



## Health Information Technology Advisory Council DRAFT Meeting Minutes | March 16, 2023

Meeting Date	Meeting Time	Location
March 16, 2023	1:00 pm – 3:00 pm	<a href="#">Zoom Meeting Recording</a>

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

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

In accordance with current FOIA statutes re: meetings held by solely by electronic means: R = attended remotely, IP = attended in person

Topic	Responsible Party	Time
<b>Welcome and Call to Order</b>	<b>Sumit Sajnani, HITO</b>	<b>1:02 PM</b>
The regularly scheduled meeting of the Health Information Technology Advisory Council was held virtually on Thursday, March 16, 2023. Sumit Sajnani welcomed council members and called the meeting to order at 1:02 p.m. Upon roll call, it was determined a quorum was present.		
<b>Public Comment</b>	<b>Sumit Sajnani, HITO</b>	<b>1:04 PM</b>
No public comments were made.		
<b>Introductions</b>	<b>Sumit Sajnani, HITO</b>	<b>1:05 PM</b>
Mr. Sajnani requested a motion to approve the minutes of the January 19, 2023 meeting. A motion was made (Mark Raymond) and seconded (Nicole Taylor). There was no discussion. Minutes were unanimously approved.		
<b>Council Action: Approval of Minutes: Jan. 19, 2023</b>	<b>Sumit Sajnani, HITO</b>	<b>1:10 PM</b>
Mr. Sajnani introduced Dr. Deidre Gifford, OHS Executive Director. Dr. Gifford introduced herself and thanked members for their continued commitment, knowledge and expertise.		
<b>Connie Standing Update</b>	<b>Jenn Searls, Connie</b>	<b>1:12 PM</b>
Key highlights from Ms. Searls presentation included:		
<ul style="list-style-type: none"><li>Onboarding and outreach update:<ul style="list-style-type: none"><li>Connie is live with receiving images from UConn Health.</li><li>Trinity Health of New England, the last of the major health systems to be onboarded, is anticipated to go-live by May.</li><li>An average of 50-90 Commitment to Connect forms received weekly. Over 100 contracts signed in past 30 days. Approx 700 commitment forms signed since November.</li></ul></li></ul>		

- Connie is prioritizing technical integrations with organizations that have signed data sharing agreements based on their unique EHR systems. North Carolina-HIE has provided names of organizations that can be helpful in connecting organizations with unique needs.
- Working with the Dept. of EMS to connect first responders.
- Up to 4.1M unique patients. 2,000 opt-outs to date. Connie maintains the opt-out consent in the system.

Ms. Stump commented that health systems are receiving inquiries from patients in relation to recent changes around reproductive health and inquired about how patients are informed that their data are not only being shared in CT through the HIE but may be shared nationally. Ms. Searls shared that whereas, generally provider organizations are relied upon to share information with their patients about connectivity with Connie, Connie maintains a list on its website of national networks it participated with, and all connected organizations.

Additional highlights from Ms. Searls' presentation included:

- Use case updates:
  - Working with the dental community to identify specific needs.
  - Working through three workstreams with Connie technical vendor related to patient access:
    - *Patient identification and validation.* Ms. Searls noted that a challenge is finding the right/secure and cost effective tool.
    - *Identifying an API Gateway product.* Ms. Searls noted that information blocking rules require patients have access to their data through the apps they are interested in using.
    - *Connecting to existing portals.* Connie is working with EMR vendors to connect to existing portals. Ms. Searls stated that it has been identified through consumer engagement that patients are not interested in signing into a different portal, inquiring whether there is a way to access Connie through existing tools such as MyChart.
  - Working to configure the system for emergent imaging; Connie has been working with 4 key hospitals in the state to onboard for image exchange.
  - Conducting testing on provider mediated affirmative consent.
- Other updates:
  - Connie/OHS contract submitted for CMS and AG approval. Work has begun with DSS and OHS on the FY2024/25 APD.
  - Use case has begun with DPH on integrating lab reporting within Connie.
  - Two Connie career opportunities announced.

The floor was opened for questions. Members discussed the status of a patient portal. Ms. Searls stated that work is in the early planning stages. Ms. Searls reiterated that consumers have expressed interest in accessing their data through an existing portal such as MyChart versus through multiple mechanisms. Members discussed the benefits and challenges of a direct access portal via existing tools. Ms. Searls stated that Connie is evaluating all options. Connie will be communicating with its hospital partners and EMR vendors. Connie is also looking at apps that could hit its API.

Ms. Stump discussed functions of individual portals that go beyond viewing the medical record such as scheduling and making payments. Ms. Stump commented that there's advantage to embedding the broader view of the record within the portal. Ms. Stump commented that it may also be patient preference. Members discussed the various options. Ms. Searls noted that information blocking requires Connie to also offer access through desired third-party health apps such as Apple Health. Mr. Sajnani commented on the need for patients to be able to choose from multiple secure options to achieve empowerment over their personal data.

Mr. Sajnani turned the meeting over to Dr. Quaranta at approximately 1:36 p.m.

There was further discussion on the various potential mechanisms for patient access.

The full Connie presentation can be viewed [online](#).

<b>HITAC Strategic Planning</b>	<b>Sumit Sajnani, HITO &amp; Amy Tibor, OHS</b>	<b>1:35 PM</b>
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Key highlights from Ms. Tibor's presentation included:

- In January, staff outlined the process for identifying 6 activities from the statewide 5-year health IT plan to include in a 2023 annual HITAC strategic planning survey.

- Through the survey, members were asked to select up to 3 activities to be added to existing initiatives, and whether to undertake a HITAC Standards Advisory Committee in 2023.
- *"Exploring support for CBOs and social service agencies"* emerged as a top priority for 2023, and *"Providing recommendations on statewide consent management protocols"* as a second.
- Most members responded that a HITAC Standards Advisory Committee should be undertaken in 2023.
- An overview of priorities carrying over from 2022, new priorities, and those statutorily required to undertake. Ms. Tibor noted that developing regulations for the HIE is top of mind for 2023.

Key highlights from Mr. Sajnani's presentation included:

- The approach taken in developing the 2023 strategic agenda was to stagger the newer initiatives.
- Mr. Sajnani presented on additional priorities being executed in 2023, such as creation of a health equity dashboard, using ARPA funds.
- Some of the major initiatives being undertaken by Connie in 2023 include patient access, consumer outreach, and quality metrics.
- Mr. Sajnani provided an overview of the 2023 strategic agenda, providing several highlights:
  - Periodic updates will be provided on the work of the Connie Privacy, Confidentiality and Security Committee.
  - CBO and social service work stream is anticipated to be initiated in April.
  - Development of HIE regulations is a critical initiative of 2023. Mr. Sajnani stated that the need for HITAC feedback on the regulations is tremendous; both HITAC and external stakeholders will be engaged in this process.
  - Initiation of the HITAC Standards Advisory Committee is anticipated to be in May.
- Mr. Sajnani reminded HITAC that some of the work is resource dependent and that there is a request in the Governor's budget for three individuals to support the 5-year plan and HIE-related activities.

The 2023 HITAC strategic agenda can be found within the meeting [presentation](#) (slide 24).

Behavioral Health Engagement Update & Interim Report	Sumit Sajnani, HITO	1:55 PM
<p>Mr. Sajnani provided an update on the stakeholder engagement involving Behavioral Health (BH) providers to date and provided a summary of preliminary findings. Mr. Sajnani stated that he is extremely grateful to the BH providers, associations, and other stakeholders who offered their time and valuable feedback. Mr. Sajnani also thanked DMHAS and Connie for their support and participation.</p> <ul style="list-style-type: none"><li>• Engagement format to date:<ul style="list-style-type: none"><li>○ Three information sessions held in October: 550 BH providers invited, approximately 120 attended, many inquiries.</li><li>○ Four listening sessions held by invitation-only: Approximately 45 individuals from 25 organizations invited, 22 individuals participated. Example topics included the current state of data exchange and what is working well, an ideal future state for data sharing and exchange, implications vs value of connecting to Connie.</li></ul></li><li>• Overview of the themes that emerged from the engagement:<ul style="list-style-type: none"><li>○ Patient privacy</li><li>○ Difference between BH records and other records</li><li>○ Interoperability (how patient data is currently shared and accessed)</li><li>○ Broad diversity of BH specialties</li><li>○ Care coordination and collaborative data sharing</li></ul></li><li>• Summary of findings, and examples of comments made by BH providers by theme.</li><li>• It was noted that BH providers need additional information about the HIE and the process to connect.</li><li>• Immediate response taken:<ul style="list-style-type: none"><li>○ OHS published evolving FAQ section on agency website to address some of the immediate questions. Mr. Sajnani noted that none of the federal or state laws are to be circumvented. FAQs included examples of HIE data of interest for care and what not to share.</li></ul></li><li>• Next steps:<ul style="list-style-type: none"><li>○ OHS and its partners are planning additional engagement activities and a communication plan to:<ul style="list-style-type: none"><li>▪ Provide further information and awareness of the state's HIE</li><li>▪ Eliminate confusion about HIE practices</li><li>▪ Inform providers about resources available on the Connie website</li></ul></li><li>○ OHS and its partners are also evaluating the need to develop work groups of various provider types</li></ul></li><li>• A multi-disciplinary letter was received requesting an extension of the mandate. Mr. Sajnani stated that this is in statute and is not an OHS discretion. OHS has provided clarity on what exactly is meant by beginning the process of connecting to</li></ul>		

As Approved by the HITAC on  
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the HIE – the data is not necessarily flowing from a provider’s EHR system to Connie as of May 3. We are encouraging providers complete a commitment to connect form process by May 3<sup>rd</sup> and then there will still be an opportunity to still address concerns.

The floor opened for questions. Mr. Raymond thanked the team for their work and expressed appreciation for the thoughtful and open approach to the engagement. Dr. Kaye inquired whether the statute includes language regarding exemption for certain providers. Mr. Sajnani stated that in addition to the HIE statute, CGS Chapter 899 deals significantly with BH providers. Most statutes do indicate that for treatment purposes, providers may share data, but he asks that all provider types review this with their legal team. Dr. Kaye congratulated the team on the work accomplished.

The full presentation can be accessed [here](#).

<b>APCD Data Release Committee Charter</b>	<b>Olga Armah, OHS</b>	<b>2:30 PM</b>
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Key highlights from Ms. Armah’s presentation included:

- General background and purpose for bringing the APCD Data Release Committee (APCD-DRC) charter before HITAC. OHS established the need for charters across all its councils and committees.
- In accordance with its charter, HITAC will ensure all committees and work groups prepare and ratify a charter.
- Both APCD Advisory Group, which was previously presented to HITAC, and the APCD-DRC have ratified.
- Overview of the general charter format across all councils. APCD-DRC has 7 articles.
- Overview of the purpose of the group.

<b>Announcements &amp; General Discussion</b>	<b>Dr. Joseph Quaranta</b>	<b>2:35 PM</b>
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No announcements were made.

<b>Council Action: Wrap Up and Meeting Adjournment</b>	<b>Dr. Joseph Quaranta</b>	<b>2:35 PM</b>
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Dr. Quaranta thanked staff for their presentations and efforts and members for their continued support. Dr. Quaranta requested a motion to adjourn the meeting. A motion was made (Stump) and seconded (Czunas). The meeting adjourned at 2:35 pm.

### **Upcoming Meeting Date: April 20, 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>