



The WISHIN Participant Advisory Board met on Monday, June 16, 2014, to consider six proposed changes to the Participation agreement. A 2/3 majority (eight votes) is necessary for adoption. The results are as follows:

- 1. Expand the types of participants that can participate in WISHIN Pulse to include health care providers as defined by HIPAA in 45 CFR 160.103. All participant types would continue to be limited to the permitted purposes identified in the Agreement (i.e., treatment under HIPAA and the approved Use Cases identified in the Agreement).**

Change approved: 11 yes, 1 not voting:

11 yes: Day (Columbia St. Mary's), DeGrand (Froedtert), Laughlin (UWHP-Watertown), Little (Agnesian), Pelton (Ministry), Pemble (CHW), Raschke (Aurora), Rhoades (DHS), Tapper (MCHP), Smith (Wheaton), Wenzlow (Rural Wisconsin Health Cooperative).

1 not voting: Kinch (Mineral Point Medical Center).

- 2. Expand the types of participants that can participate in WISHIN Pulse to include state-contracted Wisconsin Family Care, Partnership, and PACE Managed Care Organizations (called Family Care MCOs) and allow the Family Care MCOs to use the WISHIN Pulse community health record to view clinical data on patients/members enrolled in the program and served by the Family Care MCO. Community health record access would be limited to the specific members/patients served by the specific Family Care MCO that is participating in WISHIN Pulse. .**

Change approved: 11 yes, 1 not voting:

11 yes: Day (Columbia St. Mary's), DeGrand (Froedtert), Laughlin (UWHP-Watertown), Little (Agnesian), Pelton (Ministry), Pemble (CHW), Raschke (Aurora), Rhoades (DHS), Tapper (MCHP), Smith (Wheaton), Wenzlow (Rural Wisconsin Health Cooperative).

1 not voting: Kinch (Mineral Point Medical Center).

3. **Approve a Use Case for ACO/payer organizations that allows WISHIN to send transactions to payers (via HL7 interfaces) for their members from WISHIN participants that have agreed to share their data. Transactions would include Admit, discharge, and transfer (ADT), laboratory results, pathology results, radiology results, and transcription reports. Transactions would be limited to (1) matches between the payers member file and the insurance identified on the transactions, and (2) participant organizations that have agreed to include their data in the transactions sent to the payer.**

Change not approved: 5 yes, 5 no, 2 not voting:

5 yes: Day (Columbia St. Mary's), Laughlin (UWHP-Watertown), Little (Agnesian), Rhoades (DHS), Tapper (MHCP).

5 no: DeGrand (Froedtert), Pelton (Ministry), Pemble (Children's), Raschke (Aurora), Smith (Wheaton).

2 not voting: Kinch (Mineral Point Medical Center), Wenzlow (Rural Wisconsin Health Cooperative).

4. **Approve a Use Case for quality organizations, such as the Wisconsin Health Information Organization (WHIO) and the Wisconsin Collaborative for Healthcare Quality (WCHQ), that allows WISHIN to send data to the quality organization for specific quality initiatives/measures. Data would be limited to (1) only participants that have agreed to include their data in the data sent to the quality organization and (2) only data needed for the specific quality initiative/measure.**

The types of participants would also need to be updated to include quality organizations and would reflect this approved use case as the only Permitted Purpose.

Modified to allow sharing with any quality organization not owned by a payer. Change approved: 11 yes, 1 not voting:

11 yes: Day (Columbia St. Mary's), DeGrand (Froedtert), Laughlin (UWHP-Watertown), Little (Agnesian), Pelton (Ministry), Pemble (CHW), Raschke (Aurora), Rhoades (DHS), Tapper (MCHP), Smith (Wheaton), Wenzlow (Rural Wisconsin Health Cooperative).

1 not voting: Kinch (Mineral Point Medical Center).

5. **Modify Use Case #3: “MCO/HMO notification of ED visits” to be “Health Care Payer Notification of Hospital Visits” in order to allow care managers for any participating health care payer, not just MCOs and HMOs, to receive the report, and to allow the report to include all hospital discharges and not just those discharges from an emergency department. The term “MCO/HMO” would be replaced with the term “health care payer” throughout the use case and the term “ED” would be replaced with “hospital”; however, the function of the use case would remain as written.**

Change not approved. Original vote: 7 yes, 4 no, 1 not voting:

7 yes: Day (Columbia St. Mary’s), Laughlin (UWHP-Watertown), Little (Agnesian), Pelton (Ministry), Rhoades (DHS), Tapper (MCHP), Wenzlow (Rural Wisconsin Health Cooperative).

4 no: DeGrand (Froedtert), Pemble (CHW), Raschke (Aurora), Smith (Wheaton).

1 not voting: Kinch (Mineral Point Medical Center).

Vote on modified proposal (leave current reference to MCOs/HMOs as is) approved: 8 yes, 3 no, 1 absent

8 yes: Day (Columbia St. Mary’s), Laughlin (UWHP-Watertown), Little (Agnesian), Pelton (Ministry), Raschke (Aurora), Rhoades (DHS), Tapper (MCHP), Wenzlow (Rural Wisconsin Health Cooperative).

3 no: DeGrand (Froedtert), Pemble (CHW), Smith (Wheaton).

1 not voting: Kinch (Mineral Point Medical Center).

6. **Modify Use Case #4: “Community Health Center Notification of ED visits” to be “Provider Notification of Hospital Visits” in order to allow participating providers in other settings (not just community health centers) to receive the notifications on their patients, and to allow the report to include all hospital discharges and not just those discharges from an emergency department. The term “Community Health Center” would be replaced with the term “Provider” throughout the use case and the term “ED” would be replaced with “hospital”; however, the function of the use case would remain as written.**

Change approved: 11 yes, 1 not voting:

11 yes: Day (Columbia St. Marys), DeGrand (Froedtert), Laughlin (UWHP-Watertown), Little (Agnesian), Pelton (Ministry), Pemble (CHW), Raschke (Aurora), Rhoades (DHS), Tapper (MCHP), Smith (Wheaton), Wenzlow (Rural Wisconsin Health Cooperative).

1 not voting: Kinch (Mineral Point Medical Center).