Health IT Advisory Council

February 21, 2019

OHS

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Office of Health Strategy

Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 pm
Public Comment	1:05 pm
Review and Approval of Minutes – January 17, 2019	1:10 pm
Announcements	1:15 pm
Immunization Information System Project Update	1:20 pm
Health Equity Data Analytics Project Update	1:40 pm
Update on Work Group and Design Groups	2:00 pm
Wrap-up and Meeting Adjournment	3:00 pm

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Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approval of:

January 17, 2019 Meeting Minutes

Announcements:

Submission of IAPD-U and SMHP
&
Submission of OHS Annual Report to CT General Assembly

CT WiZ
IIS Project Update

Nancy Sharova, MPH, Health Program Supervisor

CT Department of Public Health, Immunization Program

Health IT Advisory Council Meeting

February 21, 2019 1:00-3:00 PM

Connecticut Department of Public Health
Keeping Connecticut Healthy

Project Timeline

CT WiZ Go-Live and Enhancements:

* Release 1.0 went live   09/17/2018

* Release 1.1 upgraded   10/16/2018

* Release 1.2 upgraded   11/13/2018

* Release 1.3 upgraded   01/23/2019

* Release 2.0 upgrading   03/18/2019

* Release 2.1 scheduled   04/17/2019

* Release 3.0 scheduled   04/29/2019

Communication Plan

*DPH communicates about CT WiZ to keep stakeholders informed of the progress and to obtain feedback and engagement.

- CT AAP Webinars, Local Health Calls, Everbridge Fax/Emails Memos, CT Vaccine Program (CVP) Newsletters, Compliancy Report News Alerts

- Meetings: Statewide and Local Immunization Action Plan (IAP) Advisory, HIT Council, Childhood Vaccine Advisory Council, Adult Coalition, DSS, WIC, School Nurse Supervisor, Provider/Clinic Site Visits, Immunization Awareness Educational Events, Health Fairs

CT WiZ - IAPD Funding

Progress on Activities for IIS FY 2018				
Activity	In Design	In Development	Implemented	Ongoing
Stakeholder outreach				✔
Onboard providers and hospitals		✔		
Establish bidirectional exchange with EHR vendors and providers	✔			
Build and implement reporting capabilities for Stage 3 MU and beyond		✔		
Integrate IIS fully into program operations		✔		
Continue collaborative effort as stakeholder for future plans of developing and aligning with the HIE				✔

Status of Expenditures FY 2018						
	Expenditures			Remaining Funds		
	State	Federal	Total	State	Federal	Total
State Personnel	0	0	0	$119,700	$271,793	$391,493
Contractors	0	0	0	$153,300	$1,379,680	$1,532,980
Contract	0	0	0	$27,000	$243,000	$270,000
Total	0	0	0	$300,000	$1,894,473	$2,194,473

EHR Onboarding Process

***Step by step instructions** for bi-directional electronic data exchange are posted on our website at: EHR Data Exchange

*As the clinic moves through each onboarding phase (Registration, Testing and Production Go-Live), the clinic receives an email from DPH they can use for Meaningful Use (MU) attestation, if applicable.

- MU Letter from CT DSS/CT DPH posted at:

  https://portal.ct.gov/DPH/Planning/Health-Information-Technology-and-Exchange/Meaningful-Use

*During the EHR Onboarding Process, to ensure high data quality, DPH reviews the **"Roles and Responsibilities"** with the EHR Vendor and Provider/Clinic Staff.

*This explains what to do:

- **during** the EHR onboarding process and

- **after** data is reported/exchanged into production CT WiZ.

Roles and Responsibilities

DPH IIS Staff

During	After
• Provide general coordination/project management, communication, and customer service. • Provide specific contacts with technical and programmatic expertise. • Provide an appropriate testing/validation platform. • Communicate details about the onboarding process and thresholds for success. • Make onboarding documentation easily accessible/readily available and ensure that it is up to date at all times. • Provide timely feedback on message conformance/performance and data quality. • Assist with issue identification and troubleshooting. • Manage expectations about process, milestones, and timelines. • Inform stakeholders of any system updates/changes.	• Provide appropriate training for providers and communicate ongoing expectations for a production interface. • Provide continued communication and coordination. • Monitor data feeds for errors. • Notify providers of any changes to CT WiZ or outages that may impact existing interfaces. • Continue to post updated documentation as requirements and standards evolve.

Roles and Responsibilities

EHR Vendor

| During	After
• Provide project management and technical expertise (testing and development) on behalf of the EHR team. • Be an active participant in all elements of the onboarding process and attend all meetings/conference calls. • Ensure the EHR system aligns with HL7 transport and messaging standards. • Work with IIS to identify, troubleshoot, and quickly resolve any issues with the interface or submitted messages. • Help IIS manage expectations about process, milestones, and timelines with the provider. • Assist providers with proper configuration of their EHR.	• Assist providers with proper configuration of their EHR. • Train providers on how to monitor their interface (performance and ACKs) and resolve issues or seek assistance as needed. • Facilitate transition from the onboarding/implementation team to the long-term support team. • Assist with maintaining the connection and monitoring the interface for performance and errors. • Provide technical support to the provider and resolve any technical issues. • Maintain conformance with HL7 transport and messaging standards. • Notify providers (and possibly IIS) of any changes to the EHR or outages that may impact existing interfaces.

Roles and Responsibilities

Provider/ Clinic

During	After

• Complete all necessary enrollment forms/paperwork and engage the EHR vendor to get onboarding resources assigned.
 	
• Identify a primary sponsor to be an active participant in all elements of the onboarding process and attend meetings/conference calls as appropriate.
 	
• Provide production or production-quality data for testing and validation.
 	
• Coordinate appropriate staff for end user testing and troubleshooting.
 	
• Identify and resolve issues caused by improper workflows or poor data entry that adversely impact data quality.
 	
• Work with EHR vendor or provider technical staff to resolve issues with the interface or submitted messages.
	• Verify initial setup is correct and data from the EHR is successfully populating Production IIS.
	
	• Monitor ACK interface and appropriate EHR/IIS reports to identify changes in volume or quality of messages or anything else that raises red flags about the interface.
	
	• Immediately report issues to the IIS and EHR contacts for assistance in troubleshooting.
	
	• Correct data entry errors and establish appropriate policies/procedures to address issues with workflow and data quality; train staff as needed.
	
	• Communicate with IIS about any system changes/updates or outages that may impact existing interfaces.
	
	• Provide updated contact information for staff changes at either the provider or EHR vendor.
	
	• Notify IIS of mergers/acquisitions/ closures.
	
	• Perform a complete inventory reconciliation each time a vaccine order is submitted through CT WiZ.
	
	• Review the *Patient Reminder/Recall Report* under the Patient Management section in CT WiZ to:
	  o Mange patients that may need to be inactivated from the clinic or jurisdiction (CT).
	  o Identify patients who are due or overdue for immunizations.
	
	• Review the *Invalid Doses Report* under the Coverage Statistics section in CT WiZ and correct any data entry errors in both the EHR and CT WiZ.
	
	• Review the *Patients with Possible Duplicate Vaccinations Report* under Data Quality-User section in CT WiZ and correct the information in the patient's record in CT WiZ.
	
	• If the EHR does not specifically prevent users from recording a vaccination date that precedes the date of birth, review the *Shots before Date of Birth Report* under the Data Quality-User section in CT WiZ and correct the information in both the EHR and CT WiZ.

EHR Onboarding Success!

* **94 clinics in EHR onboarding process with CT WiZ**

* **As of February 7, 2019**, real-time bi-directional data is being exchanged between EHR and CT WiZ!

- HL7 Data Electronically Reported to Production CT WiZ
  - *Legacy load:
    - 43 clinics from EPIC
    - 161,808 vaccinations added
    - 28,250 patients updated
  - *From 1 clinic (from EPIC) in 1 week:
    - 1,550 messages moved from Testing to Production CT WiZ and
    - 425 vaccinations added
    - 184 patients updated

Next Steps…
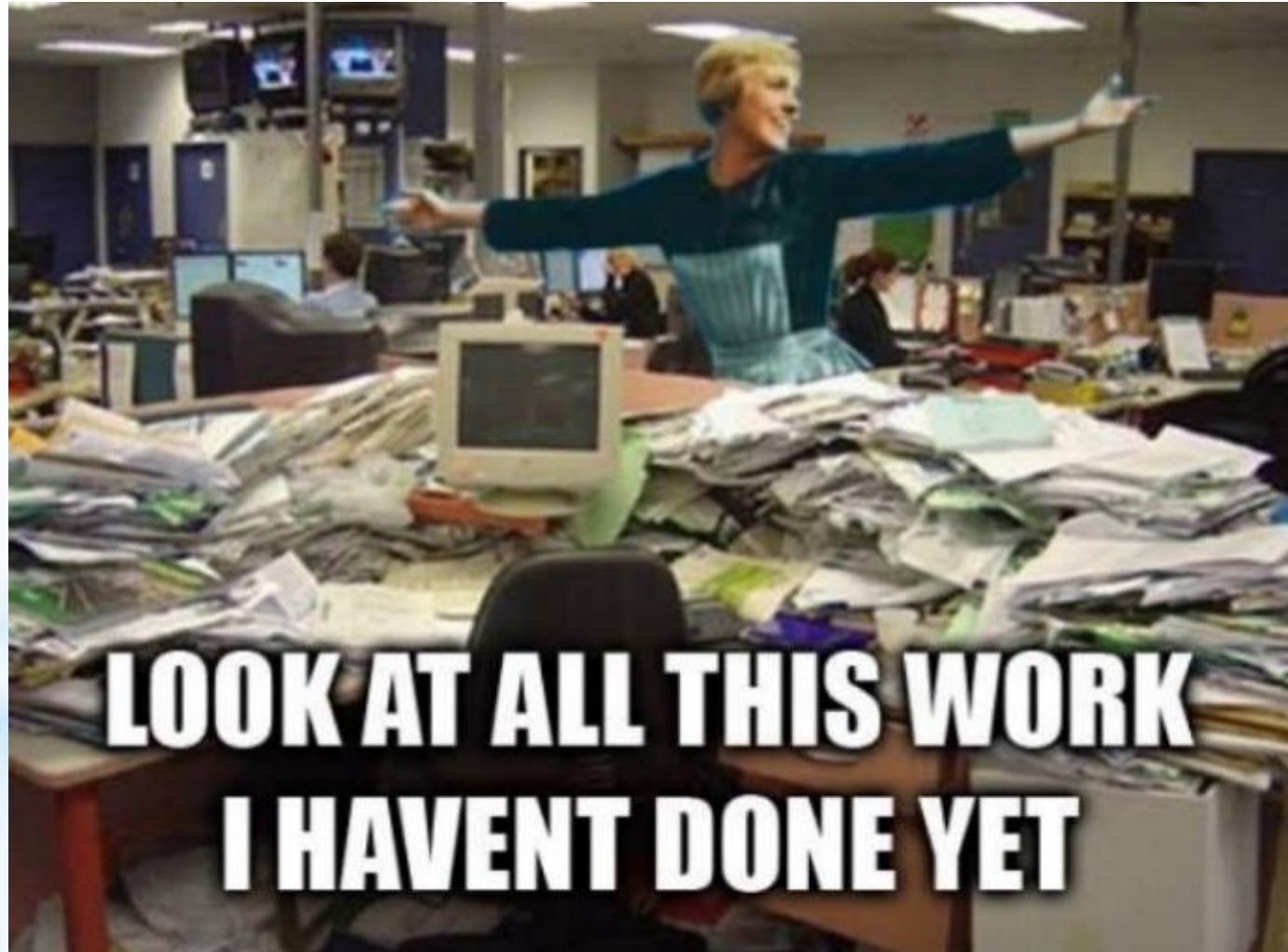
Next Steps...

Continue to:

***Onboard** EHRs for bi-directional electronic data exchange with CT WiZ

***Train** Clinics and Providers

***Ensure** Data Quality Assurance

***Evaluate** our Progress

***Share** Successes!

Stay Updated Online

CT WiZ: https://portal.ct.gov/DPH/Immunizations/ALL-ABOUT-CT-WiZ

Quick Links: Training Materials Technical Support EHR Data Exchange

Listen to the October 24, 2018 CT AAP Webinar:

"How Do I? Questions and Answers on the New

Connecticut Immunization Information System – CT WiZ"

Webinar Recording   Download Slides

Save the Date - April 24th

CT AAP Webinar on "CT WiZ"

Register in mid-March at: http://ct-aap.org/webinarseries

Health Equity Data Analytics Project Update
Tekisha Everette

Health Equity Data Analytics Phase 2 Project Update
February 21, 2019

Tekisha Dwan Everette
Executive Director,
Health Equity Solutions
teverette@hesct.org

HEDA Project Overview
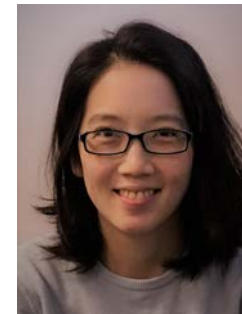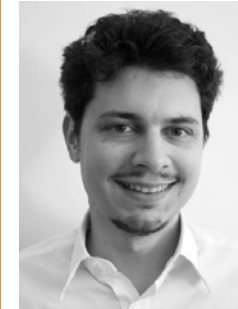
Health Equity Solutions, Inc. (HES)
- Tekisha Dwan Everette, PhD, Executive Director

DataHaven
- Mark Abraham, Executive Director
- Shaun McGann, Project Coordinator

Yale School of Medicine: ERIC
- Karen Wang, MD, MHS, Instructor
- Marcella Nunez-Smith, MD, MHS, Director
- Tara Rizzo, MPH, Deputy Director

Project Goals:
- Identify vital few (2-4) health equity data elements relevant to health equity issues in Connecticut and advise UConn AIMS on incorporating elements into emerging HIE/CDAS architecture
- Develop use case(s) utilizing health equity data elements to demonstrate potential for driving predictability of and progress towards better patient health outcomes at the population level

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HEALTH EQUITY SOLUTIONS

25 DataHaven The Twenty Fifth Year

Timeline & Deliverables

Project Phase	Timeline	Deliverable
Phase 1: Planning	8/14/18 – 9/15/18	Project Charter
Phase 2: Discovery and Analysis	**9/16/18 – 2/28/19**	**A) Recommended health equity data elements to be incorporated into HIE data architecture and sources from which to obtain health equity data** **B) Summary of landscape analysis/literature review and provider/consumer outreach efforts**
Phase 3: Plan to Incorporate Health Equity Data into HIE Architecture	3/1/19 – 3/31/19	Plan, jointly agreed upon with UConn AIMS and HIT PMO, for use of health equity data in HIE architecture, including long-term goals and prioritization of variables
Phase 4: Pilot Use Case	3/1/19 – 4/30/19	Pilot designed to demonstrate potential for health equity data to drive improved predictability and patient health outcomes at population level

Discovery and Analysis – Phase 2 Overview

Components:

➢Literature Review

➢Landscape Analysis

➢Provider Outreach

➢Consumer Outreach

➢Data Elements – Recommendations

HAROLD SHAPIRO PHOTO

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Lit. Review & Landscape Analysis

Literature Review - Assessing the Value of HIEs to Improve Health Equity

Assessment of peer-reviewed journal articles and grey literature to highlight:

- Health equity/sdoh data elements collected and integrated by HIEs
- KPIs/outcomes measured for collected data elements (e.g. health progression, cost, social value, etc.)

Landscape Analysis (National-Level)

Conduct in-depth interviews with mature HIEs and healthcare data/informatics experts from across the U.S. to learn more about current efforts to utilize sdoh in HIEs

Interviewees:

- Michigan Health Information Network
- HealthInfoNet (Maine)
- Rochester Regional Health Info Organization
- Michiana Health Information Network
- Strategic HIE Collaborative (SHIEC)
- Indiana Health Information Exchange

- CRISP (MD/DC)
- Johns Hopkins School of Health
- Healthcare Access San Antonio (HASA)
- Data Across Sectors for Health (DASH)
- All In: Data for Community Health
- San Diego Health Connect

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Lit. Review & Landscape Analysis – Preliminary Takeaways

Why integrate health equity/sdoh data into an HIE (value propositions)?
- Risk prediction
- Population-level health management
- Care management and coordination between health and social service providers that aren't digitally connected

Where can we find health equity/sdoh data of usable quality (low-hanging fruit)?
- Structured data from EHRs (though significant limitations exist)
- External sources with standardized/timely datasets (e.g. U.S. Census Bureau - ACS)

Looking forward (considerations to frame prioritization of data elements and use cases):
- What is the specific problem we're trying to solve?
- How much time/effort would it take to acquire the needed data?
- What data sources will HIE have access to? (legal side - data sharing agreements)
- Alignment with existing community/state/federal programs, initiatives, and resources

Provider Outreach

Targeted outreach with goal of gathering information regarding:
- EHRs in use and their potential for interoperability and data sharing
- Sdoh data elements collected and mechanisms used to collect (EHR, information referral system, additional sdoh screener, etc.)
- Ability of provider to extract and analyze sdoh data
- Value of sdoh data to provider (potential value propositions of HIE)

Interviewees:

- Charter Oak Health Center*
- Community Health Center Inc.
- Community Health and Wellness Center of Greater Torrington*
- Griffin Health
- Hartford HealthCare*

- Northeast Medical Group
- Pequot Health*
- UConn Health
- Value Care Alliance
- Yale New Haven Health

Interview yet to be completed

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Provider Outreach – Preliminary Takeaways

- Interest in sdoh high among providers

- Large degree of variation in collection and use of sdoh data by providers

- Most providers are collecting some basic sdoh data elements, but use of these data elements is inconsistent

- Utility of sdoh data elements in clinical context has yet to be established

- Value of sdoh integration in HIE: giving providers access to numerous "touch points" of patients – **HIEs have key role to play in providing a more holistic picture of an individual beyond just their medical history**

- Short-term value at population/health system management level; potential long-term value at provider level (think statewide information referral system)

- Data curation and workflow optimization are critical – "data overload" and "EHR burnout" are common

Consumer Outreach

Goal of consumer outreach* is to learn more about both potential value propositions and potential concerns regarding use of health equity/sdoh data in forthcoming statewide HIE. HEDA team has targeted the following groups for consumer outreach:

- SIM Consumer Advisory Board
- CHA
- Mental Health Board
- Clifford Beers
- Several local public health departments (TBA)

*Consumer outreach is currently pending completion of provider outreach

Data Elements – Preliminary Recommendations

Race, ethnicity, and country of origin
- Location/Source: EHR
- Ideal transmission method: C-CDA

Address and zip code
- Location/Source: EHR
- Ideal transmission method: C-CDA

Insurance status
- Location/Source: claims data and EHR
- Ideal transmission method: XML and C-CDA

Census tract neighborhood measures (e.g. racial residential segregation, concentrated wealth/poverty, % of adults with no high-speed internet, % of adults without cars, educational attainment, homeownership rate, and additional indicators corresponding to areas with concentrated populations of recent immigrants)
- Location/Source: U.S. Census Bureau and additional sources with timely/standardized datasets (e.g. DataHaven Community Wellbeing Survey)
- Ideal transmission method: API or XML

What's Next?

- Complete provider and consumer outreach (wrap Phase 2)
- Begin Phase 3 & 4 concurrently

Phase 3:
Assist UConn AIMS in developing both short- and long-term plans for use of health equity data elements in HIE architecture

Phase 4:
Based on recommended health equity data elements, develop specific use case(s) to drive improved predictability and patient health outcomes at population level
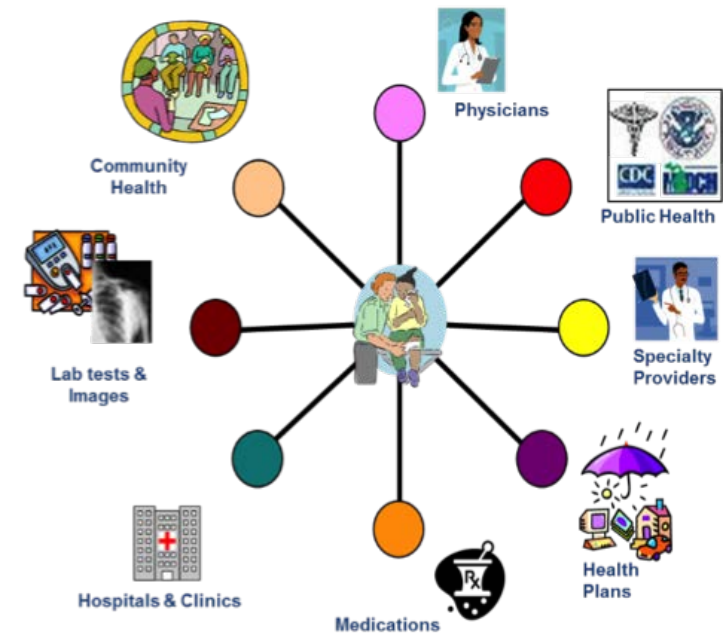
Adapted from MiHIN Shared Services
[1] Outpatient Care Patterns, McWilliams, J. Michael, JAMA – Apr 2014

Medication Reconciliation & Polypharmacy Work Group Project Update
Dr. Tom Agresta

MRP Work Group – Progress & Milestones

Sept 2018
- MRP Work Group convened – begin storming and forming process

Nov 2018
- Approval of Med Rec Definition
- Volunteers for leadership, subcommittees, project charter development

Dec 2018
- Approval of MRP Work Group project charter
- Approval of Work Group timeline and subcommittee structure

Jan 2019
- Convened 4 Subcommittees; established leadership structure and focus areas

Feb 2019
- Subcommittees launching research and literature review process to begin development of recommendations

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MRP Work Group High-level Timeline

Work Group Formation	Approval of Med Rec Definition	Approval of Project Charter and Designation of Leadership	Finalization of Sub-committees	Conduct research and report development Identify SUPPORT Act Opportunities	Approval of IAPD Funding – Begin SMMS Planning & Design	Final Report due to Advisory Council	SMMS Planning and Design
September 2018	November 2018	December 2018	January 2019	Feb – Sept 2019	April – June 2019	July 2019*	2019 - 2020

* Work Group can elect to extend the legislatively defined duration of the MRP Work Group

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MRP Work Group Structure

Health IT Advisory Council

MRP Work Group

Other Sub-groups / Design Groups

Subcommittees

- Technology & Innovation
- Medication Reconciliation & Deprescribing
- Engagement & Safety
- Policy

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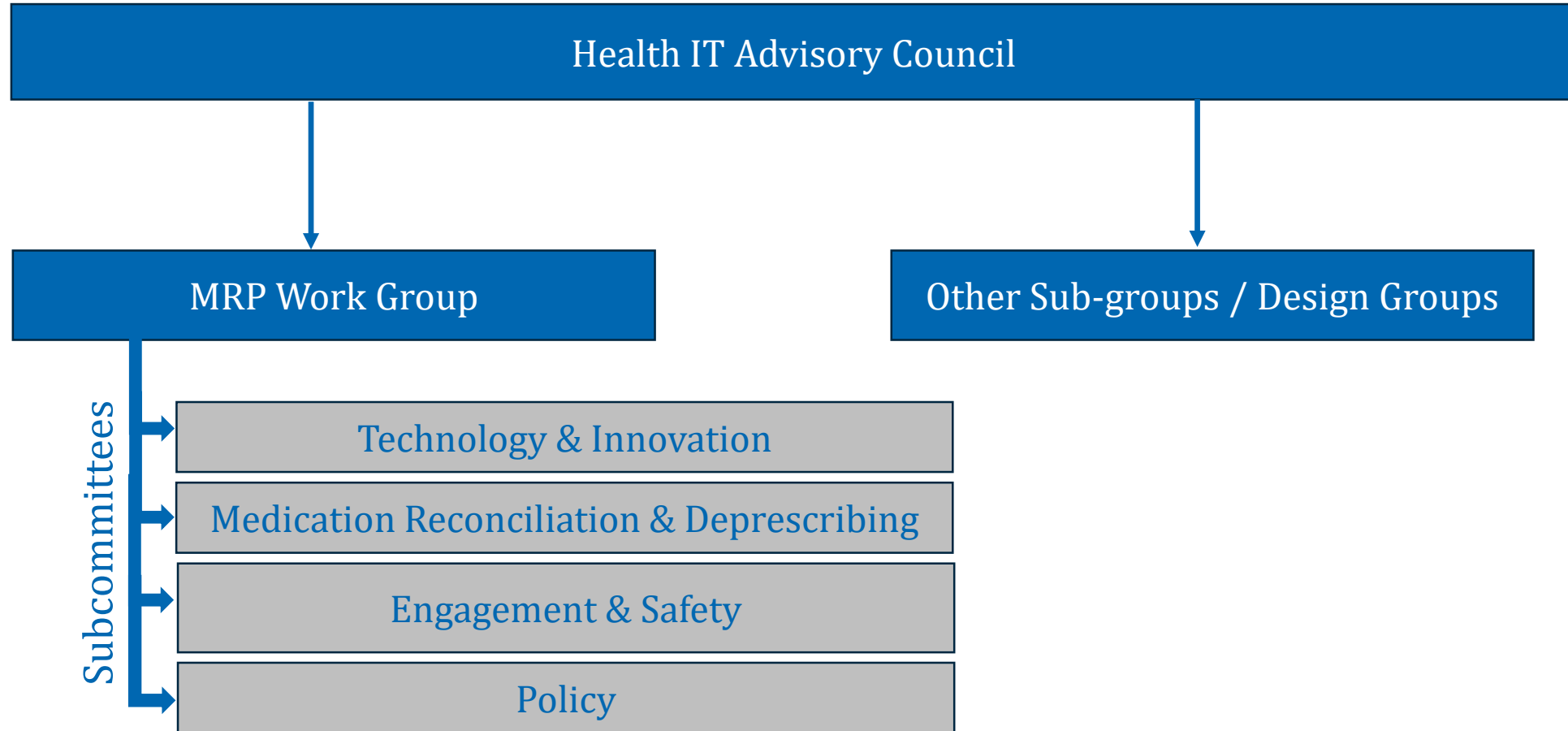
Overview of Subcommittees

Technology & Innovation	Medication Reconciliation & Deprescribing	Engagement & Safety	Policy
Bruce Metz*	Amy Justice*	Nate Rickles*	Peter Tolisano / Valencia Bagby-Young
Tom Agresta	Nate Rickles*	Anne VanHaaren*	Jameson Reuter
Sean Jeffery	Sean Jeffery	Lesley Bennett	Sean Jeffery
Jennifer Osowiecki	Anne VanHaaren	Sean Jeffery	Marghie Giuliano
Nitu Kashyap	Ece Tek	Kate Sacro	Rod Marriott
Stacy Ward-Charlerie (Surescripts)	Marghie Giuliano	Marie Renauer (YNHH)	
Samantha Pitts (JHMI)	Nitu Kashyap		
	Diane Mager		
	Jameson Reuter		
	Jennifer Osowiecki		
	Marie Renauer (YNNH)		
	Ken Whittemore (Surescripts)		

*Chair / Co-chair

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Project Charter & Subcommittee Alignment

Legend:
- 👥 = MRP Work Group
- 🤝 = Engagement & Safety
- 🖥️ = Tech & Innovation
- 💊 = Med Rec & Deprescribing
- 📚 = Policy

Project Charter Goals	Alignment with Subcommittees				
	MRP Work Group	Tech & Innovation	Engagement & Safety	Med Rec & Deprescribing	Policy
1. Develop, implement, and operate an effective organization structure and process	👥				
2. Establish foundational definitions for MRP Work Group activities	👥	🖥️		💊	📚
3. Secure funding for planning, design, and development/implementation activities	👥				📚
4. Develop strategies to operationalize medication reconciliation by defining responsibilities, communication, and training requirements for healthcare professionals	👥	🖥️	🤝	💊	📚
5. Identify mechanisms to enhance efficiency and effectiveness of cancelling prescription medications	👥	🖥️	🤝	💊	📚
6. Develop strategies to operationalize deprescribing by defining responsibilities, communication, and training requirements for healthcare professionals	👥	🖥️	🤝	💊	📚
7. Develop strategies for communicating with and engaging key stakeholders	👥		🤝		
8. Support the implementation of priority recommendations based on funding availability and design approval	👥	🖥️	🤝		📚
9. Evaluate the effectiveness of any implemented standards and solutions	👥	🖥️			

Building Block Approach for the Development of Recommendations

MRP Recommendations due to Connecticut General Assembly and Health IT Advisory Council by 7/1/19
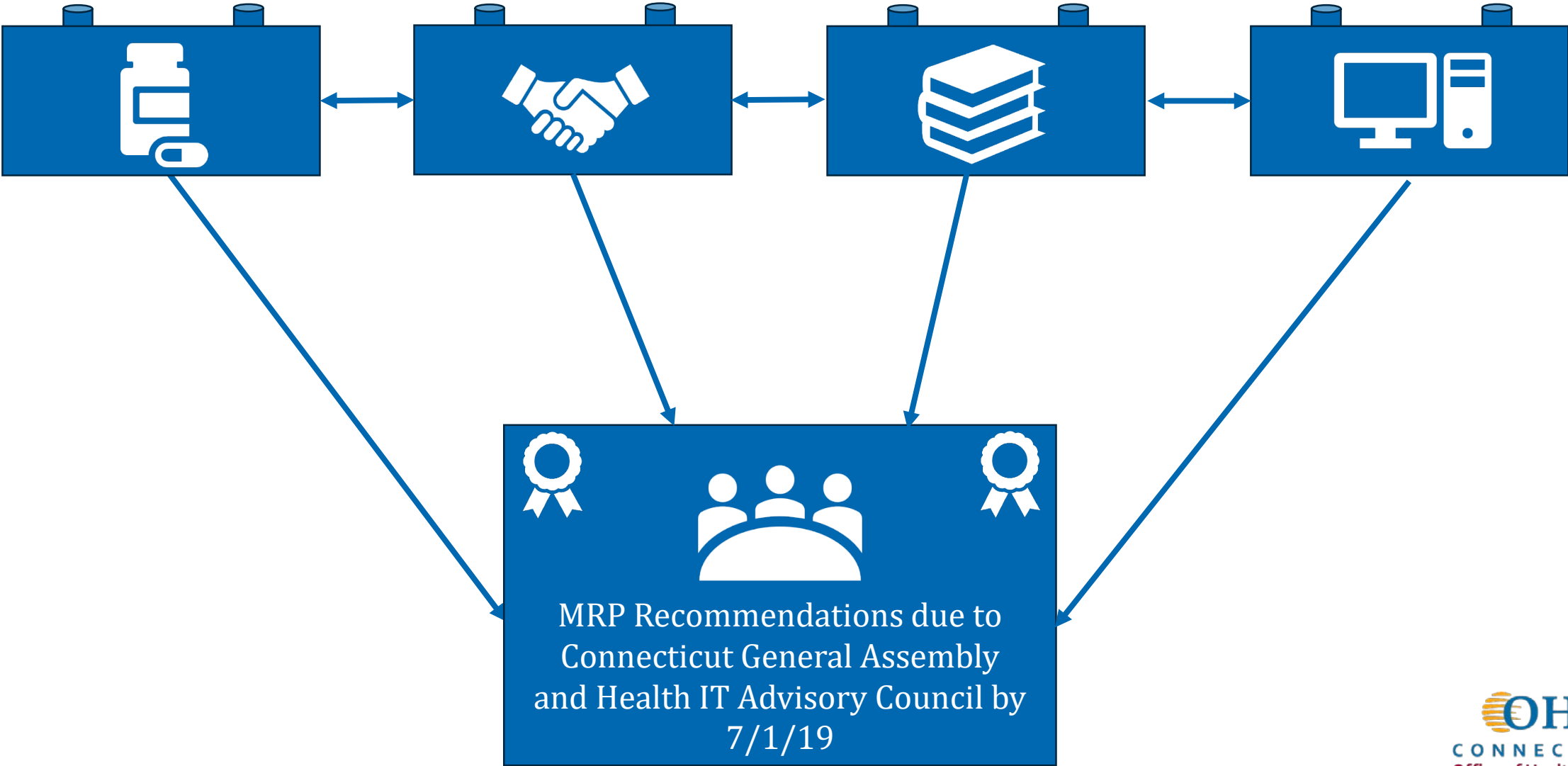
CancelRx Work Group – Executive Summary

The Office of Health Strategy's Annual Report to the Connecticut General Assembly was submitted on 1/31/19 with the CancelRx Executive Summary included as an appendix.

Key Findings Presented:

➢ There is a significant opportunity to enhance patient safety if the CancelRx standard is adopted in a manner that is workflow-friendly for prescribers, pharmacists, and patients.

➢ There are a number of stakeholders who would benefit financially from a reduction in inadvertent prescribing that would occur as a result of CancelRx adoption.

➢ There are a number of challenges that need to be overcome for widespread adoption and effective use to occur.

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CancelRx Work Group Recommendations

1) Conduct a formal assessment of the ROI for the CancelRx standard and other medication reconciliation recommendations to support the widespread adoption by pharmacies.

2) Conduct a formal assessment of the legislative / policy considerations associated with a mandate to require participation in the CancelRx standard by CT pharmacies and practitioners.

3) Explore the possibility of utilizing HIE funding to support onboarding, technical assistance, education, training, and implementation for pharmacies and practitioners.

4) Standardize pharmacy CancelRx workflows through technical assistance support.

5) Launch a statewide public health campaign to raise awareness for medication safety, CancelRx, medication reconciliation, polypharmacy, election prescriptions for controlled substances, etc.

6) Develop a business case for the sustainability of CancelRx that is endorsed and supported by the state's HIE effort and associated stakeholders (e.g. payers conducting cost containment analysis).

7) Develop incentive program to support the adoption and use of the CancelRx standard and conduct pilot programs to determine ROI for each organization.

8) Conduct analysis of funding opportunities available to help address polypharmacy and reduce opioid misuse.

9) Partner with the Connecticut PDMP, SAMHSA, and other organizations / stakeholders to determine how CancelRx can be supported by, or provide support to, relevant program efforts.

CancelRx Work Group – Panel Presentation at AMIA

Acceptance of CancelRx Work Group leader's application to present at the American Medical Informatics Association (AMIA) Clinical Informatics Conference (May 2019), titled: *Promoting Medication Safety Through a Multi-stakeholder State Group in CT: Improving Deprescribing by Use of the CancelRx Messaging Standard*

Session Objectives – Participants will:

1. Understand the CancelRx ePrescribing standard and its role in successfully Deprescribing medications to avoid patient safety risks

2. Understand how the complex process of intertwined issues of clinician workflow, technical standards, and return on investment decisions all need to be considered when attempting a broad adoption of the CancelRx messaging standard

3. Understand how a multi-stakeholder state-wide effort has led to additional efforts to address prescription safety

OHS Medication Reconciliation Hackathon

presented by UCONN HEALTH

OHS Medication Reconciliation Hackathon – Presented by UConn Health

Purpose:

➢ Increase awareness of medication reconciliation challenges

➢ Increase awareness of how a statewide HIE in might facilitate effective, efficient, and user-friendly medication reconciliation

➢ Refine a medication reconciliation use case by identifying requirements

➢ Share FHIR and SMART on FHIR education and experience in Health IT standards

➢ Development of a simple diagrammatic and software prototype

Target Participants:

➢ Prescribing clinicians

➢ Pharmacists

➢ Analysts

➢ Informaticians

➢ Software engineers

➢ Developers & programmers

➢ Students in medicine, pharmacy & engineering

➢ Patient advocates

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OHS Medication Reconciliation Hackathon – Presented by UConn Health

Date: April 5 & 6, 2019

Time: 8am-5pm

Location: UConn Health – Academic Entrance

Cost: Free

Registration: https://health.uconn.edu/quantitative-medicine/hackathon-2019/

SUPPORT Act Next Steps

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SUPPORT Act (HR 6 – Section 5042) Next Steps

➢ Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act was signed into law on October 24, 2018; guidance being reviewed by the Office of Management and Budget (OMB).

➢ Sec. 5042 provides for the expansion of capabilities and use of Prescription Drug Monitoring Programs (PDMPs) and provides 100% federal funding to enable state-administered PDMPs to meet the act's requirements.

➢ The short-term funding (ending Sept. 30, 2021) will require a focused and achievable approach

➢ Relevant state agencies (such as Dept. of Consumer Protection, Office of Health Strategy, and Dept. of Social Services) will begin meeting to:

❑ Understand all associated legislative requirements

❑ Develop an approach for compliance with identified requirements

❑ Prepare for associated funding requests.

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APCD Data Security & Privacy Subcommittee
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APCD Data Security & Privacy Subcommittee

The APCD Data Security & Privacy Subcommittee (of the APCD Advisory Group) will be re-convened beginning in March 2019 to conduct a review and analysis of APCD policies and procedures as they relate to data privacy and data releases in order to enhance the program's effectiveness and efficiency.

Proposed Meeting Goal & Focus	Proposed Meeting Materials
Meeting #1 – Kick-off and Orientation • Review and discuss project charter • Discuss proposed process for achieving desired outcomes • Orientation on current policies and procedures for data privacy / release	• Existing data privacy policies and procedures • Scan of other APCD initiatives
Meeting #2 – Consider Current State of Data Privacy Policies • Evaluate current APCD data privacy policies • Consider new APCD policies to enhance program's effectiveness and efficiency	• Draft decision criteria • Evaluation matrix
Meeting #3 – Consider Current Data Release Practices • Evaluate current data release policies and procedures • Consider new policies/procedures to enhance effectiveness and efficiency • Examine potential for APCD data to support approved use cases	• Existing data release policies and procedures
Meeting #4 – Discuss Preliminary Recommendations	• Draft recommendations
Meeting #5 – Finalize Recommendations	• Final recommendations

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Consent Policy Design Group
Office of Health Strategy

Consent Policy Design Group

A Consent Policy Design Group will be convened (beginning in March or April 2019) to analyze existing consent policies from other states, review relevant policies and legislation, and discuss issues and barriers in order to produce formal recommendations.

Current Design Group Members:

➢ Rob Rioux (CHCACT / Advisory Council)

➢ Nic Scibelli (Wheeler Clinic / Advisory Council)

➢ Stacy Beck (Anthem / Advisory Council)

➢ Pat Checko (Consumer Advocate / Advisory Council)

➢ Carrie Gray (UConn HIPAA / Security Officer)

Next Steps:

➢ Finalize Design Group framework and membership

➢ Distribute Doodle Poll and schedule meetings

➢ Conduct background research and analysis

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Consent Policy Design Group – Proposed Framework

Proposed Design Group Framework
Meeting #1 • Review and discuss project charter and proposed process for achieving desired outcomes • Orientation on relevant policies and procedures and semantic alignment / shared understanding of key terms
Meeting #2 • Establish understanding around current state of consent policies in Connecticut and bordering states • Consider draft language for a HIPAA TPO consent policy for recommendation to Advisory Council
Meeting #3 • Review proposed process for the development of a consent policy framework, based on HIE use case requirements • Discuss stakeholder engagement and communication needs
Meeting #4 • Review and discuss received input from Advisory Council or other stakeholders • Review use cases where individual consent is required by state or federal law, or areas of ambiguity

Proposed Design Group Framework
Meeting #5 • Discuss the pros/cons of a statewide consent policy framework vs. HIE consent policy framework to determine scope
Meeting #6 • Discuss the various ways that consent could be collected and possible roles for organizations in the consent process • Establish high-level understanding of technical architecture for electronic consent management solutions • Discuss workflows that could provide individuals with information and the ability to manage preferences
Meeting #7 • Review and discuss strawman options • Develop draft recommendations for consent policy framework
Meeting #8 • Finalize and approve recommendations • Discuss stakeholder / general population engagement and communication process

Statewide Health IT Plan Design Group
Office of Health Strategy

Statewide Health IT Plan Design Group

➢ Short-term Design Group has been convened, consisting of state agency partners that serve on the Advisory Council

➢ Two meetings were conducted in January 2019

➢ Design Group reviewed the relevant section of the Statewide Health IT Plan (Domain 2 – State Agency Engagement) to provide input and feedback on the proposed approach and recommendations

➢ Next Steps:

❑ Review state agency IT strategic plans and OPM system inventories to develop a understanding of the current environment

❑ Convene a larger group of state agency partners, including technology and business owners, for half-day planning sessions around opportunities for increased or improved state agency collaboration

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Upcoming Activities

- Genomic Medicine Workshop
  - OHS in partnership with Yale School of Medicine will host a Genomic Medicine Workshop on March 8th in Hartford.
- HIE Trust Framework
  - OHS and the HIE Entity are currently developing a comprehensive trust framework
  - Builds upon the important work of the Governance Design Group, and is being developed based on the experience and model of the Michigan Health Information Network (MiHIN)
  - Positions Connecticut and the HIE Entity strongly for the future release of the Trusted Exchange Framework and Common Agreement (TEFCA)

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https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council