

November 3, 2011

Denise Webb  
State Health IT Coordinator  
Wisconsin Department of Health Services  
Division of Public Health

Dear Denise,

Thank you for hosting Chirag Ragpuria and me for the site visit on June 2-3, 2011. We truly appreciated the openness and frankness of our discussions. The site visit, along with our previous interactions, reinforces the important progress you and your staff are making to enable health information exchange in Wisconsin.

### **Promising Practices**

One of the goals of our program site visits is to discover promising practices within your state and share this information with the entire health information exchange community. We commend the Wisconsin team's focus on tactical implementation, boots on the ground outreach, and thoughtful phasing of implementation. The work undertaken by Wisconsin to clearly identify pharmacy, laboratory, and patient care summary exchange gaps so that outreach can be effectively targeted is one example we would like to highlight. I know you have already shared your laboratory survey and lessons learned regarding survey respondents with our lab community of practice. We would like to continue looking for additional ways to share your ongoing lessons and approaches for repeatable and reliable methods of monitoring your impact and progress with labs and also the providers' ability to exchange electronic patient care summaries.

As I mentioned during the site visit, we are also looking forward to learning from your technical assistance (TA)/"REC" efforts for labs focused on enabling the delivery of electronic results. We would like to stay engaged and informed of your progress as you double-down on the transport side of lab result delivery via Direct. We also look forward to continue learning as you move beyond transport to address lab result content and LOINC in the future. Building on the resources and experience of the State Lab of Hygiene will be important for this effort and there are many opportunities for us to identify promising practices from your coordination with them and other public health resources as key assets within the state, including approaches to using Medicaid, disaster preparedness, and other funding to support interoperability and HIE.

Your provider directory efforts and integration of Direct addresses in this resource through collaboration with the Medical Society is another activity we look forward to highlighting. Please keep us updated on your progress in this area.

We look forward to highlighting and distributing your promising practices across the country and to continuing our partnership toward the goal of improved health care through enabling HIE across the state of Wisconsin.

### **Moving Forward**

The Office of the National Coordinator for Health Information Technology is committed to supporting your efforts. To this end, we have sought to understand the strategies for progress and critical drivers of success in your state going forward. Based on our site visit conversations, we have summarized the following considerations that will help build on your accomplishments to date and accelerate progress moving forward.

1. *Secure HISP Services and Move Forward With Direct Implementation.* The Wisconsin team is moving rapidly to implement Direct services and a voluntary qualification process for other HISPs operating in the state of Wisconsin. The HISP RFP has already been released and proposals will be submitted for review in the near future. In the meantime, our discussion during the site visit outlined important factors for you to consider in terms of messaging for providers and being prepared with communications materials before your anticipated go live date in September. Some of these factors included framing communications about Direct in terms of the use cases it will enable and value providers can derive from it, as well as starting conversations with providers early on (before go live) to get them excited and raise awareness about the opportunities ahead. Your existing REC and Medical Society collaborations will be important starting points for this outreach. ONC is working on Direct communication materials that RECs and HIEs can employ in provider outreach efforts that should help support the kinds of messaging we discussed. We also touched on key considerations for developing your qualification framework, including how will HISPs know about it, which elements of HISPs will you evaluate, and what will be the incentive for HISPs to seek the voluntary qualification.

2. *Work Diligently with new Governance Board on Policies that Enable Trust.* The Wisconsin team has made great progress in building the Wisconsin Statewide Health Information Network (WISHIN) as the state's multi-stakeholder governance organization and establishing its Board and supporting committees. The work that WISHIN and the Board will do over the next several months to establish conditions that enable trust and interoperability across the state will be key to HIE adoption and success of both your Direct implementation and your planned orchestrator model in phase two. WISHIN's efforts in conjunction with the Board should focus on:

- Establishing policies that ensure adequate HIE privacy and security protections across the state, for example, through minimum security, identity management, technical, policy, code of conduct, and privacy requirements. These requirements, as you operationalize them, must align with and address all of the principles described in the HHS Privacy and Security Framework.

- Creating accountability and enforcement mechanisms for the policies that are put in place. Processes surrounding accountability and enforcement should be transparent to engender confidence among key stakeholders, including consumers.
- Begin formalizing policy, technical, and legal requirements in participant or service level agreements in the short term, but also through contracts and business associate agreements as needed for your longer term strategy, so that the State's trust framework and tools work in sync with technical infrastructure development.

3. ***Recruit and Select Lab Pilots and Begin Lab Outreach and Assistance.*** Now that WISHIN has identified Wisconsin's laboratory gap, you must urgently formulate your technical assistance or "REC" programming/offers for labs and begin boots-on-the-ground outreach to encourage delivery of structured lab results via Direct. During the site visit we discussed selecting a few diverse pilot labs where you could get started early and demonstrate wins with Direct while building a base of users. I encourage you to get these pilots launched as soon as possible and continue working with the State Lab of Hygiene to leverage their experience working with LIMS to enhance lab connectivity. Please also consider pulling other lab expertise and resources together in the way of an advisory committee or contract staff to help ensure your lab efforts are successful.

4. ***Continue Pharmacy Outreach:*** The Wisconsin team has pilot tested boots on the ground pharmacy outreach, but has yet to launch the outreach campaign to all "gap" pharmacies. Although the team does not have to invest significant dollar amounts in this outreach, it is an important programmatic focus that we expect you to engage in. I encourage you to think about leveraging the pharmacy association and any other pharmacy-related resources to help you further shape and fully deploy your pharmacy outreach.

5. ***Breakthrough Health Goals:*** WISHIN should work to identify a breakthrough health goal that aligns with efforts to enable HIE in Wisconsin. Aligning your efforts with broader health goals established in the state is vital to ensuring desired improvements in health care outcomes and is a smart approach to achieving sustainability. During the site visit we discussed a number of potential health goals, the achievement of which WISHIN and other HIE entities in Wisconsin could help facilitate. As a next step WISHIN should work with key State and health care stakeholders to identify the health goal of most interest. Once the goal is identified, work with the RECs to identify any information and workflow needs of providers to achieve the selected health goal. Across other states, we have seen goals like reducing redundant lab tests, improving care transitions, reducing readmissions and reducing adverse drug events, as these have particular salience for the HIE program.

I would like to again express our sincere appreciation for you and your team's participation in the site visit process and for helping us better understand the initiatives

driving regional transformation. We are confident that the achievements to date, combined with a shared understanding of the path forward, will yield successful outcomes for your state and health information exchange across the country.

Please note the next steps regarding follow up to your site visit:

| <i>Next Steps</i>  | <i>Timeline</i>                       |
|--|---------------------------------------|
| Submit project plan template, including breakthrough health goal   | Submit to project officer by July 15  |
| Submit site visit evaluation   | Submit to Claudia Williams by July 15 |
| Begin WISHIN policy work on minimum privacy and security protections to ensure trust   | Immediately                           |
| Finish identifying and prioritizing care summary exchange whitespace   | Within next 30 days                   |
| Refine messaging for pharmacy outreach and launch full outreach campaign   | Within next 30 days                   |
| Identify and recruit labs for Direct lab pilots  | Within next 60 days                   |
| Refine and test outreach messaging and technical assistance programming for labs and launch outreach campaign with local lab experts to encourage electronic delivery of lab results via Direct. | Within next 60 days                   |
| Secure HISP service provider   | Within next 90 days                   |

Feel free to contact me to further discuss the path forward for health information exchange in Wisconsin or with any other questions you may have. Thank you again for all of your commitment and hard work.

Sincerely,

Erica Galvez  
Project Officer  
State HIE Program  
Office of the National Coordinator for Health Information Technology  
US Department of Health and Human Services  
Mary E. Switzer Building  
330 C Street, SW  
Washington, DC 20201  
(773) 855-2365  
[erica.galvez@hhs.gov](mailto:erica.galvez@hhs.gov)

Attachment:

Site Visit Summary

## Site Visit Summary

### Strengths

#### Key strengths

1. **Existing HIE Capacity, Experience, and Evidence to Build On.** Wisconsin has several HIOs operating within the state in addition to vendor HIE solutions, such as Epic’s Care Everywhere and Elsewhere. The Wisconsin team has engaged HIO leadership to understand lessons learned and leverage the value propositions supported by evidence from HIOs like WHIE. Continuing to engage leadership from all HIE efforts in WISHIN’s state-level efforts will be important for success of the future orchestrator model.
2. **High EHR Adoption.** Wisconsin enjoys a relatively high EHR adoption rate and is beginning to see hospitals extend their EHRs to small practices and independent providers at deep “friends and family” discounts, and their vendors have allowed them to do this. This has created valuable opportunities for small practices to affordably adopt HIT and creates potential opportunity for WISHIN to provide cost-effective HIE services to the “little guy”.
3. **State Lab of Hygiene.** The Wisconsin State Lab of Hygiene handles ELR for the state (labs and infection control professionals report here directly rather than to local health depts.) and as such have established lab outreach and onboarding processes, HL7 reporting infrastructure, approximately 35 interfaces with reference labs across the state (the 35 interfaces cover more than 35 labs), LOINC and SNOMED translation services, and deep expertise in the various LIMS commonly used across the state. The Public Health Dept. has also leveraged emergency preparedness funding to incent lab interface development for ELR at a rate of up to \$40K/interface. WISHIN will benefit from leveraging this existing asset both as an opportunity to expand state-level connectivity and as a resource with expertise in many lab activities WISHIN will consider as part of its TA/”REC” efforts for labs.
4. **Immunization Registry.** The Wisconsin Immunization (IZ) Registry (WIR) is funded by public health and Medicaid and is housed on the state’s MMIS platform. It supports longitudinal immunization records for all residents of the state and interfaces with vital records, Medicaid claims and encounters, WIC, HMOs (claims), IZ providers including pharmacies, and the states of MN and GA for query and data sharing. The registry has developed a probabilistic algorithm for patient matching and deduplication. Wisconsin proposed using CDC funding to establish

|   |
|---|
| <p>connectivity between the WIR and WISHIN; however, CDC would not allow funds to be used for State HIE connectivity. Wisconsin is now looking to leverage Medicaid funds to support WIR and WISHIN connectivity.</p>   |
| <p>5. <b>Near Complete Provider Directory.</b> The Wisconsin Medical Society maintains a near complete directory of all providers practicing in the state, in addition to several details about practices and related capacity. Because this asset already exists within the state and has established business processes surrounding it, WISHIN is working with the Medical Society to integrate Direct address look-up functionality into the existing directory.</p> |

## Challenges

|  |
|--|
| <p><b>Key Challenges</b></p>   |
| <p>1. <b>New Governance Structure.</b> Because WISHIN is a new organization and has to address the many challenges that any new organization faces (staffing up, getting Board and committee efforts going, processes and procedures, etc.), staff energy and attention could in some ways be split between operational/organizational details and the HIE implementation work at hand. This could present challenges for rapid deployment.</p>  |
| <p>2. <b>Staff Capacity to Address Policy Gaps.</b> WISHIN currently does not have a dedicated staff member or staff time focused on addressing the trust enabling policy work and consent questions they will need to address in 2011. Again, this could present challenges for accomplishing policy work at hand.</p>  |
| <p>3. <b>Lack of Lab Expertise on Core Team.</b> Core WISHIN team members do not have deep lab expertise, which might pose a challenge as they ramp up their “REC” for labs. Partnering with the State Lab of Hygiene, convening a work group of lab experts, including lab-related associations, or contracting more lab expertise could help address this challenge. The current lack of clear definition of “structured” lab results also poses a challenge for WISHIN efforts to establish expectations and give guidance and technical assistance to labs on content standardization. To address this challenge it makes sense for WISHIN to continue with their strategy to focus on enabling lab data to move electronically in the short term and then address content and LOINC in the longer term.</p> |

4. **Whitespace Hard to Nail Down.** It has been difficult for WISHIN to clearly identify their HIE whitespace, as providers without HIE options are not easily identified geographically. Although they are close to nailing this down, they recognize the need to be thoughtful about establishing reliable and repeatable processes for tracking and monitoring progress early on.

### Milestones

| Milestones   | Governance | Technical Infrastructure | Business Ops | Finance | Legal Policy | Health goals | Public Health | Health Reform alignment | E-Prescribing | Lab Exchange | Patient care Summaries |
|--|------------|--------------------------|--------------|---------|--------------|--------------|---------------|-------------------------|---------------|--------------|------------------------|
| 1. Issue RFP for HISP Services   |            | X                        |              |         |              |              |               |                         |               |              | X                      |
| 2. Launch full pharmacy outreach campaign  |            |                          |              |         |              |              |               |                         | X             |              |                        |
| 3. Finalize plan for lab “REC” and launch outreach and TA efforts                    |            |                          |              |         |              |              |               |                         |               | X            |                        |
| 4. One or more lab pilots to demonstrate early wins and build a core of Direct users |            |                          |              |         |              |              |               |                         |               | X            |                        |
| 5. Develop Direct participant agreements   |            |                          |              |         | X            |              |               |                         |               |              |                        |