

VERBATIM PROCEEDINGS  
DEPARTMENT OF PUBLIC HEALTH

CONNECTICUT HEALTH INFORMATION  
TECHNOLOGY AND EXCHANGE

ELIZABETH KEYES, ACTING CHAIRPERSON

APRIL 2, 2013

101 EAST RIVER DRIVE  
EAST HARTFORD, CONNECTICUT

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

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 . . .Verbatim proceedings of a meeting in  
2 the matter of Connecticut Health Information Technology  
3 and Exchange, held at 101 East River Drive, East Hartford,  
4 Connecticut on April 2, 2013 at 4:40 P.M. . . . .

5  
6  
7  
8  
9 ACTING CHAIRPERSON ELIZABETH KEYES: So we  
10 have a quorum, I guess we can get started and I'll turn it  
11 over to the Vice-Chair/Treasurer.

12 VICE-CHAIRPERSON MARK RAYMOND: Vice-  
13 Chair/Treasurer, thank you. Thank you all for coming and  
14 I appreciate you making it here whether you're on the  
15 phone or in person. It's great to see you all so let's  
16 get this meeting called to order and the second agenda  
17 item is a review and approval of the meeting minutes.

18 I'll ask if folks have any comments on the  
19 minutes that were distributed for the February 19th  
20 meeting? Seeing no comments, a motion to approve the  
21 minutes?

22 MS. BETTYE JO PAKULIS: So moved.

23 MR. RODERICK BREMBY: Second.

24 VICE-CHAIRPERSON RAYMOND: Okay. I heard a

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 motion and a second, all in favor of moving the minutes  
2 forward -- approving?

3 ALL VOICES: Aye.

4 VICE-CHAIRPERSON RAYMOND: Any opposed? No  
5 opposed, minutes are approved. Okay and the next item is  
6 the HITE/CT Board business and the first item will be the  
7 Treasurer's report, and I'd ask Chris Kraus to give us an  
8 update on where we are financially.

9 MS. CHRIS KRAUS: Okay, I sent everyone the  
10 financial reports. Starting with the balance sheet we  
11 have \$500,304.84 in our current assets, which is our  
12 Webster account. Our current liabilities are  
13 \$2,548,620.50, and those are unpaid bills to Axway.  
14 Therefore, our total equity is a negative \$2,048,315.65.  
15 If you move on to revenue and expenses, you'll see that  
16 our total expenses to date starting with this year, 2012,  
17 is \$2,412,060.58, giving us a net income of a negative  
18 \$2,119,810.58. You can see what all the cumulative  
19 expenses are.

20 Unpaid bills remains the same, nothing has  
21 changed. All of our current bills are paid for it's just  
22 our outstanding bills to Axway. If you go to our cash  
23 flow projections, for the month of March our total  
24 expenses were \$38,087.68. We've been fairly consistent

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 with our expenses ranging between \$28/\$30,000 to \$40,000.

2 Does anybody have any questions?

3 VICE-CHAIRPERSON RAYMOND: No, okay thank  
4 you.

5 MS. KRAUS: We need to approve.

6 VICE-CHAIRPERSON RAYMOND: Okay. I'd like  
7 to make a -- so we've heard the Treasurer's report. Do I  
8 hear a motion to approve the report?

9 MALE VOICE: So moved.

10 VICE-CHAIRPERSON RAYMOND: So moved, and do  
11 I hear a second?

12 FEMALE VOICE: Second.

13 VICE-CHAIRPERSON RAYMOND: Second -- all in  
14 favor of approving the Treasurer's report please indicate  
15 so.

16 ALL VOICES: Aye.

17 VICE-CHAIRPERSON RAYMOND: Any opposed to  
18 approving the Treasurer's report? Okay, Treasurer's  
19 report is approved. The next is an update on the  
20 designation of the ethic's liaison and an update on the  
21 SFI filing. So at this point Chris is acting as the  
22 current ethic's liaison?

23 MS. KRAUS: Right, with Steve Casey. I  
24 stepped in just to make sure everything was being done.

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 We didn't have a liaison posted so I stepped up and just  
2 offered to do it we just need to make it official. If  
3 anyone prefers to take on the role, I'm certainly fine  
4 with that.

5 VICE-CHAIRPERSON RAYMOND: Do you want to  
6 describe what currently is the part of the role?

7 MS. KRAUS: You just have to go on and make  
8 sure all of your employees or anyone that's on the Board  
9 is updated with their information.

10 VICE-CHAIRPERSON RAYMOND: Ahum.

11 MS. KRAUS: When people leave you notify  
12 the OSE, that's basically it. And then remind people  
13 about their SFI filing, which you should have gotten an e-  
14 mail if your e-mail is current. They sent e-mails out and  
15 they sent a reminder out April 1st.

16 MS. BRENDA KELLEY: When were they due?

17 MS. KRAUS: They're due on May 1st, but  
18 I'll also send the link to everybody for people who have  
19 not -- did people receive an e-mail?

20 DR. RONALD BUCKMAN: I did.

21 MS. KELLEY: I didn't but they would  
22 probably go to my business address, which I didn't have --

23 MS. KRAUS: I'll double check on your e-  
24 mail.

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 MS. KELLEY: Okay.

2 VICE-CHAIRPERSON RAYMOND: Do we have  
3 others that have joined on the call?

4 MR. KEVIN McELENY: Yes, this is Kevin  
5 McEleny calling.

6 VICE-CHAIRPERSON RAYMOND: Hi Kevin.

7 MR. McELENY: Hi, how you doing?

8 MR. DAN CARMODY: Dan Carmody.

9 VICE-CHAIRPERSON RAYMOND: Hi Dan.

10 MS. KRAUS: But if anyone else would like  
11 to take on the role, that's fine but I'd be happy to do  
12 it.

13 VICE-CHAIRPERSON RAYMOND: Okay, so do we  
14 need a --

15 MR. BRUCE CHUDWICK: It would be  
16 appropriate for a motion, second, and vote to approve  
17 Chris the ethic's liaison for the Board.

18 VICE-CHAIRPERSON RAYMOND: Okay, so I --  
19 not hearing any other interested parties up for the role  
20 looking around the room, I'll entertain a motion to have  
21 Chris Kraus act as the ethics liaison for HITE/CT.

22 DR. BUCKMAN: That's actually not --  
23 shouldn't she be appointed as?

24 MR. CHUDWICK: Right.

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 VICE-CHAIRPERSON RAYMOND: Okay.

2 DR. BUCKMAN: I'll make a motion that Chris  
3 be appointed as our ethics liaison.

4 VICE-CHAIRPERSON RAYMOND: Thank you, do I  
5 hear a second?

6 MS. PAKULIS: Second.

7 VICE-CHAIRPERSON RAYMOND: The motion is  
8 seconded, all in favor of appointing Chris as our ethics  
9 liaison?

10 ALL VOICES: Aye.

11 VICE-CHAIRPERSON RAYMOND: Any opposed?  
12 Not hearing any, welcome Chris as our newly appointed  
13 ethics liaison.

14 Okay, at this point as it relates to the  
15 agenda we have a movement into executive session pursuant  
16 to Connecticut General Statutes Section 1-200, to talk  
17 about strategy and negotiations with respect to the  
18 pending plan for the Axway contract and something --

19 MR. CHUDWICK: This requires a --

20 VICE-CHAIRPERSON RAYMOND: -- so do I hear  
21 a motion to move into executive session?

22 MS. PAKULIS: So moved.

23 VICE-CHAIRPERSON RAYMOND: Bettye Jo, is  
24 there a second?

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 MR. BREMBY: Second.

2 VICE-CHAIRPERSON RAYMOND: Mr. Bremby, all  
3 in favor of moving into executive session?

4 ALL VOICES: Aye.

5 VICE-CHAIRPERSON RAYMOND: Okay.

6 MR. CHUDWICK: And in attendance -- the  
7 record will note that in attendance will be Vanessa,  
8 members of the Board that would be coming into executive  
9 session, Dr. Tikoo, John DeStefano, Chris Kraus, myself  
10 Bruce Chudwick, and I believe Kevin is on the phone,  
11 together with others who are members of the Board, so.

12 MS. KRAUS: And Joan --

13 MR. CHUDWICK: I'm sorry and Joan, yes,  
14 okay.

15 VICE-CHAIRPERSON RAYMOND: Okay --

16 MS. KRAUS: And Karen Buffkin.

17 MR. CHUDWICK: Yes, Karen Buffkin, yes.

18 (off the record -- executive session)

19 VICE-CHAIRPERSON RAYMOND: Okay, so we are  
20 back from executive session at 5:19. The next item on the  
21 agenda is HITE/CT agency business and the first item there  
22 is our CTO report, so we'll turn that over to John  
23 DeStefano for that report.

24 MR. JOHN DeSTEFANO: Okay, thank you Mark.

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 So just to report back to everybody where we are, our  
2 Strategic and Operation Plan was approved. It was  
3 different frankly than the one that I was involved in in  
4 August in that this was really a plan that came from not  
5 just ITT but from DPH and other -- and reflected other  
6 state activity that's going on around Health Information  
7 Exchange and Health Information Technology within the  
8 state. So it was much more comprehensive.

9 From the perspective of HITE/CT, you know,  
10 our biggest issue as we've said in the past is we don't  
11 have an operational Health Information Exchange and that  
12 really hurts a lot of the other efforts that we'd like to  
13 undertake in the state as far as exchanging care summaries  
14 and, you know, a number of other projects that we've gone  
15 into at previous sessions. So the focus that -- sort of  
16 our focus as part of the Strategic and Operations Plan is  
17 to stand up Direct Messaging as a first step to get stuff  
18 moving. And that really feeds into a lot of the other  
19 projects that we've talked about around immunization  
20 registry submission of information, immunization registry  
21 and lab reporting and a number of other things but  
22 certainly that push messaging can be used for that.

23 And it can be seen from the private sector  
24 and the public sector as a way to create a sustainable

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 flow of information, which is really one of our core  
2 objectives here at HITE/CT beyond trying to keep ourselves  
3 sustainable is to make sure that we create a sustainable  
4 Health Information Exchange. So I think the Direct stuff  
5 will work in that area and as a first step we have created  
6 a voucher program. So we've talked about this in the past  
7 -- so what is the voucher program do? It provides some  
8 funding for providers who want to use Direct Messaging to  
9 get -- you know, and what we've proposed here is a year's  
10 free service.

11 Again, along with that there are different  
12 elements to the Plan, so I'll just go over it quickly and  
13 I will send both the Strategic -- well I think we can post  
14 them Chris right, on the website?

15 MS. KRAUS: It's DPH's so I think we'd  
16 probably need their permission.

17 MR. DeSTEFANO: So what we'll --

18 MS. VANESSA KAPRAL: I think we'll be  
19 talking about that tomorrow.

20 MR. DeSTEFANO: Okay, so we'll get it  
21 posted or sent out to everybody and we'll let everybody  
22 know where it is, the Strategic and Operations Plan. As  
23 far as the voucher program, I'll send it out to the Board  
24 so that everybody can take a look at it.

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1           So the objectives here, let's go over them  
2 quickly, we talked about the Marketplace approach and the  
3 -- you know, for a number of reasons, so we'll review them  
4 quickly. But when we went over all of the Direct  
5 Messaging stuff, we looked at how much it was going to  
6 cost to stand up, what the potential for revenue was, how  
7 does that affect the HITE/CT sustainability, and the  
8 conclusion there was very indefinite as far as is  
9 operating a Direct Health Information Service or acting as  
10 a Health Information Service provider going to contribute  
11 significantly to HITE/CT's bottom line. And I think we  
12 sort of decided that, if at all, it would be very small.

13           So we decided to go with more of a  
14 Marketplace approach like a number of other states have  
15 done, and that really just didn't -- it involved setting  
16 up a Marketplace where we get a number of Direct vendors  
17 to come in, sign up for it, the Marketplace has criteria  
18 around being a member of it from the Direct service  
19 provider perspective. Now, that takes a little while to  
20 set up and there's a lot of potential legal issues that  
21 we'd need to cope with in preparation for that. So we --  
22 and as everybody is aware, we talked to Rhode Island about  
23 using their Direct Marketplace which is already set up.  
24 It already has all of the requirements that we would want

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 to set up in our own. And the way that Rhode Island set  
2 it up there's no reason that out-of-state providers  
3 couldn't use their Marketplace and be part of their trust  
4 community.

5 They actually had set it up purposely that  
6 way in the event that other states might want to join and  
7 they actually expected that providers who sit on their  
8 border of Massachusetts and Connecticut would actually  
9 join their Marketplace to get access to patient data that  
10 way. So we have talked to them and they're very agreeable  
11 to doing this. The next key element here is to set up the  
12 incentive program, which are those vouchers. And I have a  
13 little bit more on that. So basically a very open model  
14 is what I've proposed and, you know, I'm certainly looking  
15 for feedback from everybody. States have done it  
16 different ways. Some states have set up a very  
17 restrictive model where they go after certain provider  
18 groups like behavioral health or specific provider  
19 specialties to try to set up and incentivize them to use  
20 these vouchers.

21 Other states have been very open about it,  
22 you know, Illinois is a good example. If you have an NPI  
23 number in Illinois you can get a voucher. Texas, a  
24 similar situation. If you are a provider in good standing

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 in the state you can apply for a voucher number and cash  
2 it in with a Direct vender. So in the interest of time  
3 and the fact still that we have limited staff here at  
4 HITE/CT to sort of go out and beat the pavement for  
5 perspective customers, you know, a very open Plan is what  
6 I'm suggesting. And with not very stringent requirements  
7 other than you have an NPI number, you're a provider in  
8 good standing in the state, you agree to use the Direct  
9 Marketplace for transmission of patient information within  
10 30 days of getting signed up. There's also something --  
11 you know, additionally I'm proposing that larger  
12 organizations may want to take advantage of this and so  
13 that we put a cap on the amount that we provide to any one  
14 organization of \$20,000.

15 We're typically looking at around \$200 a  
16 provider, it's actually a little bit less with the models  
17 that we have, so it will be about \$200 to for a single  
18 provider for a year to sign them up for one of the Direct  
19 venders that we know already are in the RIQI Marketplace,  
20 to get them signed up with the trust community and get an  
21 initial certificate, which I think is an important part of  
22 this. The whole trust community -- to forming a trust  
23 community around the certificate so that interoperability  
24 between different HISP venders can take place and that we

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

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 have some control over that. So it's a little bit less  
2 than \$200 a year. There's a \$15 per mailbox  
3 administrative fee that Rhode Island Quality Institute,  
4 which is RIQI or Rhode Island's Health Information  
5 Exchange, would charge us, so it's per mailbox not per  
6 provider.

7 And really -- and I take that back, it's  
8 not even per mailbox. If you look at it from an  
9 organization level it's really per organization. So if  
10 you have a bunch of providers who belong to a specific  
11 organization practice that might have 20 providers in it,  
12 that's one administrative charge of \$15 to set the  
13 certificate up. So they're --

14 DR. BUCKMAN: It's a one-time charge or --

15 MR. DeSTEFANO: For a one-time charge. So  
16 the certificates are an initial certificate for an  
17 organization or a single provider, if a provider just  
18 wants to sign up for themselves, is \$60 for the initial  
19 certificate. And then after that it's an \$18 a year  
20 renewal fee on the certificate and the mailboxes in RIQI  
21 range from \$8.00 to \$12.00 a month, so around \$120 a year.

22 So it's very -- you know, if you look at it  
23 on a per provider basis it's not a lot of money if it's  
24 something that you can really take advantage of in your

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 workflow.

2 MS. KELLEY: John, I'm a little bit  
3 confused because we're talking about the voucher being  
4 \$200 but you --

5 MR. DeSTEFANO: Up to.

6 MS. KELLEY: -- up to. So you're saying  
7 that it's more like \$120?

8 MR. DeSTEFANO: It's \$120 plus \$60 --

9 MS. KELLEY: Plus \$60.

10 MR. DeSTEFANO: -- plus \$15 if you're a  
11 single provider.

12 MS. KELLEY: Okay.

13 MR. DeSTEFANO: But if you're not a single  
14 provider and you're an organization who has five providers  
15 and you just -- you're looking for an organizational  
16 certificate, then it's \$15 for those five providers. So  
17 it's hard to predict exactly what the cost of that is  
18 going to be. But we only have so much left in the grant  
19 and to administer this program we don't have a lot of time  
20 left, so I don't think the costs are going to be all that  
21 exorbitant.

22 MS. KELLEY: So someone could go and do  
23 this on their own without a voucher correct?

24 MR. DeSTEFANO: Absolutely.

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 MS. KELLEY: And is that happening in other  
2 states or are the people that are joining in other states  
3 doing it because of the voucher?

4 MR. DeSTEFANO: It varies. So other states  
5 like Rhode Island never had a voucher program but they  
6 only have about 200 providers signed up. States that have  
7 -- run voucher programs, Pennsylvania, Illinois -- you  
8 know, we were just -- actually Minakshi and I were talking  
9 to somebody who is involved in the Pennsylvania HIE in  
10 their voucher program and they have about 3,500 in the  
11 state.

12 Other states that have gone to more of a  
13 regulatory, if you can say that, approach, have a lot more  
14 providers signed up. So -- I mean, there's a state in  
15 particular that if you want to -- for the purposes of  
16 treating patients who are state employees, if you need to  
17 do preauthorization forms it has to be done through  
18 Direct. So they had a very large uptake of Direct  
19 services because providers -- you know, the state  
20 employees are spread out across the whole state and  
21 certainly the providers for the really very small amount  
22 of money didn't want to lose the ability to take care of  
23 those patients.

24 So it's been done a number of different

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 ways. Some of the voucher programs have been very  
2 successful, some have been moderately successful, and some  
3 like in Texas up to this point have been pretty much a  
4 flop. So it runs the gamut.

5 MS. KELLEY: So success is the number of  
6 providers sign up or the number of providers that continue  
7 once the voucher is no longer there?

8 MR. DeSTEFANO: I think success -- you  
9 know, you'll be able to measure success on the amount of  
10 information that's flowing through the Direct network that  
11 we set up. That will be success.

12 MS. KELLEY: I guess my question is, is  
13 that is there enough track record in other states to say  
14 do we have to plan as a state to continue paying for the  
15 voucher cost --

16 MR. DeSTEFANO: Yeah.

17 MS. KELLEY: -- in order to make this work  
18 or will -- is the track record that when someone starts  
19 doing this they -- after the year is up that they pick up  
20 the cost themselves?

21 MR. DeSTEFANO: I think it's so early on  
22 and the whole idea of voucher programs have only come  
23 about the last 13/14 months and everybody is either  
24 running six-months or one-year voucher programs, so it's

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 really probably too early to tell if this will create a  
2 sustainable environment to keep information moving.

3 I'm thinking if somebody gets it and it's  
4 valuable to their workflow, they'll continue to use it.  
5 If they don't find value in it they won't -- you know, it  
6 won't go past the --

7 MS. MINAKSHI TIKOO: So like in Rhode  
8 Island, the providers are picking up for \$5.00 because  
9 again, it's like \$120 a year. So it's not a whole lot of  
10 money and in states where they have mandates associated  
11 with using Direct, there the providers are using this as a  
12 cost of doing business and it's \$120 a year. So if it was  
13 like a huge amount of money then that would have been  
14 something big, but given that it's not a very large sum of  
15 money -- Massachusetts charges them \$5.00 a month and it's  
16 for accessing Direct, which is \$60.

17 So the amounts of Direct and what it's  
18 going to cost is going to go down, you know. Maybe that's  
19 what the market is indicating. So, so far in the states  
20 where it's kind of becoming the vehicle then you'll see  
21 that the providers are going to continue to pay because  
22 even Rhode Island set it up so that the provider pays the  
23 HISP, the Health Information Service Provider, and neither  
24 the HIE or anybody else is involved in that payment.

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 VICE-CHAIRPERSON RAYMOND: Can I ask part  
2 of this question a different way?

3 MS. TIKOO: Yeah, please.

4 VICE-CHAIRPERSON RAYMOND: So have there  
5 been states who have seen an uptake of Direct without  
6 either a voucher program or Legislative mandates saying  
7 you have to -- without either one of those things, have  
8 the providers picked up on an unknown?

9 MS. TIKOO: I can't answer that with like  
10 certainty, I'll have to look at it because, you know,  
11 there are states that do Direct and the voucher program  
12 and states that don't have mandates.

13 VICE-CHAIRPERSON RAYMOND: Ahum, because  
14 there's -- inertia rate says you need some kind of mandate  
15 to move.

16 MS. KELLEY: It's not a lot of -- well  
17 first of all, I guess I understood in my consumer glimps  
18 that the reason we moved in this direction was because the  
19 feds were basically saying to us that we needed a secure  
20 messaging approach.

21 MR. BREMBY: That's correct.

22 MS. KELLEY: Right, and that something less  
23 than that would not be good for privacy, for people, for  
24 so forth. So -- but I'm assuming then they haven't

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 totally mandated that in a way that they could enforce the  
2 mandate. Is that what's happening?

3 MR. DeSTEFANO: Well essentially they have,  
4 but building it into meaningful use.

5 MS. KELLEY: Yeah.

6 MR. DeSTEFANO: So for your EHR to be  
7 certified in Stage II, it has to be able -- it has to be a  
8 Direct company.

9 MS. KELLEY: So there is a mandate.

10 MR. DeSTEFANO: Within the meaningful use  
11 in the EHR.

12 MS. KELLEY: But you want the incentive  
13 payment for it.

14 MR. DeSTEFANO: You want the incentive.

15 MS. TIKOO: That's right, yeah.

16 MS. KELLEY: And if you don't care about  
17 the incentive payment --

18 MS. TIKOO: Then you don't have to do that.

19 MS. KELLEY: -- then you don't have to do  
20 it. Well -- so do people in Connecticut care about the  
21 incentive payment? I mean, how -- I mean we haven't  
22 talked about that as a Board recently, is that how the  
23 meaningful use --

24 MR. DeSTEFANO: Yeah, we just had a meeting

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 on that and Minakshi probably has the sheet still of what  
2 the states paid out.

3 MS. TIKOO: So over 1,000 providers have  
4 been paid for the AIU, the first payment, which is the  
5 adoption, implementation and upgrade of certified  
6 technology. And about -- and 57 literal providers have  
7 been paid for meaningful use Stage I. All but one  
8 hospital has been paid for the adoption implementation of  
9 grade two, certified technology and nine of the hospitals  
10 have also received payment for meaningful use Stage I.

11 So yes, in the State of Connecticut I think  
12 we're up to about \$50 million in payments that have been  
13 paid out to state, you know, to get either providers or  
14 hospitals in the ballpark for that --

15 DR. STEVEN THORNQUIST: Of those providers,  
16 how many are at hospitals, how many are in very large  
17 groups?

18 MS. TIKOO: That I cannot answer from just  
19 the numbers where we can answer that but it's not from  
20 what I have right now available.

21 MS. KELLEY: I don't want to dominate this  
22 but -- I guess I do. No, but this is really I think  
23 critical stuff. If I'm going to a provider, first of all  
24 I'm not -- and they're using some sort of -- they're

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 transferring information about me between providers, which  
2 I, as you know if you know me, I think it's a good thing  
3 for the most part, alright. So -- but they decided they  
4 don't need or don't want to participate in the meaningful  
5 use thing, okay.

6 MS. TIKOO: Yeah.

7 MS. KELLEY: Now as a consumer I'm probably  
8 not going to know whether they are or they're not, you  
9 know, and so therefore since that's the only mandate they  
10 say we don't care about Direct. And to be honest with you  
11 we don't really care -- you know, we care but we're not  
12 going to spend the money on all these federal privacy  
13 things that they're talking about.

14 Is there anything to prevent them from  
15 doing whatever they want to do?

16 MS. TIKOO: I mean, you know, they have the  
17 freedom to decide not to do Direct or to participate in  
18 the meaningful use even if they're eligible. I mean,  
19 there's nobody forcing them to take those dollars so if  
20 they don't want to essentially take those dollars, you're  
21 right Brenda --

22 MS. KELLEY: There's no mandate.

23 MS. TIKOO: -- there's no mandate that thou  
24 shall do this, you know, there's nothing.

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 MS. KELLEY: So is there a possibility that  
2 my data might be communicated in a way that is not good  
3 for my privacy concerns, because that's where I would get  
4 at, that maybe we need a regulation for that.

5 DR. THORNQUIST: Well, yes and no as a  
6 provider who does not -- I am very careful about HIPAA  
7 rules. There are mandates out there for your privacy and  
8 most of them are embodied in the HIPPA statute, which  
9 ironically is about insurance portability. But the -- but  
10 you know, we don't fax to unknown faxes, we don't return  
11 information to people who request it unless they give us a  
12 signed release from the patient.

13 You know, I don't leave messages on phones  
14 when I make a phone call to a patient or a provider unless  
15 I know the mailbox is private. And even then, I have them  
16 call me back for the information. So yes, there are  
17 privacy ways of dealing with it old school if you will, in  
18 paper and whatnot.

19 MS. KELLEY: But I'm talking about  
20 electronic.

21 DR. THORNQUIST: Now if we're talking about  
22 electronic, I can work one day a week in a practice that  
23 does have an EMR. It does not have any of this secure  
24 messaging because when they get requests they print it out

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 and send them a printed copy via the old HIPAA way, again,  
2 with a signed release which is then scanned into the  
3 record and kept that way.

4           Would they avail themselves of secure  
5 messaging? I suppose so. The problem is, again, the  
6 person they're sending to also has to avail themselves of  
7 secure messaging and that penetration isn't there for that  
8 group's contacts.

9           MS. KELLEY: So how is that dealt with John  
10 in our proposal for secure messaging?

11           MR. DeSTEFANO: That's part of the boots on  
12 the ground effort, so if somebody wants Direct and we go  
13 out -- so the plan that's proposed here is a high touch,  
14 and I go back to -- maybe Mark remembers. Well, you  
15 probably did go through idle training right? And the big  
16 thing in idle was one throat to choke. When we go out to  
17 a provider I want to give them one throat to choke and  
18 that's somebody, a representative from ITT, who will walk  
19 them through the complete process, help them fill out the  
20 forms, get those forms submitted to the Direct service  
21 providers.

22           And for a number of reasons. One, it makes  
23 it easy for them and hopefully it contributes to them.  
24 The other thing is it actually gives somebody from HITE/CT

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 some face time with the providers. And there's a lot of  
2 information that can be gained from that if we don't  
3 really have great ways to collect information about  
4 provider's needs currently. And one of the things  
5 certainly is, who are your trading partners? And we've  
6 talked about this with the behavioral health organizations  
7 already. They want to use Direct for transmission of  
8 behavioral health information about patients. And the  
9 first thing we've asked them is who do you trade with?

10 MS. KELLEY: Yeah.

11 MR. DeSTEFANO: What providers out in the  
12 community are close to you that we need to go talk to to  
13 let them know that you want to use this, you know, you  
14 want to take advantage of this voucher program. So really  
15 this is a very small -- I mean, we're not talking a lot of  
16 money here to do this for 1,200 mailboxes, And probably  
17 1,200 mailboxes might even be aggressive, I don't know  
18 that we'll be able to move that many or get that many  
19 people involved in it.

20 But certainly part of the process is not  
21 just about as Texas did, put it up on the website and say  
22 sign up for it and nobody did. It's about actively going  
23 out to the community, finding providers who are interested  
24 and working with them and the trading partners in their

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 area to try to get others to sign up to it too. And  
2 that's how we'll start to build up in that work and that's  
3 really what this -- it's sort of seed money to try to  
4 start building our network.

5 MS. KELLEY: And is that money that we need  
6 to do this within the \$500,000 that we currently have or  
7 is it with --

8 MR. DeSTEFANO: We -- in the SNOP we didn't  
9 ask for any more funds than according to our original  
10 contract we would have gotten over that period of time.  
11 So can we do this program right now, start it and still  
12 have operating funds for another, you know five, six,  
13 seven months? Yeah.

14 MS. KELLEY: And is the operating funds  
15 also including the legal costs that we're incurring?

16 MR. DeSTEFANO: The legal costs are part of  
17 -- are in the estimate, yeah.

18 MS. KELLEY: Okay.

19 VICE-CHAIRPERSON RAYMOND: To -- just one  
20 more reflection point that I think John started with but I  
21 think it's important to come back to this, is that the  
22 Plan that was put out there is not just a HITE/CT plan.  
23 We think that Health Information Technology, in order to  
24 be done right, it's a broad responsibility that have to

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 have multiple different actions to make them effective.  
2 So when you talk about who's influencing those groups to  
3 participate in a Direct Exchange, it shouldn't only be  
4 HITE because there are other touch points whether it's  
5 with other governmental entities or other requirements  
6 that people will have to report on that may also create  
7 incentive points for them to share their information that  
8 way.

9 And so that's the other part of the broader  
10 plan around improving Health Information Exchange that I  
11 think HITE's one part of it, but there's broader parts of  
12 it that also need to be brought to bear to help people  
13 create enough evidence or enough impetus to have people  
14 move from how they currently do their business today which  
15 is large -- you know, those people who don't have an EHR  
16 selection manual.

17 MR. DeSTEFANO: So one of the other  
18 elements of that approved Strategic and Operations Plan  
19 was to do a pilot project for the immunization registry to  
20 be able to utilize Direct Messaging for providers to be  
21 able to send immunization data to the State Registry. So  
22 there was a small amount of money in there to do a pilot  
23 project.

24 So as a demonstration since every EHR

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 pretty much -- there won't -- you know, there'll be  
2 certain segments of the provider community who aren't  
3 eligible for funding and will have very sort of specific  
4 EHRs that it's going to take their vender awhile longer to  
5 put Direct Messaging in although even the behavioral  
6 health EHR vendors are talking about putting Direct  
7 Messaging into their EHRs. So if that's going to be a  
8 sort of ubiquitous baseline inoperability function that  
9 every EHR is going to have, then we should try to utilize  
10 it as much as we can.

11 And so as Mark just said, there are a  
12 number of levers that need to be pulled here to get things  
13 moving in the right direction.

14 MS. KELLEY: I would agree that it  
15 shouldn't just be us but what I'm having a hard time  
16 understanding is we have a lot of people's covered lives,  
17 mine being one of them, that the State is part of. I  
18 mean, I'm a former State employee so my health insurance  
19 -- my wraparound to Medicare is my State health insurance,  
20 okay. There's all the Medicaid population, there's also  
21 the people that are going to purchase insurance through  
22 the Health Insurance Exchange that's coming up.

23 And one of the things that is depressing me  
24 as a consumer that's put a lot of time into this, is I was

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 hoping that not what HITE would do everything but we would  
2 be the leader to ensure that there's some rights  
3 protected, there's some quality in terms of how things are  
4 getting done. And so I'm just wondering, we're not using  
5 the number of covered lives that the state has, not in a  
6 heavy-handed way, but to provide the leadership to say  
7 this is the way we're going. You're doing business with  
8 the State of Connecticut and we need you to be doing it --  
9 first of all, we need you to be moving toward a Health  
10 Insurance Exchange. And then there's certain things  
11 within that that you should be doing in a particular way  
12 because this is the best practice and this is what the  
13 federal standard is.

14 And, you know, we're changing our model  
15 because it didn't work to not being that they're all going  
16 to hook into us, but that doesn't mean that we can't  
17 provide maybe a lot stronger leadership than we are. And  
18 I'm not saying HITE/CT per se, I'm saying the State of  
19 Connecticut. So I hadn't heard the regulatory thing  
20 mentioned before in our earlier discussions but I'm  
21 wondering why we're not looking into that. Maybe not  
22 regulating everything but at least regulating the things  
23 that the State of Connecticut is paying for if we're  
24 really serious that we want to be moving into an

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 electronic environment with protections for consumers.

2 And --

3 MR. BREMBY: I can't speak for everyone but  
4 I can speak for the Medicaid Agency, and we are very  
5 serious about having a platform available to share  
6 information about our 600,000 plus lives. The  
7 infrastructure hasn't been there.

8 MS. KELLEY: Ahum.

9 MR. BREMBY: I mean, many of us thought, I  
10 too because I did the same function in Kansas where we  
11 constructed an HIE, thought that the first phase of this  
12 Health Information Exchange would be different than the  
13 first phase of the internet. Somehow we thought that we  
14 would send medical records, you know, x-rays and -- I mean  
15 very large files in a ubiquitous fashion without looking  
16 back to see that in a startup e-mail for secure messaging  
17 that's probably where we should have started with the  
18 medical information.

19 But we had our eyes enlarged by a lot of  
20 folks who had some really deep, solid -- really good stuff  
21 and we purchased a lot of it. But coming back around to  
22 the importance of it, there is no way for us to begin to  
23 approach the cost currently unless we begin to apply the  
24 best tools available, and we're doing that. We think that

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 we need to incentivize the use of the tools and we're  
2 doing that through our person Cindy Holmes (phonetic) to  
3 ensure that people as they get certified they have the  
4 tools there. But it needs to go one step further, it  
5 needs best case or applied case analysis so that we make  
6 it a part of the way the people do their work. Right now  
7 I'm a little ashamed to tell you this, but we don't track  
8 our patients very well, we don't follow our patients very  
9 well in terms of care coordination from the time they  
10 enter a hospital till the time they leave.

11 Everyone presumes that people get  
12 discharged to home. We have thousands of people who are  
13 discharged to homeless shelters --

14 MS. KELLEY: Or the street.

15 MR. BREMBY: -- or the street.

16 MS. KELLEY: I've witnessed it.

17 MR. BREMBY: So we have to make sure that  
18 we're able to coordinate their care as well or we'll end  
19 up paying for more care in the hospital. So we're very  
20 serious about it, we're at this table, we submitted  
21 additional requests for information to support the  
22 technical you use, and we're very supportive of HITE/CT as  
23 an ongoing concern inasmuch as we're able to resolve the  
24 issues that are before us.

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1           But I understand your frustration, the  
2 world changed, we didn't change quick enough. But I think  
3 there's no lack of commitment on the part of at least DSS  
4 to see that we --

5           MS. KELLEY: Yeah, but I -- you know, and  
6 I'm witnessing it though as a patient. And I guess this  
7 is the good news of it, and some of this is through things  
8 like the medical home and the ACO and the other things  
9 that are happening, I am seeing that my providers are  
10 adopting these things, alright. It just -- you know, I  
11 don't have -- my husband is chronically ill, he has a  
12 zillion different providers, so they're not all adopting  
13 it exactly the same way.

14           And not that I dislike any of the stuff  
15 that's going on, I'm actually very excited about it. But  
16 it's not consistent. And the other piece of it is, is  
17 that we're pretty knowledgeable about all of this based on  
18 my background but a lot of consumers, you know, are not.  
19 And I was hoping that HITE/CT would be doing -- you know,  
20 and we were working on that, Chris and everything, a very  
21 large consumer education effort so that people understood  
22 what all this stuff that they were either signing at their  
23 doctor's office or not signing and that's not happening.  
24 So that's the vision that I -- you know, I would like to

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 see us going but unfortunately this will not happen.  
2 Axway has been -- you know, has slowed it down.

3 But there may be as you start to develop  
4 this voucher thing some way -- I'm not opposed to doing  
5 vouchers. I don't want to say that I am as long as the  
6 money is there, you know, and it has some longevity in  
7 terms of its plan. But I don't know that we shouldn't  
8 look at other things as well. And I don't even call it  
9 regulation I call it leadership, you know, on the part of  
10 the State of Connecticut because they are in fact spending  
11 an awful lot of money on health care. So, I mean use the  
12 leverage to help make it happen faster and maybe better  
13 than it would if there was nothing but vouchers.

14 MR. DeSTEFANO: And Brenda, you bring up a  
15 good point. And I think we -- and everybody always --  
16 timing is everything and we as people want things to  
17 happen real fast especially when it's something that we  
18 want to see happen. And, you know, the reality of it is  
19 -- I look around at other successful Health Information  
20 Exchanges so even RIQI, their marketplace, one of the  
21 success stories in the country. They -- from 2003 to  
22 2009, they have one employee. So they went six years,  
23 Laura Adams who is very well known, with one employee.

24 But she kept pushing the envelope, pushing

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 people until -- you know, and over a very short period of  
2 time when a critical mass reached they became very  
3 successful. In Maine very similar, they went a number of  
4 years, four years, with two employees. And now they -- as  
5 Vanessa and Minakshi will tell you, at the last ONC  
6 meeting we went to they were the guys that got all the  
7 plaques and the awards and everything for having moved  
8 things so fast. So I don't think it's -- I think we just  
9 -- everybody here wants it to happen real fast.

10 As you said, our issues with Axway have  
11 been frankly frustrating to everybody because it has put  
12 us in a position -- I mean, I came here in May, in June I  
13 stopped really doing what I was hired to do basically.  
14 And for that amount of period I've been sort of  
15 floundering to find a direction here. So I think we just  
16 have to be a little more patient. I do -- and as  
17 Commissioner Bremby just said, there's a lot of things  
18 happening elsewhere in the state. I think finally there  
19 is some -- a lot of talk going on about -- at the level of  
20 the State, what this should all look like. What does  
21 health reform look like at the State level, and those  
22 conversations are starting to happen.

23 And the fact that it took awhile for it to  
24 happen, you know, maybe that's just the natural course of

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 evolution with these things. I don't know any Health  
2 Information Exchange -- as I said, even the most  
3 successful ones who just started right out of the gate and  
4 became immediately successful. So I don't -- I haven't  
5 given up on this. This is still very viable and in fact  
6 when we get to meaningful use three, and now everybody has  
7 to exchange data between organizations that aren't wholly  
8 owned by one company, that is -- when that happens, this  
9 idea and what needs to be done, I think we'll see a lot  
10 more activity around because there'll be a lot of drivers  
11 in the market at that point.

12 But, you know, for right now the idea  
13 behind this voucher program just to go back to it, is to  
14 start to build a network and so we have to start  
15 somewhere. We weren't real successful out of the gate  
16 with what we had proposed, it just -- and the market  
17 changed very quickly and -- you know, for a lot of  
18 reasons. But this is what many other states have done.  
19 It's one of the advantages I guess of being a little bit  
20 behind in that you can learn from what everybody has done.  
21 And that's what we're trying to do here, we're trying to  
22 take some lessons that other states have learned and apply  
23 them here with this type of an incentive program to start  
24 to build a network.

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

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1                   VICE-CHAIRPERSON RAYMOND: And the other  
2 piece I think is, we're clearly not dumb. The ONC came  
3 back on the Plan that was submitted and said great, we  
4 approve. However, these are short-term activities and we  
5 need to see the longer term plan about how some of the  
6 things that you're talking about Brenda really get  
7 implemented across the board.

8                   So there's some more heavy lifting that the  
9 State needs to do, not just HITE. But that's actually  
10 been recognized by the folks who are looking to incent  
11 behavior change in this space. So you're not alone in  
12 recognizing that that need to do something more.

13                  DR. BUCKMAN: A few questions if I may.  
14 This voucher then, if we say okay we're going to do this  
15 and we send the vouchers out and whatever we do, do we  
16 then -- are we then submitting a request for release of  
17 more funds or is this just coming out of the funds that we  
18 currently have?

19                  MR. DeSTEFANO: It comes out of the funds  
20 that we currently have.

21                  DR. BUCKMAN: Okay that's one, that's good.  
22 Two, there's one line there for marketing and you talked  
23 about boots on the ground and going to offices and making  
24 phone calls and all that. And to me if you're looking for

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 1,500 providers, spending \$100 per provider to do that I  
2 think is grossly under funded.

3 MR. DeSTEFANO: But you know -- alright,  
4 possibly. No, you make a good point. Part of this we  
5 sort of have to fit within the budget that we have and  
6 that's something we tried to do. Now as I said, the 1,200  
7 mailboxes may be aggressive especially over the course of  
8 the next eight to nine months. That's probably an  
9 aggressive number.

10 That I'm aware of, no other states have had  
11 that kind of pickup in that short of period of time. So  
12 the \$144,000 I think at top, is probably more money there  
13 than we're actually going to spend.

14 DR. BUCKMAN: I would suggest doubling the  
15 marketing on it.

16 MR. DeSTEFANO: Good point.

17 MR. BREMBY: But another caveat we may want  
18 to keep in mind is that the ONC remunerated the RECs at  
19 about \$100 per signatory to providers coming onboard. So  
20 if we're looking at 1,500 we're going to be very close to  
21 the actual allocation by ONC to get people signed up in  
22 the first place. Now we're going to pay them about the  
23 same amount to use the system. So, you know, that might  
24 be the ballpark in terms of marketing the 1,500. That's

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1       only if we leverage --

2                       DR. BUCKMAN: I'm not sure if that's your  
3       number there Commissioner.

4                       MR. BREMBY: Huh?

5                       DR. BUCKMAN: I'm not sure if that your  
6       number with this \$100 you're referring to is reflecting  
7       because that is not what the RECs were being reimbursed.

8                       MR. BREMBY: How much were the RECs being  
9       reimbursed here? I'm sorry, that's the number we used.

10                      DR. BUCKMAN: Okay, I think that's -- that  
11       number is --

12                      MR. BREMBY: How much did you guys  
13       reimburse the RECs here?

14                      DR. BUCKMAN: It's not a direct  
15       reimbursement.

16                      MR. BREMBY: Okay, for everyone you signed  
17       up how much were the RECs paid?

18                      DR. BUCKMAN: You can't -- the way it's set  
19       up in Connecticut --

20                      MR. BREMBY: Yeah.

21                      DR. BUCKMAN: -- you can't answer that  
22       question.

23                      MR. BREMBY: Wow, we had to certify --

24                      DR. BUCKMAN: It is not a per signup fee

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 that's paid to the REC.

2 MR. BREMBY: We had to certify a number.

3 DR. BUCKMAN: I understand what you're  
4 saying.

5 MR. BREMBY: Do you know how many they  
6 signed up?

7 DR. BUCKMAN: Currently we're 1,202, I  
8 think.

9 MR. BREMBY: 1,202, and how much did you  
10 bill ONC -- I'll back into it the other way.

11 DR. BUCKMAN: I can't tell you -- I can't  
12 give you the --

13 MS. TIKOO: I think we got something like  
14 upward \$3 million, right? Something in that ballpark  
15 right?

16 DR. BUCKMAN: Yeah, yeah.

17 MR. BREMBY: For 1,202?

18 DR. BUCKMAN: Yeah.

19 MS. TIKOO: I think they counted at 1,308.

20 DR. BUCKMAN: Yeah, target is still a  
21 little over 1,300. So be care -- you know, I think you've  
22 got to be careful with numbers like -- Connecticut is a  
23 different bird. Again, now I'll put it on my -- okay,  
24 here I'm sitting in my office and doing my work and where

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 do we have the most need for communication? Where are the  
2 most requests coming from? And I'm going to tell you that  
3 most requests come from the underwriters, the insurance  
4 company underwriters. They are the ones who are always  
5 looking for medical records, okay. That is the one -- far  
6 and above the largest request we get for medical records.  
7 And I think that's something that's been overlooked  
8 totally.

9 MR. DeSTEFANO: I'll take a look at that.  
10 I mean, we have tried to have some conversations with --

11 DR. BUCKMAN: But again, part of the issue  
12 may be then, you know, at CCD or CD, it isn't what they're  
13 looking for. It might not be enough for them so that's  
14 got to be part of the discussion is okay, when you guys  
15 are looking for information what do you need, can we  
16 deliver it?

17 MR. DeSTEFANO: No, I'll write those down  
18 and I'll take a look at them.

19 DR. THORNQUIST: You can also ask what they  
20 paid for that.

21 DR. BUCKMAN: Well that's -- I didn't want  
22 to state the obvious.

23 MS. KAPRAL: John, is that slide in the  
24 SOP?

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 MR. DeSTEFANO: No, this is revised.

2 MS. KAPRAL: Thank you, okay, because I'm  
3 making myself crazy looking.

4 MR. DeSTEFANO: Oh, I'm sorry.

5 MS. KAPRAL: Thank you.

6 MR. DeSTEFANO: This is actually the  
7 revised Direct voucher plan.

8 MS. KAPRAL: Okay.

9 MR. DeSTEFANO: So it came out --  
10 essentially it came out looking but it's not the exact  
11 same numbers.

12 MS. KAPRAL: Okay, thank you.

13 MR. DeSTEFANO: You know, and it has a lot  
14 more detail around what the process is and how we would  
15 execute on such a plan.

16 MS. KAPRAL: Okay.

17 MR. DeSTEFANO: So are there any other  
18 questions, comments? In the interest of being able to  
19 move this forward at the pace that we think we need to  
20 move it forward, it's difficult to wait for Board meetings  
21 every month because there may be decisions that have to be  
22 made around moving it. So what I'd like to suggest is  
23 that the Executive Committee be given -- since it's the  
24 smaller group and easier to convene, that the Executive

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 Committee be able to provide oversight over this plan to  
2 move it forward. And I think we might have to have a vote  
3 on that, or?

4 DR. THORNQUIST: Do you want to delegate a  
5 Board --

6 DR. BUCKMAN: Okay, I just have -- it seems  
7 like a silly, I guess point of information or request for  
8 information, who is currently on the Executive Committee?

9 MR. DeSTEFANO: Well, Mark is on the  
10 Executive Committee, Dan, Mark Masselli, and that's what  
11 we're down to.

12 MS. KRAUS: (Indiscernible).

13 MR. DeSTEFANO: Oh that's right.

14 MS. KRAUS: And Dan, Kevin Carr --

15 MR. DeSTEFANO: Yeah, Kevin is difficult  
16 some times. I mean, Kevin does participate when he can.

17 MS. KRAUS: Mark as the Vice-Chair would be  
18 on it.

19 MR. DeSTEFANO: Yup, and Mark Masselli.

20 DR. BUCKMAN: Okay.

21 MR. DeSTEFANO: And certainly we'll report  
22 back on progress and changes to the Plan. And the Plan is  
23 pretty well done. I mean, I will take some of these  
24 comments back and try to incorporate them into it and I'll

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 send it out to everybody. But in the interest of  
2 executing it quickly and getting things moving, if in fact  
3 that's something that we want to do. I think based on the  
4 Strategic and Operation Plan that we submitted, I mean,  
5 we're bound to do this.

6 MR. CHUDWICK: Are you looking for an  
7 authority to expend funds John as well or -- because  
8 that's got to be part of the motion if that's what you  
9 want the Executive Committee to do.

10 MR. DeSTEFANO: I mean, these wouldn't be  
11 funds beyond what we've already --

12 MR. CHUDWICK: They're currently in the  
13 budget but are they designated for this type of activity  
14 because then the Board should approve them being  
15 reallocated for this type of activity, so.

16 MR. DeSTEFANO: I'll take your advice on  
17 that.

18 MS. PAKULIS: Concerning to fund the pilot,  
19 part of the \$500,000 that sits there now --

20 MR. DeSTEFANO: This would be part of that,  
21 right.

22 MS. KELLEY: But there's no -- and so how  
23 much are we talking about, \$50,000 -- what did you say, I  
24 can't read what's here.

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 DR. BUCKMAN: \$270,000 roughly?

2 MR. DeSTEFANO: Yes. You know, if we  
3 increase the marketing budget a little.

4 VICE-CHAIRPERSON RAYMOND: Can you expand  
5 that way up?

6 MR. DeSTEFANO: Yeah.

7 VICE-CHAIRPERSON RAYMOND: So right now  
8 it's sitting at -- for those on the phone, it's sitting at  
9 \$247,000. There was a suggestion doubling the marketing  
10 budget, which would bring it up to \$262,000.

11 MS. KELLEY: So let me ask another  
12 question. So I heard -- I wrote down when Chris was doing  
13 the financial report that our costs on a monthly basis are  
14 running between \$28,000, \$40,000, something like that.

15 MS. KRAUS: Right, ahum.

16 MS. KELLEY: Does that include our legal  
17 costs?

18 MS. KRAUS: Yes.

19 MS. KELLEY: But legal costs are based on  
20 activity right?

21 MS. KRAUS: Yes.

22 MS. KELLEY: So potentially the legal costs  
23 could go up.

24 MS. KRAUS: They fluctuate each month.

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 MS. KELLEY: Right, but I mean depending on  
2 how our work with Axway proceeds they could increase. So  
3 we have about half the money that we have left for this  
4 voucher program and the other half is to cover staff  
5 salaries, all of our regular expenses and our legal costs,  
6 which right now are averaging let's say \$40,000 just  
7 because I worry about the legal costs. So I can't do the  
8 math really quickly in my own head but that gives us how  
9 many months?

10 MR. DeSTEFANO: Five, six months.

11 DR. BUCKMAN: Five or six months.

12 MS. KELLEY: Yeah, and then what happens --  
13 I'm looking at Bruce. I'm looking at Bruce, I mean if we  
14 run out of money in the sense that we'd only have four to  
15 six months, then we may end up with another group of  
16 people unhappy with this called our lawyers. And also, I  
17 don't know enough about the staff contracts to know what  
18 our obligation is to the staff, if something happened that  
19 we actually ran out of money, so I don't -- I can't say I  
20 --

21 MR. DeSTEFANO: Well, we don't get paid.

22 MS. KELLEY: -- well no, but I'm not -- I  
23 don't want you not to get paid but there are other issues  
24 rather than not getting paid.

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 DR. BUCKMAN: If this is successful are we  
2 then able to go to ONC and ask for more release of funds?

3 MS. KELLEY: No.

4 MR. DeSTEFANO: I think that that is  
5 contingent on --

6 DR. BUCKMAN: So there's no more release of  
7 funds.

8 MS. TIKOO: No, there is no more funds --  
9 no more grant funds, none.

10 MS. KELLEY: Right.

11 MR. DeSTEFANO: Until and unless we --

12 DR. BUCKMAN: No, no, no but I thought we  
13 had \$1.2 million that has not yet been released.

14 MS. KELLEY: Yes.

15 MS. TIKOO: You have the \$1.2 depending on  
16 the activity --

17 DR. BUCKMAN: I thought you had funds that  
18 had not been released to HITE but are in the original  
19 grant.

20 MS. KRAUS: \$1.2 million.

21 MR. DeSTEFANO: \$1.2 million.

22 DR. BUCKMAN: Right, and those have to be  
23 -- would this make it eligible to release those funds  
24 because right now they're not going to release funds

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 because we haven't met contractual obligations?

2 MR. DeSTEFANO: And I think the answer is  
3 ONC gave us every indication that the grant funding would  
4 continue --

5 MS. KELLEY: But the issue is -- again, the  
6 issue is, and I don't want to over-talk this because I  
7 don't want to go beyond what we should doing and not going  
8 into executive session, but the issue is that's assuming  
9 we can spend those funds and not have to worry about  
10 covering bills to Axway or to our legal staff, you know.

11 And so I'm not -- I mean, I understood that  
12 we had \$1.2 million and if that's what we had I would have  
13 no doubt to say let's go forth and try this. But I'm a  
14 little worried right now about given the situation that  
15 we're in of spending until we have a little bit more  
16 information, spending that money right now.

17 DR. BUCKMAN: That being the other side of  
18 --

19 DR. THORNQUIST: Let me pose that question  
20 the other way.

21 DR. BUCKMAN: We've got it, let's just  
22 spend it.

23 MS. KELLEY: But we don't have it, we only  
24 have \$500,000.

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 DR. THORNQUIST: Well, let me pose it a  
2 different way because that wasn't -- there must be three  
3 sides to this coin. My questions is, can you access the  
4 rest of that grant without doing this or something timely?

5 DR. BUCKMAN: No, that's already been said  
6 no.

7 MR. DeSTEFANO: Yeah, I mean that's --

8 DR. THORNQUIST: So then the point is we  
9 have to have a product moving forward or the rest of that  
10 money doesn't come no matter what.

11 MS. PAKULIS: Does it jeopardize though --  
12 the money that you will spend here, does that put us in  
13 jeopardy based on what we talked about?

14 DR. BUCKMAN: No.

15 MR. CHUDWICK: You have the money in the  
16 budget, if you reallocate it for that purpose and then you  
17 go forward and after six months all the rest of the money  
18 is gone, you have two at-will employees who no longer have  
19 jobs and --

20 MR. DeSTEFANO: We're done.

21 MR. CHUDWICK: -- you're done because  
22 there's no more source of funding coming in.

23 MS. PAKULIS: Okay, so that -- and again,  
24 like Brenda said without going into executive session,

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 that doesn't harm us in any way --

2 MR. CHUDWICK: I don't think it does.

3 MS. PAKULIS: Okay.

4 DR. BUCKMAN: So I'd like to make a motion  
5 that we authorize the Executive Committee to put this Plan  
6 into action with a budget limited to \$270,000 -- no more  
7 than \$270,000.

8 DR. THORNQUIST: I'll second.

9 MS. PAKULIS: Will all that money be spent  
10 between this meeting and the next meeting?

11 VICE-CHAIRPERSON RAYMOND: No.

12 MS. KRAUS: No.

13 DR. BUCKMAN: Then we go into another  
14 executive session.

15 MR. DeSTEFANO: That's probably a year --  
16 it would probably take us a year. I mean, I'd like to be  
17 more optimistic and say --

18 MS. PAKULIS: You just want to be able to  
19 move it and know that you've got some place to --

20 MR. DeSTEFANO: I just want to be able to  
21 know that when we go out to the providers that yeah,  
22 you're guaranteed -- if you want to do this then we have  
23 the guaranteed funding for it.

24 MS. KAPRAL: It's got to be spent by March.

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 MR. DeSTEFANO: Right.

2 MS. KAPRAL: Yeah.

3 MS. KELLEY: Oh, 2014?

4 MR. DeSTEFANO: Correct.

5 MS. KELLEY: For grant --

6 DR. THORNQUIST: We've already missed that  
7 deadline.

8 MS. KELLEY: -- well I know, but --

9 DR. BUCKMAN: Or by September of 2013,  
10 depending on how you look at it.

11 MS. KAPRAL: Or the latest, hurry up and  
12 hurry up.

13 DR. BUCKMAN: Yeah.

14 MS. KELLEY: So let me ask just another one  
15 more question. Well, I'm not going to ask --

16 VICE-CHAIRPERSON RAYMOND: Okay, so we have  
17 a motion and a seconded motion to allow the Executive  
18 Committee to execute on the Direct voucher strategy up to  
19 the budget amount of \$270,000, which is what I heard. All  
20 in favor of approving that motion?

21 ALL VOICES: Aye.

22 VICE-CHAIRPERSON RAYMOND: Any --

23 MR. CHUDWICK: Folks on the phone voting  
24 Aye or --

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 MS. KAREN BUFFKIN: It's Karen Buffkin,  
2 OPM, who doesn't have a vote.

3 MR. CHUDWICK: Right.

4 VICE-CHAIRPERSON RAYMOND: Kevin, Dan and  
5 --

6 MS. KRAUS: Dan's fine?

7 MR. DAN CARMODY: Yup, I'm fine.

8 MR. CHUDWICK: Okay.

9 VICE-CHAIRPERSON RAYMOND: Any opposed?

10 MS. KELLEY: I'm going to have to be  
11 opposed.

12 VICE-CHAIRPERSON RAYMOND: Okay, we have  
13 one opposition.

14 MS. KAPRAL: And I just have a question.  
15 I'm not a voting member but DPH would like to see a copy  
16 of the revised Plan because we're --

17 MR. DeSTEFANO: Yeah, I mean it's all  
18 contingent on --

19 MS. KAPRAL: -- yeah, because --

20 MR. DeSTEFANO: -- again, we should mention  
21 that it's contingent on our contract with DPH.

22 MS. KAPRAL: -- we have to approve the  
23 funds, yeah.

24 VICE-CHAIRPERSON RAYMOND: Okay. So one

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 vote against --

2 MR. CHUDWICK: Everyone else in favor.

3 VICE-CHAIRPERSON RAYMOND: -- and motion  
4 carries. Okay John, was that -- do you have anything else  
5 in your report?

6 MR. DeSTEFANO: No, I don't.

7 MR. BREMBY: Just a quick comment. I'd  
8 like to commend staff first for coming up with something  
9 that is workable and something to pursue. It's easy to  
10 get paralyzed in the context of what we're working in but  
11 to have an alternative to move the process forward toward  
12 the original set of goals, you're to be commended with  
13 your staff and your team, so.

14 MR. DeSTEFANO: Well thanks, and obviously  
15 we've had considerable input into this and we thank you  
16 for that.

17 MR. BREMBY: Thank you.

18 VICE-CHAIRPERSON RAYMOND: So then next is,  
19 is there any other business or comments that folks want to  
20 make under section five of the agenda? Okay, and not  
21 hearing any at this point I'll open it up to public  
22 comment. Do we have any public comment? Hearing none --

23 DR. BUCKMAN: Move to adjourn.

24 VICE-CHAIRPERSON RAYMOND: -- I'll take a

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
APRIL 2, 2013

1 motion to adjourn the meeting. Motion made --

2 DR. THORNQUIST: Second.

3 VICE-CHAIRPERSON RAYMOND: -- seconded,  
4 alright, then the meeting is closed.

5 (Whereupon, the meeting was adjourned at  
6 6:10 p.m.)