

VERBATIM PROCEEDINGS
DEPARTMENT OF PUBLIC HEALTH

HEALTH INFORMATION TECHNOLOGY
EXCHANGE OF CONNECTICUT
BOARD OF DIRECTORS MEETING

JEWEL MULLEN, CHAIRPERSON

NOVEMBER 21, 2011

101 EAST RIVER DRIVE
EAST HARTFORD, CONNECTICUT

POST REPORTING SERVICE
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RE: HITE OF CONNECTICUT, BOARD OF DIRECTORS MEETING
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1 . . .Verbatim proceedings of a meeting in
2 the matter of the Health Information Technology Exchange
3 of Connecticut, Board of Directors Meeting, held at 101
4 East River Drive, East Hartford, Connecticut, on November
5 21, 2011 at 4:30 p.m. . . .

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CHAIRPERSON JEWEL MULLEN: Hi, everyone.
10 We're back. Thank you for everything you've been doing in
11 between that we're going to talk about, Mark Masselli,
12 with all of your collaborators.

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Marianne and I looked at the agenda a
little while ago and acknowledged how packed it is, and I
just wanted to give you a sense of how we're going to get
through all of this in two hours.

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We thought that the meeting minutes would
only take a couple of minutes, after which it's going to
take about 20 minutes, 25 max. Maybe only 15 in our
Executive Session, after which we have 20 minutes for item
four for HITE business, another 15 minutes for an overview
of the policy and procedures.

23

MS. SARANNE MURRAY: Marianne?

24

MS. MARIANNE HORN: Yes. Can you hear us

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1 on the phone?

2 CHAIRPERSON MULLEN: Five minutes each for
3 the early, just the discussion of early enrollment and the
4 budget review, and then about 35 minutes for committee
5 reports, so, conceptually, we have plenty of time for all
6 of this, especially --

7 MS. MURRAY: Marianne, I missed when you
8 were planning to do the Executive Session.

9 MS. HORN: That comes right after minutes.

10 CHAIRPERSON MULLEN: Right, so, we're going
11 to get an approval on the minutes, and then we're going
12 directly into Executive Session.

13 MS. MURRAY: Okay, thank you.

14 CHAIRPERSON MULLEN: Okay, so, do we have -
15 -

16 MS. MEG HOOPER: Are you going to call the
17 meeting to order?

18 CHAIRPERSON MULLEN: Yes. That was hello.
19 (Laughter) So do we have a motion to approve the minutes?

20 MS. BRENDA KELLEY: So moved.

21 MR. JOHN LYNCH: Second.

22 DR. THOMAS AGRESTA: We have minutes from
23 both October 24th and October 28th, the Monday minutes and
24 the Friday minutes.

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1 CHAIRPERSON MULLEN: Right.

2 DR. AGRESTA: So I'd like to amend that to
3 accept both the minutes from the Monday and Friday.

4 CHAIRPERSON MULLEN: That's what I was
5 asking. Thanks.

6 MS. HOOPER: And the motion was made by?

7 CHAIRPERSON MULLEN: Brenda Kelley.

8 MS. HOOPER: And John Lynch seconded.

9 CHAIRPERSON MULLEN: Right. Any
10 discussion?

11 DR. AGRESTA: I think the one discussion
12 was I think that perhaps on the list of the minutes from
13 the 24th I'm listed as kind of giving the policy update
14 for the Legal and Policy Committee, and I believe that was
15 John Lynch that gave that update.

16 CHAIRPERSON MULLEN: Okay. Thanks.
17 Anything else?

18 MS. HOOPER: Motion on the amended?

19 DR. AGRESTA: We've got a motion on the --

20 MS. HOOPER: So moved.

21 CHAIRPERSON MULLEN: Okay.

22 MS. HORN: All in favor of adopting the
23 minutes from October 24th and October 28th, the October
24 24th, as amended, say aye?

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1 VOICES: Aye.

2 MS. HORN: Anybody opposed? Thank you.

3 The next item is we need a motion to move into Executive
4 Session to discuss the appointment and employment of Chief
5 Executive Officer pursuant to Connecticut General Statutes
6 1-200(6)(A). Do I have a motion?

7 A MALE VOICE: So moved.

8 MS. HORN: Second?

9 A MALE VOICE: Second.

10 MS. HORN: And could we include the several
11 invitees, Saranne Murray, Marianne Horn, Bruce Chudwick,
12 Meg Hooper and Kate Winkeler?

13 A MALE VOICE: So moved.

14 MS. HORN: So moved? Second?

15 MS. HOOPER: There was a second from Mr.
16 Casey.

17 MS. HORN: Okay. We need a two-thirds
18 motion, two-thirds vote. All in favor?

19 VOICES: Aye.

20 MS. HORN: Any opposed? Hearing none,
21 okay.

22 MS. HOOPER: And I will come out and get
23 you folks.

24 (Whereupon, the meeting adjourned into

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1 Executive Session.)

2 MR. BRUCE CHUDWICK: May I, Commissioner?

3 CHAIRPERSON MULLEN: Yes.

4 MR. CHUDWICK: So we're out of Executive
5 Session at 5:45, and I believe a motion is in order to
6 approve the employment agreement between HITE-CT and David
7 Gilberson, as presented to the Board today, and authorize
8 the Chair and Vice-Chair to execute and deliver the
9 agreement and authorize Mark Masselli to clarify two
10 points that were raised by the Board in Executive Session.

11 MS. MURRAY: Shouldn't the authorization be
12 subject to the clarification of those two points?

13 MR. CHUDWICK: Subject to.

14 DR. RONALD BUCKMAN: I'll make that motion.
15 Subject to the clarification of the points that were
16 raised.

17 MR. CHUDWICK: Thank you, Saranne.

18 A FEMALE VOICE: Second.

19 A MALE VOICE: Second.

20 MR. CHUDWICK: Any discussion? Should I do
21 a roll call vote or just a voice vote? Voice vote?

22 MS. MURRAY: You have to list the people
23 who are voting.

24 MS. HORN: Okay, so, we have Barbara is

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1 non-voting, and the other non-voting person is not here,
2 so we can just go around the --

3 MS. HOOPER: Would you like?

4 MS. HORN: Yes.

5 MS. HOOPER: Commissioner Mullen?

6 CHAIRPERSON MULLEN: Yes, I approve. Yes.

7 MS. HOOPER: Dr. Agresta?

8 DR. AGRESTA: Yes.

9 MS. HOOPER: Dan Carmody?

10 MR. DANIEL CARMODY: Yes.

11 MS. HOOPER: John Lynch?

12 MR. LYNCH: Yes.

13 MS. HOOPER: Mark Masselli?

14 MR. MARK MASSELLI: Yes.

15 MS. HOOPER: Peter Courtway?

16 MR. PETER COURTWAY: Yes.

17 MS. HOOPER: Betty Jo Pakulis(phonetic)?

18 MS. BETTY JO PAKULIS: Yes.

19 MS. HOOPER: Kevin Carr?

20 DR. KEVIN CARR: Yes.

21 MS. HOOPER: Ellen Andrews?

22 MS. ELLEN ANDREWS: Yes.

23 MS. HOOPER: Mark Heuschkel?

24 MR. MARK HEUSCHKEL: Yes.

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1 MS. HOOPER: Brenda Kelley?

2 MS. KELLEY: Yes.

3 MS. HOOPER: Dr. Buckman?

4 DR. BUCKMAN: Yes.

5 MS. HOOPER: Steve Casey?

6 MR. STEVE CASEY: Yes.

7 MS. HOOPER: Angela Mattie?

8 MS. ANGELA MATTIE: Yes.

9 MS. HOOPER: That's the Board of Directors,
10 and there are no nays.

11 MR. MASSELLI: And I did raise the issue
12 that I asked the candidate to sit outside. Did you want
13 to raise that? I don't want to put any pressure on you,
14 but call the candidate and clarify these two items and see
15 if I should bring him in, just so -- that makes sense. Is
16 anybody opposed to that?

17 A MALE VOICE: I want to express my thanks
18 to Mark for all the time he's put in. (Applause)

19 DR. AGRESTA: Saranne, I think we're all
20 set. Thank you very much.

21 MS. MURRAY: Okay. Mark, I will make those
22 two changes in the document and e-mail it to you.

23 MR. MASSELLI: Great. Thank you.

24 DR. AGRESTA: Thank you, Saranne.

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1 MS. MURRAY: Bye, everybody.

2 MS. HORN: Moving onto HITE Business, and
3 we are going to have to move fairly briskly through the
4 agenda, the Treasurer's Report.

5 DR. AGRESTA: All right. The Treasurer's
6 Report, okay, we have, currently, our current assets are
7 \$18,069, and our current liabilities are 76,169, with a
8 fund balance of minus \$742,970.

9 That comes from, obviously, executing the
10 contract with Axway and a number of the other amounts that
11 we have due over the last several months and still
12 awaiting final transfer of funds from DPH that is going
13 through Memorandum of Agreement that currently sits at the
14 Attorney General's Office for clarification, so we should
15 have transfer of about I think a million dollars, a
16 million plus dollars shortly, which would cover our
17 liabilities substantially and permit us to operate up
18 until the next time we would get money transferred, which
19 would be in March.

20 That's the current Treasurer's Report.
21 Motion to accept the Treasurer's Report?

22 A MALE VOICE: So moved.

23 MS. HORN: Second?

24 A MALE VOICE: Second.

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1 MS. HORN: All in favor?

2 VOICES: Aye.

3 MS. HORN: Thank you. The next item is the
4 Extension of the Interim Executive Director, its contract.
5 Lori's extension actually expires, her contract actually
6 expires today, so Bruce Chudwick has, I believe we
7 discussed this at the Executive Committee Meeting and are
8 bringing it forward to the Board for information, that
9 Lori has agreed to stay on until December the 20th, and we
10 have a contract extension, so that there will be some
11 overlap between Lori and the CEO.

12 MR. CHUDWICK: We have a one-page
13 agreement, very rare in the legal world, but a one-page
14 agreement to extend the contract until December 20th
15 approved by the Board.

16 MR. CARMODY: Motion for the extension of
17 the contract to December 20.

18 MR. COURTWAY: Second.

19 MS. HORN: All in favor?

20 VOICES: Aye.

21 MS. HORN: Okay. Lori, you've got it for
22 another month. Thank you.

23 MS. HOOPER: I'm sorry. Who is the second?
24 You're going so fast. Who was the second? Thank you,

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1 John.

2 MS. HORN: Okay. The Vendor Contract.

3 MS. HOOPER: Lori, were you going to give
4 an update on the vendor contract that was asked to be
5 added in? I'm sorry. I think that was from the last
6 meeting.

7 MS. LORI REED-FOURQUET: -- executed.

8 MS. HOOPER: Right.

9 MS. REED-FOURQUET: We're in the process of
10 deploying or implementing on that contract. They, of
11 course, are asking for their payment of, as some well
12 know, but we are moving forward. We had a number of
13 technical discussions with them on identifiers and
14 configurations (background noise) our infrastructure, by
15 the end of next week, we'll have our systems in place.

16 MS. HOOPER: Amazing. Thank you.

17 MS. HORN: Thanks.

18 MR. CARMODY: I guess my only question
19 would be are we sort of hitting all the dates that we're
20 expecting to hit and no destruction in the foreseeable
21 future? Any risks that you'd put on the table, as to
22 concern, either on our side or theirs?

23 MS. REED-FOURQUET: In terms of the -- not
24 so much on their side. In terms of optimum configuration,

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1 we've discussed at the Executive Committee that we need to
2 start getting data and test data to properly configure
3 things or to optimize the algorithms, and we're at a
4 crossroads, where we need to get a, essentially, a
5 lightweight contract, if you will, for organizations to
6 test, even before they enter into a full-blown operational
7 contract, so we're in discussion with legal counsel to
8 prepare something to that effect.

9 I wouldn't call it a risk to deployment.
10 They do deploy it with a default algorithm, but to
11 optimize installation.

12 MS. HORN: Bruce, Policy on Litigation
13 Costs of Directors, Officers and Employees.

14 MR. CHUDWICK: Included in your package was
15 the policy. The resolution was the front page.
16 Basically, under Section 1-125 of the General Statutes,
17 HITE-CT must indemnify its employers, its officers,
18 employees and directors.

19 The issue we sometimes find is that if one
20 of those persons has a lawsuit brought against them,
21 without a clear directive of the Board to finance the
22 defense costs in advance of the disposition of that
23 particular case, that person may have to come out of
24 pocket in order to do that.

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1 This policy provides that HITE-CT will
2 provide those defense costs, with certain exceptions. If
3 the Board determines that it may be a wanton or willful
4 misconduct on the part of that person, then they don't
5 have to provide the defense costs, but, otherwise, you
6 would pay for the defense costs out of your budget and
7 defend that person in court through the statute, so this
8 is just a clarification and a policy to go into place that
9 provides for that to take place.

10 This is what we generally provide this
11 policy for in quasi governmental agencies in Connecticut
12 to clarify that.

13 MS. HORN: Any questions?

14 A MALE VOICE: Motion?

15 A MALE VOICE: Motion to adopt the policy.

16 A MALE VOICE: Second.

17 MS. HORN: Okay. All in favor?

18 VOICES: Aye.

19 MS. HORN: Opposed? The adoption of a non-
20 discrimination resolution, Bruce?

21 MR. CHUDWICK: Included in your package I
22 believe is a resolution, resolved, that the Board of
23 Directors hereby adopted this policy, non-discrimination
24 agreements and warrantees.

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1 MS. HOOPER: No --

2 MR. CHUDWICK: No, that was not?

3 MS. HOOPER: -- just tonight for Dan and
4 Tom to sign.

5 MR. CHUDWICK: Okay.

6 MS. HOOPER: So you might need to describe
7 them.

8 MR. CHUDWICK: Okay. In general, in order
9 to, and we've gone through this with the contract between
10 DPH and HITE-CT with the Attorney General's Office looking
11 at this, any time the state contracts through one of its
12 agencies with any other outside entity, including a quasi
13 public agency, the requirement is that you comply with the
14 non-discrimination provisions in 4A-60 and 4A-60a.

15 That's included in our contract with HITE-
16 CT. It's included through Axway contract with HITE-CT,
17 but in order for DPH to enter into a contract with you to
18 provide the funding through the MOU, you also have to
19 adopt a resolution that satisfies that requirement, so, as
20 a formality, we need to have you adopt that, so that the
21 paperwork can be finalized with DPH and with the A.G.'s
22 office in order to get the funds flowing.

23 DR. BUCKMAN: I move we adopt it.

24 MR. CASEY: Second.

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1 MS. HOOPER: All for?

2 VOICES: Aye.

3 MS. HOOPER: Dr. Buckman, you were the
4 second?

5 DR. BUCKMAN: I was the --

6 MS. HOOPER: You were the motioner, and
7 Steve Casey was the -- thank you.

8 A MALE VOICE: Introduce our new Chief
9 Executive Officer. Welcome. (Applause)

10 MR. DAVID GILBERSON: Glad to be here. It
11 will take me awhile to get to know everybody. Be patient
12 with me. I'll work hard at it.

13 MS. HORN: We're down at number five,
14 Policies and Procedures. So, Lori and John, can you talk
15 about where we are, in terms of the Policies and
16 Procedures?

17 MR. LYNCH: The Legal and Policy Committee
18 has reviewed 10 policies. The Legal and Policy Committee
19 voted to recommend to this Board adoption of those 10
20 policies. The votes from the Legal and Policy Committee
21 was not unanimous.

22 There were negative votes. Two of the
23 policies there was a consumer at our meeting, who
24 expressed concern about the consent policy. You have the

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1 votes here in front of you on those.

2 The easiest way to take this up might be to
3 take them up in two parts. One part to look at the eight
4 policies that did not receive any negative votes, and then
5 maybe to take up the other two policies one at a time,
6 would be my thought. It's up to you.

7 You've had those policies. I could go into
8 more elaborate detail. That would only take up time. For
9 the sake of movement, then, I'd like to move that the full
10 Board would adopt the Privacy and Security Policy, the
11 Identity Management Policy, the Authentication Policy, the
12 Access Control Policy, the Breach Notification Policy, the
13 Purpose of Use Policy, the Domain Interoperability Policy
14 and the Information Security Policy.

15 I left out the two that we had some
16 question on.

17 A MALE VOICE: I second.

18 MR. LYNCH: As part of the vote, we
19 basically will change this to version one, once it is
20 actually adopted, and there will be some other minor
21 clarifications in the headers of the pagination and stuff
22 like that of the policy.

23 MS. HOOPER: May I ask you to repeat the
24 motion, just for accuracy?

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1 MR. LYNCH: I'm moving that we adopt the
2 following policies. Privacy and Security and Audit
3 Policies, the Identity Management Policy, the
4 Authentication Policy, the Access Control Policy, the
5 Breach Notification Policy, the Purpose of Use Policy, the
6 Affinity Domain Interoperability Policy, and the
7 Information Security Policy.

8 MS. HOOPER: Thank you. So five and six
9 not yet?

10 MR. LYNCH: Correct.

11 MS. HOOPER: Thank you.

12 DR. AGRESTA: I think you guys have done a
13 lot of incredible work to get to this stage. I mean, you
14 know, a tremendous amount of work, and I applaud you for
15 the time and effort and engagement that you had,
16 struggling through some very challenging processes.

17 And I do fully recognize what Lori has
18 said, is that there's going to be some need to adjust the
19 policies as we try to implement them and realize where
20 they really work and where there are, you know, things
21 that need to change, because it's not able to be done in
22 that fashion.

23 I do believe that, upon looking at some of
24 them, there will be places where that has to happen. That

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1 said, I think that this is a very good start, and we
2 should move forward with that.

3 MS. HORN: Further discussion? All in
4 favor?

5 VOICES: Aye.

6 MS. HORN: Opposed?

7 A FEMALE VOICE: Abstain.

8 MS. HORN: Abstain.

9 DR. CARR: I have a question about the
10 policies. So one of the challenges we all face in every
11 Health Information Exchange is always policies of words on
12 a piece of paper, and it's hard to understand how they are
13 -- what they look like when they're implemented in the
14 technology.

15 Is there a process, where, you know, it
16 checkpoints throughout the implementation the design, that
17 we could get those design screens in front of the Board,
18 so that they understand how those policies are reflected
19 in the technology on an ongoing basis?

20 MR. LYNCH: I think one of the things
21 you're asking for is now the procedural side of the whole
22 equation. I think we definitely need that. That will go
23 a long way. I think some of the consumer concern was I'll
24 call it on that side of the equation, trying to understand

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1 how it would actually work. We need to go there and get
2 that there, and I think that will be the challenge to the
3 Business Operations Committee, and, hopefully, Kevin, you
4 will take on that (Laughter).

5 I'd like to move that we adopt the Consumer
6 Rights Policy.

7 MS. KELLEY: Second.

8 MS. HOOPER: Number six, not number five,
9 correct?

10 MR. LYNCH: Correct.

11 MS. HOOPER: Okay.

12 A FEMALE VOICE: Can I call for a roll call
13 vote?

14 MS. HOOPER: We don't have a second yet.

15 MS. KELLEY: I seconded.

16 MS. HOOPER: Oh. Sorry, Brenda.

17 MS. HORN: Discussion?

18 DR. BUCKMAN: Yeah. Could you give a brief
19 synopsis of that policy?

20 MS. KELLEY: Sure. This was distributed at
21 the last meeting. This isn't the policy, per se, because
22 I didn't have the final wording from Lori, but what it is
23 is it's the Consumer Principles and Expectations, which
24 was reflected in the policy exactly.

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1 MS. REED-FOURQUET: Yes. We've actually
2 adopted it word-for-word, plus some additional.

3 MS. KELLEY: Right. There's some
4 additional technical terms in there, but the principles
5 document -- and, by the way, this was adopted by the
6 Special Populations Committee, and it's a fairly sizeable
7 committee, and it took a long time to get to consensus.

8 It also was developed out of a national
9 document, entitled the Health Care Consumer Principles and
10 Expectations. It was based on principles adopted by the
11 Consumer Partnership for E-Health on a national level in
12 2009.

13 The Consumer Partnership for E-Health is a
14 national, non-partisan group of consumers, patients, and
15 labor organizations dedicated to improving health care
16 quality and achieving patients in their health care
17 system.

18 And their principal development was funded
19 by a large national privacy foundation, the Markel
20 Foundation, and, also, the California Endowment.

21 A lot of the organizations that are part of
22 that group are now the national group that's advising ONC
23 on consumer principles, including AARP, which is one of
24 the largest, I think the largest consumer organization in

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1 the United States.

2 And we didn't just take it verbatim, but,
3 essentially, we didn't disagree with anything. In some
4 cases, we added things.

5 The reason that -- I think the area of
6 contention, the major area of contention has been the
7 issue of how do you inform consumers about what their
8 rights are, and should they have to opt into the system?

9 The principles that were adopted do not say
10 that they have to opt in, except for one particular type
11 of information, but it does say that they have the right
12 to opt out.

13 There are some other things that it says
14 that I think gets very close to an opt-in. I'm going to
15 be very honest about that.

16 Number one, and this wasn't something we
17 just adopted, it was something that I think the Executive
18 Committee came up with independent of us, is that the
19 decision was made that we're not loading historical data
20 into HITE-CT, so, therefore, when a person goes to their
21 doctor for the first time, then they have that opportunity
22 to get informed and make an informed decision.

23 If all the historical data was being loaded
24 on me, I might not see a doctor for two years, and my

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1 information is sitting in the Health Information Exchange,
2 so that's one thing that I think made the group, and,
3 believe me, the group was a difficult group, so it wasn't
4 like we all ran in there agreeing that opt out was okay.

5 Second thing is that this does say that
6 patients will receive a Notice of Practices and
7 acknowledge that they received it, so that we're in the
8 process right now, and I actually brought an example of
9 what we're doing, of developing consumer education
10 material, so that, at the first visit, what good is a
11 right if you don't know you have it?

12 So, at the first visit to their doctor,
13 they will be given that Notice of Principle, and they will
14 have to sign, like they do for HIPAA, that they have
15 received it and understand it, so that's a second
16 protection.

17 The third thing is that, for sensitive
18 health information, first of all, that will not be shared
19 with anyone, you know, will be flagged in the system, and
20 they will, if they want that information shared, have to
21 exercise an opt-in, so that unless they say they want it
22 shared, it will not be shared under Connecticut and
23 Federal and Connecticut law.

24 And then the other thing that we say, and

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1 it's in our consumer education materials, that patients do
2 have -- didn't get everything I wanted. I'll put that up
3 right now, but never do I ever get everything I want, but
4 it does say that patients have the right to ask their
5 doctor for a copy of their patient summary, and, if they
6 see a problem with that patient summary, they can ask for
7 a correction, revision, and it's the doctor's decision to
8 work that out, but there are rules, and you can read the
9 principles to see what we say.

10 We also say that we will have a vigorous
11 consumer education effort, and we say that the consumer
12 education effort should be, and you can read the language.

13 I don't want to take too much time with you. That it's
14 sensitive to the various needs of various populations, so
15 it's in consumer language.

16 We're going to have to look at the issue of
17 language, and we commit to that, both in the Consumer
18 Principles document and in the policy.

19 So, with all of that, I think we reach
20 consensus as a Special Populations Committee that we could
21 support this with the opt out.

22 By the way, the national group it's opt
23 out. The AARP national policies that I have to live by in
24 our policy manual is opt out. It doesn't say that I

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1 couldn't support an opt in, all right? My policy at AARP
2 doesn't say I couldn't support an opt in, but it does say
3 that there has to be at least an opt out, so, for that
4 reason, I, as Chair with Mark of the Special Populations
5 Committee, do ask you to approve the consumer policies.

6 And if you would be interested, and maybe
7 I'll just pass this around now, too, just so people know,
8 the Special Pops Committee has moved on. Not that we know
9 we've got this, because we know the Board has to vote on
10 it, but they started working on the consumer education
11 materials, and a lot of that work, to be honest with you,
12 I've had a very busy couple of months, I have to give Lori
13 great credit for the work she's done.

14 And there's a number of people on the
15 committee, because we've been working as a working
16 committee, that has spent an incredible amount of time
17 drafting things, going on, and this was actually a pure
18 consumer, not a consumer advocate, but just a pure
19 consumer on the committee that took her time, and she
20 Googled all over and found out what was going on in other
21 states.

22 And there were several go-to meeting
23 sessions, where we actually, as a group, looked at all the
24 stuff in other states, said what we liked, what we don't

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1 like, you know, what's missing, so there's work now
2 beginning on a brochure, and Lori is working, too, on the
3 website. We've had a lot of conversation about what that
4 website should look like.

5 There's lots of things people want. This
6 is very drafty, and there's a watermark on it, and I've
7 actually corrected a couple of typos I saw today, but this
8 is the kind of thing we're envisioning.

9 The idea would be that we would certainly
10 have this vetted. AARP is even willing to give it to our
11 members and to other consumers to say what's wrong with
12 this? Do we understand this?

13 This is before we have a budget or any
14 money, and it's been the good will of the Special
15 Populations Committee.

16 But you'll see I think the idea here was to
17 keep it simple, not to have even the principle language,
18 which I would like to have the principles at some point
19 posted places, but this is really even taking it simpler
20 than that, and, also, trying to explain why people should
21 do this. What does it mean?

22 Your information is protected, but it's
23 your choice and how you can opt out, so this is not final
24 by any stretch of the imagination, but I think it shows

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1 the fact that the committee is really working hard on this
2 and believes that this is going to work for Connecticut.

3 MR. LYNCH: One other comment, that, one, I
4 want to thank the Special Pops Committee, and I want to
5 also recognize that, on one of the other policies, the
6 Affinity Domain Interoperability Policy, that was really
7 developed by this Technical Committee, but we're trying to
8 bring all the policies through one common mechanism, make
9 sure we get 30 days' notice out, etcetera.

10 MS. HOOPER: We'll put that in the record.

11 MS. KELLEY: I do want to say, finally,
12 that, you know, I certainly understand the debate on this,
13 and people had a hard time getting to this point.

14 These are also not rights, all right? We
15 started off, when you asked me to do this, Tom, you said
16 consumer rights, but we discovered that that would be a
17 legal statement.

18 That may be what this will turn into, that
19 we could go for a statute at some point, but, at this
20 stage, I think it's premature. We need to make certain
21 that this works.

22 I'm, personally, you know, going to be
23 very, very upset if we can't make those procedures match
24 the intent here, because, really, I think it's to the

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1 advantage of doctors and hospitals to have patients that
2 know what's going on, have affirmatively said that they
3 want to be in the system by not opting out, and actually
4 involving them in their care.

5 I think that will greatly improve our
6 medical system, so we should all get behind and champion
7 consumer involvement and not be afraid of it, but
8 consumers, also, to their statement, have a lot to fear,
9 because people have had bad things happen to them, and
10 privacy is a huge concern.

11 So if we're going build trust with people,
12 we have to make certain that our procedures are
13 trustworthy, so I will vote for this, but it's with the
14 understanding that we're going to go forward and really
15 work on this.

16 CHAIRPERSON MULLEN: So I credit you with
17 holding us -- I'm crediting you with something, Brenda.

18 MS. KELLEY: Oh.

19 CHAIRPERSON MULLEN: I credit you with
20 actually being a really, you know, very avid spokesperson,
21 both you and Ellen, and I'm holding us to that, but I also
22 credit the Board to taking you seriously. I can't speak
23 for everyone, but I think you've just given us our charge
24 to continue in that light, so thank you.

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1 MS. HOOPER: So the motion to adopt HITE-CT
2 Consumer Rights policy, Commissioner Mullen, you vote?

3 MS. HORN: Are we done with the discussion?

4 MS. HOOPER: Sorry.

5 MS. ANDREWS: I have to bring forward to
6 the group that there was a lot of talk around getting the
7 central place, and there was an understanding with the
8 Consumer group, and it wasn't just a consumer group.

9 There were lots of providers on the group
10 and co-chairs by the provider, that they felt very
11 strongly, well, there was a lot of people, who were not
12 happy with the idea of an opt-out, so you should not come
13 away thinking that everybody --

14 And they felt very strongly that they
15 needed a signature, that they needed acknowledgement from
16 consumers that they have gotten the information, because
17 the Board is very concerned that consumers will never see
18 this.

19 The language that's here, I've gotten
20 objections from more than one member of that committee,
21 that the language that's here doesn't say that. It says
22 that procedures shall be implemented to collect
23 acknowledgement of these practices, and that, to our read,
24 could be just that the front desk person every day just

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1 clicks and says, yeah, I gave it to everybody, and that a
2 consumer may never have seen it and were disturbed by that
3 and concerned, and they would be more comfortable if it
4 said that it required a signature.

5 MS. KELLEY: And I have, personally, no
6 problem with having that there, and I do -- I'm telling
7 everyone that my understanding is, regardless of how we
8 word it, is that we are requiring a signature, because I
9 agree with Ellen, that unless people, that even if you
10 require a signature, doesn't mean people read what they
11 sign, as we all know, but at least it goes beyond somebody
12 else asserting for me that I received something.

13 MS. ANDREWS: And it makes a statement,
14 too, because we're asking a lot of providers' offices to
15 take the time to give this to people and really answer
16 questions and open themselves up to getting potential
17 questions, like what, you're going to what?

18 And it makes it clear, that that's a very
19 strong -- it's an expectation, and, if you don't do it,
20 there are consequences. I mean there should be
21 consequences if you don't do it.

22 DR. CARR: So, from a process perspective,
23 was this document supposed to say that that document was
24 going to be signed, or was that the --

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1 MS. KELLEY: That was the language we came
2 up with at the meeting, where the idea of signature came
3 up, and Lori I think actually proposed the language, and I
4 think everyone's understanding at that meeting was that
5 that meant a signature.

6 It was actually proposed by a consumer
7 advocate from NAMI Connecticut, and that was what got into
8 the document, so what Ellen is basically suggesting is
9 that the language could be changed to say, you know,
10 consumer signature.

11 I certainly think that might strengthen it.
12 I'm not as worried about it, because I don't plan on
13 leaving this group until I make certain that our
14 procedures are going to say what the document says, but I
15 think it probably would be a clear -- it would alleviate
16 some people's concerns if that was -- if it said consumer
17 signature.

18 MS. REED-FOURQUET: And because I sent the
19 note as an edit and not as in note taking, as I recall,
20 when I wrote it in, the initial recommendation said
21 signature, and then there was some discussion that asked
22 to tone it down, and, so, we hadn't had a chance to come
23 back and discuss it further after that.

24 DR. AGRESTA: We could edit it here, right?

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1 But the other question I have is, you know, as we develop
2 processes and procedures, that might include the capacity
3 to capture signatures digitally. It might include other
4 mechanisms, besides a signature, to capture consent.

5 I'm not sure that the word signature needs
6 to be there as much as, when we develop the processes by
7 which we actually get information in, that we have some
8 mechanism to interface that that has occurred.

9 I'm not sure that I know what that is. I'm
10 just raising that as a possibility.

11 DR. BUCKMAN: I, actually, was going to say
12 something almost exactly like what you said, Tom, but from
13 the opposite end. I just don't think that we should use
14 the word signature, with the intent that it ties us down
15 to a written signature on a piece of paper.

16 That wording should be very careful,
17 because I think, basically, we're tying our hands that
18 way, when there may be other very acceptable methods for
19 acknowledging, somebody acknowledging that they received
20 the information and are agreeable to it.

21 CHAIRPERSON MULLEN: So my question would
22 be, my question would be, today, if our most familiar and
23 commonly used modality for doing that is to have somebody
24 sign a piece of paper as we adopt version 1.0, that's

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1 going to become version 1 of a policy, understanding how
2 often policies get tweaked when procedures get changed,
3 does that point matter at this moment?

4 DR. BUCKMAN: I'm going to say it does,
5 because by the time we come to putting this out to a
6 physician's office, for instance mine, we're not going to
7 be having anybody sign any pieces of paper, okay?

8 And, so, if you have that as a policy, it's
9 going to be, well, I can't do this in my office.

10 MS. KELLEY: What do you do with HIPAA?

11 DR. BUCKMAN: Kiosk. It's kiosk or
12 electronic.

13 MS. KELLEY: Okay. All right.

14 DR. AGRESTA: People can acknowledge, but
15 they can acknowledge electronically or other formats that
16 are acceptable forms of acknowledgement.

17 MS. KELLEY: So how about using that word?
18 It doesn't say consumer. Let's look and see exactly what
19 it says.

20 DR. BUCKMAN: She just testified that it's
21 acknowledged by --

22 MS. KELLEY: Yeah. Right.

23 MS. HORN: It says consumers shall be
24 presented with a notice of practices. Procedures shall be

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1 implemented to collect the acknowledgement of these
2 practices.

3 MS. KELLEY: And, so, maybe just add the
4 word consumer, acknowledgement of the practices.

5 DR. BUCKMAN: Just add at the end from the
6 consumer or their authorized representative.

7 MS. KELLEY: That's right.

8 MR. LYNCH: I accept that change for the
9 motion.

10 MS. KELLEY: I second it.

11 MS. HORN: Further discussion? No. This
12 is an amendment motion.

13 MR. CHUDWICK: This is an important enough
14 thing to -- John just made the amendment.

15 MS. HORN: He just made the motion, yeah.

16 MS. REED-FOURQUET: We've used health care
17 consumer throughout, so from the health care consumer or
18 their authorized representative.

19 MR. CHUDWICK: Vote on the amendment first
20 and then the main motion, as amended.

21 MS. HORN: Okay. Do we need a roll call
22 vote on the amended motion? We can just have a voice
23 vote. All in favor?

24 VOICES: Aye.

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1 MS. HORN: Opposed?
2 A FEMALE VOICE: Abstain.
3 MS. HORN: Okay. The amended motion
4 carries.
5 MR. CHUDWICK: The amendment carries. Now
6 the motion, as amended.
7 MS. HORN: Okay, so, any further discussion
8 on the motion, as amended? Okay. Now we'll go through
9 the roll call.
10 MS. HOOPER: Commissioner Mullen?
11 CHAIRPERSON MULLEN: Yes.
12 MS. HOOPER: Dr. Agresta?
13 DR. AGRESTA: Yes.
14 MS. HOOPER: Dan Carmody?
15 MR. CARMODY: Yes.
16 MS. HOOPER: John Lynch?
17 MR. LYNCH: Yes.
18 MS. HOOPER: Mark Masselli?
19 MR. MASSELLI: Yes.
20 MS. HOOPER: Peter Courtway?
21 MR. COURTWAY: Yes.
22 MS. HOOPER: Betty Jo Pakulis?
23 MS. PAKULIS: Yes.
24 MS. HOOPER: Dr. Carr?

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1 DR. CARR: Yes.

2 MS. HOOPER: Ellen Andrews?

3 MS. ANDREWS: No.

4 MS. HOOPER: Mark Heuschkel?

5 MR. HEUSCHKEL: Yes.

6 MS. HOOPER: Barbara doesn't vote. I'm
7 sorry. Brenda Kelley?

8 MS. KELLEY: Yes.

9 MS. HOOPER: Dr. Buckman?

10 DR. BUCKMAN: Yes.

11 MS. HOOPER: Steve Casey? Absent.

12 MS. HORN: Did you get Peter?

13 MS. HOOPER: I did. Motion passes. Angela
14 Mattie? Sorry.

15 MS. MATTIE: Yes.

16 MS. HOOPER: Thank you, ma'am.

17 A MALE VOICE: Why are we doing roll call?

18 MS. HOOPER: It was requested.

19 A MALE VOICE: Oh, it is requested. I see.
20 Okay.

21 MR. LYNCH: Move adoption of the Consumer
22 Authorization and Consent Policy.

23 MS. KELLEY: Second.

24 MS. HORN: Discussion?

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1 MR. LYNCH: This is basically the same
2 policy that was up for the Board many months ago, however,
3 one of the recognitions of why we're trying to bring all
4 these through the Legal and Policy Group at this point is
5 that we did not have a notice in the Connecticut Law
6 Journal, so, in essence, whatever we agreed to previously
7 didn't go through that proper process, which I want to
8 make sure we go through that proper process on everything.

9 This is the same policy we talked about,
10 really talks about active and passive enrollment and
11 disenrollment, basically, where the data -- pardon?

12 MS. REED-FOURQUET: It essentially is
13 highlighting that the information we selected (papers on
14 microphone) flows into the Health Information Exchange,
15 but it is not disclosed, unless there is, excuse me, is
16 disclosed, unless there is an opt-out policy for sensitive
17 information. It is not disclosed unless there is an opt-
18 in policy.

19 And it also includes highlights that there
20 is patient education consistent with what we have --

21 DR. BUCKMAN: Does it discuss which
22 information is included and covered by the policy?

23 MS. REED-FOURQUET: That is a separate
24 policy that we've already spoke to, which is the Purposes

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1 of Use Policy. That's the Purposes. That's not the which
2 information.

3 COURT REPORTER: One moment, please.

4 MS. REED-FOURQUET: The first is the health
5 information. It does not specify exactly which health
6 information that they need, that there was no intent to
7 limit what it is that the health information might
8 support, although we have identified in the Affinity
9 Domain Policy that these would be summaries of visits,
10 laboratory results, immunizations, and there are a number
11 of other clinical summary type documents that are referred
12 to, including radiology reports.

13 MS. HORN: Okay, any further discussion?
14 Okay, do we have a motion?

15 MS. KELLEY: I seconded.

16 MS. HORN: Okay. Roll call vote.

17 MS. HOOPER: Commissioner Mullen?

18 CHAIRPERSON MULLEN: Yes.

19 MS. HOOPER: Dr. Agresta?

20 DR. AGRESTA: Yes.

21 MS. HOOPER: Dan Carmody?

22 MR. CARMODY: Yes.

23 MS. HOOPER: John Lynch?

24 MR. LYNCH: Yes.

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1 MS. HOOPER: Mark Masselli?
2 MR. MASSELLI: Yes.
3 MS. HOOPER: Peter Courtway?
4 MR. COURTWAY: Yes.
5 MS. HOOPER: Betty Jo Pakulis?
6 MS. PAKULIS: Yes.
7 MS. HOOPER: Dr. Carr?
8 DR. CARR: Yes.
9 MS. HOOPER: Ellen Andrews?
10 MS. ANDREWS: No.
11 MS. HOOPER: No?
12 MS. ANDREWS: No.
13 MS. HOOPER: Mark Heuschkel?
14 MR. HEUSCHKEL: Yes.
15 MS. HOOPER: Brenda Kelley?
16 MS. KELLEY: Yes.
17 MS. HOOPER: Dr. Buckman?
18 DR. BUCKMAN: Nay.
19 MS. HOOPER: Steve Casey is still absent.
20 Angela Mattie?
21 MS. MATTIE: Yes.
22 MS. HOOPER: Thank you, Angela.
23 MS. MATTIE: Thank you.
24 MS. HOOPER: Motion passes.

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1 DR. CARR: I would just make a comment. I
2 think that the reason for looking at it on the screen is,
3 you know, really being able to understand how these are
4 reflected in the technology at the end of the day,
5 because, conceptually, I agree with the policies, but then
6 there's a lot around the architecture of a federated
7 architecture.

8 Can we actually do that without
9 centralizing some of that information, etcetera? That
10 makes me want to see it really happen.

11 MS. HORN: Do you want to do Strategies of
12 Early Enrollment, or move to the budget? We need a
13 motion.

14 MR. CARMODY: If you want me to speak to
15 Strategies of Early Enrollment, then I'll just go straight
16 to the budget, because I wasn't talking about (multiple
17 conversations).

18 MS. HOOPER: How do we get the
19 sustainability model up and running? Do we need a motion
20 to move past that agenda item?

21 MS. HORN: We are going to combine six and
22 seven? Okay, so, Dan is moving that we move to --

23 MS. REED-FOURQUET: I think we need to
24 somehow address, to some degree, an early draft that I

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1 prepared so far just with Peter and Tom on what we might
2 be able to do for a call for participation, if you will,
3 to help us in early stages of a pilot. (Multiple
4 conversations) and review financially whatever our offer
5 of incentive would be to anyone who would sign up early.

6 MS. HOOPER: Do you want to postpone this
7 to the December meeting in the interest of time?

8 MS. REED-FOURQUET: Well what I think I'd
9 like to suggest is that we empower a little bit the
10 Executive Committee to come up with a more detailed
11 recommendation.

12 CHAIRPERSON MULLEN: So let me just stop
13 for one second. The agenda item that Marianne is right
14 now trying to get us to address, are we discussing item
15 six, or are we going to suggest that we defer it, in which
16 case then we can talk about whether or not the Executive
17 Committee takes it on or somebody else, so my impression
18 is, unless you were lumping it and you were going to --

19 MR. CARMODY: This was more of a
20 discussion. There was no motion.

21 MR. LYNCH: Actually, I don't know whether
22 it's this or actually the previous one or the policy.
23 There was one other recommendation that came out of Legal
24 and Policy I did forget, and that was a recommendation

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1 that we authorize the Executive Committee to adopt --

2 MS. REED-FOURQUET: To develop an agreement
3 for testing.

4 MR. LYNCH: So, basically, we need a DURSA
5 agreement to be authorized by the Executive Committee as a
6 temporary DURSA for the early adopters, such that we can
7 be piloting stuff before we get the full-blown DURSA
8 agreement in place.

9 MR. CARMODY: Again, the conversation that
10 we started off I think the last Board meeting was, just
11 recalling people's memory, we talked about what are we
12 going to pay for people's expenses for this, or --

13 MR. LYNCH: Well you try to separate the
14 expense side from just a simple recommendation from Legal
15 and Policy, that we authorize the Executive Committee to
16 be enabled to authorize the adoption of a legal agreement
17 contract --

18 MR. CARMODY: For people to be able to do
19 the testing.

20 MR. LYNCH: To be able to do the testing,
21 because we won't be able to get the full DURSA for some
22 time.

23 CHAIRPERSON MULLEN: The question is what
24 the discussion is at the moment, so that we have the

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1 proper discussion.

2 MS. HORN: So we're suggesting that this
3 item come to the Executive Committee. Can we have a
4 motion?

5 MR. CARMODY: Do you have to have a motion
6 for it? I don't think you need a motion.

7 MS. HORN: Do you want to have the
8 Executive Committee take action on something that you're
9 sending to them, or just have a discussion at the
10 Executive Committee?

11 MS. REED-FOURQUET: In this case, I think
12 we want the Executive Committee to have the authorization
13 and say this is the agreement that we're going to go
14 forward with.

15 MR. CARMODY: So we don't waste a whole
16 month waiting for the next Board meeting.

17 MS. HORN: Do you want to make that motion?

18 MR. CARMODY: Make a motion that the
19 Executive Committee could be empowered to create an
20 interim DURSA to deal with testing between now and when we
21 have a full DURSA.

22 A MALE VOICE: Second.

23 MS. HORN: Any discussion?

24 MS. KELLEY: I'm assuming that that --there

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1 was a conversation at an earlier Board meeting about
2 making whatever the enrollment fee is to come into our
3 HITE, reduced for early providers. Is that part of what
4 we're authorizing?

5 MS. REED-FOURQUET: Separate. That would
6 be the second part of this discussion. The first part is
7 just (multiple conversations).

8 MS. KELLEY: Okay, so, what we're voting on
9 now has nothing to do with that issue?

10 MS. REED-FOURQUET: Correct.

11 MS. KELLEY: Okay.

12 DR. BUCKMAN: Will that legal requirement,
13 legal contract specify requirements of the practices?

14 MS. REED-FOURQUET: It's intended to get
15 them through test activities, as opposed to operational
16 activities for full-blown participation with real data, so
17 this is not pilot. The pilot is essentially the next
18 stage.

19 The first step is we need to be able to get
20 test data flowing from provider systems to the HIE systems
21 to make sure we're configured correctly. Your next stage
22 is pilot, where you're going to actually enroll patients,
23 real patients, and send up real patient summaries on an
24 operational basis, but in a pilot mode to enable the HIE.

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1 It's not really testing at that point. It's pilot.

2 DR. BUCKMAN: My question is more to, you
3 know, it's going to be put out to the public, I assume,
4 right?

5 MS. REED-FOURQUET: Um-hum.

6 DR. BUCKMAN: So when you put it out, is
7 the intent to include requirements, such as either the
8 system must be meaningfully certified, or the practice
9 must have met meaningful use, something of that sort, as
10 opposed to, you know, we'll take the first 10 who say yes?

11 MS. REED-FOURQUET: Not the interim, so the
12 first discussion is just on the interim, and that won't
13 involve a full-blown DURSA agreement, which is going to
14 have that level of requirements, that you keep your data
15 secure, that your access control on your system is secure.
16 That's operational.

17 MR. LYNCH: This is meant more like a BAA,
18 where in order to even test, you want to make sure there's
19 a BAA in place.

20 DR. BUCKMAN: Okay.

21 MS. HORN: Okay, so, all in favor?

22 VOICES: Aye.

23 MS. HORN: Anybody opposed? I didn't hear
24 any opposition. Okay, the motion passes.

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1 MS. REED-FOURQUET: I think the second
2 question is we need to do some outreach to recruit our
3 next layer of testers and early pilot organizations, and
4 that may be attached to some financial incentives for them
5 to be early adopters and to test with us.

6 It may include the committee to participate
7 in some advisory committees, so that we can get feedback
8 from early deployments using, you know, leveraging some of
9 their resources, so we need to construct a request for or
10 call for participation attached to some potential
11 financial incentives to accompany that request for
12 participation and provide instructions on how they should
13 apply in a very simple mode, like just a letter of
14 interest with an unhighlighted, that if we are overwhelmed
15 with response, that we can make selections.

16 DR. AGRESTA: I don't know that we'll know,
17 until we put it out there, how much interest there will
18 be. I mean I think that we have to ask for people to
19 actually, you know, not just sort of show up with their
20 system and say attach me and give me the incentive.

21 They are going to have to have some
22 significant skin in the game, in terms of providing us
23 with a real capacity to make all those screens work, and
24 all the aspects of how it functions work, and our ability

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1 to actually develop the educational materials out of those
2 experiences, so it's not going to be something that should
3 be for the faint of heart.

4 This will be something that will require,
5 you know, a substantial time commitment and resource
6 commitment on the piloting agent organization's part.

7 MS. REED-FOURQUET: Yes, and the rationale
8 to request the Executive Committee's approval is it would
9 be useful if we could get the letter out early, so that we
10 might have some interest noted by December, moving into
11 what we anticipate to be our early operational activities.

12 If we have to wait for another Board meeting to come back
13 and approve that that would be our go forward process,
14 then why don't we delay it another month?

15 MS. HORN: So the motion is?

16 MR. LYNCH: I move we authorize the
17 Executive Committee to come up with the strategy for early
18 enrollment.

19 DR. BUCKMAN: Second that. I'm going to
20 ask you to amend that to say not only come up with the
21 strategy, but implement a process for early enrollment.

22 MR. LYNCH: Accept that change.

23 MS. HORN: And does that include the
24 request for participation?

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1 A FEMALE VOICE: Um-hum.

2 DR. BUCKMAN: Second the amendment.

3 MS. HORN: Okay. Any further discussion?

4 All in favor of the amendment?

5 VOICES: Aye.

6 MS. HORN: Okay, so, we have an amended
7 motion.

8 MS. HOOPER: No, an amendment. Now the
9 amended motion.

10 MS. HORN: All in favor, say aye.

11 VOICES: Aye.

12 MS. HOOPER: Okay, thank you.

13 CHAIRPERSON MULLEN: So I guess you're back
14 to number seven.

15 MS. HORN: Budget review.

16 MR. CARMODY: Number seven, so what
17 everybody had in their packet that was sent out to them
18 was the budget, the detailed budget that was used as we
19 were developing our -- throughout the course of the
20 negotiations, so what I asked people to do is, one, if
21 they have questions, to raise them.

22 We need to adopt -- my recommendation is we
23 need a motion to adopt this budget. We had a prior budget
24 that we adopted that was a draft. This next one would be

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1 a draft. This will continue to iterate as we go through
2 and add some additional modifications to it.

3 We're going to need to get into a working
4 cadence, where, you know, that, you know, in the Finance
5 Sub-Committee we're going to look at what we would have as
6 a policy, as to when you need to come back and make
7 changes, so that each and every time we don't have to keep
8 coming back to the Board on modifying the budget, you
9 know, the budget should be set at one point, it should
10 then have a forecast to it, and then you should be working
11 within certain tolerance limits, that the Executive would
12 be able to say I can move things around to a certain
13 point, and when we have changes within the line items,
14 when it would be necessary to come back, and then just
15 give us a monthly standing report on this.

16 MS. HOOPER: Dan, I thought this was the
17 one that was drafted.

18 MR. CARMODY: No. We've never adopted it.

19 MS. HOOPER: Oh.

20 MR. CARMODY: My point is that we adopted a
21 budget when we did our submission.

22 MS. HOOPER: Correct.

23 MR. CARMODY: My ask is that I thought it
24 was important that the Board adopt this particular budget,

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1 because it was used as the basis of the negotiations.
2 Even tonight, we're going to make modifications to it for
3 the extension of the contract, and, again, we need to
4 define what's a snapped budget versus an operating
5 forecast, so my ask is that we adopt this budget tonight,
6 so that it's reflective of what we used as the basis of
7 our contract, and then, if people have questions, that's
8 fine. We can go into a little bit more detail.

9 You'll see that, as I mentioned when we
10 were going through the contract negotiations, we added
11 people to this budget to be able to do things, like how
12 we're going to handle the matching.

13 I'm sure that you'll go through it and find
14 that it's probably to a certain extent we'd like to see
15 more things in communications, but we're working within a
16 framework that we have. I think it's a pretty
17 conservative budget as it currently stands to show that we
18 have positive cash flow at some point in the future.

19 The one thing that the Finance Committee
20 looked at was the significant increase in year one -- in
21 year two to year three, which is all based upon the
22 current assumptions within the adoption rate, and we need
23 to make sure that we're moving forward and giving that
24 adoption rate, so my ask is that we adopt this budget

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1 tonight and then continue to iterate it, as needed, over
2 the course of our meetings.

3 A MALE VOICE: I move we accept the budget.

4 MS. HORN: Okay.

5 A MALE VOICE: Second.

6 MS. HORN: Further discussion? All in
7 favor?

8 VOICES: Aye.

9 MS. HORN: Is there any opposed? Motion
10 carries. We have an item here for Committee reports. I
11 think we've probably been through most of what the
12 committees have been doing.

13 I'll just run through them quickly. If
14 anybody wants to say anything, please speak up.
15 Executive? Business and Operations? Finance?

16 MR. CARMODY: I have more of a question for
17 John. John, does all policy need to go through our same
18 process that we're using?

19 MR. LYNCH: I think we were trying to
20 encourage you, just to make sure we do the right process,
21 to make sure that we get it in the Law Journal, etcetera,
22 so it would be safer to do that.

23 MR. CARMODY: Okay, so, what I'm going to
24 do is I'm going to have a conversation with --

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1 MR. LYNCH: -- the other two committees. I
2 mean if you come up with it, 98 percent of the work, and
3 just pass it through, and we'll run it through the Law
4 Journal.

5 MR. CARMODY: Okay. That's what I wanted
6 to know. Thanks.

7 MS. HORN: Legal and Policy?

8 MR. LYNCH: Just that there's plenty more
9 policies to go. You've given me a whole list of policies
10 we got from ONC, but we've got the key core ones out of
11 the way.

12 MS. HORN: All right. Special Populations?
13 Technical?

14 MR. COURTWAY: We've been making great
15 progress with both Axway and (indiscernible), and we do
16 have confirmation after our meeting last week, that,
17 indeed, they can handle what's called a distributed NPI
18 model, so the health systems can control their own NPI
19 within their systems, so that was really good news.

20 It will be a very positive, you know,
21 kicker for the hospitals, so it was good. Some of these
22 decisions will ultimately come back to the Board to
23 resolve, as far as policies, in terms of who can do what,
24 but there is a logical hierarchy that seems to make sense

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1 to the Technical Committee to bring forward, so we're just
2 now concentrating now on the security piece, as it will be
3 a little bit from the NPI model.

4 MS. HORN: Thank you. And Patient Privacy?

5 CHAIRPERSON MULLEN: Waiting for word to be
6 able to hold their first meeting.

7 DR. AGRESTA: The only thing is we have not
8 had a Business and Operations Committee. At the last
9 Executive Committee meeting, one of our things that we
10 were tasked with was trying to see if we can get that up
11 and going.

12 In the fact that we have to have two Board
13 members on each of these committees, the Executive
14 Committee sort of authorized me to speak with Kevin to see
15 if he'd be willing to work as our lead person on the
16 Business Operations Committee, therefore, he's been
17 thinking about these screens, I think.

18 MS. REED-FOURQUET: There's also, I think,
19 a number of use cases that we need to start getting on the
20 table, just some discussion on laboratory result
21 reporting. There are some details that we need to fully
22 consider and determine how we're going to authorize,
23 operationalize and characterize the deployments.

24 DR. CARR: So I said yes, pending

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1 (laughter) that we had someone else from the Board that
2 would be extremely active in the committee, so I was told
3 that this would take a small amount of time.

4 Unfortunately, I don't have a small amount
5 of time, so it really needs somebody that's going to help,
6 you know, on the committee. Even if they don't have the
7 domain knowledge of Business and Operations, I can help
8 with that, but I need somebody that's really going to be a
9 partner in crime to help lay out the operational aspects
10 of this particular project, so I'm recruiting, and I said
11 yes, pending having someone that would be a partner in
12 crime.

13 MR. HEUSCHKEL: I mean I signed up for
14 (indiscernible) committee. I can't -- the caveat is I
15 can't devote a huge amount of time. (Multiple
16 conversations)

17 DR. AGRESTA: This is a committee. I'll
18 help support it, as well. As I have spoke with Kevin
19 about it, this is obviously a place where we're going to
20 need to bring in some outside expertise, some clinicians,
21 some end users. There's a whole host of things that we've
22 set up and, in fact, have a list of people that are out
23 there, you know, some with informatics backgrounds, who
24 are willing to participate.

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1 It's just now we need to be able to have
2 that --

3 MS. REED-FOURQUET: -- get some activity
4 and volunteer input.

5 DR. CARR: I just want to make sure I
6 understand the challenge that we're trying to address is
7 the operationalization of the policy, so, you know,
8 there's a phone call, and I'm just making sure that
9 somebody is there to pick up the phone, and that there is
10 also staff there to do audits on the policy and that
11 there's a process flow in place for how the consent is
12 collected and documented, that kind of stuff.

13 MS. KELLEY: From the Special Populations
14 point of view, obviously, anything that we're going to
15 educate consumers that they have a right to isn't going to
16 work real well if the providers don't understand that
17 consumers are going to be expecting that.

18 I certainly, as Chair of that committee, I
19 cannot take on a whole new piece of work, because I'm
20 having difficulty with the piece of work I have, but I
21 certainly think that you should count on all the
22 committees really to make sure that what we've said we're
23 doing and the policies translates into what everybody is
24 hearing, so all the materials have to match up, and that's

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1 going to be the challenge.

2 MS. HORN: I think we've talked at one of
3 our meetings that this is really the intersection of all
4 of the different committees, and, so, we really need
5 representation.

6 DR. AGRESTA: Kevin, thank you.

7 MS. HORN: Okay. Moving to -- anything
8 further before we move to public comment? Okay. Do we
9 have any comment from the public?

10 MS. HOOPER: If you could come to one of
11 the microphones, so that we can get it transcribed
12 appropriately?

13 DR. SUSAN ISRAEL: Hi. I'm Susan Israel.
14 I'm a physician, who has been following the health care
15 legislation and the privacy laws, and I'm basically here
16 to beg you to reconsider your opt out policy.

17 You mentioned that there were people on the
18 committees, who are very concerned about what was decided,
19 but I guess they're in the minority.

20 And when you talk about patient education,
21 I think, if the public knew what I knew, they would be
22 extremely upset. I have a whole big, long thing here,
23 but, just briefly, I'll read it. I'm sorry that it's so
24 late.

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1 You say opt out, but you're not opting out
2 of your data going to the exchange. You're just opting
3 out of one part of it, which is that your data won't be
4 given over to providers, and I think that that's really a
5 problem.

6 Well I'll just read it. I'm sorry. The
7 Consent Policy of the HIE needs to restore to us our
8 control over our most basic possession, our body and its
9 information. No one would think of letting an official
10 into our house without a warrant, but our information is
11 taken without our consent. Nor would we think of letting
12 someone else hire our babysitter, but our government is
13 telling us, don't worry, we'll decide how your records
14 will be processed and serviced.

15 The only true safe consent model is one
16 that mandates the right to opt-in, with restrictions,
17 meaning that no data can even go to the exchange for
18 disclosure or not, without the explicit consent of the
19 patient.

20 Patients must have the right to remove
21 their data completely from the exchange's computers, and
22 they must be the ones to weigh their medical treatment
23 versus their level of risk tolerance for the misuse of
24 their data and security lapses.

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1 This type of consent would begin to offer
2 us some protection over time, and, by itself, would create
3 consumer pressure that would help maintain the proper
4 execution of the privacy provisions.

5 In 2002, Health and Human Services removed
6 our right of consent over who can see our medical records.

7 This has led to the explosion of the so-called "covered
8 entities," meaning that hundreds of employees can have
9 authorized access to our records, without our explicit
10 consent. I guess this allows this exchange use the
11 protected information for treatment, payment and
12 operations, without specific consent of the patient.

13 They will not disclose sensitive PHIs, such
14 as HIV and mental health status, but are the psychiatric
15 and HIV medications also considered sensitive and not to
16 be disclosed for treatment payment operations or to the
17 providers?

18 Even if one only has the meaningful use
19 data of a patient's labs, medications and problem lists,
20 one can deduce most of the patient medical history.

21 Connecticut Public Act 11-58, Section
22 12(b), requires hospitals to send identifiable patient
23 discharge data, emergency data and outpatient surgical
24 data, and, in 2015, patient data, as well, outpatient

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1 data, to the OCHA without patient consent.

2 The comptroller of the state, with OCHA
3 permission, can also see the data, and OCHA can release
4 de-identified data to the public, but even the federal
5 government acknowledges that data can be easily be re-
6 identified.

7 Public Act 10-117(e) calls for the sharing
8 of electronic health information among health care
9 facilities, health care professionals, public and private
10 payers, state and federal agencies and patients.

11 Thus, it seems that the intention is for
12 the HIE to be used by the Department of Public Health and
13 the Federal Government, perhaps as part of their intended
14 insurance exchanges or the National Information Network to
15 receive electronic health records for their use,
16 particularly those of Medicaid or Medicare patients, which
17 is now law, without anyone's consent, so medical data is
18 going to the federal government.

19 Hopefully, providers will not be able to
20 send to the Exchange the records of patients, who do not
21 want them sent, and will be able to exclude data felt to
22 be too private, such as about sexually transmitted
23 infections or pregnancies.

24 Some data may have importance to one's

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1 future health care, but some may have virtually no
2 consequence, but this needs to be discussed by the patient
3 with their provider.

4 But, as it stands now, providers do not
5 have to honor their patients' requests, thus, we all are
6 left powerless once we seek medical care, and the
7 corollary may be to not seek care at all, withhold
8 information from our doctor, or get treatment on a black
9 market.

10 Most people think that what they tell their
11 doctors is private and privileged communication, except in
12 very limited circumstances, such as reporting communicable
13 diseases.

14 They know their doctor or hospital cannot
15 talk to a family member, but they do not know that the
16 hospital and doctors' accountants, for one example, can
17 see their identifiable records for operations.

18 Previously, medical records were usually
19 shredded after seven years. Now they will exist forever
20 in some database. That means that when parents give
21 intimate information about their families to
22 pediatricians, that information may follow people as part
23 of their electronic record for life. This is not to
24 mention your antics in high school or college.

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1 You may say that not all data will be
2 included in the EHRs, but the laws, regulations and
3 policies do not guarantee it, and they are subject to
4 change without our explicit consent.

5 Then there are the hackers and the employee
6 mistakes, and once data is outed, it cannot be changed,
7 like a credit card number can be.

8 Another example of how data can be
9 compromised. Right now, the policy is, and it's good,
10 that genetic information is considered sensitive, but if
11 the federal government or the Department of Public Health
12 decides they need that information to provide quality care
13 or cost-effective care, that can mean that the HIE will
14 have to turn over that information to them, without
15 patient consent, in order to comply with the regulations.

16 George Orwell's book, 1984, warned about
17 government intrusions, and, currently, Clint Eastwood's
18 film, J. Edgar, does the same thing, but we go ahead and
19 set up mechanisms for electric databases that can possibly
20 be taken over and misused by individuals and governments
21 against us in many ways, such as disability, life
22 insurance, employment, and even treatment options.

23 At least put the choice back into our
24 hands, so that we can take the risks. Thank you for

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1 listening.
2 VOICES: Thank you.
3 MS. HORN: Any other public comment? Do we
4 have a motion to adjourn?
5 A MALE VOICE: Moved.
6 A MALE VOICE: Second.
7 MS. HORN: All in favor?
8 VOICES: Aye.
9 MS. HORN: Motion carries. Thank you,
10 everybody.
11 (Whereupon, the hearing adjourned at 6:55
12 p.m.)

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AGENDA

- | | | |
|-----|--|----|
| 1. | Call to Order | 2 |
| 2. | HITE-CT Board of Directors Meeting Minutes | 3 |
| | a. October 24, 2011 | |
| | b. October 28, 2011 | |
| 3. | Executive Session to discuss the appointment
And employment of Chief Executive Officer
Pursuant to Connecticut General Statutes
Section 1-200(6)(A) | 5 |
| 4. | HITE-CT Business | 9 |
| | a. Treasurer's Report | |
| | b. Interim Executive Director Contract Extension | |
| | c. Vendor Contract | |
| | d. Policy on Litigation Costs of Directors,
Officers and Employees | |
| | e. Adoption of Nondiscrimination Resolution | |
| 5. | Policies and Procedures Review | 15 |
| 6. | Strategies for Early Enrollment of Providers | 40 |
| 7. | HITE-CT Budget Review | 48 |
| 8. | Committee Reports | 51 |
| | a. Executive | |
| | b. Business and Operations | |
| | c. Finance | |
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| | e. Special Populations | |
| | f. Technical | |
| | g. Patient Privacy | |
| 9. | Public Comment | 56 |
| 10. | Adjourn | 61 |