

***Key questions and issues for the eHealth Board
November 14, 2006 Board Meeting***

Background

The Governor has set a challenging goal of achieving statewide use of electronic health records with statewide electronic health data exchange in Wisconsin in five years. In his Executive Order creating the eHealth Board, the Governor indicated that an aggressive state strategy to advance this health information infrastructure will improve the quality of health care and control health care costs in our State. The Governor charged the eHealth Board with, among other things, responsibility to develop the *Wisconsin Action Plan for Health Care Quality and Safety*. The Executive Order specifies that the *Action Plan* should include recommended actions and key milestone dates to achieve our goals, and that the recommendations should be designed to:

- Guide legislative and regulatory actions by state government
- Encourage coordinated efforts in the private health care sector
- Further public and private partnerships for the development of a statewide health information infrastructure
- Maximize federal financial participation to support the goal of early adoption of an eHealth information infrastructure consistent with national standards and policies.

In order for staff to draft the *Action Plan*, we are asking the eHealth Board to discuss the following questions and suggested answers, based on the work of the eHealth Board workgroups and the guidance of the Board chairperson.

A. Does the eHealth Board endorse this vision statement for 2012?

1. Improvement in the state's economy and competitive position as the health care sector is transformed and health care investments result in high quality health care
2. A transformation of the health care sector that creates healthy cooperation and healthy competition among providers - with patients, payers and other partners helping them contribute to better outcomes
3. Improvement in the health of Wisconsin's population through appropriate prevention, early intervention and treatment
4. Continuous quality improvement in health care delivery to improve value (outcomes for price)
5. Consistent practice of safe, high quality and evidence-based medicine as the state builds and leverages health IT
6. No patient is ever harmed by lack of information at the point of patient care

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B. Is there agreement with the basic components of the plan drawn from the work of the eHealth workgroups?

1. Establish an eHealth Technology Platform

- a. Encourage health care providers to adopt and use electronic health record systems by providing start-up funding for safety net providers and small and/or rural providers that are not able to afford them, by offering education and technical assistance and by endorsing standards for these systems to minimize the risk associated with purchasing decisions.
- b. Also encourage larger systems to continue and advance investment in electronic health record systems through value-based purchasing strategies by public and private payers (described more fully in #2 below). Regularly monitor progress toward achieving benchmark goals for adoption (#4 below) and offer added recommendations to public and private partners as needed to achieve necessary progress.
- c. Recognizing the importance of local markets in producing economically viable exchange, create regional health information exchanges to enable exchange of high-value patient information
 - i. Focus early on timely patient information for providers when and where they need it for patient care – for example, comprehensive information on patient allergies, medications and past diagnoses.
 - ii. Support for the Wisconsin Health Information Exchange, a Regional Health Information Organization (RHIO) in Southeast Wisconsin, focusing on real-time information for hospital emergency rooms, results delivery and medication lists. Share technologies and lessons learned as appropriate across the state.
 - iii. As health information exchange is best facilitated and optimized based on the needs of the local communities in health regions, simultaneously encourage the development of up to four new RHIOs in other areas of the state by providing contracts and technical assistance.
 - iv. Require that Wisconsin RHIOs meet minimum requirements including:
 - o Population served (at least one million people in the geographic area it covers)
 - o Alignment with natural “Medical Trading Areas”

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- Willingness to serve all members of the communities in the designated area – can not be vendor-driven or exclusive to a limited subset of payers or providers
 - Independent status with broad governance including both public and private sector representatives and strong consumer representation
 - Compliant with state and national standards for interoperability, and committed to statewide and nationwide network development
 - Policies and systems to assure privacy, security and confidentiality of health information
 - Demonstrated intent to include public health agencies
 - A well-developed and viable business plan
- d. Develop statewide health information exchange services to:
- i. Serve as the link between RHIOs, other states and the Nationwide Health Information Network (NHIN)
 - ii. Provide basic utility type services that are most cost effective at the state level and that can leverage existing state assets, such as record locator and user authentication services
 - iii. Provide basic patient information to providers that do not have access to a regional health information exchange
 - iv. Make practice guidelines/clinical decision support available for health care providers (as a resource for their use and not a state requirement)
 - v. Provide a web portal for consumers to obtain health education materials and access to the practice guidelines
 - vi. Set standards and policies for health information exchange consistent with national standards
2. **Develop and implement value-based purchasing strategies across the public and private sectors:**
- a. Establish a formal partnership between the Wisconsin Collaborative for Healthcare Quality and the Wisconsin Medicaid program to develop new Pay For Quality (P4Q) incentives and/or basic requirements for Medicaid reimbursement
 - b. Leverage the purchasing power of state government in collaboration with other payers by developing consistent requirements and/or incentives for state contracts with health care providers that will promote statewide:
 - i. acquisition and use of certified EHR systems and participation in health information exchange
 - ii. use of clinical decision support tools for evidence-based medicine
 - iii. support for consumer engagement in their own health care

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- iv. public reporting on health care outcomes
 - v. participation in public health surveillance
- c. Actively collaborate with health care purchasers, including private employers as well as other governmental purchasers, all payers, and health care providers to align strategies for promoting high quality, safe and efficient health care enabled by an appropriate health information infrastructure and public reporting.
- d. Implement a contract between DHFS, ETF and appropriate private partner organizations including WHIO to build a data repository to track outcomes, quality and cost of episodes of care for quality improvement, public reporting and public health assessment functions
- e. Evaluate the impact of public reporting on health care outcomes

3. Create public/private partnerships for population-based prevention

- a. Create population health baseline information for the entire Medicaid population (representing 16% of the state's population)
- b. Develop a routine health risk assessment and a member agreement for the Medicaid population to guide taking personal responsibility for health and health care
- c. Conduct research through focus groups to identify the best approaches to engaging patients with high quality health information and decision support tools for making health care decisions
- d. Actively promote use of chronic disease management tools by safety net providers and continue to strengthen care management strategies across the Medicaid population in general.
- e. Develop health information system tools and research data that will support stronger public-private partnerships to achieve the goals of *Healthiest Wisconsin 2010*, the state health plan, for example, improving nutrition and physical activity, prevention of tobacco use, and other cost-effective strategies to reduce the burden and unnecessary high costs of chronic disease and other preventable illnesses and injuries.

4. Take an incremental approach - growing thoughtfully over time with frequent evaluation of progress:

- a. Establish performance goals and benchmarks for achieving the goal of statewide HIE and HIT in the plan, and initial strategies to move forward through voluntary public-private partnerships and investments.

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- b. Actively foster continued deepening of effective public-private sector partnerships to achieve mutually beneficial goals of higher quality, safer and more efficient health care through HIT and HIE.
- c. Start by building the initial infrastructure while also advancing selected projects that will add value for patients and consumers in the short term.
- d. Develop an infrastructure that is flexible, scalable, adaptable and replicable
- e. Use standards consistent with national direction
- f. Require that all systems be interoperable
- g. Build on existing assets in the public and private sector.
- h. Promote data reuse for authorized public health and research purposes
- i. Conduct constant surveillance of new developments in both the public and private sectors to keep the plan relevant and to take advantage of new opportunities
- j. Monitor progress closely and adjust strategies and activities as needed

C. Proposed Metrics: Are these the right measures of success for 2012?

1. Creation of the technology platform

- a. 90% or more of clinical encounters involve appropriate access to an electronic medical record and related health information technology (HIT) at the point of patient care.
- b. 90% or more of clinical encounters involve appropriate access and updates to a regional/state health information exchange (HIE) that will quickly access pertinent information about diagnoses, allergies, prescribed medicines, and diagnostic information, such as labs and radiology.
- c. 90% or more of clinical – patient interactions have ready access to electronic decision support or electronic search of practice guidelines.
- d. 90% or more of clinicians are covered by e-prescribing
- e. 50% of consumers have access to medication lists, test results and other health care information through a secure, online portal
- f. 50% of consumers have an option for secure, online communication with their primary health care provider

2. Value-based purchasing

- a. 90% or more of public sector health care purchasers will use consistent requirements and/or incentives for state contracts with health care providers requiring:

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- i. acquisition and use of certified EHR systems and participation in health information exchange
 - ii. use of clinical decision support tools
 - iii. support for consumer engagement in their own health care
 - iv. public reporting on health care outcomes
 - v. participation in public health surveillance
- b. 50% of private health care purchasers will use the same common set of provider requirements and/or incentives for their contracts with health care providers requiring:
 - i. acquisition and use of certified EHR systems and participation in health information exchange
 - ii. use of clinical decision support tools
 - iii. support for consumer engagement in their own health care
 - iv. public reporting on health care outcomes
 - v. participation in public health surveillance

3. Improved health status of citizens, as measured by the goals and objectives set in the state health plan, *Healthiest Wisconsin 2010*¹

- Access to primary and preventive health services
- Adequate and appropriate nutrition
- Alcohol and other substance use and addiction
- Environmental and occupational health hazards
- Existing, emerging and re-emerging communicable diseases
- High-risk sexual behavior
- Intentional and unintentional injuries and violence
- Mental health and mental disorders
- Overweight, obesity and lack of physical activity
- Social and economic factors that influence health

D. Are there specific concerns or changes to the recommendations from the five workgroups?

1. Patient Care

- i. Does the Board agree with focusing first on providing access to patient information to clinicians rather than patients

¹ Healthiest Wisconsin 2010: *A Partnership Plan to Improve the Health of the Public*. Published in 2000 by the Wisconsin Department of Health and Family Services. Progress to goals is reported on the DHFS web site at this address: <http://dhfs.wisconsin.gov/statehealthplan/track2010/priorities.htm>

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- ii. Is incremental development of exchange services a reasonable approach?
- iii. Should results delivery and clinical document delivery be developed as early exchange services?
- iv. Should DOQ- IT efforts be expanded?
- v. If subsidies are provided for EHR adoption, should there be requirements related to use of certified systems?

2. Information Exchange

- i. Is there agreement with the principles adopted from the Markle Foundation Common Framework for health information exchange technology and policy?
- ii. Should Wisconsin pursue simultaneous development of HIT and HIE?
- iii. Is there agreement with the recommendations for promoting HIT adoption among small and rural providers?
- iv. Should the state provide incentives to develop up to five RHIOs in Wisconsin?
- v. Does a hybrid architectural model make the most sense?

3. Consumer Interests

- i. Is there agreement with the underlying principles developed by the Markle Foundation Personal Health Technology Council?
- ii. Should personal health information be included in an exchange and available to health care providers for treatment purposes without specific opt-in or opt-out decisions by patients?
- iii. Is there agreement that data use and disclosure policies must always balance the patients' right to privacy with the providers' need to access information for optimal patient care?
- iv. Should data use and disclosure policies differentiate among the areas delineated by HIPAA – treatment, health care operations, payment, research, and public health?

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- v. Should policy recommendations that require change in state law wait for the completion of the Health Information Security and Privacy Collaboration Project's final reports due in March 2007?
- vi. Should holders of personal health information be expected to ensure that individuals are able to conveniently and affordably access their health information, including which entities have had access to this information?
- vii. Is there agreement about the importance of state driven efforts to educate consumers and providers about health information exchange (HIE) and personal health records (PHR)?

4. Financing

- i. Does the Board endorse the key findings and premises that were adopted by the Financing workgroup?
- ii. Is there agreement with the observations about the roles that will be played by the public and private sectors in the eHealth initiative?
- iii. Are there concerns or issues with the specific recommendations about potential funding sources?
- iv. Are there other recommendations for the Governor about what to include in his 2007 – 2009 Budget request to the Legislature to support the *eHealth Action Plan*?

5. Governance

- i. Does the Board endorse the proposed committee structure under the leadership of the eHealth Board?
- ii. Are there other ideas/recommendations about how best to involve the Legislature in the eHealth initiative?
- iii. Are there issues or other recommendations about the role of state government as this plan moves into implementation mode?
- iv. And are there issues or other recommendations about the need for and the content of a communications and marketing plan?

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E. Are there other ideas/recommendations to include in the eHealth Board's report to the Governor?

1. Does the plan provide for a patient-centered system that would be relevant regardless of setting?
2. Does it cover data collection and retrieval needs/circumstances beyond physician offices and hospitals, including long-term care, public health, school settings, and home based care?