Interconnecting Clinicians Committee Meeting Summary May 16, 2006

Audio Conference

Committee Members

Staff Members

Jonathan Dopkeen, Ph.D., Chair Hayes Abrams representing Brad Buxton Shelly Raymer Duncan Todd Hart Anne Mahalik Fred Rachman, M.D. Bobbie Riley, R.Ph. Lori Sorenson Jeff W. Johnson Ariel Katz, M.D.

<u>Guests</u>

Mary Ring

With a quorum present, Dr. Jonathan Dopkeen started the meeting at 9:07 a.m. He introduced Lori Sorenson as a new member to the Taskforce, replacing Jim Matthews as the representative from the Illinois Department of Central Management Services.

Dr. Dopkeen did an overview on the Mission Statement approved by the Steering Committee and asked if anyone had thoughts on objectives for the committee.

Hayes Abrams asked if there were any common standards. Dr. Fred Rachman indicated that there are efforts at the national level to develop the standards and that the state should conform to them. Dr. Rachman also mentioned that there are a number of standards setting organizations, such as HL 7, that outlines common elements for reporting health data.

Dr. Rachman noted areas that he thinks the Committee should focus on. These include:

- Policy support both direct and indirect;
- Making state databases used by clinicians interoperable.
- Studying federally funded pilot projects for breakthroughs that may serve as a model.
- Reviewing other state model health information exchange initiatives.

Mr. Abrams offered to help facilitate information gathering about the Massachusetts' MA-SHARE effort.

Dr. Dopkeen asked the Committee members what was their view of the long-term end product for clinicians. "What ought to be available for clinicians?" "Do we have a shared vision?"

Shelly Raymer Duncan stated that her view was that electronic health records would enable a clinician to see the patient's complete history, including backup laboratory results, etc.

Mr. Abrams asked whether this information would be broad data or clinically developed data. Ms. Duncan indicted that it would be clinically developed or presented data. The discussion continued with a question as to whether this data would be different from what a "member" would see in a personal health record. The response was no, but someone raised the point that it may need to presented in a different manner considering the different audiences for the data.

Mr. Abrams then indicated that a coalition of health plans have come to an agreement about common standards for sharing personal health information. This coalition recently announced the creation of a Web-based personal health record pilot program to begin this fall.

Given the short time left before the scheduled time to end the meeting, Dr. Dopkeen suggested that staff prepare draft objectives for review by the committee members. He also asked that the members think about how to address the infrastructure needs for interoperability. This includes whether there is a need for some entity to oversee the exchange process.

Todd Hart indicated that the state may have to take on the role of resource locator service, i.e. the repository of the names of patients who have electronic health records available to be exchanged.

Dr. Dopkeen then asked if the members had a preference for the next meeting date. Mr. Hart indicated that he should send out an e-mail with some suggestions and then pick the date.

The meeting adjourned at 9:59 a.m.