Health IT Advisory Council

May 16, 2019

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Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 pm
Public Comment	1:05 pm
Review and Approval of Minutes – April 18, 2019	1:10 pm
Update on SUPPORT Act (HR 6, Section 5042) Planning	1:15 pm
Design Group and Subcommittee Updates	1:35 pm
Use Case Approach to Health Data Sharing	2:30 pm
Announcements	2:45 pm
Wrap-up and Meeting Adjournment	2:50 pm

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Welcome and Call to Order

Public Comment
(2 minutes per commenter)

Review and Approval of:

April 18, 2019 Meeting Minutes

Update on SUPPORT Act (HR 6, Section 5042) Planning

Michael Matthews, CedarBridge Group

H.R.6 – SUPPORT for Patients and Communities Act

- *Improved access to long-term treatment*
- *Focus on opioid over-prescribing*
- *Tracking synthetic opioids*
- *Expansion of access to medication-assisted treatment*
- *Community support services*
- *Resources for research and education*

SEC. 5042. MEDICAID PROVIDERS ARE REQUIRED TO NOTE EXPERIENCES IN RECORD SYSTEMS TO HELP IN-NEED PATIENTS.

PDMP Requirements

- Integrations of PDMP data into prescribing systems including EHRs
- Systems for the electronic prescription of controlled substances
- Connections of the PDMP to Medicaid
- Interstate data connections to contiguous states
- Systems or enhancements to existing systems which support the reporting, including electronic case reporting
- Medicaid Managed Care connections to the PDMP as optional,
- Persistent access for Medicaid providers to PDMP data in emergencies
- Incorporating other data elements to help inform providers

IAPD Requirements

- State has defined who are covered providers
- State has defined the "timing, manner, and form" under which a covered provider is required to check the PDMP before prescribing an individual a controlled substance.
- For providers who make a good faith effort to check a PDMP but cannot, it is recommended that the state describe what kinds of paper or electronic documentation the state may wish to review to confirm a good faith effort was made
- State's RFPs (if applicable, general sole source guidance still applies), contracts and IAPDs confirms that the system is to be a Qualified PDMP
- State facilitates **integration of PDMP information into electronic workflow of covered providers' prescribing system.**
- State also has described if there is a **data sharing between the PDMP program and the State Medicaid agency**
- State has described if they are choosing to facilitate **access between the PDMP program and any managed care entity.**
- State has described how they are going to ensure **access to PDMP data in the case of natural disasters** and similar situations

Planning Process

- ✓ Establish OHS and DCP leadership group
    - ▪ Background data gathering
    - ▪ Draft of straw man
    - ▪ Communication with CMS
- ✓ Establish multi-agency planning group
    - ▪ Review opportunities
    - ▪ Establish priorities
    - ▪ Identify list of potential projects
- ➢ Proposal Development
    - ❑ Team
        - ▪ DSS
        - ▪ OHS
        - ▪ DCP
        - ▪ Support by CedarBridge Group
    - ❑ Parameters
        - ▪ Planning
        - ▪ Funding request
        - ▪ Timing
- ➢ Submit funding request to CMS

Potential Projects

Brief Project Description

Enhanced provider workflow	• Fully fund statewide integration for initial setup and per user cost for all users, with per user cost guaranteed for 2 years • Leverage CPMRS platform to provide users with real-time notification of non-fatal overdoses
Enhanced health system connectivity	• Expand Appriss Gateway integration to all health systems in CT. • Implement event-driven notifications to prescribers for ED patients with overdoses of opioids or other controlled medications.
Integration with statewide HIE	• Establish bi-directional exchange with and through Statewide HIE • Enhance patient and provider identity management through collaboration between CPMRS and Statewide HIE • Establish connectivity with eHealth Exchange and PULSE via Statewide HIE
Expansion of interstate exchange	• Continue connectivity expansion to states not currently exchanging with CPMRS • Participate in NESCSO SUPPORT Act planning process • Assess use of RxCheck Hub to support interstate exchange
Administrative process efficiencies	• Enhance patient and provider identity management through collaboration between CPMRS and Statewide HIE, as above • Fund FTEs for HPA I or Processing Technician to conduct administrative/technical support • Establish real-time POS reporting from data submitters to the PMP Clearinghouse, including both prescribed and filled prescriptions for controlled medications
Interoperability with Medicaid	• Establish access to CPMRS by Medicaid Medical Director(s) • Enhance patient and provider identity management through collaboration with CPMRS, Statewide HIE and Medicaid

Note assessment of expanding CPMRS to include all dispensed medications will be addressed through existing IAPD and MRP planning process

Potential Projects (continued)

	Brief Project Description
Support for case management and care coordination	• Establish access to CPMRS by all State agencies authorized to do so • Establish access to CPMRS by VA Medical Center • Establish access to CPMRS by Managed Care Organization Medical Directors • Establish access to CPMRS by Medicaid Medical Director(s), as above
Policy alignment	• Assess and align state-level regulations and policies as needed to support high-value use cases
Other opportunities with state agencies	• **To be discussed**

Note assessment of expanding CPMRS to include all dispensed medications will be addressed through existing IAPD and MRP planning process

Connecticut Department of Social Services — Making a Difference

CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION — DCP

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Proposed Selection Criteria for Future Implementation Funding

➤ Documented need

➤ Alignment with existing PDMP road map

➤ Impact (breadth, depth)

➤ Alignment with IAPD requirements

➤ Partners in place (e.g., vendors, organizations)

➤ Alignment with other state initiatives (e.g., HIE, opioid initiatives)

➤ Timing (ability to implement near-term)

Questions & Discussion

Design Group and Subcommittee Updates
Michael Matthews, CedarBridge Group

Medication Reconciliation & Polypharmacy Work Group

Recommendation Topics Under Discussion

- Best Possible Medications History
- Medication Reconciliation Process Improvements
- Team Approach
- Patient Engagement
- Implementation and Adoption of CancelRx
- Deprescribing
- Technology
- SUPPORT Act Coordination
- Aligned Policy
- Statewide Medication Management Service (IAPD funding)

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Support Documents

➢ JCAHO Definition of Med Rec and Process

➢ Engagement and Safety Subcommittee Report

➢ Medication Reconciliation and Deprescribing Subcommittee Report

➢ Technology and Innovation Subcommittee Report

➢ Policy Subcommittee Report

➢ Medication Reconciliation Hack-a-thon White Paper

➢ CancelRX Final Report and Executive Summary

➢ Student-led Literature Review

Remaining Schedule and Next Steps

Schedule – MRP Work Group

- June 17 (2pm – 4pm)
- July 15 (2pm – 4pm)

Tasks

- Finalize recommendations
- Approve final report
- Submit recommendations
- Present to Health IT Advisory Council

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Questions & Discussion

APCD Data Privacy & Security Subcommittee

Committee Members:

- Dr. Robert Scalettar (Chair) – RES Health Strategies / Access Health CT Board Member
- Ted Doolittle – Office of the Healthcare Advocate
- Matthew Katz – Connecticut State Medical Society
- Joshua Wojcik – Office of the State Comptroller
- Pat Checko – Representing the Data Release Committee
- James Iacobellis – Connecticut Hospital Association
- Bernie Inskeep – United Health Group
- Krista Cattanach – Aetna
- Dr. Victor Villagra – University of Connecticut Health, Health Disparities Institute

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The Support Team

State of Connecticut

Allan Hackney - Office of Health Strategy

Health Information Technology Officer

Rob Blundo – Access Health CT *(until 6/30/19)*

Director, Technical Operations & Analytics

CedarBridge Group

Carol Robinson

Michael Matthews, MPH

Chris Robinson

Mark Hetz, MBA

Dawn Bonder, JD

APCD Data Privacy & Security Subcommittee

➢ A review of applicable policies and procedures is required to ensure the incorporation of OHS' APCD requirements and strategy considerations.

➢ Subcommittee's initial charge is to review and comment on:
  ▫ Existing APCD policies
  ▫ APCD policy practices from other states
  ▫ Current or anticipated concerns from data recipients, OHS staff, etc.
  ▫ Define policy recommendations and next steps
  ▫ Present recommendations to the APCD Council for review and affirmation

Overview of Meeting Schedule / Workplan

Proposed Meeting Goal & Focus	Proposed Meeting Materials
Meeting #1 (April 26, 9am – 10am) – Kick-off and Orientation • Review and discuss project charter • Discuss proposed process/workplan for achieving desired outcomes • Orientation on Environmental Scan and current policies and procedures for data privacy / release	• Existing data privacy policies and procedures • Environmental Scan of other APCD initiatives
Meeting #2 (May 3, 9am – 10am) – Consider Current State of Data Privacy Policies • Evaluate current APCD data privacy policies • Consider new APCD policies to enhance program's effectiveness and efficiency	• Draft decision criteria • Evaluation matrix
Meeting #3 (May 17, 9am – 10am) – Consider Current Data Release Practices • Evaluate current data release policies and procedures • Consider new policies/procedures to enhance effectiveness and efficiency • Examine potential for APCD data to support approved use cases	• Existing data release policies and procedures
Meeting #4 (May 31, 9am – 10am) – Discuss Preliminary Recommendations	• Draft recommendations
Meeting #5 (June 14, 9am – 10am) – Finalize Recommendations	• Final recommendations

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Overview of Environmental Scan

Online research

- Arkansas
- Connecticut ★
- Maine
- Massachusetts
- Minnesota
- New York
- Rhode Island
- Utah
- Vermont
- Virginia

Telephone interview or e-mail response _and_ online research

- Colorado
- Maryland
- New Hampshire
- Oregon
- Washington
- APCD Council
- National Association of Health Data Organizations (NAHDO)

States contacted for further information

- Massachusetts
- New York
- Rhode Island
- Vermont

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Characteristics Assessed

➢ Treatment of Protected Health Information

➢ Data Release Governance

➢ Data Release Process

➢ Transparency of Data Request/Release

➢ Publication of Security Measures

➢ Consumer On-line Access to Data

➢ Treatment of Cost (Pricing) Data

Next Steps

➢ Detailed privacy policy review

➢ Detailed data release policy review

➢ Development of recommendations

➢ Presentation of findings

Questions & Discussion

Consent Policy Design Group

The Consent Policy Design Group

➢ Stacy Beck, RN, BSN* – Anthem / Clinical Quality Program Director

➢ Pat Checko, DrPH* – Consumer Advocate

➢ Carrie Gray, MSIA – UConn Health / HIPAA Security Officer

➢ Susan Israel, MD – Patient Privacy Advocate / Psychiatrist

➢ Rob Rioux, MA* – CHCACT / Network Director

➢ Rachel Rudnick, JD – UConn / AVP, Chief Privacy Officer

➢ Nic Scibelli, MSW* – Wheeler Clinic / CIO

* Health IT Advisory Council Member

The Support Team

State of Connecticut

Allan Hackney

Health Information Technology Officer

Chair, HIT Advisory Council

CedarBridge Group

Carol Robinson

Michael Matthews, MSPH

Ross Martin, MD, MHA

Chris Robinson

Velatura

Tim Pletcher, DHA, MS

Lisa Moon, PhD, RN

Consent Policy Design Group – Workplan

Meeting Focus	Meeting Objectives
Meeting 1 – 4/9/2019 1pm – 2pm Kickoff and orientation	• Review and discuss project charter and proposed process for achieving desired outcomes • Orientation on relevant policies and procedures and semantic alignment / shared understanding of key terms
Meeting 2 – 4/23/2019 1pm – 2pm Current consent policies	• Establish understanding around current state of consent policies in Connecticut and bordering states • Consider draft language for a HIPAA TPO consent policy for recommendation to Advisory Council
Meeting 3 – 5/7/2019 1pm – 2pm Focus on TPO consent draft	• Review proposed process for the development of a consent policy framework, based on HIE use case requirements • Discuss stakeholder engagement and communication needs
Meeting 4 – 5/21/2019 1pm – 2pm Matching use cases to consent model	• Review and discuss received input from Advisory Council or other stakeholders • Review use cases where individual consent is required by state or federal law, or areas of ambiguity
Meeting 5 – 6/4/2019 1pm – 2pm Use Case A discussion	• Discuss the pros/cons of a statewide consent policy framework vs. HIE Entity consent policy framework to determine scope
Meeting 6 – 6/18/2019 1pm – 2pm Use Case B discussion	• Discuss the various ways that consent could be collected and possible roles for organizations in the consent process • Establish high-level understanding of technical architecture for electronic consent management solutions • Discuss workflows that could provide individuals with information and the ability to manage preferences
Meeting 7 – 7/9/2019 1pm – 2pm Review draft consent framework recommendations – structure and process	• Review and discuss strawman options • Develop draft recommendations for consent policy framework
Meeting 8 – 7/23/2019 1pm – 2pm Vote on draft recommendations	• Finalize and approve recommendations • Discuss stakeholder / general population engagement and communication process

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Role of the Consent Policy Design Group

➢ Analyze existing consent policies from other states, review relevant policies and legislation, and discuss issues and barriers to health information exchange.

➢ Develop and recommend an initial approach to patient consent in support of the first wave of recommended HIE use cases under HIPAA TPO.

➢ Recommend an ongoing process and structure for evolving the consent model for supporting the HIE Entity and future use cases.

Consent policy design process

Consent Policy Design Group recommendations are presented to the Health IT Advisory Council.

Advisory Council reviews and approves / amends recommendations.

Advisory Council presents their recommendations to the newly formed HIE Entity.

These recommendations will inform the leadership of the HIE Entity in the formulation of their policy framework.

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Consent Policy Design Group

Level-setting Discussion Points

- The patient is the "North Star" in all our deliberations.
- Consent policies should be developed in a flexible way to allow for adaptations over time, as the regulatory environment will continue to change.
- There is an immediate-term need for a consent policy that aligns with the current HIPAA requirements and permissions for sharing personally identifiable information (PII) for treatment, payment, and healthcare operations.
- A consent management solution that gives individuals the ability to manage their consent preferences will need to fit within the workflows of provider organizations as well as meet the needs of consumers/patients.
- Consent policies must consider liability risks for all parties involved in the HIE Entity.

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Consent Requires Multiple Elements...
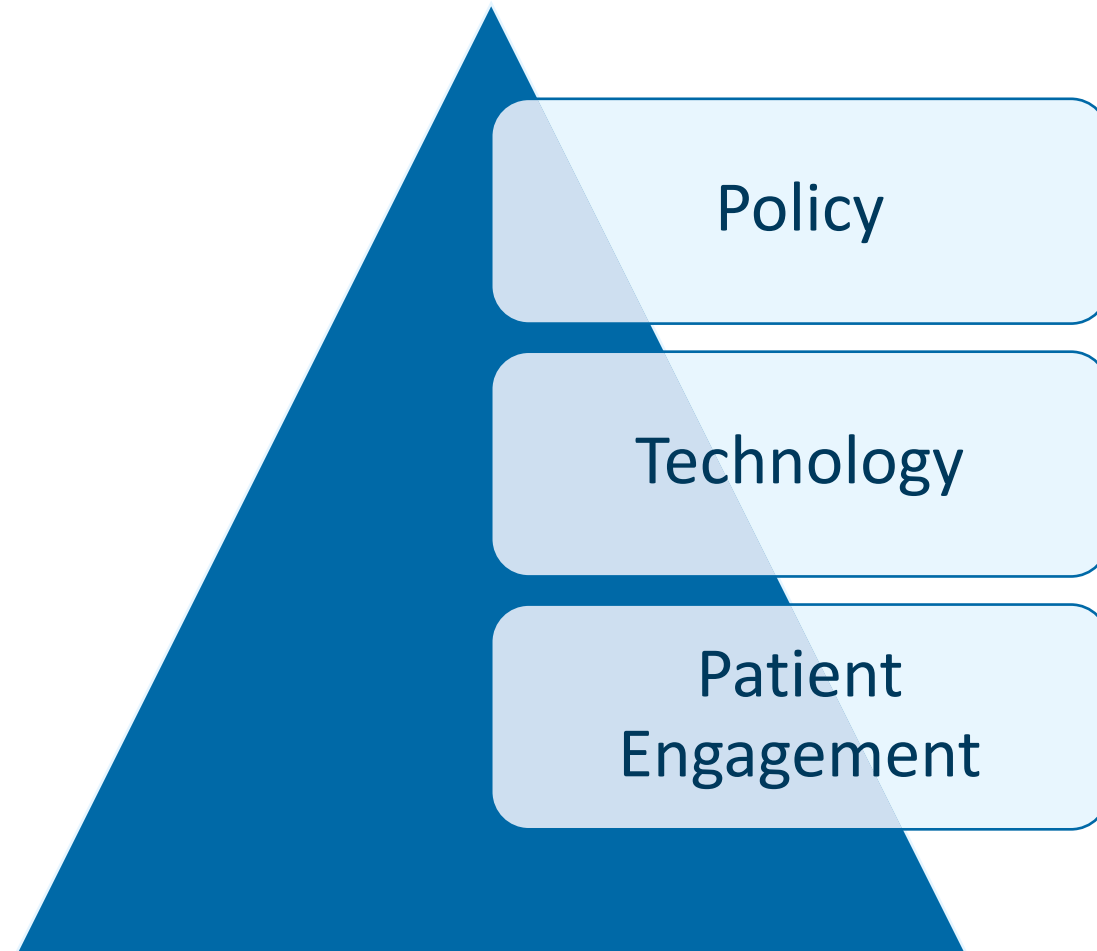
Federal Regulatory Landscape Review

What are the Feds thinking?

➢ Recent federal laws, regulations, proposed rules, and publications set the frame for the future of health information exchange

▫ The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

▫ The Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH)

▫ NEW:

ONC (1/5/2018)	Draft Trusted Exchange Framework (TEFCA)
HHS (12/14/2018)	Request for Information on updates to HIPAA
CMS (2/11/2019)	NPRM on the 21st Century Cures Act: Interoperability and Patient Access Proposed Rule (and related RFIs)
ONC (3/4/2019)	NPRM on the 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program

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Connecticut Laws and Regulations Impacting HIE Consent Policy

Consent in Other States

Regional State Consent Policies – Examples

State	Policy	Scope
Maine	Opt-Out	Applies to the state-designated HIE
Maryland	Opt-Out (Opt-In for some services)	Applies to state-designated HIE and all qualifying HIEs in the state
Massachusetts	Opt-In/Opt-Out	Applies to all providers and state-funded plans
New Hampshire	Opt-Out	Applies to the state-created HIE
New Jersey	Opt-Out	NJHIN is a network of networks that includes several Health Information Organizations
New York	Opt-In	Applies only to qualified entities certified by the state of New York to participate in the Statewide Health Information Network for New York (SHIN-NY)
Rhode Island	Opt-In	Applies to the state-designated HIE
Vermont	Opt-In	Applies to providers participating in VHIE and Vermont State Blueprint for Health HIEs

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Use Case Approach to Sharing Health Data

Dr. Tim Pletcher

Dr. Lisa Moon

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Objectives

- Provide foundational principles of data sharing in a community through push and pull mechanisms

- Describe how Use Cases support predictable data sharing in health care ecosystem like Connecticut

- Give examples to demonstrate how these concepts work together

- Explain the connection between legal data sharing agreement and public transparency created through governance

- Outline how we plan to baby step through this complicated space

Questions & Discussion

Announcements

Allan Hackney, Office of Health Strategy

Wrap up and Next Steps

Contacts

Health Information Technology Office:
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Health IT Office Website:
https://portal.ct.gov/OHS/Services/Health-Information-Technology

Health Information Alliance, Inc. (pending):
Sabina Sitaru, sabina.sitaru.CTHIE@gmail.com

CT Health Information Exchange Website:
Coming Soon!