CONNECTICUT
Health Strategy

Health Information Technology Advisory Council

May 15, 2025

AGENDA

Est. Time	Topic
1:00 pm	Welcome & Call to Order
1:05 pm	Public Comment
1:10 pm	Approval of March 20, 2025, Meeting Minutes
1:15 pm	FFY 2026 & FFY 2027 Advance Planning Document Overview & Vote
1:45 pm	Connie Update & Logic-Based Alerts Presentation
2:15 pm	Statewide Health IT Strategic Plan
2:25 pm	HIT Update
2:30 pm	Announcements & Adjournment

Public Comment

(2 minutes per commenter)

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Approval of Minutes: March 20, 2025

Connecticut Health Information Exchange (HIE) Advance Planning Document (APD) Update for FFYs 2026 and 2027

Sumit Sajnani, HITO

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APD UPDATE:

Role of Health IT Advisory Council

- Advisory council to OHS and HITO
- Guides state health IT priorities
- Reviews APD and use case plans
- Supports transparency and public accountability

APD UPDATE:

Use Cases Categorization & FFP

1. Planning (IAPD – 90/10*)
2. Implementation (IAPD – 90/10*)
3. Operations (OAPD – 75/25* or 50/50*)
4. *Cost Allocated

APD UPDATE: Use Cases – Planning FFY 26

- EHR access to Explorer
- eConsult
- Referral Enhancements
- Post Acute Network Tool
- Radiology Access
- Maternal Health
- Opioid Overdose
- Provider Directory – Link to eReferral
- Patient Portal – ADA and Data Access
- Consent Enhancements – Granular Consent
- Dental Records Enhancements

APD UPDATE: Use Cases – DDI FFY 26 & 27

- Patient Portal Enhancements (2026 & 2027)
- Provider Portal Enhancements
  - Population Health Report Enhancement (2026)
  - SDOH Assessment Enhancements (2026)
  - Dental Health Records Enhancement (2026)
  - Post-Acute Network Tool (2027)
  - Radiology User Access (2027)
- Empanelment and Encounter Notification Service
  - Logic-Based Alerts Enhancement (2026)
  - EHR Access to Explorer (2027)
- eReferral Enhancements – eConsult and Dental Referral (2027)
  - eConsult (2027)
  - Dental Referral (2027)

APD UPDATE:

Use Cases – DDI FFY 26 & 27 Cont.

- Provider Directory Enhancement
  - Provider Directory – Link to eReferral (2027)
- Other Enhancements
  - Consent Enhancement (2027)
  - Health Data Utility (2027)

APD UPDATE:

DDI Activities Transitioning to Ops in FFY 2026

- Patient Portal Enhancement
  - eConsent – Patient Mediated Affirmative Consent
- Provider Portal Enhancements
  - HRSN/SDOH Assessment
  - Medicaid Redetermination
  - Population Health Reports
  - Data in Workflow
- Empanelment and Encounter Notification Service Enhancement
  - Logic-Based Alerts

APD UPDATE:

Revised Cost Allocation Methodology

- Focuses on the smallest unit of value: a “piece of data”.
- A piece of data includes any unit contributed to the HIE (e.g., lab result, discharge summary, ADT message).
- Data is categorized as either delivered or stored in the HIE.
- Connie measured data volume for both Medicaid and non-Medicaid individuals across all major service lines over one year.

Data Type	Data Details	Total # of "Pieces of Data" Delivered by Connie for **Medicaid Members** Only (Over 1 Year)	Total # of "Pieces of Data" Delivered by Connie for **Non-Medicaid Patients** (Over 1 Year)
Structured Documents Accessed via API	CCDs	696,970	1,332,789
Health Record Data Accessed via API	Labs, Radiology Reports, Clinical Documents (e.g., Discharge Summaries, History, Physicals, Consults)	199,000,901	389,166,627
Claims Accessed via API	Statewide Medicaid, Medicare, and All -Payer Hospital-Based Claims	n/a	n/a
Prior Visits/ Encounters Accessed via API	Admission, Discharge, Transfer Messages	57,483,302	91,440,560
Outbound Notifications	Event Notifications	15,417,527	27,171,670
Total Pieces of Data Delivered by Connie		**272,598,700**	**509,111,646**

Defining Data Delivered

The volume of **data delivered** was measured during a 12-month period between January-December 2024 by:

1) Summing the count of "pieces of data" with identifiable patient information delivered through an API call to Connie (via CRISP Shared Services APIs), and
2) Tallying the outbound data in notifications sent by Connie during the same time frame.

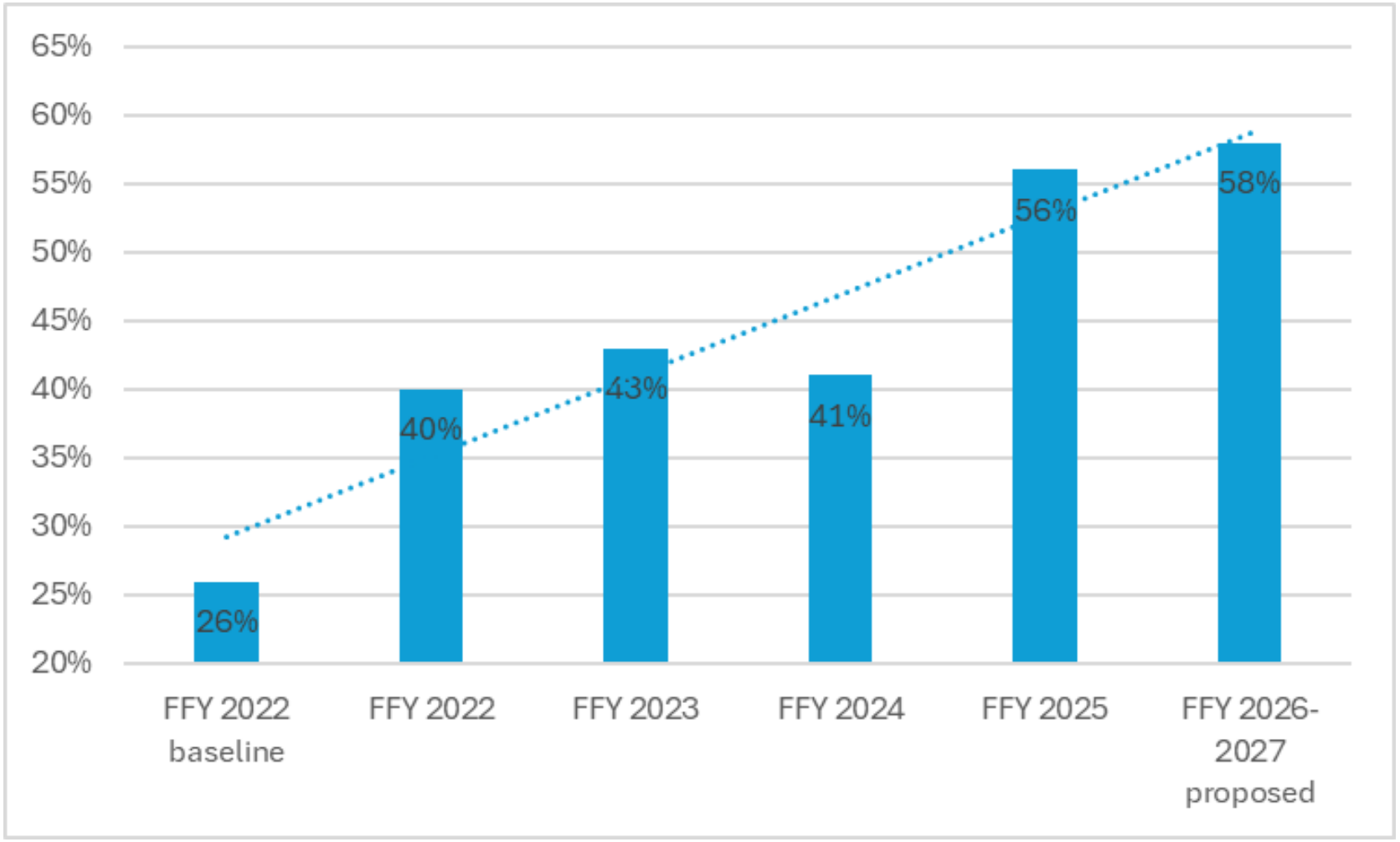
Example: If a query made by a Connie participant for a Medicaid member's clinical information resulted in ten (10) lab results, ten (10) Continuity of Care Documents (CCDs), and ten (10) discharge summaries from prior emergency department visits, a total of thirty (30) "pieces of data" was counted.

Data Type	Data Details	Total # of "Pieces of Data" Stored by Connie for **Medicaid Members** Only (Over 1 Year)	Total "Pieces of Data" Stored by Connie for **Non-Medicaid Patients** (Over 1 Year)
Structured Documents	CCDs	11,895,384	34,253,387
Health Record Data	Lab Results, Radiology Reports, other Clinical Documents (e.g., Discharge Summaries, Health Histories, Medications, Physicals, Consults)	28,210,289	60,364,092
Claims	Statewide Medicaid, Medicare, and All-Payer Hospital-Based Claims	n/a	n/a
Prior Visits Encounters	Admission, Discharge, Transfer Messages	110,111,236	264,812,891
	Total Pieces of Data Stored by Connie	**150,216,909**	**359,430,370**

Defining Stored Data

The volume of **data stored** was measured by summing all "pieces of data" stored in the technology infrastructure used by Connie to provide HIE services during the month of December 2024.

Federal Cost Allocation



Summary of Total Funding Request

Combined IAPD and OAPD Budgets for FFY 2026-2027

Combined IAPD and OAPD Funding Request					
FFY	**Total Costs**	**Costs Allocated to Medicaid**	**Total Federal Share**	**State Share Total**	**Costs Not Allocated to Medicaid**
FFY 26 IAPD	$ 9,039,014	$ 6,308,056	$ 5,677,251	$ 630,806	$ 2,730,958
FFY 26 OAPD	$ 6,612,197	$ 4,242,555	$ 3,064,764	$ 1,177,792	$ 2,369,642
FFY 27 IAPD	$ 8,824,111	$ 5,979,566	$ 5,381,610	$ 597,957	$ 2,844,545
FFY 27 OAPD	$ 6,892,687	$ 4,408,343	$ 3,183,334	$ 1,225,009	$ 2,484,343
Total	**$ 31,368,009**	**$ 20,938,521**	**$ 17,306,958**	**$ 3,631,563**	**$ 10,429,487**

Summary of IAPD and OAPD Funding Requests

IAPD Funding for Planning and "DDI" (Design, Develop, Implement)
OAPD Funding for Operations and Maintenance for Services in Production

IAPD -- Summary of DDI Funding Request

FFY	Total DDI Costs	Costs Allocated to Medicaid	90% Federal Share	10% State Share	Total Federal Share	State Share Total	Costs Not Allocated to Medicaid
FFY 26	$ 9,039,014	$ 6,308,056	$ 5,677,251	$ 630,806	$ 5,677,251	$ 630,806	$ 2,730,958
FFY 27	$ 8,824,111	$ 5,979,566	$ 5,381,610	$ 597,957	$ 5,381,610	$ 597,957	$ 2,844,545
Total	$ 17,863,125	$ 12,287,623	$ 11,058,860	$ 1,228,762	$ 11,058,860	$ 1,228,762	$ 5,575,503

OAPD -- Summary of Operations Budget Request

FFY	Total Operations Costs	Costs Allocated to Medicaid	75% Federal Share	25% State Share	50% Federal Share	50% State Share	Total Federal Share	State Share Total	Costs Not Allocated to Medicaid
FFY 26	$ 6,612,197	$ 4,242,555	$ 2,830,458	$ 943,486	$ 234,306	$ 234,306	$ 3,064,764	$ 1,177,792	$ 2,369,642
FFY 27	$ 6,892,687	$ 4,408,343	$ 2,937,488	$ 979,163	$ 245,846	$ 245,846	$ 3,183,334	$ 1,225,009	$ 2,484,343
Total	$ 13,504,883	$ 8,650,899	$ 5,767,946	$ 1,922,649	$ 480,152	$ 480,152	$ 6,248,098	$ 2,402,801	$ 4,853,985

CMS-Certified Use Cases and Supportive Functionality

Use Cases		Supportive Functionality		
Technology Services	**Certified**	**Planning (90/10) 2026**	**DDI (90/10) 2026-2027**	**O&M (75/25) Ongoing Enhanced Funding**
Empanelment & Encounter Notifications	2022	**EHR Access to Explorer** **E-Consults** **Referral Enhancements** Closed-loop referrals between medical providers, dentists, CBOs, home health, others on care team	**Logic-Based Alerts** additional use cases	***In Production FFY 2025*** Logic-Based Alerts (Initial alerts focused on gaps in care)
Provider Portals Web-Based Portal (LogOnce) InContext Smart on FHIR App in EHR	2022	**Post-Acute Network Tool:** Tracking bed space, services, clinical notes, assessments, shared care plans **Radiology User Access** enhancements **Maternal Health Services** Access to shared birth plans, lab tests, social needs referrals, etc. for doulas/midwives and obstetricians **Opioid Overdose Services** Improved data-sharing, overdose alerts, reporting	**Dental Health Records** Ingest & display dental records in provider portal **Population Health Reports** Additional pop health reports **HRSN Assessments** Map to LOINC standards; FHIR Questionnaire/ Response resources	***In Production FFY 2022*** Clinical Data Best Possible Med History PMP Access Image Exchange ***In Production FFY 2023*** Advance Health Care Directives Immunizations Provider-Mediated e-Consent Stroke Network/Emergent Imaging Dental Health Records ***In Production FFY 2024*** Problem List Filters Allergy List Filters BPMH Pharmacy Data CCD Sensitive Data Filters Connie Patient Access API ***In Production FFY 2025*** HRSN Assessment Population Health Reports Data in Workflow Medicaid Redetermination Enhanced Consent / Part 2 TPO
Provider Directory	2022	**Link Directory to e-Referral Tool**		
e-Referrals	2022	**Dental Referrals**		***In Production FFY 2024*** HRSN/SDOH Referrals Filters BPMH-Pharmacy Data Filters
Patient Portal	2025	Develop **ADA Standards Roadmap** Expand **Data Access for Patients** Explore **Tagging Data for Privacy** (formerly Granular Consent)	**ADA enhancements** web portal, mobile devices **Expand Access to Data** Claims, images, reports	***In Production FFY 2026*** Patient-Mediated Affirmative Consent

Connie Update

Health IT Advisory Council
May 15, 2025

Jenn Searls, Executive Director
Amanda Crociata, Director, Account Management
Heidi Wilson, Director, HIE Services

Connie
Connecting People for Better Health

Connie Updates

1. Enhance Utility of Health Data
2. Empower Patients
3. Optimize Care Team Tools
4. Advance Population Health
5. Maintain Operational Excellence

Enhance Utility of Health Data | Empower Patients | Optimize Care Team Tools | Advance Population Health | Maintain Operational Excellence

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Connecting People for Better Health

Enhance Utility of Health Data

Outreach & Engagement Q3 Update

- Quarterly Webinar Series – one for leads and an update for connected organizations highlighting new tools and services
- 18 in-person demos so far in Q3!
- Demo with New Britain EMS – first EMS group to go live with Connie!
- Demo with CCMC who is ready to access the Connie Portal
- 16 pharmacies have signed Connie data sharing agreements!
- InContext launched for Hartford Healthcare

Enhance Utility of Health Data

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Connecting People for Better Health

Utilization Growth

- **FY 25 Update:**
  - **Repeat User Growth:** Increased from 3,571 in October to 5,645 to end April - **58% increase!**
  - **Patient Records Accessed:** Increased from an average of 3,095 records accessed per day to 4,274 - **38% increase!**

Our Impact

I would recommend Connie because it gives you easy, quick access to patients' medical records without the hassle of going through the hospital's medical records departments, which can take weeks. In fact, I have already recommended Connie to another LTC facility.

The positive impact is that we have immediate access to all testing results and consult notes for any new admissions coming into the facility.

Maritza Palmer, RN

POMPERAUG WOODS

Enhance Utility of Health Data

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Connecting People for Better Health

Q3 Technical Integrations

- **Q3 Integration Progress:**
  - **Image Share Progress:** ProHealth's integration in progress, close to testing stage
  - **13 new locations LIVE** this quarter with Panel or Clinical Data! *as of 5/12
- **Notable connections for Q3 include:**
  - Cardiology Associates of Greater Waterbury (Waterbury Health)
  - Atrinity Home Health
  - Oak Street Health
  - The Nathaniel Witherell SNF
  - New Britain EMS

Enhance Utility of Health Data

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Optimize Care Team Tools

New Services: Logic Based Alerts

PURPOSE: Supports quality measures and patient care.

1. **Preventive Services – Colorectal screenings** available now.
    - Uses CPT, SNOMED, LOINC, and HCPCS codes sourced from participating provider ADTs, CCDs, and ORU HL7 messages to identify completed screenings.
2. **Follow-Up After Emergency Department Visit or Hospitalization for Mental Illness** (FUM / FUH) measures.
    - Utilizes a specific subset of ICD10 dx codes easing the burden for organizations from manually entering in each code.

New Service: My Patient Summary

My Patient Summary is designed to save users time locating regularly viewed patient data within InContext. This feature ***enables users to customize a unique tab and/or landing page containing self-selected priority data views***, so that users can quickly access the data most important to them without the hassle of excess clicks and toggling through different data tabs.

BENEFITS OF MY PATIENT SUMMARY

- Customizable home screen in the web-based Portal and InContext App
- Quick access to recent encounters, diagnoses and medication lists
- Supports all users from frontline care providers to care coordinators
- Improves efficient understanding of patient history without the hassle of extra clicks
- Streamlines access to patient demographics, care teams and social needs
- Reduces technological burden while improving the patient/provider relationship

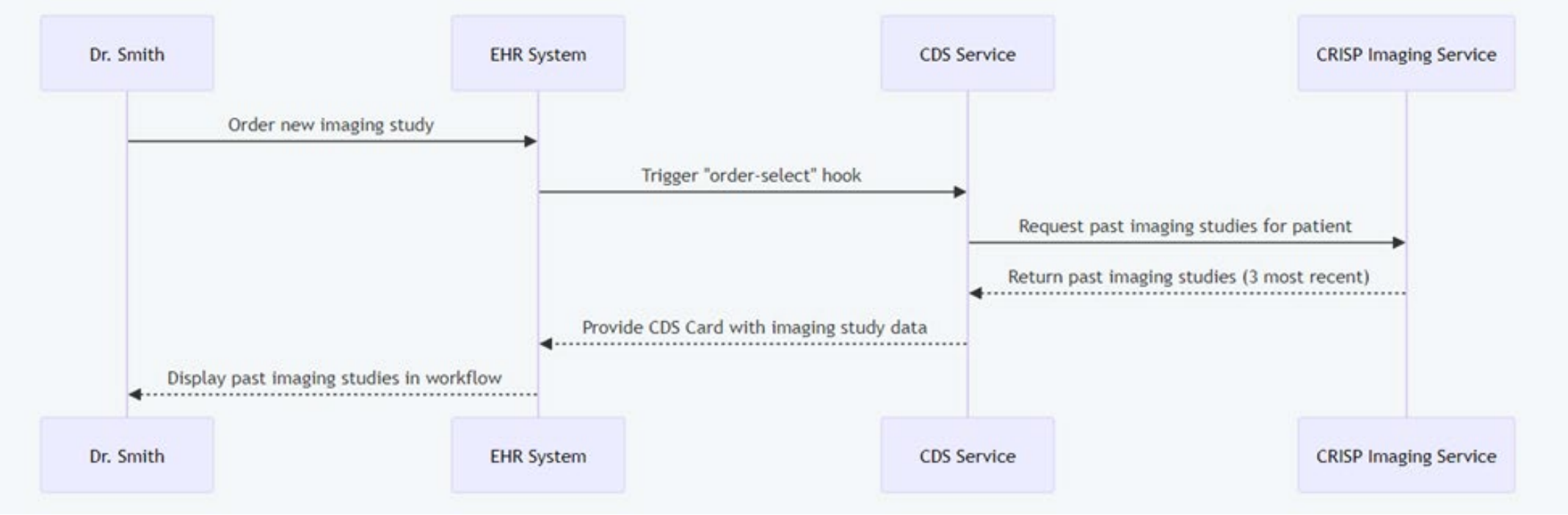
Optimize Care Team Tools

Connie
Connecting People for Better Health

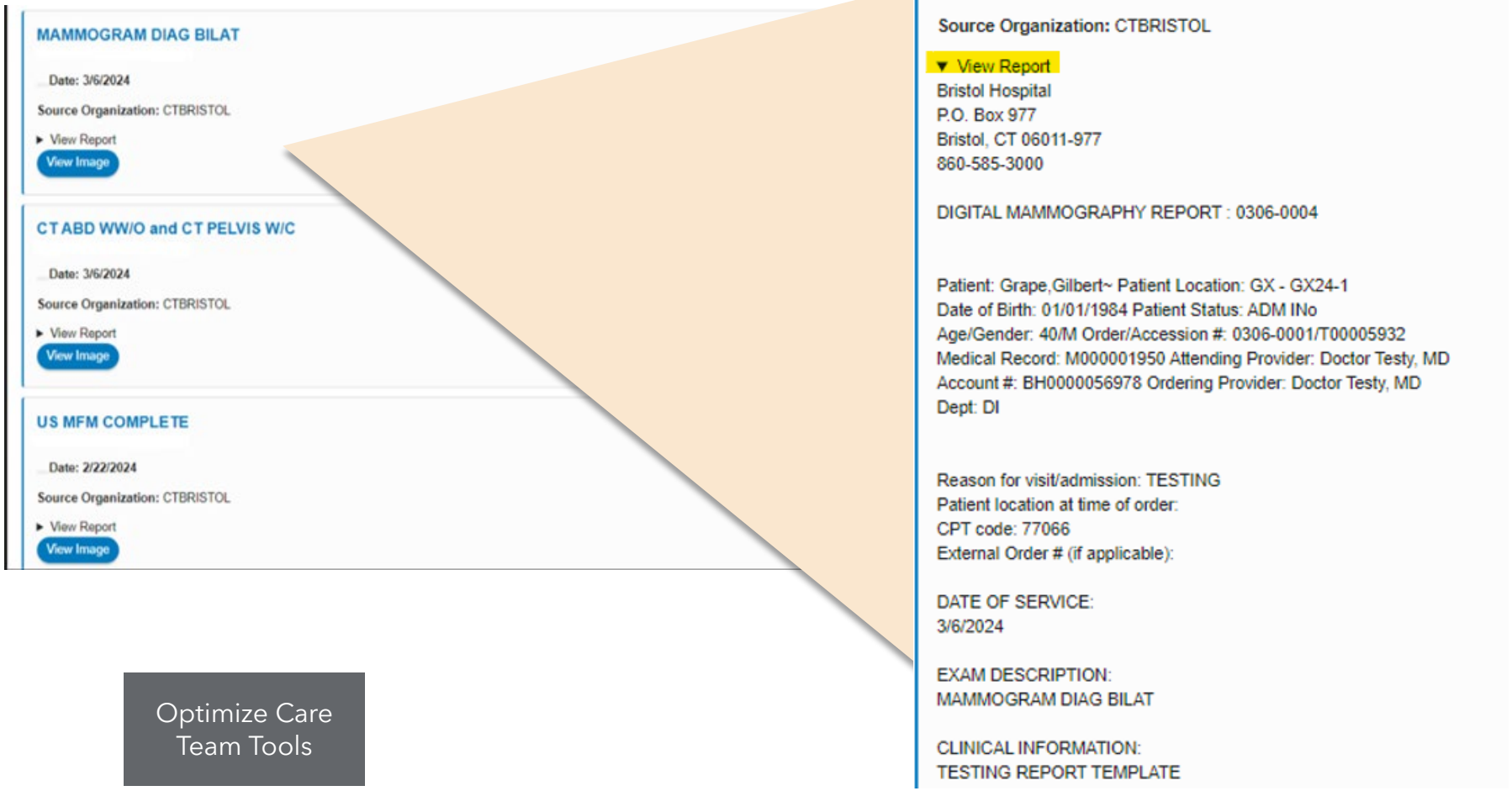
Demo

New Service: Data in the Workflow

- **Leverages CDS Hooks**: an HL7 standard for in-workflow decision support integrations between Electronic Health Record systems and external Decision Support Services.
- **PURPOSE**: (within the provider's EMR) flags if the patient has imaging studies in Connie that could be relevant to their current case before the provider orders new images.
- **VALUE**: reduce unnecessary imaging, lower costs, reduce radiation exposure, and enhance care quality and efficiency.



User View



Optimize Care Team Tools

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Connecting People for Better Health

Empower Patients

Empowering Patients

Patient Portal

- We have begun rolling out the patient portal
- FY25 Enhancement: Patient Mediated Affirmative Consent

Patient and Family Advisory Committee (PFAC)

- March 2nd meeting focused on patient consent and engagement.
- Next meeting is June 17. Agenda is TBD, however patient portal utilization will be a standing topic going forward.

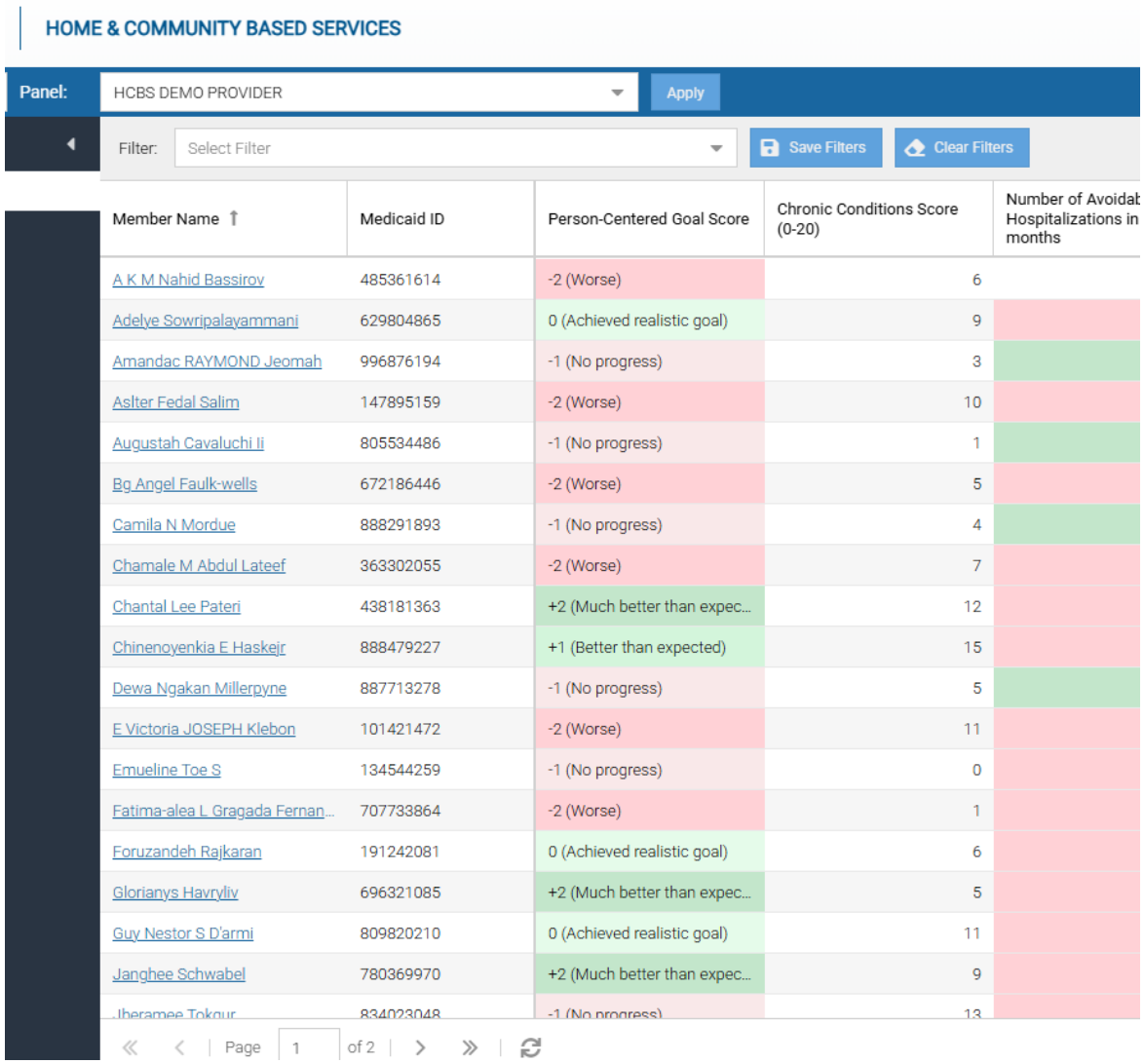
Empower Patients

Connie
Connecting People for Better Health

Advance Population Health

HCBS Program Tool

- Supports a DSS value-based fee-for-service initiative for HCBS providers based on defined outcomes.
- Went live on March 3rd
- Over 160 organizations have access



Advance Population Health

Maintain Operational Excellence

Operations Update

- The FY25 interim HITRUST testing has kicked off
- In the process of building out the formal Connie Compliance Program and expanding monitoring, auditing, and reporting activities

Maintain Operational Excellence

Connie
Connecting People for Better Health

CONNECTICUT'S STATEWIDE HEALTH IT PLAN UPDATE

Planning Progress Report
May 15, 2025

Carol Robinson
CEO/Founder
CedarBridge Group LLC

Kristen Cline-Hamitouche
Lead Planning Analyst
Office of Health Strategy

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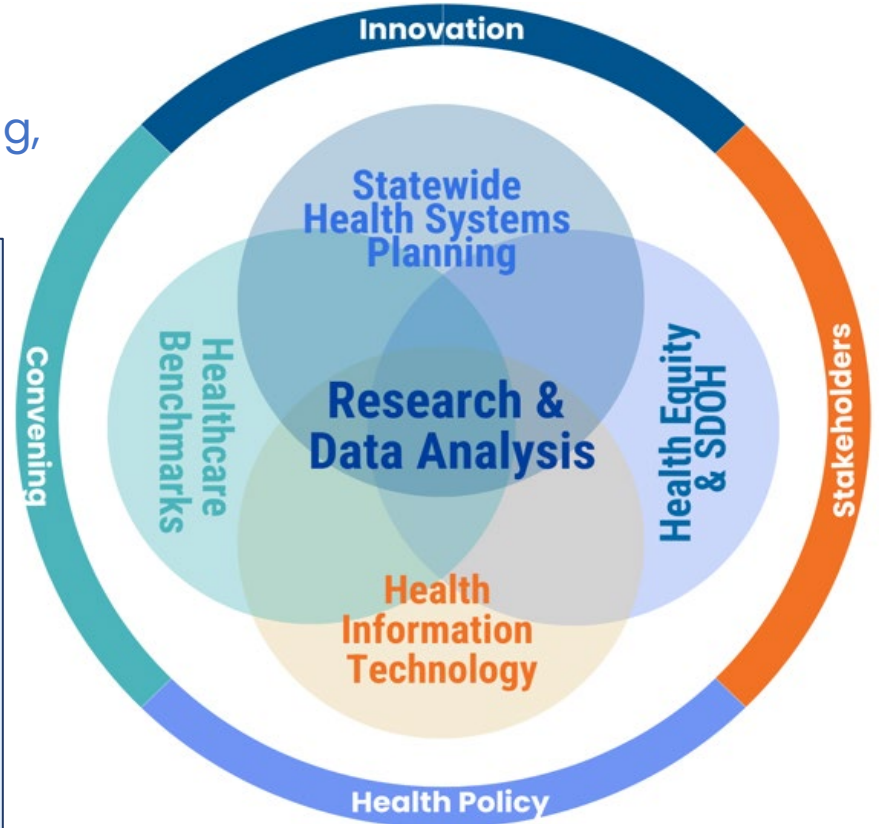
The Office of Health Strategy

OHS Supports Connecticut's Health Improvement Priorities with Data Reporting, Data Analytics, and Data Exchange

OHS was established in 2018 by Connecticut's General Assembly, codified in CGS Chapter 368dd § 19a–754a with an ambitious list of responsibilities, including formation and oversight of Statewide Health Information Exchange (HIE). Subsequent legislation and two Executive Orders issued by Governor Lamont in 2020 expanded the agency's role and authorities. OHS is now responsible for several programs and services including the Statewide HIE program, the All-Payer Claims Database (APCD), the Certificate of Need (CON) program, Prescription Drug Cost Transparency, and the Healthcare Benchmark Initiative.

The OHS Venn diagram illustrates four areas where OHS is leading, convening, and coordinating health transformation initiatives for Connecticut. Each of the domains are operating as a business unit within OHS, managing specific work, described below. convening stakeholders in advisory roles, developing strategic plans, regulations, and policies, and producing meaningful insights from APCD data and other data systems.



https://portal.ct.gov/ohs

Healthcare Benchmarks [Health Innovation Strategy Unit] Administers Connecticut's Cost Growth and Quality Benchmarks and Primary Care Target; convenes the Quality Council and the Cost Growth Benchmark Steering Committee.

Health Systems Planning Unit Administers the CON program; develops the Statewide Health Care Facilities and Services Plan; and reviews financial data to assess hospitals' financial status, stability and sustainability.

Health Equity & SDOH [Health Equity Unit] Oversees the Community Benefit Hospital reporting and the Community Heath Needs Assessment (CHNA) findings; works on evaluation and sustainability planning for Connecticut's Universal Home Nurse Visiting Program; develops the State Health Improvement 5 Plan; oversees the Community Health Workers Advisory Body; and participates in statewide Health Equity initiatives.

Health Information Technology [Health Data and Analysis Unit] Administers the Statewide HIE and the APCD; convenes the APCD Advisory Group, the APCD Data Release Committee, and the Health information Technology Advisory Council; guides the implementation of Race, Ethnicity and Language (REL) data collection.

Connecticut's Statewide Health IT Plan

OHS is Required to Periodically Revise the Statewide Health Information Technology Plan CGS § 17b-59a

OHS / HITO

State Agency Partners

HITAC

Workgroups

CT General Assembly

Governor's Office

OHS Leading Cross-Agency Strategic Planning, Coordination, Analytics

- DSS Coordination / Medicaid Enterprise Architecture / APD Funding
- OPM Coordination / State Data Officer / Interagency Policymaking
- Other State Agencies With Health IT Data Systems / Analytics Needs

Oversight Role

Consumers / Patients / Patient Advocates | **Providers / Clinics**

Hospitals / Health Systems | **Community-Based Organizations**

Justice Systems | **Pharmacies** | **Local Health Departments**

Tribal Health | **211 / CIEs** | **Employers** | **Industry Associations**

Health Plans | **EMS** | **Universities / K-12 / Early Childhood**

Academic Medical Centers | **LTC-PAC** | **Labs** | **Home Health**

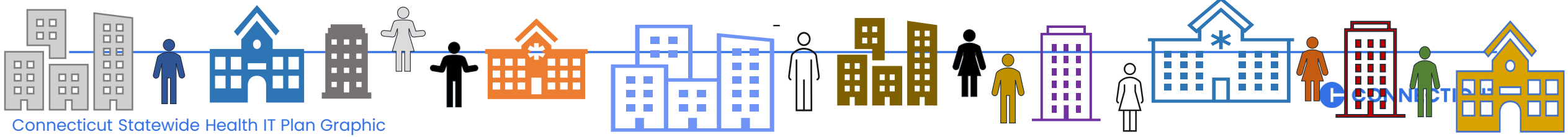
Telehealth | **Philanthropies** | **VA / Veterans Programs**

EXAMPLES OF STAKEHOLDERS, IMPLEMENTORS, AND INNOVATORS

Connie (CT Statewide HIE)

Examples of Objectives & Goals in a Statewide Health IT Plan

- Improve Coordination Between Healthcare Providers and Social Service Agencies
- Use Cost Benchmark Data to Inform Health Care Cost Growth Schedules
- Increase Provider Adoption of REL-D Standards to Address Health Disparities
- Improve Data Quality in Statewide HIE and State Agency Systems
- Safeguard Confidentiality of Sensitive Data with Expanded Patient-Mediated Consent
- Work with DSS and Other Agencies to Develop a Master Data Management Plan
- Improve Interoperability and Advance Data Sharing Between Agencies
- Establish Public/Private Partnerships to Support Digital Health Innovations



Connecticut Statewide Health IT Plan Graphic

When and How:

The Process for Updating Connecticut's Statewide Health IT Plan

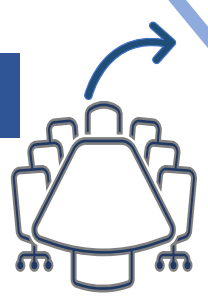
OHS Collects Stakeholder Input on Innovation Concepts for Statewide Health IT Plan Revisions

State Agency Interviews

Sector-Specific Stakeholder Meetings

Small Focus Groups

HITAC Member Interviews

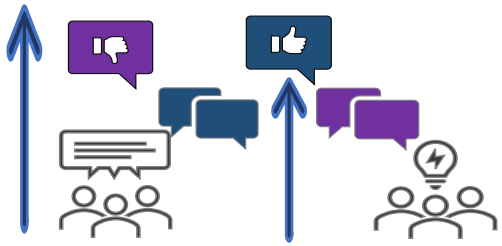


HITAC Meetings

Public Comment at HITAC Meetings

Partner-Sponsored Webinars

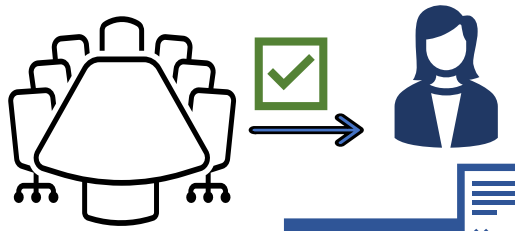
OHS Publishes Draft Plan



OHS Seeks Public Feedback to Draft Plan

OHS Incorporates Feedback into Final Plan

HITAC Reviews Final Plan, Makes Recommendation to OHS Commissioner



OHS Delivers Final Health IT Plan, to CT General Assembly

Final Updated Plan

General Assembly

Statewide Health IT Plan
Process and Timeline Diagram

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HITAC Input Opportunities

Council Members Have Key Insights to Inform the Statewide Health IT Plan Revisions

The members of the Health IT Advisory Council are representative of the diverse domains that comprise the ecosystem of healthcare and "health-related care" in Connecticut. The diverse nature of the Council's membership helps ensure that Connecticut's Statewide Health IT Plan, when revised, will continue to include focused strategies that address a variety of constituent needs, not just those with the most clout.

Because HITAC members represent different constituencies, OHS plans to engage with each Council member in a 45-minute individual interview, led by OHS Health Data and Analysis Unit staff and consultants after the June 26th meeting.

- The Council will receive regular reports on the progress and will have opportunities for topical discussions during public HITAC meetings, as the Council's schedule allows.
- Council members will be notified when OHS is conducting other group activities for stakeholders; members of HITAC and the public are always welcome to attend any public stakeholder event.

This is the Exciting Part!

The OHS team has been scouring the nation for Innovative Ideas for discussion

and possibly

for consideration in the next iteration of the Statewide Health IT Plan.

We anticipate including information for the Council on innovative ideas, around public/private partnerships, shared services, data utility, delivery of services, person-centered care, engagement strategies, efficiency-focused workflow enablement's, trust-building collaborative care, and social determinates of health to make healthcare and health-related services work better using information technology and data at the June meeting and beyond.

Health Information Technology Officer Update

Sumit Sajnani, HITO

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Announcements & Meeting Adjournment

Next Meeting: June 26, 2025

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