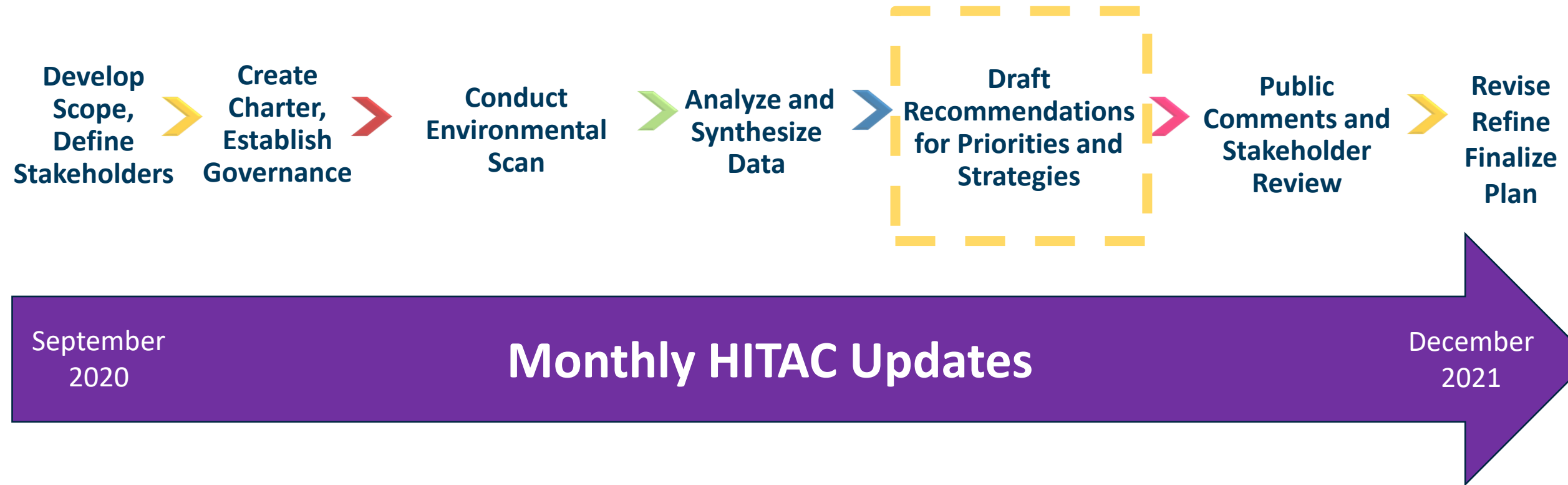


Draft Environmental Scan Report

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

Vatsala Pathy, Senior Director
Jamal Furqan, Consultant
CedarBridge Group

Process and Timeline for Statewide Health IT Plan



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

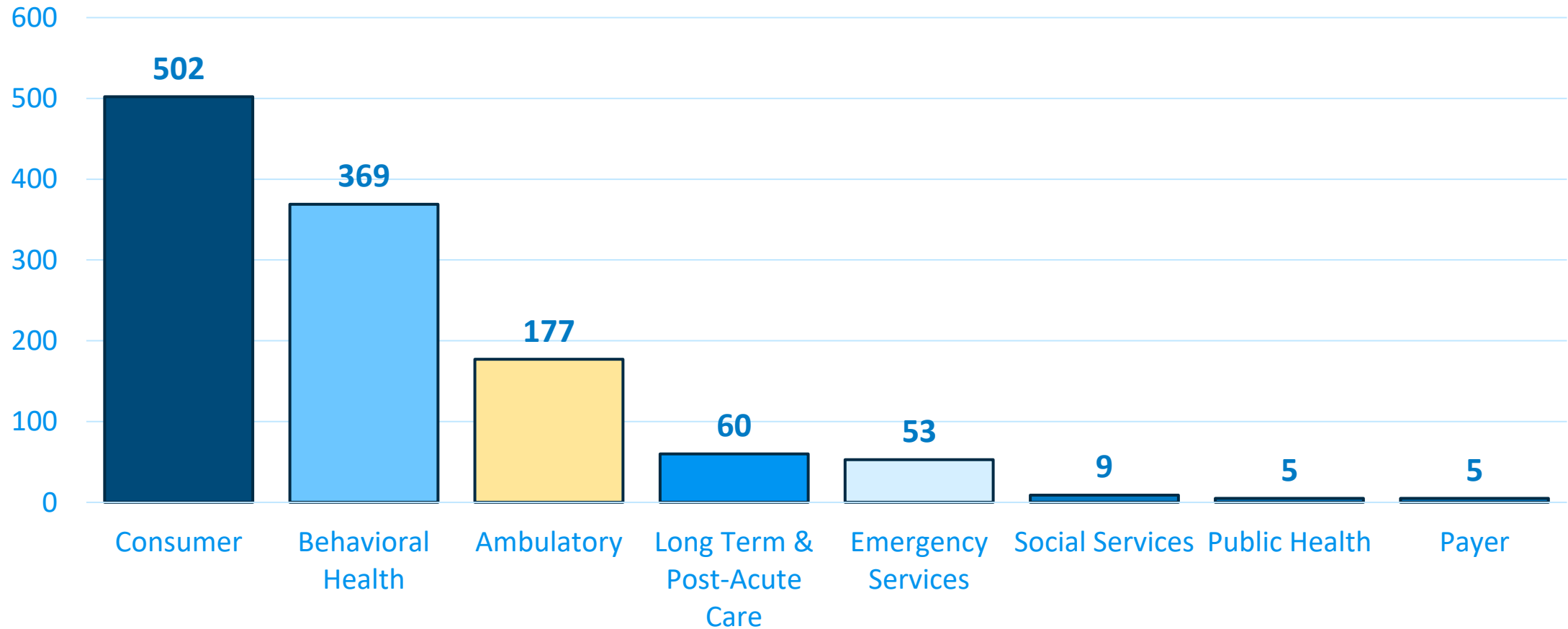


Environmental Scan

- Input from **over 1200** Connecticut residents and organizations!
- Multiple inputs:
 - Virtual forum sessions
 - Key informant interviews
 - Online surveys
 - Focus groups



Connecticut eScan Survey Counts



1,181 total surveys completed

Connecticut eScan Focus Group Counts

Focus Groups	# of Participants
Long-Term Care Focus Group	12
Primary Care Focus Group	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

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

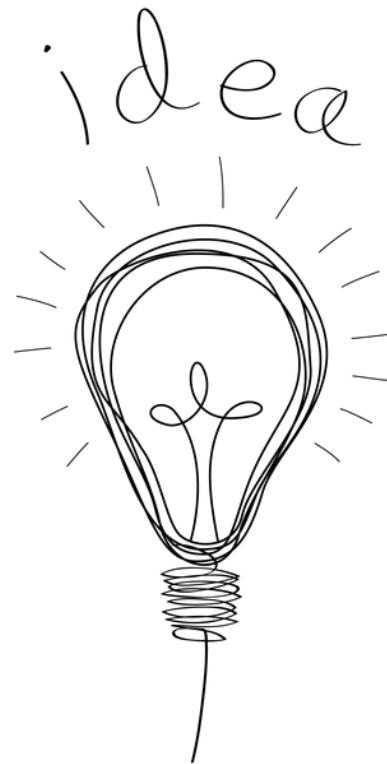
- **Sectors involved:** hospitals & health systems, state officials, advocates, primary care, behavioral health, legislators, healthIT/HIE, community-based organizations, public health, long-term care, EMS, researchers

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

Major Themes and Findings



Findings: Health Information Exchange



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

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



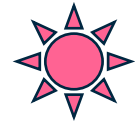
Social Determinants of Health and Health Equity



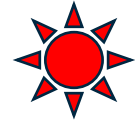
Most providers are not using a closed-loop referral platform



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



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

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

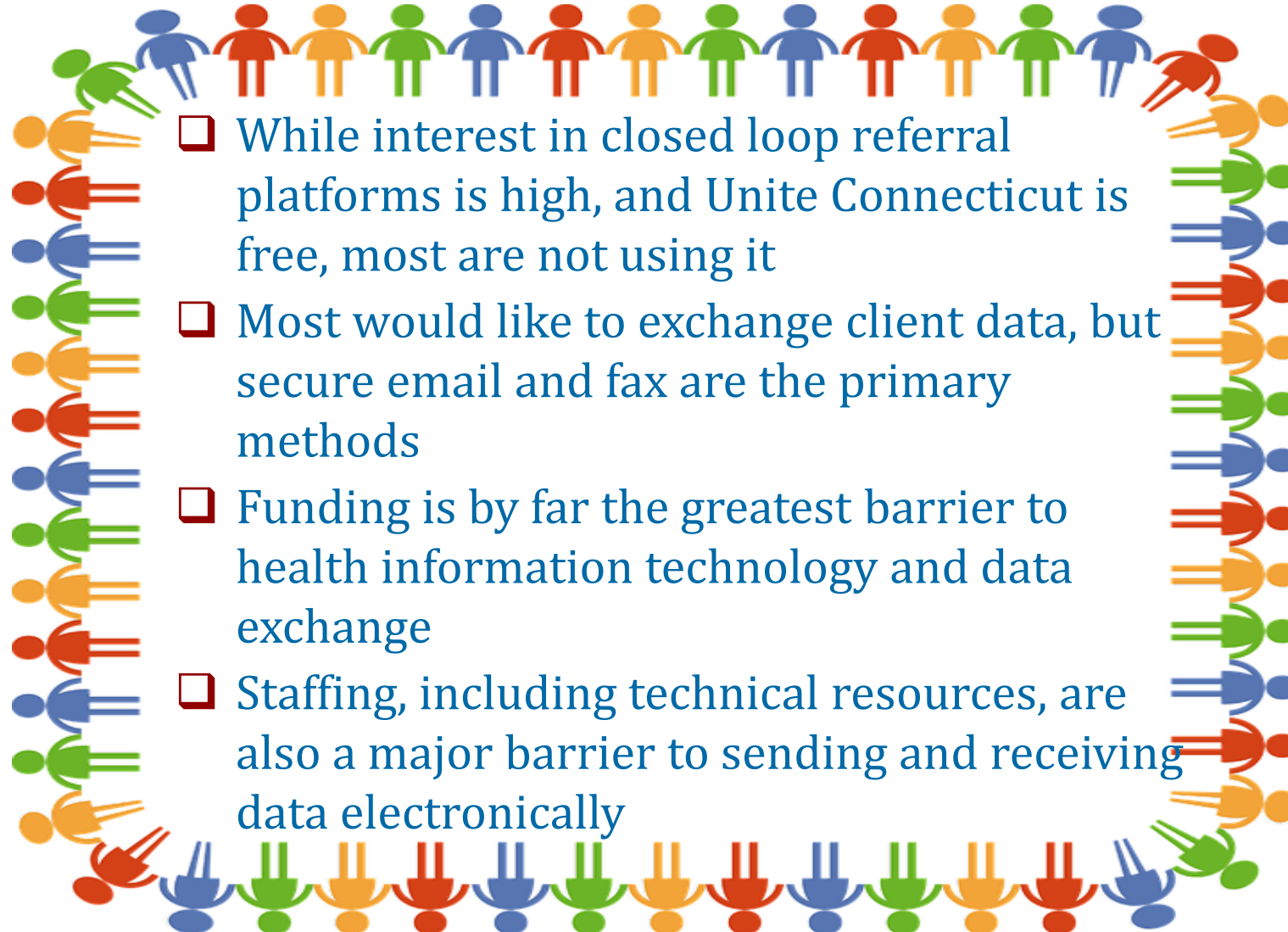
Findings: Behavioral Health

- 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



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

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

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**

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

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

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

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

Discussion and Feedback

