

**MINUTES OF THE SEPTEMBER 7, 2011, MEETING
OF THE GOVERNING BOARD OF THE
ILLINOIS HEALTH INFORMATION EXCHANGE AUTHORITY**

The Board of Directors (the “Board”) of the Illinois Health Information Exchange Authority (“Authority”), pursuant to notice duly given, held a meeting at 12:10 p.m. on September 7, 2011, at the State of Illinois J.R. Thompson Center in downtown Chicago, IL.

<p><u>Appointed Members Present:</u> 1. Dr. Bechara Choucair 2. Mr. David Holland 3. Dr. William Kobler 4. Mr. Mark Neaman 5. Dr. Nancy Newby 6. Dr. Nicholas Panomitros 7. Dr. Bruce Wellman 8. Dr. Cheryl Whitaker</p>	<p><u>OHIT Staff Present:</u> Laura Zaremba; Mark Chudzinski; Diego Estrella; David Fagus; Michael Flanigan; Krysta Heaney; Danny Kopelson; Saroni Lasker; Mary McGinnis; Melissa Tyler; Cory Verblen</p>
<p><u>Ex-Officio Members Present:</u> 1. DOI – Colleen Burns 2. HFS – Director Julie Hamos 3. DHS – Susan Locke <u>Ex-Officio Member Present [by conference telephone]:</u> 4. DPH – Director Damon T. Arnold, MD</p>	<p><u>Members Absent:</u> 5. OOG – Mr. Michael Gelder <u>Vacancies:</u> Executive Director</p>

Call to Order and Roll Call

Dr. Cheryl Whitaker welcomed the appointed and ex-officio members of the Illinois Health Information Exchange Authority, as well as the members of the general public in attendance. Mr. Chudzinski, Secretary to the Board, confirmed the presence of the Members of the Authority Board noted above. There were no objections from the members of the Authority Board to the participation by conference telephone of Director Damon T. Arnold, MD, who had advised the Secretary in advance of his attendance by electronic means necessitated by business or employment purposes.

Approval of Agenda

There were no proposed revisions to the meeting Agenda, as posted in advance of the meeting in accordance with the Illinois Open Meetings Act.

Approval of Minutes of Prior Meetings

On motion duly made and seconded, the minutes of the Meeting of the Board on June 22, 2011, as well as the minutes of the Meeting of the Committee of the Whole on June 22, 2011 and August 10, 2011, were unanimously approved by the voting members of the Board.

Chair Report

Dr. Cheryl Whitaker shared with the Board that she had participated at the August 3, 2011 meeting of the HIT Policy Committee, a Congressionally-appointed Federal Advisory Committee to the U.S. Department of Health and Human Services. On behalf of the Authority she testified that HIE stakeholders in Illinois have reported that several EMR vendors are charging large sums for the provision of necessary interfaces from healthcare provider EMRs to HIEs. These interface costs are so high that they can actually absorb all of the Federal Medicare / Medicaid payment incentives available to qualified providers who acquire Electronic Health Record systems, impacting connectivity to HIEs and their sustainability. EMR vendors have concerns about constructing point-to-point interfaces because the standards are so loose, resulting in the high costs. One set of interfaces would allow costs to be decreased. She encouraged an annual process in which standards are added according to a public schedule, and that EMRs are recertified according to these schedules.

Presentation by Jennifer Covich Bordenick, CEO, eHealth Initiative

Mrs. Jennifer Covich Bordenick, Chief Executive Officer of the eHealth Initiative (EHI) in Washington, DC, shared with the Authority the principal findings of the eHealth Initiative "2011 Report on Health Information Exchange: The Changing Landscape". Since 2004, EHI has annually tracked the progress of over 260 regional, state and local initiatives working on healthcare information exchange. EHI and its over 200 organizational members work to support HIEs through research, education and advocacy for HIEs.

EHI's most recent annual survey of the field indicates that while there has been some consolidation, there has been net growth of 9% in the number of new HIE initiatives and advancement in the development of previously existing initiatives. Top challenges for HIEs identified in 2011 were: (1) developing a sustainable business model; (2) defining value; (3) addressing government policy and mandates; (4) addressing technical aspects including architecture, applications and connectivity; (5) addressing privacy and confidentiality issues - HIPAA and other; (6) systems integration; (7) engaging practicing clinicians; and (8) accurately linking patient data. While the technology to enable HIE continues to present challenges, it appears that more important today are the policy challenges regarding the use of the technology, the demonstration of its value, and the receipt of funding to sustain its deployment and use.

With regard to the sustainability of HIE initiatives, the EHI 2011 survey identified the following characteristics of HIEs that have become sustainable: (1) established organizations; (2) involvement of multiple stakeholders- the more the merrier is true - in this case; (3) paying participants; (4) focus on limited number of data and functionalities; (5) active physician engagement; (6) a business, not a project; and (7) money does not erase the need for time.

The EHI 2011 survey identified the following five non-clinical value-added services being provided by HIE initiatives that had attained an advanced level of development: (1) aggregation of administrative transactions; (2) billing services; (3) charges for providing access to provider and provider related databases; (4) credentialing services; and (5) distribution services, such as distributing reports to physicians.

With regard to the policies of HIE initiatives regarding the privacy of patient medical data, Mrs. Bordenick noted that a number of HIE initiatives are developing complex privacy controls for patients, even in the absence of new federal requirements regarding patient data privacy. While some HIEs require affirmative patient consent (“opt-in”) for the disclosure of patient data according to various criteria (e.g. by provider, by data type, by encounter), the majority of HIEs collect and transmit patient data without requiring patient consent but do provide patients the opportunity to prohibit the disclosure of some medical data (“opt-out”).

Mrs. Bordenick noted that HIE initiatives are weighing their options about involvement with accountable care organizations (“ACOs”); a quarter of the respondents indicated they will support an ACO option. Staffing shortages have been identified as a significant HIE challenge, with more than 70 percent of respondents reporting that their organizations lack staff to implement clinical applications, and a big discrepancy has been noted in EHR adoption rates by small practices and in rural communities.

In the ensuing Board discussion, questions were posed to Mrs. Bordenick regarding the impact that patient consent policies have on the availability of medical data for clinical treatment purposes, the need for Federal leadership with respect to the establishment of technical standards, and the practices of advanced HIE initiatives in receiving financial resources from payor organizations.

On behalf of the Board, the Chair thanked Mrs. Bordenick for sharing with the Authority the EHI’s valuable HIE research and Mrs. Bordenick’s offer of ongoing EHI support of the State of Illinois initiative to establish a state-level HIE.

Governance & Nominating Committee Report

Mark Chudzinski reported that the Governance and Nominating Committee met on July 27 with the co-chairs of the Advisory Committee, Mr. Stanley Krok, CIO of Children’s Memorial Hospital in Chicago, and Mr. Bill Odman, Vice President and Regional CIO of St. Mary’s Good Samaritan in Mt. Vernon and Centralia, to discuss the role and processes of the Advisory Committee. The Committee reviewed an overview prepared by the OHIT staff of the various advisory bodies which presently provide stakeholder input to the State of Illinois on matters relating to health information technology, and the proposed coordination of the deliberations of certain of those advisory bodies with the deliberations of the newly-formed Advisory Committee. The co-chairs of the Advisory Committee have been invited to provide an update to the Board at each of its meetings regarding the Advisory Committee. There were no resolutions being proposed by the Committee for action by the Board at this meeting.

Advisory Committee Report

Mr. Krok and Mr. Odman, co-chairs of the Advisory Committee, presented a report on behalf of the Advisory Committee. The Committee held its inaugural meeting on September 6. Mr. Odman noted that Laura Zaremba at that meeting provided an overview presentation regarding the status

of the Illinois HIE. He also reported that the Committee discussed the desirability of the Committee regularly reviewing sustainability and interoperability issues between the ILHIE and regional HIEs; developing a series of webinars for Committee members regarding the ILHIE; creating use cases for the ILHIE; including patient perspectives and the potential formation of a work group focusing on community stakeholder engagement. In the ensuing discussion, it was noted that the format of the report of the Committee will evolve over time, and that the Committee can create workgroups on particular issues without prior Board consent.

Budget & Finance Committee Report

David Fagus reported that the Budget and Finance Committee met on July 27, 2011. The primary topic of the meeting was to review and discuss the proposed ILHIE core services and to explore the potential of creating revenue producing value added services for the ILHIE. Mr. Ivan Handler presented the core services infrastructure and provided various examples of how it would function in specific settings and situations. That presentation was subsequently made available to the Board as a webinar on August 10 and to the Advisory Committee and the general public on August 23. Specifically in respect to value added services, Mr. Handler explained how the ILHIE core services could be utilized as a platform upon which developers of software can build value added services for the ILHIE community, enabling ILHIE to generate a revenue stream.

The committee was provided with a budget report outlining the financial status of the Authority and of OHIT. The numbers have been updated for the purposes of today's meeting. As of 8/31/2011 OHIT has expended \$1,547,197.40 of which \$1,354,203.94 (87.5%) has been expended for salaries and benefits and \$192,993.46 (12.5%) has been expended on goods and services, with the vast majority being dedicated to the Navigant Consulting contract (\$128,000) and the Syslogic contract (\$16,200). At the present time only one significant obligation is pending, \$25,401, for Carahsoft which is our Salesforce (CRM) service agreement.

The committee was provided with an update of OHIT's progress in completing the IHIE core services vendor selection process. Bids to the RFP submitted by 11 vendors are currently being reviewed; it is anticipated that the vendor selection process will be completed by the end of September.

Acting Executive Director's report

Mrs. Laura Zaremba, Acting Executive Director of the Authority, provided an update on the Authority's Network Operations Plan. The State had issued in June an RFP for the acquisition of the core services of the state-level ILHIE and had received 11 bids from vendors. It is anticipated that the State's vendor selection process will be completed by the end of September and the vendor engagement will be finalized by the end of October. There have also been discussions with the emerging local and regional HIE initiatives in Illinois regarding the alignment of those initiatives with the state-level ILHIE, and opportunities that exist for the ILHIE and these initiatives to share services and functionalities and minimize redundancy.

Mrs. Zaremba reported that EHR incentive payments to Illinois Medicare providers in the amount of \$15 million have been made to date, with \$3 million paid to eligible professionals and \$12 million to hospitals. Illinois launched its Medicaid EHR incentive program on September 5, and it is anticipated that up to \$150 million will be awarded in FY2012.

OHIT continues to explore the legal and policy impediments that may exist for the development and implementation in Illinois of HIE, and the ongoing work of OHIT's ILHIE Legal Task Force has been recently publicly noted by the Federal ONC. OHIT also continues to explore the development of appropriate technical standards in Illinois to facilitate the exchange of health information, and had the benefit this past summer of the volunteer assistance of several interns, including two who were candidates for the health informatics program certificate of the John Hopkins University School of Medicine.

Mrs. Zaremba provided an update on Illinois' "Direct Project" Strategy. She noted that OHIT was obligated to assist health care providers who desire point-to-point secure message exchange, by facilitating their access to Health Information Service Providers (HISPs). OHIT intends to provide a web-based portal through which Illinois providers can learn about HISP services and contact HISPs to enroll for such services.

Mrs. Zaremba noted that OHIT is in the process of developing its capabilities for more active public communications. OHIT has brought onboard additional communications staff that will be working on publishing webinars and newsletters, and redesigning the ILHIE web site. OHIT's August 23 webinar on the core services of the ILHIE was attended by over 177 viewers, and has been posted on the OHIT website for public viewing.

Ms. Mary McGinnis, Program Manager of OHIT, provided an update on OHIT's tracking of the utilization in Illinois of EHR systems to satisfy the EHR incentive program Meaningful Use objectives, including electronic prescribing and delivery of structured lab results. Ms. McGinnis reported that a large number of pharmacies in Illinois are e-prescribing enabled, and that OHIT's focus in the near term will be on increasing the e-prescribing participation of independent pharmacies outside of Cook County. OHIT would like to create an E-Prescribing Work Group to address these findings and develop an outreach strategy. Ms. McGinnis also reported the result of an OHIT survey, conducted this past summer with a 65% response rate, of all Illinois hospital labs to determine their ability to send electronic lab results to providers.

Regional Extension Center Updates

a. Chicago Health Information Technology Regional Extension Center (CHITREC)

Dr. Abel Kho, Co-Executive Director of Chicago Health Information Technology Regional Extension Center (CHITREC), reported that CHITREC's goal is to promote the adoption of electronic health records (EHR) systems among the 1486 providers within the city of Chicago. Currently, CHITREC is working with 920 of the 1486 providers and has granted credit to 800; CHITREC is continuing to increase the number of providers it is serving.

Dr. Kho noted that in the EHR marketplace CHITREC has seen a gap between the EHR products that vendors have had successfully certified as qualifying for Federal incentive payments and the

products that they are able to actually presently provide. Dr. Kho noted that there is interest among providers regarding privacy and security issues. CHITREC is providing workshops to providers and is working with the Illinois Department of Public Health (IDPH) to educate providers about public health reporting issues, as well as providing workshops on standards.

b. Illinois Health Information Technology Regional Extension Center (IL-HITREC)

Roger Holloway, Director of Illinois Health Information Technology Regional Extension Center (IL-HITREC), reported that IL-HITREC's goal is to promote the adoption of EHR systems among the 1300 providers outside of the city area of Chicago (zip code 606XX). Operating from four offices dispersed throughout the State of Illinois, IL-HITREC has engaged 85% of those 1300 providers, with a goal of achieving 100% sign-up by November 2011.

Mr. Holloway noted that in the EHR marketplace 95% of the providers served by IL-HITREC select EHR systems from just nine EHR vendors. Of the provider practices being served by IL-HITREC, 63% are small practices with 1-3 physicians, and 14% are medium-size practices with 7-10 physicians. Mr. Holloway noted that IL-HITREC was awarded supplemental Federal funding for outreach to small provider practices and hospitals in rural Illinois. IL-HITREC is working to engage all of these small hospitals over the next two months.

Mr. Holloway noted that IL-HITREC participates in regular meetings with CHITREC to coordinate assistance to all providers. IL-HITREC is currently working with 375 physician sites.

Public Comment

1. Mary Holcomb of Meridian Health Plan, a health information technology professional who had attended the inaugural meeting of the Advisory Committee, commented that she was pleased to see the Authority in action.

2. Greg Patterson of ID International, LLC, a health information technology professional who also had attended the inaugural meeting of the Advisory Committee, noted that patients need to be comfortable regarding the privacy and security of their electronic medical data and need to see value from their participation in electronic records systems.

Adjournment

The meeting was adjourned at 2:15 p.m.

Minutes submitted by:
Mark Chudzinski, Secretary