

## **City of Bloomington: Bloomington Digital Underground Advisory Committee**

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### **Summary**

Bloomington Digital Underground Advisory Committee meeting held Thursday, January 17 at 4:00 p.m. in the McCloskey Conference Room of City Hall at Showers.

401 N. Morton St.

Bloomington, Indiana

### **Roll Call**

#### Committee Members Present

Mark McMath Bloomington Hospital CIO

Dr. Mike Sullivan Bloomington E-Health Collaborative

#### Vacancy

Brian Kleber

#### City of Bloomington Staff Present

Rick Dietz, Director, Bloomington ITS

Rick Routon, Assistant Director, Bloomington ITS

#### Guests Present

Todd Rowland      E-Health Collaborative/VIM  
clinic/Smithville

Bloomington Digital Underground Advisory Committee

January ?,2008

## **i. Bloomington E-Health Collaborative Update**

- a. Rick Dietz (RD): Do we have any updates?
- b. Todd Rowland (TR): We will be announcing it tomorrow officially. Ehealth collaborative will be changing into a new entity called health linc. This is a step toward forming a non- profit. We are operational with clinical messaging at this point and we have 8 practices connected. Essentially we have an electronic results delivery system. This weekend we are having the health information exchange event.
- c. RD: Does the city have any interest in this as an employer? We have 600-700 employees.....
- d. TR: Some of our advance practices are working in that area but we are really looking for some forward thinking employers that could engage their employee base and ask them if they would value having a personal health record.
- e. Mike Sullivan (MS): Nationally there are definitely large coalitions of employers that are trying to contain their costs by encouraging the use of personal health records by employees.
- f. Mark McMath (MM): I think that there are some changes that must happen in the delivery system as well. The surveys indicate that there is very little interest in personal health records among consumers. Shifting costs and a number of other factors may make health records more important in the near future.
- g. TR: The hospital is shifting to an employee portal and I think that as more employers move in that direction, health records might be the next step.
- h. RD: You mentioned the organization of Healthlinc, is that still conceptual?
- i. TR: No, we have set the first board meeting for the beginning of March and we are reaching out to boardmembers. We have some draft by-laws and we are working closely with the medical community and the hospital. I think it will happen and it is something we have needed for awhile.
- j. RD: Was the grant award seen as an impetus to move forward?
- k. TR: I don't think the medical practices look at it that way because they are usually unaffected by the grant money but it has been a driving force in the organization to prepare for grant opportunities.

## **ii. FCC Grant Update**

- a. RD: Could you update us on the state FCC grant?

- b. TR: Mark and I are trying to land a standing meeting with the advisory board right now. They are also beginning to form the committees that will work under the advisory board.
- c. MM: There has also been a lot of work going on between the applicants and the federal govt. Most of that so far has been talk about timelines. Right now they are still going to through the bureaucracy of getting OMB approval on one last part.
- d. TR: USAC is tasked with the oversight of the implementation of the three year project.
- e. MS: How much did they end up awarding?
- f. TR: 42 out of 80 applicants got awarded, with awards spread out over three years.
- g. MS: Each one of these proposals was unique, how is the FCC overseeing this distribution?
- h. TR: USAC has a ruleset that they have used before and I think that many of those rules have not changed.
- i. MM: We had an initial meeting last July in anticipation of getting the award, but I would say it is still going to take 60-90 days to get this thing ramped up. No one can do anything right now until the OMB signs off. The first RFP will be network design and the second will be for the network itself, everything has to be competitively bid. It has to follow the government process and be open for 28 days etc.
- j. RD: So what are the next steps after the OMB and local RFP/Bidding process?
- k. MM: The tech group is already meeting but it is still preliminary. That group will have most of the responsibility for the design RFP.
- l. MS: There was a process to prioritize the critical access hospitals for fiber. Some of that doesn't seem to match up with how you would realistically implement fiber. If you are already heading in one direction you wouldn't pass right by a connection point.
- m. MM: USAC is going to be flexible about the ordering on that. There was a telemedicine guy that went around and spent some time with each of the critical access hospitals. As long as we stay within the guidelines, they should be flexible. If it comes down to it, and there are more hospitals than the plan can handle in the first year, it may fall back to that original prioritization. As we begin looking at the design RFP many of these considerations will be addressed. The FCC has singled out Indiana as the most unique applicant. Which may put us in a good position for second round funding.

### **iii. VIM Clinic Discussion**

- a. RD: Any other concerns?
- b. MM: How is the VIM partnership going?
- c. TR: It is going well. That organization is growing right now and they are getting prepared for equipment and staff at this point. They have some huge organizational challenges to overcome. They are using the AXLOTL system and they are getting ready to turn off paper for lab, radiology and medical records. There is a lot going on over there.
- d. RD: Well, that is all for this meeting and I will be in contact with everyone over email about the next one.