2021

Annual Report: State HealthIT

A REPORT PURSUANT TO CONN.GEN.STAT §17b-59a
FOR THE CONNECTICUT GENERAL ASSEMBLY

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OHS
CONNECTICUT
Office *of* Health Strategy

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Acronyms

ADTs	Alerts, Discharges, Transfers	**HIE**	Health Information Exchange
AIMS	Analytics and Information Management Solutions	**HIPAA**	Health Insurance Portability and Accountability Act of 1996
APCD	All Payers Claim Database	**HITECH**	Health Information Technology for Economic and Clinical Health Act
BPMH	Best Possible Medication History	**HITO**	Health Information Technology Officer
CDAS	Core Data Analytics Solution	**HITRUST**	Health Information Trust Alliance
C.G.S.	Connecticut General Statutes	**MES**	Medicaid Enterprise Systems
CHAI	Connecticut Healthcare Affordability Index	**NESCO**	New England States Consortium Systems Organization
CMS	Centers for Medicare and Medicaid Services	**HITECH**	Health Information Technology for Economic and Clinical Health Act
C.G.S.	Connecticut General Statutes	**HITO**	Health Information Technology Officer
CRISP	Chesapeake Regional Information System for our Patients	**OHS**	Office of Health Strategy
DCP	Department of Consumer Protection	**ONC**	Office of the National Coordinator for Health Information Technology
DPH	Department of Public Health	**OPM**	Office of Policy and Management
DSS	Department of Social Services	**OSC**	Office of the State Comptroller
eCQM	Electronic Clinical Quality Measure	**PDMP**	Prescription Drug Monitoring Program
EHR	Electronic Health Record	**REaL**	Race, Ethnicity and Language
HealthIT	Health Information Technology	**SMHP**	State Medicaid Health IT Plan
HEC	Health Enhancement Community	**SMMS**	Statewide Medication Management Services
HIA	Health Information Alliance, Inc	**UConn**	University of Connecticut

Introduction and Background

The Office of Health Strategy (OHS) was established in 2018 with a mission to implement comprehensive, data driven strategies that promote equal access to high quality health care, control costs and ensure better health for the people of Connecticut.

OHS is responsible for: (1) Developing and implementing a comprehensive and cohesive health care vision for the state, including, a coordinated state health care cost containment strategy; (2) Promoting effective health planning and the provision of quality health care in the state that ensures access for all state residents to cost-effective health care services, avoids the duplication of such services and improves the availability and financial stability of such services throughout the state; (3) Directing and overseeing the State Innovation Model Initiative and related successor initiatives; (4)Coordinating the state's health information technology initiatives, seeking funding for and overseeing the planning, implementation and development of policies and procedures for the administration of the all-payer claims database program, establishing and maintaining a consumer health information Internet web site, and designating a health information technology officer; (5) Directing and overseeing the Health Systems Planning Unit established under section 19a-612 and all of its duties and responsibilities as set forth in chapter 368z; and (6) Convening forums and meetings with state government and external stakeholders, including, but not limited to, the Connecticut Health Insurance Exchange, to discuss health care issues designed to develop effective health care cost and quality strategies.

Under C.G.S. Sec. 19a-754a(b) OHS is charged with coordinating the state's health information technology (HealthIT) initiatives; seeking funding for and overseeing the planning, implementation, and development of policies and procedures for the administration of the all-payer claims database (APCD) program established under C.G.S. Sec. 19a-775a; establishing and maintaining a consumer health information Internet web site under C.G.S. Sec. 19a-775b; and designating an unclassified individual from the office to perform the duties of Health Information Technology Officer (HITO), as set forth in C.G.S. Sec. 17b-59f and C.G.S. Sec. 17b-59g.

C.G.S. Sec. 17b-59a(f) also requires the Executive Director of OHS, in consultation with the State HealthIT Advisory Council, to submit an annual report to the joint standing committees of the Connecticut General Assembly concerning: (1) the development and implementation of the statewide HealthIT plan and data standards; (2) the establishment of the statewide Health Information Exchange (HIE); and (3) recommendations for policy, regulatory, and legislative changes and other initiatives to promote the state's HealthIT and exchange goals.

HealthIT initiatives steadily progressed in 2020 across prioritized workstreams. While the pandemic challenged multi-stakeholder councils and committees to embrace virtual meetings, no momentum was lost. During the period of February 1, 2020 through January 31, 2021 OHS, in consultation with the HealthIT Advisory Council, completed, or is actively conducting, the activities described below.

(1) Statewide HealthIT Plan and Data Standards

The state's HealthIT initiatives are guided by a governance structure of multi-stakeholder councils, committees, and workgroups. Descriptions of the various groups and activities during this reporting period are highlighted below.

HealthIT Advisory Council

Pursuant to C.G.S. Sec 17b-59(f), the members of the HealthIT Advisory Council provide subject matter expertise and represent a broad array of stakeholder perspectives across the health care ecosystem. In 2020, following public input to review council composition and diversity, OHS conducted a solicitation for recruitment and selected a consumer representative to join the council. There are currently twenty-eight voluntary advisors. (See Appendix A).

The Health IT Advisory Council met virtually from February 20, 2020 through January 21, 2021. Over the course of eleven meetings, the council deliberated on a broad array of HealthIT topics:

Date	Focus of Meeting
02/20/20	Update HIE, APCD
03/19/20	ONC Information Blocking Rule, Consent Design Guiding Principles Public Comment Process, Medication Reconciliation and Polypharmacy Committee Update
04/16/20	Update on Prescription Drug Monitoring Program, Review Public Comment for Consent Design Group Guiding Principles, HealthIT Advisory Council Charter
05/21/20	OHS/DSS Joint Steering Committee, HIE Update
06/18/20	Update on CT Reopen Project, Medication Reconciliation and Polypharmacy Committee Update, HIE
08/20/20	Update on Funding Streams, APCD Advisory Group, HIE
09/17/20	Advanced Directives Discussion, Health Equity Data Analytics Project Update
10/15/20	HIE Update, Federal Policy Changes, Primary Care & Related Reforms Workgroup, Statewide 5-YR HealthIT Plan
11/19/20	Introduction of new HIE Executive Director, Electronic Case Reporting
12/17/20	Statewide 5-YR HealthIT Plan, HIE Update, Collecting and Sharing Social Needs Data, Social Determinants Data, and Social Services Data
01/21/21	Annual HealthIT Report, 5-Yr HealthIT Plan, REaL proposed legislation

All Payers Claim Database (APCD)

OHS utilizes information about health and health care, analyzing data in useful ways to

deliver better healthcare in the state. The APCD was established to receive, store, and analyze health insurance claims data from payers of health care services which include commercial health plans, Medicaid, Medicare, and self-insured employers. Nationally, APCDs have been prevented by federal law from mandating collection of claims data from self-insured employers, however in Connecticut, one of the largest self-insured employers is the State of Connecticut and it voluntarily submits claims data to the APCD.

The state's APCD transferred from Access Health CT to OHS in 2019 as a result of the passage of C.G.S. § 19a-755. OHS has, in collaboration with the APCD Advisory Group and APCD Data Release Committee, utilized the nearly 900 million claims records in the APCD for policy development and research that improves health outcomes, ensures better access to healthcare, identifies and addresses health inequities; reduces high per-capita healthcare spending, stabilizes consumer costs across all sectors of healthcare; and supports multi-payer healthcare payment and service delivery reforms that improve population health, focus on the root causes of health conditions, and prevent those conditions from occurring.

The APCD Advisory Group and APCD Data Release Committee are subsets of the HealthIT Advisory Council in the state's HealthIT governance structure.

The APCD Advisory Group is charged with providing advice to OHS to enhance the state's use of healthcare data from multiple sources to increase efficiency, enhance outcomes and improve the understanding of health care expenditures in the public and private sectors. The group is comprised of twenty advisors. (See Appendix B)

During this reporting period, the advisory group met on a quarterly basis:

Date	Focus of Meeting
02/13/20	CMS data use agreement, cost estimator, payer submission status, denied claims
08/13/20	Introduction new Co-Chair, Olga Armah, denied, dental, and mental health claims
11/12/20	Data Availability, CMS Data Use Agreement, Medicaid Data Use Agreement, APCD Project Updates: Cost Growth Benchmark, NESCO Primary Care Spend Study

The APCD Data Release Committee reviews and deliberates on each data release application that is submitted to the APCD. The committee is comprised of ten members. (See Appendix C)

During this reporting period, the APCD Data Release Committee received over nineteen data release applications and released data for research projects in opioids addiction, HIV prevention, STD transmission, and health care quality metric creation.

OHS sponsored initiatives using APCD

During this reporting period, OHS expanded its consumer website, HealthscoreCT, established pursuant to C.G.S. 19a-755b(a), to assist consumers in making informed decisions concerning their health care and informed choices among health care providers by promoting cost transparency. The website currently has two primary pages focused on the

Quality Scorecard and Cost Estimator. https://healthscorect.com/

The Quality Scorecard was launched in 2019 and continued to be maintained and updated in 2020 to increase transparency related to healthcare cost and quality. The Scorecard was designed to allow healthcare organizations access to information on their performance relative to peers to drive quality improvement through transparency, provide policy makers, payers, and employers with information to assess the state's healthcare performance, and provide consumers access to healthcare quality information. The Quality Scorecard compares quality of care using Connecticut's Multi-Payer Measures Set determined by the multi-stakeholder Quality Council. In 2021, the council will review measures for the next scorecard iteration.

OHS, in collaboration with UConn Analytics and Information Management Solutions (AIMS), launched a consumer facing, interactive Cost Estimator tool that analyzes data on common inpatient and outpatient services and procedures, and provides consumers with useful information about the typical costs of specific medical services and procedures throughout the state. https://healthscorect.com/cost-estimator

A third page of the consumer website, the Connecticut Healthcare Affordability Index (CHAI), is expected to be launched to the public in 2021. This most recent initiative is a tool developed by OHS, Office of the State Comptroller (OSC), UConn AIMS and University of Washington (UW) with the support of the Connecticut Health Foundation and the Universal Health Care Foundation of Connecticut. OHS and OSC developed the Self Sufficiency Standard for Connecticut in 2019 and updated it in 2020 based on healthcare data from Access Health CT, the APCD, and a national survey of healthcare expenses to measure the burden of healthcare costs for families. CHAI captures Connecticut-specific healthcare data to provide policymakers digestible data and a tool for policy considerations.

Data analysis was conducted by the University of Washington School of Social Work and UCONN AIMS to risk-stratify individuals and total out-of-pocket costs (copays, co-insurance and deductible payments) for medical services and prescription drugs by town, age group, sex, and risk category aggregation. UConn AIMS developed five Healthcare Affordability Index interactive dashboards, which can provide policymakers and advocates with critical information to determine the economic impact of varying healthcare costs to aid in making policy decisions. UConn AIMS used Tableau to enhance the dashboards to include a "what-if" analysis capability.

The index uses the following factors to estimate the actual costs faced by households: (a) health insurance type and by the cost of premiums and out-of-pocket payments; (b) town of residence, age, number of family members, and overall health risk, and (c) by family income and the costs of other crucial expenses that include housing, childcare, food, and transportation; and by taxes and tax credits.

OHS partnered with RAND to provide commercial claims data for the RAND Hospital Price Transparency Study 3.0 project, a national hospital price transparency study. This study

measured and reported prices paid for hospital care benchmarked against Medicare charged amounts. During 2021 OHS will provide an additional APCD data extract to the Rand Corporation for inclusion in the Rand Hospital Price Transparency Study 4.0.
Results of Rand's analysis can be found on https://employerptp.org/rand-hospital-price-studies/.

New England States Consortium Systems Organization (NESCSO) Primary Care Investment. OHS participated in a six-state initiative that utilizes APCD data, defines and evaluates primary care investments and enables comparisons among payers, populations, and New England states. Estimates for Connecticut will also in part, provide baseline information and inform the process for increasing primary care spend annually to 10% by 2025, in support of Governor Lamont's Executive Order #5.

Medication Reconciliation and PolyPharmacy Committee

The Medication Reconciliation and Polypharmacy Committee (MRPC) was established as a standing committee of the HealthIT Advisory Council to continue the work of the Medication Reconciliation Polypharmacy Working Group (MRPW) established via Special Act 18-6. The principal output of the MRPW was a report with eleven recommendations related to medication reconciliation and polypharmacy.

The charter for the MRPC is to provide strategic guidance, recommendations, and ongoing support to the HealthIT Advisory Council and OHS for the development of a best possible medications history (BPMH), supported by communication, education, and user-friendly digital tools. BPMH could be a value-added service offered by the HIE as the level of data exchange matures and medication history is iteratively created as a result of prescriber participation in data exchange. The committee is comprised of public-private, cross-functional membership, and consumer representation. (See Appendix D)

During the past year, the MRPC has organized and met to prioritize and advance the Working Group recommendations:

Date	Focus of Meeting
02/27/20	BPMH Vision: Review Inputs, Process, and Output; CancelRx Survey and Educational Materials Update
03/16/20	Planning Process for Requirements
05/18/20	Medication Safety Continuing Education, BPMH Spending Proposal and Funding Update, SUPPORT Act Update
06/25/20	BPMH Known Issues Development
07/20/20	Discovery Progress: Other State Use Cases, BPMH Requirements Development
09/24/20	An Act Concerning Diabetes HB 60, BPMH Requirements Development
10/19/20	MRPC Summary, BPMH Requirements Development
11/16/20	Final Report Review

12/21/20	Final Report Review
01/28/21	Agenda setting for 2021

The MRPC drafted a report of recommendations to bring BPMH to the state's consumers and clinicians via the HIE. The report is currently under review by the HealthIT Advisory Council, the HIE, and OHS. During 2021, the MRPC will also consider legislative and regulatory needs to facilitate medication reconciliation.

Five-Year HealthIT Plan Refresh

Pursuant to C.G.S. §17b-59a, OHS, in consultation with DSS and the HealthIT Advisory Council, is responsible for implementing and periodically revising the statewide HealthIT plan. The purpose of the HealthIT Plan is to enhance interoperability to support optimal health outcomes and includes (1) general standards and protocols for health information exchange and (2) national data standards to support secure data exchange.

OHS, DSS, the HITO, and the HealthIT Advisory Council have begun work to refresh the state's Five-Year HealthIT plan, scheduled for finalization and submission to state legislators Fall 2021. Over the coming months, OHS will begin soliciting stakeholder input through a combination of surveys, interviews, and webinars to help gauge where HealthIT stands – and where it stands to improve and advance. The goals of the Five-Year Statewide HealthIT Plan include: (1) increasing data availability and sharing, (2) improving useability and interagency interoperability, (3) engaging individuals in their own health and care through digital solutions, (4) providing technical assistance, education, and training for improving the use of new and existing HealthIT systems, (5) securing future public and private funding for HealthIT shared services and data sharing projects, (6) easing reporting burdens for providers and organizations, (7) allowing individuals more timely and complete access to their own data, and (8) aligning with the State's Information and Telecommunications Strategic Plan.

The Plan will guide prioritization and governance of public and private investments made in Connecticut's HealthIT infrastructure and advance the state's goals toward health improvement and healthcare transformation.

Development and Uses of Core Data Analytics Solution

OHS contracted with the University of Connecticut (UConn) Analytics and Information Management Solutions (AIMS) to develop the state's federated architecture for health information exchange, statewide information sharing and clinical quality reporting. The architecture is known as the Core Data Analytics Solution (CDAS). During 2020, CDAS was leveraged to support the state's response to COVID-19, Reopen CT and Community Testing programs.

The CDAS architecture is based on the integration of leading-edge technology systems that have been implemented across other industries and leverages open source and commercial-off-the-shelf software and services. This modular architectural approach, along with the technology, has been integrated to provide a solution that can be rapidly

configured. The key components of CDAS includes:

Azure Infrastructure. UConn AIMS continued to build out and improve the underlying foundational Azure cloud infrastructure.

Health Information Trust Alliance (HITRUST) Framework Alignment. HITRUST is the healthcare industry's third-party validated security framework of choice. CDAS has been architected to the HITRUST Common Security Framework (CSF) and has been implemented in Microsoft Azure Cloud, which brings the HITRUST Certification for the entire CDAS infrastructure and environments. UConn AIMS' HITRUST pre-assessment has been completed by a third-party security firm and the official HITRUST CSF Assessment process will continue in 2021.

Master Data Management (MDM). Development continued for MDM, including: Configuration of Master Person Index (MPI) and Provider Registry (MPR) and match for (1) loading various sources of provider data and sample stakeholder files; (2) configuring data quality and mastering rules and address verification; and (3) integrating end-to-end pipeline processes using application interfaces (APIs) and automated watchers.

Data Governance. UConn AIMS has begun to explore open-source and off-the-shelf options for data cataloging, profiling, and governance initiatives.

Telehealth

During this reporting period, amid the COVID-19 pandemic, there was an unprecedented surge in demand for and adoption of virtual office visits by patients and providers. OHS contracted with UConn Health's Center for Quantitative Medicine to provide an analysis of telehealth platforms. The review sought to understand each platform and their associated offering, specifications, integration capabilities, business plan and potential opportunities to engage with the HIE.

UConn performed an analysis, which consisted of web-based research, product demonstrations and a telehealth survey. The goal of the survey was to better understand how rapid adoption of telehealth impacted providers, and their perceptions of its effect on practice, quality of care, and associated barriers. Survey results indicate consensus among responding providers regarding barriers to effective telehealth, and that regardless of practice size, more than half of providers generally felt that telehealth helped them deliver high quality care to their patients. A draft report of UConn's findings and recommendations is currently under review.

SUPPORT Act

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, is federal legislation (Pub. L. No. 115-271) passed in 2018 that provides federal funding to states to combat the opioid crisis. Section 5042 includes the Medicaid PARTNERSHIP Act, which added section 1944 to the Social Security Act. This section requires states have a qualified prescription drug monitoring program (PDMP) and certain Medicaid providers check information about certain Medicaid beneficiaries' prescription drug history before prescribing controlled substances to the

beneficiary beginning October 1, 2021.

The state's Department of Consumer Protection (DCP) administers the state's PDMP. Schedule II-V drugs are collected in the Prescription Monitoring and Reporting System (CPMRS), a centralized database for access by healthcare providers and pharmacists in the active treatment of their patients. In 2020, DSS, DCP, and OHS secured $3,253,639 in enhanced Federal Financial Participation (FFP) to develop a plan for implementing the requirements of the SUPPORT Act, and to implement identified opportunities to enhance the capabilities and the interoperability of the state's PDMP.

In 2021, DSS, DCP, and OHS will (1) complete requirements development to support solicitation of vendors, (2) develop and implement a project plan to establish the connection to the PDMP Appriss hub, (3) complete the connection and put it into production, (4) reach out to health systems to identify those ready to make the connection to the PDMP via Connie, (5) explore the viability of the Patient Unified Lookup System for Emergencies (PULSE), and (6) create an emergency backup for the PDMP.

(2) Statewide Health Information Exchange (HIE)

Health Information Alliance, Inc. (HIA) was established in 2019 as a nonprofit nongovernmental entity to build and operate health information exchange services pursuant to C.G.S Sec. 17b-59d, 17b-59e and 17b-59g. Based on input from the HealthIT Advisory Council, the entity's bylaws and operational structures are designed to establish a neutral and trusted organization to facilitate the objectives set forth in statute for the statewide HIE. HIA, now doing business as Connie, was formed under the statutory oversight of OHS and the HITO to stand up, implement and manage the state's HIE.

During 2020: (a) OHS, the HITO, DSS, and OPM developed a milestones-based funding track for HIA to access CMS HITECH and state bond funding for Connie development, implementation, and operations; (b) the Chesapeake Regional Information System for our Patients (CRISP), a nonprofit that functions as Maryland's state-designated HIE as well as the infrastructure for HIEs in the District of Columbia and West Virginia, was procured as Connie's health information exchange vendor; (c) the HIA board conducted a national search for and hired its first Executive Director, Jenn Searls; (d) eighteen new organizations signed data agreements to participate in Connie data exchange; (e) initial priority use cases to get data flowing in the exchange are empanelment, i.e., the assignment of patients to providers, and admits, discharges, transfers (ADTs); (f) HIA has begun design of a consent management portal accessible via Connie's website for consumers to opt-out of data exchange, (g) initial technical onboarding of Yale New Haven Health and ProHealth Physicians participants has begun; (h) legal onboarding continues with the Connecticut State Medical Society's CTHealthLink HIE participants to Connie; (i) conversations continued with the Connecticut Hospital Association (CHA) on how to collaborate and share the value of statewide HIE; and (j) Connie successfully passed a security assessment conducted by one of the largest health systems in Connecticut.

Given the progress on HIA operations, it is anticipated that Connie will commence operations and the required notice will be posted by the OHS Executive Director to the OHS website during the first part of 2021. At this point, healthcare entities will be on notice to begin the process of connecting to and participating in the HIE within one year (for hospitals and clinical laboratories) and within two years for healthcare providers.

The state's HITO chairs HIA's multi-stakeholder board. (See Appendix E) Allan Hackney, the state's HITO, resigned from his position December 2020 and Mark Raymond, the state's CIO and HIA Board Member, is currently Acting Board Chair. During 2020, the board met monthly with standing agenda items including Board Chair report, board committee reports, and operations reports.

For 2021, HIA's goals include (1) begin onboarding healthcare entities and ingesting data into the HIE, (2) developing a sustainability plan including a transition from HITECH to MES funding, and (3) developing and implementing additional use cases including the potential to integrate with the core data analytics solution (CDAS) built by UConn AIMS in support of the state's federated architecture for data analytics and eCQM reporting.

(3) Recommendations for policy, regulatory, and legislative changes

Consent Regulation

The development, implementation, and management of a sound consent policy is foundational for the effective governance of HIE and an essential aspect of establishing a framework of trust. The Consent Design Group, created and sponsored by the HealthIT Advisory Council, was comprised of volunteer stakeholders from across the healthcare industry. In 2019, the Consent Design Group developed guiding principles for the establishment of consent policy for HIE. The HealthIT Advisory Council reviewed and adopted the guiding principles. Subsequent to the development of the Final Report and Recommendations of the Consent Policy Design Group Guiding Principles, the public had an opportunity to review and provide comments. OHS facilitated public comments and followed up with a response to public comment. Building on that work, OHS is currently drafting consent policy regulation. It is anticipated that Connie will adhere to regulation guidelines including providing multiple options for patients to opt-out of HIE data sharing. It is Connie's intent to build an electronic patient consent tool affording Connecticut consumer the option to automatically opt out of data sharing. In 2021, OHS will begin a series of consumer outreach and education activities to inform the public about Connie and the state's consent policy.

REaL Data

OHS has proposed legislation for the 2021 legislative session that requires Connie participants to include race, ethnicity, and language data (REaL) captured in clinical systems in data exchange, for the purpose of reducing health disparities. This legislative proposal is the culmination of work done and recommendations made by the Health Equity Data Analytics

(HEDA) team, comprised of Health Equity Solutions, DataHaven, and the Equity Research Innovation Center at Yale School of Medicine.

HIA Board of Directors Composition

OHS and DSS jointly support 2021 proposed legislation to add the Commissioner of the Department of Social Services (DSS), or her designee, as ex-officio voting member of the board of directors of Health Information Alliance, Inc., the designated nonprofit, nongovernment entity to build and deliver health information exchange services in accordance with CGS Sec. 17b-59g. This enables DSS to fulfill its fiduciary responsibilities under federal funding programs.

Appendices

Appendix A: HealthIT Advisory Council

	Appointment by	Advisor Name Appointment Date	Represents
1.	Statute	Vacant	Health Information Technology Officer or designee
2.	Statute	Joe Stanford (designee) 5/11/2017	Commissioner of Social Services or designee
3.	Statute	Elizabeth Taylor (designee) 12/19/2019	Commissioner of Mental Health and Addiction Services or designee
4.	Statute	Cindy Butterfield (designee) 4/17/2017	Commissioner of Children and Families or designee
5.	Statute	Cheryl Cepelak (designee)	Commissioner of Correction or designee
6.	Statute	Vanessa Hinton (designee) 7/08/2016	Commissioner of Public Health or designee
7.	Statute	Dennis Mitchell (designee) 3/16/2017	Commissioner of Developmental Services or designee
8.	Statute	Sandra Czunas (designee) 12/21/2017	State Comptroller or Designee
9.	Statute	Mark Raymond	CIO or designee
10.	Statute	Rob Blundo (designee) 3/22/2017	CEO of the CT Health Insurance Exchange or designee
11.	Statute	Kimberly Martone 3/30/2020	An expert in state health care reform initiatives appointed by the Exec. Dir. of Office of Health Strategy
12.	Statute	Chuck Podesta (3/19/20)	CIO of UConn Health or designee
13.	Statute	Ted Doolittle	Healthcare Advocate or designee
14.	Governor	Vacant	Representative of a health system that includes more than one hospital
15.	Governor	David Fusco 03/09/2016	Representative of the health insurance industry
16.	Governor	Nicolangelo Scibelli 1/19/2016	Expert in health information technology
17.	Governor	Patricia Checko 1/19/2016	Health care consumer or consumer advocate
18.	Governor	Cassandra Murphy 3/2/2020	An employee or trustee of a plan established pursuant to subdivision (5) of subsection (c) of 29 USC 186
19.	President Pro Tempore of Sen.	Robert Rioux 9/20/2016	Representative of a federally qualified health center
20.	President Pro Tempore of Sen.	Jeannette DeJesus 7/31/2015	Provider of Behavioral Health Services
21.	President Pro Tempore of Sen.	Vacant	A physician licensed under chapter 370
22.	Speaker of the House of Rep.	Lisa Stump 11/22/2016	Technology expert who represents a hospital system
23.	Speaker of the House of Rep.	Vacant	Provider of home health care services
24.	Speaker of the House of Rep.	Tekisha Everette 2/09/2018	Health care consumer or a health care consumer advocate
25.	Majority Leader of the Sen.	Patrick Charmel 11/30/2015	Representative of an independent community hospital

	Appointment by	Advisor Name Appointment Date	Represents
26.	Majority Leader of the House of Rep.	Patrick Troy, MD 12/13/17	Physician who provides services in a multispecialty group and who is not employed by a hospital
27.	Minority Leader of the Sen.	Joe Quaranta, MD (Co-Chair) 7/22/2015	Primary care physician who provides services in a small independent practice
28.	Minority Leader of the House of Rep.	Alan Kaye, MD 8/24/2015	Expert in health care analytics and quality analysis
29.	President Pro Tempore of Sen.	Dina Berlyn (designee)	President Pro Tempore of Senate or designee
30.	Speaker of the House of Rep.	Vacant	Speaker of the House of Representatives or designee
31.	Minority Leader of the Sen.	Dr. Susan Israel (designee)	Minority Leader of the Senate or designee
32.	Minority Leader of the House of Rep.	William Petit, MD 5/13/2019	Minority Leader of the House of Representatives or designee
33.	Chairs of the Health IT Advisory Council	Stacy Beck 7/19/2018	Representative of a commercial health insurer
34.	Chairs of the Health IT Advisory Council	Ken Ferrucci 5/18/2020	Representative of the CT State Medical Society
35.	Chairs of the Health IT Advisory Council	Pareesa Charmchi Goodwin 10/29/2020	Consumer Advocate
36.	Chairs of the Health IT Advisory Council	Vacant	Representation at the discretion of the Co-Chairs

Appendix B: APCD Advisory Group

	Appointment by	Name Appointment Date	Represents
1.	Statute	Olga Armah – Chair (8/13/2020)	Health Information Technology Officer or designee
2.	Statute	Scott Gaul (designee) (1/9/2020)	Secretary of Office of Policy and Management or designee
3.	Statute	Josh Wojcik (designee) (6/25/2013)	State Comptroller or designee
4.	Statute	Vacant	Commissioner of Public Health or designee
5.	Statute	Kate McEvoy (designee) (11/8/2018)	Commissioner of Social Services or designee
6.	Statute	Michael Girlamo (designee) 2/11/2019	Commissioner of Mental Health and Addiction Services or designee
7.	Statute	Paul Lombardo (designee) (11/8/2018)	Commissioner of Insurance or designee
8.	Statute	Ted Doolittle (5/11/2017)	Healthcare Advocate or designee
9.	Statute	Robert Barry (designee) (9/1/2020)	State CIO or designee
10.	Statute	Ken Ferrucci (3/2020)	Representative of the CT State Medical Society
11.	Statute; affirmed by APCD Advisory Group	Bernie Inskeep (6/4/2015)	Representative of a Health Insurance Company
12.	Statute; affirmed by APCD Advisory Group	Krista Cattanach (11/8/2018)	Representative of a Health Insurance Company
13.	Statute; affirmed by APCD Advisory Group	Cassandra Murphy (3/2/2020)	Representative of a Health Insurance Purchaser
14.	Statute; affirmed by APCD Advisory Group	James Iacobellis (4/29/2013)	Representative of a Hospital
15.	Statute; affirmed by APCD Advisory Group	Patricia Checko (8/8/2019)	Chair - APCD Data Release Committee (ex-officio role)
16.	Statute; affirmed by APCD Advisory Group	Robert Scalettar, MD (4/29/2013)	Health Care Provider
17.	HITO	Rob Aseltine (4/29/2013)	Health Care Expert from an Academic Institute
18.	HITO	Francois de Brantes (8/11/2016)	Expert in Payment Reform
19.	HITO	Victor Villagra, MD (4/29/2013)	Health Care Expert from an Academic Institute
20.	HITO	Vacant	Representative of the Office of Health Strategy

Appendix C: APCD Data Release Committee

Name	Represents
Dr. Patricia Checko, MPH, Dr. P.H. (Chair)	Consumer Representative
Michael Girlamo, LMSW Behavioral Health Program Manager Dept. of Mental Health & Addiction Services (Commissioner designee)	Ex Officio Board Member & Representative from a State Agency
Justin Peng, MPH, Epidemiologist CT Dept. of Public Health	Public Health Specialist
Sheryl A. Turney, Senior Director Anthem Blue Cross Blue Shield All Payer Claims Database Analytics	Health Insurance Industry
Anthony Dias, MBBS, DPM, MPH	Individual with experience in hospital administration, analytics, or research
Kun Chen, PhD,	Health Researcher
Lisa Freeman, Executive Director CT Center for Patient Safety	Consumer Representative
Michael Fields, Associate Director of Data Management for UnitedHealth Care Finance Regulatory Financial Operations	Health Insurance Industry
Vacant	Attorney experienced in health care, privacy, and research
Vacant	Healthcare professional, physician, nurse, social worker, or psychologist

Appendix D: Medication Reconciliation and Polypharmacy Committee

	Member Name	Organization	Membership Category
1.	Sean Jeffery, PharmD	Integrated Care Partners – Hartford Healthcare	Expert in medication reconciliation
2.	Nityu Kashyap, MD	Yale New Haven Health	Expert in medication reconciliation
3.	Kate Sacro, PharmD	Value Care Alliance	Expert in medication reconciliation
4.	Amy Justice, MD, PhD	Dept. of Veteran Affairs, CT Healthcare System	Expert in Polypharmacy
5.	Janet Knecht, PhD, MSN	University of Saint Joseph	Expert in Polypharmacy
6.	Nathaniel Rickles, PharmD,PhD, BCPP	UConn School of Pharmacy	Expert in Polypharmacy
7.	Marghie Giuliano, RPh	Connecticut Pharmacists Association	Pharmacist
8.	Anne VanHaaren, PharmD	CVS Health	Pharmacist
9.	Thomas Agresta, MD, MBI	UConn Health	Prescribing practitioner
10.	Bruce Metz, PhD	UConn Health	Member of the HealthIT Advisory Council
11.	R. Douglas Bruce,MD,MA, MSc	Cornell Scott-Hill Health Center	Prescribing practitioner
12.	Ece Tek, MD	Cornell Scott-Hill Health Center	Prescribing practitioner
13.	Lesley Bennett	Consumer / Patient Advocate	Represents consumers
14.	MJ McMullen	Surescripts	Represents expertise in CancelRx
15.	Jennifer Osowiecki, JD, RPh	Connecticut Hospital Association	Represents expertise in law
16.	Diana Mager, RN- BC	Connecticut Association of Healthcare at Home	Represents LTPAC / Hospice
17.	Jameson Reuter, PharmD, MBA, BCPS	ConnectiCare	Represents payers
18.	Jeremy Campbell, PharmD, MHI	Boehringer-Ingelheim	Represents pharmaceuticals
19.	Peter Tolisano, PsyD, ABPP	Connecticut Dept. of Developmental Services	Represents a state agency
20.	Rodrick Marriott, PharmD	Connecticut Dept. of Consumer Protection	Represents Dept. of Consumer Protection
21.	Barbara Bugella	Connecticut Dept. of Mental Health and Addiction Services	Represents a state agency

Appendix E: Health Information Alliance, Inc. Board of Directors

	Board Member	Appointer	Designated Qualification
1.	Awaiting Appointment	Governor	Advocate for consumers of healthcare
2.	Dr. Allen Davis West Region Head ProHealth Physicians	Sen. President Pro Tempore	Clinical Medical Doctor
3.	Lisa Stump, CIO Yale New Haven Health System	House Speaker	Expert in the area of hospital administration
4.	Patrick Charmel, President Griffin Hospital	Sen. Minority Leader	Expert in the area of corporate law or finance
5.	Vacant	House Minority Leader	Expert in group health insurance coverage
6.	Mark Raymond, CIO	Ex-officio, Acting Chair	State CIO
7.	John Vittner	Ex-officio	State Office of Policy & Management
8.	Vacant	Ex-officio, Chair	State HealthIT Officer