

Interconnecting Clinicians Committee Meeting Summary
June 1, 2006

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

Committee Members

Jonathan Dopkeen, Ph.D., Chair
Shelly Raymer Duncan
Kerra Guffey
Todd Hart
Anne Mahalik
Fred Rachman, M.D.
Bobbie Riley, R.Ph.
Lori Sorenson

Staff Members

Jeff W. Johnson
Fee Habtes
Seema Kamath

Guests

Barrett Meyers

With a quorum present, Dr. Dopkeen began the meeting at 1:31 p.m. by asking if everyone had a chance to review the notes from the May 16th meeting. A motion was made and the notes were unanimously seconded and passed.

Dr. Dopkeen then related the agenda of distilling and modifying the goals and objectives. He referred to a handout that the members had discussed at a previous meeting and asked for suggestions.

Dr. Dopkeen asked Shelly Duncan to give her perspective on the wording of the goal since she had a good handle on it at the previous meeting.

Regarding the first objective on eliminating barriers, Dr. Dopkeen informed the group that we won the contracts for one of the states participating in privacy and security to identify barriers and solutions for guarding privacy. We will hear from Beth Hackman shortly for more information.

A committee member suggested that desirable revisions be made and Dr. Dopkeen seconded this. He also mentioned that we have had advocates for privacy in the past. It would be helpful for task force to make recommendations that might rally people over.

There is consensus among the group on the language of the third and fifth objectives regarding standards of health exchange and providing technology support, respectively.

Regarding the fourth objective, a committee member indicated that we should discuss, plan, and find resources to create a structure within our limits. We should identify what the structure would be and then think about what resources we could get to make this structure.

In addition, the creation of a legislative proposal in order to create a framework for recommendations that could be enacted was proposed. The more specificity, the better the legislation will look.

In terms of time-frame - if there is going to be internal legislation initiatives, Dr. Dopkeen will identify those and give them a scope for the committee by the end of July.

“Create” was replaced with “propose” in the fourth objective.

Regarding the sixth objective about fostering electronic healthcare activities, the topic of state databases was discussed. A committee member asked if making clinicians interoperable in these databases was part of this committee’s goal. It was decided that this was not within the committee’s goal and is part of the goal of the population committee.

The objectives were successfully discussed and Dr. Dopkeen moved on to some unresolved insurance issues and some discussion took place regarding an organizational entity and data transport utility.

Regarding an organizational entity, Dr. Dopkeen said, when we look at the ones in other states, there appears to be the presence of a quasi-public benefit organization that is not in the state government. They have a board that is appointed. It's a board of stakeholders organized and provides many functions. We need a goal that addresses. Whoever uses this must meet standards. This entity might have resources to help us achieve higher levels of electronic health care. That entity could do what the mass share initiative did and it would entertain and help policy. He wants to work with implementing strategies.

The concern with this organizational entity is that it could be a very tough budget year in government. We should not be dependent on general revenue (should not be subject to budget inefficiencies.) We have to be sustaining and have a manner to come to fruition and have it be maintained. We need this entity that looks like the minimum - they would coordinate the public role.

Lori Sorenson indicated that the structure of a network could create a regulatory problem. Serving non-profits is one thing, but if we expand and allow for profit, we could be subject to public and telecom regulations. The regulatory environment is almost exclusive of the healthcare side if we use state funds, there could be a problem if we do not have a not-for-profit organization.

A committee member asked if there would be just one entity for Illinois? Dr. Dopkeen answered that one oversight entity that is charged with policymaking, but could provide technical assistance, foster adoption of electronic health records, and could relate to issues that arise from standards changes.

Dr. Dopkeen stated that a technically secure way of transporting data needs to be created. This would necessarily be Health Insurance Portability and Accountability Act (HIPAA) compliant, but not necessarily HIPAA certified early in the process.

There was discussion about what the Illinois Health Network (IHN) can do vis-à-vis the EHR, public domain systems (Vista or other different vehicles). Todd Hart's immediate thought that we could use the network and put money into making it look better and be easy to use – and offer this to everybody. You would have to help people and it is in the public domain. There are simplistic things you could do as long as it's interoperable. These are the kinds of infrastructural issues that need to be talked about.

Shelly Duncan responded that she has had an opportunity to see the network in terms of what it does and what it potentially can do; that we should see other possibilities; and that it offers an excellent opportunity to explore.

Dr. Dopkeen agrees that we can identify opportunities to help inform our thinking. This will show that we have an objective view of things. It is easy to jump onto IHN, but we need to make sure we have our goals straight.

Dr. Dopkeen indicated that we need to consider some alternatives on funding, and asked how the committee wanted to proceed with the issue identification process. Mr. Hart suggested that staff prepare a draft document highlighting issues for each objective. The committee agreed with that approach.

A future meeting was scheduled for 10 am – 12 pm on June 22nd.

The meeting adjourned at 3:27 p.m.