

- 1) section – Table of Contents – Appendices
- 2) line numbers – page v
- 3) comments – The complete request for information (RFI) 1682-RFI-PM Long-term Care Managed Care Infrastructure Project (including Appendices E and F) issued on August 14, 2009 should be added as Appendix T. The project is a redesign of home and community- based programs offered by Wisconsin under its Medicaid programs and intends to participate in health information exchange (HIE).
- 4) Proposed revision-
  - a. T – Long-term Managed Care Participation in State-wide Health Information Exchange
  - b. <http://www.dhs.wisconsin.gov/lcicare/Partners/PDFs/RFI-1682.pdf>
  - c. <http://www.dhs.wisconsin.gov/lcicare/Partners/PDFs/RFI-1682-appxE.xls>
  - d. <http://www.dhs.wisconsin.gov/lcicare/Partners/PDFs/RFI-1682-appxF.pdf>

- 1) Section - A) Acknowledgements
- 2) Line numbers – 1-28
- 3) Comments – The original eHealth Board members should be acknowledged

- 1) Section – Foreword
- 2) Line numbers – 42-49
- 3) Comments – How can anyone, including the Office of the National Coordinator (ONC), understand what is being planned when the State or state designated entity (SDE) reserves the right to adjust the plan? Adjustments may: *include changes to the vision, mission, guiding principles, goals, objectives, work plan and timelines?*
- 4) Proposed revision – The eHealth Board should be allowed more time to develop an understandable strategic and operational plan before the SDE is selected.

- 1) Section – Introduction
- 2) Line numbers – 128-205
- 3) Comments – The statement that implies *Wisconsin didn't begin health information technology (HIT) planning until Governor Doyle created the eHealth Board in 2005* is incorrect. Under Governor Tommy Thompson, Secretary Joe Leann and (then) Executive Assistant John Kiesow, Wisconsin had the most advanced HIT planning process in the country relating to the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. In 2005, it was widely believed that Governor Doyle created the eHealth Board in order to divert attention from failed IT projects.
- 4) Proposed revision – Acknowledgment should be given to the Thompson Administration for its pioneering work.

Medicaid - transitional insurance for families moving from welfare to work.

- 1) Section – Introduction
- 2) Line numbers – 206
- 3) Comments –

The organizational chart does not indicate that the Bureau of Aging and Disability Resources (BADR) is federally recognized as the State Unit on Aging (SUA) and has institutional powers equal to that of a cabinet level agency. BADR is organizationally placed in the Division of Long Term Care but has authority, by virtue of its own Aging State Plan, greater than that of any division.

BADR's information technology (IT) is not subject to the same security and privacy standards that guide other State IT programs. BADR purchases software and hosting services from Harmony Inc. outside the purview of the State's Chief Security Officer or other officials in the Department of Administration.

- 4) Proposed Revision – Identify BADR as the State Unit on Aging (SUA).

- 1) Section – Introduction
- 2) Line number – 234

- 3) Comments – The State Health IT Coordinator should coordinate with the Director of the Bureau of Aging and Disability Resources (BADR). The Program Information Notice ONC-HIE-PIN-001 specifically notes that the HIT coordinator should: *ensure state program participation in planning and implementation activities, including, but not limited to Medicaid, behavioral health, public health, departments of aging.* BADR is not mentioned at any point in the draft plan.
- 4) Proposed revision – BADR should be involved in developing the Strategic and Operational Plan (SOP).

- 1) Section – Introduction
- 2) Line number 2476-3373

- 3) Comments- The world-class data administration policies of the Thompson Administration were abandoned by the Doyle Administration. Data administration governance is no longer practiced and recognized data and security standards are not enforced. The Department of Health Services (DHS) does not recognize the risks associated with allowing units, such as the Bureau of Aging and Disability Resources, to contract for web-based systems hosted outside Wisconsin's firewalls.
- 4) The full technical infrastructure of DHS should be objectively evaluated and assessed for risks and vulnerabilities and remedial actions should be taken before an SDE is selected.

- 1) Section – introduction
- 2) 3863 – 3869
- 3) Comments – It is in error to state that ONC’s Consumer Consent Whitepaper recommended that statewide health information exchanges (HIEs) adopt an opt-out or no-consent model. The Whitepaper was neutral as far as recommendations.
- 4) Proposed revision – Consumer preferences as far as data use are crucial to the success of Healthcare IT. The case for opt-in should be revisited.

ONC’s Consumer Preferences Requirements Document dated October 5, 2009 should be reviewed.

<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1202&PageID=16769&mode=2>

Blogs dated October 19, 2009 by John Halamka, MD (Harvard) and John Moehrke (GE Healthcare) provide valuable insights.

<http://geekdoctor.blogspot.com/search?updated-max=2009-11-23T03%3A00%3A00-08%3A00&max-results=50>

<http://healthcaresecprivacy.blogspot.com/2009/10/consumer-preferences-and-consumer.html>

Healthcare Information Technology Standards Panel (HITSP) Technical Note (TN) 900 should be reviewed. HITSP/TN900 provides an overview of HITSP security and privacy constructs.

<http://wiki.hitsp.org/docs/TN900/TN900-5.html>

## PHRs

- 1) Section –Introduction and Appendix K
- 2) Line numbers – 2687 – 2690 and pages 8 - 9 of Appendix K
- 3) Comments – The following quote is from the plan (lines identified above): “The deployment of statewide health information network is predicated on establishing a consistent chain of trust within which all parties can operate with a high degree of confidence and to protect this environment from any intrusion or data leakage that could affect the overall trust of the HIE environment.”

Appendix K pertains to communication, education and marketing of health information exchange (HIE). On pages 8-9, patients as a stakeholder type are further placed into specific groups within the stakeholder type needing targeted messaging and finally community partners/collaborators-organizations are

identified that could provide and deliver credible messaging to specific groups within the stakeholder type.

Although Aging and Disability Resource Centers (ADRCs) are included among the list of credible community partners, the Social Assistance Management System (SAMS) utilized by the ADRCs does not appear to meet even minimal privacy and security standards.

4) Proposed revision

Deloitte recently has been designated a Common Security Framework (CSF) Assessor by the Health Information Trust Alliance (HITUST). Because SAMS will be grandfathered into Wisconsin's HIE, Wisconsin should evaluate the option of leveraging HITRUST CSF as a foundation for Wisconsin's authentication and security framework by asking Deloitte to examine (in a cursory manner) the business relationships between Wisconsin and Harmony Inc. – owner of SAMS and AgingNetwork.com – and the privacy and security aspects of SAMS as an internet-hosted software as a service (SaaS) application.