VERBATIM PROCEEDINGS

# HEALTH INFORMATION TECHNOLOGY AND EXCHANGE ADVISORY COMMISSION

AND

DEPARTMENT OF INFORMATION TECHNOLOGY

COMMISSIONER DOCTOR ROBERT GALVIN, CHAIRPERSON

DECEMBER 21, 2009

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. . .Verbatim Proceedings of a meeting of the Health Information Technology and Exchange Committee held on December 21, 2009 at 12:09 p.m. at the Department of Health Information Technology, 101 East River Road, East Hartford, Connecticut. . .

MR. WARREN WOLLSCHLAGER: Okay. Jamie, I heard you, who else is on line? Jamie, with that, we're going to call the meeting to order. I just wanted to remind folks that the meeting proceedings are being transcribed and folks need to make an effort to identify themselves when they begin saying something. This is so that our colleagues from the transcriptionist service can actually reflect who is saying what.

There are a couple of folks new to the table today, one anyways, and so maybe before we do -- turn to opening remarks, Michael, if you want to -- this is the first time you've been here, right?

MR. MICHAEL HUDSON: It is the first time, right.

MR. WOLLSCHLAGER: Do you want to introduce yourself to the group and identify yourself?

MR. HUDSON: Sure, hi. My name is Mike Hudson. I'm the President of Aetna's northeast region, and I'm principally responsible for our networks and medical management.

MR. WOLLSCHLAGER: Welcome.

MR. HUDSON: Thank you. I'm happy to be here.

CHAIRPERSON COMMISSIONER ROBERT GALVIN: Would you like to go around the table just so Michael can get an idea of who else is here and what they do?

MR. WOLLSCHLAGER: Sure.

CHAIRPERSON GALVIN: Okay.

MS. CHRISTINE VOGEL: I'm Christine Vogel, Deputy Commissioner of the Department of Public Health. I oversee the Division of Office of Healthcare Access.

MS. MARSHA MAINS: I'm Marsha Mains. I'm the Director of Medical Operations at the Department of Social Services.

MR. KEVIN CARR: I'm Kevin Carr (inaudible) --

DR. NANCY KIM: I'm Nancy Kim. I'm an academic general interest on the faculty at Yale.

MR. RICK BAILEY: I'm Rick Bailey, Deputy CIO with the Department of Information Technology.

MR. MARK MASSELLI: Mark Masselli, President and CEO of Community Health Center.

DR. TOM AGRESTA: Tom Agresta, I work for UCONN and I'm a family physician and medical informatition.

MS. BARBARA PARKS WOLF: Barbara Parks Wolf, I'm with the Office of Policy and Management.

MS. LISA BOYLE: Lisa Boyle, I'm an attorney Robinson and Cole.

MR. PETER COURTWAY: Peter Courtway, Chief Information Officer of Danbury Health Systems.

MR. DAN CARMODY: Dan Carmody, CIGNA Healthcare.

MS. MARIANNE HORN: Marianne Horn, I'm an attorney at the Department of Public Health, the Office of Research and Development.

CHAIRPERSON GALVIN: Thank you. And, Mr. Wollschlager, would you like to proceed?

MR. WOLLSCHLAGER: I would. Just a reminder, again, that the microphones you see in front of you are for the purposes of the recording service not -- they're not amplification mics. So if you could make an effort to speak up so that folks on the phone can hear, at least, part of what we're saying. I know that's a

challenge, but those folks would appreciate it very much.

MS. JAMIE LEE: Warren, this is Jamie Lee. Aside from people right next to the phone nothing else is audible.

MR. WOLLSCHLAGER: All right, well, folks will have to make an effort to speak up. The phone can't be relocated to the middle at all?

CHAIRPERSON GALVIN: Why can't it be?

MR. WOLLSCHLAGER: It's a question. We'll see if that makes it a little bit better, Jamie.

MS. LEE: Thank you.

MR. WOLLSCHLAGER: You're welcome. All right, now you probably won't be able to hear any of us, but we did try to put the phone in the middle of the room. And, again, we'll ask people to speak up.

Okay. So, we're onto Agenda Item No. 3. Dr, since you just joined us, would you like to let us know who you are, for the record, please?

DR. KEN DARDICK: Hi. Yes, this is Ken Dardick.

MR. WOLLSCHLAGER: Thanks, Ken. Okay. So the first item of business is a review of the last minutes from 11/16. You all got a copy of them last --

A VOICE: I make a motion to approve.

A VOICE: A second.

CHAIRPERSON GALVIN: Okay. The approval of the meetings from -- the minutes from our 16 November meeting have -- we have a motion to approve them and a second. Is there any discussion, deletions, additions, or clarifications that need to be made? Then I'll wait a minute -- I'm sure you all read them last night just before you had your hot toddy, but we will take a minute to make sure everybody's had a chance to look at them. As I said last week, it's kind of important to look at these things. Sometimes things come out in print that are not what the contributor might have felt was the best way to state the problem. Occasionally we see people's names spelled wrong, like Mr. Masselli's, and we like to correct that so that the document is factual and correct. And if you've all had a chance to briefly look through it and, assuming there are no changes or additions, I will call for a vote. All those in favor of accepting the meeting minutes from 16 November indicate by saying aye.

ALL VOICES: Aye.

CHAIRPERSON GALVIN: The ayes have it. The motion is -- and the minutes are accepted.

MR. WOLLSCHLAGER: Thank you very much. Item No. 4, this -- I'm sorry that I just got these out to

you yesterday. It was a little something to do if you got snowed in yesterday evening. If you remember there was quite a bit of discussion about how to proceed with the development of approved strategic and operational plans. One of the mandates for us to receive funding it had to be relevant to the statewide health. We did do some talking back and forth. This group gave us the green light to engage Gartner in discussions with the caveat you wanted me to make sure that they were -- the most appropriate vendor to be working in terms of their relationship with DOIT.

Since our last meeting, we've - I know I've participated in two calls, I believe. My colleagues at DOIT have also had conversations with the folks at Gartner. So what you see in front of you is a fairly detailed proposal. It was prepared --

CHAIRPERSON GALVIN: -- I'm going to interrupt you if you don't mind. Maybe for Mr. Hudson's benefit, perhaps, we could summarize what -- how we got to -- from -- to Gartner.

MR. WOLLSCHLAGER: Sure.

CHAIRPERSON GALVIN: And not to somebody else.

MR. WOLLSCHLAGER: Well, so you're familiar

with the requirements of the ONC.

MR. HUDSON: Right.

MR. WOLLSCHLAGER: Where the state has to have approved plans. The discussion last week was, well, we have a few different ways -- or last month, I should say, there were a couple of different options that this body might consider, and the state might consider, for developing those plans. One is we could go through the traditional state RFP process and you may be familiar with how timely or not that can be. Another was to consider going back to the vendor who had done the original state HIT plan, JSI, Inc., I believe they are.

MR. HUDSON: Right.

MR. WOLLSCHLAGER: And there was discussion about some merit associated with that. Also discussion of how that would have to be a sole source contract and some of the challenges inherit in that. We looked at the possibility, or least a model, where the Connecticut Academy of Science and Engineering has done work, and is doing work for the Department of Public Health and could, perhaps, help in that capacity with this effort as well.

And finally we talked about a model whereby we would use an existing vendor with the Department of Information Technology to help us move forward most

quickly. DOIT was familiar with the work of Gartner as are many of the colleagues sitting around the table. And so the general consensus around the table was go ahead and engage Gartner in conversations. We have -- so that's pretty much how we got to Gartner. Any questions on that?

MR. HUDSON: No, no.

MR. WOLLSCHLAGER: And I'm sure you've read the transcripts from the previous meetings.

MR. HUDSON: Yeah.

MR. WOLLSCHLAGER: Anyways, so, what we have -- what we have sent to you is a 60 some odd page proposal that has been negotiated somewhat. It's not certainly a final proposal. But it -- you'll see it does include and lay out a 16-week step process for developing the strategic and operational plan. It's very inclusive, very much involving stakeholders. I thought they did a very nice job in the short time that we gave them to submit this to us.

They came in with a ballpark figure of below 400,000. Off the top of my head, I forget it's 360. That includes the development of both plans. And it also included accessibility for both colleagues from DOIT and for myself or the Commissioner's designee to be able to

1 access on going technical support from Gartner thought the
2 course of the year.
3 So, again, at this point the Department is
4 committed to moving forward with Gartner. It seems like
5 the way to go. We did check with DOIT in terms of other
6 possible vendor, but this seemed like the most
7 appropriate. And, they have given us -- in here they say
8 this particular proposal is subject to 30 days, but they
9 recognize the funding situation and that -- one thing I
10 did not see in here was that Gartner would, as a
11 deliverable guarantee that our plans would be approved by
12 the feds, and I thought that might be a good thing to
13 throw in there. I can throw a couple of plans together
14 that won't get approved.
15 MS. VOGEL: You can throw that in there.
16 MR. WOLLSCHLAGER: Yes, so I thought that
17 might be a good thing to throw in. And so we'll have those
18 discussions as well.
19 Now, again, this is all subject to funding
20 from the ONC and not just funding, but the decision as to
21 whether or not our particular strategy will be funded. In
22 our application we called for up to $500,000 dollars to go
23 to a contractor for development of these plans. So
24 they're certainly within that ballpark. I would say that

if they came up with a number they may have seen our applications, but I certainly had not discussed it with them. But if the feds come back and say, no, we're not going to give you any money for planning then we're going to have to reconsider our options.

MS. BOYLE: Warren?

MR. WOLLSCHLAGER: Yes.

MS. BOYLE: Just on that odd chance that they won't accept it, is there a covenant in the contract that says that they will be accepted by. Can you think about potentially some kind of a -- like taking part of the fee and making it a -- they basically --

MR. WOLLSCHLAGER: That would be something we'd certainly be interesting in talking more with you. I guess the way we wanted to leave this -- well, first of all open this up, does anybody have any chance to see it. Again, it's a very extensive document. I only sent it out to folks yesterday. Yes, doctor.

DR. DARDICK: This is Ken Dardick. This is just a term of art in my own ignorance, which I'll be happy to share with the group. On page 47 there is a description about research SEATS and that's a term I'm not familiar with. I wonder if you could help to clarify that? Also there is a $63,950 dollar amount, which is in

addition to the fixed price consultant cost. I wondered how that fits in with your budget.

MR. WOLLSCHLAGER: Well, the SEATS that we're talking about are -- I referenced when we started talking about the Gartner product, that's that Gartner as part of this proposal is offering to provide on going technical and programmatic support both to the Department and to the Department of Information Technology for one year after execution of this agreement. Is that what --

DR. DARDICK: -- I'm just not familiar with that term.

MR. WOLLSCHLAGER: Right. I hadn't seen that term before either.

MR. BAILEY: Basically Gartner is a research and advisory services entity. And the advisor SEAT would actually outside of the scope of this work effort would actually give a representative and VPH access to online research papers, and to the analyst and conference calls with them. So that's what that piece would give. The IAS insurance is actually a healthcare industry advisory service, which is something that DOIT does not have right now as part of our IT services. So that specifically provisions for this work ethic to have their healthcare analysts available to them and that

service available to the state outside of this effort. The EXP is actually the high level service that's provision to DOIT to actually -- helps provision the whole Gartner services to the state.

DR. DARDICK: Then the cost of this is really $420,000?

MR. BAILEY: Yes.

DR. DARDICK: 360 plus --

MR. BAILEY: -- correct.

MR. WOLLSCHLAGER: Other questions or comments? Yes, Mark.

MR. MASSELLI: Mark Masselli, I notice that the proposal has five key domains, governance, finance, technical infrastructure, business technical, legal and policy. And then in our draft the committees were -- we actually have six. We have governance being handled by the full committee, finance, technical, business, legal all by subcommittees along with special health services. They never addressed the issue of special health services throughout their application that I saw.

MR. WOLLSCHLAGER: They do actually address it in their funding announcement.

MR. MASSELLI: In their funding --

MR. WOLLSCHLAGER: -- yes.

MR. MASSELLI: -- not in the Gartner proposal?

MR. WOLLSCHLAGER: Oh, no, not within -- you're right.

MR. MASSELLI: So Gartner sort of is quiet on that and how do you see that integrated into their work that they're focused in and what we're doing? Well, we have an extra sort of arm here.

MR. WOLLSCHLAGER: Yes, we did talk to Gartner about utilizing a subcommittee structure, governance structure, and they were very comfortable using that. Basically, they'd be interested in using this body as the overarching advisory body, and that's why we kept governance here. We didn't want to turn that into as subcommittee. But subcommittees -- the reason I'm proposing that we go with a special population on a better name is because both our strategic and operational plans have to address how we're going to provide services to and collaborate with providers of the special healthcare services.

MR. MASSELLI: No, I know that. But I'm just saying is it sort of mute in the application?

MR. WOLLSCHLAGER: It's not within their application.

MR. MASSELLI: Oh, it is not.

MR. WOLLSCHLAGER: But I think it's still a priority set up with a subcommittee and then we direct Gartner to that.

MR. MASSELLI: Okay.

MR. WOLLSCHLAGER: So, yes -- so if the point is they need to address that in their -- or in their proposal.

MR. MASSELLI: Great.

MR. CARR: This is Kevin Carr. So when I looked at page -- I'm looking at page No. 40 right now, and I'm just looking at the overview of timelines, so if you look at Task No. 7 is the strategic plan. There is -- nine through around 12 or 13, but then there is the start of the operational plan that is happening at the same time as the strategic plan is wrapping up. And what I see a lot of other states doing is in the strategic plan they're raising an RFI so that they can get more information around the costs of implementing a statewide health information exchange, which they can roll into their operational funding efforts. And so that the two have been -- one happens has been that there is an RFI to get more information about how much it's going to cost to operationalize your vision, and then rolling into the

operational planning. And I just thought it might be interesting to take that approach with Gartner as well to go into operational planning exercises for more information.

And then the other one is the difference between an HIE strategic plan and an HIT strategic plan. And I didn't know on the -- if they're on the hook for developing all of the components for the HIT strategic plan they're required by ONC so overlap with the regional extension center, overlap with -- and a couple of other components that are not necessarily HIE strategic plan components, but they're HIT strategic plan components. And so I didn't know if that was --

MR. BAILEY: -- I can talk to that a little bit. This work effort does not include the HIT. We've been having conversations with DSS and with Gartner as well, and we've talked about the importance of actually coordinating the two efforts because they actually have to be pulling in the same direction and they actually have to be coordinated. So DSS -- I don't know, Marsha, if you want to talk about that a little bit from your agency's perspective. But certainly we're pulling in the same direction and talking about coordinating the efforts.

MS. MAINS: Yes, this is Marsha Mains from

DSS. As Rick said we've had a couple of conversations, actually one conversation with Gartner. We'd like to engage them early on to assist DSS in coordinating amongst all of us to make -- because there is some duplication of effort and so we want to minimize that, actualize some of the Medicaid dollars that are available to us in planning, and merging that also to help this committee move forward.

DR. AGRESTA: This is Tom Agresta, I have a couple of comments or thoughts about their proposal. One I look at the timeline and the overlap in the number of tasks that are occurring, and the overlap in the number -- the same kind of people that need to be engaged. And I'm a little bit suspicious that they can't meet it because it's really not a reasonable timeline to accomplish the tasks they have outlined because it's quite a bit of it -- you know, they're going to have to access people within the state pretty much every week. And, you know, and to sort of thing that they're going to be able to get that level of access to the individuals that will be important to have at the table every week, especially when some of them are going to be the same individuals in different capacities, I think is going to be an enormous challenge. So there is a comment, you know.

The second is something to follow along with what Kevin and Marsha were saying and that is that there are a lot of other efforts going on within the state around HIT and the regional health extension center proposal that was put through -- through -- by EL of Connecticut on behalf of the state is another example of something that would need to be integrated within the context of what happens within this proposal. Otherwise it runs the risk of really, you know, running in a direction that's different than what would make sense for this proposal. And I think that they need to be coordinated somehow. I don't have an answer as to how coordinate it.

MR. WOLLSCHLAGER: Well, you see in the next agenda item is the first time of the three meetings where we've set as an agenda item we've got to put the stimulus programs up there and somehow begin to, you know, to keep track of who is doing what and, you know, who is applying for what, and who is responsible, and how we're going to coordinate them all. Because I agree there is a potential for leveraging dollars, but there is also a potential for wasting some dollars on efforts. So it's going to be a challenge for sure.

Other comments? Again, I would invite you to send me or give me a call, but even better send me any

1 additional written comments and stuff. Yes, Mark.
2 MR. MASSELLI: Mark Masselli, remind me
3 again what's ONC's timeline for deciding this. When will
4 we know that?
5 MR. WOLLSCHLAGER: Well, we're going to
6 talk about that in the next agenda item so it's a perfect
7 segue way. They told us that we would know by December
8 15th and that's come and gone. The last written
9 communication I got was be patient, we're working on it.
10 But I did get a telephone call late Friday after business
11 hours, so if we're okay to go to the next agenda item.
12 CHAIRPERSON GALVIN: I'm not sure I could
13 probably paraphrase what Tom said, but I think it's
14 important for us to figure out what Gartner is doing for
15 us versus this whole global thing about how do you tie
16 health information technology together. And I'm not quite
17 sure, Tom, whether we're sitting here talking about what
18 the Gartner people are going to do or what we're talking
19 about this whole global thing about health information.
20 Some people are bothered by that's an operations
21 management thing, you know, the little graphs. What that's
22 just trying to show you on page 40 is you don't have to
23 finish one thing before you can start the other. Sometimes
24 you get to a point where if you don't finish the first

four things you can't do No. 5.

But I'm not sure what -- you know, I think we need to -- and as you said, many partners, many different points of views. All kinds of people who want to have -- talk about it. And to be able to present their own particular point of view whether that's some excellent practitioner from eastern Connecticut, whose name won't be mentioned, but wants to talk about what happens in his office, with his patients, and his system versus hospitals who have a somewhat different agenda versus having a centralized vehicle where we can contribute with other -- and talk to other states.

So, are we talking about this document or the whole shebang, if I may use an old fashioned word?

MR. WOLLSCHLAGER: Well, my sense is we start off with this document and most of the questions that are being raised are how are the efforts of Gartner going to integrate with and be part of the larger effort statewide. So I think we're talking about both and we started off with just the Gartner.

CHAIRPERSON GALVIN: I think what we're talking about is how are we going to get access to the funds that we need to develop this entity or whatever you want to call it. So that really this -- I see this

1 document as a gateway to getting some operational funds,
2 which we have currently none. And so now what we're
3 trying to do is, I think, is to design a document that
4 will allow the federal government to disperse monies to us
5 so we can get more into the nitty gritty of things. Is
6 that a fair --
7 MR. MASSELLI: But I would say,
8 Commissioner on that, the -- on sort of the conceptual and
9 a practical level -- dime for dollar -- you've got all
10 these players out here and you've got people who might be
11 reading multiple applications in the feds. You want an
12 application that's reflective of the realities on the
13 ground. And then they have the realities on the ground
14 when they're here that they have to sort of negotiate out
15 with other players who are key here. So it's important so
16 that Gartner understands that conceptually, that we make
17 sure that the full committee does, and that our
18 representation to Washington encompass all of these
19 different players because at the end of the day in the
20 practical level both HIE and HIT will be influenced by the
21 work that's going on because of the resources that are
22 coming from the stimulus dollars, and the private sector
23 groups that are working on it. So we need to make sure
24 that we have that larger conceptual framework.

CHAIRPERSON GALVIN: Yes, I certainly would agree with that and I get the feeling, you know, that maybe some of you others at the table have the feeling that we're really under a relatively short term financial or time constraint if we don't get this out by when?

MR. WOLLSCHLAGER: Well --

CHAIRPERSON GALVIN: -- we get into penalty items where we have to -- the state has to fund 10 percent, 20 percent. So, I think there is a tick in there between, okay, we want to talk to everybody and we want to listen to everybody who has -- who is a stakeholder or a preserved stakeholder in this -- on the one hand. And on the other hand we have the exigency to -- and after a certain time period the finance -- the money goes away in essence. Yes.

MR. WOLLSCHLAGER: Beginning next October we start having a match of one to ten and then following in October it's one to seven.

CHAIRPERSON GALVIN: Yes. And with the current state of things I think it's going to be very difficult to get a whole lot of significant contribution from the state coiffeurs. So, okay, I'm all right with that.

MS. VOGEL: So, this is Christine Vogel.

If we then move forward with Gartner and the estimated time that is sometime, let's say, May how is that with the plan for the government? When are they -- when would they be expecting this final plan submitted to them?

MR. WOLLSCHLAGER: They want it by -- within six months.

MS. VOGEL: Okay.

MR. WOLLSCHLAGER: That would be as long as -- obviously, they want it -- they've encouraged states to move as quickly as possible to get the money spent within the first two years.

MS. VOGEL: All right. So then if it was submitted in May or June we would then have time to wait for the government to respond back to the plan. And then we'd have to be operationalized by October or -- in order to start accepting federal match?

CHAIRPERSON GALVIN: Yes, I don't understand that question. Thank you.

MR. WOLLSCHLAGER: I'm not sure I understand the question.

MS. VOGEL: I guess I need a bigger timeframe of where this fits into the bigger timeframe for the federal government. For them to -- at least I know by June is when our plan has to be in D.C., then they read

our plan to approve or not approve that we then get operational money.

MR. WOLLSCHLAGER: Yes. So the first step is you have to the strategic plan -- well, the first step is you have to get some planning money. We haven't gotten -- that's the application we made.

MS. VOGEL: That's what we're hoping.

MR. WOLLSCHLAGER: That we're going to give some feedback on a little bit later. Then once we get that, then we can engage money for planning. You get the approved strategic plan, that's one approval process. And you get another approval process for the operational plan. The big chunk of money though, Commissioner, is to go out towards building the hub, the central hub with the data exchange.

MS. VOGEL: Right.

MR. WOLLSCHLAGER: That's the chunk of money, in particular, that we want to be able to get out as quickly as possible through an RFP process or at least commit.

MS. VOGEL: Okay. So the RFP process, which takes some time, when is that federal stimulus money available for the state to try to apply for? Because that's what we really need to -- to me, and I think that's

why we're all here, we want to start creating that hub. So realistically when would that funding be available to Connecticut?

MR. WOLLSCHLAGER: When the operational plan is approved.

MS. VOGEL: Okay. So that all must be approved by the feds. So this is only our strategic plan so that our operational plan --

MR. WOLLSCHLAGER: -- no, this calls for both the strategic and operational plans.

MS. VOGEL: Okay.

MR. WOLLSCHLAGER: We would engage --

MS. VOGEL: -- oh, okay. That was my -- that was my issue then. All right. So then we'd have both approved at the same time?

MR. WOLLSCHLAGER: No, I still think it's a sequential process, but by the time that these guys are done we would have an approved operational plan, in their best case scenario at Week 16.

MS. VOGEL: All right. Sorry for that, I'm just trying to honestly try to figure out what some of our goals are.

MR. WOLLSCHLAGER: My goal, primary goal would be to try to commit money through an RFP so someone

should begin developing this central hub before October.

MS. VOGEL: Okay. Good.

CHAIRPERSON GALVIN: But I'll have to make a remark about that, improve my popularity ratings, but we're fairly far behind in this process. And if I were an approving federal official I might say, you know, why don't you just throw your lot in with either New York State or Massachusetts and be an add on to theirs rather than develop a whole new one with a lot of federal money. So you can quote me or not quote me on that, but I have some very real apprehensions that we're not going to be able to catch up, particularly to our neighbor states. And somebody might just say, look, they got one next door, just buy into that, good bye. Go ahead.

MR. MASSELLI: How far are New York and Massachusetts in terms of this process?

CHAIRPERSON GALVIN: I think they're way ahead of us. But it's hard to -- you know, how far.

MR. MASSELLI: ONC hasn't given them money, have they?

MR. WOLLSCHLAGER: Well, ONC is closed today. The federal government has closed because of the snowstorm today. So that's why -- so, let me give you feedback on what I know about our application. We got a

phone call after hours on Friday saying we're going to move your application forward with the more detailed review, the -- due diligence review process. However, they've already identified a couple of items, or maybe more than a couple of items, that they are going to want to see addressed following completion of the due diligence review before they'll fund us for planning purposes. So that's the message we got after hours. We can't reach them today because they're closed.

Now, that's not -- the good news is they're moving it forward for due diligence review. The bad news is there is going to be a check list of things that are going to have to be handled once --

MR. MASSELLI: -- is that normal in the process?

MR. WOLLSCHLAGER: It's the first time I've dealt with this process. It's my understanding that a similar type of process with DOIT for broadband, they went through a very similar process.

MR. BAILEY: Yes, this is Rick Bailey. We just went through a broadband application process and we just completed the due diligence phase associated with that. And basically what they did is they -- we had a whole host of deliverables that are required at

application time. We completed those deliverables and they came back to us looking for additional information and more detail relative to the information that we've provided. So, I haven't seen what the request is associated with this effort yet, but I have to believe that it will probably be the same process.

MR. MASSELLI: And would we, again Mark Masselli, would we want to engage Gartner in that response since we're engaging in the larger -- I assume we're --

MR. WOLLSCHLAGER: -- ask to pay them.

MR. MASSELLI: I know, but it may be part of the sort of negotiated deal with them is -- we don't have another proposal on the table nor do we plan to have another proposal. And if they want to get to this proposal we'd need to get through this due diligence process. In the context of negotiating with them I don't know how comprehensive the due diligence list is going to be, but it would make sense to say, as part of that we're adding on diligence at no cost.

MR. BAILEY: This is Rick Bailey again. The feds are really looking for more information relative to existing state and financial support. You know, where the state is -- so, at least, from the broadband side and more detail maybe on the plans for execution of which this may

feed into, you know, similarly on the broadband side it was a more detailed documents that were submitted.

MR. MASSELLI: But we don't know what this is, it could be ---

MR. WOLLSCHLAGER: -- I hear you, Mark. It might be very well worthwhile to have a conversation with the -- with these folks once we get some feedback from ONC.

MS. HORN: I think it's always awkward to get them to do work before we have a signed contract. And if they don't get the contract then they don't get paid. And it always -- it's a little -- it makes lawyers very uncomfortable to do those kinds of things and I'm sure that Gartner might be a little uncomfortable providing us with that kind of work without some assurance they'd get paid. But we can certainly explore it with them.

MR. MASSELLI: It's a competitive world out there.

MS. HORN: It is.

DR. KIM: If New York and Massachusetts are so far ahead of us, do they have any feedback on their due diligence response from the government? How far along in the process are they? Have they submitted anything?

MR. WOLLSCHLAGER: Every state submitted an

application for funds. Whether or not any state has been approved I don't know.

DR. KIM: Okay.

MR. WOLLSCHLAGER: We tried to find out today and they were closed.

DR. KIM: Where are they -- office application for funds.

MR. WOLLSCHLAGER: They're ahead in actually exchanging and using data in a meaningful way.

DR. KIM: Actually implementing?

MR. WOLLSCHLAGER: Actually implementing. Yes.

DR. KIM: (Indiscernible, laughter)

MR. WOLLSCHLAGER: I don't want to minimize it. Many players in the state are doing that as you guys know, but they're doing it in a more concerted effort.

DR. KIM: Thank you.

MR. COURTWAY: This is Peter Courtway. I think once they have had their plan approved, I don't know whether it was Idaho or Iowa, but no funds have been allocated yet. One plan has been approved.

MR. MASSELLI: With Tom Hartford it's probably Iowa.

MR. COURTWAY: And I'm pretty sure that --

I really hope that that is not the case because I'm not sure that their goals are the same goals that we would ascribe to in regard to the implementation of the exchange.

CHAIRPERSON GALVIN: And I appreciate your comments and I hope that isn't true either, but I just hope we don't get to the point where, with our state finances not in the best place they've ever been, that we say, well -- and the feds don't give us what we think we need then that would only allow -- yes, we're a small state. We're three and a half or three and a half, five hundred thousand, whatever, million state and, you know, New York is huge compared to us, and Massachusetts more people in metro Boston than the whole state here. And we may be faced with that kind of alternative and also with our -- with Rhode Island. We're little guys and we're behind.

MR. HUDSON: So this is Mike Hudson. Has our -- did Gartner give any indication as to where they perceive our, I guess, relative progress may be and then sort of the amount of work that would be required to get to a successful strategic and operational plan. Because their document does talk about their experience in other states and so have they given us any feedback in terms of

where they see it, see us in the pact in terms of -- or not.

MR. WOLLSCHLAGER: They thought the plan that was published in -- by the Department in June would serve as a very useful document from which -- and they would build upon that document, not start all over again.

MR. HUDSON: Right.

MR. WOLLSCHLAGER: So, in that sense, we're ahead of some states. We actually have -- they're also impressed that we have a government structure that's articulated in statute. But the state I think they worked with most recently was Pennsylvania and we're not as advanced as Pennsylvania. So I haven't benchmarked every state that would be part of the process here, but they didn't think that we were starting from ground zero. You know, again, they'd be working off the documents and the work already done by the Department and many of you.

CHAIRPERSON GALVIN: And I think, Michael, that we're back on the pack somewhere. I think probably towards the end not at the -- Warren's laughing at me because we'll both be out in the street by 3:30. That we're back in the pack, but I think kind of towards the end, but that's just an impression. But we're certainly not, you know -- when you see this -- you know, like the

Boston marathon and the New York marathon, we're not in that bunch of people who are strutting down the street the first five minutes. And we got some qualifying number on -- I guess what I'm trying to say is that we have a lot of catch up to do and at some point we've got to decide whether this is ready to try to catch up or to partner. That's just me.

MR. COURTWAY: I think that the various comments with regard to partners or any vendor's willingness to start a project before a contract or funding has actually been locked in is probably true. However, I do believe that if we do really believe the need to proceed that there are some things we can leverage Gartner with and there is some things that we can do to have control, which is basically around the formation of the subcommittees. And I believe that Gartner, as part of their business development efforts, would provide some resource to help identify the key questions, the key components of that that would then allow us to get started and have that folded into the plan.

My only other comment on the plan itself is that although the numbers are below the 500,000 dollars still preserve the 500,000 dollar estimate because when I did look at the number of hours and committee work that

were in there it called for, on the regional efforts, two -- it was two one hour sessions. And I'm not sure that that time is appropriate. I think there may be broader times. So I just -- it makes no sense to go back to try to rework the proposal, but just to preserve the original estimate I think I would be prudent.

CHAIRPERSON GALVIN: It's a wondrous idea. Would you like to continue, Mr. Wollschlager?

MR. WOLLSCHLAGER: If there is no other comments on that, I -- I do want to respond to one comment that was made before I forget, and it may have been you, Commissioner Vogel, talking about the charge of this committee. And certainly this committee is going to be very involved, and is by statute involved in revising the plans and moving forward. But there are other responsibilities that this committee has that are non -- and one reason why we want to be able to come up with the subcommittees is that there is a lot of other work this committee is supposed to be doing as well, and so we want to be able to have a mechanism to address on-going federal means, through the subcommittee structure, to give this committee the ability to address some of the other requirements, like setting up the grant program, things like that.

Okay. So we put on the agenda item, and this will be a standing item I guess, what's going on in terms of all the various HIE/HIT stimulus programs out there. And there is a new one coming out every day it seems like. Some of you may be more connected to this than we are. We're getting ours from our colleagues at ONC. So I have a number of them listed here, but not all of the ones that have come out, I mean the most recent one is not on here.

But let me just give you an update, as I said, we are moving forward as soon as we get something. If we get something in writing we'd be willing to share it with this committee. If there are pieces of work that we need to get done in order to expedite the release of funds for planning purposes, that type of work that can be assisted by any of you, we'll look for help from you on this. Hopefully it's more paperwork, or expanding upon some information that's been submitted, but, again, we don't quite know yet.

The Beacon Community Cooperative Agreement that's a funding announcement that I sent out to members of this committee. I've heard, you know, just by calling around that there are three or four, at least, potential applicants for these funds. Is there anybody around the

table who has a -- who wants to address the Beacon money? These monies were going to used to create these Beacon communities. I think it goes up to 15 grants each. And really to go to demonstrate -- well, it's almost demonstration products, projects where at the end of your project you will have demonstrated either efficiencies or improvements in qualities of care that then can be exported nationally or regionally.

As I say, the amounts -- there is only 15 going out nationally. Those entities that were already leaders were encouraged to apply. And I think as a community, folks were being asked to demonstrate at least 30 percent HER utilization in order to even be eligible to apply for these dollars.

CHAIRPERSON GALVIN: What's the definition of community?

MR. WOLLSCHLAGER: I'm sorry.

CHAIRPERSON GALVIN: Geographical?

MR. WOLLSCHLAGER: It could be -- they kept it open. It could be -- it could be a state. It could be a county. It could be a hospital receiving -- I forget the term there, a hospital designated area. So it's really up to the community.

MR. MASSELLI: (Inaudible)

CHAIRPERSON GALVIN: I didn't hear you, Mark.

MR. MASSELLI: I think they wanted to align with the Dartmouth areas to the extent that they could.

CHAIRPERSON GALVIN: Yes.

MR. MASSELLI: Either one or more of the --

MR. WOLLSCHLAGER: -- it's my understanding reading it that, this opportunity, that any applicants for Beacon Community Funding would have to, at least, get a letter of some sort from the Department -- through the state -- from the state -- if not a letter of endorsement, some kind of letter acknowledging that it's consistent with the goal itself. No one has asked for that from the Department, to my knowledge yet, so I don't know that any -- anyone is definitely making an application or not.

One thing I'm going to suggest internally is that we begin to just post links to all these various stimulus funding announcements on our website. It might be -- rather than trying to send something out to everybody. So no one knows about any applicants for Beacon Funds? Okay.

Regional Extension Centers, this, I do know that E-Health Connecticut made application for statewide -- for service in statewide, or is it a regional extension

1 center? They did receive a letter endorsing them or at
2 least acknowledging their application from the Department
3 of Social Services. Tom, you said you had some interest
4 in talking more about -- maybe you could give us an update
5 as to where that --
6 DR. AGRESTA: -- I can give an update as to
7 where that stands. As with the HIE stimulus dollars from
8 the ONC, they were supposed to find out whether they were
9 approved or not earlier in December, I think December
10 11th, and as of -- the ONC kind of said, well, we're not
11 going to release that information yet. It may be early
12 January. But they did receive feedback on their
13 application and the feedback, you know, show areas of
14 strength and areas of weakness in the application. And
15 they informed that the groups that were going to be asked
16 to -- were going to be funded or solicited for funding
17 were going to get special coaching and basically helped
18 improve their application process. And those groups that
19 were not would be able to resubmit in the next round.
20 The ONC is also, instead of having three
21 rounds of funding, moved to having two rounds of funding
22 and agreeing that they're going to fund, I think, 50
23 percent of the total of 70 regional extension centers
24 they're anticipating in that first round, which would be

1 funded sometime in January. The regional extension center
2 is going to have to kind of do a lot of the same data
3 gathering that's going to be needed for this RIO. And so
4 one of the things that I would ask is that we start to
5 think about, well, can we develop common data gathering
6 mechanisms rather than duplicating efforts. And I'm going
7 to be on a teleconference call right after this with that
8 particular group to talk about data gathering. And I
9 would argue that it doesn't make sense to duplicate
10 efforts and it will actually confuse individuals receiving
11 this request. And so that may be one of the things that I
12 can help facilitate.
13 But I don't know a lot more about the
14 regional extension center, information than that. I do
15 believe that, you know, EL Connecticut probably should be
16 posting that feedback to their website, but I don't know
17 that they will do that. I can't answer that now.
18 MR. WOLLSCHLAGER: Any questions about
19 that? Did you say they were going to fund 15 or 50, 5-0?
20 DR. AGRESTA: 50 percent or so. I think
21 they were going to fund between 35 and 40 was their
22 intent, and that they were going to notify individuals or
23 individual groups that were selected by email or phone
24 sometime in the next week and a half to inform them that

they were going to be working with them. In the interim, they have to resubmit. Every applicant has to resubmit the -- it's a two step process just like the HIE process. They're going to have to resubmit for the first step process, and then potentially again in mid January. The second round of funding, I believe, would actually occur in June, if it -- if they're selected. So, it's not clear what will happen out of that.

MR. WOLLSCHLAGER: Comments about -- certainly your comments about using common methodologies, not just for data collection, but for all kinds of information gathering would make a lot of sense. It points to the need for this body, amongst others, to take efforts to pull all the various people to the table. We don't have everyone at the table with this body. This body doesn't include all the stakeholders.

Any questions for Tom? What's the total pool of money that's available for the state, do you know?

DR. AGRESTA: I think --

MR. WOLLSCHLAGER: -- there is a lot.

DR. AGRESTA: Somewhere around the six and a half million dollar range, but don't quote me exactly. It had to do with the total number of priority primary

1 care physicians they could get to meaningful use and so
2 it's very stipulated on, you know, achieving measurable
3 outcomes. And so the maximum amount that probably could be
4 achieved would be about six and a half million dollars
5 from what we gather.
6 MR. CARR: So -- this is Kevin Carr -- do
7 you look at the requirements from ONC that you're going to
8 get 5,000 dollars per provider that you get for meaningful
9 use through the regional extension centers. You have to
10 have a minimum of 1,000 providers in your population to be
11 a regional extension center. I believe the number that
12 you told Connecticut was around 11 -- I mean around 1100
13 to 1200 providers.
14 DR. AGRESTA: That's correct, and that's by
15 postulating that theoretically is about 30 percent of the
16 primary care clinicians within the state. And because of
17 the data, the means by which you can gather and ascertain
18 those actual primary care clinicians it's a little bit
19 iffy.
20 MR. CARR: Right.
21 DR. AGRESTA: But, because they're only
22 looking at 30 percent they felt very comfortable that they
23 could state that they could try to achieve that number.
24 MR. WOLLSCHLAGER: Maybe if you hear --

sometimes I hear from EL, sometimes I don't, so it would be -- if you hear anything it would be nice if we could --

DR. AGRESTA: -- I will see what I can do to insure that more transparency can be brought to the process.

MR. WOLLSCHLAGER: Great. Marsha, can you address what's going on with CMS in terms of the stimulus funds coming through them?

MS. MAINS: For Medicaid, CMS will be funding 90 percent. If we get federal financial participation, we will receive 90 percent for our planning initiatives. That's because we got to put together a plan. We have to do an as is view of our Medicaid providers, who is using what kind of health records now. And then after the as is view, we've got -- we will be able to provide incentive payments. CMS will fund 100 percent of the incentive payment to providers who have implemented and operated certified electronic health records. And then the Department will have to monitor meaningful use.

So it extends for a number of years. We can -- I think the last incentive payment we can issue is in 2021. So, right now DSS is working on -- we have to provide numerous documents to CMS. Our first is a very high level, what's called an advanced planning document.

How we're going to move forward. How we're going to staff this. We're going to utilize some transformation grant money to engage Gartner to assist us with this initial process. We will also leverage using our MMIS contractor, EDS, who are not HP, possibly doing some of the survey like to be able to coordinate that survey with you folks so we can utilize our Medicaid dollars and CMS dollars to help fund that. So that's where we're at right now.

CHAIRPERSON GALVIN: Are the CMS rewards to the practitioner based on a percentage of the cost or are based on a per case?

MS. MAINS: I think there is a limit per provider. They have to have a certain number of Medicaid clients. So there is a whole formula that goes into what different types of providers they are.

CHAIRPERSON GALVIN: So it sounds like your capitation subset.

MS. MAINS: You could call it that.

CHAIRPERSON GALVIN: Okay.

MR. WOLLSCHLAGER: Any questions for Marsha? So what's the timeframe for -- I know the earliest payments can begin is 2011, right?

MS. MAINS: Right. So we hope to get our APD out to CMS in January. They have 60 days to turn it around to us.

We’ve got to do some staffing. We want staff for this. We need to work with OPM to get some dollars. We have to have the money, even though CMS funds us, refunds us, it really is a refund. We have to have the money up front and then they reimburse the state after we expend the dollars.

DR. AGRESTA: Okay, Marsha it’s Tom, do you know when you’re -- would have to do the surveys? Because on of the common themes across all of these is the surveys. I was just wondering, do you know when you would have to do those surveys? When you’re planning on doing them?

MS. MAINS: I think our estimate was probably the summer, undertaking the surveys.

DR. AGRESTA: And my sense for these other initiatives is that the surveys need to be before that. And so I wonder, you know, if there is a way to collaborate --

MS. MAINS: -- sure.

DR. AGRESTA: Have that happen before.

MS. MAINS: Sure, we can try.

MR. BAILEY: And is there a way for DPH with its sort of oversight advice be a player in those surveys, kicking out -- I mean you have the full list of

everyone we're going for. I don't know if you have changed anything about the survey process for anybody coming in, are they using electronic health records, this sort of detailed stuff that we might --

CHAIRPERSON GALVIN: -- well, we can't answer. We can only answer those questions on our -- with our very new electronic licensing system.

MR. BAILEY: Right.

CHAIRPERSON GALVIN: Otherwise we'd have to change the whole cart that everybody gets in and gets back. The problem with that stuff, and pardon me for making negative comments, the problem with that stuff is that it's self important.

MR. BAILEY: Um, hmm.

CHAIRPERSON GALVIN: And so, as Tom will tell you, when it seems appropriate everybody's a primary care physician. The license -- everybody's license says Bob Galvin, Tom Agresta is licensed as a physician and surgeon, period. And then when it seems to be some advantage to it, people who are nephrologists and diabetologists say that -- and rheumatologists say that they're primary care physicians. Well, that's -- I do not find that to be true. And many years ago I had a resident named Anthony Roselli, who practices in Avon. And the

1 Roselli rule for primary care is to ask the physician, do
2 you clean wax out of your patient's ear? And if you say,
3 yes, you're a primary care physician. If you say, no, I
4 send them to a specialist, you're not.
5 But I think it's very difficult because
6 people say, well, I'm an OB/GYN and I'm a primary care
7 physician for women. And that's fairly well accepted. And
8 what about APRN's? So who do you talk to? And most people
9 that you survey will say, yes, I take Medicaid patients,
10 but particularly in specialty venues it's very hard to
11 place Medicaid patients. Although no one would say, I
12 write down for public consumption that, no, I don't do
13 that. I can't afford to do it. I just don't do it. But on
14 a reporting basis, yes, I take -- everybody takes Medicaid
15 patients, but I'm sure, Tom, being the conscientious
16 physician that he is has spent many hours trying to get
17 patients to neurologists and the like. So it's a very
18 difficult informatics piece, information piece.
19 MR. WOLLSCHLAGER: Well, certainly --
20 CHAIRPERSON GALVIN: -- don't you wish you
21 left me home, Mr. Wollschlager.
22 MR. WOLLSCHLAGER: No. I appreciate your
23 comments, Commissioner. I think that the coordination
24 across the stimulus programs is a huge challenge for the

state.

CHAIRPERSON GALVIN: It is.

MR. WOLLSCHLAGER: I think it's -- you know, by statute it's a responsibility of the state RIO, the Department of Public Health is the lead agency, but it's a piece that needs a lot of assistance from a lot of stakeholders. This is not something that the DPH can snap their fingers and say, okay, we're going to coordinate all of these things. It really requires folks sitting down and working together. And part of the reason I want to keep this on the agenda so I have a better understanding of these various programs and where the state sits with them.

CHAIRPERSON GALVIN: And just for the -- just for some of you folks who haven't heard this before, several years ago we asked how many people, who had licenses, were actually practicing essentially full time. And we found out the number, it's about 10,000 give or take a couple of hundred. But it took us ten days of people manually going through the -- so --

MR. WOLLSCHLAGER: -- any other questions regarding those funds, the CMS funds? Yes.

MR. CARR: A quick question, having done this in other states -- this is Kevin Carr again -- back

1 to Tom's question around the data gathering, we have seen
2 that a lot of states will incorporate comparison data in
3 their application for funding. So instead of just
4 surveying Medicaid providers they'll say we're going to
5 survey the entire state and compare where the Medicaid
6 providers are versus where Medicare providers offer, you
7 know, primarily Medicare providers are versus -- and CMS
8 seems to have responded positively to that request. And so
9 that might be one thing that the state could do as well so
10 that you say you're looking at comparative -- comparison
11 across different types of providers. That way we'd get
12 access to all providers as opposed to just Medicaid
13 providers with the Medicaid funding, which is -- actually
14 has a --
15 DR. AGRESTA: -- that opens a state -- that
16 opens the possibility for multi stakeholder funding as
17 well.
18 MR. CARR: Correct.
19 DR. AGRESTA: Because when you start
20 getting into the surveying they're fairly complex surveys.
21
22 MR. CARR: Right.
23 DR. AGRESTA: I mean you might get into
24 multi stakeholder funding where you could actually ask,

you know, some contribution from foundations or insurers or, you know, other bodies that might actually have a vested interest in understanding that data for the state as well.

MR. CARR: And this funding is 90 percent federal, 10 percent matched. So it's a much -- funding stream than many others that you can see.

MS. MAINS: If you'd let me know what other -- what the states were that would be helpful.

MR. CARR: Okay.

MS. MAINS: I look to leverage.

MR. WOLLSCHLAGER: Thanks, Kevin.

MR. CARR: Sure.

MR. WOLLSCHLAGER: All right. The Community College Consortium Cooperative Agreement, this is, if I remember correctly, there are seven or eight regions that have been designated by the Office of National Coordinator. And regional applications are being encouraged and basically funds are going out to community colleges for the provision of non-degree programs of training in HIE/HIT. I don't know too much about this one, although I just recently had a conversation with one of my colleagues in the Department of Education and the State Department of Education is working with some of their

colleagues in other states. We're included in the region that includes the traditional Region 1 and Region 2. I think down to Pennsylvania.

So, but anyways, Connecticut hopes to get funding for as many as three community colleges to be able to augment the training provided to HIT professionals and paraprofessionals. That's the same timeframe as all the others where applications have to be made in the first week of January. It's a very tight timeframe on all of these things.

CHAIRPERSON GALVIN: And that is a wonderful job producing idea to train people and in essence you're going to create an entirely new type of professional who will work in a medical environment or a physician's offices. And I'm going to ask my colleague Dr. Dardick to speak about if you had to incorporate -- how would you feel about having to incorporate a new type of person, add another person to your office staff? What would the average practitioner, how would he handle that?

DR. DARDICK: Well, first of all, it would depend on the size of the practice and the history of the practice. I mean our practice is over 30 years old, but over the last 15 years with our electronic record system we've sort of adapted to having job descriptions change.

So the practice administrator is now a system and network administrator at the same time. And we've got HIPA people in the office, in all offices I've identified.

CHAIRPERSON GALVIN: So you would see workplaces existing for these -- well, we sure don't want to train a bunch of young people and have them join the ranks of the unemployed as soon as they finish the community college.

DR. DARDICK: I mean I do have a limited view from my perch in eastern Connecticut, but we're seeing fewer and fewer solo practitioners setting up shop. People are joining larger and established groups and I think these larger groups will be looking for people like this.

CHAIRPERSON GALVIN: Thank you.

MR. WOLLSCHLAGER: Yes, I know everything I've been reading talks -- is the predicted shortage of IT -- the workforce shortage in IT. So, I was happy to see Connecticut is going to, at least, be part of a larger application. Connecticut would not be the lead applicant for this -- for this particular funds source. I'm meeting with folks from the Department of Education tomorrow to get a better sense of what's going on with that.

In terms of others, we just heard

yesterday, I believe, about the SHARP stimulus funds. This is -- four grants are going to be made nationally to meet one of the number of areas articulated in the high tech act either meaningful use or efficiencies. I don't know too much about this one yet. It looks like, oh, the application of data, electronic data in a way that advances medical outcomes. It seems like it's very competitive. Some of these grants I don't know, but my cynical side says I bet you there are folks who are pre-identified as going to receive some of these dollars, but maybe not. I don't know of anybody in Connecticut yet that's identified that they're going for SHARP funding.

The only other funds I know right now is probably what you received through your organization, Mark. I don't know if you wanted to address that or not.

MR. MASSELLI: I mean it was around funds from CMS and that we've applied for competitively and received dollars from.

MR. WOLLSCHLAGER: All right. So, we'll certainly keep folks -- we're going to start posting all these things on our website, just have a laundry list of where you can find information about these. As -- and I'll keep this as a standing item for this agenda.

CHAIRPERSON GALVIN: And I think we all

1 know this, but I'll reiterate it, that some of the grants
2 you can't apply for if you're a state agency. And they
3 need a forewarn that says tax free -- a tax free entity or
4 a private entity and an entity or a university plus
5 private and -- private not for profit. So, they're not all
6 things we can go after. Sometimes we can if it says, you
7 need the Department plus others, those other entities
8 particularly the tax frees.
9 MR. WOLLSCHLAGER: All right. Item No. 6,
10 formation of the subcommittees, this is a follow up from
11 last meeting's discussion. Michael, we had -- talked
12 about how it might be helpful to have subcommittees
13 primarily to bring more stakeholders to the table to help
14 the work of this committee. It happens that one of the
15 more immediate pieces of business for this committee is
16 input on revising the plan to get -- to make it eligible
17 for funding, operationalizing it. But, again, another big
18 benefit, I think would be able to assign certain pieces of
19 work that come up to a smaller body to get them done and
20 then report back to this body who would maintain
21 governance control.
22 It was asked that we put together at least
23 a little descriptor of what we thought some of these
24 committees might be responsible for and the timeframes for

1 them. I would say -- so I sent this out last Thursday to
2 everybody. I would say then that short term we're looking
3 to form subcommittees that, as Mark pointed out,
4 correspond to four out of the five domains in the state
5 funding announcement. So not -- no corresponding
6 subcommittee with governance. I'd like this body to
7 maintain responsibility for providing input on governance
8 issues.
9 In addition, the -- we suggested a fifth
10 committee that would be responsible for looking at the
11 provision of healthcare services to individuals with
12 special needs because I think they present a lot of unique
13 legal and policy questions when you start talking about
14 the records of individuals with mental health needs or
15 behavioral health needs, or children, or what have you,
16 long term care. There is only one paragraph in the
17 funding announcement that talks about this, but it's a
18 pretty important one. So we thought that it might be
19 helpful to have a committee on that as well.
20 Finally, it was not discussed last month,
21 but I took the liberty of suggesting or at least raising
22 the issue that somebody has to be looking at coordinating
23 all of the various state public sector data bases, and
24 that can be done -- I know there is efforts, on going

1 efforts in that arena already. But that's a pretty big
2 piece and it's not really -- it is part of the HIE
3 cooperative agreement. So you're right, Mark, I have
4 suggested six -- five, at least, at least five and perhaps
5 six subcommittees.
6 We had talked about getting names to me as
7 well as CV's or bio sketches. For those of you who
8 forwarded that, thank you very much. I got a number of
9 good candidates for the various subcommittees. I didn't
10 think I'd send them out to everybody because if you're
11 going to chose to be a chair of a subcommittee then we'd
12 have a body of potential candidates that we can supply
13 you, but I don't want to just be shipping people's bio
14 sketches and stuff wily nilly to members of the committee.
15 So, you had a chance to look at the draft.
16 Procedurally then we're talking about the short term and
17 long term. I want to thank Commissioner Vogel and Marianne
18 Horn for their efforts on this. Short term really would -
19 - these subcommittees would be there focusing on working
20 with Gartner in the development of the plan. So, to that
21 -- if you think of the timeframe then, these subcommittees
22 would be established for four months or so to let Gartner
23 to finish their work. There might be a longer term
24 responsibility for monitoring or just to provide

stakeholder input, but in the short term we're looking for a four month commitment of five or six people. Each of the subcommittees would be chaired by one of you.

Any comments, feedback, thoughts, willingness to proceed? Peter, you gave me some feedback on this, what do you think?

MR. COURTWAY: I think we should -- you know, should get started with it. I did go back out to the Connecticut Hospital Association and the CIO group to generate some interest and some understanding for the group in regard to what was being done and the call for participation. And we actually had a special meeting about it and reviewing the bio's and what not. So there is a lot of interest, I believe, in the state for it. So I think we should be -- should be getting started on this pretty quickly.

I think the other thing that I was trying to think of, and perhaps, Dr. Kim, this is really a question for you, is how does research fit in to all of this? You know -- and maybe it's a call for the committee chair, whoever is going to take the committee that it's either the governance or legal piece is to say, okay, what is the usage of the data to support the research initiatives that are across the state. Because I can see,

in each of the committees, there has to be broad domains, you know, only with people's supporting that domain with, you know. I don't know what your thoughts were on that.

DR. KIM: Actually, if you were running through the stimulus program -- I'm just struck by the fact that as we try to encourage rapid uptake of HIT, it's almost at counter purposes with the HIE commission because everybody is updating their own information technology, their own EMR, how are we going to exchange this information? As a researcher, that's where we run into the barriers. We can't exchange information, follow somebody longitudinally over time with repeated measures. Even the simple survey, if he was using the EMR, that's a repeated metric. It would need to be done every six months, whatever, and the same way every time to be useful for research purposes or to be meaningful, I think, clinically. You know, I'm concerned. So it would be nice to have a research voice. That doesn't really answer your question, but that's the first thought that came to my mind.

The other thought I had is because I'm at the VA I wonder if there are any lessons that we can learn from the VA EMR. That's the one national system of EMR. There are problems to be sure, but there are also success

1 stories to be made. And there is not representation from
2 somebody who has -- so I'm wondering if we can get a
3 couple of our colleagues from the VA. I know the CIO that
4 might be helpful. He does some research, but if you're
5 looking for a comment about research that's my big
6 concern, the exchangeability of information. You know, I'm
7 not -- I have faith that we can all chose an EMR that will
8 work for five, six, seven years. But if we can't exchange
9 it I'm not sure we're better off than New York. Maybe we
10 should just take the New York plan. And I think our large
11 advantage of being in the back of the pack is that we get
12 to recreate the wheel. We get to be a little bit more
13 thoughtful as everybody else is -- that seems to be the
14 big bugaboo from a research perspective. There is no
15 exchangeability.
16 There is no way to follow the patients over time and cross
17 sectional time.
18 MR. CARR: And I'll just add to that, one
19 of the things that many other states are running into from
20 a technical perspective is the CCD documents are
21 transferred -- they go from the point of origin, which is
22 a local -- to the health information -- but not
23 necessarily in a format that is searchable. And so when
24 that CCD document goes, it goes as a bundle that says I am

1 a patient and I'm giving you information about an event in
2 my care. And then it goes to the health information
3 exchange and that CCD document is just kind of sits there
4 as this big blob in the HIE. And then it's transmitted as
5 a big blob to the next person looking for that, for
6 information on that patient. So once it's imported into
7 the local provider, electronic medical records, then it's
8 again searchable, but while it's residing in its -- as an
9 aggregated, longitudinal set of documents in the health
10 information exchange it's not searchable. And so, there
11 have been some pilot programs looking at how to make that
12 overcome that issue and some of them happened in
13 Massachusetts with the CDC, and so I really think that we
14 need to look at that very early on because it does have a
15 huge impact on our technical infrastructure that we
16 employ.
17 MR. COURTWAY: I agree entirely because,
18 you know, you think of the technical infrastructure is
19 just okay, what standards are you going to use, what --
20 how are you going to hook these building blocks together.
21 And it's only useful if it has a purpose at the end. So,
22 discussions in regard to whether or not it is a persistent
23 database, whether or not it's, you know, has a two day,
24 three day live associated with it, those things really

need to be brought forward in the group so that they can advise. If that's really what we're trying to accomplish, if the vision is to have this as integrated, you know, database for research and outputs measurement, that's -- technical requirements. If there is an issue -- if there is a requirement or a desire to link the multitude of databases that are out there, whether that's the birth registry, tumor registries, you know, pick an immunization, pick a registry, those voices need to come so that they can be planned for technically if that's the -- if that's -- and the legal side in terms of, you know, who gets to see it, how do you petition. Is there the equivalent of an IRB, you know -- so there is a lot ground to cover.

DR. KIM: There is.

CHAIRPERSON GALVIN: But a lot of that ground has been covered before. I think what both of you said is, all three of you, is that if the initial phase of the information isn't in a comprehensible and common language or whatever you want, format, then everything downstream is immaterial because you can't get the information out in a form that you need to do what you need to do with it. That's really what we're here, you know, really what we're here to do. So those are excellent

comments. Yes, Dan.

MR. CARMODY: As the conversation has been developing today --

CHAIRPERSON GALVIN: -- I think he's going to need a microphone. Thank you.

MR. CARMODY: As the conversation been developing today, even when you looked at the Gartner proposals, I think understanding what you want to measure and when is important. So it goes to your point. I mean when you get to the fact of technology, whether it be standards, I didn't even see the connection into meaningful use. The best actual part of that was seen I the Connecticut vision when you look at what the vision here was because it really got down to enabling substantial and measurable improvements in the quality of care.

Going back to what do we want to measure, because if you're going to go back to like a funding subcommittee and they're going to say, well, we can talk about how you want to fund it, but fund what. What are we trying to do? And I think when you start talking about, you know, rural communities, or east of the river smaller organizations sometimes versus urban communities, like it's not going to be a one size fits all. So, if we can

1 define what we want to get -- what we want to measure,
2 where do we want to start. Is it just with pharmacy
3 related type of information and sort of e-prescribing, or
4 labs? You know, start something that is measurable. And
5 then you can build upon it and then you can talk about the
6 infrastructure that you can then use. Otherwise I think if
7 you try to do the whole big, beta database in the sky I
8 think you'll have -- we'll have trouble understanding what
9 we are going to ask people to step up for.
10 You know, most of -- from a carrier
11 perspective, you know, most of our clients are employers.
12 And so we're going to go back and we're going to say we're
13 going to want you to fund something. The first question is
14 going to be what are you asking me to do. And they're not
15 going to be inclined to say, we're going to fund sort of
16 this nebulous conversation. They're going to be saying,
17 show me. And it's a lot easier to start off with something
18 small, measure its effectiveness, and then build on that
19 success, so that we can then go back and add on to the
20 other pieces. So, I think we really need to spend some
21 time defining when we get there. I think you can put a
22 structure in place on how you want to move past to that
23 larger thought process, but start with something specific.
24 So start with, again, e-prescribing. Start

with labs. Start with pharmacy. I mean you take lab and pharmacy you get the major pieces of components of the decision making. I'm not a clinician, but, you know, most of my peers are physicals and that -- they'll tell you if you can get to those two pieces you can do a lot especially in an ER. So take an ER setting, take lab and pharmacy, you can go a long way on what you need to do, and then that way we can define and look towards ONC and whoever is going to establish meaningful use targeted -- target what you want to build and then you can get people to come on. Otherwise, we're going to spend a lot of time, and generate a lot of paper, and not weave that to what you're going to ask people to engage with.

DR. KIM: I think that's right. But while we're being concrete and effective in the smaller steps I think we need to be thoughtful about even something as simple as a lab, there isn't even standardized nomenclature within the VA for something as, I think, as standard as A1C, which is a measure of glucose control for diabetics, which is one of the most prevalent conditions in the nation. It's hemoglobin A1C. It's A1C. It's hemoglobin within the same system of care in the VA. So, we have to be a little bit -- I think we have a big leadership role to play in making sure those are

standardizable and mappable.

CHAIRPERSON GALVIN: Goods.

MS. BOYLE: Warren, what's the next step on the subcommittees? How do we get to a point where we actually have them and --

MR. WOLLSCHLAGER: -- well, I would view the next step is a self nominating process where somebody says, yes, I'm willing to step up and work with the Department and/or DOIT to put together a group of stakeholders that would be available for this body and also for Gartner. It's a goal of trying to have some group sort of organized after the new year.

MS. BOYLE: Since I'm the only lawyer -- spoke to me about chairing the legal and policy --

MS. HORN: -- so we can talk. Great, we can talk and get that set up.

MR. WOLLSCHLAGER: All right. Now, again, of course this would be subject to the approval of the Chair, but that's great. I tell you I've talked to some folks and I don't know who is willing to do what, but I've talked to some of you and so I would look to some -- but I think that these bodies would be, at least in the short term, would be working bodies where they're actually making themselves available to Gartner.

Dan, I don't -- I very much appreciate your comments. I think until -- in order to get there we sort of need a process by which the state is going to decide what are we going to focus on. And we haven't done that yet.

MR. CARMODY: As we go forward, I want to make sure that we're practical as opposed -- and sorry, I appreciate the Gartner piece, but that's -- my concern with is that it -- you want to -- it only referenced the vision.

MR. WOLLSCHLAGER: Right.

MR. CARMODY: Very lofty in that there wasn't enough specific -- specificity on the deliverables around meaningful use that got to me a point where I was like, geez, this is important especially when you start talking about the subcommittees.

MR. WOLLSCHLAGER: Right.

MR. CARMODY: And you had talked to me about the finance committee. I'd like to understand where we're going so that if we're going to start asking people to say, well, what do you think about funding what, the what needs to be something tangible because otherwise it becomes this I want you to pay for something and we don't know what the something is.

DR. AGRESTA: This is Tom Agresta. There is actually a very good report, just released over the weekend of whatever, that speaks directly to successful HIE and the successful HIE's regional health extension, regional -- RIO's rather. I get all my acronyms mixed up. Actually are very discrete in what they exchange. And they're very measurable in what they exchange. And, you know, are successful because they've got by in from a financing perspective. The stakeholders see value in it.

So I think you're correct in saying there have to be discrete steps that have value, but I think that the other aspect of that is that, you know, what Nancy and Kevin were talking about is the difference between discrete data and data that's packaged in a message that is interpretable only in another system. And as you develop the architecture for that it's very important to understand what you're trying to develop. It's not just sort of research data, it's also quality of care data.

DR. KIM: That's right.

DR. AGRESTA: And I think the issue of developing -- and that data needs to be in a very different kind of database in order to look at it, to query it, to survey it, whatever. And so there are

probably ways of creating an architecture that siphons off that data and reserves it in that architecture over time even when you're not yet ready to utilize it. But that you start from the beginning doing that and that would be one of the things that would be important to kind of consider because then you can get buy in for the long term use of the funding sources etcetera.

MR. CARMODY: As long as it's buildable in modules. I understand you have to build for the future so you don't tie your hands, but at the same time don't --

DR. AGRESTA: -- yes, don't --

MR. CARMODY: -- don't ask for everything and anything.

DR. AGRESTA: Don't go for perfect right -- don't skip good while you go for perfect.

DR. KIM: That's right. I agree with that.

MR. COURTWAY: This is Peter Courtway. I'm happy to throw my hat into the ring for the technical committee. Although if accepted those of you who are technical will find that you'll be the most valuable resources to that committee.

MR. WOLLSCHLAGER: And, again, this is an awkward -- a difficult process and you certainly can reach out to individuals as well, but thank you for that, Peter.

DR. AGRESTA: This is Tom Agresta. I'd be willing to kind of work with the business and technical operations committee.

MR. WOLLSCHLAGER: Okay. So that leaves us finance and I do understand the concerns about what exactly are we financing. Just to go back, a couple of -- again, there is some confusion between what we're doing federally and what this body is tasked with doing. Federally, our primary goal is to fund and make sustainable capacity for and meaningful use of exchange of data, and get that done. I mean that's really -- that is your -- and now what data should be exchanged and used in a meaningful way, I think this body can help decide that as well. But the federal funds, and what I'm looking for is some help on a subcommittee right now, is how are we going to finance and make sustainable statewide exchange of data.

MR. CARMODY: I'd be more than willing to help with the finance subcommittee.

MR. WOLLSCHLAGER: Great, thank you. I think, Kevin, you had said you were willing to help on that one as well too.

DR. AGRESTA: I'm sure Mr. Hudson has some finance experience.

MR. HUDSON: Well, I can help on that as well.

MR. WOLLSCHLAGER: Great. The special health services, again, I think it's important. I don't -- I would say I was looking sort of to you, Mark, because that's part of what your mission is.

MR. MASSELLI: Sure.

MR. WOLLSCHLAGER: Okay, great. As I say, we have candidates who are willing to -- have already volunteered to staff some of these committees. We'll get them out to the various -- we'll get their names and info out to the various chairs and, Meg, I guess maybe we could talk afterwards about how best to reinvigorate or whatever was going on with the CHIN effort.

MEG: Absolutely.

MR. WOLLSCHLAGER: Okay. Great. Thank you all for that. And if any of you have an interest in not chairing, but working with any of the chairs who just were nice enough to help, please, let them know directly. Research, I did hear that research would be helpful to have actually in -- at the -- when he was talking about architecture.

DR. KIM: I'd be happy to go wherever I'm helpful. I'm not really sure where that would be.

MR. WOLLSCHLAGER: So, and the Department will follow up with the chairs directly as well. Okay.

New business, to go back to the law, the first of many annual reports to this body is due on or before February 1st. So we have to -- the Department will be drafting an annual legislative report. The names will be due to our committees. It's pretty standard. We don't have a lot to report on quite yet, hopefully we'll have some information about the funds prior to the final submission. But my plan would be to draft an annual report, distribute to you in advance of the meeting, and then try to get you to approve it at the meeting in January because we will get slammed if we don't meet our statutory requirements. And so absent objections, that's the process that we would use for that. Okay.

CHAIRPERSON GALVIN: Public comment, anyone in the audience like to address the group or have a comment that they'd like to have recorded? It's a quiet -- it's a quiet -- okay.

MR. WOLLSCHLAGER: Just before we take a motion to adjourn, we looked at the meeting schedule and this is, I believe, on the third Monday of the month. Of course the very next two Mondays, the third Mondays of each month are state holidays. We could not have picked a

worse schedule. So I put out dates of that would actually be the fourth Monday, and you see the dates there. And so that's our intent to meet on those dates from 12:00 to 3:00, 12:00 to 2:00. It seemed like this worked out pretty good for folks.

CHAIRPERSON GALVIN: Okay. Any further comments from committee members of things that you feel that you'd like to say and that --

MS. VOGEL: -- may I comment about the subcommittees? It's Christine Vogel. I'm also on another board and I just want to remind you all that subcommittees are also under the state law called Freedom of Information. And your subcommittee meetings need to be made available to the public. The meetings need to be posted in advance. And somebody needs to take minutes of the meetings. So, please, refrain from having ad hoc meetings on email. You do need to be available to the public. So I just want to remind you all that we -- OPM confirmed the state law with all of us. So, subcommittee meetings are under the same laws and so they need to be made available to the public.

CHAIRPERSON GALVIN: I think that does not preclude Tom Agresta from calling Dr. Carr and talking about something you might want to talk about.

MS. VOGEL: If you're organizing agenda items and at least just trying to get the information gathered for the meeting, but if there is information that the public does have the -- has an opportunity to know what you're talking about. So, it does need to be made in a meeting.

MR. BAILEY: We'd like a transcript of that.

CHAIRPERSON GALVIN: Or you can't -- in other words, you can't have a telephone meeting.

MS. VOGEL: Correct. Or -- and that's something that we haven't truly explored. I don't know how you could make the public truly available on conference calls. So some people have to be in a room with the phone available to --

MR. WOLLSCHLAGER: -- we've done that with our stem cell subcommittees, the peer review, where the Department is the site and the public has to come to the Department.

MR. WOLLSCHLAGER: And, in fact, the public has come to the Department on some of them.

DR. AGRESTA: Would you clarify the resources that will be made available to the subcommittees?

MR. WOLLSCHLAGER: Yes, it's out intent that the Department or our colleagues from -- public staff will staff the committees, will handle the things like notice.

DR. AGRESTA: Okay.

MS. HORN: And the minutes.

DR. AGRESTA: And the minutes.

MS. HORN: But I mean they're brief. We've done this with stem cell, they're not extensive minutes like you see for this meeting, but they certainly capture what goes on.

DR. AGRESTA: And there is not a transcription that occurs.

MS. HORN: No. No.

MR. CARR: Since we're going into committees, one of the questions I had coming into the -- going into this planning process is what types of healthcare reform initiative in Connecticut we're going to support with this new health information exchange infrastructure. And as much as that can be gathered and sent out to this committee in advance, there are other committees or other groups within the state that have set a vision for what's the vision of healthcare in 2015. I know there is a lot of work going on right now. So, if

there are decisions that have been made, that you feel comfortable with, if those could be made available to us as we go into these committees. I think it would speed up our process a lot.

MS. VOGEL: You bring up a good point, Kevin. There are two boards currently. There is a SustiNet Board and also the Connecticut Healthcare Reform Advisory Board to the Governor that are speaking of these issues. SustiNet is also in the process of formulating subcommittees and moving forward. And we’ve kind of been given the signal that we need to wait for the creation of the product of this group before we can move many other healthcare reform initiatives forward. So, kind of right back at you. We would love this group to come to those other groups and update where the state’s at with creating the infrastructure. So, we’re all at the same place, but the other two boards, SustiNet, and the Healthcare Reform Board, are -- we’re all trying to figure out very soon how we can keep each other all informed. So there is no duplication and we can only leverage from the work that’s already existing.

I’ll do my best to try to keep the temperature on that and at least bring it to the group.

DR. AGRESTA: Is it possible to have some

of those members be part of our subcommittee groups as well so that -- would that be a logical way to transform -- make sure the information is flowing in that direction, but also that, you know, that the people are kind of somewhat --

MR. CARR: -- because it might be interesting to have the chair from this group chair the subcommittee and then maybe a co-chair of another group -- of someone that's involved in another larger committee also co-chair the same committee or -- is that what you're saying?

DR. AGRESTA: Well, I'm just -- I'm cognizant, I know that the SustiNet group has to have an HIT sub remedy of some sort. And, you know, it's a chicken and egg phenomena. You could kind of wait and have nothing hatch. But if there is a collaborative work going forward it would make a whole lot more sense to do it in that fashion. I don't know what legislatively, you know, happens --

MR. WOLLSCHLAGER: -- well, we could certainly review the folks that we know of that are on the subcommittees and if it looks appropriate reach out to folks. I think part of the problem is that you're pointing out is that it's the same people.

DR. AGRESTA: Yes, you've got the same 60 people in the state who are working on all of this stuff. They've only got so many hats they can wear.

MR. COURTWAY: This is Peter Courtway. First of all, is there a map of how all of these -- all these committees and boards, is there some puzzle map to say, this one is doing this, and DSS has this piece of the pie. How do we rationalize where to turn for help or where to turn to for whether or not it's even in a domain that we have to address or some other domain that somebody else is addressing?

MS. VOGEL: There is not currently a map created. However, that might be the best way I could try to put it down on paper for everybody because I seem to be on most of the boards and, you know, basically -- hopefully it will be in my head. So maybe there is a way I can try to map it or put it in a Venn diagram saying these are all the different boards working on it and these are the little overlap areas. I think currently there aren't too many overlap areas because we're all at the same place, just starting. But now is the time to make sure we're all in the same realm when we're working on that one project that will feed to three or four different boards as opposed to having each board have a particular

subcommittee.

So, the message received loud and clear. And I'll see what I can try to structure and put together for all the boards because, again, it would be one document that we could all use. So I'll call you when I need help putting it in the map though.

MR. COURTWAY: I appreciate it. And just a follow up, are those other boards also under the same -- the same rubric as we are? Is it a public meeting? Are there minutes, agendas? Are they posted on the web? Is that where we should look?

MS. VOGEL: Yes, the SustiNet Board has a very -- well, a very advanced website for all the work they're doing. The Healthcare Advisory Board to the Governor is on the OCA website. We have DPH so we're already beginning to go in our own separate directions. So, it -- the timing is good. I'm see what I can do to get us together.

CHAIRPERSON GALVIN: Any further comments? If not, we will adjourn. Thank you all and have a lovely holiday. We'll see you in 2010.

(Whereupon, the meeting was adjourned at 1:45 p.m.)