DRAFT 8/30/06

Listening Session with Stakeholders:
eHealth Workgroups' Proposals about Patient Care and
Health Information Exchange

The purpose is to get comments and advice from people who have an interest in these issues so that these views are considered by the workgroups as they finalize their recommendations to the eHealth Board.

Meeting arrangements

Proposed date: Early October

Location: TBD

Webcast arrangements:

Four documents are attached:

1. Invitation letter
2. Short summary of proposals developed by the workgroups that will be attached to the invitation (Attachment 1, page 3)
3. Flyer announcing session that will be emailed as soon as plans are finalized (Attachment 2, page 8)
4. List of organizations to invite (Attachment 3, page 9)

DRAFT

Date

Name
Address
Address
Address

Dear [contact name],

We invite you to join members of Governor Doyle's eHealth Care Quality and Patient Safety Board for a discussion of priorities for health information exchange to improve patient care. This meeting has been set up is to provide an opportunity for organizations and individuals to have input into the development of the board's recommendations. A summary of preliminary recommendations is attached.

The eHealth Board is charged with developing Wisconsin's five-year Action Plan for the adoption and exchange of electronic health records. Electronic health records and other health information exchange technologies will help address the challenges faced by consumers, providers, and purchasers related to the safety, quality and cost of health services.

Five workgroups have been formed to guide development of Wisconsin's eHealth Action Plan: Patient Care, Information Exchange, Consumer Interests, Governance, and Financing. You can learn more about the work of the eHealth Board and its workgroups online at: http://ehealthboard.dhfs.wisconsin.gov/.

Meeting information

You are invited to participate in person at the meeting room in Madison or by webcast. If you join the webcast you will be able to send questions or comments to the speakers. We also invite written comments. For further information, and to let us know your attendance plans, please e-mail Stacia Jankowski at JankoSL@dhfs.state.wi.us by [date].

Sincerely,

Ed Barthell
Chair, Patient Care Workgroup

Hugh Zettel
Chair, Information Exchange Workgroup

eHealth Care Quality and Patient Safety Board
Patient Care and Information Exchange Workgroups
DRAFT August 24, 2006

Preliminary recommendations about health information exchange to improve patient care

1. Assumptions and background information:

- Both workgroups are charged with developing a vision – describing what the health technology world should look like in five years and how to get there, year by year.

- Two definitions are key: Health Information Technology (HIT) is information technology in use inside an enterprise. Health Information Exchange (HIE) is the exchange of interoperable information between organizations. The state roadmap must address both but will probably approach them differently in terms of financing and implementation strategies.

- The focus to date has been on HIE, and more specifically on the exchange of information that will improve clinical care - not on developing clinical quality measures because this work is already being done by organizations such as the Wisconsin Collaborative for Healthcare Quality, the Wisconsin Health Information Organization and national specialty societies.

- Ensuring that confidentiality and security are considered is critical for acceptance. The requirements of data exchange that efficiently supports clinical care, quality analysis, and improvements in cost and value must be balanced against the individual and societal needs for security and confidentiality.

- Certain structural components are a prerequisite for statewide health information exchange. A Master Person Index or an algorithm to uniquely identify patients is essential in developing the security and authentication necessary for secure health information exchange.

- Recommendations will be compliant with emerging national standards and take advantage of resources that already exist in the state and will define what information is to be shared initially, how to bring in future items over time, who will have access to these records, and who will administer those rights.

- These topics are now under review: Discussion, identification, and quantification of HIT/HIE efforts at the state level; preliminary results on the density of HIT/HIE; discussion and identification of possible architectures and analysis of other states' and the national HIE initiatives

2. Preliminary recommendations

a. Create a longitudinal care record for doctors, other health care providers and consumers to use for providing patient care

b. Include these data elements in the longitudinal care record, in this priority:

- identity/demographics
- diagnoses/encounter diagnoses
- medications
- allergies
- labs and other diagnostics (results reporting)
- procedures
- immunizations
- patient visits and hospitalizations
- discharge summaries and progress notes
- emergency contact
- advance directives
- payers/insurance/coverage and eligibility

c. Set out an implementation strategy by developing "Use Case Scenarios" to show how the information exchange will be implemented.

d. Specific proposals developed to date:

1. RESULT AND DOCUMENT DELIVERY

A single Regional Delivery System (RDS) for point-to-point transmission of results and reports (e.g., labs, imaging, etc.) between service providers and clinical providers. For example, when a patient's laboratory results are completed the laboratory (service provider) sends results to the ordering physician (clinical provider) using the regional delivery system. Similarly, a specialist would use the same system to send consultation results to the referring clinician. Replaces multiple directories and delivery systems with a single system. Low-tech users can still receive information by fax, but availability of electronic text delivery can greatly reduce costs for providers with EMRs.

As standards for documents (eg CDA) and vocabulary (eg LOINC, SNOMED) are adopted, senders can begin sending machine-readable standardized documents for use in EMR and decision support systems.

System adoption simply requires users to identify the RDS as their preferred address. They inform the RDS how they desire results delivered (fax, secure email, etc.). Delivery options can be made sensitive to stat results and after-hours/vacation options, etc. If patients are included in the user pool they to may can also receive results as directed by the clinician.

So long as system only routes documents (rather than assembling databases of patients or results) it creates few if any new legal, privacy, confidentiality or data use issues.

- **1a. Public Health Electronic Lab Reporting (Mandated):** Public health agencies list RDS as method for sending mandated laboratory reporting (e.g., positive TB culture). [In some regions, e.g, Indianapolis, by agreement the RDS "opens" mail to determine which results are reportable to PH.][1]

- **1.a.1. Public Health Lab Decision Support Alerts:** PH will know when a clinician receives reportable disease report, and has easy method of sending guidance to that clinician using the RDS

- **1.b. Result and document look-up (patient-centric data summary):** When regional exchange has completed necessary agreements and technical implementation of a patient record locator a patient-centric summary of results can be created. RDS has laid groundwork by establishing user identity management and secure communications system. It can futher accelerate movement in many ways when authority is granted to do so: tracking the flow of patient records to populate patient record locator; funneling most information transaction through a single point enables centralized standardization of data.

- **1.b.1. "Original record" content (e.g., clinical records, test interpretations) linked to patient summaries for look-up:** Documents like radiological interpretations, discharge summaries, and clinic notes are conveniently mounted for retrieval by users of patient-centric summaries to provide more detailed information when needed.

- **1. c. Image delivery and/or look-up:** Add on-line receipt or review of radiological (PACS) or other images (ECGs, EEGs, etc)

2A. REGISTRATION AND CLAIMS RECORD REPOSITORY

Claims information can indicate when, where and for what diagnoses visits and procedures occur, but data is often not available for weeks or months. Information from registration systems can provide similar information more rapidly, as well as validating a user as someone physically caring for a patient. Both types of data can be assembled into a patient-centric historical summary of care provided.

- **2.a.1.Registration-driven authorization for look-up functions:** Proposed flow is that registration information is sent by users as part of the process of being authorized to view patient data during a visit.

- **2.a.2.Look-up prior visits/diagnoses**

- **2.a.2.a.Public health chief complaint (CC) surveillance**

- **2.a.2.b.Public Health Chief Complaint-driven Decision Support Alerts:** Upon registration with a particular chief complaint the regional exchange returns text to the registering site containing advice from public health authorities. For example, during a pertussis outbreak, an advice message might be sent for patients reporting "cough"

[1] Note: Arrows indicate subsequent use case development that is at least partially dependent on prior use case development.

as part of the chief complaint informing which criteria might be used to select patients for pertussis testing.

- **2.a.2.c Public health demographic Decision Support Alerts:** Some demographic groups may benefit from alerts to providers given during episodes of care, for example, advice to vaccinate elderly patients during the seasonal influenza vaccination program

- **2.a.2.d. Public health resource utilization surveillance:** Particularly during disasters and outbreaks, public health agencies could use near-real-time aggregate registration information to assess the capacity and surge demand needs for health care resources.

2B. PATIENT HEALTH RECORD REGISTRATION MODULE

Enable patients to electronically enter, update, correct, and add typical registration information for use by providers. Replaces the clipboards that force patients to repeat information every time they are seen in a new location.

- **2.b.1Patient-entered data improves registration process:** Electronic patient health record registration dataset could improve reduce transcription error, recall fatigue and otherwise improve speed and accuracy of registration for health care providers.

- **2.b.2.Advance directives viewable:** Patients enabled to mount advance directive documents in their Personal Health Record. Can be uploaded as needed

2C. MEDICATION-ALLERGY-IMMUNIZATION RECORD

A patient-centered summary of dispensed prescribed medications, allergies and immunizations is available for review or uploading by clinicians and patients (using their PHRs).

- **2.c.1Clinician look-up or download**

- **2.c.1.aAllergy/interaction decision support:** Clinical decision support automatically alerts to allergy-drug interactions

- **2.c.1.b.Patient adherence decision support:** Comparison of prescribed with dispensed medications

- **2.c.1.c.Formulary decision support:** Clinician alerted to out-of-formulary prescriptions

- **2.c.1.d. Evidence-based medicine (EBM) guidelines decision support**

- **2.c.2Added to Patient Health Record**

- **2.c.2.a Future patient decision support**

- **2.c.2.b.Patient annotation of medical-allergy-immunization record**

2D. HARMONIZATION OF WISCONSIN IMMUNIZATION REGISTRY (WIR)-REGIONAL EARLY CHILDHOOD IMMUNIZATION NETWORK (RECIN) DATA AND FUNCTION

The WIR and RECIN currently both collect immunization data. This use case describes a method for harmonizing these two data sets. This could be accomplished through the merging of the two data sets or linking to both data sets as inputs.

3. Prospects for success in Wisconsin

Advantages

- Engagement of state government
- Progressive health care environment
- Private industry leadership
- Stakeholder involvement in development
- Timing – chance to learn from other state's efforts
- Opportunities
- Funding
- State infrastructure
- Existing resources for Master Person Index (MPI)
- Standardization through newly formed WHIO effort to collect claims data

Potential Gaps/Challenges

- Ownership/stewardship of the HIE
- Engagement of all stakeholders
- Data management
- Understanding the current adoption of HIT/HIE
- Funding
- Usability of HIT/HIE in non-hospital settings
- Getting ahead of national HIT data standards initiatives
- Ensuring data security and privacy
- Cross-state health information exchange

GOVERNOR'S eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD

LISTENING SESSION ABOUT PRIORITIES FOR INFORMATION EXCHANGE TO IMPROVE PATIENT CARE

to inform

Wisconsin's 5-Year Action Plan for eHealth Quality and Patient Safety

DATE
TIME
PLACE

DISCUSSION TOPICS:

- What are the priorities for health information exchange?
- Why is this important?
- How will this work?
- Who should have access to this information?

AGENDA:

1:00 Welcome: Susan Wood, eHealth Chief of Staff, Wisconsin Department of Health and Family Services
1:15 Preliminary proposals developed by the Patient Care and Information Exchange workgroups
1:45 Attendee Comments
3:30 Wrap-up and Next Steps

WHO SHOULD ATTEND:

Health care providers, purchasers, researchers, educators, policy makers, and students

To register, please send an e-mail to _____.

Convened by the
Wisconsin Department of Health and Family Services
in partnership with
UW School of Medicine and Public Health, Population Health Institute
and
Medical College of Wisconsin

List of provider organizations to invite to the Patient Care and Information Exchange listening sessions (thanks to Dana Richardson for this list – please add individuals and organizations)

- Wisconsin State Government including Corrections, Veterans, Regulation and Licensing, DOA, ETF and DHFS
- Rural Wisconsin Health Cooperative
- Wisconsin Collaborative for Healthcare Quality
- Wisconsin Hospital Association (also might want to include the hospital systems)
- Wisconsin Health Information Organization
- Wisconsin Academy of Family Physicians
- Wisconsin Medical Society (there are also county level sub-chapter of WMS. WMS could identify these
- Wisconsin Nurses Association
- Wisconsin Primary Health Care Association
- Wisconsin Society for Health Care Risk Management
- Association of Homes and Services for the Aging
- Wisconsin Healthcare Association
- Wisconsin Organization of Nurse Executives
- MetaStar
- Wisconsin Association of Health Plans
- Wisconsin Association of Health Underwriters
- Medical Group Management Association
- Pharmacy Society of WI
- WI Health Information Management Association
- WI Home Care Association
- UW Madison and Milwaukee Medical Schools

- Wisconsin Manufacturers and Commerce
- AARP
- WEA Trust
- Milwaukee Business Group on Health
- The Alliance
- Door County Health Care Coalition
- Fond du Lac Area Businesses on Health (FABOH)
- SBC Group Services Inc. (Green Bay)
- Employers Health Cooperative (EHC) (Janesville)
- Health Care Coalition, Inc. (HCC) (Two Rivers)
- Health Care, Inc. (HCI) (Marinette)
- Kettle Moraine Employers' Group on Health (KMEGH)