

VERBATIM PROCEEDINGS  
DEPARTMENT OF PUBLIC HEALTH

CONNECTICUT HEALTH INFORMATION  
TECHNOLOGY AND EXCHANGE  
DR. JEWEL MULLEN, CHAIRPERSON

APRIL 16, 2012

101 EAST RIVER DRIVE  
EAST HARTFORD, CONNECTICUT

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RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE  
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1 . . .Verbatim proceedings of a meeting in  
2 the matter of Connecticut Health Information Technology and  
3 Exchange, held at 101 East River Drive, East Hartford,  
4 Connecticut on April 16, 2012 at 4:38 P.M. . . . .

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7  
8  
9 CHAIRPERSON JEWEL MULLEN: Good afternoon  
10 everyone, and welcome back to our next HITE/CT Board of  
11 Director's meeting. We can start with a review and  
12 approval of last month's minutes.

13 MALE VOICE: So moved.

14 MALE VOICE: Second.

15 CHAIRPERSON MULLEN: Any discussion,  
16 corrections, deletions, additions? Okay, so all in favor?

17 VOICES: Aye.

18 CHAIRPERSON MULLEN: Opposed?

19 MS. BETTYE JO PAKULIS: I'm abstaining.

20 CHAIRPERSON MULLEN: I've gotten some --

21 MR. MARK MASSELLI: Meg, can you move the  
22 phone?

23 MS. MEG HOOPER: Yup.

24 CHAIRPERSON MULLEN: My own abstentions

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1 sometimes have gotten lost in meeting proceedings, so if I  
2 stop a minute and ask for actual opposition or abstention,  
3 I think it allows space to record that and acknowledge that  
4 there might be reasons that sometimes people need to do  
5 that, so -- okay, so one abstention.

6 MS. PAKULIS: Thank you.

7 CHAIRPERSON MULLEN: So this has been an  
8 addendum item for awhile. Let's go back to Exchange  
9 Coordination and PIN requirements and the Coordination  
10 people.

11 MS. HOOPER: Thank you.

12 CHAIRPERSON MULLEN: Okay.

13 MS. HOOPER: The PIN requirements, you all  
14 received those. The last PIN requirements is again,  
15 focusing on the privacy and security. DPH took a look, but  
16 I don't know if Legal and Policy should also be taking a  
17 look on how those PIN requirements will play out in the  
18 Strategic and Operational Plan. That was all I needed to  
19 say on that, to encourage the Legal and Policy Committee to  
20 really do a review for the Board.

21 On the Coordination team, we had a great  
22 meeting prior to this with DSS, the REC, the Capital  
23 Community College, HITE/CT and DPH. We're all going to be  
24 working on how communication can be coordinated, also

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1 online access to materials, information, distance learning  
2 opportunities, signing up for DSS and CMS. So we are  
3 working very much on trying to get it coordinated, not only  
4 communication but access to information and services for  
5 the overall HIE system in the State of Connecticut. So it  
6 was a very great meeting and I want to thank everybody who  
7 was able to attend. And that's it for me.

8 CHAIRPERSON MULLEN: So are there any  
9 questions or comments about that?

10 MR. JOHN LYNCH: Yeah. Meg, with the  
11 Coordination team, I know one of our PIN kind of  
12 requirements is going to be some new metrics, some  
13 reporting, how many achieving meaningful use, etc. Are you  
14 beginning to work through that process of how we're going  
15 to share in figuring out how we meet that?

16 MS. HOOPER: Thank you John, yes. One of  
17 the things that DSS and the REC are going to provide some  
18 numbers for us to be able to report to ONC both in  
19 recognizing their efforts but also as part of the  
20 performance measures. Scott Cleary and his team will be  
21 checking with their Board on really how much can be shared.

22 Certainly they are going to be able to provide us with the  
23 providers signed up with them that are meeting milestones  
24 one, two and three.

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1                   In addition, we're going to be reporting the  
2 students that have been trained and placed into the HIT  
3 technology workplace. So yes, we are getting some numbers  
4 and I am looking forward to Peter and Mark for some numbers  
5 on the providers that are exchanging information  
6 electronically. Peter, you're going to get me something  
7 right?

8                   MR. PETER COURTWAY: Yes, Ma'am.

9                   MS. HOOPER: And Mark is getting me the  
10 Community Health Centers. So as ONC moves forward  
11 performance measures as with all other federal funds,  
12 really important as they go forward to Congress trying to  
13 request funding for their agencies to show how their monies  
14 have been effectively used in the State.

15                   CHAIRPERSON MULLEN: So question for Mark  
16 Masselli, do you need us from DPH to reach out to the  
17 Community Health Center Association or are you set?

18                   MR. MASSELLI: Well, for CHC I could do  
19 that. We might want to -- I can give Evelyn a call, is  
20 that what you want as well Meg?

21                   MS. HOOPER: You know Mark, that would be  
22 great, or if you wanted me to call her, but that would be  
23 terrific. If there's information both from you and from  
24 Evelyn, that would be very helpful.

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1 MR. MASSELLI: Yeah, no, I'll send Evelyn an  
2 e-mail now.

3 MS. HOOPER: Thank you very much Mark.

4 CHAIRPERSON MULLEN: Okay, so then I won't.  
5 Thank you. Okay, Treasurer's report?

6 MS. HOOPER: Tom is on the phone.

7 CHAIRPERSON MULLEN: Okay we're up to  
8 Treasurer's report, unless we need to skip it --

9 DR. THOMAS AGRESTA: Hi, this is Tom. I'm  
10 actually on my way in --

11 CHAIRPERSON MULLEN: Okay.

12 MS. HOOPER: We can hold on that.

13 DR. AGRESTA: Yeah, if you can delay it for  
14 a few minutes I can do it. Or if Dave would like to report  
15 on what he has sent me, either way is fine.

16 MR. DAVE GILBERTSON: We'll wait for him.

17 CHAIRPERSON MULLEN: Okay, so we're going to  
18 wait for you.

19 DR. AGRESTA: Okay.

20 MS. HOOPER: Did someone else just call in  
21 please?

22 DR. KEVIN CARR: Hi, this is Kevin Carr.

23 MS. HOOPER: Hi Kevin.

24 DR. CARR: Hello.

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1 CHAIRPERSON MULLEN: Okay, so what we'll --

2 MR. LYNCH: Move we move the Treasurer's  
3 report item to later in the agenda.

4 CHAIRPERSON MULLEN: Second?

5 MALE VOICE: Second.

6 CHAIRPERSON MULLEN: Okay, thank you. So we  
7 can move down to item five, and thank you very much for  
8 sending us out all the materials in advance. I'm just  
9 going to turn this to you.

10 MR. GILBERTSON: Okay, good. What I want to  
11 do is provide just a brief update, and there's a lot of  
12 things to cover in the agenda, so most of my information is  
13 in the distributed materials. There's -- beside the CEO  
14 update, which I'll briefly touch on, I also distributed an  
15 Excel document that shows the linkages between our overall  
16 program budget and in the out years from FY '12 all the way  
17 through FY '15.

18 And there's different caps in there, so  
19 there's one that shows the overall program budget which has  
20 all of our costs and all of our projected revenues. The  
21 projected revenues were derived based on the proposed fee  
22 schedule that's also in that document, and the proposed  
23 adoption rate which is also in that document. There's also  
24 a tab that shows our operating budget, which is the number

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1 that reflects what it costs us as an organization, HITE/CT,  
2 to hire and staff the functions that we're responsible for  
3 within this whole program.

4 So there's certain things the vendor is  
5 responsible for and there's certain things that we have to  
6 do as an organization. And so the funding for that is also  
7 identified in there. The Finance Committee has this. We  
8 worked in great detail with the Finance Committee on this.

9 There are some -- they're still working with it so it was  
10 not ready to come to the Board for final approval. Once  
11 they're done they'll bring to the Board through the Finance  
12 Committee. And what we'll be asking for is approval for  
13 the fee schedule and the operating budget.

14 The other thing I shared is the -- I sent  
15 out for Legal and Policy, which they'll be covering -- yes  
16 Ma'am.

17 MS. BARBARA PARKS-WOLF: Just what is the  
18 timeframe on the budget?

19 MR. GILBERTSON: Next Board -- so we have an  
20 approved budget currently so the Board meeting for next  
21 month, which is in May -- the latest will be June because  
22 HITE/CT is on the State fiscal year. So we want to have  
23 the '13 budget approved by the end of June.

24 MS. PARKS-WOLF: And so in the -- I actually

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1 didn't notice the tabs, but so you've got the operating  
2 budget, the contracts, you've got all the different pieces  
3 --

4 MR. GILBERTSON: Yes.

5 MS. PARKS-WOLF: -- all together. So you  
6 showed a funding gap for this fiscal year.

7 MR. GILBERTSON: Yes.

8 MS. PARKS-WOLF: And so is the Committee --  
9 is the Board going to be addressing that before the end of  
10 the fiscal year or?

11 MR. GILBERTSON: I'm sorry, could you repeat  
12 the question?

13 MS. PARKS-WOLF: So is the Board going to be  
14 addressing that before the end of the fiscal year?

15 MR. GILBERTSON: The funding gap that we  
16 currently have is right now being addressed between us and  
17 Axway. So most of the funding gap is in what we're going  
18 to be able to afford to pay Axway up until we get  
19 additional funding. And so we're working -- they're aware  
20 that there are certain bills that we're not going to be  
21 able to -- we're going to have to delay payment on.

22 So I don't know if that answers your  
23 question or not, but we're working -- we have to work with  
24 Axway and we're just going to have to delay payment on some

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1 of those bills unless we have another solution, which I  
2 will be bringing, like I mentioned in here, some  
3 alternatives to the Executive Committee and we'll talk  
4 about what our alternatives are. Does that answer your  
5 question?

6 MS. PARKS-WOLF: Yeah. So that's the  
7 \$186,000 at the bottom of one of the pages I have?

8 MR. GILBERTSON: That's right, that's right.

9 CHAIRPERSON MULLEN: So Barbara's eyebrows  
10 went up. Some people looked to the ceiling, some people  
11 looked sideways and I suspect there might be some other  
12 follow-up questions to that unless people don't have any.  
13 But I thought based on what you just said, perhaps -- I  
14 know we're right in the middle of your report.

15 If you have a question about whether that's  
16 okay -- I mean, you can hear we're going to address it with  
17 Axway and then wonder is that okay, is there a problem  
18 here, how are we dealing with that? And those would be  
19 very appropriate questions for this Board to ask, I  
20 believe. So --

21 MS. PARKS-WOLF: Well -- and my other  
22 question is that if you're going to approve a budget in  
23 June for 2013 and it requires other support other than  
24 assessments and a federal grant, how are you going to

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1 address that at that point in time?

2 MR. GILBERTSON: You're talking -- okay, so  
3 if I understand your question, in the FY '13 budget --

4 MS. PARKS-WOLF: Whatever shortfalls there -  
5 -

6 MR. GILBERTSON: I'm going to add two line  
7 items in particular that are in there. One is potential  
8 funding through Medicaid --

9 MS. PARKS-WOLF: -- revenue, yeah.

10 MR. GILBERTSON: -- right, revenue. And the  
11 other one is potentially some bond funding. So if we don't  
12 get those how are we going to address '13, is that your  
13 question?

14 MS. PARKS-WOLF: Yeah, because then you're  
15 coming up to the line of the fiscal year.

16 MR. GILBERTSON: I'm sorry, I'm not hearing  
17 --

18 MS. HOOPER: Then you're on the line for the  
19 fiscal year if the Board doesn't get to it in June or  
20 decisions about the 2013 budget in June. So May would be  
21 more appropriate, is that what I'm hearing you say?

22 MS. PARKS-WOLF: Well, it just doesn't give  
23 a lot of time to --

24 MR. GILBERTSON: Yes, we're hoping to bring

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1 it in May. I just need the Finance Committee to sign off  
2 on it before we bring it to this Committee. And they have  
3 it, they're working on it. They just did not get to it  
4 before this Committee. If -- you know, the real question  
5 is what do we do in '13 if we don't get that funding that  
6 we talked about in there, and that's something the Board  
7 will have to deal with if that happens.

8 CHAIRPERSON MULLEN: So I can keep us in FY  
9 '12 for one moment before we go to '13? I know you had to  
10 --

11 MR. MARK HEUSCHKEL: Yes, I --

12 CHAIRPERSON MULLEN: -- asking about FY '12.

13 MR. HEUSCHKEL: Well, I just have a comment  
14 about FY '12 actually.

15 CHAIRPERSON MULLEN: Okay.

16 MR. HEUSCHKEL: It's -- and may be it's --

17 CHAIRPERSON MULLEN: I can't hear you too  
18 well.

19 MR. HEUSCHKEL: It may be a moot point  
20 because this was already out but, I mean, you have this in  
21 this projection of funding gap and if I heard what you were  
22 saying earlier, it's not that it's a funding gap -- well,  
23 it is from the standpoint about what was originally  
24 proposed, but fundamentally you're just tracking the budget

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1 and you're saying you're going to have to make an  
2 adjustment with what you're paying Axway.

3 So I guess my point is it's not -- arguably  
4 it's a funding gap but it's really a little bit different  
5 because '12 is the current year we're in, it's really just  
6 budget tracking.

7 MR. GILBERTSON: That's correct.

8 MS. PARKS-WOLF: So is Axway the only  
9 adjustment? Is that the only option for adjustment?

10 MR. GILBERTSON: That's the only place we  
11 can go. I mean, there is no other place to go that I know  
12 of for dollars, so if there are other -- and by the way, I  
13 have met and I know that Dr. Mullen has met with OPM, and  
14 they are aware that we have this issue. If there are other  
15 things we can do to address it, then that would be great.

16 But short of that, I mean that is the -- we  
17 have one source of funding right now and that's our grant  
18 funding and any revenue that we can bring in, and I'll talk  
19 about what that schedule -- what our action plan is for  
20 starting to generate revenue. But that's our only source  
21 of funding at this point so we have no other -- we have  
22 nowhere to go to get more dollars at this point other than  
23 what we've done, which is talk to OPM and try to at least  
24 address the gap in '13. And I think with Axway, you know,

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1 if they see we have a plan and a strategy for funding this,  
2 I think they're willing to work with us.

3 CHAIRPERSON MULLEN: May I -- Peter, could  
4 you speak so that I don't --

5 MR. COURTWAY: I'd be more than happy to.

6 CHAIRPERSON MULLEN: Thank you.

7 MR. COURTWAY: Fundamentally we have it in  
8 balance between what our plan cash outlay was in the  
9 contract versus what the plan revenue was coming in for  
10 sales of the product. To date we have a number of pilots  
11 signed up but we have no sales revenue coming in. And I  
12 think that that is the focus right now that Dave is working  
13 on with Axway for a couple of different things.

14 One is -- I think it's in the report, but  
15 the development of the marketing plan, the sales plan and  
16 getting that sales activity going because fundamentally  
17 that's what sustains this organization in the future. It's  
18 not sustained by continued grant money and continued  
19 searching for funds. It's sustained by revenues and that  
20 is the fundamental gap. So we had planned on making sales  
21 that would easily have covered the dollars that were coming  
22 due. Those sales haven't taken place for a full variety of  
23 reasons and that's why the focus now is on jumping on that.  
24

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1           At the same time, making sure that we don't  
2           leave any funds on the table that otherwise would help us  
3           jumpstart and keep moving this forward whether or not it's  
4           being able to take advantage of some other funding through  
5           Medicaid or other funding through bond notes. But  
6           fundamentally we've got to get the sales. That's where we  
7           are.

8           MS. PARKS-WOLF: Would that revenue have  
9           come in through the pilot if that would have been started  
10          or was it some other source of --

11          MR. COURTWAY: Well that's actually one of  
12          the things that Axway pointed out because we did make a  
13          decision to let the pilots get, both with the discounted  
14          right up front as well as a deferment of the dollars to be  
15          paid as an incentive to bring organizations onboard. And  
16          for that incentive we did pick up four hospitals that are  
17          interested in the pilot. We did pick up like 17 other,  
18          there's 21 total that are a variety of large practices,  
19          some small practices, some challenges, because they're  
20          behavioral practices.

21          So we have interested parties that are  
22          participating in the Tec Committee, and in the discussions  
23          forming, how do we jumpstart getting the technology in.  
24          Had we charged full freight for four hospitals and those

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1 practices up front, they would have covered the gap that's  
2 in there, but we made the conscious decision of it. I  
3 think the discussion with Axway is that it was -- they --  
4 we never discussed that with our training partner that  
5 that's what we were going to do.

6 MS. PARKS-WOLF: Ahum.

7 MR. COURTWAY: So at the point that we did  
8 this, there was this imbalance back and forth and the  
9 contract was clear in terms of, you know, our partners.  
10 And so it just means that organizationally we'll have to  
11 hold a receivable for a more extended period of time until  
12 the revenue comes in and we can clear that revenue off the  
13 books so it's equal.

14 MS. PARKS-WOLF: So it's really more to do  
15 not with the timing of the pilot but with the discount for  
16 the participants.

17 MR. COURTWAY: The discount and the sales.  
18 We've got to get to a sales plan -- a planned sales  
19 program, and there's progress being made on that to both in  
20 terms of what the pricing schedule would be, you know,  
21 bring Axway resources to the table help on those marketing  
22 efforts so we can really get that moving.

23 MS. PARKS-WOLF: Thank you.

24 CHAIRPERSON MULLEN: So was that helpful

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1 clarification? Somebody say yes.

2 VOICES: Yes.

3 CHAIRPERSON MULLEN: If not -- okay, thanks.

4

5 MS. ELLEN ANDREWS: I have a question about  
6 the bond money. Which Agency is that coming out of, the  
7 allotment, and is it to bridge operating funds or is it --

8 MR. GILBERTSON: No.

9 MS. ANDREWS: -- to pay for software of --

10 MR. GILBERTSON: That would be a capital  
11 expense, so it would software procurement.

12 MS. ANDREWS: -- and how much is it and  
13 which Agency?

14 MR. GILBERTSON: It's -- the \$5.9 million is  
15 the software expense. I don't know how it works into which  
16 Agency yet. It's rolled up -- we're trying to verify  
17 exactly where it's showing up in the bond package. I don't  
18 know that we've gotten that answer yet.

19 MS. PARKS-WOLF: You made a comment I think  
20 in your report --

21 CHAIRPERSON MULLEN: I think we need to  
22 speak up a little more.

23 MS. PARKS-WOLF: -- you made a comment in  
24 your report and it sounded like it was part of a larger

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1 bonding --

2 MR. GILBERTSON: There's a --

3 MS. PARKS-WOLF: -- ask?

4 MR. GILBERTSON: -- and Steve, correct me if  
5 I'm wrong, there is a large IT --

6 MS. PARKS-WOLF: Yeah.

7 MR. GILBERTSON: -- budget capital expense -

8 -

9 MR. STEVE CASEY: Not --

10 MR. GILBERTSON: --bonding package right? -

11 -

12 MR. CASEY: -- bond, not budget.

13 MR. GILBERTSON: Bonding, yeah. There's a  
14 large package for IT in the bond package and this should be  
15 part of that. We have to get that verified by -- you know,  
16 we have to -- we can't see what's in that package right now  
17 and Steve's working with me on that.

18 MR. CASEY: It's just a line item for the IT  
19 Enterprise bond act, part of the act.

20 MR. GILBERTSON: So -- because there was --  
21 I mean, we did submit the proper information and it should  
22 be included in that. We just have to make -- we just have  
23 to verify that it's in there.

24 CHAIRPERSON MULLEN: So in the meantime if

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1 you want to look at it as proposed revenue as opposed to  
2 revenue, that would be very reasonable. And I'll let you -  
3 - were there any other questions about FY '12/FY '13? So  
4 the question that you asked about the timing for getting  
5 the budget, we've also talked about understanding that.  
6 We're getting near the ending of planning for FY '13 at the  
7 State level, so.

8 MR. GILBERTSON: Right.

9 CHAIRPERSON MULLEN: Okay.

10 MR. GILBERTSON: And it gets confusing  
11 because our contract with DPH is March to March, where our  
12 fiscal year is the same as the State's fiscal year. So  
13 that's why we're using that fiscal year.

14 CHAIRPERSON MULLEN: Right, our contract  
15 with the Office of the National Coordinator is March to  
16 March.

17 MR. GILBERTSON: Right, okay.

18 CHAIRPERSON MULLEN: Any questions about the  
19 IAPD? I'm bringing this out because we have these  
20 conversations, David makes these presentations every month.  
21 And it probably will be helpful for people for these to  
22 become real for people as we talk about the budget, the  
23 nuances, the contingencies.

24 So any -- and we've talked about the

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1 Medicaid IAPD at the past few meetings, so should we have  
2 proposed the next revenue next to this also, is there any  
3 other comment?

4 MR. HEUSCHKEL: Well, as we mentioned last  
5 time this is something we're going to be working on at DSS  
6 --

7 CHAIRPERSON MULLEN: Right.

8 MR. HEUSCHKEL: -- and there's a lot of  
9 stakeholders we're going to have to bring to the table.  
10 And we're still trying to get to the first part of -- you  
11 know, I explained last time Commissioner, we have a two-  
12 step process. We have to just renew our funding to operate  
13 the EHR instead of programming as a baseline.

14 And that's -- we're going to be talking to  
15 the Commissioner next week about that in a meeting and  
16 probably also into plans for the follow on, I'll call it,  
17 IAPD, which would be potentially to support the HITE/CT  
18 effort. So that's --

19 MS. HOOPER: Okay, potentially you said?

20 MR. HEUSCHKEL: -- well, everything is  
21 potential until it happens.

22 MS. HOOPER: Okay, I get you.

23 MR. HEUSCHKEL: I mean it's -- yes, I mean  
24 that's the intent.

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1 MS. HOOPER: Okay.

2 MR. GILBERTSON: But I think the -- there's  
3 two things I want to mention about that DSS effort. One  
4 is, the timing is going to be very important for us for  
5 cash flow reasons. So we have to try to -- the sooner we  
6 can get that done obviously the better. The second one is,  
7 we are working on a separate -- we've had several meetings  
8 with DSS about an initiative called DUALS. It's the  
9 Medicaid/Medicare dual eligible and their whole concept  
10 around health neighborhoods and the role of an HIE and  
11 health neighborhoods and it supporting the ASOs.

12 So in that proposal, which is a separate  
13 proposal that goes forward, we're hoping that we embedded  
14 some dollars in there to -- for the HIE to support those  
15 efforts. So that is not reflected in here because I don't  
16 know what those dollars look like yet or what they can and  
17 can't fund. I think that's what's being worked through  
18 right now. But that is another effort that we've been  
19 spending quite a bit of time on trying to make sure that  
20 we're part of that effort.

21 MR. HEUSCHKEL: And in the meantime just  
22 back to the IAPD, we've been spending a lot of time  
23 understanding what our -- what we're able to fund, what the  
24 process is in other states. I just got back from a

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1 conference last week on this -- I just got back from a  
2 conference in Baltimore last week on this and there was a  
3 lot of material and a lot of presentations around Medicaid  
4 efforts to fund HIEs. And so I think that was very  
5 beneficial.

6 So we have a lot -- the point is, I  
7 certainly have a lot more information than I had two weeks  
8 ago on this. And so we're going to be proceeding on it for  
9 you.

10 MR. COURTWAY: Quick question Mark.

11 MR. HEUSCHKEL: Yeah.

12 MR. COURTWAY: When I first looked at the  
13 IAPD I said oh, that looks simple. Then I spent a little  
14 more time and I said that looks pretty medium, and then it  
15 looks pretty complex to me right now. Do you have any idea  
16 what sort of timing there is on that and does DSS need  
17 anything from us --

18 MR. HEUSCHKEL: Yes, and I think this is  
19 what I was alluding to, that we're going to have to get our  
20 ducks in a row. And we're going to have to conduct a bunch  
21 of meetings, bring different stakeholders to the table.  
22 One of the things, we're going to have to engage many  
23 parties that have a stake in this.

24 One of the things, again, we're trying to

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1 get a handle on is how we proportion what we're able to pay  
2 relative to other payers is I think the crux of our --  
3 that's probably the most difficult question we have to  
4 figure out. And where CMS frankly is a little bit not  
5 totally clear on, but we just have to -- and we have to  
6 have the -- I'll be honest. We have to have the help of  
7 UConn Health Center who we're trying to partner with, we  
8 are partnering with and continuing to partner with, in our  
9 efforts around HIT in general including this.

10 So we need that expertise to help set this  
11 up. We need to try to emulate approaches that have been  
12 taken in other states. And again, we need to bring  
13 different stakeholders to the table including private  
14 payers, most critically private payers.

15 MR. COURTWAY: And my last question in terms  
16 of it because we talked about the budget, we talked about  
17 cash flow and revenues coming in, just sort of, you know,  
18 taking time to make sure that whatever the expectation is  
19 of timing --

20 MR. HEUSCHKEL: Yeah --

21 MR. COURTWAY: -- that we're not overly  
22 optimistic in our budget and putting it in for August 1st  
23 of this year if it's really going to be August 1st of the  
24 following year.

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1 MR. HEUSCHKEL: Right, understood.

2 MR. COURTWAY: So I think it's just  
3 important we get some semblance of some feedback in terms  
4 of where you think we'd like the particular budget.

5 MR. HEUSCHKEL: Right. You know, the IAPD  
6 approval process from CMS, it's relatively streamlined  
7 compared to what it used to be.

8 MR. COURTWAY: Okay.

9 MR. HEUSCHKEL: And it's -- you know, if we  
10 got an IAPD in officially, you know, we could get a  
11 response back realistically in like six weeks or so. It's  
12 the effort for us to put it together, that's the harder  
13 part.

14 MR. COURTWAY: That's -- appreciate it.

15 MR. GILBERTSON: And we are -- I am working  
16 with Mark's group as well in making sure that our  
17 contribution to getting that information in the IAPD is  
18 appropriate.

19 So one of the things here, I will tell you  
20 that we have made great progress in getting the  
21 infrastructure up and tested. The delays that we have seen  
22 frankly are delays that maybe we didn't fully understand  
23 when we started. And the vendors that we're trying to  
24 connect with on our pilot sites are taking months to really

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1 work through the testing and to get them to make the  
2 changes on their side that are necessary in order to work  
3 properly with the HIE.

4 So that is a -- really something that's  
5 outside of our direct control and that we really have to  
6 work with the different EMR vendors that we're dealing  
7 with. The sites, the providers have some controls because  
8 they're the ones that have the contracts with these  
9 vendors. But again, they may not have the appropriate  
10 contracts in place to have that vendor dedicate the time  
11 and resources necessary to make the HIE connection. So  
12 we're having -- every site, every provider is going to be a  
13 project plan.

14 And there is going to be an engagement plan  
15 that starts from the first time you shake hands and say  
16 we're here to tell you what we can do for you all the way  
17 through when you actually get a contract to starting the  
18 work with their vendor and starting the work with their  
19 staff to identify what you're going to do and how you're  
20 going to do it and who's going to do what. And so the  
21 Technical Committee is using CHC as a sample pilot project  
22 plan that lays out from start to finish all the things that  
23 have to happen to implement a site. And that project plan  
24 right now is fairly detailed and it does show that we're

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1 talking about to bring on a decent size organization like a  
2 small hospital or even a large provider practice, is a  
3 several month process by the time you start through the  
4 finish.

5 Part of that is -- you know, we sort of knew  
6 that but until we go through it a couple of time we're not  
7 going to really understand exactly what it's going to take  
8 to go from start and say okay, we've got 21 pilots. From  
9 the time you say go to the time they are operational on the  
10 HIE, how long does that take, and that's part of what we're  
11 having to work through. There's also the point of at what  
12 point do they commit to and contract to pay, because that's  
13 what directly ties to revenue.

14 We still -- we've been working with pilot  
15 sites testing on these pilot sites. That's all done under  
16 a testing agreement. The participation agreement where  
17 they actually write the check and we have a contract for  
18 service -- for fee for service, that is not a process that  
19 we've gone through yet. So once we hit that process, we  
20 have to see where we do that and how long that process  
21 takes. Going forward past these 21 sites though, we cannot  
22 put a lot of time and effort into pre-contractual work. So  
23 we're going to have to move straight into participation  
24 agreements where there's already commitment and there's

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1 already payment flowing before we can dedicate the kinds of  
2 resources it takes on our side to bring a site up.

3 So there's just -- there's no other way to  
4 do it because we have a lot of time spent on the HIT side -  
5 - HITE side and Axway side just to get them to a point  
6 where we can start testing, okay. The only -- there's been  
7 a lot of activities. They're all outlined in here. I did  
8 want to point out that Chris has been working hard on the  
9 website and Beth has been very supportive in terms of  
10 giving us the space on their server and some of the  
11 technical support. And she is going to have that up in the  
12 next weeks is what she tell me right? I didn't want to put  
13 you on the spot, but we do want to get that up.

14 The other thing that is important is we do  
15 have -- working with Capital Community College, we have  
16 five people that are not -- they're mid-career -- a lot of  
17 these are mid-career and senior career people. These are  
18 people that have been in IT for health care for many years  
19 so they're not brand new students. We went through an  
20 interview process, out of 15 we selected five. The interns  
21 are working for the Committees and providing support for  
22 the Committees both administrative and research and  
23 support. So if there's anything that the Committees need  
24 done, research written, drafted, reviewed, that's what

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1 these interns are going to be doing.

2 We also have two other interns that are  
3 working directly with HITE/CT office, one in project  
4 management and the other one is setting up our customer  
5 relations so that when -- once we do have live sites we  
6 have someone that's following up with those sites making  
7 sure we're providing quality support. And that -- setting  
8 up that process is what we're going to be doing with those  
9 interns.

10 MS. ANGELA MATTIE: David --

11 MR. GILBERTSON: The whole point here is --

12 MS. HOOPER: There's a question.

13 MR. GILBERTSON: Yes Ma'am.

14 MS. MATTIE: It's not a question it's just  
15 an offer of help. We had an overwhelming response for the  
16 project that you gave -- we had an overwhelming response  
17 from Quinnipiac students for the project that they're going  
18 to present. So there's a lot of interest among adult  
19 students to work on this Board and participate so if we can  
20 be of any help at Quinnipiac it would be my pleasure to do  
21 that.

22 It was a win-win, this latest project, and  
23 we're happy to help if we can.

24 MR. GILBERTSON: That would be great.

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1 MS. MATTIE: And it's the same quality of  
2 mid-career professionals too.

3 MR. GILBERTSON: That would be super, super.  
4 Yes Ma'am, thanks. I will distribute a list of the  
5 interns and the Committees they're working with by e-mail  
6 so that you have that. But please, I only ask that you  
7 welcome these interns and remember that they're providing  
8 volunteer support for us in exchange for hopefully a  
9 learning experience and the opportunity to start a new  
10 career in health information technology.

11 So please be supportive of them, and this is  
12 all part of the team. We're all in this together so let's  
13 -- and I thank you for your time with them.

14 MS. MATTIE: Thank you.

15 MS. HOOPER: For the other agency business  
16 other than the CEO report, the progress report -- I don't  
17 remember what we were going to say on that actually. I  
18 don't know if that was a distinct progress report, I'm  
19 sorry I don't remember. Did somebody add that to the  
20 agenda --

21 MR. GILBERTSON: I did submit, and maybe  
22 we'll share this with the Committee -- I mean with the  
23 Board. We submit reports to DPH as part of our contract  
24 and we did prepare a progress report, yearend progress

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1 report in, I believe it was March. So we can share that  
2 with you. And it shows all the activities and what's been  
3 done to date. Maybe that's what that was, I don't know  
4 that --

5 MS. HOOPER: I think that sounds great.

6 MR. GILBERTSON: -- I don't know that we've  
7 shared that with the entire Board, but we also have  
8 financial reports that go to the State. Again, a lot of  
9 this we don't share with everybody because you probably  
10 really don't care, but if you do want to see any of these  
11 reports let me know and I'll sure share them.

12 MR. LYNCH: Yeah, I think that was part of  
13 one of the things I would suggest you potentially add to  
14 your work plan that you've started. We got a good start on  
15 that finally. I was always concerned that one of these  
16 things might pop up that we were due to have a report to  
17 the Legislature and we had forgotten it because it didn't  
18 show up on the plan, or these kinds of progress reports we  
19 have to do periodically, annually.

20 And where were they -- did we finish them,  
21 did we do our job that we were supposed to do, and just  
22 knowing that the report got in, etc., is a good word that  
23 we need to know about -- okay good, that responsibility's  
24 been done for a quarter of a year, whatever it is. So just

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1 tracking that stuff because we know we've got to do these  
2 various reports to DPH, to ONC, to the Legislature, etc. I  
3 just don't want to lose track and realize that oops, we  
4 messed up because we didn't get the proper reports to the  
5 right people.

6 MR. GILBERTSON: Okay.

7 MS. HOOPER: The other thing included was  
8 the cyber security insurance. I think we shared some of  
9 that material with all of you and I know that Marianne had  
10 asked you about, so did you have any information about the  
11 cyber security insurance class or follow-up?

12 MR. GILBERTSON: I am talking about a couple  
13 of things. There's a couple of areas of insurance that we  
14 need to address. One is, we have Directors and Officer's  
15 insurance but it's not probably at the level of coverage  
16 that we're going to need. There's something called errors  
17 and omissions insurance. That means if we make a mistake  
18 we're insured.

19 There's a general liability insurance, which  
20 we may or may not need. I'm still trying to figure that  
21 out. And then there's cyber insurance, which is what Meg  
22 is talking about. So all of those insurance requirements  
23 we really -- they're very specialized insurance products  
24 that need to be analyzed in terms of what our requirements

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1 are. Most insurance carriers will look at your financials  
2 and I think that because we are just starting out in our --  
3 we don't have a strong financial history, that it's going  
4 to be very hard to qualify for some of those insurance  
5 policies at this point as a standalone agency because we  
6 don't have a financial history by which they can use to base  
7 their decision on.

8 But we are pursuing it. I think the ones  
9 that I'm most interested in at this point is do we have the  
10 E&O liability insurance, and that is something that the  
11 other Quasi's definitely have in place and that's something  
12 we need to seriously take a look at.

13 MS. HOOPER: Well, one of the concerns is as  
14 we go even into the pilot with the cyber security, so I  
15 think that was one of -- but again, you're the advisor now  
16 and I'm the legal, but I think that one of the issues was -  
17 - and we had talked about this. The Board had talked about  
18 it I think a few months ago, that we were looking at the  
19 differences and as the system came up and running that was  
20 the next priority.

21 But I'm sorry Barbara, you were going to say  
22 something?

23 MS. PARKS-WOLF: Well, so we have the D&O  
24 which protects the Directors but does not protect the

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1 entity against any of the things talked about in the thing  
2 that you distribute so that's a distinction?

3 MR. GILBERTSON: Yes. So the D&O insurance,  
4 what it does is it's there to pay any legal costs to defend  
5 against the suit against the Director or an officer. So it  
6 does not cover any losses or any damages all it does is --  
7 it's basically insurance. It says if we get sued this is -  
8 - this insurance kicks in and is money that's available to  
9 defend ourselves against that lawsuit.

10 MS. PARKS-WOLF: So the cyber security will  
11 cover the other -- the rest of our insurance needs for the  
12 entity to protect it?

13 MR. GILBERTSON: No, cyber security is a  
14 very specific package that addresses -- if you have a  
15 breach for example, you have to go through a certain  
16 notification processes and you have to offer for example  
17 credit monitoring and other services. And those are very  
18 expensive. And you could be sued for that breach and there  
19 may be a liability associated with that breach. That's  
20 what the cyber insurance covers.

21 MS. PARKS-WOLF: So if we had cyber  
22 insurance and we had the D&O, what other insurance needs do  
23 we need before we start with a pilot, or does that cover  
24 us?

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1 MR. GILBERTSON: Well, I don't think these  
2 are prerequisites to starting the pilot. We just have to  
3 recognize that we're going into it -- we're going into the  
4 pilot with the insurance posture that we have. You know,  
5 the risk -- it's just a matter of whether or not you're  
6 going to accept the risk as an organization.

7 So because of the way our contract is laid  
8 out with Axway, we really have very, I won't say low, but  
9 our exposure is not real high because we're not maintaining  
10 any of that data, Axway is. And Axway has the insurances  
11 they need to protect themselves against these things, so.

12 MS. PARKS-WOLF: So then this would add what  
13 to what we --

14 MR. GILBERTSON: This would add for anything  
15 that -- we could still be sued and we may still somehow be  
16 found liable in some way. So this would add to our  
17 coverage for that.

18 MS. PARKS-WOLF: So what timeframe for  
19 considering this do you recommend?

20 MR. GILBERTSON: It's in the -- one of the  
21 things the Finance Committee did was have me up that line  
22 for budget, so it's in the FY '13 budget to cover E&O and  
23 cyber. The only question is whether or not we can find a  
24 carrier that's willing to take us on.

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1 CHAIRPERSON MULLEN: Yes.

2 MR. LYNCH: Yeah, I guess that raises a  
3 concern on my part that we've got a lot of moving parts for  
4 go-live. So hopefully later we'll be talking about  
5 participation agreements. They reference websites that  
6 need to be up. If cyber security insurance isn't in place,  
7 are we saying we would go live earlier before the new year?

8  
9 I mean, I'm just trying to figure out where  
10 we are in the timing of a lot of these things like go-live  
11 -- you know, we have a stake in the ground yet where we  
12 think go-live is and if so, where does the cyber security  
13 fit in that? It sounds like you're saying we wouldn't have  
14 it at go-live, we wouldn't have it until the next fiscal  
15 year.

16 MR. GILBERTSON: We won't have it in go-  
17 live. In my report, go-live means from a technology  
18 perspective the technology will be ready. Direct will be  
19 the end of this month and the rest of the CDE production  
20 environment will be the end of May. The provider directory  
21 is still to be determined, I think there's still work to be  
22 done on provider directory.

23 We will not have cyber insurance in place at  
24 that point, nor am I saying we necessarily need it. We're

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1 covered in many ways in the way we've structured our  
2 contract with Axway. There may be some exposure there,  
3 definitely, but it's a risk -- I mean, all insurance does  
4 is mitigate risk. The risk is there whether you have it or  
5 not, it's just that who carries the risk and without cyber  
6 insurance we're carrying -- we just carry the risk as an  
7 organization. It doesn't make us any more vulnerable. I  
8 mean, it doesn't --

9 MR. COURTWAY: So is it safe to say that  
10 there's basically three different types of insurances that  
11 are considered, one is to protect the officers and Board of  
12 Directors against lawsuits so it defends us in a sense. The  
13 second is general liability insurance and Bruce, correct me  
14 if I'm wrong. And general liabilities insurance, do the  
15 Quasi's in the State all carry their own general liability  
16 and have we considered the cost of the general liability  
17 when we were considering the cost of the D&O?

18 MR. BRUCE CHUDWICK: I think those are two  
19 separate items.

20 MR. COURTWAY: Right, but did we -- I don't  
21 know, was there discussions of the carriers --

22 MR. CHUDWICK: We didn't because when the  
23 first D&O coverage was put in place for the Board, that's  
24 before you had any employees. That was before David came

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1 onboard, so all we needed at that point in time was D&O  
2 coverage.

3 MR. COURTWAY: Right.

4 MR. CHUDWICK: Now that we have employees,  
5 you have Dave driving around in an automobile on HITE/CT  
6 business, things like that that we now need to consider  
7 those types of issues, getting the coverage.

8 MR. COURTWAY: And could we group those into  
9 a topic called general liability insurance?

10 MR. CHUDWICK: Yes.

11 MR. COURTWAY: So that's the second piece,  
12 the less work that has to be done and --

13 MR. CHUDWICK: Yup.

14 MR. COURTWAY: -- is that work Dave, that is  
15 in the budget for this proposal for 2015?

16 MR. GILBERTSON: It's in the budget document  
17 that I sent out --

18 MR. COURTWAY: Okay.

19 MR. GILBERTSON: -- that's -- now, it's not  
20 approved yet --

21 MR. COURTWAY: Right, but you considered  
22 that in the budget. And then the third component, which is  
23 unique in terms of -- not so much unique to Health  
24 Information Exchanges but is for anybody who's carrying any

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1 PHI, you know, the protected health information credit card  
2 information, etc. Is the cyber insurance, which typically  
3 is used to fund things like you have a breach, you know, so  
4 you consider how many people are possibly breached.

5 So the insurance that you would get for the  
6 first year for the number of covered lives if you will,  
7 that could be breached, is going to be a lot less hopefully  
8 than the second, third and four years. So you don't buy a  
9 statewide insurance program you buy in the increments you  
10 need because you're trying to balance your costs for that  
11 breach for the number of people that you have in the  
12 Exchange. And it's typically used to cover the  
13 notification aspects because you need to notify people that  
14 there was a potential breach. Most of the plans cover a  
15 certain level and you described this in terms of your  
16 acquisition and plan.

17 You want to provide one year of credit  
18 notification, you know, protection to the individuals that  
19 are potentially breached, do you want two years, do you  
20 want three years. So there are mathematical formulas that  
21 the carriers use when they're coming up with the cost of  
22 the plan to you. So we need to go through that effort to  
23 say what is it that we want to be able to cover our  
24 expenses for as good stewards of the Information -- the

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1 people from the State. And then that goes into a bidding  
2 process to actually go for the cyber insurance itself.

3 Most organizations in health care have not  
4 typically had it. You know, an organization that I was  
5 with, we recently picked up only about a year and a half  
6 ago ourselves but it's really meant to be where is your risk,  
7 what is the potential risk. On the issue of Axway's  
8 coverage, we just need to cross-check whether or not Axway  
9 truly will cover some of those expenses in the event of a  
10 breach because if they do, that's really great. But I  
11 don't know that I see that finely defined in the structure  
12 of the contract down to the level that says that they are  
13 going to be doing the notification and those coverages.

14 So we may have less of a risk because we're  
15 not managing the infrastructure, but I don't think we  
16 should hang our hats on the fact that they --

17 MR. GILBERTSON: Right, they are not solely  
18 liability and I did talk to our attorney who set up the  
19 contract and we did go through the indemnification clauses  
20 and tried to understand what we're actually liable for and  
21 what Axway's -- where Axway is providing some of that  
22 coverage for us. So you're absolutely right, that risk  
23 analysis has to be done and I've started working on that,  
24 but it's going to be a trade off on what we can afford

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1 versus what we need.

2 MR. LYNCH: I understand the three parts. I  
3 guess my concern is more that I look at, I'll call it go-  
4 live, as being when we have real patient data in there, you  
5 know, whether you guys -- I suppose you could define it as  
6 well. We've got the technical capability but the moment we  
7 sign a contract with one of the pilots or whoever that's  
8 going to go live and start talking about switching from  
9 pretend data to real data, I think we've got another whole  
10 other level we've got to be cognizant of.

11 You know, so I want to make sure we've got  
12 the policies in place, that we've got the websites in  
13 place, that we've got the insurance in place, etc., to say  
14 yeah, we feel comfortable to say we're turning the switch  
15 to go live. And so I guess I would be recommending that we  
16 -- that the Finance Committee look at what does it take to  
17 get the liability insurance and cyber security insurance in  
18 place sufficiently during the current fiscal year such that  
19 if we're planning to go live one, two, three months before  
20 July 1, or whenever it's going to be, that we've got it in  
21 the current year. It might hurt our current year budget  
22 even further, but I guess I would feel uncomfortable if  
23 both the liability insurance the cyber weren't in place  
24 when we felt we were ready to turn the switch.

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1                   CHAIRPERSON MULLEN: Any comments, responses  
2 to John's recommendation? Because it really is a group  
3 discussion.

4                   MR. GILBERTSON: I will mention that the way  
5 it was executed last time was through a consultant. And so  
6 the D&O insurance was coordinated through a consultant, an  
7 insurance consultant, and I would say that we're probably  
8 going to have to go that route again only because this is  
9 not -- this is a complicated set of products we'd be trying  
10 to buy and I'm not sure that we have the expertise to  
11 negotiate that without a consultant.

12                   So the expense this year would be to pay for  
13 consulting and a consultant to help us identify what we can  
14 and cannot get this year. And then to help us set up the  
15 insurances we need next year. There's going to be an  
16 expense there and I think last time the consultant ran us  
17 \$5,000, and I imagine it will be at least that this time.

18                   MR. COURTWAY: I think though that the point  
19 that you made John in regard to the policies, the  
20 procedures, the processes, that is the key because I've  
21 been through this before with consultants who do this and  
22 they evaluate the risk based on the documentation that you  
23 provide them. And that is the ticket for the cost.

24                   So if we go out without fully vetted and

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1 comprehensive policies, procedures and our ability to  
2 detect these things, it will wind up affecting the cost.  
3 So we need to concentrate there at the same time I think  
4 that we're trying to get an understanding of what other  
5 information is necessary to do the bids for cyber  
6 insurance.

7 MS. HOOPER: Let me just ask Kevin and Mark,  
8 do you have any comments? I know you haven't been able to  
9 hear much of the discussion but we are discussing the three  
10 different levels of insurance. Did you have any comments?

11 DR. CARR: None here.

12 MR. MASSELLI: No comment here.

13 MS. HOOPER: So is there any action taken or  
14 -- I'm sorry just for the record, what are we --

15 CHAIRPERSON MULLEN: I think that the  
16 conversation is one of pushing towards more action to get  
17 all the pieces in place to go live, that's what I hear you  
18 say right?

19 MR. LYNCH: Yes, we've got a lot of moving  
20 parts to go live, and I don't want us to lose track. And I  
21 think from a fiscal responsibility I get concerned as a  
22 Board member that we may be postponing the insurances until  
23 next fiscal year and trying to go live this fiscal year and  
24 we've got potential --

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1 MS. MATTIE: A gap between having coverage  
2 and going live.

3 MR. LYNCH: -- yeah.

4 MS. MATTIE: So I think maybe that's sort of  
5 the Board's recommendation is A -- I mean, I agree David  
6 that it's a real specialized area and that we probably need  
7 consulting expertise. And two, that we shouldn't leave a  
8 gap between coverage and what we're actually doing because  
9 that's probably not the gambling game we want to play.

10 CHAIRPERSON MULLEN: Yes, and then -- okay.

11 MS. BRENDA KELLEY: I'm not commenting on  
12 that so if you want to finish that discussion --

13 CHAIRPERSON MULLEN: Well can I -- yeah, let  
14 me finish then. So would it be helpful for people to then  
15 have David get back to us with a more specific plan with  
16 some timeline dates next to it to see that happening for us  
17 to also be able to say, this can happen even if that also  
18 requires taking a deeper look into the closets here and  
19 saying alright, how does what's on paper really match with  
20 the expenditures if we're talking about other money so  
21 people can also have a sense of whether or not when you  
22 hear \$5,000 or more, there's actually still money or  
23 whether this \$186,000 is going up to \$191,000, etc. Would  
24 that be helpful for people?

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1 VOICES: Yes.

2 CHAIRPERSON MULLEN: Is there anybody who  
3 disagrees with the recommendations?

4 MR. GILBERTSON: Can you clarify, what is it  
5 you want?

6 CHAIRPERSON MULLEN: Sure. So we're in a  
7 cycle needing things to happen but waiting for things to  
8 happen so that they can. Is that fair? So what's being  
9 asked for particularly is if there are some concerns among  
10 Board members that we not actually go-live even though you  
11 said Axway has us covered, there's a lot of I think spoken  
12 and unspoken feeling here that people would like to have a  
13 sense that the other insurances are in place before July  
14 1st, and that they're asking you to give us some idea of  
15 how that can happen.

16 And if that means let's find a consultant to  
17 advise us and then procure that insurance, that people want  
18 to see that happen right now at the same time that the rest  
19 of the policies, practices that have to be in place for  
20 people to sign on, can occur. Because people aren't going  
21 to sign on if they can't see everything that they're  
22 signing on to if they don't think our plan is there to  
23 present to them. So -- and that's the --

24 MR. GILBERTSON: And you're talking about

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1 the insurance.

2 CHAIRPERSON MULLEN: -- the insurance is the  
3 first part --

4 MR. GILBERTSON: Okay.

5 CHAIRPERSON MULLEN: -- and then the second  
6 part is if you came to me today and said do I have an  
7 Exchange for you and I wanted to say okay, show it to me,  
8 show me everything that you are doing HITE/CT, they need  
9 the package. Not just marketing materials but that that  
10 the Health Information Technology Exchange actually can lay  
11 out everything that you're waiting for pretty much.

12 MR. LYNCH: There's a series of moving  
13 parts. We want to push getting people live because we're  
14 concerned about revenue. The more we push them earlier,  
15 the more we risk, I'll call it, on the insurance side, you  
16 know. You could delay them going live and maybe tying it  
17 with the insurance, but it risks our budget. And because  
18 we need that -- so we almost need a better, more detailed -  
19 - okay, we need to have the policies in place. We need to  
20 have the website in place.

21 We need to have -- know when we go live that  
22 we have the full package, we got the coverage, etc. So  
23 it's really a better sense for the full package -- what  
24 does go-live mean? Are we truly set? Do we have the

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1 insurance? Do we not have the insurance? Deliberately  
2 make that decision or not.

3 MR. GILBERTSON: And there will be -- so it  
4 will be a tradeoff right, so that will have to be a  
5 decision that we'll have to make and support --

6 CHAIRPERSON MULLEN: Right, so what --

7 MR. GILBERTSON: -- so we can lay out the  
8 insurance timeline and what it would take and how that  
9 would impact the go-live date and how that would impact the  
10 revenue. And I think those are all related and there is no  
11 doubt -- there is no doubt that we are going to not have  
12 everything fully figured out across the board like any  
13 pilot when we go live -- I mean, there will be processes  
14 that aren't totally mature.

15 But the critical ones I think is what you're  
16 looking for, what are the critical must-haves by go-live,  
17 and I can lay those out. And insurance is one that may or  
18 may not be critical. It really depends on whether or not  
19 the organization wants to accept the risk or they want to  
20 buy the risk through an insurance policy. So I'll lay that  
21 out if that's what you're looking for --

22 CHAIRPERSON MULLEN: Right, I think what  
23 people want, and I don't know if Lori has a comment or  
24 question or both, is what has to happen now to go-live.

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1       Regardless of whether or not it's hard or easy, there are  
2       still some missing steps and perhaps -- and if it would be  
3       helpful, people can send us -- send me, the list of those  
4       things that they still need to see.

5                       And technically if today is April 16th and  
6       they're saying we need these by April 17th or April 30th or  
7       May 1st, that they're all there in a checklist because we  
8       know all of these things have to happen. Because part of  
9       what people are asking right now is understanding that  
10      there are contingencies and ramifications to everything,  
11      some things just must occur. And I think that's the menu.  
12      And because we've passed you with all of the CEO  
13      responsibilities, there might be some items that are part  
14      of that menu that aren't as prominent in your to-do list  
15      because you have so many other things on your to-do list.

16                      Nevertheless, we have people who are saying  
17      some things must happen now or we're going to keep talking  
18      about the day that they eventually do. And we have to be  
19      clear about what those absolutes are and keep them in a  
20      separate column to just check off and make sure they occur.

21      And I'm willing to let you guys e-mail my secretary with  
22      that and help coordinate it, not because I'm going to do  
23      the coordinating but to help make sure that that punch list  
24      -- how about if I call it a punch list, that punch list is

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1 there.

2 MS. PARKS-WOLF: Milestone.

3 MR. GILBERTSON: Okay, so let's do this.

4 This is the program plan and I think John referenced it  
5 earlier, and if there is detail on here that's missing the  
6 idea is to have a start and an end date on this. So one of  
7 the items on here is for example risk management. So one  
8 of the items is the financial risk management and  
9 insurance. So if that date -- and there's no date on it  
10 because you're right, it's not on my punch list.

11 Frankly we were going to -- well, we talked  
12 about it but it was not something we were going to address  
13 before go-live. If it needs to be addressed before go-  
14 live, then that would be something we would work on. Now  
15 also on here though are the hours it takes to do those  
16 tasks. So there are some real physical limitations as to  
17 what we can do and we're going to have to prioritize what  
18 we work on. And so if these are -- if insurance is a  
19 priority, then we will prioritize. But there's only so  
20 many hours in a day.

21 CHAIRPERSON MULLEN: We get that, and that's  
22 part of what I was trying to say. And in that context I  
23 think what we just need to do is be really sure that  
24 everything that absolutely must happen rises to the top of

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1 the priority list. And there might be some people in here  
2 who want to weigh in on what they see those priorities to  
3 be because I think in this conversation the cyber insurance  
4 and the general insurance grows higher in the list.

5 MR. LYNCH: Yes, definitely.

6 CHAIRPERSON MULLEN: But they didn't replace  
7 some of the other absolutes. Okay.

8 MS. LORI REED-FOURQUET: Okay, so my concern  
9 is that right now we are at April 16th, and you heard two  
10 go-live dates within the next six weeks from the technology  
11 availability perspective and we have a model plan that has  
12 an on-boarding very shortly after that.

13 And so how do we make sure that our punch  
14 list is doable without having to wait till, is it May 21st,  
15 which would be the next Board meeting? Any decisions, you  
16 know, will defer to the Executive Committee. I just want  
17 to make sure that the due diligence doesn't stand in the  
18 way of go-live as well.

19 CHAIRPERSON MULLEN: So you give us the  
20 options of a telephone meeting, a face to face meeting in  
21 between asking the Executive Committee to take authority  
22 for some of this?

23 MR. LYNCH: Yup, all of the above.

24 CHAIRPERSON MULLEN: Well, that keeps you

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1 involved either way. So, do we have any recommendations -  
2 - yes.

3 MS. KELLEY: I don't have recommendations, I  
4 have a question.

5 CHAIRPERSON MULLEN: Alright, is it related  
6 to this because --

7 MS. KELLEY: Semi, it would do with --

8 CHAIRPERSON MULLEN: -- thank you. So,  
9 would you like the Executive Committee to handle this?

10 MS. HOOPER: We can have a meeting -- next  
11 meeting is on the list.

12 CHAIRPERSON MULLEN: Right, we have a  
13 meeting next Monday --

14 DR. STEVEN THORNQUIST: So you want this  
15 punch list by next Monday?

16 CHAIRPERSON MULLEN: We'd like to see it  
17 before that. We'd like to see it --

18 MR. LYNCH: Well, I just want to -- I want  
19 to make sure everyone has the time certain set, that if  
20 you're going to try to -- if they want to input this  
21 process you're going to do it now and --

22 CHAIRPERSON MULLEN: Right. So we need the  
23 punch list this week, you know, the next couple of days so  
24 that the Executive Committee can review it next Monday.

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1 And I am not trying to speak for everyone, we have a number  
2 of Executive Committee members on the phone and here, but  
3 we're trying to push forward. Do we need a motion to make  
4 that recommendation from an Executive Committee member.

5 MR. LYNCH: Move it.

6 MALE VOICE: Second.

7 CHAIRPERSON MULLEN: All in favor?

8 VOICES: Aye.

9 CHAIRPERSON MULLEN: Okay, any abstain?

10 MS. HOOPER: Just to be clear, this is to  
11 give the Executive Committee the authority to approve the  
12 punch list for moving forward for Technical Committee --

13 MR. COURTWAY: No, for go-live.

14 MR. LYNCH: Go-live.

15 MS. HOOPER: -- and go-live.

16 MR. COURTWAY: For the go-live dates.

17 MR. GILBERTSON: To identify and priority  
18 the critical list that must be done before go-live.

19 MS. KELLEY: Which I would assume could mean  
20 that the go-live date might be determined to be  
21 unrealistic.

22 CHAIRPERSON MULLEN: Well, we're going to  
23 get this done and then we'll be able to report back once  
24 the Executive Committee and we'll see.

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1 MS. KELLEY: Because the question that I  
2 had, and I apologize because I came in late and then I had  
3 to ask -- I may have missed this, but go-live is when we're  
4 technically ready to go live not when we've on-boarded the  
5 21 pilots right?

6 MR. GILBERTSON: Right.

7 MS. KELLEY: Okay. And so once we are ready  
8 to go -- I just want to be sure I understand. So once  
9 we're ready to go live, we're going to start -- starting  
10 with Connecticut Health Center -- Community Health Centers,  
11 you said CHC. So that hasn't started yet or has it started  
12 yet?

13 MR. GILBERTSON: The testing has -- we've  
14 been testing and so go-live is when the production  
15 environment will be ready to go live.

16 MS. KELLEY: Because of the testing you've  
17 done --

18 MR. GILBERTSON: Because of the testing.  
19 Now, if we're able to get a contract -- a participation  
20 agreement, which is on the punch list which we've gotten to  
21 today, from CHC and funding is lined up, they can  
22 transition into production fairly shortly after the  
23 production environment is ready because we're already doing  
24 the testing with them now in the non-production test

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1 environment.

2 MS. KELLEY: So they'll be the first one in  
3 correct?

4 MR. GILBERTSON: Right now they're the first  
5 one in.

6 MS. KELLEY: And then there's 20 behind  
7 them?

8 MR. GILBERTSON: Then there are 20 other  
9 organizations that have indicated interest. What that  
10 means is we have to re-engage some of them -- all of them  
11 and put them on some type of project plan and schedule.

12 MS. KELLEY: Okay, and at this stage -- and  
13 I'm just trying to comprehend this, okay. So at this stage  
14 in the game then, CHC is being tested but everyone -- you  
15 have re-engage these other 20. And I'm assuming that if  
16 some miracle happened and three other big organizations  
17 came forward and said we'd like to be part of HITE/CT, do  
18 we say we have to wait until we get through the 20 or do  
19 they become part of this testing? And are we on-boarding  
20 one by one?

21 I guess I'm just trying -- because I'm  
22 trying to understand how long it's -- I understand what go-  
23 live is when we're ready to go, but the issue becomes when  
24 are we going to have an HIE that has a critical mask of

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1 covered lives so to speak, because that's also related --  
2 it's related to your insurance question. But it's also  
3 related to education that we're going to do of consumers  
4 and everyone else about what to expect from this new thing.

5

6 MR. GILBERTSON: Ahum.

7 MS. KELLEY: And I was getting from your  
8 description -- I was almost seeing it as a sequential  
9 process which in some sense is understandable given the  
10 limited staff you have, that you can't do them all at the  
11 same time, that you don't have the capacity and that it's  
12 going to take a month or two or you said even longer, that  
13 you've learned it was going to be with CNC.

14 MR. GILBERTSON: It won't be entirely  
15 sequential but there will be a finite number that we can  
16 handle at the same time.

17 MS. KELLEY: So could you, in addition to  
18 showing what we have to do to get to the go-live, give us  
19 an idea of how that next step is going to come because  
20 that's critical to our financial picture and everything  
21 else about when are we going to be able to on-board these  
22 people realistically, these new organizations.

23 And my other question is, do we have a list  
24 of the 21 someplace?

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1 MR. GILBERTSON: Yes, we do.

2 MS. KELLEY: Has that been handed out to the  
3 Board? I don't -- yeah, I think it would be great if we  
4 all could have a list of the 21. And you know, I guess  
5 what I would look for is a go-live date and then as we work  
6 through the 21 pilots, that we think we can meet given the  
7 capacity that we attack.

8 You know, my experience not so much at AARP  
9 but with my kids who are techies, is they have a deadline  
10 and they meet that deadline or they're in trouble. But the  
11 deadline is set based on reality and I think -- you know,  
12 I'm not picking on you David because I think you're doing a  
13 lot, but we have to say you're learning that it takes  
14 longer to on-board someone than perhaps we originally  
15 thought would happen.

16 So I think we need to -- I would hope that  
17 we would shoot for dates that are real given the fact of  
18 who we are, you know, a group of volunteers with limited  
19 staff support and everything. But then of course that's  
20 got to be -- if it's a push -- if it's a farther date out,  
21 we have to deal with the Fed requirements and we have to  
22 deal with how do we finance this. But I'm trying to get a  
23 grip on what is real, you know, that we really can do and  
24 feel good about.

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1 MR. GILBERTSON: I agree with you totally.

2 MS. KELLEY: And that's not a criticism.

3 MR. GILBERTSON: I don't take it as one.

4 No, I mean --

5 MS. KELLEY: Yeah, you just opened up a --

6 MR. GILBERTSON: -- keep the schedule and  
7 the -- you know, all of this was put in place on a set of  
8 assumptions. The contract, the schedule, a lot of it was  
9 driven by our financial -- when we had money and how much  
10 we had and the ONC requirements --

11 MS. KELLEY: Right.

12 MR. GILBERTSON: -- so -- and the Gartner  
13 report. So I think at the time it was a best guess --

14 MS. KELLEY: Yeah.

15 MR. GILBERTSON: -- and what we're learning  
16 is that -- and we're validating this with other HIEs that  
17 have gone through this. It's not -- on-boarding somebody  
18 is not a matter of showing up and handing them an internet  
19 cable and saying you're connected. It's really about  
20 organizational change and depending -- if it's just a one  
21 provider office and it's a direct connect secure messaging,  
22 that's a lot of hardware.

23 If you're bringing on an entire hospital  
24 where you have to do mapping and all that other stuff, it's

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1 a lot more complicated. So we --

2 MS. KELLEY: Well, that's why I would also  
3 like to see --

4 CHAIRPERSON MULLEN: Excuse me for one  
5 second, I'm sorry. The Chair requests a gavel for the next  
6 meeting. But in all seriousness though, we have been on  
7 this discussion for an hour and it's a good discussion. I  
8 appreciate your comments, they're very salient. And I  
9 think one of the things that I would take from them,  
10 because you had some asks in there, is that your comments  
11 do not change the asks of David for this next couple of  
12 days, that we get the tasks at hand to deal with the punch  
13 list items that are going to come to the Executive  
14 Committee.

15 And I believe that until we deal with that  
16 we can have this same conversation every month because  
17 every month we get to this point where we talk about what  
18 needs to happen. So we must push ourselves not to rush the  
19 finished product but to acknowledge that in the context of  
20 what this voluntary Board has done. It has also hired a  
21 CEO, and you can decide how underpaid or overpaid or very  
22 underpaid you might feel, but to actually do the rest of  
23 the work that we need to support. And one of the reasons  
24 it's been important to let these conversations go on is

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1 because I think it's helping people understand more of what  
2 this work actually is. And this is a part of it.

3 So as we get to the punch list the other  
4 thing that I will keep coming back to for people is that  
5 since we talk about the only source of revenue being the  
6 grant from the Office of the National Coordinator that  
7 ultimately -- what the ONC has asked since 2010, is for  
8 states to adopt stage one meaningful use, DSS and DPH. So  
9 I hope that in our next meeting in less than an hour we can  
10 also remind people what that means because those tasks,  
11 those accomplishments, also have to show up and be pieces  
12 that we track. So -- you know, I would like to move us  
13 forward in the discussion. Is there something else --

14 MS. REED-FOURQUET: I was just going to wrap  
15 up because I wanted to clarify. It's not that we're on-  
16 boarding one at a time but reference we're actively testing  
17 with five sites and multiple EMR products including our on-  
18 boarding. And as far as the ultimate timeline of the 21  
19 sites, that's part of the outreach that David said because  
20 as we described this is a by directional -- it takes  
21 resources from both sides. So for us to spell out the  
22 project plan for any given organization we need to work  
23 with each of those sites to overlay all of them.

24 CHAIRPERSON MULLEN: Thanks, so can we move

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1 on?

2 MS. REED-FOURQUET: Yeah.

3 CHAIRPERSON MULLEN: Alright, so Treasurer's  
4 report.

5 DR. THORNQUIST: Alright, so --

6 CHAIRPERSON MULLEN: Good afternoon.

7 DR. THORNQUIST: Good afternoon, or evening.

8 The Treasurer's report as of April 12th, we had in Webster  
9 Bank a total of \$1,063,277 in total assets of which we are  
10 -- we have an accounts receivable from DPH, \$876,749.  
11 That's -- we didn't get the money yet. It takes a couple  
12 of weeks to get the money but it's not terribly bad.

13 In liabilities, we currently have in  
14 accounts payable \$945,249.20 and that's our entire accounts  
15 payable. We have, therefore, a total equity or net income  
16 of \$118,028.44 done on an accrual basis. So that is our  
17 current balance sheet.

18 CHAIRPERSON MULLEN: Thank you. Okay,  
19 Committee reports. Executive Committee.

20 DR. THORNQUIST: The Executive Committee met  
21 last Monday. At the Executive Committee we essentially  
22 discussed a lot of the same issues that we just went  
23 through here, kind of helping to better define process for  
24 on-boarding, going through a little bit of the current

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1 status of the Axway contract and some of the negotiations  
2 that Dave was pursuing with them including the fact that  
3 they were coming into Town last Friday for an all day  
4 meeting, this last Friday, to do some work around both  
5 contracts also and development of outreach education on-  
6 boarding process.

7 We also heard from the Committees, the  
8 various Committees. I think we're really pretty much going  
9 to hear similar feedback at this point. And then we had an  
10 executive session to give David some feedback from the  
11 Executive Committee about progress to date.

12 CHAIRPERSON MULLEN: Okay, any questions?  
13 Thanks. Legal and Policy.

14 MR. LYNCH: Legal and Policy met last week.  
15 We reviewed the participation agreement. We voted to  
16 recommend the participation agreement with some  
17 modifications. That, I believe, was sent to you some time  
18 this week, late last week or early this week. I have a  
19 problem with what vote I recommend here.

20 This is part of that punch list and so it  
21 needs to be in place before we can succeed. It may not be  
22 able to be postponed until our next meeting in May if we  
23 want to stay on track with go-live. It however, as you'll  
24 notice in the margins, still has markups, it is not a final

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1 document. We received an excellent change that we had --  
2 one of the things -- one of the lawyers on the phone from  
3 the Policy group had said okay, they'd try some language to  
4 help us. We received that this afternoon, I think it would  
5 be a good insert, but you don't have that in front of you.

6 So I guess my vote is to recommend that one,  
7 that we give permission to the Executive Committee to do  
8 the final okay as long as you get your chance today and for  
9 the next week to submit any additional issues, changes,  
10 whatever with what you've received. But we'll have to get  
11 a final document that's got all the final language in it  
12 before we can truly vote on it.

13 MS. MATTIE: Can I ask some questions?

14 MR. LYNCH: Yup.

15 MS. MATTIE: Number one, how did you codify  
16 the business arrangement into that? I meant who -- did you  
17 do that? If you tell me yes I'll be happy.

18 MR. LYNCH: What do you mean, what business  
19 arrangement?

20 MS. MATTIE: Well, do the business  
21 specifications get codified into a legal document? Who sat  
22 there with the Business Committee did you?

23 MR. LYNCH: There's a --

24 DR. THORNQUIST: I can't hear you.

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1 MR. LYNCH: The question was, who kind of  
2 codified the business side of it. That was actually one of  
3 our problems with this in that we're missing the, I'll call  
4 it complementary Business and Operations Committee  
5 implementation component to go along with the standard  
6 operating procedures. This is kind of a policy side. Some  
7 of the issues that were raised were kind of how do we make  
8 some of these things operational.

9 So when we get back to the punch list then  
10 it's like okay, we can in one sense approve the policies  
11 but it just begs the question what's the -- you know, the  
12 standard operating procedures about how to implement some  
13 of the stuff as well.

14 MS. MATTIE: So I guess it's a form -- I  
15 can't even comment because I think I got it five minutes  
16 ago. So -- I mean, I was just reading it now. A few  
17 things --

18 CHAIRPERSON MULLEN: We can't hear you up  
19 here.

20 MS. MATTIE: -- a few things. I think it  
21 would be important that somebody from Business Operations,  
22 that we would go through and make sure that -- I mean, this  
23 is your one bite at the apple and having gone through this  
24 on a managed care side is painful and it's a long process.

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1                   So as long as we work in the business  
2 specifications and it says what we want, that would be the  
3 first thing. And the second thing is then to get -- you  
4 know, the legal stuff wags the tail. It's the Business and  
5 Operations when you set something up like this that really  
6 needs to be codified. So if you're comfortable with that,  
7 that's fine. I mean, I haven't even -- I tried to read it  
8 in like speed reading but it didn't work out. I don't hear  
9 you're comfortable John.

10                   MR. LYNCH: I'm not comfortable having a  
11 full Board vote on something you can't see today. So I  
12 think no matter what, we need to get with the final markup  
13 -- a final document for you to know exactly what's the  
14 final approval. We have the Catch-22 on the punch list  
15 that this is one of the critical items -- we can't go live  
16 without this.

17                   I don't think we can necessarily wait until  
18 March 21st if we want to go live with pieces at the end of  
19 this month, early next month, etc. So part of it is I want  
20 to make sure the full Board has its full opportunity to  
21 look at, review and feel comfortable themselves and perhaps  
22 then give the authority to the Executive Committee to then  
23 do the final given if they've gotten any comments or react  
24 any comments from the full Board.

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1 MS. HOOPER: And would they send those  
2 comments to you?

3 MR. LYNCH: That would be fine and then we  
4 could work those in through the Executive Committee.

5 CHAIRPERSON MULLEN: And did you want to say  
6 something else Lori?

7 MS. REED-FOURQUET: Well, I did make one  
8 more revision. Obviously it's not here today, however, it  
9 is in hand for those that want to go back and see how those  
10 comments were resolved. There's an updated document based  
11 on input through today, so.

12 MR. LYNCH: So I think there could be a  
13 final document is what I'm hearing, tomorrow morning that  
14 could get sent out to the Board. I would recommend to the  
15 full Board have an opportunity to review that and get any  
16 comments back to the Executive Committee by next Monday so  
17 the Executive Committee could figure out whether this is a  
18 go or no go and how that impacts the punch list.

19 MS. MATTIE: How does this compare with  
20 other states, because to some extent we're not -- how does  
21 it compare with other state's participation?

22 MS. REED-FOURQUET: It has the same parts  
23 and pieces. One thing that differs from what a lot of  
24 other states might be doing is, we're doing a lot of bi-

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1 reference to the original policy documents and the  
2 affinity, the main policy, which is the big one that spells  
3 out how we're doing everything.

4 A lot of places, that's all built into the  
5 framework of a larger participation unit. So I think  
6 structurally it's done that way with information that we've  
7 already vetted through this.

8 MS. MATTIE: And just a comment on the  
9 process. You know, I don't really feel expert enough in  
10 the business arrangement. I think a subgroup that feels  
11 that they know the business stuff well, you know, to sit  
12 down and say does it cover what we need to cover and go  
13 through it that way. And then you get legal counsel to say  
14 what you want it to say and if the group feels fine, that  
15 you guys have done it, that's fine.

16 But, you know, I can take a look and say  
17 well the language doesn't look right, it doesn't protect us  
18 the way it should. But in terms of the business  
19 specifications, I don't feel qualified to make those  
20 comments. And if we could put together maybe a subgroup  
21 that would just take a look, not create War and Peace, and  
22 make sure because if you get into a participation agreement  
23 and it doesn't say what you want, then you're basically --  
24 I can't think of another word, you're in big trouble.

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1 MS. REED-FOURQUET: Well, let me describe  
2 the group that has reviewed this to date has been -- in  
3 addition to the Legal and Policy Committee members, all of  
4 the 21 pilots have been invited to give their input and  
5 review on the document and not all of them have, but many  
6 of them have provided input.

7 MS. KELLEY: Yeah, I was at the last Legal  
8 and Policy Committee and I did participate in reviewing  
9 this. And for the most part -- there were a few changes  
10 that I suggested, but for the most part I thought it was  
11 good. But there was one thing that John mentioned that I  
12 have concerns about and that is the operational aspects of  
13 this. And there were a couple of critical things that we  
14 talked about that aren't really resolved because they're  
15 not policies, they're operational.

16 And one of them has a lot to do with  
17 consumers and privacy. In the consumer principles that we  
18 adopted as a Board, it says that consumers will be given a  
19 copy of the rules, the rights -- I don't have the consumer  
20 principles in front of me, but they will get this material.

21 Well, the first question is what is that? What -- and  
22 that's noted, Lori noted that in her comments, what exactly  
23 is that. We also didn't totally finish the work because  
24 the meeting just got over, on the opt-in and opt-out

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1 language, although most of that I though was very good. I  
2 don't think it's a lot of work that's needed, but what's a  
3 consumer going to be handed.

4 But then the other issue is that every time  
5 they go to the doctor or the first time when they get in  
6 the system and they're told and they make a decision not to  
7 opt out. And I don't think any of us felt that that was  
8 the intent of the language in the principles. But then, is  
9 it every time you go to any doctor that's in the system or  
10 is it once a year or -- and that we all concluded was  
11 operational and it can't be just a couple of people.

12 I mean, you have to put together some  
13 stakeholders, consumer stakeholders and provider  
14 stakeholders, to say what's going to work because the  
15 policies don't address that level of detail.

16 MR. LYNCH: Correct.

17 MS. KELLEY: And to my knowledge that's been  
18 our problem, we haven't been able to get this Operational  
19 Committee to operate. Is that correct John?

20 MR. LYNCH: Correct.

21 MS. KELLEY: I'm not criticizing John, I'm  
22 just trying to say this is why I wouldn't vote for this  
23 even though I basically think it's 99 percent there, okay.

24 CHAIRPERSON MULLEN: Peter.

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1           MR. COURTWAY: You talked about a process to  
2 do this that led us to an Executive Committee meeting and  
3 seeing raw data. I'd like to propose an alternate pass for  
4 it that sort of blends some of the prior conversation and  
5 that is, the agreement is out -- it sounds like Lori has  
6 final language change. If that can get sent to the Board  
7 to take a bite at the apple tomorrow morning and if the  
8 feedback could go to the Chair of the Legal and Policy  
9 Committee, who also sits on the Executive Committee, to  
10 rationalize what the comments are because we'll be getting  
11 them out of left field without the benefit of the  
12 discussion.

13           I think this is a process we've gone through  
14 before. So in essence it leads us into an Executive  
15 Committee meeting where you've already gotten all the  
16 feedback and can make a recommendation to proceed or what  
17 the key issues are that we are either going to accept or  
18 reject. But at the same time Brenda, you're bringing up  
19 issues with what I would perform and what -- we should  
20 always put in those critical things that have to be there  
21 before we go live --

22           MS. KELLEY: Ahum.

23           MR. COURTWAY: -- so perhaps at the same  
24 time as this discussion as gone by for these things to mix

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1 the participation agreement and these other processes you  
2 want, if we could get that into the critical path also as  
3 items that have to be dealt with, whether or not it's going  
4 to be dealt with with the Technical Committee or the  
5 Business and Operations or whatnot, so we have those right  
6 in the forefront, you know, something that the Executive  
7 Committee, maybe we could figure out how to parse so we  
8 could be ready to go.

9 MS. KELLEY: But I do believe -- I agree  
10 with you, I mean I'm not disagreeing. But I do believe  
11 that some of the operational things would be critical for  
12 me before I could vote on this. And I don't think -- I'll  
13 give you one example. You know, I think there's many  
14 examples, and when you sit down to talk to one of the pilot  
15 sites to sign this, they're going to want to know what  
16 exactly am I going to have to do.

17 And the policies don't go far enough. It's  
18 not that there's anything wrong with the policies, they're  
19 not operational. And so I don't know if I was one of the  
20 21 pilot sites I would sign it unless I knew what that  
21 meant. And as Chair of the Special Pops Committee that is  
22 trying to represent what people though they wanted, I want  
23 to be able to say that it's going to give consumers what we  
24 said in the principles that they were going to get. And

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1 I'm not saying it doesn't, I'm just saying it doesn't spell  
2 it out.

3 CHAIRPERSON MULLEN: Right, so is it --

4 MS. KELLEY: And there's controversy about  
5 that.

6 CHAIRPERSON MULLEN: -- is it okay then for  
7 it to be on the list of priorities so that those issues get  
8 dealt with?

9 MS. KELLEY: Yes.

10 CHAIRPERSON MULLEN: Okay.

11 MS. KELLEY: But the issue is, do you  
12 approve a participation agreement before you have the  
13 answers to some of those things, that's what my question  
14 is.

15 MR. GILBERTSON: I just want to briefly  
16 remind everybody, the purpose of the pilot, and there is a  
17 testing agreement that they'll have signed, is that some of  
18 the operational issues will be worked out through the pilot  
19 --

20 MS. KELLEY: Sure.

21 MR. GILBERTSON: -- not all of them. Some  
22 of them may be things that we cannot wait for the pilot  
23 that have to be done before the pilot. But there will be a  
24 laundry list of operational issues that are going to be

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1 worked out as part of the pilot so that's why we're doing  
2 the pilots. So --

3 MS. KELLEY: So is this a participation  
4 agreement for the pilots or is it --

5 MS. REED-FOURQUET: Version 1.0 really -- we  
6 have a testing agreement. Version 1.0 of the participation  
7 agreement really would be the pilots. And we do have a  
8 standard operating procedure raw, raw draft started and  
9 I've taken note based on our last Legal and Policy  
10 Committee that we need to develop the SOPs that you're  
11 referencing.

12 And so that document is coming together.  
13 Whether or not you're going to have that in front of you to  
14 look at as you're making the other decision because  
15 remember, we'll have to go through a process to approve  
16 those operational policies. So we have a little chicken  
17 and egg issue going on here. I think we need to approve a  
18 Version 1 of the participation agreement so we can go  
19 through the exercise of developing and polishing the  
20 operational process to bring it forward.

21 DR. AGRESTA: Now, I'm just thinking that a  
22 process that might be helpful is -- what Lori's saying is  
23 correct. We have to kind of move forward with and learn  
24 from our pilot process but we probably have a tracking

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1 document that gets set up for this particular agreement  
2 that we then kind of say, well this is critical before a  
3 pilot goes live, we have to resolve this operational piece.

4 This is something we expect to learn a great deal about  
5 with the expectation that we're probably going to have to  
6 revise this particular agreement in response to what we  
7 learn from our pilot groups. And that way we could at  
8 least move forward.

9 But it would permit us to kind of track and  
10 follow through on things and people could actually then  
11 describe what they feel is critical that has to happen  
12 before a pilot. Then you could actually say I believe this  
13 is critical before a pilot, develop a template or document  
14 that people can kind of provide feedback for this that  
15 could then come to the Executive Committee, come to John  
16 and others and we would see it, it would be in front of us.

17 People's comments would be organized in that fashion.

18 DR. THORNQUIST: Can I ask one quick -- if  
19 the pilots we're talking about are with actual data right,  
20 I mean actual live -- not test data, we're not working to  
21 see if the systems work together we're going to use --

22 MR. COURTWAY: Yes.

23 DR. THORNQUIST: -- so critical to that  
24 frankly is not just -- the patients need to have their data

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1 and that means they need to know what the hell's going to  
2 happen with their data.

3 MS. KELLEY: Absolutely, that's my point.

4 DR. THORNQUIST: And that's very critical.  
5 And I understand, it can be rudimentary at the start at  
6 least. But it's got to really answer some of those key  
7 questions. And frankly there also needs to be a provider  
8 rights and responsibilities agreement in there.

9 MS. KELLEY: Right, that's what I'm talking  
10 about.

11 DR. THORNQUIST: Now granted, the pilot  
12 sites, big systems, then maybe they're willing to try to  
13 waffle on that. But I think that if it were my data as a  
14 patient or my data as a doctor, I would want to make sure  
15 that there was something in there to protect me and what I  
16 was doing with it.

17 MS. KELLEY: And the other thing that I  
18 could live with quite frankly, but I don't think we're  
19 there yet, is if I knew that the 21 pilot sites were going  
20 to follow all the things that every pilot site would give  
21 every consumer, every patient that comes, the information  
22 that we're developing about -- you know, their information,  
23 their rights, a copy of the consumer principles and we knew  
24 that and we were testing to see are there other ways we

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1 could do it better and revisit it, that would make me feel  
2 comfortable.

3 But right now -- and it wasn't that I don't  
4 under -- don't misunderstand me. I think everyone's  
5 intentions -- we had a great evening and we were talking  
6 candidly about this so this is not critical of anybody that  
7 was at that meeting. But I think it was something we all  
8 realized, is that we've been so busy doing all the other  
9 things that these operational details just keep being put  
10 off. But I could be comfortable if I knew that the 21  
11 sites were going to do what the principles said. And then  
12 we would revisit to see if do we need to tweak it and how  
13 they do it when we get to the bigger group.

14 But we left it kind of hanging as to if we  
15 even knew what that was. And I was thinking of it from the  
16 doctor's perspective too. You know, you have to know what  
17 you're expected to do and are things included.

18 CHAIRPERSON MULLEN: So if there's some  
19 agreement about what needs to happen, can we move this to  
20 an action item so that we can move on?

21 DR. THORNQUIST: Right, I would be happy to  
22 have a participatory agreement that referenced doing these  
23 things understanding that we're running out under the pass  
24 and hopefully we'll be able to turn around the ball will be

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1 there and we can catch it. That is, we can co-develop  
2 those documents at the same time. That doesn't necessarily  
3 have to be in place before the participation agreement but  
4 clearly by the implement the participation agreement those  
5 things have to be there.

6 MS. MATTIE: There's two things, one -- and  
7 again, the caveat is just like -- I've read it on middle  
8 age --

9 DR. THORNQUIST: No, believe me I've been  
10 doing the same thing because I got it when you got it.

11 MS. MATTIE: -- alright, but there was a  
12 clause in here that says changes to policies and standards  
13 which allows that sort of chicken and the egg, let's get  
14 moving while we're developing. And number two, as a  
15 provider you're going to be signing the business associate  
16 agreement.

17 So some of the things that you're  
18 referencing, and they're excellent things, are just by  
19 virtual participating. HIPAA already requires business  
20 associate agreements, which is an addendum to this  
21 contract. So some of these, very good points, A, will be  
22 taken care of in this one particular clause, changes to  
23 policies and standards and that will allow us to get moving  
24 and B, your very good points about as a provider I want to

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1 be responsible. Some of that HIPAA requirements and  
2 business associate agreements I've already thought through  
3 in my quick review of this, it's already an addendum to the  
4 contract.

5 So -- you know, my concern at this point is  
6 from the business perspective does the contract reflect  
7 what we want to do from a business perspective and I don't  
8 feel qualified to answer that. I don't understand the  
9 details intimately enough as Lori and David and John and  
10 Peter and --

11 DR. THORNQUIST: Alright, then I think we  
12 return to what Peter was saying, which was send comments to  
13 John Lynch by Friday, he gets to digest them by Monday,  
14 they get to go over it on Monday because I don't see any  
15 other way of expediting this process in a meaningful way.  
16 And you have people out here who can provide some of those  
17 business details for you, I'm hoping, and maybe we can move  
18 this along.

19 But we have a very, very short run up to go-  
20 live dates and we need to have an agreement in place if  
21 we're going to go live.

22 MS. MATTIE: Right, because we're all just  
23 worried about that agreement.

24 DR. THORNQUIST: And so I would move that we

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1 forward this to the Executive Committee for a final  
2 decision with a final ratification at the next Board  
3 meeting. And obviously, you would distribute what you guys  
4 decided on the Monday meeting to everyone immediately so  
5 that if there was a real issue someone could red flag it  
6 for you.

7 MR. LYNCH: Second that.

8 MS. HOOPER: Thank you.

9 CHAIRPERSON MULLEN: Okay, vote.

10 DR. AGRESTA: All in favor.

11 VOICES: Aye.

12 CHAIRPERSON MULLEN: Opposed?

13 MS. ANDREWS: I --

14 MS. HOOPER: Ellen, you oppose or abstain?

15 MS. ANDREWS: I oppose.

16 MS. HOOPER: Okay. Motion carries.

17 CHAIRPERSON MULLEN: You have a question?

18 MS. PARKS-WOLF: I have a couple of  
19 questions, maybe I can get an answer quickly. In -- on  
20 page 4 and 5 it talks about consent for receivers and  
21 suppliers. And it suggests that the people who receive or  
22 the entities that receive information have to verify  
23 consent as well as the ones that supply it.

24 And I was sort of confused by that. I

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1 thought that consent had to be in place when it went out  
2 but not also when it was received and maybe somebody could  
3 clarify that?

4 MR. LYNCH: I think that was part of the  
5 struggle we had about having the standard operating  
6 procedures. Consent would have to be in place, it doesn't  
7 necessarily -- but the interpretation I believe that came  
8 through the table was it doesn't mean that everybody has to  
9 independently get a consent as long as one is in place.

10 But that was part of the -- well, how is  
11 that going to work, operational process.

12 MS. PARKS-WOLF: So if I were to get  
13 somebody's records I would have to find a consent somewhere  
14 before I could open it, is that what it means?

15 DR. THORNQUIST: No, that would make it  
16 unworkable but you'd have to be an authorized receiver of  
17 data.

18 MS. PARKS-WOLF: That seems different than  
19 what I saw here because then it said --

20 DR. THORNQUIST: Because there's no way for  
21 me for instance as a receiver of data to know that someone  
22 in your office signed the form proper --

23 MS. PARKS-WOLF: That's my point.

24 DR. THORNQUIST: So if I'm going to receive

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1 the data from the system or if your hospital's going to  
2 receive the data from the system, you have to be able to  
3 simply be a recognized recipient. Otherwise it cannot  
4 work.

5 MS. PARKS-WOLF: So --

6 DR. THORNQUIST: And we have to vet  
7 recipients. I mean, otherwise it simply cannot work. But  
8 -- and that's independent of how the data gets in, that's  
9 how the data gets out. I mean, it has to be a vetted  
10 recipient. It can't be a consent per recipient because  
11 there's no way to track their patient data that way.

12 MS. PARKS-WOLF: So maybe just somebody will  
13 look at the language to see in fact is the way it comes  
14 out. I think it's like Item 3. --

15 MS. KELLEY: But that is -- you were hitting  
16 right on what the letter was --

17 CHAIRPERSON MULLEN: I'm sorry though thank  
18 you, but I can't take us back into the middle of a  
19 conversation again. Not to say I don't value this, but we  
20 have to move forward. And what I would ask -- and if the  
21 Board decides they want to do it differently, what I would  
22 ask is people either after the meeting, e-mail or e-mail to  
23 John, to Lori to make these points because otherwise we're  
24 going back into starting to go through the details of this

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1 again, which we can't -- I don't think we can do right now.

2 MS. PARKS-WOLF: Okay.

3 CHAIRPERSON MULLEN: Okay.

4 DR. THORNQUIST: And if you want to copy  
5 everyone, that's fine. But you can't respond to other  
6 people's e-mails. I just want to make that point again for  
7 the open meeting people who are otherwise --

8 MS. HOOPER: Thank you sir.

9 DR. THORNQUIST: I've been guilty of that  
10 once already.

11 CHAIRPERSON MULLEN: So we have two other  
12 Committee reports and then the student's presentation. So  
13 a report from Special Populations.

14 MS. KELLEY: We didn't meet this month, we  
15 met last month and we have that in the minutes. David  
16 came. Lori has been working in a working group with some  
17 people from the Special Populations Committee on the  
18 website and the consumer education materials, and you  
19 probably could update as well as I could on that.

20 And I just will say that in the last meeting  
21 we did say we would have a May meeting but we haven't  
22 scheduled it yet. But I did go to the Legal and Policy  
23 Committee specifically, not just because I'm on the Legal  
24 and Policy Committee but to sit in to make sure that

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1 everything that should be happening according to the  
2 Special Pops was happening. That's why I was there, so.  
3 And we had a good meeting.

4 MS. CHRIS KRAUS: So real quickly, I have  
5 three volunteers from Special Pops who are working on the  
6 website with me. So we getting up the work, editing it,  
7 reviewing it so that we can go live. And we also have a  
8 Capital Community College intern that's working with us. So  
9 we're real anxious to get it up and running and it will be  
10 an evolving process. We can change it, we can adapt it, we  
11 just want to get it up and there so everything's available.

12 DR. THORNQUIST: And you will notify us when  
13 it's up so we can look at it?

14 MS. KRAUS: Oh, certainly.

15 MS. PARKS-WOLF: When are you shooting for?

16 MS. KRAUS: We're trying for a couple of  
17 weeks.

18 CHAIRPERSON MULLEN: Thank you.

19 MS. KRAUS: Okay.

20 CHAIRPERSON MULLEN: Technical Committee.

21 MS. HOOPER: I believe that I'm on the  
22 agenda.

23 CHAIRPERSON MULLEN: Okay.

24 MR. GILBERTSON: A quick, hopefully quick -

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1 -

2 CHAIRPERSON MULLEN: You can go ahead and  
3 move to --

4 MS. HOOPER: We need a motion to add -- Mr.  
5 Gilbertson would like to make a request to the Board about  
6 the CTO position, so we do need to add that item to the  
7 agenda. Is there a motion to add that item --

8 CHAIRPERSON MULLEN: So moved.

9 MS. HOOPER: Second?

10 DR. AGRESTA: Second.

11 MS. HOOPER: Thank you very much. Mr.  
12 Gilbertson.

13 MR. CHUDWICK: All those in favor of adding  
14 to the agenda should signify by saying Aye.

15 VOICES: Aye.

16 MR. CHUDWICK: Those opposed say no. Motion  
17 is added.

18 MS. HOOPER: Thank you Bruce.

19 MR. GILBERTSON: As you know, we have been  
20 interviewing for the CTO. We have it down to two  
21 candidates. We interviewed one today and we'll be  
22 interviewing another tomorrow. What we need is Board  
23 approval to offer a benefits package that -- what I am  
24 suggesting is one that mirrors or as close to mine that

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1 you've already approved.

2 That means that includes the language around  
3 how we're going to escrow the retirement account until that  
4 final decision is made. So that's really what I'm asking  
5 for, is Board approval so that I can make a job offer and  
6 include basically the benefits as you were able to approve  
7 on my package.

8 MR. LYNCH: So moved.

9 FEMALE VOICE: Second.

10 CHAIRPERSON MULLEN: Yes, discussion?

11 MS. ANDREWS: Was the decision about health  
12 benefits, offering health benefits decided? I don't  
13 remember that.

14 MR. GILBERTSON: The -- I haven't read the  
15 e-mail but I got an e-mail back. The latest was it went  
16 through OPM and their lawyers and they looked at the  
17 language that Bruce's firm typed up for us and they agreed  
18 with it. They concurred with it. And it then went to the  
19 Chair of the Pop Health Committee to see if there's  
20 language that they could submit to make that part of this  
21 legislative session.

22 So I have not heard back as to what the  
23 status of that is, but there's -- I do have an e-mail back  
24 from that Committee today, I just have not had a chance to

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1 read it.

2 MS. ANDREWS: So it's in process right now.  
3 Then I don't understand, what's the answer? Are we  
4 offering health benefits or no?

5 MR. GILBERTSON: Are we --

6 MS. ANDREWS: Offering health benefits.

7 MR. GILBERTSON: Oh health, I'm sorry.  
8 Health benefits, no, we are not -- we are offering a  
9 stipend. We do not have enough employees to qualify for a  
10 health benefit plan. I have been in contact with those  
11 that do offer health benefit plans. The stipulation is a  
12 minimum of three employees on the plan and they have to  
13 have been employed at least six months before we can enter  
14 into that plan.

15 And so we will do that as soon as we have  
16 enough employees and enough time that they've been  
17 employed, we will pursue a health benefit plan. The only  
18 thing they can get now is an individual plan. We don't  
19 have enough people to offer a group rate -- a group plan.

20 MS. PAKULIS: And it's not on a State plan  
21 you're considering, not the State health plan?

22 MR. GILBERTSON: What's that?

23 MS. PAKULIS: It's not the Health state plan  
24 you're considering.

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1 MR. GILBERTSON: The State benefit plan, I  
2 don't know that that's available to us.

3 MS. HOOPER: No, it's been reviewed.

4 MR. GILBERTSON: I think they'll --

5 DR. THORNQUIST: I think that was a question  
6 asked about two Board meetings ago.

7 MS. ANDREWS: And there wasn't an answer  
8 actually.

9 MS. KELLEY: But I thought you recommended  
10 that we ask the legislative --

11 MR. CHUDWICK: That's what David referred to  
12 in his report, retirement --

13 MS. ANDREWS: That's what I'm assuming --

14 MR. GILBERTSON: For retirement not health  
15 plan.

16 MR. CHUDWICK: Whether or not the employees  
17 of HITE/CT will be considered employees for the State  
18 Employee Retirement System or not.

19 MS. ANDREWS: So they could be that and not  
20 be --

21 MR. CHUDWICK: That's what's still open at  
22 this point in time, the health coverage is separate.

23 MR. GILBERTSON: Right, we did not go back  
24 on health coverage. I understand that that's been

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1 reviewed. I don't know, Meg's was saying that that's  
2 already been reviewed.

3 MS. HOOPER: Well, I think it's been  
4 reviewed by this Board and by the -- I think it was the  
5 Attorney General that also looked at it Bruce, I also think  
6 there was legal opinion from either your office or --

7 MR. CHUDWICK: Right, for health coverage  
8 you don't have to be in the State plan. Employees of HITE  
9 do not have to be in the State plan for health insurance  
10 coverage, so --

11 MR. GILBERTSON: But then we ask the  
12 question, can we be in the State plan? I don't know that  
13 we've asked that question.

14 MS. ANDREWS: I guess my question was about  
15 health benefits and it's just -- I don't know who you  
16 talked to about whether they can only get it for employee  
17 groups of three or less but that's -- I mean, we have it at  
18 the Health Policy Project. We've had it when we had two  
19 employees. I mean, it's not -- and actually we had it when  
20 only one of the employees took it.

21 So it can be done and I think that's -- I'm  
22 deeply uncomfortable with the idea of a Quasi-public that  
23 doesn't offer health benefits.

24 MR. GILBERTSON: Well, we are offering --

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1                   CHAIRPERSON MULLEN: So may I ask a question  
2 following what you're saying? The question at hand was  
3 whether or not David has approval to hire a CTO and what we  
4 should discuss right now is whether or not we want to  
5 clarify whether or not the -- how people get health  
6 benefits should be a part of whether or not we authorize  
7 him to hire a Chief Technology Officer.

8                   So I understand your question and the  
9 question is whether or not we need to figure this out to  
10 authorize him to hire a CTO because that's what he's asked  
11 the Board.

12                   MS. HOOPER: And to offer that person the  
13 same benefits package --

14                   CHAIRPERSON MULLEN: Right, and offer --

15                   MS. HOOPER: -- which does not include  
16 health insurance.

17                   CHAIRPERSON MULLEN: -- right. And it  
18 sounds as if the health insurance discussion is going to be  
19 about more than just this and more than just about the CTO.  
20 Would you like to spend this time to discuss this now, or  
21 do you feel that we can authorize him to go forward with  
22 hiring a Chief Technology Officer?

23                   MS. HOOPER: Actually, there was a motion on  
24 the floor.

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1 CHAIRPERSON MULLEN: Alright.

2 MS. PARKS-WOLF: Is there a motion on the  
3 floor?

4 CHAIRPERSON MULLEN: Yes, the motion was  
5 raised, it was seconded and then a question came. So now  
6 we're in this discussion, but I want to remind you where we  
7 started so that we can get back to whether or not we can  
8 call a vote at this point.

9 DR. THORNQUIST: I mean, we need a Chief  
10 Technology Officer. We hired a CEO without health  
11 benefits. I agree with the discomfort of setting the  
12 precedent of not having health benefits although we've  
13 already done that.

14 MS. ANDREWS: I didn't know we'd done that.  
15 That's kind of my issue is that a lot of things get done  
16 here, and maybe it happens in the Executive Committee, but  
17 -- I mean, that's a really important question to me. I'm  
18 an advocate for people who don't have health insurance. I  
19 would have been paying attention to that and I don't feel -  
20 - I feel that that decision was taken away from me because  
21 we've already done it and I'm concerned that if we go  
22 forward now that that will just be the way it's done and  
23 then it will be -- you know, you're just trying to slow  
24 things down.

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1                   CHAIRPERSON MULLEN:  Alright, well I can't  
2 tell you without going back in which meeting the  
3 discussions have occurred and who was here so I understand  
4 you and that being said, I still need to know whether --  
5 and you raised the question.  Would you like us to address  
6 this further now?  We need a CTO.

7                   MS. HOOPER:  The benefits package was  
8 presented when the Board approved the hiring of Mr.  
9 Gilbertson and it included the benefits package.  And the  
10 Personnel Search Committee was the one that went through  
11 the benefits package and negotiation with Mr. Gilbertson.

12                   So there was a decision, I don't have the  
13 Committee's details on it, but it was selected and approved  
14 at the time that the contract with Mr. Gilbertson was  
15 approved.

16                   MR. GILBERTSON:  And we are offering a  
17 stipend to pay for medical coverage.  So any individual can  
18 go out and get medical coverage and the stipend that we're  
19 offering, it would be the HITE/CT contribution as if an  
20 employer does.  The only difference is, we can't get a  
21 significant group rate until we have a group.

22                   So anybody can go get individual insurance  
23 and that's essentially what they would be getting through  
24 us anyway.  So the stipend is in there and that's what the

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1 -- the purpose of a stipend is to make sure that they do  
2 have health insurance it's not to take health care  
3 insurance away from them.

4 MS. KELLEY: How much is the stipend David?

5 MR. GILBERTSON: It's -- I don't recall.  
6 I'd have to go back, I think it's \$20,000 for all benefits  
7 so that the --

8 MR. MASSELLI: Yeah, I think that's --

9 MS. HOOPER: Mark was the Chair of the  
10 Personnel Search Committee.

11 MR. COURTWAY: I think it's a valid question  
12 and the dilemma is if we start down that path we'll be tied  
13 up for three or four months while we try to sort it out  
14 because if we get tied up with what's happening with the  
15 cost of doing it through the State versus the cost of doing  
16 it elsewhere, is it tied up to the decision -- so we'll  
17 just wind up -- it needs to be addressed.

18 So I agree with you Ellen, we should be  
19 keeping this and not letting this go by the wayside, but I  
20 would be concerned with not moving forward with a hire if  
21 we are stipending for the specific purpose of having them  
22 acquire the plan and we have these other mechanisms in  
23 place to escrow in case we have to do something  
24 differently.

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1           MR. LYNCH: David, is there language in the  
2 contract that says that at a future date when we determine  
3 that we're going to now offer -- that that stipend gets  
4 reduced because we offered that or?

5           MR. GILBERTSON: We can add -- mine doesn't  
6 but yes, I mean we can clearly say that our intent is to  
7 provide these benefits and when they're available the  
8 stipend will go away, yes. I mean, that is my intent.

9           DR. THORNQUIST: I would like to maybe offer  
10 that as -- I don't care if I make the motion or second it  
11 but --

12           MR. LYNCH: It offers an amendment anyway -  
13 - I mean, offer an amendment that that be included as part  
14 of the contract when we determine the health benefit plan  
15 if that so happens.

16           MR. COURTWAY: Second.

17           MR. LYNCH: I would second that motion,  
18 yeah.

19           MS. HOOPER: Alright, so you're withdrawing  
20 your first motion or was that a motion on the amendment --  
21 and your amendment is?

22           DR. THORNQUIST: To state that the contract  
23 should stipulate that we would eventually move towards the  
24 provision of health benefits and the stipend would be

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1 retracted at the time the health benefit --

2 MS. KELLEY: Health and other benefits.

3 MS. HOOPER: Thank you.

4 DR. THORNQUIST: -- yes, health and other  
5 benefits, thank you.

6 MS. KELLEY: Because it said \$20,000 for  
7 everything.

8 DR. THORNQUIST: Which was actually what the  
9 motion was.

10 MS. HOOPER: Thank you.

11 MS. KELLEY: Could I ask a clarifying  
12 question of David again? Does the other benefits include  
13 things like the withholding, the requirements for federal  
14 and state withholding? It does?

15 MR. GILBERTSON: No, those are automatic --  
16 no, that's --

17 MS. KELLEY: No, that's not in -- what's in  
18 the \$20,000 is what I'm asking.

19 MR. GILBERTSON: -- oh, okay.

20 MS. KELLEY: Is it paying into social  
21 security withholding tax, all of that --

22 MR. GILBERTSON: No.

23 MS. KELLEY: -- or is it -- it's for --

24 MS. HOOPER: No, it's just a stipend.

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1 MS. KELLEY: It's just a stipend.

2 MR. GILBERTSON: Medical, life, dental,  
3 vision if they so choose --

4 MS. KELLEY: Disability if they wanted --

5 MR. GILBERTSON: -- disability insurance,  
6 right, long-term and short-term disability.

7 MS. KELLEY: But we are doing the regular  
8 withholding like --

9 MR. GILBERTSON: We would have to --

10 MS. KELLEY: -- not if they're a contracted  
11 employee but if they're a regular employee.

12 MR. GILBERTSON: -- yes Ma'am.

13 MS. KELLEY: Okay.

14 DR. THORNQUIST: So they're paid an actual  
15 salary not a --

16 MR. GILBERTSON: Yeah, unfortunately it's a  
17 taxable amount so it will be taxed as salary. We have not  
18 been able to figure out a way to make it an untaxable  
19 amount. So when it shows up on their W-2 at the end, it  
20 will be in as salary. That's the only way we could pay  
21 them.

22 MS. HOOPER: In the interest of time,  
23 there's a motion on the floor for the amendment, all those  
24 in favor?

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1 VOICES: Aye.

2 MS. HOOPER: Any opposed -- thanks Mark, any  
3 opposed or abstaining?

4 MS. ANDREWS: I abstain.

5 MS. HOOPER: Abstain?

6 MS. ANDREWS: Yes, abstain.

7 MS. HOOPER: Thank you.

8 CHAIRPERSON MULLEN: So now we can follow  
9 the --

10 DR. THORNQUIST: Now we're at the main  
11 motion as amended.

12 CHAIRPERSON MULLEN: Right.

13 MS. HOOPER: For the main motion that was  
14 amended, we have a motion on the floor. All those in  
15 favor?

16 VOICES: Aye.

17 MS. HOOPER: Any opposed? Any abstain?  
18 You're okay on the second one -- on the fully amended one,  
19 thank you.

20 CHAIRPERSON MULLEN: Thank you.

21 MS. HOOPER: Now, you do have Technical  
22 Axway update but Peter, you have 14 seconds.

23 MR. COURTWAY: Technical Committee met and  
24 its focus was on providing a repeatable plan for the

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1 implementation so that as part of the pilot process we can  
2 repeat that pilot process for the other pilots and the full  
3 production. And we made great headway on it. End of  
4 report.

5 CHAIRPERSON MULLEN: Thank you. Okay,  
6 Quinnipiac students

7 MS. MATTIE: The other three had work  
8 commitments today actually. While he's getting set up, I  
9 want to take a moment just to thank David and Christine.  
10 They were just absolutely fabulous. These things don't  
11 happen without them and but for your guidance and mentoring  
12 so -- and everybody who responded to the phone calls on top  
13 of everything else. I know Tom did and Peter and --

14 MS. KRAUS: Meg did too.

15 MS. MATTIE: -- Meg, Meg always deserves --  
16 and Ellen, so thank you very much for your time.

17 MR. JONATHAN WROBEL: Hi, I'm really sorry.  
18 My name is John Wrobel, Quinnipiac grad student. I also  
19 work full-time down at Yale-New Haven Hospital --

20 MS. KRAUS: Jon, can you speak up a little?

21 MR. WROBEL: -- oh sure, sorry. So what  
22 I'll do is start running through these slides. Our group  
23 was tasked with putting together constituent value  
24 proposition summary. So what I'm going to do is run

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1 through some background and goals, the methodology we used  
2 to collate the data, different constituent groups, the  
3 summaries, the recommendations, the resources and some  
4 acknowledgements and bios.

5 For a little background information, we were  
6 tasked with kind of collating the different -- well each  
7 Board member was asked to query the constituency to  
8 ascertain requirements for health care information and the  
9 value of HIE to their respective groups. And so our goals  
10 were to kind of understand what is required for a  
11 successful HIE and how can we go about implementing that  
12 and adopting that for the different constituent groups. So  
13 we used the summaries that we were given. We looked for  
14 trends, some action items, and then we dug a little deeper  
15 and spoke with the different Board members and different  
16 constituents and then just kind of put that information  
17 together and put it into a presentation.

18 So the different groups that we spoke with  
19 for the CT Health Insurance carriers, consumers -- DSS  
20 medical research organizations, OHA primary care physicians  
21 and the DPH. So starting with the Connecticut Health  
22 Insurance Carriers, some of the potential benefits that  
23 were recognized were remodeling the payment system. So  
24 they'd be able to pay for high quality services that were

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1 rendered most efficiently. This will enable an environment  
2 for better communication between the physician and patient  
3 and also improve patient outcomes. Payments no longer  
4 based on transactions, so the idea here would be to focus  
5 on cost efficient delivery of care rather than transaction-  
6 based care. And they also spoke about driving the  
7 utilization rate down through the continuum of care  
8 services.

9 Health care transformation to a value-based  
10 model. They talked about utilizing population health data  
11 in offering programs and benefits based on that data that  
12 will drive down the utilization rate -- that will drive  
13 utilization rate reduction, chronic disease management and  
14 focus on preventative care with the ultimate goal being to  
15 make, you know, healthier commitments. The main limitation  
16 that the representatives spoke about was that the current  
17 implementation does not justify the investment. And they  
18 spoke that the limited services based on the data exchange  
19 as is, is hard to measure and he does see a way for them to  
20 access population health data in its current form.

21 Some conditions for a successful HIE. He  
22 really wanted to see a cost benefit analysis performed that  
23 would justify his investment or the health plan's  
24 investments and he didn't feel that that was available. He

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1 also wanted to see HITE/CT focus on health plan  
2 requirements. And pre-metrics that can be tracked to  
3 measure health outcomes to help justify their investment.  
4 The next group is consumers and Audra spoke with Ellen  
5 Andrews, who is from CT Health Policy Project. And she  
6 spoke about entry patient safety being a really important  
7 benefit to the project and that would ascertained by a  
8 reduction in medication areas.

9 Also, just having the patient history  
10 available to understand what their allergies and past  
11 surgeries and lowering costs through a reduction in  
12 duplicative testing. And also lowering indirect cost  
13 associated with the transmission of patient documentation  
14 between providers, between providers and the hospitals,  
15 etc. So some of the concerns that we spoke about were  
16 really centered around privacy and the consumer's right to  
17 opt in to HITE/CT rather than opt out. And so the  
18 conditions for a successful HIE from the consumer's  
19 perspective focused on opt-in legislation, which has been  
20 presented to the State where there was a bill brought to  
21 them and there has to be trust between HITE/CT and the  
22 consumer.

23 And so it's important to kind of understand  
24 where the consumer is coming from, realize that they don't

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1 have a medical background, they don't have a strong  
2 understanding of health care technology and to speak with  
3 them and to enlist trusted community members to set up  
4 maybe face to face meetings and really just kind of  
5 concentrate on making the consumer feel comfortable. And  
6 additionally, making sure that their rights are protected.  
7 And then just to make sure that HITE/CT is constantly  
8 evaluating processes and making changes as needed.

9 We spoke with the Department of Social  
10 Services. And also by the way, if anybody -- you know, if  
11 there's representatives here from the DSS and I don't  
12 acknowledge you let me know because I don't know who  
13 everybody is. But some of the benefits that we spoke about  
14 were improving health outcomes, patient participation in  
15 their own health care and lowering costs through some of  
16 the -- what we just mentioned, duplicative testing, some of  
17 those standard measures. Some of the concerns that we  
18 spoke about centered around sustainability, how is HITE/CT  
19 planning on sustaining themselves once some of this initial  
20 seed money runs dry.

21 And also patient privacy. So the conditions  
22 for a successful HITE/CT would be to present the Board and  
23 DSS specifically in this regard, with a revenue generating  
24 business model that really speaks to the specifics of how

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1 HITE/CT plans on sustaining itself. Also, consumer  
2 education. The belief was that it would be really  
3 important to provide specific use cases to consumers so  
4 they can understand how this is going to be used because  
5 their information that really we're going to be leveraging.

6 And cost sharing for the sustainability access. The idea  
7 is that there are going to be many consumer groups and that  
8 they should be sharing some of the costs associated with  
9 this project.

10 Next we have medical research organizations.

11 We spoke to Dr. Thomas Agresta from UConn. And so this is  
12 coming from the perspective of a larger academic health  
13 care institution. Some of the benefits as a provider of  
14 care was mentioned, obviously the increased quality that  
15 HITE/CT can provide through improved clinical care  
16 outcomes, improving care coordination and transitions  
17 between primary care providers. And then also reducing  
18 adverse events by cutting back possibly for example on  
19 medications.

20 Switching angles a little bit coming from an  
21 academic institution, HITE/CT could provide a great  
22 opportunity for students to learn about health care  
23 information and they could help facilitate student research  
24 and educational project opportunities and provide access to

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1 test cases. And another benefit would be lowering costs,  
2 hospitals could utilize information from HITE/CT to try to  
3 reduce 30 day (indiscernible) and also reducing employee  
4 health care costs.

5 Some of the concerns noted were that there  
6 needs to be integration between the hospital and outpatient  
7 workflow. Providers aren't going to want to have another  
8 step that takes them away from patient care and hospitals  
9 don't want to add that step. You know, there's a big focus  
10 on patient flow and really making sure they're doing things  
11 as efficiently as possible so that's an important aspect  
12 and concern. And then believe the system is trustworthy  
13 and secure. And so conditions for success were that you  
14 need to develop provider buy in and also health system's  
15 buy in because that's where the majority of data will come  
16 from.

17 And HITE/CT should provide cost analysis for  
18 these large organizations, implementation and maintenance.

19 And they'd like to see some use cases, which a common  
20 theme to drive value. And also to collaborate with other  
21 organizations to help with training, so REC in Connecticut  
22 hospital associations setup. And I'm sorry, I wasn't able  
23 to reach the Office of Health Care Advocate, I'm not sure -

24 -

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1 MS. HOOPER: And we won't point them out.

2 MR. WROBEL: -- I'm sorry. Primary care  
3 physicians. I spoke with Dr. Kevin Carr and we had a  
4 conversation about improving patient care management would  
5 be one of the main benefits and aligning continuum of care  
6 services. And overall cost savings through reduction of  
7 duplicative testing and some of the other kind of standard  
8 metrics. Some of the concerns that we spoke about were  
9 small office PCPs that maybe don't have an EMR setup are  
10 going to fact startup costs and a short-term productivity  
11 loss associated with learning a new system, and also EMR  
12 maintenance.

13 We also talked a little bit about scale and  
14 how small office providers are going to be faced with  
15 higher costs relative to larger offices where they can  
16 share the costs with more people. So it was the question  
17 and a big concern on how HITE/CT can kind of help maybe  
18 mitigate some of those expenses across the board. And the  
19 potential liability surrounding data confidentiality, I  
20 heard some of you speaking about that today. And that was  
21 an issue. I mean, providers I think need to feel protected  
22 before maybe they hook up with HITE/CT.

23 So conditions for a successful HIE. Cost  
24 savings for primary care physicians need to be addressed. I

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1 think I spoke about some of these, the cost savings, but as  
2 far as PCPs I don't think they're going to be seeing any  
3 specific cost benefits if they provide some of this data,  
4 but what are the benefits are they going to derive from  
5 HITE/CT. So some of the suggestions were maybe automated  
6 submission of public health data or and help facilitate a  
7 lot of (indiscernible) somehow. And then sustainability, a  
8 self-sustaining business model needs to be a top priority  
9 for management.

10 And lastly, the opt-in/opt-out conundrum.  
11 And a suggestion was made to me that HITE/CT should look at  
12 individual use cases when trying to determine opt-in and  
13 opt-out structure. DPH, some of the benefits we spoke  
14 about were increasing patient safety and reducing patient  
15 adverse events through a reduction in medication errors and  
16 prescribing of contra-indicated medications and lowering  
17 costs for reduction in billing and duplicative work. And a  
18 reduction of additional costs resulting from an adverse  
19 patient event. Some of the concerns were consumer buy-in,  
20 a lack of understanding of HITE/CT and health care  
21 information exchanges in general.

22 So unless they're properly educated, what  
23 are they really going to derive? What benefit are they  
24 going to derive from this? They might just be, you know, I

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1 don't want anything to do with that. I go to my doctor  
2 once a year and that's it. And privacy concerns are a  
3 common theme for the constituents. And also financial  
4 costs for small providers. This goes back to kind of the  
5 scale comments I made before. Federal reimbursement  
6 dollars are only going to go so far and it actually might  
7 be that participating in this turns out to be more  
8 expensive than what they're reimbursed by the federal and  
9 state governments.

10 So DPH made clear that they're going to be  
11 conducting financial audits that will verify meaningful use  
12 cases that will help build accountability and enforcement.

13 And education, so they spoke about the different  
14 stakeholders, the government entities, the non-profits, the  
15 payers. And they all need to be educated in one way or  
16 another, probably not through the same vehicle. You're  
17 probably going to have to look at that on an individual  
18 constituent basis. They talked about how colleges now are  
19 starting to educate their students about health information  
20 management, case in point. I'm sorry, I want to learn  
21 through it.

22 CHAIRPERSON MULLEN: We're with you.

23 MR. WROBEL: I'll learn through it.

24 MS. HOOPER: Yeah, we like that too.

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1           MR. WROBEL: Agency partnerships will help  
2 share the information and give advice to create best  
3 practices to meet the varying needs of the groups. And  
4 health literacy, you know, really educating the consumer so  
5 that they can understand the different terminology that's  
6 associated with health care. So that brings me to the  
7 summary and common themes and trends.

8           So really HITE/CT seems to be well  
9 positioned to increase care coordination and improve  
10 patient outcomes. And this will be done with kind of being  
11 this one decreased medication errors, decreasing  
12 unnecessary duplicative testing and lowering overall health  
13 care costs. Some of the needs and concerns, really patient  
14 education and privacy. I mean, I think the details need to  
15 be laid out and they need to ensure that patient privacy is  
16 maintained as much as can be. And then patient education,  
17 really I'm not really sure what the best method is to do  
18 this, but we spoke about billboards, about really  
19 publicizing this information in the newspapers and that  
20 kind of stuff.

21           Some of the challenges and risks that we saw  
22 were common themes were common implementation, maintenance,  
23 liabilities and sustainability. So recommendations, we  
24 really focused around initiating discussions around

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1 implementation, maintenance, liabilities and  
2 sustainability. So some of the ways we thought you could  
3 maybe help with that is attain stakeholder alignment by  
4 customizing these use cases that we spoke about, develop  
5 in-depth business models that address the individual  
6 stakeholders financial relationship but also operational  
7 relationships with HITE/CT.

8 And then working together towards the goal  
9 of improving health care in Connecticut. I think it's a  
10 difficult task to kind of have everybody here sitting from  
11 different areas of the State, different entities, and I  
12 think we're all working towards the ultimate goal of  
13 improving health care. So that's it. And we'd like to  
14 thank everybody we spoke with, we really appreciate your  
15 time.

16 MS. HOOPER: Go ahead.

17 MR. WROBEL: Yeah, this is my team. I  
18 should mention that I just didn't do this all by myself.  
19 That Susan Frenze, (indiscernible) and Pat Crew  
20 (indiscernible) also helped with this project and we really  
21 appreciate it.

22 MS. MATTIE: And they worked very, very hard  
23 and they met weekly and Christine was absolutely wonderful.

24 MS. KRAUS: Thank you Jon for coming, we

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1 really appreciate it.

2 MR. WROBEL: Absolutely. So that's it,  
3 thank you.

4 DR. AGRESTA: Thank you very much.

5 MS. KRAUS: They gave up their spring break  
6 to work on this too.

7 MS. HOOPER: I just mentioned to the  
8 Commissioner that we're going to send that to ONC.

9 CHAIRPERSON MULLEN: Thank you.

10 MR. WROBEL: Thank you.

11 MS. MATTIE: And I had to select four of the  
12 best. I had 40 people that jumped at the opportunity so  
13 everybody wants to work with you guys.

14 MR. GILBERTSON: I think we'll have our  
15 punch list next Monday.

16 MS. HOOPER: Any public comment? Motion to  
17 adjourn.

18 MR. MASSELLI: I make a motion --

19 MS. PAKULIS: I second --

20 MS. HOOPER: Hang on Mark.

21 MR. COURTWAY: I think it might be helpful  
22 when we come up with the next agenda, we have how many  
23 minutes allocated for each outcome so that we can stay on  
24 track. I would have liked to spend more time listening to

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1 the presentation. I thought there was some real salient  
2 points in there yet we didn't hit it until the time we were  
3 supposed to adjourn.

4 CHAIRPERSON MULLEN: Yeah, happy to do that.

5 I was also thinking that somehow in the conversation we  
6 end up having epiphanies where something hits somebody and  
7 then all of a sudden we're filling in gaps for things. And  
8 I know that there's a lot to catch up on, but we also need  
9 to figure out in our volunteer capacity or our work  
10 capacity how to make sure that we have the core information  
11 that we have so that in a discussion we stay in the  
12 discussion and not try to reeducate ourselves as much about  
13 things that have happened before or details that we need to  
14 fill in the blanks for in some other way, because sometimes  
15 what we're doing is educating ourselves about the work  
16 instead of just running the agenda.

17 So if people have suggestions about how we  
18 do that, I think we should devote some time to that. I  
19 still had a feeling some times that we're coming to these  
20 meetings and along the way we're still learning what we're  
21 doing and because we're not all techies and we're not all  
22 HI - health information folks, I understand that to a  
23 degree. But I also have a sense that we need to be able to  
24 keep moving forward with the work and not stay in circles.

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1                   And one thing I really want to believe is  
2 going to help us is if we really just get to the punch list  
3 and get some of this work done because we're having  
4 Committee meetings during the Committee reports and that's  
5 -- you know, for all the people who are spending a lot of  
6 time from month to month doing the Committee work, we can't  
7 sort of jump into the middle of the Committee work in the  
8 middle of the Board meeting, I don't believe. So, I agree  
9 with you and if you put the times on there and I bring my  
10 gavel next time --

11                   MR. COURTWAY: Should we get you a gavel?

12                   CHAIRPERSON MULLEN: No, I'll bring my  
13 tennis racket.

14                   DR. THORNQUIST: I'm sitting on that side,  
15 that's for sure.

16                   MS. PAKULIS: You could use your shoe.

17                   CHAIRPERSON MULLEN: Use my shoe? Okay, so  
18 there was a motion to adjourn and a second.

19                   MS. HOOPER: I didn't hear it.

20                   CHAIRPERSON MULLEN: I heard -- I thought I  
21 heard --

22                   MS. HOOPER: Bettye Jo was seconding, who  
23 made the motion?

24                   CHAIRPERSON MULLEN: Well, I thought Mark

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1 had also --  
2 DR. THORNQUIST: Mark did I think.  
3 MR. MASSELLI: Yeah, I did.  
4 MS. HOOPER: Oh, sorry Mark.  
5 CHAIRPERSON MULLEN: Thank you.  
6 VOICES: Aye.  
7 CHAIRPERSON MULLEN: Thanks everyone, all in  
8 favor.  
9 (Whereupon, the meeting was adjourned at  
10 6:35 p.m.)