

Consent Policy Design Group

Meeting 8 Minutes

MEETING DATE	MEETING TIME	Location
July 23, 2019	1:00PM – 2:00PM	Join Zoom Meeting: https://zoom.us/j/269726549 Dial: +1 646 876 9923 US Meeting ID: 269 726 549

DESIGN GROUP MEMBERS

Stacy Beck, RN, BSN	X	Susan Israel, MD	X	Nic Scibelli, MSW	X
Pat Checko, DrPH	X	Rob Rioux, MA			
Carrie Grey, MSIA	X	Rachel Rudnick, JD	X		

SUPPORTING LEADERSHIP

Allan Hackney, OHS	X
Sean Fogarty, OHS	X
Tina Kumar, OHS	X

Minutes

	Topic	Responsible Party	Time
1.	Welcome and Introductions	TINA KUMAR	1:00 PM
	Tina Kumar welcomed and thanked the members for joining the meeting today.		
2.	Public Comment	Attendees	1:02 PM
	No public comments at this time.		
3.	HIE Governance and Likely Initial Use Cases	Allan Hackney	1:05 PM
	<p><u><i>Slide 8 - 23: Discussion of HIE Governance and Likely Initial Use Cases</i></u></p> <p>Allan Hackney led the discussion with an overview of the Health Information Exchange governance structure, and how it will operate among its initial use cases. This is to inform the Consent Policy Design Group of their role and advising on consent and privacy.</p> <p>Please refer to this presentation here.</p> <p>Allan made an announcement that the nonprofit entity-incorporated has been officially registered as of last Wednesday 7/17 as Health Information Alliance Inc. The entity has a set of bylaws that stipulate what that entity is going to be.</p> <p>In regards to roles in governing the HIE slide, Pat Checko asked for clarification on the HIE operating committees and if it would only be “members” of the HIE who would be eligible to serve on the HIE entity operating advising committee?</p> <p>Allan Hackney answered, that generally you would not participate in the operations committee if you are signing the short form and that it would be the long form that enables participation.</p> <p>Allan predicted that the way this is going to play out are some organizations are going to want to immediately sign on to long form, and they are going to want to have the depth of resources to</p>		

participate in meetings. In early stages, some organizations may meet more than monthly, as they have resources to do so (examples of some of the larger integrated health systems).

The second group is likely to operate under their associations. Examples of likely long form signers are community health center associations and state agencies (DSS).

Allan added that there is nothing to prevent any organization from signing on if they have interest to join in this way.

The HIT Advisory council recommended to ensure the board had some authority to be able to both invite people to join even if they did not sign on long term, because they brought a particular subject matter of expertise. Or that there was not an over representation of a particular sector. The HIT Advisory council has given these guiding principles so that there is balance across these committees.

Pat Checko thinking in terms of local public health, said that that they are not going to be data sharers- (confidential) and asked if there would be a participatory role for participation.

Allan answered that he had a meeting with the Dept. of Public Health commissioner to recommend they sign on to the state long form, so they can participate in the governance.

In addition, municipal public health departments would also benefit from participating.

Pat asked if where something like school based health centers would fit in.

Allan answered that he had a conversation with the brand new executive director of CT School Based Health Centers, and will work with their team on this during the fall.

The presentation concluded and Allan opened the floor for questions.

Susan Israel commented that Allan's presentation was very clean, and added that ten minutes is not enough time to address consent issues about the first case identity and care mapping.

Susan would like another meeting or two to discuss this further. Susan asked Allan how the HIE is going to operate and his thoughts of patient consent for first use case of identity and care mapping.

Allan answered that identity care and mapping is focused primarily enabling one health care organization to gain access to inform necessary to perform functions of the organization. They are exclusively focused on treatment, payment and operations.

Allan's expectations are when the patients are receiving treatment, or when signing up for their benefit plans that they are consenting that their data is available to their organization, or whomever is paying for their services will have access to. The expectation is that consent is derived at the point of care.

Susan commented that in order to get treatment, patients cannot consent for their identity to be released and should expect that this automatically means providers can be in the HIE program.

If a patient doesn't want their psychiatrist to loop them in the HIE, will patients lose a certain amount of privacy?

Allan answered that he thinks patients today that are participating in Carequality, eHealth Exchange, Surescripts or CommonWell, all have their data sitting in a similar structure that we are describing here.

Allan clarified that there are two waves of data sharing, the first is around medical data-with the practical conversation on part 2 providers. They will not accept data that doesn't fall into categories, and asking not to have this information sent.

Allan asked if there were any other questions.

Susan Israel asked that once the identity is done, would the providers (without patient consent) have the data to go through the HIE without specific patient consent?

Allan answered that this would have to be taken up in the future, one of the key use cases is having a public health gateway for information that is mandatory for having a common way that is being sent. The goal is to focus on the basic medical information that people are wanting.

Allan asked if there were any last comments/questions. Allan offered if the group has any additional questions that he will be available to speak again.

4.	Wrap Up and Meeting Adjournment	Allan Hackney	2:10
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Allan asked for motion to adjourn the meeting. Susan Israel made a motion to adjourn. No opposition to the adjournment, the meeting concluded.

Allan added to the group that the work of the Consent Policy Design group is very important and that he really appreciates the allocation of their energy put towards this group.