State of Connecticut Health Information Technology Advisory Council Session #6

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March 17, 2016

- Introductions
- Public Comment
- Review and Approval of 1/21/16 Meeting Minutes
- Appointments Update
- Review Previous Action Items
- HIE Timeline Update
- Discussion of the HIE Presentations
- Vote on soliciting an RFI versus an RFP for HIE vendor(s)
- HITE-CT Policies and Procedures Q&A
- Future Agenda Item Requests
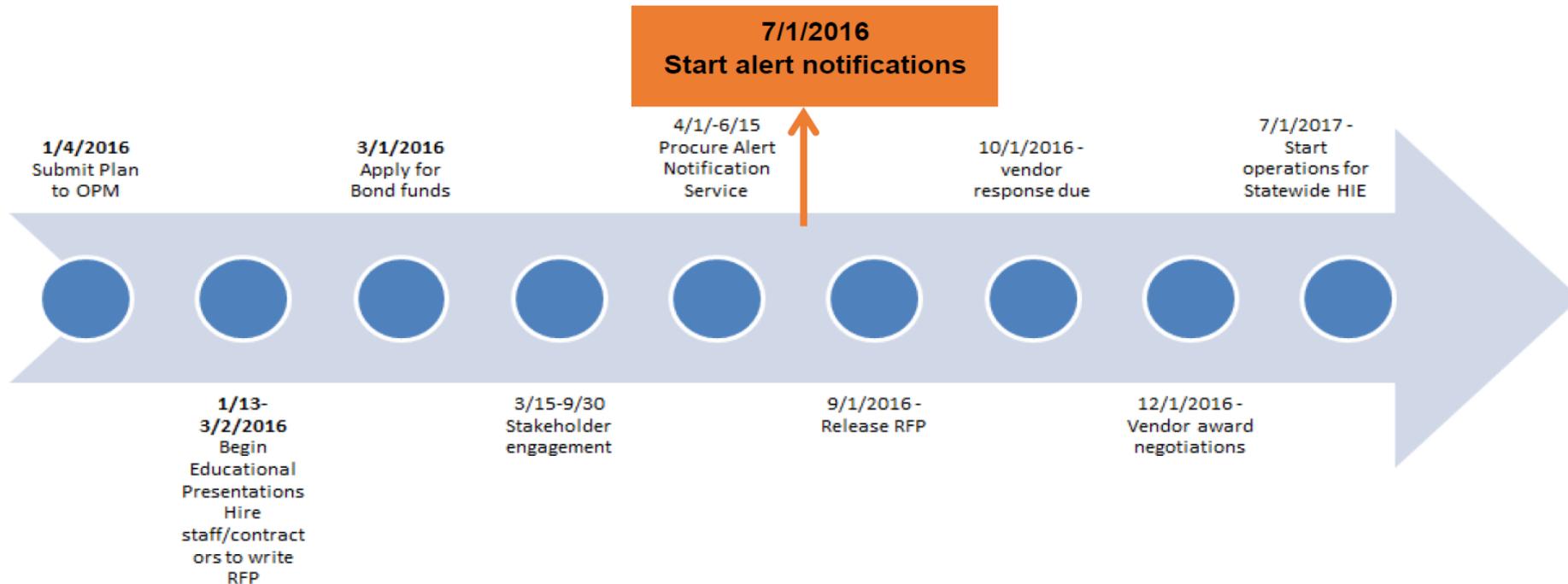- Wrap Up and Next Steps

Public Comment

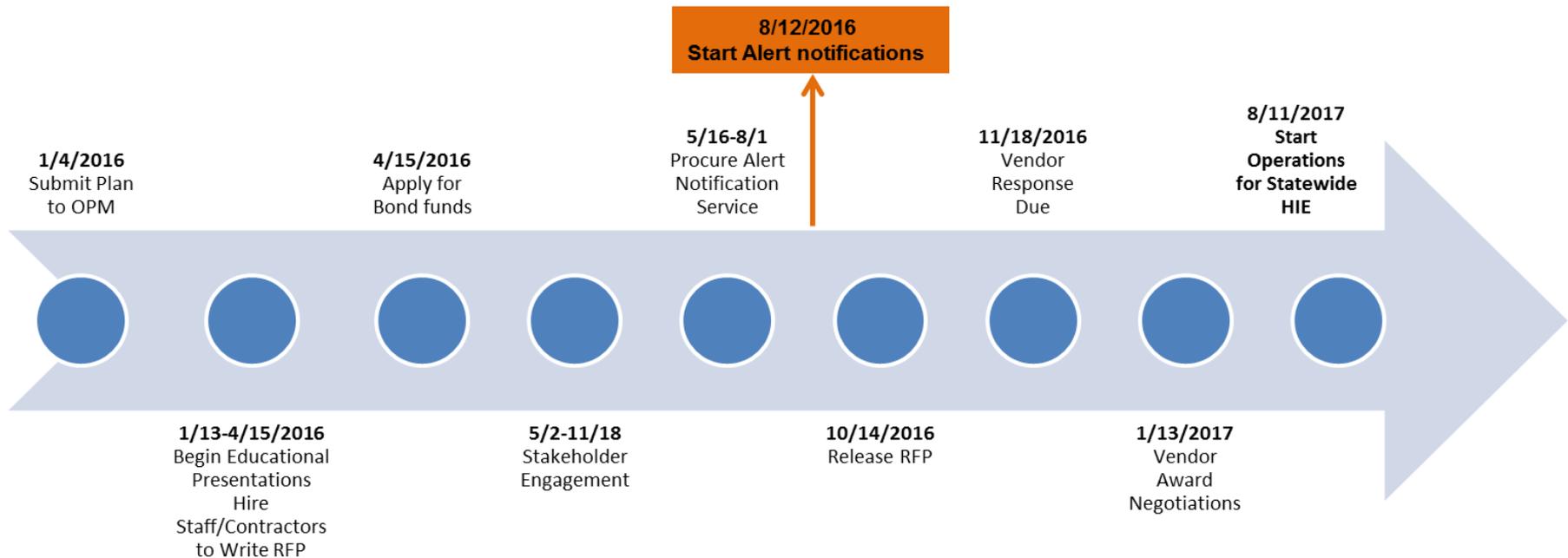# Review and Approval of 1/21/16 Meeting Minutes

Appointments Update

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

#	Description	Assigned To	Follow Up Date
1	Vote on soliciting an RFI versus an RFI and RFP for HIE vendor(s).	HealthIT Advisory Council	3/17/2016
2	Search and provide the predecessor work to be added to the history section of the State HIE Plan.	Patrick Charmel	~~1/21/2016~~ 3/17/2016
3	CSG is to provide literature it reviewed regarding the patient consent models.	CSG	3/17/2016
4	Obtain national experts to provide the Council with information regarding patient consent models.	Dr. Tikoo	
5	Provide the Council with the HITE-CT Consent Policy.	Dr. Tikoo	1/28/2016

Timeline of Activities 1/4/2016 – 7/1/2017

7/1/2016
Start alert notifications

1/4/2016 Submit Plan to OPM

3/1/2016 Apply for Bond funds

4/1/-6/15 Procure Alert Notification Service

10/1/2016 - vendor response due

7/1/2017 - Start operations for Statewide HIE

1/13-3/2/2016 Begin Educational Presentations Hire staff/contractors to write RFP

3/15-9/30 Stakeholder engagement

9/1/2016 - Release RFP

12/1/2016 - Vendor award negotiations

Timeline of Activities 1/4/2016 – 8/11/2017

8/12/2016
Start Alert notifications

1/4/2016
Submit Plan
to OPM

4/15/2016
Apply for
Bond funds

5/16-8/1
Procure Alert
Notification
Service

11/18/2016
Vendor
Response
Due

8/11/2017
Start Operations for Statewide HIE

1/13-4/15/2016
Begin Educational
Presentations
Hire
Staff/Contractors
to Write RFP

5/2-11/18
Stakeholder
Engagement

10/14/2016
Release RFP

1/13/2017
Vendor
Award
Negotiations

Assumes a 1.5 month schedule shift from the timeline on page 22 of "Connecticut's Plan to Establish a Statewide Health Information Exchange" submitted to OPM on January 4, 2016. This shift is a result of the delay in OPM approval.

HIE Presentation Discussion

Grouped by Council Presentation Questions

Schedule of HIE Presentations

Date	Time	Presenter
January 13, 2016	10:00 AM – 11:00 AM	Dan Paoletti, CEO OH's statewide HIE – CliniSync
January 27, 2016	10:00 AM – 11:00 AM	Douglas Dietzman, Executive Director Great Lakes Health Connect (MI)
February 10, 2016	10:00 AM – 11:00 AM	Amy Zimmerman, RI State HIT Coordinator CurrentCare
February 24, 2016	10:00 AM – 11:00 AM	Jim Cavanagh, EMR Interoperability & Member Connectivity Jersey Health Connect
March 2, 2016	10:00 AM – 11:00 AM	Devore Culver, CEO HealthInfoNet (ME)

Summary

Overview State HIE	Year Started	Consent Model	Annual Costs	Number of Participating Organizations
New Jersey: Health Connect	2010	Opt-Out	$5.8M	➢ 32 Hospitals ➢ 175 LTC Facilities ➢ 8K Physicians & Offices ➢ 6M Individuals
Maine: HealthInfo Net	2010	Opt-Out	$6.5M	➢ 37 Hospitals ➢ 38 FQHC ➢ 456 Outpatient Sites (Practices, BHC, LTC)
Rhode Island: CurrentCare	2011	Opt-In	$9M-$11M	➢ 4,677 Physicians ➢ 400+ Providers ➢ 4.9K Individuals
Ohio: CliniSync	2011	Opt-Out	$5M-$8M	➢ 4,886 Physicians ➢ 365 LTC Facilities ➢ 15K Providers ➢ 150 Hospitals
Michigan: Great Lakes Health Connect	2014	Opt-Out	$9M	➢ 4K Physicians & Offices ➢ 18K Providers ➢ 6.5M Individuals

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HIE	Background
Maine: **HealthInfo Net**	Independent; private, non-profit organization ➢ **Started**: 2010 ➢ **Consent Model**: Opt-Out ➢ **Participating Organizations**: ✓ 37 hospitals (100% of Maine hospitals are participating) ✓ 38 FQHCs ✓ 456 outpatient sites (physician practices, behavioral health, LTC) ✓ National connectivity w/ Veterans Affairs (VA) & Nationwide Health Information Network
New Jersey: **Health Connect**	Independent; private, non-profit organization ➢ **Started**: 2010 ➢ **Consent Model**: Opt-Out ➢ **Participating Organizations**: ✓ 32 Hospitals ✓ 175 LTC Facilities ✓ 8K Physicians & Offices ✓ 6M Individuals

HIE	Background

Ohio:
 	
CliniSync
	501 © (3); non-profit organization
	➢ **Started**: 2011
	➢ **Consent Model:**
	   ✓ 2011-2015: Opt-In
	   ✓ 2016: Opt-Out; launched 1/31/16
	➢ **Participating Organizations**
	   ✓ 4,886 Physicians
	   ✓ 365 LTC facilities
	   ✓ 15K Providers
	   ✓ 150 Hospitals

Rhode Island:
CurrentCare
	Independent; not-for-profit organization
	➢ **Started**: 2011
	➢ **Consent Model:** Opt-In
	➢ **Participating Organizations**:
	   ✓ 4.9K Individuals
	   ✓ 4,677 Physicians
	   ✓ 400+ Providers (i.e. primary care, LTC facilities)

HIE	Background

Michigan:
 	
Great Lakes Health Connect
	Private, non-profit 501 © (3) organization
	➢ **Started**: 2014
	➢ **Consent Model**: Opt-Out
	➢ **Participating Organizations**
	   ✓ 4K Physicians & Offices
	   ✓ 18K Providers
	   ✓ 6.5M Individuals

HIE	Governance Structure

Maine:
 HealthInfo Net
	➢ Board of Directors (reps variety of organizations):
	    ✓ Business
	    ✓ Providers
	    ✓ Payers
	    ✓ Consumers
	    ✓ State Government

New Jersey: *Health Connect*	Governed by voluntary Board of Directors made up of 32 Hospitals: ➢ **Organizational**: Board of trustees, Executive Director, Program Manager, Jersey Health Connect Executive Committee and other Committees in their designated areas (i.e. Finance, etc.) ➢ **Operational**: Jersey Health Connect Executive Director, Administrative Asst., Relay Health Acct. Manager and Member Services Representatives

Governance Structure (Cont'd)

HIE	Governance Structure

Ohio:
 CliniSync
	➢ **Organizational**:
	   ✓ Founding Board Members include: Ohio Hospital Assoc., Ohio Osteopathic Assoc. and Ohio State Medical Assoc.
	   ✓ 16 board members total
	     • 3 Provider Association Members (Founding)
	     • 3 Physicians
	     • 2 Hospitals
	     • 4 At Large Seats (includes LTC)
	     • 1 Each Consumer, FQHC, Payer and Business Reps
	 ➢ **Operational**:
	   ✓ CAC (CliniSync Advisory Council)
	   ✓ 28 members (Stakeholders)

Rhode Island:
 CurrentCare
	➢ **Board of Directors**:
	   ✓ CEOs from Insurers, Hospitals, large provider groups, behavioral & community health, academia, consumer groups, business, etc.
	   ✓ State government ex-officio non-voting
	 ➢ **Committees**:
	   ✓ Board level and Community
	 ➢ **State Oversight**:
	   ✓ Governor's office- monitoring efforts
	 ➢ **State Law HIE Act of 2008**:
	   ✓ HIE Advisory Commission

HIE	Governance Structure

Michigan:
 	
 Great Lakes Health Connect
	➢ Director-based organization; 15 board members:
	    ✓ 7 elected from each legacy organization
	    ✓ 1 jointly selected by new GLHC Board
	    ✓ 5 person Board Executive Committee
	    ✓ Representatives include Physicians, CMH, and health system executives
	    ✓ No pre-determined Board composition requirements

HIE	Focus of the HIE (Vision, Goals, Objectives)
Maine: *HealthInfo Net*	**Vision**: To be the leading resource of HIE services in Northern New England. Partnering with the health care community, HealthInfoNet will deliver innovative technical tools built on comprehensive, timely and actionable information. Services will be responsive to changing clinical decision-making and operational needs across the care continuum.
New Jersey: *Health Connect*	**Vision**: ➤ Electronic access to health info whenever and wherever it's needed ➤ Allow organizations to maintain individual technology strategies ➤ Improve care coordination, outcomes, and efficiencies via real-time exchange ➤ Provide consumers a consolidated view of their health info to encourage active and informed participation
Ohio: *CliniSync*	**Vision**: ➤ Health Information exchange isn't just about technology, it's about community and trust. (Technology is the easy part) ➤ To allow data to follow the patient

HIE	Focus of the HIE (Vision, Goals, Objectives)
Rhode Island: CurrentCare	**Vision**: To maximize the effective use of technology by patients, providers, policymakers and researchers to realize significant and continuous improvements in the quality and outcomes of health care delivery in the state.
Michigan: Great Lakes Health Connect	**Vision**: To significantly improve health outcomes and healthcare value for patients, providers, organizations and communities we serve. **Objectives**: (Guiding Principles) ✓ Build "care-connected communities" state-wide ✓ Add discrete tangible value where there are gaps ✓ Keep providers in their native systems if at all possible

HIE	Associated Costs
Maine: HealthInfo Net	➤ **Annual**: $6.5M ➤ **Sources of funding**: ✓ 60% Federal grants and private foundation funds, State contracts- $4.2M ✓ 40% Providers subscription fees and service contracts- covers the core costs of running the HIE- $2.4M
New Jersey: Health Connect	➤ **Annual**: $5.8M ➤ **Sources of funding**: ✓ Flat charge of $130,000/hospital/year ✓ Don't receive any money from the state
Ohio: CliniSync	➤ **Annual**: $5M-$8M ➤ **Sources of funding**: ✓ Initial funding: $28.3M by REC ✓ Market-based approach; no more funds received from state or federal ✓ $1,500 Critical Access Hospitals payment per month ✓ $2,000 for Non-Critical Access Hospitals ✓ PMPM fees (Per Member Per Month) ✓ Annual Subscriptions Fee per Provider Per Year

HIE	Associated Costs

Rhode Island: CurrentCare	➢ **Annual**: $9M-$11M
	➢ **Sources of funding**:
	  ✓ $5M AHRQ grant from 2004
	  ✓ $1 PMPM by state- Voluntary Broad Based Payer Model
	  ✓ 90/10 Medicaid matching funding
	  ✓ Payers, Hospitals, grants- PTN/TCIP, ONC HIE, private foundations for analytics
	  ✓ Regional Extension Center and Beacon Community (2010)

Michigan:
 	
Great Lakes Health Connect
	➢ **Annual**: $9M
	➢ **Sources of funding**:
	  ✓ No federal or state funding
	  ✓ Start-up funding: fees from founding participants/donations
	  ✓ Built as a business vs. public utility
	  ✓ Core Participation Fee
	  ✓ Project Fees (one-time)
	  ✓ Solution/Service Fees (ongoing)

HIE	Data in the HIE
Maine: **HealthInfo Net**	➢ Patient Identifier, demographics & PCP (registration data) ➢ Encounter/Visit History ➢ Laboratory and Microbiology Results ➢ Vital signs (new data) ➢ Radiology Reports ➢ Adverse Reactions/Allergies ➢ Medication History from Pharmacies & Medicaid Claims ➢ Diagnosis/Conditions/Problems (primary and secondary) ➢ Immunizations (primarily adult) ➢ Documents (Discharge summaries, office notes, reports, etc.) ➢ Continuity of Care Documents (CCD)
New Jersey: **Health Connect**	➢ Medicaid data (receive from payer, not Medicaid directly) ➢ Claims data ➢ Patient records ➢ Clinical data/test results

HIE	Data in the HIE
Ohio: CliniSync	➤ ADT/Registration and CCD/CCDA ➤ Referrals and other communications in Referral Application ➤ Eligibility Files ➤ Pharmacy, optometry and other svcs. ➤ Looking at claim contribution ➤ Provider Directory for Transitions of Care ➤ Public Health Reporting ➤ Clinical Data Marts ➤ Notifications
Rhode Island: CurrentCare	➤ Lab results ➤ ADT transactions ➤ Medications ➤ Clinical Summaries ➤ Diagnostic/Imaging Reports ➤ EKGs ➤ Telehealth data ➤ State Continuity of Care form

HIE	Data in the HIE

Michigan: **Great Lakes Health Connect**	➢ Patient Records and Encounter Data
	➢ Registry Data
	  ✓ Immunizations
	  ✓ Syndromic
	  ✓ Newborn screening
	  ✓ Reportable Labs

HIE	Services Provided
Maine: **HealthInfo Net**	➢ Accountable Care Data Services ➢ Automated Laboratory Reporting ➢ Notification Services ➢ Reporting and Analytics ➢ Statewide Data Repository & Secondary Use ➢ Syndromic Surveillance
New Jersey: **Health Connect**	➢ Direct Messaging ➢ Encounter Notification ➢ Enterprise Imaging ➢ Patient Lookup Query
Ohio: **CliniSync**	➢ Clinical Results Inbox & Reports ➢ Community Health Record ➢ Direct Clinical Messaging ➢ Health Plan Services ➢ Integration into Nation Prescription Drug Monitoring Database ➢ Master Patient Index ➢ Referrals

HIE	Services Provided
Rhode Island: CurrentCare	➢ Analytics ➢ Bi-directional data integration with EHR ➢ CurrentCare Alerts ➢ CurrentCare for Me ➢ CurrentCare View ➢ Provider Directory
Michigan: Great Lakes Health Connect	➢ Closed Loop Referral Mgmt/Care Coordination ➢ Data Enrichment Services ➢ Direct Clinical Messaging ➢ Explore Operational Reporting & Analytics ➢ Image Exchange ➢ Meaningful Use Support ➢ Results & CCD Delivery ➢ State Registries ➢ Virtual Integrated Patient Record (VIPR)

Recommended Best Practices

HIE	
Maine: **HealthInfo Net**	There was no information provided in the Maine Presentation.
New Jersey: **Health Connect**	➢ Open Governance Structure ➢ Outsourced Staffing ➢ Vendor Neutral Model ➢ Patient Identification Standards ➢ Dedicated Patient Portal ➢ Support Population Health
Ohio: **CliniSync**	➢ Don't create the theory of HIE and hope participants come-solve real problems ➢ Potential partnership model to maximize investments already made and to leverage a Sustainability Model ➢ Grassroots efforts are key ➢ The "Circle of Trust" is very fragile ➢ Low pricing and Community Approach is key for buy in ➢ Don't believe half of what you hear about capabilities

HIE	Recommended Best Practices

Rhode Island: CurrentCare	➤ Patient/Consumer:
	  ✓ Keep focus on Patients/Consumers and all decisions/actions should be based on this principal.
	➤ Use:
	  ✓ Change to value based purchasing will drive use of the system
	  ✓ Educate individuals to adopt/use the system early on
	➤ Local leadership:
	  ✓ Create a vision that recognizes that an HIE's "power" is about what can be accomplished collectively for the betterment of patients
	  ✓ Actively engage in driving that vision to reality
	Collaboration and Transparency:
	  ✓ Critical to gain trust of health care community and individuals; listen carefully to respond
	➤ Policy:
	  ✓ Should drive technology yet be considered in conjunction with technical, operational and sustainability

Michigan: Great Lakes Health Connect	➤ Don't create the theory of HIE and hope participants come- solve real problems ➤ Run it like any other business ➤ Start with the easier items to build momentum of success ➤ Implement in a highly focused way ➤ HIE is not fundamentally about technology, but workflow and people

HIE	Lessons Learned

Maine:
 	
HealthInfo Net
	➢ Develop the Service and Product Infrastructure
	➢ Expand HIN HIE and Analytic Products into National and Regional Markets
	  ✓ Out-of-state services will provide additional funding
	➢ Enhance and Expand HIE Services
	  ✓ Will be expanded to meet reporting/analytics, notification requirements, and quality/efficiency improvement activities
	  ✓ Pharmacies will participate as members of HIE

New Jersey: **Health Connect**	➢ Establish support staff early on for implementation ➢ Develop Patient ID standards at the start ➢ Establish dedicated HIE reps for each organization (member) with defined roles/responsibilities

HIE	Lessons Learned
Ohio: *CliniSync*	➢ Absolutely critical to keep providers in their EMR experience ➢ Your model must be flexible. Direction and priorities change every 12-24 mos. ➢ Vendor must be a "Technology Partner" and have leverage to facilitate this relationship ➢ Define your "Customer ➢ Paying Stakeholders must "Buy In" and have a voice in your direction ➢ Hospitals are the key starting point ➢ Consumer/patient are always a priority; must decide how they best fit in your model ➢ Champions are key- facilitate conversations with EMR companies

| HIE	Lessons Learned
Rhode Island: CurrentCare	➢ Community decision-making process can be slow, but the outcomes are worth the time and effort ➢ Seek broad stakeholder input early and often ➢ Appropriate governance, management and performance measurement processes must be in place to drive sound decisions, ensure progress and provides transparency ➢ Opt-Out will generally allow for the greatest use of the HIE and avoid duplication of systems; but may limit types of data that can be included ➢ Develop system that can include and link a patient's clinical data with their claims data ➢ Role of government may change over time
Michigan: Great Lakes Health Connect	✓ Minimize upfront investments- structured agreements to pay for infrastructure ✓ Consider more, those who have been successful like you rather than "HIE by the book"- consider partnerships ✓ There is no "end" to the HIE's development

What's Next?

Vote on soliciting an RFI versus an RFP for HIE vendor(s)

HITE-CT Policies and Procedures Q&A

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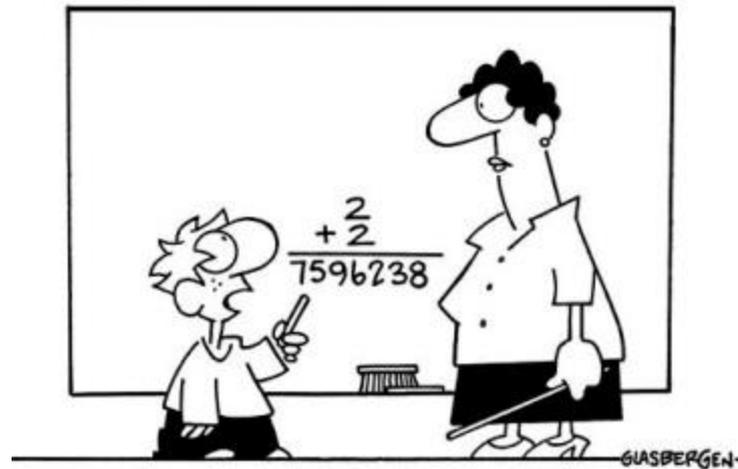
"In an increasingly complex world, sometimes old questions require new answers."

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Future Agenda Item Requests

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➢ Strategize for future agenda item requests

➢ Next meeting April 21

Thank You!

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Department of Social Services: Public Act 15-146 Site

Appendix: References

- *"Conversation with the Connecticut Statewide Health IT Advisory Council"*, The Ohio Health Information Partnership CliniSync Health Information Exchange, January 13, 2016

- *"Conversation with the Connecticut Statewide Health IT Advisory Counsel"*, Great Lakes Health Connect, January 27, 2016

- *"CurrentCare, Rhode Island's Health Information Exchange"*, State of RI Executive Office of Health and Human Services, February 10, 2016

- *"Health Information Exchange Overview, Insights & Learnings"*, New Jersey Health Connect, February 24, 2016

- *"Overview of HealthInfoNet"*, HealthInfoNet, March 3, 2016

All presentations are posted and available on the
Department of Social Services: Public Act 15-146 Site

The HealthIT.gov website provides good information regarding HIEs.
https://www.healthit.gov/providers-professionals/meaningful-consent-overview

Consumer Consent Options for Electronic Health Information Exchange: Policy Considerations and Analysis
https://www.healthit.gov/sites/default/files/choicemodelfinal032610.pdf

Consent Options for Electronic Health Information Exchange in Texas
http://www.illinois.gov/sites/ilhie/Documents/Consent%20Options%20for%20HIE%20Texas_June2011.pdf

Managing Consent in and HIE Environment
http://www.himss.org/News/NewsDetail.aspx?ItemNumber=16405