



**HEALTH INFORMATION TECHNOLOGY EXCHANGE OF CONNECTICUT
ADVISORY COMMITTEE ON PATIENT PRIVACY AND SECURITY MEETING**

July 31, 2013 MINUTES

3:00 – 5:00 PM

**Bureau of Enterprise Systems and Technology
East Hartford, CT**

COMMITTEE MEMBERS PRESENT: Ellen Andrews, Audrey Chapman (phone), Michelle DeBarge (phone), Demian Fontanella

COMMITTEE MEMBERS ABSENT: Steve Casey, Ludwig Johnson, Robert McLean

HITE-CT: John DeStefano (CTO), Christine Kraus (APO)

PUBLIC ATTENDEES: Susan Israel (phone), Peter Armstrong

CALL TO ORDER

J. DeStefano called the meeting to order at 3:15 PM.

MEETING MINUTES - November 7, 2012 and January 16, 2013

MOTION: A motion was made and seconded by E. Andrews and D. Fontanella, respectively, to approve the minutes. All in favor. **Motion passed.**

DISCUSSION OF THE CONNECTICUT STATEWIDE CONSENT POLICY

Patient Refusal to Sign Consent Agreement and Provider Refusal to Provide Services

E. Andrews received a report from a Hartford HealthCare Group (HHC) patient who was asked to sign an opt-out consent agreement. The form stated that a refusal to participate means HHC refuses to provide treatment. The patient signed the form, as most patients do, but was very concerned about her rights and protecting her privacy. E. Andrews raised the issue with HHC and the form was revised, but HHC retained the refusal to treat if a patient exercises their opt-out option and also included new language explaining that medical records will be available to all HHC staff and affiliates.

“Our current EMR does not functionally allow us to limit access to your record by blocking it from our [Hartford Health Care] Medical Group staff and related practices.”

In a subsequent meeting with HHC staff, they indicated an interest in getting guidance from the State and the Advisory Committee to develop a consent policy that protects privacy, complies with federal and state laws, and is technically feasible. They also asked for research about how other facilities handle consent.

J. DeStefano provided some technical background on Hartford Medical Group’s Allscripts Outpatient System. Since their system was not set up to partition the different practices at Hartford Medical Group, data is shared across all practices.

E. Andrews noted that the Allscripts EMR has a module supporting permission-based access to EMR records. M. DeBarge stated that access to patient information depends on three factors: 1) the type of

information being shared; 2) the person getting the information; and, 3) the person's purpose for needing that information.

She did not have more specific information on situations where it is legal for a provider to refuse to provide service if a patient refuses to sign a consent form. D. Fontanella distinguished between access to information and entitlement to information. Though a provider may have access to a patient's data, he is not entitled to access that data unless there is a legitimate purpose requiring his need to know.

E. Andrews added that when specialists refuse to provide services it often has the effect of eliminating any possibility that the patient can receive that service because there are a limited number of specialists providing the service in that area. She asked if there any additional steps that could be taken to help a patient find specialist services in these situations. E. Andrews felt that the providers would appreciate any guidance that the Advisory Committee could provide regarding the above issues.

A. Chapman recommended that the State of Connecticut have a policy specifying the minimum conditions required before a provider can refuse to provide service to a patient.

Requirements for Sharing Information in a Public Health Information Exchange

J. DeStefano suggested that the guidance that applies to sharing information within an owned entity and its subsidiaries may not apply to sharing information when accessing a Health Information Exchange.

E. Andrews indicated that there needs to be some clarification about owned entities. She asked what happens when health providers are acquired by other organizations.

J. DeStefano gave a summary of rules governing a Patient's Consent to Disclose Information from other states:

Rhode Island – Opt-in including sensitive information

Maine – Opt-out, but providers are required under state law to fully explain rights to each patient

New York – Opt-in at every site. (Patient needs to sign a separate consent for each site.)

J. DeStefano suggested that the Committee review the DURSA developed during the Department of Social Services pilot to get a general baseline on what is required when sharing information between participants of an HIE. He noted that providers can always use Direct messaging to transmit data in situations where they are not prepared to communicate in a more automated way with outside organizations.

Summary of Action Items

- Members of the Advisory Committee will send J. DeStefano a list of people who may be available to be on the Advisory Committee. The goal is to have broader representation of the stakeholders on these issues.
- J. DeStefano will contact the CT Hospital Association to see what has been developed regarding hospital consent forms.
- J. DeStefano expressed some concern about having the resources to get additional information about the initiatives in other states, information sharing between states, the work that HHS and the VA are doing to develop applications to handle Data Segmentation for Privacy, the way access to patient information is being managed on the All Payer Claims Database (APCD), review of the DURSA regulations, etc. He has only one other staff member.

- E. Andrews asked if future meetings could be held at the Legislative Office Building. C. Kraus will look into that possibility and will schedule the next meeting in September.

PUBLIC COMMENT

There was no additional public comment.

ADJOURNMENT

Meeting adjourned at 4:35 PM.

NEXT MEETING

September 2013