

IN PERSON	BY PHONE	STAFF	GUESTS	ABSENT
Elise Braun	Nancy Birschbach	Michelle Clark		Oskar Anderson
Dave Lundal	Sandy Butschli	Jean Doeringsfeld		Theresa Guilbert
Louis Wenzlow	Kevin Cross			John Hartman
	Michael Gagnon			Joe Kachelski
	Scott Hansfield			John Moehrke
	Jay Klock			Jim Paddock
	Ken Letkeman			Timothy Patrick
	Vinay Pandey			Kim Pemble
	Garrett Peterson			Dan Peterson
	Mike Repka			Gary Plank
	Denise Webb			Karl Stebbins
	Will Weider			Linda Syth



**WISHIN Technical Advisory Committee Meeting**  
 Wednesday, July 25, 2012 – 1:00-2:30 PM  
 Wisconsin Hospital Association

AGENDA ITEMS	END RESULT
<b>Call to Order</b>	Mr. Lundal called the meeting to order.
<b>Approve June 2012 Meeting Minutes</b>	The June 2012 meeting minutes were approved with one correction that Mr. Moehrke attended this meeting by phone and was not absent.
<b>WISHIN Direct Transition to WISHIN Direct+ Product Suite</b>	Ms. Doeringsfeld announced that Direct Transition training certification of WISHIN staff has been completed. WISHIN has done three web trainings for Direct customers. WISHIN has identified transition starter sites which will “go live” by the end of July. The transition for the remaining sites will begin after the starter sites. Ms. Doeringsfeld gave a product overview to the committee. WISHIN Pulse is a community health record (CHR) with a web portal only; electronic health records (EHR) integration will start after November 2012. The WISHIN Direct+ Product Suite is like a platform with “apps”. The “apps” consist of Referrals, Care Coordination and Direct Secure Messaging. Ms. Doeringsfeld stated that WISHIN Participants that provide data to the HIE will receive both WISHIN Pulse and the WISHIN Direct+ Product Suite as part of their subscription. Some of the data providers may only use part of the product suite. For those WISHIN Participants that do not provide data, they will have to purchase the products separately. The objective is that all WISHIN Participants that can be data providers, must be data providers in order for there to be maximum value out of the HIE.
<b>WISHIN Hosted Data Stages vs. Participant Hosted Data Stages</b>	Ms. Doeringsfeld explained that there are two options by the participants for the storage of data. The participant can choose to have WISHIN/Medicity host the participant organization’s “data stage” or the Participant can host their own “data stage”, but in doing so must agree to implement and follow the criteria set forth by WISHIN for hosting their own “data stage”.

<b>HIPPA, Security, Privacy, Roles and Audit</b>	Ms. Doeringsfeld explained that HIPAA will be maintained at a high level. WISHIN will have Business Associate Agreements and Participation Agreements with participants. Other security items covered: (1) Patient Opt-Out – WISHIN will provide a statement about the exchange that will need to be added to participator’s Notice of Privacy Practice and other patient materials. Patients will be given options for how they opt-out that are still being worked on at this time by WISHIN. (2) Sensitive and V.I.P. data will use the HL7 confidentiality flags. (3) Break-the-glass will be used whenever a user tries to access a patient’s clinical data and that user is not the “provider of record” in the system. (4) User Roles are standard roles are defined that limit the type of data and the functions that a user given those roles can see/do. (5) Auditing and Reporting is available and virtually every mouse click is recorded in an audit log.
<b>The Plan for Payer Access to the HIE</b>	Ms. Doeringsfeld stated that WISHIN plans to implement payer access capabilities in early 2013 and access will only be for HIPAA permissible purposes. Payer access will be restricted based on: (1) the patient must be enrolled in the Health Plan associated to the payer and (2) the patient’s data must identify the payer. If this data is missing or if there is any conflict, the information is not shared with the payer. The viewing of claims data by any user, payer or provider, will not include billed or reimbursed dollars.
<b>The Process for Participating and On-boarding</b>	Ms. Doeringsfeld explained that WISHIN Pulse would include data from the following: Hospital/IDN participants would need to provide ADT, Laboratory Results, Radiology Reports, Pathology Reports, Transcription Reports, and CCDs. Clinic-based participants would need to provide ADT and CCDs. Ms. Doeringsfeld outlined the process to onboard to WISHIN Pulse. The participant must first complete an assessment checklist for all interfaces; complete a Memo of Understanding which includes a Business Associate Agreement; provide sample production data; and work with a WISHIN Project Manager on a schedule to “go live”. WISHIN and Medicity will run sample production data through automated analysis tools to create specification sheets for each interface; will validate specs and test interfaces; and schedule end-user training with WISHIN trainers.
<b>Survey Results</b>	Ms. Doeringsfeld reported on the findings from the Laboratory and Clinic surveys conducted by the UW Survey Center. The surveys were conducted to determine the capabilities and use of HIT. Ms. Doeringsfeld also reported on the findings from the Market Surveys to C-suite and physicians, and survey to consumers that Hiebing conducted. The purpose of both of these surveys was to understand perceptions, support and concerns about HIE.
<b>Other Business</b>	Mr. Lundal will be speaking October 9, 2012 and asked that WISHIN provide him with WISHIN materials to hand out.
<b>Adjourn</b>	Meeting adjourned at 2:30 p.m.