

| IN-PERSON     | PHONE          | STAFF             | ABSENT        | GUESTS           |
|---------------|----------------|-------------------|---------------|------------------|
| Elise Braun   | Henry Anderson | Joseph Kachelski  | Patti Brennan | Dan Hayes        |
| Steve Brenton | Julie Bartels  | Jean Doeringsfeld | Craig Samitt  | Matthew Stanford |
| Dianne Kiehl  | Jane Cooper    | Aelisha Binderim  |               | Tim Stumm        |
| Chuck Nason   | Brett Davis    | Kim Drone         |               |                  |
| Chris Queram  | John Foley     | Kim Johnston      |               |                  |
| Greg Simmons  | Sheila Jenkins | Sarah Martin      |               |                  |
| Linda Syth    | Ken Letkeman   |                   |               |                  |
| Denise Webb   | Kim Pemble     |                   |               |                  |

## WISHIN BOARD OF DIRECTORS MEETING MINUTES

Wednesday, September 28, 2011 - 1:00 – 3:00 p.m.

Wisconsin Hospital Association



| AGENDA ITEMS  | RESULTS  |
|---|--|
| <b>Approval of July Board Meeting Minutes</b>   | Approved   |
| <b>Approval of New Officers</b>   | Approved Linda Syth as the Vice-Chair.   |
| <b>Approval of Policy on Open Meetings</b>  | Approved   |
| <b>Operational Update: Phase I</b>  | WISHIN held two “Introducing WISHIN and WISHIN Direct” sessions. WISHIN Direct went live on 8/19/2011, and six organizations have applied for Direct addresses. The first successful test of a CCD exchange occurred on 9/23/11. The criteria for Direct demonstration projects will be finalized in October.  |
| <b>Operational Update: Phase II</b>   | WISHIN has decided that HIPAA harmonization legislation is still the best scenario for addressing risk-management concerns for WISHIN participants. WISHIN cannot implement a technological solution that will address the risk-management concerns of the most risk-adverse potential clients. Although technological solutions can suppress sensitive information and provide a centralized consent process, the complexity and vagueness of Wisconsin’s mental-health privacy laws are such that technological solutions by themselves may not ensure 100% compliance.  |
| <ul style="list-style-type: none"> <li><b>Consent Management</b></li> </ul>                   |  |
| <ul style="list-style-type: none"> <li><b>Value Proposition Workgroup</b></li> </ul>          | The Value Proposition Workgroup will meet on September 30 and evaluate potential use-cases and services that WISHIN can implement. This will help determine WISHIN’s ability to deliver these services. The Technical Committee will incorporate the recommendations into the Phase II RFP specifications and WISHIN will implement in the SOP update.   |
| <ul style="list-style-type: none"> <li><b>Vendor Education Sessions</b></li> </ul>            | WISHIN is hosting a vendor education session in Milwaukee on October 12 and 13 to provide input into the RFP development. Sessions will be focused around core HIE services and functional capabilities. Ten vendors are scheduled to present, and there are currently 21 attendees registered.  |
| <ul style="list-style-type: none"> <li><b>RFP Development/Procurement Timeline</b></li> </ul> | Inputs in the development of the RFP for Phase II are the value proposition workgroup, vendor education sessions, RFPs from other states, and consultant resources. The Technical Advisory Committee will approve the RFP by 11/14 and proceed to the Board on 11/23. The RFP will then be submitted to ONC on 12/1 and be released by 1/17/12. WISHIN hopes to have contracted complete by May 2012 and Phase II launch in October 2012.  |
| <ul style="list-style-type: none"> <li><b>Marketing/Communications</b></li> </ul>             | WISHIN launched a monthly e-newsletter, <i>WISHIN Connections</i> . The list serve was moved in-house. WISHIN created promotional collateral for WISHIN Direct. WISHIN started direct marketing related to Stage 1 meaningful use. Trademark applications are being processed for WISHIN, Wisconsin Statewide Health Information Network, WISHIN Direct and WISHIN Bridge. WISHIN is planning public awareness/branding marketing campaign. A physicians’ survey, call script and brochures were also created to address physician white space.  |
| <b>Board Actions in Coming Months</b>   | In October, the Board will need to authorize proceeding with procurement for public awareness/branding marketing services and the employee lease agreement between WHA and WISHIN. In November the Board needs to approve the Phase II RFP and the 2012 WISHIN budget. In December, the Board must approve the SOP update and sustainability plan.   |
| <b>State HIT Coordinator Update</b>   | Ms. Webb ran several reports out of the CMS national level registry for the Meaningful Use (MU) program. Wisconsin has brought in more than \$9.28M for Medicaid incentives. For Stage 1 MU attestation, DHS is providing eligible professionals and hospitals a letter that will enable providers that are ready to submit syndromic surveillance data to public health to meet the MU requirements but that are not yet connected to WHIE (the DHS agent for collecting this data) to claim a MU exclusion. DHS and WHIE presently have no resources to connect additional providers to WHIE for this purpose. The letter gives the provider the documentation they would need in case their MU attestation for an exclusion is audited. For this MU requirement, they either attest yes, no or exclusion. If taking an exclusion, their EHR technology must have the capability to produce the syndromic surveillance data and the exclusion is due to public health’s inability to receive the data. |