State/SDE: Connecticut department of Public Health Daniel G. Maloney	**Date**: 6/26/2013

Moving from Phase 1 to Phase 2

Thank you for beginning the approval process of moving from Phase 1 to Phase 2. The objectives of this process are to:

- Ensure states are developing incrementally to reduce the project risks of running out of time or money before services are fully implemented and enable states to remain flexible to make adjustments during the period of performance to reflect new market opportunities.
- Leverage infrastructure already in the state including phase 1 investments.
- Ensure states are considering all viable alternatives and choosing approaches with the highest probability of success.
- Ensure that Meaningful Use Acceleration and stage 2 Meaningful Use Health Information Exchange requirements will be supported.

To begin the approval process, states proposing to move from Phase 1 to Phase 2 must complete the following worksheets and discuss your phasing plan with your Project Officer.

Submission Checklist

☒ Complete the Phase 1 Completion Worksheet

☒ Complete the Phase 2 Planning Worksheet and attach Work Plan

__Complete phasing discussion with Project Officer (and Program Manager, if requested by PO)

Acknowledgment

I certify that the information submitted is accurate and complete to the best of my knowledge.

State Signature: _____ **Date:** _____

The Office of the National Coordinator for Health Information Technology

Phase 1 Completion Worksheet

Implementation Measures

Please quantify Phase I implementation measures for directed exchange (HITE-CT).

User Type	# of Unique Users having sent at least one non-test Direct message in a clinical context	# of Unique Organizations having sent at least one non-test Direct message in a clinical context	# of Transactions
Ambulatory	0	0	0
Hospital	0	0	0
Lab	0	0	0
Public Health	0	0	0
Other (Please specify):	0	0	0
Total	0	0	0

Thresholds

Have you met one of two thresholds in order to move from Phase 1 to Phase 2? *(See PIN/Appendix D on page 4.) (HITE-CT)*

- ☐ The number of providers actively using services offered or enabled by the Grantee to support care summary or lab exchange is at least 30%of the Priority Primary Care Providers (PPCP) Regional Extension Center (REC) target (with a maximum of 1000). The actual providers served by the Grantee do not need to be those registered with the REC nor do they need to be primary care providers.

- ☐ At least 50% of REC-registered providers who have reached "Milestone Two" (providers have registered with the REC and implemented an EHR) have an option they are actively using to share care summaries with other providers and receive electronic lab results. Grantees would need to work with the REC to collect this information.

Implementation Requirements (for Project Officer to complete)

Has the state met state-specific implementation requirements related to Phase 1 activity? (issued with Notice of Award)

- ☐ *[Project Officer list state-specific implementation requirement]*
- ☐ *[Project Officer list state-specific implementation requirement]*
- ☐ *[Project Officer list state-specific implementation requirement]*
- ☐ *[Project Officer list state-specific implementation requirement]*

Summary

Please describe successes, key challenges, and lessons learned during Phase 1 implementation.

Successes
1. (HITE-CT) We have established a Direct Marketplace in Connecticut in conjunction with the Rhode Island Quality Institute. This will provide us head start in getting market adoption of Direct messaging. As part of this joint effort Rhode Island has renamed their current trust community to the Southern New England Trust Community. We believe this partnership will be a building block to future cross state exchange efforts.
2. (CT-DPH) User acceptance testing began in the staging environment for CIRTS 2.0 on 6/10/13.
3. (CT-DPH) Provider and EHR Vendor Questionnaires were formulated in March 2013; the Immunization program has compiled a summary of the results of the returned surveys. 4. (CT-DPH) The draft Immunization HL7 guide is under review with the program area. The draft Immunization guide has been shared with Allscripts and Cerner as our two pilot vendors 5. (CT-DPH) Allscripts will be submitting their interface test results to DPH in June 2013. This date submission will test the EHR interface into the immunization registry for all of their products 6. (CT-DPH) DPH began the process of defining the process for on-boarding provider EHR systems for CIRTS 2.0 deployment 7. (REC) eHealthConnecticut Regional Extension Center (REC) has met their ONC targets for signup of Primary Care Providers (100% of target value 1308). 8. (REC) has a 91% of primary care providers have reached a go live with a CEHR System. 9. (REC) has a 42% of their primary care providers have attested to Meaningful Use Stage 1
Key Challenges
1. HITE-CT was intended to play a major role in Connecticut's healthcare reform efforts. Due to vendor contract issues, much of the work that was supposed to have been completed by now is still pending.
2. (HITE-CT) Connecticut's healthcare landscape is undergoing rapid changes due to organizational consolidations and evolving federal and state regulations. Originally HITE-CT entered the HIE market with an all-encompassing utility exchange model. Much of HITE-CT's sustainability plan was developed around rapid uptake of services and the provision of high valued analytics. To date this has not happened and has caused us to rethink our strategy and roadmap for future success.
3. (HITE-CT) Many hospitals within the state either have HIE projects in production or are planning

such projects. From their view, the value of a statewide HIE is less important that serving their immediate partners through a local private exchange. Cooperation with the hospital community is a key factor for statewide HIE. This has contributed to HITE-CT's lack of uptake in the market. That being the case, there is exchange happening but it is on the local level.

4. (HITE-CT) A major change to our original SOP is to focus on Direct messaging. This too, is an evolving area in HIE. To date we have had a positive response from many organizations; however, widespread adoption will be difficult until Meaningful Use II requirements are adopted by healthcare organizations.
5. (CT-DPH) Resource collaboration – There has been competing Ct DPH grant awards that have not allowed for collaboration of resources. Past awards for ELC and HIE have not been focused on Meaningful Use objectives across both grants. The focus on ELR, by any means possible, versus the use of HL7 2.5.1 has been the cause of key resources being pulled from one project task to work on another from different grants.
6. (CT-DPH) HITE-CT and Axway – The legal negotiations between these two companies has prevented progress on the use of direct messaging and the Voucher program. In addition, the gains made by the REC have been placed in a hold pattern until such time that a resolution is agreed upon.
7. (CT-DPH) Key personnel changes long the way caused delays as responsibilities transition from outgoing staff or consultant to new team members
8. (CT-DPH) DPH-IT was not awarded funding for Meaningful Use until September 1, 2012. Staff was brought onboard and corner stone technology, such as PilotFish, ere then able to be brought into DPH so that progress could be made on meeting Meaningful Use 1 objectives for Immunization
9. (CT-DPH) Information overload was a major challenge. The amount of information related to ONC/CMS, Meaningful Use, EHR's, Objectives, changes to timelines, impact on MU objective and the list goes on, was almost impossible to sift through to identify what was relevant or not.

Lessons Learned

1. (HITE-CT) The originally proposed utility model for HIE in Connecticut has not proven to be viable, as of yet. There are private efforts underway by many hospitals as detailed on page 5 of the *2013 Updated to Strategic and Operational Plan for Statewide HIE in Connecticut.* Currently there is no sharing happening between the exchanges. Clearly this does not meet our objective for statewide exchange. However, the current changes due offer an opportunity as they have demonstrated the ability to connect providers on a more local level. At the state level, that capability can be built upon to provide a statewide sharing infrastructure.
2. (HITE-CT) The ability to put technology in place that supports exchange, although difficult, is not a roadblock to success. Applying the right solution that will meet market needs and garner stakeholder engagement is a critical success factor. To due this we must re-engage the stakeholder community in the process and form partnerships with willing participants.
3. (HITE-CT) Commitment at a state level and a consolidated approach that includes both public and private players will be required if the statewide exchange effort is to succeed. This may include state level incentives, in the form of policy changes, that will entice both public agencies and private healthcare organizations to connect to a statewide HIE infrastructure.
4. (CT-DPH) Cross team/agency collaboration is critical to success. Building of team structures, identifying executive stakeholders, building communications plans, status updates that are focused and relevant to specific teams are all key to working through challenges related to resource constraints, conflicting priorities and collaboration issues
5. (CT-DPH) Alternative paths to the same end goal would have been a worthwhile effort. As an example, the use of direct messaging could have been arranged through an alternative source or HIE or HISP.
6. (CT-DPH) Personnel changes may have been avoided if a more robust team was initially created to work through project planning and task execution. Key team members, such as a project manager,

executive stakeholders, Subject Matter exports, IT technology leads, etc., if not on team roster, may have been the cause of the frequent personnel changes.

7. (CT-DPH) Proactive planning and funding implications should be reviewed by a broad, cross agency audience to provide needed input ensuring all dependencies and needs are identified and funding requests timely.
8. (CT-DPH) A more robust team structure may have been a solution to the information overload challenges. Having key team members assigned to sift through relevant information and report back routinely on their findings would have been a tremendous boon to the overall dissemination of information related to HIS and Meaningful Use Stage 1 and 2

Appendix D: Threshold Levels to Demonstrate Phase One Success

State*	30% of REC Target (max of 1000)	50% of REC Providers at Milestone 2**
Alaska	300	90
Alabama	391	343
Arkansas	384	258
Arizona	587	295
California	1000	1682
Colorado	689	730
Connecticut	392	249
District of Columbia	300	234
Delaware	300	430
Florida	1000	905
Georgia	1000	1049
Hawaii	300	51
Iowa	360	156
Illinois	836	468
Indiana	660	616
Kansas	360	248
Kentucky	300	152
Louisiana	313	112
Massachusetts	746	786
Maryland	300	231
Maine	300	143
Michigan	1000	680
Missouri	350	334
Mississippi	300	345
North Carolina	1000	835
Nebraska	339	143
New Hampshire	300	400
New Jersey	1000	1155
New Mexico	311	213
New York	1000	2173
Ohio	1000	1851
Oklahoma	300	258
Oregon	802	715
Pennsylvania	1000	1152
Puerto Rico	1000	213
Rhode Island	300	242
South Carolina	300	314
South Dakota	321	53
Tennessee	403	590
Texas	1000	664
Virginia	686	694
Vermont	330	278
Wisconsin	488	472
West Virginia	300	223

States in Multi-State RECs		
State*	30% of REC Target (max of 1000)	50% of REC Providers at Milestone 2**
Idaho	130	146
Minnesota	962	949
Montana	197	102
Nevada	200	197
North Dakota	118	117
Utah	239	234
Washington	581	652
Wyoming	103	54

*Territories: Please consult your Project Officer for thresholds for American Samoa, Commonwealth of the Northern Mariana Island, Guam, and the Virgin Islands.

**Please confirm current threshold with your Project Officer at time of submission

Phase 2 Planning Worksheet

I. Work Plan

Please attach with this worksheet your state's Phase 2 work plan. You may refer to your updated strategic and operational plan, by providing the reference including page number, if it contains the necessary level of details. The work plan must include:

Phase 2 Objectives (HITE-CT)

Please see attached document from HITE-CT titled **"Attachment A"**

Phase 2 Objectives (CT-DPH)

- Create and publish HL7 guides for Meaningful Use Stage 1 participants
- Create an HL7 message testing, Attestation and Certificate environment that will be used to automate the Attestation process
- Build upon this environment to create an Onboarding process for Meaningful Use 2
- Build an HL7 message content validation system to allow for a more automated evaluation of content so that Onboarding requirements can be met
- Build an HL7 message monitoring and reporting environment to allow for quick and accurate response to issues, questions, reports used for confirming Meaningful use Stage 1 and 2 performance measures are met.

Implementation Approach(CT-DPH)

- MU Stage 2 would begin with HL7 message content verification on the Connecticut Department of Public Health in their "Staging Environment".
- The HL7 message content testing would be in place for Immunization and Cancer Registry case submission and ELR (HIV, Hepatitis B & C, Lyme, Influenza, and Blood Lead).
- This new environment is currently being built with expectation to be available by the end of September 2013.
- Once content verification is completed then the onboarding process can begin
- The onboarding process, built on the MUST Portal, will be used for Stage 2 Immunization tasks initially.
- Building off of the Immunization success the onboarding process can be modified to meet the needs of EH's and CAH's for ELR Stage 2 and Cancer Registry's Case submissions

Implementation Approach (HITE-CT)

Please see attached document from HITE-CT titled **"Attachment A"**

Milestones (e.g., Testing, Go Live, Pilot) (CT-DPH)

Meaningful Use Stage 1 - Milestone Names	Planned Complete Date	Status
Immunization HL7 Guide for public release	07/26/2013	On Schedule
CIRTS 2.0 with EHR interface	07/19/2013	On Schedule
Immunization onboarding guide	08/16/2013	On Schedule
MUST portal (Meaningful use stage 1 test) available for use	09/20/2013	On Schedule
HIV HL7 Guide for public release	July 12, 2013	On Schedule
Hepatitis B HL7 Guide for public release	July 12, 2013	On Schedule
Hepatitis B HL7 Guide for public release	July 12, 2013	On Schedule
Build Attestation Process - Certification	August 2013	On Schedule
Build HL7 Message Content Testing Staging Environment	September 2013	On Schedule
HL7 Message testing HIV – (OBX)	September 2013	On Schedule
HL7 Message testing Hepatitis B - (OBX)	September 2013	On Schedule
HL7 Message testing Hepatitis C - (OBX)	September 2013	On Schedule
HL7 Message testing Lyme Disease - (OBX)	October 2013	Planned
HL7 Message Testing Influenza - (OBX)	October 2013	Planned
HL7 Message Testing Blood Lead - (OBX)	October 2013	Planned

Meaningful Use Stage 2 - Milestone Names	Planned Complete Date	Status
Cancer Registry HL7 Guide for public release	September 2013	On Schedule
HL7 Message testing Cancer Registry – (OBX)	September 2013	On Schedule
Go-Live with Onboarding Process for Immunization	October 2013	Planned
Build Registration of Intent Process	October 2013	Planned
HL7 content verification - Immunization	October 2013	Planned
HL7 content verification - HIV	October 2013	Planned
HL7 content verification – Hepatitis B	October 2013	Planned
HL7 content verification – Hepatitis C	October 2013	Planned
HL7 content verification – Lyme Disease	October 2013	Planned
HL7 content verification – Influenza	October 2013	Planned
HL7 content verification – Blood Lead	October 2013	Planned
HL7 content verification – Cancer Registry	October 2013	Planned
Build Onboarding guide for HIV, Hepatitis B and C for ELR	October 2013	Planned
Build Onboarding guides for Lyme, Influenza, Blood Lead and Cancer Registry	November 2013	Planned
Go-Live with Onboarding Process – Remainder of MU 2 areas	November 2013	Planned
Monitor HL7 Messages for all MU 2 areas	November 2013	Planned

Critical Paths/Issues to achieving milestones (CT-DPH)

Description	Owner	Mitigation Strategy
A cornerstone technology that is required to be in place for all meaningful use stage 1 and 2 is the F5-Security and Certificate system. DPH is assuming that the date of 9/20/2013 is still achievable based on conversations and agreements with the CT Bureau of Enterprise Standards and Technology (BEST)	BEST/DPH	Monitor and meet with BEST to proactively manage this implementation to meet deadlines or reschedule in advance to meet the overall Meaningful Use timeline
Competing CT DPH grant objectives may cause resources to be spread too thin to meet objectives for Meaningful Use. In addition, these resources are assumed to remain employed or on contract for the duration of current work plan as outlined in Milestones for Meaningful Use Stages 1 and 2	DPH	DPH IT and DPH Program units will work collaboratively and proactively to create a work plan that will encompass all grant objectives. This approach will allow for identification of issues along all critical path tasks. Resolution can then be worked through to the satisfaction of all team members and grant objectives.
Funding, as per the budget projections, are available to move all tasks forward.	DPH/ONC	Proactively work with ONC to review any issues with plan, projections and budget. If funding is not available through ONC then proactively work with DPH Finance to locate other funding sources, if available.

Timeline (CT-DPH)

Please refer to Milestones sections of this document for CT-DPH timeline information

Timeline (HITE-CT)

Please see attached document from HITE-CT titled **"Attachment A"**

Metrics/Evaluation: How will you measure success? (HITE-CT)
Please see attached document from HITE-CT titled **"Attachment A"**

Metrics/Evaluation: How will you measure success? (CT-DPH)

Immunization and ELR Stage 1 - Performance Measures / Target Value

Target Area	Target Value Type	Target Value Description	Data Source	Denominator	Current Numerator	Current Value	Target Numerator	Target Value
Immunization	Number	# of facilities enrolled in CIRTS that serve 0-6 years in their practice	DPH	498.0	0.0	0	13.0	.03
ELR	Number	# of facilities with CEHR's Certified for MU Stage 1 through DPH	DPH	36	0.0	0	12	30

Immunization, Cancer Registry and ELR Stage 2 - Performance Measures / Target Values

MU Target Area	Target Value Type	Target Value Description	Data Source	Denominator	Current Numerator	Current Value	Target Numerator	Target Value
Immunization	Number	# of facilities enrolled in CIRTS that serve 0-6 years in their practice	DPH	498.0	0.0	0	13.0	.03
ELR	Number	# of facilities with CEHR's Certified for MU Stage 1 through DPH	DPH	36	0.0	0	12	.33
Cancer Registry	Number	# of facilities sending Case Submission via	DPH	24	0.0	0	14	.6

		HL7 2.5.1						

Resources (CT-DPH): How will organizational capacity and staffing support the work plan? What changes will be made to support implementation?

Key technology team members have already been hired or have been assigned to the HIE/Meaningful Use project team. Recently, in May 2013, an HIE Project Manager was brought on board. The focus of the PM was to sort through all existing plans, information, objectives (MU and Grant related) resulting in a project plan with dates, times, resources all in alignment to meet documented objectives in allotted timelines. Re-alignment of resources in a more collaborative approach within the DPH as well as across agencies will increase our chances of success

Budget (HITE-CT) – See attached supporting document titled "Attachment A"
HITE-CT Budget requests above and beyond the original approved funds are under review by CT-DPH at this time
Budget (CT-DPH) – See attached supporting document titled "Attachment B"

II. Incorporating Phase 1 Activities

Please describe how Phase 1 activities will be incorporated in Phase 2. You may refer to your updated strategic and operational plan, by providing the reference including page number, if it contains the necessary level of details.

Meaningful Use Stage 1 – Immunization (CT-DPH)

User acceptance testing began in the staging environment for CIRTS 2.0 on 6/10/13.

User acceptance testing is expected to last for approximately 1 month and a July '13 production date is planned.

Provider and EHR Vendor Questionnaires were formulated in March 2013; the Immunization program has compiled a summary of the results of the returned surveys.

The draft Immunization HL7 guide is under review with the program area. The draft Immunization guide has been shared with Allscripts and Cerner as our two pilot vendors.

Allscripts will be submitting their interface test results to DPH in June 2013. This date submission will test the EHR interface into the immunization registry for all of their products.

DPH is in the process of defining the process for on-boarding provider EHR systems for CIRTS 2.0 deployment.

The guide will cover the necessary steps for electronic reporting even if no one is attesting to MU stage 2.

Meaningful Use Stage 1 – ELR (CT-DPH)

The Meaningful Use Staging Test Portal (MUST Portal)was chosen for its flexibility to be used as the mechanism by which EH's and CAH's could test an HL7 message structure that would work with the Department of Public Health's HL7 specification for submission of Electronic Laboratory Results and Cancer/Tumor Registry Electronic Case Submissions

This PilotFish platform will be expanded to allow for ELR HL7 Message submissions. Upon successful submission and verification of HL7 message structure the submitting EH or CAH would then is given a certificate allowing them to attest to the successful submission of ELR. CT DPH is planning on having the capability ready for HIV, Hepatitis B and C, Lyme disease, Influenza and Blood lead results by the end of September, 2013.

HL7 Guides for HIV and Hepatitis B and C are currently under development and nearing completion. The CT DPH's next actions will be to post these guides on the CT DPH Meaningful Use web page for public consumption and use.

As next actions the HL7 guides for Lyme disease, Influenza and Blood Lead will be completed and posted online.

III. Phase 2 Technical Services

Please check all that apply. You may refer to your updated strategic and operational plan, by providing the reference including page number, if it contains the necessary level of details.

Query-based services
- ☐ Record locator Service
- ☐ Quality Reporting
- ☐ Central Data Repository

Indexes/ID Management
- ☐ MPI
- ☐ ID Management services
- ☐ Individual Level Provider Index
- ☐ Entity Level Provider Index

Lab
- ☐ Electronic Lab Results Delivery (other than Direct)
- ☐ LOINC Mapping Services
- ☐ Electronic Lab Ordering

Public Health
- ☒ Electronic Submission of Reportable Lab Results
- ☒ Electronic Reporting of Syndromic Surveillance
- ☒ Electronic Reporting of Immunizations
- ☒ Cancer Reporting

E-Prescribe
- ☐ Prescription fill status and/or medication fill history

Administrative
- ☐ Claims processing
- ☐ All provider claims database
- ☐ Electronic Eligibility

Care Coordination
- ☐ Provider alerts
- ☐ PHR and/or patient access
- ☐ HIO to HIO for care coordination
- ☐ Medication fill History

Interstate
- ☐ NwHIN Connect
- ☐ NwHIN Exchange

Funding
- ☐ Providing funding to HIOs
- ☐ Whitespace Vouchers
- ☐ Connectivity Grants or Loans

For each checked priority, describe any changes in FOA domains (governance, finance, technical infrastructure, business and technical operations, and legal/policy) that will occur, if applicable (e.g., changes in consent policy):

Priority	FOA Domain Changes
1	(CT-DPH) Update and publish HL7 Guides on CT DPH Meaningful Use Pages
2	(CT-DPH) Create and publish Onboarding Guides on the CT DPH Meaningful Use Pages

IV. Meaningful Use

Please describe how the proposed Phase II activities will align with state initiatives to enable meaningful use acceleration. Also, describe how the state plans to address Stage II MU requirements when they are finalized. You may refer to your updated strategic and operational plan, by providing the reference including page number, if it contains the necessary level of details.

Meaningful Use Stage 2 Readiness – Cancer Registry (CT-DPH)

Although there is no Meaningful Use Stage 1 for Cancer Registry there are steps that will need to be taken to allow for Stage 2 to occur using the same tools and environment created for Immunization and ELR. The Meaningful Use Staging Test Portal (MUST Portal) will be modified to allow for the testing of Cancer Registry HL7 message structure. This testing would validate messages structure compatibility between EP's and the CT DPH HL7 2.5.1 requirements for consumption of these Cancer Registry Case messages by the Tumor Registry System.

HL7 Guides for Cancer Registry HL7 2.5.1 are available and under review. CT DPH has made use of the standards published by the NHIN and SEERS (Tumor Registry) and once review is complete this guide will be published on the CT DPH Meaningful Use web page for public consumption and use

Meaningful Use Stage 2 – Immunization, ELR, Cancer Registry and Syndromic (CT-DPH)

Making use of the existing environments already built in Stage 1 the MU Stage 2 would begin with HL7 message content verification on the Connecticut Department of Public Health in their "Staging Environment".

The HL7 message content testing would be in place for Immunization and Cancer Registry case submission and ELR (HIV, Hep B & C, Lyme, Influenza, and Blood Lead).

This new environment is currently being built with expectation to be available by the end of September 2013.

Once content verification is completed then the onboarding process can begin

The onboarding process, built on the MUST Portal, will be used for Stage 2 Immunization tasks initially.

Building off of the Immunization success the onboarding process can be modified to meet the needs of EH's and CAH's for ELR Stage 2 and Cancer Registry's Case submissions

Meaningful Use Stage 2 – Syndromic (CT-DPH)

The Hospital Emergency Department Syndromic Surveillance (HEDSS) System receives daily electronic reports on ED visits from 20 acute care hospitals. This legacy system was built with public health preparedness funding before the advent of meaningful use. Upgrading the current HEDSS system to meet meaningful use standards will require additional funding that is not available at this time. The Connecticut Department of Public Health will not be providing this Meaningful Use service for Syndromic cases during the remainder of fiscal year 2013. Funding opportunities are being explored for fiscal year 2014.

Meaningful Use Stage 2 – REC

popHealth Project

eHealthConnecticut is working on an exciting project with the Federally Qualified Health Centers (FQHCs). We are implementing a population health reporting system called "popHealth". popHealth is an open source quality database with a web-based front end. It was originally developed by MITRE through a grant from ONC. Our project will implement popHealth as a centralized database of clinical data with a web-based front end for access by the participating FQHCs. This SaaS (Software as a Service) approach means the FQHCs can access their data for reporting on Clinical Quality Measures without have to house and maintain another software application and database. The centralized database allows the FQHCs to see their own quality measures, and they can also compare themselves to the aggregate of the FQHC data. The popHealth database is populated with clinical data from the EHRs at the FQHCs by the FQHC sending a standard CCD to the popHealth database.

This project is exciting as it is setting the platform for future quality reporting initiatives. The project is a pilot implementation for the FQHCs, but may be made available to other providers in the future. popHealth has also gained much interest nationally in the last six months. Jackie Mulhall from eHealthConnecticut is the facilitator for the national popHealth user group. This group has grown from a handful of participants to now include representatives from Connecticut, Maine HealhtInfoNet, Michigan, Wisconsin, Illinois DPH, Massachusetts eHealth Collaborative, ONC (Office of the National Coordinator), the Veterans Administration, Indian Health Services, Open Health Tools, Arcadia and MITRE. This shows the growing interest nationally in this open source product for population health reporting.

Plans to develop HISP (from draft RFI to HISP service vendors)

In order to further support the enhancement of meaningful use for our provider community in their adoption of electronic records, eHCT is planning to become a HISP. eHCT will select a vendor who will private label their services for eHCT. The selected vendor must agree to an exclusive private label with eHealthConnecticut and must participate in the National Direct Project and Southern New England Trust Community (formerly the Rhode Island Trust Community).

eHCT will select a vendor who will private label their services for eHCT. The selected vendor must agree to an exclusive private label with eHealthConnecticut and must participate in the Southern New England Trust Community (formerly the Rhode Island Trust Community). Participation in the National Direct Project will also be weighed in the vendor selection. In addition, there are other value-added services that the HISP may offer participating providers.

V. Risk and Mitigation / Alternatives

Please discuss Phase 2 risks, ways to streamline priorities, and alternative options if scaling back of implementation is needed. You may refer to your updated strategic and operational plan, by providing the reference including page number, if it contains the necessary level of details.

Risk and Mitigation / Alternatives (CT-DPH)

Description	Owner	Mitigation Strategy
A cornerstone technology that is required to be in place for all meaningful use stage 1 and 2 is the F5-Security and Certificate system. DPH is assuming that the date of 9/20/2013 is still achievable based on conversations and agreements with the CT Bureau of Enterprise Standards and Technology (BEST)	BEST/DPH	Monitor and meet with BEST to proactively manage this implementation to meet deadlines or reschedule in advance to meet the overall Meaningful Use timeline
Competing CT DPH grant objectives may cause resources to be spread too thin to meet objectives for Meaningful Use. In addition, these resources are assumed to remain employed or on contract for the duration of current work plan as outlined in Milestones for Meaningful Use Stages 1 and 2	DPH	DPH IT and DPH Program units will work collaboratively and proactively to create a work plan that will encompass all grant objectives. This approach will allow for identification of issues along all critical path tasks. Resolution can then be worked through to the satisfaction of all team members and grant objectives.
Funding, as per the budget projections, are available to move all tasks forward.	DPH/ONC	Proactively work with ONC to review any issues with plan, projections and budget. If funding is not available through ONC then proactively work with DPH Finance to locate other funding sources, if available.

ONC Use

Project Officer Approval: ____/s/_T. Flood_____ Date: _7/8/2013_____

Comments: Several barriers still remain in place which could seriously threaten the continued development of state level HIE in Connecticut. Foremost among those concerns are continued delays in implementing the Direct Voucher Program and an underdeveloped pipeline of high value services for post-HITECH funding and HIE self-sustainment. The continued conflict with Axway will remain a risk to the programs time and resources until a favorable resolution can be finalized. Further, communication

between DPH, HITE-CT and other offices involved in the SHIE program must increasingly become a top priority in order to cooperatively overcome past and current challenges in the short timeline remaining under the grant program.

Glossary of Terms, Abbreviations and Acronyms

Abbreviations and Acronyms	
CAH	Critical Access Hospital
CEHR	Certified Electronic Health Record
CIRTS	Connecticut Immunization Registry and Tracking System
CT-DPH	Connecticut Department of Public Health
EH	Eligible Hospital
EHR	Electronic Health Record
ELR	Electronic Laboratory Reporting
EP	Eligible Provider
FQHC	Federally Qualified Health Centers
HIE	Health Information Exchange
HISP	Health Information Service Provider
HL7	Health Level 7
MUST Portal	Meaningful Use Stage Testing Portal
NHIN	National Health Information Network
SEER	Connecticut Tumor Registry System
SOP	Strategic and Operational Plan