

Electronic Health Records (EHR) Taskforce Meeting Summary
April 18, 2006
Illinois Hospital Association Offices in Naperville and Springfield
Video Conference

EHR Taskforce Members

Craig Backs, M.D.
Alan Berkelhamer
Brian Bragg
Ellen S. Brull, M.D.
Jonathan Dopkeen, Ph.D.
Shelly Raymer-Duncan
Laura K. Feste, RHIA
Stephen Glass
Thomas A. Granatir
Kerra Guffey
Todd W. Hart
William Kempiners
John Lantos, M.D.
Daniel H. Litoff, M.D.
Anne Mahalik, MPA, RHIA, FAHIMA
Edward Mensah, Ph.D.
Patricia Merryweather
Scott McKibbin
Bobbie Riley, RPh
Mary Thompson
Arnold L. Widen, M.D., M.S., FACP

Staff

Jeff W. Johnson
Ariel Katz, M.D.

Guests

Angelo Buscaglia, IHA
Patrick Gallagher, ISMS
Stasia Kahn, NIPFC
Mary Ring, IHN
Shannon Smith-Ross, IFQHC

Introduction:

Jonathan Dopkeen, Ph.D., IDPH Assistant Director started the meeting at 8:45 a.m. He thanked everyone for joining the meeting today and hoped that the three state and HIMSS presentations brought taskforce members “up to speed” on Health Information Exchange. He then introduced Stasia Kahn a guest from Northern Illinois Physicians for Connectivity. He also welcomed Dr Widen who was on phone teleconference for the meeting.

Ethics Training:

Dr Dopkeen asked for Ethics training to be signed and faxed to 217-557-3497 within 2 weeks of this meeting.

Minutes:

The Steering Committee has been chosen and comprised of 11 Taskforce Members. Their first meeting convened on April 5, 2006. Bill Kempiners then moved and Dr Widen seconded the acceptance of the March 6 minutes. Bill Kempiners moved and Shelly Duncan seconded adoption of March 24th minutes.

Bylaws:

Dr Dopkeen then asked for acceptance of the bylaws. He stated that the bylaws included the selection of subcommittee chairs to be chosen from the steering committee. The vice chair of those committees is to be selected from the overall taskforce.

Dr Widen questioned Article 4.3 of the bylaws and thought that all issues should be approved by consensus. Dr Dopkeen stated that all contested items will be approved by majority with the goal of achieving consensus.

Mary Thomson moved to accept the bylaws and Pat Merryweather seconded the motion. The Bylaws were then adopted by consensus.

Vice Chair

Pat Merryweather was elected as Vice Chair of the Taskforce at the April 5th Steering Committee meeting.

Committee Structure:

Committees were selected using Dr Brailer's, "4 Strategic Goals" for the Advancement of Health Information Technology. A matrix has been devised to show how the seven Articles of PA 94-646 are incorporated into these four goals. The placement of members to a committee is merely suggested and any member should feel free to join whichever committee he/she feels most comfortable.

Dr Litoff moved to accept the committee structure and Mary Thompson seconded the motion.

Ari Katz presented suggested objectives for the 4 subcommittees.

Membership changes:

Scott McKibbin from the Department of Healthcare and Family Services has replaced Jim Parker.

Lori Sorenson from Central Management Systems has replaced Jim Mathews. Glen Barton has resigned from the Taskforce.

Questions regarding committee objectives/reports:

Ms. Thompson asked what is to be expected from the committee work. Jon Dopkeen asked the committees to first decide on issues to discuss and then work on how these issues should be addressed by the General Assembly.

Bill Kempiners asked if there was a compilation of all databases used by the state so that we can minimize duplication of services.

Pat Merryweather said that the IFQHC had some information about these databases and some early attempts at interconnecting them. Unfortunately, the state has a long way to go in order to become interoperable.

Tom Granatir advised that our recommendation be as specific as possible to the General Assembly. Usually the GA is “undernourished” in expertise in dealing with these issue as and that the taskforce can be most beneficial if it identifies specific recommendations.

Dr Backs requested to be moved to Goal 1: “Inform Clinical Care” from Goal 2: “Interconnecting Clinicians.”

Laura Feste asked what the RTI grant and how it related to the taskforce.

Shannon Smith-Ross explained that the IFQHC is looking at a contract with RTI who have been given a grant by AHRQ on Privacy and Security barriers in 40 states as well as recommendations for how to overcome these barriers. Taskforce members from each of our four subcommittees will be asked to be a part of the Steering committee for the RTI grant.

Breakout Sessions:

At 9:50 a.m., the Taskforce recessed while members went into breakout sessions with the committees to which they had been appointed.

Upon reconvening at 11:13 a.m., the chair or a representative gave a brief summary of their committee’s deliberations.

Informing Clinicians Committee:

Dr. Ellen Brull identified the following issues discussed by the committee members.

- Financial concerns about the cost of adopting EHR compatible systems – who should pay:
 - Patients
 - Health care providers
 - 3rd party payers
 - Government

- Systems should be compliant with Federal standards

- Looking at the issue of whether patients should be able to opt-in or opt-out of health information exchange activities
- There is a need to “incentivize” EHR for health care providers

Interconnecting Clinicians Committee:

Committee member Tom Granatir gave the report for the committee. He indicated that the committee identified four concepts to be pursued.

- That interconnectivity should be more broadly construed to affect more than clinicians
- Recommendations should be “patient-centric”
- Proposals need to build upon Federal efforts
- Identify what role health insurance claims data has in health information exchange

Personalizing Health Committee:

As chair, Ms. Thompson reported that her committee discussed target or interest groups who would be concerned with personal health records.

Improving Population Health Committee:

Ms. Merryweather, chair, noted that the committee discussed its future direction. This includes:

- Identifying governmental databases that health care providers report to now
 - See if the information is underutilized
 - Is there any intervention analysis
 - Is there any feedback to health care providers
 - Is the information available for research purposes
- Look at the economic impact/cost benefit of using EHR for population-based purposes
- Address concerns about patient privacy and security

Closing comments:

Dr. Dopkeen asked the committees to meet within the month to begin their deliberations.

The meeting adjourned around 12:00 p.m.