

**Wisconsin eHealth Care Quality and Patient Safety Board
Board Meeting, August 3, 2006
Minutes**

Members in attendance:

Betsy Abramson, Christopher Alban (by teleconference), Bevan Baker, Edward Barthell, Gary Bezucha, Patricia Flatley Brennan, Gina Frank-Reese, Catherine Hansen, Kevin Hayden, Ravi Kalla, Don Layden (by teleconference), Lois Murphy, Helene Nelson, Candice Owley, Peggy Smelser, Nancy Nankivil Bennett representing Eric Stanchfield, Frederic Westbrook, Hugh Zettel

Members unable to attend:

Debra Rislow, Eric Stanchfield, John Toussaint

Others in attendance:

Alison Bergum, UW Population Health Institute; Kathy E. Farnsworth, Marshfield Clinic; Seth Foldy, Medical College of Wisconsin; Donna Friedsam, UW Population Health Institute; Jonathan Gelfman, Medical Associates Health Centers; Nick Gnad; Jay Gold, MetaStar; Dan Hayes; John Hartman, Visonex; Kendra Jacobsen, Madison Patient Safety Collaborative (MPSC); Stacia Jankowski, Department of Health and Family Services (DHFS); Susan Manning, Privacy Consultant; Jo Musser, Wisconsin Physicians Service Insurance Corporation (WPSIC); Audrey Nohel, DHFS; Judith Nugent, DHFS; Dana Richardson, Wisconsin Hospital Association; Greg Simmons, MetaStar; Tim Size, Rural Wisconsin Health Collaborative; Greg Wass, Affiliated Computer Services, Inc.; Denise Webb, DHFS; Laura Wood, Department of Corrections; Susan Wood, DHFS.

1. Welcome and introductions

Secretary Helene Nelson called the meeting to order and announced that the meeting would be broadcast live over the Internet.

2. Review and approval of meeting minutes for 3/23/06 and other announcements

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

3. Updated timeline and plans for the eHealth Report to the Governor

Susan Wood reviewed the materials provided to the Board regarding the timeline and schedule for activities related to the workgroups and their activities. These were provided to give an overall picture of the work of the Board over the next year.

4. Reports from the eHealth Workgroups and discussion of key issues

All report materials, including specific recommendations to date, are available on the eHealth Board Web site. Key items and issues are addressed in the summaries provided for each workgroup, below.

Patient Care

Ed Barthell, Chair of the Patient Care Workgroup, provided an overview of the workgroup's recommendations and the process the workgroup has used to reach preliminary recommendations. Key concepts include:

- Ensuring ease of use of these systems, in order to ensure the use and adoption of these systems by clinicians. Dr. Barthell provided an example of a colleague who works between two hospitals and requires 12 passwords to access all the systems relevant in providing care.
- Eliminate redundancy to increase the value of health care being provided.
- The need to address secondary uses of health data.
- Promoting patient access to their records in order to elevate the integrity of the data. This was viewed as a needed item, but is not viewed as a short-term goal.
- The need to balance the cost of these systems with the quality of care being provided.

The workgroup will continue to vet their ideas with stakeholders and identify the items that will be optimal to pursue.

Information Exchange

Hugh Zettel, Chair of the Information Exchange Workgroup, provided an overview of the composition of the group; the unique advantages, potential challenges, and gaps that exist in Wisconsin; and the workgroup's recommendations. Key concepts include:

- Cautiously developing recommendations to ensure that they are in concert with the efforts that are occurring at the national level, as there is a lot of movement at the national level to develop standards and establish a way to recognize those agencies that meet certain criteria.
- Initial recommendations for promoting adoption of HIT include focusing on technology that is flexible so that the costs to implement are low and the system does not quickly become obsolete and promoting the use of State-developed infrastructure items that can be leveraged.
- The need to implement a master person index (MPI) or some other method that will connect the patient to their records with a high rate of accuracy. This is a key concept in the development of the infrastructure, as it will allow the exchange from one system to another.

Consumer Interests

Cathy Hansen, Chair of the Consumer Interests Workgroup, identified the assumptions the workgroup was operating under and provided an overview of the recommendations being made. Key concepts include:

- National surveys were used to begin to identify consumers' expectations in the exchange of health information. Two major themes observed were that consumers believe the exchange of health information will improve the quality and efficiency of

patient care and that they are concerned with the privacy and confidentiality of their health information.

- The need to balance patient privacy with safe, high-quality patient care.
- State law allows health information to be shared for treatment purposes with the exception of certain “sensitive” information. Although the workgroup was focusing on the patient’s needs, it struggled with the desire to have all information made available to ensure proper and adequate treatment. The workgroup will continue to refine its recommendations on this issue.
- The need to identify barriers that exist in current federal and state laws.
- Consumer feedback was deemed essential to the development of sound recommendations.

Financing

Kevin Hayden, Chair of the Financing Workgroup, provided a synopsis of the work that was being done, including the assumptions and recommendations that had been developed by the workgroup. Key concepts include:

- Recognizing the need to include both HIT and HIE.
- Recommendations for funding will be provided in a phased approach, because this will not be attained all at once, and to allow flexibility to adjust to the changing landscape.
- The system developed must incorporate existing/legacy systems into the exchange, but remain practical in trying to serve the user (clinician) through a system that is easy to use (e.g., limited number of passwords).
- A challenge is to incorporate the findings from organizations that have implemented such systems in terms of the value added, positive returns, and return on investment in the development of the workgroup’s recommendations.
- The workgroup is considering how to obtain startup and ongoing funding, (e.g., fees, grants, loans), providing incentives for the adoption of HIT and HIE, and the amount and source of funds that can be used to assist organizations that cannot afford to implement such systems.

One item discussed among all the workgroups was the focus on the exchange of health information versus fostering the adoption of HIT. Generally the workgroups have focused more on health information exchange to date, and will be sure to address HIT adoption before completing their work.

5. Report on expanded survey of stakeholders

Alison Bergum provided an update on the survey of stakeholders. The results of the online survey and subsequent interviews with key opinion leaders were originally shared at the March Board meeting. The original survey targeted opinion leaders within Wisconsin, and has been expanded to include the participants from the May 2006 Forum and the interested parties for each of the workgroups.

Ms. Bergum reported that the perspectives of the broader stakeholder group were much the same as the opinion leaders originally surveyed. There were just slight discrepancies between the results of the key informant group and the results of broader stakeholder group.

6. Briefing on eHealth developments nationally and in Wisconsin

Ms. Wood provided an overview of the activities occurring with the national eHealth Initiative, the Office of the National Coordinator (ONC) in the Department of Health and Human Services, and in Wisconsin. The goal is to be in sync with and leverage what is occurring at the national level and with other states.

Ms. Wood reported that the Department of Health and Family Services has become a member of the eHealth Initiative, and has asked for assistance with a number of products, including financing and governance options.

Efforts at ONC include the certification of electronic health information vendors, the development of standards through HITSP, ongoing analysis through the American Health Information Community (AHIC), the development of consensus standards for regional health information organizations, safe harbor rules that establish exceptions that regulate the donation of health information IT services, proposed legislation that includes funds for prototype and standards development, and privacy and security projects. More detailed information about any one of these projects can be found by visiting the ONC Web site (linked from the eHealth Board Web site).

In Wisconsin, DHFS is providing some support to two organizations developing regional health information organizations. The two organizations are the Wisconsin Health Information Exchange in southeast Wisconsin and the Madison Patient Safety Collaborative, serving as the fiscal agent for a group of Madison health care providers. DHFS is also planning to write a proposal for funding to the Centers for Medicaid and Medicare Services (CMS) for a Medicaid Transformation Grant and use this as an opportunity to align public health and Medicaid interests with the eHealth agenda. Work has started with MetaStar to survey the adoption of HIT in Wisconsin. The Wisconsin Health Information Organization (WHIO) continues to expand its membership and is preparing to release an RFP for the creation of a data repository to track health information across episodes of care

7. Plans for the eHealth Implementation Forum in 2007

Ms. Wood reported that the dates being considered for the Implementation Forum include February 15 and 22 and March 15. This event will have a format and venue similar to the May 2006 summit, which was very positively received, based on attendance and evaluations.

The target audience will most likely be similar to the May event, but could also include legislators and their staff (based on the recommendations in the eHealth Action Plan), CEOs and CIOs, consumers, and physicians including those in small and rural practices.

Suggestions for the event were provided by board members, including allowing for topical break-out sessions facilitated by recognized experts, poster sessions, a means for obtaining real-time feedback from the audience (e.g., what role they would be willing to play in the implementation), and a CEO session with the Governor.

8. Adjourn

The meeting adjourned at approximately 2:10 p.m.