

**MINUTES OF THE SEPTEMBER 24, 2014, MEETING OF
THE COMMITTEE OF THE WHOLE
OF THE ILLINOIS HEALTH INFORMATION EXCHANGE AUTHORITY**

The Board of the Illinois Health Information Exchange Authority (“Authority”), pursuant to notice duly given, held a meeting at 10:30 a.m. on September 24, 2014, at the State of Illinois JRTC 2-025, 100 West Randolph Street, Chicago, Illinois 60601 with telephone conference call capability.

<u>Members Present</u>	<u>Ex-Officio Members Present</u>
Mr. Holland Dr. Wellman Dr. Newby Mr. Recarey	Director Hamos Ms. Zaremba

Welcome and Call to Order

Mr. David Holland, Chair of the Board of Directors of the Authority, called the meeting to order.

Roll Call

Ms. Kerri McBride, Secretary to the Board, confirmed the presence of the Members of the Authority Board indicated above. She also confirmed the ability of those participating by phone to hear clearly.

Board Meeting

Mr. Holland stated that a quorum was not in attendance, therefore, while the meeting would continue, there could be no vote on any matters. Approval of the July minutes, agenda item 3, was postponed.

The members in attendance began a preview of the Board Meeting.

Budget and Finance Committee Report

Mr. Nowak explained that there were changes to the fiscal policy manual. One change discussed was the revision to the Accounts Receivable write-off, which was extended from 90 days to 120 days due to the timing of some clients payment cycles.

As there were no questions on these items, Mr. Holland proposed to move on and discuss the Realignment Concept.

Realignment Concept

Mr. Recarey began by stating that it had become apparent that the ILHIE Authority's efforts are duplicative of some of the RHIO's efforts, creating market confusion. Thus, there is a need to realign to match market need. Efforts have focused on connecting providers through both the ILHIE and the RHIOs thereby creating competition. Instead, Mr. Recarey suggested that the ILHIE Authority's efforts should be realigned so that the RHIOs and the ILHIE Authority are working on different pieces of the same puzzle. This way, the RHIOs can be the connection to the providers, and the ILHIE can be the hub that connects the RHIOs together and facilitates interstate and national connectivity.

The value of the ILHIE network is in direct proportion to the amount and quality of the data available through the network. The providers are the ones who have the data. Removing the barriers to connection increases the value of the ILHIE. The ILHIE can become the hub that connects all the regionals together at no charge to the regionals. This further reduces the barriers to connectivity. The ILHIE would maintain a Statewide Master Patient Index, which becomes valuable to the payers, who would then pay for services supported by the Master Patient Index. The ILHIE Authority is currently in discussions with some payors.

The question was asked of what the initial reaction of the payors was to the proposal. The payors seem to be interested in a central connection point and paying for data available via the ILHIE. Mr. Recarey explained that several different things must occur in order for this realignment proposal to work:

1. Illinois must address any health information exchange services "white space". The RHIOs would work with providers that want to connect, whether within or outside of a RHIO's primary geographical area. There can't be a situation where areas outside of a certain zip code cannot connect.
2. Acceptance and adoption that the ILHIE Authority will maintain a State Master Patient Index. If the MPI is not centralized, then there is no value to the payers.
3. Payers must agree to pay for data.
4. The ILHIE Authority needs to stop competing with the RHIOs by connecting providers directly for services and focus on providing hub services.

Mr. Holland added that while the RHIOs become the last mile for the providers, the ILHIE will become the last mile and conduit for providers to get information to the state and federal agencies.

Dr. Wellman raised the question about where the payers see the value in accessing records through the ILHIE. Mr. Recarey responded with examples from the discussions with the payors.
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- Alerts and notifications – Payors want to know, from a care coordination perspective, if a patient has been admitted somewhere, etc. so that their care coordination teams are able to take action.
- Authorizations – This would help payers in their ability to centralize their eligibility functions.

Dr. Wellman asked if the ILHIE becomes a library of patient names and existing medical records, where all or some of the medical information is housed at the state level. Mr. Recarey responded that the MPI is a demographic file that also functions as a list of all the medical record numbers that exist. The reconciliation aspect of the MPI is valuable. The ILHIE MPI would be the place at the state level to reconcile and hold all the medical record numbers of that individual. This has value not only for MPI reconciliation services, but also for state agencies for patient identification purposes.

Director Hamos asked about the timing of the effort. Medicaid is going through a re-design and has pushed its various entities to connect to ILHIE. Will it take longer to connect through the RHIO than it was expected to take to connect through the ILHIE?. Mr. Recarey stated that the realignment would allow connections to be made faster than before. The ILHIE Authority is making sure that all the providers can connect within the timetable they have established. The realignment will not change the timetable. Ms. Zaremba added that those that are directly connecting will definitely be grandfathered in. There is no need to change current connections. It is possible that an entity would have a direct connection to ILHIE and then later, after technology upgrades, they would want to move their link to a RHIO.

The HIE environment is a rapidly changing environment. ILHIE has changed much since 2010 and in the future, the demands of the customers are going to change and the business model will have to change too.

Dr. Newby asked about whether InterSystems will be able to adapt with the new model. Mr. Recarey responded that the original contract with InterSystems was made with the idea that the ILHIE would be the hub with direct connection to providers rather than the proposed realignment. The ILHIE Authority did not originally consider alerts and notifications as part of the provided services. Those services are now a key driver for both ACEs and payers. It is not that the vendor cannot provide the services, the current contract is not structured for how ILHIE needs to move forward. As the contract will expire in the next 18 months, the HIE services will need to be re-procured within that time frame. That actually lines up well with the realignment effort.

System Outages

Mr. Recarey then reported some outages with the InterSystems network. There were three service interruptions in the month of August. Each outage interrupted the flow of data into the MPI thereby preventing the MPI from performing some of the internal processes. No data was lost. Patient updates were stocked and processed when service resumed. None of the outages affected the integrity of the patient information. InterSystems is close to completing a root cause analysis and a final report on the incidents. The incidents of August 12 and August 8 have been

identified as human error on the part of the vendor side. Operational processes and procedures were corrected and disseminated to the operations team at InterSystems. The third incident was due to a low level software issue discovered in their core platform. InterSystems has produced a fix for the software and recommended that the fix be incorporated into the upcoming platform upgrade. ILHIEA will be review and approve the root cause analysis and suggested fixes before proceeding with the upgrade. These corrective actions should reduce the occurrence of any service incidents down the road.

There were no additional comments.

Public Comment

There was no public comment

Adjourn

The meeting was adjourned.