



October 18, 2013

TO: WISHIN Clinical Advisory Committee
FROM: Joe Kachelski
RE: Status Report

IMPLEMENTATION UPDATE

WISHIN is working with numerous organizations that have expressed interest in participating in WISHIN Pulse. Collectively, the organizations have locations in 45 of Wisconsin's 72 counties and on the hospital side represent nearly 70 percent of annual inpatient discharges in Wisconsin.

The list of organizations follows. Organizations with at least one live interface are in bold. Implementations approaching interface go-live are listed in *italics*.

Signed

- **Affinity Healthcare**
- *Agnesian*
- AIDS Resource Center of Wisconsin
- *Aurora Healthcare*
- Baldwin Area Medical Center
- Beaver Dam Community Hospitals, Inc.
- Black River Memorial Hospital
- *Children's Hospital of Wisconsin*
- *Columbia St. Mary's*
- Cumberland Memorial Hospital, Inc.
- Divine Savior Healthcare
- *Froedtert*
- Holy Family Memorial Inc.
- HSHS-West
- Memorial Hospital of Boscobel
- *Memorial Hospital of Lafayette County*
- Mile Bluff Medical Center
- Mineral Point Medical Center
- Ministry Door County - Sturgeon Bay
- **Ministry Healthcare**
- Outreach Community Health Center
- Prairie du Chien Memorial Hospital
- Progressive Community Health Center
- ProHealth Care, Inc.
- Reedsburg Area Medical Center
- Regional Enterprises (Ashland/Hayward)
- Riverview Hospital Association
- Sauk Prairie Memorial Hospital
- Sixteenth Street Community Health Center
- Spooner Health System
- SSM of Wisconsin
- *Tomah Memorial Hospital*
- *Upland Hills Health Inc.*
- **UW HP Watertown Regional Medical Center**
- *Vernon Memorial Healthcare*
- *Wheaton Franciscan Healthcare*

Agreements Pending

- Bellin Health
- Essentia
- Gundersen Lutheran
- Prairie Clinic
- Rusk Co. Memorial Hospital/Nursing Home
- Thedacare
- United Hospital System, Inc.

A substantial number of WISHIN's clients, mostly smaller hospitals, that wish to use WISHIN Pulse to accomplish their care-transitions requirement under Meaningful Use stage 2 (MU2) are unable to immediately proceed with implementation because their EHR vendors have yet to upgrade their systems to comply with the 2014 certification requirements. This is a prerequisite for WISHIN onboarding and to qualify for Meaningful Use incentive payments.

If these upgrades are delayed further, there is a risk that WISHIN may face a situation in which a large number of clients must be onboarded more or less simultaneously to ensure that they can attest to MU2 compliance before the end of the federal fiscal year (September 30, 2014).

To address this risk and reduce the total time needed for onboarding, WISHIN has contingency plans to decentralize the Medicity onboarding process; that is, WISHIN Project Managers would directly take on certain onboarding tasks that would otherwise be performed by Medicity personnel.

PHARMACY DATA

The Clinical Advisory Committee and WISHIN clients have consistently advised us that access to pharmacy data through WISHIN would be clinically valuable.

The Department of Health Services will soon submit a request to CMS for 90/10 (90 percent federal, 10 percent state match) funds to allow Medicaid pharmacy claims data to flow to WISHIN and be available within the WISHIN Pulse community health record. This data could populate the community health record on a near-real-time basis.

In addition, we are planning to work with the state's Prescription Drug Monitoring Program (PDMP) to make information about prescribed controlled substances available through WISHIN Pulse.



DIVERSIFYING CLIENT BASE AND SOLICITING NEW WISHIN PULSE PARTICIPANTS

The WISHIN Board has identified diversifying WISHIN's client base as a strategic priority for WISHIN.

WISHIN is doing outreach to payer organizations to share with them the recommendations of a workgroup convened by WISHIN to identify possible payer use cases and prioritize them based on value, and to explore other use cases that would be "win-wins" from a clinical or administrative perspective for payers and providers.

We are also developing marketing and outreach plan targeting, among others, physicians/clinics that admit patients to WISHIN-participating hospitals and nursing homes that work with WISHIN-participating hospitals.