

Health Information Technology Advisory Council Meeting Minutes

October 20, 2022

Me	eting Date		Meeting Time	Locatio	n			
Octo	ober 20, 2022 1:00 pm – 3:00 pm Zoom Meeting Record		g Recording					
Jose	ph Quaranta (Co-Chair)	R	Josh Wojcik, OSC (Sar	ndra Czunas) R	Lisa Stump)	
Sumit Sajnani, OHS HITO		R	Ted Doolittle, OHA (Adam Prizio)		R	Patrick Charmel)	
(Co-Chair)		D. Kally Circles Chauban Ol				D. Alex Key		
Gui	Woolston, DSS	R	Kelly Sinko Steuber, C Moore)	JHS (Krista	R	Dr. Alan Kaye	F	
Elizabeth Taylor, DMHAS		Х	Robert Rioux		Х	Dina Berlyn	F	
Nicc	le Taylor, MD, DCF	X	David Fusco		R	Cassandra Murphy	F	
Shar	onda Carlos, DOC	Х	Nicolangelo Scibelli		R	Dr. Susan Israel	F	
Den	nis C. Mitchell, DPH	R	Dr. Patricia Checko		X	Mark Gildea	F	
Mar	k Raymond, CIO	R	Dr. William Petit		R			
Josh	Scalora, DDS	R	Jeanette DeJesus		X			
Sup	porting Leadership & Othe	er Pai	rticipants					
Amy	r Tibor, OHS	R	Olga Armah, OHS		R	Jenn Searls, Connie	F	
Jacq	ueline Pellerin, OHS	R	Adrian Texidor, OHS		R			
			R	= Attended	Remo	tely; IP = In Person; X = Did	not attend	
Age	nda							
	Торіс				Responsible Party		Time	
	-			R	espor	isible Party	Time	
1.	Welcome and Call to Orc	ler		D	-	eph Quaranta	Time 1:01 PN	
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As Approved by HITAC on December 15, 2022

development with the Athena Hub for ADT & CCD feeds. Connie is currently receiving 309 data feeds. Connie has signed more than 700 data service agreements with 40 new agreements in September and 52 agreements in process. As of October 19, 2022, there is currently 3.8 million unique patient records in Connie's master patient index.

Ms. Searls discussed upcoming projects for use cases for Connie including dental records, advanced directives and emergent imaging used in stroke care.

Projects under development include Patient Access and Affirmative Consent.

- Connie is working with a vendor to work on an API gateway to configure access through 3rd party apps to allow patients to see their personal health data.
- Also, under development is how to enable Behavioral Health 42 CFR Part 2 program providers to facilitate affirmative consent for patients. 42 CFR Part 2 programs can share data with Connie. Data remains locked in a secure vault until affirmative consent is registered. Pilot program to proceed before broader scale roll out.
- Organizations continue to be onboarded for projects regarding Image Share and eReferral.

Ms. Searls also discussed InContext updates developed from shareholder inquiries to provide updates to Connie.

Connie continues to proceed with discussions with State partners from the following agencies:

- DSS HCBS ARPA Program develop tools from HCBS providers.
- Department of Corrections Inmate medical history and plan of care while incarcerated.
- Office of the Chief Medical Examiner Facilitate death investigations.
- Department of Public Health DPH Lab, Emergency Services Department

Dr. Kaye asked a question regarding unique patient records within the index. Ms. Searls stated that 93% of patients in index have a CT residence. Mr. Raymond asked a question regarding the college student population, whether separate outreach. Ms. Searls stated that FERPA and HIPAA may interfere with incoming information. Dr. Petit asked a question regarding locked BH health records. Ms. Searls stated that data in the secure vault needs to be released by both the patient and provider. Dr. Quaranta asked a question regarding the Athena Hub and the providers regarding the amount of work required. Ms. Searls stated that the Athena technicians worked with the Connie technicians to set up the connections. Dr. Kaye asked a follow-up question regarding college students as to which we can communicate with other HIE's in other states. Ms. Searls answered a series of questions in the chat room including an inquiry made by Dr. Israel as to whether the 42 CFR Part II data, put in the vault for patient consent, included behavioral health or would it just be substance abuse. Ms. Searls responded that 42 CFR Part II, to the best of her knowledge, just deals with substance use disorder.

5.	Behavioral Health Provider Engagement Update	Amy Tibor, OHS	1:34 PM
	Ms. Tibor provided a brief background on the behavioral health Tibor stated that the engagement began with several informatic requirement for behavioral health providers to connect with Con underway prior to future listening sessions with specific provide provider organizations. The first session was held yesterday at r registered and approximately 60 providers attended the first ses received so far were very broad in nature and will help inform th recommendations will be drafted and shared with HITAC.	engagement, it's purpose and process on sessions to educate providers about nnie by May 3, 2023. Information ses r groups. 550 invitations have been s noon. As of Oct. 19, 130 participants h ssion. Ms. Tibor stated that the quest	s. Ms. t the sions are ent to BH nad ions

Mr. Sajnani commented that the first information sessions were as informative for OHS as it was for the providers. Mr. Sajnani mentioned that several questions came up about patient confidentiality, security and bias concerns of patient information.

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6.	Race, Ethnicity and Language (REL) Implementation	Adrian Texidor, OHS	1:50 PM					
10.	Progress Update							
	Mr. Texidor presented an update on REL implementation plan progress. Key highlights included:							
	• General background on PA 21-31 § 11.							
	 An overview of efforts made since the last presentation to HITAC in August 2022 A total of four convenings have been held with state agencies with monthly meetings scheduled to go forward. OHS is developing a REL Implementation Guide 2.0 The REL Yale/Eric Convenings have concluded resulting in an objective that by October 2023, providers across Connecticut will be ready to implement standardized, granular, self-reported REL data collection in alignment with PA 21-35, with tools to assist in doing so. A REL paper-based forms workgroup has been formed to develop solutions to collect REL information on paper-based forms. Paper-based forms do not easily allow for the granular collection of REL data and that relevant systems need to be updated to match the new standard an report out. OHS has finalized the stakeholder registry and data systems registry of systems that are impacted. OHS is developing a REL Implementation Guide 2.0 The implementation plan covers five domains related to activities to meet the REL standards. OHS is asking for advice from the committee as to the targeted timeline for implementation. 							
	Dr. Kaye questioned whether there is a requirement to get this plan operational. Mr. Sajnani responde that OHS is looking for a good faith effort to move in this direction. The statute does not state that providers and agencies must comply by a specific date. The collection of REL data is voluntary on the part of the patient and should not impede a patient from receiving services.							
	The floor was opened for questions and comments.							
	Announcements and General Discussion	Dr. Joseph Quaranta	2:11 PN					
	There were no announcements or general discussion.							
11.	Council Action: Wrap Up and Meeting Adjournment	Dr. Joseph Quaranta	2:13 PN					

Upcoming Meeting Dates: November 17, 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