Health IT Advisory Council

June 17, 2021

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Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 PM
Public Comment	1:02 PM
Review and Approval of Minutes: May 20th, 2021	1:05 PM
Connie Update	1:10 PM
Draft Environmental Scan Report Findings and Draft Recommendations for the Five-Year Statewide Health IT Plan	1:25 PM
Announcements & General Discussion	2:50 PM
Wrap up and Meeting Adjournment	2:55 PM

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Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approval of:

May 20, 2021, Meeting Minutes

**Jenn Searls,
Executive Director, Connie**

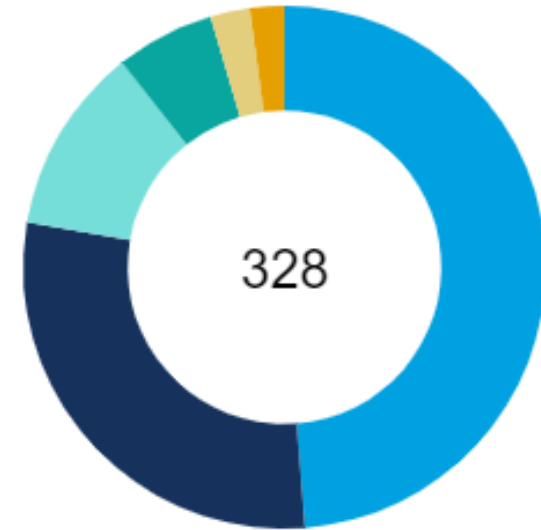# PO ONBOARDING STATUS UPDATE

> **17 Technically Onboarded**
- Current = 6 DMHAS facilities, 8 BH providers, 3 FQHCs
- By July 8 = Yale, HHC, CTHealth link and 120+ ProHealth practices

> **41 In Process of Technically Onboarding**
- 12 Acute Care Hospitals
- 8 Private Practices, 4 affiliated with CMG
- Anthem Blue Cross Blue Shield

> **100+ In the Pipeline**
- **19** Contracts in Negotiation
- Pipeline includes:
  - UConn Health
  - Nuvance Health
  - Quest Labs
  - 37 Yale Community Connect practices – July 31 deadline
  - 14 Community Health Centers
  - 30 CTHealth Link practices, 59 total Pediatric Practices
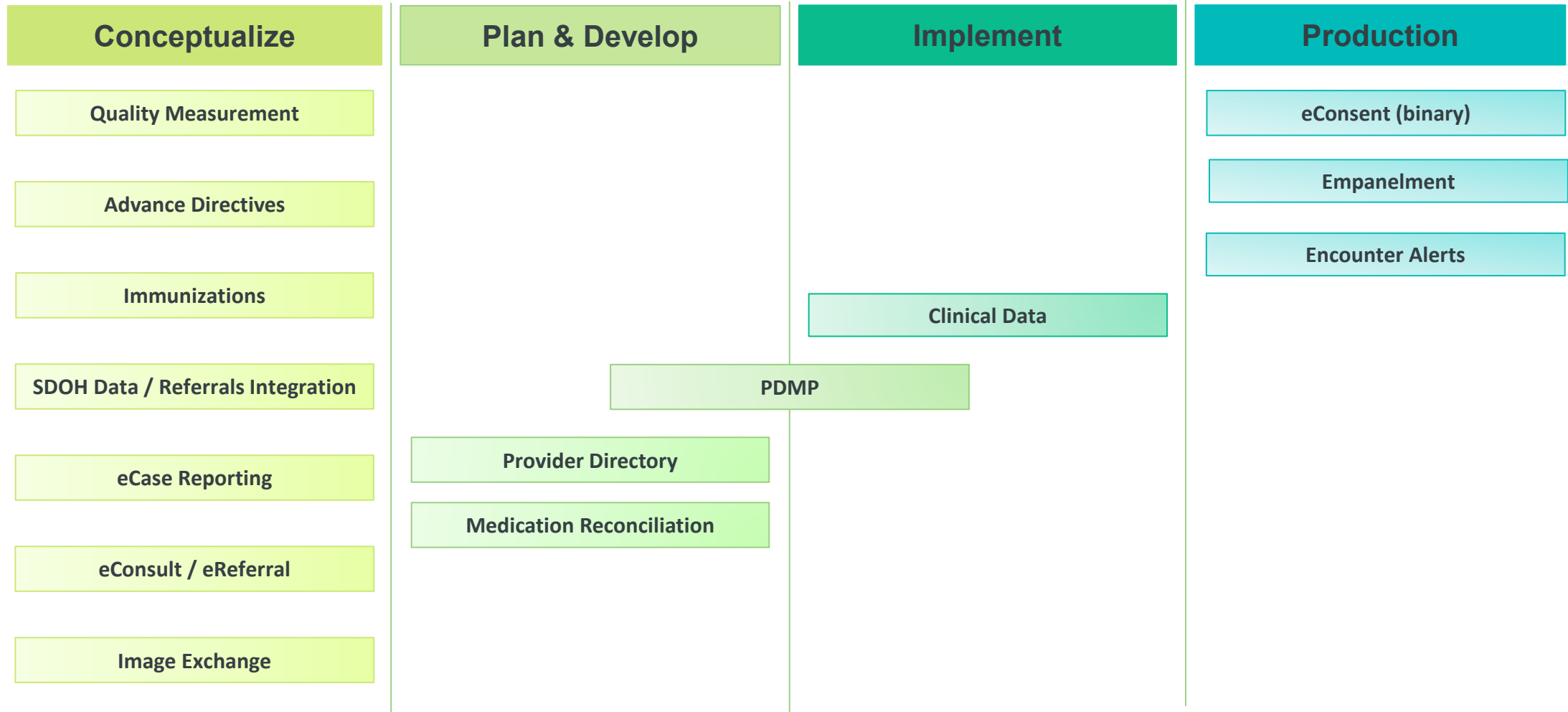 - 8 CMG affiliated practices

328

Ambulatory	255
Hospital	38
Behavioral Health	20
Other	32
Not specified	7

USE CASE STATUS

Conceptualize	Plan & Develop	Implement	Production
Quality Measurement			eConsent (binary)
Advance Directives			Empanelment
Immunizations			Encounter Alerts
SDOH Data / Referrals Integration		Clinical Data	
	PDMP		
eCase Reporting	Provider Directory		
eConsult / eReferral	Medication Reconciliation		
Image Exchange			

Additional Updates

Connie Portal

BPMH Use Case Working Group
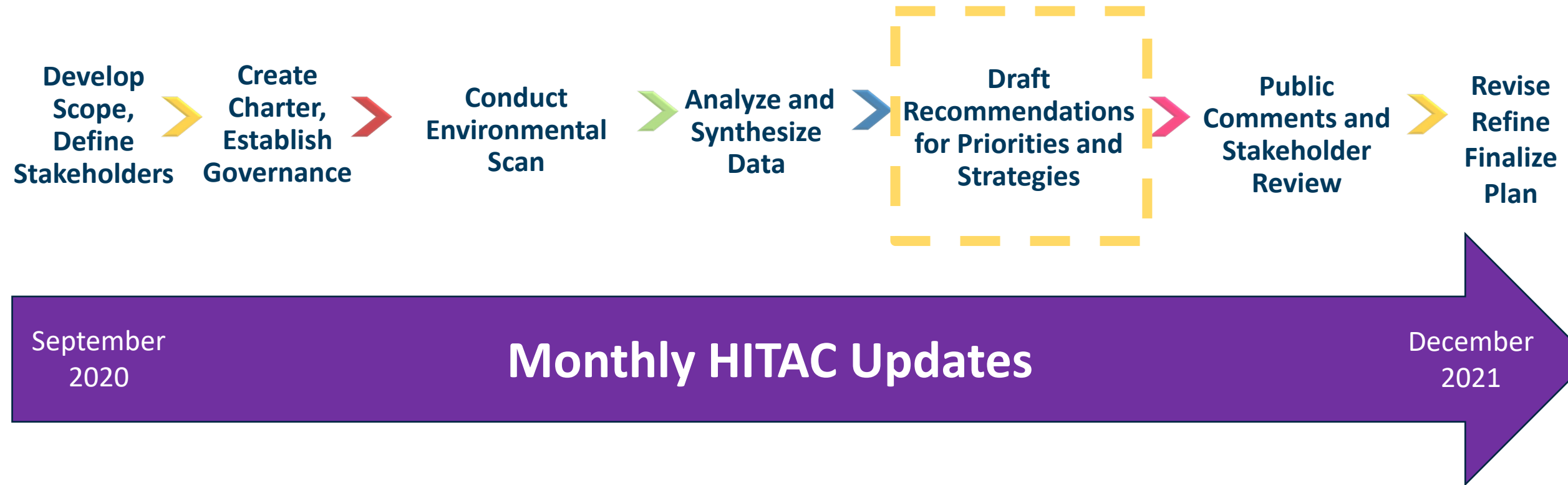
Patient Access Taskforce

PDMP Integration

Payer Forum

Draft Environmental Scan Report

Findings and Draft Recommendations for the
Five-Year Statewide Health IT Plan

Vatsala Pathy, Senior Director
Carol Robinson, CEO and Founder
CedarBridge Group

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Process and Timeline for Statewide 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**

September 2020 — **Monthly HITAC Updates** — December 2021

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Health IT Plan Imperatives

❑ Launch of the Statewide HIE, Connie

❑ State IT Governance Plans and State Data Assets
- State Data Plan – OPM
- Connecticut IT Strategic Plan – DAS CIO

❑ C.G.S. 17b-59a(3)(c)
- Requires creation of the state health IT plan
  - ✓ Protocols and standards for data sharing
  - ✓ National standards for secure information exchange through the statewide HIE
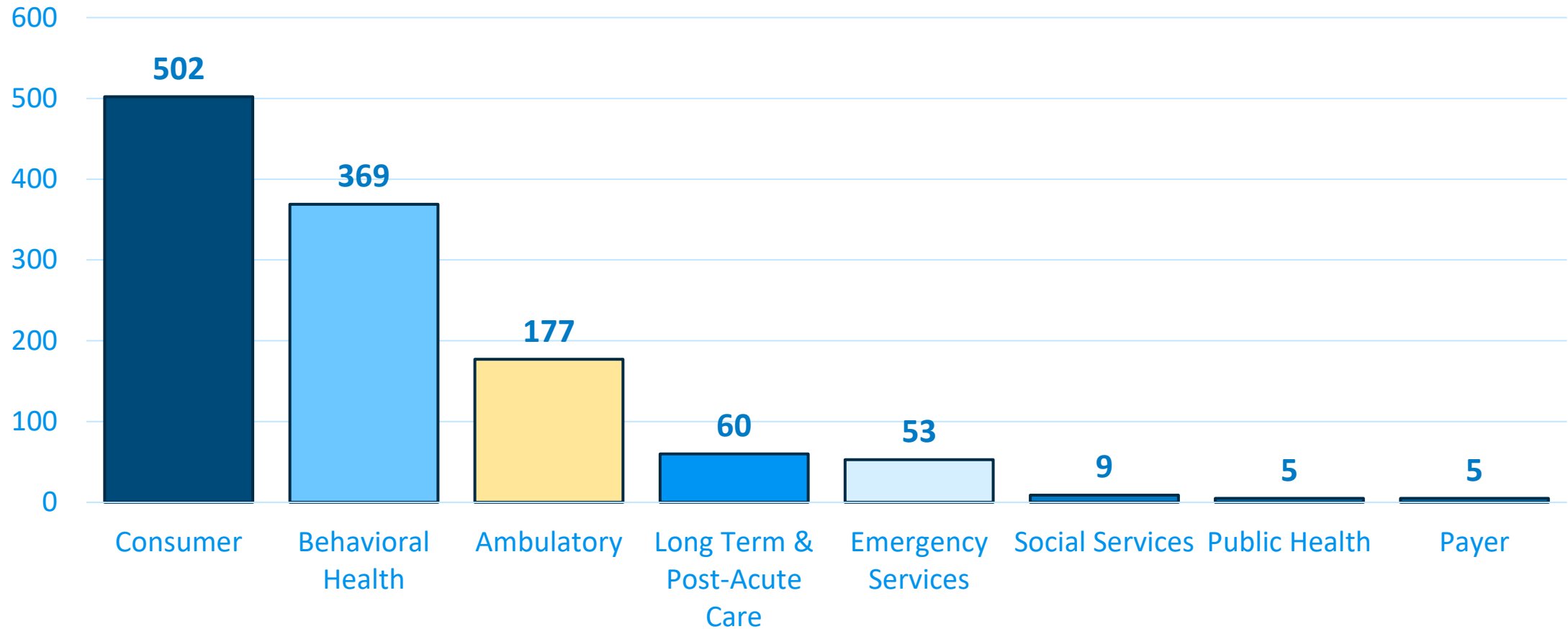 - ✓ Privacy and security mechanisms for patient health information

Environmental Scan

- Input from **over 1200** Connecticut residents and organizations!

- Multiple inputs:
  - Virtual forum sessions
  - Key informant interviews
  - Online surveys
  - Focus groups

Connecticut eScan Focus Group Counts

Focus Groups	# of Participants
Long-Term Care Focus Group	12
Primary Care Workgroup	8
Health Care Cabinet	38
Consumer Advisory Council	20
Health IT Advisory Council	35
APCD Advisory Council	14
Hospital CIOs	28
State Agencies	7
Total	134

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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

- **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

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Overall Participation by Sector

Health and Social Service Sectors	Approximate # of Participants*
Ambulatory Care Providers and Hospitals	229
Behavioral Health Stakeholders	397
Consumers	502
Emergency Services Stakeholders	61
Health Plans and Payers	17
Long-Term and Post-Acute Care Stakeholders	78
Public Health	24
Social Services	46
State Agency Officials	39
Total	1,393

*Participant totals may include duplicates due to individuals who represent multiple sectors or participated in multiple engagement opportunities

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Major Themes and Findings
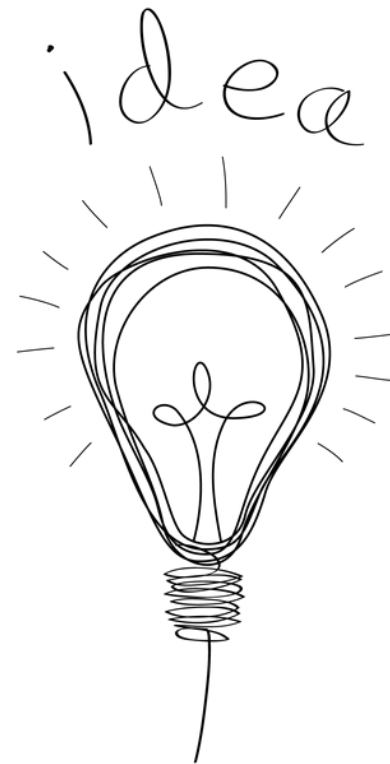
Findings: Health Information Exchange

Including... **Connie**

1
- Low use of health information exchange and awareness of Connie
- High demand for interoperability with greatest need expressed for data exchange with and among medical care organizations

2
- Support for Connie leadership and CRISP as technology vendor
- General support for opt-out policy
- Stakeholders have a high need for data at the point of care

3
- Focus on HIE fundamentals first ➡ then, need for MANY additional use cases
- Desire for Connie to be convenor among state agencies

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Findings: State Data Systems and Use

- Adding user-friendly functionality to CT WiZ, CEMSTARTS and CTEDSS would be beneficial

- Hundreds of state systems are siloed and not user friendly

- Dramatic state health IT workforce shortages. Large infusion of federal funding for public health infrastructure available; workforce for implementation a limiting factor

- Need for a nuanced understanding of state and federal regulations among state personnel

Social Determinants of Health and Health Equity

- Most providers are not using a closed-loop referral platform

- Wide variability among provider types in reported use of electronic screening tools for SDoH

- CBOs report limited capacity to embed technology into workflow

- Strong desire for more community information exchange across domains

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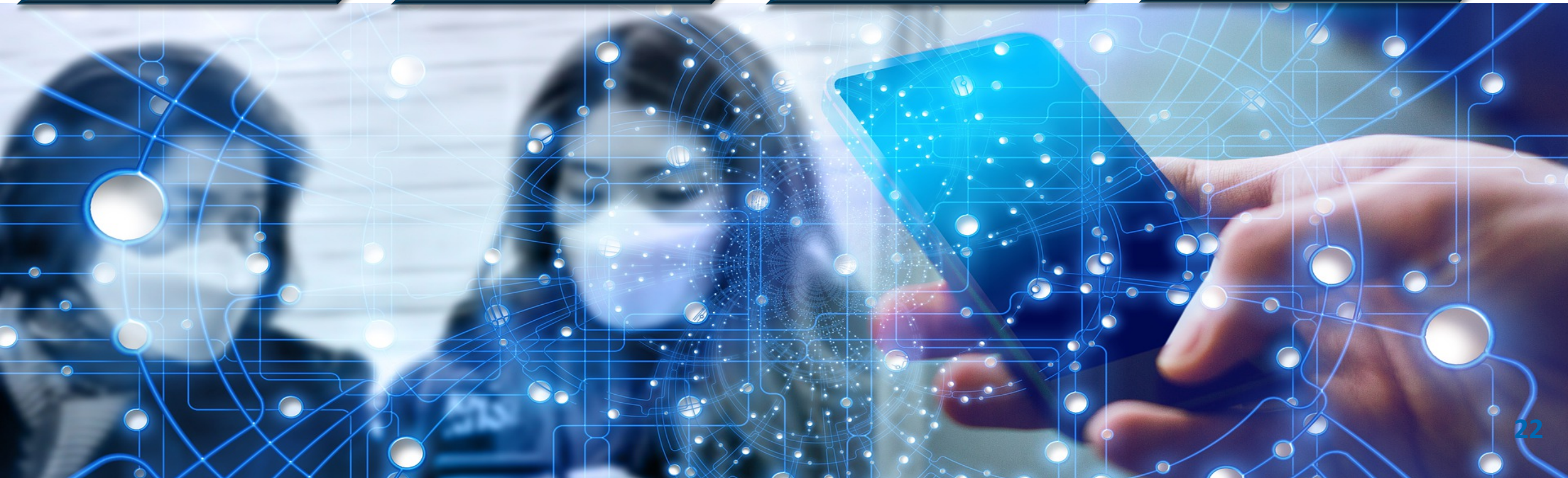CONNECTICUT
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Findings: Public Health Infrastructure

Need for bidirectional interfaces between state and LPHs

DPH and LPHs faces IT workforce shortages and training deficits

Data exchange among LPHs and with DPH would improve surveillance

LPHs can provide valuable insights to state to inform uses of federal funding for IT

Findings: Telehealth Services

- Most widespread use of telehealth is among BH and LTPAC providers

- 87% of consumer survey respondents report having a smart phone or computer at home
- Results based on online survey dissemination

- A significant portion of residents reported having difficulty paying for internet and/or mobile phone services

- Maintaining telehealth reimbursement is a high priority for providers

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Privacy, Consent, and Security for Patient Data Sharing

❖ Questions about use and disclosure of PHI among some stakeholders

❖ Need for more consumer education on privacy and consent

❖ Maintaining data security a high and growing priority for providers

❖ A use-case specific approach to consent in accordance with state and federal law will be needed for sensitive data types; evolution of the opt-out policy will be needed

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Additional Sector-Specific Findings

- ✓ Ambulatory Providers
- ✓ Behavioral Health
- ✓ Community-based organizations
- ✓ Hospitals & Health Systems
- ✓ Patients and Families
- ✓ Long Term & Post-Acute Care
- ✓ Emergency Services
- ✓ Payers

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Findings: Ambulatory Providers

- ➤ 94% of survey respondents report accepting Medicaid patients

- ➤ Three quarters of the ambulatory care providers have fully implemented their EHR system

- ➤ Fax remains the most common means of sending and receiving patients' health information between external providers
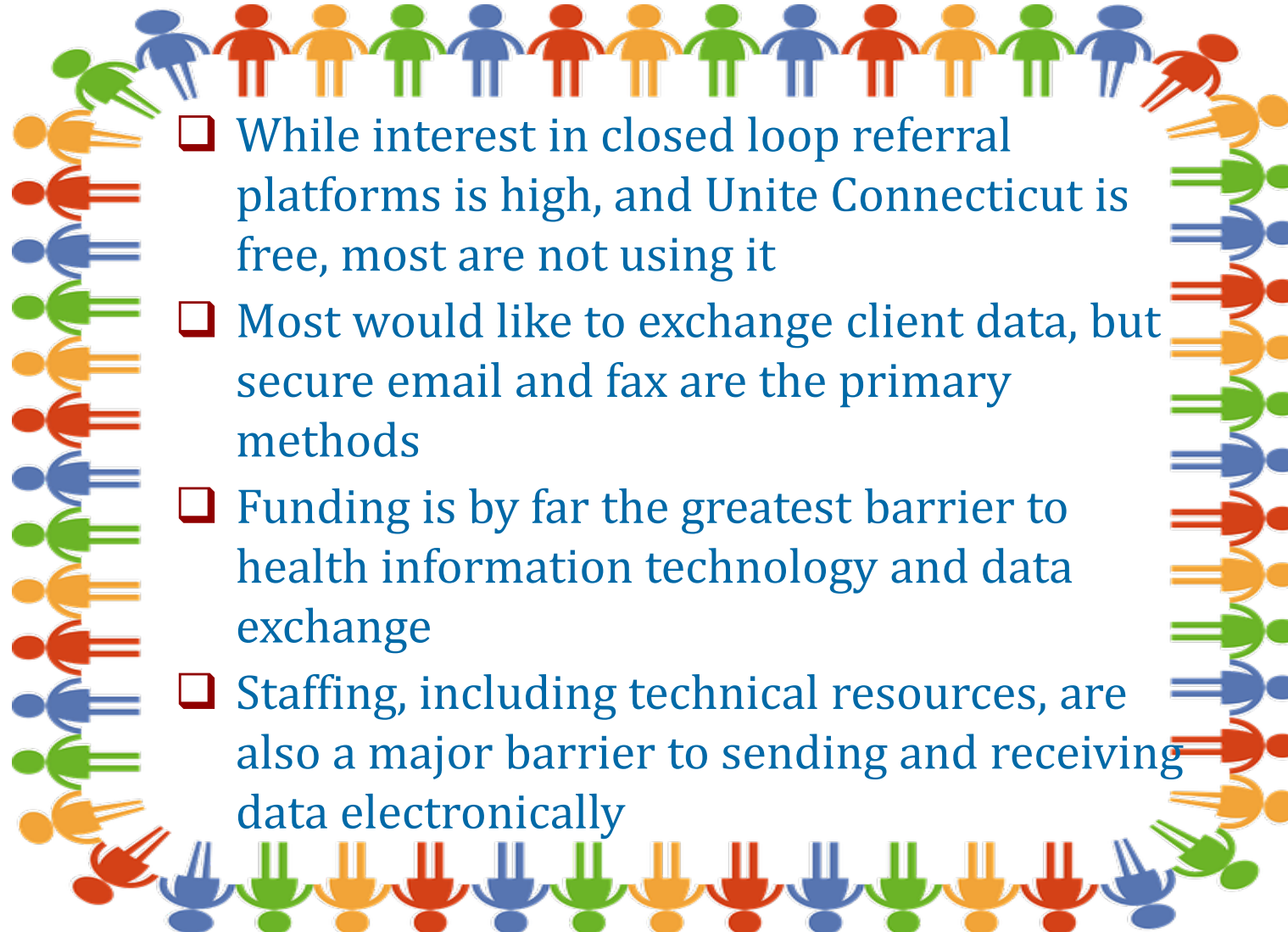
Findings: Behavioral Health

- 32% of respondents do not have an EHR, and 26% of these do not intend to adopt EHR citing concerns about patient privacy and confidentiality
- Many providers desire to share data with other behavioral health providers, and less so with medical providers
- Sixty-three percent are collecting SDoH data, but most do not use a closed-loop referral system
- High priority data use cases include patient care records, history of trauma, and medication history
- 41% were unsure if they were subject to regulation on specially protected health information under 42 CFR Part 2

More than 72% of Behavioral Health respondents use fax to send and receive patient clinical data

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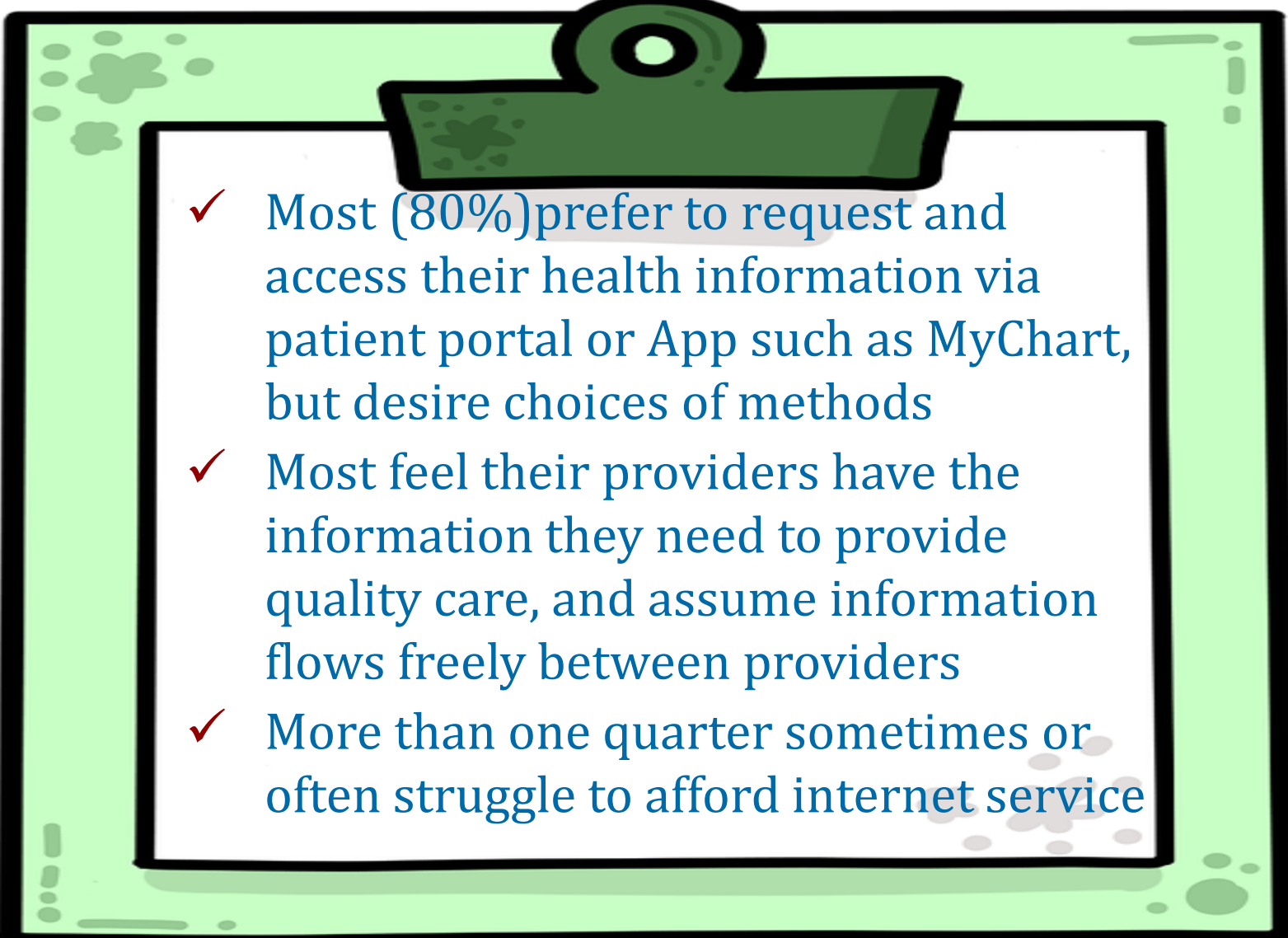
Findings: Community-Based Organizations

- ❑ While interest in closed loop referral platforms is high, and Unite Connecticut is free, most are not using it
- ❑ Most would like to exchange client data, but secure email and fax are the primary methods
- ❑ Funding is by far the greatest barrier to health information technology and data exchange
- ❑ Staffing, including technical resources, are also a major barrier to sending and receiving data electronically

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Findings: Hospital & Health Systems

✓ 80% reported their readiness to connect to Connie as "high" or "very high"

✓ Connie's value-add for hospitals needs to increase; greatest current perceived value is connection to data from smaller provider groups and health systems

✓ A large majority desire access to data from the PDMP, Connecticut Prescription Monitoring and Reporting System (CPMRS), if data available can be expanded beyond controlled substances

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Findings: Patients & Families

- ✓ Most (80%) prefer to request and access their health information via patient portal or App such as MyChart, but desire choices of methods
- ✓ Most feel their providers have the information they need to provide quality care, and assume information flows freely between providers
- ✓ More than one quarter sometimes or often struggle to afford internet service

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Findings: Long Term & Post-Acute Care

- ✓ Roughly 20% report they have not adopted EHR
- ✓ Nearly half are not aware of the existence of any statewide HIE
- ✓ Most would like to exchange behavioral health information and currently exchange via phone, mail and fax
- ✓ 70% report collecting SDoH data
- ✓ Interoperability to reduce administrative burden is a priority

Findings: Emergency Services

- ✓ Most EMS providers report using an ePCR system
- ✓ Access to patient records and medication history are high priorities
- ✓ Connections to exchange ePCR data with local hospitals and the HIE a priority
- ✓ 79% report no access to patient Medical Orders for Life-Sustaining Treatment (MOLST) forms data
- ✓ 55% percent indicate they do not receive clinical or non-clinical data electronically from providers, agencies, or through an HIE

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Findings: Payers

- ✓ Payers and providers are entering into more agreements with value-based reimbursement terms, necessitating additional data availability and analysis performance evaluation
- ✓ Payers, providers, and government agencies require clinical data, not just claims
- ✓ Hopeful that Connie will be a source of this data with payer-agnostic interoperability
- ✓ Want state leadership in setting policy and holding vendors accountable

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Draft Recommendations

Draft Recommendations

1 Strategies for Widespread Use and Sustainability of Connie

2 Systems and Strategies to Address Social Determinants of Health

3 Service Coordination and Data Integration Across State Agencies

4 Support Adoption of EHRs and HIE Services by Behavioral Health Providers

5 A Best Possible Medication History HIE Service, Connected Through Connie

6 Health Information Privacy to Protect Individuals and Families

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Draft Recommendations

1

Strategies for Widespread Use and Sustainability of Connie

➢ Outreach and education of providers and consumers is a high priority

➢ HITAC should play an active role in ensuring broad stakeholder engagement in setting priorities for Connie

➢ Policies should create financial incentives for providers to join

➢ Adopt a single statewide ADT notification system

➢ Focus on public health data exchange

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Draft Recommendations

2

Systems and Strategies to Address Social Determinants of Health

➤ Common data standards

➤ Common, statewide screening tool

➤ Support CBOs with core technology staffing and infrastructure

➤ Explore development of a community information exchange

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Draft Recommendations

3

Service Coordination and Data Integration Across State Agencies

➢ Develop legal framework for data sharing across state agencies

➢ Connect state agencies to Connie

➢ Create a state agency data collaborative to enable systematic data sharing

➢ Train state personnel on legal and operational framework for data sharing

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Draft Recommendations

4

Support Adoption of EHRs and HIE Services by Behavioral Health Providers

➢ Support funding for behavioral health providers to adopt EHRs

➢ Train BH providers on use of systems and to address privacy concerns

➢ Educate BH providers on their criticality to the rest of the delivery system

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Draft Recommendations

5

A Best Possible Medication History HIE Service, Connected Through Connie

➢ Explore expansion of CPMRS and other sources for medication fill history to create a best possible medication history service as part of Connie

➢ Establish single sign-on between Connie and CPMRS

➢ Design a best possible medication history glide path

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Draft Recommendations

6

Health Information Privacy to Protect Individuals and Families

➢ Educate citizens on Connie through a public video series

➢ Educate citizens on their right to provide informed consent

➢ Establish a Patient Health Information Protection Office

➢ Propose legislation to define consent requirements for secondary use of data and use and sharing of sensitive data

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Feedback So Far…..

- ✓ Ensure that current initiatives are acknowledged and built upon; avoid duplication
- ✓ Build data governance capacity among and within state agencies
- ✓ Assess role of HITAC and Connie vis-à-vis recommendations regarding HIE
- ✓ Start thinking about implementation planning, including funding sources and organizational leadership

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Discussion and Feedback

Announcements and General Discussion

Dr. Joe Quaranta, 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