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**Connecticut State Medical Society Testimony**  
**Senate Bill 403 An Act Concerning Health Information Technology**  
**Public Health Committee**  
**March 11, 2010**

Senator Harris, Representative Ritter and Members of the Public Health Committee, my name is Dr. Kathy LaVorgna, President of the Connecticut State Medical Society (CSMS). On Behalf of our more than 7,000 members, thank you for the opportunity to present this testimony to you today on Senate Bill 403 An Act Concerning Health Information Technology.

There is a straight line between the use of Health Information Technology (HIT) and quality patient care. The single most important benefit is the potential to put information in the physician's hand at the time that care is provided- which can have a significant impact on patient safety and increase the quality of care provided.

Thanks to the significant work of this committee and many other entities and organizations throughout the state, we not longer are obligated to argue before you the benefits of HIT or for that matter the concerns we have previously stated such as privacy, interoperability, cost and the lack of consistent standards. Rational steps to establish a state-wide process for appropriate implementation of HIT including all stakeholders has been the goal of this Committee. We understand that this has not been an easy task and efforts must be continually made to adjust the process to ensure success. We view SB 403 as an attempt to do so and offer certain suggestions to assist in accomplishing this goal.

CSMS fully agrees that one entity must be tasked with the development and implementation of a state-wide HIT plan. This entity, The Connecticut E-Health Institute, as amended by SB 403, will rightfully be tasked with the implementation of the health information technology plan submitted in accordance with the provisions of section 74 of PAC 09-732 as well as addressing other issues associated with HIT.

CSMS must, however, make a specific suggestion for inclusion on the board of directors of the institute to eliminate what we see has a significant omission in appropriate stakeholders. Rightfully so the board will contain a primary care physician whose practice utilizes electronic medical records. However, this excludes the multitude of non-primary care physicians practicing in Connecticut who would equally benefit from access to patient electronic medical records. Furthermore, the recommendation for board participation does not delineate the type of practice. As of today, more than 80% of Connecticut Physicians are either in solo practice or in a group of 4 or fewer physicians; these are the physicians providing the majority of medical care to our citizens in Connecticut. Many of these doctors do not operate on systems connected to hospitals or larger health systems. It is imperative that the institute understand the concerns and barriers faced by these physicians to ensure access and integration into a state-wide HIT system. Therefore, we recommend that an appointment be added or altered to include a representative of