Electronic Health Records (EHR) Taskforce Steering Committee Meeting Summary

July 6, 2006
Audio Conference

Steering Committee Members
Craig Backs, M.D.
Alan Berkelhamer, R.Ph.
Ellen S. Brull, M.D.
Jonathan Dopkeen, Ph.D.
William Kempiners
John Lantos, M.D.
Patricia Merryweather
Fred Rachman, M.D.
Mary Thompson

Staff Members
Fee Habtes
Jeff W. Johnson
Ariel Katz

Guests
Patrick Gallagher

Dr. Jonathan Dopkeen convened the meeting at 8:05 a.m. The first item on the agenda was the approval of the last meeting's summary. It was moved and seconded that the summary for the May 8th Taskforce meeting be approved. The motion passed.

The next order of business was the presentation of committee reports. Dr. Ellen Brull presented the report for the Informing Clinicians Committee. She provided an overview of the committee's draft goal and objectives. How much the State of Illinois should do to help foster provider adoption of EHR systems is the "bottom line" issue to be discussed by the committee. A question was asked as to whether the committees should include a financial piece in their deliberations. The answer was yes they should.

Pat Merryweather noted three actions being undertaken at other levels that affect the deliberations of the Informing Clinicians Committee.

- The Certification Commission for Health Information Technology (CCHIT) will be certifying ambulatory EHR applications mid-July.
- There is federal legislation to provide relief from the physician self-referral, or "Stark," regulations, which places constraints on hospitals sharing technology with other providers.
- The development of a public evaluation version of the Department of Veterans Affairs VistA -Office EHR that will be made available for use in small physician offices.

Dr. Brull noted that one of the concerns heard about VistA is that while it does well in capturing clinical information it is deficient with respect to the billing needs of a physician's practice.

The Interconnecting Clinicians Committee report came next. Dr. Dopkeen noted that this committee is responsible for addressing the infrastructure for exchanging electronic health records. He indicated that some of the issues identified in the committee's draft objectives

regarding eliminating barriers to the exchange of health information and ensuring patient privacy and protection would be addressed by the Health Information Security and Privacy Collaboration (HISPC). HISPC is a federally funded initiative focused on assessing and developing strategies to address variations in organization-level business policies and state laws that affect privacy and security practices that may affect the adoption of interoperable health information exchange. The Illinois Foundation for Quality Health Care (IFQHC) received the contract from HISPC to perform the assessment and develop strategies for Illinois.

There was discussion regarding the issue of whether the infrastructure should be designed as a "federated" (decentralized approach where the data remains at the local level) or centralized model (where patient health information is uploaded to a data warehouse).

Ms. Merryweather indicated that she felt the "federated" model was the better approach. This model can be implemented more expeditiously than the centralized approach.

Some questioned whether that model could effectively operate without the creation of a unique patient identifier. Given the dependence of the "federated" model on a "record locator service" (RLS) to identify the location of a patient's records based upon a small set of identifying indicators, there is a possibility of misidentified records. This possibility would be eliminated with a unique identifying number.

In reacting to another committee issue regarding the creation of an entity to oversee the implementation of EHR in Illinois, Ms. Merryweather stated that it was her preference that such an entity be governed by a public/private partnership.

William Kempiners suggested that the Taskforce and its committees should focus on the following:

1. Monitor what is going on at the federal level;
2. Design an EHR system in Illinois that is consistent with federal standards;
3. Create an entity to follow-up on the recommendations of the Taskforce and seek grants to help fund the state's EHR initiatives.

The Steering Committee members agreed that these represented a good framework for the Taskforce and committees follow.

Mary Thompson then presented the Personalizing Health Committee report. Upon the conclusion of the report, Dr. John Lantos suggested adding the following to the framework previously identified by Mr. Kempiners:

1. Ensuring that patient privacy is protected;
2. Work on vendors to move their EHR applications toward consistency with national standards;
3. Encourage providers to join efforts to implement EHR.

It was agreed to add these points and distribute them to the committees.

Dr. Craig Backs commended the committees for their good start and noted that the next step is to work on recommendations to resolve the identified issues.

The members then agreed that the next meeting of the Steering Committee would be held on Thursday, September 7, 2006, from 8 a.m. to 10 a.m.

The meeting adjourned at 9:31 a.m.