

**Wisconsin eHealth Care Quality and Patient Safety Board
Board Meeting, September 11, 2007
Minutes**

Members in attendance:

Christopher Alban, EPIC; Edward Barthell, Healthcare; Flatley-Brennan, School of Nursing and College of Engineering; Catherine Hansen, St. Croix Regional Medical Center; Kevin Hayden, DHFS, Ravi Kalla, Symphony Corporation; Lois Murphy, Veterans Administration; Candice Owley, Wisconsin Federation of Nurses and Health Professionals; Debra Rislow (by phone), Gundersen Lutheran; Peggy Smelser, WEAC; Justin Starren, Marshfield Clinic.

Members unable to attend:

Betsy Abramson, Elder Law; Bevan Baker, City of Milwaukee; Gary Bezucha, Boscobel Area Health Care; Donald Layden Metavante; Dan Schooff, DOA; Lon Sprecher, Dean Health; Eric Stanchfield, DETF; John Toussaint, Theda Care.

Others in attendance:

Jared Adair, WPSIC; Patti Anhalt, Holy Family Memorial; John B., Door County Memorial Hospital; Linda Beck, Holy Family Memorial; Tom Berg, Marshfield Clinic; Alison Bergum, UW; Pattie Bertsche, Holy Family Memorial; Connie Brandt, MetaStar; Sandra Caluder, MetaStar; Becki Detaege, Bellin Health; Monica Dolon, Holy Family Memorial; John Eich, Office of Rural Health; Kathy Farnsworth, DHFS; Chris Sabrina Fox, WDA; Bill French, MetaStar; Donna Friedsam, UW; Kay Gebhard, medda.com; Kristen Gering, Family Health Associates; Jay Gold, MetaStar; Mary Harder, Family Health Associates; John Hartman; Cindy Helstad, WMS; Julie Kinsman, River Fall Medical Clinic; Sharon Helenric, Bellin Health; Terry Hilz, DHFS; Lucinda Karl, Holy Family Memorial; Joe Kachelski, WHA; Rep. Frank Lasse, WI Assembly; Jeremy Levin, WMS; Susan Manning, Consultant; Cheryl McIlquham, DHFS; Judith Nugent, DHFS, Katie Plona, DHFS; Lynsey Ray, WPHCA; Jeanne Refsnider, River Fall Medical Clinic; Pat Schachtner MetaStar; Matthew Schwei, DHFS; Matthew Stanford, WHA; Brad Stoklasa, Bellin Health; Linda Syth, WMS; Tashjian, River Fall Medical Clinic; Julie Tittl, Holy Family Memorial; Tom Valenta, HIMSS; Denise Webb, DHFS.

1. Call to Order

Secretary Kevin Hayden, Chairman of the eHealth Care Quality and Patient Board called the meeting to order at approximately 9:45 AM. He welcomed the board, business partners, and guests 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 phase 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 key initiatives and government processes that have exclusive interface into eHealth's activities:

Wisconsin Health Information Organization (WHIO)

The WHIO board is fully functioning and is composed of healthcare providers, payers, and purchasers including the State. WHIO is completing a Phase 0 discovery project with current selected vendor, Ingenix, to determine if necessary reports required by WHIO can be completed using Ingenix's products. Phase 0 should be completed late this calendar year. DHFS does not yet have a contract with WHIO, but it has earmarked \$500K (matching founders' contributions) for an eventual contract after WHIO establishes a contract with a vendor, potentially Ingenix, for Phase 1 and 2 of its data repository and reporting project. The State has seven healthcare facilities and other potential intra-agency opportunities (Dept. of Corrections) which could also be coordinated with WHIO.

Wisconsin Collaborative for Healthcare Quality (WCHQ)

WHIO has asked for four of its board members to have a conversation with WCHQ regarding the progress WCHQ has had in the formatting and reporting health care quality data and to ensure WCHQ and WHIO are in agreement on the format and standards of quality data reporting.

WCHQ is 1 of 14 grantees for the Robert Wood Johnson's Aligning Forces for Quality grant. Three (including WCHQ) of the 14 grantees have defined their community as the whole state. One grantee's efforts focus on chronic disease reporting while the others' efforts center on the use of health indicator data and on increasing consumer engagement. WCHQ decided to focus their consumer engagement on the Medicaid population.

Governor's Executive Budget Update

Legislators are currently in Conference Committee attempting to come to agreement on the next state budget. The only eHealth provision from the Governor's original budget which remains under consideration is related to tax credits for HIT adopters. Department staff is closely monitoring progress of negotiations but there is no estimate as to when a budget will be presented to the Governor.

Internal DHFS eHealth Summit

Secretary Hayden briefly described the DHFS eHealth summit and stated its purpose was to align various Department resources and assets around the eHealth initiative. Cheryl McIlquahm, Director of the Office of Policy Initiatives and Budget was introduced and presented information pertaining to the administration of the eHealth initiative.

Organization – an eHealth staff list was shared and is attached.

eHealth Budget

For state fiscal year 2008, \$1,400,000 is included in the administrative budget. The program has 5.5 FTE + contractors and \$870,000/year in revenue from the physician assessment fee which was described as a stable eHealth revenue source for the foreseeable future.

DHFS Coordinating Council and Communication Plan

This proposed Council would be made up of key division leaders to further discuss alignment of various Department IT efforts and assets with eHealth.

Board role and composition (Kathy Farnsworth)

At the Departmental Summit, a verbal update was provided on the composition of other states' eHealth boards. The Summit participants thought the composition of the eHealth board should remain as is but would be open to suggestions for potential changes. The eHealth board needs to be involved in deciding on its own role (currently advisory to the Secretary), and the executive committee will be the first to assess the issue of composition and role as the eHealth Initiative transitions from workplan creation toward implementation of adoption and exchange of EMR's.

Activity focus—adoption and exchange (Denise Webb)

The eHealth Summit identified "Adoption and Exchange" as the main focus initially for DHFS and the eHealth advisory groups, given the limited resources.

Drafting RFP (Denise Webb)

Goal of RFP is to select a vendor to explore options and recommend an architectural model for the development of a technically feasible Wisconsin HIE and statewide utility suite taking into consideration the providers' conditions for participation in HIE and statewide HIE services. The RFP is for the architectural design, not implementation. The RFP will address exchange, would not be Medicaid centric, and would not specifically be focused on chronic care. It was implied that issues regarding legal considerations around data sharing agreements would be addressed by the vendors responding to the RFP.

This initiative would be a "state-level" HIE, not a "state-run" HIE. Yet to be determined is the financial model insuring sustainability. The selected vendor would work with the Board and other stakeholder groups.

The RFP could be submitted by October. State procurement regulations require at least one member of the evaluation team be outside state government. The Board was encouraged to weigh in on the selection of this team member.

4. Staff Report:

Wisconsin Health Information Exchange/Emergency Department (ED) Linking Project – Ed Barthell

Dr. Barthell provided an update on the ED Linking Project. The goal is to link the Milwaukee hospital emergency departments and eventually outpatient clinics to a health information exchange. Project progress included:

- Formation of steering committee
- Establishment of a project structure
- Technical work and hosting, provided by Microsoft

- Data sharing agreements are in progress but have been a struggle due to legal issues, primarily dealing with control over data and liability.

Next steps include:

- Establishment of virtual private networks (VPNs) to connect the providers securely to the data center
- Continuation of sample data flows
- Development of end user screens
- Initial ED Linking Project kick off is January 2008 (for at least three hospitals - Columbia St.Mary's Milwaukee; Aurora Sinai Hospital; and Wheaton Franciscan Healthcare St. Francis Hospital)
- Patricia Flatley-Brennan's group at UW Madison will be studying the feasibility and sustainability of this model and the potential for the growth/dissemination of the model.

Health Information Security & Privacy Collaboration (HISPC) Project Update - Alison Bergum

The continuing funding for the *HISPC* project was recently granted.

The *HISPC* project is charged with advising on the necessary state statutory changes required to allow the intra- and inter-state exchange of EHRs. These include; Wis. Stat. 146 and 51.30 and Federal regulations of HIPAA and AODA 42 CFR pt. 2.

Phase 1 of the *HISPC* project ran through March 2007 and examined barriers to exchange. Recommendations included standardization of patient identifiers, amendment of HIPAA, amendment of Wis. Stat. 51.30 around AODA and consent issues, and the amendment of Wis. Stat. 146 where HIPAA conflicts exist.

New Grant Activities:

51.30

Current law is at issue with exchange relating to informed consent requirements required prior to disclosure. There are various interpretations affecting implementation of this law. The workgroup believes that modifying 51.30 would be beneficial to exchange with appropriate safeguards in place to protect patient privacy.

Recommendation 1) from consumer interest advisory group – modify 51.30 to be consistent with HIPAA

Recommendation 2) from HISPC Implementation Workgroup – four potential options were recommended to lessen restrictions of consent for disclosure and redisclosure.

Timeline of completion – final workgroup meeting is September 28 with staff follow up to continue through October and beyond.

Other topics to be addressed include:

42 CFR pt. 2 – deals with consent of AODA information

Privacy Project staff continue to serve on a multi-state committee driven by Indiana. Indiana officials will be consulting with the Substance Abuse and Mental Health Services Administration before the end of the year regarding 42 CFR pt. 2.

Wis. Stat. 146.82 – proposed statutory changes are considered to be rather non-controversial and consensus development around amendment should progress smoothly.

Consumer Outreach and Education – increase consumer awareness through town hall meetings that will be conducted in three regions (Madison, Milwaukee, and TBD) in December. These meetings will be promoted by TV and radio commercials, PSAs, and usual notices. The information from these townhall meetings will be brought back to advisory groups and to the eHealth board.

Privacy Project Collaborative – grant requires participation in multi-state collaborative centering on interstate data exchange policy.

6. Working Lunch

7. MetaStar, Inc. and Doctor’s Office Quality-Information Technology (DOQ-IT) Presentations Greg Simmons and Jesi Wang, MetaStar, Inc.

Greg Simmons the President and CEO of MetaStar, gave a brief overview of MetaStar and introduced the manager of the DOQ-IT program, Jesi Wang. Jesi briefly described the DOQ-IT program and how it benefited small physician practices adoption of EHR technology. She then introduced the three medical practices that described their experiences with the DOQ-IT program.

Family Health Associates, Chippewa Falls, WI

Presenters – Dr. Mary Harder and Dr. Kristin Gering

Family Health Associates is an independent Family Practice clinic owned by five physicians. They are anticipating spending more than 15% of current income monthly on software and hardware even with support of hospital.

Barriers and Challenges

- Financing, buy-in required from all partners; unwillingness to change; loss of one physician partner due to this process; time constraints; IT support requirements; staff management; infrastructure requirements; few vendor options available for small, independent, primary care practices; interfaces are one of the most difficult and expensive components of EHR implementation and adoption.

Successes and Recommendations

- Crash course in process change management, DOQ-IT provided necessary structure, DOQ-IT provided reliable field staff which were a source of information and research, gained project management skills, DOQ-IT workshops extremely valuable and provided networking opportunities, hospital agreed to interest-free loan for the cost of our hardware and IT support.
- Change is inevitable, make DOQ-IT services more widely available, use Google to promote this service, offer workshops on process change, establishing standards is extremely important, CCHIT certification provided a useful baseline, structure to this process is essential, many temptations exist in HIT, project management is important, consider costs early, importance of partnerships with local hospitals or health care networks, budgeting is necessary, consider

employee retraining, interoperability is key for survival, offer assistance with grant writing, establish a concept of managing interface costs.

Quote: *“If we are serious about improving the health of the people who entrust us with their care then please help us as their health care providers to create the infrastructure needed to provide health care adequate in the 21 century.”*

Holy Family Memorial Health, Manitowoc, WI

Presenters - Marcia Donlon, RN and Julie Tittl

Holy Family Memorial Health consists of a 167 bed hospital, 15 clinics, and 80 primary care and specialty physicians in the Healthcare Network in Manitowoc. Goals were to enable all clinics to be totally paperless along with a priority to improve communications across the network, patient care, work flow, patient safety, customer service, and clinical efficiencies.

Barriers and Challenges

- Multiple turnovers with vendor staff analysts, lack of communication between vendor and customer, better planning for clinical replacements, general frustration with lack of direction and progress

Successes and Recommendations

- Investigate a system that is already built and developed with strong customer support, have more team resources for when the unexpected happens, hire a person to assist with grant writing, don't underestimate the importance of senior leadership and physician champions, extensive planning required from start.

River Falls Medical Clinic, River Falls, WI

Presenter - Christopher H. Tashjian, MD, President.

River Falls Medical Clinic has 15 primary care physicians and affiliated with Allina Hospitals & Clinics.

Barriers and Challenges

- Liability, costly to buy, implement, and maintain, negative impact on productivity, increased pressure on performance, physician recruitment and retention, physicians spending on average an extra hour a day at office, significant cost to owners, no outward improvement in quality seen, and production approaching original numbers after 2 years of EHR use

Successes and Recommendations

- MetaStar reviewed readiness assessment regarding culture, leadership, planning, staff “buy-in,” staff knowledge and skills, IT infrastructure, and clinic champion readiness. They also facilitated a meeting between Allina/River Falls Medical Clinic and ThedaCare/Primary Care Associates of Appleton. High value placed on all three DOQ-IT Workshops (“Planning for

EHR,” “Preparing for selection,” and “Implementing an EHR”), joint hospital/clinic trip to Appleton, commitment from hospital and clinic to work within the parameters of CMS, and Stark Rules.

- Continue to fund DOQ-IT through MetaStar, add small independent clinic physician to eHealth Board, establish (with physician input) standards for reporting and interoperability between EHR’s, continue to support immunization registry, and consider a chronic disease registry.

Quote regarding the very proprietary nature and lack of interoperability amongst EHR systems:
“Once you buy their (EHR) system –they own you.”

The Chair thanked the presenters for their insights and information.

8. Announcements

Sec. Hayden announced that the Rural Wisconsin Health Cooperative, in partnership with the Wisconsin Office of Rural Health, received a \$1,600,000 grant from the federal Health Resources and Services Administration to help build a shared health information system for WI rural hospitals.

The next meeting is scheduled for December 4, 2007.

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