

**2008 ANNUAL REPORT**

**of the**

**eHealth Care Quality  
and Patient Safety Board**

**Submitted April 15, 2009**  
**by**  
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**eHealth Care Quality and Patient Safety Board**

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2008 Annual Report**

Table of Contents

I.	Introduction .....	2
II.	eHealth Care Quality and Patient Safety Board .....	2
III.	2008 Activities and Accomplishments .....	3
A.	Wisconsin’s Annual eHealth Summit .....	3
B.	Health Information Security and Privacy Collaborative Project, Phase III.....	3
C.	2007 Wisconsin Act 108 .....	4
D.	Consumer Focus Groups .....	6
E.	2008 Wisconsin Ambulatory Health Information Technology Survey .....	7
F.	Medicaid’s HIE Initiative: Emergency Department (ED) Linking .....	8
G.	Statewide HIE Planning and Design.....	9
H.	Wisconsin Health Information Organization’s Data Aggregation, Analysis, and Reporting Project.....	10
I.	Medicaid’s Value-Driven Healthcare Initiative (MTG2) .....	11
IV.	2009 Preview .....	13

## eHealth Care Quality and Patient Safety Board 2008 Annual Report

### I. Introduction

The eHealth Care Quality and Patient Safety Board (the Board), created in 2005 by Governor Jim Doyle through Executive Order #129, is an advisory body to the Governor and the Department of Health Services (the Department) on the development of an eHealth infrastructure in Wisconsin. The Board 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 beginning January 1, 2008, through December 31, 2008. The work in 2008 moved forward with the work that began in 2007 focusing on health information technology (HIT) adoption, electronic health information exchange (HIE), privacy laws governing the exchange of health information, and statewide initiatives regarding 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 Secretary of the Department, Karen Timberlake, currently chairs the Board. The Board members represent diverse stakeholder groups from the public and private sectors including providers, insurers, consumers, and leaders from academia, the HIT industry, and labor. Department staff, who support the Board's activities, are located in the Office of Policy Initiatives and Budget (OPIB).

Board Members	
<b>Betsy Abramson</b> , Consultant, Wisconsin Coalition Against Domestic Violence (resigned effective 2-9-09)	<b>Lois Murphy</b> , IT Specialist, Department of Veterans Affairs (resigned effective 11-19-08)
<b>Christopher Alban</b> , MD, Clinical Informaticist, Epic Systems Corporation	<b>Candice Owley</b> , President, Wisconsin Federation of Nurses and Health Professionals
<b>Bevan Baker</b> , Commissioner of Health, City of Milwaukee Health Department	<b>Debra Rislow</b> , RN, B.C.S, MBA, CIO and Director of Information Systems, Gunderson Lutheran
<b>Edward Barthell</b> , MD, MS, Director of Connected Health, Microsoft	<b>Peggy Smelser</b> , COO, Wisconsin Education Association (WEA) Trust
<b>Gary Bezucha</b> , FACHE, CEO, North Central Health Care	<b>Lon Sprecher</b> , President, Dean Health Insurance
<b>Patricia Flatley Brennan</b> , RN, PhD, FAAN, Professor of Nursing and Engineering, UW-Madison School of Nursing and College of Engineering	<b>Justin Starren</b> , MD, PhD, Director, Biomedical Informatics Research Center, Marshfield Clinic Research Foundation
<b>Catherine Hansen</b> , RHIA, Director, Health Information Services, St Croix Regional Medical Center	<b>David Stella</b> , Secretary, Department of Employee Trust Funds (ETF)
<b>Ravi Kalla</b> , CEO and President, Symphony Corporation	<b>Karen Timberlake</b> , Secretary, Department of Health Services
<b>Donald Layden</b> , Senior Vice President, Metavante Corporation	<b>John Toussaint</b> , MD, President and CEO, Theda Care Center for Healthcare Value
<b>Michael Morgan</b> , Secretary, Department of Administration	<b>Hugh Zettel</b> , Strategic Reimbursement Executive, GE Healthcare

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

### III. 2008 Activities and Accomplishments

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

The Board convened its third annual Wisconsin eHealth Implementation Summit on June 12, 2008. The Summit provides an opportunity for stakeholders from all sectors to discuss the progress and future work associated with the Action Plan, consider their role in advancing Wisconsin toward the Action Plan's goals, and provide input that assures the eHealth initiative serves both professional and consumer interests.

The eHealth Summit serves as an annual capstone for ongoing year-round input and engagement in the Wisconsin eHealth enterprise. Summit participants have embraced the goals of Governor Doyle's 2005 Executive Order #129 and the Action Plan for HIT adoption and HIE. The 2008 Summit, held at Madison's Concourse Hotel, hosted over 200 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.

Department Secretary Karen Timberlake appointed Cheryl McIlquham, Director of the Department's OPIB, to preside over the event. Kevin Hutchinson, an appointed Commissioner of the American Health Information Community who, as founder of Surescripts and current President and CEO of Prematics, Inc., provided a timely focus on e-prescribing. Dr. J. Marc Overhage, President and CEO of the Indiana Health Information Exchange, offered perspective from one of the nation's most well-developed statewide eHealth enterprises.

Members of the Board led break-out sessions in the areas of privacy and patient consent, statewide and regional HIE, consumer and provider education and engagement, and linking public health and clinical care. The day culminated in a panel of Wisconsin pioneers, leading HIE initiatives in the Milwaukee region, rural southwest Wisconsin, and nascent efforts throughout the state.

#### B. Health Information Security and Privacy Collaborative Project, Phase III

The Health Information Security and Privacy Collaborative Project, Phase III (HISPC III), which began in April 2008, is the third phase of a national effort known as the Health Information Security and Privacy Collaborative (HISPC).

The HISPC, which is funded by the Office of the National Coordinator for Health Information Technology (ONC) in the U.S. Department of Health and Human Services, is addressing the privacy and security challenges presented by electronic HIE through multistate collaboration. Wisconsin participated in HISPC III as a member of the Interstate Disclosure and Patient Consent Requirements Collaborative (the Collaborative). Eleven states comprise this Collaborative: Indiana, Maine, Massachusetts, Minnesota, New Hampshire, New York, Oklahoma, Rhode Island, Utah, Vermont, and Wisconsin.

The Collaborative is focused on assembling and analyzing detailed requirements stipulated in state laws, regulations, and rules pertaining to consent for the disclosure of protected health information (PHI) across a range of specific interstate HIE treatment scenarios. A data collection template was created to ensure the uniform collection and display of information relative to each scenario by states. Each state worked with appropriate individuals to complete the information collection template describing their state disclosure and consent laws. States were allowed to add additional sources or types of PHI not included in the template that applied in their state. States were also asked to answer a series of questions about consent or other disclosure requirements. The information was then used to conduct qualitative and quantitative analyses of commonalities and variations based on responses from the eleven states. The results were reviewed by the Collaborative and modifications were made based on states' input.

From these analyses, the Collaborative derived a series of observations about state requirements for disclosure of PHI in each of three scenarios. Distinctions were drawn between states with regard to regulation of disclosure of PHI by a data holder and data type as well as the requirements for consent or other disclosure requirements in both emergency and non-emergency situations. Distinctions between states regarding the regulation of disclosure of public health data for treatment purposes were also made using these same criteria. All of the data and corresponding analysis were included in an interim report along with potential recommendations and next steps for further development of solutions to promote secure HIE based on the data collection and analysis. The Collaborative worked on the interim report for several months through the end of 2008. The content of the final interim report was largely agreed upon at a one-day meeting in Atlanta in early December.

HISPC III is slated for completion at the end of March 2009, by which time the Collaborative will have submitted its final report to the ONC.

#### C. 2007 Wisconsin Act 108

2007 Wisconsin Act 108, signed by the Governor on March 17, 2008, is an important first step in reducing barriers to HIE in Wisconsin created by variations in health information privacy law. Act 108, which amended State statutes pertaining to general health records and mental health records, provides

physicians and patients with additional and more reliable information for health care decision-making, and better aligns Wisconsin law with federal privacy law (HIPAA).

Extensive dialogue and collaboration with a wide range of stakeholders contributed to the successful adoption of this legislation. Changes to Wis. Stat. § 51.30 related to mental health records were developed by a workgroup convened by the Department with representation from many key advocacy and provider organizations. Changes to Wis. Stat. §§ 146.81-.84 related to general health records were also discussed with many stakeholder groups. The Board approved the proposed statutory changes on December 4, 2007. Then, in early March 2008, the Legislature adopted the legislation and Act 108 was enacted.

Prior to October 1, 2008, the effective date of the changes to Wis. Stat. § 51.30, the statute created barriers to HIE by requiring the patient's written consent to disclose information to another health care provider, except under limited circumstances. Only certain elements of a patient's treatment record (i.e., name, date of service, diagnosis, medications, etc.) could be released without written informed consent. Further, these elements could only be released to health care providers in a "related health care entity," which generally means a clinically integrated care setting or a particular health plan.

These limitations made the exchange of health information difficult because, in many cases, the patient's written consent cannot be easily obtained. Also, the consent requirement under Wis. Stat. § 51.30 is more stringent than the HIPAA privacy law and Wisconsin laws, both of which permit disclosure of other types of health care information for treatment purposes without patient consent.

Now, Act 108 permits the exchange of crucial information needed by physicians to treat patients and, specifically, permits the exchange of information with any health care provider with a need to know for treatment purposes by:

- Adding "diagnostic test results" and "symptoms" to the list of elements that may be exchanged without patient written consent; and
- Removing the within a "related health care entity" requirement so that information can be exchanged with any health care provider who is involved with the patient's care and who needs the information to properly treat the patient, regardless of whether the provider is a part of the clinically integrated setting or health plan where the patient originally received care.

Written informed consent of the patient is still required to disclose information other than the specific elements permitted for exchange.

Prior Wisconsin law also created barriers to the exchange of general health information under Wis. Stat. §§ 146.82 and 146.83 in several ways. First, it prohibited re-disclosure of information received by one entity to another entity; second, it created administrative burdens by requiring documentation of all disclosures of health information in contrast to the HIPAA privacy law, which requires documentation of some, but not all disclosures; and third, it made

sharing health information with a patient's family, friend or other person involved in the patient's care challenging because doing so required the written consent of the patient, which is often difficult because the patient is not available or otherwise not capable of providing written consent.

Effective April 1, 2008, Act 108 allows re-disclosure of general health information under Wis. Stat. § 146.82 in a way that benefits electronic HIE while retaining some limitations on re-disclosure to protect patient privacy. Specifically, it:

- Eliminates the requirement to document all disclosures, although health care providers are still required to document the disclosures required to be tracked under the HIPAA privacy law; and
- Allows health care providers to disclose health information to a patient's family, friend or another person identified by the patient and involved in the patient's care if the patient provides informal permission (rather than written informed consent) to do so. However, if the patient is not physically available or physically or cognitively able to grant informal permission, a health care provider is permitted to use his or her professional judgment to determine whether disclosing the information is in the best interest of the patient and the patient would otherwise allow such a disclosure

#### D. Consumer Focus Groups

As part of the HISPC Project, Phase II, the Department conducted two focus groups on eHealth in Madison and Stevens Point in January 2008. The purpose of the focus groups was to obtain from participants their experiences, opinions, and perceptions concerning the use of information technology in health care. Participants were asked specific questions about electronic medical records and electronic exchange of health information. Data collection and analysis were performed by eHealth Program staff present at the focus groups.

The following key themes emerged from the focus groups:

- The meaning of "eHealth" was unknown and vague to participants.
- Participants were concerned about privacy and security of electronic health information and harm that could result, for example, if employers and insurance companies had access to such information.
- Participants expressed concerns and some misperceptions about government control of health information.
- Participants exhibited a minimum level of awareness and understanding of federal (HIPAA) and Wisconsin health information privacy laws.
- Participants generally held a positive impression of electronic health records, including a belief that they are an improvement over paper health records, and cited several benefits of electronic health records.
- Participants indicated they trusted their personal physicians to keep their records confidential and to exchange their health information only on a "need to know" basis.
- Participants were unable to express an opinion about whether the benefits of electronic medical records outweighed the risks, indicating there were too

many factors about which they did not have enough information (i.e., role of government, exchange architecture and operations, provider accessibility, privacy and security).

The information provided by the focus groups helped the eHealth Program understand the public's opinion as well as its level of awareness about HIT, HIE, and related privacy and security issues. As a result, the Program is better positioned to evaluate and develop the most effective and appropriate ways for promoting public "buy in" to advance the goals set forth in the Action Plan.

#### E. 2008 Wisconsin Ambulatory Health Information Technology Survey

The 2008 Wisconsin Ambulatory HIT Survey represents the second time the State has conducted a survey of the use of HIT by clinical practices. The 2008 survey focused primarily on small and independent office-based practices with less than 50 physicians since it was known that most large group practices are currently either using or implementing EHR systems. Survey responses from 300 small practices revealed the following:

- 33% of Wisconsin physicians in small practices use EHRs.
- 10% of physicians in small practices are currently implementing EHRs.
- 57% of physicians in small practices have no EHRs and 42% of these small practices never intend to use them.
- The greatest barrier to EHR adoption cited by small practices was the capital investment required to purchase an EHR system.

Physicians practicing independently or in small groups account for only about one-third of the State's office-based physicians. The majority of physicians practice in large groups or integrated health systems of 50 or more physicians. These larger groups often have greater access to financial and administrative resources making acquisition, implementation, and operation of EHR systems more attainable. Data from health systems or practices with 50 or more physicians indicate the following:

- 72% of physicians in large practices use EHRs.
- 23% of physicians in large practices are currently implementing EHRs.
- 5% of physicians in large practices have no EHRs.

Survey data from small and large practices was merged to determine the overall rate of EHR use by Wisconsin office-based physicians. This data shows:

- 60% of all office-based physicians use EHRs.
- 19% of all office-based physicians are currently implementing EHRs.
- 21% of all office-based physicians have no EHRs.

When compared to national survey data, Wisconsin office-based physicians have a higher rate of EHR adoption (60%) than their national counterparts (38%).

Through a natural progression to technology and the emergence of policy initiatives in the American Recovery and Reinvestment Act of 2009 (ARRA), Wisconsin will continue to move toward a more interconnected, digital healthcare

system. Once implemented, clinicians must effectively use EHR systems, share information with other providers, and identify evidence-based best practices and incorporate them into the practice of healthcare. Although Wisconsin is well-positioned to reach the federal goal of universal EHR adoption by 2014, there is still significant work required beyond EHR adoption to realize the potential provided by a digital healthcare system to improve health care quality, efficiency, and safety. The complete 2008 Ambulatory HIT Survey is available at <http://ehealthboard.dhfs.wisconsin.gov/reports/2008%20EHR%20survey%20final.pdf>.

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

The ED Linking Project is designing and implementing a secure, rapid-response HIE system. This system will be accessible through workstations at Milwaukee County's hospital EDs, local and state public health departments, and initially one Federally Qualified Health Center (FQHC). The project is funded by a \$3 million Medicaid Transformation Grant (MTG) and dollars and/or resources from the five Milwaukee Health Care Systems and Microsoft, Inc. The Wisconsin Health Information Exchange (WHIE), a regional health information organization, is responsible for implementing and managing the exchange.

The primary goal of the ED Linking project is to provide patient health information where currently there often is none or very little available to help ED and Community Health Center clinicians in Milwaukee County provide patients quality, safe, and cost-effective health care.

The exchange system will provide clinicians on-site, on-demand patient medical history for use in treatment. When fully operational, this system will positively impact over 200,000 Medicaid members as well as other patients receiving health care in Milwaukee. To understand the impact of the ED Linking project on the Medicaid program and assess the value it is providing to the health care community overall, Dr. Patricia Brennan and her team from the University of Wisconsin (UW)-Madison are evaluating the project outcomes, including the effects on health care outcomes and costs for the Medicaid population of patients in particular.

The ED Linking HIE system will aggregate a patient's clinically relevant medical claims and HMO encounter history data from Medicaid and the real-time admission, discharge, and transfer (ADT) data from the five hospital systems of Milwaukee County. The hospitals and their associated clinics transmit the ADT information to the exchange upon a patient's registration in the ED or FQHC. Medicaid is providing pharmacy and medical services data to the exchange. This data will be updated weekly and monthly.

The main stakeholders participating in the ED Linking project include the Department of Health Services (DHS), the WHIE, the Wisconsin Hospital Association (WHA), the Milwaukee Health Department, the UW—Madison, the

five Milwaukee Health Care systems (Aurora Health Care, Children's Hospital of Wisconsin, Columbia-St. Mary's, Froedtert, and Wheaton Franciscan) and their hospital EDs, Health Care for the Homeless, and Microsoft, Inc.

In 2008, 13 Milwaukee-area hospitals and over 100 hospital clinics or service areas provided real-time ADT data to the exchange through system interfaces implemented by the ED Linking project. The project went live with an initial operational capability in the spring of 2008, providing ED clinicians with an aggregated view of ADT history and clinician treatment messages sent to the exchange for patients presenting at the ED. By the end of 2008, five hospital EDs were using this initial capability. Planning and implementation activities were underway for additional hospitals EDs and the FQHC to begin using the exchange in 2009. An industrial engineer on the UW evaluation team completed three rounds of observations and an evaluation of clinicians' use of the ED Linking system and its integration into the ED workflow in three of the hospitals. The engineer observed the actors, activities, and start and stop times of activities beginning with the time a patient registered in the ED and ending when the physicians sent out the first order for treatment. The evaluation team reported its findings which resulted in some ED workflow and system configuration adjustments, as well as additional training for ED staff. The evaluation team will complete additional observations in 2009 after Medicaid data is fully operational in the ED Linking system.

Also in 2008, WHIE provided three public health authorities, including the Department's Division of Public Health, access to the ED Linking system for bio-surveillance purposes. In the latter part of 2008, the Department and WHIE completed the requirements and specifications for the Medicaid data elements and a new version of the ED Linking user interface to incorporate the Medicaid data into the ED Linking system user view. The project team began testing the new user interface with a 9-month extract of Medicaid data. WHIE plans for the ED Linking system to be fully operational with Medicaid data in late spring 2009.

#### G. Statewide HIE Planning and Design

The state-level HIE planning and design project is an important step in advancing the Action Plan and the State's eHealth goals. The project is designed to assess, propose, plan, and design a model and architecture for a state-level HIE entity and state-level HIE business and technical services in Wisconsin. Since a significant amount of incentive funding in the ARRA is directed at providers' adoption and use of certified EHRs that are connected in a way that provides for the electronic exchange of health information, moving forward with the planning and design project has become even more essential.

A Request for Proposal (RFP) dated June 10, 2008, requested the submission of proposals for consulting services to assist the Board and the Department with the project by July 21, 2008. The proposals were reviewed by a four-member committee, three of whom were external to State government. A Notice of Intent

to Award was issued to Deloitte Consulting LLP on March 12, 2009. The Department will begin the planning and design project upon completion of successful contract negotiations. This project will position the State to receive ARRA HIT planning and implementation grants.

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

The Wisconsin Health Information Organization (WHIO) is a collaborative organization created in 2005 to improve the quality, safety, and efficiency of health care in Wisconsin. It is governed by a multi-stakeholder board that includes providers, purchasers, and insurance payers, including representatives from the Department and the Department of Employee Trust Funds (ETF). WHIO's goal is to aggregate administrative medical and pharmacy claims to create a centralized repository of data for Wisconsin that can be used to generate comparative performance reports for providers and evaluate population health and healthcare analytics. WHIO intends to develop and disseminate unified public reports on health care quality, safety, and efficiency.

Following successful conclusion of the Discovery Phase of the Data Mart project at the end of 2007, WHIO entered into negotiation of a long-term contract with Ingenix to build and maintain an aggregate claims data mart. A contract between WHIO, its member organizations, including the Department and ETF, and Ingenix was executed on March 31, 2008. Subsequently, on April 26, 2008, WHIO and the State of Wisconsin negotiated and executed a service contract to satisfy the public reporting requirements of Wis. Stat. Ch. 153. A Data Use Agreement was then negotiated among all WHIO member organizations on December 1, 2008 to guide the appropriate use of the data by WHIO as a collective organization and by all member organizations independently.

The release of the first Data Mart was delivered on December 2, 2008. Claims data from Humana, United Healthcare, WEA Trust Insurance Company, Wisconsin Physicians Insurance Company, and Anthem Blue Cross Blue Shield are included in the repository.

To assure compliance with patient privacy, confidentiality, and anti-trust requirements, all member data is completely de-identified before the Data Mart is published. Further, cost information (i.e., how much was actually paid versus charged for the medical service rendered) is standardized. Thus, comparative performance measurement among and between providers is based on variation in resource utilization rather than variation in cost, the latter of which could be attributable to geographic differences or other factors beyond the physician's control.

Currently, the WHIO Data Mart contains information pertaining to 1.52 million Wisconsin citizens, 55 million claims records, 5.6 million episodes of care, and over 25,000 health care providers. WHIO's goal is to capture as many health

care claims from as many sources as possible, which will allow the Data Mart to be used to produce statistically valid comparative performance reports for physicians in all parts of the State. In pursuit of its goal, WHIO is encouraging health plans in the State to join the initiative and contribute their data to the Data Mart. In 2008, WHIO welcomed three new members.

At the end of 2008, WHIO initiated a Data Study Period to extend through the first quarter of 2009. This study will allow member organizations to explore the data and become familiar with the Ingenix reporting tool. Extensive testing will be conducted during this phase to document any data gaps or reporting system limitations and allow any defects to surface. Findings will be shared with the WHIO Board of Directors in April 2009 and used to determine appropriate next steps in the project.

#### I. Medicaid's Value-Driven Healthcare Initiative (MTG2)

Wisconsin Medicaid received funding for the Value-Driven Healthcare quality initiative from the federal government at the beginning of 2008. Due to changes in the direction of the project, the State requested a no-cost extension until September 2010 to allow additional time for the initiative and evaluation of the outcomes.

The Value-Driven Healthcare quality initiative was originally designed 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 goal has not changed; however, a revised project summary was submitted and approved by the Centers for Medicare and Medicaid Services (CMS) in April 2008, which outlined an additional focus on partnering and piloting new models of care with other payers and with organizations focused on creating new models of care delivery.

Accomplishments to date include:

- The development and implementation of a pay for performance (P4P) initiative designed to report standard measures created by the National Committee for Quality Assurance's Health Effectiveness Data and Information Set (HEDIS®).

With the support of this MTG, these nationally endorsed performance measures were applied initially to the Medicaid managed care population using existing Medicaid encounter data reported by health plans to establish historical performance and baseline data for the development of the P4P program. This required a transition in measurement methodology from the Wisconsin-developed Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS) protocols and tools to that of HEDIS.

The Medicaid Program identified seven measures to apply to its data and is using the results of these measures for its P4P strategy and contracts with the health plans. By using HEDIS, Wisconsin Medicaid can compare the

quality delivered to our members with those of other states and to commercial members being served by the same health plans in Wisconsin.

More importantly, the P4P initiative lays the ground work for assessing the quality of care delivered through different delivery models, contracting methods between health plans and physicians or integrated delivery systems.

- The development of partnerships with six different organizations that serve the Medicaid population to pilot innovative strategies, using existing data sources to drive improvement in the quality of care and the health of the population creating a value driven program.

In support of the U.S. Department of Health and Human Services' Cornerstone #3 for Value-Driven Health Care, Price Standards, Medicaid data will be provided to the WHIO for distribution in the data release scheduled for April 2010. Value-Driven Health Care is based on the premise that consumers deserve to know the quality and cost of their health care and promotes four cornerstones for health care improvement, including measuring and reporting price information for the benefit of consumers. The WHIO database will contain longitudinal, all-payer, patient-based administrative claims data used to analyze cost, utilization, and quality of health care in the state. Public reports about the cost and outcome of health care across episodes of care for both publicly and privately insured individuals 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. 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 and payment reform initiatives under consideration for the Medicaid Program.

Technical assistance is being provided to safety-net providers already using EHR systems to be full participants in value-driven health care. The project will also create formal links to the state public health system to monitor quality and population health improvements.

Next steps include:

- Collaborations with other large purchasers such as ETF and other health plan payers are being considered to create an alliance between the two largest public purchasers of health care in the state, align incentives and rewards for health care outcomes, and leverage purchasing power to facilitate the transformation of the Medicaid program to one of value over volume. Quality and outcome measurement continues to be a priority and cornerstone of this grant funded initiative.
- Leverage the now developed work through the Public Health Information Network (PHIN) through the MTG grant to support population health improvement strategies in Oconto and Dane County.
- Continue the development of the five pilots with contracted delivery networks to test new models of care designed to support the transformation of the Medicaid program to a value based purchaser.

#### IV. 2009 Preview

The key challenge in 2009 will be the development of a comprehensive strategy for advancing the goals of the Action Plan in light of the ARRA and its implications for the adoption, implementation, and sustainability of EHRs and HIE in Wisconsin. Along with the state-level HIE planning and design project, other important areas of focus will be two programs established by the ARRA for health care providers—the EHR technology loan program and the Medicaid HIT incentive program. The Department will be responsible for administering both programs in accordance with criteria and procedures it will develop.