

# Governance Design Group

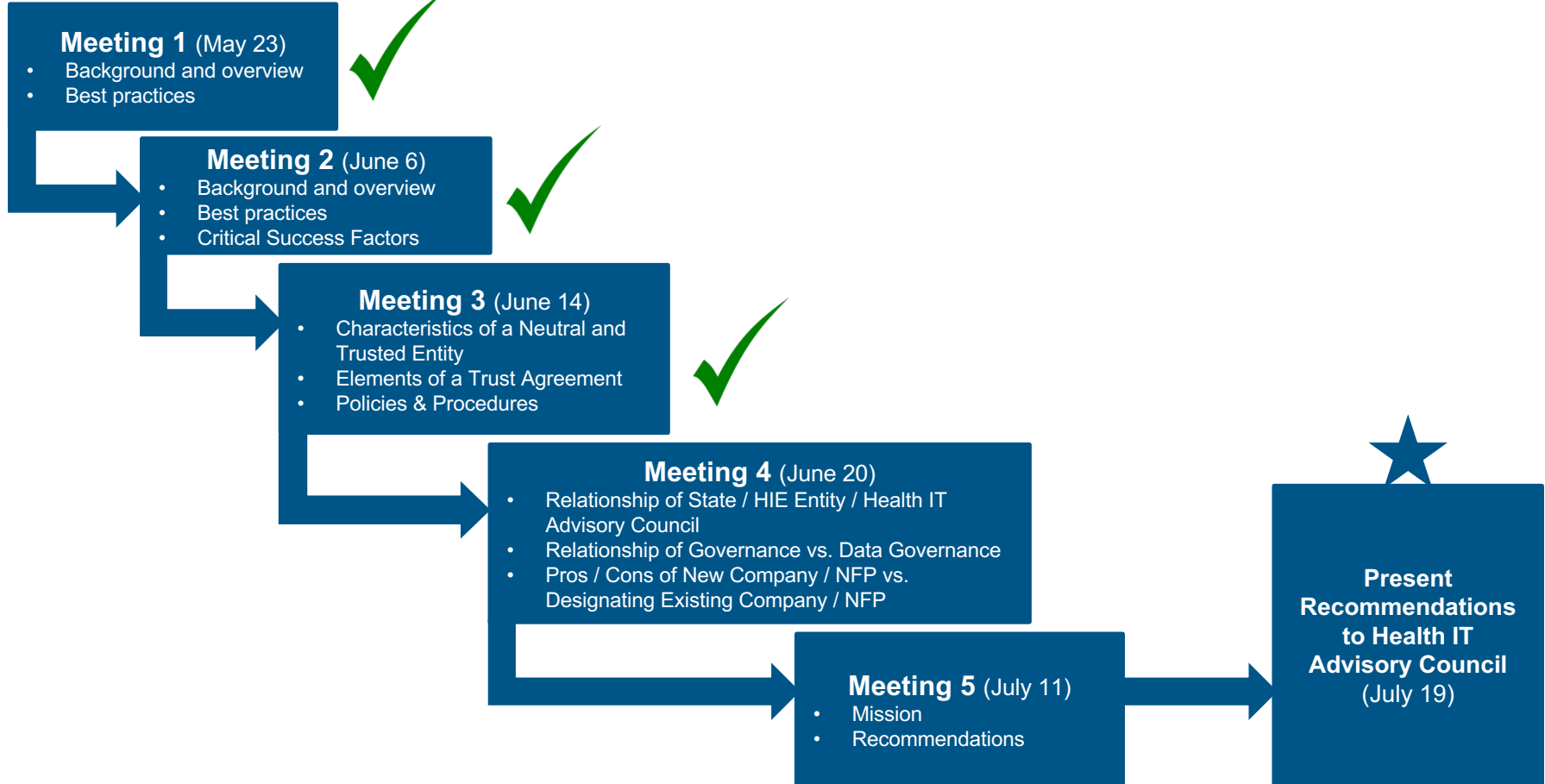
Meeting #4 – June 20, 2018



# Agenda

Agenda Topic	Lead	Duration
Welcome and Meeting Overview	Jennifer Richmond	5 min
Recap of Prior Meeting (June 14) and Approval of Meeting Summary	All Design Group members and support staff	10 min
<b>Building Block Exercises and Discussion</b> <ul style="list-style-type: none"><li>• Characteristics of Neutral and Trusted Entity – confirm previous discussion</li><li>• Elements of a Trust Agreement – confirm previous discussion</li><li>• Policies and Procedures Table of Contents – confirm previous discussion</li><li>• Relationship of state / HIE entity / Health IT Advisory Council</li><li>• Relationship of governance vs. data governance</li><li>• Pros and cons of new company not-for-profit vs. designation of existing not-for-profit entity</li></ul>	All Design Group members and support staff	70 mins
Meeting Wrap-up and Next Steps	Michael Matthews	5 min

# Meeting Schedule



# Building Block Exercises

- ✓ 1. Critical Success Factors
- ✓ 2. Characteristics of a neutral and trusted entity
- ✓ 3. Elements of a trust agreement
- ✓ 4. Policies and procedures table of contents
5. Relationship of state / HIE entity / Health IT Advisory Council
6. Relationship of governance vs. data governance
7. Pros and cons of new company not-for-profit vs. designation of existing not-for-profit entity
8. Potential impact of TEFCA
9. Mission and vision considerations

Today's  
Meeting



# Confirm Outcomes from 6/14 Meeting

# Exercise - Characteristics of a Neutral and Trusted Entity

## Review:

- ▶ Serves public good
- ▶ Benefits all CT residents
- ▶ Accountability and transparency to stakeholders
- ▶ Owned and governed, in whole or in part, by a party or parties other than the state
- ▶ *May* be organized as a nonprofit entity
- ▶ Governance by an engaged board of directors representing private and public sector leaders with decision-making authority in the organizations that they represent
- ▶ Foundational trust agreement that establishes clear “rules of the road” including enforcement authority related to compliance
- ▶ Sound policies and procedures
- ▶ Business decisions driven by value-creation, leading to financial sustainability
- ▶ Judicious use of public and private resources
- ▶ Effective engagement with the State of Connecticut for public policy and technology integration with state-run systems

## Additions:

- ▶ Consensus-driven approach
- ▶ Transparent contracting and purchasing practices
- ▶ External certification or audit from an information security perspective
- ▶ Balanced value creation across stakeholder groups
- ▶ Clear and tangible benefits for consumers and patients

# Exercise – Elements of a Trust Agreement

## Review:

- ▶ Purpose & Scope
  - ▶ Scope of Exchange
  - ▶ Approach to Establishing Trust
  - ▶ Governance Structure
- ▶ Operational Policies/Procedures
- ▶ Permitted Purposes
- ▶ Permitted Participants
- ▶ Identity Proofing & Authentication
- ▶ Technical Approach and Infrastructure
  - ▶ Standards Used
- ▶ Cooperation & Non-Discrimination
- ▶ Allocation of Liability and Risk
- ▶ Accountability
- ▶ Technical
  - ▶ Network Flow Down
  - ▶ Enforcement
  - ▶ Dispute Resolution
- ▶ Consent Model
  - ▶ States Consent Models
  - ▶ CT Consent Policy
- ▶ Transparency
- ▶ Privacy & Security
  - ▶ Breach Notifications
- ▶ Access

## Additions:

- ▶ Amendment process
- ▶ Miscellaneous section – boiler plate language (Follow-up from Bruce and Bill)

# Exercise – P&P Table of Contents (Part 1)

## Review:

### Privacy and Security

- Consent
- Authorization
- Authentication
- Access
- Audit
- Breach
- Compliance
- Sanctions and enforcements
- Cybersecurity
- Specially protected information
- Permitted purposes
- Individual's access and rights

## Additions:

- Auditing and monitoring
  - HIE Entity
  - HIE Participants
- Participant subcontractor requirements
- Permitted purposes
  - Permitted uses
  - Permitted disclosures



# Exercise – P&P Table of Contents (Part 2 & 3)

## Review:

### Technical and Operational

- System requirements
- Standards
- Testing and onboarding
- Auditing and monitoring
- Identity management
- Data quality and integrity
- Service Level Agreements (SLA)
- Training
- Help desk

## Review:

### Organizational

- Openness and transparency
- Node eligibility
- Insurance and liability
- Flow-down requirements
- Suspension
- Dispute resolution
- Non-discrimination
- Information blocking
- Fees
- Application review process

# Relationship of State, HIE Entity, & Health IT Advisory Council

# Relationship of Key Entities

- ▶ HIE entity
- ▶ Health IT Advisory Council
- ▶ Health Information Technology Officer
- ▶ State of Connecticut

# Relevant Provisions of 17-2: *HIE Entity*

## June Special Session PA 17-2:

Sec. 128 (a) - “The purposes of the program shall be to (1) assist the State-wide Health Information Exchange in establishing and maintaining itself as a neutral and trusted entity that serves the public good for the benefit of all Connecticut residents...”

Sec. 128 (b) – “The HITO shall design, and the Secretary of OPM, in collaboration with said officer, may establish or incorporate an entity to implement the program. **Such entity shall, without limitation, be owned and governed, in whole or in part, by a party or parties other than the state and may be organized as a nonprofit entity.**

Sec. 128 (c) – “Any entity established and incorporated pursuant to subsection (b) of this section shall have its powers vested in an exercised by a board of directors. The board of directors shall be comprised of the following members who shall serve for a term of two years”:

- ▶ One member with expertise as an advocate for consumers of health care (appointed by the Governor)
- ▶ One member with expertise as a clinical medical doctor (appointed by the president pro tempore of the Senate)
- ▶ One member with expertise in the area of hospital administration (appointed by the speaker of the House of Representatives)
- ▶ One member with expertise in the area of group health insurance coverage (appointed by the minority leader of the Senate)
- ▶ One member with expertise in group health insurance coverage (appointed by the minority leader of the House)
- ▶ **The Chief Information Officer, the Secretary of OPM, and the HITO (or their designees) will serve as ex-officio, voting members**
- ▶ **The HITO, or their designee, will serve as the chairperson of the board**

# Relevant Provisions of 17-2: *HIE Entity*

## June Special Session PA 17-2 (continued):

Sec. 128 (e) – “The entity established under subsection (c) of this section may”:

- ▶ Employ a staff and fix their duties, qualifications, and compensation
- ▶ Solicit, receive, and accept aid or contributions (money, property, labor, or other things of value) from any source
- ▶ Receive and manage on behalf of the state, funding from the federal government, other public sources or private sources to cover costs associated with the planning, implementation, and administration of the HIE
- ▶ Collect and remit fees set by the HITO charged to persons or entities for access to or interaction with the HIE
- ▶ Retain outside consultants and technical experts
- ▶ Maintain an office in the state at such place or places as such entity may designate
- ▶ Procure insurance against loss in connection with such entity’s property and other assets
- ▶ Sue and be sued and plead and be impleaded
- ▶ Borrow money for the purpose of obtaining working capital
- ▶ **Subject to the powers, purposes, and restrictions of sections 17b-59a, 17b-59d, 17b-59f, and 19a-755 of the general statutes, do all acts and things necessary and convenient to carry out the purposes of this section and section 164 of this act.**

# Relevant Provisions of 17-2: *HITO*

## June Special Session PA 17-2:

Sec. 112. Section 19a-755 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

**a) The Lieutenant Governor shall, within existing resources, designate an individual to serve as Health Information Technology Officer.**  
The Health Information Technology Officer shall

1. be responsible for coordinating all state health information technology initiatives; [and]
2. seek funding for and oversee the planning, implementation and development of policies and procedures for the administration of the all-payer claims database program established under section 113 of this act; and
3. establish and maintain a consumer health information Internet web site as described in section 114 of this act. The Health Information Technology Officer may seek private and federal funds for staffing to support such initiatives.

**b) The Health Information Technology Officer shall, in consultation with the Health Information Technology Advisory Council, maintain written procedures for implementing and administering the all-payer claims database program** established under section 113 of this act. Any such written procedures shall include (1) reporting requirements for reporting entities, as defined in section 113 of this act; and (2) requirements for providing notice to a reporting entity, as defined in section 113 of this act, of any alleged failure on the part of such reporting entity to comply with such reporting requirements.

(c) Unless expressly specified, nothing in this section or section 113 of this act and no action taken by the Health Information Technology Officer pursuant to this section or section 113 of this act shall be construed to preempt, supersede or affect the authority of the Insurance Commissioner to regulate the business of insurance in the state.

# Relevant Provisions of 17-2: *Health IT Advisory Council*

## June Special Session PA 17-2:

Sec. 127. Section 17b-59f of the general statutes, as amended by section 7 of public act 17-188, is repealed and the following is substituted in lieu thereof (Effective from passage):

There shall be a State Health Information Technology Advisory Council to advise the Health Information Technology Officer, designated in accordance with section 19a-755, in

- developing priorities and policy recommendations for advancing the state's health information technology and health information exchange efforts and goals and
- to advise the Health Information Technology Officer in the development and implementation of the state-wide health information technology plan and standards and the State-wide Health Information Exchange, established pursuant to section 17b-59d.
- The advisory council shall also advise the Health Information Technology Officer regarding the development of appropriate governance, oversight and accountability measures to ensure success in achieving the state's health information technology and exchange goals.

# Relevant Provisions of 17-2: *Health IT Advisory Council*

## June Special Session PA 17-2:

(d) (1) **The Health Information Technology Officer, appointed in accordance with section 19a-755, shall serve as a chairperson of the council.** The council shall elect a second chairperson from among its members, who shall not be a state official. The chairpersons of the council may establish subcommittees and working groups and may appoint individuals other than members of the council to serve as members of the subcommittees or working groups.

(e) (1) The council shall establish a working group to be known as the All-Payer Claims Database Advisory Group.



# Relevant Provisions of 17-2 re: Health IT Advisory Council Membership

1. The Health Information Technology Officer, appointed in accordance with section 19a-755, or the Health Information Technology Officer's designee;
2. The Commissioners of Social Services, Mental Health and Addiction Services, Children and Families, Correction, Public Health and Developmental Services, or the commissioners' designees;
3. The Chief Information Officer of the state, or the Chief Information Officer's designee;
4. The chief executive officer of the Connecticut Health Insurance Exchange, or the chief executive officer's designee;
5. The director of the state innovation model initiative program management office, or the director's designee;
6. The chief information officer of The University of Connecticut Health Center, or said chief information officer's designee;
7. The Healthcare Advocate, or the Healthcare Advocate's designee;
8. The Comptroller, or the Comptroller's designee;
9. Five members appointed by the Governor, one each of whom shall be (A) a representative of a health system that includes more than one hospital, (B) a representative of the health insurance industry, (C) an expert in health information technology, (D) a health care consumer or consumer advocate, and (E) a current or former employee or trustee of a plan established pursuant to subdivision (5) of subsection (c) of 29 USC 186;
10. Three members appointed by the president pro tempore of the Senate, one each who shall be (A) a representative of a federally qualified health center, (B) a provider of behavioral health services, and (C) a representative of the Connecticut State Medical Society;
11. Three members appointed by the speaker of the House of Representatives, one each who shall be (A) a technology expert who represents a hospital system, as defined in section 19a-486i, (B) a provider of home health care services, and (C) a health care consumer or a health care consumer advocate;
12. One member appointed by the majority leader of the Senate, who shall be a representative of an independent community hospital;
13. One member appointed by the majority leader of the House of Representatives, who shall be a physician who provides services in a multispecialty group and who is not employed by a hospital;
14. One member appointed by the minority leader of the Senate, who shall be a primary care physician who provides services in a small independent practice;
15. One member appointed by the minority leader of the House of Representatives, who shall be an expert in health care analytics and quality analysis;
16. The president pro tempore of the Senate, or the president's designee;
17. The speaker of the House of Representatives, or the speaker's designee;
18. The minority leader of the Senate, or the minority leader's designee; and
19. The minority leader of the House of Representatives, or the minority leader's designee.

(c) Any member appointed or designated under subdivisions [(9)] (10) to [(18)] (19), inclusive, of subsection (b) of this section may be a member of the General Assembly

The chairpersons of the council may appoint up to four additional members to the council, who shall serve at the pleasure of the chairpersons.

# Relevant Provisions of 17-2: OPM

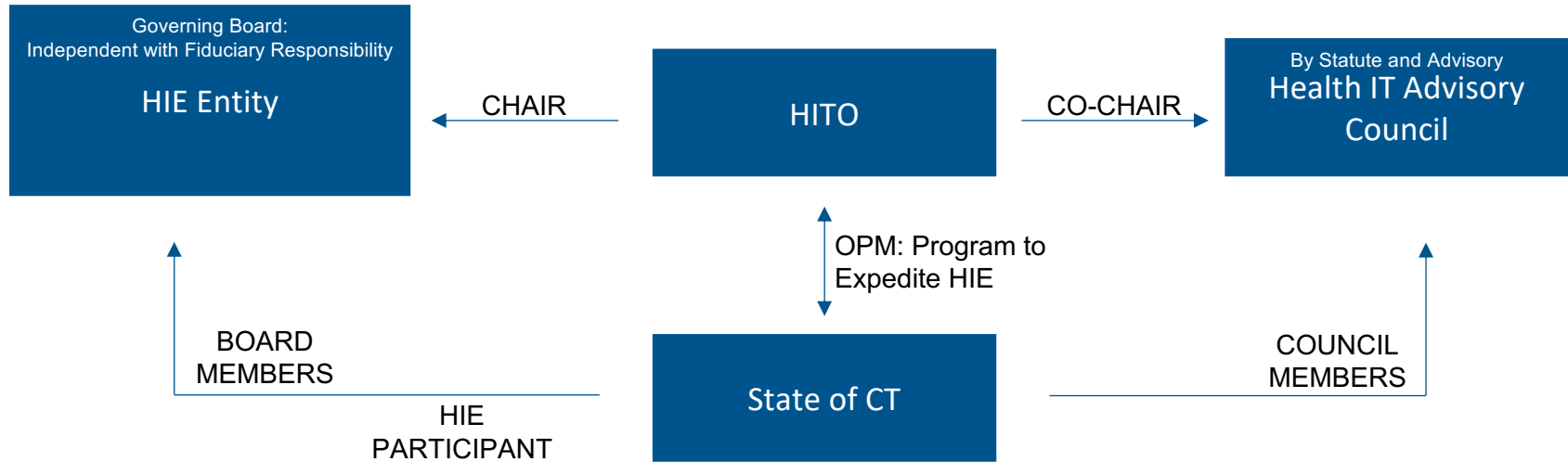
## June Special Session PA 17-2:

Sec. 128. (NEW) (Effective from passage) (a) The state, acting by and through the Secretary of the Office of Policy and Management, in collaboration with the Health Information Technology Officer designated under section 19a-755 of the general statutes, and the Lieutenant Governor, shall establish a program to expedite the development of the State-wide Health Information Exchange, established under section 17b-59d of the general statutes, to assist the state, health care providers, insurance carriers, physicians and all stakeholders in empowering consumers to make effective health care decisions, promote patient-centered care, improve the quality, safety and value of health care, reduce waste and duplication of services, support clinical decision-making, keep confidential health information secure and make progress toward the state's public health goals.

The purposes of the program shall be to

1. assist the State-wide Health Information Exchange in establishing and maintaining itself as a neutral and trusted entity that serves the public good for the benefit of all Connecticut residents, including, but not limited to, Connecticut health care consumers and Connecticut health care providers and carriers, p
2. perform, on behalf of the state, the role of intermediary between public and private stakeholders and customers of the Statewide Health Information Exchange, and
3. fulfill the responsibilities of the Office of Health Strategy, as described in section 164 of this act.

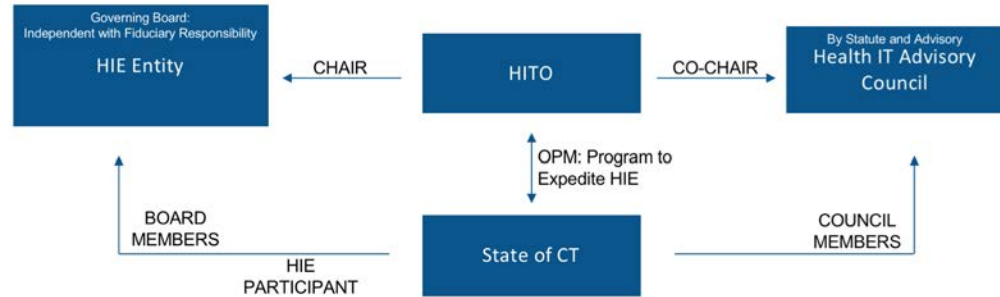
# Relationship of Key Parties



# Exercise: Relationship of Key Entities

## Exercise

- ▶ Confirm understanding of statutory considerations
- ▶ Provide additional considerations for relationships among key parties

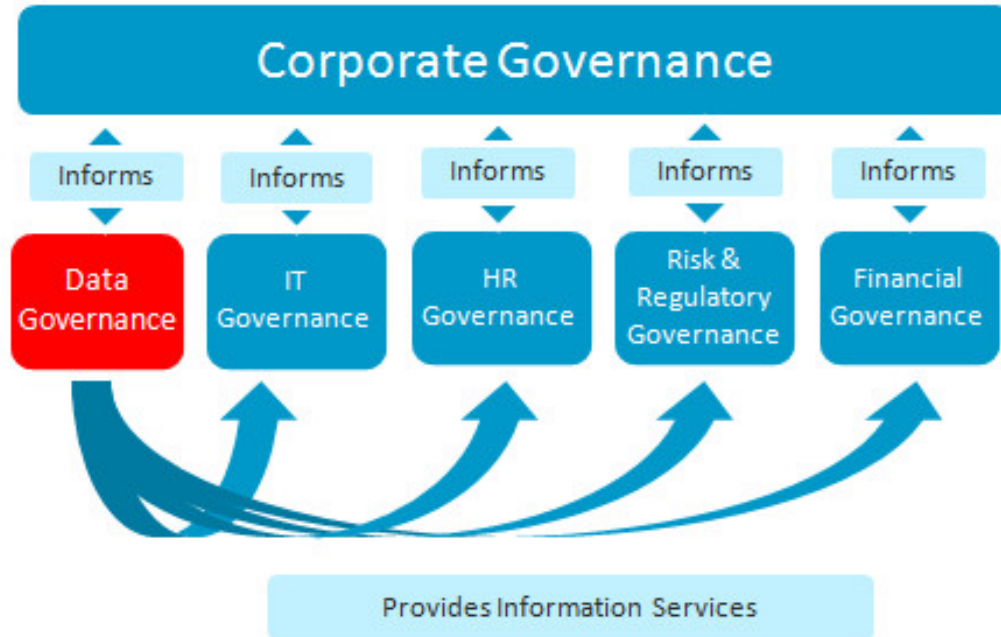


## Additional Considerations:

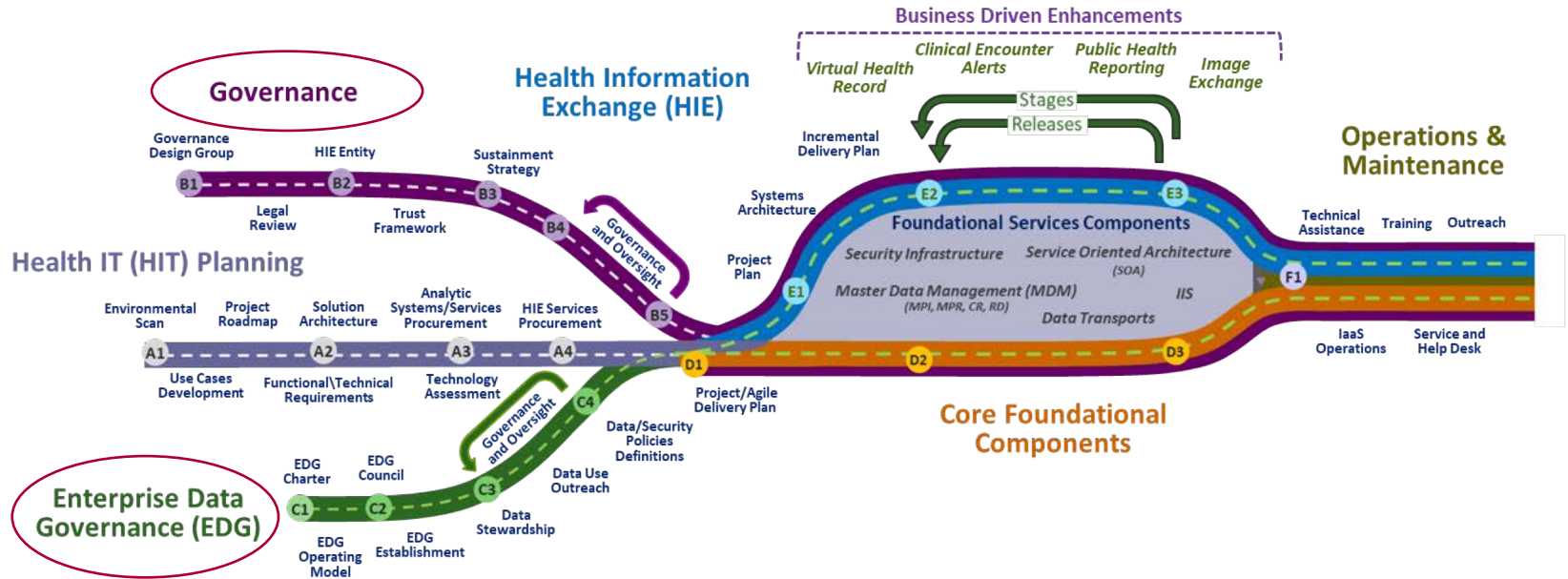
- ▶ Additional Consideration #1
- ▶ Additional Consideration #2
- ▶ Additional Consideration #3

# Relationship of Governance vs. Data Governance

# Data Governance: Model for Relationship to Corporate Governance

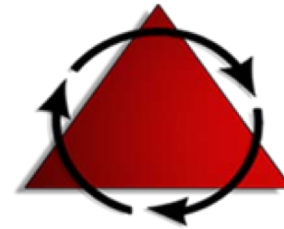


# HIE Activities Roadmap



# Data Governance: Definition

“Data Governance is a system of decision rights and accountabilities for information-related processes, executed according to agreed-upon models which describe who can take what actions with what information, and when, under what circumstances, using what methods.”



*The  
Data Governance  
Institute*



# Data Governance: Guiding Principles



## 1. Integrity

- ▶ Data Governance participants will practice integrity with their dealings with each other; they will be truthful and forthcoming when discussing drivers, constraints, options, and impacts for data-related decisions.

## 2. Transparency

- ▶ Data Governance and Stewardship processes will exhibit transparency; it should be clear to all participants and auditors how and when data-related decisions and controls were introduced into the processes.

## 3. Auditability

- ▶ Data-related decisions, processes, and controls subject to Data Governance will be auditable; they will be accompanied by documentation to support compliance-based and operational auditing requirements.

## 4. Accountability

- ▶ Data Governance will define accountabilities for cross-functional data-related decisions, processes, and controls.

## 5. Stewardship

- ▶ Data Governance will define accountabilities for stewardship activities that are the responsibilities of individual contributors, as well as accountabilities for groups of Data Stewards.

## 6. Checks-and-Balances

- ▶ Data Governance will define accountabilities in a manner that introduces checks-and-balances between business and technology teams as well as between those who create/collect information, those who manage it, those who use it, and those who introduce standards and compliance requirements.

## 7. Standardization

- ▶ Data Governance will introduce and support standardization of enterprise data.

## 8. Change Management

- ▶ Data Governance will support proactive and reactive Change Management activities for reference data values and the structure/use of master data and metadata

# Exercise: Corporate Governance vs. Data Governance

## Data Governance: Guiding Principles



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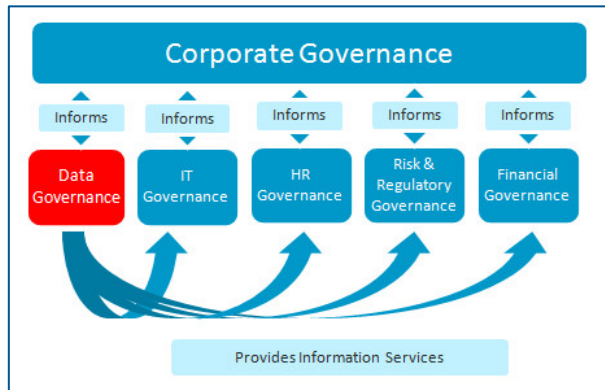
- ▶ Data Governance will support proactive and reactive Change Management activities for reference data values and the structure/use of master data and metadata

## Exercise

- ▶ Review and comment on schematic representation
- ▶ Review and comment on guiding principles
- ▶ Additional considerations

## Comments / Additional Considerations:

- ▶ Additional Consideration #1
- ▶ Additional Consideration #2
- ▶ Additional Consideration #3



# Designation of Existing Entity / Creation of New Entity

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- ▶ Receive and manage on behalf of the state, funding from the federal government, other public sources or private sources to cover costs associated with the planning, implementation, and administration of the HIE
- ▶ Collect and remit fees set by the HITO charged to persons or entities for access to or interaction with the HIE
- ▶ Retain outside consultants and technical experts
- ▶ Maintain an office in the state at such place or places as such entity may designate
- ▶ Procure insurance against loss in connection with such entity’s property and other assets
- ▶ Sue and be sued and plead and be impleaded
- ▶ Borrow money for the purpose of obtaining working capital
- ▶ **Subject to the powers, purposes, and restrictions of sections 17b-59a, 17b-59d, 17b-59f, and 19a-755 of the general statutes, do all acts and things necessary and convenient to carry out the purposes of this section and section 164 of this act.**

# Exercise: Pros & Cons

## New Company / Not-for-Profit

### PROS:

- ▶ Pro #1
- ▶ Pro #2
- ▶ Pro #3

### CONS:

- ▶ Con #1
- ▶ Con #2
- ▶ Con #3

## Designating Existing Company / Not-for-Profit

### PROS:

- ▶ Pro #1
- ▶ Pro #2
- ▶ Pro #3

### CONS:

- ▶ Con #1
- ▶ Con #2
- ▶ Con #3

# Open Discussion:

Considerations and Preferences for Creation of a  
NewCo Corporation vs. Designation of Existing Entity

# Building Block Exercises: Meeting 4 (June 20)

- ✓ 1. Critical Success Factors
- ✓ 2. Characteristics of a neutral and trusted entity
- ✓ 3. Elements of a trust agreement
- ✓ 4. Policies and procedures table of contents
- ✓ 5. Relationship of state / HIE entity / Health IT Advisory Council
- ✓ 6. Relationship of governance vs. data governance
- ✓ 7. Pros and cons of new company not-for-profit vs. designation of existing not-for-profit entity

Meeting  
#5

8. Potential impact of TEFCA
9. Mission and vision considerations



# Contact Information

## Health Information Technology Program Management Office

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***Please direct all questions to Jennifer Richmond***