



Project Narrative

1.0 Wisconsin's Current Statewide HIE Planning and Implementation Status

1.1 Background

In November 2005, Governor Jim Doyle created a multidisciplinary advisory board, the eHealth Care Quality and Patient Safety Board (“the eHealth Board”) through Executive Order #129. The Governor appointed the Board members and designated the Department Cabinet Secretary to chair the Board in early 2006. He charged the eHealth Board with creating an Action Plan for Health Care Quality and Patient Safety (“eHealth Action Plan”) to guide legislative and regulatory actions, encourage coordinated efforts in the private health care sector, further public and private partnerships for the development of a statewide health information infrastructure, and maximize federal financial participation to support the goal of the early adoption of an eHealth information infrastructure. The eHealth Board created five workgroups in 2006: Patient Care, Information Exchange, Consumer Interests, Governance, and Financing, to comprehensively review issues surrounding the creation of an eHealth information infrastructure in Wisconsin and develop guidance, strategies, and recommendations for creating this infrastructure to transform Wisconsin’s health care delivery system. The workgroups were chaired by eHealth Board members and included volunteers from the public and private health care stakeholder community across Wisconsin. The result of their work was the eHealth Action Plan, which outlines high-level goals and strategies for statewide health information technology (HIT) adoption and health information exchange (HIE) and serves as a guide for the HIT and HIE planning and implementation activities. Like other states in the infancy of their eHealth programs, Wisconsin had limited resources to plan and implement the recommendations made by the eHealth Board in the eHealth Action Plan but was able to initiate and complete some important foundational work in two areas through federal grants:

- 1. Develop relevant privacy and security policies.** The Department participated in the Health Information Security and Privacy Collaboration (HISPC) grant project—a national effort to identify privacy and security policies and practices that may impact the exchange of health information and reduce



barriers to HIE while protecting patient privacy. The Department worked for more than 18 months with privacy advocates, legal experts, health information officers, providers, technology experts, and consumers on how to maintain appropriate privacy protections while breaking down barriers to electronic HIE. Through the HISPC project, the Department formed four workgroups—the Variations Workgroup, Legal Workgroup, Solutions Workgroup, and Implementation Workgroup. The Variations Workgroup assessed variations in organizational-level business policies and state laws affecting HIE in the state. The Legal Workgroup analyzed legal barriers to electronic HIE identified by the Variations Workgroup and recommended ways in which Wisconsin law should be changed to accommodate electronic HIE. The Solutions Workgroup identified and proposed practical solutions to protect the privacy and security of health information and permit interoperable HIE. This workgroup also developed a plan to implement an initial set of solutions in the state. The Implementation Workgroup executed this plan, and legislation was enacted in 2008 that removed some of the barriers in Wisconsin’s law preventing providers from exchanging health information electronically. This legislation was an important first step toward improving patient care and safety by removing some of the barriers to HIE among providers. Also through the HISPC project, Wisconsin worked as part of a multi-state collaborative to develop a reference guide describing and comparing states’ laws and local policies and practices regarding consent and disclosure of health information. The HISPC project provided Wisconsin funding and resources for its initial privacy and security policy work, but Wisconsin still has significant HIE legal/policy planning and implementation work to complete and to do so will leverage products produced through HISPC.

2. Support the development of regional HIE. Wisconsin has one Regional Health Information Organization (RHIO), in southeast Wisconsin, called the Wisconsin Health Information Exchange (WHIE). This organization provides patient-centric information to Milwaukee area hospital emergency departments, one federally qualified health center (FQHC), and local and state public health departments, originating from multiple hospitals, ambulatory clinics, and Medicaid. Wisconsin provided financial support to develop this limited exchange capability through a Medicaid Transformation Grant. Milwaukee



hospital systems, payers, and employer groups participating in WHIE, and Microsoft contributed financially and/or in-kind to develop this regional capability. The exchange currently only interfaces with hospitals' or clinics' registration systems, not their electronic health record (EHR) systems. The exchange currently receives and displays real-time Admission, Discharge, Transfer (ADT) HL7 data, including chief complaint, diagnosis, allergies, and insurance information; pharmacy claims data from Medicaid (weekly batches); and real-time care management messages between providers. By mid October, the exchange will also display diagnoses, procedures, and tests performed from weekly Medicaid medical claims data. The Department is sponsoring an evaluation of the economic and practice impact of the exchange and will assess what aspects of this regional capability and infrastructure could be leveraged in a statewide HIE architecture.

Wisconsin also has several independent projects in planning or early implementation stages to link state public health systems with EHRs or other clinical systems to facilitate improvements in patient care and/or population-based improvement. These include a project to import Wisconsin Immunization Registry data into clinician EHRs, a project to analyze EHR-origin chronic disease management information in light of public health epidemiologic and decision-support systems, a project to assemble child health information from multiple public health systems for use at the clinical point-of-service; electronic laboratory reporting for reportable public health conditions; and a project to reuse vital records data in a hospital quality improvement system. These projects will be factored into our overall statewide HIE planning.

1.2 Progress in Achieving Statewide HIE Among Health Care Providers in Wisconsin

As in many other states, there is a flurry of independent HIE-related initiatives being executed at local levels throughout Wisconsin. Exchange of health information in Wisconsin is currently fragmented with efforts primarily being coordinated within Integrated Delivery Networks (IDNs) and large hospital systems. A number of IDNs are exchanging health information regionally with a limited set of affiliated business partners, but are not exchanging information statewide or with unaffiliated health care providers.



Despite a high EHR adoption rate in Wisconsin, barriers such as privacy and security concerns, lack of perceived value to providers, and resource/funding constraints have slowed progress towards achieving HIE capacity statewide. Highlighted below is the progress to date in exchanging electronic eligibility and claims, electronic prescribing and refill requests, electronic clinical laboratory ordering and results delivery, electronic public health reporting, electronic lab reporting, quality reporting, prescription fill status and medication fill history, and clinical summary exchange for care coordination and patient engagement:

Electronic eligibility and claims transactions. Health care providers across Wisconsin have multiple methods available to them to verify eligibility electronically for Medicaid (“ForwardHealth”) as well as non-Medicaid patients. Some of these methods directly interoperate with the ForwardHealth system through standard HIPAA transactions. Electronic enrollment/eligibility verification for Medicaid recipients is available to all providers free of charge through the ForwardHealth Provider Portal as long as the provider has internet access at their location. Providers may also verify Medicaid eligibility using Automated Voice Response (WiCall) using the toll free call center. In the last three months, 9,353 unique providers requested eligibility status electronically using WiCall, the ForwardHealth Provider Portal, or the HIPAA transaction (270/271, Swipe card, Electronic Verification System). The ForwardHealth pharmacy Point of Sale claims processing system checks eligibility automatically as part of the claims adjudication response. In some instances, eligibility verification for large organizations, such as hospitals and clinics, is done centrally using a single provider identification number. For Medicaid claims submission, providers who do not use a trading partner/billing service can submit most claim types electronically through the ForwardHealth Provider Portal or use a free electronic billing software provided by ForwardHealth.

Approximately 90% of all non-Medicaid claims are submitted electronically, with the highest percentage of electronic claims submitted by pharmacies, nursing homes, and hospitals. Wisconsin currently lacks



specific data on commercial health insurers' capability to support electronic eligibility and claims transactions.

Electronic prescribing and refill requests. Adoption and use of electronic prescribing and refill requests is an area that has made limited progress in Wisconsin. According to a 2008 SureScripts' report on "State Progress Report on Electronic Prescribing," only 1.94% of total prescriptions are routed electronically in Wisconsin. However, recent surveys indicate increasing numbers of physicians plan to adopt e-Prescribing for routing. While providers may be slow to adopt, 77% of community pharmacies in Wisconsin are activated for e-Prescribing, and payers are using e-Prescribing to review benefit information.

Prescription fill status and/or medication fill history. As with e-Prescribing efforts, the electronic exchange of prescription fill status and/or medication fill history is progressing slowly. One exception is WHIE, the southeastern RHIO in Wisconsin. WHIE provides information on dispensed medications for Medicaid members electronically to users of the exchange (i.e., date of prescription, date of most recent dispensing, quantity, days' supply, number of refills, and prescriber name). Future WHIE plans include obtaining prescription fill status information for non-Medicaid members. There is no exchange of information on prescriptions not yet filled.

Electronic clinical laboratory ordering and results delivery. Wisconsin has made some progress in electronic clinical laboratory ordering and results delivery. ACL Laboratories covers a majority of southeastern Wisconsin. It is operated jointly by the largest Wisconsin IDN, Aurora Health Care in Milwaukee, and the largest Chicago-area IDN, Advocate Health Care. ACL Laboratories delivers results through interfaces with EHRs, remote printing, and faxing. They also provide direct feeds to public health. ACL Laboratories receives inbound orders from multiple sites, including Advanced Healthcare, Advocate Health Centers, Advocate Medical Group, Medstar, Midwest Women's Health, Family Medical Associates, Condell Medical Centers, and Dreyer Clinic. They electronically interface with ten EHR vendors and perform approximately 20 to 22 million billable laboratory tests per year in Wisconsin and



Illinois. Additionally, Dynacare Laboratories services the entire state of Wisconsin, with a heavy emphasis in the five counties surrounding Milwaukee. They perform six million tests annually and interface with EHR systems for inbound and outbound results. Dynacare Laboratories is currently beta testing an interface with the State for public health reporting.

Electronic public health reporting. Wisconsin has made significant strides in exchanging immunization and notifiable laboratory results information statewide. The Wisconsin Immunization Registry (WIR), sponsored by the Department's Division of Public Health, records and tracks immunization dates of Wisconsin children and adults and provides public health information to clinicians. There are over 1,100 immunization providers and about 2,650 schools with access to the WIR with a total of 15,000 users throughout Wisconsin. These providers account for 27 million immunizations given to 3.7 million patients. Patients also have access to immunization records through Public Immunization Record Access. The Electronic Lab Reporting (ELR) system, sponsored by the Wisconsin State Laboratory of Hygiene and the Department, covers patients tested for notifiable conditions. Current functionality of the ELR includes results delivery, results lists (historical), mandated public health disease/condition reporting, and voluntary public health reporting:

Quality reporting capabilities. Wisconsin has made incremental progress in the area of quality reporting throughout the state. Two public-private organizations currently collect quality information from a subset of health plans throughout the state. The Wisconsin Health Information Organization (WHIO) maintains a central repository for health care claims data that provides for tracking, analysis, and measurement of risk-adjusted episodes of care. The information collected is used to determine value of care based on quality measures and cost over time. The WHIO data mart currently includes 55 million claims records for 1.52 million individuals. WHIO currently has five data contributors and plans to expand to include Medicaid data, and data from additional commercial health plans. The Wisconsin Collaborative for Healthcare Quality (WCHQ) is a voluntary consortium of organizations learning and working together to improve the quality and cost-effectiveness of health care for the people of Wisconsin through the public



reporting of comparative performance information. WCHQ uses two separate yet complementary processes to receive both administrative and clinical data directly from its participating member hospital and medical group organizations. One process relies on the organization to transmit its calculated performance based on internally constructed administrative and clinical data extracts to WCHQ. The second process involves the transmission of patient-level administrative and clinical data files through a secure repository-based submission (RBS) process to WCHQ. Both processes emphasize the collection of data on an “all-payer” basis, allowing for the construction of quality process and outcome measures for an entire population of patients regardless of payment source. The RBS tool is a Centers for Medicare and Medicaid Services (CMS)-approved registry for the Physician Quality Reporting Initiative (PQRI). Nine WCHQ member organizations are planning to use RBS to submit PQRI measures to CMS. Six of the nine are also planning to submit their WCHQ quality measures through the RBS to WCHQ in the fall of 2009. WCHQ’s member organizations represent 40% of the physicians and 50% of the primary care physicians in Wisconsin.

Clinical summary exchange for care coordination and patient engagement. To date, capability for clinical summary exchange for care coordination and patient engagement tools/services (such as patient-controlled personal health records (PHRs)) do exist, but they are confined to individual IDNs. To aid in care coordination, WHIE has the capability for clinicians treating patients in Milwaukee-area emergency departments and community health clinics to post brief messages to the exchange regarding a patient’s visit for other providers to see.

1.3 Wisconsin’s Self-Assessment of Its Current Planning and Implementation Status

Based on the status descriptions defined within the Funding Opportunity Announcement (FOA), Wisconsin’s status is “No existing Strategic or Operational Plan” for statewide HIE. The Department’s eHealth Program staff worked with members of the eHealth Board’s Patient Care and Information Exchange Workgroups to define the scope of work for a statewide HIE planning and design project (i.e., a “plan to plan”). This project titled the State-Level HIE (SLHIE) Planning and Design Project was initiated



at the end of May 2009. The project started with state-level HIE governance planning activities, consistent with the State HIE Cooperative Agreement Program (CAP) requirements for the governance domain portion of a State HIE Plan. Over the summer, the SLHIE Planning and Design Project team conducted a stakeholder assessment and environmental scan. The Department held five HIE regional summit meetings across the state to provide stakeholders with an opportunity to share their opinions about the approach Wisconsin should take in establishing a state-level HIE entity and statewide HIE services. Over 300 individuals attended the Summit Meetings. The team also conducted a comprehensive inventory of public and private HIT assets that either need to be connected to an HIE or could be leveraged in a statewide HIE architecture. While these current HIE planning activities and the previously mentioned efforts to create the eHealth Action Plan, address privacy and security, and implement an initial operational HIE capability in Milwaukee have not resulted in statewide exchange capability, they are logical and significant building blocks for the State HIE CAP project. Building on this foundational work, Wisconsin is prepared to optimize the opportunity presented in the State HIE CAP and move forward to improve its health care delivery system and the health of its people.

2.0 Proposed Project Strategy

2.1 Approach to Developing the Strategic and Operational Plans

The Strategic and Operational Plans will be developed through the “Wisconsin Relay of Electronic Data (WIRED) for Health Project” with the support of the State HIE CAP. The WIRED for Health Project will leverage existing work products generated by the eHealth Board and its workgroups, and the SLHIE Planning and Design Project. While the Department has initiated efforts to gather information relevant to the formulation of these Plans, we have yet to develop components that align with either Plan. The Department will use a multidisciplinary governance board (the eHealth Board or its successor) and committee structure to facilitate the development of the Plans. Committees aligned with the five domains of HIE activity (i.e., Governance, Finance, Technical, Operations, and Policy Committees) and a Communications, Marketing, and Education (CME) Committee will be established. The figure below



depicts the six steps the State proposes to take to complete the development of Strategic and Operational Plans to build statewide HIE capacity in Wisconsin.



Review the Scope of the Plans



The project team (see Section 4.2 on Project Organization) will assess the scope of the Strategic and Operational Plans. A high-level kick-off meeting will serve as the foundation for determining the inputs and criteria for both plans. This meeting will serve to set expectations within the team, engage stakeholders, discuss communication methods, and set high-level milestone dates to develop both plans. The requirements for the Strategic and Operational Plans will be documented in a compliance matrix to facilitate compliance reviews. The project team will complete an initial mapping of the work products from the SLHIE Planning and Design Project that may be used to develop components of the Plans.

Invite and Convene Committees to Participate in the Plan Development



The Department and public/private sector partners will identify and invite individuals to participate in the development and review of the Strategic and Operational Plans through the committee structure. Committee members and chairs will be selected based on their domain expertise as well as their current involvement in efforts that directly impact or are related to the WIRED for Health Project (e.g., Wisconsin’s HIT Regional Extension Center planning and implementation efforts). The Committee chairs will be accountable to the eHealth Board or its successor, and the Department until the State-Designated Entity (SDE) is operational.

Document Plan Expectations



Obtaining consensus on the detailed contents of the Plans is a critical first step in preparing the Plans. The project team, in conjunction with the Committees, will develop documents outlining the expected output and general considerations for each domain. These Deliverable Expectation Documents (DEDs) will



detail the requirements and anticipated content of each plan using the requirements outlined in the Funding Opportunity Announcement as a guide. The DEDs will be reviewed by the governance board and all of the Committees’ members. The Committees and the project team may modify the individual DEDs to address any relevant concerns.

Create Strategic and Operational Plans



In order to define the future state of HIE in Wisconsin, it is imperative to understand the current environment. Over the past few years, various entities conducted multiple, distinct and often disparate activities across the state to gather current state information to answer questions for a specific initiative or effort. As part of the Strategic Plan development, the project team will analyze the historical information available, including the information collected by the SLHIE Planning and Design Project over the last few months, to determine its relevance and identify additional areas that require further analysis (environmental scan) in order to accurately reflect the current HIE status among providers and the readiness for HIE implementation statewide. Follow-up interviews will be conducted to complete the environmental scan. Concurrent with the efforts to assess HIE readiness, the eHealth Board or its successor will be responsible for refining the vision, goals, objectives, and strategies for increasing HIE capacity as reflected in the Letter of Intent submitted to the Office of the National Coordinator (ONC) for HIT. Each of the Committees will define the end state for its domain based on the vision, goals, and objectives of the project. Since a number of state-based and federally funded programs will be both consumers and suppliers of information to Wisconsin’s statewide HIE, coordination of these efforts is critical. The State HIT Coordinator will be responsible for convening the appropriate stakeholders from each of the state-based programs as well as working with bordering states to ensure their interests are represented, dependencies are understood, and efforts are aligned and synchronized. The Wisconsin Medicaid Director and Project Director for the SLHIE Planning and Design Project have already initiated discussions on how the development of the statewide HIE Strategic and Operational Plans and the



Medicaid HIT plan development and implementation efforts will be coordinated. The respective project teams will identify the points of intersection and overlap between the two projects to determine where joint development efforts are needed for short-and long-term needs.

The Department envisions some activities related to the development of the Strategic and Operational Plans occurring in parallel. As such, the approach to developing the Plans is presented below grouped by domain area. Existing work products that can be leveraged and additional considerations are noted where applicable.

Governance. The governance component of the Strategic Plan will be developed by the Governance Committee using output from the SLHIE Planning and Design Project. The SLHIE Planning and Design Project team is currently reviewing information collected through surveys, stakeholder interviews, and regional summit meetings convened in the summer, as well as best practices/models from other states in order to prepare a business options evaluation and recommended business architecture for the Wisconsin SLHIE governance entity. The resulting business options analysis and recommendations will encompass the organizational structure for the SDE, the roles and responsibilities of the SDE and the State HIT Coordinator, the method by which members are selected to serve on the governance board of directors, and a proposed implementation strategy. This analysis and recommendations will be used as input for the Governance sections of the Strategic and Operational Plans. The Governance Committee will be charged with defining and documenting the policies and procedures for maintaining governance and policy structures. The developed policies and procedures will be included in the Governance section of the Operational Plan.

Finance. As part of an environmental assessment and stakeholder scan, the SLHIE Planning and Design Project initiated efforts to assess stakeholder interest in helping finance a statewide HIE. Initial analysis indicated that while stakeholders see value in the HIE, they are hesitant to contribute financially. More detailed analysis needs to be conducted to evaluate the reasons for their hesitancy and identify potential funding strategies to not only ensure financial sustainability, but also to articulate a clear value



proposition to stakeholders. Identifying key stakeholders from the provider and payer community will be crucial in evaluating and selecting possible funding options. The Finance Committee will identify potential barriers and consider the effect of the priority of services, sequencing of services, and realignment of incentives, including pay-for-use and pay-for-performance programs, which may evolve over time. The creation of the Medicare and Medicaid incentive payments for meaningful use of EHRs under the American Recovery and Reinvestment Act (ARRA) of 2009 advances the business case for HIE but is unlikely by itself to be sufficient.

The project team will conduct financial modeling activities to identify feasible approaches for funding the start-up of Wisconsin's SLHIE as well as strategies for ongoing sustainability, including considerations pertaining to the scalability of the selected statewide HIE architecture and services. In order to assess the ability of the SLHIE to be self-sustainable, the Finance Committee will work closely with the Technical and Operations Committees to evaluate the recommended technical architecture and interoperability services. It will be the responsibility of the project manager to coordinate the activities of the three committees. The financial modeling will include the development of cost estimates and staffing plans as required in the Operational Plan. The State, regional HIEs, large health systems, and others will provide input to further identify resources, determine dependencies, and help define timeframes.

As a part of the Aggregated Stakeholder Asset Data Summary and Service Prioritization Report created during the SLHIE Planning and Design Project, a HIT Asset Survey was distributed to health systems, hospitals, and providers. Questions were asked in the survey about resource availability and required financial support. With an approximate 20% rate of return on survey responses, additional interviews and expansion of data collection methods will be needed.

The Finance Committee will reach out for expertise in financial policies, procedures, and controls to be used in the development of a plan to maintain compliance with GAAP and OMB circulars.

Technical Infrastructure. In order to define the Technical Infrastructure component of the Plans, it is necessary to further evaluate the current state of interoperability and existing HIT/HIE assets in



Wisconsin. A preliminary assessment is provided in Section 1.2 of this grant application, but a more detailed evaluation is required to address the gaps. The WIRED for Health Project will conduct detailed activities associated with assessing (1) the current HIT Status in Wisconsin through the evaluation of a stakeholder HIT asset inventory and documentation provided by Wisconsin stakeholder groups through the SLHIE Planning and Design Project, (2) the current interoperability status, and (3) the potential to leverage existing assets. The asset evaluation effort is scoped to include creating rating charts by asset type, evaluating the assets based on key criteria (e.g. cost, access and reusability, breadth, uniqueness, and potential use case fit), their relevance to additional services and addressing how assets can be repurposed or integrated in the state-level HIE technical architecture. The WIRED for Health Project will develop a high-level design of the various technical architecture options, providing integration guiding principles, evaluating the options, and recommending a reference architecture with supporting information and documentation.

In addition to technical considerations, business plan (sustainability) considerations, privacy and security challenges, and stakeholders' willingness to share data will also help define the most promising initial targets for statewide exchange implementation, and thus certain aspects of the architecture.

As part of the architecture definition approach and methodology conducted during the planning efforts, the various services components must be weighted or evaluated against the business needs and the specific use cases with the final goal of selecting the appropriate set of technical standards. In addition to the Health Information Technology Standards Panel (HITSP) framework specifications, there are additional standards that may require evaluation as part of the overall architecture definition depending on the decisions and outcomes of the previous tasks.

The Technical Committee will determine the appropriate HHS-adopted standards and certifications for HIE and will help create the plan for adopting the HHS-recommended standards. The WIRED for Health Project will conduct follow-up interviews with the asset owners identified as part of the HIT asset inventory efforts. This information will be used by the Technical Committee to evaluate how the technical



architecture will satisfy the requirements for statewide availability of HIE and to determine the technical solutions that will be used to develop HIE capacity within the state. Each layer of the State-Level HIE service-based reference architecture will be mapped to existing and emerging HIE and HITSP standards and specifications, and Certification Commission for Health Information Technology (CCHIT) certifications.

Business and Technical Operations. As a part of the planning effort, we will define the interoperability services needed and their technical specifications, and also how these services function and interact with one another in the context of the selected HIE services. The Operations Committee will plan how the state can meet meaningful use requirements. It will also assess how existing assets can be leveraged and will explore an incremental approach for services to reach all geographic areas. The Operations Committee will identify key individuals to assist with defining methods to demonstrate adoption of HHS interoperability standards. The technical architecture portion of the Operational Plan will be completed with assistance from the Operations Committee. Additional information will be gathered to fit the requirements of statewide availability of HIE among providers, public health, quality measurement and reporting organizations, and organizations involved with patient engagement and access.

Legal/Policy. The Policy Committee will address legal and policy-related matters essential to statewide HIE and pertaining to the work of all the project domains. The work completed by the eHealth Board and its workgroups described in Section 1.1 will serve as a foundation for this domain. Work products from HIPSC already address a number of the areas required for this domain, including analyses of existing state laws and proposed changes, review of sample Trust Agreements and related documents, and assessment of privacy and security issues related to HIE. The Policy Committee will engage representative stakeholders throughout the state, bordering states, and contract resources to assist in the completion of the planning for this domain. The Policy Committee's planning activities will address the following areas: privacy and security issues related to intrastate and interstate HIE, development of HIE policies and procedures, and HIE oversight and enforcement. Gaps in existing work products and



structures will be identified and action items developed to address those gaps, along with goals and objectives for each action item. Action items will be prioritized for completion. As necessary, the Policy Committee will convene workgroups responsible for developing the legal and policy domain content for the Plans, including the following: (1) legislative changes designed to harmonize state and federal privacy and security laws as well as effectuate the electronic exchange of health information; (2) considerations for the technical standards, data sets, implementation protocols, and related safeguards needed to secure the transmission of protected health information (PHI) in the statewide HIE; (3) common policies and documents, such as consent forms and various agreements, for use by entities participating in HIE; (4) the electronic exchange of health information involving federal health care delivery agencies, such as the Veteran’s Administration, the Department of Defense, and Indian Health Services; (5) cross-border electronic exchange of PHI; (6) compliance with state and federal privacy laws by SLHIE participants; (7) consumer concerns regarding the electronic exchange of PHI; and (8) State oversight and enforcement activities and consumer remedies available for breach of PHI.

Solicit Feedback on the Plans



All committees will be given the opportunity to provide feedback on constructed Strategic and Operational Plans. This feedback will be compiled by the project team and revisions to the Plans will be made as necessary. Additional follow up will be conducted with key stakeholders (providers, health plans, patient or consumer organizations, HIT vendors, public health agencies, health professions schools, clinical researchers, regional HIEs, etc.) as required to refine and complete components of the Plans.

Finalize Plans and Submit to the ONC



After the project team and Committees’ members conduct internal reviews, the eHealth Board or its successor, and the HIT Coordinator will be the final reviewers and recommend approval of the Strategic and Operational Plans to the Department Secretary, who will be the final approver. The Department will then submit the Plans to the ONC for review and approval.



2.2 Compliance with Legal and Policy Requirements

Consistent with the ARRA, Wisconsin recognizes that consumer trust and confidence are central to the development and maintenance of robust statewide HIE. To that end, Wisconsin is committed to establishing principles and criteria for compliance and accountability with state and federal privacy and security laws as a condition of participating in the exchange.

As part of the strategic and operational planning process, the Policy Committee, as described previously, will determine the methods and criteria for holding entities participating in exchange accountable for compliance with state and federal privacy and security laws. In establishing such methods and criteria, the Policy Committee will consider policy options concerning the privacy and security of electronic health information published by entities such as the U.S. Department of Health and Human Services, the Markle Foundation, and the eHealth Initiative.

Wisconsin will make compliance with privacy and security laws a contractual condition of participating in the exchange. This will be accomplished by requiring participants to execute one or more of the following types of agreements: (1) Business Associate, (2) Trust, (3) Participant, and/or (4) Data Sharing Agreement, as applicable. The Policy Committee will consider a number of criteria for demonstrating compliance and holding entities accountable such as: (1) requiring entities to conspicuously post their privacy and security policies or make them readily available to interested parties; (2) requiring entities to perform rigorous and comprehensive monitoring and auditing of internal uses and disclosures of PHI; (3) requiring entities to perform and submit annual HIE privacy and security audits; (4) requiring an annual external audit of the HIE; (5) requiring entities deviating from privacy and security requirements to develop and demonstrate adherence to corrective action plans; and (6) establishing HIE termination procedures for entities that fail to be in compliance with state and federal laws governing the privacy and security of electronically exchanged PHI.

2.3 Communications Strategy



The purpose of the WIRED for Health Project’s communications strategy is twofold: (1) to inform, educate, and engage health care providers and organizations, the public, and other key stakeholders about the benefits of HIT adoption and use, and HIE-related activities in Wisconsin, and (2) to engage key stakeholder organizations that will be instrumental in helping communicate important information to their members and constituents, and assisting with these activities.

The project will rely on current ongoing communication activities that have proved to be successful in making information about eHealth in Wisconsin available and accessible to stakeholders and the health community. These activities will play an important role in the overall communications strategy for this project. Some of these activities are employed on an “as needed” basis or as opportunities arise. eHealth Board meetings are held quarterly at which high-level decisions are made concerning HIT and HIE in Wisconsin, and eHealth Program staff present comprehensive information about the latest developments and activities at the state and federal levels. These meetings are open to the public and are also webcast. Written presentations, meeting minutes, and other materials are made available on the eHealth Board website. An eHealth Initiative website was created earlier this year, which contains information about EHRs, HIE, privacy and security, and federal HIT funding. This website also permits interested parties to make inquiries, which are answered by eHealth Program staff. eHealth staff also continually develop, use, and update presentation material to provide information and consistent messaging directed at general and specific audiences. The Department media and public relations staff assist the eHealth Program with HIT- and HIE-related press releases and articles that are published periodically. The Department has also successfully collaborated with existing organizations, such as the Wisconsin Hospital Association (WHA) and the Wisconsin Medical Society (WMS), to communicate important information about HIT and HIE. The project will hire an individual with health communications, marketing, and education expertise (“the Consultant”) on a contractual basis to staff and oversee the communications activities during the planning phase. The Consultant will be responsible for working with the CME Committee and the project staff to develop a HIT and HIE communications, marketing, and education strategy, which will include the



integration of current ongoing communications activities. A variety of key messages and communications will be developed along with methods for information dissemination directed at general and specific stakeholder groups in relation to the five project domains. The communications will be focused on a variety of key stakeholder audiences including a general audience, policymakers, Wisconsin legislators, health plans, hospitals, long-term care, home health, physician organizations, community clinics, public health departments, local RHIOs, ancillary service organizations (i.e., lab, pharmacy, imaging), vendors, the public, consumer advocates, and health care payers, purchasers, and employers. Any gaps in key stakeholder groups will be identified during the planning process. Information technology, including professional and social networking sites, will be used to gain efficiencies and reach a broader audience, wherever possible. Also, the Consultant will lead activities aimed at broadening existing collaborations to include additional health care organizations, providers, and consumers as well as additional activities, such as education and training. Particular attention will be given to cross-border collaborations as well as collaborations involving rural health, special needs populations, and regional extension centers. The Consultant will be responsible for assisting the project staff and the Committees with presentation material, and for enhancing and maintaining the content available on our websites.

2.4 Involvement of Community-Based Organizations

The involvement of community-based organizations and targeted populations in the planning and implementation of the proposed project has already begun. As part of the SLHIE Planning and Design Project, a number of organizations representing special populations participated in the HIE regional summit meetings. Also, individuals from organizations, such as those representing populations with mental health and substance abuse disorders, HIV/AIDS, medically underserved populations, the elderly, and victims of domestic violence, were interviewed extensively during HISPC, which involved developing and implementing a first-step solution to identified legal, policy, and practice barriers to HIE. The Department, in conjunction with the Wisconsin Department of Children and Families (DCF), is uniquely positioned to ensure that targeted populations will continue to be meaningfully involved in these



processes. One or both Departments either provide services or assist organizations that provide services to the medically underserved, newborns, children, youth, including those in foster care, the elderly, persons with disabilities, persons with mental and substance abuse disorders, and persons in long term care. The Departments already have policies and procedures in place to ensure the needs of Limited English Proficiency (LEP) persons are met with regard to the populations they serve.

As part of the planning process, a variety of additional strategies aimed at communicating information to and obtaining input from specific target populations will be developed to meaningfully involve them in project planning and implementation and ensure their special HIE needs are met. Opportunities will be provided for representatives of these populations and their affiliated organizations to serve on the eHealth Board (or its successor) or its committees.

Also, the creation of an interagency health council will be considered as a vehicle for obtaining input from relevant state and local government agencies, and the community-based organizations that interact with these agencies. One of the council's responsibilities would be to help ensure community-based organizations and the populations they serve are involved in the planning and implementation of the project and that the project ultimately fulfills their special needs. The council would consist of representatives from at least five state agencies, including the Department and DCF. It will provide input and resources for the WIRED for Health Project and ensure the project and the eHealth Board or its successor meet Wisconsin's HIT and HIE needs.

2.5 Considerations of Stakeholder Interests

Considerable efforts have already been undertaken by the Department to consider and incorporate stakeholder interests in HIE planning activities in Wisconsin. As part of the SLHIE Planning and Design Project, comprehensive stakeholder data about numerous aspects of HIE were collected through: (a) stakeholder participation in the HIE regional summit meetings held in July; (b) completion of HIE and HIT asset surveys; and (c) interviews with representatives from key stakeholders representing the private and public sectors. Diverse stakeholders, such as health care providers, including providers that serve low



income and underserved populations, health plans, patient and consumer organizations, vendors, health care purchasers, public health agencies (state and local), health professions academia, Wisconsin legislators, others who use HIT (e.g., Wisconsin Collaborative for Healthcare Quality), and individuals involved in care coordination (e.g., nutritionists), were involved in these activities.

An important additional step necessary to ensure stakeholder interests are represented and considered in the statewide HIE planning and implementation will be to update the eHealth Board's composition, charter, and committee structure; or establish the successor board and its committees by January 2010. Deliverables from the SLHIE Planning and Design Project, due to be completed this fall, will inform this process. The Department will ensure a public/private partnership along with state and local needs are represented on the board and also commits to ensuring transparent, fair, and non-discriminatory stakeholder participation. The Department will develop and recommend to the Governor a process for identifying and selecting appropriate individuals to represent particular stakeholder interests on the board and its committees. We intend to use the eHealth Board and its committee structure until such time as a decision is made concerning a possible successor entity.

3.0. Required Performance Measures and Reporting

3.1 Reporting Strategy

To meet all of the State HIE CAP reporting requirements based on the existing and to-be-released performance measures, we will develop and institutionalize an Integrated Performance Management (IPM) framework. Our approach to develop the framework involves leveraging an established and robust methodology that includes specific tools to assist in performance management. The scope covers collection of data to monitor progress and report on outcomes, and planning for corrective actions. Our IPM approach will be conducted in close concert with the Wisconsin Office of Recovery and Reinvestment (ORR) and WIRED for Health Project management function. It will also be designed to accommodate future requirements as specified by the Office of the National Coordinator (ONC) for HIT and CMS. Additionally, the Department is tracking all required performance reports to ensure that both



the financial and programmatic reports are accurate, complete, and timely as a key component of the management review process. Therefore, our strategy covers all aspects of the required reporting, including for the planning/implementation domains, audit, financial status, progress, and ARRA-specific reporting.

3.2 Methodology

Our selected methodology, the IPM framework, is a key component within our project management structure and includes performance management and reporting mechanisms designed to address the reporting requirements specified in the FOA across the five domains. The framework has structured processes, procedures, and standardized tools used to manage results. It consists of three steps:

Step 1 - Define. The first step in the IPM framework involves defining performance measures consistent with the project vision and strategy and establishing performance targets and calculations. This will include incorporating the ONC's identified reporting requirements relative to the five domains, audit, financial, progress and ARRA-specific reporting. This step will also include identifying additional performance measures to support our self-evaluation process and requirements for the various reports, once we enter the implementation phase of the project. This step also includes identifying stakeholders and data sources, and determining roles and responsibilities. Outputs from this step will include a balanced set of key performance indicators (KPI) and calculation of these KPIs to track progress of project activities. Additional outputs will include mapping the KPIs to specific data sources, data owners, high-level role descriptions, and reporting frequencies with dependencies.

Step 2 - Design and Develop. The second step in the IPM framework involves designing performance data capture mechanisms, processes, standard operating procedures, and timetables. This step also includes designing the performance measure reporting mechanisms, processes, procedures, and timetables. Based on forthcoming guidance received from the ONC, we will design a dashboard for use in reporting and publishing KPIs. Other activities within this step include design and development of: data capture templates and processes; KPI database and data feeds; analytic capabilities; reporting



mechanisms, procedures and controls; audit functions; and role descriptions. Outputs from this step will include consistent templates, clearly defined and documented processes and roles, standard operating procedures, KPI database, management dashboard, and formalized reporting.

Step 3 - Implement and Operate. The third step in the IPM framework focuses on implementing and institutionalizing the performance measurement and reporting requirements functions, processes and tools. This step also includes implementing the necessary infrastructure to support performance management and reporting, training staff to collect the right data in the proper fashion, and generating and processing the required reports. Outputs from this step include formalized processes and procedures to manage performance and standardized reporting mechanisms with scheduled report generation.

3.3 Tools

The IPM framework includes specific tools to help facilitate the process, analyze data, and generate reports. Specific tools include: standard operating procedures to be used by project team in collecting, processing, and compiling reporting requirements and performance measures; a database to store the KPIs and facilitate queries; a data analytics tool to enable analysis of the KPIs; a management dashboard to readily display performance for monitoring purposes; and reporting software with templates to generate reports for submission to the ONC and CMS, as necessary.

3.4 Reporting Requirements

Since Wisconsin is currently in the planning phase of statewide HIE, the project's reporting framework will initially only address reporting requirements related to planning. However, as the project moves into the implementation phase, the IPM framework will evolve to support all reporting requirements related to implementation and will include the related implementation performance measures specified in the FOA and by ONC. Relevant data in each domain will be captured and stored in a database following the processes we define within our IPM framework. We will define and run regular reporting queries to produce reports for internal monitoring and analysis. These reports will be generated in various formats, but the primary format will be the management dashboard that will readily display and communicate



project progress (i.e., schedule, budget, scope, risks). The project's dedicated reporting analyst in collaboration with the other project team members will prepare reports for the Wisconsin Office of Recovery and Reinvestment (ORR), Secretary of the Department, Public Health Administrator, State HIT Coordinator, State Medicaid Director, eHealth Board or its successor, other key stakeholders, and the general public, as appropriate. Consolidated reports consistent with the ONC's requirements will be submitted at the designated times once the ONC releases its reporting guidelines. In advance of the specific guidance, our reporting approach for each of the HIE domains is as follows:

Governance. We will report on the stakeholder composition of the governance entity once it is established. Our reports will include a complete breakdown by stakeholder type and will provide details pertaining to specific roles, such as that of Medicaid. Our reports will also indicate the level of transparency provided to the public and any potential role regional HIE initiatives may have in governance.

Finance. Our reports will include details on compliance with state and federal financial policies and procedures. All revenue sources including non-federal cash and in-kind support, both public and private, will be reported and will include discrete details. Revenues generated through HIE services will be reported once the SLHIE becomes operational. As part of the WIRED for Health Project, we will develop a business plan with an emphasis on financial sustainability. Progress toward meeting that objective will be reported to the ONC. Department and SDE financial and budgetary controls and audit procedures will be identified/established for this project and will comply with OMB requirements and state and federal laws. Our reports will include details on each of these areas.

Technical Infrastructure. The IPM framework and project management activities will enable the project team to monitor technical decisions down to the requirements level related to testing, integration, and data transfer during implementation.

Business and Technical Operations. Similar to the Technical Infrastructure reporting requirements, the IPM framework and the project management activities will support reporting on the implementation of



operational requirements once the planned business and technical operational implementation activities are underway.

Legal/Policy. We will track and report on the development and implementation of privacy policies and procedures to ensure consistency with state and federal requirements. Statistics relative to signed trust agreements will also be captured in our reporting database using processes defined within our IPM framework. We will also track the inclusion of public health data use provisions in any privacy policies, procedures, and trust agreements that result from the WIRED for Health Project. We will provide regular progress reports to the ONC in compliance with the specified reporting requirements for this domain.

3.5 Other Reporting Requirements

Several other types of reporting requirements specified by the FOA and the ONC will also be supported by our IPM framework and coordinated by the reporting analyst as follows:

Audit Requirements. The Department is tracking and maintaining all ARRA funds separately from other funding within its financial system. The Bureau of Fiscal Services (BFS), which maintains the Department's accounting records and processes all fiscal transactions, has assigned a unique project number and a monitoring accountant in BFS for each ARRA program. The Department's program divisions work closely with the accountants to review all expenditures and ensure that expenditure reports are accurate, complete, and timely. As required by the ONC and in accordance with the finance reporting requirements for a Single Audit, the Department is subject to an annual single audit by the State's independent legislative audit agency, the Legislative Audit Bureau. Once the SDE is established, the Department will require the SDE to contract with an external auditor to perform an annual audit in accordance with OMB Circular A-133.

Financial Status Reports. In accordance with the requirement in the FOA, we will submit an annual Financial Status Report within 90 days of the end of each budget and project period. As with all ARRA grant funds received by the Department, we will adhere to our existing process established by ORR. This process is noted in the ARRA-Specific Reporting section below.



Progress Reports. In accordance with the reporting requirements specified in the FOA, we will submit semi-annual progress reports on the status of the WIRED for Health Project relative to governance, policy, and HIE capacity expenditures. These reports will be provided after the development of the Strategic and Operational Plans. Similar to other reports within Department, the progress reports will also follow the reporting procedures established by the ORR for ARRA-funded projects.

ARRA-Specific Reporting. The Department instituted a number of procedures to comply with ARRA-specific reporting requirements. Within the Department, proactive, responsible implementation of ARRA is a high priority. The Secretary has an active role in planning and prioritizing the responsible use of ARRA funds. Review by the Secretary's Office is a key step in overseeing all ARRA reporting. The Department will submit all Section 1512 recipient reports (quarterly financial and performance reports) due 10 days after the end of the quarter to the ORR, which will submit the reports through a federal reporting website. The Department has implemented the following procedures to ensure enhanced transparency and accountability related to ARRA funds:

- All ARRA funds are tracked separately from other funding within the financial system.
- All reports on ARRA funding and performance submitted to the federal government receive enhanced management oversight including review by the appropriate division administrator, the Secretary's Office, and the ORR.
- All ARRA invoices from sub-recipients are approved by the appropriate bureau or office director before payment is made.
- Staff members who administer ARRA funding are being trained on the State's Code of Ethics, as well as receiving ethics training related to procuring goods and services and overseeing contracts. The training materials are being updated to include ARRA-specific information.
- New policies and procedures are being written on how to report and deal with suspected fraud and abuse.



4.0 Project Management

4.1 Project Management Approach

The components of our project management approach address the critical success factors needed to successfully plan, design, operate, and maintain a statewide HIE in Wisconsin. It leverages industry-standard protocols from the Project Management Institute for initiation, planning, execution, monitoring, and control activities. Our approach goes beyond managing the day-to-day activities of the project team; it is focused on managing results. By design, most project management efforts are focused on tracking, monitoring, and reporting, not the management of project outcomes. Our results management approach enhances core project management fundamentals by focusing on the strategic results and outcomes that Wisconsin's stakeholders and ONC seek from the project. The approach is built around the following core tenets:

- **Continuous Collaboration.** Recognizing the fundamental need to address the needs of a broad group of stakeholders, we plan to engage stakeholders throughout all phases to cultivate stakeholder buy-in. Close collaboration with stakeholders will foster more efficient and effective project team performance for the duration of the project.
- **Comprehensive Communication and Transparency.** Effective communication, formal and informal, is a basic foundation of our results management approach. The project manager will inform project stakeholders of project status through timely and accurate reporting, as well as frequent informal contact.
- **Rigorous Tracking, Evaluation, and Quality Assurance.** Detailed tracking of project tasks, issues, risks, and changes combined with a structured set of status reports and quality assurance review procedures will allow for early detection of problems and corrective action. Such tracking and quality assurance measures assist in the management and control of project results/outcomes.



- **Accountability.** Ensuring that funds, regardless of the funding source, are appropriately spent to achieve the WIRED for Health Project outcomes is the prime objective in our approach to monitor and enforce project accountability. Our IPM framework supports this effort.

The following sections detail the roles and responsibilities of the project organization designed to support the tenets identified above, as well as the core activities associated with managing project communications, the project schedule, project risks, project scope, and assuring overall quality.

4.2 Project Organization

We anticipate the project organizational structure will evolve as the project progresses from planning to implementation and when the SDE becomes operational. The following core roles and responsibilities are currently anticipated for the WIRED for Health Project:

Program Executive Sponsor. The State Health Officer and Division Administrator for Public Health will be the Executive Sponsor.

State HIT Coordinator. The HIT Coordinator will coordinate and work in close collaboration with the ONC, the State's Medicaid Director, the State's Public Health Officer, other health leaders and stakeholders in government, private health care sector leaders, and other states' HIT Coordinators to plan and implement HIE services within Wisconsin and across the State's borders. The HIT Coordinator will also serve as the overall program director for the WIRED for Health Project until the SDE is operational. The HIT Coordinator will have responsibility for communicating project progress to the ONC, the eHealth Board or its successor, and the State Government Leadership.

Project Manager. The project manager will be responsible for managing the overall project activities, including the work of the Committees, and will report to the State HIT Coordinator. The project manager will work in close collaboration with the project manager assigned to Medicaid's HIT planning and implementation activities. The project manager will accomplish the following activities for the WIRED for Health Project:

- Prepare project progress reports.
- Identify and mitigate project risks/barriers.



- Coordinate ongoing communications.
- Monitor project schedule.
- Assure project quality.
- Monitor project resources and costs.
- Oversee stakeholder management.
- Monitor project dependencies.

HIE Budget and Policy Analyst. The Budget and Policy Analyst will be responsible for preparing budget requests, analyzing public policy and project choices and costs; assisting in the development of the project budget, preparing policy analyses and summaries as required; reviewing proposed state and federal legislation and budgets for impacts on the project; assisting in the development of legislative proposals that relate to the project's budget, and contributing to the ONC and project performance measures and reporting requirements.

HIE Program and Policy Analyst. The Program and Policy Analyst will be responsible for conducting research and analysis of Wisconsin's health care environment in the areas of privacy, security, patient consent, quality, and patient safety throughout all phases of the project. The analysis will be used as input into development of HIE policies and procedures in Wisconsin. During the planning phase, the HIE Program and Policy Analyst will identify and define HIE policies, procedures, and associated legislation in collaboration with the Policy Committee. The HIE Program and Policy Analyst will also be engaged to help shape data sharing agreements, participation agreements, and data use agreements during the execution phase of the project, as well as review ongoing legal issues that may arise.

Reporting Analyst. The Reporting Analyst will be responsible for working with the State HIT Coordinator and the project manager to prepare and submit reports defined in the State HIE CAP performance measures and reporting requirements. He/she will work with project leadership to facilitate reviews of the reports and make modifications as needed. The Reporting Analyst will also be responsible for maintaining the reports in a project archive.

In addition to the resources identified above, the following resources are anticipated to participate in the activities associated with the development of the Strategic and Operational Plans:



eHealth Board (or its successor). The eHealth Board includes members from organizations representing the payer, provider, state government, quality reporting, patient/consumer, and employer organizations. During the planning efforts, eHealth Board members will be responsible for participating in the Committees, reviewing and providing feedback on the deliverables and direction of the project, promoting HIE within their respective communities/organizations, and assisting with issue resolution and risk mitigation. Prior to their submission to the ONC, the eHealth Board and the State HIT Coordinator will review and approve the Strategic and Operational Plans and will recommend them for final approval by the Secretary of the Department.

Committees. The six Committees established under the Board will be convened to contribute to the development of components of the Strategic and Operational Plans. The Committees will be comprised of representative experts in the areas of the five domains (governance, finance, technical infrastructure, business and technical operations, and legal/policy) and communications, education, and marketing.

4.3 Strategy for Tracking Project Progress

The project manager will perform specific activities to track and monitor the WIRED for Health Project's progress, and these activities will span across the following project management functions: schedule management, risk and issue management, project reporting, quality management, and performance and budget management. Details on the Performance and Budget Management function are addressed in the Performance Measures and Reporting section of this grant application, Section 3.0.

Schedule Management Core Activities

The overall objective of the Schedule Management activities is to produce a comprehensive project work plan that encompasses every phase of the project. This consists of the major tasks, sub-tasks, task duration, and milestones (i.e., work breakdown structure (WBS)) to be accomplished during the project. Each major task and its associated deliverables will be assigned specific criteria to be satisfied for its completion. The project manager will be responsible for the following activities:



1. **Schedule development.** The objective of the Schedule Development process is to analyze the activity sequences, activity durations and resource requirements to create the entire project schedule and then create the project baseline. The project work plan will be completed in this step with the verification of the start date and end dates of each project phase and activity. Activity duration and resource allocation will be validated and optimized and documented in the Staffing Plan. This approved document will serve as the baseline for the project schedule.

2. **Schedule monitoring/control.** The objective of the schedule control process is to monitor and control variances and changes to the project schedule to ensure the project is completed within the specified timeframe. The project manager will:

- Collect project information from all project teams.
- Review and update the project work plan with “actuals.”
- Analyze the impact of “actuals” on resources and dependent tasks.
- Review any approved change requests and analyze the impact on the project schedule.
- Update the baselined project work plan with information for each approved change request and update the project work plan with the actual data for each task.

Risk Management Core Activities

The risk management activities will analyze and respond to risks that may impact the WIRED for Health Project’s results/outcomes. These activities include the identification, analysis, and tracking of project risks as well as the identification and implementation of risk response strategies and the assignment of ownership and responsibilities. The project manager will be responsible for the following activities:

1. Identify Risks—identify all likely risks that may affect the project and document the characteristics of each risk and categorize them.
2. Perform Risk Analysis—analyze the risks, establish the risk rating, prioritize the risks based on the risk rating and determine the appropriate risk response.
3. Plan Risk Response—determine the appropriate risk response strategy for each risk.



4. Monitor and Control Risks—monitor the execution of approved risk responses; assess existing risks, and identify risks that may arise throughout the project.

Quality Management Core Activities

Our project management function includes a quality management framework that defines the activities the project will perform to effectively plan, execute, monitor, and control project quality. The project manager will be responsible for overseeing the execution of the high-level activities defined below to evaluate day-to-day activities. The evaluation of the broader project progress will follow the process outlined in the Evaluation section of this grant application, Section 5.0:

1. **Perform Quality Assurance:** Perform planned, systematic activities to ensure the project is using the proper methods, templates, standards and guidelines, as well as practicing the right processes in order to produce high-quality deliverables that satisfy project requirements.

2. **Perform Quality Control:** Monitor specific project results to determine if they meet expected standards and requirements, and implement corrective actions or improvements when they do not. The main goals of quality control are to confine errors, reduce rework, and correct project performance issues before they contribute to poor overall project outcomes and/or production failures.

3. **Perform Quality Reviews:** Our quality management approach intends to hold reviews conducted by groups outside the core project team to further assist and validate the project is on track to deliver high-quality project outcomes.

Project Reporting Core Activities

Our project management approach includes those efforts related to preparing and disseminating project progress reports. The project manager will execute the high-level activities defined below to prepare reports that will be shared with the project team. Reports that will be generated to share with the ONC and project stakeholders will follow the process outlined in the Performance Measures and Reporting section of this grant application, Section 3.0. The project manager will be responsible for completing bi-weekly progress reports in addition to the reporting requirements identified in the State HIE CAP. The reports



will be generated according to the process below and reviewed with the State HIT Coordinator and other project leadership:

1. Bi-Weekly Progress Report Generation. Will include a brief discussion on the current status of the project; a forecast for the remainder of the project; and the status of the key activities, including any issues reported, change requests submitted, risks identified, and risk response plans implemented since the last report. The project manager will:

- Collect project information from the project team.
- Review the project work plan and determine the status of the project schedule.
- Collect key accomplishments and next steps from all project leads.
- Maintain a list of upcoming milestones for the project.
- Review the risk log and current status of project risks.
- Review the issue log and review the current status of project issues.
- Identify new project change requests needing leadership attention.

5.0 Evaluation

5.1 Evaluation Strategy

We will closely align our project's self-evaluation activities with our approach to manage performance measures and reporting across the five domains. We will leverage the same IPM methodology and tools discussed in the Performance Measures and Reporting section of this grant application, Section 3.0, to conduct self-evaluations. However, one difference is that separately defined evaluation templates will be tailored for the expressed purpose of providing regular reports to the ONC.

5.2 Methodology and Tools

At the onset of the WIRED for Health Project, we will develop a detailed WBS covering the first 6 months of the project. The WBS will be maintained by the project manager and will be used in conjunction with other key tools including a project budget, schedule, risk management plan, and project reports. Performance measures specific to the planning phase of the project will be included in the project



reports. The reports will address progress relative to the project milestones when measured against the schedule, budget, scope, quality, and risks.

Analysts will be responsible for gathering data where automated data feeds do not exist. Performance measures will be captured in the database identified in the Performance Measures and Reporting section.

Queries will be set up to extract the relevant data to populate the analytics tool. The management dashboard will enable proactive and regular monitoring to gain insight into the health of the project. The dashboard will draw data from the database as will the reporting software. The ONC progress reports will be established as templates within the reporting software to streamline the process and ensure consistency in the manner in which reports are provided back to the ONC. Self-evaluation reports will be created on a monthly basis or as otherwise directed by the ONC in future guidance.

Initially, performance measures will primarily be based on the planning milestones across the five domains. The individual measures and their calculations will be identified at the beginning of the planning stage. Considerations for self-evaluation during both planning and implementation across the five domains include the following:

Governance. Sample self-evaluation considerations include: degree of broad-based stakeholder collaboration, level of transparency, ability to support meaningful use, appointment of a State HIT Coordinator, degree of Medicaid involvement, and accountability checks and balances.

Finance. Sample self-evaluation considerations include: ability to develop robust value propositions for each key stakeholder groups, and ability to develop a self-sustainable business model for the services selected.

Technical Infrastructure. Sample self-evaluation considerations include: ability to develop a reference architecture aligned with HHS adopted standards and the National Health Information Network (NHIN); ability to develop a security framework that supports the selected privacy framework and HHS requirements; and ability to develop a technical solution that leverages existing Wisconsin HIT/HIE assets, commercial solutions and a service-oriented architecture (SOA) construct.



Business and Technical Operations. Sample self-evaluation considerations include: Progress of incremental deployment of services; and coverage represented by geographical dispersal of services.

Legal/Policy. Sample self-evaluation considerations include: degree to which state laws enable transfer of electronic health information; cross-border exchange; alignment between state and federal laws; and robustness of enforcement policies and mechanisms.

We understand that the ONC will release guidelines to help states perform self-evaluations. We will assess any forthcoming guidance to determine the best manner in which to incorporate these guidelines into our processes and tools.

6.0 Organizational Capability Statement

Because of the breadth and depth of the Department of Health Services' functional areas of responsibility, it is optimally positioned and capable of understanding the goals of HIE and helping to make them a reality. The Department has a demonstrated ability to provide leadership and convene key stakeholders on a wide spectrum of health-related issues.

6.1 Capabilities and Organizational Structure (organization chart provided in a separate attachment)

The Department's key responsibilities include long-term support and care programs, aging programs, physical and developmental disability programs, sensory disability programs, mental health and substance abuse programs, operation of care and treatment facilities, quality assurance programs, public health programs, regulation and licensing of a variety of facilities, the Supplemental Nutritional Assistance Program (SNAP) program, and medical assistance and health care for low income families, elderly and disabled persons. The Department is organized into six divisions and two offices:

1. The **Division of Long Term Care** manages programs involving long-term support and care, aging, physical and developmental disabilities, and sensory disabilities. In addition, the division operates state institutions that provide care and treatment for persons with developmental disabilities.
2. The **Division of Mental Health and Substance Abuse Services** manages programs that provide community mental health and substance abuse services. The division also operates four state institutions



that provide care and treatment for persons with mental illness and/or sexually violent behavior. The division is also responsible for client rights' reviews and investigations, and the community forensics program.

3. The **Division of Quality Assurance** assures the safety, welfare, and health of persons using health, long-term care and community-care provider services. The division assures quality of care and quality of life through the development of rules and standards, on-site inspections (surveys), complaint investigations, enforcement activities, facility plan reviews, training, policy interpretations, best practice initiatives, nurse aide registration, caregiver background checks and investigations, provider information and education, and proactive relationships among providers and consumers.

4. The **Division of Public Health** administers programs to promote and protect public health, prevent disease and disability, and promote healthy behavior. The division includes the following functions:

- **Communicable Diseases and Emergency Response.** Promotes efforts to prevent and control communicable diseases among Wisconsin citizens. Implements surveillance, control, and prevention measures; assists local health departments, health care providers, and citizens to prevent and control the spread of communicable diseases; maintains a statewide surveillance system; assists in early identification and intervention of communicable diseases; and informs the public about ways to prevent and control communicable diseases. Licenses emergency medical service providers and technicians, supervises and approves training, approves and coordinates advanced support services, coordinates the Department's response to natural and man-made disasters.
- **Community Health Promotion.** Develops and supports programs aimed at reducing the incidence of chronic disease among Wisconsin citizens and promotes the availability of health services to those with chronic conditions. Assesses health status, risk factors, and preventative health practices of the population; identifies desirable health practices and services; provides ongoing health surveillance; promotes public health education, programming and initiatives to promote the health of citizens; and prevents chronic disease. Provides leadership to assure the health and well-being of all Wisconsin



families and their communities. Develops, implements, and administers policies for the health and well-being of women, children, and families. Programs include life cycle health, nutrition education and counseling, supplemental food, and vendor compliance.

- **Environmental and Occupational Health.** Promotes public health through a statewide program to increase public awareness of environmental hazards and disease and prevent and control exposure to environmental hazards. Inspects restaurants, motels, hotels, vending machines, public swimming pools, mobile home parks, campgrounds, milk processors/shippers, and sources of radiation emissions. Protects the public from health risks related to occupational activities and prevents occupational illnesses and injuries in the workplace. Provides tracking of occupational diseases and injuries through surveillance programs, provides assistance to employers to help create safer workplaces, and provides training and program assistance on workplace safety and health.
- **Health Informatics.** Collects, maintains, and provides vital records for the citizens of the State; collects, protects, disseminates and analyzes health care and population-based health data needed to conduct critical state business; and integrates and manages major public health-related information systems. Promotes the statewide adoption and use of EHRs, and HIE among Wisconsin providers. The Office units include State Registrar/Vital Records; Health Care Information; Population Health Information; eHealth; Public Health Information Network; and Senior Epidemiologist. The State's HIT Coordinator leads the eHealth program unit. This unit plans, oversees, and directs the implementation of the Wisconsin eHealth Initiative. Responsibilities include: promoting the statewide adoption of health information technology and exchange to improve the quality, safety, and value of health care; leading and overseeing the planning and implementation of statewide HIE in Wisconsin; developing options and policies for addressing privacy and security issues which arise in the electronic exchange of health information; promoting value-based purchasing and public reporting using HIT and HIE; developing linkages between public health, prevention, and disease management activities; and staffing the Governor's eHealth Care Quality and Patient Safety Board.



- **Public Health Policy and Practice Alignment.** Develops and implements public health strategic planning. Supports a division-wide planning and policy focus on population health that will result in achieving the goals set out in the state health plans, Healthiest Wisconsin 2010/2020. Works closely with the local public health departments throughout Wisconsin. Provides technical assistance and consultation for Community Health Assessments and Community Health Plans.

5. The **Division of Health Care Access and Accountability** develops and administers the State's public health care and nutrition supplementation programs for low income persons, the elderly, and persons with disabilities. In fulfilling this mandate, the Division oversees the issuance of health care and nutrition benefits and manages the statewide eligibility determination system governing intake and monitoring of persons in these programs. In addition, it determines and adjudicates eligibility for persons applying for benefits under federal social security disability insurance programs.

6. The **Division of Enterprise Services** provides management support for fiscal services, information and technology services, purchasing and contract administration, intergovernmental relations, personnel, affirmative action and employment relations, institutional support services, internal audit and project management to the program divisions of the Department.

The Office of Policy Initiatives and Budget provides department-wide budgeting, policy development and implementation, and research and evaluation. It is also responsible for management of tribal affairs.

The Office of Legal Counsel is the law office for the Department, providing the Department with legal advice and representation. The Office provides formal legal opinions, informal legal advice, and litigates DHS cases in administrative hearings and in some court proceedings. The Office coordinates DHS rulemaking activities, administers DHS compliance with HIPAA regulations and other privacy laws, coordinates the Department's rehabilitation review approval process, and provides training and guidance in investigation methods and legal issues.

6.2 Ongoing Sustainability Capability



The Department can sustain some of the statewide HIE project activities after federal financial assistance ends in two ways. First, Wisconsin law permits the Department to annually assess physicians a fee of \$70 per practicing physician in the state to support health information data collection, physician performance measurement and public reporting on quality, safety, and efficiency of health care. Second, Wisconsin's Medicaid program is managed by the Department and is participating in the statewide HIE planning and implementation project. A portion of costs can be allocated to the Medicaid program.

The Department acknowledges it is unlikely the federal funding provided through the State HIE CAP will fully fund the build out of the necessary statewide HIE infrastructure and services. The details of how a Wisconsin SLHIE entity and statewide HIE can be fully funded and then financially sustained will be determined during the development of our Strategic and Operational Plans. In the long run, we expect the SLHIE to be financially self-sustaining after the initial build phase. This is premised on the Wisconsin's ability to develop a financial model for information exchange and quality improvement that is adopted by and paid for on an ongoing basis by the many stakeholders who are already active participants in the Wisconsin health care delivery and payment systems. We believe this is a realistic objective if the SLHIE is properly established.

6.3 Key Staff

The following individuals are key staff for the WIRED for Health Project. Resumes are provided in a separate attachment.

Wisconsin Department of Health Services: Dr. Seth Foldy, Denise Webb, Matt Schwei, Alice Page

Deloitte Consulting Staff: Jennifer Ferrigan, Rachel Frey, Michael Kleinmann, Nick Wong

6.4 Qualifications and Previous Experience

Our project team has extensive experience in developing cogent and useful HIE reports, publications and other related products. The Department has a successful track record in large-scale community engagements and delivering useful and actionable health plans and reports. Two excellent and relevant examples are the eHealth Action Plan and the State Health Plan (Healthy Wisconsin 2010 and 2020).



Both were developed through public-private collaboration. The Department possesses a strong capacity to successfully engage and mobilize communities and diverse sectors across the health system to come together to identify and solve problems, develop plans and policies to improve health across the lifespan, eliminate health disparities, transform the health care delivery and public health systems, achieve health equity, and create opportunities. In creating the eHealth Action Plan and the State Health Plan, the Department successfully recruited and engaged hundreds of volunteers from across the state to participate and contribute to these plans.

Our consulting partner, Deloitte Consulting, routinely develops HIE and EHR deliverables focused on governance, sustainability, interoperability, adoption, and legal aspects for federal, state and commercial health organizations. These deliverables include strategic and operational plans that identify recommended governance and organizational structures, business models and financing options targeting sustainability, technical blueprints detailing requirements and architectural components, processes for vendor selection and analysis, operational and clinical process improvements to increase adoption, and rationalization of evolving regulatory, legal and compliance requirements.

An additional resource is the Deloitte Center for Health Solutions (the Center) which extends the capabilities of the project team. The Center was formed to further research and develop solutions to some of our nation's most pressing health care and public health-related challenges. The Center has conducted extensive research in the areas of HIEs and EHRs. A few of the whitepapers published by the Center include: Reducing Costs While Improving the U.S. Health Care System: The Health Care Reform Pyramid, 2009 Survey of Health Care Consumers, Connected Care: Technology-Enabled Care at Home, Coordinating Chronic Care Management through Health Information Exchanges, States' Role in Health Information Exchanges, and Health Information Exchange Business Models.

Specific to the SLHIE Planning and Design Project, its project team developed three reports: (1) Stakeholder Assessment and Environmental Scan; (2) Aggregated Asset Data Summary and Service Prioritization; and (3) Business Options Analysis. The project reports include: insights into stakeholder



capabilities, interests and health information needs; identification of high priority services to be provided by a SLHIE; inventory of existing functional and technical assets within the state that may be leveraged to support the HIE; and analysis of business options and a recommendation for a SLHIE governing entity.

6.5 Contractual Relationships for Planning and Implementation Activities

The Department entered into a contract with Deloitte Consulting in May 2009 to provide consulting services and expertise in assessment, planning, and architectural modeling and design activities for a SLHIE entity and the business and technical services the entity would provide statewide for Wisconsin.

7.0 Required Plans

Wisconsin does not have a Strategic or Operational Plan to submit as part of this grant application.

8.0 Collaborations and Letters of Support

While we have not yet formalized relationships to meet the State's HIE goals, we have developed and fostered collaborative working relationships with a number of organizations who have actively supported and engaged in Wisconsin's eHealth Initiative, including the Business Health Care Group, Dean Health System, Gundersen Lutheran, Marshfield Clinic, MetaStar, Milwaukee Healthcare Partnership, Rural Wisconsin Health Cooperative, WCHQ, Wisconsin Department of Employee Trust Funds, Wisconsin Education Trust, WHA, WHIE, WHIO, WMS, Wisconsin Primary Health Care Association, SSM Health Care of Wisconsin, and University of Wisconsin—School of Nursing (letters of support are provided in a separate attachment). The Wisconsin's 2006 eHealth Action Plan was created by a broad community of stakeholders, many from the organizations listed above, who remain active in our current HIE planning and implementation efforts either through the eHealth Board or the executive steering committee that was established for the SLHIE Planning and Design Project. Many of these individuals also worked for some years prior to direct Wisconsin's involvement in various aspects of what could now be called the HITECH agenda.

---END OF PROJECT NARRATIVE---