COMMUNICATIONS ADVISORY COMMITTEE MEETING MINUTES
Monday, April 25, 2011
3:00 – 5:00 p.m.
Wisconsin Hospital Association

11 COMMITTEE MEMBERS PRESENT
Peter Thompson (Chair)
Jane Cooper (Vice Chair)
Richard Ammond
Ken Carlson
Mary Kay Grasmick
Lisa Hildebrand
Beth Kaplan
Dianne Kiehl
Jason Klimowicz
Scott Larrivee
Chuck Nason

2 MEMBERS ABSENT
Laurie Kohel
Jesi Wang

3 STAFF PRESENT
Joe Kachelski
Jean Doeringsfeld
Kim Drone

2 GUESTS PRESENT
Elise Braun
Aaron Holman

CALL TO ORDER

Communications Advisory Committee Chair Peter Thompson called the meeting to order at 3:08 p.m.

WISHIN BACKGROUND

Mr. Kachelski provided the committee with background about WISHIN. He said WISHIN is a not-for-profit corporation, and was founded by four organizations -- Wisconsin Collaborative for Healthcare Quality, Wisconsin Health Information Organization, Wisconsin Medical Society, and Wisconsin Hospital Association.   WISHIN's purpose is to facilitate Meaningful Use of electronic health care records, improve population health, and facilitate reporting of health care performance.

A grant of $9.4 million was provided to the state of Wisconsin to create a system of statewide health information exchange. The WIRED for Health Board issued a request for applications to serve as the state-designated entity (SDE). After receiving WISHIN's application in August, the WIRED Board endorsed WISHIN as the SDE.

ONC approved a revised strategic and operational plan (SOP) in December. DHS and WISHIN executed a contract for WISHIN to become the SDE on December 30, 2010, and to receive approximately $8 million of the remaining grant funds.

The mission, vision, and goals are derived from the SOP to develop a trusted and secure health information network, and provide value for participants. The Technical Committee will be responsible for the implementation of the technical aspects of the SOP, governance of the process, engaging stakeholders, and developing infrastructure and standards.

Mr. Kachelski highlighted four goals for WISHIN. The first goal is developing a governance framework. WISHIN will govern the process of developing and implementing a statewide health information network. The second goal is to be financially sustainable, since the funds provided will last no longer than 2014. The third goal is to develop a scalable standards-based architecture for HIE that leverages existing investments. This is the concept of building a "network of networks". WISHIN would leverage existing HIE assets and be a foundation for interstate exchange. The fourth goal is to inform and raise awareness of the benefits of health information exchange.

WISHIN signed a technical management contract with Wisconsin Health Information Exchange (WHIE) which is an existing health information exchange (HIE) in the state. The majority of the funding provided to WISHIN will be paid to WHIE for developing the technical infrastructure. Mr. Thompson asked why the state selected WHIE as WISHIN's technical manager. Mr. Kachelski said the state was seeking a policy and governance entity as the state-designated entity (SDE), and it was expected that technical management and operations would be contracted services.

WHITEC is Wisconsin's Regional Extension Center grantee, which has the responsibility of outreaching and guiding small clinics through the process of selecting an EMR vendor. Incentive payments are available to hospitals and eligible professionals that adopt electronic medical records (EMRs) and meaningfully use them.

Ms. Doeringsfeld gave a background on Direct. Direct is a set of standards and services within a policy framework that enables simple and Direct transport over the Internet in support of meaningful use. There are four pieces to Direct: address, security and trust services, messages and transport and delivery.

The first part is the Direct address, which is similar to an email address. An authenticated and encrypted message can be sent to anyone with a Direct address. The second part is security and trust services, and each Direct address has a Direct certificate. This is a digital certificate which is similar to a secure connection, but is more robust. The third part is the actual message which is similar to an email message in which structured files can be attached, imported into an EMR, or be a plain text. The fourth part is the message transport and delivery, which is delivered similar to email. The message is secure and encrypted, and the Direct address of the recipient would need to be known.

WISHIN will be a certificate authority, which verifies that senders and recipients are secure entities. There are existing regional HIEs in the state that WISHIN will help connect to each other and eventually to the national HIE. Requirements must be met for standards and security so there is a trusted network of networks in Wisconsin. Provider directory services will be provided by WISHIN, which would include a list of providers' Direct addresses. Ms. Cooper asked how many providers in the state of Wisconsin would pass the vetting process. Ms. Doeringsfeld said as long as provider identities can be verified, they are able to participate.

In order for WISHIN to be sustainable, value-added services will be needed in the future. In September, Phase 1 HISP services will be live.

White space is defined as laboratories that cannot send structured lab results and pharmacies that are unable to accept e-prescribing. Ms. Doeringsfeld said WISHIN's goal is to determine the Wisconsin white-space baseline and to achieve white-space reductions. For Phase 1, the Committee will need to create a communications, education, and marketing Communication, Education and Marketing (CEM) plan to qualify HISPs. Foundational branding and awareness of WISHIN will need to be started by July 1. The CEM plan for the Phase 2 robust services must be started by July 15. Messages for HISP services and Phase 2 will be deployed by August 1. Mr. Kachelski said outside services may need to be contracted due to the timeframe for the Phase 1 initiative.

COMMITTEE CHARTER

Mr. Thompson said the Communications Committee is responsible for delivering recommendations for communications, education, and marketing activities and strategies that will increase stakeholder awareness and participation with WISHIN. The overall responsibility is to provide support to the WISHIN Board of Directors, and advise on assisting the implementation of communication, education and marketing strategies for WISHIN.

It was moved and seconded to approve the Communications Advisory Committee charter. Motion carried unanimously.

COMMITTEE WORKPLAN

Ms. Doeringsfeld said Appendix 17 of the SOP will be used as a guide for creating a detailed workplan for the Communications Committee. The committee must organize the tasks to be completed, and workgroups can be created based on the tasks. Outside resources will be used as several important milestones are due in the next few months. Ms. Doeringsfeld asked for volunteers to create a rapid response workgroup since there are urgent Phase 1 tasks, specifically around messaging for HISP qualification and services. Ms. Cooper and Mr. Carlson volunteered to participate.

Ms. Doeringsfeld was asked to define a HISP and provide examples. HISP stands for health information service provider, which is similar to an internet service provider but is specific to health information only. Ms. Doeringsfeld said the American Academy of Family Physicians (AAFP), Ability, and SureScripts are examples of HISPs.

Mr. Klimowicz asked what percentage of providers are currently involved in HIE. Mr. Kachelski said five HIE assets are in place: Community Health Collaborative (CHIC) in Duluth, Hospital Sisters

Health System (HSHS) in Eau Claire, Marshfield/Ministry HIE, Epic Care Everywhere which is a vendor-based HIE, and WHIE.

Ms. Doeringsfeld said Direct and qualifying HISPs were discussed at Boot Camp. States are at different development stages depending on if they are a SDE. Some states have different requirements for the SOP because of different demographics in their state. Mr. Kachelski said WISHIN will be able to borrow communication resources from other states that are more advanced.

Mr. Thompson asked how receptive are the HISPs with WISHIN's plan. Ms. Doeringsfeld said this concept is not new to the HISPs, and several attended the Boot Camp. Mr. Kachelski said the organizations that are the least sophisticated in terms of electronic capabilities may be most interested in Direct services.

Mr. Thompson asked what success for WISHIN would be by August. Ms. Doeringsfeld said it would be ideal to have as many providers as possible certified by September to be able to receive Direct addresses and meet Meaningful Use before September 30. If providers are seeking Meaningful Use incentive payments, an HIE mechanism will be needed to test their ability to exchange information. Mr. Thompson said the agreement and strategy for using the programming is a bigger decision for providers. Ms. Doeringsfeld said the decision will be related to their pursuit of Meaningful Use incentive payments.

Mr. Kachelski said Medicare and Medicaid provide incentive payments to an organization if they are meeting their criteria and Meaningful Use for an EMR. Mr. Klimowicz asked how much the financial incentives are. Ms. Braun said for an eligible professional the maximum amount that can be received under Medicaid is $63,750 over a period of 6 years. For Medicare, it is $44,000, and between the two programs for hospitals it is potentially millions of dollars. Mr. Thompson asked if this is HIE-only money, or are providers able to receive incentives from other tasks. Ms. Braun said Medicaid providers are not required to meet Meaningful Use in the first year, and would need to adopt, implement, or upgrade an EMR system. For Medicare, they are not required to meet Meaningful Use. Eligible professionals need to meet 20 out of 25 core measures, and choose 5 out of 10 menu set to meet Meaningful Use. Only a handful of measures are related to HIE.

Mr. Thompson said the incentives from the state and federal government cannot be received unless an organization participates in HIE. Would there be a loss of funding if an organization did not participate in HIE? Ms. Braun said there would be a loss of funding by not participating in HIE, however not in the first year. In the first year for Medicaid, the minimum is purchasing an EHR, but eventually the capability of exchanging HIE needs to be demonstrated. Mr. Kachelski said organizations that adopt Meaningful Use early can receive more incentives.

Mr. Klimowicz asked if Dane County Mental Health would be eligible for funding. Ms. Braun stated in order to be an eligible professional there are five categories: physicians, dentists, certified nurse practitioners, midwives, and physician assistants and there is also a different category for the Medicare program. Mr. Klimowicz stated most mental health care is delivered by social workers, not doctors or psychiatrists. Mr. Kachelski said they are not eligible at this point for the incentive.

Ms. Grasmick asked if WISHIN has certified any HISPs and if the process of selecting them has started. Mr. Kachelski said it has not. Mr. Kachelski said participants don't have to sign up with a HISP outside of WISHIN to participate in Direct since WISHIN will be a HISP.

Mr. Klimowicz asked what happens if an existing HISP won't participate. Ms. Doeringsfeld said there is no penalty to not participate; however, there are advantages to participation. Future business could be affected since providers will be concerned with standards when messages are sent bi-directionally in later stages of Meaningful Use. To receive incentives in the next stages of Meaningful Use, providers will need to meet additional requirements. Establishing a connection to the national network will have stringent standards, and WISHIN certification criteria will include interoperability with the nationwide network.

Mr. Klimowicz asked if there is a reason Minnesota decided to mandate this and Wisconsin didn't. Ms. Doeringsfeld said because Minnesota is able to. WISHIN could have pursued legislation, but it is difficult and arduous. Mr. Kachelski said as long as WISHIN is delivering value there is no need for mandates. Mr. Thompson asked if another organization will be the national bridge to the network. Mr. Kachelski said ideally ONC would designate HIE organizations or SDEs as the bridge in each state.

Mr. Thompson asked for a motion to adjourn and it was moved and seconded.