

**John Lynch Testimony on
S.B. 1147: An Act Concerning Patient Consent for the Exchange of Electronic Health Information
Presented to the Human Services Committee, Thursday March 17, 2011**

My name is John Lynch. I am speaking to you today as a patient, consumer of health care. Two weeks ago today, on March 3, 2011, my prostate, and hopefully all of my cancer, was removed via robotic surgery at Hartford Hospital.

Please STOP putting barriers in place to efficient, high quality healthcare. The proposed law would put in place different workflow/systems for electronic HIE than exist in the current paper world. There are FEW if ANY existing Electronic Health Records (EHR) that are capable of obtaining patient written signature and transmitting consents electronically, nor processing thru the EHR and detecting if sensitive data exists. The law would delay HIE for years until vendors respond and put such capabilities into EHR systems. The workflow will require more paper and FAX. Care Givers will not be available 24/7 to respond to such FAX requests, and the value of HIE lost. If I end up in the Emergency room, I WANT my caregivers to have complete information about me. I may be in no condition to "opt-in". Please do NOT put barriers in place!

The opt-out model is generally recognized as the model most likely to result in a successful HIE. Both the federal website (www.HITRC-Collaborative.org) and the eHealth Initiative national annual survey (www.ehealthinitiative.org) document that the majority of states that have made a decision have decided on variations of the opt-out model. Research studies have shown that given a decision, most people AVOID. Therefore most will not opt-in, but given the same decision phrased differently, only a few would OPT-out. Our Health care systems need to be optimized for the majority, and the public good.

Last year, the Health Information Technology Exchange of Connecticut (HITE-CT) was put in place to develop Health Information Exchange for Connecticut. Please do NOT micromanage and challenge every decision of YOUR designated process. I for one have had ample opportunity to participate in their very public process at both committee and board levels. The board has fully vetted and adopted its strategic and operational plan which includes on pages 65-69 the consent model. The model is compliant with existing federal (including HIPAA and HITECH) and state laws.

I assume my records have already been sent by paper to the State Tumor Registry. Hopefully in the future, they will flow more efficiently electronically via HIE. DO NOT allow patients to opt of essential public health reporting. The completeness of the Tumor Registry and other Public Health databases are essential to our public health understanding of cancer in this state.

During my care, I received pain medicine that is a controlled substance. DO NOT allow patients to opt-out of sending such information to the Department of Consumer Protection. The department needs to monitor for potential abuse and abusive patients should not be allowed to opt out and hide. Please REMOVE current barriers to HIE of alcohol and drug abuse information.

By its nature, my surgery has left me with some disability. I might even get depressed about such disability. Both the dysfunction and the depression could be classified in the ICD-9-CM classification of diagnoses as a "Mental Disorder". Please do NOT restrict the flow of my records because someone considers them sensitive. All my doctors need to know about all my conditions to treat me appropriately. Please remove current barriers to the HIE of psychiatric data.

Just prior to surgery, my anesthesiologist asked me if I had any prior reactions during surgeries. Although I could remember the nausea, I do not know what drugs were used during prior surgery. Too late for me, but HIE could have resolved that IF all my prior care givers were not required to have in place a prior consent. There is no way to go back to all my past care givers and give them consents for future transmissions.

In my 61 years, NO consumer group has asked my opinion about HIE. I have not elected anyone to any consumer group. How they claim to represent me, I do not know.

Connecticut provided me NO information about the safety and effectiveness of my surgery. Connecticut needs to go beyond simple HIE, and support a public repository for patient safety, effectiveness, quality, and efficiency information. Such database (which can be well protected and de-identified), will need the maximum data for use to measure our health care system. Patients should not be allowed to opt-out of such important systems. I WANT others to know how successful my surgery was and that it is a viable option for them.