

# **2007 ANNUAL REPORT**

**of the**

## **eHealth Care Quality and Patient Safety Board**

**Submitted March 31, 2008**

**by**

**Kevin R. Hayden, Chair**

**eHealth Care Quality and Patient Safety Board**

**eHealth Care Quality and Patient Safety Board  
2007 Annual Report**

Table of Contents

<b>I. Introduction</b> .....	2
<b>II. eHealth Care Quality and Patient Safety Board</b> .....	2
<b>III. 2007 Activities and Accomplishments</b> .....	3
A. Wisconsin’s Annual eHealth Summit .....	3
B. eHealth Board Resolution on 2007-2009 Biennial Budget.....	3
C. Health Information Security and Privacy Collaboration, Phase II (HISPC II) .....	4
D. Wisconsin Ambulatory Health Information Technology Survey, 2006-2007 .....	5
E. Medicaid’s Health Information Exchange (HIE) Initiative: Emergency Department (ED) Linking .....	6
F. Planning and Feasibility Testing of a Regional Laboratory Results Reporting System .....	7
G. Statewide HIE Planning and Design .....	7
H. Wisconsin Health Information Organization’s (WHIO) Data Aggregation, Analysis, and Reporting Project.....	8
I. Medicaid’s Value-Driven Healthcare Initiative .....	9
J. eHealth Presentations/Briefings .....	11
Attachment 1: eHealth Board Resolution on 2007-2009 Biennial Budget .....	13
Attachment 2: Disclosure of Treatment Records for Mental Health, AODA, Developmental Disability Services, Wis. Stats. 51.30 .....	15
Attachment 3: Disclosure and Re-disclosure of General Health Care Information, Wis. Stats. 14616	

# eHealth Care Quality and Patient Safety Board 2007 Annual Report

## I. Introduction

The eHealth Care Quality and Patient Safety Board (the Board), created by Governor Jim Doyle through the 2005 Executive Order #129, is required to report to the Governor annually on its plans, activities, accomplishments and recommendations. This report covers the Board's activities for the period of January 1, 2007 through December 31, 2007. The focus of the work in 2007 was on privacy laws governing the exchange of health information, health information technology (HIT) adoption, electronic HIE, and statewide initiatives on health care quality performance measurement and reporting.

## II. eHealth Care Quality and Patient Safety Board

The Board chair and members are appointed by and serve at the pleasure of the Governor. The Department of Health and Family Services (DHFS) Secretary, Kevin Hayden, currently chairs the Board. The Board's members represent diverse stakeholder groups from the public and private sectors including providers, insurers, consumers, and leaders from academia, the health information technology industry, and labor. The DHFS staff who support the Board's activities are located in the DHFS' Office of Policy Initiatives and Budget.

<b>Board Members</b>	
<b>Betsy Abramson</b> , Consultant, Wisconsin Coalition Against Domestic Violence	<b>Michael Morgan</b> , Secretary, Department of Administration
<b>Dr. Christopher Alban</b> , Clinical Informaticist, Epic Systems Corporation	<b>Lois Murphy</b> , IT Specialist, Department of Veterans Affairs
<b>Bevan Baker</b> , Commissioner of Health, City of Milwaukee Health Department	<b>Candice Owley</b> , President, Wisconsin Federation of Nurses and Health Professionals
<b>Dr. Edward Barthell</b> , Co-founder of Wisconsin Health Information Exchange	<b>Debra Rislow</b> , CIO and Director of Information Systems, Gundersen Lutheran
<b>Gary Bezucha</b> , CEO, North Central Health Care	<b>Peggy Smelser</b> , COO, WI Education Association Trust
<b>Patricia Flatley Brennan</b> , Professor of Nursing and Engineering, UW-Madison School of Nursing and College of Engineering	<b>Lon Sprecher</b> , President, Dean Health Insurance
<b>Catherine Hansen</b> , Director, Health Information Services, St Croix Regional Medical Center	<b>Justin Starren</b> , Director, Biomedical Informatics Research Center, Marshfield Clinic Research Foundation
<b>Kevin Hayden</b> , Secretary, DHFS	<b>Dave Stella</b> , Secretary, Department of Employee Trust Funds (ETF)
<b>Ravi Kalla</b> , CEO and President, Symphony Corporation	<b>John Toussaint</b> , President and CEO, Theda Care
<b>Donald Layden</b> , Executive Vice President, Metavante Corporation	<b>Hugh Zettel</b> , Director, Government and Industry Relations, GE Healthcare

The Board is an advisory body to the Governor and the DHFS on the development of an eHealth infrastructure in Wisconsin. The eHealth Board established workgroups to assist in accomplishing the Board's mission. These workgroups included: Consumer Interests, Financing, Governance, Information Exchange, and Patient Care. In December 2006, the Board and its workgroups published the Wisconsin eHealth Action Plan (Action Plan). This Action Plan includes recommendations which serve as a guide for achieving the goals stated in 2005 Executive Order #129.

The Board meets quarterly to address both public and private sector activities impacting the overall goals and strategies of the Action Plan. These meetings are open to the public and viewable over the internet via WebCast technology. The DHFS maintains a website where the Board and workgroup meeting agendas, minutes, and materials are available at: <http://ehealthboard.dhfs.wisconsin.gov/>.

### **III. 2007 Activities and Accomplishments**

#### **A. Wisconsin's Annual eHealth Summit**

The Board convened its second annual Wisconsin eHealth Implementation Summit on March 15, 2007. The purpose of the summit was to provide an opportunity for stakeholders from all sectors to: discuss the progress and future work associated with Governor Doyle's eHealth Action Plan; consider their role in advancing the state toward the Action Plan's goals; and provide input that assures the eHealth initiative serves both professional and consumer interests. The event attracted over 200 participants to the Fluno Center in Madison, where stakeholders had an opportunity to engage in the Action Plan for health information technology and exchange.

For the past two years, Governor Doyle has addressed the audience of the Summit, inspiring the participants to embrace the goals of 2005 Executive Order #129 and the Action Plan, and inviting active input throughout the process.

DHFS Secretary Kevin Hayden presided over the event, hosting senior executives from the public and private sector, elected officials, representatives of health care professionals, provider groups, health care purchasers and payers, the advocacy arena, and academic researchers. Featured speakers included Dr. Robert Kolodner, the U.S. National Coordinator for Health Information Technology, and Janet Marchibroda, the CEO of the eHealth Initiative and the Foundation for eHealth Initiative. Members of the Governor's eHealth Board led break-out sessions in the arenas of privacy and security, Regional Health Information Organization (RHIO) development and governance, health literacy and consumer engagement, and public health and surveillance.

#### **B. eHealth Board Resolution on 2007-2009 Biennial Budget**

In his 2007-2009 biennial budget, the Governor proposed enhancing health care quality, patient safety, and provider efficiency by providing \$40 million in grants and tax credits for automating medical records and creating HIE. The Governor's budget proposal

sought to codify the Board's existence as an advisor to the DHFS Secretary and to charge the Board with completing its 5-year Action Plan.

On June 21, 2007, the Board passed the following resolution:

“The eHealth Care Quality and Patient Safety Board, while taking no position on funding sources, fully supports Governor Doyle's Executive Budget provisions relating to: creation of the eHealth Care Quality and Patient Safety Council, provision of grants to fund adoption of health care quality and patient safety information technology and to develop exchanges of health information; and creation of an electronic medical records tax credit under the individual income and corporate income and franchise taxes provisions of Wisconsin Statutes.” See Attachment 1 for the complete resolution.

The Legislature eliminated codification of the Board and the grant program for automating medical records and creating HIE, and altered the tax provisions of the biennial budget bill. The final budget provides:

1. Beginning January 1, 2010, a 50% tax credit to providers purchasing hardware and software to maintain their medical records in electronic form (total credit are capped at \$10 million limitation on tax credits per year); and
2. Beginning January 1, 2009, an exemption from individual and corporate income tax for interest paid on bonds or notes issued by the Wisconsin Health and Education Facilities Authority if the proceeds of the bonds or notes are used by a health facility to fund the acquisition of information technology hardware or software.

#### C. Health Information Security and Privacy Collaboration, Phase II (HISPC II)

The HISPC II was the second phase of a national effort to identify privacy and security policies and practices that may impact the exchange of health information and reduce barriers to HIE while protecting patient privacy. HISPC II advanced the recommendations of prior volunteer workgroups to reduce variation among Wisconsin's privacy laws and variation between Wisconsin Statutes and the federal Health Insurance Portability and Accountability Act (HIPAA) privacy regulations.

The HISPC II project staff also supported the Indiana HISPC II project's efforts to clarify the federal regulation governing disclosure of alcohol and other drug abuse (AODA) information. Additionally, project staff participated in a 12-state collaborative focused on developing a mechanism to reduce state-to-state variation related to interpreting and executing patient consent directives or preferences regarding the disclosure of protected health information.

Each component of this project included efforts to engage and educate consumers, providers, and other health care professionals, as well as other stakeholders.

Project outcomes included:

- 1) Approval by the Board of a proposal to pursue legislation that amends Wis. Stats. 51.30, governing mental health, AODA, and developmental disability health care information, such that additional data elements can be shared without patient consent with any healthcare provider who is involved with the patient's care and who needs the information to treat the patient. This proposal is the result of the deliberations of a broad, representative stakeholder group convened from August to October 2007. See Attachment 2 for recommended changes to Wis. Stats. 51.30.
- 2) Approval by the Board of a proposal to pursue legislation that amends Wis. Stats. 146.82 and 146.83, governing general health care information, in the areas of documentation, re-disclosure, and disclosures to family and friends involved in the care of the patient. This proposal was discussed with 14 stakeholder groups. See Attachment 3 for recommended changes to Wis. Stats. 146.
- 3) Developing a multi-state funding proposal to continue the 12-state collaborative to develop a reference guide describing and comparing states' requirements, local policies, and practices around patient consent.
- 4) Developing a plan for conducting two informal focus groups on eHealth in January 2008. The purpose of the focus groups would be to obtain from participants their experiences, opinions, and perceptions of using technology in health care e.g., electronic medical records and sharing health information among different providers.

#### D. Wisconsin Ambulatory Health Information Technology Survey, 2006-2007

The 2005 Executive Order #129 directs the Board to "...annually assess the extent to which automated information and decision support systems are used by health care providers in Wisconsin and annually assess options and progress on the Action Plan to achieve automation of all health care systems by 2010." To establish a baseline measurement, the Board commissioned Dr. Seth Foldy of the Medical College of Wisconsin and MetaStar to conduct a survey of physician practice sites.

The objectives of the survey were to:

- Provide information to the Board on the status of health information technology adoption and health information exchange participation among providers in Wisconsin.
- Design an assessment process that can be repeated and will yield trends over time.
- Design a method that permits benchmarking with national or other states' data.

Of the 1,536 medical practice sites surveyed, 928 responded. Results of this survey found that:

- 13% of WI medical practice sites have fully electronic medical records and 41% use a combination of electronic and paper records.
- Approximately 36% of Wisconsin physicians use fully electronic medical records (for functions such as prescribing, lab results, imaging) compared to 11% of physicians nationwide (2005 National Ambulatory Medical Care Survey).
- 48% of the sites not currently using electronic medical records (EMR's) plan to implement them in the next 3 years (by 2010), but 40% of the sites have no such plans.
- Large group practices are more likely to have implemented electronic medical records than small group or independent practices.
- Both users and non-users see multiple benefits to electronic medical records adoption.
- The greatest barrier to electronic medical records implementation cited by practice sites without systems is the lack of capital. Other barriers included lost productivity, poor return on investment, lack of electronic medical records certification, and clinician acceptance.
- Approximately 85% of practice sites exchange data (not necessarily EMR's) with other clinics, hospitals, or pharmacies within their health system.

The results are documented in a report titled the “Wisconsin Ambulatory Health Information Technology Survey, 2006-2007.”

This report can be found at:

<http://ehealthboard.dhfs.wisconsin.gov/reports/physofficesurvey.pdf>

#### E. Medicaid's HIE Initiative: Emergency Department (ED) Linking

In February 2007, the U.S. Department of Health and Human Services' (DHHS) Centers for Medicare and Medicaid Services (CMS) awarded the DHFS a \$3.2 million Medicaid Transformation Grant (MTG) for an HIE initiative. The goal of this initiative is to design and implement a secure, rapid-response HIE system that provides Milwaukee County emergency room clinicians with on-site, on-demand patient medical history for use in treatment. The project planning began in March 2007 with an official project kick off in June 2007. When fully operational in early 2009, the HIE system, coined the “ED Linking” system, will mark the launch of the state's first scalable Regional Health Information Network (RHIN).

The ED Linking project will provide patient health information, where currently there often is none or very little available, to help ED clinicians in Milwaukee County emergency rooms provide quality, safe, and cost-effective emergency health care. The National Institute for Medical Informatics (NIMI), a 501(c)(3) not-for-profit organization that governs the southeast Wisconsin RHIO, called the Wisconsin Health Information Exchange (WHIE), is implementing the ED Linking HIE system. The ED Linking system will aggregate clinically relevant Medicaid medical and pharmacy historical

claims data. Additionally, when patients are registered for care in the hospital ED, real-time admission, discharge, and transfer (ADT) information from the ten ED's in the five Milwaukee hospital systems will be transmitted to the ED Linking system. Initially, one Federally Qualified Health Center in the county will also be connected to the system.

City, regional, and state public health officials will also gain access to the ED Linking system for bio-surveillance purposes. The Division of Public Health (DPH) in the DHFS will have access to the health information data via a dedicated workstation. The go-live pilot is expected by the end of the first quarter of 2008.

F. Planning and Feasibility Testing of a Regional Laboratory Results Reporting System To Support Clinical Care and Public Health Processes Using the WHIE (The Lab Results Project)

The Action Plan identified lab results delivery as one of the highest priority information types for inclusion in HIE. This project planned and tested the feasibility of a regional lab results reporting system that supports both clinical care and public health processes.

This pilot effort surfaced laboratory data through the Public Health Information Network (PHIN) Analysis, Visualization, and Reporting (AVR) business intelligence portal. It demonstrated the rapid delivery of laboratory data to the DPH surveillance epidemiologists in a format that was consistent with PHIN technologies. In so doing, it validated the concept of automated laboratory reporting for public health surveillance. This pilot successfully laid the base for the infrastructure build-out of laboratory results for the Southeast Wisconsin region's HIE.

G. Statewide HIE Planning and Design

The DHFS' eHealth program staff, in collaboration with the Board, developed and drafted a scope of work to solicit, through a competitive Request for Proposal (RFP) process, a vendor with HIT and HIE expertise to assist the State in statewide HIE services planning and design. The contractor will assist the Board and the DHFS in understanding the various stakeholders' conditions for participating in a statewide HIE. The contractor will also assist in proposing a statewide HIE architecture for Wisconsin that meets regional market needs and conforms to recognized national standards established by the Health Information Technology Standards Panel (HITSP), or collaborative industry initiatives such as the interoperability technical frameworks of the Integrating the Healthcare Enterprise (IHE™) initiative. We note that the IHE™ technical frameworks utilized extensively by HITSP for use in Nationwide Health Information Network (NHIN) initiative, as well as being used in several international HIE implementations, including Canada, France, Italy, Austria, China and Japan.

The statewide model proposed for Wisconsin will need to be robust, flexible, scalable, and adaptable to new use cases and with new frameworks and standards as they arise. The Wisconsin HIE architecture will need to specify common infrastructure components and services that an HIE entity could provide economically to Wisconsin's HIT

stakeholders, such as security, authentication, audit, and patient identity cross reference. These statewide HIE services will, where possible, leverage existing state (public and private) assets and resources.

The Information Exchange Workgroup of the Board recommended in the Action Plan establishing between three to five Wisconsin RHIOs for regional HIE. To date, Wisconsin has one established RHIO representing nine southeastern counties, the WHIE. In 2007, the WHIE embarked on its first HIE activity described in Section III.E of this report. The statewide HIE effort will need to interoperate with the WHIE via recognized national standards and provide for the integration of other RHIOs into the statewide model. Economies of scale and availability of statewide capabilities favor centralizing certain business functions at a statewide level rather than at a regional level. The competitive RFP process and contract award for this work will occur in 2008.

#### H. Wisconsin Health Information Organization's (WHIO) Data Aggregation, Analysis, and Reporting Project

The WHIO, founded in 2005, is a collaborative organization created to improve the quality, safety, and efficiency of health care in Wisconsin. The WHIO is governed by a multi-stakeholder board that includes providers, payers and purchasers, including the Secretaries of the ETF and the DHFS. It seeks to create a centralized claims repository for Wisconsin with credible and useful data elements for the purpose of quality improvement, health care provider performance comparisons, and consumer decision making. The WHIO plans to use the data repository to develop and disseminate unified public reports on health care quality, safety, and efficiency. This statewide organization plans to have a data repository that represents more than 5 million covered lives and 20,000 practicing physicians in Wisconsin. The WHIO has made significant progress in 2007 on a proof-of-concept pilot for aggregating Wisconsin payer claims data, referred to as Phase 0 or the discovery phase of a multi-phase project.

The WHIO and Ingenix, a wholly-owned subsidiary of United Health Group, worked together through Phase 0 to prove that data obtained through the WHIO can meet standards for completion and accuracy; will promote useful and valid performance measurements; and will help create appropriate tools that can be leveraged to meet the WHIO's business needs.

The purpose of Phase 0 was to:

- Better understand the details of the WHIO's business requirements;
- Assess the capabilities of existing Ingenix systems and methodologies;
- Identify and then quantify the gaps and create a realistic project schedule and implementation plan;
- Probe the unknowns, understand and assess the risks, and acquire an understanding of how each other's organization works;
- Assess data quality and completeness of administrative claims data from five initial data contributors;

- Demonstrate Ingenix's ability to match members and providers across these data sources;
- Assess the ability of a multitude of organizations working together in an efficient and effective manner to achieve desired results; and
- Conduct a proof-of-concept pilot effort focused on proving the data is ready, and the WHIO and Ingenix as a vendor partner, are ready to move on to the next phases of this project.

The Phase 0 pilot had the following joint results and successes:

- Establishment of strong working relationships with the WHIO data contributors, collaborating to achieve the WHIO's desired objectives.
- Improved mutual understanding of Ingenix tools and services, and the WHIO goals and requirements for success.
- Analysis of data from five health insurance plans for completeness and accuracy for use in physician profiling. Data was evaluated and matched across Wisconsin data contributors covering calendar year 2006 for fully insured commercial business of the five health plans with a total of 1.7 million member records, representing 1.2 million unique member identification numbers (936,787 reside in WI).
- Verification of the accuracy of member matching logic using the member data of two health plans. The first match was run using SSN to establish a base of 100%. The second run used demographics other than SSN to simulate a circumstance where SSN is not available. Achieved 90% accuracy on member match not using SSN.
- Matched providers across all health plans with an average accuracy of 85% per plan.
- Established the overlap of all types of providers (e.g. chiropractors, nurse practitioners, oral surgeons, etc.) with a commonality to all five data contributors of 27%.
- Established the overlap of Doctor of Medicine and Doctor of Osteopathy physicians, 61% common to at least two data contributors, 30% common to all five data contributors.
- Completed a proposed implementation schedule for the upcoming phases.
- Collaborated with the Wisconsin Medical Society (WMS) to evaluate the impact of adding the WMS data to the WHIO data mart. This resulted in an agreement to share the WMS group affiliation and provider specialty type data in the WHIO's data mart. The WMS also agreed to promote the use of National Provider Identifier (NPI) among its members which will significantly improve provider matching rates.

At the end of 2007, the WHIO began negotiating a 3-year contract with Ingenix for the remaining phases of the Data Aggregation, Analysis, and Reporting Project. Upon successful negotiation of a contract, the State of Wisconsin will negotiate a contract in 2008 with the WHIO to satisfy the public reporting requirements of Wis. Stats. 153, Health Care Information. This statute permits the DHFS and the ETF to expend funds and jointly contract with a data organization to develop and disseminate unified public reports on health care quality, safety, and efficiency for Wisconsin.

#### I. Medicaid's Value-Driven Healthcare Initiative

In June 2007, the DHFS applied for a second MTG to support health care quality and patient safety activities. The application had two components: a Value-Driven Healthcare quality initiative and an initiative to implement Electronic Health Record (EHR) systems in a number of the safety-net clinics serving the Medicaid population. In October 2007, the CMS awarded the DHFS \$2 million for the Value-Driven Healthcare quality initiative. The CMS did not award the DHFS funding for the EHR initiative. Funding for the Value-Driven Healthcare quality initiative was not appropriated by the federal government until the beginning of 2008. The State must complete the initiative and evaluation of the outcomes by September 30, 2009.

The goal of the Value-Driven Healthcare quality initiative is to transform how the Wisconsin Medicaid Program uses its data to support effective and efficient health care through more comprehensive and cross-cutting health care quality measurement and reporting strategies. This does not require new data collection. The innovation is to use existing data in new ways to measure performance across the entire Medicaid population and to create new partnerships with other payers and with organizations focused on standard setting and public reporting, such as the WHIO and the Wisconsin Collaborative for Healthcare Quality (WCHQ). The WCHQ, founded in 2003, is a multi-stakeholder organization--including physician groups, hospitals, health plans, employers, and labor organizations--that seeks to achieve transparency and improve the quality and cost-effectiveness of health care services by publicly reporting comparative measures of performance. The Value-Driven Healthcare quality initiative will extend the already successful quality measurement work the Medicaid Program has done in managed care through its Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS) protocols and tools. This will be accomplished by the following sets of complementary activities:

- Collaborating with the ETF to create an alliance between the two largest public purchasers of health care in the state in order to align goals, performance measures, and the use of incentives and rewards for health care outcomes.
- Aligning the Medicaid Program's quality measurement strategies with the performance measurement and reporting activities of organizations such as the WHIO and the WCHQ. With the support of this MTG, nationally endorsed performance measures will be applied to the entire Medicaid population--using existing Medicaid fee-for-service claims data and encounter data reported by health plans to establish baseline data about health status, the impact of chronic diseases, and the performance of health plans and physicians. This baseline information will provide the foundation for performance improvement plans to be developed by Medicaid Program staff in collaboration with the ETF.
- Selecting and piloting the National Committee for Quality Assurance's Health Effectiveness Data and Information Set (HEDIS®), the CMS Physician Quality Reporting Initiative (PQRI), and/or other emerging standardized national measures in the Medicaid Program in order to compare outcomes for the Medicaid population

with the Medicare and private health care markets, including the population covered by the ETF. This will also enable interstate benchmarking, and reduce the reporting burden on health plans and providers. The Medicaid Program will pilot three to five metrics to apply to its data and use the results of these measures to make informed decisions about its pay-for-performance strategies and contracts with the health plans as well as incorporate the information into public reports.

- Supporting the DHHS' Cornerstone #3 for Value-Driven Health Care: Measure and Publish Price through a public-private collaborative effort to measure the overall cost of services. This will be accomplished by providing Medicaid data to the WHIO to populate its data repository and to produce public reports about the cost and outcome of health care across episodes of care for both publicly and privately insured. This will be done through the collection, interpretation, and presentation of longitudinal, all-payer, patient-based administrative claims data. This activity will support provider quality improvement efforts through measurement and reporting, and will promote value-driven decision making by consumers and payers by providing comparable information about provider cost, efficiency and outcomes.
- Using health information technology being developed with the redesigned Medicaid Management Information System (MMIS) to disseminate information about performance for use by health plans and providers. The MMIS system will include a new Medicaid Program web portal, consistent with the national Medicaid Information Technology Architecture (MITA) framework. By January 2009, it will be ready to report on health care outcomes for the Medicaid population. Using the web portal for this purpose also supports the strategy set out in the Action Plan to develop a set of statewide HIE services as part of the technology platform to support value-based purchasing. Eventually the state intends to use a web portal to provide and support the use of practice guidelines and clinical decision support for health care providers. Cumulatively, these activities will help drive future performance-based reimbursement for the Medicaid Program.
- Providing technical assistance to safety-net providers already using EHR systems to be full participants in value-driven health care and, establishing formal links to the state public health system to monitor quality and population health improvement. These activities will align the Medicaid, WCHQ, HEDIS®, and Patient Electronic Care System (PECS) quality standards used by safety-net providers by mapping them to the electronic health record system(s) used by the safety net providers.

#### J. eHealth Presentations/Briefings

- The DHFS, Mental Health Drug Advisors Group, 2/21/07
- Dairyland Health Information and Management Systems Society, 6/0707
- 2007 Wisconsin Rural Health Conference, 6/28/07
- MetaStar Doctor Office Quality-Information Technology Conference, 9/12/07
- Fall 2007 Conference for HIPAA-Collaborative of Wisconsin, 9/21/07
- Privacy & Security Solutions National Conference, 11/1/07

- Children and Youth With Special Health Care Needs 2007 Medical Home Summit, 11/15/07
- National Governor's Association, State Alliance for eHealth, Health Information Communication and Data Exchange Taskforce Expert Panel, 12/12/07

**eHealth Quality and Patient Safety Board  
Resolution 2007.1  
As Amended and Passed  
21 June 2007**

WHEREAS, health information technology (HIT) and health information exchange (HIE) provide an opportunity to moderate costs and improve the quality of health care; and

WHEREAS, HIT and HIE will require substantial up-front investments for electronic health record systems adoption as well as development of interoperability among them; and

WHEREAS, the Finance Workgroup of the eHealth Board conducted an exhaustive review of the evidence regarding the business case and return on investment for HIT, the potential impact on costs, quality and outcomes, as well as examined trends in and barriers to HIT adoption.

WHEREAS, among the Findings and Premises underlying the Finance Workgroup: HIT/HIE is a public good and the investment in its development and operations should be partially funded from public sources;

WHEREAS, the Finance Workgroup report includes recommended financing and incentive strategies intended to create incentives for EHR adoption in all size health care settings, for reducing the risks involved in investing in EHRs, for promoting the diffusion of EHRs in rural and underserved areas, and for interconnecting clinicians and other service providers;

WHEREAS, the Finance Workgroup Final Report included recommendation regarding tax credits and exemptions citing as example 2005-07 Regular Session bill, AB955, <http://www.legis.state.wi.us/2005/data/AB955hst.html>;

WHEREAS, smaller practices in particular simply lack the \$20,000-\$40,000 per physician in up-front investment capital and lost productivity needed to acquire and start-up an EHR system;

WHEREAS, fully operational HIE requires that HIT penetrate beyond physician offices and hospitals, pharmacies and laboratories, to include long-term care facilities and local health departments.

WHEREAS, the eHealth Board's Finance Workgroup estimated that, assuming a hypothesized 35% adoption gap among physicians and hospitals, Wisconsin would require resources in the range of \$1 billion - \$2.8 billion to build a universal EHR and information-sharing infrastructure through regional health information organizations (RHIOs);

WHEREAS, most of the funds for HIT acquisition, start-up, and maintenance will continue to come through private investment, particularly as HIT becomes the part of standard medical practice and the baseline cost of doing business;

WHEREAS, purchasers may design pay-for-performance incentives for HIT adoption, with expectation about improved quality and more transparency to support value-based purchasing,

WHEREAS, the business case for HIT will not be achieved through simple engraftment into the current health care system and provider expectation of billing optimization but, rather, through re-engineered processes along with concomitant changes in the current reimbursement model.

WHEREAS, the value proposition for the adoption of HIT and participation in HIE lie in promises of improved clinical processes and work flow that lead to safer, higher quality care, reduced administrative expenses and clinical and administrative redundancies and, for the provider, improved coding and capture of charges, thus promising a more robust ability to report on measures of quality and track outcomes;

WHEREAS, timely, universal adoption and participation in HIT/HIE—including providers and facilities of all sizes and throughout the state—will require public and private sector seed money and incentives;

BE IT RESOLVED THAT, the eHealth Quality and Patient Safety Board, while taking no position on funding sources, fully supports Governor Doyle's Executive Budget provisions relating to: creation of the Health Care Quality and Patient Safety Council, provision of grants to fund adoption of health care quality and patient safety information technology and to develop exchanges of health information; and creation of an electronic medical records tax credit under the individual income and corporate income and franchise taxes provisions of Wisconsin Statutes.

**Disclosure of Treatment Records for Mental Health, AODA, Developmental Disability Services, Wis. Stats. 51.30**

<i>Current State Law</i>	<i>HIPAA</i>	<i>AB 793 / SB 487</i>
<p>Wis. Stats. 51.30 requires informed consent before disclosure of <b>treatment records</b> created in the course of providing services to individuals for mental illness, developmental disabilities, or AODA at a <b>treatment facility</b> –</p> <p>Except:</p> <p>* in a medical emergency (undefined);</p> <p>* the following elements in a <b>related health care entity</b>:<sup>1</sup></p> <ol style="list-style-type: none"> <li>1. Patient’s name</li> <li>2. Address</li> <li>3. Date of birth</li> <li>4. Date of service(s)</li> <li>5. Diagnosis</li> <li>6. Medications</li> <li>7. Allergies</li> <li>8. Other relevant demographic information</li> <li>9. Name of mental health provider(s)</li> </ol>	<p>Does not require consent except for psychotherapy notes.</p>	<p>Allow disclosure, without consent, of the following information in the 51.30 treatment record to <b>all</b> treating providers with a need to know:</p> <ol style="list-style-type: none"> <li>1. Patient’s name</li> <li>2. Address</li> <li>3. Date of birth</li> <li>4. Date of service(s)</li> <li>5. Diagnosis</li> <li>6. Medications</li> <li>7. Allergies</li> <li>8. Other relevant demographic information</li> <li>9. Name of mental health provider(s)</li> <li><b>10. Diagnostics (biometrics such as labs not psychological testing)</b></li> <li><b>11. Symptoms</b></li> </ol>

<sup>1</sup> “related health care entity means one of the following:

- a. An entity that is within a clinically integrated care setting in which individuals typically receive health care from more than one health care provider.
- b. An organized system of health care in which the health care providers hold themselves out to the public as participating in joint arrangement and jointly participate in activities” (Wis. Stats. 51.30(4)(b)8g).

Attachment 3: Disclosure and Re-disclosure of General Health Care Information, Wis. Stats. 146

**Disclosure and Re-disclosure of General Health Care Information, Wis. Stats. 146**

<i>Area</i>	<i>Current State Law</i>	<i>HIPAA</i>	<i>AB 793 / SB 487</i>
<b>Documentation</b>	As currently written, Wis. Stats. 146.82(2)(d), 146.83(3) require documentation of every disclosure (written, oral, etc.) for every purpose. This is an extremely burdensome standard for providers to meet and takes time away from patient care.	HIPAA requires documentation of disclosure for any purpose except the following: (1) treatment (providing and coordinating care), (2) payment (billing for services rendered), (3) health care operations (internal business) purposes, or (4) for any disclosure made pursuant to a written consent. Examples of disclosures that would have to be documented include, but are not limited to, disclosures made that are required or permitted by law (e.g. mandatory child and elder and adult-at-risk-abuse, and public health reporting), disclosures to law enforcement and coroners, and disclosures for research activities. In essence, HIPAA requires documentation of disclosures outside what a patient would likely consider to be "acceptable" and part of every day business.	Rewrite Wis. Stats. 146 to mirror 45 CFR 164.528 so as to require limited documentation of disclosures.
<b>Re-disclosure</b>	Wis. Stats. 146.82(2)(b) requires that when information is disclosed without patient consent, the recipient must keep the information confidential and may not re-disclose it.	HIPAA is silent on re-disclosure.	Delete Wis. Stats. 146.82(2)(b), and replace it with language that allows disclosure and re-disclosure of general health information without patient consent.
<b>Disclosure to Individuals Involved in the Care or Treatment of the Patient</b>	Wis. Stats. 146.82 and 146.83 require patient consent to provide written or oral disclosure of health information to individuals involved in the care or treatment of the patient.	HIPAA allows covered entities such as health care providers to disclose health information to family and friends "involved in the care of the patient." Involved in the care of the patient is defined in HIPAA, but is broadly construed to apply to anyone that might be helping to support a patient through their medical care (physically, financially, mentally, and spiritual). When patient health care information is being disclosed to family and/or friends, HIPAA requires that either the patient agrees or has the right to object to the disclosure, or that the health care provider uses his or her professional judgment and determines that the patient would not object to the disclosure or that the disclosure is in the patient's best interest (a subjective standard). The amount of information disclosed is limited to that person's involvement in the care of the patient.	Rewrite statute to allow oral disclosure of general health information to individuals involved in the care or treatment of the patient with patient agreement (not formal consent). Retain requirements for patient consent to disclose any copy of a patient's medical record.