Agenda

- Introductions
- Public Comment
- Review and Approval of 10/15/15 Meeting Minutes
- Appointments Update
- Election of Co-Chair
- Review Previous Action Items
- CSG Experience Overview
- Preliminary Conceptual Plan
- Review PA 15-146 HIE Vision
- HIE Requirements Review, Brainstorming, and Prioritization
- Solicitation Approach (RFI, RFP, etc.) including Activities/Timelines
- Governance Structure
- Examples of Successful HIEs
- Wrap Up and Next Steps
### Election of Co-Chair

<table>
<thead>
<tr>
<th>Description</th>
<th># Appointed</th>
<th># Remaining</th>
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<tbody>
<tr>
<td>Four members appointed by the Governor</td>
<td>1</td>
<td>4</td>
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<tr>
<td>Two members appointed by House Representative Speaker</td>
<td>0</td>
<td>2</td>
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<tr>
<td>One member appointed by Senate Majority Leader</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>#</td>
<td>Description</td>
<td>Assigned To</td>
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</tr>
<tr>
<td>1</td>
<td>Provide CSG contract to Council members</td>
<td>Dr. Tikoo</td>
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<tr>
<td>2</td>
<td>Prioritize HIE goals</td>
<td>HealthIT Advisory Council</td>
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<td>3</td>
<td>Develop a vision for CT’s HIE</td>
<td>CSG</td>
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<tr>
<td>4</td>
<td>Prioritize HIE requirements/functionality</td>
<td>HealthIT Advisory Council</td>
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<td>5</td>
<td>Provide more details regarding other states’ HIE costs</td>
<td>CSG</td>
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<td>6</td>
<td>Conduct an environmental scan to identify successful HIEs</td>
<td>CSG</td>
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<td>7</td>
<td>Determine best method to obtain information from successful, operating HIEs (release RFI, visit state HIEs…) and include RIQI as one of these HIEs</td>
<td>HealthIT Advisory Council</td>
</tr>
<tr>
<td>8</td>
<td>Schedule additional Council meetings</td>
<td>Dr. Tikoo</td>
</tr>
<tr>
<td>9</td>
<td>Provide HIE timeline showing parallel activities</td>
<td>CSG</td>
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</table>
Introduction to CSG
**CSG GOVERNMENT SOLUTIONS “AT-A-GLANCE”**

**BUSINESS:**
Government Operations Consulting

**HEADQUARTERS:**
Chicago, IL  
**YEAR FOUNDED:**  
1997  
**EMPLOYEES:**  
250

**CHIEF EXECUTIVE:**
John Walsworth

**SERVICE OFFERINGS:**
Program Modernization Strategy & Planning  
Project Assurance Services

**PROGRAM EXPERTISE:**
Healthcare  
Human Services  
Child Support  
Unemployment Insurance  
Revenue / Tax  
Motor Vehicles

**CLIENTS:**
40 state governments  
U.S. Department of Health and Human Services  
U.S. Department of Labor  
Large municipal governments

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**Strategy and Planning**
- Enterprise Architecture  
- Business Process Reengineering  
- Requirements Definition  
- Procurement Support  
- APD Development

**Project Assurance Services**
- Independent Verification & Validation  
- Project Management Office  
- Organizational Change Management  
- Software Testing Support  
- Privacy & Security
CSG has provided modernization services to government clients in these great states
# Health Information Technology Related

<table>
<thead>
<tr>
<th>Client:</th>
<th>Project:</th>
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<tbody>
<tr>
<td>UConn Health</td>
<td>Facilitation Services to Establish the HIT Governance Structure</td>
</tr>
<tr>
<td>Illinois Framework</td>
<td>Health Information Exchange IAPD Development</td>
</tr>
<tr>
<td>Oregon Health Authority (OHA)</td>
<td>QA Services for OHA HIT/HIE Portfolio Project</td>
</tr>
<tr>
<td>Illinois Framework</td>
<td>Enterprise HIT Governance Structure</td>
</tr>
<tr>
<td>Oklahoma Health Authority</td>
<td>Centralized, Enterprise Project Management Office</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Data Warehouse Planning</td>
</tr>
<tr>
<td>Mississippi</td>
<td>ITS Statewide Information Systems Consulting</td>
</tr>
<tr>
<td>Nevada</td>
<td>Affordable Care Act Consulting Services</td>
</tr>
<tr>
<td>Maryland</td>
<td>AHRQ Medicaid Health IT Workshop</td>
</tr>
<tr>
<td>Northern Arizona Regional Behavioral Health Authority (NARBHA)</td>
<td>Technical Assistance, Gap Analysis, Procurement Planning &amp; Support Services</td>
</tr>
<tr>
<td>CIGNA Government Services</td>
<td>Acquisition of Technical Applications</td>
</tr>
</tbody>
</table>

*Services*: Strategy and Planning

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11/19/2015
HIE Preliminary Conceptual Plan
HIE Preliminary Conceptual Plan

- Introduction/Background
- HIE Vision
- HIE Goals
- Governance Structure
- HIE Functionality
- High Level Budget
- Financial Sustainability Model/Plan
- Development of Stakeholder Value Proposition
- Alignment with Federal HealthIT Strategic Plan (2015-2020)
- Activities and Timeline
“There shall be established a State-wide Health Information Exchange to empower consumers to make effective health care decisions, promote patient-centered care, improve the quality, safety and value of health care, reduce waste and duplication of services, support clinical decision-making, keep confidential health information secure and make progress toward the state’s public health goals.”
PA 15-146 Requirements
Federal HIT Strategic Plan - Goals

- **Goal 1: Advance Person-Centered and Self-Managed Health**
  - **Objective A:** Empower individual, family, and caregiver health management and engagement
  - **Objective B:** Foster individual, provider, and community partnerships

- **Goal 2: Transform Health Care Delivery and Community Health**
  - **Objective A:** Improve health care quality, access, and experience through safe, timely, effective, efficient, equitable, and person-centered care
  - **Objective B:** Support the delivery of high-value health care
  - **Objective C:** Protect and promote public health and healthy, resilient communities

- **Goal 3: Foster Research, Scientific Knowledge, and Innovation**
  - **Objective A:** Increase access to and usability of high-quality electronic health information and services
  - **Objective B:** Accelerate the development and commercialization of innovative technologies and solutions
  - **Objective C:** Invest, disseminate, and translate research on how health IT can improve health and care delivery

- **Goal 4: Enhance Nation’s Health IT Infrastructure**
  - **Objective A:** Finalize and implement the Nationwide Interoperability Roadmap
  - **Objective B:** Protect the privacy and security of health information
  - **Objective C:** Identify, prioritize, and advance technical standards to support secure and interoperable health information and health IT
  - **Objective D:** Increase user and market confidence in the safety and safe use of health IT products, systems, and services
  - **Objective E:** Advance a national communications infrastructure that supports health, safety, and care delivery
## Public Act
- **Provide Patients with secure electronic access to their health information**

<table>
<thead>
<tr>
<th>Public Act</th>
<th>Council Identified Requirements</th>
<th>Federal HealthIT Strategic Plan - Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allow real-time, secure access to PHI and complete medical records across all health care provider settings</td>
<td>✓ Assure patient records are never discarded</td>
<td>✓ Advance Person-Centered and Self-Managed Health</td>
</tr>
<tr>
<td>Provide Patients with secure electronic access to their health information</td>
<td>✓ Real or near real-time; automatic sharing of health records that is not reliant on the will of the user</td>
<td>✓ Transform Health Care Delivery and Community Health</td>
</tr>
<tr>
<td></td>
<td>✓ One system and a single way for health care providers to access (vs. multiple systems and passwords)</td>
<td>✓ Foster Research, Scientific Knowledge, and Innovation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Enhance Nation’s Health IT Infrastructure</td>
</tr>
</tbody>
</table>
Matrixed Requirements

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</tr>
</thead>
<tbody>
<tr>
<td>Allow voluntary participation by patients to access their health information at no cost</td>
<td>✔️ No or low cost to patients, which will require a funding stream</td>
<td>✔️ Advance Person-Centered and Self-Managed Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✔️ Transform Health Care Delivery and Community Health</td>
</tr>
<tr>
<td>Support care coordination through real-time alerts and timely access to clinical information</td>
<td>✔️ PHI can be shared across all providers (hospitals, walk-in clinics, emergency rooms, physician offices, etc.)</td>
<td>✔️ Advance Person-Centered and Self-Managed Health</td>
</tr>
<tr>
<td></td>
<td>✔️ The patient must have the ability to choose what medical information goes to which providers, including which providers they do not want to receive their information</td>
<td>✔️ Transform Health Care Delivery and Community Health</td>
</tr>
<tr>
<td></td>
<td>✔️ Patient-centered</td>
<td>✔️ Foster Research, Scientific Knowledge, and Innovation</td>
</tr>
</tbody>
</table>
## Public Act

### Council Identified Requirements

- **Promote the highest level of interoperability**
  - Single point of entry for all (providers, patients, state agencies, and other stakeholders)
  - Integrated with provider’s EMRs so providers can easily work with the data provided by the HIE
  - “One-stop shopping”

- **Meet all state and federal privacy and security requirements**
  - Some information cannot be shared with the HIE and other providers, such as behavioral health information. The HIE needs to adhere to such privacy rules
  - Patients must have ability to opt-out
  - Provide de-identified data to assist in achieving public health goals

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## Federal HealthIT Strategic Plan - Goals

- Foster Research, Scientific Knowledge, and Innovation
- Enhance Nation’s Health IT Infrastructure
- Advance Person-Centered and Self-Managed Health
- Enhance Nation’s Health IT Infrastructure
### Public Act

- Reduce costs associated with preventable readmissions, duplicative testing and medical errors

- Support public health reporting, quality improvement, academic research and health care delivery and payment reform through data aggregation and analytics

### Council Identified Requirements

- SIM initiative has long range strategies that include developing value-based payment structures. Having an automated, timely way to collect patient data would assist in the creation of provider quality scorecards.

- Assist the SIM initiative to have a HIE that more quickly provides data to payers (health insurance companies) rather than wait for claims data

*Note: Some members stated that PA 15-146 did not envision giving insurers access to HIE data*

### Federal HealthIT Strategic Plan - Goals

- Transform Health Care Delivery and Community Health
- Foster Research, Scientific Knowledge, and Innovation
- Enhance Nation’s Health IT Infrastructure
- Foster Research, Scientific Knowledge, and Innovation
## Matrixed Requirements

<table>
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<tr>
<th>Public Act</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Be standards-based</td>
<td>✔ Be as standards-based as possible</td>
<td>✔ Advance Person-Centered and Self-Managed Health</td>
</tr>
<tr>
<td>Support population health analytics</td>
<td>✔ Use the HIE as a disease registry (there are separate disease registries in CT, but it would be helpful to have the information in one place)</td>
<td>✔ Transform Health Care Delivery and Community Health</td>
</tr>
<tr>
<td></td>
<td>✔ Share data across CT social systems to assist in addressing population health issues, such as health disparities</td>
<td>✔ Foster Research, Scientific Knowledge, and Innovation</td>
</tr>
<tr>
<td></td>
<td>✔ Provide de-identified data to assist in achieving public health goals</td>
<td>✔ Enhance Nation’s Health IT Infrastructure</td>
</tr>
</tbody>
</table>

**Notes:**
- **Be standards-based:**
  - As much as possible
- **Support population health analytics:**
  - Use the HIE as a disease registry
  - Share data across CT social systems
  - Provide de-identified data to assist in achieving public health goals
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Provide for broad local governance that:</td>
<td>✓ Include and involve community providers and consumers</td>
<td>✓ Advance Person-Centered and Self-Managed Health</td>
</tr>
<tr>
<td>✓ 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</td>
<td>✓ Is cognizant of large systems and small providers to assist in the exchange of health information</td>
<td>✓ Transform Health Care Delivery and Community Health</td>
</tr>
<tr>
<td>✓ Is committed to the successful development and implementation of the Statewide HIE</td>
<td></td>
<td>✓ Foster Research, Scientific Knowledge, and Innovation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Enhance Nation’s Health IT Infrastructure</td>
</tr>
</tbody>
</table>
Additional Requirements

- Data aggregation and analytics
- Support population health analytics
- Real-time alerts and timely access
- Reduce re-admission, testing and error costs
- State and federal privacy and security
- State and federal privacy and security
- Standards-based
- Allow voluntary patient participation
- Provide broad local governance
- Promote interoperability
- Provide patients with secure electronic access

HIE

Supports:
- Reduce costs
- Improve outcomes
- Increase efficiency
Solicitation Approach

Your trusted adviser in government program modernization.
Solicitation Approach

- **Request for Information (RFI)**
  - Seek information that is available via the landscape
  - Identify high-level requirements for solution providers to acknowledge
    - What requirements are available out of the box?
    - What requirements can be supported with modifications to the existing solution?
    - What requirements are not supportable with the solution?
  - Solution providers are invited to provide demonstration of services and capabilities
  - Evaluate the solutions and determine next steps

- **Request For Proposals (RFP)**
  - Formal solicitation process
  - Identify detailed requirements for solution providers’ response
  - Conduct a formal evaluation process
Considerations

- Do you have the staff and time commitment to write the RFI/RFP?
- Will you procure a vendor to finalize the SOP?
- Will you procure a vendor to write the RFP?
- What decisions need to be made to determine the solicitation approach?
- What time commitment can you make in support of the solicitation process?
- Do you need to have staff dedicated to ensure the success of the HIE?
Activities and Timeline

Request for Information

- 12/13/15 Administer RFI
- 3/1/16 Submit Plan to OPM
- 1/15/16 RFI Responses Due
- 1/29/16 Vendor Demos Complete
- 2/29/16 Sole Source Award
- 3/1/16 Apply for Bond Funds
- 3/15/16 Complete HIE SOP

Request for Proposals

- 1/2/16 Submit Plan to OPM
- 3/1/16 Apply for Bond Funds
- 3/15/16 Complete HIE SOP
- 7/1/16 Develop and Release RFP
- 8/1/16 Vendor Response Due
- 9/1/16 Vendor Award
- 11/1/16 HIE Vendor Start Date
Governance Structure
Connecticut HealthIT Advisory Council Structure

Commissioner of Social Services

Secretary of Office of Policy and Management

HIT Coordinator

Agency Representatives

Governor Appointees

Commissioner DMHAS

CEO Access HealthCT

Director SIM

CIO UConn Health

Healthcare Advocate

State CIO

Health System Representative

Health Information Technology Expert

Healthcare Consumer/Advocate

Health Insurance Industry Representative

Plan Trustee

FQHC Representative

Outpatient Surgical Facility Representative

Independent Community Hospital Representative

Primary Care Physician

Senate President Pro Tempore

Senate Minority Leader

Behavioral Health Services Provider

Home Health Care Services Provider

Multispecialty Group Physician

Health Care Analytics/Quality Analysis Expert

House of Representatives Speaker

House of Representatives Minority Leader

Additional Appointees

Governor Appointees

Agency Representatives

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Connecticut Health Information Exchange Operational Governance Structure

HIE Governance Board

- DSS
- Hospitals
- Behavioral Health Care Providers
- Physicians
- Health Insurers
- Patients
- Long-Term Care Providers
- Academic or Medical Research Institutions
- Employers
Examples of Successful HIEs
HealthInfoNet, Maine’s HIE

- **Overview/Background**
  - HealthInfoNet is the lead entity responsible for Maine’s HIE
  - Live since 2009
  - An independent, non-profit organization
  - State-led HIE activities
  - Population: 1.33 million
  - Approx. 39 Hospitals/3,526 Physicians
  - HealthInfoNet funding sources: State and Federal grants, Fees from products/services and Contracts

- **Summary of Services and Functionality**
  - Consent Model: Opt-Out for general medical information AND Opt-In for certain behavioral health and HIV related information
  - Statewide sharing of medical imaging
  - Immediate access to clinical information (medication and encounter history, lab results, primary/secondary diagnoses/conditions, etc.)
  - Centralized repository (data aggregation and analytic capabilities)

- **Why was Maine successful?**
  - Pursued initiatives to promote exchange prior to State HIE Cooperative Agreement Program
  - Focused heavily on establishing governance and stakeholder involvement
  - Strong stakeholder participation (prior to HIE planning and implementation)
  - Long history of engaging consumers, dating back to 2005; assembled a consumer stakeholder group which was also instrumental in developing the opt-out consent policy.
Overview/Background
- Rhode Island Quality Institute (RIQI) administers the HIE, known as CurrentCare
- Live since 2011
- Independent, Not-for-profit
- More than 45% of Rhode Islanders enrolled
- Technology partnership with HealthShare Intersystems
- Population: 1.05 million
- Approx. 14 Hospitals/4,677 Physicians
- CurrentCare funding sources: Commercial insurers, State government, Federal Medicaid match (90/10); Value-Added Services, and Self-funded employers

Summary of Services and Functionality
- Consent Model: Opt-In:
  - Provider Directory- single repository “source of truth” for provider information
  - Web-based access to up-to-date health information, including medical history, lab results, hospital/emergency room admissions and discharges
  - Consumer accessibility to manage health data on both Portal and Mobile devices.
  - Intelligent alerts with active analytics- such as hospital alerts
  - Real-time care management dashboards and metrics such as hospital readmission analysis
  - Shares behavioral (mental) health and substance abuse information

Why was Rhode Island Successful?
- Broadening scope of CurrentCare - (data sharing partners and types)
- Maintains sustainability by expanding revenue generating services
- Support, such as grants and incentives, offered to providers for EHR purchase
- Built trust via performance transparency
Overview/Background
- Launched in 2007
- An independent, public-private not-for-profit corporation.
- Technology platform provided by Medicity, Inc.
- Population: 935,614
- 7 Hospitals/2,300 Physicians
- DHIN funding sources: Payers, Federal Grant, Providers, Professional Services Income and Contributions

Summary of Services and Functionality
- Consent Model: “All in” or “All out”
- Provider Registry
- Community master patient index (CMPI)
- Record locater service (RLS)
- Identity management
- Public health reporting
- 5 types of transactions (lab results, radiology reports, transcribed reports, pathology results, and hospital admission, discharge and transfer (ADT’s)) are delivered via three methods (EMR interface, electronic inbox delivery, and printer delivery).
- Community health records
- Encounter Notification System (ENS)
- Continuity of Care Documents (CCDs)

Why was Delaware successful?
- High level of penetration and adoption
- Continual expansion of services
- Strong Board of Directors
- Sustainability Plan has worked
Overview/Background
- Launched in 2004
- A not-for-profit company
- Works hand in hand with the Regenstrief Institute
- Population: 6.59 million
- 106 Hospitals/25,000+ Physicians
- IHIE funding sources: Grants, Value-Added Services

Summary of Services and Functionality
- Consent Model: No consent required
- Provides a “virtual patient record”
- “Indiana Network for Patient Care”: Provides repository of medical related images
- “Docs4Docs”- Offers clinical messaging service
- Chronic disease, preventative care and quality reporting service

Why was Indiana successful?
- Strong sustainability business model: expand customer base markets, transition clinical repository from grant funded- to fee based, and enroll additional commercial payers
- Growing in market penetration
- Growing geographic range
- Continue to develop and deploy new services
There are common traits found in successful HIEs that attributed to their achievements and lessons learned:

- Built a strong governance structure, technical infrastructure and business model
- Effective stakeholder engagement and communication
- Create value-added services and products beyond health information exchange such as data analytics and healthcare billing, to increase revenue
- Assure the solution is flexible and agile to support an incremental build out of the program
- Learn from and follow the approach of other successful states
Lessons Learned

- **Build a Strong Infrastructure:**
  - Focus on assembling a governance structure and establishing stakeholder involvement early on

- **Communication is Key:**
  - Promoting the **value** of HIE is critical. Peak and maintain the interest of the provider community.

- **Sustainability:**
  - Plan to solve long-term challenges, such as sustainability, by incorporating value-added services that reach beyond health information to build revenue streams outside of grant funding
  - Ensure consensus around who is paying what share to maintain the solution
Wrap Up and Next Steps
December 17, 2015 Meeting

- HIE Costs Based on Connecticut's approach
- Review Draft HIE Preliminary Conceptual Plan
- SES presentation
Thank You!

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302-379-8846 – cell