Interconnecting Clinicians Committee Meeting Summary
May 26th 2006

Video/Audio Conference

Upstate Host Site: Illinois State Medical Society offices
20 N Michigan Ave, 7th Floor
Chicago

Downstate Host Site: Illinois State Medical Society offices
600 South Second St., Suite 200
Springfield

Committee Members
Ellen S. Brull, M.D., Chair
Craig Backs, M.D.
Grace Martos representing Beth Hackman
William L. Kempiners
Daniel Litoff, M.D.
Edward Mensah, Ph.D.
Gordon Schiff, M.D.

Staff Members
Jeff W. Johnson
Ariel Katz, M.D.
Seema Kamath, Intern

Guests
Pat Gallagher, ISMS
Tracy Printen, ISMS

Time start: 1:04 pm
Time end: 2:37pm

Agenda
- Discuss the processes to obtain both some goals and a mission statement for the committee

1. Review materials from breakout session 4/18/2006

- which discussed barriers that clinicians encounter in installing and maintaining EMRs.

2. Open discussion:

Dr Brull opened the discussion with a summary of her visit to D.C. last week where she was lobbying for the Illinois Chapter of AAFP. Current federal legislation includes the Clinton-Frist HIT Bill that was introduced in the Senate. The House of Representatives is working on a similar legislation. Dr Brailer has left ONCHIT for family reasons; no one is there to replace him yet. National Health IT Week (June 5-8, 2006) is a culmination of events taking place in Washington, D.C. to advance health IT. HIMSS will have a Summit on June 8-9th. All taskforce members are welcome to participate.

-The discussion was then opened to discuss certification of EMRs in greater length.
Pat Gallagher said that CCHIT is now underway and should have certified vendors in by July. It does not seem feasible or necessary for Illinois to duplicate the effort of certifying EMR vendors. We should work to help providers in Illinois with EMR selection from the already certified vendors.

Dr Mensah asked how we are tracking all of the databases that the state already operates.Bill Kempiners touched briefly upon MDS care plan and stated that there needs to be better ways for physicians to communicate with other staff at long term care facilities.

CCR (Continuity of Care Record) was then addressed as a way to consolidate information under one system. Other software such as VistA from the VA is also available. However, if clinicians are not on board with these systems they will become obsolete.

Blue cross blue shield is launching a program with other insurance companies to get prescriptions online . While this is a good example of the insurance companies trying to help pay for EHRs, they will only help with limited data sets.

Dr Brull spoke about rural areas and broadband penetration- data has not been available since 9/11 due to security reasons.. Currently, 5-15% of rural practices own and use EHR. Most states have been extrapolating this data for their own state estimates.

The discussion continued with a brief overview of who should be included in the term clinician. Bill Kempiners recommended the inclusion of nursing home administarotors and nurses. Other clinicians included: nurses, pharmacists, nursing home administrators, occupational and physical therapists, dieticians, chiropractors,hospice workers, nurse practitioners and physician assistance. Pharmacists have an integral role in communicating with physicians. Their role includes medication contraindications, medication clarifications and other communications that ensure the safety of dispensed medications.

- Dr Schiff said that the main issue is the money for most practices but doctors would line up for this if it was useful. Dr Backs said that ISMS is trying to educate doctors on EMRs as a first step to implementation. Our most immediate task is to educate clinicians and help them get EMR systems.

Overcoming barriers:

-- Financial: loan programs -- how to help fund this? Some suggestions include payers, beneficiaries, state and federal grants.

Perhaps clinicians who use EMRs should be allowed to bill at a higher rate for their services ($1-2 per patient encounter) at least for the first year when overhead costs are higher. Ultimately, the clinicians will save money through decreased staff work and readily retrievable chart information.

Dr Schiff hoped that we could work to a simple and interoperable system that will be so efficient, so well integrated, and so inexpensive that clinicians are eagerly and universally seeking to have it installed and used in their practices.

Unfortunately, we are a log way from this in the United States. Attempts by AAFP in the past, VistA and CCR have been limited due to low adoption rates by clinicians. Therefore, two steps that are needed are: a better understandings of why these systems have failed, and an educational

program to encourage and enlist clinicians in EMR systems. While the United Kingdom's system is very interoperable, it is unlikely that such a Top-Bottom system will be suitable for our marketplace driven society.

To summarize some of our objectives:

1) Educate clinicians to the advantages of electronic medical record (EMR) systems, and how they may change clinicians' approaches to diagnosing their patients.
2) Assist clinicians in the technical selection, installation and usage of electronic records.
3) Decrease financial barriers (loss of productivity, installation and maintenance costs) to the implementation of electronic medical records.
4) Assess the current rate of adoption of electronic medical records in Illinois to target subpopulations in need of further assistance.
5) Coordinate and catalyze the use of electronic medical records for Illinois clinicians.

Some Non State Issues:

Certification of vendors is being done by CCHIT and HIMMS
The utility exchange from one clinician to another is being discussed in other committees

For Future meetings
- talk to a clinician uses it
- figure out what clinicians want in a system
8. Future meeting
- - Next Meeting: June 23rd
- time 1:30pm-3pm