

# **DRAFT**

# **DISCUSSION BRIEF**

## **Guiding Principles for the Health IT Advisory Council**

On December 15, 2016

For consideration  
Prepared by CedarBridge Group

### **BACKGROUND:**

On November 17, 2016, the statewide Connecticut Health Information Technology Advisory Council (Health IT Advisory Council) held a discussion at their monthly meeting about the need for a set of guiding principles, against which to weigh future recommendations about statewide health information technology (health IT) and health information exchange (HIE) investments in Connecticut. During the meeting, council members reviewed an initial set of draft principles proposed as a starting place by council staff, which had been crafted from the tenants of Public Act 16-77 and from previous council meeting discussions.

The council members weighing in during the November meeting discussion requested some additions and revision to the initial draft principles; thus the revised draft guiding principles in this document are proposed for consideration by the Health IT Advisory Council and will be vetted further during the December 15, 2016 meeting of the Council.

The draft tenants and guiding principles have been developed in accordance with Connecticut Public Act 16-77 as approved by the Connecticut General Assembly on June 2, 2016. Sections of PA 16-77, emphasized in the boldfaced text, are included in this discussion brief to demonstrate the alignment of the revised draft principles to the bipartisan legislation that was passed with broad stakeholder support.

Please be prepared to discuss the draft guiding principles at the December 15<sup>th</sup> Health IT Advisory Council meeting, and please feel free to send any suggestions or comments in advance of the meeting to: [Sarju.Shah@ct.gov](mailto:Sarju.Shah@ct.gov) and to: [carol@cedarbridgegroup.com](mailto:carol@cedarbridgegroup.com)

## DRAFT TENETS FOR THE GUIDING PRINCIPLES

1. Statewide initiatives and subsequent activities involving the generation, use and transmission of consumer health information be **patient centered** by allowing **consumers access and control** of their health data using **privacy, security, and confidentiality** associated policies and procedures. Public Act 16-77 Sec 6 a, b (2) (3)
2. **Governance and guidance** for organizations participating in the exchange of health information to **must ensure consumer health information is protected meeting the minimum standards as outlined in the "Standards for Privacy of Individually Identifiable Health Information"** established under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, and contained in 45 CFR 160, 164. Public Act 16-77 Sec 5 c (2) (3) (4)
3. Organizations participating in the exchange of health information **establish data stewardship and governance models** among and between participating organizations to **promote data accuracy in support of activities aimed at improving the quality, safety and value of health care**. Public Act 16-77 Sec 5 (c); Sec 6 (a)
4. Statewide Health Information Exchange services **are comprehensive** having at minimum the following functionality:
  - An electronic health record that provides access in real time to a patient's complete medical record
  - A personal health record through which an individual, and anyone authorized by such individual, can maintain and manage such individual's health information;
  - Electronic alerts and reminders to health care providers to improve compliance with best practices, promote regular screenings and other preventive practices, and facilitate diagnoses and treatments;
  - Tools to allow for the collection, analysis and reporting of data on adverse events, near misses, the quality and efficiency of care, patient satisfaction and other healthcare-related performance measures. Public Act 16-77 Sec 5 a (1)
5. Statewide Health Information Exchange services **are cost effective, sustainable, and can be rapidly deployed by promoting the use of modular services** including but not limited to the reuse of enterprise health information technology assets and **ensuring any enterprise health information exchange technology assets** purchased after the effective date of this section and prior to the implementation of the State-wide Health Information Exchange shall **be capable of interoperability** with a State-wide Health Information Exchange. Public Act 16-77 Sec 5 c (2) (3) (4), Sec 6 (b)

6. Statewide Health Information Exchange services **are interoperable and fit into organizational workflows** in a way that is **cost-effective and not burdensome** to participating providers and organizations. Public Act 16-77 Sec 6 d (1)
7. Statewide Health Information Exchange services are operated by an entity **using national best practices** in state wide health information exchange and **has a track record of success** demonstrated by three years of experience serving a population not less than one million. Public Act 16-77 Sec 6 d (2)
8. There is **streamlined management and governance** of the services providing statewide health information exchange. Public Act 16-77 5 b (3), Sec 6 a

The guiding principles for health information exchange services, once adopted by the Health IT Advisory Council, will inform future recommendations by the council, as well as future decisions made by the Health Information Technology Officer (HITO), the Commissioner of the Department of Social Services (DSS), the Lieutenant Governor, and the Connecticut General Assembly, and should be conveyed by contract or other means of accountability to any other management entity or entities charged with operations of HIE services.

## GUIDING PRINCIPLES

Allow Patients To Control Access To Their Data

Keep Patients Data Private, Secure, And Confidential

Use Approved National Standards Where Available

Adhere To State And Federal Regulations

Be Cost Effective, Sustainable, And Utilize Industry Best Practices  
Where Proven

Be Rapidly Deployed By Promoting The Use Of Modular Services

Be Focused On Improving The Quality, Safety And Value Of Health  
Care

Promote Strong Data Stewardship Policies To Improve Data  
Accuracy And The Quality, Safety And Value Of Health Care

Be Interoperable With Other Health Data Systems, Especially With  
Those Operated By The State, And Fit Into Provider Workflows  
Without Being Burdensome

Be Managed By An Experienced Organization With A Proven Track  
Record Of Providing A Comprehensive Set Of Health Information  
Exchange Services

Employ A Streamlined Governance Model That Is Inclusive Of  
Participating Stakeholders To Ensure Sustainability Of Services