



**MINUTES OF THE NOVEMBER 21, 2013 MEETING
OF THE REGIONAL HIE WORKGROUP OF THE GOVERNING BOARD OF THE
ILLINOIS HEALTH INFORMATION EXCHANGE AUTHORITY**

The Regional HIE Workgroup (“Workgroup”) of the Board of Directors (“Board”) of the Illinois Health Information Exchange Authority (“Authority”), pursuant to notice duly given, held a meeting at 2:30 p.m. on November 21, 2013 at the James R. Thompson Center, 100 W. Randolph St., Chicago, Illinois 60601, with a telephone and video conference call capability.

<u>Appointed Workgroup Members Present:</u> Mr. David Holland (phone) Dr. Nancy Newby (phone)	<u>OHIT Staff Present:</u> Raul Recarey, Kerri McBride, Elizabeth LaRocca, Ivan Handler, Lindsay Friedman, Tom Nowak, Dan Procyk, Krysta Heaney
<u>Institutional Members and Public Participants:</u> Chuck Cox, MCHC Steve Lawrence, LincolnLand HIE and Illinois Health Exchange Partners (phone) Joy Duling, Central Illinois HIE (phone) Crystal VanDeventer, LincolnLand HIE and Illinois Health Exchange Partners (phone) Roger Holloway, Northern Illinois HIE (phone) David Miller, Central Illinois HIE (phone)	

Call to Order and Roll Call

Ms. McBride confirmed the presence of the Members of the Committee noted above and quorum. The ability of the Committee Members to clearly participate by telephone was confirmed and there were no objections expressed to participation of any member by conference call.

Approval of Minutes

After a clerical correction, the minutes of the Workgroup meeting, that took place on September 12th, 2013, were approved.

Update on Consent Management Work Group/DSPC Actions

The patient consent Work Groups submitted recommendations to the DSPC, which in turn, reviewed and forwarded the recommendations to the ILHIE Authority Board. Those recommendations were approved by the Board on November 7th. Currently, the Consent Preference and Data Security Work Group is still in the process of making its recommendation.

The ILHIE Consent and Onboarding Process was discussed at the DSPC meeting. The process is as follows: If an individual does not have specially protected information, providers typically automatically onboard that individual. If the individual does not have specially protected information, the provider can either onboard that individual as being opted out, or not onboard the individual at all.

Opt-In/Opt-Out slides providing a visual representation of the process were reviewed.

Ms. McBride and Mr. Handler clarified that individual patient consent preferences received by RHIOs will follow the patient record if a RHIO connects to the ILHIE. The ILHIE will permit RHIOs to use the ILHIE MPI.

Mr. Cox expressed concern that comments raised during the Work Group meetings were not reflected in the consent management recommendation approved by the Authority Board.

Ms. LaRocca explained that a newer consent policy was developed because many of the participants and stakeholder groups were not satisfied with the original policy. Consequently, the policy was reviewed publicly, at Workshop meetings, the Data Security and Privacy Committee meeting, as well as at the Board level, to ensure highest amount of agreement and approval.

ACE Program Requirements

Mr. Raul Recarey, ILHIE Authority Executive Director, presented the group with an overview of the ACE Program requirements. He explained that the accountable care entity RFP from Medicaid is an attempt to promote HIE exchange coordination of care among a large group. Connectivity to Medicaid is one of the ACE contract requirements, and the ILHIE is a means of connecting to Medicaid. Consequently, ACEs will connect to Medicaid via ILHIE. The connection can be directly made to ILHIE or indirectly through another connection/organization, e.g. a RHIO, that is in turn connected to ILHIE.

In addition, if an ACE can utilize an electronic records system in the normal course of business, has the ability to connect to ILHIE, and can produce and consume a C32, it should do so via bi-directional connection. Organizations that do not have the ability to do so will fall back on a direct messaging system.

Q: Do organizations have to use the ILHIE direct addresses or can they pass a message to ILHIE through a HISPS address?

A: ILHIE needs a direct address. It doesn't matter what it is as long as it is a direct address that follows the direct.org standard.

Q: Is it true that the ACE program is going to require CCD exchange through direct or through an XDS connection, and not the direct connectivity that we use for the public health node?



A: Bi-directional v. direct connections to ILHIE were reviewed. Mr. Recarey emphasized that direct connections are the “fall back” position.

Q: Will the operator of the ACE entity have to pay for the connection and labor to support the connect?

A: Yes.

Meeting Frequency and Next Steps

The group decided that bi-monthly meetings were appropriate, staggered to alternate with the bi-monthly meetings of the ILHIE Board. Due to the Work Group’s general unavailability in the month of December, the Board will meet bi-monthly, starting in February.

Mr. Recarey noted that he is available to the Work Group prior to these meetings and encouraged the group to contact him directly, ahead of the Regional HIE meetings, to discuss any questions, concerns and issues.

State Healthcare Innovation Plan updates will occur during the next Regional HIE meeting.

Suggested recurring meeting issues were:

- State Healthcare Innovation Plans
- ACE Activity updates

Public Comment

There were no public comments.

Adjournment

The meeting was adjourned at 2:56 p.m.

Minutes submitted by: Daniel Procyk, Esq.
