



CT Health IT Advisory Council January 19, 2017

Thank you for the opportunity to provide written public comments today regarding health information technology, which plays an integral role in the delivery of care. As healthcare leaders from the Connecticut Hospital Association (CHA), the Connecticut Association for Healthcare at Home, the Connecticut Association of Health Care Facilities, the Connecticut State Medical Society, and LeadingAge Connecticut, we care deeply about the future of healthcare delivery in our state and country.

We anticipate that Connecticut will experience significant and fundamental changes to its Medicaid program as the result of expected actions by the federal government. This makes it more important than ever that the state collaborate with Medicaid providers to find new solutions to preserve access to care and ensure provider network viability.

Achieving efficiency is a goal of the provider community. Changes to provider health information systems, regulations, procedures, and business practices can be extremely costly and administratively burdensome. Therefore, before decisions are made that can have unintended financial consequences, we urge the state to engage providers in discussion and consider the impacts of what is being proposed. Engaged discussion can produce more efficient and cost effective ideas, outcomes, and resolutions.

One example of the Department of Social Services (DSS) successfully implementing a stakeholder input strategy involved the recent development and implementation of the Department's web-based online eligibility application. Stakeholders ranging from long-term service and support providers were joined by other stakeholders, such as End Hunger CT!, to assist in the development and testing of the online application, and to provide post-implementation feedback. We believe that all parties, including DSS, would agree that the end product was successful in large measure due to the stakeholder input process.

However, this is not always the case.

The recent medical home health provider mandate to adopt the DSS sole technology vendor for a February 1, 2017 implementation of Electronic Visit Verification (EVV) did not include a successful process. Providers were not invited to give input. The system chosen essentially layers an additional IT system on top of the current DSS-approved EVV systems that licensed home health providers have had in place for more than a decade. The systems currently in place already produce the data required by DSS and allow for data imports to DSS. Providers have been audited on those data for years. With provider input in to the decision making process, there might have been the opportunity to avoid the problems and additional costs home health providers are currently experiencing with the mandated system such as time for staff training and need for additional office staff for manual reconciliation between the current and new systems. Providers do not oppose EVV, but a collaborative discussion early on with DSS to explore cost-effective, less burdensome strategies to achieve the state's goals would have avoided these significant problems.

Another example of the state moving forward with information system changes or initiatives that have been significant and costly to Medicaid providers is Project Notify. This is a duplication of a system already in place and used by Connecticut hospitals and providers. As you know from previous testimony, CHA has strongly recommended that all interested state entities take the time to investigate what systems have already been adopted by providers and are being used effectively today. We urge all agencies and stakeholders to avoid using scarce healthcare dollars on duplicative projects and to engage stakeholders in the process.

We are hopeful that with the selection and hiring of the new state Health Information Technology Officer, the state can move forward with a more robust stakeholder engagement process that will take into account the existing resources in the healthcare sector and work to minimize duplication and wasteful spending. We stand ready to work with the state to improve care and care coordination for Connecticut residents.