

**RESOLUTION 21 - 2010**

Subject: Regional Health Information Exchanges

Introduced by: Chad Pendley

Referred to: Quality and Clinical Outcomes

1 Whereas, The current methods sharing of medical information between medical facilities have  
2 lagged significantly behind the technologies available to facilitate this interaction; and

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4 Whereas, Communication between hospital staff and primary care physicians after a patient is  
5 discharged from a hospital has been reported to be as low as 23%;<sup>1</sup> and

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7 Whereas, Cost-effectiveness studies have shown that complete interoperability between health  
8 information networks nationwide could result in a savings of nearly 78 billion dollars annually;<sup>2</sup> and

9  
10 Whereas, Regional Health Information Organizations (RHIOs) have the potential to dramatically  
11 simplify the exchange of health information; and

12  
13 Whereas, The Wisconsin Health Information Exchange (WHIE) is one of the oldest RHIOs in the  
14 United States with 10 Hospitals in the Milwaukee area live with data and an additional 12 sites  
15 providing data throughout Wisconsin;<sup>3</sup> and

16  
17 Whereas, The Wisconsin Relay of Electronic Data (WIRED) is a novel statewide HIE initiative that is  
18 developing the resources to facilitate the safe, sufficient and secure exchange of health information;  
19 and

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21 Whereas, The WHIE currently functions to allow Emergency Department (ED) staff to access basic  
22 patient health information while the patient is in care at that facility allowing the staff to provide more  
23 timely, safe and effective care; and

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25 Whereas, Clinical information collected during routine emergency medical care could be used to  
26 identify patients at the highest risk for developing chronic diseases (Obesity, Heart Disease, Kidney  
27 Disease, Diabetes, HIV) for which early intervention has been shown to reduce long-term morbidity  
28 and cost; and

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30 Whereas, Expansion of the WHIE to capture such a broader array of health information could allow  
31 ED staff to focus their efforts to secure primary care services on those most likely to benefit; and

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33 Whereas, Patients from lower socioeconomic status backgrounds and those who are racial and ethnic  
34 minorities are more likely to seek care in EDs and are also burdened disproportionately by such  
35 chronic medical conditions; and

36  
37 Whereas, Expansion of the WHIE system to allow primary care physicians access to the network for  
38 patients in their care could be a powerful tool for improving continuity of care and reducing  
39 unnecessary ED visits; therefore be it

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41 **RESOLVED**, That the Wisconsin Medical Society works toward supporting the expansion of  
42 Regional Health Information Organizations (RHIO) to include a broader collection of health

43 information and to allow primary care physicians access to their patients collective RHIO record; and  
44 be it further  
45  
46 RESOLVED, That the Wisconsin Medical Society support the Wisconsin Relay of Electronic Data  
47 (WIRED) for health initiative with the goal of creating a system capable of supporting a statewide  
48 health information exchange.

Fiscal note: Within current budget.

#### References:

<sup>1</sup> Bell, C. M., Schnipper, J. L., Auerbach, A. D., Kaboli, P. J., Wetterneck, T. B., Gonzales, D. V., et al. (2009). Association of communication between hospital-based physicians and primary care providers with patient outcomes. *Journal of General Internal Medicine*, 24(3), 381-386.

<sup>2</sup> Walker, J., Pan, E., Johnston, D., Adler-Milstein, J., Bates, D. W., & Middleton, B. (2005). The value of health care information exchange and interoperability. *Health Affairs (Project Hope), Suppl Web Exclusives*, W5-10-W5-18.

<sup>3</sup> Wisconsin Health Information Exchange. "WHIE Network Status". December 14, 2009  
<http://www.whie.org/docs/WHIE-Network.pdf> (January 12, 2010)

## Relevant Policies

### Society:

#### MCH-009

**Statewide Perinatal Database:** The Wisconsin Medical Society supports a comprehensive system for collecting and analyzing clinical perinatal data. Clinical perinatal data is information gathered from direct observation and treatment of women and infants around the time of birth (i.e., perinatal period.) The perinatal period is defined as three months prior to pregnancy through the infant's first year of life. (HOD, 0409)

#### MEC-002

**Society Guiding Principles on Patient Safety:** The Wisconsin Medical Society (Society) supports the following policy on patient safety:

- *Leadership Role.* The Society will continue to take a leadership role in improving patient safety.
- *Partnership.* The Society will continue to work in partnership with a broad range of public and private organizations to improve and promote patient safety through educational activities and other available means to establish and promote optimal safety systems in the delivery of health care.
- *Information Sharing.* The Society will continue to inform the people of Wisconsin about on-going efforts to improve quality and patient safety in medical care systems.
- *AMA Principles.* The Society supports the American Medical Association's "General Principles for Patient Safety Reporting Systems." (HOD, 0408)

#### DHC-004

**Wisconsin Health Care Collaborative:** The Wisconsin Medical Society (Society) endorses the efforts of the Wisconsin Collaborative for Health Care Quality (WCHCQ) and supports the collection and public reporting by medical groups in Wisconsin of data consistent with the Collaborative's measures. The Society will explore ways to support smaller medical groups in collecting a feasible subset of the data elements endorsed by the WCHCQ.

Characteristics of ideal performance measures should include the following:

- The measures must be evidence-based and broadly accepted within the medical community as valid and reliable indicators.
- The measures must have established standards for satisfactory performance assessment.
- There is the ability to collect the measures in a standardized and reliable way across multiple physicians and sites of care.

- The measure is applicable to a group of patients of sufficient size to provide a reliable estimate of physician performance in caring for patients with that condition.
- Factors include differences among patients prior to medical diagnosis and treatment (i.e. case-mix, severity of illness, comorbidity).
- Factors may also include sociodemographic characteristics that influence patient adherence to treatments.
- Data collection is open to all Wisconsin clinicians.
- Data measures include the full spectrum of care (i.e., preventive, acute, chronic, inpatient, outpatient).
- Data are verified by an independent third party. (HOD, 0407)

## **MER-002**

**Confidentiality of Patient Medical Information:** The Wisconsin Medical Society supports patient control of the release of their medical information. (HOD, 0406)

## **MER-009**

**Confidentiality:** The Wisconsin Medical Society supports the following statement with regard to confidentiality:

- The following formulation is intended as an ethical guide regarding the obligation on the part of individuals working in health care occupations to respect the confidentiality of medical information gathered in the course of their work.
- It is assumed that where necessary and appropriate, various aspects of this statement are congruent with existing state and federal law. But it is also assumed that ethical obligations may in some instances be independent of laws and legal formulations. It is necessary that such ethical statements be cast in commonly understandable language, and not only in the complex constructions used in law.
- The professional obligation to hold health and illness disclosures in confidential trust is ancient. Hippocrates said: “And whatsoever I shall see or hear in the course of my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.”
- In cognizance of the preceding considerations, the State Medical Society of Wisconsin endorses the following viewpoint and procedures:
  - Physicians are bound to respect the confidentiality of medical information regarding individual patients with limited exceptions such as threats of violence to others or self, evidence of child abuse, etc. Physicians are also bound to monitor and encourage similar regard for non-disclosure of medical information on the part of other health-care workers and overall health-care systems.
  - Extraordinary measures to preserve secrecy of medical data are not expected or required. Medical records shall not be considered “top secret” in the manner of national security information, but continuing scrutiny of the health system records is expected of physicians along with reasonable remedial actions when potential breaches in confidentiality are apparent to the practitioner.
  - Physicians and health care systems are not considered responsible for self-disclosure of ordinarily confidential information on the part of the patient, nor shall the physician or care system be considered responsible for disclosures made by fellow-patients coincidentally aware of medical information regarding another patient.
  - Sharing of confidential medical information with duly appointed guardians or parents of minor children shall be considered ethically proper with certain exceptions provided in law, such as the diagnosis and treatment of sexually transmitted diseases or alcohol and other drug abuse.
  - Physicians and other health-system workers should offer patients an explanation of the boundaries of the exchange of confidential medical information among physicians and other health-system workers within a particular hospital, clinic, or health-care system. Such exchange within a system should be limited to legitimate participants with functional needs to know confidential medical data. Patients should also know that all participants in their health care are aware of the expectation of confidentiality.
  - The direct sharing of individual medical data with other physicians or health care workers within the same hospital or system is limited to “need-to-know” situations such as those in relation to consultation requests or team approaches to care of a particular patient. Incidental acquisition of medical information such as a patient’s trip to surgery, observation of x-ray procedures, laboratory results, or even knowledge of a hospital admission obliges all hospital or health care workers to non disclosure without the patient’s permission. Physicians in particular are expected to refrain from unauthorized examination of medical records on the basis of mere curiosity about a particular or former patient’s condition.

- The qualifications of treatment reviewers, for whatever reasons a review of medical care might be conducted, shall not be withheld from the patient whose care is reviewed. This shall apply even in situations where the identity of the patient is kept anonymous to the reviewer.
- Health care organizations are expected to periodically conduct educational sessions for all employees, even those with remote or infrequent opportunity for contact with confidential patient data, to inform and remind them of the need and expectation of confidentiality even for incidentally acquired patient information. Employees should be made aware of potential penalties including possible discharge from employment.
- Patients are entitled to release medical information to any parties they might designate including themselves, given a reasonable interval of time for duplication and mailing. With the patient's knowledge, the physician shall determine which information to release in a given instance, based on evidence relevant to the purpose at hand.
- The preceding guidelines are assumed to apply to all data storage, retrieval, and transfer systems, particularly including computerized data systems. This statement addresses medical ethics and is not intended to constitute legal advice. Where this statement appears to conflict with state or federal law, physicians may wish to consult qualified legal counsel to determine the best course of action. (HOD, 0406)

#### **MER-012**

**Regional Information Sharing of Medical Records:** The Wisconsin Medical Society supports the development of the Milwaukee Regional Informatics System through the WHA/MCMS Community Collaboration with the Wisconsin Hospital Association and WHIE. The Wisconsin Medical Society supports the development of medical homes and plans of care for at-risk populations that benefit the patient, are consistent across competing health system platforms, have means of being updated, have means of being challenged by patients, reviewed by ethics committees, coordinated with health care providers, managed care organizations, governmental payors, advocacy groups and experts in specialty providers (psychiatry, emergency medicine, pain management, etc). The Wisconsin Medical Society supports the research and methodology by which such care plans can be shown to improve patient outcomes and save valuable and scarce health care resources. The Wisconsin Medical Society supports the collaboration between emerging methods of health information sharing into a common method such that multiple disparate means are reduced to effective sources of useful information. (Example: rare diseases protocols for pediatrics may be merged in a common web based access point with plans of care for mental health patients who are homeless and being managed by case managers, or dialysis patients, or patients with pain clinic contracts.) (HOD, 0407)

#### **TEC-001**

**Information Technology Standardization and Costs:** The Wisconsin Medical Society supports concepts of information technology (IT) standards for interchangeability of data from different IT systems. (BOD, 0709)

#### **AMA:**

##### **H-315.973 Guiding Principles for the Collection, Use and Warehousing of Electronic Medical Records and Claims Data**

1. It is AMA policy that any payer, clearinghouse, vendor, or other entity that collects and uses electronic medical records and claims data adhere to the following principles:
  - a. Electronic medical records and claims data transmitted for any given purpose to a third party must be the minimum necessary needed to accomplish the intended purpose.
  - b. All covered entities involved in the collection and use of electronic medical records and claims data must comply with the HIPAA Privacy and Security Rules.
  - c. The physician must be informed and provide permission for any analysis undertaken with his/her electronic medical records and claims data, including the data being studied and how the results will be used.
  - d. Any additional work required by the physician practice to collect data beyond the average data collection for the submission of transactions (e.g., claims, eligibility) must be compensated by the entity requesting the data.
  - e. Criteria developed for the analysis of physician claims or medical record data must be open for review and input by relevant outside entities.
  - f. Methods and criteria for analyzing the electronic medical records and claims data must be provided to the physician or an independent third party so re-analysis of the data can be performed.
  - g. An appeals process must be in place for a physician to appeal, prior to public release, any adverse decision derived from an analysis of his/her electronic medical records and claims data.
  - h. Clinical data collected by a data exchange network and searchable by a record locator service must be

accessible only for payment and health care operations.

2. It is AMA policy that any physician, payer, clearinghouse, vendor, or other entity that warehouses electronic medical records and claims data adhere to the following principles:

- a. The warehouse vendor must take the necessary steps to ensure the confidentiality, integrity, and availability of electronic medical records and claims data while protecting against threats to the security or integrity and unauthorized uses or disclosure of the information.
- b. Electronic medical records data must remain accessible to authorized users for purposes of treatment, public health, patient safety, quality improvement, medical liability defense, and research.
- c. Physician and patient permission must be obtained for any person or entity other than the physician or patient to access and use individually identifiable clinical data, when the physician is specifically identified.
- d. Following the request from a physician to transfer his/her data to another data warehouse, the current vendor must transfer the electronic medical records and claims data and must delete/destroy the data from its data warehouse once the transfer has been completed and confirmed. (CMS Rep. 6, I-06)

#### **H-478.995 National Health Information Technology**

Our AMA supports the development, adoption, and implementation of national health information technology standards through collaboration with public and private interests, and consistent with current efforts to set health information technology standards for use by the federal government. (Res. 730, I-04; Reaffirmed in lieu of Res. 726, A-08)

#### **D-478.996 Information Technology Standards and Costs**

Our AMA will: (1) encourage the setting of standards for health care information technology whereby the different products will be interoperable and able to retrieve and share data for the identified important functions while allowing the software companies to develop competitive systems; (2) work with Congress and insurance companies to appropriately align incentives as part of the development of a National Health Information Infrastructure (NHII), so that the financial burden on physicians is not disproportionate when they implement these technologies in their offices; (3) review the following issues when participating in or commenting on initiatives to create a NHII: (a) cost to physicians at the office-based level; (b) security of electronic records; and (c) the standardization of electronic systems; (4) continue to advocate for and support initiatives that minimize the financial burden to physician practices of adopting and maintaining electronic medical records; and (5) continue its active involvement in efforts to define and promote standards that will facilitate the interoperability of health information technology systems. (Res. 717, A-04; Reaffirmation, A-05; Appended: Sub. Res. 707, A-06; Reaffirmation A-07; Reaffirmed in lieu of Res. 818, I-07; Reaffirmed in lieu of Res. 726, A-08; Reaffirmation I-08)