



**Health Information Technology
Regulations Advisory Subcommittee
Session 1**

June 13, 2024, 1:00 p.m.
Via Zoom

AGENDA

Regulations Advisory Subcommittee Workgroup Session 1

TOPIC	PRESENTER
Welcome, Call To Order, Housekeeping	Sumit Sajnani
Public Comment	
Introduction to the Regulations Advisory Subcommittee (RAS)	Attorney Richard Gold Tyra Anne Peluso
Working Group Session 1 Discussion <ul style="list-style-type: none">▪ Patient Health Information▪ Complete Medical Record▪ Health Care Provider▪ Connecting and Participating: Real-Time and Secure Access	Attorney Richard Gold
Action: Wrap Up and Meeting Adjournment	Sumit Sajnani

**Welcome
Call To Order
Housekeeping**

Public Comment

(2 minutes per commenter, not to exceed 15 minutes total)

Disclaimer:

The content of this presentation is provided for information purposes only. The information contained in this presentation is subject to change after agency review and may differ from any formal Regulations promulgated by OHS, or any Policies and Procedures approved by the agency. The information provided should not be relied upon as legal guidance.

Introduction to Regulations Advisory Subcommittee (RAS)

OHS HIE REGULATORY AUTHORITY

Legislative Background

Connecticut General Statutes sections 17b-59d(g) and 17b-59e(d) both state:

The executive director of the Office of Health Strategy shall adopt regulations in accordance with the provisions of chapter 54 that set forth requirements necessary to implement the provisions of this section. The executive director may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided the executive director holds a public hearing at least thirty days prior to implementing such policies and procedures and publishes notice of intention to adopt the regulations on the Office of Health Strategy's Internet web site and the eRegulations System not later than twenty days after implementing such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time such regulations are effective. (Effective May 23, 2022.)

Regulations Advisory Subcommittee Purpose

Activities to Date:

- HITAC Established HIE Regulations Advisory Subcommittee Charter June 2023
- OHS Executed Contract with Outside Legal Consultant April 2024
- RAS Membership Formalized May 2024

INTRODUCTION TO RAS

Regulations Advisory Subcommittee Members

Chair	Sumit Sajnani
Member	Gary Archambault
Member	Dr. Patricia Checko
Member	William Halsey
Member	Dr. Susan Israel
Member	Dr. Byron Kennedy

INITIATING REGULATIONS FOR THE STATEWIDE HIE

RAS Workgroup:

Name	Role	Description of Role
Sumit Sajjani	Chair	Preside at all meetings of the workgroup to ensure appropriate representation and subject matter expertise. Will provide guidance and content review to staff and contractors supporting the workgroup.
Gary Archambault	Members	Meet regularly in an advisory role, engage subject matter expert to consider framework with support from consultant and offer input in a collaborative manner.
Dr. Patricia Checko		
William Halsey		
Dr. Susan Israel		
Dr. Byron Kennedy		
Antony Casagrande	Legal Advisor, OHS	Will provide counsel to RAS.
Attorney Richard Gold	Facilitation, Regulation SME and Consultant	Will conduct research and analysis, draft meeting materials, and provide meeting facilitation.
Connie	Advisor	Participating as a regulated entity to provide feedback on the operationalization of approach being discussed.
TBD	Interested Stakeholders	Opportunity to hear perspectives from interested stakeholders.
TBD	Invited Guest Speakers	Offer subject matter expert knowledge on specific framework topics.

RAS MEETINGS

Schedule and Topic List
Subject to Change

HIE Regulations Advisory Subcommittee			
Workgroup Session #	Meeting Dates/Time*	Sample Topics (Rolling Agenda)	HITAC Meeting Date
1	Thursday, June 13 1:00 p.m.	<ul style="list-style-type: none"> Statutory Goals HIE Purpose, Authority and Restrictions Healthcare Providers (define licensed -who mandated and who is waived) Complete Medical Record 	Thursday, June 20
2	Thursday, July 11 1:00 p.m.	<ul style="list-style-type: none"> Privileged Data Data Sharing Requirements – Participating/Data Sharing Requirements Direct Messaging 	Thursday, July 18
3	Thursday, August 1 1:00 p.m.	<ul style="list-style-type: none"> Data Privacy & Security HIE Operations Non-Patient Data Access/Release Patient Access 	Thursday, August 15
4	Thursday, September 12 1:00 p.m.	<ul style="list-style-type: none"> Connecting to the HIE Funding – Service Fees/Participation Fees 	Thursday, September 19
5	Thursday, October 10 1:00 p.m.	<ul style="list-style-type: none"> Review/Overflow of Topics 	Thursday, October 17
6	Wednesday, November 6 10:00 a.m.	<ul style="list-style-type: none"> Draft Review Prior to Public Comment Period 	Thursday, November 21
30 Day Public Comment Period			
7	Wednesday, December 11 10:00 a.m.	<ul style="list-style-type: none"> Feedback on Public Comment 	Thursday, December 19
8	TBD	<ul style="list-style-type: none"> Contingency Feedback on Public Comment 	TBD

RAS WORKFLOW PROCESS

Approach to Recurring Meetings



REGULATIONS DEVELOPMENT UPDATE

HIE Legislation Update Impacting RAS

Legislative HIE Workgroup

Members will focus on the following statutorily required topics:

- Privacy of Protected Health
- Cybersecurity
- Healthcare Provider Liability
- Any contract required of the health care providers to participate in the State-wide HIE
- Any statutory changes that may be necessary to address any concerns raised by the workgroup.

Statutory Deadline –
January 2025:
Submit Provider Specific
Recommendations to:

- OHS
- PH Committee

RAS TOPICS OF DISCUSSION

RAS and Legislative HIE Workgroup Meeting Topics:

RAS Meeting Topics
Statutory Goals
HIE Purpose, Authority and Restrictions
Healthcare Providers
Complete Medical Record
Privileged Data; Data Sharing Requirements; Participating Data Sharing Requirements
Direct Messaging; Data Privacy and Security
Non-Patient Data Access/Release; Patient Access
HIE Operations
Connecting to the HIE
Funding – Service Fees/Participation Fees

Legislative HIE Workgroup Topics Statutorily Required
Privacy of Protected Health
Cybersecurity
Healthcare Provider Liability
Any contract required of the health care providers to participate in the State-wide HIE
Any statutory changes that may be necessary to address any concerns raised by the workgroup

RAS Working Group Session 1 Discussion

RAS WORKGROUP SESSION 1 – Defined Purpose and Goals of the State-wide HIE

Sec. 17b-59d(b) It shall be the goal of the State-wide Health Information Exchange to:

- (1) Allow **real-time**, secure access to **patient health information** and **complete medical records** across **all health care provider settings**;
- (2) provide patients with **secure electronic access** to their health information;
- (3) allow voluntary **participation** by patients to access their health information at no cost;
- (4) support care coordination through **real-time alerts** and **timely access to clinical information**;
- (5) reduce costs associated with preventable readmissions, duplicative testing and medical errors;
- (6) promote the highest level **of interoperability**;
- (7) meet **all state and federal privacy and security requirements**;
- (8) support public health reporting, quality improvement, academic research and health care delivery and payment reform through data aggregation and analytics;
- (9) support population health analytics;
- (10) be **standards-based**; and
- (11) provide for broad local governance that
 - (A) includes stakeholders, including, but not limited to, representatives of the Department of Social Services, hospitals, physicians, behavioral health care providers, long-term care providers, health insurers, employers, patients and academic or medical research institutions, and
 - (B) is committed to the successful development and implementation of the State-wide Health Information Exchange.

PRELIMINARILY,

statutory mandate (17b-59e(c)) is for each health care provider capable of connecting to begin the process of connecting to and participating in HIE

17b-59e(g) defines:

- “Connection” includes, but is not limited to, onboarding with the HIE
 - “Participation” means the active sharing of medical records with the HIE in accordance with applicable laws, including but not limited to HIPAA and 42 CFR Part 2
-
- For the benefit of consumers, providers and the state’s public health
 - OHS HIE designated entity – Connie
 - Operating entity used for connecting and participating
 - Fulfilling mandates of HIE

WORKGROUP SESSION 1 PRESENTATION TOPICS

Patient Health Information

PATIENT HEALTH INFORMATION

- Preliminarily look to HIPAA for guidance as to the minimum requirements
 - To determine the definition for patient health information
 - If prohibited by state or federal privacy and security laws from sharing or legally requiring affirmative consent to share (17b-59e(d))

- “Protected Health Information”
 - Health information
 - Individually identifiable health information
 - Protected health information

PATIENT HEALTH INFORMATION

“Health Information”

Any information, including genetic information, whether oral or recorded in any medium that:

- Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university or health care clearinghouse
- Relates to the past, present or future physical or mental health condition of an individual
- Provision of health care to an individual

PATIENT HEALTH INFORMATION

“Individually Identifiable Health Information”

- Subset of health information
 - Includes demographic information collected from the individual
 - Created or received by a covered entity
 - That identifies an individual or can be used to identify the individual
 - HIPAA lists 18 different information identifiers

PATIENT HEALTH INFORMATION

“Protected Health Information”

- Individually identifiable health information
- Transmitted by electronic media
- Maintained in electronic media, or
- Transmitted or maintained in any other form or medium

WORKGROUP SESSION 1 PRESENTATION TOPICS

Complete Medical Record

COMPLETE MEDICAL RECORD

- Compliance with 17b-59a(c)(5)
 - Guidance to by the Office of the National Coordinator for Health Information Technology (ONC), the United States Core Data for Interoperability (USCDI)
- Standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange

COMPLETE MEDICAL RECORD

Health Information

- From USCDIv2
- Data to be provided*
 - Unless prohibited by law to share, or requiring affirmative consent, or patient opts out
 - Data entered by health care provider in normal course of practice

*if data available

COMPLETE MEDICAL RECORD

Health Information – Different Categories of Data

Allergies and Intolerances

- Substance (Medication)
- Substance (Drug Class)
- Reaction

Assessment and Plan of Treatment

- Assessment and Plan of Treatment
- SDOH Assessment

Care Team Members

- Care Team Member Name; Identifier; Role; Location; Telecom

Clinical Notes

- Consultation Charge
- Discharge Summary Note
- History & Physical
- Procedure Note
- Progress Note

COMPLETE MEDICAL RECORD

Health Information – Different Categories of Data

Clinical Tests

- **Clinical Test**
- **Clinical Test Result/Report**

Diagnostic Imaging

- **Diagnostic Imaging Test**
- **Diagnostic Imaging Report**

Encounter Information

- **Encounter Type; Diagnosis; Time: Location; Disposition**

Goals

- **Patient Goals**
- **SDOH Goals**

Health Concerns

- **Health Concerns**

COMPLETE MEDICAL RECORD

Health Information – Different Categories of Data

Immunizations

- **Immunizations**

Laboratory

- **Tests**
- **Values/Results**

Medications

- **Medications**

COMPLETE MEDICAL RECORD

Health Information – Different Categories of Data

Patient Demographics/Information

- **First Name**
- **Last Name**
- **Previous Name**
- **Middle Name (including Middle initial)**
- **Suffix**
- **Sex (Assigned at Birth)**
- **Sexual Orientation**
- **Gender Identity**
- **Date of Birth**
- **Race**
- **Ethnicity**
- **Preferred Language**
- **Current Address**
- **Previous Address**
- **Phone Number**
- **Phone Number Type**
- **Email Address**

COMPLETE MEDICAL RECORD

Health Information – Different Categories of Data

Problems

- **SDOH Problems/Health Concerns**
- **Date of Diagnosis**
- **Date of Resolution**

Procedures

- **SDOH Interventions**

Provenance

- **Author Time Stamp**
- **Author Organization**

Smoking status

- **Smoking Status**

COMPLETE MEDICAL RECORD

Health Information – Different Categories of Data

Unique device identifier(s) for patient's implantable device(s)

- **Unique Device Identifier(s) for a Patient's Implantable Device**

Vital Signs

- **Diastolic Blood Pressure**
- **Systolic Blood Pressure**
- **Body Height**
- **Body Weight**
- **Heart Rate**
- **Body Temperature**
- **Pulse Oximetry**
- **Inhaled Oxygen Concentration**
- **BMI Percentile (2-20 years)**
- **Weight-for-length Percentile (Birth-36 Months)**
- **Head Occipital-frontal Circumference Percentile (Birth-26 Months)**

WORKGROUP SESSION 1 PRESENTATION TOPICS

Health Care Provider

“HEALTH CARE PROVIDER”

Regulations need to refine and identify specifically which licensed health care providers, and in some cases within a provider group the specific type of practice, must begin the process of connecting to and participating with the state-wide HIE

With an EHR/EMR capable of connecting

or

Without EHR/EMR but capable of connecting

“HEALTH CARE PROVIDER”

Institutional and Individual Providers as Health Care Providers

Definitions in Connecticut statutes

Entire Chapter [368v of Conn. Gen. Stats.](#) deals with Health Care Institutions

Section 19a-490 definition of “institutions”

“HEALTH CARE PROVIDER”

Sec. 490a provides types of health care institutions, including:

Residential care home or rest home

Home health care agency

Home health aide agency

Behavioral health facility

Clinical laboratory

Assisted living services agency

Outpatient clinic

Multi-care institution

Nursing home or nursing home facility

Outpatient dialysis unit

Hospice agency

Psychiatric residential treatment facility

Chronic disease hospital

Community health center

“HEALTH CARE PROVIDER”

Individual Provider

[Sec. 20-7b](#) defines a provider as “...any person or organization that furnishes health care services and is licensed or certified to furnish such services pursuant to chapters 370–373, inclusive, 375 to 384a, inclusive, 388, 398 and 399 or is licensed or certified pursuant to chapter 368d.”

Regulations can clarify types of individual providers

Too many to list but will be listed in regulations

“HEALTH CARE PROVIDER”

- [Title 20 of Conn. Gen. Stats](#) **deals with professional and occupational licensing in the state.**
- [Chapter 369 Sec 20-1](#) defines “healing arts” as “...the practice of medicine, chiropractic, podiatry, naturopathy, and except as used in chapters 384a and 388, the practice of optometry.”

“HEALTH CARE PROVIDER”

Exclusions to Health Care Provider

HIE Statute CGS 17b-59e makes clear:

- (c) Health Care Provider shall not be required to connect to HIE if provider
 - (A) Possesses no patient medical records
 - (B) If an individual licensed by the state that exclusively practices as an employee of a covered entity as defined by HIPAA and covered entity is legally responsible for decisions regarding the safeguarding, release or exchange of health information and medical records, in which case such covered entity is responsible for compliance with provisions of this section.

WORKGROUP SESSION 1 PRESENTATION TOPICS

Connecting and Participating – Real-Time

CONNECTING AND PARTICIPATING (HOW)

Real Time

For Provider – Providing information to Connie

As soon as possible

Transfer to Connie–Within 24 hours

Regulations to provide Data Elements Timetable

For Patient (who does not opt-out or, if required, consent)

Immediate access to own medical information

For Fee-Payers (in the future)

WORKGROUP SESSION 1 PRESENTATION TOPICS

Connecting and Participating – Secure Access

CONNECTING AND PARTICIPATING

Secure Access: Provider

- Security requirements
 - Standards-based
- Technological protections

CONNECTING AND PARTICIPATING

Secure Access: Patient (who does not opt-out)

- Security requirements
 - Standards-based
- Technological protections

**Concept Items for Next RAS Meeting:
Privileged Data; Data Sharing Requirements; Direct Messaging
Meeting Adjournment**