

# Electronic Health Records (EHR) Taskforce Meeting Summary

## March 6, 2006

### IHA Offices in Naperville and Springfield

#### EHR Taskforce Members

Craig Backs, M.D.  
Alan Berkelhamer  
Larry Boress, Ph.D.  
Ellen S. Brull, M.D.  
Bradford A. Buxton  
Jonathan Dopkeen, Ph.D.  
Shelly Raymer-Duncan  
Maria I. Ferrera  
Laura K. Feste, RHIA  
Robert Fry  
Stephen Glass  
Thomas A. Granatir  
Kerra Guffey  
Todd W. Hart  
William Kempiners  
Brian H. Kramer, R.Ph., MBA  
John Lantos, M.D.  
Martin Lipsky, M.D.  
Daniel H. Litoff, M.D.  
Anne Mahalik, MPA, RHIA, FAHIMA  
Edward Mensah, Ph.D.  
Patricia Merryweather  
Karen J. Nichols, D.O.

Fred Rachman, M.D.  
Bobbie Riley, RPh  
Shannon Smith-Ross, Representing Beth Hackman  
Gordon Schiff, M.D.  
Nancy Semerdjian  
Joyce Sensmeier  
Mary Thompson  
Darryl Vandervort  
Arnold L. Widen, M.D., M.S., FACP

#### Staff

Jeff W. Johnson  
Ariel Katz, M.D.

#### Guests

Mary Ring  
Tracey Printen

Jonathan Dopkeen, Ph.D., IDPH Assistant Director started the meeting at 8:35 a.m. He indicated that the EHR Taskforce is governed by the Open Meetings Act. Public notices would be required of all meetings held by the Taskforce or any committees that may be created. The notices must be posted at least 48 hours in advance of the meeting. The Open Meetings notices will be coordinated through Jeff Johnson. (A short paper on the Open Meetings requirements was included in each member's packet.)

Dr. Dopkeen indicated that the Taskforce would be hearing more on Ethics training later date.

Dr. Dopkeen asked everyone to introduce themselves at the Springfield and Naperville locations.

After the introductions, Dr. Dopkeen gave his presentation, "*EHR Taskforce Overview.*"

Substituting for Beth Hackman, Vice President, Illinois Foundation for Quality Health Care, Shannon Smith-Ross, Senior Project Manager at the Foundation spoke on "*EHR in Illinois Physician Offices.*"

Nancy Semerdjian, Senior Vice President of Medical Informatics, Evanston Northwestern Healthcare then gave her presentation on, "*An EMR System.*"

Todd W. Hart, Director, Illinois Health Network, presented information regarding, *The Illinois Health Network*. (PDF copies of the presentations are located on the Illinois Dept. of Public Health's Web site at: [http://www.idph.state.il.us/ehrtf/ehrtf\\_resources.htm](http://www.idph.state.il.us/ehrtf/ehrtf_resources.htm))

After the presentations, Dr. Dopkeen opened the meeting up for discussion on where the Taskforce should go.

Patricia Merryweather stated that from a provider perspective IHA is supportive of EHR. EHR can play a role in quality improvement at our hospitals especially in light of recent news that Illinois was below average in the treatment of pneumonia.

Dr. Arnold Widen asked how Evanston Northwestern Healthcare handled patient confidentiality issues.

Ms. Semerdjian indicated that they have a data fingerprint that tells them who is accessing the information they also run audits.

Maria Ferrera indicated that the presentations did not address personal health records (PHR). She feels this issue needs to be discussed by the Taskforce.

Bradford Buxton noted that there has been work done at the national level to time PHR into EHR. Another issue is that claims data can supplement clinical data.

Dr. Daniel Litoff asked about Evanston Northwestern Healthcare initiatives to connect records with providers other than house staff. That connectivity is currently within the ENH network.

Mr. Buxton stated that a public/ private collaboration is essential to the success of EHRs; especially in places where physician funds are limited.

Craig Backs, M.D., indicated that the issue of who is going to pay is critical to the process. He also asked if the current EHR technology allow providers to use existing devices to accomplish data exchange.

Gordon Schiff, M.D., raised the point that the private marketplace is not getting us to where we need to go. There needs to be some thought on the different roles of the Taskforce. The Taskforce needs to benchmark other state initiatives. It also needs to set goals for what is to be achieved.

The Honorable Julie Hamos, State Representative, entered the room. Dr. Dopkeen stopped the discussion and introduced Rep. Hamos as the sponsor of the legislation creating the EHR Taskforce. She gave a short speech on her views as to what the Taskforce should address.

- How we collect and use data.
- What will be the appropriate uses for data within the constraints of security and privacy concerns.
- EHR as a mechanism to rapidly respond to major health problems.

- EHR should help facilitate health status monitoring.
- An EHR infrastructure that supports access to a patient's record throughout a person's lifetime.
- The development of a universal interconnected statewide network.
- Whether there is a need for a statewide governance mechanism.
- How EHR solutions should be funded.
- The technological feasibility of proposed EHR solutions.

The discussion resumed after Rep. Hamos' presentation.

Larry Boress, Ph.D., asked whether the Taskforce should be focusing on the collection of health data or whether the Taskforce is to address the process.

John Lantos, M.D., indicated that creating personal health records is one thing, collecting data for public health purposes is another.

Bradford A. Buxton stated that he viewed Rep. Hamos as focusing on transparency of the medical records process.

Patricia Merryweather, responded that she sees transparency coming from the government, not health care providers.

Ellen Brull, M.D. suggested that the Taskforce look at interoperability and cost and how the State of Illinois is going to implement EHR.

Dr. Dopkeen stated that the Taskforce members would be given more information on what other states are doing with respect to EHR.

Thomas Granatir, spoke of the need to organize the task force into 3 subsets: 1) accelerate the implementation of EHR in physicians offices; 2) consider the development of patient medical records, and 3) the role of pharmaceutical data in Electronic data exchange

Fred Rachman, M.D. indicated that in looking at standards, the Taskforce should focus on the physician's office level on up. HE also suggested the use of the 7 issues addressed in the original House Bill.

Dr Widen stated the need for a longitudinal system that would include all types of data.

Mr. Buxton spoke of the need to consider the interoperability of EHR. He also stated that claim information is currently being implemented and that it is an already established system that is a viable option for data exchange.

Ms. Merryweather suggested that the Taskforce form along the areas referenced in the Electronic Health Records Taskforce Act.

Rep. Hamos stated that the Taskforce needs to focus on the broader issue of how to get a longitudinal health record.

Ms. Merryweather mentioned that the patient's electronic medical record should consist of clinical data.

Dr. Backs suggested that a steering committee should be appointed to make recommendations on the goals to be pursued by the Taskforce and on committee structure.

There was consensus on the creation of a steering committee.

William Kempiners indicated that the members selected for the steering committee should be representative of the groups on the Taskforce.

Dr Schiff stated that we need to decide whether the system will be a value added system that can perform quality improvement or just a clearinghouse of information.

Dr. Dopkeen indicated that he would take the lead on appointing the steering committee.

He also indicated that the Taskforce meet in about a month, and that in the notice would be provided. regarding preenttions from other states.

The meeting adjourned around 12 p.m.