

# Health IT Advisory Council

March 21, 2019



# Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 pm
Public Comment	1:05 pm
Review and Approval of Minutes – February 21, 2019	1:10 pm
Announcements	1:15 pm
Genomic Medicine Workshop	1:25 pm
Establishment of the HIE Entity	1:45 pm
Development of the HIE Trust Framework	2:05 pm
Wrap-up and Meeting Adjournment	3:00 pm

# Welcome and Call to Order

# Public Comment

(2 minutes per commenter)

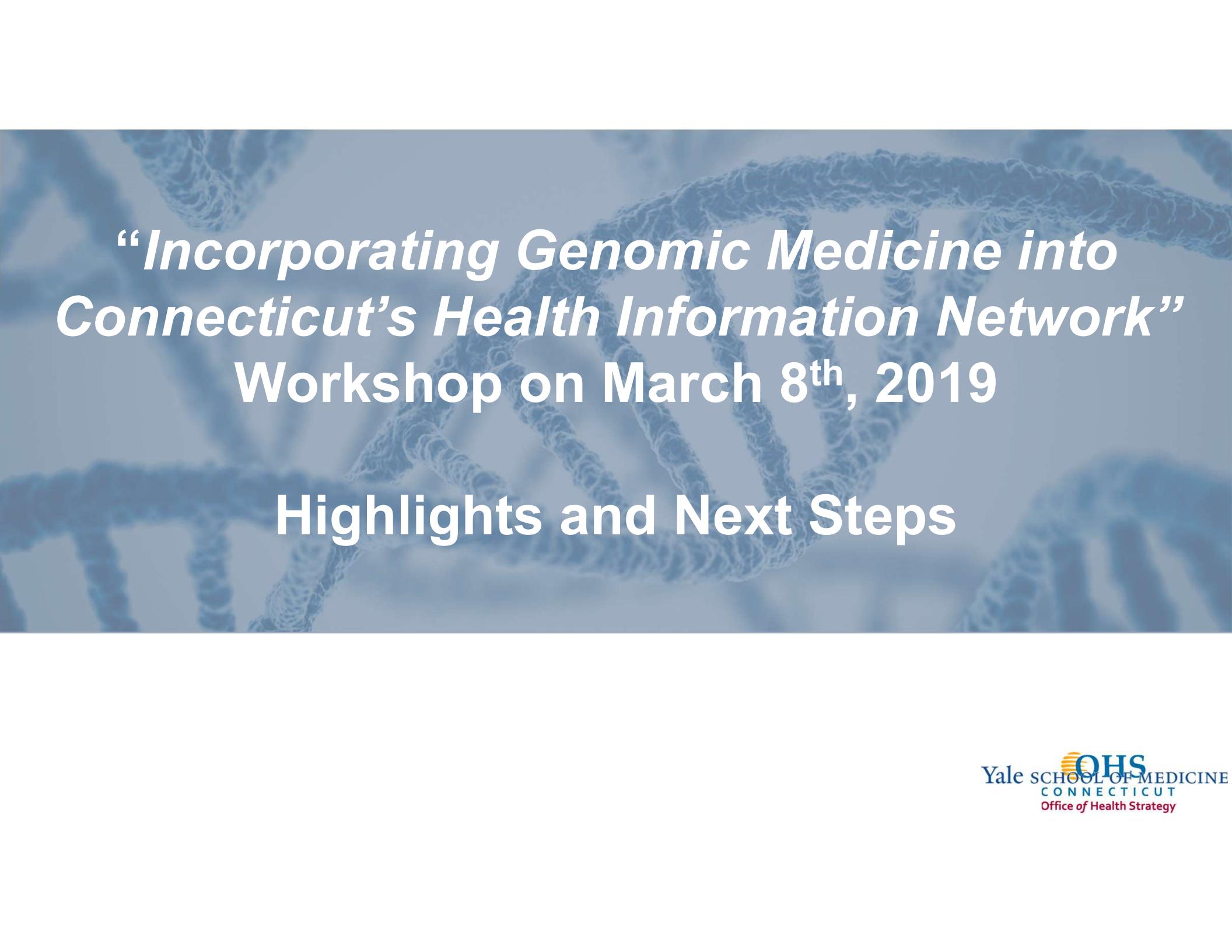
# Review and Approval of:

**February 21, 2019 Meeting Minutes**

# Announcements

# Genomic Medicine Workshop

*Michael Murray*



# *“Incorporating Genomic Medicine into Connecticut’s Health Information Network”*

## Workshop on March 8<sup>th</sup>, 2019

## Highlights and Next Steps

# Yale Center for Genomic Health

- The Generations Project will be launched in 2019 as a way to “find better ways to keep people healthy and to help them when they are sick”
- This project will ask  $\geq 100,000$  volunteers to join this project in an effort to link DNA variants to human health and disease
- All participants will undergo DNA sequencing
- Participants will receive back high value results including: cancer risk, heart disease risk, pharmacogenomics, other
- Plan to seek ways to engage patients, providers, researchers from other institutions in the state

# Incorporating Genomic Medicine into Connecticut's Health Information Network **Workshop Objectives**

- Discuss opportunities for Connecticut to ***advance as a national leader in genomic medicine and information exchange*** by leveraging innovative architecture and local subject matter expertise
- Outline **practical and achievable proposals** to incorporate genomic medicine in statewide health information exchange
- ***Initiate Use Case Factory® stage-gate methodology*** to identify practical “starter set” opportunities to prototype genomics in the HIE

# Workshop Participants



Yale SCHOOL OF MEDICINE



Geisinger



# Highlights from the Workshop

- Presentations from Genomic Medicine and Connecticut Health Information Exchange (HIE) leaders regarding changing landscape and opportunities of Genomic Medicine and HIE in Connecticut
- Panel Q & A session including representation from Medicaid, Family Physician, Genomic Medicine, and Office of Health Strategy



# Highlights from the Workshop

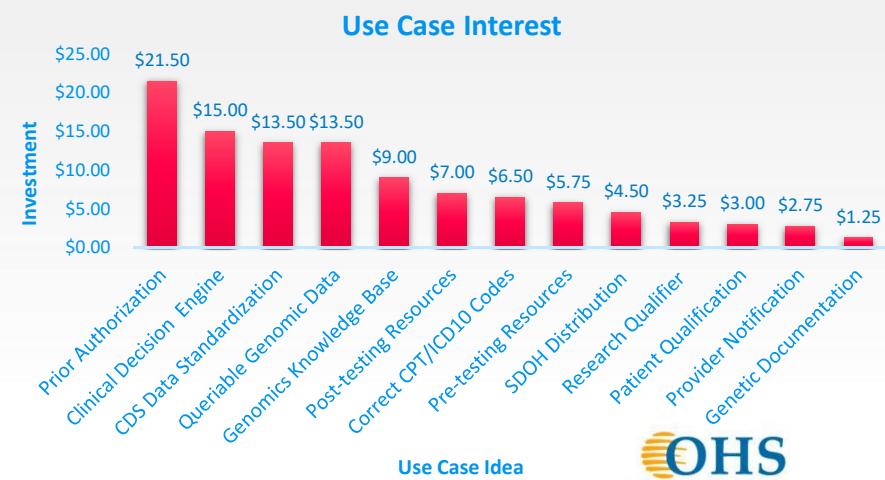
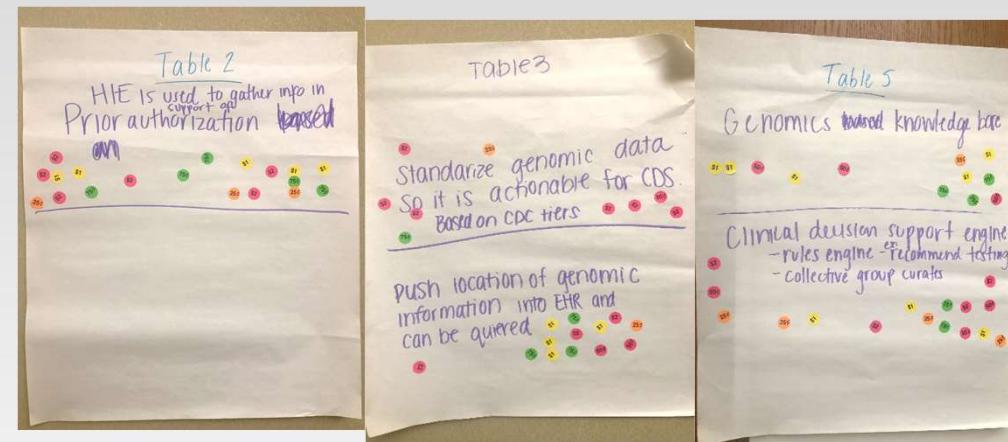
- Used two persona-based case studies to identify care paths with and without sharing genetic testing information
- Identified opportunities to share genetic testing information with patients, providers, health plans, and others through these case studies
- Developed “elevator pitch” for initial ideas to investigate in Use Case Factory® process and each participant “invested” into their top ideas



# High Value, Practical Use Case Ideas

## Top Ideas

1. Support prior-authorization of genetic testing by gathering relevant information through HIE
2. Clinical Decision Support (CDS) Engine (e.g. genetic testing recommendations)
3. Standardize genomic data so it's actionable for CDS (e.g. based on CDC tier-one Genomic Applications)
4. Ability to query location of genomic information through EHR



# Next Steps

## 1. White Paper

*Frame high-value, practical genomic medicine use case ideas, initiating Use Case Factory® process*

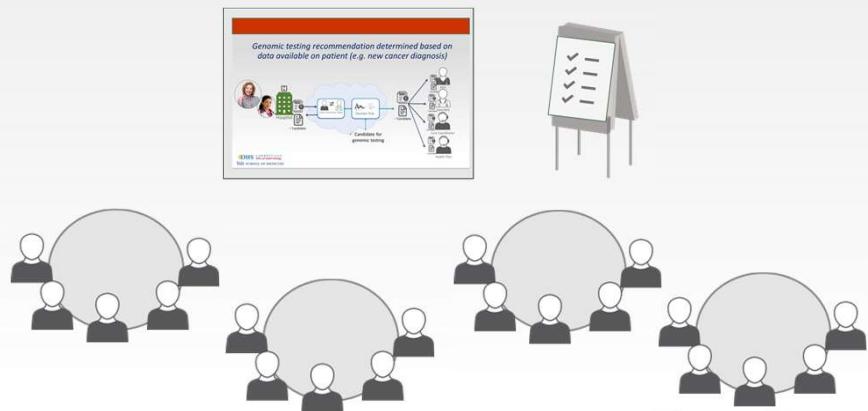
- Draft White Paper, refine with Editorial Team



## 2. Working Group

*Define details of use case ideas and provide input during use case development process*

- Kick-off following completion of White Paper



# Quotes from the Workshop

- “An opportunity to explore something innovative”
- “Help us decide where we can invest so we can come forward with something we can actually implement.”
- “I actually believe it’s going to happen!”

## **Goal: Connecticut to become a national leader in genomic medicine and information exchange through practical and achievable proposals**

- **Ovarian Cancer use case:**
  - The proposed Standard of Care since 2007 – is to offer universal genetic testing to women diagnosed with ovarian cancer
  - Positive test result:
    - Anticipated in 15-20% of cases
    - Can prompt changes in patient's management and her future health screening
    - Offers opportunity for interventions that avoid late diagnosis in family members
  - Recent reports demonstrate that individual institutions fall far short of achieving universal testing for women with this diagnosis.
  - In Connecticut, 300 women per year diagnosed (25 cases per month)

## ***Proposal for: Connecticut to become a national leader in genomic medicine and information exchange through practical and achievable proposals***

- **Connecticut's 100 X 2020 CAMPAIGN AGAINST OVARIAN CANCER**
  - The proposed Standard of Care since 2007 – is to offer universal genetic testing to women diagnosed with ovarian cancer
  - The state of Connecticut will achieve and then sustain a month by month 100% success rate in offering genetic testing to all women in the state diagnosed with ovarian cancer, and will demonstrate this by December 2020 - this is “100 x 2020” (100 by 2020).
  - Connecticut will become the first state in the nation to demonstrate that this standard of care can be achieved through the cooperation of State Institutions, Healthcare Provider Organizations, Insurers, (others), and Genetic Testing Companies.

# Establishment of the HIE Entity

*Office of Health Strategy*

# Trust Framework Primer

*Allan Hackney & Sabina Sitaru*

# Organizing Principle

**Covered entities\* with relationships in common may share individually identifiable health information**

- The disclosure must pertain to the covered entity's relationship with the shared patient
- Sharing must fall under one of the HIPAA permitted purposes of **treatment, payment, or healthcare operations** or as required by law

\* Sharing can also occur for certain public health purposes

Note: See exception related to self-pay

# Steps to Legally Connect to the HIE

**Step One:** Execute one of the following agreements to join the network:

- (1) Qualified Data Sharing Organization Agreement (QDSOA) **or**
- (2) Simple Data Sharing Organization Agreement (SDSOA) **or**
- (3) Terms of Service (ToS)

**Step Two:** Execute Use Case Exhibits (UCEs) to share information

**Step Three:** Engage in Pilot Activity Exhibit process for prototypes and exploratory activities

# Agreements for Sharing Data and \$'s

## Organization Agreements

### **Qualified Data Sharing Organization Agreement (QDSOA)**

- Allows participation in HIN Governance

### **Simple Data Sharing Organization Agreement (SDSOA)**

- Does not allow participation in HIN Governance

## **Terms of Service (ToS)**

Electronic version of SDSOA

## Use Case Exhibits (UCEs)

Used to exchange *Data*

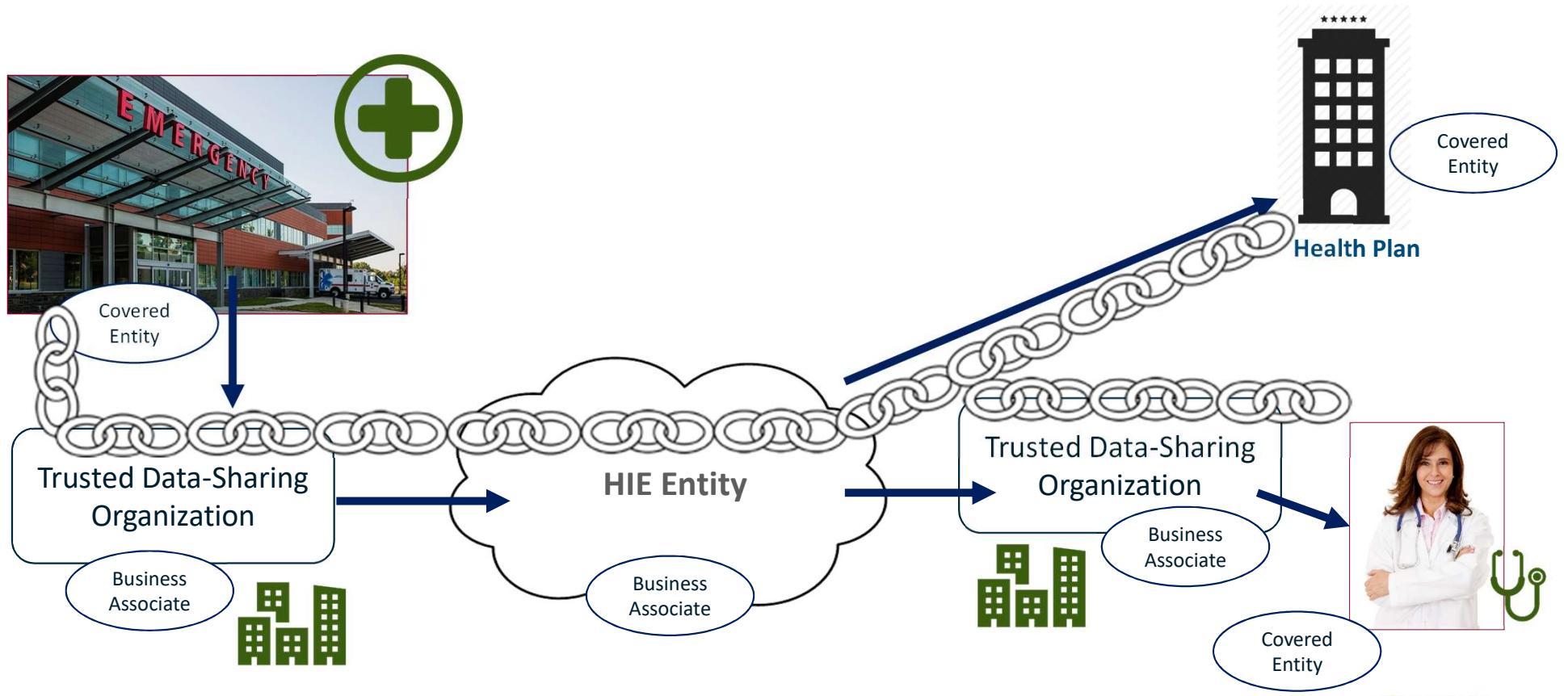
Execute to participate in specific use cases of choice

## Statements of Work (SOWs)

Used to exchange *\$'s*

Only executed under QDSOA and SDSOA (not ToS)

# Chain of Trust



# Trusted Legal Framework

MONEY



## Master Statement of Work

SOW  
Exhibit #1  
[grid icon]

SOW  
Exhibit #2  
[grid icon]

SOW  
Exhibit #3  
[grid icon]

SOW  
Exhibit #N  
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## Organization Agreement (QDOSA, SDSOA)

Definitions

HIPAA Business Associate Terms

Contracting & Payment

Cyber Liability Insurance

Indemnification & Liability

Basic Connection Terms & SLA

Dispute Resolution

Term & Termination

DATA



## Master Use Case Agreement

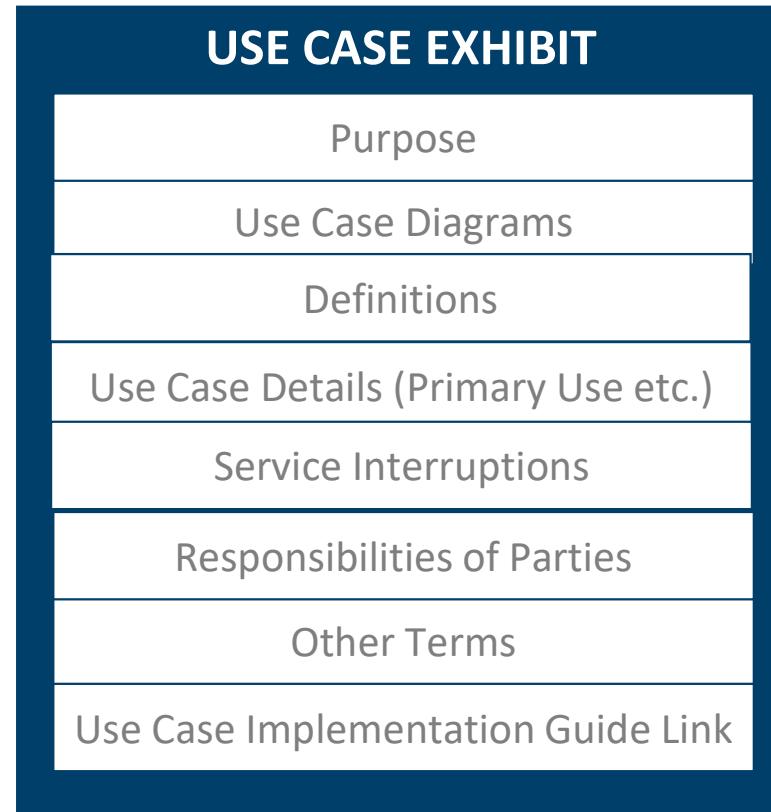
Use Case  
#1  
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# Components of a Use Case Exhibit



# Use Case Exhibit Example

**[ENTITY]**

**USE CASE EXHIBIT**

Use Case Name: [Consolidated Clinical Document Architecture \(C-CDA\)](#)

**Change Control**

Version Number	Revision Date	Author(s)	Section(s)	Summary

This Use Case Exhibit ("UCE") is effective and binding upon the undersigned Participating Organization ("PO") and subject to the Master Use Case Exhibit and Data Sharing Agreement (the "Agreement") between PO and HIN as of the last date in the signature block hereto. HIN and PO are referred to herein collectively as "Parties" and individually as a "Party."

1. **Purpose.** The purpose of this Use Case Exhibit is to help healthcare providers share a patient's treatment information (via C-CDAs) with other care team members and organizations, including the State of [Connecticut](#), physicians, practices, pharmacies, hospitals, and transitional facilities such as outpatient and skilled nursing facilities.

2. **Use Case Diagram.** After a patient encounter, a [C-CDA](#) will be sent to providers, who are a part of the patient's care team.

The diagram illustrates the flow of information. A 'Hospital' icon is connected to a cloud labeled 'Statewide HIN' containing 'CCDA'. Arrows point from the cloud to four healthcare provider icons: 'Primary Care', 'Specialist', 'Care Manager', and 'Health Plan'. Below the cloud, there is a row of four icons representing 'Analytics', 'Reporting', 'Visualization', and 'Dashboard'.

**USE CASE EXHIBIT**

<b>Purpose</b>
<b>Use Case Diagrams</b>
<b>Definitions</b>
<b>Use Case Details (Primary Use etc.)</b>
<b>Service Interruptions</b>
<b>Responsibilities of Parties</b>
<b>Other Terms</b>
<b>Use Case Implementation Guide Link</b>

# Use Case Exhibit Example – cont.

3. **Definitions.** Capitalized terms used herein and not otherwise defined, shall have the meaning given them in the MUCA and the Data Sharing Agreement.

3.1. **Message Content** means Consolidated Clinical Document Architecture (C-CDA) messages (see UCIG for specifications).

3.2. **Transactional Basis** means sending Message Content or a Notice from a sending or receiving party. A transaction is a single Message. Only if HIN and PO mutually agree in writing, PO shall be allowed to send/receive files containing multiple messages.

4. **Use Case Details.** Message Content pursuant to this UCE may be sent, received, found or used as follows:

4.1 **Primary Use**

4.1.1 HIN will receive Message Content from a sender, determine care relationships based upon the Active Care Team found in the **Continuum of Care and Consent Map**, and send the Message Content and related Notices to providers based upon routing, destination and delivery preferences.

4.1.2 The Message Content may be used by Health Professionals for Treatment, Payment and/or Healthcare Operations consistent with the requirements set forth in HIPAA.

4.2 **Additional Permissible Use**

4.2.1 Message Content may be used such as for resolution of patient matching in support of other HIN Infrastructure Services including but not limited to the Common Key Service working in conjunction with the **CCCM** and related MPI support.

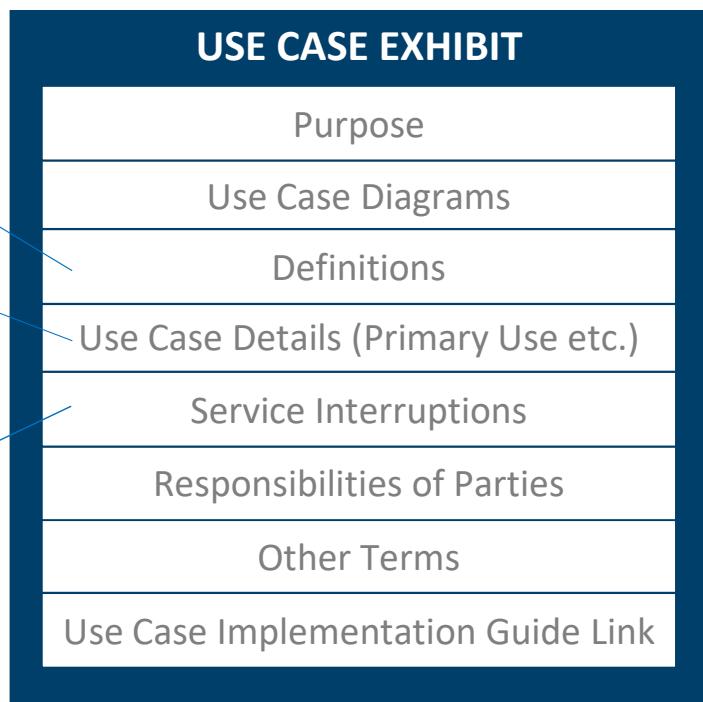
4.2.2 Message Content may be used to notify eligible patients or guardians.

4.2.3 The following sections of the MUCA are not permissible uses under this Exhibit: 4.2.7 ("Pilot Activities").

4.3 **Limitations on use.** Message Content may not be used for competitive purposes. PO may send, receive, find, or use Message Content consistent with the terms herein and as otherwise permitted by the Agreement, *provided, however, that in no case shall PO share Message Content in a manner inconsistent with this UCE, as applicable.*

4.4 **Related Use Case Requirements.** In addition to the Use Cases required under the MUCA, PO must utilize the **CCCM** Use Case.

5. **Service Interruptions.** No variations identified.



# Use Case Exhibit Example – cont.

6. Responsibilities of the Parties.

6.1. PO's Responsibilities as a Sender

6.1.1. PO shall ensure that Message Content is a Conforming Message and is properly encoded and can be properly parsed. In particular, information about the Health Provider must be valid.

6.1.2. PO agrees that any TDSO and their participants that have an ACR with a particular patient may receive the Message Content for that patient except in the case of a self-paid service where the patient has requested that no Patient Data be sent to Health Plans.

6.2. PO's Responsibilities as a Recipient

6.2.1. PO shall send to HIN Services any Notices received from PO, as necessary (e.g., sending an acknowledgment of Message Content received from PO).

6.2.2. PO and its PO Participants that receive Message Content shall work with HIN to update and maintain the required information per the **CCCM** Use Case and the **Master Provider Registry (MPR)**.

6.3. HIN's Responsibilities

6.3.1. HIN shall send to PO and other TDSOs and their PO Participants which have an ACR with the patient all Conforming Messages received from a TDSO and Notices in a consistent manner on a Transactional Basis or in batches.

6.3.2. HIN shall send the Message Content it receives to those TDSOs having any non-expired ACR with the patient identified in Message Content, provided that HIN shall not send Message Content to any TDSO or their PO Participants that have not updated their **CCCM** data at least once within the previous ninety (90) days.

6.3.3. HIN shall retain all Message Content after receipt for up to ninety-one (91) days unless subject to a litigation hold.

6.3.4. HIN may send Message Content containing a Health Plan designation within the Message Content to a Health Plan TDSO ("Payer TDSO") except HIN shall not send Message Content to any Health Plan(s) if the Message Content indicates self-paid as defined in the UCIG.

6.3.5. HIN shall work with PO and/or its PO Participants who are recipients to receive and process updates per the **CCCM** Use Case.

7. Other Terms.

**USE CASE EXHIBIT**

Purpose
Use Case Diagrams
Definitions
Use Case Details (Primary Use etc.)
Service Interruptions
Responsibilities of Parties
Other Terms
Use Case Implementation Guide Link

# Use Case Exhibit Example – cont.

7. Other Terms.

7.1. **PO Contacts** Upon executing this Use Case Exhibit the PO shall write legibly the names, email addresses, and phone numbers for its contacts for this Use Case.

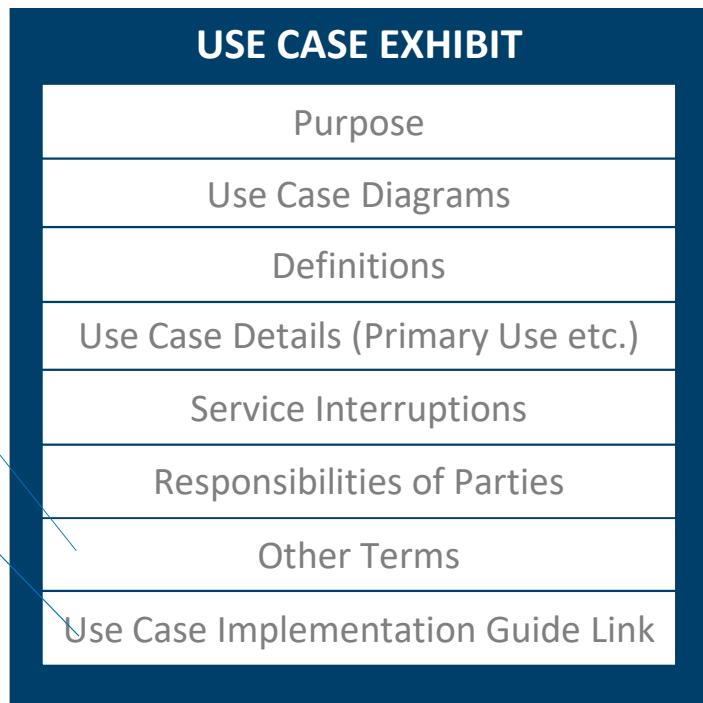
7.2. The Message Content sent must come from a Source System.

7.3. Message Content sent to the HIN Infrastructure Services that does not meet the specifications in the Implementation Guide will be responded to with a NAK Message.

8. **Use Case Implementation Guide(s)**. The Use Case Implementation Guide(s) for this Use Case is/are provided in Attachment 1. PO should be sure to check the boxes for all data sharing scenarios in which it wishes to participate for this Use Case in Attachment 1 and date and initial it.

IN WITNESS WHEREOF, the undersigned have caused this Use Case Exhibit to be accepted by their duly authorized representatives effective on the date written below, whichever is later.

ENTITY	PARTICIPATING ORGANIZATION
By: _____	Organization Name _____
Name: _____	By: _____
Title: _____	Name: _____
Date: _____	Title: _____
Date: _____	
PO to write in contact information here:	
_____	
_____	
_____	

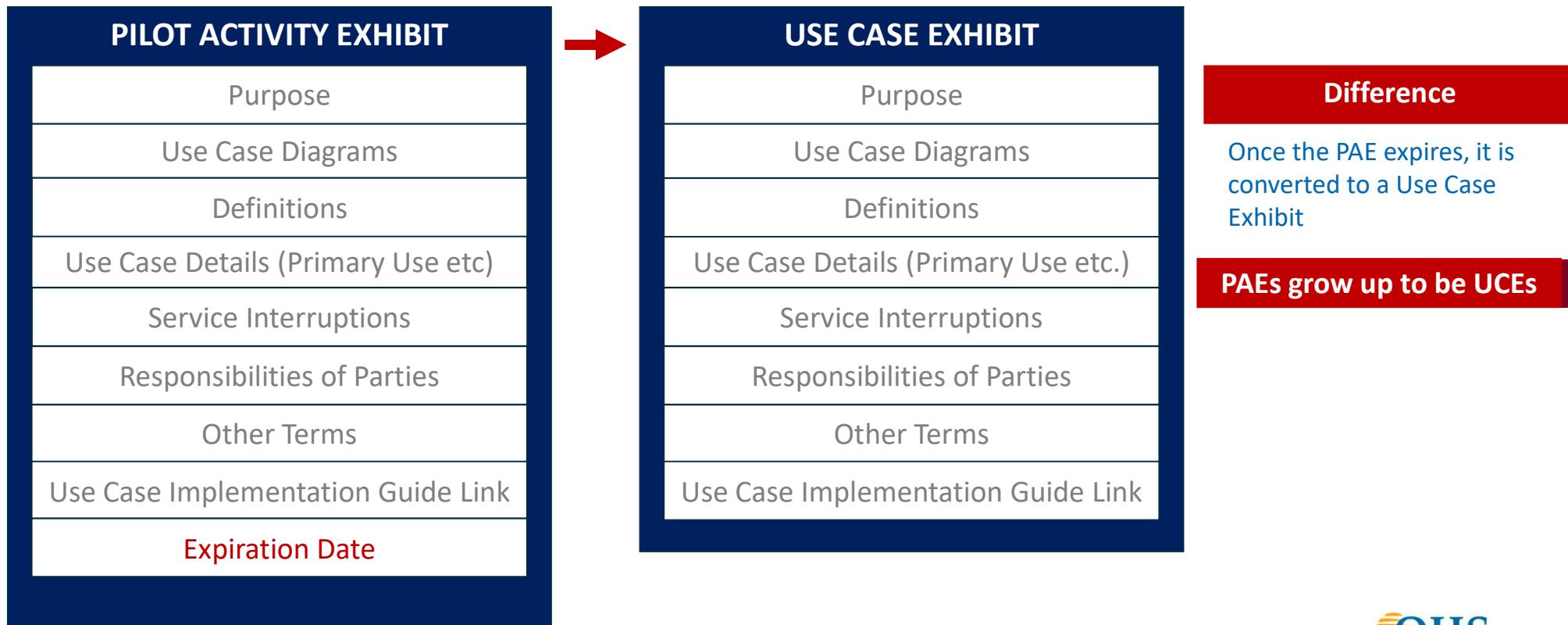


# Types of Use Case Exhibits

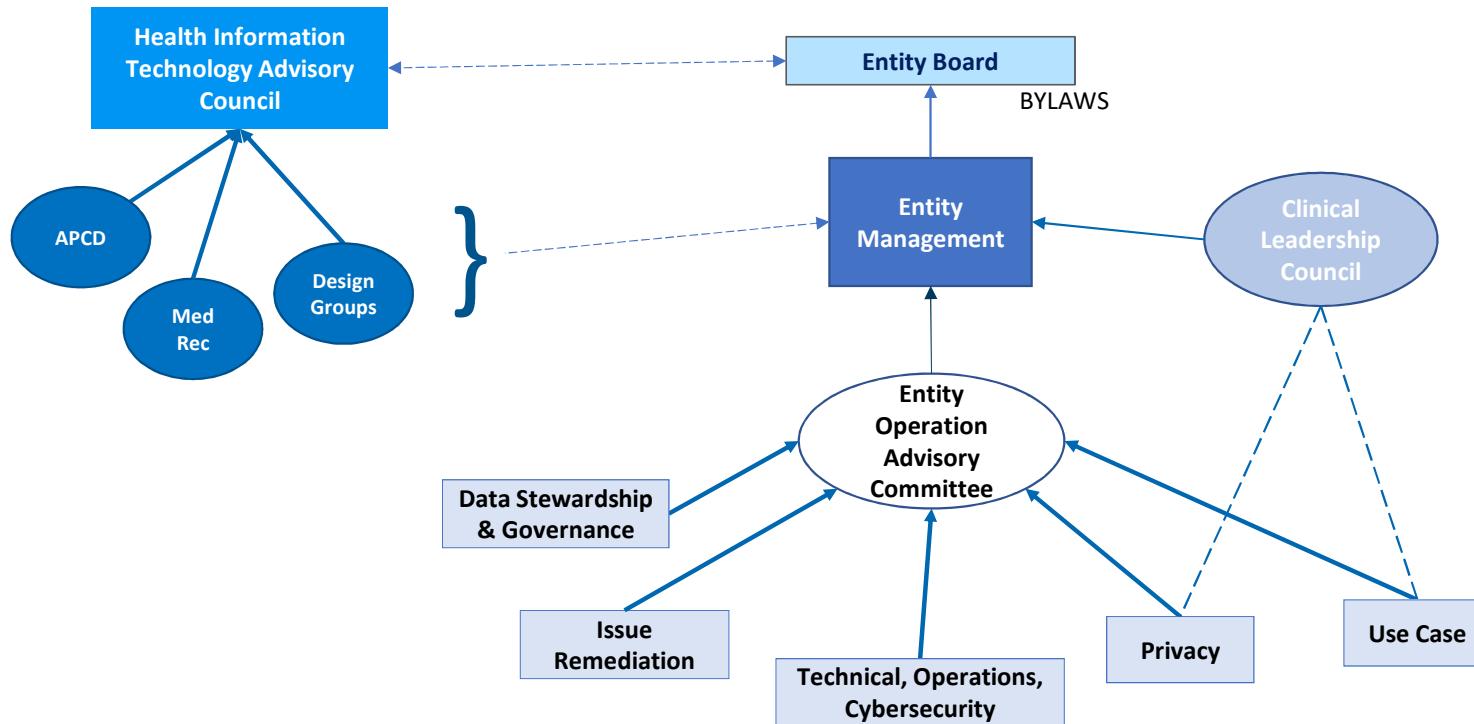
- Continuum of Care and Consent Map (CCCM)
- Encounter Notifications
- Consolidated Clinical Document Architecture (C-CDA)\*
- Quality Measure Information (QMI)
- Lab Results
- New Claims
- Medication Reconciliation
- Public Health (e.g. Immunizations)
- Virtual Longitudinal Record

\* Example in Appendix

# Difference between UCE and Pilot Activity Exhibit (PAE)



# Governance Model



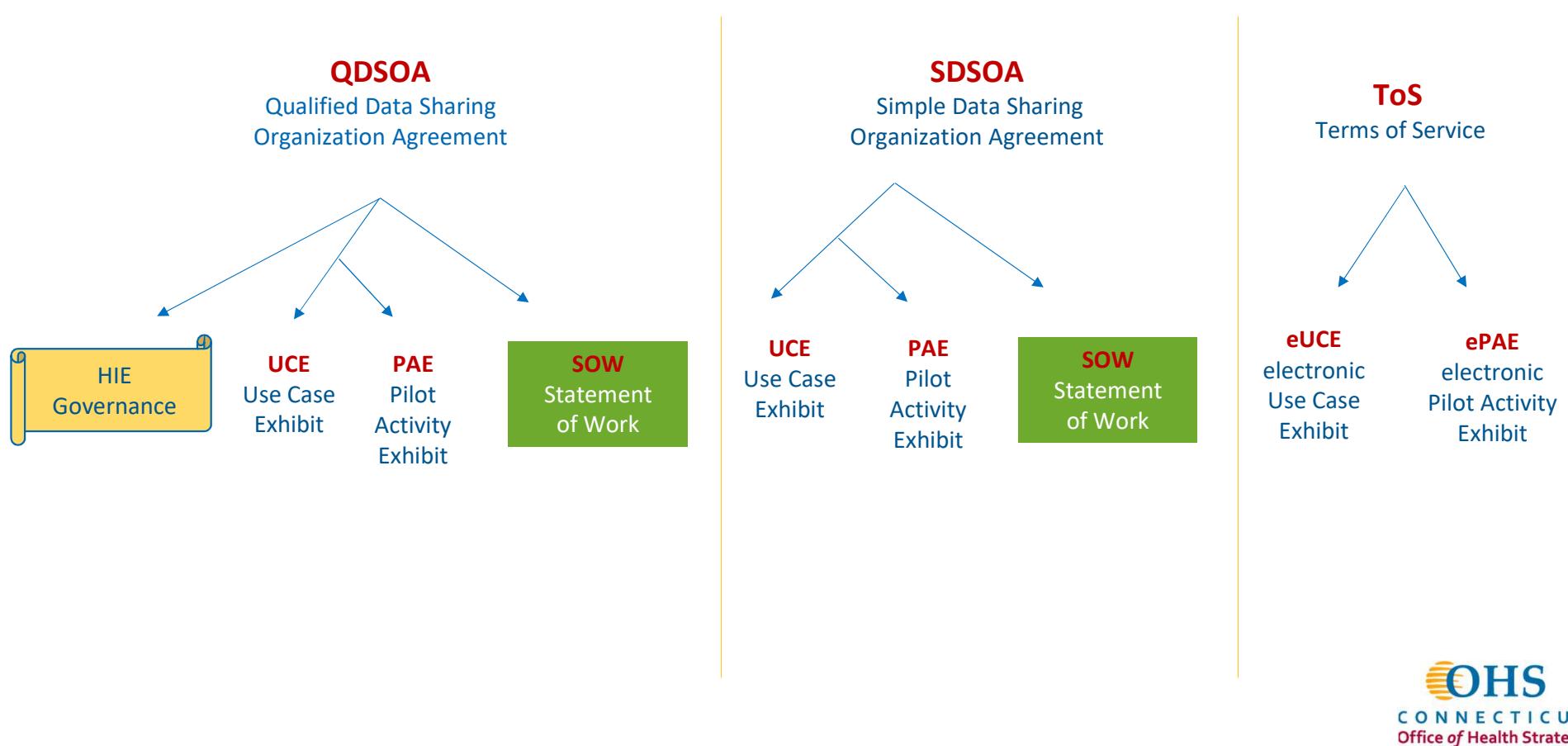
# Dispute Resolution Process

**Applies for disputes between two TDSOs or between a TDSO and the HIE Entity**

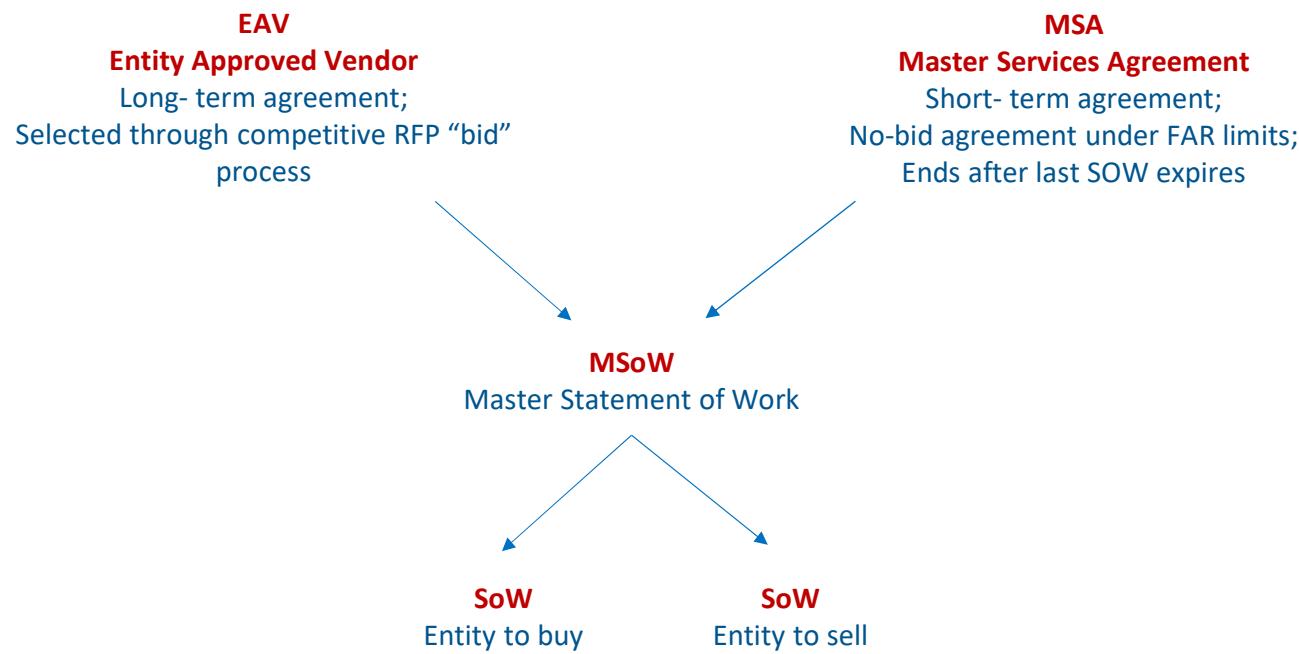
1. TDSO or HIE will send written notice of concerns to the Issue Remediation Workgroup
2. Within 60 days of notice, HIE will convene a meeting of the Issue Remediation Workgroup
  - Members will be approved by Board
  - Workgroup may request information from TDSOs, but will not compel evidence
3. Within 15 days of workgroup meeting, the group will issue a nonbinding recommendation for the Board
4. The Board will have 60 days upon receiving the recommendation to issue a final decision

*Emergency meetings can be called by the Executive Director of the HIE to prevent imminent, irrevocable harm*

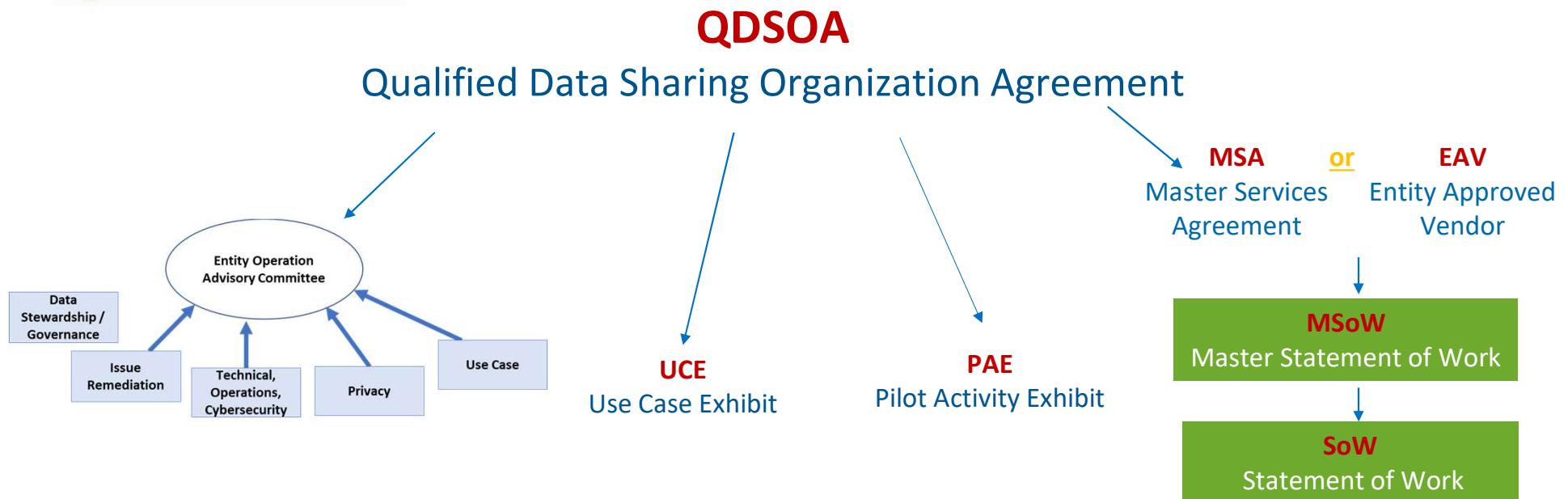
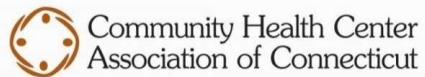
# Trusted Legal Framework



# HIE Vendor Agreements



# Example: Proposed Structure for CHCACT

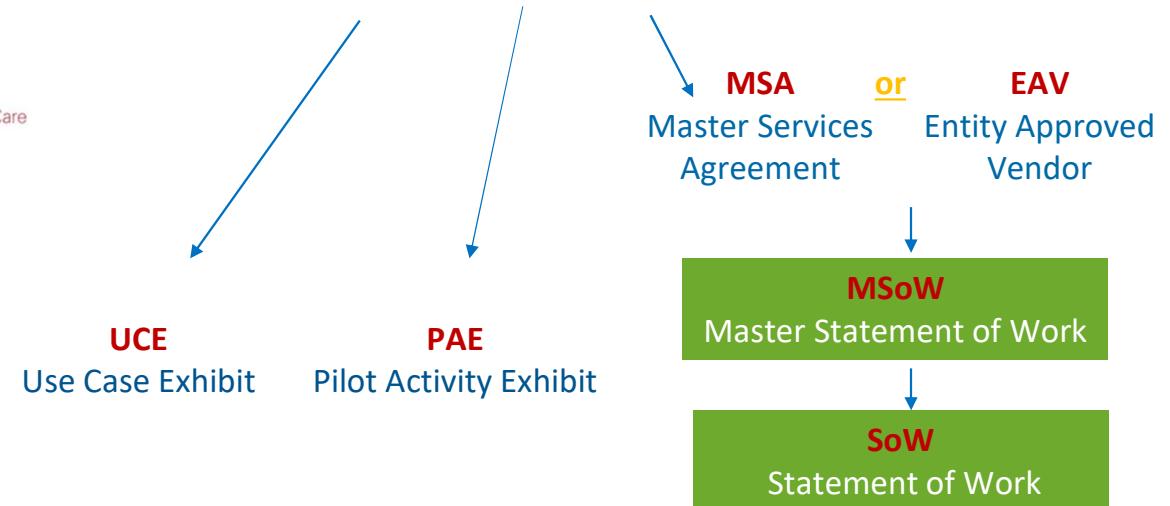


# Example: Proposed Structure for FQHC's

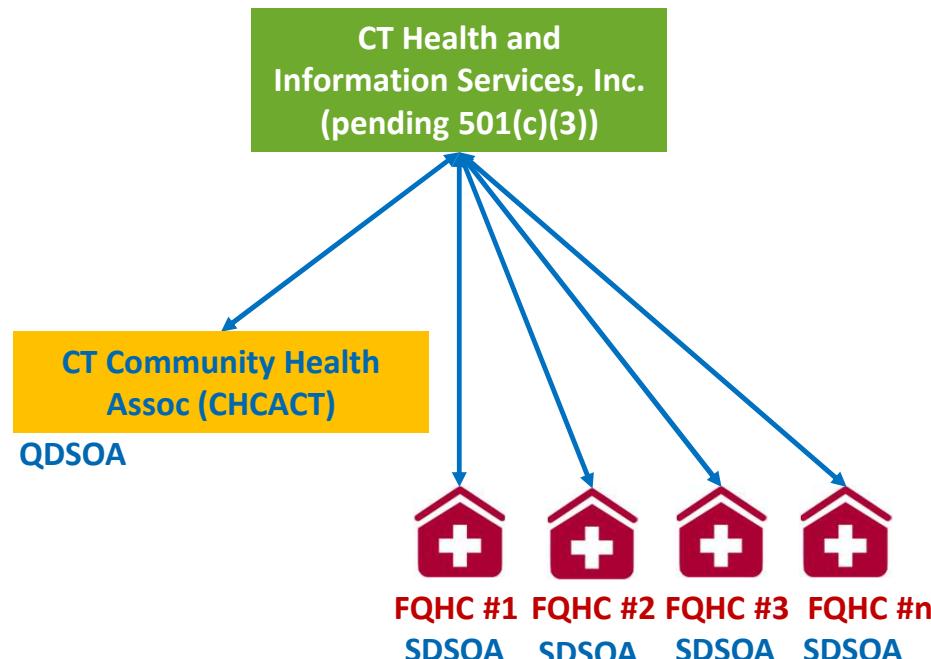


## SDSOA

### Simple Sharing Organization Agreement

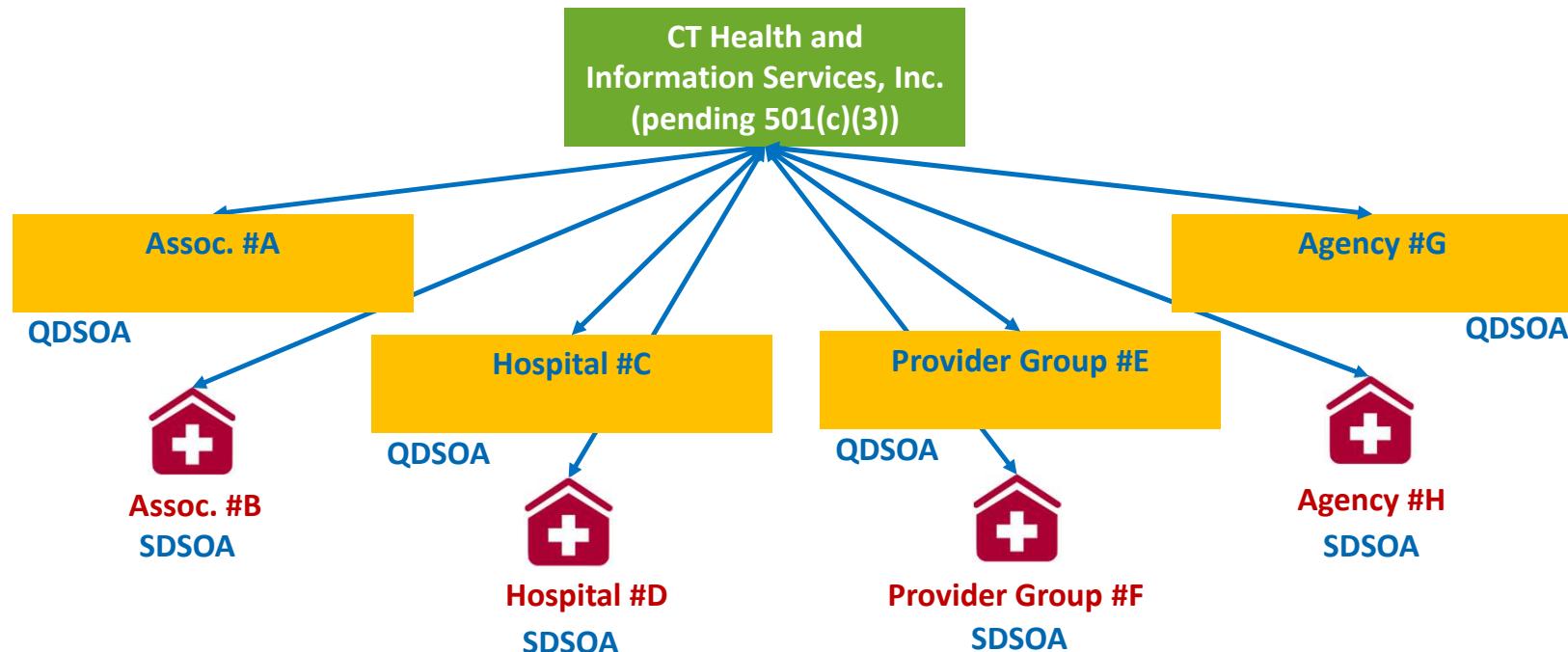


# Example: Proposed Structure for CHCACT



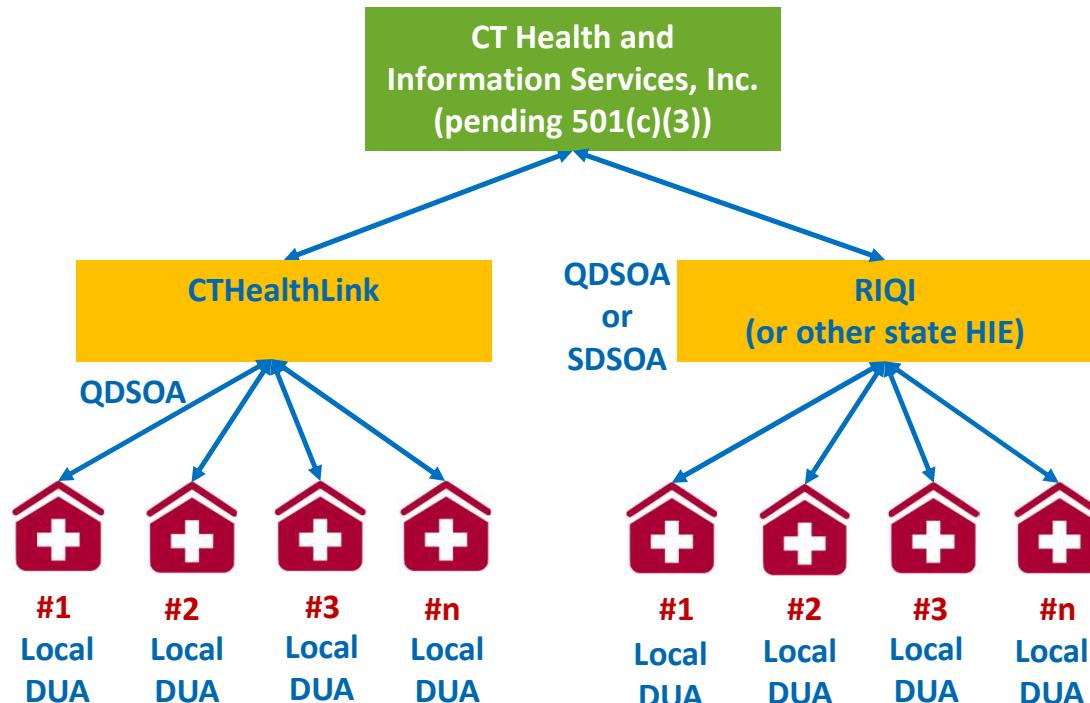
*Similar structure may be used for other associations, and integrated organizations with multiple EHR installations*

# Example Modularized Structure



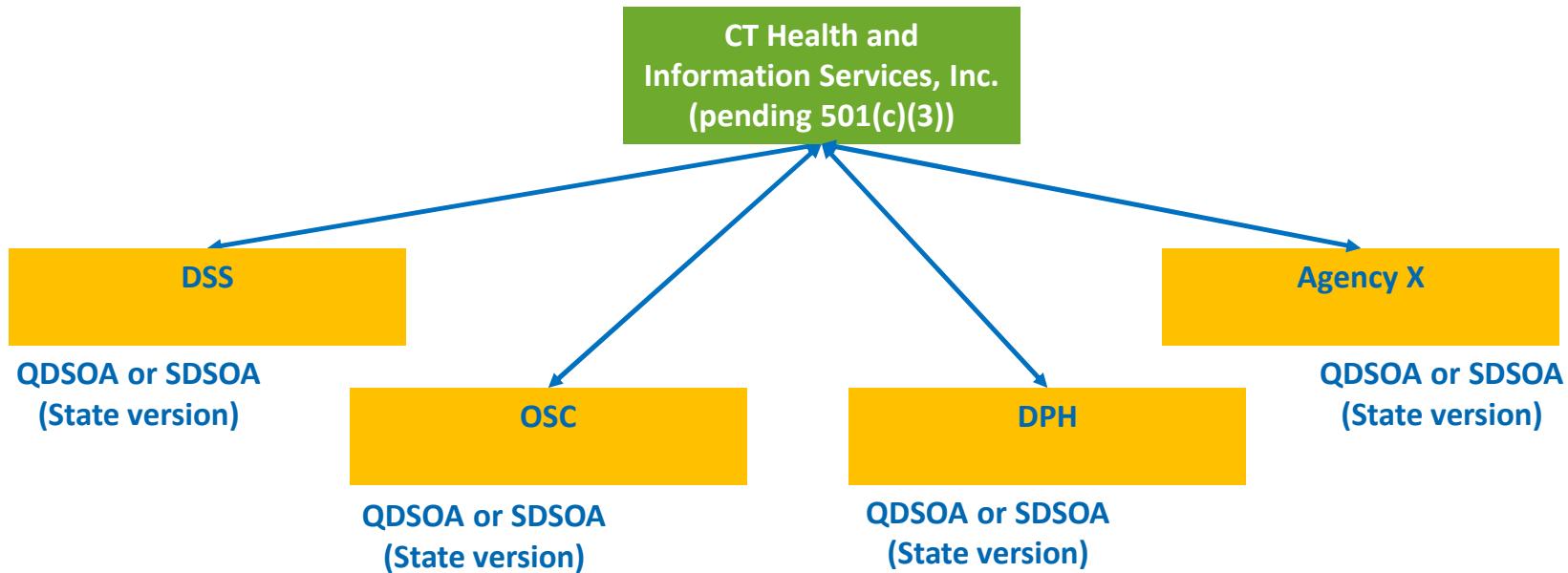
*Modular Framework allows any combination of participation in data sharing use cases, Statements of Work, or HIE governance*

# Example Structure for Other Networks



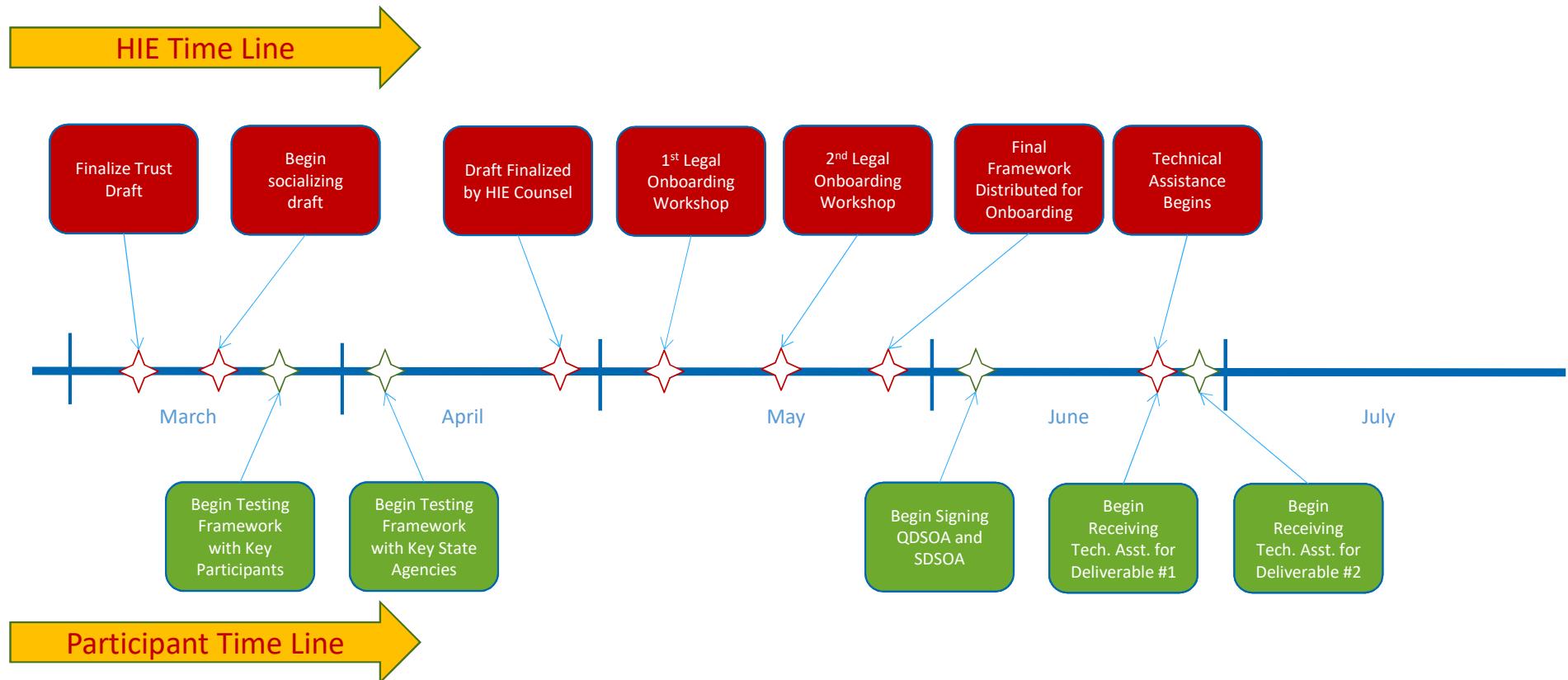
*Other networks connect via QDSOA or SDSOA, and manage local DUA's for their own direct connections*

# Example Structure for State Agencies



***Note: Data and \$'s be shared with the health care participants, but also  
sharing is facilitated between agencies***

# Trust Framework Timeline



Note: Assumes HIE Incorporation April 2019

# Wrap up and Next Steps

# Contact Information

## Health Information Technology Division

Allan Hackney, [Allan.Hackney@ct.gov](mailto:Allan.Hackney@ct.gov)

## Health IT Advisory Council Website:

<https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>

## CT Health Information Services, Inc (Pending)

Sabina Sitaru, [sabina.sitaru.CTHIE@gmail.com](mailto:sabina.sitaru.CTHIE@gmail.com)

## CT Health Information Exchange Website

Coming Soon!