



State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

June 11, 2009

Office of the National Coordinator for Health Information Technology
Attention: Health IT Extension Program Comments
200 Independence Ave, SW Suite 729D
Washington, D.C. 20201

Subject: State of Wisconsin, Department of Health Services Comments of Draft HIT Regional Extension Center Program Plan

Sent via electronic mail

The State of Wisconsin supports and generally agrees with the goals of the National Health Information Technology Resource Center and Regional Extension Centers (or “regional centers”). The Wisconsin health care community has a long history of being collaborative and innovative; and we are poised to operate and support a regional center within Wisconsin.

To assure robust services are available to local providers within a state and assure the most effective use of funds allocated to the regional centers, we strongly recommend the ONC prescriptively define the “geographic region” that may apply as a “state,” require a single, multi-stakeholder collaborative application from the state, and also require the involvement and approval of a state’s application by the respective state’s Governor or his or her designee. We would advise that bordering states be permitted to submit a joint application if they agree and choose to do so.

Given the local nature of the support providers require to effectively implement and use an electronic health record and the unique aspects of each state’s medical trading areas, we recommend defining the default region at a minimum as the state. Larger states such as California may need to be broken into two regions. Wisconsin’s Quality Information Organization (QIO) successfully piloted the Doctor’s Office Quality—IT (DOQ-IT) Initiative targeted at helping small provider practices implement and use EHR’s to improve their practices, particularly in the rural areas of Wisconsin. The success of DOQ-IT greatly depended on local, on-the-ground resources within the State to serve as consultants (or “extension agents”), as will the regional extension centers.

If the decision is made to define a region as more than one state, we advise the ONC to prescriptively specify the states that will make up a region and implement an equitable process for designating which state will take the lead prior to beginning the application process. If this is not done, there will be precious resources wasted by states trying to collaborate on an application across state borders and come to agreement on which state will take the lead on the application.

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Making the regional center application process a competitive process will be counterproductive and increase the amount of time and resources used by both states and the federal government to get this program launched. Providers need help now to be ready to participate in the HIT incentive payment programs beginning in 2011.

Most states have launched programs or initiatives focused on adoption of health IT (HIT) and health information exchange (HIE) to improve the delivery of health care in their states. Governor Doyle launched Wisconsin's eHealth Initiative in 2005 and is committed to achieving statewide adoption and use of HIT and HIE in Wisconsin by 2012. The Wisconsin Department of Health Services has already convened the key organizations at a state level, such as the state's QIO, medical society, hospital association, primary care association, and rural health cooperative, to come together to establish regional extension center services and be ready to apply to be a regional center.

Based on the lessons learned from the CMS DOQ-IT demonstration, the regional centers should be primarily focused on providing planning and implementation assistance to providers prioritized in the ARRA, in particular on-site assistance to guide practices through clinical workflow redesign, a precursor to successfully using an EHR as an effective enabling tool. The HIT National Resource Center should be the central repository of and portal for informational resources and tool kits; and should also take the best of the DOQ-IT models established by state QIO's and prescribe that regional centers use one of these models in providing technical assistance to providers. The focus of the support provided by regional centers should be on improving the practice of medicine using health information technology.

Finally, given the state of the economy and in particular, looming state budget deficits nationwide, we are not in support of a regional extension center application process that gives preference to proposals including matching funds.

Thank you for the opportunity to comment on this very important program. We look forward to receiving the final description of the program.

Sincerely,



Karen E. Timberlake
Secretary, Wisconsin Department of Health Services