The Maryland Healthcare Commission Health Information Organization Research Wisconsin Health Information Exchange February , 2009				
Section		**Requirement**	**Definitions**	**WHIE**
Vision	I.	Vision	Clear description of how to respond the unique needs an opportunities of HIE in state	**X (eHealth Care Quality and Patient Safety Board Charter)**
	A.	Mission		
	B.	Principles from Appendix B		X Alignment with MHCC Principles: Initiatives are consumer focused, assure and promote integrity and sustainability. Another principle includes: create achievable, actionable and practical initiatives,
	C.	Interoperability		X Improve population health and health care delivery
	D.	Quality of care		
Strategy and Planning	II.	**Financial Model and Sustainability**	**Economic Analysis of cost and benefit for each phase of implementation**	**X (To be included in RFP Response)**
	A.	Financially sustainable		

Section		Requirement	Definitions	WHIE
	A1	Transaction fees		
	A2	Subscription fees		
	A3	Membership fees		
	A4	Hospital funding		
	A5	State Funding		
	A6	Federal Funding		x Initially partially by Medicaid Transformation Grant
	A7	Health Plan funding		
	A8	Physician funding		
	A9	Philanthropic funding		
		One time set up fees		
	B.	Budget		X (To be included in RFP Response)
	B1	capital		
	B2	operating costs		

Section		Requirement	Definitions	WHIE
	B2-1	Salaries		
	B2-2	Benefits		
	B2-3	Office expense		
	B2-4	Rent		
	B2-5	Utilities		
	B2-6	Software purchase and maintenance		
	B2-7	Hardware purchase and maintenance		
	B2-8	Taxes		
	B2-9	Cyber Liability Insurance		
	B3	cash flow		
	B4	break even analysis		
	C.	Community Benefit		
	D.	Benefit Realization		X (To be included in RFP Response)
	D1	ROI - financial measurement		
	D2	ROI - quality measurement		
	D3	ROI - System use measurement		
	D3-1	how many users		
	D3-2	what do they access		

Section		Requirement	Definitions	WHIE
Strategy and Planning	III.	Governance Framework	A multi-stakeholder approach that represents the needs of the community and all stakeholders	X (To be included in RFP Response)
	A.	Plan for engaging stakeholders		
	B.	Ownership model: Public-Private Partnership		X (eHealth Board)
	C.	Profit Status: Not-for-profit		
	D.	Articles of Governance		
	E.	Role of Local HIEs:		
	E1	May include but not require creation of independent governance entities to oversee regional or local HIE. All HIEs would conform with statewide policies, standards and rules.		
	E2	RHIO participation will be required (required as regional governance entities)		X (Support WHIE focusing on real-time information for hospital emergency rooms, results delivery and medication lists.)
	E3	Local HIEs must be inclusive and non-discriminatory		

Section		Requirement	Definitions	WHIE
	F.	Technical Operations		X (To be included in RFP Response-determination if can leverage State's technical assets (MMIS and PHIN) as building blocks)
	F1	Separate governing structure from technical operations (potential for combination in latter stages)		
	F2	Governance and technical operations in single entity		
	G.	Accountability Mechanisms		
	G1	Direct oversight through contracts with incentives for adherence and penalties for non-adherence		
	G2	Direct oversight via legislation		
	H.	Board of Director Composition		eHealth Board established via Executive Order 129 (11/05) resulting in eHealth Action Plan (ehealth Board) and further definite in RFP Response
	H1	Governor's Office		
	H2	State Medicaid Agencies		
	H3	State Department of Health		
	H4	State Healthcare and Hospital Association		
	H5	State Medical Association		

Section		Requirement	Definitions	WHIE
	H6	Other non-profits who are involved in the medical community		
	H7	Government Agencies who may be a stakeholder		
	H8	Consumers		
	H9	Employers		
	H10	Insurers		
	H11	Health Care Providers		
	H12	Pharmacy		
	H13	Clinical Laboratories		
	H14	Higher Education		
	H15	Quality Organizations		
		Purchasers		
	I.	Operational / Management Positions and Responsibilities		
	I1	Positions		
	I1-1	Executive Director		
	I1-2	Staff		
	I1-3	2 program staff, controller, 2 adm assistants		
	I1-4	Privacy and Security Officer		
	I2	Responsibilities		
	I2-1	Execute strategic, business and technical plans		
	I2-2	Coordinate day-to-day tasks and deliverables		

Section		Requirement	Definitions	WHIE
	I2-3	Establish contracts and other relationships with local/sectoral initiatives		
	I2-4	Provide industry knowledge		
	I2-5	Advise the Board		
	J.	Board Committees and Responsibilities		
	J1	Governance Board		X (eHealth Care Quality and Patient Safety Board appointed by Governor and implementation governance including nature of legal entity, source of authority, composition, structure, governance functions in RFP response)
	J1-1	Maintain vision, strategy, and outcome metrics		
	J1-2	Build trust, buy-in and participation of major stakeholders statewide		
	J1-3	Assure equitable and ethical approaches		
	J1-4	Develop high-level business and technical plans		x
	J1-5	Approve statewide policies, standards, agreements		
	J1-6	Balance interests and resolve disputes		

Section		Requirement	Definitions	WHIE
	J1-7	Raise, receive, manage and distribute state, federal, private funds		X
	J1-8	Prioritize and foster interoperability for statewide and sub-state initiatives		
	J1-9	Implement statewide projects and facilitate local/sector projects		
	J1-10	Identify and overcome obstacles		
	J1-11	Financial and legal accountability, compliance, risk management		
	J1-12	Educate and market		
	J1-13	Facilitate consumer input		
	J1-14	Determining compensation for staff		
		Identify options for serving consumer health needs		X
		Assure information privacy and security in electronic information exchange		X
		Facilitate adoption of standards		X
		Create organization and governance structures for statewide HIE		
		Annual assess progress and make recommendations to Governor		X

Schedule C - Wisconsin - WHIE

Section		Requirement	Definitions	WHIE
	J2	Board Committees		
	J2-1	Broadens stakeholder representation in governance body		
	J2-2	Provides content expertise in very specific areas		
	J2-3	Represents clinicians, consumers, employers and payers		
	J3	Suggested Committees:		
	J3-1	Steering Committee		
	J3-2	Privacy and Security (legal, S & P officers)		X Variations and Legal Workgroups (part of HISPC)
	J3-4	Clinical		X (Patient Care Information Support)
	J3-5	Technical		X (Information Exchange)
	J3-6	Standards		
	J3-7	Outreach and Education		X (Consumer Interests)
		Financing		X
		Governance		X
Strategy and Planning	IV.	Privacy and Security		X (To be included in RFP Response)
	A.	Registration		
	A1	Registration authority		
	A2	Trusted relationship (i.e. hospital)		
	B.	Authentication		
	B1	providers		
	B2	consumers		
	B3	public health		
	B4	other institutions (educational)		

Section		Requirement	Definitions	WHIE
	B5	non licensed providers (if any exist in state)		
	B6	data authentication (in and out of HIO)		
	B7	system authentication (system accessing HIO)		
C.		Identification		
	C1	Use of a master person index to provide provider and consumer information		
	C2	public health		
	C3	other institutions (educational)		
	C4	non licensed providers (if any exist in state)		
	C5	data identification		
	C6	system identification		
	C7	Credentialing of health care providers		
D.		Audit		
	D1	what is audited		
	D2	who audits		
	D3	how often		
	D4	external audit requirements		
	D5	rules of enforcement		
E.		Authorization		
	E1	providers authorized to see what data		
	E2	consumers authorized		
	E3	public health		

Section		Requirement	Definitions	WHIE
	E4	other institutions (educational)		
	E5	non licensed providers (if any exist in state)		
	E6	data authorization		
	E7	system authorization		
	F.	Access	Role Based using HL7 Standards	
	F1	Who can access what data		
	F2	Who can change, update data		
	F3	Sensitive specially protected health information - substance abuse, HIV/AIDS, genetic etc.		
	G.	Consent Framework		
	G1	Opt In	*if patient opts out does the data still go to the HIO without allowing it to be viewed, changed etc.	
	G2	Opt Out	Recommend reviewing California consent models - very detailed based on use cases	
	G3	Notice only to consumer that their information in accessible via HIO		
	G4	Use of de-identified data		
	H.	Legal Agreements		

Schedule C - Wisconsin - WHIE

Section		Requirement	Definitions	WHIE
	H1	master participation agreement		
	H2	use agreement		
	H3	business associate agreements		X
	I.	Policy and Procedures	Develop sound policy to manage authorization and access to electronic patient information in a consumer centric approach to health information exchange (Privacy and Security Policies)	As part of the HISPC contract, detailed documentation on varied current business practices related to HIE and business drivers identified as barriers due to state and/or federal law and/or policies and practices.
	I1	authentication		x
	I2	audit		
	I3	authorization		x
	I4	access		
	I5	consent		X
	I6	enforcement - statewide that all must adhere to and may require legislation or ownership by AG office		X
	I7	Break the glass		
	I8	Form relevant policy to enable improved community health status		
	I9	HRB		
	I10	Support for Policies Governing Patient Authorization for Data Sharing		
	J.	Legal Issues		
	J1	HIPAA considerations		X

Schedule C - Wisconsin - WHIE

Section			Requirement	Definitions	WHIE
		J2	MDCMRA as may be required		
Strategy and Planning	**V.**		**Stakeholder Outreach and Education**	**Ensure Transparency, convene all stakeholders, educate**	**X (To be included in RFP Response)**
	A.		Part of statewide governing body		
	B.		Documented process to educate:		
		B1	Consumers		
		B2	Under-served		
		B3	Providers		
		B4	Public Health		
		B5	Government Agencies		
		B6	Non-profits		
	C.		Understanding of market forces - patterns of care , who to connect with and political environment		
Detail Design	**VI.**		**Care Delivery**	**Implementation Sequencing – Who has access first and Implementation Phasing - What information is available first**	**X (To be included in RFP Response)**
	A.		Data Partners		
		A1	Hospitals		
		A2	Laboratories		
		A3	Clinics		
		A4	Pharmacies		
		A5	Individual Physician Practice		
		A6	Nursing Homes		
		A7	State Health Agencies		
		A8	Quality Organization		
		A9	Medicare		
		A10	Medicaid		
		A11	Insurers		

Section		Requirement	Definitions	WHIE
	B.	Data Exchange Requirements		
	B1	Use case analysis to determine actors, information they need, how to provide:		X (To be included in RFP Response)
	B2	Clinical Decision Support Tools		
	B2-1	Medication history and reconciliation		X
	B2-1-1	outpatient prescriptions		
	B2-1-2	pharmacy prescriptions		
	B2-1-3	e-prescribing and prescription histories		
	B2-1-4	Allergy and drug-drug interaction alerts		
	B2-1-5	Access to drug formularies for Medicaid and MD's two top private insurers		
	B2-2	Lab results		X
	B2-2-1	outpatient lab results		
	B2-2-2	Outpatient episodes		
	B3	Radiology Results		X
	B4	Radiology images		
	B5	Inpatient episodes		
	B6	Dictation / transcription		
	B7	Claims		
	B8	Pathology		
	B9	enrollment / eligibility		
	B10	Cardiology		
	B11	GI		
	B12	Pulmonary		
	B13	Hospital discharge summary		
	B14	Emergency room reports		X

Section		Requirement	Definitions	WHIE
	B15	Patient Reported Data		
	B16	Ambulatory electronic health record		
	B17	Disease Management Tools		
	B18	Wellness and prevention support based on national proactive guidelines - disease management		
	B19	Medical Alerts		
	B20	Demographics		
	C.	Application Functionality		
	C1	Evaluate the following applications based on use case analysis:		
	C1-1	clinical messaging		
	C1-2	Continuity of care records (CCD)		
	C1-3	Longitudinal health records		
	C1-4	Elements of Shared Health Record		
	C1-5	Insurance Eligibility		
	C1-6	Functionality to Support Access to Data for Research		X (To be included in RFP Response)
	C1-7	Support for External Information Requests		
	C1-8	Master person index		X (To be included in RFP Response)
	C1-9	Record Locator Service		
	C1-10	Health Record Banking		
	C1-11	Auditing		
	C1-12	Security Applications		X (To be included in RFP Response)
	D.	System Architecture		X (To be included in RFP Response)

Schedule C - Wisconsin - WHIE

Section		Requirement	Definitions	WHIE
	D1	Plan for interfaces of data from data providers		X (To be included in RFP Response)
	D2	Push / Pull		
	D3	Central Repository vs. Federated Model		
	D4	Record Locator - Edge Servers		
	D5	Hybrid Model		
	D6	MPI		
	D7	HRB with opt-in		
	D8	Web-based application (portal)		
	E.	Reporting		
	F.	Standards		HITSP and NHIN for interoperability
	F1	Standards for Message and Document Formats (HL7)		
	F2	Standards for Clinical Terminology		
	F3	Provide and implement CCHIT certified EMRs for selected physicians as determined by XXXXX with options including: EMR license with physician storing in office; license with storage at hospital or health bank; license with storage at vendor; ASP model		X (To be included in RFP Response)
	F4	HITSP-endorsed IHE approach appropriate for supporting distributed data or HRB		

Section		Requirement	Definitions	WHIE
	F5	ASTM Standards		
	F6	NIST e-authentication		
	F7	IHE		X
Implementation	VII.	Project Management	Method for ensuring smooth planning and implementation	X (To be included in RFP Response)
	A.	Team Selection		
	B.	Detail Schedule		
	C.	Task development		
	D.	Hardware infrastructure		
	E.	Software Solution Deployment		
	F.	Interface analysis		
	G.	Interface Development		
	H.	Agreement negotiation		
	I.	Solution Testing		
Maintenance	VIII.	Operations processes	Support functions	X (To be included in RFP Response)
	A.	Staffing		
	B.	Support Services		

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