



State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

September 11, 2009

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Re: Letter of Intent to Apply for the State-Level Health Information Exchange Cooperative Agreement Program (Funding Opportunity # EP-HIT-09-001)

Dear Dr. Blumenthal:

This Letter of Intent is to advise you that the State of Wisconsin will submit an application to your office to apply for funding under the 2009 American Recovery and Reinvestment Act (ARRA) for the “Wisconsin Statewide Health Information Exchange Collaborative.”

In late 2005, the Wisconsin eHealth Care Quality and Patient Safety Board (eHealth Board) was established and charged with developing a five-year Wisconsin eHealth Action Plan for Health Care Quality and Safety (Action Plan). The Action Plan, which was completed in December 2006, provides a high-level vision, goals, and objectives related to adoption of health information technology (HIT), including developing statewide health information exchange (HIE). However, the Action Plan does not include the strategic and operational details now required by the Office of the National Coordinator for a State HIE Plan. Wisconsin is in the initial stages of planning for state-wide interoperable HIE. With the support of the HIE Cooperative Agreement Program, Wisconsin proposes to develop the State Plan through the Wisconsin Statewide Health Information Exchange Collaborative project.

Wisconsin does not intend to develop a joint application with other states. However, Wisconsin will carefully consider issues concerning Wisconsin residents who live on the borders and who travel to neighboring states for health care services as part of its HIE planning and implementation efforts.

Primary Point of Contact for Wisconsin’s Application

Denise Webb
Wisconsin Department of Health Services (DHS)
1 West Wilson Street
Madison, WI 53703
denise.webb@wisconsin.gov (608) 267-6767

Other Key Personnel

Karen Timberlake, Secretary, DHS

Dr. Seth Foldy, State Public Health Officer, DHS

Jason Helgerson, Wisconsin Medicaid Director, DHS

Robert Martin, Chief Information Officer, DHS

Kathy Johnson, Privacy Officer, DHS

Oskar Anderson, Chief Information Officer, State of Wisconsin, Department of Administration

Stakeholders

A broad and diverse group of stakeholders are participating in the state-level HIE planning and implementation efforts in Wisconsin. Representatives from the following groups are currently participating as members of the Wisconsin eHealth Care Quality and Patient Safety Board or its work groups and in the State-Level HIE Planning and Design Project (which is described below):

- Health care providers (*including those that provide services to low income and underserved populations*)
- Hospitals/Integrated Delivery Networks
- Health care trade associations
- Health information technology vendors
- Health care purchasers and employers
- Tribes
- Health profession schools, universities, and colleges
- Family planning agencies
- Health plans
- State and local public health agencies
- Patient/consumer organizations
- Existing regional HIE initiatives
- State Medicaid
- Long-term care organizations
- Clinical researchers

State's Relationship to the HIT Regional Extension Center

With the State's support, the Wisconsin Medical Society, MetaStar (the State's Medicare Quality Information Organization), the Wisconsin Primary Health Care Association, the Wisconsin Hospital Association, and the Rural Wisconsin Health Cooperative formed a consortium to plan, apply for and implement a Regional Extension Center in Wisconsin. DHS's eHealth Program is participating in the consortium's activities and providing guidance. MetaStar is applying for funding on behalf of the multi-stakeholder consortium to create and operate a Regional Extension Center in Wisconsin and will serve as the lead organization.

Progress on Statewide HIE Planning

Over the past two and a half years, Wisconsin has focused its efforts on: (a) the development of privacy and security policies to facilitate HIE; and (b) supporting the development of regional HIE.

Additionally, DHS has recently engaged consulting services to assist Wisconsin in a State-Level HIE Planning and Design Project. Due to funding constraints, DHS divided the project into two phases. Phase 1 includes planning activities for state-level HIE governance, functions and services, consistent with activities under the governance domain in the funding opportunity announcement for the State Health HIE Cooperative Agreement Program. Phase 1 began at the end of May 2009 and is expected to be completed by September 30, 2009. Phase 2 will include the remainder of the state-level HIE planning and design of statewide HIE. We plan to complete Phase 2 with the support of the State Health HIE Cooperative Agreement Program.

Wisconsin's Progress in the Five Key HIE Domains

The current status of Wisconsin's progress in the five key HIE domains identified in the funding opportunity announcement for the State Health HIE Cooperative Agreement Program is as follows:

- 1. Legal and Policy HIE Capacity.** Under 2008 Act 108, Wisconsin enacted legislation that removed some of the legal barriers preventing providers from exchanging health information electronically. The work of the Health Information Security and Privacy Collaborative (HISPC), sponsored by the ONC, as well as the final recommendations from the eHealth Board's Consumer Interests Workgroup provided impetus for the legislation. With funding through HISPC, the Wisconsin eHealth program convened broad, representative groups of stakeholders to closely examine the health information privacy and security laws in Wisconsin and assess the impact the laws had on the electronic exchange of health information between health care providers. Act 108 amended Wisconsin law governing mental health, alcohol and other drug abuse (AODA), and developmental disability treatment records, such that a defined set of health data elements can now be shared without patient consent with any health care provider who is involved with the patient's care and who needs the information for treatment. Written informed consent of the patient is still required to disclose information from a treatment record, other than the specific elements permitted for exchange, and for all AODA health information governed by federal AODA privacy law (42 CFR Part 2), except in an emergency.

Act 108 also amended Wisconsin's general health information privacy law. The prior law had prohibited the re-disclosure of health information received by one health care entity to another health care entity. Act 108 removed this prohibition, thus aligning Wisconsin's law with the federal Health Information Portability and Accountability Act.

As part of the Wisconsin Statewide Health Information Exchange Collaborative, Wisconsin will need to update its informed consent law to fully operationalize statewide HIE.

- 2. Governance Capacity.** As described above, progress started in this domain with the eHealth Board's development of the Action Plan in 2006. Under its direction, the Board's Governance Workgroup convened stakeholders to make recommendations about patient care, information exchange, consumer interests, governance, and finance. The Governance

Workgroup developed initial recommendations for an organizational and governance structure for statewide HIE that served as input into Phase 1 of the State-Level HIE Planning and Design Project. In July and August 2009, Phase 1 activities extended the eHealth Board's earlier efforts to obtain broad stakeholder input on state-level HIE governance and statewide HIE services through five HIE regional summit meetings and numerous interviews and online surveys. This stakeholder input will help shape the recommendations and plan for the state-level governance structure, functions and services, and on ongoing operating model, which are due to DHS in September 2009 and will complete Phase 1 of the State-Level HIE Planning and Design Project.

- 3. Business and Technical Operations Capacity.** The eHealth Board's Information Exchange Workgroup developed high-level recommendations for statewide HIE operational functions. We plan to include the additional planning work needed in this domain, including development of a public-private partnership to support the HIE effort, in Phase 2 of the State-Level HIE Planning and Design Project.
- 4. Technical Infrastructure Capacity.** A major task in Phase 2 of the State-Level HIE Planning and Design Project is to define a statewide HIE technical architecture. As part of Phase 1, we are inventorying existing public and private technical assets in Wisconsin that could be leveraged in a statewide HIE. There currently is one Regional Health Information Organization in Southeast Wisconsin that is providing limited historical health information to the Milwaukee hospital emergency departments, one federally qualified health center (FQHC), and local and state public health departments. DHS provided financial support to develop this limited exchange capability through a Medicaid Transformation Grant. Participating Milwaukee hospital systems and Microsoft also contributed financially or in-kind to develop this regional capability. The exchange does not interface with any of the hospitals' or clinics' electronic health record systems (EHRs) – the interface is only with their registration systems through a stand-alone, client-server Microsoft application, Amalga. The exchange currently receives Admission, Discharge, and Transfer (ADT) HL7 data real time from the Milwaukee area hospitals and their associated clinics and one FQHC, and pharmacy claims data from Medicaid through a weekly batch load. By the end of September, the exchange will be receiving batch Medicaid medical encounter data weekly. The HIE planning and design project will be assessing how this regional capability and infrastructure could be leveraged in a statewide HIE architecture during Phase 2 of the State-Level HIE Planning and Design Project.
- 5. Finance Capacity.** Under Phase 1 of the Planning and Design Project, project staff has surveyed stakeholders to determine the level of support for varying HIE pricing strategies. The information collected from the surveys will be used as input into further financial modeling activities to define HIE sustainability plans in Phase 2 of the project.

Supporting the Public Interest

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As in many other states, there is currently a flurry of independent, uncoordinated HIE-related initiatives taking place at the local level within various health-related organizations and integrated health care delivery networks throughout the state. By bringing these independent efforts under a comprehensive, actionable statewide HIE strategic and operational plan, Wisconsin will be able to capitalize on and extend existing efforts to improve health care quality and efficiency through the use of HIE. Wisconsin's State-Level HIE Planning and Design Project will result in a comprehensive governance structure with associated policies and procedures to assure transparency and accountability in the use of health-related information.

A statewide HIT and HIE infrastructure will facilitate care coordination, chronic disease management, and health care cost containment. With access to health care analytics, provider performance reports, and other quality measures, the public as a whole will benefit from the ability to make more effective and informed value-based health care decisions. Health care stakeholders, especially patients, will also benefit from proposed project activities that will include outreach and education.

Wisconsin already has a high rate of EHR adoption. Statewide, 79% of all physician offices either have an electronic medical records system or are in the process of obtaining one. In addition, 69% of physicians in Wisconsin work in large group practice settings, which will greatly facilitate a move to statewide HIE. With the addition of a State HIE Plan, Wisconsin would be well-positioned to accelerate current practices into state-wide interoperable HIE. We appreciate your thoughtful consideration and look forward to the opportunity to prepare and submit a full application in October.

Sincerely,

A handwritten signature in cursive script that reads "Karen E. Timberlake".

Karen E. Timberlake
Secretary