

# CONNECTING CONNECTICUT: WHAT'S HAPPENING WITH HEALTH INFORMATION EXCHANGE IN THE STATE



Connecticut Health  
FOUNDATION  
*Changing Systems, Improving Lives.*

The concept might sound simple: a statewide system for health care providers to share patient information electronically, enabling anyone who treats a patient to have the most up-to-date information about that person.

Yet in reality, in Connecticut and in many other states, creating a system to securely share health information throughout the state has proven slow and challenging.

Connecticut is now on the verge of launching a new statewide system to share patient health information, and the rollout and next steps will be critical in shaping the future of this key function in health care. Here are some important things to know and watch.



## WHAT IS A HEALTH INFORMATION EXCHANGE?

A health information exchange is a system that facilitates the electronic sharing of patient health information.

### WHY IS IT IMPORTANT?

Patients often encounter a health care system in which all of their providers do not have the same information. Having a way for health care providers—including emergency care providers—to see the same information about a shared patient could help improve care coordination and quality and reduce duplicative tests.

Beyond individual patient care, a system that can use the health data being exchanged to identify patient health outcomes and population health trends, including health inequities, could help to pinpoint disparities and evaluate interventions. Being able to share data between providers and analyze health information is also important in the shift toward paying providers based on the quality of care, rather than the number of services provided.

## WHAT IS HAPPENING IN CONNECTICUT NOW?

Currently, there is no statewide system for all providers to access all records related to their patients. Some providers and organizations have built their own health information exchanges to share records, but they exist within a fragmented system in which not everyone is connected. Many non-medical providers, such as those in behavioral health and long-term care, do not have the capabilities to share patient data electronically.

Connecticut is launching a new statewide health information exchange, called the Health Information Alliance, that will connect existing health information exchanges to each other and to providers who are not already connected to another exchange. The Alliance is a nonprofit organization with a board that includes representatives from state government and the private sector.

## WHAT ELSE SHOULD WE KNOW ABOUT THE HEALTH INFORMATION EXCHANGE?

### CONNECTICUT HAS A STRONG POLICY LEVER TO MAKE SURE PROVIDERS USE THE SYSTEM.

State law requires that hospitals and clinical laboratories connect to the statewide health information exchange within one year of it becoming operational. Health care providers who have electronic health records—such as physicians who work in outpatient clinics—will have to connect within two years. They will be required to share health data for patients who give consent.

### THE HEALTH INFORMATION EXCHANGE WILL NEED ROBUST PARTICIPATION TO SHOW ITS VALUE.

While providers will be required to connect, the success of the health information exchange will depend on its ability to demonstrate value—and that will require having robust participation, with many providers participating in each type of data exchange.

One way the statewide health information exchange can do this is by demonstrating that it offers new capabilities. For example, it will allow authorized users to see which providers have treated a patient—a full view that is not available anywhere in Connecticut. It also has the potential to provide summarized data for analysis on topics such as health outcomes and costs, based on more complete and up-to-date information than is available elsewhere.

### MORE INCENTIVES MIGHT BE NEEDED TO ENSURE ROBUST PARTICIPATION.

For example, in Michigan, insurers tie an estimated 15 percent of the population health incentives in their contracts with providers to participation in specific types of data exchange.

Not all incentives are financial. Research suggests social motivators from fellow providers to do what is good for patients can be more effective than financial rewards. The Alliance plans to publicly report which organizations are participating in specific types of data exchange, which could spur participation.

### THERE'S \$17.2 MILLION IN FEDERAL FUNDS AVAILABLE TO HELP PROVIDERS CONNECT TO THE HEALTH INFORMATION EXCHANGE.

Cost can be a big hurdle for health care providers to connect to a health information exchange. The state has secured \$17.2 million in federal funds to help offset these costs for providers, including medical, behavioral health, long-term and post-acute care providers, emergency medical technicians, and others. The money is only available through Sept. 30, 2021. It will become available when the Alliance and the state Medicaid agency establish policies and procedures related to access and flow of dollars.

### THE HEALTH INFORMATION EXCHANGE'S LONG-TERM FUNDING STRATEGY NEEDS TO BE DEVELOPED.

For now, the health information exchange is funded largely through federal funds (with a 10 percent match from state government). In the long-term, the health information exchange will need to identify a funding strategy. The business planning of the Alliance suggests it will eventually implement user fees for participants, with a focus on risk-bearing entities such as insurers, self-insured employers, and accountable care organizations.



This fact sheet is based on the findings from the November 2019 report “Connecting Connecticut: What’s happening with health information exchange in Connecticut,” by the State Health Access Data Assistance Center (SHADAC) and published by the Connecticut Health Foundation.

To learn more about health information exchange in Connecticut and key issues to watch for, read the full report at [www.cthealth.org](http://www.cthealth.org).