



Wisconsin State-level HIE Project Steering Committee
State-Level Health Information Exchange Project Update

October 2009

Agenda

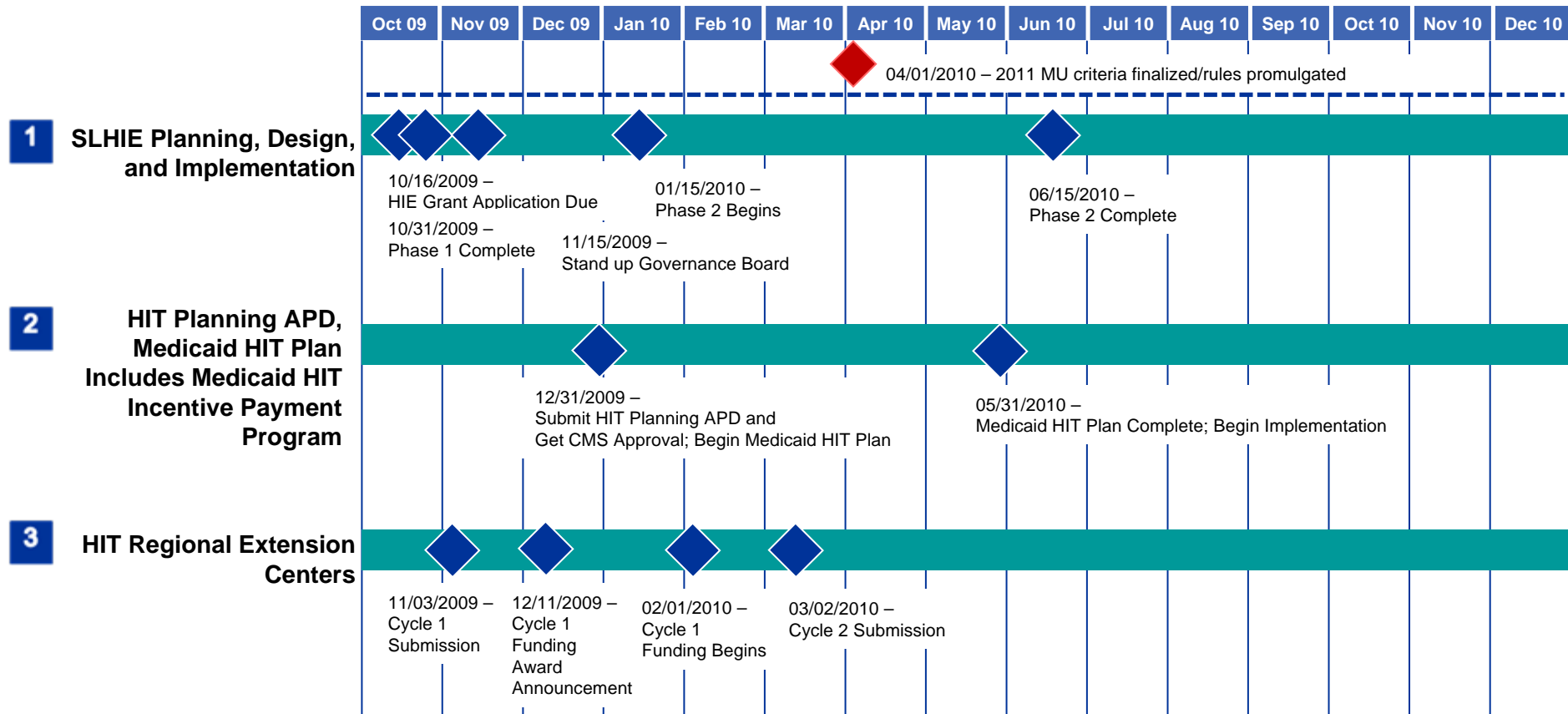
Welcome and Introductions	2:00-2:10
ARRA/HITECH Update	2:10-2:20
Project Review	2:20-2:35
State HIE CAP Grant Application Review	2:35-4:20
Deliverable 3 Review	4:20-4:45
Next Steps	4:45-5:00



— **ARRA/HITECH Update and Impacts on eHealth Priorities** —

Milestones for the Major eHealth Initiatives Impacted by the CAP

eHealth Initiatives Through 12/2010

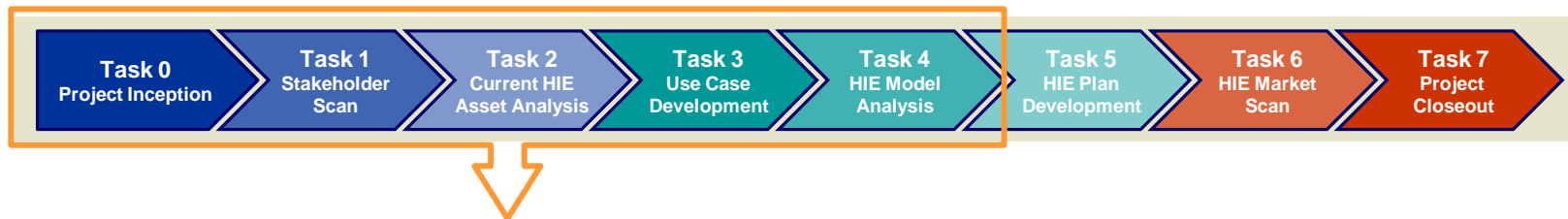


Medicare Payments	Incentive Payments Timeline Begin	Payment Adjustments (Financial Penalties) Begin
Medicare Payment Incentives for Eligible Professionals	01/01/2011	01/01/2015
Medicare Payment Incentives for Hospitals	10/01/2010	01/01/2015





Phase 1: Scope of Activities



Task 1 Scope

- Assess Stakeholders' HIE Interests – **COMPLETE**
- Assess Current HIT Status – **COMPLETE**
- Assess Current Interoperability Status – **COMPLETE**

Task 3 Scope

- Select Services (Use Cases) – **COMPLETE**
- Validate and Prioritize Services (Use Cases) – **COMPLETE**

Task 2 Scope

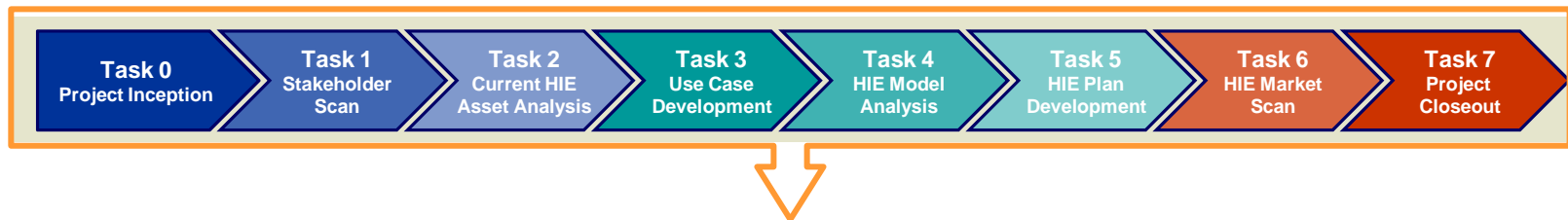
- Initial Baseline Asset Inventory & Validation – **COMPLETE**
- Accumulate State & Community-Based Assets – **COMPLETE**
- Assess Capability to Leverage Technical Assets – **PHASE 2**
- Technical and Functional Barriers – **COMPLETE**

Task 4 Scope

- Determine Role of the State – **IN PROGRESS (10/09)**
- Identify Business Options – **IN PROGRESS (10/09)**
- Define Cost/Benefit Drivers – **IN PROGRESS (10/09)**
- Recommended Business Option – **IN PROGRESS (10/09)**



Phase 2: Original Scope of Activities Aligns Somewhat with the CAP



Task 1 Scope

- Analyze Technical Environment
- Identify Capability
- Determine Identity Cross Referencing Means
- Identify Security Products
- Identify Third-Party Products

Task 2 Scope

- Assess Capability to Leverage Technical Assets

Task 3 Scope

- Develop Draft HIE Value Propositions
- Document High-Priority Use Cases
- Evaluate High-Priority Use Cases
- Develop/Assess Overall HIE Vision and Phased Deployment Scenarios

Task 4 Scope

- Develop Technical Options
- Develop Business Models
- Recommend Business and Technical Option

Task 5 Scope

- Establish State-Level HIE Legal Entity
- Enhance Governance Functions
- Identify HIE Services, Costs and Funding Options
- Develop Technical Architecture
- Develop Business and Technical Architecture Plans

Task 6 Scope

- Inform and Educate Stakeholders



— **ONC State HIE Cooperative Agreement Program Overview** —



Grant Application Walkthrough



Pre-HIE CAP Start-Up Considerations/Needs

- *Legal/privacy concerns – legislation*
- *Role of the Steering Committee and eHealth Board*
- *Standing up board committees for the five domains – legal/policy, technical, operations, financial, and governance*



– Deliverable 3 – Assets Inventory and Services Prioritization –

Overview of Asset Data and Services Prioritization Inputs

How did we get the input?

- Interviews with State Government
 - 13 State Government interviews
- Interviews with Public-Private Organizations
 - Rural Wisconsin Health Cooperative
 - Wisconsin Health Information Exchange
 - Wisconsin Collaborative for Healthcare Quality
 - Wisconsin Health Information Organization
 - Wisconsin Hospital Association
- HIT Asset Survey
 - Surveyed 83 hospitals and health systems and 77 small providers
 - Responses by organization type

Organization Type	Saved	Submitted	Total
Health System	0	13	13
Hospital within a Health System	3	7	10
Physician Practice Affiliated with or Owned by a Hospital/Health System	1	1	2
Independent Hospital	5	3	8
Independent Physician/Physician Practice	4	5	9
Total	13	29	42



Asset Data and Services Prioritization Influences

- *The ONC State HIE Funding Opportunity Announcement (FOA) includes required patient care services and suggested shared utility services, which significantly influenced services selection*
- *The ONC State HIE FOA emphasizes the need to leverage existing assets that could support Wisconsin's State-Level HIE*
- *The eHealth Action Plan and the State-Level HIE Consensus Project guided selection of patient care services by identifying services important to Wisconsin's stakeholders and the most common services found in other states*



Service Needs and Prioritization Criteria

- Stakeholders identified 18 specific information-based service needs during the summits as well as attributes associated with exchanging information.
 - The attributes include: timeliness, scalability, accuracy, currency, “audit-ability,” user-friendliness, confidentiality, comprehensiveness/completeness, standardization, and equitability
- Services prioritization included 11 criterion within four categories

Identified Stakeholder Needs
Admission/Discharge/Transfer
Administrative data
Advance directives
Allergy and medication lists
Chronic disease management
Cross-state exchange
Demographics
Diagnostic test results (e.g., Lab, radiology)
Lab data exchange
Patient identification
Population health
Public health case reporting
Quality indicators and measures
Quality reporting
Real-time pharmacy
State registries (e.g., Immunization)
Terminology standards
Transitions in care (e.g., LTC, foster care)

Prioritization Criteria
Strategic/Compliant
- Alignment with care quality and patient safety goals
- Alignment with stakeholder priorities
- Alignment with ONC framework
Participation
- Ability to generate strong value proposition
- Low privacy concern/low security risk
- Ease of adoption/low adoption risk
Financial
- Revenue generation and self-sustainability
- Limited investment need/low financial risk
- Efficiency improvement potential
Technical
- Existing market solution/low technical and set-up risk
- Existing state asset



—— **Services Prioritization and Assets Findings Review** ——

Highlights of Findings – Services Prioritization

- *Highest ranked discrete services include:*
 - *Outcome Measurement and Reporting*
 - *Population Management*
 - *ePrescribing*
 - *Regulatory Reporting*
 - *Continuity of Care Record*
- *Other discrete services such as Advanced Directives Management, Diagnostic Results Reporting and the Immunization Registry should be considered based on potential to be “quick wins”*
- *EHR Provisioning may need further consideration in Phase 2 since few physicians responded to survey*

Discrete Patient Care Services		State-Level Services Only
Diagnostic Results Reporting (text)	→	2.04
Diagnostic Results Reporting (image)	→	2.22
Continuity of Care Record	↑	2.32
Full Interoperable EHR	↓	1.52
Eligibility Checking	↓	1.72
Claims Transactions	↓	1.57
ePrescribing	↑	2.38
Medication History Exchange	→	2.24
Statewide Formulary	→	2.07
Referral/Discharge Service	→	1.85
(Chronic) Disease Management	→	1.86
Real-Time Resource Utilization/Availability	↓	1.57
Outcome Measurement and Reporting	↑	2.83
Immunization Registry	→	1.85
Population Management	↑	2.62
Biosurveillance	→	2.10
Advanced Directive	→	2.22
Personal Health Record	→	1.82
Health Bank	↓	1.26
Clinical Trial Registry	→	1.88
Research EHR	→	1.92
Regulatory Reporting	↑	2.38
Secure Provider Messaging	↓	1.56
Credentialing	↓	1.74



Highlights of Findings – Services Prioritization

- *Technical model selected will affect both patient care and shared utility services*
- *Shared utility technical services suggested by the ONC were ranked “critical” or “very important” by stakeholders in the HIE Capabilities Survey*

Shared Utility services	Critical/Very Important	ONC Cooperative Agreement State-Level Shared Services
Patient Identifier	94%	Patient Locator Service
Record Locator	87%	Data/Document Locator Service
Audit Trail	83%	
Cross-Enterprise User Authentication	81%	Security Service
Integration Engine (Data Transformation)	78%	Secure Routing
Patient Consent Management	75%	Consent Management
Clinical Portal	75%	Messaging
PHI De-identification	72%	
Terminology Service	63%	Terminology Service
Clinical Decision Support	56%	
Advance Directives Management	51%	Advance Directives



Highlights of Findings – Assets

Functional Assets

- *No single public-private organization addresses all of the functional considerations.*
- *HIRSP's evolution from a state government entity to a quasi-public entity should be analyzed in detail as the DHS transitions responsibilities associated with Wisconsin's State-Level HIE to the State-Designated Entity.*
- *Multiple tangible assets (e.g., data use and sharing agreements, participation agreements, etc.) exist and can serve as a starting point for the WI SLHIE.*

Technical Assets

- *27 applications were identified as potential assets based on information type processed or maintained by the application*
 - *Several state government assets have potential to support or interface with the future statewide HIE.*
 - *Some of these assets have the potential to enable specific patient-care services and could provide some “quick-wins” when considering sequencing.*
- *More detailed analysis of public/private organizational assets is needed to determine scalability, extensibility and security in the future statewide HIE.*



Next Steps

A Look Ahead

HIE State Cooperative Agreement Program Grant

Due: 10/16

Business Options Review

Late October



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