

Electronic Health Records (EHR) Taskforce Steering Committee Meeting Summary

April 5, 2006

Audio Conference

Steering Committee Members

Craig Backs, M.D.
Alan Berkelhamer, R.Ph.
Ellen S. Brull, M.D.
Bradford A. Buxton
Jonathan Dopkeen, Ph.D.
William Kempiners
John Lantos, M.D.
Patricia Merryweather
Fred Rachman, M.D.

Staff Members

Jeff W. Johnson
Ariel Katz

Other Taskforce Members

Todd Hart

A quorum was declared by the Chair, Jonathan Dopkeen, and the Steering Committee meeting started at 10 a.m. The Chair outlined the meeting agenda.

The discussion started on the draft bylaws. Patricia Merryweather indicated that she felt the Taskforce should be working toward consensus solutions and the bylaws should reflect that intent.

Then the discussion changed to the references in the bylaws to Robert's Rules of Order. Some members questioned whether the summary version of Roberts Rules of Order lent itself more to large assemblies than to the activities of the Taskforce. William Kempiners made a motion and another member seconded that the bylaws be changed to indicate that the Taskforce shall abide by the intent of Robert's Rules of Order. This motion was approved.

The discussion returned to the issue of revising the bylaws to reflect the Taskforce's intent to reach consensus. The Steering Committee agreed to the change.

Discussion then revolved around whether the Taskforce Vice-chair should be a member of the Steering Committee. Members felt that the position should be a part of the Steering Committee's policy decision process. John Lantos made a motion that the Taskforce Vice-Chair be a member of the Steering Committee. Brad Buxton seconded the motion. The motion was unanimously approved by the Steering Committee.

Dr. Dopkeen asked the members if anyone was interested in serving as Vice-chair. Ms. Merryweather indicated that she was willing to serve. It was the consensus of the Steering Committee that Ms. Merryweather be recommended to the Taskforce for election as Vice-Chair.

The selection process for committee chair was discussed. Mr. Kempiners indicated that the Taskforce Chair appoint the committee chair. The committee chair needs to effectively manage the committee process and the Taskforce Chair was in the best position to identify qualified people. Other members agreed with that assessment. The members also indicated that it was important for committee chairs to attend Steering Committee meetings to report on the progress of committee deliberations.

Mr. Kempiners moved, seconded by Ellen Brull, that the committee chairs be appointed by the Taskforce Chair and that they be available to attend Steering Committee meetings. The motion was approved unanimously.

Since no further discussion of the bylaws was required, Dr. Dopkeen proceeded to discuss the proposed committee structure. He indicated that the proposed structure was based upon the Goals of Strategic Framework as described by David J. Brailer, M.D., Ph.D., National Coordinator for Health Information Technology, U.S. Department of Health and Human Services.

Committee Structure

Informing Clinicians Committee

Strategic Framework Goal 1

For many clinicians incorporating an EHR into their practice represents the unknown, signifies a costly alternative to present-day business practice, and signals a disruption of current workflow. In order to overcome these barriers the investment in EHRs must be a shared one, technical assistance and support must be available to assist clinicians with EHR adoption, and access to EHRs in rural and underserved areas must be increased.

Interconnecting Clinicians Committee

Strategic Framework Goal 2

Patients' information should be portable and move with them from one point of care to another. In order to achieve this goal we must foster regional collaborations among health care entities, interconnect these Regional Health Information Organizations (RHIOs), and commit to common standards and architecture.

Personalizing Health Committee

Strategic Framework Goal 3

Well-informed patients are better equipped to actively participate in their own care and decision-making. In the pursuit of personalizing health three strategies have been proposed by the Office of National Health Information Technology (ONCHIT): encouraging the use of PHRs, enhancing informed consumer choice, and promoting the use of Telehealth systems.

Population Health Committee

Strategic Framework Goal 4

Electronic Health records will optimize population health by: improving disease surveillance systems, accelerating the speed of clinical research, and improving quality of care.

Mr. Buxton opened discussion on the committee structure by asking what would be accomplished once the committees have completed their work.

Dr. Dopkeen discussed the committee product in relation to the Strategic Framework goals. He also walked the committee through the handouts on the goals. The first was a copy of the ONC description of the Strategic Framework Goals. The second was a short version to help visualize the committee structure and the framework for the committee's deliberations. The final document was a cross-walk listing the items for consideration in an EHR Plan under the Electronic Health Records Taskforce Act (Public Act 94-646) as they fit into the Strategic Framework Goals.

Mr. Kempiners made a suggestion that the cross-walk table be revised to make it clear that the limited considerations under the Act would not constrain the breadth of discussions relating to Goal 4. Fred Rachman indicated that he felt that the "considerations" listed in subsections (1), (2) and (3) under Section 15 of the Act also apply to Goal 4. The committee agreed.

Mr. Buxton moved that the committee structure be adopted as proposed. Mr. Kempiners seconded the motion. The motion was adopted.

There was further discussion on the organizing of the committees. It was agreed that Dr. Dopkeen would send the Taskforce members a copy of the proposed committee structure and request their preferences for which committee(s) they want to be appointed.

Dr. Dopkeen asked if the Steering Committee wanted to discuss goals for the committees to consider.

There was some discussion about the need to set goals, but the consensus was that there was not enough time in the meeting to discuss it further. Dr. Dopkeen offered to provide a draft goals or mission statement with which to work. The members had agreed that this and future meetings would be held to an hour in length.

Dr. Dopkeen asked about when the members wanted to hold the next Steering Committee meeting. There were several dates discussed in early May, none of which worked for everyone's schedule. It was suggested that the Steering Committee members give their preferences in response to three suggested dates.

The meeting adjourned around 11:05 p.m.