

Healthcare Cabinet Meeting Minutes

September 21, 2021

Meeting Date	Meeting Time	Location
September 21, 2021	9:00 a.m. - 11:00 a.m.	Webinar and Conference Call

Participant Name and Attendance

Healthcare Cabinet Members					
Victoria Veltri	X	Hussam Saada	X	Valencia Bagby Young	X
Claudio Capone	X	Alan Kaye	X	James Michel	X
Rev. Robyn Anderson	X	Paul Lombardo	X	David Whitehead	X
Patricia Baker	X	Heather Aaron	X	Claudio Gualtieri	X
Nicole Taylor	X	Nichelle Mullins	X	Margherita Giuliano	X
Shelly Sweatt	X	Danielle Morgan	X		
Nancy Navarretta	X	Cassandra Murphy	X		
Ted Doolittle	X	Jill Zorn	X		
Others Present					
Jenn Searles					
Carol Robinson					
Vatsala Pathy					
Members Absent					
Joshua Wojcik		Ellen Andrews			
Kurt Barwis					
William Handelman					

	Agenda	Responsible Person(s)
1	Call to order and Introductions	Victoria Veltri
	The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, September 21, 2021 via Zoom. The meeting convened at 9:00 a.m. Victoria Veltri presiding. Attendance taken by roll call.	
2	Public Comment	Victoria Veltri
	There was no public comment.	
3	Approval of the July 13, 2021 Meeting Minutes	Victoria Veltri
	The motion was made by Pat Baker and seconded by James Michel approve the July 13, 2021 Healthcare Cabinet meeting minutes. Motion carried.	
4	Access Health - Update	James Michel, Access Health

Healthcare Cabinet Meeting Minutes

September 21, 2021

Ms. Veltri introduced James Michel from Access Health who gave a brief update on Covered CT.

Below are the highlights from the presentation.

Covered CT Marketing – July/August 2021 Update.

- Q&A posted to our website in English & Spanish
- Blog post pinned to the homepage of our website in English & Spanish
- Manual, monthly auto-enrollment with communications
- Participation in press conferences alongside elected officials
- Legislative toolkit
- Monthly, manual, direct-to-consumer communications continue, via email or direct mail.

Covered CT & Extended SEP Campaign Access Health CT – Enrollment Update.

Dual message campaign: supporting the extended Special Enrollment Period and the Covered Connecticut Program. The Special Enrollment Period deadline is October 31. Covered CT enrollment deadline will be December 31 or at the end of the Open Enrollment. Campaign due to be in the market September and October the placements will include:

- Digital billboards (Hartford/New Haven)
- Print advertorials (Courant & multi-cultural)
- DJ radio reads (NPR, WPOP, WTIC)
- Social media
- Search engine marketing

Additional areas of focus moving forward:

- Continued, prominent placement of blog post on the website and the Q&A
- Automated enrollment through the AHCT website (beginning October 2021)
- Automated eligibility notices (beginning October 2021)
- Outreach to households that may be eligible if they make a change
 - With the support of Carriers/DSS/OHS
- Support communications during Open Enrollment where we can insert the messages (such as PR opportunities)

Ms. Veltri thanked Mr. Michel for the update. Several discussions ensued for more information please see the meeting recording link below.

https://ctvideo.ct.gov/ohs/HCC_20210921_Meeting_Recording.mp4

6	Update on Health Information Alliance	Jenn Searles, CONNIE
<p>Ms. Veltri introduced Jenn Searles who gave an update on the Health Information Alliance to the cabinet members.</p>		

Healthcare Cabinet Meeting Minutes

September 21, 2021

Below are the highlights from the presentation:

Onboarding status update:

66 Live Organizations - Up from 46 last month

- 6 DMHAS facilities, 8 BH providers, 3 FQHCs
- Hartford Healthcare, Yale New Haven Health System
- SONE, ProHealth
- 8 practices through CT Health Link
- 37 independent practices
- 14 live feeds and another 89 pending for LabCorp/Quest data to be shared with Connie.

Ms. Searles also noted that 165 Signed Organizations which was 35 more in the last month and 100+ are in queue. At the moment there are 26 organizations who have expressed interest in Connie within the last month and 17 new contracts in negotiation.

Ms. Searles gave a brief update on the **FY 2021 and FY 2022 Use Cases; Patient Tools and Planning.**

FY 2021

- **Encounter Alerts:** Connie supports the delivery of real-time admission, discharge, and transfer (ADT) alerts to treating providers and care coordinators whenever a Medicaid beneficiary has a hospital encounter. This use case is to expand to all providers (Q2 FY22). Providing alerts on clinical events supports timely transitions of care.
- **Clinical Data:** Electronically sending and receiving clinical information such as patient care summaries, labs, radiology reports, or ADT messages improves and facilitates care coordination efforts.
- **PDMP:** Connie participants will have visibility into the Connecticut's statewide Prescription Monitoring and Reporting System (CPMRS) through Connie's provider portal or their own EHR/EMR. Reviewing the PDMP before prescribing certain medications is required by law. This use case helps to streamline the workflow for providers.

FY 2022

- **Image Exchange:** Enables providers to access core and emergent images at the point of care for patients. Includes access to images with reports from the Connie portal, enabling providers to compare images across multiple locations, and allows for transfer of external images to local PACS. This will lay the foundation for facilitating the exchange of emergent images to stroke centers within the Connie portals.
- **eReferral:** Appointment and other information regarding the referral are transferred electronically between health care providers. Providers at each participating organization

Healthcare Cabinet Meeting Minutes

September 21, 2021

will be able to arrange formal clinical referrals with providers at other participating organizations through the HIE.

- **Provider Directory Access:** Provider Directory allows healthcare staff to search for specific providers and find details-- languages spoken, facility locations, contact information, and specialties. Conversely, searches can be made based on desired qualifications (i.e., search for a specific specialty or language spoken). This service supports the ability for healthcare staff to better manage case information, including treatment plans, care team, and referrals.
- **Best Possible Medication History:** an accurate and complete list (or as close as possible) of medicines the patient is currently taking. BPMH is foundational for any efforts to reconcile medications.
- **Advanced Directives:** Advance Directives are legal documents that convey a person's healthcare preferences to be used during times of incapacitation. Advance Directive Registry stores the existence and location of a document but not the document itself. Patients, providers, and health systems will, at a minimum, gain efficiency in a labor-intensive process of acquiring and storing advance directives.
- **Immunizations:** An immunization information system (ISS) provides bi-directional communication between the state immunization registry and healthcare providers using the HIE.

Patient Tools:

- eConsent: enables patients to Opt-Out of having their health record shared through Connie. To date, we have less than 2000 people who have opted out. (FY21)
- eConsent (Provider Mediated): Facilitates affirmative consent by patients through the provider, enabling SUD providers to share data protected by 42 CFR Part 2 through the HIE. (FY22)
- eConsent (Patient Mediated): Patients are directly able to apply their own affirmative consent for share data protected by 42 CFR Part 2 through the HIE. (FY23)
- Patient Data Access: Consistent with federal guidance and requirements regarding Information Blocking and Patient Access, Connie will provide FHIR-based APIs for providing consumers access to their health information via mobile devices. This approach provides privacy and security for patient information while enabling a consumer-friendly approach to such information in a manner of which they are already familiar. (FY23)

Planning:

- Stroke Registry/Network: Allows immediate access to critical stroke cases that may require transfer for specialized care at a primary or comprehensive stroke center. Images are available before read and are shared to a platform utilized by a group of specialized stroke clinicians for transfer or further analysis.
- Electronic Case Reporting: Automated, real-time, bidirectional exchange of case report information between EHRs and public health agencies for case investigation and follow up. HIEs can screen existing data flows with providers to identify reportable conditions

Healthcare Cabinet Meeting Minutes

September 21, 2021

	<p>and automatically send electronic reports of those conditions to the Centers for Disease Control and/or State epidemiologists.</p> <ul style="list-style-type: none"> • eConsult: asynchronous, consultative, provider-to-provider communications within a shared electronic health record (EHR) or through an HIE. Accessible from a provider portal and the InContext app. • Quality Measurement: Clinical data available through HIEs can be combined with claims data to better identify performance and gaps in care. A statewide electronic system for clinical quality measurement will enable providers and encourage payers to more efficiently participate in value-based payment models. <p>Ms. Veltri thanked Ms. Searles for an in-depth presentation. Several discussions ensued for more information please see meeting recording link below.</p> <p>https://ctvideo.ct.gov/ohs/HCC_20210921_Meeting_Recording.mp4</p>		
7	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Five-Year Statewide Health IT Plan Development</td> <td style="width: 40%; padding: 5px;"> Carol Robinson, CEO, CedarBridge Group Vatsala Pathy, Senior Director, CedarBridge Group </td> </tr> </table>	Five-Year Statewide Health IT Plan Development	Carol Robinson, CEO, CedarBridge Group Vatsala Pathy, Senior Director, CedarBridge Group
Five-Year Statewide Health IT Plan Development	Carol Robinson, CEO, CedarBridge Group Vatsala Pathy, Senior Director, CedarBridge Group		
	<p>Ms. Veltri introduced Carol Robinson and Vatsala Pathy who presented to the cabinet members the Health IT Five Year Statewide Plan's Environmental Scan Recommendations - Summary of Feedback Report.</p> <p>Ms. Vatsala stated that a detailed Summary of Feedback Report is available with your meeting materials. The report summarizes feedback received through public comments, interactive webinars, and from OHS workgroups incl. HITAC. Ms. Vatsala noted that today's discussion will highlight key feedback and proposed incorporation of feedback for the Five-Year Statewide Health IT Plan.</p> <p>Below are some of the highlights from the presentation.</p> <p>Public Comment and Feedback on Draft Recommendations.</p> <ul style="list-style-type: none"> • 3 Interactive Feedback Webinars - 25 attendees • Public Comment Period (July 14th - Aug. 13th) 35 public comments received from 8 organizations/ individuals • HITAC and OHS Workgroup Meetings <ul style="list-style-type: none"> ✓ June & July HITAC meetings ✓ Medication Reconciliation and Polypharmacy Committee July meeting ✓ Primary Care Workgroup & Community Health Subgroup <p>State Agency Meetings</p> <ul style="list-style-type: none"> ✓ Department of Public Health 		

Healthcare Cabinet Meeting Minutes

September 21, 2021

Connie Meeting

- ✓ Office of Policy & Management
- ✓ Department of Consumer Protection
- ✓ Department of Social Services

- ✓ Executive Director

General Feedback on Draft Recommendations

- Ensure all recommendations explicitly incorporate principles for whole person-centered care and reflect “Patients as the North Star”
- Add consumer/patient representation on all proposed workgroups and committees
- Add provider education, oversight, and monitoring protocols to prevent information blocking by healthcare entities*
- Prioritize consumer access to their own health information through development of a consumer-facing portal within the Connie infrastructure

Incorporating the feedback of the recommendations as follows:

- Patients as the North Star”: implementation details more explicitly addressing *how* activities will produce value for patients and families
- Add consumer representation on proposed workgroups:
 - HHS Patient Centered Services Collaborative
 - State Agency Data Collaborative
 - HITAC HIE Sustainability Workgroup
 - HITAC SDoH Screening & Data Design Group
 - Public Health Interoperability Workgroup
- Prevent information blocking: added to recommendations on Connie for OHS to conduct education campaign and monitor compliance
- Patient access to their health info.: added recommendation for Connie to prioritize development of patient portal without fees or other barriers

Also presented were the following feedbacks:

- Elements of the Health IT Plan
 - HIE / Connie
 - Social Determinants of Health
 - Interagency Data Sharing
 - Behavioral Health IT Challenges
 - Best Possible Medication History
 - Health Information Privacy

- Strategies for Widespread Use and Sustainability of Connie
- Systems and Strategies to Address Social Determinants of Health

Healthcare Cabinet Meeting Minutes

September 21, 2021

<ul style="list-style-type: none"> • Service Coordination and Data Integration Across State Agencies • Support Adoption of EHR and HIE Services by Behavioral Health Providers • A Best Possible Medication History, Connected Through Connie • Health Information Privacy to Protect Patients and Families <p>Implementation Planning - Next Steps</p> <ul style="list-style-type: none"> • Establish interagency workgroup to fine tune recommendations related to state agencies • Finalize implementation plan and consider timing of sustainability strategies • Establish Health IT Plan implementation milestones and success metrics • Draft Sustainability Plan Appendix • Draft Compendium of Technical Standards, Policies, and Business Practices <p>Ms. Veltri thanked Ms. Robinson and Ms. Pathy for presenting to the cabinet today. Several discussions ensued for more information, please see the meeting's recording link below. https://ctvideo.ct.gov/ohs/HCC_20210921_Meeting_Recording.mp4</p>	
Adjourn	Victoria Veltri
<p>The motion to adjourn the meeting was made by James Michel and seconded by Danielle Morgan. The motion passed.</p> <p>The meeting adjourned at 11:00 a.m.</p>	