



cihie
central illinois
health information exchange

Testimony for the Illinois HIE Authority July 17, 2012





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From the time we received the HFS Planning Grant, the leadership team opted to involve as many people as possible:

- Practicing physicians, Hospitals, FQHCs, & outpatient rehab facilities
- Laboratories & pharmacies
- Health plans and insurers, as well as consumer groups
- Local health departments & quality improvement organizations
- Professional associations & medical societies
- Dental providers & behavioral health providers
- Academic institutions & HIE subject matter experts

In total, it is estimated that more than **200 people** from organizations across our 20-county region were involved. During that first year, these individuals collectively donated an average of **664 hours** (or roughly **83 days**) in meetings, reading and research associated with the planning process -- **every single month for 12 months**.

This reflects an unprecedented level of commitment and interest to such a project.

Objectives:

- Improve care coordination
- Decrease duplicate tests & services
- Reduce medical errors
- Provide better information to patients
- Improve overall health in community

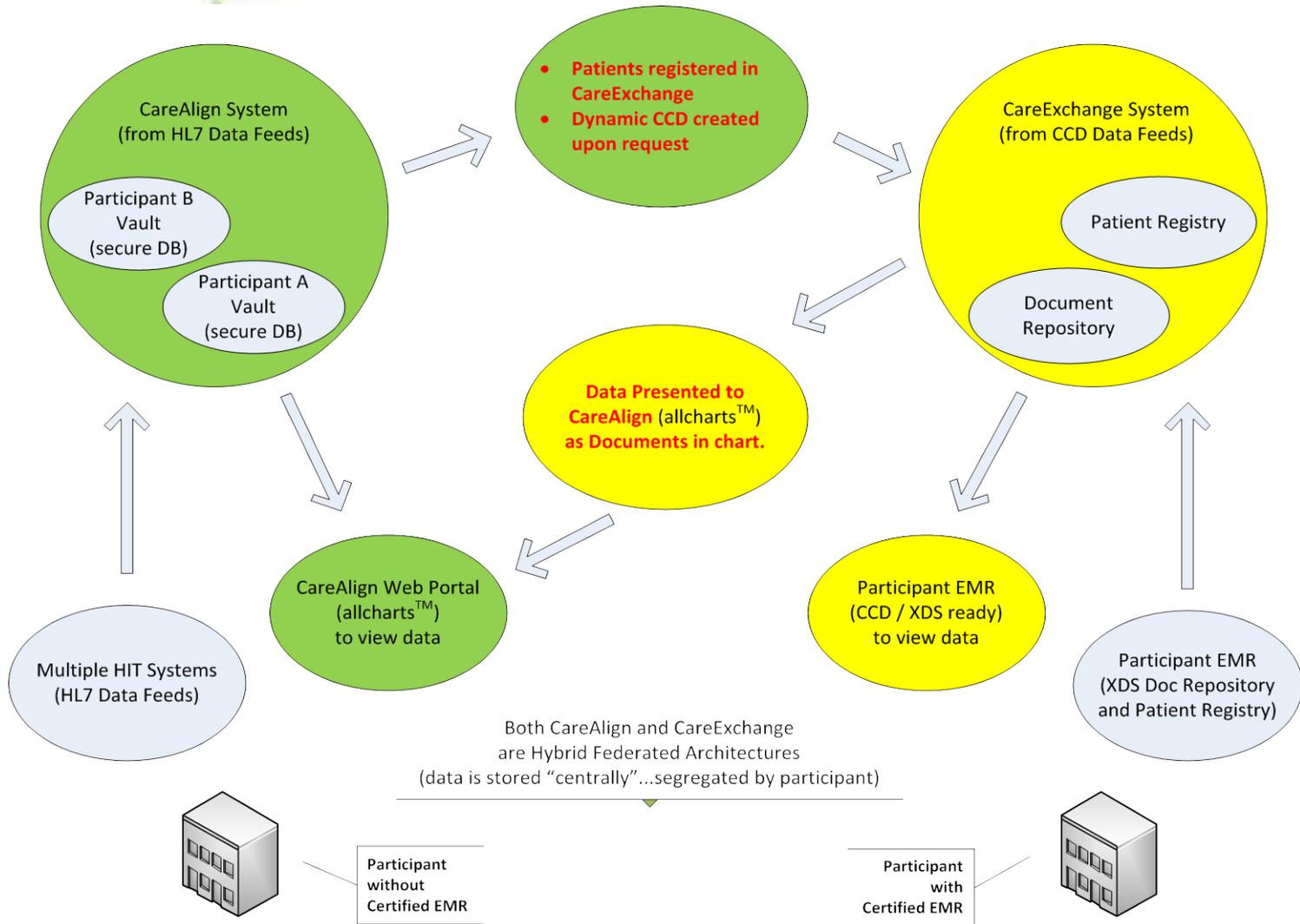


Aggregate Community Record:

- ✓ Demographics
- ✓ Lab Orders and Results *with restrictions
- ✓ Allergies
- ✗ Medication Lists
- ✗ Transcribed Reports
- ✗ Medical History

Direct Messaging:

- Referrals and Consultations
- Behavioral Health and Other Sensitive Information



Patient Consent

- Data Collection versus Disclosure
 - The Centralized Data Store
 - Dynamic Chart Creation
- Opt Out versus Opt In
- Informed Consent
- Emergency Access

Secondary Uses

- The Reasons for Privacy
- Data Warehousing
 - The Centralized Data Store (2)
 - Dynamic Chart Creation (2)
- De-Identification
- Success with “Clinical Use ONLY”

Granularity and Sensitivity

Some Data is Better than No Data

- ✓ Demographics
- ✓ Lab Orders and Results *with restrictions
- ✓ Allergies
- ✗ Medication Lists
- ✗ Transcribed Reports
- ✗ Medical History

Granularity and Sensitivity

- Myth of the Complete Record
- EMR/HIT Restrictions and CIHIE
- Sensitive Data (Dr. T's Lab Lists)
- Behavioral Health
- Consent at the Point of Delivery

Data Integrity

- Patient Matching
 - Static versus Dynamic
- Patient Access
- Error Correction at the Source

Enforcement / Mitigation

Threat Landscape (OCR Data)

| Threats | Media Loss | Credential Misuse | Hacking | Other | Totals |
|--------------------|---------------|-------------------|--------------|--------------|------------|
| Incidents | 251 | 115 | 31 | 24 | 421 |
| Affected Patients | 13,697,937 | 3,589,585 | 957,361 | 1,821,366 | 20,066,249 |
| % Incidents | 59.62% | 27.32% | 7.36% | 5.70% | |
| % Patients | 68.26% | 17.89% | 4.77% | 9.08% | |

Enforcement / Mitigation

- Predominantly Participants
 - Misuse and Media Loss
 - Enforcement Falls on Employer
- Fear Mongering / Transparency
- The Authority's Role
 - Risk Pool?
 - Trust but Verify

Security Standards

- Complexity Among Participants
- HIPAA / HITECH and Audits
- Baselines
 - HITRUST
 - ISO 27001 / 27799
 - NIST
- Role of the Authority
 - Trust but Verify

“The Perfect
is the Enemy of the Good”

-as often quoted by Dr. Halamka



Reaching CIHIE

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