

***VITAL RECORDS IMPROVEMENT FUND
ADVISORY COMMITTEE***

-MINUTES-

***Tuesday
May 21, 2002***

Approved Minutes

-MINUTES-

Vital Records Improvement Fund Advisory Committee Meeting

May 21, 2002

Department of Safety
Hayes Building
Second Floor Conference Room
10 Hazen Drive
Concord, New Hampshire 03301

COMMITTEE MEMBERS PRESENT:

Patricia Little, City Clerk Appointment
William R. Bolton, Jr., State Registrar
Dr. Frank Mevers, State Archivist Appointment
Patricia Seskes, Hospital Association Appointment
Linda Hartson, City Clerk Appointment
William Armstrong, DITM Appointment
Tom Janosz, Funeral Director Appointment
Paul Bergeron, City Clerk Appointment

COMMITTEE MEMBERS EXCUSED:

Thomas A. Andrew, MD, Office of the State Medical Examiner Appointment
David Kruger, Public Member Appointment
Jane Ireland, Town Clerk Appointment

GUESTS:

Dr. Jesse Greenblatt, Director, Division of Epidemiology and Vital Statistics, OCPH
Melanie A. Orman, Program Specialist, DEVS
Barbara Kostka, Executive Secretary, DEVS
John O'Neal, Office of Information Systems
Mark Parris, Office of Information Systems
Jennifer Taylor, Health Statistics, Division of Epidemiology and Vital Statistics, OCPH
Steve Norton, Director of Knowledge, DHHS
Larry Emerton, State Representative
Neal Kurk, State Representative
Jim Petrowski, IT Director, City of Nashua
Michael Plodzick, Assistant MIS Director, City of Keene
Cynthia Heon, Deerfield Town Clerk

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Vital Records Improvement Fund Advisory Committee Meeting

1. Introductions:

Ms. Little welcomed guests, called the meeting to order, and suggested those in attendance introduce themselves. Dr. Greenblatt informed Ms. Little that in addition to the guests already in attendance, Representative Pilliod, MD might also attend the meeting. Ms. Little then introduced her guest, Michael Plodzick, Assistant IMS Director for the city of Keene. She also informed the committee that committee member Jane Ireland was unable to attend the meeting, but wanted to address the committee via letter and vote by proxy. Ms. Little advised the committee that she could not recollect this type of situation coming up before and asked for discussion.

Ms. Little distributed the letter from Ms. Ireland to members of the committee. Because Ms. Ireland was under the impression that the committee would be voting on the possibility of providing funds for the project proposed by Ms. Taylor and Mr. Norton at the previous meeting, she wanted the committee to hear her opinion/concerns. Ms. Little asked the committee if they wanted to accept a proxy vote from Ms. Ireland. Mr. Bergeron told Ms. Little that he did not have the statute in front of him but in past dealings with other committees he has served on it was not an individual that held the seat but the organization or persons they represented. Ms. Little asked if anyone had the statute. Mr. Bolton replied that he had it, but that issue had never really been addressed. It just described the makeup of the committee and the terms. Ms. Little clarified that it says two city and two town clerks will help make up the committee.

Ms. Hartson volunteered that Ms. Heon could sit in for Ms. Ireland as she was Town Clerk for Deerfield. Ms. Little asked if there would be an objection if Ms. Heon was allowed to stand in for Ms. Ireland. Mr. Bolton explained that there were two other members of the committee not in attendance. The public member appointed by Health & Human Services as well as the State Medical Examiner were both absent. He advised that if the committee were to extend that option to Ms. Ireland it would have to extend it to the other two members equally. Ms. Little asked if instead of allowing Ms. Heon to assume Ms. Ireland's role in the meeting, the committee would be willing to accept a proxy vote. There was no objection to the committee accepting Ms. Ireland's proxy vote.

2. Approval of Minutes:

Ms. Little asked if committee members wanted to accept the minutes from the March 21, 2002 meeting. Mr. Bergeron asked that in the minutes before the committee and all future minutes that documents referred to in them be included. There were references to Ms. Taylor's PowerPoint presentation and Mr. Andrew's budget presentation in the minutes and it would have been helpful to be to refer to them while reading the minutes. Ms. Little replied that she would be happy to do that. Ms. Hartson made a motion to accept the minutes as printed. Dr. Mevers seconded the motion and the committee voted to approve the minutes.

Ms. Little asked to deviate from the agenda a little more, as she wanted to ask Dr. Greenblatt about communication she had received from The President of the New Hampshire City and Town Clerk's Association, Carol Derocher. She explained it was a letter from Dr. Greenblatt explaining to Ms. Derocher and the Executive committee the

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project and possible vote coming before this committee. Ms. Little distributed a copy of the letter to the committee stating that she felt it better outlined the issue before the committee. She said that what caught her eye in the letter, was the sentence that read, “This will be the last meeting for the state fiscal year and as such, we are interested in receiving the support of the town and city clerk members for this new information technology initiative using Vital Records data and the Vital Records Improvement Funds.”

Ms. Little went on to say that she had always thought that the two issues before the committee were how much of each vital record’s data was going to the data warehouse and whether or not the committee wanted to divert Vital Records Improvement Funds to this project. She asked the rest of the committee if that had been their understanding as well. She asked for a technical explanation of where the Vital Records data resides in terms of servers and where it is intended to go in terms of the data warehouse. Mr. Bolton replied that those questions are covered within the PowerPoint presentation. Mr. Norton agreed.

3. Jennifer Taylor and Steve Norton Presentation:

Ms. Taylor wanted to update the committee on where they are in the process since the initial presentation. Committee members had asked about where communities are with this project and what their needs were. She reminded members about the “Guidelines for Change” and how it documented that there is a great need among communities for data or information to do their needs assessments and public health planning. Another concern that had been raised at the earlier meeting was, “Who else is involved, and supportive of empowering communities with information?”

Ms. Taylor pointed out a slide in her PowerPoint presentation that listed companies and organizations involved and explained that it is a statewide cooperative effort. It would help communities find information and with technical assistance, help them to use it. There are eleven community networks and Ms. Taylor and her colleagues have been traveling around the state over the past three months, talking to people about models of needs assessment and getting their input on what they would like to see in a web-based query system. If they would like one at all and what they would like it to look like.

Ms. Taylor then displayed the initiatives first product deliverable for the project. It is called the New Hampshire Health Data Inventory. The goal was to develop some sort of plan or strategy as to how they were going to get data visible to communities in a way where it would be useful to them that calmed all concerns as to privacy issues. It would also enable them to apply for grants to expand their community health centers. Their goal was to help communities evaluate their current programs like intervention programs. Ms. Taylor explained that the web site she was demonstrating was not actually online yet. It was still undergoing a final edit. She gave the committee the address to locate the site: www.nhhealthdata.org.

The site consists of three content areas: data available, reports utilizing the data, and a survey that they developed to assess communities, to find out if the data provided is actually working for them. Ms. Taylor told the committee she often hears complaints from communities that there is no one-stop shopping for information and they often have difficulty finding the information they need. She explained that for right now they have only populated their new site with the data they currently have. They hope to expand it

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to other data sources as communities tell them what data they need. They also want to be sure the data works for the communities.

Ms. Taylor pointed out that if the committee members went to the “available data” content area, they would find several areas of information. In her presentation, Ms. Taylor focused on Vital Records data because to her bureau, it is the most requested data. The site includes information about whether there is a statute requiring the collection of certain data sets, how the data is collected and when is it available. She has had to educate people about the availability issue. When her staff tells requesters that the cancer registry for 1999 is available they are concerned that it is currently 2002 and that 1999 data is the most current information. Ms. Taylor and her staff have to then explain that it takes time to collect all the data and to “clean” it.

Representative Kurk asked Ms. Taylor if she meant that an individually identifiable record of a birth, death or cancer would be made available to the requester. She replied that it would not. The information on the site is just an inventory that directs users to the correct data owner to request information. For example, for birth, death, marriage and divorce records, it shows that the contact is the Bureau of Vital Records, for statistical analysis they contact Health Statistics. The site provides contact information such as telephone numbers as well as a hyperlink to the web site of the bureau in question. The site is meant to allow people to talk to those that “own” the data and therefore, know the most about it. It is just a way to orient communities to the data.

There is also a “Reports and Referrals” section that talks about how the data is used by the state and community groups to tell a story. The health insurance survey completed by Mr. Norton is there and it talks about what is the background of the report and allows the user to download it in pdf format. Things that communities would find important such as, “how would I use this report, get a copy, etc.” She explained that they have taken about ten commonly requested content areas that the state has, to develop this site. With the site the communities can do a search for the data they are interested in. They can type in, for instance diabetes. There is no diabetes data set, but it can be found in the inpatient/outpatient hospitalization database, death database and can also be found in the adult behavioral health risk factor survey that talks about screening and lifestyle behaviors that might affect diabetes. That is four different data sources that they could use together to describe the burden of diabetes on the state.

The third content area is the survey. It asks the user if the information contained on the site was helpful and asks for suggestions for additional content. Ms. Taylor believes there is a need for labor statistics and other types of poverty indicators that are not there now. They want communities to tell them what next step they should take to make the site more empowering. The survey also asks if a web-based query system, similar to those available in other states would be of use to them and what functionality they would like. In the meetings they have held so far the response to a web based query system has had overwhelming support. There will be all kinds of cell suppression rules and fancy algorithms that will make sure that if a result is very small, the person querying the system would not get the information in order to protect confidentiality.

Ms. Taylor explained that while the Vital Records Improvement Fund Advisory Committee is the first that they have approached about funding, there are a number of people across the state interested in seeing this project go forward. It just made sense that since the Vital Records data is the most requested, that they approach this committee

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first. She went on to say that VRV2000 works great, is timely and a model for all data acquisition systems and they are trying to capitalize on its success by getting the data it collects out to communities. Communities don't want to wait for Ms. Taylor's staff to get them the information they need. They want to be able to self-serve.

What Ms. Taylor and Mr. Norton were proposing was some seed money from the committee. They could then go out and approach other organizations/groups for additional funding. She reported that there are people at both the state and federal level that are interested in making this project a reality. She hopes that they could then look for matching funds to essentially double their money. That would allow them to set up the system, maintain it and to then develop a strategic plan for how the system will grow, based on business and community needs. One of the things they heard in the meetings with community leaders is a sense of frustration. They are tired of people telling them about fancy systems that then never materialize. The positive in this situation is that the Health Data Inventory is up. It has not gone public yet, but it will. The next step is to develop the web query system. Ms. Taylor then turned it over to Mr. Norton.

Mr. Norton wanted to expand a little more on the need of communities. Mr. Armstrong asked Mr. Norton what the difference is between the Health Data Inventory and the system he and Ms. Taylor were proposing. Mr. Norton said that he would explain. During the last legislative discussion Mr. Norton came away with the impression that the state had developed information systems ten years ago with reporting requirements and needs that are not really relevant to what we are currently facing. This community need represents a broader need for the department to find ways to disseminate information in a way that protects confidentiality and privacy of its clients. It also needs to allow the appropriate decisions to be made with the data.

In the previous meeting, Mr. Norton was asked what he was responsible for. He explained that at this point, he is responsible for a vision for the department to develop a reporting infrastructure for critical areas within the department. Decisions that will allow us to make good management decisions using information that allows communities appropriate access to the data they need to make their own strategic planning and decisions. Many agencies have independent databases and each of them individually is a source of information that is critical to the management of department or community action. MDSS is the Medicaid Decision Support System, DFA is an eligibility system, DCYF has NHBridges, etc. What he and Ms. Taylor were suggesting was a fledgling public health decision support system. A way for the department and communities to get access to the appropriate information so both can plan accordingly.

Ms. Little asked which of the systems he had outlined were in the data warehouse. He replied that in fledgling form, some Medicaid information, some eligibility information, some options information, some financial and human resources information and some Vital Records information in an aggregate form that was used for PCAD was in the warehouse. Ms. Little asked if those records were public records. Mr. Norton replied that they were not. Ms. Little clarified that none of them were public records. Mr. Norton replied that some were not public records, that it was a difficult question. He explained that each record had a set of confidentiality rules associated with it that were determined by the data owners and/or statute. As an example he explained that under the Medicaid Decision Support System they are required under Right to Know requests by an individual to provide information on a record that is associated with them. As it relates to the general dissemination of Medicaid data, they are not allowed to do that

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unless the users are under the same constraints as the state in their use of the information. They cannot disseminate patient level Medicaid data.

Ms. Little asked if the data from the full record was there. Mr. Norton replied that it was. She then asked if that full record would be going to the web. Mr. Norton said that it would not. He explained that Vital Records data was stored on a server in a secure location at 4 Hazen. Very few people have access to the data. Some OIS developers have access to it, but Mr. Norton's do not. The access that the staff in the Vital Records business office has is as an agent of the state, charged with providing vital event data to its individual owner. The EDW server will be located there as well with the same constraints and limitations on use.

Ms. Little asked if the minimum number of users would change. He replied that it would not until they were given permission to use the information differently. Ms. Little asked who would give the permission. Mr. Norton replied that it would come from the Commissioner, Katie Dunn or Dr. Greenblatt. He then explained that there would be a firewall between the department and the public. He did not feel the public was interested in gaining access to individual records, but to aggregate data. They cannot get through that wall without a key and that key is developed by OIS, consistent with emerging HIPPA statutes and internal Health and Human Services policies. Mr. Norton did not have the technical expertise in Oracle programming to fully explain the intricacies of the algorithms required to run the queries and the limitations they would provide.

Mr. Norton used the diabetes example again and suggested a user requested data from a specific geographic area. Ms. Little asked where that query went. Mr. Norton explained that it went to the data warehouse where an algorithm would first determine if it was a legitimate request from that person. If the request were approved, the algorithm would retrieve the requested information and then do another set of checks. Is the sample so small that it may allow the individuals to be identified? If that is the case the request would be denied. Ms. Little asked if Mr. Norton didn't think someone could hack into that system and get the information. Mr. O'Neal replied that it hadn't been yet. They are not terribly concerned with someone hacking into the system. He explained that they have some pretty impressive firewalls. There has been no problem with anyone getting into our network so far. He explained that even if someone got in, they were getting into the data warehouse that may or may not contain the entire record.

Representative Kurk asked if there was a way to create an Electronic Data Warehouse that did not contain "complete" records. In other words, could records transferred from Vital Records be stripped of all identifying information? Mr. Norton replied that Representative Kurk had asked a good question; one he was unable to answer, as it was a business decision. There are many important administrative and analytic needs for information, not names, but a unique identifier that allows you to link records for analytic purposes. As an example he explained that through the Medicaid bureau, Health and Human Services is required to provide services to pregnant women. He went on to say that you would think the department would want to know the outcome of their intervention. That critical link of having a unique identifier is key to being able to link up the data. He believes there is a critical need to retain the unique identifier. Mr. Norton stated that technologically it is possible to strip any identifying information from the records but he is not sure it would be appropriate.

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Representative Kurk asked if Mr. Norton felt it was not appropriate when transferring the entire Vital Records database to the Electronic Data Warehouse to remove unique identifiers. Mr. Norton replied that he could not answer that question. He guessed that it was not, as they needed an identifier for analytical purposes. Ms. Little asked if it could be something other than the name. Mr. Norton replied that they would not have names. In any analytic exercise something like a name is not critical. In Mr. Norton's opinion, the only way to have an efficient Department of Health & Human Services that is accurately looking at outcomes, all the different database data would need to be linked. As an example he offered that the department has people in its temporary assistance for needy families programs that are also receiving Medicaid services and unfortunately linked up with child protective services. From a program perspective we could affect outcomes within DCYF by understanding that we have the opportunity to intervene with families when they are in temporary assistance for needy families.

Representative Kurk stated that Mr. Norton had not answered his question. The question has to do with the entire Vital Records database being transferred from safe custody A to allegedly safe custody B. In order to perform the functions which this \$500,000 grant is designed to do, is it essential that individually identifiable data be transferred along with the rest of the information. Mr. Norton replied that on a select basis, yes it is. Representative Kurk asked if he had a paper that documented those instances and the purpose of the data being used. Mr. Norton replied that he would be happy to share that information with Representative Kurk.

Mr. Norton stated that he developed some pretty basic assumptions in order to estimate the costs associated with the project. He anticipates that there will be input from the clerks and people on the Vital Records Improvement Fund committee, people within the department and people from the community. The figure could change as demand for functionality changes. He figured on some basic server and software charges as well as associated costs of implementing them. He estimated that the period of information being included was for a period of five years. He thought ten years could be included as well. People in the community want longer time trends to be able to understand what is going on with particular indicators.

Mr. Norton said that communities are dealing with issues like benefits and how to spend their money. The community profiles that were disseminated last year were a huge success. They aided city/town officials in determining how to best spend their money. The profiles documented a variety of different indicators in each of the communities. The second functionality would be pre-defined queries, which would allow more in-depth analysis of however many inquiries Ms. Taylor's staff produced. The third functionality would be allowing communities to create their own queries. They would be based on an aggregation of towns and would have to follow appropriate dissemination rules and confidentiality requirements. Dr. Mevers asked Mr. Norton to expand on his statement "huge success in communities." Mr. Norton replied that he could give him anecdotal information, but could not say the success was across the board. He stated that "Twin Rivers group in Franklin has used those community profiles to get additional funding for development of Rails to Trails project, because they had extremely high rates of diabetes and hypertension." He went on to say that federal dollars came into Franklin because there was data available to show that in the Franklin Hospital service area there was a lot of hypertension and diabetes and they needed to get people to exercise. That is the type of success he was speaking of. One of the really helpful pieces of information they received from Lakes Region General and the Franklin Hospital joining was the fact

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that Lakes Region General Hospital could look at that population and see what risks they were taking by joining with Franklin Hospital. It helped them determine what programs they would have to develop to meet the particular needs of Franklin Hospital. Mr. Norton asked Ms. Taylor if she had any other “success” stories she wanted to speak about. Ms. Taylor added that they also helped out that same area with an application for Health Resources and Services Administration (HRSA), to obtain a federal 330 grant for community health center expansion. It was based on Ms. Taylor’s staff running some of the data in the community profiles again, but running it for those particular twelve towns and their service area. They needed a little more flexibility than the community profiles offered. The group identified their benchmarks and Health Statistics re-ran the numbers for their specific service area and they were able to successfully apply for the grant money.

Representative Emerton stated that Ms. Taylor and Mr. Norton kept referring to community activities and his experience with his own town, a small town of eighteen-hundred, was that there was no interest in this type information. His town health officer is extremely busy and “could care less about this type of thing.” He asked Mr. Norton where the need was. He had not heard nor read anything about this issue. Mr. Norton replied that in general, New Hampshire has a relatively limited health infrastructure. What we do have is a series of local agencies. There are community health centers, local agencies that deal with disabilities, a whole system of private organizations that provide some level of coordination of services to a variety of people in these areas. Those are the people that are requesting the information.

Representative Emerton replied that they do not have anyone in his town like that. Dr. Greenblatt explained that it would not be the health officers calling for information, with the exception of Manchester. It will be groups involved in providing services at the community level, such as a community health centers, hospitals or groups that are involved in health related activities that receive federal financial support. In order to qualify for those funds they often have to provide some data about the health indicators in that area.

Ms. Hartson asked if Mr. Norton could jump back to the confidentiality part of the project. She went on to ask if there was a way that once the information is in the server, if there was a way to control what information could be accessed. Mr. Norton replied that there was. She then asked who would determine that issue. He replied that the ultimate authority lies with the Commissioner of Health & Human Services and he has delegated responsibility to Katie Dunn. Mr. Norton added that the committee should look at the Electronic Data Warehouse as an enabler for the department to use its data more efficiently. He stated that the problem with using the VRV2000 system for any statistical reporting is that it is a hog. Statistical reporting takes up a lot of production time and slows things down. He stated that there are many good reasons to not do statistical reporting on a production system. He wanted to stress that allowing Health & Human Services to more effectively manage its data was not the only reason to convert to this sort of system. It would lessen the demand on the production system.

Ms. Hartson asked how a member of the public could prevent their information from being sent out if they had an event they did not want included. She asked how city and town clerks could get the information out to the public that their confidentiality is not being abused. Mr. Norton replied that he was unsure of the particular rule regarding vital records and signing off. Dr. Greenblatt explained that vital record data is split into three

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categories. One is aggregate data with no personal identifiers at all. The department allows reports to be generated from this data, such as how many deaths from a particular cause in a particular area have occurred. Second, there is data that is clearly confidential, individual line item information. That information is not released and would not be released in the proposed system either. Third, there is data that is kind of in the middle. It is data with no personal identifiers, but because of the small size of a town the release of information could potentially identify the individual. They call that “constructive identification” of an individual.

Dr. Greenblatt went on to say that those asking for data write down specifically what they are planning to use the data for, when they initially request it. They then look at it, sit down with legal staff to determine what data to provide. If there is any concern about constructive identification they do not release that data. Dr. Greenblatt stressed that the proposed system would not change the procedure, only automate it. He assured the committee that it was not a vehicle where an individual’s data could be retrieved. Dr. Greenblatt said, to more directly answer Ms. Hartson’s question, an individual would not be allowed to take away their statistics from an aggregate summary. In other words, if they were part of a group of one hundred people in Manchester who died of diabetes and that is the only information being released, that information would not be withheld. In order to get an accurate picture all deaths from that cause would have to be included in the report. He added that the department does allow an individual to say that they do not want their data being part of an individual release to a researcher, etc.

Ms. Hartson asked if the clerks would now have to have some sort of sign-off for individuals. Dr. Greenblatt replied that hospitals have a sign-off. Ms. Hartson asked if the information is now being released and the public does not know this is being released. Dr. Greenblatt asked Ms. Hartson to clarify her question. He stated that the data is being released the same way that data has been released from hospitals since the beginning of the VRV2000 program. He reminded Ms. Hartson that the data being released is aggregate data with no personal identifiers. If there is a chance of constructive identification the data is further scrutinized by department staff and legal staff to determine whether that is appropriate and no individual information is released to the public with the exception of genealogic information that is sufficiently old.

Hearing no further questions, Mr. Norton continued. He stated that he had made three other assumptions in preparing his cost estimate for this project. The first being, there would be some business requirements work that would be necessary. That would require Mr. Norton and Ms. Taylor and their staff working with the Vital Records business office, VRIFAC, and communities to determine the right balance of functionality, etc. That would increase the cost a little as you have to pay staff to do that. He plans on a six-month design, development and implementation. This has to be thought of as phase one in a public health decision support system. He explained that it has to be limited a little to constrain the risk to the development of fifty indicators, measures and functionalities previously described.

Some of the functionalities are public health inventories and diabetes, age and sex adjusted. Basic units of analysis, which would be age, sex, state, county, hospital service area and town, assuming that it meets all necessary privacy and confidentiality requirements. Mr. Norton added that often cities and towns do not know how to interpret the information and they need to somehow educate them. He used diabetes as an example. With diabetes they often need to do an age and sex adjustment on the data,

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but not always. If they do not know the difference, the results can be different and the user has no idea why. Metadata is simply data about the data.

The health inventory Ms. Taylor spoke of includes a lot of metadata. What does the data mean? What does it not mean? Mr. Norton explained what a basic health indicator query system looks like. He said it could be just a series of hyperlinks as Ms. Taylor called them about issues related to Vital Records. Deaths associated with cancer, heart disease, diabetes, etc. A user could then decide they want to know something about adolescent births and click on that link and it would pull up statistics for a specific time period. The site could also provide some national statistics as well. There would be definitions and information on the data sources. There would also be the option of looking at the numbers behind the graphs.

In New Hampshire, because of the relatively low incidence of disease states you often have to aggregate information over three, five or eight years to get a sufficient number to provide an accurate measure. When you do that you introduce some statistical variation that you have to account for. The second functionality they have talked about is the ability to download a specific set of data that is predefined. Mr. Norton reiterated that Ms. Taylor's staff receives approximately eight hundred data requests per year. A certain number of those requests are received on an annual basis. They could predefine the years, the age, the geographic unit that is under analysis, so people could just point and click. The user could enter a screen that looks at just the death certificate query system. They could then select a time period and a cause of death.

The user could also sort by a particular measure: the counts, death rates, age adjusted death rates, and top ten causes by counts. They would also have access to look at a set of specific predefined sub-groupings. So if they wanted to look at a specific age group or sex, they could. He explained that the predefined information is not what towns really want. What they want is the ability to take ten or fifteen towns in their area and group them in ways that are meaningful to them. Hospitals like to look at things based on hospital service areas. Unlike hospitals, cities and towns have many service areas. This is the area where cities and towns are expressing frustration. Mr. Norton stated that the user defined queries is the most complex functionality, but in some senses, the most important one.

Mr. Armstrong asked Mr. Norton if he had spoken with anyone from the University of New Hampshire about this project. Mr. Norton replied that he and Ms. Taylor had spoken with the Institute for Health Policy and Planning, which is in the school of Health and Human Services, under Jim McCarthy and being run by Ned Helms. They had also spoken with Ted Kirkpatrick from Justice Works and some other folks. They were interested in understanding how they could support the state in their need to use information better. Mr. Norton then clarified that he meant the entire state, not just Health & Human Services. Unfortunately at this point, they are five to six years from having the capacity to do that. They cannot offer any meaningful help at this point, other than to be engaged as they are in developing the health data inventory and the business requirements development. They are a facilitator at this point. Mr. Armstrong stated that he was talking about Granite, a different group at UNH. They have geographic information about the state and what it would seem to be lacking is demographic data. Mr. Armstrong continued that it seemed to him that this project would be a good fit with that program and would add value. Mr. Norton replied that at that current point in time they would not be interested in going down that path because it would require people

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outside the state having access through the firewall. There is a lot of work to be done before, unless he was suggesting just disseminating aggregate data. Mr. Armstrong replied that he was only talking about aggregate data.

Representative Emerton reported that he receives a lot of data from Johnson, Kaiser and NCSL. He asked if they could use this information as well. Mr. Norton directed Representative Emerton to the slide showing the IBUS system in Utah. It is currently considered the best query system in the country. Absent a login capacity, he can look at state level information and a set, standard, aggregate information dataset. Without the login he cannot get down to the next level, which is user-defined queries by geography. In that section, there is the capacity to do small area analysis.

What they envision is a big screen with all the towns and cities of New Hampshire listed. The user would select the towns they wanted to use in their sample and then select the data they want. The request would go in through the firewall and would go through all those checks. Is this the appropriate person, is it an appropriate request, are there any cell sizes less than five, or is there any way to constructively identify an individual? Assuming the query passes those tests, the information would be provided.

Mr. Norton reported that he worked with Mr. Jeff Wells in OIS to develop the cost estimate. The estimate assumes full functionality, but does not include the staff costs for the Bureau of Health Statistics. It does include the cost of a Business Systems Analyst's time to ensure HIPPA compliance. He reported that the details are sort of non-important. Primary things are an Oracle Developer, which is someone that does the back-end data programming, a Web Developer that does all the front-end work, a Consultant/Analyst that does the business requirements work and the confidentiality/Privacy work, and some software licensing and server issues. The estimated total cost was \$342,572.42. He advised the committee that he wanted to walk through some of the costs in the estimate and stated that some of the costs could be scaled back.

One problem that this department has sometimes is that they cannot get the type of programmers they want so they often have to outsource the work. That considerably increases the cost of doing this sort of project. This estimate is based on their having to go outside for everything. Which means it is probably a third higher than it would be if they could do it internally. Maybe even more than a third. If they were able to use some internal resources they could reduce the estimate upwards of \$70,000. He reported to the committee that he was discussing with key individuals, completing one whole portion of the project internally without the assistance of the Vital Records Improvement Fund.

Ms. Little asked if that figure represented the figure he and Ms. Taylor were looking for the fund to contribute. Mr. Norton replied that he was not looking for any particular amount. The point is that the committee had an opportunity to provide seed money for the project. In doing so, they would get some benefit from their constituents and communities. He and Ms. Taylor want to make the project happen, as it is critical to the department's goal of responsiveness to the communities. If the committee cannot provide the money, they will look elsewhere for funding. Ms. Little asked Mr. Norton to confirm that this is a one-time request. He agreed that it was. This would be all contract work with no additional state employees hired.

Dr. Greenblatt added that like the VRV2000 project, seed money is very important to attract additional funding. He felt that with the seed money from the Vital Records

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Improvement Fund they could attract money from the Endowment for Health, who again had started funding some of this activity already. There are other federal sources they could go after as well. Mr. Norton informed the committee that Tommy Thompson had recently brought together the administrators for HRSA and the CDC to discuss the criticality of empowering communities to use information more effectively in their decision making process. The state certainly contributes a great deal to the health and welfare of its citizens, but we are not the only ones. Many are private organizations that are handicapped by the lack of information. So the federal government is starting to recognize the importance of this type of project.

Mr. Armstrong asked Mr. Norton that since this would be seed money, what did he estimate the final project cost to be. Mr. Norton replied that they were discussing this and since they were unsure of the support from this committee he had not wanted to invest a great deal of time in his estimates. He had begun to speak with Mr. Bailey about the cost of maintaining such a system. Those costs would be a small portion compared to the development and implementation. He had also requested that the maintenance of this system be included in the web person's responsibilities.

Dr. Mevers asked if they had planned on preserving any of the data they would be collecting. He suggested snapshots in time that they would preserve on CD or something. Mr. Norton replied that it was a timely question. They were in the midst of discussions as a result of legislation about DCYF records and how they mean to archive and move information. He explained that it was a critical area to OIS, because there was a ton of information taking up server space. They are trying to determine what snapshots they would like to retain in order to continue to look at things in a meaningful analytic way. One of the unintended consequences of the legislation about DCYF is that they would probably be unable to pull out the snapshots they wanted before they were forced to pull the information off the system.

Dr. Mevers asked how up to date the information they would provide on the site would be. Mr. Norton replied that the answer would be a business decision. The reason that data generally lags behind is that there are cleanliness issues with it. You could do reporting off live data, but there are good reasons not to. Having come from Washington, DC, Mr. Norton stated that the biggest reason for that is lack of resources. One thing that this system would do, is remove a lot of the resource constraint from Health Statistics and the Electronic Data Warehouse in compiling the information. So it would happen in the push of a button instead of after five months of his time ensuring the data is appropriate. Ms. Little asked if Mr. Norton wasn't talking about the Vital Records data being harvested daily. He replied that yes, that was what they were suggesting, but that is also a business decision.

Ms. Taylor reported that there is data that her staff may pull from VRV on a daily basis, but it is not disseminated to the public. They have 2002 data coming in right now, but are not analyzing it for communities yet. They do not want to give communities misleading data so the current data is used for internal purposes. The communities are more interested in historical information, like in the last year. She went on to add that the Folic Acid Program in Maternal and Child Health needs to know if in the last three months, a women gave birth to a neural tube defect baby, because they need to get to her and educate her about folic acid before she gets pregnant again and has another neural tube defect baby. That is the difference between the data that the public would not have access to and that the 2000 annual report would.

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Ms. Little asked if Ms. Taylor was suggesting identifying a mother for another agency and then approaching her. Ms. Taylor replied that a program could elect to do that based on educational information that they are getting out to their clients. Ms. Little speculated what a mother might think of her information being disseminated to other state agencies. Dr. Greenblatt explained that legislation would have to be passed in order for that to happen. Ms. Taylor explained that Health Statistics staff was currently manually performing all capabilities referenced on the Utah site. Anyone in the state can call and ask for statistical information, but she only has a staff of nine. This system would allow communities to retrieve the information in a timelier manner. It would also allow them to do more in-depth analysis.

Mr. O'Neal added that he thought Ms. Taylor had made an excellent point. Ms. Taylor's staff was already producing the statistics in question. This will just enable them to analyze the data further, in a timelier manner. He reported that confidentiality is always a major concern and they know how to secure the data. Ms. Taylor reported to the committee that she had asked Ms. Kostka to forward the Health Statistics & Data Management data release guidelines to members after the last meeting. That document talks about the suppression rules that they follow. The committee members replied that they had not received that document. Dr. Greenblatt and Ms. Taylor assured the committee that they would make sure they received that document with the March 21 presentation requested earlier. Mr. Norton added that he would provide Ms. Little with extensive documentation on security and confidentiality that his office maintains.

Mr. Armstrong asked if this was an overall million-dollar project to bring in MDSS and New Heights. He explained that he was still unsure what they meant by seed money. Mr. Norton replied that the issue of a decision support system for the department is a much broader issue and that at this time he was not prepared to discuss it. He had focused his particular efforts on those areas within the department in need of assistance most quickly. He explained that this would be seed money for this particular project. If he was asked to estimate the cost of truly developing an analytic decision support system for the entire department, he could do it, but it would take time.

Ms. Little asked if the committee could wind up the discussion on this matter. She stated that there were two issues before the committee. The first being, would the vital records data be going to the data warehouse and whether this committee wanted to express a position on that, and the use of Vital Records Improvement Fund as "seed money" for the project. Ms. Little told the committee that this was the type of initiative she would like to support. She felt it had invaluable benefit to communities. She went on to say that her only reluctance came from reading the statute where it talks about why we have the Bureau of Vital Records and the Registrar of Records.

She read a portion of the statute (RSA.126.1) to the committee. She asked members to pay close attention to the word "minimum" which is not a word commonly used in statutes. "In collecting information, prime consideration shall be given to the protection and the privacy of the individuals about whom information is given. The Commissioner shall adopt rules to ensure that when information is collected, the minimum of data shall be collected to accomplish the specific purpose the Commissioner shall also adopt rules to ensure that no information shall be available to unauthorized personnel that only the minimum be made available to authorized personnel that no information that could possibly adversely affect and identify an individual be made public."

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Ms. Little stated that she thought everyone has said that they understood this, but she was not comfortable with the word “minimum.” She went on to tell Mr. Norton and Ms. Taylor that if VRV2000 could provide them with the data minus the personal identifiers she would be much more comfortable with the project. She explained that she knew that there needed to be some piece there to help them link the relational pieces of data, but she felt a middle ground could be reached that would satisfy the data need and the public’s need of privacy.

Ms. Little stated that if there was a way that the Clerks, as custodians of the data, could always approach their customers knowing that their personal information was being protected. Back before VRV2000, Ms. Little explained, all the information she needed was in books in her vault and that she and the customer knew that the information was secure and confidential. Now, customers see her go to a computer terminal and say, “What are you doing? I thought my record was confidential? Where is my record?” She explained that clerks want a level of comfort where they can tell their customers that only certain fields of information that are part of the data warehouse environment and that the value to everyone is immense. Ms. Little explained that she really wanted to see this as win-win situation and was looking for some indication from the business perspective, as to whether they could accommodate that request. She asked Dr. Greenblatt if they could do that. Mr. Norton replied that it really was a business question and it hailed back to Representative Kurk’s question.

Mr. Norton indicated that he would like to have time to put more thought into the matter and get back to Representative Kurk and Ms. Little. He then explained to Ms. Little that technologically, they could strip everything but the person’s birth weight, but questioned whether that would meet the state’s needs? Mr. Norton did not feel it would. He then explained that encrypting the identifying information like a social security so that you can relate it to itself later is the most critical part of an analytical database. He explained that identifying duplicate records would become more difficult without identifying information. Removing all identifying information from the record from a technological standpoint is fine, but for an analytical standpoint it is gray.

Ms. Hartson stated that she agreed with Ms. Little. She was on the original VRIF committee that went before the Legislature to propose the original fund. The question that repeatedly sprung up during those sessions was confidentiality, adoptions, gender changes, illegitimate children and how important that was, not only to the clerks but also to the legislators that would ultimately decide the fate of the committee. Ms. Hartson told the committee that they and the Bureau of Vital Records assured the legislature that this information would be held in the strictest of confidence. She again asked if selected information could be eliminated.

Mr. Norton replied that he likes to turn a question on its head and the way in which they handle vital records security now is more secure than when the clerks just kept them in books. He explained that they only provided a physical barrier to the book, but the warehouse provides a physical barrier as well as a technological barrier. He did not feel the issue was about withholding data, but reassuring the public that they are keeping the data more secure than it was before. Part of the problem with DHHS moving forward with any of its dissemination activities is the confidentiality issue and it is a big one. He said that the department now has technology that was not available two years ago, to secure the data. He felt the issue was to educate people in the fact that the data is

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confidential. The more the department limits its own access to information, the less we are going to be able to manage ourselves efficiently.

Ms. Little stated that she understood leveraging data but felt a balance needed to be found and suggested that Dr. Greenblatt, Ms. Taylor and Mr. Norton think about that and get back to the committee. Dr. Greenblatt asked that if there was a sense among the committee that they were supportive of them investigating this issue. He sought to clarify his question by asking if the committee would support this initiative if the confidentiality issue were solved because if they would not, they would not investigate that part further. He asked if the committee supported the general idea of the project. Ms. Little replied that she assumed that whether the committee contributed or not, the project was going to go forward. Dr. Greenblatt replied that it was, but that he was just looking for a sense of support or not from the committee.

Mr. Bergeron stated that on the PowerPoint presentation there were six decision support systems identified. One of those was Public Health and Vital Records. He stated that since the vital records portion was only one-sixth of the equation, he would be willing to discuss the committee contributing a proportionate amount to the establishment of the data warehouse if the confidentiality issue was settled. He did not feel that the committee should be providing the initial seed money if we were only one of six.

Mr. Bergeron went on to say that in all of the committees he has been involved with in raising funds for projects, they had always provided total cost estimates and identified possible sources of revenue toward that total cost. He added that the committee is being asked to provide \$350,000 into a project with no clear indication of what the final cost would be or where the additional revenue was going to come from. If two years down the road the additional monies are not raised the committee would be out \$350,000. Mr. Bergeron stated that he could not, in good conscience, support this initiative given the current presentation.

Representative Kurk stated that there was no question in his mind that the idea of having aggregate data for the purposes suggested would be very helpful, but the confidentiality part was a major concern to him as well. The committee had recently approached the Finance committee of the legislature about expending a portion of the fund for web enabling VRV2000. Representative Kurk stated that if there had been even the slightest hint of a wholesale transfer of Vital Records data, even inside the department, the statute would have been amended to prevent it. As a representative of that committee, he expressed the Finance committee's deep concern over the confidentiality issue.

In considering their vote, Representative Kurk asked the committee to first determine if they actually had the authority to approve this expenditure, and if they were comfortable with how the data was being protected. It was Representative Kurk's understanding that the purpose of the VRV2000 project was to collect, aggregate and gather data, not to disseminate data. He added that he was aware that the committee was just an advisory board and that the decision is made by the Commissioner with their help. He felt the Commissioner is a very responsive individual and would not override the committee's decision. In closing, he stated that if the committee decided that it was within their authority, Ms. Little's concern was a very valid one. What are the consequences, in terms of the state being able to collect this kind of data from the tens of thousands that provide it, if in fact this information is shared in a way they were not aware of when they provided it? There is a major problem in this country with the reliability of health

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information and people being honest with their doctors, especially about psychological issues. Everyone is aware that once information is into the computer, that individual loses control of it and people are taking extraordinarily destructive precautions to prevent their information from being collected. They are destructive in the sense that it means that data in the systems is no longer reliable. Did we want to do anything that would jeopardize the reliability of data that goes into the Vital Records system? What is it that we are supposed to be custodians of, a system of inaccurate data? Representative Kurk was concerned about that becoming a reality in New Hampshire if the people in this state come to believe that their data is being transferred, even under the best of intentions, to someone else. We cannot ensure how those that the information is disseminated to will handle or protect it.

Representative Kurk asked, what would prevent this department from sharing birth records with the Department of Safety for the purposes of confirming that the teenager coming in for a license is telling the truth about his/her age or handing the whole database over to the federal government for a variety of purposes? Representative Kurk stated that it is probably already being done in ways that he was unaware of. He found it frightening that the information is so readily transferable. He reported that he gets one to two calls a week from constituents concerned that the state is collecting their personal information, asking what they can do about it. He added that this is not just a state problem it is occurring nationwide.

People need to have the utmost confidence that the data they provide the state is only used for the purpose for which it was collected, and only if their consent was given should it be used for anything else. Representative Kurk told the committee that that was the “primary article of faith between me and you when I tell you, yeah, I decided to give my kid a certain first name and I am going to tell the hospital what that first name is. Break that confidence and I won’t give you any more information. I will give you false information. Sand in the gas tank will bring the tractor to a halt.” He reiterated that the committee should decide if it had the authority, whether it was a good idea and if it was a good idea to allow access, perhaps condition the grant on the non-provision of individually identifiable data. He advised the committee to make sure they could continue to look their customers in the face and say “it goes here and no farther.”

Dr. Greenblatt replied to Representative Kurk that in 126:14 there is clearly articulated both the right of vital records to be used for issuing certificates as well as release for legitimate health research purposes. He stated that they only proposed this initiative because they felt it was in line with the statutes intent. He then informed the committee that they could offer them full disclosure. If the concern of the committee is that these records were going to be used by people we don’t know or in ways that are not clear, Dr. Greenblatt wanted to assure the committee that they wanted to make the process as transparent and open to the committee as possible. He explained that unlike private industry, openness in state government is critical and added that he did not think they had anything to hide, nor did they want to.

Ms. Little felt that the major question was whether the committee had the authority to make this decision. She then read the statute 126:31 to the committee.

126:31 Vital Records Improvement Fund. – There is hereby established a special fund for the improvement and automation of vital records at the state and local levels. The sole purpose of the fund shall be to provide revenues for the

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improvement of the registration, certification, preservation and management of the state's vital records, and said money shall not be used for any other purpose. Moneys in the fund shall be allocated for software applications and development, preservation efforts, hardware, communications and technical support associated with these purposes. Said moneys shall not be used for rent or electricity expenses or for general clerical or administrative personnel of the bureau of vital records. Moneys in the fund shall be allocated by the commissioner of the department of health and human services with the assistance of the advisory committee established under RSA 126:32. The fund shall accrue interest and shall be nonlapsing and continually appropriated to the commissioner of the department of Health and Human Services.

Ms. Little reiterated that the fund was for the registration, certification, preservation and management of the state's vital records. She asked if that added clarity to members positions as to whether the committee had authority to authorize such an expenditure. Ms. Hartson did not feel that the committee had such authority. Ms. Little asked if Ms. Hartson wanted to make a motion. Representative Emerton stated that in his opinion, the legislature would have never have approved this fund if they had known that there was a possibility that it would be used in this manner.

Ms. Hartson felt that the committee did not have the authority to expend the funds in that manner, especially because only thirty-three to forty, out of the 247 cities and towns are on VRV2000 and able to issue certificates to their customers. She had heard that there were still connectivity problems that she felt the money would be better spent on. There are still concerns and issues on maintaining and supporting our own program and the committee should be addressing them. There should also be more work toward the preservation of records.

Ms. Hartson then made a motion that the Vital Records Improvement Fund Advisory Committee not approve the requested funding for the project before it. Mr. Bergeron seconded Ms. Hartson's motion. Ms. Little asked for discussion of the matter before the committee. Dr. Mevers stated that what Ms. Hartson had said was very important. It was mentioned in the minutes from the previous meeting and clearly pointed out by Mr. Gerow who was not in attendance at this meeting, that the VRV2000 system was working almost at capacity. Dr. Mevers felt that if this new endeavor were undertaken we would have to spend a great deal to enhance the VRV2000 system. He did state that the committee was going to have to pay to enhance the system anyway, but he wondered if this would be an inordinate drain on the system already in place. He added that it was a question of technology and he could not answer it, but he felt it was an important concern.

Mr. O'Neal replied, stating that he could not remember Mr. Gerow stating that they VRV2000 system running at capacity, but the system that Mr. Norton and Ms. Taylor were suggesting was a completely separate system. If they were to go ahead it would have no impact on the current system. Dr. Mevers asked if there would not be a transfer capacity necessary. Mr. O'Neal agreed that there would be, but it would be done at night so it would not impact the daily operation of VRV2000. Mr. O'Neal explained that it was not a capacity issue.

Mr. Parris replied that in the previous meeting, Mr. Gerow had been addressing modem usage and in connection with that, the VPN Concentrator, which Mr. Bolton was going to

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address later in the meeting. The capacity that we were exceeding or about to exceed, was in those specific areas, not so much the system or the servers. The ability to connect to all the cities and towns simultaneously was what Mr. Gerow was discussing. Ms. Seskes asked if everything with VRV2000 was running in perfect condition and there were funds to cover any needed upgrades, would the committee support this project. Ms. Little responded that she felt the request was premature.

If they had legislation that made it clear that health statistics come out of vital records, it would be simple, but that was not a part of the initial planning for this fund when they approached the legislature. She felt that there was an issue with the wording of the legislation. Another item she referenced was the web enablement RFP in the coming weeks and that no one knew what the final cost was going to be. The committee has one million dollars out of the capital budget and have some Vital Records funds that have been earmarked for this project, but there is no way to know what the final proposals would come in at. She felt that the committee had a real responsibility to ensure that they could maintain their primary and secondary goals, namely web enabling VRV2000 and the preservation and maintenance of paper records.

The committee had the legislation amended specifically for the preservation of records and has done nothing to that end yet. She added that the committee had a little too much on its plate right now and maybe it was just bad timing. She also agreed with Representative Kurk and Emberton about the intent of the legislation and whether this was an appropriate use of the fund. Ms. Hartson added that when committee members met with city and town clerks they promised that the municipalities would be comfortable, not only with the program, but the preservation of their own records. This was a partnership that clerks entered with the state and she felt that the committee was obligated to honor that.

Mr. Armstrong stated that normally throughout the lifecycle development of a project as was previously pointed out, the business requirements must be put in order. It seems that until Ms. Taylor and Mr. Norton knew what their alternatives were, the request seemed premature. He understood Mr. Norton's position that he did not want to invest a great deal into an estimate if it was going to be rejected, but on the other hand he was asking the committee to make a decision on not completely defined business requirements and no one was clear how the whole project was going to play out. He mentioned other data repositories such as Granite. Mr. Armstrong felt it would be more advantageous for the state if all the information, health and environment were in one place. He felt that from a systems development perspective, it was premature to know exactly what was the best course for development and therefore that could impact funding.

Ms. Heon wanted to address Ms. Hartson's comment in regard to what was promised to town and city clerks during the creation of the fund. What the initiative was currently was what they believed they were getting and are continuing to work with. That is exactly how they want it to stay. The Executive Board and the Association did not want to see the funds moved from the Vital Records Improvement Fund for this project for the purpose proposed. They also wanted Ms. Heon to express their concern over the confidentiality issue. It is difficult even in the smallest community to have citizens concerned over their personal information being shared.

Ms. Little informed those in attendance that because there were so many people at this meeting, she would go down the member roster for the vote. She asked that when she

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called a member's name, they announce their position. She began with Ms. Ireland, who submitted the letter voting against the committee expending the funds for the proposed project. Her letter stated, "Since I cannot be at Tuesday's meeting, if it becomes appropriate would you kindly read my concerns for the record? Further, if a vote is taken on this issue, would you please record my vote by proxy as being against this initiative at this point? Ms. Little stated that Ms. Ireland's vote would be recorded as a no vote.

Mr. Bergeron asked if Ms. Little would rephrase the motion. Ms. Little replied that the intent of the motion was to not approve funding, so that would actually be a yes for Ms. Ireland. Ms. Little voted yes. Mr. Janosz was next on the list and he asked to make a statement before casting his vote. He stated that as a business owner he looked at the proposal as a great thing for New Hampshire, but what would the committee gain from it? Using Representative Emerton as an example, he is from Goffstown. What would Goffstown get from this?

The people Mr. Janosz envisioned gaining the most from this was the health providers and insurance companies and they are the ones he thought should be providing funding for this project, not this committee. He then voted in favor of the motion for the committee to deny the request for seed money for the project. He added again that he thought it was a great proposal and has merit, but this committee was the wrong audience. Dr. Andrew was not in attendance, but Mr. Bolton stated that Dr. Andrew had phoned him regarding this issue. Dr. Andrew informed Mr. Bolton, that barring any dramatic revelations differing from the PowerPoint demonstration, he would support the fund providing the seed money to the project. Ms. Little recorded a no vote for Dr. Andrew.

Ms. Little next called Mr. Kruger's name. Mr. Bolton stated that Mr. Kruger had been out of the country for several weeks and had not responded to any correspondence. Ms. Little noted there would be no vote recorded for the committee's public member. Ms. Seskes voted no. She supported the committee providing the seed money for the project. Mr. Bergeron voted yes, to not approve funding. Ms. Hartson voted yes, to not approve funding. Mr. Armstrong stated that he preferred to abstain. Ms. Little replied that she was unsure whether a member was allowed to abstain from the vote. Mr. Bolton also requested to abstain from the vote.

He stated that as an employee of the department he saw merit to the project, but as the State Registrar he saw a possible conflict with the statute. Ms. Little told the committee that the issue was whether they wanted to allow state employees to abstain, because there were two state employees stuck in the middle. Ms. Hartson and Mr. Bergeron both commented that they felt Mr. Bolton and Mr. Armstrong should be allowed to abstain from the vote, especially in the absence of bylaws. Ms. Little then recorded both gentlemen as abstaining from the vote. Dr. Mevers was the final member polled. He voted yes, to not approve the request for seed money. He felt there were too many unanswered questions.

Ms. Little tallied the votes and reported there were six yes votes, to not approve, two abstentions and two no votes, to approve. Ms. Little announced that the motion carried. The committee would not approve funding this project. She told Ms. Taylor and Mr. Norton that everyone agreed it was a worthwhile project and wanted to encourage them. She stated that it was an idea that was worth considering, in terms of where the state wants to go in leveraging data to the benefit of all citizens. Ms. Taylor thanked Ms. Little

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and the committee for the time they had devoted to hearing and discussing the project. Ms. Little thanked Ms. Taylor and Mr. Norton for the time and effort they put into detailing the project for the committee.

Ms. Little asked Dr. Greenblatt to carry the committee's message to the Commissioner. She expressed that she understood that this committee was just that, an advisory committee. She stated that if the Commissioner ultimately decided to override the committee she would appreciate Dr. Greenblatt informing the committee of that. Dr. Greenblatt agreed and thanked the committee for its time.

4. Capital Budget:

Dr. Greenblatt asked Mr. Andrew to pass out the budget handout. He then informed the committee that he wanted to discuss the department's approach to the next biennium budget session that was coming up regarding the Vital Records Improvement Fund. He advised those that were not aware, the department and all state agencies are required to plan for two different budgets. One is the capital budget, which, is any expenditure over \$25,000 and generally involves things like construction and large purchases of equipment. The other budget is the general operating budget. They had to make a decision around that because biennium budget planning for 2004-2005 fiscal years was ongoing and would be heard at the next session that began in January 2003.

He directed the committee's attention to the current budget for fiscal year 2002. It shows that the fund's balance is at \$1.1 million and that you could see the revenue totals going forward out to 2005, which would be the end of the next biennium budget. He reminded the committee that the department requested 1.5 million of the capital budget be devoted to the VRV2000 project to add to the money already in the fund for web enablement. That request was successful with one provision. Instead of having 1.5 million for a two-year period, the legislature funded the 1.5 million but, only 1 million for the current two-year period. That worked out to \$500,000 in year 2002 and 2003 budgets. That was in addition to the Vital Record Improvement Fund funds. In addition, through grant work the department had been able to obtain approximately \$500,000, from the Social Security Administration.

Given that, the department had to make some decisions as to what to go forward with as a recommendation to the legislature in the next biennium and whether to request additional capital budget funds for this project. They decided that they were not going to request additional funding. The reason being, the substantial balance in the fund currently for that purpose. He added that the 1 million dollars budgeted for 2002/2003 was still in the budget, along with the VRIF and SSA funds. He wanted to also point out that the money the committee could see going forward, incorporates \$400,000 directed from the Vital Records Fund specifically to this project. That entry was located on the second page under contractual expenses in year 2003. It was a budget decision made by the VRIFAC prior to the department's decision.

Ms. Little asked if this decision indicated that the department did not think they would need more funding for the project and Dr. Greenblatt agreed that was the consensus. He stated that there was a political message too. The department did not want to appear to be requesting too much from the capital budget. Ms. Little replied that she and the committee just did not have a good feel for what the proposals for web enablement were

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going to come in at. She asked if there were any comparable projects out there that anyone knew of. Mr. Bolton replied that there were thirty-seven states going forward with some sort of web enabled systems and the range was around 2 million, but is nowhere near set in stone. Ms. Little stated that the committee might be a little short if it is 2 million, but in fiscal year 2003 there would be a little under \$700,000 to carry over to the next year. Dr. Greenblatt agreed.

Ms. Little suggested that potentially the fund could make up the difference. Ms. Hartson stated that under contractual expenses it accounted for thirty cities. She asked if there were more than thirty cities on VRV2000 currently. Dr. Greenblatt replied that he was not familiar with that portion of the budget. Mr. Bolton replied to Ms. Hartson that he was unsure why the figure of thirty cities was used. Mr. Andrew informed Ms. Hartson and Mr. Bolton that the thirty cities figure was an estimate of the number of cities that would not have their own ISP accounts and would need to be funded by the Vital Records Improvement Fund.

Ms. Little asked Mr. Bolton about a survey he had conducted. He replied that he received about one hundred thirty replies and approximately one hundred eight stated they already had an ISP. He and Mr. Andrew were both unsure of their reasoning for picking that number at the time the budget was created. Ms. Hartson explained she was just wondering if there was enough money budgeted. Mr. Bolton replied that that issue was an unknown, as well, if the VRIFAC would fund ISPs for cities and towns that did already have service. Ms. Little added that she believed that the committee might recognize real savings on dial-up charges if they go with the VPN Concentrator as well as a potential to increase capacity.

Ms. Little went on to thank the department for graciously picking up the communications cost for as long as they did. She stated that she was glad to see it back in the fund's operating expense budget. She asked Dr. Greenblatt if his announcements were just to keep the committee informed. He agreed that the department felt it important to keep the committee informed of its intentions. He also wanted to express the department's concern over the high balance the fund was maintaining. Considering that during the budget period, the legislature elected to fund operating costs for the Bureau of Vital Records out of the VRIF, theoretically not in keeping with the statute. Regardless, they are very concerned that some of the surplus, possibly even, all of the surplus could be used to fund the current shortfall in the budget.

He went on to say that maybe that point had not been stressed enough in the earlier discussion. The main reason they wanted to approach the committee at that time was to hopefully encumber some of those funds. Thereby reducing the attractiveness of the fund to the legislature. The words of his superiors were "This fund is going to be raided if you are not careful." Ms. Little asked Dr. Greenblatt what the deadline was by which the funds had to be committed. He asked Mr. Andrew for the date the budget needed to be proposed. Mr. Andrew replied that the department would make its budget presentation to the governor in September or early October. It would go to the legislature later in the fall. Dr. Greenblatt asked him if the Capital budget preceded that. He replied that it did, but was unsure of when.

Someone in the back of the room stated that it wouldn't go to the legislature until February. Ms. Little told Dr. Mevers that he had to get his preservation initiative up and running so the committee could spend some of its funds. Ms. Little agreed that when

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things get tight, this fund would be attractive to legislators. She stated that the committee needed to look into preservation and other initiatives that have been on the back burner. Ms. Little thanked Dr. Greenblatt for his report.

5. VPN Concentrator:

Mr. Bergeron informed Ms. Little that Jim Petrowski, IT Director from the city of Nashua was in attendance and might want to offer input or ask questions during the discussion. Ms. Little replied that she would welcome Mr. Petrowski's participation. Mr. Bolton stated that he would defer to Mr. Petrowski, but wanted to point out the "white paper" he had forwarded to committee members for review. He reported that going forward with the VPN Concentrator would recognize a payback within a four or five month period, depending on the rollout of the Concentrator in the field. The only area where there could be a conflict is in the direction NHSUN is going.

Mr. Petrowski wanted to speak from Nashua's perspective. He had spoken to representatives from Manchester recently and they were basically in the same boat as Nashua. They originally had VITTS when he first came to Nashua and all in all it worked out pretty well. They are now back to working with a dial up and it has been nothing but a nightmare. Because of numerous problems they have had to go back to dedicated machines. It has been like taking three steps back. They are currently already working with a couple VPN Concentrators, so they are familiar with them. Another issue he wanted to address was security and quality of service. The VPN doesn't need a separate server.

The city of Nashua would even be willing to purchase some equipment to ease the transition. They want the ability to provide reliable customer service to their customers. One example is when someone logs into the database back end. That causes the modem to drop off and the user is not aware that they have lost their connection. They then have to call the business office and have them "kill" the user and then log back on and then dial back in. They then have to restart the customer record and have actually had complaints about that. They have even spoken to Mr. Bolton about putting up a 56k dedicated line to the state. Ms. Little replied that it sounds really frustrating. Mr. Petrowski told her it was and that the Mayor directed them to do something about it.

Mr. Plodzik stated that the jury is still out on the direction that Administrative Services is going to go, but Cisco is a safe bet. They are very supportive of Internet based state services. He added that he had two questions based on Mr. Bolton's white paper. First, he asked if Mr. Bolton was going to limit the modem bank to dial up. Mr. Bolton replied that he would not. They plan to use that for years to come. Mr. Plodzik added that his second question was probably answered in the capital budget discussion, but he asked if the committee planned to fund the ISP connectivity for towns that do not have it. Mr. Bolton replied that they had discussed that issue months ago and had decided that they would.

Mr. Petrowski stated that in Nashua they deal with so many state agencies and have heard about the statewide initiative, but he thinks it is time to go down that road. All the different agencies and different systems, outdated software and computers are common. They would like to see the state be proactive because it is starting to effect the cities and

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towns operations. He felt that these issues should be looked at statewide, not just for Safety or DHHS. He informed the committee that the VPN Concentrator is a great idea but it is not a final solution. It deals with this particular issue but in Nashua he has many issues. He understood that there were a lot of different programs, but felt they should be able to come together to work toward a solution that will benefit everyone.

Ms. Little asked Mr. Towle if he could give the committee any information on the Telecommunications RFP. He advised the committee that the proposals are still under review and a decision would be forthcoming. He recommended that the committee provide an ISP for cities and towns, so they could access the VPN Concentrator that way. Otherwise it would be the same old problem with dial up. He suggested that a lot of towns would be going online. Ms. Little asked if a motion was needed to purchase the VPN Concentrator or if the obvious support was sufficient. Mr. Bolton replied that the discussion was enough.

6. Other Business:

Ms. Little announced that she had a meeting that was supposed to start momentarily and had to leave. She asked if there was any other pressing business. Mr. Parris stated that he had a handout that detailed the OIS report. He reported that it basically outlined everything that he planned to discuss. Mr. Bolton pointed out that this was the second meeting in which Mr. Parris had been pushed off the agenda and Ms. Little replied that she was aware and felt bad about it. Ms. Little asked Mr. O'Neal to tell the committee about the upgrade to Windows XP. Mr. O'Neal replied that Health & Human Services would be upgrading to Windows XP. He asked the committee to bear in mind that the department had been on Windows 95 for six years. Many people they spoke with told them if they hadn't upgraded to Windows 2000 by now, to not bother, go directly to XP. They also put up a test lab with XP and one with 2000. The main question was whether the department's applications would run on one or both. It turned out that they ran on both, but XP has a longer life cycle. They expect to be on XP for another six years.

Ms. Little expressed again, her need to leave for another meeting and asked if there was any additional business. Ms. Hartson asked what the status was on Dr. Mevers RFP. Dr. Mevers replied that they were still working on the RFP and planned to present it at the next meeting.

Ms. Little adjourned the meeting at 12:24 p.m.