

CT HIT Advisory Council Innovation Exercise			
Q1 - What will we have done?	Q2 - What did you like best about how we did it?	Q3 - Who most surprised you by their engagement?	Q4 - What are we most excited about accomplishing?
I have no idea	Establish "trust" level for "comfortable" cooperative efforts	They (vendor) got "it" - mission	Level of data sharing
We got all the data in and started several use cases with identifiable results	IIS finally working	They are non-profit org	If Yale New Haven actually became interoperable with community providers
All hospital and physician providers, or their HIEs will connect to statewide transport and will be exchanging health information	Brought all partners to table including consumer and local/state public health	The hospitals / Connecticut Hospital Association	We are excited about rolling the program out to other healthcare segment stakeholders beyond quality - such as program integrity and academic research; and health disparities/inequalities
Achieved broad stakeholder commitment to single statewide HIE	You were honest and truthful	Provider and hospital engagement	Accurately sourced and utilized data on race, ethnicity, SES, and SDOH factors
Payers, providers, and policy makers agree to support the HIE finally	The payers all supported the efforts and have agreed to provide funding for future projects	Large hospitals and physician practices	Health equity
Infrastructure is set up and ready for data	Thoughtful, meaningful, and collaborative approach	Private Health Care Providers	Payers just love it
HIE build complete with Medicaid data completely in and race, ethnicity, and SDOH data sourced and integrated (Life if Good!)	We identified infrastructure already in place and built off of it	Department of Public Health (DPH)/Department of Social Services (DSS) - but for their engagement in driving value for stakeholders other than themselves	A system that puts value to the consumer and their outcomes as the "North Star"
Established data flows, data use agreements, and sustainable financial model (tech is easy, people and process are key)	Engagement of diverse group of stakeholders and create sustainable frameworks	All payers and DSS	CT is out in front - a pathfinder - advancing consumer ability to steward their healthcare and providers are less burdened
Hope that rowed we the boat in the same direction, all together in the mission	Developed a roadmap and plan that was carefully thought out by a team of experts in collaboration with named decision makers / governing bodies	DSS	Measurably improved patient care at a low cost
Obtained broad community buy in, put initial capabilities of HIE in operation, and developed 5 year sustainability model	Engaged the stakeholders that would send and use data to find out what is possible / useful	DSS	Common understanding of HIE (as a noun and a verb)
Regardless of where we are in implementation, all stakeholders can clearly articulate the meaning and value of HIT/HIE/eCQM - as easy and clearly as they understand how to go to consumer report and evaluate a new working machine	Maintained involvement / support of stakeholders	Payers and DSS	Kept patient as our North Star
Establish trust framework, data is flowing, sustainability is known, quality-based care is advancing	Sold benefits to public and stakeholders	DSS	IMPLEMENTED use cases which aid in workflows not just data gathering
Patients have access to their entire medical records with patient consent documents can see and share records with other providers	We did it with support of all stakeholders and the legislature	DSS	Patient perceived patient benefit

Broad based buy-in and commitment to finish and provide for a sustainable future	Collaborated among key stakeholder constituents, balanced needs/incentives across groups, and demonstrate value	DSS	Patient control over medical records that are all interoperable with all providers with patient consent
Put together a coalition of committed and engaged discision makers and stakeholders dedicated to a working HIE	We out sourced this project!	DSS	Building HIE functionality that supports value based care delivery and effective population health management
We've created an environment where the community health centers have seen the value of a functional relationship with the state of CT, and trust has been established	We identified another state that was successful in implementing an HIE and in helping another state / implement an HIE, and that state provided us with a realistic and appropriate strategy for being successful here in Connecticut	Medicaid	Better data about types of care and successful outcomes through better information sharing
Hospital and physicians were willing to pay to connect because there was consensus that the users generated value	Connecticut is out in front of other 49 states with web services and analytics	Consumers and DPH	Patient impact! Data is used on a daily basis to improve the patient experience
That patients have control of their entire record including clinical notes	We greatly expanded the understanding and awareness of what we are trying to do	Provider community	Data sharing and breaking down barriers (i.e. HIPAA rules) you can't see my data due to legislative barriers
That all EHR are interoperable	Figured out how to navigate the landscape to maximize 'buy-in' and		Some public reporting on clinical results across the state by provider groups
Launched a new organizations to host the HIE and began hooking in networks	Worked well together - played well in sandbox with everyone on board and compromised without being compromising		Allowed technology to help providers take better care of our patients, as apposed to being a burden
HIE system in place, Public Health Reporting accomplished through a ISS portal on HIE mechanisms, and start at least on longitudinal patient record	The environment of trust was built on a series of personal relationships - that the state (and its agents) didn't hide behind policy. Instead they truly engaged.		Developed working model for sustainable efficiency and innovation
Actually exchanging required data and having established set of measures being exchanged			
Created a trusted entity with clear roles supporting the patient and non-MU provider perspective			
Solve patient attribution, secure data sharing agreement, establish funding strategy, reporting quality data, and reporting ADT info			
Defined a clear path forward			