

Connecticut Department of Public Health Annual Report on the Status of the Statewide Health Information Technology Plan

This report is in response to section 11-4a of the Connecticut General Statutes which requires that the Department, in consultation with the Office of Health Care Access, submit an annual report to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services, government administration and appropriations, and the budgets of state agencies on the status of the statewide health information technology plan.

Background

This is the first report on the status of the statewide health information technology plan funded under the June Special Session Public Act No. 07-2 (see Appendix 1). This statute requires that the Department of Public Health, in consultation with the Office of Health Care Access, contract, through a competitive bidding process, for the development of a statewide health information technology plan. The statute further states that the entity awarded such contract shall be designated the lead health information exchange organization for the state of Connecticut for the period commencing December 1, 2007, and ending June 30, 2009. The statute states that the statewide health information technology plan shall include, but not be limited to:

- (1) General standards and protocols for health information exchange.
- (2) Electronic data standards to facilitate the development of a statewide, integrated electronic health information system for use by health care providers and institutions that are funded by the state. Such electronic data standards shall (A) include provisions relating to security, privacy, data content, structures and format, vocabulary and transmission protocols, (B) be compatible with any national data standards in order to allow for interstate interoperability, (C) permit the collection of health information in a standard electronic format and (D) be compatible with the requirements for an electronic health information system.
- (3) Pilot programs for health information exchange, and projected costs and sources of funding for such pilot programs.

Competitive Bid Process

In August 2007, the Connecticut Department of Public Health, in consultation with the Office of Health Care Access, established the Health Information Exchange Advisory Committee (see Appendix 2.) The responsibilities of the committee included the development of a request for proposal (RFP); identification of a contractor for the development of the statewide health information technology plan; review and ranking of proposals received in response to the RFP; and recommendation of a contractor to receive the award for this project.

The Committee met throughout the fall of 2007 (September 20, September 27, October 11, October 18, November 1, November 15 and November 29) and the RFP was released in December 2007. Legal notices to announce the release of this RFP were placed in major

Connecticut newspapers and posted on the Connecticut websites of the Department of Public Health, the Department of Administrative Services and the Department of Information Technology. In January 2008, the Department of Public Health developed and distributed responses to questions received from potential applicants to the RFP.

On February 15, 2008, seven proposals were received and reviewed for compliance with the minimum criteria outlined in the RFP. On February 22, 2008, the proposals were delivered to Advisory Committee members. The Committee met on March 5, March 10 and March 14 to review and rank the proposals. As a result of this process, the Committee recommended funding of the top-scoring proposal, John Snow Incorporated (JSI.) This recommendation was forwarded to the Commissioner of Public Health, who approved the recommendation of the Committee.

The contract was developed during April 2008 and forwarded to the contractor in early May 2008. The signed contract was returned to the Department of Public Health on May 23rd and was then sent to the Attorney General's Office for approval. The approved contract was returned to the Department on June 18, 2008. The contractor was immediately notified that the contract was fully executed and that work on the project could commence. The contract period is May 1, 2008 – June 30, 2009.

Contract Deliverables – May 1, 2008 – November 30, 2008

Activities	Target Dates	Progress
<p>a. Administrative Activities</p> <p>i. Conduct a kickoff meeting in the DPH offices to present the draft work plan to DPH for approval. The work plan must also be submitted to DPH electronically using Microsoft Project.</p> <p>ii. Using Microsoft Project computer software, develop a Work Plan describing the activities necessary to create and implement the Plan and submit copies of the most current Work Plan electronically to DPH each month.</p> <p>iii. Participate in meetings, at least monthly, by telephone with the DPH Project Manager, and as requested</p>	<p>i. Within 30 days of execution of the contract.</p> <p>ii. The first day of each month during the entire period of the contract.</p> <p>iii. Monthly and/or more frequently as requested by DPH with two-week's notice</p>	<p>i. On July 19, 2008, a kick-off meeting was held to launch the project. Invitations were sent to approximately 120 individuals. Approximately 20 individuals, representing a wide range of health care constituencies attended. JSI consultants presented the project work plan and the timeline for completion of the plan.</p> <p>ii. Current work plans submitted on the first of each month.</p> <p>iii. Conference calls between DPH and JSI staff held on the second Wednesday of each month. Conference calls with</p>

<p>by DPH, with two-week's notice, in person with the DPH Project Manger and the DPH Planning Committee.</p> <p>iv. Draft and submit the "Plan" outline in a standard for DPH review and approval.</p>	<p>for in-person meetings.</p> <p>iv. October 15, 2008.</p>	<p>DPH, Steering Committee and JSI held on the 3rd Wednesday of each month.</p> <p>iv. JSI has completed and submitted the initial draft outline of the CT State Health IT Plan for review and approval.</p>
<p>b. Create and compile a comprehensive database of existing Health Information Exchange (HIE) technologies and practices operating in Connecticut.</p>	<p><i>June 2008 – March 2009</i></p>	<p>JSI has completed and submitted the initial draft of "CT Health IT Plan HIE Projects" that lists the existing HIE technologies and practices in CT.</p>
<p>c. Research general standards and protocols for HIE and identify federal and health industry accepted standards and protocols.</p>	<p><i>July 2008 – September 2008</i></p>	<p>JSI has completed and submitted the "General Standards and Protocols for HIE" document to DPH.</p>
<p>d. Conduct a survey of health care providers, collect the baseline information on information infrastructures</p>	<p><i>July 2008 – September 2008</i></p>	<p>JSI conducted a 29-question survey of healthcare providers who receive funds from the state of CT. In collaboration with the CT Hospital Association, JSI also conducted a survey of hospital technical leadership, primarily Chief Information officers.</p>
<p>e. Recommend electronic data standards for a CT HIE, including security and privacy provisions, data content and common vocabulary, maintenance of the HIE system and compatibility standards, standards that permit the collection, sharing and access of health information in a standard electronic format and other standards, as needed.</p>	<p><i>August 2008 – September 2008</i></p>	<p>JSI has completed and submitted a document with nationally accredited standards in the following technical areas: policy principles, technology principles, National Standards Initiatives, Technical Standards, Semantic Standards, and Process Standards.</p>
<p>f. Determine the functional requirements for a CT statewide HIE.</p>	<p><i>September – November 2008</i></p>	<p>JSE has completed and submitted the "CT Health IT Plan Functional requirements" document to DPH.</p>
<p>g. Develop implementation strategies for pilot programs for HIE:</p>	<p><i>October - November 2008</i></p>	<p>JSI has identified and submitted a list of existing HIE-related projects underway in CT.</p>
<p>h. Develop a plan for</p>	<p><i>September 2008 –</i></p>	<p>In process. JSI is currently</p>

<p>consumer education and outreach about HIE for the following three stakeholder groups: consumers/general public, health care professionals and other stakeholders such as administrative leadership.</p>	<p><i>December 2008</i></p>	<p>convening focus groups and key informant interviews with CT consumer, public health and health care organizations and representatives. To date, two focus groups have been held, one with consumer-oriented organizations and the section with representatives of CT's network of Federally Qualified Community Health Centers. Six additional focus groups are planned. Twenty-seven stakeholder interviews have been completed.</p>
<p>i. Collaborate and coordinate with state and community-based health care agencies to link HIE activities to support quality improvement.</p>	<p><i>September 2008 – December 2008</i></p>	<p>In process. As part of the assessment of current HIE technologies and practices operating in CT, information has been collected regarding the associated quality improvement activities into the interviews of each of the stakeholders contacted.</p>

Next Steps

The contractor, in collaboration with the Department of Public Health, the Office of Health Care Access and the State Health Information Technology Plan Steering Committee, will continue the plan development process outlined in their contract with the Department of Public Health through June 2009. The final plan will be submitted for Legislative Review in the summer of 2009.

House Bill No. 8002

June Special Session, Public Act No. 07-2

AN ACT IMPLEMENTING THE PROVISIONS OF THE BUDGET CONCERNING HUMAN SERVICES AND PUBLIC HEALTH.

Sec. 68. (NEW) (Effective July 1, 2007) (a) As used in this section:

(1) "Electronic health information system" means an information processing system, involving both computer hardware and software that deals with the storage, retrieval, sharing and use of health care information, data and knowledge for communication and decision making, and includes: (A) An electronic health record that provides access in real-time to a patient's complete medical record; (B) a personal health record through which an individual, and anyone authorized by such individual, can maintain and manage such individual's health information; (C) computerized order entry technology that permits a health care provider to order diagnostic and treatment services, including prescription drugs electronically; (D) electronic alerts and reminders to health care providers to improve compliance with best practices, promote regular screenings and other preventive practices, and facilitate diagnoses and treatments; (E) error notification procedures that generate a warning if an order is entered that is likely to lead to a significant adverse outcome for a patient; and (F) tools to allow for the collection, analysis and reporting of data on adverse events, near misses, the quality and efficiency of care, patient satisfaction and other healthcare-related performance measures.

(2) "Interoperability" means the ability of two or more systems or components to exchange information and to use the information that has been exchanged and includes: (A) The capacity to physically connect to a network for the purpose of exchanging data with other users; (B) the ability of a connected user to demonstrate appropriate permissions to participate in the instant transaction over the network; and (C) the capacity of a connected user with such permissions to access, transmit, receive and exchange usable information with other users.

(3) "Standard electronic format" means a format using open electronic standards that: (A) Enable health information technology to be used for the collection of clinically specific data; (B) promote the interoperability of health care information across health care settings, including reporting to local, state and federal agencies; and (C) facilitate clinical decision support.

(b) On or before November 30, 2007, the Department of Public Health, in consultation with the Office of Health Care Access and within available appropriations, shall

contract, through a competitive bidding process, for the development of a state-wide health information technology plan. The entity awarded such contract shall be designated the lead health information exchange organization for the state of Connecticut for the period commencing December 1, 2007, and ending June 30, 2009. The state-wide health information technology plan shall include, but not be limited to:

(1) General standards and protocols for health information exchange.

(2) Electronic data standards to facilitate the development of a state-wide, integrated electronic health information system for use by health care providers and institutions that are funded by the state. Such electronic data standards shall (A) include provisions relating to security, privacy, data content, structures and format, vocabulary and transmission protocols, (B) be compatible with any national data standards in order to allow for interstate interoperability, (C) permit the collection of health information in a standard electronic format, and (D) be compatible with the requirements for an electronic health information system.

(3) Pilot programs for health information exchange, and projected costs and sources of funding for such pilot programs.

(c) Not later than December 1, 2008, and annually thereafter, the Department of Public Health, in consultation with Office of Health Care Access, shall report, in accordance with section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services, government administration and appropriations and the budgets of state agencies on the status of the state-wide health information technology plan.

Appendix 2

CT Department of Public Health Health Information Technology Plan Steering Committee

Purpose: To oversee and provide input for the development of a statewide health information technology plan as directed by Public Act 07-2, Section 68. In addition, the Steering Committee will be responsible to direct the recommendations in the final Plan with comment to DPH Commissioner J. Robert Galvin for his submission to the Public Health Committee by June 30, 2009.

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Revised 9/10/08