

2022-2026

Connecticut Statewide Health Information Technology Plan

A Report Pursuant to Conn.Gen.Stat §17b-59b for the Connecticut General Assembly
February 1, 2022 (Amended 2/7/22)

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A Letter for the Governor and General Assembly

Dear Governor Lamont and Members of the Connecticut General Assembly:

We are pleased to submit this Statewide Health Information Technology Plan (Health IT Plan), in accordance with Connecticut General Statute (C.G.S.) 17b-59a. Through your leadership, the Office of Health Strategy (OHS) engaged with more than 600 health and human services organizations across our state. More than 1,200 stakeholders participated in interviews, electronic surveys, and virtual forums to provide the information and insights needed to shape the Health IT Plan. Together, we developed this roadmap for advancing Connecticut's use of technology and data to improve patient and community health outcomes, promote efficiency in the healthcare delivery system, and provide resources for holistic, person-centered systems of care that reduce health disparities and address patients' health-related social needs.

The Health IT Plan builds upon the work of the Office of Policy Management and Department of Administrative Services in promoting Governor Lamont's vision for more effective use of IT systems through the [Information Technology Optimization Process](#). Further, the Health IT Plan arrives at an opportune time, as Connecticut's Statewide Health Information Exchange, Connie, recently commenced operations. Connie already has gained significant momentum toward connecting healthcare providers and serving as Connecticut's centralized care coordination utility.

The Health IT Plan provides a bold but practical vision and an actionable guide for optimizing technology, data, and data exchange to realize a future where our most vulnerable neighbors have access to the best care and community supports possible. We look forward to working with you in the coming years to conduct this important work.

Sincerely,

Victoria Veltri JD, LLM
Executive Director



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Introduction

In accordance with [Connecticut General Statute \(CGS\) 17b-59a](#), the [Office of Health Strategy \(OHS\)](#) is tasked with implementing and periodically revising a Statewide Health Information Technology Plan (Health IT Plan) for Connecticut. This five-year Health IT Plan has been developed in consultation with Connecticut's [Health Information Technology Advisory Council \(Council\)](#). The Council in its advisory capacity to the Executive Director of OHS and the state's Health Information Technology Officer (HITO), provides guidance on health information exchange (HIE) activities and other health IT projects, meeting monthly since its inception. The Council's members are named in statute and/or appointed by Connecticut's Governor and General Assembly leaders. They represent healthcare consumers or consumer advocates; both bodies of Connecticut's legislative branch of government; a dozen state and quasi-governmental agencies; independent providers; multi-specialty, primary care, and behavioral healthcare practices; hospitals and homecare organizations; health insurers; and subject matter experts in health information technology, health analytics, and state healthcare reform initiatives.

Within this context of oversight and governance, the Health IT Plan was developed over the course of 2021, beginning with an extensive scan of Connecticut stakeholders to understand the readiness for, the availability of, and the use of health IT and HIE services by Connecticut healthcare and social service organizations, state and local agencies, and consumers. Over 1,200 individuals and organizations were engaged through webinars, focus groups, surveys, and interviews, resulting in the Environmental Scan and Draft Recommendations Report, which was presented to the Council and OHS in June 2021. During the summer of 2021, stakeholders were invited to provide feedback on the Draft Report; those insights were incorporated into the Health IT Plan in the pages below.

Connecticut's Health IT Plan is a living document, with annual reviews to ensure ongoing alignment with state priorities and incorporating technology advancements over time.

Health IT Plan Strategic Focus Areas

The Health IT Plan’s six strategic focus areas, individually and together, will contribute to Connecticut’s healthcare reform initiatives by: 1) improving the availability of data to support better care, more coordinated services, and more accurate measurement of healthcare cost and quality, 2) advancing the adoption and use of health IT and HIE services, and 3) bolstering the readiness of individuals and organizations to use information technology to make better decisions when providing or receiving care. The focus areas include an intentional concentration on systems, supports, and technologies that help address health equity for marginalized communities. The six focus areas are designed to guide Connecticut’s investments, governance, and strategies, while driving implementation of innovative technologies and systems of care for improving health outcomes for individuals and communities.

Focus Area 1	Increase and Sustain Use of Connie’s Statewide HIE Services
Focus Area 2	Implement Systems to Improve Health Equity and Address Health-Related Social Needs
Focus Area 3	Improve Service Coordination and Data Sharing across State HHS Agencies
Focus Area 4	Support Behavioral Health Providers with the Adoption of EHR and HIE Services
Focus Area 5	Protect the Privacy of Individual and Family Health Information
Focus Area 6	Establish Data Standards to Facilitate Development of Integrated Electronic Health Information Systems



The sustainability of Connie must be a top priority for Connecticut healthcare leaders and policymakers. HIE sustainability is often thought of as a plan for comprehensive funding strategies but, in truth, sustainability means ensuring HIE organizations like Connie have the technical and business capabilities to provide ongoing services with tangible value to the organizations they serve (i.e., healthcare providers, consumers, state programs, payers, researchers, and policymakers). Connie needs to position its suite of HIE services as a critical public utility to consumers for centralized access to their health records; to clinicians for timely access to information about their patients; to city, county, and state officials in public health crises; and to community-based organizations for streamlining and coordinating healthcare and social services. Connecticut's Health IT Advisory Council members can apply their individual and shared expertise to support Connie's strategic plan and to evaluate technology for a statewide shared services infrastructure that can accelerate innovation.

Key Considerations

- Agencies have an opportunity to use Connie services to improve data availability and ease provider burden for reporting to state data systems.
- Assistance may be needed for small and rural provider practices to adopt and use electronic health information technology and to connect to Connie.
- Requirements could be explored for the state employee and retiree health plans to incentivize the use of Connie services in value-based contracts.
- Incentives and/or requirements for Medicaid providers would encourage use of Connie services.
- Connie may be leveraged as a public health hub to streamline access to public health registries.
- The feasibility of providing shared identity management services through Connie becoming a public benefit utility.

Key Implementation Activities

- Assess utilization of Connie by providers, focusing on how they use Connie as a clinical decision support tool to improve the quality and efficiency of care.
- Launch a Sustainability Support Workgroup to evaluate revenue strategies and evaluate options for Connie to offer additional shared public benefit services.
- Validate functional requirements for a centralized clinical quality measurement and reporting system for supporting value-based payment programs.
- Evaluate existing resources and budget needs for Connie to support a centralized clinical quality measurement and reporting system for providers and health plans in value-based payment models.
- Work with payers to develop incentive payments as part of value-based contracts with providers.
- Support Connie in developing onboarding and technical assistance services for small provider practices to access HIE services.
- Conduct a public education campaign to broaden awareness of Connie.
- Educate healthcare providers on the Final Federal Rule on Information Blocking to encourage greater portability of patient information and interoperability of information systems.

Focus Area 1



Success Metrics

- Patients will have electronic access to their health information stored on Connie.
- OHS will develop a concept paper with Connie to establish a quality measurement and reporting system for value-based payment models.
- OHS will establish guidelines for monitoring and enforcing the Federal Final Rule on Information Blocking and Connecticut's requirements for hospitals and provider organizations to connect and participate in Connie's HIE services.
- A Sustainability Support Workgroup will be chartered to make recommendations to OHS and the Council.
- OHS will evaluate HIE technical assistance and training opportunities for small practices.

Implement Systems to Improve Health Equity and Address Health-Related Social Needs

Focus Area 2

Most primary care providers and specialists, as well as the vast majority of hospitals in the U.S, have received incentives for adopting and using electronic health record systems. Meanwhile, community-based organizations (CBOs) are resource starved, without the adequate means to acquire and maintain the types of IT systems that will reliably track clients and manage referrals. Many healthcare delivery systems are motivated by value-based payments to look closely at how substance use, environmental factors, traumatic experiences, race, ethnicity, language barriers, and poverty contribute to poor health outcomes. Few examples exist, however, of healthcare and social service organizations effectively coordinating services with information technology systems for consent management, person/provider attributions, closed loop referrals, shared care plans across organizations, and analytics. Connecticut should consider supporting CBOs to acquire, implement, and train staff to use IT systems. In addition to expansion of referral management platforms, OHS will explore of the use of Connie as a centralized community information exchange (CIE) to capture longitudinal social risk data and to coordinate care and services across Connecticut's communities. To ensure that standards for the collection and storage of race, ethnicity, and language (REL) data are incorporated with other initiatives, HITAC plans to build upon the extensive work already underway with Health Enhancement Communities (HEC); standardized collection of race, ethnicity, and language data; and the newly formed [Commission on Racial Equity in Public Health](#).

Key Considerations

- Funding may be explored to support organizations participating in HEC with implementation, training, and technical assistance of care coordination technology.
- Behavioral Health providers could benefit from assistance to hire staff with technical skills for support and to train users, manage vendors, and operate technology systems.
- Providers, CBOs, researchers, and businesses are forming HECs to improve community health and wellness. State agency leaders should explore mechanisms for exchanging information in state data systems.
- Connecticut should adopt industry best practices for standardization of social needs assessments following the [Gravity Project's](#) efforts to develop interoperability standards for social data.
- Community information exchange initiatives would help to minimize duplicative demands on CBOs.



Success Metrics

- A Social Risk Data Design Group will be appointed and a workplan will be finalized.
- A public-facing Health Equity Dashboard will go live.
- The first IT infrastructure funds will be allocated to CBOs and social service agencies.
- The Health IT Advisory Council will make recommendations for social needs assessment standards.
- A CIE Feasibility Planning Committee will be chartered.
- A blueprint report will be published for the Connecticut General Assembly related to the establishment of a CIE shared services hub.

Key Implementation Activities

- Charter a Social Risk Data Design Group as a subgroup to the Health IT Advisory Council, to analyze current social needs screening processes, referral management options, and CBO data sharing capabilities to support statewide social risk data standards.
- Explore support for CBOs and social service agencies to adopt IT systems that help track and coordinate care, and to support staffing, training, and ongoing technical assistance.
- Convene stakeholders for consideration of statewide CIE shared services hub, governance and management (e.g., a master health directory of healthcare providers and social service organizations, a master person index, attribution tables, consent management services). Develop a blueprint report on the findings.
- In partnership with OPM and the Connecticut Health Foundation, OHS will: **1)** facilitate broad collection of race, ethnicity, and language (REL) data, in accordance with [Public Act No. 21-35](#), as a vehicle to better understand needs and to develop holistic strategies to address health disparities through data availability and analytics; and **2)** develop a Health Equity Dashboard with a public-facing web interface to identify health disparities at the community level and to monitor interventions.
- Establish a neutral CIE Feasibility Planning Committee to validate functional requirements and evaluate existing CIE infrastructure for shared services.

Focus Area 3

Improve Service Coordination and Data Sharing

There are significant opportunities to improve the lives of vulnerable individuals and families in Connecticut by improving information technology systems and advancing electronic data sharing between programs and across agencies serving different needs of the same people. State agency officials and state leadership recognize the importance of providing a user friendly [Digital Government Services \(DGS\)](#) experience and are actively planning interagency data integration to effectively “hide the seams” for end users of state systems and services. Connecticut’s [Preschool Through Twenty Workforce Information Network \(P20 WIN\)](#) initiative and Two Generational (2Gen) Initiative have demonstrated early successes in interagency data integration and data sharing. Despite recognition of the need for appropriate and secure integration of data within state systems, the primary barrier communicated by state officials is the complex environment of federal and state regulations around data use within and among agencies. Connecticut’s Office of Policy Management (OPM) has established a toolkit for agreements between state agencies for data sharing and a [Data Sharing Playbook](#); these assets should be shared with the leaders of Connie and plans could be set forth to evaluate the HIE’s readiness to act as a hub for certain state HHS data systems to connect through. Benefits can accrue quickly from improving point-to-point data sharing between systems, and from standardizing data fields such as individual demographic data at the time of data collection. Better training of state program field workers and home health aides around the importance of careful data entry and building a culture of collaborative care will also help break down data silos.

Key Considerations

- The pandemic has led to a large influx of one-time public health funding for modernization of public health registries. Modernization initiatives at the state and local level should be leveraged for the initial investments.
- Previous legislation and statutes fostering greater data sharing across agencies have laid significant groundwork. The focus moving forward will be on implementation and evaluation of data sharing initiatives.
- Connie is a powerful new resource for service coordination and shared care planning, among other capabilities. Agency Data Officers designated through the Chief Data Officer should consider leveraging Connie for existing HHS agency data assets and their ability to share information with other HHS agencies.
- The Department of Administrative Services (DAS), OPM, and OHS are partnering to assist HHS agencies with data sharing and integration challenges.

Key Implementation

Activities

- The Department of Public Health (DPH) and OHS will collaborate to evaluate local public health IT infrastructure needs and develop recommendations on the feasibility of a central Public Health Gateway for reporting to and querying high priority public health registries.
- A multi-agency working group of state health and human service leaders, program managers, and IT staff has been established on a temporary basis with the goal of considering and possibly establishing an ongoing workgroup to recommend best practices for delivering more efficient and coordinated services, including with more accurate identity matching of vulnerable individuals and families receiving services from multiple agencies and programs. The workgroup will also evaluate and set appropriate policies and procedures, system integration standards, and data standards to facilitate HHS agencies' ability to connect their data systems to Connie.
- A workgroup will be established to focus on technical interoperability for state health and human services data systems, including development of standards for procuring new systems and upgrading existing ones.

Focus Area 3



Success Metrics

- A Public Health Gateway Evaluation Report will be developed by OHS and DPH for review by the Health IT Advisory Council.
- OHS, in collaboration with DAS, OPM, DSS, and other agencies, will establish interoperability standards and an implementation guide for connecting state agency data systems to Connie.
- OPM and DAS, supported by OHS, will establish standards for procuring and maintaining state health and human services data systems with interoperability requirements.

Support Behavioral Health Providers with Adoption of EHR and HIE Services

Focus Area 4

Some sectors of the healthcare delivery system continue to lag in terms of EHR adoption, including behavioral health providers in Connecticut. Compared to other stakeholder groups, many of them expressed a strong desire to exchange data with fellow behavioral health providers and, to a lesser extent, with other types of medical care providers. During the environmental scan in the first half of 2021, a considerable number of survey respondents – about a quarter – indicated opposition to data sharing, citing patient confidentiality as the reason. Given the diversity of opinion among behavioral health providers and concerns from patients regarding the privacy of their records, more research and outreach will be required to better understand both the opportunities and the challenges related to the use of information technology and electronic information exchange in this specialty area. In recent years, EHR and care coordination platform vendors have made huge strides in product support for behavioral health providers; because this domain was left out of the Medicare and Medicaid EHR Incentive Programs, however, there are a significant number of independent and small practice providers who generally are not documenting care outside of their handwritten visit notes. With the strong push for primary care and behavioral health care integration, in large part due to the common occurrence of comorbidities such as depression and chronic disease, it is valuable for practitioners of this specialty to receive support in the form of education, technical assistance, mentorship, and most of all, financial incentives for adoption and use of certified EHR technology.

Key Considerations

- Consider behavioral health provider incentives including leveraging federal funding sources to support providers in implementing adequate privacy and security protocols as they adopt and use new information technology systems.
- Consider the growth of telehealth in the behavioral health realm and include requirements, as well as funding, for an audit program (inclusive of telehealth providers and practices) as part of any EHR incentive program or hosted EHR or care coordination offering.
- It is important to better understand the perspectives and needs of behavioral health providers and patients before implementing new policies, funding, or other incentives.
- Providing a hosted EHR and/or a care coordination option for behavioral health practices accepting Medicaid payments would be a significant step toward more holistic, person-centered care; look for consent management services as part of that package.



Success Metrics

- Mechanisms for funding support to behavioral health providers for adoption and use of health IT solutions will be determined.
- Opportunities for technical assistance and training for behavioral health providers, for adoption and use of EHRs and other technology, will be explored.
- Medicaid-focused provider incentives will be pursued for onboarding and participation in Connie's HIE services.
- Behavioral health provider and patient education campaigns will be developed to address stigma around mental healthcare and the value of integrated care teams.

Key Implementation Activities

- Conduct town hall listening sessions with behavioral health providers and their patients focusing on the use of information technology and HIE services, while maintaining confidentiality, to provide coordinated, whole person care.
- Evaluate financial incentive programs for Medicaid-focused behavioral health providers; work with the state employee and commercial health plans for identifying opportunities to include incentive payments in value-based contracts for participating in Connie's HIE services.
- Conduct an analysis of cloud-hosted behavioral health EHR and care coordination technology solutions and conduct a cost/benefit analysis to determine the better option for the state, provider incentive payments or access to a state hosted system or systems.
- Evaluate, plan, and develop a technical assistance and training program for behavioral health providers.
- Based on feedback from the listening sessions, develop an educational campaign for providers and patients on the benefits and risks of health information exchange, focusing on ways to protect data privacy while ensuring that healthcare providers and other members of an individual's care team have the right information at the right time to provide the best care possible.

In Connecticut and around the country, there are distinct concerns about having personal health information stored in electronic health record systems; those include objections to efforts underway to make health data systems interoperable so that health information can be shared more easily for treatment and care coordination purposes. Critical to the establishment of trusted health information exchange services are assurances that patient privacy wishes are respected and that every individual's protected health information is kept secure, whether at rest (within a system) or in transit (between systems). Providing individuals with the electronic means to express their choices about the use of their personal health data – with easy ways for providing or denying consent, as well as for revoking consent for sharing or using health information – will be one of the most important activities the state, Connie, and organizations participating in health information exchange can undertake during the lifespan of the Health IT Plan. Connie has already done significant work in this area, including by providing an opt-out provision. The recommendations here build upon these efforts and seek to further strengthen the consent process in Connecticut.

Key Considerations

- Connecticut legislators have a long legacy of taking actions to protect individual privacy and have put special protections in statute for behavioral health information. These regulations would need to be reviewed periodically when technology advancements occur, such as the statewide HIE in Connecticut.
- The Health IT Advisory Council should serve as a conduit for discussions on developing appropriate safeguards and ensuring that they are implemented to protect consumers.
- Consider creating a neutral office for consumers' digital privacy rights and/or expanding the role of Connecticut's Office of the Healthcare Advocate to make the state a national leader in addressing patient privacy concerns.
- State agency leaders should evaluate opportunities to make consumers more aware about 1) how data is currently shared and 2) the rights patients have to protect their data.
- Protecting the privacy of individuals served by Connecticut health and human service agencies continues to be an essential priority. It is important for individuals to have a voice in how sensitive health information will be used and shared.
- OPM and OHS will collaborate to explore the issuance of a Request for Information (RFI) to assess the capabilities of consent management solutions and will consider issuing a Request for Proposals (RFP) if an RFI demonstrated appropriate solutions in the commercial market, and if funding for a consent management solution is available.

Key Implementation Activities

- Plan and conduct consumer town hall listening sessions across Connecticut focusing on health information exchange, with participation by state officials, Connie leadership, and interested individuals.
- Provide recommendations on standardized consent management protocols as part of the work in Focus Area #6.
- Consider establishing a new Patient Health Information Protection Office within state government.
- Conduct an RFI process to assess electronic consent management software solutions for state agency needs.
- Consider an RFP process if agency leadership determines RFI responses are promising.
- Develop and disseminate consumer directed educational materials and media.

Focus Area 5



Success Metrics

- A facilitation vendor will be procured to support town hall listening sessions on privacy of health information.
- A Request for Information (RFI) process will be conducted to understand capabilities of consent management vendor solutions.
- Support will be evaluated for the creation of a Patient Health Information Protection Office
- Agency leaders will evaluate whether to conduct a Request for Proposals (RFP) process to select a consent management solution for the state.

Establish Electronic Data Standards

Focus
Area 6

The OHS Executive Director, the Commissioner of the Department of Social Services, and the Health Information Technology Advisory Council are statutorily obligated to establish electronic data standards to facilitate the development of integrated electronic health information systems for use by healthcare providers and institutions that receive state funding. This mandate includes provisions related to security, privacy, data content, structures and format, vocabulary, and transmission protocols. The statute requires limitations on the use and dissemination of an individual's Social Security number, requires encryption of any Social Security number, and requires privacy standards no less stringent than those of the federal Health Insurance Portability and Accountability Act (HIPAA). Protected Health Information (PHI) must be traceable by an electronic audit trail, be compatible with any national data standards, and permit the collection of health information in a standard electronic format. To meet the provisions of the statute, today and into the future, a standing HITAC subgroup should be formed. It should consist of stakeholders with a cross section of relevant expertise in clinical care and healthcare delivery, digital health technologies, health analytics, health policy, and data privacy and security, and it should adhere to state and federal regulations and reporting requirements for the healthcare and social services sectors. It will be critical for at least one member of this group to have strong familiarity with international and national healthcare standards development and standards implementation organizations (e.g., HL7, ISO, DirectTrust, Sequoia Project, Argonauts, CARIN Alliance, and others), as well as with the ONC's Interoperability Standards Advisory (ISA) and Standards Version Advancement Process (SVAP). This Standards Advisory Committee in Connecticut should meet regularly to weigh options and provide guidance to the OHS Executive Director, DSS Commissioner, and HITAC members, ensuring that the responsible parties named in statute have the information they need to provide relevant guidance, to set appropriate policies, and to communicate knowledgeably with members of the General Assembly and the Executive Branch about the challenges and opportunities inherent in these state requirements.

Key Considerations

- The OHS Executive Director and the DSS Commissioner will engage agency leadership of the six agencies named in CGS 17b-59a Section(3)(b) to establish a collaborative process for developing uniform management information, statistical information, terminology for similar facilities, electronic health information standards, and uniform regulations.
- The OHS Executive Director, the DSS Commissioner, and the Health IT Advisory Council will need to set up a clear and transparent process for establishing electronic data standards related to security, privacy, data content, structures and format, vocabulary, and transmission protocols of integrated electronic health information systems in use by healthcare providers and institutions that receive state funding, as required by CGS 17b-59a Section(3)(c).

Focus
Area 6



Success Metrics

- The Standards Advisory Committee will report findings and make recommendations to the Health IT Advisory Council regarding electronic health data standards on an annual basis.
- The Council will review the committee's findings and recommendations and will advance recommendations to the OHS Executive Director and DSS Commissioner.
- Clear and transparent processes will be established, and stakeholders will be actively engaged in rulemaking activities related to CGS 17b-58a Section (3)(b) and (c).

Key Implementation Activities

- The Health IT Advisory Council will establish a standing subgroup of industry experts, the Standards Advisory Committee.
- The Standards Advisory Committee will focus on the statutory requirements in CGS 17b-59a (3)(b) and (c) to consider best practices for standards adoption and potential mandatory and non-mandatory standards for health IT and HIE technology in use by state agencies and by healthcare providers and institutions receiving state funding.
- The Standards Advisory Committee will provide regular reports to the Health IT Advisory Council and will participate in state-led convening of stakeholders as part of the rulemaking activities in promulgation of the statute.
- The Health IT Advisory Council will report to the OHS Executive Director and DSS Commissioner with recommendations relative to data standards on an annual basis.
- As needed, concept papers will be submitted by the OHS Executive Director and the DSS Commissioner to the Office of Policy and Management with recommendations for statutory changes related to health data standards, based on advancements in federal standards and on identified needs for mandatory standards by state agencies, the Board of Directors of Connie, as the governing body of the statewide HIE, or by healthcare providers and institutions subject to the promulgation of CGS 17b-59a Section(3)(c).
- Opportunities for advancing best practices in standards adoption by health IT vendors through legal agreements and contracts between state agencies and vendors will be evaluated.
- OHS will monitor the regulatory environment and policy guidance development for electronic data standards at the national level.

Conclusion

Connecticut has an opportunity to build on the momentum created through the successful implementation of Connie as the statewide health information exchange with incremental implementation of the activities outlined in this Plan. Together with state agencies' comprehensive restructuring toward a digitized government, the Plan provides strong direction to support value-based healthcare that places individuals and families at the center. The Plan will support coordination of care and services across communities encompassing the social needs that are so fundamental to health.

The Plan sets an ambitious direction for the state, to coordinate across agencies; programs; healthcare delivery systems; community-based social services; and others across an ecosystem of care contributing to the health of an individual and a population, to make information available for better health and better care, while respecting and protecting individuals' privacy and keeping data secure.

With great anticipation for the improvements and innovation ahead, the Office of Health Strategy and the Health Information Technology Advisory Council invite your participation in putting this Plan in action.

Connecticut Statewide Health IT Plan Summary Table

The following tables summarize the strategic focus areas of the Health IT Plan.

Focus	Description	Activities
Focus Area 1	Increase and sustain use of Connie's statewide HIE services	Establish Sustainability Support Workgroup, chartered under the Health IT Advisory Council
		Implement a Patient Access Portal
		Evaluate centralized quality measurement
		Evaluate resource needs to support central quality measurement
		Create HIE onboarding payment incentives and technical assistance program
		Determine funding sources for statewide quality measurement and reporting
		Disseminate provider education on ONC Information Blocking Rule and Connecticut requirements for participation with Connie
Focus Area 2	Implement systems to address health equity and health-related social needs	Establish Social Needs Data Design Workgroup, chartered under the Health IT Advisory Council
		A CIE Feasibility Planning Committee will be established
		A Health Equity Dashboard with web access will be developed
		Support, including funding, for social service organizations to adopt health IT infrastructure, with training and technical assistance
		Discussions on statewide shared services for CIEs will be facilitated by the state
Focus Area 3	Improve service coordination and data sharing across state HHS agencies	Assessment of DPH and Connie for implementation of a Public Health Gateway
		A Person-Centered Services Collaborative with a Technical Interoperability Workgroup for connecting HHS data systems to Connie will be established by HHS agencies
		Data standards for upgrading existing systems and procuring new technology will be developed
Focus Area 4	Support behavioral health providers with the adoption of EHR and HIE services	Behavioral health provider listening sessions on EHR / HIE concerns
		Provider and patient educational campaign
		Behavioral health provider EHR / HIE technical assistance and training
		Behavioral health provider financial incentive program or hosted technology system providing care coordination capabilities
Focus Area 5	Protect privacy of individual and family health information	Citizen town halls on HIE and health data rights
		RFI on state agency consent management solution
		Recommendations on standardized statewide HIE consent protocols
		RFP for state agency consent management solution

		Consider establishing a Patient Health Information Protection Office
		Educational webpage and media on HIE and health information privacy
Focus Area 6	Establish electronic health data standards	Establish a Standards Advisory Committee, chartered under the Health IT Advisory Council
		Committee recommendations on electronic health data standards
		Propose legislative concepts on electronic health data standards, as needed
		Monitor and assess national and federal data standards policy developments
		Establish processes for rulemaking related to CGS 17b-58a Section (3)(b) and (c)

Acknowledgements

The Office of Health Strategy Executive Director, Health Information Technology Officer, and staff would like to express sincere gratitude to every organization and each individual who took time and made the effort to provide input and feedback to the content of this plan for improving health and healthcare through interoperable health information technology and health information exchange services. A special thanks to members of the Health IT Advisory Council, the management and staff of Connie, and all state agency employees who engaged regularly with OHS and the consulting team of CedarBridge Group throughout the development and refinement of the plan. We look forward to the opportunity to learn, measure, and adapt as we work with you to implement the action steps included in Connecticut's Health Information Technology Plan.