

# Health Information Technology Advisory Council

## Meeting Minutes

Meeting Date	Meeting Time	Location
August 15, 2019	1:00 pm – 3:00 pm	Join the Zoom Webinar from PC, Mac, Linux, iOS or Android: <a href="https://zoom.us/j/713572476">https://zoom.us/j/713572476</a>  Dial by your location: +1 646 876 9923 US (New York) +1 669 900 6833 US (San Jose)  Meeting ID: 713 572 476

Council Members				
Allan Hackney, HITO (Co-Chair)	X	Sandra Czunas, OSC	X	Jeanette DeJesus
Joseph Quaranta (Co-Chair)	x	Mark Schaefer, SIM		Robert Blundo, AHCT
Joe Stanford, DSS	X	Bruce Metz, UCHC CIO	X	Lisa Stump
Mary Kate Mason, DMHAS		Ted Doolittle, OHA	X	Patrick Charmel
Cindy Butterfield, DCF	x	David Fusco	X	Alan Kaye, MD
Cheryl Cepelak, DOC		Nicolangelo Scibelli	X	Dina Berlyn
Vanessa Hinton, DPH	x	Patricia Checko	X	Tekisha Everette
Dennis C. Mitchell, DDS	X	Robert Tessier		Patrick Troy, MD
Mark Raymond, CIO	X	Robert Rioux	X	Stacy Beck
		Lewis Bower		William Petit, MD
Supporting Leadership				
Victoria Veltri, OHS		Alan Fontes, UCONN AIMS		Terry Bequette, CedarBridge
Sean Fogarty, OHS	X	Tom Agresta, MD, UConn Health	X	Chris Robinson, CedarBridge
Tina Kumar, OHS	X	Kate Hayden, UConn Health	X	

Agenda			
	Topic	Responsible Party	Time
1.	<b>Welcome &amp; Call to Order</b>	<b>Allan Hackney</b>	<b>1:00 PM</b>
	Allan welcomed the Health IT Advisory Council members and provided an overview of the agenda.		
2.	<b>Public Comment</b>	<b>Attendees</b>	<b>1:05 PM</b>
	There was no public comment.		
3.	<b>Review and Approval of Minutes from May 16 &amp; July 18, 2019</b>	<b>Council Members</b>	<b>1:10 PM</b>
	Once quorum was established, Allan Hackney asked for a motion to approve the May 16, 2019 meeting minutes. Pat Checko created the motion to approve the minutes, and Alan Kaye seconded the motion. The motion to approve the minutes passed without objections. Allan Hackney abstained from the vote, as he was not in attendance at this meeting.  Allan then asked for a motion to approve the July 18, 2019 meeting minutes. Mark Raymond created the motion to approve the minutes, and Alan Kaye seconded the motion. The motion to approve the minutes passed without objections or abstentions.		
4.	<b>Update on Support Act (HR6, Section 5042)</b>	<b>Allan Hackney</b>	<b>1:15 PM</b>
	Allan provided a brief update for the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (H.R. 6, Section 5042) to the Council. Please refer to (pages 6-9) of the presentation <a href="#">here</a> . The SUPPORT Act was enacted in October 2018 as a bipartisan bill to help address the opioid crisis by providing states with funding to enhance their prescription drug monitoring		

# Health Information Technology Advisory Council

## Meeting Minutes

	<p>programs (PDMP or PMP). The funding is available for two years (until September 30, 2021) at a 100% federal match rate.</p> <p>Allan provided an overview of the significant aspects of the SUPPORT Act:</p> <ul style="list-style-type: none"> <li>• Provides 100% federal funding to expand and enhance the prescription monitoring program in Connecticut.</li> <li>• Requires the engagement of the state’s Medicaid department to provide for more direct access to PDMP data.</li> </ul> <p>The Department of Consumer Protection (DCP), who oversees the state’s prescription monitoring program, has agreed to work collaboratively with the Office of Health Strategy (OHS), and the Department of Social Services (DSS) on the federal funding request associated with the SUPPORT Act. DSS will be required to submit the federal funding request to the Centers for Medicare and Medicaid Services (CMS), as it will use the Advance Planning Document (APD) format. Allan noted that the Council is familiar with the APD process, as they have reviewed previous funding requests associated with the HITECH Act. Allan explained that the Council will be asked to review the SUPPORT Act funding request, once it has been developed.</p> <p>Allan explained that there is a sense of urgency related to this funding request, as there is a small window to utilize the funds. Allan provided an overview of the immediate next steps, and the proposed timeline. Currently, the goal is to have the funding request document drafted by September 13<sup>th</sup>, reviewed by the Advisory Council at the September 18<sup>th</sup> Council meeting, and submitted to CMS by September 27<sup>th</sup>.</p> <p>Next, Allan asked the Council if there were any questions regarding the SUPPORT Act funding request.</p> <p>Dr. William Petit asked if there will there be federal funds available for this program. Allan Hackney answered yes and explained that the SUPPORT Act funding is available at a 100% federal match rate.</p>		
5.	<b>Update on IAPD Status</b>	<b>Joe Stanford, DSS</b>	<b>1:30 PM</b>
	<p>Joe Stanford provided an overview of the next agenda item related to the status of the Implementation Advance Planning Document (IAPD) that was submitted in January 2019. Joe reported that CMS has provided a request for additional information to DSS. The request for information asked for a response to the questions by July 31, 2019. DSS is working with CMS to provide a response to the questions in a timely manner, and the document is currently under review by Dr. Gifford and Vicki Veltri. CMS agreed to a new deadline of August 31, 2019 to allow for Dr. Gifford, the new Commissioner of DSS, to come up-to-speed and to review the questions in detail.</p> <p>DSS and OHS are working collaboratively to address CMS’ questions. Some of the questions are related to the funding for tools and to gain additional detail on the planning collaboration between DSS and OHS. DSS and OHS are in agreement with the drafted responses. The responses aim to address some of CMS’ concerns related to collaboration and coordination. In addition, the responses aim to address some of Dr. Gifford’s concerns related to sustainability beyond the HITECH funding window, which lasts until September 30, 2021. Another question raised was related to DSS role as part of the newly created not-for-profit HIE entity. Joe explained that all concerns will be addressed in an updated IAPD within the next week.</p> <p>Allan Hackney agreed with Joe’s comments and that work would be done to get the updated IAPD submitted, and ultimately implemented.</p>		
6.	<b>Overview of APCD Data Privacy and Security Subcommittee Final Report</b>	<b>Dawn Bonder, CedarBridge</b>	<b>1:45 PM</b>
	<p>Dawn Bonder of CedarBridge Group introduced the next agenda item related to the All-Payer Claims Database (APCD) Data Privacy and Security Subcommittee Final Report. Please refer to the relevant presentation (pages 12-23) found <a href="#">here</a>. <a href="#">The Final Report of the Subcommittee was approved by the APCD Advisory Group during</a></p>		

# Health Information Technology Advisory Council

## Meeting Minutes

[their August 8 meeting, and can be found here.](#) Next, OHS will review the revised policies and will implement the state regulatory process.

Dawn explained that past state legislation transferred the administrative authority of the APCD from the Health Insurance Exchange (Access Health CT) to The Office of Health Strategy. As a result of this transfer, the policies governing data privacy and security and data release needed to be updated.

Next, Dawn provided an overview of the meeting schedule and work plan. Dawn explained that the Subcommittee conducted an environmental scan to learn about similar models that are utilized in other states. The environmental scan highlighted the need for states to be cognizant of the levels of stakeholder trust, confidence, and commitment to an APCD program.

Dawn explained that the changes to the revised Privacy Policy and Procedures includes:

- Purpose of the policy
- Additions, deletions, and modifications to definitions, titles, roles, and responsibilities
- Data Release Committee (DRC) Composition
- Coordination between the DRC and APCD Advisory Group
- APCD Advisory Group annual evaluation of the DRC
- Removal of process and procedures from the policy and creation of OHS processes and procedures

Next, Allan provided an overview of the next steps. These recommendations will be reviewed by OHS to make sure they are reconciled with the specific requirements of the state statute. The intention is to take the recommendations at face value and to work with them as-is. Allan cautioned that the state's regulatory process is complex and may last a year.

7.	<b>Update on Consent Policy Design Group</b>	<b>Allan Hackney</b>	<b>2:00 PM</b>
----	--	----------------------	----------------

Allan Hackney introduced the next agenda item related to the Consent Policy Design Group. Please refer to the relevant presentation (pages 25-28) found [here](#).

The Consent Policy Design group was established to deliberate on issues related to consent as we get closer to having the Health Information Exchange live in the health ecosystem. The Consent Design Group is working to schedule an additional meeting to continue to discuss their recommendations and guiding principles. One of the recommendations that is being discussed by the Consent Design Group, is the need for the HIE to clearly inform patients and their representatives about consent through publicly available information. In addition, the Design Group is discussing the recommendation that the HIE should provide a list of the participating organizations that that are exchanging data.

Allan provided an overview of some other guiding principles that are being discussed by the Consent Policy Design Group, including:

- The need for consent to be attached to individual use cases
- The need for participating organizations to manage what data is exchanged
- The need for an HIE website where consumers can find information on their rights and responsibilities

Next, Allan asked the Council if there were any comments or questions about the Consent Policy Design Group.

Alan Kaye asked if there are other examples of use cases that are currently being considered by the HIE. Allan Hackney answered that the HIE is focused on eight foundational use cases that will served as necessary building blocks for effective information exchange. Allan explained that one of these use cases is the ability of provider organization to put an electronic care summary document into the HIE. Another use case would be the ability of the organization to receive the electronic care summary. Alan Kaye asked if the consent model would be different for these two use cases. Allan explained that they would be the same, as they are allowed under the

# Health Information Technology Advisory Council

## Meeting Minutes

	<p>treatment, payment, and healthcare operations (TPO) provisions of HIPAA. Allan asked Nic Scibelli to provide his thoughts.</p> <p>Nic Scibelli commented that based on rules and regulations from SAMHSA, organizations that are in a trusted network would be able to access and update the information, but the HIE would not be able to release the information. , organizations have the ability to change that information but the HIE would not be able to release the information. Nic added that it is up to organization to limit and restrict that information, based on the appropriate rules and regulations.</p> <p>Alan Kaye added that there are specific data elements that are treated differently within organizations. He asked if it is it up to the discretion of the patient/organization to opt out of the HIE completely. Allan Hackney added that the focus is trying to make as much data move as is practical and allowable through the HIE and that the group is initially focused on the data that can be transmitted under the HIPAA TPO provisions.</p> <p>Alan Kaye asked if patients will be informed that there is an HIE, and whether their provider is participating. Alan thinks we should be vigilant to make sure that at least the major providers are participating. Allan Hackney asked Dawn Bonder to make a note of this for the next Consent Design Group meeting.</p>		
8.	<b>Update on Health Information Alliance Inc.</b>	<b>Allan Hackney</b>	<b>2:15 PM</b>
	<p>Allan Hackney provided an update on the Health Information Alliance, Inc. A 100-day plan has been developed with the help of consultants at Velatura and OHS staff that began when the Articles of Incorporation were registered. The 100-day plan is divided into several work streams:</p> <ul style="list-style-type: none"> <li>• The first work stream is the basic business operations of an entity: opening bank account, website, emails, find facilities, accounting system, etc.</li> <li>• The second work stream is focused on forming the board of directors. The board is comprised of 8 individuals: 3 ex-officio state members and 5 private sector appointed members. There are three people who are overlapping with the HIE board and the Health IT Advisory Council. The HIE is in the process of finalizing the board; all of the remaining members have been identified and agendas are being developed for the first few meetings.</li> <li>• The third work stream is focused on finalizing the trust frameworks. This is the legal agreement to ensure the HIE is neutral and trusted. The HIE is ensuring that participating organizations have input in this process.</li> <li>• The fourth work stream is focused on the contracting for the flow down of federal and state funds from the various funding streams, such as the HITECH funding. There needs to be a contract in place for OHS or other state agencies to move funding into the entity.</li> </ul> <p>Allan explained that the target is to have some of the early information ready by November.</p>		
9.	<b>Overview of Healthscore CT Website</b>	<b>Stephanie Burnham, OHS</b>	<b>2:30 PM</b>
	<p>Stephanie Burnham provided an overview of OHS’s launch of the <a href="#">Healthscore CT</a> website. Stephanie provided a brief demonstration of some of the key features and functions of the Healthscore CT score card. Currently, some data from commercial payers is available from the scorecard. This does not include data from self-insured ERISA plans. Medicaid and Medicare data will be incorporated in the near future. The score card provides ratings for specific organizations based on various quality measures.</p> <p>Stephanie asked if there were any comments or questions regarding the score card.</p> <p>David Fusco asked if the payers submitting results against these measures or if they are submitting their raw claims and then OHS is calculating results against these measures. Stephanie answered that these are raw claims from the APCD and the contractors do their own validation, cleaning, and calculation. Stephanie added that the SIM Quality Council also worked on attribution quality. Stephanie added that before anything is published, the contractors went through a very extensive engagement with each of the rated entities where</p>		

## Health Information Technology Advisory Council Meeting Minutes

	scores were reviewed. They did not receive any critical comments regarding the methodology. No information was published without giving the organizations the opportunity to review it first.		
10.	<b>Wrap up and Meeting Adjournment</b>	<b>Allan Hackney</b>	<b>2:55 PM</b>
	Allan Hackney asked for a motion to adjourn the meeting. The motion was created, seconded, and passed without objections or abstentions.		

**Upcoming Meeting Schedule:** September 19 2019

**Meeting information is located at:** <https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>

DRAFT