

**HIE Advisory Committee  
Meeting Minutes  
Friday, September 11, 2009**

**HIE Stakeholders:**

Elisa Bassler, Illinois Public Health Institute (IPHI)  
Julie Bonello, Access Community Health Network  
Ellen Brull, MD, Illinois Academy of Physicians (IAP)  
Peter Eckart, Illinois Public Health Institute (IPHI)  
Patrick Gallagher, Illinois State Medical Society (ISMS)  
Lisa Gessen, Cerner Corporation  
Jill Hayden, Illinois Primary Health Care Association (IPHCA)  
Roger Holloway, Illinois Rural Health Association (IRHA)  
Vince Keenan, Illinois Academy of Family Physicians (IAFP)  
Brian Kramer, Forum Extended Care  
Angie Lobo, Office of Representative Julie Hamos  
Laura McAlpine, McAlpine Consulting for Growth (MCG)  
Jay McCutcheon, SIU School of Medicine  
Nancy Moersch, Illinois Foundation for Quality Healthcare (IFQH)  
Randy Mound, SUPERVALU  
Ruby Haughton-Pitts, AARP  
Pat Schou, Illinois Critical Access Hospital Network (ICAHN)  
Dennis Sienko, Illinois Science and Technology Coalition (ISTC)  
Brian Smith, Rush University Medical Group  
Matt Summy, Illinois Science and Technology Coalition (ISTC)  
Mary Thompson, Atkinson Management Resources (AMR)

**State Entities:**

**Governor's Office**

Greg Wass

**Department of Human Services (DHS)**

Anne Mahalik

**Department of Public Health (DPH)**

Dave Carvalho

Mary Driscoll

Jeff Johnson

**Department of Commerce  
& Economic Opportunity**

John Barr

**Office of the Attorney General (AG)**

Arnold Widen, MD

**Healthcare and Family Services (HFS)**

Connie Christen

Pat Frueh

Quincy Grimes

Ivan Handler

Sharron Matthews

Mary McGinnis

Kiran Mehta

Robyn Nardone

Michelle Schober

Bill Schuh

Shannon Stokes

Marilyn Thomas

Cory Verblen

Laura Zaremba

## Meeting Minutes

Meeting was called to order at 10:10 am

**Zaremba** started the meeting by reporting on the status of current Federal funding opportunities for Health Information Exchange (HIE).

### **State HIE Cooperative Agreement Program:**

- **Zaremba** mentioned that the Letter of Intent for the State Health Information Exchange Cooperative Agreement Program grant has been drafted and is awaiting the Governor's signature. A PDF of the final letter will be posted at [www.hie.illinois.gov](http://www.hie.illinois.gov)
- **Zaremba** commented that the Office of the National Coordinator (ONC) is looking for applications with broad stakeholder involvement and there has been a very good response to the request for letters of stakeholder commitment from members of the Advisory Committee as well as additional suggested entities from the Committee.
- HFS has contracted with an experienced federal grant writer, Susan Greene, who has created a work template to ensure all critical components of the funding application are met prior to submission of the grant package. Susan may be reaching out to members of the Advisory Committee as a point of contact for the substance of the grant agreement between now and October 16<sup>th</sup>, when the application is due.
- The funding application has five categories (or domains) to address, which are: governance, finance, technology/infrastructure, business/technical, and legal/policy. Workgroups have been created for each of these domains to assist in drafting the appropriate language for each area in the funding application.
- Part of the process of planning for state grants for HIE is to assess the amount of funding needed for start up as well as funding needed to ensure long-term sustainability.

### **Regional Extension Centers:**

- These funds are not intended for state governments but for non-profits or state designated entities (SDE) seeking funding to provide technical assistance for Electronic Health Record (EHR) adoption and meaningful use.
- HFS, as the state Medicaid Agency, provided letters of support from the State Medicaid Director for two statewide applicants and one sub-state application for the city of Chicago.
- **Bassler** reported that the ONC would announce those entities that are eligible to submit a full proposal for funding on September 29, 2009. Decisions on funding will be made in early December with two more rounds of applications and funding to follow in subsequent years.

- **Holloway** reported that meetings were organized to develop a group of collaborative partners for this project that would represent both urban and rural constituencies and to get letters of support from this broad spectrum of stakeholders.
- **Handler** suggested having some connection to the Regional Extension Centers as part of the State HIE Cooperative Agreement Program funding applications.

**Stokes** stated that all members of the Advisory Committee would need to complete another ethics training program apart from the annual training each state employee must complete. Instructions on completing this training will be coming from Cory Verblen at HFS.

**McGinnis** reported on the HIE Planning Grants.

- Medical Trading Areas (MTA) meetings are underway and feedback received has been positive.
- Most groups are focusing their efforts on governance and stakeholder engagement at this point. HFS is working closely with each MTA to ensure a broad spectrum of stakeholders is involved in the planning process within each MTA.
- The MTAs will be looking to HFS and the Advisory Committee for guidance in relation to the five domains established under the State HIE Cooperative Agreement Program funding application.

**McGinnis** reported on the statewide EHR survey.

- The survey was released on September 1<sup>st</sup> and sent to all MTAs along with several professional organizations to distribute to their respective constituencies. The HFS liaisons and the Illinois Public Health Institute (IPHI) are tracking survey results.
- There has been good representation in the responses from physician group practices, hospitals, local public health departments, and long-term care facilities, along with several other provider types.
- HFS is sending the message that participation in this survey will assist the state with HIE planning efforts, identify needs for technical assistance, and identify other useful information to include in the State HIE Cooperative Agreement Program funding application.

**Zaremba** indicated that more funding would be helpful given the short timeline for planning and that other revenue streams are being looked at to assist in these efforts. The long-term goal is to identify a financially sustainable model that will incorporate both public and private resources. HFS and the Governor's Office are communicating with private sector partners to gather an assessment of what private resources might be available to provide to the planning grantees to accelerate their process and keep efforts going.

**Handler** mentioned a 90 percent reimbursement stream that federal CMS issued apart from the MMIS upgrade match that might be worth looking into.

**Zaremba** indicated that federal CMS has issued a directive to state Medicaid Agencies and HFS is responsible for submitting a state Medicaid HIT plan to administer 90 percent Medicaid rate incentive match that will be coming, but this is still public funding. The rate incentives are for eligible providers and hospitals with 100 percent match available for adoption and meaningful use of EHR.

**Wass** suggested exploring corporate funding possibilities through corporate challenge grants for MTAs.

**McCutcheon** indicated that there are two levels of HIE that are described in the HFS planning grants. The first phase is to focus on the transfer of transactions between sources with the actual aggregation of data and building of databases coming at a later stage. For the transactions piece, some startup money is needed. In the example of HealthBridge of Cincinnati, the providers pay for the exchange and movement of data using a specified fee structure. Utilizing this fee structure, HealthBridge is operating at a 1-3 percent profit margin. The aggregation of data is more expensive, but is beneficial for doctors to use to look at a patient's full medical record in order to help control costs to insurers and employers. The Springfield MTA is assuming that major providers will provide start up money for ongoing transactions of data. State assistance will be necessary for access to Medicare data, laboratory and medication history information.

**Sienko** suggested reaching out to groups like Tech America to provide private investment.

**McGinnis** indicated that the Quality Quest (MTA 1 - Peoria) model has been successful in bringing employers into the mix. Other successful HIE models across the country have had heavy business community involvement/ investment. As part of the planning grant requirements, the MTAs are researching best practices for sustainability and will share this information with HFS and will provide to other MTAs across the state.

**Handler** suggested using a similar approach as the HFS Disease Management program. With HFS as the payer, this program looks for high cost items to target in order to identify cost savings. Through this process HFS received funding for the Disease Management program. This could be an approach to use with corporations, where they identify areas of financial loss due to health related issues and we can demonstrate the cost savings/ benefit that can be realized through use of HIE to encourage buy-in.

**Matthews** reported on the Metropolitan Chicago Healthcare Council webinar from September 10<sup>th</sup>. Wisconsin used a similar method as discussed by Handler (above) by approaching Humana and demonstrating the cost savings realized through the use of HIE in order to solicit their support for the states' efforts.

**Bassler** inquired if HFS was working with the Governor's Office and legislators on renewing funding for the planning grants, apart from any potential American Reinvestment and Recovery Act funding, in order to keep the processes going past the FY10 budget.

**Wass** reported the planning grants were financed through a special fund that was established to eliminate the Digital Divide. The grant money was transferred out of that fund, which is now depleted. It is going to be difficult to obligate any funding from the FY11 budget since these are operating funds, and will need to come from some General Revenue Fund. The understanding of the MTAs is that these were only one-year grants and that additional investment would need to be provided through other sources, including private entities.

**Zaremba** stressed to the Advisory Committee to continue to reach out to business community that may not yet be engaged to illustrate the value that can be gained by participating in a statewide HIE.

**Holloway** indicated that the absence of Medicare data is problematic since this population is growing quickly and costs are multiplying each year. This data would be helpful in engaging payers.

**McCutcheon** reported that the ONC Policy Committee has a Subcommittee on HIE that is developing further direction on the definition of "Meaningful Use". An interim final rule is to be published in December 31st, which will be followed by a sixty-day comment period. The expected date for a final definition should be sometime in March, 2010.

**McCutcheon** suggested starting as close to home as possible when discussing what kind of aggregated database to use and what services would be offered. Ask the question from the states perspective, "What benefits would a comprehensive record/ database bring to Medicaid, SCHIP, and other programs?" "Who do you expect the intended user to be, what changes would be expected, and how are these monetized?" This dialog should begin at the Agency program area, assuming a system was already in existence.

**Handler** mentioned the need to start estimating where we can save money through the use of an HIE in order to target our efforts to providers who would benefit most.

#### **Working Group Updates:**

**Zaremba** reported on the Governance workgroup. The group met to review what information would need to be provided for the State Cooperative Agreement Program funding application regarding governance. Information provided in the Letter of Intent commits the state to pursuing a public/ private entity to operate a statewide HIE.

**McGinnis** reported that the Sustainability workgroup has not met due to their efforts being focused on preparing the statewide EHR survey. Each of the MTAs is also looking at approaches to sustainability and will report on best practices identified in their quarterly reports.

**Wass** reinforced Jay McCutcheon's point to look at Agencies involved in the Advisory Committee as well as other major payers in the state to identify individual monetary value benefits to these programs and emphasize these benefits during discussions with stakeholders on sustainability.

**McCutcheon** suggested, and is willing to assist in, establishing two subgroups, one focusing on the Medicaid program and the other focusing on state employees insurance program, to identify issues related to what information would be included in the eventual HIE database. Questions that would be addressed would include: who will have access to the database; what are the incentives for using the system; what changes do we expect from the use of an HIE system; and what degree of risk is the state willing to take to agree to pay incentives to providers for use.

**Matthews** reported on the Consumer Education Work Group. This work group is identifying areas of importance to communicate to the consumers involved in statewide HIE. The MTAs are to include in their quarterly reporting how they plan on engaging and communicating to all populations within their communities. An important aspect of this work group is to continue to identify the best materials available to disseminate to the MTAs related to the various components of HIE.

**Eckart** reported on the Health Information Security and Privacy Collaboration (HISPC). The HISPC work in Illinois is complete and the final report has been submitted. HISPC included work on exchange of protected health data across state lines and different ways of addressing this issue. The main goal is to raise the profile of privacy/ security issues as we look to integrate HIE/ EHR. The HISPC Steering Committee leadership will continue on as a Security/ Privacy Work Group under the HIE Advisory Committee and will convene soon.

**McCutcheon** suggested distributing the final HISPC report to all of the MTAs letting them know the implications on the statewide HIE efforts and serving as a method of communication between the MTAs and the HIE legal/ policy group. Additionally, a

monthly letter to the MTAs would be helpful in providing guidance regarding emerging privacy/ security issues.

**McGinnis** agreed with this suggestion and recommended Peter Eckart, Marilyn Thomas, and Jeff Johnson to help draft something regarding the efforts outlined above.

**Carvalho** indicated the need to monitor HISPC reports to identify and answer any new questions that may arise.

**Johnson** mentioned the need to look at interstate compacts in relation to the exchange of information between states and any issues related to HISPC that may arise from this.

**Bassler** commented that Illinois was mainly focused on consent in relation to HISPC. It may be worthwhile to look at other national interstate collaborations to identify materials related to protecting information during exchange that are available. The Governance Work Group should look at recommendations from two years ago related to building privacy/ security components into the governance structure.

**Wass** reported on the Technology/ Interoperability Work Group. Members have been identified but the group has not yet met. At this stage, the group will be focused on identifying the different options for HIE architecture that are available. The first step, however, is to complete the HIE organizational planning before beginning the architecture decision-making process. It was suggested to have a conference call with the leads of each MTA to share information once the technology workgroup is convened.

**McCutcheon** suggested looking at the MTA provider data to identify transactions across state lines in order to eventually model what interstate commerce is already occurring.

The next HIE Advisory Committee meeting is scheduled for 11/17/09 at 10:00 am. Agenda and other necessary materials will be distributed closer to this date.

Meeting adjourned.