

Health IT Advisory Council

June 15, 2023



Agenda

Topics

Welcome & Call to Order

Public Comment

Council Action: Approval of Minutes: May 18, 2023

HIE Regulations Discussion

Council Action: Review and Approval of Establishing HIE Regulations Subcommittee and Draft Charter

2024 Advanced Planning Document (APD) Review and Comment

Connie Privacy, Confidentiality & Security Committee Update

Connie General Update

Announcements & General Discussion

Council Action: Wrap Up & Meeting Adjournment

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Approval of Meeting Minutes

May 18, 2023

HIE Regulations Discussion

Vasi Gournaris, OHS

Update:
**Mechanism for receiving HITAC feedback during
the process of developing State-wide HIE Regulations**

June 15, 2023



Summary of initial HITAC presentation on the process of developing State-wide HIE Regs

- Purpose of formulating regulations
- OHS authority to adopt policy, procedures and regulations
 - [CGS §17b-59d\(g\)](#) and [CGS §17b-59e\(d\)](#)
- HITAC's advisement role [\[CGS § 17b-59f\(a\)\]](#)
- The formal regulations process
 - Chapter 54 of the General Statutes [Uniform Administrative Procedure Act](#)
 - Rules of the [Legislative Regulation Review Committee - C G A - Connecticut General Assembly](#)
- Initial HIE regulation concepts presented for feedback
- HITAC Initial Feedback
 - Comments: Other States/Patient emphasis/ONC data standards/info blocking
 - **Subcommittee** (mechanism for feedback)

HITAC HIE Regulations Advisory Subcommittee Structure

- **Public Meeting**
- **6-9 HITAC members** or their designees as subcommittee members
- **6-8 Meetings** (1.5-2 hours per meeting)
 - **Dates/times to be finalized based on members' schedules and OHS resources**
- **12-month term**
- **Various SME guests/attendees**
 - Other HITAC members
 - OHS representatives
 - Connie representatives

Work-flow process

- **Feedback from the Subcommittee (meeting structure)**
 - Present/discuss potential working policy/regulation concepts
 - Receive feedback from subcommittee and guests
- **In-between meetings**
 - OHS drafts policy, procedure and regulations with legal advisement
- **OHS completes final drafting**
- **Formal policy, procedure and regulations process initiated by OHS legal counselors**
 - Notice of Intent to Adopt Regulations
 - Public Inspection/Comment period

Subcommittee Attendees:

- **6-9 HITAC Subcommittee members**
 - Chair (TBD)
 - Minimum of 3 state agency members or appointees
 - 1 including Sumit Sajnani, HITO- co-chair
 - Minimum of 2 non-state agency members or appointees
 - 2 additional as available
- **Sub-Committee presenters/participants**
 - OHS Health Information Technology Team representatives
 - OHS legal counselors
 - OHS contracted support representatives
 - Connie representatives
 - Other HITAC members (SME-according to discussion topic)

HITAC HIE Regulations Advisory Subcommittee Volunteers

- **Volunteers for membership consideration-thus far**
 1. Dr. Patricia Checko
 2. Dr. Susan Israel
 3. Dr. Alan Kaye
 4. Dr. Byron Kennedy (designee of DOC Deputy Commissioner Sharonda Carlos)
 5. Dr. Robert Richeson (designee of DOC Deputy Commissioner Sharonda Carlos)
 6. Sumit Sajnani, HITO
 7. **Others? (6-9 members)**
- **Volunteers as Expert Guests/Presenters**
 - **Still seeking HITAC member volunteers for specific topics/meetings**

Tentative Discussion Topic Schedule

Session 1:	Health Care Providers	Connecting to and Participating in the HIE
Session 2:	Complete Medical Record	Privileged Data
Session 3:	Data sharing requirements	Direct messaging
Session 4:	Data Privacy & Security	Data access
Session 5:	Patient Access	11 statutory goals
Session 6:	HIE purpose/authority/ restrictions	Funding and Management
Session 7:	TBD (if necessary)	
Session 8:	TBD (if necessary)	
Session 9:	TBD (if necessary)	

HITAC HIE Regulations Advisory Subcommittee Charter

Sumit Sajnani, HITO

HITAC

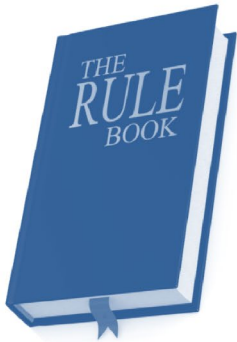
HITAC Advisory Duties

- The Health Information Technology Advisory Council (HITAC) was established by Connecticut General Statutes (CGS) Section 17b-59f with the following responsibilities:
 - **Advise the Executive Director of the Office of Health Strategy (OHS) and the Health Information Technology Officer (HITO) in accordance with CGS Section 19a-754a on priorities and policy recommendations to advance the state's health information technology (health IT) and health information exchange (HIE) efforts and goals**
 - **Advise the Executive Director and HITO in the development and implementation of the statewide health IT plan and standards and the Statewide Health Information Exchange, established pursuant to CGS Section 17b-59d**
 - **Advise the Executive Director and HITO regarding the development of appropriate governance, oversight, and accountability measures to ensure success in achieving the state's health IT and exchange goals**

HITAC Charter

Article 5, Section 3 of the HITAC's charter establishes the Council's authority to form standing and/or limited duration working groups and subcommittees to deliberate and provide recommendations to the HITAC and OHS on topics of specific concern or interest related to the Council's role as established in statute.

Needed: A HITAC-Chartered Regulations Advisory Subcommittee



Considerations When Defining a Policy Framework for Statewide Health Information Exchange

- Define the Purpose of State-Designated HIE
- Define the Administrative and Fiscal Oversight of State-Designated HIE
- Define Security and Privacy Requirements for HIE Entities and HIE Participants
- Define Participation Requirements by Provider Type With Clinical and Demographic Data Elements
- Define Standards for Data-Sharing by Provider Type (e.g., Direct; HL7v.2; FHIR APIs)
- Define an Exemption Process for Provider Participation
- Define Authorities for Setting Fees, Seeking, and Accepting Grants and Other Funds
- Define Data Use Restrictions (i.e., Monetization and Re-identification of Data and Without Explicit Consent)
- Define Processes for Ensuring Regulatory Compliance, Including Potential Penalties, and Remediations
- Define Consumer Access Requirements and Consent Policies
- Define Other Regulations as Needed

Enabling Legislation

- Connecticut's General Assembly established **legal requirements** for hospitals, clinical laboratories, and healthcare providers with an electronic health record system **to connect and participate in the Statewide HIE** in CGS 17b- 59e.
- In accordance with the provisions of the Uniform Administrative Procedure Act (CGS Chapter 54, Sections 4-166 – 4-189), **the Executive Director of the Office of Health Strategy is charged with the responsibility and authorities to adopt regulations** necessary to implement the provisions of CGS 17b - 59a-g.

Background for Subcommittee

Connie Advantages

- Providers are mandated to connect and participate
- An experienced technology partner is contracted
- An effective management team in place

Connecticut's Statewide HIE is well-positioned to demonstrate significant social and economic value to the state's short-term and long-term interests in the health and security of its population.

It is imperative for providers and consumers to have confidence in Connecticut's Statewide HIE as a trusted technology asset and a trust-worthy public/private health data utility for improving health and healthcare.

Connecticut's HIE approach requires a regulatory framework to inform the development of

- Administrative rules,
- Policies and procedures,
- Contractual terms and authorities
- Other requirements, potentially

A regulatory framework must be

- Grounded in principles, such as *safety, security, ethics and responsibility, equity, and patient-centricity*
- Responsive in balancing stakeholder needs
- Responsive to changing technology developments
- Work within all existing federal and state laws

The HITAC chartered the

- **2017: HIE Governance Design Group** and **eCQM Design Group**
- **2018: HIE Use Case Design Group**
- **2019: Consent Design Group**

Each of these advisory groups put thoughtful consideration into the data services, data protections, and the sustainability of a Statewide HIE, prior to the formation of Connie. Reviewing the recommendations made by these groups could prove useful at this juncture.

Subcommittee's Purpose

- Provide recommendations and feedback to the HITAC and the HITO regarding administrative rules, policies, contractual terms and conditions, and other components of a regulatory framework pertaining to Connecticut's Statewide HIE.
- This group's work will support the Executive Director of the Office of Health Strategy in the propagation of rules and policies to support Connecticut's Statewide HIE and all participants in the HIE's services, allowing effective implementation of Connecticut's General Statutes for Health Information Exchange, codified in CGS 17b-59a-f.

Subcommittee Process (Subject to Change)

- Review existing stakeholder feedback, may gather additional stakeholder feedback, evaluate the regulatory landscape in other states with similar requirements to Connecticut's participation mandate, invite and engage with subject matter experts and undertake any activity in support of its purpose.
- Will be supported by OHS staff and contractors.
- Updates to the HITAC at the Council's meetings and to HITO as requested
- Anticipate six to eight meetings for OHS to gather sufficient feedback to draft policies and procedures and post for public comment
- Additional meetings may be needed to review and consider submitted public comments (after posting)

Subcommittee Membership

- **Members:** The HITAC Co-Chairs will make appointments of between 6-9 individuals from within HITAC members with the goal of broad representation of constituencies.
- **Term of Membership:** Membership terms of the RAS shall be twelve (12) months, unless extended by a vote of the subcommittee membership and approved by the HITAC.
- **Attendance:** Members of the RAS will commit to regular attendance of meetings. RAS members will inform the Chair if they need to be absent from a meeting. To ensure ongoing representation of stakeholder domains, the HITAC Co-Chairs will request the resignation of any member of the RAS who becomes unable to attend meetings on a regular basis, so another person from the represented sector can be appointed.

Subcommittee Leadership

- **Chair Appointment:** The Chair of the RAS shall be appointed by the Co-Chairs of the Council.
- **Duties of Chair:** The Chair of the RAS shall preside at all meetings of the workgroup, will ensure appropriate representation and subject matter expertise, and will provide guidance and content review to staff and contractors supporting the workgroup. A representative from the RAS will be selected by the Chair to assume responsibilities of the Chair, in the event of the Chair's absence from any workgroup meeting.

Project Management and Subcommittee Support

- OHS, with project management support and counsel from subject matter experts, will develop meeting agendas and materials, conduct research and analysis, and provide meeting facilitation and legal support for the RAS.
- A project schedule will be maintained, and meeting minutes will be posted in draft form to the OHS web site within seven calendar days of each of the RAS meetings.
- Minutes shall be deemed final by majority vote of a quorum of RAS members at a subsequent meeting; approved minutes will be posted to the OHS website within seven calendar days of the committee's approval.

Meetings and Operating Procedures

- The RAS will convene by virtual meeting technology for the number of meetings required to consider their charge and develop recommendations for the HITAC, the HITO, and ultimately, the Executive Director of OHS. The schedule and frequency of meetings will be determined by the Chair.
- Meetings will be governed by Robert's Rules of Order, Abbreviated. A majority of members of the subcommittee shall constitute a quorum. Action on agenda items may be taken by no less than a majority of a quorum.
- Meeting notifications will be published on the Connecticut Public Notice website and on the OHS website.
- Members of the RAS are expected to be active and prepared participants in meetings.

Records, Governance, and Public Comment

- The RAS will adhere to all requirements, policies, and laws set by the State of Connecticut and the HITAC.

Questions / Discussion

Approval of Establishing HIE Regulations Subcommittee Charter

Sumit Sajnani, HITO

Advanced Planning Document



Federal Funding Requests and the Council's Role

- The current approved Advanced Planning Document (APD) federal funding request expires September 30, 2023
- The Department of Social Services (DSS) is the submitting agency to the Centers for Medicare and Medicaid Services (CMS)
- Per Connecticut statute and the Council's Charter
 - Duties include *review and comment* to OHS Executive Director or DSS Commissioner
“Prior to submission of any...request seeking federal...matching funds...for health information technology or health information exchange...”

CMS Funding Structure – Cost Allocation

- On February 23, 2022, we received approval of a 40% Cost Allocation Percentage (CAP) for HIE activities effective January 1, 2022
- In the FFY 23/24 funding request utilizes the same cost allocation methodology with an updated cost allocation percentage of 43% based on 2022 Connecticut population
- ***Cost allocation Methodology:*** the number of Medicaid beneficiaries as a percentage of population, weighted by per capita claim volume between different categories of covered lives.

OAPD: Certified = Higher Federal Financial Participation

- Before a use case or system module receives CMS certification, Federal Financial Participation (FFP) is limited to **50%** of Medicaid program
- Once a use case or system module is certified by CMS, the FFP increases to **75%** of Medicaid program costs
- HIE modules and/or use cases must be **certified** as supporting the Medicaid Enterprise System (MES)
 - Certification is based on the **value propositions** specific to the Medicaid program, **anticipated outcomes**, and agreed upon **metrics**

Connie's Phase Implementation- IAPD & OAPD

Implementation	Use Case Service	Supporting Function
FFY-2021	<input type="checkbox"/> Empanelment and Alerts	➤ MPI
FFY 2022-2023	<input type="checkbox"/> Provider Portals <input type="checkbox"/> Provider Directory <input type="checkbox"/> eReferrals	➤ Clinical Data Exchange ➤ Best Possible Medication History (BPMH) ➤ Image Exchange ➤ PMP Access
		➤ Advanced Health Care Directives (AHCD) ➤ Immunizations ➤ Provider Mediated eConsent ➤ Emergent Imaging ➤ Dental Health Records ➤ Connie Patient Access API
FFY 2024	<input type="checkbox"/> Patient Portal	➤ Connie Encounters Worklist, Referral Enhancement <ul style="list-style-type: none"> Health Related Social Needs/Social Determinants of Health (HRSN/ SDOH) referrals (formerly referred to as SDOH (screening, referral, resource directory analytics)) ➤ Provider Portal Enhancements <ul style="list-style-type: none"> Problem List Filters Allergy Lists BPMH – Pharmacy data Electronic Test Order and Results (ETOR) ➤ Consent Enhancements <ul style="list-style-type: none"> Continuity of Care Document (CCD) Sensitive Data Filters Provider Mediated Affirmative (PrMA)
FFY 2025	<input type="checkbox"/> Electronic Quality Measures (eCQM) <small>(previously Quality Measurement)</small> <input type="checkbox"/> Hospital Bed Capacity <input type="checkbox"/> Population Health Navigator	➤ eReferral Enhancements – eConsult Provider Portal Enhancements <ul style="list-style-type: none"> Dental Health Records HRSN/SDOH Assessment Medicaid Redetermination Post-Acute Network Tool ➤ Provider Directory Enhancement ➤ Provider Directory – Link to eReferral

Connie Certification Progress

- Connie's **Empanelment and Encounter Alerts Use Case Service (EAS)** was certified by CMS on March 22, 2022, retroactive to October 1, 2021
- **Three additional use cases** were deemed to be already certified by CMS as they are operational in other states using the CRISP shared services platform
 - **Connie Connect Provider Portal(s) (EHR and web)**
 - **Provider Directory**
 - **eReferral Services**
- The **Patient Portal** is scheduled to go-live on October 1, 2024, and will need to apply for CMS certification

Empanelment and Encounter Alerts

- Provider/Patient Empanelment
- Alert Notifications
- Master Person Index

**FFY 24 & 25
OAPD Funding
75/25 Operations
50/50
Administration**

Provider Directory

eReferrals

Provider Portals

- Clinical Data Exchange
- PMP Access
- Best Possible Medication History (BPMH)
- Image Exchange

- Advanced Health Care Directives (AHCD) *
- Immunizations*
- Provider Mediated eConsent
- Emergent Imaging
- Dental Health Records *
- Connie Patient Access API*

*not yet in production

Connie Patient Portal – Oct 1, 2024

- Empowering patients in the healthcare decision making, supporting value-based healthcare systems
- Medicaid members will have more timely access to more detailed clinical information in support of goals of the CMS Interoperability and Patient Access final rule (CMS-9115-F)
- Align with federal and state information blocking and interoperability rules
- Strive to attain the Patient Access goals of the Statewide Health Information Exchange as describe in Connecticut State Statute **Sec. 17b-59d**

**Use Case
Expected
to be Certified in
FFY 24**

**OAPD Funding
75/25 Operations
50/50 Administration**

Certified HIE Functionality FFY 24/25 Budget

FFY	Total Operations Costs	Costs Allocated to Medicaid	75% Federal Share	25% State Share	50% Federal Share	50% State Share	Federal Share Total	State Share Total	Costs Not Allocated to Medicaid
2024	\$ 2,834,667	\$ 1,408,277	\$ 800,091	\$ 266,697	\$ 170,744	\$ 170,744	\$ 970,836	\$ 437,441	\$ 1,426,390
2025*	\$ 3,842,959	\$ 1,652,472	\$ 953,348	\$ 317,783	\$ 190,671	\$ 190,671	\$ 1,144,019	\$ 508,453	\$ 2,190,486
Total	\$ 6,677,626	\$ 3,060,749	\$ 1,753,439	\$ 584,480	\$ 361,415	\$ 361,415	\$ 2,114,855	\$ 945,895	\$ 3,616,876

* DSS will only draw down 50/50 FFP for Patient Portal in FFY 25 until certified - included at 75/25 in this summary.

State Cost Category	FFY 24	FFY 25
State Personnel	\$ -	\$ 221,161
Hardware/Software	\$ -	\$ 400
Equipment/Supplies	\$ -	\$ 700
Out of state travel and conference costs	\$ -	\$ 1,500
Contract Resources (Connie)	\$ 2,834,667	\$ 3,619,198
OHS Total Operations	\$ 2,834,667	\$ 3,842,959

Connie Operations Costs by Use Case	FFY 24	FFY 25
Connie Empanelment and Encounter Alert Service		
Personnel - Eligible for Enhanced Funding	\$ 241,500	\$ 531,483
Personnel - Not Eligible for Enhanced Funding	\$ 93,253	\$ 153,003
Administrative Costs	\$ 228,991	\$ 154,918
Core Infrastructure	\$ 765,170	\$ 683,909
Total Empanelment and Encounter Alert Service	\$ 1,328,914	\$ 1,523,312
Connie Connect Portal Service		
Personnel - Eligible for Enhanced Funding	\$ 176,819	\$ 389,135
Personnel - Not Eligible for Enhanced Funding	\$ 68,277	\$ 112,024
Administrative Costs	\$ 167,661	\$ 113,426
Core Infrastructure (CRISP)	\$ 560,233	\$ 500,736
Total Connie Connect Portal	\$ 972,989	\$ 1,115,320
eReferral Service		
Personnel - Eligible for Enhanced Funding	\$ 49,146	\$ 108,158
Personnel - Not Eligible for Enhanced Funding	\$ 18,977	\$ 31,137
Administrative Costs	\$ 46,601	\$ 31,526
Core Infrastructure (CRISP)	\$ 155,714	\$ 139,178
Total eReferral Service	\$ 270,438	\$ 309,999
Provider Directory Service		
Personnel - Eligible for Enhanced Funding	\$ 47,672	\$ 104,914
Personnel - Not Eligible for Enhanced Funding	\$ 18,408	\$ 30,203
Administrative Costs	\$ 45,203	\$ 30,581
Core Infrastructure (CRISP)	\$ 151,044	\$ 135,003
Total Provider Directory Service	\$ 262,326	\$ 300,700
Patient Portal (not yet certified)		
Personnel - Eligible for Enhanced Funding		\$ 79,734
Personnel - Not Eligible for Enhanced Funding		\$ 15,593
Administrative Costs		\$ 24,540
Core Infrastructure		\$ 150,000
Contracted Professional Services		\$ 100,000
Total Provider Directory Service	\$ -	\$ 369,867
Total Connie Operations Costs by FFY	\$ 2,834,667	\$ 3,619,198

Connie Operational Costs by Certified Use Case

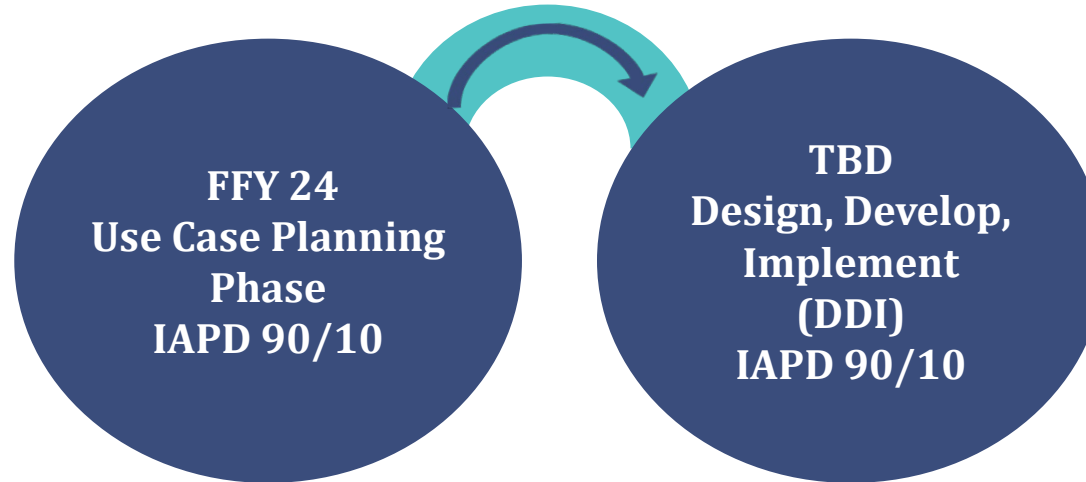
OHS Contract Resources	FFY 2024	FFY 2025
	Total	Total
Connie Resources		
Core Infrastructure Contracts	\$ 1,632,160	\$ 1,608,825
Connie Operations Personnel	\$ 515,137	\$ 1,213,425
Connie Administrative Personnel	\$ 198,914	\$ 341,958
Connie Administrative Costs	\$ 488,455	\$ 354,991
Connie Contracted Professional Services	\$ -	\$ 100,000
OHS Operations Contract Total	\$ 2,834,667	\$ 3,619,198

Implementation Advance Planning Document (IAPD)

- 90% FFP (cost allocated) is available to support the Medicaid Enterprise System
 - **planning phase**
 - **design, develop, and implement (DDI) phase**

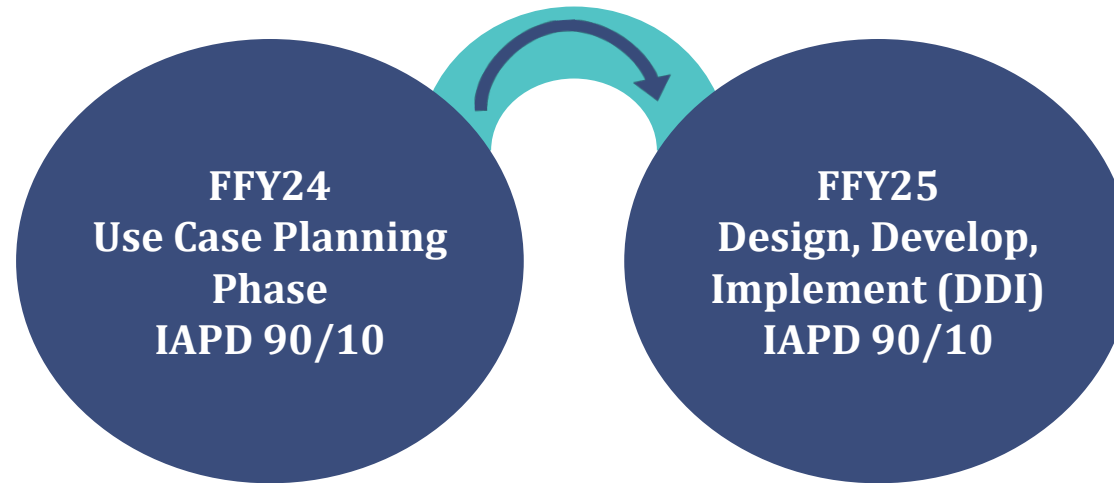
eCQM

(previously referred to as Quality Measurement)



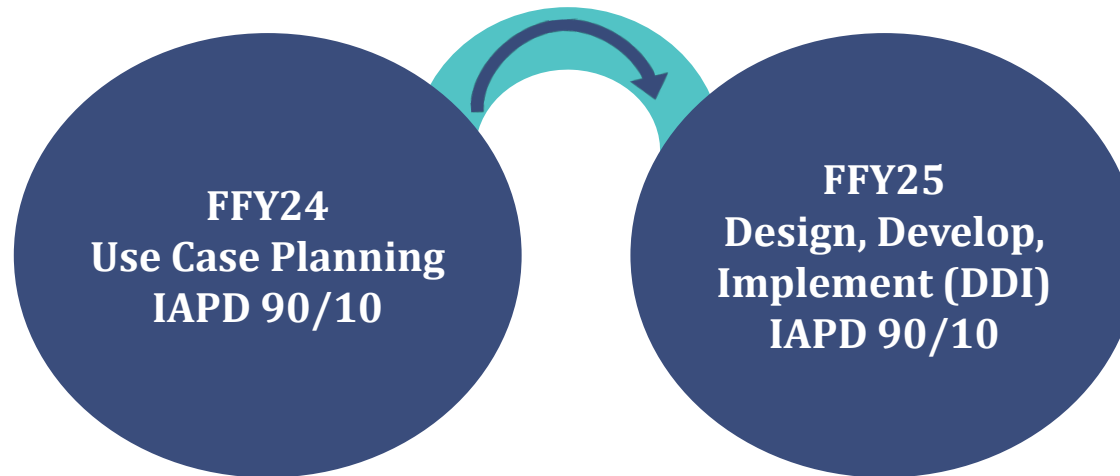
- Encourage provider participation in Medicaid and commercial value-based payment models
- Measures could be calculated with aggregated data from multiple sources to better reflect the care experience, health history, and risk factors of individuals in patient panels
- Support providers with streamlined quality measure reporting for Medicaid and commercial value-based models of care

Hospital Bed Capacity



- Support emergency medical services (EMS) providers with a dashboard showing local hospitals' available bed space, current bed utilization, and estimates of emergency departments' capacity in real time
- Will save time for EMS providers in emergency transport
- Will improve emergency department efficiency and reduce wait times

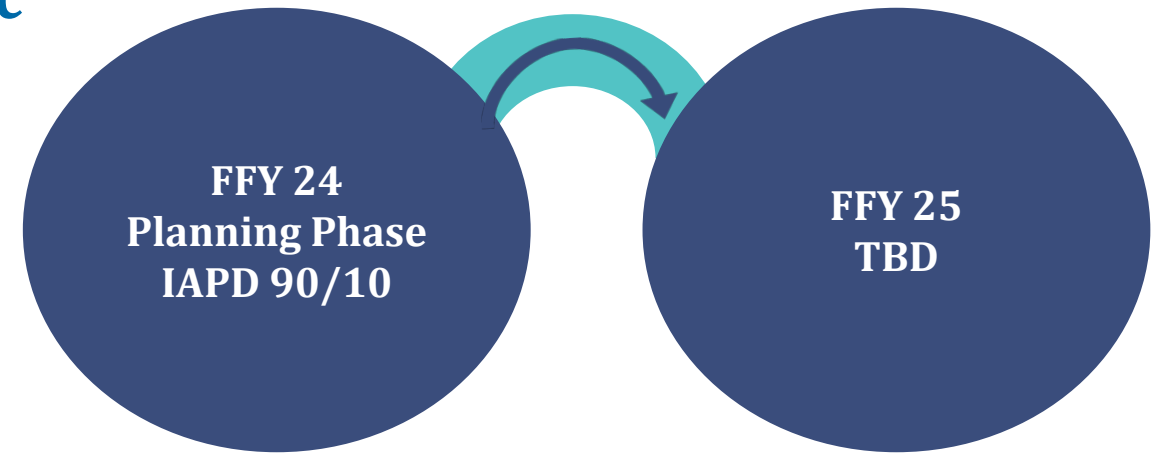
Population Health Navigator



- Will investigate feasibility of a Population Health Navigator tool available at the point-of-service for providers, and/or as a dashboard across a provider's patient panel
- Will identify actionable gaps in care and events (i.e., screenings, vaccines, readmissions, etc.)

Patient Portal Enhancement

Patient Mediated Affirmative eConsent



- Reflect patient perspective associated with Provider Mediated Affirmative Consent
- Support interactive participation of patients and their authorized representatives to manage consent choices for data shared through the HIE
- Enable patients to register consent to allow their substance use disorder (SUD) data to be shared with members of their care team
- Support electronic signatures for patient consent
- Follow HIE general designation of the program or person permitted to disclose and view SUD data
- Support flexible expiration dates for consent registration
- Support provider and payer specific forms with multiple consent options

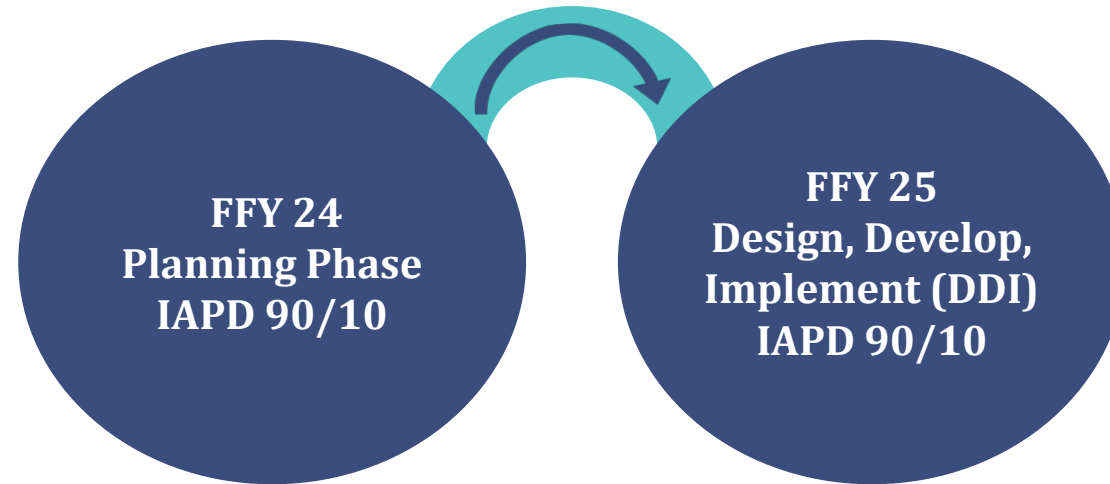
eReferral Enhancement eConsult



- Asynchronous, consultative, provider-to-provider communications within a shared electronic health record (EHR) or through an HIE
- Efficient mode of communication between medical specialists and primary care providers

Provider Portal Enhancements

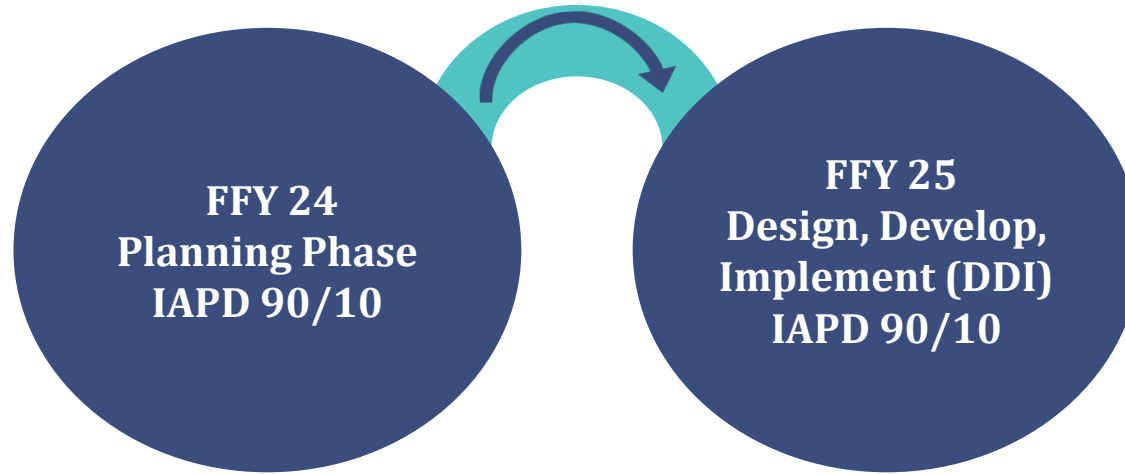
Social Determinants of Health (SDOH) Assessment



- Ingest and display SDOH screening data in Connie Clinical Information application to capture identified social needs
- For providers using standardized screening tools, Connie will ingest data from EHR, assign z-codes, and display codes in the social needs section of the portal
- For providers using non-standardized assessment tools, Connie will map assessments into data feeds to display social needs of patients

Provider Portal Enhancements

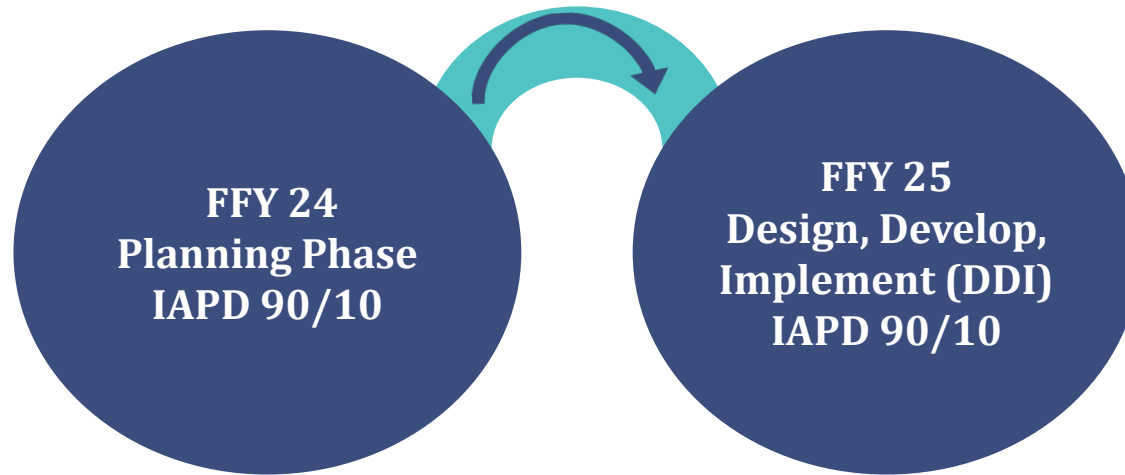
Post-Acute Network Tool



- Connie will work with skilled nursing and other post-acute care settings to identify the appropriate data elements to support electronic sharing of:
 - Long-term care/post-acute care bed availability
 - Services provided
 - Clinical notes
 - Assessments
 - Coordinated care plans

Provider Portal Enhancements

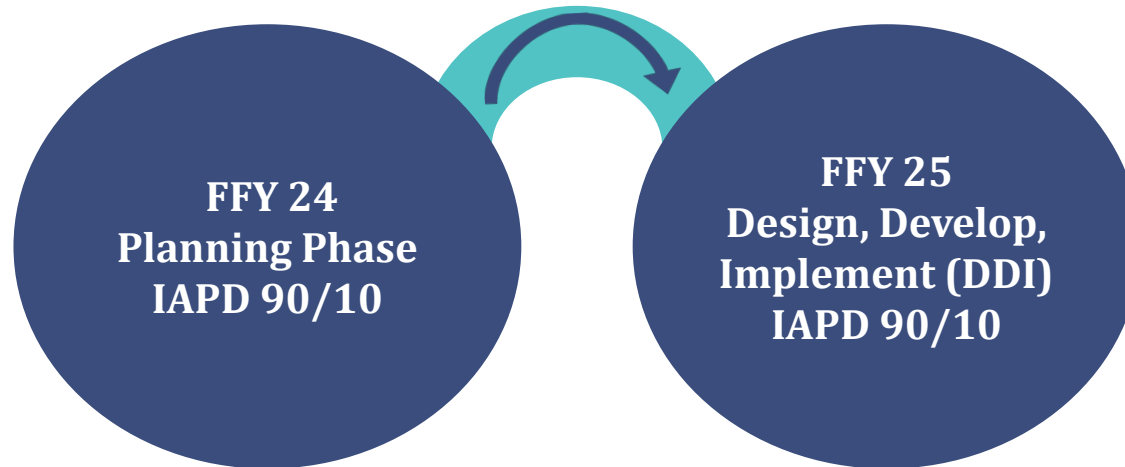
Medicaid Redetermination



- Connie will flag patients who are within 90 days of redetermination
- Providers will use information to encourage patients to update contact with DSS for eligibility determination

Provider Portal Enhancements

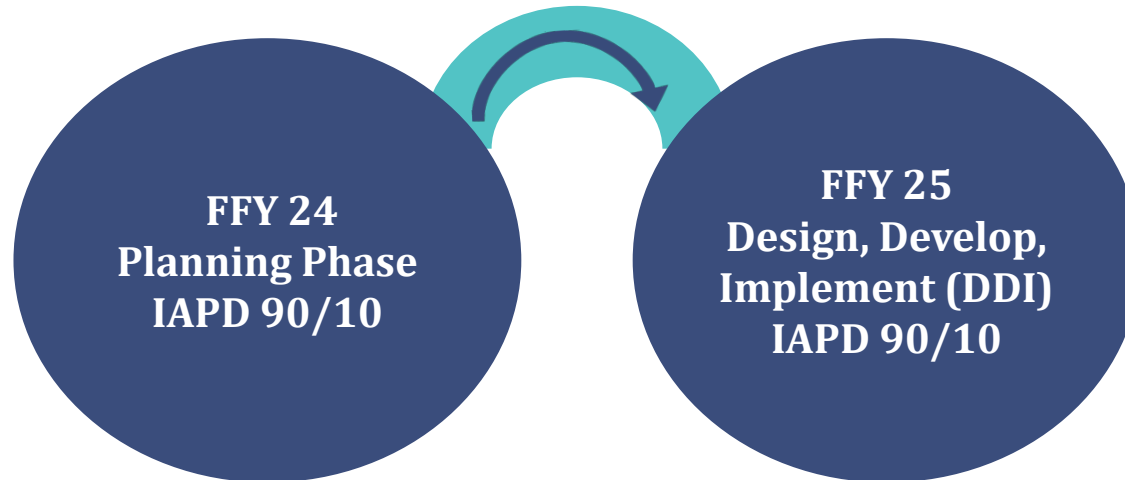
Radiology User Access Single Sign On



- Streamline access to radiology images through a single sign-on button in the Connie Connect Provider Portal

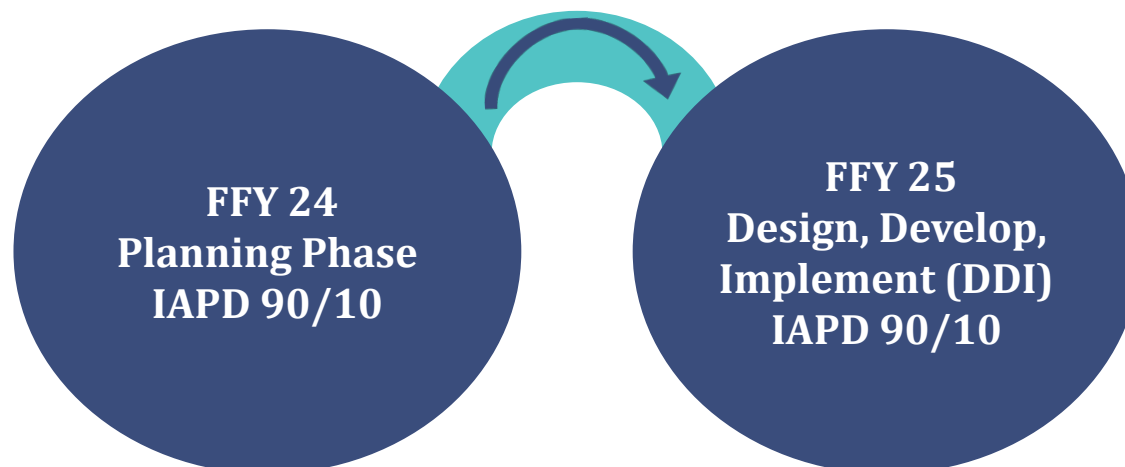
Provider Portal Enhancements

Dental Health Records Enhancements



- Connie will set up a work group to review the American Dental Association standards for electronic communication and determine the most effective display of dental data within existing Connie services

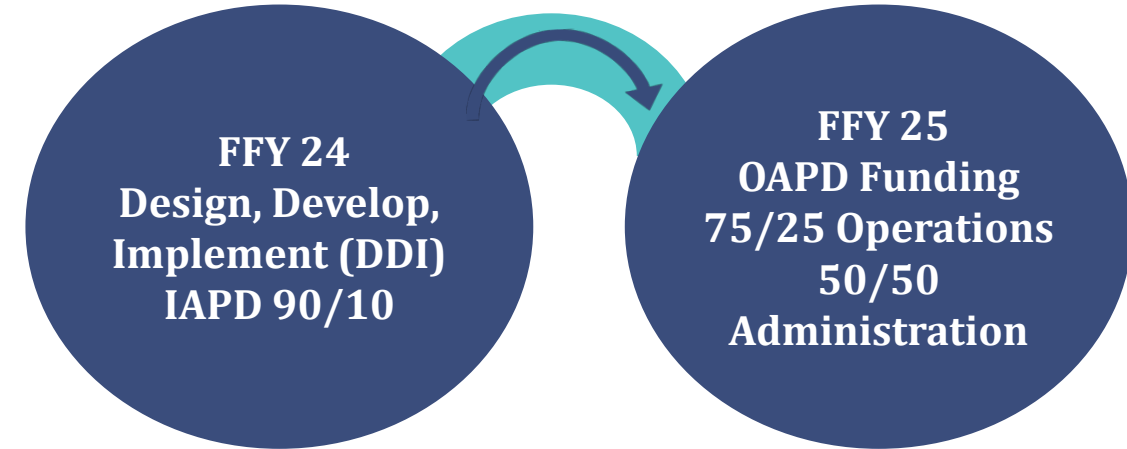
Provider Directory Enhancement Link to eReferral



- Connie will begin scoping the process to connect the Provider Directory to Connie's eReferral system
 - Will increase care coordination and decrease total cost of care
 - Will support provider participation in value-based care

Enhancements

- Connie Encounters Worklist
- Referral Enhancement
 - Health Related Social Needs/Social Determinants of Health (HRSN/SDOH) referrals
- Provider Portal Enhancements
 - Problem List Filters
 - Allergy Lists
 - BPMH – Pharmacy data
 - Electronic Test Order and Results (ETOR)
- Consent Enhancements
 - Continuity of Care Document (CCD)
 - Sensitive Data Filters
 - Provider Mediated Affirmative (PrMA)



IAPD FFY 24/25 Budget

Summary of FFY 24 and FFY 25 Funding Request

DDI	Total Costs	Costs Allocated to Medicaid	90% Federal Share	10% State Share	50% Federal Share	50% State Share	Total Federal Share	State Share Total	Costs Not Allocated to Medicaid
FFY 24	\$ 9,350,432	\$ 5,281,909	\$ 4,039,136	\$ 448,793	\$ 396,990	\$ 396,990	\$ 4,436,126	\$ 845,783	\$ 4,068,523
FFY 25	\$ 8,070,711	\$ 4,580,399	\$ 3,464,764	\$ 384,974	\$ 365,331	\$ 365,331	\$ 3,830,095	\$ 750,304	\$ 3,490,312
Total	\$ 17,421,143	\$ 9,862,308	\$ 7,503,900	\$ 833,767	\$ 762,321	\$ 762,321	\$ 8,266,221	\$ 1,596,087	\$ 7,558,835

DSS HIE State Budget for FFY 24 and FFY 25

Total DSS Costs -Cost Allocation is not required for this

Medicaid-specific work

State Cost Category	FFY 2024	FFY 2025
	Total	
State Personnel	\$ 697,672	\$ 732,357
System Hardware	\$ -	\$ -
System Software	\$ -	\$ -
Travel/Conferences	\$ 15,000	\$ 15,000
Supplies	\$ -	\$ -
Contractors	\$ 1,500,000	\$ 1,200,000
Grand Total:	\$ 2,212,672	\$ 1,947,357

OHS HIE State Budget for FFY 24 and FFY 25

Total OHS Costs Before Cost Allocation

State Cost Category	FFY 2024	FFY 2025
	Total	
State Personnel	\$ 1,292,361	\$ 1,109,971
Hardware/Software	\$ 4,000	\$ 3,600
Equipment/Supplies	\$ 7,000	\$ 6,300
Out of state travel and conference costs	\$ 15,000	\$ 13,500
Contractors	\$ 5,819,399	\$ 4,989,983
Grand Total:	\$ 7,137,760	\$ 6,123,354

IAPD BUDGET

OHS HIE State Budget for FFY 23 and FFY 24

Total OHS Costs Before Cost Allocation

	FFY 2024	FFY 2025
State Cost Category		Total
State Personnel	\$ 1,292,361	\$ 1,109,971
Hardware/Software	\$ 4,000	\$ 3,600
Equipment/Supplies	\$ 7,000	\$ 6,300
Out of state travel and conference costs	\$ 15,000	\$ 13,500
Contractors	\$ 5,819,399	\$ 4,989,983
Grand Total:	\$ 7,137,760	\$ 6,123,354

2024 IAPD Cost Allocations

FFY 24	Total Project Costs	Cost Allocation		Federal and State Participation			Portion Not Allocated to Medicaid
		Medicaid Percentage	Costs Allocated to Medicaid	FFP	Federal Share	State Share	
<u>DSS Costs</u>							
Enhanced	\$ 2,212,672	100%	\$ 2,212,672	90%	\$ 1,991,405	\$ 221,267	\$ -
Administrative	\$ -	100%	\$ -	50%	\$ -	\$ -	\$ -
<u>OHS Costs*</u>							
Enhanced	\$ 1,444,826	43%	\$ 621,275	90%	\$ 559,148	\$ 62,128	\$ 823,551.06
Administrative	\$ 989,534	43%	\$ 425,500	50%	\$ 212,750	\$ 212,750	\$ 564,034.60
<u>HIE Costs</u>							
Enhanced	\$ 3,846,468	43%	\$ 1,653,981	90%	\$ 1,488,583	\$ 165,398	\$ 2,192,486.89
Administrative	\$ 856,931	43%	\$ 368,480	50%	\$ 184,240	\$ 184,240	\$ 488,450.75
Total Project Costs	\$ 9,350,432		\$ 5,281,909		\$ 4,436,126	\$ 845,783	\$ 4,068,523.31

* Excluding HIE Costs which are shown separately

2025 IAPD Cost Allocations

FFY 25	Total Project Costs	Cost Allocation		Federal and State Participation			Portion Not Allocated to Medicaid
		Medicaid Percentage	Costs Allocated to Medicaid	FFP	Federal Share	State Share	
<u>DSS Costs</u>							
Enhanced	\$ 1,947,357	100%	\$ 1,947,357	90%	\$ 1,752,621	\$ 194,736	\$ -
Administrative	\$ -	100%	\$ -	50%	\$ -	\$ -	\$ -
<u>OHS Costs*</u>							
Enhanced	\$ 1,420,822	43%	\$ 610,954	90%	\$ 549,858	\$ 61,095	\$ 809,868.60
Administrative	\$ 828,549	43%	\$ 356,276	50%	\$ 178,138	\$ 178,138	\$ 472,272.76
<u>HIE Costs</u>							
Enhanced	\$ 3,003,320	43%	\$ 1,291,427	90%	\$ 1,162,285	\$ 129,143	\$ 1,711,892.23
Administrative	\$ 870,663	43%	\$ 374,385	50%	\$ 187,193	\$ 187,193	\$ 496,278.01
Total Project Costs	\$ 8,070,711		\$ 4,580,399		\$ 3,830,095	\$ 750,304	\$ 3,490,311.59

* Excluding HIE Costs which are shown separately

DISCUSSION

Connie Privacy, Confidentiality & Security Committee Update

Mark Raymond, CIO

Connie Update

Health IT Advisory Council
June 15, 2023

Jenn Searls, Executive Director

Heidi Wilson, Dir, HIE Services

Outreach Status

Industry	# of orgs	Committed	Outstanding
Ambulatory	4,244	3,353	891
Long Term/Post Acute	294	226	68
First Responder	257	125	132
Pharmacy	151	45	106
Other	74	31	43
Community Based Organization	32	30	2
Radiology Center	24	7	17
Urgent Care	15	7	8
Government	13	12	1
Clinically Integrated Network	1	0	1
Total	5,105	3,836	1,269

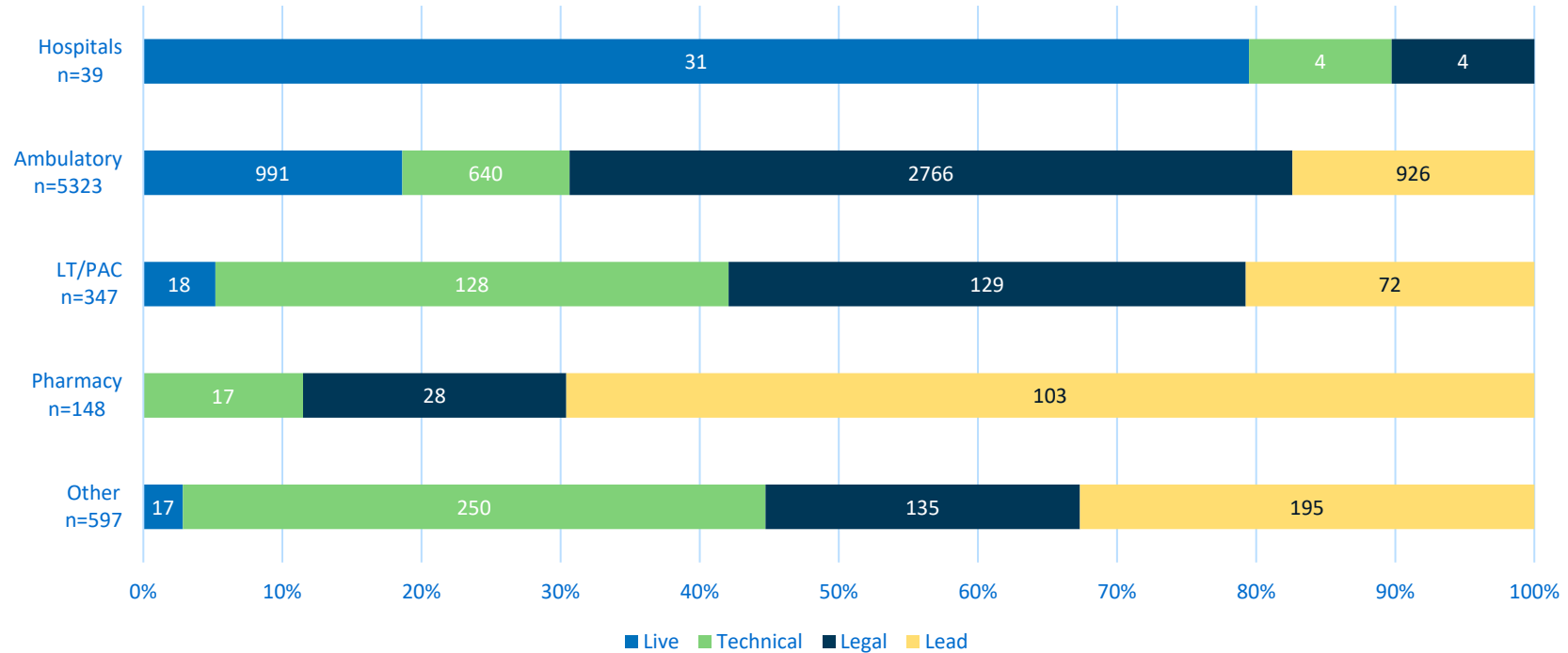
100% of submitted Commitment to Connect Forms have been processed!

~75% of provider organizations are committed. ~25% of provider organizations are still outstanding.

1,246 (~32%) committed providers/ organizations sent to SES for Direct Addresses. Mostly BH Providers.



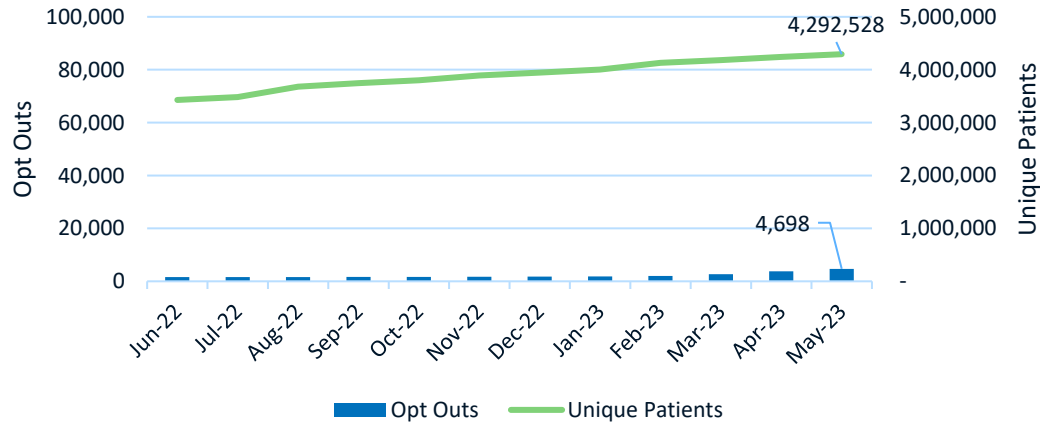
Onboarding Progress



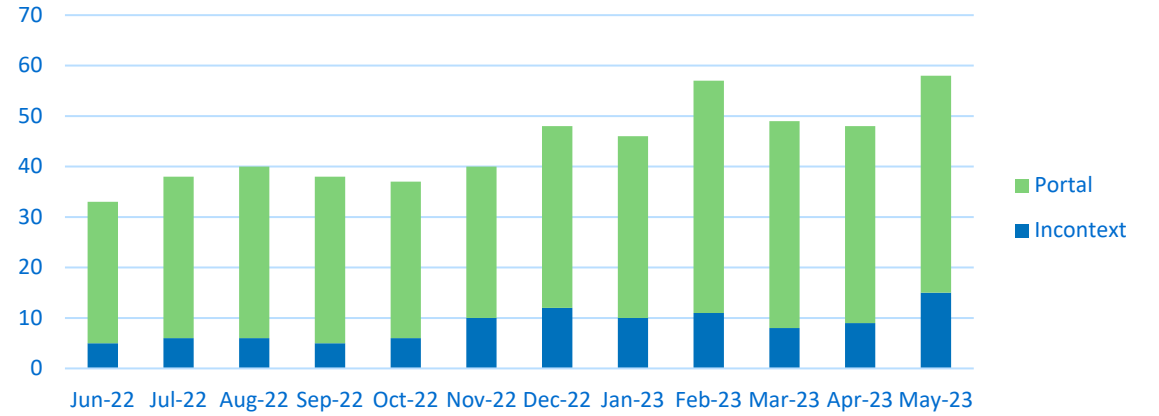
Onboarding Highlights:

- Trinity Health Of New England
 - ADTs (scheduled for next week)
 - RAD (UAT being scheduled)
 - CCD, TRN (in development)
- Point, Click, Care (149 SNF facilities)
 - Scoping work for API integration with Connie
- Yale New Haven Health System live with images!
 - Bridgeport, Greenwich, Lawrence & Memorial, and Yale Hospitals
- 50 orgs in sprint to go live in next month
- UAT for Elation EMR Hub (12 provider orgs)
- Hub development conversations in progress

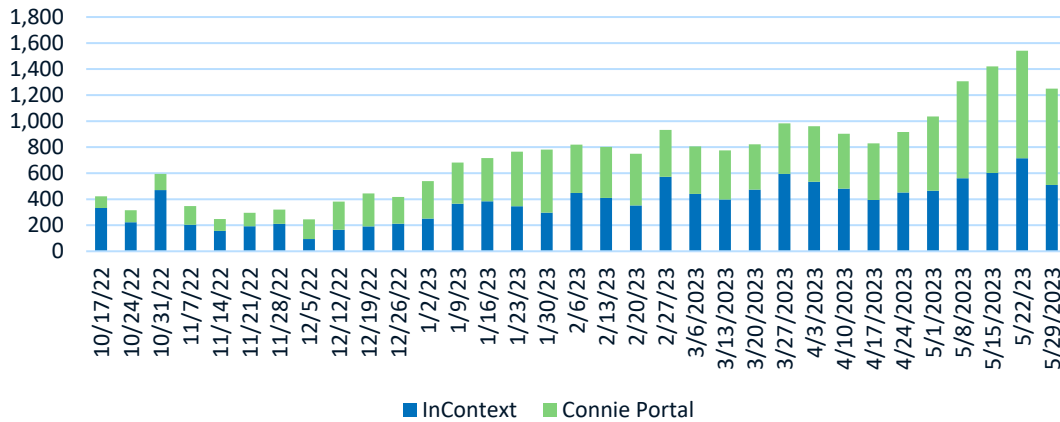
Unique Patients and Opt Outs by Month (Rolling 12 Months)



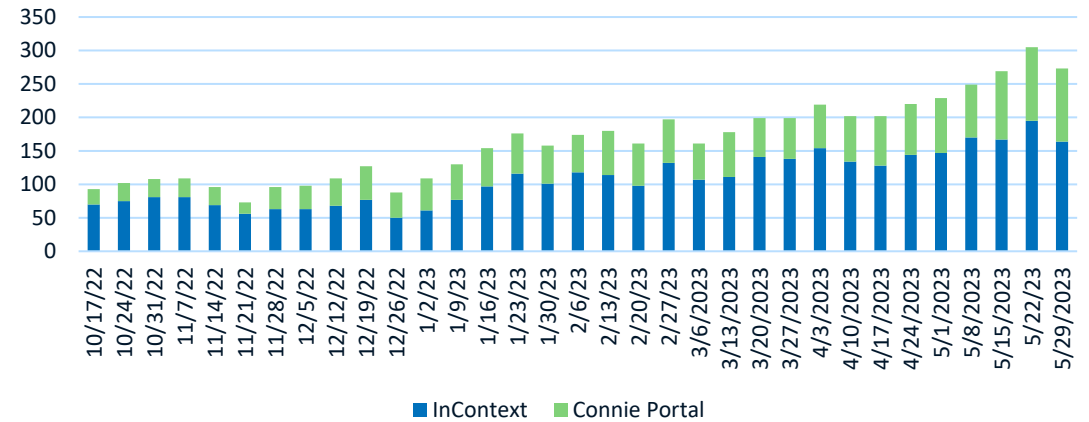
Organizations with Active Users (Rolling 12 Months)



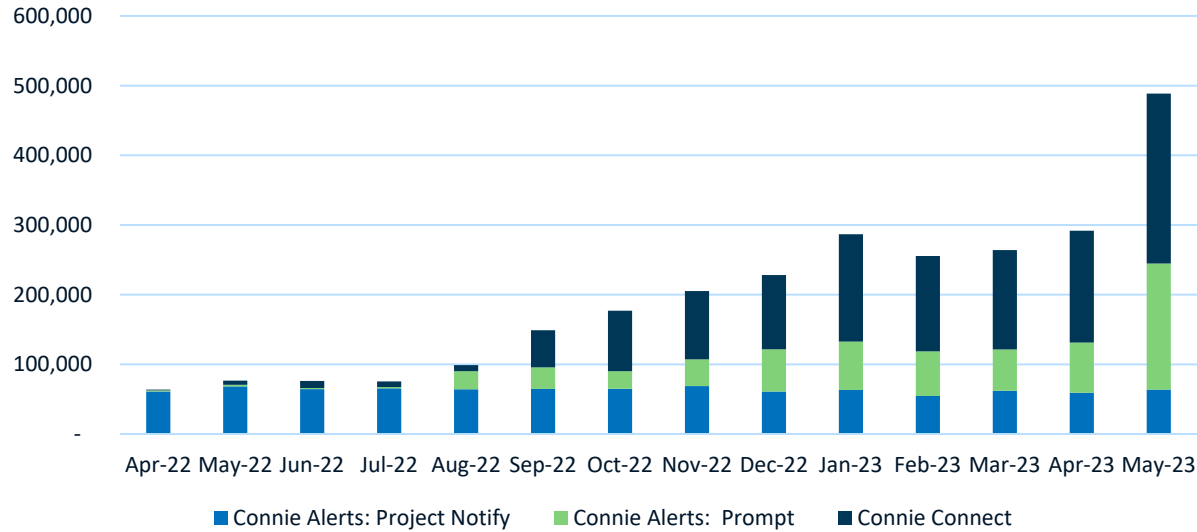
Connie Queries (week of Oct 17, 2022 - week of May 29, 2023)



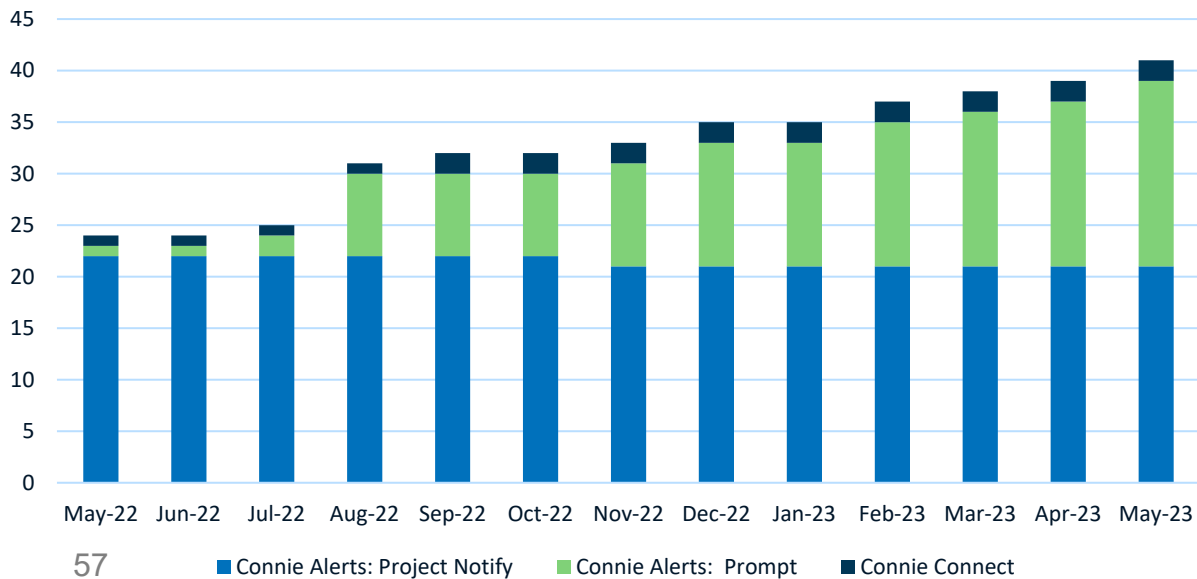
Connie Unique Users (week of Oct 17, 2022 - week of May 29, 2023)



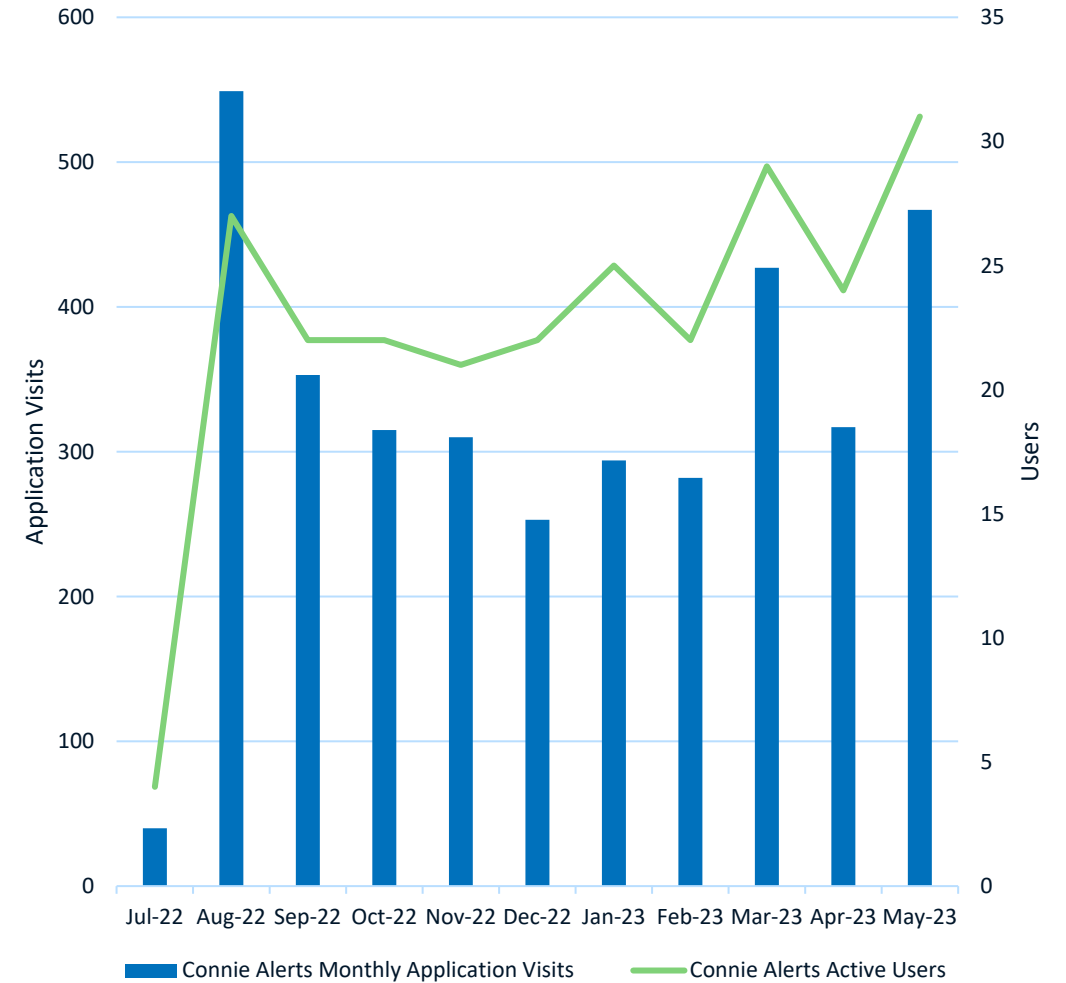
Connie Alerts Sent (Rolling 12 Months)



Organizations Receiving Outbound Data Services



Connie Alerts: Prompt



Connie



New Connie milestone:
310 weekly distinct users



New system feature

← HIE InContext Anna Cadence (Mocked)
Female | Nov 16, 1981

PATIENT INFORMATION ENOUNTERS HEALTH RECORDS **PROBLEMS** STRUCTURED DOCUMENTS IMMUNIZATIONS

CLINICAL DATA MEDICATION MANAGEMENT CARE COORDINATION SOCIAL NEEDS DATA PMP

Problems

Description	Code	First Reported Date	Last Reported Date	Last Reported By
PALPITATIONS (FINDING)	80313002	—	2023-03-12	Charleston Area Med Center Gen Hospital
TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA, WITHOUT LONG-TERM CURRENT USE OF INSULIN	E11.65	2022-01-03	2023-03-12	Meritus Medical Center
URINE FREQUENCY	R35.0	2015-11-09	2023-03-10	Endocrine Associates of CT LLC
AFTERCARE FOLLOWING SURGERY OF THE MUSCULOSKELETAL SYSTEM	V58.78	2022-09-19	2023-03-10	Connecticut Orthopedic Specialists PC
MARIJUANA USE	F12.90	2023-02-23	2023-03-10	United Hospital Center
INSOMNIA, UNSPECIFIED	G47.00	—	2023-03-09	Nuvance Health Medical Practices
CHRONIC RHINITIS	J31.0	2019-09-25	2023-03-09	Connecticut Childrens Medical Center

Problems tab in InContext/Clinical Data section

- Problems parsed from CCDs
- Active/non-resolved problems
- Sort, filter, search, and dynamic search capabilities available



Other Connie Updates

- Presentation to OHS-DSS JSC
 - Advance Directives integration with ADVault/MyDirectives
- Grant proposals for review of RELD data



Community Engagement

BH Community Forums

- 4 90-minute sessions
- Onboarding meetings scheduled with CHCACT members
 - EMR onboarding processes
- Resolutions:
 - Attendees understand Connie's security provisions
 - Sensitive data, consent, and patient's options to opt out
- Ongoing concerns:
 - Cost from EMR vendors
 - OHS regulations



Patient Access Update

FY23

- Go Live September 30, 2023
- Patients to access data shared with Connie **through apps** of their choice
- Patients can **request a PDF** of their data electronically

FY24

- Go Live TBD (Targeting September 30, 2024 for piloting)
- Patients can access a **patient portal** that displays their data

FY25

- Go Live TBD (Targeting September 30, 2025)
- First features for patients to submit information through an **interactive patient portal**. Initially, this will be patient mediated affirmative consent.

Announcements & General Discussion

Wrap Up and Meeting Adjournment

Next Meeting
July 20, 2023

Contact Information

OHS Contact for June 2023 HITAC Meeting

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OHS General Email

OHS@ct.gov

Health IT Advisory Council Website

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