
HEALTH INFORMATION TECHNOLOGY OFFICER

Dear HIT Council members-

We promised you an update on relevant legislation. While there are other bills that are related to SIM more generally that will be summarized soon, there is one piece of legislation that we want to share with you now. This legislation will be described in detail in the updated HIT Operations Plan.

On May 2 2016, the Connecticut General Assembly passed [P.A. 16-77](#), “An Act Concerning Patient Notices, Designation of a Health Information Technology Officer, Assets Purchased for the State-Wide Health Information Exchange and Membership of the State Health Information Technology Advisory Council.” The Act became effective upon passage. Sections 4-7 of the Act modify coordination of HIT related policy and activities for health reform initiatives in Connecticut and allow the state to build upon existing assets acquired and developed by the Department of Social Services (DSS) the state’s single state agency for Medicaid administration and oversight.

P.A. 16-77 requires Lt. Governor Nancy Wyman, the state’s lead on health reform initiatives, to designate a Health Information Technology Officer (HITO), who will report to her, to coordinate all state HIT initiatives. To coordinate all HIT efforts, the HITO will require both technology and administrative staff supports to be provided by federal funds and existing state budgetary resources within the SIM PMO. A search will be under way imminently for the HITO. Some of you may recall that a White Paper developed by the Health Care Cabinet HIT Task Force identified a similar arrangement to expedite coordination, development, and deployment of statewide HIT efforts.

The HITO will lead an effort focused on standing up a statewide HIE. The HITO also will lead a project management office (PMO) that brings together various HIT initiatives in the state to coordinate HIT activities related to health reform, including Medicaid, SIM HIT supports, the All Payer Claims Database, the Department of Public Health’s population health work, and other CMMI funded efforts directed to state entities. DSS continues to play a key role in HIT, including responsibility for continued development and deployment of Medicaid and social service related HIT efforts, human services technology alignment, launching of an alert engine, EMPI and a provider directory in project year 1 of the SIM Model Test. DSS will work in partnership with the HITO to assure coordination of efforts.

As a result of P.A. 16-77 and the onboarding of a HITO, the advisory process for P.A. 16-77 and SIM HIT will be consolidated under the Statewide HIT Advisory Council, which was already advising on HIE efforts. P.A. 16-77 authorized the appointment of three additional members to the Statewide HIT Advisory Council in anticipation of several members of the legacy SIM HIT Council transitioning to the Statewide Council. The last SIM HIT Council meeting will be held in June.

We know you understand the need to enhance the coordination of HIT efforts. The desire to do so was expressed on several occasions at SIM HIT Council and Steering Committee meetings. We will incorporate the work you’ve done into the work of the Statewide HIT Council to ensure efficiency of efforts. Meeting once more in June will give us the time to talk about recommended next steps for the Statewide HIT Advisory Council to explore. We thank you for your tremendous service, your investment of time and knowledge to the SIM. We welcome your continued input through the merged council, and we look forward to our ongoing work to support healthcare transformation in Connecticut.