

## Health Information Technology Advisory Council Meeting Minutes

Meeting Date	Meeting Time	Location
April 16, 2020	1:00 pm – 3:00 pm	<b>Webinar:</b> +1 646 876 9923 US (New York) or +1 669 900 6833 US (San Jose) Meeting ID: <b>915 903 919</b> <a href="https://zoom.us/j/915903919">https://zoom.us/j/915903919</a>

Council Members					
Allan Hackney, HITO (Co-Chair)	X	Ted Doolittle, OHA	X	Lisa Stump	X
Joseph Quaranta (Co-Chair)	X	Stacy Beck		Patrick Charmel	X
Joe Stanford, DSS	X	Robert Rioux	X	Alan Kaye, MD	X
Elizabeth Taylor, DMHAS		David Fusco	X	Dina Berlyn	X
Cindy Butterfield, DCF		Nicolangelo Scibelli		Tekisha Everette	X
Cheryl Cepelak, DOC		Patricia Checko	X	Cassandra Murphy	X
Vanessa Hinton, DPH	X	Kimberly Martone, OHS	X		
Dennis C. Mitchell, DDS	X	William Petit, MD	X		
Mark Raymond, CIO	X	Jeanette DeJesus	X		
Sandra Czunas, OSC	X	Robert Blundo, AHCT			
Supporting Leadership					
Victoria Veltri, OHS	X	Alan Fontes, UCONN AIMS	X	Carol Robinson, CedarBridge	X
Sean Fogarty, OHS	X	Tom Agresta, MD, UConn Health	X	Terry Bequette, CedarBridge	X
Adrian Texidor, OHS	X	Dawn Bonder, CedarBridge	X	Craig Jones, CedarBridge	X
Tina Kumar, OHS	X	Sheetal Shah, CedarBridge	X		

Agenda			
	Topic	Responsible Party	Time
1.	<b>Welcome &amp; Call to Order</b>	<b>Allan Hackney</b>	<b>1:00 PM</b>
	Allan Hackney recognized a quorum and called the meeting to order at 1:00 pm.		
2.	<b>Public Comment</b>	<b>Attendees</b>	<b>1:05 PM</b>

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	There was no public comment.		
3.	<b>Review and Approval of Minutes March 19, 2020</b>	<b>Council Members</b>	<b>1:10 PM</b>
	Allan Hackney asked for a motion to approve the March 19, 2020 meeting minutes. Mark Raymond made a motion. Jeanette DeJesus seconded. All in favor. The minutes were approved.		
4.	<b>Announcements &amp; General Discussion</b>	<b>Allan Hackney, Council Members</b>	<b>1:15 PM</b>
	<p>Allan Hackney announced and welcomed two new appointees to the HIT Advisory Council. The new members introduced themselves. Cassandra Murphy (Governor’s Appointee) is the Executive Director of the CT Coalition of Taft-Hartley Health Funds and Kimberly Martone (Statute Appointee) is the Deputy Director/Chief of Staff at the Office of Health Strategy. Cassandra and Kim shared that they look forward to joining the Council and contributing their perspective and expertise towards the Council’s initiatives.</p> <p>Allan shared that there have been a lot of significant changes during the COVID-19 pandemic. As a byproduct of this, there has been a surge of interest from organizations to participate in the CT health information exchange. The primary interest is for the bidirectional sharing of the electronic clinical summary care documents. Other common themes from the interests include finding ways to connect to the growing population of telehealth and telemedicine solutions and lab results. Given the interest in clinical care summary documents (CCDAs), the team has focused its technical efforts to ingest, process and send CCDA’s. As a consequence of this, we have narrowed our use case focus on those care summary documents which allows us to put more resource specifically on the needs of validating/testing/connecting. The ability to do this has been tested with synthetic data in the Core Data Analytic Solution (CDAS) at UConn.</p> <p>Additionally, Allan shared that we’ve began to evaluate how CT can utilize PULSE (Patient Unified Lookup System for Emergencies). PULSE is a nationwide health IT disaster response network that can be deployed at the city, county, or state level to authenticate disaster healthcare volunteer providers. Information about PULSE Covid can be found here: <a href="https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Presentations/OHS_HealthIT_Advisory_Council_Mtg-Presentation_041620.pdf#page=66">https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Presentations/OHS_HealthIT_Advisory_Council_Mtg-Presentation_041620.pdf#page=66</a>.</p> <p>Dr. Kaye commented that the reintroduction of CT State Medical Society (CSMS) to the council is good news. He added that when CSMS was a part of Council, they had developed a competing product which led to a falling out. He questioned if their reengagement to the Council relies on the status of their competing product, or if this a result of them rejoining. Allan replied that the relationship with CSMS and the HIT has been very collaborative, and we have invited Ken Ferrucci on to the Council. We will have a relationship with them and members who are participating in CSMS solution will be able to have their transactions flow to and from our solution.</p>		
5.	<b>Update on Prescription Drug Monitoring Program</b>	<b>Rodrick Marriott, Dept. of Consumer Protection</b>	<b>1:25 PM</b>
	<p>Allan introduced Rodrick Marriott, Director of the Drug Control Division at the Dept. of Consumer Protection to provide an update on the Prescription Drug Monitoring Program (PDMP).</p> <p>Rod shared that he is happy to be collaborating with OHS and is proud of the work they are doing. Rod proceeded to present a general overview of the PDMP in CT. Rod’s presentation can be referred to <a href="#">here</a>.</p>		

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	<p>Representative Petit commented he was surprised of the 35% Private Pay reflected in the “2019 Payment Type of Prescriptions.” He asked if the payments were compared in terms of scheduled vs. nonscheduled drugs. Rod shared that Kaiser Family Foundation reported 1.2M prescription drugs paid for with cash in CT, and the state had 43M prescriptions dispensed last year. Rep. Petit asked if the majority of the scheduled drugs from VA come from VA doctors at private pharmacies, West Haven, or elsewhere. Rod shared that the prescriptions dispensed/uploaded to the PDMP come from the West Haven or Newington VA location. Rod added the challenge with the VA is that once a patient leaves the VA system, its difficult to compare whether they are with the VA or not.</p> <p>There were no additional questions. Rod shared that if any questions do arise to email him directly (<a href="mailto:Rodrick.Marriott@ct.gov">Rodrick.Marriott@ct.gov</a>), he has a very responsive team who looks forward to navigating the PDMP system.</p> <p>Allan thanked Rod for his time and added that Rod is a terrific collaborator with work DSS/OHS are doing. Allan foresees interesting developments over next 12-18 months as some of the activities from MRPC/SUPPORT Act move forward.</p>		
6.	<p><b>Review Consent Design Guiding Principles Public Input</b></p>	<p><b>Dawn Bonder, CedarBridge</b></p>	<p><b>2:05 PM</b></p>
	<p>Allan Hackney reminded the Council that at the March HIT meeting (3/19/2020) the process for collecting feedback on the Consent Design Guiding Principles was reviewed and the submissions were made available for the Council members and the public on the OHS website. As shared at the March meeting, assessment of the input received and recommendations for action based upon that input are on the agenda today.</p> <p>Dawn Bonder reviewed the process of creating, posting, and receiving feedback on the Consent Design Guiding Principles. The Office of Health Strategy (OHS) received 10 <a href="#">public comments</a> which were assessed using this <a href="#">rubric</a>. Based on the assessment <a href="#">two recommendations</a> were delivered to the council. Recommendation 1 is for the HITAC to affirm the Guiding Principles as written and refer the relevant feedback to OHS and the groups charged with developing the consent policies. Recommendation 2 is to review the composition of the HITAC.</p> <p>At the conclusion of Dawn Bonder’s presentation, Allan reviewed the recommendations and the impact of accepting the recommendations. If Rec. 1 is affirmed, the Guiding Principles will be delivered to OHS. OHS will then develop consent policy based on the Guiding Principles and recommendations, following the standard regulatory development process in the state.</p> <p>A consent management solution will be developed and implemented, enabling patients to express their consent preferences consistent with each use case policy. This is expected to take up to 18 months to implement.</p> <p>Until a comprehensive consent management solution is in place, patients will have the opportunity to opt-out of having their data shared across the HIA platform. This option will be binary (i.e., all data in or all out). The ability to opt-out will remain in place until the electronic consent management system is implemented.</p> <p>The Privacy Work Group, one of the five workgroups operating under the HIA Operations Advisory Committee, will consider consent implications as each use case is developed (consistent with Guiding Principles). Once more comprehensive consent policies are developed and a more robust consent management solution is</p>		

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developed/selected, consumers will be offered the opportunity to revise consent decisions. The outreach and education resources for this, and related purposes are IAPD approved.

Mark Raymond commented that he believes the Guiding Principles and recommendations as modified/commented on reflect the best of where we are now. He added that giving people the ability to opt out of data sharing and building a more discreet consent management solution allowing people to protect/share discreet parts of their data based on their preferences is absolutely necessary. The Guiding Principles allow us to move forward and provide the right guidance to OHS around what we are doing with the health information exchange.

Pat Checko asked if the opt-out process being used until a consent management system is developed would become part of the onward moving regulatory process OHS has in place now. Allan explained that OHS has a process established for proposed policies. A proposed policy or procedure goes into effect at the time it is submitted into the State’s regulatory process, and remains in effect until such time as the regulatory process plays out, makes changes, or as happens in certain cases, enough time goes by that the agency itself comes back and resubmits modifications to the policy.

Representative Petit asked if we have the ability to address the issue of what data patients choose to opt out of in specific areas in terms of things like COVID (who’s been tested, do they have antibodies). Allan responded that to some extent we don’t know the details particularly to the recent COVID issues. The infrastructure is there, but the challenge is how to capture the expression of consent in a way that gives patients adequate control. While we are developing that, we have this binary opt-out to capture consumers’ preference. However, since the infrastructure is fairly sophisticated in terms of applying consent, if we are given additional information in terms of antibodies or other things, we can apply that in the backend.

**Motion:** Allan Hackney asked for a motion to accept recommendation 1 and affirm the Consent Design Guiding Principles. Pat Checko made a motion. Lisa Stump seconded. All in favor. There was no abstentions or further discussion.

**Motion:** Allan asked for a motion to accept recommendation number 2: Mark Raymond moved. Seconded by Jeanette DeJesus. All in favor. There was no abstentions or further discussion.

Both recommendations were accepted. The Guiding Principles will be delivered to OHS and OHS will begin the regulatory process. Allan thanked the OHS team (Tina Kumar, Sean Fogarty, and Laura Morris) and CedarBridge (Dawn Bonder and Carol Robinson) for their work on this.

7.	Review and Approve HIT Advisory Council Charter	Sean Fogarty, OHS	2:45 PM
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	<p>Based on the public input received from the Consent Design Guiding Principles, Sean Fogarty shared that diversity language was added to the <a href="#">article 3</a> in the HITAC charter as it relates to membership of the council.</p> <p>Mark Raymond shared that he is fully in support in the direction of the recommendations. He raises a concern that if adopting of any of these recommendations will make it difficult for us to operate or move forward, since part of constituting the council is finding people who will give their time and energy to a volunteer effort. Allan responded that overarching issue for the Council is that many of the seats are appointed. The challenge is to get people to volunteer and to be appointed, and then prompt the appointers to make the appointment. To some extent we can influence who may be nominated for a particular volunteer position and we can apply these principles as we are trying to select or sort out potential nominees; however, that’s about all we can control as it relates to appointed positions. That said, we can apply the principles to the few seats that are directly under the control of the Co-chairs.</p> <p><b>Motion:</b> Allan asked for motion to adopt the HITAC charter. Mark Raymond moved. Pat Charmel seconded. All in favor. Charter is adopted.</p> <p>Allan thanked Sean Fogarty and Terry Bequette for all of their work on the Charter. The Health IT Advisory Council Charter is posted here: <a href="https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Reports/OHS_HITAC_Charter.pdf?la=en">https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Reports/OHS_HITAC_Charter.pdf?la=en</a>.</p>		
8.	<b>Wrap up and Meeting Adjournment</b>	Allan Hackney	2:30 PM
Allan asked for a motion to adjourn. Pat Checko created a motion to adjourn. The meeting adjourned at 2:30 pm.			

**Upcoming Meeting Dates:** May 21, 2020

**Meeting information is located at:** <https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>