Health IT Advisory Council

July 15, 2021

OHS
CONNECTICUT
Office *of* Health Strategy

Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 PM
Public Comment	1:02 PM
Review and Approval of Minutes: June 17th, 2021	1:05 PM
Advanced Planning Document Funding Request Update	1:10 PM
Health Information Exchange Strategies from Other States	1:35 PM
Findings and Draft Recommendations for Connecticut's Five-Year Statewide Health IT Plan	1:55 PM
Connie Update	2:15 PM
Announcements & General Discussion	2:50 PM
Wrap up and Meeting Adjournment	2:55 PM

OHS CONNECTICUT Office of Health Strategy

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approval of:

June 17, 2021, Meeting Minutes

OHS CONNECTICUT Office of Health Strategy

Advanced Planning Document Update

Terry Bequette, CedarBridge Group

Federal Financial Participation in HIT and HIE: FFYs 22 and 23

- Context – funding requests poised for submission
- HITAC Role
- HITECH era ends; transition to funding aligned with the Medicaid Enterprise System (MES)
- MES funding parameters
- Current funding requests – initiatives and costs
- Questions; comments; Advice from HITAC

OHS CONNECTICUT Office of Health Strategy

Funding Requests for FFYs 22 and 23 and HITAC Role

- Current approved funding from recent APDs expires September 30, 2021.
- Participants from DSS, OHS, Connie and supporting contract help have been developing new funding requests for the coming period.
- Today we seek your attention to review funding request details and to offer your questions, comments, and advice.

HITAC Role

- Per statute and the HITAC Charter, The purpose of the Council is to advise the Executive Director of the Office of Health Strategy (OHS) and the Health Information Technology Officer (HITO) in developing priorities and policy recommendations to advance the state's health information technology (health IT) and health information exchange (HIE) efforts and goals.
  - Duties of the Council include review and comment to the Executive Director of OHS, or the Commissioner of DSS, prior to the submission of any … request seeking federal…matching funds…for health information technology or health information exchange.
  - Awareness and review of such requests informs the broader advisory role of the Council.

OHS CONNECTICUT Office of Health Strategy

HITECH Era Ending

- The Health Information Technology for Economic and Clinical Health Act (HITECH), enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology. The Act and its associated funding expire September 30, 2021.
- Federal Financial Participation (FFP) is available only for functions and services that benefit the Medicaid Enterprise and advance Medicaid Enterprise System (MES) maturity.

MES Funding Parameters - Operational Support

- Modules or use cases must be certified by CMS as supporting MES
  - Value proposition specific to the Medicaid program
  - A clear statement of an anticipated outcome (this is Outcome-Based Certification)
  - Supported by agreed upon Metrics.
- Once certified, the module / use case qualifies for 75% FFP operational funding
  - BUT – cost allocated. Medicaid will pay only it's determined fair share.
  - Once qualified for operational funding the module / use case can continue to receive 75% FFP with straightforward annual updates.

MES Funding Parameters – Planning and DDI

- 90% FFP (cost allocated) is available for modules / use cases requiring additional planning or Design/Develop/Implement (DDI) steps.
  - Funding requests for planning and DDI are done with an Implementation Advance Planning Document (IAPD).
- 50% FFP (cost allocated) is available for administrative support.
  - A module that becomes operational can draw 50% FFP until it is fully certified. At that point it achieves 75% FFP, ***retroactive*** to the initiation of operations.

MES Funding Parameters – Cost Allocation

- Cost allocation refers to the fair share Medicaid will approve for FFP in a certified module or use case
  - Medicaid cannot be the only payer at the table.
- Models for cost allocation can vary with the module or use case:
  - e.g., based on Medicaid beneficiaries as a percent of total population
  - e.g., based on Medicaid providers as a percent of all providers.
- Cost allocation for current requests is not determined, but DSS and OHS are aligned in seeking the best possible cost allocation.

CMS Funding and the OHS Budget for HIE Activities

1 Operations Request for Alerts for FFYs 22 and 23

2 Implementation Request for 4 Use Cases and Planning for FFYs 22 and 23

3 Expected FFY 23 Operations Costs for 4 Use Cases going live in FFY 22

4 Summary of OHS Budget for HIE Activities

1. Operations Funding Request

FFYs 22 and 23

Empanelment and Alerts Use Case (Project Notify)

Currently 100% of costs are allocated to Medicaid because service is only available for Medicaid providers and patients at this time but will be expanded to non-Medicaid providers and patients and will then require cost allocation.

1. Operations Funding Request for FFYs 22 and 23

- OAPD – Empanelment and Alerts Use Case

Summary of FFY 22 and FFY 23 HIE Operations Funding Request

			Operations		Administration			
	Total Operations Costs	Costs Allocated to Medicaid	75% Federal Share	25% State Share	50% Federal Share	50% State Share	Total Federal Share	State Share Total
FFY 22	$1,505,379	$1,505,379	$ 750,694	$ 250,231	$ 252,227	$ 252,227	$1,002,921	$ 502,458
FFY 23	$1,175,400	$1,175,400	$ 660,051	$ 220,017	$ 147,666	$ 147,666	$ 807,717	$ 367,683
Grand Total:	**$2,680,779**	**$2,680,779**	**$1,410,745**	**$ 470,248**	**$ 399,893**	**$ 399,893**	**$1,810,638**	**$ 870,141**

OHS CONNECTICUT Office of Health Strategy

2. Implementation Funding Request

FFYs 22 and 23

Cost Allocation to be Determined

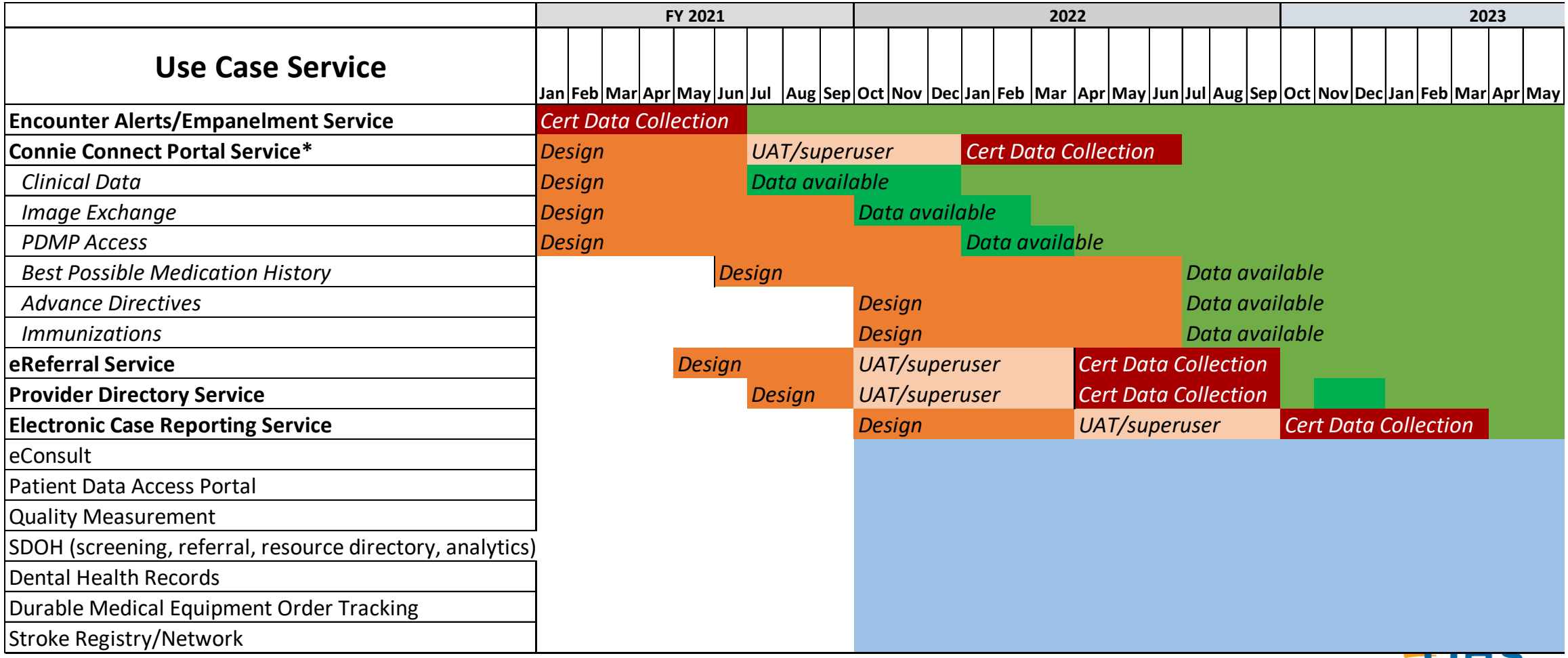
Planning and DDI

- IAPD use cases

Use Case Service	Type	Planned Go Live Date	Quarter Operational
Encounter Alerts/Empanelment Service	Service	1/1/2021	FFY21 Q2
Connie Connect Portal Service*	Service	1/1/2022	FFY22 Q2
Clinical Data	Foundational Data		
Image Exchange	Foundational Data		
PDMP Access	Foundational Data		
Best Possible Medication History	Foundational Data		
Advance Directives	Foundational Data		
Immunizations	Foundational Data		
eReferral Service	Service	4/1/2022	FFY22 Q3
Provider Directory Service	Service	4/1/2022	FFY22 Q4
Electronic Case Reporting Service	Service	10/1/2022	FFY23 Q1
eConsult	TBD		
Patient Data Access Portal	TBD		
Quality Measurement	TBD		
SDOH (screening, referral, resource directory, analytics)	TBD		
Dental Health Records	TBD		
Durable Medical Equipment Order Tracking	TBD		
Stroke Registry/Network	TBD		

Use Case Rollout

- Graphical representation



OHS IAPD Budget	FFY 22	FFY 23
Connie		
Use Case Services Planning and Implementation		
CRISP	$ 435,050	$ -
Velatura, others, TBD	$ 937,500	$ -
UConn Health, others,TBD	$ 687,500	$ -
Use Case Development, additional	$ 900,000	$ 2,400,000
Connie Personnel		
DDI and Planning	$ 512,325	$ 487,461
Connie Administrative Costs		
Administrative Personnel	$ 1,189,991	$ 1,136,777
Administrative Costs	$ 460,272	$ -
Use Case Planning and Implementation Total	**$ 5,122,638**	**$ 4,024,238**
OHS State Costs		
Personnel	$ 937,019	$ 968,806
Administrative Costs	$ 21,000	$ 21,000
Other OHS Contracting		
CedarBridge Group LLC	$ 815,952	$ 815,952
OHS State Costs Total	**$ 1,773,971**	**$ 1,805,758**
Grand Total:	**$ 6,896,609**	**$ 5,829,996**

OHS
CONNECTICUT
Office of Health Strategy

3. Expected Operations Costs for Four Use Cases going live in FFY 22

FFY 23

Cost Allocation to be Determined
CMS funding to be requested after certification

OHS Expected Operations Costs	FFY 22	FFY 23
Connie		
4 Use Case Services going live in FFY 22		
CRISP		$ 487,180
Connie Personnel		
Operations		$ 288,656
Connie Administrative Costs		
Administrative Personnel		$ 328,834
Administrative Costs		$ 391,859
OHS Operations Costs Total	**$ -**	**$ 1,496,529**

4. OHS Budget for HIE Activities

FFYs 22 and 23

Summary of OHS Budget for HIE Activities

Total Costs before Cost Allocation and without FFP

OHS Budget for HIE Activities	FFY 22	FFY 23
OAPD Request	$ 1,505,379	$ 1,175,400
IAPD Request	$ 6,896,609	$ 5,829,996
Expected Operations Costs for Use Cases going live in FFY22	$ -	$ 1,496,529
OHS Costs Total	**$ 8,401,988**	**$ 8,501,925**

State Match:
IAPD 10% of cost allocated portion from Bond Fund for DDI (90% FFP)
All other state match from State Funds/Portion – OHS budget

OHS
CONNECTICUT
Office of Health Strategy

APD Progress

HITECH IAPD-U Submitted → Present IAPD to HITAC → Submit IAPD to CMS → Certification Docs Submitted to CMS → Certification Review Meeting → OAPD Draft Sub-mitted to DSS → Submit To CMS

Prior Activities Completed	June 11th	July 15th	July 31st	Aug 9th	Aug 24th	Aug 30th

All documents submitted to CMS no later than 9/30/21.

❖ APD Project Status

- The HITECH IAPD-U was submitted to CMS on June 11th.
- The MES IAPD work continues with a scheduled submission date by July 31st.
- Certification documentation has been collected and is being reviewed by DSS in preparation for the CMS certification review meeting scheduled for August 24th.
- The OAPD is tentatively scheduled for an August 30th submission.

❖ Completion Percentage I/OAPD

90%	Use Case Crosswalk
90%	Use Case OBC and Metrics
80%	Medicaid Value Prop
75%	Draft Components Sections
75%	Funding

OHS CONNECTICUT Office of Health Strategy

- Questions?
- Comments
- Discussion

Presentation & Discussion

Food for Thought:
A Few Examples of HIE Strategies from Other States

Carol Robinson, CEO, CedarBridge Group

Findings and Draft Recommendations
for Connecticut's Five-Year Statewide Health IT Plan

Vatsala Pathy, Senior Director, CedarBridge Group

It's Time to Set a Major Goal for Connecticut– **Sustained Permanence** of Connie's HIE Services

Sustained (Adjective from Merriam-Webster):
Maintained at length without interruption or weakening

Permanence (Noun from Dictionary.com):
The condition or quality of being permanent; perpetual or continued existence.

OHS CONNECTICUT Office of Health Strategy

Per Statute, HITAC Serves an Important, Ongoing Advisory Role

Connecticut General Statute 17b-59a(3)(c)

The **executive director of the Office of Health Strategy** shall, within existing resources and ***in consultation with*** the **State Health Information Technology Advisory Council**:

- *oversee* the development and implementation of Statewide Health Information Exchange (Connie);
- *coordinate* the state's health information technology and health information exchange efforts to *ensure consistent and collaborative cross-agency planning and implementation*; and
- *serve as the state liaison* to and *work collaboratively* with (Connie)... to *ensure consistency* between the statewide health information technology plan and (Connie) and to *support the state's health information technology and exchange goals*.

OHS CONNECTICUT Office of Health Strategy

Examples From Other States

Just a few of the **policies, incentives, regulations, requirements, strategies**, and **services** supported by stakeholders and offered by HIEs in other states.

Arizona:
Payer Participation in HIE

Medicaid Differential Adjusted Payment (DAP) reimbursement strategies with HIE participation incentives

OHS
CONNECTICUT
Office *of* Health Strategy

Arizona's HIE is Health Current

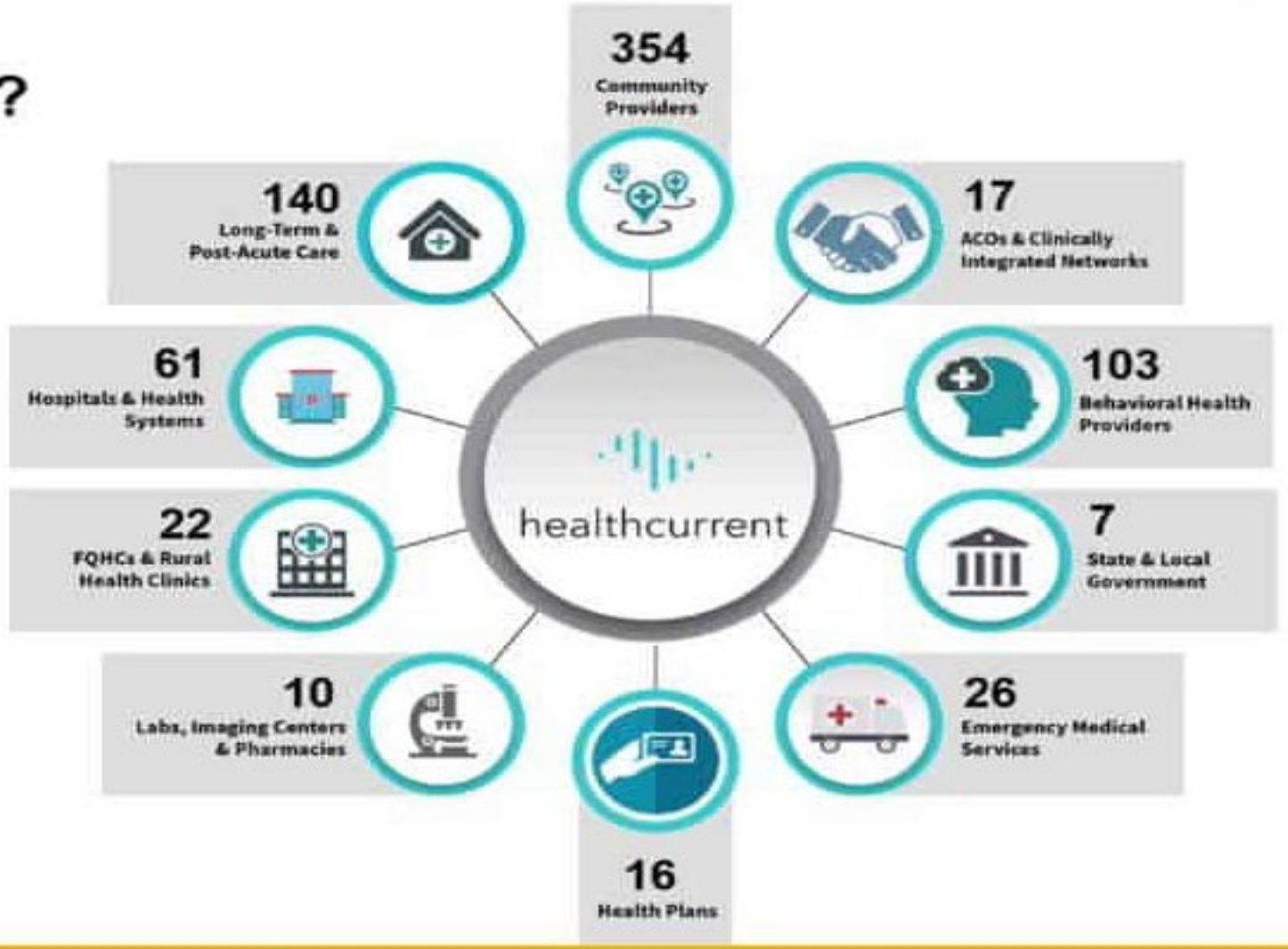
Who is Health Current?

756

HIE Participants and growing
as of 8/26/2020

Over 200 data sources sending patient medical records for sharing – some connected since 2012

Data available on **12+ million** individuals



Arizona:
Medicaid Differential Adjusted Payment (DAP)

Provider Type	HIE Incentive
Hospitals Subject to APR-DRG Reimbursement, excluding Critical Access Hospitals	2.5%*
Critical Access Hospitals	10%*
Other Hospitals and Inpatient Facilities	2.5%*
IHS and 638 Tribally Owned and/or Operated Facilities	2.5%
Integrated Clinics	10%
Behavioral Health Outpatient Clinics	1%

*Hospitals Subject to APR-DRG Reimbursement (excluding Critical Access Hospitals) as well as Other Hospitals and Inpatient Facilities are eligible to either participate in the HIE Participation program or the HIE Performance option.

Critical Access Hospitals are only eligible to participate in the HIE Performance option.
See Preliminary Public Notice for performance criteria details.

Preliminary Public Notice for 2021 Managed Care Contracts

OHS CONNECTICUT Office of Health Strategy

Arizona Health Care Cost Containment System (AHCCCS) Targeted Investments Program

Milestone	Validation Method	Review Criteria
• **Attest that the practice is transmitting data on a core data set for all members to Health Current** *AND* • Implement policies and procedures that require longitudinal data received from Health Current to be routinely accessed and used to inform care management of high-risk members.	• **Maintain evidence that the practice is transmitting data on a core data set for all members to Health Current** *AND* • Upload policies and procedures through the Attestation Portal to AHCCCS that require longitudinal data received from Health Current to be routinely accessed and used to inform care management of high-risk members	Policies and procedures must address: • Timeframes • The types of data reviewed • Staff responsibility for the data review • The criteria for the review and follow up

OHS
CONNECTICUT
Office *of* Health Strategy

Arizona:
Bidirectional Data Exchange Requirements

For AHCCCS Targeted Investment (TI) Program Participants and Health Current, ***bidirectional data exchange is defined as***

- a TI Participant ***sending*** patient health information to Health Current **and**
- the TI Participant ***receiving*** patient health information from Health Current

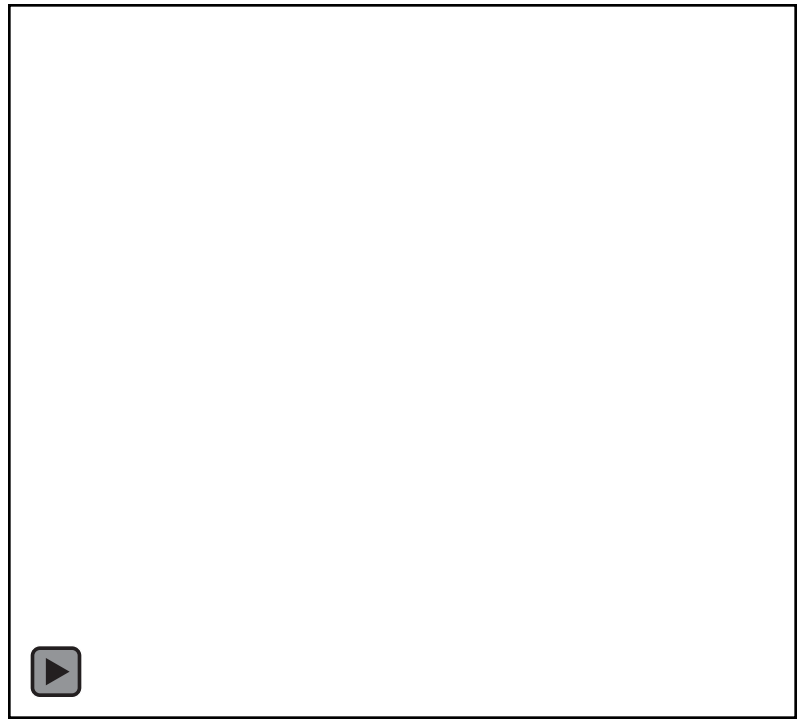
Bidirectional data exchange is considered complete when ***both*** components have been operationalized by the TI Participant, utilizing any combination of the following standards and services:

1) Standards

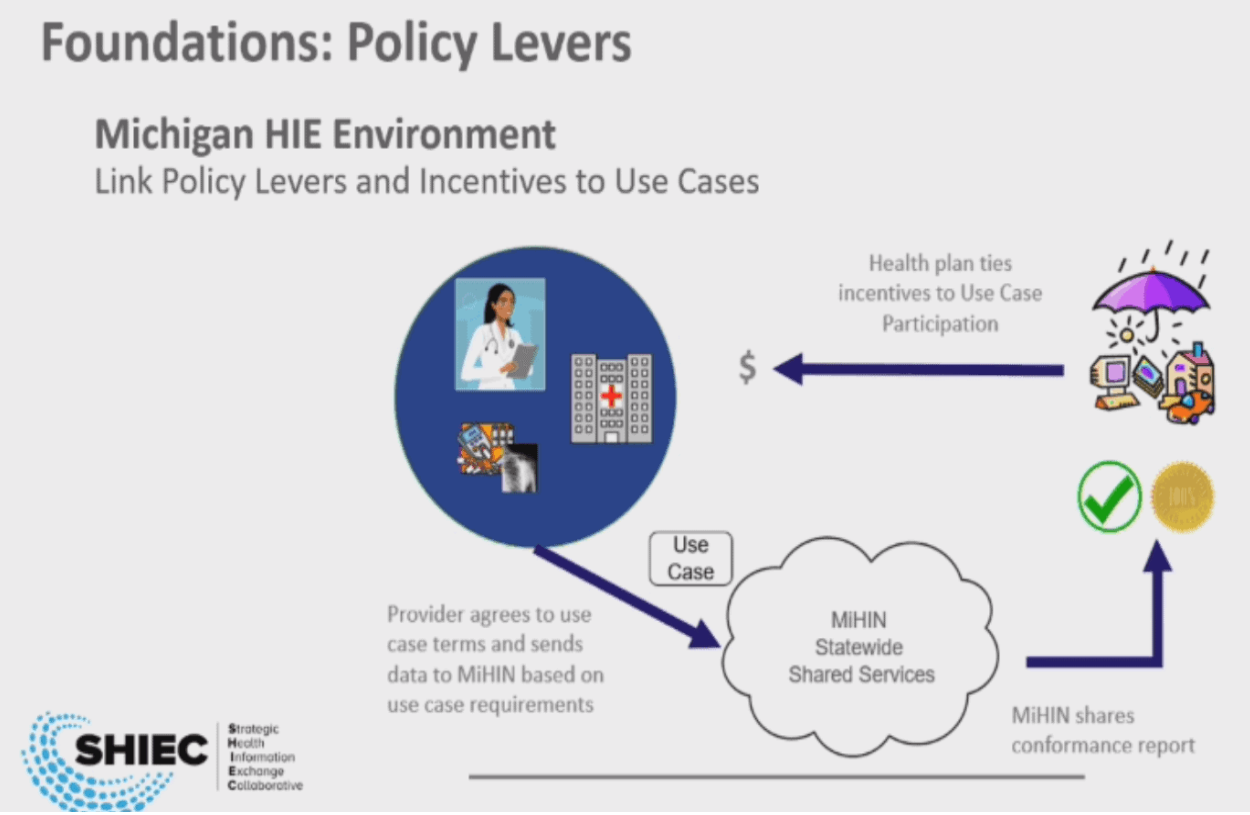
a. HL7 v2 – can be used to send and/or receive patient information
b. HL7 v3 - can be used to send and/or receive patient information
c. C-CDA - can be used to send and/or receive patient information
d. Query-Response - can be used to receive patient information

2) Services

a. Provider Portal - can be used to receive patient information
b. Alerts & Notifications - can be used to receive patient information



MiHIN (Michigan's Statewide HIE)
Policy & Payment Levers Improve Data Quality & Patient/Provider Attribution



- Michigan Blue Cross provides quality payments to hospitals for sending ADTs to MiHIN
- MiHIN monitors data conformance (e.g., accuracy and completeness), and provides participating organizations with quality improvement support

MyHealthAccess (an Oklahoma statewide HIE)

Support for CPC+ and Other Value-Based Models of Care

Blue Cross/Blue Shield of Oklahoma sends regular extracts of claims data to MyHealthAccess for the purposes of measuring pay-for-performance outcomes in its provider network

As a contracting prerequisite, network providers are required to be actively participating with MyHealthAccess to ensure uniformity and thoroughness of reporting

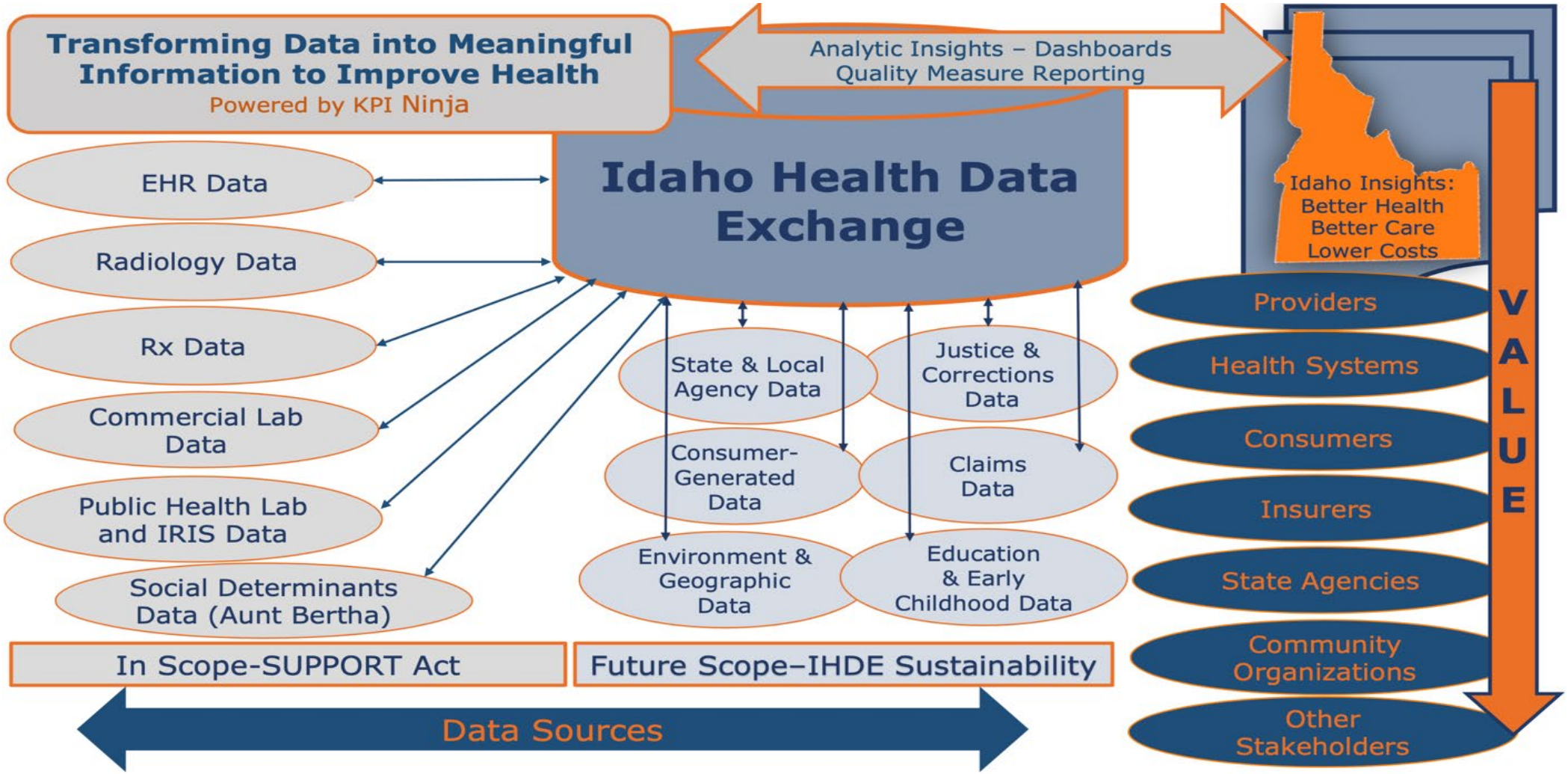
"The number one opportunity for the state (of Oklahoma) is to incent provider participation in the HIE, and participation in shared-savings models. Help providers see the value to them."

Comment from an Oklahoma health plan executive, during 2018 interview

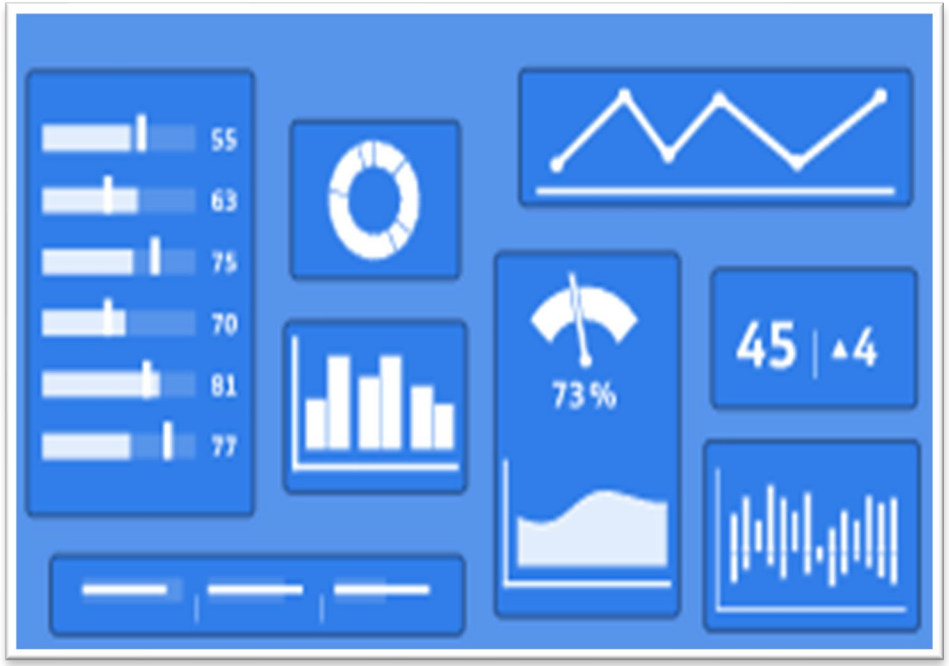
OHS CONNECTICUT Office of Health Strategy

Idaho Health Data Exchange:

A Strong Focus on Data Analytics to Support Practice Improvement



Discussion:
Draft Recommendations



Developed by CedarBridge Group as a starting place; feedback is strongly encouraged

Health IT Plan Imperatives

- Launch of the State-wide Health Information Exchange, Connie

- State IT Governance Plans and State Data Assets
  - State Data Plan – Office of Policy Management
  - Connecticut IT Strategic Plan – Dept. of Administrative Services, Chief Information Officer

- Connecticut General Statute 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

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** (WE ARE here) → **Revise Refine Finalize Plan**

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

OHS CONNECTICUT Office of Health Strategy

eScan Report Validation – Next Steps

- ❑ 30-day public comment period
- ❑ Interactive feedback webinars open to the public. Register for one of our sessions here:
  - July 23rd 12-1:30pm ET
  - July 28th 12-1:30pm ET
  - Aug. 5th 10-11:30pm ET
- ❑ August HITAC
  - Synthesis and report out on feedback received through:
    - ✓ HITAC members and other key informants
    - ✓ Public comments
    - ✓ Interactive feedback webinars

OHS CONNECTICUT Office of Health Strategy

Discussion

Draft Recommendations

Draft Recommendations

Connie

- HITAC sustainability workgroup
- Explore a public utility model funding and governance
- Establish additional payment incentives
- Create a centralized public health gateway for reporting and data exchange

Social Determinants of Health

- Single screening tool
- Data standards alignment
- Explore implementation of community information exchange (CIE)
- Collect race, ethnicity, and language (REL) data
- Invest in community-based organizations (CBOs)

State Agency Data Integration and Coordination

- Standard legal agreements and other tools for data sharing
- Establishment of a Health and Human Service Person-Centered Services Collaborative
- Common strategies and protocols

Behavioral Health EHR and HIE Adoption

- State agency partnerships to develop an educational campaign
- Technical assistance and ongoing training
- Financial incentives for data exchange and quality reporting

Best Possible Medication History in Connie

- Explore expansion of Prescription Drug Monitoring Program (PDMP) and other medication fill data sources
- Establish single sign-on capabilities to PDMP
- Design a glide path for a Best Possible Medication History (BPMH) service in Connie

Health Information Privacy

- Public video series on information sharing
- Town hall meetings to facilitate consumer engagement
- Establishment of a Patient Health Information Protection Office

Draft Recommendations

Recommendation 1: Strategies for Widespread Use and Sustainability of Connie

- → Connecticut Health IT Advisory Council to provide advisory support to the Executive Director of the Office of Health Strategy (OHS) and the Health Information Technology Officer (HITO) in evaluating options to help ensure long-term sustainability of Connie's HIE services, and support the fulfillment of the responsibilities of OHS as described in Connecticut General Statute (CGS) Section (Sec.) 17b-59g(a)(3)
- → Create a HITAC-appointed stakeholder workgroup to review options and provide recommendations to the OHS Executive Director and the HITO for sustainability including, but not limited to, legislation and/or regulatory actions to encourage participation in Connie, with potential funding sources to project Connie as a critical public utility focused on providing baseline health information exchange services, supportive governance models to advance the public utility model, and progression of OHS responsibilities outlined in CGS Sec. 19a-754a
- → In addition, Connie should explore partnerships to foster earned revenue through fees.

- → In the near-term, Connie should focus on HIE fundamentals (e.g., ADT notifications, lab results and image sharing, medication lists, etc.) with an eye toward useability and workflow integration. Key stakeholders and Connie should consider adoption of a single statewide ADT notification system.

- → Payment incentives should be included in contracts between payers and providers to build a critical mass of organizations onboarded and exchanging health information to improve clinical care. In addition, a regional extension center-styled initiative should be instituted to ensure smaller practices and provider groups have the technical supports and training to onboard and utilize the statewide HIE.

- → Connie should be leveraged for HIE between local public health departments, providers, and the Dept. of Public Health to ensure centralized data access and streamlined reporting in public health crises, and ease the administrative burden experienced by local public health departments and providers due to manual data entry, redundant reporting, and difficulty querying public health data systems.

Draft Recommendations

Recommendation 2: Systems and Strategies to Address Social Determinants of Health (SDoH)

- → Exploring the identification and systematic use of a single SDoH screening tool across healthcare settings, similar to North Carolina's model
- → Establishing common data standards in alignment with emerging SDoH standardization collaboratives such as The Gravity Project and SIREN
- → Exploring the development of a community information exchange, leveraging state resources in place such as Connie, Health Equity Solutions, Connecticut Health Foundation, the Health Enhancement Communities (HECs), Unite Connecticut, the Homeless Management Information System, and United Way's 2-1-1 Referral Directory
- → Facilitating broad collection of race, ethnicity, and language (REL) data, in accordance with Public Act No. 21-35, as a vehicle to better understand the needs of communities of color and develop a holistic strategy to address health disparities through data availability and analytics to create health insights at the point of care
- → Social services and CBOs must be properly resourced and equipped to meet increasing demands for services as coordination with healthcare providers ramps up
- → Leverage state, federal, and private-sector funding to provide CBOs with IT infrastructure to support coordination across disparate organizations sharing in the care of individuals and families
- → Hire and train personnel to manage and operate technology assets
- → Provide ongoing education and technical assistance to ensure a technically competent workforce

Draft Recommendations

Recommendation 3: Service Coordination and Data Integration Across State Agencies

- → The state is benefitting from an infusion of one-time funding from the Centers for Disease Control (CDC) and other federal sources for public health data modernization; Connecticut should continue with ongoing funding to ensure adequate staff resources are maintained within Dept. of Public Health and local public health departments
- → Create a Public Health Gateway within Connie for more seamless flow of information between local public health departments, other reporting providers, and the state's public health reporting systems
- → Efforts should build upon P20 Win, CGS 4-67z, CGS 17b-112l(e), and other initiatives to build shared practices and tools among attorneys representing state agencies to help facilitate data sharing through implementation of standardized legal agreements and processes.
- → Create a Health and Human Service Person-Centered Services Collaborative (HHS-PCSC) as a subcommittee of the HITAC charged with identifying priority scenarios where Connecticut residents' access multiple HHS services and programs. The workgroup should evaluate the intake, enrollment and case management processes, and existing methods for coordination, along with the use of IT systems and processes that facilitate service delivery across all involved agencies. Finally, the workgroup should design systems and data integration programs that "hide the seams" of government for priority scenarios identified
- → Connect HHS agencies' data systems to Connie, where appropriate, through the creation of a state agency data collaborative designed for government use of Connie. This collaborative should, among other things, build institutional capacity for data governance within and among state agencies.
- → Develop formal contingency plans within each HHS agency to address the impending loss of institutional knowledge and experience due to state employee retirements and create actionable strategies to employ a new generation of talent in state government.
- → Create training programs for all local public health departments to become more sophisticated in the use of existing IT systems for both public health and financial reporting.

Draft Recommendations

Recommendation 4: Support Adoption of Electronic Health Records (EHR) and HIE Services by Behavioral Health Providers
Some sectors of the healthcare delivery system continue to lag in terms of EHR adoption, notably behavioral health providers in Connecticut.
→ The Office of Health Strategy, in partnership with Connecticut's Department of Mental Health and Addiction Services, Department of Social Services, and stakeholder groups representing behavioral health providers, should develop and implement an educational campaign to break down the cultural resistance expressed by many behavioral health providers around the use of information technology solutions, including EHRs and HIE services. Strategies to address concerns around the privacy of sensitive health information and potential associated liability should be included as part of the educational campaign.
→ Technical assistance and ongoing training should be provided to behavioral health providers to support the transition to more integrated models of care where electronic closed loop referrals and bidirectional data exchange are required.
→ Financial incentives for data exchange and quality reporting should be included in payer contracts, including those executed by self-insured employers and Medicaid.

Draft Recommendations

Recommendation 5: A Best Possible Medication History HIE Service, Connected Through Connie
Stakeholders across the spectrum report a high need for access to medication data – something which is not widely available at the present time. Below are recommendations to address this need.
→ Explore the expansion of the Connecticut Prescription Monitoring and Reporting System (CPMRS) through policy or legislation if needed, to require submission of all prescription and medication fill, and prescription related medical devices data from pharmacies, including long-term care pharmacies, and prescribers. These efforts should leverage existing data sources such as Pharmacy Benefit Managers (PBMs), EHRs, and pharmacy gateways. → Explore additional or alternative medication fill data sources, including variability in data quality and completeness, timeliness, and cost of various data sources.
→ Establish Single Sign-On (SSO) capabilities between Connie and CPMRS for ease of access to PDMP data for Connecticut providers which has started with the integration and may be complete Summer, 2021. Support for the Gateway integration beyond the current 2-year limited funding should be explored which will allow for SSO to be leveraged and the full value of the CPRMS to continue to be realized.
→ Charge the Medication Reconciliation and Polypharmacy Committee with designing a glide path for expansion of the PDMP to additional drug classes and drug types.

Draft Recommendations

Recommendation 6: Health Information Privacy to Protect Individuals and Families

Critical to the establishment of a trusted health information exchange is the assurance that patient health information is secure, restricted only to view by appropriate healthcare professionals, and updated to reflect the patient's consent preferences for the disclosure of their health information

→ Create a public video series highlighting what the statewide health information exchange is, and how protected health information is shared across healthcare providers and professionals

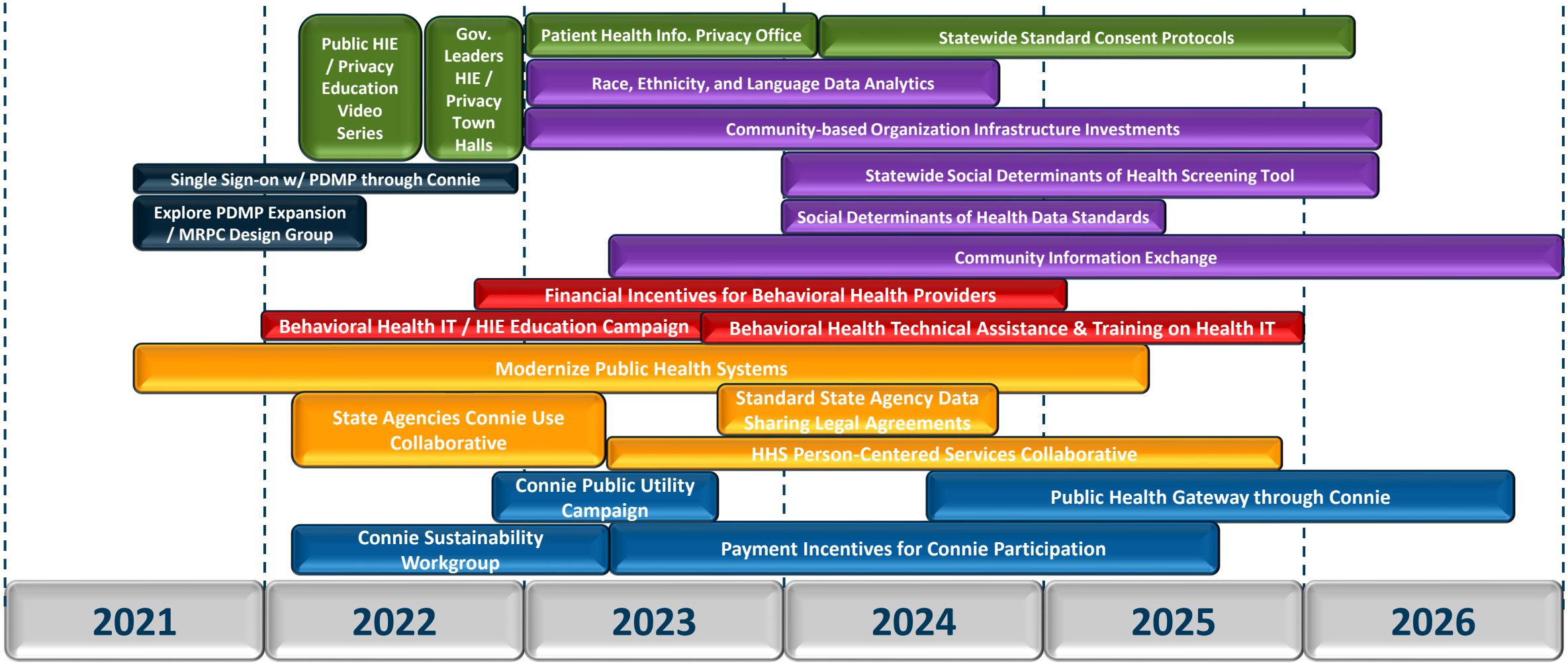
→ Host town hall meetings with state government leaders providing information and education to members of the public on their rights to provide informed consent for the electronic sharing of their health information

→ Appropriate funds through the legislature for the Office of Health Strategy to establish a Patient Health Information Protection Office (PHIPO) tasked with:

- Establishing and evolving state policy for the use and disclosure of patient health information through the statewide health information exchange
- Monitoring, analyzing, and reporting on trends in patient complaints around inappropriate disclosures of health information, and overall experience and knowledge of the statewide health information exchange
- Enforcing penalties and fines for inappropriate disclosures of patient health information

→ Propose legislation that would require healthcare providers to use consistent protocols for the collection of patient consent preferences, inclusive of the creation of statewide paper and electronic consent forms offering more granular consent options that includes the provider to whom consent is given, reason for consent and a timeframe for consent

Sample Timeline and Priorities Discussion



REC #1 | REC #2 | REC #3 | REC #4 | REC #5 | REC #6

OHS CONNECTICUT Office of Health Strategy

HITAC Discussion

Facilitated by CedarBridge Group

Implementation Timeline & Next Steps

Implementation Planning - Next Steps

- Conduct stakeholder feedback sessions on draft recommendations and post for public comment
- Finalize recommendations and present to HITAC with straw person prioritization and implementation scenarios
- Establish interagency workgroup to finetune recommendations related to state agencies
- Finalize implementation plan and consider timing of sustainability strategies

Send us your ideas!

CedarBridge Group

Contact us:
cthealthitplan@cedarbridgegroup.com

OHS
CONNECTICUT
Office *of* Health Strategy

Connie

Connecting People for Better Health

Jenn Searls,
Executive Director, Connie

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