

Application for Health Information Technology Advisory Council (HITAC) Consumer Representative

The Health IT Advisory Council is the Council that guides the Connecticut's Office of Health Strategy (OHS) Executive Director and Health Information Technology Officer (HITO). It helps to coordinate health IT activities for health reform initiatives in Connecticut and is seeking a consumer representative to join the Council. **Deadline extended: Application packets are due by 5:00 PM Friday August 21, 2020.**

Overview

The purpose of the Council is to advise the Executive Director of the Office of Health Strategy (OHS) and the Health Information Technology Officer (HITO) in developing priorities and policy recommendations to advance the state's health information technology (Health IT) and health information exchange (HIE) efforts and goals. The Council shall provide guidance to the OHS Executive Director and the HITO on governance, oversight, and accountability measures for health IT and HIE initiatives to ensure success in achieving the state's goals for improving health, improving healthcare delivery, and containing escalating costs of healthcare across Connecticut.

The Council consists of 36 members.

Duties of the Council

Advise and consult with the Executive Director of OHS, the Commissioner of the Department of Social Services (DSS), and other agency leaders in Connecticut to implement and periodically revise the Statewide Health Information Technology Plan, including standards for electronic data exchange service providers receiving state funding. Such electronic data standards shall:

- (1) Include provisions relating to security, privacy, data content, structures and format, vocabulary, and transmission protocols;
- (2) limit the use and dissemination of an individual's Social Security number and require the encryption of any Social Security number provided by an individual;
- (3) require privacy standards no less stringent than 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; and
- (4) require individually identifiable health information be secured.

Advise and consult with the Executive Director of OHS to:

- (1) Oversee the development and implementation of the Statewide Health Information Exchange;

(2) coordinate the state's health IT and HIE efforts to ensure consistent and collaborative, cross-agency planning and implementation; and

(3) work collaboratively with the Statewide Health Information Exchange to ensure consistency with the State Health Information Technology Plan and to support the state's health information technology and exchange goals.

Advise and consult with the Executive Director of OHS to deliver an annual report to the joint standing committees of the General Assembly having knowledge of matters relating to human services and public health concerning: (1) The development and implementation of the statewide health information technology plan and data standards, established and implemented by the Executive Director of OHS; (2) the establishment of the Statewide Health Information Exchange; and (3) recommendations for policy, regulatory, and legislative changes and other initiatives to promote the state's health information technology and exchange goals.

Review and comment to the Executive Director of OHS, or the Commissioner of DSS, prior to the submission of any application, proposal, planning document or other Office of Health Strategy 5 request seeking federal grants, matching funds or other federal support for health information technology or health information exchange.

Advise and consult with the APCD Advisory Group regarding the maintenance of written procedures for the administration of the APCD. Any such written procedures shall include, at a minimum: (i) reporting requirements for reporting entities, and (ii) requirements for providing notice to a reporting entity regarding any alleged failure on the part of such reporting entity to comply with such reporting requirements.

Advise and consult with the Executive Director of OHS and the Secretary of the Office of Policy and Management, upon the approval by the State Bond Commission of bond funds authorized by the General Assembly for the purposes of establishing a Statewide Health Information Exchange, to develop and issue a request for proposals for the development, management, and operation of the Statewide Health Information Exchange, if necessary.

Provide general support and advice as requested by the Executive Director OHS and the HITO.



Applicants

Qualities:

This position is an unpaid volunteer advisor who would join the Council members for monthly meetings and discussions on Health IT in Connecticut. We seek an individual who is a subject matter expert on consumer representation who has: a firm understanding of the health care space and information technology, demonstrated experience advocating for individuals and consumers in the health care sphere, and is interested in serving the public good.

Expectations:

This individual will serve in their role as an active member who attends and participates in monthly meetings, including discussions that lead to guidance on important health IT topics. HITAC members may also be asked to participate in time-limited Design Groups to discuss and make recommendations to the broader HITAC on specific issues that may arise from time-to-time.

Contact:

Interested parties should please contact Tina Kumar at the OHS address below. Please include the application below, your resume and cover letter. **Deadline extended: Application packets are due by 5:00 PM on Friday August 21, 2020.** Thank you so much for your interest in serving the people of Connecticut.

Tina Kumar
Stakeholder Engagement Specialist
Office of Health Strategy
Tina.Kumar@ct.gov



OHS
CONNECTICUT
Office of Health Strategy

Name	Organization (if applicable)
Address/City/State/Zip Code	
Email Address	Phone Number
1. What does health information technology and its impact on Connecticut mean to you and consumers? (100 words or less)	
2. Why would you like to serve on the HITAC? (100 words or less)	
3. Describe your volunteer work experience in your community. List any and all organizations you have or are currently volunteering with.	
4. What would you bring to health information technology discussions and how would your participation contribute to the overall process of guiding and improving health information technology in Connecticut?	
5. Who do you work for and in what capacity? (if applicable)	
6. Do you have a possible conflict of interest? By conflict of interest we mean that you, or your employer, or your immediate family members could possibly benefit from the outcome of decisions made by OHS or the HITAC, financially or otherwise.	
7. By serving as a member of the HITAC you will be expected to attend one two-hour meeting every month. Some research, work assignments, emails, or phone calls may be required between meetings. Are you able to devote the time necessary to be an active participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. All HITAC work shall be available to the public including discussions, emails and any materials in any member's possession concerning the work. Such information is also subject to state freedom of information laws. Will you be comfortable with the requirement to provide any such information and for it to be made public? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9.. Describe your racial/ethnic background. (optional) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American (not of Hispanic or Latino origin) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not of Hispanic or Latino origin) <input type="checkbox"/> Self Description: _____	
10. What is your sex and gender identity? Check all that apply. (Optional) <input type="checkbox"/> Woman <input type="checkbox"/> Transgender <input type="checkbox"/> Man <input type="checkbox"/> Agender <input type="checkbox"/> Genderqueer or non-binary <input type="checkbox"/> Not specified , please specify _____	

Submit the application via email: Tina.Kumar@ct.gov online,
or mail application to: OHS, PO Box 340308, 450 Capitol Avenue MS# 51OHS, Hartford, CT 06134-0308

Please note that any information you share may become public, particularly regarding health conditions. You should share only that information that you are comfortable making public. If you wish, you may submit short bio with this application.