



**HEALTH INFORMATION TECHNOLOGY EXCHANGE OF CONNECTICUT
EXECUTIVE COMMITTEE REGULAR MEETING
SEPTEMBER 10, 2012 MINUTES
4:30 PM – 6:00 PM
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH**

COMMITTEE MEMBERS PRESENT: Marianne Horn (for Dr. Jewel Mullen, Chair), Dan Carmody (phone), Kevin Carr, Mark Masselli (phone), Peter Courtway (phone)

HITE-CT & HIT: John DeStefano, Chris Kraus, Lori Reed-Fourquet (phone), Minakshi Tikoo (HIT Coordinator)

DPH and STATE AGENCY REPRESENTATIVES: Uma Kutty (DPH), Joan Soulsby (OPM), Barbara Parks Wolf (OPM)

PUBLIC ATTENDEES: None

CALL TO ORDER

M. Horn recognized a quorum and called the meeting to order at 4:40 PM.

REVIEW OF MINUTES

MOTION: Upon a motion made and seconded by K. Carr and D. Carmody, respectively, the Executive Committee moved for adoption of the minutes from August 27, 2012. All in favor; no opposed. **Motion passed.**

BOARD OF DIRECTORS MEMBERSHIP

J. DeStefano and M. Tikoo reported that they had forwarded their Board recommendations to J. Mullen. K. Carr asked about the reappointments for R. Buckman and J. Lynch, whose appointments end on 9/30/12. B. Parks Wolf also asked about the process for filling the vacant Board positions. M. Horn said that the process varies; sometimes Board members will ask to be reappointed. She noted that J. Mullen will forward on the Board recommendations to the legislative liaison, who will send them to the appointing authority. Committee members were encouraged to send their recommendations to J. Mullen as soon as possible.

M. Horn thanked P. Courtway for his services to the HITE-CT Board, as this was his last meeting as a Board member and Chair of the Technical Infrastructure Committee. He will continue working with the Technical Infrastructure Committee as a public participant.

HITE-CT UPDATE

J. DeStefano reported that work continues with CHC and CMHA on implementing Direct through the Axway Mailgate product. He is also working with Wheeler on possibilities for Direct exchange. J. DeStefano has talked with a few HISP vendors about their Direct capabilities. Quest is Direct compliant, meeting the Directtrust.org recommended standards. Quest has 2,200 providers that we could potentially connect to Direct through their HISP. Cerner is another EHR vendor that has Direct capability built into their product.

J. DeStefano talked about developing a trust model for Connecticut, which would allow multiple HISP providers to connect with each other. It includes a certification process and policies to protect digital media. He has drafted a trust framework, which will be reviewed at the 9/13/12 Technical Infrastructure Committee meeting. The goal is to create criteria, which is ONC compliant, by which we would certify HISP vendors coming into the state. While it is important to maintain the trust fabric, it needs to be scaled so HISP vendors can qualify. Once the framework passes a technical review, the next step would be a legal review. J. DeStefano reiterated that we would want agreement that any HISP that participates in HIE in Connecticut would voluntarily meet specified trust criteria.

K. Carr mentioned that there has been a lot of activity in the Direct exchange market, which could be investigated further. For example, MedAllies was selected as a HISP for New York, and Verizon is releasing Direct messaging at a low cost. J. DeStefano will continue his outreach.

J. DeStefano provided an update on the pilot. The timeline is to finish testing this week with CHC and CMHA. He is still working with Middlesex Hospital to identify a use case for which Direct would be of value.

J. DeStefano reported that he continues his outreach with stakeholders as a potential HIE partner. He has met with the REC to identify ways we can collaborate and get the FQHCs involved in Direct. He also met with MPS (Medical Professional Services), a 400 physician member organization, and distributed their draft letter of intent about Direct services. The agreement with HITE-CT would be for five years, with no charge for Direct services for 24 months. J. DeStefano reported that most states to date have offered Direct at no charge, at least in the initial phase. J. DeStefano noted that this could bring HITE-CT a large market share and provide a beta site for initiatives in the future. M. Masselli and D. Carmody questioned how the agreement ties to a financial strategy. K. Carr thought that the Direct services should be paid with a scalable model. He suggested the possibility of tacking on a small fee to medical license renewals to subsidize this initiative. Other sources of funding could include the state, providers, and payers. He suggested an approach be identified, as it could require state legislation. Costs for Direct vary, but are typically about \$8-15 a month per provider.

Committee members discussed the need to create a funding strategy before agreeing to the MPS letter of intent. They asked how HITE-CT will meet ONC's criteria for Direct, given the limitations of our current Direct offering through Mailgate. L. Fourquet emphasized our value to those providers who don't have EHRs, and therefore, don't have access to Direct exchange. J. DeStefano has been analyzing HITE-CT's options for Direct implementation and will distribute his findings to the Committee members. Various approaches include contracting with a full-service provider, purchasing a HISP compliant software to stand up a HISP, or developing a Direct marketplace framework in Connecticut. He noted that we will be meeting with Axway to discuss how the project has evolved, current needs, funding issues, and next steps. K. Carr asked if we could gather information through an RFI, in the interim, should we need to make a course correction.

DISCUSSION OF HIE STRATEGY

M. Masselli asked about Axway’s capabilities to deliver Direct to meet ONC requirements. J. DeStefano reported that our pilot should allow us to connect at least 100 providers, and therefore, we would meet our ONC 9/28/12 target for Direct implementation. He stressed that Direct will not provide for sustainability. Discussion followed about Direct being the first step of a larger initiative. J. DeStefano noted that the extent of HIE initiatives across the country varies. He is working with DSS and DPH to get them more involved, and has a meeting with CHA to discuss their HIE needs, potential use cases and how HITE-CT can be of service to them.

MOTION: Upon a motion made and seconded by M. Masselli and K. Carr, respectively, the Executive Committee moved for HITE-CT to go forward on drafting an RFI to gather information about Direct services. The Committee agreed that the Board of Directors would need to approve the RFI. All in favor; no opposed. **Motion passed.**

OTHER BUSINESS

The next Board meeting is scheduled for 9/17/12, which is a religious holiday (Rosh Hashanah).

MOTION: Upon a motion made and seconded by K. Carr and D. Carmody, respectively, the Executive Committee moved to have the meeting cancelled and rescheduled on 9/24/12. All in favor; no opposed. **Motion passed.**

PUBLIC COMMENT

No public comment.

ADJOURNMENT

A motion was made and seconded by M.Horn and M. Masselli, respectively, to adjourn. All in favor. **Motion passed.**

The meeting adjourned at 5:55 PM.

SCHEDULE OF MEETINGS

October 22, 2012