



POLICY ADVISORY COMMITTEE MEETING MINUTES
Thursday, April 21, 2011
1:00 – 3:00 p.m.
Wisconsin Hospital Association

13 COMMITTEE MEMBERS PRESENT

Matthew Stanford (Chair)
Julie Bartels (Vice Chair)
Daniel Barr
Claudia Egan
Jerry Halverson, MD
Catherine Hansen
John Hartman, MD
Norma Lang
Michelle Leiker
Kathy Johnson
Craig Samitt
Peg Schmidt
Denise Webb
Kelly Wilson

1 MEMBER ABSENT

Jared Adair

3 STAFF PRESENT

Joe Kachelski
Jean Doeringsfeld
Kim Drone

CALL TO ORDER

Policy Advisory Committee Chair Matthew Stanford called the meeting to order at 1:05 p.m.

Mr. Kachelski introduced Jean Doeringsfeld as the new Project Director at WISHIN.

APPROVAL OF MINUTES

The Policy Advisory Committee approved the minutes from the meeting held on March 22, 2011.

OVERVIEW OF TECHNICAL WORK PLAN

Mr. Kachelski provided an overview of WISHIN's mission, vision and goals. WISHIN's mission is to develop and sustain secure statewide health information network and HIE services that provide value to participants. Our vision is "to promote and improve the health of individuals and communities in Wisconsin through the development of health information exchange services that facilitate electronic sharing of the right health information at the right place and time."

WISHIN's responsibilities are to facilitate meaningful use, improve population health, and facilitate and govern the reporting of healthcare performance. WISHIN's plan is to engage stakeholders, develop a policy

framework and technical infrastructure, and plan for sustainability. DHS, WISHIN, and WHITEC will work to coordinate activities.

Ms. Doeringsfeld provided the committee with a background on Direct. Direct is a set of standards and services that enable a simple directed, routed, and scalable transport over the internet for securely exchanging information between known participants. A Direct address is similar to an email address. Direct address users have encrypted information that can be sent between known participants.

With each Direct address, the sender and receiver both have digital certificates. The digital certificate is a technical term to certify that the sender and receiver are secure. The actual message looks and is delivered similar to an email message. Direct uses Simple Mail Transport Protocol (SMTP) for the transport and delivery, which is similar to what email systems use.

The plan for 2011 and 2012 for WISHIN is to be a certificate authority for Direct. WISHIN would qualify other HISPs and HIE entities as being interoperable with WISHIN, and a Phase 1 provider directory service would be established. Reportable lab results and lab translation service are part of 2011 goals, specifically related to Direct and white space. In 2012, future Direct standards and possible valued-added services will be created and adopted.

Wisconsin's HIE white space will need to be determined by early September and reduced by 50 percent by the end of 2011. Mr. Stanford asked for a definition of "white space." Ms. Webb stated that pharmacies in white space cannot accept electronic prescriptions from an EHR. Labs in white space are unable to deliver structured electronic results to their external customers. Providers in the white space cannot exchange clinical summary information with an unaffiliated provider, and are not part of an existing HIE network.

Mr. Stanford asked what it means for WISHIN to be a certificate authority. Ms. Webb stated that a certificate authority will positively identify the user and verify that they are legitimate. Once verified, the certificate authority will issue a digital "key" (i.e., a certificate) to the user. Because the user has the "key", others can send messages and be assured that they are sending them to a valid user. In turn, the sender must also have a certificate so that the receiver knows the message came from a valid user. Mr. Stanford asked if there any existing models of exchanges or networks that are certificate authorities that WISHIN can use as a model. Nationwide Health Information Network (NwHIN) uses this process, and other states demonstrated this through their pilot programs. Mr. Stanford asked what the workplan is for certificates. Ms. Doeringsfeld said it would be beneficial to discuss with NwHIN and other states their approach and policy decisions.

Ms. Bartels asked what it will cost to use Direct. Ms. Doeringsfeld said there is no cost for a user to participate in Direct. However, there will be a cost for WISHIN to engage a Phase 1 vendor and clients would pay for WISHIN HISP services.

POLICY COMMITTEE CHARTER

A generalized committee charter was provided for the group with key items and overall committee responsibilities in the assignment. This included the primary responsibilities of providing support to the Board, engaging stakeholders, and assignments for 2011.

Ms. Webb asked for an amendment on #10, which would add the word HISP. A plan needs to be discussed regarding certifying regional HIEs and HISPs operating in our state. Ms. Webb was asked to explain the distinction between a HIE and a HISP. She said a HISP is a narrow service that is the foundation for a HIE. Ms. Webb stated the American Academy of Family Physicians will be selling a HISP service to its members.

Ms. Leiker wanted to address the liability piece in #3. She said there is a need to minimize liability for providers to participate in WISHIN. Ms. Leiker suggested adding an "e.g." to clarify participants.

Ms. Johnson stated the charter doesn't discuss monitoring interstate exchange issues. Mr. Stanford requested a motion for the amendments of adding HISP to item #10, and creating an assignment to monitor and participate in interstate exchange activity, and adding an "e.g." to clarify participants.

It was moved and seconded to approve the Policy Committee Charter with the three proposed amendments. Motion carried unanimously.

POLICY COMMITTEE 2011 WORK PLAN

A generalized executive summary of the Phase 1 and Phase 2 work plan for 2011 was discussed. Workgroups will be established based on the work required.

The Direct Project Implementation Workgroup will work on implementing a Phase 1 operation for WISHIN. ONC said WISHIN will help providers in the white space meet Meaningful Use. The idea for Phase 1 is to have a rapid response workgroup that provides input and direction on agreements and policies. This workgroup will evolve into the Internal Policy Cross-Collaboration Workgroup and develop policies on how to handle data and internal privacy policies. It will involve technical, policy, and legal work moving toward Phase 2.

The next workgroup is the Internal Liabilities Issues Workgroup. Liabilities and risks will be reviewed for providers, patients, and WISHIN. This workgroup will address statutory changes and implementing mechanisms.

The next workgroup is the Interstate Exchange Workgroup. This group will share work with the Technical Committee since technical and policy issues will be involved. The goal is to explore issues unique to interstate exchange and Wisconsin providers, and provide recommendations to mitigate risks. Liability and the participation agreement would be issues needing to be addressed.

The next workgroup is the Participation Agreement Workgroup. This group's goal is to develop the participation agreement for Phase 2.

Ms. Doeringsfeld said the Rapid Implementation Workgroup needs to be staffed and initiated as soon as possible to meet any of the deadlines.

Mr. Stanford said the committee should discuss creating a workgroup for the consent management model. Ms. Doeringsfeld suggested reviewing high-priority tasks, verifying there is an agreement, and creating a project plan. Mr. Stanford said a detailed plan will be available around July 1, which includes reaching out to stakeholders and looking at statutory language. Mr. Stanford asked for a motion to approve the front page of the executive summary.

It was motioned and seconded to approve the front page of the executive summary of the 2011 Policy Committee Workplan.

Upper Midwest HIE Consortium Presentation

Ms. Johnson provided a presentation on the Upper Midwest HIE Consortium. The Upper Midwest HIE collaborative was formed in August 2010. It initially involved six states in the upper Midwest: Illinois, Iowa, Minnesota, North Dakota, South Dakota, and Wisconsin. However, Iowa later dropped out due to resource issues. This project is funded by ONC and Research Triangle Institute (RTI). ONC and RTI sent a request for states to respond to a multi-state project engaging states to resolve security and privacy issues across the border and reducing barriers with HIE.

A proposal was submitted in April and the consortium was awarded funding. This project was built on the previous work of Health Information Security and Privacy Collaboration (HISPC), and the end goal was to make tools available to other states to assist them with HIE. The group agreed on a policy alignment that would create a common consent form to be used to exchange information with a provider in another state. It developed guidelines that would govern the use of the form for electronic standards to share consent profile information electronically.

The project timeline began in April 2010. In July 2010, the contract was awarded and the project began in September. In December, the pros and cons of the project options were reviewed including interstate compact, model uniform law, and policy alignment. In January, it was decided to use the policy alignment

approach and a common consent form. In March, a version of the common consent form was distributed to the group, three subgroups were formed, and a charter was finalized.

The Common Consent Workgroup was charged with developing a consent form, aligning it with other states' consent laws, and identifying any issues. The Policy Alignment Workgroup is working to identify and develop policies and procedures to encourage and implement use of the common consent form. The Electronic Consent Workgroup was formed to investigate ways to translate the consent form into electronic format and identify recommendations to facilitate it.

The end result of this project is due in July and the group hopes to provide the following deliverables: a consent form, guidelines, use-case examples, and state implementation strategies. The group plans to share this form with various stakeholders in the state, receive feedback, and make adjustments.

Ms. Wilson stated it took years to get a common consent form that everyone agreed on in the Dane County Care Everywhere Pilot. She said she would rather put forth legislation to not need a consent form. Ms. Webb stated that it should be presented to the group and HIPPA-COW and analyze their response. Ms. Wilson said she would not recommend that because that would require increased consent. Ms. Johnson said South Dakota and North Dakota have laws similar to HIPAA and have not had that concern.

Ms. Wilson asked if Congress was considering a broader federal law overlooking all state laws. Ms. Johnson said it was discussed in the last meeting with ONC, and it was not likely. Mr. Barr said the Policy and Legislative Committee at WHIMA is active on the consent language issue, and Ms. Hanson and he can be a resource.

Ms. Webb stated that a consumer representative should be recruited for our committee. A union representative was suggested since they are global with representing consumers. There were suggestions of Sue Gaard, Chris Ahmuty, and Meg Gaines.

Mr. Stanford also mentioned a list of Policy Committee meeting dates was provided to the committee for reference.

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

FUTURE BUSINESS

Mr. Stanford suggested it would be helpful to have a glossary of terms for future meetings.