

Health IT Advisory Council

May 20, 2021



Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 PM
Public Comment	1:02 PM
Review and Approval of Minutes: April 15, 2021	1:05 PM
Connie Update	1:10 PM
Connie Demonstration	1:20 PM
HIE Consent Consumer Engagement: Summary of Findings	2:00 PM
Five-Year Statewide HealthIT Plan Update	2:10 PM
Prescription Drug Monitoring Program Update	2:20 PM
Announcements & General Discussion	2:50 PM
Wrap up and Meeting Adjournment	2:55 PM

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approval of:

April 15, 2021, Meeting Minutes



Connie

Connecting People for Better Health

***Jenn Searls,
Executive Director, Connie***

Available Services and Foundational Data

Encounter Alert

- Participant provides a list of active patients for whom they would like to receive relevant notifications



Empanelment

- Participant sends individually identifiable demographic and health care provider data indicating a care relationship (panel or ADT).
- Connie populates provider directory with care team information



Clinical Data

- Electronic messages shared to enable care coordination may include: ADTs, Labs (ORU), Transcribed Documents (MDM), communication of discrete clinical data elements via FHIR APIs, and CCDs—submitted to the HIE directly, or retrieved from national network or point-to-point queries.



Three ways for healthcare users to access data in Connie

Do you have
Epic, Cerner or
Athena?

1. InContext (EHR and Mobile App)

- Connie's SMART on FHIR application designed to present HIE data within the context of the provider workflow in their electronic health record (EHR).

Do you have a
system
administrator?

2. Connie Connect Portal

- Connie's webpage where authorized users may log in and search for their patient's health records.
- Participating organizations provide Connie with list of authorized users. Connie requires validation of an organization's authorized users every 90 days.

3. Data Feeds and Messaging Services

- HL7 interfaces (e.g. ADTs)
- SFTP message to participating organization



Connie Demonstration





CONNECTICUT
Office of Health Strategy

HIE Consent Consumer Engagement: Summary of Findings

Dashni Sathasivam, MPH

Health IT Advisory Council
May 20, 2021

Health Equity Solutions

Vision

For every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

Mission

To promote policies, programs, and practices that result in equitable health care access, delivery, and health outcomes for all people in Connecticut

Our Role on the Project

HES is contracted to organize & support consumer engagement efforts of the Office of Health Strategy



HESCT.ORG



Dashni Sathasivam, MPH
Manager, Policy & Outreach



Tekisha Dwan Everette, PhD
Executive Director



Dawn Fuller-Ball
Community Engagement Specialist



HES's Vision of Consumer Engagement:

Elevating, applying, and involving the voice of people who are often left out of policy decision-making and systems change

HES Approach to Consumer Engagement



Objectives of OHS's HIE consent consumer engagement:

INFORM & EDUCATE

- Building community knowledge across sessions:
 - HIE & opt-out consent
 - Data sharing & benefits

LISTEN & UNDERSTAND

- Perspectives and concerns from diverse communities re: health data sharing (expectations, risks, protected data)

INVOLVE & RECOGNIZE

- Community and advocacy organizations as messengers
- BIPOC communities

PROVIDE & AMPLIFY

- Opportunities for consumer voices
- Consumer needs, questions & concerns

Summary of Engagement:

Engagement Format:

- 2 virtual feedback sessions
- 1 - 1.5 hours per session

Recognition of participation:

\$25 gift card per session

Topics of discussion:

- Overview of HIE
- Benefits of Connie
- Data sharing and exceptions
- Proposed consent structure
- Consent policy development
- Discussion

Main challenge:

- Engagement during the pandemic

Organizations engaged:

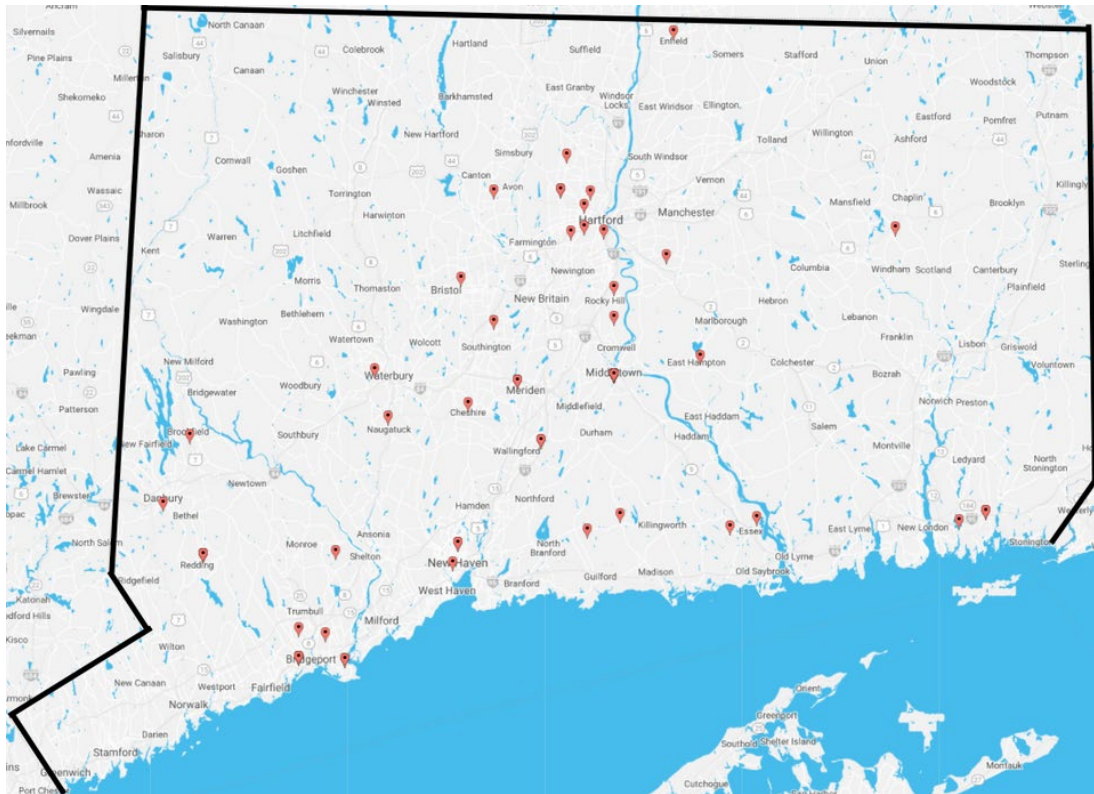
- Community Health Workers Association of CT
- LeadingAge Connecticut
- PATH CT
- NAACP of Middlesex County
- CT Coalition Against Domestic Violence (CCADV)

Session Breakdown

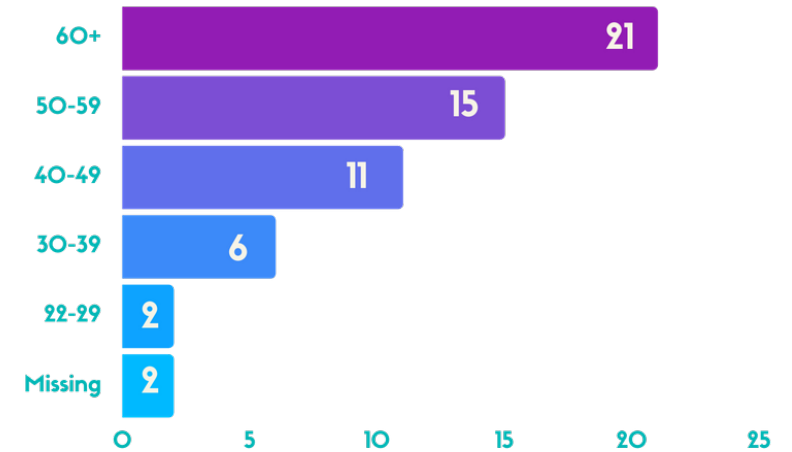
Community co-host	Completed interest form	Registered	Attended
CHWACT (2 sessions)	27	23	18
CCADV	10	11	9
LeadingAge CT	12	6	7
NAACP	18	10	14
PATH	13	11	9
Total	80	61	57

Participant Demographics (n=57)

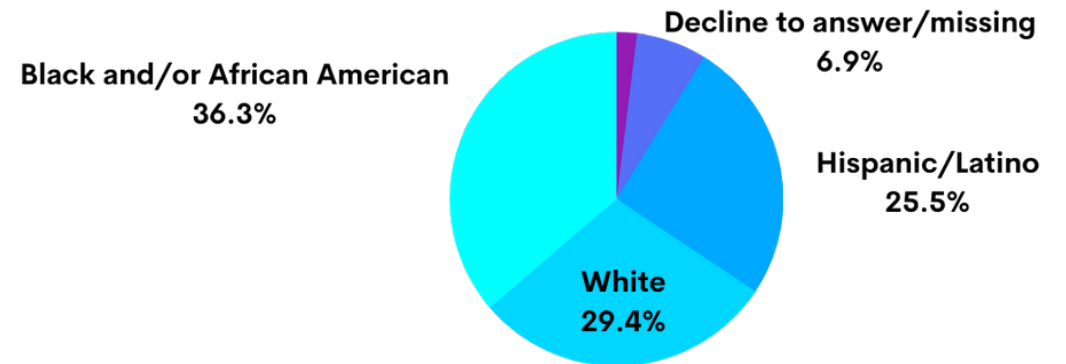
Geographical distribution



Age



Race/ethnicity



Summary of Findings

Data sharing & mistrust

- Desire for more selective data sharing
- Concerns:
 - Security breaches
 - Insurance stigma
 - Data bias

Perceived Benefits

Reduced:

- Costs
- Medical errors
- Time/energy coordinating care

Sustainability & impacts

- Long-term funding plan
- Impact on independent providers
- Cost of participating pushed onto consumers

Use cases of interest

- Medication reconciliation
- Streamline error correction in EMR
- Language and gender preferences to support appropriate care
- Integration with care coordination & referral platforms
- Health equity

Responding to diverse communities

- What is the community outreach strategy?
- Need for Inclusive approaches:
 - Immigrants
 - Non-English speaking
 - Elderly
 - Adolescents
 - Foster communities
 - Low literacy or technology capabilities

Next Steps



Scheduling final sessions

Topics of Discussion:

- Provide updated information
- Answer questions
- Solicit feedback on OHS consent policy recommendations.



Summary Report

Questions?

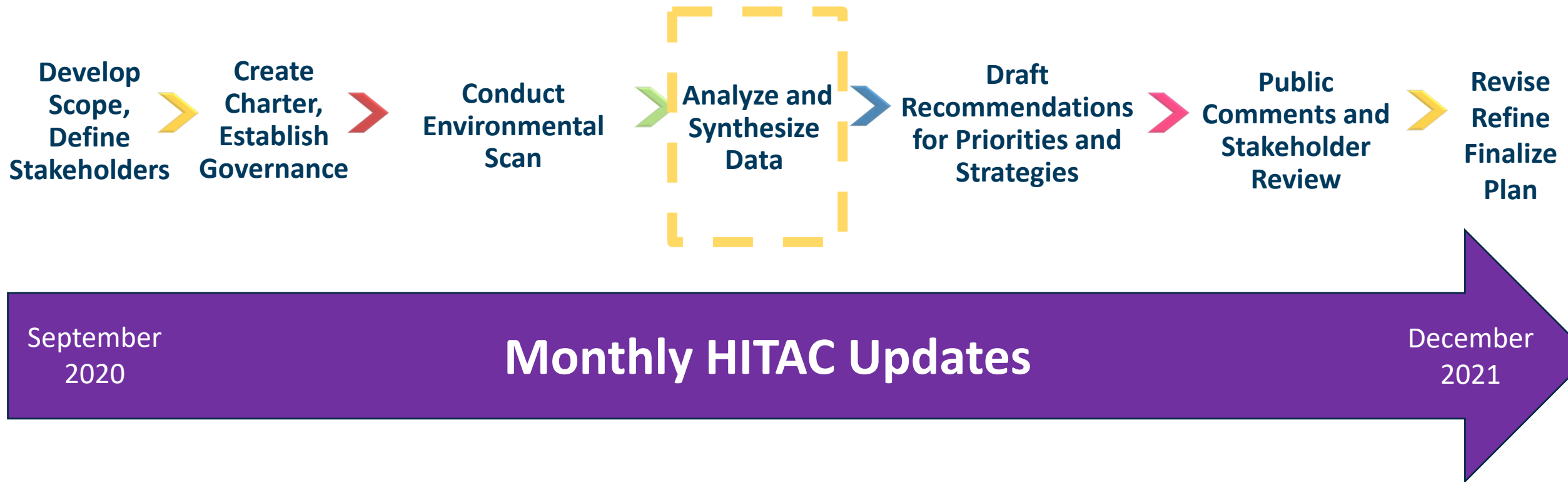
Thank you



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

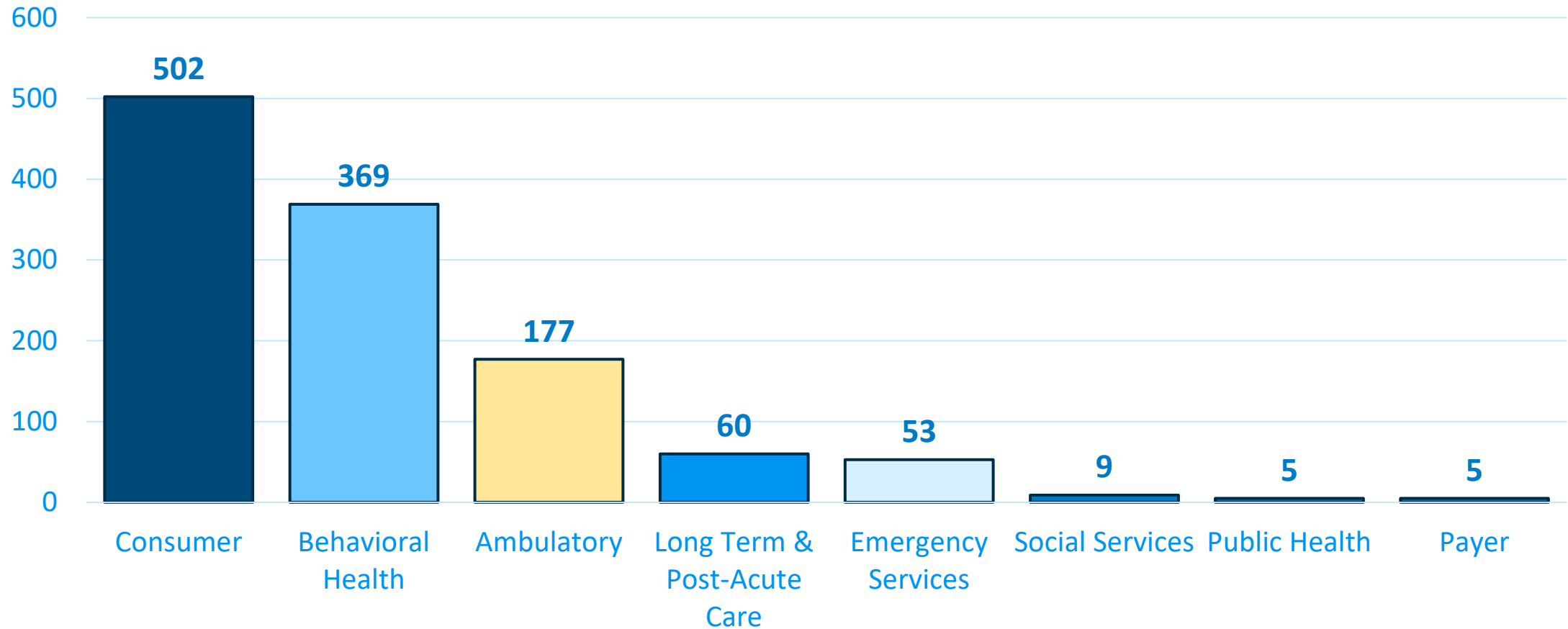


Connecticut OHS eScan Analysis Plan

- Lots and Lots of Data!
- Multiple inputs:
 - Webinar sessions
 - Key informant interviews
 - Online surveys
 - Focus groups

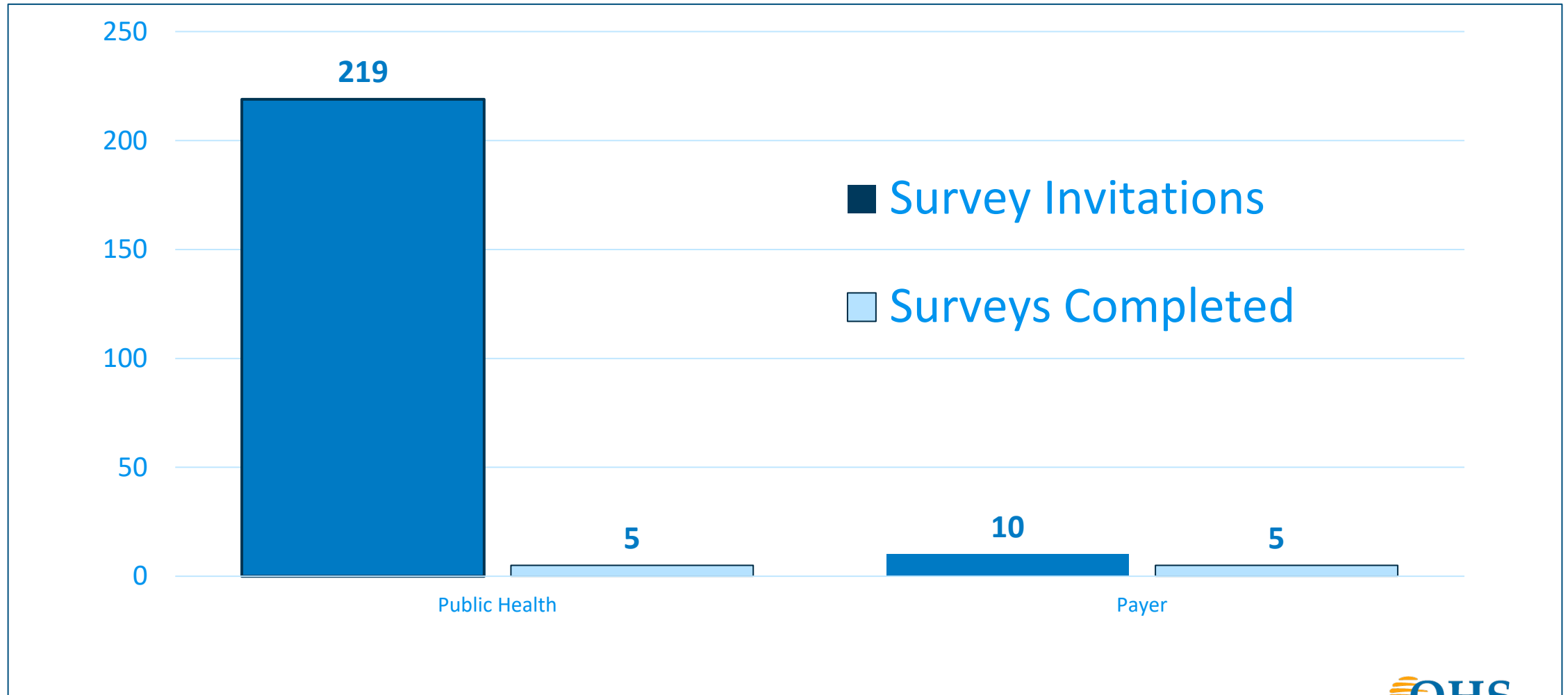


Connecticut eScan Survey Counts



1,181 total surveys completed

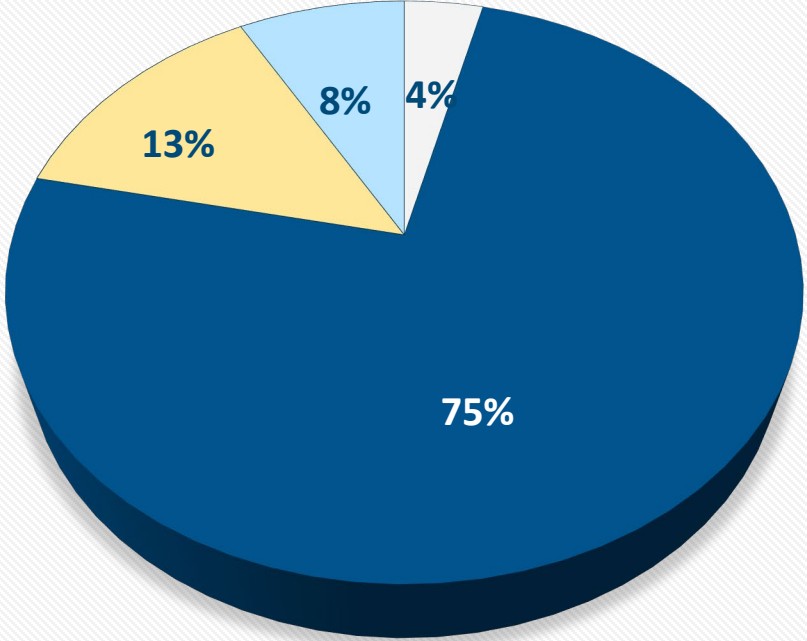
Connecticut eScan Survey Counts (Cont.)



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	TBD
State Agencies	7
Total	134

Overall Participation by Activity



□ Interviews

■ Surveys

■ Webinars

□ Focus Groups

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

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

Connecticut eScan Webinars: Early Findings



There's a need to accelerate provider access to patient health records at the point of care through Connie

1



State agencies, especially public health, need an overarching vision for interoperability and data exchange

2



Although there's a growing use of Unite Connecticut, community organizations report a lack of technology to coordinate care and services for clients

3



Stakeholders are looking for technology systems (public health, Connie, MMIS, APCD, others) to advance actionable insights, in addition to raw data availability

4




There is an active interest in finding mechanisms to allow more individual control over data being shared electronically

5

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)	CT-METS	Investing in Insights: Comparison Study on State Health Analytic Programs
August	Connie Report	Summary of Stakeholder Feedback on Draft Recommendations for Strategies & Action Steps	Cost Growth/Quality Benchmarks/Primary Care Targets	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)	Medication Reconciliation and Poly-Pharmacy Committee (MRPC) Update	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		

Prescription Drug Monitoring Program Update

*Rodrick Marriott,
PharmD, Director Drug Control Division, Dept. of
Consumer Protection*



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Securing a Safe & Fair Marketplace.

Current PDMP Statutes, Access

Rodrick J. Marriott, PharmD
Director
Drug Control Division

Definitions/Acronyms

CPMRS – Connecticut Prescription Monitoring and Reporting System also known as Prescription Drug Monitoring Program (PDMP) or Prescription Monitoring Program (PMP)

Controlled Substances – Include all medications in schedule II, III, IV, and V. In Connecticut, marijuana dispensed as part of the medical marijuana program is a Schedule II and therefore dispensations uploaded into the CPMRS.

Aware – web-based application for accessing the CPMRS.

Gateway – vendors name for portal that permits access to the CPMRS via an active programming interface (API).





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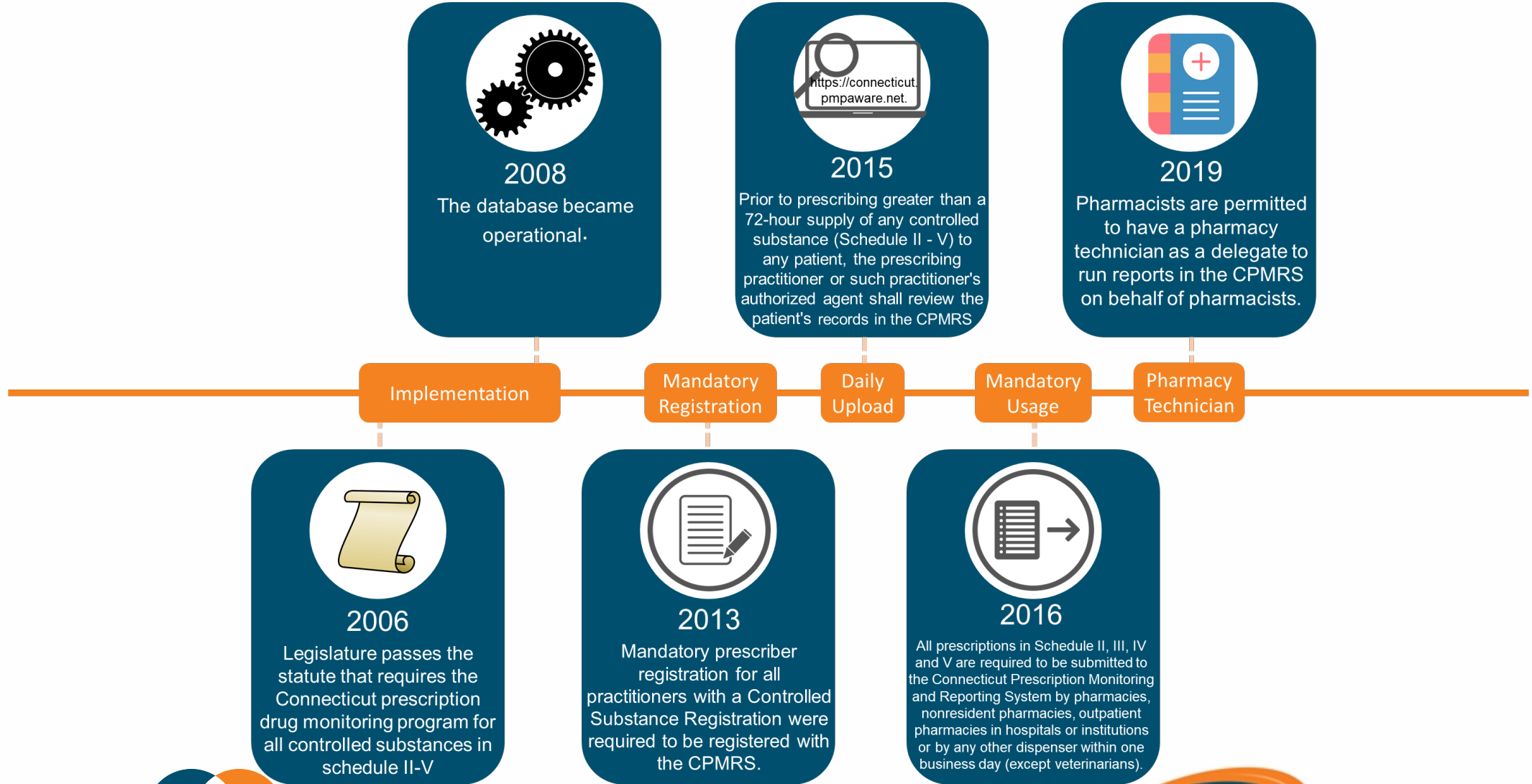
Law

21a-254(j)

“The program shall be designed to provide information regarding the prescription of controlled substances in order to prevent the improper or illegal use of the controlled substances and shall not infringe on the legitimate prescribing of a controlled substance by a prescribing practitioner acting in good faith and in the course of professional practice.”



Connecticut Law



Who Must Report?

- Pharmacies
 - Resident - 683
 - Non-Resident - 968
- Medical Marijuana Dispensaries
 - 18 total
- Dispensing Prescribers (e.g. veterinarians, hospitals, etc)
 - 6,256 self-identified that they dispense

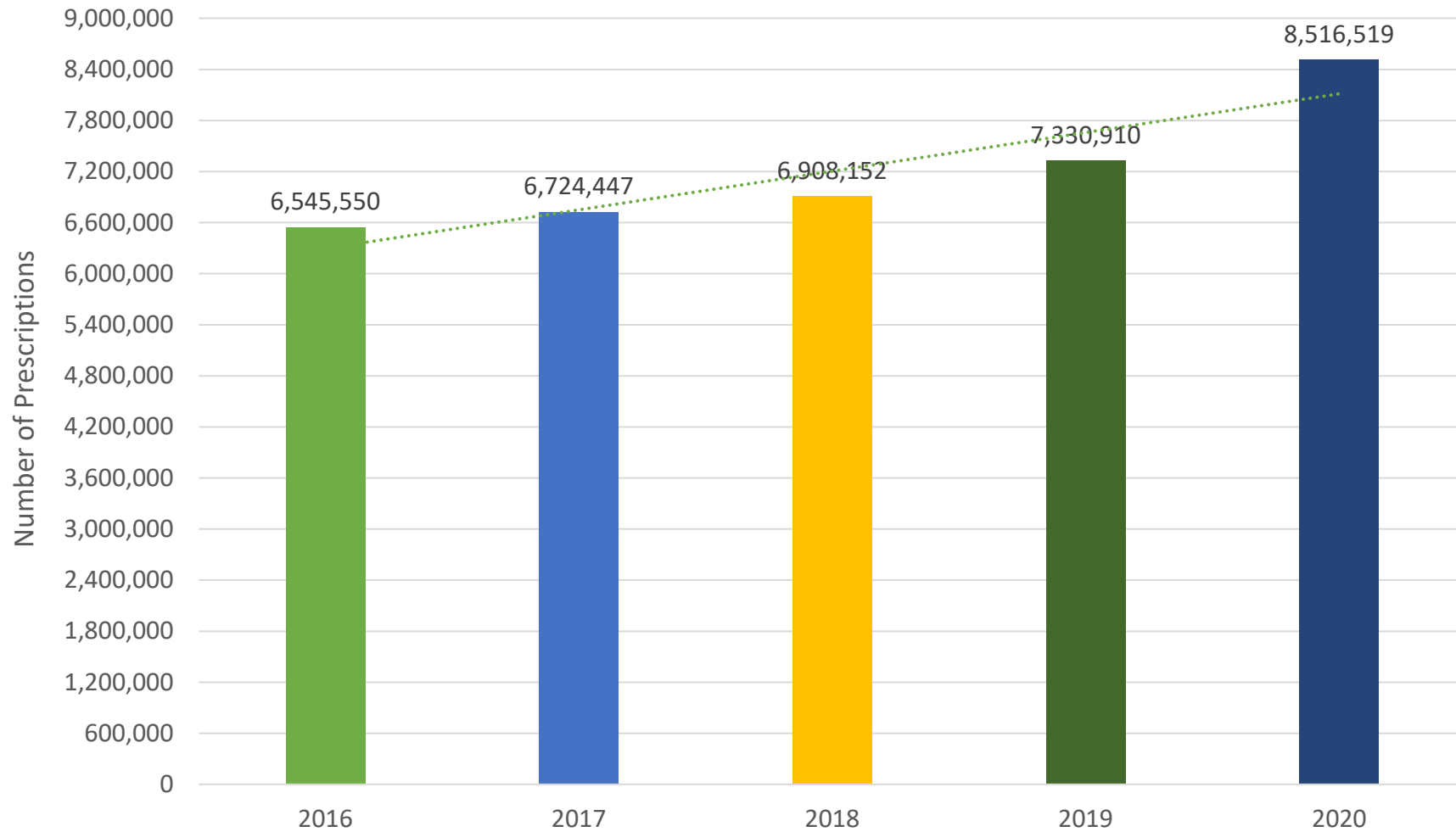




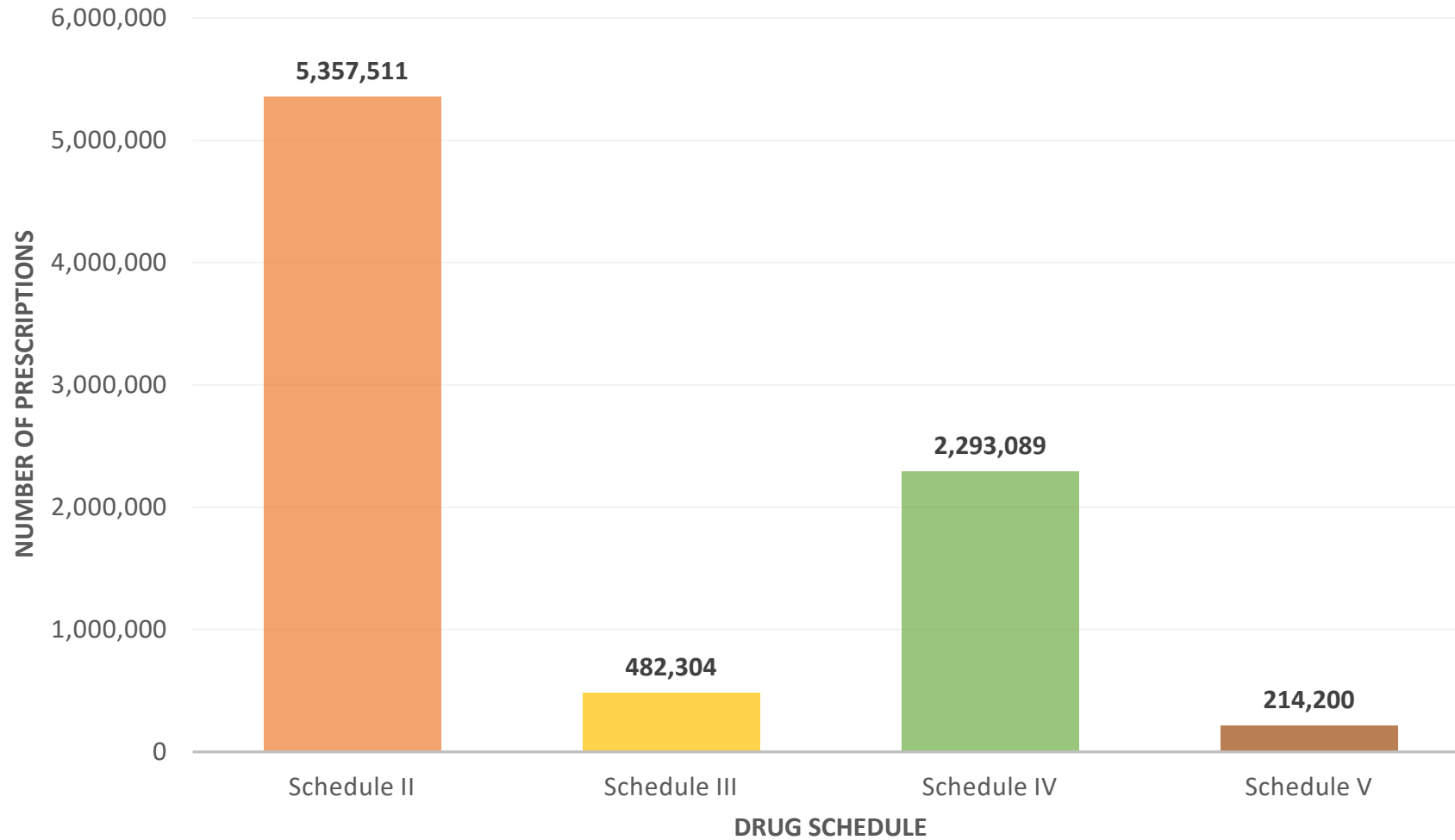
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The Data

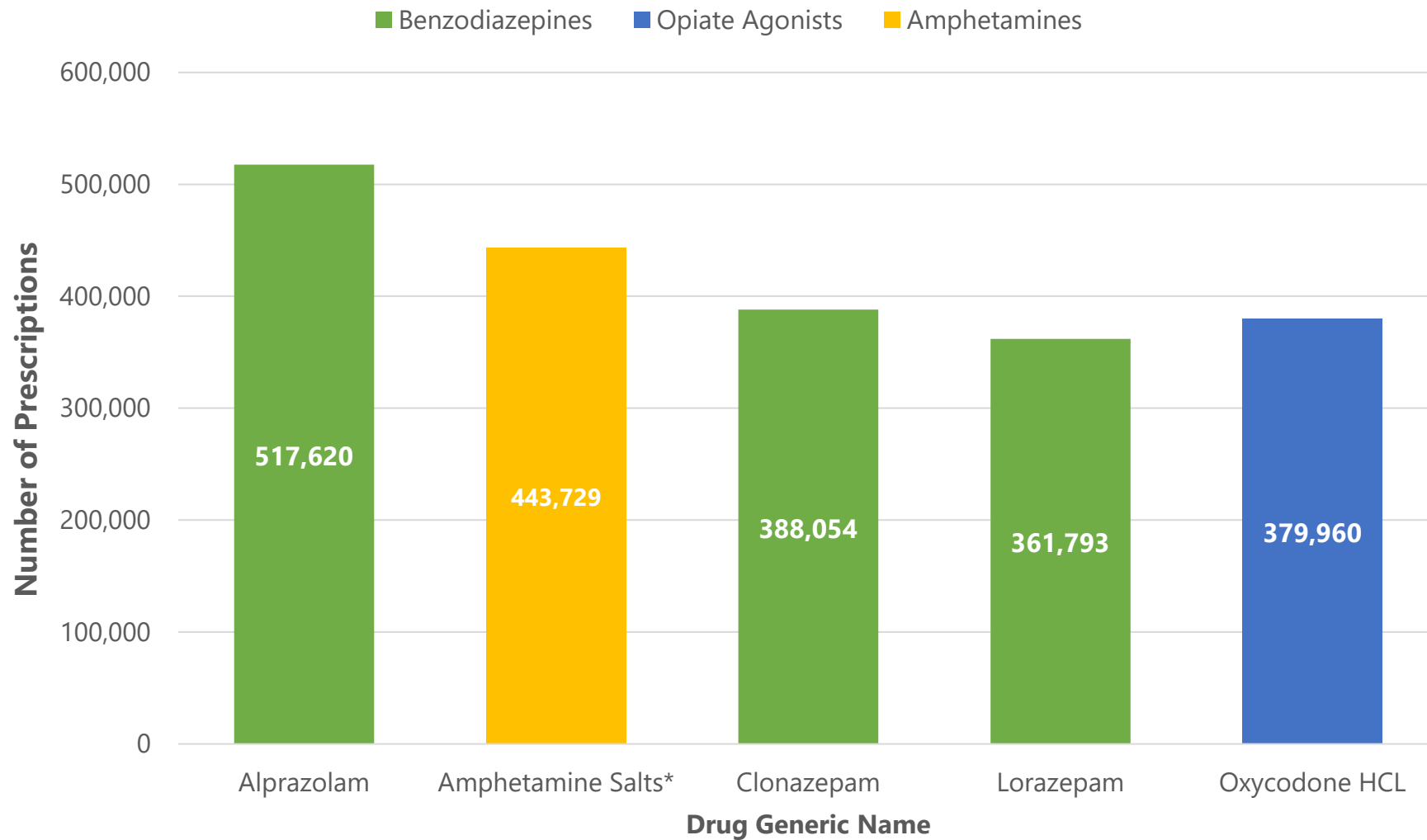
Controlled Substance Rx/Year



2020 Prescriptions by Drug Schedule



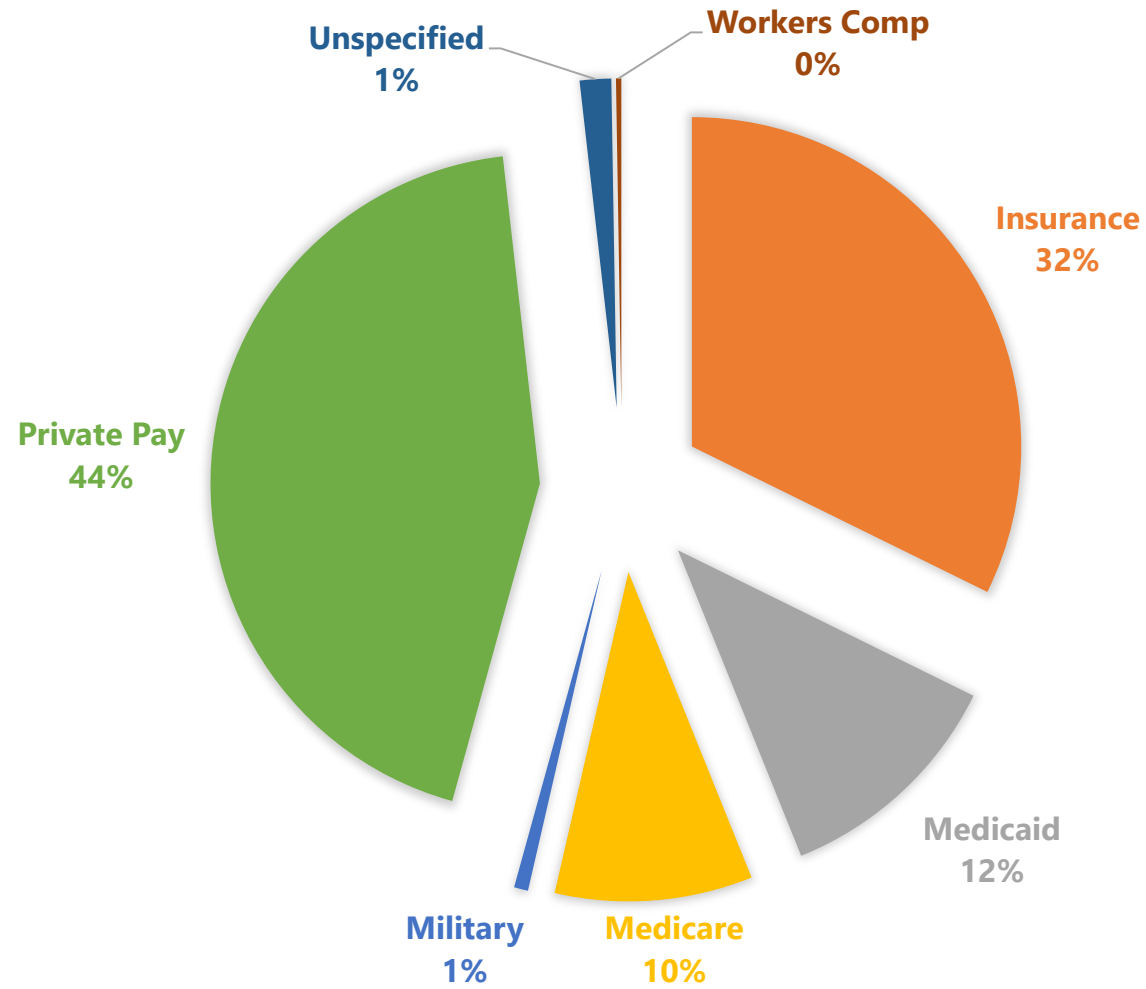
Most Prescribed Controlled Substances



*Specifically, the drug dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate



2020 Payment Type of Prescriptions





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Access

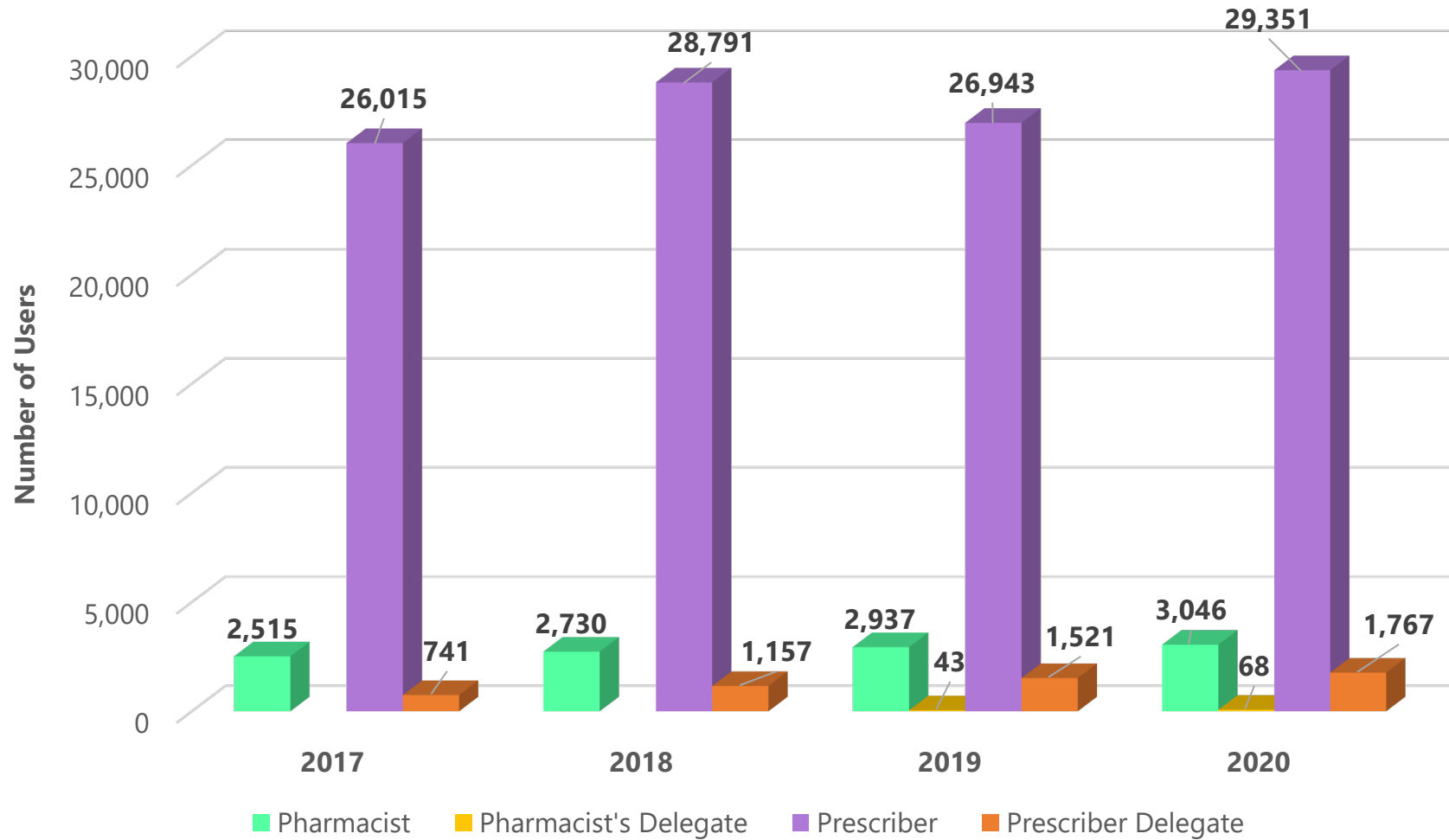
Access to the Database

Access Points

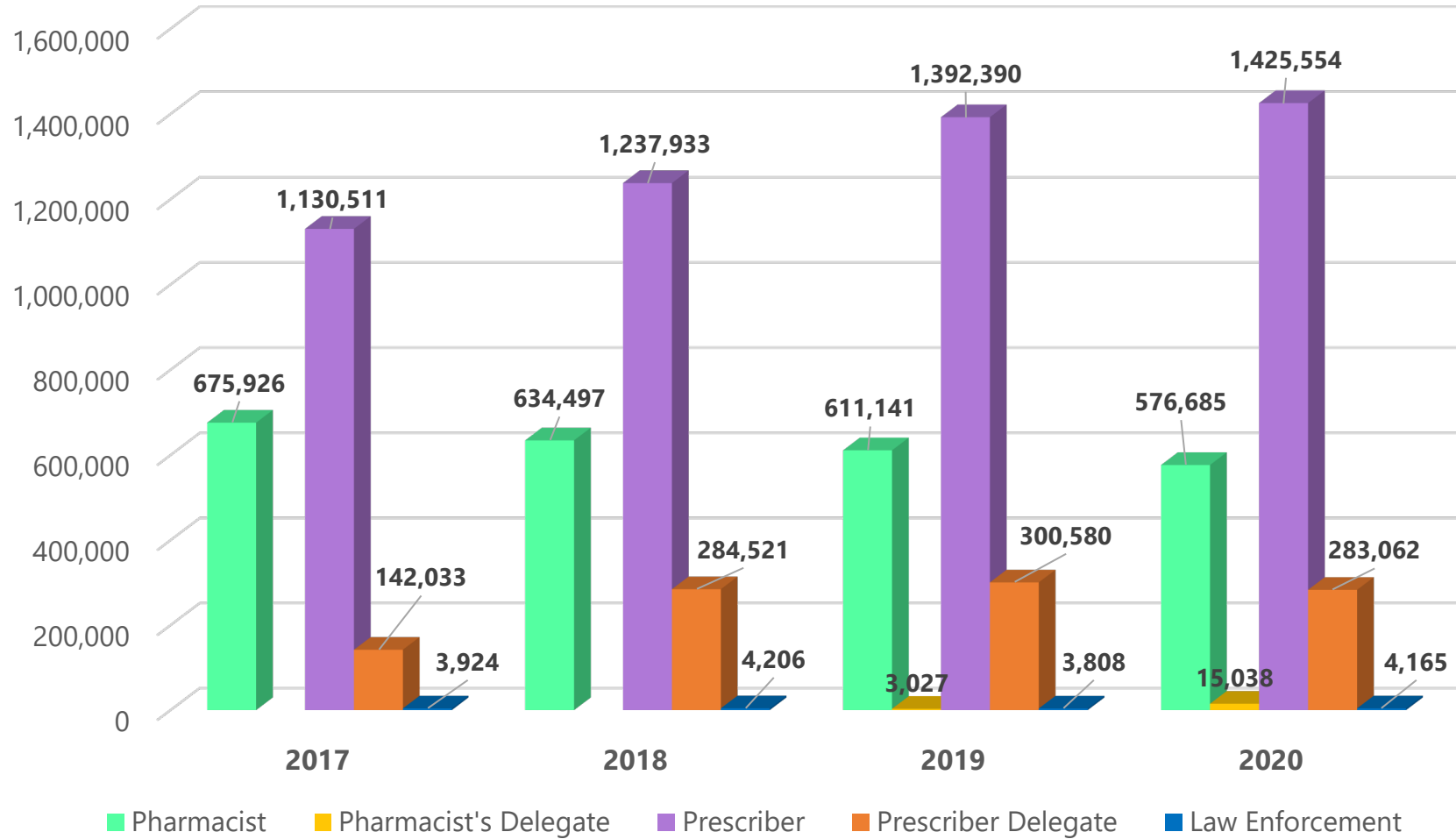
- Aware Platform – web-based interface to the database where that provides access to the permitted users (prescribers, pharmacists, delegates, etc.)
- Mobile Application – available for Apple and Android software
- Integration – allows the data to be integrated into the electronic health record (EHR) via the Gateway (more on this to come)



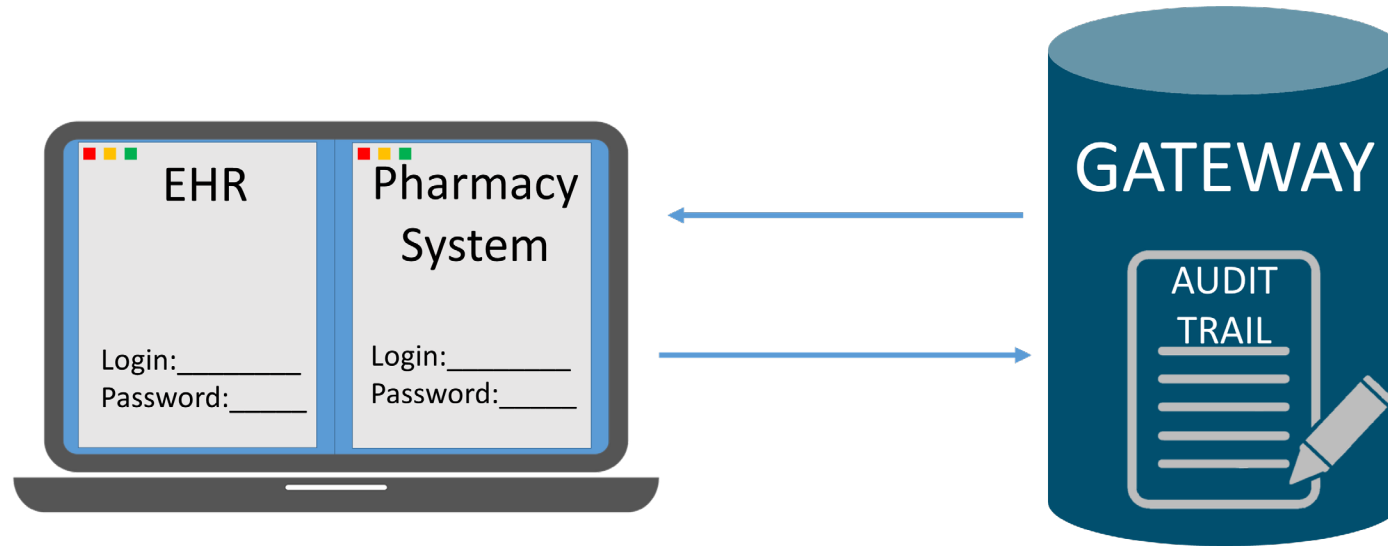
Users Registered in the CPMRS per Year



CPMRS User Searches per Year



Gateway

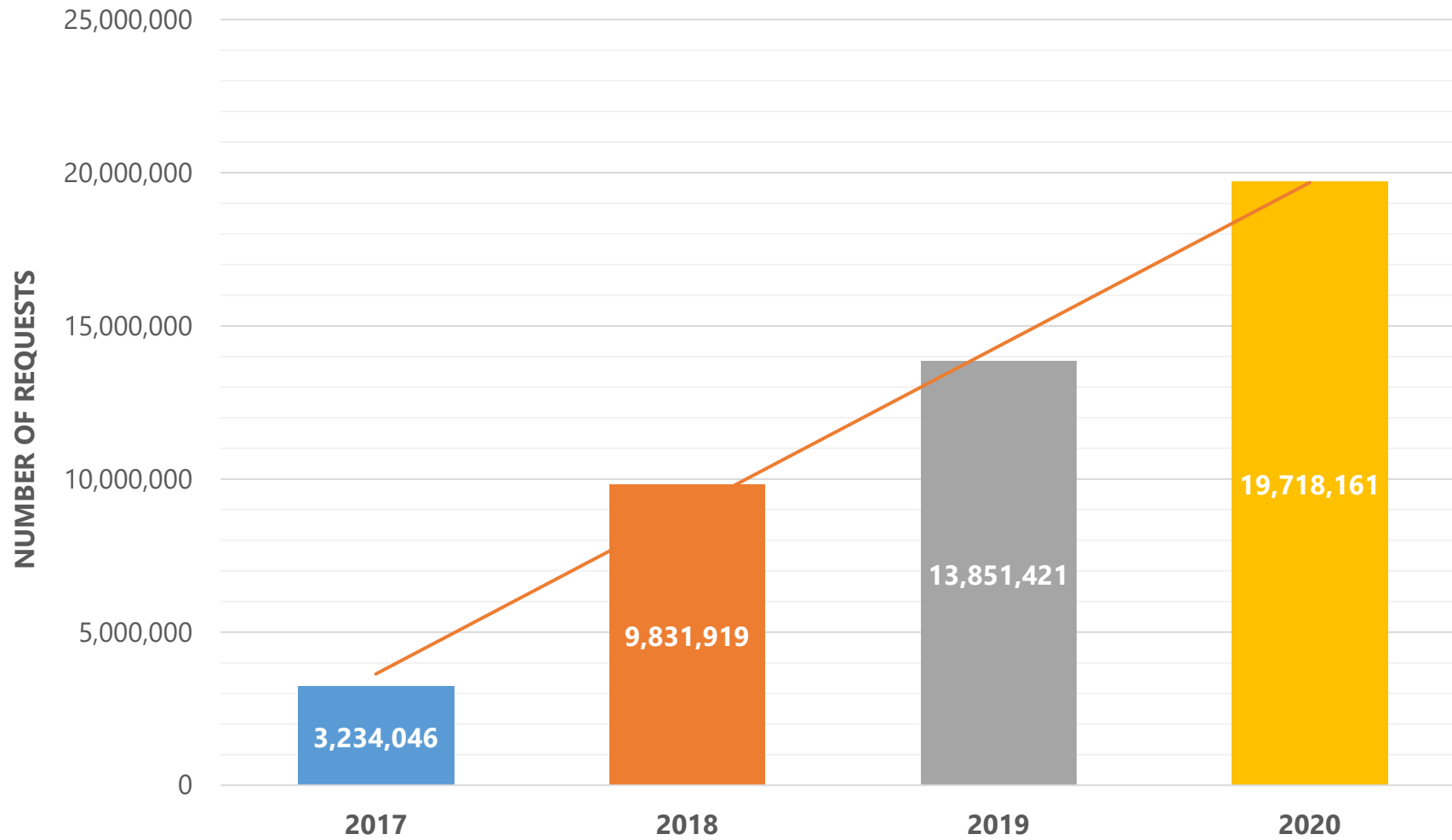


Has an API to assist in the integration

Enhances the end user experience with easier access to the data

Reduces the risk of inappropriate searches

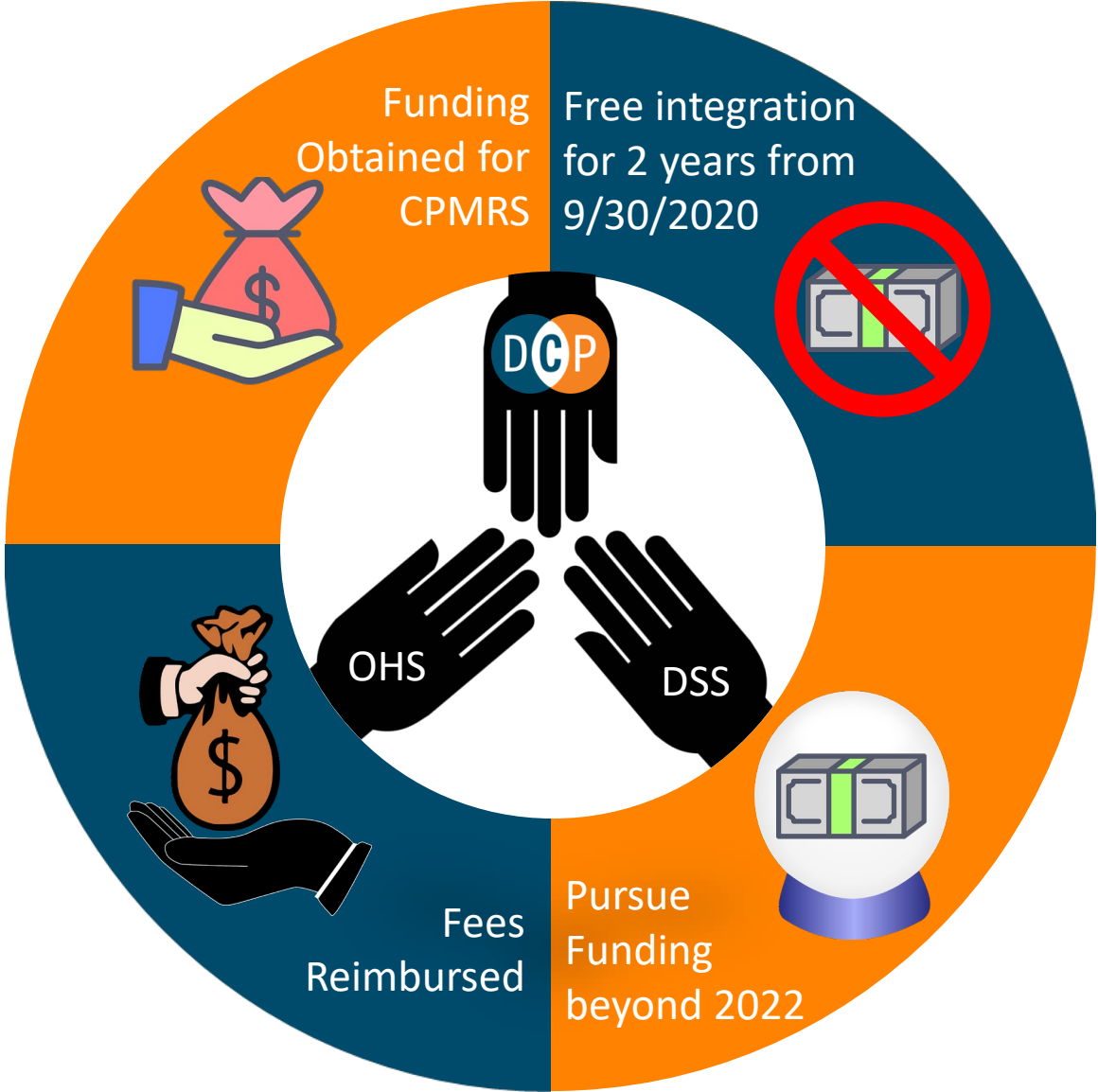
Gateway Requests per Year



Integration



Funding Integration

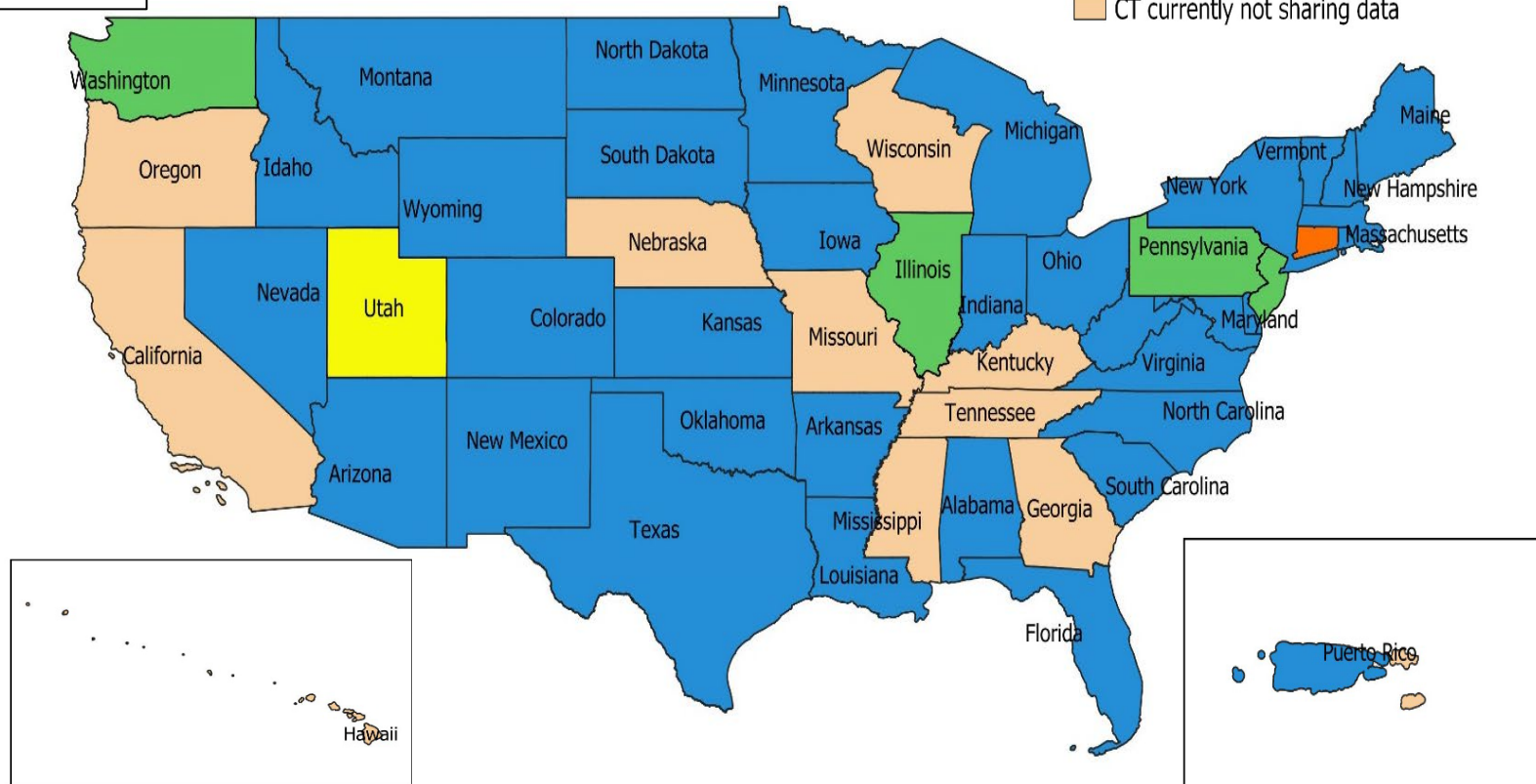


Data Sharing States



Legend

- CT
- RxCheck Only
- PMPi & RxCheck
- PMPi Only
- CT currently not sharing data





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Enhancements

Clinical Alerts

	Prescriber & Dispenser	Daily Active MME	Opioid & Benzodiazepine
Generated when	a specified number of prescribers and/or dispensers is met or exceeded within a set time period.	the daily active MME is \geq a specified values.	prescribed concurrently
Current Threshold Current Threshold	5 Prescriber AND 5 Pharmacies WITHIN the last 3 months.	90 MME/day	



NarxCare



Real-time Analysis
of CPMRS data at
point of care



Risk Score for
substance abuse



Care notes and clinical
alerts, allowing providers
or the PDMP to add critical
patient information to the
platform

The Care Team
Communications -
delivers peer-to-
peer messaging



Prescriber Reports

The Prescriber Report is intended to give prescribers insight into their opioid prescribing patterns.

Issued quarterly to all registered CPMRS users with an active account AND a defined role AND specialty who have written at least ONE opioid prescription during the prior six-month period.

Disclaimer: Comparisons with peer groups are meant to give prescribers a point of reference. The PMP recognizes that no two practice settings are identical. Additionally, this report is not intended to be an indication that the prescriber or his/her patients have done something wrong. If you believe one or more of your patients may have substance use disorder (SUD), we encourage you to review the PMP educational materials, www.ct.gov/dcp/pmp, which includes topics on referring patients to treatment for SUD, approaches to addressing SUD with patients, and effective opioid tapering practices.





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New Features and Data

2020 - New

Public Act 20-4 An Act Concerning Diabetes and High Deductible Health Plans

Mandates the uploading of insulin drugs, glucagon drugs, diabetes devices or ketoacidosis devices to the PDMP

Department Mandates the addition of two non-controlled substances

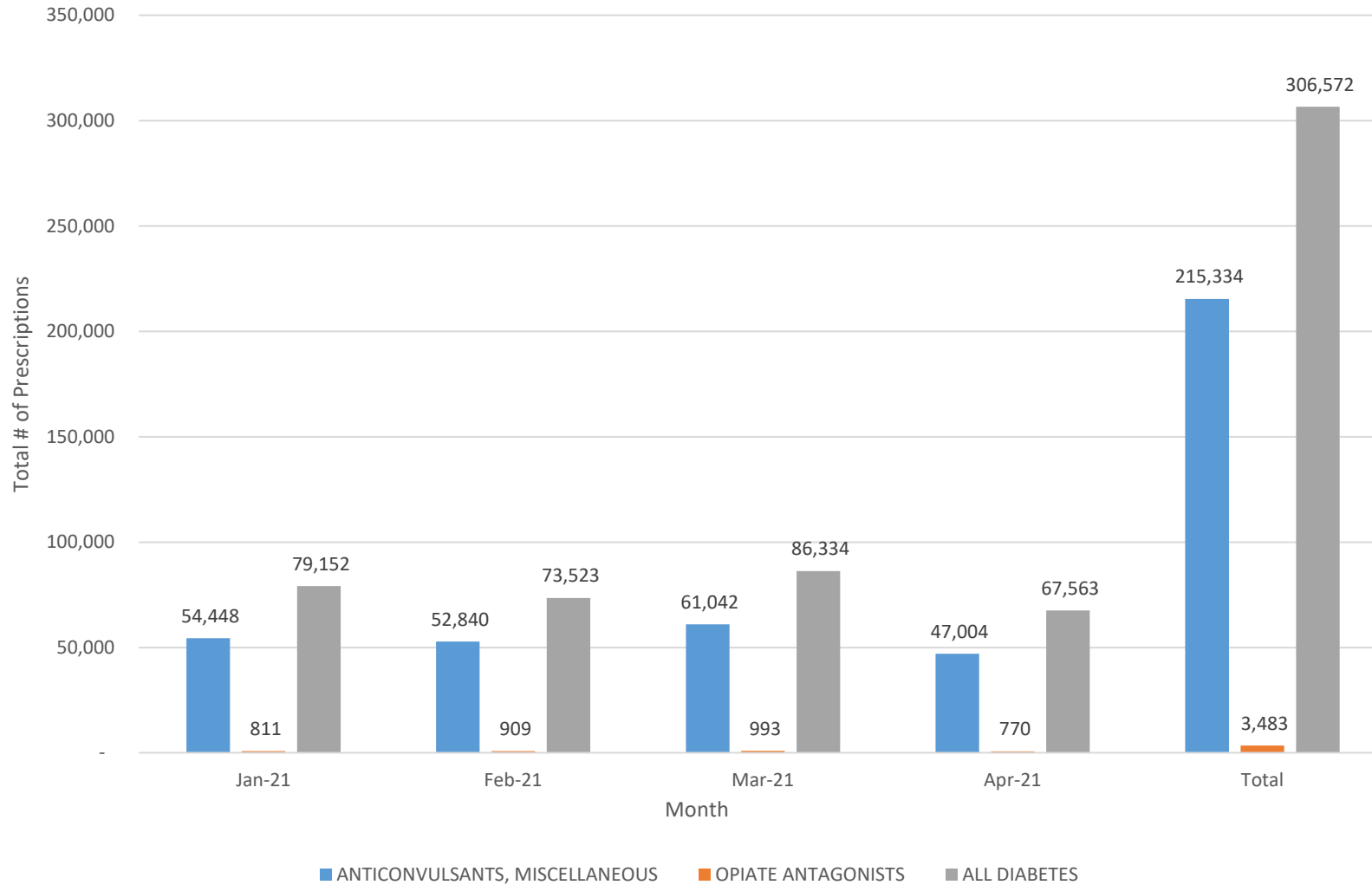
Gabapentin

Naloxone



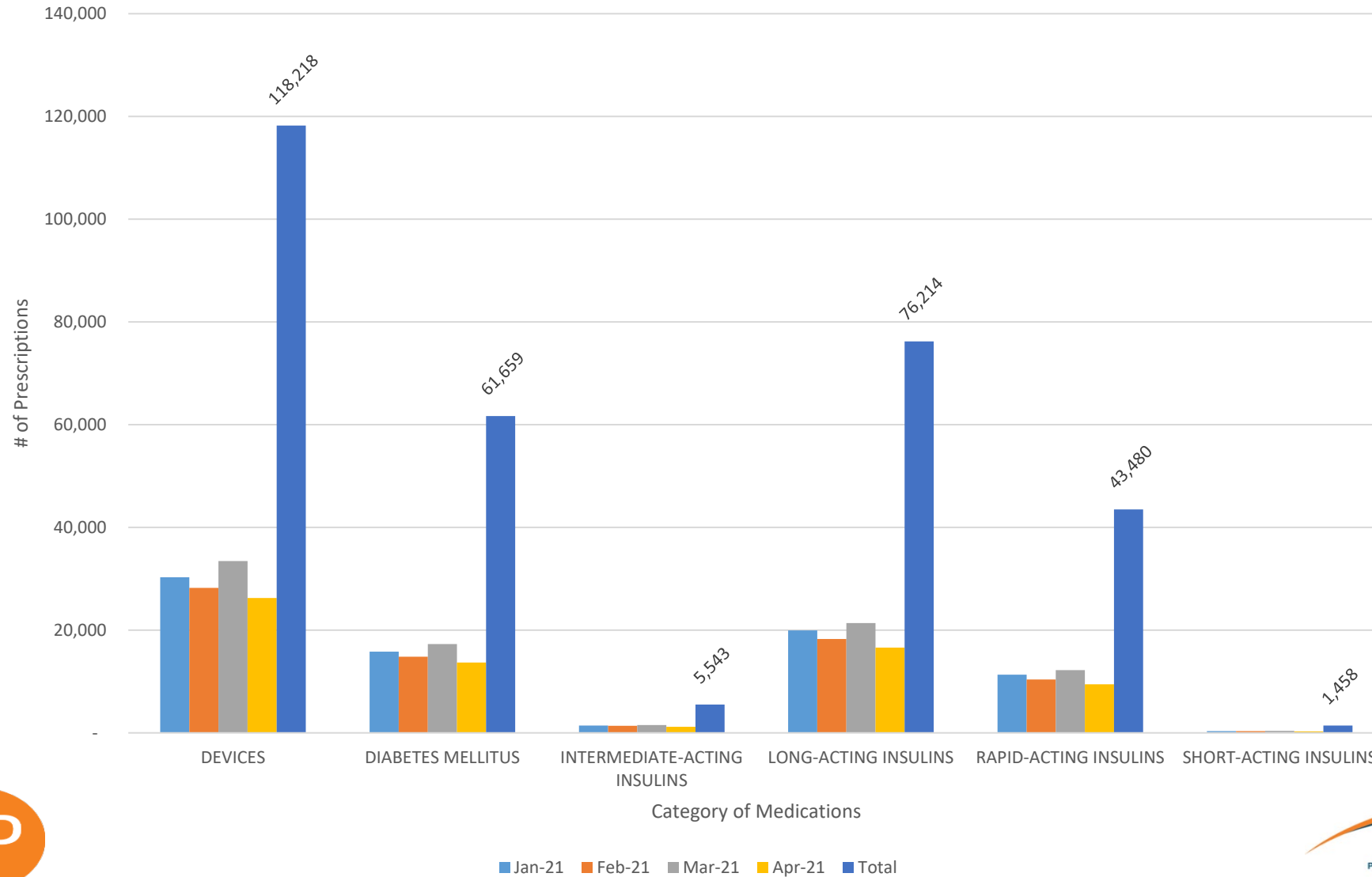
New Data

Totals by Drug Category



New Data

Non-Controlled Substances In the CPMRS 2021



Upcoming Features

Office of the Chief Medical Examiner

Integration of death data into CPMRS

Prescriber letters sent via CPMRS

Forensics Science Laboratory

Integration of toxicology data into the CPMRS for overdose death records



Questions



Prescription Monitoring Program

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Assistant Director of Drug Control

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Announcements and General Discussion

Dr. Joe Quaranta, Council Members

Wrap up and Next Steps

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Health IT Advisory Council Website:

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