



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
&



May 1, 2020

Karen M. Buckley
Vice President, Advocacy
Connecticut Hospital Association
110 Barnes Road
Wallingford, CT 06492

Dear Karen,

Thank you for expressing the concerns of CHA and its hospital members with respect to their statutory requirement to participate with the State's emerging health information exchange (HIE), operationalized by Health Information Alliance, Inc. (HIA), as well as your request to increase the focus on telehealth.

First, we'd like to acknowledge the tremendous work of each of the hospitals' clinical, operational, and administrative staffs as they respond to this pandemic. We know that many are on the frontline, assessing and treating this insidious virus for thousands of Connecticut residents, despite the increased likelihood of infecting themselves. We commend their collective efforts.

Understandably, refocusing resources to address the pandemic is a practical reality. At the Office of Health Strategy (OHS), we are pleased to be able to waive hospital bed capacity or other requests on a temporary basis through the Certificate of Need process and support the Governor's efforts to rapidly deploy critical resources and services needed to manage the COVID-19 response. We invite ongoing discussions, as we have since the onset of this crisis, with hospitals and other health care providers about other practical measures we might take to allocate the state's resources efficiently and effectively.

OHS and the Department of Social Services (DSS) are acutely aware of the impact on resources and priorities as demands have evolved rapidly in lockstep with the pandemic's progress. These circumstances generated a surge in interest in the HIE's capabilities, and we received queries from several stakeholders in the health care ecosystem, including several hospitals, physicians, care coordination organizations, service providers to the skilled nursing and post-acute care domains and other agencies. Specific interests vary, from proposals to begin testing and sharing data to orchestrating the legalities of participating in the HIA's legal framework as a means to provide downstream optionality on different data sharing opportunities. The HIA team has responded by narrowing the focus of initial data exchange to electronic clinical care summary documents based on feedback received. Additionally, the HIA team prioritized efficient resolution of individual participating organization feedback by organizing workshops to resolve common themes regarding the legal framework and establishing HIA's Operations Advisory

Committee to identify and address operational and technical needs and expectations. Several hospitals participate in these activities.

At this time, the HIA is ready to receive and process data with participating organizations that have executed the necessary data sharing legal agreement. This initial step will confirm the HIE's core functionality, first developed under the SIM program funding, and now under HITECH Act funding. For this to work, the first organizations must have the capacity and desire to work collaboratively with HIA to confirm technical interfaces, validate data quality, refine documentation and other activities necessary before general onboarding can commence. Naturally, certain organizations are more interested and capable to work in this manner than others. HIA's position is to work directly with those organizations that have expressed genuine willingness to advance the capabilities. HIA has no desire to attempt to partner with unwilling participants, or entities not yet prepared to participate particularly in the era of the pandemic. Fortunately, there are sufficient interested parties to advance the beta pilot testing, including some hospitals, so that the HIE becomes functional as we emerge from this public health crisis.

Your letter specifically requests that CGS §17b-59e be modified to extend the participation timelines by one year. We believe this is unnecessary. Currently, the statute requires hospitals licensed under chapter 368v and clinical laboratories licensed under section 19a-30 to "apply to begin the process of connecting to and participating in" the HIE within one year of the commencement of operations. As you know, CGS §17b-59d(f) requires the Executive Director of OHS to post on the office's "Internet web site, the list of systems, technologies, entities and programs that shall constitute the State-wide Health Information Exchange." Until such time that this notice occurs, the HIE cannot be deemed to have commenced operations. The Executive Director of OHS relies on the HIA team to provide updates about the HIE's operational readiness, and, in collaboration with the HIA team and Board of Directors, may exercise considerable latitude to determine timing of OHS website notifications. OHS will exercise its judgment prudently to ensure hospitals and other participating organizations are practically able to comply with the statute.

However unprecedented this crisis is, our work must continue, and competing factors also merit consideration. Most health care entities, and especially smaller providers, will require additional resources to successfully connect and help facilitate the State's HIE. The HITECH Act provides meaningful relief for organizations with limited capital who have a desire to participate, and provides funding to offer technical assistance to offset some or all of the initial costs that participating organizations incur to connect to HIA's infrastructure. Among these are the skilled nursing, post-acute care and home health organizations that have received little, if any, assistance to date for modernizing their electronic health systems. OHS, in partnership with DSS and the HIA, will optimize the use of approved and available direct funding for all types of health care organizations serving the needs of Medicaid, in context with other considerations such as the impact of the pandemic on segments of the health care ecosystem. Unfortunately, absent some federal action to extend this program, these funds will expire on Sep. 30, 2021.

We agree with your assessment about the importance of telehealth; OHS and DSS have participated in crafting language for Governor Lamont's executive orders expanding telehealth

usage during the pandemic. To this end, the HIA team is evaluating means for expanding telehealth capability and connection of telehealth providers to the HIE, including evaluating potential telehealth services that HIA can quickly produce. Additionally, the HIA team is quite willing to engage any particular telehealth service provider currently operating in the State for the purpose of legally connecting and beginning to confirm data flows, as described above. Please let us know if CHA has any priority telehealth providers that HIA should engage in this regard.

HIA has sufficient funding under the approved HITECH Act request for Federal Fiscal Year 2020 (FFY20) to initiate and follow-through with the telehealth activities mentioned above. OHS, in collaboration with both DSS and HIA, is preparing its portion of the overall HITECH Act funding request that DSS plans to submit for FFY21. We will evaluate the funding levels specifically designated for telehealth, taking into consideration the feedback that we've received from CHA and others on the importance of this use case and service that HIA can provide and expand.

Again, thank you for sharing CHA's concerns

Sincerely,



Deidre S. Gifford
Commissioner
Department of Social Services

Victoria Veltri JD, LLM
Executive Director
Office of Health Strategy