

**Wisconsin eHealth Care Quality and Patient Safety Board
Board Meeting, June 21, 2007
Minutes**

Members in attendance:

Betsy Abramson, Elder Law; Christopher Alban, EPIC; Bevan Baker, City of Milwaukee; Edward Barthell, Healthcare; Gary Bezucha, Boscobel Area Health Care; Patricia Flatley, School of Nursing and College of Engineering; Catherine Hansen, St. Croix Regional Medical Center; Kevin Hayden, DHFS, Ravi Kalla, Symphony Corporation; Candice Owley, Wisconsin Federation of Nurses and Health Professionals; Debra Rislw (by phone), Gundersen Lutheran; Justin Starren, Marshfield Clinic; Hugh Zettel, GE Healthcare.

Members unable to attend:

Donald Layden Metavante; Lois Murphy, Veterans Administration; Dan Schooff, DOA; Peggy Smelser, WEAC; Lon Sprecher, Dean Health; Eric Stanchfield, DETF; John Toussaint, Theda Care.

Others in attendance:

Jared Adair, WPSIC; John Eich, Office of Rural Health; Lynsey Ray, WPHCA; Alison Bergum, UW; Donna Friedsam, UW; Susan Manning, Consultant; Cheryl McIlquham, DHFS; Jay Gold, MetaStar; Terry Hilz, DHFS; Joe Kachelski, WHA; Matthew Stanford, WHA; Denise Webb, DHFS; Cindy Helstad, WMS; Tom Berg, Marshfield Clinic; Linda Syth, WMS; Jeremy Levin, WMS; Kathy Farnsworth, DHFS; Judith Nugent, DHFS.

1. Call to Order

Secretary Kevin Hayden, Chairman of the eHealth Care Quality and Patient Board called the meeting to order at approximately 9:35 AM. He welcomed the board and guests business partners, and reminded all in attendance that the meeting is webcast live for those unable to attend in person. In his review of the agenda, he indicated that we are in the tactical implementation of eHealth in Wisconsin and the agenda covers activities not only in Wisconsin but nationally. In concluding his introduction, Secretary Hayden noted that eHealth remains an important part of Governor Doyle's health care agenda.

2. Minutes June 21, 2007 – motion to approve

The minutes were approved as written by voice vote of the Board members present at the meeting.

3. Chair's Report:

The Chairman's report focused on four key initiatives that have exclusive interface into eHealth's activities:

Wisconsin Health Information Organization (WHIO)

WHIO was formed two years ago. It is a not for profit entity, and its board is comprised of five private payers, the Department of Health and Family Services (DHFS), the Department of Employee Trust Funds (ETF), the Wisconsin Medical Society (WMS) and the Wisconsin Hospital Association (WHA). It seeks to provide to the general public, reports on the efficiency and quality of episodes of treatment. There are natural tension points due to the Board's composition, but, nevertheless, the board has agreed on process to move ahead over the next 180 days to determine whether administrative data can be married with clinical data to produce reports desired through the implementation of Wisconsin Statutes Chapter 153. If after this due diligence the Board determines it can move ahead, Wisconsin will be in a position to be a national leader in this arena.

Wisconsin Collaborative for Healthcare Quality (WCHQ)

DHFS has joined the WCHQ as an assembly member. WCHQ plays an important role in quality measurement, relevance of quality metrics and the ability to integrate both into the health care delivery system. WCHQ as evidenced by the recent award of a grant from the federal Centers for Medicaid and Medicare (CMS) is emerging as a national player in bringing together diverse partners to improve the quality of health care delivered in Wisconsin.

DHFS eHealth Summit

The Chair indicated eHealth is not just a project within the Department. He has begun to talk about where it fits across State government, e.g., a horizontal approach is needed for the integration of health databases across government. Additionally, he is undertaking an effort to assure agency leaders are familiar with eHealth because the residents of Wisconsin deserve a comprehensive, cohesive plan around eHealth. Secretary Hayden invites any comments and questions at anytime about DHFS administration of the eHealth initiative. He wants to assure that proper resources are dedicated to accomplishing the tasks at hand. Internal resources have not been sufficient and DHFS leaders are looking to realign them for proper balance with the work that is to be done.

eHealth Administrative Progress Report:

Secretary Hayden indicated that he will, over the next several months, work to assure that other agency heads are aware of the eHealth Action Plan. He will take the opportunity to review state assets across state government that may come to bear on accomplishing the goals in eHealth, e.g. other health databases like the Public Health Information Network.

He noted additionally that we are trying to capture resources to accomplish the tasks in the Action Plan, e.g. the Medicaid Transformation Grant.

4. Staff Report:

Medicaid Transformation Grant Round Two

Denise Webb briefed the Board on the Medicaid Transformation Grant -- Round Two. She indicated that an \$8.5 million grant application submitted to CMS focused on two concepts:

The first concept is value-driven health care. Value-driven health care is built on Department of Health and Human Services' Secretary Leavitt's four cornerstones concept whereby applications of interoperable health information technology drive value in health care through price and quality transparency and consumer decision-making. If the grant application is funded, the Medicaid program will engage in an active data partnership with WHIO and WCHQ and give data back to Medicaid providers via a new Medicaid portal within the new Medicaid Management Information System next year.

The second concept is to implement CCHIT certified, electronic medical records in eleven of Wisconsin's 17 community health centers. This will be undertaken in partnership with the Wisconsin Primary Health Care Association. Technical assistance will be provided to the community health centers from the planning stage through the purchase stage and on into the implementation stage. Grant award decisions by CMS are expected at the end of September and the grant period will run 18 months.

Wisconsin Health Information Exchange (WHIE)

The kickoff for WHIE's Emergency Department Linking Project (ED Linking Project) was June 20, 2007. Dr. Ed Barthell informed the Board that five hospital systems, Aurora, Wheaton-Franciscan, Columbia-St. Mary's, Childrens, and Froedert are participating in the project which seeks to build the skeletal structure of the health information exchange in south east Wisconsin. Microsoft is also a collaborator in the project and will donate software and services for the technical platform.

In the initial pilot phase, data in the platform will include: Medicaid claims data (such as primary and secondary diagnoses), prescriptions filled, basic demographics, patient's HMO, patient's case manager) and information from Emergency Department patient registration. Information is to be sent through the system in real time.

A second phase of the pilot will address linking Emergency Department data to the out-patient setting, e.g. lab results.

A third phase of the pilot will address medications. The regional medication system method has not yet been determined.

Evaluation of the pilot on the macro-economic level will be conducted by researchers from UW and an evaluation of the pilot's impact on Emergency Department workflow will be conducted by researchers from MCW.

Questions raised during the discussion covered the following topics:

- ❖ Data sharing agreements, consistent with HIPAA, among participating systems, WHIE and Microsoft are in various stages of completion. It is hoped that state privacy laws regarding mental health and alcohol and other drug abuse will be aligned with HIPAA so that filtering of information for treatment purposes is not required.
- ❖ The special circumstances of domestic violence patients was used to highlight the need for development of and training of all related staff to new workflow processes to accompany real-time availability and exchange of health information. Data which lists primary care physician, caseworkers, and referral physicians can be included and will be helpful in health information exchange processes.
- ❖ Consumer involvement in health information exchange development is important. The WHIE board has designated a consumer slot on their board and welcomes nominees for the position.

Annual Summit Evaluation

Donna Friedsam presented a report on the annual summit evaluation survey summary. Overall the summit was an extraordinary success. Reservations surpassed 225 with an actual 185 attendees. Demand for attendance exceeded the capacity of the venue to accommodate the interest. Thus, the location for next year's event will be reviewed relative to demand. Ninety-two evaluations were returned from a diverse group of stakeholders.

Highlighted results of the evaluation included:

- ❖ Statistically significant perception of knowledge gained from attendance at the event based on self-reporting.
- ❖ All speakers were rated highly and comments on speakers and sessions were provided to the Board in a chart.
- ❖ Expressed interest in involvement of consumers in all activities of adoption and exchange, not just in privacy and security topics.
- ❖ Interest in obtaining information on eHealth Board activities, adoption and exchange between summits

The Board discussed the summit and offered a variety of suggestions for consideration for future activities:

- ❖ Role of the summit and its evaluation in measuring movement overtime toward adoption and exchange and the need to have further discussion around the additional measurement methods.
- ❖ The extent to which the developing communication plan can be used for between- – summit-updates to interested parties.
- ❖ Partnering with the Wisconsin Technology Network and their digital health conference.
- ❖ Discussion of the 2008 summit’s preparation and focus included the following:
 - ❖ Highlight accomplishments in year one of the action plan;
 - ❖ Highlight the WHIE pilot;
 - ❖ Address organically (with practical milestones, anecdotes and clear examples) how health information technology adoption and health information exchange are improving things for consumers, family members, providers, health care executives, health care quality;
 - ❖ Clearly identify who the intended audience is (people of the state or those involved in health information technology adoption and health information exchange);
 - ❖ Review and update as necessary the original purpose of the summit which has been to annually revisit progress on achieving the goals of the action plan; convening a cross-section of stakeholders who have a role in advancing the goals and proving an opportunity for stakeholders to talk together about how it is going and where it needs to go);
 - ❖ If the purpose of the summit is vision setting direction, participants need to leave with a clear commitment to specific actions. Then we need to be accountable to them, listen to them and correct action plan for what we learn at the conference.
 - ❖ Be specific at the conference about work that needs to be done and how we will follow up to see that the work is being done.
 - ❖ There is a huge need to inform the citizenry of all aspects of consent, so consideration might be given to adding a direct to consumer activity – get advice on how to create the right message for public service announcements and/or identify what they think needs to be done for them to appropriately interact with the new world of health information;
 - ❖ Consider workshops for non-physician, frontline health care;
 - ❖ Consider additional applications of electronic health information, e.g., clinical and translational informatics that will enable researchers to provide treatments more efficiently and quickly to patients;
 - ❖ Begin to focus on patient safety and not just quality through technology;
 - ❖ Conduct a live case study running an electronic exchange of health information on parallel with a paper-based exchange of health information and compare results;

5. Privacy Project Phase 2 Update:

Alison Bergum presented the privacy project update beginning with a general summary of activities conducted in Wisconsin between July 2006 and March 2007. Alison Bergum then summarized how staff developed with stakeholder input, privacy project phase two priorities for Board approval. The Board prioritized the staff recommended activities via mail ballot. Allison Bergum completed her report by describing at a high level, activities to be completed by the end of the calendar year:

With regard to pursuing modifications to Wisconsin Statute Chapter 146 governing disclosure and exchange of general health information – the Implementation Workgroup’s recommendations will be vetted with a broader group of stakeholders and recommendations for draft legislative language changes to reflect current practices and better align Chapter 146 with HIPAA will be presented to the Board.

With regard to pursuing modifications to Wisconsin Statute Chapter 51.30 governing alcohol and other drug abuse, mental health and developmental disabilities – the Implementation Workgroup’s recommendation to form an additional workgroup comprised of providers and advocates in these specific areas to identify and recommend specific elements of health care information that could be exchanged, provider-to-provider, without consent will be pursued.

With regard to federal 42 CFR Part 2, federal regulations governing alcohol and other drug abuse – we will work with counterparts in Indiana who are pursuing activities in this area.

Each of these areas will also include focused efforts on stakeholder and consumer education through listening sessions, town hall discussions and other contacts. Consistent with the Board’s comments earlier in the meeting on broad consumer education and involvement, the communications plan will be further developed along the lines of the model communication plan developed by the eHealth Initiative

Other privacy and security issues identified in the previous workgroups’ efforts and new issues like those raised through the course of this presentation on liability will be addressed subsequent to or on parallel with the activities Alison Bergum summarized in this report.

Subsequent to December, the national HISPC project has indicated it is possible future activities, like HIPAA reform, may be addressed on what it calls a multi-state collaborative basis, with details to follow as they become available.

Board members comments included:

- ❖ there will be challenges to completing consensus development;
- ❖ strengthening laws against those who discriminate or misuse personal health information should also be pursued;

- ❖ efforts to engender institution's public trust possibly through privacy report cards to citizens would enhance accountability;
- ❖ despite anecdotal examples of privacy breaches and patient safety and quality problems, overall, Wisconsin enjoys high quality health care and the commitment that built it will also build protections needed in the electronic exchange of health care information.

6. Working Lunch

7. Governor's Executive Budget Update

The Chair introduced Katie Plona, the DHFS Legislative and Governor's Office Liaison, who provided an overview of the Governor's budget provisions on eHealth care quality and patient safety council, grants and tax credits for health information technology adoption and exchange.

In summary, the Joint Finance Committee has moved forward with the tax credits proposal but has not adopted the council or grant provisions. The Governor has indicated to the Senate that restoration of these provisions remains high among his priorities and there is indication that the Senate will work to restore them. Board members were encouraged to share their views on the eHealth proposals with any of their representatives and especially with those in the Assembly pointing out who will benefit from the proposals.

The Chair drew the Board's attention to the draft resolution in their binders in support of the Governor's eHealth provisions of the budget around eHealth.

The Board discussed various provisions of the Governor's eHealth budget proposal including funding sources, expenditure areas, WHEFA provisions and composition of the Council. As a result of the discussion, the resolution was amended and passed 8-3. The Chair indicated that the amended resolution will be sent to the board for review and then forwarded to the legislature for their consideration.

8. Nationwide Health Information Network (NHIN)

The Chair introduced Jared Adair and Hugh Zettel who presented to the board on the Nationwide Health Information Network prototype development.

Jared Adair, currently Vice President of Health Care Strategy at WPS presented to the board on her involvement in the development one of the demonstration prototypes for the Nationwide Health Information Network. Previous to her current position, Jared Adair was the project manager for development of a health information exchange demonstration prototype for Computer Sciences and Connecting for Health.

Jared Adair's presentation covered her opinions on:

- ❖ the catalysts for work in health information technology;

- ❖ certification, standards and privacy activity developments;
- ❖ recognition and challenges of the need for an interoperable infrastructure to allow for the secure movement of health information that protects privacy;
- ❖ the goals of the Office of the National Coordinator in the NHIN four prototype's development (could be done without a national patient identifier, what would it cost and how could it be paid for, could they operate together);
- ❖ three use cases which were demonstrated at a public forum; and
- ❖ what was learned
- ❖ additional questions to be addressed.

Hugh Zettel commented on his involvement in the NHIN prototype demonstrations and shared his opinions as well on what was learned from them.

Both speakers emphasized the importance of policy of what the local health care markets need in the development and implementation of health information exchange.

Hugh Zettel addressed the second phase of NHIN development which will move development from “pilots” to “trials”. The “trials” are to focus on:

- ❖ State regional and non-geographic health information exchanges;
- ❖ Previous use cases and two additional use cases as well as interfaces:
 - Between health information service providers;
 - Linking health information service providers and provider organizations/systems;
 - With specialty networks and systems;
 - With government health systems
 - CDC's public health information exchange

Finally, Hugh Zettel provided comments on other things we should be watching at the national level. His items included:

- ❖ AHRQ's National Health Data Stewardship Entity RFI
- ❖ Federal legislation
- ❖ Transparency Executive Order.

The Chair thanked the presenters for the insights and information.

The next meeting is scheduled for September 11, 2007.

The meeting adjourned at approximately 2:30 P.M.