



**eHealthConnecticut
Background, Value, Description
February 11, 2009**

Background

- eHealthConnecticut was incorporated in January, 2006
- Not-for-profit, transparent, public/private partnership, governed by a 25 person voting board of health community stakeholders and 6 ex-officio, non-voting seats: one representing the Executive Branch appointed by the Governor (Lieutenant Governor Fedele currently serves); the Commissioner of the Department of Social Services; the Commissioner of the Department of Public Health; a seat representing the State Senate and appointed by the Senate President (Senator Williams currently serves); a seat representing the State House of Representatives and appointed by the Speaker of the House (vacant); and a seat for Connecticut's highest ranking U.S. Congressional representative (vacant).
- Our Mission is to implement and sustain a statewide Health Information Exchange (HIE) to improve health care quality, safety, and efficiency.
- Approximately \$1 million has been raised from private and public sources to plan the HIE, develop awareness of it, and initiate projects. In 2006, the State of Connecticut appropriated \$300,000 toward this effort.
- In August of 2008, the federal government, under the auspices of the Agency for Healthcare Research and Quality (AHRQ) designated eHealthConnecticut as a Chartered Value Exchange (CVE). CVEs are a select group of twenty four entities throughout the United States chosen through a competitive process. They are collaborations of health care providers, employers, insurers, and consumers working jointly to improve care and make quality and value information widely available.
- eHealthConnecticut is engaged in two projects: the Connecticut Health Quality Cooperative (CHQC) and the Connecticut Department of Social Services ePrescribing initiative.
 - CHQC is a collaboration of the CT State Medical Society and its IPA with six CT health plans (Aetna, Anthem, ConnectiCare, HealthNet, and UnitedHealthcare), Qualidigm (the state's quality improvement organization) and Bridges to Excellence. The project focus is to aggregate selected performance measure data to provide reports to primary care physician practices for their use in improving the quality of care. This is the first time that such in-depth information, from multiple payers, is available to Connecticut physicians. The usefulness of the reports is being enhanced through an education program to help physicians understand and utilize the reports to improve patient care outcomes.
 - eHealthConnecticut is collaborating with the Connecticut Department of Social Services (DSS) to implement a Health Information Exchange focusing on physician ePrescribing for Medicaid recipients. The funding for this project was



awarded to DSS through a competitive proposal process sponsored by the federal Medicaid program. This project is due to begin in early 2009.

- eHealthConnecticut is well positioned to compete for funds to implement and grow a statewide health information exchange, because of its public-private governance foundation and partnership, its diverse stakeholder participation and project momentum.

What's in it for Connecticut?

- Better information = better health care decisions = higher quality **AND** more efficient, less costly health care for Connecticut's residents and healthcare purchasers
- Others have demonstrated efficiency improvements from 5-17%
- 1% of \$22 billion total health care spending = \$220 million/year in Connecticut
- And with better access to patient clinical data, such as laboratory results and medication history, we can reduce adverse medical events and save lives.
- **We invite public and private stakeholders to help us develop the value proposition, build statewide support, raise funds, and implement a sustainable business model.**

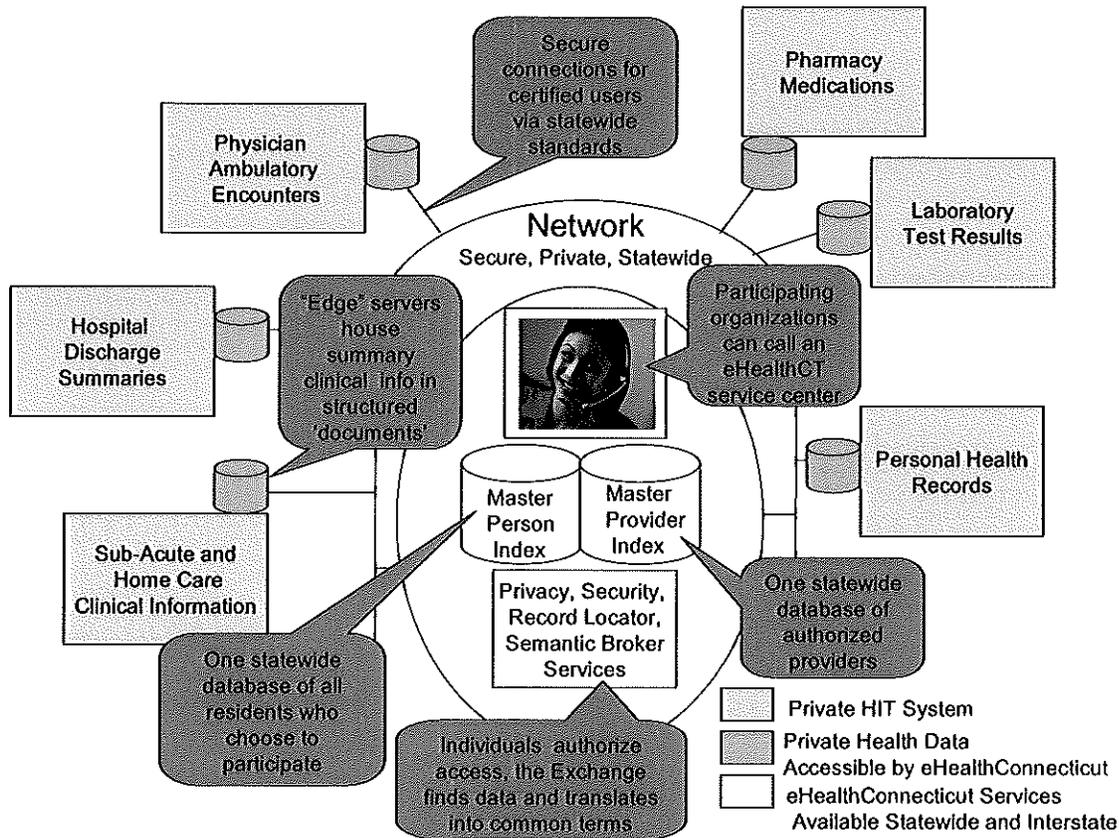
Examples of How it Works

- Emergency Medical Services paramedic treats patient at the scene of an event, scans driver's license, queries eHealthConnecticut to locate electronic medical records at primary physician's office. eHealthConnecticut returns detailed demographic data and medical problems, allergies, recent medications and laboratory test results. Paramedic sends clinical data and procedures from the scene to eHealthConnecticut, which sends to any destination hospital or trauma center ready to receive patient.
- Patient presents in Emergency Department, ED staff queries eHealthConnecticut, determines patient's prior encounters, problems, allergies, medication history, lab results; orders appropriate treatment and avoids potential medication error.
- Patient visits OB/GYN on Friday with abdominal pain. Ultrasound shows no major problems. Same patient visits ED next day, ED physician queries eHealthConnecticut, sees results from OB/GYN visit, avoids unnecessary CT-Scan and saves \$2,500.
- Hospital discharges patient to nursing home. Discharge summary and other history automatically sent to nursing home and primary care physician with patient problems, meds, lab results, saving manual form preparation/faxing and enhancing coordination of care.
- Home care nurse visits patient for first time, but before the visit accesses eHealthConnecticut to download medication history to help with medication reconciliation and patient education.
- Diabetic patient sees community health center and multiple physicians for care. Each provider can see whole picture of patient treatment, ensuring that patient receives

necessary tests and education to manage chronic illness, avoid unnecessary hospitalizations.

- Physician orders medications using ePrescribing tool. Physician can see patient health plan eligibility, prior medications, potential drug interactions, and drug formulary. System responds with alerts and formulary recommendations, reducing risk of medication errors and saving drug cost. Script automatically routed to pharmacy, and refills automatically routed back, saving time and money and enhancing patient convenience and safety.
- Mother takes child or parent to doctor. Office staff prints up to date health information from eHealthConnecticut, clips to clipboard for verification instead of asking to start from scratch.
- Policy makers and public health officials use de-identified data to monitor disease outbreaks, analyze public health issues over time, target responses and programs.

Technical Components





Board of Directors

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Gary Spinner, PA, MPH

Affiliation

CT Health Policy Project
Middlesex Professional Services
Bolton Family & Sports Medicine
Trusted Medical, LLC
CT State Medical Society
Griffin Hospital
Bridges to Excellence
United Technologies Corporation
CT Nurses Association
Gaylord Hospital
CT Pharmacist Association
University of CT School of Medicine
MetroHartford Alliance
Aetna, Inc.
CT Association of Directors of Health
CT Hospital Association
Formerly of US House of Representatives
AARP Connecticut
Saint Francis PHO
Anthem Blue Cross Blue Shield
Qualidigm
Quest Diagnostics
Hill Health Center

Ex-Officio Members

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Robert Galvin, MD
Michael Starkowski
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Commissioner, CT Dept. of Social Services
State Senate President Pro Tempore

Contact Information

Call Scott Cleary, program director, at 860-240-5600 or scleary@gosmcpartners.com , or visit www.ehealthconnecticut.org.



Connecticut Health Quality Connections

Working together to improve the quality of healthcare in Connecticut

Connecticut Health Plans and Physicians Join Forces to Improve Health Quality

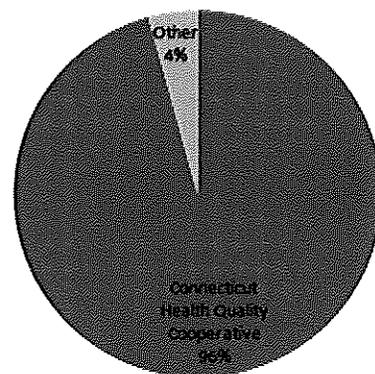
The **Connecticut Health Quality Cooperative** is a new coalition of Connecticut health care organizations formed to provide physicians with better information to improve the quality of care for patients. This collaboration represents a unique joint commitment to push for better health care through shared information and goals.

Through this organization, participating health plans will work together to combine their patient claims data based on specific quality measurement data. The resulting collection will provide physicians with benchmark reports and peer comparisons on a statewide basis. This information coupled with resources for continuous quality improvement will assist physicians in maintaining and improving the quality of medical care for Connecticut residents.

Dr. Angelo Carrabba, Chairman of the Board of eHealthConnecticut and Past President of the CSMS, issued this statement: "This collaboration is the first of its type in Connecticut, where physicians and health plans are at the same table determining how best to measure and improve health care quality. It also lays the foundation for a statewide information exchange, which will open up a new world of opportunity for increasing patient safety, and health care quality. The physician-patient relationship will be a cornerstone of the project and the data may be used to maintain or improve patient care delivered in physician offices."

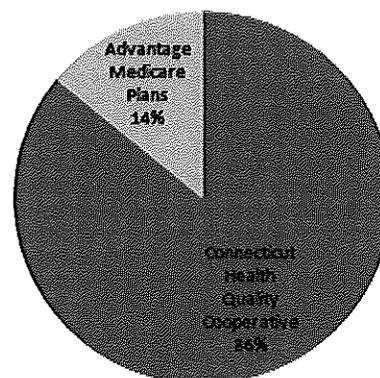
This innovative model is being piloted throughout the U.S. health care system. The initial focus will be on diabetes, coronary artery disease, asthma, and several preventive measures. The Centers for Disease Control and Prevention estimates that diabetes affects 7.3%, hypertension almost 26.2% and asthma approximately 14.1% of all Connecticut residents (2007 BRFSS).

Commercially Insured in CT



Source: CT Dept. of Insurance: A Comparison of Managed Care Organizations in CT, October 2007

% Medicare Members



Source: Centers for Medicare & Medicaid Services State/County/Contract Enrollment Report, accessed online August, 2008

For many physicians, this will be the first analytical tool available to them to assess their practice patterns based on combined information from multiple health plans, including Medicare. Long term, the program may evolve to also engage and educate Connecticut citizens on these quality reports so they can make more informed health care decisions.

eHealthConnecticut Designated as a Chartered Value Exchange

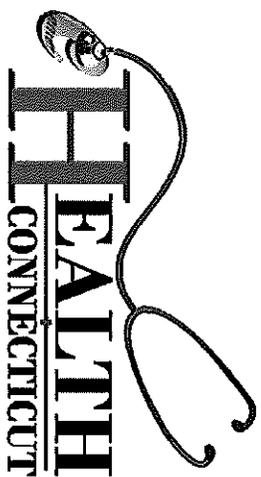
U.S. Department of Health and Human Services designated eHealthConnecticut, Inc. and 10 other community collaborators as Chartered Value Exchanges (CVEs) - representing local collaborations of health care providers, employers, insurers, and consumers working jointly to improve care and make quality and price information widely available. CVE designation will provide eHealthConnecticut with access to information from Medicare that gauges the quality of care that physicians provide to patients. These performance measurement results may be combined with data from the Connecticut Health Quality Cooperative to produce a more comprehensive guide to the quality of care in Connecticut. In addition, eHealthConnecticut will join a nationwide Learning Network sponsored by the HHS Agency for Healthcare Research and Quality. This network will provide peer-to-peer learning experiences and technical assistance opportunities through facilitated meetings face-to-face and on the web providing the Connecticut Health Quality Cooperative with the resources necessary to continually improve its efforts to provide Connecticut residents with the highest quality of care.

For more information about Chartered Value Exchanges, please visit <http://www.hhs.gov/news>.

Members of the Connecticut Health Quality Cooperative

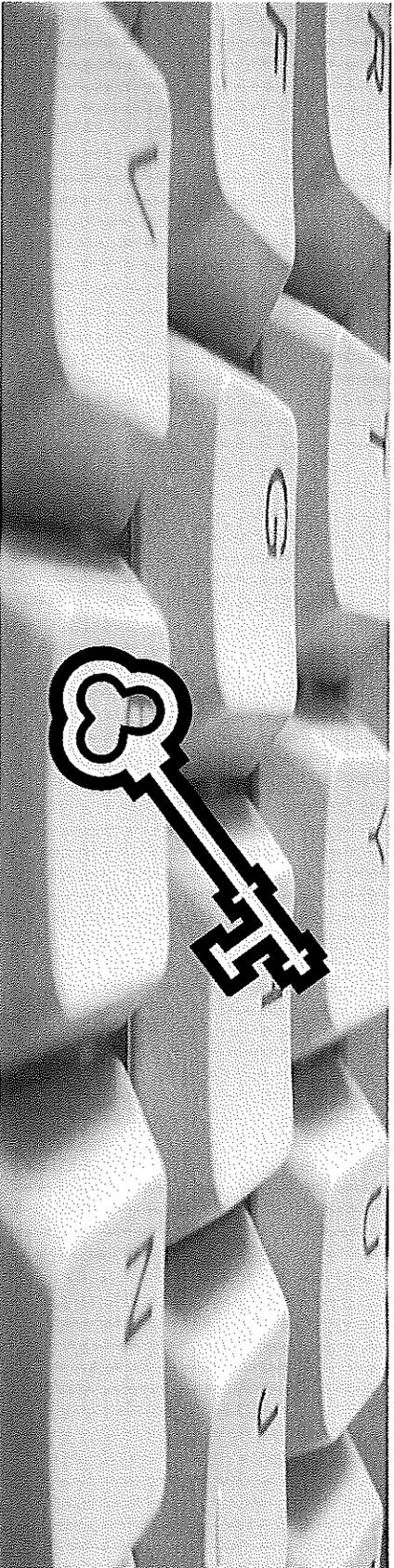
 www.aetna.com	 www.anthem.com	 www.bridgestoexcellence.org	 www.connecticare.com	 www.csms.org
 www.csms-ipa.com	 www.ehealthconnecticut.com	 www.healthnet.com	 www.qualidigm.org	 www.unitedhealthcareonline.com

For more information about the Connecticut Health Quality Cooperative, please contact Leah Barry at 860-240-5600 or lbarry@gosmcpartners.com

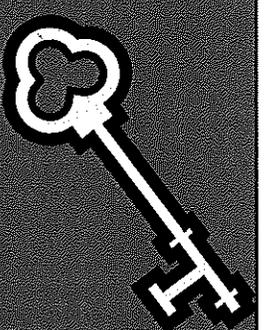


*State of Connecticut
Department of Social Services*

Health Information Exchange Project Description
February 26, 2009

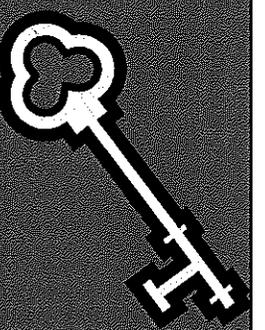


Project Objectives



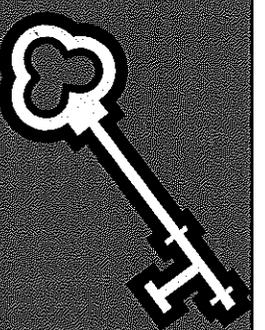
- ◆ Demonstrate the technology, functionality, and benefits of Health Information Exchange (HIE) for healthcare providers, purchasers, payers, consumers, and health policy makers.
- ◆ The pilot will be operational in 2009 and demonstrate results in advance of the March, 2010 deadline as required by CMS.

Project Deliverables



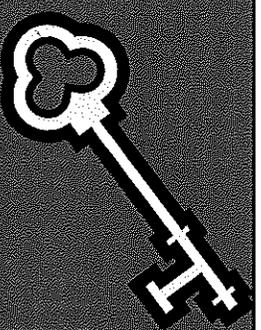
- ◆ Connect Federally Qualified Health Centers (FQHC's) to the HIE along with neighboring hospitals where FQHC patients (and a large number of Medicaid recipients) receive emergency, specialty and inpatient care.
- ◆ Choose pilot participants based on their readiness and potential impact on the Medicaid population. Include private physicians in addition to hospitals and FQHC's
- ◆ Working with the twelve FQHC's in Connecticut, assess their technology capabilities and their readiness to connect to the HIE. The expectation is that the pilot will be limited to a small number of health centers, but that others can use the pilot to plan their EHR and HIE projects.
- ◆ The pilot will demonstrate ePrescribing, enabling the automatic routing of prescriptions from the prescriber to the pharmacist, and refill requests from the pharmacist back to the prescribing clinician. Multiple FQHC and private pharmacies will be included. The demonstrated ePrescribing process will include access to patient eligibility, medication history and preferred drug lists, which will be made available to the HIE by DSS in accordance with privacy and security policies and standards to be adopted during the pilot.

User Applications



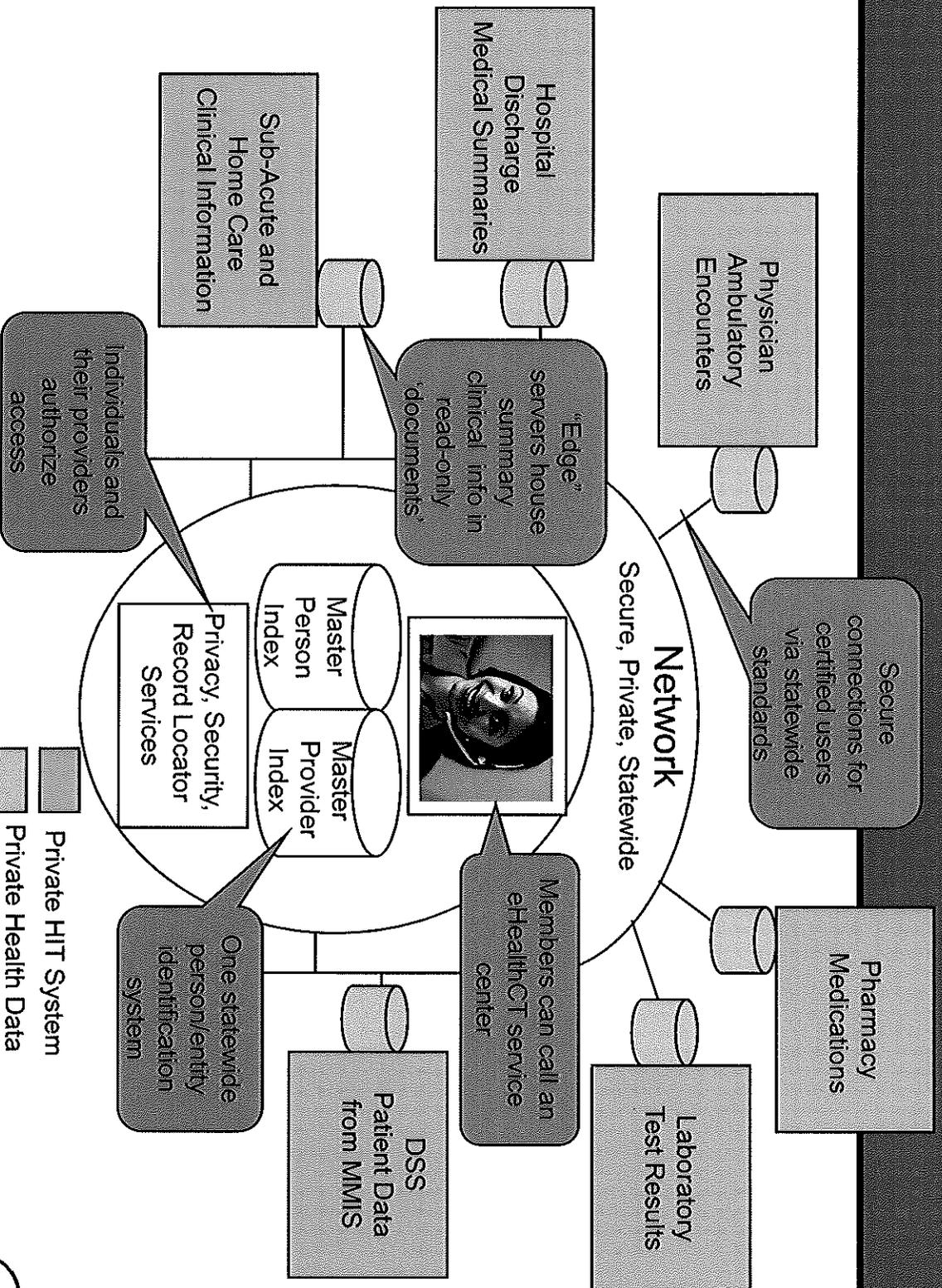
- ◆ Acute care hospital, primary and specialty care physician practice **access to patient specific clinical information** when the patient presents for treatment (“pull model”). The information would include patient demographics, **medication history and laboratory results**, problems, allergies, and recent diagnoses and procedures.
- ◆ Ability of providers to **make referrals and communicate patient results** to selected providers (“push model”). Examples are: hospital sends discharge summary information to community provider, community provider makes referral to specialist or acute/sub-acute provider and includes relevant clinical information.
- ◆ **“EHR-lite,”** or a Web-based Electronic Health Records system that can be used by health centers and physician practices that do not have their own EHR’s. This application will allow physicians to perform basic clinical transactions, including **ePrescribing**, store medical information electronically, and interact with the HIE. The ePrescribing application will include access to payer eligibility and formularies, patient medication histories, and electronic alerts of potential adverse drug-drug or allergic reactions.

Infrastructure Components (Building Blocks)

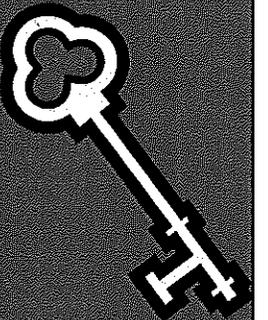


- ◆ A **master person index** system enabling the HIE and providers to identify patients
- ◆ A **master provider index** system enabling the HIE to identify providers as licensed, certified, and connected to the HIE
- ◆ A **record locator service** to identify where electronic patient clinical records exist
- ◆ **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
- ◆ A **privacy application** enabling patients to specify whether or not they want to participate in the HIE and what level of access to provide various providers.
- ◆ **Security applications** to encrypt data and authenticate all users
- ◆ **Interoperability standards** specifying document/file and field level data formats and semantics
- ◆ 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.

Health Information Exchange



Project Plan



No.	Phase	2009												2010				
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
1	Planning		Work Plan, Milestones, Roles, Responsibilities, Resource Plan, Measures															
2	Design, Entry and Vendor Selection					Requirements, Vendor RFP	FQHC Readiness Assessment, Pilot Users Committed											
3	Development of HIE		Data Sharing Agreements Executed				Vendor Contract Executed											
4	HIE Work Flow Design, Education and Training			Work Flows Designed			Standards Determined											
5	HIE Implementation																	
6	Monitoring and Support, Evaluation																	
7	Project Management and Communications	Work Plan																

