



State of Connecticut Health Information Technology Advisory Council Session #4

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December 17, 2015



- Introductions
- Review and Approval of 11/19/15 Meeting Minutes
- Appointments Update
- Review Previous Action Items
- CT's Direct Messaging Service Overview
- Review Draft Preliminary Conceptual Plan
- Wrap Up and Next Steps
- Public Comment

Description	# Appointed	# Remaining
Four members appointed by the Governor	1	4
Two members appointed by House Representative Speaker	0	2

#	Description	Assigned To	Follow Up Date
1	Provide voting results HIE goals	CSG	11/24/2015
2	Provide more details regarding other states' HIE costs	CSG	12/17/2015
3	Seek consultation, and share with the Council, on whether CT should pursue an RFI or if can host vendor demos via an informal process.	Commissioner Bremby	12/17/2015
4	Schedule additional Council meetings, as needed	Dr. Tikoo	12/17/2015
5	Develop and circulate questions as it relates to demonstrations, pending decision on the RFI process.	Dr. Tikoo	11/30/2015
6	Provide the names of others states that the Council may be interested in seeing demonstrations from.	HealthIT Advisory Council	12/17/2015
7	Consider approach to ensure HIE sustainability to be included as part of the Plan. This includes how the HIE will continue to be funded.	HealthIT Advisory Council	12/17/2015

- Council Membership and Recommendations
- Decisions regarding State HIE Presentations
- Decision on HIE's Focus
 - ✓ Consumer-mediated vs. Provider-directed
 - ✓ Opt-in vs. Opt-out
- Operational Approach for the HIE
 - ✓ Turn-key vs. Integrator Approach
- Funding Recommendations

CT's Direct Messaging Service Overview



Draft Preliminary Conceptual Plan



- Brief History
- Executive Summary
- Establishing a Statewide HIE
- Connecticut's Statewide HIE Vision and Goals
- Connecticut's Legislative Requirements for HIE Governance
- Implementation and Operations
- Recommendations and Next Steps
- Appendices

The Draft Plan:

- Describes HIE governance structure
- Incorporates legislative requirements for features and functionality
- Leverages existing Health IT assets
- Provides a Health IT framework
- Highlights implementation and operational considerations
- Outlines two approaches a statewide HIE:
 - ✓ Incremental approach establishes core and add-on services over time, using an “integrator approach” and is projected to cost \$3.11 million for SFY 16 - 17
 - ✓ Turn-key approach establishes a solution that solves for everything on day one, and is projected to cost at least \$9.7 million annually

Which HIE model empowers Connecticut consumers?

- **Directed Exchange** - Used by providers to send patient information directly to another health care professional over the internet in an encrypted, secure, and reliable way. This is commonly compared to sending a secured email. This form of information exchange enables coordinated care, benefitting both providers and patients.
- **Query-based Exchange** - Used by providers to search and discover accessible clinical sources on a patient. This type of exchange is often used when delivering unplanned care.
- **Consumer-mediated Exchange** - Provides patients with access to their health information, allowing them to manage their health care online in a similar fashion to how they might manage their finances through online banking. When in control of their own health information, patients can actively participate in their care coordination.

- Enterprise Master Person Index
- Provider Registry
- Health Information Service Provider for Direct Messaging
- Reporting electronic clinical quality measures (eCQMs)
- Personal Health Records

To support the CT HIE goals, the state also needs an alert notification engine.

- What HIE approach will we take?
 - A. Integration services (Incremental approach)
 - B. HIE Solution (Turn-key approach)

- Utilize an integrator/incremental approach
- Request \$2.46 million in state bond funds
- Leverage existing statewide enterprise assets:
 - ✓ Enterprise Master Person Index
 - ✓ Provider Registry
 - ✓ Health Information Service Provider for Direct Messaging
 - ✓ Reporting electronic clinical quality measures (eCQMs)
 - ✓ Personal Health Records
- Procure an “alert notification engine”

Wrap Up and Next Steps



- Plan submission to OPM by 1/4/2016
- State HIE Demonstrations
- Funding request
- Next meeting January 21, 2016

Additional Information on HIE Costs

State	Financials
Colorado	\$ 10.2M Total Expense \$ 8.4M Total Revenue \$ 4.4M Net Asset
Delaware	\$ 7.4M Total Expense \$ 8.6M Total Revenue \$ 3.5M Net Asset
Maine	\$ 5.2M Total Expense \$ 6.4M Total Revenue \$ 2.2M Net Asset
Ohio	\$ 8.8M Total Expense \$ 13.2M Total Revenue \$ 4.6M Net Asset
Rhode Island	\$ 12.1M Total Expense \$ 11.3M Total Revenue \$ 4.6M Net Asset

Public Comment



Opportunity for Public Comment

- The Department of Social Services (DSS), is accepting public comment on the **Connecticut's Plan to Establish a Statewide Health Information Exchange** from December 14, 2015 to December 28, 2015.
- The Department of Social Services is charged with the development of a statewide health information exchange by Public Act 15-146, An Act Concerning Hospitals, Insurers and Health Care Consumers (Sec. 20 – Sec. 26). The preliminary plan includes key components of developing a statewide HIE for the State of Connecticut.
- All written comments regarding the **Connecticut's Plan to Establish a Statewide Health Information Exchange** must be submitted by December 28, 2015 by 5:00 p.m. Please submit comments electronically to Health.IT@ct.gov or to Department of Social Services, 5th Floor, 55 Farmington Ave Hartford CT 06105; Attention Krista Ostaszewski, Legislative Analyst.

Thank You!

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