

Interconnecting Clinicians Committee Informal Meeting Summary April 18, 2006

Audio Conference

Committee Members

Shelly Raymer Duncan
Thomas A. Granatir
Kerra L. Guffey
Todd Hart
Ms. Gracie (sp?) representing Anne
Mahalik
Bobbie Riley, R.Ph.

Staff Members

Jeff W. Johnson

Guests

Stasia Kahn, M.D.
Mary Ring

Around 10 a.m., members of the Interconnecting Clinicians Committee met in a breakout session of the Taskforce meeting.

Mr. Tom Granatir started the discussion by expressing his concern about the name of the committee. He felt the committee should not be limited in its goal and objectives setting by the reference to clinicians in the name.

The members agreed that the name should not limit the scope of the committee's work, but they did not see a need to change the name.

Mr. Todd Hart discussed the recent release of the "***Common Framework: Resources for Implementing Private and Secure Health Information Exchange***," by "Connecting for Health," a public-private collaborative of more than 100 organizations. The Common Framework provides technical and policy guidance for health information exchange activities.

Mr. Granatir indicated that there was a need for a starting point in moving forward with Electronic Health Records. He noted that while claims data may not be sufficient for clinical decision-making, it might be very helpful in the development of personal health records (PHRs).

Ms. Shelly Raymer Duncan noted that 30% to 40% of the clients seen by community health centers are uninsured and would have no claims data for this purpose. Another member suggested that something might be created using the same infrastructure to collect the uninsured data.

It was suggested that the members discuss areas of agreement or guiding principles. Following were four points to be brought to the full committee:

- State action should be consistent with federal initiatives – "build upon federal efforts."
- Focus on separating technical issues from political ones. The example provided of this point was that the issues surrounding health information exchange are technical in nature,

while the issues regarding the development of regional health information organizations (RHIO's) will be more political.

- Connectivity needs to be as broad as possible.
- The needs of the patient should be the primary focus.

Committee members asked that a link to the Common Framework be placed on the EHR Taskforce's Web site.

The breakout session ended at approximately 11 a.m.