IN PERSON	BY PHONE	STAFF	ABSENT
	Henry Anderson	Michelle Clark	Linda Drummond
	Sally Blom	Lynn Dees	Annette Fox
	Howard Croft	Jean Doeringsfeld	Jerry Halverson
	Nancy Davis	Joe Kachelski	John Hartman
	Joan Greendeer-Lee		Rogelio Pante
	Robert Gribble		Kim Pemble
	Scott Hansfield		Aleksandar Rosich
	Chris Henkenius		James Slawson
	Dan Johnson		Christopher Tashjian
	Jo Musser		Alexander Young
	Albert Tzeel		
	Mike Wall		
	Reg Smith, Mayo Clinic		

WISHIN CLINICAL ADVISORY COMMITTEE MINUTES
Friday, March 16, 2012
9:00 – 11:00 a.m.
Conference Call

AGENDA ITEMS	END RESULT
Minutes	Approved minutes from the January 20, 2012 meeting with one correction that Dr. Anderson attended the meeting via the phone.
Update on Operations and Workgroups	Ms. Doeringsfeld gave an update on Vendor RFP. Three finalists have been chosen and will be visiting the first week in April. Each vendor will be given a specific day to come and present their product and give a demonstration of how their product works. This Committee is invited to attend all presentations. Please watch your email for the vendor schedule. Mr. Kachelski stated that they are pleased with the finalists they have and would be okay with anyone of the three finalists. Mr. Kachelski updated on the various workgroups. Workgroup participation is very well received and scheduling of meetings for each workgroup is in the process of being finalized and schedules and materials will be going out shortly to the workgroup participants. Mr. Kachelski also stated that many of the meetings can be attended by phone.
Discussion of Vendor Selection and Clinical Workflow Priorities	Chris Henkenius lead the discussion on issues regarding implementation. Mr. Henkenius background is working on the Nebraska Health Information Initiative (NeHII). Mr. Henkenius went over some of the things that everyone should be looking at as they participate in the vendor demonstrations: usefulness of the functionality of what the vendor has to offer and the rollout schedule; is the vendor always evaluating new tools to make things work better; is the underlying HIE infrastructure centralized or federated; evaluate the applications that are going to be valuable for your practice; do the primary applications have a query model with search criteria for your patients without having to depend upon another facility for your information. Regarding ADT data (admission, discharge, transfer) how valuable is ADT data for your practice. Any information that you want to filter out? Dr. Johnson stated that there is a need for the clinical information such as what the doctor thought, what the patient came in with, hard to get EKG, etc. Mr. Gribble said they have used ADT. Ms. Davis said it would be useful for the drug- seeking patient. Dr. Hansfield stated that from a rural setting it is not as important as all the emergency departments in the area work together. Dr. Johnson stated that the radiologist report would be very useful and being able to download the report to review with the radiologist at another time and those

	electrocardiograms would be very important to have in the ER as well. Mr. Henkenius stated that a minimum data set needs to be established. All doctors need to ask what they need for their practice. WISHIN will need to set certain criteria be made available right away for what the hospitals will need to implement. Mr. Henkenius then asked how important is drug/medication tracking. Is this an important piece that needs to be implemented? What about the need for an alert system for tracking how often a patient gets a prescription filled, especially for narcotics. Mr. Gribble said it would be important to track both what the patient has been prescribed by all doctors and also a list of allergies. Mr. Henkenius stated that Nebraska started with the query model, not the push model and the care summary exchange as well as the EMR product and e-prescribing. Something else to look at is other product gateways and communication portals. Presently the state of Nebraska is looking into quality analytics. One of the biggest problems Nebraska has is getting communications from clinics and solo-practice physicians.
Other Business	No other business
ADJOURN	Meeting adjourned at 10:00 a.m.