The Office of the National Coordinator for Health Information Technology

Connecticut Health Information Technology Strategic and Operational Plan Profile

Overview

Although Connecticut is the 2nd smallest geographic state, it has the highest per capita income and a wide diversity of socio-economic status. The multicultural population is estimated at 3.5 million, making it the 29th most populous state in the US. The capitol city, Hartford, is considered the insurance capitol of the state. Given this, and significant support from the Governor and state legislature, Connecticut is uniquely positioned to successfully enable HIE at the state level.

In June 2009, Governor Rell and the Connecticut Department of Public Health (DPH) published the Connecticut State HITE Plan, setting the baseline agenda for HIE on a statewide level. The 2009 Connecticut state legislature designated DPH as the lead HIE organization responsible for the state HIT and Exchange Development Project, with an appointed Advisory Committee of stakeholders giving additional advice and input. The 2010 General Assembly created the HIT Exchange of Connecticut (HITE-CT), a quasi-public agency managed by an appointed Board of Directors and designed to coordinate and oversee HIE activities in the state.

The small size of CT and high availability of broadband are supportive advantages for enabling HIE. Similarly, its largely urban landscape and population density, well-educated population, and access to health care services also create an environment well suited for adoption and the use of HIT. Connecticut also has a relatively high percentage (over 90%) of its population insured and is home to several large national insurers, so the opportunity to leverage resources and support from payers is significant.

Model and Services

HITE-CT procured services from Axway to build and leverage existing exchange capacity through the development of an interchange system and the implementation of PHIN and Direct secure messaging capabilities. These capabilities will include an openly-accessible provider directory, Health Information Service Provider (HISP) services, certificate authority, and authentication services. This development will be followed by a more robust exchange strategy, including a Master Patient Index (MPI) and Record Locator Service (RLS). All aspects will align with national standards to create a flexible approach that allows all qualified providers to participate in HIE.

Connecticut's HIE strategic and operational plan will be implemented in 2 phases. By December 2011, HITE-CT will enable providers to achieve Stage 1 Meaningful Use by leveraging the expertise and processes of the both state, private, and public partners. With the support of these partners, HITE-CT will be able to procure vendor services to implement secure messaging (using NwHIN specifications) and serve as a full service HISP. HITE-CT's HISP services will include the issuing of digital certificates as well as the capacity to recognize certificates issued by other HISPs that may be preferred by a provider. These services will enable exchange between existing service area HIEs and provide connectivity to

State: Connecticut

HIT Coordinator:
Meg Hooper (Acting)

Statewide HIE:
HITE-CT

Award Amount: $7.3M

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Website:
http://www.ct.gov/dph/cwp/view.asp?a=3936&q=462986&dphNav_GID=1993

Other Related ONC funding in Connecticut:
REC: eHealth Connecticut: $5.7M, new funding 2011 of $0.7M

Community College Consortia Region E Funding: Yr1 $8.5M, Yr2 $7.5M

providers and other participants outside of these areas. Local HIEs have committed to enabling simple interoperability via NwHIN Direct standards and specifications, leveraging the experience gained from the Direct implementation piloted in central CT. CT-HITE plans to implement a "stop and assess" point at the completion of Phase 1, supporting providers' ability to meet the patient care summary and lab exchange requirements for Stage 1 Meaningful Use by leveraging secure messaging. In addition, HITE-CT, the DPH, the Connecticut Department of Social Services (State Medicaid Agency), and eHealth Connecticut (the Regional Extension Center) will develop joint communication and training materials to encourage and facilitate the adoption and advancement of HIT. These materials will include information on e-prescribing, lab interoperability, and care summary exchange, as well as provide a means of access for providers without EHR technology.

In Phase 2, HITE-CT will enable more robust HIE exchange capabilities between regional and statewide HIE using federated MPI, provider directories, and HITSP-endorsed XDS (cross-enterprise document sharing) repositories. This will enable providers to meet requirements for Stage 2 and 3 Meaningful Use, as those are defined. The core infrastructure will then be expanded to include additional components or services, such as the use of solutions to enable patient access to information and population health analytics. In addition, the integration of public health data will achieve meaningful use for immunization and cancer registries, the public health information network (PHIN), and secure messaging for public health surveillance systems.

Highlights

- **Care Summaries:** HITE-CT will enable Direct messaging in compliance with NwHIN specifications. Axway was awarded the routing services contract based on both the hosted solution and the capacity to actively build out the test environment to production. A Direct messaging demonstration was provided for attendees at the 2011 Connecticut HIE and HIT Summit. The HITE-CT will offer decreased subscription fees for sites that participate as pilots; the REC will outreach to their members to recruit pilot sites and market to other potential HIE adopters.

- **Public Health solutions:** The DPH has advanced the Department's readiness to accept electronic public health reports, thus enabling providers to meet Meaningful Use without replacing current systems. DPH completed a readiness and redundancy analysis on current systems to determine an efficient solution for enabling Public Health reporting capacity. DPH is also developing a business assessment and roadmap to eventually shift all public health reporting to flow through the HIE.

- **Opportunities to partner among HITECH programs:** The Medicaid, REC, workforce development, and HIE programs have identified opportunities to partner in outreach efforts, particularly around co-marketing and training initiatives for providers. The REC will develop a training portal for providers, which will serve as an outreach method for the HIE.

- **Strong program evaluation:** DPH contracted with the University of Connecticut to perform the environmental scan, assess the readiness of key stakeholders, evaluate progress on the PIN priorities, and evaluate the effectiveness of the HITE-CT solution on increasing information exchange in the state. The evaluation has also provided an outreach opportunity for labs, pharmacies, and providers in the state.

Meaningful Use

	Landscape	Strategy
E-Prescribing	CT has 5,388 licensed pharmacists with 660 in-state pharmacies. 90% of pharmacies are enabled for eRx. In 2009, approximately 14% of prescription requests were made electronically. The CT Medicaid eRx Program, launched in 2009, filled approximately 3.2M requests in 2010. Growth in eRx has been significant in this program, exceeding 4% to 5% monthly in 2010.	The University of CT Health Center (UCHC), under contract with DPH, is conducting multiple surveys that will be used to obtain baseline data about HIE readiness, preparedness, and overall capacity for electronic exchange among pharmacies as well as barriers to achieving success. The CT DPH is working with the CT State Medical Society, county medical societies, the REC, and the CT Pharmacists Association to ascertain additional barriers. By using data from the UCHC surveys, working with the Pharmacies Association, and tracking data through Surescripts, CT will develop specialized strategies to address barriers and enable the last 10% of pharmacies.
Structured Lab Results	CT has 5 public health labs, 32 blood banks, 77 hospital-based labs, 91 independent labs, and 192 physician office-based labs. 63% of physician office-based labs are enabled for electronic lab exchange. Currently, UCHC is conducting a more detailed assessment of CT's clinical lab infrastructure, specifically on data flow and connectivity requirements. At the practice level, 26% of providers are able to receive electronic lab results.	The UCHC is conducting multiple surveys to determine: • % of labs able to produce and deliver structured lab results • % of labs able to receive orders electronically • % of lab results currently being delivered electronically • % of providers receiving structured lab results CT expects results in March 2011, March 2012, and March 2013. Coordination with the REC, state medical society, and HITE-CT will be modified accordingly to meet findings and address barriers. Following the information provided by the UCHC study, CT will comply with the following implementation requirement: Grantee must submit a detailed lab gap filling strategy within 30 days of award, outlining a strategy for investment in lab interoperability to address findings. The strategy should be robust and include detailed investment strategy.
Patient Care Summary	CT has 16,690 licensed physicians with approximately 8,000 eligible for MU incentives. The REC is targeting 2,500. Exchange of clinical summaries between unaffiliated entities does not appear to be happening at this time, although plans are set to develop exchange capacity in limited geographic areas.	CT is working with the REC and the CT Hospital Association's CIO Committee to assess transmitted capabilities as well as utilized methods. CT will support the exchange of patient care summaries through the implementation of Direct in Phase 1, an open and authoritative provider directory, and REC coordination.

HIE Inventory

Standards			Quality Improvement	
Nationwide Health Information Network Exchange Specifications	X		Care Coordination	X
Nationwide Health Information Network CONNECT	X		Quality Reporting	X
Nationwide Health Information Network DIRECT	X		Behavioral Health Information Exchange	X
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications	X			
Public Health			**Lab Strategy**	
Electronic lab reporting of notifiable conditions	X		Translation services	
Syndromic surveillance	X		EHR interface	
Immunization data to an immunization registry	X		Policy strategy	
Patient Engagement			Order Compendium	
Patient Access/PHR	X		Bi-Directional	X
Blue Button			Alignment with CLIA	
Patient Outreach	X		**E-Prescribing**	
Privacy and Security			Medication History	X
Privacy and Security Framework based on FIPS			Incentive or grants to independents	
Individual choice (Opt In/Opt Out/hybrid)	**Opt Out**		Plan for controlled substance	X
Authentication Services	X		Set goal for 100% participation	
Audit Log	X		Controlled substance strategy	X
Administrative Simplification			**Care Summaries**	
Electronic eligibility verification	X		Translation services	X
Electronic claims transactions	X		CCD/CCR Repository	X
Vendor			**Directories**	
Planning	**HITE-CT**		Provider Directory	X
Core Services	**Axway**		Master Patient Index	X
Plan Model			Record Locator Services	X
Identified model(s)	**Elevator**		Health Plan Directory	X
	Orchestrator (future)		Directory of licensed clinical laboratories	X

Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at: http://statehieresources.org/