CONNECTICUT
Health Strategy

HEALTH INFORMATION TECHNOLOGY ADVISORY COUNCIL
DRAFT Meeting Minutes
March 20, 2025 | 1:00 – 3:00 p.m.
Zoom Meeting Recording

ATTENDANCE

By Electronic Device:

Sumit Sajnani, HITO, Co-Chair
Nicole Taylor (DCF)
Byron Kennedy (DOC)
Gary Archambault (DPH)
Mark Raymond, CIO
Cara Passaro (OAG)
Josh Scalora (DSS)
Sandra Czunas (OSC)
Sarah Carr (OHA)
David Fusco
Geoffrey Hook
Alan Kaye
Dina Berlyn
Thomas Woodruff
Cassandra Murphy
Susan Israel
Mark Gildea
Michael Crain
Rebekah McLear (AHCT)
Elizabeth Taylor (DMHAS)

In Person:

N/A

Absent:

Joseph Quaranta, Co-Chair
Patrick Charmel
Glynn Stanton
Thomas Woodruff
Robert Plant
Patricia Checko
William Halsey (DSS)
Jaime Rodriguez

Other Participants:

Tyra Anne Peluso, OHS
Amy Tibor, OHS
Olga Armah, OHS
Jenn Searls, Connie
Heidi Wilson, Connie
Amanda Crociata, Connie
Bethany Mifsud, Connie
Jessica England, Acemio
Mai Krisle, TherapyNotes
Manisha Srivastava, OPM
Russell Dexter, Connie
Aaron Bean, Acemio
Carol Robinson, CedarBridge Group
Tracy Townsend, Connie

WELCOME AND CALL TO ORDER

The HITAC met virtually on Thursday, March 20, 2025. Co-Chair Sajnani announced that he would chair the meeting on behalf of Dr. Quaranta. Sumit welcomed members and called the meeting to order. A roll call determined quorum was present.

PUBLIC COMMENT

There were no public comments made.

APPROVAL OF JANUARY 16, 2025, MEETING MINUTES

Co-Chair Sajnani requested a motion to approve Jan 16, 2025 minutes. A motion was made (M. Raymond) and seconded (S. Carr). Susan Israel requested an amendment to reflect two statements made regarding: 1) hospitals receiving a limited data set (LDS) including zip codes, and 2) OnPoint receiving clinical data in addition to claims data.

Dr. Israel commented that it is important to share this information because: 1) re-identifying data becomes easy when you have a LDS that includes zip codes and other forms of data, and 2) OnPoint was originally set up to receive claims data only, not identified clinical data. Susan commented that RI allows its citizens to opt out of their APCD, and she would wish CT would have the same consent policy, so if people are worried about the privacy of the data, they would be able to not participate in the APCD.

Sumit asked Dr. Israel to verify the following amendments being requested: 1) that the hospitals have access to the LDS specifically for the hospital community benefit, including the zip code, and 2) that OnPoint may have access to clinical data in addition to claims data. Dr. Israel verified the amendments and requested the statements made and by whom be documented in the Jan 16 minutes. Sumit motioned for the minutes to be accepted with the modifications. All were in favor. The minutes were approved as modified.

- For reference, the statement regarding OnPoint receiving clinical health data was made by Paul Brady of OHS, as follows: "*OHS has engaged OnPoint to create a health equity dashboard that will integrate demographic and clinical data offering actionable insights to racial health disparities.*"
- For reference, the statement regarding LDS and zip codes was made by Olga Armah, as follows: "*…what is different about this data release [to hospitals as part of their community benefit program] is that there's a statute that requires OHS to provide a LDS as compared to all other data sets [given] to other entities… which is they tend to receive a de-identified data set. The hospitals are receiving a LDS because they need zip code information to help target interventions they develop with their health improvement strategies. Hospitals are also required to report to OHS on their community benefit programs.*" Olga's full statement can be heard at approx. 1:26:00 in the recording: ctvideo.ct.gov/ohs/OHS_HITAC_Meeting_01-16-2025.mp4

Later in the meeting, Sumit invited Olga to clarify the statement made in reference to clinical data received by OnPoint, OHS's data management vendor. Olga shared that OnPoint only receives data submitted by payers into the APCD, and no other data from anywhere else, including the statewide HIE, Connie. Clinical data in the APCD includes ICD-10 and CPT codes that are included in a claim. The statement was made in reference to a health equity dashboard being developed in which APCD data is being used. OHS is looking at the data at the aggregate level, and at the town level. No patient, member, or provider information will be in the dashboard. Olga reiterated that OnPoint collects APCD data on behalf of OHS and is responsible for deidentifying the data before giving it to OHS. OnPoint is not getting any new identified clinical data that they do not already have.

CROSS-AGENCY INFORMATION SHARING FINAL REPORT

Manisha Srivastava of OPM introduced the topic. Legislation (PA 23-137 §13) required OPM to develop a plan for a "secure online portal" which would be used to share data amongst state agencies for improving service delivery. The focus was on individuals with intellectual and

developmental disabilities; however, OPM decided to take a more holistic approach since the need is broad. Manisha referenced the OHS Statewide Health IT Plan, which prioritizes improving interagency data sharing. She also referenced several other data-sharing initiatives, including MyCT and Critical Incidents. Manisha stated that a consultant was secured and a landscape analysis conducted, which looked at similar initiatives across the country, and stakeholder engagement was undertaken. Manisha introduced representatives of Asemio, LLC, to present findings from the analyses.

Jessica England and Aaron Bean presented highlights from the final Cross-Agency Information Sharing Report:

- A one-size-fits-all concept of a secure online portal was unlikely to be the optimal solution for CT. A key finding was that there wasn't a clear use case specifically for a portal, subsequently, the recommendation is to establish a potential "Data Enablement Service" (DES), a group empowered to help develop governance standards and technical standards, to evaluate data sharing use cases and assess feasibility, including existing infrastructure. Some benefits of a DES vs. portal include modular technical tools, scalability, and reusable governance templates.
- Key considerations include the need for time and investment; DES is driven by people, not just technology or templates.
- DES is not the final say on whether something can or cannot be achieved; the people are there to assess feasibility.
- A lot of the analysis was about finding out what the right answer to centralization is.

The floor was opened for questions. Dr. Kaye inquired about the report in relation to the statewide HIE. Aaron shared that CT has a highly federated environment with different initiatives such as the HIE, as well as different types of data aggregation. The DES would evaluate existing infrastructure instead of recreating a portal to centralize data that may or may not fit the specific use case. Manisha further explained that the DES would be the people with the expertise to analyze use cases and determine whether existing infrastructure exists and what potential technologies are already available. Sumit described the variety of health IT topics that HITAC advises on beyond the HIE. The role of HITAC is to provide advice and guidance to OHS on a variety of health IT topics that go beyond the HIE and the 5-year plan, including HHS interagency data sharing.

Dr. Kaye further inquired about any impact to the timeline and resources of Connie's implementation. Sumit described Connie as a parallel project that is not currently directly impacted by this potential initiative. He discussed the potential for HIE/Connie to become a health data utility and there being an opportunity for interconnectivity with state agencies, however the HIE remains very focused on connecting providers and the two initiatives are separate. Manisha reiterated that presently, this is only a report/plan. Mark Raymond inquired about stakeholders and input. Jessica described those engaged throughout the development of the report.

Dr. Israel inquired whether HITAC would be kept informed regarding how medical/behavioral health data might be shared. Jessica stated that the sharing of data would depend on some of the specific governance policies and procedures developed if the DES moves forward, and that the DES would help facilitate this. The full presentation and discussion can be accessed here: ctvideo.ct.gov/ohs/OHS_HITAC_Recording_03202025.mp4

CONNIE UPDATE

Jenn Searls outlined the presentation format and introduced presenters.

Amanda Crociata shared a general Connie update which focused on the following:

- 2025 Connie outreach and engagement activities.
- Utilization growth update.
- A breakdown of users by organization type.
- Recent provider organization testimonials.
- Technical integrations update.

Heidi Wilson shared an update on Connie use cases:

- Consent: Connie is implementing a workflow that enables patients to leverage the patient portal to directly consent to their SUD data being shared. Connie is working on identifying strategies for enabling more patient consent opportunities.
- Patient Empowerment: The Patient and Family Advisory Committee will meet next on Mar. 24 and will discuss Connie's consent process and roadmap, consumer engagement strategies, and review of patient portal utilization metrics.
- NEW HIE services for providers: My Patient Summary, a new feature, will roll out in April.
- HCBS Program: Connie has been supporting a DSS Value-Based-Payment HCBS initiative.

Connie Behavioral Health EMR Onboarding Update

Bethany Mifsud, LCSW, introduced herself as a Connie account manager supporting the onboarding of behavioral health organizations; key activities from Bethany's presentation included:

- Connie has been working with behavioral health (BH) organizations to ensure data is being securely and appropriately shared in accordance with HIPAA, federal and state privacy laws.
- Connie had set out to better understand common themes that emerged from BH engagements over time. Bethany described the process Connie has taken, including researching technology capabilities and functionality, consulting with legal counsel applicable to each clinical license, and partnering with TherapyNotes, to discuss options and a solution for patients to control having their behavioral health data shared with Connie instead of having to opt out completely. Bethany shared a solution that allows configuration of individual patient consent.

Bethany introduced Tracy Townsend, Connie's Integration Lead, to discuss a recent webinar series. Tracy presented on the format of the webinars, stating that representatives of

TherapyNotes participated. Part of the engagement included a demo on how to configure settings in TherapyNotes to share data with Connie. Tracy introduced Mai Krisle of TherapyNotes who shared a demo on how BH providers can configure these settings. Bethany concluded the presentation by stating that engaging BH providers is an ongoing process, and current number of BH providers connected. The full presentation, demo can be viewed at approximately 50:00 into the recording: ctvideo.ct.gov/ohs/OHS_HITAC_Recording_03202025.mp4

Dr. Israel requested clarification around the consent process related to sharing of behavioral health data. Jenn discussed the configuration setting in TherapyNotes which allows patients to opt in to data sharing with Connie. Dr. Israel inquired if when patients opt out, if this is undertaken at the provider level or do patients then have to opt out through Connie. Jenn clarified that if a patient wants to opt out entirely across the whole state, this can be done one time with Connie; if they want to opt out of having only their *BH* data shared with Connie, this can be done with the individual provider in TherapyNotes.

Dr. Israel asked about technology in place for those patients wanting to share data with some but not all providers. Jenn stated that the way Connie is currently set up, if you're sharing data with the HIE, you're sharing it across all treating providers. She stated that this is a key consideration for all BH providers who should modify their notice of privacy practices, and their release forms to make sure this is communicated. Work is earmarked going into next year to look at additional consent options.

Connie Privacy, Confidentiality & Security Committee (PCSC) Update

Mark Raymond, CIO and Chairperson of the Connie PCSC shared the overall purpose of the PCSC, its membership composition, and meeting structure. The group met last in February and discussed the following primary topics:

1) HIPAA proposed security rule changes
2) Next steps with HITRUST certification
3) Connie's compliance program

All PCSC meetings are open to the public.

Statewide Health IT Strategic Plan

Sumit initiated the presentation on reopening the statewide Health IT Plan. The first Plan was submitted to the CGA in Feb 2022 and covered five years. Statute requires the Plan to be updated periodically; OHS is determining whether Feb 2026 is the right time to resubmit it. Sumit stated that a lot of progress was made on the current plan, however newer topics such as AI were not included. HITAC plays a critical role in giving guidance to OHS on what the new plan looks like. Sumit introduced Carol Robinson of CedarBridge Group, key highlights from Carol's presentation included:

- An e-scan was conducted prior to the creation of the statewide HIE in 2017, and again in 2021. Carol described methods used for gathering feedback and the diverse stakeholders engaged.

- This will be an opportunity to assess data over 2017-2025 to see what's changed, what's been accomplished in the plan, where gaps may still exist.
- Carol described each of the current six focus areas. She then described possible next steps and approach. Over next several months, members will be asked to provide their domain expertise and guidance through a variety of interactions. HITAC will be engaged in discussions/updates as OHS reviews what other states are doing and does research. The intent is to publish the revised plan as part of the annual report to the CGA in Feb 2026.
- Carol shared potential focus areas for research, and questions to consider about the current plan before revising it.

Carol's full presentation can be viewed here:
ctvideo.ct.gov/ohs/OHS_HITAC_Recording_03202025.mp4

HITO Update

- *2026 Advance Planning Document* – review and acceptance by HITAC is targeted for April.
- *HIT-Related Bill* – Sumit shared information on proposed bill: SB 1331, an act concerning the exclusion of patient health information and opt-in and opt-out procedures related to the HIE; Sumit described the components of the bill.
- *HIE Regulations Development* – if SB 1331 results in OHS needing to reevaluate the HIE consent model, this will impact the timeline for development of p&p's.

Dr. Israel commented about how the consent model was determined, stating that served on the consent design workgroup. Dr. Israel stated that the decision on the current opt-out design model was largely made by OHS as she saw it, she noted her preference for the opt-in model.

ANNOUNCEMENTS & MEETING ADJOURNMENT

The meeting adjourned at approximately 2:50 p.m.

Statutory Citation: CGS §17b-59f

UPCOMING MEETING:

April 17, 2025

All HITAC Meeting Material & Information is published on the OHS Website