

**Governor's eHealth Care Quality and Patient Safety Board**  
**Board Meeting, March 23, 2006**  
**Minutes**

**Members in attendance:**

Christopher Alban, Bevan Baker, Edward Barthell, Gary Bezucha, Patricia Flatley Brennan, Jim Johnston, representing Gina Frank-Reese, Catherine Hansen, Kevin Hayden, Ravi Kalla, Lois Murphy, Helene Nelson, Debra Rislow, Peggy Smelser, Nancy Nankivil Bennett representing Eric Stanchfield, Frederic Westbrook, Hugh Zettel

**Members not in attendance:**

Betsy Abramson, Candice Owley, John Toussaint

**Others in attendance:**

Alison Bergum, UW Population Health Institute; Doug Bingenheimer, Division of Electronic Technology, Department of Administration; Kathy E. Farnsworth, Marshfield Clinic; Seth Foldy, Medical College of Wisconsin; Sabrina Fox, Wisconsin Dental Association; Donna Friedsam, UW Population Health Institute; Bill French, MetaStar; Jay Gold, MetaStar; Larry Hanrahan, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services; Cindy Helstad, Wisconsin Medical Society; Terry Hiltz, UW-Madison, DoIT; Stacia Jankowski, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services; Laura Kreofsky, First Consulting Group; Al Nettleton, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services; Judith Nugent, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services; Debbie Rickleman, Wisconsin Hospital Association; Greg Simmons, CEO, MetaStar; Debra Waite, Waite Association Consulting/Aurora; Jesi Wang, MetaStar; Theresa Wedekind, Office of the Commissioner of Insurance; Susan Wood, Division of Public Health, Department of Health and Family Services.

**1. Welcome and introductions**

Secretary Helene Nelson called the meeting to order and announced that the meeting would be broadcast live over the Internet. She introduced new members Catherine Hansen, St. Croix Regional Medical Center, and Hugh Zettle, GE Healthcare Technologies, and announced that Patricia Flatley Brennan, UW School of Nursing and College of Engineering, is just completing the appointment process and will join the Board.

Secretary Nelson announced that the Board Web site was now available at <http://ehealthboard.dhfs.wisconsin.gov/> and all materials would be available on that site.

**2. Review and approval of meeting minutes for 1/23/06 and other announcements**

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

### **3. Electronic health record systems – overview of the marketplace**

Laura Kreofsky, First Consulting Group, provided a presentation about the marketplace for electronic health record systems. Ms. Kreofsky began by defining an electronic **medical** record as a record that comes from the organization's own sources, such as their ambulatory care center. Electronic **health** record is broader, and is the information to be shared across organizations, such as lab results. She noted that there has been discussion about how to include patient input into both of these systems.

Ms. Kreofsky described the level of vendor sophistication as ranging from “guppies to the whales,” and as you approach the whales, there is increased complexity, functionality, and cost. Although there is a core set of common functionality among the vendors, as you approach the larger vendors the systems are more complex and robust. Typically, when an organization looks for a vendor it looks for price (more robust systems can run \$50 – 80 million or more for a 1,000-bed hospital over 10 years, a good share of which falls under operating costs), functionality, technical architecture (platform), vendor history and viability, and the workplace culture.

Ms. Kreofsky provided an overview of some attributes that are used to examine a clinical organization's readiness for and success in the adoption of electronic health records systems. She stressed the need for a focus on work flow and governance in deciding on a system and how to implement it. She commented on the need for a means of rolling the system out to those using it on the front line, initial and ongoing communication strategies, the need to identify the benefits of the system, identifying champions and identified structures and roles for continued physician involvement. Ms. Kreofsky said to remember that although a system may be in place, it is an ongoing investment to maintain its usage, and that the workplace culture needs to be considered.

Ms. Kreofsky identified six factors that help to predict the success of Regional Health Information Organizations (RHIOs). Ms. Kreofsky described two methods for developing a RHIO, one in which the information is centrally located and another in which the information is gathered through a locator service.

### **4. MetaStar data on rate of adoption of electronic health records in Wisconsin**

Greg Simmons, President and CEO of MetaStar, provided an overview of a MetaStar report on the adoption of electronic health records in Wisconsin. He said that information on this topic is difficult to pull together, so the report that was done should in no way be considered complete, but it provides a place to start.

MetaStar participated in a survey conducted by the Wisconsin Medical Society to get some information about the level of implementation of health information technology. The majority of hospitals are in the planning phase, but this information is a little over a year old. Mr. Simmons provided a slide that showed the number of Wisconsin hospitals using electronic health records.

As part of a grant from the Centers for Medicare and Medicaid Services (CMS), MetaStar has been providing free consulting services to institutions about adoption of EHRs in physician offices. MetaStar has worked with a number of sources to obtain information about the use of electronic health records. Mr. Simmons distinguished between practice sites versus the clinics used for billing purposes, because often sites contain more than one clinic. Mr. Simmons displayed a slide that broke down the practice sites by the vendors that were used. This provided some information about whether physician offices were adopting existing systems or implementing their own.

MetaStar is working on a CMS-funded program, Doctors Office Quality Information Technology Program (DOQ-IT), to help small and medium-size practices to address issues related to the adoption of electronic health records. MetaStar is currently working with 40 clinics through this process.

A question was asked about the rate of adoption for electronic health records. Mr. Simmons referred the question to Jesi Wang, who responded that the percent of physicians that have electronic health records is between 18% and 20%, although the definition of “electronic health records” differs based on the organization. Ms. Wang said that the percentage is higher for those that are closer to the Minnesota border because Minnesota has a much higher adoption rate.

## **5. 2006 work plan for the eHealth Board**

### ***Timeline***

Susan Wood noted that the 2006 timeline has been modified since the last meeting to include the requirements associated with the Health Information Security and Privacy Collaboration (HIPSC) grant application that was submitted by the Department of Health and Family Services. The proposal indicates that the eHealth Board will serve as the steering committee for the tasks associated with this project. Awards should be announced by the end of April. Ms. Wood said that the full proposal would be posted to the eHealth Board Web site so Board members may review it.

### ***Charter***

Secretary Nelson noted that charters for the Board and the work groups have been drafted to help provide direction and deliverables and requested comments from the Board for inclusion into this document. Suggested changes include the following:

- Kevin Hayden requested that the language “evidence-based medicine” in the vision include a reference to some recognized standard for this term, such as the Institute of Medicine (IOM), to ensure that everyone is operating with a common understanding.
- Patti Brennan requested that the language in the first sentence be expanded to reflect “provider or patient,” to state that no provider or patient should be harmed by lack of access to medical care. Frederic Westbrook thought that this first sentence could be modified to be inclusive by stating “no patient should ever be harmed because information that is known could not be accessed.” The Board agreed to this language.

- Nancy Nankivil Bennett asked that the second bullet under the vision be reconsidered. She wants to be sure that the initiatives related to care are patient-centric, which would include but not be limited to transparency of patient care.
- Related to the fourth bullet #4, it was suggested that language be included to ensure coverage of the health information infrastructure. Ms. Brennan requested that the term “sustainability” be retained. Ms. Nankivil Bennett suggested that this include an element on privacy and security of data.

### ***Workgroup Structure***

Secretary Nelson provided an overview of the workgroup structure. She explained that she and Susan Wood developed an initial draft that was then reviewed by a small group of Board volunteers. These groups will meet through August to develop the pieces for inclusion in the Action Plan. The Board expressed concern about the amount of work that is needed in a short timeframe. Ms. Brennan said she viewed the role of this body as promoting the health information exchange side versus the adoption of electronic medical records. The Board discussed the need to make this plan flexible so it is able to adjust to new information as it becomes available.

In response to a question, Ms. Wood discussed the more structured approach surrounding the Consumer Workgroup. She explained that this was in response to the needs of the Health Information Privacy and Security Collaboration (HIPSC) grant and trying to fit grant activities into the most logical group. She also noted that the HIPAA Collaborative of Wisconsin (HIPAA COW) has already done a lot of the work related to privacy and security, allowing for a jumping off point. Secretary Nelson asked if there was any concern that the privacy and security concerns would overtake the rest of the issues related to the consumer workgroup. Ms. Brennan expressed her concern that this workgroup is heavily focused on the patient’s interest, and that there is no place for the discussion of the institution’s interest, which seems to be a large part of HIPAA. She felt that the Consumer Workgroup needed to be broader than a patient-interest focus. Ms. Brennan said that the Board must keep in mind that the infrastructure must be robust and flexible enough for all cases.

Ms. Wood invited Board members to serve as chairs for these groups if possible and if not, asked that the Board provide suggestions for individuals to lead them. Ms. Wood said she expects these groups will begin monthly meetings in late April to continue through August, and will each be assigned a technical representative and staff person. Members can participate by teleconference and all materials will be available on the Board’s Web site. Secretary Nelson asked that members inform staff about how much contact they would like to receive for each of the groups.

Recommendations for leadership and membership should be sent by e-mail to Ms. Wood.

## 6. Report on key informant interviews

Dr. Seth Foldy, Medical College of Wisconsin, described his experience with eHealth initiatives including his efforts helping to establish the Wisconsin Health Information Exchange (WHIE). He noted that contracts with the Medical College of Wisconsin and the University of Wisconsin-Madison School of Medicine and Public Health have been established through the Robert Wood Johnson InformationLinks grant to assist the Board in developing the Action Plan.

Donna Friedsam, of the University of Wisconsin-Madison Population Health Institute, reported on the survey of stakeholders that was conducted. It included an online survey and an oral interview with key informants, including primarily providers. She noted that the focus of this survey was narrow in part to fit this effort into the efforts of the Board. She reported that the online survey will be made available to a wider audience.

Alison Bergum reported on the quantitative findings of the survey, which included:

- Over 75% of respondents had goals that rely on health information that is not yet available.
- When asked to choose the top three priorities for health system improvement, the three most selected were improving access to care, increasing evidence-based practices, and increasing data quality and pricing transparency. Only two respondents selected responding to large-scale emergencies.
- In terms of priorities for electronic health records, importance was placed heavily on provider access to patient records and all relevant health data. Through the interviews it was noted that patient access to records was not as important, because this will come after provider access and for those that are already interested in this.
- Although standards and policies were viewed as being needed from the national level, the interviews indicated some concern about when these would be developed at the national level and the impact national standards could have on something developed at the state level.
- Stakeholders were asked to identify possible roles for different sectors of the health information environment. Key items identified from the responses included a clear role for federal and state government as a convener; no clear leadership role in terms of funding such a system; and a limited patient role in developing the system, in data analysis and reporting, and in assuring security and privacy.

Ms. Friedsam reported on the areas of stakeholder skepticism identified through the survey responses and interviews. Common themes were the unclear role of the state, obtaining buy-in for data exchange from public health and personal health care services, and concern over applying technology to “bad systems.” She challenged the Board to take this information to heart as the Action Plan is developed. Ms. Friedsam noted that the group targeted for this initial survey was primarily the health care industry, and that reaching beyond this arena to include advocates and the general public would be very valuable.

## **7. Proposed agenda for the “Planning Forum”**

Ms. Wood reported that the “Planning Forum” date has been set for May 5. Dr. Foldy has been working closely with staff of the Digital Health Conference, occurring the day before, to ensure coordination across the two programs. The expectation is to provide education to address the role of the state, report on the activities of the Board, get advice from the audience, and generate excitement. Ms. Wood envisions this event as a means to identify what is occurring in terms of the Action Plan and to provide an avenue for coordination with other efforts that are occurring statewide.

A few recommendations from Board members included taking care in defining terminology and reducing the use of abbreviations.

## **8. Briefing on electronic health-related activities nationally and in Wisconsin**

Ms. Wood presented a document that is intended to provide a summary about activities that are occurring nationally and in Wisconsin related to the adoption of electronic health records and exchange among electronic health systems. She highlighted a few activities for the Board and explained that this document will continue to be revised as more research is done and more activities become known. Ms. Wood offered to send the updated chart to the members periodically.

Ms. Wood reported that she is working with the Division of Public Health to ensure that public health members are available to provide input to all of the Board’s workgroups.

## **9. Open discussion**

Dr. Westbrook asked if the survey questions regarding the role of patients should be represented differently. He noted that as it is currently presented it seems to imply that everyone is disenfranchised with the role of the patient. Ms. Bergum reminded the group that the target audience was primarily providers and was a fairly small sample. Secretary Nelson expressed her thought that there needs to be more of a focus on the patient, and this needs to be kept in mind among all of the workgroups, especially the consumer group.

The Board asked that a directory of members be distributed. Ms. Wood agreed to send a roster to the Board.

## **10. Agenda items for the August 3, 2006 meeting**

Secretary Nelson reported that the plan for the next meeting is to have the workgroups report to the Board.

## **11. Adjourn**

The meeting adjourned at approximately 2:20 p.m.