**TECHNICAL ADVISORY COMMITTEE MEETING MINUTES**
**Thursday, April 28, 2011**
**9:00 – 12:00 p.m.**
**Wisconsin Hospital Association**

13 COMMITTEE MEMBERS PRESENT
Dave Lundal (Chair)
Ken Letkeman (Vice Chair)
Nancy Birschbach
Kevin Cross
Scott Hansfield, MD
John Hartman
Jay Klock
Vinay Pandey
Lance Spranger
Karl Stebbins
Linda Syth
Will Weider
Louis Wenzlow

2 MEMBERS ABSENT
Theresa Guilbert, MD
Tim Patrick, PhD

1 GUEST PRESENT
Elise Braun

3 STAFF PRESENT
Joe Kachelski
Jean Doeringsfeld
Kim Drone

**CALL TO ORDER**

Technical Advisory Committee Chair Dave Lundal called the meeting to order at 9:00 a.m.

**WISHIN BACKGROUND**

Mr. Kachelski provided an overview of WISHIN. 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.

**OVERVIEW OF DIRECT**

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.

Mr. Lundal asked how HL7 lab results would be received. Ms. Doeringsfeld said if both ends have encrypted email and a web portal, a notification of mail would be received. (Jean confirm)

Mr. Lundal stated that when the implementation plan was being developed by the Standards and Architecture committee, there was a plan to survey major EMR vendors on their functionality and standards, but this was not completed. Ms. Braun stated there are 50+ vendors committed to Direct listed on the Direct WIKI website.

Ms. Doeringsfeld said WISHIN's plan for 2011 and 2012 is to provide certificate authority for Direct. HISPs and HIE entities would be qualified 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 lab white space. Mr. Kachelski was asked to define white space. Pharmacies in the white space cannot accept electronic prescriptions from an EHR. Labs in the white space are unable to deliver structured electronic results to their external customers. There are around 200-300 labs and 30 pharmacies currently in Wisconsin's white space.

Ms. Doeringsfeld said the term "structured" for lab results has not been fully defined. ONC has been asked to further define this.

Mr. Kachelski said in 2011, the committee will help prioritize services for a more robust bi-directional HIE to be implemented in 2012.

Ms. Doeringsfeld said WISHIN will provide Direct services for 2011, establish agreements with HIEs and HISPs, and be a certificate authority. Other HISPs will share and route directory information with WISHIN, which is the "network of networks" concept. An example of this is American Academy of Family Physicians (AAFP) partnering with SureScripts to provide HISP services and Direct addresses. WISHIN would need to verify SureScripts is meeting the standards and policies, and grant them approval. Mr. Lundal asked what would happen if SureScripts doesn't want to cooperate with WISHIN. Mr. Kachelski said this process is about positioning WISHIN as the statewide network. It is possible organizations may not want to partner with WISHIN, however it is not expected.

Mr. Weider asked if two Direct addresses are from different providers, are they still able to communicate? Ms. Doeringsfeld said if both are known addresses and HISPs are being utilized, nothing would prevent them from communicating. However, if the Direct address is not known and different HISPs are used the person would need to be contacted by phone to obtain their Direct address as with e-mail addresses.

Ms. Doeringsfeld said it is complicated connecting HISPs to other states.  At Nationwide Health Information Network (NwHIN), nothing prevents other HISPs contracting with them.  However, NwHIN will be very restrictive with contracting with organizations, and could be a reason for other HISPs to seek WISHIN's approval.

Mr. Lundal asked if WISHIN anticipates being able connect with SureScripts.  Ms. Doeringsfeld said connecting with WISHIN would make them more valuable.  In June 2011, WISHIN will release a RFP for Phase 1 services for certificate authority and a minimal provider directory.  Mr. Wenzlow asked if it is implemented in September and providers wanted to subscribe before month-end, will a process be in place for the legal documentation.  Ms. Doeringsfeld said a process will be in place and agreements with HIEs and HISPs will be established by that time since other state information will be leveraged instead of starting from scratch.  (Jean confirm)

Mr. Weider asked if the RFP being created will be awarded to WHIE. Mr. Kachelski said WHIE is the Technical Manager and is issuing the RFP for Phase 1 services.  Mr. Weider was concerned if Phase 1 service requirements are not defined from the beginning, future problems can arise.  Ms. Doeringsfeld clarified that Phase 1 is the certificate authority, minimal provider directory, and Direct.

Ms. Doeringsfeld said Direct is minimal and will define the foundation of WISHIN.  For the Technical Committee, the workplan for 2011 is to review the Phase 1 RFP, assist in developing the HISP qualification criteria, and a Phase 2 plan for a robust RFP.  That also includes the vendor fair as input to the Phase 2 RFP.  Mr. Lundal asked if HISP services will be based on RFP responses, or include a vendor demonstration process.  Ms. Doeringsfeld acknowledged this concern and suggested a Phase 1 rapid response workgroup be created with members from the Technical and Policy committees.

Ms. Birschbach said it seems to be critical for the vendor selected in Phase 1 to intersect with Phase 2.  WISHIN would need to build into Phase 2 what is developed in Phase 1.  Ms. Doeringsfeld expressed a concern for the short timeline, and suggested a rapid response workgroup is created.

## TECHNICAL ADVISORY COMMITTEE CHARTER

Mr. Lundal asked if the Technical Committee can assist with the sustainability plan and identify value in services for the state.  Mr. Kachelski said the Finance Committee will be working on sustainability; however a subgroup will also be established.  Mr. Lundal recommended leaving the word "sustainability" off, and could recommend this committee or a sub-committee having the responsibility of identifying services of value.

Mr. Weider asked who will document the stakeholders' legal business on clinical requirements.  Mr. Lundal stated Deloitte consultants had previously provided that assistance and WISHIN and WHIE would have that responsibility. Mr. Lundal suggested modifying the opening sentence, and Mr. Kachelski said the required modifications will be updated and provided.  (did this get done?)

## TECHNICAL ADVISORY COMMITTEE 2011 WORK

Mr. Weider said a requirements document is needed for the committee before working on a RFP.  Mr. Kachelski stated the 2011 deliverables have essentially been determined for WISHIN.  Ms. Birschbach asked how to verify the RFP adequately reflects those requirements.  Mr. Weider suggested changing our charter to implement Direct, since that is our goal.  Ms. Doeringsfeld said that goal is not long term.

Mr. Lundal asked if other states' RFPs will be plagiarized to obtain this, since the other RFPs would have had to meet the same requirements. Mr. Weider said the RFP is not necessary if the goal is Direct.  Mr. Lundal suggested evaluating the top vendors based on their presentations and references.  Mr. Kachelski said in any circumstance, WISHIN will need to articulate the expectation, of the vendor in terms of meeting WISHIN's goals.

Mr. Weider said the specifications need to be built based on WISHIN's goal, which is Direct. Mr. Panday said that would make sense if it was only for 2011, but it is foundational work and requirements are needed. Mr. Letkeman said if an RFP will be created, the requirements for the RFP need to be specified.

Mr. Wenzlow said when he does assessments for WHITEC, providers are looking for solutions to meet Meaningful Use requirements for Phase 1. This is a value requirement and supports sustainability, and if you have the right EHR files can be imported as opposed to scanning. Mr. Kachelski said progress had to be made quickly due to time constraints, but in 2011 the priorities are to make Direct work by developing a certificate authority and a provider directory, and reducing white space.

Mr. Lundal said the 2011 Technical Committee deliverables and the system development of the HISP qualification criteria will be plagiarized to the extent possible. Ms. Doeringsfeld said documents are available from Minnesota, Texas, and Rhode Island. Minnesota is legislatively requiring HISPs to certify with the state entity, and is charging HISPs for qualification.

Mr. Kachelski said the Phase 2 plan and RFP proves continuing where the WIRED Board left off in November. The vendor fair was almost executed, which would have been input for the development of the RFP. The original plan was to execute Phase 2 without Phase 1. Mr. Wenzlow asked what the likelihood is the Phase 2 vendor would be the same Phase 1 vendor.

Ms. Doeringsfeld said vendors want to be a part of health information exchange. Verizon and SureScripts are considered HISPs. They are offering start-up services for free, but will charge later on for usage. Ms. Braun said SureScripts is also partnering with EHR vendors.

Ms. Birschbach said the HISP services market will fluctuate as business views change. WISHIN should consider HIE for Phase 2, and what organizations we will consider contracting with. This will provide more time for the market to be established, and could change requirements for Phase 2. Ms. Doeringsfeld said the robust bi-directional query and response was the original plan, and the plan for 2011 was inserted into that plan.

Mr. Lundal said this committee will begin efforts for creating Phase 2 plan. Mr. Weider said the term "requirements" sound better than RFP. A RFP and a document explaining WISHIN's goals needs to be established. Ms. Doeringsfeld said this is the effort for the Phase 2 plan and a workplan is needed to confirm consistency with the SOP. Mr. Lundal suggested providing feedback on the Phase 2 plan and discussing it at the next meeting. Ms. Doeringsfeld stated she is working on the full workplan for WISHIN, and will be providing high-level milestones for each committee. Mr. Weider said he would offer a Project Manager to help Ms. Doeringsfeld.

Ms. Doeringsfeld said the Policy Committee has two shared workgroups. The Internal Policy Collaboration Workgroup has a goal for Phase 2 to leverage the technical and policy expertise for WISHIN's internal operation. The Interstate Exchange Workgroup will focus on interstate HIE for WISHIN and Wisconsin providers, and mitigate risks for interstate exchange. Ms. Birschbach said she will volunteer for both committees. Mr. Stebbins volunteered for the Interstate Exchange Workgroup. Mr. Lundal said he would follow up with some of his contacts to volunteer on the committees.

Mr. Lundal said two topics on today's origianl agenda will be discussed at a future meeting: Providing HISP Services for IDN's and Leveraging the WHIE ADT Model.

Ms. Doeringsfeld said there is a link on the WISHIN website to subscribe for updates on the WIRED for Health project, and obtain access to SharePoint.

Ms. Syth said Arian Malec at ONC is responsible for designing Direct, and is willing to present a webinar to the Technical Committee.  She will contact Arian Malec for further information to provide to the group.

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