

VERBATIM PROCEEDINGS
DEPARTMENT OF PUBLIC HEALTH

CT HEALTH INFORMATION TECHNOLOGY
AND EXCHANGE STRATEGIC PLAN

DR. JEWEL MULLEN, CHAIRMAN

JUNE 20, 2011

101 EAST RIVER DRIVE
EAST HARTFORD, CONNECTICUT

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RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE
JUNE 20, 2011

1 . . .Verbatim proceedings of a meeting in
2 the matter of CT Health Information Technology and
3 Exchange, held at 101 East River Drive, East Hartford,
4 Connecticut, on June 20, 2011 at 4:36 p.m. . . .

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9 CHAIRPERSON JEWEL MULLEN: Good afternoon
10 everyone.

11 VOICES: Good afternoon.

12 CHAIRPERSON MULLEN: That was a very good
13 response. Welcome back to another meeting. I just want
14 you all to know I look forward to these especially because
15 -- but one of the reasons it's easy to look forward to
16 them is because there's so much that happens from meeting
17 to meeting. It's constant for everyone and I appreciate
18 that everyone who's here has another job on top of this or
19 underneath this, so thank you.

20 Why don't we go around and introduce
21 ourselves.

22 MR. KEVIN CARR: Kevin Carr.

23 MR. DAN CARMODY: Dan Carmody.

24 MS. VICTORIA VELTRI: Vicky Veltri.

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1 MS. ANDREA SCHROETER: Andrea Schroeter.
2 MS. ANGELA MATTIE: Angela Mattie.
3 MR. JOHN LYNCH: John Lynch.
4 MS. BRENDA KELLY: Brenda Kelly.
5 DR. STEVEN THORNQUIST: Steve Thornquist.
6 MR. STEVE CASEY: Steve Casey.
7 DR. THOMAS AGRESTA: Tom Agresta.
8 CHAIRPERSON MULLEN: Jewel Mullen.
9 MS. MEG HOOPER: Meg Hooper.
10 MR. SCOTT MURPHY: Scott Murphy.
11 MR. JOHN GADEA: John Gadea.
12 CHAIRPERSON MULLEN: And on the phone?
13 LIEUTENANT GOVERNOR NANCY WYMAN: Nancy
14 Wyman.
15 MS. HOOPER: And we do officially have a
16 quorum.
17 CHAIRPERSON MULLEN: I think that's because
18 of you.
19 MS. HOOPER: It is.
20 CHAIRPERSON MULLEN: Lieutenant Governor, I
21 know how busy you have been since we were both at this
22 meeting together, I think in February.
23 LIEUTENANT GOVERNOR WYMAN: Yes, something
24 like that. And I do apologize to everybody, it's not the

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1 lack of interest it's just the lack of time. And I have
2 been following your minutes and just keep up the good
3 work.

4 CHAIRPERSON MULLEN: And you've made
5 yourself available to me for updates and for guidance when
6 necessary --

7 LIEUTENANT GOVERNOR WYMAN: Right.

8 CHAIRPERSON MULLEN: -- so I do appreciate
9 that.

10 LIEUTENANT GOVERNOR WYMAN: Any time, and I
11 do apologize but again, I'm going to be listening for a
12 little while and then I have to go speak at a funeral
13 tonight, so -- for one of our brave soldiers that has
14 passed away. But I am interested in hearing what's going
15 on.

16 CHAIRPERSON MULLEN: Thank you, thank you.
17 And a lot has happened since February. I think we've
18 dealt with a lot of hard issues and have gotten a lot of
19 work done and have a solid looking future. So why don't
20 we go to the review and approval of the minutes from last
21 month.

22 MR. LYNCH: Move we approve.

23 MR. CASEY: Second.

24 MS. HOOPER: And we just have one addition,

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1 Dr. Buckman is in attendance on the phone so we are adding
2 Dr. Buckman. We'll send those minutes out. And we have a
3 motion from Mr. Lynch and Mr. Casey. Any discussion? All
4 those in favor?

5 VOICES: Aye.

6 MS. HOOPER: Any opposed? Thank you very
7 much. Dan and I have been working diligently on the
8 budget. What we've handed out and what we've distributed
9 via e-mail is not exactly what we submitted last month for
10 your review. What we've done for you is give you a brief
11 overview of what's going on with the budget.

12 We have included a summary of the funds
13 that were awarded to the DPH and how we're expending those
14 funds based on a review and meeting with the Executive
15 Committee. We were able to cut some of our expenditures
16 that were out there for the Department. And what we have
17 determined on this first page with the blue, it's page 2
18 actually of what was e-mailed out to you. I do have extra
19 packages for those of you that weren't able to make
20 copies. Does everybody have a set?

21 DR. THORNQUIST: No, I do not.

22 MS. HOOPER: Dr. Thornquist, let me get you
23 something.

24 MS. KELLY: Can I have a copy -- the

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1 problem is mine isn't in blue, so I --

2 MS. HOOPER: Oh I'm so sorry, page 2.

3 MS. KELLY: Page 2?

4 MS. HOOPER: Yes.

5 MS. KELLY: I might not have printed the
6 right thing --

7 MS. HOOPER: Okay.

8 MS. KELLY: -- or I'm missing one page. So
9 maybe I should take a copy. Thank you.

10 MS. HOOPER: This is nearly identical to
11 what you saw last month for the budget. And what we do
12 have is, again, expenditures for the Department. But in
13 addition our contract with Gartner, which was for all of
14 us, to forward the Plan to approve the release of the \$6.7
15 million that we were awaiting.

16 In addition if you look under other, these
17 are essentially the funds that we are ready to contract
18 with the Agency HITE/CT, of which you are the Board. So
19 we're ready for year two, which really began this past
20 March of \$1.8, and then continuing on. Those funds do not
21 have to be allocated in that certain amount in year two,
22 year three or year four. We're simply providing that
23 breakdown. So that page 2 presents to you what's going on
24 with the Department's overall budget with ONC. Your

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1 specific budget starts on page 3.

2 This is a draft, you notice the watermark,
3 this is proposed. Every number here is an estimate that
4 we worked with the Executive Committee. We were able to
5 clarify some of the terms and some of the dollar figures.
6 This Board has the authority to change this budget,
7 redirect funds. What we are looking for today is a motion
8 to adopt this budget so in fact the Department of Public
9 Health can move forward and contract with the HITE/CT in
10 an allocation of the \$1.8 million -- or \$1.73. If you look
11 on page 3, obviously in the first year from 2010 through
12 March 14th of this year, there were no funds expended to
13 you as a HITE/CT Agency.

14 We have for a contract obtained legal
15 counsel sitting here to my left. The risk assessment
16 consultant, we're still working on finding some cost
17 estimates. Our Directors and Officers Insurance is moving
18 forward. I think this Board had some decisions to make
19 and we'll have those after a vender is selected. So that
20 \$61,000 has been approved in a contract with HITE/CT. The
21 second contract, which is what we're preparing now --

22 MS. MATTIE: Meg, before you move on may I
23 ask --

24 MS. HOOPER: Of course Angela.

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1 MS. MATTIE: Thank you. Where are we with
2 the D&O insurance? What's the timeframe on that?

3 MS. HOOPER: It can be effective not
4 retroactively -- do you want to help me on that on the D&O
5 insurance? I don't think you're looking at that.

6 MR. MURPHY: No, Bruce had been looking at
7 the drafting a form of consultant contract to get
8 essentially some expert advice as to the scope coverages
9 and source of that coverage.

10 MS. HOOPER: And we're going to bring it to
11 the Board. Its real effectiveness is going to be when the
12 vender is selected and the operations of the Agency begin.
13 And that's where in fact -- where the decisions are made
14 with the large amounts of funds and then also with the
15 viability of the operations of that new HIE system. So
16 it's not that it's not in a rush but it's not the priority
17 that has as opposed to the vender and the budget.

18 MS. MATTIE: May I make a recommendation?

19 MS. HOOPER: Of course.

20 MS. MATTIE: Could we move that up in terms
21 of the timeframe?

22 MS. HOOPER: Yes ma'am.

23 MS. MATTIE: You know, we're a total
24 voluntary Board and we are working on some highly

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1 sensitive issues. And especially now that we're looking
2 at budget decisions I would ask that we have that coverage
3 associated with --

4 MS. HOOPER: I know that Marianne Horn was
5 working on it with Scott and --

6 MR. MURPHY: With Bruce.

7 MS. HOOPER: -- no, with Bruce and we will
8 bring it forward.

9 MR. MURPHY: May I?

10 MS. HOOPER: Of course.

11 MR. MURPHY: You should derive some real
12 comfort in the meantime from the fact that it's a
13 statutory matter that the Directors of a quasi-public
14 agencies are indemnified by the agency but also enjoy
15 statutory exculpation from liability in response to any
16 third party claims unless you're acting in a wanton,
17 willful or malicious manner. It --

18 MS. MATTIE: I totally understand that, but
19 I would also be --

20 MR. MURPHY: -- is still better to have --

21 MS. MATTIE: -- much more comfortable at
22 this table --

23 MR. MURPHY: -- absolutely, but you're not
24 -- I was just pointing out you're not without statutory

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1 protection in the meantime.

2 MS. MATTIE: I understand, thank you.

3 MS. HOOPER: On page 3, the larger
4 contract, again, these are dollar figures that are
5 estimated that the HITE/CT may be looking for. Again,
6 that amount can be adjusted but I don't think you'd want
7 to adjust \$1.7 million right off the bat. What we've
8 allocated -- determined to be an option under personnel,
9 we did do a search on the CEO. If you recall many on the
10 Search Committee and also from our own investigation,
11 there were some CEOs at around \$200,000 on -- was it
12 grants.gov actually that we had found for a federal
13 position with that responsibility?

14 What we're asking is, that in consideration
15 that these salary levels reflecting year two obviously
16 starting back in March, we're not hiring somebody until
17 after today or whatever date that person would be hired.
18 But in years three and four we have accommodated for
19 increases, cost of living increases, these numbers will
20 change dependent upon your selection of the CEO and your
21 negotiations with that individual as well as the other
22 positions. So again, we're putting this as a placeholder.
23 The dollar amounts of \$232,000 for this year's budget for
24 personnel is not a final.

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1 CHAIRPERSON MULLEN: You're --

2 MS. HOOPER: I am saying that too much?

3 Got it.

4 CHAIRPERSON MULLEN: -- it's a lot.

5 MS. HOOPER: Fringe benefits, if you decide
6 that those are going to be offered -- travel, there are
7 some specific conferences that do need to be attended by
8 the CEO and/or representative of the Agency. Getting down
9 to equipment, we had agreed you didn't need any equipment.
10 However, understand that that can be amended to include a
11 computer or a system. Let's go to contracts, which is on
12 page 6.

13 If as discussed, an Interim position for a
14 Director is selected, we've included a rate of \$200 an
15 hour. The communications, again, are estimates. If you
16 go on page 7, for the other largest you have personnel and
17 the next largest is for the HIE services based on your
18 decision next Monday for the vender, approximately \$1
19 million -- \$950,000 in this draft budget is available. So
20 the changes that we wanted to recognize certainly are when
21 the vender is selected and your CEO. This draft budget is
22 for you to consider to move forward. John.

23 MR. LYNCH: Yes, just so everybody is aware
24 that HIE services and implementations could potentially be

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1 more than one contract because some of the implementation
2 components may totally be from different sources than the
3 technical contract. I don't want people to be thinking
4 incorrectly.

5 MS. HOOPER: Good point.

6 DR. AGRESTA: Dan, do you want to add
7 anything or --

8 MR. CARMODY: Well, I think what we saw
9 when we were looking at some of the initial RFPs was that
10 these costs are still light and at the end of the day when
11 you look at what some of the costs are coming in at, we're
12 still on the short side. So I think it's a good budget
13 from the standpoint that I think it reflects what we have.

14 I do think that what we do need to have as a conversation
15 is that when we started some of those initial
16 conversations with the REC as well as other organizations,
17 whether it be Capital Community College, can we line all
18 of these up even though it's not under the DPH to say how
19 much money are we talking about in total and what do we
20 want to do relative to expenses that we can share and how
21 does that help sort of temper the cost.

22 DR. AGRESTA: Right, so that's on the
23 expense sharing proposition. I would also argue that we
24 need to think about what are the revenue opportunities and

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1 they are not going to present themselves in the first year
2 in general. They're generally going to be down the road
3 as we add value and the original budget does suggest that
4 that will happen and that we need to find a way to make
5 that happen so it's sustainable anyway.

6 MR. LYNCH: Some of those revenues could be
7 in this coming year depending on what we decide are
8 services that would be paid for by HITE as opposed to
9 maybe some of the stakeholders as we go. It's still up in
10 the air.

11 MR. CARMODY: So that goes back to having
12 the conversation around are we going to ask people to
13 contribute. We don't have the authority to ask people to
14 contribute so somebody's going to have to make a
15 legislative action if that were to be the case. We also
16 had -- Kevin has pointed out that there's maybe some money
17 out there from the Social Security Administration. We
18 might be able to go after some funds because of when you
19 request funding or when you request records from a paper
20 perspective you get a certain amount of funding and if you
21 actually do it through an electronic means you have the
22 ability to actually get paid for those.

23 And so there's some money that could be on
24 the table to help offset and tamper this. We're still

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1 sort of finalizing what we think some of the numbers could
2 be like on that. So Dan, I want to come back to what are
3 the services that we think that we've talked about because
4 when we originally started we talked about keeping close
5 to the pin requirements and there was nothing adding to
6 those from a revenue perspective because we were an
7 enabler, we weren't adding anything else as far as
8 services and then we have to have a conversation that if
9 we're going to add those services, what they would be
10 like. So I think we still have to come back and decide
11 from a service perspective, what are we going to offer and
12 what are we not going to offer.

13 So the example, personal health records.
14 Is that something we want to offer or do we not want to
15 offer? Now, the option of offering it at the state level,
16 which member goes back to it, and we have a conversation
17 around that could drive the need for a call center or some
18 level of response. That's money that we don't have and if
19 we're offering it for free, who are we opening it up to
20 the commercial market and letting some of the commercial
21 players onto the HIE, again, the security and privacy and
22 everything needing to be authenticated, and allow a
23 commercial player to come in and offer that service,
24 again, with us providing the base level of service.

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1 So I'm still wanting to understand when we
2 break down what our services are, what are those services,
3 that they're just an enabling service. Then how are we
4 going to get people to use the service and what are they
5 going to use it for. So we haven't finalized that, right.

6 I mean, so that goes back to we're going to get through
7 the RFP process, we're going to say what services are
8 included or what do we think that we can include.

9 DR. AGRESTA: Yeah, and those probably need
10 to have to -- we need to start thinking about that.

11 MR. CARMODY: But that's not going to be
12 driven by the Finance Committee.

13 DR. AGRESTA: No, I would say that needs to
14 start coming out of maybe the Business and Technical
15 Committee, and then the Board as a whole I would imagine.

16 MR. LYNCH: Well, I think we're getting to
17 that point where we need to have that discussion ASAP
18 because we have -- RFPs have now been reviewed and the
19 subset that's had the full review and we need to be
20 narrowing that down. But in that process we need to be
21 figuring out what pieces of their proposal are we going to
22 propose to go forward with because we asked them to do a
23 full range in terms of their proposal.

24 DR. AGRESTA: So I think I agree, and I

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1 think we need to kind of cordon that off. And we've asked
2 for further details around financing to kind of help
3 decide on how to allocate that or look at it. The other
4 source of dollars that is available to us, we need to
5 figure out how to work with it, is dollars that are
6 allocated through the Medicaid adoption of meaningful use.
7 And it gets a little tricky to figure out precisely how
8 to do that but that is something that we should probably
9 kind of take a look at and pair that up with the dollars
10 allocated here and maybe -- I don't know, Andrea, do you
11 want to speak any further about that?

12 MS. SCHROETER: We have to look at the
13 budget because some things have changed also so we're
14 going to go back and -- well, the Department of Social
15 Services has to look at their budget and how we can
16 interface with the HIE.

17 DR. AGRESTA: That's part of the
18 implementation --

19 MS. HOOPER: The Medicaid agency
20 responsibility is to link in with the HIE, whether there's
21 funds to support additional is under discussion. And CMS
22 has changed some of the rules there.

23 MR. CARR: Quick question. And so a lot of
24 the Medicaid funds, you know the programs, require a 10

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1 percent match. Is there a Medicaid budget out there for a
2 contribution to the Health Information Exchange to meet
3 that 10 percent requirement or is that something that we
4 would need to move forward and proceed with a business
5 case around --

6 MS. HOOPER: Correct.

7 MR. CARR: -- so there's no budget right
8 now.

9 MS. SCHROETER: No.

10 MR. CARR: And is there a timing that would
11 require us to -- you know, like by a particular date have
12 a request back to Medicaid for -- you know, say based on
13 the letters that have gone out to the State Medicaid
14 agencies, then there's a requirement that if Medicaid
15 contributes that other payers in that particular geography
16 contribute so we'd have to sync up having Medicaid and the
17 private commercial payers all at the same -- so I'm not
18 sure how that would actually happen.

19 MS. SCHROETER: I'm not sure what the
20 timeline is but I'm sure we probably have to sync it with
21 the use --

22 MR. CARR: But is there a budgeting
23 timeline within Medicaid that we would have sync up with
24 or is it just -- it makes no difference?

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1 DR. AGRESTA: That's a different --

2 MS. HOOPER: Right, and I think that with
3 the SMHP, which is on your website and we have a link to
4 it on DPH's website, that that actually portrays how funds
5 will be expended to set up the system. Then CMS has made
6 some changes in the May 18th Director's letter that we
7 discussed today that actually direct that the funds that
8 could be offered for other entities were going to be
9 restricted for incentive payments and building the
10 infrastructure to link with the HIE.

11 So we don't really know that there are
12 going to be opportunities for funding HIE operations.

13 DR. AGRESTA: Well, building the
14 infrastructure to link with the HIE --

15 MS. HOOPER: Could be --

16 DR. AGRESTA: -- could be a very creative
17 process I would imagine.

18 MS. HOOPER: And again, it's going to be
19 run through the DSS structure for --

20 DR. AGRESTA: Right, I understand that.

21 MS. HOOPER: -- pushing that forward.

22 CHAIRPERSON MULLEN: And we really need to
23 get the new Director on the Office of Information
24 Technology for the State in this conversation to also

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1 understand where some of what we're talking about is
2 achievable through new and improved State systems.

3 MS. HOOPER: Anyone willing to -- we'd be
4 willing to entertain a motion.

5 MR. CARMODY: My motion would be that we
6 adopt the budget as presented for the purposes of moving
7 forward and getting the Cooperative Agreement implemented.

8 MS. HOOPER: Is there a second?

9 MR. CARR: Second.

10 MS. HOOPER: Thank you Kevin. Discussion?
11 Further questions?

12 MR. CARMODY: I mean, we just -- this is -
13 - again as Meg pointed out, this is a budget that is -- as
14 a budget it's subject to we can make modifications to it
15 so this is not like everybody looks at this and it's set
16 in stone. So when you're voting don't think that this is
17 set -- this is a -- let's use it as a starting point. As
18 we look at future dialogues we make modifications to it as
19 necessary.

20 MS. HOOPER: All those in favor please
21 indicate by saying Aye.

22 VOICES: Aye.

23 MS. HOOPER: Any opposed? Thank you all
24 very much. Okay Sarju, we're going to cut the check now.

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1 DR. AGRESTA: That makes -- my next month's
2 Treasurer report will be a lot better.

3 MS. HOOPER: Yes, it will be a bit. And
4 our next agenda item, Commissioner, if you'd like to
5 address the recent legislation that was adopted.

6 CHAIRPERSON MULLEN: So briefly I'll just
7 update you on the conversation that continued and resulted
8 in this amendment to the HITE legislation.

9 After we, I think very constructively
10 wrestled with the issue of consent versus opt-out models
11 acknowledging that we had incorporated, the voiced
12 feedback and concerns of those around the table and that
13 while we had landed with and voted upon an opt-out model
14 that included significant patient education and a patient
15 bill of rights, there still have been ongoing concerns
16 reflected in this group and in this State that we
17 understand -- or also national concerns, to the extent
18 that the office of the National Coordinator is presently
19 studying whether or not it would be constructive to also
20 provide more guidance across the country to a preference
21 for an opt-in versus an opt-out model.

22 Acknowledging the work that we had done
23 which included the feedback from those of us who wrestled
24 with the issue and voted on it, we also didn't want to

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1 drive a stake that seemed that we had done something
2 irrevocable and then would then position us apart from
3 what the federal government might recommend. So with that
4 background, we see this amendment to the legislation to
5 the bill that you have before you, which sort of buys a
6 little time and continues the consideration of whether or
7 not one model is actually going to be the desired approach
8 nationally. I think the recognition of that isn't so much
9 just about privacy or security, but also is about all of
10 our, across the country, getting more guidance from the
11 Feds about what should be a workable system.

12 So what we now have given birth to is an
13 Advisory Committee, which on patient security and privacy,
14 I'm not going to read this to you, but the bottom line is
15 that we now have legislation that enables the creation of
16 a group that will incorporate a lot of what we have
17 wrestled with already but includes here practitioners,
18 ethicists, people who are involved in practice who will
19 also help us further consider the issues of opt-in versus
20 opt-out, on how workable, how feasible they are from a
21 perspective outside of this group, and we'll be looking at
22 that as we also await guidance from the ONC that might
23 steer us in one direction or another. That's pretty much
24 it. Is the Lieutenant Governor still with us?

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1 So we thank her for appointing the members
2 to the Committee and she and I have not talked about the
3 specific date for that to happen. And if you look through
4 the list of disciplines that are represented, you might in
5 conversations with people also say -- you know, we know
6 somebody who really -- you know, I thought including an
7 ethicist given what we're talking about, enables us to get
8 an independent ethical decision as opposed to our
9 subjective ethical decisions about the right way to go and
10 the other disciplines as well. It's also, I think, a way
11 for us to broaden some understanding of what the work here
12 is and what the implications are for patients and
13 practices across the State.

14 Any questions? Yes.

15 MR. LYNCH: This is going to be an Advisory
16 Committee. How does that relate to our existing
17 Committees, our current Advisory or do we have to appoint
18 this -- do we have to change our By-Laws to make this for
19 example similar like the other -- is this totally separate
20 in terms of our Committees structure as we currently have
21 them?

22 CHAIRPERSON MULLEN: I see this as a -- and
23 other people can tell me as well, I see this as a short-
24 term, a limited consultative brain trust for us to help

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1 get the issues with some specific thinking, bring more
2 information, consider the question as we await the
3 decision from the ONC, or the guidance from the ONC. So
4 not necessarily to ask us to reverse what we have done but
5 part of what has happened in the past several months is
6 that no matter how hard we've all worked to do the best we
7 can around this issue, there are lingering questions.

8 There are ongoing questions and they come
9 from all different places. And any time matters like this
10 end up back at the legislature, they're also relying on us
11 wanting to hear from this body. But it's another way to
12 get some information out and frankly even our group, it's
13 been hard for people to have a sense that there's enough
14 of a uniform voice while we've all wanted to hear one
15 another. So this takes the issues somewhat outside of us
16 for some advice but not to drive a decision or make us
17 change course. But it further expands our understanding
18 of things and the legislative understanding of things
19 because for example, this group voted for an opt-out
20 consent model right? Remember?

21 MR. LYNCH: We voted for a --

22 MS. HOOPER: Hybrid.

23 MR. LYNCH: -- hybrid model --

24 CHAIRPERSON MULLEN: Hybrid, okay thank

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1 you.

2 MR. LYNCH: -- of this.

3 CHAIRPERSON MULLEN: Thank you. So for the
4 model for which we voted, the ONC advises the same thing.
5 There could still be dissatisfaction with that even if
6 we're following national guidance. So this provides
7 further information which may also help us say yes,
8 there's consistency or we've learned these other nuisances
9 which will -- if there were not a hybrid or an opt-out
10 model, might help us further understand and delineate what
11 the consent model would look like for participants. Go
12 on.

13 DR. AGRESTA: I actually think that this is
14 a nice compromise from my perspective in terms of creating
15 a group that's supposed to continue this. They look at
16 this and let the rest of our work continue. I think
17 that's part of the challenge. And you know, I look at
18 this as maybe reporting back either to the Board directly
19 or to the Executive Committee or to Legal and Policy. I
20 mean, we could decide I think where that reports to but
21 it's got to report to the Public Health Committee as well.

22 I mean, this is a charged issue. It stays
23 a charged issue across the country and the ONC is starting
24 to kind of take a look at how to provide further guidance

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1 and I think this is a nice way or sort of letting us
2 continue to work and kind of letting us get to the other
3 issues we need to deal with recognizing that it did not
4 change what our model is. It sets us up to kind of
5 continue over the summer to kind of move forward with our
6 initial pilots. It doesn't change any of those things, it
7 allows us to continue to move forward while engaging a
8 group that specifically has to look at what's happening
9 nationally, you know. And I think that we can use that
10 constructively. We can maybe even ask them to look at
11 certain things on behalf of the group. And that's how I
12 would perceive that.

13 MR. CARR: And I would just add a couple of
14 things. There's going to be a work group that's going to
15 be started up by ONC. Everyone can call in and listen; no
16 one will be turned away. So I think that's important for
17 all of us to know. You know, anyone that wants to
18 participate in those conversations with ONC will be
19 welcomed at the table.

20 In my day job some of the team members that
21 I work with every day are going to be supporting that work
22 group and those work group calls. So if you ever feel
23 like you're like left out in the cold and you're not being
24 listened to, just give me a call directly and our job is

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1 to surface things back up to ONC. On another front back to
2 the conversation around which services get implemented,
3 first, second and third, I would say that if we aren't
4 able to harmonize this conversation around privacy and
5 security then we could definitely implement services in a
6 staged approach so that we are -- you know like things
7 like public health reporting for example don't seem to be
8 controversial.

9 If we go with those use cases up front then
10 it's a little bit easier for us to address some of the
11 concerns that I feel like have been put on the table. And
12 so I think there's a way that we can implement this on a
13 use case basis that we keep that forward momentum without
14 slowing us down.

15 MR. MASSELLI: But we haven't changed our
16 position --

17 MR. CARR: Correct.

18 MR. MASSELLI: -- in terms of our actions
19 so -- I mean, we have an Advisory Committee and I'm not
20 sure -- it's an interesting point. It's an option, but at
21 this point I don't think we've made a decision to do
22 anything different than we currently have, but.

23 MR. CARR: But if we get into any -- you
24 know, where it feels like it's going to slow us down I

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1 think if we were --

2 MR. MASSELLI: If ONC gives us a different
3 direction perhaps but yeah, at this point --

4 DR. AGRESTA: Well, we're going to have an
5 obligation to file the meaningful use cases on some so if
6 they become more and more clear, that's what we're going
7 to have to follow. In other words, in order for folks to
8 actually get their meaningful use dollars, in other words
9 they're going to be more angry at us than we'll care to
10 experience.

11 CHAIRPERSON MULLEN: So I started the
12 meeting talking about how there's something going on every
13 day in between meetings. And these are the kinds of
14 somethings that can make you consider what it takes for us
15 to be sure that we're not bogged down and that all of the
16 other efforts that are moving us forward in a considered
17 careful way don't get derailed as we're very mindful of
18 timelines and not wanting to just rush through things in
19 haste.

20 The other side is we can't keep going back.

21 And there's a certain point at which it's very difficult
22 for the Board to be split by concerns where you have to
23 say -- once you've already had a Board group working on
24 this there's only so much more you can do. And our

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1 partnership with the Legislature who anybody can go back
2 to and also ask us to be careful that we're looking at
3 keeping all the concerns of Connecticut residents at the
4 fore, this is another way to ensure all that's happening,
5 so. I don't think we need a vote.

6 MS. HOOPER: No.

7 CHAIRPERSON MULLEN: It's already passed.

8 MS. HOOPER: They've had their own vote.

9 CHAIRPERSON MULLEN: We can vote too, we
10 don't have to do that either. Any other questions?

11 MS. HOOPER: Tom, would you like to tell us
12 how much money we have and have spent for ITT?

13 DR. AGRESTA: We have spent nothing out of
14 the ITT budget yet but that will surely change very soon
15 in major ways. We have \$23,000 in the bank and we have a
16 contract signed with DPH for I think -- that will bring
17 those dollars up to I think \$61,000 shortly. So that
18 should be transferred over our bank account and after
19 tonight's vote, I assume that we'll have \$1.7 million in
20 the bank at some point.

21 So we have the dollars to start taking on
22 the things that we need to take on.

23 MS. HOOPER: Any questions for Dr. Agresta?

24 For Committee reports, we wanted to give everybody an

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1 opportunity to report on what's been going on and if there
2 are any issues that you need Board involvement on.

3 From the Executive Committee, Dr. Agresta
4 or Dr. Mullen, any comments about our recent meetings?

5 DR. AGRESTA: Well I think we -- the last
6 one was the executive session that we held to kind of move
7 forward with the RFP process. So we had a meeting to kind
8 of pick now the group of selected vendors and that has
9 occurred, and the process has occurred. And I don't think
10 we had a meeting in between.

11 MS. HOOPER: No, we --

12 CHAIRPERSON MULLEN: We pushed it --

13 MS. HOOPER: -- the budget and the --

14 DR. AGRESTA: We pushed the -- it was done
15 before the last meeting to this, so.

16 MS. HOOPER: Right. Okay, thank you. From
17 the Finance Committee, Mr. Carmody.

18 MR. CARMODY: We actually, as part of the
19 RFP process, sent out a supplemental request for
20 information based upon the RFPs that we got that was
21 inconsistencies and being able to sort of compare the RFPs
22 to one another. I guess my question is do we know when
23 we're going to get those back because that would be -- I
24 don't know when we're planning to?

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1 MS. LORI REE-FOURQUET: They'll be back
2 tomorrow.

3 MR. CARMODY: They'll be back tomorrow?

4 DR. AGRESTA: Yeah, I was going to say by
5 mid-week.

6 MS. HOOPER: For the record, Ms. Ree-
7 Fourquet, F-O-U-R-Q-U-E-T, has responded tomorrow.

8 MR. CARMODY: So that's 6/21, okay. We had
9 not met as a Finance Committee, I was waiting to find out
10 when we're going to get those back so then I'll schedule a
11 meeting to review those so you can take a look at them.

12 MS. HOOPER: Thank you. John from our
13 Business and Operations Committee.

14 MR. LYNCH: The Committee has not met.
15 We've been really involved in participating in the RFP
16 selection process. That's really what's taking up the
17 time.

18 MS. HOOPER: Have you been getting some
19 offers on your --

20 MR. LYNCH: I've gotten some offers
21 actually e-mailed today --

22 MS. HOOPER: -- great.

23 MR. LYNCH: -- a couple of offers, finally
24 getting some in. We could use a lot more.

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1 MS. HOOPER: Again, the invitation is open
2 for participation on the Business and Operations
3 Committee.

4 DR. AGRESTA: Do you know where you're shy
5 in terms of the type of members that you need?

6 MR. LYNCH: Basically across the board.
7 There's very few so far let's say on the quality
8 component, there's very few on the public health component
9 for example. You have a lot more names that would
10 logically fit from the provider kind of perspective.

11 DR. AGRESTA: So if we know we need members
12 who have public health experience or knowledge, would it
13 make sense for us to kind of reach out to the partnering
14 organizations or institutions in the State that train
15 public health folks and ask them for names or ideas?

16 MS. HOOPER: And we put out some of those
17 requests and we'd be happy for that support. Also Mark
18 from CHC's perspective, certainly the linkages are there.
19 A public health linkage --

20 MS. MATTIE: We can talk to the Yale public
21 health group if you'd like me to do that, we can do that.

22 DR. AGRESTA: That may be a more logical
23 way to find people who have experience or interest.

24 MR. LYNCH: When you come down to it we're

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1 going to need to have people who are familiar with
2 reporting like immunizations or bioterrorism events or
3 other types of things that we'll want to be automating and
4 reporting over time.

5 MS. HOOPER: This is the HITE/CT Board of
6 Directors, may I ask who's calling in?

7 DR. RONALD BUCKMAN: Ron Buckman.

8 MS. HOOPER: Hi Dr. Buckman, thanks so much
9 for calling in.

10 DR. BUCKMAN: Thanks Meg.

11 MS. HOOPER: We're on Committee reports.

12 MR. LYNCH: So you would think logically
13 that you'd want someone on there from let's say DOIT
14 perspective who might have to try to be interfaced to help
15 implement a lot of these things. Certainly people
16 potentially from multiple subsets of DPH who might
17 represent different components of how to do that. I'm
18 assuming that the public health reporting is really --
19 will really be more of a State agency reporting.

20 MS. HOOPER: Yes.

21 MR. LYNCH: So to the extent for example
22 John, your shot for example for the extent that
23 pharmacists kind of reporting and -- not so much reporting
24 but the reporting of the controlled substances types of

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1 stuff that might come through this probably should be
2 discussed through that Committee, from that perspective of
3 how do we help automate that process even more from that
4 perspective and enforce the types of things you want to
5 enforce there for example.

6 So those types of State agency
7 requirements, you know, ought to be represented there. And
8 I assume that we will also from that perspective, also
9 need to think from a federal perspective. So for example
10 when Dan brought up the issue of a possible financial
11 opportunity from the federal side for, what was it
12 workman's comp or --

13 MR. CARMODY: The Social Security --

14 DR. BUCKMAN: I'm listening on the phone
15 but whoever is speaking, I'm only catching every third
16 word.

17 MS. HOOPER: I know Dr. Buckman, it's such
18 a difficult place. John Lynch is speaking.

19 MR. LYNCH: I'll try to speak up Ron.

20 DR. BUCKMAN: It's only picking up every
21 third word on the mikes there.

22 MR. LYNCH: I apologize. So from the
23 perspective that this particular Agency will probably have
24 to also address federal types of responses as well. So the

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1 extent of which we need to be sending data to and from
2 CMS, the extent at which -- you know, so we need to think
3 through of what's the right set of people who have that
4 skill set that can understand how do we make sure we get
5 the CMS stuff, how do we make sure we get the reporting
6 from the controlled substances going. You know, anything
7 with the FDA, etc., so all those various layers would be
8 represented through that Committee I believe.

9 MS. MATTIE: I just left the meeting with
10 Jim Hadler, who is now retired, who was at DPH for a
11 number of years, and that may be somebody that you want to
12 call.

13 CHAIRPERSON MULLEN: So that -- okay, keep
14 going.

15 MS. MATTIE: No, no, I mean he's doing some
16 PI work at Yale but he's doing some consulting work and
17 the way -- I just had a 10-minute conversation before I
18 came here and it sounds like he's perfect for everything
19 you've described.

20 CHAIRPERSON MULLEN: Alright, so the
21 disciplines -- and if you think about it in terms of the
22 disciplines that you referenced and what I see as some of
23 the core public health for all uses and applications, so a
24 Jim Hadler would be useful because of the central mix

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1 surveillance piece in his work as emergent infections.

2 MS. MATTIE: And as a Board CDC --

3 CHAIRPERSON MULLEN: And we can have
4 someone from our State Lab. It's probably useful to have
5 somebody from the Department of Consumer Protection as
6 you're talking about monitoring prescription drugs. If
7 not a member of our immunization staff perhaps an external
8 person who sits on our Immunization Advisory Committee.
9 So I can go through lists of people --

10 MR. LYNCH: Correct, but if per chance like
11 you have an Advisory Committee, if there are other
12 Committees there that would make a logical -- where you'd
13 have a representation that would say hey, you've got
14 another group over here that's doing a lot of work, if we
15 could at least have a representation so that we could feed
16 each other in terms of what we think and what they think,
17 etc.

18 CHAIRPERSON MULLEN: Right, and then the
19 other link to the federal government can be through a
20 staff person once they're staffed up, through the newly
21 forming State Office of Health Reform, because they will
22 be -- it's, I think, Health Reform and Innovation. And
23 they will stay in communication with CMS and others as
24 well, so.

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1 MR. LYNCH: To continue that thought from
2 the Quality Subcommittee, the new Office of Health Reform
3 for example, the extent to which they will be needing
4 information for Health Information Exchanges, etc., that
5 may overlap, that we certainly ought to speak in a
6 coordinated way with whatever direction they're going --

7 CHAIRPERSON MULLEN: Yes.

8 MR. LYNCH: -- for example. And that would
9 be that kind of Quality Committee and what are the
10 information needs that we would have and the metrics we
11 would have to develop to monitor the systems that we're
12 putting in place.

13 CHAIRPERSON MULLEN: And when the
14 Lieutenant Governor and I met this morning we talked about
15 locating the Coordinator in the Office of Health Reform as
16 somebody who -- you know, as a location that really
17 touches the different agencies. So that will be another
18 way to link all of what you're talking about.

19 DR. AGRESTA: You're talking about the HIT
20 Coordinator.

21 CHAIRPERSON MULLEN: Yes.

22 DR. AGRESTA: The rest maybe not everybody
23 knows.

24 MS. HOOPER: I hope that -- again, the Plan

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1 and ONC expects an HIT Coordinator. Some people call it
2 Health Information Exchange, Health Information
3 Technology, Health Information Technology Exchange, then
4 there's Health Insurance Exchange. So when somebody talks
5 about HIE, we're talking about Health Information
6 Exchange. And to the DPH effort, we are working with a
7 number of federal fundings for the syndrome and
8 surveillance --

9 MR. LYNCH: But we do need to coordinate
10 with the Reform office about Health Insurance Exchange --

11 CHAIRPERSON MULLEN: Exactly.

12 MR. LYNCH: -- the information needs are
13 going to overact tremendously and we want to make sure we
14 do it once and do it right. So those are the types of
15 people we would love to have more names surface in terms
16 of volunteers to work on those groups.

17 MS. HOOPER: For Legal and Policy, sad
18 news. Lisa Boyle needed to resign from the Board due to
19 overextending herself with other commitments. So Lisa
20 Boyle is no longer serving on the Board. We are working
21 with her appointer and for a few others to have a
22 replacement but her contributions obviously have been
23 significant. And I do know that Marianne Horn will
24 continue to reach out to her for advice and consideration.

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1 But for the Committee itself, Scott Murphy
2 would you like to add anything?

3 MR. MASSELLI: Can we just -- can we make a
4 motion of thanks to --

5 MALE VOICE: Second that, yeah.

6 MR. MASSELLI: -- extend to her deep
7 appreciation for all the time and effort and energy she
8 put into this process and thank her.

9 MS. HOOPER: All those in favor?

10 VOICES: Aye.

11 MS. HOOPER: Thank you Mark. I do know
12 that the Committee has been working certainly with the RFP
13 workgroup to make sure that we've got everything covered
14 there but Scott, would you like to add anything?

15 MR. MURPHY: On the new Advisory Committee
16 that's created by the statute?

17 MS. HOOPER: No, just from the Legal and
18 Policy Committee as far as -- I don't think that Marianne
19 has convened a formal Committee meeting that is certainly
20 going to involved the RFP process. But Scott, did you
21 want to make a comment about that -- whether By-Laws need
22 to be changed?

23 MR. LYNCH: Well while we're still on the
24 Legal and Policy Committee itself --

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1 MS. HOOPER: Yes sir.

2 MR. LYNCH: -- that means we need a new
3 Chair --

4 MS. HOOPER: Correct.

5 MR. LYNCH: -- and the Chair would
6 eventually sit on the Executive Committee as well.

7 MS. HOOPER: Correct.

8 MR. LYNCH: So we need to figure out who's
9 going to Chair that and we want to make sure that there's
10 at least two people from the Board --

11 MS. HOOPER: Correct, two from the Board.

12 MR. LYNCH: -- on that Committee. So we do
13 need to think about a replacement.

14 MS. HOOPER: Yes, and for those on that
15 Committee, I know that Marianne is contacting you to
16 determine if there are those that would be interested.
17 And again, the Commissioner would support the Committee
18 members or determine if all members are appropriate or
19 not. There is that responsibility for the Chair of the
20 HITE/CT Board to approve membership on the Committees.

21 We do have a new member of the Board who
22 happens to also be an attorney. So we might be talking to
23 Ms. Yeltri as the Office of Health Care advocate, and to
24 position her in a voluntary role. But thank you very much

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1 John that we do need to do that. Did you want to speak to
2 the --

3 MR. MURPHY: I don't -- it's certainly not
4 to complicate things. There was sort of a question
5 pending about whether the By-Laws needed to be amended to
6 contemplate the new Advisory Committee on patient privacy
7 and security, the answer is no. That Advisory Committee
8 is created by statute. Its responsibilities are set forth
9 by statute.

10 If we were otherwise amending the By-Laws
11 in the future, it might be nice to have a coordinating
12 provision that contemplates this including for instance
13 how that Advisory Committee connects to the Executive
14 Committee or to the Board. But it's not necessary, it can
15 proceed as it is and it's an Advisory Committee, which is
16 important because members of an Advisory Committee unlike
17 members of this Board are not public officials under the
18 Code of Ethics. So some of the complications you deal
19 with are not present there and that may be a recruiting
20 tool.

21 MS. HOOPER: Okay, thank you very much
22 Scott. For Personnel Search Committee?

23 MR. MASSELLI: We're searching and we have
24 received resumes and we have planned in July to schedule

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1 interviews sometime in July for --

2 MS. HOOPER: July 5th --

3 MR. MASSELLI: -- July 5th.

4 MS. HOOPER: -- I mean is when you're
5 meeting the next --

6 MR. MASSELLI: Yeah, yeah.

7 MS. MATTIE: Do we have a time?

8 MR. LYNCH: Yeah, I think we can say that
9 the process has narrowed the larger supply that have
10 applied down to a group of 17 that seem like they met
11 initial qualifications anyway, right?

12 MR. MASSELLI: Yup, and the window is still
13 open for applicants. We'd encourage people to continue to
14 spread the word to not family but at least friends, and we
15 welcome them.

16 MS. MATTIE: And we'd also like to thank
17 DPH staff for their wise counsel and to help set up a
18 process and triage the process. It's been extremely
19 helpful in terms of their expertise, HR expertise and
20 coordination.

21 MS. HOOPER: Thank you Angela, and that
22 does include Sarju, Dr. John Fontana our Laboratory
23 Director, and Penny Davis the HR Director.

24 MR. LYNCH: And you too Meg, thank you.

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1 MS. HOOPER: Thank you very much. Any
2 questions for the Personnel Search Committee? Our
3 Technical Infrastructure Committee, Mr. Courtway is not
4 here but I think this really is relegated to the RFP
5 discussion but is there anyone from that Committee that
6 would like to make a statement or a comment for the
7 record?

8 Really the Technical Committee, with an
9 awful lot of your support and direction, has been actively
10 involved in certainly setting the RFPs and the
11 demonstrations. Yes John?

12 MR. LYNCH: It probably is appropriate to
13 let everybody know that there was a process last week
14 where some, what do we call them, quarter finalists or
15 whatever, where there was a subset that were reviewed in
16 great detail all morning Wednesday, all day Thursday, all
17 day Friday. A lot of volunteer work. I think all the
18 volunteers have put in those two and --

19 MS. MATTIE: Are you on every Committee?

20 MR. LYNCH: -- two and a half days of
21 reviewing --

22 CHAIRPERSON MULLEN: He's the Commissioner
23 sometimes too.

24 MR. LYNCH: -- you know, there's a lot work

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1 from a lot of people around the table and on the far side
2 beyond the table who put in a lot of volunteer work
3 reviewing those. There is a process in place of scoring
4 those, so there is a process where those scores will be in
5 by tomorrow I believe it is.

6 MS. HOOPER: Yup.

7 MR. LYNCH: And then those scores will be
8 looked at and a subset of the quarter finalists will be
9 probably at that point recommended for the next layer of
10 review, so we have a very delivered process. It is on
11 time and on schedule I believe, you know, from that
12 process we set out and if all goes well this week I
13 believe then next Monday at this time we'll be reviewing
14 the finalists, semi-finalists, whatever it will be, that
15 are recommended and we'll --

16 CHAIRPERSON MULLEN: Don't forget the
17 Friday meeting --

18 DR. AGRESTA: Right, what's going to happen
19 is that on Friday the Executive Committee will meet and
20 we'll review all the reviews and all the comments made to
21 date and come back -- we'll meet in executive session,
22 we'll come back to this Board in executive session to make
23 recommendations to the Board here and to have you decide
24 on how we proceed going forward.

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1 You know, I think it's been fair to say
2 John is accurate. There has been an enormous amount of
3 work over the last several weeks and there are several
4 people who probably deserve significant thanks for their
5 coordinating efforts as well as their work during the same
6 time that we did all the reviews. And Lori Fourquet has
7 been one of the most helpful individuals, so we ought to
8 acknowledge her work and her sort of coordinating efforts,
9 etc., on our behalf. Steve Casey has also been an
10 incredibly significant supporter and helper and
11 facilitator of all kinds of processes.

12 And Dan and John and others have really put
13 in enormous amounts of time with Peter Courtway, who's not
14 here with us today, but put in enormous amounts of time
15 reviewing, giving feedback, getting back and refining the
16 worksheets, etc. So there has been -- a lot of work has
17 gone on. And it was impressive to see the output of that
18 work in terms of how the venders were able to actually
19 even demonstrate to us how they were able to rapidly set
20 up small mini HIE demos with some of the products within
21 our State. So it took it to the stage of actually being
22 able to see some things in process within a week.

23 I mean, this is real rapid kind of time
24 spots.

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1 MR. LYNCH: I think those thank yous go out
2 also to Asylum Hill and Middlesex Hospital, who agreed to
3 participate and be the other end of that demo to enable us
4 to try something live.

5 MS. HOOPER: Ahum. We do want to
6 acknowledge certainly Lev Johnson and Brad Lockwood from
7 Middlesex Hospital, and Van Back at Asylum Hill, and want
8 to thank all the Executive Committee members that were
9 able to go to those demonstrations and watch. We know
10 that they were covered by Executive Committee members for
11 those demonstrations. Lori Ree-Fourquet has put -- you
12 can view them but before you view them you have to sign
13 the conflict of interest form, submit it to Mr. Casey and
14 then he'll send you a code to enter so that you can watch
15 the demonstrations.

16 And again, all this in the interest that no
17 one with a conflict of interest will be having an
18 advantage for the selection process. And we certainly do
19 want to acknowledge Peter Courtway --

20 CHAIRPERSON MULLEN: And Dr. Agresta.

21 MS. HOOPER: -- and Dr. Agresta, all of you
22 that have been so actively involved in this. Special
23 Populations?

24 MR. MASSELLI: We have a meeting set up and

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1 have Brenda assisting us at AARP on the 7th of July. And
2 we welcome other suggestions of members who should be on
3 this and reaching out to DSS, DCF and other sort of State
4 Agencies. But we're also looking for any other groups
5 that you think might be best representing around the table
6 here, so.

7 CHAIRPERSON MULLEN: Do you have
8 representation from people working with the children and
9 youth with special health care needs? Would you get
10 representation from --

11 MR. MASSELLI: Sure.

12 MS. YELTRI: I know lots of people in that
13 community so I could make some calls.

14 MR. MASSELLI: Wonderful.

15 DR. AGRESTA: Mark, what about anyone in
16 the deaf communities and folks that may --

17 MR. MASSELLI: We can reach out there as
18 well.

19 MS. SARJU SHAH: Could you send me a note -
20 -

21 MR. MASSELLI: Yeah, send Sarju the
22 recommendations --

23 MS. HOOPER: Or actually with all respect,
24 we can send it to the Chair Mr. Masselli.

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1 MR. MASSELLI: Sure, absolutely, and I will
2 send it to Sarju -- again, extending appreciations to the
3 DPH staff for all the great work that they do because we
4 could not do this without them, trust me.

5 CHAIRPERSON MULLEN: Well there are fewer
6 and fewer of them so enjoy it while it lasts.

7 DR. THORNQUIST: I have a question on that
8 too. How much work is being done looking at non-English
9 speaking communities because you mentioned the deaf but
10 there are a number of non-English speaking communities or
11 at least not English primary speaking that I see,
12 including Haitians, you know Portuguese-speaking
13 Brazilians and Portuguese for that matter. And a number
14 of other sub-populations that are fairly large groups in
15 Bridgeport, in New Haven and places like that and you're
16 going to need to I think survey -- you know, to the extent
17 that we have patient information going out, survey the
18 size and relevance of getting this information to them in
19 a language that's more readily understandable.

20 And so somewhere along the line a rep from
21 a couple of those communities might be useful too.

22 DR. AGRESTA: And the other thing that
23 tends to -- could be overlooked at in an HIE is
24 undocumented individuals and I don't know if you have some

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1 way of representing them or ensuring that they're needed -

2 -

3 MR. MASSELLI: Yes, that's my -- a way of
4 doing certainly for women who are pregnant and not
5 eligible for Medicaid, a certain document when they come
6 on the system so they might have us a link and would be
7 open to others. There are a number of groups that --
8 community groups that can work strong -- you know, have a
9 strong affinity without documented -- undocumented --

10 DR. AGRESTA: And they have a special
11 issue, undocumented folks in an HIE, because the matching
12 algorithms that go into sort of a sharing that they are
13 who they are can be more problematic or challenging in
14 those circumstances. The other community you may want to
15 think about reaching out to is the prison population and
16 you may want to consider touching base with like --

17 MR. MASSELLI: Department of Corrections -

18 -

19 DR. AGRESTA: -- Department Corrections or
20 even Rob Traskman (phonetic) who --

21 MS. HOOPER: At UConn.

22 DR. AGRESTA: -- at UConn, who actually has
23 --

24 MR. MASSELLI: -- who runs the -- yeah.

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1 DR. AGRESTA: Yeah.

2 MS. HOOPER: I think that the Committee has
3 the difficult task of trying to determining special
4 populations and narrowing it for what that focus needs to
5 be because it could be a Committee of 40.

6 DR. THORNQUIST: No, no, I understand that
7 --

8 MS. HOOPER: Right, so that --

9 DR. THORNQUIST: -- and I wasn't suggesting
10 that someone from each ethnic group or --

11 MS. HOOPER: -- well --

12 DR. THORNQUIST: -- or language-based but
13 just simply someone who has a good outreach to that
14 community.

15 MS. HOOPER: -- well, and this will inform
16 the education program that you've got -- Brenda?

17 MS. KELLY: Well, my question is we have
18 made a commitment as a Board to develop a patient bill of
19 rights and to really wrestle with and some of that really
20 quickly because of the issue that Dan raised --

21 MS. HOOPER: Right.

22 MS. KELLY: -- about, well I think Dan
23 raised, about there's a cost issue when we decide what we
24 can pay for and we can't. Is this the Committee that's

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1 doing that work?

2 MS. HOOPER: Yes ma'am.

3 MS. KELLY: Okay, because the name of the
4 Committee -- I personally like the name because of the
5 complexity of who are we talking about in terms of the
6 patients but I think one of the things we have to be clear
7 at the first meeting is what is the mission and if that --
8 it's more than special populations. It's basically
9 patients but then within that patient subset there is a
10 ton of issues that we have to take care of.

11 So I was correct, that this is the body
12 that's going to do the broader work with an eye to how is
13 this going to impact all the various special populations
14 in Connecticut.

15 MS. HOOPER: Right, correct.

16 MS. YELTRI: I just one thought of
17 suggestion. I think Legal Services is a really good place
18 to go to to look for LEP populations and I think that the
19 assessed population -- everybody sort of lands at Legal
20 Services. And I know a couple of people who work with the
21 special immigrant and undocumented immigrant program to
22 help people with their legal rights I can call.

23 MR. CASEY: Well, it's more than just a
24 legal rights issue. There's going to have to be a

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1 protocol for how you're going to deal with people who are
2 undocumented and don't want to be explicitly identified in
3 the system.

4 MS. HOOPER: Correct.

5 CHAIRPERSON MULLEN: On top of dealing with
6 people who do but with whom you can't just translate from
7 English into another language and know that you've
8 captured the essence of the meeting, so.

9 MR. CASEY: That's true.

10 CHAIRPERSON MULLEN: I think -- and that's
11 where you started I think.

12 MR. CASEY: Right, yeah.

13 CHAIRPERSON MULLEN: Right.

14 MR. LYNCH: We also requested the working
15 group feed some information back into some of the other
16 working groups. For example the operational work group,
17 we're going to have to figure out how to engage those
18 various groups for example if we develop patient education
19 material or we develop a hotline or whatever, we may have
20 to staff it with different skills in order to meet those
21 needs.

22 MR. CARMODY: And you probably need to, I'd
23 hate to say prioritize, but there's going to have to be
24 how do you have to prioritize. I mean just it -- there's

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1 a lot of different complexity that you can add to that and
2 at some point you're going to have to look at the cross
3 section of 80/20, how do you do it, where do you look to
4 go to after a period of time, so.

5 MS. HOOPER: And I think the focus on the
6 patient bill of rights first. Again, the folks here
7 around the table many of you are on all of the Committees
8 and/or multiples. John is not the only -- oh yes you are
9 maybe, on all of the Committees. But again, the
10 opportunity for the discussion both at these meetings and
11 the in between meetings -- Brenda, did you have another
12 comment?

13 MS. KELLY: Well, I just had a question
14 because of the point that Dan made earlier in the meeting.
15 It will be the Board of Directors that makes the final
16 decision about what we're going -- if we don't have enough
17 money to fund our --

18 MS. HOOPER: Absolutely.

19 MS. KELLY: -- ideal proposal, what gets in
20 and what gets out will be a Board of Directors decision
21 correct?

22 MS. HOOPER: Yes.

23 MS. KELLY: And the other question related
24 to that is if you express a conflict of interest that does

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1 not mean that you cannot participate in that part of the
2 discussion correct?

3 MS. HOOPER: Are you speaking --

4 MS. KELLY: Well I --

5 MS. HOOPER: -- the RFP is one issue.

6 MS. KELLY: -- that's right. So the
7 selection of the vender is the conflict of interest issue
8 and --

9 DR. AGRESTA: Correct.

10 MS. HOOPER: Yes ma'am.

11 MS. KELLY: -- but the issue of what we're
12 including in and out has nothing to do with that.

13 DR. AGRESTA: No, no, no.

14 MS. KELLY: Okay.

15 DR. AGRESTA: No, I --

16 MS. HOOPER: No.

17 MS. KELLY: That's what I thought but I
18 just wanted to be --

19 MR. CARMODY: Except insofar as there may
20 be a conastoric contract and component to that if we're
21 going to go with a private service.

22 CHAIRPERSON MULLEN: But doesn't fall under
23 our regular annual ethics disclosure?

24 MS. HOOPER: Yes, it does. Again, I think

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1 both your disclosure statements and the like but I think
2 that unless there was an actual documentation of saying
3 okay, I want this service that is only available from one
4 contractor.

5 CHAIRPERSON MULLEN: Right.

6 MS. KELLY: But that's probably not going
7 to be the case.

8 MS. HOOPER: I think that we would want to
9 be careful about that.

10 MS. KELLY: Yeah.

11 DR. AGRESTA: I can -- it would be highly
12 unlikely that the service available in one contract would
13 not be available in the others that we might --

14 MS. KELLY: That's what I would guess but -
15 - so I see no problem with it but I just thought given the
16 sensitivity of these issues it might be good to be
17 explicit on that.

18 DR. AGRESTA: Yeah, I mean the issue would
19 be cost and then if there's a cost associated we'd have to
20 figure out how to do it.

21 MS. HOOPER: And we do have our Ethics
22 Officer Mr. Casey, and we will have one of our attorneys
23 and/or Marianne Horn and any other attorney around the
24 table. If we move on to the conflict -- yes Dan?

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1 MR. CARMODY: I actually have two
2 questions.

3 MS. HOOPER: Yes sir.

4 MR. CARMODY: I probably should have raised
5 it during the Committee portion of Finance but one, I know
6 we were doing the Search Committee, that was for the CEO
7 as well as the --

8 MS. HOOPER: Interim --

9 MR. CARMODY: -- or that was just for the
10 CEO?

11 MR. MASSELLI: I think we're doing both.

12 MS. MATTIE: And the Chief Information
13 Officer.

14 MS. HOOPER: Yeah.

15 MR. CARMODY: So one of the questions I
16 would have so I know --

17 MS. MATTIE: And the chief, cook and bottle
18 washer too.

19 MR. CARMODY: -- that's exactly what I was
20 -- as we look to -- I think I expressed at a prior Board
21 meeting that we had met with the regional extension study
22 and we both expressed that there was an interest around -
23 - and openly talking about how we could sort of gain
24 economy as a skill. I guess I'm looking for direction

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1 from the Board around, is there a -- so while there was an
2 expression of a willingness and openness, I mean at some
3 point I'd like the direction from the Board as to what is
4 on the table and what is not on the table relative to
5 cost-share.

6 So they were very open and as we look at
7 other constituents that are in this pool, how do we then
8 move that forward? I mean, I feel like I need direction
9 from the Board around whether it be positions or whether
10 it be non-positions or is it just --

11 MR. MASSELLI: Some of the venders were
12 willing to --

13 MR. CARMODY: -- you know, trying to figure
14 out -- just so are we talking about we will -- our Chief
15 Technology Officer. Again, when we start talking about
16 all of those different positions, if they're mirror images
17 that are sitting over in other places, at some point when
18 do we take the spreadsheets, grid it up. It says this is
19 how much money I have and this is our budget. You show me
20 your budget, we add it all together and then we say -- we
21 line item to say how many of these positions do we need
22 that are duplicative or what line items are we not.

23 Now, it's easy to say we can share rent and
24 -- you know, at the Capital Community College or we're

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1 going to do X, those are some of the ones that are maybe
2 less concerning, but I would imagine --

3 MR. CARR: At that point ask --

4 MR. CARMODY: -- yeah, I mean do I have one
5 desk or two. I mean, how many times did it go through you
6 because then that gets into what we have available, so.

7 MS. MATTIE: May I make a suggestion?

8 MR. CARMODY: I'd love it.

9 MS. MATTIE: I think -- I wrote John a note
10 as we were beginning this meeting because it's becoming
11 more and more apparent to me that we need a CEO. And as
12 soon as we get that in place, it seems that the CEO will
13 have the day-to-day presence, develop a strategy and focus
14 and have the time to meet with his or her contorts in the
15 different agencies.

16 And it also seems to me that the first --
17 one of the first items on the CEO's agenda in addition to
18 hiring additional staff would be to take a look at the
19 budget and strategy and address all those issues that we
20 came up with at the beginning of this meeting where we
21 touched upon but we really haven't set the specific
22 strategy for.

23 MR. MASSELLI: And make proposals back to
24 the full authority --

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1 MS. MATTIE: And make it, correct, to the
2 Advisory Board and things like that. But as part of that
3 will be, you know, how do I set up a budget and how do I
4 guess by limited resources cross agencies with lots of
5 resources.

6 MR. CARMODY: We could -- and Angela, I can
7 fully agree with you. But that CEO is going to have to
8 meet with somebody from these other entities who is going
9 to have a CEO -- I mean, it just goes back to when you
10 start to look at the number of positions how many Chief
11 Technology Officers do we need, how many CEOs do we need,
12 how many of these things do we need.

13 MS. HOOPER: And you're looking for
14 direction from the Search Committee or ideas?

15 MR. CARMODY: I mean, when you look at the
16 Finance Committee they're like, so how do we do X? So
17 it's one thing --

18 MS. HOOPER: Right.

19 MR. CARMODY: -- you know, part of it is we
20 have to figure out what services that we're going to offer
21 that's going to drive into it.

22 MS. HOOPER: Correct.

23 MR. CARMODY: But then how far do you want
24 the Finance Committee to actually -- in the interim

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1 because you're going to get this in July, which means
2 August if somebody expects and --

3 MS. HOOPER: Right.

4 MR. CARMODY: -- you know, now we out a
5 couple of months. Is it worth our while to start talking
6 about how we start to say guess what, we really need to
7 sit down and actually plan out into our budget --

8 MS. HOOPER: And John, do you want to talk
9 about both the Interim Director and what you think the
10 Search Committee can assist with?

11 MR. LYNCH: Well, I think there is a couple
12 of other areas of convergence which having sat through the
13 various venter responses last week almost to a tee if I
14 remember, they all recommended staffing. They were
15 talking about staffing that they would in theory bring to
16 the table and staffing they would expect us to have in
17 place. And I think they all expected a staffing level
18 that we would have in place greater than the three people
19 we've been talking about.

20 And you know -- so there's a lot of -- and
21 there were recommendations there as well of staffing
22 skills, etc., that they felt we needed to have in place.
23 So we should probably bring those recommendations to the
24 table as well when we discuss --

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1 MR. MASSELLI: We will have them at the
2 table when we are -- I mean, for the finalist right?

3 MR. LYNCH: What I'm getting at is if they
4 say we ought to have these six, seven, eight skill areas
5 to support whatever they're doing -- in other words, they
6 would expect us potentially to have some leadership
7 positions, etc., in place in order to help this happen,
8 then we ought to be very seriously considering well, they
9 would expect these 10 skill areas or however many it is,
10 e-Health if you're talking about trying to -- can we
11 overlap or any other agency, can we overlap with what do
12 they bring that would help fill --

13 VOICES: (Indiscernible).

14 MS. HOOPER: Hold on, hold on, one at a
15 time for the recorder. Dan, do you want to respond to
16 John's comments?

17 MR. CARMODY: No, I'll let Mark.

18 MS. HOOPER: Mark?

19 MR. MASSELLI: Well I think it just -- it
20 brings to bare what Dan said. It will give us a bigger
21 picture of the issues that we're going to have to face in
22 terms of trimming and chopping and making some hard
23 decisions. It will also help us on the selection because
24 if that's coming first, we're going to have a holistic

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1 view of the expectations, the largest cost driver. And we
2 may have to trim our sails, we will have probably have to
3 trim our sails, somewhere along the line. But that that
4 will --

5 MR. CARMODY: Or it shows that again,
6 especially if you found that they expected a different
7 compliment.

8 MR. MASSELLI: Yes.

9 MR. CARMODY: So then that gets down to
10 again, if you're looking at e-Health Connecticut or
11 anybody else who has money, DSS, saying okay, let's look
12 at everything so that we only have one Technology Officer,
13 one CEO. But guess what, they had the same thing but
14 we're going to re-divert funds to come and fill out these
15 other compliment of staff that we need that wasn't ever
16 accounted for, so.

17 MS. HOOPER: Dr. Agresta.

18 DR. AGRESTA: I think we all know this is
19 an issue. I think that we've got, you know, the one thing
20 that we need to get through initially and that is we need
21 to kind of get through the initial phase of vender
22 decision-making and that will narrow our thoughts into one
23 direction or another perhaps a little bit more clearly and
24 I think that we ought to take that step. We're a week

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1 away from kind of taking that step.

2 But I think we ought to set aside specific
3 time to talk about this at our next Board of Directors
4 meeting and also at our next Executive Committee meeting
5 in the interim with the idea that we come to the table
6 with maybe a model A/model B type of proposal to our full
7 Board perhaps. I think it's also important to kind of
8 take into account that there's still sort of transitions
9 that have occurred at the State level that we need to
10 consider how that might facilitate our process and how we
11 might learn from what they're willing to kind of support
12 or participate in. And particularly the new Commissioner
13 of DOIT and what they may bring to the table or offer,
14 etc.

15 So I think we have some exploring to do.
16 We ought to do that, we know we need to do it. We know we
17 have willing and interested partners and others throughout
18 the state, so we ought to take the time to do that. But
19 we have to get through sort of the next week logistically
20 --

21 MR. CARMODY: I think as we do that then
22 maybe there's a sequencing that we talked about and on
23 Friday at the Executive Committee, I think that in order
24 to actually finalize or vote on an RFP some of those

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1 things need to be known --

2 DR. AGRESTA: Correct.

3 MR. CARMODY: -- because without it I'm not
4 quite sure you can actually vote on a vender without
5 knowing some of those other pieces.

6 DR. AGRESTA: Well, I think that we can
7 vote on process. So we can probably vote on our
8 directional process and I think that that is a plausible
9 and possible way to go. I think we need to discern at
10 that Executive Committee meeting is that an executive
11 session or non-executive session and I don't know the
12 answers to that. So we need to think about whether that
13 is -- that occurs in that kind of setting. If not then we
14 need to make that portion of the meeting open to the
15 public.

16 And I don't know the answer to that but I
17 raise it because of implications as to how and when we
18 discuss it.

19 MS. HOOPER: And again, we would appreciate
20 knowing certainly from at that meeting or at others, your
21 conversations with our other partners, the Capital
22 Community College consortium and certainly the REC, and if
23 you talk to others as far as where are their issues --

24 MR. CARMODY: And I guess why I was raising

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1 the question was because, how do we engage them in a
2 conversation not knowing the parameters in which I'm
3 operating under.

4 MS. HOOPER: Exactly.

5 MR. CARMODY: So if I sit down and say
6 let's --

7 DR. AGRESTA: That's why I think we need to
8 get --

9 MR. CARMODY: -- you know, open the
10 conversation that say what are we going to do -- it's a
11 great saying that I like.

12 DR. AGRESTA: But I think that's why we've
13 got to get through the next meeting.

14 MR. CARMODY: If you can think of another
15 expression you can go from there.

16 MS. HOOPER: Any other questions on any of
17 the Committee reports? We'd like to move on to the
18 conflict of interest and ethics statement. Again, this is
19 for not only the RFP selection but this will be a
20 continuing effort as we move forward with any other
21 decisions that would affect outside entities. All those
22 that are Board members, voting Board members, you need to
23 fill it out and have it witnessed.

24 Mr. Casey is collecting them. I think he

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1 has successfully solicited them from you all tonight.
2 Again, once you submit this you will be sent a code that
3 if you want to watch some of the demonstrations and also
4 before any vote takes place, we need Mr. Casey as Ethics
5 Officer, to confirm compliance.

6 MR. CASEY: Meg, we're now up to 10 -- I
7 mean 11. I just got number 11 in and there's two
8 outstanding here on the Board. And all the people who are
9 participating signed them last week so that was very, very
10 effective.

11 MS. HOOPER: Thank you very much Steve.

12 MS. MATTIE: May I just ask a point of
13 clarification?

14 MS. HOOPER: Yes ma'am.

15 MS. MATTIE: The nine companies listed on
16 the back of the conflict of interest --

17 MS. HOOPER: Yes.

18 MS. MATTIE: -- that's how it stands as of
19 today, correct? Have there been any additions to those
20 nine --

21 DR. AGRESTA: There's been no additions --

22 MS. MATTIE: -- no additions --

23 DR. AGRESTA: -- that list has been trimmed
24 down to fewer vendors who were actually asked to do a

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1 demonstration.

2 MS. HOOPER: Those are venders that as of
3 the date that it closed, so there are no additions to
4 that. Thank you.

5 MS. MATTIE: Thank you so much.

6 MS. HOOPER: We'd like to have the public
7 comment moved on the agenda to before the executive
8 session. We don't want to make folks stand outside. Do
9 we need a motion to move the agenda --

10 DR. THORNQUIST: We do to change the
11 agenda, yes. So, I move that.

12 MS. HOOPER: Thank you Dr. Thornquist. All
13 those in favor say Aye.

14 VOICES: Aye.

15 MS. HOOPER: All those opposed? Thank you
16 very much, motion passes. Do we have any comments from
17 our public members who are here and if so, if you could
18 step forward so that we can get it on the -- as close to
19 the microphone. And there being no public comments, we
20 have a form to make a motion to go into an executive
21 session that has all the right words to it.

22 DR. AGRESTA: Oh okay, meaning I have the
23 right --

24 MS. HOOPER: If you'd like to make such a

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1 motion to move into executive session Dr. Agresta, for
2 your consideration.

3 DR. AGRESTA: Okay. This is for next week
4 though right?

5 MS. HOOPER: No, no, that's for today to go
6 into --

7 DR. AGRESTA: Alright, the Health
8 Information Technology Exchange of Connecticut, pursuant
9 to the authority given in Connecticut General Statutes §1-
10 210B, 24, hereby moves to go into executive session to
11 review request for proposal responses for Health
12 Information Technology Exchange of Connecticut system
13 services in connection with the contract award process,
14 invites Lori Ree-Fourquet and --

15 MS. HOOPER: That's it.

16 DR. AGRESTA: -- to also attend this
17 executive session.

18 MR. CARMODY: Second.

19 MR. MASSELLI: Attorney Agresta, can I ask
20 --

21 DR. AGRESTA: And Scott Murphy.

22 MS. HOOPER: Who seconded, was it Dan or
23 Kevin? Alright Dan, thank you. And that's with the
24 invitation of Lori Ree-Fourquet and Scott Murphy. Any

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1 discussion? All those in favor say Aye?

2 VOICES: Aye.

3 MS. HOOPER: Any opposed? Thank you, then
4 at 5:56 we'll go into executive session. We ask those who
5 are not members of the Board to enjoy your evening and
6 thank you very much for coming.

7 MR. CARR: And those of us with a conflict,
8 are we allowed to leave as well? I just don't want you to
9 get --

10 MS. HOOPER: Oh God, Scott?

11 MR. MURPHY: No, if you have a conflict you
12 can stay but not participate in the discussion. There
13 won't of course be any vote in executive.

14 DR. THORNQUIST: They can provide like
15 expert knowledge if we ask them right?

16 MR. MURPHY: If it's as a general matter
17 and not specific.

18 MS. HOOPER: So any of those with a
19 conflict may stay but not to contribute --

20 MR. MURPHY: Not to participate in the
21 conversation except if they are requested.

22 MS. HOOPER: And then also that there are
23 no votes taken in executive session, it would be when we
24 come out for any votes. We're not expecting any votes for

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1 this discussion. Will Lori and Sarju come to the table --
2 no Sarju, you're not leaving.

3 MR. MASSELLI: But she wasn't even
4 requested --

5 MS. HOOPER: We're not doing -- because
6 we're staff to the Committee.

7 MR. MASSELLI: Oh good, perfect.

8 DR. THORNQUIST: Staff doesn't have to be
9 explicitly be mentioned. I mean, you had legal advice.

10 MR. MURPHY: Yeah, anybody other than a
11 Board member who's being invited to participate should be
12 part of the motion.

13 MR. CARMODY: Is there a transcript in
14 executive session?

15 MS. SHAH: No transcript --

16 MS. HOOPER: Okay wait, can I have another
17 motion to amend the previous motion to include -- unless
18 you'd like Meg and Sarju to leave.

19 DR. THORNQUIST: Sarju, how much is it
20 worth to you?

21 MR. MURPHY: So we want to add Meg and
22 Sarju to the motion --

23 MS. HOOPER: Are you making a motion to
24 amend the motion?

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1 MR. CASEY: Well, we've already voted on
2 it.

3 MS. HOOPER: Can we just add that to the
4 previous motion? Thanks, so Sarju have a seat. Our
5 transcriptionist -- we need to have Ralph leave. Do we
6 need to have Ralph come back in for an adjournment vote or
7 can we just include that in the minutes?

8 MR. MURPHY: Include it in the minutes.

9 MS. HOOPER: Okay Ralph, I don't know how
10 long this will take though so I don't know if you want to
11 hang around and come back and get your equipment? What's
12 the preference or the Board's decision, should we ask
13 Ralph to step out and just hang out or would you like
14 Ralph to pack up his things and leave?

15 MS. KELLY: I think we should take a brief
16 break and let him do that so he can go home.

17 DR. THORNQUIST: I agree with that, yeah.

18 MS. HOOPER: So we'll take a five-minute
19 break or a seven and a half minute, Ralph?

20 COURT REPORTER: Five is fine.

21 MS. HOOPER: Five is fine?

22 COURT REPORTER: I can pack up real fast.
23 (Whereupon, the meeting adjourned at 6:06

24 p.m.)