



Health Information Technology Advisory Council
DRAFT Meeting Minutes
August 18, 2022

Meeting Date	Meeting Time	Location
August 18, 2022	1:00 pm – 3:00 pm	Zoom Meeting Recording

Participant Name and Attendance Council Members					
Joseph Quaranta (Co-Chair)	R	Sandra Czunas, OSC	R	Robert Blundo, AHCT	R
Sumit Sajnani, OHS HITO (Co-Chair)	R	Ted Doolittle, OHA	X	Lisa Stump	R
Gui Woolston, DSS	R	Krista Moore, OHS (Kelly Sinko Steuber)	R	Patrick Charmel	X
Elizabeth Taylor, DMHAS	X	Robert Rioux	X	Dr. Alan Kaye	R
Nicole Taylor, MD, DCF	X	David Fusco	X	Dina Berlyn	R
Sharonda Carlos, DOC	X	Nicolangelo Scibelli	X	Cassandra Murphy	R
Adelita Orefice, DPH	R	Dr. Patricia Checko	R	Dr. Susan Israel	R
Dennis C. Mitchell, DDS	R	Dr. William Petit	X	Mark Gildea	X
Mark Raymond, CIO	R	Jeanette DeJesus	X		

Supporting Leadership & Other Participants					
Amy Tibor, OHS	R	Olga Armah, OHS	R	Jenn Searls, Connie	R
Jeannina Thompson, OHS	R	Adrian Texidor, OHS	R		

R = Attended Remotely; IP = In Person; X = Did not attend

Agenda			
	Topic	Responsible Party	Time
1.	Welcome and Call to Order	Dr. Joseph Quaranta (Co-Chair)	1:00 PM
	The regularly scheduled meeting of the Health Information Technology Advisory Council was held virtually on Thursday, August 18, 2022. Dr. Quaranta welcomed council members and called the meeting to order at 1:05 p.m. It was decided to table the roll call and approval of minutes to later in the meeting.		
2.	Public Comment	Dr. Joseph Quaranta	1:05 PM
	No public comments were made.		
3.	<u>Council Action: Approval of Minutes: June 16, 2022</u>	Dr. Joseph Quaranta & Members	1:06 PM
	The review of minutes was tabled to later in the meeting.		
4.	Connie Update	Jenn Searls, Exec Dir., Connie	1:06 PM
	Dr. Quaranta invited Mr. Sajnani to speak about a recently published article and op-ed regarding the HIE. Mr. Sajnani stated that, disappointingly, Connie's many accomplishments were not highlighted in the article. Mr. Sajnani stated that it was important to note that nothing in Connie's mandate or in its rollout strategy has changed, and the official statewide HIE is still being pursued as planned prior to the publications. Mr. Sajnani stated that Connie is operational and continues to enroll organizations and to meet its mission, and the entity is here to stay. Mr. Sajnani emphasized that Connie does not and will not sell Protected Health Information (PHI). HIPAA allows, and the mandate requires Connie assist healthcare providers—which includes a variety of stakeholders—to empower consumers through the provision of tools and technologies that facilitate the secure transparent exchange of clinical data, which is what Connie is doing. Mr. Sajnani further stated that, whereas		

the laws do allow for charging fees that are reasonable and based on the cost structure of providing these necessary services, there is no plan outside of this, and there has never been any plan, to sell any PHI data at present or in the future. The State is committed to continuing the important work of the statewide HIE and the focus is to improve the already outstanding health care that is delivered in Connecticut through additional tools on interoperability and care coordination, in accordance with all the different mandates outlined in the state statute for Connie.

Dr. Quaranta invited Ms. Searls to present her update. Ms. Searls invited members to reach out to her if they are not already on the Connie distribution list, mentioning that a post was recently published on social media and a communication sent to participating Organization’s informing them that Connie is thriving and continues to work towards meeting its mission of connecting the healthcare ecosystem.

Ms. Searls presented a progress update on Connie activities. Key highlights included:

- A status update on hospital connectivity. Almost 100% of state hospitals are now either signed on to Connie’s legal framework, getting ready for technical onboarding or starting their technical onboarding, or are already contributing data.
- An overview of new information available on the Connie website:
- Status update on the connectivity of labs.
- An overview and breakdown of the various types of licensed healthcare providers that have two years from May 3, 2021 to become connected to Connie in accordance with the mandate.
- An overview of an upcoming communication plan which includes general information on Connie, and also targeted outreach, including to radiological organizations. Members discussed the availability of radiology images and reports and the importance of standardizing and simplifying the sharing of this type of information, and the current state of transporting images between providers.
- Status updates on the following initiatives:
 - Best Possible Medication History officially launched on July 7.
 - Use Cases
 - eReferral use case pilot is moving forward
 - Patient access – a go live goal is set for October
 - Connie Engagement and Utilization Metrics – Connie continue work with Michael Matthews and Dr. Tom Agresta on developing a set of useful metrics for the HIE; the research continues and a landscape analysis is being prepared which will serve as the foundation for a roadmap for Connie as it rolls and out and implement utilization measures
 - Privacy, Security, & Confidentiality Committee – the Connie Board of Directors has approved the establishment of the committee and its charter. Ms. Searls announced that Mr. Raymond will serve as chair and Ms. Stump as a member and thanked them for their willingness to serve. A launch of the committee is planned for the fall.

The floor was opened for comments and questions. Mr. Raymond commented on how far along the HIE has come with the help of the HITAC and thanked the group for making it possible by providing advice and continuing to help on a path of creating value where none existed before.

At this time the roll call was administered, and it was determined that a quorum was present. Dr. Quaranta requested a motion to approve the minutes of the June 16, 2022 meeting. Mark Raymond made the motion. Lisa Stump seconded. The motion passed unanimously.

5.	Behavioral Health Education Campaign Update	Sumit Sajnani, OHS HITO	1:45 PM
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Mr. Sajnani presented an update on activities related to connecting behavioral health (BH) providers to the HIE, a priority of the Statewide 5 Year Health IT plan and of the HITAC. Key highlights included:

- Earlier in the year members were asked to help prioritize the top items from the Five-Year Health IT Plan, and a BH engagement to help providers connect to Connie was identified as a top priority. An

	<p>engagement plan was developed and included two components: 1) EHR systems and technology and identifying ways to support BH providers in connecting to the HIE, and 2) identifying concerns around patient privacy and consent and identifying possible ways to help providers overcome these concerns.</p> <ul style="list-style-type: none"> • Mr. Sajnani stated an earlier stakeholder engagement had been aimed at BH entities only and not individual licensed providers, and subsequently not weighted based on group size. Upon further analysis of the original engagement, it was identified that entities without EHR systems are typically groups of 3 or less providers; this has changed the calculus behind prioritization. • A cloud-based system to assist BH providers with connecting to the HIE is still being pursued but has moved in priority a little lower compared to identifying data sharing concerns. • Mr. Sajnani thanked DPH for its assistance with providing licensed provider contact information which helped further segment out the providers. • A collaborative set of engagements is being planned for later this year. Various BH provider groups would have a session with OHS, DMHAS, and Connie to better understand unique data sharing concerns, privacy and confidentiality laws, challenges with systems and technology, and discussions on potential solutions. Mr. Sajnani commented that discussions are currently being held with DMHAS leadership to clearly define the role of DMHAS in the engagements and the type of engagement it would be. The purpose of the sessions would be for Connie, OHS and DMHAS to collectively engage and understand the concerns, how to evaluate the criticality of those concerns, and to come up with recommendations for handling them within the context of the laws, and how to move forward with Connie and connecting BH providers to the HIE. <p>The floor was opened for questions. Ms. Checko inquired whether there will be a separate consent process or an additional process for BH data. Mr. Sajnani answered yes and discussed that it would need to be a granular level consent.</p>		
<p>6.</p>	<p>Race, Ethnicity and Language (REL) Implementation Progress Update</p>	<p>Adrian Texidor, OHS</p>	<p>1:53 PM</p>
	<p>Mr. Texidor presented an update on REL implementation. Key highlights included:</p> <ul style="list-style-type: none"> • General background on C.G.S. Sec. 19a-754d. • An overview of efforts made since the last presentation to HITAC in May 2022. <ul style="list-style-type: none"> ○ Convenings are being held with providers and state agencies ○ OHS is developing a REL Implementation Guide 2.0 ○ A data collection request was sent to 33 organizations to understand challenges and review existing mandated reports that require REL data ○ OHS has worked with its data management vendor on adopting the REL standards in the APCD use case, and recommendations will be shared with the APCD Advisory Group; and later presented to HITAC. • A brief refresher on the REL ARPA project roadmap. OHS has received ARPA funding for FY23 and FY24 to enable REL data collection. OHS is currently developing a project scope and drafting a Memorandum of Agreement with DSS. <p>The floor was opened for questions and comments. Mr. Sajnani commented that Yale New Haven Hospital and Hartford Healthcare are the early adopters on REL implementation and have agreed to share their learnings for the benefit of other providers. Mr. Sajnani stated that conversations are beginning regarding data utilization and how to develop policies around data usage, commenting that he would be happy to engage the HITAC on ideas around this. Mr. Sajnani commented that the purpose of REL data collection is not simply to collect data but to collect it and then utilize it for the public good. Mr. Sajnani commented that this can be an opportunity for the HITAC to collaborate and identify these kinds of policy recommendations.</p>		
<p>7.</p>	<p>Review Subcommittee Charters</p>	<p>Olga Armah, OHS</p>	<p>2:05 PM</p>
	<p>Ms. Armah presented two APCD charters for HITAC review. Key highlights included:</p>		

	<ul style="list-style-type: none"> • OHS is establishing charters across all councils and committees. In accordance with its charter, the HITAC must ensure that all committees and work groups prepare and ratify a charter. • An overview of the general format for charters across OHS councils and committees. • An overview of the APCD Advisory Group (APCD-AG) Charter. Ms. Armah stated that the APCD-AG was established in 2012 and later became a subcommittee of the HITAC; this is the group's first charter. Ms. Armah described the purpose of the group, and the relationship between the HITAC and the APCD-AG. • An overview of the APCD Data Submission Workgroup Charter. Ms. Armah stated that the group is an ad hoc subcommittee of the APCD-AG and it was established to review the CT Data Submission Guide (DSG) and make recommendations to modify it to enable the collection and submission of dental and denied claims in alignment with industry and national standards to support the CT's APCD program. Ms. Armah shared the workgroup composition and thanked the members and technical team for their time and effort. • The HITAC will be asked to review future charters of the APCD-AG including the APCD Data Release Committee charter and the Data Privacy & Security Subcommittee charter. 		
8.	Review APCD-DSGW Final Report	Olga Armah, OHS	2:15 PM
	<p>Mr. Armah presented on the APCD-DSGW final report. Key highlights included:</p> <ul style="list-style-type: none"> • The APCD-DSGW met six times between May and August. Final recommendations were presented to and approved by the APCD-AG during its last meeting. • A high-level overview of the process by which members developed recommendations related to both the collection of denied claims and the collection of dental claims. • An overview of the next steps. OHS will work with its data management vendor, Onpoint Health Data, on a communication strategy and implementation. Availability of the data for public consumption is anticipated for 2023. <p>The floor was opened for questions and comments. Ms. Armah requested that members please accept the two APCD charters and the APCD-DSGW final report.</p>		
9.	<u>Council Action: Acceptance of APCD-DSGW Final Report</u>	Dr. Joseph Quaranta	2:20 PM
	<p>Dr. Quaranta requested a motion to approve both charters and the final report. Lisa Stump made the motion. Pat Checko seconded. The motion passed unanimously.</p>		
10.	Announcements and General Discussion	Dr. Joseph Quaranta	2:25 PM
	<p>There were no announcements or general discussion.</p>		
11.	<u>Council Action: Wrap Up and Meeting Adjournment</u>	Dr. Joseph Quaranta	2:25 PM
	<p>Dr. Quaranta requested a motion to adjourn the meeting. The motion was made by Lisa Stump. The meeting adjourned at 2:25 p.m.</p>		

Upcoming Meeting Dates: September 13, 2022

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>