

VERBATIM PROCEEDINGS
DEPARTMENT OF PUBLIC HEALTH

CT HEALTH INFORMATION TECHNOLOGY
AND EXCHANGE STRATEGIC PLAN

JEWEL MULLEN, CHAIRPERSON

SEPTEMBER 19, 2011

101 EAST RIVER DRIVE
EAST HARTFORD, CONNECTICUT

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

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE
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1 . . .Verbatim proceedings of a meeting in
2 the matter of CT Health Information Technology and
3 Exchange, held at 101 East River Drive, East Hartford,
4 Connecticut on 2011 at 4:35 P.M.

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7
8
9 CHAIRPERSON JEWEL MULLEN: Hi everyone,
10 thank you for coming back yet again to another two hour
11 meeting that I'm committed to having on time on everyone's
12 behalf so that you'll keep coming back. And I think I
13 start with the preface that I usually offer, which is that
14 I still appreciate all that everyone is doing here in their
15 unpaid, underpaid and paid capacities, how's that? Did I
16 cover all three categories? And I don't take any of that
17 lightly when I say it.

18 But I'm also very aware of the degree to
19 which people are working outside of these meetings in their
20 respective committees and I know the degree to which even
21 the Executive Committee meetings have become chock full of
22 items to discuss. So in addition to being fully present I
23 am committing to you to get us out of here on time unless
24 there's something that that we all know absolutely has to

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1 keep us here because we can only discuss it here, which
2 means I'm going to also listen to things that maybe we
3 don't absolutely have to discuss here so that we can give
4 as much attention as possible to what we need to get to.

5 And I, saying that, understand that after
6 public comment we have two substantive issues to discuss in
7 executive session, so Sarju has offered to help me stay on
8 track so that we get to executive session by 6:00, unless
9 we can get there before then. And we figured that if
10 nothing else we could probably get through the committee
11 reports in five minutes or less each. So all that being
12 said, I would ask for approval of last month's minutes.

13 MALE VOICE: So moved.

14 MALE VOICE: Second.

15 CHAIRPERSON MULLEN: Any discussion? No,
16 thanks.

17 MS. MARIANNE HORN: All in favor?

18 VOICES: Aye.

19 MS. HORN: Opposed? Okay, minutes pass. We
20 have -- the next item is HITE/CT business, and the first
21 item there is our Treasurer and the Treasurer's report
22 please Tom.

23 DR. THOMAS AGRESTA: So as I projected last
24 month, we started to both acquire dollars and spend them,

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1 so that is a good thing. It means we are a business in
2 operation at the moment. We have currently a fund balance
3 of \$95,592 with total assets of \$134,000 and \$673,000 and
4 \$39,000 and \$81 in accounts payable. What we have spent
5 those dollars on, we've allocated \$50,000 for contract
6 labor, that is the Interim CEO position. We have spent
7 \$8,260 on both our procurement and the actual paying of our
8 insurance policy for Director and Operator's Insurance, and
9 we've spent \$25,148 so far in legal expenses.

10 So that is where we stand. I can -- you
11 know, have a further accounting of what our revenue and
12 expenditures have been on that, which I don't believe is
13 appropriate to kind of go through in detail.

14 CHAIRPERSON MULLEN: Okay, thank you. Do we
15 need a motion --

16 MS. HORN: Motion to accept the Treasurer's
17 report.

18 MALE VOICE: I move to accept the
19 Treasurer's Report.

20 MS. HORN: Second?

21 MALE VOICE: Second.

22 MS. HORN: Okay, all in favor?

23 VOICES: Aye.

24 MS. HORN: Opposed? Thank you. The next

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1 item is HIE system insurance and I just want to give a
2 brief scenario or update of where we are on that. We have
3 procured the D&O insurance and we now need to start looking
4 at a much broader array of insurance coverages for cyber
5 security for a property that we may be purchasing, when we
6 start hiring personnel. There will be some other kinds of
7 insurance, so I'm really looking to see whether we could
8 get some volunteers of people who have had experience
9 perhaps with this kind of insurance and to meet outside
10 briefly and make the determination about whether to use the
11 consultant that we used before.

12 I know there's a lot of activity going on
13 with other states and this is an emerging area, and not to
14 make a plug for him but he seems to be on top of that. But
15 that could be this group's decision to bring back to the
16 Board, so do I have any volunteers? Are there any
17 practitioners who might have -- hi Dr. Carr, I'm looking at
18 you. Any practitioners who might have been involved in
19 procuring insurance for a practice that does exchange and
20 would have experience with that kind of insurance?

21 DR. STEVEN THORNQUIST: I don't have any MR
22 at this point, that's how I'm here.

23 MR. DANIEL CARMODY: I figure I'm
24 representing the practitioners without one, so. I don't

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1 have any experience with that but I can probably get you
2 someone who does if it doesn't need to be someone from this
3 Board.

4 CHAIRPERSON MULLEN: It doesn't but do we
5 have people from the Board who --

6 MR. CARMODY: I don't have people from the
7 Board but I was going to say, if you want -- if we can
8 outline what we're looking for I'll get back to some of the
9 folks on the Finance Committee. I mean, there's some other
10 quasi-State agencies -- I mean, we could probably shop it
11 around to see if we can get some insight.

12 MS. HORN: And I do have some information
13 from who did the D&O insurance procurement that I can pass
14 it on to. Is that good enough for now? It seems like we
15 have a process and Steve, if I need somebody else to join
16 that group I'll let you know.

17 DR. THORNQUIST: Please let me know because
18 I can get you someone. I'm just not -- I'm not that
19 person.

20 MS. HORN: Okay. Alright very good, so
21 we'll put a deadline on that. Perhaps if we can get a
22 report back for the next monthly meeting because we're
23 going to have to move on it quickly as we stand this HIE
24 up. The next item under business is policies and

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1 procedures comment period. As you know we posted the
2 information in the Law Journal, which is a requirement for
3 quasi public agencies that are adopting policies and
4 procedures. And I just wanted to go through it with you
5 because it's been a bit of a moving target in terms of
6 where the public comment periods are for the 10 HIE
7 policies that we've been working on in the Legal and Policy
8 Committee.

9 Tomorrow morning right here is another
10 meeting, the Legal and Policy meeting is going to continue
11 its review of policies. It's a go-to meeting system and
12 we'll continue to work through there and receive public
13 comments also. These public comments, I think Lori was
14 describing maybe not at last month's Board meeting maybe at
15 another meeting, but how all the funds will be incorporated
16 in and addressed. September 22nd from 1:00 to 3:00 in the
17 afternoon over here, there's a Technical Infrastructure
18 Committee meeting and the Technical Infrastructure policy -
19 -

20 MS. LORI REED-FOURQUET: There's one very
21 technical document called the affinity domain policy that
22 has all of our configuration parameters, so if anyone is
23 commenting on that document we'll cover that in the
24 Technical Committee.

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1 MS. HORN: Okay, so that will be the only
2 policy that is addressed at that --

3 MS. REED-FOURQUET: Yeah, any other policy
4 concerns should be brought through the Legal except for the
5 consumer principles policy where we detail that through the
6 Populations Committee.

7 MS. HORN: Brenda?

8 MS. BRENDA KELLY: I just -- this has
9 nothing to do with that but it does have to do with the
10 fact that the special pops is meeting here at the same
11 time. So I just wanted to be sure it was on everyone's
12 radar screen so we have two places to be.

13 MS. REED-FOURQUET: They're not actually one
14 right after the other, so if you're here -- the Technical
15 Committee is 1:00 to 3:00 and --

16 MS. KELLY: Oh, it's 1:00 to 3:00, okay.

17 MS. REED-FOURQUET: -- and then 3:00 to 5:00
18 --

19 MS. KELLY: Okay excellent, fabulous. I
20 thought I heard 3:00, okay, thanks.

21 MS. HORN: Okay, so comments on the consumer
22 principles are from 3:00 to 5:00?

23 MS. REED-FOURQUET: Yes.

24 MS. HORN: Okay, then we'll put that up on

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1 our website as well. October 4th, another Legal and Policy
2 Committee meeting here at 8:30 to 10:00, and then back to
3 the Board meeting October 17th where the Board will discuss
4 the policies and make a final decision on the policies.

5 MS. KELLY: What's the date again for that?

6 MS. HORN: That's October 17th, 4:30 to
7 6:30. Again, this is all up on the DPH website and we try
8 to make it as widely available as possible. If there are
9 other people that you think would like to have this sent to
10 them we're happy to do that. There is a comment form that
11 people can send their comments to so that they're somewhat
12 in the same format. If people make comments at the
13 meetings we will -- and they're not in that format or
14 they're verbal comments, we will reduce them to writing.
15 Any questions or comments?

16 MR. CARR: I believe there are policies that
17 I think all of us have been through HIEs where the policies
18 change based on the early initial participants and the
19 venter capabilities, so is there an ongoing requirement
20 that we post revisions for public comment and feedback or
21 does the first set get kind of blessed by the Board and
22 then changes get just posted periodically for the public to
23 -- is there an ongoing requirement or is this just an
24 initial requirement?

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1 MS. HORN: I'm looking at our real lawyer
2 here. I'm assuming that it is a posting any time that
3 there is --

4 MR. BRUCE CHUDWICK: That's so all the
5 comments are made available to everyone, right.

6 MR. CARR: So if we've made a change to the
7 policy because the vender wasn't able to support one of the
8 steps of -- you know, one step out of 30 steps in the
9 policy that there have been made decisions around we would
10 have to send it back out to public comment before it
11 becoming policy again or would we be able to make the
12 changes and --

13 MR. CHUDWICK: I think if it's a non-
14 substantive change then you could make it internally. If
15 it's a substantive change you probably would have to go
16 back through the process. Now, how that plays out whether
17 it's substantive or not is really depending on what the
18 issue is.

19 MR. CARR: So we'd have to have some process
20 to determine whether or not --

21 MR. CHUDWICK: Right, right.

22 MR. CARR: -- it was a substantive -- okay.

23 MS. REED-FOURQUET: And we have concurrently
24 asked the vender to review as well so we'll get those

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1 comments in, in particular those types of issues where we
2 may have to change some language from a shall to a should.

3 DR. AGRESTA: I'm just thinking about our
4 first run through and then the timeframe with standing up
5 an HIE shortly afterwards. I mean our first run through,
6 I'm assuming that there'll be some changes that are
7 required as we kind of -- you know, as I've read through
8 them I see some inconsistencies that probably need to be
9 consolidated and at least be consistent.

10 Will we have to kind of then repost our find
11 or is it similar to like CMS does, they just propose a --
12 they do a final rule and they kind of allow for all the
13 comments to be viewed and available? Or do we actually
14 have to repost it and say here's what our proposed final
15 rule is with the comment period for the proposed final
16 rule?

17 MR. CHUDWICK: I think you just go through
18 the process once. I think it's not the CMS process of what
19 you would do as opposed to -- you know an interim process
20 of continuing to post. The requirements that you have the
21 public hearing are required by statute and this is just to
22 get your public comment before you finalize your
23 procedures. So I don't think you need to --

24 DR. AGRESTA: Yeah, because then you just

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1 get caught in --

2 MR. CHUDWICK: -- right, exactly, you'd
3 never end.

4 MS. REED-FOURQUET: But we would be going
5 forward presumably with version 1.0 and then the updates to
6 those policies would come in through Committees and
7 approvals ongoing.

8 MS. HORN: Okay Committee reports, Executive
9 Committee?

10 DR. AGRESTA: So let's see, the Executive
11 Committee -- unfortunately I have a different car with me
12 and I brought the stuff from in the car but I'll try from
13 memory and anyone can add in. The Executive Committee has
14 met twice since the last Board meeting and some of the
15 things that we handled were initially trying to understand
16 the value proposition and define what that value
17 proposition for the HIE was so that we could represent that
18 both with our vender in a little bit more effective manner
19 but also with other stakeholders.

20 We then met with -- and then we spent some
21 time in executive session kind of talking about the vender
22 contract and updates on that. We then also -- and we also
23 kind of spent some time in executive session hearing
24 information about the candidates for the permanent CEO

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1 position. Other issues we dealt with of substance, I don't
2 think there was anything major of substance.

3 CHAIRPERSON MULLEN: Well, we talked a bit
4 about sort of a collaboration --

5 DR. AGRESTA: Oh yes.

6 CHAIRPERSON MULLEN: -- so the work has been
7 ongoing around the collaborations.

8 DR. AGRESTA: Yeah, so we talked about the
9 collaborations with other stakeholder groups so with DSS,
10 with DPH of Connecticut, with the Capital Community College
11 and we'll talk a little bit further about a regional
12 meeting that's coming up in a few weeks that is an output
13 of that collaborative effort. And so there has been
14 ongoing opportunities for that.

15 We actually authorized a group to meet with
16 the Connecticut Hospital Association to begin discussions
17 with that group to sort of understand what their needs
18 were, present to them some of the initial thoughts we had
19 around our HIE and how it's structured and some of the
20 initial ideas around pricing and so see how -- you know,
21 sort of bubble test the value proposition with them. And a
22 subset of the Executive Committee met with them on Friday
23 for a lengthy afternoon meeting, which I think was very
24 productive and very helpful. And I think we'll need to --

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1 some of the things that we discuss in our executive session
2 a little bit later today so to provide you with insight as
3 to how they view this as well.

4 CHAIRPERSON MULLEN: And we've been
5 attending to the configuration of the Advisory Committee -
6 -

7 DR. AGRESTA: Yes.

8 CHAIRPERSON MULLEN: -- that's looking at
9 consent.

10 DR. AGRESTA: So I think -- yeah, so as Dr.
11 Mullen points out we've looked and thought about appointees
12 for the Advisory Committee on privacy and security and have
13 talked to different technical individuals, contacted those
14 individuals, sought out their interests from others who
15 might be appropriate to participate in that and have I
16 think a fairly complete list of individuals that we've been
17 able to kind of get appointed and get that Committee
18 started.

19 CHAIRPERSON MULLEN: And because this is a
20 collaborative effort I'll add that we also, at a few
21 Executive Committee meetings now, have talked about the
22 degree to which we have been really, really pushing forward
23 not just in an accelerated way but in a deep way to advance
24 this technology exchange but that we acknowledge it falls

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1 into a lot of other efforts related to health reform, a lot
2 of other state governmental efforts for example.

3 And what I've stated and what I continue to
4 do is be the liaison to the Governor's office and to the
5 Lieutenant Governor and the Office on Health Reform because
6 as we look at insurance exchanges and the Department of
7 Social Service and Medicaid and all the other entities,
8 Information Technology, I think the greatest success for
9 the State is going to be to ensure that all of these
10 efforts are linked, if not housed, in a way that they are,
11 as synergistic as they need to be and supported in the way
12 that they need to be particularly when we have so many very
13 busy people doing at least a half-time job sometimes to
14 advance the efforts.

15 So stay tuned because that's something that
16 I have been discussing as well and that we're very mindful
17 of, so.

18 DR. AGRESTA: And we therefore collectively
19 submit that report.

20 CHAIRPERSON MULLEN: Yes, and we have
21 another meeting.

22 DR. AGRESTA: There's always another
23 meeting.

24 MR. STEVE CASEY: Commissioner, if I could

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1 just add one other item --

2 CHAIRPERSON MULLEN: Yeah.

3 MR. CASEY: -- that belongs with that group
4 of projects or systems and that's the Connecticut Health
5 Information Network that UConn Health is very much involved
6 in and has been involved in for many, many years.

7 CHAIRPERSON MULLEN: Yes, and we talked
8 about CHIN last week too.

9 MR. CASEY: Yup.

10 CHAIRPERSON MULLEN: Yes, thank you for
11 reminding us.

12 MR. DANIEL CARMODY: Brenda has a question.

13 MS. KELLY: I don't have a question I just
14 have a comment, that one of our national staff who really
15 led our efforts on health reform when we were working on
16 health reform resigned last week and is going to HHF to
17 work on health information exchange in a very high level
18 way. And one of the things she said in her goodbye e-mail
19 to everyone is how critical all of this is to everything in
20 health reform.

21 So it does reinforce what you're saying and
22 I think we need to say it more often to more people because
23 I think sometimes people don't understand how it all works
24 together. And I think it helps reinforce I think why this

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1 is so important that even though this is difficult we have
2 to work through the issues because everything else that
3 people want is contingent upon having a system like this.

4 CHAIRPERSON MULLEN: Thank you.

5 MS. HORN: Business and Operations, I don't
6 think we have any report from that Committee tonight. John
7 is not here and I'm not sure anything has happened in that
8 group. Finance?

9 MR. CARMODY: Finance, we have not had a
10 meeting although I think it's at a point where I think we
11 need to have our next meeting and I need to schedule that.
12 As we've talked through a variety of things with the
13 contract from Axeway, Lori and I have had conversations
14 around what we need to do to revisit the assumptions that
15 we have in the draft budget. So we probably need to just
16 schedule and find time to not only go through our findings
17 on the contract to the extent possible with that group, but
18 also talk about how we're revising the -- we think we need
19 to revise the budget since the budget that was drafted was
20 revised to reflect sort of the money that we have.

21 And now as we start talking about new types
22 of operations that need to be accounted for, do we need to
23 add more staff, what's going to be outsourced from the
24 standpoint of purchase services, what the implication of

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1 that is. So what I'll need to do is schedule that with
2 Lori and then maybe some other folks maybe even in the
3 operation side to make sure that the budget that we have
4 needs to come back to this group to talk about what the
5 changes are. So that hasn't been scheduled yet but a lot
6 of this is sort of -- as we have been going along through
7 the contact there's -- okay, what's in the contract, what's
8 not in our budget, what do we need to think about.

9 And so we've started to make some changes or
10 discuss some changes that need to take place and need to
11 incorporate that into the budget and then bring that back
12 to this group so that you can understand what the moving
13 parts are. So we have not had an opportunity to do that
14 yet.

15 MS. KELLY: At the last meeting you shared
16 with us, I think it got sent to us after the meeting, this
17 document stating the live determinants in the HIE
18 sustainability and I appreciated that and did spend some
19 time taking a look at that. And I think you also said you
20 were going to have some meetings or developing some
21 materials so we could assess what people might be willing
22 to pay for. So I was just wondering what the status of
23 that is?

24 MR. CARMODY: So we've been working this

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1 through. One of the reasons why we met with the
2 Connecticut Hospital Association was to take the big toe
3 and stick it in the water. So as we talked about services
4 that we would be providing, they would be one of the
5 initial ones that we would start looking at as people who
6 would consume it just to talk about what the pricing
7 structure would be. And we got some reaction that I think
8 we're going to be talking about in executive session. So I
9 don't want to go too far down the road.

10 So the answer is that that is all starting
11 to come together and you'll get more information about
12 that. And it will definitely have an impact on how we go
13 to market, how we're communicating, what we are going to
14 do. I also think it will require additional input. I
15 think we'll come back to a prioritization approach around
16 services of the timing of when we stand up services
17 initially and eventually when we get into phase two, phase
18 three, phase 17. I think it's going to be a structured
19 approach.

20 MS. KELLY: Great, thank you. I'll look
21 forward to the executive session. I always like money.

22 MR. CARMODY: Not so much money --

23 MS. KELLY: Well maybe not, but any money
24 would be good at this point.

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1 MR. CARMODY: -- it also goes into the
2 adoption. There's a lot of conversation around -- there's
3 a set amount of money and if you just use that set amount
4 of money we will spend it very quickly. So there's some
5 conversation around the revenue side, around what we need
6 to add to the revenue side and how quickly it will come and
7 that all gets into the dynamics because one of the largest
8 items that we have besides labor is going to be this
9 contractual piece.

10 MS. HORN: Thank you. Legal and Policy?
11 Brenda, you are acting Chair since --

12 MS. KELLY: Not of Legal and Policy, come on
13 now. I have enough trouble with special -- and I guess I
14 have been at almost all of them.

15 MS. HORN: Right, and Ellen?

16 MS. ELLEN ANDREWS: No, no, me either.

17 MS. HORN: Alright, I'll try to dredge up
18 what I can remember from earlier in the month. I believe
19 we spent a lot of time at the last meeting talking about
20 the process of the policy and one of the items that I
21 recall that was of concern and when you mention the budget,
22 was the very limited funding that has been set aside thus
23 far for consumer education. And I think that when you're
24 talking about budget, I think that's something that needs

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1 to get thrown back into the mix, really taking a look at
2 what \$38,000 that we have budgeted right now is going to be
3 a sufficient amount to --

4 MR. CARMODY: What would be helpful is if
5 there are thoughts around -- you know, if you look at that
6 number and you think that it's low -- you know, if you
7 spell out from high priority to low priority or whatever
8 you started to think about, like what would now be a
9 realistic number or at least trench in a way that says look
10 at, if you can only do \$38,000 what would that get you and
11 then what would not happen? So is that reality of that's
12 what's in the budget unless there's gobs of money coming in
13 from selling services, that number is not going to grow so
14 you've got to work with this budget.

15 But then the reality of what we think that
16 we could be doing so that then we have something to compare
17 it against and that can get spelled out, then that would be
18 helpful, at least reconciled to the number.

19 MS. HORN: I know that the Committee is
20 thinking about some sort of creative ideas about how this
21 could be done for unlimited budget, but I just wanted to
22 raise that as a concern. So I think we're continuing to
23 tomorrow to move on through the policies and look at --
24 incorporate changes and look forward to receiving comments.

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1 MS. REED-FOURQUET: Do you want me to list
2 off what the policies are that we posted --

3 MS. HORN: Sure.

4 MS. REED-FOURQUET: -- because I know last
5 time we only talked about the OPT policy as an introduction
6 and then since our last meeting we found that we needed to
7 get the remainder of them at least out there in draft for
8 comment. So the suite of policies includes the audit
9 policy, identity management, authentication, access
10 control, consumer authorization and consent, consumer
11 principles for each notification, purpose of use,
12 information security and then the configuration is
13 expressed as the infinity domain policy.

14 So I think we went through the comment
15 process earlier.

16 MS. ANGELA MATTIE: Do we have somebody
17 who's looking at these policies in the contents of other
18 state and federal regulations? Are we doing that
19 concurrently?

20 MS. REED-FOURQUET: We've invited broad
21 stakeholders to comment. I don't think we specifically
22 sought out any particular angle. I can say that last week
23 I presented these to the HL-7 Security and Privacy
24 Committees and we have quite a number of HL-7 experts that

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1 will be looking at these in the context of both standards
2 and some of our legislation. And that would be at the
3 federal level it wouldn't be at the state level, it
4 wouldn't necessarily be at any other states --

5 MS. MATTIE: It might be worth just to get
6 legal counsel just to take a look to make sure that --

7 MS. REED-FOURQUET: Oh, well our legal
8 counsel has been actively engaged in the development and
9 reviewing of those policies.

10 MS. HORN: That's their real legal counsel.
11 And I believe we have one legal member remaining besides
12 myself.

13 CHAIRPERSON MULLEN: On Legal and Policy?

14 MS. HORN: Yes.

15 MS. MATTIE: Marianne, once a lawyer always
16 a lawyer.

17 MS. HORN: That's true. So if people have
18 other names of legal folks who might like to be on this
19 Board or members of the Legal and Policy, we are certainly
20 looking for that. We do have a number of names to collect
21 but that seems to be an area that's hard to plug.

22 CHAIRPERSON MULLEN: I just was going to
23 make a comment sort of overlapping Brenda's comment about
24 consumer education and then policy is -- I got a lot of e-

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1 mails about engaging the public about health reform. And I
2 think a lot of times the focus is much more on payment and
3 individual mandates and less about health information
4 technology, which we've already said is a big piece of
5 health reform.

6 So I know the National Association of State
7 Health Policy runs a lot of different forums and webinars
8 on the topic, but I'm wondering whether or not people have
9 participated in any of these consumer education around
10 health reform discussions where health information
11 technology was a major part of it because it seems to be
12 something that it would be helpful to have somebody else
13 doing in addition to us so that in the consumer education
14 realm this can also be viewed as something larger than just
15 somebody interfering in people's health privacy.

16 MR. CARR: I think Brenda it might be worth
17 talking about some of the -- like what they've done at e-
18 Health Connecticut --

19 MS. KELLY: Why don't you talk to them --

20 MR. CARR: -- no, why don't you talk to them
21 --

22 MS. KELLY: --well no, because I have such a
23 big mouth, I have plenty to talk about. Well no, I'll take
24 a crack at it. When we were -- when e-Health was doing

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1 work on this issue Kevin and Ellen and I did do a couple of
2 public forums that I think would be worth trying to figure
3 out how we do again. And the purpose really was to bring
4 consumer groups in to hear about HIE and not only the
5 privacy issues but all the great things that it could do.

6 It was a very balanced presentation and the
7 three of us kind of collaborated on this kind of equally
8 taking a piece of it. And I think we really do need to
9 think about doing that again. I'll make another
10 observation because I happen to be invited -- this is kind
11 of off the subject but I will tie it in. I was invited to
12 speak before a group on Saturday, a Parkinson's support
13 group and that also were meeting with Alzheimer's and
14 Multiple Sclerosis support groups at the Stem Cell
15 Institute, and it was all about stem cell research and
16 trying to bring some hope to people that were living with
17 these diseases. And I was asked to speak and I talked
18 about health reform. That was specifically what I was
19 asked to speak about.

20 And the person that asked me was a
21 wonderful, wonderful guy that early onset Parkinson's
22 diseases. But when he called me he kept saying the
23 Obamacare, Obamacare. And so when I started talking I kind
24 of teased him a little bit and said why are we doing that

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1 because every disease organization -- and the people from
2 the National Parkinson's Association were there, I said am
3 I right, you supported this didn't you? All the credible
4 aging organizations supported this. Our whole
5 congressional delegation supported this. This has nothing
6 to do about whether you support the President or not, that
7 is not an inclusive term because we all wanted it.

8 And it really -- of course now this is
9 Connecticut so I don't think that speech would work so well
10 in Alabama, but I think it's something that AARP is
11 struggling with too, you know, is that people are good at
12 attaching a name to something and then all of a sudden that
13 name gets used and then we all lose the fact that this was
14 much bigger than that name. So I really do believe we need
15 to figure out -- because everybody around this table is
16 working on both. We're working on health IT but we're also
17 working on health reform and the State exchange and OPM and
18 everyone. How we talk about this and how we do link it,
19 because I think HIE has -- you know, didn't get -- the
20 money for it didn't come out of the Affordable Care Act it
21 came out of the Stimulus Act. So I think sometimes, even
22 AARP and we've been a leader on health IT, when we talk
23 about affordable care act we don't mention. But the truth
24 is you can't do the affordable care act if you don't have

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1 the HIE.

2 So I think you're making an excellent,
3 excellent point Commissioner and I certainly would be
4 willing, and I think Ellen and Kevin -- I mean, we did have
5 a model here and it was really education on HIE but I think
6 we could even broaden that a little bit to talk about why
7 you need this in order to do medical homes and some of the
8 other things that's so critical.

9 MR. CARR: And we're talking about cheap,
10 that was really cheap. It was also published on CT-N so
11 whoever presents at that particular forum would likely be
12 broadcast on CT-N over and over again so it's a relatively
13 inexpensive way to get the word out.

14 MS. KELLY: Right, and I there's other
15 things I think we could do, some of which we may not have
16 the money for. But AARP is going to be, in December
17 hopefully if the MOU goes through, having a public Town
18 Hall meeting on CPTV on retirement security and we're going
19 to use that -- that's an umbrella word for health reform,
20 social security, all of these issues. And it's very
21 possible that we could think about doing something like
22 that and then using the resources of all of our
23 organizations to supplement what CPTV would do to really
24 tell people about it.

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1 So I think there's a lot of things we can do
2 but \$38,000 is not very much money.

3 DR. THORNQUIST: Right, now that previous
4 effort you were talking about you said was on CT-N, do they
5 archive that? Is that accessible, is that something we
6 could point people to look at as well?

7 MS. KELLY: Sure, or we could show it to
8 this group to see if you like it. I mean, I think it may
9 need to be tweaked but at least we have something we can
10 look at and see what we did.

11 MR. CARR: And I think it also has a
12 different message because it's around e-Health Connecticut
13 doing a project with Medicaid in the statem so you'd want a
14 different message. Maybe all of the same content or --

15 DR. THORNQUIST: But you could use it to
16 platform and it's already out there.

17 MS. KELLY: Right.

18 DR. THORNQUIST: It's work that's already
19 been done that you could capitalize on.

20 CHAIRPERSON MULLEN: That's right.

21 MS. ANDREWS: We also -- just AARP and also
22 the Connecticut Health Policy project built pages around
23 it. We have slides from those presentations, we pointed to
24 CT-N, we did fact sheets, all the materials were on our web

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1 pages and on the left-hand side you can go to it. So we
2 did a lot of outreach.

3 DR. THORNQUIST: Forgive me if I'm wrong but
4 wasn't part of the thrust of your question are there other
5 groups doing this that we don't have to fund?

6 CHAIRPERSON MULLEN: Right.

7 DR. THORNQUIST: Because we need to -- and
8 maybe we could cooperate with them to get our message into
9 their message.

10 CHAIRPERSON MULLEN: Right.

11 DR. THORNQUIST: And I think that's really
12 an important thing because we do have a very tight budget
13 and we're going to need to move forward with this. And
14 there is a lot of confusion and ignorance about this topic
15 and a lot of concern about it and I think if we can get
16 other groups to spread our message for us.

17 MS. KELLY: One of the things --

18 DR. RONALD BUCKMAN: And I also think there
19 are federal resources that I believe are an HRQ as a bunch
20 of stuff relating to this issue that they've already
21 produced.

22 MS. ANDREWS: Before we go too far down the
23 road for everybody the word free, that's always good and
24 that's actually more effective than billboards and things

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1 like that. There are things that we're going to need to do
2 that are going to cost money. There need to be focus
3 groups, we need to test materials with consumers and that
4 needs to be done by you know, the proper professionals. So
5 \$37,000 is not going to do it.

6 MS. KELLY: Do you want me to move to the
7 Special Pops report?

8 MS. HORN: Yes, please.

9 MS. KELLY: Okay. The Special Populations
10 Committee has met once since the last meeting. We're
11 getting a good attendance at these meetings and a growing
12 attendance. And I also actually did an attendance chart
13 just to see who is coming and we have some consistent
14 players now which I think is good. And we also have some
15 new people due to some outreach that all of us did to try
16 to get the list of special pops that ONC is looking at to
17 make certain those people are represented.

18 And we have recommended to the Commissioner
19 a group of permanent members of the Committee and we
20 haven't heard from you yet but that's just because you got
21 the names. And I suggested -- I suggest a little -- you
22 know, it's a large number of people because I think an
23 inclusive approach is good at this point in time. And some
24 of them are providers but many of them are consumers. There

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1 are a couple of areas that I am still concerned that we
2 don't have a good representation and one is children, so I
3 really think we need to do more outreach. And then also
4 people with disabilities. I did do a little outreach at my
5 Parkinson's/MS thing this weekend to see if I could
6 generate some interest but for the most part I think we're
7 building a good group of interested people.

8 At our last meeting we made some progress,
9 we're working on -- we're working off a document of
10 consumer principles that is a national thing that was
11 developed by non-profit organizations working on this and
12 there was a little confusion at the beginning because of us
13 having to go out and publish policies in the Law Journal
14 while people were developing the materials. But I think we
15 got through that. People agreed that we would work off the
16 original consumer principle document but then Lori would
17 take what we've agreed on and integrate it into the Law
18 Journal, the legal document. And we ended up getting
19 consensus on broad headlines for the consumer principles.
20 And that's -- and then this next meeting, which is going to
21 be this Thursday, will be to get consensus on the details.

22
23 Now, one of the things that did come up that
24 I think potentially could be a little challenging is that

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1 there was an issue but what about the special populations
2 because the language that we're using is broad consumer
3 principles but what about all the groups that are sitting
4 around the table? And so I did suggest that there was a
5 document that had been developed by California and they
6 worked off the broad consumer principles but they had more
7 special population language. And so we did send that to
8 everybody so that will come up at the next meeting. The
9 potential problem is, is that some of that language is
10 going to be things that our system clearly is not going to
11 be able to do off the get go, and things that people have
12 been pushing for even before we get to health IT.

13 They deal with language, they deal with
14 cultural sensitivity, they deal with people being able to
15 have interpreters and people are going to want -- that's
16 going to be a huge issue here and I talked to Lori and it's
17 not even just a case of could we afford to do it. It's a
18 case of could the technology do it. So at the very first
19 meeting Mark, I think, did a good job of saying that we can
20 write these principles as shall and should. You know, in
21 other words get the broad vision of where we want to be but
22 then be very clear about what we have the capability of
23 being at this stage in the game. And I think that's where
24 we may get some unhappy people. But that's -- I don't see

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1 how we avoid that.

2 We said we were having a Special Populations
3 Committee so I think we need to listen to what people are
4 saying. Then the other issue of course is the issue of
5 every meeting the issue of opt-out, opt-in, dominates the
6 beginning of the meeting despite the fact that we say the
7 Board has decided on opt-out. And we generally get beyond
8 that and then we could go on and talk about the other
9 consumer principles but it will be -- I think it will have
10 egg on my face and on everybody else's face if when this
11 thing gets up and running there aren't two things. Number
12 one, there are good consumer education materials. I'm not
13 saying perfect but I'm saying we have to have good consumer
14 education materials.

15 Number two, there are certain things doctors
16 and hospitals are going to have to do but they have to know
17 what it is that they have to do with relation to educating
18 consumers and opt-out. And third, there has to be a
19 process on how you opt-out. And Lori has already given me
20 some guidance as to what she thinks that needs to look
21 like, but it's going to involve health care professionals
22 and it's going to involve needing a website not where
23 people opt-out but where they learn about how they do all
24 these things. And I'm very nervous because I know how

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1 compressed our timeline is that we have to have the stuff
2 in place when we launch this initiative or we're going to
3 have a lot of people not trusting us.

4 We have a lot of people not trusting us now,
5 alright, and then we have a lot of people that don't even
6 know we exist but when they find out they may not trust us.

7 And so -- and I'm, to be honest with you, I'm really
8 nervous because I'm very committed to this work as I think
9 you know. But I belong to an organization that's the
10 largest consumer organization in the United States, so it
11 really becomes an egg on my face if we end up going forward
12 and say we're doing all this stuff and then we launch and
13 we don't have anything in place.

14 And I believe there are states that have
15 done that because I've been doing a lot of in my spare
16 time, looking around on the internet to see what other
17 people are doing and I'm saying there are people that are
18 not very clear about what they're doing in some of these
19 other states and just kind of hoping that no one is going
20 to notice or maybe they're not even thinking about it. But
21 I don't want to be in that position in Connecticut and I
22 don't think anybody around this table wants to be in that
23 position either. So that's the challenge.

24 So we're meeting again on Thursday and we're

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1 probably going to have to have a more compressed set of
2 meetings to get to yes, and I'm glad the money issue is on
3 the table because I think there are some things, for
4 example one of the things that we're talking about and
5 consumer education is on the agenda for our next meeting,
6 is that a lot of our educational materials will have to be
7 in a PDF form. By the way, I agree with Ellen. It's not
8 like I can write these consumer education materials. We
9 have to have someone that number one, knows how to do it
10 and then we test it to see if consumers understand what in
11 fact we've written, but we don't have the money to print
12 boxes and boxes and boxes of consumer education materials.

13 But what we can do is we can put them in a
14 PDF version and then say to the people that sign contracts
15 to be part of the HIE that you're expected to give these to
16 your patients and you're going to have to download them and
17 print it, which by the way comes into -- it's not a cost
18 that people have to pay to us necessarily but it's going to
19 be -- you know, you can't just decide you're not handing
20 these out. I mean, that has to be really clear and we're
21 not giving you a free supply because I don't think we have
22 the money to do that.

23 DR. AGRESTA: I think we may need to take a
24 very interesting and effective way of doing it that may and

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1 not require a handout but could actually require something
2 like a display that goes in a -- I mean, I think there are
3 very -- that there are probably more than one way of giving
4 that that may actually be more effective --

5 MS. KELLY: Well then --

6 DR. AGRESTA: -- I don't have the answers
7 but I have some ideas.

8 MS. KELLY: -- yeah, and I don't either Tom
9 because we really have not sat as a Committee or as a group
10 to talk about that. So I think we need to do it sooner
11 rather than later. And I do think that we need a cross --
12 we don't want it to just be a consumer group we want to
13 represent everybody's opinion because that doesn't mean
14 that the consumer group isn't going to say they want
15 something to hand out. But we need to hear what the
16 possibilities are and what the perspectives are but we
17 can't put this off much longer or we're not going to have
18 anything --

19 DR. AGRESTA: Right.

20 MS. KELLY: -- so I would love a -- I'm
21 willing to do whatever I can to get the right people
22 together with Lori's help to have this conversation very
23 quickly so we can get to yes on this thing. I don't know
24 what Ellen thinks about display versus handouts.

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1 MS. ANDREWS: Ellen thinks there are people
2 who know a lot more about this than Ellen. There's
3 literature -- having this is -- what I do is I usually go
4 to professionals when I'm doing something this big to
5 explain something this important and this scary to people,
6 I think we shouldn't make this decision around this table.
7 I think --

8 MS. KELLY: Ask Dr. Buckman.

9 DR. BUCKMAN: Yeah, I'm just -- just to
10 throw it out because I'm not the individual --

11 MS. KELLY: We'd love to have you on --

12 DR. BUCKMAN: -- I know.

13 MS. KELLY: -- especially if you have money
14 and time.

15 DR. BUCKMAN: I think that anything that is
16 being put together, designed, published, whatever for
17 public dissemination, for instance the opt-out policy,
18 wherever it is I'm just going to suggest you just think
19 about the QR code and that you include the QR code so that
20 people -- you know, if you don't know what that is that's
21 the little square kind of like a bar code kind of thing,
22 that sits on a lot of things that people can take a picture
23 with their smart phone or put their smart phone next to it
24 and it actually saves -- it will save that text right to

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1 their phone.

2 MS. KELLY: Oh really.

3 DR. BUCKMAN: Yeah, so -- you know, and
4 that's kind of where things are headed. And I think
5 especially medical offices and handouts will become a thing
6 of the past and people will get their handouts by holding
7 their phone up to the QR code and then they'll walk out
8 with their so-called handout. So just think about that so
9 whatever you're putting together -- because a lot of things
10 that "get approval" and you can get approval and you don't
11 have the QR code on it, well then you decide you're going
12 to put a QR code on it and you're going to go through
13 approval all over again, quote unquote, so.

14 MS. KELLY: That's a good suggestion even
15 though I think that a lot of people that -- you know, a lot
16 of the special populations are not going to have the
17 equipment for a long time to be able to do that. But I
18 think you're absolutely correct, if there are things like
19 that out there we do it now so we don't have to go back and
20 revise everything because things are changing so rapidly
21 and if we know something's happening in a particular
22 direction I think that makes sense.

23 MS. ANDREWS: I think that's a really
24 important point to do it right the first time, it's an

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1 awful lot cheaper than doing it over. One issue though is
2 that people who know what a QR code is probably are already
3 pretty comfortable with technology. It's more -- the
4 people that I'm most concerned about wouldn't know what
5 you're talking about, wouldn't know how to take a picture
6 or might not have a smart phone.

7 DR. BUCKMAN: Right, but --

8 MS. ANDREWS: So we need to know who we're
9 trying to communicate with.

10 DR. BUCKMAN: -- transfer for the 80 percent
11 than you will spend more on the 20 percent.

12 MS. KELLY: You know, the other thing that
13 happened, and this is not going to be on the agenda for the
14 Special Pops meeting, but I think just this week ONC is
15 coming out with consumer guides to personal health records.

16 I happened to see that and I started looking at it. I've
17 been so busy I haven't had time to really, really, really
18 look at this. And so I thought wow, this is good. I know
19 that's not what we're doing but it certainly is a consumer
20 guide and it gives us some information.

21 And then when I started looking at it, and
22 again, I need to spend more time with it, I think it would
23 drive most consumers absolutely crazy because it was a
24 guide to how you evaluate whether or not this personal

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1 health record is better than that personal health record
2 and the privacy issues because there's no standard as to
3 what the privacy issues could be. And I sat there and I
4 said oh my God, I'm not sure I could do this. But if you
5 take the average consumer that might want a personal health
6 record, I can't imagine -- it's not about how it was
7 written it was about the process of making that
8 determination. So I think we also do need to look at what
9 are the consumers -- who are the consumers that are most
10 likely to join our system first and make sure that what we
11 give them is something that isn't going to cause them to go
12 into cationic shock when they look at it.

13 And most of the things I've seen from other
14 states are pretty simple. I think almost too simple. I
15 mean, but we certainly don't want to go the other extreme
16 and have it so complicated that I'm not if sure the average
17 person could look at it, so.

18 CHAIRPERSON MULLEN: I think that's a good
19 reminder that there's a lot within special populations and
20 the point that things need to be tested are also reminders
21 that even though we think we know what people will be
22 confused by or upset by, we won't know until we find out.

23 MS. KELLY: That's right, that's absolutely
24 right.

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1 MR. CARMODY: Are there other places in the
2 state that have similar issues that we can leverage, and
3 this is obviously -- you know, while we're sort of new in
4 its health information exchange but the state has had to
5 get the word out in other venues on different topics. Is
6 there ways or other Departments that --

7 DR. AGRESTA: This may be a place to connect
8 with --

9 MR. CARMODY: -- I was going to say --

10 DR. AGRESTA: -- there are schools that
11 actually do this work and figure out -- like Ellen
12 mentioned, there are professionals that you have to pay
13 quite a bit for but you might actually be able to find
14 folks at UConn, Yale or wherever there's a large enough
15 school that does this sort of work but they're going to A,
16 know the literature and B, they might actually find us an
17 interesting project to take on and they may actually go
18 after a grant that we could help facilitate that would
19 actually do the testing, do the evaluating. You know, do
20 that hard work but actually get funded to do the hard work
21 and it could be a win/win.

22 CHAIRPERSON MULLEN: But we're talking about
23 I think --

24 MR. CARMODY: I mean, I think there's just -

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1 - I think that there's a lot of places that --

2 CHAIRPERSON MULLEN: -- in the state or at
3 the State?

4 MR. CARMODY: -- well I'll say the State as
5 an entity, whether it be the Department of Public Health or
6 other Departments --

7 CHAIRPERSON MULLEN: What State -- within
8 State government, right.

9 MR. CARMODY: Yeah, I mean within State
10 government that we can leverage around what are the
11 learnings that you have? You have to typically -- those
12 other agencies have already had to get the word out on
13 various things, whenever there's immunizations, I mean
14 whatever it turns out to be. We would hope that we would
15 be able to leverage that as opposed to reinventing it.

16 MS. ANDREWS: I was following a bus that was
17 talking about Vicky's office.

18 MS. VICTORIA VELTRI: Yeah, I'm gonna have
19 some ads on the buses right now. Yeah, we do. One of our
20 missions is outreach to all the population so we designed
21 the materials, the testing of the language, the testing of
22 the -- you know, the spacing of words and things so it
23 looks nice. So -- I mean, I'm happy to help out with that
24 kind of stuff.

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1 MS. KELLY: That would be wonderful Vicky.
2 There are some examples from other states too and we
3 actually have a member of our Committee, I was just kind of
4 impressed. She's just a consumer she's not a provider and
5 she took some time to comb the internet and see what states
6 had stuff out there. So -- and she actually sent me a
7 little report and -- so there are states.

8 I'm not sure I've seen anything that jumps
9 out and says wow, that's exactly what we want to do but
10 it's certainly helpful to see what other people are doing.
11 So I think Vicky if you're willing to take this on we can
12 take -- send over what she found and what Lori knows about
13 and what I found and what Ellen's found and at least get
14 some examples and then see where we go from there.

15 MS. HORN: Technical.

16 MR. PETER COURTWAY: In between the two
17 Board meetings the Technical Committee did meet and
18 finished it's review of the affinity domain policy in time
19 for it to be published in the Law Journal, discussed the
20 procurement status of where we were and if there were any
21 technical issues. No technical issues arose at the session
22 and the group concluded its work.

23 MS. REED-FOURQUET: I'd like to just add a
24 few things that might have otherwise come up under Business

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1 and Operations, but in the Affinity Domain policy there
2 were references to places where one would -- and actually
3 within our policy documents where one would find certain
4 information. So we did reserve HITE/CT.org, we reserved
5 HITE/CT.net with the idea that the dot net would be for
6 operational aspects of the HIE and then the dot org would
7 be for informational or functional aspects of the
8 Committees.

9 I think such as references to a member's
10 page, a policy's page, places to go to find certain
11 detailed information. There are also referenced a number
12 of e-mail addresses so we have temporarily set up some key
13 support at ITT.org, etc., e-mails, but we're working to get
14 something a little more functional. We've had some
15 requests for functionality in addition to just these web
16 pages. Steve has been looking at trying to set up a web
17 page that would be specific to HITE/CT with branding.
18 Right now it's all under DPH but some additional branding
19 on that. And we've also been working with some of the use
20 cases and we've taken that immunization use case with by
21 directional flows of immunization and forecasting onto the
22 public health informatics conference. We've had some
23 design discussion on communicating lab results, making
24 those available to the HIE and then triggering the forward

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1 to Public Health or to a portable result.

2 And we still have some pending discussions
3 or clinical cases for continuity of care. And we have an
4 object identifier, not that anyone is going to know what an
5 object identifier is, but it took several weeks to get that
6 done.

7 CHAIRPERSON MULLEN: Thank you.

8 DR. BUCKMAN: I'll throw this in here just
9 because you brought up public health reporting so in terms
10 of meaningful use, one of the criteria for meeting
11 meaningful use is public health reporting. And at the
12 public health informatics conference I had the opportunity
13 to speak with the representative of ONC and the
14 representative from CMS regarding how they view the public
15 health reporting in terms of providers getting their
16 meaningful use dollars.

17 Clearly until the HIE is stood up there's no
18 opportunity for physicians or providers in the state to
19 know overreaching, overarching to do public health
20 reporting through their HRs or through an HIE. The -- I
21 think what would be good if there is someone who knows or
22 can say is to get out to the provider community an
23 approximate date or what has to happen that will trigger
24 the requirement that physicians do public health reporting

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1 because according to ONC certainly and CMS somewhat, once
2 that ability is there they're required to do it in order to
3 get their dollars which means that for many providers it's
4 kind of like a kick. You know, get it done by this date or
5 you won't be able to say that you're exempt, okay.

6 Because what can happen is if ONC and CMS
7 says as of this date in Connecticut you could do public
8 health reporting, if that falls in the middle of someone's
9 90 day period that they're going through, well basically
10 they have to start all over again or potentially ONC would
11 come back and audit -- well no, you said you were exempt
12 but you know what, three weeks before you did your
13 attestation you could do public health reporting so you are
14 not exempt. And they could come back and ask for monies
15 back.

16 DR. AGRESTA: So -- and Ron, you bring up an
17 excellent point. It was one of the same issues that was
18 brought up in our meeting with CHA with CIOs from around
19 the state. They were very concerned about this same issue.
20 They said it would be great if you were up and operational
21 and we could actually test against it but don't get up and
22 operational -- you know, it depends on the CIO who you talk
23 to, right, before -- during my time or during before this
24 time.

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1 The difference however is a little bit in
2 the interpretation. I don't believe that we're going to be
3 in a place with our HIE where you could do public health
4 reporting all the way through till the end of the Public
5 Health Department where they can receive it and send it
6 back. What is required is a test, one test in an HIE, to
7 prove that you can do that process if the HIE is up and
8 available to do that. And I do believe that we would have
9 to -- it would be worth our while as we really lay out our
10 timeline, which is what the Connecticut Hospital
11 Association asked us to do. They asked us to really lay
12 out our timeline for these kinds of things because it will
13 impact their budgets, their plans, etc., and as we lay out
14 that timeline we owe it to the State's providers to kind of
15 lay that out as well.

16 But I think we need to have a robust
17 conversation with ONC to say as we are moving through this
18 we're going to have this risky timeframe where we're going
19 to potentially put people at risk if you over interpret
20 what we're capable of doing and re-ask them. And we may
21 ask them to then say only after X, Y or Z or may we only
22 turn on that function to test against that beginning in --
23 at a certain particular time so that we protect people
24 against inadvertent problems that it may cause. In other

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1 words, we may open up some components of the HIE but not
2 others in order to either help or not hinder what happens
3 by providers. And that message came to us very clearly
4 from the CHA and we knew that that would be the same issue
5 with the providers.

6 CHAIRPERSON MULLEN: Thanks.

7 DR. AGRESTA: And we want to bring up one of
8 the other bigger in the Technical about equipment
9 procurement. So one of the things, it's not in the
10 Technical Committee but it has come up since the Technical
11 Committee is the need to procure not just site names and
12 the dot org and the dot net, but also to procure equipment
13 so that we can actually function and start to own assets.

14 Right now we're spending things that are not
15 in non-asset building elements but Lori brought up the fact
16 that she's in the midst of trying to look at hiring
17 individuals as we authorized her to do at our last Board
18 meeting to help in a support role and that they need
19 equipment. And in our budget we allocated some dollars for
20 equipment, which I believe we allocated \$2,000 per
21 individual to purchase equipment, but we felt -- kind of
22 actually set up a process by which procurement could occur.
23 And apparently we need to set up a process by which
24 procurement can occur.

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1 So maybe we can ask our legal counsel how we
2 would frame something like that in order to facilitate that
3 and not leave these poor individuals with nothing to work
4 on.

5 MR. CHUDWICK: And on an interim basis the
6 way to do it perhaps would be for the Board to authorize
7 the Executive Committee to acquire goods and services to
8 support the function that's being -- that's taking place
9 within budgetary appropriations so that you're capped by
10 the budget. But eventually you're going to want to adopt a
11 procedure like you have all these other detail procedures
12 for operations, on how you buy stuff -- goods and services.

13
14 And that's something that is -- you know,
15 but everything else you're doing, a procurement procedure
16 should be done but it's -- there are other important things
17 to be done ahead of that. So that's something we will have
18 to draft for you. That's what quasi's do very often, is
19 put that in place. And they go through the same public
20 comment period and adopt a full procurement procedure on
21 how you buy stuff. But for now there's really things that
22 are needed, the budget is in place to allocate those funds,
23 there should be a procedure as to how that should be done
24 and perhaps a way to handle that for this meeting would be

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1 for the Board to authorize the Executive Committee to
2 acquire those goods and services within budgetary
3 appropriations.

4 MR. CARMODY: So would it be detailed or
5 would it be more of a policy around this is how the process
6 would work within actual administrative responsibilities on
7 how to take action on that within more of administrative
8 procedures.

9 MR. CHUDWICK: Correct, right.

10 MR. COURTWAY: And in regard to the motion
11 of who authorizes it -- not who authorizes, but is it
12 really a motion to allow the Executive Committee or is it a
13 motion to allow the acting CEO to procure goods and
14 services to the amount of the budget?

15 MR. CHUDWICK: It depends on what level of
16 control you want. I mean, right now there's an existing
17 contract between (indiscernible) LLC and HITE/CT for
18 providing the Interim Executive Director functions and when
19 you authorize additional funds for support services for
20 your public hearing processes you could do it that way as
21 well. You could authorize the Interim Director to do that
22 or the Executive Committee to oversee that, however you
23 feel more comfortable.

24 I'm not sure what size of appropriations and

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1 expenditures you're talking about --

2 MS. MATTIE: May I make a suggestion? Why
3 don't we do a dollar threshold so -- invest in Lori the
4 ability to go out and buy a computer and if it reaches a
5 higher threshold then it comes back to the Board of the
6 Executive Committee?

7 DR. BUCKMAN: But didn't we already
8 authorize the \$2,000 per person, so we've already done
9 that?

10 DR. AGRESTA: We've authorized the budget
11 but we haven't authorized the process --

12 DR. BUCKMAN: The process, so I make a
13 motion that we authorize Lori to spend up to that \$2,000
14 per person as previously authorized.

15 DR. THORNQUIST: I'll second that.

16 DR. AGRESTA: So the motion will be to
17 authorize the Interim CEO probably would be --

18 DR. BUCKMAN: The Interim, sure, the Interim
19 CEO.

20 MS. HORN: Is there a second?

21 DR. THORNQUIST: Yes, I did.

22 MS. HORN: Okay.

23 DR. AGRESTA: Any discussion?

24 MR. CARMODY: My only question is, I don't

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1 want to do this line item by line item. I mean, can we --
2 maybe we just need to think about it in terms of -- I mean,
3 because then there's office equipment, there's \$1,000 per
4 person so we just did a computer. I mean, I think we
5 should make it a little bit more broad so otherwise we're
6 going to be -- you'll be coming back here each and every
7 time.

8 MS. MATTIE: Do a threshold that requires or
9 that allows for setting up an office.

10 MR. CARMODY: There's not a whole lot of
11 money.

12 MS. MATTIE: Right.

13 MR. CARMODY: I mean, I don't want to spend
14 too much time -- I mean, I think maybe if the motion wants
15 to be amended to say that -- because it is fairly well
16 articulated within the budget parameters that the Interim
17 CEO can spend according to the parameters set forth in the
18 draft budget that was previously adopted. Does that seem
19 to make sense?

20 DR. BUCKMAN: Right.

21 MR. CARMODY: So, because I'll --

22 DR. BUCKMAN: Basically that's what he said.
23 He said take the \$2,000 per person --

24 MR. CARMODY: Whatever the parameters are

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1 relative to establishing --

2 DR. BUCKMAN: -- as previously approved in
3 that draft budget.

4 DR. THORNQUIST: I think we all want the
5 same thing here.

6 DR. BUCKMAN: Yeah.

7 MR. CARMODY: Well I just -- we started to
8 do it on the computers and I was looking at it going with
9 all this other office equipment so I would just say that if
10 she could -- if the Interim CEO can have the authority to
11 spend within the parameters set forth in the established
12 budget --

13 DR. THORNQUIST: The approved draft budget.

14 MR. CARMODY: -- in the approved draft
15 budget, then I think that would give you enough leeway line
16 item by line item to say well what's already articulated.

17 DR. THORNQUIST: For equipment.

18 MR. CARMODY: For equipment, yeah.

19 DR. AGRESTA: And is there the capacity to
20 adjust if one thing costs more, I just want to make sure so
21 we don't get into the silliness of --

22 MR. CARMODY: And I think I'd actually --

23 DR. BUCKMAN: I think if that becomes an
24 issue that that has to come back here.

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1 MR. CARMODY: -- and I just wanted to make
2 sure that it was more specific, it's actually within the
3 supply line because actually the great thing about the
4 equipment line is that there is no equipment purchases
5 anticipated. So it's within the supply line of the draft
6 budget.

7 DR. THORNQUIST: I second his amendment to
8 Dr. Buckman's motion.

9 MS. REED-FOURQUET: Whether or not this goes
10 in with -- we have a bank account but it doesn't have any
11 sort of credit capability and that you might have to have
12 an authorization in order to extend that request.

13 DR. AGRESTA: So right now the only
14 signatory to the bank account is myself and Dr. Mullen. So
15 the only thing we can do is sign checks against that. So
16 the other part of this is probably you need to actually
17 authorize the acquiring of a debit or a credit card. I
18 don't know that we need to do that at this -- like
19 operational. That's just what we would do -- I mean, we'd
20 functionally do it. I don't think we need to authorize it.

21 MS. HORN: Okay, we have a second on the
22 amended motion all in favor?

23 VOICES: Aye.

24 MS. HORN: Opposed? Okay, thanks. The

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1 final group is on the patient privacy.

2 MR. CARMODY: You have to actually go --
3 that was the -- that was approval of the amendment. You
4 have to --

5 MS. HORN: I'm sorry, I always do that. It
6 just seemed to me logical that we amended it by voting on
7 it.

8 MR. CARMODY: Accept the amendment and then
9 we have to accept the entire motion.

10 DR. AGRESTA: Because you have to vote to
11 amend the motion and then you have to vote to accept the
12 amended motion.

13 MS. HORN: Okay, so we're just voting on the
14 --

15 DR. AGRESTA: On the amended motion.

16 MS. HORN: -- okay, all in favor of the
17 amended motion?

18 VOICES: Aye.

19 MS. HORN: Opposed? Motion carries, thank
20 you Dan.

21 MR. CARMODY: Do we have anyone -- that we
22 need to make sure we get a vote on the phone?

23 DR. THORNQUIST: No, nobody is on the phone.

24 MS. HORN: Patient privacy group, this was

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1 the group that was established in legislation last year.
2 We've had one volunteer, Ellen has volunteered -- Ellen
3 Andrews has volunteered. We have some -- a volunteer,
4 Michelle Wilcox-Debargue (phonetic), an attorney with health
5 information technology protection experience. And we have
6 somewhat of a volunteer Dan, of the -- a representative of
7 a health plan or somebody else --

8 MR. CARMODY: I'm taking that back to the -
9 -

10 MS. HORN: Great. We have a couple of other
11 names that we still need to follow-up on, an ethicist, a
12 CIO of a hospital and Vicky, your name came up.

13 MS. VELTRI: Did you volunteer me? Sure,
14 that's a good Committee.

15 MR. COURTWAY: In regards to the hospital
16 CIO, I did speak to him after the last session and if
17 appointed he will serve.

18 MS. HORN: Okay. Can you mention his name?

19 MR. COURTWAY: Yes, it's Lud Johnson, CIO of
20 Middlesex.

21 MS. HORN: Okay, well that pretty much puts
22 us to the end there. We are looking for a primary care
23 physician but we have some names that we're going to
24 follow-up on, so thank you. I will notify these people and

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1 our Commissioner is responsible for appointing so we'll do
2 that and then set up a date that is convenient to get
3 working on this.

4 MR. COURTWAY: Marianne, you said you had a
5 primary care person or you need a primary care person? I
6 didn't --

7 CHAIRPERSON MULLEN: We have a couple of --

8 MR. COURTWAY: Okay, I just didn't hear it.

9 CHAIRPERSON MULLEN: Okay, thanks.

10 MS. HORN: Are you volunteering?

11 DR. THORNQUIST: I'm not primary care
12 either.

13 CHAIRPERSON MULLEN: Not primary care, not
14 electronics, keep going.

15 DR. THORNQUIST: I might be practicing in a
16 solo practice, so I'm about as small a practice you can
17 get.

18 MS. HORN: Okay, so that's it for the
19 Committee reports. Collaboration updates, i.e., the
20 Hospital Chief Information Officers.

21 DR. AGRESTA: Go ahead, you're the
22 representative, so.

23 MR. COURTWAY: We did go and meet with the
24 CIOs from the hospitals around the state at the Connecticut

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1 Hospital Association to present out to them a series of
2 things, both how this would be impacting their path to
3 medical use, products and services that we're planning on
4 offering as well as we brought the representatives from
5 Axeway with technical and system market techs to be able to
6 answer any of the technical detail that might have arose.

7 It was a lively meeting. We were scheduled
8 for 90 minutes, about three or three and a half hours later
9 we concluded the meeting with a lot of great feedback.
10 Some echoing as Tom said -- you know, Ron's concern about
11 how fast you bring up part of the exchange and whether or
12 not you disadvantage providers who are seeking meaningful
13 use. At the same time some discussion around that same
14 piece about well, if you bring it up how fast can you
15 actually bring people into adopt. So let's say it didn't
16 really matter, we're going to bring it up on December 1st,
17 would we actually be able to intake enough of the
18 organization or would we not be able to handle the surge in
19 volume. So certainly the timing and work needs to go on
20 that.

21 The other component was that they were
22 starting communication. The CIO group had not met for the
23 summer and so they're coming back into swing with their
24 monthly meetings and we actually will be going back or some

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1 of us will be going back this coming Friday for what
2 promises to be another long lengthy meeting this time
3 focusing on really the detail of what services are going to
4 be stood up, some projection of when we think they'll be
5 stood up as well as how the pricing will be tiered and what
6 they can expect. We did get a lot of feedback on their
7 opinions on pricing to physician practices, you know how
8 granular it was or how granular it wasn't, as well as from
9 the hospital perspective how they would like to have the
10 pricing tiered to them as it had already been covered at
11 the CHA at prior meetings there. So we did get a lot of
12 feedback and will be going back again.

13 But overall I think it was very positive. I
14 think they were surprised that we were actually able to be
15 really geared up as far as we were. The question really
16 comes down to the confidence if they're going to sign a
17 contract and to be able to have us deliver it, and I think
18 that the work that was done on the pilot. Specifically Lud
19 Johnson was there representing Middlesex and the testing
20 and really came out very strongly with how positive it was,
21 how they worked for over a year with their other providers
22 with what actually got stood up in a single day working
23 with Axeway during the product selection period. So
24 overall I think it was a very positive meeting and if

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1 there's any other comments on that?

2 MR. CARMODY: I think that all the questions
3 were spot on. I think it allowed us to road test the
4 communication and showed us where we have opportunities to
5 improve. The simplification is really key depending on
6 what level of where you're at so sometimes the initial
7 message needs to be simple and then you have to allow
8 whoever to go as deep after they get and digest that simple
9 message.

10 You know, it's like anything else. You're
11 introducing a new topic, you need people to get comfortable
12 with it, once they digest it and feel comfortable then they
13 can start asking some more specific questions on it.

14 MR. COURTWAY: It really highlighted two
15 different needs that really need to be accelerated. One
16 certainly the communication plan, letting people know what
17 we're doing, and I don't think that's unique to the
18 hospitals. I think that is getting out to the providers,
19 figuring out who has what role, what's the role of a
20 hospital and communicating to its medical staff what its
21 investing in.

22 So there's some activity and it's those
23 highlights you need really for a formal communication plan
24 trellis among our constituents that are going to be using

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1 the products. So that was a key one. The second piece is
2 that it really is going to call for a rapid resolution to
3 the participation agreements because I am certain that when
4 we finish the work on Friday with them and we have people
5 saying okay, I'll buy that, I'm ready to sign up, they're
6 going to want to have that participation agreement and if
7 there's one thing that I think that -- advice we've heard
8 from others is that one thing that will kill the adoption
9 period or extend the adoption is not having all of your
10 ducks ready to go.

11 You know, if we put a 37 page participation
12 agreement in front of a hospital attorney you can imagine
13 that might take some time and some funding on their part
14 and some funding on our part to try to negotiate. So it
15 calls for some simplification, some ratification of the
16 agreements so that we can deliver these out there and get
17 the sign ups because I think we do believe that the key
18 toward the adoption is to get the main data providers in
19 the state up, which are the hospitals as it relates to the
20 work with the medical staff. That's one thing we heard
21 form them also.

22 CHAIRPERSON MULLEN: Thanks.

23 DR. AGRESTA: And I think one of the other
24 things that they brought forward was the possibility that

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1 we'd kind of work with them as a group as opposed to work
2 with them individually and to the extent that we can we
3 will explore that possibility with them and try and ensure
4 if it can happen that it would happen and it would make our
5 lives much more simple.

6 MR. COURTWAY: That's a very, very good
7 point and perhaps that bears into the participation
8 agreement where in essence the CHA would become a third
9 party consolidator if you will. The contract from ITT
10 would be potentially with CHA which would then offer it as
11 a service of a subscription basis to their members. I'm
12 not sure if that has any bearing on whether or not that
13 will bear fruit at the end of the day, but it was part of
14 their preliminary discussions quite a number of months ago.

15 MS. MATTIE: So you're talking about
16 contracting with CHA --

17 MR. COURTWAY: Ahum.

18 MS. MATTIE: -- and CHA would then control
19 those data bases, they control the --

20 MR. COURTWAY: They would pay for it out of
21 subscription costs to their members so they would pass
22 through the subscription costs.

23 MS. MATTIE: -- to their members. That
24 might be an easier way to go and they're experienced doing

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1 this sort of stuff.

2 MS. ANDREWS: I'd want to understand that a
3 lot better in terms access to information and competitive
4 issues as well. That just sounds very -- I'm still
5 thinking there's nightmares within that that would worry
6 me.

7 MS. REED-FOURQUET: And it would be more of
8 a business negotiation arrangement rather than information
9 flow. The information flow would be direct with each of
10 the participating health care providers, if that's what was
11 your concern.

12 MS. ANDREWS: That's just one of them.

13 CHAIRPERSON MULLEN: So it sounds as if
14 we're nowhere near any kind of decision recommendation like
15 that but that there will be all kinds of people ready to
16 engage in a vigorous discussion about it if you bring it to
17 the agenda in the future.

18 MR. COURTWAY: Okay.

19 CHAIRPERSON MULLEN: And as you go back this
20 Friday for your next three hour meeting if it comes up
21 there might be some other things to just be listening for
22 in anticipation.

23 MR. COURTWAY: The question is, is there any
24 parallel to CHA on the physicians of that practice side?

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1 Not that I'm aware of, I don't think there's any real flow
2 in there but I will have it investigated on the --

3 DR. THORNQUIST: I'm just trying to -- if
4 you're going to have to contract with each individual
5 physician practice for this, that's going to also get very
6 complex. It would be nice if there were ways to do it
7 because not all of us are in a group per se. I'm a solo
8 practitioner but I do belong to IPAs and things like that.

9 CHAIRPERSON MULLEN: Right, so once again it
10 sounds like it's for future discussion. I'm trying to keep
11 us as close to the agenda as possible but I do --

12 MS. HORN: The Regional Extension Center
13 October symposium.

14 DR. AGRESTA: And we'd like to invite -- I
15 mean, can we invite someone to talk about that?

16 MR. CLEARY: You can go Tom, you're up to
17 speed but I'd be happy to.

18 DR. AGRESTA: So in collaboration -- it's
19 ITT in collaboration with the Department of Public Health,
20 DSS, the e-Health Connecticut Regional Extension Center,
21 Capital Community College and University of Connecticut
22 Health Center. I don't know if I left out any sponsors in
23 there, are actually collectively putting on an all day
24 event of connecting Connecticut with e-Health and it's

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1 going to be an educational hands-on workshop oriented
2 event.

3 We're trying to showcase collaboration and
4 really showcase what we're actually all doing as individual
5 groups to try to range from educating people about health
6 IT to actually implementing health information exchange and
7 it promises to be I think a very interesting and engaging
8 forum in process. We're in the midst of getting all this
9 set to have CME associated with it, so physicians will be
10 able to receive what looks to be maybe as many of seven
11 hours of CME or six or seven hours of CME. That makes it a
12 lot more attractive for physicians. We are on a very, very
13 tight timeframe in terms of our planning and moving coming
14 forward.

15 We have a panel discussion that's going to
16 occur from leaders within each of those organizations.
17 That's my daughter, it's unusual, so -- and Scott, why
18 don't you finish that. My daughter never calls me so I
19 should take this.

20 MR. CLEARY: Sure. Right, so we've got some
21 concurrent sessions for the whole group. Tom mentioned
22 this will be at the Capital Community campus in Hartford.
23 There will be an opportunity for free parking. By the way,
24 the website is open to take any folks who want to attend as

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1 registrants so you go to e-Health Connecticut.org, you
2 click in the upper right to learn about the conference and
3 you can go ahead and sign up. This will be free to
4 students. We probably have to cap the number at some point
5 depending on the demand. It will be \$35 for customers of
6 the Regional Extension Center and it will be \$75 to
7 everybody else, general public.

8 So invite your friends and neighbors and go
9 to the website please. We could probably handle up to 300
10 at the facility at Capital Community College, hopefully
11 we'll have that kind of demand. Tom mentioned the
12 workshops, we've got basically three tracks. One track
13 focused on HIE, so Lori and Tom and others hopefully from
14 this group will basically be on point for those sessions.
15 We've got a Regional Extension Center track focused on
16 meaningful use, you know, implementing your EHR and getting
17 to meaningful use. And then we've got kind of a Capital
18 Community College track focused on training and developing
19 the workforce.

20 We've got a student poster session and these
21 are graduates of the Capital Community College program who
22 frankly are looking for employment opportunities. So
23 you'll have a chance to walk around and meet some students
24 and see some of the projects they've worked on. And we're

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1 just looking forward to a terrific day where we could
2 highlight a collaboration and try to make some things
3 happen in this state. So we're very excited about it. We
4 don't have a lot of time but we think we've got everything
5 pretty well organized.

6 CHAIRPERSON MULLEN: It sounds like it's put
7 together quickly and nicely.

8 MR. CLEARY: Thank you Commissioner for
9 joining us on that panel. We've got Mark Schaffer from
10 DSS, we've got Lori, I think you and I, we've got -- who
11 else do we have. I'm forgetting -- oh, we have Linda Guzzo
12 (phonetic) from Capital Community College. So we'll have a
13 nice kind of a group session to kick off the day and move
14 into our workshops and off we go.

15 MR. MASSELLI: And we're making it free for
16 all of our members here.

17 MR. CLEARY: Well, we might have to talk
18 about that.

19 MR. MASSELLI: I'm just thinking about
20 collaboration.

21 MR. CLEARY: Yeah, that's right.

22 CHAIRPERSON MULLEN: That's okay, I can't
23 accept a gift.

24 MR. CLEARY: Okay, thank you.

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1 MS. HORN: Thank you. Is there any public
2 comment?

3 MALE VOICE: Go to executive session? Okay,
4 the next item on the agenda is executive session to review
5 the vendor contract and statute pursuant to the Connecticut
6 General Statutes.

7 (Whereupon, the meeting was adjourned at
8 7:05 p.m.)