

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

To The New Hampshire Department of State

- MINUTES -

Friday

June 15, 2018

-MINUTES-

Vital Records Improvement Fund Advisory Committee Meeting

June 15, 2018

Archives & Records Building
2nd Floor Conference Room
71 South Fruit Street
Concord, New Hampshire 03301-2410

COMMITTEE MEMBERS PRESENT:

Stephen M. Wurtz, State Registrar
David Scanlan, Deputy Secretary of State, SOS Appointment
Brian Burford, State Archivist
Tricia Piecuch, Nashua City Clerk, NHC&TC Association Appointment
Janice Bonenfant, Concord City Clerk, NHC&TC Association Appointment
Todd Rainier, Hooksett Town Clerk, NHC&TC Association Appointment
Timothy Horrigan, NH House of Representatives, Public Member, SOS Appointment
Erin Piazza, Health Information Specialist, NHHA Appointment
David Laflamme, Data User, DHHS Appointment

COMMITTEE MEMBERS EXCUSED:

Nicole Bottai, Windham Town Clerk, NHC&TC Association Appointment
Jennie V. Duval, MD, Medical Examiner Appointment
Ashley Conley, Municipal Data User, DHHS Appointment
Peter Morin, Funeral Director Association Appointment
Bruce Riddle, Data User, DHHS Appointment
Denis Goulet, OIT CIO Appointment

GUESTS:

Christopher Bentzler, SOS IT
Christopher Wilder, OCME/Vital Records
Nicholl Marshall, Vital Records

1. Call to Order and Introduction of Guests:

- Ms. Tricia Picuch called the meeting to order at 09:31 with a quorum present.
- Mr. Stephen Wurtz said that the Centers for Disease Control funded an individual contractor to address quality of causes of death and timeliness of reporting. Many New Hampshire deaths are certified by the Office of the Chief Medical Examiner, so DVRA identified an individual to be as a liaison between the OCME and DVRA. Mr. Wurtz introduced Mr. Chris Wilder, a practicing New Hampshire-licensed funeral director from the Keene area, who is the Mortality Surveillance Agent (hereinafter “MSA”). Mr. Wilder explained that he brought the newest aspects of death registration, namely NeCOD, to the Assistant Deputy Medical Examiners. Mr. Wilder has also been gathering statistics in order to plan to visit death pronouncers and certifiers at hospitals across New Hampshire. This is to ensure records are filed correctly and in a timely fashion.
- Mr. David Scanlan welcomed Mr. Wilder and inquired about the job title; Mr. Wurtz explained that he identified to the CDC a position called the Mortality Surveillance Agent, which is part of a death data quality contract with the CDC. The CDC has used the Mortality Surveillance Agent title in other initiatives. Mr. Wilder is being paid for the MSA role with federal funds. It was not an accident that Mr. Wurtz had reached out to funeral directors to find an MSA because funeral directors are well indoctrinated into the death registration process, thus Mr. Wurtz need not explain to an MSA about problems which must be overcome.
- Mr. Wurtz said that Mr. Wilder arrived just as NeCOD was being launched, so Mr. Wilder will share NeCOD with physicians and his fellow funeral directors. Mr. Wilder added that the OCME has received NeCOD very well, although there were a few minor hiccups in transferring from paper to electronic versions of death certificates. Mr. Wurtz added that, as part of that contract with the CDC, funds were provided to purchase iPads to the members of the OCME, which have helped improve how the OCME works. Dr. Jennie Duval, who is unable to attend today, is the new Chief Medical Examiner and is very encouraged by what DVRA is bringing to the OCME.

2. MSA – Death Registration Proficiency Project:

- Mr. Wilder said he is entrenched into the OCME. During an OCME conference in April, he distributed iPads to them and explained the use of them. He continues to field questions as to whatever difficulties arise, but the staff of the OCME are using the iPads on a daily basis in the field, such as writing reports,

taking pictures, submit reports, all on one item. Wentworth-Douglass Hospital has been identified as the first target to introduce the electronic death registration process to the proper people there and why it is necessary to start using it. Since NeCOD includes Situational Surveillance and VIEWS2, it should reduce errors in reporting and enhance speed of reporting. A pronouncing/certifying agent can go through the process in a matter of minutes versus finding a desktop computer. In the initial investigations into the hospitals, a number of inconsistencies are recognized; funeral directors see that when they receive a paper copy and are unable to read what is written on it, causing the funeral director to contact the hospital to find out who wrote it and what was written. Getting hospitals to understand the importance of that streamlining, particularly in terms of budget and statewide statistics, is the key point with which the MSA is concerned. But this may involve hospitals modifying some of their standard practices if a hospital does not want electronics on the floor other than what is necessary for patient treatment. Some nurses are not allowed to have cellular telephones, but the app can be operated on a tablet or cellular telephone, so hospitals should recognize the need for at least one tablet or active cell phone.

- Mr. Todd Rainier arrived at 09:41.
- Ms. Piecuch said that funeral directors seek this improvement. Ms. Piecuch also notes that it is good that the OCME is using the app and that MSA will get the word out to hospitals; Mr. Wilder responded that funeral directors have been using NHVRIN right along for years, thus funeral directors see how well that works. Getting it out to hospitals is important because hospitals are the bulk of what is processed.

3. Approval of minutes:

- Ms. Piecuch asked the Committee to review the minutes of the October 27, 2017, meeting. Mr. Brian Burford made a motion to approve the minutes of the October 2017, seconded by Dr. David Laflamme; a vote was taken and all were in favor.

4. Budget:

- Mr. Scanlan said that everything is pretty stable, with revenue and expenditures consistent with years past – the exception is a significant increase in the technology and software line of the budget due to work being performed on NHVRIN. The Committee might want to consider a special project in order to use the funds available.

- Ms. Piecuch agrees with Mr. Scanlan and said that there are a few things on the agenda which might use the funds, such as the preservation grants which Mr. Tom Manning used to administer. Ms. Piecuch asked how this will affect the upcoming NHVRIN*Plus*; Mr. Wurtz responded that the increase in expenditures is the NHVRIN*Plus* initiative. The death module is scheduled to be deployed and tested in September, and the next phase will be the birth module. Mr. Chris Bentzler said the security module of NHVRIN*Plus* was the first module to be created, and is new compared to what is seen in NHVRIN now, thus is challenging. Testing the death module is much more streamlined than testing the security module.
- Mr. Burford moved to accept the budget as presented, seconded by Mr. Rainier; a vote was taken and all were in favor.

5. IT Update – NHVRIN Update:

- Mr. Bentzler said there have been two releases of NHVRIN since the previous meeting. Ms. Piecuch directed everyone attention to a blue sheet detailing the releases. Mr. Bentzler continued that there were some other minor things completed as well. There were also some NeCOD updates. DVRA is in the process of replacing old personal computers with new personal computers installed with Windows 10. There are about fifty devices to distribute, and some towns have received their new systems. The other devices which are capable of being upgraded to Windows 10 will be upgraded through a remote software distribution program.

6. IT Update – SOSKB:

- Mr. Bentzler said that SOSKB was no longer serviceable as of the last meeting. SOSKB was replaced with the QuickStart system. The financial part of QuickStart became an issue for DVRA, because once SOSKB went down, there resulted a problem in the SOSKB portion for the town clerks. That process has been updated to use the QuickStart system as well. Mr. Bentzler has seen the DVRA front staff utilizing QuickStart and it seems to have gone well. Ms. Nancy Swett helped with training the DVRA front staff and communicating to the town clerks about processing invoices through QuickStart.
- Mr. Rainier observed that QuickStart is easy and quick and works well; Ms. Piecuch said that she has not started a QuickStart account yet because it came out only a week prior to the meeting and has not reached Ms. Swett for help yet.

7. IT Update – NHVRIN*Plus*:

- Mr. Bentzler said that he and Mr. Wurtz and Ms. Catherine Cheney have been working on the next generation of NHVRIN, especially the enhanced security and the death module. Recently, an update, which is what NHVRIN*Plus* is expected to appear and feel, was received. The death and security modules give many more front line administrative ways of doing things, rather than going through an ODAR process. Even a programming change can be done through the front end tool. Some messaging and some table updates, which now go through a build process to complete, can be done at a much more efficient level.
- Mr. Wurtz added that NHVRIN*Plus* gives DVRA more refined control over the town clerks and their staffs. So if a clerk states that the clerk was a certain part-time employee to have certain functions, those functions only may be assigned to that employee. Mr. Bentzler continued that, presently, a “state user” has access to everything which all state users have; thus this is another layer which is addressed. Perhaps a summer intern may need access only to a specific item. Mr. Wurtz said it is the responsibility of DVRA to tighten the controls all the way down to something such as who may amend a record. There should be key individuals who have identified responsibilities. Historically, steps have been taken as to who has electronically touched a record. In future, when a user logs in during the morning, the user can see a list of pending items on which the user must take action. DVRA can not look to another state for examples on how to do things because no other state has the sophistication of NHVRIN, thus New Hampshire remains on the cutting edge.
- Mr. Bentzler added that in NHVRIN, there is no user interface group, only DVRA and a couple of other with whom DVRA works; now those same people are working on NHVRIN*Plus* but there is another larger team now because database structure changes and user interface changes are being pursued. When an issue is reported, there are multiple responses to the issue, which are tremendously helpful. Mr. Wurtz said there is positive engagement by this team to make it work. Mr. Bentzler added that one major change is the browser because NHVRIN is presently tied to Internet Explorer; going forward, testing NHVRIN*Plus* will occur on IE, Firefox, Safari, but there are security issues with Chrome right now. Sometimes an issue specific to a particular browser is found. Because NHVRIN*Plus* is open to multiple browsers, something may work one way, but may be a challenge in another browser. Ms. Piecuch responded that usage on multiple browsers is something which NHVRIN users have sought.
- Ms. Piecuch asked if DVRA is seeking to give some individuals more roles, such as an adoption on top of an adoption and making a KFI correction. Mr. Tim

Horrigan asked what is KFI; Ms. Piecuch stated KFI is the key-from-image project which DVRA completed, but there were some keying mistakes which towns must call DVRA to correct. Mr. Wurtz said that with more greatly refined control over the application, some individuals will be given more roles. There will be a discussion with key users, such as hospital towns, and what can be developed. Mr. Wurtz still must keep any statutes in mind during such discussion, but DVRA is in a good point to relinquish some controls which DVRA has had onto some key users. It will be possible for Mr. Wurtz to assign one person more privileges and that person's staff to have fewer privileges. Key users performing functions, which now only DVRA may perform, is the reengineering of the application.

8. IT Update – NeCOD:

- Mr. Bentzler said NeCOD has been deployed into production and is used by the OCME. DVRA provided to the OCME iPads which are programmed and managed by DVRA, so DVRA can maintain those devices remotely. Much of the feedback from the OCME regarding changes to NeCOD have been received and used to create a new version of NeCOD which has been tested and will be deployed next month. Mr. Wurtz added OCME was a great place to start testing NeCOD because the complicated deaths which the OCME certifies stress the app. By the time ordinary certifiers get NeCOD, it should go smoothly. Mr. Bentzler added that when funeral directors receive deaths which are certified with NeCOD, funeral directors can pick up the incomplete record and complete the death record almost immediately; this has been well received by funeral directors. When NeCOD is given to death certifiers at hospitals, there will be a larger pool of death records where the pronouncement and certification portions are complete before reaching a funeral director.
- Mr. Burford said that at the previous meeting, “eCOD” was discussed, but now suddenly “NeCOD” is discussed; Mr. Burford asked what NeCOD does that eCOD does not. Mr. Wurtz answered that eCOD, which DVRA originally developed with CDC money, is how this process started. The app was demonstrated to the CDC, and the CDC funded DVRA again to make eCOD more of a universal application utilized for all states. Hence, “eCOD” became “NeCOD”, which stands for National electronic Certification Of Death. New Hampshire is now just a state utilizing the national model. Mr. Bentzler added when NeCOD is first downloaded on a phone, the user is prompted to select a state.
- Mr. Wurtz said that death is receiving much attention because the CDC requested that DVRA address death first. Hospitals will get into this shortly. Mr. Wurtz

had a conversation with the vendor this week and authorized the vendor to start building requirements for a birth module. DVRA has historically engaged the end users early when creating applications, which reflects in the success of DVRA.

9. Situational Surveillance:

- Dr. Laflamme said Situational Surveillance is the tool where two questions may appear while completing a birth record or a death record. Mr. Wurtz and DVRA can turn it on literally overnight, so if there is a need for surveillance, it can be done if an additional item needs to be captured on births or deaths. To obtain data which can be used, it is planned to have Situational Surveillance go live on July 1 for opioid-related surveillance, such as neonatal abstinence syndrome. There is no current timely data source to look at that; the diagnosis code is very imperfect and that takes a long time to get back. Situational Surveillance will give a real time snapshot. It will be turned on for three months and two questions will be asked: “Was there documented opioid exposure at any time during the pregnancy?” and “Was the infant monitored for signs of opioid withdrawal or neonatal abstinence syndrome?” The questions can be answered with “Yes”, “No”, or “Unknown”. The question does not ask for a diagnosis for neonatal abstinence because of the time when a birth record is completed. Dr. Laflamme is excited about this because this is the first opportunity to test this new system.
- Mr. Wurtz added that Situational Surveillance is unique to New Hampshire because that was another initiative funded by the CDC. The Department of Public Health received funds to enhance Situational Surveillance. The partnership between DVRA and the Department of Public Health is important. Everyone shares excitement for Dr. Laflamme to get into the details of it because people at the federal level told Mr. Wurtz about their awe of the program. Situational Surveillance is good if any catastrophe suddenly emerges. Mr. Wurtz was told by Nevada that Nevada is interested in the NeCOD application. Nevada had been in touch with Mr. Wurtz before a tragic shooting incident occurred in Nevada, but the incident identified the issue of how to capture quickly information. Nevada mentioned to its public health department that Situational Surveillance is part and parcel of NeCOD. Nevada had to spend much money to get their vendor to respond to put a question on its death record; the question is now part of its registration process, but it deals with only one event. The ability to change the question based upon this situation impressed Nevada.
- Ms. Piecuch asked how one may change the question and how long it takes to change it; Mr. Wurtz said the Department of Health & Human Services will identify and change the question. In the database, there is now a question, answers, and the timeframe of that question.

- Ms. Erin Piazza asked if the answers to the Situational Surveillance questions will be populated in NHVRIN and if end-users will answer the questions as end-users see them; to get real-time data, putting the questions on the birth worksheets is not feasible. Mr. Wurtz answered not having to take the time to add a question to a worksheet is an advantage of Situational Surveillance. Right now, when a user logs into NHVRIN, the Situational Surveillance questions are turned off. When the questions are in place, at a certain point in the birth record, the user will see a pop-up. Dr. Laflamme added that this was pilot-tested on paper with three different hospitals. Dr. Laflamme had also spoken to the Birth Data Quality Committee about it and received their feedback. Mr. Bentzler added that one enhancement of Situational Surveillance will be the ability to limit the questions to certain facilities; that will be part of the next NHVRIN build. Mr. Wurtz added that Situational Surveillance is also a feature on the death module.

10. CDC Contract Extension:

- Mr. Wurtz said the CDC liked eCOD so the CDC gave DVRA more money to make it more universal for any state. Part of the contract was for DVRA to go to a state and successfully deploy this technology to that state's database. DVRA performed many demonstrations to states which wanted it, but the states did not know how to go about it, even though the CDC was paying for it. DVRA found success with Utah in the last thirty days. At a recent meeting in Miami, DVRA demonstrated to all states the ability to create a record in NeCOD and deposit it into their electronic death registration system. The CDC wants to capture information quickly and share the information. DVRA met the obligation, although DVRA obtained a no-cost extension. This will be another successful project, even though DVRA had difficulty in finding another state to partake.
- Ms. Picuch suggested that perhaps the difficulty for other states, even though DVRA was giving away NeCOD for free, is that states observed it works for New Hampshire but were concerned that it would not work for their states' systems; Mr. Wurtz insisted that NeCOD can work and will work.

11. Digital Preservation:

- Mr. Burford made inquiries with one of the vendors who probably handles as majority of the sales in the United States for devices which are known as "archives writers", which create computer output on microfilm. It is an old concept, but with changing technology, it needs to be continually updated. Mr. Burford received an initial estimate of \$75,000; when Mr. Burford explained to that vendor that something of this magnitude would have to be put out to bid, the vendor then quoted an estimate of \$150,000. Due to the magnitude of this device,

Mr. Burford suggests writing an RFP and will probably meet with Ms. Paula Penney in early July about the process of creating an RFP.

- Mr. Wurtz asked if there was a choice of vendors; Mr. Burford answered in the affirmative. Mr. Burford estimates that there are two such vendors in the United States and a third in Europe.
- Mr. Rainier asked if an archive writer can be obtained for less; Mr. Burford said there are other ways to approach digital preservation. Mr. Burford said one of the beauties of a digital record is that it is so easily shared. Another beauty of a digital record is that it is so easily corrected, but it is also so easily changed, whether intentionally or unintentionally, to change the meaning of what was record, whereas it is much more difficult to change microfilm. Microfilm does not replace digital preservation, but information is frozen on microfilm. There are other strategies of how to freeze that information which would not include microfilm. Some states are charging ahead with various all-digital processes which states hope will mitigate risks to data.
- Mr. Wurtz commented that this is a conservative way to proceed; Mr. Burford concurred. Mr. Wurtz expressed concern about the information technology demand this equipment would require. A piece of equipment might cost \$150,000, but perhaps another \$300,000 might be needed to enhance storage capacity. Mr. Wurtz suggested an RFI for experts to explain the hardware and software demands; based on that, an RFP could then be created.
- Mr. Burford presented advertisements for three of the common archives writers. They come already with the software; one sends the database to the device, which interprets it and writes it to the microfilm. There will be issues of updating software.
- Ms. Picuch suggested that an RFI would be the best way to start so the Committee knows what is needed. Mr. Horrigan asked if Mr. Burford's way of thinking is that microfilm is an analog process, so that centuries from now, someone comes across microfilm and recognizes that it is a photograph of a document; Mr. Burford responded in the affirmative. Mr. Burford said he prefers something static and unchangeable. Perhaps younger generations are far more comfortable with the fact that data can be changed and they have absolute trust in the people maintaining the data. Mr. Wurtz said that if the Committee had such trust, the Committee would not be having this conversation. Ms. Piazza agreed that microfilm is better than something that is digitized. Mr. Wurtz said that DVRA has done its diligence to do the best possible with what was available.

- Mr. Burford will prepare an RFI so that when he prepares an RFP, the details of what is needed will be known. Mr. Wurtz expects that some vendors will want to perform a demonstration of their wares. Mr. Burford moved to create an RFI with the possibility of leading to an RFP, seconded by Mr. Horrigan; a vote was taken and all were in favor.
- Mr. Scanlan said that the next meeting is scheduled months from now and asked if a subcommittee should look at this issue in the interim. Mr. Burford asked if the RFI could be sent through electronic mail to the Committee. Ms. Piecuch answered in the affirmative, and added that if an earlier meeting is needed, an emergency meeting will be called.

12. Community of Practice:

- Mr. Wurtz said the Community of Practice is New Hampshire's willingness to work with other states which are less fortunate in funding or technological issues in going forward with an advanced product. DVRA would share NHVRIN, or *NHVRINPlus* in the upcoming future, with a territory or state who wants to participate in the Community of Practice. The initial cost would be on the other state to have conversions of their data. In the autumn, New Hampshire, Rhode Island, and Guam held a summit which was received very well. Almost every day, Rhode Island is continuing to test NHVRIN on its demonstration site to feel comfortable when it comes time to decide what to do, such as any business practices which Rhode Island needs to change since New Hampshire will not change New Hampshire business practices. Remarkably, there has been very little difference in business practice. As of last week, Guam wanted to send \$500,000 to DVRA, but DVRA did not want to take it until there was a contract first. Attorneys for New Hampshire have looked at the inter-governmental agreement but it is not finalized; Guam has looked at it and pretty much accepted the terms proposed. At the beginning of June, Rhode Island received money for its information technology department to complete a full analysis of NHVRIN versus Rhode Island's present vital record application and if it is economically feasible for Rhode Island to go forward with New Hampshire. As of now, because there are no gaps in the business processes, it appears Rhode Island will go forward with New Hampshire. Mr. Wurtz had a conversation with the director of the National Center for Health Statistics, who asked Mr. Wurtz to reach out to Connecticut and Nevada. Connecticut has no death registration system. For the past fortnight, Connecticut has also been testing NHVRIN, similar to what Rhode Island did. Mr. Wurtz and Ms. Cheney met with Connecticut last week, and Connecticut was very favorable to go towards NHVRIN because Connecticut found it to be very intuitive and easy to use. These vital records from other states

have been experimenting with NHVRIN with no training. DVRA purposely did it that way since those individuals are subject matter experts and they will take what they know to see how NHVRIN works for them. The director of the CDC asked Mr. Wurtz to reach out to Connecticut, which he did. The director also asked Mr. Wurtz to re-engage with Nevada because Nevada was very interested in going with NeCOD and may be interested in NHVRIN*Plus*. There are four jurisdictions which were somewhat in play for them to adopt the New Hampshire solution. The director further asked Mr. Wurtz to address the US Virgin Islands, American Samoa, and the Northern Mariana Islands. It is not New Hampshire's position to be a vendor or a software developer, but Mr. Wurtz believes New Hampshire has a level-headed approach to technological automation. Other states can not afford the millions of dollars which vendors will charge them. Mr. Wurtz and Ms. Cheney met with most vendors in Miami last week and those vendors are not going in the direction which New Hampshire is going. New Hampshire decided a few years ago to go with the eighty percent saturation within the electronic medical records world of HL7 and FHIR enhanced applications, which puts New Hampshire on the superhighway to do business in increasingly interoperability with applications. DVRA is building an API, which stands for Application Programming Interface.

- Mr. Bentzler explained that an API permits interface with other systems to push or pull data, and HL7/FHIR level of standard is the standard in the medical records community. Mr. Bentzler further explained that while Mr. Wurtz was in Miami, there was a collaboration of multiple states and multiple vendors, including Michigan, Nevada, Utah, New Hampshire, and a medical records company called Epic. There was a demonstration where the aforementioned parties saw data being moved from one system to another system across different parts of the country. NeCOD was part of that; DVRA could take data and post it into Utah's system using their HL7/FHIR system.
- Mr. Wurtz further explained NeCOD was the face of this initiative which performs data mining and brings a record back to a physician to certify, and that information can be shared back to medical records. In demonstration last week, New Hampshire demonstrated death and Michigan demonstrated birth. Thus when a baby is born and a user starts the registering process, the information in the system with items match items gets pulled into the worksheet, so the information does not have to be retyped. Epic, perhaps the largest medical records vendor, allocated many of its resources and developers to this initiative. For this API, it does not matter if the vendor is Epic or Cerner or someone else; about eighty percent of hospitals are using this API logic with HL7/FHIR standards.

- Mr. Bentzler said there are many security standards which go along with that authentication. Someone may not simply go to a certain API and grab data; there is a trust and authentication which occurs. DVRA spent a lot of time trying to create that trust as part of the process to get it to work.
- Mr. Wurtz added that, as a funeral director, this is a dream come true and a giant leap forward on how things are improved. As a state registrar, this has almost the same effect because the technology will drive DVRA toward better data. It has been proven in New Hampshire and it has been demonstrated to all state and territories last week.

13. CDC-National Implementers Workgroup:

- Mr. Wurtz said because of DVRA's way of thinking, New Hampshire was asked to join the Implementers Workgroup, which was set up by the CDC. This was a selection of five states chosen as innovators of birth and death automation. It is fully funded by the CDC, so New Hampshire bore no travel expenses. The CDC paid for Mr. Wurtz, Ms. Cheney, and the vendor to go to Atlanta with the CDC for three days. They responded to a solicitation from the CDC asking, in the event there was money, how would it be spent. The hot issue now is no longer the Zika virus but opiate addiction. So DVRA wrote and submitted a proposal, thus New Hampshire got a seat at the roundtable of forward-thinking states. If anyone wants to see what was submitted, Mr. Wurtz has copies of it. Other agencies are pulling this information perhaps from the same source but do not realize there are other people out there using the same thing. DVRA has been funded now to put into effect what was submitted. DVRA received word that there will be a contractual arrangement for proof of concept for \$350,000 for that initiative, which relates to understanding the opiate problem. Such tasks including helping a medical examiner report information in a timely fashion, and sharing the information with the CDC so that it has real surveillance value. Information which arrives monthly is not surveillance but rather historical data. While researching the proposal, Mr. Wurtz learned that average national lag between when a person dies and when the CDC receives that statistical information is thirty-five days, whereas New Hampshire does it in two days because of the powerful automation and initiatives in play. This proven record is why New Hampshire was invited to this workgroup. DVRA has built things for New Hampshire, but built in a way which can be adapted to other jurisdictions. The CDC likes New Hampshire because DVRA is sharing its experience.
- Mr. Burford asked who else is in the national implementers workgroup; Mr. Wurtz responded with Florida, California, Utah, Georgia, and New Hampshire.

14. CDC/NCHS/NAPHSIS National Meeting:

- Mr. Wurtz said that at the CDC/NCHS/NAPHSIS national meeting in Miami, the director of the national center announced that NeCOD has been endorsed as the national standard for mobile technology, meaning every state, if they want funding, has to use the mobile app developed in New Hampshire. New Hampshire developed NeCOD, which is now the CDC's application for national deployment; NeCOD is the CDC's product but New Hampshire shares in the credit. NeCOD has both Situational Surveillance and VIEWS2, which is a physician's interactive validation of cause of death and spellcheck. All of these tools and APIs work together to make the death registration process more efficient. Everyone in New Hampshire should be proud of this accomplishment. Mr. Wurtz is proud of his team for pulling it together since it took a lot of work. DVRA is working with the CDC on an initiative to fund fourteen states with the NeCOD application; now the CDC is spending money to get other states on board with NeCOD more quickly. New Hampshire's success has increased from getting Utah on board with NeCOD a month ago to possibly getting fourteen states on board with NeCOD by the end of the year. Further discussion between Mr. Wurtz and the director included what is needed to make NeCOD better. The director offered another opportunity to submit another proposal to upgrade the NeCOD app, which will be HL7/FHIR compliant and work universally.
- Mr. Bentzler continued that NeCOD is built upon a series of micro-services, public and private. NHVRIN*Plus* is built upon the adoption of NeCOD, but further enhanced to have not a full breakdown of services but have a service. The multiple layers within NeCOD were great at first, but that becomes a problem from a maintenance standpoint, whereas NHVRIN*Plus* would get an update without having to take the system down. Maintenance intervals are still needed for NeCOD; NVHRIN is most challenging when it comes to maintenance because NHVRIN must be down for hours to ensure things are working. But when an update occurs with NHVRIN*Plus*, nothing needs to be done to the site.
- Mr. Wurtz continued that DVRA must be doing something right if the CDC continues funding to DVRA. Mr. Wurtz has big expectations for this initiative. DVRA is in a good position technologically and financially. Next week, there is an HL7/FHIR demonstration in Boston. All of the technical people who are writing code in HL7/FHIR are coming to Boston for a four-day symposium on how to adopt and set standards in the health industry. Much of the work that DVRA's vendor has done with NHVRIN*Plus* is being submitted as a vital records standard for the future. The work DVRA is doing will also have a national implication. The HL7/FHIR founder, who comes from Australia, wants to meet

with the New Hampshire group, so Ms. Cheney, Mr. Wurtz, and DVRA's vendor will attend and participate in committee which votes in January to establish the standard of terms as they go forward with HL7/FHIR initiatives. This assures New Hampshire's place on that superhighway. Not many states will go to the demonstration in Boston next week, but Cerner, Epic, and the other big software houses will be there to be part of the adoption of these future standards. New Hampshire may have a small role, but others are utilizing the work that DVRA and its vendor have done. These are exciting times for DVRA.

- Ms. Piecuch stated Mr. Wurtz brought New Hampshire to the national forefront and got the CDC to work with him. Ms. Piecuch said credit should go not only to the whole of DVRA but to Mr. Wurtz for moving that team forward. It was known that NHVRIN was better than what anyone else in the United States had, but Mr. Wurtz pushed New Hampshire even further. As discovered when an RFP was placed years ago, all the vendors who responded could not touch what New Hampshire already had; this is a testament to Mr. Wurtz and DVRA's vendor.

15. Old Business:

- Ms. Bonenfant asked what is the status of the two years of birth records which are not yet in the system; Mr. Wurtz answered that 1949 and 1950 births are being keyed presently, and will be completed by about this time next year. Ms. Bonenfant asked if temporary staff could be hired to perform this function; Mr. Wurtz suggested that perhaps summer help could be hired. Mr. Wurtz asked Mr. Scanlan if a temporary contractor performing data entry could be considered; Mr. Scanlan said that it is something that could be considered.
- Ms. Bonenfant asked if adoption paperwork, VSXs, and VSCrs would ever be computerized because her typewriter is failing and typewriter repairmen are difficult to locate; Mr. Wurtz answered in the affirmative, in that the way NHVRIN*Plus* functions will afford the opportunity for clerks to do that themselves.
- Ms. Piecuch mentioned extending the KFI project to earlier records.
- Ms. Piecuch also mentioned that grant preservation was discussed long ago. Mr. Wurtz said Mr. Doug Teschner originally headed that project before Mr. Manning did so. Ms. Piecuch asked if the grant preservation materials could be dug up since there are many clerks who could use those funds for renovations; Mr. Wurtz answered that what was done at the time could be dusted off, but the difficult part now is that Mr. Teschner was there to do the job back them. Mr. Burford asked why the program was stopped; Ms. Piecuch answered that it her understanding

that funding was the issue. Mr. Wurtz added that twice as much as what was projected was actually spent, then DVRA started exploring the reengineering of NHVRIN and conservatively wanted to save money for that initiative. Mr. Scanlan added the grant preservation project was meant to have a start and an end, and was not meant to be ongoing, but the good thing that came out of it was that any town that received funds had to develop a plan for local records preservation. Mr. Burford said that project had a big effect and is needed. Mr. Wurtz added that DVRA hired people to perform an assessment of the towns. Mr. Wurtz does not believe that his staff could successfully absorb that into their workload. Mr. Burford speculated if Mr. Teschner might still be available. Ms. Piecuch would like to learn what used to be done, what the protocols were earlier, who must be hired, and what assessment needs to be done. Mr. Burford asked who would be in the process of exploring that; Ms. Piecuch said that it would be up to Mr. Wurtz to find out where the information currently sits, whereas Mr. Wurtz suggested Mr. Burford should do this. Mr. Burford believes the paperwork might still be in Mr. Manning's office. Mr. Scanlan said that he would be meeting with Mr. Teschner shortly, so Mr. Scanlan can ask what Mr. Teschner's thoughts are about this. Mr. Burford said there may be a problem because when Mr. Teschner left the Department of State, Mr. Teschner returned to the Peace Corps as a country leader. Mr. Wurtz said the grant preservation project made everyone who was assisted feel good. Mr. Burford added that he still hears about it.

16. Next meeting & adjournment:

- Ms. Piecuch said the next meeting is scheduled for Friday November 30.
- Mr. Burford moved to adjourn, and Mr. Rainier second; a vote was taken and all were in favor. Meeting adjourned at 11:31.