

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

*To The New Hampshire Department of State*

***- MINUTES -***

***Friday***

***October 2, 2015***

**-MINUTES-**

**Vital Records Improvement Fund Advisory Committee Meeting**

October 2, 2015

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

***COMMITTEE MEMBERS PRESENT:***

David Scanlan, Deputy Secretary of State, SOS Appointment  
Stephen M. Wurtz, State Registrar  
Tricia Piecuch, Nashua City Clerk, NHC&TC Association Appointment  
Nicole Bottai, Windham Town Clerk, NHC&TC Association Appointment  
Erin Piazza, Health Information Specialist, NHHA Appointment  
Peter Morin, Funeral Director Association Appointment  
Brook Dupee, DHHS Appointment  
Bruce Riddle, Data User, DHHS Appointment  
Ashley Conley, Municipal Data User, DHHS Appointment  
Brian Burford, State Archivist

***COMMITTEE MEMBERS EXCUSED:***

Thomas A. Andrew, MD, Medical Examiner Appointment  
Nelson Allan, Public Member, SOS Appointment  
Theresa Pare-Curtis, OIT CIO Appointment  
Janice Bonenfant, Concord City Clerk, NHC&TC Association Appointment  
Joanne Linxweiler, Auburn Town Clerk, NHC&TC Association Appointment

***GUESTS:***

Dan Cloutier, SOS IT  
Chris Bentzler, SOS IT  
Laurie Harrigan, SOS IT  
Nicholl Marshall, Vital Records

## **1. Call to Order, Introductions, and Approval of Minutes:**

- Ms. Tricia Piecuch called the meeting to order at 09:38 with a quorum present.
- Ms. Piecuch asked the Committee to review the minutes of the April 24 meeting. Mr. David Scanlan made a motion to approve the minutes the April 24 meeting, seconded by Dr. Brook Dupee. A vote was taken and all were in favor; the minutes were approved.

## **2. IT Update (VSCP Contract Extension):**

- Ms. Laurie Harrigan acknowledged that the VSCP Contract Extension may be new to those assembled because that matter proceeded very quickly. DVRA received several e-mails from CDC asking for proposals to improve various tasks. DVRA thought the request to improve the Electronic Death Registration System (EDRS) was a task DVRA could present a compelling request for money to enhance the present system, and DVRA presented a proposal on May 19, which explained what the present performance was and what strategies would be implemented to overcome that. NH DVRA was awarded \$210,000 to handle three goals, which were listed in a sheet Committee members obtained on arrival. One goal is to receive electronically at least 80% of mortality records through EDRS. While 100% of deaths presently are reported electronically, only about 10% are filed by the physicians using NHVRIN, while the other 90% are filed by the funeral director using the paper copy. State statute RSA 5-C:162 requires physicians to certify death electronically, but there was no ability to enforce that law. Mr. Stephen Wurtz added that there were deficiencies in how the application worked, but those have been rectified. Ms. Harrigan noted that the second goal is to transmit death information through STEVE within three days from the date of death for 80% of New Hampshire deaths. Mr. Wurtz clarified that DVRA does transmit data in three days presently, but what was offered was to transmit to CDC on a daily basis. Ms. Harrigan added that transmitting data on STEVE is a manual process presently, compiled from two data sources, NHVRIN and NHVRIN Files, and manually uploaded to STEVE. The third goal, making available specified causes of death within one day of the registration of death, is already met because DVRA puts data out to EDW daily. DVRA has two years and \$210,000 to fulfill the contract extension. Ms. Harrigan says that in that time, the STEVE file creation and transmission will be automated. DVRA is contracting with the software vendor, CNSI, to build the IJE file which is to be sent to the CDC, hence eliminating the manual data file from two different data sources. CNSI will also automate putting it into the server location, where STEVE can sweep that file daily and send it to CDC.

- Mr. Wurtz added that the vendor has been tasked to do this in a way which is more universal so that it could have benefit for other states doing this, so the CDC is looking to New Hampshire as a possible solution as all states have this problem. Ms. Harrigan stated when she sat at the NAPHSIS regional meeting, she saw how far along New Hampshire was than other states in the room in regards to vital records.
- Ms. Piecuch says that it is too bad that DVRA is unable to market this product and other states would buy from DVRA. Mr. Wurtz replied that it was not an accident that New Hampshire received this contract extension of \$210,000, and the CDC is paying New Hampshire to develop this product. Mr. Wurtz added that everything DVRA has done in the last two or three years has been done on a modular basis so that the technology can be portable and adapted in other places.
- Ms. Harrigan noted that the thrust of this project is getting the doctors to use electronic death reporting. NHVRIN is limited to one browser, hence it is not user friendly given the other browsers available. It will take some money and a lot of effort to change NHVRIN so that it can be browser-agnostic. The faster way to get doctors on board is to set up a mobile app so that doctors can certify cause of death wherever they may be. DVRA believes that will bring the physicians to the table. The vendor calls the app “eCOD”. A handout available to Committee members on arrival explains how the process will flow after working with the vendor.
- Mr. Wurtz had listened to the funeral directors and Ms. Harrigan had listened to the physicians about the inconveniences of returning to an office to use NHVRIN. The mobile app being developed will accommodate all technologies, instead of leaving NHVRIN as a personal computer-based application. The funeral director will still perform due diligence by capturing the information and notifying the physician, but this time a physician will receive the notification and complete the cause of death from a mobile device and inform the funeral director that the registration is completed. Today, a funeral director must repeatedly check NHVRIN to learn if a certifier has completed a death record. Mr. Wurtz also intend to equip the personnel of the Office of the Chief Medical Examiner with technology so that they can work on a death record at the scene of death, then the partially completed record would be retained by NHVRIN while a funeral director completes that record; this is not something available to physicians today. Portability and notifications which were unable to be done before are the advantages to this program. The technology used to record cause of death will be in conjunction with the Centers of Disease Control (CDC) which uses a system called VIEWS. The mobile app being developed will push information through an electronic system of the CDC, the certifier will certify it, and then it goes into

NHVRIN. The contractual goal is to have at least eighty percent of death records entered by a certifier instead of a funeral director, a goal DVRA had for years.

- Ms. Harrigan stated that the mobile app is supposed to be completed by the end of March. There will be a pilot so that feedback can be obtained. But the statement of work and requirements is still being developed with the vendor.
- Mr. Wurtz added that key staff and himself have already met with the Office of the Chief Medical Examiner, and everyone is excited about the process. However, this is new and not been done before, but issues will be addressed. It also meets the obligation by statute which says that everyone must enter death records electronically. Part of the contract extension also includes the hiring a medically trained individual to go to the hospitals. DVRA has already reviewed where deaths are in New Hampshire so that this individual can go to these places and hold training seminars. Mr. Wurtz has gone to the physicians many times in the past, but physicians received the impression that he was simply a person from the state pushing paper. Due to legislation which becomes effective in January, physician's assistants will be able to certify death records. A year or two from now, vast improvements in death registration should be seen. Other states have only dreamed of having a trainer out in the field. The plan covers a lot of areas and seems to be getting pretty good acceptance by physicians with whom Mr. Wurtz has discussed it. With New Hampshire's success, the model may be adopted in other states; the CDC is investing in this endeavor.
- Dr. Dupee complemented the Department of State for embracing new technology; it should be advantageous but there may be some growing pains. Dr. Dupee noted that physicians have not been active historically in completing death records and asked what process would be followed to get mainstream acceptance. One person meeting people can meet only so many people per day, so perhaps the Board of Medicine or the Medical Society may be appropriate targets for an education program. Dr. Dupee added that the quality of data is critical to the Department of Health & Human Services, so if that data submitted by the new technology is not that good, then efficiency may have been gained but data quality has not been gained. Dr. Dupee asked how will it be known that what certifiers sign is advantageous. What is being reported is more critical than how it is being reported. Mr. Wurtz acknowledged that this new system may mean bad information is submitted more quickly, but the VIEWS system may eliminate that. Mr. Wurtz said that VIEWS works similarly to NHVIRN in that edits are fired while a user is entering data. It will not end problems, but it will help in finding poor data quality and DVRA has not been bashful in correcting incomplete information submitted by certifiers. Mr. Wurtz also said that the

software vendor has proven that they can develop software compatible with various technologies now available.

- Dr. Dupee suggested that one person to cover the state may not be enough and suggested someone from the Board of Medicine of the Department of Health & Human Service may also be a good choice. Mr. Wurtz said that when that point is reached, help will be solicited, and he is working with the hospitals now.
- Ms. Harrigan said that the eighteen month plan of enhancing the type of frequency and communication will be exactly that. It will include reaching out to those who can answer how the current program is deficient and can be improved. Then the person training the physicians, particularly new physicians, will discuss the relevant matters. The app will be a wizard-driven cause of death certification process. The \$210,000 will be based on milestones reached during two years, such as submitting quarterly reports. So far, DVRA has billed for \$48,300; payments will go into the Vital Records Improvement Fund. Another \$10,500 will be billed on October 10 once the quarterly report is submitted. Twelve other states were awarded similar contracts for unknown amounts.
- Mr. Wurtz added that the CDC asked DVRA to prepare the next level of automation so that DVRA may be involved in another project above and beyond this one in that the next level may go away from the physicians and more towards the medical records. Earlier in the morning, the CDC invited Mr. Wurtz to attend a cause of death summit in November on how to re-engineer capturing cause of death. The CDC looks to New Hampshire for some solutions because New Hampshire is still on the cutting edge and what New Hampshire has matter-of-factly is yet to be obtained by other states. For example, when Mr. Wurtz talked to the Registrar of Rhode Island recently, New Hampshire was on its fourth electronic system, while Rhode Island still did not have an electronic system.
- Ms. Ashley Conley asked if the app can include the question if a death was caused by a natural disaster or a terrorist event. Mr. Wurtz responded in the affirmative, but the question should be posed to the CDC as New Hampshire's death certificate follows the national model.
- Dr. Bruce Riddle noted that many physicians and APRNs do not accept their professional responsibility in filling out death certificates, which is a huge cultural problem. Other states have told him that they get very detailed death certificates, thus it is not an issue in other states. Yet even in the hospital across the street from where he works, some personnel there do not take these responsibilities seriously. Mr. Wurtz acknowledged that technology can go so far, but physicians must want to supply better data. Ms. Picuch added that they may be some who

will not respond to this, but mindsets need to be changed, and the new certifiers must be taught the right way. Mr. Wurtz answered that when new physicians come into the state, DVRA provides information on how to obtain a log-in for NHVRIN and a training video on how to complete cause of death. But given the resources, DVRA is not meeting the CEOs of the hospital to ensure the physicians are fulfilling these responsibilities. Dr. Riddle suggested that it should be the medical directors who should be reached, and that the commissioner and the governor must communicate to medical directors that death certificates must be more detailed. Mr. Scanlan suggested that perhaps it should be more that the governor and commissioner who should reach out. Dr. Riddle observed that the amount of deaths in New Hampshire which are in hospitals is about thirty percent and falling. This becomes a problem when someone dies at home, a hospice nurse pronounces death, then a couple of days later a physician will scribble something without consulting the hospice nurse. Ms. Harrigan said that the first six months of the project plan is developing the technology, then the next twelve months will be contacting people to see what mindset is against this so that the trainer can properly address the certifiers.

- Ms. Erin Piazza works with physicians daily and reminded everyone that cause of death is part of the medical record, so if the physicians are not doing it, personnel at medical records and health information can monitor it. Some organizations impose a financial penalty if physicians do things in a timely manner. Mr. Wurtz said that if a physician is not consulting a medical chart, then reporting is not being done correctly. Dr. Riddle added that when a person enters hospice, the link to the medical chart is broken, so the certifier is no longer the person who had access to the medical chart, thus the certifier only has the verbal testimony of what the patient's family provided. Dr. Riddle has found it painfully difficult to find the patient in one of the 26 hospitals in New Hampshire, and there is no incentive for the hospice physician to do this. Dr. Riddle also said that some hospitals are considering eliminating those identifiers which connect a decedent to a hospital's medical record. Ms. Harrigan said the proposal says DVRA is targeting the Office of the Chief Medical Examiner, hospitals, specialty medical practices, county nursing homes, and the Dartmouth School of Medicine; perhaps some hospice caregivers can be added to the list.

### **3. IT Update –Legacy Data Entry Project:**

- Ms. Harrigan said DVRA, through a huge team effort, has finished the preparation and scanning of 1,178,000 records. The records were placed into boxes for three people from Databank with three high-tech scanners who were sitting in the vault. The preparation was monumental. Ms. Harrigan is very happy with the performance of Databank, who did the scanning, and with CNSI,

who coordinated the effort, and with the DVRA staff, who put in late hours. The task took about six weeks. About 913,000 of those documents need to be keyed, but this will exclude about 17,000 birth records in 1949-1950 which are in bound books, which DVRA will handle because taking the bound books apart would be too disruptive. Anything in the abstract table which has been converted will need not be keyed. Amendments were also included in the scanning so the layering of documents will not be lost. Ms. Harrigan pointed to a sample of processing rules which Databank will use when keying records. The data entry operators at Databank will be looking at snippets of each record. DVRA has reviewed two sets of pilot sample forms.

- Mr. Bentzler said that the data looked amazing. As a team, Databank, CNSI, and DVRA have been having discussions over how the data should look and who is responsible for what. The next set of sample data for DVRA to review should arrive next week. Accompanying the data are the scanned images of the records, so if there is a question that arises, then eventually the scanned image can be seen through NHVRIN. In some instances, the scanned image was clearer than the original.
- Ms. Harrigan added that DVRA would go through one or two more passes of reviewing pilot samples so that DVRA can see if Databank utilized the amendments properly and if DVRA needs to tweak any rules. Mr. Wurtz gave an example of such a tweak regarding rules for ancillary towns. Ms. Harrigan emphasized that DVRA did not want Databank to make decisions but to follow clear-cut rules. Ms. Harrigan hopes that the Key-From-Image (KFI) process will have been completed by the next time the Committee meets. The data created from the KFI process is supposed to be in NHVRIN by the end of the year.
- Mr. Wurtz added that the years selected for the KFI process were statistically better than 98% of all the records which are requested from town/city clerks, so they will not have to go into a vault to pull a record, which translates to quality data going to a customer in a timely fashion. Ms. Picuch noted that customers will not have to go a long distance to obtain those records. Ms. Nicole Bottai observed that this will preserve all of those records since the records will not have to be touched. Ms. Harrigan that a goal was to get the data into the system and the scanned images will be outside the system and tied to their records. Mr. Wurtz recalled that when he mentioned this project to the attendees of a recent conference, their mouths dropped open in amazement.
- Ms. Picuch believes that other states will ask DVRA how DVRA performed this. Mr. Wurtz said that inquiries about the success of DVRA already occurred. Mr. Wurtz also observed that other states did have failures, which DVRA was aware



before the process started, but DVRA performed due diligence before setting policy whereas other states relied on a vendor to solve their problems. Mr. Bentzler added that all this made sure that DVRA did not want to rely on a vendor.

- Ms. Piecuch notes that Mr. Wurtz and DVRA have always been good with the clerks, especially at times when the town/city clerks have many ballot boxes with which to contend, thus accessing the town's/city's vital records may be difficult, so it was ironic that DVRA had been calling the town/city clerks for records. Mr. Wurtz said his staff worked seven weeks straight, including two hours after work each night and five hours on Saturday and Sunday every weekend. Ms. Piecuch offered thanks on behalf of the Committee to Mr. Wurtz and his staff for giving all that extra time to make this project come to fruition. Kudos also offered to Ms. Wendy Kizer for being the team leader in the document preparation.

#### **4. VRIFAC Budget:**

- Ms. Piecuch invited Mr. Scanlan to discuss the VRIFAC budget. Mr. Scanlan indicated that for Fiscal Year to Date 2016, the balance of the Vital Records Improvement Fund should be \$4,111,196 because a negative number was added instead of subtracted. The Fund continues to realize efficiencies from bringing information technology staff in-house, resulting in significant improvements in the quality of the work. The information technology projects are going pretty well, with a fairly large surplus in that account. Mr. Scanlan observed that last year's legislature was very committed to not hitting dedicated funds; Mr. Scanlan does not expect this to change in the next two years. It does not appear that the legislature took the money out which was requested. Ms. Piecuch understood that the legislature was to take about \$1.3 million. Mr. Scanlan responded that the legislature did take some in a prior biennium.
- Ms. Piecuch noted that for Fiscal Year to Date 2016 in the Technology-Software line shows about \$314,000, although the Committee approved certain purchases last year. Mr. Dan Cloutier said that they had not been purchased yet and that he is waiting for Dell to complete Phase One of the virtualized environment. Ms. Piecuch asked if that \$314,000 for Technology-Software is for CNSI contracts; Mr. Cloutier that it was likely. Ms. Harrigan added that \$22,000 per month is spent on NHVRIN maintenance and support, and to-date that figure has been \$129,000. Mr. Cloutier said that this is based on cash flow.
- Dr. Dupee mentioned that HB629 regarding abortion statistics is in the legislature, and its passage may create a demand in the Technology-Software item in the Vital Records Improvement Fund.

## **5. IT Update – Birth Abstract Table Conversion to NHVRIN:**

- Mr. Bentzler said that at the previous meeting, a project was to take all of the birth records in the abstract table and put them into regular NHVRIN. The process had been a manual process, where the only town/city clerks with access to the abstract records are the town/city which had entered in the abstract table; DVRA can review the record and get the record into regular NHVRIN. There were 61,000 records which were in the abstract table, and 57,000 of those records were put in regular NHVRIN, accessible by every town/clerk in the state. Mr. Wurtz added that this has been a fifteen year dream. Mr. Bentzler continued that the r-base had been used, with some help from the state Department of Information Technology, to compare what was in r-base to the abstract table, make a map, and populate them into NHVRIN.
- Ms. Piecuch noted that if only 57,000 of the 61,000 birth abstracts were placed in regular NHVRIN, then the other four thousand records must have had some discrepancies. Ms. Harrigan responded that there were legitimations and adoptions among them, and anything with a duplicate state file number was taken out so that DVRA staff could look at them.
- Dr. Riddle asked if this was that last active r-base installation in the world. Mr. Bentzler responded that the r-base application is so old that it would not run on Windows computers but had to be made into a virtual program so that DVRA could still use it.

## **6. IT Update – Training Module:**

- Mr. Bentzler said that a training system in NHVRIN exists again. Mr. Bentzler acknowledged that it has taken some time for the training module back up and running, but NHVRIN training will be on a regular schedule again. Mr. Wurtz added that HAVA will be using the computer training room also and DVRA has requested the use of the computer training room for the second and fourth Wednesdays of the month in 2016.

## **7. IT Update – NHVRINWeb Update:**

- Mr. Bentzler that NHVRINWeb is getting an upgrade. The vendor who had built NHVRINWeb has come back online and has started to get the front end and back end of NHVRINWeb upgraded. Similarly to NHVRIN, NHVRINWeb was built with technology that is now old. The latest .net version, 4.5, is being used on the front end. The back end now uses an Oracle database and it will be converted to SQL, which is more along the lines of what the Department of State uses. There will be enhancements to it, particularly the password reset capability.

NHVRINWeb has no access to data later than 2014, so the vendor will correct that. The new NHVRIN Web is supposed to be fully ready by early spring 2016.

- Mr. Wurtz reminded the Committee that NHVRINWeb is a public facing application which researchers use. DVRA was amazed that the amount of access on NHVRINWeb, with thousands of hits per month. Users run the gamut from school boards to public health students, and it is always nice to have a product to satisfy the public's need for non-identifying data, thus taking the burden off of DVRA staff.
- Dr. Riddle asked if NHVRINWeb can work on a MacIntosh; Mr. Bentzler responded that this would be later verified. Dr. Riddle said that one get not get into NHVRIN using a MacIntosh.

#### **8. IT Update – NHVRIN Support & Maintenance:**

- Mr. Bentzler said that the birth and death module upgrades are almost complete; the project plan is for all modules in NHVRIN to be upgraded. The double log-on for NHVRIN is still extant; the goal to have a single version of NHVRIN again is by the beginning of the year.
- Mr. Bentzler said the majority of issues coming to the help desk are password resets and Internet Explorer settings. Ms. Piecuch noted that the DVRA help desk has received about 187 calls per month for five months; Mr. Bentzler suspects that figure is lower than the actual amount because not all calls may have been properly logged. Mr. Bentzler said that he continues with replacing hardware fails, and such issues can be resolved in a day most of the time. Mr. Wurtz mentioned that the statistic does not reflect that there is no longer a delay in getting support. DVRA employees receive calls and immediately triage a call to where it should go without any lag time. Mr. Bentzler does not have a breakdown of how calls for help are received by telephone or electronic mail. Mr. Bentzler added that recently a call was received from a technical person in another state asking questions about NHVRIN. Mr. Wurtz said that this was another example of how other people in other states want to know how New Hampshire handles vital records.
- Ms. Harrigan said that in regards to maintenance and support, Mr. Bentzler has been managing those issues with the vendor very closely. Ms. Harrigan added that \$265,000 per year was given toward these issues and at six months it stood at \$129,098, which is about \$22,000 per month, thus the target is being met at this point.

## **9. Old business – SOS Replacement of Nelson Allen:**

- Mr. Scanlan said that Representative Tim Horrigan of Durham has been appointed as the SOS replacement of Nelson Allen for the Committee. Representative Horrigan was unable to attend today.
- Ms. Piecuch noted that Ms. Theresa Pare-Curtis from DoIT has not been to any recent meetings. Ms. Piecuch asked if any legislation should be proposed to replace a DoIT person on the Committee with a Department of State information technology person. Ms. Piecuch observed that there are still some dealings with DoIT, but did not know if Ms. Pare-Curtis was still working for DoIT. Mr. Wurtz responded that Ms. Pare-Curtis does indeed still work for DoIT, but Mr. Wurtz sends notifications not directly to Ms. Pare-Curtis but to her supervisor. Mr. Scanlan had noted before and still desires to maintain a good working relationship with DoIT, and the participation of DoIT would certainly be helpful. Ms. Piecuch asked if a DoIT member and a Department of State information technology person should both be on the Committee; Mr. Scanlan responded that he would think about it. Mr. Scanlan added that if there is trouble getting quorums, that may be a possibility, but if not, the Committee should not be any bigger than it has to be.

## **10. SOS-KB:**

- Mr. Cloutier said that SOS-KB is a legacy application which is to be replaced by an application called Quick Start. The servers have been used for about twelve years, well beyond their estimated lifespan. There were a couple of failures on the devices, but a replacement part was obtained within two days. SOS-KB was the software programmed to handle the financial closeouts for NHVRIN and the ability to extract data to provide a billing/reconciliation mechanism for the town/city clerks. The Department has not worked with any of the vendors and there is no time to work with the current vendor to produce Quick Start, so the only plan momentarily is to keep SOS-KB website back-end piece working for that specific purpose. The plan had been for a replacement NHVRIN system to perform this task. There is a plan to talk to Ms. Nancy Swett who has responsibility for this. Before the next meeting, there should be a more stable plan in which perhaps a vendor could be addressed to see if the software can withstand an operating system that does not date from 2003. Ms. Harrigan added that in the long term, it should be built as a module in NHVRIN. Ms. Harrigan and Mr. Bentzler would like to talk to the vendor about getting a quote. Ms. Bottai notes that the sooner this is done, the better. Ms. Piecuch and Ms. Bottai both observed that their towns have not yet paid last month's bill because of discrepancies.

## 11. OLD business – Oracle to SQL Migration Analysis:

- Mr. Cloutier said that the current NHVRIN software is going to get a single code base which will talk to Oracle, then it will go to 64-bit from 32-bit onto new servers which will communicate with SQL instead of Oracle; thus NHVRIN will no longer be bound to a third party database server. Mr. Cloutier further offered praise to Mr. Jeff King, the database administrator.
- Ms. Piecuch observed that NHVRIN is very stable for years. However, many projects are occurring, which may affect other entities. Mr. Bentzler responded that what is being addressed is analysis to determine what it might cost to get from Oracle to SQL. Ms. Harrigan said that CNSI proposed \$38,060 to do the analysis that would determine how much an Oracle to SQL migration would cost. Mr. Bentzler explained that there are procedures, triggers, and functions which Oracle does of which NHVRIN takes advantage inside the database. The analysis will determine if it can be done, and will it be a wizard-driven process or more programming to make the migration occur. Nothing different can be seen on the front side of NHVRIN.
- Ms. Piecuch said she thought a problem with a previous vendor was the conversion of records and the two databases. Mr. Cloutier responded that the process did not make it that far. Ms. Harrigan said that more than \$100,000 had been spent on a change order regarding data migration. Mr. Cloutier explained that one software company may have set up its data in certain boxes in a certain way, but DVRA has its data stores in different boxes in another way. So things in different boxes get together in one box so that everything can be found; they wanted to shuffle everything their way instead of the way that DVRA has it. Mr. Bentzler added the previous plan had been for DVRA to migrate from a customized system to an off-the-shelf system, thus is different from the proposed analysis mentioned earlier. The proposed analysis examines taking NHVRIN from one database structure to an identical database structure but it talks in a slightly different language.
- Ms. Piecuch expressed concern that before an analysis is sought, discussion should occur with other partners, such as DHHS, and there might be a cost for them. Mr. Cloutier responded that there is not necessarily a cost to DHHS because the Department of State would still push the data back into Oracle. Mr. Cloutier added that right now data is pulled from Oracle into SQL. It is different than with the previous vendor because with the previous vendor, all the fields' structure would completely change. With this analysis, the data would be pushed back into Oracle in the same fields and structure. DHHS is in Oracle and NHVRIN is in Oracle, but the New Hampshire Retirement System is getting the

data out of SQL because the Department of State's information technology staff is pulling the data out of Oracle into a SQL database. Ms. Piecuch asked if a Memorandum of Understanding with the New Hampshire Retirement System has been completed yet; Mr. Wurtz responded that the MOU is still a work in progress. Mr. Cloutier added that DHHS is an Oracle shop while the Department of State is a SQL shop. DVRA needs to control its own data. As the data security officer for the Department of State, Mr. Cloutier's best judgment is to have Department of State data with the Department of State. Ms. Piecuch asked if Mr. King will be overloaded; Mr. Cloutier responded in the negative. Mr. Cloutier added that he is essentially Mr. King's backup and Mr. Cloutier was in contact with DHHS before Mr. King was hired as the database administrator. Presently, anything that happens to vital records data is done by Mr. King.

- Mr. Cloutier further explained that it is not known how the software needs to be changed. For about \$38,000, the vendor will go through the code set and determine what system calls to Oracle which must be modified to be system calls to SQL for it to act exactly as it acts presently. Ms. Piecuch recalls quite a few vital records changes such as ADC/AMC to VRV to NHVRIN, and sometimes it happens that if one this is repaired, another thing is broken, hence some may have reservations about doing this. Mr. Cloutier explained that is why testing occurs. The difference between VRV2000 and NHVRIN is that there was a completely different code set; the code and tables all changed. But in the proposed migration, the basis, the code set, and the tables do not change. Ms. Harrigan speculated what would happen if the assessment concluded that it would be unwise to migrate from Oracle to SQL; it would have to be determined how to bring the Oracle database out of DoIT and DHHS and into the Department of State and remain Oracle yet be on a Department of State server.
- Dr. Riddle indicated that thousands of companies for good reasons have moved from Oracle to Microsoft SQL successfully in the last decade. Mr. Scanlan added that it is easier for the department to manage its information technology systems if they were all in the same program as opposed to having one of them being somewhat foreign to the department.
- Ms. Harrigan stated that the cost to perform the analysis for data migration was \$38,060. Mr. Cloutier added that when upgrades to NHVRINWeb are completed, it will be in SQL. Mr. Cloutier also added that this quote does not account for the actual cost to modify the transfer of data between SQL and Oracle; what it will do it inform the Department of State what must be done in order to continue to supply DHHS with data. Ms. Harrigan said the vendor will also give DVRA a Statement of Work and project plan for the optional Oracle to SQL migration.

- Dr. Dupee moved that Mr. Cloutier proceed with the analysis with CNSI as mentioned above and report back to the Committee; Mr. Brian Burford seconded the motion. A vote was taken and all were in favor; the motion passed.

## **12. NEW business – Perpetual Archive of Scanned DVRA records:**

- Mr. Wurtz described the process of taking about one million records out of the binders, prepared them, placed them in archival boxes, and scanned them; those records are now back in the archival boxes. Mr. Wurtz had asked Mr. Burford if those records should be taken out of the archival boxes and placed into binders on shelves, only to possibly ask Mr. Burford in a year from now for more shelving. Ms. Harrigan added that there will be a utility on the desktop where a user can search for a scanned image.
- Mr. Burford indicated that he is having a similar discussion with the Corporations Division who scans documents which have a permanent retention schedule which he anticipates that in the next year or less will be changed to something less than permanent. Mr. Burford has a discussion with the Corporations Division a couple of years ago that documents should be kept just as an insurance policy that everything goes as expected in a conversion. They are also about to convert from KB to Quick Start. Mr. Burford foresees that everyone will be all digital. The archival world is concerned about how authenticity of records will be maintained over the course of centuries because if every few years data is updating and upgrading data, then how to certify the data is authentic becomes a problem. Mr. Burford has been conservative about throwing away paper for this reason.
- Mr. Wurtz said that he was not suggesting throwing away paper because the statute says that the records are kept permanently. Mr. Wurtz posed the question of keeping those records in archival boxes on different kinds of shelves or put them back in binders. Mr. Burford replied that he sees the second scenario as unnecessary because that will be more cost and time than it is worth. Mr. Burford added that all that is needed is to know in which box is which particular paper; in addition, the larger box are space-wise more efficient than the binders.
- Ms. Piecuch asked how a scanned record will be updated to reflect any future amendments; Mr. Wurtz answered that any amendments which are made now are on paper, and he may come before the Committee to request scanning equipment to scan those amendment and attach the images to the record. Mr. Wurtz added that the paper amendment will be placed in an archival box with the original record. Ms. Piecuch asked if Mr. Wurtz is requesting a scanner now; Mr. Wurtz responded that he will need to request a scanner and maybe that time is now.

- Mr. Scanlan asked how many archival boxes are holding the one million plus records; Mr. Wurtz answered there are about 275 archival boxes. Ms. Harrigan said the vendor provided the first one hundred boxes which are slightly larger than the standard archival box; after that, the standard archival boxes were used when it was learned that there was a large supply of standard archival boxes and the vendor said they were acceptable for the vendor's usage. Mr. Bentzler said that it took time to assemble the boxes.
- Mr. Wurtz said that there are empty binders on the shelving and archival boxes are piled in front of the shelving, creating narrow aisles. If getting to a particular box is needed, it requires some effort. Ideally the boxes would be placed on the shelves, but the shelves are not made for boxes of that size. Mr. Burford asked how often DVRA is going into the boxes; Mr. Wurtz responded that the frequency is greater today because the scanned images are not yet available, but once the scanned images are obtained, DVRA may never go back to the boxes. Mr. Scanlan asked if the records must be stored in the vital records vault; Mr. Scanlan added that the first phase of the next addition to the Archives & Records Building will be starting soon, possibly doubling the size of box space.
- Ms. Piecuch suggested that until the next meeting, DVRA should determine what is needed. Mr. Cloutier said that the \$25,000 scanners are not needed for this purpose. Mr. Cloutier also said that he would be purchasing eighteen scanners for the Corporations Division; papers would be scanned individually and placed into the software. Mr. Cloutier sees no reason why these scanners could be used for this purpose. Mr. Cloutier had negotiated the price of each scanner down to less than \$660, so Mr. Cloutier may increase the order. Ms. Harrigan said that the only place where DVRA is not ready is that the application has no way presently to accept a scanned image and put it to its respective record. Mr. Wurtz said that it would be nice if the correction clerks among DVRA could have such an inexpensive scanner for amendments. Ms. Harrigan suggested that one scanner should be on everyone's desk rather than having only one central scanner. Ms. Harrigan asked that Mr. Bentzler add this to the NHVRIN support tickets.
- Ms. Piecuch made a motion to spend up to \$1500 on two scanners; Ms. Bottai seconded the motion. A vote was taken, and all were in favor; the motion passed.

### **13. NEW business – travel budget:**

- Mr. Wurtz said that the travel budget is usually exhausted after he attends the annual NAPHSIS meeting. At next year's annual meeting, New Hampshire DVRA has been requested to make a presentation on the death app, thus Mr. Wurtz and Ms. Harrigan were invited to attend the next NAPHSIS meeting in



Kansas City. Mr. Wurtz requested that a second person be permitted to attend next year's NAPHSIS meeting. Mr. Scanlan said that when the travel budget is exhausted from the general fund, the Vital Records Improvement Fund is the fall back.

**14. Next meeting & adjournment:**

- Ms. Piecuch said the next meeting date would be Friday January 22. Mr. Burford moved to adjourn and Mr. Scanlan seconded the motion. No discussion was made on the motion. The vote was taken, and all were in favor; the motion passed. Meeting was adjourned at 12:04.