

## **Recommendations Related to Sustinet Health Information Technology**

by Advisory Committees and Task Forces

Excerpts from 7/1/10 Reports

### Patient Centered Medical Home Advisory Committee:

- Effective health information technology (HIT) systems are essential to PCMH success. Health information exchange across the health care system is critical to care coordination and avoiding duplication of services.
- Understanding that Connecticut's HIT environment is developing, the committee outlined priority areas for PCMHs including afterhours access to charts and patient records, systems to notify providers when patients access urgent care or advice lines, preferably within hours, information on patient follow up on referrals and prescriptions, inclusion of care plans and risk assessments in patient records, and links to care coordination meetings (huddles) for follow up. Communications with retail clinics is critical and could be a requirement for operation of clinics.
- Health IT systems for PCMH should support population health tracking, performance comparisons between providers and practices, and identify "high utilizers" and "non-compliant" patients for follow up.
- As far as possible, provider and staff HIT training and PCMH training should be coordinated.

### Quality and Provider Advisory Committee:

- Data collection should allow for an assessment and comparison of quality across served populations, including by race/ethnicity, income and type of insurance coverage
- Quality measures and clinical guidelines should be integrated with EMRs so as to be automatic.
- These recommendations should be integrated into the design of Sustinet's health information technology early in the design process.
- Quality measurement should capture inpatient, outpatient, long-term, home care and hospice care.
- A central database will need to be maintained for population-, patient- and provider-level quality data.
- Sustinet should develop a central resource for all providers that will:
  - Provide access to practice management opportunities and clinical programs for practice efficiencies and HIE options
  - Provide patient educational resources for provider use and patient web access
- Promote the proper use of HIE to ensure real-time access to patient data by providers with the goal of providing safe and efficient care
- Institutional safety data (including adverse events) should be transparent and made public.
- Safety data for individual providers should be collected by Sustinet and provided confidentially to providers.

### Preventive Health Care Advisory Committee

- a) Health Data: Health data should be collected and aggregated to inform state agencies and departments that are charged with improving the public's health on the health status of Connecticut residents. Information should be collected from multiple sources including claims and service utilization data sets and be organized in ways

that are helpful -- regionally, by gender, by age group, etc. Agencies and departments, in turn, need to develop structures and processes that can receive, prioritize and act on this data.

- b) Evaluation: SustiNet needs to collect individual and population level data on an ongoing basis to enable it to measure the effectiveness of its prevention strategies.
- c) Feedback: Health data must be available to provide timely feedback to health care providers and to policy makers in order to drive continuous improvement. Clinicians will require timely access to their own patients' preventive health care services utilization data in order to monitor and improve the clinician's own performance. In addition, the preventive health care advisory committee will require ongoing access to utilization data for preventive services, stratified by factors including, but not limited to: patients' clinical condition, geographic area, age, sex, race and ethnicity.
  - SustiNet should promote the broad-based adoption of both electronic health records to enable providers to share information and patient-controlled, portable personal health records that patients can bring with them from plan to plan and provider to provider. These electronic records will provide population-level information, clinical decision support tools, and information to support wellness and health promotion.
  - Preventive care services provided in a community setting, such as a workplace or a place of worship, need to be captured in the electronic medical record.
  - SustiNet should promote the demonstration and adoption of health information technologies that collect assessment information directly from, and disseminate wellness and prevention information directly to plan participants.

#### Health Disparities and Equity Advisory Committee

##### 1) Data Collection and Use

- a) All SustiNet plan data intake systems and data storage systems shall include member race, ethnicity & language (in addition to age, gender, and other demographic data) in order to be able to track disparities in health outcomes. Data systems shall enable coding of multiple races and ethnicities for a single individual.
- b) The SustiNet Plan shall provide one integrated system for all plan data in real time, to the extent feasible.
- c) The committee shall assess current data to document disparities and identifying gaps in data needed to fully assess disparities.
- d) The committee shall commission studies to document disparities by population group and by provider organization, as well as the cost-effectiveness of improvement efforts.
- e) The committee shall evaluate improvement efforts, establish a feedback loop based on rapid responses, and report its findings publicly.

2) Health Information Technology

- a) All SustiNet plan forms, data intake systems and data storage systems shall include member race, ethnicity & language preference (in addition to age, gender, and other demographic data), which can then be used as a measurement tool to monitor racial/ethnic health disparities. Data systems shall enable coding of multiple races and ethnicities for a single individual.
- b) The SustiNet Plan shall provide one integrated system for all plan data in real time, to the extent feasible.