Health IT Advisory Council

December 17, 2020

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Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 PM
Public Comment	1:05 PM
Review and Approval of Minutes – November 19, 2020	1:10 PM
Connie Update	1:15 PM
Update on the Statewide Five-Year Information Technology Plan	1:25 PM
Collecting and Sharing Social Needs Data, Social Determinants Data, and Social Services Data: A Brief Overview and Discussion	1:35 PM
Announcements & General Discussion	2:45 PM
Wrap up and Meeting Adjournment	3:00 PM

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Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approval of:

November 19, 2020 Meeting Minutes

Connie Update

Jenn Searls, Connie Executive Director

Monthly Update:

Developing Connecticut's Five-Year Statewide Health Information Technology Plan

Vatsala Pathy, Senior Director
CedarBridge Group

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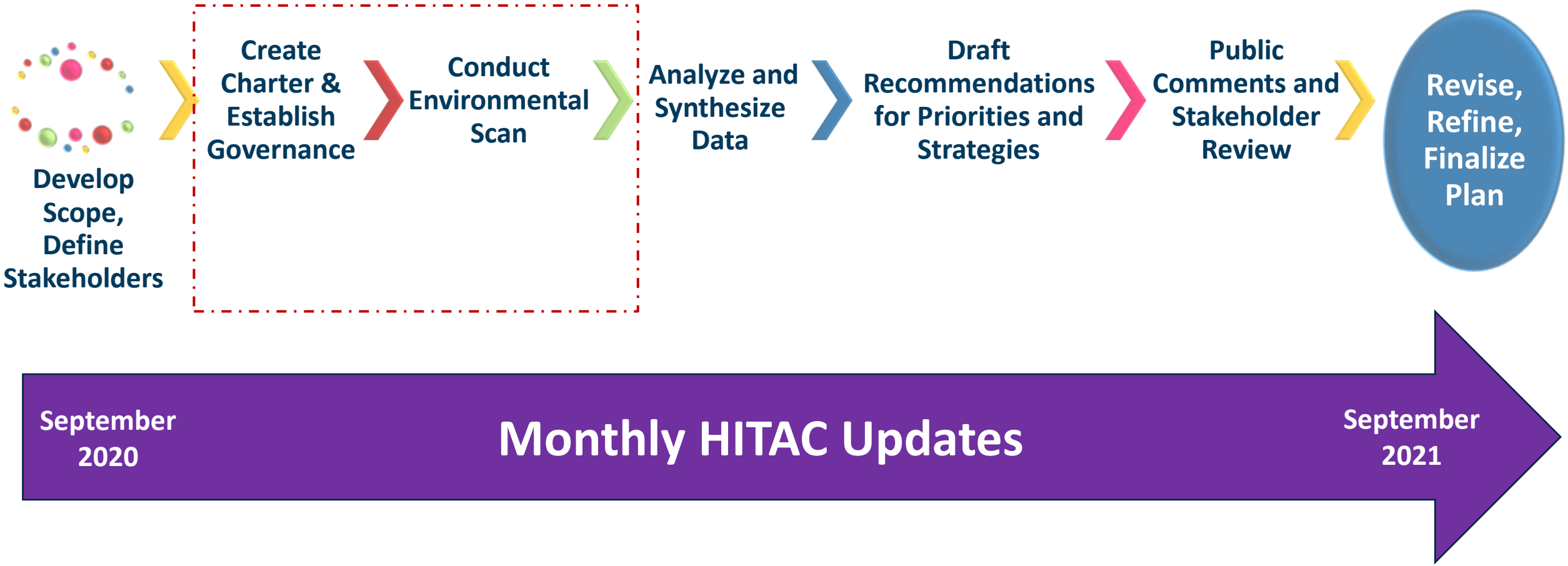
Process and Timeline for Health IT Plan



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The Discovery Process is Taking Shape

Interactive Engagement Webinars

Listen, Share, Learn, Collaborate

Topics	Date/Time
Behavioral Health & Everyone Else: *Sharing Sensitive Data Without Compromising Privacy*	**1/7/21** 1 pm-3 pm
Integrating Social Needs Data: *Knowing the Person Really Matters when Delivering Person-Centered Care*	**1/13/21** 10am-12pm
Prepare, Care, Protect, Measure, and Monitor: *Technology and Data Needs for a Strong Public Health System*	**1/19/21** 1pm-3pm
Warm Handoffs, Better Care, Lower Costs: *Timely Information Moving Between Long Term & Post-Acute Care, Emergency Medical Services, Hospitals & Health Systems, and Primary Care*	**1/28/21** 1pm-3pm
Connect the Dots to Improve the Outcomes: *Eliminating Barriers to Protect and Care for Connecticut's Children in Need*	**1/26/20** 10am-12pm
Prioritizing and Governing Investments: *Should Secure, Person-Centered, Health IT/ HIE Services be Considered a Common Need of All Connecticut Residents (i.e., public utility services for improving health)?*	**TBD**

Electronic Surveys

(January – February 2021)

- **Public health**
- **Long term and post-acute care**
- **Behavioral health**
- **Emergency medical services**
- **Social services**

Key Informant Interviews & Focus Groups

(January – March 2021)

Input will be sought throughout the development of the Connecticut Health IT Plan, including from all types of healthcare and social service providers; interested individuals; associations; labs; imaging centers; pharmacies; health plans; state/local agencies; businesses; community organizations; General Assembly members and local officials; academic institutions; and others, when relevant.

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How Will the Health IT Plan be Focused and Prioritized? (There's so much to do…)

OHS will gather diverse input and work to develop shared understandings around complex issues to develop a plan reflective of Connecticut priorities.

Information on topics will be presented monthly to HITAC; to other workgroups and committees supporting health and social service improvement, and to association memberships and other groups, as requested.

- Adoption/promotion of standards
- Communication strategies
- Consumer engagement strategies
- Data system interoperability
- Financing strategies and sustainability plans
- Implementation of consent policies
- Implementation timelines
- Improving data quality
- Interagency data sharing
- Measurement and analytics

Today

- Prioritizing health IT investments
- Public/private governance options
- Regulatory and payment levers
- Resource requirements
- Security and privacy requirements
- Shared services for identity resolution/attribution
- Technical assistance and ongoing training
- Telehealth data integration
- Standardizing and integrating social determinants/social services data

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Collecting and Sharing Social Needs Data, Social Determinants Data, and Social Services Data: A Brief Overview and Discussion

Carol Robinson, CEO
CedarBridge Group

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Background on Capturing and Exchanging Social Needs and Social Determinants Data

- Most US health care providers have adopted electronic health records (EHRs) that facilitate the uniform collection of clinical information.

- Collecting social needs assessment data and social determinants of health (SDoH) data is increasingly common under quality payment programs, but due to lack of technical specifications adopted with industry consensus, the data is typically not standardized into machine-readable formats in EHRs orin care coordination technology platforms.

- When SDoH data is collected in unstructured EHR fields, it is time-consuming to retrieve and difficult to analyze at a population level.

But wait– what about ICD-10 Z codes?

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Z-Codes Related to Socioeconomic and Psychosocial Circumstances (ZSS-Z65)

ZSS-ZSS.9	Illiteracy and low-level literacy; schooling unavailable and unattainable; failed examinations; school underachievement; educational maladjustment and discord	**Z56 - Z56.9**	Unemployment, unspecified; change of job; threat of job loss, stressful work schedule; discord with boss and workmates; uncongenial work; other physical and mental strain related to work
Z57-Z57.9	Occupational exposure to risk-factors; exposure to noise; exposure to radiation; exposure to dust; exposure to other air contaminants; exposure to toxic agents; exposure to extreme temperature; exposure to vibration; exposure to other risk- factors; exposure to unspecified risk-factors	**Z58 - Z58.9**	Problems related to physical environment; exposure to noise; exposure to air pollution; exposure to water pollution; exposure to soil pollution; exposure to radiation, exposure to other pollution; inadequate drinking-water supply; exposure to tobacco smoke
Z59-Z59.9	Problems related to housing and economic circumstances; homelessness; inadequate housing; discord with neighbors/lodgers/ landlord; problems related to living in institutions; lack of adequate food; extreme poverty; low income; insufficient social insurance and welfare support	**Z60-Z60.9**	Problems related to social environment; problems of adjustment to life-cycle transitions; atypical parenting situation; living alone; acculturation difficulty; social exclusion, rejection, discrimination
Z61 - Z61.9	Problems related to negative life events in childhood; loss of love relationship; removal from home; altered pattern of family relationships; events resulting in loss of self-esteem; problems related to alleged sexual abuse; problems related to alleged physical abuse; personal frightening experience	**Z62-Z62.9**	Other problems related to upbringing; inadequate parental supervision and control; parental overprotection; institutional upbringing; hostility towards and scapegoating of child; emotional neglect of child; other problems related to neglect
Z63-Z63.9	Other problems related to primary support group, including family circumstances; problems in relationship with spouse or partner, parents and in-laws; inadequate family support; absence of family member; disappearance and death of family member; disruption of family by separation/ divorce	**Z64 - Z64.9**	Problems related to certain psychological circumstances; problems related to unwanted pregnancy; seeking and accepting physical, nutritional and chemical interventions known to be hazardous and harmful; seeking and accepting behavioral and psychological interventions known to be hazardous and harmful; discord with counselors
Z65 - Z65.9	Problems related to other psychosocial circumstances; conviction without imprisonment; imprisonment and other incarceration; problems related to release from prison; problems related to other legal circumstances; victim of crime and terrorism; exposure to disaster, war, and other hostilities		

Grading Medicare Providers on the Utilization of Z Codes in 2017: Needs Improvement

Among 33.7 million total Medicare FFS beneficiaries in 2017, approximately 1.4% (467,136) had claims with Z codes*.

The five most utilized Z codes in the 2017 Medicare FFS claims data were:

- Z59.0 - Homelessness
- Z60.2 – Problems related to living alone
- Z63.4 – Disappearance and death of family member
- Z65.8 – Other specified problems related to psychosocial circumstances
- Z63.0 – Problems in relationship with spouse or partner

* Data Source: Estimates were produced using 100 percent of Medicare FFS claims data from 2017 for beneficiaries aged 18-75 years living in the contiguous United States

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Still, Important Insights Were Discerned Through the Z Codes in 2017 Medicare Fee For Service Claims

Of the 467,136 Medicare FFS beneficiaries with Z code claims

- 72% had hypertension
- 53% had depression
- 25% were dual eligible
- 35% were under 65 years of age
- Homelessness was the only Z code (Z59.0) with a higher utilization for males than females
- Significant disparities in homelessness among blacks, Hispanics and American Indians/Alaska Natives observed through Z code (Z59.0)

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Developing Consensus on Interoperable Standards for Data Representing Social Risk Factors and SDoH

The Gravity Project was created by SIREN with funding from the Robert Wood Johnson Foundation to convene stakeholders around the goal of ***identifying and harmonizing social risk factor data*** for interoperable electronic health information exchange

Why?

- There are strong links between social risk and an individual's health and health care utilization
- Integrating social risk data into clinical decision-making can improve health outcomes and help reduce costs

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Gravity Project Goals and Domains

- Understand the value and use of SDOH data for clinical care and population management
- Analyze gaps in existing terminology and codes used to represent SDOH-related activities in clinical delivery settings
- Develop standard terminology, vocabulary, and codes to refer to and implement SDOH concepts in the EHR context

Initially focused on three specific social risk domains:

- Food insecurity
- Housing instability and quality
- Transportation access

Focused domains in early 2021

- Financial Strain
- Demographics (education, employment, veteran status)

Focused domains in later 2021:

- Social Isolation
- Stress
- Violence

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Gravity Project Activities and Deliverables

Phase 1 Activities and Deliverables

- Develop use cases to guide recommendations for documenting SDOH data in EHRs or related systems
- Identify common data elements and associated value sets to support the use cases in four clinical activities
  - Screening
  - Diagnosis
  - Planning
  - Interventions
- Develop recommendations for capturing and grouping the data elements for exchange and aggregation of data
- Initiate development of HL7 (FHIR) Implementation Guide, based on use cases and associated data sets

Phase 2 Activities and Deliverables

- Collaborate with coding and terminology suppliers to address coding gaps defined in Phase 1
- Develop and test coded SDoH data sets for use in FHIR through Connectathon events
- Develop and ballot an HL7 FHIR SDoH Implementation Guide

If you would like to learn more about these membership types and join the Gravity Project, click here.

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HIEs, CIEs, Medicaid Waiver Projects, and Community Organizations are Advancing SDoH Data Exchange

IDAHO HEALTH DATA EXCHANGE ANNOUNCES NEW PARTNERSHIP WITH AUNT BERTHA
July 29, 2020

Health Leads

The National Center for Complex Health & Social Needs
An initiative of the Camden Coalition

Community Resource Network
Colorado's whole-person health-driven community information exchange platform.
Powered by Quality Health Network

Community Information Exchange®

Camden Coalition of Healthcare Providers

ALL IN DATA FOR COMMUNITY HEALTH

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

SYSTEMS INTEGRATION
A community project at United Way

alameda county care connect

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Potential Discussion Questions:

- If you could look five years into the future, how could the use of health IT be improved to help address social determinants of health?
  - More constrained standards for data collection
  - More data sharing between agencies providing care and services for (the same) individuals and families
  - Legal and policy guidance on data-sharing
  - Funding for pilot projects to coordinate across communities
  - Aligning measures and standardizing assessments
  - Other

- Does your organization use Z codes in identifying high risk patients, in population health analysis, or for care coordination?
  - What could help increase the use of Z codes by providers?

- Are you aware of organizations in Connecticut currently engaged in capturing social needs assessments in a care coordination platform or in an EHR?
  - What can you tell us about how the information is being used?

- Do you know of any initiatives in Connecticut where social needs data, social services data, justice system data, or education data is being shared with healthcare providers?
  - How is that being done?

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Send us your ideas for future discussions!

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Announcements and General Discussion

Dr. Quaranta, Council Members

Wrap up and Next Steps

Contact Information

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Health IT Advisory Council Website:

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