



TECHNICAL ADVISORY COMMITTEE MEETING MINUTES

June 20, 2011

9:30 a.m. – 12:30 p.m.

St. Mary's Hospital

14 COMMITTEE MEMBERS PRESENT

Dave Lundal (Chair)
Ken Letkeman (Vice Chair) (by phone)
Nancy Birschbach
Sandy Butschli
Kevin Cross
Scott Hansfield, MD
Vinay Pandey
Dan Peterson
Garrett Peterson
Gary Plank
Mike Repka
Karl Stebbins
Linda Syth
Denise Webb

3 GUESTS PRESENT

Elise Braun
Michael Gagnon

CALL TO ORDER

Technical Advisory Committee Chair Mr. Lundal called the meeting to order at 9:33 a.m.

APPROVAL OF MINUTES

It was moved and seconded to approve the minutes from the May 2011 Technical Advisory Committee meeting. Motion carried unanimously.

WISHIN OVERVIEW

Mr. Kachelski gave an update on WISHIN. WISHIN has a 15-member Board – four founders, eight elected, and three statutory. There are three advisory committees – Policy, Communications, and Technical. WHIE is the technical services provider for WISHIN. WISHIN is currently fully staffed, and may bring in temporary resources in for projects. WISHIN recently issued the Phase 1 RFP (HISP/Direct secure messaging), and responses are due June 27.

WHIE OVERVIEW

Mr. Pemble gave an overview on WHIE. WHIE received a contract through the Centers for Medicare & Medicaid Services (CMS) in 2007 to start Direct services for the exchange. The Milwaukee Health Care Partnership recognized they needed assistance with challenges in health care. Currently 50 hospitals are

Kim Pemble

3 STAFF PRESENT

Joseph Kachelski
Jean Doeringsfeld
Kim Drone

9 MEMBERS ABSENT

Oskar Anderson
Jim Grant
Theresa Guilbert, MD
John Hartman, MD
Jay Klock
Tim Patrick
Lance Spranger
Will Weider
Louis Wenzlow

submitting syndromic surveillance data. Mr. Hansfield asked why only 50 out of 130 hospitals are submitting data. Mr. Pemble said there are barriers to entry since an interface needs to be established. Data is centralized in the hybrid HIE model, but participants could decide to withdraw and remove their data.

Mr. Pemble said WHIE has had several evaluation projects. Ms. Webb said the first was the University of Wisconsin completed an evaluation and reviewed the cost impact to Medicaid beneficiaries and the quality of care. ED linking for the exchange went live with eight pilot hospitals in 2008 with a limited data set. The data feed wasn't fully operational until October 2009, and is currently operating with a full set of data since only December 2009. There wasn't a significant impact in costs, but was an improvement in care coordination and repeatable tests. Their final conclusion was to revisit the data when the exchange has been operating longer.

Mr. Pemble said the second evaluation was by the Medical College of Wisconsin which evaluated the pilot sites and conducted a survey. The results showed the pharmacy data available through the exchange influenced doctors' decision making.

Mr. Pemble said the third study was an internal evaluation by Humana. The results of the impact on ED encounters in the Milwaukee area are being published in the August issue of *American Health and Drug Benefits*.

PHASE 1 RFP UPDATE

Mr. Kachelski said about 20 vendors have expressed interest in responding to the RFP.

Ms. Doeringsfeld said a message was sent to a list serve populated with several hundred vendors announcing the RFP. Around 300 vendors have signed up to remain on the list serve, and the RFP is posted on the WISHIN site. WISHIN also reached out to HISP vendors not on the list.

PHASE 1 VENDOR SELECTION WORK GROUP

Ms. Syth said the Phase 1 Vendor Selection Work Group will be reviewing and evaluating the scoring tool. The Vendor Fair Work Group will score the qualified vendors. Ms. Doeringsfeld said the Phase 1 Vendor Selection Work Group will finalize the recommendation, and the committee will be informed of the selected vendor at the next meeting.

Ms. Webb asked if the Work Group will document the process for narrowing down the finalists in the event there is an audit. Mr. Pemble and Ms. Doeringsfeld said they will document it.

VENDOR FAIR WORK GROUP

Mr. Pemble said the Vendor Fair Work Group will meet on July 7, and the vendor fair is scheduled for the week of September 8. WISHIN had considered a vendor fair last year, but it was postponed because of ONC's requested SOP changes. The committee will target the Phase 2 requirements and create a network of networks.

Mr. Kachelski said WISHIN will want to limit the vendor fair to qualified vendors. Ms. Doeringsfeld said it would be beneficial for the entire committee to attend and view the demonstrations.

PHASE 1 RAPID IMPLEMENTATION WORK GROUP

Ms. Webb said the Phase 1 Rapid Implementation Work Group is working on the vendor qualification process for WISHIN Connect, which will be WISHIN's HISP qualification product. The work group will also review the vendor qualification process, and specifications and agreements used in other states. Mr. Pemble, Mr. Weider, and Mr. Hartman will be providing feedback on the application form.

Ms. Webb said the work group is also working on the participation agreement for HISP services for hospitals for WISHIN Direct. The draft is due July 1, and will be provided for the committee to review. Ms. Doeringsfeld said she also received Nebraska's agreements and will be reviewing them.

Ms. Syth asked who determines the costs for Direct services. Ms. Doeringsfeld said until a HISP vendor is selected, it is difficult to determine costs; however, the monthly subscription will cost less than a cell phone bill.

Mr. Kachelski said the Finance Committee reviewed a list of pricing principles for Phase 1 services. Ms. Syth said she would like a copy when it is complete.

INTERSTATE EXCHANGE WORKGROUP

Ms. Birschbach said there is a future meeting scheduled, and will provide an update at the next meeting.

HIE OPERATIONS POLICY CROSS-COLLABORATION WORK GROUP

Ms. Birschbach said this work group has not met yet.

CERNER AND EPIC DISCUSSION

Ms. Birschbach asked what is WISHIN's plan for certification of HISPs and their participation. She had contacted Cerner and they are not planning to connect Millennium into WISHIN.

Ms. Webb said many EHR vendors will say they are Direct-enabled. That is different from being a HISP, but an EHR vendor can provide HISP services. Ms. Webb said she also contacted Cerner, and they denied those comments. Ms. Birschbach said Cerner is willing to discuss this further.

Mr. Lundal asked if Agnesian's Cerner system hosts in Kansas City. Ms. Birschbach said yes, and there is concern for paying for services twice, since they are financially contributing to WISHIN.

Ms. Webb said it is disturbing Epic says there is no need for the exchange since they are unable to maintain a directory, and will need to connect to other HIEs. Ms. Doeringsfeld said she does not believe Epic will offer HISP services, but Cerner will. Mr. Lundal said there was a goal to discuss primary vendors' plans in 2010. Ms. Doeringsfeld said if they have HISP services, they will need WISHIN Connect or to be a partner. Mr. Lundal said that would be beneficial to include in the marketing plan and the educational component.

Ms. Webb asked if Epic can exchange with Cerner now. Mr. Lundal said no, but standards are still evolving. Ms. Birschbach said in Cerner's previous comments they are a HISP and are doing both. Mr. Kachelski asked if they mentioned what to do when exchanging with a non-Cerner client. Ms. Birschbach said she will send that email to the committee. Ms. Doeringsfeld said they are stating this is both. She said she will contact him to ask if they will be providing HISP services.

Mr. Lundal said WISHIN needs to have a conversation with EMRs in the state and have CIOs involved. Ms. Webb said WISHIN needs to help health care systems understand what to put in their contracts to ensure connectivity in the state.

STANDARDS AND ADOPTION PROCESS

Ms. Doeringsfeld said a standards and adoption process needs to be established to review and evaluate emerging standards. Ms. Doeringsfeld said she would work on a plan and present it to the committee. Mr. Lundal volunteered Mr. Repka to help Ms. Doeringsfeld create a process. Mr. Kachelski said there are existing documents from other states and from the planning process that can be used for a starting point.

DISCUSS HISP SERVICES TO IDNs

Ms. Webb said the purpose of having state-level HISP services is to reduce white space, and several IDNs aren't part of the white space. However when patients travel outside their networks, the provider directories will be unable to connect. WISHIN will need to meet with several vendors and CIOs to have them understand WISHIN's purpose.

Mr. Kachelski said several providers are electronically enabled but have limitations. Mr. Pemble said WISHIN needs to understand the workflow in those environments and provide feedback.

LEVERAGING THE WHIE ADT MODEL

Ms. Webb said the ADT registry will be a key existing tool for creating a master patient index for the Phase 2 robust exchange. Mr. Pemble said there will soon be 50 hospitals feeding transfer messages into the ADT registry.

Mr. Kachelski said WISHIN will need to consider if the ADT registry is part of the default WISHIN infrastructure for the Phase 2 RFP technical requirements..

Mr. Kachelski said the RFP should be complete by the end of November for review by ONC. He said it is theoretically possible that a bidder could offer a different master patient index approach as part of its proposed services. He said WISHIN needs to evaluate the entire package of services offered by vendors.

Ms. Webb said the state and five Milwaukee locations have agreed to provide funding to maintain operations of WHIE's ED linking system. The state contributions would be paid to WISHIN and passed through to WHIE. Mr. Kachelski said this does not reduce WISHIN's grant funding.

CONFLICT OF INTEREST FORM

Mr. Kachelski said WISHIN's legal counsel has asked that advisory committee members complete a conflict of interest form. All advisory committee members will need to complete it on an annual basis.

ANNOUNCEMENT

Ms. Doeringsfeld said the Direct Project announced Domain Name Service will be the mechanism for sending information from HISP to HISP.

It was moved and seconded to adjourn. Motion carried unanimously.