

**HIE Advisory Committee
Meeting Minutes
Friday, May 01, 2009**

State Entities:

Public Health (DPH)

David Carvalho
Mary Driscoll
Jeff Johnson
Leticia Reyes
Marilyn Thomas

Central Management Services (CMS)

Lori Sorenson

Office of the Attorney General (AG)

Arnold Widen, MD

Department of Human Services (DHS)

Anne Mahalik

Healthcare and Family Services (HFS)

Jeanette Badrov
Connie Christen
Pat Frueh
Mike Gaffney
Gretchen Grieser
Quincy Grimes
Ivan Handler
Krysta Heaney
Mike Jones
Sharron Matthews
Mary McGinnis
Michelle Schober
Cory Verblen
Laura Zaremba

External Entities:

Hayes Abrams, Blue Cross Blue Shield (BCBS)
Jim Anfield, Blue Cross Blue Shield (BCBS)
Elisa Bassler, Illinois Public Health Institute (IPHI)
Helen Binns, Feinberg School of Medicine, Northwestern University (NU)
Larry Boress, Midwest Business Group on Health (MBGH)
Ellen Brull, MD, Illinois Academy of Physicians (IAP)
Patrick Gallagher, Illinois State Medical Society (ISMS)
Jill Hayden, Illinois Primary Health Care Association (IPHCA)
Roger Holloway, Illinois Rural Health Association (IRHA)
Mike Koetting, National Opinion Research Center (NORC)
John Lynch, Provena Health
Laura McAlpine, McAlpine Consulting for Growth (MCG)
Jennifer McDermott, American Association of Retired Persons (AARP)
Edward Mensah, Ph.D, University of Illinois School of Public Health (U of I)
Laura Minzer, Illinois Chamber of Commerce (ICC)
Nancy Moersch, Illinois Foundation for Quality Healthcare (IFQH)
Mary Ring, Illinois Critical Access Hospital Network (ICAHN)
Mike Samuhel, National Opinion Research Center (NORC)
Pat Schou, Illinois Critical Access Hospital Network (ICAHN)
Dennis Sienko, Illinois Science and Technology Coalition (ISTC)
Mary Thompson, Atkinson Management Resources (AMR)
David Voepel, Illinois Health Care Association (IHCA)
Cheryl Whitaker, MPH, Chicago Community Trust (CCT)

Meeting Minutes

Meeting was called to order at 10:10 am

Zaremba (HFS) provided the welcoming remarks regarding Illinois Health Information Exchange.

Zaremba provided an update on ARRA HIT Provisions / ARRA IT Grant Opportunities and State-Level HIE Planning:

- Office of the National Coordinator to have an Operating Plan no later than 90 days after enactment (3rd week of May)
- As previously mentioned, \$2B in funding, with \$300M to support regional and sub-national health information exchange
- Estimated outlay in 2009 - \$417,000,000 nationally
- Areas include:
 - Healthcare Information Enterprise Integration Research Centers (through National Institute of Standards and Technology) – awardees will be colleges and universities
 - Immediate Funding for HIT Infrastructure (through ONC, Health Resources and Services Administration; Agency for Healthcare Research and Quality; federal CMS, CDC and Indian Health Service) – programs in these agencies
 - HIT Implementation Assistance (through Health and Human Services)
 - HIT Extension Program to assist providers to implement, use EHR
 - HIT Research Center to provide tech assistance and best practices
 - HIT Regional Centers – grant awards to non-profit organizations
 - State Grants for Planning and Implementation
 - To facilitate and expand electronic movement of data and use of health information among organizations, in short, state-level HIE
 - 2010 Funding at Secretary's discretion, matching funds required thereafter
 - Competitive Grants for Loan Programs to Facilitate Adoption of EHRs
 - No funding prior to 1-1-2010
 - Demonstration Program to Integrate IT into Clinical Education
 - Will be based on recommendations in report to Congress due one year after enactment
- The state has been coordinating agencies with programs and plans that intersect with the ARRA Health IT provisions to develop a HIE funding strategy to take full advantage of ARRA funding.
- Intent for this Advisory Committee is to help shape and coordinate State efforts with those of all of our healthcare stakeholders to ensure that Illinois realizes the full potential benefits of improved quality, greater efficiency, reduced errors, patient safety, care coordination and cost containment.

- In the coming weeks and months, we will be developing a strategic plan for the state, beginning where the EHR Task Force Report left off to finally build a state-level HIE for Illinois.

Johnson (DPH) provided information and a PowerPoint slide show for the Health Information Security and Provider Collaborative (HISPC), which began in June of 2006:

- Phase I of the project was to identify any privacy and security barriers for the exchange of electronic health information. The Collaborative worked with stakeholders to create an assessment report with proposed solutions.
- Phase II was the implementation phase of the plans created during Phase I. The group coordinated a multi-state review of security and privacy issues that included Illinois, California, Ohio and North Carolina. Intra-and Inter-State barriers were identified; draft implementation plans and policies were developed.
- Due to variation in state and local policies and laws, various models for obtaining consent to use or disclose health information have been established during Phase III. The Intrastate and Interstate Consent Policy Options collaborative was formed to identify and evaluate consent options for electronic health information exchange at the state level and among states.
- Due to funding challenges, Phase IV of the project has not begun. Three items with funding challenges include 1) testing the product; 2) provider education to identify educational information that the Collaborative developed; 3) and the intra-state compact issue.

McGinnis (HFS) provided an update on the status of the HIE planning grants and stated that we are meeting milestones:

- Request for Grant Applications was released on 4/1
- 16 MTA summits were held across the State, 231 attendees
- MTA summits were staffed by internal HFS HIE committee, HFS outreach and DPH colleagues
- The response to summits was positive, summit meetings were interactive, collaboration was evident from the very beginning
- There were a broad range of stakeholders were present at each of the meetings, representing all components of the healthcare delivery system
- HFS received and responded to ~100 Q&A regarding the grant specifics
- To date, HFS has received 43 letters of intent – representing a more comprehensive group of stakeholders
- Within this group, payers, employers and employer coalitions, legislators, etc were included
- HFS is in the process of contacting LOI contacts to encourage collaboration and reminding them that only 1 grant will be awarded per MTA
- HFS is hearing positive reports that stakeholders are reaching out to each other and collaborating to submit one, comprehensive grant

To summarize, HFS is very happy with the results to date. Each day brings another positive development and brings us a few steps towards the goal. We would like to thank to all Advisory Committee members for your support, hard work, and enthusiasm in communicating to your members about the HIE planning grants and the goal of collaborating with these efforts.

McGinnis (HFS) reported that HFS has also begun collaboration with the Department of Commerce and Economic Opportunity (DCEO) on a workforce development component that coincides with the changing healthcare environment. DCEO is working to help the economically disadvantaged population to improve skills that will allow them to keep their existing jobs in healthcare during this transformation. There have also been discussions with David Gulley from the University of Illinois at Chicago (UIC) regarding collaborative efforts with the American Medical Informatics Association (AMIA) and UIC to develop workforce programs across the US to keep up with this changing technology.

Dr. Mensah (UIC) indicated that the UIC has already begun contracting with the AMIA to create workforce development programs across the US in 12-week modules to keep up with this changing technology.

Zaremba (HFS) opened the floor for discussion on what resources the member organizations that comprise the Advisory Committee are willing to provide to help with Illinois' HIE planning efforts.

McDermott (AARP) offered to help disseminate information on HIE through their member newsletter.

McAlpine (MCG) requested that the HFS HIE website post any EMR efforts already underway by the different stakeholder groups within each MTA.

Verblen (HFS) indicated that a "Message Board" concept is being discussed for the website in order to post this type of information and to create a forum for the different stakeholders involved to keep abreast of any new efforts that emerge.

McGinnis (HFS) opened discussion on workgroups and requested volunteers for the various groups that are being created to assist in HIE efforts. These workgroups will provide a good way to put the expertise of the Advisory Committee to use. The highlights from the discussion of each committee follow:

1. Survey Workgroup – HFS is exploring the possibility of technical assistance from UIC regarding developing and administering a statewide readiness/needs assessment survey for HIE planning. DHS has also offered assistance with this survey. Ivan Handler (HFS) drafted an initial set of questions.

Workgroup members: Jim Anfield, Helen Binns, Mary Driscoll, Jill Hayden, Jennifer McDermott, Edward Mensah, Nancy Moersch, Mary Ring

2. Sustainability Workgroup – The purpose of this workgroup is to help develop long-term plans for financial sustainability. NORC has offered to be a resource for this workgroup and are very knowledgeable in this area.

Workgroup members: Jim Anfield, Roger Holloway, Anne Mahalik, Mary McGinnis, Dr. Mensah, Dennis Sienko or Matt Summy

3. Privacy/Security Workgroup – This workgroup will look at privacy and security issues related to the electronic exchange of protected health information and investigate new and existing methods for ensuring the protection of this information.

Workgroup members: Jeff Johnson, Anne Mahalik, Laura McAlpine, Jennifer McDermott, Marilyn Thomas, Mary Thompson, Arnold Widen

Carvalho (DPH) indicated that HISPC Advisory Committee members may also be available to help staff this workgroup. To the extent that the workgroup may determine that issues addressed by the group are synonymous with the HISPC advisory committee, Carvalho invited members to join HISPC if they are interested.

4. Governance Workgroup – The purpose of this workgroup is to develop a staffing/leadership structure for this project and to get input from stakeholders with a focus on best practices and credentialing requirements.

Workgroup members: Hayes Abrams, Elisa Bassler, Ellen Brull, Dave Carvalho, Sharron Matthews, Jennifer McDermott

Zaremba (HFS) suggested that a staff person be appointed as the contact point to help get each workgroup convened. She also indicated that a written description/mission and a task list would be developed for each workgroup in order to better guide their efforts.

Reyes (DPH) suggested adding a workgroup to address provider/consumer outreach and education.

Dr. Whitaker (CCT) suggested creating another workgroup to help build a partnership with DCEO for work on this project.

Carvalho (DPH) mentioned that each workgroup should consider the stumbling blocks encountered by previous workgroups/task forces regarding the changing healthcare landscape and should also consider social and demographic equitability when developing and implementing HIE across Illinois.

Boress (MBGH) indicated that 3-4 retail products have been developed and are currently being released and that the Advisory Committee should try to develop a link to them.

The next meeting is scheduled for July 14, 2009.

Meeting adjourned at 11:35.