

**Interconnecting Clinicians Committee Meeting Summary**  
**June 22, 2006**

**Audio Conference**  
**Host Site: Assistant Director's Office**  
**Illinois Department of Public Health**  
**5th Floor**  
**535 W. Jefferson St.**  
**Springfield**

**Committee Members**

*Jonathan Dopkeen, Ph.D., Chair*  
Shelly Raymer Duncan  
Thomas A. Granatir  
Kerra Guffey  
Patricia Merryweather  
Bobbie Riley, R.Ph.  
Also participating Philip V. Davis,  
M.D.

**Staff Members**

Jeff W. Johnson  
Fee Habtes  
Seema Kamath

The meeting began at 10:39 a.m. with the chair initiating a discussion of the issues surrounding the seven previously discussed objectives. Pat Merryweather raised a question about whether the goal outlined in the draft goal, objectives and issues document accurately reflected the scope of the committee's interconnectivity focus. Dr. Dopkeen said this committee is where the infrastructure takes place. Informing Clinicians works on the issues of adoption – how to get physician and clinicians onto advancing into EHR. The Personalizing Health Committee ensures that the consumer can take control of their information. The Improving Population Health focuses on whom EHR affects. We guide the development of what structures connect provider records. A few committee members expressed that the goal's focus seemed to be more on the information and less on interconnecting the clinicians.

Ms. Merryweather proposed that a "process and structure for the interconnecting of clinicians for the exchange of patient health information" be added to the goal statement. Dr. Dopkeen said the goal statement was made to create an environment that would allow transfer of high value record in a secure exchange to enhance care. He says we're still talking about infrastructure issues. Shelly Duncan said we need to deal with environment issues before we can talk about the specifics of an infrastructure. A broad goal is more beneficial. Another member indicated that she likes that the group is not looking for a technological solution. We want secure exchange to improve patient care and we need to be very clear about what the clinicians would need.

Dr. Dopkeen steered the committee back to talking about the issues surrounding the objectives. He noted that several of the issues addressed in the first objective will also be the focus of the National Health Information Privacy and Security Collaboration being the Illinois Foundation for Quality Health Care (IFQHC), the Medicare quality improvement organization (QIO) for

Illinois. The goal of the project is identifying legal impediments to EHR in the states. A steering committee for this project should be drawn from this task force.

There was a discussion on the draft issues outlined for Objective 1. A member (Phil Davis) made an observation on “d.” He said Southern Illinois University (SIU) is doing something like this, and suggested that sometimes defining that barriers exist is a solution. He wants to see something that stimulates the capabilities of the system. The broadband issue was discussed and Dr. Dopkeen said we’re trying to address this problem by talking about resource issues. Tom Granatir said it’s more about connectivity. This is a complicated system and will be hard to access using a dial up internet connection. Another committee member said some hospitals are already experimenting with wireless.

A suggestion was made that another issue be added to Objective 1 regarding possible federal issues, such as the Stark regulations, that may serve as an impediment to EHR in Illinois. It was a consensus of the members that this issue be added.

With respect to other issues, Mr. Granatir indicated the issue of whether the EHR infrastructure should be centralized or federated (decentralized) needs to be discussed. It was agreed that this was an issue that would be added to Objective 7.

He also mentioned it’s worth clarifying that the committee is not just about interconnecting clinicians; it’s about interconnectivity in general. There was additional conversation on revising the goal statement to include environment and connectivity as well as possibly taking out “treating clinician.” Dr. Dopkeen agreed saying that there’s more than just ensuring things for an individual patient. In the interests of time, there was consensus that further discussion of the goal statement would occur during the next meeting.

A future meeting was scheduled for 10 am – 12 pm on June 30.

The meeting adjourned at 11:54 p.m.