



**HEALTH INFORMATION TECHNOLOGY EXCHANGE OF CONNECTICUT
ADVISORY COMMITTEE ON PATIENT PRIVACY AND SECURITY MEETING
September 5, 2012 MINUTES
1:30 – 3:00 PM
LEGISLATIVE OFFICE BUILDING**

COMMITTEE MEMBERS PRESENT: Michelle DeBarge, Robert McLean, Ellen Andrews, Demian Fontanella, Steve Casey

PUBLIC ATTENDEES: Susan Israel, Susan Halpin, Gary Rose, Peter Armstrong (HITE-CT intern)

CALL TO ORDER

Michelle DeBarge called the meeting to order at 1:39 PM.

REVIEW OF MINUTES

Minutes from the meeting June 12, 2012 were approved.

Report on conversation with David Gilbertson concerning status of HITE-CT

Michelle DeBarge updated the Committee on her pre-meeting conversation with David Gilbertson on current issues before HITE-CT. A FQHC and a mental health agency are piloting the transfer of documents via DIRECT in September. Current support for controlling the transfer of documents is limited to document type and source type. The development of more granular filters allowing patients to control access to sensitive information such as HIV, substance abuse and mental health issues will not be available for at least a year. David is resigning from his position effective August 31, 2012. John DeStefano, the Chief Technology Officer, and Christine Kraus, Administrative Project Officer, will perform the CEO responsibilities during the transition period.

Report on Legal and Policy Committee Meeting on 9/5/2012

Ellen Andrews reported that HITE-CT is trying to simplify the consent forms and reduce the number of forms. She is concerned how opt-out rules will be applied in emergency situations. Peter Armstrong reported that John DeStefano and Lori Reed-Fourquet will be distributing a preliminary workflow of the way consents are processed during intake processes at different providers. Peter Armstrong will forward a copy of the workflow documents to the Advisory Committee.

The Legal Committee will have a subcommittee visit providers to observe and document the processing of consents during the intake process. Ellen Andrews noted that it is important to observe the way smaller providers are handling consents. In addition, she was concerned about whether providers who already use an opt-in process would be willing to accept an opt-out process.

The following people will identify the contact person for consent processing at the hospital/agency:

Peter Armstrong: Hartford Hospital

Michelle DeBarge: Danbury Hospital

Ellen Andrews: Community Health Center

Committee members agreed to come up with a set of common questions for the survey of current CT HIEs. After we have those questions, Ellen Andrews will set up the survey in Survey Monkey.

Committee members can send the survey link to their contacts.

Reports from Committee members on assigned topics

Provider education (Robert McLean)

Robert McLean reported that Rhode Island has implemented a model using DIRECT, which has already enrolled hundreds of providers who are using DIRECT on their HIEs. He will distribute a summary of Rhode Island's Strategic Operational Plan. Their HIE is called 'CurrentCare' and it is free for providers and patients.

CMS uses medical organizations to disseminate some information. eHealthCT would also be an organization which might help with education. Robert pointed out that we have two audiences: 1) outpatient and 2) hospitals. We need to think about an effective way to reach each audience. Since medical professionals are required to earn CME credits every year in order to maintain their state license, another way to educate providers would be to offer HITE courses as part of the Quality Improvement component of the CME process. Demian Fontanella will check with DPH to find the contact for the CME program. He stated that vendors are frustrated with HITE-CT. They want to make sure we are in sync with other states. HITE-CT should be looking for ways to integrate with the Connecticut Health Insurance Exchange.

Patient/consumer education (Ellen Andrews)

Ellen Andrews provided an extensive overview of surveys evaluating CT residents' view of HITE-CT and a DPH report by Minakshi Tikoo on the Baseline Assessments of Connecticut's HITE. We discussed Best Practices for educating consumers and she identified other states that have effectively led initiatives to engage consumers in the development of HITE.

Demian noted that the consumer tends to be involved in the development of material, but not the policy decisions. Should we include the consumer in our evaluation of the consent processes we discussed earlier in the meeting?

Sensitive Information (Demian Fontanella)

Three issues which need to be explored in more detail:

1. Patient access to the audit log of their medical records
2. The requirements in the consent disclosure agreement
3. The disclosure of sensitive information when patients are receiving medical care

Electronic exchange of health care information should enable a more transparent view of who accessed information than the current paper records.

Michelle DeBarge added that we need to look at how we define sensitive information. Access to some information is included in constitutional law and state laws. There was some discussion of health issues associated with abortion, rape, and birth control where the patient does not have the same protections afforded to patients with HIV, substance abuse, or behavioral health conditions.

Privacy and security safeguards (Demian Fontanella and Steve Casey)

Demian Fontanella will be looking into Blue Button, a function which allows patients to download their personal health information as an ASCII file. Blue Button is being adopted by a million enrollees in the VA and DOD. United Healthcare is planning on having all its enrollees use Blue Button by 2014.

Minors (Michelle DeBarge)

There is no national solution for minors. In some states minors and providers have the right to not disclose certain information to parents. From a technology perspective the problem is that the current HIE technology does not have the capability of segmenting that information so that the dissemination of that information can be controlled. The minor TIGER processing team in New York has been working on segmenting the consent information and incorporating it into HL7. Robert McLean will check with Sandi Cabonari of the CT Chapter of the American Association of Pediatrics to see if they have more information on these issues.

Consent model

Audrey Chapman was not able to attend the meeting, but she reported that the ONC is focused on organizations meeting the requirements for Meaningful Use regarding Consent, as well as issues affecting the assignment of Personal Identification Numbers (PINs) for patients.

Summary of Action Items

- Demian Fontanella: Find contact for CME program at DPH

- Ellen Andrews: Provide Survey Monkey for Consent Interviews
Find contact at Community Health Center to discuss Consent Process

- Michelle DeBarge: Find contact at Danbury Hospital to discuss Consent Process

- Peter Armstrong: Distribute HITE – CT workflow of intake processes as they relate to consent processing to committee members
Check with John DeStefano on contact for consent processing at Hartford Hospital

- Robert McLean: Distribute Summary of Rhode Island Strategic Operation Plan to committee members
Check with Sandi Cabonari on consent issues affecting minors.

PUBLIC COMMENT

No Public Comment

ADJOURNMENT

Meeting adjourned at 3:05 p.m.

SCHEDULE OF MEETINGS

11/7/2012