REPORT OF THE HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE TO THE SUSTINET BOARD

July 1, 2010

Summary

The Sustinet HIT Advisory Committee is pleased to present its recommendations to the SustiNet Board. The Advisory Committee concluded that SustiNet has a remarkable opportunity to collaborate with other state agencies to advance mutual initiatives to improve health care quality and efficiency. Federal funding to advance the uptake of HIT will provide much needed support for all aspects, including equipment, training and joint planning efforts.

The HIT Advisory Committee recommends that SustiNet electronic medical record requirements align with ongoing statewide and national efforts. A key forum for this work is the new Regional Health Information Organization -- the Health Information Technology Exchange of Connecticut (HITECT) that will be formally activated on January 1, 2011. SustiNet should have a formal role on the HITECT Board of Directors to ensure that the needs of new coverage programs and delivery systems will be integrated into the emerging system designs.

I. Purpose and mission of the Advisory Committee

A. SustiNet Law

The SustiNet legislation directed the Sustinet Board of Directors to establish an information technology advisory committee with the specific responsibility to make recommendations about electronic health record adoption to ensure a coordinated and interoperable system. The legislation recognized the complexity of creating such a system and the broad range of affected entities, including hospitals, clinics, medical groups, labs, pharmacies and solo or small medical practices. The Sustinet Health Information Technology Advisory Committee was charged with examining the process of implementation, and collaboration with state health care service delivery and oversight agencies.

B. Members

The Sustinet Health Information ("HIT") Advisory Committee membership was drawn from diverse clinical and information technology experts. Members of the Advisory Committee include:

Alex Hutchinson
Managing Partner
RPM Health
Advisory Committee Co-Chair

Marie Smith
Department Head of Pharmacy Practice
University of Connecticut School of Pharmacy
Advisory Committee Co-Chair

Jeffrey Kramer
Associate Professor-in-Residence and Director Programs in Healthcare and Insurance Studies
University of Connecticut School of Business
Board of Directors Committee Liaison

Jamie Mooney
Vice President and CIO Norwalk Hospital
Board of Directors Committee Liaison

Robert Aseltine
Director
CT Health Information Network
Center for Public Health and Health Policy

Jeffrey Asher
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Jody Bishop-Pullan
Public Health Dental Case Manager
Department of Health and Social Services, Stamford

John Brady
Chief Financial Officer and Vice President, Business Planning
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Angelo Carraba
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Mark Boxer
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Joel Cruz
Charter Oak Health Center

Pamela Cucinelli
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Community Health Center

Judith Fifield
Professor & Director
University of Connecticut Health Center, Ethel Donaghue Center for Translating Research into Practice and Policy (TRIPP)

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Victor Villagra
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C. Methodology

The HIT Advisory Committee met every other week beginning in December 2009. The Committee heard presentations from state and national electronic medical, records, and HIT experts.

The Committee formed subcommittees to examine the following topic areas: ARRA, Governance, Organization, Finance, Logistics, and Marketing and Outreach. Each subcommittee developed a set of recommendations in support of the HIT Advisory Committee's overall charge.

D. Definitions

The HIT Advisory Committee compiled a set of definitions and principles as background for specific recommendations about electronic medical records adoption and health information exchange. With many federal and state acronyms coined to describe complex organizations and functions, the Committee offers this information to create a common language for further conversations in the months ahead. These definitions are adapted from US Dept. HHS Office of the National Coordinator for Health Information Technology, ONC State HIE Toolkit, and E-Health Initiative.

These terms are in alphabetical order.

Clinical Decision-Support (CDS) -Software tools that provide evidence-based treatment recommendations to a clinician when evaluating care options for a patient, for example, offering reminders to clinicians to recommend guideline-based interventions for patients with chronic disease.

Centers for Medicare and Medicaid Services (CMS) – the federal agency within Health and Human Services with oversight for publicly funded health care programs.

Disease/Patient Registry – a database containing patient-specific clinical information for a population of patients. A clinical-based registry allows providers to proactively manage patients with chronic diseases. A population-based registry contains and tracks information on people diagnosed with a specific condition/disease within a defined geographic area or defined health plan. Registries are supplemental to EHRs (rather than substitute for EHRs). A statewide registry within the HIE creates the foundation for opportunities to analyze information and make actionable policy recommendations and decisions.

Electronic Health Record (EHR) An EHR is a medical record or any other information relating to the past, present or future physical and mental health, or condition of a patient which resides in computers which capture, transmit, receive, store, retrieve, link, and manipulate multimedia data for the primary purpose of providing health care and health-related services. EHRs may link real-time patient health records to evidence-based clinical decision support tools.

The EHR may automate and streamline a clinician's workflow, ensuring that pertinent clinical information is collected and available during the patient's next encounter. Currently, the primary use of EHRs is as a clinical documentation and practice management tool rather than a platform for care coordination and collaboration among health care professionals. If data aggregation capacity is developed within the HITECT health information exchange, EHRs may become a source of data for billing, quality management, outcome reporting, public health disease surveillance and reporting, and health services/policy research.

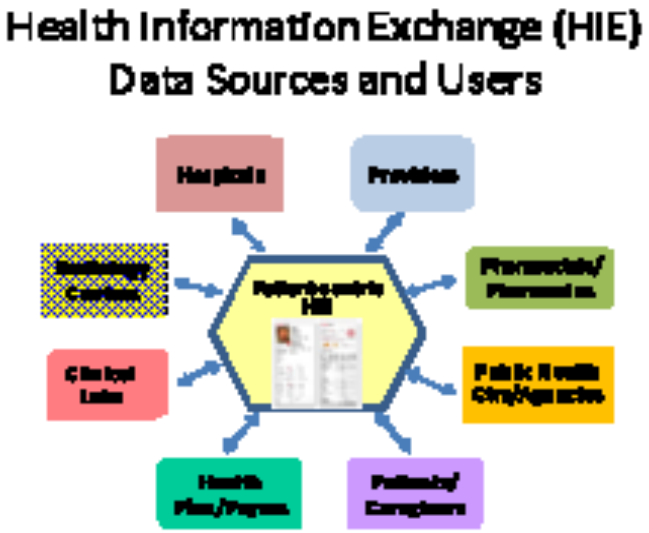
Electronic Prescribing (E-Rx) –Technology allowing prescribers to use handheld or personal computers to review drug and formulary coverage, view patient medication histories, and transmit prescriptions electronically to a pharmacy. E-prescribing software is often integrated into existing clinical information systems to screen patients for drug interactions and allergies. Some e-prescribing systems allow for two-way communication between the pharmacist and prescriber.

***Health Information Exchange (HIE)* -** the movement of health care information electronically across organizations within a state, region, or community according to nationally recognized standards to improve the quality, safety, and efficiency of health care – with a major focus on patient-centered care coordination and interprofessional collaboration for care planning purposes. A key premise is that information should follow the patient, and artificial obstacles -- technical, bureaucratic, or business related -- should not be a barrier to the seamless exchange of information. HIE allows secure clinical information sharing among primary care medical homes and specialists, hospitals, labs, imaging centers, clinics, and pharmacies, ultimately allowing quick access to key health information at the point of care.

Successful HIE initiatives obtain input and address the needs of health care professionals, providers, government/public health agencies, payers, hospital/health systems, academic health professionals/health researchers, and the patient community. An HIE should be accessible (based on patient

permission) to any licensed health care professional in CT and to out-of-state health care professionals caring for CT residents. Looking ahead, a unified HIE will allow data exchanges among state agencies such as Medicaid, public health, school, behavioral health, corrections, home health, and immunization/disease registries.

FIGURE 1



Health Information Technology (HIT) in this set of recommendations refers to certified electronic health records, technology and connectivity required to meaningfully use and exchange patient-level, treatment-related health information. HIT includes electronic health records (EHR), clinical decision support systems, e-prescribing, disease and patient registries, and personal health records.

Health Information Technology Exchange of CT (HITECT), a quasi-state agency, was designated as the CT statewide RHIO effective January 1, 2011 and will be governed by a Board of Directors.

Health Information Technology Exchange Advisory Committee (HITEAC): The 12 member advisory group created by Connecticut Public Act 10-117 that is responsible for advising the Department of Public Health about health information protocols, standards, and systems.

*M**eaningful Use*** –The federal Office of the National Coordinator for Health Information Technology (ONC) issued proposed regulations for "meaningful use" of certified electronic health record (EHR) technology and a second rule

for initial standards, implementation specifications, and certification criteria for EHR technology.

CMS' goal is for the definition of meaningful use to be consistent with applicable provisions of Medicare and Medicaid law while continually advancing the contributions certified EHR technology can make to improving health care quality, efficiency, and patient safety. To accomplish this, CMS' proposed rule would phase in more robust criteria for demonstrating meaningful use in three stages.

Stage 1 begins in 2011 with 25 objectives/measures for eligible providers (EPs) and 23 objectives/measures for eligible hospitals that must be met to be deemed a meaningful EHR user. Areas of emphasis include EHR data collection, tracking clinical conditions, care coordination, and reporting clinical quality measures and public health information.

Stage 2 adds disease management, clinical decision support, medication management, support for patient access to their health information, transitions in care, quality measurement and research, and bi-directional communication with public health agencies.

Stage 3 adds achieving improvements in quality, safety and efficiency, focusing on decision support for national high priority conditions, patient access to self management tools, access to comprehensive patient data, and improving population health outcomes.

Personal Health Record (PHR) – A patient-accessible application that allows individuals to maintain and manage their health information (and that of others for whom they are authorized) in a private, secure, and confidential environment.

Regional Extension Centers (also, Health Information Technology Regional Extension Centers, or HITREC) refers to federally funded regional health IT groups that will provide support to clinicians seeking to adopt EHRs. The HITREC services include training, technical assistance and resources. In Connecticut, e-Health Connecticut is the designated statewide HITREC.

Regional Health Information Organization (RHIO) - a multi-stakeholder organization that provides secure exchanges and uses of health information to improve service delivery quality, safety and efficiency. The RHIO determines the technologies, standards, laws, policies, technical services, programs and practices, business operations, and financing mechanisms that enable health information to be shared among health decision makers,

including consumers and patients, to promote improvements in health and healthcare. The Health Information Technology Exchange of CT (HITECT), a quasi-state agency, was designated as the CT statewide RHIO effective January 1, 2011 and will be governed by a Board of Directors. Before then, the Department of Public Health serves as the state RHIO, which has convened an Advisory Committee (HITEAC) until the end of 2010.

II. The SustiNet HIT Advisory Committee's Approach

A. Criteria for Electronic Health Records

The SustiNet HIT Advisory Committee endorses the following functional attributes of an effective, unified EHR system.

- Collect and update patient information (in a private and timely manner) during patient-health care professional visits, at care transitions, and at home.
- Access patients' information in a timely manner to perform clinical assessments and share recommendations with other health care professionals.
- Develop and implement patient care plans (incorporating shared patient care goals among health care providers/professionals) and monitor progress toward meeting the planned goals.
- Support the medical home model by enabling chronic care coordination across care settings and collaboration among health care professionals.
- Support consumers and patients to develop and use personal health records.
- Establish and implement evidence-based quality improvement and patient safety standards, and monitor progress toward meeting goals.
- Achieve meaningful use standards and reporting requirements.
- Address health disparities.

B. Recent State Initiatives

The SustiNet Legislation framed a set of questions about the expansion and use of electronic health records. With this direction, the HIT Advisory Committee explored the opportunities and the challenges for the

development, regulation and financing of a state wide electronic medical records policy.

The HIT Advisory Committee's work occurred during a period of intense focus on health information technology, both in Connecticut and at the national level. Recent initiatives and advances include:

1. Development of a statewide health information technology plan: In June 2009, the Connecticut Department of Public Health (DPH) released a report that surveyed the current state of electronic health records use and proposed a roadmap for state wide adoption. This report found that hospitals and community health centers are creating integrated records within their organizations. (CT Department of Public Health, "Connecticut State Health Information Technology Plan"). This plan is in the process of being updated.

2. Designation of the statewide Regional Health Information Organization (RHIO): The Connecticut Department of Public Health was named the lead health information exchange organization for the state and to serve as the state's RHIO (CGS Public Act 09-232). The RHIO oversees and governs the exchange of health related information among organizations according to nationally recognized standards (Office of the National Coordinator definition). An advisory committee, HITEAC, was designated to advise the DPH Commissioner about health information protocols, standards, and systems.

3. Receipt of federal grant funding for a Regional Extension Center: The federal Office of the National Coordinator awarded a $5.7 million grant to e-Health Connecticut, a private nonprofit organization, to provide training, support and technical assistance to providers seeking to bring EHRs to their practices. The support includes compliance with national standards.

4. Robust federal activity around standardization of rules and standards for electronic health records, including privacy, release and storage, through the Office of the National Coordinator.

The CT Department of Public Health, with assistance from HITEAC and Gartner Group, is developing a strategic and operational plan for the state's health information exchange. State, private, public health care agencies will interact through a collaborative, hybrid exchange system, as shown in Figure 2.

FIGURE 2

Source: "Health Insurance Technology Exchange of Connecticut Strategic Plan, Draft, June 2010"http://www.ct.gov/dph/lib/dph/research_&_development/hite-ct_strategic_plan_draft_v2.0.pdf

Throughout its consideration of the current landscape statewide and around the country, the HIT Advisory Committee identified opportunities for SustiNet to participate in ongoing EHR development processes. Going forward,

SustiNet representatives must participate in the development and implementation work now underway.

Other SustiNet Advisory Committees and Task Forces identified health information technology needs. EHRs and patient information exchanges are often a key element in designing successful patient centered medical homes. The Advisory Committee on Health Disparities and Equity recommended adding patient demographics to EHRs to permit long term assessment of treatment outcomes and effectiveness. With the SustiNet program itself still in development, many requirements are yet to be defined, such as relationships with existing public and private programs and payers. The HIT Advisory Committee recognizes that these additional requirements will emerge as the SustiNet Board works through its design process in the next months.

III. Recommendations

A. ORGANIZATION AND GOVERNANCE

1. Align SustiNet with other statewide and national efforts

All SustiNet HIT/HIE initiatives should align with related work that is to be coordinated by HITECT, the state's Regional Health Information Organization beginning in January 2011, including electronic health records, e-prescribing, clinical decision support, and personal electronic health records.

The State's public and private healthcare providers, regulators, consumers, and payers must coordinate their efforts to advance interoperable health information technologies and a unified strategy for health information exchange. This will eliminate duplication of efforts and contradictory strategies.

Recognizing the major changes in the HIT landscape since SustiNet was enacted as well as the many different HIT/HIE planning efforts underway, the SustiNet HIT Advisory Committee recommends that SustiNet become integrated into statewide efforts. Much work is already underway to develop national standards for HIT and HIE through the US Dept. of Health and Human Services, the US Office of the National Coordinator (ONC), and the Centers for Medicaid and Medicare Services (CMS) pertaining to HIT and HIE. These include, but are not limited to the ONC framework, HITSP (privacy and security), interoperability standards, continuity-of-care records/documents (CCR/CCD), Meaningful Use criteria, certified EHRs, and HIPAA.

The Advisory Committee believes that the HITECT agency will provide the opportunity and the required authority to convene stakeholders and develop

standardized EHR rules across the range of providers and data users in the state. HITECT willprovide a formal governance structure with diverse representation on its Board of Directors. Other functions that HITECT will assume in 2011 include:

- Development of a technical architecture that facilitates electronic exchange of information using common standards
- Standardization of data elements, transaction types, and standards for exchange.
- Documentation of participant roles/responsibilities to enable trust (e.g., Data Use and Reciprocal Support Agreement – DURSA).

2. Conform to national standards

   SustiNet representatives who may also sit on the future HITECT Board of Directors should promote the use of the HIT/HIE national standards established by the US Dept. of Health and Human Services, the US Office of the National Coordinator (ONC), and the Centers for Medicaid and Medicare Services (CMS) pertaining to HIT and HIE. These include, but are not limited to the ONC framework, HITSP (privacy and security), interoperability standards, continuity-of-care records/documents (CCR/CCD), Meaningful Use criteria, certified EHRs, and HIPAA.

3. Formal SustiNet representation on the HITECT Board of Directors, the Regional Health Information Organization.

   SustiNet should have a formal representative on the state's RHIO with a designated seat on the Health Information Technology Exchange Board of Directors. SustiNet representatives will advocate for EHR and HIE elements recommended by the Sustinet Board, including support for patient centered medical homes, inclusion of race and ethnicity fields on the EHR, monitoring EHR adoption in provider groups serving low income communities, and supporting resources for analytics and measurement capacity.

B. Financial Considerations

1. Leverage federal ARRA grants to promote EHR adoption

   SustiNet should join efforts to leverage ARRA funds for health information technology and exchange in Connecticut:

   - $5 million to community health centers for capital/operating support/HIT;

- $7 million for strategic and operational planning with implementation of selected projects by the State RHIO (DPH),
- $5.7 million to e-Health CT, Inc for physician training in meaningful use.

Working as part of HITECT and in collaboration with other stakeholders, SustiNet should endorse rules that conform to standards developed by the Office of the National Coordinator (ONC), including meaningful use of data. ONC has developed parameters to guide the achievement of meaningful use of HIT. Eligibility for ARRA funds to offset the cost of purchasing and implementing HIT are tied to these meaningful use requirements. Furthermore, the ONC has distributed funds to Health Information Technology Regional Extension Centers (HITREC) to provide training and technical assistance to providers seeking to implement HIT capabilities. In Connecticut, eHealthConnecticut has received a grant of $5.7 million to administer the HITREC program. SustiNet should direct interested providers to those resources (ONC, DPH, eHealthConnecticut) that have been established to provide funds and technical assistance to support the adoption of HIT.

2. Develop a long term HIT/HIE funding stream

SustiNet, in conjunction with the work now underway at the state level, should participate in the consideration of a variety of business models for funding sources beyond the ARRA, including:

- User fees: HIE access fee; could be waived or pro-rated for those who contribute data
- Cost-avoidance: streamlined administrative/clinical processes yield savings to fund HIE
- Shared cost savings with health plans
- Medical claims tax/surcharge (e.g.,VT fee=2/10 of 1%/claim; PA tax=1/16 of 1%/claim).

In June 2010, the Department of Public Health and the HITEAC released a draft Strategic Plan for public review and comment. The proposed Phase One approach is to use ARRA funding and find state matching funds as needed. The Proposed Phase Two approach will include analysis of the options noted above as well as other opportunities to ensure continued operations.

(To read the draft strategic plan, click here: HITECT Strategic Plan Draft June 2010)

3. Prioritize CHC EHR funding requests

   SustiNet should support efforts to improve CHC access to federal and other funding sources to ensure that these providers develop their HIT capabilities and are connected to the electronic information exchange system.

   CHCs are a critical part of the healthcare delivery system, meeting the needs of underserved populations. It is imperative that CHCs be a part of the SustiNet healthcare delivery system. Prior to the release of ARRA funds, CHCs were not receiving federal funding to implement HIT.

4. Maximize all available funding sources

   When considering whether to assist with capital funding for EHR implementation, SustiNet and the future HITECT Board should assist providers with maximizing other funding opportunities.

   Providers include physicians, nurses, hospitals, and other health care providers. The Committee recommends that SustiNet direct Connecticut providers to established sources of funding, including:

   - Hospitals – should continue to collaborate with the Connecticut Hospital Association ("CHA") and the Connecticut Health and Educational Facilities Authority ("CHEFA") to complete the development of a pooled loan fund to acquire and implement EHR.
   - Hospitals – should continue to pursue ONC grants to fund EHR projects.
   - Non-profit health care providers should seek privately placed, lower cost equipment financing through CHEFA to fund EHR projects.
   - Physicians and Practices – should work with eHealth Connecticut or other federally recognized regional extension centers to identify appropriate equipment and they should take advantage of the cost benefits associated with financing via a pooled loan program with regional lenders, the Connecticut Development Authority or the Department of Community and Economic Development; may also be eligible for CMS incentives on EHR/ERx use.
   - Community Health Centers will receive federal funding through ARRA to purchase EHR capacity.

5. Provide short term financial support for qualifying providers during EHR transition

SustiNet should provide financial support to qualifying providers during a transition from paper to an electronic medical record system.

Given the availability of federal ARRA funds and emerging federal regulations, additional financial incentives for HIT are unlikely to accelerate EHR adoption throughout the provider community. A recent survey by Accenture indicated that 80% of physicians under the age of 55 are planning to implement an electronic medical record system within the next two years, so it is not clear that additional incentives to adopt HIT will be needed. Moreover, the incentives may not generate sufficient revenue to offset the costs of a full EHR installation. While the use of EHRs creates efficiencies and offers the potential for some cost reductions, these benefits may not be sufficient to providers to overcome the initial costs of implementing HIT.

Any direct assistance by SustiNet in this area should be clearly defined and limited to transition efforts that will not be addressed through resources such as the HITREC. SustiNet should focus any financial incentives on transition costs faced by smaller providers. One-time grants would address potential barriers to entry, such as:

- converting existing paper records to electronic files (if deemed necessary)
- EHR or practice management system upgrades
- disruption of workflows during system implementation or upgrades

Hospitals currently engaged in converting to electronic health records are attempting to include affiliated physician practices as part of the development process, which increases the EHR take up rate in those geographic areas.

The expected growth of the Medical Home model, with its emphasis on using HIT to support effective care coordination, may also present opportunities above and beyond those offered through federal funding. Three primary care management pilots under HUSKY could be a natural launching platform for this line of development, to be scaled up incrementally. Other avenues include using provider contracting processes that set minimum standards for participating practices. Similarly, SustiNet's designation of approved medical home practices could specifically require EHRs and participation in the state HIE.

C. Standards

1. Set uniform standards for EHR/HIT capacities

Working collaboratively with the future HITECT Board members and state agencies, SustiNet should set minimum standards for provider based EHR/HIT systems that will enable providers to achieve the capacity, communication and practice improvements envisioned by SustiNet and under HITECT as the new agency gets underway next year.

SustiNet should not dictate specific vendors that participating providers need to use; rather, SustiNet should specify functional requirements that EHR systems must meet. SustiNet could require that providers obtain system certification by the Certification Commission for Health Information Technology (CCHIT) to ensure that products meet standards related to measuring quality, interoperability, and security among others.

At the same time, SustiNet recognizes that early CT adopters have already developed and implemented EHR/HIE capacity for at least 1 million patients. The challenge for the statewide HITECT effort will be to create systems and standards that allow integration or seamless upgrades of EHR/HIE functionality already in place.

2. Add race and ethnicity data to EHRs

Electronic medical record/electronic health record data formats should capture racial/ethnic information (consistent with individual privacy safeguards) to allow the tracking of disease prevalence as well as disease treatment by specific population groups.

Self reported race and ethnicity information is considered the "gold standard" by health and policy researchers. Many states are creating and adopting uniform coding standards, with important advances in the hospital discharge datasets that are now compiled in virtually every state. Adding race and ethnicity fields to EHRs creates a powerful addition to the evaluation of differences in treatment, outcome and cost efficiency.

SustiNet should also begin a public information campaign about the importance of self reported race and ethnicity data as EHRs become more widespread. Patients may be reluctant to disclose this information if it is not specifically required for treatment or claims payment. SustiNet should support a public service campaign describing how race and ethnicity data could be used to improve quality and care.

3. Create links among registries and EHRs

   A robust disease registry database should interface with EHRs for updates and data exchange. SustiNet should encourage the development of these linkages to support continuity of care for new populations.

4. Promote research applications of EHRs/HIE

   Decisions about the design of a statewide health information exchange should look ahead to the uses of HIT to better and more comprehensively understand the needs and health care deficits of Sustinet populations. Sustinet should support data sharing, integration and the use of HIE data stimulate development of population monitoring and research applications of EHRs/HIEs as they are implemented in CT.

D. Outreach to Providers and Monitoring Uptake

1. Provide EHR assistance to non-physician medical providers

   SustiNet should recommend that future HITECT initiatives and HITREC include non-physician healthcare professionals such as dentists, pharmacists, and other health care providers in plans to engage and support the medical community in HIT/HIE adoption.

   Consideration must be given to the full spectrum of providers so that these sources are linked into the HIT/HIE infrastructure. Since patients will be seeking care from multiple provider sources, care provided by these non-physician providers must be included in the patient's EHR. If these sources are not linked into the HIT/HIE infrastructure, EHRs will be incomplete.

   Some of SustiNet's outreach effort should be focused and directed to patients/clients/ members to create a demand-pull that sends the message to providers of expectations for standards of care under SustiNet; an analogy from the pharmaceutical industry marketing model (e.g., direct-to-consumer advertising on HIT / HIE benefits/value)

2. EHR beneficiaries include all providers

   EHR innovations will create shared benefits throughout the state's provider community.

   SustiNet should build on the efforts already being undertaken by the Department of Public Health, eHealth Connecticut, CHA, and CHEFA to fund EHR projects.

   SustiNet should ensure that the EHR systems being purchased meet the threshold of interoperability with other systems, that they will be compatible with the operating systems of the health information exchanges and that

they will meet the criteria for "meaningful use" as defined by the ONC for Health Information Technology.

All CT providers will benefit from the ability to access patient info at the point-of-care through the statewide HIE.

3. Monitor EHR adoption and use by patients

SustiNet should monitor the rate of EHR adoption across the state by provider types and populations served. If adoption rates lag, SustiNet should seek solutions to enable all members to access electronic information through secure channels.

From the patient perspective, accessing personal information and communicating electronically with providers may be limited for those who do not have access to email or for those who prefer other forms of communication. This is a particular problem for individuals with mobility issues and cognitive deficits. Young adults are often able to obtain web-based information through wi-fi sites or personal mobile devices. SustiNet should carefully monitor how personal EHRs are accessed and target outreach to underutilizing groups.

E. Emerging SustiNet Technology Needs

The SustiNet Board, its Task Forces and Advisory Committees discussed several information technology needs in addition to electronic medical records and health information exchanges. The recommendations in this section require further discussion by the SustiNet Board and related subgroups as the structure and scope of the program are developed in the next six months. The HIT Advisory Committee recommends that the SustiNet Board convene an ad hoc group to further develop these recommendations concurrent with the program design.

1. Compile and define SustiNet measurement needs

SustiNet should define the metrics and outcome measures needed to manage the cost-effective, efficient delivery of quality care as well as provide policymakers with the information needed to address issues such as ethnic and racial healthcare disparities. Data requirements also need to be defined to ensure the meaningful reporting of information to providers about quality, outcomes and performance.

Electronic medical records provide significant advancements for providers such as practice management, clinical decision support, and information sharing. SustiNet should develop a measurement plan based on the recommendations of other SustiNet Advisory Committees and Task Forces.

The plan should describe the types of measurements proposed and the data elements that should be captured in the exchange. For example, height and weight data support obesity tracking and permit analysis of interventions. The incidence of "quit smoking" counseling would provide research information about changes in cardiovascular and pulmonary chronic disease conditions.

SustiNet should formally present this plan to HITECT early in 2011 to ensure that SustiNet program managers will be able to track the effects and outcomes of new initiatives. As HITECT begins to generate analytic data specifications, SustiNet should continue to participate in the development to ensure that specific innovations and programs will be measured, analyzed and reported.

2. Collaborate with other public payers

   In addition to active participation in the development of the HIE, SustiNet should collaborate with the Department of Public Health and the Department of Social Services to address data needs of shared populations.

   As a new public payer, SustiNet should build on the work of other CT state agencies to understand the information needs of providers serving low income populations. Care may be fragmented due to changes in eligibility for publicly subsidized care, relocation, or lack of a consistent primary care clinician. For the elderly, persons with disabilities and other complex medical treatment regimens, a central medical information source will expedite service delivery.

   SustiNet should actively seek shared opportunities for pilot projects, demonstrations and other emerging models that facilitate health data exchange, integration, and patient information.

3. Develop a robust administrative IT and analytic capacity.

   As SustiNet develops an organizational and administrative structure, SustiNet should consider its internal analytic requirements. SustiNet will need capacity to enroll new members, including eligibility determinations, collecting premiums, transmitting information to providers, and managing disenrollments.

   Moreover, SustiNet intends to pay risk adjusted rates to providers. As explained by Milliman's actuaries in a presentation to the Patient Centered Medical Home Advisory Committee, the development of risk adjustments relies on several years of actual claims data showing a diagnosis. Claims

data will also be needed to develop and adjust base payment rates for providers.