

**MINUTES OF THE FEBRUARY 15, 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 11:30 a.m. on February 15, 2012, at the offices of the Metropolitan Chicago Healthcare Council, 222 S. Riverside Plaza, 19<sup>th</sup> Floor, Chicago, Illinois 60606, with a webinar and telephone conference call capability.

<u>Appointed Members Present:</u> 1. Mr. David Holland 2. Dr. Nancy Newby 3. Dr. Cheryl Whitaker	<u>OHIT Staff Present:</u> Laura Zaremba; Mark Chudzinski; Ivan Handler; Mary McGinnis
<u>Ex-Officio Members Present:</u> 1. DOI – Mrs. Coleen Burns (by phone)	<u>OHIT Staff Present by phone:</u> Diego Estrella; Cory Verblen
<u>Invited Guests Present:</u> Gail Amundson, Quality Quest for Health/CIHIE Joy Duling, CIHIE David Miller, CIHIE Dr. David Trachtenbarg, CIHIE Peter Ingram, Sinai Health System/MC HIE Terri Jacobsen, Metro Chicago Healthcare Council (MCHC)/MC HIE Dan Yunker, MCHC/MC HIE Crystal VanDeventer, LLHIE Kim Larkin, Washington County Hospital/HIESI	<u>Members Absent:</u> Dr. Bechara Choucair; Dr. William Kobler; Mr. Mark Neaman; Dr. Nicholas Panomitros; 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> Roger Holloway, Northern Illinois University/NIHIE Steve Lawrence, Southern Illinois Healthcare Foundation/IHEP Jay McCutcheon, LLHIE	
<u>General Public present:</u> Hayes Abrams, Blue Cross Blue Shield James Gillespie, Center for Healthcare Innovation	<u>General Public present by phone:</u> John Norenberg, Advocate Health Thomas Raskauskas, Meridian Health Plan

*Call to Order and Roll Call*

On behalf of Dr. Cheryl Whitaker, the Board Chair, Board member Dave Holland 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. Mr. Holland noted that today's meeting of the Committee of the Whole was informational, and that the Board members would not be making any decisions on any matters.

*Visioning Exercise*

In advance of the meeting Mr. Holland had prepared and circulated a document titled "What is the Vision of IL-HIE" which focused on two opposite organizational/structural alternatives for the development of HIE in Illinois. In the "franchise model" the State-level ILHIE would only connect to the emerging regional health information organizations ("RHIOs") in Illinois, and Illinois providers would only connect directly to their closest RHIO. On the other end of the spectrum of alternatives, the "monolithic model" envisions a State-level health information exchange to which all Illinois providers would connect directly, without RHIOs. The advantages and disadvantages of either model were compared in relation to the following five topics: Governance; Technical Infrastructure; Finance; Business and Technical Operations; and Legal and Policy. The current state of HIE development in Illinois is a hybrid in between these two model extremes. A common vision on the roles of the RHIOs and the State-level ILHIE is needed. Mr. Holland believes a division of functional duties between the RHIOs and the State-level ILHIE would be optimal. Working out the implementation details of a high level vision, however, is often difficult.

In advance of the meeting Mr. Jay McCutcheon also prepared and circulated a document setting forth a vision of functional tasks that can be undertaken by the RHIOs in an initial phase, starting with exchanges of order, results and referrals, followed by the development of local medical trading area clinical databases, and benefitting at a later stage from access to State-level databases that contain state-wide claims and clinical data from payers (e.g. Blue Cross Blue Shield and Medicaid). Mr. McCutcheon's document suggests that the State should work with the RHIOs in a collaborative fashion soon, as he notes the rapid growth of "private HIEs" in the State whose current goals and capabilities are not fully public. Failure to act in a dynamic market may lead to the loss of critical market opportunities.

Dr. David Trachtenbarg suggested that the ultimate focus of any HIE planning must be on the interest of the patients.

*External Requirements /Strategic Direction - 3 year horizon*

a. Meaningful Use- Stage 1 & 2 Requirements for Providers

Mr. Peter Ingram presented an overview of the current (stage 1) Federal rules regarding the eligibility of eligible Medicare and Medicaid providers for EHR adoption incentive payments. The Stage 1 Meaningful Use requirements do not require that HIEs be fully operational to enable the exchange of data; eligible providers and hospitals are able to satisfy the Stage 1 requirements with a minimal test of the capability of their EHR system to exchange data. ILHIE's DIRECT secure messaging service is sufficient to allow providers and hospitals to meet the Stage 1 requirements. However, it is anticipated that the rules to be imminently issued for Stage 2 Meaningful Use will require a more robust demonstration of data exchange capability. It is

anticipated that the Stage 2 rules will require providers to be connected to three or more external providers, or possess a bi-directional connection to a single HIE.

b. ONC Grant Requirements for ILHIE

Mrs. Laura Zaremba, Acting Executive Director of the Authority, provided an overview of the Federal ONC's State Cooperative Agreement Program under which the State of Illinois has been awarded \$18.8 million for HIE development and implementation. The funding for the State HIE program as well as for the EHR adoption incentive payment program for eligible Medicare and Medicaid hospitals and providers came from the 2009 Federal stimulus legislation (American Recovery and Reinvestment Act), and the initial EHR adoption program goals were aligned with HIE development in that data exchange through an HIE was originally envisioned as one of the certification criteria for Meaningful Use incentive payments in Stage 1. The Stage 1 criteria were, however, amended and the requirement that EHR users exchange data through an HIE has been delayed to Stage 2. To facilitate the EHR adoption program, however, ONC has insisted that HIE grantees facilitate the testing of certain core EHR system data exchange capabilities, specifically the sending and receiving of structured lab data orders and results, and the sending of e-prescribing orders. (ONC has insisted that States identify, for example, e-prescribing "white spaces" and address barriers that result in less than 100% coverage.) Without a robust HIE, such data transmissions can be accomplished over the Internet using the NwHIN DIRECT secure messaging protocol. In response to ONC encouragement through its control over the release of the HIE grant program funds, the State of Illinois has made available to all providers in the State the use of a DIRECT secure messaging service, as a first step towards the goal of providing a more robust HIE capability in Illinois, and the facilitation of the eventual exchange of patient care summaries.

In satisfaction of its eventual (Stage 2) ONC grant requirements as well as its statutory mandates, the ILHIE Authority will seek to ensure that all providers in the State have at least one option for robust HIE data exchange, wherever that provider may be located in the State. Furthermore, the ILHIE Authority will seek to serve not only providers eligible to receive EHR adoption incentive payments, but also those, such as behavioral health treatment providers and long term care facilities, who were omitted from the Federal incentive payment program but remain important constituents of the health care delivery system in Illinois. State of Illinois agencies have a mandate to serve all Illinois residents, with particular regard to serving the underserved segments of society. While the State may encourage the emergence in the market of HIE service providers, the State may not be able to solely rely on market entities to serve the needs of Illinois residents who may be of marginal commercial interest.

In response to a question from Mr. Ingram, Mrs. Zaremba clarified that the ONC HIE grant received by the State of Illinois is administered by OHIT, not the ILHIE Authority, and the ONC funding will be expiring in 2014, with little prospect of renewal. The ILHIE Authority, however, will eventually operate the State-level HIE, and will have an ongoing role, beyond 2014, in ensuring the continued operation of an HIE which supports better health care outcomes throughout the State and supports the advancement of the State's strategic health care interests (along multiple policy fronts, including State competitiveness, workforce issues, and Medicaid

concerns). The ILHIE Authority will not base its sustainability on government funding alone; it is intended to be sustained with a mix of governmental and non-governmental support.

Mr. Chudzinski noted that the State's commitments to the ONC with respect to the uses of the HIE grant funds are embodied in the Strategic & Operational Plan submitted by OHIT to and approved by the ONC. He further noted that the ILHIE Authority enjoys no authority to compel provider participation in any regional HIE, nor the authority to allocate to any sub-State HIE an exclusive franchise territory for the provision of HIE services.

#### c. Marketplace Business Drivers for Stakeholders

Mr. Dan Yunker suggested that the forces that are driving the State's development and implementation of HIE, including the ONC demands tied to its grant, may not be the same as the market forces which are driving provider interest in HIE, to which the RHIOs are sensitive. Because of their relative proximity to the "last mile" in the marketplace, RHIOs could be of assistance to the State in addressing the needs of the market, and in turn those of patients.

Mr. Ingram noted that while HIE is likely to benefit payers, currently the principal funders of HIEs are providers. Most of the data exchange occurring today is between primary care providers, specialists, hospitals and diagnostic centers, and 95% of that traffic is accounted for by diagnostic results, orders, and notifications; other data transfers have benefits as well, but are less critical as business drivers. Most data is exchanged locally, within a 10-12 mile radius. In eliminating the need for multiple interfaces that currently enable exchange, and HIE can deliver immediate financial benefit. Of emerging future interest is the role that HIE can play in the future coordination of patient care. As proposed changes in health care services reimbursement policies take hold, and providers are increasingly paid for patient health results and not simply for delivery of services, providers will need to find ways to better coordinate care delivery, which will be facilitated by the better exchange of granular patient health data.

Dr. Trachtenberg suggested that a critical driver for providers is the receipt of aggregated data for a patient in a graphic format which contributes value to the provider's patient health analysis and treatment decisions. He suggested that the delivery of such a service is "tricky".

Mrs. Terri Jacobsen suggested that in addition to seeing aggregated patient data, providers desire the results of advanced data analytics, allowing comparison of a patient's condition against that of a reference group, as well as longitudinally over time against the patient's prior conditions.

Mr. Hayes Abrams suggested that in order to successfully implement new care reimbursement paradigms for coordinated care among multiple providers, information systems will be needed which provide consolidated information about the contributions of specific providers to the coordinated care of specific patients. In response to an inquiry from Dr. Whitaker, Mr. Ivan Handler advised that the ILHIE is not presently developing such a software capability, but is developing core services which will be made available to third party software developers to create innovative software solutions which can be made available to users in Illinois through the ILHIE.

In response to an inquiry from Dr. Whitaker, Mr. Handler provided an overview of OHIT's position regarding the use of national technical standards in the implementation of the State-level ILHIE. OHIT believes it is to everyone's advantage to drive interconnection costs down by all network participants adhering to agreed national technical standards. In the ensuing discussion, Mrs. Jacobsen and Mr. Ingram suggested that while vendors claim adherence to national standards, they have varying interpretations regarding the implementation of such standards.

With respect to the standard for the exchange of continuity of care documentation (CCR/CCD/C32), Mr. Handler noted that ONC has adopted the C32 standard, and that from a functional perspective, OHIT believes that the task of the HIE is to transport the data in accordance with the standard and it is the user's EHR application that is tasked with aggregating delivered data and providing the user a display of the delivered data. OHIT does not seek to impose upon providers, or their vendors, any particular display of the data by the user's EHR, as different users may have different data retrieval needs; the ILHIE will enable data use by clinical EHR applications by providing the necessary core infrastructure for data exchange. HIEs may provide ancillary tools for the benefit of users, such as data viewers, but the basic functional role of the HIE should not supplant that of the EHR. Mr. Handler further explained that OHIT is not mandating all providers to connect to the ILHIE to retrieve C32 data; such data can be delivered to providers by RHIOs, which only connect to the ILHIE for data searches for patient data located outside the local RHIO's domain.

Mr. Holland noted that manner in which RHIOs connect to the State-level ILHIE remains to be fully addressed. The business implications upon the RHIO's users, and their resulting business relationship to the ILHIE, also need to be addressed. Mr. Handler clarified that while ILHIE will be allowing providers to connect directly to the ILHIE, the development model for the ILHIE does not assume that providers who choose to be connected to a RHIO in addition need to be separately connected to the ILHIE.

### *Regional HIE Baseline Understanding*

Following lunch, representatives of the regional HIEs provided a status update in which they were requested to address:

- Organizational Status
- Technology / Architecture Snapshot (Federated, Centralized, Hybrid)
- Use case overview –what were the needs driving these use cases?
- Geographic area served
- Any constraints on who can participate/connect?
- Major Milestones/Timeframe for exchange

A comprehensive current status update was provided by the following representatives:

- Mr. Roger Holloway, on behalf of Northern Illinois Health Information Exchange (NIHIE);
- Mrs. Terri Jacobsen, on behalf of Metro Chicago Health Information Exchange (MCHIE);
- Mrs. Joy Duling, on behalf of Central Illinois Health Information Exchange (CIHIE);

- Mrs. Kim Larkin, on behalf of Health Information Exchange of Southern Illinois (HIESI); and
- Mrs. Crystal VanDeventer, on behalf of Lincoln Land Health Information Exchange (LLHIE) and Illinois Health Exchange Partners (IHEP).

*ILHIE Baseline Understanding*

a. Year 1 Deliverables /Core Services

Mrs. Zaremba advised that with the launch of the ILHIE DIRECT secure messaging service, OHIT is satisfying its Year 1 deliverable of ensuring that all providers in the State of Illinois have at least one option for being able to satisfy the EHR testing requirements for qualifying for Stage 1 Meaningful Use incentive payments. ILHIE is now implementing those basic core infrastructure services that are needed for data exchange on a state-wide basis, and can be provided efficiently at a State-level, namely a Master Patient Index, directories, a privacy and security service, and a Record Locator Service.

Mr. Handler further clarified that current ILHIE implementation makes no assumption regarding the presence or absence of RHIOs; the ILHIE technology will enable either possibility. The architecture of the ILHIE is being designed as a platform which will accommodate the entry of third party software vendors; this represents a change of State of Illinois policy. The goal is to provide the State an IT system that will be able to grow and respond quickly to the dynamic changes in the health care market and the evolving data exchange needs of its stakeholders.

In response to an inquiry from Dr. Whitaker, Mrs. Zaremba advised that the ILHIE DIRECT currently has over 120 registered users, without the Regional Extension Centers having yet launched their outreach campaign to promote the use of ILHIE DIRECT. OHIT is planning to have 900 registered ILHIE DIRECT users by the end of 2012. OHIT will be pleased to include in its environmental scan report to the ONC the number of RHIO members currently utilizing RHIO-supplied secure messaging solutions.

b. Year 2 Plans / Options

Mrs. Zaremba advised that the ILHIE infrastructure will be used in Year 2 to access the Public Health Node and to enable quality reporting for the EHR adoption incentive payment program. Other options for Year 2 will be explored in future “white boarding” sessions and/or future meetings with RHIO representatives. Mr. Handler advised that OHIT is currently engaged in collaborative discussions with a consortium of other States, lead by New York, regarding common technical standards.

In response to an inquiry from Mrs. Duling, Mr. Handler provided clarification regarding the ILHIE’s proposed initial two use cases – emergency department admissions and patient referrals to specialists. He advised that the use cases were selected to enable the incremental deployment of the ILHIE core services (directories), and to enable the testing out of the ILHIE infrastructure. With respect to a RHIO’s use of the first ILHIE service (ED), Mr. Handler envisions that the RHIO would only access the ILHIE service if the RHIO determined, from a query of the ILHIE

MPI or from other information, that patient data exists outside of the local RHIO domain and needs to be accessed via the State-level ILHIE. To the extent that names being used by OHIT for any of the ILHIE use cases give rise to confusion as to the role of the ILHIE, Mr. Handler advised that OHIT will be pleased to accommodate proposals for name changes (e.g. ED support; referral support) which are consistent with OHIT's intention of providing services to RHIOs in support of local HIE services.

Dr. Trachtenbarg suggested that a significant amount of RHIO concern regarding the State-level ILHIE's potentially competitive posture in respect of the RHIOs is adequately addressed if the RHIOs can advise their local area providers that the providers can become members of the local RHIO, which in turn will take care of the necessary technical and business arrangements with the State-level ILHIE.

Mr. Handler and Mr. David Miller briefly exchanged views regarding the respective merits of the IHE standards for data query (XDS.V protocol v. XCA protocol), and agreed that a separate technical discussion on this topic should be scheduled. Discussions with each of the RHIOs of technical/architecture issues will be scheduled.

Mrs. Jacobsen suggested that a "road map" for the on boarding of the RHIOs into the ILHIE is needed, containing the architectural approach and technical specifications that the parties intend to implement. She also believes further exploration is needed of what can be collectively done to provide greater support to Medicaid patients.

Mr. Handler suggested that the next meeting regarding technical issues should focus upon the Master Patient Index (MPI). Mr. Holland suggested that alongside the technical issues discussion, RHIOs need clarification of the business terms (i.e. pricing) that will be tied to access to ILHIE services. Mrs. Zaremba acknowledged the importance of resolving the business terms, and the frustration that RHIOs may have while key issue remain to be resolved, but underscored that the ILHIE policies regarding pricing and other business terms are separate from a resolution of the technical issues.

With respect to future business term discussions with the RHIOs, Mrs. VanDeventer suggested that the State-level ILHIE would need to establish the value added to RHIOs and their providers from obtaining connectivity to the ILHIE.

Mr. Yunker suggested that there were several issues that the State was best suited to address with respect to HIE development, including the level of payer participation in the support of HIE in Illinois, and inter-state HIE connectivity to enable data exchange beyond Illinois.

Mr. Handler agrees with the approach of identifying those issues that need to be addressed at the State level, and those that are best addressed locally by RHIOs. Progress on the practical and technical issues should eventually lead to the creation of formal legal agreements. Mrs. Jacobsen noted getting to agreement on technical solutions may be easier than operationalizing them with appropriate policies and legal documents. Mrs. Jacobsen also noted the importance of having consistent public messaging and collaborative communications.

Dr. Whitaker suggested that it may desirable to have the ILHIE and RHIOs conduct technical discussions in parallel with exploration of business issues. Mrs. Duling and Mrs. Jacobsen agreed to work with Dr. Whitaker on preparing an agenda for the next meeting.

In response to an inquiry from Dr. Whitaker, Mrs. Zaremba noted that the Authority Board at its next meeting on February 28 would be considering the adoption of a regulation providing for the registration of health information organizations operating in Illinois, such as the RHIOs, with the Authority. The information to be collected by the Authority in connection with such registration follows from the recent voluntary submission of data by the RHIOs over the past few months at OHIT's request. Mrs. Zaremba also considers a formal registration process as a natural and necessary step towards having sub-State RHIOs recognized by the Authority as eligible for participation in the ILHIE; such registration should also confer legitimacy to the registered entities as collaborative partners of the ILHIE.

Dr. Whitaker thanked everyone for their active participation in the dialogue, which in her view confirms the need for establishing a Workgroup of the Board which would serve as a forum for ongoing dialogue.

*Public Comment*

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

*Adjournment*

The meeting was adjourned at 3:30 p.m.

Minutes submitted by:

Mark Chudzinski, Secretary