



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE

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House Bill 6839 - An Act Concerning Health Information Technology

The Department of Public Health provides the following information with regard to House Bill 6839, An Act Concerning Health Information Technology.

This is a very ambitious proposal, and one that would be extremely resource-intensive over a period of several years. Passage of this bill would be a momentous step forward in the delivery of high quality, cost-effective health care to the residents of our state. The collection and sharing of critical and, in certain circumstances, routine health information among health care providers at all levels of the health care system is the backbone of our system. The records included in this system would follow a person from their birth record and newborn screening through preventive care in childhood, to episodic and chronic disease care throughout adulthood, and supportive care in later life. The development of such capacity will require a substantial investment of capital in a multidisciplinary interoperable IT infrastructure in our state. It would connect hospitals, care providers and the public and give DPH and other selected providers access to Medicaid and private insurance information. It would also network a variety of state and federal agencies that rely on these data for surveillance and oversight. The infrastructure must be robust enough to be expanded as medical technology advances, but secure enough to protect the integrity of private health information. The system would also be able to be used to support epidemiological research, in areas such as cancer care and infectious disease, including vaccine-preventable disease.

It is important to note that, if the Legislature and the residents of our state make this commitment to health information technology, there must be a long-term commitment of fiscal resources to assure success. The Department estimates that it will take 3 to 5 years to define and promote such technology, due to the number and diversity of stakeholders in the health arena and the variability of IT systems currently in place. After it is established, considerable resources will be needed to maintain this infrastructure. Estimated implementation costs exceed nine million dollars.

Just one example of the future benefit of this infrastructure would be as follows. A male patient who has been followed by his private practitioners in Fairfield County for heart-related disease is traveling in Hartford County when he experiences a cardiac event. He is transported to a Hartford area medical center. While enroute, the pre-hospital caregivers would link electronically to the receiving Emergency Department. This could begin the information gathering for this patient. With just few keystrokes, the caregivers in the ED would have access to the patient's complete medical history in real time, including previous EKG's and a list of current medications. This would save time in developing a care plan and, possibly, thousands of dollars of savings in baseline diagnostics that would not be repeated. This type of success would span the spectrum of the health care delivery system.

Quality assurance data could be collected and shared in a de-identified fashion with the residents of our state, helping to drive the improvement of patient care at each level of the health care continuum.

Vital records personnel could be linked to other state agencies such as DSS, DMV and DEMHS that require birth record verification for the delivery of services in their programs. The state public health system would be further linked to medical records and laboratory systems to enable tracking of diseases. The local health department network working in partnership with both state health and CDC, could conduct more timely data sharing and more timely and more complete epidemiological surveillance for disease monitoring and assessment of prevention efforts, further enhancing the delivery of health care.

Thank you for your consideration of the Department's views on this bill.

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