
January 2012 Quarterly Briefing

A Report on Wisconsin's Progress and Strategies

Status for: End of 2011
Strategies for: Q1 2012

FINAL

January 2012 Quarterly Briefing

A Report on Wisconsin's Progress and Strategies

Contents

Care Summary Exchange	3
Summary of Approved Strategy for 2011	3
2011 Progress toward Tactics	3
2011 Year End Standings.....	5
Summary of Strategy for 2012	7
Q1- 2012 Tactics, Milestones and Measures.....	7
e-Prescribing.....	9
Summary of Approved Strategy for 2011	9
2011 Progress toward Tactics	9
2011 Year End Standings.....	10
Summary of Strategy for 2012	12
Q1- 2012 Tactics, Milestones and Measures.....	12
Laboratory Results Delivery	13
Summary of Approved Strategy for 2011	13
2011 Progress toward Tactics	13
2011 Year End Standings.....	14
Summary of Strategy for 2012	16
Q1- 2012 Tactics, Milestones and Measures.....	16
Public Health Immunization Registry Data Submission	18
Summary of Approved Strategy for 2011	18
2011 Progress toward Tactics	18
2011 Year-End Standings*	19
Summary of Strategy for 2012	19
Q1- 2012 Tactics, Milestones and Measures.....	19

Care Summary Exchange

Summary of Approved Strategy for 2011

Wisconsin's Care Summary "white space" is identified as those providers not currently participating in one of the existing exchange activities in the state.

Wisconsin's approved strategy was to ensure that all physicians in Wisconsin had an HIE option available, whether it was by affiliating with one of the existing health care entity-related HIEs, participating in HIE-Bridge (if they are in that medical trading area), or using WISHIN Direct.

Note: no target was set for the reduction of care summary exchange white space in 2011.

2011 Progress toward Tactics

1. Stand up a HISP (WISHIN Direct).

>> Completed 8/26/2011.

2. Work with WHITEC to assist providers and hospitals wanting to attest to MU in conducting their test exchange of a CCD using WISHIN Direct.

>> The first CCD exchange tests using WISHIN Direct were conducted on September 23, 2011, by Tomah Memorial Hospital and the Memorial Hospital of Lafayette in Darlington, WI. Both are rural, critical access hospitals. WISHIN worked with the Rural Wisconsin Health Cooperative (RWHC), a sub-recipient of the REC grant awarded to WHITEC, to help the hospitals enroll in WISHIN Direct and complete the necessary participation agreements. RWHC worked with each hospital to generate a CCD from their certified EHR systems (both hospitals use HMS). Once both hospitals were able to generate their CCD, WISHIN and RWHC held a joint conference call with the hospitals in order to facilitate the test exchange. During the call, we stepped the hospitals through the process of logging in to the WISHIN Direct secure messaging portal, creating a message, attaching the CCD, and sending the message. Each hospital was able to confirm receipt of the sending hospitals CCD and sent a confirmation reply to the originating hospital to document the successful test.

Since the end of September, WHITEC, RWHC and WISHIN have worked with several other hospitals and physicians across Wisconsin to conduct their test exchanges using this same process or a variation of the process that is convenient to the participants. Whenever possible, WHITEC, RWHC and WISHIN work with the WISHIN Direct participant to engage a partner organization/entity in their community and enroll that partner in WISHIN Direct. In cases where this is not possible, outreach is conducted to existing WISHIN Direct participants to secure an exchange partner.

January 2012 Quarterly Briefing

A Report on Wisconsin's Progress and Strategies

3. Identify the physicians by name in the "white space" associated with: WHIE, Epic, the Marshfield/Ministry network, the KCIN network, and/or HIE-Bridge (formerly CHIC) and match the names against the list WMS provided from their provider directory of all actively practicing physicians.

>> WISHIN is continually obtaining updated information from the existing Wisconsin HIEs and reconciling that information against our current data. We expect to continue to receive updates on a periodic basis.

4. Work with the Wisconsin Medical Society (WMS) to outreach to existing physicians to obtain updated information about their practices. Use the outreach as an opportunity to "soft sell" WISHIN Direct and get the word out about WISHIN.

>> During September, WISHIN designed an online survey to collect updated information from Wisconsin physicians regarding their EHRs, their intent to attest to Stage 1 Meaningful Use in 2011 or 2012, and to gather updated information about their practice and about any existing Wisconsin HIE that the physician may be participating in. The survey included links to WISHIN's website, along with links on additional information about WISHIN Direct.

To encourage responses to the survey WISHIN promoted the survey by registering each survey respondent in a drawing for an iPad.

WMS emailed the survey to over 5,000 physicians in the state. The survey was accompanied by a joint message from WMS' interim CEO and WISHIN's CEO encouraging physicians to participate. A "reminder" message was sent to physicians two weeks before the end of the survey period.

The survey period closed on 12/2/2011. 381 physicians responded to the survey. The survey winner was contacted on December 6th. WMS sent a "thank you" message to all participants and included an announcement of the iPad winner. The iPad winner was also announced in the WISHIN e-newsletter.

The information gathered from the survey is currently being used to update WISHIN's records and help in identifying the white space baseline for care summary exchange within the state.

5. Conduct education sessions across the state to educate health care providers about WISHIN and WISHIN Direct.

>> WISHIN held two education sessions – one in Wisconsin Dells, the other in Wausau.

6. Outreach to all Wisconsin hospitals about WISHIN and WISHIN Direct.

>> A direct mailing postcard was sent to all Wisconsin Hospitals on September 9, 2011, in order to ensure that hospitals wanting to attest to Stage 1 MU could do so before the deadline. The postcard also promoted WISHIN's attendance at the Wisconsin Hospital Association's (WHA's) 2011 Annual Convention and encouraged hospital representatives attending the event to stop by the WISHIN booth to learn more about WISHIN and WISHIN Direct.

January 2012 Quarterly Briefing

A Report on Wisconsin's Progress and Strategies

7. Work with WHITEC to educate their HIT Specialists on WISHIN Direct, create co-branded (WHITEC-WISHIN) materials for the HIT Specialists and WISHIN's Outreach Specialist to use when working with physicians and hospitals.

>> *WISHIN conducted training sessions for WHITEC HIT Specialists on enrolling and using WISHIN Direct. The first round of training was conducted in September with a follow-up training in December. Initial marketing materials were created and are in use; additional co-branded materials are in work.*

In addition, WISHIN is offering WISHIN Direct to all of WHITEC's customers at half price if they enroll before the end of 2011. WHITEC created a special "coupon" to promote the special.

8. Establish several WISHIN Direct Demonstration Projects to demonstrate various use cases for WISHIN Direct.

>> *A total of eight (8) WISHIN Direct Demonstration Projects have been identified:*

- *Newborn Screening laboratory results delivery*
- *Interstate (MN-WI) Exchange of a Discharge Summary & Referral*
- *Exchange between a clinic and a long term care facility*
- *Use of Direct to send immunization data to the Wisconsin Immunization Registry*
- *Use of Direct in support of internal health system operations*
- *Use of Direct between a Rural Hospital and a Community Clinic*
- *Emergency Department exchange of care management information with an FQHC*
- *Demonstration using Direct to share the UM-HIE consent form*

We have identified participants for all of the Demonstrations; however, some participants are still working through their internal organizational processes to get approval to participate. It is possible that some of these demonstrations may not develop as we expect.

Demonstration Project 1 – Newborn Screening Laboratory Results Delivery is the farthest along as it has all participants identified and has begun the work on the various workflows for the participant hospital, the State Lab, and the clinics.

Project managers and WHITEC HIT Specialists have been assigned to each of the demonstration projects (where appropriate).

2011 Year End Standings

In the four months since the launch of WISHIN Direct on August 26th, 2011:

- WISHIN has sold over 225 WISHIN Direct addresses, to 26 different organizations, covering 145 physicians and four hospitals in the state. Many organizations purchased a single WISHIN Direct address to cover multiple physicians at their office.
- WISHIN has identified eight WISHIN Direct Demonstration Projects; each in various stages of progression.
- WISHIN and WHITEC have successfully facilitated the exchange of CCD's for both hospitals and physicians using WISHIN Direct.

January 2012 Quarterly Briefing

A Report on Wisconsin's Progress and Strategies

The numbers in the tables below include (1) hospital-based physicians and (2) non-active physicians. Therefore, both the "white space" numerator and the universe denominator are larger than they should be. WISHIN will continue to refine the numbers in 2012 and will appropriately exclude those physicians who should be excluded. In particular, WISHIN will remove hospital-based providers that only practice in a hospital (some may practice in a hospital and a clinic) and will also remove retired or non-practicing physicians once that information can be verified.

HIE Activities	Geography Coverage	Number of Physicians	Percent of Coverage
HIE-Bridge (formerly CHIC)	Northwest WI	67	0.50%
Epic Care Everywhere	Multiple	6,129	73.50%
KCIN	Eastern WI	320	2.60%
	Western WI		
Ministry/Marshfield Exchange	Central WI	1,321	9.30%
HSHS	Multiple	2,725	25.40%
WHIE	Southeast WI	25	0.20%
WISHIN Direct	Multiple	145	1.02%
Total Providers in more than one HIE		5,371	37.74%
Total Providers in Wisconsin		14,232	

HIE Activities Table

The HIE Activities Table above shows the number of physicians belonging to each of the different HIE networks in Wisconsin. Almost 38 percent (5,371) of Wisconsin physicians belong to more than one HIE network.

As you can see from the table, in the four months that WISHIN Direct has been operational, it has reduced Wisconsin's care summary "white space" by approximately 145 physicians (note: some physicians participating in WISHIN Direct may also be participating in other HIE networks).

The Care Summary "White Space" table below shows the 2011 progress toward our goals for Care Summary exchange.

White Space	Count	Percent
Yes	6,005	42%
No	8,227	58%
Total Physicians in WI	14,232	

Care Summary "White Space"

January 2012 Quarterly Briefing

A Report on Wisconsin's Progress and Strategies

Summary of Strategy for 2012

Wisconsin's Care Summary "white space" is identified as those providers not currently participating in one of the existing exchange activities in the state that is capable of supporting the exchange of continuity of care documents (CCDs) between unaffiliated providers.

Wisconsin's care summary strategy for 2012 is to continue to ensure all physicians in office-based practices in Wisconsin have an HIE option available, whether it is by affiliating with one of the existing health care entity-related HIEs, participating in HIE-Bridge (if they are in that medical trading area), or using WISHIN Direct.

Q1- 2012 Tactics, Milestones and Measures

Tactics to Implement Strategy <i>Now until end of Q1 2012</i>	Target Milestones <i>for March 31, 2012</i>	Performance Measure / Target Value
1. Increase awareness of WISHIN and adoption of WISHIN Direct.	Deliver three WISHIN Direct education sessions at various locations across the state by 3/31/2012.	Increase sale of WISHIN Direct addresses by 150.
	Work with Ability to brand a new "lockbox" feature that allows WISHIN Direct users to send a secure message to a non-Direct user, giving the receiving user the opportunity to receive the message through the lock box and advertises that they should enroll in WISHIN Direct. Begin WISHIN Direct branding of the lock box feature by 3/31/2012.	
	Publish a list of all WISHIN Direct users on the WISHIN website by 3/31/2012.	
	Provide the ability for WISHIN Direct users to look up other Direct users via their WISHIN Direct address book by 3/31/2012.	
	Conduct outreach to physicians who responded to the 2011 survey indicating that they would be attesting to Stage 1 MU but that were not part of an existing HIE network in the state. Determine if the physician(s) would like help from WISHIN to conduct their test. Complete outreach to all physicians meeting the outreach criteria by 1/31/2012.	

January 2012 Quarterly Briefing

A Report on Wisconsin's Progress and Strategies

Tactics to Implement Strategy <i>Now until end of Q1 2012</i>	Target Milestones <i>for March 31, 2012</i>	Performance Measure / Target Value
	Continue work with WHITEC and other partners to outreach to physicians, hospitals and EPs to assist in education on WISHIN, HIE, and WISHIN Direct. Ongoing.	
	Conduct an orientation and brainstorming session with Wisconsin Medicaid staff to identify and document feasible policy levers and communication/outreach activities the Medicaid HIT project team can pursue/support to promote adoption of Direct among Medicaid providers and the Medicaid fiscal agent by February 15, 2012.	
2. Continue to develop and refine workflows and processes for WISHIN Direct customer on-boarding and ongoing operational support.	By 3/31/2012, identify tool(s) and/or processes to streamline the on-boarding of large numbers of WISHIN Direct users.	None.
	By 2/29/2012, complete setup and testing of a support "ticket" tracking system to track operational issues and support items received from WISHIN Direct customers.	
	By 3/31/2012, begin operational use of support "ticket" tracking system.	

e-Prescribing

Summary of Approved Strategy for 2011

Our approved 2011 strategy for e-prescribing was to achieve a 50% reduction in the number of pharmacies that were not able to receive prescriptions and refill requests electronically with a particular focus on eliminating white space.

2011 Progress toward Tactics

1. Reconcile e-prescribing data regularly with SureScripts data provided on HITRC.
>> Completed regularly as new reports are made available.
2. Conduct outreach to pharmacies in the state to determine if they are e-prescribing.
>> WISHIN has conducted outreach to over 75 pharmacies in the state. Through its outreach, WISHIN removed six pharmacies from Wisconsin's baseline because they had either closed, were in-patient only, did home infusions only, or were veterinary pharmacies. The outreach efforts also revealed an additional 40 pharmacies that were able to accept electronic prescriptions.
3. Focus e-prescribing outreach efforts on pharmacies in geographic regions with few e-prescribing options for providers.
>> WISHIN worked with stakeholders to solidify our understanding of the original pharmacies that were not capable of accepting electronic prescriptions and refill requests. We used this information to target our e-prescribing adoption efforts on pharmacies in geographic regions with few e-prescribing options for providers.

WISHIN targeted outreach to the pharmacies that had no ability to accept electronic prescribing. The State Health IT Coordinator and WISHIN interviewed these pharmacies to identify potential barriers and incentives for pharmacies to participate and encourage their adoption of e-prescribing. Our goals for our outreach efforts were:

- *To match providers in rural areas whose primary pharmacy doesn't accept electronic prescriptions and refill requests with an alternative pharmacy that does.*
 - *To offer pharmacies who are not e-prescribing assistance in selecting e-prescribing software or services. Prior to implementing WISHIN Direct, these options were to use an existing e-prescribing software package/service such as SureScripts; however, after launching WISHIN Direct we were able to include WISHIN Direct as one of the options.*
4. Focus e-prescribing research on two counties in Wisconsin that showed potential issues for providers.
>> Our 2010 environmental scan showed that at least one pharmacy currently accepts electronic prescriptions in all but two counties. According to our data, one county, Florence County, did not have any pharmacies, and the other county Menominee County, had a pharmacy that didn't accept electronic prescriptions.

January 2012 Quarterly Briefing

A Report on Wisconsin's Progress and Strategies

Menominee County: The population of Menominee County is approximately 4,500 (as of the 2000 census). Most of the land within the county boundary is under Federal Trust for the exclusive use by enrolled Menominee Indians. Scattered parcels that were purchased during Termination, as well as many lots around the Legend Lake area in the southeastern part of the county, are the only parts of the county that are privately-owned by non-Indians. The Menominee Tribal Clinic Pharmacy is the primary pharmacy serving Menominee County. WISHIN's research revealed that the Menominee Tribal Clinic Pharmacy was able accept electronic prescriptions using SureScripts and is part of the SureScripts network. This meant that Menominee County providers had at least one option in their county for e-prescribing.

Florence County: The population of Florence County is approximately 5,000 (as of the 2000 census). WISHIN researched Florence County to try and locate a pharmacy within the county and was able to find Morton Pharmacy in Long Lake. WISHIN outreached to Morton Pharmacy in Long Lake and learned that the pharmacy was capable of accepting electronic prescriptions. This outreach was later validated using the SureScripts data provided on the HITRC.

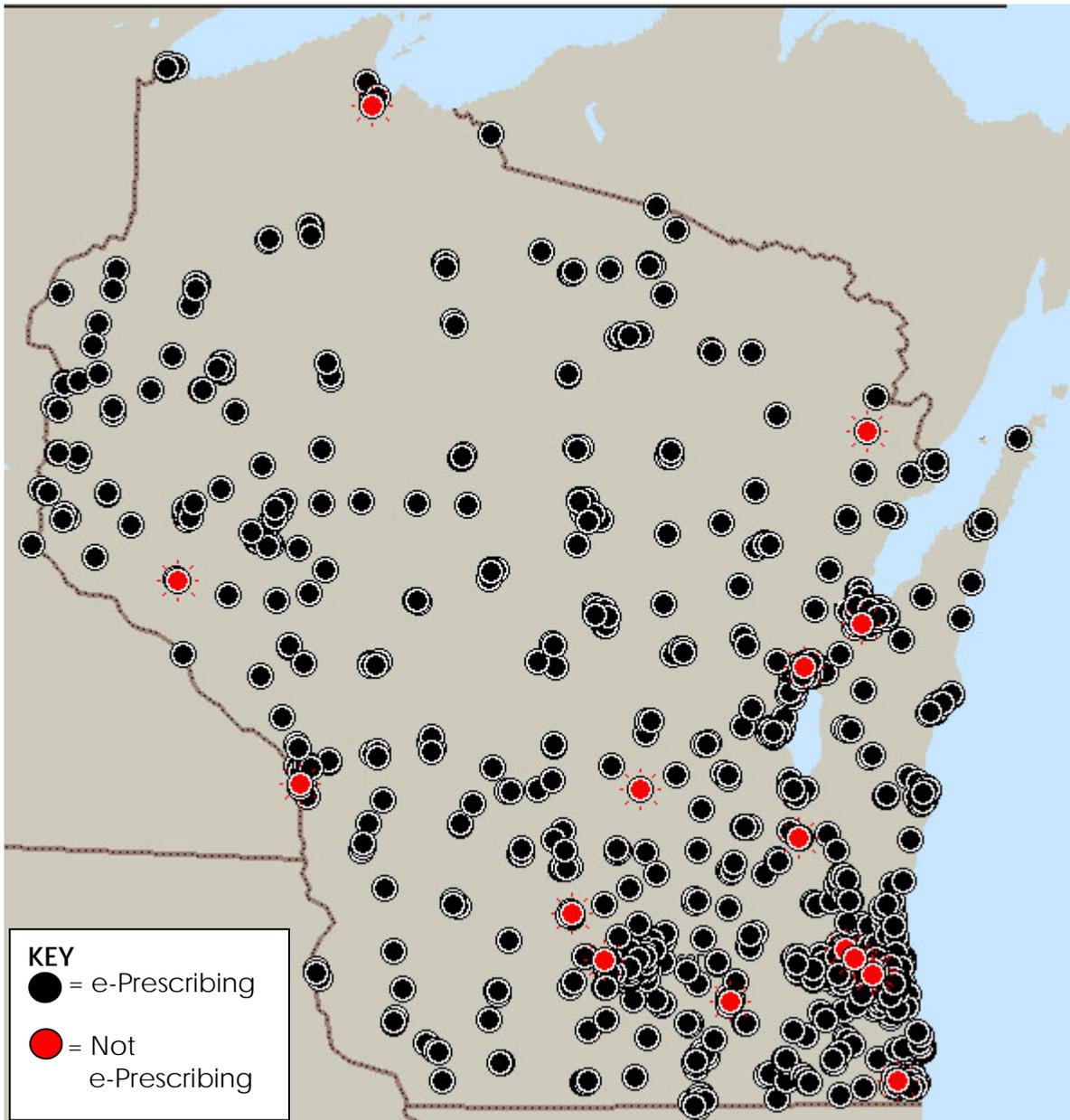
Through its research and outreach in 2011, WISHIN has been able to confirm that at least one pharmacy in each of Wisconsin's counties is able to accept electronic prescriptions.

2011 Year End Standings

The table below shows the 2011 year end standings for e-prescribing in Wisconsin:

	2010		2011	
Total Pharmacies in Wisconsin	1264		1264	
LESS: Not a Pharmacy, Closed, Inpatient Only, etc			6	
Wisconsin Pharmacy Baseline	1264		1258	
LESS: Already e-prescribing	1201	95.0%	1241	98.6%
Pharmacies in the White Space:	63	5.0%	17	1.4%

The map below shows a geographical representation of each of Wisconsin's pharmacies. "White space" pharmacies are noted in red. All "white space" pharmacies are geographically located near pharmacies that are e-prescribing. During the next year we suspect that economic pressures and competition will strongly influence the "white space" pharmacies to begin e-prescribing.



Map: Wisconsin's e-Prescribing "White Space"

January 2012 Quarterly Briefing

A Report on Wisconsin's Progress and Strategies

Summary of Strategy for 2012

WISHIN strategy for e-prescribing in 2012 is to continue to monitor the 17 pharmacies in Wisconsin's white space and periodically check on their progress toward e-prescribing.

Q1- 2012 Tactics, Milestones and Measures

Tactics to Implement Strategy <i>Now until end of Q1 2012</i>	Target Milestones <i>for March 31, 2012</i>	Performance Measure / Target Value
1. Continue outreach efforts toward pharmacies in Wisconsin's white space.	Complete outreach to all 17 pharmacies and update e-prescribing white space standings by 3/31/2012.	Contact all 17 of the 17 remaining pharmacies in Wisconsin's e-Prescribing white space.

Laboratory Results Delivery

Summary of Approved Strategy for 2011

Our approved 2011 goals for laboratories were to:

1. Have a highly refined list of targeted reference labs by the end of Q1 2011.
2. Reduce the laboratory white space by 50 % by the end of 2011.

2011 Progress toward Tactics

1. Continue to refine the original data set and outreach to laboratories.
>> WISHIN conducted outreach to all 771 CLIA accredited and compliance labs in Wisconsin using a structured call script that was designed by our ad-hoc Laboratory Advisory Committee.

We validated existing data against CLIA data to ensure the labs were classified correctly. These methods allowed us to target outreach efforts for the remainder of the year on those labs that were in our laboratory baseline.

2. Create an ad-hoc Laboratory Advisory Committee.
>> During the summer of 2011, WISHIN created an ad-hoc Laboratory Advisory Committee to assist in the development of strategies for reducing Wisconsin's laboratory white space. This committee consisted of representatives from both public and private laboratories, as well as the Rural Wisconsin Health Cooperative, WISHIN, WHIE and the State.

While the committee's primary objective was to help WISHIN develop a call script that could be used for outreach to laboratories to determine if they were in Wisconsin's white space, the committee also provided insight and recommendations related to the use of WISHIN Direct by Wisconsin laboratories and WISHIN's offer to subsidize changes to the laboratories existing systems to support WISHIN Direct.

Our ad-hoc Laboratory Advisory Committee members provided us with the following significant concern:

Reference laboratories already have sophisticated messaging capabilities built in to their systems and work flow processes. Unless a critical mass of providers that they supply lab results to are using WISHIN Direct, the lab will not make changes to these already-working systems – even if WISHIN were to subsidize those changes completely.

3. Conduct targeted outreach to private reference laboratories in Wisconsin's white space that were believed to have less sophisticated systems and may not have the concerns expressed by the ad-hoc Laboratory Advisory Committee. Our goal was to recruit participation in lab-specific WISHIN Direct demonstration projects that would include the lab and five providers in their community that they regularly send lab results to.

January 2012 Quarterly Briefing

A Report on Wisconsin's Progress and Strategies

>> Despite offering to subsidize the changes to their systems and to work with them and their providers to develop the work flows needed, we did not have any success. None of the labs we spoke with agreed to participate. Each lab indicated that they weren't willing to switch an existing process for a small handful of providers. Even those without automated systems said that implementing Direct would only mean they had to support multiple work flows – and they weren't staffed adequately for that.

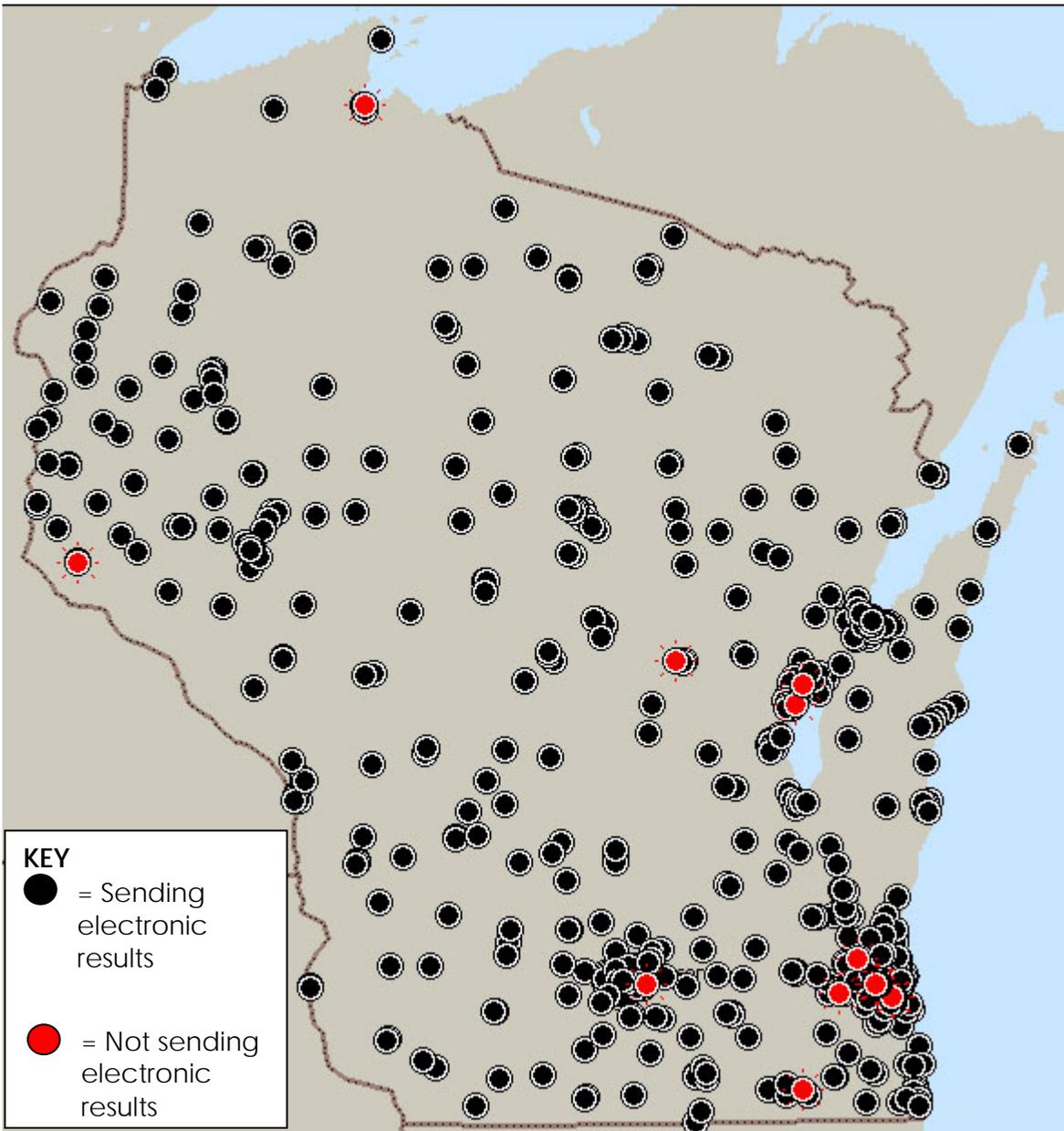
While our initial attempts to engage laboratories in a WISHIN Direct Demonstration have been met with very little success, we have not discontinued our efforts. The Wisconsin State Lab of Hygiene is currently listed in Wisconsin's laboratory white space and has agreed to a WISHIN Direct Demonstration for delivering Newborn Screening results to three clinics in western Wisconsin. This WISHIN Direct Demonstration Project is expected to be completed the first quarter of 2012.

2011 Year End Standings

The table below summarizes Wisconsin's laboratory "white space" standings at the end of 2011:

	2010	2011	
Total Accredited and Compliance Labs in Wisconsin	771	771	
LESS: data cleanup (not a reference lab, closed, duplicate, not a lab, etc)	n/a	569	
Wisconsin Laboratory Baseline	771	202	
LESS: Delivering results electronically	n/a	186	92.1%
Laboratories in the White Space:	n/a	16	7.9%

The map below shows a geographical representation of each of Wisconsin's reference laboratories. "White space" laboratories are noted in red. All "white space" laboratories are geographically located near laboratories that are able to send electronic laboratory results.



Map: Wisconsin's Laboratory "White Space"

January 2012 Quarterly Briefing

A Report on Wisconsin's Progress and Strategies

Summary of Strategy for 2012

WISHIN's 2012 lab strategy is to engage reference laboratories serving Wisconsin providers in health information exchange.

Q1- 2012 Tactics, Milestones and Measures

Note: Despite initial negative feedback from laboratories on our 2011 recruitment efforts for a WISHIN Direct demonstration project for laboratory results delivery, we have included a 2012 tactic to continue our recruitment efforts. Our target milestones for this tactic reflect input we received as part of our participation in the TA Lab Workgroup. These milestones reflect activities that we had not tried in 2011.

Tactics to Implement Strategy <i>Now until end of Q1 2012</i>	Target Milestones <i>for March 31, 2012</i>	Performance Measure / Target Value
1. Continue multi-pronged recruitment efforts for laboratory and physician/clinic participation in a WISHIN Direct demonstration project for laboratory results delivery.	Develop a recruitment brochure for laboratories by 1/15/2012.	Secure commitment in a WISHIN Direct demonstration project from one (1) of the 771 CLIA Accredited or Compliance reference laboratories in Wisconsin.
	Work with WHITEC to identify physicians and clinics that may be interested in a laboratory results delivery demonstration using WISHIN Direct and develop a recruitment approach for those physicians and clinics identified by 1/31/2012.	
	Distribute recruitment brochure for laboratories and begin to implement recruitment plan for physicians by 2/15/2012.	
	By 3/31/2012, work with the Wisconsin Hospital Association and the Rural Wisconsin Health Cooperative to identify any hospital labs that have a backlog of interface work and that are interested in participating in a WISHIN Direct demonstration project for lab result delivery.	
	Solidify WISHIN Direct laboratory results delivery demonstration project participants by 3/31/2012.	
2. Complete a detailed assessment of:	Formalize a Lab Workgroup (a work group of the Clinical Advisory Committee) comprised of stakeholders by 1/31/2012.	None.

January 2012 Quarterly Briefing

A Report on Wisconsin's Progress and Strategies

<p>a. The ability of Wisconsin's Accredited and Compliance Reference Labs (both hospital-based and independent) to electronically send structured lab results. Assessment will include identification of barriers and challenges for labs.</p> <p>b. The extent to which Wisconsin physicians use or have access to labs (hospital-based, independent, and national) that can send them structured lab results. Assessment will include identification of barriers and challenges for physicians.</p> <p>The assessments will inform WISHIN's tactics for engaging labs in HIE for the remainder of 2012.</p>	<p>Contract with the University of Wisconsin Survey Center to develop lab and physician surveys to assess whether labs are able to deliver structured results and whether providers use or have access to labs that can send them structured lab results in support of meaningful use. Contract signed by 1/31/2012.</p> <p>Complete the design of the surveys with the UW Survey Center by 3/31/2012.</p> <p>Prepare the Lab Workgroup and WHITEC to analyze the lab survey results (or sampling results) and develop tactics for going forward. Conduct background and kickoff sessions by 3/31/2012.</p> <p>Begin initial discussions with UW Survey Center and WHITEC on strategies for survey rollout (e.g. possible sampling of smaller physician practices, etc.) by 3/31/2012.</p> <p>Begin discussions with database consultants on how to incorporate survey results into existing database by 3/31/2012.</p>	
<p>3. Conduct HIE demonstration project with the State Lab of Hygiene to deliver Newborn Screening (NBS) Test results to Clinics via Direct.</p>	<p>Finalize "current state" and "future state" workflows for all demonstration project participants by 1/31/2012.</p> <p>Complete first lab results exchange using WISHIN Direct by 1/31/2012.</p> <p>Complete Project Closure Report, including lessons learned, best practices, and opportunities/refinements/barriers for expansion by 3/31/2012.</p>	<p>Increase lab participation in HIE with providers by one (1) lab which will reduce Wisconsin's 2011 laboratory white space by (1) of the remaining 16 laboratories.</p>

Public Health Immunization Registry Data Submission

Summary of Approved Strategy for 2011

Provide a capability (technical assistance, tools, specifications, and instructions) to EHR vendors and the EPs and Hospitals using certified EHR technology to connect to and electronically submit immunization data to the Wisconsin Immunization Registry.

2011 Progress toward Tactics

1. Modify WIR through CDC grant funding and HP (MMIS) resources to accept HL7 2.5.1 messages.
>>Completed.
2. Provide a test environment and support multiple electronic submission protocols, including:
 - a. Batch electronic submission using HTTPS through Web portal,
 - b. PHINMS SW client bundle uniquely configured by State for each EP or Hospitals with installation instructions, and
 - c. Three flavors of Web services—complete tested bundle with installation instructions, a uniquely configured tested bundle for Epic users, or a configuration enabling a submitter to use its own existing Web services set up.>>Completed.
3. Establish a single point of contact with a designated HIT specialist at the REC (WHITEC) to work/coordinate with State WIR staff on any issues that their providers and hospitals have connecting and testing with WIR.
>>Completed.

January 2012 Quarterly Briefing

A Report on Wisconsin's Progress and Strategies

2011 Year-End Standings*

100% of the Hospitals and EPs that initiate a connection with WIR are able to test and perform subsequent submissions of their immunization data on an ongoing basis after a successful test	
Total # of EPs and Hospitals that attested to the immunization data submission MU menu set requirement.	770**
Total # of EPs and Hospitals that performed at least one test of their certified EHR technology to electronically submit immunization data to the WIR.	TBD
Total # of EPs and Hospitals for all patient records did not administer an immunization during their EHR reporting period	TBD
Total # and % of EPs and Hospitals attested that there was an immunization that has the capacity to receive information electronically.	Submitted a request to CMS on 12/14/11 for a custom MU Summary report for WI to get this data.

** Need to validate this number when we receive the custom report.

Summary of Strategy for 2012

Expand the capability (technical assistance, tools, specifications, and instructions) available to EHR vendors and the EPs and Hospitals using certified EHR technology to connect to and electronically submit immunization data to the Wisconsin Immunization Registry.

Q1- 2012 Tactics, Milestones and Measures

Tactics to Implement Strategy <i>Now until end of Q1 2012</i>	Target Milestones <i>for March 31, 2012</i>	Performance Measure / Target Value
1. Identify resources to expand current public health capacity through grant funding or new opportunities or allocate some state-appropriated funds—this would count as grant match to	1. Identify and secure funding by 3/31/2012 needed to Direct enable the WIR. (DHS and WISHIN)	1. 100% of the Hospitals and EPs that initiate a connection with WIR are able to test and perform subsequent submissions of their immunization data on an ongoing basis after a successful test.

January 2012 Quarterly Briefing

A Report on Wisconsin's Progress and Strategies

<p>the State HIE grant.</p>		<p>2. Increase total # of EPs and Hospitals that performed at least one test of their certified EHR technology to electronically submit immunization data to the WIR by xx% or xx. (Targets will be set after we know actual numbers achieved for 2011).</p>
<p>2. Support the Direct transport protocol for submission of immunization data.</p>	<p>1. Acquire a WISHIN Direct account for WIR by 3/31/2012. (DHS and WISHIN)</p> <p>2. Complete initial testing of directed secure messaging transport protocol for immunization data submission by selected providers working with WHITEC and WISHIN using the WISHIN Direct portal by 3/31/2012. (DHS, WISHIN, WHITEC)</p> <p>3. Define requirements to Direct-enable WIR for automated receipt and incorporation of immunization data submitted by EPs and hospitals using Direct and begin software upgrade work by 3/31/2012. (DHS and HP)</p>	<p>Conduct one test of using WISHIN Direct for immunization data submission.</p>

January 2012 Quarterly Briefing

A Report on Wisconsin's Progress and Strategies

<p>3. Complete a statewide communication campaign on public health capabilities to receive data electronically from EPs and hospitals participating in the CMS EHR Incentive Program and on the support and tools available to assist EPs and hospitals.</p>	<p>1. Update information on the Department's eHealth Web about the status of public health's capability and capacity to support MU-compliant data submission of immunization data to public health with added emphasis on Direct and put links to this information on WISHIN and WHITEC's Web sites. Develop briefing material for WISHIN and WHITEC by March 31, 2012. (DHS)</p>	
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