

**Wisconsin eHealth Care Quality and Patient safety Board
Board Meeting, March 14, 2007
Minutes**

Members in attendance: Betsy Abramson, Christopher Alban, Edward Barthell, Gary Bezucha, Patricia Brennan, Catherine Hansen, Kevin Hayden, Ravi Kalla, Lois Murphy, Candice Owley, Deb Rislow (by teleconference) Peg Smelser, Justin Starren, John Toussaint, Hugh Zettel

Members unable to attend: Bevan Baker, Don Layden, Dan Schoof, Lon Sprecher, Eric Stanchfield

Others in attendance: Tom Berg, Marshfield Clinic; Alison Bergum, UW Population Health Institute; Carolyn Coffey, MetaStar; Kathleen Farnsworth, DHFS; Seth Foldy, Medical College of Wisconsin; Sabrina Fox, Wisconsin Dental Association Bill French, MetaStar; Donna Friedsam, UW Population Health Institute; Kay Gebhard, Medical Data Automation; Jay Gold, MetaStar; John Hartman, Visonex; Keith Haugrud, SAS; Stacia Jankowski, DHFS; Bradley Manning, Wisconsin Medical Society; Susan Manning, Consultant; John Moser, WETA; Audrey Nohel, DHFS; Judith Nugent, DHFS; Debbie Rickelman, Wisconsin Hospital Association; Carol Rubin, HIPAA COW; Matthew Stanford, Wisconsin Hospital Association; Bertram Tanudjaja, DHFS; Don Wadewitz; Denise Webb, DHFS; Marie Whitsell, DHFS; Jeanan Yasiri

1. Call to Order

Secretary Kevin Hayden called the meeting to order at approximately 10:45 a.m. He welcomed Board members including those new, Justin Starren, those via teleconference, Deb Rislow. He reminded Board members that the meeting is web cast live and provided an overview of both his new role as Secretary and the agenda for the day.

2. Minutes of the November 14, 2006 – motion to approve

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

3. Chair's Report

eHealth Summit Overview

Secretary Hayden provided an overview of the agenda for the summit for the following day.

Governor's Budget Proposals

Secretary Hayden noted that the Governor's executive budget fully supports health care reform and of special note to the eHealth Board, contains provisions designed to assist in meeting the goals of the Wisconsin eHealth Action Plan. A summary of the eHealth provisions in the Governor's executive budget is located in Appendix 1.

Wisconsin Health Information Organization (WHIO) update

Secretary Hayden identified WHIO as a second strategic, public/private initiative related to health. The WHIO board has been formed and it is in the process of selecting a vendor to develop its data warehouse. Secretary Hayden commended John Toussaint for his contributions and vision in all these activities.

Statement of Support for the Four Cornerstones of Value-driven Health Care

Secretary Hayden informed the Board that the Department of Health and Family Services (DHFS) is among the many Wisconsin signatories supporting Secretary Leavitt's Four Cornerstones of Value-Driven Health Care. He noted that in a recent visit to Washington, D.C., leaders at the Centers for Medicaid and Medicare (CMS) made clear that Wisconsin is considered to be an emerging national leader in health care quality and value initiatives due to the alignment of its public/private collaborations.

Departmental Reorganization

Secretary Hayden summarized reorganization activities within DHFS and assured the Board eHealth is receiving proper Departmental focus within a newly created Office of Policy Initiatives and Budget (OPIB). Cheryl McIlquham, former Deputy Director of Medicaid will lead OPIB. The eHealth initiative will receive high level attention within the Department's executive leadership team through the Secretary's personal involvement.

The Secretary invited questions and comments from the Board. Topics of discussion included:

- the relationship of healthcare workforce issues to quality health care promoted by the Institute of Medicine;
- the need to involve a broader set of consumer interests in moving the quality agenda of eHealth;
- the need to balance technology discussions and issue with privacy and security interests of consumers;
- strategies regarding the eHealth provisions of the Governor's Executive Budget;
- potential use of other departmental assets in the eHealth Action Plan's implementation, e.g. the Department of Veteran's Affairs (electronic health record), the Department of Motor Vehicles (master person index and Real ID) via the Governor's cabinet-level workgroups.

4. Staff Report

Kathy Farnsworth indicated that future staff reports will be sent in advance and will include state and national eHealth updates as well as critical developments in implementation of the eHealth Action Plan.

eHealth Action Plan – project management update

Draft project management tools to be used in the eHealth Action Plan’s implementation were shared with the Board. The tools will aid staff in aligning the eHealth Action Plan with the Advisory Groups’ activities; staffing and resource need identification; and priority setting. Some of the tools will provide the means to report progress to the Board.

Secretary Hayden added that it is one of his goals to bring rigorous and disciplined project planning and management to all major initiatives in DHFS. He noted that these processes will allow him to keep an eye on progress and proactively assess management performance. The Secretary also mentioned that eHealth’s business year begins on July 1 and statements of revenue and expenses will be better aligned with these process tools for purposes of moving the eHealth Action Plan.

Ms. Farnsworth invited questions and comments from the Board. Topics of discussion included:

- the need to identify the quality and value components of the eHealth Action Plan with the project management tools not only for the short, but also for the long-term;
- the reminder to use terminology that is less technical and more broadly understood by and acceptable to consumers;
- the need to clearly define and establish actual performance measures for quality and value; to do so from the perspectives of a variety of stakeholders and to incorporate them into the dashboard reports provided to the Board;
- the need to timeline, coordinate and prioritize topics which intersect with various Advisory Groups.

In summary, Secretary Hayden said he hoped this discussion would give the Board confidence that DHFS is thinking through, in an organized and sequential way, how process the work of the eHealth Action Plan.

Ms. Farnsworth thanked Bertram Tanudjaja and Marie Whitsell for their assistance in preparing the work breakdown strategy documents.

Medicaid Transformation Grant status report

Kathy Farnsworth introduced Denise Webb, Executive Sponsor of the Medicaid Transformation Grant, for purposes of presenting the status report.

Ms. Webb reminded the Board that there were four concepts to the Medicaid Transformation Grant requesting \$11.4 million in funding for some aspects of the eHealth Action Plan. Wisconsin received a grant award for \$3 million to fund one of the components requested in the application. That component is designed to support the development of the Wisconsin Health Information Exchange (WHIE) in the Milwaukee area.

Ms. Webb noted that the project team is being formed through contracts with WHIE. A contract with the UW School of Nursing will provide for the evaluation component of the

project. The evaluation will include: economic analysis; clinical work flow analysis; outcomes measures relating to the Medicaid population; and, business model development for sustainability.

The CMS will conduct a second round of applications and DHFS will submit revised versions of the original application's components related to funding safety net clinics to enable their participation in the WHIE.

Ed Barthell noted that success breeds success. Over the past two years, the Wisconsin Hospital Association and five major health systems have supported WHIE planning efforts. The success of those efforts contributed to readiness for the Medicaid Transformation Grant and together these things helped leverage current discussions with a major national software company for possible, significant donations to WHIE.

Patricia Brennan commented that her work with the WHIE evaluation will also be leveraged also with her work with the Indiana Health Information Exchange, originally funded through the National Library of Medicine.

Third Nationwide Health Information Network Forum: Prototype Demonstration and Business Model

Ms. Webb also presented a summary of the Third Nationwide Health Information Forum on Prototype Demonstrations and Business Models. She identified and highlighted the work of the four vendor consortia funded by the Office of the National Coordinator for Health Information Technology. Ms. Webb noted that each vendor demonstrated core network services in their exchange prototype and that key common services of note were: master patient index/registry, data mapping and record locator services. Each vendor demonstrated use case in the areas of consumer empowerment, biosurveillance and public health. Ms. Webb also noted that three of the consortia used an "opt in" model where the patient controlled some information elements and who had access to them in the health information exchange.

In concluding the staff report segment of the agenda, Ms. Farnsworth noted that future reports would include updates on the developing communication plan. She also provided a handout with information on the Robert Wood Johnson Foundation's Common Ground initiative.

Hugh Zettel emphasized the significance of the demonstrations in working through the detail of privacy and security issues in each use case. Patricia Brennan noted that one of her doctoral students was working on strategies to go with the demonstrations relative to how patients are presented with the choices of opting in or out of health information exchange. Justin Starren pointed out that the costs and benefits of health information technology adoption and exchange do not accrue in parallel with those who incur the costs of these activities. He also noted that that is why government involvement is necessary, citing development of model privacy law as one important method to balance privacy and access interests.

5. Workgroup reports

Consumer Interests Workgroup – Action: Accept report

Catherine Hansen presented Consumer Interest Workgroup report. The summary is located in Appendix 2 to these minutes.

Ms. Hansen invited questions and comments from the Board. A number of them were addressed by Susan Manning. Topics of discussion included:

- Did the 18 scenarios include information exchange related to national public health reporting like the Centers for Disease Control’s Biosense program or was it just focused on regional exchange?
- Model restrictions proscribed by RTI;
- Range of volunteers involved in the various workgroups;
- The intensity of the process and the dedication of the scores of volunteers committed to it;
- Anticipated concerns of advocacy groups and trends in recent information sharing especially in medical emergency situations;
- Praise and thanks for the work of the volunteers, Catherine Hansen and the Consumer Interests Workgroup;
- Interstate information exchange challenges with regard to privacy laws;
- Extent to which some questions will be addressed at the national level and the continuation of resources to complete the process;
- Exemplary discipline that has been applied to working on these topics.

The report was approved by voice vote of the Board members present at the meeting.

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

Kathy Farnsworth introduced Seth Foldy who presented the preliminary survey results on the adoption of Health Information Technology (HIT) and Health Information Exchange (HIE) in Wisconsin. He emphasized that this is preliminary data not for citation. This report focuses on a requirement of the Executive Order establishing the eHealth Board -- that it 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.

Preliminary survey results are found in Appendix 3 to these minutes.

Seth Foldy invited questions and comments from the Board. Topics of discussion included:

- the extent to which any of the data can inform the number of patients impacted by EMRs
- do we have a sense of variation of use of pharmaceutical formularies that are interfaced with EMRs;

- be careful not to seek conclusions on patient safety vis-à-vis EMR prescription function availability;
- necessity of work process improvements along with EMR applications to truly have an impact on quality of care and value of technology's use;
- can lack of capital as a barrier be broken down by size of organization;
- do we know the percentage of pharmacies able to accept electronic prescriptions;
- could use more analysis in sites exchange data electronically section
- certified versus non-certified versions may be more useful than product information;
- what is real e-prescribing readiness;
- alignment of our survey with national survey instruments.

7. Direction to entities reviewing HISPC reports

Previous action of the Board accepted Catherine Hansen's Consumer Interest Workgroup report which included her assessment of the draft final implementation report.

The following motion was moved and seconded recommending a process for the timely review of the final implementation report of the Health Information Security and Privacy Project to be submitted to Research Triangle Institute (RTI).

Each reviewing entity should address the following questions:

Does the report address RTI's charge to the project?

Does the report document a careful and fair process?

Does the report draw conclusions that are well supported by evidence presented in report?

If so, the reviewer's charge is to endorse the report as being ready to send to RTI and the Board shall treat the report as input into deliberations about the Action Plan.

Additionally, staff is to record the versions that were seen by the different groups and that the final pieces that should be sent to the Board are: the original document as submitted by the Consumer Interest Workgroup, the revised document noting any deletions and additions made to it, and then a complete final report (cleaned up copy).

In discussion of the motion, Patricia Brennan pointed out that each review group would not have the time to tease apart the four recommendations. She further emphasized that we need to decide to accept the report as input into our future decisions and action plan, but that this report is not our action plan.

Jay Gold of MetaStar commented that as a participant in the workgroups he expected the Board would receive the report and consider it and might or might not adopt anything in it as its own policy and recommendation to the Governor. He did not expect that it would be adopted *en toto* as any kind of action plan for Wisconsin.

John Hartman's comments addressed the recognition of the difficulty of the tasks proscribed by RTI and the sensitivity of the issues. He added that it was understood that this was the beginning of a discussion and a lot more has to be done for Wisconsin to figure out what Wisconsin needs to do.

Susan Manning also addressed a number of the questions raised about the process and content.

The question was called. The motion was approved by voice vote of the Board members present at the meeting.

8. Board Member Announcements

At the conclusion of the Board's formal agenda, Board members were reminded of the evening schedule and next day's Summit schedule. The next meeting is scheduled for May 22, 2007.

9. Adjourn

The meeting adjourned at approximately 2:30 pm.

Appendix 1 Governor's eHealth budget summary

<http://ehealthboard.dhfs.wisconsin.gov/materials/materials/2007-09-bdget-summ.pdf>

Appendix 2 Consumer Interests Workgroup Report Summary

Presented by Catherine Hansen, Chair Consumer Interests Workgroup

The Consumer Interests Workgroup has oversight responsibility for Health Information Security and Privacy Project grant also known as the Privacy and Security Project. The eHealth Board is the steering committee of the project. 34 states are involved in the project with results to be collated at the national level. At the national level, variations between the states that would hinder health information exchange (HIE) are being reviewed as well as regs in place that would allow HIE.

The Research Triangle Institute (RTI) has national oversight of the grant. It established four workgroups, each which was assigned very specific work standards in each state participating in grant. The four workgroups were: variations, legal, solutions and implementation.

The Variations Workgroup looked at 18 scenarios defined by RTI to guide assessment of current business practices. Each state had to evaluate each of the 18 scenarios. Topics included but were not limited to: treatment, payment, research, public health and pharmacy and drug use. There were a number of other topics. Stakeholders who needed to participate on this workgroup were defined by RTI. They reviewed each scenario to identify: business practices in health information exchange as it exists today; and, barriers to that health information exchange. They determined what was driving the practices — policy, law, business practices, or combination thereof. Barriers were defined as anything that slows the process of exchange. It is important to note that those barriers are not necessarily a bad thing. For each exchange there were 12 to 15 questions that needed to be answered by each stakeholder group; this demonstrates the project's intensity.

The Legal Workgroup was then formed, which was comprised of privacy and security experts from the Health Insurance Portability and Accountability Act Collaborative of Wisconsin (HIPAA COW). They analyzed the business practices identified by the Variations Workgroup as well as each exchange in each scenario for the legal barriers to that health information exchange. They confirmed which Variation Workgroup barriers were driven by law versus practice versus policy. This group, for each exchange, had to determine which laws governed certain business practices .

The variation phase results identified that barriers were driven by Wisconsin state laws such as those that related to sensitive information, for example: State Statute 51.30 for mental health; state and federal law variations in the consent requirements; federal law such as minimum necessary standard with regard to access and release of information; and again verification of requestor. Variations in policy and practice regarding, technology were also identified, as were as issues surrounding consents.

Once the Legal Workgroup completed its work, the Solutions Workgroup was formed. Again, stakeholder groups were identified as required by RTI and expanded to fill gaps identified in the Variations Workgroup. The Solutions Workgroup analyzed each of the barriers of the previous two Workgroups to determine which barriers should remain versus which should be eliminated or reduced. Solutions to the barriers to be eliminated were developed and then bundled for easier implementation. 800 different possibilities within the scenarios had to be reviewed.

There were four solutions were put forth:

1. Change State Statute Chapter 146 to mirror HIPAA for very specific exchanges (This is the State statute relating to general release health care information -- information not considered to be sensitive.)
2. Change 51.30, the mental health statutes in Wisconsin for access or treatment to mirror HIPAA . This also included Chapter 252 which is the HIV testing and 42 CFR which relates to alcohol and drug abuse treatment.
3. Verification of patient identify; and
4. Changes to HIPAA.

The last group to be formed was the Implementation Workgroup, which is just wrapping up its work. Every stakeholder identified by RTI was represented on this workgroup. All Solution Workgroup members were invited to participate as well. They refined the solutions developed by Solutions Workgroup and developed implementation recommendations for the solutions. This group kept the first three recommendations the Solutions Workgroup put forth. They did recommend including the changes to HIPAA as it was felt it was beyond scope of this project at this time.

It is important note this group included the verification of patient identity and the creation of front end policies to assure the adequate capture of patient identifiers. In electronic HIE, it is imperative to obtain information on the correct patient.

Overall, 52 individuals volunteered their time for these workgroups. Members represented advocacy groups, clinics, consumers, health care organizations, hospitals, pharmacies, the State, insurance companies, and numerous others. The timeframes were extremely tight for accomplishing the required tasks and the work intense. . . .

Members of the Consumer Interest Workgroup participated in the workgroups of this project. At the last meeting, in February, members reviewed a summary of the solutions as presented in the interim implementation report and these comments will be incorporated into the final report for consideration by the Board. The reports today were not distributed today as there were some discrepancies identified which need further clarification.

In the coming weeks, Board members will receive the reports related to this project and as the Steering Committee for the Security and Privacy Project, the Board will be asked to review those reports, submit comments, and approve the reports for submission to RTI.

The schedule for the report due dates is included with today's Board materials. It is within the Board's discretion to decide what pieces of the Solutions and Implementation Plan move forward. As Chair of the Consumer Interest Workgroup, Ms. Hansen will be working with staff to determine the best way to incorporate work into the charges of the new advisory groups.

Ms. Hansen brought forth several questions/concerns to the Board. The timeframe has been extremely tight and as a result, the Consumer Interests Work Group did not receive the information as planned. However, after discussing this with Kathy this morning, the plan will be to distribute this on Friday of this week. Work group members will have the weekend to review it and be able to comment on same by early next week. The Board should receive the report shortly after this.

The Board was also asked to carefully review this report. Ms. Hansen felt that if the Board's expectation is to continue to have significant volunteer input on this project, her recommendation is for the Board to not take their recommendations lightly because of the significant time and effort put into the current project..

The Consumer Interest Workgroup did not complete one task assigned as part of the RTI grant. They were to develop real world examples that demonstrated how data sharing can balance privacy and system security with need to share information to improve patient care. She requested the Board's opinion as to whether this should be carried forward to future groups or should the Consumer Interests Workgroup continue to address

Ms Hansen then called for comments and questions.

Appendix 3 Preliminary survey results on the adoption of Health Information Technology (HIT) and Health Information Exchange (HIE) in Wisconsin

<http://ehealthboard.dhfs.wisconsin.gov/materials/materials/hit-amb-inventory.ppt>