

IN PERSON	BY PHONE	STAFF	GUESTS	ABSENT
Annette Fox	Henry Anderson	Michelle Clark		Howard Croft
	Sally Blom	Jean Doeringsfeld		Nancy Davis
	Robert Gribble	Joe Kachelski		Linda Drummond
	Scott Hansfield	Laura Widder		Joan Greendeer-Lee
	Dan Johnson			Jerry Halverson
	Kim Pemble			John Hartman
	Karen Smith			Chris Henkenius
	Christopher Tashjian			Joe Musser
	Mike Wall			Rogelio Pante
	Prati Wojtal			Aleksandar Rosich
				James Slawson
				Albert Tzeel
				Alexander Young



WISHIN CLINICAL ADVISORY COMMITTEE MEETING

Friday, September 21, 2012 – 9:00-11:00 AM

Conference Call

AGENDA ITEMS	END RESULT
Call to Order	The meeting was called to order by Dr. Hansfield.
Minutes	The June 15, 2012, meeting minutes were approved.
Implementation Update	Mr. Kachelski reported on the implementation status. WISHIN has signed WISHIN Pulse MOUs from the five major Milwaukee health systems and anticipates a “go live” date of April 1, 2013. Ms. Doeringsfeld stated there are three federally qualified health centers (FQHCs) in Milwaukee that WISHIN is also working with in providing information to WISHIN Pulse. UWHP-Watertown has also signed a WISHIN Pulse MOU and expects to “go live” in mid-December. WISHIN will be terminating the Ability (Direct) contract very soon and will transition clients to the Medicity platform.
Workgroup Updates: <ul style="list-style-type: none"> Lab Issues Workgroup 	Ms. Doeringsfeld reported on the Lab Issues Workgroup. Both a lab survey (88 different lab “groups”) and clinic survey as it pertained to lab results (95 different clinic “groups,”) were sent out. The conclusion of the Lab Workgroup was that the most common method of lab results delivery is having results automatically delivered to an EHR; structured electronic lab data exchange is already prevalent across the state of Wisconsin; and the “white space” clinics and labs (those not capable of exchanging lab data electronically) make up a small percentage of the labs and clinics statewide – and are mostly comprised of clinics and labs without automated systems such as EHRs or LIMS. The recommendations of the Lab Workgroup are that WISHIN should focus on incorporating lab results into the WISHIN Pulse community health record so that lab results can be shared with any provider who is treating the patient (and not just the provider who ordered the test) and once WISHIN Pulse is operational, WISHIN might consider implementing an automated lab results delivery solution to allow providers without an EHR to receive lab results electronically.

<ul style="list-style-type: none"> • Policy Workgroup • Opt-Out Workgroup 	<p>Ms. Widder gave a status update on the Policy Workgroup. The group is meeting only on an as-needed basis, because the majority of the work has been completed. Some introductory text about WISHIN’s vision and goals has been added. The principles have been aligned with the core domains of the Department of Health and Human Services (DHSS) Office of the National Coordinator for Health Information Technology’s (ONC) <i>Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identified Health Information</i>. The Policy Workgroup has also worked on a Participant Security checklist which will either be part of the Participation Agreement or part of implementation, and WISHIN’s security policies.</p> <p>Ms. Doeringsfeld explained the focus of the Opt-Out Workgroup is to help WISHIN determine the process needed to operationalize Opt-Out. All state HIEs must have processes by which the patients can opt out or opt in. Most state HIEs offer opt-out to patients; however no state currently has more than a three-percent opt-out rate. The workgroup considered the following criteria when developing an opt-out process: involvement of participant’s staff; education of participant’s staff; ease of the process for patients; level of involvement of WISHIN staff – operational sustainability; and options to verify patient’s identity. The workgroup offered five different options on how a patient could opt-out: 1) phone; 2) website submission; 3) brochure or website form with notary; 4) brochure or website form with provider signature; and 5) brochure or website form without signature. The workgroup also felt that multiple methods for opt-out should be offered.</p>
<p>Change in Committee Meeting Frequency</p>	<p>Dr. Hansfield proposed changing the frequency of meetings to a quarterly schedule starting with January 2013. The meeting change was approved.</p>
<p>Other Business</p>	<p>No other business.</p>
<p>ADJOURN</p>	<p>The meeting adjourned at 9:45 a.m.</p>