

Annual  
Report:  
Health  
Information  
Exchange

2016

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A Report Pursuant to Public Act 15-146 for the Connecticut  
General Assembly.

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**Roderick L. Bremby**

*Commissioner, Department of Social Services  
55 Farmington Avenue, Hartford, CT 06105*

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## Introduction and Background

The 2015 Connecticut General Assembly passed Senate Bill No. 811 authorizing the Commissioner of the Department of Social Services (DSS) to administer a statewide Health Information Exchange (HIE). The resulting Public Act 15-146, An Act Concerning Hospitals, Insurers, and Health Care Consumers, also establishes a 28-member State Health Information Technology Advisory Council (Advisory Council).

The Public Act cites the following vision for the statewide HIE: *“There shall be established a State-wide Health Information Exchange to empower consumers to make effective health care decisions, promote patient-centered care, improve the quality, safety and value of health care, reduce waste and duplication of services, support clinical decision-making, keep confidential health information secure and make progress toward the state’s public health goals (Section 21 (a)).”*

It also cites the following goals for the statewide HIE: *“It shall be the goal of the State-wide Health Information Exchange to:*

- 1. Allow real-time, secure access to patient health information and complete medical records across all health care provider settings;*
- 2. Provide patients with secure electronic access to their health information;*
- 3. Allow voluntary participation by patients to access their health information at no cost;*
- 4. Support care coordination through real-time alerts and timely access to clinical information;*
- 5. Reduce costs associated with preventable readmissions, duplicative testing and medical errors;*
- 6. Promote the highest level of interoperability;*
- 7. Meet all state and federal privacy and security requirements;*
- 8. Support public health reporting, quality improvement, academic research and health care delivery and payment reform through data aggregation and analytics;*
- 9. Support population health analytics;*
- 10. Be standards-based; and*
- 11. Provide for broad local governance that (a) Includes stakeholders, including, but not limited to, representatives of the Department of Social Services, hospitals, physicians, behavioral health care providers, long-term care providers, health insurers, employers, patients and academic or medical research institutions, and*

*(b) Is committed to the successful development and implementation of the State-wide Health Information Exchange (Section 21 (b))."*

The Public Act requires the DSS Commissioner, in consultation with the Advisory Council, to submit a report to the Connecticut General Assembly by February 1, 2016, concerning:

- (1) The development and implementation of the state-wide health information technology plan and data standards, established and implemented by the Commissioner of DSS;
- (2) The establishment of the state-wide HIE; and
- (3) Recommendations for policy, regulatory and legislative changes and other initiatives to promote the state's Health Information Technology and Exchange goals.

## **I. Development and Implementation of the Statewide Health Information Technology Plan and Data Standards**

Pursuant to Public Act 15-146, the DSS Commissioner submitted a plan to establish a statewide HIE to the Secretary of the Office of Policy and Management (OPM) on January 4, 2016.

The plan describes the framework envisioned for a statewide HIE, incorporates the state's legislative requirements for features and functionality, leverages the state's existing Health Information Technology (Health IT) assets, highlights a number of implementation and operational considerations, and provides a three phase budget. **(See Appendix A: Connecticut Plan to Establish a Statewide Health Information Exchange)**

The State has allocated exactly \$650,641 over a two-year period to support the planning, design and implementation of a statewide HIE. Cost estimates have been developed based on budgets of successful HIEs and the technology solutions that support are required. The proposed budget in the plan is based on starting alert notification by July 1, 2016 and then uses an incremental approach by introducing new services offered by the statewide HIE that have value and are being paid for by stakeholders. This budget assumes three phases:

1. Initiate and implement an alert notification service by July 1, 2016,
2. Plan, design and implement a statewide HIE, and
3. Ongoing operation of a statewide HIE.

Per the Public Act, the Commissioner of DSS, in consultation with the Health IT Advisory Council and with the approval from the Secretary of OPM, will seek approval to request \$2.46 million through state bond funds to establish a statewide HIE for SFY 2016-17.

In addition, the statewide HIE will adhere to electronic data standards, as stated in Section 23 (d) of the Public Act as it relates to “(A) 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.”

## **II. Establishment of the Statewide HIE**

The Public Act authorizes DSS, in consultation with the Secretary of OPM and the Health IT Advisory Council, and upon the approval of the plan, to issue a request for proposals (RFP) for the development, management and operation of the statewide HIE, requiring the reuse of any and all enterprise health information technology assets, such as the existing Provider Registry, Enterprise Master Person Index, Direct Secure Messaging Health Information Service Provider infrastructure, analytic capabilities and tools that already exist in the state or are in the process of being deployed in the state. The RFP may require the applicant organization to have at least three years of experience operating either a statewide HIE or a regional exchange serving a minimum population of one million residents. Additional required experience of the applicants outlined in the Public Act is:

1. Enables the exchange of patient health information among health care providers, patients and other authorized users without regard to location, source of payment or technology;
2. Includes, with proper consent, behavioral health and substance abuse treatment information;
3. Supports transitions of care and care coordination through real-time health care provider alerts and access to clinical information;
4. Allows health information to follow each patient;
5. Allows patients to access and manage their health data; and
6. Has demonstrated success in reducing costs associated with preventable readmissions, duplicative testing or medical errors:
  - i. Be committed to, and demonstrate, a high level of transparency in its governance, decision-making and operations;
  - ii. Be capable of providing consulting to ensure effective governance;
  - iii. Be regulated or administratively overseen by a state government agency; and
  - iv. Have sufficient staff and appropriate expertise and experience to carry out the administrative, operational and financial responsibilities of the State-wide Health Information Exchange.

The goals of the statewide HIE can be met by assuring a meaningful stakeholder engagement process (Goal 11, as referenced on page 2), followed by implementing a

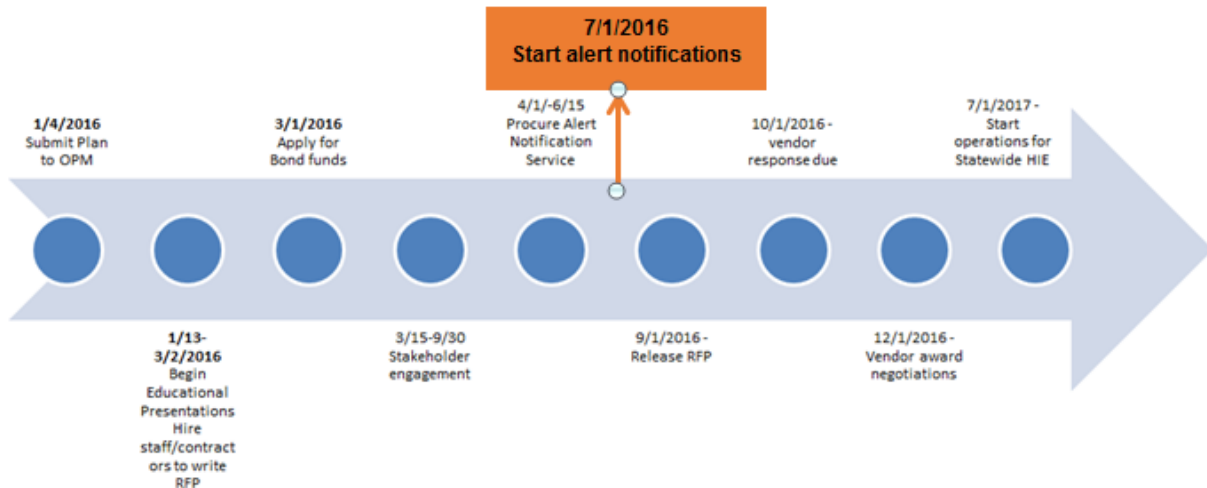
secure and standards-based interoperable infrastructure (Goals 6, 7, and 10), that empowers the person through use of a PHR (Goals 1-4), allows for alert-notification (Goal 5) and is cost-effective and supports value-based outcomes (Goals 8-9). The state has procured the enterprise Health IT assets to meet these listed goals of the Public Act, except an alert notification engine.

Thus, to meet the intent of the proposed Public Act and to be operational by July 1, 2016, the state will procure an alert notification engine to be added to the existing Health Information Service Provider (HISP) services and will hire staff and/or vendors to write and guide the RFP process to procure a solution(s). This strategy also allows for the establishment of a robust stakeholder process to define the value proposition that everyone is willing to pay for. This corrects for a misstep of the former HITE-CT -- that of buying technology without establishing stakeholder buy-in and payment agreements. Thus, the state may issue an RFP for an “integrator”<sup>1</sup> service, rather than an RFP for a turn-key “HIE solution.”

To summarize, the state will:

- Initiate a robust stakeholder engagement process to establish the value proposition, as well as a sustainable business model.
- Leverage current Health IT assets.
- Procure an alert-notification engine.

#### Timeline of Activities 1/4/2015 – 7/1/2017



<sup>1</sup> A **systems integrator** is a person or company that specializes in bringing together component subsystems into a whole and ensuring that those subsystems function together, a practice known as [system integration](#). Systems integrators may work in many fields but the term is generally used in the [information technology](#) (IT) field, the [defense industry](#), or in [media](#). [https://en.wikipedia.org/wiki/Systems\\_integrator](https://en.wikipedia.org/wiki/Systems_integrator)

### **III. Recommendations for Policy, Regulatory and Legislative Changes and Other Initiatives to Promote the State's Health Information Technology and Exchange Goals**

At this time, we do not have any specific recommendations, except need for continued support for the vision and goals of the Public Act. As a result of the proposed stakeholder engagement process that we will be undertaking in the next year to establish the value proposition and a sustainable business model for the statewide HIE, we may have some recommendations for policy, regulatory, and legislative changes. First, we will leverage existing State Health IT Initiatives, as well as current relevant policies.

### **Conclusion**

Thus to meet the intent of the Public Act and to be operational by July 1, 2016, that state will:

- Initiate a robust stakeholder engagement process to establish the value proposition, as well as a sustainable business model.
- Leverage current Health IT assets.
- Procure an alert-notification engine.

At the time of the submission of this report, the Connecticut Plan to Establish a Statewide Health Information Exchange is being considered by the Secretary of the Office of Policy and Management.

## **Appendix A: Connecticut's Plan to Establish a Statewide HIE**

Connecticut Plan to Establish a Statewide Health Information Exchange, submitted by the DSS Commissioner to the Secretary of the Office of Policy and Management, January 4, 2016, as referenced on page 3 of report. This document can be located at [http://www.ct.gov/dss/lib/dss/hit/FinaltoOPM\\_HIESOP2016\\_Jan4\\_2016.pdf](http://www.ct.gov/dss/lib/dss/hit/FinaltoOPM_HIESOP2016_Jan4_2016.pdf).