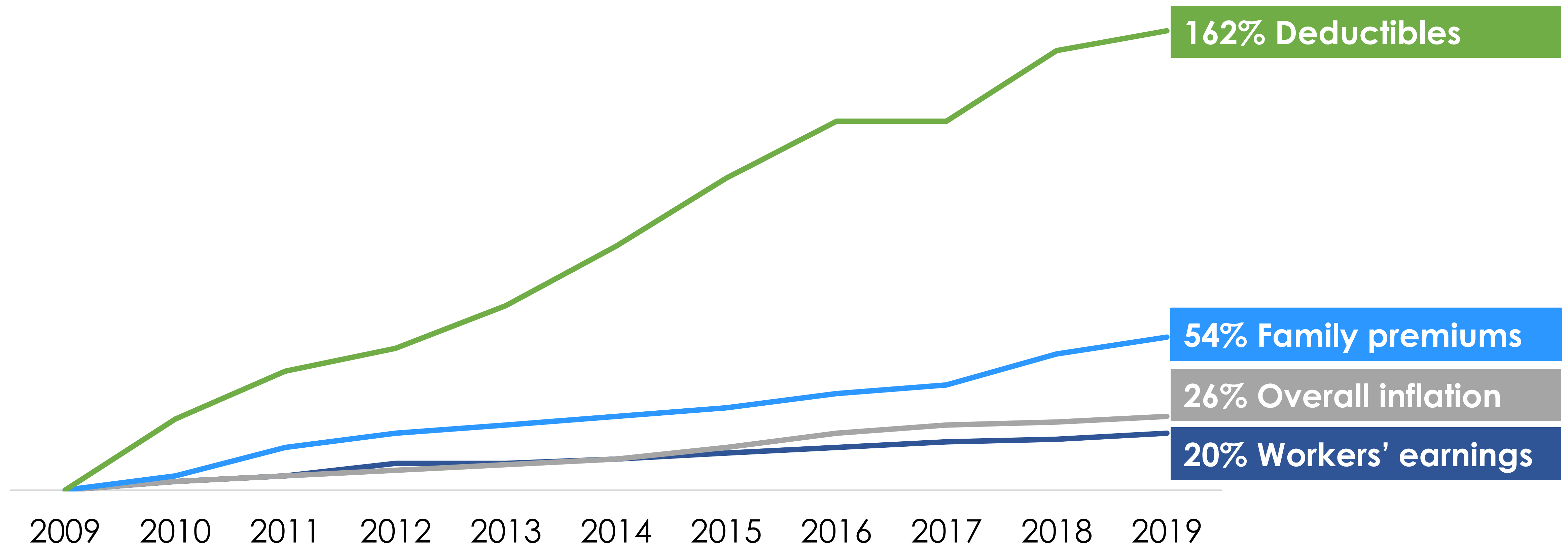
health care costs in 2018

$480 billion

hospital costs in 2018

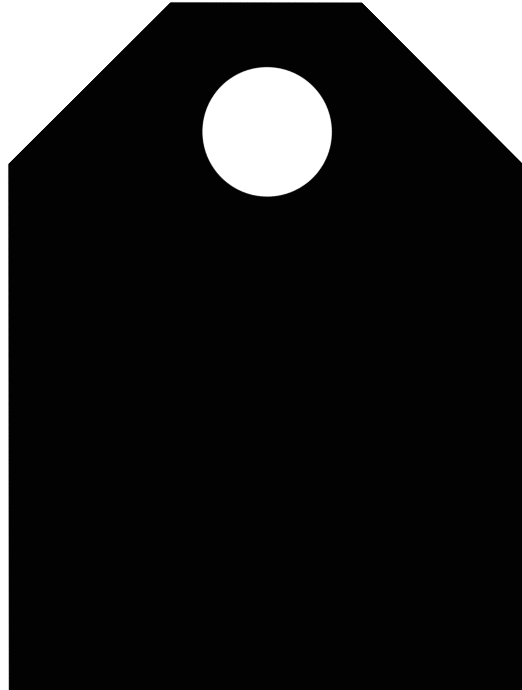
160 million people

Over the past decade, premiums and deductibles have outpaced wages



SOURCE: Kaiser Family Foundation. (2019) Health Benefits Survey

Why did RAND undertake this study?



- We do not know what the "right" price is for hospital care
- Self-funded employers cannot act as responsible fiduciaries for their employees without price information

Employers can use the information in this report—together with knowledge of their own employee populations—to decide if the prices they and their employees are paying align with value

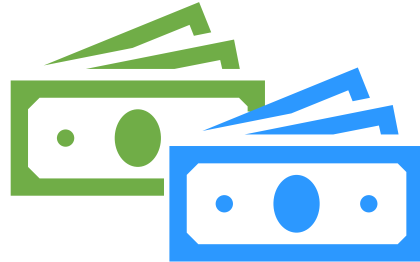
RAND 4.0

Phase 1	Phase 2	Phase 3	Phase 4
Indiana	25 states	49 states (not Maryland)	Plus DC
Employers	Plus health plans and 2 APCDs	Plus 4 APCDs	Plus 5 more APCDs
Facility fees	Plus inpatient/outpatient fees	Plus professional fees	
Relative prices	Plus standardized prices	Plus service-line prices	Plus ASC prices and COVID hospitalizations

RAND 4.0

Obtain claims data from

- self-funded employers
- APCDs
- health plans



Measure prices in two ways

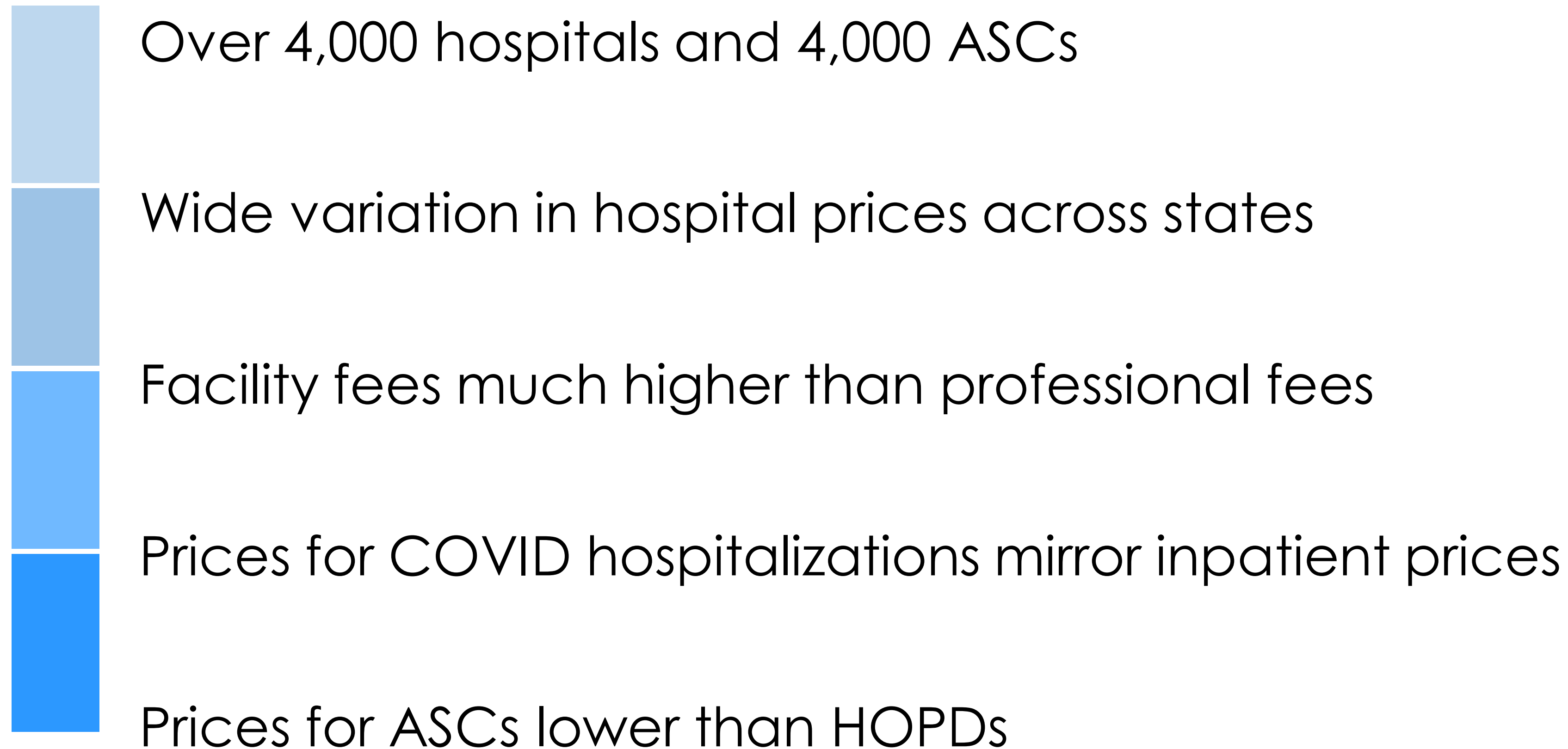
- relative to a Medicare benchmark
- price per case-mix weight

Create a *public* hospital price report

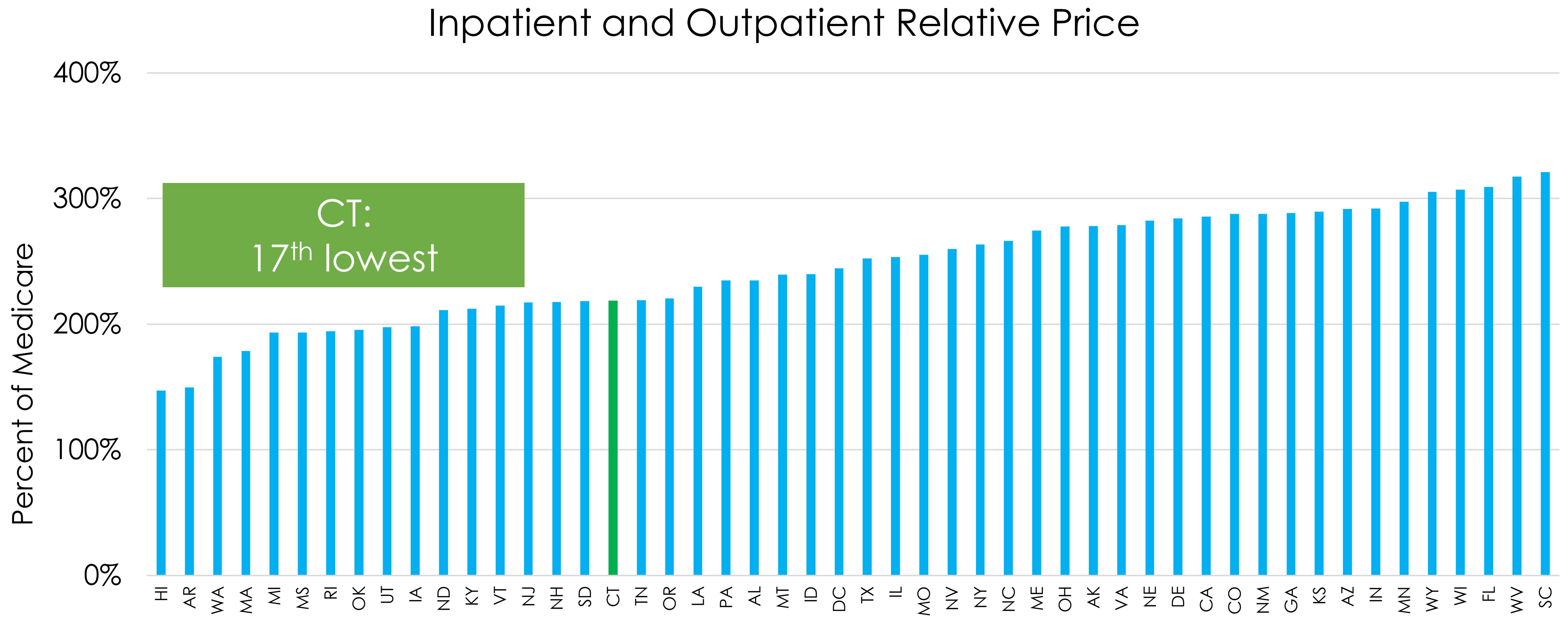
- posted online, downloadable
- named facilities & systems
- inpatient prices & outpatient prices

Create *private* hospital price reports for self-funded employers

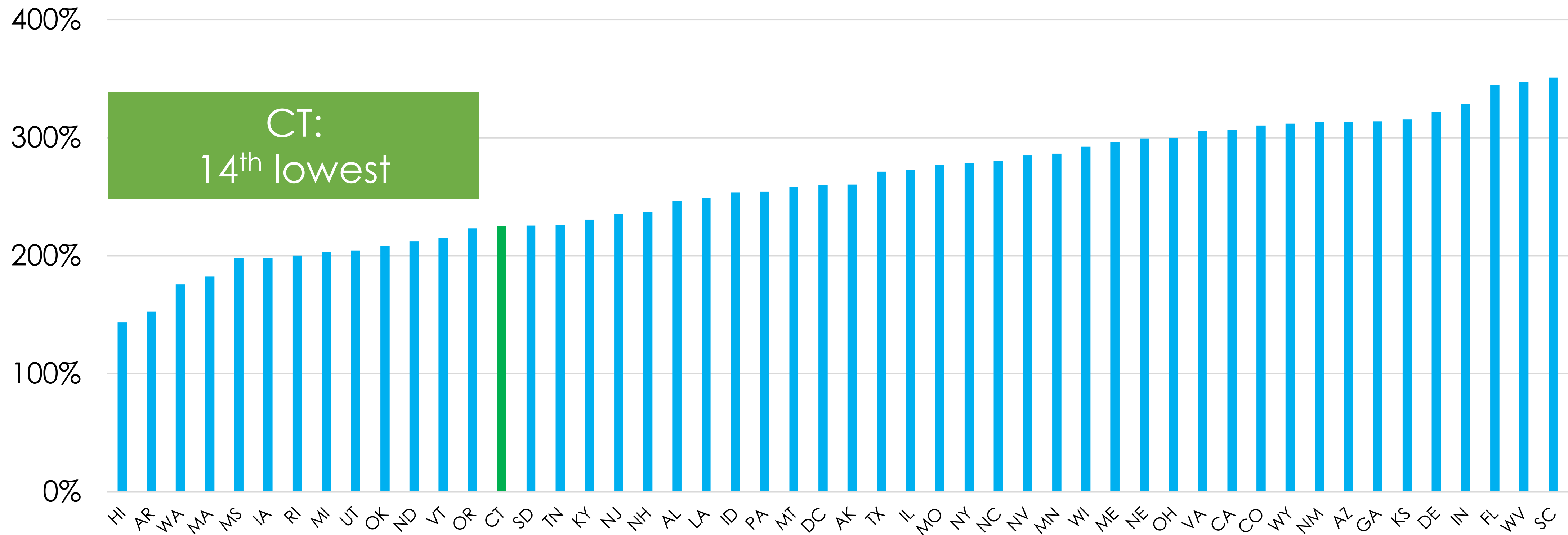
Main findings



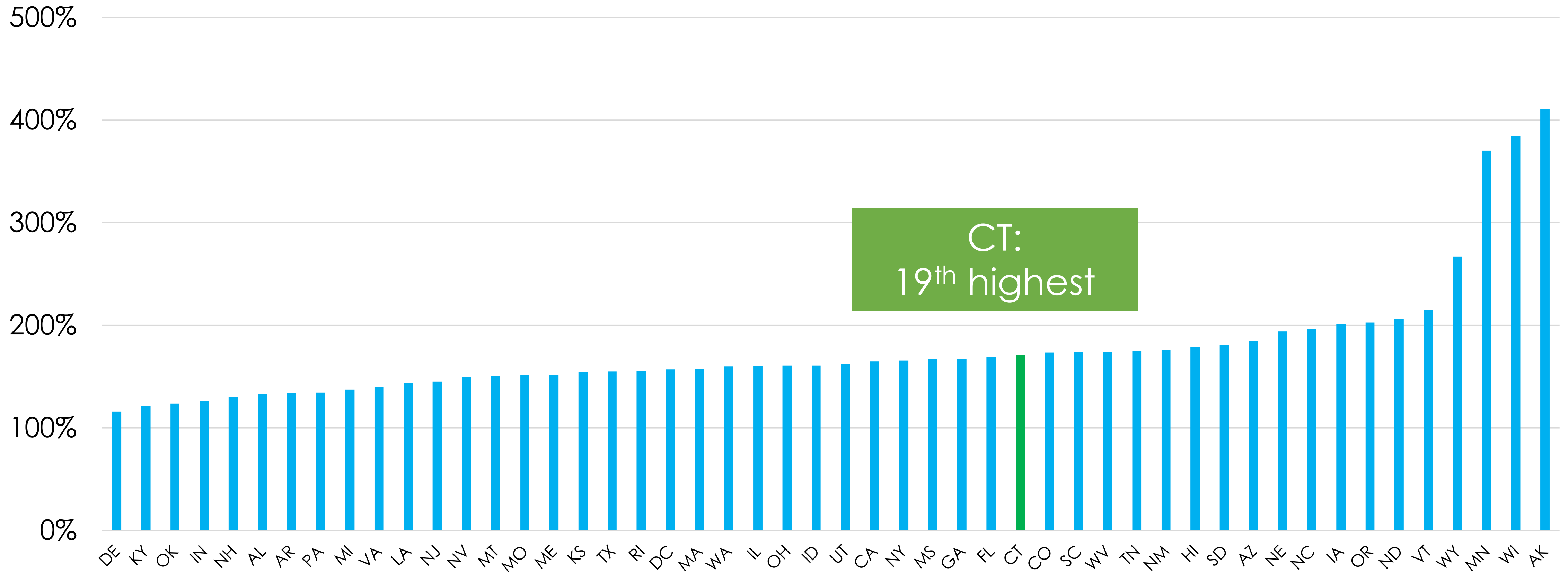
Relative prices vary widely



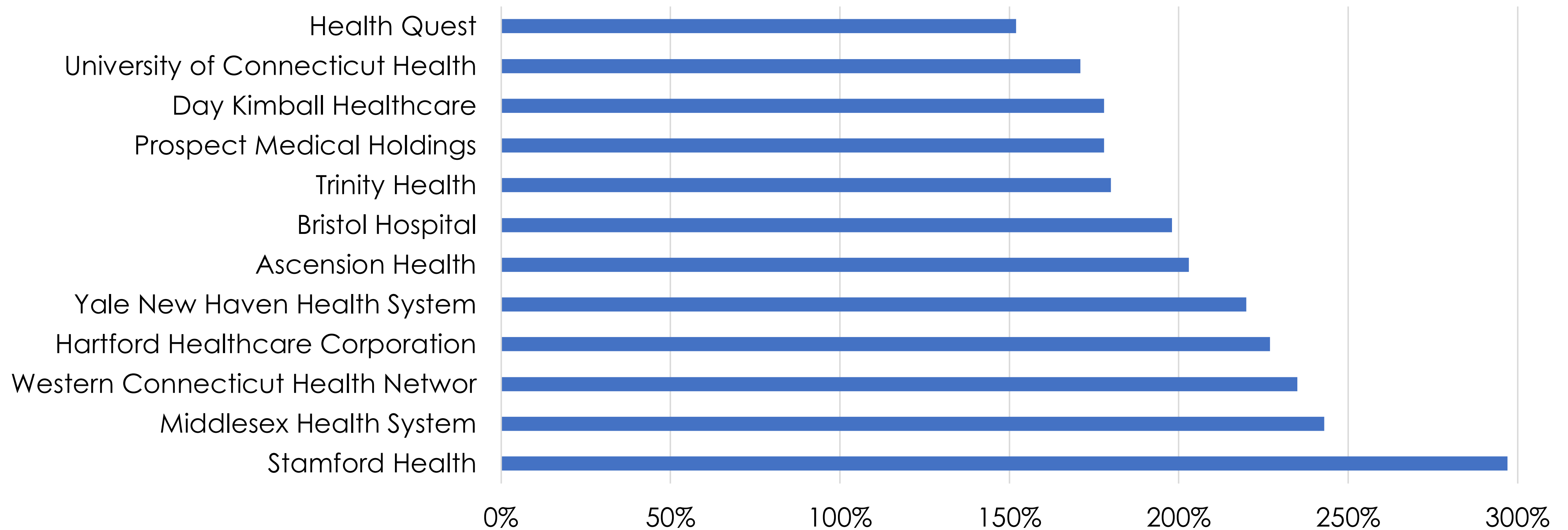
Hospital facility prices are high relative to Medicare



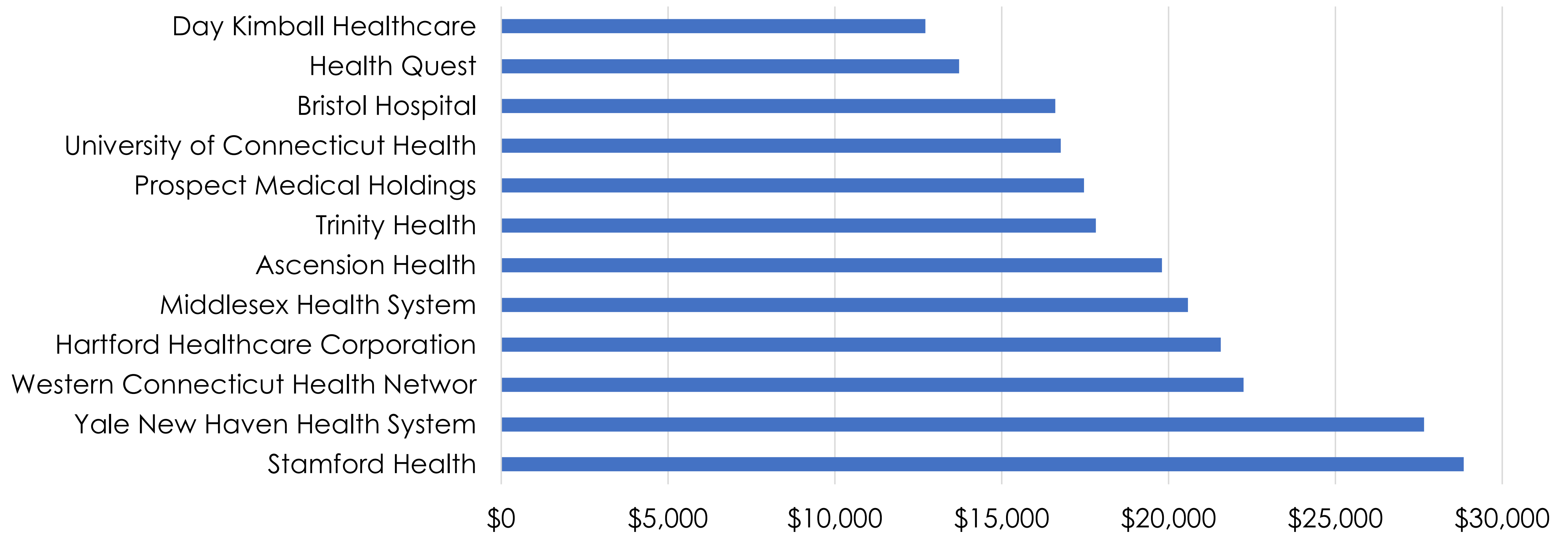
Professional fees low relative to Medicare and less variable



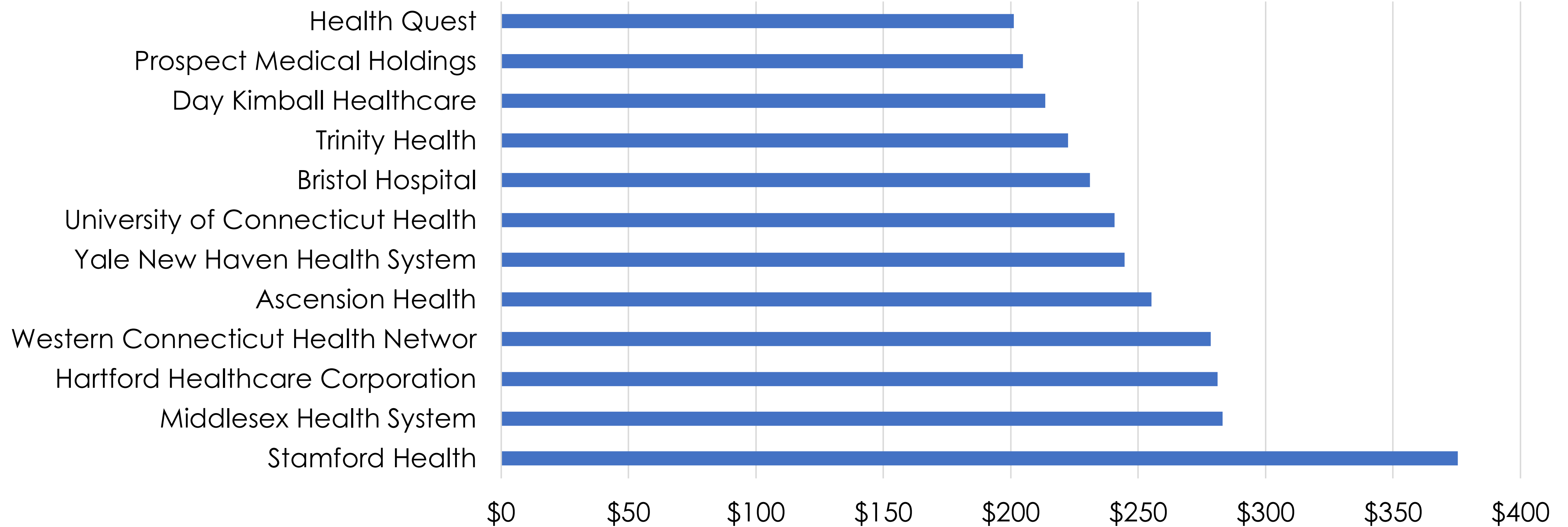
CT Hospital System Prices



CT Hospital System Prices: Inpatient



CT Hospital System Prices: Outpatient



How can employers and policymakers use price transparency?

Finally have information about prices

Benchmark prices

Change hospital networks

Christopher Whaley

cwhaley@rand.org

Public Comment

(2 minutes per commenter)

Approval of Meeting Minutes:

May 19, 2022

Connie Update

Health IT Advisory Council

June 16, 2022

Jenn Searls, Executive Director

Connie

Connecting People for Better Health

**Replacement slide from original presentation dated 6/16/22

Connectivity Updates: Hospital

Parent Org	Organization	Industry Type	ADT	CCD	LAB	RAD	IMG	TRANS
Bristol Health	Bristol Hospital	Hospital	Live	Change Control Board	Live	Live	Live	Live
HHC	Backus Hospital	Hospital	Live	Development	Connectivity/planning	Testing	Development	
HHC	Charlotte Hungerford Hospital	Hospital	Live	Development	Connectivity/planning	Testing	Development	
HHC	Hartford Hospital	Hospital	Live	Development	Connectivity/planning	Testing	Development	
HHC	MidState Medical Center	Hospital	Live	Development	Connectivity/planning	Testing	Development	
HHC	Saint Vincent's Medical Center	Hospital	Live	Development	Connectivity/planning	Testing	Development	
HHC	The Hospital of Central Connecticut	Hospital	Live	Development	Connectivity/planning	Testing	Development	
HHC	Windham Hospital	Hospital	Live	Development	Connectivity/planning	Testing	Development	
Nuvance East	Danbury Hospital	Hospital	Live	Live	Live	Live	Testing	
Nuvance East	Norwalk Hospital	Hospital	Live	Live	Live	Live	Testing	
Nuvance East	New Milford Hospital	Hospital	Live	Live	Live	Live	Testing	
Nuvance West	Sharon Hospital	Hospital	Live	Live	Live	Live	Change Control Board	Live

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 | Img: Radiology Images | TRN: Transcribed Documents (Discharge Summaries)

**Replacement slide from original presentation dated 6/16/22

Connectivity Updates: Hospital

Parent Org	Organization	Industry Type	Panel	ADT	CCD	LAB	RAD	IMG	TRANS
YNHH	Bridgeport Hospital	Hospital	●	●	●				
YNHH	Bridgeport Hospital Milford Campus	Hospital	●	●	●				
YNHH	Greenwich Hospital	Hospital	●	●	●				
YNHH	Lawrence & Memorial Hospital	Hospital	●	●	●				
YNHH	YNHH Saint Raphael Campus	Hospital	●	●	●				
YNHH	Yale New Haven Hospital	Hospital	●	●	●				
UConn	UConn Health	Hospital	●	●	●	●	●	●	
	Hospital for Special Care	Hospital	●	●	○	○	○	○	○
	Middlesex Hospital	Hospital	●	●	○	○	○	○	
	Stamford Hospital	Hospital		○	○	○	○	○	
	Griffin Hospital	Hospital	◐	◐	◐	◐	◐	◐	

○ 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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**Replacement slide from original presentation dated 6/16/22

Connectivity Updates: Hospital

Parent Org	Organization	Industry Type	Panel	ADT	CCD	LAB	RAD	IMG	TRANS
PMH	Waterbury Hospital	Hospital	◕	◕	◕	◕	◕	◕	
PMH	Rockville Hospital	Hospital		○	○	○	○	○	
PMH	Manchester Memorial Hospital	Hospital		○	○	○	○	○	
	The Connecticut Hospice	Hospital		○	○				
	Gaylord Hospital	Hospital		○	○	○	○	○	

○ 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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**Replacement slide from original presentation dated 6/16/22

Connectivity Updates: Other

Parent Org	Organization	Industry Type	EMR	Panel	ADT	CCD	LAB	Quest/Labcorp
	ENT Medical and Surgical Group, LLC	Ambulatory	eCW*		Connectivity/planning	Connectivity/planning		
	ProHealth Physicians	Ambulatory	Optum	Live	Live	Development		Live
Nuvance West	Nuvance West Medical Practices	Ambulatory	Cerner	Live	Live	Live		
Nuvance East	Nuvance East Medical Practices	Ambulatory	Cerner	Live	Live	Live	Testing	
	Modern Era Pediatrics LLC	Ambulatory	Glenwood*		Live	Live		
	Bridgeport Family Medicine	Ambulatory	CureMD*		Live	Change Control Board		
	Litchfield Hills Family Medicine	Ambulatory	Athena*	Live	Testing	Testing		Live
	iCare Health Management	Ambulatory	Am Health Tech*		Testing	Development		
	Wheeler Clinic	Ambulatory	NextGen	Connectivity/planning	Connectivity/planning	Connectivity/planning		Connectivity/planning
	The Hand Center	Ambulatory	Greenway*	Connectivity/planning	Connectivity/planning	Development	Connectivity/planning	Connectivity/planning
	Nephrology Associates	Ambulatory	MedTrio	Connectivity/planning	Connectivity/planning	Connectivity/planning		Connectivity/planning
	Medical Walk In Care	Ambulatory	Glenwood*	Connectivity/planning	Connectivity/planning	Connectivity/planning		Connectivity/planning

*hub

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 | Img: Radiology Images | TRN: Transcribed Documents (Discharge Summaries)

Connie
Connecting People for Better Health

Onboarding Status Update

3.38M Unique patients in MPI

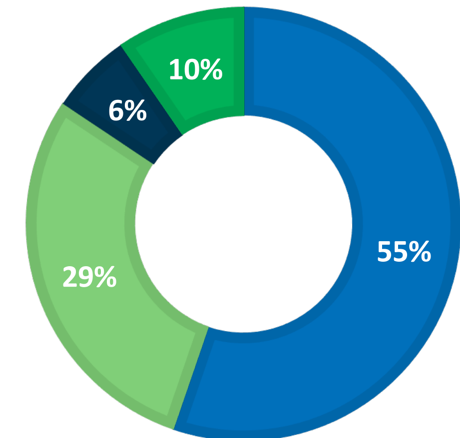
667 Trusted Data Sharing Agreements

191 in the Queue

- 28 trusted data sharing agreements in active discussion stage

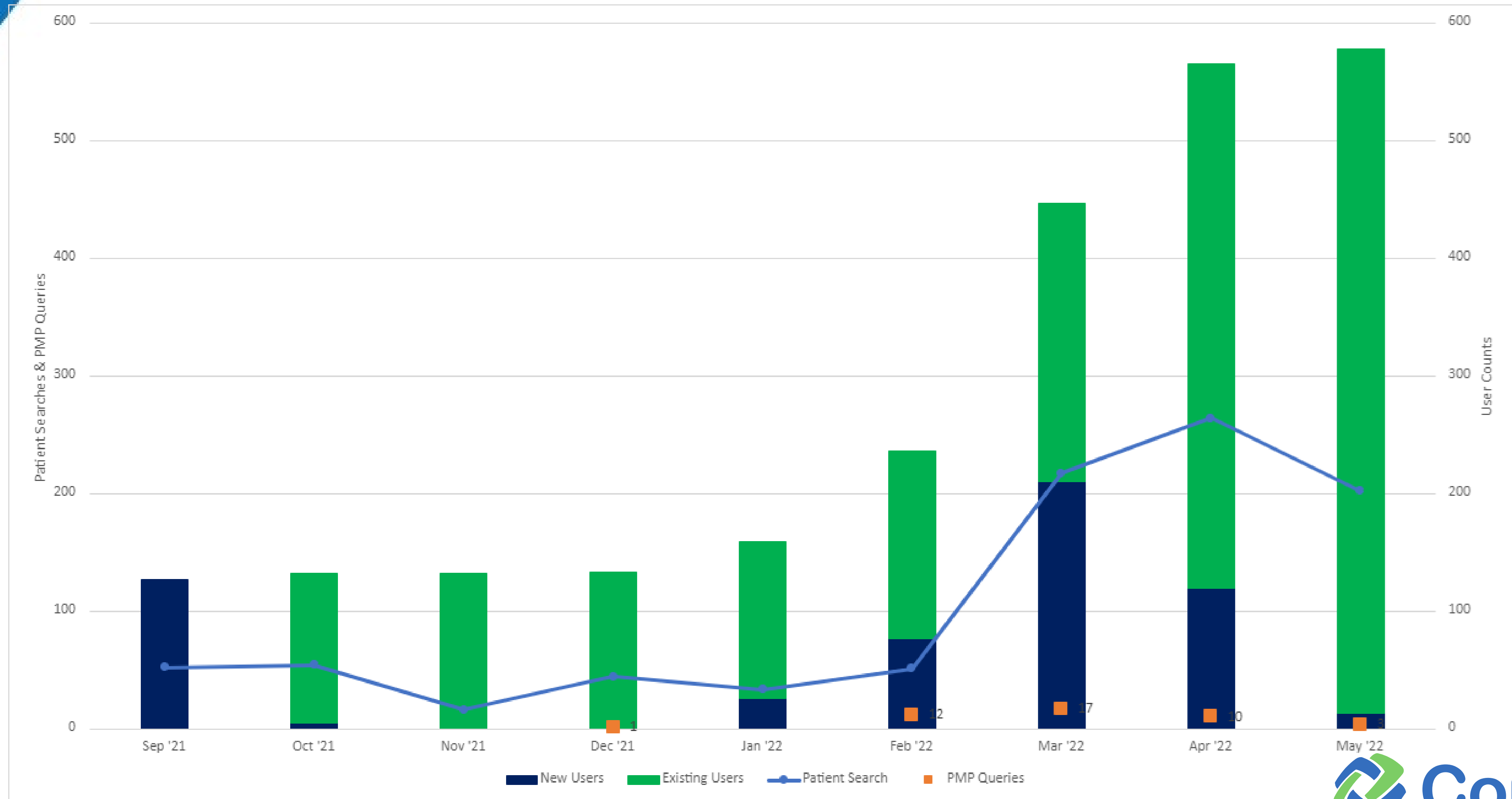
ORGANIZATION TYPES

■ Ambulatory ■ Other ■ Hospitals ■ LT/Post Acute



Connie
Connecting People for Better Health

Data Access (May 2022)



Connie
Connecting People for Better Health

Data Access (May 2022)

Portal Access by Organization

Organization	Portal Access
ProHealth Physicians	272
Bear Pond Family Medicine & Pediatrics	43
Pediatric Associates, LLC	20
Bristol Hospital	18
Generations Family Health Center Inc	17
Hartford Healthcare Corporation	15
Children's Medical Group	8
PodiatryCare, P.C.	8
Livella Care, LLC	8
Bristol Health	7
Real Life Medical LLC	7
Connecticut Orthopaedic Specialist, PC	4
Hamden Pediatrics, PC	4
Heritage Internal Medicine Associates LLC	4

Connie

Connecting People for Better Health

Weekly Launches by Org

SF_Account_Name	5/30/22	5/23/22	5/16/22	5/9/22	5/2/22	4/25/22	4/18/22	4/11/22	4/4/22	3/28/22	3/21/22	3/14/22	3/7/22	2/28/22	2/21/22	2/14/22	2/7/22	1/31/
Nuvance Health	56	85	62	65	82	128	128	67	88	101	10	43	31	1	7	7		
UConn Health		1	2	3	3	8	2		1	5	3	3	2	4	1	5	1	
YNHH	69	123	87	32	78	88	113	4	3	11	7							
Total	**125**	**209**	**151**	**100**	**163**	**224**	**243**	**71**	**92**	**117**	**20**	**46**	**33**	**5**	**8**	**12**	**1**	

Weekly Active Users by Org

SF_Account_Name	5/30/22	5/23/22	5/16/22	5/9/22	5/2/22	4/25/22	4/18/22	4/11/22	4/4/22	3/28/22	3/2
Nuvance Health	44	40	45	47	43	52	43	43	60	49	
UConn Health		1	2	1	3	5	1		1	5	
YNHH	1	2	1	2	2	1	2	1	1	4	
Total	**45**	**43**	**48**	**50**	**48**	**58**	**46**	**44**	**62**	**58**	

User List

InContext_Username	InContext_User_FnameLname	SF_Accou
		Nuvance H
		Nuvance H
		Nuvance H
		Nuvance H
		Nuvance H
		Nuvance H
		Nuvance H
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		Nuvance H

Other Updates

- **Patient-Centered Consumer Outreach**
- **BPMH**
  - Continue development of the view in Connie
  - Launch later this summer for Connie users
- **HCBS Project**
  - Development of tool for HCBS orgs
- **Clinical Advisory Committee**
  - Planning education/info session around national networks
- **Privacy, Security & Confidentiality Committee**
  - Recommendations to board at July meeting

Connie
Connecting People for Better Health

Questions?

Legislative Update

Sumit Sajnani, OHS HITO

2022 OHS Legislative Session Overview

- ✓ Connie Regulatory Authority
- ✓ DPH Immunization Registry & Interoperability with HIE
- ✓ Health Care Cost Growth Benchmark
- ✓ Race Ethnicity & Language ARPA Funding
- ✓ Hospital Community Benefit Program
- ✓ Mental Health and Behavioral Services
- ✓ Personal Data Privacy and Online Monitoring

DPH Various Revisions Bill

Public Act 22-58 *An ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES*

- ✓ Sec. 37-38 requires the OHS to adopt regulations to administer the Statewide Health Information Exchange

- ✓ allows OHS to implement policies and procedures while in the process of adopting the regulations, with the following conditions:
- ✓ Hold a public hearing at least 30 days before implementing them
- ✓ Publishes notice of the intent to adopt the regulations within 20 days after implementing them. The policies and procedures are valid until final regulations take effect.

FY 2023 Budget Adjustment Bill
CT Wiz and Interoperability with HIE

- Sec 512-515 replaces DPH's childhood immunization registry and tracking system ("CIRTS") with an immunization information system ("CT WiZ") that provides access to immunization records to all recipients, instead of only children under age six

- Under the bill, vaccine recipients' participation in CT WiZ is voluntary, and health care providers must provide a vaccine recipient, or the recipient's legal guardian, conservator, or parent or guardian (if a minor), information on how to opt out of enrolling in the system

- The bill requires the DPH commissioner, in consultation with OHS, to facilitate interoperability between the immunization information system and the Statewide Health Information Exchange.

FY 2023 Budget Adjustment Bill
Health Care Benchmark

Public Act 22-118 *AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023, CONCERNING PROVISIONS RELATED TO REVENUE, SCHOOL CONSTRUCTION AND OTHER ITEMS TO IMPLEMENT THE STATE BUDGET AND AUTHORIZING AND ADJUSTING BONDS OF THE STATE.*

- ✓ Sec. 217-223 requires OHS to establish a Health Care Cost Growth Benchmark, primary care spend target, and health care quality benchmark for the next five calendar years for provider entities and payers
- ✓ ensures continuity in OHS efforts to control health care costs, increase quality, improve access and health equity, and transform primary care

FY 2023 Budget Adjustment Bill

Race, Ethnicity Language Initiative to improve data collection and integration with Health Information Exchange

- ✓ Section 10 provides $1.15M in American Rescue Plan Act funding (FY 2023: $500,000 and FY 2024: $650,000)

- ✓ Allows OHS to initiate system changes required to collect race and ethnicity language (REL) data pursuant to Public Act 21-35, *An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic.*

OHS Agency Bill:
Hospital Community Benefit Programs

<u>Public Act 22-58 </u> *An ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES*

- ✓ Sec. 50 includes provision on making changes to the law on hospital community benefits programs
- ✓ Updates the community benefits guidelines and reporting requirements outlined in §19a-127k
- ✓ Removes the references to managed care organizations from the statute;
- ✓ Strengthens and improves the timing, content, regularity, and uniformity of annual updates;
- ✓ Requires OHS to make the hospital submissions available to the public on the OHS website; and
- ✓ Requires OHS to annually develop a summary and analysis of reports received.

OHS
CONNECTICUT
Office *of* Health Strategy

Mental Health and Behavioral Services

PA 22-81 AN ACT EXPANDING PRESCHOOL AND MENTAL AND BEHAVIORAL SERVICES FOR CHILDREN.

- ✓ Sec. 31: Bans facility fees for telehealth services
- ✓ Sec. 41: requires OHS to conduct a study on the feasibility and impact of expanding access to telehealth services, telehealth providers, and coverage for telehealth services in the state.

Personal Data Privacy and Online Monitoring

Public Act 22-15 An Act Concerning Personal Data Privacy and Online Monitoring

- ✓ Establishes a framework for control and processing personal data and also:
- ✓ Sets responsibilities and privacy protection standards for data controllers (those that determine the purpose and means of processing personal data) and processors (those that process data for a controller);
- ✓ Gives consumers the right to access, correct, delete, and obtain a copy of personal data and to opt out of the processing of personal data for certain purposes (e.g., targeted advertising)
- ✓ Requires controllers to conduct data protection assessments.

Advanced Planning Document

June 16, 2022

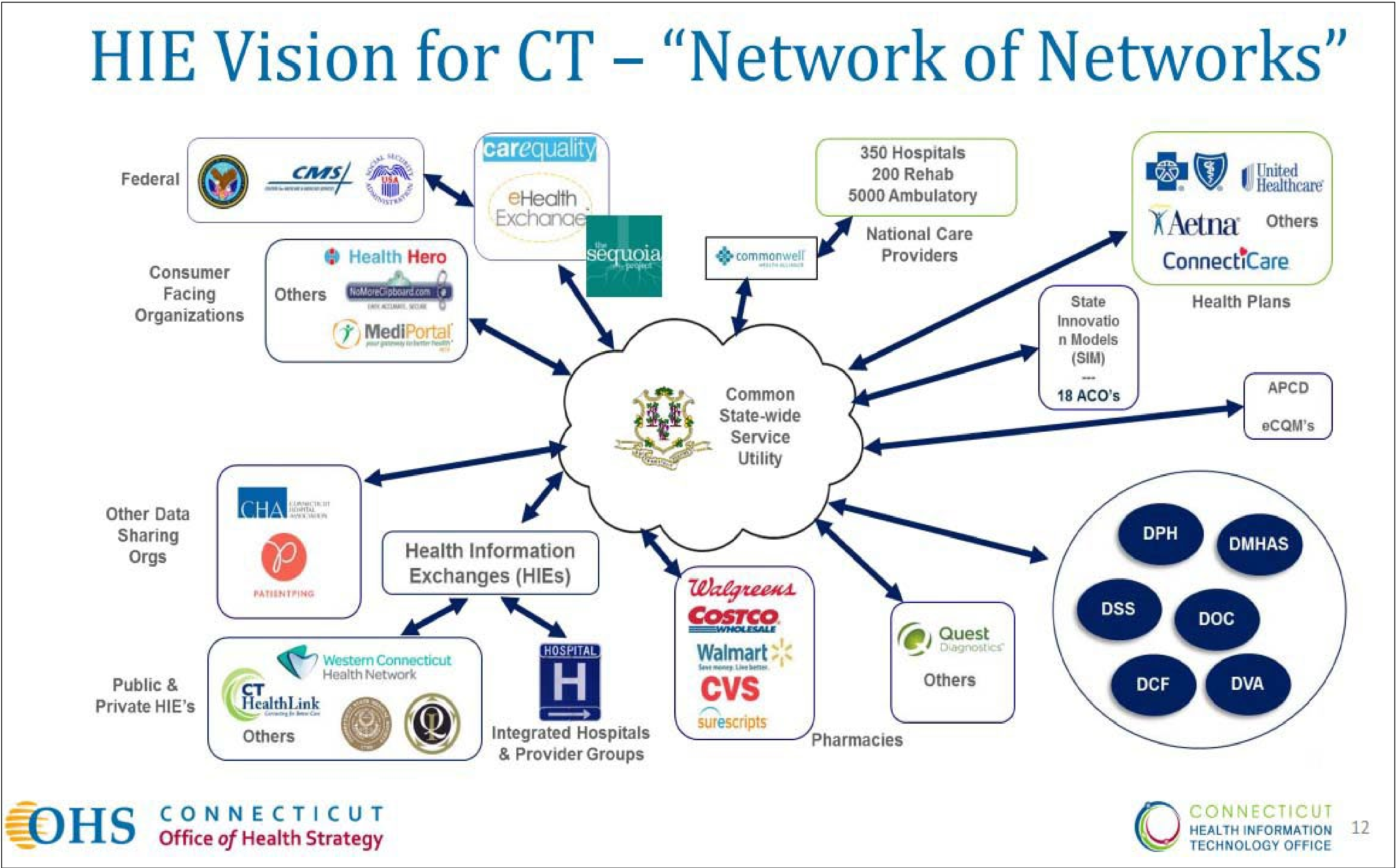
Federal Funding Requests and the Council's Role

- Current approved Advanced Planning Document (APD) federal funding expires September 30, 2022 - Federal Fiscal Year (FFY)

- The Department of Social Services (DSS) is the submitting agency to the Centers for Medicare and Medicaid Services (CMS)

- Per Connecticut statute and the Council's Charter
  - Duties include ***review and comment*** to OHS Executive Director or DSS Commissioner "Prior to submission of any…request seeking federal…matching funds…for health information technology or health information exchange…"

Connecticut's Network of Network Approach to HIE



OHS CONNECTICUT Office of Health Strategy

Connie's Phased Implementation Approach

Implementation Phase/FFY	Use Case Services	Supporting Functions
Phase 1 2021	• Empanelment • Encounter Alerts	• Master Person Index
Phase 2 2022	• Connie Portals (EHR and web) • Provider Directory • e-Referrals	• Clinical Data • Access to Connecticut Prescription Drug Monitoring and Reporting Service (CPMRS) • Best Possible Medication History (BPMH) • Image Exchange Services
Phase 3 2023		• Advance Health Care Directives (AHCD) • Immunizations • Provider Mediated eConsent • Stroke Registry/Network • Dental Health Records • Patient Data Access

Operational Advance Planning Document (OAPD)

Federal Financial Participation (FFP) Operational - 50% vs. 75%

- Without CMS certification - FFP is limited to ***50%*** of Medicaid program costs*
- With CMS certification - FFP increases to ***75%*** of Medicaid program costs*
- HIE modules and/or use cases must be ***certified*** as supporting the Medicaid Enterprise System (MES)
  - Certification based on the **value propositions** specific to the Medicaid program, **anticipated outcomes**, and agreed upon **metrics**

FFP Administration Costs – 50% (Standard)

***Medicaid program costs** are derived using a CMS approved methodology based on Medicaid beneficiaries' utilization as a percentage of total utilization

FFY22 and FFY23-24 OAPD

Progress To-Date

- Effective January 1, 2022: approval for 40% Cost Allocation Percentage (CAP)
- ***Empanelment and Encounter Alerts Use Case Service (EAS***) certified on March 22, 2022
  - 75% FFP retroactive to October 1, 2021
  - Requested cost allocation is 100% Medicaid as **EAS is currently only available for Medicaid beneficiaries**
- Certification for **three additional use cases** will be sought in FFY23
  - Connie Portal(s) - EHR and Web
  - Provider Directory
  - eReferral Services

Empanelment Use Case
The Value to Medicaid

OPERATIONAL
CERTIFIED
22 & 23 OAPD
75/25 Operations
50/50
Administration

Provider/Patient Empanelment

The provider/patient empanelment use case associates individual Medicaid patients with those providers and/or care coordinators for whom there are active treatment relationships in place, enabling identification and coordination with other members of a patient's care team.

- Supports patient privacy: access to clinical data only for members of a patient's care team
- Supports linking patient panels to clinical events and conditions

Encounter Alerts
The Value to Medicaid

OPERATIONAL
CERTIFIED
FFY 22 & 23 OAPD
75/25 Operations
50/50
Administration

Alert Notifications

Real-time alerts to treating providers and care coordinators, delivered when a Medicaid beneficiary is admitted, discharged, or transferred (ADT) from a hospital, enabled by the empanelment information associated with patients.

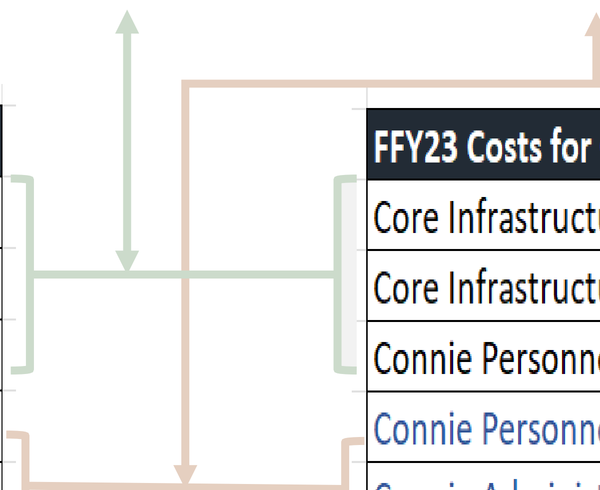
- Supports prompt follow-up care for better outcomes and fewer readmissions
- Care coordinators can identify and guide frequent users of emergency department services to lower cost, more appropriate care settings

Costs of Certified EAS Functionality

Certified Functionality

	Total Operations Costs	Costs Allocated to Medicaid	Operations: 75% Federal Share	Operations: 25% State Share	Administration: 50% Federal Share	Administration: 50% State Share	Total Federal Share	State Share Total
FFY 22	$ 1,505,379	$ 1,505,379	$ 750,694	$ 250,231	$ 252,227	$ 252,227	$ 1,002,921	$ 502,458
FFY 23	$ 1,175,401	$ 1,175,401	$ 660,051	$ 220,017	$ 147,667	$ 147,667	$ 807,718	$ 367,684
Grand Total:	$ 2,680,780	$ 2,680,780	$ 1,410,745	$ 470,248	$ 399,894	$ 399,894	$ 1,810,638	$ 870,142

FFY22 Costs for Certified Functionality	Cost
Core Infrastructure (ENS Empanelment/Delivery)	$ 439,550
Core Infrastructure (EMPI)	$ 212,400
Connie Personnel - Eligible for Enhanced Funding	$ 348,975
Connie Personnel - Not Eligible for Enhanced Funding	$ 346,646
Connie Administrative Costs	$ 157,808
Total Operational Costs for Cerified Functionality	$ 1,505,379



FFY23 Costs for Certified Functionality	Cost
Core Infrastructure (ENS Empanelment/Delivery)	$ 486,650
Core Infrastructure (EMPI)	$ 265,170
Connie Personnel - Eligible for Enhanced Funding	$ 128,248
Connie Personnel - Not Eligible for Enhanced Funding	$ 127,393
Connie Administrative Costs	$ 167,940
Total Operational Costs for Cerified Functionality	$ 1,175,401

FFY23 Costs for Operational Functionality Not Yet Certified

(Use Cases were in DDI in FFY22)

Costs of Use Cases Expected to be Certified and Operational in FFY 23

Connie Connect Portal Service (Use Cases 1 and 2)	Cost
Connie Personnel - Eligible for Enhanced Funding	$146,570
Connie Personnel - Eligible for Administrative Funding	$145,591
Connie Administrative Costs	$195,929
Core Infrastructure (CRISP)	$372,500
Total Connie Connect Portal	**$860,590**

eReferral Service (Use Case 3)	Cost
Connie Personnel - Eligible for Enhanced Funding	$54,964
Connie Personnel - Eligible for Administrative Funding	$54,597
Connie Administrative Costs	$48,982
Core Infrastructure (CRISP)	$80,655
Total eReferral Service	**$239,198**

Provider Directory Service (Use Case 4)	Cost
Connie Personnel - Eligible for Enhanced Funding	$36,642
Connie Personnel - Eligible for Administrative Funding	$36,398
Connie Administrative Costs	$48,982
Core Infrastructure (CRISP)	$110,000
Total Provider Directory Service	**$232,022**

TOTAL FFY 23 Costs for Operational Functionality that is not yet certified	**$1,331,810**

Operational Non-Certified Functionality

			Operations		Administration			
	Total Operations Costs	Costs Allocated to Medicaid	75%* Federal Share	25% State Share	50% Federal Share	50% State Share	Total Federal Share	State Share Total
FFY 22	Not Applicable	$ -	$ -	$ -	$ -	$ -	$ -	$ -
FFY 23	$ 1,331,810	$ 532,724	$ 240,399	$ 80,133	$ 106,096	$ 106,096	$ 346,495	$ 186,229
Grand Total:	$ 1,331,810	$ 532,724	$ 240,399	$ 80,133	$ 106,096	$ 106,096	$ 346,495	$ 186,229

* DSS will only draw down 50% FFP until the newly operational use cases are certified and will then adjust retroactively to 75%

FFY23 OAPD

75/25 Operations
50/50
Administration

Connected Connie Portal Supporting Functionality for **Clinical Data** Exchange

- The Clinical Data supporting functionality make information available at the point of care to those with an active care relationship with the patient. Connie will support numerous types of data through the Connected Connie Portal including:
  - Electronic messages including ADT messages
  - Labs and radiology data
  - Transcribed medical documents
  - Discrete clinical data elements via FHIR APIs
  - Consolidated Clinical Documents (CCDs)
  - Data from national networks such as Carequality and eHealth Exchange
  - Registry data

FFY23 OAPD

75/25 Operations
50/50
Administration

Connected Connie Portal Supporting Functionality CPMRS Access

- Electronic access to Connecticut's statewide Prescription Monitoring and Reporting System (CPMRS) through Connie is a recognized best practice for statewide HIEs
- Participating organizations will have visibility into a patient's prescription records from CPMRS through the provider portal or their own EHR to enable appropriate prescribing and assess the risk of substance use disorders and doctor shopping for prescribed controlled substances

Connected Connie Portal Supporting Functionality Best Possible Medication History (BPMH)

- Patients with multiple chronic conditions may see a variety of providers, each with their own medication therapy without knowledge of other duplicative or perhaps contraindicated drugs
- BPMH is foundational for any efforts to reconcile medications
- Prescription information from EHRs, claims information, and community pharmacies will be ingested by the HIE and processed to identify duplications of the same prescription

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FFY23 OAPD

75/25 Operations
50/50
Administration

Connected Connie Portal Supporting Functionality Image Exchange

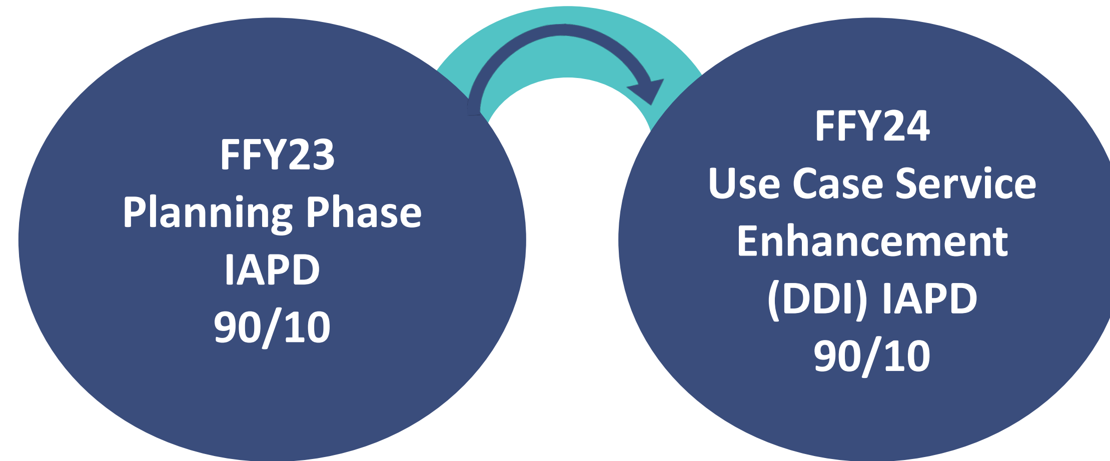
- Image exchange is the ability to electronically share digital radiologic images through an HIE – typically between providers
- Image exchange services provide electronic image data from hospitals and radiology centers to facilitate the exchange of emergent images to stroke centers.
- Availability of radiologic images at the point of care improves clinical decision making and improves quality of care

Implementation Advance Planning Document (IAPD)

- 90% FFP (cost allocated) for modules and HIE use cases to support the Medicaid Enterprise System under
  - Planning Phase
  - Design, Development and Implementation (DDI) Phase

- The IAPD budget is calculated with the CMS-approved Cost Allocation Percentage for certified use cases receiving OAPD funding of 40%

Social Determinants of Health (SDOH) Data



- Social Determinants are widely accepted as having significant influence on an individual's overall health
- SDOH data is fragmented across numerous social service agencies and community-based organizations
  - SDOH data is not normalized or in common formats
- Capturing this data and making it available in conjunction with other clinical health data will result in more informed treatment and care coordination

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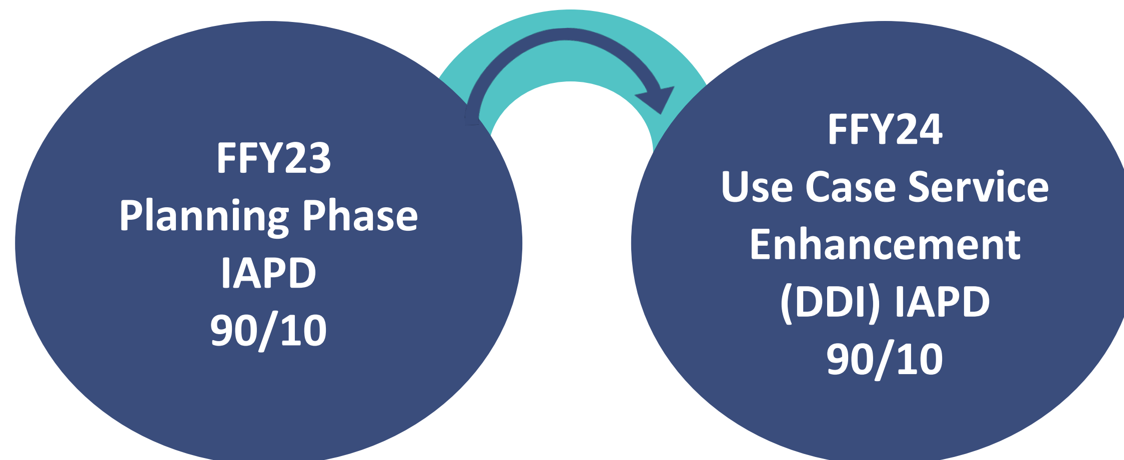
eConsult



- eConsults are asynchronous, consultative, provider-to-provider communications within a shared electronic health record (EHR) or through an HIE
- eConsults are an important part of the solution for transferring medical information between primary care providers and medical specialists in an efficient and effective manner

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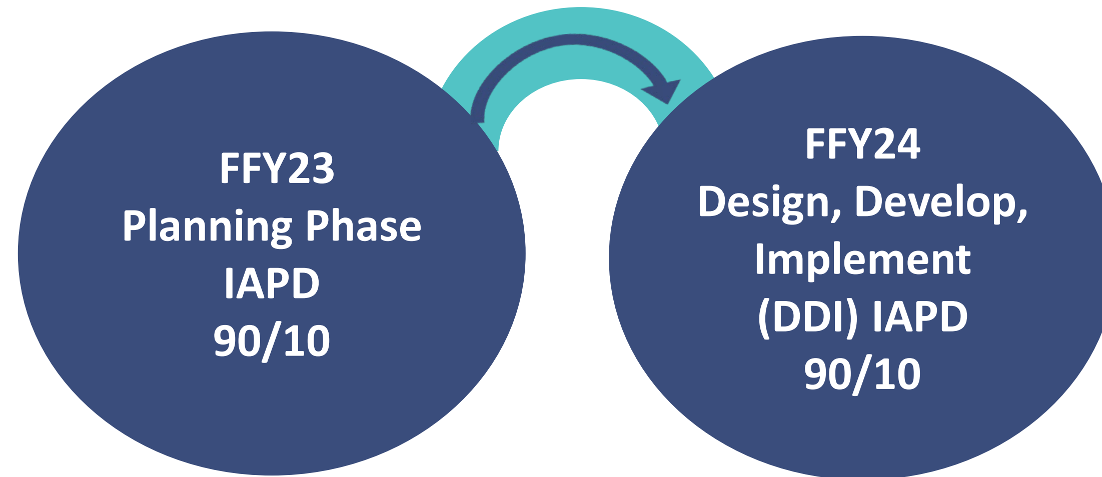
Electronic Case Reporting (eCR)



- Electronic Case Reporting (eCR) eases the burden on hospitals and providers required to report certain conditions and test results to the Department of Public Health
- The eCR will accommodate the automated ingestion of required reports into Public Health data systems

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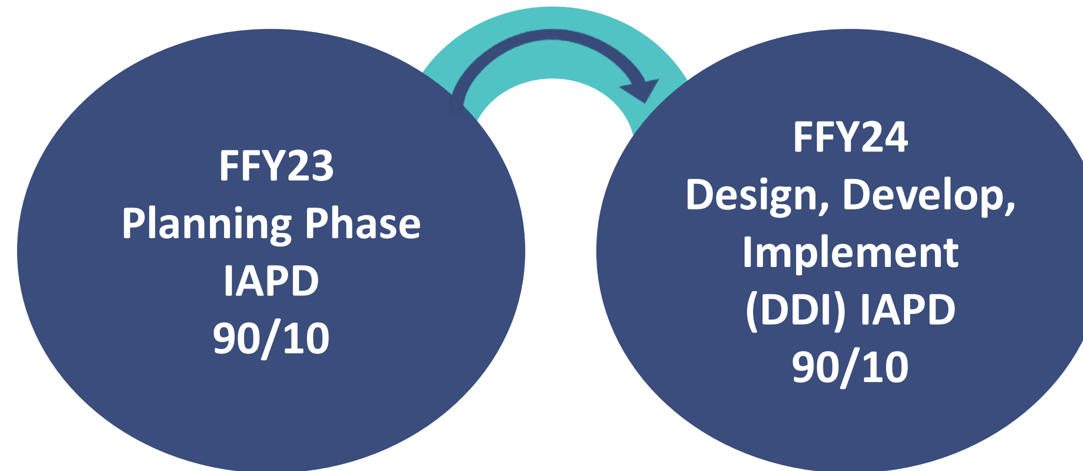
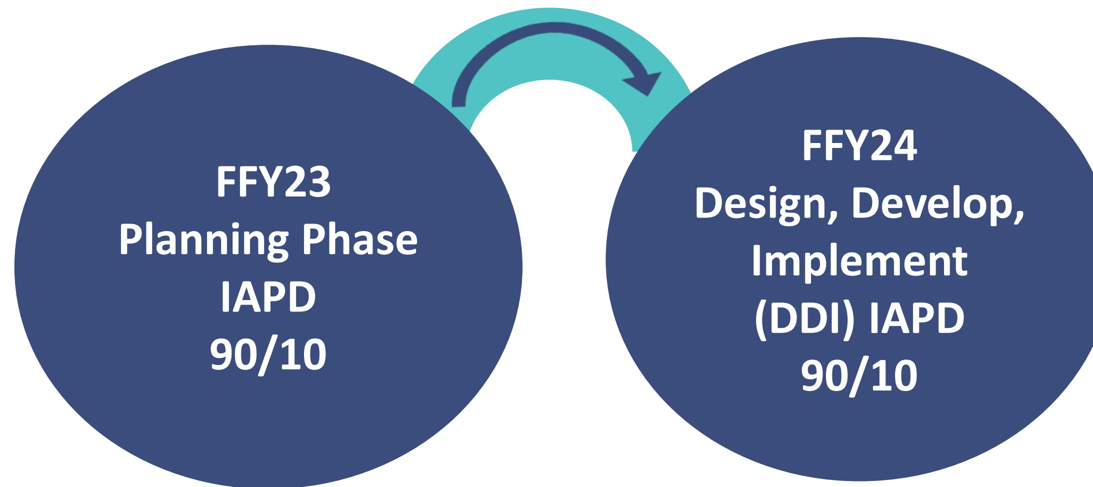
Quality Measurement



- A statewide electronic system for clinical quality measurement will enable providers and encourage payers to participate in value-based payment models
- Clinical information available through an HIE can be used to enhance claims data to better identify performance and gaps in care
- Such a system and its reporting output can be configured to support Medicaid providers, and other payers and providers, with the ultimate benefits of higher quality, safer patient care

Durable Medical Equipment Order Tracking

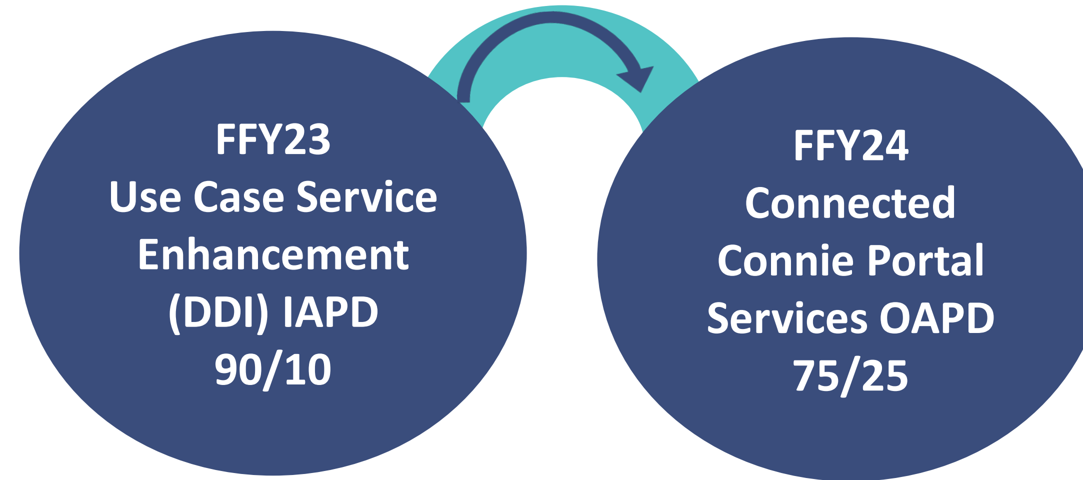


- The electronic submission of prescription orders for Durable Medical Equipment (DME) is a DSS requirement for Medicaid providers
- Previously, the electronic prescriptions were submitted by providers via the Project Notify Direct Secure Messaging service
- This functionality can now be delivered through Connie with associated improvements in efficiency and workflows

Immunizations

- Immunization data can be captured through Connie and submitted to to CTWiz, the state's immunization registry, to support reporting requirements and improve provider workflows
- Bi-directional exchange of immunization information will support providers in determining the current status of patient immunizations and to manage the administration of additional vaccinations

Dental Health Records



- Dental health information is an essential part of overall patient information and can inform other healthcare diagnosis and treatment, and health information related to acute and chronic conditions can inform dental treatment
- Dental health record data feeds will enhance the value of the Connected Connie Portal Services

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Advance Health Care Directives

- Advance Health Care Directives (AHCDs) are legal documents that convey a person's healthcare preferences to be used during medical emergencies
- Connie can provide standard, statewide electronic access to AHCDs by storing the existence and location of a document but not the document itself by querying multiple backend repositories when queried through the Connected Connie Portal Services
- This simple architecture allows for the expanded access to AHCDs while eliminating the concerns that the AHCD document might not be the most current version

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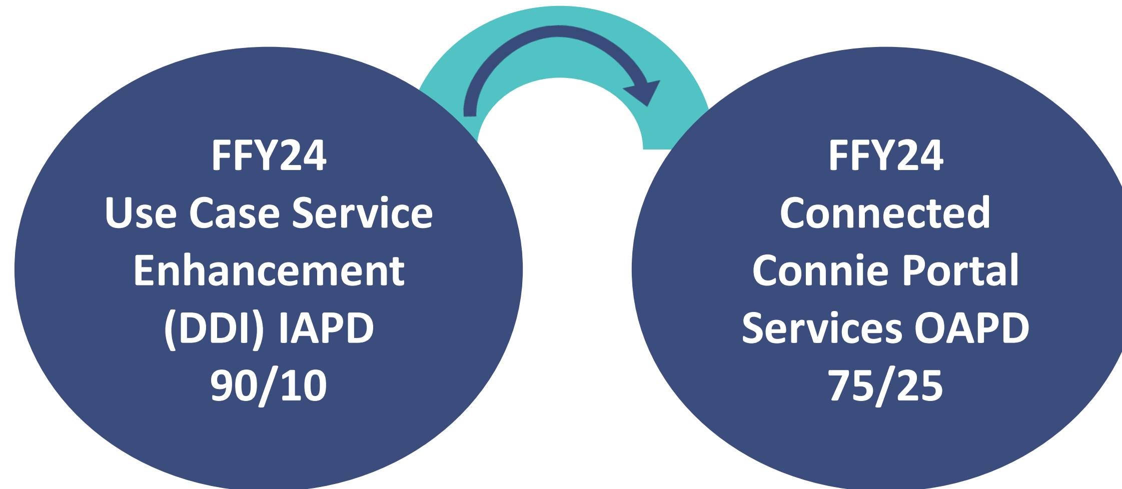
Provider Mediated Affirmative eConsent (PrMA eConsent)

- PrMA eConsent will enable Substance Use Disorder (SUD) providers to share data protected by 42 CFR Part 2 through the HIE
- PrMA eConsent will improve care coordination between SUD providers and other healthcare providers, strengthen continuity of care for patients throughout SUD treatment levels, and ease SUD workflow burden when obtaining consent and disclosing information

Patient Mediated Affirmative eConsent



- Patient Mediated eConsent will support the interactive participation of patients and their authorized representatives to manage their consent choices for data that could be shared through the HIE
  - Electronic signatures for patient consent
  - Flexible expiration dates for consent registration
  - Provider and payer specific forms with multiple patient consent options
  - Consent history tracking anyone accessing SUD data

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Patient Data Access

FFY23
Use Case Service Enhancement (DDI) IAPD
90/10

- In accordance with federal regulations, Connie will provide consumers access to their health information through a third-party personal health application with strong identity validation protocols to ensure accurate person-matching

- All United States Core Data for Interoperability (USCDI) elements will be accessible, i.e., hospital discharge summaries, clinical notes, lab and test reports, screenings, and care coordination information, unless prohibited by state and federal laws

Stroke Registry Image Feed

FFY23
Use Case Service Enhancement
(DDI) IAPD
90/10

- Connie is establishing a data feed between the operational image exchange use case service and the emerging stroke registry and network in Connecticut which could support research activities around trends in stroke care and potential disparities and inequities in the delivery of stroke care.

*Slide modified from original presentation dated 6/16/22

IAPD BUDGET

OHS HIE Budget for FFY 23 and FFY 24

Costs Before Cost Allocation

	FFY 23	FFY 24
State Cost Category	**Total**	**Total**
State Personnel	$ 1,063,751	$ 1,092,459
Hardware/Software	$ 3,000	$ 3,000
Equipment/Supplies	$ 5,000	$ 5,000
Out of state travel and conference costs	$ 15,000	$ 15,000
Contractors	$ 5,504,957	$ 5,282,616
Grand Total:	**$ 6,591,708**	**$ 6,398,075**

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IAPD Cost Allocations

2023

FFY 23	Total Project Costs	Cost Allocation: Medicaid Percentage	Cost Allocation: Costs Allocated to Medicaid	Federal and State Participation: FFP	Federal and State Participation: Federal Share	Federal and State Participation: State Share	Portion Not Allocated to Medicaid
DSS Costs							
Enhanced	$ 3,067,262	100%	$ 3,067,262	90%	$ 2,760,536	$ 306,726	$ -
Administrative	$ -	100%	$ -	50%	$ -	$ -	$ -
OHS Costs*							
Enhanced	$ 1,437,440	40%	$ 574,976	90%	$ 517,478	$ 57,498	$ 862,464.00
Administrative	$ 765,311	40%	$ 306,124	50%	$ 153,062	$ 153,062	$ 459,186.48
HIE Costs							
Enhanced	$ 3,695,616	40%	$ 1,478,246	90%	$ 1,330,422	$ 147,825	$ 2,217,369.60
Administrative	$ 693,341	40%	$ 277,336	50%	$ 138,668	$ 138,668	$ 416,004.60
Total Project Costs	$ 9,658,970		$ 5,703,945		$ 4,900,166	$ 803,779	$ 3,955,024.68

* Excluding HIE Costs which are shown separately

2024

FFY 24	Total Project Costs	Cost Allocation: Medicaid Percentage	Cost Allocation: Costs Allocated to Medicaid	Federal and State Participation: FFP	Federal and State Participation: Federal Share	Federal and State Participation: State Share	Portion Not Allocated to Medicaid
DSS Costs							
Enhanced	$ 3,014,184	100%	$ 3,014,184	90%	$ 2,712,765	$ 301,418	$ -
Administrative	$ -	100%	$ -	50%	$ -	$ -	$ -
OHS Costs*							
Enhanced	$ 1,440,576	40%	$ 576,230	90%	$ 518,607	$ 57,623	$ 864,345.60
Administrative	$ 790,883	40%	$ 316,353	50%	$ 158,177	$ 158,177	$ 474,529.64
HIE Costs							
Enhanced	$ 3,360,532	40%	$ 1,344,213	90%	$ 1,209,792	$ 134,421	$ 2,016,319.20
Administrative	$ 806,084	40%	$ 322,434	50%	$ 161,217	$ 161,217	$ 483,650.40
Total Project Costs	$ 9,412,258		$ 5,573,414		$ 4,760,558	$ 812,856	$ 3,838,844.84

* Excluding HIE Costs which are shown separately

DISCUSSION

Announcements & General Discussion

Dr. Joe Quaranta, Council Members

Vicki Veltri

Thank you for your unrelenting commitment to serving Connecticut residents

Wrap Up and Meeting Adjournment

Next Meeting Date:

July 21, 2022

Contact Information

OHS Contact for June 2022 HITAC Meeting

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