

# Electronic Health Records (EHR) Taskforce Meeting Summary

## March 24, 2006

### Audio Conference

#### EHR Taskforce Members

Craig Backs, M.D.  
Alan Berkelhamer  
Larry Boress, Ph.D.  
Brian Bragg  
Ellen S. Brull, M.D.  
Derwyn Day and Mark Washington  
representing Bradford A. Buxton  
Philip V. Davis, M.D.  
Jonathan Dopkeen, Ph.D.  
Shelly Raymer Duncan  
Maria I. Ferrera  
Laura K. Feste, RHIA  
Robert Fry  
Stephen Glass  
Thomas A. Granatir  
Kerra Guffey  
Grace Martos for Beth Hackman  
Todd W. Hart  
William Kempiners  
Brian H. Kramer, R.Ph., MBA  
John Lantos, M.D.  
Martin Lipsky, M.D.  
Daniel H. Litoff, M.D.  
Anne Mahalik, MPA, RHIA, FAHIMA  
Edward Mensah, Ph.D.  
Dottie Jackson representing Patricia  
Merryweather  
Karen J. Nichols, D.O.

Susan Bonner representing Fred Rachman,  
M.D.  
Gordon Schiff, M.D.  
Nancy Semerdjian  
Joyce Sensmeier  
Mary Thompson  
Darryl Vandervort  
Arnold L. Widen, M.D., M.S., FACP

#### Staff

Jeff W. Johnson  
Ariel Katz, M.D.  
Fee Habtes

#### Guests

Jeff David,  
Patrick Gallagher ISMS  
Mr. Obrien from Streamwood Hospital

Jonathan Dopkeen, Ph.D., IDPH Assistant Director started the meeting at 1 p.m. Dr. Dopkeen made introductory remarks and referenced future Taskforce meetings regarding Utah EHR activities on March 30<sup>th</sup>, Massachusetts EHR activities on April 3<sup>rd</sup>, and Indiana EHR activities on April 10<sup>th</sup>

Jeff David, Director, Industry Development, Healthcare Information and Management Systems Society, gave his presentation on Federal Initiatives and EHR Activities in Selected States.

Question by Edward Mensah: Where can we find your source information?

Mr. David: Tom Keefe at HIMSS is currently tracking other state initiatives. All source information will be sent to the taskforce via email.

Dr. Dopkeen: Can you elaborate a bit on other state HIT initiatives.

Mr. David: Tom Keefe from HIMSS in Washington is currently tracking activities in other states. I will send the source information regarding slide 27, "current interoperability efforts where we list multiple initiatives in each state. Massachusetts is a great example of a state with good HIT policy as well as structure for some of the larger goals: MA-share is a \$50 million effort to electronically combine 3 communities in Massachusetts; Med-info currently has claims information available at all Emergency Rooms in the state. California: Santa Cruz has combined 100% of data across a few competing organizations.

Mr. David: Two of the most important factors for success are diverse financial sources and a common interest in people talking to one another.

Dr Schiff: 2 questions: 1. Can you elaborate on Unity not uniformity: How do you see the solution for the U.S. different from the UK solution or the VA solutions? 2. What questions should we ask from other states and how can their frameworks assist us in our taskforce goals?

Mr. David: 1. Healthcare in this country is at a local level. Therefore, the structure of systems will have to vary from region to region and from hospital to hospital. Since these regions will all seek separate solutions, it is important that we tailor the program at the regional level and then work on a uniform standardization for these groups to talk to one another on a national level. 2. For other states, we should analyze very closely their success and failures, look at as many initiatives as possible and see the differences between these pilots.

Dr Backs: Can you elaborate on the certification process. It is clear that radiology is almost 100% interoperable, how long do you envision it will take until we are close to standardization on the patient record?

Mr. David: Radiology is uniquely interoperable for a few reasons:

- 1) Many of the radiology systems were electronic to begin with (newer MRIs, CT and PET scans) therefore there was a need for electronic interoperability sooner
- 2) There has been a very close relationship between RSNA and HIMSS
- 3) The medical record is far more complicated as many different clinicians are bound to define data in different terms. For example, there are at least 12 ways to describe a heart attack.

Joyce Sensmeier probably can elaborate on this more, but it may take up to 10 years to have an interoperable set of standards.

Dr. Mensah: Interoperability demands a lot of funding and the financial savings are not likely to be seen by anyone other than the consumer. How can the funding subsist without direct governmental involvement in fully funding the effort?

Mr. David: The only way to succeed is if the public sector continues to apply pressure to the private sector to demand change.

The meeting adjourned around 2:30 p.m.