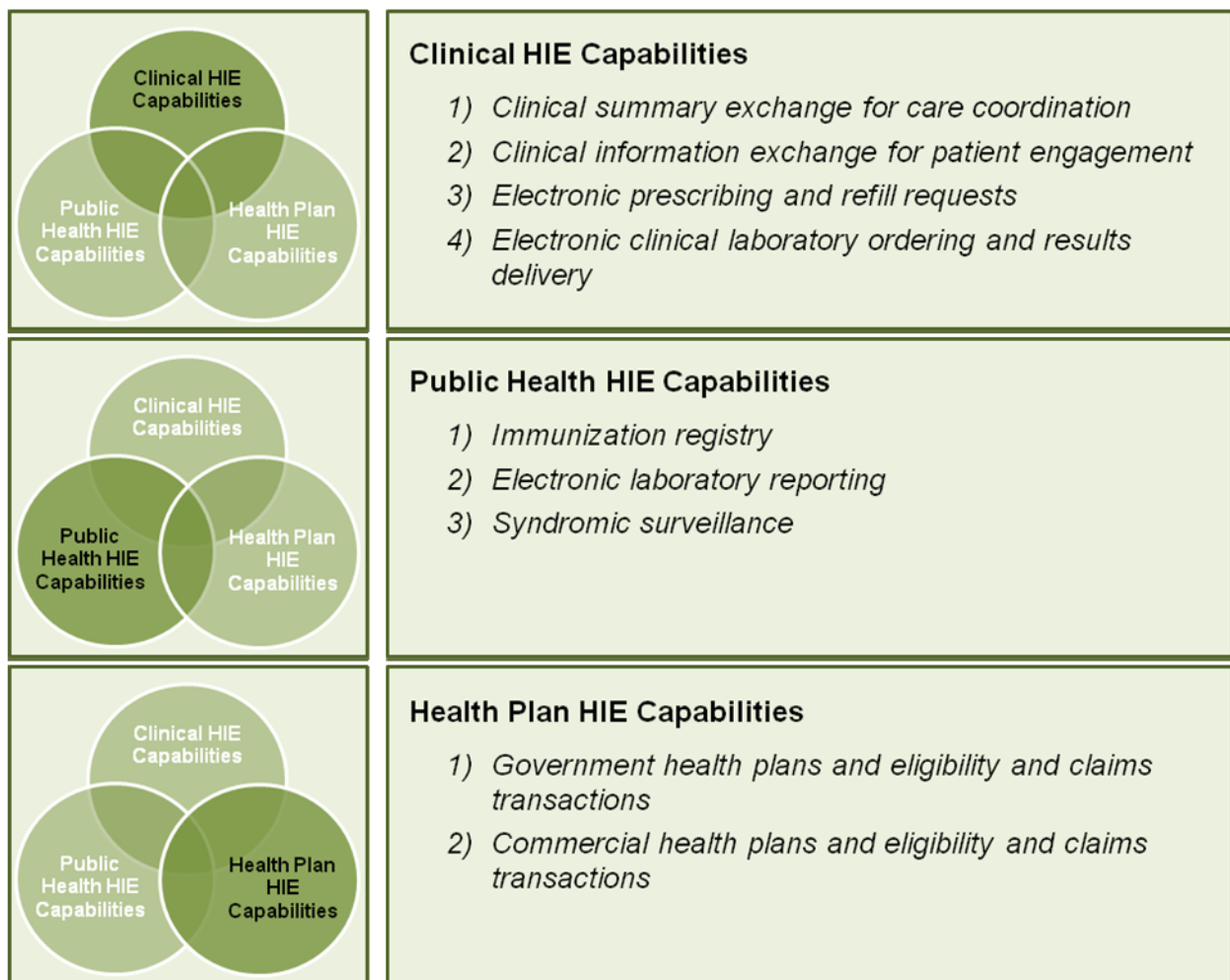


## 4 HIE DEVELOPMENT

### 4.1 Environmental Scan for HIE Readiness and Adoption

The Environmental Scan provides an overview of HIE readiness and adoption in Wisconsin, as it relates to clinical providers, including pharmacies and labs; public health; and health plans. While overlaps exist among the HIE capabilities in these three categories, for the purposes of this scan, these categories will be discussed separately. The specific HIE capabilities identified in the following figure relate to various meaningful use objectives and are the focus of this planning effort. The initial step in understanding what HIE infrastructure and services Wisconsin needs to develop involves conducting a scan of the existing HIE capabilities and understanding the gaps.



**Figure 4.1.1: Environmental Scan for HIE Readiness and Adoption**

The State of Wisconsin used a collaborative process to conduct the Environmental Scan to identify existing HIE capabilities and capacities. Inputs into this process included Wisconsin’s eHealth Action Plan issued in 2006 and outputs generated by the SLHIE Planning and Design Project, which included input from over 1,000 stakeholders across Wisconsin.

A key input into the Environmental Scan included the output of five HIE regional summit meetings held throughout Wisconsin during the summer of 2009. These summit meetings provided stakeholders with an opportunity to express their opinions and make recommendations on statewide HIE governance, finance, and technical considerations. The Department of Health Services also invited stakeholders to share their opinions on statewide HIE through an online HIE Capabilities Survey, specifically related to readiness and participation.

Survey results from the HIE Capabilities Survey show that respondents are in support of a statewide HIE, but some may be lacking organizational capacity and resources to connect to a statewide health information network. There is currently a high degree of exchange within Wisconsin IDNs but only a minimal amount across unaffiliated providers. The high EHR adoption rate by Wisconsin providers is an enabling factor for HIE.

### **4.1.1 Clinical HIE Capabilities**

The HIE Capabilities Survey recorded results from over 90 respondents across multiple stakeholder types—IDNs, hospitals, payers, consumers, independent physicians, and quality and health information organizations. The survey was available to the public. When stakeholders were asked to describe the statement that best represented their organization’s interest in establishing a SLHIE, all but two respondents indicated that Wisconsin should provide a state-level governance structure and HIE services.

When asked to describe their internal readiness to participate in HIE based on organizational capacity, approximately 45 percent (45%) of respondents indicated that participation in health information exchange would stretch their organizational capacity. Organizational capacity was described as having the ability to provide staff or procure the resources necessary to address the technical and process changes required to successfully participate in statewide health information exchange.

When asked to characterize the priority their organization would place on participation in statewide HIE activities, over 50 percent (50%) of stakeholders indicated participation in statewide HIE is a top priority in the next 3 years or part of their organization’s 5-year plan.

Please refer to Appendix 6 for results from the HIE Capabilities Survey participation results.

Organizations have varying degrees of clinical HIE capabilities across the following objectives:

- Clinical summary exchange for care coordination
- Clinical summary exchange for patient engagement
- Electronic prescribing and refill requests
- Electronic clinical laboratory results delivery

The subsequent section discusses the baseline data and identifies gaps for each category.

#### **4.1.1.1 Clinical Summary Exchange for Care Coordination**

There are numerous examples of clinical summary exchanges for care coordination in Wisconsin. The Wisconsin Health Information Exchange (WHIE) is an example of a regional health information organization exchanging information across unaffiliated health systems. There are also other representative examples of clinical summary exchange for care coordination between unaffiliated health systems. This section provides three such examples: the Dane County Care Everywhere pilot, the

Marshfield/Ministry exchange, and the Kiara Clinical Integration Network (KCIN). Numerous other examples can be found throughout the state.

While no exchange of full clinical summaries—defined here as a continuity of care document (CCD) consistent with the certification standard—currently exists, these examples do represent existing resources that could be leveraged in the statewide health information network. Based on the examples of clinical summary exchange between unaffiliated health systems included in this section, approximately 6,190 physicians in Wisconsin have the ability to exchange clinical summaries (although not full CCDs).<sup>11</sup> This number does not take into account physicians who may practice in more than one health system or hospital and are currently participating in more than one of the exchanges. The SDE should complete a more detailed analysis during the implementation phase of these and other clinical summary exchange examples.

#### **4.1.1.1.1 Wisconsin Health Information Exchange (WHIE) (Intrastate)**

The Wisconsin Health Information Exchange (WHIE) is a regional health information organization based in southeastern Wisconsin. Emergency Department (ED) Linking was WHIE's first operational HIE project, funded by a Medicaid Transformation Grant and the five Milwaukee health systems. Current operations are supported by Medicaid, participating health systems, self-funded employers, and commercial and managed care payers.

The exchange receives and aggregates admission, transfer, and discharge (ADT) data real time from hospitals and associated clinics, including allergy history, primary care and case manager background and contact detail, chief complaint, discharge diagnosis, and other encounter specific data. Additionally, the exchange receives weekly data feeds from the Wisconsin Medicaid Program that include prescription fill data; medically relevant fee-for-service claims and HMO encounter data such as procedure and diagnosis detail; and physician, case manager, and pharmacy assignment data, if applicable, for all Medicaid beneficiaries statewide. The Medicaid pharmacy data has about a 1-week lag time and includes date of prescription, date of most recent dispensing, quantity, days' supply, number of refills, and prescriber's name. Much of the Medicaid medical claims and encounter data have an average lag time of about 90 days.

Currently, 44 hospitals, over 120 hospital/ambulatory clinic sites, and 1 FQHC across 24 counties contribute ADT data to the WHIE for both clinical care use and public health syndromic surveillance. WHIE recently implemented its first data feed from a Managed Care Organization (MCO), Independent Care (iCare), which is principally a Medicaid MCO. iCare provides the exchange data on case manager assignment, case manager contact details, and patient specific communications from case managers to providers in the ED and ambulatory settings, enhancing communication between providers and case managers.

The exchange presently has over 525 user accounts and provides clinicians at 10 hospital emergency departments and one federally qualified health center in Milwaukee county real-time access to a patient's historical encounter data stored in the exchange at the time of a patient's care. Clinicians are also able to post a "Clinician Communication" to the exchange about a patient under their care to alert other health care providers to issues that may affect care, such as the existence of a pain management contract. Based

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<sup>11</sup>The number of physicians identified as having access to clinical summary exchange capabilities may be higher than actual depending on an unknown number of double counted physicians.

on current usage statistics, approximately 210 physicians have access to clinical summary information through the WHIE.

WHIE data suitable for syndromic surveillance and population health analysis is made available to the 16 local health departments serving Milwaukee and Waukesha counties, and to the state Division of Public Health. This data was used for real-time biosurveillance during the recent influenza H1N1 pandemic.

The economic and care impact of WHIE on Medicaid patients is the subject of an ongoing evaluation being conducted by the University of Wisconsin School of Nursing. Preliminary evaluation data from an evaluation being conducted by the Medical College of Wisconsin using physician surveys indicate that WHIE data influence care in 42 percent (42%) of emergency department cases. In about one half of these cases, change included a reduction in prescribing, imaging, or laboratory testing.<sup>12</sup> Information from WHIE influenced a multi-million dollar impact decision over school closings during the influenza H1N1 pandemic.<sup>13</sup>

WHIE uses Microsoft Amalga Unified Intelligence System® for its exchange and can accept data in a variety of formats, including Health Level Seven (HL7), batch files, customized interfaces, and other current and evolving standards (e.g., HL7 2.x, HL7 3.x, Integrating the Healthcare Enterprise (IHE) Cross-Enterprise Document Sharing (XDS) XDS.b, Digital Imaging and Communications in Medicine (DICOM)). Both query response and central storage use cases are supported.

Depending on changes to data sharing agreements, the WHIE data could be shared for clinical quality improvement and for potential state-level core services such as a Master Person Index and Record Locator Service.

#### **4.1.1.1.2 Epic Care Everywhere (Intrastate and Interstate)**

One example of electronic health information exchange between unaffiliated health systems in Wisconsin (with potential for interstate expansion) is the Dane County Care Everywhere pilot. In Dane County, health exchange is occurring between organizations using Epic Care Everywhere. UW Health, Meriter Hospital, St. Mary's Hospital, Dean Clinic, and Group Health Cooperative South Central Wisconsin, representing a majority of providers in Dane County, are now exchanging full electronic health records (including patient allergies, medications, immunizations, history, problems, ante partum summary, labs, and results) in emergency departments and urgent care settings. Providers surveyed believe this program has improved clinical decision-making and has reduced duplicative testing across EDs and urgent care settings. There are between 80 and 100 patient records exchanged daily between participating organizations. A challenge for the Dane County Care Everywhere pilot is current state legislation, which does not explicitly protect health care organizations when collecting prospective consent in an effort to provide better care for patients. This has caused the participating organizations to design their workflows to require clinicians to obtain patient consent for HIE at every care encounter.

The pilot ended on July 31, 2010, and the current participants are deciding whether to connect with all other Epic clients in the country using Care Everywhere. Most, if not all, of the current participants plan

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<sup>12</sup> Data from J Rubin, MD in Pemble K. Impacting health and care in Wisconsin: the role of HIE. Dairyland HIMSS 10th Annual Spring Leadership and Legislative Conference, May 13, 2010. Delafield WI.

<sup>13</sup> Foldy SL. HIE-enabled Syndromic Surveillance of Pandemic (H1N1) Influenza 2009 and a High-Stakes Decision. Public Health Information Network Annual Meeting, Centers for Disease Control and Prevention, Atlanta, GA. Aug. 31, 2009.

on participating in the program after July 31, 2010. Future roll-out strategies are likely to vary by organization.

A survey of health system chief information officers (CIOs) across the state currently using or planning to use Epic determined that approximately 4,980 physicians are using or will have access to clinical summaries through Epic's Care Everywhere application.

#### **4.1.1.1.3 Ministry/Marshfield Exchange (Intrastate)**

Another example of electronic HIE among two unaffiliated systems is the Ministry/Marshfield exchange. Marshfield Clinic is a physician-owned and operated medical group comprised of approximately 750 multi-specialty physicians serving Northern Wisconsin. Ministry Health Care operates 11 hospitals in that service area. Seventy-five percent (75%) of all patients admitted to Ministry hospitals over the last five years have been treated by at least one Marshfield Clinic physician.

To provide the best possible care to the shared patient base, Ministry and Marshfield Clinic created a two-provider HIE where all key clinical information collected at Ministry hospitals is shared with the Marshfield Clinic HIE. This information includes clinical summaries, operative reports, discharge summaries, lab results, radiology interpretations, and all digital images.

To the extent that interoperability standards exist, the hospital information system (HIS) leverages these standards. For example, lab results are normalized using the Logical Observation Identifiers Names and Codes (LOINC) standard. The HIE is enabled by managing a common patient numbering system between Marshfield Clinic and the four Ministry HIS databases, which are separate systems from Marshfield Clinic's own EHR.

Combined, approximately 1,000 physicians have access to clinical summaries through the data exchange between Ministry and Marshfield Clinic.

#### **4.1.1.1.4 Kiara Clinical Integration Network (KCIN)**

The Kiara Clinical Integration Network allows electronic exchange between Hospital Sisters Health System (HSBS) owned and affiliated clinics in Wisconsin and Illinois using a provider portal. HSBS is a health care system that owns and operates 13 hospitals with both owned and affiliated clinics across northwestern and northeastern Wisconsin and Illinois. As a HIE, KCIN's primary objective is to facilitate the exchange of health care information across this system of organizations. KCIN is dedicated to enabling hospital and community partners with the ability to exchange health and other business information in a secure and efficient fashion for the purposes of maximizing excellence in patient care, excellence in care efficiency, and clinician experience excellence.

KCIN current existing capabilities include:

- 1) Medicity ProAccess Provider Portal eMPI and other associated technology solutions interface with all 13 HSBS hospitals' internal systems. All HSBS hospitals and HSBS owned and affiliated clinics in Wisconsin and Illinois are able to access and/or exchange records using this MPI.
- 2) Medicity EHR Gateway, Medicity/Novo EHR Grid Agent, and the Medicity/Novo Dropbox provide information access between owned and affiliated clinics and other community partners.

- 3) KCIN began rolling out two EHR systems (Allscripts Enterprise and EpicCare Ambulatory EHR systems) to community physicians across HSHS served geographies/communities.

The primary goal of these KCIN EHR offerings is to build large, single enterprise-level "virtual" EHRs that can group many smaller physician practices across geography (medical trading area) into a large single system. The intent is to allow more simplistic and efficient access to information within a single EHR and create a single point of integration from these numerous smaller physician practices into either local and/or state-level health care networks.

#### **4.1.1.2 Clinical Information Exchange for Patient Engagement**

To date, capability for clinical summary exchange for patient engagement exist, but this capability is primarily confined to individual IDNs.

Providers throughout the state are engaging their patients through various tools, including through patient-controlled personal health records. One example of a technology used by patients for clinical summary exchange is the Epic MyChart patient portal. MyChart allows patients to review their medications, immunizations, allergies, and medical history through a secure password-protected web portal. It also allows patients to request appointments, message their provider, and receive test results online. There are numerous other examples of patient engagement found throughout the state.

#### **4.1.1.3 Electronic Prescribing and Refill Requests**

Another area where clinical HIE capabilities already exist in Wisconsin is electronic prescribing and refill requests. Through a survey of all licensed pharmacies within Wisconsin, approximately 76.6 percent (76.6%) (1,019 out of 1,330 total pharmacies) of pharmacies accept electronic prescribing and refill requests. According to the 2009 Surescripts' report, "*Wisconsin Progress Report on E-Prescribing*," 17 percent (17%) of prescriptions are electronically routed in Wisconsin (up from only 1.94 percent (1.94%) of total prescriptions routed electronically in 2008).<sup>14</sup> For a map illustrating the geographic location of pharmacies and their current ability to accept electronic prescriptions and refill requests, please refer to Appendix 7.

#### **4.1.1.4 Electronic Clinical Laboratory Ordering and Results Delivery**

Through the Clinical Laboratory Improvement Amendments (CLIA), the Centers for Medicare and Medicaid Services (CMS) regulates all laboratory testing (except in research) performed on humans in the United States.<sup>15</sup> In Wisconsin, there are 3,489 CLIA-certified labs in Wisconsin. Major laboratory information systems in the state include the following:

- Aspyra CyberLAB
- Cerner PathNet®
- Epic Beaker (formerly known as EpicLab)
- HMS

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<sup>14</sup> <http://surescripts.com/about-e-prescribing/progress-reports/state.aspx?state=wi>

<sup>15</sup> <https://www.cms.gov/clia/>

- McKesson Horizon Lab
- MISYS/Sunquest LIS
- Orchard Harvest LIS
- SCC SoftLab

The WIRED for Health Project conducted a survey of all CLIA accredited and compliance labs (768) within the state to determine the baseline number of labs currently delivering results electronically. Survey results indicated that 59.5 percent (59.5%) (457 out of 768) of labs currently deliver results electronically. For a map illustrating the geographic location of laboratories and their current ability to deliver results electronically, please refer to Appendix 7.

### **4.1.2 Public Health HIE Capabilities**

Public health has developed many different mechanisms over more than a century to collect information necessary to monitor public health and to trigger public health action. This information is often used to alert health care providers of time-sensitive opportunities to improve patient care (e.g., to alert clinicians of a disease outbreak requiring unique diagnostic or therapeutic considerations). The Department of Health's Division of Public Health (DPH) now seeks to improve information timeliness, completeness, and accuracy; and to reduce burdens on health care providers and other information sources, by moving from manual reporting to automatic data transmission from electronic health information systems. DPH also seeks to foster the electronic reuse of data (when appropriate) to improve the effectiveness and efficiency of public health and prevention programs. The division recently created the Office of Health Informatics in a reorganization that unites the State Health IT Coordinator; eHealth program staff; the vital records, population health, and healthcare information sections, the Public Health Information Network program; and the epidemiology coordinator into a single unit ready to share information and develop mutually interoperable systems in the new eHealth environment. The following sections provide details and baseline data about the primary public health capabilities related to immunizations, laboratory reporting, and syndromic surveillance.

#### **4.1.2.1 Immunization Registry**

The Wisconsin Immunization Registry (WIR), sponsored jointly by Public Health and the State Medicaid Program, records and tracks immunizations given to Wisconsin children and adults, provides parents with access to their children's immunization records, provides a rich source of data for health care providers and health care organizations, and supports activities related to the Strategic National Stockpile.<sup>16</sup> There are over 1,600 immunization providers and about 2,650 schools with access to the registry who have reported over 50 million immunizations given to seven million de-duplicated clients (a population larger than the State of Wisconsin, including many residents of other states). In 2009, the registry performed 21 million information transactions. Legacy data from providers is typically received by ASCII batch files. New immunizations are received by manual entry (now only 15 percent (15%) of transactions); ASCII files (55 percent (55%) of transactions); HL7 2.3.1 batch files 2 percent (2%); HL7 2.4 batch files 37 percent (37%); HL7 real-time messages using the Public Health Information Network Messaging System (PHIN-MS) 3 percent (3%); and integrated URL encoding queries from inside EHR applications 3

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<sup>16</sup> Centers for Disease Control and Prevention.

percent (3%). Real-time HL7 transactions via web services with major EHR vendors are under development. The system currently exchanges ASCII or HL7 files with users of several large EHR systems including Cerner, Epic, GE Healthcare, McKesson, the Indian Health Services Resource and Patient Management System (RPMS), and the ROSIE system serving the WIC Supplemental Nutrition program. The WIR system is used by 16 states and U.S. territories, in addition to Wisconsin, where it was initially developed. As part of the Public Immunization Record Access feature, WIR allows parents and legal guardians to look up their child's immunization record in the WIR. This decreases the number of requests to providers for immunization records from their patients and provides parents with ready access to their children's immunization status. WIR also includes assessment reporting tools which help providers better understand immunization needs, rates of immunizations and missed vaccination opportunities. As part of future planning initiatives, DPH is looking to provide direct access to WIR within providers' electronic health record products. A new module of WIR now permits pediatric health providers to access a child's history of tests for lead poisoning.

One hundred percent (100%) of Wisconsin's local health departments and tribal health services currently have access to near-real-time immunization information from WIR (some view WIR data through RECIN, a regional registry in North Central Wisconsin). The receipt of such information from clinical providers is by a many-to-one exchange, with many immunization providers contributing information in one or more of the various modalities described above. Thus, all health departments are able to receive electronic records of immunization from providers, but all providers do not provide such records to the system. Nevertheless, 3,543 provider organizations representing over 30,000 WIR users do use the registry.

- Immunization data submission is considered fairly complete for childhood vaccinators, public health vaccinators, and vaccines administered in large group practices (which represent an unusually large proportion of clinicians in Wisconsin). Approximately 93.5 percent (93.5%) of Wisconsin children born since 1989 have at least two immunizations in the system.
- A larger proportion of internists, OB/Gyns, and other adult care providers began submitting reports to WIR during the 2009-2010 influenza H1N1 pandemic.
- Improvement is needed in interstate vaccine record exchange to capture a higher proportion of vaccines administered to Wisconsin residents in Michigan, Minnesota, Iowa, and Illinois.

#### **4.1.2.2 Electronic Lab Public Reporting**

The Electronic Lab Reporting (ELR) system, operated by the Wisconsin State Lab of Hygiene (WSLH) on behalf of the DPH, provides results for Wisconsin patients tested for notifiable conditions by either public or private clinical laboratories. Current ELR functionality includes results transmission/delivery, results lists (historical), mandated public health disease/condition reporting, and voluntary public health reporting.

As of July 2010, 100 percent (100%) of local health departments, and the tribal health units that perform case management of communicable diseases in lieu of local health departments, are using the WEDSS. WEDSS receives electronic laboratory reporting through a hub operated by the WSLH. Nineteen major laboratories (including the WSLH) are reporting notifiable results via WEDSS. Over the next 2 years, HL7 reporting will be added from 8 to 10 other laboratories (including three major national labs), and bi-directional laboratory exchange with Minnesota for out-of-state residents. Laboratories that report small volumes of notifiable conditions will continue to use the Wisconsin Laboratory Reporting portal, a manual-entry web interface tailored to their local tests, until ELR exchange for such labs becomes



practical. Nine labs are currently using the portal with more extensive training planned over the next 2 years.

### **4.1.2.3 Syndromic Surveillance**

Currently State Public Health receives near real-time reports of hospital admissions from 44 hospitals and outpatient visits from over 120 ambulatory practice sites across 24 counties via the WHIE. Further expansion of data feeds to WHIE are in progress through funding provided by DPH. Data includes demographics and chief complaint. These represent major providers in every region of the state. An additional six hospitals from three health systems are in various stages of establishing participation with WHIE to further expand hospital and ED visit data volumes. Data includes demographics, date/time/facility of encounter and service type, chief complaint, allergies, primary care physician and for most sites diagnosis. Information from Milwaukee area sites are also received from WHIE by the City of Milwaukee Health Department and the Milwaukee-Waukesha Counties Public Health Emergency Preparedness Consortium of 17 local health departments. A separate project is creating real-time reporting of encounters, including demographics, symptoms, and laboratory results from 22 ambulatory family medicine clinics affiliated with the University of Wisconsin across Central and Southern Wisconsin. This project is scheduled to be operational on 11/30/10. Wisconsin and the City of Milwaukee also have access to syndromic reporting from CDC's BioSense application. The Madison-Dane County health department has online access to a syndromic surveillance system developed by the University of Wisconsin Division Of Emergency Medicine that tracks emergency department visits for influenza-like illness and gastrointestinal illness visits at one large emergency department. It is otherwise unknown how many other local health departments enjoy local syndromic surveillance systems. Access to data in the possession of the Wisconsin Division of Public Health can be provided to 100 percent (100%) of local public health agencies on a role-based authorization basis through the Wisconsin Analysis, Visualization and Reporting application, but this has not yet been implemented.

### **4.1.3 Health Plan HIE Capabilities**

For the purposes of electronic eligibility and claims transactions, all major health plans in the state can accept the 837 claims transactions and are progressing toward industry-wide acceptance of HIPAA 270/271 eligibility verification transactions. The HIPAA rule requires that "all private sector health plans (including managed care organizations and Employee Retirement Income Security Act (ERISA) plans but excluding certain small self administered health plans) and government health plans (including Medicare, State Medicaid programs, the Military Health System for active duty and civilian personnel, the Veterans Health Administration, and Indian Health Service programs), all health care clearinghouses, and all health care providers that choose to submit or receive these transactions electronically are required to use these standards." Consistent with this requirement, 100 percent (100%) of health plans support electronic claims transactions and many fully support electronic eligibility transactions. The following section discusses the electronic eligibility and claims transactions in the public and private sector.

#### **4.1.3.1 Government Health Plans and Electronic Eligibility and Claims Transactions**

Health care providers across Wisconsin have multiple methods available to them to verify eligibility electronically for State-managed programs under the "ForwardHealth" umbrella including: Medicaid, Badger Care Plus (all plans), the Wisconsin Well Woman Program, the Wisconsin Chronic Disease Program, SeniorCare, Family Care, and several waiver programs. The following sections describe the State-managed mechanisms for electronic eligibility verification and claims submission.

### **4.1.3.1.1 ForwardHealth Eligibility Verification**

ForwardHealth interChange is the State of Wisconsin's Medicaid Management Information System (MMIS), which supports real-time processing of Wisconsin ForwardHealth. ForwardHealth serves over 1.2 Million members and approximately 60,000 providers. To accommodate the significant differences in size, technical proficiency, and need of the providers, ForwardHealth offers multiple options for electronic eligibility verification for the various ForwardHealth programs including:

- 1) The direct exchange of HIPAA 270/271 transactions
- 2) The eligibility verification functionality on the ForwardHealth Portal
- 3) The Automated Voice Response (WiCall) system
- 4) The Pharmacy Point of Sale (POS)

The exchange of the 270/271 transaction is generally used by larger providers who need to verify the eligibility of a large number of members. The exchange of the 270/271 HIPAA transaction is available free of charge to providers who successfully complete HIPAA compliance testing to validate that they are able to securely transmit the transaction in the correct format. Alternatively, providers may choose to contract eligibility verification out to a verification service that can also be authorized to exchange transaction records. ForwardHealth processes an average of 1.2 million 270/271 transactions per month.

The ForwardHealth Portal contains an eligibility verification function that allows a provider to look up individual members and verify their eligibility in any of the ForwardHealth programs. This functionality is typically used by small-to-medium size providers who are able to do individual member look-ups. Providers must enter specific identifying criteria (as defined by CMS) before they can obtain member-specific benefit information. As with the 270/271 transaction exchange, the ForwardHealth Portal is free of charge to providers. All that is needed is an internet connection.

The WiCall system is available toll-free to providers wishing to obtain eligibility verification information over the phone. WiCall conducts 32,000 eligibility verifications every month.

ForwardHealth Pharmacy providers have the ability to verify eligibility automatically at the time they submit their POS claims transactions. The ForwardHealth system checks 1.1 million eligibility verifications every month. The ForwardHealth POS system checks eligibility automatically as part of the claims adjudication response and notifies the pharmacy if any eligibility issues are discovered. This functionality, although only available to ForwardHealth Pharmacy providers, supports over 2.5 million pharmacy transactions per month.

### **4.1.3.1.2 ForwardHealth Electronic Claims Submission**

As with eligibility verification, ForwardHealth offers several mechanisms by which providers can submit claims electronically for any of the ForwardHealth programs, including:

- 1) Direct exchange of HIPAA 837 claims transactions
- 2) The claims direct data entry (DDE) functionality on the ForwardHealth Portal
- 3) The Pharmacy Point of Sale (POS)

Similar to the 270/271 transaction exchange, the exchange of the HIPAA 837 transactions is available to providers who complete HIPAA compliance testing with the State. While ForwardHealth offers this service for free, many providers contract out to a billing service to conduct this exchange on their behalf.

For providers who do not want to contract with a billing service but are also not able to modify their internal systems or conduct the required testing, ForwardHealth offers a free software package called Provider Electronic Solution (PES), which can exchange the transaction electronically with ForwardHealth. Providers are able to enter claims information into PES and then upload the information directly to ForwardHealth.

Providers wanting to submit their claims in real-time or who are in need of a more interactive method of submitting claims can do so through the ForwardHealth Portal claims DDE functionality. Each of the various claims forms (UB04, 5010, and Dental) are available for providers to complete and submit (note: the pharmacy claim DDE functionality is currently under development). The ForwardHealth claims engine processes the claim near real-time (every 15 minutes) and sends the response back to the provider from the claims engine. During data entry of the claim, the provider is given immediate feedback on any potential errors and is able to make corrections prior to submitting the claim. It is important to note that this functionality only processes the claim through the ForwardHealth claims engine and does not provide immediate feedback on responses from the financial cycle.

As noted earlier, the Pharmacy POS system provides ForwardHealth Pharmacy providers with the ability to submit pharmacy claims real-time to the ForwardHealth system. The system supports over 2.5 million POS transactions per month.

#### **4.1.3.2 Commercial Health Plans and Electronic Eligibility and Claims Transactions**

Most insurers receive greater than 70 percent (70%) of claims electronically, though, depending on a health plan's service area and provider relationships, the percentage can be as high as 95 percent (95%). The highest percentage of electronic claims is submitted by pharmacies, nursing homes, and hospitals. Ancillary providers (e.g., PTs, acupuncturists, and out-of-state providers) submit the majority of paper claims. The marketplace currently addresses the need for commercial payers to exchange information electronically. Most payers are already using third party clearinghouses to exchange data.

The highest percentage of electronic claims is submitted by pharmacies, nursing homes, and hospitals. The marketplace currently addresses the need for commercial payers to exchange information electronically. Most payers are already using third party clearinghouses to exchange data.

#### **4.1.4 Supporting Stage 1 Meaningful Use HIE Requirements: Gap Analysis and Strategies**

The Wired for Health Project completed a preliminary baseline measurement of HIE capabilities of health care providers to exchange care summaries, of pharmacies to electronically receive prescriptions and refill requests from providers, and of labs to electronically deliver results to providers. Wisconsin has gaps in all three areas. The process used to complete the initial pharmacy and lab data collection, the call scripts, and the survey questions are included in Appendix 7. To assess the feasibility of strategic options to close the pharmacy and lab gaps, we need to complete initial data collection and validation, including reconciling duplicate records and additional outreach to non-responders; and conduct data analysis. We also have to identify and collect additional information from providers, pharmacies, and labs to assess the magnitude and impact of the gaps on eligible professionals and hospitals applying for incentive payments.

## WIRED FOR HEALTH: HIT STRATEGIC AND OPERATIONAL PLAN

### 4 HIE DEVELOPMENT

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The State and the SDE will collaborate with WHITEC and other private sector partners to obtain information about providers that are unable to e-prescribe because their local pharmacies cannot receive electronic prescriptions or that are unable to receive structured lab results electronically because their servicing labs do not deliver results electronically. We will also coordinate with the Medicare and Medicaid programs to obtain NLR information about providers applying for the EHR Incentive Program that practice in counties with an identified gap. Collectively, the Department of Health Services and the SDE, once selected, will need to implement feasible strategies to fill gaps so providers are able to meet Stage 1 HIE meaningful use requirements. Strategies for clinical summary exchange, electronic prescribing, and lab results are outlined in the section below.

**Clinical Summary Exchange** – As previously noted, no full clinical summary exchange consistent with the CCD certification standard is currently taking place. Therefore, the emphasis of Wisconsin’s SOP is focused on establishing an infrastructure and policy framework that enables the exchange of CCDs as described in Sections 7 and 9. Specific strategies to support Stage 1 meaningful use of exchange of clinical summaries include:

- 1) Developing an initial infrastructure in 2011 to enable eligible professionals and hospitals to conduct a test of patient care summary exchange and providing HIE core services that support exchange of care summaries, including a provider directory. Collaborate with the State Medical Board through the Wisconsin Department of Regulation and Licensing (DRL) to set up a provider directory.
- 2) Providing technical assistance to eligible professionals and hospitals through the SDE and WHITEC to implement and operate the standards and service specifications developed through the NHIN Direct project to enable them to securely transport health information over the Internet to a known health care provider.
- 3) Supporting existing EHR connectivity among unaffiliated hospitals and health systems as a mechanism to achieve the HIE meaningful use requirements and working with the prevailing EHR vendors in Wisconsin to support the CCD standard.

**Electronic Prescribing** – The following strategies will be considered for addressing the pharmacies currently not accepting electronic prescribing and refill requests:

- 1) Assess the volume of Medicaid claims coming from pharmacies that do not accept electronic prescriptions and if significant, consider policy levers the State Medicaid Program has to increase adoption, such as HIT incentives; or technical services the State Medicaid Program could provide.
- 2) Assess feasibility of using state licensure vehicles to set requirements for e-prescribing. Coordinate with WI Department of Regulation and Licensing (DRL) on possible regulatory or policy options. The 2009 Wisconsin Act 362, enacted in May 2010, requires the Pharmacy Examining Board to implement a prescription drug monitoring program and requires pharmacists or practitioners to generate a record documenting each dispensing of certain prescription drugs and deliver the record through a secure electronic format to the Pharmacy Examining Board. The transmission of these records could potentially be done through the SHIN and may encourage pharmacies to adopt HIT. The Board is permitted to specify penalties for failure to comply. This presents an opportunity for collaboration and may prevent duplication of effort in both infrastructure creation and reporting requirements.

- 3) Evaluate opportunities to leverage prevalent vendor(s) in the state such as Surescripts to provide connectivity and services to pharmacies that do not currently support e-prescribing at a reduced cost based on a negotiated rate.

**Laboratories** – Just over half of the labs surveyed have the capability to deliver results electronically. We still need to determine if these labs can deliver structured results, assess the level of transaction volume processed by these labs, and determine geographic coverage. Knowing this information will help determine which strategy is most feasible and best suited to help close the gap. The following strategies will be considered:

- 1) Assess the volume of Medicaid claims coming from labs that are unable to deliver electronic results to providers and if significant, consider policy and HMO contract levers the State Medicaid Program has to increase adoption, such as HIT incentives; or technical services the State Medicaid Program could provide. Wisconsin law does not regulate labs; however, the Medicaid Program does certify labs that want to submit claims to receive Medicaid reimbursement. The State Medicaid Program requires labs to be CLIA certified. The Medicaid Program does not contract with labs.
- 2) Negotiate with labs and existing HIEs in Wisconsin or outside of Wisconsin, such as the WHIE, Minnesota HIE (MNHIE), and the Duluth Community Health Information Collaborative (CHIC), etc., on providing a structured interface to providers through an HIE network. Eventually this use case will be supported by the SHIN.

**Public Health** – Three of the 10 meaningful use menu set requirements specify electronic transmission of the following data to public health: immunizations, laboratory results for reportable conditions, and syndromic surveillance. Eligible providers and hospitals must meet five of the menu set requirements, one of which must be a public health requirement.

DPH has systems that are technically well positioned to accept and continue receiving electronic submissions of immunization and laboratory data. The target systems are in place, administered by DPH, mature, already accept HL7 2.3.1, and can be readily upgraded to accept HL7 2.5.1 submissions (although a majority of immunization system data providers currently submit data in other formats). Existing funding for the upgrades appears to be sufficient. It is likely DPH will be ready to accept tests and subsequent transmissions by April 2011. Syndromic surveillance data currently comes to DPH through an arrangement with the WHIE from 44 acute-care Wisconsin hospitals and associated clinics as discussed previously in earlier sections. At least some of these hospitals and clinics are providing data using HL7 2.3.1 or 2.5.1. The current arrangement for syndromic surveillance through WHIE is based on limited-term grants. The Division has not been made a decision regarding permanent, ongoing funding for this relationship.

For further details on the Public Health Meaningful Use Implementation Plan, see Appendix 8.

## **4.2 Strategic Framework**

The WIRED for Health Board developed a strategic framework that included two interdependent components. The first component consisted of the vision, mission, and guiding principles for statewide health information exchange. The second component included the goals, objectives, and performance measures.

The result was a shared vision that reflected the WIRED for Health Board's collective aspirations for HIE and its impact on stakeholders. The mission translated the vision into a "purpose statement" which