

Good morning I appreciate your willingness to read this testimony into the Committee record.

My name is Steve Lawrence. I am Executive Vice President for the Southern Illinois Healthcare Foundation, a Federally Qualified Health Center provider that serves eight counties in Southern Illinois. I am presenting testimony in my role as Executive Director for Lincoln Land HIE, which was established as an LLC in 2011 and Illinois Health Exchange Partners, established as an LLC in 2012. The two HIEs have separate governing boards to allow each to respond to unique market requirements in each geography, but share technology, infrastructure, staffing, and administrative services to facilitate a shared sustainability model. Lincoln Land HIE and Illinois Health Exchange Partners have a contract with Medicity to provide the Medicity Novo Grid and iNexx platforms. The two HIEs will cover a large geographic area in central and southern Illinois, and participation in the two HIEs is open any healthcare or community provider in Illinois and the bordering states. Requirements for the products and services offered by the HIEs were identified through extensive field interviews in 70 organizations, hospital departments, and clinics with approximately 200 individuals including physicians, nurse practitioners, lab and radiology techs, nurses, medical records and information technology staff, healthcare executives, hospital department administrators, and community service providers. Through field studies, we identified their clinical workflows, communications, and transitions of care challenges and needs in order to determine the types of technical infrastructure, products, and capabilities required to bring about greater efficiencies, effectiveness, and reliability for clinical information exchange to serve the provider and patient. Because so many physicians practices in our rural communities and in the Metro-East area are largely paper-based, we looked at how we could support them with the HIE network while they transitioned to the electronic exchange environment. We also paid attention to the requirements in environments that already

had deployed electronic exchange capacity (largely for the delivery of laboratory results), the scanning volumes in those environments, and the challenges and costs associated with the development and maintenance of point-to-point interfaces.

During our practice-based interviews, physicians repeatedly emphasized that clinical data, including laboratory results, dictated reports, emergency department and inpatient discharge summaries, and other clinical information was needed at the point-of-care delivered directly to the physician's own medical record in order to be the least disruptive to clinician work flow.

Physicians and clinics experienced with e-prescribing also indicated they wanted to be able to generate electronic orders from inside the practice electronic health record system for other types of clinical services, such as mammograms, colonoscopies, laboratory tests, and procedures.

Hospitals were interested in this capability as well in order to ensure accurate and complete information about the patient presenting for services and the type of test needed, and to reduce the number of calls backs to the clinics to clarify orders and instructions, all of which contribute to the inefficiencies we are working hard to eliminate in healthcare delivery today. Electronic orders and results provide greater efficiencies, effectiveness, and reliability over the manual environment today. The HIEs can also audit records and tell a hospital or physician exactly when a transaction for a clinical communication was delivered to its intended recipient.

Physicians and clinic referrals staff will also be able to electronically submit and manage referrals through the HIE network, thereby addressing one of the key issues that creates significant call back activity and delays in care due to both missing information from the referring physician and not knowing the actions were taken by the consulting physician. We will provide an electronic infrastructure to set up unique "virtual" patient care teams allowing

medical homes, hospital discharge planners, and other healthcare providers to efficiently coordinate and transition care between and among all members of the medical team for patients with chronic conditions or who are at high-risk for an avoidable readmission.

Our founders and stakeholders determined that electronic orders, results, and referrals were the highest priority for implementation. Health system and hospital CEOs that participated in the building of the necessary social capital to establish and financially sustain these use cases met critical business requirements and clinical needs. We do not have plans to implement a centralized community database with an Master Patient Index or Record Locator Service as this was not a priority for our founders at this time because their physicians did not want to have to seek patient information from another portal outside of the practice electronic health record system. Lincoln Land HIE will be in production later this summer, and ILHEP will be in production sometime late fall.

Lincoln Land HIE and ILHEP each engaged with Steve Gravely and Erin Whaley of Troutman Sanders as our legal counsel because of their expertise in health information exchange and their experience working MedVirginia and other HIEs around the country. Steve Gravely was the chief architect of the Data Use and Reciprocal Support Agreement also known as the DURSA which is the comprehensive, multi-party trust agreement signed by those participating in the Nationwide Health Information Network. Together they led Lincoln Land HIE and ILHEP through a similar trust framework process. Mr. Gravely and Ms. Whaley developed our agreements, policies, and procedures including those pertaining to privacy and security. The policies and procedures are compliant with state and federal laws and are comprehensive in addressing legal, operational, privacy, and security matters. The policies and procedures cover workforce member confidentiality and compliance, discipline, breach notification, business

associate agreements, uses and disclosures of PHI, the minimum necessary standard, accounting disclosures, security risk management, suspension and termination procedures, security awareness and training, malicious software, log-in monitoring, password management, contingency plan, data backup and disaster recovery plans, emergency mode operation plan, evaluation of security policies and procedures, facility access and security, person or entity authentication, transmission security, data integrity, and others in the comprehensive manual. In addition, each participant in the HIE Network is required to sign a comprehensive participation agreement that outlines privacy and security obligations and responsibilities and acknowledges that they will abide by the policies and procedures of the HIEs.

I appreciate the opportunity to provide this testimony. You will be hearing from Dr. David Graham, chair of the Lincoln Land HIE and Dr. Tom Mikkelson, chair of ILHEP. They will covering specific questions pertaining to the panels and will be able to answer your questions at that time.