



# State of Connecticut Health Information Technology Advisory Council Session #2

Dawn Boland – Project Manager  
Lisa Pouliot – Business Analyst

October 15, 2015



- Introductions
- Review and Approve 8/20/15 Meeting Minutes
- Review Previous Action Items
- Ground Rules
- Appointments
- Election of Co-Chair
- Review of Deliverables
- HIE Plan Content
- Wrap Up and Next Steps
- Public Comment

#	Description	Assigned To	Follow Up Date
1	Add Public Comment to the Agenda	Facilitator	10/15/2015
2	Confirm appointments receive information about upcoming meetings	Commissioner Bremby	10/15/2015

- Participation is vital
- There are no bad ideas or questions
- Silence phones to maximize participation
- Safe environment

Description	# Appointed	# Remaining
Five members appointed by the Governor	1	4
Two members appointed by House Representative Speaker	0	2
One member appointed by Senate Majority Leader	0	1
One member appointed by House Representative Majority Leader	1	0

## ➤ Election of Co-Chair

# Senate Bill 811 Deliverables



# Review of Senate Bill 811 Deliverables

- **Section 21** – On or before January 1, 2016, DSS in consultation with HIT Advisory Council must submit a plan to the Office of Policy and Management (OPM) for the establishment of a statewide HIE.
- **Section 21** – DSS in consultation with the HIT Advisory Council must develop, implement and periodically revise the state-wide health information technology plan and establish electronic data standards to facilitate the development of integrated electronic health information systems for use by health care providers and institutions that receive state funding.
- **Section 23** – Not later than February 1, 2016 and annually thereafter, the Commissioner of DSS, in consultation with the HIT Advisory Council, reports to the appropriate joint standing committees of the General Assembly on:
  - ✓ Development and implementation of HIT plan and data standards
  - ✓ Recommendations for policy regulatory and legislative changes
  - ✓ Establishment of the statewide HIE

- **Section 21** – On or before January 1, 2016, DSS in consultation with HIT Advisory Council must submit a plan to the Office of Policy and Management (OPM) for the establishment of a statewide HIE.





# HIE Plan Content



- HIE Goals
- Governance Structure
- HIE Functionality
- High Level Budget
- Activities and Timeline

# Senate Bill 811 HIE Goals

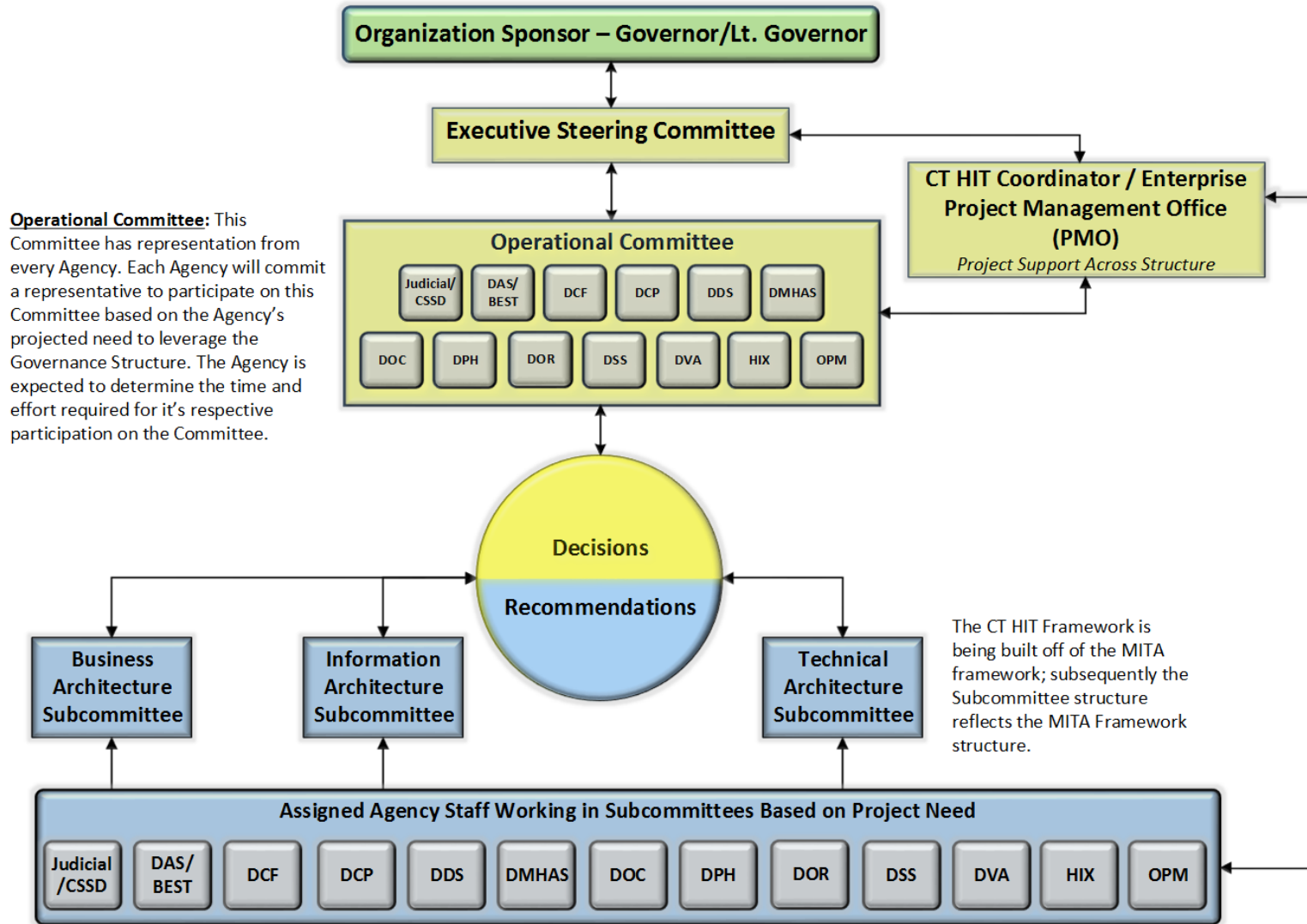


- Allow **real-time, secure access** to PHI and complete medical records across all health care provider settings
- Provide patients with secure electronic access to their health information
- Allow **voluntary participation** by patients to access their health information at no cost
- Support **care coordination** through real-time alerts and timely access to clinical information
- **Reduce costs** associated with preventable readmissions, duplicative testing and medical errors
- Promote the highest level of **interoperability**

- Meet all state and federal privacy and security requirements
- Support public health reporting, quality improvement, academic research and health care delivery and payment reform through **data aggregation and analytics**
- Support population health analytics
- Be standards-based
- **Provide for broad local governance** that:
  - ✓ **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
  - ✓ Is committed to the **successful development and implementation** of the Statewide HIE

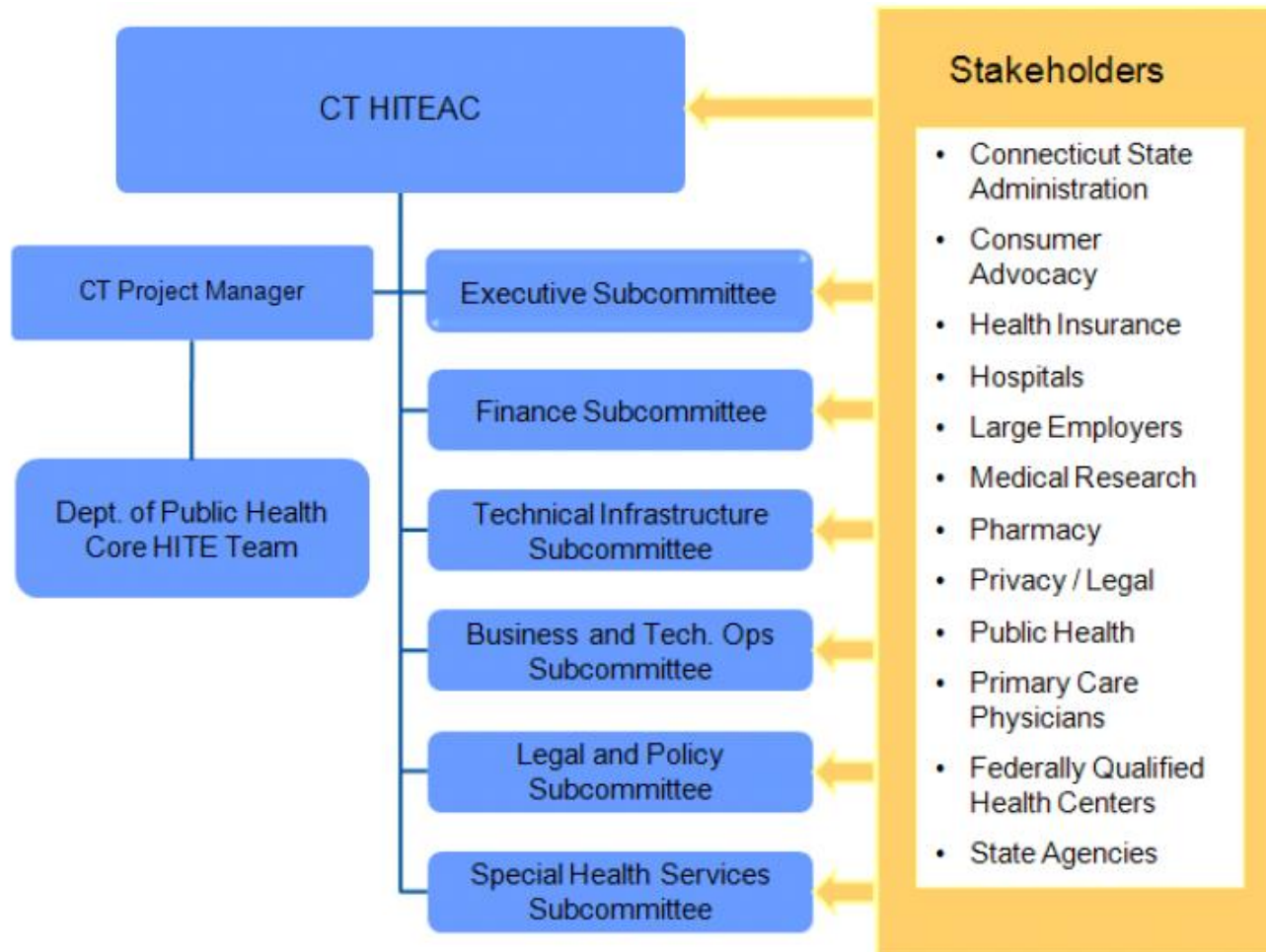
# Governance Structure





**Operational Committee:** This Committee has representation from every Agency. Each Agency will commit a representative to participate on this Committee based on the Agency's projected need to leverage the Governance Structure. The Agency is expected to determine the time and effort required for its respective participation on the Committee.

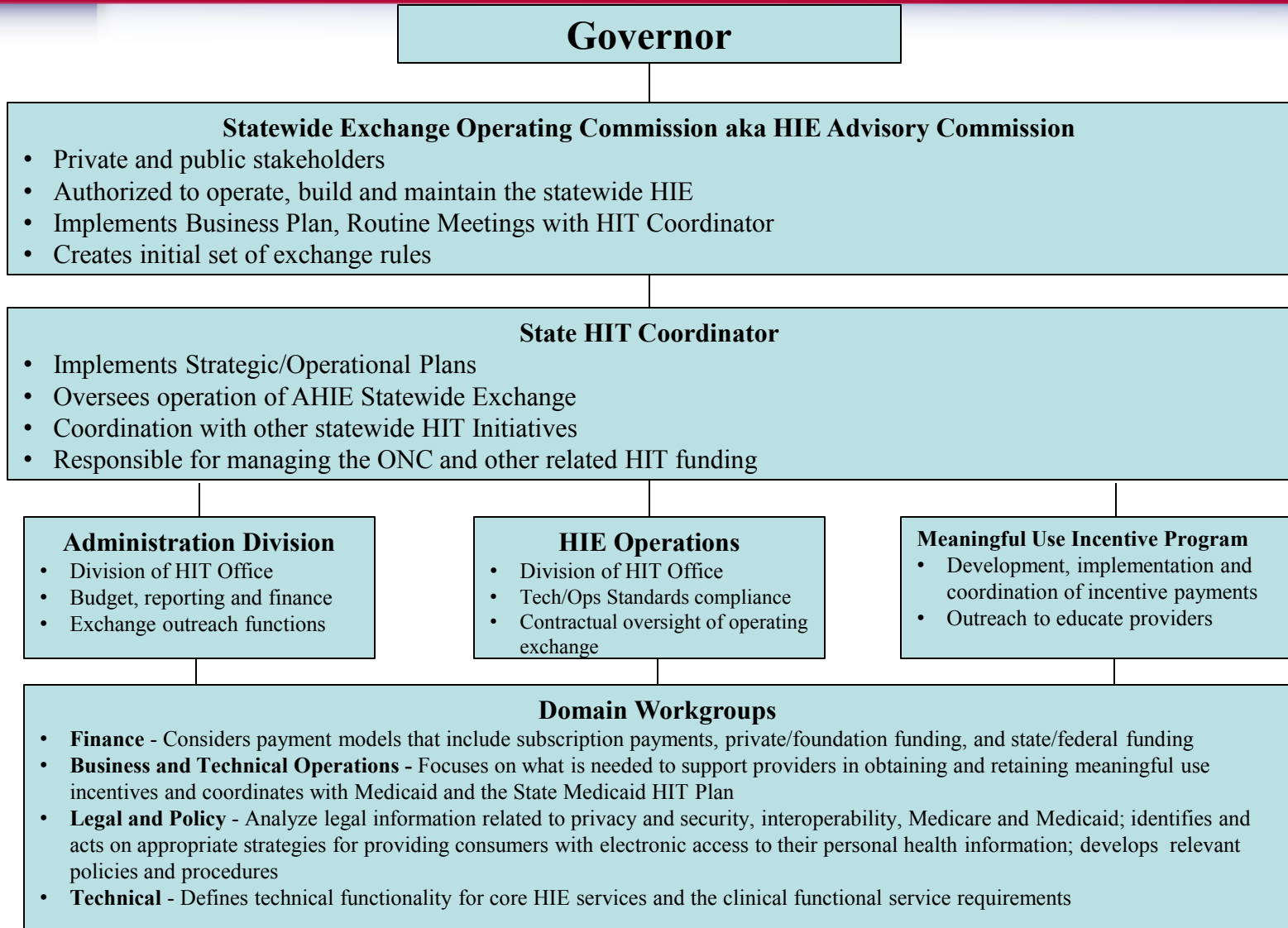
The CT HIT Framework is being built off of the MITA framework; subsequently the Subcommittee structure reflects the MITA Framework structure.



Source: HITE-CT Strategic Plan draft V2.0

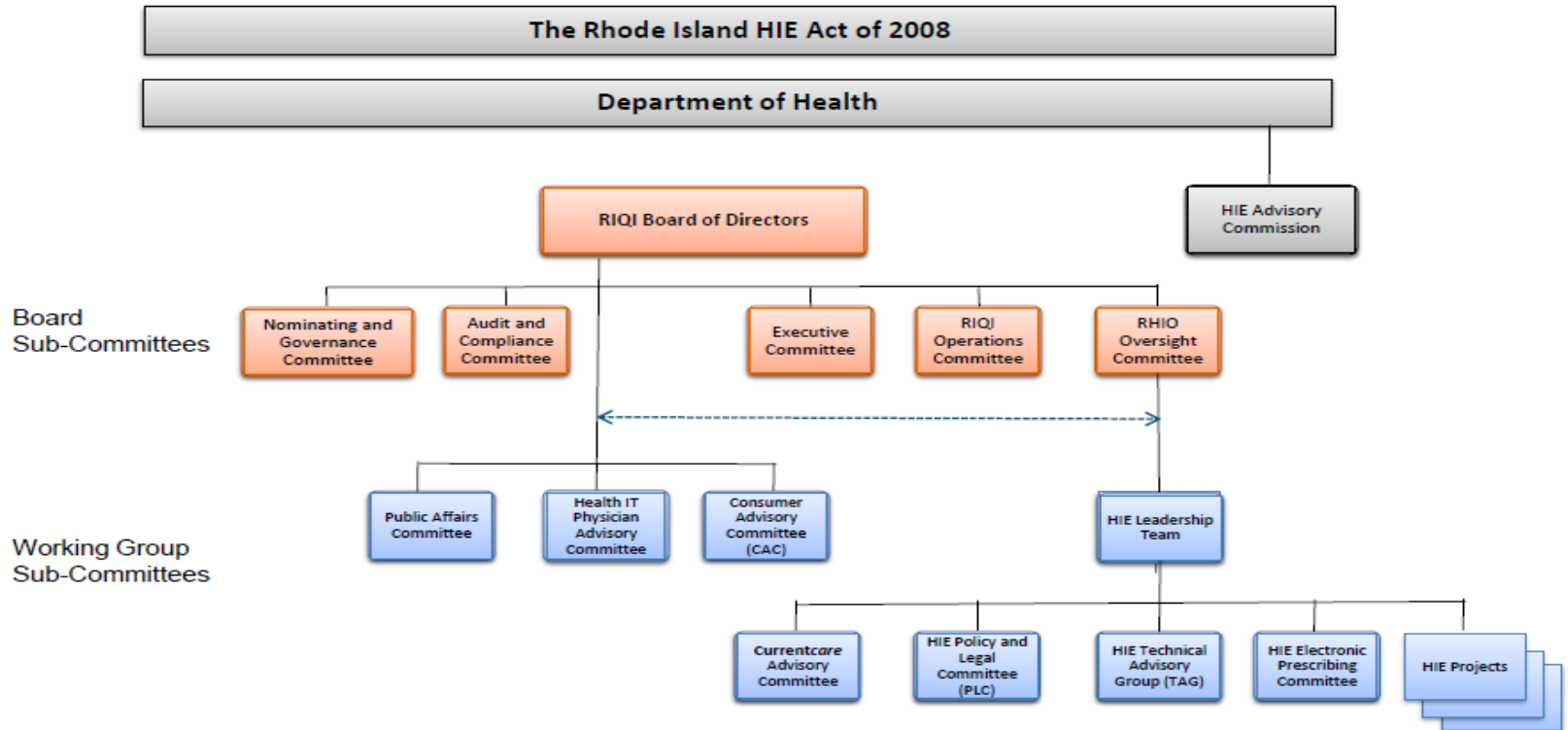


# Alabama HIE Governance Structure



Source: Alabama HIE Strategic Operational Plan August 2010

## RHIO/HIE Governance: Future State



# High-Level Budget



- Which approach do you want to take?
  - ✓ Strategic and Operational Plan (SOP) and RFP
    - Develop your SOP and/or RFP
    - Solicit a vendor to develop SOP and/or RFP
  - ✓ HIE Implementation and Operations
    - Leverage existing private HIE
    - Incremental build based on current in-production components
  - ✓ Bond funds authorized by the General Assembly and approved by the State Bond Commission

## Consulting and Procurement Services

Range	Sample State	Vendor (TCV)
\$200k - \$1.8M	Arizona	Advances in Management (\$500K)
	New Hampshire	Massachusetts eHealth Collaborative (\$550K)
	North Dakota	Manatt, Phelps & Phillips, LLC (\$580K)

## HIE Implementation Services

Range	Sample State	Vendor (TCV)
\$1.3M - \$300M	Oregon	HIE Harris Corp. (\$3.1M)
	Kentucky	Xerox (\$4M)
	Iowa	Xerox (\$11.9M)

Source: GovWin

# Activities and Timeline



# HIE High-Level Activities and Timeline

- **By January 1, 2016**, submit a plan to OPM for establishment of HIE consistent with goals set out in SB 811
- **By February 2, 2016** and annually thereafter, report to the joint standing committees of the General Assembly:
  - Development and implementation of the state-wide HIT technology plan and data standards
  - Establishment of the HIE
  - Recommendations for policy, regulatory and legislative changes and other initiatives related to promotion of the HIT and HIE goals
- Apply for Bond funds
- Obtain consulting vendor
- Develop HIE Strategic and Operational Plan
- Obtain Federal funding
- **Develop and issue an RFP** for development, management and operation of the State-wide HIE that promotes reuse of existing technology assets (Provider Directory, EMPI, Direct Secure Messaging, etc.)

- Leverage Connecticut HIEs
  - ✓ Maine leveraged a private/public HIE to transition into their State-wide HIE
    - HealthInfoNet
  - ✓ Georgia utilized an established non-profit HIE to govern their State-wide HIE
    - Georgia Health Information Network Incorporated
- Rhode Island transitioned full responsibility for their HIE to the Rhode Island Quality Institute

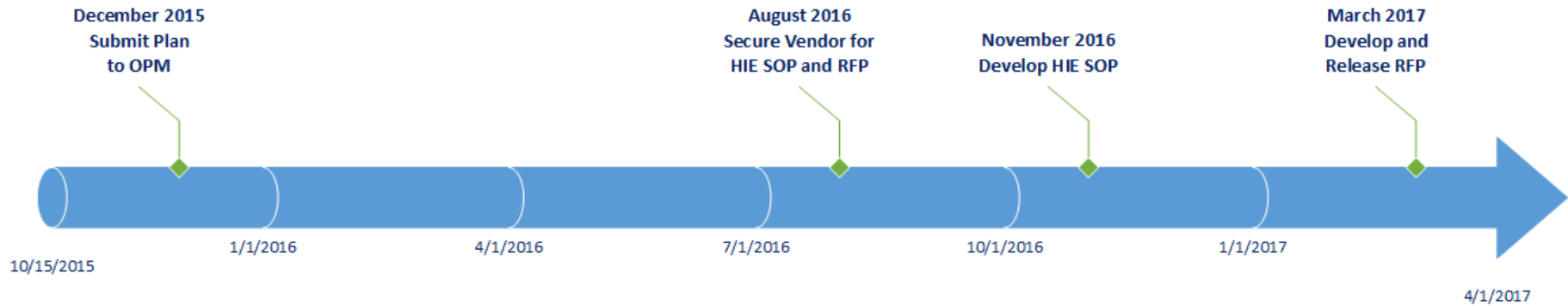


- State has procured
  - ✓ Direct Secure Messaging
  - ✓ Enterprise Master Person Index
  - ✓ Enterprise Provider Directory
- Build on the state services by
  - ✓ Scaling the above mentioned services to state-wide scale (with a cost share – model to sustainability)
  - ✓ Adding services similar to those being used by most state HIEs to enhance delivery and improve quality of care
    - Alert Notifications based on Admission, Discharge, Transfer feeds from the hospitals

Description	Timeframe
Initial plan to OPM	January 2016
Apply for bond funds	TBD
Receive approval of bond funds	TBD
Obtain vendor to assist in drafting: <ul style="list-style-type: none"> <li>• HIE Strategic and Operational Plan</li> <li>• RFP for HIE Vendor</li> </ul>	3 – 6 months*
Develop HIE Strategic and Operational Plan	2 – 3 months
Obtain funding via other funding sources	TBD
Develop and release RFP for HIE vendor	3 – 6 months

\* *Dependent on approval of bond funds/funding source.*

# Let's Talk About Your Potential Timeline



- **Timeline needs to include:**
  - ✓ Apply for bond funds
  - ✓ Receive approval of bond funds
  - ✓ Obtain funding from other funding sources

- **Planning for Upcoming Meeting**
  - ✓ Review and Approval of Plan Contents Based on outcome of October 15, 2015 meeting
  - ✓ Determine and solidify HIE Requirements
  - ✓ Staffing to support the HIE SOP

# Public Comment



**CSG**  
Government  
Solutions

*Your trusted adviser in government program modernization.*

# Thank You!

Dawn Boland

[dboland@csgdelivers.com](mailto:dboland@csgdelivers.com)

518-779-2852 – cell

Lisa Pouliot

[lpouliot@csgdelivers.com](mailto:lpouliot@csgdelivers.com)

207-242-7831

Rosanne Mahaney

[rmahaney@csgdelivers.com](mailto:rmahaney@csgdelivers.com)

302-379-8846 – cell