

VERBATIM PROCEEDINGS
DEPARTMENT OF PUBLIC HEALTH

CONNECTICUT HEALTH INFORMATION TECHNOLOGY
AND EXCHANGE STRATEGIC PLAN

ROBERT GALVIN, CHAIRMAN

SEPTEMBER 20, 2010

101 EAST RIVER DRIVE
EAST HARTFORD, CONNECTICUT

POST REPORTING SERVICE
HAMDEN, CT (800) 262-4102

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE
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1 . . .Verbatim proceedings of a meeting in
2 the matter of Connecticut Health Information Technology
3 and Exchange, held at 101 East River Drive, East Hartford,
4 Connecticut on September 20, 2010 at 12:19 P.M.

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9 CHAIRMAN ROBERT GALVIN: Good afternoon, I
10 will call the meeting to order. We have three of our
11 members on the phone, and who is that Ms. Hooper?

12 MS. MEG HOOPER: We have Lisa Boyle, Jamie
13 Moody, Dr. Dardick and Mr. Jeff Asher, who is a member of
14 the public listening in. And would you like to -- we have
15 a new member joining us if you'd like to have
16 introductions?

17 CHAIRMAN GALVIN: Yes, go right ahead.

18 MS. HOOPER: I'm Meg Hooper from DPH.

19 MS. MARIANNE HORN: Marianne Horn from DPH.

20 MALE VOICE: (Indiscernible).

21 MR. DANIEL CARMODY: Dan Carmody.

22 DR. THOMAS AGRESTA: Tom Agresta.

23 MS. MARCIA MAINS: Marcia Mains, DSS.

24 FEMALE VOICE: (Indiscernible).

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1 MR. MARK MASSELLI: Mark -- go ahead.

2 MR. RICK BAILEY: Excuse me, I just wanted
3 to take this opportunity to introduce Steve Casey. He is
4 going to be representing DOIT. He will be taking my
5 position. The State has successfully received a broadband
6 grant award of \$94 million, so I've been asked (applause)
7 thank you, so I've been asked to head that project up
8 full-time, which started immediately upon notification.

9 So I have enjoyed working with the group
10 and I will be keeping tabs on the progress moving forward
11 through Steve. So please welcome him and he's a very
12 capable person. He's Director within our Business
13 Development Division, so he's used to being involved in
14 projects like this so I'm sure he'll fare very, very well.

15 CHAIRMAN GALVIN: That's great news Rick.

16 MR. BAILEY: Thank you.

17 MR. MASSELLI: Mark Masselli.

18 MR. WARREN WOLLSCHLAGER: Warren
19 Wollschlager, DPH.

20 MR. JEFF PERKINS: Jeff Perkins with
21 Gartner.

22 MS. LYNNE TOWNSHEND: Lynne Townshend, DPH.

23 CHAIRMAN GALVIN: And I'm Bob Galvin with
24 DPH. Our first order of business is review of the July

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1 12, 2010 meeting minutes. Has everybody had a chance to
2 peruse that? If so, I will request any changes, deletions
3 or alterations. If not, I will ask for a motion to
4 approve the minutes of the 12 July 2010 meeting.

5 MALE VOICE: So moved.

6 CHAIRMAN GALVIN: Do I have a second?

7 MALE VOICE: Second.

8 CHAIRMAN GALVIN: All in favor?

9 VOICES: Aye.

10 CHAIRMAN GALVIN: The Ayes have carried it;
11 the minutes for the 12 July 2010 meeting are approved.
12 Our next item of business is review of the August 16, 2010
13 minutes. And are there any corrections, deletions or
14 other changes for those minutes?

15 MS. MAINS: Corrections, this is Marcia
16 Mains. I was in attendance at that meeting, I was not
17 listed.

18 CHAIRMAN GALVIN: Okay, would you all
19 correct your copies.

20 MS. HOOPER: And Barbara.

21 MS. BARBARA PARKS-WOLF: Same, Barbara
22 Parks-Wolf, I was in attendance but I'm not on the list
23 there.

24 MS. HOOPER: And may I extend our

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1 apologies. I didn't hand around the sign-in sheet around
2 the table and so have we missed anyone else? Anyone else
3 who's not listed? Thank you very much. Minutes will be
4 adjusted to reflect full attendance.

5 CHAIRMAN GALVIN: May I have a motion to
6 accept those minutes --

7 MALE VOICE: Motion.

8 CHAIRMAN GALVIN: -- as amended with the
9 two names added. And a second?

10 MALE VOICE: Second.

11 CHAIRMAN GALVIN: All in favor indicate by
12 saying Aye.

13 VOICES: Aye.

14 CHAIRMAN GALVIN: Okay, opposed? The Ayes
15 carry it. We're now down to Item No. 4 if you're reading
16 along with us, and DPH update.

17 MS. HOOPER: I'd like to welcome everybody.
18 This is potentially our last Advisory Committee meeting as
19 we're moving on to the Board of Directors. We'll discuss
20 that later in our agenda but we wanted to say please
21 continue grazing since we have enough food there for all
22 of our Subcommittee members and the Advisory Committee.

23 We do have -- the final plan has been
24 prepared. The Department has reviewed it in detail. We

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1 have one final, final draft that we are going to be
2 reviewing with Dr. Galvin on Thursday and it is due to the
3 Federal ONC on Friday, so we'll either send it Thursday
4 evening or Friday.

5 Our public comments that came through and
6 the Subcommittee comments were taken into consideration.
7 Many were just looking for clarification and/or making
8 comments on the plan without requesting edits or
9 adjustments.

10 That plan will be submitted to the ONC,
11 again, Thursday night or Friday. We will send you a copy.
12 We have prepared an executive summary and if the
13 Commissioner feels it is appropriate we'll send that out
14 also so that you have a smaller document to share. Dan.

15 MR. CARMODY: Yeah, question for you. As I
16 was going through reading about the Operating Plan --

17 MS. HOOPER: Yes.

18 MR. CARMODY: -- there's a comment in there
19 around the provider portal. Is that ringing a bell? I
20 didn't bring my documentation with me.

21 MS. HOOPER: The provider portal?

22 MR. CARMODY: Yeah, there was a provider
23 portal within the document and that was the -- when I saw
24 it I was somewhat surprised with that. Is that in the

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1 document because that wasn't the service that I remember
2 talking about.

3 MS. HOOPER: No, I don't think -- yeah,
4 would you --

5 MR. CARMODY: Could you just check on it?
6 For some reason I saw it and I was like, I don't remember.
7 I'm keeping as close to the three that we had.

8 MS. HOOPER: Correct, and I think -- here
9 comes a copy of the plan. No, I don't see it.

10 MR. CARMODY: Oh good, good, good, I'm glad
11 you scanned it.

12 MS. HOOPER: We'll do a find and search.

13 MR. CARMODY: Do a find and search.

14 MS. HOOPER: Yes, because I'm not a speed
15 reader although all the iterations of our plans --
16 provider portal, I believe that there might have been some
17 reference to potential private. Was it about the NHIN-
18 direct possibly as being a private physician portal?

19 MR. CARMODY: It was a provider physician
20 portal, I don't remember the specifics. I just remember
21 that I knew I wanted to raise it and I forgot my
22 materials, so.

23 MS. TOWNSHEND: There's something about
24 Yale New Haven Health System.

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1 MR. CARMODY: It was in relationship to
2 what we were doing --

3 MS. TOWNSHEND: Okay.

4 MR. CARMODY: -- if that's not the case
5 then that's fine. I figured I would ask about it.

6 MS. HOOPER: Yeah but we'll do a search,
7 thank you very much. Again, this is going to go to the
8 Feds and then it is up to them to decide if it is an
9 approved plan and only then will the funds, the
10 implementation funds be released. We thought that ONC
11 originally had said they could review it and approve
12 within a month, now they're saying three to four months.

13 So please, we need you to understand from
14 the Department's perspective the planning funds that have
15 been released are what we're using currently now for a
16 minimal for our staff and then for Gartner and our
17 transcriptionist and lunch. So the bulk of the funds are
18 going to be held until possibly February so we need you to
19 be aware of that.

20 We're certainly encouraging ONC to read
21 through ours because it is excellent and has no issues for
22 them to raise and we're continuing to work on that. Of
23 key importance is Lynne has created a website on the DPH
24 -- a web page on the DPH website. Right now -- or prior

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1 to today HITE information was under Office of Research and
2 Development, which is where it started, but we've decided
3 to have a separate page where everything is listed
4 immediately off the front page of the DPH website. All
5 minutes, meeting notices, agendas, materials, the Plan
6 when we submit it after the Commissioner says okay, all
7 materials will be posted to that website. And certainly
8 feel free to share that with your partners.

9 Also, DPH is working on a white paper with
10 some of our colleagues and the 3C3 group, which is E-
11 Health, and with DSS and DOIT to put together a white
12 paper for the new administration. And then lastly just to
13 give you an update, we are feverishly and appropriately
14 moving forward with trying to help with the logistics and
15 the legal authority for the new agency effective January
16 1st. We'll talk about that a little more in detail also,
17 but the Department is committed to making sure that this
18 new agency has all of its logistics and legal bearings to
19 move forward.

20 And that's it for the DPH update from me
21 sir. Would you like to add anything?

22 CHAIRMAN GALVIN: No, I think we'll get
23 into it in the latter part of this meeting but this is a
24 very important point in time when we move from an Advisory

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1 Committee to a Quasi-Governmental Agency, and our first
2 meeting will be the 18th of October at 4:30. And it's
3 very important that we move forward without stumbling and
4 as you heard, I think -- was it Meg or Lynne say that we
5 may not have federal monies until sometime in February.
6 And that brings up the question of how is the Authority
7 going to exist and recruit a CEO without any funding?

8 And that's a good trick and as all of us
9 who have been around business for awhile realize is that
10 you can't do these things unless you're appropriately
11 financed. It then becomes very important for all the
12 Board members to talk with their Legislative friends and
13 say we need something from the State Legislature or State
14 Legislatures to tide us over. But also, I think we're in
15 much better shape from my understanding of things
16 political and trying to get money from United States
17 Senators and Representatives.

18 If you put some money of your own in
19 they're much more inclined to say oh, I'll match that.
20 But if you don't put any of your own money in and say can
21 I have some money to run the Health Care Authority they're
22 liable to say well, it must not be very important because
23 you're not putting any of your own money into this. And
24 particularly at this time of year, I noticed a good friend

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1 of mine is running for State Representative. He's out
2 there rain or shine with his little sign out on the
3 street, waiving and vote for me. And this is a time when
4 Legislators are willing to listen to you and they're also
5 willing to take your checks and ask you to come to their
6 little parties, and it's the nature of our federal
7 democracy to do things like this.

8 But it's also very important for you to
9 speak to the people you know who are farfel and who are
10 connected to Appropriations and let them know we need some
11 money and we need it soon because we won't have any
12 operating funds maybe for six or eight weeks or even
13 longer.

14 MS. HOOPER: Thank you sir. Dan, to
15 address your question the clinical portal --

16 MR. CARMODY: Yeah.

17 MS. HOOPER: -- on the version that you all
18 have, the last version is page 112, clinical portal will
19 be a web-based clinical application that allows providers
20 to access their patient's longitudinal record contained in
21 the HIE. Potential important portal features are access
22 controls, consent management, personalization, workflow
23 management, single sign-on, contacts management,
24 integration, broker capability. Is that what you're

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1 referring to?

2 MR. CARMODY: That's what I'm referring to.

3 MS. HOOPER: Alright. The clinical portal
4 is part of the master data registries that are being
5 discussed so that it's current registries, the exchange
6 gateway is discussed as a layer to isolate the HITE
7 Connecticut infrastructure from the world of POS
8 applications, and then it goes into the clinical portal
9 will be a web-based clinical application. These are our
10 -- as part of the Implementation Plan under the -- sorry,
11 under the actual HIT/HIE services.

12 So we did consider that a clinical web-
13 based portal would be something that would be available.
14 Whether that's actually going to happen is going to depend
15 upon, again, the Board of Directors, the industry itself
16 and the funding available.

17 MR. CARMODY: Okay, no, I just didn't
18 remember talking about that. I remember we talked about
19 the other pieces, I remember we talked about nester-
20 patient index, nester-provider index --

21 MS. HOOPER: Yes.

22 MR. CARMODY: -- the record locator. I
23 don't ever remember having gone into a conversation --

24 MS. HOOPER: I think when we get into --

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1 MR. CARMODY: -- about -- of clinical
2 portal.

3 MS. HOOPER: -- alright. I think that as
4 we went through with this the different systems that would
5 be available this was in some of the original plans for
6 determining what are the different systems. And portal
7 for example, a public health web-based has some web-based
8 applications. Our public health system, clinical, provide
9 registries and then the master data registries.

10 So it was part of the discussion, but if
11 you feel that there's more to review and if you have
12 comments you've still got time sir.

13 MR. CARMODY: I just want to open it up to
14 the -- I don't remember -- again, you're going to have a
15 portal service, you're going to require people to service
16 it, ask questions about it. It wasn't a utility that was
17 imbedded that people would call from their own outside
18 applications of -- I just don't remember that being
19 imbedded.

20 MS. HOOPER: Okay, understood. And I do
21 think that, again, we can entertain that discussion
22 certainly. It is not proposed to be the only clinical
23 portal or protocol. Tom, did you have some comments on
24 it?

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1 DR. AGRESTA: Yeah, I think I recall the
2 context being for the Docs who are not within a regional-
3 sponsored HIE there needed to be some way for them to kind
4 of engage in Health Information Exchange. So we -- and
5 this is one way that one could do that. I'm not sure it's
6 the only way or the best way --

7 MS. HOOPER: Okay.

8 DR. AGRESTA: -- but I think that what
9 needs to be clear. And one of the things that we came up
10 with in our Subcommittee was that we needed to identify
11 ways for folks who are in the middle, you know, between
12 organizations or in multiple organizations to have access.
13 But this is all -- I mean, these things are in the midst
14 of change, I mean rapid change, and I would bet by the
15 time we actually get to writing RFPs or defining this
16 stuff that the market is going to be even different than
17 it is now -- I think.

18 MR. PETER COURTWAY: Yeah, I think that
19 this type of portal can fill the gap for those who don't
20 even have an electronic health record but want to still
21 see in their manual systems where else perhaps a patient
22 has been. I think ultimately it comes down to the RFP to
23 get the breadth of services and the breadth of
24 capabilities and the applications that we would put in or

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1 would potentially put in and then weigh them and get it
2 out as part of the RFP process.

3 MS. HOOPER: Okay.

4 MR. COURTWAY: And then decide at that
5 point whether or not it's a service that's worthwhile
6 offering, at what cost, and accept it or do it from the
7 vendor selection. And the other part of it is, I think
8 we're going to get a lot of guidance from the Feds on
9 stuff like this. I suspect this is one of those areas
10 where they're going to have looked at a number of state's
11 plans and kind of have some specific things they want to
12 have addressed in that regard and probably will direct you
13 to refine it based on some other collaborative discussion
14 with other states.

15 MS. HOOPER: Right. And I'm sorry, are
16 there other comments yet before I summarize for those on
17 the phone? We are looking at -- is everyone still hearing
18 me on the phone?

19 MS. JAMIE MOODY: I can hear you but we
20 can't hear the people in other parts of the room.

21 MS. HOOPER: I know Jamie, which is one of
22 the things we're trying to accommodate. From now on I'll
23 try and do a summary for those -- the question that came
24 from Dan Carmody was about the clinical portal

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1 description. You may have heard me saying that earlier.

2 Dr. Agresta and Peter Courtway contributed
3 that in recognizing there may be options that need to be
4 looked at for the physicians that are not already in in
5 existing or soon to be implemented Health Information
6 Exchange, that web-based portals may be an appropriate
7 clinical application for their services. And there being
8 no other comments Dan, is it --

9 MR. CARMODY: No, I'm fine with this.

10 MS. HOOPER: Are you? Okay, thank you very
11 much. So again, as this Plan goes forward we'll get some
12 more updates. Certainly as ONC makes some comments as Tom
13 said, we'll probably get more guidance. Any other
14 questions about the Plan? Okay, I'm good.

15 CHAIRMAN GALVIN: You're good?

16 MS. HOOPER: Yup, so you can go on with
17 that.

18 CHAIRMAN GALVIN: Okay Subcommittee
19 reports, Finance.

20 MR. CARMODY: I'll be engaged with Gartner
21 to run a short review of the different type of
22 possibilities that we have on funding. We're going to do
23 somewhat of a deep dive on seeing what other states have
24 done, compare that to what we've talked about, look at the

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1 viability on either, looking at some public information.
2 There's scheduled working sessions I believe 9/29 --

3 MR. WOLLSCHLAGER: 9/29, 10/25 and 11/15.

4 MR. CARMODY: -- so there will be some
5 working sessions where over the course of that timeframe,
6 I think we're going to wrap up in that November session.
7 It's going to be down at CHFA and so they'll be able to
8 come back and provide us sort of a status progression on
9 where they're at through the engagement. So we look
10 forward to getting into those conversations.

11 Some of the Advisory Committee members were
12 on a call today, I think it was last week where we walked
13 through the engagement approach which was just sort of
14 solidifying what was in the RFP or the statement of work.
15 So we would like to be able to do it on the report out to
16 the Board of Directors when we get to that.

17 MS. HOOPER: Good. For those on the phone,
18 Mr. Carmody said that they are working with Gartner doing
19 other state's activities, certainly reviewing the RFP to
20 finalize for Gartner's scope of work and conducting
21 working sessions until November to work with Gartner to
22 create the sustainability model.

23 CHAIRMAN GALVIN: Okay, all set?

24 MS. HOOPER: Yup.

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1 CHAIRMAN GALVIN: Legal and Policy.

2 MS. LISA BOYLE: This is Lisa.

3 CHAIRMAN GALVIN: Hi Lisa.

4 MS. BOYLE: We are -- we talked about some
5 of the nitty gritty detail of the Consent Model and
6 provided our comments at our last meeting, made some
7 revisions to that language to tighten it up a little bit
8 and address some of the public comment that we got on the
9 Consent Model. We are working on the legislative piece to
10 this. We are now -- we're finalizing our preemption
11 analysis. We split it up and we're doing the analysis
12 part of it looking for another law clerk to try to
13 hopefully help us get to the end of that.

14 We are also working on what we can get out
15 of the Legislature to direct the Health Information
16 Technology Exchange. We have -- at our next meeting we
17 are going to go through the analysis and some of the key
18 Connecticut laws that preempt HIPPA and we're at the same
19 time looking at them in relationship to whether there's a
20 legislative change needed on some on those and hoping to
21 maybe try to get some legislation that is like a special
22 section for the HIE itself.

23 MS. HOOPER: Thank you Lisa.

24 CHAIRMAN GALVIN: Questions?

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1 MR. CARMODY: I have a question. So let's
2 make it interactive. We have to be here for two hours
3 right, so we're going to get it all out. So the question
4 I have is out of the tiger meetings that they've been
5 having there's been some conversation around Consent and I
6 wanted to -- maybe you could just give an overview
7 Marianne on sort of what we proposed, what they've come
8 out with. It seems like the Consent conversations that
9 have been coming out of those tiger meetings is a little
10 bit more -- I'll say it requires a lot more effort on the
11 part of the people collecting it and managing as to where
12 people's information is going to go especially when it
13 goes from just the provider into the HIE.

14 And we've talked about if you're a
15 participating provider you go straight -- your information
16 will be incorporated. And it was at the practice level
17 from the HIE to secondary use, that's where Consent was --
18 and this seemed to be even a stronger emphasis on, it
19 wasn't at the practice level it was at the individual
20 patient level of Consent to even move into the HIE and it
21 was their conversation on the Subcommittee. And if I've
22 got it wrong let me know, but that's what I thought I
23 glanced at.

24 MS. HORN: Yeah, we did not analyze it in

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1 great detail comparing it to ours. They didn't go with an
2 octane model across the board.

3 CHAIRMAN GALVIN: Marianne, do you think
4 you could restate the question?

5 MS. HORN: Oh sure. The group is advising
6 the federal government-- ONC has commissioned a group to
7 come up with a Consent Policy for Health Information
8 Exchange and they're looking at a bunch of privacy and
9 security issues. And so their paper on the Consent Model
10 is slightly different than what we have proposed but we
11 haven't done a detailed analysis.

12 What I got out of that was that if it is
13 strictly an exchange, provider-to provider-exchange that
14 you basically followed HIPPA, there was no need for
15 consents it would just flow. But if there was more than
16 that, if there's value added to the exchange you were
17 going to be holding onto that information in the HIE for
18 any particular purpose, that you needed to have Consent
19 for the information to be used in that way. And that is
20 we have not drilled down to that level in our Consent
21 Model.

22 So we're watching it, we're going to see
23 what they finalize and certainly we would be guided by
24 what they put forward because we want to be able to use

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1 this information in NHIN as we go forward. So Lisa, I
2 don't know if you've had a chance to look at it in more
3 detail?

4 MS. BOYLE: No, I think that -- you know,
5 we did talk about it a little bit. I think our -- you
6 know, the Committee has been kind of watching all of the
7 dialogue related to Consent Models. The Committee is
8 still fully convinced that this is actually -- the Model
9 that we created is the way to go and so we're moving
10 forward in that direction.

11 I think underlying -- I think as Marianne
12 said, underlying where we are right now is the fact that
13 we are assuming that we are probably going to not be a
14 central repository for data and to the extent that that
15 changes probably other things would have to change.

16 MR. COURTWAY: Lisa, this is Peter
17 Courtway. One of the areas where Dan Carmody had brought
18 up the issue of the clinical portal does imply that there
19 is a repository, that it's not solely the Exchange point-
20 to-point, but there is a repository --

21 MS. BOYLE: I can't hear him.

22 MS. HOOPER: Yeah, we'll summarize. Those
23 aren't actually microphones Peter unfortunately.

24 MR. COURTWAY: But they look like a

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1 microphone.

2 MS. HOOPER: I'm sorry, they're microphones
3 but not for volume they're for recording purposes only.

4 MR. COURTWAY: Oh, for over there.

5 MS. HOOPER: For over there but not for
6 over here sir.

7 MR. COURTWAY: Okay, so if you could
8 summarize that, that it is implied for that and if indeed
9 we do need to put something in we need to be fairly vague
10 or more in terms of the context of how the data will be
11 used because I don't believe that today we can predict how
12 the data is going to be used three, four, five years from
13 now. So I do believe that there is a repository in the
14 near future.

15 MS. HORN: Did you hear that Lisa?

16 MS. BOYLE: I did not.

17 MS. HORN: Okay.

18 MS. BOYLE: All you really can hear is you
19 guys.

20 MS. HORN: Okay, so he's just saying that
21 down the road that we may well want to hold -- anything
22 that we put into our Consent Model today and define it
23 rather vaguely because down the road we may well have a
24 repository of information, particularly if we're getting

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1 into the clinical portal which was alluded to in the Plan.

2 MS. BOYLE: Yup, and actually -- we
3 actually did discuss that at the Committee because I think
4 everyone came into the room on the Subcommittee with a
5 different view of what is ideal and some people still feel
6 that there's a lot of benefit to having some kind of a
7 central repository in terms of the value of the data and
8 heightened use of the data. So we agree.

9 MS. HOOPER: Other questions for Legal and
10 Policy? Concerns?

11 MR. COURTWAY: You know, just as a
12 clarification if the Legal Subcommittee agrees does that
13 mean we're going to write in that extra piece that the
14 tiger team would like into the consent?

15 MS. HORN: As it evolves we will follow
16 what the tiger team is recommending so that we are
17 consistent with that. I mean, that would be subject to
18 discussion but that's, I think, what we would need to do
19 in order to meet the requirements of the legislation, that
20 we are no less stringent than HIPPA. And if we're going
21 to have our information being used nationally we want to
22 be consistent with what they're developing nationally.

23 MS. BOYLE: And I think the thinking just
24 hasn't been -- it's not fully evolved yet and so you could

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1 constantly be changing to try to -- you know, the thought
2 of the day on this. So I think we're all watching it and
3 we know that we're going to have to be malleable.

4 MR. COURTWAY: I guess -- this is Peter
5 again.

6 MS. HOOPER: Yeah, you don't look convinced
7 at all Peter.

8 MR. COURTWAY: Well, I guess the thing is
9 one of the difficulties in dealing with the Health
10 Information Exchange is consent management. You know, so
11 whatever -- by the time we launch the actual Exchange we
12 will want to have a document that clearly gives very broad
13 capabilities of the usage of the data within the context
14 of the laws, within the context of privacy and
15 confidentiality issues because one of the things you don't
16 want to do is to go back six months, a year later and then
17 figure out okay, now who's got to resign a consent for the
18 new change of forms.

19 So we've got to get it as close to right
20 the first time around and otherwise -- instead of shifting
21 sand. So we may need to make it more broad than very
22 narrow at the time that we do it.

23 MS. HORN: I hear you, yup. We're running
24 into that issue with the stem cell consent right now where

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1 there was really no intent to narrow something and it was
2 narrowed and now we're dealing with the consequences.

3 MR. COURTWAY: Yeah.

4 MS. BOYLE: Just another thing on the Legal
5 and Policy Subcommittee. We had -- one of the issues
6 we've been struggling with on the Subcommittee for some
7 time is this issue of whether the providers can actually,
8 within their EMR, segregate data by -- you know, the
9 heightened data versus the kind of regular treatment
10 payment and health care operations just generic-type data.
11 And I think at our last meeting we voted to actually
12 request that the Technology Committee provide us with some
13 insight on that.

14 We think that it's actually a technical
15 issue that we need to -- you know, we're just -- this is
16 Legal and Policy and we think that we need some feedback
17 on whether the systems have evolved such that we can
18 comfortably say that they allow for the distinction of
19 data based on the stuff that's heightened scrutiny. You
20 know, the stuff like substance abuse and the other
21 heightened scrutiny areas.

22 DR. AGRESTA: How good are you at natural
23 language processing? (Laughter)

24 MS. HOOPER: I'm passing that hot potato

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1 around.

2 MS. BOYLE: Yeah, I mean I think we just
3 need someone to tell us the technology answer on that
4 because we're really not the group in the position to kind
5 of know for sure whether it works or not.

6 MR. COURTWAY: Okay, this is -- I'm Peter
7 from the Technical Committee again. If there is a need to
8 segregate and provide a different level of access to,
9 especially protected health information in the Exchange --

10 MS. HOOPER: Correct.

11 MR. COURTWAY: -- that is not technically
12 unfeasible to do.

13 MS. HOOPER: Okay.

14 MR. COURTWAY: Well, it's technically
15 feasible to do. The key is the master provider index
16 because it's the provider that determines whether or not
17 this is specially protected, you know, not necessarily the
18 tasks or the other work. So as long as they have a master
19 provider index that's part of the Exchange that is
20 accepting the information we can build that technically.
21 It's going to be important that we understand what the
22 rules of engagement on that are and then we can build that
23 in to the RFP to make sure that the break glass if you
24 will is set up appropriately or can be set up

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1 appropriately.

2 MS. HOOPER: And I do think the details on
3 -- I mean, all this can be worked out. I don't want to
4 state too much on this. Not to be rude at all, it would
5 be just that, again, as we actually carry this out it is
6 going to be dependent upon the funds available to build an
7 HIE or take advantage of trying to support existing HIEs
8 and how that moves forward. I think Lisa's question and
9 invite is very clear. Legal and Policy had very strict
10 rules for what they can engage in, Technical needs to work
11 with them, see how it can be implemented.

12 DR. AGRESTA: Well --

13 MS. HOOPER: I don't want to shutdown the
14 conversation but --

15 DR. AGRESTA: -- but you do.

16 MS. HOOPER: -- on the details I do Tom.

17 DR. AGRESTA: Well, I think that when we
18 get to communicating about this and when we get to kind of
19 talking about the difference between someone who is solely
20 a substance abuse counselor for example --

21 MS. HOOPER: Okay.

22 DR. AGRESTA: -- versus a primary care Doc
23 who deals with all of the issues and in the midst of their
24 notes and in the midst of their problem list, in the midst

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1 of their medication list, have all those keyed pieces of
2 data that will key off somebody else to the fact that
3 there's private -- that there's data that might be an
4 issue --

5 MS. HOOPER: Correct.

6 DR. AGRESTA: -- that technically is not
7 yet feasible to distinguish and pull out. You can pull
8 out stuff from a problem list; you can pull it out and
9 call it out from the middle of a medication list. It's
10 probably not wise to do that all the way from a care of
11 the patient perspective because it can cause potential
12 adverse reactions and other things that may be an issue.

13 MS. HOOPER: Correct.

14 DR. AGRESTA: But you can't yet pull it out
15 from the middle of a clinical note that's been written in
16 text format.

17 MS. HOOPER: Understood.

18 DR. AGRESTA: And that's really pretty key
19 and as we have conversations around that it needs to be
20 very, very, very clear to anybody that it's not possible
21 to do that yet in a --

22 MS. HOOPER: And I do think as systems --

23 DR. AGRESTA: -- from a technical
24 standpoint.

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1 MR. COURTWAY: Well, that's an important
2 piece. I know you want to move on to the next agenda item
3 --

4 MS. HOOPER: I know.

5 MR. COURTWAY: -- but an important piece
6 here is that the point that we wind up with this
7 conversation around other information, a great example
8 primary care provider. There is no restriction on the
9 sharing of that data in the law today. It has to be a
10 licensed health care professional, so if we are going to
11 design additional controls and additional brake glasses on
12 very specific information that we need to get some rulings
13 on very early because you're absolutely right.

14 Neither the provider systems, whether or
15 not its hospitals or clinics or the others, can control
16 that inside of the note -- you know, on it. So if we're
17 going to get to that level of discreteness that is more
18 stringent than state and federal law we need to get that
19 through the Committee really quickly.

20 MS. HOOPER: And then some refer phone
21 callers -- again, there are some very specific issues. If
22 there is going to be information kept out early then this
23 whole discussion requires further evaluation and issues.
24 Obviously we need to be in compliance with the federal and

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1 perhaps more stringent but not less stringent than --
2 again, dependent upon whether we're going to be building a
3 new system or whether you folks -- you are going to be
4 involved in this initiative going forward, the new agency
5 and how you're going to be actually implementing.

6 So those are the kind of details that
7 within the Implementation Plan, we hope that we kept it
8 broad enough, to indicate that the Consent Model has to go
9 forward protecting privacy and security and serving to the
10 needs of not only the provider but also to the patient.

11 Dr. Dardick.

12 DR. KENNETH DARDICK: But a point that I
13 made at the Legal Committee and perhaps I've made at this
14 Committee as well, is that the more barriers that we place
15 in front of physicians in practice, in front of patients
16 when they're interacting with physicians or other health
17 professionals, the more unlikely it will be that there'll
18 be widespread acceptance of the system because those will
19 all be viewed as significant potholes and speed bumps
20 along the way.

21 And people are just going to say to heck
22 with it, I can't deal with it, it's too granular, it's too
23 nitpicky and it takes too much time. It interferes with
24 the actual flow of the interaction, which is taking care

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1 of patients and providing medical services. So although
2 I'm very sensitive to the needs to provide and protect
3 security and confidentiality, my concern is that if we get
4 down too far in the weeds the thing just sort of stops.

5 CHAIRMAN GALVIN: Yeah, let me add on to
6 that comment. I don't think that you have to get down
7 very far in the weeds before people would make those kind
8 of comments about this is too much trouble, it's
9 interrupting my workflow particularly at a time where
10 everybody is trying to have increased, more efficient
11 workflow because of financial issues. And you have to
12 balance that off with what Dr. Agresta said, that as
13 you're looking through a chart your eye may come to a
14 medication list which has an anti-rectal viral drug on it
15 or something that's clearly identified with immune system
16 dysfunction and therefore, perhaps a key item that would
17 lead to looking for HIV or IV drug users or whatever.

18 And then how do you -- and Thomas asked
19 this before, how do you view that chart and how do you
20 make sure there aren't any references, I think Tom said,
21 buried in the body of the chart that -- you all heard me
22 say about I had a patient years ago who told a specialist,
23 never told me, that he had experimented with -- he or she
24 had experimented with I believe cocaine while they were a

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1 college student. And it was buried, completely buried
2 until an insurance company looked at it and decided he
3 couldn't get the kind of insurance he needed to be able to
4 manage his life and his business. As I recall he was
5 probably in his middle 40s, this was something he did when
6 he was 20, but I didn't even see it. It was imbedded in a
7 little one liner in a specialty conversation. And I'm not
8 sure how you do that but I'll circle back to Ken's point
9 is that if you make it complicated people won't do it.

10 MS. HOOPER: Right. I think we've heard
11 that not only from the providers, from the consumers and
12 certainly from the legal experts and the bureaucrats.
13 More comments and questions on the Consent Model building
14 with the Technical and meeting federal and state mandates?

15 CHAIRMAN GALVIN: Business and Technical.

16 DR. AGRESTA: So we --in the last kind of
17 two or three different teleconferences reviewed the Plan
18 as it was sort of put before us and -- you know, in
19 general I think we were very pleased with the growth
20 especially in areas where we were looking at how we were
21 going to collaborate across from this Agency to the other
22 agencies that are responsible for getting HIT out and to
23 the providers. So the collaboration plan, the
24 communication plan have really come a great distance and

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1 we felt like that had a chance of success.

2 And I think that that's playing out in the
3 Health Summit that's coming up in the next week or two.
4 We also felt like the Consent Model was taking into
5 account some of these issues. I guess the biggest concern
6 we raised was -- alright, as we transition from an
7 Advisory Agency with the ability to have Gartner kind of
8 doing a lot of the work for the development of the Plan to
9 really more of a functioning Board of Directors with yet
10 no staff and no CEO and no -- you know, how are we going
11 to do that? And that was a concern --

12 MS. HOOPER: Did you get an answer yet
13 there Tom?

14 DR. AGRESTA: What's that?

15 MS. HOOPER: Did you get an answer on that
16 one yet?

17 DR. AGRESTA: No, no, it was just questions
18 raised to bring back to the larger group I think.

19 MS. HOOPER: Oh.

20 DR. AGRESTA: And the issue of, you know,
21 do we even have the right -- you know, some groups and do
22 we have the right structure? Will there be a lead group
23 in trying to figure out how that happens? Will there be
24 an executive group of the Board of Directors that has the

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1 capacity to make decisions quickly?

2 I mean, those were issues that were all
3 raised.

4 MS. HOOPER: Yes sir.

5 DR. AGRESTA: And I think our -- I think
6 this transition is going to be challenging and I think
7 that it needs to be well thought through and planned.

8 CHAIRMAN GALVIN: I think you're entirely
9 correct and there's a lot of hard work and time invested
10 here. The whole thing could unravel in a couple three
11 months and having been around programs as long as Dr.
12 Agresta has, you know, it doesn't take long for something
13 to fall apart when you have a change in leadership. I
14 think it's important to identify among that new group of
15 people, the Authority, a group of individuals who will
16 serve as the Executive Committee.

17 And whoever they may be, I think it's also
18 important for the new Authority to bring on at least one
19 employee initially who knows what they're doing to be able
20 to manage things. I don't think you're going to see a CEO
21 until you're worried about people being allergic to roses
22 next June or so because this is going to be a fairly long
23 process to find the right kind of person here. And the
24 second big mistake that can be made, if you hire the wrong

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1 person you're done -- we're done, because if you hire
2 somebody who has an entirely different concept of their
3 function from what the Board wants or who just can't make
4 those contacts or move the transition along or represent
5 the group properly in front of our friends in the State
6 Assembly and the State Senate, then we're in real big
7 problems.

8 And if we can't get some contribution from
9 the Executive Branch and from the Legislature we're going
10 to find it hard going as I said earlier. You really can't
11 go into the Feds and say can I have all the money I need
12 to keep my program going for a couple of years? Their
13 question to you is well, what are you putting into it?
14 Oh, nothing. And they say nope. Might as well just say
15 well, we'll put in \$10 million and they're probably
16 willing to put in \$10 million but you can't go there with
17 your hat in your hand and just beg for money because it's
18 not going to work. It's not going to work, so --

19 MS. HOOPER: -- stand in line.

20 CHAIRMAN GALVIN: -- you could stand in
21 line, yeah. The line will go all the way out down to
22 Dunkin Donuts, maybe you'll get to the end of the line so
23 you can get Dunkin for everybody. But we could lose the
24 whole thing here in about eight weeks. We will -- those

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1 of us in the Department who have worked on this will be
2 here until the 4th or 5th of January --

3 MS. HOOPER: God willing.

4 CHAIRMAN GALVIN: -- God willing, and then
5 some of us will be gone. We don't want to see this effort
6 falter.

7 MS. HORN: No, no we do not.

8 CHAIRMAN GALVIN: And somebody's got to get
9 behind recruiting and a new CEO and a lot of hard work
10 there. It's just not going to happen, you're not going to
11 have somebody fall out of the sky although I had an
12 epidemiologist, an infectious disease physician, who kind
13 of fell out of the sky and stuck in the Department for
14 personal reasons.

15 But that's not what we want, we want to go
16 out and be able to recruit the best of the best and also
17 an appropriate person to do this job. And that's going to
18 require a lot of hard work and smarts.

19 MS. HOOPER: We will talk more about the
20 transition and what we're hoping from the Department to do
21 and then encourage those that we are aware of that have
22 been appointed to the Board.

23 Let's wrap up with the Subcommittee
24 reports.

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1 CHAIRMAN GALVIN: Governance.

2 MS. TOWNSHEND: That would be me.

3 Governance is really dictated by both the statute and
4 what's been outlined in the Plan. So it's obviously in
5 transition at this point with DPH moving to -- towards its
6 new role as Chair of the Board of Directors. I know that
7 the Board of Directors is -- I know that the appointments
8 are moving forward but beyond that it's really not changed
9 since the statute was enacted.

10 And we're just moving as we said and Meg
11 said, we'll talk about it a little bit later, but the
12 transition will certainly influence the governance of
13 moving forward towards the Authority.

14 MR. MASSELLI: What seats have you not
15 filled?

16 MS. TOWNSHEND: I'm not sure if I have that
17 list --

18 MS. HOOPER: I'm sorry?

19 MS. MASSELLI: What seats have not been
20 filled?

21 MS. TOWNSHEND: What seats have not been
22 filled?

23 MS. HOOPER: There are four seats --
24 actually we will get -- we have a nice little spiel.

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1 There are four seats that have not been appointed and
2 we'll go through those.

3 MS. TOWNSHEND: So beyond that it's -- I
4 think everyone is familiar with what we're doing
5 Governance-wise. Again, it's very well outlined in the
6 statute and in the Plan so there's really not much of an
7 update there.

8 CHAIRMAN GALVIN: Okay, Technical.

9 MR. COURTWAY: The Technical Committee has
10 -- however a lot of technical issues as defined by the
11 original charging group have been raised by the CIO group
12 at the Connecticut Hospital Association. And if there's
13 one thing that goes into the fray in this is that there's
14 a very strong desire that both Jamie Moody and I heard
15 directly on last Friday's meeting going over the issues,
16 to bring the CCD components up early in the process.

17 To let them delay as it's currently in the
18 plan to the year after will not serve the needs of the
19 hospital. After giving it some thought, and I don't know
20 that this is really more than a writing issue, it says we
21 go forward with an RFP for the Exchange. The CCD and CDA
22 and all of those define data elements as a key part of any
23 vendor's offering and would have to be there really out of
24 the shoot. So I think it's more a matter of how the

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1 project gets implemented rather than so much a technical
2 issue to be dealt with. I think that the main part of the
3 Technical Committee's work is really going to be around
4 the evaluation of the RFPs from a technical perspective.

5 I think that the definition of what goes in
6 the RFP has been well defined by the other groups. You
7 know, whether or not it's repository, whether it's
8 clinical portal, whether or not all these compatibilities
9 are there. I think Art, his expertise has served us well
10 in that regard in getting the complete view if you will of
11 what a Health Information Exchange can provide. So I
12 don't think there's really a lot of work yet for the
13 Technical Committee to do other than to rush through the
14 final sheparding of the RFP and help with the analysis and
15 provide that analysis back to the Board of Directors of
16 the new corp for how they view the pieces of the RFP.

17 I think there's one other technical piece
18 that we need to figure out though is that it is apparent
19 that there are going to be multiple Health Information
20 Exchanges that are set up and will remain in the state for
21 a very specialty purposes. And I think those specialty
22 purposes HIEs should be encouraged. If they're offered
23 products that are not part of the state or Health
24 Information Exchange we'll just have to figure out how

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1 that technical landscape actually plays out so that there
2 is a clear definition of how this flows back and forth and
3 to ensure that there's clarity around product offerings
4 and how those product offerings are serving the members of
5 the state.

6 So I think that's the report of the
7 Technical Committee Chair.

8 MS. HOOPER: Thank you very much Peter. I
9 think for those on the phone, the Business and Technical,
10 Dr. Agresta just summarized that they've held a number of
11 conference calls. They are focusing on the collaboration
12 between all of the efforts going on including E-Health's
13 REC initiative, DSS's CMS reimbursement requirements for
14 meaningful use, Lynne Townshend spoke on the transition of
15 the Governance and dependent upon the Board of Directors
16 to set an Executive Committee or deciding body.

17 And Technical, Mr. Courtway just summarized
18 that there may be -- there are certainly a number of
19 issues that the Technical Committee needs to move forward
20 on and continue observing including the fact that multiple
21 Health Information Exchanges for specialty services need
22 to assure the adequate flow and the quality of the data,
23 which gets back to the standards issue that we did raise
24 in the plan. Yes sir?

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1 MR. MASSELLI: Weren't we supposed to be
2 getting a grid, an outline?

3 MS. HOOPER: Yes sir, and I'll address that
4 too. I want to address your question first. Mark, the
5 reason that I don't want to share that information right
6 now is because some of the Board members, not all have
7 been named. We have nine out of the 13 that have been
8 named. In respect to those around the table that may not
9 be aware if they've been appointed or not, I don't want to
10 through disclosure of saying what's open might indicate
11 that oh my God, maybe I wasn't selected.

12 Okay, so I want to just -- in consideration
13 as we protect our data and the selection of reporting two
14 few numbers I really don't want to go through on the
15 actual members that have been appointed or not. We
16 discussed this earlier and we just would rather wait until
17 October 1st, all names will be named to the Board and we
18 will be happy to get that list out. We don't anticipate
19 that all Legislators will necessarily meet that deadline
20 but we certainly hope those that do, do that on October
21 1st so we can notify everyone about who's going to be on
22 the Board.

23 We do anticipate for the Agency
24 representatives that we do still have our Commissioners

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1 thankfully and our secretary, that the representatives who
2 serve from state Agencies who are not legislatively
3 appointed but statutorily appointed to this Board, if
4 you're still our designees by our Commissioners then
5 great, we'll see you after October. And then come
6 January, February or March, whenever any change might
7 happen, then we'll see possibly some adjustments there.
8 And letters to new Commissioners are always welcome about
9 who should or shouldn't be staying. But anyway, with all
10 due respect to everybody we don't want to disclose who has
11 been and who has not been appointed and to what. We can
12 talk privately though Mark if you'd like afterwards.

13 Speaking of -- to recognize all of your
14 immense amount of work as has been presented by the
15 Subcommittees and all of your time here, Sarju is handing
16 out a document that Marianne is going to speak to. We
17 have to tell ONC that you've really been helping us and we
18 need your match to get those funds released. Marianne.

19 MS. HORN: Yes, we just found out last week
20 from ONC that we are going to be able to use your
21 contributions for an in-kind match, which will be very,
22 very helpful particularly as the years go forward. We
23 were planning to start this in October but we did receive
24 word that we could use your efforts back to March of this

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1 year. And that is a condition of us receiving the funds
2 under HITEC. We have to come up with a state match and it
3 can be through volunteer time, it doesn't have to be
4 funding which was a great relief since we have none.

5 And you all have really worked tremendously
6 hard, much harder than these figures that we're handing
7 out will show because what we've done -- it has to be
8 something that's auditable, and so we've just gone with
9 attendance at Subcommittee meetings or at the Advisory
10 Committee meeting. And most of you have at least doubled
11 that amount of time that you've volunteered to us so I
12 want you to know how much we appreciate that. It's a huge
13 number and a huge help above all of the expertise, but
14 just being able to use your time too as a match is a huge
15 help. So I hope there will be no issues with you, check
16 with your employer and that kind of thing.

17 If there is --Sarju, you can explain a
18 little bit more about how we arrived at the valuation of
19 this. But we used Gartner, they came up with it will be
20 for most of you a very low number in terms of what you
21 could charge for your time. But we are standardizing that
22 for all of the volunteers, it includes overhead and --

23 MS. SARJU SHAH: It will be a 40 percent
24 overhead with the base salary so we came up with a base

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1 salary of \$151 per person. And it's not based on your
2 actual title or based on the consulting fees, so that's
3 how we came up with this. It's a 40 percent overhead,
4 that includes travel time, fringe benefits, everything.

5 MS. HORN: So Sarju has come up with an
6 individualized form for you and for you folks on the phone
7 and everybody on the Subcommittees; we'll e-mail those out
8 to you. And we have a separate one for the state
9 employees because you'll be doing it somewhat differently.
10 This is modeled on a form that we use in the Department.
11 It isn't anything that ONC is drafting for us we're sort
12 of making this up, but I think that we're okay. It does
13 the job for us, it gets the number of hours, it gets the
14 valuation and it backs up what we can then put into the
15 grant.

16 MS. HOOPER: A reminder that if any of your
17 funding comes from a federal source that cannot be -- we
18 need to know that if you're limited by that. I know that
19 perhaps Mr. Masselli and maybe some of the others, it may
20 be funded under a different grant or already serve as a
21 match for another grant. So it has to be essentially your
22 free time not paid by federal funds.

23 DR. AGRESTA: What about state funds?

24 MS. HOOPER: Yeah, you're fine. It's

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1 really only for federal funds.

2 MS. HORN: Some people may already have
3 their time fully federally matched and so we can't use any
4 of that or any of the federal funds that they're on
5 already. We are trying to get this budget in when we
6 submit the Plan. We're not going to make that deadline
7 but the Plan is supposedly going in on the 24th, this
8 Friday, and we are trying to get the budget wrapped up as
9 quickly as possibly thereafter. So if you could review
10 this, let Sarju know if you have any issues, her contact
11 information is on the cover sheet, as soon as possible,
12 and we'll get it done.

13 And again, thank you all for your
14 tremendous contributions.

15 MS. SHAH: And if possible by September
16 27th, so it would make my life a little bit easier. Thank
17 you.

18 MS. HOOPER: Any questions for Marianne or
19 Sarju on the match? And again, she filled in some of the
20 dates for the meetings that were there. Dr. Dardick, I
21 don't think we had you for the 16th so you might want to
22 check that. If you have any dates that we don't have
23 reflected here you can certainly add them in. Sir?

24 CHAIRMAN GALVIN: No, go ahead.

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1 MS. HOOPER: Okay, the Transition.

2 MS. TOWNSHEND: We're here.

3 MS. HOOPER: By October 1st the new Board
4 of Directors is going to be named by legislative
5 appointments. Again, some Legislators may not appoint us
6 in a timely manner but we will have those appointments as
7 of October 1st that we'll share. We are planning to
8 include the Advisory Committee in all communications.
9 From the Department as we move forward, you're still the
10 Advisory Committee until December 31st. We are not going
11 to ask you to convene into a formal meeting unless there
12 is a necessity or called by one of you.

13 But the Advisory Committee may need to come
14 back to discuss if ONC raises some questions and wants to
15 talk to us, if you feel that there needs to be another
16 Committee discussion. Otherwise, this will be the last
17 formally convened Advisory Committee. I'd ask that you
18 remain certainly vigilant when you see our e-mails or any
19 of that information. In addition, we ask that the
20 Subcommittees remain moving forward. The work doesn't
21 stop from any of us here. The Subcommittees, particularly
22 -- oh gee, all of them, have been working actively to move
23 things forward and we need that detail and that expertise
24 to continue. The Department feels that that's going to be

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1 important for the new Board certainly. We can say that
2 some of the folks around the table have been appointed to
3 the Board of Directors so we're encouraged that there will
4 be some consistency with understanding the process and
5 assisting the new Board as it moves forward.

6 Commissioner Galvin will remain as Chair on
7 October 1st, and thereafter, until and if there might be a
8 new Commissioner. The Commissioner of DPH is the named
9 person. The Lieutenant Governor is a named person to the
10 Board of Directors. So there may be some new faces in
11 addition to legislatively appointed faces. But on October
12 1st we're still here and Commissioner Galvin is still here
13 for as long as we can hang onto him. So what we'd like to
14 do is in October, the October 18th Board of Directors
15 inauguration meeting will be an orientation meeting. It
16 will be here at DOIT but we're going to hold it in the
17 later afternoon and the Board members have been notified,
18 those that have been named so far have been notified that
19 it will be from 4:30 till 7:00 p.m., here at DOIT.

20 And we will have -- that's to accommodate
21 those that are certainly -- who are busy. We know that --
22 we appreciate all of your time, that you're coming in the
23 middle of the day. So the new Board of Directors will be
24 meeting, again, as a formal body with power and authority

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1 to make decisions. This is not going to be a legislative
2 body that is run by the Legislature, the Governor's office
3 or in fact by the Department of Public Health. This is
4 going to be a standalone Agency with its own Board of
5 Directors.

6 MR. MASSELLI: With the power to act on
7 that day?

8 MS. HOOPER: You are officially named on
9 that date. Actually, you are named as of October 1st.

10 DR. AGRESTA: No budget, no staff.

11 MS. HORN: And no agency.

12 MS. HOOPER: The actual Authority doesn't
13 exist until January 1st. Actually, we shouldn't call it
14 Authority. The new Agency that you are -- that the new
15 Board will be Boarding is not in existence until January
16 1st.

17 MR. MASSELLI: So we don't have -- we're
18 not empowered until January?

19 MS. HORN: You don't become the lead Health
20 Information Technology Exchange organization until January
21 1st, that transition happens on January 1st.

22 MR. MASSELLI: And so this current group is
23 responsible for all of the work to date and defending it
24 until the end of December, right?

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1 MS. HOOPER: You know -- and this is one of
2 the issues that we've had also with the legislation.
3 Technically this is an Advisory Committee so the
4 Department assumes responsibility for final actions.

5 MR. MASSELLI: Ahum.

6 MS. HOOPER: The Board of Directors named
7 by October 1st, you have -- those that are named you have
8 that point of being a Board member. You don't have a
9 Quasi-Public agency with power yet, but you do have a
10 Board. What we're going to be hoping for is in October,
11 at the October 18th meeting we will have an orientation
12 package of materials --

13 MR. MASSELLI: And I just wondered to the
14 language.

15 MS. HOOPER: Yes sir.

16 MR. MASSELLI: When you say agency is that
17 what it is, it's an agency on par with other agencies?

18 MS. HOOPER: Yes, it will be a Quasi-Public
19 agency created January 1st. Not a state agency like DPH,
20 not an executive agency, but like the Connecticut Resource
21 Recovery Authority --

22 MS. HORN: Connecticut Innovations --

23 MS. HOOPER: -- Connecticut Innovations.

24 MS. TOWNSHEND: -- some of the Connecticut

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1 Development Authority groups are Quasi-Publics.

2 MS. HOOPER: So in fact -- and we can make
3 sure that we will send out the legislation to you Mark and
4 actually all of the --

5 MR. MASSELLI: Yeah, I just wanted to
6 understand what happens --

7 MS. HOOPER: -- yeah, so it is a Quasi-
8 Public agency with a Board of Directors with full
9 authority over the staffing, where you want to have a
10 place to sit. It is no longer going to be run
11 appropriately so by the Department of Public Health it is
12 its own Quasi-Public agency.

13 MR. MASSELLI: So the staffing --

14 MS. HOOPER: Is up to the Board of
15 Directors. The Department, as the Commissioner said, is
16 not walking away from this. We have a responsibility not
17 only to the ONC but certainly to the State of Connecticut
18 not only as a stakeholder in HIE but certainly with all
19 the data sets that we do have. And legislatively, the
20 Commissioner being named the Chair with the new Board of
21 Directors.

22 The Department is not going to walk away
23 from administrative support to the new Board of Directors
24 but decision-making will have to happen around a table.

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1 But the new Board of Directors will make the decisions.
2 We're hoping in October some of the legal things that can
3 take place, a decision on who's a signatory, is there an
4 Executive Committee that can serve as a signatory? For
5 example when the funds are released how will the new Board
6 of Directors hire staff? And the Department of Public
7 Health is holding the money. We're not hiring staff and
8 we'd have to go through the state process. So in fact
9 there needs to be a signatory on the new Board of
10 Directors to be able to not only receive funds on behalf
11 of the Quasi-Public agency, but then to implement those
12 funds. So somebody with a checkbook.

13 MR. MASSELLI: What's the liability shield
14 for the --

15 MS. HOOPER: That's another issue that
16 we're encouraging that there be a legal advisor as one of
17 the things that the Board of Directors may either want to
18 consider as primary staff or consulting to.

19 MS. HORN: There is liability language in
20 the statute itself for the Board of Directors.

21 DR. DARDICK: But help me with this dance.
22 We have a Board of Directors but no entity for which they
23 direct?

24 MS. HOOPER: Correct, for two months.

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1 DR. DARDICK: And I think that relates --
2 and again, I'm just not -- does that happen all the time
3 in state government?

4 CHAIRMAN GALVIN: No, this is pretty
5 loosey-goosey as they would say.

6 MR. MASSELLI: Between the lip and the cup.

7 CHAIRMAN GALVIN: Yeah.

8 MS. HOOPER: Warren.

9 MR. WOLLSCHLAGER: Can I just -- I'm a
10 little new as well Doctor, and that happens all the time.
11 So Marianne, can you just help me out? So I understand
12 the Board convenes and it's going to have certain legal
13 authorities. And I know that the Authority, the Agency,
14 doesn't become the lead agency until on or after January
15 1st.

16 MS. HORN: Right.

17 MR. WOLLSCHLAGER: But is there a -- does
18 the statute say the Agency does not exist until January
19 1st?

20 MS. HOOPER: Yes.

21 MS. HORN: No, it doesn't become the lead
22 Health Information Exchange but it is --

23 MR. WOLLSCHLAGER: But it is in existence.

24 MR. MASSELLI: It's sort of that interim

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1 period --

2 MS. HORN: That's right.

3 MR. MASSELLI: -- what sort of goes, what
4 happens.

5 MS. HORN: We're going to have one group
6 sun setting as the other sun rises so to speak, but
7 they're going to have to be doing a lot of policies and
8 procedures and figuring out how they're going to run. And
9 then when they get money from the state contracting, who
10 is going to sign that, an Executive Committee and then the
11 hiring process.

12 MR. WOLLSCHLAGER: So that's what I
13 thought. So actually -- I mean, the January 1st date
14 really has to do with the real designation.

15 MS. HORN: Correct.

16 MR. WOLLSCHLAGER: It doesn't have to do
17 with the existence of this entity.

18 DR. DARDICK: So if by some act of miracle
19 funds appear which this Board of Directors could use --

20 MS. HOOPER: Yes sir.

21 DR. DARDICK: -- they can act in the name
22 of this entity, HITE Connecticut?

23 MS. HORN: Yes, they can.

24 DR. DARDICK: They can use that name, they

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1 can --

2 MS. HOOPER: Yeah, legislatively that name
3 is there and now I'm confused. Without having a Quasi-
4 Public agency without a bylaw statute -- I mean without
5 bylaws or enabling points can the agency exist on October
6 1st then?

7 MR. MASSELLI: We're talking October to
8 January.

9 MS. HOOPER: Correct.

10 MS. HORN: I mean, the Agency exists. The
11 statute says there is created this entity. Then the Board
12 of Directors, which is going to be putting together, has
13 to adopt bylaws and ways they're going to function and
14 then it has to hire some staff, then we have to find a
15 place to live. So all of this depends on how much funding
16 they get.

17 MS. HOOPER: So with the October meeting
18 what we'll be preparing is serving for the new Board and
19 upon request we'll share it with the Advisory Committee
20 members, an orientation package including the
21 Subcommittees and the responsibilities. We certainly
22 can't direct but we're going to request that that be
23 considered.

24 Again, the Commissioner will direct the

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1 Department's activities in support for the Advisory
2 Committee and Board of Directors. We're certainly going
3 to be including that crosswalk and one of the reasons is
4 we're still waiting for a little more information from
5 some of our partners. And so it's not quite complete yet.

6 MR. CARMODY: How complete is it?

7 MS. HOOPER: We'll send it out. I didn't
8 want to send it out in thinking that it's going to be
9 raising a lot of questions, but it will be part of the
10 orientation package but we will send that out. And my
11 apologies to Lynne, who said we really should have.

12 CHAIRMAN GALVIN: Okay, let me interrupt.
13 Here's what you don't want to have happen, is you don't
14 want the new group to be milling around sort of aimlessly
15 and saying well, as soon as it gets to be January 5th I
16 think -- January 1st, we're empowered. And so we'd meet
17 each other and we're supposed to have 13 members total?

18 MS. HOOPER: Yes sir.

19 CHAIRMAN GALVIN: We'll probably be short
20 two, that's usually the way it works. So I have to keep
21 pressuring Legislators to get the last two on board, but
22 it works that way for everything. But what you don't want
23 to have happen is somebody come down right after the 1st
24 or just before the 1st of January and say hi, my name is

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1 bla-bla-bla, and I'm from Governor bla-bla and I want to
2 take over running this.

3 Or, the Governor wants you to do this, the
4 new Governor wants you to do that, the new Governor wants
5 you to do the other thing and by the way, I know just the
6 guy to be your CEO, worked very hard on the Governor's
7 campaign, really good guy, former State Legislator from
8 Eastover Shoe -- you know, everybody knows good old Ed,
9 Bill, Edna, Frederica, whoever it is. And then you're
10 going to get stuck with a big time dud. (Laughter)

11 Well, I'm telling you the truth, you're
12 going to get stuck with somebody you don't want who's a
13 friend of somebody and you don't want that. So the new
14 group has got to sit down and figure out here's the kind
15 of person we want, here's what we're looking for
16 qualifications and my advice to you is do not put out an
17 ad on the open market. You will get everybody who could
18 ride a horse without falling off it or drive an automobile
19 and you'll have to go through them all because if you
20 throw a couple in the waste can somebody will say, this is
21 State Senator bla-bla and my constituent bloop, bloop,
22 bloop, applied and never even got a letter back. And so
23 you got to sit and read -- you know, gee this guy didn't
24 even finish high school but he knows -- you know, and he's

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1 got a cousin that can help him program.

2 So I think we have to have a -- this has
3 got to be kind of coalescing and gelling and saying hey,
4 stop the music Mr. bla-bla from Governor so and so's
5 office. We know what we want to do, we're a Quasi-Public,
6 you can't come down here and tell us how to run our own
7 agency. We're just not going to let you do that and you
8 can't come down here and tell us who to put in as
9 Executive Director because we're a Quasi company. You
10 can't do that. Well, the Governor will be very unhappy
11 about that because he wanted to put his cousin Freddie's
12 third son and you know that's -- I can tell you that's
13 what you get unless you're very careful.

14 I think the first order of the group is to
15 find out who you're going to use for a headhunter. And I
16 think Tom had -- but you gotta get -- you know, anybody
17 who's looking for a fee and say can you find me this kind
18 of person for this kind of job? And they'll say oh yeah,
19 sure. But they can't -- cross my palms with silver, you
20 know. But for \$50 grand or whatever they're going to get
21 to do it, they'll find you somebody. But once again, if
22 you get the wrong guy or the wrong woman in there it's
23 going to be a disaster to have to fire them and start all
24 over again or just say gee, this just doesn't work. It

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1 will be a disaster.

2 Tom and I -- Tom Agresta and I had a little
3 conversation before this meeting and I talked with Marie
4 O'Brien about this and we believe there are some ways you
5 can incentivise certain people if you make sure you do it
6 the right way so that you -- you know, if somebody says
7 well this is only \$10,000 more than I'm getting in St.
8 Louis but how about helping me move? I think maybe we
9 could do some things with relocation or put together an
10 appropriate package. For instance, yeah I'd like to come
11 in March but my wife's got an \$80,000 job here in Carson
12 City, Nevada. Can you help me get her a job? Or my kid's
13 still in school can you find me a place to live while I'm
14 looking for a house?

15 You know, all those kinds of things if
16 we're truly going to look for somebody of the status that
17 we need, otherwise we'll do what we call a Dunkin Donuts
18 search. You know what that is? You fill your car up with
19 gasoline and you go to Dunkin Donuts and you get the
20 biggest coffee they have and you drink it all. And then
21 you get in your car and you drive as far as you can
22 without having to make a bio-break, and that's the radius
23 of your search. So it's probably 75 miles?

24 MS. HOOPER: Well, it depends on certain --

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1 CHAIRMAN GALVIN: On your physiology.

2 MS. HOOPER: -- genetic factors.

3 CHAIRMAN GALVIN: Yeah, on your physiology.

4 But I think that's very important if you're going to
5 recruit locally it's very different from identifying
6 really good people who may have problems and who can't
7 just say okay, instead of driving to Providence I'll drive
8 to Hartford, instead of driving to Southington I'll drive
9 to Hartford. But I think that stuff has got to be well
10 established because you'll get pressured. It's a good
11 job, pays a lot and you'll get a lot of people who know
12 things and you'll get pressure. Peter.

13 MR. COURTWAY: Commissioner, point well
14 taken. There's certainly a lot of work to do and having
15 to hire staff at a senior level and having to deal with
16 relocation and other issues, I think that's clearly going
17 to be part of the issue that the Board will have to deal
18 with, how far they want to go or not go in that regard
19 because it can take -- consume a fair amount of time in
20 terms of the human resource components.

21 But on another note in terms of the first
22 meeting, I guess it's a question for you Marianne. Is
23 there anything that the Board needs to do to set up the
24 incorporation, you know, in terms of signing anything --

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1 you know, incorporate letters or is that a done deal,
2 there's nothing else we have to do that by statute does
3 it? Facilitate the opening of it and we have to open the
4 501C3, or it's --

5 MS. HOOPER: It is not a 501C3.

6 MS. HORN: It's not a 501C3.

7 MR. COURTWAY: It's not a 501C3?

8 MS. HORN: No, that was the initial
9 legislation and this is a Quasi-Public agency so it is --
10 it is what it is. We don't have to file anything further.
11 We are looking into some of the documents and mechanisms
12 we'll need to have in place in terms of a bank account for
13 example and setting up the finances for this agency, for
14 having signatory authority, for contracts, and I'm going
15 to draft some bylaws. There are many examples around that
16 the Board can then begin to chew on, personnel policies,
17 things that they'll have to have to operate.

18 So you'll have some meat albeit
19 administrative in the first meeting.

20 MS. HOOPER: So -- and that's where -- just
21 to follow back to the October meeting, will include draft
22 bylaws for your consideration. Whether it's at the
23 October or the November meeting that action would be
24 taken. Mark, there are for all Quasi governmental --

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1 Quasi-Public agencies the liability assurances for the
2 Board and certainly the responsibilities, conflict of
3 interest forms that will have to be reviewed and signed.

4 There will be the considerations for,
5 again, signatories, governance, how anything would move
6 forward. We're anticipating that that orientation meeting
7 is for all that are attending and again, all meetings of
8 the new Board of Directors will be public. We have taken
9 the administrative liberty to schedule them. That can
10 change if the Board so determines. We have a list of once
11 a month, Monday late afternoon, 4:30 to 7:00 here at DOIT
12 as far as reserved --

13 MS. HORN: Through June of 2011.

14 MS. HOOPER: -- through June of 2011.

15 We'll get those listed dates out to the new Board members.

16 MR. MASSELLI: Which Monday?

17 MS. HOOPER: I'm sorry?

18 MR. MASSELLI: Which Monday of the month?

19 MS. TOWNSHEND: Third Monday unless it's a
20 holiday and then we make it the third Tuesday.

21 MS. HOOPER: Which the Board, again, can
22 make any -- we've just set it up right now. If you have
23 changes -- again, if any of the new Board members have any
24 suggested changes we have taken that liberty to make sure

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1 that there is a transcriptionist, a location for a meeting,
2 but the new Board of Directors can set any agenda and
3 time. Again, the Department of Public Health will provide
4 administrative support, answer the questions, but we are
5 looking to the Board to set the direction with a
6 Commissioner and the Chair of that Board.

7 MS. TOWNSHEND: In terms of the packet,
8 anyone who's on the Board of Directors will be receiving
9 that as close to October 1st as possible. It will be sent
10 out in advance, it won't be a surprise walking into the
11 meeting on the 18th.

12 MS. HOOPER: Correct. Tom.

13 DR. AGRESTA: I'm very pleased that you
14 guys are doing a lot of prep work to get this --

15 MS. HOOPER: We're doing as much as we can.

16 DR. AGRESTA: -- I think that's really key.
17 So I think that's great and I have a different question
18 and I forgot it now in the context of --

19 MS. HORN: It will come back.

20 MS. HOOPER: I was sending you the forget
21 ray.

22 DR. AGRESTA: Yeah, I know because it was
23 probably a tough question or something, you know?

24 MS. HOOPER: I think that, again, any

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1 questions that do come forward, what we want to do is
2 continue to provide information so that the Board can make
3 active motions right away.

4 DR. AGRESTA: Yeah, I actually -- having a
5 clue understanding of how the other Quasi-Public agencies
6 function I think is going to be very helpful for us, you
7 know. And it would be probably wise if we either had some
8 presentation by one of the other Quasi-Public agencies or
9 some kind of documentation, something to help us --

10 CHAIRMAN GALVIN: See if you can get Marie.

11 MS. HOOPER: We could, we could ask Marie
12 O'Brien if she would be willing to address the group. We
13 also could -- we've been reviewing all the materials like
14 bylaws for CRRA, CI, the development authority CDA, and
15 then I think there's two others that we have been
16 reviewing certainly their bylaws and their structure,
17 their financing structure and how they establish in order
18 or assist us to assist the new Board.

19 So we can put some of those materials
20 together also and submit them to the new Board for their
21 consideration or actually to the full Advisory Committee
22 so you can see what's expected out of a Quasi-governmental
23 or Quasi-Public agency.

24 DR. AGRESTA: And then the other question I

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1 had -- that's excellent, I think that would be great. And
2 then the other question I had was you said that DPH is
3 going to continue to provide administrative support. Is
4 there an assumption though that in January that the new
5 Board will have to develop its own way of getting
6 administrative support, or?

7 MS. HOOPER: No, we're going to continue
8 until the new Board hires support staff.

9 DR. AGRESTA: Okay. But, it can't continue
10 forever --

11 MS. HOOPER: No.

12 DR. AGRESTA: -- and one of the things you
13 want to do is transition at an appropriate time obviously.

14 CHAIRMAN GALVIN: Yeah, but you may get a
15 new Commissioner at that time who decides that he's not
16 interested in this or she's not interested in this or
17 that's, you know, devote very limited resources. And as
18 you all probably understand, Lynne and I are
19 contemporaneous with the Governor and I have to resign.

20 All the Commissioners resign at the end of
21 the gubernatorial term and if I'm not there Lynne can't be
22 there because a new Commissioner would want a different
23 Executive Assistant. And that means that all the time --
24 and Lynne is basically full-time doing HIT work, doing

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1 this work. And I have my doubts that there'll even be any
2 more Executive Assistants, or maybe not even Deputy
3 Commissioners, you just don't know. That's the sound of
4 the rhetoric now. So she'll be with you until the 1st of
5 January but that's -- Lynne is very, very competent.
6 That's why she's my Executive Assistant and she gets a lot
7 of work done, so you're going to lose a real prime mover
8 when she moves on. And I don't think any Commissioner has
9 ever kept appreciating Commissioner's Executive Assistant,
10 it just doesn't work that way.

11 And the rest of the stuff, we'll give you
12 as much help as we can within the Department but I would
13 be prepared for -- you know, maybe you'll get somebody
14 that's right on, a Commissioner with HIT stuff, or you
15 might get somebody who's interested in childhood dentistry
16 and different types of things who doesn't really care
17 about it.

18 MS. HOOPER: Right.

19 CHAIRMAN GALVIN: But you've got to be
20 prepared to move ahead. That's why I think and truly
21 believe it's extremely important to get members of the
22 legislative body to say we got to kick in some money to
23 get this thing running.

24 MR. MASSELLI: Well, what do we do between

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1 now and the end of this year with ONC because we have the
2 application going in on Friday --

3 MS. HOOPER: Yes sir.

4 MR. MASSELLI: -- and then we have -- I
5 think our strategy there is going to be important because
6 as short as we can make that review process --

7 MS. HOOPER: Correct.

8 MR. MASSELLI: -- I mean, to influence but
9 at the same time we should be working with our delegation
10 --

11 MS. HOOPER: Absolutely.

12 MR. MASSELLI: -- on trying to get that
13 because we're going to all want to go and start hiring
14 somebody, we're going to want it in the pipeline, our
15 legislative people are going to want it in the pipeline as
16 well. And so we should be -- what's the strategy?

17 MS. HOOPER: I think that's an excellent
18 thought. For those on the phone Mark Masselli is
19 suggesting that again, not only Connecticut's
20 Congressional delegation but I think the Department, I can
21 say that we would contact our project officer. Right now
22 one of the things that they are looking for is the
23 collaboration and commitment. We are working certainly
24 with E-Health Connecticut as the REC. We're working very

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1 actively with DSS and Marcia's team to make sure that
2 we're coordinated in all of our efforts.

3 ONC wants to see that, not only --
4 Connecticut needs to see that that we are working together
5 on this. I don't know that our project officer Molly
6 Smith, who attended one of our meetings, wouldn't be happy
7 to either teleconference or if there's a site visit
8 planned where we could in fact encourage the new Board to
9 meet with Molly Smith so that she could see what the
10 intent and what the goals are of that specific Board.
11 There will be Board meetings as long as the Commissioner
12 is calling them and again, we have Commissioner Galvin
13 through the first three meetings at least, October 18th,
14 November --

15 CHAIRMAN GALVIN: October, November,
16 December, that's fine.

17 MS. HOOPER: -- November 15th and December
18 13th. So what we'll do is certainly -- those are three
19 dates that things can happen and again, our priority is
20 going to be legally, liability issues that need to be
21 addressed by the Board, understand where we're at,
22 certainly understanding the other ARA funded activities.
23 As the orientation materials are put together, Lynne's
24 doing a great job pulling that together, I'm going to ask

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1 her to send it not only to the new Board members but also
2 to the Advisory Committee members as a courtesy to show
3 you what's being transferred on.

4 For any of those who are interested in
5 supporting the efforts we're encouraging, again, that the
6 Subcommittees be continued but that will be up to the new
7 Board. Again, DPH will provide support as long as it's
8 necessary. Obviously if the funds are not released we
9 still have a responsibility not only to the -- and I've
10 stated this earlier, the Board of Directors as the Chair,
11 but also certainly our commitment to HIE and our
12 commitment to ONC for handling those funds. Right now our
13 budget is estimated to look like there'll be approximately
14 \$4 million going to the new agency for four years. That's
15 cutting it -- and that is the implementation funds for
16 HIE.

17 So that's why when the Commissioner was
18 talking about -- you know, again, we're certainly not in a
19 position to be bringing forth legislative proposals that
20 involve money.

21 MR. MASSELLI: What are those fiscal years?

22 MS. HOOPER: Starting with -- it's a March
23 to March.

24 CHAIRMAN GALVIN: Oh, March.

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1 MS. HOOPER: Yeah, it's a March to March
2 fiscal year, Sarju is that correct?

3 MR. MASSELLI: So we have a smaller fiscal
4 year -- we have a shorter fiscal year the first month.

5 MS. HOOPER: If the funds are released.
6 No, it's a March to March period so basically we would be
7 looking at three years from March so it's -- Warren, do
8 you want to clarify?

9 MR. WOLLSCHLAGER: No, no, you're exactly
10 right. It's the three years.

11 MS. HOOPER: It's March 2011 to March 2012
12 is the first year, 2012 to 2013 and 2013 to 2014.

13 MR. MASSELLI: And that's everybody who's
14 in the same cycle we are across the country?

15 MS. HOOPER: Yes sir.

16 MR. MASSELLI: So we're not disadvantaged
17 against a pool of people who might be --

18 MS. HOOPER: Correct.

19 MR. MASSELLI: -- out there. We're all in
20 the same boat.

21 MS. HOOPER: We're all ending at the same
22 time, yes sir. The award notices that went to other
23 states prior to Connecticut --

24 MS. HORN: No, no, no, I don't believe

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1 that's correct.

2 MS. HOOPER: Sarju?

3 MS. SHAH: Some of the --

4 MS. TOWNSHEND: You've got to come to the
5 table. Sarju, we have to record you.

6 MS. SHAH: It ranges from January to April
7 because a lot of them -- they staggered the awardees,
8 that's why.

9 MS. HOOPER: Right, I guess I was thinking
10 in that springtime but you're right, thank you very much.

11 MS. SHAH: Right.

12 MS. HOOPER: It's not March to March, it's
13 January to April.

14 MR. MASSELLI: The ONC can decide hey, this
15 group is ready in December, they get a January start date,
16 this group is ready in January, they get a February --

17 MS. SHAH: Ahum, that's how they did it
18 when we received the funding for all of the states that
19 received funding. So we started on March 15th, so our
20 year is from March to March, March 15th to March 14th. So
21 our year one will end this March.

22 MS. HOOPER: March 11th.

23 MS. SHAH: Ahum.

24 DR. AGRESTA: But I think it's key to

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1 understand the way that the funding is released just like
2 for the Regional Extension Centers is it's not released
3 and it's even flow. It's released very much up front with
4 the expectation that -- so we're sort of like running into
5 the issue of if our Plan gets approved in February there
6 may well be like a very large bowl of money --

7 MR. MASSELLI: 60 percent, 70 percent.

8 DR. AGRESTA: -- released --

9 MS. HOOPER: Correct.

10 DR. AGRESTA: -- for four weeks, for eight
11 weeks worth of time, you know, and then you're going to
12 figure out how to deal with it. And that I think we
13 should probably have as part of our first -- in that first
14 Board meeting, is have the information about how this
15 money might get released and when we might be required to
16 spend it.

17 MS. HOOPER: Correct.

18 DR. AGRESTA: Because that might be --

19 MS. HOOPER: We will have --

20 DR. AGRESTA: -- important for us to think
21 about in that context.

22 MS. HOOPER: -- understood, and for those
23 on the phone Dr. Agresta and Mark Masselli are asking
24 about the logistics for some of the funding and how we

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1 move forward. We will be sending out to the new Board the
2 budget that we do submit to ONC with an estimated
3 breakdown of the funds. ONC is requiring us to submit
4 what the new Board of Directors is going to spend. And so
5 we're, again, throwing out some of the positions that
6 would likely be chosen, possible overhead, travel
7 conferences and some pens and paper.

8 So basically we're putting together a
9 budget, we're looking at certain factors that will be
10 shared certainly with the Board of Directors. ONC
11 recognizes that this is amendable, certainly based on the
12 new Board of Directors. But some states already have this
13 Agency established so Connecticut is not to be treated any
14 differently. So Sarju is our budget Queen, she's also our
15 epidemiologist and we'll be taking her off budgeting as
16 soon as we can, as soon as you all get an accountant or
17 ask Dan to take it over. Although I don't know if he's
18 appointed or not.

19 But anyway, whatever is going to work.
20 With the budget with ONC, of course we're managing that
21 through 20 14 1.

22 MR. WOLLSCHLAGER: Just to follow up the
23 question you asked Mark, I think it will be important for
24 the new Board of Directors to demonstrate support for the

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1 submitted Plan as quickly as possible because it won't be
2 approved by the time the Board first convenes. I think it
3 might be of significance to get a letter of support from
4 the new Board of Directors to ONC. You also -- I don't
5 know what the agenda will be exactly other than the
6 orientation for the new Board of Directors, but if there
7 is time it might not be bad to have ONC on line for a half
8 hour or something --

9 MS. HOOPER: That's what I'm thinking, is
10 why don't we call Molly --

11 MR. WOLLSCHLAGER: -- to answer some of
12 those kinds of -- you know, to answer some of the
13 questions you --

14 MS. HOOPER: -- and see if -- for the
15 October meeting to have the introduction, not wait for the
16 November. And thank you Warren, that's a great idea for
17 the new Board.

18 MR. WOLLSCHLAGER: Well, you're welcome
19 Meg. Thank you.

20 MS. TOWNSHEND: I could actually draft a
21 letter for the orientation process.

22 MS. HOOPER: Call her, see if she can come.
23 I'm sorry, what were you --

24 MS. TOWNSHEND: A letter of support from

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1 the Board to ONC.

2 MS. HOOPER: No, they can --

3 MS. TOWNSHEND: Okay.

4 MS. HOOPER: -- you are all are in -- we're
5 going to offer whatever support that we can.

6 CHAIRMAN GALVIN: Yeah but to get back to
7 the point, what are you going to run on January, February
8 and half of March, fumes?

9 MS. HOOPER: Well again, the Department is
10 going to be providing administrative support. They've
11 been running on fumes very well with their Subcommittees
12 so we're just going to push them a little bit harder --

13 CHAIRMAN GALVIN: Okay, but you're losing
14 40 hours a week of Leg time --

15 MS. HOOPER: I know.

16 CHAIRMAN GALVIN: -- and other things, so I
17 really think that -- and as far as the federal government,
18 I think it's incumbent on us to get the Legislature to put
19 forth some funding.

20 MS. HOOPER: And I hope you --

21 CHAIRMAN GALVIN: I don't know how you
22 expect to go in and say to the Feds give me some money,
23 give me some money. That's like my program, what are you
24 doing? Well we have a bunch of problems, we don't have

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1 any money. They're liable to say, we don't have any
2 either.

3 MS. HOOPER: I know. I do think that any
4 of the new Board of Directors, if they have any support
5 staff that can be assisting them because the Commissioner
6 is absolutely right. Right now the Commissioner has
7 kindly and supportively donated Warren's time, which is
8 all state-funded, Marianne's time, mine, Sarju and Jill
9 Kenfield's. Those are the Commissioner's resources that
10 he's put into this and -- oh, and Lynne's. No, I'm saying
11 in addition to Lynne's and he has spoken to that.

12 So basically we have a lot of resources
13 that --

14 MR. MASSELLI: Who's working in the
15 Department?

16 MS. HOOPER: I'm sorry? No, I just -- and
17 again, the point being the new Commissioner may or may not
18 decide but we're hoping that the new Commissioner won't be
19 appointed till like -- oh I don't know, April or May.

20 MS. TOWNSHEND: March 15th --

21 CHAIRMAN GALVIN: It's gotta be by March
22 15th, statutory.

23 MS. HOOPER: Peter.

24 MR. COURTWAY: A couple of just quick

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1 questions. In preparation for the first Board meeting, if
2 we can get any of the signatory documents sent to the
3 Board members in advance so they can be reviewed and if
4 they're not able to be signed at least we have the issues
5 there rather than waiting for another month. And
6 Marianne, if there's any other things that the Board
7 members need to do from a State of Connecticut point of
8 view, for example the ethics component of it --

9 MS. HORN: We got that.

10 MR. COURTWAY: -- do they need to be
11 ethics-certified and go through the state certification?
12 So if those things, if we could get them in advance so
13 people could go through the website and get that up and
14 going sooner rather than later?

15 MS. HORN: Yup.

16 MR. COURTWAY: And then in regard to the
17 funding, if we could get some idea of how much funding is
18 left from the initial allocation so we know what we have
19 to work with between then and when the next funding is,
20 that would also be helpful.

21 MS. HOOPER: That will all be -- including
22 the conflict of interest but the budget figures, again,
23 based on what we're going to be sending to ONC --

24 MR. COURTWAY: Right, but the ONC provided

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1 funding for the first wave for the planning. How much is
2 left as of the point that we --

3 MS. TOWNSHEND: Is there anything left in
4 the planning I guess is --

5 MS. HOOPER: Understood.

6 MR. COURTWAY: Yeah.

7 MR. CARMODY: It's sort of like is there
8 any part of the bridge --

9 MS. HOOPER: Right.

10 MR. CARMODY: -- for the next piece.

11 MS. HOOPER: We cut it pretty tight but --
12 and Sarju is shaking her head no. Certainly again, for --
13 it will be part of the discussion for the new Board as it
14 moves forward. So we are going to hurry up and get
15 materials out to the new Board members as soon as possible
16 asking them to confer with their legal and fiscal folks
17 who they represent certainly.

18 And lastly, again we're assuming, unless
19 Commissioners choose different appointees, Mr. Casey
20 you're coming at a really good time. Rita, it's a lot of
21 fun -- any other questions for the transition?

22 DR. AGRESTA: Just a question, and you've
23 had Gartner's support up until this point and I know DOIT
24 has a contract with Gartner. Is there in that contract

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1 any ability to continue to have some limited --

2 MS. HOOPER: We have retained Gartner for
3 working with the Finance Committee on the Sustainability
4 Model and how they're working forward. DSS has contracted
5 with Gartner for the CMS portion and their plan for
6 reimbursement but the funding will end for Gartner from
7 the Planning perspective. We were allocated a limited
8 amount of funds for Planning and that has primarily gone
9 to Gartner.

10 MS. HORN: But the research seat --

11 MS. HOOPER: They are on call essentially
12 until we have an approved Plan from ONC or we're not
13 paying them the rest, but I don't know how much more we
14 can -- DPH can count on them for that.

15 MS. HORN: -- there's also the research
16 seat. How long --

17 MS. HOOPER: There is the research seat
18 until March that's accessing materials but for consult. To
19 answer your question directly, Gartner is not available to
20 assist us for the Board unless we have specific questions
21 related to the Plan.

22 But I believe that Gartner has met its
23 hourly obligations and essentially they are going to be on
24 call if there are questions about the Plan because we're

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1 holding up their funds until that Plan is approved.

2 They have not received -- they've only
3 received one-third of their payment and they won't get --
4 actually just 30 percent and they won't get the other 70
5 if the Plan is not approved. So I don't know how much
6 more --

7 MR. MASSELLI: They won't get 70 percent of
8 their payment?

9 MS. HOOPER: If the Plan is not approved --

10 CHAIRMAN GALVIN: If the Plan is
11 disapproved they won't get the other 70.

12 MS. TOWNSHEND: No, I think it's a little
13 --

14 MR. WOLLSCHLAGER: I think it's 70/30
15 Marianne.

16 MR. PERKINS: I think there was a holdback
17 until the Plan is approved.

18 MS. TOWNSHEND: Right.

19 MR. MASSELLI: A holdback until it's
20 approved.

21 MS. TOWNSHEND: Ahum.

22 MS. HOOPER: But they are working with Dan
23 and Warren from the Finance Subcommittee. That scope of
24 work is being -- you said that MOU or that contract

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1 amendment is being worked on correct?

2 MR. WOLLSCHLAGER: Yes.

3 MS. HOOPER: Thank you. And then they're
4 working with Marcia Mains and DSS team correct, specific
5 to the CMS.

6 MS. MAINS: Right.

7 MS. HOOPER: So they're still in our corner
8 but Tom, I don't want to at all mislead that they're
9 available --

10 DR. AGRESTA: No, I just don't understand
11 -- I want to understand what resources are available to
12 us. Do we honestly know that? You know, I think that's a
13 really key thing for moving forward.

14 MS. HOOPER: Yes, it is.

15 MR. MASSELLI: I want to pick up on Tom's
16 point before and what Marie is going to do, if there are
17 other agencies that could just walk down the mechanics of
18 what's required for a Quasi Authority?

19 MS. HOOPER: Sure.

20 MR. MASSELLI: One presentation is good but
21 if we could get a couple of people and say here are the 15
22 steps that we all did, where we set the accounts, where we
23 did all these things, and --

24 DR. DARDICK: What mistakes we've made.

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1 MR. MASSELLI: What's that?

2 DR. DARDICK: Especially from another
3 entity what mistakes we've made.

4 MR. MASSELLI: That's right, absolutely.
5 It would be good to get a couple -- you know, lessons
6 learned.

7 MS. HOOPER: We will check out to see who's
8 available on the 18th and certainly if not then, maybe a
9 few in October and a few in November then. Will that be
10 helpful?

11 MR. MASSELLI: It could be from a positive
12 question -- you know, ask them -- they could put it in
13 writing if they couldn't make it but just sort of if they
14 wouldn't mind going through those, what are the type of
15 critical setup points, if somebody remembers.

16 CHAIRMAN GALVIN: We'll call Marie this
17 afternoon and see if we can get her either in October or
18 November.

19 MS. TOWNSHEND: Okay. One of them is
20 rather new within the last 10 years. Isn't CI rather --
21 so if somebody was still --

22 MS. HOOPER: Yup CI, CRRA -- again, they've
23 been helpful when we make the calls. Marianne's talked
24 with them and their legal attorneys, and our accountant

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1 has been calling their fiscal folks so -- and Sarju has
2 been in contact with them. So they've been very helpful
3 in saying oh yeah, so we have some information.

4 Other questions that we're missing on the
5 transition? I know it's not all clear but again, the new
6 Board is going to have a lot of information sent to them
7 and asked for their action immediately in October.

8 CHAIRMAN GALVIN: Okay?

9 MS. HOOPER: I think so.

10 CHAIRMAN GALVIN: Once again, to beat the
11 point to death we're losing Gartner and \$1 million worth
12 of -- in time from the State Department of Public Health
13 because that's what it's costing us for Warren and for
14 Lynne and for everybody else. So all of a sudden there's
15 a big shortfall in help with no cash.

16 MS. HOOPER: I must be having a good salary
17 hah?

18 CHAIRMAN GALVIN: Yeah, yeah. Okay, public
19 comment? I beat you all into silence? Okay. And if
20 there are any further matters that should be brought to
21 our attention I'll entertain that, otherwise -- would you
22 like to make a motion to adjourn us Dr. Dardick?

23 DR. DARDICK: So moved.

24 CHAIRMAN GALVIN: And I'll second that and

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1 we are adjourned.

2 (Whereupon, the meeting was adjourned at

3 1:50 p.m.)