Health Information Technology Advisory Council Meeting

October 19, 2023

OHS
CONNECTICUT
Office *of* Health Strategy

October 2023 HITAC Meeting

Agenda

(1)	Welcome & Call to Order
(2)	Public Comment
(3)	**Council Action**: Approval of Minutes: August 17, 2023
(4)	Connie Update
(5)	Connie Privacy, Security & Confidentiality Committee Update
(6)	Statewide/Standardized Consent Management – Introductory Landscape
(7)	Race, Ethnicity and Language Implementation Guide Update
(8)	Announcements and General Discussion
(9)	**Council Action**: Wrap Up & Meeting Adjournment

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Approval of Minutes:

August 17, 2023 Regular Meeting

Connie Update

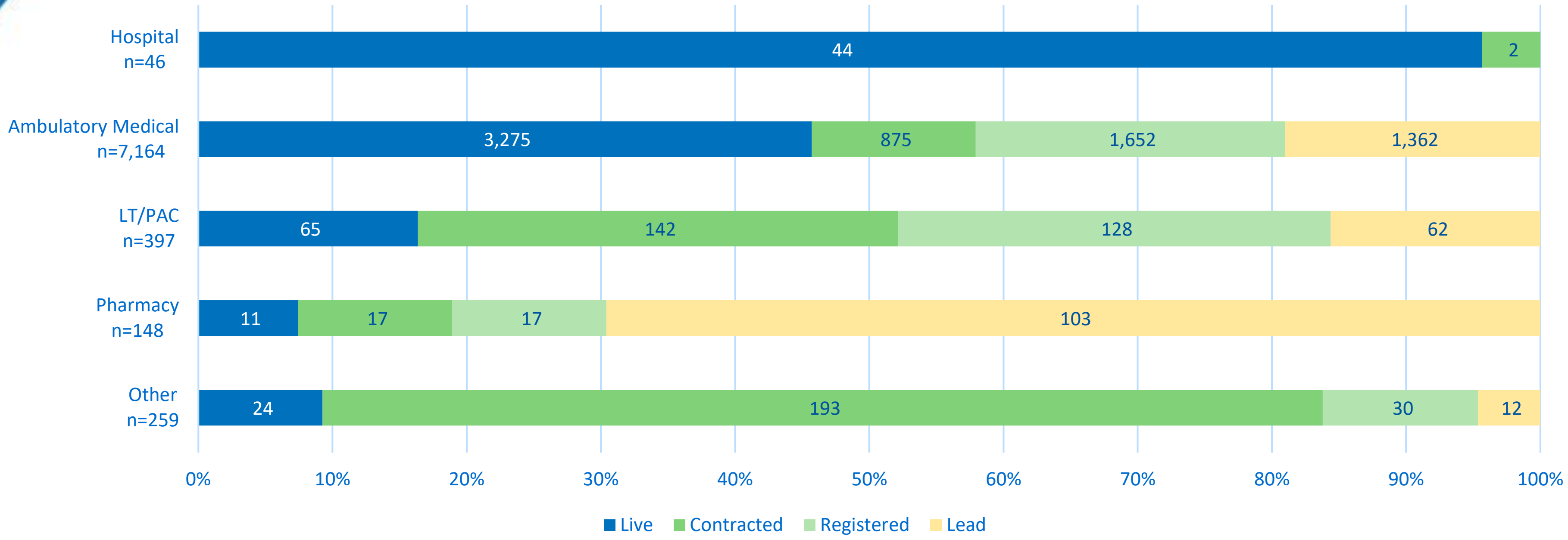
Health IT Advisory Council

October 19, 2023

Jenn Searls, Executive Director
Heidi Wilson, Director, HIE Services

Connie
Connecting People for Better Health

Onboarding Progress



Onboarding Highlights:

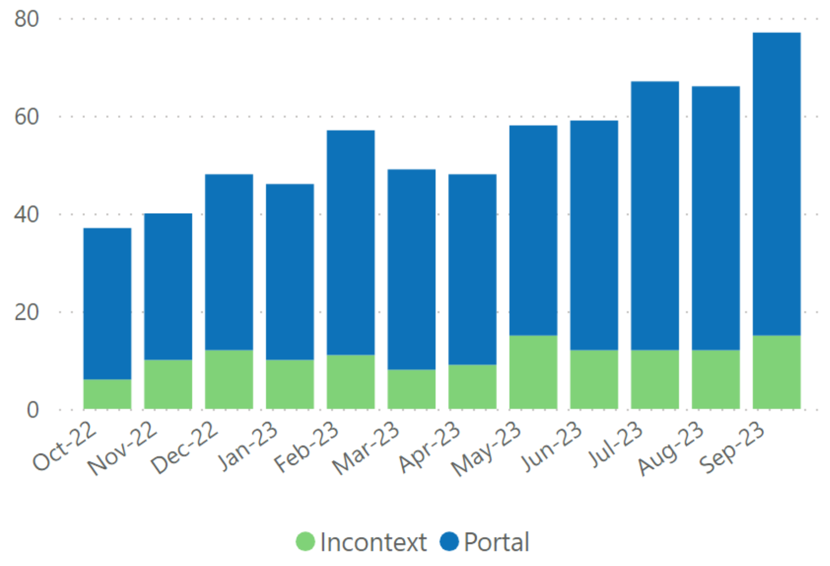
- Yale Medicine and Northeast Medical Group live with ADTs to Connie!
- Nuvance East Medical Group live with ADTs and CCDs!
- THOfNE Medical Group CCD feed in development

- 21 hubs live and more in development
  - eCW live in September (~75 orgs)
  - 3 hubs in development
    - Modernizing Medicine (30 orgs)
    - Office Ally (67 orgs)
    - WebPT (23 orgs)

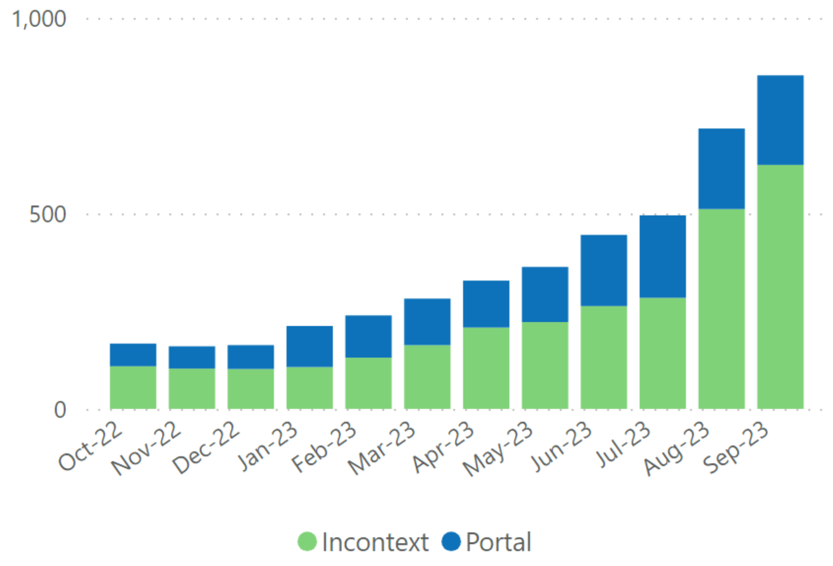
- 280+ EHR vendors contacted
  - Tiering vendors by capabilities and # of orgs in the state

Connie
Connecting People for Better Health

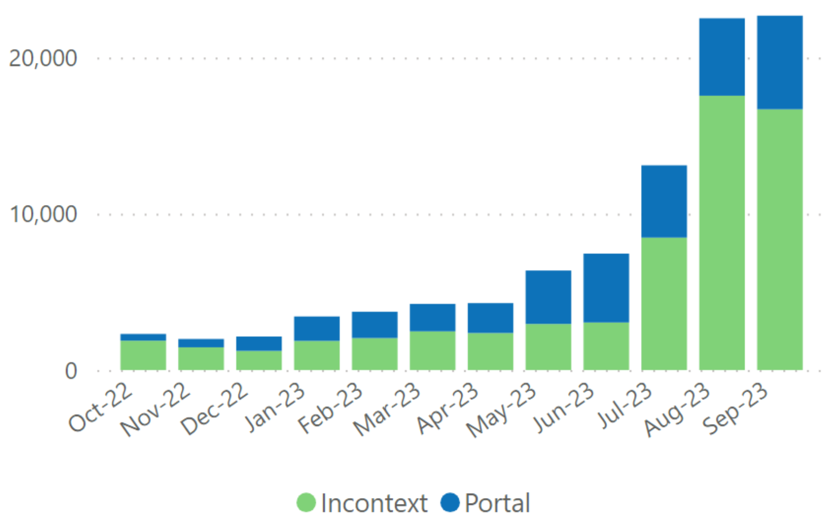
Service Usage



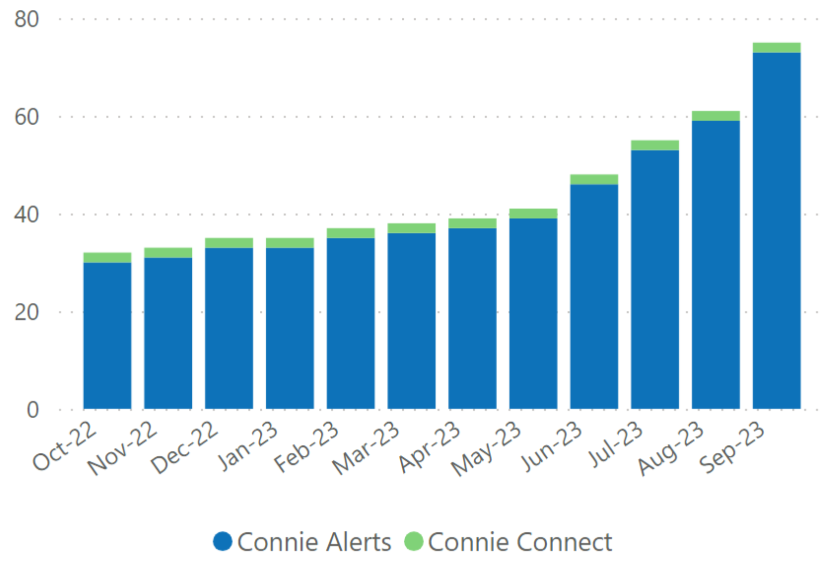
Organizations with Active Users



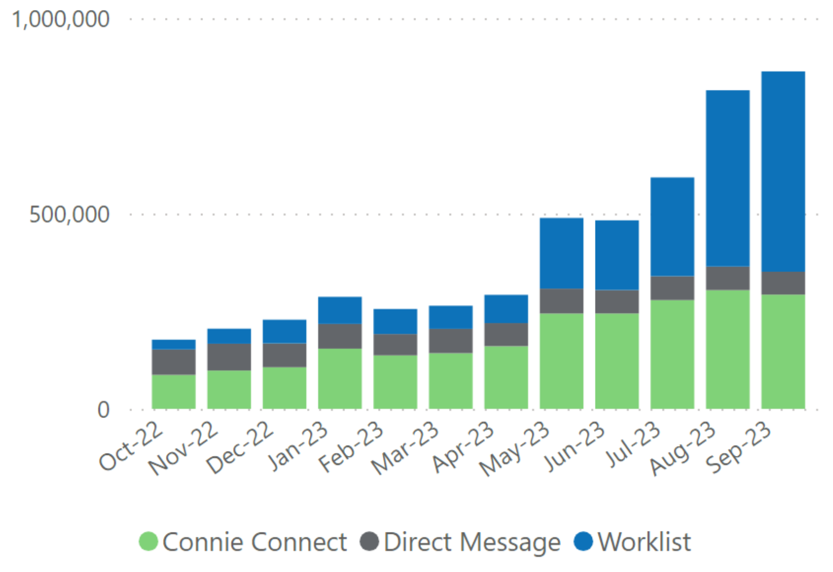
Repeat Users



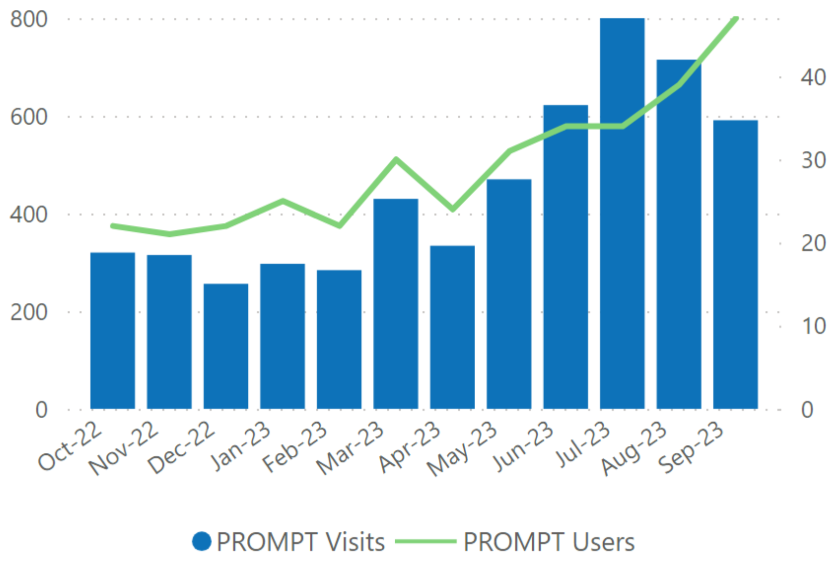
Patient Records Accessed



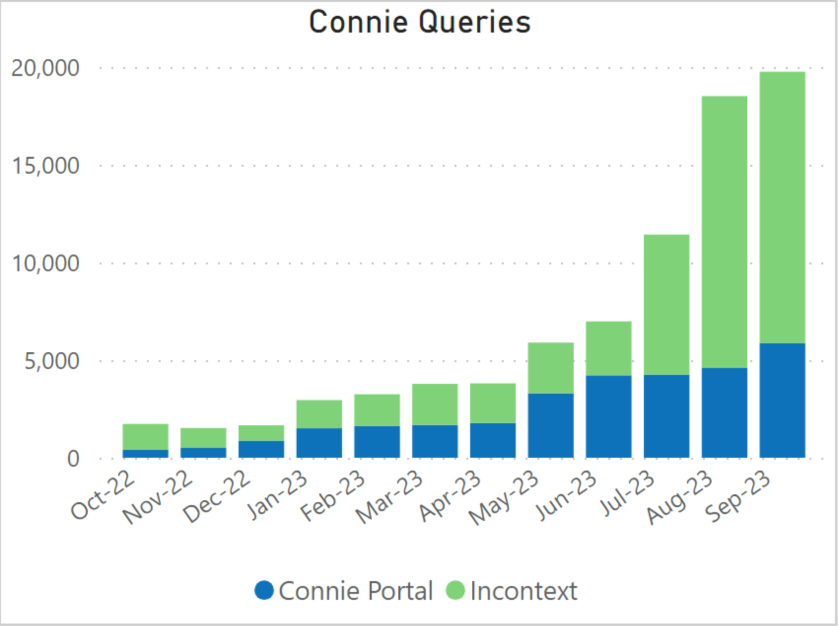
Organizations Receiving Outbound Data Services

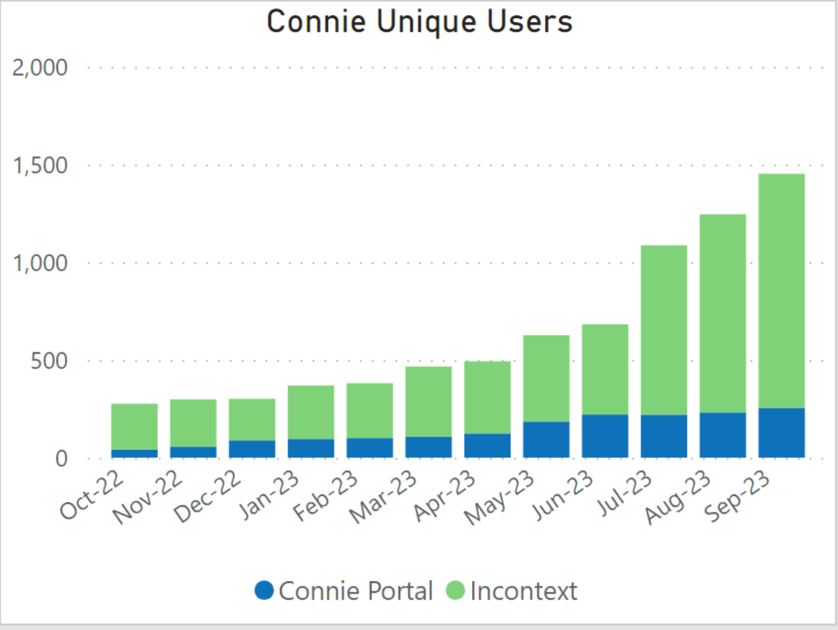


Connie Alerts Sent



Connie PROMPT Usage


Connie Queries


Connie Unique Users

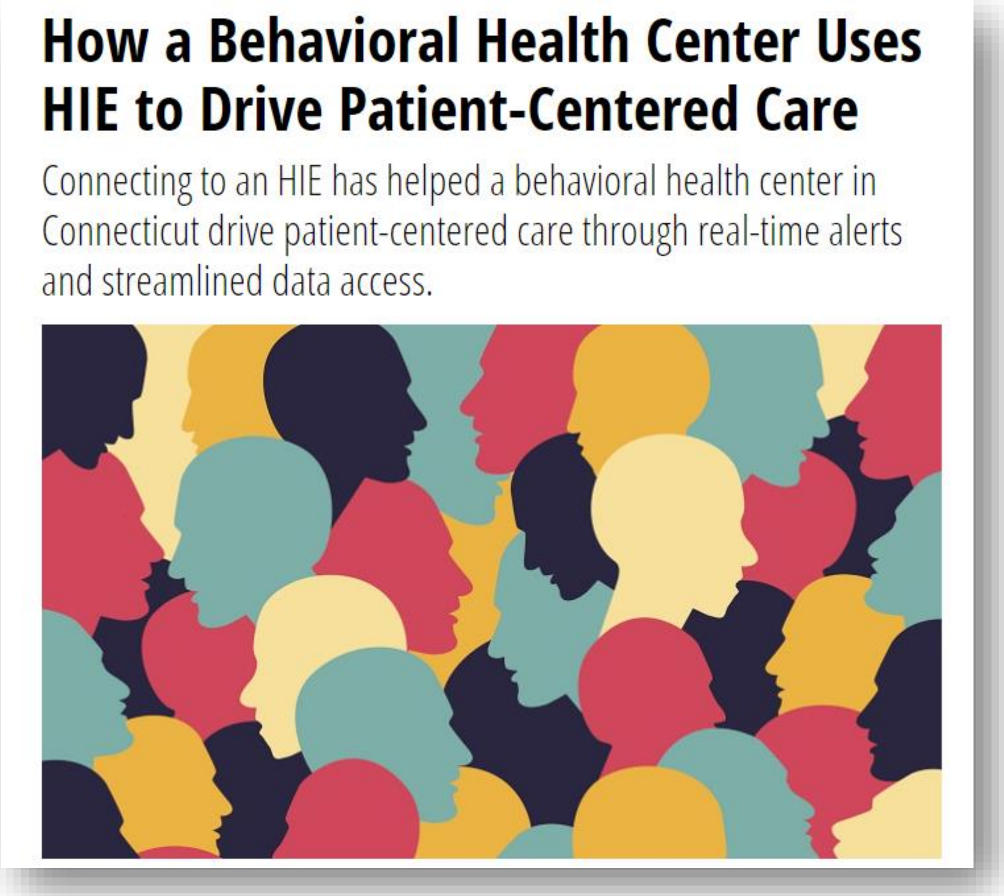
Connie Outreach & Engagement

- 42 demos and training sessions with provider organizations
  - Focus on training, engagement, feedback on enhancements

- Upcoming webinars/meetings
  - Oct 25 – Fairfield County Medical Association, Hartford County Medical Association, Greater Bridgeport Medical Association
  - Nov 2 – New Haven Medical Association
  - Nov 9 – Radiological Society of Connecticut
  - Nov 9 – Connecticut Podiatric Medical Association
  - Nov 20 – Connecticut Chiropractic Association
  - Dec 2023 – Connecticut Association of Addiction Professionals
  - Jan 2024 – Academy of Audiology

Connie
Connecting People for Better Health

How Connie is Helping



How a Behavioral Health Center Uses HIE to Drive Patient-Centered Care

Connecting to an HIE has helped a behavioral health center in Connecticut drive patient-centered care through real-time alerts and streamlined data access.

- Mental health care is healthcare and connecting with Connie is enabling them to look at the total health of their patients – it fills critical gaps in their information
- Getting real-time alerts from Connie is driving care coordination and helping the care team develop specific care interventions
- Development of stroke protocols to support and coordinate care for patients with behavioral health issues

Nelson H., September 25 2023, How a Behavioral Health Center Uses HIE to Drive Patient-Centered Care, EHR Intelligence, [How a Behavioral Health Center Uses HIE to Drive Patient-Centered Care (ehrintelligence.com)](ehrintelligence.com)

Connie
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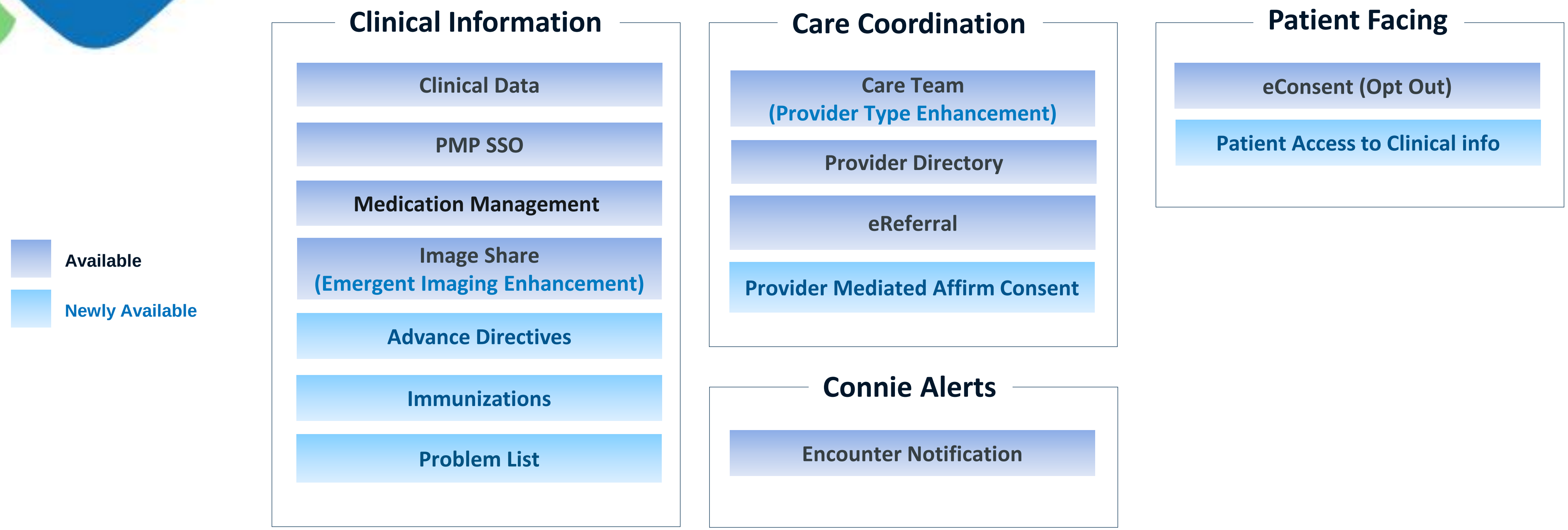
HIE Service Updates

Heidi Wilson, Director of HIE Services

Project Updates



Clinical Information

- Clinical Data
- PMP SSO
- **Medication Management**
- Image Share (Emergent Imaging Enhancement)
- Advance Directives
- Immunizations
- Problem List

Care Coordination

- Care Team (Provider Type Enhancement)
- Provider Directory
- eReferral
- Provider Mediated Affirm Consent

Connie Alerts

- Encounter Notification

Patient Facing

- eConsent (Opt Out)
- Patient Access to Clinical info

Available

Newly Available

Patient Access Requirements

- Complies with the ONC Interoperability/Info Blocking Rules
  1) Connie is required to enable patients to access their data through a third-party apps using secure APIs, built using FHIR standards. (Medicare, Medicaid, and CHIP health plans have a similar rule under CMS.)

- Working to attain the Patient Access goals for Connie described in CT State Statute Sec. 17b-59d:
  1) Allow real-time, secure access to patient health information and complete medical records across all health care provider settings.
  2) Provide patients with secure electronic access to their health information.
  3) Allow voluntary participation by patients to access their health information at no cost.

Patient Access Overview

Enable patients secure access to their health information shared through Connie using a 3rd Party Personal Health Application.

Key Considerations:

- Federal rules require HIEs to let patients have a choice in how they access their health information.
- Patients didn't want yet another portal to access their health information.
- Patients don't want to worry about which apps were "ok" to use.
- The security of the information – only the person who is supposed to have access is able to.

We wanted a way for patients to have some peace of mind regarding the PHAs they give access to their health information.

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Considerations

Strengths

- Applications use secure (API) connections through Carequality – national data exchange framework.
- Consumer will have a choice of apps to access their PHI
- Connie is compliant with federal requirements
- Patients can centralized their PHI from multiple sources, beyond Connie
- 9 companies with Apps considering connections through Carequality, including:
  - One Record, b.well, MedAllies (e.g. Ciitizen, invitae), Know2, Epic, and HealthGorilla

Limitations

- Data source = CCDs
  - App determine what and how information is displayed.
- Only available for Patients 18 years or older that are not opted out.
- Apps are not yet connected
  - CT is one of the first HIEs available, limited market
  - Apps have their own business models – not always free.
- Does not replace Provider Portals
  - Cannot make an appointment or communicate with your provider

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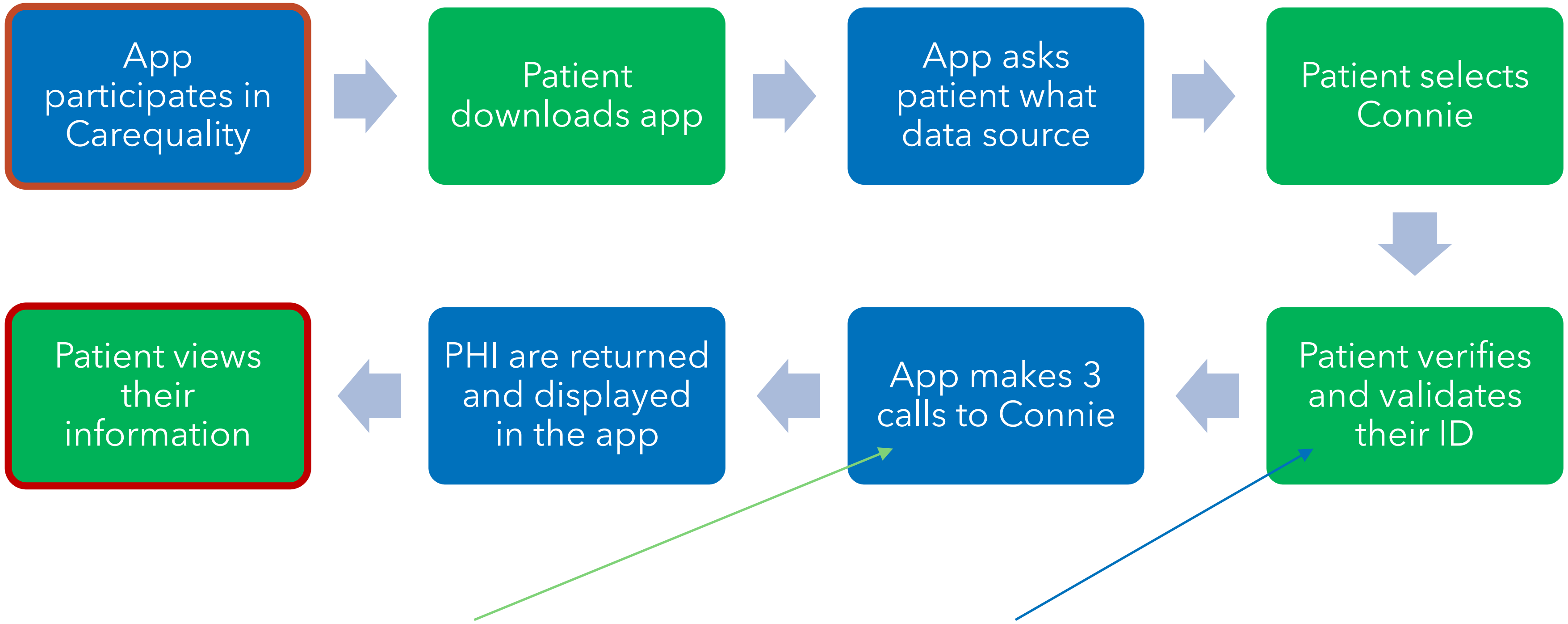
How would I get access to my health information?

Workflow



App participates in Carequality

Patient downloads app

App asks patient what data source

Patient selects Connie

Patient verifies and validates their ID

App makes 3 calls to Connie

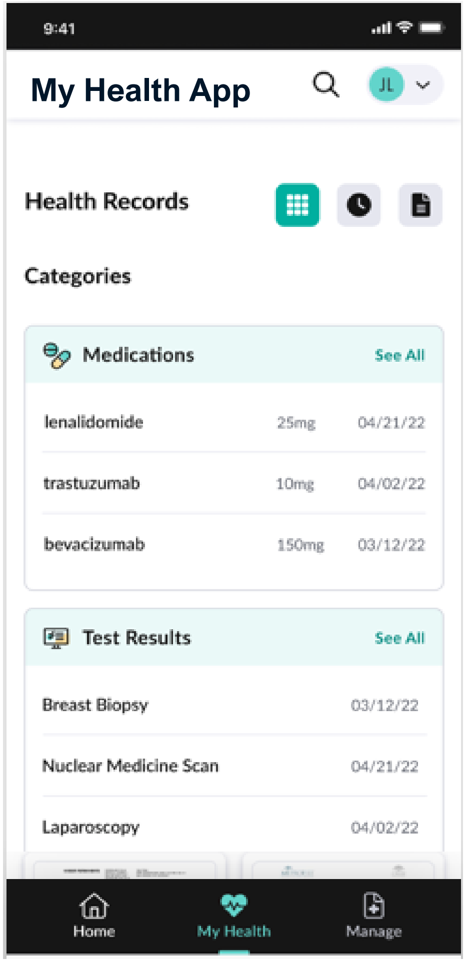
PHI are returned and displayed in the app

Patient views their information

Call 1 – Do you have this patient?
Call 2 – Do you have data on this patient?
Call 3 – Please send me *this* data.

Verification = proof you are who you say you are
Validation = 2 factor authentication

Examples



My Health App

Health Records

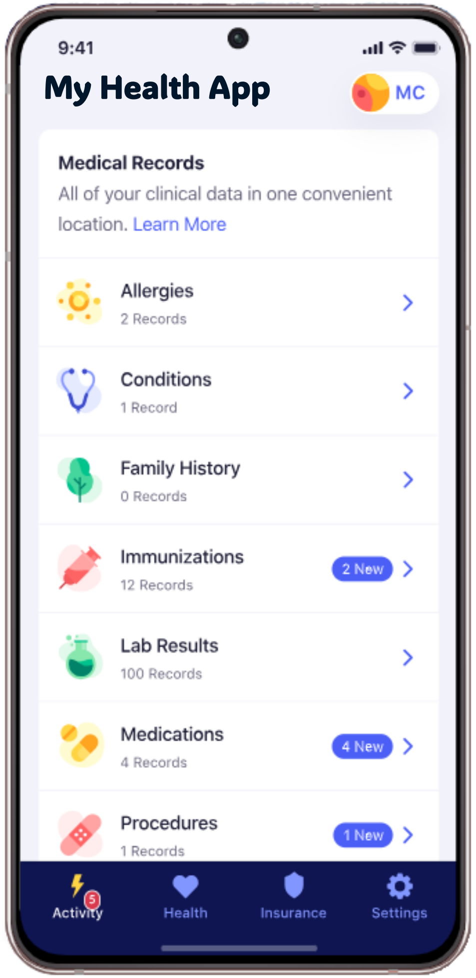
Categories

Medications

lenalidomide	25mg	04/21/22
trastuzumab	10mg	04/02/22
bevacizumab	150mg	03/12/22

Test Results

Breast Biopsy	03/12/22
Nuclear Medicine Scan	04/21/22
Laparoscopy	04/02/22



My Health App

Medical Records

All of your clinical data in one convenient location. Learn More

Allergies 2 Records		
Conditions 1 Record		
Family History 0 Records		
Immunizations 12 Records	2 New	
Lab Results 100 Records		
Medications 4 Records	4 New	
Procedures 1 Records	1 New	

Considerations:

- How well the application leverages CCDs for display in their application
- Other APIs the application is connected to
- Apps Other business streams
  - Supporting patient participation in medical studies
  - Supporting patients with records necessary for life or other insurance policies

Connie

Connecting People for Better Health

Questions?

Connie Privacy, Security & Confidentiality Committee Update

Mark Raymond, CIO

Statewide/Standardized Consent Management – Introductory Landscape

Sumit Sajnani, HITO & Carol Robinson, CedarBridge Group

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A Brief History: Managing Consent for Sharing Sensitive Health-Related Information

Carol Robinson, CEO CedarBridge Group

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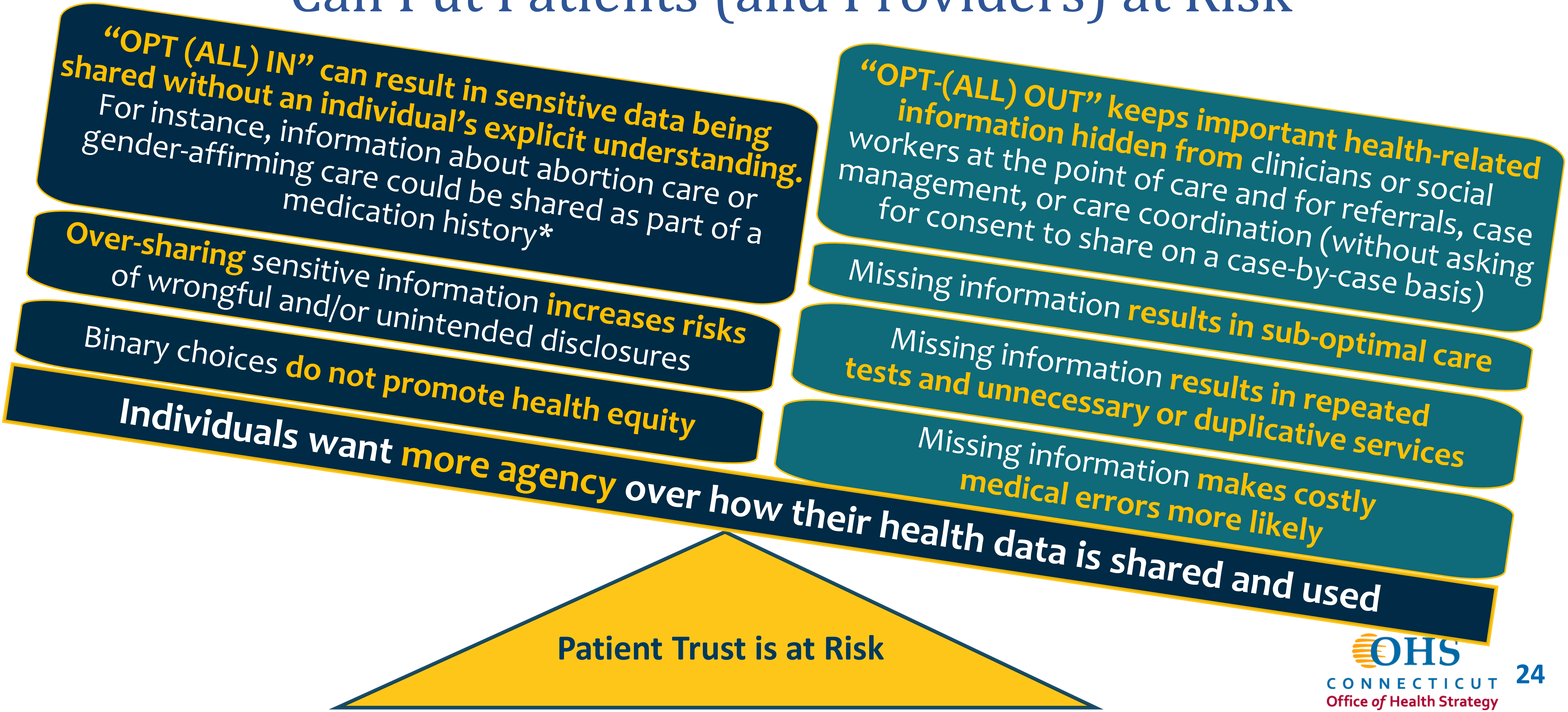
Barriers to Appropriate Data-Sharing for Coordination of Care and Services

- The medical records of many vulnerable individuals are locked up in EHR systems with data-sharing governed by **all-or-nothing consent policies** (to opt-out or opt-in)
  - Nearly universal for health records indicating treatment for a substance use disorder (SUD), and in many cases for records with other types of sensitive data, i.e., HIV, depression, mental illness, or sexually-transmitted diseases
  - True for the health records of **all adolescents** in many states (including Connecticut), and for individuals identifying as transgender or nonbinary
  - Will be true for the health records of individuals in Maryland and California who have received abortion care, as new laws go into effect

- Laws protecting health data privacy differ substantially between states
  - Healthcare organizations that operate in multiple states must deal with **a patchwork of rapidly changing health privacy laws**
  - 13 states have enacted laws to protect general online data privacy; most of those laws currently exclude data covered under HIPAA (including Connecticut)
  - Washington State, Nevada, Maryland, California, Connecticut passed new legislation in 2023 with specific health data privacy protections

- Consent decisions are often collected as static documents that are not easily viewed or retrieved from an EHR time
  - **Scanned documents are often difficult to retrieve from an EHR system**

Current Consent Practices Can Put Patients (and Providers) at Risk



“OPT (ALL) IN” can result in sensitive data being shared without an individual’s explicit understanding. For instance, information about abortion care or gender-affirming care could be shared as part of a medication history*

Over-sharing sensitive information **increases risks** of wrongful and/or unintended disclosures

Binary choices **do not promote health equity**

“OPT-(ALL) OUT” keeps important health-related information hidden from clinicians or social workers at the point of care and for referrals, case management, or care coordination (without asking for consent to share on a case-by-case basis)

Missing information **results in sub-optimal care**

Missing information **results in repeated tests and unnecessary or duplicative services**

Missing information **makes costly medical errors more likely**

Individuals want **more agency** over how their health data is shared and used

Patient Trust is at Risk

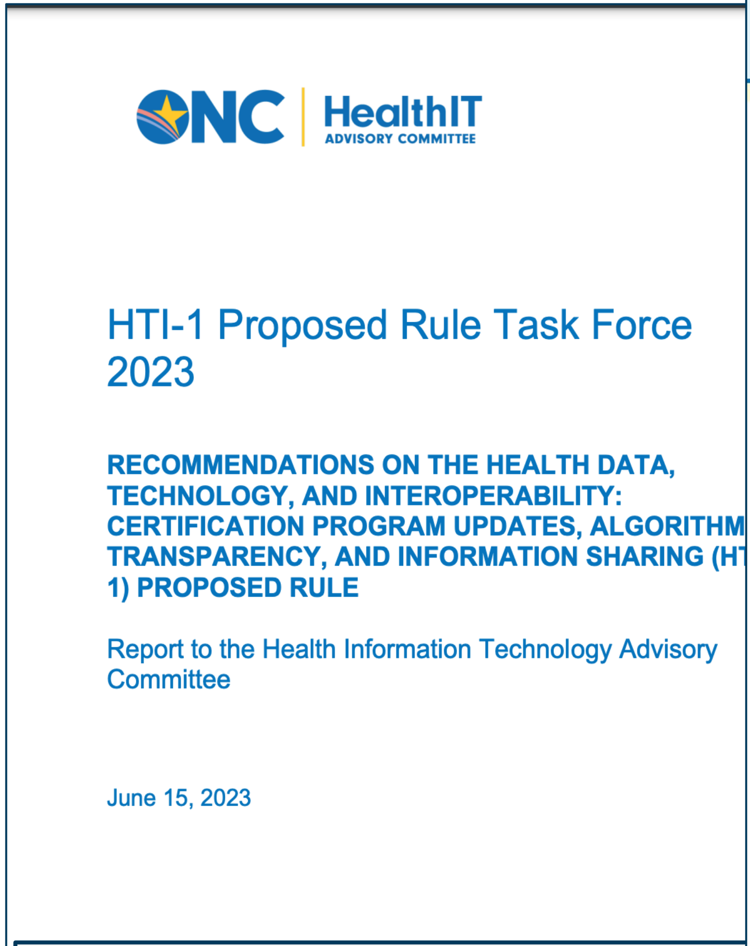
“Patient Requested Privacy Restrictions”

On the National Front

SHIFT

The independent health care task force for equitable interoperability

- Over 200 engaged stakeholders have been involved in SHIFT’s vendor-neutral planning work
- Goal to advance national standards for data segmentation for privacy (DS4P FHIR) with security labels for sensitive health data mapped to the USCDI v.3 data elements
- VIDEO LINK for more information about SHIFT



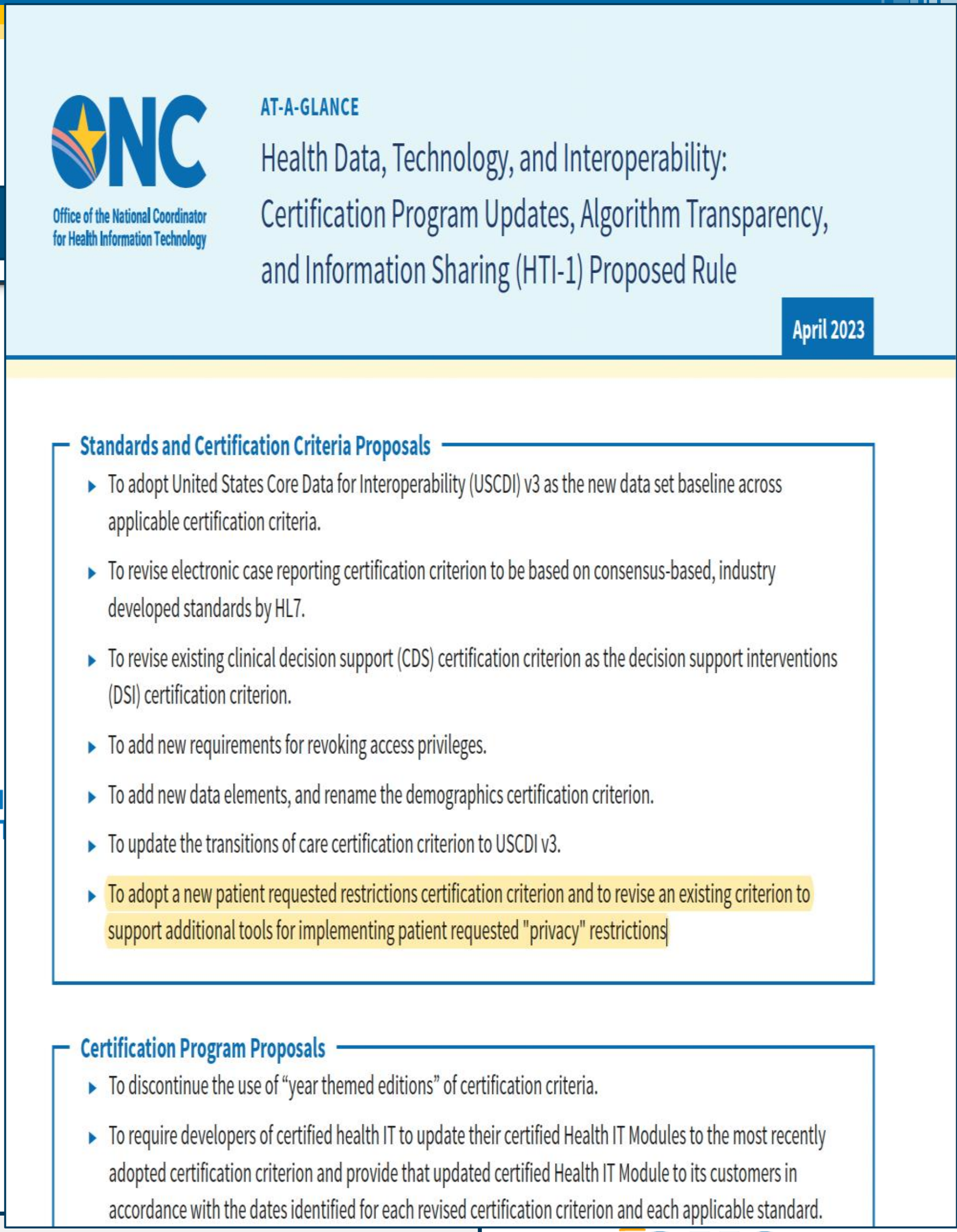
ONC | HealthIT ADVISORY COMMITTEE

HTI-1 Proposed Rule Task Force 2023

RECOMMENDATIONS ON THE HEALTH DATA, TECHNOLOGY, AND INTEROPERABILITY: CERTIFICATION PROGRAM UPDATES, ALGORITHM TRANSPARENCY, AND INFORMATION SHARING (HT
1) PROPOSED RULE

Report to the Health Information Technology Advisory Committee

June 15, 2023



ONC Office of the National Coordinator for Health Information Technology

AT-A-GLANCE

Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) Proposed Rule

April 2023

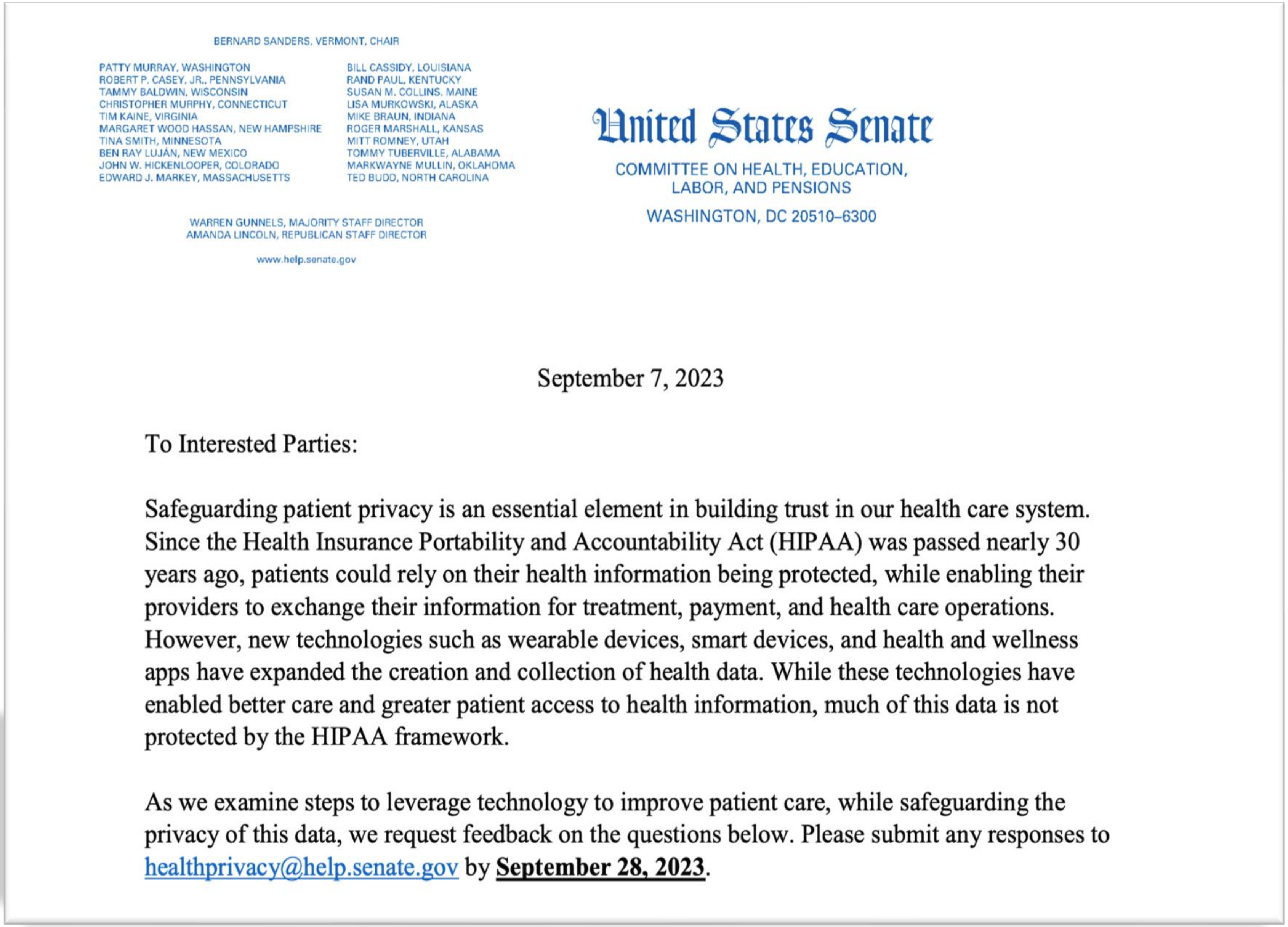
Standards and Certification Criteria Proposals

- To adopt United States Core Data for Interoperability (USCDI) v3 as the new data set baseline across applicable certification criteria.
- To revise electronic case reporting certification criterion to be based on consensus-based, industry developed standards by HL7.
- To revise existing clinical decision support (CDS) certification criterion as the decision support interventions (DSI) certification criterion.
- To add new requirements for revoking access privileges.
- To add new data elements, and rename the demographics certification criterion.
- To update the transitions of care certification criterion to USCDI v3.
- To adopt a new patient requested restrictions certification criterion and to revise an existing criterion to support additional tools for implementing patient requested "privacy" restrictions

Certification Program Proposals

- To discontinue the use of “year themed editions” of certification criteria.
- To require developers of certified health IT to update their certified Health IT Modules to the most recently adopted certification criterion and provide that updated certified Health IT Module to its customers in accordance with the dates identified for each revised certification criterion and each applicable standard.

https://www.healthit.gov/sites/default/files/page/2023-06/2023-06-15_HTI-1-PR-TF-2023_Recommendations_Report_Final_508.pdf



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AMANDA LINCOLN, REPUBLICAN STAFF DIRECTOR

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United States Senate
COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS
WASHINGTON, DC 20510–6300

September 7, 2023

To Interested Parties:

Safeguarding patient privacy is an essential element in building trust in our health care system. Since the Health Insurance Portability and Accountability Act (HIPAA) was passed nearly 30 years ago, patients could rely on their health information being protected, while enabling their providers to exchange their information for treatment, payment, and health care operations. However, new technologies such as wearable devices, smart devices, and health and wellness apps have expanded the creation and collection of health data. While these technologies have enabled better care and greater patient access to health information, much of this data is not protected by the HIPAA framework.

As we examine steps to leverage technology to improve patient care, while safeguarding the privacy of this data, we request feedback on the questions below. Please submit any responses to healthprivacy@help.senate.gov by **September 28, 2023**.

Request for information from the Ranking Member of the U.S. Senate HELP Committee:

“As we examine steps to leverage technology to improve patient care, while safeguarding the privacy of this data, we request feedback....”

Modernizing Consent to Advance Health and Equity

A NATIONAL SURVEY OF KEY TECHNOLOGIES, LEGAL ISSUES AND PROMISING PRACTICES

Stewards of Change INSTITUTE

https://stewardsofchange.org/wp-content/uploads/sites/2/2022/01/Button-1-19-22-SOCI-Consent-Scan-Report-Final-11-22-21.pdf

CalAIM Authorization to Share Confidential Medi-Cal Information (ASCMI) Pilots Webinar

CalAIM Authorization to Share Confidential Medi-Cal Information (ASCMI) Pilots: A Major Step Forward, What Comes Next?

September 22
1:00 pm – 2:00 pm

A webinar series sponsored by

California Health Care Foundation
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

Connecting for Better Health
Advancing data sharing to improve the health of all Californians

https://www.youtube.com/watch?v=C4LnmyzzToo

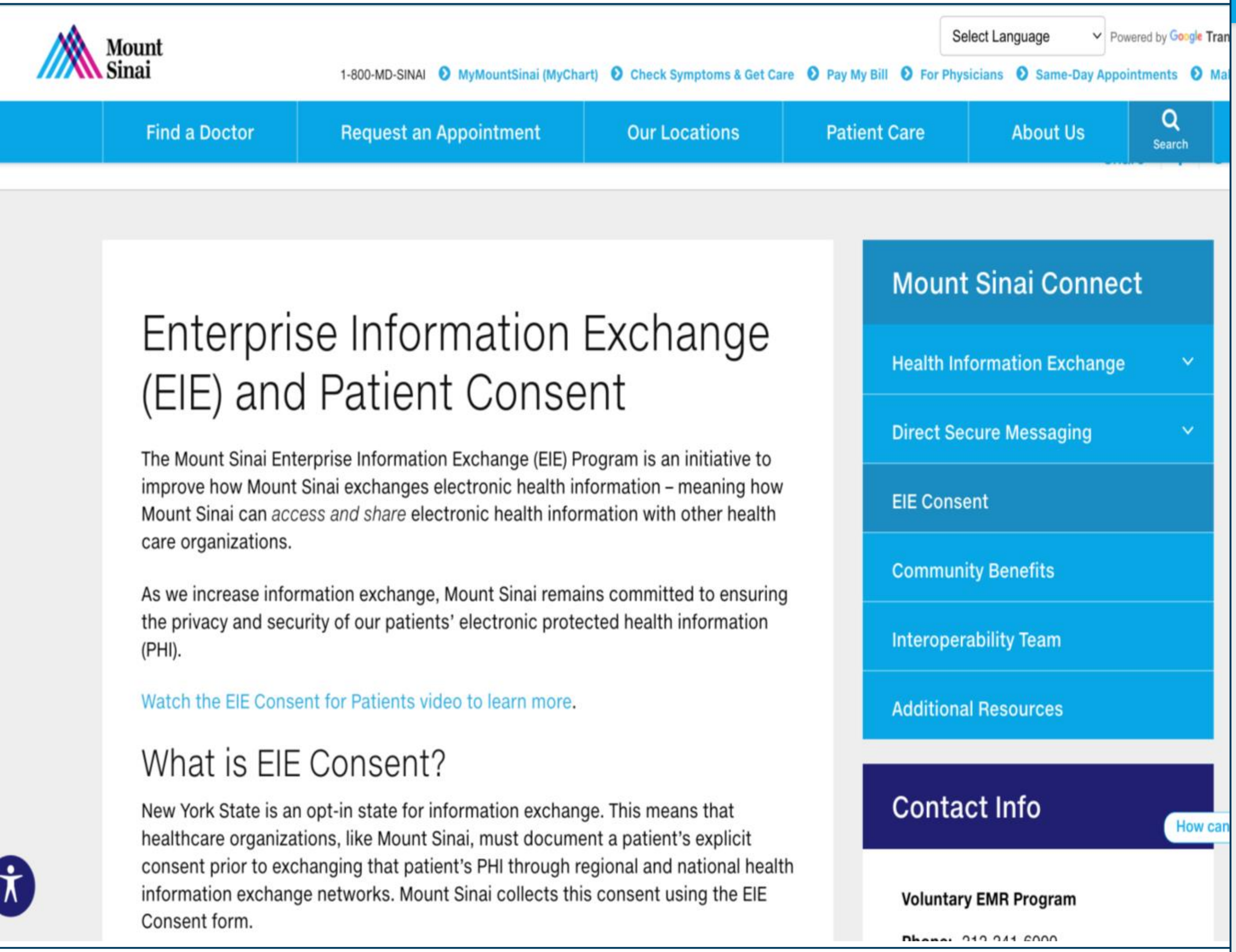
California Data Exchange Framework (DxF)

Assembly Bill (A.B.) 133 (2021) called on the California Health and Human Services Agency(CalHHS) to create the Data Exchange Framework (DxF), "a first-ever, statewide data sharing agreement that aims to accelerate and expand the exchange of health information among health care entities, government agencies, and social service programs beginning in 2024."

The fundamental principles that guide the DxF emphasize how **consent-to-share is essential to the successful implementation of secure and productive information exchange.** **I**mplementation of the DxF includes policies and procedures (P&Ps) to govern the DxF, including consent-to-share.

Notably, **the P&Ps apply across both health and social service providers and include references to existing state and federal legal requirements for consent** in the form of a Privacy and Security Safeguards Ps & Ps.

Current State of Consent Management



Enterprise Information Exchange (EIE) and Patient Consent

The Mount Sinai Enterprise Information Exchange (EIE) Program is an initiative to improve how Mount Sinai exchanges electronic health information – meaning how Mount Sinai can *access and share* electronic health information with other health care organizations.

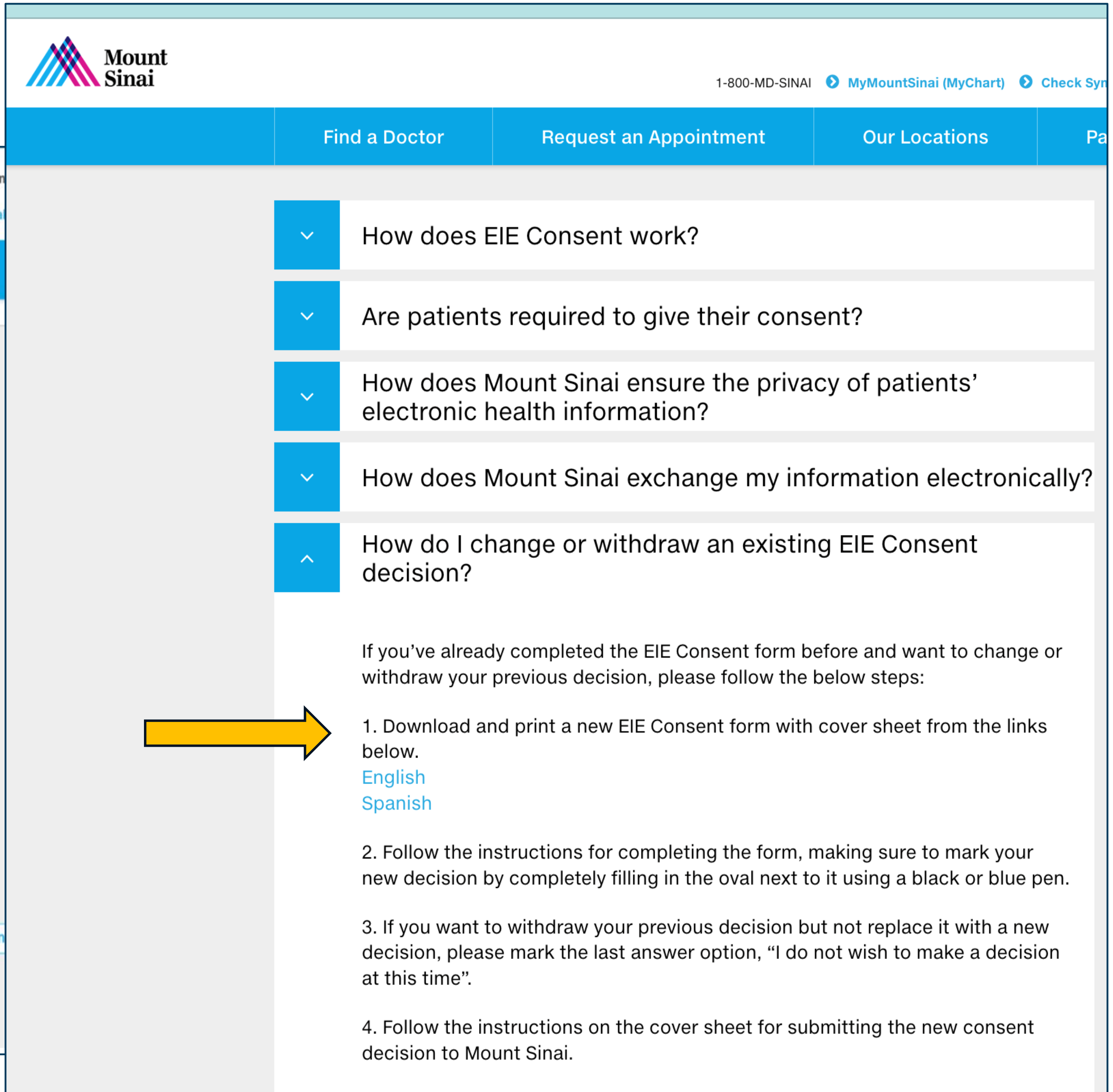
As we increase information exchange, Mount Sinai remains committed to ensuring the privacy and security of our patients' electronic protected health information (PHI).

Watch the EIE Consent for Patients video to learn more.

What is EIE Consent?

New York State is an opt-in state for information exchange. This means that healthcare organizations, like Mount Sinai, must document a patient's explicit consent prior to exchanging that patient's PHI through regional and national health information exchange networks. Mount Sinai collects this consent using the EIE Consent form.

Voluntary EMR Program



How does EIE Consent work?

Are patients required to give their consent?

How does Mount Sinai ensure the privacy of patients' electronic health information?

How does Mount Sinai exchange my information electronically?

How do I change or withdraw an existing EIE Consent decision?

If you've already completed the EIE Consent form before and want to change or withdraw your previous decision, please follow the below steps:

1. Download and print a new EIE Consent form with cover sheet from the links below.
English
Spanish

2. Follow the instructions for completing the form, making sure to mark your new decision by completely filling in the oval next to it using a black or blue pen.

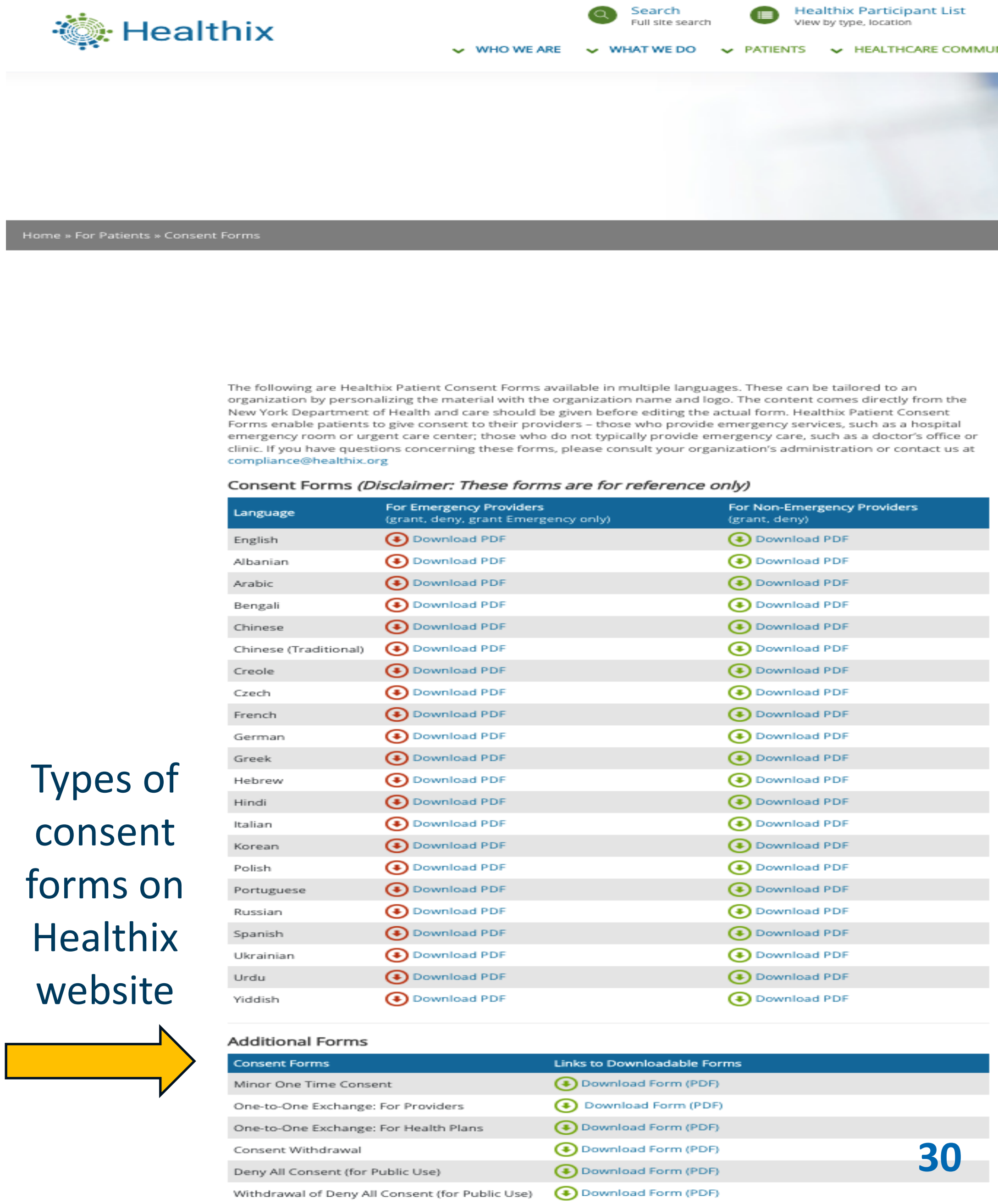
3. If you want to withdraw your previous decision but not replace it with a new decision, please mark the last answer option, "I do not wish to make a decision at this time".

4. Follow the instructions on the cover sheet for submitting the new consent decision to Mount Sinai.

Current State of Consent Management

Exchanging Information to Transform Patient Care

Healthix is the largest public Health Information Exchange (HIE) in the nation, serving the New York downstate region, including New York City and Long Island. We collect data from more than 8,000 Healthcare Facilities for over 20 million patients.



The following are Healthix Patient Consent Forms available in multiple languages. These can be tailored to an organization by personalizing the material with the organization name and logo. The content comes directly from the New York Department of Health and care should be given before editing the actual form. Healthix Patient Consent Forms enable patients to give consent to their providers – those who provide emergency services, such as a hospital emergency room or urgent care center; those who do not typically provide emergency care, such as a doctor's office or clinic. If you have questions concerning these forms, please consult your organization's administration or contact us at compliance@healthix.org

Consent Forms *(Disclaimer: These forms are for reference only)*

Language	For Emergency Providers (grant, deny, grant Emergency only)	For Non-Emergency Providers (grant, deny)
English	Download PDF	Download PDF
Albanian	Download PDF	Download PDF
Arabic	Download PDF	Download PDF
Bengali	Download PDF	Download PDF
Chinese	Download PDF	Download PDF
Chinese (Traditional)	Download PDF	Download PDF
Creole	Download PDF	Download PDF
Czech	Download PDF	Download PDF
French	Download PDF	Download PDF
German	Download PDF	Download PDF
Greek	Download PDF	Download PDF
Hebrew	Download PDF	Download PDF
Hindi	Download PDF	Download PDF
Italian	Download PDF	Download PDF
Korean	Download PDF	Download PDF
Polish	Download PDF	Download PDF
Portuguese	Download PDF	Download PDF
Russian	Download PDF	Download PDF
Spanish	Download PDF	Download PDF
Ukrainian	Download PDF	Download PDF
Urdu	Download PDF	Download PDF
Yiddish	Download PDF	Download PDF

Additional Forms

Consent Forms	Links to Downloadable Forms
Minor One Time Consent	Download Form (PDF)
One-to-One Exchange: For Providers	Download Form (PDF)
One-to-One Exchange: For Health Plans	Download Form (PDF)
Consent Withdrawal	Download Form (PDF)
Deny All Consent (for Public Use)	Download Form (PDF)
Withdrawal of Deny All Consent (for Public Use)	Download Form (PDF)

Types of consent forms on Healthix website

Current State of Consent Management

New York State is an opt-in state for health information exchange, meaning that healthcare organizations must document a patient's explicit consent prior to exchanging that patient's PHI through regional and national health information exchange networks.

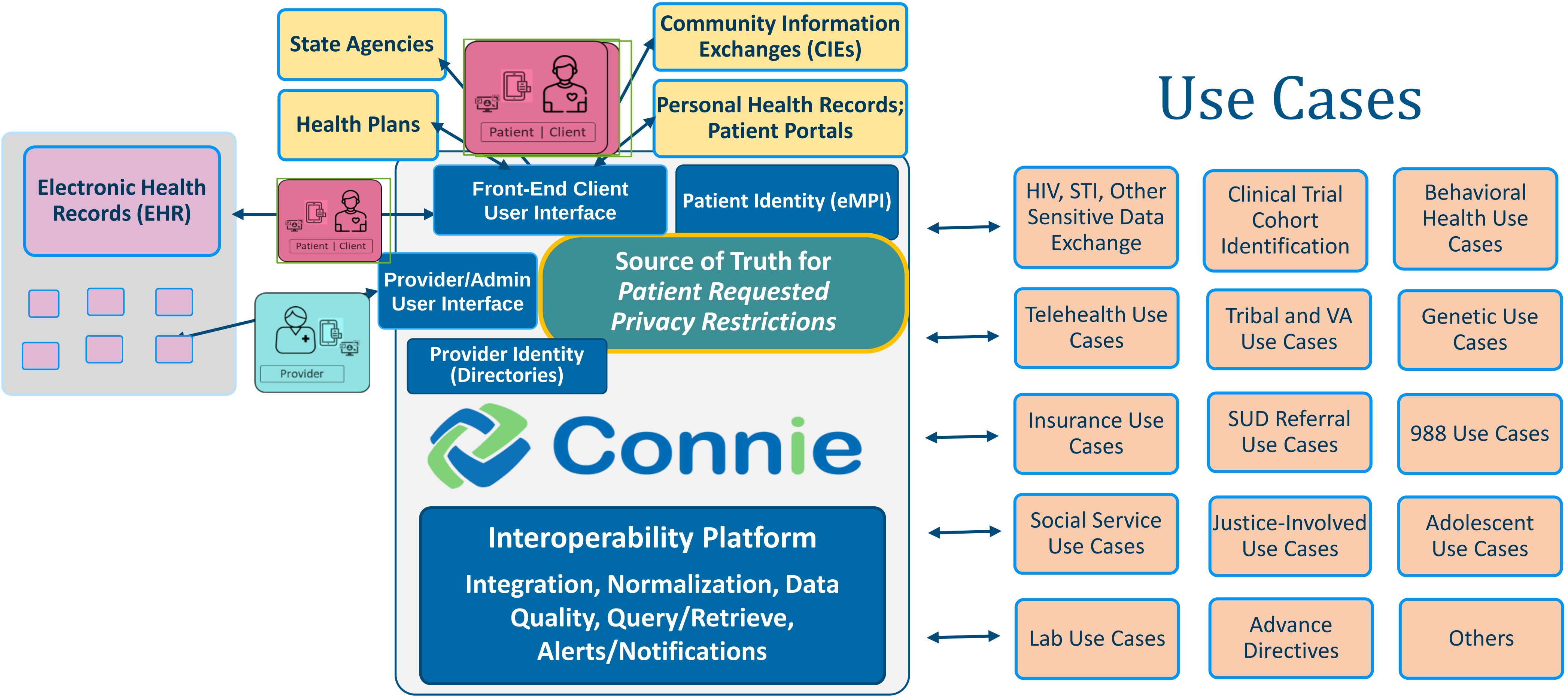
Healthix is the largest HIE in the nation, serving downstate NY (NYC and Long Island). Healthix collects health records from **more than 8,000 healthcare facilities** for **over 20 million patients**.

Mount Sinai hospitals and clinics in New York collect consent using their own EIE Consent form.

From their website:

"If a patient has previously completed a **Healthix Consent form** at Mount Sinai...the EIE Consent form and Consent decision **will replace the previous form and any prior decision(s) made**...the EIE Consent Form and your EIE Consent decision only apply to the Mount Sinai Health System....Patients may need to complete separate consents at other hospitals and health organizations."

Possible Future State for Consent Management



State Agencies

Health Plans

Community Information Exchanges (CIEs)

Personal Health Records; Patient Portals

Electronic Health Records (EHR)

Front-End Client User Interface

Patient Identity (eMPI)

Provider/Admin User Interface

Source of Truth for *Patient Requested Privacy Restrictions*

Provider Identity (Directories)

Connie

Interoperability Platform

Integration, Normalization, Data Quality, Query/Retrieve, Alerts/Notifications

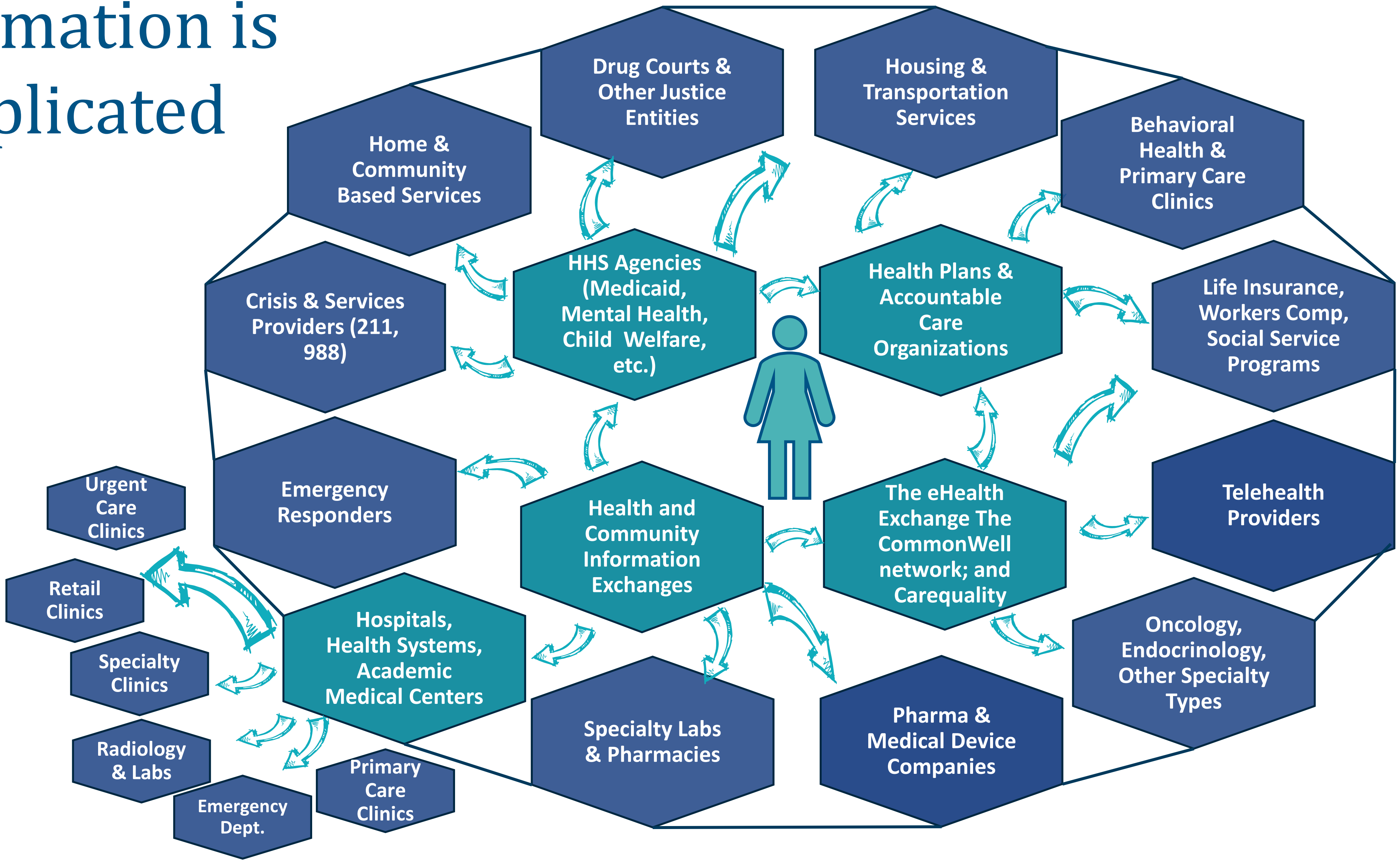
Use Cases

HIV, STI, Other Sensitive Data Exchange	Clinical Trial Cohort Identification	Behavioral Health Use Cases
Telehealth Use Cases	Tribal and VA Use Cases	Genetic Use Cases
Insurance Use Cases	SUD Referral Use Cases	988 Use Cases
Social Service Use Cases	Justice-Involved Use Cases	Adolescent Use Cases
Lab Use Cases	Advance Directives	Others

A **Shared Service** Providing a **Single Source of Truth**

Sharing Sensitive Information is Complicated

Patient-Centered Care Requires Patient Requested Privacy Restrictions



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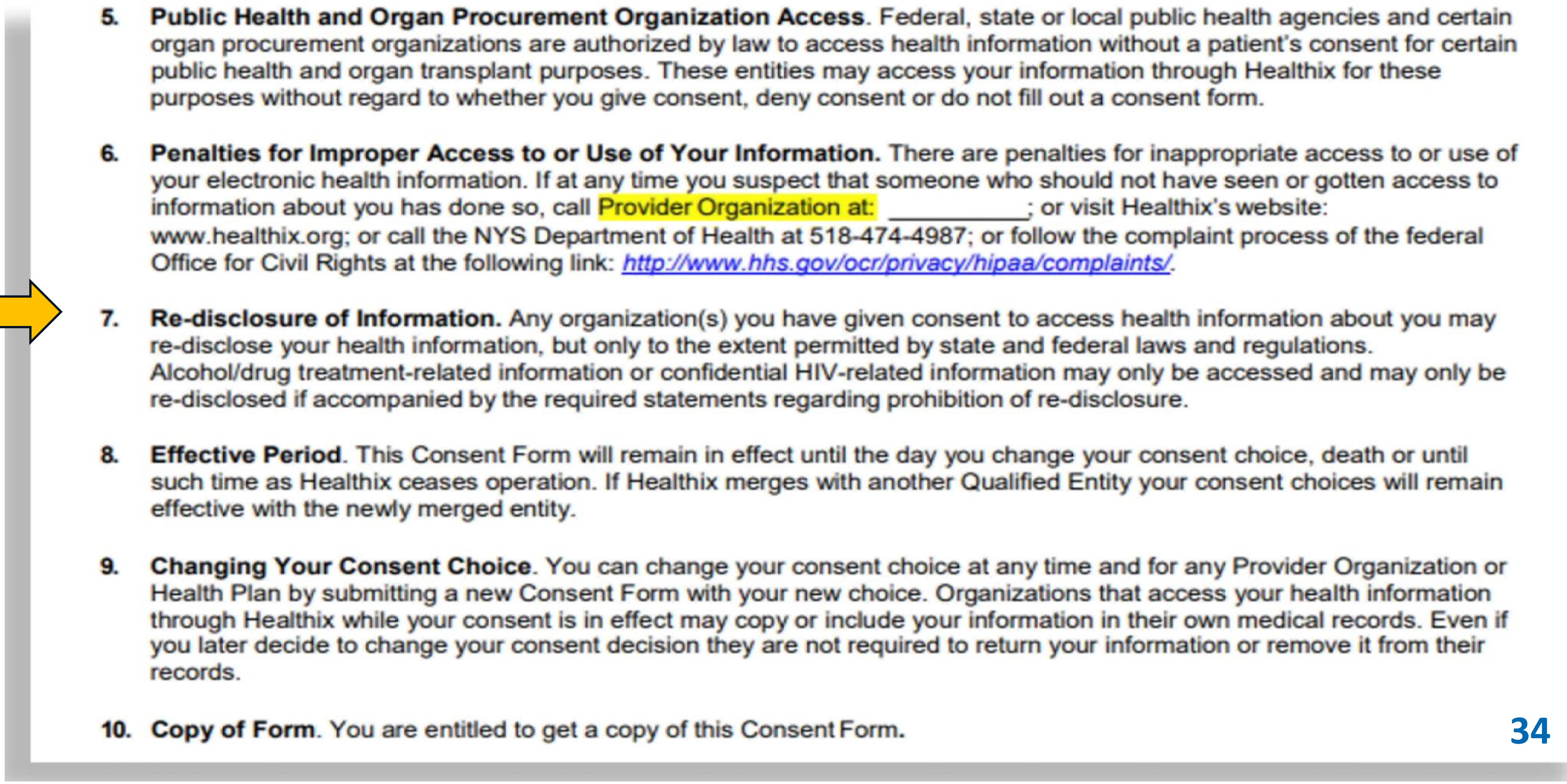
Re-Disclosures are Usually Permitted with Initial Consent

Information for Patients

This is the policy for PHI re-disclosure in most states, except for redisclosure of data indicating SUD treatment (42CFR Part 2).

New York also requires consent for re-disclosure of HIV data.

Maryland and California have new laws requiring consent for disclosure and redisclosure of abortion related data.



5. **Public Health and Organ Procurement Organization Access**. Federal, state or local public health agencies and certain organ procurement organizations are authorized by law to access health information without a patient's consent for certain public health and organ transplant purposes. These entities may access your information through Healthix for these purposes without regard to whether you give consent, deny consent or do not fill out a consent form.

6. **Penalties for Improper Access to or Use of Your Information.** There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or gotten access to information about you has done so, call Provider Organization at: ___________; or visit Healthix's website: www.healthix.org; or call the NYS Department of Health at 518-474-4987; or follow the complaint process of the federal Office for Civil Rights at the following link: http://www.hhs.gov/ocr/privacy/hipaa/complaints/.

7. **Re-disclosure of Information.** Any organization(s) you have given consent to access health information about you may re-disclose your health information, but only to the extent permitted by state and federal laws and regulations. Alcohol/drug treatment-related information or confidential HIV-related information may only be accessed and may only be re-disclosed if accompanied by the required statements regarding prohibition of re-disclosure.

8. **Effective Period**. This Consent Form will remain in effect until the day you change your consent choice, death or until such time as Healthix ceases operation. If Healthix merges with another Qualified Entity your consent choices will remain effective with the newly merged entity.

9. **Changing Your Consent Choice**. You can change your consent choice at any time and for any Provider Organization or Health Plan by submitting a new Consent Form with your new choice. Organizations that access your health information through Healthix while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to change your consent decision they are not required to return your information or remove it from their records.

10. **Copy of Form**. You are entitled to get a copy of this Consent Form.

An Incomplete Summary of Consent Management Activities

Approaches	Washington	California	Michigan
A Standard Consent Form	For SUD	State-Funded Pilots with HIEs	For Behavioral Health
A Source of Truth Registry	✓		
Pilots and Solution Implementations are Planned or Underway	✓	✓	✓
Funding Approved (Federal/ State)	✓ (Federal and State)	✓ (State)	✓ (Federal and State)

Discussion?
More to Come….

Carol Robinson
CedarBridge Group CEO
www.cedarbridgegroup.com

Race, Ethnicity & Language (REL) Implementation Guide Version 3.0

Sumit Sajnani, HITO

OHS
CONNECTICUT
Office *of* Health Strategy

Statutory Role of OHS Pertaining to REL

- Develop and publish expanded, granular standards for REL
- Create an implementation plan
- Review demographic changes in race and ethnicity, as determined by the U.S. Census Bureau, and health data collected by the state, and reevaluate the standard race and ethnicity categories from time to time.

Connecticut REL Document History

Date	Document
Late 2018	Recommendations for Granular Race & Ethnicity Data Collection Presented to the SIM Program Staff, Office of Health Strategy
Early 2021	A Roadmap for Race, Ethnicity, and Language Data Collection and Use in Connecticut
Early 2022	Race, Ethnicity, Language Data Collection Standards
Early 2022	Race, Ethnicity and Language Implementation Guide
Late 2022	OHS Race, Ethnicity, and Language Implementation Plan
Mid 2023	Race, Ethnicity, Language Data Collection Standards Update
In development	**Race, Ethnicity and Language (REL) Implementation Guide 3.0**

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Yale/ERIC Convenings for Provider Organizations and State Agencies

- Yale/ERIC Convenings began in Dec 2022 with goal of *guiding a* ***one-year collaborative action plan (Dec 2022 – Nov 2023)***

- Three Working Groups
  - Clinical Integration/Information Technology Workgroup
  - Patient & Community Engagement Workgroup
  - Advocacy and Leadership Workgroup

- Original Goal: *By November 2023, get larger provider organizations across Connecticut ready to implement standardized, granular, self-reported REL data collection in alignment with PA 21-35*

OHS REL State Agency Convenings

- OHS continues to convene a monthly forum for state agencies
- Common Agency Challenges:
  - Funding
  - Staffing
  - Alignment with new system implementations
  - Handling of paper forms

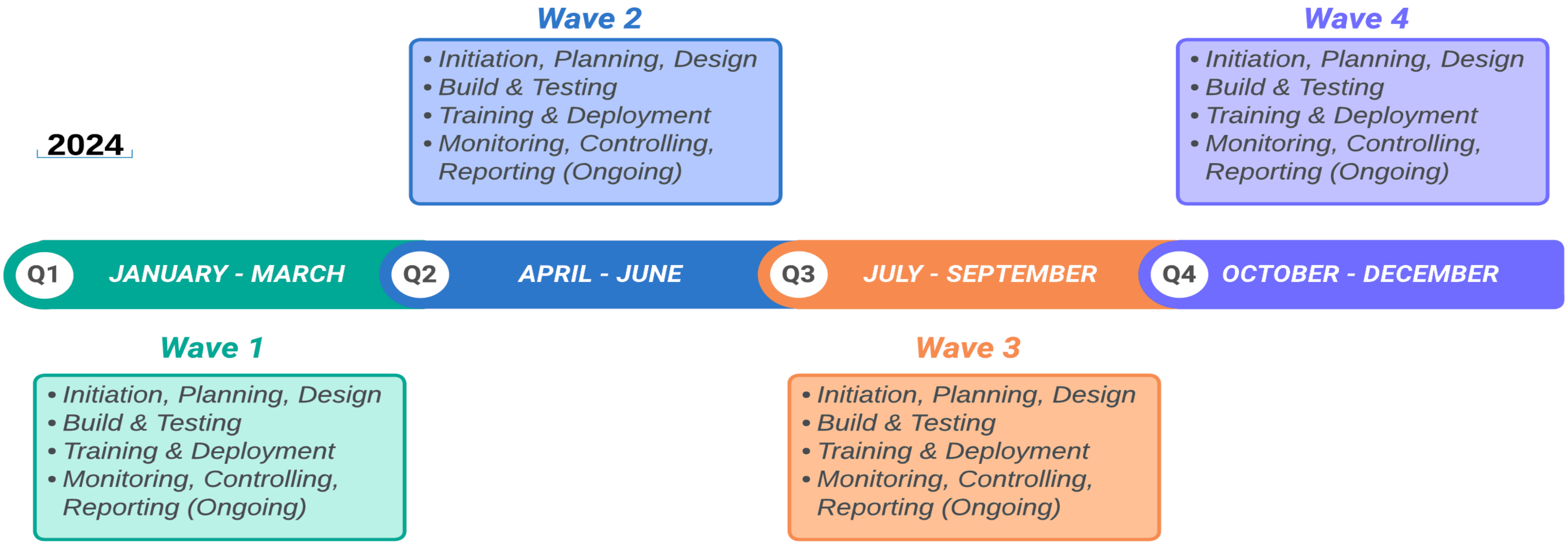
Learnings and Identified Needs from Convenings & Stakeholder Engagement

- Significant additional outreach to provider organizations
- More opportunities for provider organizations to begin implementation
- Guidance on how to ask REL questions including format and approach
- Guidance on developing electronic and paper forms
- Go/no go assessment for each domain of the implementation plan
- Sample FAQs for use by provider organizations and agencies to engage with patients and clients

Provider Organization – Additional Outreach

- Each health care provider with an EHR system capable of connecting to and participating in the State-wide HIE
- Planning a series of REL informational webinars
- Call to action for provider organizations to join Yale/ERIC convenings
- Disseminate information broadly through the DPH contact list, provider associations, and through Connie communication channels

Message to Providers and Agencies: Pick a Wave and Jump In!



2024

Wave 2

- Initiation, Planning, Design
- Build & Testing
- Training & Deployment
- Monitoring, Controlling, Reporting (Ongoing)

Wave 4

- Initiation, Planning, Design
- Build & Testing
- Training & Deployment
- Monitoring, Controlling, Reporting (Ongoing)

Q1 JANUARY - MARCH

Q2 APRIL - JUNE

Q3 JULY - SEPTEMBER

Q4 OCTOBER - DECEMBER

Wave 1

- Initiation, Planning, Design
- Build & Testing
- Training & Deployment
- Monitoring, Controlling, Reporting (Ongoing)

Wave 3

- Initiation, Planning, Design
- Build & Testing
- Training & Deployment
- Monitoring, Controlling, Reporting (Ongoing)

Examples for Asking REL Questions With Online Forms

Option 1: Combined Race and Ethnicity Question:

"We are committed to providing the best possible care for all our patients. To help us better understand your healthcare needs, please indicate your race and ethnicity. This information is voluntary and will be kept confidential."

Race: [Dropdown menu with options]

Ethnicity: [Dropdown menu with options]

Option 2: Separate Race and Ethnicity Questions:

Race: *"Please select the category or categories that best describe your race. This information is voluntary and will be kept confidential."*

[Checkbox options for race categories]

Ethnicity: Please select your ethnicity. This information is voluntary and will be kept confidential.

[Dropdown menu with ethnicity options]

Option 3: Combined Question with Open Text Field for Race/Ethnicity:

"To ensure that we provide culturally sensitive care, please share your race and ethnicity with us. You may also describe it in your own words if you prefer. This information is voluntary and will be kept confidential."

Race/Ethnicity: [Open text field]

REL Question Examples Cont'd.

Option 4: Language Data Question:

"Language: In what language(s) do you prefer to communicate regarding your healthcare? This helps us ensure effective communication during your visits. This information is voluntary and will be kept confidential."

Language(s): [Open text field or dropdown menu]

Option 5: Combined Race, Ethnicity, and Language Question:

"We are committed to providing personalized care. To assist us in tailoring our services to your needs, please provide the following information. This data is voluntary and will be kept confidential."

Race: [Dropdown menu with options]

Ethnicity: [Dropdown menu with options]

Preferred Language(s): [Open text field or dropdown menu]

Option 6: Multiple Questions with Explanatory Note:

"We respect your unique identity and cultural preferences. Please answer the following questions to help us serve you better. Your responses will be kept confidential."

Race: [Dropdown menu with options]

Ethnicity: [Dropdown menu with options]

Preferred Language(s): [Open text field or dropdown menu]

FAQs for Provider Organizations and Agencies

For Posting on Websites, in Clinics, and Other Places Where REL Data Will be Collected

- Why is it important for provider organizations and agencies to collect granular Race, Ethnicity, and Language data?
- What is the difference between granular and non-granular Race, Ethnicity, and Language data collection?
- Are patients or clients required to provide Race, Ethnicity, and Language information?
- How will my Race, Ethnicity, and Language data be used?
- How will my privacy and confidentiality be protected?
- Can I update my Race, Ethnicity, and Language information if it changes?
- What if I don't know my Race or Ethnicity information?
- Will providing this information affect my care or eligibility for services?
- How can I be sure that my data will be used responsibly and ethically?
- Who should I contact if I have questions or concerns about the data collection process?

Additional Guidance for Provider Organizations

- **Community Engagement**: Engage with communities and individuals through public awareness campaigns, meetings, or forums to explain the importance of collecting this data and how it will be used to promote equity and inclusivity.

- **Transparency:** Maintain transparency by openly sharing your objectives, methodologies, and progress in data collection with stakeholders and the public.

- **Monitoring and Compliance:** Regularly monitor data collection efforts to ensure ongoing compliance.

Next Steps

- Get feedback from State Agencies and Provider Organizations on draft 3.0 implementation guide
- Post additional REL resources on OHS website
- Plan and execute informational campaign to get additional providers to begin implementation

Announcements & General Discussion

Contact Information

OHS Contact for October 2023 HITAC Meeting

Amy Tibor
Amy.Tibor@ct.gov

OHS General Email
OHS@ct.gov

Health IT Advisory Council Website
https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council