

**Wisconsin eHealth Care Quality and Patient Safety Board  
Board Meeting, November 14, 2006  
Minutes**

**Members in attendance:**

Betsy Abramson, Christopher Alban, Bevan Baker, Edward Barthell, Gary Bezucha, Catherine Hansen, Ravi Kalla, Don Layden (by teleconference), Helene Nelson, Candice Owley, Jim Johnston representing Gina Frank-Reece; Peggy Smelser, Eric Stanchfield, Frederic Wesbrook, Hugh Zettel

**Members unable to attend:**

Patricia Flatley Brennan, Kevin Hayden, Lois Murphy, Gina Frank-Reece; Debra Rislow, John Toussaint

**Others in attendance:**

Kevin Bailey, DHFS, OLC; Tom Berg, Marshfield Clinic; Alison Bergum, UW Population Health Institute; Richard Biek; Doug Bingenheimer, DOA, DET; Carolyn Coffey, MetaStar; Kathy E. Farnsworth, Marshfield Clinic; Seth Foldy, Medical College of Wisconsin; Donna Friedsam, UW Population Health Institute; Jay Gold, MetaStar; John Hartman, Visonex; Keith Haugrud, SAS Institute, Inc.; Stacia Jankowski, Department of Health and Family Services (DHFS); Sheri Johnson, DHFS; Kathy Jones, DHFS; Lowell Keppel; Nancy Nankivil Bennett; ETF; Robert Stone Newsom, UW Population Health Institute; Audrey Nohel, DHFS; Judith Nugent, DHFS; Ted Ohlswager, DHFS; Dana Richardson, Wisconsin Hospital Association; Debbie Rickelman, Wisconsin Hospital Association; Greg Robbins, DHFS, DDES; Carol Rubin; Bob Schmitt, American Cancer Society; Greg Simmons, MetaStar; Tim Size, Rural Wisconsin Health Collaborative; Greg Wass, Affiliated Computer Services, Inc.; Denise Webb, DHFS; Marie Whitsell, DHFS; Susan Wood, DHFS; Jeanan Yasiri..

**1. Welcome and introductions**

Secretary Helene Nelson called the meeting to order at approximately 9:45 a.m. She welcomed all the members and thanked the members of all workgroups for their excellent work. Secretary Nelson made the following announcements:

- a. The December issue of the Wisconsin Medical Journal will include an article she has written on “The Promise of eHealth” and the February 2007 issue will focus on medical informatics. Secretary Nelson invited the Board members to coordinate with Susan Wood if they are interested in submitting any material for this issue.
- b. New award from the Robert Wood Johnson Foundation - *Common Ground: Transforming Public Health Information Systems*
  - Last week the Governor received notice that DHFS will receive \$600,000 for a three year project to redesign our chronic disease surveillance systems
  - Larry Hanrahan, Senior Epidemiologist is the Project Officer

- Grant period: December 1, 2006 – November 30, 2009
- This work will be integrated with the eHealth five year plan

c. Medicaid Transformation Grant

- Following discussion at the last eHealth Board meeting about seeking funding opportunities to get eHealth work started, DHFS prepared a grant proposal to CMS that was submitted 10/2/06 – it will be posted on the eHealth Board web site shortly.
- Request is for \$11,374,439 over two years to do the following:
- Bring the benefits of electronic health records to the Medicaid population
- Start a health information exchange in Milwaukee, working through the Wisconsin Health Information Exchange, Milwaukee hospitals and primary care providers
- Transform Medicaid reimbursement policies to purchase for quality, working with the Collaborative for Healthcare Quality
- Implement the Healthy Families Initiative, part of BadgerCare Plus, to support the use of preventive services and healthy behaviors

d. Susan Wood will be retiring early next year. The Department is recruiting a replacement, and Ms. Wood will transition her duties to the new staff person.

**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.

Susan Wood reported on the status of the Health Information Security and Privacy Collaboration:

- Wisconsin is one of more than 30 states participating in this national collaborative and this board serves as the steering committee for the project.
- The project is on schedule - thanks to the work of many volunteers who are participating in the work groups.
- The first major deliverable was met last Monday with the submittal of the “Interim Assessment of Variations Report” – reflecting the work of the Variations and the Legal Workgroups, both chaired by Chrisann Lemery of WEA Trust.
- A “Solutions” Workgroup is now being formed and will be chaired by Jay Gold of MetaStar
- The final reports for this project are due at the end of March 2007

### **3. Survey results on the adoption of Health Information Technology (HIT) and Health Information Exchange (HIE) in Wisconsin**

Seth Foldy provided an overview of the survey responses that are occurring. He said that in developing these surveys, the goal was to make them representative of adoption across the state, replicable, and comparable to national surveys.

Dr. Foldy is working on a survey that addresses the exchange component with results being available approximately mid-December.

MetaStar is conducting a survey of Ambulatory care settings, and has sent out the survey to 2819 practice sites, with 1568 (56%) responses. This survey asks about the electronic medical record systems employed, payment systems, internet connectivity, access by clinicians remotely, barriers to implementation, and stand-alone e-prescribing.

Dr. Foldy responded that the best national estimate indicates 24% of ambulatory settings use electronic medical records, with 27% in the Midwest, 33% in the West, and approximately 13% in the East. It has been reported that 100% of rural Wisconsin hospitals use electronic registration system and many use electronic order-entry systems.

More detailed information about these surveys can be found in Appendix 2.

### **4. Reports from the eHealth Workgroups**

All report materials, including specific recommendations to date, are available on the eHealth Board Web site. Key discussion items and issues are summarized below.

#### ***Patient Care - Ed Barthell***

- Focus on HIE, not HIT, as the development of the exchange will act as an incentive for the adoption of HIT.
  - A comment received was that the patient consent requirements may need to be changed to make HIE more feasible.
  - Tim Size said that HIT adoption will occur in areas where HIE implementation is most critical to the patient, such as areas where patients are sent to more locations for treatment.
- Provide good information to clinicians initially, with widespread patient access as a long-term goal. Dr. Barthell explained that providing patient access requires a different architecture than a clinician-based service.
  - Candice Owley asked if there had been discussions about the impact on the workforce. Dr. Barthell responded that the Workgroup had discussed workflow and process flow, but not workforce directly.
- Take advantage of existing systems and integrate public health information at the point of care, and incorporate this in the initial phasing of the HIE infrastructure.

- Link information that is already available in an electronic format. It is a myth that there is not enough data available in electronic format. Based on the combined experience of the workgroup members and information from the listening session, the information is in an electronic format, but a way to tap into that information has not yet been established.
- Adopt Regional Health Information Organizations (RHIOs) around medical trading areas (MTAs) as an oversight system at the local level with a statewide infrastructure to link them together.
  - Tim Size commented that the medical trading area concept is not perfect, particularly within rural areas, which are where the boundaries to these regions arise.
  - Acknowledge that patient information often goes to more locations than the patient themselves.
- Institute an incremental rollout, which tackles the “low-hanging fruit” first.
- Establish a formal evaluation process to determine the progress Wisconsin has made and the impact it is having within the health care system.
- Development of a fiscal structure that promotes adoption of both HIT and HIE.
  - Mr. Size commented that the rural communities have been focusing on HIT, are working with the least amount of capital, and often have the greatest need for exchange as care is provided across many settings. With this initiative these areas are being hit with the need to fund both HIT and HIE.

***Information Exchange – Hugh Zettel***

- The technology cannot be separated from the policy
- HIE was the primary focus as Wisconsin is unique in the number of physicians in large group practices, which suggests that adoption of HIT may be easier to accomplish than in other states.
- Wisconsin will need to remain aware of efforts occurring at the national level in the development of standards, certification, etc. Only when no standards exist or there is a particular need will standards be developed within Wisconsin.
- Adopt Regional Health Information Organizations (RHIOs) around medical trading areas (MTAs) as an oversight system at the local level with a statewide infrastructure to link them together.
  - Dr. Barthell asked if anyone has discussed limiting liability for the exchange services. Secretary Nelson said that this question needs to be addressed.

- There will not be one standard for an architecture, but instead a hybrid architecture at the local level will be employed allowing the local entities to determine whether their information is centralized or accessed remotely through a record locator service. Mr. Zettel clarified that he envisions this providing the greatest amount of flexibility at the local level.
  - Cathy Hansen raised the issue of the timeliness of the data, particularly when data is centralized.
- e-Prescribing provides an opportunity for consumer engagement as so many people need to fill a prescription at some point, and can readily relate and interface with this exchange.
  - A member of the Board recommended that this recommendation clearly state that e-prescribing be integrated into the systems adopted, rather than developing more stand-alone systems

### ***Consumer Interests – Cathy Hansen***

- For treatment purposes a patient should not be given an opt-in or opt-out choice, although a mechanism will be in place to remove a patient from the exchange at his/her request.
- Current Wisconsin law that provides added provisions for “sensitive” health information for treatment purposes should be changed to more closely align with HIPAA so that providers have needed information to provide care. Although the majority of the workgroup members support this proposal it is not supported by mental health advocates and needs further discussion at part of the HISPC Solutions work group.
  - Dr. Barthell recommended that this may need to include recommendations related to penalties for improper use or sharing of patient information.
  - Fred Westbrook said that this is an education component, and requires the demystification of the stigma associated with mental health.
  - Candice Owley said that although this recommendation is reasonable, she did not think that it would meet with much support. In order to make this proposal successful, it will be necessary to find a way to work with advocacy groups.
- Although not part of its charge, the Workgroup recognized a need for an educational effort.
  - The members commented that consumer “buy-in” may be an issue. Mr. Baker suggested the strongest approach for this may be to approach this from the standpoint of safety and the reduction of medical errors. He also said that patient literacy (including literacy, health literacy, and IT literacy) are issues that need to be addressed and recommended that this be incorporated into the section on page 19 of the report that addresses a 6<sup>th</sup> grade reading level, language availability, and cultural competency.

- Mr. Zettel recommended that in developing this plan, it take a more positive approach and address the current security risks in a paper environment and how electronic records could help.
- John Hartman suggested that this includes education to the institutions using these systems. He explained that often there are internal policies that hinder the exchange of information.
- Betsy Abramson suggested that how this information is provided to the patient needs to be considered. She provided a personal example in which test results were posted to the Web immediately after the results were obtained with no information about how to use the data and its significance and an understanding of how it will be shared with guardians, parents, etc.
- Robert Stone Newsom requested that the information regarding research included in Charge 5 be reworded as it could be interpreted to mean that the information cannot be used for research purposes, which is not intended.

***Financing – Tim Size, representing Kevin Hayden***

- A number of assumptions were necessary to reach an estimate of the cost of HIE in Wisconsin.
- Both public and private funds will be necessary to achieve and maintain universal HIT adoption.
  - Mr. Zettel suggested that references to steps the state can take that are similar to federal action with Stark and the anti-kickback provisions would be helpful.
- State government should use its leverage as a provider of health care to promote adoption of HIT and implementation of HIE.
- Promote early wins, such as e-prescribing, and demonstration projects.

***Governance - Fred Wesbrook***

Dr Wesbrook prefaced his remarks by saying that in the not-to-distant future we are going to be asking people to put a lot of money into this system to share information that they are not accustomed to sharing. We are asking them to change their processes and policies which impacts millions of patients, thousands of organizations, hundreds of thousands of health care workers.

- Need a structure that is coherent, incorporates the major functions, and serves as a “home” for these efforts.
- Maintain the Board as a large, pluralistic body.

- Peg Smelser noted the need for staff support for this initiative. Secretary Nelson indicated that staffing has been considered and requested for the continuation of this initiative.
- Develop four advisory committees to advise the Board.

Dr. Wesbrook noted that the Workgroup did not discuss the legal options associated with this proposal, and anticipates this will be a next step.

## **5. Discussion of “Key eHealth Board Issues” paper**

### *Workgroup recommendations*

A complete summary of the changes made to the workgroup recommendations based on the discussion of the eHealth Board is attached to the minutes.

### *Metrics*

In Section C, some Board members expressed concern about the proposed metrics and how to set them in the absence of baseline data about adoption of HIT and HIE. Secretary Nelson noted the executive order creating the Board states that within five years there will be 100% adoption. These metrics acknowledges that 100% adoption is not realistic, because there will always be entities that are unable or unwilling to adopt electronic health information technology and exchange. A number of workgroup members made additional suggestions about how to revise these numbers (e.g., upwards of 80%, nearly all, annual goals versus five-year, measure by clinical encounter numbers versus provider) and it was agreed that less specific language would be used for now. Once the baseline data is available, early in 2007, annual goals can be established.

### *Consensus approval of the plan for the Governor*

After considerable discussion about the scope of the proposed work and other fine-tuning of language, by consensus the eHealth Board approved the outline of the plan and authorized finishing the report to the Governor. A draft will be circulated for review and comment ahead of the due date, which is set as December 1, 2006.

## **6. 2007 Planning**

Ms. Wood asked Board members to indicate their interest in participating and leading the new eHealth advisory committees. The meeting schedule for 2007 – of four meetings - will be set after polling the members about potential dates.

## **7. Adjourn**

The meeting adjourned at approximately 3:10 p.m.

**Appendix 1: Summary of changes to the workgroup recommendations  
based on the discussion of the eHealth Board.**

**Patient Care**

- Added specific language about the need to address workforce issues with HIT adoption - “Wisconsin should address workforce issues to assure success of HIT adoption efforts.

#10: In regard to HIT adoption:

- a. The DOQ-IT program for adoption of electronic medical records should be supported and expanded. The focus should expand it to include specialty practices in addition to primary care.
- b. Wisconsin should ultimately subsidize only HIT which is CCHIT-certified and adhere to AHIC (and possibly narrower Wisconsin) standards.
- c. Wisconsin should address workforce issues to assure success of HIT adoption efforts.

**Information Exchange**

- Make a formal recommendation about e-prescribing rather than listing as a next step in the IE report

“Promote e-prescribing as an integrated part of the health information exchange and determine ways its use can accelerate broader HIT adoption in the ambulatory care setting”.

**Consumer Interests**

- Address the importance of IT literacy as well as access to high speed internet as part of the recommendations for charge #7

**7.1 Patient Access to Own Health Information**

Individuals should be able to access their health/medical data, including which entities have had access to this information, conveniently and affordably. More specifically,

- Individuals should not bear unreasonable costs to access their health and medical data.

- Access should be available in a manner that does not unduly disadvantage those without ready Internet access.<sup>1</sup>

**Rec. 7.1:** Holders of personal health information should ensure that individuals are able to conveniently and affordably access their health information, including which entities have had access to this information.

**Rec. 7.2:** The state should undertake an education campaign that communicates the purpose, capabilities, and system safeguards of exchange as part of Wisconsin's eHealth Action Plan. Education materials and activities must be easily understandable and accessible for Wisconsin consumers regardless of health literacy, reading skill, computer proficiency, or geographic location. Materials and activities must also be culturally competent.

- Address the issue of actions needed when health information is mistreated.

**Rec. 4.2:** The Wisconsin legislature should revisit Statutes protecting patient rights to ensure that any provider or entity that provides discriminatory treatment or deliberately mishandles, or inappropriately shares, or distributes personal health information is subject to severe penalties.

**Rec. 8.2:** The Wisconsin legislature should ensure that any provider or entity that provides discriminatory treatment or deliberately mishandles or inappropriately shares or distributes personal health information is subject to severe penalties. (Charge #4)

## Finance

- Change the wording about IT vendors to emphasize improving the value of what is delivered

The eHealth Action Plan should leverage Wisconsin's strength and talent in the HIT industry to develop non-proprietary/open source EHR products, to improve the value of what is delivered, and to assist with customizing or adapting it for application.

- Along with an explanation of the Stark rules, see how the state may be able to do something similar by looking at tax status provisions

Under recommendations for Tax Credits and Exemptions (report page 7 and page 29), added the following:

“The U.S. Department of Health and Human Services recently issued new regulations that relax the restrictions (known as Stark and anti-kickback rules) on donations of e-prescribing software and hardware to physicians. The regulations include:

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<sup>1</sup> These principles are informed by the Markle Foundation's Personal Health Technology Council “Consumer and Patient Principles for System Design.” (10/05): [http://www.markle.org/downloadable\\_assets/consumer\\_principles\\_101105.pdf](http://www.markle.org/downloadable_assets/consumer_principles_101105.pdf) (accessed 9/26/06).

- Provides for safe harbor protection for donations of EMR or electronic prescribing hardware, software or training.
- Expands the types of donors and recipients eligible for the safe harbor regulations.
- Requires that software must be interoperable or certified by an organization recognized by the Secretary, likely to be CCHIT.
- Mandates that recipients must pay at least 15 percent of the cost of the donated technology or service.
- Defines sunset for relaxation of rules to be December 31, 2013. The Wisconsin legislature and Governor should consider adoption tax exemptions on donated IT systems consistent with these changes and with related federal tax exemptions."

## **Governance**

- In response to the request to explore the policy issues associated with some liability protections for RHIOs – language added to recommendation 9.

Recommendation #9: Once the eHealth Implementation Plan is approved, address legal implications of the governance structure including the specific authority of government and operating rules for the eHealth Board to provide clarity on respective roles, including authority to execute contracts and apply for grants. Also explore issues associated with liability protections for RHIOs to minimize risk.

- Elaborated on one aspect of the communication plan that was not in the report to emphasize the importance of bringing CEOs and CIOs together as we set out a plan for stakeholder engagement

Recommendation #10: Develop a communications and marketing plan early in 2007 using models available from national organizations and other states; assign responsibilities related to the plan to the Operations staff, under the direction of the Statewide Health Information Exchange Advisory Group. Create opportunities for joint sessions with CEOs and CIOs of health care provider organizations as part of this communications plan.

**Appendix 2: Adoption of Health Information Technology (HIT) and Health Information Exchange (HIE) in Wisconsin**

**Adoption of Health Information Technology (HIT) and Health Information Exchange (HIE) in Wisconsin**

Seth Foldy presented on current measures of health information technology and health information exchange adoption in Wisconsin, and how they might compare with national statistics.

Three assessment efforts were undertaken this year; two are in process, and one may not be complete in time for a December 1 report to the Governor. These were in the area of Ambulatory HIT, Hospital HIT, and HIE inventory.

The philosophy informing our efforts are to

- Produce data comparable with national trends and those in other states
- Produce replicable measurements to measure progress annually
- Produce data that was truly representative of the state

Existing efforts in other states were reviewed; none would truly accomplish these goals. The ONC-supported initiative (Health Information Technology Adoption Initiative- HITAI) which has not yet developed measures; we can hope to interest them in Wisconsin methods. The National Center for Health Statistics National Ambulatory Care Survey has been assessing outpatient HIT use for several years; the new Wisconsin survey (see below) was fashioned closely after these. The eHealth Initiative surveys health information exchange efforts using an extremely long and complex tool. Simplified items based in part on this tool were included in the Wisconsin HIE inventory process.

**Ambulatory HIT:** Dr. Foldy worked with MetaStar to create an assessment of the prevalence of use of electronic medical records and other health information technology in outpatient settings. The survey was distributed by MetaStar in the previous week, with results expected in mid-December. Distribution was delayed by the late addition of specialty outpatient care (the survey was initially intended to measure primary care HIT use).

2819 practice sites were identified; a paper survey (with the option to complete on-line) has gone to 1568 (56%) including

- 387 independent primary care sites (100% sample)
- 313 independent specialty care sites (20% sample)
- 867 system-associated primary care and specialty care sites (100% sample)

MetaStar will follow-up non-respondents with telephone interviews to assemble a reasonably representative overall sample.

In 2005, MetaStar performed a survey of primary care practices. The overall response was marred by a 19% response rate. Of those 66% reported using an electronic medical record. (76% reported using an electronic practice management (business) system.) This is not likely to

be a representative sample. When further information was added from MetaStar field staff knowledge, however, it appeared that at least 348/906 primary care practices likely had access to an electronic medical record. This is considerably higher than most other estimates for nationwide use.

National surveys, including NAMCS put an estimate at of electronic medical record use at 24% for physicians (not office sites) in 2005 (a 32% increase since 2001). 11% use what was described as a complete EMR, and 13% used only some functions. Midwest physicians 27%, compared to 33% in the West, 14% in the Northeast and 22% in the South.

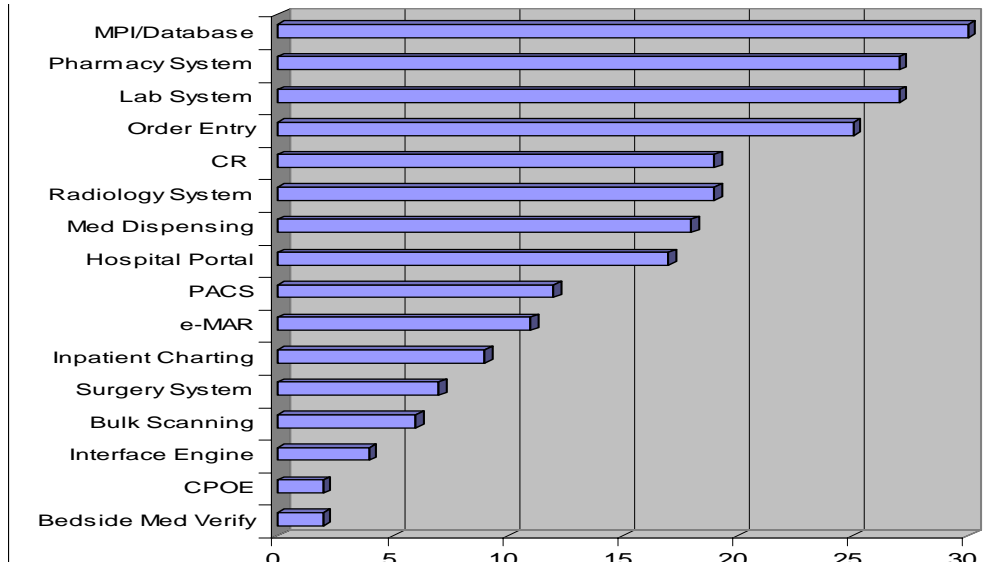
Comparing the MetaStar survey with the national results (which may be problematic due to sampling and survey design differences) it appears that primary care sites in Wisconsin have a higher prevalence of EMR adoption than for regional and national estimates for physicians (of all specialties). One possible explanation discussed for this finding is the higher proportion of Wisconsin physicians practicing in large practices (>20 physicians) than the national average (71% versus 33%).

The new Ambulatory Survey includes queries regarding:

- Practice ownership/management, type, specialty, size
- Connectedness
- Electronic claims and practice management system (PMS)
- Electronic Medical Records (EMR)
- Vendors used
- Specific EMR functions installed
- Whether actively used
- Remote access
- EMR/PCS interconnection
- Impact of EMR
- Barriers to EMR implementation
- Future EMR plans
- Stand-alone e-Prescribing
- Performance measure reporting and Pay-for-Performance
- Current electronic data exchange, priorities for electronic data exchange
- Internet communications with patients

Dr. Foldy expressed his intent to share the Wisconsin instrument with the national HITAI to increase the comparability of Wisconsin data with future national assessments.

**Hospital HIT:** A telephone surveys of Rural Wisconsin Health Cooperative hospitals (n=30, mostly rural and very small hospitals) performed by Louis Wenzlow in 2006 indicated the following rates of adoption for different inpatient technologies:



His take-away assessment of this and other information included:

- Significant HIT adoption density in rural and small WI hospitals
- HIT adoption is increasing
- Integrated (single vendor) model is successful for small hospitals
- Low interfacing expertise even in facilities with many applications limits progress toward a multi-function electronic health record
- Low volume facilities may need more help.

Comparable national statistics are not available. Dr. Foldy and MetaStar hope to work with WHA to create a standard annual assessment of all Wisconsin hospitals beginning next year.

WHA surveyed hospitals in 2005 on the use of two forms of technology:

Level of Implementation	CPOE (n=76)	Telemedicine (n=74)
Planning or Considering	82%	33%
Partially Implemented – plan for more	12%	39%
Fully Implemented	0%	7%
Decided Against	4%	5%
Partially Implemented—no plan for more	1%	15%
Undecided	1%	1%

In the WHA 2006 survey, hospitals are being asked to address the following:

*Prior to dispensing medication, does your pharmacy enter all medication orders into a pharmacy- based computerized processing system when the order is received in the pharmacy?*

*Has your facility evaluated the feasibility of adopting a Computerized Prescriber Order Entry (CPOE) system?*

*If Yes, what conclusion did you reach?*

*CPOE system already in place.*

*Proceed with the acquisition by January 1, 2006.*

*Proceed with the acquisition after January 1, 2006.*

*Awaiting HIPAA compliance clarification.*

*Chose not to purchase due to (check one box below):*

*Decided*

*CPOE is not necessary.*

*Cost*

*Lack of acceptable product*

*Both cost and lack of acceptable product*

*Other, specify*

*Does your hospital work with other providers to collect, track, and communicate clinical and health information across cooperating organizations?*

*Does your hospital either by itself or in conjunction with others disseminate reports to the community on the comparative quality and costs of health care services?*

*Identify which of the following your facility uses.*

*Leapfrog*

*CheckPoint- WHA's public reporting program)*

*National Voluntary Hospital Reporting Initiative*

*MetaStar Seventh Scope*

*Reporting Hospital Quality Data for Annual Payment Update*

## **Health Information Exchange Inventory**

Dr. Foldy created an internet inventory tool for projects in Wisconsin in which personal health information is shared between one or more users who are not in a direct customer-provider relationship.

The inventory includes items on:

- Implemented and planned projects
- Business goals, geographic scope
- Governance and partners
- Data providers and users
- Data types
- Standards and security
- Funding and sustainability
- SWOT, policy needs

29 potential projects were identified (9 were state public health projects). 11 had provided data to date. Analysis awaits a larger sample and will be complete for inclusion in the eHealth Board Action Plan.