

CT Health Information Technology and Exchange Advisory Committee
Business & Technical Subcommittee
Friday, August 27, 2010
Telephone Conference Meeting
7:30 AM - 9:00 am

In Attendance: Thomas Agresta, Shanti Carter, Anne Elwell, Jill Kentfield

Tom Agresta called the meeting to order at 7:30 AM.

Discussion took place with members of the subcommittee regarding the approach to commenting on the plan. It was decided that general comments would be documented and vetted out to other committee members via e-mail for them to share their comments.

Questions were asked about other state's plans and their approval status. A brief discussion took place regarding this issue.

Discussion took place regarding the "break the glass" approach. It is important providers who provide full disclosure during an emergency situation have protection against the liability.

General Comments regarding the strategic and operational plan include:

- Compared to some other state plans, CT plans do not have as much detail with regards to technical and organizational structure. This reflects the current state of HIE maturity in CT and the fact that states with approved plans have been doing this much longer.
- It is not clearly spelled out as to who will be responsible for each section of implementation. This could be improved to the extent it is possible to propose a reasonable solution.
- HITE-CT who is tasked with making many of the decisions regarding implementation will not begin until Oct 1 which falls after the plan is due to ONC
- Plan proposes 23 FTE's are needed to implement and run the HIE but does not adequately describe the appropriate time-frame for which the suggested will be hired (ie over a _ year period) and the balance and proposed structure and payment for the suggested internal hires (those that will be HITE-CT staff) versus external consultants or working for vendors or other agencies and how they are reimbursed is not clear.
- The timeline of the implementation plan for certain key features of HIE (ie. lab data exchange) goes beyond what is expected of health care entities and workers for demonstration of meaningful use. A careful mapping of currently known and anticipated MU requirements for the HIE need to be performed and the HIE timelines adjusted accordingly.
- Discussion took place regarding the consent model document and the fact that federal guidance from the ONC (TIGER Team) is becoming available that can be incorporated into further refinements of CT's model.