State of Wisconsin Medicaid Health Information Technology (HIT) Plan
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1 OVERVIEW

The Wisconsin Medicaid Health Information Technology Management Plan serves as a guiding document to convey the organization’s overarching health information technology (HIT) vision and objectives. The Management Plan enables the Wisconsin Department of Health Services (DHS) Division of Medicaid Services (DMS) to coordinate more effectively with other areas within DHS and support a consistent approach to future HIT investments, including but not limited to activities under the Medicaid Promoting Interoperability (PI) Program (formerly referred to as the Medicaid Electronic Health Record Incentive Program).

The Management Plan is organized as follows:

**Organizational Overview:** Provides a summary of the organizational assets impacting the development and execution of the State Medicaid HIT Plan (SMHP).

**Medicaid HIT Vision and Objectives:** Includes DMS’s HIT vision and objectives, detailing strategies to assist DMS in meeting established objectives.

**Critical Success Factors:** Defines the critical success factors to be considered when implementing new strategies.
The following section details Wisconsin’s organizational assets impacting the construction and execution of the SMHP.

Figure 2.01: State of Wisconsin Organizational Overview.
2.1 DHS

DHS is one of the largest and most diverse state departments in Wisconsin with an annual budget of roughly $11 billion and over 6,100 employees. DHS’s thousands of employees, along with local counties, health care providers, and community partners, among others, work together to protect and promote the health and safety of the citizens of Wisconsin.

DHS oversees Medicaid, the single largest program in the state budget, and other health and social service programs. DHS activities include alcohol and other drug abuse prevention, mental health, public health, implementation of long-term care, disability determination, and regulation of state nursing homes and numerous other programs that aid and protect the citizens of our state. DHS also oversees seven 24/7 institutions: three centers for the developmentally disabled; a facility for mentally ill inmates; two psychiatric hospitals; and a facility for treating sexually violent persons.¹

2.1.1 Office of the Secretary

The Office of the Secretary is responsible for the management of the communications team, area administration, tribal affairs, legislative affairs, and opioid initiatives. The Office of the Secretary serves as the primary link for DHS to develop internal and external communications, organize the broad range of program areas within 72 local county human service agencies, and maintain effective relationships with 11 Wisconsin tribal governments. The Office of the Secretary also includes the Director of Opioid Initiatives and Legislative Affairs. Related to legislative affairs, there have not been any statutory or regulatory changes directly affecting the eHealth and Quality Program this year, at the state level.

2.1.2 Division of Medicaid Services

The Division of Medicaid Services (DMS) is responsible for administering medical assistance (Medicaid), BadgerCare Plus, SeniorCare, chronic disease aids, general relief, Family Care, Family Care Partnership, IRIS (Include, Respect, I Self-Direct), and children’s long-term care services. DMS is responsible for the administration and oversight of the Medicaid PI Program, staffed by the eHealth and Quality Team. The PI Program sits within the Bureau of Benefits Management (BBM) in DMS. BBM manages provider and managed care policy and oversees the Medicaid Quality Strategy. eHealth and Quality Team staff provide support and advisory services to BBM and all of DHS regarding HIT. Program integrity services for the PI Program are an ongoing shared responsibility between program staff in DMS and the Office of the Inspector General (OIG).

2.1.2.1 eHealth and Quality Program Director²

The eHealth and Quality program director is responsible for formulating and leading the development of, advocating for, and overseeing the implementation of policy initiatives that foster adoption of CEHRT, secure health information exchange (HIE) at a state and national level, and related initiatives, such as the Wisconsin Health Information Organization’s multi-payer claims information system and public reporting initiative, to achieve Wisconsin’s health care delivery transformation goals. The eHealth and Quality program director also has fiduciary responsibility and decision-making authority for DHS’s eHealth and Quality program. The eHealth and Quality program director is responsible for leading, formulating, determining, and coordinating HIT and HIE policy, planning, budgeting, and implementation activities across DHS; with federal and other state and

¹ Wisconsin Department of Health Services: About the Department of Health Services, https://www.dhs.wisconsin.gov/aboutdhs/index.htm
² This is Wisconsin’s equivalent to a State Health IT Coordinator role.
local government agencies; and with private sector providers and institutions to achieve statewide adoption and impactful use of electronic health record (EHR) technology and HIE in Wisconsin. The eHealth and Quality program director oversees the administration of the Medicaid PI Program.

2.1.3 Division of Enterprise Services
The Division of Enterprise Services (DES) oversees financial management, information systems and technology, personnel and employment relations, and affirmative action and civil rights compliance. DES also handles purchasing, strategic sourcing and contract administration, facilities management and capital budget, project management, and other administrative services. It is responsible for billing, collection, and related accounting for state institutions. DES oversees the department’s regional offices, local relations activities, and county human service programs.

2.1.4 Division of Care and Treatment Services
The Division of Care and Treatment Services (DCTS) manages programs that provide community mental health and substance abuse services. It also administers DHS’s institutional programs for people whose mental needs or developmental disabilities cannot be met in a community setting. DCTS operates two psychiatric hospitals and three secure treatment facilities that provide care and treatment for persons with mental illness and/or sexually violent behavior. DCTS is also responsible for client rights reviews and investigations at the institutions and in the community and for the Community Forensics program.

2.1.5 Division of Public Health
The Division of Public Health (DPH) works with local and tribal public health partners, and community groups statewide, on a wide variety of programs and services that protect the health of Wisconsin residents. A few of these programs are: communicable and chronic diseases; health promotion; environmental, occupational, and family and community health; emergency medical services; and injury prevention. There are eight bureaus and offices within DPH; those described below coordinate directly with the eHealth and Quality program staff on projects and Public Health Meaningful Use reporting.3

2.1.5.1 Office of Health Informatics
The Office of Health Informatics (OHI) has a primary responsibility to collect, maintain, and provide vital records for the citizens of the state; to collect, protect, disseminate, and analyze health care and population-based health data needed to conduct critical state business; and to integrate and manage major public health-related information systems. OHI assists DMS by delivering data, data sets, analysis, and technical assistance services that support the administration of Wisconsin’s Medicaid program.4

2.1.5.2 Bureau of Communicable Disease
The Bureau of Communicable Diseases (BCD) is responsible for the prevention and control of communicable diseases in Wisconsin. BCD provides surveillance and epidemiological follow-up of more than 70 reportable communicable diseases. It is also responsible for monitoring scientific advances in the field of communicable disease prevention and control research, and for incorporating those that are appropriate into public health practice. BCD’s responsibilities are allocated into four sections: Communicable Disease Epidemiology, HIV, 

3 https://www.dhs.wisconsin.gov/dph/index.htm
4 https://www.dhs.wisconsin.gov/dph/ohi.htm
Immunizations, and Sexually Transmitted Diseases. The Immunization Section of BCD is responsible for operating the Wisconsin Immunization Registry (WIR).\(^5\)

### 2.1.5.3 Bureau of Community Health Promotion

The Bureau of Community Health Promotion provides a statewide model of integrative public health programming across the life span. The Bureau maintains key relationships with local health departments, community-based organizations, private voluntary organizations, academic and health care provider networks. Major functions include: statewide development and implementation of program practices and policies; development of federal grant applications; development and enforcement of standards and guidelines related to chronic disease, family health including children with special needs, injury, nutrition and tobacco prevention control; and review of existing and proposed legislative proposals. The eHealth and Quality Team collaborates on grant initiatives related to using data and technology to improve quality of care.\(^6\)

### 2.1.5.4 Office of Preparedness and Emergency Health Care

The Office of Preparedness and Emergency Health Care (OPEHC) is responsible for public health and hospital preparedness, classification of Level 3 and Level 4 trauma centers, and the licensing of emergency medical services in Wisconsin. This office collaborates on syndromic surveillance efforts in Wisconsin by participating in the BioSense Platform, operated by the Centers for Disease Control and Prevention (CDC) National Syndromic Surveillance Program.\(^7\)

### 2.1.6 OIG

OIG has department-wide responsibilities for auditing the use of department funds in support of the department’s commitment to be an effective steward of the public resources DHS is entrusted to manage. OIG, which reports directly to the DHS Secretary, conducts audits of providers who receive department funds, performs internal audits of department programs and operations, and investigates allegations of fraud, waste, or abuse of DHS resources by contractors, providers, and recipients. OIG is also responsible for working with DHS program divisions and partners to develop policies and practices to prevent fraud, waste, and abuse. Program integrity work for the PI Program is a continuous process of pre- and post-payment surveillance, verification, and auditing shared by DMS and OIG. OIG focuses mainly on post-payment audits.

### 2.1.7 Office of Legal Counsel

The Office of Legal Counsel (OLC) is an office within DHS that serves the DHS Secretary and acts as a resource for DHS as a whole. The mission of OLC is to provide effective and accurate legal services and advice to DHS. To accomplish this, OLC provides formal legal opinions, communicates informal legal advice, litigates DHS cases in administrative hearings, assists the Attorney General’s office in court litigation, offers formal and informal advocacy on behalf of DHS’s programs, and provides training and guidance in investigation methods and legal issues, among other things.

### 2.1.8 Office of Policy Initiatives and Budget

The Office of Policy Initiatives and Budget (OPIB) provides policy and research services and department-wide budgeting. OPIB is responsible for monitoring federal policy developments, supporting strategic policy

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\(^5\) [https://www.dhs.wisconsin.gov/dph/bcd.htm](https://www.dhs.wisconsin.gov/dph/bcd.htm)

\(^6\) [https://www.dhs.wisconsin.gov/dph/bchp.htm](https://www.dhs.wisconsin.gov/dph/bchp.htm)

\(^7\) [https://www.dhs.wisconsin.gov/dph/opehc.htm](https://www.dhs.wisconsin.gov/dph/opehc.htm)
initiatives, and developing grants. OPIB is also responsible for the development of budget proposals and related analyses.

2.2 Other State Partners

DMS collaborates with other state agencies and quasi-governmental agencies to promote HIT and meaningful use of CEHRT.

2.2.1 Wisconsin Department of Safety and Professional Services

The Department of Safety and Professional Services (DSPS) is responsible for ensuring the safe and competent practice of licensed professionals in Wisconsin. DSPS also administers and enforces laws to assure safe and sanitary conditions in public and private buildings. It provides administrative services to the state occupational regulatory authorities responsible for regulation of occupations and offers policy assistance in such areas as evaluating and establishing new professional licensing programs, creating routine procedures for legal proceedings, and adjusting policies in response to public needs. DSPS administers the Prescription Drug Monitoring Program (PDMP) and collaborates with DPH, DMS, and OIG by sharing PDMP data with these divisions.8

2.2.2 Wisconsin State Laboratory of Hygiene

The Wisconsin State Laboratory of Hygiene (WSLH) is the state’s public, environmental and occupational health laboratory. WSLH coordinates the Wisconsin Clinical Laboratory Network (WCLN), a network of approximately 135 clinics and laboratories throughout the state for disease surveillance and reporting and responding to emerging infectious diseases, terrorism threats, or other public health threats or emergencies. The WCLN is part of the CDC’s national Laboratory Response Network.9 WCLN also sends test results via a secure system to the Wisconsin Electronic Disease Surveillance System (WEDSS), where staff at local health departments and DPH can view the results and respond as needed to prevent further disease spread. WSLH also electronically reports results from tests it performs to the CDC for a variety of infectious disease pathogens.10

2.2.3 Wisconsin Department of Veterans Affairs

The Wisconsin Department of Veterans Affairs (WDVA) administers various programs and services for eligible Wisconsin veterans and their families. One of WDVA’s primary responsibilities is providing 24-hour skilled nursing care to veterans by operating three homes – Chippewa Falls, King, and Union Grove – which collectively serve nearly 1,000 veterans and their spouses.11 All homes use PointClickCare for medical and financial management. Though PointClickCare provides an electronic record for all services performed in the veterans’ homes, information sharing and integration challenges require most orders and transitions of care documentation to be shared on paper, then input into PointClickCare.

8 https://dsps.wi.gov/Pages/AboutDSPS/Divisions.aspx
9 http://www.slh.wisc.edu/wcln-surveillance/wcln/
10 https://www.dhs.wisconsin.gov/wiphin/wedss.htm
11 https://dva.wi.gov/Pages/aboutWdva/AboutWDVA.aspx
2.2.4 University of Wisconsin Extension Broadband and E-Commerce Education Center
The University of Wisconsin Extension Broadband and E-Commerce Education Center assists local stakeholders in implementing strategies to attract broadband investments by providing education and training.\(^{12}\)

2.3 External Stakeholders
DMS works in collaboration with a number of organizations to encourage the adoption and meaningful use of CEHRT and HIT. Figure 2.01 provides a depiction of the relationships that exist between DMS and its partners.

2.3.1 Federal Partners
2.3.1.1 Centers for Medicare & Medicaid Services\(^ {13}\)
The Centers for Medicare & Medicaid Services (CMS) is a federal agency within the U.S. Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards. CMS is a partner in the administration and oversight of the Medicaid PI Program through development of the federal regulations governing program. CMS also provides technical assistance and support to DMS through the administration of community of practice calls and regional office staff resources.

2.3.1.2 Office of the National Coordinator for Health Information Technology
The Office of the National Coordinator for Health Information Technology (ONC) is a staff division of the Office of the Secretary within HHS. It supports the adoption of HIT and the promotion of nationwide electronic exchange of health information, coordinating efforts across the nation’s health care spectrum. ONC defines the certification criteria for CEHRT and works closely with CMS to align these criteria with the Meaningful Use requirements.\(^ {14}\)

2.3.1.3 Indian Health Service
The Indian Health Service (IHS) is an operating division (OPDIV) within HHS. IHS administers a comprehensive health service delivery system for about 2.2 million members of federally recognized American Indian and Alaska Native tribes. IHS is the principal federal health care provider and health advocate for tribal members, and its goal is to partner closely with the Tribes to raise their health status to the highest possible level. IHS collaborates with DMS to support the efforts of the tribal health centers in the state; resources include the provision of Meaningful Use consultants to the tribal health centers to encourage CEHRT adoption efforts.\(^ {15}\)

2.3.1.4 CDC
The CDC is a federal agency within HHS. The CDC collaborates with its federal partners (CMS and ONC) on HIT policy development and in defining criteria for Meaningful Use. Additionally, CDC works with other national partners to develop policies, guidelines, and methods and to promote a shared vision for how public health interacts with the health care community. CDC works with Health Level 7 (HL7), Integrating the Healthcare Enterprise (IHE), and other standard development organizations on development and implementation of interoperable messaging and vocabulary standards and implementation guides.\(^ {16}\) The CDC’s National

\(^{12}\) https://economicdevelopment.extension.wisc.edu/broadband-e-commerce/
\(^{13}\) https://www.cms.gov/
\(^{14}\) https://www.healthit.gov/topic/about-onc
\(^{15}\) https://www.ihs.gov/newsroom/factsheets/quicklook/
\(^{16}\) https://www.cdc.gov/ehrmeaningfuluse/faq-general.html
Syndromic Surveillance Program (NSSP) promotes and advances development of a syndromic surveillance system for the timely exchange of syndromic data. These data are used to improve nationwide situational awareness and enhance responsiveness to hazardous events and disease outbreaks to protect America’s health, safety, and security. NSSP functions through collaboration among individuals and organizations at local, state, and federal levels of public health; federal agencies including the U.S. Department of Defense and the U.S. Department of Veterans Affairs; public health partner organizations; and hospitals and health professionals. Wisconsin’s DPH OHI collaborates with the NSSP to assist Wisconsin providers in submitting data to the BioSense Platform.

2.3.2 HIT Partners

The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 authorized and supported the establishment of a series of programs at the federal and state level to promote and expand the adoption of HIT. Wisconsin established key partnerships among these programs to ensure coordinated activities. While the grant funding for many of these programs has ceased, the partnerships and coordination activities continue under the leadership of the eHealth and Quality Team. The monthly Wisconsin HIT Program Coordination Meeting serves as an opportunity for each program to share information, obtain feedback, gain support for their initiatives, and ensure alignment across programs.

2.3.2.1 MetaStar

MetaStar is a quality improvement organization providing health care improvement and consulting services working with communities, providers, and insurers to transform care. MetaStar operates as an independent nonprofit organization with funding from federal and state government contracts. MetaStar provides technical assistance for basic Quality Payment Program support in Wisconsin, as part of the Lake Superior Quality Innovation Network and the Quality Payment Program Resource Center.

Through the Wisconsin Health Information Technology Extension Program, MetaStar supports health care providers in Wisconsin to increase their health IT maturity through the adoption, implementation, upgrade, and meaningful use of CEHRT. This assistance is funded by DHS and is available to any Wisconsin Medicaid-enrolled providers eligible for the Medicaid PI Program.

2.3.2.2 Wisconsin Statewide Health Information Network

The Wisconsin Statewide Health Information Network (WISHIN) is the state-designated entity for HIE. In this capacity, WISHIN is responsible for governing HIE at a state level and overseeing the implementation of a statewide health information network and HIE services in Wisconsin. WISHIN’s goal is to improve patient-centered care and population health through the use and exchange of electronic health information. WISHIN is dedicated to bringing the benefits of widespread, secure, and interoperable HIT to caregivers throughout Wisconsin. WISHIN offers multiple services, including secure clinical messaging using Direct through WISHIN Direct+, a community health record through WISHIN Pulse, a notification service of emergency department or hospital visits through real-time and batch notification services, and automated public health reporting. In May 2015, WISHIN was certified to operate in Minnesota, enabling connectivity and interoperability for cross-border providers and patients. As of May 2019, over 1,525 facilities were connected through WISHIN. DMS leveraged WISHIN to integrate the immunization registry and Medicaid pharmacy data and create Medicaid HMO hospital encounter notifications. These projects and potential future projects, including a care plan

17 https://www.cdc.gov/nssp/overview.html
project with DMS, are discussed further in the *SMHP Section 4: Technology Plan*. Two WISHIN products, WISHIN Direct+ and WISHIN Pulse, are also discussed further in the *SMHP Section 4: Technology Plan*.

DHS holds statutory seats on the WISHIN Board of Directors, filled by the Administrator of the Division of Medicaid Services, the Division of Public Health, and the DCTS Office of Electronic Health Records Systems Management Director.

2.3.3 Quality Organizations

2.3.3.1 Wisconsin Collaborative for Healthcare Quality

The Wisconsin Collaborative for Healthcare Quality (WCHQ) is a voluntary, statewide collaboration with a mission to “help health care professionals improve the quality and affordability of health care through collaboration and public reporting which, in turn, makes health care more affordable and improves health of individuals and communities.” The Collaborative is a membership organization with 35 health system members, 325 medical clinics, and 109 dentists. The membership comprises integrated health systems with hospitals and clinics; small, rural hospitals; a staff model health plan; FQHCs; a statewide network of free and charitable clinics; and independent physician groups. WCHQ’s members represent more than 65% of Wisconsin’s primary care physicians, which is more than 5,000 primary care physicians, along with advanced practice providers and physician assistants.

WCHQ has played an important role in the maturation of the science of performance measurement and acceptance of public reporting of comparative performance information. WCHQ led Wisconsin to be one of the first states in the country to publicly report clinical quality data in 2004. The WCHQ measure portfolio currently consists of more than 40 quality measures that are reported on WCHQ’s public reporting website, www.wchq.org.

2.3.3.2 Wisconsin Health Information Organization

The Wisconsin Health Information Organization (WHIO) is a statewide information organization supported by the health care community in Wisconsin. The WHIO information system includes commercial, Medicare Advantage, and Medicaid data voluntarily submitted by health plans, self-funded employers, and Medicaid. The WHIO is a CMS Certified Qualified Entity, giving them access to Medicare fee-for-service claims data, which will be added in 2019. The WHIO data represents approximately 70 percent of the Wisconsin population and is the most comprehensive source of health claims information in the state, spanning the continuum of care. The WHIO provides organizations with access to benchmarking reports, de-identified data files, and analytic services to develop and monitor policies and to compare and improve operational and patient care performance. In 2019, the WHIO will integrate its claims data with clinical data through a partnership with the Wisconsin Collaborative for Healthcare Quality to support a statewide value acceleration initiative.

As a participating organization, DMS is collaborating with WHIO on options for accessing the WHIO information to help staff formulate new policies, evaluate programs, and compare utilization and quality of care provided to Medicaid members vs. the commercial population. DMS plans to work to enhance staff understanding of the data and tools available to them in order to fully capitalize on this unique set of data.

2.3.4 Provider Organizations

2.3.4.1 Rural Wisconsin Health Cooperative

The Rural Wisconsin Health Cooperative (RWHC) is owned and operated by 42 rural, acute, general medical-surgical hospitals. In addition to advocating for rural health at the federal and state levels, RWHC offers its
members a wide range of shared services that meet local community health needs, including consulting, management, networking, and education. Specific services include HIT consultation and support, technology services, credentials verification, quality measurement, workforce development, legal services, clinical services, peer review, financial and coding consultation, and a number of training and continuing education opportunities. 18

In the area of HIT, RWHC has been a leader in bringing the telecommunications and health-related applications to rural Wisconsin hospitals and other health care providers. In 2002, RWHC built the RWHC Wide Area Network (WAN), which was developed in response to the significant challenges rural providers face when trying to implement IT and telehealth projects. By pooling resources, RWHC and its members have been able to create a robust telecommunications infrastructure that allows for high performance and secure connectivity. In 2004, RWHC began to focus on developing mission-critical health applications using WAN. This led in 2007 to the development of the RWHC Information Technology Network (ITN)—an EHR and Picture Archive and Communications System (PACS) platform and support organization with a shared staffing model. RWHC ITN services include a certified Medhost EHR environment, a Merge PACS, and implementation and helpdesk services; an Enterprise Resource Planning (ERP) system is in development. Additionally, RWHC ITN is a Healthcare Connect Fund consortium providing subsidized broadband services to over 20 rural hospitals. 19

Over the past decade, RWHC has also provided meaningful use-related technical assistance to Wisconsin’s rural hospitals and established a rural hospital behavioral telehealth network.

RWHC is a key stakeholder of the Wisconsin Medicaid PI Program and supports communications and outreach activities.

2.3.4.2 Tribal Health Centers

Wisconsin has 15 tribal health centers serving the tribal communities in the state through support from both the Indian Health Services (IHS) and DHS through Medicaid programs. 20 DHS meets with the tribal health directors monthly to ensure close collaboration and coordination. The tribal health directors receive regular information on the Wisconsin Medicaid PI Program and are receiving ongoing support from both IHS and Medicaid in their efforts to adopt and meaningfully use CEHRT.

The Wisconsin eHealth and Quality Team conducts targeted outreach through direct communications with the tribal health centers. These communications provide tribal health centers with policy guidance, educational resources, and information on the status of their adoption of CEHRT and participation in the Wisconsin Medicaid PI Program as compared to the rest of the state. These directed exchanges also provide information on technical resources available to the tribal health centers to assist in their efforts to meaningfully use CEHRT. Currently, nearly all tribes participate in the HIT Extension Program.

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18 [http://www.rwhc.com/AboutUs/RWHCOverview.aspx]
20 [https://www.dhs.wisconsin.gov/forwardhealth/tribal.pdf]
2.3.4.3 Wisconsin Dental Association

Established in 1870 and affiliated with the American Dental Association, the Wisconsin Dental Association (WDA) membership now includes 3,100 of Wisconsin’s 3,500 licensed dentists as well as a number of dental hygienists. Members are committed to promoting professional excellence and quality oral health care.21

DMS has used the WDA as a mechanism to learn more about dentists in the state, their key issues, and their proclivity to adopt CEHRT. This collaboration has helped to inform the outreach strategy DMS has been and will be executing to promote the adoption of CEHRT and encourage participation in the Wisconsin Medicaid PI Program.

2.3.4.4 Wisconsin Hospital Association

The Wisconsin Hospital Association (WHA) is a nonprofit membership group that advocates for the ability of its members to lead in the provision of high-quality, affordable, and accessible health care services, resulting in healthier Wisconsin communities. WHA provides advocacy and education services to its membership and helps hospitals in the state advance their adoption of CEHRT. WHA also gives providers access to important health information to assist in care coordination efforts.22

WHA is a key stakeholder of the Wisconsin Medicaid PI Program, having supported outreach and communication activities. WHA also played an integral role in the calculation of patient volume for hospitals participating in the Wisconsin Medicaid PI Program. Program Year 2017 marked the final year in which Wisconsin hospitals were eligible to receive payments from the Medicaid PI Program; therefore, the activities associated with communications and outreach and the calculation of patient volume are no longer needed.

2.3.4.5 Wisconsin Medical Society

The Wisconsin Medical Society (WMS) is the largest physician advocacy organization in the state, with nearly 13,000 members dedicated to the best interests of their patients. A trusted health policy leader and professional development resource, WMS has a rich and proud history advancing the science and art of medicine. Through its advocacy efforts, WMS represents the unified voice of physicians statewide on state and national health care issues and provides members with information needed to navigate health care legislation and regulatory changes. WMS also provides innovative physician education and practice management resources and accredits continuing medical education programs.23

WMS is a key stakeholder of the Wisconsin Medicaid PI Program and supports outreach and communication activities.

2.3.4.6 Wisconsin Primary Health Care Association (WPHCA)

The Wisconsin Primary Health Care Association (WPHCA) is a member organization that supports and advances the work of the 17 Community Health Centers (CHCs) in Wisconsin. CHCs provide access to comprehensive, integrated, patient-centric and community-oriented care services, regardless of patient ability to pay, many offering medical, behavioral health, dental, and enabling services. WPHCA supports CHCs

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21 Wisconsin Dental Association: Overview, https://www.wda.org/overview
22 Wisconsin Hospital Association: About WHA, https://www.wha.org/AboutWHA
through training and technical assistance, government relations and advocacy work, and by providing information and public education on CHCs to the general public.

WPHCA’s work has helped to identify issues facing CHCs in the state as they relate to the adoption and use of HIT and has worked closely with the Wisconsin Medicaid PI Program to collect feedback from providers as well as distribute ongoing information about the program.

Through HRSA’s Health Center Controlled Network (HCCN) funding award, WPHCA provides training and technical assistance to Health Centers in Wisconsin to leverage health IT to improve access to care, enhance quality of care, and facilitate practice transformation focused on integrating services and optimizing patient outcomes. WPHCA’s HCCN supports Health Centers to adopt certified EHRs, achieve Meaningful Use, improve population health and care management strategies, and continuously improve on clinical quality measures. WPHCA has dedicated a great deal of resources to focus on integrated health services, providing enhanced support to dental providers in optimizing their use of health IT and meeting the requirements of Meaningful Use. In the upcoming grant period from 2019-2022, WPHCA will focus on supporting Health Centers to increase patient portal functionality and usage, enhance patient engagement strategies, advance interoperability, leverage data to demonstrate value, and continue to build HIT capacity to respond to critical issues such as, substance use disorder treatment and social determinants of health data collection and interventions.

WPHCA is a key stakeholder of the Wisconsin Medicaid PI Program. WPHCA participates in the monthly Wisconsin HIT Program Coordination Meeting and has a monthly meeting with the Wisconsin Medicaid PI Program to review CHC participation in the program and discuss additional technical assistance needs to ensure the appropriate milestones are met by each clinic. WPHCA is the main point of contact for their CHCs and facilitates communications and outreach activities on behalf of the program.
The Wisconsin Medicaid HIT vision, goals, and objectives align with DHS’s mission to protect and promote the health and safety of the people of Wisconsin as well as DMS’ mission to improve lives through high value services that promote health, wellbeing and independence. The Medicaid HIT vision also aligns with ONC’s vision for a nationwide, interoperable learning health system.24 Figure 2.02 depicts the overarching vision, goals, and objectives guiding program and policy decisions related to HIT, followed by a detailed description.

Since HIT is an important means to achieving an optimal health system and a healthy population, rather than an end in itself, the Medicaid HIT goals are aligned with Wisconsin’s Medicaid Managed Care Quality Strategy goals: they focus on access to care and member choice; cost-effectiveness; person-centered care and member experience; and improving health outcomes and reducing disparities. The Medicaid HIT vision is for a health system that enables realization of these goals by placing individuals at the center of their care and ensuring information flows to those who need it to provide the most appropriate care and supports for each individual. In 2019, the eHealth and Quality Team has updated the Medicaid HIT objectives to represent concrete and measurable steps promoting both the vision and goals. The eHealth and Quality Team works closely with other DMS teams to monitor, update, and implement the Managed Care Quality Strategy; Wisconsin Medicaid recognizes HIT as a critical enabler of the program’s shift toward paying for quality and value. The HIT vision and objectives provide a common framework for quality initiatives and effective program administration across DMS.

There is not a one-to-one relationship between certain objectives and goals; rather, multiple objectives work together to facilitate each of the goals and most objectives promote more than one goal. For example, the development of a comprehensive, longitudinal health record through electronic exchange of health information enables providers to see a more comprehensive and consistent view of their patients, which will enable them to provide the most appropriate, person-centered care for the individual and avoid duplicated or unnecessary care. The ability to access this information and share it with others involved in the patient’s care will allow for effective care coordination, which will improve discharge planning and reduce inappropriate ED visits or hospitalizations. All of these factors will contribute to more efficient spending on health care. Furthermore, implementing technologies such as telehealth and remote patient monitoring has the potential to reduce barriers to care, increasing both access to appropriate care and member choice. Member-facing HIT strategies such as patient portals, mobile devices, and wearables will allow members to become more engaged in their own care by accessing their health information, communicating with their care team, and having new tools to manage their health. At the population level, improving DHS’ capacity to share data with other state agencies and effectively analyze data will allow DHS to identify and make a plan for addressing health disparities. Paired with the right policies and programs, these eHealth strategies will enable Wisconsin Medicaid to provide a higher quality of care for its members and improve the health of its population while effectively managing costs.

The strategies the Wisconsin eHealth and Quality Program is implementing in support of the Medicaid HIT vision, goals, and objectives are described in detail in the Technology Plan. That section of the SMHP includes benchmarks and timelines for measuring the state’s progress toward the objectives described here.
4 CRITICAL SUCCESS FACTORS

The following factors were identified as critical for DMS and other DHS divisions to successfully achieve their objectives. The critical success factors are placed into five categories: Data Management, Performance Management, Training and Communications, Stakeholder Engagement, and Project Management.

4.1 Data Management

- **Data Access**: Ability to access near real-time or real-time business and clinical data for program management and decision-making purposes.
- **Data Integration**: Ability to access a comprehensive and person-centric view of data to assist in the development of policies that consider all aspects of the Medicaid member.
- **Data Integrity**: There must be a high level of confidence in the quality of the data for decision-making purposes.

4.2 Performance Management

**Project Performance Measurement**: Development and implementation of a methodology to measure the success of investments of both time and money and the ability to track how investments are being made and the impact of those investments.

4.3 Training and Communications

- **Analytics**: Implementation of ongoing mandatory role-based training in the use of analytics tools and technologies needed to prepare staff for their responsibilities.
- **Privacy and Security**: The sensitivity of personal health information is an important area requiring continuous staff training. Continue to emphasize the importance of privacy and security and the potential implications of breaches.
- **Collaboration**: Implement policies and procedures emphasizing the importance of communication and coordination across divisions and departments.

4.4 Stakeholder Engagement

- **Critical Mass (Adoption by Stakeholders)**: Obtain the support of broad stakeholder groups to support the success of new initiatives.
- **Partner and Stakeholder Engagement**: Engage partners and stakeholders in the development of new policies and decision-making process. By bringing stakeholders into the process early, they are owners of the change and act as advocates for the initiatives.

4.5 Project Management

- **Strategic Plan**: Decision-making must be done with a focus on the business goals/objectives and targeted outcomes.
- **Incremental Approach**: An incremental approach for new policies that includes pilot programs and proofs of concepts. This will enable the testing of policies prior to full-scale implementation and enable stakeholders to adjust to changes in the operations of DMS.
• **Resource Allocation**: Plan for and allocate appropriate levels of funding, staff, and time throughout the duration of the project lifecycle to help ensure the successful completion of projects initiated.

• **Quality Assurance**: Use standardized tools, processes, and methodologies to monitor outcomes throughout the system design lifecycle.

*Note: Previous versions of the SMHP included the Health IT Landscape Assessment in this Section 2: Management Plan. Starting with SMHP v.9.0, the Health IT Landscape Assessment has been moved to Section 4: Technology Plan.*