

Annual
Report:
Health
Information
Exchange

February 1

2017

A Report Pursuant to Public Act 16-77 for the Connecticut General Assembly.

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Introduction and Background

On May 2, 2016, the Connecticut General Assembly passed and the Governor signed [Public Act 16-77 \(P.A. 16-77\)](#), “An Act Concerning Patient Notices, Designation of a Health Information Technology Officer, Assets Purchased for the State-Wide Health Information Exchange and Membership of the State Health Information Technology Advisory Council.” This act revises Public Act 15-146¹.

Sections 4 through 7 of P.A. 16-77 modify coordination of Health Information Technology (HIT) related policy and activities for health reform initiatives in Connecticut and allow the State to build upon existing assets acquired and developed by the Department of Social Services (DSS). The Act requires the Lieutenant Governor, the lead on the Connecticut’s health reform initiatives, to designate a Health Information Technology Officer (HITO), responsible for coordinating all statewide health information technology initiatives and leading the effort for a statewide Health Information Exchange (HIE). The law transfers administrative authority of the State-wide HIE to the HITO. The Act retains the HIT Advisory Council², a multi-stakeholder group that advises the State on statewide HIT issues. (See Appendix A: Member Roster.)

On a related track, the State Innovation Model Program Management Office (SIM PMO), secured funds in 2014 under Connecticut’s State Innovation Model (SIM) grant to accelerate investments to promote statewide HIE for alerts³ and clinical quality measure production⁴. The SIM HIT advisory council met approximately fifteen (15) times over a course of eighteen (18) months to further define technology needs to support the SIM program management office’s work with stakeholders to reform healthcare delivery, promote population health and value based insurance design, eliminate health inequities and to advance the use of alternative payment models. The SIM program management office solicited technical assistance from the Center for Medicare & Medicaid Innovation ([CMMI](#))⁵ and Office of the National Coordinator of Health Information Technology ([ONC](#)) to further define the State’s technology needs.

¹ 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). This was supplanted Public Act 16-77 in 2016.

² P.A. 16-77 statewide Health authorized the addition of three members to the statewide Health IT Advisory Council.

³ Alert notification is real-time notifications for care coordination and quality improvement purposes when patients are admitted, discharged, or transferred to, from or within a hospital.

⁴ Clinical quality measures (CQM) is a tool that helps measure and track the quality of health care services provided by healthcare providers. These measures use data associated with providers’ ability to deliver high-quality care or relate to long-term goals for quality health care. Additional information can be found at <https://www.healthit.gov/policy-researchers-implementers/clinical-quality-measures>

P.A. 16-77 requires the HITO, in consultation with the statewide Health IT Advisory Council, to submit a report to the Connecticut General Assembly concerning:

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

Development and Implementation of the Statewide Health Information Technology Plan and Data Standards

Since the enactment of P.A. 16-77, the scope of the SIM HIT Council was folded into that of the statewide HIT Advisory Council with the aim enhancing overall coordination of HIT efforts. The SIM grant provides funding supports for consulting services to the SIM PMO to facilitate and support the HIT Advisory Council, in conjunction with the support of the Office of the Lieutenant Governor.

During January 2017, the Lt. Governor designated Allan Hackney as the HITO. The HITO and the statewide HIT Advisory Council has developed a strategic road map that includes the following activities:

- Stakeholder engagement activities and an environmental scan to identify current HIT activities occurring in the State, identify gaps and/or duplicative services and investments, and inform priorities for statewide HIT activities.
- Stakeholder engagement activities to confirm future use case⁶ priorities for key functionalities (e.g. alert notifications, electronic clinical quality measurement and reporting, specialized registries), and to adopt appropriate policies to govern and guide the implementation of new use cases by creating a repeatable process for developing and validating new use cases for data exchange, known as the "use case factory".
- Development of a strategic HIE Plan that is informed by the stakeholder engagement and environmental scan as well as a state HIT/HIE governance and operational structure based on a business and financial sustainability model.
- Creation of an HIE infrastructure that appropriately exploits existing and/or new technology assets and service providers, including but not limited to alert infrastructure, electronic clinical quality measure (eCOM) reporting, etc.

⁶ A use case is a scenario designed to determine whether a system or process can perform its functions as needed for a particular use.

In-progress Stakeholder Engagement and eCQM Activities

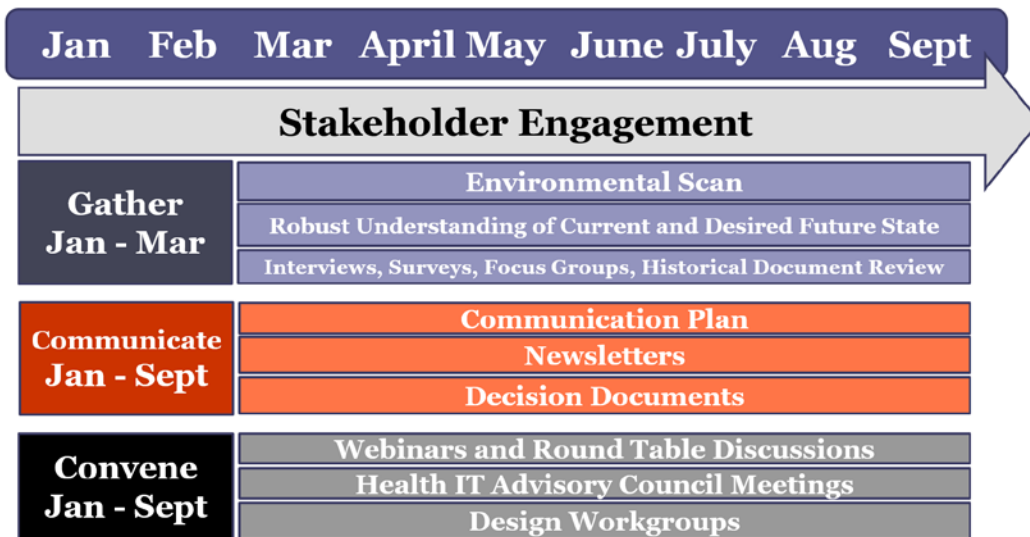
Stakeholder engagement and driving toward a solution to support eCQM needs as initial priorities to support the on-boarding of the HITO and facilitate SIM PMO objectives to support value-based payment models and increased quality of care.

While stakeholder engagement activities will occur throughout the year, a first phase consisting of a comprehensive environmental scan is essential for informing other key initiatives, such as the statewide HIE plan and acquiring shared HIT utilities such as an eCQM solution. The environmental scan will inform the HITO and the Health IT Advisory Council on the “current state” and the “desired future state” for HIE services, including an assessment of needs and current availability of technology and an assessment of the readiness of providers and consumers to adopt and use HIE services. Stakeholder groups to be engaged include:

- Hospitals and health systems
- Physicians and other physical health providers
- Consumers and community organizations
- Payers, including insurers and employers
- Long-term and post-acute care providers
- Behavioral health providers
- Home health providers
- State agencies
- Other organizations such as labs and pharmacies.

Figure 1 displays the timeline associated with the stakeholder engagement.

Figure 1: Stakeholder Engagement

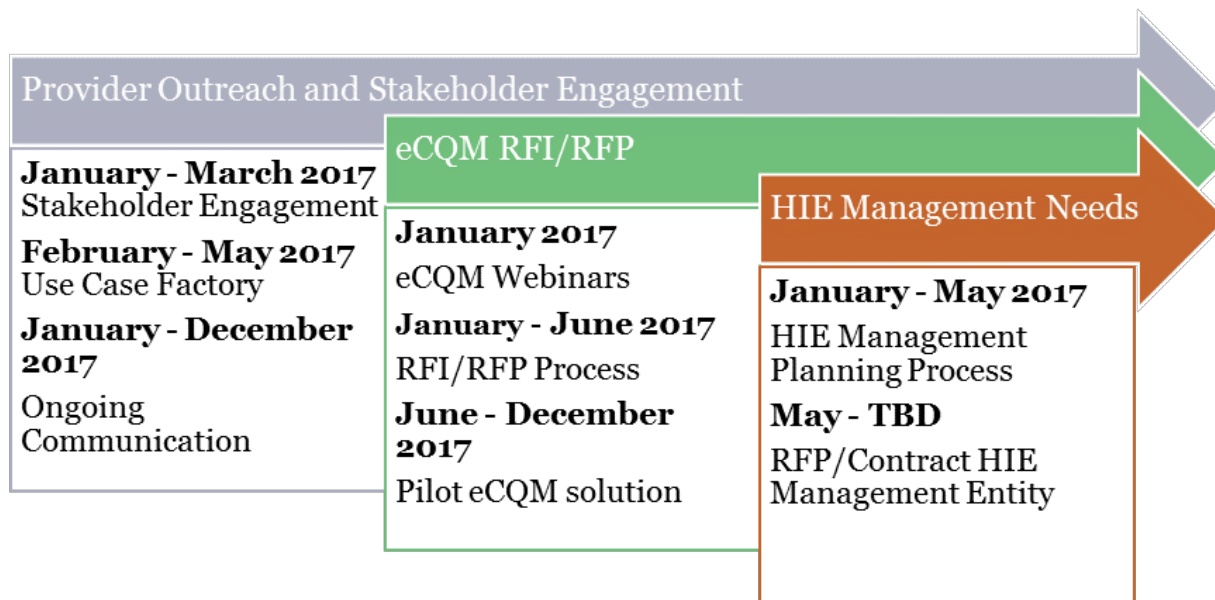


With respect to driving toward an eCQM solution, a task force comprised of designated members of a sub-set of the HIT Advisory Council is forming. The objectives of the task force is to identify the desired objectives and outcomes of eCQM services and reporting,

and develop functional requirements that are critical and necessary components of any eCQM service. Additionally, this task force will identify critical data sources and outputs that will necessitate integration and interconnectivity needs.

The eCQM Task Force will form during early February, 2016, and report their findings and recommendations for the HIT Advisory Council's consideration during April and May, 2016. Ultimately, the findings of this council will form the basis for a Request for Proposal (RFP) to select and implement an eCQM solution. Figure 2 displays the proposed overall timeline of activities.

Figure 2: Overall HIT Activities



Establishment of the Statewide HIE

The Public Act authorizes the HITO, in consultation with the Secretary of the Office of Policy and Management (OPM) and the statewide Health IT Advisory Council to issue RFP(s) for the development, management and operation of statewide HIE services with the choice of reusing 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 HITO, in collaboration with the HIT Advisory Council, state agencies and Connecticut organizations operating health care domains is tasked with developing a strategy for a statewide HIE that addresses the objectives of PA 16-77 and contributes value to the users of its eventual services. The stakeholder engagement process, environmental scan and development of use cases will inform the development of an enterprise and technical

architecture that will be the basis of how the HIE will be structured and operate to achieve its objectives.

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

The HITO will review and monitor any proposed or enacted legislative changes related to duties under P.A. 16-77. The HITO will also make recommendations for policy, regulatory and legislative changes as needed and with the advice of the statewide Health IT Advisory Council.

An area of consideration during 2017 will be the composition of the HIT Advisory Council. Early impressions of the HITO include the need for deep and meaningful engagement with the health insurers in the state. Representatives of these firms on the HIT Advisory Council as plans and priorities for HIT activities that will necessarily require their input and participation will help ensure support and buy-in.

Appendix A: Health IT Advisory Council Membership

Health IT Advisory Council

	Appointment by	Name Appointment Date	Represents
1.	Statute	Allan Hackney	Health Information Technology Officer or designee
2.	Statute	Roderick Bremby	Commissioner of Social Services or designee
3.	Statute	Michael Michaud for Comm. Miriam Delphin-Rittmon	Commissioner of Mental Health and Addiction Services or designee
4.	Statute	Fernando Muñiz (8/19/15) for Comm. Joette Katz	Commissioner of Children and Families or designee
5.	Statute	Cheryl Cepelak for Comm. Scott Semple	Commissioner of Corrections or designee
6.	Statute	Vanessa Kapral (7/08/16) Comm. Raul Pino	Commissioner of Public Health or designee
7.	Statute	Jordan Scheff (11/17/16)	Commissioner of Developmental Services or designee
8.	Statute	Mark Raymond	CIO or designee
9.	Statute	James Wadleigh	CEO of the CT Health Insurance Exchange or designee
10.	Statute	Mark Schaefer	Director of State Innovation Model Initiative Program Management Office or designee
11.	Statute	Robert Darby Designee 12/5/16	CIO of the University of Connecticut Health Center (UCHC) or designee
12.	Statute	Demian Fontanella (Acting Healthcare Advocate)	Healthcare Advocate or designee
13.	Governor	Kathleen DeMatteo 02/19/2016	Representative of a health system that include more than one hospital
14.	Governor	David Fusco 03/09/2016	Representative of the health insurance industry
15.	Governor	Nicolangelo Scibelli 01/19/2016	Expert in health information technology
16.	Governor	Patricia Checko 01/19/2016	Health care consumer or consumer advocate
17.	Governor	Robert Tessier 10/8/2015	An employee or trustee of a plan established pursuant to subdivision (5) of subsection (c) of 29 USC 186
18.	President Pro Tempore of Sen.	Robert Rioux 9/20/2016	Representative of a federally qualified health center
19.	President Pro Tempore of Sen.	Jeannette DeJésus	Provider of Behavioral Health Services

Health IT Advisory Council

	Appointment by	Name Appointment Date	Represents
		07/31/2015	
20.	President Pro Tempore of Sen.	Matthew Katz 07/21/2016	Representative of the Connecticut State Medical Society
21.	Speaker of the House of Rep.	Lisa Stump 11/22/2016	Technology expert who represents a hospital system
22.	Speaker of the House of Rep.	Jake Star 11/17/2016	Provider of home health care services
23.	<i>Speaker of the House of Rep.</i>	<i>Vacant</i>	<i>Health care consumer or a health care consumer advocate</i>
24.	Majority Leader of the Sen.	Patrick Charmel 11/30/2015	Representative of an independent community hospital
25.	Majority Leader of the House of Rep.	Ken Yanagisawa, MD 10/5/2015	Physician who provides services in a multispecialty group and who is not employed by a hospital
26.	Minority Leader of the Sen.	Joseph L. Quaranta, MD (Co-Chair) 7/22/2015	Primary care physician who provides services in a small independent practice
27.	Minority Leader of the House of Rep.	Alan D. Kaye, MD 8/24/2015	Expert in health care analytics and quality analysis
28.	President Pro Tempore of Sen.	Dina Berlyn Designee	President Pro Tempore of Senate or designee
29.			
30.	Minority Leader of the Sen.	Jennifer Macierowski Designee 8/20/2015	Minority Leader of the Senate or designee
31.	Minority Leader of the House of Rep.	Prasad Srinivasan, MD Designee 8/10/2015	Minority Leader of the House of Representatives or designee

Appendix B: Biography of Allan Hackney

Allan Hackney

Health Information Technology Officer

Allan Hackney is Lt. Governor designated Health Information Technology Officer (HITO). Allan is an outcome--driven, people--oriented leader recognized for developing and executing pragmatic strategies that drive growth, improve efficiency and control risk. He is noted for driving business value and growth, delivering innovative technology-- enabled services and enhancing business insight. He is known for assembling and motivating talented teams and optimizing organizational capabilities to achieve enterprise objectives. He served as SVP & Chief Information Officer (CIO) at John Hancock Financial Services with oversight of the company's technical teams. In this role, he introduced mobile computing and the first company--wide customer data repository. As a catalyst for change, he created shared services and optimized vendors, generating millions in free cash flow to reinvest in new functions and capabilities. Allan joined John Hancock from AIG Consumer Finance Group where, as CIO and Operations Executive, he led the effort to reposition autonomous banking and lending operations into a more integrated global platform to enable significant expansion. Previously, he was SVP of IT for Bank of America Commercial Finance. Allan started his career at GE, where he held a number of leadership positions in the USA and Japan for GE Capital's global consumer finance business, led more than 50 global IT due diligence and M&A integration transactions, and headed GE Capital's initiative to launch Six Sigma across its IT function.

Professionally, he is a Certified Information Security Manager (CISM). He was named a Computerworld Premier 100 CIO during 2012, and is a Mentor in Columbia University's Technology Management Masters program. In the community, Allan co--founded the Boston region and is a member of the Board of Directors of buildOn, a national non--profit organization that empowers youth is to break the cycle of poverty, illiteracy and low expectations through service and education. He is also on the Board of Directors for Common Impact, the national leader in developing tomorrow's leaders through skill--based volunteering and community engagement. Allan is a graduate from Colgate University.