OHS
CONNECTICUT
Office *of* Health Strategy

Health Information Technology Advisory Council
Meeting Minutes
January 19, 2023

Meeting Date	Meeting Time	Location
January 19, 2023	1:00 pm – 3:00 pm	Zoom Meeting Recording Part 1 Zoom Meeting Recording Part 2

Members					
Joseph Quaranta (Co-Chair)	R	Josh Scalora, DDS	R	Patrick Charmel	X
Sumit Sajnani, OHS HITO (Co-Chair)	R	Josh Wojcik, OSC (Sandra Czunas)	R	Dr. Alan Kaye	R
Gui Woolston, DSS	R	Ted Doolittle, OHA	R	Dina Berlyn	R
Elizabeth Taylor, DMHAS	R	Kelly Sinko Steuber, OHS (Krista Moore)	X	Cassandra Murphy	R
Nicole Taylor, MD, DCF	R	David Fusco	R	Dr. Susan Israel	R
Sharonda Carlos, DOC	X	Nicolangelo Scibelli	R	Mark Gildea	R
Dennis C. Mitchell, DPH	R	Dr. Patricia Checko	R	Rebecca McLear, AHCT	R
Mark Raymond, CIO	R	Lisa Stump	R		

Supporting Leadership & Other Participants					
Amy Tibor, OHS	R	Olga Armah, OHS	R	Brent Miller, OHS Consultant	R
Jeannina Thompson, OHS	R	Alicia Novi, OHS	R		
Vasi Gournaris, OHS	R	Antony Casagrande, OHS	R		

R = Attended Remotely; **IP** = In Person

Agenda			
	Topic	**Responsible Party**	**Time**
1.	**Welcome and Call to Order**	**Dr. Joseph Quaranta**	**1:05 PM**
	The regularly scheduled meeting of the Health Information Technology Advisory Council was held virtually on Thursday, January 19, 2023. Dr. Quaranta welcomed council members and called the meeting to order at 1:05 p.m. Upon roll call, it was determined a quorum was present.		
2.	**Public Comment**	**Dr. Joseph Quaranta**	**1:06 PM**
	No public comments were made.		
3.	**Council Action: Approval of Minutes: Dec. 15, 2022**	**Dr. Joseph Quaranta**	**1:08 PM**
	Dr. Quaranta requested a motion to approve the minutes of the December 15, 2022 meeting. A motion was made (Raymond) and seconded (Checko). Minutes were unanimously approved.		
	Introductions	**Sumit Sajnani, HITO**	**1:10 PM**
	This item was deferred to later in the meeting.		
4.	**Hospitals' Community Benefit**	**OHS Staff**	**1:12 PM**
	Mr. Sajnani provided introductory comments, noting that existing Hospitals' Community Benefits legislative language was modified to require OHS to release APCD data to hospitals. Internal discussions have been held regarding protections of the data and members are invited to provide additional guidance or recommendations. Mr. Sajnani turned the presentation over to Brent Miller, Olga Armah, and Alicia Novi of OHS. Key highlights from Mr. Miller's presentation included:		

- A background and overview of the program. Community benefits are defined by the Hilltop Institute as initiatives and activities undertaken by nonprofit hospitals to improve health in the communities they serve. CT state law further defines community benefits as any voluntary program or activity to promote preventive health care, protect health and safety, improve health equity and reduce health disparities, reduce the cost and economic burden of poor health and improve the health status for all populations within the geographic service areas of a hospital.
- Nonprofit hospitals are relieved of taxes for demonstrating community benefits in accordance with IRS tax law. The PPACA further identified five requirements for nonprofit hospitals to maintain 501(C)3 status.
- Overview of community benefit program examples.
- Overview of past and present legislation – legislation was passed by CGA in the 1990's. OHS was ultimately designated to oversee the requirements. Among other requirements, PA 22-58 §50 requires OHS to release APCD data to hospitals for programs, and the law now extends to for-profit hospitals.

Key highlights from Mr. Armah's presentation included:
- CT hospitals can receive APCD data in accordance with both state and federal mandates which allow the release of certain data for specific activities; the CT mandate further narrows the purpose for which hospitals can use the data. Ms. Armah provided an overview of federal mandate, 45 CFR 164.514(e), including the type of data permitted for release and three specific uses.
- Hospitals will be required to sign a data use agreement (DUA). Ms. Armah provided an overview of what must be included in the DUA.

Alicia Novi presented on the data release process. Release of the data will be a 2-step process in which hospitals complete a data request application, and a DUA is executed. The DUA is renewable upon request, requestors will have to destroy the previous data set before receiving a new set. The DUA also requires hospitals to institute certain security and data protection measures. The DUA will include prohibitions such as reverse engineering and linking to other data sets.

The floor opened for questions.
- Members discussed enforcement of restrictions in the DUA. Mr. Sajnani commented that some actions would violate both federal and state law. Dr. Israel commented on the potential for data to be easily re-identified. She also stated that mixing databases needs to be looked into more carefully, indicating that to answer all the questions hospitals are asking, it is questionable whether it can be done without mixing on some level. Dr. Israel commented on the original enabling legislation promising no release of identified data; the law has now changed to release partially de-identified data. She stated that she would like to have the details discussed more publicly for everybody to understand and feel more comfortable with it. Ms. Stump discussed the purpose and benefit to hospitals to be able to utilize the data to better understand the needs of the communities. Dr. Checko commented that hospitals are bound to many laws regarding patient privacy and confidentiality.
- Discussion took place on the amount of data to be released.
- Discussion also took place on what comprises the Master Patient Index.
- Dr. Kaye asked for examples of any past data breaches/failures.
- Mr. Mitchell inquired if the DUA could include a requirement for hospitals to regularly audit data use compliance and report relevant findings of the audit to OHS. Mr. Sajnani stated that the report could include a form of certification that the data was used in accordance with the DUA. Staff will discuss further.

Connie Data Privacy, Confidentiality & Security Committee Update	**Mark Raymond, CIO**	**1:50 PM**

Mark Raymond presented an update on the Connie Data Privacy, Confidentiality & Security (PC&S) Committee, key highlights included:
- The committee is charged with providing guidance to Connie on the topics of PC&S.
- A review of current policies that govern the committees work will be conducted; there are presently 12 such policies. The group has begun a first read of the Access Pattern Monitoring policy which monitors anomalies and those accessing data, and the Break Glass policy which relates to emergent access to a medical record in order to provide care, in a justified and controlled manner.
- Committee membership is comprised of professionals devoted to ensuring Connie is operating as cleanly as it can and protecting the data that is in the care of the HIE, and delivering upon the mission and laws. The committee is setting term limits and expects to rotate members as the work continues over time.

<u>**Council Action:**</u> **Review and Acceptance of Draft OHS Annual Health Information Technology Report**	**Sumit Sajnani, HITO**	**2:00**

	Mr. Sajnani presented on the annual OHS IT report, key highlights included:
	
	 • Statute requires a HITAC consultation annually and is prescriptive on what topics need to be included in the report. The report is due to CGA in Feb 1st and is near completion.
	 • An overview of major components within the report, including:
	     o Supporting BH providers with EHR and HIE adoption
	     o Improving service coordination and data sharing across state agencies
	     o Establishing electronic data standards
	     o Sustaining and increasing use of the HIE
	     o Implementing systems to address health equity and social needs
	     o APCD utilization
	     o Protecting individual's health information privacy
	     o Recommendations for policy, regulatory, and legislative changes
	        ▪ Mr. Sajnani stated that OHS intends to introduce regulations for Connie in accordance with statute. Mr. Sajnani stated that this will be a focus of 2023, and HITAC will be asked for feedback and guidance. As other legislative recommendations are made in the upcoming session with a health IT impact, these will be brought to HITAC for consideration.
	
	 Dr. Quaranta requested a motion to accept the draft OHS annual health information technology report as presented. A motion was made (Checko) and seconded (Israel). No discussion. Motion passed unanimously.

5.	**HITAC Strategic Planning Process**	**Sumit Sajnani, HITO & Amy Tibor, OHS**	**2:15 PM**
	Amy Tibor presented on the HITAC strategic planning process, key highlights included: • Background overview of the 2022 process for developing the annual strategic agenda. Using a survey tool, members prioritized 10 activities from the 5-year statewide health IT plan to initiate in 2022, of which four were identified. Ms. Tibor described the process by which staff arrived at the 10 activities, which included a review of factors such as general feasibility, available resources, and prerequisite dependencies. • An overview of the process for developing the 2023 survey. Ms. Tibor stated that staff took a similar approach but also looked at the progress of *all* activities within the 5-year plan, commenting that a lot of progress has been made over the past year. Ms. Tibor thanked the Connie team for assisting with the process noting many intersects between what is in the plan and what Connie is doing. The process included an evaluation of items already in progress, carryover from 2022, feasibility, prerequisites, and resources. Ms. Tibor commented that staff also engaged partner agencies to weigh in. • Through the review process, six activities were identified for inclusion in the 2023 survey – OHS is looking to consider 2 or 3 priorities to add to its existing portfolio. The Zoom meeting ended briefly due to a technical issue. The meeting reconvened via Zoom shortly after (both recordings are available on the OHS website). • Ms. Tibor provided a high-level status on all activities within the 5-year plan. • The 2023 survey will be circulated in the coming week and results are expected to be shared during the Feb 16th HITAC meeting, at which point a discussion on the 2023 strategic agenda would take place. Mr. Sajnani remarked that a number of items are being carried over from 2022, therefore staff is looking for a maximum of 2-3 priorities to initiate in 2023. He noted that the development of HIE regulations, which is not within the 5-year plan, will be a time consuming and critical process in which HITAC will play a critical role. The carryover activities from 2022 and the HIE policies & procedures will be prioritized for 2023.		

	Announcements & General Discussion	**Sumit Sajnani**	**2:51 PM**
	Mr. Sajnani introduced Vasi Gournaris as a new Lead Planning Analyst at OHS; her role will focus on the HIE, HITAC, and the 5 year HIT plan. Ms. Gournaris introduced herself.		

	Council Action: Wrap Up and Meeting Adjournment	**Sumit Sajnani**	**2:30 PM**
	Mr. Sajnani requested a motion to adjourn the meeting. A motion was made (Doolittle). The meeting adjourned at 2:52 pm.		

Upcoming Meeting Date: January 19, 2023

All meeting information and materials are published on the OHS website located at:
https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT- Advisory-Council