Interconnecting Clinicians Committee Meeting Summary
July 26, 2006

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

Committee Members	**Staff Members**
Jonathan Dopkeen, Ph.D., Chair	Jeff W. Johnson
Hayes Abrams representing Brad Buxton	Seema Kamath
Thomas A. Granatir	
Todd Hart	
Anne Mahalik	
John Malan	
Patricia Merryweather	
Randy Mound	
Fred Rachman, M.D.	
Nancy Semerdjian	
Joyce Sensmeier	

The committee meeting was convened 10:07 a.m. The first order of business was the approval of the summary for the last meeting. The committee accepted the summary.

Jonathan Dopkeen, then briefed the committee on Executive Order 8 (2006) issued by Governor Blagojevich on July 13, 2006. The order created a new Division of Patient Safety within the Department of Public Health. Dr. Dopkeen mentioned that some of the EHR Taskforce members were aware of the order. The order referenced the creation of the EHR Taskforce. It also noted that the new division's duties included encouraging the utilization of e-prescribing programs by 2011. Nothing indicates that the order affects the deliberations of the Taskforce.

Nancy Semerdjian asked for an update on the Health Information Security Privacy Collaboration (HISPC) initiative in Illinois. Dr. Dopkeen noted that he and project staff have been trained by the national coordinator, Research Triangle Institute (RTI). The project schedule is backed up a little, but the steering committee is almost done. Members asked about the steering committee. Dr. Dopkeen indicated that he didn't have the specific list, but would get it. *(The preliminary list of the steering committee members is now located on the Taskforce Web site at: http://www.idph.state.il.us/ehrtf/ehrtf_HISPC.htm)*

Dr. Dopkeen then directed the members to the issues under Objective 1. He suggested that HISPC would address issues 1(a), 1(b), and 1(c).

In the context of issue 1(c) – eliminating federal barriers to EHR, Pat Merryweather noted that Congress was acting upon H.R. 4157, the Health Information Technology Promotion Act of 2005. Many consumer and privacy groups oppose the bill. This brings out the need to educate consumers on the benefits of EHR. We're not going to readily eliminate barriers if we don't inform the consumers.

In discussions regarding issue 1(e), Joyce Sensmeier thinks some of the focus should be on incentives adopting EHR. She's wondering if we should have a statement on that. Dr. Dopkeen indicated it was something that can be addressed.

Fred Rachman, M.D. indicated that cost of software is another barrier to adopting EHR and needs to be considered.

Dr. Dopkeen went on to discuss the issues in Objective 2. He suggested that issue 2(a) be left to HISPC.

The discussion then turned to issue 2(b):

> *Should Illinois adopt a standard protocol of opt-in or opt-out? (Opt-out requires a documented communication that an individual's health records not be available for exchange).*

Dr. Dopkeen noted that Taskforce member, Dr. Craig Backs, had come out in favor of an opt-out option. Dr. Rachman noted that the EHR system that he has been working on for his clinics use an opt-in approach. He also noted that many of the issues outlined by the committee have different relevance depending upon the model/system the Taskforce proposes. Dr. Rachman suggested the committee move on to making recommendations regarding the bigger issues of the implementing entity and system architecture as outlined in Objectives 6 and 7. Addressing these issues will help with the issues referenced earlier in the document.

The group moved to Objectives 6 and 7, specifically the implementing entity. Dr. Dopkeen indicated that the Illinois Health Network (IHN) could be one option for an exchange under that entity. IHN has received state funding and has gained some recognition in the administration. Dr. Rachman said that there are other things going on in the state that are involved with Level 4 health information exchange (Walker J, Pan E, Johnston D, Adler-Milstein J, Bates DW, Middleton B. "The value of health care information exchange and interoperability." Health Aff (Millwood). 2005 Jan-Jun;Suppl Web Exclusives:W5-10-W5-18), which is what Nancy Semerdjian has done in Evanston. Other examples are Cornerstone, the Immunization Registry and Medicaid. Hayes Abrams mentioned that BlueCross BlueShield is working with hospitals in Chicago with Level 4 health information exchange capabilities.

Dr. Dopkeen said we need to build on what's already there. The architecture would likely be a hybrid model where aggregated information can be obtained to meet public health needs.

Ms. Sensmeier stated that the IHN is a good framework. Ms. Merryweather agreed, noting that the IHN has been dealing with hospitals and knows the issues.

Dr. Dopkeen asked the members if the committee can embrace that approach. Thomas Granatir indicated that it made sense to take advantage of something that is already in place. He also noted that a hybrid model is the approach to deal with the aggregation of population health data.

Moving on, Ms. Sensmeier made two suggestions for the standards area. These were based upon the work of the American Health Information Community. She suggested the following should be incorporated at the state level in our standards.

> **RECOMMENDATION 2.1:**
> Federal healthcare delivery systems (those which provide direct patient care) should develop a plan to adopt the HITSP-endorsed standards for laboratory data interoperability by 12/31/06. (American Health Information Community Electronic Health Records Workgroup, 5/16/06)

> **RECOMMENDATION 2.2:**
> Federal Agencies and Departments with health lines of business should include/incentivize the use of HITSP-approved standards in their contracting vehicles where applicable. (American Health Information Community Electronic Health Records Workgroup, 5/16/06)

Dr. Dopkeen answered that we're going to start using the IHN for laboratory data. Also, to keep us interoperable, the State should embrace the recommendations that Ms. Sensmeier made.

Issue (a), Objective 6, asks if claims data should be used as a starting point for health information exchange, was discussed. Hayes Abrams said that BlueCross BlueShield has the claims data and is willing to provide it. He believes that claims data is a good starting point.

Dr. Dopkeen noted that there's value in the claims data, but the uninsured population is also a consideration. He indicated that on some level, we want to get to a fully integrated clinical record.

It was suggested by one committee member that using claims data to create a personal Health record could be the starting point. Mr. Hart asked who owns the claims record. Mr. Abrams indicated that the insurer is the steward of the insured's record. They can use that information for consumer service, longitudinal stuff, etc.

Dr. Dopkeen suggested that the committee might want to try to come up with some generic recommendations for the proposed implementing entity to follow-up on.

It was the feeling of the committee members that further discussion on Objective 6 issues was premature.

Ms. Merryweather asked if the EHR Taskforce had to be disbanded after its report was filed in December. Dr. Dopkeen indicated the he will look at the legislation, but doesn't recall a sunset date for the Taskforce. The consensus was that the final report could include a recommendation for the Taskforce's continuation.

Discussion moved on to the issues in Objective 7. Dr. Dopkeen stated that he became convinced after attending the "Public Consensus Conference on Successful Practices for State-Level RHIOS," that the implementing entity should be a public/private partnership not just a government agency.

Mr. Abrams suggested that more discussion is needed on the infrastructure before deciding the issues related to the entity.

There was some discussion about the different types of architecture.

Dr. Dopkeen stated the Taskforce should describe the approach and make recommendation on what needs to be done. It would be the entity's role to flesh out the details and implement the system. The committee doesn't need to make the decisions today, but we're the infrastructure committee and should have a say on the decisions that need to be made.

Dr. Dopkeen suggested that a working session be convened to develop recommendations on the desired architecture. Mr. Hart said the working session should be an in person meeting. Dr. Dopkeen indicated that he would come up with a recommended group of participants. These folks will be expected to research the options in preparation for the working session. Mr. Hart suggested that the committee chairs be part of the working session.

The meeting adjourned at 12:01 p.m.