Health IT Advisory Council

February 18, 2021

OHS
CONNECTICUT
Office *of* Health Strategy

Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 PM
Public Comment	1:05 PM
Review and Approval of Minutes: January 21, 2021	1:10 PM
Council Charter Roles and Public Meeting Considerations	1:15 PM
Medication Reconciliation and Polypharmacy Committee (MRPC) Update and Final Report Discussion	1:30 PM
Connie Update	1:55 PM
Overview of Standing 2021 Health IT Advisory Council Meeting Topics & Cadence for Developing 5 Year Statewide HealthIT Plan	2:05 PM
Statewide Five-Year HealthIT Plan Update	2:25 PM
Announcements and General Discussion	2:45 PM
Wrap up and Meeting Adjournment	2:55 PM

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approval of:

January 21, 2021 Meeting Minutes

OHS CONNECTICUT Office of Health Strategy

Council Charter Roles And Public Meeting Considerations

Terry Bequette, Consultant
CedarBridge Group

Tina Kumar, Stakeholder Engagement Lead
OHS

Review of the HITAC Charter

HITAC's Charter identifies:

- The Council's purpose
- The Council's membership make-up
- The Council's officers
- The Council's committees and workgroups

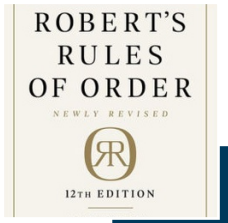
The HITAC Advises and Consults:

- With the Executive Director of OHS, the Commissioner of the Department of Social Services (DSS), and other agency leaders to implement and periodically revise Connecticut's Statewide Health Information Technology Plan
- With the Exec. Director of OHS on the development and implementation of the statewide HIE, ensuring consistency with the Statewide Health IT Plan and goals and general support and advice as requested
- With the Executive Director of OHS to provide an Annual Health IT Report to the General Assembly
- With Executive Director of OHS or the Commissioner of DSS, on federal funding requests involving support for health IT and HIE
- With the APCD Advisory Group on written procedures for administration of the APCD
- With the Executive Director of OHS, and Secretary of Office of Policy and Management, on bond funds to support match requirements for receiving federal funding participation (FFP) in the statewide HIE

HITAC Charter Review – Operating Procedures

Governing Procedures

- Authorized in statute
- Composition of 26-member Council is statutorily mandated
- Records maintained by OHS per public records statutes
- Remote participation may be established
- Defined conditions for termination



Meeting Procedures

- Robert's Rules of Order, abbreviated.
  - A majority of the members constitutes a quorum
  - A majority of a quorum is required to take action

Administrative Procedures

- Votes posted within 48 hours
- Draft minutes posted within 7 days
- Meeting notifications to be published

Public Meeting Considerations

"Meeting" means

- Any hearing or other proceeding of a public agency
- Any convening or assembly of a quorum of a multimember public agency, and
- Any communication by or to a quorum of a multimember public agency, whether in person or by means of electronic equipment, to discuss or act upon a matter over which the public agency has supervision, control, jurisdiction or advisory power

"Meeting" does not include

- Any chance meeting, or a social meeting neither planned nor intended for the purpose of discussing matters related to official business
- Communication limited to notice of meetings of any public agency or the agendas thereof.

FOIA

- A meeting is subject to the Freedom of Information Act (FOIA) even if a quorum of the body isn't present.
- Email exchanges are subject to FOIA meeting requirements if within such email exchanges members are discussing or acting "upon a matter over which the public institution has supervision, control, jurisdiction, or advisory power.
  - Email exchanges are not subject to FOIA if they are procedural emails discussion meeting scheduling or administrative matters

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Medication Reconciliation and Polypharmacy Committee Update (MRPC) and Final Report Discussion

Nitu Kashyap, MD, FAMIA,
Co-Chair, MRPC

What is the MRPC?

- The original Medication Reconciliation and PolyPharmacy Workgroup was created by the legislature via Special Act 18-6;
  - One recommendation of the MRPW was to reconstitute the MRPW as a standing committee of the HITAC.
  - January 2020 the HITAC assented by unanimous vote to reconstitute the MRPW as the MRPC.
- Tasked with:
  - Providing guidance, recommendations and support to the Health IT Advisory Council and the Office of Health Strategy
  - Drafting recommendations for the development and maintenance of a best possible medication history (BPMH)

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Non-optimized Medication Therapy is a $**528B annual** problem

Cost of ineffective deprescribing

- Patient and insurer spend $$
- Side effects or adverse events result in lost work or school time
- Avoidable physician visits, ER visits and hospitalizations due to adverse side effects or drug-drug interactions.

Watanabe, J. H., McInnis, T., & Hirsch, J. D. (2018). Cost of Prescription Drug-Related Morbidity and Mortality. *Annals of Pharmacotherapy, 52(9),* 829-837. https://doi.org/10.1177/1060028018765159

Evolution Timeline

MRPC Membership

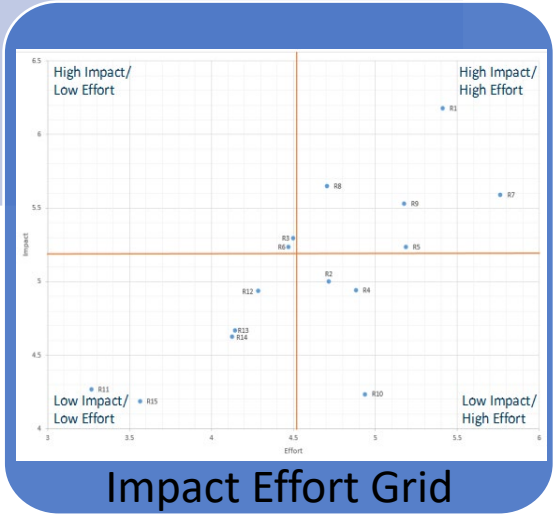
Member Name	Membership Category
Sean Jeffery, Co-Chair	Expert in medication reconciliation
Nitu Kashyap, Co-Chair	Expert in medication reconciliation
Alejandro Gonzalez-Restrepo	Expert in psychopharmacology
Amy Justice	Expert in polypharmacy
Anne VanHaaren	Pharmacist
Diana Mager	Represents LTPAC/Hospice
Ece Tek	Prescribing practitioner
Elizabeth Taylor	Represents DMHAS
Jason Gott	Represents DSS
Jennifer Osowiecki	Represents expertise in law
Jeremy Campbell	Represents pharmaceuticals
Kate Sacro	Expert in medication reconciliation
Lesley Bennett	Represents consumers
Margherita Giuliano	Pharmacist
Marie Renauer	Represents hospitals
Mark Silvestri	Represents a FQHC
MJ McMullen	Represents expertise in CancelRx
Nate Rickles	Expert in polypharmacy
Patricia Carroll	Represents consumers
Rachel Petersen	Represents expertise in CancelRx
Rod Marriott	Represents DCP
Stacy Ward-Charlerie	Represents expertise in CancelRx
Valencia Bagby-Young	Represents DDS

Recommendations to the MRPC

Recommendation	Task	Activity
Best Possible Medications History (BPMH)	Near-term efforts (1-2 years) should be focused on making tangible progress toward an enhanced and uniform best possible medication list.	The committee has engaged in a thoughtful process to identify known concerns and translated them in to business and functional requirements.
Patient Engagement	Develop a process for patient and family/caregiver engagement.	The development of requirements for the BPMH was undertaken with the patient at the forefront. Several of the identified requirements pertain to patient and family engagement. Activities in this area will continue in 2021.
Medication Reconciliation Process Improvements	Develop a repository of evidence-based, best practice medication tools, technical advisories, subject matter experts, and policy and regulatory guidance documents should be developed.	Surveys have been deployed, a webinar series has been initiated, and the development of the repository is in progress, and expected to launch in Winter 2020.
Team Approach	Mission critical team members, whose participation in medication reconciliation is essential for success, should be identified.	Key roles were identified in the process of the BPMH requirements development process.
Implementation and Adoption of CancelRx	Complete a formal assessment of the return on investment (ROI) for the CancelRx standard and other medication reconciliation recommendations to support the widespread adoption by pharmacies should be conducted.	CancelRx adoption in Connecticut is relatively high. Alternative approaches to increase adoption are under consideration.
Deprescribing	Identify evidence-based best-practices for deprescribing and added to the repository of medication reconciliation tools.	Surveys were developed and deployed to providers and pharmacists in Connecticut. Additionally, a continuing education webinar on deprescribing was hosted in June 2020. The materials developed for the webinar, as well as survey results, and materials identifying best practices will be included in the forthcoming repository.
Technology	Focus on developing a best possible medication list, leveraging existing data resources that include community pharmacies, PBMs, and EHRs.	The committee has discussed technology and potential solutions regularly and has identified some technical suggestions for the BPMH. Technology will remain a consideration for the committee.
SUPPORT Act Funding and Planning/Design Process	Develop a process for communication and coordinated planning between the SUPPORT Act activities and the initiatives and future planning activities recommended by the MRP Work Group.	In progress
Aligned Policy	Identify and align work with medication quality measures that align clinically meaningful outcomes.	The committee has considered policy issues and keeps them in mind the work completed thus far in the development of the BPMH, and work in deprescribing and CancelRx. Further work is expected in this area.
Planning/Design Process and Use of IAPD Funding	Funds from the current IAPD should be utilized to finalize planning, design and requirements for the projects and services recommended in this report.	These plans were delayed due to the Covid 19 public health crisis. The Committee is planning to pursue work in this arena in 2021.
Continuation of the MRP Workgroup	The MRP Work Group should be constituted as a Standing Committee of Health IT Advisory Council.	The workgroup was transitioned into a standing committee that has an approved charted, meets monthly, and is composed of diverse membership.

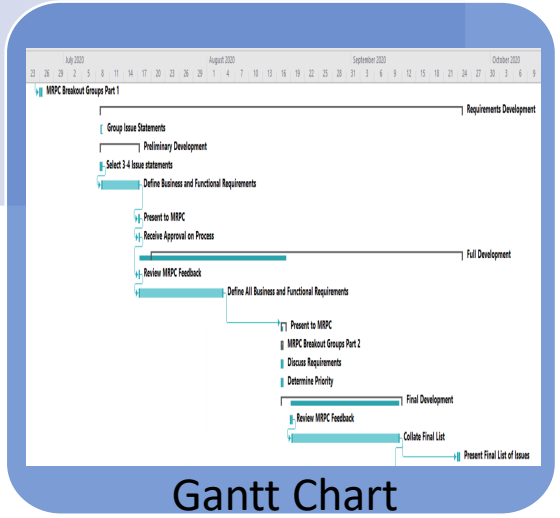
Prioritize Tasks

Survey via REDCap™



Impact Effort Grid

Create Tasks and Timelines

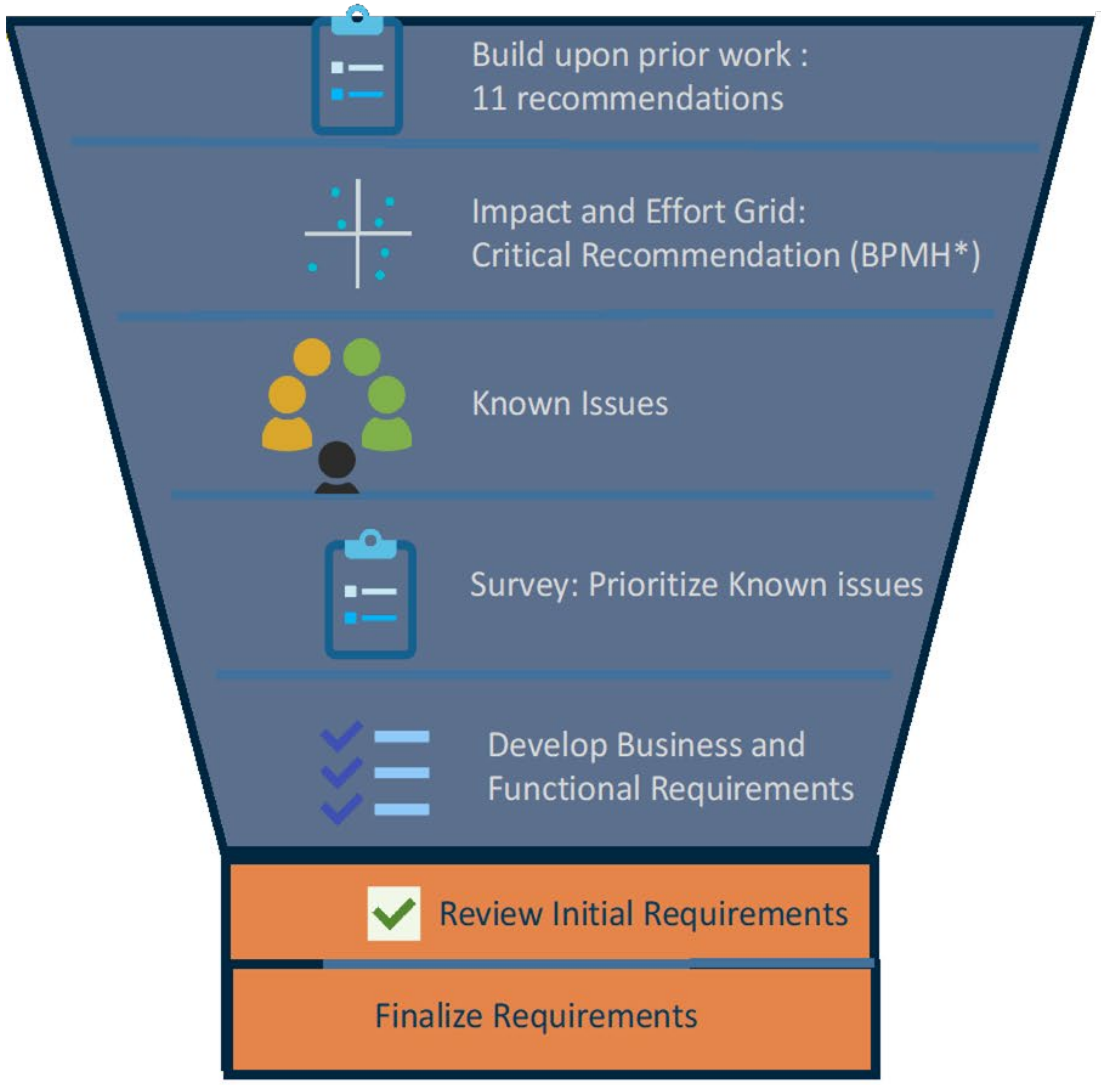


Gantt Chart

Conduct Working Sessions

Known Issues Discussion

Narrowing the focus: BPMH



Current Process

Support Team Tasks

Break the problem into pieces

Prioritize and identify action tracks

Develop survey tools

Draft Preliminary Requirements for BPMH*

Final Requirements Refined

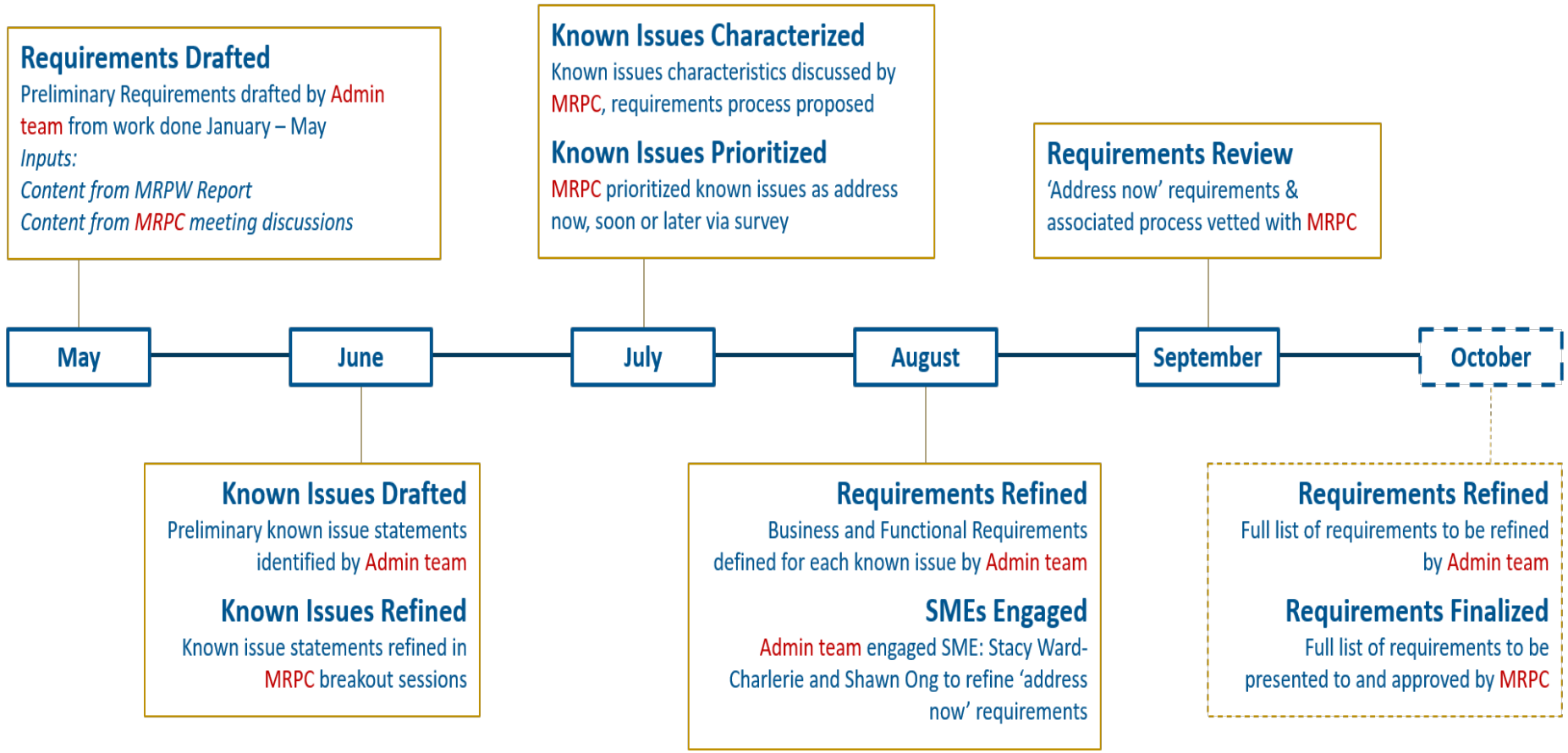
* Best Possible Medication History

Developing the BPMH Business & Functional Requirements

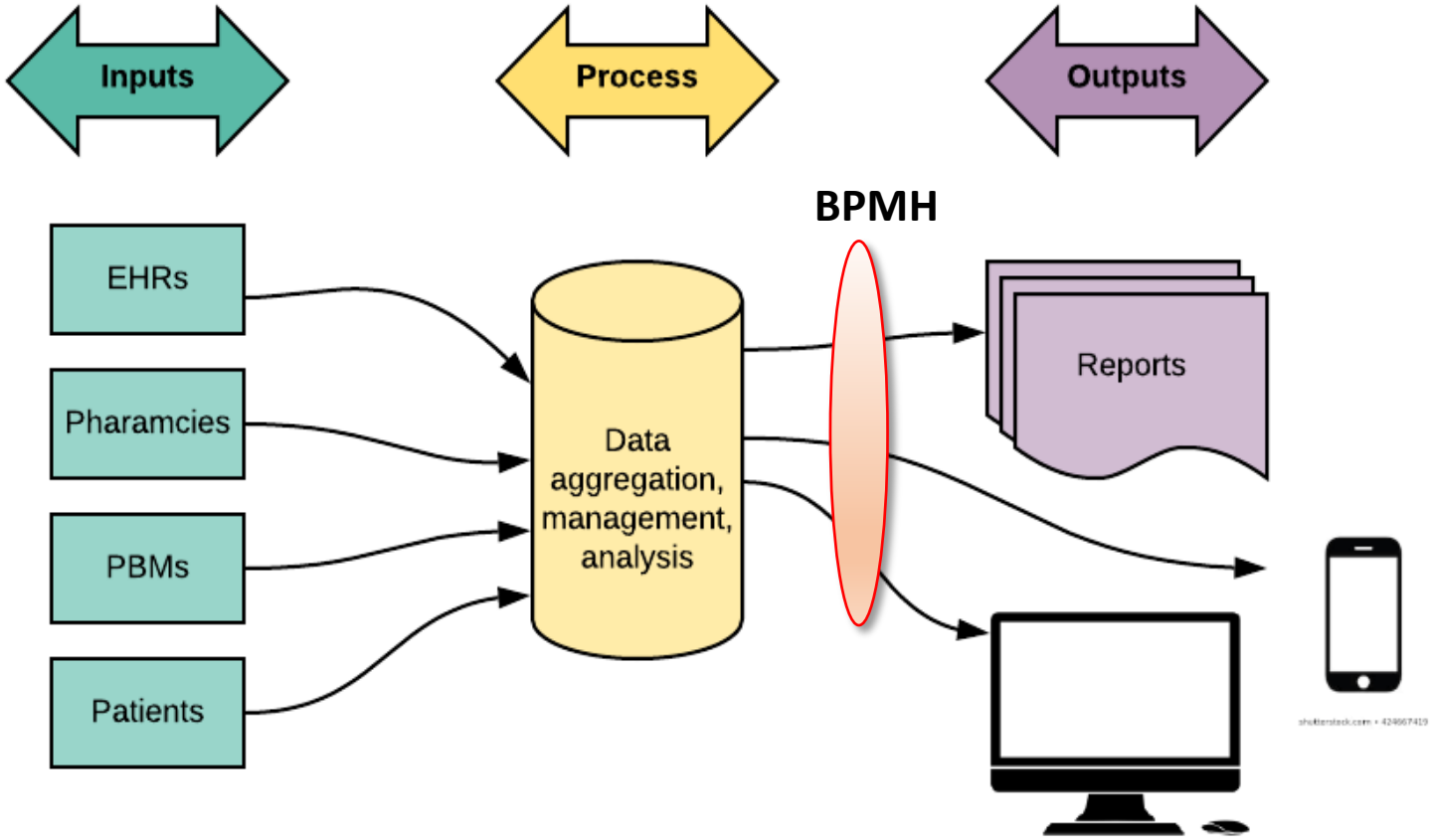
A visual timeline of work done by the MRP committee and the Admin team

Admin team includes*:
- OHS (Adrian Texidor)
- UCHC (Tom Agresta, Rachel Rusnak, Ryan Tran)
- CedarBridge (Terry Bequette, Kassi Miller)

**Regular support from the Co-Chairs*



Infrastructure Vision



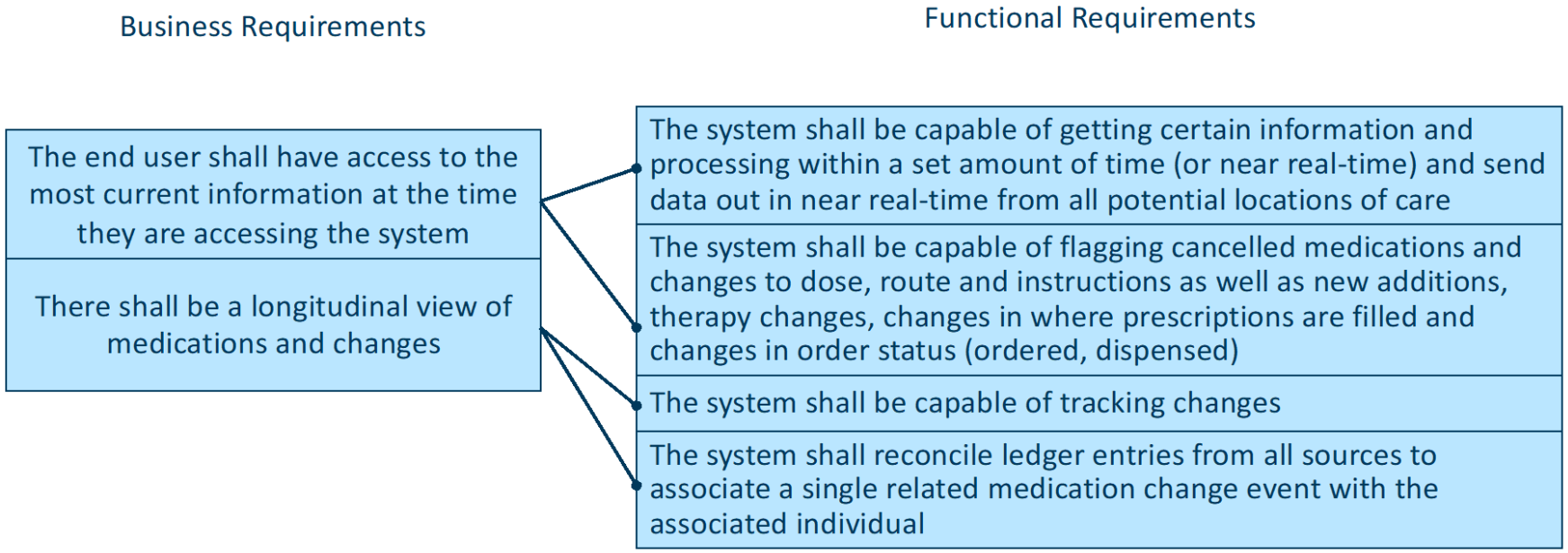
Developing BPMH Requirements

- **Issue Statements**: Represent gaps identified in the current system of Med Rec.
- **Business Requirements**: Identify the goals of the BPMH. The business requirements are high-level and can be broadly defined.
- **Functional Requirements**: Identify the specifications and detailed functions desired of the BPMH.

Sample Requirement

Known Issue #3

Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history



Selection of Identified Requirements

1	*There is no single accurate source and list of medications concurrently available to all the physicians, providers, health systems, pharmacists, and patients (and their designated caregivers), involved in a patient's care.*		
	1.1	**A single list of current medications for a patient shall be available**	**business**
	1.1.1	The medication list may be static with periodic updates or it can be created when requested from component information systems	functional
	1.1.2	Individuals with records on the medication list shall be uniquely identified	functional
	1.1.3	Medication history shall be available to all physicians, providers, health systems, home health and pharmacists involved in patient's care in accordance with governance rules, as well as to patients and caregivers	functional
	1.2	**The medication list shall be accessible through a query and meet compliance requirements**	**business**
	1.2.1	See 1.1.2 (Individuals with records on the medication list shall be uniquely identified)	functional
	1.2.2	See 1.1.3 (Medication history shall be available to all physicians, providers, health systems, home health and pharmacists involved in patient's care in accordance with governance rules, as well as to patients and caregivers)	functional
	1.2.3	Individuals accessing the medication list shall be validated using identity management (MPI or Provider Directory)	functional
	1.3	**The medication list shall be in a standardized electronic format**	**business**
	1.3.1	The medication list shall accept updates from HIT systems	functional
	1.3.2	The medication list shall interact with HIT systems	functional
	1.4	**The medication list shall adhere to a standardized vocabulary or nomenclature**	**business**
	1.5	**The medication list shall be compiled from multiple sources**	**business**
	1.5.1	Medication history disambiguation shall be facilitated through software and human readable interfaces (deduplication, modifications)	functional
	1.5.2	Sources shall be vetted for accuracy of the information submitted	functional

2	*Patients may not have knowledge of or fully comprehend why they are taking a particular medication, and/or providers may not understand why a medication has been ordered for their patient*		
	2.1	**There shall be a clear description of why a medication has been ordered for an individual (by providers and clinicians)**	**business**
	2.1.1	Medication history shall include a *field* or fields to describe reason medication was ordered	functional
	2.1.2	Each medication on the list shall have an accompanying diagnostic code to explain why the medication was ordered	functional
	2.1.3	The medication list shall accommodate the inclusion of medication instructions	functional
	2.1.4	The reason the medication was ordered shall be available in a language the patient/caregiver can understand	functional
	2.1.5	Accurate medical technical language shall be used for pharmacist and provider users	functional

7	*Pharmacists/dispensers are not always aware of the condition being treated by a prescription*		
	7.1	**Pharmacists and dispensers shall have information as to why a medication is being ordered when permissible by law or patient consent**	**business**
	7.1.1	See 2.1.5 (Accurate medical technical language shall be used for pharmacist and provider users)	functional
	7.1.2	See 2.1.1 (Medication history shall include a field or fields to describe the reason(s) medication was ordered)	functional
	7.1.3	See 2.1.2 (Each medication on the list shall have a field for an accompanying standardized diagnostic code or meta-data to explain why the medication was ordered)	functional

8	*Information on OTC, supplements, and herbals does not originate in provider or prescriber systems and is challenging to capture from patients and caregivers*		
	8.1	**Other non-prescription substances being taken or used by a patient (OTC, supplements, herbals, etc.) contribute to a medication history and this information should be sought and added to the history**	**business**
	8.1.1	The BPMH shall have the capability to add, store and identify/tag OTC and supplements as a part of the medication list	functional
	8.1.2	The medication history shall tag information about other substances to qualify the level of confidence in the accuracy of the information (e.g. confirmed by pt., occasional use, anecdotal 2nd party report, other qualifying parameters)	functional
	8.1.3	When available, a standardized nomenclature such as NDC codes, RxNorm or other nomenclature shall be used	functional
	8.1.4	OTC medications, supplements and herbals entered by patients and caregivers shall be appropriately tagged to indicate the data entry source	functional

9	*Additions and changes to medication history do not occur in real-time from all sources*		
	9.1	**Additions to a med list from one HIT system shall be available in an electronic format to all users and the system shall process input from all HIT systems, and push to all systems – in as real-time as possible (*The BPMH is the source of truth*)**	**business**
	9.1.1	If additions and changes cannot be reflected in near real-time, and indicator in the user's system shall reflect that a change has occurred or will occur	functional
	9.2	**Changes to a medication (dosage, reason for changing dose, therapy, cancellation, cancellation reason, route, instructions) shall be available in the source system and other systems accessed by end users in near real-time and should have date/time stamp**	**business**
	9.2.1	A change log and process shall be in place for the medication list	functional
	9.2.2	Clear identification of the source systems for changes updates or delete shall exist in an audit log or similar functionality	functional
	9.2.3	Standardized nomenclature for changes shall be implemented	functional
	9.2.4	A (centralized?) system that monitors changes shall be implemented and available to end-systems to alert them to the changes	functional

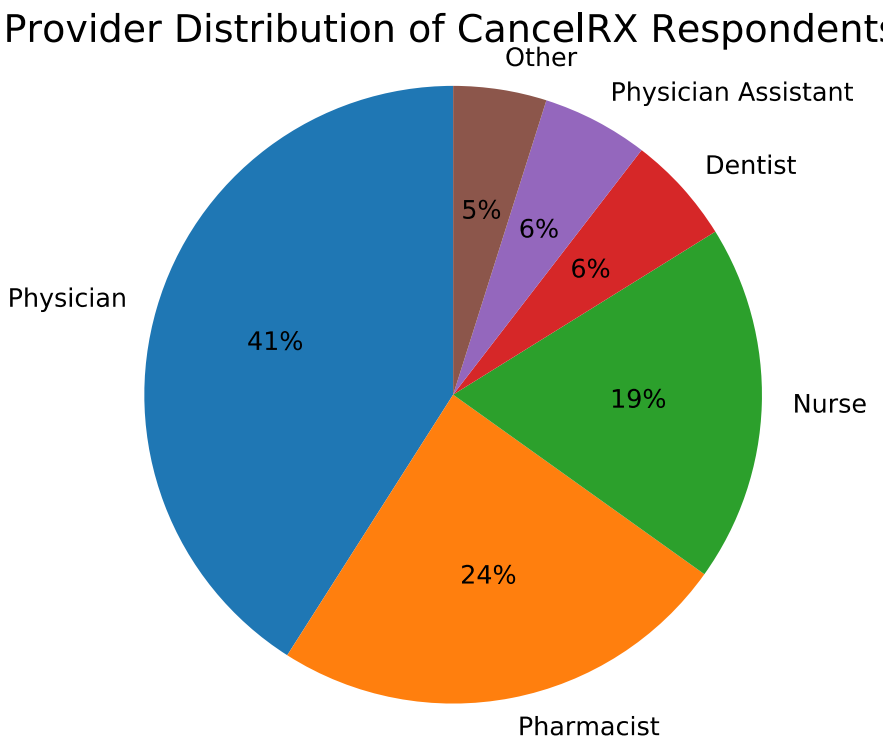
Deprescribing to Reduce Polypharmacy

- The planned and supervised process of dose reduction or stopping of medication that is no longer of benefit to the patient or might be causing harm.
- Guidance via NCPDP Guidelines

4 Pronged Approach

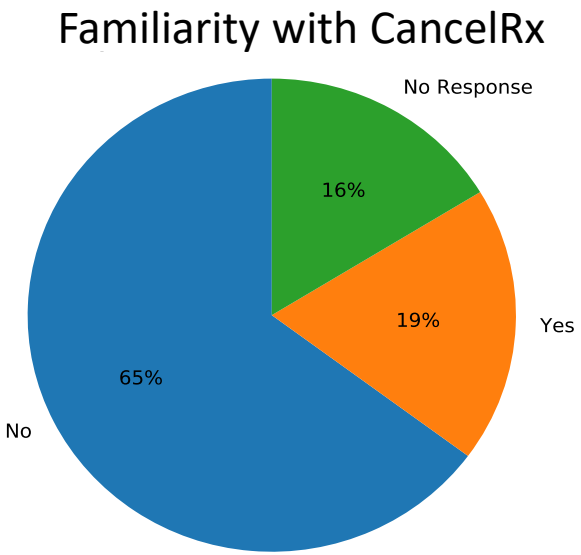
Deprescribing Survey across CT

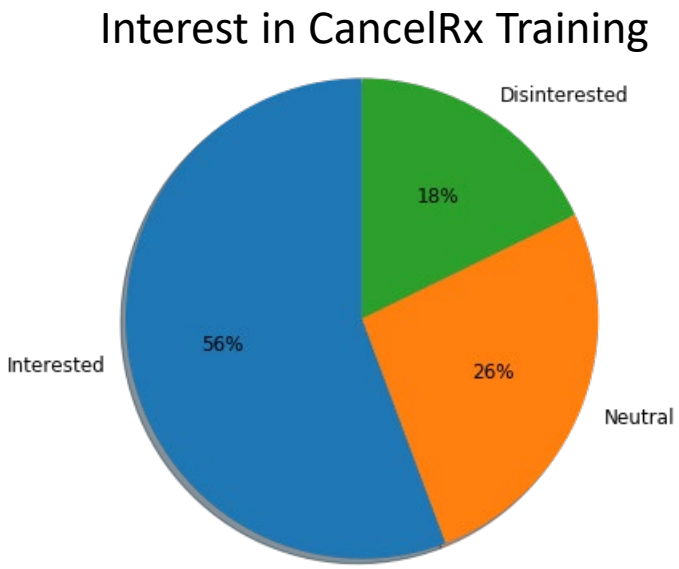
- Collaboration with DCP
- Launched in March 2020
- Over 500 Respondents



Deprescribing Survey: Key Findings

- The results indicated that more pharmacists than prescribers were familiar with the CancelRx standard and participants demonstrated that there was an interest for educational opportunities on the topic and led to the development of the deprescribing continuing education webinar held in June 2020.





To Deprescribe or Not to Deprescribe: The Role of Health IT in Polypharmacy

Provided by

University of Connecticut School of Medicine and School of Pharmacy
Office of Community and Continuing Medical Education and Center for Quantitative Medicine

Presented June 3, 2020, available online for viewing

Webinar Objectives:

Participants will (*be able to*):

- Discuss the impact of polypharmacy
- Describe the challenges of de-prescribing
- Explain the role of Health IT in medication management
- Explain the SCRIPT standard CancelRx transaction data flow
- Identify best practices to implement and apply to practice

Host
Thomas Agresta, MD, MBI
Director of Clinical Informatics
UConn Health

Moderator
Stacy Ward -Charlerie PharmD, MBA
CEO and President WardRx Consulting

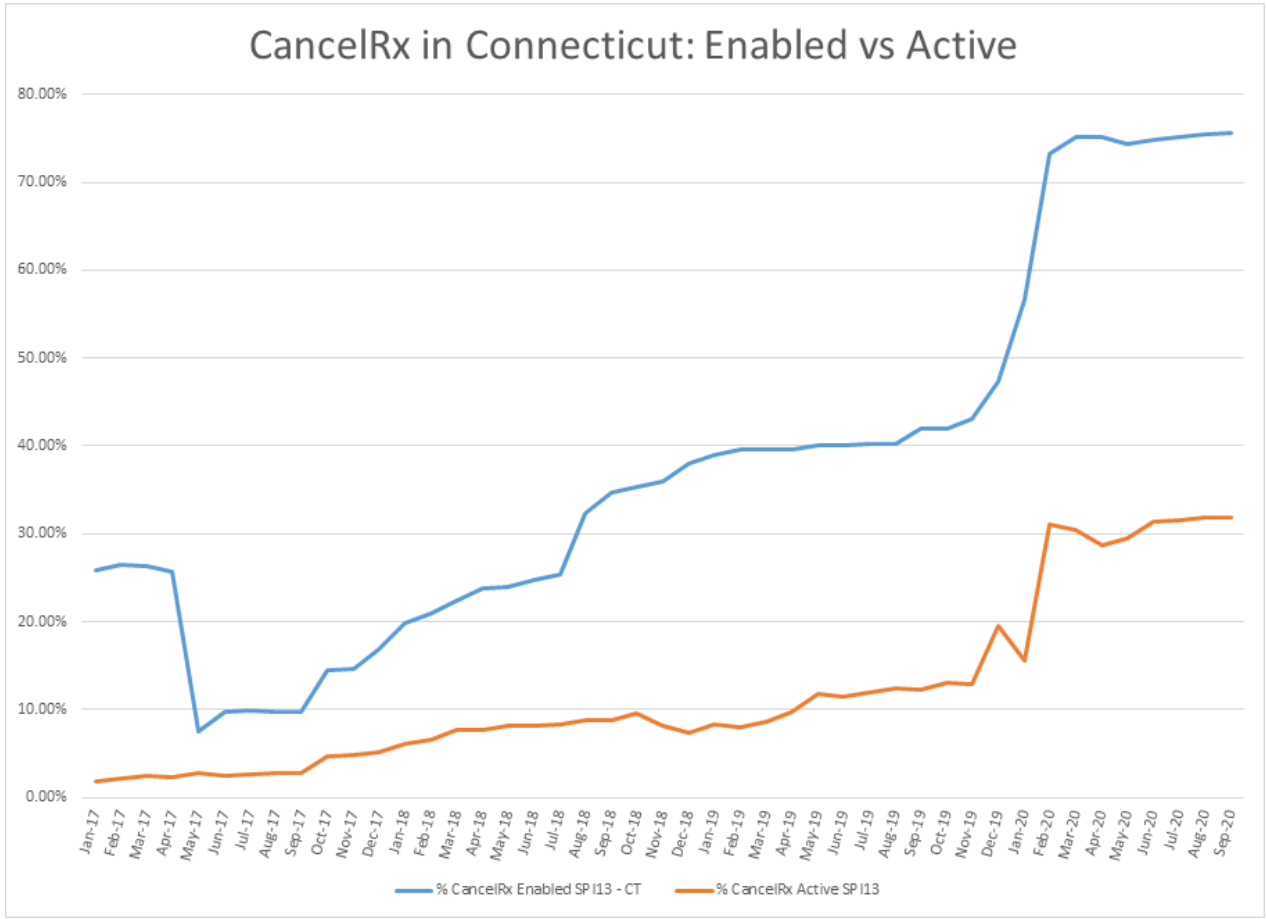
Panelist
Nitu Kashyap MD, FAMIA
Associate CMIO
Yale New Haven Health

Panelist
Scott Bonczek PharmD Rph. MSHS-HCQ
ITS Quality & Regulatory Applications Analyst
Hartford Healthcare

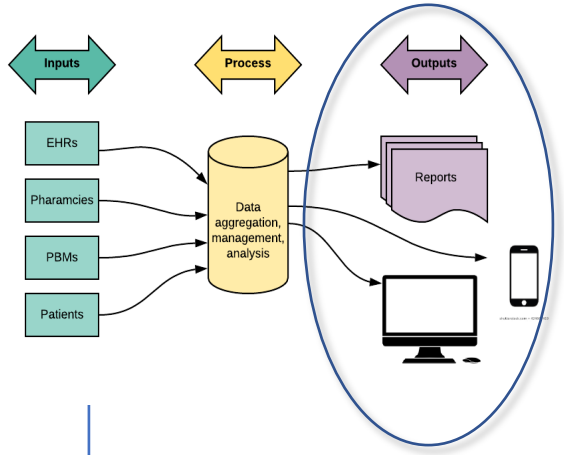
Panelist
Sean Jeffery, PharmD, BCGP, FASCP, AGSF
Professor of Pharmacy Practice
University of Connecticut &
Director of Clinical Pharmacy Services, ICP

Brown Presentation Link

CancelRx Adoption in CT



2021 Work Streams



Goal 1 Develop a detailed strategic approach for the creation of a BPMH

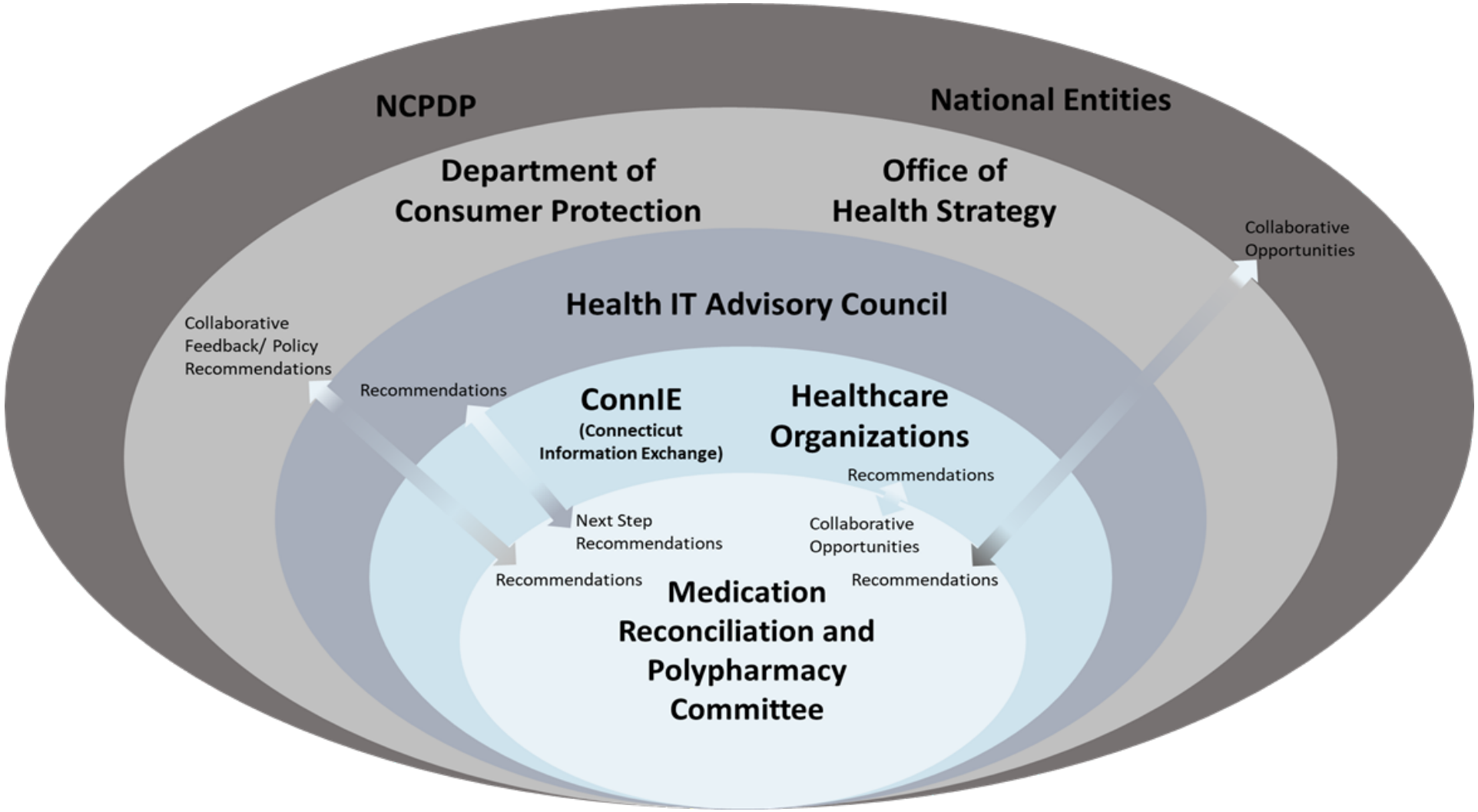
Goal 2 Create an online directory of medication management and medication reconciliation tools and solutions.

Goal 3 Serve as a resource to OHS, Connie, and State Agencies on Medication Reconciliation & Polypharmacy topics.

Goal 4 Develop an implementation plan around deprescribing transaction standards.

Goal 5 Support State initiatives and actively monitor funding opportunities complementary to the MRPC.

Future Work: MRPC Collaboration



Discussion Points

- What are the highest priorities in the Medication Reconciliation/Polypharmacy space?
- Suggestions for collaboration with agencies/entities?
- Ideas on how the HITAC and other organizations can move this work forward in parallel/collaboration with the MRPC?
- Feedback on MRPC Workstreams?

MRPC Final Report Discussion

- A draft of the Annual Report was distributed to the Health IT Advisory Council on 2/16/2021 as part of the meeting materials.
- The report is intended to summarize MRPC activities conducted during 2020.
- Council Advisors: please email substantive comments that clarify the Council's activities by Thursday, February 25 at 5:00 pm to Tina Kumar (Tina.Kumar@ct.gov) for consideration in the finalization of the report.

Connie Update

Jenn Searls
Executive Director, Connie

The Importance of Advisors

HITAC's Remaining 2021 Meeting Schedule
&
Projected Cadence for Developing Connecticut's
5-Year Statewide Health IT Plan

Carol Robinson, CEO
CedarBridge Group

OHS CONNECTICUT Office of Health Strategy

Remainder of 2021 HITAC Meeting Schedule

Subject to Change

Month	Standing Agenda	5-Year Statewide Health IT Plan	*Program and Workgroup Updates/Reports*	*Informational Presentations*
March	Connie Report	**Engagement Progress Report (**Brief Update)	**All Payer Claims Database (APCD) Update**	**Draft Consent Regulation, Regulatory & Public Comment Process** **Race, Ethnicity, and Language Data**
April	Connie Report	**Initial Insights from Stakeholder Engagement** (Brief Update)	**Core Data Analytics Solution (CDAS) Update**	**CRISP and CDAS overview/demo**
May	Connie Report	**Environmental Scan Findings** (Report & Discussion)		
June	Connie Report	**Draft Recommendations for Health IT Plan Action Steps** (Report & Discussion)	**APCD Update**	
July	Connie Report	**Stakeholder Feedback** on Draft Recommendations for HealthIT Plan Strategies & Action Steps (Brief Update)	**OHS Presentation of Connie Operational APD**	**Investing in Insights: Comparison Study on State Health Analytic Programs**
August	Connie Report	**Summary of Stakeholder Feedback** on Draft Recommendations for Health IT Report Strategies & Action Steps (Brief Update)	**Primary Care & Community Health Reforms Workgroup (PCCHR):** New Models of Care & Payment Report	**Ensuring Accountability of Public/Private Investments in Information Technology Systems and Data Services**
September	Connie Report	**Recommended Additions, Subtractions, Revisions, & Clarifications** to HealthIT Roadmap Strategies & Action Steps (Report & Discussion)	**Cost Growth/Quality Benchmarks/Primary Care Targets** Technical Team Report	**Data Systems, & HIE Services Needed to Support New Models of Payment & Whole Person Care**
October	Connie Report	**Proposed Health IT Plan Milestones** (Report & Discussion)	**APCD Update**	**Public Health Systems Modernization: Dealing with the Present; Preparing for the Future**
November	Connie Report	 **Final 5-Year Statewide Health IT Plan: Strategies, Action Steps, & Milestones** (Report & Discussion)	**Medication Reconciliation and Poly-Pharmacy Committee (MRPC) Update**	**Regulatory & Payment Levers for Advancing Data Interoperability**
December	Connie Report	 **Final 5-Year Statewide Health IT Plan: Implementation Metrics & Annual Review Process** (Report & Discussion)	**Support Act Update** **APCD Update**	**Best Practices Study: Technical Assistance & Training to Increase Adoption & Use of Health IT & HIE**

Process and Timeline for Health IT Plan

Develop Scope, Define Stakeholders

Create Charter & Establish Governance

Conduct Environmental Scan

Analyze and Synthesize Data

Draft Recommendations for Priorities and Strategies

Public Comments and Stakeholder Review

Revise, Refine, Finalize Plan

November 2020

Monthly HITAC Updates

December 2021

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5-Year Statewide HealthIT Plan

March

- Engagement Progress Report

April

- Initial Insights from Stakeholder Engagement

May

- Environmental Scan Findings

June

- Draft Recommendations for Health IT Plan Action Steps

July

- Stakeholder Feedback on Draft Recommendations for Health IT Plan

August

- Summary of Stakeholder Feedback on Draft Recommendations for Health IT Report Strategies & Action Steps

September

- Recommended Additions, Subtractions, Revisions, & Clarifications to Health IT Roadmap Strategies & Action Steps

October

- Proposed Health IT Plan Milestones

November

- Final 5-Year Statewide Health IT Plan: Strategies, Action Steps, & Milestones

December

- Final 5-Year Statewide Health IT Plan: Implementation Metrics & Annual Review Process

Monthly Informational Presentations
(Proposed & Subject to Change)

- Proposed Consent Legislation
- "Fair Share" Presentation on Revenue Strategies for HIEs; Creating Value Propositions for Payers
- Investing in Insights: Comparison Study on State Health Analytic Programs
- Ensuring Accountability of Public/Private Investments in Information Technology Systems and Data Services
- Data Systems, & HIE Services Needed to Support New Models of Payment & Whole Person Care
- Public Health Systems Modernization: Dealing with the Present; Preparing for the Future
- Regulatory & Payment Levers for Advancing Data Interoperability
- Best Practices Study: Technical Assistance & Training to Increase Adoption & Use of Health IT & HIE

Monthly Updates

Environmental Scan Activities
&
Engagement Opportunities for HITAC Advisors

Vatsala Pathy, Senior Director
CedarBridge Group

Process and Timeline for Health IT Plan

Develop Scope, Define Stakeholders

Create Charter & Establish Governance

Conduct Environmental Scan

Analyze and Synthesize Data

Draft Recommendations for Priorities and Strategies

Public Comments and Stakeholder Review

Revise, Refine, Finalize Plan

November 2020

Monthly HITAC Updates

December 2021

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Environmental Scan Process

(With Updated Schedules)

Interactive Engagement Webinars: *Listen, Share, Learn, Collaborate*

Register at: http://bit.ly/ct_hit_plan

Topics	Date/Time
Behavioral Health & Everyone Else *Sharing Sensitive Data Without Compromising Privacy*	**2/23/21** **10 am - Noon**
Integrating Social Needs Data *Knowing the Person Really Matters when Delivering Person-Centered Care*	**2/26/21** **1 pm - 3 pm**
Prepare, Care, Protect, Measure, and Monitor *Technology and Data Needs for a Strong Public Health System*	**3/2/21** **1 pm - 3 pm**
Warm Handoffs, Better Care, Lower Costs *Timely Information Moving Between Long Term & Post-Acute Care, Emergency Medical Services, Hospitals & Health Systems, and Primary Care*	**3/12/21** **1 pm - 3 pm**
Connect the Dots to Improve the Outcomes *Eliminating Barriers to Protect and Care for Connecticut's Children in Need*	**3/23/21** **10 am - Noon**
Prioritizing and Governing Investments *Should Secure, Person- Centered, Health IT/ HIE Services be Considered a Common Need of All Connecticut Residents (i.e., public utility services for improving health)?*	**3/26/21** **1 pm - 3 pm**

Electronic Surveys
February – April 2021

- **HITAC members**
- **Public health**
- **Ambulatory Providers**
- **Hospitals**
- **Long term and post-acute care**
- **Behavioral health**
- **Emergency medical services**
- **Social services**
- **Others TBD**

Key Informant Interviews & Small Focus Groups
February – April 2021

HITAC members; General Assembly members; state agency leaders;**;** members of other agency workgroups and committees; associations; labs; imaging centers; pharmacies; health plans; local public health officials; health advocacy groups; business groups; community organizations; academic institutions; and others, when relevant.

Important Elements of a Comprehensive Health IT Plan

- Adoption/promotion of standards
- Communication strategies
- Consumer engagement strategies
- Data system interoperability
- Financing strategies and sustainability plans
- Security and privacy requirements including implementation of consent policies
- Implementation timelines
- Improving data quality
- Interagency data sharing
- Measurement and analytics
- Prioritizing health IT investments
- Public/private governance options
- Regulatory and payment levers
- Resource requirements
- Shared data services for identity resolution/attribution
- Technical assistance and ongoing training
- Digital health, including telehealth data integration
- Comparison Study on State Health Analytic Programs
- Standardizing and integrating social determinants & social services data

Please Send Comments, Ideas, and Questions for Connecticut's 5-Year Statewide Health IT Roadmap to:

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OHS CONNECTICUT Office of Health Strategy

Announcements and General Discussion

Dr. Quaranta, Council Members

Wrap up and Next Steps

Contact Information

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Health IT Advisory Council Website:

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