Health IT Advisory Council

September 27, 2018

OHS
CONNECTICUT
Office *of* Health Strategy

Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 pm
Public Comment	1:05pm
Review and Approval of Minutes – July 19, 2018	1:10pm
Status Updates: Membership and IAPD-U	1:15pm
Department of Social Services Presentation	1:20pm

Office of Health Strategy Data Sharing Activities
• HIE Entity Planning
• Data Analytics
  • CDAS eCQM Model
  • Stakeholder Engagement & Workgroups
  • Health Equity Data Analytics
• Medication Reconciliation and Polypharmacy Work Group Update
	2:00pm

Wrap-up and Meeting Adjournment	2:55pm

OHS CONNECTICUT Office of Health Strategy

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approval of:

July 19, 2019 Meeting Minutes

OHS CONNECTICUT Office of Health Strategy

Status Updates

Membership

Status Update: IAPD-U

- $12.2 million in funding awarded by CMS to support Connecticut's HIE efforts
- Funding received represents the entire requested amount and extends through FFY 2019
- Governor Malloy – "Establishing the health information exchange will improve patient care and save valuable time and resource for providers – an important factor in containing healthcare costs.:
- Vicki Veltri – "The health information exchange also advances our efforts to improve population health and reduce racial, ethnic, and gender health inequalities."
- Commissioner Roderick Bremby – "This initiative is absolutely vital to the health of Connecticut residents, especially our older adults with complex and multiple conditions and care needs."

STATE OF CONNECTICUT
GOVERNOR DANNEL P. MALLOY

09/06/2018

Gov. Malloy: Connecticut Receives $12.2 Million to Support the State's First Health Information Exchange System

(HARTFORD, CT) – Governor Dannel P. Malloy today announced that the State of Connecticut will receive a $12.2 million grant to support ongoing work that will establish Connecticut's first statewide health information exchange. The grant, awarded by the Center for Medicare and Medicaid Services (CMS) to the Connecticut Office of Health Strategy (OHS), supports efforts to develop a secure, modern health information exchange that facilitates the sharing of health data to further patient care, improve proper efficiency, and rein in the high cost of healthcare.

"Healthy communities are an important part of a strong economy and building a strong workforce that attracts businesses and spurs job creation," **said Governor Malloy**. "Establishing the health information exchange will improve patient care and save valuable time and resources for providers – an important factor in containing healthcare costs. Connecticut's Office of Health Strategy is fighting aggressively to advance access to high-quality healthcare and rein in healthcare spending. Healthcare is a basic human right that should never be out of reach for anyone. I want to especially thank Lt. Governor Wyman, OHS Executive Director Vicki Veltri, and Social Services Commissioner Rod Bremby for their leadership on this issue."

"Healthcare is changing very quickly. Connecticut providers need a modern, clear, and cohesive system for information exchange that ensures timely information to providers so they can deliver the best care quickly," **said Lt. Governor Nancy Wyman**, who heads Connecticut's health reform efforts. "Having a health information exchange that works for providers and patients across the state will improve the quality of care for consumers, help us identify gaps in care and healthcare disparities, and get us to lower overall healthcare costs. Connecticut is consistently rated among the top ten states for healthcare in national surveys – we must continue this progress for our residents and for Connecticut's economy."

OHS CONNECTICUT Office of Health Strategy

Department of Social Services Presentation

Connecticut Department of Social Services

Making a Difference

Health IT Projects at Dept. of Social Services

Minakshi Tikoo, PhD, MBI, MS, MSc

Director, Business Intelligence & Shared Analytics, DSS

Health IT Advisory Council

September 2018

Overview

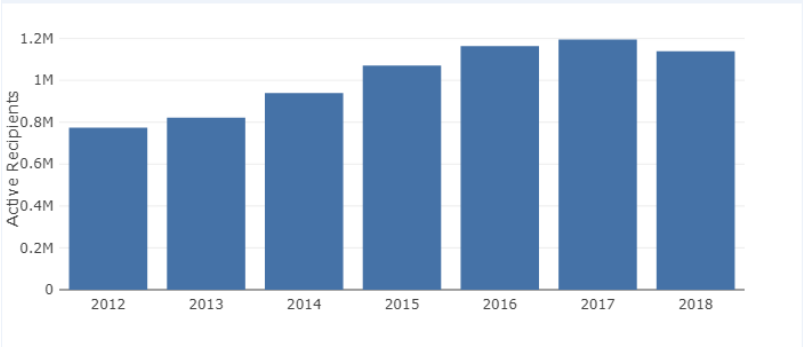
- DSS Vision, Mission, and Goals
- Aligning Medicaid Health Information Exchange Node with the Statewide HIE – Network of Networks Model
- Enterprise Master Person Index
- Enterprise Provider Registry
- Project Notify
- eCQM and Medicaid EHR Incentive Program
- Personal Health Record
- Reference - DSS Health IT chronology, alignment with DSS Goals – DSS Health IT Logic Model

DSS Vision, Mission, and Goals

- DSS Vision:
  - Guided by our shared belief in human potential, we envision a CT where all have the opportunity to be healthy, secure and thriving.
- DSS Mission:
  - We, along with our partners, provide person-centered programs and services to enhance the well-being of individuals, families and communities.
- DSS Goals:
  - Drive decision-making, collaboration and service-coordination through enhanced use of data to improve services.
  - Instill public trust by continuously improving the way we administer programs, manage our resources and operate our infrastructure.
  - Improve access to health and human services to enable our customers to gain independence, enhance health and achieve well-being.

Context: Connecticut Department of Social Services

- Population of Connecticut – 3.58 Million
- People Served in a year – over 1 Million



Zato Data Collections - Row Counts

DATA COLLECTION	COLLECTION	TOTAL NUMBER OF ROWS	AS OF
BIP-Universal Assessment	bip	2,492,509	2018/08/10 03:08
CLEM eligibility data	clem	62,325,554	2018/04/26 17:04
Community Health Network of Connecticut: Lab, Provider, Primary Care Provider data	chnct	112,650,423	2018/08/06 14:08
EMS data	ems	1,090,653,480	2018/07/18 02:07
Enterprise Master Person Index (EMPI)	empi	144,954,817	2018/08/05 18:08
Health Insurance Exchange (HIX) data from AhCT	hix	45,280,199	2018/08/02 20:08
ImpaCT data	impact	312,864,071	2018/07/18 20:07
Medicaid Claims data: Physician, Institutional, Dental, Pharmacy and Pharmacy Financial claims	claims	1,346,126,285	2018/07/28 05:07
Medicaid EHR Incentive Program data	mapir	2,853,164	2018/08/10 04:08
Provider data	provider	681,261	2018/08/10 10:08

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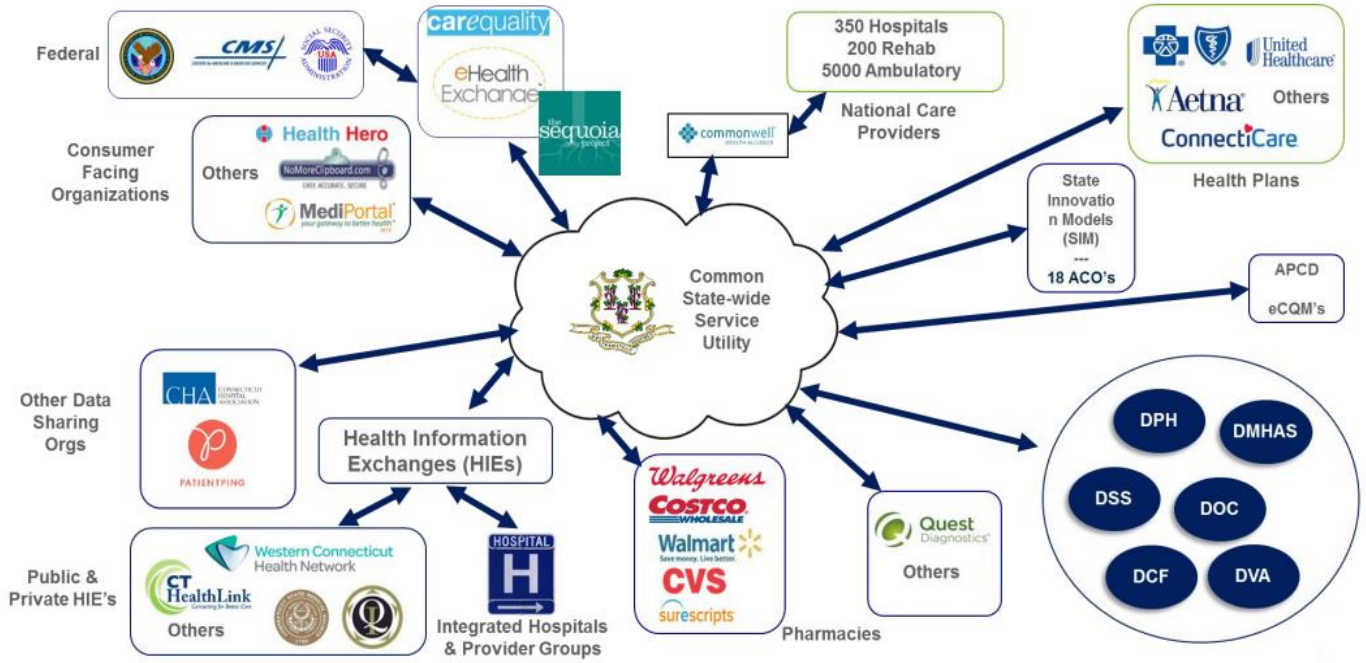
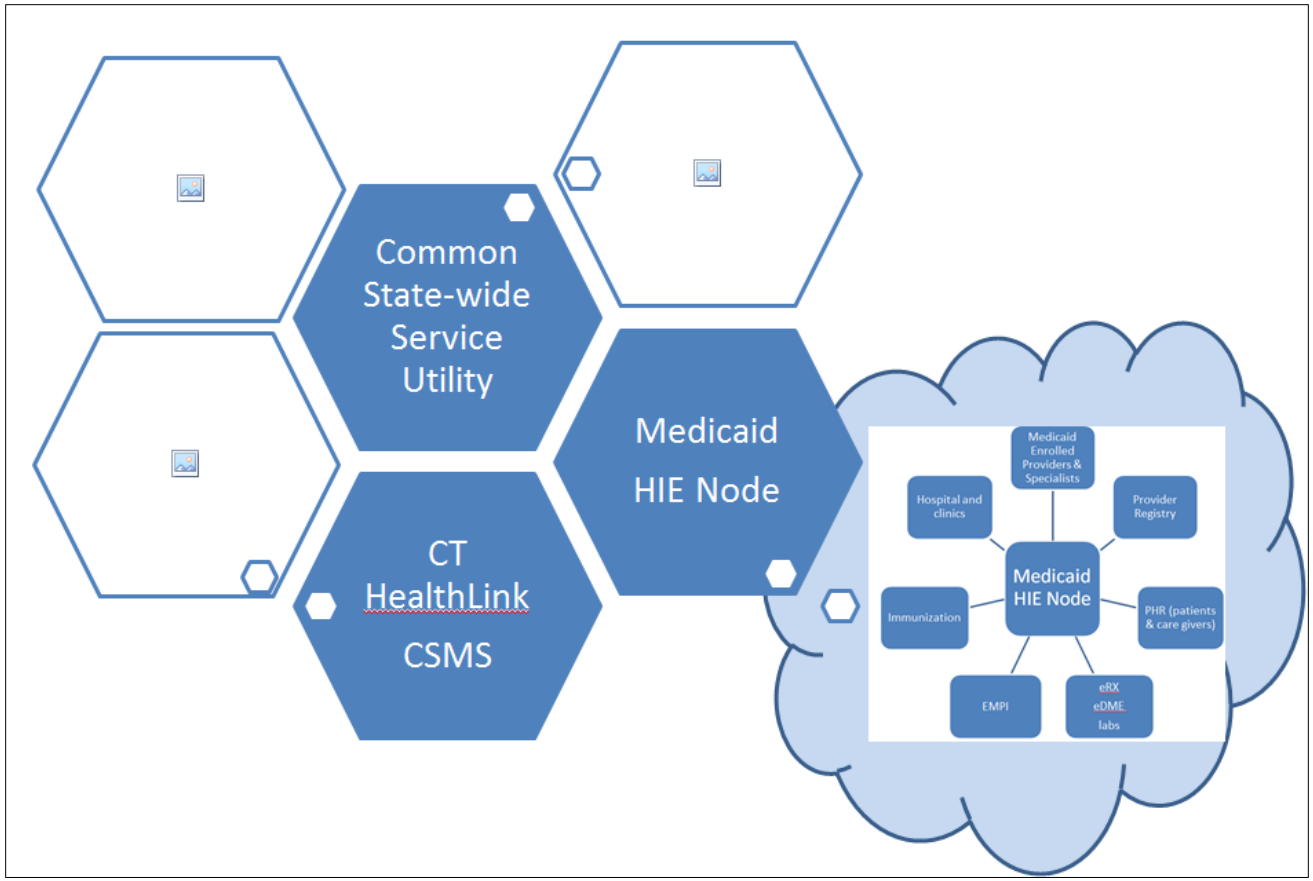
HIE Vision for CT – "Network of Networks"



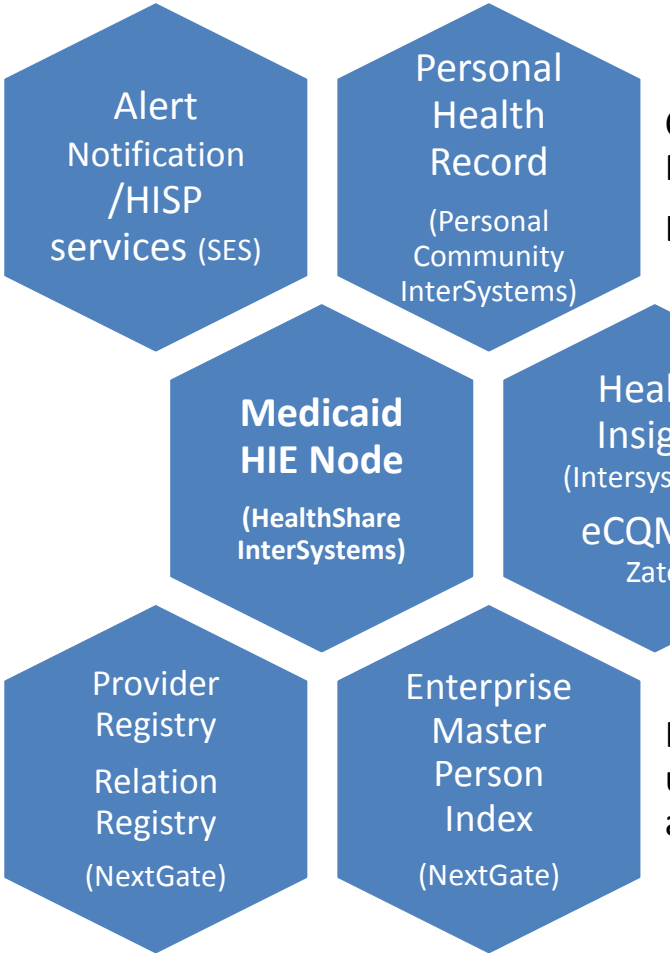
OHS CONNECTICUT Office of Health Strategy

CONNECTICUT HEALTH INFORMATION TECHNOLOGY OFFICE

Medicaid HIE Node Connecting to Statewide HIE



Medicaid HIE Node



Care Plans, Medication list, claims

Lab (coming soon)

Entity Management used by DSS, AHCT, and OEC (Oct. 2018)

- ✓ HealthShare is certified for Health IT interoperability by IHE USA and ICSA
- ✓ HealthShare has passed eHealth Exchange validation

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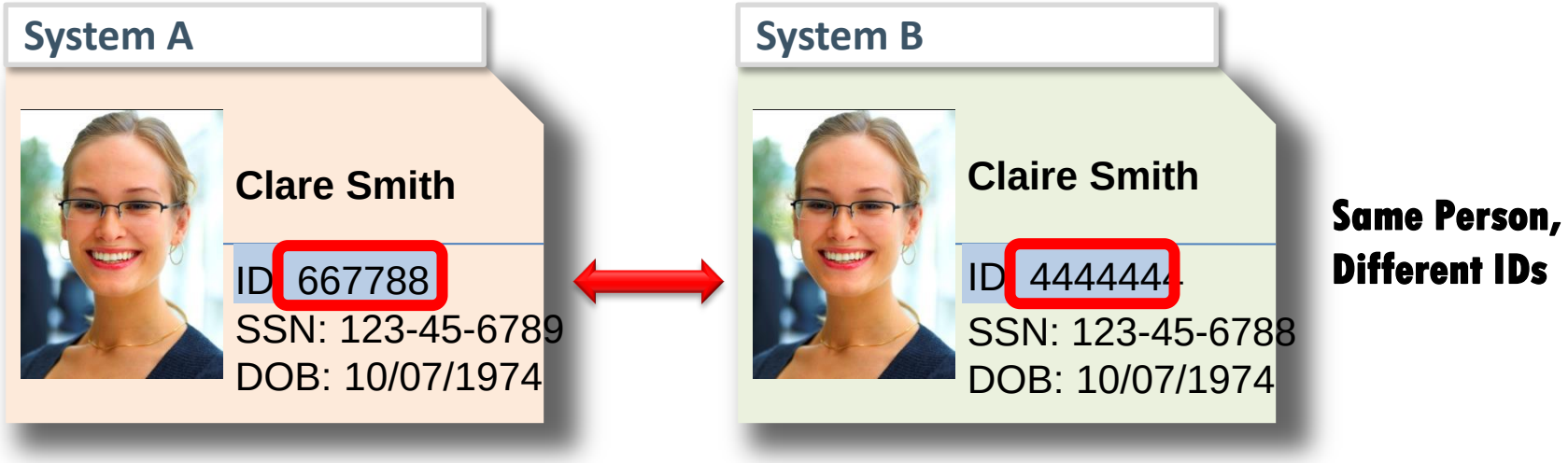
Identity Challenges

Historically, people are identified uniquely per system or facility (at best)

MRN not sufficient for cross-facility and inter-disciplinary services

Enterprise ID required to form the basis of data exchange



Enterprise Master Person Index (EMPI)

- An EMPI is a centralized and trusted directory to manage and share patient information across healthcare settings, applications and organizations.
  - Automate duplicate record clean up and eliminate duplicate registrations
  - Provide faster and more accurate patient lookup
  - Enable a comprehensive view of a given client
  - Common patient identifier for accurate data exchange
  - Improve data quality, accuracy, and consistency
  - Reduce operational costs and errors resulting from duplicate records
- **In use since January 2016 – hosted at BEST**
- **Current Users**
  - **DSS**
  - **AHCT**
  - **Starting Oct. 2018 - OEC**

Data Elements in the EMPI

Current

- First Name
- Last name
- Middle Name
- Suffix
- SSN
- Managed Identifier
- DOB
- Gender
- Auxiliary ID
- Driver's License
- House Number
- Street name
- City
- State
- Zip Code
- Phone

Phase II – proposed elements

Place of Birth
Address Type 1
Address Line 1
Address Line 2
Address Line 3
Address Line 4
Address City
Address State
Address Postal Code
Address Postal Code Ext
Address Effective Date
Phone Type 1
Phone Num
Phone Ext
Phone Type 2
Phone Num
Phone Ext
Alien Number
Identify Proofing
Citizenship Verification Source
DOB Verification
Email Address

EMPI - Unique Count

Source System	Jun. 17	Oct. 17	Jan. 18	Feb. 18	Mar. 18	Apr. 18	Jul. 18	Sept. 18
Dept. of Social Services	3,010,555	3,048,983	3,079,138	3,087,346	3,091,892	3,099,635	3,128,561	3,142,623
Health Insurance Ex.	1,582,595	1,630,595	1,684,210	1,695,437	1,701,985	1,711,135	1,746,502	1,762,783
Enterprise Unique IDs	3,132,512	3,171,660	3,214,654	3,223,765	3,228,805	3,236,315	3,266,906	3,280,546

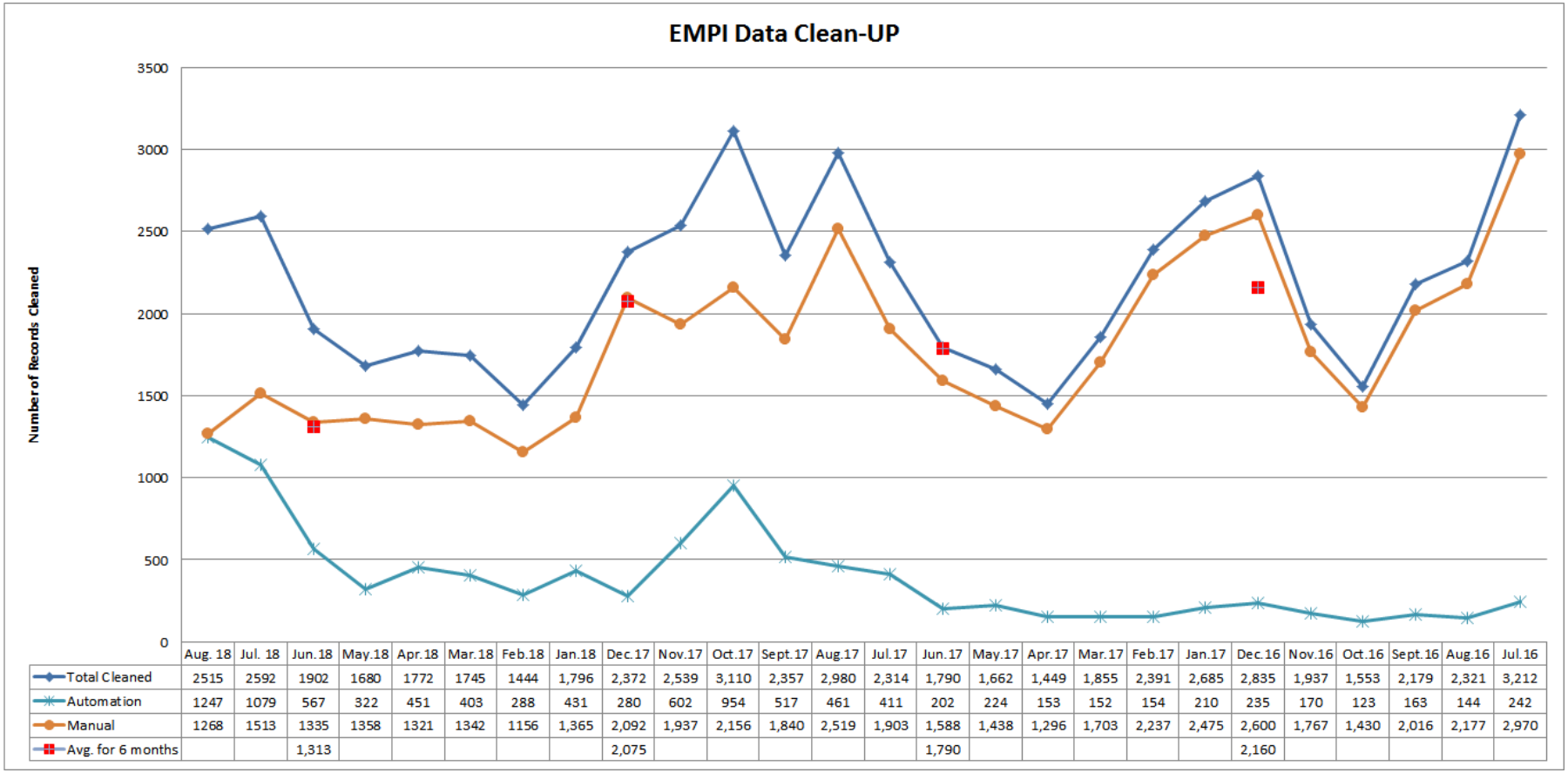
NEXTGATE

Duplicate Cleanup Dashboard

Baseline DSS:	Assumed Matches: 27,257	Potential Duplicates: 80,323	Total: 107,580
Baseline HIX:	Assumed Matches: 54,489	Potential Duplicates: 38,333	Total: 92,822

Duplicate Type	Status	Count
CROSS SYSTEM		
Merged Potential Duplicates	Merged	71744
Potential Duplicate	Marked Unique	3057
Potential Duplicate	Parked	4
Potential Duplicate	Unresolved	51
DSS		
Assumed Matches	Unresolved	3393
Merged Potential Duplicates	Merged	42826
EMS		
Potential Duplicate	Marked Unique	14723
Potential Duplicate	Unresolved	1
EMS-IMPACT		
Potential Duplicate	Parked	2
Potential Duplicate	Unresolved	871
HIX		
Assumed Matches	Unresolved	296
Merged Potential Duplicates	Merged	52619
Potential Duplicate	Marked Unique	29771

Managing Duplicates – Last 24 months



	Aug. 18	Jul. 18	Jun.18	May.18	Apr.18	Mar.18	Feb.18	Jan.18	Dec.17	Nov.17	Oct.17	Sept.17	Aug.17	Jul.17	Jun.17	May.17	Apr.17	Mar.17	Feb.17	Jan.17	Dec.16	Nov.16	Oct.16	Sept.16	Aug.16	Jul.16
Total Cleaned	2515	2592	1902	1680	1772	1745	1444	1,796	2,372	2,539	3,110	2,357	2,980	2,314	1,790	1,662	1,449	1,855	2,391	2,685	2,835	1,937	1,553	2,179	2,321	3,212
Automation	1247	1079	567	322	451	403	288	431	280	602	954	517	461	411	202	224	153	152	154	210	235	170	123	163	144	242
Manual	1268	1513	1335	1358	1321	1342	1156	1,365	2,092	1,937	2,156	1,840	2,519	1,903	1,588	1,438	1,296	1,703	2,237	2,475	2,600	1,767	1,430	2,016	2,177	2,970
Avg. for 6 months			1,313						2,075						1,790						2,160					

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Enterprise Provider Registry

- **When combined with EMPI, allows for Client>Provider and Client>Org relation tracking**
- **Allows for program participation tracking and reporting**
- **Streamlined management of member directory printing and inbound inquiries for member and customer service teams**
- **Creates a unified view of a practitioner or provider entity across disparate sources**
  - Credentials and Licenses
  - Roles, Specialties, Job Actions and Restrictions
  - Identifiers (SSN, TIN, NPI, …)
  - Work Locations
  - Communications
- **Enables effective information sharing including**
  - Results Routing
  - Secure Messaging (e.g., referrals)
  - Direct Addresses
- **Provider Types (extensible)**
  - Individual Providers: Doctors, Nurses, EMT, Community Paramedics, Diabetic Counselors, Social Workers, Pharmacists…
  - Organizations
  - Service Delivery Locations

Provider and Organization Registry

"Golden Record"

Dr. Elizabeth Jones
2505 Fifth Street
Los Angeles CA 90511
Cell: 213.620.9474
DOB: 12/04/1985
NPI: 124-531-9599

Enterprise Unique ID

EUID: 100100

Provides a link to these systems:

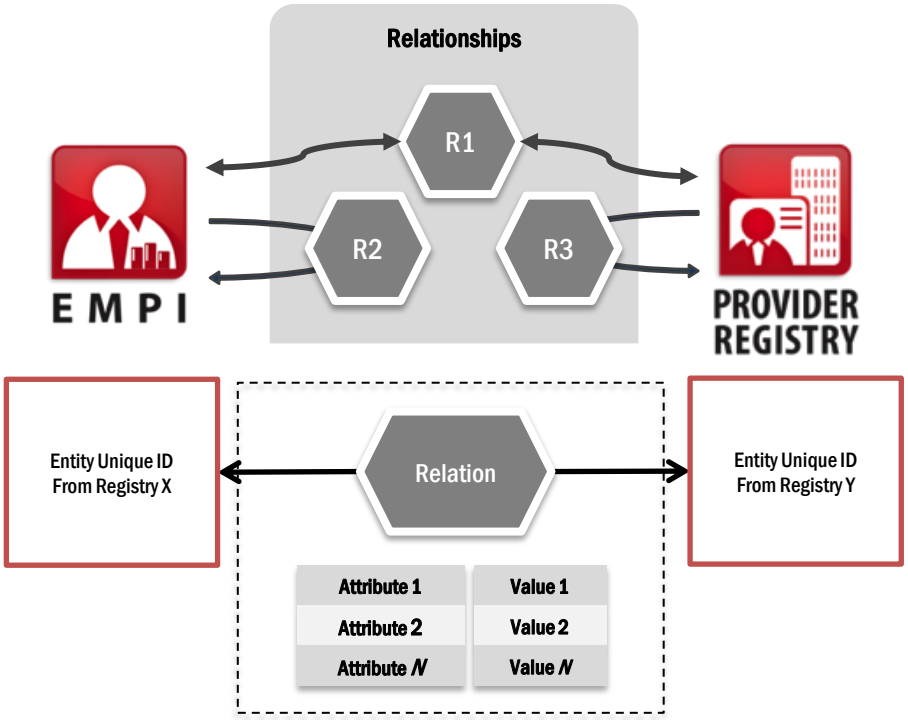
MEDICALASO: 212
LTSSASO: 313
NPPES: 414
MMIS:

MEDICALASO: 212
LTSSASO: 313
NPPES: 414
MMIS: 515
BEACON: 616
BENECARE: 717

Count of Records in EPR

Type of Record	Sept. 2017	Jan. 2018	Mar. 2018	Apr. 2018	Jul. 2018
Admin	770,914	774,444	775,302	776,268	784,753
LTSS ASO	40,766	41,775	42,357	42,430	42,756
Medical ASO	27,941	29,407	29,936	30,229	31,378
MMIS	108,415	109,965	110,588	111,010	113,826
NPPES	682,350	684,432	684,432	685,168	69,225

Relation Management

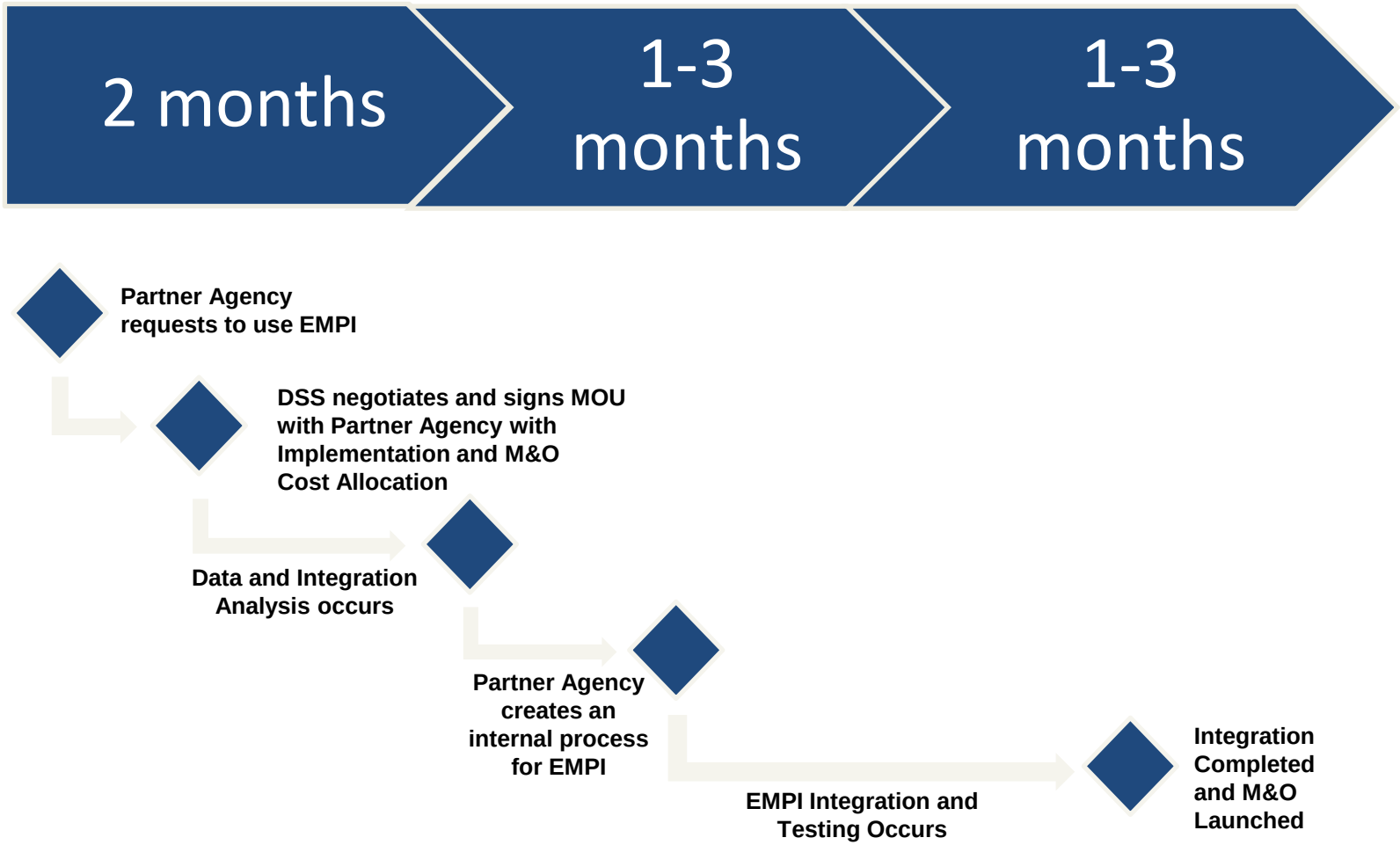


Relation	Parties
Admitting Attending Ordering Consulting Referring PCP Transition of Care Nurse Continuity of Care Nurse	Provider & Patient
Scheduled At Has Privileges At Works At Provides services from	Provider & Facility
Employee of	Provider & Org
Affiliated Admin of Has working Relation	Provider & Provider
Parent Child, Guarantor, Emergency, Next of Kin, …	Patient & Person

Tools For Data Clean-Up and Oversight

- **Data Quality Manager**
  - Data stewardship interface
  - Web-based management interface for searching, viewing, editing, merging, unmerging, and resolving duplicates
  - Search accommodates transpositions and spelling errors
  - Intuitive record comparison screens
  - Individual fields may be masked for privacy
- **Reports Manager**

EMPI & EPR Onboarding Process



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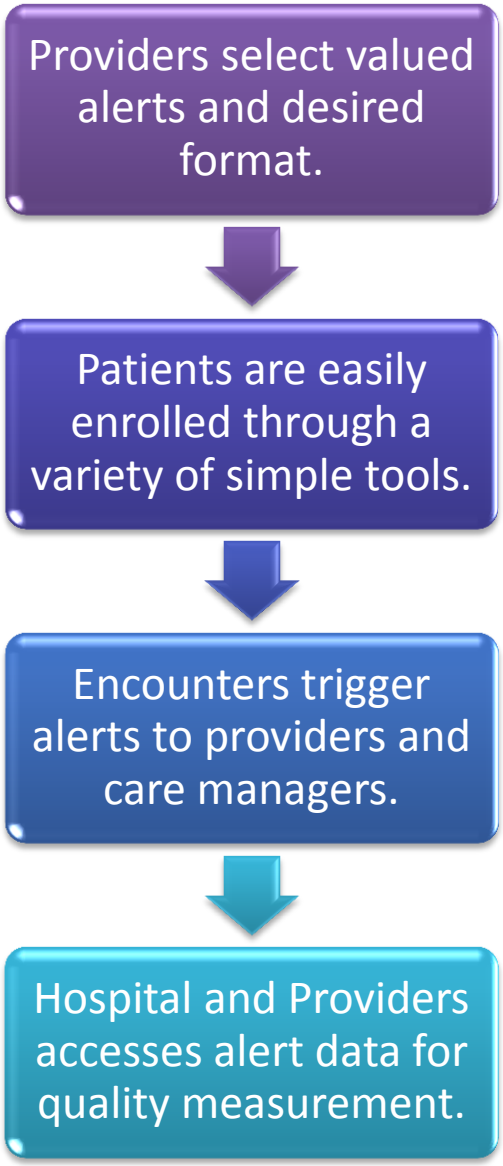
Project Notify

- What is an Admissions, Discharge and Transfer (ADT) Alert?
- An “ADT alert” is a real-time notification of an admission, discharge, transfer encounter sent to a care team comprised of care coordinator, care manager, or a primary care physician (PCP) that is used to effectively intervene in the care pathway.
- https://www.hhs.gov/idealab/projects-item/health-information-exchange-accelerators/

Health Alert Notification Program

- **Business Goals:**
  - Reduce preventable readmissions
  - Improve coordination of care
  - Engage provider community
  - Loop in care manager
  - Facilitate improved communications (direct contact, electronic) with the patient and/or caregiver within 2 business days of discharge
  - Enhance medical decision making with needed face to face visit within 7 calendar days
  - Optimize transitional care management and notify home health and case managers of ED and inpatient visits

Health Event Notifications



How it works

Providers/Plans subscribe to the program to receive custom health event alerts configured for their system environment.

Easy Enrollment

Patients/Members are registered by their provider/plan, through a group (ACO/PCMH/HIE) or through self-enrollment.

Actionable, Instant Alerts

When an event takes place an alert is generated. The message is reformatted, matched, encrypted and forwarded to PCPs, specialists and care managers using DIRECT messaging or other preferred method.

Connecticut Department of Social Services
Making a Difference

Alerts are routed & delivered into existing provider applications & workflows…

Alerts can be delivered to your EMR or direct email: as CCDA, PDF, or both.

Connecticut Department of Social Services
Making a Difference

Notification
RENE OSWEILER
Emergency Department Admission
09-11-2017

Patient Information

Patient Name:	RENE OSWEILER
Gender:	F
Date of Birth:	05-09-1957
Address:	86400 IMPERIAL AVE, NEW HAVEN CT 22222
Home Phone:	(999)888-4321
Patient Insurance ID:	111111999
Insurance Company Name:	MEDICAID CONNECTICUT
PCP:	KAREN FERGUSON

Facility Information

Hospital Name:	Yale-New Haven Hospital
Attending Physician:	DAVID MILLER
Patient Location:	73
Patient MRN:	100000028
Event:	Emergency Department Admission
Event Date + Time:	09-11-2017, 09:00
Reason:	High fever,weakness
Diagnosis Code + ID:	ICD-10, E11.65
Diagnosis:	Type 2 diabetes mellitus with hyperglycemia

Yale-New Haven Hospital: Emergency Department Admission

Patient	RENE OSWEILER
Date of birth	May 9, 1957
Sex	Female
Contact info	Primary Home: 86400 IMPERIAL AVE NEW HAVEN, CT 22222, US (999)888-4321
Patient IDs	111111999 2.16.840.1.113883.3.249
Document Id	TRN1-ADTOE.1.51357
Document created	September 11, 2017, 09:00
Author	DAVID MILLER

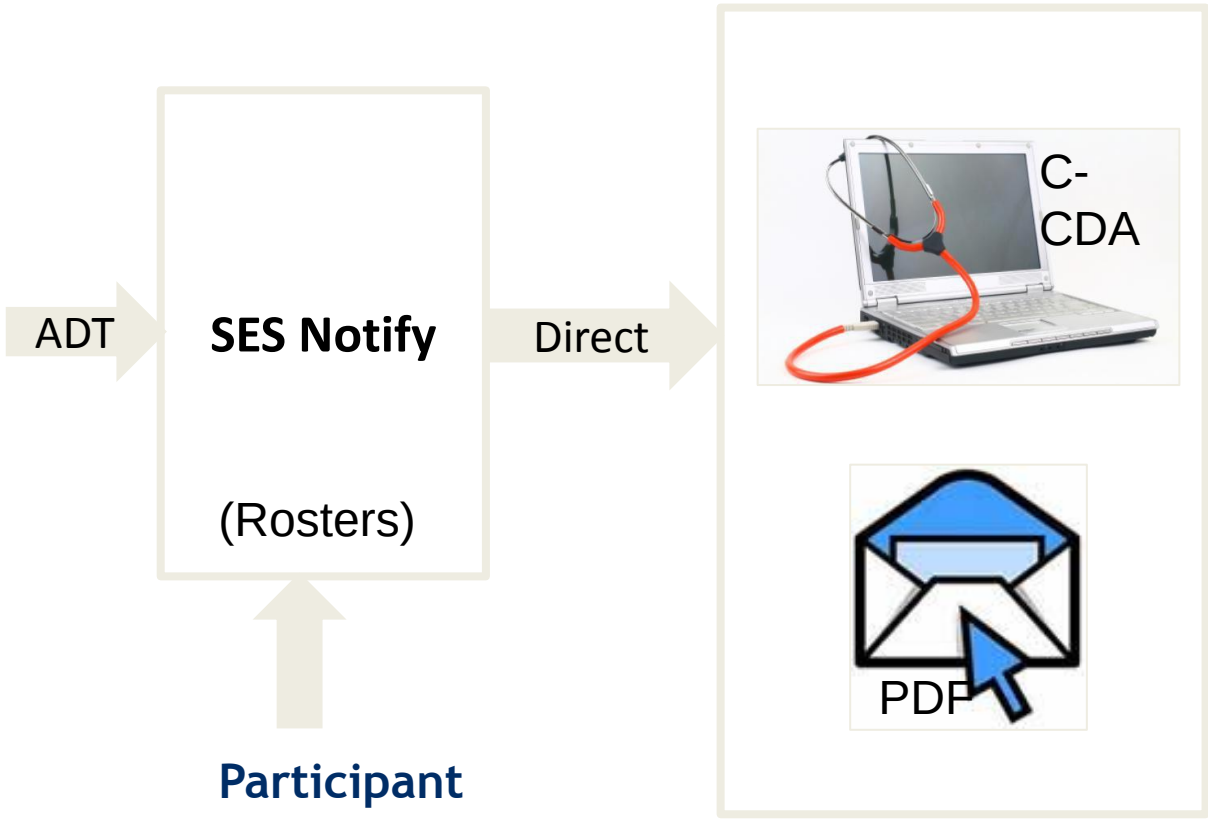
PROBLEMS

Problem Type	Condition	ICD-10	Effective Date
Problem	Type 2 diabetes mellitus with hyperglycemia	E11.65	20160919120424

SES Notify Process

Yale New Haven Health System
- Bridgeport Hospital
- Greenwich Hospital
- Lawrence & Memorial Hosp.
- Westerly Hospital
- Yale New Haven Hospital
- St. Raphael's

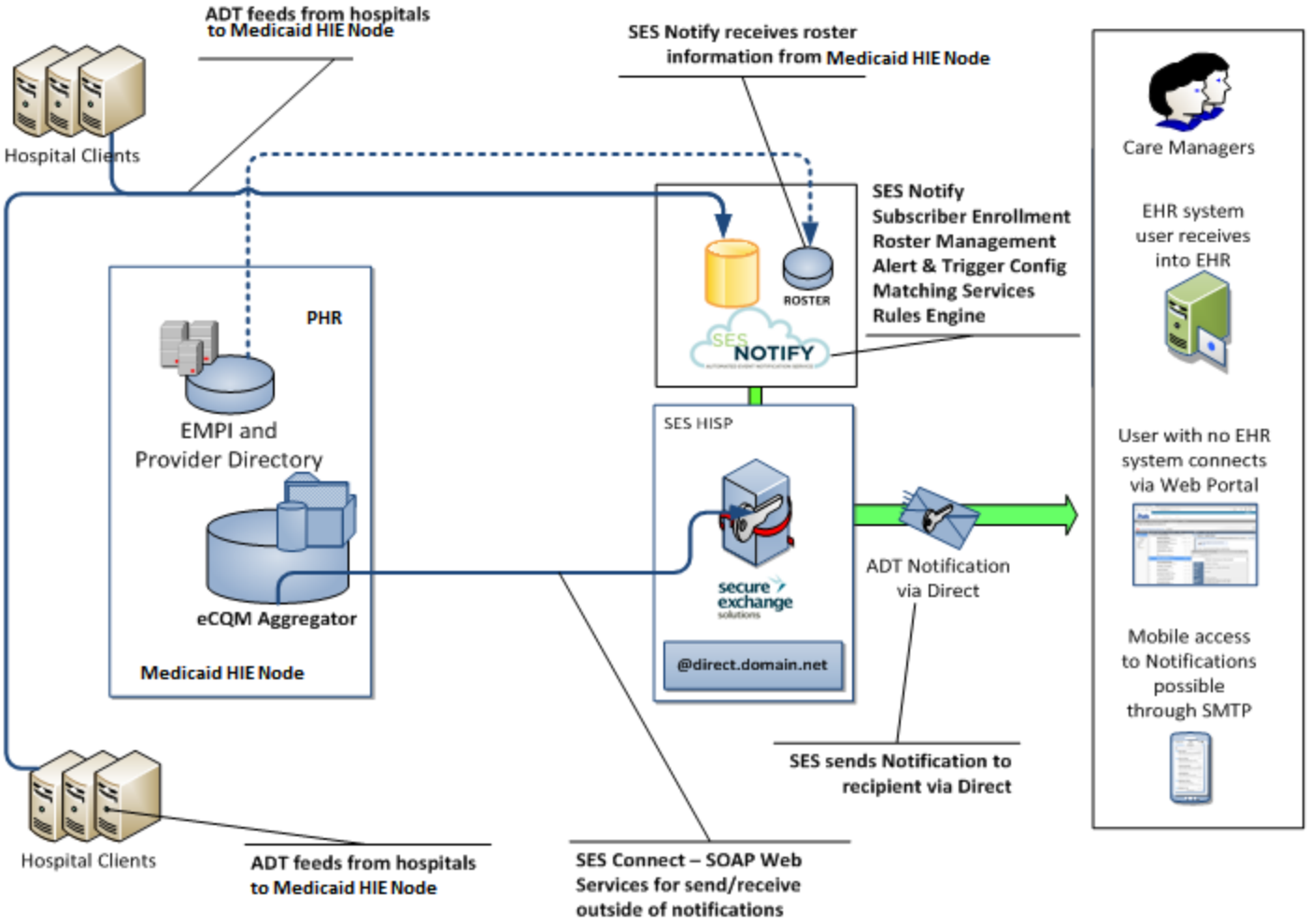
Hartford Healthcare System
- Hartford Hospital
- MidState Medical Center
- Windham Hospital
- The Hosp. of Central CT
- The William W. Backus Hosp.
- Charlotte Hungerford Hosp.



Key Task

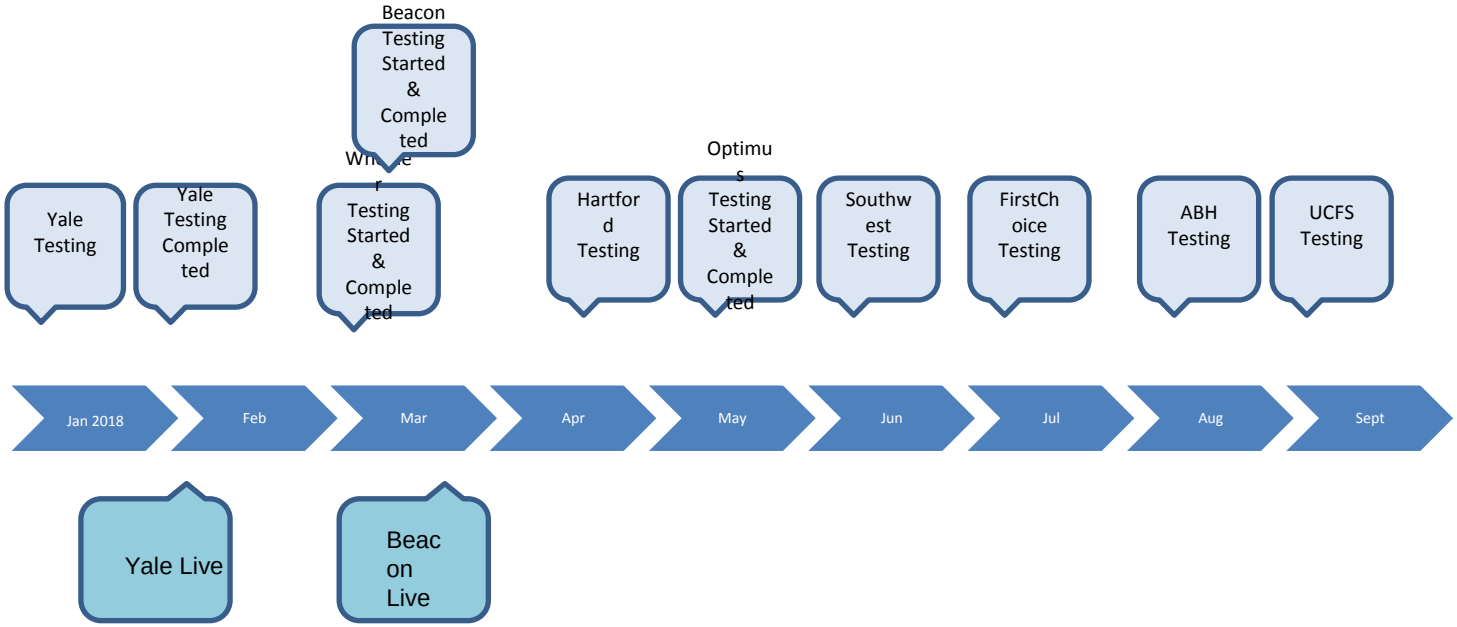
Task	Owner	Timing	Effort
Sign Addendum (Pgs. 6-7) https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=PB16_83.pdf&URI=Bulletins/PB16_83.pdf	Participating Organization	Initiation	1-2 hours
Complete Facility Questionnaire	BHH Org.	Initiation	Kick-off Meeting
Test Medicaid Provider - Rosters	BHH Org.	Initiation	1 hour
EHR Vendor Coordination	SES + Org.	Configuration	1-2 hours
Enroll Direct Accounts	SES + Org.	Configuration	1-2 hours
Training Notify (Direct)	SES + Org.	Implementation	1 hour
Use Case Validation	Org. + SES	Implementation	1 week elapsed time 4-6 hours
Prepare Production Rosters	Org. + SES + NextGate (EMPI & EPR)	Implementation	4 hours
Go-Live	Org. + SES	Deploy	1 hour

SES Notify Process

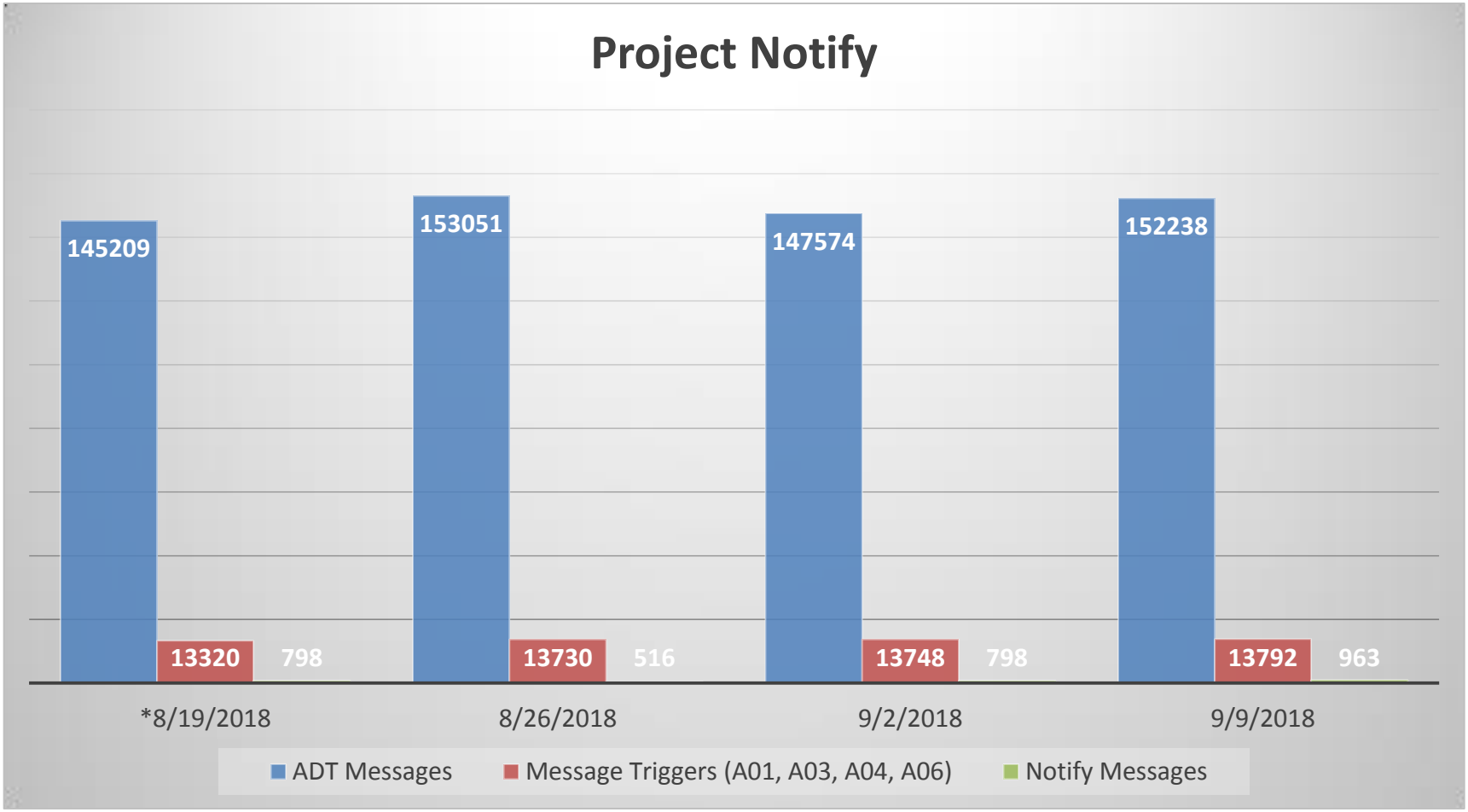


FAQ are posted at: https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/hit/ProjectNotifyFAQs.pdf?la=

Implementation Timeline



Project Notify Summary Metrics



Beacon's Experience with Project Notify

The biggest challenges for the Beacon ICM and Peer teams are to make initial contact and then stay connected to the high need/ high risk people with whom they work. Many individuals in this population do not have stable housing or reliable phone service. As a result, the Project Notify real time alerts of admissions or discharges to the ED or hospital have been extremely valuable to the teams. Beacon staff use them to outreach to the hospital or to the member to assist with care planning and discharge planning, as well as to get releases signed in order to provide ongoing coordination of their services.

The timing of the notifications has resulted in Beacon's improved ability to make contact during a time when people are most receptive to our offers of support and assistance. The Beacon teams have repeatedly found that high need individuals who previously rejected offers of services are more open to them when they are acknowledging their need for services by visiting the ED or during an admission to the hospital.

Without these alerts, staff may not have learned about the ED visit or hospitalization until the next time they had contact with the member. Because many of the alerts contain updated phone numbers and addresses for the members, they have also been a way for the teams to reach out to members they have previously been unable to contact to let them know they are eligible for the ICM and peer services.

Beacon ICM and Peer staff are very appreciative of this service. **One person commented they do not know how it was possible to do their jobs without it**. The Project Notify information has allowed Beacon staff to get more high need/high risk members engaged with our teams. Beacon would value the expansion of the program to include more hospital systems in Connecticut. 8/9/2018

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Medicaid EHR Incentive Program Year 2018

Connecticut Department of Social Services
Making a Difference

Important Message

The Connecticut Medicaid EHR Incentive Program is now accepting Electronic Clinical Quality Measures (eCQM) for Program Year 2018

Clinical quality measures, or CQMs, are tools that help measure and track the quality of health care services provided by eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs) within our health care system. These measures use data associated with health care providers' ability to deliver high-quality care or relate to long-term goals for quality health care. To participate in the Connecticut Medicaid Electronic Health Record (EHR) Incentive Program and receive an incentive payment, health care providers are required to submit CQM data from certified EHR technology (CEHRT).

The Connecticut Medicaid EHR Incentive Program will now offer the option for EPs to submit CQM data electronically.

This requires the following:

- Use of QRDA Category I or Category III for CQM electronic submissions
- EHR technology certified to the 2014 or 2015 Edition
  - Required to have the EHR technology certified to all 16 available CQMs
  - Would not require recertification each time updated to the most recent version of CQMs and continues to meet 2015 Edition certification criteria

State of Connecticut Department of Social Services
eCQM Submission Processing Results

Partner:	Sample Partner
Program Year:	2017
Processing Date:	7/3/2018
File Processed:	Providers_20180630.zip
Number of providers processed:	3

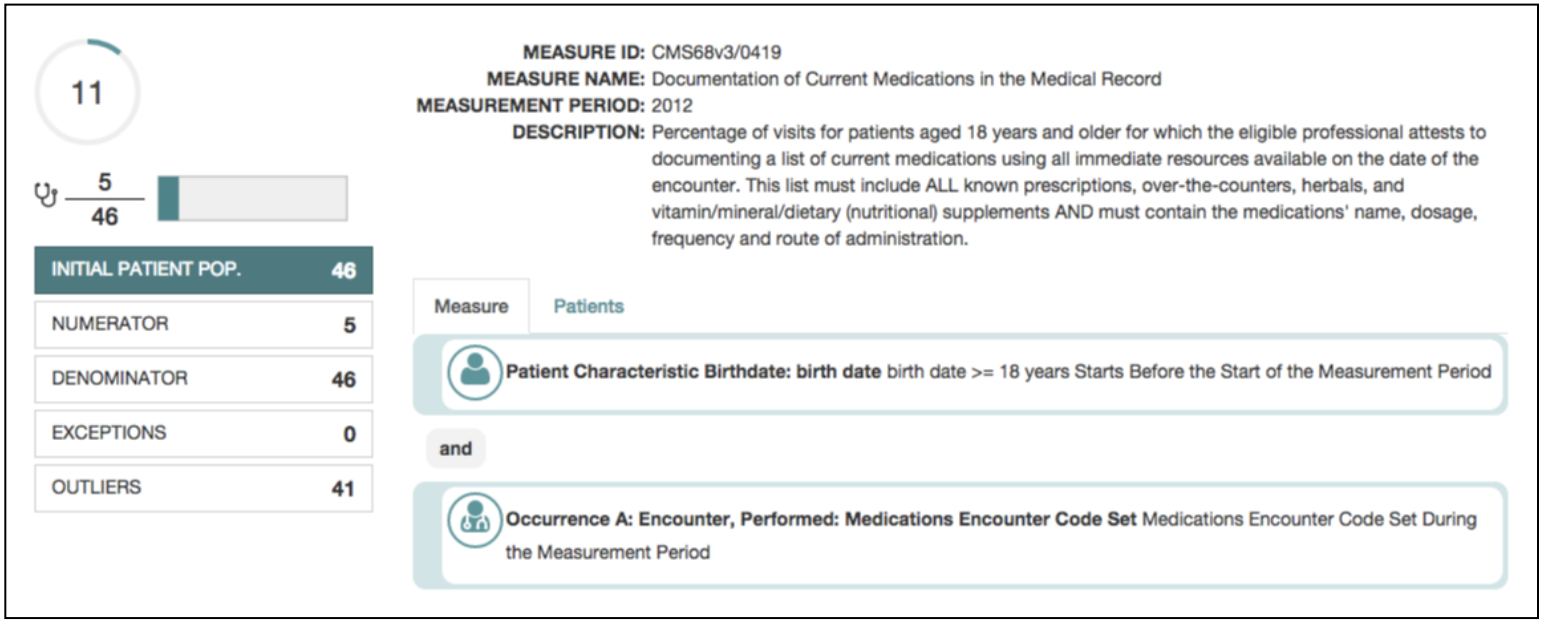
Providers with Errors:

NPI	FILE NAME	ERROR
777777777	JOE.txt	**Invalid XML at line 1**

Providers Successfully Processed:

NPI	PRG YEAR	CMS MSR ID	NUMERATOR	DENOMINATOR
9999999999	2017	CMS156	20	156
	2017	CMS156	20	156
	2017	CMS125	79	149
	2017	CMS147	95	229
	2017	CMS127	86	168
	2017	CMS122	53	177
	2017	CMS134	155	177
8888888888	2017	CMS156	21	155
	2017	CMS156	21	155
	2017	CMS125	80	148
	2017	CMS147	96	228
	2017	CMS127	87	167
	2017	CMS122	54	176
	2017	CMS134	156	176

Example of a processing results report from CT DSS for a QRDA Category 1 submission



11

5
46

INITIAL PATIENT POP.	46
NUMERATOR	5
DENOMINATOR	46
EXCEPTIONS	0
OUTLIERS	41

MEASURE ID: CMS68v3/0419
MEASURE NAME: Documentation of Current Medications in the Medical Record
MEASUREMENT PERIOD: 2012
DESCRIPTION: Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.

Measure | Patients

Patient Characteristic Birthdate: birth date birth date >= 18 years Starts Before the Start of the Measurement Period

and

Occurrence A: Encounter, Performed: Medications Encounter Code Set Medications Encounter Code Set During the Measurement Period

Overview

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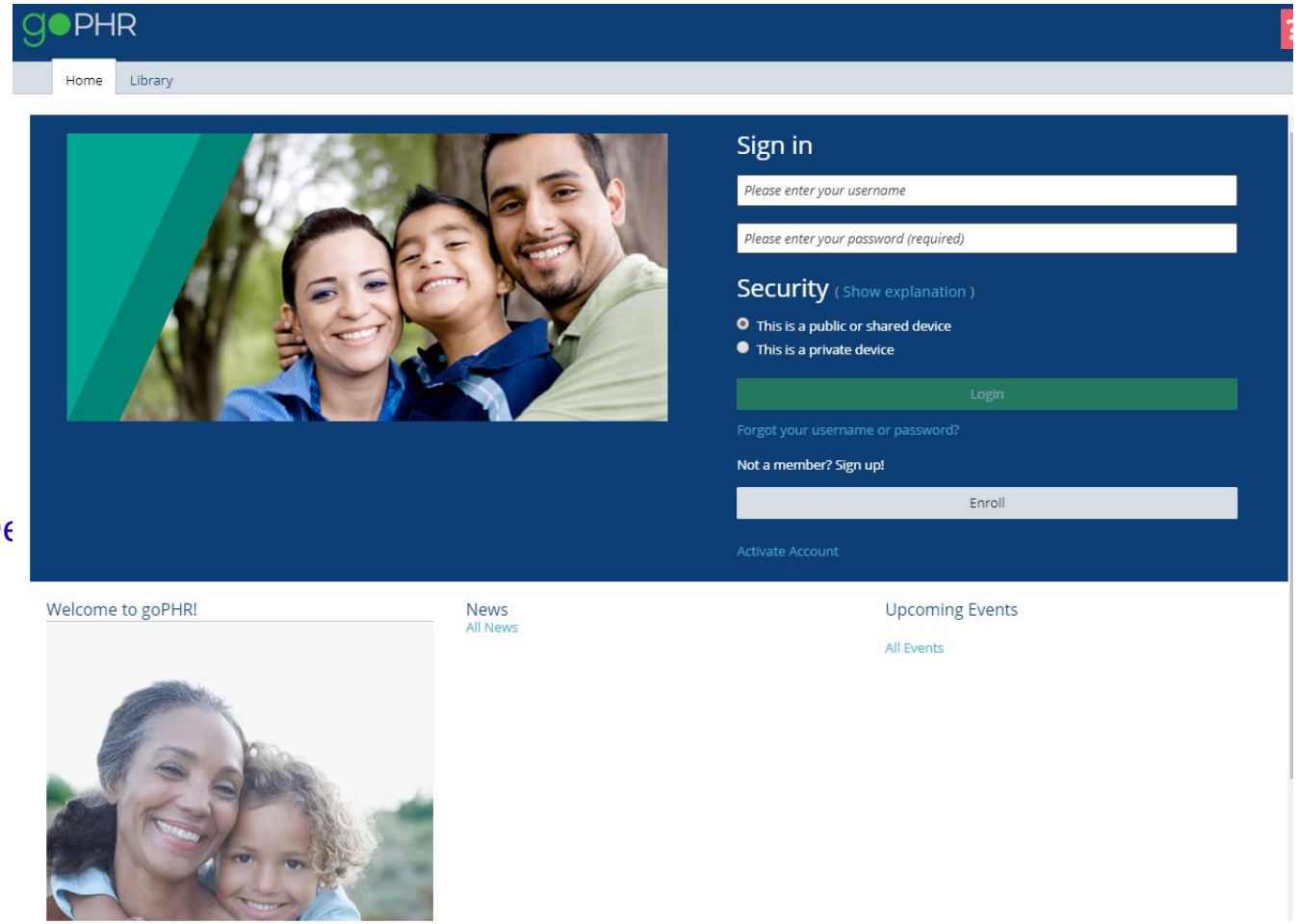
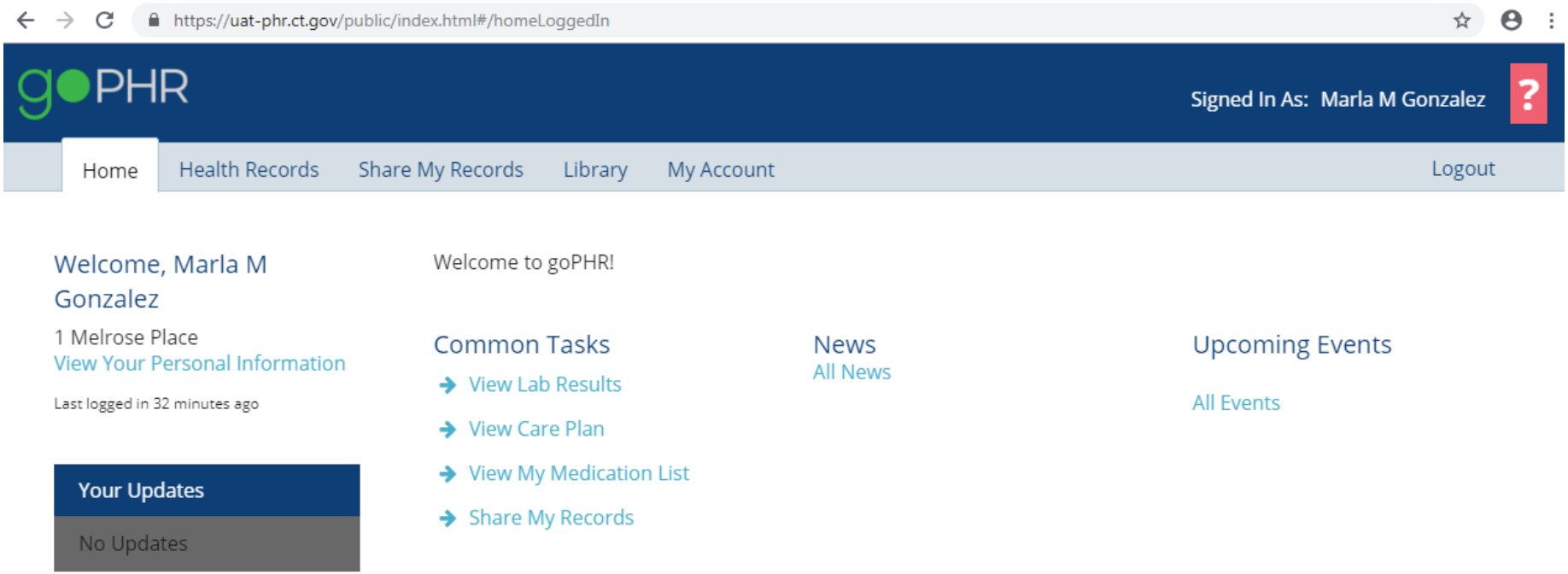
- ❑ Personal Health Record
- ❑ Reference -DSS Health IT chronology, alignment with DSS Goals – DSS Health IT Logic Model

Personal Health Record

- De

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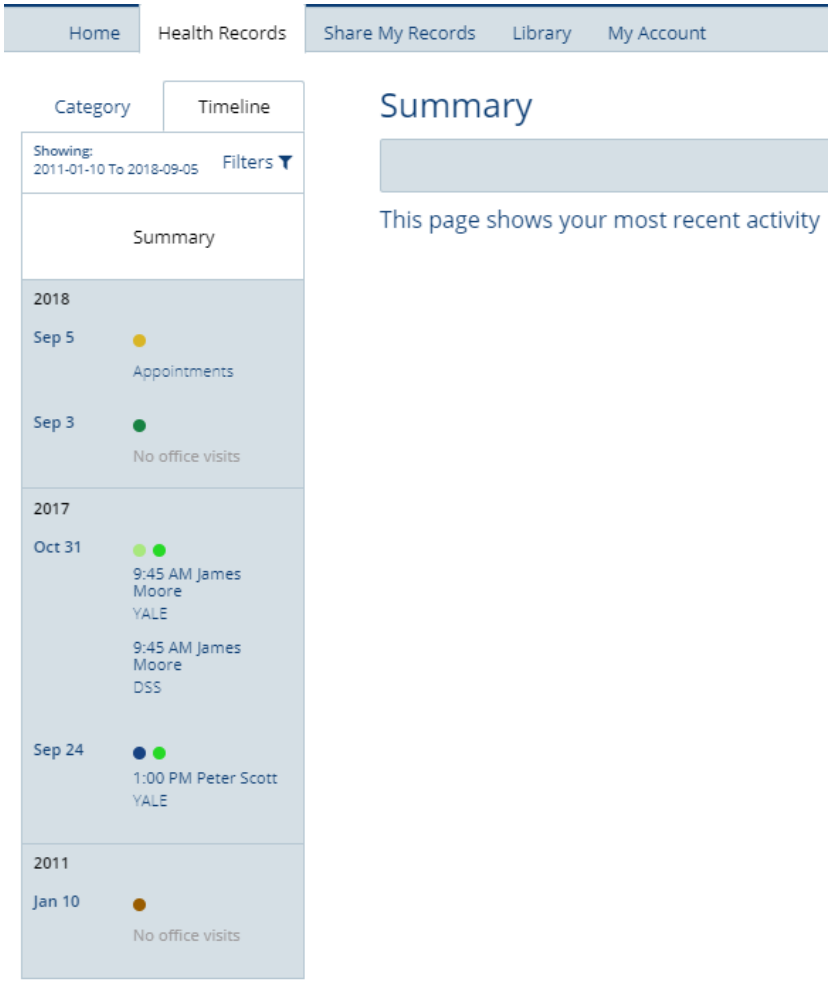
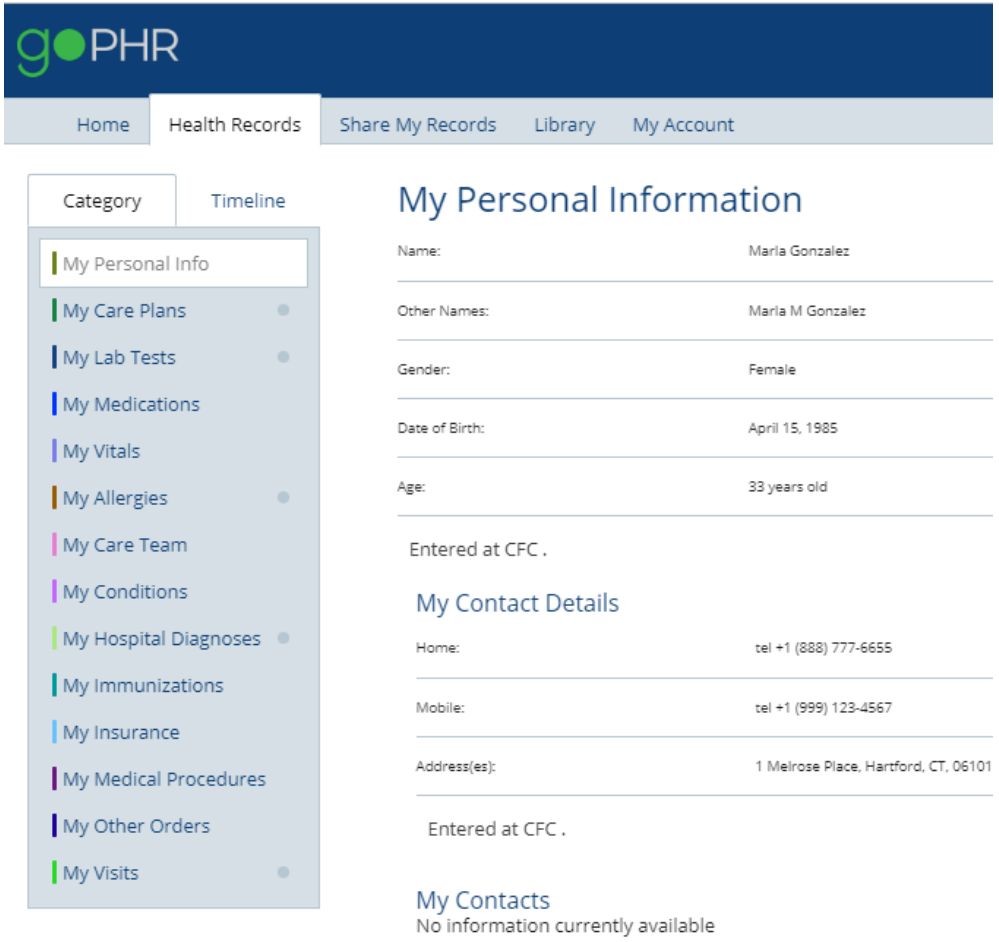
goPHR
Signed In As: Marla M Gonzalez
?
Home
Health Records
Share My Records
Library
My Account
Logout
Welcome, Marla M Gonzalez
1 Melrose Place
View Your Personal Information
Last logged in 32 minutes ago
Your Updates
No Updates
Welcome to goPHR!
Common Tasks
View Lab Results
View Care Plan
View My Medication List
Share My Records
News
All News
Upcoming Events
All Events


Home
Health Records
Share My Records
Library
My Account
Category
Timeline
Showing:
2011-01-10 To 2018-09-05
Filters
Summary
2018
Sep 5
Appointments
Sep 3
No office visits
2017
Oct 31
9:45 AM James Moore
YALE
9:45 AM James Moore
DSS
Sep 24
1:00 PM Peter Scott
YALE
2011
Jan 10
No office visits
Summary
This page shows your most recent activity


goPHR
Home
Health Records
Share My Records
Library
My Account
Category
Timeline
My Personal Info
My Care Plans
My Lab Tests
My Medications
My Vitals
My Allergies
My Care Team
My Conditions
My Hospital Diagnoses
My Immunizations
My Insurance
My Medical Procedures
My Other Orders
My Visits
My Personal Information
Name: Marla Gonzalez
Other Names: Marla M Gonzalez
Gender: Female
Date of Birth: April 15, 1985
Age: 33 years old
Entered at CFC .
My Contact Details
Home: tel +1 (888) 777-6655
Mobile: tel +1 (999) 123-4567
Address(es): 1 Melrose Place, Hartford, CT, 06101
Entered at CFC .
My Contacts
No information currently available

goPHR

Home | Health Records | Share My Records | Library | My Account

Category | Timeline

- My Personal Info
- My Care Plans
- My Lab Tests
- My Medications
- My Vitals
- My Allergies
- My Care Team
- My Conditions
- My Hospital Diagnoses
- My Immunizations
- My Insurance
- My Medical Procedures
- My Other Orders
- My Visits

My Care Plans

Description	Date	Status	Details
Annual Budget: $44,556.60	September 3, 2018		→
Assessment Type: initial	September 3, 2018		→
Assessor: Sally Smith	September 3, 2018		→
Assessor Phone: 678-555-7777	September 3, 2018		→
Support and Planning Coach: Coach Smith	September 3, 2018		→
Coach Phone: 555-449-9922	September 3, 2018		→
Assessor Agency: CCCI	September 3, 2018		→
Agency Name: Agency Z	September 3, 2018		→
Goal 1: Save the day Personal Care Attendants Home Delivered Meals Workers Compensations Support and Planning Coach Emergency Response System Health Coaches Environmental Accessibility Assistive Technology Transitional Services	September 3, 2018		→
CFC Services 1: Personal Care Attendants Home Delivered Meals Workers Compensations Support and Planning Coach Emergency Response System Health Coaches Environmental Accessibility Assistive Technology Transitional Services	September 3, 2018		→
Goal 2: Test Goal #2 Desc Personal Care Attendants Support and Planning Coach	September 3, 2018		→

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            </tr>
          - <tr>
              <td>Support and Planning Coach</td>
              <td ID="coach-link">Coach Smith</td>
              <td>Coach Phone</td>
              <td ID="coachPhone-link">555-449-9922</td>
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          - <tr>
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              <td>Agency Name</td>
              <td ID="agencyName-link">Agency Z</td>
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        - <thead>
          - <tr>
              <th width="75%">Goal</th>
```

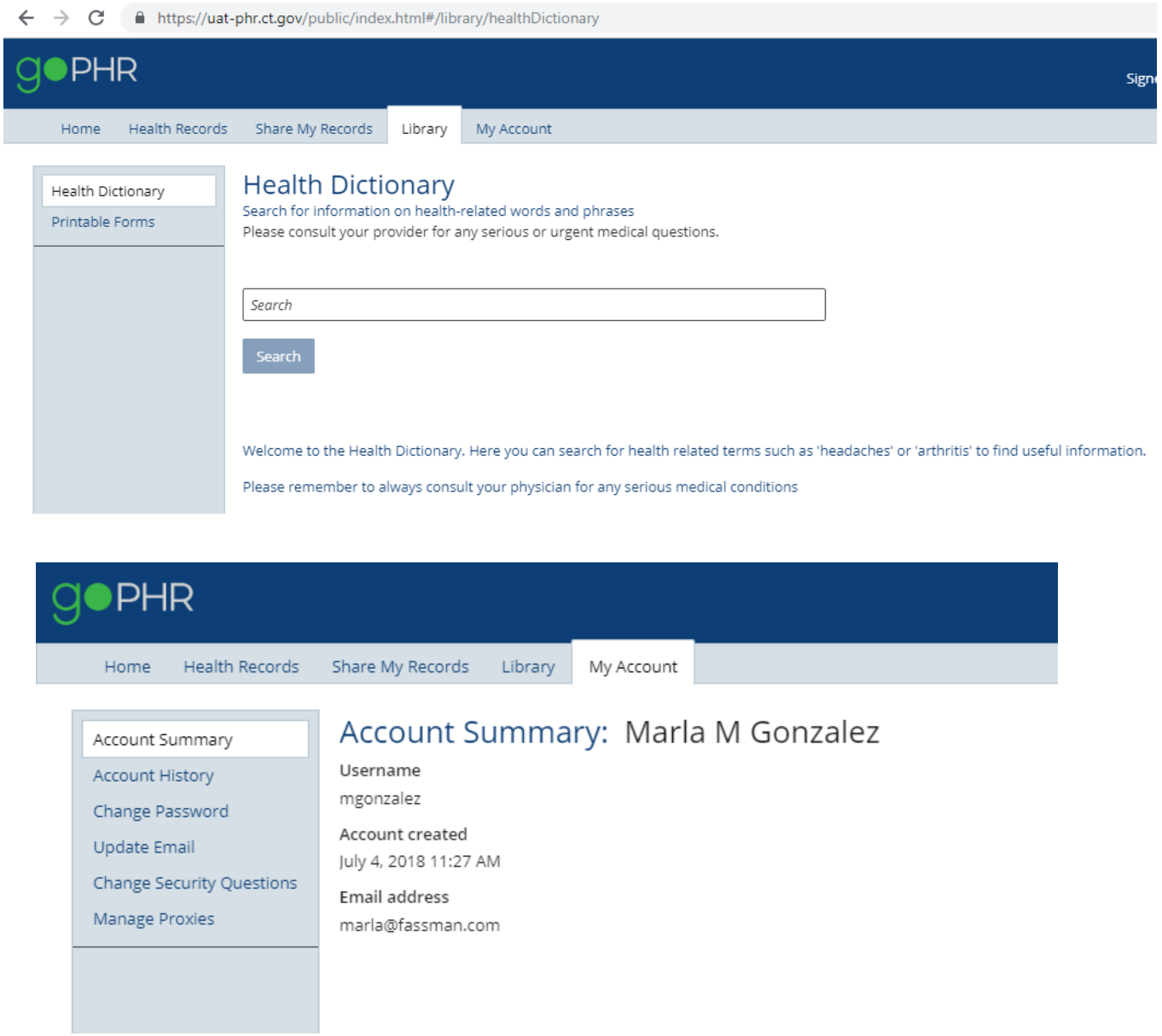
goPHR

Home | Health Records | Share My Records | Library | My Account

Share My Records: Marla M Gonzalez

Select the format for sharing your records. Your healthcare provider should be able to tell you which format to select.

- **HTML**
  A human-readable summary of your medical record in web page format.
- **CCD**
  An electronic document format for sharing patient information with a variety of electronic record systems.
- **Inpatient HTML**
  A human-readable summary of your inpatient-focused medical record in web page format.
- **Inpatient CCD**
  An electronic document for sharing patient information based on a visit to the hospital.
- **Outpatient HTML**
  A human-readable summary of your outpatient-focused medical record in web page format.
- **Outpatient CCD**
  An electronic document for sharing patient information from events outside of a hospital stay.
- **Referral HTML**
  A human-readable summary of your inpatient-focused referral details in web page format.
- **Referral CCD**
  An electronic document for sharing patient information when being referred after a hospital stay.


https://uat-phr.ct.gov/public/index.html#/library/healthDictionary
goPHR
Sign
Home
Health Records
Share My Records
Library
My Account
Health Dictionary
Printable Forms
Health Dictionary
Search for information on health-related words and phrases
Please consult your provider for any serious or urgent medical questions.
Search
Search
Welcome to the Health Dictionary. Here you can search for health related terms such as 'headaches' or 'arthritis' to find useful information.
Please remember to always consult your physician for any serious medical conditions
goPHR
Home
Health Records
Share My Records
Library
My Account
Account Summary
Account History
Change Password
Update Email
Change Security Questions
Manage Proxies
Account Summary: Marla M Gonzalez
Username
mgonzalez
Account created
July 4, 2018 11:27 AM
Email address
marla@fassman.com

goPHR

Home | Health Records | Share My Records | Library | My Account

- Account Summary
- **Account History**
- Change Password
- Update Email
- Change Security Questions
- Manage Proxies

Account History: Marla M Gonzalez

Recent activity in your community account

Time	Event	Performed by
09/17/2018 10:38 AM	You viewed your medical record	Marla M Gonzalez
09/17/2018 10:37 AM	You viewed your medical record	Marla M Gonzalez
09/17/2018 10:37 AM	You viewed your medical record	Marla M Gonzalez
09/17/2018 10:36 AM	You signed in	Marla M Gonzalez
09/17/2018 10:04 AM	You signed out	Marla M Gonzalez
09/17/2018 10:04 AM	You signed in	Marla M Gonzalez
09/17/2018 9:57 AM	You signed out	Marla M Gonzalez
09/17/2018 9:52 AM	You viewed your medical record	Marla M Gonzalez
09/17/2018 9:51 AM	You viewed your medical record	Marla M Gonzalez
09/17/2018 9:51 AM	You signed in	Marla M Gonzalez
09/17/2018 9:13 AM	You signed out	Marla M Gonzalez
09/17/2018 9:08 AM	You viewed your medical record	Marla M Gonzalez
09/17/2018 9:08 AM	You viewed your medical record	Marla M Gonzalez
09/17/2018 9:08 AM	You signed in	Marla M Gonzalez

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- ✓ Personal Health Record
- ❑ Reference -DSS Health IT chronology, alignment with DSS Goals – DSS Health IT Logic Model

Background and Reference Slides

- Our BI and Health IT strategic plan uses an incremental approach starting with a robust platform that offers foundational core services and adds other services as needed. Health IT is a means to an end.

- Our plan above all is focused on delivering value to the people we serve.

Connecticut's Health IT initiatives and legislation

2007	Center for Medicare and Medicaid Services awards $5.0M to Department of Social Services (DSS) to implement Medicaid Health Information Exchange (HIE) and Electronic Prescribing system (eRx) June 2007 – **PA 07-2** - DPH to develop a statewide Health IT Plan
2009	Feb. 2009 – American Recovery and Reinvestment Act enacted Jun. 2009 – Dept. of Public Health (DPH) lead HIT agency and forms HITEAC (PA 09-232) Jul. 2009 – DPH publishes CT Health IT Plan Oct. 2009 – DPH establishes HITEAC (Health Information Technology & Exchange Advisory Council)
2010	Apr. 2010 – Office of the National Coordinator for Health Information Technology (ONC) awards $7.29M to DPH to create a statewide HIE Jun. 2010 – **PA 10-117** - HITE-CT created Sep. 2010 – DPH submits Strategic and Operational Health IT Plan to ONC
2011	Jan. 2011 – Health Information Technology Exchange of Connecticut (HITE-CT) begins operation
2014	Jun. 2014 – HITE-CT is sunset (PA 14-217) Jul. 2014 – **PA-14-217**-DSS responsible for state Health IT Plan development Resulting report, *CT HealthIT Strategic and Operational Plan for Governance*, was a result of a multi-agency workgroup effort that identified a vision, *"empowers individuals and health resource providers by ensuring access to information necessary to achieve better health outcomes."* Dec. 2014 – CMS awards $45M to Office of the Healthcare Advocate for the State Innovation Model $10.7 M earmarked for Health IT and 1.9 M in state bond funds[19]
2015	**Jul. 2015 – PA 15-146** - DSS authorized to implement a statewide HIE. Aug. 2015 – DSS releases Health IT Governance Plan (PA 14-217) Aug. 2015 – First Advisory Council meeting
2016	Jan. 2016 – DSS submits HIE Plan to the Secretary of OPM for approval[20] **January 2016 – Enterprise Master Person Index goes into production** Jun. 2016 – SIM HIT Council is dissolved Jul. 2016 – **PA- 16-77** An Act Concerning Patient Notices, Designation of a Health Information Technology Officer, Assets Purchased for the State-Wide Health Information Exchange and Membership of the State Health Information Technology Advisory Council Jul. 2016 – OPM Secretary approves implementation of Provider Registry and alert notification for DSS.
2017	Provider Registry Project eDurable Medical Equipment Project Notify Zato Health Interoperability Platform certified for 2015 eCQMs
2018	Personal Health Record Web-based care plan tool for Community First Choice Offering EMPI and PR as a shared-service to sister state agencies Medicaid HIE Node

Inputs

- Provider Registry
- Enterprise Master Person Index
- Relation Registry

- Health Information Service provider (HISP)
- Alert/notification Engine

- Personal Health Record
- Consumer-focused Medicaid HIE Node

- Data indexing and aggregation platform (ZHP) for structured and unstructured data
- eCQM – Version 5.1 OSEHRA

- Mobile platform and applications

Activities

Person-level
- Using Personal Health Record
- Personal Assistant/Self-management programs

System level
- Identifying High-risk population using LACE Index/care analyzer
- Predicting readmissions using disease specific algorithms
- Monitoring system health through Performance Measures
- Data mining to identify patterns

Provider Level
- Alert Notification
- Community Support Resources
- Medication Reconciliation
- Care Coordination - Use of Secure messaging for document transport (Direct message)

Business Intelligence
- Aggregation of individual clinical and claims data
- Predictive and Prescriptive Analysis
- Report Cards and Dashboards

Outputs

- Sharing data on CT open data portal
- Initiate exchange of health information using CCDs, CCDAs, QRDAs, and TOC summary documents
- Integration between platforms – EMPI, Project Notify, Provider Registry, PHR, Medicaid HIE Node
- Increased uptake and adoption of secure messaging among non EPs
- Assist EPs achieve Stage 3 MU
- Increased capacity to integrate, process, & analyze structured & unstructured data
- Use of standards for exchange of information
- Use of standard terminologies and vocabularies
- Data Governance structure
- Capacity to produce and consume Spatial Analysis

Outcomes

- Reduction in preventable hospital readmission
- Reduction in medication errors
- Reduction in duplicative lab tests
- Reduction in experience of adverse events at discharge from hospital
- Increased management of multiple chronic conditions
- Increase access to information to consumers
- Routine exchange of CCDs, CCDAs, QRDAs, TOC, and other records between people receiving care and providers
- Routine delivery of alert notifications based on ADTs to enhance care coordination
- Continuity of care for individuals released from DOC to community-based providers
- Tracking NQF and MU measures

Impacts

- Improvement in targeted HP 2020 Population Health indicators
- Lower per capita costs
- Improved consumer care experience
- An engaged and quality focused provider community
- Empowered & health literate consumer

Connecticut DSS Health IT and BI Logic Model

EMPI and EPR Project Summary

Current State

- EMPI and Provider Registry implemented and live
- EMPI a key component in ImpaCT and AHCT solutions
- Active source system and cross system duplicate cleanup in EMPI and source systems
- Real-time registration integration into ImpaCT and AHCT
- Generation of Long Term Services & Support ASO public directory

Ongoing Work

- Currently scoping Phase 2 projects
- **EMPI**
  - Adding key data elements – address, phone, etc
  - Geocoding
  - Additional data source onboarding
- **Provider Registry**
  - Data model changes
  - Relation Registry implementation
  - Replacement for CHNCT Cactus provider management tool
  - Additional data source onboarding
  - Document upload, printable searches
  - Consumer facing provider directory
- **Related**
  - Integration with DSS Personal Health Record/Health Information Exchange implementation
  - Integration with DSS Alert Notification Service
  - Implementation of Event Registry

Connecticut Department of Social Services

Making a Difference

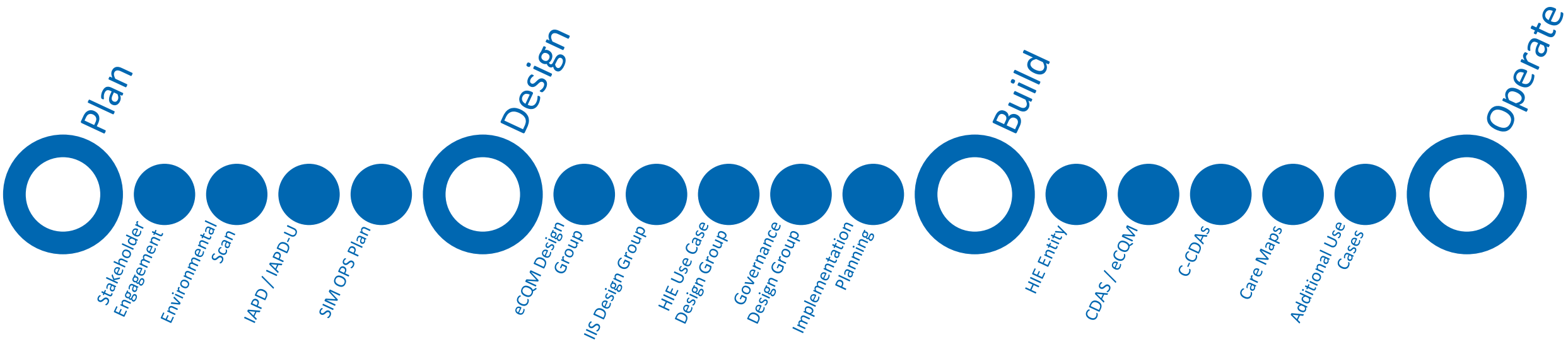
Questions

MINAKSHI.TIKOO@CT.GOV

860-424-5209

Office of Health Strategy
Data Sharing Activities

From Planning to Execution



OHS CONNECTICUT Office of Health Strategy

Office of Health Strategy
Data Sharing Activities

HIE Entity

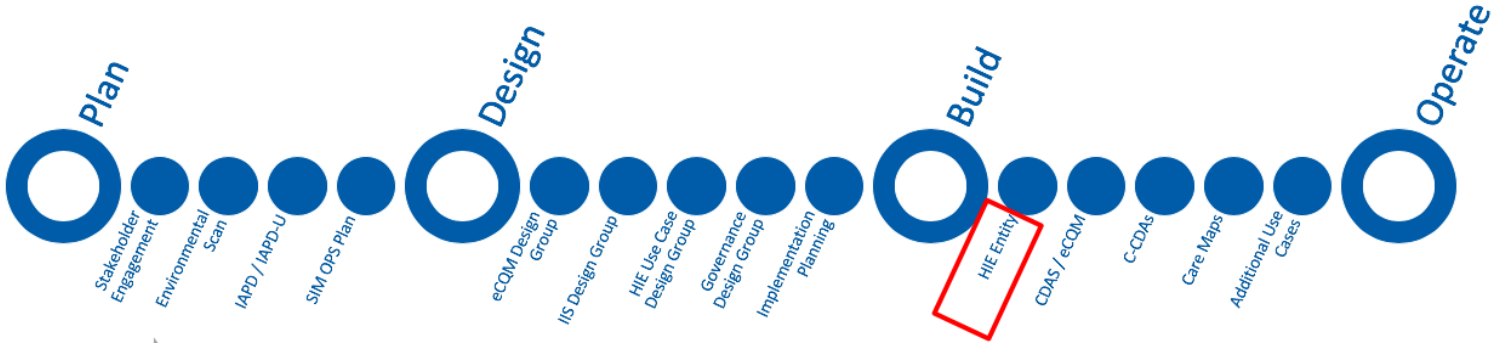
HIE Entity: *Areas of Initial Focus / Start-up Checklist*

Initial Areas of Focus and Development:

- Recommended approach to entity origination: newco not-for-profit
- Identify incorporator
- Identify process for board nominations
- Identify mechanism for funds transfer
- Draft documents
  - Trust agreement, including BAA
  - Pilot OSC eCQM data sharing agreement
  - Agreements with other partners
- Management – Define management and operations structure
- Legal Counsel
  - Documents to be prepared
    1. Certificate of incorporation
    2. Consent of the incorporator
    3. Entity bylaws
    4. Initial consent of the board of directors
    5. Form SS-4
    6. Organization and First Report

Start-up Checklist:

- Execute services agreement with OHS
- Implement process for procuring legal, consulting, and other services
- Obtain Federal Employer Identification Number (EIN), State Identification Number, and Dun & Bradstreet Number (DUNS)
- Obtain business license/IRS status/nonprofit
- Establish banking account
- Establish accounting/bookkeeping function & decide on fiscal year
- Select auditing / tax services
- Secure corporate insurance
- Accept contract assignments, as indicated
- Essential P&P: Corporate + Data Sharing
- Select name and logo; Reserve name and domain
- Establish website
- Identify office space (with computer, telephone, technology, etc.)
- Purchase office supplies, including stationary and business cards
- Personnel / contracting (management and operations)
- Adopt startup incorporation resolutions and actions



Office of Health Strategy
Data Sharing Activities

eCQM Model

CDAS – eCQM Model

- Enhance and broaden OSC's visibility into quality outcomes
- Capture person-centric data and calculate individual and aggregated quality and utilization measures
- Establish a set of standard eCQMs that can be adopted across all payers to measure quality and clinical outcomes
- Supports recommendations made by the eCQM Design Group
- Supports the SIM Initiative in their work around Quality Measures, Value Based Payment and Value Based Insurance Design

Next Steps: eCQM Model

RFA Applicant:

- Eight qualified respondents
  - 1 Federally Qualified Health Centers
  - 3 Accountable Care Organizations
  - 4 hospital-anchored organizations
- 2 Waves
- 2 Payers have confirmed interest and participation

Target Timeline:

- Partake in TA and budget meetings
- Data Use Agreement webinar (9/28 – Wave 1 & 2)
- TA kickoff webinar
  - Wave 1: 10/15
  - Wave 2: 12/06
- Contract execution
  - Wave 1: 10/15 – 11/01
  - Wave 2: 12/06 – 12/20

Office of Health Strategy
Data Sharing Activities

Workgroups & Stakeholder Engagement

Stakeholder Engagement – Key Themes

- Valuable statewide objectives
  - Share data based on an attributed population
  - Mutually beneficial solutions for providers and consumers
  - Reduce provider legal, technical, and operation burdens
- Anxious for signs of momentum and action
  - Create / sign legal agreements aligning with trust framework
  - Initiate CDAS eCQM Model, encounter alerts and clinical summaries of care
  - Establish trusted, neutral entity
- Learn from the past
  - Involve stakeholders (including payers) to confirm value and adoption
  - Recognize and leverage existing data sharing across Connecticut

Focused Momentum

- Prioritized use cases based on Stakeholder feedback
  - CDAS eCQM Model - Quality Measure Information (QMI) use case
  - Encounter notifications use case
  - Clinical summaries use case
  - Immunizations

- Initiate legal sign-off and data flow for use cases this year
  - Payers sending claims data & membership (QMI)
  - Providers sending clinical summaries & patient panel (QMI)
  - Providers receiving clinical summaries (Clinical Summary) based on patient panel

Launch Opportunities to Engage

- Quality Measure Information Work Group
  - **Objective**: To identify and further define data sharing opportunities, implementation concerns and specifications, and end-user impact and utilization of Quality Measure Information use case
  - **Participants**: Physicians, Payers, Health Systems, FQHCs, Nurse Agencies, State of Connecticut Departments, etc.

- Data Governance / Stewardship Work Group
  - **Objective:** To examine cross-organizational mechanisms to improve overall quality, integrity, and reuse of data shared or accessible across statewide health network
  - **Participants**: Physicians, Payers, Health Systems, FQHCs, Nurse Agencies, State of Connecticut Departments, Consumers, etc.

What to Expect in the Next Few Months

- Start the Legal Connectivity Process
- Data flow through the CDAS eCQM Model
- Launch Operational Engagement Process
- Outreach to Use Case partners (Immunizations, Encounter Notifications, Care Summaries)

Office of Health Strategy
Data Sharing Activities

Health Equity Data Analytics

Health Equity Data Analytics

Overview

September 27, 2018

Mark Abraham
Executive Director,
DataHaven
info@ctdatahaven.org

Equity Research and Innovation Center
Yale School of Medicine

DataHaven
The Twenty Fifth Year

HEALTH EQUITY SOLUTIONS

CONNECTICUT HEALTH INFORMATION TECHNOLOGY OFFICE

UCONN AIMS
UNIVERSITY OF CONNECTICUT
Analytics & Information Management Solutions

OHS CONNECTICUT
Office of Health Strategy

Health Equity Data Analytics (HEDA): Background and Goals

Project Background:

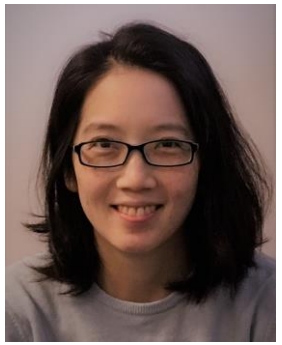
- Public Act 17-2 transfers APCD and Health Systems Planning (formerly known as OHCA) hospital discharge procedural data to OHS
- HITO stakeholder outreach identifies addressing health equity and social determinants of health as a top priority in efforts to establish HIE and improve health IT
- UConn AIMS undertakes work stream to develop HIE/CDAS architecture encompassing needs of eCQM project and current structure of APCD and OHCA databases

Project Goals:

- Identify vital few health equity data elements (from trusted sources) relevant to health equity issues in Connecticut and collaborate with UConn AIMS to incorporate said elements into emerging HIE/CDAS architecture
- Propose potential use case that can be utilized in future pilot or prototype to demonstrate use of health equity data elements in an analytical context leading to clinical actions

HEDA Project Team






Tekisha Dwan Everette, PhD
Executive Director, Health Equity Solutions, Inc. (HES)
Mark Abraham
Executive Director, DataHaven
Karen Wang, MD, MHS
Marcella Nunez-Smith, MD, MHS
Yale School of Medicine: ERIC

Support:
Tara Rizzo, MPH, Project Manager, Yale ERIC
Shaun McGann, Project Coordinator, DataHaven

- **HES** provides in-depth knowledge of Connecticut's approach to health practice transformation and critical role of health equity data in this process
- **DataHaven** contributes extensive expertise around collecting, interpreting, and sharing public data with emphasis around use of new health-related data resources
- **Yale ERIC** offers focus on actionable research promoting population health and healthcare system equality, and wealth of data analytics and informatics expertise

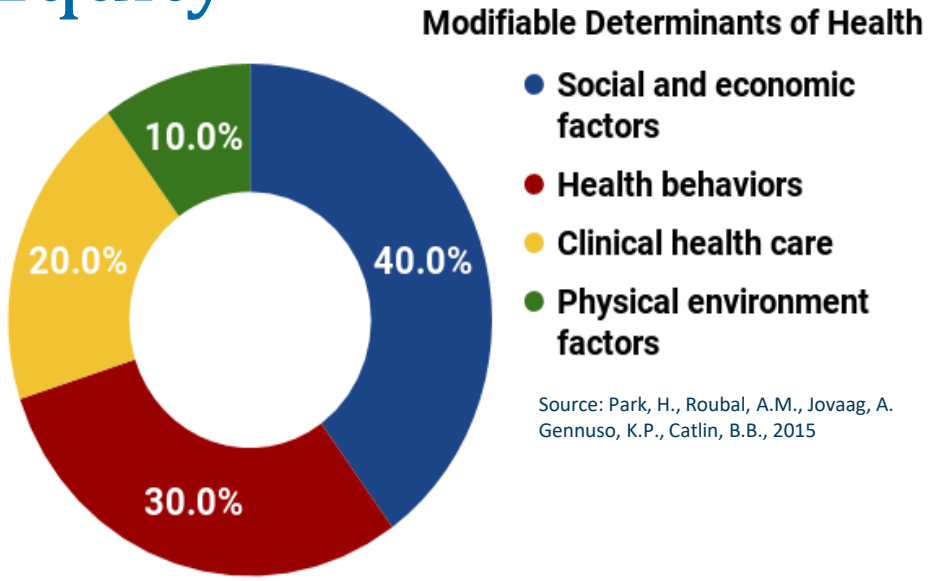
Timeline & Deliverables

Project Phase	Timeline	Deliverable
Phase 1: Planning	8/14/18 – 9/15/18	Project Charter – DRAFT TRANSMITTED
Phase 2: Discovery and Analysis	9/15/18 – 12/31/18	A) Recommended health equity data elements to be incorporated into HIE data architecture B) Recommended trusted sources from which to obtain health equity data C) Summary of focus groups and informant interviews conducted during stakeholder engagement process
Phase 3: Incorporate Health Equity Data into HIE Architecture	1/1/19 – 2/28/19	Plan, jointly agreed upon with UConn AIMS and HIT PMO, for use of health equity data in HIE architecture, including long-term goals and prioritization of variables
Phase 4: Pilot Use Case	3/1/19 – 4/30/19	Pilot designed to demonstrate potential for health equity data to drive improved predictability and patient health outcomes at population level

Project Impact: Prioritizing Health Equity

Health Equity: "Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."

Source: Healthy People 2020, www.healthypeople.gov/



Source: Park, H., Roubal, A.M., Jovaag, A. Gennuso, K.P., Catlin, B.B., 2015

Prioritizing inclusion of health equity data in HIE architecture is critical step towards reducing health and health care disparities in the long-term across Connecticut.

The HEDA project will:

1. Inform HIE architecture to ensure structure anticipates and supports incremental additions of health equity/social determinants data
2. Provide a model for piloting, testing and proving the hypothesis that proactive alerts based on social determinants of health can be an effective tool for addressing health equity gaps

Medication Reconciliation and Polypharmacy Work Group

Medication Reconciliation and Polypharmacy Work Group

Initial Areas of Interest (from 9/24 Kickoff Meeting):

- Determine common definition of medication reconciliation and polypharmacy
- Conduct initial environmental scan to learn from best practices, lessons learned, and identify current / future trends
- Develop success measures
- Develop framework – structure, process, decision criteria, outcomes, etc.
- Identify and pursue ”low-hanging fruit”
- Organize (identify Work Group roles, assess need for sub-groups or committees, etc.)

Scheduled Meetings
September 24, 2018 (3pm – 5pm)
October 15, 2018 (3pm – 5pm)
November 16, 2018 (12pm – 2pm)
December 21, 2018 (2pm – 4pm)
2019 - TBD

Wrap up and Next Steps

Next Health IT Advisory Council Meeting:

Thursday, October 18, 2018 | 1:00pm – 3:00pm
Legislative Office Building, Hearing Room 1D

Advisory Council Q4 Meeting Schedule

Upcoming Meetings
October 18, 2018
November 15, 2018
December 20, 2018

Contact Information

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Health IT Advisory Council Website:

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