

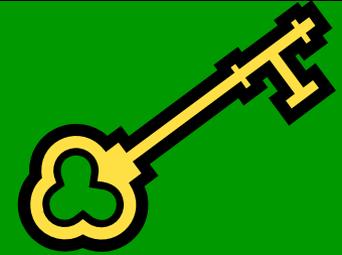


Statewide Health Information Exchange

Presentation to Sustinet
November 12, 2009



eHealthConnecticut Mission

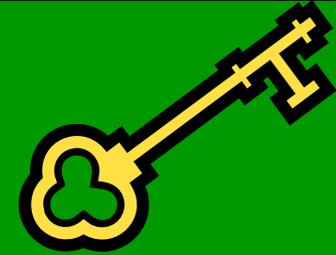


eHealthConnecticut is the not for profit entity incorporated in January 2006 to **create, champion and sustain a secure statewide health information exchange that will dramatically improve the safety, efficiency and quality of health care in Connecticut.**

Designated a Chartered Value Exchange by AHRQ in 2008



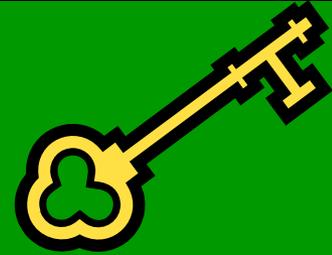
Board of Directors



25 Board Members

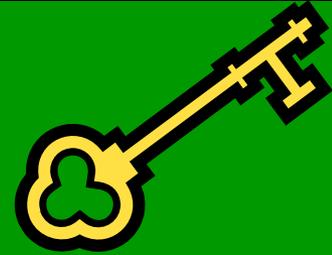
- ◆ Physicians
- ◆ Hospitals and Community Health Centers
- ◆ Pharmacists
- ◆ Clinical Service Providers
- ◆ Consumers
- ◆ Employers
- ◆ Payers
- ◆ Academia
- ◆ Quality Organizations
- ◆ State Agencies (ex-officio, non voting)
- ◆ State and Federal Legislators (ex-officio, non voting)

Three Programs



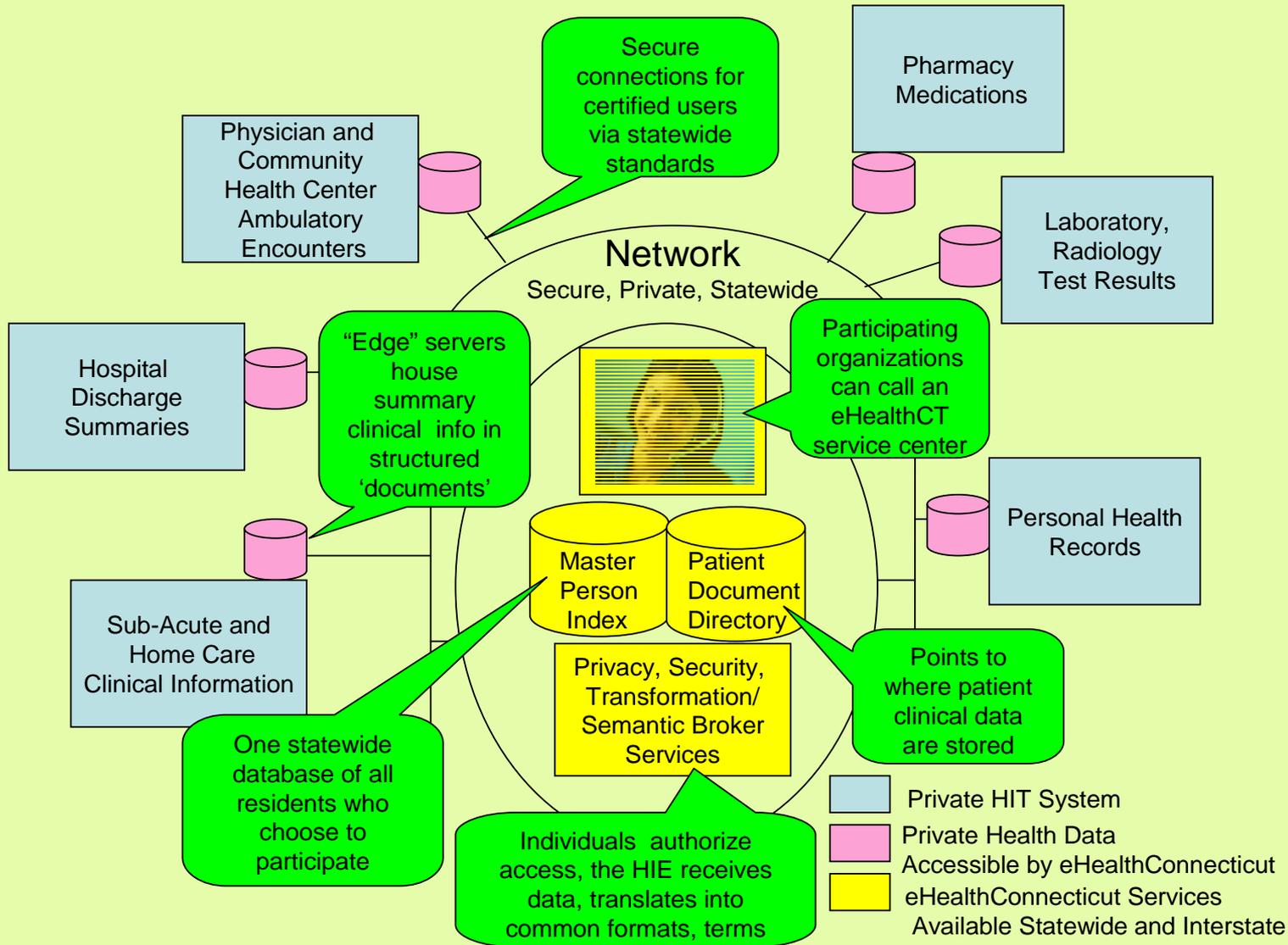
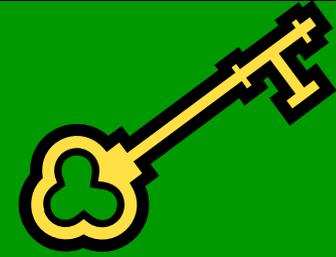
Program	Project Scope Defined	Proposal Submitted	Funds Committed	Project Started	System Live
Health Information Exchange	DSS Medicaid Transformation Grant HIE Pilot	✓	✓	✓	Feb, 2010
Quality Reporting, Improvement	CT Health Quality Cooperative	✓	✓	✓	✓
HIT Adoption	Health Information Technology Regional Center	✓			Decision Dec, 2009

Statewide Health Information Exchange



- ◆ Department of Social Services awarded Medicaid Transformation Grant in 2007; contracted with eHealthConnecticut January, 2009
- ◆ Scope is HIE and ePrescribing for Medicaid recipients, but HIE will serve all patients
- ◆ Go-live scheduled for February, 2010
- ◆ Pilot participants: hospitals, Federally Qualified Health Centers, private physician groups in multiple communities
- ◆ HITSP/IHE standards compliant, full function HIE scalable statewide:
 - “Pull model” enabling clinicians to access patient records in other locations (e.g., problems, allergies, medication history, lab results)
 - “Push model” enabling clinicians to send patient records to authorized providers (e.g., referral, hospital discharge summary)
 - Planned expansion to lab and radiology results delivery, other applications

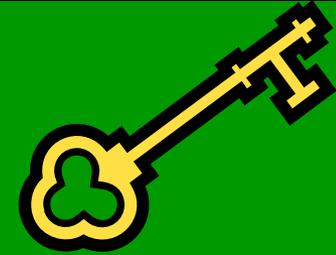
Statewide Health Information Exchange



HIE Privacy and Security

- ◆ Privacy Committee with broad representation
- ◆ Draft policies developed
 - “Opt in” model with education at point of care
 - Statewide “Universal Medical Records Release Authorization” form
 - If opt in, all data published to HIE including sensitive data
 - If opt out, no data can be viewed
 - Data flow for all patients for public health reporting
- ◆ Security policies being developed
 - Statewide “Data Use and Reciprocal Support Agreement” (DURSA)
 - Minimum security standards for all participants
 - Standards will become more stringent over time
 - Sophisticated authentication and encryption methods
 - Audit trail and 24x7 monitoring of all user activity

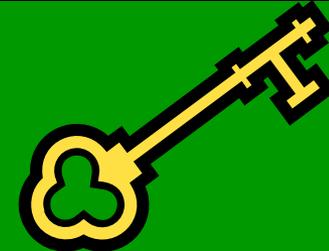
Connecticut Health Quality Cooperative



- ◆ Collaborators: eHealthConnecticut (Prime Contractor), CSMS, CSMS-IPA, Qualidigm (QIO), 5 Health Plans representing 95% of commercial market, Bridges to Excellence
- ◆ Goal: Provide physicians with aggregated and standardized performance data to improve quality and efficiency of care for all patients
- ◆ 9 claims-based measures from Medicare fee for service and health plan HEDIS data
- ◆ Physicians: GIM, FP, ObGyn, Peds, Cardio, Endo
- ◆ Data aggregation and system completed; live for 3,700 physicians to view results via secure CHQC website



Connecticut Health Quality Cooperative

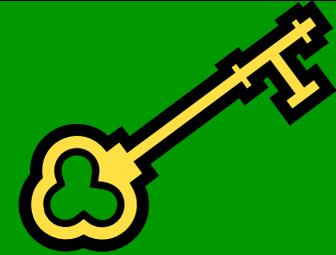


“One aggregated database shows more complete picture of physician quality across multiple payers”

Claims-based measures from Medicare FFS
and health plan HEDIS data:

- ◆ Diabetes: A1c testing, Lipid testing, Eye exams
- ◆ CAD/HTN: Lipid testing
- ◆ Prevention: Mammography, PAP tests
- ◆ Asthma: Appropriate medications
- ◆ Efficiency: Appropriate Rx for children with URIs; Appropriate testing for children with pharyngitis

Connecticut Health Quality Cooperative

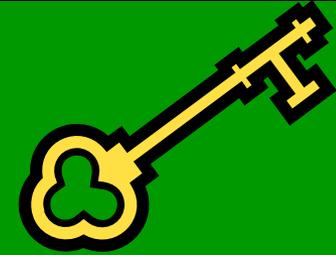


Education, analysis and feedback process:

- ◆ Health plans provide member data with physician attribution
- ◆ Qualidigm merges data at patient/provider level, creates database
- ◆ eHealthConnecticut produces quality reports, posts to confidential website
- ◆ Physicians access aggregated performance reports on website
- ◆ Education modules available on Website
 - Grant from UConn Foundation
 - How to interpret data
 - How to improve quality
 - CME credit
- ◆ Physicians direct questions to Qualidigm/health plans



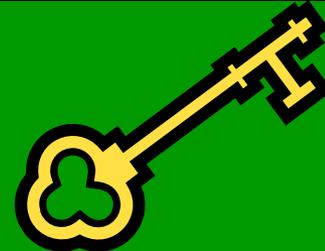
Health Information Technology Regional Center



- ◆ Federal “cooperative agreement” program, \$598 million stimulus
- ◆ Help providers select, implement, achieve “meaningful use” of Electronic Health Records Systems
- ◆ Meaningful use being defined, but will include ePrescribing, quality reporting, HIE
- ◆ Only one HITRC for any geography; could be multi-state, state, or smaller. eHealthConnecticut applied 11/3/2009
- ◆ If designated, eHealthConnecticut would engage provider customers who would purchase services to help them adopt HIT, position themselves for incentive payments (\$44,000 or more)
- ◆ Federal grant plans \$5,000 per provider, 9:1 federal:local match years 1-2, 1:9 match years 3-4



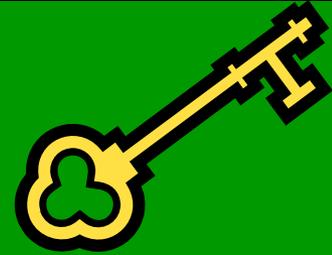
eHealthConnecticut Value



- ◆ Statewide, Community-Based Governance with Diverse Stakeholder Representation
- ◆ Independent, Trusted Convener
- ◆ Private-Public Relationship
- ◆ Statewide, Scalable, HITSP Standard HIE Infrastructure
- ◆ Building Public Trust (Statewide Privacy Policy with Consumer Advocates Engaged)
- ◆ Federal Recognition (Chartered Value Exchange)
- ◆ Quality Definition and Reporting (Providers and Payers at Same Table)
- ◆ HIT Adoption

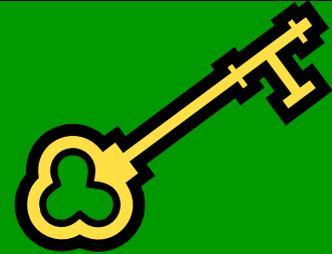
We spend \$22 billion on healthcare in Connecticut.
Technology enables quality AND efficiency.
Every 1% = \$220 million in economic value.





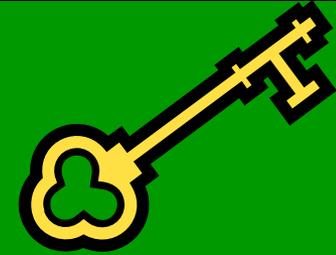
How can Sustinet use eHealthConnecticut's statewide utility?

- ◆ Enable medical homes with HIT adoption, HIE connectivity (referrals, care management, patient contact)
- ◆ Population utilization and outcomes analysis
- ◆ Provider quality reporting with claims and clinical data
- ◆ Enhanced quality, safety, efficiency with better information at the point of care
- ◆ Public outreach, education
- ◆ OTHER???



Appendix

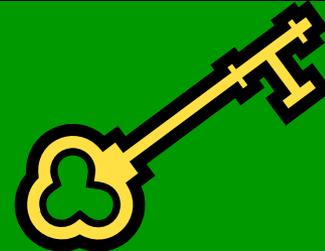
Statewide Health Information Exchange



HIE Infrastructure components operational 11/2009:

- ◆ A **master person index** system enabling the HIE and providers to identify patients
- ◆ A **document registry service** to identify where electronic clinical records exist for specific patients
- ◆ **Document repositories** housing clinical records in structured data
- ◆ **Transformation services** to enable the HIE to accept non-standard data feeds and convert them to standard documents
- ◆ **ePrescribing infrastructure components** including services to route medication orders and refill requests between prescribing providers and pharmacies, and a capability to make eligibility, formulary, and medication history information available

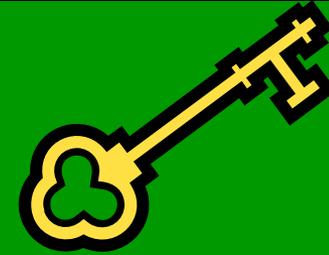
Statewide Health Information Exchange



HIE Infrastructure components operational 11/2009 (cont.):

- ◆ **Privacy policies and application** enabling patients to specify whether or not they want to participate in the HIE
- ◆ **Security applications** to encrypt data and authenticate all users
- ◆ **Interoperability standards** specifying document/file and field level data formats and semantics (HITSP/IHE)
- ◆ A **semantic broker service** to translate the language and codes of a participating HIT system to the standards adopted by the HIE
- ◆ A **data architecture** specifying how data will be acquired, translated, loaded, and provided to participating HIT systems
- ◆ A hosted **physical infrastructure**, including hardware and software to provide a state of the market data center service to the HIE.

Connecticut Health Quality Cooperative



Phase 1 Processes

