

**Interconnecting Clinicians Committee Meeting Summary**  
**October 19, 2006**

**Audio Conference**  
**Host Site: Assistant Director's Office**  
**Illinois Department of Public Health**  
**5th Floor**  
**535 W. Jefferson St.**  
**Springfield**

**Committee Members**

*Patricia Merryweather, Acting Chair*  
Kerra Guffey  
Todd Hart  
Anne Mahalik  
Randy Mound

**Staff Members**

Jeff W. Johnson  
Fee Habtes

The committee meeting was convened 10:08 a.m. by acting chair, Patricia Merryweather. The first order of business was the approval of the summary for the last meeting. Todd Hart moved that the summary be approved. Anne Mahalik seconded the motion and the summary was approved.

Ms. Merryweather moved to the next item of business, the discussion of the draft legislation. She went over the background for the draft legislation and then asked for comments on the proposal.

Following were the comments from committee members.

- Members agreed the size of the authority's board of directors needed to be smaller than the 31 directors proposed in an earlier draft.
- It would be unfair to other third-party payers to dedicate a payer spot to a specific company.
- It was suggested that directors be limited to two full terms on the board.
- The proposal needs to be clear that the directors should only receive travel reimbursement.
- The members felt strongly that a mandatory attendance standard should be included. They liked an earlier draft's provision that stated:

“Directors who fail to attend 2/3rds of meetings without excused absences held by the board during a 12-month period shall forfeit their position.”

- A member questioned whether the authority would have to follow State employment rules. The member expressed concern that if the authority fell under these rules, it may not have the flexibility to set salaries at a competitive level to attract technically qualified staff.
- In Section 5 (b) – the fostering EHR section, members liked the concept of providing technical assistance to providers but questioned whether this would be difficult and costly to implement.
- Members felt that Section 5 (d) – “promoting the public acceptance and use of electronic health records and personal health records through public education,” was an extremely important activity for the successful implementation of EHR. Given its importance, the subsection should be moved up to an earlier spot in the section.
- Regarding Section 13 – the role of the EHR Taskforce, members commented that the taskforce should continue to function for a short time after the authority begins operation to provide guidance. Members also felt the momentum for EHR implementation needs to be sustained by the taskforce until the authority is ready to assume its EHR leadership role.

With no more comments on the proposal, Ms. Merryweather indicated that the committee would be meeting one more time to review a final committee report.

The meeting adjourned at 11:14 a.m.