

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

To The New Hampshire Department of State

- MINUTES -

Thursday

May 9, 2019

-MINUTES-

Vital Records Improvement Fund Advisory Committee Meeting

May 9, 2019

Archives & Records Building
2nd Floor Conference Room
9 Ratification Way
Concord, New Hampshire 03301-2455

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
Nicole Bottai, Windham Town 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
Jennie V. Duval, MD, Medical Examiner Appointment
David Laflamme, Data User, DHHS Appointment
Bruce Riddle, Data User, DHHS Appointment

COMMITTEE MEMBERS EXCUSED:

Janice Bonenfant, Concord City Clerk, NHC&TC Association Appointment
Ashley Conley, Municipal Data User, DHHS Appointment
Peter Morin, Funeral Director Association Appointment
Denis Goulet, OIT CIO Appointment

GUESTS:

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

1. Call to Order:

- Ms. Tricia Piecuch called the meeting to order at 09:30 with a quorum present.

2. Approval of minutes:

- Ms. Piecuch asked the Committee to review the minutes of the November 30, 2018, meeting. Mr. Brian Burford made a motion to approve the minutes of the meeting of November 30, 2018, seconded by Dr. Bruce Riddle; a vote was taken and all were in favor.
- Mr. Todd Rainier arrived at 09:31.

3. IT Update:

- Mr. Christopher Bentzler said there have been four updates to NHVRIN since the previous meeting, primarily changes relating to marriage legislation, printing an Affidavit of Paternity form, and the address of the Archives & Records Building. Ms. Piecuch pointed to a handout, attached to the agenda, which detailed some of the IT updates.
- Mr. Bentzler said, for the Windows 10 upgrade for personal computers in the town offices, his group procured an additional fifty devices, fifteen of which are deployed and the rest will be deployed after coordinating this effort with the towns. Generally, Mr. Bentzler's group does not have to go out to a town office for the set-up process. There are still some towns where machines with Windows 7 are quite prevalent.
- Ms. Piecuch asked if any of the updates involved include the generational identifiers in the Legally Known As names in the marriage module; Mr. Stephen Wurtz answered that a Change Request regarding that issue was submitted. Ms. Piecuch added that it is important in light of Real ID and her city is working on two marriages affected by that issue.
- Mr. Bentzler said that DVRA is testing *NHVRINPlus* and a new release, which contains the integration piece with NHVRIN, was received yesterday. Going forward, the first phase of *NHVRINPlus* will be the administrative and death modules, so NHVRIN will be used for the other modules. But when any user, regardless of user type, logs in, the user will be going to *NHVRINPlus* first; when a user then goes into a vital event module other than death, it will bring the user

into NHVRIN until that time when that vital event module is migrated to NHVRIN*Plus* so there will be a transitional time when this will occur. Logging into NHVRIN*Plus* will not require a separate log on to NHVRIN. There are still defects which DVRA continues to resolve to ensure that the NHVRIN*Plus* death module is complete and functioning as though it would be in the NHVRIN system. The NHVRIN*Plus* administrative module is new as it gives DVRA more control over the log in process and the management of what a user may or may not see within the application. A big feature is the password reset utility built into the application so that a user can answer a series of security questions and reset one's own password without having to contact DVRA. Another new feature is how users are added into the system where a user receives an electronic mail message when that user's NHVRIN*Plus* account is set up directly from the system. DVRA is supposed to receive another build prior to what will be considered the production-ready build of NHVRIN*Plus* which should have all the final defects resolved. Then a scheduled release of NHVRIN*Plus* into production, but when that occurs, NHVRIN will have some down time because the back-end data and administrative pieces will need to be migrated from Oracle into SQL. How long this down time will last has not yet been determined because a dry-run in the development environment needs to occur to discover how long this will take; notifications will go out ahead of time.

- Mr. Wurtz asked if this down time will be during work hours or after work hours; Mr. Bentzler answered that it still has not been decided yet. Ms. Piecuch asked if this would take a couple of hours or a whole day; Mr. Bentzler anticipates at least a day of down time. Ms. Catherine Cheney suggested that Friday might work best for the clerks; Ms. Piecuch answered in the negative. Mr. Rainier added that Mondays and Fridays tend to be the busy days in his office. Mr. Bentzler said the scheduled down time might begin Friday at the end of the work day and end on Monday morning. Ms. Piecuch had no objection if this scheduled down time was during the day so long as the clerks have plenty of advance notice so that the clerks may post it in their offices. Mr. Wurtz asked if down time will affect NeCOD; Mr. Bentzler responded in the affirmative.
- Ms. Cheney said that there are trusted partners who will test NHVRIN*Plus* before it goes into production. If NHVRIN*Plus* does not appear to be ready, the release date will be rolled back.
- Mr. Timothy Horrigan said weekends are busy for marriages and asked if deaths happen on any particular day of the week; Mr. Christopher Wilder responded in the negative and added funeral directors often request certified copies of death records on Mondays. Mr. Wilder also said that for deaths which occur in the

second half of the week, funeral directors are working through the weekend to get services ready for the first half of the following week and that paperwork is necessary to get it done, especially if there are emergency burials or religious qualification burials.

- Mr. Wurtz said that DVRA has created new comprehensive applications in the past, but has not done it for fifteen years. Proper notifications must still be issued to users. So much down time for an application has not happened for DVRA for fifteen years because of the migration of data, which is unfortunate but necessary as DVRA minimizes the impact as much as possible. Ms. Piecuch added that town/city clerks are used to down time since the Division of Motor Vehicles has taken systems down to migrate data, but town/city clerks can plan accordingly if they have proper notice. Mr. Wurtz said there are about a dozen town/city clerks who are open on Saturdays, so they might be impacted, but DVRA will do its best to minimize the impact for everybody.
- Ms. Piecuch said Ms. Cheney and Mr. Nicholl Marshall both presented at a regional clerks meeting yesterday and Ms. Piecuch would like to mention an issue which was raised there. Ms. Piecuch said that when a new user applies for access in *NHVRINPlus*, the new user's supervisor will be notified. Mr. Bentzler confirmed that was Ms. Piecuch said was correct, stating that the supervisor will receive a notification e-mail stating that a new user, going by a certain name, is now a new user of *NHVRINPlus*. Ms. Piecuch said that she did not understand how that would apply to a funeral director; Mr. Bentzler responded that each user type is different. Ms. Piecuch said that a town clerk is not going to have an approval because a town clerk is an elected official; Mr. Bentzler acknowledged that this was correct. Mr. Wurtz added that a town clerk is easy to confirm because if DVRA needs to validate something is true, DVRA can contact the town. But this new procedure is for when an office staffer is seeking access to *NHVRINPlus*. About ninety percent of the time, DVRA is notified by a town clerk to add an office staffer to *NHVRIN* access, so this new procedure will be in reverse. Through the authentication and security put in place by DVRA, someone is unable accidentally to apply to *NHVRIN* access and DVRA unable to vet if that someone is real. Mr. Bentzler said that within *NHVRINPlus*, there will be an option on the log-on screen which says apply for access, which will provide a form that can be printed. Ms. Cheney added that this will not automate the sign-up. Ms. Piecuch asked if current *NHVRIN* users must undergo an identification check; Mr. Bentzler and Ms. Cheney answered in the negative. Ms. Cheney said that one of the benefits of the new *NHVRINPlus* system is that DVRA can set expiration dates, so that a notice will be sent thirty days ahead of time.

- Mr. Rainier said that, for the elections database, town clerks must present their oaths of office, and if a town clerk appoints a deputy town clerk, the deputy town clerk's term runs contiguous with the town clerk's term. When a town clerk's term ends, that town clerk no longer has NHVRIN access, so the town clerk must present a new oath of office. Mr. Rainier asked if this complicates matters; Ms. Cheney answered the DVRA has a good relationship with most of the town/city clerks, so if a town clerk is reelected, the reelected town clerk can call DVRA, whereupon DVRA will extend the expiration date. Mr. Bentzler said that part of the design of the administrative module was based on the infrastructure of how HAVA performs their administrative functions.
- Mr. Wilder asked how that would work for funeral directors and physicians no longer practicing; Ms. Cheney answered that funeral directors have a two year license by law, so DVRA would put an expiration date for a funeral director's NHVRIN*Plus* account two years into the future. When a funeral director receives a notice that the NHVRIN*Plus* account is about to expire, the funeral director will know to contact DVRA. Mr. Bentzler added that as an expiration date approaches, the user will receive a sixty-day notice, then a thirty-day notice that the NHVRIN*Plus* account is about to expire, and the user should contact DVRA. Mr. Wilder asked if this means that, at the expiration date, the NHVRIN*Plus* account goes into inactive status; Ms. Cheney answered in the affirmative. Mr. Bentzler added that the account never goes away, but the user would not be able to log on after the expiration date.
- Ms. Piecuch asked if a physician applying for a NHVRIN*Plus* account must also provide his/her license number; Ms. Cheney answered in the affirmative, and Mr. Wurtz added that DVRA already validates that against the Board of Medicine's data. Ms. Piecuch asked if this opens NHVRIN*Plus* to risk if someone will be familiar with the website; Mr. Bentzler responded that NHVRIN is out there now. Mr. Bentzler also said that the application to NHVRIN*Plus* access is just a form. It is not a fillable form completed online and submitted to NHVRIN*Plus*, but it is something which is printed and DVRA must vet once the form is faxed or e-mailed.
- Mr. David Scanlan arrived at 09:53.
- Ms. Piecuch asked when NHVRIN*Plus* will be tested; Ms. Cheney answered that a new release is coming soon and DVRA will meet with the vendor tomorrow morning, then DVRA will test it and then the trusted partners will get NHVRIN*Plus* accounts so that the trusted partners may test it. It is still uncertain if this will occur next week or on the week after that.

- Ms. Piecuch explained that Ms. Cheney had reached out to three city clerks and three town clerks, as well as funeral directors, asking them to test the death module of NHVRIN*Plus* to see if everything is there. Mr. Wurtz added that there will probably be a WebEx introduction to walk the testers through the process, then release it to the testers to stress it.
- Ms. Cheney said that NeCOD has been working in production pretty flawlessly. DVRA recently made a presentation to the staff of the Office of the Chief Medical Examiner and told them about the upcoming NeCOD security. DVRA is working with the vendor on a Memorandum of Agreement to implement NeCOD in other states. After the attorneys examine it, DVRA will present Memoranda of Understanding to other states in the Community of Practice with whom DVRA intends to partner.
- Dr. Riddle asked that when a death file is sent, will there be a variable which indicates if NeCOD was involved in completing a particular death record; Ms. Cheney answered that it exists now. Mr. Wurtz added that it is important to know how information gets input, and the CDC likes to know which records are entered electronically to check if VIEWS2 is functioning correctly. Ms. Cheney said that the vendor will include which devices, such as a state device, an iPad, or a phone, are used to collect data on a record so that security can be tight.
- Ms. Nicole Bottai arrived at 10:00.
- Ms. Piecuch asked if the Memorandum of Understanding with the state Department of Health & Human Services will need to be modified; Mr. Wurtz answered that the MOU is being reviewed now. Mr. Wurtz added that he met with Mr. Jeff Silver and another person from the state DHHS to tell them of the changes and modifications needed so that DHHS will continue to have access to DVRA's data.
- Dr. Jennie Duval asked if it matters if death certification occurs through NeCOD versus NHVRIN; Ms. Cheney answered that the data is unaffected and DVRA is trying to offer the best solution to users based on what a user may prefer. Dr. Duval mentioned that if she wants to type anything lengthy, she prefers to be at a desktop computer; Ms. Cheney said that although the members of DVRA are NeCOD cheerleaders, DVRA will not force one electronic method over another electronic method. The law simply states that death records shall be filed electronically, so DVRA just wants to make it as easy as possible. Mr. Wurtz said that one issue which DVRA examines is that if there is a problem, which device or tool caused the problem.

4. Budget:

- Mr. Scanlan indicated that the budget could be found on the last page of the agenda. However, the printed budget does not include row headings on the left-most column. There are no significant changes in the budget. There is a reduction in money spent on the information technology projects.
- Mr. Wurtz said that DVRA constantly looks at what is spent. Fortunately, many of the innovations DVRA has been performing lately have been supplemented by monies collected by the CDC.
- Mr. Scanlan said the balance seems to be steady at just over \$3 million.
- Ms. Piecuch asked if it is known how much all the expenditures for *NHVRINPlus* will be because there are other matters of interest for the Fund, such as preservation grants. Ms. Cheney presented her estimates, which begin with a Fund balance at the start of 2019 of \$3.1 million, and the upcoming birth module will \$1.1 million, which will be spread over this year and next year. Ms. Cheney will give a copy of her estimates to Mr. Scanlan. Ms. Cheney projected cost estimates out to 2025, and based on \$1 million of annual fees for vital records and amendments, Ms. Cheney estimates the balance of the Fund at 2025, after payment until 2022 for all the modules of *NHVRINPlus*, to be just over \$0.6 million.
- Ms. Piecuch asked what the death module of *NHVRINPlus* cost; Ms. Cheney answered that the death module cost \$1.7 million and the security module cost \$0.5 million. Mr. Wurtz said a big concern is affording what is about to be done, so Ms. Cheney has kept DVRA aware of finances and the projections. The Fund should be in good shape through the completion of *NHVRINPlus* and then a significant surplus will be built again as long as no other large projects is undertaken. The CDC may provide funds to offsets DVRA's expenses, but DVRA is not going down a path to discover that there is not enough money.
- Ms. Piecuch said some town/city clerks have looked at the Committee's previous minutes and asked Ms. Piecuch about preservation grants being offered. But Ms. Piecuch said that upgrading the system is more important at this point in time. Ms. Cheney asked how much the preservation project might cost; Ms. Piecuch answered that last time it cost over \$1 million.
- Mr. Burford moved to approve to budget as presented and Mr. Rainier seconded. A vote was taken and all were in favor.

- Mr. Wurtz said that he attended a meeting of the National Center for Health Statistics last week and there were representatives from ten other states with whom Mr. Wurtz interacted. Other states were surprised that the fees for New Hampshire certified copies of vital records were so low. Although it has been a long time since there was an increase of such a fee in New Hampshire, Mr. Wurtz is not suggesting that there should be an increase. But fifteen dollars for a certified copy of a vital record is becoming very reasonable, while other states taking on automation projects had to increase their fees for certified copies of vital records.
- Ms. Piecuch said she has heard a lot of people complain that the decedent's Social Security number is on a certified copy of a death certificate; Mr. Wurtz answered that if the Social Security number was removed from a certified copy of a death certificate, he would hear more complaints because it is part of an identification package to which society has become accustomed.

5. City/Town Clerk Toner Cartridges:

- Ms. Piecuch has had conversations with several people previously regarding this topic. The state appears to be wasting money on recycled toner cartridges because they are essentially junk. Ms. Piecuch's office has one printer which went through five cartridges, which were junk and unusable, until finding a sixth cartridge good enough to use for that machine. Ms. Piecuch's concern is that the state has a contract. If the Secretary of State's office is ordering something, then that is one thing, but the monies used are monies given by cities and towns to the state to purchase what is needed out of this Fund, especially larger municipalities as Nashua orders two thousand sheets of safety paper at a time, which are exhausted quickly. Ms. Piecuch is tempted to buy non-recycled cartridges and then bill the Fund. The Nashua City Clerk gave \$88,879 to the State in 2018, and \$31,189 to the State during 2019 so far, but she is frustrated when she must print vital records, finding a cartridge is not working, so she must find another cartridge to reprint the record. The Nashua City Clerk often prints death certificates in bulk, as opposed to birth certificates being printed only one or two at a time. When a vital record is printed with a recycled toner cartridge, the printed certificate is garbage, must be voided, and then reprinted. This is a waste of safety paper. Also, it is a certificate of a vital event used for official purposes. Ms. Piecuch believes that all municipalities, especially the large municipalities, have genuine unrecycled cartridges. Ms. Piecuch is aware that Mr. Bentzler has started testing them and found the ones they still had in stock were garbage, but unfortunately the State could not send them back to get a refund.

- Mr. Wurtz asked if it is known for a fact that the State could not get a refund; Mr. Bentzler answered that the State orders a bulk amount and the cartridges which were tested in April were from October, so there is a limited turnout time in the warrantee.
- Mr. Wurtz said that Ms. Piecuch reminds him of this frustration constantly. Mr. Wurtz also said that there is a statute addressing the State purchasing recycled cartridges. But DVRA has also been quick about changing a vendor when there is a problem. Mr. Wurtz asked if DVRA is using the same vendor with whom Ms. Piecuch is having a problem; Mr. Bentzler answered he must check with Ms. Paula Penney to ensure if it is the same exact one, although Mr. Bentzler believes it is the same vendor but a different batch. One batch is from October 2018, and a new batch is from April 2019, but the trouble is toner cartridges from the October 2018 batch are still being sent out because one does not want those toner cartridges to sit around. But because there have been so many issues with that batch, the cartridges from that batch are taken out and tested. Mr. Wurtz added that an opened cartridge is unable to be restored to its original state because once that tab is pulled, the toner is allowed down to the rollers, and if the cartridge is shaken during transit, the cartridge can become a mess wherever it goes.
- Ms. Cheney speculated if DVRA could return this batch, at least the unopened cartridges because the vendor must have some statistics that this is a bad batch. Mr. Rainier asked what the contract with this particular vendor is; Ms. Piecuch answered that there is no contract, but the cartridges were ordered through Amazon.
- Mr. Scanlan asked if Mr. Horrigan had any ideas for sponsoring a bill for the next legislative session.
- Ms. Piecuch said money is going to this Fund, which is not a state office although the Secretary of State oversees it. But money is coming from the town/city clerks to fund this account to fund items needed so that vital records stakeholders may perform their jobs. Ms. Piecuch does not understand why this Fund would fall under that state law.
- Mr. Wurtz said he understands the need to recycle cartridges because it is the right thing to do. But when legal documents are printed, there needs to be another tier. Mr. Wurtz has not heard of this lately, but a bad batch could be part of the fusing which allows the ink to stick to paper. Vital records stakeholders must understand what the directive is with this legislation and make a determination if it is worth it.

- Mr. Wilder suggested that one printer be set aside for legal documents and other printers use recycled toner cartridges; Mr. Wurtz responded that the Division of Motor Vehicles wrestled with this too. Motor Vehicles used to use MICR toner cartridges, which are of a quality for printing legal documents such as titles, but they are very expensive. The advantage for Motor Vehicles is that their printers are set up to print only Motor Vehicle items, whereas DVRA printers are generally used within the office, so if DVRA distributed cartridges like MICR cartridges to the town/city clerks, Mr. Wurtz would not want a town to print dog licenses with this expensive cartridge; Ms. Piecuch concurs. Mr. Wilder said his previous funeral home had two printers: one printed checks and certain things using one of those toner cartridges and the other printer used a standard recycled toner cartridge. If a DVRA printer used for a specific purpose could be established, in other words one MICR cartridge versus five or six recycled cartridges, this could be worthwhile over time. Mr. Bentzler added that there exist generic MICR cartridges also. Switching from a regular recycled toner cartridge to a MICR recycled toner cartridge means a higher cost. Ms. Piecuch said that cartridges now cost more than printers.
- Dr. Riddle said Hewlett-Packard makes most of its money in its printer division off of the cartridges and not the printers. It is similar with Epson. Mr. Rainier added that it is probably similar with Lexmark based on what he has seen for his DMV-issued printers. Mr. Rainier has tried recycled cartridges. Mr. Rainier believes that once a cartridge is recycled, it can not be recycled again. Mr. Rainier does not know what percentage of recycled cartridges are bad ones, but asks if anything is helped if recycled cartridges are used, as he had gone through two or three cartridges before finding a good one.
- Ms. Piecuch said she does not see how the Fund would fall under this rule as the Department of State manages the Fund, and asked Mr. Scanlan for ideas; Mr. Scanlan said he had asked about it and his understanding is different from that of Ms. Piecuch. Mr. Scanlan said the Fund is created in statute and the Committee is the purchasing agency, so the way to address this would be to create legislation which would exempt DVRA cartridges from having to be recycled. Mr. Bentzler claimed that the rule in question is an executive order, but he does not know the number. Ms. Piecuch asked for that number so that she could get the New Hampshire City & Town Clerks Association working on it.
- Mr. Scanlan asked if this same problem was happening in the state Department of Health & Human Services; Dr. David Laflamme answered that is not happening as far as he is aware.
- Mr. Horrigan will investigate if this rule is a law or an executive order.

6. Situational Surveillance:

- Dr. Laflamme said that he is still collecting data from the Situational Surveillance questions and that the data is very useful for both hospitals and public health overall.
- Mr. Wurtz asked if there was any movement in making the questions now in the Situational Surveillance feature permanent on the birth record; Dr. Laflamme answered in the negative.

7. CDC National Implementers Workgroup:

- Ms. Cheney said that DVRA is past the planning stage and DVRA is implementing, with other communities, what is known as FHIR, which stands for Fast Health Interoperability Resources, and working with other communities on how all communities will exchange information. New Hampshire's application for CDC funding involved bi-directional transfers in STEVE, which is one of the most important things DVRA wanted to achieve. DVRA also wants to know how to help the OCME perform their case management reporting. So in future, when the OCME enters a death record, it would move through an API with FHIR those fields which are germane to the case management system so that there is no re-keying of information. Ms. Cheney went to the OCME to see how cases are handled there. So if there is an event during a weekend, the death is telephoned to the office and put on an answering machine. The message is received and placed into a log. The case management process is started by entering a case management number into the system. Once the ADMEs in the field get their information in the FTP site, they fill in the fields currently in the OCME package. There are some downfalls with the OCME package used now; it is not designed for case management. DVRA wishes not to replace the current case management system, but to find something that could work with that. Dr. Duval said she has no problem with replacing the current case management system.
- Ms. Cheney and Mr. Wurtz went to Atlanta and met with the Georgia Tech Research Institute (GTRI) and with vendors and other states. DVRA's vendor, CNSI, was there with NeCOD, and CNSI made changes right there to their code for NeCOD to implement what is called Profiling, which is an API. NeCOD was working with the Veterans Administration to pick up actual medical information. VitalChek was implementing API technology and FHIR technology right into their systems. This technology is moving fast and will save DVRA money in the long run.

- Ms. Cheney and Mr. Wurtz are now part of the balloting for standards, which is important as New Hampshire is the standard setter. New Hampshire will be using the Beta-release or Version 4 of FHIR Implementation for death reporting, which is part of what case management is, and mortality and morbidity updating. Although it sounds complicated, New Hampshire is not trying to reinvent these things, because it would consume more time and money, and it would not take New Hampshire into the future. For example, if New Hampshire wanted to pick up death events from the Veterans Administration but New Hampshire's apps were not FHIR-enabled, New Hampshire would not be able to pick up that medical information. And by working with other communities creating birth records, birth mothers will be able to enter information right into the birth module.
- Ms. Cheney and Mr. Wurtz are going to Development Days in June working with Apple and others with health apps. New Hampshire wants to ensure that it is not going on its own path, but rather industry-standard things all encoded with 256-bit encryption.
- Mr. Wurtz said that one disadvantage of being New Hampshire up until just recently is that New Hampshire is unable to look to someone else to learn how someone else succeeded or what is the standard, because New Hampshire created its own standard. This HL7 committee, of which New Hampshire is a member, had the balloting, which means everyone in HL7 when it comes to mortality, had an opportunity to submit the way these data elements are displayed. New Hampshire submitted what New Hampshire had, and other vendors submitted what they had. Mr. Wurtz reports that New Hampshire is going on the direction New Hampshire needed to be, so the standard for New Hampshire is now the standard for the industry. This just happened last week because Mr. Wurtz was notified the balloting accepted and approved what New Hampshire submitted.
- Ms. Cheney has a list of implementer communities recognized by the CDC, and New Hampshire is the leader of the pack, as New Hampshire set the standard on the HL7 balloting. For communities outside of this area, New Hampshire has special permission to help them get at least NeCOD. Mr. Wurtz added not only did the CDC give New Hampshire the authority to do that, the CDC funded New Hampshire to be able to continue this initiative without costing the State of New Hampshire. DVRA is not collecting money from the citizens of New Hampshire to spend it elsewhere.
- Ms. Picuch asked if there are any other New England states on Ms. Cheney's list; Ms. Cheney replied in the negative. Ms. Cheney said California, Florida, Georgia, Michigan, New Hampshire, and New York are considered the six core

states; additionally there are also DC, Iowa, Indiana, Kansas, Louisiana, Maryland, Mississippi, New Mexico, and Utah. New Hampshire is still working on a deal with Rhode Island. Guam wants to work with New Hampshire. Nevada, one of the community states, is very interested in partnering with New Hampshire. If New Hampshire does help another state, it will be from money the CDC gave to New Hampshire, not from the Fund.

- Ms. Picuch said the Committee should be proud of Ms. Cheney and Mr. Wurtz and DVRA as they continued to lead in the right direction.

8. Digital Preservation:

- Mr. Burford said technically this is not “digital preservation” because digital information is not being preserved but analog data is being preserved. Mr. Burford, along with Ms. Cheney and several Committee members, had worked on implementing an archive writer RFP, which was issued on February 15. Mr. Burford identified eight potential vendors for this kind of device, which takes a digital record and creates a microfilm image of it. The proposals were due on March 22. Mr. Burford received two proposals from the eight previously mentioned vendors, which was a little disappointing for Mr. Burford. One was a company called Analogue Imaging, and the other company was called Indus. Mr. Burford gathered a different evaluation committee to evaluate and to rate the two proposals. This evaluation committee met on two different occasions. On the back of the Analogue Imaging proposal, there is a matrix which analyzes and rates aspects of the two different proposals. Analogue Imaging, listed as “SMA” on the matrix, had a score of 94, whereas Indus had a score of 87. Both vendors were asked to submit an example of the microfilm which is created, and there was a world of difference between the two microfilm samples. One was very pixelated and one was crystal clear. The vendor which produced a crystal clear sample had a 94 score. Both vendors were notified of the evaluation committee’s decision on April 26. Presently, the final papers for the purchase of the SMA device to be sold by Analogue Imaging are being drawn up. Mr. Burford’s only disappointment on the proposal was the cost of annual maintenance, which involves a technician being sent from Wisconsin once per year to go over the device. A reduction on the price was obtained for two reasons. One reason was that Mr. Burford told the vendor that the contract would be for multiple years. The second reason is that the Archives Division already owns another SMA device, so the maintenance program for both devices, one archive writer and one scanner, would be performed by the same company.
- Mr. Rainier said it appears that the proposal mentions two camera heads; Mr. Burford confirmed that understanding. Camera heads would be swapped

depending on the size of the film created. If it is an elaborate document being captured, a larger film would be required so it keeps the clarity. One camera head would be for a 16 millimeter film, and the other camera head for a 35 millimeter film.

- Mr. Rainier asked how is “lifetime” defined; Mr. Burford answered it means until the machine breaks and it is no longer repairable. The vendor told Mr. Burford that the vendor is still maintaining devices which are 20-25 years old. Having seen the device which the Archives Division already has from SMA, which is a quality machine, the proposed machine will last a long time with routine maintenance. Mr. Rainier said it was comforting to know New Hampshire already has a relationship with this vendor.
- Mr. Horrigan asked what is the older device which the Archives Division had acquired from this vendor; Mr. Burford answered that it is a flatbed scanner which is about the size of the table where Mr. Burford is sitting.
- Ms. Piecuch asked when Mr. Burford will have this product; Mr. Burford answered that he expects it within the next month, and there is already a place for it.

9. Mortality Surveillance Agent:

- Mr. Wilder said that 26 hospitals were identified at the beginning of the project. Mr. Wilder has been to ten of those locations. Mr. Wilder has three more site visits coming up in the next fortnight, and has another three site visits in the process of being scheduled. This does not include the smaller clinics with which Mr. Wilder has spoken on the telephone or has gone to their location. Ms. Heather Bentley has seen a strong uptick in registrations from these site visits where physicians are at least getting registered. Some physicians who had always used paper to certify deaths have switched to NeCOD immediately because the physician is not called back to the hospital or have to leave one’s house to certify. Mr. Wilder has received many valuable questions and input which he has brought back to Ms. Cheney, Mr. Bentzler, and Mr. Wurtz. NeCOD has received strong acceptance as death certifiers realize it is a valued upgrade. Many people are surprised that there is an RSA which requires that deaths be certified electronically, so these site visits have been very informative. Although Mr. Wilder is trying to schedule a site visit for Dartmouth Hitchcock Medical Center in Lebanon, he has visited a number of its satellite hospitals already, and worked with the same people who will represent Dartmouth Hitchcock Medical Center in Lebanon, so they know what is coming.

- Ms. Piecuch asked if Mr. Wilder has received any pushback from any of the hospitals; Mr. Wilder said he has not really received any pushback from the hospitals, but the scheduling part has been extremely lengthy, which has been surprising to Mr. Wilder. Mr. Wilder has been trying to get to these meetings a facility's department heads, such as the CEO, CMO, CNO, CIO, down to Nurse Practitioners and practice managers. But once they are assembled, they recognize immediately the value of NeCOD as well as the importance of getting everyone registered for NHVRIN. One of the bigger question in getting their policies and procedures upgraded and updated to reflect electronic registration is when a funeral director is notified there is a death and that funeral director goes to the floor or to the morgue. If a funeral director goes to the floor, the funeral director receives the dead body as well as a paper death certificate. But if it is an electronic record, there is no piece of paper. If the body goes to the morgue, that paper copy follows through to the death care coordinator or it goes to the morgue itself, and there is a specific protocol on releasing the body to a funeral home which includes handing over that piece of paper. If they are searching for a piece of paper which does not exist, there is a policy and procedure in a hospital being able to work around that new policy change and how it affects the entire organization when a policy addresses paper death certificates. Mr. Wilder has returned to four different locations for a second site visit and he has another second site visit at the beginning of next month. These second site visits are to have focused training with selected groups in a hospital to go over NeCOD again.
- Ms. Piecuch asked if the funeral directors will be aware that as NeCOD usage expands that they will not receive that paper copy; Mr. Wilder answered that funeral directors have been well aware of a lack of a paper copy because of DVRA bringing NeCOD to the OCME. Funeral directors are perhaps more excited about this. The reason for this is it takes the funeral director out of the responsibility loop of trying to disseminate what is on a death certificate, trying to read a doctor's handwriting, figuring out abbreviations which should not be there, or taking a paper copy back to an office because a physician did not fill out certain sections of it. These issues create big burdens from a funeral director's standpoint. This change allows funeral directors to focus on the demographics and information for which funeral directors are the responsible parties.
- Dr. Riddle said he spends a lot of time reading death certificates, and he has developed a deep ambivalence about the APRNs and the PAs because they do not do good work. Dr. Riddle asked when Mr. Wilder will go after them; Mr. Wilder said he is going after them because they are in the facilities to which Mr. Wilder visits. Surprisingly from Mr. Wilder's perspective, he gets a better response from the APRNs than from some of the physicians because some physicians believe

that their job is done and does not have to worry about it anymore. In the fifteen years that Mr. Wilder has been a funeral director, the biggest problem has been being able to understand what is put on a record or find missing information and going back to the facilities to track down that data.

- Dr. Riddle said that eighty percent of New Hampshire deaths are no longer in hospitals; Mr. Wilder believe that the correct amount is between seventy and eighty percent. Dr. Riddle said he sees many decedents who die at home and the certifier said that he/she signed the death certificate as a courtesy and that the decedent was not a patient of that certifier. Dr. Riddle is hoping that NeCOD will tighten this up a little bit. But Dr. Riddle wants to reach the APRNs at nursing homes and hospices and the PAs to get them to do better work. Mr. Wilder answered that as he goes through the hospitals, he will visit smaller clinic-type family practices. Mr. Wilder will also look at the county nursing homes and hospice organizations. Many times, he does seek the medical director for a nursing home or hospice organization to be a signer. In the county where Mr. Wilder works as a funeral director, both are associated to local hospital as well, so it is easy to track them down to get certifications done. Mr. Wilder has not had much difficulty signing a death record with cases which come from hospice or off-site locations percentage-wise. In such cases, often the certifier is away on sabbatical or the certifier just received that patient and family claims the decedent's primary physician was someone whom the decedent had not seen in a decade. In Mr. Wilder's experience, it has been a fairly easy process better than ninety percent of the time to find a person to sign it. There are many hospitals, clinics and hospice organizations to visit, and the initial statistics focused on which institutions will have the most impact, and Mr. Wilder focused on those hospitals first. The hospitals which have only 20 or 25 deaths per year, such as Androscoggin Valley Hospital, will be visited later. Dartmouth Hitchcock Medical Center is a big facility and Mr. Wilder will be going to them next after Dartmouth Hitchcock Medical Center sees that Mr. Wilder is already visiting their satellites
- Dr. Duval asked if Dr. Riddle means the quality of the cause of death on the death certificate; Dr. Riddle answered that he does mean quality of the cause of death. Dr. Duval said this is a battle which has been waged for a long time; Dr. Riddle realizes that this is a national battle and will only be solved when a President takes it on because so much national policy is driven by death certificates. Society is stupid for not taking this more seriously. Mr. Wilder answered that sometimes there is the question if something other than known conditions caused a death without an autopsy. Dr. Riddle would like to have more autopsies. According to historical data about fifteen to twenty percent of all deaths were

autopsied, but they were done at hospitals as a matter of practice. Now many hospitals have not done autopsies in a decade. Autopsies are the quality control mechanism at hospitals. Sometimes, Dr. Riddle will find a death certificate which says the decedent died of cancer, then he follows up with the certifier, and the certifier claims the decedent never had cancer. Dr. Riddle has also found a female who died of prostate cancer and a male who died of ovarian cancer. Dr. Riddle said that he should not see that anymore if NeCOD works the way it is designed. New Hampshire is a tiny state, but New Hampshire is doing things that New York and Texas can not do.

- Ms. Piecuch said the death worm will be an important issue.
- Mr. Horrigan said there may be a different answer to cause of death based on the length of the doctor-patient relationship. Mr. Wilder acknowledged that is a huge problem in the United States because of the fluidity of the doctors, and one does not get that patient-physician relationship anymore. Dr. Riddle added that he knows of certifiers who claimed “Patient not mine – only signed as a courtesy” and never saw the patient.
- Mr. Wurtz added that at the meeting he attended last week, they spent an hour discussing these issues, although they could have spent a week. There is no true training or educational component in the medical schools to give a physician the tools to do this particular job. It is an issue nationally. Mr. Wurtz’s pitch to the CDC was that the CDC needs to spend a day at each medical school and train students on cause of death. One day of training may not be enough, but it is one more day of training than they are getting now. Mr. Wilder added that an entire class could be focuses on death certificate registration.
- Dr. Duval said it could tie in with CME and licensure. Mr. Wurtz said that idea makes sense, but someone must make it happen. Mr. Wurtz is not convinced that the New Hampshire Medical Society is concerned about this. Mr. Wilder said that they do not want to tie anything to filling out a death certificate electronically. Mr. Wurtz senses a lack of participation of the New Hampshire Medical Society, but Mr. Wurtz has also heard that many other jurisdictions are having the same problem. Mr. Wurtz talked about some of these issues with the cancer registry person of the CDC, who said that DVRA needs to query those doctors, but Mr. Wurtz said that the CDC cancer registry person, given her title and expertise, needs to query those doctors. Mr. Wilder said there were many times when a physician questioned Mr. Wilder what to write on the death certificate for cause of death.

- Dr. Riddle said his supervisor is conducting a study on how death certificates are filled out, consisting of panels of physicians and a tiny bit of money. There have been five or six sessions, where people have told a lot of stories. Part of his supervisor's effort is to get that into the Geisel School of Medicine curriculum, but it is like using a teaspoon to move a mountain. Dr. Thomas Andrew has participated in a couple of these sessions. Some families state that they do not want a certifier to put a particular cause of death on a death certificate. Ms. Piecuch heard that same request as a clerk when a customer purchases a death certificate and the customer does not want a particular cause of death listed on it. Mr. Wurtz said that he has been threatened to be sued because he did not put a cause of death on a death certificate and refuses to take it off, so he directs the customer to talk to the family physician who put it on the death certificate, but the customer says the family physician will not do anything about it.
- Mr. Wilder said one of his selling points is an example of someone dying in Glencliff in northern New Hampshire, but the funeral director is in Rochester or Cheshire County, and that funeral director must drive to Glencliff to get the body. The funeral director picks up the death certificate, but one is unable to read the death certificate or something is missing, so a funeral director must drive back to Glencliff to get it corrected. Instead, it can be done electronically. The RSA has no teeth to it; instead it just says that one is supposed to do it.
- Mr. Horrigan said if someone dies alone or a companion does not know that much about the decedent's past, the companion may not know basic things. Mr. Wilder concurred, saying that trying to find demographics or personal information about a decedent can be exceedingly challenging.
- Dr. Riddle said at an earlier meeting, he was informed of a town clerk who routinely changed the cause of death on death certificates because the clerk did not believe anyone could die from a particular cause. Mr. Wurtz inquired as to how many years ago was that, because the town clerk has really nothing to do with the cause of death in the last two decades because it is all internal through electronic systems. Ms. Piecuch added that a clerk can not change the cause of death on a record and there is certain information clerks can not change on a record, such as cause of death and date of death. Mr. Wurtz added that electronically, clerks can not get to those fields to do anything to them. Dr. Riddle said the meeting was more than a decade ago. Mr. Wurtz said that is a great reason why New Hampshire went to an automated electronic system. Mr. Wurtz said he never heard of anyone doing that deliberately, but he knows many years ago that clerks who may not know how to spell a cause of death and dropped it from the cause of death, which changes the scope of what happened.

Mr. Wurtz said NeCOD, EDRS, and continual development of the Death Worm app will help, but never solve, put that information in the face of a physician to make those educated conclusions.

- Ms. Piecuch said if someone is killed in an accident, the other medical conditions may not be on the death certificate because the death is due to an accident and not due to the other medical conditions. Mr. Wilder answered that potentially, the other medical conditions could be under Part II of the death certificate.
- Ms. Erin Piazza asked if Mr. Wilder tried to leverage the birth registrars or HIM directors already in the hospitals and are used to chasing providers for illegible documentation; Mr. Wilder said that when he does visit the hospitals, it is surprising how often somebody from birth registration is present because when he sends the letters out introducing the entire process, it is discussed in those meetings that the hospital's birth department has been utilizing NHVRIN for registering births for years. Thus, that electronic process is up and functioning within the hospital already. It is the physicians who need to get on board with it. The birth registrars come to the meetings, but the department heads look to them and verify if that is what the hospital is already doing. Hospitals will bring compliance people and they will discover that the hospital is out of compliance or discover that the hospital is filing death records more than 36 hours after death. Mr. Wurtz said that Mr. Wilder and Mr. Nicholl Marshall working together have given Mr. Wilder a tremendous amount of tools to visit each hospital. On one of Mr. Wilder's visits which Mr. Wurtz attended, they knew how many times certifiers at the hospital certified death, although the hospital's certifiers did not even know. Mr. Wilder added that he also knows which pronouncers pronounce and how many they pronounce. Mr. Wilder also mentions during such visits the quality of the certification based solely off of the person's name who signed it.

10. Community of Practice:

- Mr. Wurtz said DVRA is working very hard with Guam, who is now at the point of a Statement of Work and an MOA is being worked out. Once both parties agree, then DVRA will have a conversation with Mr. Scanlan and Mr. William Gardner about going forward. DVRA has been chasing Rhode Island for two or three years; everyone was in agreement regarding Rhode Island until Rhode Island lawyers got involved. Rhode Island lawyers wanted the source code and other things, while DVRA insisted that DVRA is allowing Rhode Island to piggyback on New Hampshire's system. DVRA is working with Nevada, who will adopt the NeCOD app. Mr. Wurtz spent time with Nevada staff last week, as well as Utah and Michigan, who are all early adopters of the NeCOD app. They may even adopt the NHVRIN*Plus* product. The only jurisdiction to shut down

this idea was Connecticut, who decided they liked DVRA's product but the timeline was not acceptable as Connecticut wanted something done by the end of the year. So Connecticut went out to bid and spent four times the amount of what DVRA quoted them. New Hampshire continues to blaze the trail as Ms. Cheney said previously. There is much interest to collaborate with New Hampshire. The CDC approached Mr. Wurtz last week about another project about the quality of the cause of death. More specifically, the CDC wants to assign their resident experts to go to the certifier and all the records that certifier certified to look at how a certifier is doing overall. All these initiatives are not costing the taxpayers of New Hampshire any money because the CDC has funded DVRA's travel and participation with other states. DVRA anxiously awaits the first signature on a piece of paper when New Hampshire can say a sister state is onboard with New Hampshire.

- Ms. Piecuch said that by the Committee's August meeting, there will probably be a signature from a sister state. Mr. Wurtz said that when the lawyers got involved, the lawyers took it to a whole new level quickly. The lawyers were concerned about the intellectual property's value and if it needs to be patented. Mr. Wurtz added that DVRA is not making money but making a difference.

11. Old Business:

- Ms. Piecuch said that Dr. Laflamme indicated that the 2017 resident death files are not completed yet and asked if that has been completed now; Dr. Laflamme answered that progress has been made, but not complete yet. Ms. Cheney said she had asked if there was a bottleneck and she discovered that there was. Some states sent duplicate records to New Hampshire, so DVRA staff must verify manually that a sent record is not already in the NHVRIN out-of-state module. Ms. Cheney looked at what could be done to automate this somewhat, and Ms. Cheney believes there is a chance to automate this to a big degree. SQL will be on the back end, so the database administrator, Mr. Jeff King, will easily be able to take this file and look for this type of information. Mr. Wurtz said he talked about this last week with members from NAPHSIS and it all comes down to the STEVE program, which is the State & Territorial Exchange of Vital Events, and the proper usage of the tool. Sometimes the flags are not being set correctly on STEVE, so a state might repeatedly sent a same record. But almost coming to reality is the automation of the bi-directional STEVE, but a higher priority for DVRA is to get NHVRIN*Plus* ready.
- Mr. Wurtz said another issue DVRA has is staffing. Ms. Piecuch recalls that this issue was discussed during the previous meeting of the Committee. Mr. Wurtz said that he has a data entry position which is vacant, and that person would be

critical in keying that information until the automation can do that work. Ms. Piecuch asked if that position was posted; Mr. Wurtz answered in the negative, although it is scheduled to be posted, and that is a position paid by the Committee. Two other part-time positions are vacant at this point; these positions do the quality control needed, such as cleaning up the KFI records. Ms. Piecuch asked what can be done to get more staff into DVRA, as Ms. Piecuch recalls her staff last week had a little frustration trying to reach people; Mr. Wurtz said it takes time and DVRA is already trying to solve some staffing issues with automation. Mr. Wurtz hears from other states which have sixteen full-time employees and they still can not get their data input in a timely fashion. DVRA had twenty-four employees when Mr. Wurtz started in 1984, so DVRA has done a lot to save the state money in paying salaries, but DVRA still needs people to validate data and perform quality control.

12. New Business:

- Mr. Wurtz said a meeting was put together by Mr. Gardner. A representative from ancestry.com, Mr. Burford, and Mr. Wurtz formulated a plan, which would cost New Hampshire no money, for ancestry.com to perform a similar project to the KFI project, from where DVRA left off with that KFI project. A contract was signed, and there are people coming to start the project. They will give DVRA staffing and they will scan, digitize, and index many records which can be added to the NHVRIN database. This is something above and beyond anything else DVRA has done, and Mr. Gardner can be thanked for that. This project will probably not be as quick as the KFI project, but they have dedicated resources to get the project done so that New Hampshire can come out ahead and the NHVRIN database will be enhanced by about another one million records. Ancestry.com will be able to scan all records which are genealogical; DVRA will not share any confidential records.
- Ms. Bottai asked if ancestry.com will have some rights to that data to put it online; Mr. Wurtz answered that there must be a partnership. The arrangement is that ancestry.com wants this data, which is considered unrestricted, for their database as well. When it is done, it will be New Hampshire's data. Ms. Bottai asked if Mr. Wurtz would allow the towns and cities to also share their records and it would be a collaborative effort; Mr. Wurtz answered that the records of the towns and cities should be at DVRA. Ms. Bottai said she is aware that many local communities are trying to fund similar projects; Mr. Wurtz acknowledged that this is a huge project which will be a huge savings for the state, and that there are some public non-restricted New Hampshire records can be accessed on ancestry.com right now.

13. Next meeting & adjournment:

- Ms. Piecuch said the next meeting is scheduled for Thursday August 29.
- Mr. Burford moved to adjourn, and Dr. Riddle seconded; a vote was taken and all were in favor. Meeting adjourned at 11:42.