

STATE HEALTH INFORMATION
TECHNOLOGY ADVISORY
COUNCIL – SB 811
AUGUST 20, 2015

Roderick Bremby, Chair
Commissioner Dept. of Social Services

Agenda

2

- Introductions
- SB811 (Sections 20-26)
- Background and Context PA 14-217
- Short-term Deliverables and Timelines
- Next Steps

3

SB 811 - Public Act 15-146

Appointments

Electing a Co-Chair

Overview of the sections

Engaging a facilitator

Discussion

Appointments and Electing a co-chair

4

- 28 member Advisory Council
 - ▣ 13 of 28 members identified
- Election of Co-chair
 - ▣ Decision – postpone till next meeting as only 2 members have been appointed (refer agenda for list) or elect a co-chair today (non-state person)
 - ▣ Discussion

Overview of Sections 20-26

5

- Sect. 20
 - Definitions of terms
 - Requires that EHRs must be shared and exchanged with the health care provider of the patient's choice in a timely manner
 - Also details that *health information blocking* is an unfair trade practice and if practiced the hospital, health system or seller is subject to penalties

Section 21

6

- Establishes a state-wide HIE and details the goals associated
- Allows the use of bond funds, upon approval, for the purpose of establishing a HIE and issuing RFPs for the development management and operation of the HIE
- DSS shall have administrative authority over the HIE

Section 22

7

- Requires each licensed hospital and clinical laboratory to maintain an EHR system and to participate in the HIE not later than one year after commencement of the HIE

Section 23

8

- DSS shall develop uniform information, terminology, electronic HIT standards and regulations for the licensing of human services facilities
- DSS in consultation with the HIT Advisory Council will implement and periodically revise the state-wide HIT plan, and oversee development and implementation of the HIE

Sections 24-26

- **Section 24** - Hospitals shall use its EHRs to enable bidirectional connectivity and the secure exchange of records
- **Section 25** –Creates the State HIT Advisory Council to advise DSS in developing priorities and policy recommendations for advancing HIT and HIE efforts
 - Council will include 28 designated members
- **Section 26** -DSS shall take into consideration advice by advisory boards and councils in human service areas

Facilitation of the Council Meetings

10

- Engage a facilitator

Background and Context

CT HIT Initiatives

PA 14-217 – Multiagency collaborative process

Strategic and Operational Plan (handout)

CT HIT Landscape

About the Connecticut HIT Initiative

12

- **2007** – Connecticut Assembly passed Public Act no. 07-2, “An Act Implementing the Provisions of the Budget Concerning Human Services and Public Health
- **2008** – Contract for development of the Connecticut Statewide Health Information Technology Plan awarded to JSI Research and Training Institute, Inc.
- **2009** – Department of Public Health (DPH) unveils the Statewide HIT Plan. Public Act 09-232 designating DPH as the state designated entity for Health Information Exchange
- **2010** – DPH signs a cooperative agreement with ONC for establishing a statewide HIE. Connecticut General Assembly creates HITE-CT to coordinate and oversee HIE activities in CT. First HITE-CT Board meeting starts in Oct. 2010.
- **2011** – HITE-CT issues an RFP for a full-service HIE. HITE-CT entered into a thirty-six month license, support, and services agreement for the provision, licensing, maintenance and support of a health information exchange solution
- **2012** – HITE-CT attempts to renegotiate contract with HIE vendor
- **2013** – HIE vendor sues HITE-CT for breach of contract, which is later dismissed

About the Connecticut HIT Initiative

13

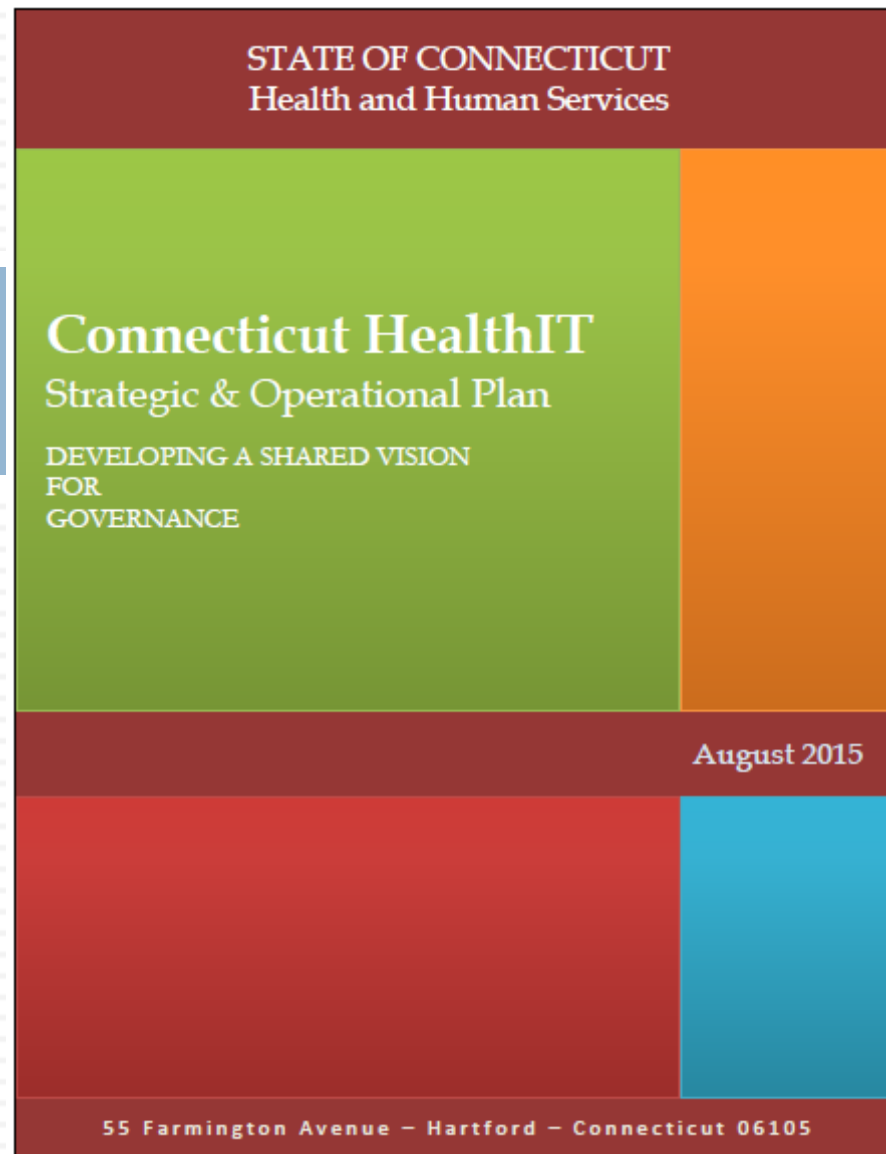
□ 2014

- April: DSS launches the Direct Secure Messaging HISP May: DSS receives the TEFT award
- May: **DSS Starts an update of the HIT Strategic Plan**
- June: HITE-CT dissolved and assets of EMPI and Provider Directory moved to DSS
- July: DSS is given the charge for HIT delivery and coordination
- Planning initiative themes:
 - Create a HIT vision statement for Connecticut
 - Identify common HIT goals
 - Identify and support an enterprise built on an interoperability framework
 - Create and operationalize a cross-agency IT governance structure

14

Public Act 14-217

Work Accomplished



Connecticut HIT Planning

15

- Authorizing legislation
- Multiple agencies

Below is a list of initiatives with a brief project status.

1. Planning: We have initiated a process to update the Health Information Technology Strategic and Operational Plan over the coming year. The initial plan was created by HITE-CT, an agency that was sunset on June 30, 2014. Public Act 14-217 designates the Department of Social Services to lead this effort in partnership with other agencies by adopting best practices and standards in HIT to improve health care delivery and quality of care. We are planning to meet over the next six months with a focus on the following:
 - a. Create a HIT vision statement for our state;
 - b. Identify common HIT goals;
 - c. Identify and support an enterprise built on an interoperability framework; and
 - d. Operationalize a cross-agency IT governance structure that builds upon and ties the various initiatives that have been undertaken in the last four years with respect to health and human services.

Connecticut HIT Planning

16

- Objective of planning sessions for governance
 - ▣ *Effective Governance Model for Connecticut's Health Information Technology initiatives*

Implementing Governance

17

- Connecticut leveraged the Illinois Handbook
 - ▣ Tailored for Connecticut HIT Governance needs
- Attributes of Good Governance
 1. Identify and assemble strong executive leadership
 2. Create a shared vision
 3. Formalize the structure
 4. Establish a clear decision-making process
 5. Evaluate and adapt as needed
 6. Maintain transparent communications

Implementing Governance

18

- Process for implementing governance
 - ▣ Six sessions with the executive leadership from the HHS agencies
 - ▣ Each session reviewed the attributes of good governance from Illinois handbook
 - ▣ Connecticut executives adapted governance work for the HIT efforts

Attributes of Good Governance

19

- Executive Leadership from Departments of:
 - Social Services (DSS)
 - Administrative Services (DAS)
 - Children and Families (DCF)
 - Consumer Protection (DCP)
 - Developmental Services (DDS)
 - Public Health (DPH)
 - Mental Health and Addiction Services (DMHAS)
 - Correction (DOC)
 - Veterans Affairs (DVA)
 - Access Health Connecticut (AhCT)
 - Office of Policy and Management (OPM)

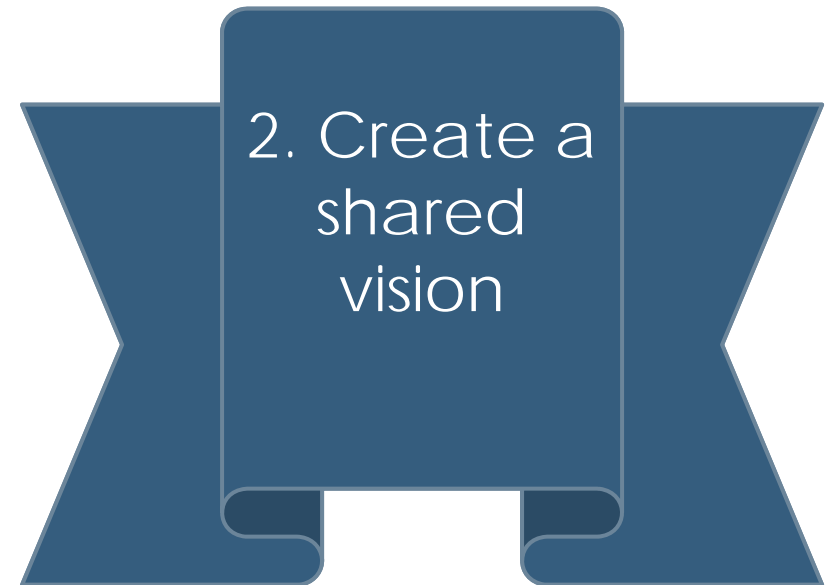


1. Identify and assemble strong executive leadership

Attributes of Good Governance

20

- Create a shared vision
 - ▣ Utilized AIM to identify key priorities of the vision
- Resulting Connecticut HIT shared vision statement and mission
 - ▣ Vision
 - Empower individuals to better manage their own health with an easily accessible and transparent system, resulting in better health outcomes for our citizens.
 - ▣ Mission
 - Develop a Health Information Technology framework, based on shared values across state agencies.



Connecticut HIT Shared Vision Statement Graphic

21

□ Connecticut HIT Shared Vision and Mission

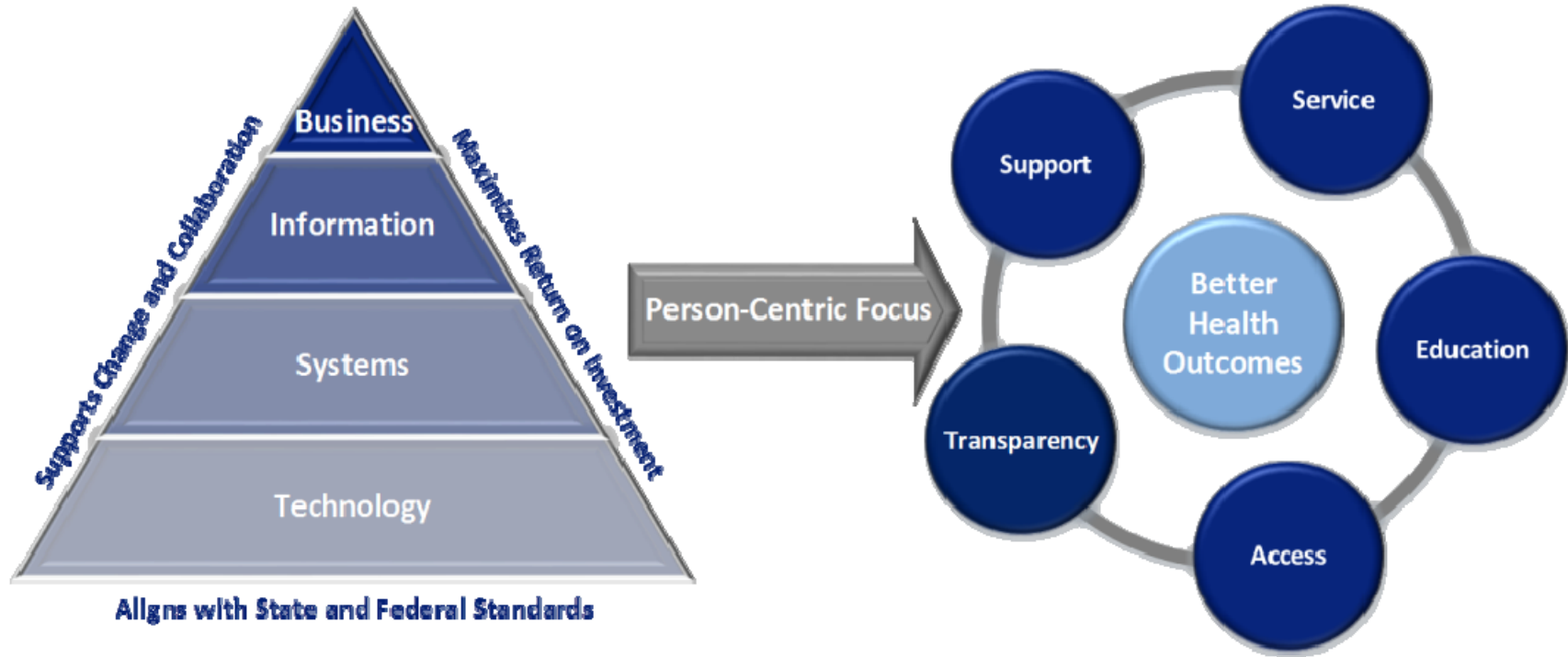
□ Vision

- Empower individuals and those that provide health resources to achieve better health outcomes through improved access to secure and private health information.

□ Mission

- Develop a Health Information Technology framework, based on shared values across state agencies.

Connecticut HIT Framework



HIT Framework

23

□ Business

- Enable access to a personal health record that is based on standards, is safe and supports informed decision making

□ Information

- Enable individuals to manage their health by providing access to the PHI to support self-management

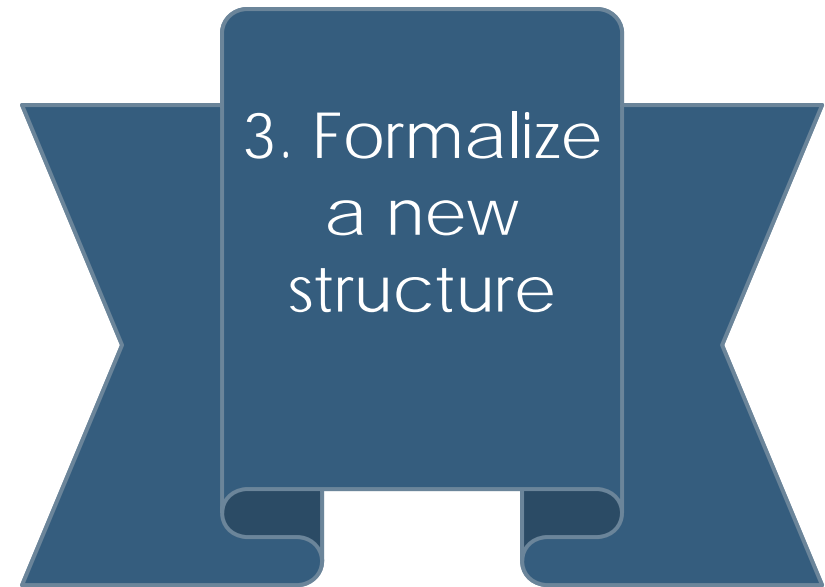
□ Systems/Technology

- Clearly articulate an integration approach that leverages existing technology to move toward upgradeable, supportable, and reliable shared platforms that are cost-effective and sustainable

Attributes of Good Governance

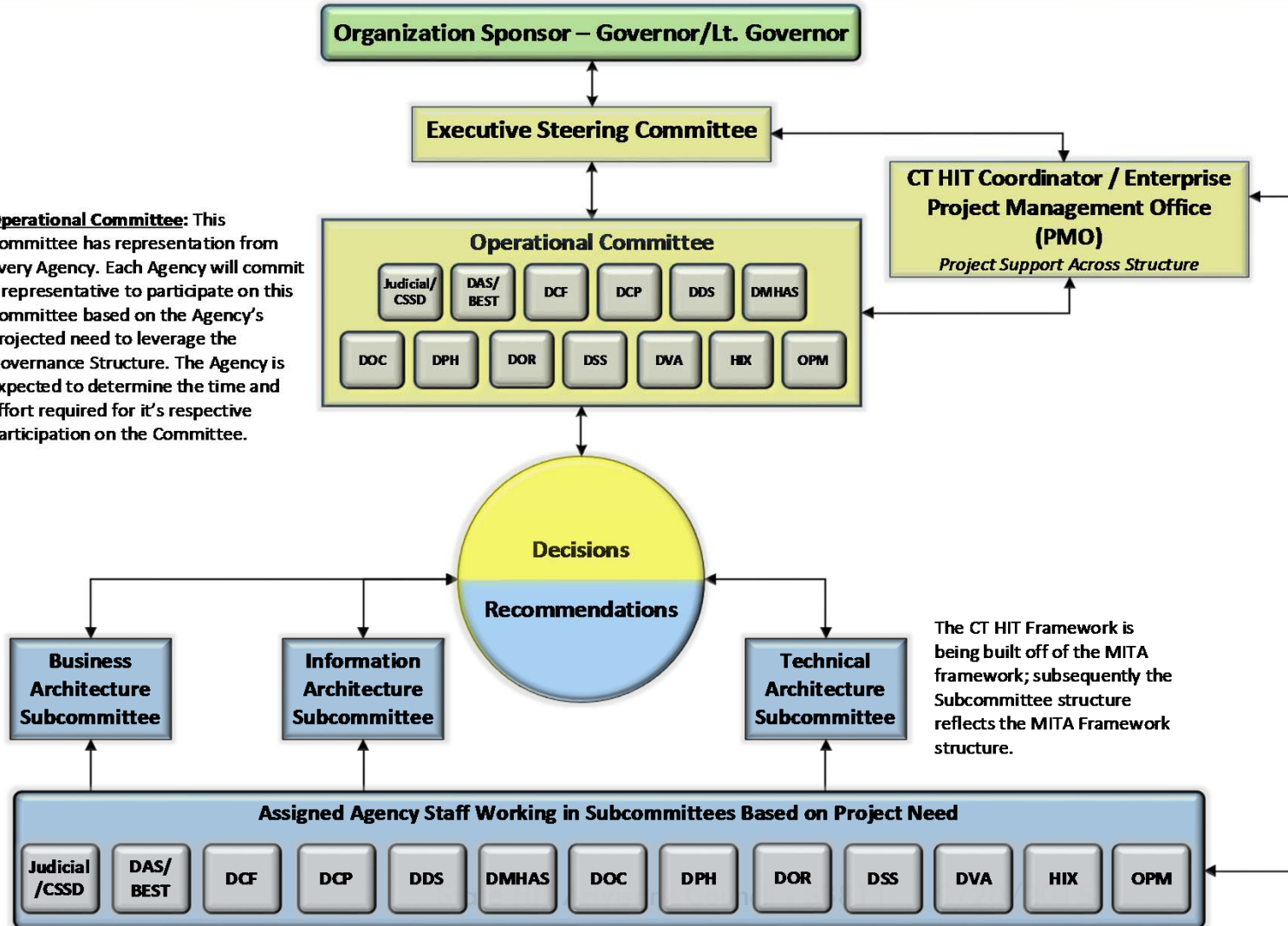
24

- The team discussed the various levels of a Governance Structure including
 - ▣ Executive Steering Committee
 - ▣ Operational Committee
 - ▣ Project Management Office
- The team also discussed other committees such as Advisory Councils and Subcommittees, which often support a Governance Structure
- Reviewed examples of other Governance Structures
 - ▣ Illinois Proposed Governance Framework Model
 - ▣ Minnesota IT Governance Framework Structure
 - ▣ Connecticut HIT Coordination Governance Structure



Connecticut HIT Governance Structure

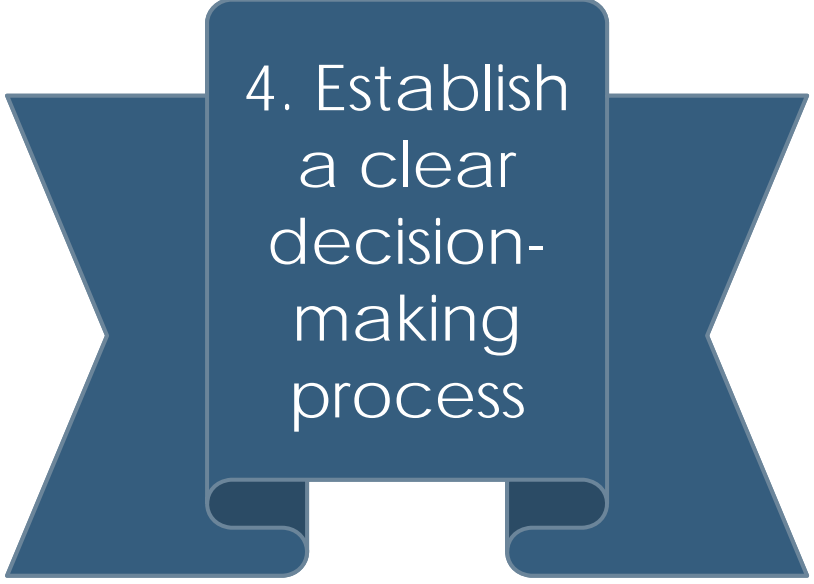
Operational Committee: This Committee has representation from every Agency. Each Agency will commit a representative to participate on this Committee based on the Agency's projected need to leverage the Governance Structure. The Agency is expected to determine the time and effort required for it's respective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



Attributes of Good Governance

26

- **Decision Making: Operational Committee**
 - ✓ Decision making body comprised of representatives of each Agency
 - ✓ Directs the effort and facilitates communications between the Executive and Operational Levels
- **Considerations**
 - ✓ Agencies need to determine the level of commitment (full-time, part-time, or a resource shared across Agencies)
 - ✓ Agency funds its individual representative(s)



4. Establish a clear decision-making process

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 it's respective participation on the Committee.



Attributes of Good Governance

27

- Project charters developed for each committee
 - ▣ Executive Steering Committee
 - ▣ Operational Committee
 - ▣ Business Architecture Subcommittee
 - ▣ Information Architecture Subcommittee
 - ▣ Technical Architecture Subcommittee
- Memorandum of Understanding
- Define criteria for the HIT Governance Projects



Attributes of Good Governance

28

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CLIENTS/APPLICANTS PROGRAMS & SERVICES PARTNERS/VENDORS FIELD OFFICES PUBLICATIONS

CT Health Information Technology

[HIT Home](#) [Statewide HIT Strategic Plan](#) [Medicaid EHR Incentive Program](#) [TEFT](#) [HIT Resources](#)

Bringing Together Health Information Technology in Connecticut

Health Information Technology

This webpage is intended to provide you with an overview of the many Health Information Technology (HIT) initiatives underway in the State of Connecticut. Our goal is to keep information on this site current so all stakeholders are informed about current endeavors, as well as planned HIT initiatives. Our primary goal in the HIT arena is to adopt and advance the use of national standards that support secure data exchanges and enhance interoperability across health care organizations.

- [Statutory background](#)
- Commissioner's Communication
 - [October 8, 2014](#)
- [Connecticut's Health-IT Agenda](#)
- [Status Report & Plan: Health Information Technology/Health Information Exchange \(March 2015\)](#)

Our HIT initiatives:

1. [Statewide HIT Strategic Planning](#)
2. [Medicaid EHR Incentive Program](#)
 - a) [Direct Secure Messaging](#)
3. [Testing Experience & Functional Assessment \(TEFT\)](#)

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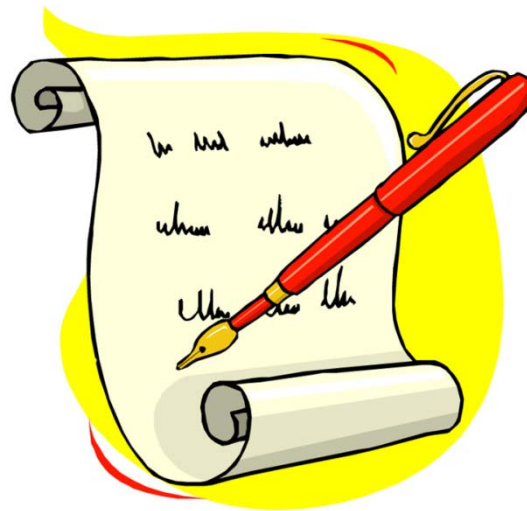
6. Transparent communication

9/20/2015

Interagency Agreement (under revision)

29

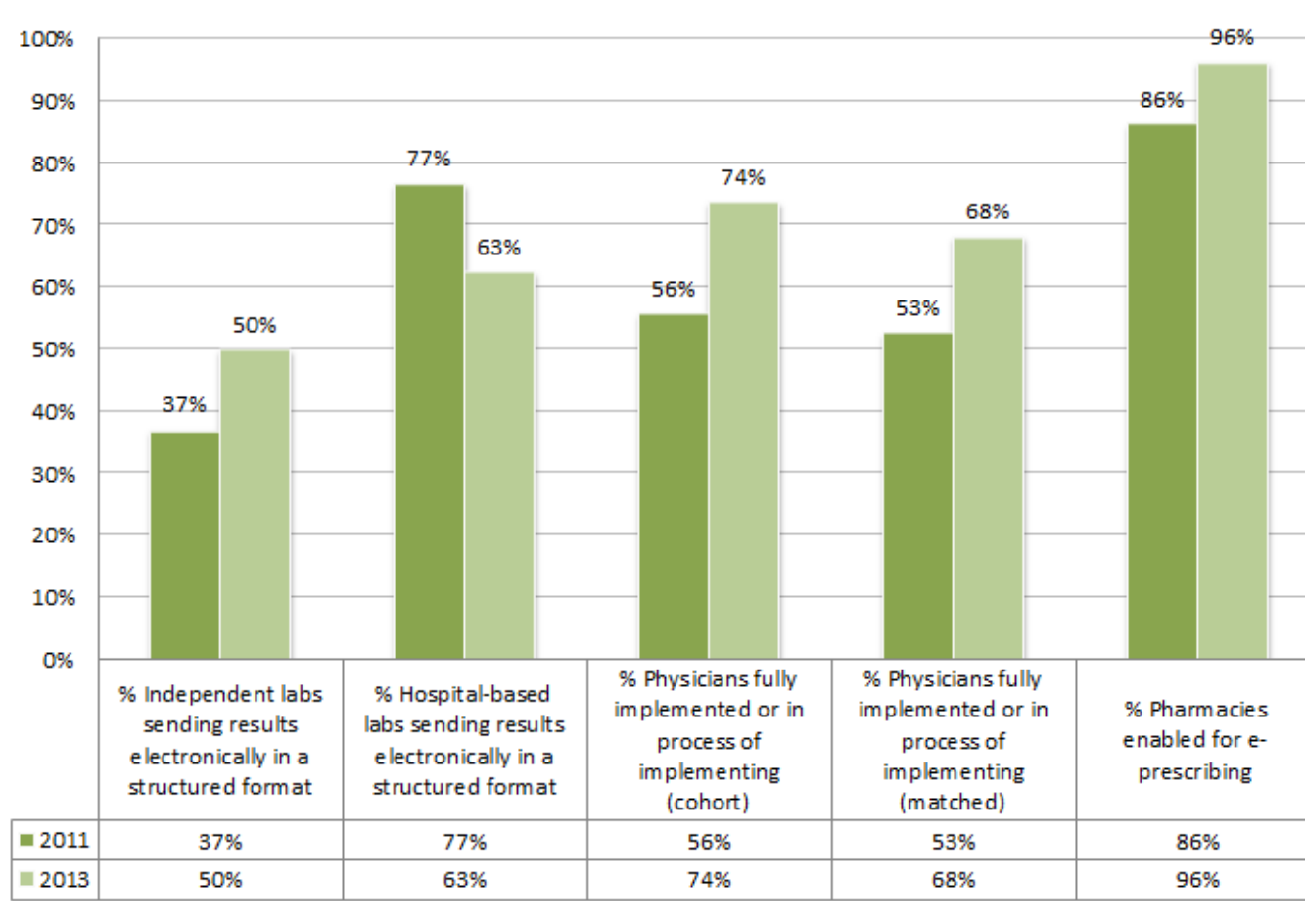
- Enterprise buy-in
 - ▣ Developed and signed Interagency Agreement
 - Outlining the bylaws for how the agencies will interact, participate, and support the governance model



30

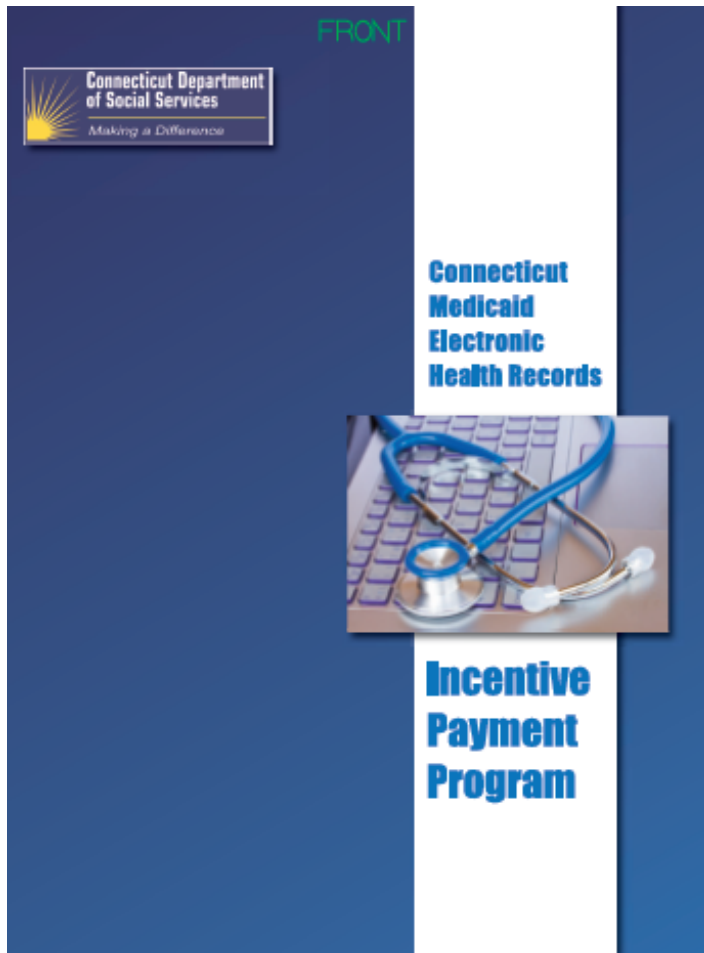
Our HIT Landscape

Electronic Capabilities of Labs, Physicians, and Pharmacies



Handout

32



Connecticut's Direct Web Portal



Welcome Back

Secure Email: @CTProviderDirect.org

Password:

[Sign In](#) [Reset Password](#)

- Contact Us
- > [EHR Website](#)
 - > [Important Messages](#)

The Project – Secure Messaging

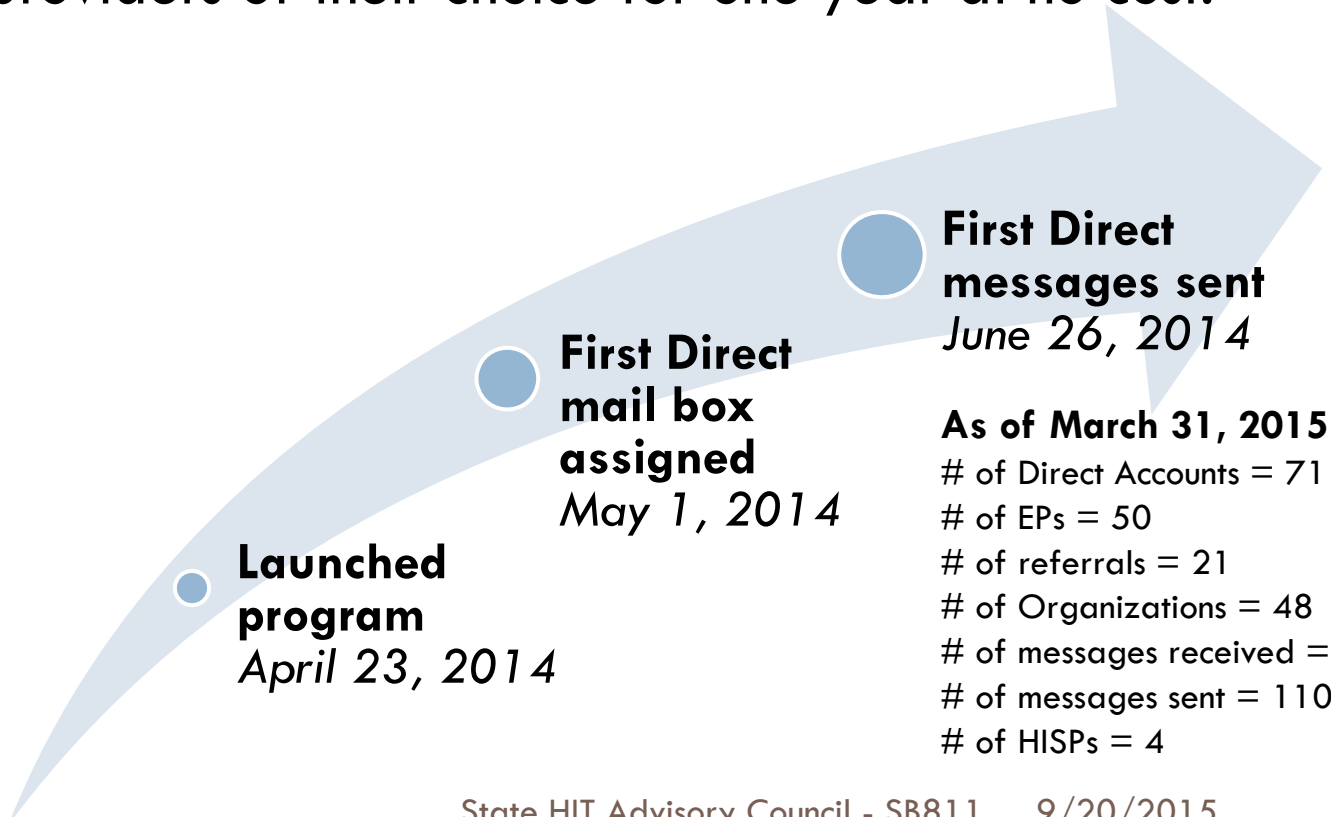
34

- **Goal** – coordination of care
- **Replaces** – unsecured faxing and emailing information
- **How does it work** – through a portal or through the tool kit integration with EHR for exchanging any-type of patient data with clinicians, care-team, patients...
- **Security** – two factor NIST Level 3 Assurance
- **What does this offer** – a free one-year subscription with free referral accounts
- **Standards** – uses Direct Framework and meets Direct specification
- **Comparative Cost** – RI \$10.00/PM/PM cost; DE \$15.00/PM/PM

Direct – XX@CTProviderDirect.org

35

- Through it's EHR incentive Program DSS is offering Direct mailboxes to eligible professionals and additional referral providers of their choice for one year at no cost.



Launched program
April 23, 2014

First Direct mail box assigned
May 1, 2014

First Direct messages sent
June 26, 2014

As of March 31, 2015
of Direct Accounts = 71
of EPs = 50
of referrals = 21
of Organizations = 48
of messages received = 524
of messages sent = 110
of HISPs = 4

TEFT - Testing Experience and Functional Tools (CMS Grant)

36

- Field test a beneficiary experience survey within multiple CB-LTSS programs for validity and reliability;
- Field test a modified set of Continuity Assessment Record and Evaluation (CARE) functional assessment measures for use with beneficiaries of CB- LTSS programs;
- **Demonstrate use of personal health record (PHR) systems with beneficiaries of CB-LTSS; and**
- **Identify, evaluate and harmonize an electronic Long Term Services and Supports (e-LTSS) standard in conjunction with the Office of National Coordinator's (ONC) Standards and Interoperability (S&I) Framework.**

37

Short-term Deliverables

Deliverables

38

- Section 21 - On or before **January 1, 2016** DSS in consultation with HIT Advisory Council must **submit a plan to OPM** for the establishment of a statewide HIE.
- Section 23 - Not later than **February 1, 2016** and annually thereafter DSS in consultation with HIT Advisory Council **shall report to the joint standing committees of cognizance** (HS and PH) on development and implementation of HIT plan and data standards and recommendations for policy regulatory and legislative changes.
- Section 25 - All appointments to the HIT Advisory Council no later than August 1, 2015. **The council shall meet not less than three times prior to January 1, 2016. first meeting before September 1, 2015.**

39

Discussion of Next Steps

Next Steps

40

- Update to HIT Strategic and Operational Plan based on 2015 Legislative Session – Public Act 15-146
 - ▣ DSS the administrative authority for operating the statewide HIE
 - ▣ Based on the initial HIT Plan
 - ▣ Establish a State HIT Advisory Council comprised of 28 members
 - ▣ Funds appropriated for HIT activities
 - \$292,097 for SFY 2016
 - \$358,544 for SFY 2017

Continued Momentum

- Developed the Strategic and Operational Plan
- Bill 811 passes in 2015 giving DSS the administrative authority for operating the statewide HIE
 - ▣ Based on the initial HIT plan
 - ▣ Advice from a 28-member advisory council (yet to be formed)
- Success breeds success
 - ▣ Cross-agency approach for domain specific solutions (i.e. transportation, education)

42

Questions???