

## **Electronic Health Records (EHR) Taskforce Steering Committee Video Conference Meeting Summary**

Illinois State Medical Society offices  
20 N Michigan Ave, 7th Floor  
Chicago  
600 South Second St., Suite 200  
Springfield

September 7, 2006

### **Steering Committee Members**

Hayes Abrams, representing Brad Buxton  
Craig Backs, M.D.  
Ellen S. Brull, M.D.  
Jonathan Dopkeen, Ph.D.  
Todd Hart (Joining per Dr. Dopkeen's request)  
William Kempiners  
John Lantos, M.D.  
Patricia Merryweather

### **Staff Members**

Fee Habtes  
Jeff W. Johnson  
Ariel Katz

### **Guests**

Patrick Gallagher  
The Honorable Julie Hamos, State Representative  
Traci Printen  
Mary Ring

Dr. Jonathan Dopkeen convened the meeting at 8:05 a.m. He indicated that the purpose of today's meeting was to follow-up on the recommendation of the Interconnecting Clinicians Committee that a special meeting be held to discuss infrastructure and governance issues. Dr. Dopkeen stated that he would like to deal with the governance issue first.

Hayes Abrams clarified that in his view, before the taskforce decides on a tool, there needs to be an idea of the infrastructure.

Patricia Merryweather stated that the Illinois Hospital Association (IHA) is working on principles regarding electronic health records. She indicated that IHA would oppose any model that requires a central repository for all records.

Dr. Dopkeen and Mr. Abrams indicated that they didn't think any member in the meeting was championing a central repository. The committee members agreed that the model should be based upon the decentralized approach described in the Common Framework, with some accommodations to respond to population health needs.

On the subject of governance, Dr. Dopkeen outlined his view of the three general options for overseeing electronic health information exchange:

- A wild west approach where health care providers are left to work out agreements on interchange amongst themselves;

- A government-based approach with some existing or new agency overseeing the process; or
- The creation of a non-profit “public/private” organization with a board of directors populated by key stakeholders.

William Kempiners stated that the wild west option was clearly unacceptable.

According to the August 8, 2006, draft version of the *State-Level HIE Initiative Development Workbook*, eight of the nine “state level” governance structures has formed or is planning to form as a non-profit organization.

Ms. Merryweather said that everyone should be at the table of the entity.

Representative Julie Hamos indicated that it was important for all the folks at the table to agree on an approach. She also mentioned that a budget must be identified.

Craig Backs, M.D., indicated that he would prefer a public/private non-profit partnership, but he agrees that funding is an issue and he’s concerned that the non-profit entity would lack the “oomph” needed to sustain the effort. Putting the responsibility in government would provide the leadership that is needed.

Mr. Kempiners noted that funding will be the key and it should come from government. Knowing what the financial need is and pursuing it will be a major task.

Dr. Dopkeen said the governing entity will have to be able to take government and non-government money.

Ms. Merryweather noted that there needs to be some government role. She asked about the Illinois Century Network as a model.

She also spoke of the need for the governing entity to have specific deliverables to accomplish within years 1 and 2. Mr. Abrams indicated the tools are available now to provide deliverables.

Dr. Backs stated that the governing entity should be involved in the “big picture” of electronic health information exchange. He also emphasized the need for “predictability and stability.”

John Lantos, M.D. indicated that it is important for the entity to have an understandable mission statement.

Dr. Dopkeen asked the members for some motion on what type of governing entity they preferred.

In response to a suggestion that the Department of Public Health become the governing entity, Rep. Hamos said that it might be harder to fund Public Health than a new agency. Her observation is that there is a lack of appreciation as to the scope of Public Health’s programs and

many legislators would be concerned that new money would be used by the Department to hire bureaucrats.

When asked about alternative government models, Rep. Hamos mentioned the Illinois Violence Prevention Authority. It has two co-chairs, one the Attorney General and the other the Director of Public Health; receives state and private funding; and has a board with broad representation.

Ellen Brull, M.D. and Ms. Merryweather indicated that they liked the idea. There was some additional discussion as to the name of this new agency.

Dr. Brull then moved that the committee recommend the creation of the Illinois Electronic Health Records Authority as the state agency charged with the role of implement electronic health information exchange in Illinois. Dr. Lantos seconded the motion. The motion was unanimously adopted.

It was suggested and agreed to that a 5-year sunset provision be added to legislation creating the authority to provide an impetus for an expeditious implementation of an electronic health information exchange model.

The members set the date and time for the next meeting as Tuesday, September 19, 2006, from 3 p.m. to 5 p.m. This meeting would focus on the outline of draft legislation to create the authority.

The meeting adjourned at 10:12 a.m.