

**ILHIE Advisory Committee
Behavioral Health Work Group
Meeting Notes
February 6, 2014**

Attendees (all by phone)

Eric Foster, Illinois Alcoholism and Drug Dependence Association
Kathye Gorosh, AIDS Foundation of Chicago
Krysta Heaney, IL Health Information Exchange Authority
Marvin Lindsey, Community Behavioral Health Association of Illinois
Meryl Sosa, Illinois Psychiatric Society
Lora Thomas, NAMI
Steve Vanderpoel, Chicago Children's Center for Behavioral Health

Review of Minutes

The work group approved the December 5th meeting minutes.

Status of Illinois Health Information Exchange

Krysta Heaney provided Office of Health Information Technology (OHIT) and IL Health Information Exchange (ILHIE) updates to the group. February 7, 2014 marks the end of the OHIT grant from the Office of the National Coordinator HIE Cooperative Agreement Program. The OHIT will merge with the newly formed Governor's Office of Health Innovation and Transformation (GOHIT). All OHIT operations will be transferred from OHIT to the ILHIE Authority to continue with the implementation of the statewide HIE. The GOHIT will lead efforts on the implementation of the Alliance for Health Innovation Plan. Laura Zaremba will no longer be the state HIT Coordinator. Instead, she will coordinate the Health IT portion of the innovation plan across state agencies. Many of the OHIT staff will be transferred directly over to the ILHIE Authority. The ILHIE Advisory Council will be the same and the Behavioral Health Work Group will continue.

There is an open house at the Thompson Center on February 7, 2014 to thank everyone for their support and time spent during the grant period.

Krysta Heaney briefly discussed connectivity to the ILHIE. In terms of connectivity to the ILHIE there is a great deal going on. Following the meeting, she will send out an e-mail containing numbers related to connectivity.

Kathye Gorosh discussed the Indiana HIE Stress Value in ED Alert Pilot Program. Indiana has a different approach to exchanging data including "near real time notice" for patients going to the ER. Indiana claims the program might be more useful and cost effective than full-fledged health information because plans are getting the information on member discharge and transfer more immediately. Indiana believes this will help prevent leakage to non-network facilities.

Kathye Gorosh asked whether this new program in Indiana sits on the radar given that Illinois does not have reciprocity with Indiana. Krysta Heaney responded that she will follow up with Ivan (CTO), but that this seems similar to the ADT fees which are currently being worked on.

Krysta Heaney discussed productivity numbers. There are currently 3,500 direct mailboxes, most of which are in use. 73 sites have connected for public health reporting through the technology supported by our office and the Illinois Department of Public Health. There are close to that many hospital sites in the pipeline to connect for that service. Two regional HIEs are also progressing quite well: Central and Southern Illinois.

Krysta Heaney did not have numbers available regarding how many of the 3,500 mailboxes are behavioral healthcare providers. There are, however, a couple of large providers who have just connected that partly account for some significant bumps in the numbers. Prior to that, about six of the top 10 organizations with direct mailboxes were behavioral healthcare providers.

1115 Waiver and Behavioral Health IT

Marvin Lindsey discussed the 1115 waiver which combines nine waivers into one. It also added a number of things. The waiver mentions the importance of the development and use of health information technology for behavioral health programs, as well as the necessity to make the seamless exchange of clinical data possible across behavioral health for primary care and hospital programs. Marvin would like to know how they plan to develop this use of health information technology for behavioral health programs.

An application is set to come out February 7 that might shed some light on what they will do. Everyone should look to see if there is any mention of behavioral health IT and, if so, what exactly is included. There is a chance that the Behavioral Health Group will need to include a statement or comment in it.

A link will be sent to the group. The last draft included discussion of a “redesign” of the behavioral healthcare system. It isn’t clear what is meant in terms of the redesign and development of behavioral health IT. The Behavioral Health Group will need more clarity moving forward.

Surveying Care Coordination Networks (CEEs, MCCNs, ACEs, MCOs)

The group discussed developing a survey last meeting. **Kathye Gorosh** suggested beginning with Integrated Care Programs, mainly the CEEs and MCOs. ILHIE will not survey ACEs because they do not start until the summer or the fall.

Kathye Gorosh stated that the questions Marvin Lindsey released to the group are fine, but that it would be helpful to reformat or add sections for organizational purposes.

Kathye also suggested the survey include a definition of behavioral health and a “suggestions” section. The definitions section would help provide better people with a better understanding of behavioral health, and the “suggestions” could be a useful tool to improve the survey.

Marvin Lindsey stated that he has already gotten some input from Laura about revisions, comments and questions. His main question is whether the survey is helpful in understanding the integration of behavioral health networks. Kathye Gorosh stated that she thinks it does, but that it may still be premature to ask some of the questions. It is premature to ask about the number of providers in the network. ILHIE Direct also isn’t that operational yet, so questions about ILHIE Direct might be premature. Some people are starting to use ILHIE Direct, in which case it could be used as a baseline to indicate that there will be period check-ins over time. But even then, it might still be premature for ILHIE direct.

Marvin Lindsey asked people to send him any suggestions they have about the drafts. **Eric Foster** suggested the survey go out to people within the network to find out if they are connected to behavioral healthcare providers, and if they are exchanging information from primary care out towards behavioral health. Marvin Lindsey replied that doing so would still be a bit premature and that it might be more helpful in about six months or so.

The Behavioral Health Group previously settled on looking at the networks of providers who already have behavioral healthcare providers in network, and whether they those networks are currently able to exchange info. This is essential for care coordination. It is important to get an idea of where they are at first. The question is whether these networks are committed to staying in an integrated care direction.

Marvin stated that he will put something together and send it out.

Addition to Agenda

Kathye Gorosh posed a question regarding the \$395,000 settlement grant: are there any updates? Marvin Lindsey stated that he previously asked Jim to check into it, and it seems nobody knows anything about it. Attorney General's Office has not responded and there is no new information.

A question was posed concerning that the grant money was already spent. Marvin Lindsey replied that there are three lump sums which are separate grants. Marvin Lindsey previously met with Senator Steins regarding the one that was for approximately \$200,000. Senator Steans got the Attorney General's Office on the line to discuss an idea to use the money for behavioral health HIT. There have been no updates since.

This money did not have to go through procurement so there was an understanding that the money would be given to OHIT in order to setup an RSP-4 and award the contracts. The money is not in any legislation. The next step is to talk with Senator Steans.

Meeting adjourned. The next call is scheduled on April 3rd.