

IN PERSON	BY PHONE	STAFF	GUESTS	ABSENT
Scott Hansfield	Henry Anderson	Jean Doeringsfeld		Howard Croft
	Sally Blom	Joe Kachelski		Linda Drummond
	Jean Bouche	Laura Widder		Joan Greendeer-Lee
	Nancy Davis			John Hartman
	Annette Fox			Jo Musser
	Robert Gribble			Rogelio Pante
	Jerry Halverson			Aleksandar Rosich
	Dan Johnson			James Slawson
	Kim Pemble			Karen Smith
	Christopher Tashjian			Albert Tzeel
	Mike Wall			Prati Wojtal
				Alexander Young



**WISHIN CLINICAL ADVISORY COMMITTEE MEETING**

Friday, January 18, 2013 – 9:00-10:00 a.m.

Conference Call

AGENDA ITEMS	END RESULT
<b>Call to Order</b>	Dr. Hansfield called the meeting to order.
<b>Minutes</b>	The September 21, 2012, meeting minutes were approved.
<b>Implementation Update</b>	<p>Ms. Doeringsfeld and Mr. Kachelski gave an update on the implementation status. For WISHIN Direct+ there are 38 participating organizations. WISHIN Pulse currently has contracted and in-work the following organizations: UWHP-Watertown, Agnesian, Aurora, Columbia St. Mary's, Froedtert, Wheaton, Children's Hospital of Wisconsin, four Community Health Centers in Milwaukee, and Tomah Memorial. WISHIN has verbal commitments from Gundersen Lutheran and Baldwin Area Medical Center. Ms. Doeringsfeld reported on the WISHIN "to do" list. The new WISHIN website has been launched. The Opt-Out workgroup has completed their work and have renamed the upcoming brochure "Patient Choice." A few changes still need to be made to the brochure before it is printed, and it will be printed in several languages as well. This brochure will be provided by WISHIN and is meant to be given to the patient at the time of registration at the medical facility. Since the brochure is still in draft form, committee members are encouraged to send their comments and suggestions to Jean very soon. WISHIN IT transition has been done and separation from WHA has been completed. The marketing firm for WISHIN, Hiebing, has completed testing some specific messages with consumers to determine how WISHIN will get the message out to consumers. WISHIN projects still in work are the operating procedures related to both the privacy and security policies; collateral materials for privacy and security will be published on the website along with FAQs; the Payer Workgroup is still meeting and determining the value of HIE to the payer; and the Milwaukee community is reviewing the participation agreement. The participation agreement will be a document that all participants sign and adhere to. Regarding syndromic surveillance, WISHIN Pulse supports the delivery of syndromic surveillance to the state. One of the requirements of meaningful use stage 2 is that the data come from the EHR in ISDS format. For those current WHIE customers that transition to WISHIN, the current feeds for Meaningful Use Stage 2 are not compliant as the feeds are not in ISDS format, however WISHIN can support them.</p> <p style="text-align: center;">1</p>

<p><b>2013 Update to Strategic and Operational Plan</b></p>	<p>Ms. Doeringsfeld stated that the 2013 SOP Update is due to be submitted to ONC by May 8. Look for emails and phone calls from consultant, Corina Cercelaru, who was hired to assist with the SOP update. Drafts of the updated SOP will be submitted to the advisory committees and workgroups by mid-April for their review and will then be presented at the Board of Directors meeting on May 1 for their review and approval.</p>
<p><b>Work Group Updates:</b></p> <ul style="list-style-type: none"> <li>• <b>Opt-Out Workgroup</b></li>   <li>• <b>Policy Workgroup</b></li>   <li>• <b>Payer Workgroup</b></li> </ul>	<p>Ms. Doeringsfeld reported that the purpose of the Opt-Out Workgroup (will now be known as Patient Choice) was to provide input on the process that patients and WISHIN would go through when a patient does not want their information to be shared via WISHIN Pulse. The workgroup recommended the following: 1) do not require, but encourage, HIE participants to modify their Notices of Privacy Policies to include that they are participating in WISHIN Pulse; 2) do not require medical staff or registration staff to do anything beyond providing information to the patient; 3) all requests are processed by WISHIN; 4) forms must be “witnessed” but not notarized; and 5) only paper forms for now; electronic integration with PHRs at a later date if needed.</p> <p>Ms. Widder reported that two changes have been made to the privacy policy document after having some of WISHIN’s customers review and work with the document. One change was that it will not be required, but will be recommended, that criminal background checks be made for all individuals who will be accessing patient data. The second change was that the customers want to be part of any amendments to this document, either through a formal committee or a volunteer group, when issues come up where decisions need to be made. Ms. Widder stated that there will be an annual review of this policy document and more often if the need arises.</p> <p>Ms. Widder reported that the Payer Workgroup just recently started its work. The purpose of this workgroup is to help understand how electronic HIE services can help reduce administrative costs and otherwise deliver value to payers as well. The workgroup will determine the values to be gained by payer use of the WISHIN HIE; identify and define use cases for payer use of the WISHIN HIE, including online data access, data delivery, and data contribution; map potential workflows to elaborate on the use cases defined by the workgroup; develop functional and technical requirements for the HIE related to payer access, data delivery, and data contribution; and recommend additional policies or changes to existing policies related to payers’ use of the WISHIN HIE.</p>
<p><b>Other Business</b></p>	<p>No other business.</p>
<p><b>ADJOURN</b></p>	<p>Meeting adjourned at 9:50 a.m.</p>