

**MINUTES OF THE JANUARY 24, 2012, MEETING  
OF THE COMMITTEE OF THE WHOLE  
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 12:00 p.m. on January 24, 2012, at the Mid-America Club, 200 E. Randolph St., Chicago, Illinois, with a telephone conference call capability.

<u>Appointed Members Present:</u> 1. Mr. David Holland (by phone) 2. Dr. Nancy Newby 3. Dr. Nicholas Panomitos 4. Dr. Cheryl Whitaker	<u>OHIT Staff Present:</u> Laura Zaremba; Mark Chudzinski; Mary McGinnis
<u>Ex-Officio Members Present:</u> 1. DOI – Mrs. Coleen Burns	<u>OHIT Staff Present by phone:</u> Ivan Handler; Krysta Heaney; Saroni Lasker
<u>Invited Guests Present:</u> Joy Duling, CIHIE Terri Jacobsen, Metro Chicago Healthcare Council (MCHC)/MC HIE Steve Lawrence, Southern Illinois Healthcare Foundation/IHEP Bill Odman, Health Information Exchange of Southern Illinois (HIESI) Mary Ring, Illinois Critical Access Hospital Network (ICAHN) Dan Yunker, MCHC/MC HIE Peter Ingram, Sinai Health System/MC HIE	<u>Members Absent:</u> Dr. Bechara Choucair; Dr. William Kobler; Mr. Mark Neaman; Dr. Bruce Wellman <u>Ex-Officio Members Absent:</u> DHS; DPH; HFS; OOG <u>Vacancies:</u> Executive Director
<u>Invited Guests Present by phone:</u> Jay McCutcheon, LLHIE David Miller, CIHIE Crystal VanDeventer, LLHIE	

*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 invited guests and 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. Dr. Whitaker noted that today’s meeting of the Committee of the Whole was informational, and that the Board would not be making any decisions on any matters. Attendees introduced themselves.

*Review of Regional HIE Questionnaire*

Mary McGinnis of OHIT advised that in connection with the collection of information required by the Authority for the performance of its statutory responsibilities as well as for the furnishing by the State of Illinois of information requested by the /Federal authorities in respect of the State Medicaid HIT Plan, OHIT had last week distributed a questionnaire to six emerging sub-State HIE initiatives. Written replies were to date received from: Metro Chicago Health Information Exchange (MCHIE); Central Illinois Health Information Exchange (CIHIE) and Illinois Health Exchange Partners (IHEP). No written replies were provided by: Northern Illinois Health Information Exchange (NIHIE), Lincoln Land Health Information Exchange (LLHIE) and Health Information Exchange of Southern Illinois (HIESI). Dr. Whitaker expressed the hope that all stakeholders would participate to complete the survey.

Mrs. Terri Jacobsen advised that MCHIE in its reply did not furnish certain information which is considered confidential pursuant to MCHIE's agreement with its technology vendor.

Mr. Jay McCutcheon noted that an underlying concern is the issue of competition among the HIEs and its resolution to foster mutual success. He also noted that matrix did not contain information from the State-level HIE (ILHIE) or from "other HIE initiatives". In the ensuing discussion, it was noted that various initiatives and entities are currently involved in the exchange of health information in Illinois, but there is no single definition of an HIE which helps to distinguish between "intra-enterprise" and "inter-enterprise" HIEs, between "public" and "private" HIEs. For purposes of responding to the information requests from the Federal authorities, OHIT will assume that the information is ultimately related to Stage 2 Meaningful Use and the desire of the Federal authorities that all providers have an option for exchanging health information to satisfy the requirements of meeting Stage 2 Meaningful Use measurements.

Mr. McCutcheon questioned how the information collected by OHIT would be analyzed and presented, and suggested that a similar HIE analysis conducted in the State of Indiana could serve as a useful precedent. The document included a geographic depiction of the HIE initiatives in that State.

Mr. Bill Odman advised that HIESI was awaiting the results of pilot testing with NextGen, together with SIH and ICAHN, before HIESI's status and intentions could be determined; vendor selection is effectively at a standstill pending the conclusion of the NextGen pilot. Mr. David Holland advised that the pilot testing status will be known within 90 days of February 1. Dr. Whitaker inquired whether HIESI would default to relying on the State-level HIE for providing HIE services. Mr. Odman advised that that remained to be determined.

In response to a question from Mr. McCutcheon whether providers without connectivity to a sub-State HIE would be obligated to connect to the State-level HIE, Mrs. Laura Zaremba, Acting Executive Director of the Authority, advised that the State is required to make available to all providers the option of connectivity to the ILHIE for purposes of satisfying the exchange requirements of Stage 2 Meaningful Use. In response to a question from Mr. Peter Ingram, Mrs. Zaremba advised that OHIT is required to provide the Federal authorities with an accurate assessment of the actual HIE capacity within the State, with which assessment the Federal

authorities must agree. In recognizing the HIE environment in the State of Indiana as being appropriately a “hybrid” for the development and implementation of State-wide HIE, with a State-level HIE initiative operating alongside active sub-State HIE initiatives, the Federal authorities required documentation of the actual operative capabilities of the sub-State HIE initiatives. The Federal authorities are expecting the State-level HIE to be able to provide HIE services in the State’s “white spaces”, geographic areas or provider segments lacking any other credible HIE connectivity.

Mr. Ingram suggested that the State’s need to be able to provide HIE services to providers anywhere in the State is a root cause of the concern of the sub-State HIEs that they in effect will be in competition with the State-level HIE, offering duplicative services. He suggested that it would be desirable to provide clarity to the marketplace what the State’s intentions are with respect to the future existence of sub-State HIE initiatives.

Dr. Whitaker noted that she had heard that some of the emerging sub-State HIE initiatives will be hesitant to disclose their status and strategic plans if it may be to their competitive disadvantage to do so.

Mr. Steven Lawrence noted that hospital providers may be hesitant to participate in the development of sub-State HIEs, waiting to see if their participation directly in the State-level HIE might be a less costly alternative. Mr. Dan Yunker noted that existence of HIE alternatives for providers could undermine the scale that an individual sub-State HIE initiative may need to reach for sustainability; Mrs. Jacobsen suggested that individual sub-State HIE initiatives may need a “critical mass” of participants to be viable and for sufficient patient data to be available for physicians to use when accessing the sub-State HIE for the exercise to be of value for treatment purposes.

Mrs. Joy Duling advised that CIHIE was launching next week and is poised to extend HIE adoption to providers beyond the charter members, but that the existence of potential free services being offered to providers by the State-level HIE causes anxiety. In her view, providers should be connected to sub-State HIEs, and the State’s role should be limited to providing connectivity among the sub-State HIEs.

Mrs. Jacobsen suggested that the State has access to data, such as used in credentialing of physicians, which could be useful if made available.

Mrs. Zaremba clarified that the ILHIE Direct Messaging Solution was implemented in satisfaction of Federal mandates, and only offers a robust emailing service designed to allow providers to demonstrate their satisfaction of Stage 1 Meaningful Use measures. It should not be viewed in any way as a replacement for robust EMR systems and HIE adoption, and should not be viewed as a competitive alternative to the services which a sub-State HIE initiative might offer. In providing ILHIE Direct for free to provider segments that do not enjoy EMR systems, such as behavioral health and long term care providers, the ILHIE is expanding the number of end points to which other providers participating in HIEs can connect, increasing the potential value of HIE participation.

Ms. McGinnis further noted that of the estimated 30,000 active Medicaid providers in Illinois, currently none are utilizing secure messaging; ILHIE Direct Secure Messaging is the State's solution to the Federal requirement that the State address this situation.

Mr. Ingram noted that the Authority could not be faulted for offering ILHIE Direct. The issue in his view to be next addressed is the extent to which the Authority can rely on sub-State HIEs to offer HIE connectivity throughout the State. He suggested that the information to be collected by OHIT from the sub-State HIEs include a response to "how fast can you expand?" and "are you willing to provide service to all providers?".

Mr. McCutcheon advised that adequate information regarding the nature and limitations of ILHIE Direct Secure Messaging are not reaching the providers in the field, who generally believe that the State will be providing free HIE services. Dr. Nancy Newby agreed that there is a lack of education and understanding regarding ILHIE Direct that should be addressed.

Mrs. Jacobsen agreed that messaging to the provider community is the primary challenge that the Authority should next face, and suggested that the message points must be jointly agreed.

Dr. Whitaker noted that absent full and accurate information from the sub-State emerging HIE initiatives, the State has no option other than to "steamroll forward" to meet the Federal grant obligations.

In response to Dr. Whitaker's inquiry into how the technologies being deployed at the sub-State HIEs could be leveraged by the State, Mr. Mark Chudzinski stated that OHIT's Chief Technology Officer has on several occasions offered that sub-State HIEs should utilize and not duplicate the basic HIE functionalities and services available at the State level, but are welcome and encouraged to develop applications and services that utilize the State-level technology platform to offer additional value added services to HIE participants.

Mr. Ingram suggested that the proposed technology of the State-level HIE will provide a good solid infrastructure for communication, linking systems together, but that what is not resolved is the use cases that will be implemented with the technology and who should execute those use cases (the State-level ILHIE or the sub-State HIEs).

Mr. McCutcheon suggested that the major EHR vendors will be soon incorporating Direct messaging solutions into their EHR products. In his view, the State-level ILHIE should principally provide connectivity to those entities that are not customers of sub-State HIEs, being State agencies administering public health programs and Medicaid.

Ms. McGinnis noted that regardless of the incorporation by EHR vendors of the Direct messaging solution in their products, the State still has an obligation under its Federal grant to make Direct available to all providers.

In response to an inquiry from Mr. McCutcheon, Ms. McGinnis advised that the Authority needs to collect information on the actual state of sub-State HIE capacity as well as their future intentions.

Following a break, Dr. Whitaker inquired whether the format of the current meeting was optimal for the consideration of next strategic steps and action plans. Mrs. Jacobsen suggested that the current forum was appropriate for creating a framework of a strategic plan that is then refined among a larger stakeholder group. With regard to immediate next steps, she suggested that a Frequently Asked Questions (FAQ) document be drafted to answer physician questions regarding the nature of ILHIE Direct, informing providers that ILHIE Direct is only an interim solution to bore robust HIE access. Most importantly, Mrs. Jacobsen believes that it is important to address the “critical mass” issue of attracting greater provider HIE adoption, with Stare resources devoted to encouraging quicker provider HIE adoption. She recognizes the State’s focus on its Federal grant responsibilities, but she suggests that while grants can be enablers, they can also create barriers, and in order to focus the State’s efforts on the big picture of HIE adoption in Illinois, OHIT’s focus on its Federal grant should not be paramount.

Mr. Ingram suggested two items of focus for the near term. First, the sub-State HIE initiatives should clearly identify what markets they wish and can address, and how fast, in order for the State to be able to identify the “white spaces” for HIE services. Second, the State-level ILHIE and the sub-State HIE initiatives should identify with specificity which use cases they propose to implement, to help identify where there are gaps and determine the respect roles of the State-level and sub-State HIEs.

Bill Odman noted that the Advisory Committee proposes to have a review of use cases during the upcoming meetings of the Advisory Committee, under the auspices of a use case workgroup. He proposed that the Advisory Committee use case workgroup could be complimentary to the exercise being presently proposed. The Advisory Committee work will be focused on longer term utilization of the HIE, beyond the initial four ILHIE use cases proposed for 2012.

Mrs. Jacobsen suggested that the approach of MCHIE is different from that of the ILHIE with respect to certain use cases, such as ED linking and medicines reconciliation, since the MCHIE proposes to make available to MCHIE users data which is different from that to be available through the ILHIE. Mr. Ingram further elaborated that a detailed discussion of use cases would help expose the differences that exist among the State-level and sub-State HIEs and help define their respective roles. The need for such role clarification is urgent, as some sub-State HIEs need in the near term to make business decisions following from the contracts they have executed with vendors.

Dr. Whitaker suggested that a focus of the next meeting would be upon use cases. She also requested clarification of the role of Illinois Medicaid data with respect to the ILHIE. Mrs. Zaremba clarified that Medicaid data, as well as patient health care data from all other Illinois State agencies, would pursuant to the ILHIE’s enabling legislation be made available to the ILHIE no later than January 1, 2015. IILHIE proposes to soon obtain relevant data from the Illinois Department of Healthcare and Family Services (the administrator of Medicaid) and from the Illinois Department of Public Health.

Mrs. Jacobsen advised that in order for HIEs to support the impending need of health care providers to deliver better “care coordination”, access to Medicaid claims data is critical for improving “care coordination” of the Medicaid patient population. In response to inquiries

regarding the prospect of HIEs obtaining access to such Medicaid data, Mrs. Zaremba advised that significant resource limitations in technical staff at the relevant State agencies, coupled with State procurement requirements and other General Assembly mandates regarding the restructuring of the Medicaid program, make the release of such Medicaid claims data on an expedited basis highly unlikely, even if external funding were provided to the State for such a project. The process envisioned in the ILHIE enabling legislation for providing the Medicaid data to ILHIE represents, in Mrs. Zaremba's view, the best and most expeditious route for making such data available for HIE in Illinois. Requests for such data by sub-State HIEs are not likely to result in the release of such data any earlier than ILHIE obtains it.

A next meeting was scheduled for February 15, 2012, from 11:00 am to 3:00 pm.

*Public Comment*

In response to the Chair's invitation, there were no comments offered from the public.

*Adjournment*

The meeting was adjourned at 2:50 p.m.

Minutes submitted by:  
Mark Chudzinski, Secretary