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Dave Lundal	Norma Lang		Theresa Guilbert
Pete Nohelty	Ken Letkeman		Jerry Halverson
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Louis Wenzlow	Gary Plank		Tim Patrick
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	Laurie Schimek		Garrett Peterson
	Peg Schmidt		Craig Samitt
	Linda Syth		Karl Stebbins
	Bob Winter		Will Weider



**WISHIN JOINT TECHNICAL & POLICY ADVISORY
COMMITTEE MEETING MINUTES**
Wednesday, September 21, 2011 – 1:30 – 4:00 p.m.
Wisconsin Hospital Association

AGENDA ITEMS	END RESULT
TECHNICAL ADVISORY COMMITTEE MEETING	
Approval of August Technical Advisory Committee Minutes	Approved
Vendor Fair Update	Nine vendors have registered for the vendor fair, and questions will be sent to the vendor attendees to help outline their presentations. Invitations have also been sent to hospital CIOs to participate as audience members.
WISHIN Direct Update	Six health care facilities have signed up for Direct services: UWHP Watertown Regional Medical Center, Memorial Hospital of Lafayette County, Tomah Memorial Hospital, Grant Regional Health Center, Great River Community Medical Clinic, and Sunrise Family Care Clinic. The processes for establishing Direct accounts are still being developed.
Demonstration Projects	Three of the five demonstration projects were identified as the ones to implement first: rural facility exchanging with five partners, State Lab of Hygiene exchanging newborn screening tests, and the third is the open pilot.
Phase 2 Timeline	The Phase 2 launch has been changed to October 2012 (from September). WISHIN is looking to borrow an RFP template from another state. The RFP will be presented to the Board for approval on November 23 and released by mid-January. ONC must approve the RFP.
JOINT COMMITTEE MEETING BEGINS	
Value Proposition Workgroup Update	The Value Proposition Workgroup will meet on Friday, September 30, and continue to discuss prioritization of services and use cases.
Consent Management Options	The Policy Advisory Committee reached a consensus on consent management. The finalized document is included on page two.
Workgroup Updates A. Liability Issues Workgroup Updates	The Liability Issues Workgroup produced a list of liability concerns. The workgroup recommends pursuit of HIPAA harmonization legislation and legislation providing immunity to HIE participants in Wisconsin and WISHIN. It was also recommended to consult with an insurance broker to obtain appropriate coverage and build a consensus among partners on liability distribution. Time did not permit a complete discussion. It will be continued at the October meeting.
B. Interstate Exchange Workgroup Update	The Interstate Exchange Workgroup was assigned to draft an interstate HIE plan. The workgroup concluded the UM-HIE common consent form is a plausible alternative to existing cross-border consent processes, and will conduct a pilot of this form using Direct.
POLICY ADVISORY COMMITTEE MEETING	
Approval of July Policy Committee Minutes	Approved



**Consensus of the WISHIN Policy Advisory Committee on Consent Management
September 21, 2011**

The WISHIN Policy Advisory Committee, with input from then WISHIN Technical Advisory Committee, considered WISHIN's options for designing and implementing a system of health information exchange (HIE) in the event that Wisconsin's existing mental-health privacy laws remain in place.

These laws (hereinafter referred to as "51.30") impose state-specific consent barriers to the release of mental-health information beyond those required by the federal Health Insurance Portability and Accountability Act (HIPAA).

The Policy Advisory Committee considered the extent to which WISHIN could design its system of HIE to eliminate the 51.30 consent burden potential WISHIN clients might face as a consequence of participating in WISHIN's Phase II query-based HIE system. These design options included:

- Suppress or filter information so that information supplied in response to a query would not include any 51.30 information, to eliminate any need to obtain a 51.30 consent.
- Implement a centralized consent process to document that consent to share the information has been obtained, to eliminate any need to suppress 51.30 information.

The Policy Advisory Committee, with the guidance of the Technical Advisory Committee, concluded that while EHR systems and HIE vendors can support certain information-management and consent-management functions that would mitigate 51.30 compliance concerns, it does not appear that WISHIN could implement:

- A technological solution that could ensure that all 51.30 information could be blocked from disclosure; or
- A centralized consent process that would address the risk-management concerns of all potential WISHIN participants.

The Committee therefore reiterated its strong preference for the enactment of HIPAA harmonization legislation in Wisconsin that would allow mental-health information to be treated in the same manner as other general health information from a privacy and consent standpoint.

NEXT STEPS

In designing, procuring and implementing a statewide system of HIE, WISHIN will take steps to mitigate the privacy-compliance concerns of potential participants. However, given the complexity and vagueness of 51.30, WISHIN acknowledges that its ability to preempt any and all such concerns is limited and that potential participants will individually evaluate the risks and benefits of WISHIN participation.

WISHIN's Phase II RFP will ask HIE vendors to explain their systems' capabilities with respect to filtering sensitive information and managing consent centrally. WISHIN will continue to gather information about providers' potential consent-management concerns and workflows to inform its vendor-evaluation process.