CONNECTICUT
Health Strategy

Health Information Technology Advisory Council

March 20, 2025

AGENDA

Est. Time	Topic
1:00 pm	Welcome & Call to Order
1:08 pm	Public Comment
1:10 pm	Approval of January 16, 2025, Meeting Minutes
1:15 pm	Cross-Agency Information Sharing Final Report
1:30 pm	Connie Update
1:40 pm	Connie Behavioral Health EMR Onboarding Update
2:00 pm	Connie Privacy, Confidentiality & Security Committee Update
2:10 pm	Statewide Health IT Strategic Plan
2:45 pm	HITO Update
2:55 pm	Announcements & Meeting Adjournment

Public Comment

(2 minutes per commenter)

CONNECTICUT

Approval of Minutes: January 16, 2025

Cross-Agency Information Sharing Final Report

Manisha Srivastava, Office of Policy and Management
& Aaron Bean & Jessica England, Asemio

CONNECTICUT

Cross-Agency Information Sharing
PA 23-137
Report Overview

Prepared for:

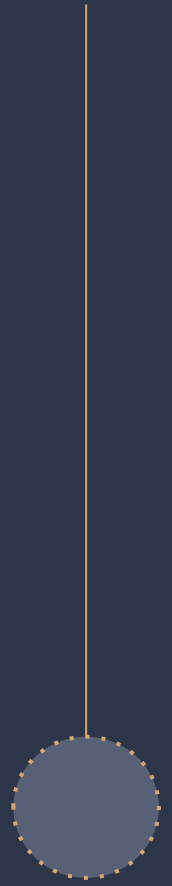
Jeffrey Beckham
Secretary, Office of Policy Management
State of Connecticut
November 1, 2024

asemio

It takes good data to do good.

About Asemio

Since 2013, our team has been working at the intersection of software and social good. Our team of technologists and consultants helps mission-focused organizations, from nonprofits to philanthropy, better serve their communities with innovative, high quality technology solutions.



Overview

Background (PA 23-137)

- **Section 13 of Public Act 23-137** tasked the Office of Policy and Management (OPM), in collaboration with various state agencies, with developing a plan for a "Secure Online Portal" to facilitate cross-agency data sharing and improve service delivery for individuals with intellectual and developmental disabilities.
- Named agencies:
  - Department of Developmental Services
  - Office of Early Childhood
  - State Department of Education
  - Department of Children and Families
  - Department of Aging and Disability Services
  - Department of Social Services
  - Department of Mental Health and Addiction Services
  - Department of Correction
  - Department of Administrative Services

Note: This deck is an accompaniment to the final report submitted November 1, 2024.

Background (PA 23-137)

- **Headline Recommendation:**
  - Based on the findings from the landscape analysis and agency feedback, the report recommends moving away from the original goal, and not building a secure online portal.
  - Instead, consider investing in developing a **people-powered** coordinating body empowered to develop and implement **shared governance and technology standards** (i.e., policies, processes, technical tools, and templates) that improve service delivery not only for individuals with intellectual and developmental disabilities, but also broadly for most state residents via a **Data Enablement Service.**

Approach

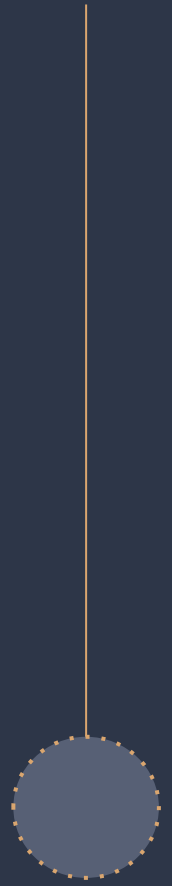
- **Looking Outward (from CT)** → *Landscape Analysis for Similar Initiatives*
  - Identified locations where similar initiatives to a Secure Online Portal had been attempted or implemented
  - Conducted stakeholder interviews as well as supplemental research
  - Synthesized insights and identified trends and takeaways
- **Looking Inward (to CT)** → *Agency Discussions on Data Sharing Use Cases, Surveys*
  - Conducted discovery discussions with agency representatives
  - Facilitated a survey for additional insights on broad data sharing needs
- **Synthesizing** → *Landscape* + *Agency Interactions* + *Best Practices*
  - Aggregated insights from the landscape analysis, agency interactions, as well as best practice recommendations into a cohesive report

Landscape Analysis Highlights

Initiative	Purpose/Solution
Blueprint Solution ➔ *State of Utah* ➔ *Pilot / Inactive*	Enable cross-agency coordination of social services among case managers; centralized data warehouse that produced an integrated report
Enterprise Integrated Case Management System (eICM) ➔ *Montgomery County, MD* ➔ *Established / Active*	Offer a single, integrated source of information for case managers across programs in DHHS via centralized case management solution
Indiana Management Performance Hub ➔ *State of Indiana* ➔ *Established / Active*	Facilitate interagency data sharing to improve service delivery, inform policy; extend access to approved researchers outside the state
Philadelphia Integrated Data for Evidence and Action (IDEA) ➔ *City of Philadelphia* ➔ *Established / Active*	Leverage integrated administrative data to improve outcomes, inform policy, eval programs; source data pulled into data warehouse via ETL
TogetherNow ➔ *Monroe County, NY* ➔ *New / Active*	Create a closed-loop referral system (online platform) that allows clients to centrally manage services; providers log into the system to manage requests

General Takeaways

- The (end user) need should drive the technology solution, not the other way around.
- The ability to respond to both analytical and operational use cases is valuable.
- High technical complexity, political obstacles, costs, and ongoing maintenance limit the viability of centralized case management systems.
- Sustained end user support and adaptability are important to navigate consequences of shifting priorities.
- Evaluation and reporting systems offer lower-cost, flexible insights and are a scalable option for potentially supporting both operational and analytical needs.



Recommendation

Recommendation

- Don’t invest in a secure online portal at this time:
    - There exists a lack of a well-defined, agency-driven use case for a secure online portal.
    - Insights from the landscape analysis indicate high levels of investment and risks for this kind of solution; costs are anticipated to outweigh benefits.
    - Agencies, in contrast, identified a number of varied potential other use cases for data sharing initiatives:
        - e.g., *Review benefits status (enrollment in TANF or SNAP) data from DSS for clients receiving services from DCF*
        - e.g., *Improve employment-based supports based on income/wages and employment status for individuals receiving services from DDS via data received from DSS*

Recommendation, cont'd

- Instead, consider investing in developing a **Data Enablement Service:**
  - A dynamic, people-powered agency resource
  - Shared governance and technology standards (i.e., policies, processes, technical tools, and templates) that improve service delivery not only for individuals with intellectual and developmental disabilities, but also broadly for most state residents

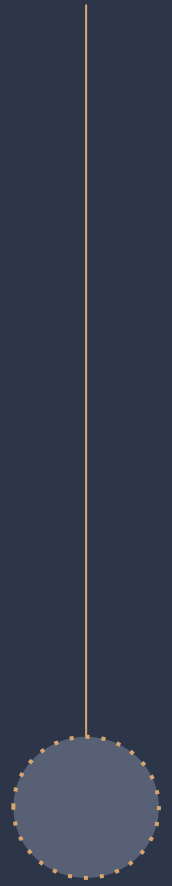
→ **What the DES is:** a team of individuals empowered to offer this service as a resource to agencies looking for guidance on solving problems with data

→ **What the DES is not**: a governing body with ultimate authority and administrative jurisdiction over all technical and governance decisions for all agencies

Data Enablement Service In Practice

A sample description of what the DES could look like in practice follows:

- Agencies A and B come to the DES with a request to share data to achieve an outcome (e.g., to better understand the outcomes of inmates post-release who do and do not receive employment support).
- The DES receives, triages, and prioritizes the request, refining the details of the use case as necessary.
- Having confirmed shared understanding of the need, the DES assesses the inventory of possible existing solutions and/or pathways to solving this problem.
- The DES returns to the agencies with a proposal including a technical solution (e.g., the use of privacy-enhancing technologies within a trusted research environment), governance guidance (e.g., a data sharing MOU), and final output (e.g., a one-time report).
- Agencies accept the proposal and the project is scheduled and implemented.



Benefits

DES Benefits - Scalability

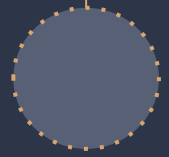
- **Modular Technical Tools:** Flexible, independent components (e.g., ETL tools, privacy-enhancing technologies, secure research environments) can be implemented as needed, without overhauling entire systems. These modular tools allow agencies to benefit from specific solutions tailored to their needs while maintaining flexibility and scalability, ensuring that only the necessary tools are deployed and updated, reducing both cost and complexity.
- **Reusable Governance Templates**: Standardized data-sharing agreements and triage processes implemented by the DES reduce the need to reinvent solutions for each project, increasing scalability as more agencies benefit from the established framework.
- **Scalable Resources**: The DES, by using these modular tools and reusable processes, reduces the need for custom solutions, allowing faster implementation and scaling across agencies.

DES Benefits - Operational Efficiency

- **Reduced Redundancy**: Agencies avoid duplicating efforts by using standardized tools and processes across projects, leading to better coordination and resource savings.
- **Streamlined Governance Approvals**: Reusable governance templates (e.g., standardized data-sharing agreements) and established triage processes ensure that governance decisions are made faster, minimizing the time and cost of approvals and infrastructure changes.
- **Consistent Guidance**: Centralized expertise ensures that all requests are handled efficiently, helping agencies focus on execution rather than navigating complex decisions on their own.

DES Benefits – Flexibility

- **Responsive to Change**: The DES can support agencies in adapting to shifting political dynamics (e.g., new partners, changing administrative priorities) by providing flexible, lower-cost solutions.
- **Adaptability to New Requirements**: As new security or governance standards emerge, the DES is empowered to coordinate the incorporation of changes into existing standards.
- **Comprehensive Technical Integration**: Agencies can access various delivery mechanisms and outputs (e.g., portals, dashboards, reports, study-ready datasets), ensuring they receive data in a format that meets their specific needs.
- **Ease of Access**: By ensuring that technical integration methods are simple, accessible, and address specific needs, there are lower barriers for onboarding new partners or end users, making it easier for agencies to join the system.



Key Considerations and Activities

Key Considerations

- **Time and Investment**: Building a DES will take time. It requires ongoing investment to manage new and complex requests, develop internal expertise, and stay aligned with evolving regulatory requirements.
- **People-Powered**: The DES is driven by people, not just technology or templates. Skilled teams will be needed to triage requests, guide governance decisions, and implement technical solutions, ensuring that human expertise is at the core of its success. As demand grows, additional staffing may be necessary.
- **Capacity and Constraints**: Not all requests can (or should) be accommodated. Legal and regulatory barriers will limit or prohibit certain data-sharing initiatives, while other ideas may be technically or ethically unwise. The DES will play a crucial role in evaluating these requests and providing informed guidance.

Key DES Activities

- **Inventory Existing Tools and Initiatives:** Take stock of current data-sharing initiatives, technical tools, and governance structures to understand what resources can be leveraged.
- **Establish a Coordinating Body:** Form a centralized group responsible for overseeing the implementation of standards, coordinating agency requests, and facilitating collaboration.
- **Develop Shared Governance and Technology Standards:** Establish clear policies, processes, and tools that guide how agencies can securely share and manage data.
- **Generate Quick Wins:** Deliver tangible results early by prioritizing low-complexity, high-impact use cases that demonstrate the value of the data-sharing framework.
- **Measure Progress with Process Metrics:** Focus on tracking real-world impact, such as the number of data pipelines created, insights generated, and service improvements realized.
- **Iterate through Retrospectives:** Continuously improve by regularly assessing completed initiatives, identifying lessons learned, and refining processes.

Connie Update

Health IT Advisory Council

March 20th, 2025

Connie

Connecting People for Better Health

Outreach & Engagement Q1 & Q2 Update

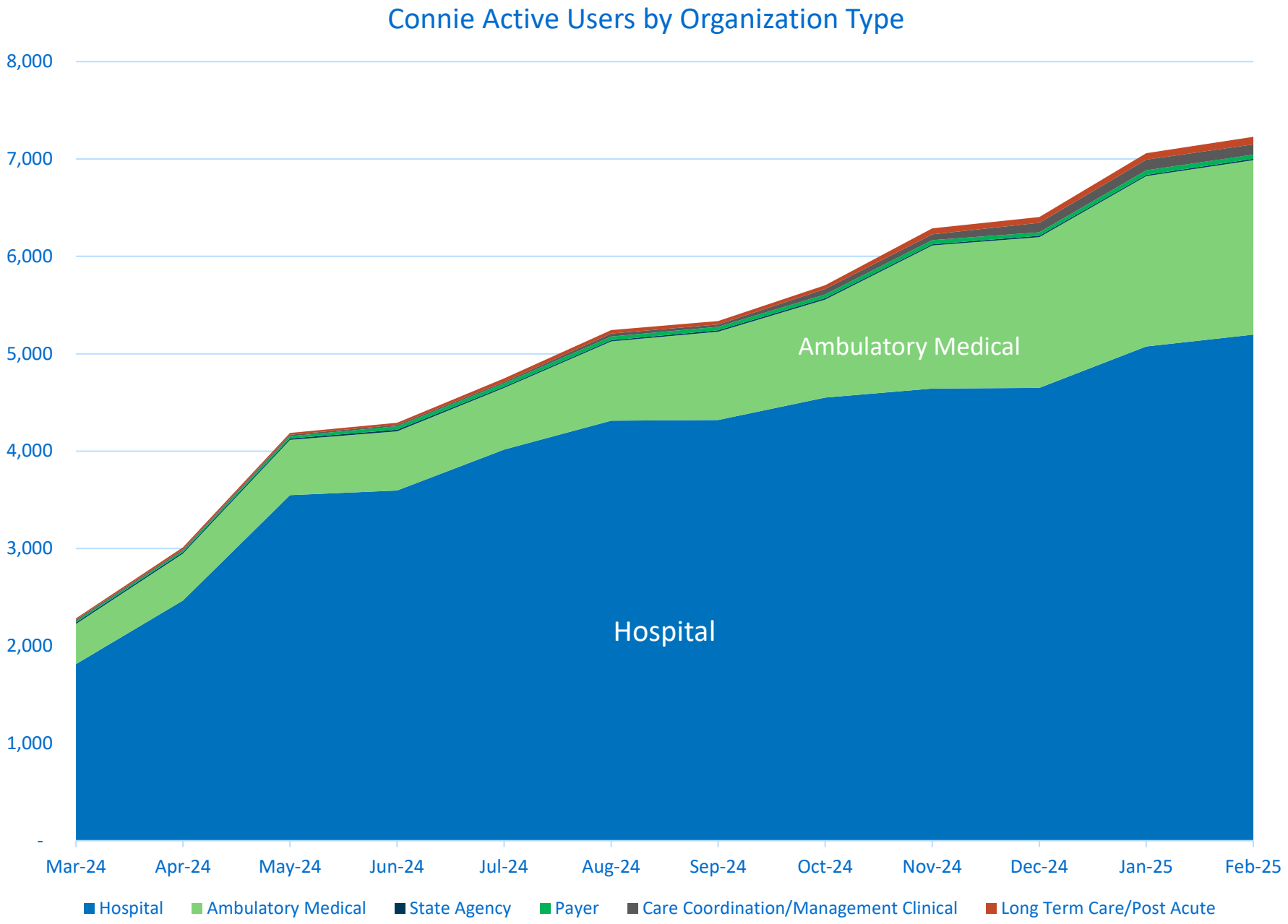
- Public Health Association Sponsorship and Demo Presentation
- CHCACT FQHC Webinars (Dec & March)
- SNF Webinar – Improving the Admissions Process
- TherapyNotes Webinar Series
- Population Explorer Webinar Series – for Portal Users not yet accessing the tool
- Quarterly Webinar Series – one for leads and an update for connected organizations per quarter
- Department of Correction (DOC) Population Explorer Webinar
- Department of Children & Families (DCF) Introduction and Demo
- 23 in-person demos so far!

Enhance Utility of Health Data

Connie
Connecting People for Better Health

Utilization Growth

- **FY 25 Update:**
  - **Repeat User Growth:** Increased from 3,571 in October to 5,079 to end February - **42% increase!**
  - **Patient Records Accessed:** Increased from an average of 3,095 records accessed per day to 3,757 - **21% increase!**
  - **Steady Adoption:** Demonstrated strong engagement and increased utilization across the healthcare community


Connie Active Users by Organization Type
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
-
Ambulatory Medical
Hospital
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Hospital
Ambulatory Medical
State Agency
Payer
Care Coordination/Management Clinical
Long Term Care/Post Acute

Our Impact

Countless times in the ER I am able to see imaging for a patient that is being transferred from other hospitals for a fracture and plan care prior to patient arrival. Ortho is also able to review the images and often forgo additional x-rays and improve speed of care delivery as a result.

This happens almost every shift. It would be a big loss clinically not to have Connie. it also provides an important back-up of clinical information in the case of Epic Downtime/Cyberattack.

Agree 100% -- I use it every shift for multiple patients, for imaging, laboratory results, and medical records. Patient care would be negatively impacted if it went away.

Agree with all Emily said and want to add that for transferred patients with viral symptoms who've been swabbed already, we can many times see the results and then don't have to swab again when they get to Yale. This has happened many times for patients under my care. It's also great to be able to see some outside records of any complex patients who receive their specialty care outside of our system that present to our PED.

Absolutely, an invaluable tool that alters the way we manage transferred patients.

For consequential imaging that you don't want to repeat (CT head, A/P) and that other hospitals don't reliably push into Powershare, Connie allows us access to at least the reports/findings. This has reduced delays in management and obviate the need to call hospitals to fax over reports, etc. This has had significant impact on patient care. In addition, we can review care prior to a patient's arrival which is helpful in complex, undifferentiated cases.

I agree with Emily. It also has saved us, numerous times, from having to repeat images. LOS in the ER is also decreased because subspecialists are also able to review this information. Notes and labs are also included in Connie, which again, avoids repeat data collection and decreases LOS and I'm sure improves patient outcomes and satisfaction. Connie is utilized EVERY shift and improves patient care and safety.

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Technical Integrations

- **FY 25 Integration Progress:**
  - **5 New EHR Hubs:** Eyefinity Cloud (Optometry), MatrixCare HH (Home Health), Sansio (EMS), TherapyNotes (BH), Flatiron Onco (Oncology)
  - **Image Share Progress:** ProHealth's integration in progress
  - **45 new locations LIVE!** *as of 3/13
  - **Notable connections including:**
    - Atlas Healthcare Group (5 SNFs)
    - Interim Healthcare of Hartford (2 Home Health locations)
    - 5 SoNE practices
    - Fresenius Connecticut Clinics (Dialysis)
    - Prospect ECHN Hospice

Enhance Utility of Health Data

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Empowering Patients

- **Patient Consent**
  - Implementing the Patient Consent workflow for Patient Portal users
  - Continue to investigate additional Consent opportunities to include granular consent for specific diagnosis, permitted purposes, or provider/provider types as part of Connie's Consent Strategy.
- **Patient and Family Advisory Committee (PFAC)**
  - Next PFAC meeting March 24th
  - Members will discuss:
    - Patient Consent, Connie Capabilities and patient preferences
    - Patient Outreach
    - Patient Portal Utilization KPI's

New HIE Services

My Patient Summary: Available April 2025

Value: Eliminates the hassle of navigating and toggling through multiple tabs for everyday patient information needs, making InContext more user-friendly to access the data needed most.

Users can easily:

- Build a dashboard streamlined with only the essential information they need.
- Create a dashboard tailored to their unique needs, displaying the data most important to them in a quick, at-a-glance or landing page format.

HCBS Program

Through Connie, DSS is enabling their home and community-based service (HCBS) organizations to access their clients' HCBS program-related data in support of the DSS HCBS value-based care initiative. More info: **www.conniect.org/hcbs**

Program Outcome Measures:

1. Decrease avoidable hospitalizations
2. Increase the probability of members going home when discharged from the hospital
3. Increase the number of members meeting their personal goals

HCBS Tool Features:

- Filterable **Worklist** of the HCBS provider's patients
- Detailed **Snapshot** of their patient's progress related to program goals
- **Dashboard** to track the provider's own program goal performance

Rollout Status:

- Group 1: 112 organizations ready for onboarding, 85 organizations trained.
- Group 2: 125 additional organizations will begin their onboarding and training April 3.

TherapyNotes' Connie Connection

A Review for HITAC

March 2025

Connie

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Introduction

- Connie met with stakeholders from the behavioral health provider community
- While gathering feedback, common themes emerged

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The Process

- Reviewed state laws with legal counsel
- Partnership with TherapyNotes
- Solution implemented and tested
- Webinar collaboration with TherapyNotes

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Considerations and Emphases

- HITRUST Certification
- Authorized Access & Sharing
- Audit Logs
- Behavioral Health Data Sharing
- Cost

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Enhancing Workflows

- Screen and prepare new referrals
- Review client's care team
- Access and compare client's medication list
- Alerts for ED visits/hospitalizations
- Determine impacting medical diagnoses via patient's problem list
- Find up to date contact information

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What TherapyNotes Shares

If the patient provides consent, or if patient consent is not required by your organization, TherapyNotes will send the following data to Connie:

- Patient demographics
- Visit information (date, time, provider)
- Diagnosis information (diagnosis codes & description)

Psychotherapy and clinical notes will not be included

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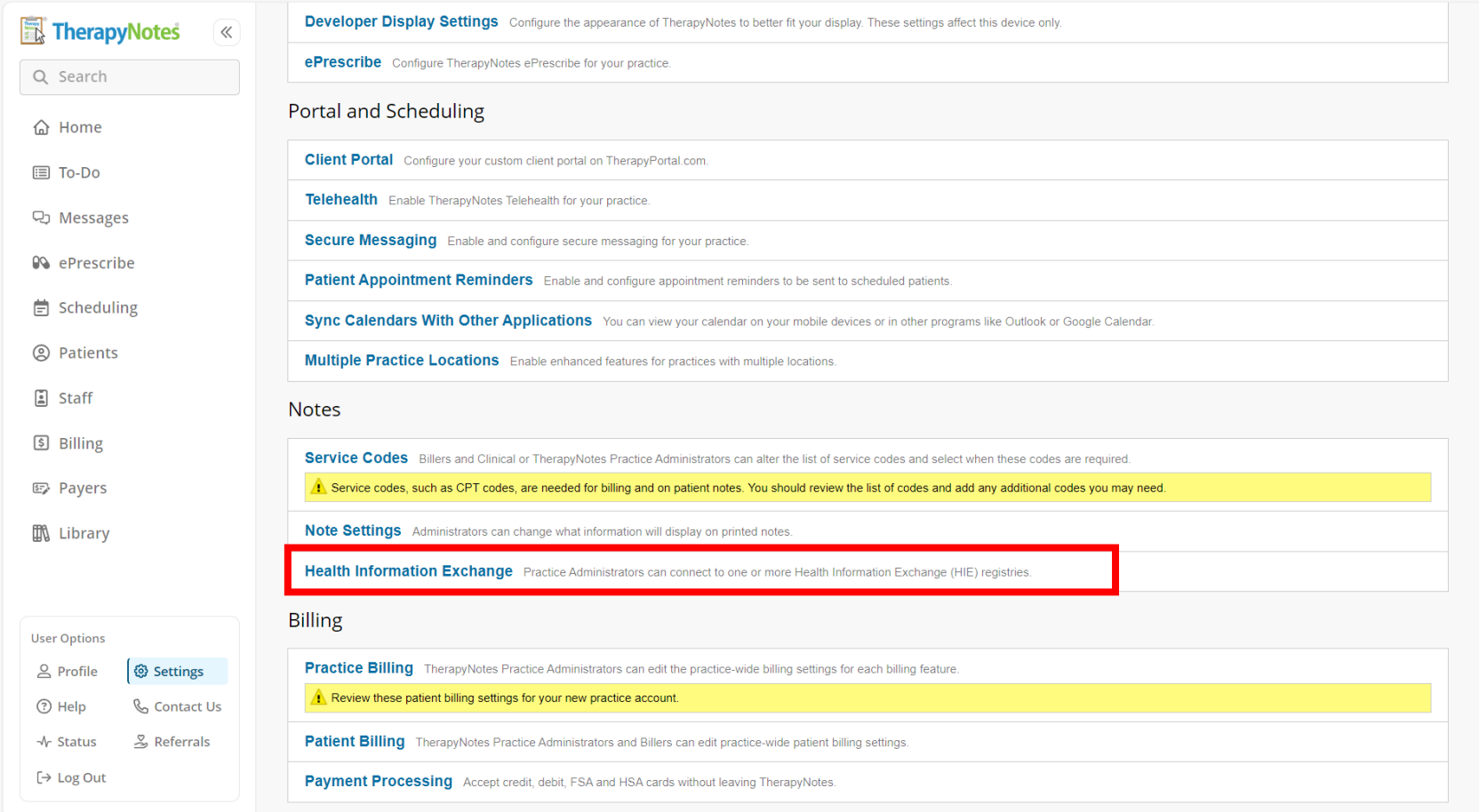
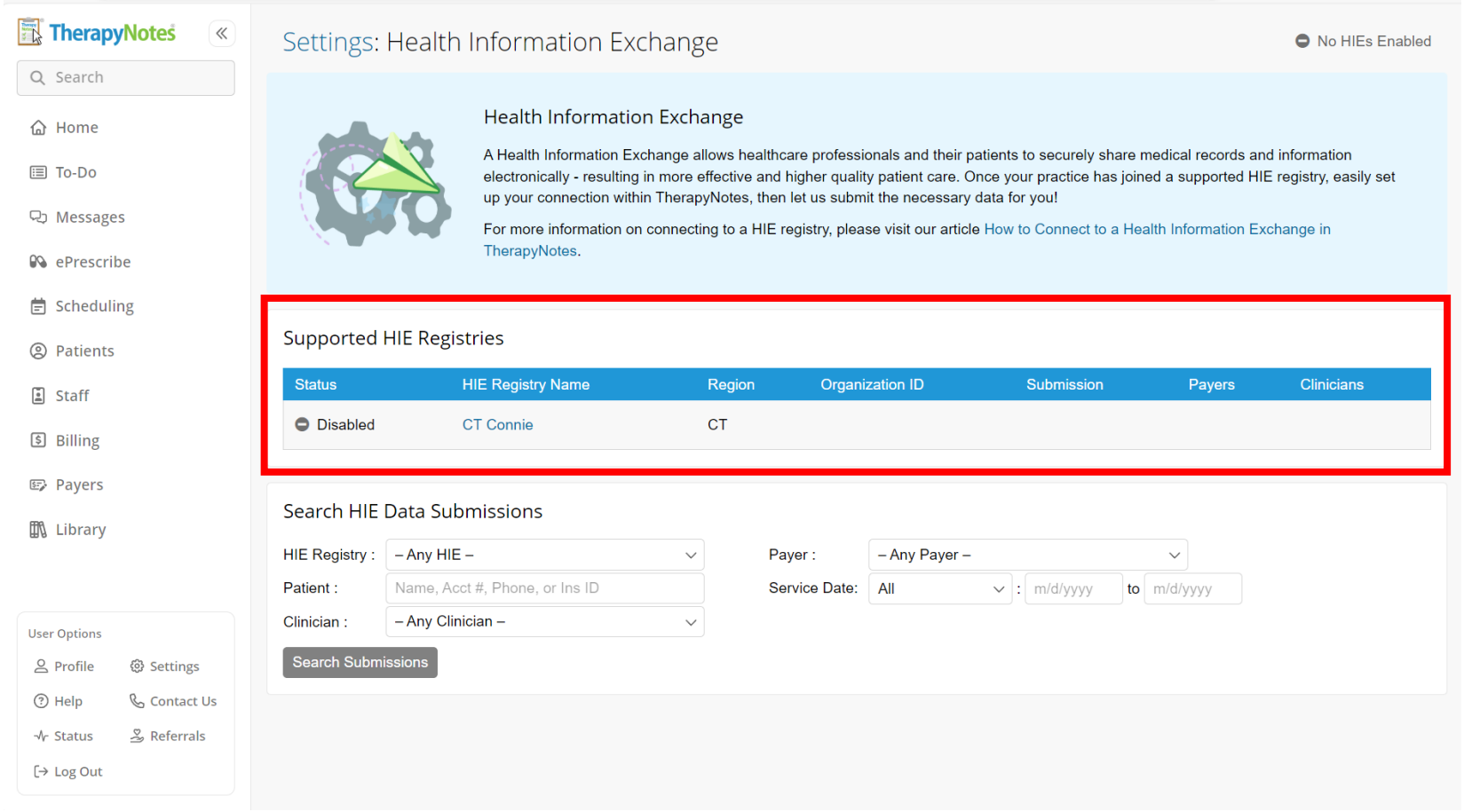
TherapyNotes Health Information Exchange

TherapyNotes

Practice Settings: Health Information Exchange



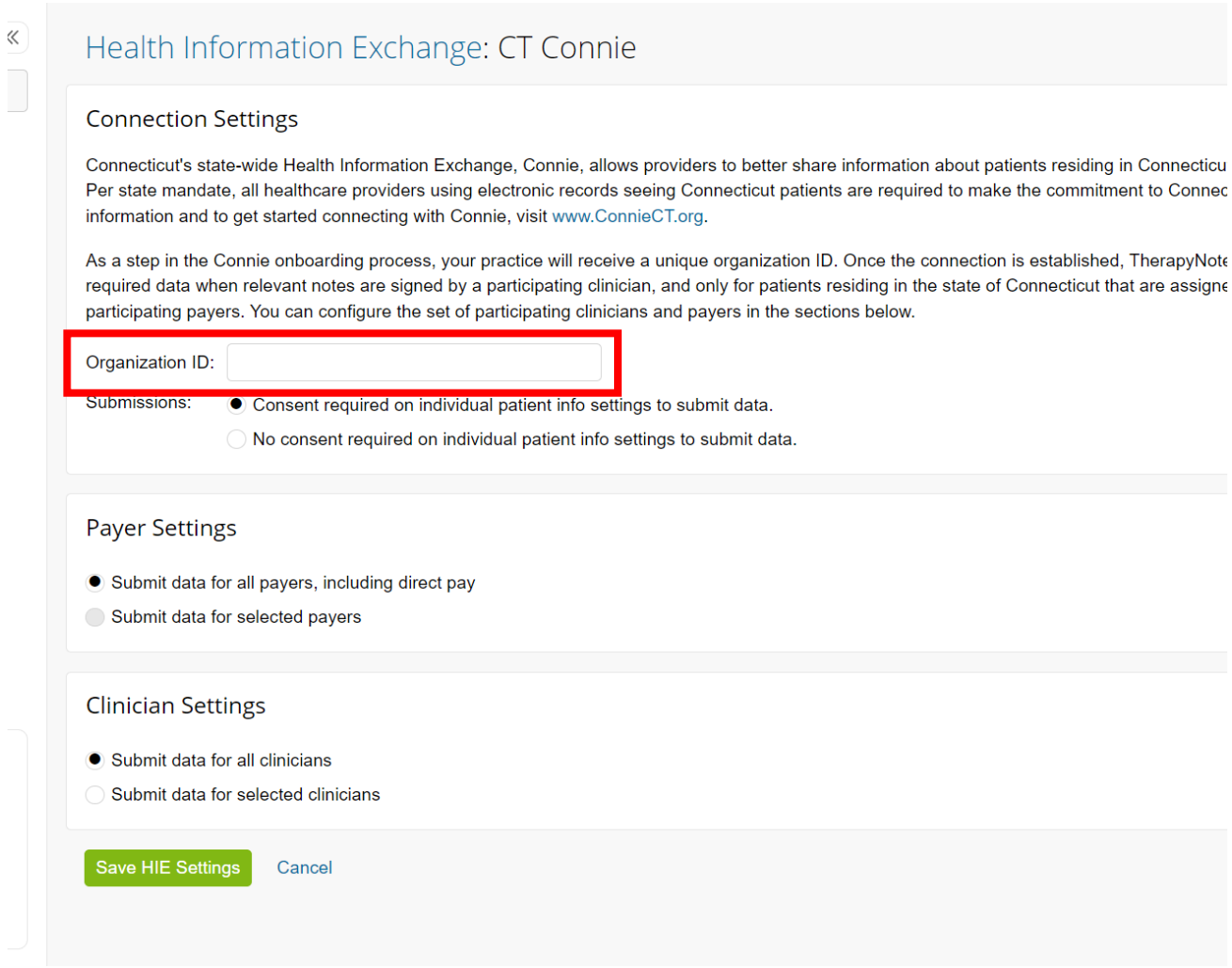
Health Information Exchange by default is disabled



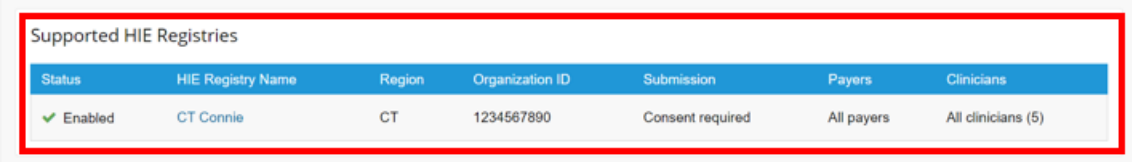
Organization ID or Source Code is required

Organization ID is provided by the HIE during enrollment.

- Practices can determine if they require patient consent or not
- Submit data for ‘all’ payer or for selected payers only
- Submit data for ‘all’ clinicians or selected clinicians only.

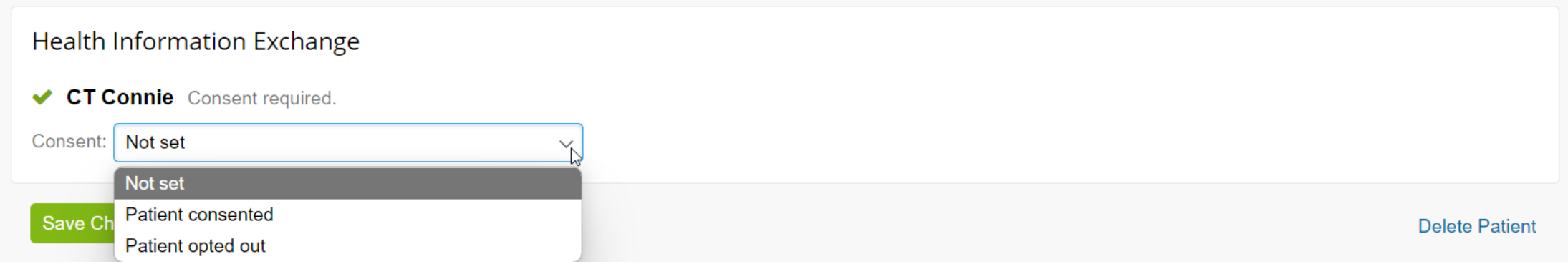


Saving the HIE Settings will enable HIE.



Submissions: Consent required to submit data

If a practice determines to track patient consent for data submissions, it is the responsibility of the practice to obtain the consent and document in the application ‘Patient consented’. This can be done in the Patient Info tab under the Health Information Exchange section:



Selecting Data for Individual Clinicians

Connection Settings

Connecticut's state-wide Health Information Exchange, Connie, allows providers to better share information about patients residing in Connecticut across healthcare settings. Per state mandate, all healthcare providers using electronic records seeing Connecticut patients are required to make the commitment to Connect with Connie. For more information and to get started connecting with Connie, visit www.ConnieCT.org.

As a step in the Connie onboarding process, your practice will receive a unique organization ID. Once the connection is established, TherapyNotes will automatically send the required data when relevant notes are signed by a participating clinician, and only for patients residing in the state of Connecticut that are assigned to at least one of the participating payers. You can configure the set of participating clinicians and payers in the sections below.

Organization ID: 1234567890

Submissions:
- (●) Consent required on individual patient info settings to submit data.
- ( ) No consent required on individual patient info settings to submit data.

Payer Settings

- (●) Submit data for all payers, including direct pay
- ( ) Submit data for selected payers

Clinician Settings

- ( ) Submit data for all clinicians
- (●) Submit data for selected clinicians

Select Columns

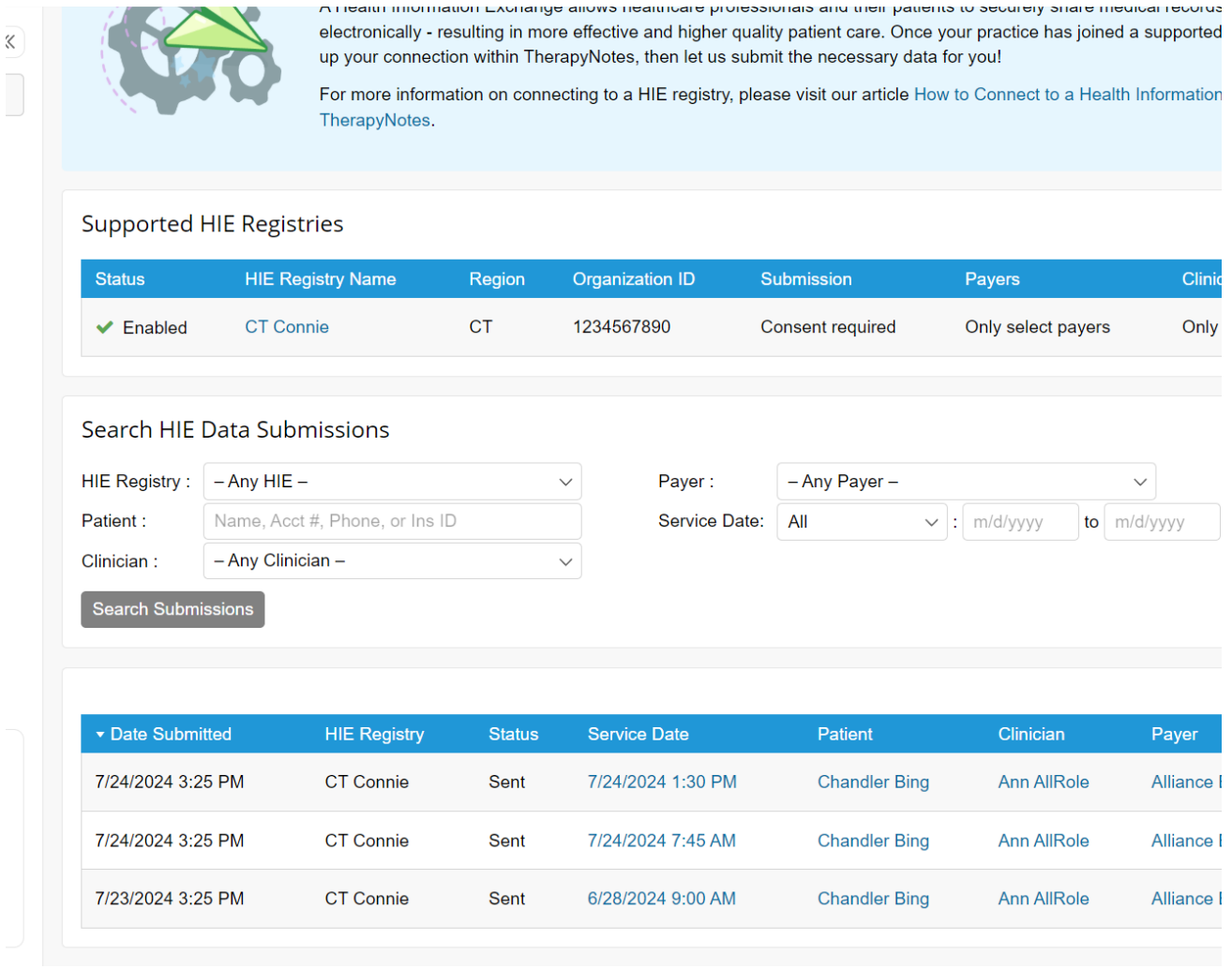
Selected	Clinician Name	License State(s)	Type of Clinician
☑	John Clinician	PA	Nurse Practitioner
☐	Amber Doe		Nurse Practitioner
☑	Timothy Doe	PA	Psychiatrist

Search for Data Submissions

Practices can search for data submissions and statuses

Messages are queued when the clinician signs a note and the requirements have been met for the following notes:

Psych Evaluation, Psychotherapy Session (Progress Note only), Psychiatry Session (Progress Note only), Psychiatry Intake, Psychotherapy Intake, Consultation, Psychotherapy Termination and Psychiatry Termination



Conclusions

Appreciative of the great insights gathered

- Behavioral Health Providers Feedback
- Partnership with TherapyNotes
- Knowledge transfer to CSS
- Goals met

Connie
Connecting People for Better Health

Questions?

Our website: www.conniect.org
Email us at:
Traci.Townsan@conniect.org
Bethany.Mifsud@conniect.org

Connie Privacy, Confidentiality & Security Committee Update

Mark Raymond, CIO

CONNECTICUT

Connecticut's Statewide Health IT Strategic Plan

Launching the Process to make Periodic Revisions to the Plan

Carol Robinson, Cedar Bridge Group

CONNECTICUT

LEGISLATIVE MANDATE TO REVIEW AND REVISE STATEWIDE HEALTH IT PLAN

A Periodic Process to Ensure Strategic Alignment with State Health Goals

In accordance with Connecticut General Statute (CGS) 17b-59a, OHS must ***review*** and ***periodically revise*** the Statewide Health Information Technology Plan for Connecticut.

BEFORE MOVING FORWARD, BEGIN BY LOOKING BACK

Stakeholders Engaged to Inform the Current Statewide Health IT Plan

Between December 2020–May 2021 there were Multiple Opportunities for Input by Connecticut Stakeholders

- Virtual forum sessions
- Key informant interviews
- Online surveys
- Focus groups
- Public Comment

The discovery phase gathered broad stakeholder input on the "current state" and "desired future state" of interoperable health IT systems to inform the priority focus areas and the suggested implementation activities.

- ***Six months spent seeking stakeholder input to Plan priorities***
- ***1,180 responses to online surveys***, with distribution support from associations and members of the OHS Consumer Advisory Committee
- ***126 organizations contributed to the Plan***
- **Nearly *1,400 individuals participated in developing the Plan*** through the discovery and validation activities

DUE TO PANDEMIC, ALL ENGAGEMENT WAS VIRTUAL

Methods Used for Gathering Stakeholder Input

Domain-Specific Surveys
Consumers
Behavioral Health Providers
Ambulatory Providers
Long-Term Care Providers
Emergency Responders
Community-Based Organizations
Public Health Officials
Payers/Health Plans

Interactive Webinar Topics
Behavioral Health/Data Privacy
Social Service Data Integration
Public Health
Child Health and Welfare
Data Exchange/Care Coordination
HIE/Health IT Governance

Key Informant Interviews
Individuals
Small Groups

Online Focus Groups
Long-Term Care Focus Group
Primary Care Focus Group
Health Care Cabinet
Consumer Advisory Council
Health IT Advisory Council
APCD Advisory Council
Hospital CIOs
State Agencies

REMARKABLE PARTICIPATION DURING TRYING TIMES

"Participation Awards" Honor the Outreach Efforts Made by Associations and Member Organizations in Partnership With OHS

Awards	Stakeholder Domains	Individuals Engaged
	Consumers	502
	Behavioral Health Professionals	397
	Ambulatory Care Providers and Hospital Leaders	229
	Long-Term and Post-Acute Care Providers	78
	Emergency Services Professionals	61
	Social Service Professionals	46
	State Agency Leadership and Program Managers	39
	Public Health Professionals	24
	Health Plans and Payers	17
Total # of Individuals Engaged		**1,393**

Nearly **25%** of the individuals who responded to OHS' Consumer Health Information Survey reported an ***annual household income of less than $35,000***.

The vast majority of Emergency Medical Service (EMS) providers are not able to access Medical Orders for Life-Sustaining Treatment (MOLST) forms when responding to emergency calls. An ***electronic registry for MOLST forms*** was captured as a very high priority during discovery and should be revisited in the revised Plan.

The COVID-19 pandemic put added pressure on an under-resourced Dept. of Public Health (DPH) and on the state's 60+ Local Public Health Departments. ***Public health leaders had particularly limited bandwidth for meaningful participation*** in the development of the Plan.

CURRENT FOCUS AREAS IN CONNECTICUT'S STATEWIDE HEALTH IT PLAN

Six Prioritized Focus Areas

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 Adoption of EHR and HIE Services
Focus Area 5	Protect the Privacy of Individual and Family Health Information
Focus Area 6	Establish electronic data standards to facilitate development of integrated electronic health information systems

THE HEALTH IT ADVISORY COUNCIL'S ROLE

Reviewing and Periodically Revising the Statewide Health IT Plan

Role in Regular Reviews

- OHS shares yearly updates on the implementation activities related to the Plan's six focus areas in the ***OHS Annual Health IT Report to the General Assembly.***
- HITAC has provided OHS with guidance on prioritizing implementation activities in the Plan through its ***annual member survey***.

Role in Periodic Revisions

- HITAC members will be asked to ***provide domain expertise and practical guidance*** to OHS staff and consultants through individual or small group interviews.
- HITAC members may be asked to ***serve as liaisons to individuals or groups*** that may offer new insights to an updated Statewide Health IT Plan.
- HITAC will engage in discussions during scheduled monthly meetings as substantive changes to the Plan are considered, and members will review a ***draft of the (updated) Plan*** prior to finalization.
- As always, monthly HITAC meetings provide time for public comments, and the draft Plan will be ***posted for a formal Public Comment period.***
- The final Statewide Health IT Plan will be published by ***February 1, 2026***, as part of the OHS 2026 Annual Health IT Report to the General Assembly.

BEFORE REVISING THE PLAN: RESEARCH OPTIONS AND OPPORTUNITIES

Look to Other States for Innovations, Emerging Trends, and Promising Practices

Potential Focus Areas for Research

- Innovations adopted by other states (agencies, state/regional HIEs, state-designated Health Data Utilities (HDUs)
- Master Data Management
  - Health Provider Directory/Social Service Directory
  - Master Person Index
  - Attribution Services
  - Identity Authentication Management (IAM) Services
  - Consent Management Registry Services
- Responsible use of Ai for program planning and evaluations
- Public/private collaborations in HIE governance and funding
- Cross-agency system interoperability and standard data sharing agreements
- Public health data integrations (with HIEs and HDUs)
- Expanding the All-Payer Claims Database program
- Evaluation of state agency needs and capabilities for health data analytics and others, TBD

BEFORE REVISING THE PLAN: ASK CRITICAL QUESTIONS ABOUT CURRENT PLAN

Revalidate or Reconsider Elements of the Plan

Potential Questions About Content and Structure of Current Plan

- Should any of the six priority focus areas listed in the current Plan be deprioritized, combined or removed entirely?
- Have any of the priority focus areas been essentially accomplished during the past four years?
- Are any of the priority focus areas being addressed by external forces (outside of OHS or another state agency's control or influence)?
- Are there any priority focus areas that will be more difficult to address because of external forces (shifts in federal funding or direction)?
- Were other priorities identified by Connecticut stakeholders that are missing from Plan?
- Were there any gaps in the stakeholder engagement during the environmental scan/discovery phase?
- Are there any stakeholder sectors that should be resurveyed at this point, to measure EHR adoption or HIE utilization?
- Should the revised Plan include more (or different) measures?
- Should the revised Plan be more detailed, or less detailed, in terms of specifying goals and objectives, implementation activities, timelines, KPIs, RACI charts, etc.?
- Other questions TBD

ALIGNING HEALTH IT STRATEGIES WITH CONNECTICUT'S GOALS FOR HEALTH AND HEALTHCARE

Reinvigorate and Reimagine

Reinvigorate

- OHS will look for ways to reinvigorate the progress of those priority focus areas where minimal changes to the current Plan are needed. Examples may include:
  - Communication campaigns
  - Philanthropic partnerships
  - Accelerator Challenges

Reimagine

- The Statewide Health IT Plan should reflect similar bold leadership to the leadership that has been demonstrated by Connecticut's rapid advancements in the prominence of the Statewide HIE, Connie. For instance:
  - Reimagining ways for data to be shared between agencies and programs for better coordination between social service agencies, primary care practices, and justice entities; and
  - Reimagining how data can be used with the appropriate consent and controls for faster clinical trial enrollments

HITAC ASSIGNMENT

A Discussion Topic for the April Council Meeting

When considering Connecticut's current health IT infrastructure, what three (3) things do you believe could have the most beneficial impacts if included and prioritized as part of the next iteration of the Statewide Health IT Plan?

Health Information Technology Officer Update

Sumit Sajnani, HITO

CONNECTICUT

HEALTH INFORMATION TECHNOLOGY OFFICER UPDATE

- 2026 Advance Planning Document
- HIT-Related Bill
- HIE Regulations Development

Announcements & Meeting Adjournment

Next Meeting: April 17, 2025

CONNECTICUT