Connecticut Health Information Technology Exchange Strategic and Operational Plan

HITE-CT Board of Directors

February 15, 2011

HITE Planning Process 2007-09

Public Act 07-2 (CGS 19a-25d)

- DPH to contract for and develop statewide health information technology plan with standards and protocols

- DPH established Advisory Committee that contributed to RFP, contractor selection (JSI), and July 2009

    Connecticut State Health Information Technology Plan

- Set baseline for healthcare information technology and exchange

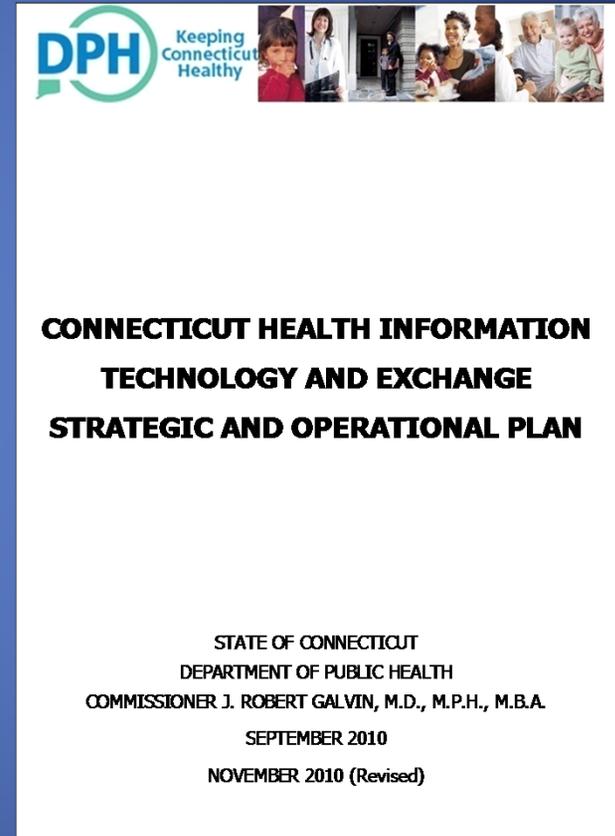# HITE Planning Process - 2009

Public Act 09-232 (CGS 19a-25d)

- DPH as State Designated Entity to apply for Federal $
- Legislatively appointed Advisory Committee to Plan development

Office of National Coordinator Cooperative Agreement

- State Health Information Technology Coordinator (Governor Rell appointed Warren Wollschlager, DPH)

- Strategic and Operation Plan for secure and operational statewide information exchange system

- Focus on statewide policy, governance, technical infrastructure and business practices needed to support the delivery of HIE services

HITE Planning Process – 2010/11

- **Version 1** submitted 9-27-10 with Advisory Committee, Forum-Interview-Survey comments, and ONC assistance

- ONC comments received 11-1-10 requesting clarification on Meaningful Use compliance

- **Version 2** submitted 12-2-10

- ONC comments received 12-23-10 requesting existing HIEs timelines for meeting Meaningful Use

- **Version 3** target submission 2-20-11

DPH Keeping Connecticut Healthy

CONNECTICUT HEALTH INFORMATION TECHNOLOGY AND EXCHANGE STRATEGIC AND OPERATIONAL PLAN

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
COMMISSIONER J. ROBERT GALVIN, M.D., M.P.H., M.B.A.

SEPTEMBER 2010

NOVEMBER 2010 (Revised)

ONC Comments

Supporting

- Governance

- Legal and Policy

- Coordination with other Plans and Partners

- Business Plan

- Advanced Information Exchange in many entities

- Evaluation Plan and Activities

Concerns

- Financial sustainability after ONC $ with uncertain future funding

- Environmental Scan

- Gap Analysis

- Meaningful Use compliance

- NHIN-Direct functionality

Proposed Revisions

Needs

- Meaningful Use compliance

- Financial Sustainability

- Environmental Scan

Revision

- Identification of existing HIE systems that support physician compliance for MU incentives.

- Proposed development of HIE system for those not currently in existing HIE systems.

- Include HITE-CT approved Financial Sustainability Plan

- Expanded to provide greater details

Environmental Scan

- Population and Socioeconomic Data

- Health Status summary

- Socioeconomic and Health Status Disparities

- Healthcare Service Providers

- Geographic and Utilization Data

- Broadband Access

- HIE System Assessment

Clinicians

Licensed providers in state	Eligible providers	Currently enabled for EHR	Currently exchanging with unaffiliated entities	Submitting claims and verifying eligibility electronically
16,690 licensed physicians	8,000 (?) REC targeting 2,500	26% able to receive elec lab results 23% have e-prescribing 16% using Surescripts in 2009	?	80% use electronic billing systems

Hospitals

Facilities	Currently enabled for EHR	Exchanging with unaffiliated entities	Submitting claims and verifying eligibility electronically	Submitting required public health reports electronically
32 acute care and children's hospitals	14 = 44%	1 = 3%	?	5 = 15%

Pharmacists/Pharmacies

Licensed Pharmacists	Pharmacies	Enabled for E-Prescribing	Current Volume of E-Prescribing Transactions	Submitting claims and verifying eligibility electronically
TBD	660 licensed, 510 non-resident pharmacies	90% in 2010	14% in 2009 Medicaid transmitting 180,000 / month	?

Laboratories

Licensed Laboratories	Enabled for Laboratory Results Delivery	Current Volume of Electronic Lab Results Delivery	Current Volume of Electronic Lab Orders
5 public health 32 blood bank 77 hospital 91 independent 192 physician office	63% of physician practices	?	?

Public Health

Departments	Registries	Enabled for electronic required reports	Enabled to send alerts electronically	Enabled with HER for Clinical Services
State of Connecticut Department of Public Health 77 local health districts and departments	Cancer Immunization Infectious diseases WIC Bioterrorism HIV/AIDs Vital Records	Yes, but limited with healthcare	Yes, but limited with healthcare	No

Payors

Population Insured	Enabled for Electronic Claims Receipt	Enabled for Electronic Claims Payment	Enabled to Verify Eligibility Electronically	Enabled for Member Access to Information
9.7% uninsured; 64.7% commercially insured; 11.5% Medicaid; 13.6% Medicare. ?? self-insured employers	DSS - All Medical Assistance Programs 29.6 mil claims (97% rec'd electronically) 5.9 million encounter claims rec'd (all electronically)	DSS – All Medical Assistance Programs 94% providers paid via EFT 6% paper check	All Medical Assistance Programs SFY 2010 17.5 mil electronic eligibility transactions	Aetna launched PHR for members: # / percent of members using?

Meaningful Use - Goals

- Improve the quality, safety, and efficiency of care while reducing disparities

- Engage patients and families in their care

- Promote public and population health

- Improve care coordination

- Promote the privacy and security of Electronic Health Records

Meaningful Use – CMS/ONC

CMS

- Specifies criteria that eligible physicians and hospitals must meet to demonstrate meaningful use and qualify for incentive payments

- Includes core criteria and choice of additional criteria

- Phased approach for meaningful use based on available technological capabilities and providers' practice experience

ONC

- Sets initial standards, implementation specifications, and certification criteria for EHR technology

- Coordinates the EHR system standards with the meaningful use requirements

Meaningful Use – Release1

- Access for any willing provider

- Basic Electronic Health Record with Direct functionality

- Interstate exchange – NHIN Direct

- E-prescribing

- Receipt of structured laboratory results

- Sharing patient care summaries across unaffiliated organizations

- Secure Messaging = simple "push" interoperability

- Long-term = "pull" query and retrieve of Continuing Care Documents (standards-compliant infrastructure, data-sharing agreements, network of networks)

Secured Direct Messaging

- Sender (willing provider) has HIT capabilities that can work with "Direct Project" standards through an Internet Service Provider (ISP), email capabilities, web-based service, EHR/EMR Module or other HIE interface capability

- Able to provide Encryption using S-MIME (Direct Project standard)

- Access to the service (by senders and recipients) is only provided to users who can be authenticated using at least two factors including an X.509-based certificate from Certificate Authority recognized by HITE-CT

- Routing Capability based on SMTP (Simple Mail Transfer Protocol)

- Health Information Service Provider (HISP) knows how to find the recipient and how to deliver by maintaining and using a Provider Directory that has entity-level and individual provider-level information

RFP for Full Service HISP

- Most viable with federal funds requiring transparency

- There are vendors who specialize in providing this service

- Confident that an expedited procurement process can be implemented to meet the Stage 1 Meaningful Use in 2011

- HITE-CT will use the State process and RFP template to expedite the procurement and minimize risk

- DOIT will issue the RFP on behalf of the HITE-CT

RFP Requirements

- Provide secure messaging

- Exchange with existing and prospective document-sharing infrastructures deployed by other HIEs

- Issue Certificates and with access to other Certificate Authorities

- Messaging capabilities for meeting Stage 1 Meaningful Use goals will be available to "willing provider" by September of 2011

- Longer term needs of the full Statewide HIE described in the CT HITE Strategic and Operational Plan (Release 2 onwards)

- Include bidders ability to meet these needs in the evaluation criteria and selection process

HITE-CT Next Steps - 2011

2/15   HITE-CT Board Approval for Plan Supplement with Release 1 approach

-----   RFP Development

3/1   Pre-Solicitation Announcement

4/1   Issuance of RFP

-----   Create an Evaluation Team and Decision Model

4/7   Bidder 's Conference

5/13   Bid Delivery

-----   Evaluation of RFP (including shortlist, demos and reference checking)

6/24   Vendor Negotiations, Selection and Contract Award

      Vendor Project Initiation

      Vendor Configuration, Development and Testing

8/1   Pilot Release 1 test with a select set of providers

9/1   Full Deployment available to willing providers

Partner Responsibilities

Actions	HITE-CT Board	HITE-CT Executive	HITE-CT TISC	HITE-CT LPSC**	DPH	ONC	DOIT	Vendor
HITE-CT Board Approval of Approach	✓ **Approve**	✓ Rec'mend	✓ Propose	✓ Validate	✓ Support	✓ Input	✓ Input	
Requirements Specification			✓ **Develop**	✓ Validate	✓ Input	✓ Input	✓ Input	
Pre-Solicitation Announcement	✓ Approve	✓ Rec'mend	✓ **Lead**	✓ Validate	✓Support		✓ Facilitate*	
Create RFP and Issue	✓ Approve	✓ Rec'mend	✓ **Lead**	✓ Validate	✓Support		✓ Facilitate*	
Establish Evaluation Process	✓ Approve	✓ Rec'mend	✓ **Lead and Propose**	✓Validate			✓ Facilitate*	
Bidder Q&A			✓ **Lead**	✓ Support	✓Support		✓ Facilitate*	✓ Questions
RFP Evaluation			✓ **Lead**	✓ Input	✓ Input		✓ Input	
Negotiate, Select and Award (depends on ONC funding being available)	✓ Approve	✓ Rec'mend	✓ **Lead and Propose**	✓ Support	✓Support		✓ Support	✓ Input
Vendor Project Initiation			✓ Support	✓ Contract Mgmt.	✓ Support		✓ Support	✓ **Execute**
Vendor Configuration, Development and Testing			✓ Support	✓ Contract Mgmt.	✓ Support		✓ Support	✓ **Execute**
Pilot Deployment	✓ Approve	✓ Rec'mend	✓ Support	✓ Contract Mgmt.	✓ Support	✓ Validate	✓ Support	✓ **Execute**
Full Deployment	✓ Approve	✓ Rec'mend	✓ Support	✓ Contract Mgmt.	✓ Support	✓ Validate	✓ Support	✓ **Execute**

*Items in **bold** represent the primary responsibility*

* DOIT will facilitate as per State procurements

** LPSC – Legal and Policy Sub-committee

HITE Plan Implementation

HITE-CT Board of Directors

- Review and identify data to complete ONC requests
- Support submission

ONC

- ONC Technical Review to determine viability (mid-March)
- ONC Approval and Release of Implementation $ (late March)

DPH Contract with HITE-CT

- HITE-CT to implement Plan as approved by ONC
- Review and revise the Plan to meet the needs of consumers, and incorporate technological advances
- Manage HISP Development and Implementation
- Agency Staffing and Overhead

Questions