Recommended Calls to Action

With Supporting Interview Summary Comments

As part of the environmental scan conducted by CedarBridge, nine recommended Calls to Action were developed. These Calls to Action are listed in the following document, and each contain supporting summary comments from stakeholder interviews. The summary comments were primary drivers in the development of the recommended Calls to Action. Largely, they represent a synthesis of stakeholder input; direct stakeholder quotes are provided in some instances.

---

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.*

- Stakeholders widely believe that there needs to be clarity and focus on what the Advisory Council and HITO are working towards. **The "north star" of all this work must be patients and consumers**. The Council must define what benefits this work will bring to healthcare **consumers** in Connecticut.
- **Every individual is a healthcare consumer**, whether they work for a payer, hospital, or the state. Reminding participants of this during these discussions might help build consensus and move beyond proprietary interests.
- It will be important to include **consumer priorities** when identifying the needs that will be met by health information exchange (HIE) services.
- The concept of **patient-centered care** is gaining popularity and acceptance.
- "Who is accountable in a holistic, **patient-centered**, whole-person system?"
- **"The healthcare system needs to serve the people, not the profit margins."**
- There is a real need to **communicate to consumers** the value of the current work that is happening at the Health IT Advisory Council and in the SIM office.
- The Advisory Council, and other HIE planning activities, should not get lost in the technical details; the conversations should be framed in the potential value proposition to providers and **consumers**.
- Information about race, ethnicity, and geographic location of patients is not being collected regularly or utilized in analyzing the **social determinants of health** or **addressing health equity and health disparities**. Many stakeholders believe data needs to be utilized to improve care coordination and address **health equity**.

- A patient's electronic medical health record contains sensitive information spanning many years and changes in that patient's life. This **information must be controlled by the patient and their privacy must be of the utmost concern for providers and healthcare organizations**. Not all data in a patient's health record should be shared with all providers or staff in a healthcare system. Segmentation is essential. There should also be special protections around any histories containing reproductive health, mental health, sexual abuse, substance abuse, domestic violence, and any other highly sensitive information. **Patients should own their information** and have complete control over what information is shared, when it is shared, and who it is shared with.
- **Patients generally want their information to be shared with all relevant providers, and other care team members, such as family,** to inform their care.
- "Doctors are not mechanics." **Patients are individuals**, and some providers need to be able to enter information into health records that do not always fit cleanly into standardized data categories.
- "Prioritize a vision of empowered recovery in community settings. **Patients must have access to medical records**, and they should own their information."
- Tethered patient portals that are specific to organizations are not popular among patients. Patients want a single, centralized place to view their complete, longitudinal health record. **"I have a [patient] portal for every organ."**
- Affordable and reliable transportation would be a high value improvement to the healthcare delivery system in Connecticut, and housing is a major **social determinant of health** and needs to be a higher priority for the state in addressing **health equity**.
- It is a priority to provide data services and knowledge about the **social determinants of health**. There is stakeholder interest in services that support reporting, monitoring, and tracking on the social determinants of health and how those risk factors could support the improvement of population health, case management, care coordination, and care delivery models.
- Currently, behavioral health providers do not consistently track **social determinants of health** that can greatly affect treatment, and have minimal visibility into the other state or private services that clients are currently utilizing. They rely on self-reporting of information, which is typically not accurate or complete.
- The 2-1-1 information line could be of great utility for care coordination and population health management as **social determinants of health** becomes more integrated with healthcare delivery.
- There is a key opportunity for the state to contribute to understanding **social determinants of health and how they can be used to address health disparities.**
- Developing programs and systems that aim to **address the opioid epidemic** is a high priority for many stakeholders.

2) CONNECTICUT MUST LEVERAGE EXISTING INTEROPERABILITY INITIATIVES, INCLUDING EXISTING OR PLANNED PRIVATE INVESTMENTS AND RELATIONSHIPS WITH STATE-BASED HIES AND THE NATIONAL INITIATIVES.

- According to one stakeholder, **approximately 65-70% of providers in Connecticut are utilizing an EHR system**, however this percentage is not indicative of whether these systems are being utilized effectively or if they are fully optimized.
- Providers, healthcare organizations, and other stakeholders reported that **there is a widespread desire for the state to avoid producing redundant or duplicative services, investments, or assets.** For example, several stakeholders were concerned about the duplication of **alert notification services provided by Project Notify and PatientPing**. Some stakeholders have decided not to participate in some systems due to this concern of duplicative or redundant efforts.
- There is a need for **structured, standard vocabulary and improved standards** around information exchange**. Semantic interoperability** will be necessary for effective information exchange.
- Many stakeholders are actively trying to improve their interoperability capabilities. **"You name it and we are trying to communicate with them."**
- Stakeholder organizations that provide services beyond the borders of Connecticut regularly stressed the **importance of national HIE and interoperability initiatives.**
- Stakeholders reported that EHR vendors hold a significant amount of leverage and power when it comes to enabling information exchange. The **cost of interfaces is currently a limiting factor for many provider organizations.** One large national organization reported that **EHR vendors and the functionality of their systems have been limiting factors** to health information exchange initiatives in other states.
- Several stakeholders have experience working with **HIE and interoperability initiatives in other states**, including Rhode Island and Massachusetts. Some provider organizations are currently building connections with HIEs in bordering states.
- There are several **specialty-specific information exchange initiatives that are underway in Connecticut, as well as a broader HIE initiative by the Connecticut State Medical Society.** These initiatives offer a range of functionality, some of which is still being determined and defined, and will have an impact on how the state approaches information exchange through any future initiatives.
- **Mandating certain vendor solutions has not worked well for the state in the past.**
- Data extraction is often challenging for providers and healthcare organizations. **"It is difficult to get reliable information out of our systems, and the demand for data is only increasing."**

- Several large provider organizations in the state are actively replacing their EHR systems, which will impact their ability to participate in any state HIE initiative in the near term.
- **The Red Folder initiative** is one example of a manual process that is currently being used to address barriers to information exchange.
- The eHealth Exchange is only being used by a few stakeholders in Connecticut. Many believe that the eHealth Exchange, CommonWell, and other **national interoperability initiatives are not being leveraged to their full potential.**
- A few stakeholders reported that they currently have access to all the information that they need through their EHR system, or through basic interoperability efforts, such as read-only access into a hospital's EHR system.
- **Stakeholders have a desire to utilize EHR integration and interoperability** to connect community support services to clinical services, track referrals, tie health outcomes to social determinant data and community support services, increase access to actionable clinical information during transitions of care, identify gaps in care, improved quality reporting capabilities, and more. The broad potential of effective interoperability is widely recognized.

---

3) CONNECTICUT MUST IMPLEMENT CORE TECHNOLOGY THAT COMPLEMENTS AND INTEROPERATES WITH SYSTEMS CURRENTLY IN USE BY PRIVATE SECTOR ORGANIZATIONS.

- **Private and community organizations employ a variety of information systems that contain valuable and clinically relevant information** that could be beneficial in care coordination, population health management, and the delivery of appropriate healthcare services if shared securely and effectively. One example is the Homelessness Management Information System that is managed by the Partnership for Strong Communities.
- The Department of Social Services' **Electronic Visit Verification (EVV) system** was described by several stakeholders as adding complexity to their work.
- Numerous private stakeholders and state agencies reported **challenges with accurate patient matching, and said the issue of matching records is a barrier to effective information exchange**, even when the exchange is conducted through manual processes.
- **Among hospitals in Connecticut, approximately half are using Epic as their EHR system**. There is **more diversity in EHR systems among ambulatory practices and providers**, although some consolidation was reported. Many organizations have had to **"make do" with the systems available to them** and utilize or develop organization, or EHR-specific, solutions for health information exchange.

- **Institutional silos** remain a barrier to effective information exchange, according to some stakeholders. One stakeholder referred to organizations that are not using an Epic EHR system as **"the black hole"** regarding information exchange.
- Some stakeholders reported that they **struggle to receive CCDs**, and when they are received they are lengthy, redundant, and difficult to navigate or extract actionable information at the point of care.
- Most large private healthcare organizations and health insurance payers have implemented, or are in the process of implementing, **analytics tools for population health management** to support the transition to value-based payment models.
- **PatientPing and Project Notify were both described as being limited in functionality and scope.** Provider utilization and satisfaction with PatientPing are reportedly impacted by the fact that providers must access alerts through a separate portal and by the perception that the system is too focused on the ACO population. There are concerns about the utility of Project Notify because its scope is limited to Medicaid patients.
- Several stakeholders reported that they would find an **expanded use of Direct Secure Messaging to be valuable for information exchange.** Direct Secure Messaging would be particularly valuable for improving data access and information exchange capabilities for providers who do not have EHR systems, or who do not have Direct Messaging functionality embedded within their EHR system.
- Several providers said it would be **valuable to be able to exchange flat files, such as PDFs via Direct Secure Messaging.**
- **Duplicative state reporting requirements**, due in part to a lack of coordination across state agencies, was described as a challenge and a source of frustration for many stakeholders.
- Certain stakeholders have a desire for improved access to **Advance Directives, Physician Orders for Life-Sustaining Treatment (POLST), and other end-of-life documentation.**
- There are several pilot projects underway to **integrate Connecticut's Prescription Monitoring Program (PMP) into providers' EHR-based clinical workflow**. There is widespread desire for this integration to be available to all providers, and for the ability **to extract and reconcile data from the PMP into providers' EHR systems**. Some would like to see the PMP's scope expanded to include all medications; essentially a centralized medication history for all people in Connecticut.
- **Medication reconciliation within EHR systems was described as a challenging process** for many providers. One stakeholder described it as **"a disaster,"** and another stakeholder stated that **"medication reconciliation is a huge issue."**
- Numerous stakeholders believe **a statewide electronic clinical quality measure (eCQM) system would be beneficial**, if it would streamline existing reporting requirements instead of adding additional requirements. Measures would need to be standardized and harmonized, including how measures are defined, the source(s) of data, and the mechanism for submitting measures.

- **The all payer claims database (APCD) was viewed by some stakeholders as struggling to achieve its statutory requirements.** Due to a Supreme Court ruling, ERISA-protected plans are not required to contribute data, limiting the potential value of the system.
- Some stakeholders are skeptical or concerned about the price transparency reports that are proposed by the APCD. Other **stakeholders recommended merging the APCD data with clinical data to increase the potential value proposition.**
- **Radiology image sharing "could be an easy win"** for the state. There is at least one private radiology HIE initiative underway in the state that will need to be considered.

4) CONNECTICUT MUST ESTABLISH "RULES OF THE ROAD" TO PROVIDE AN APPROPRIATE GOVERNANCE FRAMEWORK.

- Governance of any future statewide health IT entity or HIE service was an area that created concern for several stakeholders. Stakeholders expressed a desire for **clear definition and broad stakeholder engagement in the development process of a governance model**.
- **"You cannot move systems unless you have a good, strong vision and someone who knows how to move the government."**
- Both public and private stakeholders expressed the desire for any future information exchange capabilities to have adequate access controls, ability to segment data, and consent management capabilities.
- It was reported that information exchange is limited within one state agency due to a ruling by the state's Attorney General. Due to this ruling, information reportedly cannot be shared electronically between healthcare delivery locations within this state agency, even though such sharing would be possible with the currently utilized health IT systems.
- The state needs to **carefully identify the necessary steps to transition from the current state to the future state,** and identify the roadblocks that exist at each step.
- Some stakeholders were concerned about how a competitive marketplace, where data is currently viewed as a proprietary asset, will react to increased data access and information exchange capabilities. Careful consideration of how to properly implement systems and monitor anti-competitive activities such as information blocking is important to many stakeholders.
- **"Information blocking must be addressed by the state."**
- **State mandated reporting requirements were described as duplicative and cumbersome by some stakeholders.**

- Many believe that the state should focus on **understanding the needs and requirements of specialty providers,** suggesting the state could serve in a role to create detailed information exchange standards that all systems and providers must adopt to ensure that technical capabilities are not an impediment to data sharing.
- Several stakeholders believe that there is a **fundamental lack of understanding of consent and privacy rules amongst primary care providers and behavioral health providers** in the state.
- Some feel that the state will need **to mandate or require health information exchange for any initiative to be successful,** whereas others believe mandates will breed resentment amongst stakeholders and that the key to success is creating a well-defined value proposition.
- It was suggested that the state could potentially provide legal and policy clarifications around allowable data sharing and information exchange.
- **"Without effective policies and collaboration, any state effort will be a bridge to nowhere."**

5) CONNECTICUT MUST SUPPORT PROVIDER ORGANIZATIONS AND NETWORKS THAT HAVE ASSUMED ACCOUNTABILITY FOR QUALITY AND COST.

- **Some stakeholders do not feel they have the necessary information to properly manage the patients for which they have assumed financial and downside risk.**
- The State of Connecticut, through the Office of the State Comptroller, employs a value-based insurance design for all state employees and retirees. They have successful partnerships with health insurance partners and are recognized as a lever in propagating value-based care arrangements.
- Stakeholders reported a need for **improved access to both clinical and claims data to better measure and analyze cost savings, performance, and outcomes.**
- Several provider organizations have recently been assigned panels of individuals for intensive care management as part of the PCMH+ initiative.
- FQHCs, and other organizations pursuing integrated care environments, would like to see **increased support that enables information sharing within these environments.**
- Some stakeholders believe the **state could create value for stakeholders by providing technical support and training** that help providers and organizations optimize health IT systems, meet reporting requirements, and transition to value-based payment models.
- **Reimbursement is a significant challenge for many provider groups,** including psychologists, psychiatrists, long-term care providers, home healthcare providers, and more.

- **The shift to value-based care and ACOs has created an inherent need for real-time access to reliable and actionable patient data to close care gaps, improve care coordination, and measure outcomes and quality.**
- Some stakeholders feel payers have not been at the table for key discussions regarding health IT and HIE in the past, and that this will need to change for any future initiatives to be successful.

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.

- A centralized **master patient index** is viewed as a critical building block for any statewide health IT or information exchange initiatives. In addition, many stakeholders agreed there would be a strong value proposition for a **statewide provider directory**, keeping important contact and licensure information up-to-date across multiple entities where providers practice. Some stakeholders grouped these two components together as "identity management capabilities." Accurate provider attribution and access to reliable physician contact information would be **"extremely beneficial."**
- There is a need to focus on **small practices requiring assistance in transitioning to EHRs**.
- Currently, **manual processes are widely being used to complete necessary health information exchange, including fax, mail, and phone calls**. Several stakeholders referred to this as **"the old-fashioned way."**
- When data exchange is occurring, many stakeholders are **receiving unstructured information** that is often too lengthy to be actionable or valuable at the point of care.
- **Some provider types have limited data capture and health information exchange capabilities long-term** post-acute care (LTPAC) and behavioral health (BH) providers. Adoption of EHR systems is increasing among many of these groups, however many remain limited in their ability to purchase or adopt these systems, and there is virtually no electronic exchange of data occurring when LTPAC and BH providers are not directly using a hospital's EHR system.
- **State agencies providing health or social services have a varying degree of data capture and health information exchange capabilities.** In many instances, information exchange between state agencies was reported to be **completed via manual processes such as phone calls and fax,** and the information is often manually transcribed between systems.
- **"[We] would greatly benefit from improved data sharing with other state departments, programs, and external providers. [We] have an immediate need for Medicaid claims data from DSS."**

- **Stakeholders broadly reported the current public health reporting capabilities of the Department of Public Health are insufficient and burdensome.** The current functionality offered by the Connecticut Immunization Registry and Tracking System (CIRTS) was routinely said to be insufficient in meeting Meaningful Use requirements and did not allow for electronic reporting of immunization information. **Stakeholders believe that the standardization and improvement of public health reporting would be of tremendous value and reduce costs.** One stakeholder said they have no confidence in the state's ability to make these systems functional.
- Both public and private stakeholders expressed the desire for any information exchange capabilities to have **adequate access controls, ability to segment data, and consent management capabilities.**
- The **state currently possesses data centers containing valuable and clinically relevant data,** however this data was described as siloed and difficult to move or analyze. The state could potentially provide hosting services to support any future statewide health IT or HIE initiatives.
- The state possesses **a fiber optic network** that is being utilized by Jackson Labs to support genomic research. This asset was recognized as having potential future value for additional use cases.
- Specialty, independent, and/or rural providers often are limited in their ability to implement and adopt technology due to **resource availability.**
- Long-term post-acute care providers routinely felt as though they have been left behind regarding health IT and information exchange through Meaningful Use and past state initiatives. **"We are the bottom of the food chain."**
- In addition to long-term care, behavioral health, and other specialty providers, providers serving pediatric patients and home healthcare providers have **unique requirements for data capture and health information exchange** that must be considered in any statewide initiative.
- **"Private practice psychiatrists have zero communication with the outside world."**
- The state must **keep an eye on the future and understand the developments** and potential in areas such as **genomics and precision medicine.**

7) CONNECTICUT MUST IMPLEMENT WORKFLOW TOOLS THAT WILL IMPROVE THE EFFICIENCY AND EFFECTIVENESS OF HEALTHCARE DELIVERY.

- **A top priority for many stakeholders is the ability for providers and other healthcare professionals to remain within their clinical workflow when accessing health IT systems or participating in health information exchange.** In addition, stakeholders want the process of information exchange to be efficient and intuitive – **"the fewer clicks, the better."**
- **Providers need actionable clinical data delivered directly into their clinical workflow.**

- Numerous stakeholders, including several state agencies, **expressed that they would see value from statewide health information exchange services.** Perceived benefits included improved population health management, enabling effective care coordination and case management, the ability to utilize social determinant of health data, referral coordination and management, and the identification of gaps in care.
- **Effective electronic referral management** is a way to greatly improve current workflows and to track, manage, and measure individuals.
- Many healthcare organizations feel as though they are **"data rich, but information poor." One stakeholder commented that they "could tell you what the patient had for breakfast, but not why they are in the hospital."**
- Providers and healthcare organizations would benefit from a **standardization of data elements required by payers.**
- **"ADT alerts would be incredibly valuable, from any facility."**

---

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.

- **Several state agencies expressed a desire for increased collaboration with other state agencies.** The Department of Social Services was most commonly identified as the top priority for collaboration. Cross-agency eligibility determinations, the ability to determine a complete picture of the utilization of services and assets, and the ability to effective coordinate care through information exchange were specific areas of importance among stakeholders.
- State agencies and other stakeholders broadly expressed **a desire to be involved in the planning process of any future state services**, as well as a willingness to be "part of the solution" in terms of interoperability and health information exchange.
- Stakeholders feel **state systems need to better serve the stakeholders who are the intended users, or who are directly impacted by poor functionality.**
- There was broad state agency support for a **"no wrong door" approach** to program management and eligibility determinations.
- The Office of the Healthcare Advocate was recognized as being a neutral party and trust-building leader who could serve as a liaison for participants in statewide HIE services.
- There is a desire for **alignment and collaboration between current and any future workgroups regarding any HIE or other statewide health IT initiative.**

- Some stakeholders believe the state could play a role in standardizing the referral process, including the definition of standard data sets that need to be exchanged by specific providers, in specific instances, and at specific times.
- A **central directory of all available social and community services/programs**, with a streamlined eligibility determination process, was requested by many stakeholders.
- **The state has existing assets, such as the NextGate master patient index, that could be integrated with future health IT or HIE initiatives, according to some stakeholders.**
- **"DSS is reportedly working on some initiatives that could provide value [to our organization]," however, the need for increased communication** about these initiatives was highlighted by numerous stakeholders.
- Stakeholders believe the state needs to **clearly define the relationships** between health IT and HIE initiatives, the Health IT Advisory Council, and various state agencies.

9) CONNECTICUT SHOULD ESTABLISH, OR DESIGNATE, A NEUTRAL, TRUSTED ORGANIZATION REPRESENTING PUBLIC AND PRIVATE INTERESTS TO OPERATE AGREED-TO STATEWIDE HEALTH INFORMATION EXCHANGE SERVICES.

- **There is widespread lack of trust in the state's ability to produce valuable health IT or health information exchange services.** Some believe that developing "quick win" initiatives will be a good way to demonstrate success and build trust among stakeholders.
- **"There is a distrust in the state's decision making around IT systems and requirements."**
- **"Previous state efforts have impacted trust and confidence."**
- **"Building trust with stakeholders will be paramount."**
- Some stakeholders expressed that they **do not believe the state is the optimal governing body or owner of future statewide services**, because the state would not provide adequate representation for all relevant stakeholder groups and is unable to move quickly on procurements and approvals of IT systems / infrastructure.
- Statewide HIE services are a way to **identify, assess, and monitor fraud and abuse**, which will require the governing body to be highly trusted and have broad stakeholder representation.
- Some stakeholders believe that Connecticut should **model any statewide health IT or HIE effort after successful models that can be found in other states or regions.**
- Based on past experiences, some stakeholders feel the **state does not understand, or work to understand, specialized providers** and does not listen to knowledgeable clinical, administrative, and health IT professionals.

- Stakeholders broadly agree that the **financial model and value proposition of any statewide initiative will need to be clearly defined.** Several explained that this requirement stems from past state HIE efforts that were poorly planned and in some cases created financial barriers to participation for providers.
- It was expressed several times that **cost will be a primary barrier to success of statewide health IT or HIE initiatives.** Costs should be allocated across stakeholders based on value created.
- The state must improve communication with stakeholders and conduct engagement efforts aimed at re-establishing trust and building collaboration. **"Trust needs to be built with stakeholders through a robust, ongoing engagement process." Many stakeholders commented that this stakeholder engagement initiative is helpful in generating trust.**
- Many stakeholders believe that the state needs to **carefully assess the failures of past HIE initiatives and adapt their approach based on lessons learned.**