

**IL HIE Legal Task Force
Interstate Issues Workgroup
March 18, 2011
Meeting Notes**

<u>Attended by Phone:</u>	<u>Office of Health Information Technology</u>
Marilyn Lamar, Liss & Lamar, P.C. Pat Brown, Illinois Department of Human Services Rob Connor, Illinois Department of Human Services Steve Lawrence, Southern Illinois Healthcare Foundation Anne Mahalik, Illinois Department of Human Services, Division of Mental Health Crystal VanDeventer, Lincoln Land HIE Planning Team Heather Zimmerman, Walgreen Co.	Mark Chudzinski Pamela M. Dones

1. Welcome and introductions

Marilyn Lamar, Co-chair of the workgroup, opened the meeting at 1:00 p.m. It was hosted by the Illinois Office of Health Information Exchange (OHIT) at the State of Illinois J.R. Thompson Center in Downtown Chicago, with a telephone conference call-in number. It was noted that notice of the meeting and the agenda were posted on the OHIT website and at the Chicago meeting location no later than 48 hours prior to the meeting. Roll was taken, and the ability of those attending by telephone to hear and participate was confirmed.

2. Review and approval of minutes of the February 18, 2011 meeting

The Co-chair asked participants to comment on the last meeting's minutes and asked if there were any changes to be made. It was pointed out that Rob Connor and Anne Mahalik work at the Illinois Department of Human Services and not the Illinois Department of Health Services, as was documented in the minutes. The Co-Chair noted that the minutes will be altered to reflect the correct name of the Department. A motion to approve the minutes was proposed and another member seconded it. The motion was approved unanimously.

3. Discussion of consent materials submitted in connection with the Upper Midwest HIE Consortium (UM HIE)

Ms. Lamar gave some background information on what the Upper Midwest HIE consortium is. She then opened the line for comments on the model consent form that was distributed to the participants previous to the meeting. A participant commented that on section 5 of the form ("Information to be released") instead of saying "Specific dates/years of treatment" it should say "All days of services/years of treatment". Her

concern is that the average person will not remember specific dates in which he or she received treatment and it would be more practical to generalize the instructions.

Another comment offered was that on the same section of the model consent form instead of indicating: “All health information **or...**” it should say: “All health information **and...**” (Emphasis added). Various participants agreed that “all information” should mean everything in the patient’s medical history for a specific period of time and should not be understood to mean “all information **including...**”.

A member recommended that there should be a disclaimer that specifies that psychotherapy notes are not part of the record and that those have to be released separately.

It was noted that it will be difficult for providers to offer requesters specifically tailored medical histories as the consent form allows them to ask for. Currently, EHR vendors do not offer this type of granularity.

Another member suggested that the Workgroup should lobby in the General Assembly for legislation that allows for the use of a common consent form among Illinois’s contiguous States. Ms. Lamar mentioned that the UM HIE has discussed such a proposal and decided not to pursue this alternative; opting instead for adopting a common policy among the participating States. In order to avoid the rigor of the Minnesota consent laws, a member suggests that the Workgroup should try to devise a consent form for the contiguous States and not include Minnesota.

The Co-chair noted that there have been suggestions offered by members of the UM HIE of having two consent forms; one for most States and another that accommodates the law of Minnesota. The suggestion was not accepted by the UM HIE members. Another member suggested that there should be two stages of consent forms: one in which the consent form conforms to the laws of the States contiguous to Illinois and a second stage in which the requirements of other States such as Minnesota, Arizona, and Florida are incorporated into the consent form.

A member recommends that there should be a “Master HIE” consent form. Ms. Lamar discussed the types of HIE in existence. Mr. Chudzinski explains what the IL HIE is working on and what it is trying to achieve. He also explained the difference between consent forms meant to collect information for the IL HIE and patient consent forms designed for the exchange information among providers.

Ms. Lamar noted the problems with assigning each person a unique patient identifier.

4. Next steps for tasks identified

Ms. Lamar asked for volunteers to reach out to contacts in other States in order to learn what steps are being taken in the neighboring States analogous to the Workgroup’s goals. A participant suggested that Kentucky should be contacted because many Illinoisans go to that State to get medical attention.

The Co-Chair asked Mr. Chudzinski about the IL HIE Board’s possible utilization of the Workgroup’s work product. He noted that the Board probably will not be making policy for some time but that it will benefit from the Workgroup’s work product.

5. New business

Ms. Lamar asked participants if there were any new matters that the workgroup should focus on or discuss, but there were no comments.

6. Schedule of future meetings

Participants agreed to reconvene on Friday, April 29 at 1:00 p.m. at the J.R. Thompson Center or by phone conference.

7. Adjournment

The meeting ended at 1:55 p.m.