Health IT Advisory Council

April 15, 2021

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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: March 18, 2021	1:10 PM
Council Vote: Medication Reconciliation and Polypharmacy Final Report	1:15 PM
Five-Year Statewide HealthIT Plan Update	1:20 PM
Public Health Modernization Update	1:40 PM
Connie Update	2:10 PM
Announcements & 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:

March 18, 2021 Meeting Minutes

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Council Vote:
Medication Reconciliation and Polypharmacy Final Report

Kim Martone, OHS

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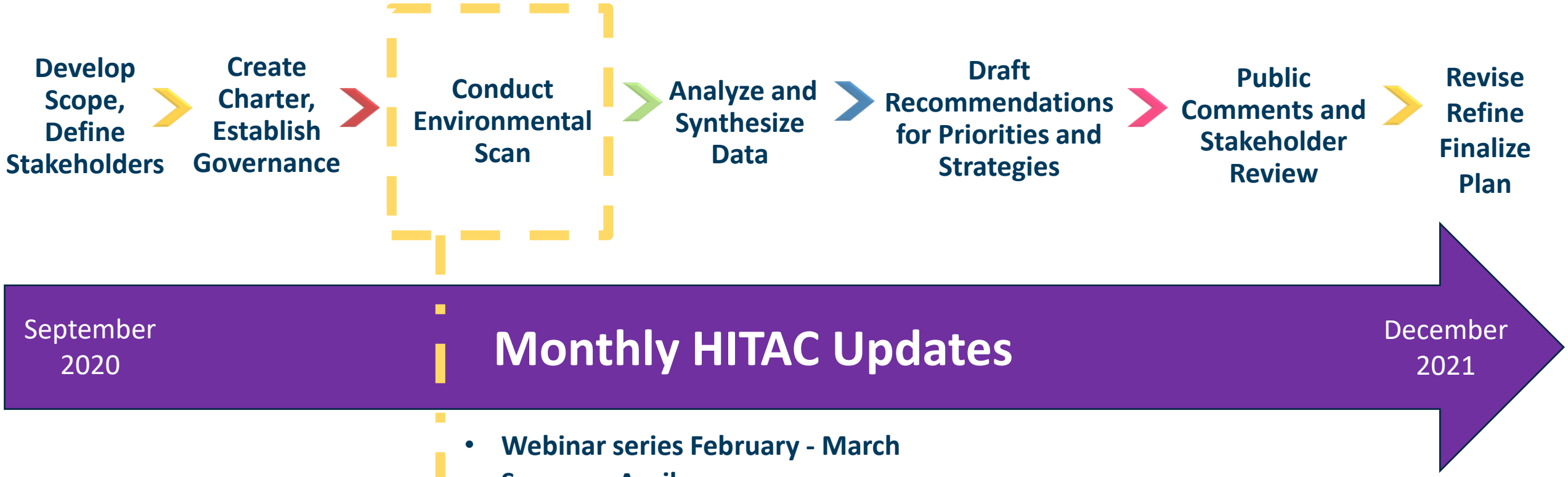
Monthly Update
Environmental Scan Activities for the Five-Year Statewide HealthIT Plan

Vatsala Pathy, Senior Director
CedarBridge Group

Process and Timeline for Statewide Health IT Plan



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HealthIT Plan Email Inbox Summary

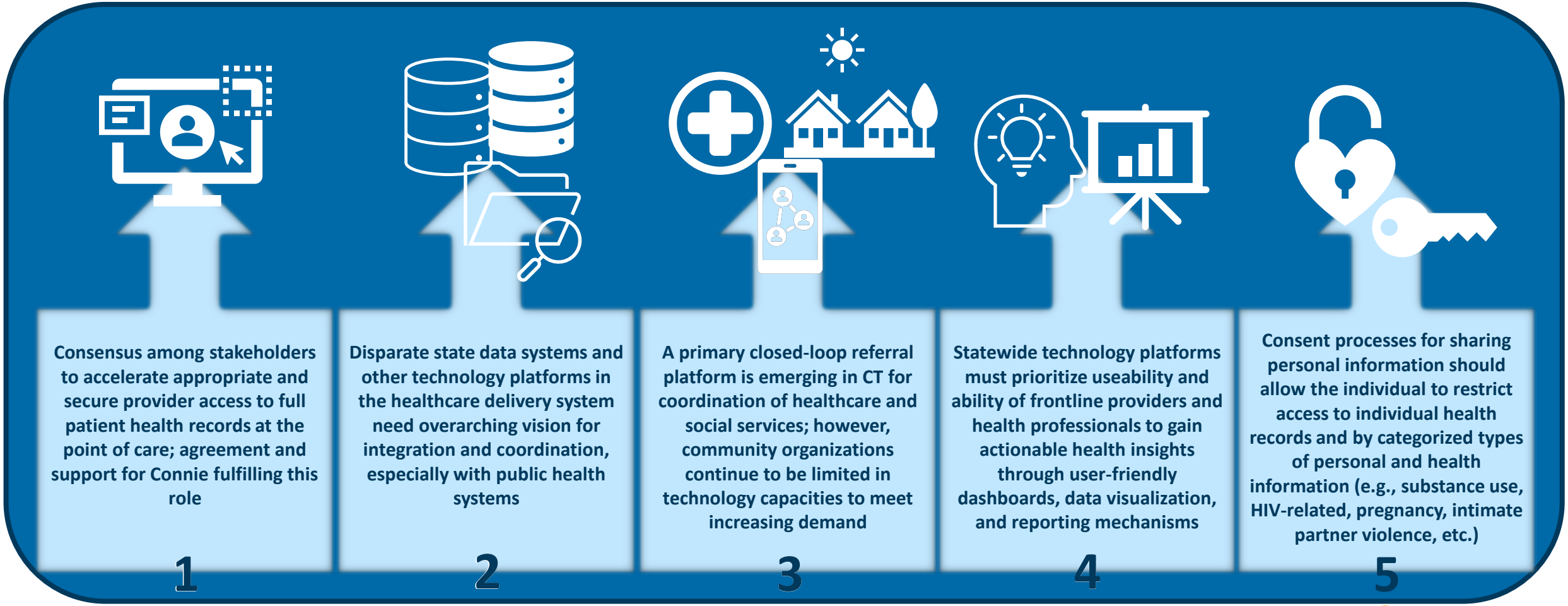
Comment Date	Name	Organization	Topic
2/2/2021	Greg Allard	Chairman, CT EMS Advisory Board President, Assoc. of CT Ambulance Providers	Partnering for Survey Distribution
2/3/2021	Mark Thompson	Executive Director Fairfield County Medical Association Hartford County Medical Association	Question about plan alignment with Connie
2/24/2021	Paddi LaShane	CEO/lobbyist, Sullivan & LaShane	Behavioral health webinar; Connie onboarding for BH providers
2/25/2021	Susan Israel	Advocacy	Social Needs Webinar; patient privacy
2/26/2021	Theresa West	VP, Community Solutions, Signify Health	Social Needs Webinar; closed-loop referral platform
2/26/2021	Jessica Guite	UCONN Health	Social Needs Webinar
3/2/2021	Susan Israel	Advocacy	Behavioral Health Webinar; patient privacy
3/3/2021	Rich Kubica	Former Provider Healthcare IT Executive	EHR integrations and inventory
3/12/2021	Jessica Guite	UCONN Health	Children in Need Webinar
3/13/2021	Susan Israel	Advocacy	Children in Need Webinar; patient privacy
3/18/2021	Susan Israel	Advocacy	Behavioral Health Webinar; patient privacy

Interactive Engagement Webinars: Listen, Share, Learn, Collaborate

Webinar Topic	Date Held	Registrants	Attended
Behavioral Health & Everyone Else: Sharing Sensitive Data Without Compromising Privacy	Feb. 23, 2021	91	43
Integrating **Social Needs Data**: Knowing the Person Really Matters when Delivering Person-Centered Care	Feb. 26, 2021	101	46
Prepare, Care, Protect, Measure, and Monitor: Technology and Data Needs for a Strong **Public Health** System	March 2,2021	73	36
Connecting the Dots to Improve Outcomes: Eliminating Barriers to Protect and Care for Connecticut **Children in Need**	March 12, 2021	62	27
Timely Information Moving Between **Long Term Care, EMC, Hospitals, and Primary Care**	March 23, 2021	81	32
Prioritizing and Governing Investments: Secure, Person-Centered Health IT for Residents of Connecticut	March 26, 2021	68	26

- Additional focus groups completed with OHS Consumer Advisory Council on March 9th and planned with the APCD Council and the Primary Care Workgroup in April
- **Sectors involved**: hospitals & health systems, state officials, advocates, primary care, behavioral health, legislators, healthIT/HIE, community-based organizations, public health, long-term care, EMS, researchers

What We're Hearing So Far



1. Consensus among stakeholders to accelerate appropriate and secure provider access to full patient health records at the point of care; agreement and support for Connie fulfilling this role
2. Disparate state data systems and other technology platforms in the healthcare delivery system need overarching vision for integration and coordination, especially with public health systems
3. A primary closed-loop referral platform is emerging in CT for coordination of healthcare and social services; however, community organizations continue to be limited in technology capacities to meet increasing demand
4. Statewide technology platforms must prioritize useability and ability of frontline providers and health professionals to gain actionable health insights through user-friendly dashboards, data visualization, and reporting mechanisms
5. Consent processes for sharing personal information should allow the individual to restrict access to individual health records and by categorized types of personal and health information (e.g., substance use, HIV-related, pregnancy, intimate partner violence, etc.)

Environmental Scan Update

Surveys Launched to Over 8,000 Health and Social Service Professionals
April 2021

Launched to Over 8,000 Health and Social Service Professionals:

- Public health
- Ambulatory providers
- Long term and post-acute care
- Behavioral health
- Emergency medical services
- Social services
- Payers

Key Informant Interviews & Small Focus Groups
February – April 2021

Approximately 100 under way with:

- General Assembly members
- State agency leaders
- HITAC members and members of other agency workgroups and committees
- Associations
- Labs and imaging centers
- Pharmacies
- Health plans
- Hospitals
- Local public health officials
- Health advocacy groups
- Business groups and community organizations
- Academic institutions
- and others….

Virtual Forums Completed To Date

Topics	Early Key Themes
Behavioral Health & Everyone Else *Sharing Sensitive Data Without Compromising Privacy*	✓ Most attendees felt patient health data is adequately protected in the current state. ✓ Better coordination with physical health providers and full client records at the point of care were identified as top priorities. ✓ Attendees support improved coordination and alignment across organizations as it relates to information sharing regulations in order to enable the flow of behavioral health data.
Integrating Social Needs Data *Knowing the Person Really Matters when Delivering Person-Centered Care*	✓ Entities have disparate data systems for intake, screening, and referral. If new systems are procured, there needs to be a clear ROI in order to minimize the burdens on front line staff. ✓ Social services organizations lag behind healthcare providers in terms of investments in technology and data analysis. The need for financial resources and workforce are significant and will be necessary in a sustained manner. ✓ Clients are not consistently screened for social risk factors and social risk data is not standardized, limiting the efficacy of population health interventions. ✓ There is growing utilization of closed loop referral systems in hospitals across the state. These investments should be leveraged by the state.

Virtual Forums Completed To Date

Topics	Early Key Themes
Connect the Dots to Improve the Outcomes *Eliminating Barriers to Protect and Care for Connecticut's Children in Need*	✓ Providers lack insight into follow-up care and services in systems outside of their own. ✓ There are a number of innovative efforts (e.g., Integrated Care for Kids, 500 Familiar Faces) to support data and technology for children in need. Creating useable dashboards that integrate data across initiatives and providers in a synergistic manner would be very helpful. ✓ Data sharing between healthcare providers and community organizations and investments in population health analytics and dashboards were identified as top priorities.
Prepare, Care, Protect, Measure, and Monitor *Technology and Data Needs for a Strong Public Health System*	✓ A majority of attendees ranked the state's use of data to support the response to COVID-19 as insufficient. ✓ Attendees supported interfaces between existing EHR systems in order to obtain better population health data analytics. ✓ Improved interoperability of state public health systems with local health districts and providers; investments in population health research and analytics; and systems and data to improve the speed of response to public health crises and emergencies were identified as the top priorities.

Virtual Forums Completed To Date

Topics	Early Key Themes
Timely Information Moving Between ***Long Term Care, EMC, Hospitals, and Primary Care***	✓ Lack of timely prescription medication information and clinical health histories are needed in order to improve long term care and post-acute care delivery. ✓ Providers indicated that the cost of technology is a significant barrier to interoperability. ✓ Participants reported using the CT Statewide Opioid Reporting Directive (SWORD) and expressed a desire to more effectively exchange information with primary care providers. ✓ Maintaining support for telehealth and streamlining eligibility and coordination of care among state agencies were listed as key future priorities.
Prioritizing and Governing Investments *Secure, Person-Centered Health IT for Residents of Connecticut*	✓ Most participants reporting having access to telehealth services and online scheduling as part of their routine care. ✓ There was very little awareness about Connie, the statewide health information exchange. ✓ Participants reported using several current information exchange solutions including Project Notify, Unite Connecticut and Epic Care Everywhere. ✓ Interoperable patient records and a community care coordination platform were noted as the most common future priorities.

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	All Payer Claims Database (APCD) Update	Shared data services for identity resolution and attribution
April	Connie Report	Initial Insights from Stakeholder Engagement	Public Health Systems Modernization: Dealing with the Present; Preparing for the Future	
May	Connie Report	Environmental Scan Progress Report	PDMP Update	Technical Demonstration of Connie Initial HIE Services
June	Connie Report	**Environmental Scan Findings & Draft Recommendations for Health IT Plan** (Report/ Discussion)		IAPD/OAPD Presentation
July	Connie Report	**Stakeholder Feedback** on Draft Recommendations for HealthIT Plan Strategies & Action Steps (Brief Update)		Investing in Insights: Comparison Study on State Health Analytic Programs
August	Connie Report	**Summary of Stakeholder Feedback** on Draft Recommendations for Strategies & Action Steps	Medication Reconciliation and Poly-Pharmacy Committee (MRPC) Update	Data Systems, & HIE Services Needed to Support New Models of Payment & Whole Person Care
September	Connie Report	**Recommended Additions, Subtractions, Revisions, & Clarifications** to HealthIT Roadmap Strategies & Action Steps (Report & Discussion)	Cost Growth/Quality Benchmarks/Primary Care Targets	Regulatory & Payment Levers for Advancing Data Interoperability
October	Connie Report	**Proposed Health IT Plan Milestones** - Discussion	APCD Update	Ensuring Accountability of Public/Private Investments in IT Systems and Data Services
November	Connie Report	**Proposed 5-Year Statewide Health IT Plan Implementation Metrics & Annual Review Process** - Discussion	Primary Care & Community Health Reforms Workgroup (PCCHR) Report	Best Practices Study: TA & Training to Increase Adoption & Use of Health IT & HIE for SDoH
December	Connie Report	☆ **Final 5-Year Statewide Health IT Plan with Strategies, Action Steps, Milestones, Implementation Metrics & Annual Review Process**		

Public Health Data Modernization

Presentation and Discussion

Carol Robinson, CEO
CedarBridge Group

> ***"The nation's public health data systems are antiquated and in dire need of security upgrades*** – paper records, phone calls, spreadsheets and faxes requiring manual data entry are still are in widespread use and have significant consequences including ***delayed detection and response, lost time, missed opportunities, and lost lives."***
>
> *— Janet Hamilton*
> *Executive Director, Council of State and Territorial Epidemiologists*

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CDC's Public Health Data Modernization Initiative

The CDC's Public Health Data Modernization Initiative prioritizes modernization of health data and surveillance systems that will protect the American public.

With funding from pandemic relief legislation and agency appropriations, CDC is providing grants of significant size to state and local health departments, laboratories, healthcare systems, and industry jurisdictions, in order to:

- modernize current software systems and tools;
- increase coordination of IT investments with other agencies;
- improve interoperability of information systems with data systems operated by public and private organizations;
- improve data collection, data sharing and data analysis across the public-health sector acceleration of electronic laboratory reporting; and
- coordinate with public and private partnerships to monitor the spread of viruses and other health issues.

Three Objectives for Data Modernization Investments

- Data sharing across the public health ecosystem
  - Automate data collection and support multidirectional data flows among state, tribal, local, and territorial partners and CDC
- Enhancing CDC services and systems for ongoing data modernization
  - Adopt enterprise-wide infrastructure and services that enable data linking, sharing, analysis, and visualization
- New standards and approaches for public health reporting
  - Conduct real-world testing of new standards for accessing data in electronic health records and assess the policy implications of these new approaches.

The goal is to move the nation's public health programs from siloed and brittle public health data systems to connected, resilient, adaptable, and sustainable systems, with capabilities necessary to protect the health of individuals while measuring population health and supporting effective public health programs.

MODERNIZING OUR NATION'S HEALTH DATA WILL REQUIRE:

- Bolstering the U.S. public health core "early warning" systems for real-time, linked data on emerging health threats
- Innovating toward pandemic-ready solutions for timely and complete data reporting to state health agencies and the CDC
- Integrating nationwide standards for efficient, secure data access and exchange

Data Modernization Initiatives will align to the U.S. Public Health Surveillance Enterprise core data systems:

SYNDROMIC SURVEILLANCE

- To provide faster understanding of emerging health threats through electronic reporting of emergency department visits

ELECTRONIC CASE REPORTING

- To offer earlier disease detection and intervention through automated reporting of certain diseases and conditions from electronic health records

NOTIFIABLE DISEASES

- To reduce the burden on states for reporting notifiable diseases to CDC through modernized electronic messages

ELECTRONIC LABORATORY REPORTING

- To support faster, more complete automated laboratory reporting of notifiable conditions to local and state health departments

VITAL RECORDS

- To capture data from ~6 million births and deaths annually that can signal changes in trends, monitor urgent public health events, and provide faster notification of cause of death

STRENGTHENING THE CORE OF PUBLIC HEALTH

" There is no human endeavor that is outside the realm of public health."

William "Bill" Foege, MD, MPH Director, Centers for Disease Control and Prevention, 1977–1983

Data Driven Decision-Making for Public Health Planning and Response Requires Analytics and a Skilled Workforce

- Strengthen data reporting, management, and analytics across public health
- Realize best-in-class innovation with research, private-sector, and public health partners
- Build a public health workforce with the latest skills in data science and informatics
- Enable innovative research and development to support next-generation public health data tools, modeling and predictive analysis, artificial intelligence applications for public health, and machine learning approaches
- Strategic forecasting to advance predictive analytics and forecasting capabilities

Discussion

Significant funding is being sent from the Federal government to states for modernizing and connecting public health information systems.

- What role(s) should the Health IT Advisory Council have in supporting the success of Connecticut Department of Health with the CDC Data Modernization Initiative endeavors?
- What needs to happen to ensure coordination between the numerous health IT and HIE efforts underway in Connecticut?

Connie

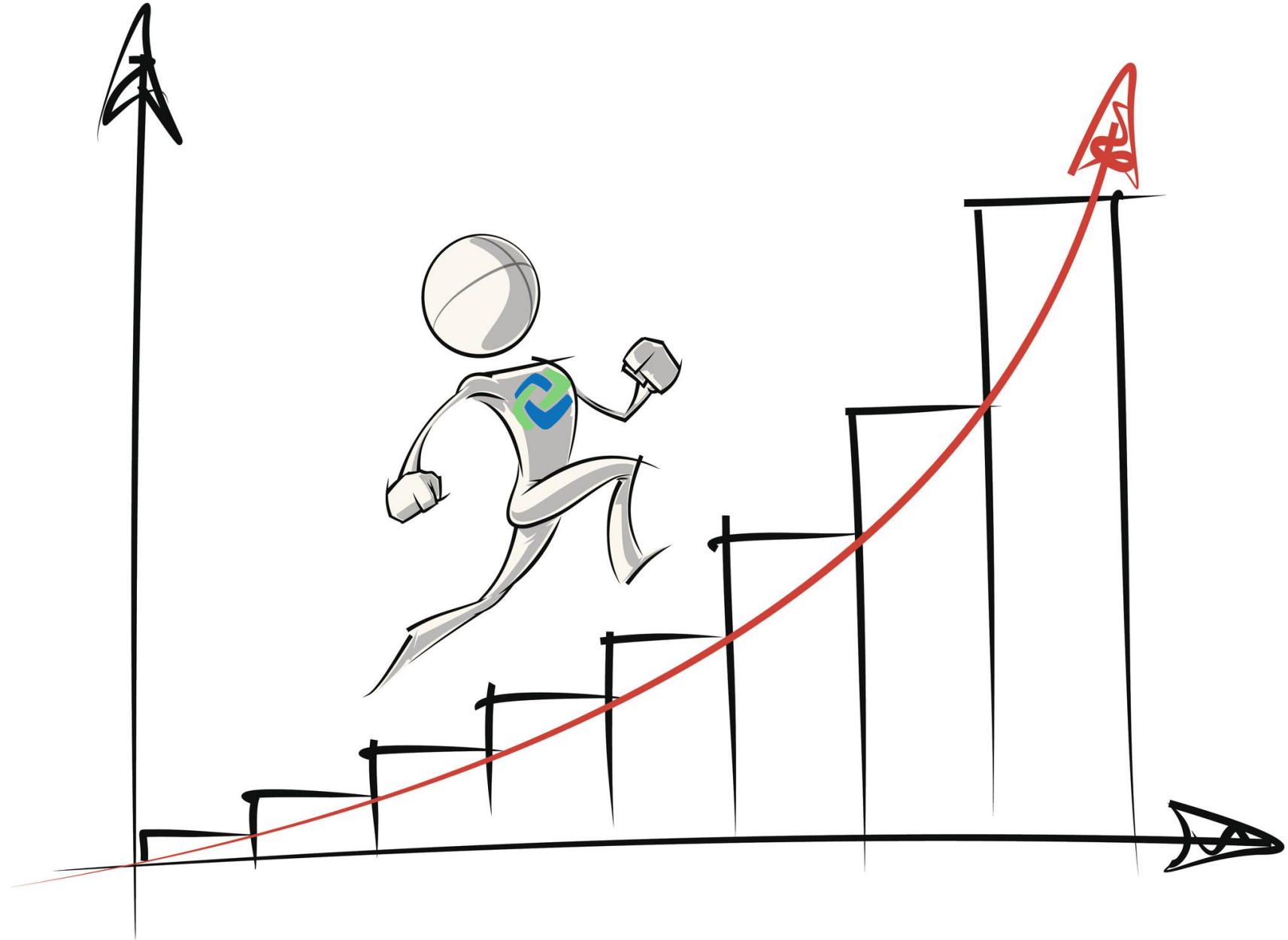
Connecting People for Better Health

Jenn Searls,
Executive Director, Connie

Where we are

Foundational Work

- Governance framework established
- Legal Framework developed
- Technical partner identified and onboarded
- Executive Director hired
- Security Risk Assessment complete
- Funding approved through CMS



Health Systems

Yale NewHaven Health

Hartford HealthCare

IPAs/CINs

SOHO HEALTH

CMG COMMUNITY MEDICAL GROUP

Medicaid ASOs

Community Health Network of Connecticut, Inc.

beacon health options

Other

Community Health Center Association of Connecticut

signifyhealth

44 Connected Organizations

FQHCs PN

- First Choice Health Center
- Southwest Community Health Ctr
- Wheeler Clinic

DMHAS Facilities PN

- Capitol Region Mental Health Center
- Connecticut Mental Health Center
- River Valley Services
- Southeastern Mental Health Authority
- Southwest CT Mental Health System
- Western CT Mental Health Network

PN BH Providers

- Advanced Behavioral Health
- BHCare
- Bridges Healthcare
- Community Health Resources
- Community Mental Health Affiliates
- Sound Community Services
- United Services
- Wellmore Behavioral Health

HIE

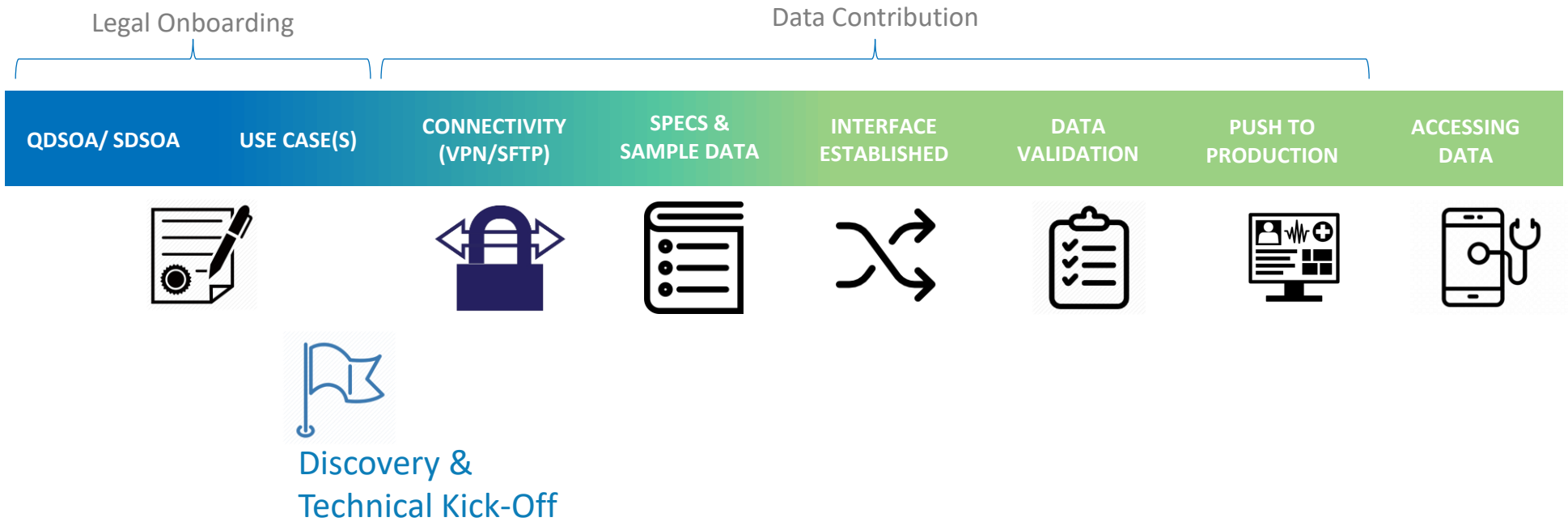
CT HealthLink

Medical Practices

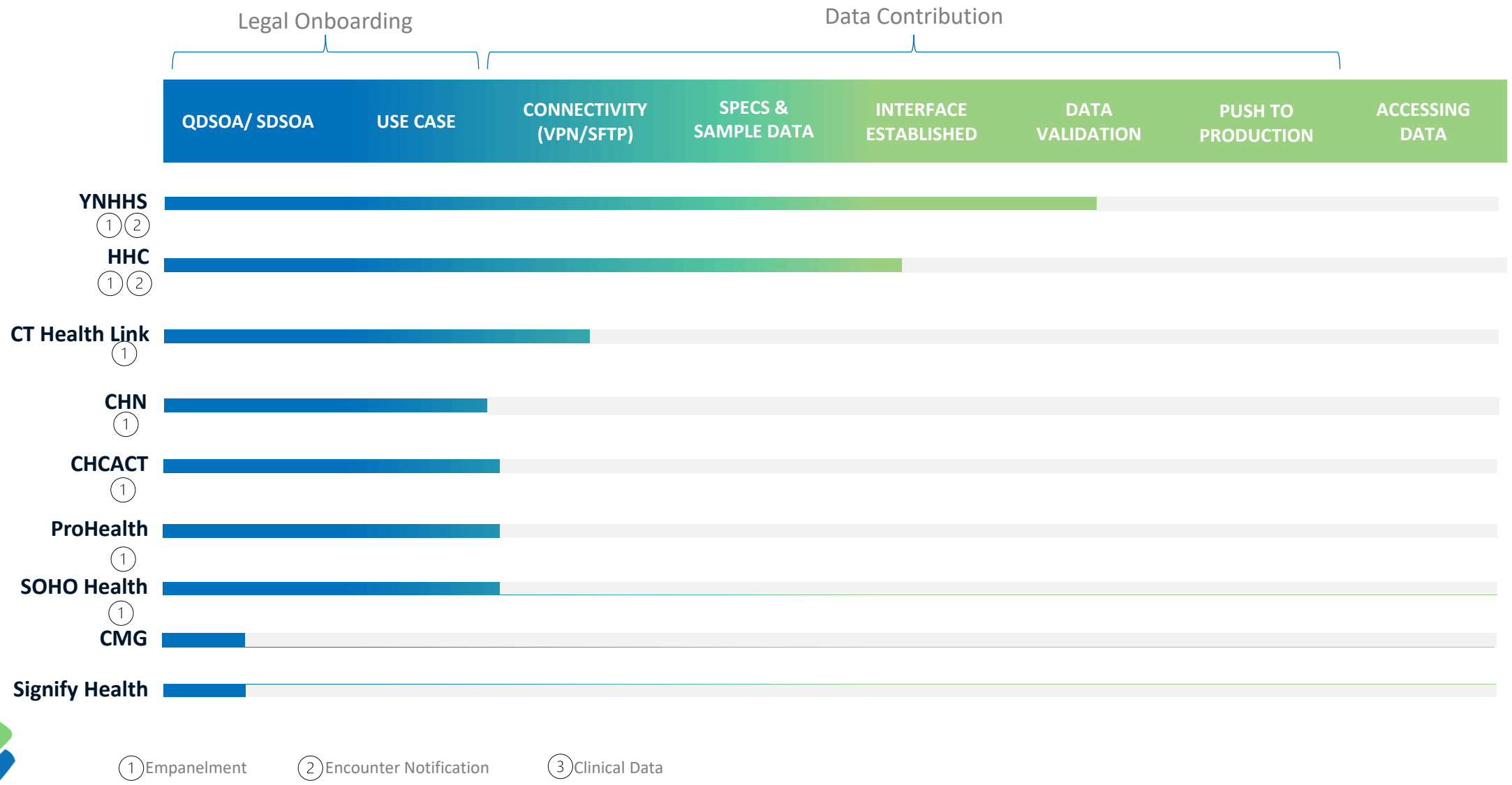
- Auerbach Pediatrics
- Baker Pediatrics
- Candlewood Valley Pediatrics
- Canterbury Pediatrics
- Center for Pediatric Medicine
- Child & Adolescent Healthcare
- LifeSpring Pediatrics
- Litchfield County Pediatrics
- Manchester Pediatric Associates
- New Milford Pediatrics
- Newtown Pediatrics
- Pediatric Associates
- Pediatric Associates of Western CT
- Pediatric Care Center
- Pediatric Health Associates
- Pediatric Partners
- Pioneer Valley Pediatrics
- Rocky Hill Pediatrics
- SmartStart Pediatrics
- Village Pediatrics

ProHealth PHYSICIANS

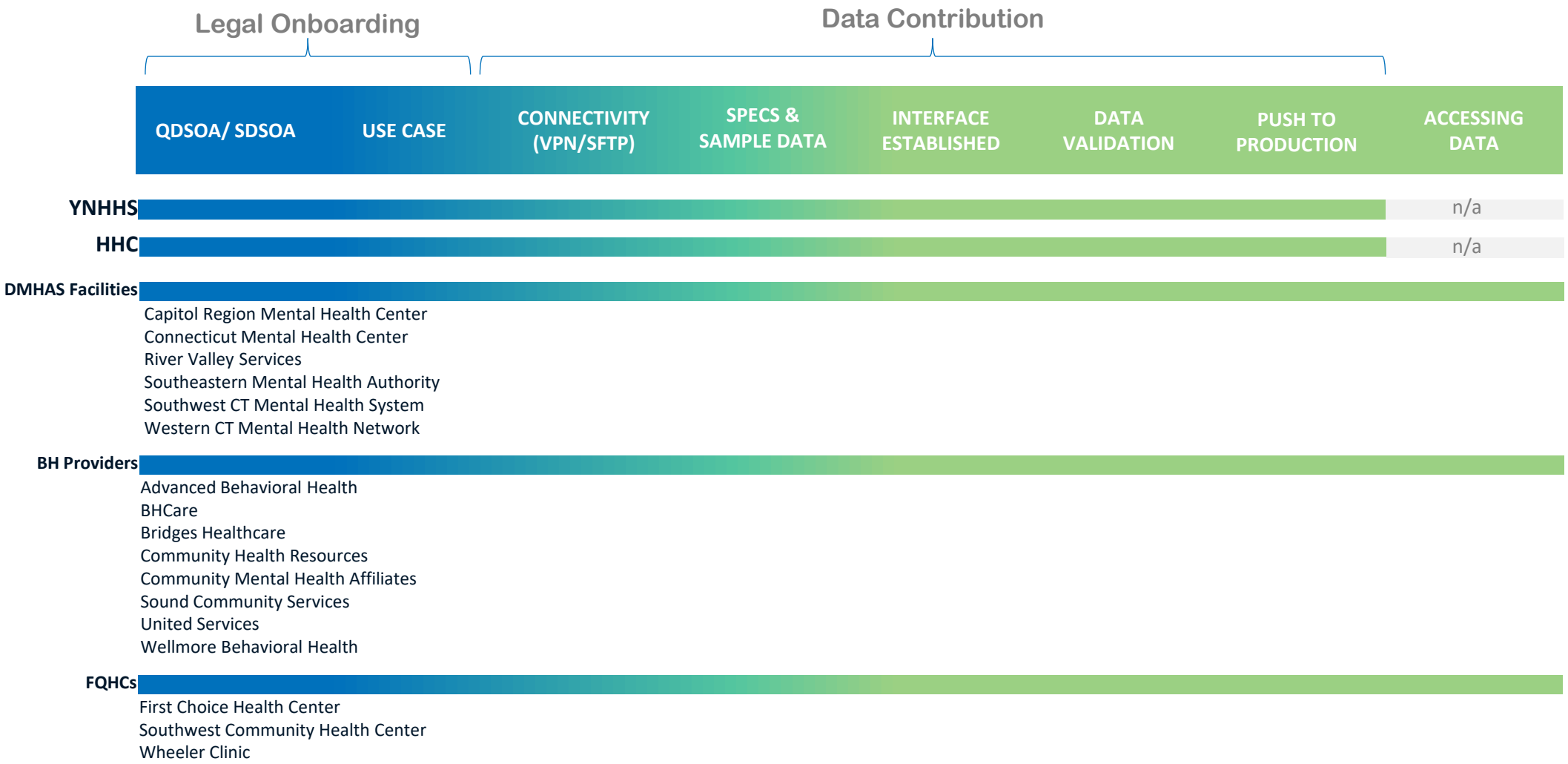
Deployment Phases



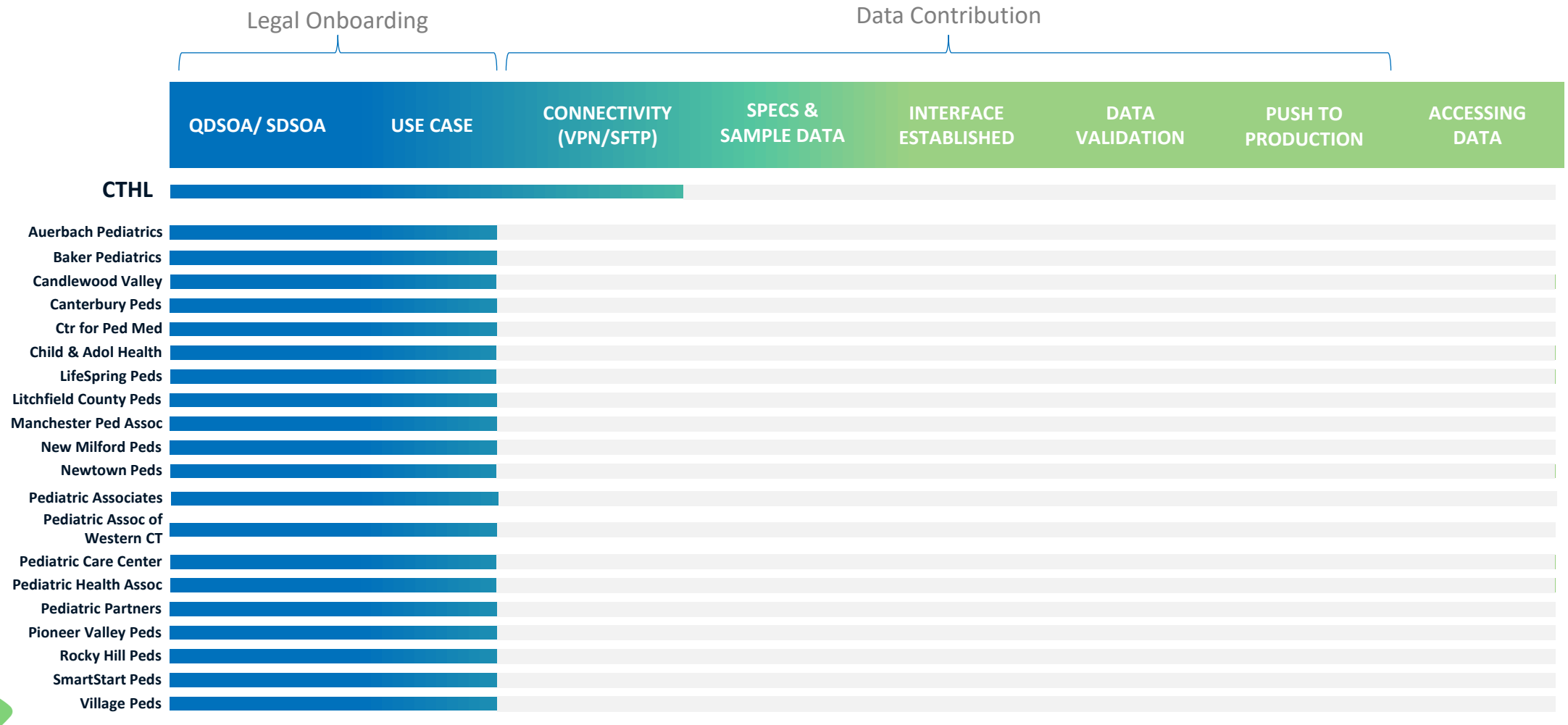
ONBOARDING PROGRESS



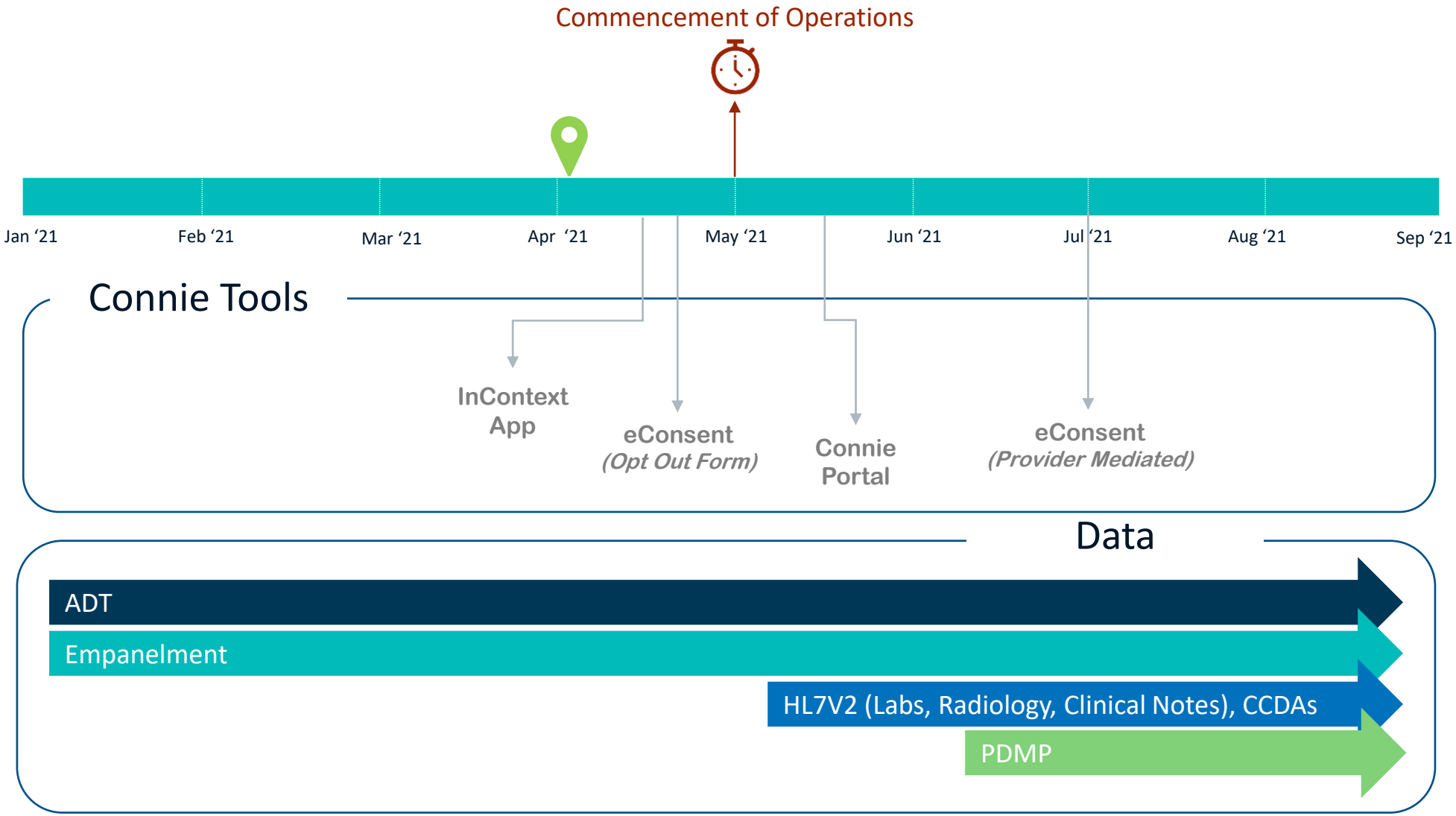
ONBOARDING PROGRESS: PROJECT NOTIFY



ONBOARDING PROGRESS: CT HEALTHLINK



CONNIE DEPLOYMENT TIMELINE (FY 21)



Connie and Consent

Demian Fontanella, General Counsel, Office of Health Strategy

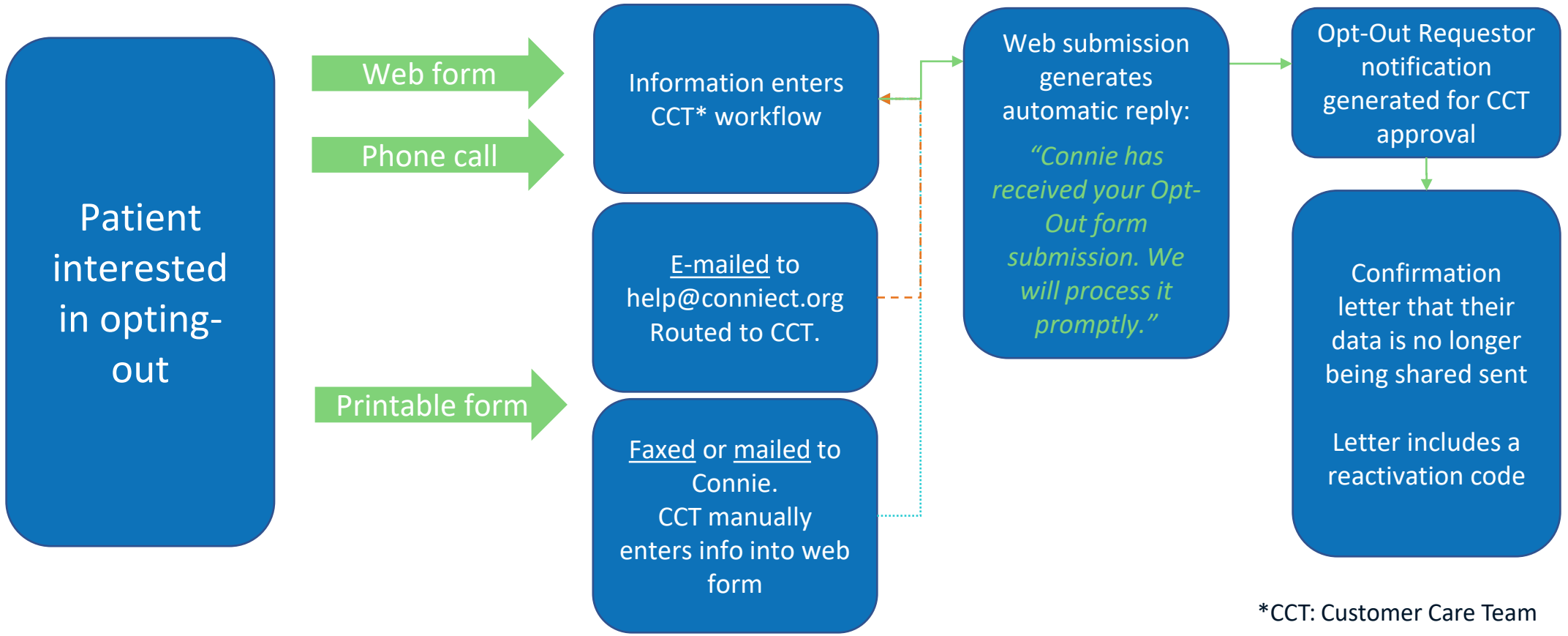
Connie Consent Operationalization

- Opt-out model
  - Consumer consent process in development to give consumers a mechanism to opt out
- HIPAA permitted uses
- Consent review for all use cases
- Use cases will be accessible to public on our website

Opt-out Process

- Binary Choice
- Multiple Methods supported by Connie's Customer Care Team:
  - Website Form
  - Fax Form
  - Email Form
  - Mail Form
  - Phone

Opt-out Work Flow



*CCT: Customer Care Team

When Physicians/Providers query the HIE for a patient who has opted out, they receive no records, with the message:

"No data available for display. The patient has either opted-out of data sharing or no data has been received."

Announcements and General Discussion

Kim Martone, Council Members

Wrap up and Next Steps

Contact Information

Tina Kumar, HIT Lead Stakeholder Engagement, Tina.Kumar@ct.gov
General E-Mail, OHS@ct.gov

Health IT Advisory Council Website:

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