

# Interconnecting Clinicians Committee

## Final Report

November 13, 2006

The Interconnecting Clinicians Committee was based on *Strategic Framework Goal 2* of the four *Goals of Strategic Framework* described by David J. Brailer, M.D., Ph.D., National Coordinator for Health Information Technology, U.S. Department of Health and Human Services.<sup>1</sup> As stated in the goal statement, “without clinicians' ability to exchange information with one another electronically, whether it is across town or across the country, patients' information may not be readily available when and where it is needed.” It further states, “to remedy this, an interoperable system based upon a common architecture must be developed.” Within the context of the legislative charge to the Taskforce and the four committees as structured, the Interconnecting Clinicians Committee was focused on the infrastructure necessary to achieve interoperable electronic health records in Illinois.

*Strategic Framework Goal 2* lists three strategies for achieving an interoperable system. First is to foster regional collaborations where locally held patient information can be electronically accessible to those involved with providing care. These collaborations have been named "Regional Health Information Organizations" – RHIOs, or “sub-network organizations or SNOs.”<sup>2</sup>

The second strategy is the development of a common set of standards for sharing health information. Government commitment to using interoperable systems with common standards and architecture is the third strategy outlined in *Strategic Framework Goal 2*.

Within this context, the committee began its deliberations on April 18, 2006. One of the first issues noted by the members was that the word “Clinicians” within the committee name should not be viewed as a limitation on the type of stakeholders needing to participate in health information sharing. Interoperable health information technology holds great promise for improving the health care system and population health. Stakeholders in these areas need to be involved in the process for developing the infrastructure for health information sharing.

The committee adopted the goal of creating a supportive environment in Illinois for sharing electronic health information to ensure that every resident’s complete and accurate medical history, including test results and medication information, is available to provide optimal care by the treating physician, improve the healthcare system and the health of the population.

The overarching recommendation of the committee was to create an entity to assume the

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1. The Decade of Health Information Technology: Delivering Consumer-centric and Information-rich Health Care – Framework for Strategic Action, July 21, 2004, Tommy G. Thompson, Secretary of Health and Human Services, David J. Brailer, MD, PhD, National Coordinator for Health Information Technology
  2. Page 1, “The Common Framework: Technical Issues and Requirements for Implementation,” one of the component documents of “The Connecting for Health Common Framework: Resources for Implementing Private and Secure Health Information Exchange,” ©2006, Markle Foundation, <http://www.connectingforhealth.org>

leadership role in creating this supportive environment. This entity would be charged with the responsibility of fostering local collaborations and developing an infrastructure to facilitate health information sharing within the state. Stakeholder representatives would be on the entity's governing board to ensure the necessary commitment to health information technology. This and other taskforce committees agreed that the entity would be embodied as a state authority ("the authority").

The committee also adopted objectives for attaining the goal. Following is a restatement of the committee's goal and the objectives with recommendations for their implementation.

## **Goal**

Create a supportive environment in Illinois for sharing electronic health information to ensure that every resident's complete and accurate medical history, including test results and medication information, is available to provide optimal care by the treating physician, improve the healthcare system and the health of the population.

## **Objectives**

1. Eliminate barriers to sharing health information among persons authorized to receive the data within and outside of the State of Illinois.

### ***Recommendations for Implementing the Objective:***

The committee recommends that the authority review the report from the Health Information Security Privacy Collaboration (HISPC) – Illinois project and note those barriers identified by the project that have not been addressed by the General Assembly or other entities and develop a plan for their elimination. Unfortunately, the report of the HISPC – Illinois project is not due until after the due date for the taskforce's report and plan. The authority must take an active role in responding to barriers not identified by HISPC – Illinois or potential barriers that may surface, regardless of whether they are state or federal issues.

### ***Issues for Further Consideration:***

Financial barriers to infrastructure development for health information sharing were also discussed by the committee. Committee members suggested that the authority review funding opportunities as part of its role of fostering health information exchange.

2. Review and make recommendations to revise Illinois laws where necessary to facilitate the exchange of electronic health records in an accurate and secure manner while protecting or maintaining patients' rights and privacy.

### ***Recommendations for Implementing the Objective:***

The committee recommends that the Illinois General Assembly approve legislation creating the authority. This legislation should provide for the transfer to the authority those Department of Public Health assets derived from its grants to the Illinois Health Network. Creation of the authority is critical to ensuring that the continued development of health information technology in the state. A Department of Public Health grant supported the creation of an early stage electronic health information sharing network. As funder for the network, the Department retains ownership rights to the assets. The assets can serve as the foundation for the authority's health information sharing infrastructure.

Once created, the authority will assume the role of recommending legislative changes necessary to further the goal of health information sharing.

***Issues for Further Consideration:***

In developing the standards for participating in the state health information exchange, the authority needs to consider whether it should require participating providers to obtain patients' consent to be listed on the record locator service (RLS) – See Objective 6 – or establish a policy where patients are listed unless they “opt-out” of the health sharing process.

The authority also needs to consider patient involvement or accessibility to their records held by parties to an electronic exchange transaction.

3. Assure that standards in Illinois are consistent with the national standards for health information exchange.

***Recommendations for Implementing the Objective:***

The committee recommends that the enabling legislation for the authority require it to develop standards consistent with nationwide standards where applicable. To ensure that vital health information can be shared with other states, it is imperative that the authority's health information exchange use the same standards used by other exchanges.

The committee also recommends that state agencies be required to adopt interoperable health information systems and require the submission of health information in a manner consistent with national standards.

4. Develop a plan to provide technology support to clinicians and guidance on how to connect with other organizations within Illinois.

***Recommendations for Implementing the Objective:***

The committee recommends that the authority develop a plan to provide technical support for clinicians and local health information exchange organizations in

areas or sectors where there is an unmet need (e.g., rural providers or providers with substantially uninsured practices).

Lack of information about how to develop and support interoperable health systems is a major barrier for health care providers. The authority can address this role by developing a plan for support. This should not supplant support that needs to be provided by health information vendors.

***Issues for Further Consideration:***

The authority should consider working with health information vendors to provide this support on a low cost/no cost basis.

5. Identify opportunities to foster electronic health exchange activities, especially in rural and underserved areas of the state.

***Recommendations for Implementing the Objective:***

The committee recommends that the authority be empowered with the responsibility of fostering health information exchange activities. This may include the issuance of grants, and/or working with other state agencies regarding loan programs and providing assistance in pursuing other funding opportunities.

6. Propose an entity to assure implementation of health information exchange.

***Recommendations for Implementing the Objective:***

The committee recommends the creation of the authority to perform the function of assuring implementation of health information sharing activities within Illinois.

Part of this assurance function is for the authority to develop initiatives to foster interoperable health information technology. Another part is for the authority to establish a state health information exchange. The state exchange would consist of the RLS to link health care providers with sources for patient information, within Illinois and other states and the mechanism to facilitate the data transfer from the data source to the caring provider.