

VERBATIM PROCEEDINGS
DEPARTMENT OF PUBLIC HEALTH

CONNECTICUT HEALTH INFORMATION
TECHNOLOGY AND EXCHANGE

DR. JEWEL MULLEN, CHAIRPERSON

FEBRUARY 27, 2012

101 EAST RIVER DRIVE
EAST HARTFORD, CONNECTICUT

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

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE
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1 . . .Verbatim proceedings of a meeting in
2 the matter of Connecticut Health Information Technology and
3 Exchange, held at 101 East River Drive, East Hartford,
4 Connecticut on February 27, 2012, at 4:39 P..M.

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8
9 DR. THOMAS AGRESTA: Call the HITE/CT Board
10 of Directors meeting to order on Monday, February 27th.

11 CHAIRPERSON JEWEL MULLEN: Good afternoon
12 everybody.

13 VOICES: Good afternoon.

14 DR. AGRESTA: How is everyone doing today?

15 MS. MEG HOOPER: We should do introductions
16 because --

17 DR. AGRESTA: Okay --

18 CHAIRPERSON MULLEN: So the meeting is
19 called to order and before we do the review of last month's
20 minutes, we're just going to go around so we'll have
21 accuracy on attendance and we'll be able to acknowledge
22 some new members today.

23 MS. MARIANNE HORN: I'm Marianne Horn from
24 DPH.

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1 MR. BRUCE CHUDWICK: Bruce Chudwick from
2 Shipman & Goodwin.

3 MS. ANGELA MATTIE: Angela Mattie from
4 Quinnipiac University.

5 MR. DAVID GILBERTSON: Dave Gilbertson from
6 the staff of HITE/CT.

7 MR. MARK HEUSCHKEL: I'm Mark Heuschkel from
8 the Department of Social Services.

9 MS. CHRISTINE KRAUS: Christine Kraus,
10 HITE/CT.

11 MS. BRENDA KELLEY: Brenda Kelley
12 representing consumers, I work for AARP.

13 MS. ELLEN ANDREWS: Ellen Andrews, also
14 representing consumers from the Connecticut Health Policy
15 Project.

16 MR. DAMIAN FONTANELLA: Damian Fontanella
17 here for Vicky Veltri from the Office of the Health Care
18 Advocate.

19 MS. BARBARA PARKS-WOLF: Barbara Parks-Wolf,
20 Office of Policy and Management.

21 MR. DANIEL CARMODY: Dan Carmody
22 representing health plans from CIGNA.

23 MS. KATE WINKELER: I'm Kate Winkeler, I'm
24 taking minutes.

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1 DR. AGRESTA: Tom Agresta from University of
2 Connecticut.

3 MS. MEG HOOPER: Meg Hooper, DPH.

4 CHAIRPERSON MULLEN: Jewel Mullen, DPH,
5 Commissioner and Co-Chair with Dr. Agresta. On the
6 telephone?

7 MR. STEVE CASEY: Steve Casey.

8 MR. JOHN LYNCH: John Lynch.

9 DR. STEVEN THORNQUIST: Steve Thornquist.

10 MS. HORN: And Mark should be on.

11 CHAIRPERSON MULLEN: Mark Masselli, are you
12 on?

13 MR. MARK MASSELLI: I am.

14 CHAIRPERSON MULLEN: Okay, very good. Okay,
15 thanks. So, you want to go?

16 DR. AGRESTA: So the first order of
17 business, call to approve the minutes from the last
18 meeting.

19 MR. CARMODY: I motion that we adopt the
20 minutes of January 23, 2012.

21 CHAIRPERSON MULLEN: Can we have a second?

22 MALE VOICE: Second.

23 DR. AGRESTA: Any discussion? All in favor?

24 VOICES: Aye.

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1 DR. AGRESTA: Any opposed? Any abstaining?
2 Okay.

3 CHAIRPERSON MULLEN: I'm just checking on
4 the phone that you can hear us.

5 DR. THORNQUIST: I can hear you now. I'm
6 abstaining, Steve Thornquist is abstaining because I was
7 not there at the last meeting unfortunately, I apologize
8 for that.

9 CHAIRPERSON MULLEN: Okay, thank you. Don't
10 apologize, we know that you see patients a lot until late
11 hours. Okay so one abstention, thanks. Louder.

12 DR. AGRESTA: What's that?

13 CHAIRPERSON MULLEN: Louder.

14 DR. AGRESTA: Louder, alright. So the next
15 thing on the agenda is the Connecticut Health Information
16 Exchange coordination, and there's information about the
17 PIN requirements from the national coordinator. And I'm
18 assuming that Meg is going to cover that?

19 MS. HOOPER: I am, thank you very much. I
20 did send out to you the product information news, basically
21 notice from ONC on the new requirements under ONC's funding
22 for both DPH and for HITE/CT. I just wanted to give you a
23 few highlights.

24 Basically the HITE/CT's State of Connecticut

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1 Strategic and Operational Plan has to be updated and
2 submitted to ONC for approval by June 8th. Basically
3 that's where we're all going to be working together with --
4 certainly with the Board and with your staff, on updating
5 the 2011 Plan that was approved and that's what released
6 the additional \$7 million for operations. They are only
7 requesting that it be a summary of the new, both
8 approaches, new strategies, updated financial
9 sustainabilities, policies and procedures. So it doesn't
10 mean there has to be a whole new Plan rewritten.

11 ONC is requiring that all phases, we're in
12 phase one right now, really be completed and transition
13 plans into phase two need to be approved by ONC. That was
14 one of the other points in there. Essentially they're
15 saying phase one is to make sure that 30 percent of our
16 REC's exchange participants actually be exchanging
17 information via health information system.

18 MS. KELLEY: When you say that REC --

19 MS. HOOPER: And that was really confusing
20 wasn't it.

21 MS. KELLEY: Yes, it was.

22 MS. HOOPER: ONC is -- let me get the exact
23 words so that I'm not just giving you the summary that
24 actually was longer than theirs. Number of providers

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1 actively using electronic health records has to be at least
2 30 percent of the number of primary care providers that are
3 signed up with the REC. They're using the old number that
4 eHealth Connecticut was approved for, which was 1308, 30
5 percent of that is basically we need to prove -- the State
6 of Connecticut needs to prove to ONC that there are 392
7 health care providers that are exchanging health
8 information electronically. They do not have to be the
9 providers within any one health information exchange
10 system.

11 MS. ANDREWS: Do they have to be primary
12 care?

13 MS. HOOPER: I'm sorry?

14 MS. ANDREWS: Do they have to be primary
15 care --

16 MS. HOOPER: No, that's the other. They
17 should be but they're not required to be primary care.

18 CHAIRPERSON MULLEN: So for care summaries
19 and REC exchange right?

20 MS. HOOPER: That's for at least 30 percent.
21 They need to be sharing some form of -- again, a care
22 summary, laboratory exchange can't be just within the
23 health care system doing the radiology, correct. That's
24 for the REC, and then this is providers using or enabled by

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1 the grantee. And then for those outside of the grantee can
2 also be counted according to Claire Wroble.

3 MR. LYNCH: Meg, this is John.

4 MS. HOOPER: Yes John.

5 MR. LYNCH: I'm a little bit confused. At
6 one point you defined it as those using EHR but then in the
7 latter half you seem to be saying they have to be
8 exchanging data. That's two different things.

9 MS. HOOPER: The EHRs have to be shared with
10 another provider, so you're absolutely right that the
11 number of providers actually using services offered or
12 enabled by the grantee or -- by the grantee to support care
13 summary or lab exchange is at least 30 percent of the prior
14 priority primary care providers -- 30 percent of the REC's
15 primary care providers, but that 30 percent doesn't have to
16 be primary care providers.

17 CHAIRPERSON MULLEN: Okay, so I'm going to
18 help Meg out here because I have the language in front of
19 me. And this is the program information notice that was
20 included in the documents for today's meeting, which
21 stipulate the requirements through ONC.

22 And she's reading from page 6, which
23 discusses the phasing of the work and they give options to
24 meet one of two thresholds, which I can read to you, but

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1 which I think it will be just as easy for everyone -- and I
2 imagine some of you haven't had a chance to look at this
3 document yet to see what she's referring to.

4 MS. HOOPER: But we do have extra copies of
5 those tables.

6 CHAIRPERSON MULLEN: Okay. So, and then --
7 so John --

8 MR. LYNCH: Yes.

9 CHAIRPERSON MULLEN: -- the reason it sounds
10 as if she said two things, it's because she referred to the
11 two different options that are offered through ONC, one of
12 which is the 30 percent of the priority primary care
13 providers for exchanging document summaries or -- and labs.

14
15 Or the other is the 50 percent of REC
16 registered providers. But those REC -- what that means is
17 that they've registered with the REC and they have
18 electronic health records. Are you with me?

19 MR. LYNCH: I'm with you now.

20 CHAIRPERSON MULLEN: What a relief, I didn't
21 want to make it more confusing. So that's what she's
22 referring to. But I think it's probably just easiest to
23 look at it, which you might not be able to do at this
24 moment. It's like the document is included as one of the

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1 attachments for today's meeting.

2 MR. LYNCH: I have in front of me the
3 eHealth Connecticut's most recent status report, which
4 shows that 530 of their target have attempted to go live,
5 which means they're on the EHR. That's 40.5 percent of
6 their target.

7 CHAIRPERSON MULLEN: So you're implying then
8 that we're getting close to the 50 percent --

9 MR. LYNCH: Correct.

10 CHAIRPERSON MULLEN: -- ahum.

11 MR. LYNCH: Apparently the State from the
12 EHR perspective for eHealth is at 40.5 percent.

13 CHAIRPERSON MULLEN: Okay.

14 DR. AGRESTA: I think we'll meet --

15 CHAIRPERSON MULLEN: You have to speak up.

16 DR. AGRESTA: -- I think what we're going to
17 have to do from this is develop -- I mean, this is defining
18 what a phase is and phase one, and also kind of laying down
19 guidance as to when additional funding we might get and how
20 we'll get evaluated.

21 And that's important, but I think this is
22 really the first time they've defined what a phase is. So
23 this is -- you know, it's not like we have that particular
24 detail of what a phase was prior to this.

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1 MS. HOOPER: And in the PIN, phase one is
2 really the adoption and use enabled by the HITE/CT.

3 MR. LYNCH: Which I assume is zero at this
4 point.

5 MS. HOOPER: The adoption and use enabled by
6 is essentially not necessarily the operational of the
7 system but in fact the reaching out in the number of
8 providers that are the call for participation. But yes,
9 the number of folks that are in fact going to be supported
10 by the HITE/CT number of providers.

11 The actual -- correct, the actual exchange
12 of services can be for all provider groups whether through
13 the HIE or not.

14 MS. KELLEY: Which is my question because if
15 you say that this equates to 392 providers, which is what I
16 think you said earlier, was the 30 percent right?

17 MS. HOOPER: Correct.

18 MS. KELLEY: But they could go anywhere as
19 long as they're exchanging information correct?

20 MS. HOOPER: Correct. There's two measures,
21 one for the adoption and one for the actual exchange we
22 believe. And as John has pointed out, we have that number
23 now. What has to be put into the Strategic and Operational
24 Plan that does have to be revised and submitted is in fact

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1 the numbers, how they're evaluated, how we're tracking that
2 progress. So one of the PIN requirements has been met, we
3 just have to document it.

4 MS. KELLEY: The one about adopting the EHR
5 in the system.

6 MS. HOOPER: Correct, and we believe that
7 just between the hospital's existing provider systems that
8 that's already --

9 MS. KELLEY: But my question is this Board
10 and our process. Since those -- theoretically all 392 of
11 these doctors could be exchanging information some place
12 other than HITE/CT.

13 MS. HOOPER: Correct.

14 MR. LYNCH: Is that right?

15 MS. HOOPER: Yes.

16 MS. KELLEY: So what are we trying to
17 achieve of -- what's our goal, has ONC given us --

18 MS. HOOPER: No, no.

19 MS. KELLEY: -- okay.

20 MS. HOOPER: No, that would be for this
21 Board to determine. So that's why this program information
22 notice is simply for all the states to have some kind of a
23 consistent measure, but then certainly for each state and I
24 think in our Business Plan, and there you go, in the

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1 Operational Plan. Maybe that should be one of the
2 performance measures that the Board sets.

3 CHAIRPERSON MULLEN: So to answer your
4 question without giving you the rest because you're ahead
5 of us and you're understanding a lot of this, is when you
6 read the phasing section it acknowledges that some
7 providers might be using another mechanism beyond what they
8 call that provided by the grantee. That's one of the
9 reasons that they give options, these two different
10 options.

11 MS. KELLEY: Are we considered the grantee?

12 CHAIRPERSON MULLEN: Oh I'm sorry, we're --
13 well --

14 MS. HOOPER: Yes.

15 CHAIRPERSON MULLEN: -- we are the grantee
16 to the Office of the National Coordinator. So yes, in that
17 regard we are okay?

18 MS. KELLEY: Okay, the Health Department is.

19 MS. HOOPER: No, the HITE/CT is a
20 subcontractor, therefore, you are a grantee also for ONC.

21 CHAIRPERSON MULLEN: So what we're talking
22 about is the work of the Health Information Technology
23 Exchange Connecticut Board, our body. And that's a really
24 good question that gives me the chance to remind people

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1 that although the Department of Public Health holds the
2 grant from the Office of the National Coordinator, that
3 does not make us the Health Information Technology Exchange
4 of Connecticut because we are also in a certain way a
5 grantee --

6 MS. HOOPER: Oh absolutely, for the public
7 health portion.

8 CHAIRPERSON MULLEN: -- because we have to
9 also meet elements of stage one meaningful use. And
10 probably every now and then it's useful to remind ourselves
11 who we are and how all of this fits together, especially
12 because you have the DPH Commissioner and other staff
13 sitting here.

14 But a lot of times when I put things back in
15 the middle of the floor it's because it's really putting
16 the work back on the Board, and I do the same thing in the
17 Executive Committee meeting. So, lots of different pieces.

18 And one of the things that I might think about targets,
19 another way of thinking about it is that we've been living
20 with a target for 2014.

21 MS. HOOPER: Yes. Yes, we have.

22 CHAIRPERSON MULLEN: Right?

23 MS. HOOPER: Yes.

24 CHAIRPERSON MULLEN: And part of the

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1 evolution here is a move to pushing some things to 2015,
2 right, all of which is going to make a lot more sense when
3 people have had a chance to look at this a little bit more
4 or for the first time, okay.

5 MS. HOOPER: And we're happy -- not to take
6 up too much time here, I'm happy to do the walkthrough once
7 -- you know, if you get a chance to look at it. We're
8 certainly going to be working with you to get this
9 reporting up. The key importance for the Board and staff
10 of HITE/CT is the Plan must include the conditions for
11 sustainability, financial sustainability of the HIE system.

12 It has to include viable Business Plans and
13 a Strategy and Coordination Plan for business partners. So
14 it really is about what the Board has been addressing with
15 the staff of building this system for the providers and the
16 customers that you're looking for.

17 CHAIRPERSON MULLEN: And the other reason to
18 concentrate on the notion of targets is that they are
19 intended to help us reach the goal. So they're based on
20 our present -- past and present realities, and once we
21 reach them the Office of the National Coordinator will give
22 us our next targets to reach with the thought that
23 ultimately we will have people at stage one, stage two --

24 MS. HOOPER: Correct. Stage one is

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1 adoption, phase two is implementation. Stage one is the
2 limited number of clinical quality measures and exchange
3 for meaningful use. Stage two is more clinical quality
4 measures for meaningful use. You don't want to know what
5 phase three and stage three is. I mean, it's just more and
6 expansive.

7 The other thing I wanted to report on -- I'm
8 sorry.

9 CHAIRPERSON MULLEN: So since I'm looking at
10 a bunch of faces that are either really tired, blank or a
11 combination of both, my suggestion from reading the room is
12 that this program information notice, once reviewed, would
13 give us a really good starting point for perhaps at the
14 next meeting taking a look at where we are and what we've
15 accomplished because we've done a lot of work over the past
16 year. And in the course of accomplishing some very
17 discrete tasks it can become very easy to lose sight of
18 some of the big picture and how it all fits together.

19 And this might be a time, especially as
20 we're starting to talk about the value and the meaning and
21 the purpose of the Exchange to the different entities that
22 we represent, to take a step back for a minute and remind
23 ourselves what it is that we have been doing and where
24 we're going. So I'm looking for feedback about whether or

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1 not that seems like a reasonable thing to do. I don't
2 think it requires a motion, but whatever Robert's Rules
3 recommend.

4 MS. HORN: Is it sent to the Committee?

5 CHAIRPERSON MULLEN: Would it be helpful to
6 people? Yeah, okay. Any other questions at the moment
7 though?

8 MS. PARKS-WOLF: Is it possible when we
9 discuss this to have whatever data that we do know?
10 There's that chart in back, maybe we can populate it as
11 much as we can.

12 MS. HOOPER: Yes, Ma'am. A lot of this is
13 information that has to be submitted to ONC on a quarterly
14 basis, so we're going to make sure that ONC is currently
15 approving our most recent one and we can send that out.

16 CHAIRPERSON MULLEN: Okay.

17 MS. HOOPER: The only other thing I wanted
18 to report under this just very quickly, we had before this
19 meeting our HIE coordination team for Connecticut, we used
20 to call it the 3C3. It's essentially the error funded
21 entities, Capital Community College, DSS, the REC, DPH and
22 HITE/CT, to talk about how we do the collaboration not only
23 on communication, reaching out to providers and consumers,
24 but everybody is enthusiastic to get back to meeting on a

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1 regular basis and seeing where we can coordinate a lot of
2 these efforts.

3 So I just wanted to let you know that first
4 meeting -- I think it's been about six months since we met,
5 so we're back. And that's it from me.

6 CHAIRPERSON MULLEN: Thank you.

7 MS. HORN: Just to keep the record straight,
8 we do have Betty Jo Pakulius who has joined us, and Ron
9 Buckman. And I think we had a couple of people join us on
10 the phone.

11 MR. PETER COURTWAY: Yes, it's Peter
12 Courtway.

13 MS. HORN: Hi Peter, anybody else? Okay,
14 thank you.

15 CHAIRPERSON MULLEN: Okay, Board business.

16 DR. AGRESTA: Alright, so for the
17 Treasurer's report I'm going to turn it over to Dave, who
18 has been handling our books. And then I'll give a little
19 bit of an input on the recent MOA that we just were able to
20 sign.

21 MR. GILBERTSON: I don't have any formal
22 report prepared. I will next time but what I do have is
23 our numbers and I'll go through sort of where we're at
24 financially. We ended January with about \$400,000 left in