Health Information Technology Advisory Council

DRAFT Meeting Minutes

Meeting Date	Meeting Time	Location
December 19, 2019	1:00 pm – 3:00 pm	**Webinar Only** https://zoom.us/j/713572476 Call-in: +1 669 900 6833 or +1 646 876 9923 Meeting ID: 713 572 476

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

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Agenda			
	Topic	**Responsible Party**	**Time**
1.	Welcome & Call to Order	Allan Hackney	1:00 PM
	Allan Hackney welcomed the Advisory Council and called the meeting to order at 1:00 pm.		
2.	Public Comment	Attendees	1:05 PM
	For the record, Dr. Susan Israel submitted her comment electronically: *Dear Everyone,* *I am sending this in lieu of a public comment at the HITAC meeting. I am including those representing our legislature and thus the people of CT most directly.* *Transparency programs such as public hearings need to be implemented so that the people of CT become aware of exactly how their medical information will be transmitted, seen and used in CT - APCD enrollment data, claims data, public health data, medical record and quality metric data, etc. Hopefully, it will not be a few people making the consent decisions.* *Currently, the HIA is discussing proposals for the architecture of the electronic systems and where the patient consent points will be entered. All of the HIA member discussions, not just those at the Board meetings, with CDAS and Velatura, etc. need to be made public and certainly available to the HIT Advisory Council.* *Thank you very much.* *Best regards,* *Susan Israel, MD*		
3.	Review and Approval of Minutes from November 21, 2019	Council Members	1:10 PM
	Allan Hackney asked for a motion to approve the November 21, 2019 meeting minutes. Mark Raymond created a motion; Joe Stanford seconded the motion. Alan Kaye nay because he did not think it accurately reflected his comments, but he will reiterate on today's discussion. Tekisha Everette abstained due to absence on 11/21.		
4.	Review and Discuss the Updated Consent Design Group Guiding Principles	Michael Matthews, CedarBridge Consent DG Members	1:15 PM

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Michael Matthews thanked the members for the great discussion during the last meeting on the Consent Design Group Policy Recommendations. The Council provided commented and revisions were made based on their feedback. There were four recommendations which required some modifications and one addition based on Mark Raymond's suggestion. Michael indicated that he would read through each Recommendation's original and proposed updated language. The Guiding Principles Original and Proposed language can be viewed here: https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Presentations/OHS_HealthIT_Advisory_Council_Mtg-Presentation_20191212_.pdf

Recommendation 4

Dr. Alan Kaye reiterated and expanded on what seems like the big sources of concerns is who has access to the data. He stated that a broad net is casted on *how* and *whom* patient information be used. As a strong advocate for physicians, it is important to know what medications and interventions have been used on patient. Alan believes information should be accessible to payers, policymakers, etc. He understands that behavioral health data is a concern, rather than the use case of the data; rather than to who the data is accessible to.

Michael commented that Alan's points are well taken but believes that the issue relates to actual consent policy that would be developed consent to the Guiding Principles. Any and all of the consent policies would adhere to the 19 Guiding Principles and the issues would be addressed in the actual policy construction.

Alan Kaye asked where and how these polices are constructed. Michael reviewed the steps in recommendation 18. He indicated that any changes would be subject to Health IT Advisory Council review. Allan Hackney agreed with this. At the core, The Health Information Alliance, Inc. is implementing policies that The Office of Health Strategy would make.

Alan Kaye does not want researchers, policymakers, and providers to have any issues with accessing the data and believes the process is very lengthy. Michael said that this would be reviewed to the HIT Council in the form of use cases. Michael said that treatment is an initial use case that would come before the Council; and research is another use case, which may have a separate consent policy approach.

Pat Checko commented that she appreciates and believes we share Alan Kaye's concerns. Pat indicated that the issue is not whether the data should be collected, it is with whom it could be shared. She shared an example of this from the Tumor Registry. In certain cases, the nature of the cancer research done there, may require follow up with patients. They have rules related to variables and they may end up with a separate entity for research applications.

Dina Berlyn commented about research surveys and indicatied who is being contacted. Michael indicated that these are all good examples when developing a consent policy.

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Alan Kaye asked if it would be possible to construct an opt-in or opt-out policy. As we get into the second or third order concerns, we start "muddying" the water and people become confused.

Michael asked if there was any opposition to the proposed updated language. There was no opposition.

Recommendation 10

Michael reviewed recommendation 10 and indicated the change to remove remove the references to HIPAA and focused on contractual activity with health information exchange. He also indicated that the group could choose to delete this recommendation as well.

Mark Raymond would want to ensure that HIA would need the contractually bound to the consent policy. Dina agrees with keeping the proposed updated recommendation. Michael asked if there was any disagreement. There was no disagreement with keeping the recommendation.

Recommendation 17

Michael reviewed recommendation 17. At the last council meeting (11/21), there was confusion around the terminology "as condition for receiving medical treatment," and decided to truncate that clause. Michael asked if anyone disagreed with the proposed updated language. There was no disagreement.

Recommendation 18

There was support for potentially adding a "public hearing" prior to approval by Health IT Advisory Council. Michael opened it up for comments. Dr. Kaye is in favor that public hearings should be considered, so it's not by default. Mark Raymond asked if it was clear on who would be holding that. Allan Hackney said that the intention would be that OHS would guide the public comment or public hearing; or both. Mark supports the language. Allan suggested to add "by OHS". Pat Checko said it may not be needed since OHS is leading the consent policy development. Michael confirmed that the preamble makes it unnecessary to add this.

Pat Charmel asked about the benefit of a public hearing. Allan indicated that William Petit suggested this at the 11/21 Council meeting. The context was to have the public directly engaged in the conversation. William Petit added that very few people have ability to submit public comment and having a public hearing opens it up a bit more. Dr. Kaye asked if Representative Petit default should be that there should be a public hearing? He feels that this would be an administrative burden for each use case. Representative Petit is not sure if it should be every policy. Dr. Kaye said that each use case would have its own consent policy from what he understands.

Michael indicated that a combination of factors; and potentially grouping consent policies together is most likely the way it would work out.

Pat Charmel described a vehicle to get input. He asked if it would be a formal hearing or something else. Representative Petit was referring to that. Pat Charmel said they should check with OHS because we do not want

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	to make it overly burdensome. Rep Petit agreed. Dr. Kaye said we are not 100% clear about public forum or hearing; so leave it is or "adding hearing or forum." Pat said that sounds right. Michael asked if anyone is opposed. Pat said she is not opposed but asked what they mean by forum. We've heard Dr. Petit say usual public hearing which could also be a forum. Pat Charmel said our guidance would be to get public. Michael said establishment for vehicle to gather public input should be established. Pat would wordsmith a bit more and say "further" since we use 30-day public comment period. Allan said in lieu of yellow highlighting; "and further in-person encounter may be considered." Michael asked if there was any opposition. There was none. **Additional Guiding Principle** Michael indicated that an additional guiding principle was recommended due to Mark Raymond's comment regarding patients understanding of their health information sharing choices. Mark liked the brevity of the statement. There were no further comments or discussion. Next Steps Michael reviewed the next steps of the Consent Design Group. Assuming the HIT Advisory Council will affirm the Guiding Principles today, OHS would post the Guiding Principles to allow for a public comment period. Upon completion, OHS would summarize public comments for review. Then, OHS will make recommended modifications. Lastly, OHS will monitor the release of the Information Blocking rule. Michael does not anticipate that the Rule would impact the Guiding Principles, but it may have an impact to the consent policy framework. Allan asked Michael to provide an overview of the Information Blocking Rule. Michael said there were a number of things that came out from 21st Century Cures. There was a concern that there are industry practices, whether on EHR, providers that would stand in the way of data being exchanged. In the final rule, Michael said that requiring consent for treatment purposes may be an example of information blocking. Susan Israel asked to comment on the changes to be made. Allan said that she may comment as a member of the Consent design Group. Susan's concern are with a public forum or hearing, the actual consent policies for how different types of medical data would be made available to the public and then they would have an opportunity to interact with the policymakers in a forum or public hearing. Susan commented that it seems that the spirit of having the public fully informed about their choices about the data is not being carried through by the Council today. It seems as if people do not want to be bothered with the consent policies. Allan clarified that in the Guiding Principles they say consent policies will be posted for public comment.		
5.	**Council action:** Accept, Reject or Modify Updated Consent DG Recommendations	Council Members	2:15 PM

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Alan Kaye asked if it would be appropriate to put his concern that data and information accessible to treating providers and patients be treated with a higher degree and prioritized. Pat Checko commented that she does not think it is an appropriate thing to add; it is very clear that data will flow for treatment. Alan Kaye asked why it should not be considered. Pat said that HIEs are created for helping providers. Alan Kaye said that it should be prioritized. Allan Hackney said that the legislation is focused on treating patients and so that patients can help store their data better. Those are the priorities and do not think they would head down a path prioritize use cases that were outside the statutory intent. Dina Berlyn said it was clear priority that providers and patients have access to the data. Alan Kaye said that he thinks secondary uses have created a much longer process.

Alan Kaye proposed to add the language: “Access by patients and treating providers is the primary focus. Use cases should be designed with that mind.”

Dina said if we do this, we need to take language from actual statute so that it doesn’t become confusing.

Allan is not opposed to consider Dr. Kaye’s proposal, and suggested to work to reconcile it with the statute and the other 18 principles, and then bring that back separately for Council’s review. Alan Kaye said that this is the time to say what is a guiding principle, but it will say in there all sorts of ancillary or additional considerations.

Dina said that the actual statute language reads, “the health information exchange empower consumers to make health care decisions, promote patient centered care, reduce duplication of services, support clinical decision making, keep confidential information secure, ad make progress towards the state’s public health goals.” Alan Kaye said that this reiterates his point to prioritize consumer access to the information and provider decision making.

David Fusco said something as important this may need to have discussion. David clarified that Allan is acknowledging the point Dr. Kaye is making and then moving that to having the right discussion. Dina said it would be hard to put that statutory language into Guiding Principles.

Alan Kaye would be happy to review and discuss the proposed language. Allan said that he would take that as an action item, and we’ll be back back to him right after New Year’s Day to discuss further. Allan Hackney would be comfortable in supporting this if Alan is amendable.

Pat Checko asked if the motion is still on the floor. Allan said yes, acknowledging what we just discussed about further guiding principles with respect to focus on the priorities, there was no additional discussion.

Allan asked the Council to make a motion to accept the 19 Guiding Principles. Pat Checko created a motion. Nicolangelo Scibelli seconded the motion. Will Petit and Alan Kaye abstained. The 19 recommended guiding principles are accepted. Allan thanked the Consent Design Group for their considerable amount of time and energy in getting us to this point and we have our action item with respect to Dr. Kaye’s request.

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6.	Announcements and General Discussion	Allan Hackney	2:20 PM
	Allan Hackney announced that earlier in the day, the Dept. of Social Services had submitted the Support ACT IAPD for consideration to CMS. The Support ACT is focused on the opioid crisis in the United States; and among other things provides 100% federal funding for activities which expand the use for prescription drug monitoring programs in the states and enabling those systems to become "certified" (Certified = systems can become part of a Medicaid architecture/business process) and therefore qualify for funding. This opens the door for expanded support for prescription drugs, in this IAPD we included funding which would enable the health information exchange to develop a new use case that would connect electronic health records directly to prescription drug monitoring programs, so those systems can be queried directly over the work flow in the electronic health records (EHRs). There was no further discussion.		
7.	Wrap up and Meeting Adjournment	Allan Hackney	2:20 PM
	Allan Hackney wished the Council members a Happy Holiday and thanked them for all their support on the Council. The meeting adjourned at 2:20 pm.		

Upcoming Meeting Schedule: January 16, 2020

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