Health Information Technology Office Community Stakeholder Roundtables
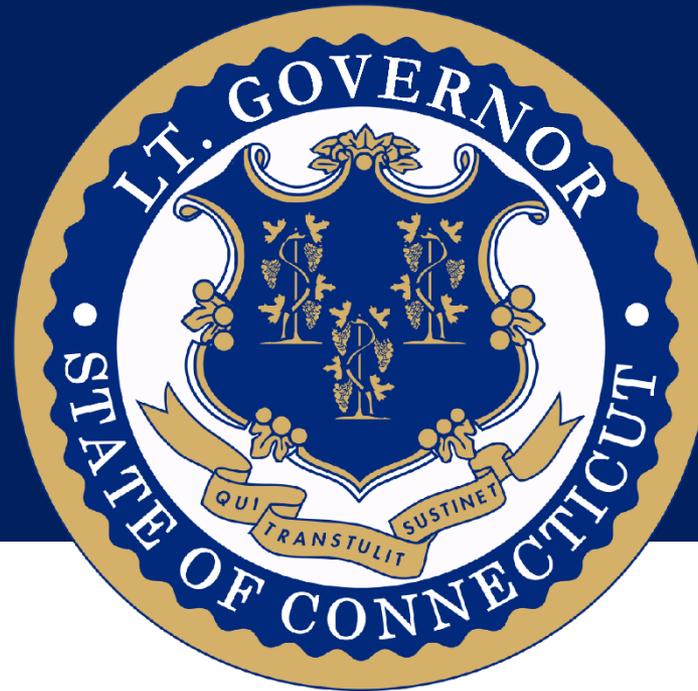
July 18 – 20, 2017

Facilitated by CedarBridge Group

Roundtable Locations

7/18/17, 8-9:30 am
UConn Stamford
1 University Place | Main Building
Classroom, Room 131
Stamford, CT

7/18/17, 5-6:30 pm
Middlesex Community College
100 Training Hill Rd | Chapman Hall Rooms
808C and 808D
Middletown, CT

7/19/17, 8-9:30 am
**Naugatuck Valley Community College
(Danbury Campus)**
190 Main St | Room D-23
Danbury, CT

7/19/17, 5-6:30 pm
Quinnipiac Medical School
370 Bassett Rd | Room 105
North Haven, CT

7/20/17, 8-9:30 am
UConn Health Center - Cell & Genome Bldg.
400 Farmington Ave | Room R1210; Edmund
and Arlene Grossman Auditorium
Farmington, CT

7/20/17, 5-6:30 pm
**Three Rivers Community College (Norwich
Campus)**
574 New London Turnpike | Multipurpose
Room F117-1 located in F Wing
Norwich, CT

Agenda

Topic	Speaker	Time Length
Welcome and Opening Remarks	Allan Hackney, HITO	10 minutes
Report on Stakeholder Engagement Findings	Michael Matthews and Carol Robinson	10 minutes
Report on Current Activities	Michael Matthews and Carol Robinson	20 minutes
Discussion/Q&A **Feedback on Findings and Current Activities**	All Participants	25 minutes
Group Discussion **Sustaining Broad Engagement and Support for Health Information Exchange Services**	All Participants	25 minutes

Welcome and Opening Remarks

Public Act 16-77:
A Vision for Health IT in Connecticut

PA 16-77...

Authorized the development and implementation of a statewide health information technology (health IT) plan

•**Created the role of Connecticut's Health Information Technology Officer (HITO), reporting to Lt. Governor Wyman**

•**Created the Connecticut Health Information Technology Advisory Council**

**Bipartisan support; co-sponsored by Senate President Pro Tem
Martin M. Looney (D-New Haven) &
Senate Minority Leader
Len Fasano (R-North Haven)**

...establish a Health Information Exchange that will:

- *empower consumers* to make effective health care decisions,

- *promote* patient-centered care,

- *improve* the quality, safety and value of health care,

- *reduce* waste and duplication of services,

- *support* clinical decision-making,

- *keep confidential* health information secure, and

- *make progress* toward the state's public health goals.

https://www.cga.ct.gov/2016/act/pa/pdf/2016PA-00077-R00SB-00289-PA.pdf

Overview of HITO / Health IT Advisory Council

Health IT Officer (HITO) Focus

- Developing and coordinating a statewide health IT plan, including developing security and data standards
- Creating and administrating a health information exchange (HIE)
- Attracting state, federal, and private funding to support plans
- Advising legislation activities in pursuit of health IT needs

Health IT Advisory Council Focus

- Advising the HITO on matters of priority, approach and scope of health IT activities

https://www.cga.ct.gov/2016/act/pa/pdf/2016PA-00077-R00SB-00289-PA.pdf

Report on Stakeholder Engagement Findings

Stakeholder Engagement Approach

68 interviews · **4 focus groups** · **52 surveys**

130 Organizations

282 Individuals
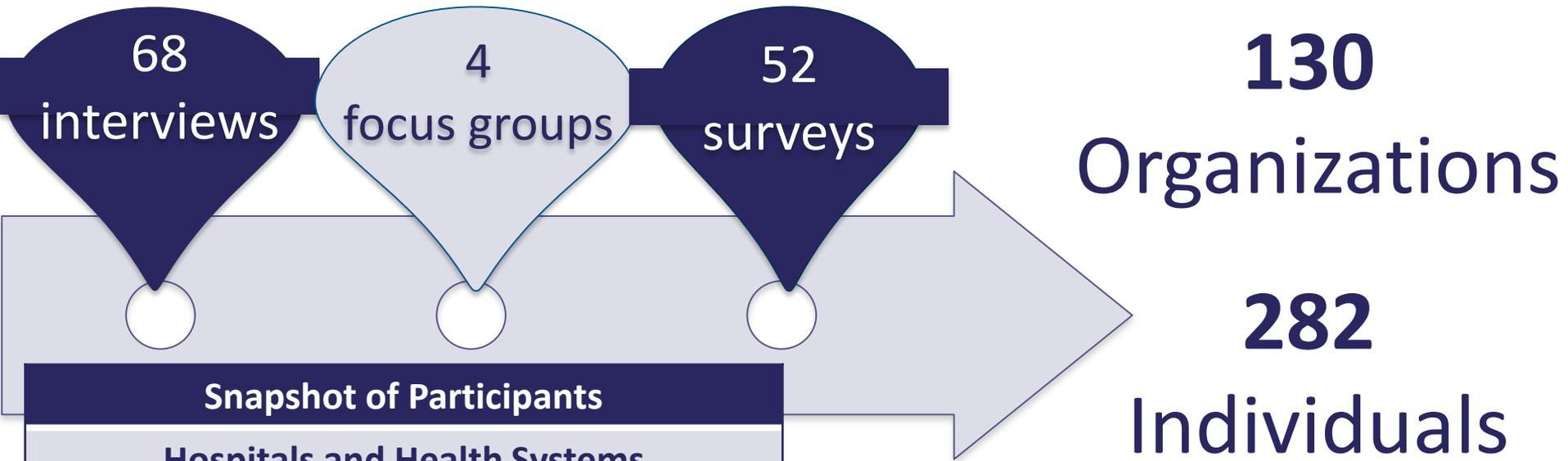
Snapshot of Participants

- Hospitals and Health Systems
- Physicians and Providers
- Health Plans and Payers
- Long-Term Post-Acute Care
- Behavioral Health
- Consumers and Community Organizations
- State Agencies, Programs, and Legislators
- Other (e.g., Pharmacies, Labs, Radiology)

Findings were summarized for the Health IT Advisory Council on 5/18/2017

The Council accepted the findings and encouraged planning to commence quickly.

Stakeholder Engagement Themes

The Patient is the "North Star"

Privacy, security, and confidentiality

Focus on **health equity** and **social determinants of health**

Consumer engagement and tools for better management of one's health and healthcare in partnership with care team

Personal health records (PHRs) with integrated clinical data; not tethered to a single EHR

Quality and price transparency

Embrace Existing Capabilities

Statewide HIE Shared Services

- ❑ Statewide Health Directory and patient attribution services
- ❑ Identity conformance, data validation and data normalization services

"Network of Networks" linking organizations that provide HIE Services with **"Rules of the Road"**

- ❑ Data use agreements
- ❑ Data standards, security, and privacy protocols
- ❑ Accreditation/certification of organizations delivering HIE services

Whole Person Care

Include all points of care, engaging behavioral health, long term post acute care (LTPAC), community health organizations, and others

Level the playing field, incorporating information exchange beyond traditional EHR systems

Enable care coordination with tools and support for care coordinators, providers, and patients

9

Stakeholder Engagement Themes

Focus on Workflow

Electronic clinical quality measures (eCQMs)

❑ Harmonize to support value-based payment and care delivery

Connecticut Prescription Monitoring and Reporting System (CPMRS)

❑ Further integration with e-prescribing

Public Health Reporting

❑ Improve bi-directional immunization, lab, and syndromic reporting

Expand data exchange using Direct Message standards

Harness ACOs

Align with organizations focused on value-based care models

❑ Accountable Care Organizations (ACOs)

❑ Advanced Networks (ANs)

Inter-ACO and Intra-ACO opportunities

❑ Assist ACOs in exchanging data internally and externally

Find and capture the value in ACOs to ensure sustainability

Meet Today's and Anticipate Tomorrow's Needs

Advance precision medicine through expanded data sources

❑ Support consumer consent and enable sharing of genomic profiles

Internet of Things (IoT)

❑ Bring Your Own Device (BYOD), home monitoring

Current and future data exchange needs

❑ Incorporate telehealth services

❑ Diagnostic images

❑ Structured lab results

Calls to Action:
Priority Recommendations for the State

1. Connecticut must keep patients and consumers as a primary focus in all efforts to improve health IT or HIE, including addressing health equity and the social determinants of health.

2. Connecticut must leverage existing interoperability initiatives, including existing or planned private investments and relationships with state-based HIEs and the national initiatives.

3. Connecticut must implement core technology that complements and interoperates with systems currently in use by private sector organizations.

4. Connecticut must establish "rules of the road" to provide an appropriate governance framework.

5. Connecticut must support provider organizations and networks that have assumed accountability for quality and cost.

6. Connecticut must ensure that basic mechanisms are in place for all stakeholders to securely communicate health information with others involved in a patient's care and treatment.

7. Connecticut must implement workflow tools that will improve the efficiency and effectiveness of healthcare delivery.

8. State agencies must charter and implement a Health IT Steering Committee, chaired by the HITO, staffed by the HIT PMO, and reporting to the legislative and executive branches.

9. Connecticut should establish, or designate, a neutral, trusted organization representing public and private interests to operate agreed-to statewide health information exchange services.

Report on Current Activities

Current and Planned Activities

July	Aug	Sept	Oct	Nov	Dec

Health IT Advisory Council Meetings and Continued Stakeholder Engagement

HIE Use Case Design Group

Immunization Design Group

Request for Proposals (RFP) for Statewide Quality Measurement System

HIE Entity Planning
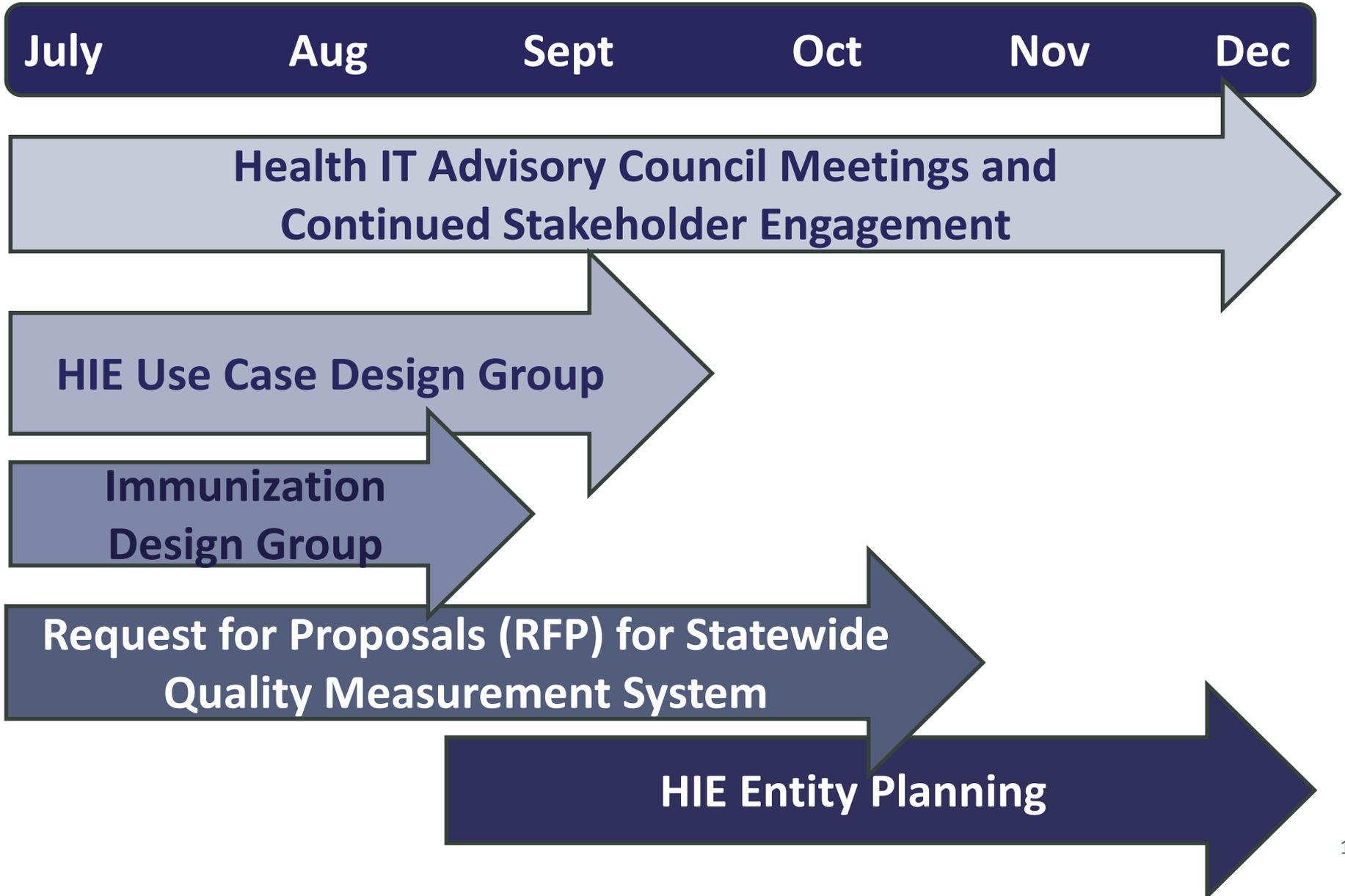
Health Information Exchange (HIE) Use Case Design Group

- **What is the Purpose?**

  The purpose of the Health Information Exchange Use Case Design Group is to create a comprehensive list of very specific HIE services, establish value propositions to prioritize the services, validate functional requirements for the prioritized services, and provide recommendations to the HITO and Health IT Advisory Council regarding shared infrastructural components.

- **What is the problem to be solved in Connecticut?**

  There is a long list of HIE services that would benefit the population of Connecticut. The HIE Use Case Design Group will help to prioritize these services and begin to create a path forward for implementation of HIE solutions.

- **How did this become a priority?**

  Through the stakeholder engagement process, many HIE services, data, and shared infrastructure components were discussed as possible priorities with stakeholders. A Design Group representing multiple stakeholders was convened to create and prioritize a comprehensive list of HIE services CT should implement.

Health Information Exchange (HIE) Use Case Design Group

Nine meetings of appointed Health IT Advisory Council members and designees representing various stakeholder groups are being held through 8/30/2017 with the following goals:

- ❑ Validate a curated **Use Case Library** of 25-30 Use Case Summaries for future HIE services

- ❑ Recommend 5-7 **high-priority Use Cases** for HIE services; their value propositions for stakeholder sectors, and strategies for sustaining their delivery

- ❑ Recommend models for delivering HIE services to meet the business needs represented in each high-priority Use Case (**buy vs. build** and/or **federated vs. centralized)**

HIE Use Case Design Group Members

Name	Stakeholder Representation
Stacy Beck	Clinical Quality Program Director (Anthem)
Patricia Checko, DrPH, MPH	Co-chair of State Innovation Model Consumer Advisory Board; Health IT Advisory Council Member
Kathy DeMatteo	Chief Information Officer (Western Connecticut Health Network); Health IT Advisory Council Member
Gerard Muro, MD	Chief Medical Information Officer (Advanced Radiology Consultants); Board Member (Charter Radiology Network)
Mark Raymond	Chief Information Officer (State of Connecticut); Health IT Advisory Council Member
Jake Star	Chief Information Officer (VNA Community Healthcare); Health IT Advisory Council Member
Lisa Stump, MS RPh	Senior Vice President and Chief Information Officer (Yale New Haven Health System); Health IT Advisory Council Member

Immunization Information Systems (IIS)

- **What is the Purpose?**

    An Immunization registry or Immunization Information System (IIS) is a confidential, population-based, computerized information system that collects vaccination data about all persons within a geographic area.

- **What is the problem to be solved in Connecticut?**

    Providers of vaccinations, individuals who receive vaccinations, schools, pharmacies, employers, and other stakeholders currently do not have an efficient electronic system in which to comprehensively and accurately track vaccinations.

- **How did this become a priority?**

    During stakeholder engagement, providers and hospitals ranked public health reporting as an area where there are opportunities for the State to expand and improve its services, as well as to continue to address the need for streamlined public health reporting, particularly to the Connecticut Immunization Registry and Tracking System (CIRTS).

https://en.wikipedia.org/wiki/Immunization_registry

Immunization Information Systems (IIS) Design Group

Five meetings of appointed Health IT Advisory Council members and designees representing diverse stakeholder groups are being held through 8/3/2017 with the following goals:

❑ Recommend **technical standards and functional requirements**, in alignment with Center for Disease Control (CDC)

❑ Recommend **operational and financial sustainability strategies**

❑ Recommend strategies and timelines to create an **implementation roadmap for a statewide bi-directional IIS system** to support provider and consumer needs

Immunization Information Systems (IIS) Design Group Members

Name	Stakeholder Representation
Thomas P. Agresta, MD, MBI	Healthcare provider (Asylum Hill Family Practice); Professor and Director of Medical Informatics, Department of Family Medicine (UConn); Designee for the Health IT Advisory Council
Deirdre Gruber, MSN, FNP-BC	Nursing Coordinator, School Health Services (New Haven Health Department)
Martin A. Geertsma, MD	Pediatrician providing services at Community Health Center (Federally Qualified Health Center)
Hyung Paek, MD	Medical Director of Information Technology (Greenwich Hospital); Healthcare provider at a Federally Qualified Health Center

Electronic Clinical Quality Measures (eCQMs)

- **What is the Purpose?**

  eCQMs measure healthcare processes, observations, treatments, and outcomes. They quantify quality in our healthcare system; measuring and reporting CQMs helps to ensure care is delivered in a safe, effective, equitable, and timely way.

- **What is the problem to be solved in Connecticut?**

  Connecticut actively supports innovation programs that support the "Triple Aim" of improved patient experience, reduced costs, and improved population health. However, at present, there do not exist consistent measures to guide investments and help change behaviors.

- **How did this become a priority?**

  The Connecticut Health Innovation Steering Committee determined that eCQMs are necessary to drive statewide improvements in healthcare quality and enable payment and practice reforms. There is broad support for consistent eCQMs across provider, hospital, and insurer groups.

eCQM Design Group
Report / Recommendations

Nine sessions of Health IT Advisory Council members and designees representing various stakeholder groups were completed in April 2017

- Report was accepted by full Council on 5/18/2017 with:

  ❑ **Business requirements and value propositions** for stakeholder sectors

  ❑ **Functional requirements** for a statewide quality measurement system

  ❑ **Recommendations for operations and governance**

- Development of a **Request for Proposals (RFP)** is currently under way

Electronic Clinical Quality Measures (eCQM) Design Group Members

Name	Stakeholder Representation
Patricia Checko, DrPH, MPH	Co-chair of State Innovation Model Consumer Advisory Board; Health IT Advisory Council Member
David Fusco, MS	Representative of the health insurance industry; Health IT Advisory Council Member
Michael Hunt, DO	CEO and President of an independent community hospital (Delegate of Patrick Charmel)
Nitu Kashyap, MD	Executive Director of Medical Informatics at a large hospital health system (Delegate of Lisa Stump)
Craig Summers, MD	Clinician (Designee of Joseph Quaranta, MD)
Robert Rioux, MA	Network Director who represents Federally Qualified Health Centers; Health IT Advisory Council Member
Nicolangelo Scibelli, LCSW	CIO at a behavioral health organization; Health IT Advisory Council Member
Tom Woodruff, PhD	Representative of the Office of the State Comptroller who promotes commercial contracts to promote the use of clinical data extrication, aggregation and reporting.

Statewide HIE
Shared Services Entity Design Group

Health IT Advisory Council members and designees representing diverse stakeholder groups will be appointed and tasked with the following goals:

- Recommendations for **operational and financial sustainability strategies** for a statewide HIE Shared Services entity

- Development of a **high-level roadmap** for the governance of a statewide HIE Shared Services entity, and for certification/accreditation of organizations providing federated HIE services in Connecticut

Discussion and Q&A

Feedback on Findings and Current Activities

Consider and Discuss…
We Want Your Feedback!

- **What are your impressions of the findings?**

  - How representative of your experiences are these findings?

  - What did we miss of importance?

- **What are your impressions of the current activities?**

  - How clear are the objectives to you?

  - How do you believe these activities will change your ability to deliver care?

  - What hurdles or impediments arise in your mind?

- **How do you feel about the approach and direction?**

  - Encouraged? Enthusiastic? Skeptical? Concerned? Cautious?

Group Discussion

Sustaining Broad Engagement and Support for HIE Services

Engaging Communities / Engaging Leadership

We understand.....

- **Community leaders like you,** across all types of organizations, must *become engaged and stay engaged* in the planning for coordinated, effective, and value-driven HIE services in Connecticut.

- It's important to **engage your organization's leadership** (C-Suite and Board of Directors) **to *understand and support*** a new statewide strategy for delivering HIE services.

  ❑ How can we make it easy for you to stay engaged?

  ❑ What do you need to help engage your organization's leadership team?

  ❑ Who is missing from this community?

Contact Information
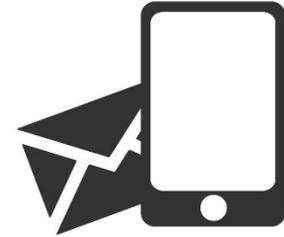
Health Information Technology Offi

Allan Hackney, allan.hackney@ct.gov

Sarju Shah, sarju.shah@ct.gov

Kelsey Lawlor, kelsey.lawlor@ct.gov

General E-Mail, HITO@ct.gov

Health IT Advisory Council Website

http://portal.ct.gov/Office-of-the-Lt-Governor/Health-IT-Advisory-Council

CedarBridge Group

Carol Robinson, carol@cedarbridgegroup.com

Michael Matthews, michael@cedarbridgegroup.com

Appendix:
Background on Health Information Exchange

A National Vision
Health Information Exchange

- ✓ **Improve Healthcare Quality**: Improve healthcare quality and patient outcomes by reducing medication and medical errors

- ✓ **Make Care More Efficient**: Reduce unnecessary tests and services and improve the efficiency of care by ensuring everyone involved in a patient's care has access to the same information

- ✓ **Streamline Administrative Tasks**: Reduce administrative costs by making many administrative tasks simpler and more efficient

- ✓ **Engage Patients**: Increase patient involvement in their own health care and reduce the amount of time patients spend filling out paperwork and briefing providers on their medical histories

- ✓ **Support Community Health**: Coordinate with and support public health officials to improve the health of communities

The Office of the National Coordinator for
Health Information Technology

Health IT is Foundational for Delivery System Reform

Use information to transform

Improve access to information

Utilize technology to gather information

MU1	MU2	MU3	Delivery System Reform
			Enhanced access and continuity
		Data utilized to improve delivery and outcomes	Data utilized to improve delivery and outcomes
		Patient self management	Patient engaged, community resources
	Care coordination	Care coordination	Patient centered care coordination
	Patient engaged	Evidenced based medicine	Team based care, case management
Basic EHR functionality, structured data	Connect to Public Health	Registries for disease management	Registries to manage patient populations
Privacy & security protections	Privacy & security protections	Privacy & security protections	Privacy & security protections
Connect to Public Health	Structured data utilized for Quality Improvement	Connect to Public Health	Connect to Public Health

Three Requirements for Electronic Exchange of Health Information

Entity X

Entity Y

Secure Technical Infrastructure and Connection

Trust

Value Proposition

32