



**Health Information Technology
Regulations Advisory Subcommittee
Session 2**

July 11, 2024, 1:00 p.m.
Via Zoom

AGENDA

Regulations Advisory Subcommittee Workgroup Session 1

TOPIC	PRESENTER
Welcome, Call To Order, Housekeeping	Sumit Sajnani, HITO, RAS Chair
Public Comment	Members of the Public
Approval of June 13, 2024, Meeting Minutes	Sumit Sajnani, HITO, RAS Chair
RAS Session 2 Discussion <ul style="list-style-type: none">▪ June 13, 2024, RAS Meeting Recap and Follow-Up▪ Data Use Policies<ul style="list-style-type: none">▪ Policies for Research and Public Health Purposes▪ Interoperability Requirements<ul style="list-style-type: none">▪ Sharing of health care data between systems▪ Data Sharing and Privacy Protections	Attorney Richard Gold & Tyra Anne Peluso
Action: Wrap Up and Meeting Adjournment	Sumit Sajnani, HITO, RAS Chair

**Welcome
Call To Order
Housekeeping**

Public Comment

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

Disclaimer:

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SUMMARY OF JUNE 13, 2024, RAS MEETING

-Patient Health Information

- Federal and state law references
- Complete medical record
 - National standards-based
- Health care provider
 - Who is included
 - Who is not included
- Connecting to and participating in the HIE
 - Real Time provision of health information
 - Secure Access by patient and other health care providers

PUBLIC FEEDBACK

- Complete medical record
- Statute restricts what can / can't be sent

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 in accordance with 45 CFR 171;
- (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.

ACTS AND REGULATION

- Acts are legislation that broadly outlines the general principles and rules of law
- Regulations/policies and procedures are a more specific set of rules and requirements created by the government agency that implement & enforces the provisions of the Act
- Both Acts and regulations are legally binding and enforceable

RAS MEMBER FOLLOW UP QUESTIONS/COMMENTS

- Based on RAS Member questions and comments
 - Relationship between HIPAA and FERPA
 - Relationship between HIPAA and 42 CFR
 - Access to HIE by Health Insurance Companies and Health Plan
- Several of the comments will be included in future RAS meetings

HIPPA AND FERPA

- “Health Information” and “Health Care Provider”
- Health care record or Education record
- Opt-out or specific authorization

HIPPA AND 42 CFR

- “Behavioral health”: substance use disorder and mental health
- 42 CFR contains the regulations promulgated by HHS/SAMHA and applies only to substance use disorder information
 - Not mental health information
- HIPAA applies to all personal health information
 - Including health, mental health & substance use disorder information
- Strictest requirements apply to particular type of health care information

ACCESS TO HIE BY INSURANCE COMPANY OR HEALTH PLAN

- Question: is it permitted by federal and state laws and regulations?
- Under HIPAA, requires consent unless under an exception to consent
 - Under “treatment, payment and health care operations” exception
- Considered a “covered entity” under HIPAA
- Limited access

RAS WORKGROUP SESSION 2 TOPICS

Data Use Policies

- Policies for research and public health purposes

Interoperability Requirements

- Sharing of health care data between systems

Data Sharing and Privacy Protections

Data Use Policies

Policies for Research and Public Health Purposes

DATA USE POLICIES: RESEARCH AND PUBLIC HEALTH

- HIE goals 8 and 9:
 - (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;
- All premised that data and information are aggregated, de-identified, or anonymized
- **NOT** used in any way to disclose patient identity
 - Prevent re-identification
 - Ethical and equitable research

RESEARCH AND PUBLIC HEALTH

- All data will be de-identified – cannot identify persons and cannot re-identify persons
- Research using physical health information
 - HIPAA provides for sharing for treatment, payment & health care operations
 - Research falls under health care operations
- Research using substance use disorder information
 - 42 CFR provides that data may be shared for proper research purposes so long as there can be no patient identification
- Research using mental health information
 - Falls under HIPAA – opt-out is permitted
 - Except for “psychotherapy notes” – Requires specific authorization from patient to share with HIE

PUBLIC HEALTH

- HIE can provide a useful avenue for the roles and responsibilities of the Department of Public Health
- HIE can provide support to medical providers throughout Connecticut

Interoperability Requirements

Sharing of Health Care Data Between Systems

INTEROPERABILITY REQUIREMENTS

- Defining the technical requirements for ensuring interoperability between systems

INTEROPERABILITY BETWEEN SYSTEMS

- HIE goals 6 and 10
 - (6) promote the highest level **of interoperability**;
 - (10) be **standards-based**; and
- Definition of “interoperability”
 - the ability of computer systems or software to exchange and make use of information;
 - “interoperability between devices made by different manufacturers”
- Definition of interoperability in healthcare
 - ability of two or more systems to exchange health information and use the information once it is received
 - Timely and secure access, integration and use of electronic health data so that it can be used to optimize health outcomes for individuals and populations
- **Definition of interoperability in HIE statute (17b-59a(a)(2))**
 - **Means the ability of two or more systems or components to exchange information and to use the information that has been exchanged and includes (A) The capacity to physically connect to a network for the purpose of exchanging data with other users; and (B) promote the interoperability of health care information across health care settings; including reporting to local, state and federal agencies; and (C) facilitate clinical decision support.**

OFFICE OF NATIONAL COORDINATOR

Office of National Coordinator for Health Information Technology (“ONC”)

- **Created by executive order in 2004 and then mandated by Congress in the HITECH legislation in 2009**
- **Purpose is to promote a national health information technology (HIT) infrastructure and oversee its development**
- **Mission of the ONC involves many aspects of HIT, including policy coordination and the strategic planning for the adoption of health information technology and HIEs**

ONC AND INTEROPERABILITY

Helps clinicians deliver safe, effective, patient-centered care

Provides new ways for individuals and caregivers to access electronic health information to manage and coordinate care

ONC AND INTEROPERABILITY STANDARDS DEVELOPMENT

Standards and Interoperability (S&I) Framework within the ONC

Framework supports the entire specification lifecycle, from identifying the need for specifications through to creating standards and testing for compliance

Seamless electronic exchange of health information

- Components of S&I Framework include use case and health information standards

ONC'S UNITED STATES CORE DATA FOR INTEROPERABILITY

Standardized set of health data classes and elements that allows the exchange of health information across different healthcare systems

Goal is to make it easier for systems to exchange data while also ensuring that health information is accurate and private

Establishes standardized data representation using a common code set

- To promote the highest level of interoperability and provide real time, secure access to patient health information and complete medical records across all health care providers**

Data Sharing and Privacy Protections

DATA SHARING AND PRIVACY PROTECTIONS

Protection for the confidentiality of medical records comes from a variety of legal and non-legal sources

Most far-reaching legal protection for confidentiality of health care information is HIPAA

- Federal law designed to facilitate the interoperability of medical information among providers, insurance companies, and other health organizations without compromising any confidentiality of the information**

SPECIFIC TYPES OF SENSITIVE HEALTH DATA

HIE will look at specific types of sensitive, protected health data and meet all federal and state privacy and security requirements, including but not limited to:

- Mental Health data**
- Substance Use Disorder data**
- HIV/AIDS data**
- Reproductive Health data**

CONCLUSION

Is there information/references that we could provide to assist you in your role as a RAS member?

Do you have particular topics that you want us to cover in future RAS meetings?

Concept Items for Next RAS Meeting:

**Data Privacy and Security:
Security Measures
Breach Notification
Data Use Policies**