

**Statement in Support of
Raised Bill 403 – An Act Concerning Health Information Technology
Public Health Committee
March 12, 2010**

As a member of the Health Information Technology and Exchange Advisory Committee appointed by Governor Rell representing a research organization I am pleased to submit this statement in support of Raised Bill 403 – An Act Concerning Health Information Technology. As background, I am a Family Physician faculty member who uses an Electronic Medical Record (EMR) to provide clinical care to underserved patients in our inner city residency site and am responsible for the oversight and enhancement of Health Information Technology (HIT) for our department. I will be the one responsible for ensuring that our EMR can connect to a Health Information Exchange when it is established within the State. I am also trained in Medical Informatics and am knowledgeable about what is happening at the federal level within the Office of the National Coordinator, the academic and trade literature and the experience of leaders from other states regarding current and past attempts at HIE. I believe that it is absolutely critical for the Connecticut legislature to take affirmative action during this legislative session to keep momentum and take advantage of what I believe will be a one time confluence of federal initiatives related to HIT as well as hospitals, provider groups, organizations, business leaders and public agencies all focused on promoting the “Meaningful Use” of HIT. I believe that HIE is of vital importance to improving the quality and efficiency of healthcare delivery within Connecticut and can, if done with care and planning, improve the health and well being of our citizens. In addition Connecticut’s clinicians, hospitals and businesses stand to gain or lose a substantial amount of federal incentive dollars. This “meaningful use” requires the rapid and effective development of HIE. While we have fledgling efforts at the sharing of health information within several regions of our state, we do not as of yet have a coordinated plan to cover all of our citizens. This will require a well designed and supported plan and process, run by a top notch organization focused on HIE.

HIE however as a relatively new and challenging process, has proven difficult for others to accomplish in a regional or statewide fashion so there are few examples from which to glean a clear pathway to success for our own state. It is apparent from the literature, a survey of efforts in other states and discussions with colleagues at national meetings that the method being proposed by this legislation is one of the more common models being discussed and enacted in other states, that of shared public / private governance for HIE, a public utility of sorts, with strong governmental oversight. This model supports the public good while minimizing the inherent political, security and financial risks associated HIE. I believe that the transparency to all citizens that is fostered by creation of a public / private E-Health Institute formed as a Nonprofit organization focused on HIE is critical to achieving the trust and buy in required for true success. I believe that the stakeholders proposed as members of the Board of Directors will be representative of the public and private interests needed for success, but that there will also need to be involvement of a substantial number of additional individuals from both the public and private sectors to sit on committees and advisory panels in order to best accomplish the numerous tasks that will be rapidly required.

This newly designated organization will need to have strong and capable leadership that fully understands HIT and HIE. There are already the beginnings of HIE occurring within our state in the format of Regional Health Information Organizations and hospital or group practice data sharing that will need to be coordinated and perhaps consolidated in a thoughtful and supportive manner that none-the-less moves us towards the meaningful exchange of healthcare data for improvement in care delivery, quality and outcomes. I would also encourage that the enabling legislation instruct the Executive Director and the Board of Directors to hire a strong management team and staff that have appropriate experience and not try to do this with very constrained resources. It is imperative that the designated HIE organization in Connecticut be given the

authority to also be very flexible and nimble in this rapidly changing and evolving HIT environment because they will be tasked with ensuring that the states citizens all have access to the benefits of HIT and HIE. To this end, it would be important to consider the actual starting date of the E Health Institute and try and time it more appropriately to occur prior to, or at the beginning of the HIE implementation plan supported by the ONC, when funds are released to Connecticut to avoid a delay in this process. All processes that would facilitate rapid, yet thoughtful initiation of this model should be considered and permitted as long as they are clearly in the public interest.

The E-Health Institute will need to work directly with other groups responsible for the adoption and implementation of Health Information Technology throughout the state and nation as appropriate and should be encouraged to do specifically in the legislative language. (FQHCs, CHC's Regional Health Extension Centers, Academic Institutions, Professional Medical Societies etc...) This will be essential and will require considerable time and resources commitment to accomplish expeditiously and effectively. A formal independent evaluation process that provides timely and honest feedback as to successes and areas of needed improvement to the E-Health Institute Board of Directors should be considered.

Finally I would suggest that the language of the bill make recommendations regarding funding sources for HIE to be broader and include all potential sources (including those within the state such as Medicaid) of funding and revenue so as not to limit the options that might be appropriate and effective for this purpose. Sustainability of HIE has been one of the single most important challenges faced in operations within other states and will be no less difficult to effectively define in Connecticut. Seed money that is real and significant from the state to fund and begin operations for the E-Health Institute should be considered, even in this tight fiscal climate, given the very real potential to create savings along with improved health outcomes as a medium and long-term result of HIE. This has proven of enormous value to those states who invested in this in prior years, as they are now leading in this effort and are beginning to realize the benefits of reduced costs and improvements in the quality of care as well as patient and provider satisfaction already.

Thank you for considering my testimony. I would be glad to discuss this further if desired.

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