

# Health IT Advisory Council

August 17, 2023



# Agenda

## Topics

Welcome & Call to Order

Public Comment

**Council Action**: Approval of Minutes: June 15, 2023

Connie Update

Connie Consumer Outreach and Marketing Update

Health Information Exchange Regulations Update

Legislative Update

Announcements

**Council Action**: Wrap Up & Meeting Adjournment

# Welcome and Call to Order

# Public Comment

(2 minutes per commenter)

# **Approval of Minutes: June 15 ,2023 Meeting**

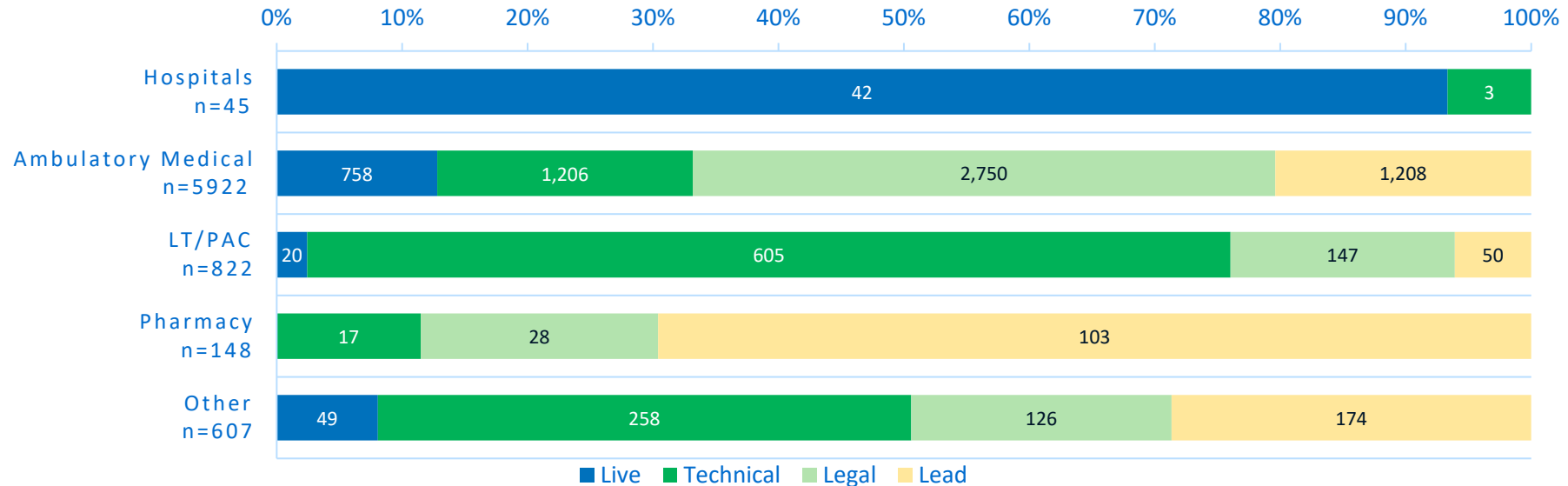
# Connie Update

Health IT Advisory Council  
August 17, 2023

Jenn Searls, Executive Director



# Onboarding Progress



## Onboarding Highlights:

- 40 new provider orgs live
  - 28 PhysicianOne Urgent Care sites
- 91 provider orgs in technical integration
- New Image Share locations!
  - Prospect Waterbury Hospital
  - Diagnostic Radiology Associates, Greater Waterbury Imaging Center, Harold Leever Regional Cancer Center, Valley Imaging Partners
  - Naugatuck Valley Radiology Associates
- 6 new EMR hubs built
  - Surgical Information Systems
  - Physicians Computer Company
  - Elation
  - Smartlink
  - TriMed
  - Experity



# How Connie is Helping

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**Zachary Dauphinais, MS** · 2nd  
Clinical Informatics Manager at United  
Services, Inc.

**HCI: Do you have an anecdotal example involving a patient that could illustrate the value of the ADTs?**

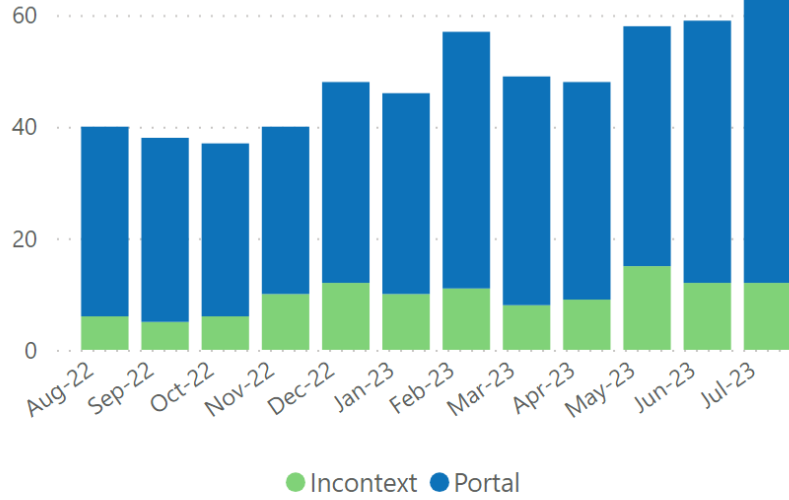
**Dauphinais:** Something that happened in the first three weeks that we were doing this, back in February, really sold the concept to our direct care providers. We had a client who had disengaged from services. We weren't able to get her on the phone. We weren't able to get her by mail and she wasn't answering the door in her apartment. We were getting ready to close her case. Then we received a notification that she was in the emergency department and then immediately transferred to inpatient at that hospital. When we received the discharge notice a couple of days later, we immediately called and followed up. She answered and said she had been stabilized, that she was so glad we had called and that she was not okay, that her physical health had declined to a point where her behavioral health was also declining and she just was not physically able to get in touch with us. We were able to immediately set her up with her case manager, get her a new appointment, arrange transportation, and get her re-engaged with services that week. And she's continued to be engaged in services since then. **It was one of those moments where you go 'Ah, this is why we do this.'**

Raths D., August 11 2023, Behavioral Provider Sees Value of ADTs from Conn. HIE, Healthcare Innovation,  
<https://www.hcinnovationgroup.com/interoperability-hie/interoperability/article/53068970/behavioral-provider-sees-value-of-adts-from-conn-hie>

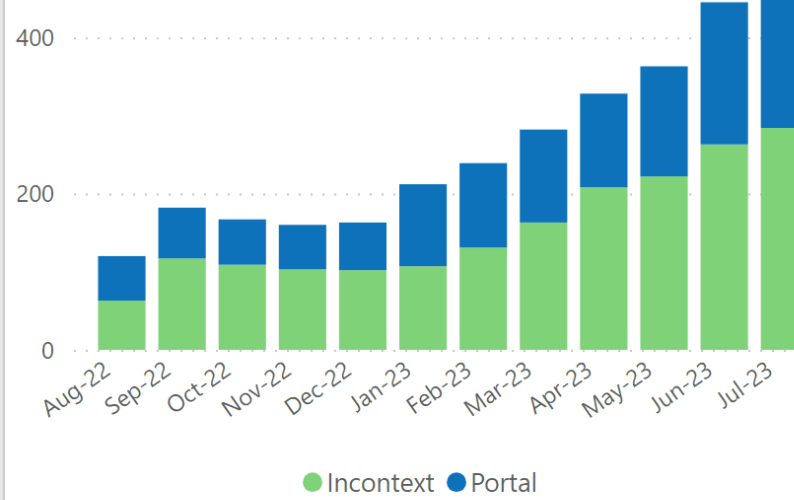


# Service Usage

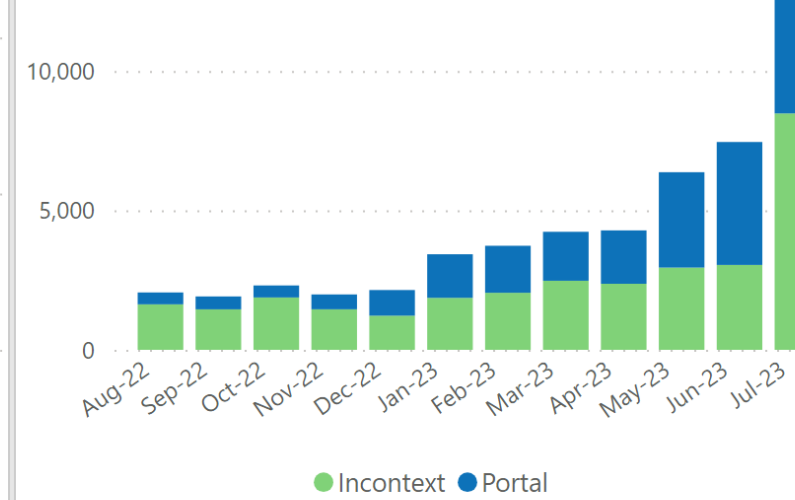
## Organizations with Active Users



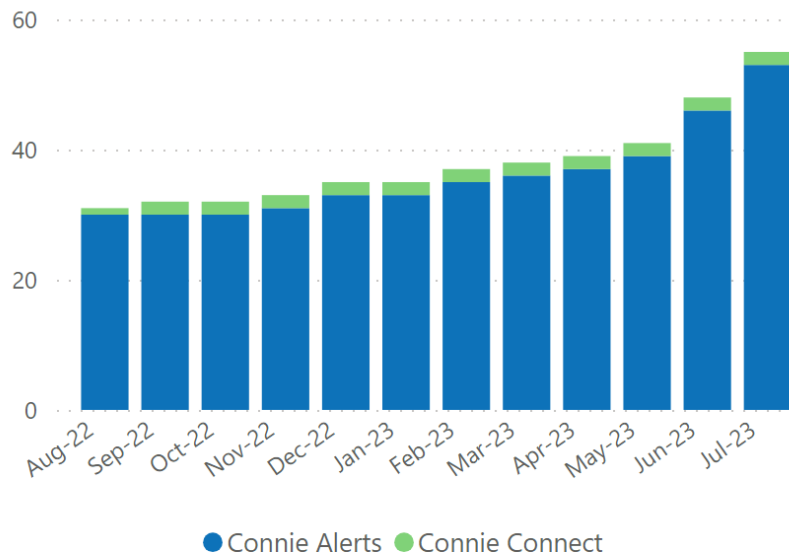
## Repeat Users



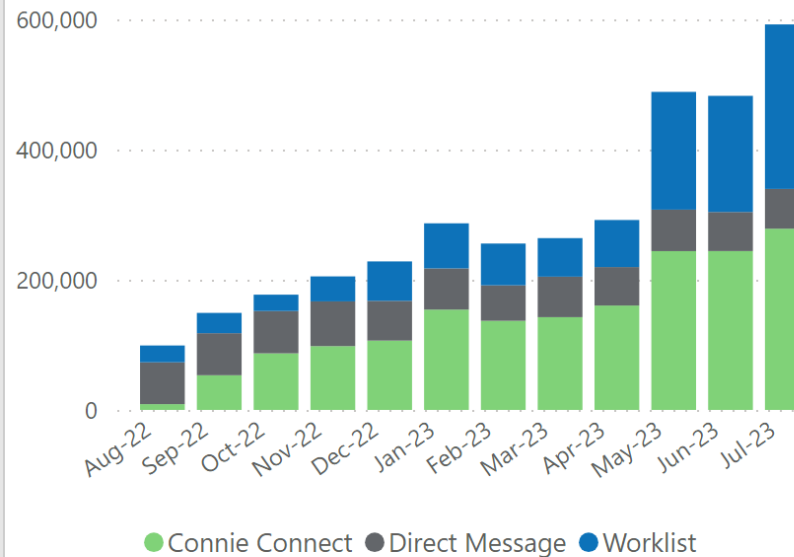
## Patient Records Accessed



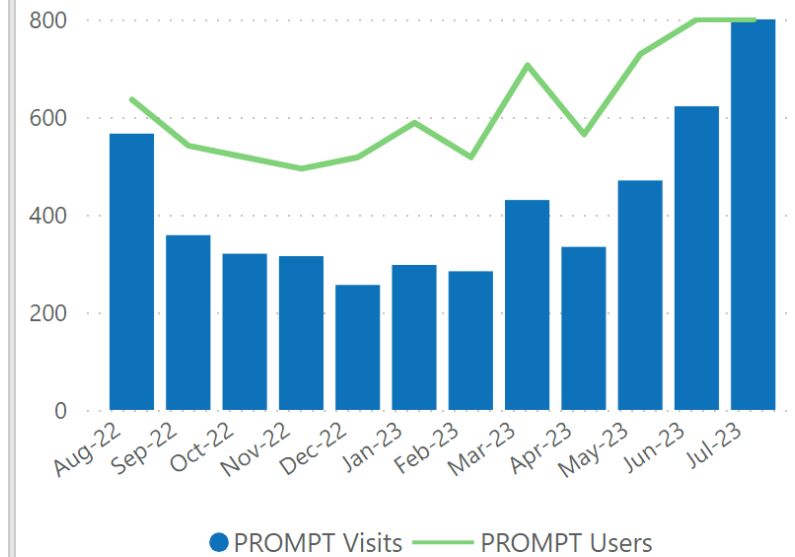
## Organizations Receiving Outbound Data Services



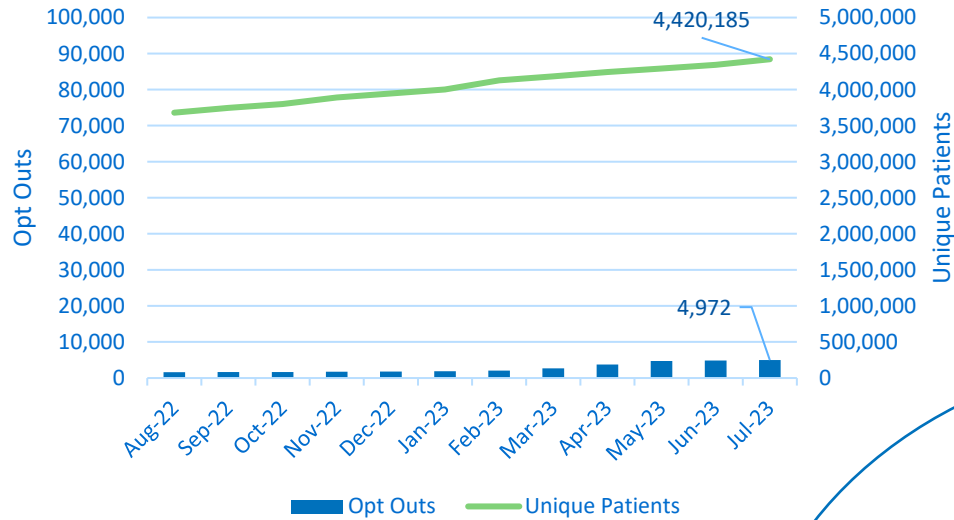
## Connie Alerts Sent



## Connie PROMPT Usage

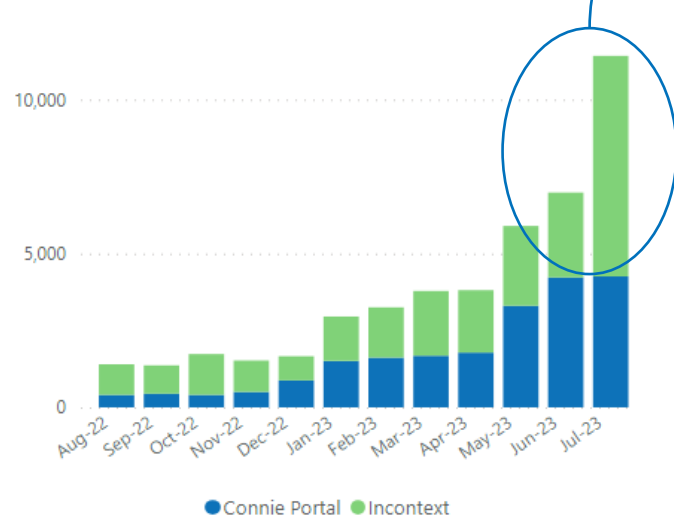


Unique Patients and Opt Outs by Month  
(Rolling 12 Months)

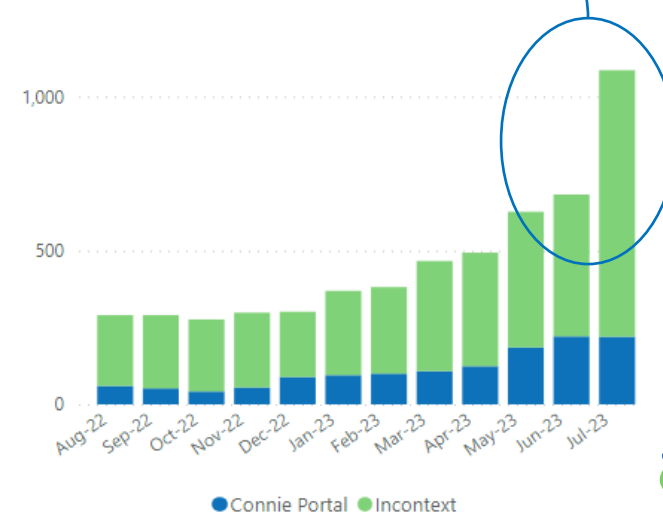


**Yale New Haven Health**  
InContext roll out to all clinical users

Connie Queries



Connie Unique Users



# New system features

Structured Documents

Date	Source	Title
2023-05-30	CRISP	Summarization of Episode
2022-08-08	Frederick Health Medical Group General Surgery	Continuity of Care Document
2022-08-08	MHP Surgical Specialists	Continuity of Care Document
2022-07-29	Frederick Health Medical Group Breast Surgery	Continuity of Care Document
2022-07-29	Frederick Health Medical Group Breast Surgery	Continuity of Care Document
2022-07-29	Center for Breast Care	Continuity of Care Document
2022-07-29	Center for Breast Care	Continuity of Care Document
2022-02-08	HUFPP Internal Medicine Suite 5000	Summary of Care
2021-10-20	Mary's Center for Maternal and Child Care, Inc	Summarization of Episode Note
2021-06-16	South West Virginia Health System, LPC_Linoslin Primary Care	Encounter Summary
—	Frederick Health Medical Group Primary Care	Continuity of Care Document
—	Parkview Medical Group	Continuity of Care Document

Hide Home Facility Data

Hide Home Facility Data

Advance Directives

Date	Source	Description	Document
2023-04-14	West Virginia End Of Life Registry	This patient has a Advance Directive available. This document was submitted on 2023-04-14 and is effective on 2023-04-13.	
2023-04-10	West Virginia End Of Life Registry	This patient has a Advance Directive available. This document was submitted on 2023-04-10 and is effective on 2023-04-11.	
2023-04-10	West Virginia End Of Life Registry	This patient has a Advance Directive available. This document was submitted on 2023-04-10 and is effective on 2023-04-10.	

Rows per page: 25 1-3 of 3

Integration with MyDirectives/ADVault

Hide home facility data in Structured Documents



# Other Connie Updates

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## **BH Community Forums**

- Upcoming meeting: OHS with BH Community Forum participants
- Ongoing concerns:
  - Cost from EMR vendors
  - OHS regulations

## **eReferral**

- Now available within InContext app

## **Immunizations**

- Parsing from CCDs

## **Patient Access**

- Still targeting app access by September 30
- Continuing work to enable electronic PDF

# Connie Marketing & Communications Update



## 2022 – 2023 Build awareness. Begin connections.

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1. Create awareness and foster a general understanding of Connie and HIE's (All Audiences)
2. Get licensed healthcare organizations in CT in compliance with the mandate by May 2023 (Providers)
3. Get current participating organizations to use the HIE and realize its value (Providers)
4. Prepare for direct patient communications (Planning)



# Create awareness and foster a general understanding of Connie and HIE's

## How we've worked towards this goal:

- Connie website
- Robust social media presence
- UConn/Connie webinars and podcasts
- OHS/Connie joint press conference
- State agency newsletter



The image shows a screenshot of the Connie State Agency Newsletter. At the top, the Connie logo is displayed with the tagline "Connecting People for Better Health". Below the logo, there is a graphic of hands holding colorful puzzle pieces, with the text "THINK CONNIE FIRST" and "STATE AGENCY NEWSLETTER". The main content area includes an introduction section titled "INTRODUCTION: What is this Newsletter About?" followed by several paragraphs of text. A prominent graphic on the right side features a hand holding a stethoscope over a grid of medical icons. At the bottom, there is a dark blue banner with the text "HIE INFO YOU NEED TO KNOW" and a section titled "What are Health Information Exchanges (HIEs)?" with a brief definition. The footer contains contact information: "More Information ConnieCT.org" and "Contact Us 1-888-783-4410".

# Get licensed healthcare organizations in CT in compliance with the mandate by May 2023

## How we've worked towards this goal:

- Mandate and connection process posted online
- Partnered with OHS to send a series of outreach communications
- Ongoing outreach emails and calls
- Direct meetings with providers and associations
- Healthcare conferences/events
- Monthly Webinars







# Get current Participating Organizations to use the HIE and realize its value

## How we've worked towards this goal:

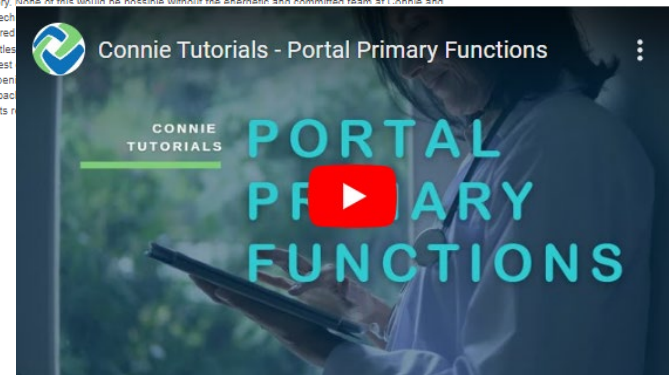
- Quarterly webinars for onboarded organizations
- Training resources library
- Clinic-ready educational collaterals
- Service-focused eblasts
- Library of testimonials
- Quarterly newsletter



### A WORD FROM JENN SEARLS: Celebrating Connie's 1-Year Anniversary

It's hard to believe that it's been over a year since Connie was deemed operational by the Office of Health Strategy. Since that time, the team at Connie and its partners have achieved significant milestones on the road to empowering Connecticut's consumers and health care providers. Thanks to our health care partners, we have more than 3.5M unique patients in our master patient index, 100% of the acute care hospitals in the state have committed to connecting to Connie, and more than 50% of them are contributing data to Connie.

Connie receives data from organizations across the healthcare spectrum and has rolled out innovative use cases and technology, including Image Sharing and the Best Possible Medication History. None of this would be possible without the energetic and committed team at Connie and our tech cheerleaders across the state who have helped us get the rest of the state as open as open can be. We're excited to continue to grow and improve our services and its impact on the state.





2024 – 2025

## Deepen understanding. Grow connections.

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1. **Awareness & Education:** Continue to grow awareness and understanding, and foster trust in Connie
2. **Continue to Connect:** Continue reaching out to provider organizations and others identified in the goals of the mandate to support the onboarding process
3. **Sustainable Adoption:** Continue assisting current participating organizations with effective use of the HIE and realizing its value
4. **Consumer Outreach:** Launch direct patient communications



# Consumer Outreach Project Update





# Background

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The Connie team is working with CommunicateHealth (CH) to develop a patient-centered communication outreach plan, with a goal of educating patients about what Connie is, the benefits of Connie, the choices that patients have, and building patients' trust.



# Project Overview

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- Environmental scan
  - Literature review
  - Communications materials
- Communication strategy and messages
- Formative research and message testing
  - Focus groups
  - Key informant interviews
  - Stakeholder engagement



# Project Overview (cont.)

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- Patient and Family Advisory Committee
  - Listening sessions
  - PFAC charter
- Evaluation planning

# Communication Strategy Updates





# Communication Strategy Updates

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Many consumers lack an in-depth understanding of how HIEs work, how data are protected, and how data exchange in health care can impact the quality and cost of health services — and ultimately patient outcomes. Research suggests that patients are more likely to engage in HIEs if they think that HIEs can:

- Improve the quality of their care
- Reduce the potential for medical errors
- Provide more convenient or more efficient care
- Reduce patient costs for services
- Improve their understanding of their own health





# Communication Strategy Updates

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- CommunicateHealth and Connie are finalizing the communication strategy
  - Messages based off testing
  - Provider talking points
  - Specific channels and materials

# Patient and Family Advisory Committee





# PFAC Charter

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## The PFAC will have 2 primary aims:

- To serve as a forum for patients and families to share their diverse perspectives and feedback about how to ensure Connie effectively empowers patients through access to their health data
- To increase understanding, among Connecticut communities, of the role of health data exchange in improving care coordination, care delivery, and ultimately patient health outcomes

### **Vision statement**

The PFAC envisions a Connecticut health care system where interoperability and data sharing empower patients and families to make informed health decisions and equip health care providers with the records they need to provide the best possible care.



# PFAC Charter

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## **The PFAC will accomplish these aims by:**

- Suggesting functions, tools, or services for Connie based on the needs of patients and families
- Reviewing Connie materials, policies, and procedures to support effective communications with patients and families across populations in Connecticut
- Identifying and raising potential concerns or unintended consequences that patients may experience related to Connie's functions
- Proposing patient outreach and engagement strategies to foster awareness of and interest in Connie among Connecticut's patients and families

# Project Next Steps



## Project Next Steps

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- Finalizing the communication strategy
- Planning for evaluation



# Public Relations Update



# Public Relations Q3 & Q4 Primary Objectives:

## Increase education and awareness

HIE education and awareness in local and trade markets. Amplify value through storytelling of Connie services and the impact throughout Connecticut and across the nation.

## Expand Connie's influence

Solidify Connie as a critical collaborator and trusted partner in the healthcare ecosystem. Ensure community is aware of short- and long-term benefits of utilization and partnership with the state's HIE.

## Establish social proof

Build positive public perception through advocates, participants and service use-case program. Connect Connie values to stakeholders' long-term vision for healthcare and well-being in Connecticut.

### Key Tactics:

- Leverage Connie SMEs & thought leadership
- Gain momentum through ongoing press releases, organization publications and updates
- Develop robust Connie cross-vertical services story bank
- Build relationships with local media
- Develop thorough participant and advocate media program



*"Tools like these just make your job a little easier. The doctor isn't the one running around getting up to date reports and calling other offices - we're all patient advocates. Connie has absolutely made our job a little more fulfilling by making it easier to get that part of the job done. I envision Connie to be a source of truth. It changes the game of medicine and ensures patients get the care they need when they need it."*

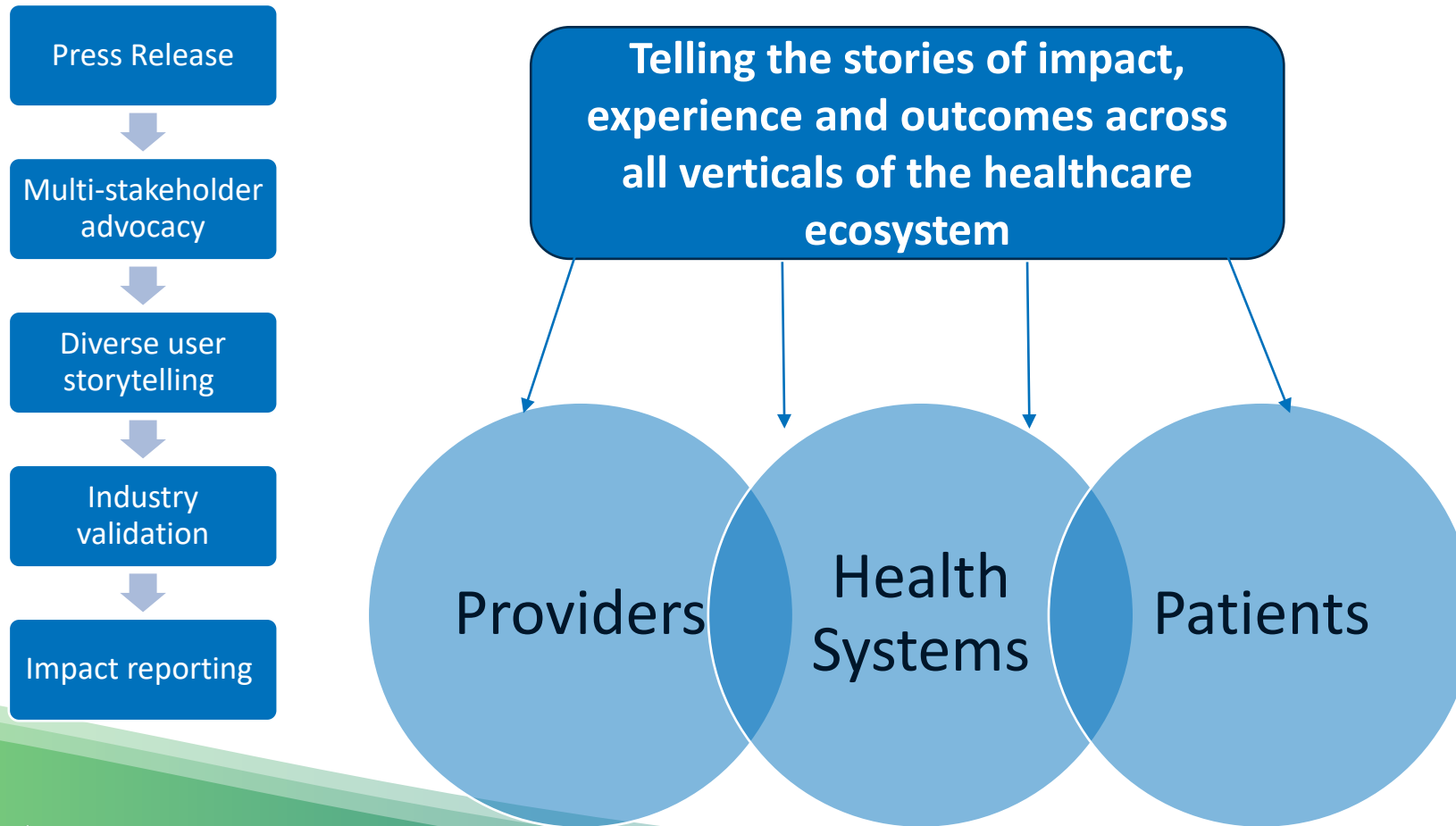
- Jeremy Fournier, Advanced Orthopedics  
New England

## Cross-vertical Impact Storytelling

Our approach focuses on showcasing the HIE's value through emphasizing how Connie's services have positive effects and impacts that span across many organizations and systems, provider types and specialties, patients and populations, along with how the organization can be a critical partner to state agencies.

# What Does This Look Like?

## Connie's Medication Reconciliation (Best Possible Medication History)



*"Medication reconciliation has always been one of our biggest challenges. It's a big challenge for everyone. Just with the number of providers and frequency of medication changes our medically complex patients have, we need something agile that can keep up with changes, doses and relieve that burden off patients. Particularly when they aren't feeling well. It's hard for even them to keep track of."*

- Zachary Dauphinais, United Services Inc. (CCBHC)

# Achieving Objectives – A Phased Approach

## Phase 1 – Build PR Foundation – Q3+

- ❑ Ensure Connie's core values and responsibilities are messaged and positioned to educate and build awareness
  - Build HIE participant success bank and garner press to spread awareness of services and value
  - Highlight Connie's core services and identify advocates to partner in spearheading initial PR efforts
  - Augment general education for healthcare providers and organizations through Connecticut media, with initial focus on demystifying the HIE, and clarifying Connie's services and processes
  - Expand providers awareness of available resources to communicate with patients and their stakeholders

## Phase 2 - Ensure PR Sustainability – Q4+

- ❑ Integrate Connie as a critical partner in ecosystem and state's long-term vision of improved healthcare delivery
  - Continue educational and impact storytelling of Connie's services and value to providers, patients and systems
  - Identify and alleviate any remaining areas where additional clarification is needed around the HIE's role and services
  - Deliver updates about Connie successes to ensure continued collaboration, growth and impact across verticals in Connecticut
  - Expand patient engagement to improve public's education and awareness of the HIE's value

# Achievements To Date

20

Stakeholder Interviews

3

Media Interviews

1

Press Response



5

4 Articles Completed, 1 in Process

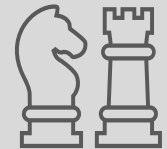


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Nomination for Civitas "Partnership Promoters"



Press release developed for Connie Medication Management (BPMH) - to go live beginning of September



Additional Developments:

Key messaging, talking points, executive media training, use-case and advocate bank

# Health Information Exchange Regulations Update

*Sumit Sajnani, HITO*

# OHS Legislative Update: Presented to the Health Information Technology Advisory Council

August 17, 2023



# Drug Discount Card Program (PA 23-171 §1)

- **The Comptroller shall establish a Drug Discount Card for all state residents.** Allows CT residents (including those with insurance and Medicare) to receive a free Rx discount card with savings up to 80% on generics and 20% on brand name drugs. All FDA approved prescriptions are eligible for a discount. State residents can also receive a digital card accepted at most pharmacies.
- **Comptroller will study centralizing statewide contracts to consolidate purchasing prescriptions.** The study will evaluate the potential cost savings, administrative feasibility and other benefits and risks of centralizing and consolidating contracts.

# Drug Patent Notification (PA 23-171 §2)

- Creates a framework for outreach and education. The DCP with the UCONN school of Pharmacy will make a recommendation on a framework to establish an outreach and education plan for physicians. This plan will let physicians know when a drug patent will expire and become available in generic and when generics' patents have expired.



# Pharmaceutical Marketing Firm Sales Representative Registration (PA 23-171 §§ 3&4)

- **Pharmaceutical manufacturers who employ sales representatives must register as a pharmaceutical marketing firm.** The annual registration cost with the Department of Consumer Protection (DCP) is \$150 per year and expires annually on June 30th.
- **Marketing firms shall provide DCP a list of sales reps.** Each marketing firm shall provide the DCP a list of all individuals employed by such firm as a pharmaceutical sales representative, and update accordingly.
- **Unregistered/unidentified sales representatives shall not perform sale duties.** Anyone not listed on the list provided to DCP shall not perform the duties of sale representative on behalf of pharmaceutical marketing firm for any prescribing practitioner in the state.
- **The Department of Consumer Protection has regulatory authority over pharmaceutical marketing firms.** DCP may refuse to issue or renew registrations to operate a marketing firm, may revoke or suspend registrations and assess penalties for violations.

# Pharmacy Benefit Manager (PBM) Study (PA 23-171 §7)

- **Office of Health Strategy with CID to conduct an analysis of PBM prescription drug distribution prices.** The study includes examining spread pricing arrangements, manufacturing rebates and transparency, fees charged, financial incentives for adding drugs to health plan formularies and an evaluation of prescription drug distribution practices conducted by pharmacy benefits managers in other states. Such report shall provide recommendations (1) to reduce prescription drug costs for consumers, and (2) for the regulation of pharmacy benefits managers in this state.

# Reporting Drugs with Substantial Cost to the State (PA 23-171 §8)

- **Establishes a preliminary list of top 10 outpatient drugs that are provided at substantial cost to the state.** The preliminary list of drugs shall be made available for public comment. If after reviewing public comment the executive director finds that a drug does not exceed the established limits, the director shall remove the drug from the preliminary list prior to publishing the annual list.
- **Modifies the criteria for inclusion on top 10 list.** Outpatient prescription drugs included on the top 10 list include those with a wholesale acquisition cost that increased not less than sixteen per cent cumulatively during the immediately preceding two calendar years, and not less than forty dollars for a course of treatment.

# Facility Fees (PA 23-171 §9)

- **Extends facility fee prohibition to certain services on a hospital campus.** As of July 1, 2024 (unless a contract is already in place), any hospital or health system may not collect a facility fee on certain outpatient health care services (evaluation & management and assessment & management CPT codes) that are provided **on a hospital campus**. Exclusions include services provided at an emergency department (ED) or freestanding ED; observation stays occurring on a hospital campus; wound care, orthopedics, anticoagulation, obstetrics, and solid organ transplant services.
- **Facility fee violations are enforced by OHS.** Facility fee violations, other than through isolated clerical or electronic billing errors, may be subject to civil penalty up to one-thousand dollars. One can still seek enforcement through the CT Unfair Trade Practices Act (CUPTA) though removed from statute.
- **Enhances facility fee reporting by hospital and health systems.** Adds to current reporting requirements that certain data items must be disaggregated as being “on-campus” or “off-campus” of a hospital.

# Certificate of Need (PA 23-171 §§10-14)

- **Enhances OHS enforcement authority for its CON program.** Changes the legal standard needed to impose a civil penalty from “willful” to “negligent” and lays out a process for cease-and-desist orders for violating CON provisions. Provides authority to enforce settlement agreements with a civil penalty.
- **Promotes public notice of CON proceedings.** Improves how notice is given to the public of a hearing on a CON application by requiring the applicant to post information concerning said hearing on its own website and request it be posted in two sites within the affected community, as well as any local health department website.
- **Improves OHS’ access to technical expertise.** Allows OHS to retain the services of a subject matter expert at the expense of an applicant.
- **Clarifies applicability of CON to scanning equipment.** Specifies that scanner with dual modalities or functionalities are not subject to CON if the applicant already offers similar imaging services for each of the modalities and specifies that replacement of nonhospital based linear accelerators is not subject to CON.
- **Increases efficiency of CON review.** Requires OHS to provide CON determinations within 30 days and make reasonable efforts to limit requests for additional information to two cycles (to determine an application is Complete) and conclude no later than six months after receiving the application.

# 340B Reporting and Study (PA 23-171 §§15 & 16)

- **Increased protections for 340B covered entities** including preventing contract language that excludes a 340B entity from participating pharmacy benefit manager networks based on participation in the 340B Drug Pricing Program.
- **Prevents 340B entities from entering contracts** that provide lower prescription drug reimbursement rates to such entities; prevent patient's choice to receive a prescription drug from a 340B entity; or impose fees that exceed the fee imposed on non 340B covered entities.
- **Department of Social Services to study 340B program** and evaluate the current status, national efforts to strengthen and opportunities for state action to protect revenues of Federally Qualified Health Centers from unfair administrative burdens as 340B covered entities.
- **Evaluation shall consider** ability and legal precedent for states to regulate the conduct of drug manufacturers and PBM; opportunities to facilitate patient access to on-site pharmacies and establish on-site pharmacies across FQHC and examine national trends to sustain 340B.

# Medicaid and Medicare Advantage Studies (PA 23-171 §17 and §18)

## Medicaid Study

- **Study impact of healthcare outcomes on HUSKY Health members.** Requires DSS in consultation with relevant stakeholders to conduct an assessment and recommend strategies to address barriers and influences that impact health and healthcare outcomes for HUSKY Health members.

## Medicare Advantage Study

- **CT Insurance Department with the OHS will study the utilization and provider payment practices of Medicare Advantage programs.** The study will look at the impact of practices on delivery of hospital services, placement, discharge, transfer, and other clinical care plans. Also looks at the effect of practices on commercial, on-Medicare payment rate and access to services. CID may enlist the assistance from third-party professionals to conduct the study with costs paid from the General Fund within available appropriations.

## Healthcare Competition and Transparency (PA 23-171 §19)

- **Prevents anti-compete, anti-steering, and gag clauses in contracts.** Prevents health carriers, providers, plan admins and entities from having all-or-nothing, anti-steering, anti-tiering, or gag clauses.
- Clauses existing in current contracts are null and void after July 1, 2024.
- Protects patient privacy (HIPAA).



# Tiering Selection Transparency (PA 23-171 §20)

- **Tiering standards by health insurance companies must be available to health care providers upon request.** Health carriers must give a health care provider, upon request, the participating providers' calculated score, related data and description of tiering standards including definitions and specifications of measures related to quality, costs, efficiency, satisfaction, and other factors. Requires health carriers to provide 90 days written notice before implementing any changes to standards and measures.
- **Provides grievance process.** Each health carrier must post on their website the grievance process in plain language for any health provider who seeks a tiering classification appeal.

## Electronic Notification to Insureds (PA 23-171 §21)

- Individuals can receive their coverage documents from health carriers electronically. This process is opt-in for consumers.

## Terminating Healthcare Contracts (PA 23-171 §22)

- When terminating healthcare contracts, each party shall give each other at least 90 days' written notice of intent to terminate the contract. This now applies to hospitals and hospital intermediaries as well. There must be a good faith effort by the carrier to notify all insureds, who are regular patients of a provider, at least 30 days prior to the termination of the contract.

# Maternal Health (PA 23-147)

- **Establishes a new license category for freestanding birth centers administered by the Department of Public Health.** As of January 1, 2024, any birth center must obtain a license, and no outpatient clinic, unless in emergency, may provide birth center services without a birth center license (§2).
- **Increases data collection.** The Office of Health Strategy can collect patient level outpatient data from birth centers. Adverse events must be reported to the DPH (§9 and §6).
- **Birthing centers enrolled in Medicaid are exempt from Certificate of Need until June 30, 2028.** Birthing centers not enrolled in Medicaid need to apply for and receive a CON. The Office of Health Strategy in consultation with the DPH will study, within available appropriations, whether the exemption should be extended. For such study, OHS must collect data from birthing centers including number of deliveries and referrals, number of patients who are self-pay or insured, demographic characteristics, geographic locations of birth centers, financial assistance provided by birth centers, and any other data deemed necessary (§§ 8&9).
- **Establishes a universal nurse home visiting program for families with newborns.** The Office of Early Childhood in collaboration with DSS, DPH and OHS, will develop a state-wide universal nurse home visiting services to support parental health, healthy child development and strengthen families. DSS may seek approval for a Medicaid waiver to provide coverage for this program. The agencies may collect data to assess the effectiveness of the program (§16).

# Budget Implementer (PA 23-204)

- OHS to assist local boards of education with **enrolling paraeducators** qualified for health plans, Covered CT or Medicaid into those programs (§ 205)
- **Creates a paraeducator workgroup.** Access Health is the convenor (§206)
- **OHS removed from the Commission on Racial Equity in Public Health membership** (in addition to DPH, DCF, EOC, DSS, DECD, SDE, DOH, DEEP, and DOC ). The Commission membership was redesignated as an advisory body to the commission. (§188)
- Establishes a **Step Therapy Taskforce** (OHS sits) to study step therapy data collection, including step therapy edits, rejections, and appeals for behavioral health drugs, and the best ways to collect data (§227)

# Wrap Up and Meeting Adjournment

Next Meeting: September 21, 2023

# Contact Information

## OHS Contact for August 2023 HITAC Meeting

Amy Tibor

[Amy.Tibor@ct.gov](mailto:Amy.Tibor@ct.gov)

OHS General Email

[OHS@ct.gov](mailto:OHS@ct.gov)

Health IT Advisory Council Website

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