



**ILHIE Advisory Committee Public Health Work Group
Public Health Technical Infrastructure Requirements Subcommittee
Meeting Minutes
September 22, 2010
2:00pm - 3:00pm**

Attendees (By Phone):

Bala Hota, Cook County Health and Hospital System
Mary Driscoll, IL Dept. of Public Health (IDPH)
Doreen Haaksma, Independent Consultant
Josh Jones, Chicago Dept. of Public Health
Jessica Ledesma, IDPH
Karen McMahon, IDPH
Jeff Swim, DuPage County Health Department
Bill Trick, Cook County Health and Hospital System
Teri Nicholson, IDPH
Robin Holding, IDPH

Office of Health Information Technology (OHIT):

Krysta Heaney
Mark Chudzinski
Patricia Cunningham
Gabriela Traxler-Romin

Bala Hota opened the call at 2:00pm. The minutes from September 8, 2010 were approved.

ILHIE Operating Assumptions

Patricia Cunningham provided a summary of the September 13, 2010 ILHIE Technology and Interoperability Work Group presentation, "ILHIE Operating Assumptions". The main take-away from the presentation included the State's expectations for local HIEs and the State's phased HIE implementation timeline. The ILHIE public health entity directory and secure messaging/routing for public health reporting are peripheral services scheduled for implementation beginning in July 2012.

A question was raised as to the extent to which the current public health infrastructure will be incorporated into the ILHIE. **Patricia Cunningham** explained that because the State-level infrastructure for public health reporting will not be operational for Stage 1 Meaningful Use, providers should continue to report through their current processes.

The long term goal of the ILHIE is to reduce or eliminate the number of interfaces necessary for the exchange of data; connections at the local level will pass through the ILHIE directly to IDPH. The Public Health Work Group plans to provide guidance as to how this functionality is implemented as well as provide a framework for moving between current and future states of public health data reporting.

Illinois – Comprehensive Automated Immunization Registry Exchange (I-CARE)

I-CARE Overview (**Teri Nicholson**)

- Currently stores approximately data on 4M patients and 40M records
- Online access to user manuals and trainings, consent forms in English and Spanish, pediatric consent form, and the CDC Pink Book (Epidemiology and Prevention of Vaccine Preventable Diseases)
- Immunization data is not legally mandated
- Collects immunization data on participants throughout the state
- I-CARE is age-inclusive

I-CARE Data (**Teri Nicholson**)

- Data entered directly into I-CARE is real time
- Collects patient demographic info (can track patient relationships, e.g. parent, foster parent etc.)
- Capable of collecting insurance info (available but not required)
- Collects ID numbers, e.g. SSN
- Tracks historical, current, and future (forecasting due dates) immunizations
- Providers can query information on individual patients
- Tracks contraindications, immunities, and adverse events for each patient
- Tracks VFC status
- Schedule appointments
- Capability to track BMI, weight and height, blood pressure, blood lead screenings
- Produce pre-printed child health records and physical forms
- Capable of tracking attendance at enrolled schools
- Keeps running notes
- Providers and I-CARE can generate “coverage level” reports for inventory management (e.g. recalls)

Technical Aspects and Exchange (**Teri Nicholson** and **Robin Holding**)

- Capable of receiving data via HL7 – supports both HL7 versions 2.3.1 and 2.5.1
- Accepts data from Cornerstone through a flat file transfer, updated daily
- I-CARE is ready to accept batch (HL7) data from outside sources through a STP site, data will run through I-CARE algorithm and populate registry
 - Each source must have an immunization module that matches IDPH technical requirements
 - I-CARE staff is currently working with EHR vendors and providers for immunization module implementation planning and testing
 - Looking at 2-way real time exchange, hoping to implement early 2011
 - Barrier: Providers need to purchase immunization interface, low adoption

Meeting adjourned at 3:00pm.