



# STATE HEALTH OFFICER

---

*Bi-Monthly Webcast  
August 10, 2010*

*Division of Public Health*



# Overview

- *Announcements*
- *Health Reform and Home Visiting*
- *HW2020 Update*
- *WIRED for Health*
- *State Budget update*
- *Questions & Answers*



# *Retirements*

## **April**

- ✓ Glenda Madlom  
*Health Officer - Ozaukee County*



## *Retirements con't*

### **June**

- ✓ Judy Crouch-Smolarek  
*Health Officer - City of Neenah (19 years)*  
⇒ 33 years in public health
- ✓ Frank Matteo  
*Health Officer - Kenosha County*
- ✓ Cynthia Tomesello  
*Health Officer - Shorewood/Whitefish Bay*



## *Retirements con't*

### **July**

✓ Tommye Schneider

*Director of Environmental Health, Public Health Madison-Dance County*

⇒ 38 years in public Health

⇒ 2005 Sanitarian of the Year



## *Retirements con't*

### **August**

✓ Linda McFarlin

*Health Officer - Adams County*

- ⇒ Health Officer for 21 years
- ⇒ Former president WPHA
- ⇒ Moved HD from Level I to a Level II



# *Announcements*

## *Public Health Orientation for New Public Health Professionals in Wisconsin:*

- ✓ Wednesday & Thursday, October 20 – 21, 2010
- ✓ Stoney Creek Inn, Wausau/Rothschild
- ✓ Specifics and registration to be posted on TRAIN in early August



## *Announcements cont.*

- **Please send in any remaining doses of the H1N1 vaccine.** We want it out of your refrigerators prior to receiving shipments of seasonal influenza vaccine.
- The Office of the First Lady will be calling on mayors and elected officials across the country to join her in becoming a “Let’s Move City or Town”. Information at: **WWW.LETSMOVE.GOV**



## ***Announcements cont. Northeast Region***

- Various options are being considered and discussed regarding the possible merger of two or more of the four health departments located in Winnebago County. Options include:
  - merging one or more of the three city health departments with Winnebago County Health Department
  - a possible merger of two city health departments into one agency.

Discussions are looking at all options. At this time, further information and discussion is necessary. No decision have been made on what the final Winnebago Health department structure will look like.



## ***Announcements cont. Northeast Region***

Patricia Peterson, Director of the Reproductive Health Program for NEWCAP in Oconto County - retired after 35 years.

*NEWCAP provides a number of services to primarily low income families in a ten county area. She has been instrumental in expanding the women's health/reproductive health program to the ten counties. A replacement has not yet been identified.*



## ***Announcements cont. Northeast Region***

Paul Spiegel, retired health officer for the City of Oshkosh has been hired by the City of Neenah to serve as the Interim Health Officer until the time that a decision is made by the City of Neenah to determine whether to hire a HO or merge



# ***Southeast Region WPHA Conference Awards***

## ***Health Officer of the Year:***

**Jackie Ove, RN, Health Officer, City of South Milwaukee Health Department**

## ***Presidential Citation Award:***

**Geoffrey Swain, MD, MPH, Associate Professor, UW School of Medicine and Public Health and Chief Medical Officer, City of Milwaukee Health Dept.**



## ***Southeast Region***

### ***WPHA Conference Awards, cont.***

#### ***Special Achievement of a Public Health Partnership:***

**Nicole Angresano**, Director, Community Impact, United Way of Greater Milwaukee

#### ***Legislator of the Year:***

**Representative Sandy Pasch**,  
Wisconsin State Assembly



## ***Southeast Region***

### ***WPHA Conference Awards, cont.***

#### ***Distinguished Service to Public Health:***

**John Milbrath, MD**, Director of the Breast Diagnostic Clinic, Waukesha

**Carol Wantuch, RN**, Health Officer, City of Cudahy Health Department



## ***Southeast Region***

### ***WPHA Conference Awards, cont.***

***Excellence in Health Promotion and Disease Prevention:***

**M. Kathleen Murphy, DNP, RN, FNP-BC,**  
Health Services Coordinator, Milwaukee  
Public Schools



## ***Announcements cont. Northern Region***

- Eileen Simak – appointed interim HO for Sawyer County starting in July
- Congratulations to Sue Kunferman, Health Officer, Wood County. She completed the Certified Public Managers program.
- Good luck to Millie Lindsey, Bayfield County Health Officer and Pat Harrington, Sawyer County Health Officer. They have both moved on to new adventures.



## ***Announcements cont. Western Region***

Dr. Alec Thundercloud was named the Executive Director of Health for the Ho-Chunk Nation this spring. He provides leadership to the health care, community health, and environmental services for the nation.



## ***Announcements cont. Western Region***

Kate Konkle, UW-Population Health Fellow, received the *2010 WPHA New Public Health Worker of the Year* award. Kate has been instrumental in the past 2 years in both regional and statewide work related to local and state health department quality improvement and accreditation. She also provided support to local CHIP processes and facilitated PH preparedness consortia transitions. She is completing her fellowship with WRO this month and is moving on to the Healthy Wisconsin Leadership Institute.



# Health Reform Legislation Home Visiting Grant

*Linda Hale, RN, BSN, EMT  
Chief, Family Health Section  
Bureau of Community Health Promotion*



# STATE HEALTH PLAN

*Healthiest Wisconsin 2020*

*<http://dhs.wisconsin.gov/hw2020/>*



# It's 2020 in Wisconsin...



## ***2020: the healthiest future state***

- VISION: Everyone Living Better, Longer
- Identify powerful opportunities for prevention
- Prevention at all stages of life
- Working in partnerships
- Implementation wherever live, work, learn, play
- Changing policies and environments
- Healthy options preferred or even easiest



## ***2020: the healthiest future state***

- Incentives aligned for health
- Equal access to conditions for health
- Eliminating longstanding disparities
- Stronger public health infrastructure



# *State Health Improvement Plan*

- Decade agenda required by statute
- Public Health Council reports on plan progress to legislature, Governor
- Plan for entire state, not just DHS or DPH
- Over 1500 voices participated



# *Plan Emphasis*

- Better health across the lifespan
  - Early prevention
  - Include quality of life
- Eliminate disparities
- Achieve health equity
- Emphasis on conditions for health (determinants)
- High-leverage policies
- Alignment of policies for health
- Effectiveness evidence
- Infrastructure



## *Lessons from 2010 plan*

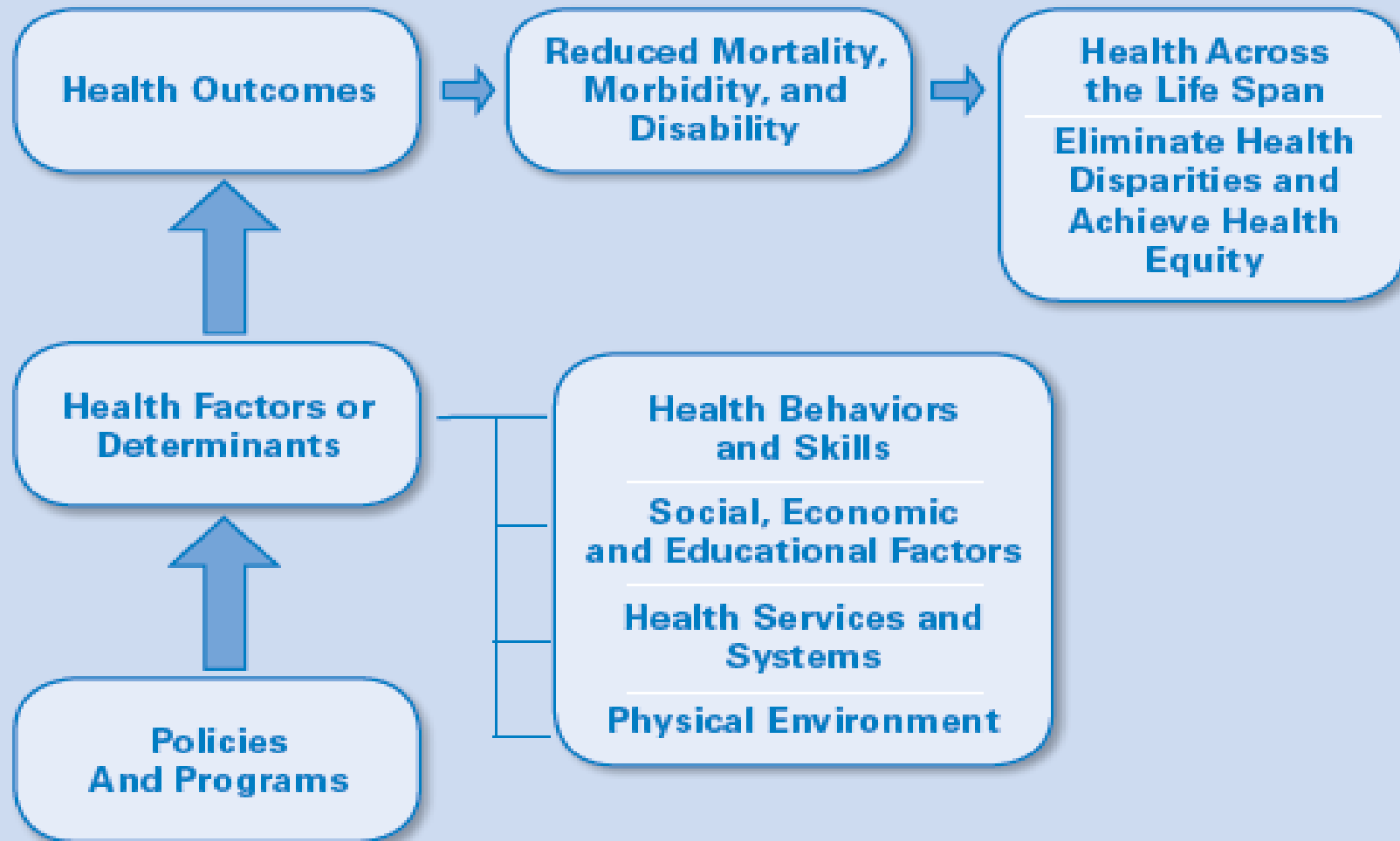
- Goals do matter: tobacco, health insurance
- Focus
- Policy & environment: conditions for health
- Social, economic and educational factors
- Alignment and leverage over time



## *Lessons from 2010 plan*

- Evidence of effectiveness
- Accountability over a decade
- Measurement
- Partnerships yield results
- Advocacy and marketing

**Figure 2. Determinants of Population Health**



*Adapted with modifications from University of Wisconsin School of Medicine and Public Health, Mobilizing Action Toward Community Health, County Health Rankings," accessed at <http://www.countyhealthrankings.org/about-project/background>.*

# Factors that Affect Health

## Examples

*Smallest Impact*

**Counseling  
& Education**

Eat healthy, be physically active

**Clinical Interventions**

Rx for high blood pressure, high cholesterol, diabetes

**Long-lasting Protective Interventions**

Immunizations, brief intervention, cessation treatment, colonoscopy

**Changing the Context**  
*to make individuals' default decisions healthy*

Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax

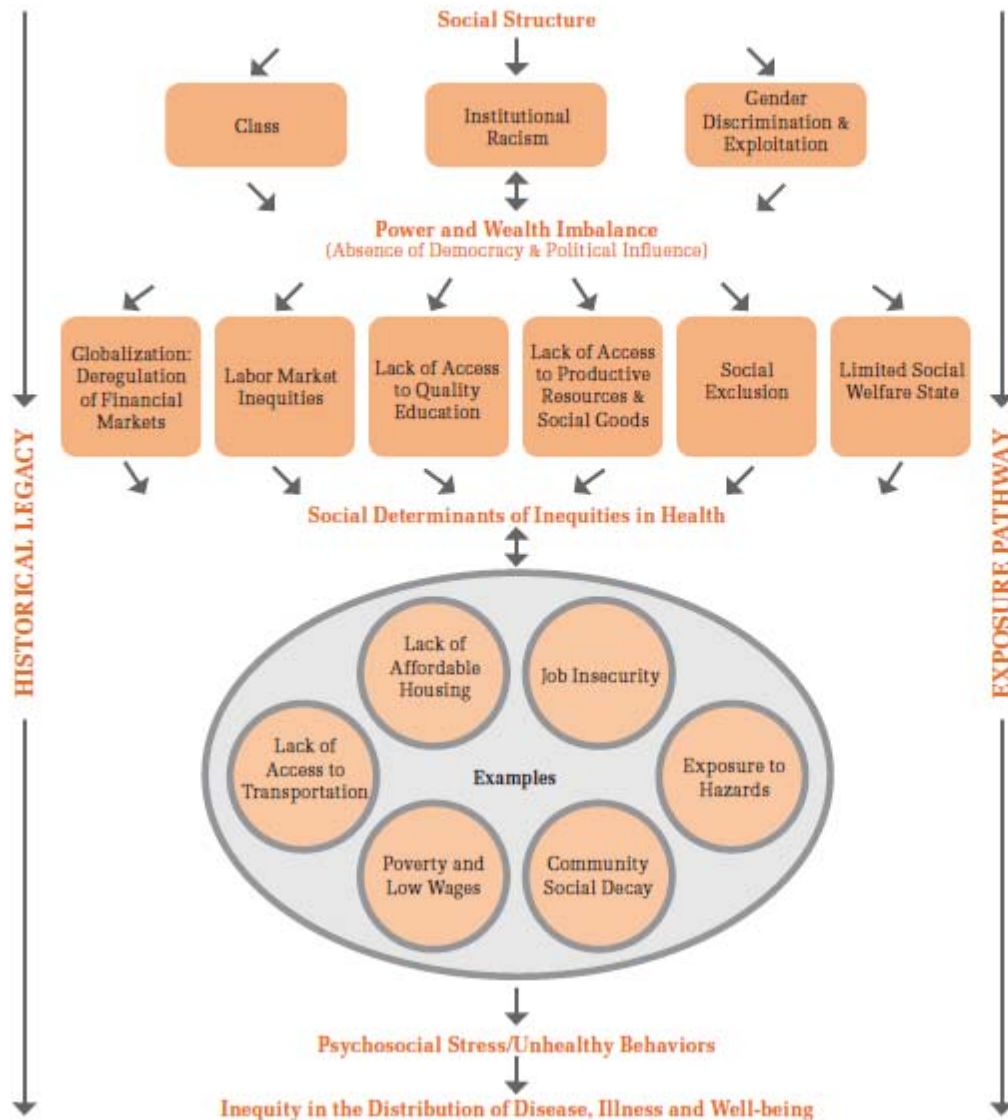
**Socioeconomic Factors**

Poverty, education, housing, inequality

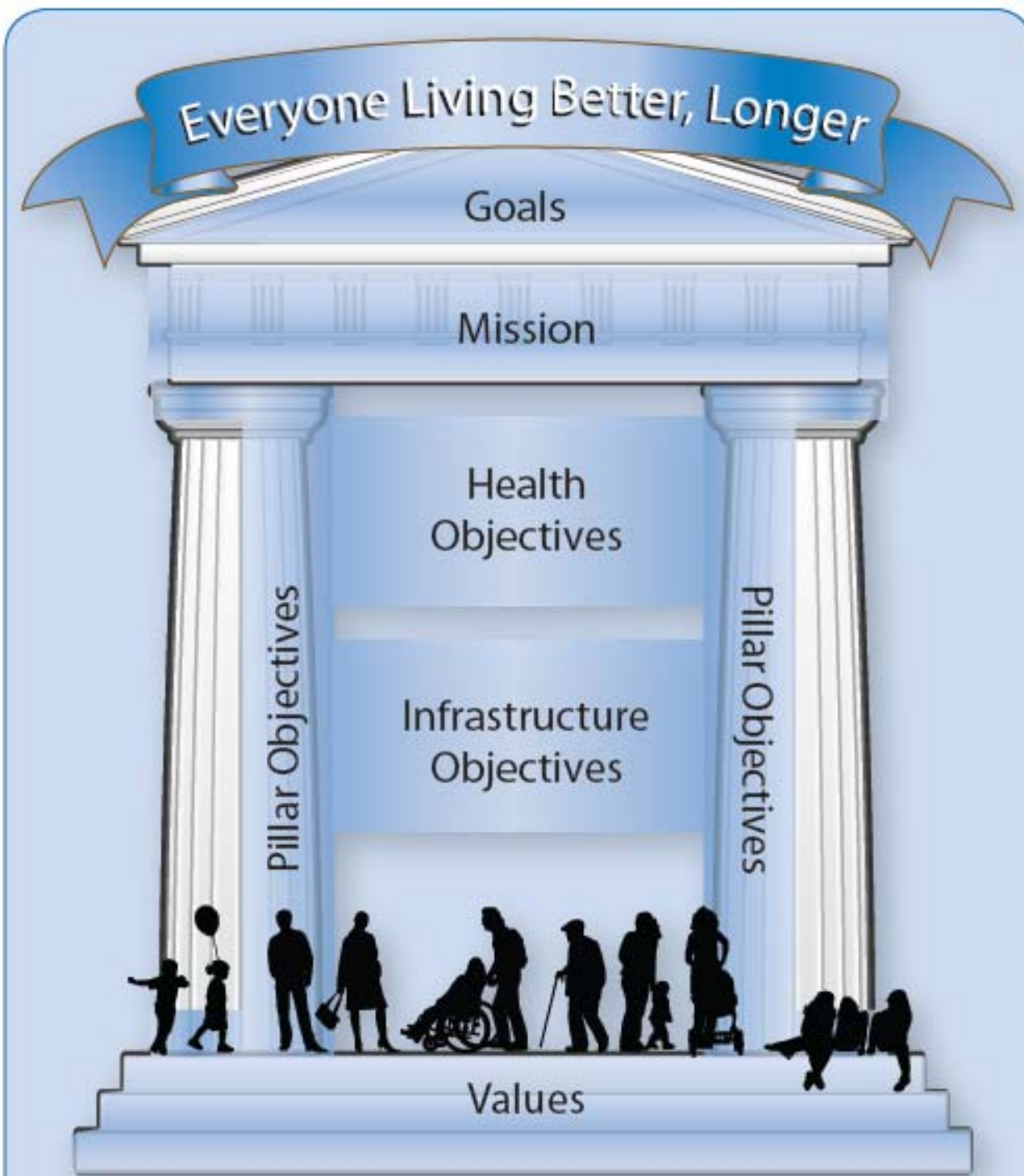
*Largest Impact*



### 3. How Social Injustice Becomes Embodied in Differential Disease and Mortality Rates



Hofrichter R, ed, Tackling Health Inequities Through Public Health Practice: A Handbook for Action. 2006. NACCHO & Ingram County, MI Health Dept.





# What we are building toward

- **Vision:** Everyone living better, longer
- **Goals:**
  - Improve health across the lifespan
  - Eliminate health disparities and achieve health equity
- **Mission:** To assure conditions in which people can be healthy, and members of healthy, safe, and resilient families and communities.



# Pillar Objectives

- Comprehensive data to track health disparities
- Resources to eliminate health disparities
- Policies to reduce discrimination and increase social cohesion
- Policies to reduce poverty
- Policies to improve education



# Pillar Objectives

## Improved and connected health service systems

- ✓ primary care
- ✓ behavioral screening & intervention
- ✓ mental health & substance abuse
- ✓ chronic disease management
- ✓ oral health
- ✓ sexual and reproductive health
- ✓ information exchange to optimize health decisions



# Pillar Objectives

- Youth and families prepared to protect their health and the health of their community
- Childcare and K-12 policies and curricula in partnership to
  - ✓ Increase vaccination
  - ✓ Detect and refer possible disabilities
  - ✓ KAS for basic child care, sick care, understanding health information, making health decisions, oral hygiene, non-violent conflict resolution, tobacco-alcohol-drug avoidance, injury prevention, home emergency preparedness, diversity and inclusiveness, healthy relationships



# Pillar Objectives

Capability to evaluate the effectiveness and health impact of policies and programs

- Capacity for health impact assessment of major policy changes
- Capacity to compare and disseminate effectiveness of alternate population health policies and practices



# Pillar Objectives

Environment (community designs) that foster health and social networks:

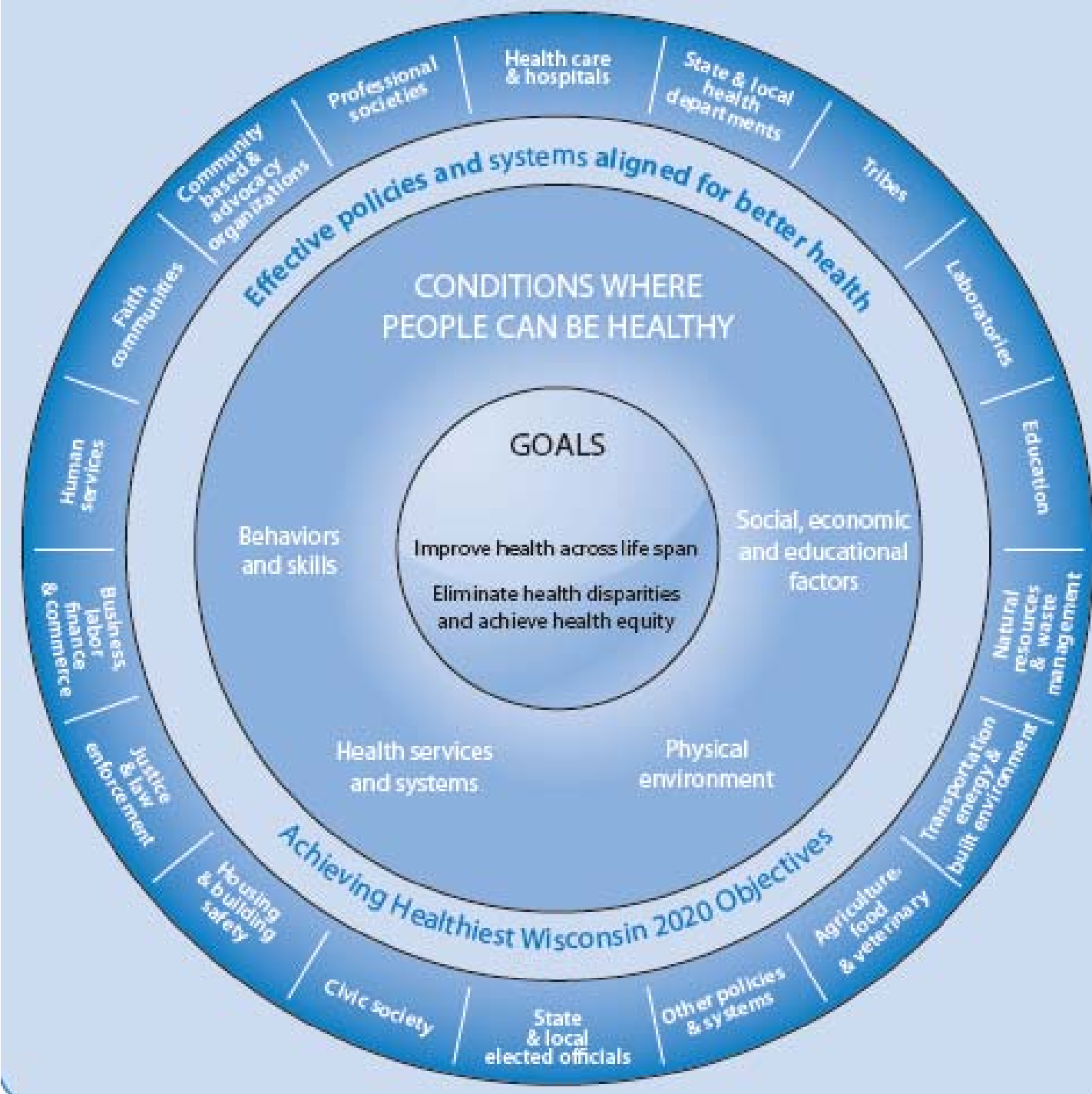
- ✓ Foot, bicycle and public transport
- ✓ Physical recreation
- ✓ Food gardening
- ✓ Social interaction
- ✓ Reduce air, water pollution, carbon footprint and heat retention



# Pillar Objectives

Resources for governmental public health infrastructure

- Funding to at least per-capita average in Midwest





# Infrastructure Objectives

- **Health care**

- Improve access to high quality health services
- Reduce disparities in access

- **Partnerships**

- Increase effective partnership strategies
- Increase partnerships with meaningful involvement of affected populations



# Infrastructure

- **Workforce**
  - Sufficient and diverse
  - System to monitor public health workforce adequacy, competency and diversity
- **Emergency prep, response, recovery**
  - Strengthen and integrate preparedness
  - Strengthen individual and community preparedness, particularly of higher risk persons



# Infrastructure

- **Funding**
  - For 2020 objectives
  - For governmental public health agencies
- **Health literacy**
  - Increase awareness
  - Increase effective communications



# Infrastructure

- **Public health capacity and quality**
  - Implement CQI in public health agencies
  - Accreditation of public health agencies
- **Public health research and evaluation**
  - R&E council to increase prioritization & collaboration
  - Increase evidence-based practices
  - Research on disparities



# Infrastructure

- **Informatics**

- HIE to optimize decisions for personal and community health
- Certified EMRs for consumers, providers and public health
- Electronic data collection to track disparities



# Health Issues

- **Nutrition and Food Security**

- Better diet through increased access to fruits, vegetables, decreased sugar sweetened and less healthy foods, and increased breastfeeding
- Adequate access to health food
- Reduce disparities in obesity



# Health Issues

- **Alcohol and Drugs**

- Reduce risky and unhealthy use through policies attitudes and services
- Culturally competent services
- Reduce disparities



# Health Issues

- **Chronic Diseases**

- Sustainable funding and capacity for prevention and management programs
- Increase culturally competent programs for diverse populations
- Reduce disparities in rates of illness

- **Communicable Diseases**

- Increase coverage of recommended vaccinations
- Reduce disparities



# Health Issues

- **Environmental and Occupational**

- Improve overall quality and safety of food supply and environments
- Increase percentage of homes with safe and healthy conditions

- **Growth and Development**

- Increase proportion screened for developmental
- Pre- and inter-conceptual care for those with disparate outcomes
- Reduce disparities in birth outcomes



# Health Issues

- **Injury and Violence**

- Reduce falls, MV crashes, suicide/self-harm, poisoning and assault
- Increase prevention services (including secondary and tertiary)
- Decrease disparities



# Health Issues

- **Mental Health**

- Reduce smoking and obesity among affected
- Reduce disparities in suicide and mental illness among racial, ethnic and LGBT
- Reduce depression and emotional problems among children with special care needs



# Health Issues

- **Oral Health**

- Access to education, prevention, screening, early intervention and treatment
- Access for disparate populations

- **Physical Activity**

- Increase PA through policies, environments
- Increase safe affordable exercise environments, esp. for disparate populations



# Health Issues

- **Reproductive & Sexual Health**

- Norm of sexual health and reproductive justice across the lifespan
- Improve equity in sexual health and reproductive justice
- Reduce disparities

- **Tobacco**

- Reduce youth smoking/exposure by 50%
- Reduce adult smoking/exposure by 25%
- Decrease disparities by 50%



# Implementation

- *Public Health Council*
- *Strategic Champions*
- *Objective Partners-adding HW2020 to strategic plans*
  - State agencies
  - Community health improvement plans (LHDs)
  - Other agencies, institutions, businesses
  - Other collaboratives
- *Marketing*
- *Advocacy*
- *Measurement*



# Implementation Planning

## *Strategic Goal*

By December 2010, vet and publish an Implementation Plan, built on Healthiest Wisconsin 2020 values, that includes sustainable structures and processes that will support implementation.

# Healthiest Wisconsin 2020: Proposed Implementation Model

## Steps Needed to Implement the Plan

## Proposed Functions

**Engaging Partners and Adopting Objectives**



- Communications and marketing
- Integration of objectives into organizational plans
- Objective Champions supporting collaboration



**Assuring Effective Actions and Results**



- Oversight and accountability
- Improving effectiveness
- Assessing the health impact of policies
- Advocacy
- Communities of practice with Web tools



**Monitoring and Reporting Progress**



- Complete development of objective indicators
- Track objective indicators
- Report progress



# What Should I Do Now?

## Find yourself in the plan:

- ✓ 23 Focus Areas, held up by pillars,
- ✓ Executive Summary has all the objectives

## Which are my areas?

- ✓ Follow your Focus Areas for detail



# What Should I Do Now?

## Who else is working on this Focus Area?

- ✓ Who are your partners?
- ✓ Who should be your partners?

## Communicate with your partners & those who should be your partners:

- ✓ About the Objectives
- ✓ About the Plan



# What Should I Do Now?

## **Taking action to achieve the objectives:**

- ✓ How does your work and your partners' work support achieving the objectives?
- ✓ Are you tracking this?

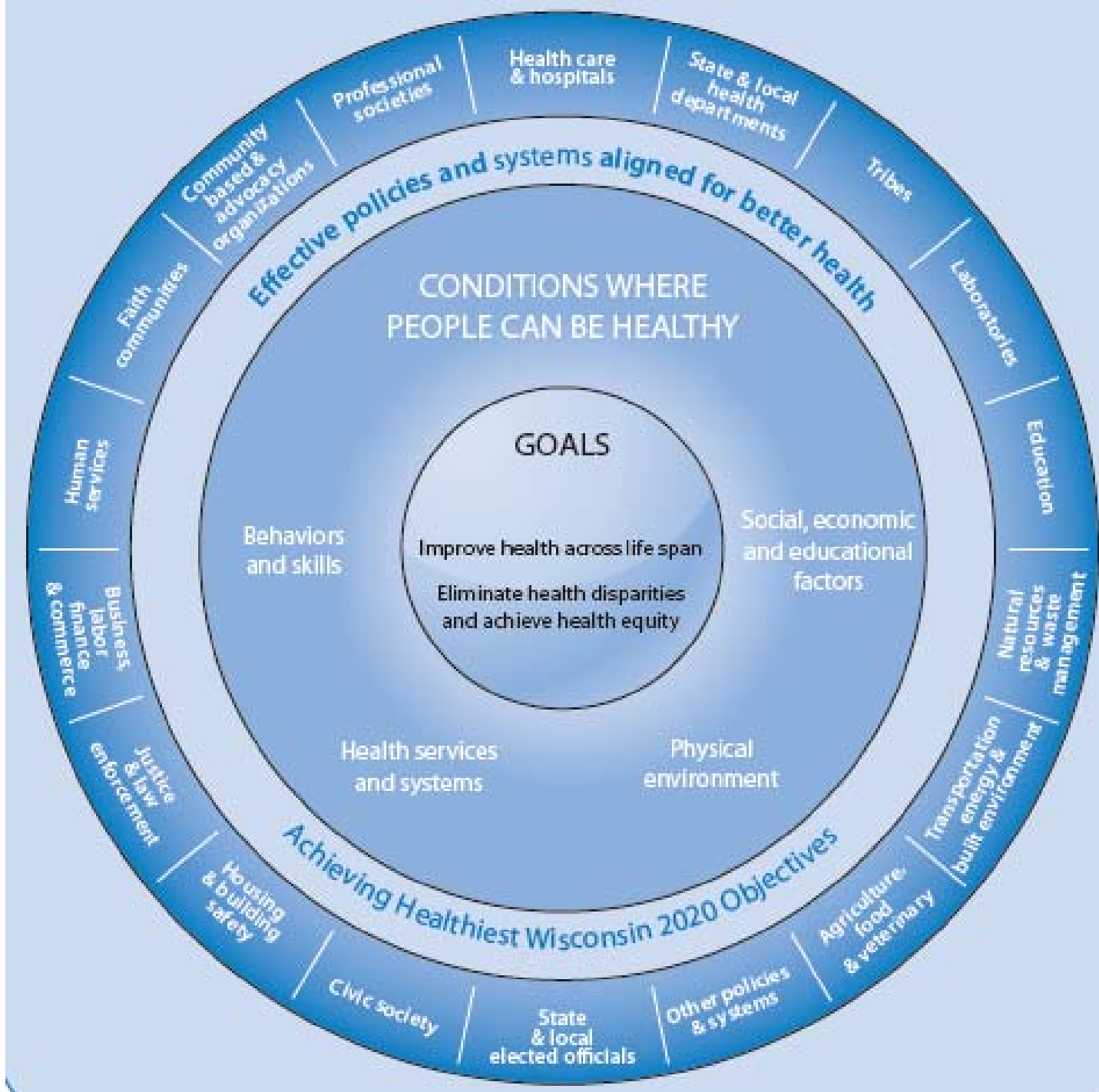
**Start the conversation & and action steps**



# What Should I Do Now?

**Communicate with your partners & those who should be your partners:**

- ✓ About the actions needed to move the objectives
- ✓ About the Plan





# Learning More

Website: <http://dhs.wisconsin.gov/hw2020/>

Email: [DHSW2020@wisconsin.gov](mailto:DHSW2020@wisconsin.gov)

**Margaret Schmelzer, RN, MS**  
*State Health Plan Director*



## ***It's 2015 in Wisconsin...***

**It has been a few years since the *Healthiest Wisconsin 2020* plan was released, and there are already many signs of change . . .**



## *It's 2015 in Wisconsin...*

... A legislative study committee is readying a menu of policy options, each of which is projected to reduce poverty in the state by at least 10%.

... The new Health Impact Analysis Consortium formed by faculty across multiple universities is preparing to analyze these proposals to try to predict how each might affect the health of the state over time.

... Today the Public Health Council heard reports from strategic champion organizations addressing objectives regarding disparities in infant mortality and rates of obesity.



## *It's 2015 in Wisconsin...*

... An encouraging drop in low birthweight is being observed in southeastern Wisconsin.

... There, BadgerCare Plus and other insurers increased incentives to deliver optimal prenatal care and developed model medical homes for families at high risk for infant death.



## *It's 2015 in Wisconsin...*

... Funds from the federal health care reform legislation (the Patient Protection and Affordable Care Act) are supporting evidence-based home visiting programs connected to the medical homes.

... Regional health information exchanges help to ensure that prenatal care providers, hospitals, home visitors and other helpers share vital up-to-date information about each patient.



## *It's 2015 in Wisconsin...*

... Service learning clubs in schools in both southeastern Wisconsin and other communities are taking what they've learned in school about infant care and survival and spreading the word in their neighborhoods.



## *It's 2015 in Wisconsin...*

... Meanwhile, programs that proved effective at reducing obesity in La Crosse and Wood counties are being expanded to serve surrounding counties by mutual agreement between local public health departments, again supported by the health care reform bill.



## *It's 2015 in Wisconsin...*

... Lessons from these programs are being considered across the state by school systems and employers, which are learning about them at the *Healthiest Wisconsin 2020* website.



## *It's 2015 in Wisconsin...*

... The Public Health Council also heard a report on the indicator metrics for several of the *Healthiest Wisconsin 2020* objectives; the report shows that while there is still a steep climb to reach plan goals before the end of the decade, all goals are within reach.



# WIRED for Health



## *HIT Enables Health Care Transformation*

- Make health information available at point of care for all patients
- Prevent medical errors
- Avoid redundant, unnecessary medical procedures
- Improve coordination of care
- Promote wellness and prevention
- Track and manage chronic disease



## *HIT Enables Health Care Transformation*

- Detection and management of infectious disease outbreaks
- Further health care research
- Engage and enable consumers to effectively participate in their health care decisions
- Control health care costs
- Measure and publically report on health care quality, safety, and efficiency



# *2004 Presidential Executive Order*

- Commitment to Electronic Health Records by 2014
- Established Office of National Coordinator, minor funding (~\$50m/year)
- American Health Information Community
  - Established priority use cases, including
    - Biosurveillance
    - Electronic laboratory reporting
    - Immunization information systems



# *Executive Order 129*

- Issued by Governor Jim Doyle, Nov 2005
- Created eHealth Care Quality and Patient Safety Board
- Directed Board to:
  - Develop and implement a 5-year Action Plan
  - Annually assess HIT adoption rate by Wisconsin health care providers
  - Annually report on Board's plans, activities, accomplishments, and recommendations



# *eHealth Action Plan*

- Public-private collaboration for widespread adoption and use of HIT and HIE
- Support for acquisition and use of EHR by small provider groups and safety-net providers
- Creation of a business and technical architecture for HIE, including a state-level HIE organizational and governance structure
- Updating provisions for privacy and security
- Link HIT and HIE to population health improvement



## *Key eHealth Activities 2006 - 2009*

- Developed and delivered the 5-year eHealth Action Plan to Governor Doyle
- Completed two annual WI HIT surveys
- Completed a health information security and privacy collaboration project, resulting in legislation to revise Wisconsin's health information privacy laws
- Developing regional and state-level HIE



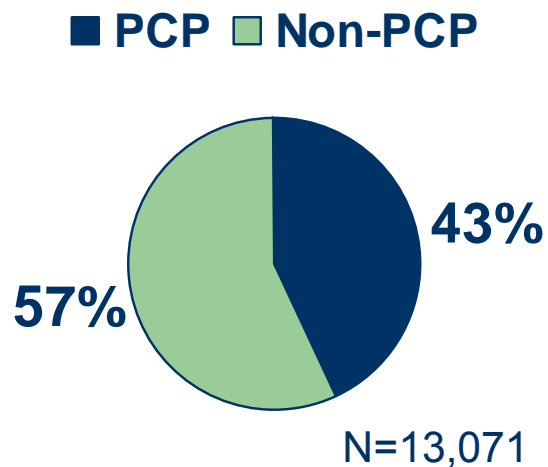
# *HIT Adoption and Use*

- **WI Goal: Achieve 100% adoption and use of certified EMR systems and other HIT by Wisconsin health care providers by 2012**
- **Federal Goal: Everyone in the U.S. will have an electronic health record by 2014**



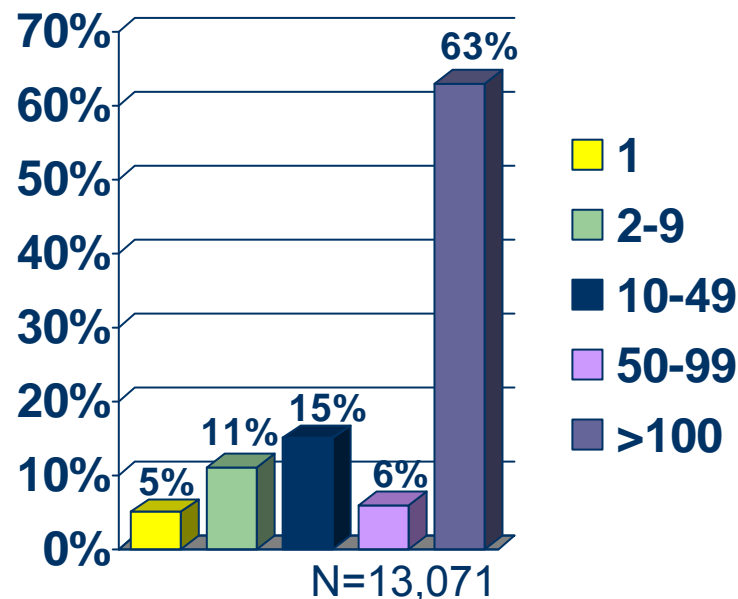
# WI Physician Practice Statistics

## Physicians (MD, DO)



Source: WMS, Oct 08

## Physician Distribution by Group Size



Source: WMS, Oct 08

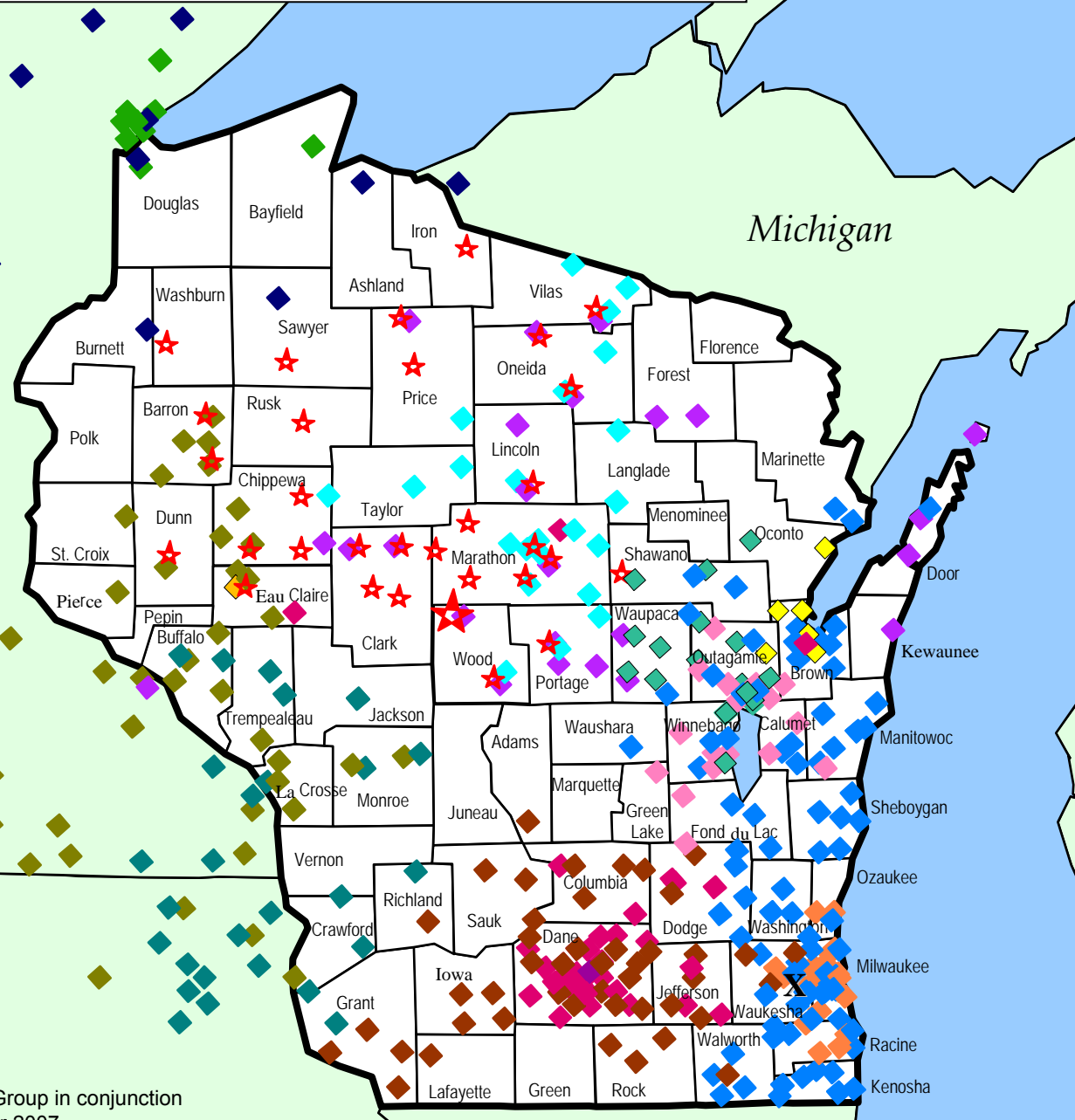
# Major Health Care Systems

- ★ Marshfield Clinic
- ◆ Affinity
- ◆ Aspirus
- ◆ Aurora
- ◆ Dean
- ◆ Gundersen
- ◆ Mayo
- ◆ Ministry
- ◆ Oakleaf
- ◆ Prevea
- ◆ St. Luke's
- ◆ St. Mary's
- ◆ Theda
- ◆ UW Health
- ◆ Wheaton
- X Marshfield Clinic Laboratory Only

Minnesota

Michigan

Iowa



Data compiled by Ziegler Capital Markets Group in conjunction with Systems & Processes Dept, December 2007



# 2008 WI Ambulatory HIT Survey

	Office-based physicians	Rate of physicians using operational EHR	Office-based physicians using operational EHR
Physicians in small practices	3,650	33%	1,200
Physicians in large practices**	8,110 *	72%	5,810
<b>Total physicians</b>	<b>11,760 **</b>	<b>60%</b>	<b>7,010</b>

\* Based on WMS estimate of 69% of WI physicians practicing in groups with >50 physicians

\*\* Office-based physicians are estimated to be 90% of the 13,071 practicing WI physicians



# *HIT Adoption Conclusions*

- Adoption rates are higher in larger WI practice sites
- Overall adoption rates still low in smaller group practices
- EMR users in WI generally have a positive impression of the impact the EMR has on many aspects of their practice
- Predominant barrier to adoption--economics



# ***2009 American Recovery and Renewal Act (ARRA – “Stimulus”)***

- Formally recognized and funded ONC
  - To endorse standards, implementation specifications and certification criteria
  - Coordinate HIT policy
  - Strategic plan
- Formal Policy and Standards committees
- \$2B in operational funding
- \$34 billion for Medicaid and Medicare incentives for HIT/exchange adoption and “Meaningful Use”
- Several \$B more to other agencies (health centers, IHS, SSA, VA, broadband, etc.)

# Steps in Promoting the National Health IT Agenda



## Establish standards, technology services, and trust to support interoperability

- Develop nationwide standards for information exchange
- Support research and development of new technology
- Provide guidance in nationwide health IT standards and agreements



## Stimulate adoption of interoperable electronic health records

- Provide financial incentives
- Make sure all certified records systems have the capability to exchange information among disparate systems



## Promote the meaningful use EHRs to improve quality and efficiency

- Assist providers during selection and implementation
- Stimulate information exchange resources within and across states
- Showcase community and national models



# ***ARRA's Health Information Technology for Economic and Clinical Health (HITECH)***

- Hospitals and Eligible Providers must utilize certified EHR systems
- “Meaningful Use” Improve quality ,safety, efficiency and reduce disparities (in health care)
  - Engage patients and families
  - Improve population and public health
  - Ensure adequate privacy and security
- Requirements staged for 2011, 2013, 2015 to receive MA/MC incentives (and avoid later cuts in Medicare reimbursements)

# Meeting the needs of today and tomorrow

## GOALS:

- *This is part of an evolutionary path*
- *There will be incremental growth*
- *All journeys start with a few steps*

### Stage 1

- ePrescribing
- Lab results into EHRs
- Send clinical summary to providers and patient
- Public health reporting
- Quality reporting (2012)

### Stage 2

#### *Proposed*

- Patient PHR access
- ePrescribing refills
- Electronic summary record
- Receive health alerts
- Immunization information

### Stage 3

#### *Proposed*

- Access comprehensive patient data
- Automated real-time surveillance





## *Meaningful Use for Stage 1 -Core Set*

(All must be met to obtain incentive)

- Use Computerized Provider Order Entry
- Drug-drug and drug-allergy interaction prevention
- Maintain active medication and allergy list
- Up-to-date problem/diagnosis list
- ePrescribing (eligible providers, not hospitals)
- Patient demographics (incl. race & ethnicity)
- Track BP, height, weight, BMI, smoking status



# ***Meaningful Use Stage 1 – Core Elements***

- Implement 1 Clinical decision support rule
- Report Clinical Quality Measures to CMS
- Exchange clinical summaries and key information between providers
- Provide patients with a summary of their health information on request
- Provide patients with a summary of their outpatient visit (EPs) or discharge instructions (hospitals)
- Maintain privacy and security
- A minimum of one population health objective (see next slide)



# *Meaningful Use Stage 1 – MENU Elements*

- (5 or more, including at least one of public health reporting item)
- Send patient reminders
- Timely access (within 4 days) access to patient information
- Use EHR to identify and provide patient-specific education resources
- Implement drug formulary checks
- Record advance directives for those age 65 or over (hospitals only)
- Incorporate lab tests into EHR



# *Meaningful Use Stage 1 – MENU Elements*

- Generate lists of patients by condition, for QI, outreach, disparities reduction, research
- Reconcile medication lists
- Provide summary of care upon referral or other care transition
- Submit immunization information
- Electronic laboratory reporting (hospitals only)
- Electronic syndromic surveillance information



## *Other HITECH funding*

- WI Health IT Extension Center (WHITEC)
- HIT Workforce Development
- State Health Information Exchange (HIE) Cooperative Agreement Program – Wisconsin Relay of Electronic Data (WIRED) for Health
- Medicaid HIT Plan



# ***State HIE Cooperative Agreement Program – Expectations of States***

- Create an effective model for HIE governance and accountability
- Convene health care stakeholders
- Coordinate an integrated approach with Medicaid and state public health programs
- Remove barriers and create enablers for HIE
- Develop or update privacy and security policies and laws
- Develop shared technical services



# ***Status of Wisconsin's State-Level HIE Planning To Date***

- **Completed Phase 1 of the State-Level HIE Planning and Design Project with Deloitte Consulting**
  - Conducted stakeholder assessment and environmental scan
  - Completed an inventory of statewide public and private functional and technical assets and resources
  - Identified and prioritized patient/population health-focused and shared-utility HIE technical services
  - Defined an operating model and governance structure for a state-level HIE entity
- **Governor Doyle signed Executive Order 303 creating the new WIRED for Health Board on Dec 1, 2009 and appointed 15 members to the Board on Feb 23**
  - Board completed strategic planning sessions to establish vision, mission, guiding principles, and strategic goals for statewide HIE
  - Board established five working committees (handout)
- **Assembly bill 779 to create permanent state-level HIE public-private entity (SDE) PASSED April 22**



# ***WIRED for Health Board***

- Steven Brenton (WHA) & Seth Foldy (DPH) co-chairs
- John Foley, Anthem Blue Cross Blue Shield
- Mary Davis Michaud, patient/consumer representative
- Tim Size, Rural Wisconsin Health Cooperative
- Susan Turney, Wisconsin Medical Society
- John Whitcomb, Aurora/Milwaukee County Medical Society
- Cheryl DeMars, The Alliance
- Gary Plank, Marshfield Clinic
- Robert Carlson, Marshfield Clinic
- Norma Lang, University of Wisconsin-Milwaukee College of Nursing
- Christopher Queram, Wisconsin Collaborative for Healthcare Quality
- Jeffrey Grossman, UW Health
- Oskar Anderson, State of Wisconsin Chief Information Officer
- Jason Helgerson, State of Wisconsin Medicaid Director



## ***WIRED for Health Act: Creates SDE***

- Authorizes DHS Secretary to select or organize a non-profit State Designated Entity corporation for HIE
- Not an authority or quasi-governmental corporation
- SDE must
  - Comply with Federal requirements
  - Include state and private stakeholders on board
  - Consider all public interests
- Authorizes DHS to assist the SDE
- Authorizes payments to SDE, authorizes use of Ch. 153 funds for SDE and HIE



# ***SDE Board Membership***

- State Health Officer
- State Medicaid Director
- Other Gubernatorial appointee
- At minimum representatives from
  - Care providers
  - Insurers and health plans
  - Employers
  - Consumers
  - Higher education

Protecting and promoting the health and safety of the people of Wisconsin



# *Additional Information/Questions*

## **Information Resources:**

- ⇒ <http://dhs.wisconsin.gov/ehealth>
- ⇒ <http://wiredboard.wisconsin.gov>
- ⇒ WIRED for Health SharePoint site
- ⇒ WIRED for Health Listserv
- ⇒ <http://statehierresources.org>

Contact us at:  
[ehealth@wi.gov](mailto:ehealth@wi.gov)



# *Division of Public Health*

## *Office of Health Informatics*

- Population health
- Health care information
- Vital records
- Public Health Information Network (PHIN)
- eHealth program



# *Office of Health Informatics*

- Integration of electronic health care information
  - eHealth and HITECH processes
- All-source information fusion products
  - e.g., birth outcomes information
  - e.g., child health record
- Real-time information
- Information to point of service
- Custom information



# *Toward Public Health Meaningful Use in Wisconsin*

- **100% access WIR**
  - All but 15% from electronic uploads
  - New grant will improve bilateral connections to Electronic Medical Records
- **100% using WEDSS**
  - Electronic lab reporting from 19 large labs
  - New grant will add 8-10 more WI labs, 4 national labs and Minnesota exchange
  - NO LONGER NEED TO FAX CASES TO OTHER LHDs; can correct the jurisdiction on-line
  - Check your “Open Cases” daily
  - With more electronic lab reporting prepare for ↑ volume and speed
- **Automated syndromic surveillance**
  - WHIE
  - UW Family Medicine



## *What should be next: Meaningful Use for 2013 and 2015?*

- Will impact health
- Will improve function
  - ✓ In health care
  - ✓ In public health
- Has been shown to work in pilots
- Is ready for standardized adoption nationwide



# *Missing Piece*

- Electronic management system for public health practice that:
  - Ties together data from multiple systems
  - Harmonizes with ONC's data criteria to enable real-time information
  - Can be used to interact with clinical HIT systems
  - Easy to use, mobile, secure



***For more information  
go to***

**<http://dhs.wisconsin.gov/ehealth>**



# DHS / DPH Budget Outlook



# Questions & Answers