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Contact: Patty Montone Charvat
203. 294.7213, charvat@chime.org

Connecticut Hospitals Early Adopters of Health IT

Wallingford, CT – Connecticut hospitals are working hard to become “meaningful users” of health information technology (IT) to improve safety and efficiency. All 29 of Connecticut’s not-for-profit hospitals are implementing health IT to improve the quality, safety, and efficiency of the healthcare system, and will participate in the federal government’s Medicare and Medicaid Electronic Health Record (EHR) Incentive Program. Today, 14 Connecticut hospitals announced their intent to achieve “meaningful use” of health IT in 2011 as part of the EHR Incentive Program. The EHR Incentive Program provides a financial incentive for the “meaningful use” of certified EHR technology to achieve health and efficiency goals according to a set of standards determined by the US Department of Health and Human Services (HHS). By using an EHR system, providers will improve the quality and safety of healthcare through improved information and coordination, fewer errors, and lower costs.

These hospitals, through years of work and millions of dollars of investment, have positioned themselves to become early adopters of the new federal standards regarding the implementation and use of technology to advance the healthcare of individuals in Connecticut.

The hospitals that announced their intention to meet the federal criteria in 2011 are:

- The William W. Backus Hospital
- Bridgeport Hospital
- Bristol Hospital and Health Care Group
- The Hospital of Central Connecticut

- Danbury Hospital
- Day Kimball Hospital
- Griffin Hospital
- Hartford Hospital
- The Charlotte Hungerford Hospital
- Manchester Memorial Hospital (Eastern Connecticut Health Network)
- MidState Medical Center
- Milford Hospital
- Rockville General Hospital (Eastern Connecticut Health Network)
- Stamford Hospital

While all Connecticut hospitals are meaningfully using information technology to improve care, with some involved in complex longer-term projects that exceed government standards and will take several years to implement, the hospitals making the announcement today are those intending to comply with the government standard in 2011. Others will soon follow and all intend to meet the federal criteria in advance of the 2015 deadline. The four-year window to begin the program reflects the complexities in achieving “meaningful use,” according to the government’s definition, including significant time and expense associated with adopting, implementing, and upgrading clinical and other information systems, available resources, and the availability of software system vendors to work with hospitals to implement the systems.

The adoption of health information technology in Connecticut is being achieved in collaboration with other partners in the state. The Connecticut Hospital Association (CHA) and Connecticut hospitals have been working with eHealthConnecticut, a not-for-profit organization that represents a collaborative approach for meeting the challenges of health information technology adoption and interoperability for the State of Connecticut. Drawing on a four-year, \$5.7 million grant from the Office of the National Coordinator, US Department of Health and Human Services [HHS Grant #90RC0053], and teaming with the Connecticut State Medical Society, eHealthConnecticut has been actively supporting healthcare providers in accelerating the adoption of health IT. As the statewide “Regional Extension Center,” eHealthConnecticut is focused on helping thousands of primary care providers select, implement, and achieve meaningful use of electronic health records systems.

Other collaborators include the Department of Public Health (DPH), which helped launch the Health Information Technology Exchange of Connecticut (HITE-CT), a public-private entity with legislative authority to develop health information exchanges in the state; the Department of Social Services, which is administering the state's Medicaid incentive program; and Capital Community College.

Background

As authorized by the American Recovery and Reinvestment Act of 2009, providers that are meaningful users of certified EHR systems are eligible to receive temporary Medicare and Medicaid incentive payments beginning as early as federal fiscal year (FFY) 2011. Medicare payment penalties begin in FFY 2015 for eligible providers who fail to achieve meaningful use status.

In July 2010, the Centers for Medicare and Medicaid services (CMS) published its final rules regarding Meaningful Use that require hospitals to meet a total of 19 EHR functionality requirements. Fourteen of the functionality requirements are mandatory and are established by CMS as "core" requirements. CMS established a "menu" of 10 additional functionality requirements, from which hospitals, with some limitations, are allowed to choose five. For physicians, 20 requirements must be met, with 15 mandatory and five additional requirements chosen from a menu of 10. Each requirement for both hospitals and physicians is associated with detailed measures to ensure that the objective is met.

To be eligible for the incentive payments, hospitals and physicians must use EHR systems that have been certified by independent agencies under the direction of the Office of the National Coordinator for Health Information Technology (ONC).

Under the law, eligible hospitals that achieve meaningful use status can receive both Medicare and Medicaid incentive payments for up to four years, beginning as early as federal fiscal year (FFY) 2011 and as late as FFY 2015.

For further information, contact:

- **CHA**, John Brady, Vice President, 203.294.7201, bradyj@chime.org
- **eHealthConnecticut**, Scott Cleary, Program Director, 860.240.5600, scleary@gosmcpartners.org
- **The William W. Backus Hospital**, Mike Cushing, 860.889.8331 x 3839, mcushing@wwbh.org
- **Bridgeport Hospital**, John Cappiello, Media Relations Coordinator, 203.384.3637 kicapp@bpthosp.org
- **Bristol Hospital and Health Care Group**, Kathleen Buckley, Vice President, Strategic Planning & Business Development, 860. 585. 3837, kbuckley@bristolhospital.org
- **The Hospital of Central Connecticut**, Helayne Lightstone, Director of Corporate Communications, 860.224.5470, hlightstone@thocc.org
- **Danbury Hospital**, Andrea Rynn, Director, Public & Government Relations, 203.739. 7919, andreamynn@danhosp.org
- **Day Kimball Hospital**, Laura Engberg, Corporate Communications & Marketing Specialist, 860.963.6384, lengberg@DayKimball.org
- **Griffin Hospital**, Ken Roberts, Director of Communications and Public Affairs, 203.732.7432, kroberts@griffinhealth.org
- **Hartford Hospital**, Rebecca Stewart, Manager, Media Relations, 860.545. 4285, rstewart@harthosp.org
- **The Charlotte Hungerford Hospital**, Tim LeBouthillier, Director, Marketing & Public Relations, 860.496.6544, tlebouthillier@hungerford.org
- **Manchester Memorial Hospital**, Charles Covin, Vice President, Information Technology, 860.533.2909, Ccovin@echn.org
- **MidState Medical Center**, Pamela Cretella, Communications Project Manager, 203.694.8732, pcretella@midstatemedical.org
- **Milford Hospital**, Karen Kipfer, Director of Community Relations, Karen.Kipfer@milfordhospital.org, 203.876.4060
- **Rockville General Hospital**, Charles Covin, Vice President, Information Technology, 860.533.2909, Ccovin@echn.org,
- **Stamford Hospital**, Scott Orstad, Manager of Corporate Communications, 203.276.5933, sorstad@stamhealth.org,

The Connecticut Hospital Association has been dedicated to serving Connecticut's hospitals since 1919. Through state and federal advocacy, CHA represents the interests of Connecticut's not-for-profit hospitals on key healthcare issues in the areas of quality and patient safety, access and coverage, workforce, public health, and hospital reimbursement.

eHealthConnecticut is a not-for-profit organization, incorporated in 2006, which has the combined governance and resources of the public and private sectors and the flexibility of a private corporation. In 2008, the federal Agency for Healthcare Research and Quality designated the organization as a Chartered Value Exchange (CVE), one of only 24 such organizations nationwide. A CVE is a multi-stakeholder organization that has taken decisive community action to convene industry stakeholders and advance the concept of value-driven healthcare.