



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

**October 16, 2013 MINUTES**

**2:00 – 3:30 PM**

**Legislative Office Building, Room 2B  
Hartford, CT**

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

**COMMITTEE MEMBERS ABSENT:** Steve Casey, Ludwig Johnson

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

**PUBLIC ATTENDEES:** Ryan Todd (phone), Kimberly Harrison (Hartford Healthcare Medical Group), Susan Israel, Peter Armstrong, Sean Bradbury, Brendan Finley, Judi Blei, Dan Giungi, Greg MacKinnon, Lisa Feilu

**CALL TO ORDER**

C. Kraus called the meeting to order at 2:12 PM.

**MEETING MINUTES – July 31, 2013**

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

**DISCUSSION OF THE CONNECTICUT STATEWIDE CONSENT POLICY**

**Opt-in Agreement to Receive Services**

E. Andrews updated the committee on discussions about the Hartford HealthCare Medical Group's (HHMG) policy to provide services only to those patients who sign the HHMG opt-in agreement. HHMG has revised the agreement to include information about access to EMRs being shared across the HHMG and some other HHC affiliated practices. The current EMR does not allow HHC to block access to a patient's record by those within the Medical Group and from related HHC practices. The HHMG opt-in part of the agreement remained unchanged; if a patient refuses to sign the opt-in agreement, HHMG will refuse to provide services to the patient.

K. Harrison, VP, Public Policy & Government Affairs, Hartford HealthCare, spoke to the Committee about the HHMG consent agreement and the HHMG policies. She explained that HHMG was handling patient requests for restrictions on access to information on medical records by processing them as paper records. However, HHMG is phasing out all paper processing of medical records—all records will be electronic. Other options for restricting access to medical records will need to be found.

C. Kraus asked if the audits of medical records are available to outside groups. K. Harrison will get back to the committee with an overview of the audit process and the policies governing access to the audit records.

In a previous meeting, HHMG expressed an interest in gathering recommendations about developing a consent policy that protects privacy, complies with federal and state laws, and is technically feasible within their system. They also asked for information on how other providers handle consent.

The Committee discussed issues, concerns, and needs related to access of medical records. D. Fontanella noted various aspects of meaningful access to the medical record for the patient:

- A patient is not authorized to access some of the information on his medical record.
- It is important that the patient is educated about the provider's need for information in order to make an accurate diagnosis and perform an effective treatment.
- Patients and providers should have access to an in-depth set of frequently asked questions describing the process for managing access to a patient's medical records.
- Authorization is difficult to define; we should be looking for a rigorous definition of the process while we are gathering information from providers.

R. McLean noted numerous people looking at a patient's medical record during the process of diagnosis and treatment. Systems should have:

- 'Break-the-glass' alerts when somebody sends information outside the system.
- Clear distinctions between situations where data is prohibited from being shared and situations where it is only required to have an audit trail of who is accessing the information.

R. McLean will find criteria used to determine when a 'break-the-glass' event is triggered at Yale-New Haven Hospital. K. Harrison will look into the criteria used at HHMC. M. DeBarge pointed out that providers will have to provide patients with a log of people accessing their information and an explanation for the need for access. D. Fontanella emphasized the importance of educating the consumer about patient consent and what the consent form means.

#### **eConsent Toolkit**

E. Andrews presented an overview of the eConsent toolkit available from HealthIT.gov.

<http://www.healthit.gov/providers-professionals/patient-consent-electronic-health-information-exchange/econsent-toolkit>

The toolkit provides samples of tools, resources, and educational materials that that can be used to enable patient education and engagement for meaningful consent. The toolkit also includes a sample survey for gathering information on patients' educational needs related to access of patient medical information.

#### **Survey of Consent Processes used by Providers in Connecticut**

There was some discussion about whether the Committee should continue their work on a survey to gather information about how providers were handling patient consent to disclose information in Connecticut.

E. Andrews felt that the survey would provide a basis for the Committee to evaluate whether the Legislature should recommend regional opt-in or opt-out processes. The Legislature has not communicated any specific privacy or security concerns to the Committee. R. McLean recommended that the survey include a broader range of questions about 'break the glass' protocols, the ability of systems to track access, super users monitoring access infractions, and refusals to provide service to patients who refuse to have information disclosed.

## **OTHER BUSINESS**

### **Status of HITE-CT**

John DeStefano provided an overview of the status of HITE-CT:

- There are still some unresolved issues with Axway.
- DPH has not released funds for the Voucher Program. We have a few sites that are interested in signing up for DIRECT messaging through our partnership with the Rhode Island Quality Institute (RIQI).

### **PUBLIC COMMENTS**

S. Israel recommended that the Committee look at what New York and California are doing with an Epic product called Care Everywhere to communicate medical data between sites across state lines. The product provides a framework for interoperability, so that wherever the patient goes, providers can have the information they need.

P. Armstrong questioned the Committee's focus on providing the state of Connecticut with some guidance on recommending the state-wide adoption of opt-in, opt-in with restrictions, opt-out, or opt-out with exceptions. Some large providers like HHMG will only be able to support an opt-in strategy where they cannot prohibit specific users on the system from accessing a patient's medical record for the next few years. Since providers have already invested in some variation of the four strategies a state-wide HIE will need to support all four strategies for managing access to a patient's medical records.

P. Armstrong felt it might be more productive if the Advisory Committee identified critical problems with disclosure of information on a patient's medical record and provided guidance on the best policies and practices for dealing with those problems. For example, HHMG is in the process of migrating off paper records where they have been managing opt-in with restrictions situations. Are there ways HHMG could manage the migration of the small number of opt-in with restrictions medical records so that both the provider and the patient have agreed on a process for handling disclosure. HHS and the VA have already begun to define these processes in the Data Segmentation for Privacy project. They have also begun to develop the infrastructure for a Consent Directive Repository and a Consent Directory which would enable all providers and patients to have access to consistent, up-to-date information on how disclosures should be managed. As the providers develop more mature HIEs, it is likely that they will want to go to an outside source like a state-wide HIE to manage the disclosure process with outside providers.

### **Summary of Action Items**

- K. Harrison will provide C. Kraus with:
  - An overview of the audit process as well as the procedures to manage access to the audit of medical records.
  - An overview of the criteria used to trigger 'break-the-glass' alerts when data is shared with affiliates and outside groups.
- R. McLean will provide C. Kraus with:
  - The criteria used to trigger 'break-the-glass' alerts when data is shared with outside groups at Yale/New Haven Hospital.
- All Committee members will provide C. Kraus with:
  - Potential survey questions about 'break-the-glass' protocols, the ability of systems to track access, super users monitoring access infractions, and the best practices for determining how patient requests to restrict disclosure of information should be managed.
- E. Andrews will distribute a draft survey.

## ADJOURNMENT

**MOTION:** A motion was made and seconded by E. Andrews and R. McLean, respectively, to adjourn. All in favor. **Motion passed.** The meeting adjourned at 3:25 p.m.