

Section	Line Number(s)	Comment	Proposed Revision	WIRED for Health Response
2 - Introduction	206	<p>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.</p> <p>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.</p>	<p>Identify BADR as the State Unit on Aging (SUA).</p>	<p>The organizational chart on page 6, line 206 is not intended to show all sub-units in the Department of Health Services and illustrates the WIRED for Health project organization and its placement and reporting relationship in the Department. The Bureau of Aging and Disability is a sub-unit under the Division of Long Term Care. Concerning the second part of this comment, any entity or system (including BADR's) that plans to connect to the statewide health information network will have to agree to and meet contractual participation requirements including privacy and security requirements which will be developed during implementation of the legal and policy portion of the SOP.</p>
2 - Introduction	234	<p>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.</p>	<p>BADR should be involved in developing the Strategic and Operational Plan (SOP).</p>	<p>The State Health IT Coordinator is coordinating with all relevant areas of the Department and state government, including Aging as referenced by "...other health leaders and stakeholders in government..." in lines 234-235. Staff from BADR will have the opportunity to participate on the State Health IT Council (lines 283-286) when it is established in early 2011. Specific programs are noted when relevant in the plan, but not office symbols.</p> <p>A search for "long-term care" will be performed in the plan and "aging" will be specifically added. For example, on line 379--"Aging" will be added after "Long-Term Care".</p>

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2 - Introduction	128-205	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.	Acknowledgment should be given to the Thompson Administration for its pioneering work.	Wisconsin's planning and implementation of HIPAA was exemplary, and its contribution as related to this planning effort is noted in Section 2, lines 110-113 on page 3.
7 - Technical Infrastructure and Services	2476-3373	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.	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.	The WIRED for Health project can't address this comment as it is outside the scope of the SOP and this project. The status of the DHS technical infrastructure is not relevant to SDE selection.

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7 - Technical Infrastructure and Services	2687-2690 and pages 8-9 of Appendix K	<p>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.”</p> <p>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.</p> <p>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.</p>	<p>Deloitte recently has been designated a Common Security Framework (CSF) Assessor by the Health Information Trust Alliance (HITRUST). 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.</p>	<p>The stakeholder matrix in Appendix K lists organizations that the SDE may partner with to help disseminate communications and educational materials to particular populations and stakeholder types. This will not involve being connected to their systems, such as SAMS. Any entity or system that plan to connect to the statewide health information network will have to agree to and meet contractual participation requirements including privacy and security requirements which will be developed during implementation of the legal and policy portion of the SOP. Wisconsin intends to evaluate the option of leveraging the HITRUST CSF (see lines 2697-2711, page 89 of the SOP). Examining (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 in not within the scope of the WIRED for Health project.</p>

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9 - Legal and Policy	3863-3869	<p>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.</p>	<p>Consumer preferences as far as data use are crucial to the success of Healthcare IT. The case for opt-in should be revisited.</p> <p>ONC’s Consumer Preferences Requirements Document dated October 5, 2009 should be reviewed.  <a href="http://healthit.hhs.gov/portal/server.pt?open=512&amp;objID=1202&amp;PageID=16769&amp;mode=2">http://healthit.hhs.gov/portal/server.pt?open=512&amp;objID=1202&amp;PageID=16769&amp;mode=2</a>  <a href="http://geekdoctor.blogspot.com/search?updated-max=2009-11-23T03%3A00%3A00-08%3A00&amp;max-results=50">http://geekdoctor.blogspot.com/search?updated-max=2009-11-23T03%3A00%3A00-08%3A00&amp;max-results=50</a>  <a href="http://healthcaresecprivacy.blogspot.com/2009/10/consumer-preferences-and-consumer.html">http://healthcaresecprivacy.blogspot.com/2009/10/consumer-preferences-and-consumer.html</a>                      Healthcare Information Technology Standards Panel (HITSP) Technical Note (TN) 900 should be reviewed. HITSP/TN900 provides an overview of HITSP security and privacy constructs.  <a href="http://wiki.hitsp.org/docs/TN900/TN900-5.html">http://wiki.hitsp.org/docs/TN900/TN900-5.html</a></p> <p>Blogs dated October 19, 2009 by John Halamka, MD (Harvard) and John Moehrke (GE Healthcare) provide valuable insights.</p>	<p>On page ES-2, the ONC whitepaper states:</p> <p>"To enhance patient participation, numerous electronic exchanges have employed one or more of the following tactics: Adoption of an opt-out or no-consent model, in concert with tight restrictions on data access and / or use, including stringent penalties for misuse."</p> <p>The Legal and Policy Committee undertook an extensive review of privacy and security issues. A full summary of that review can be found in Appendix L.</p> <p>The Legal and Policy Committee also fully considered opt-in as an option. The Committee's consideration of the pro's and con's of an opt in policy can be found in Appendix N.</p>

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Acknowledgments	1-28	The original eHealth Board members should be acknowledged		The eHealth Board will not be acknowledged in this section. The eHealth Board's work is noted in section 2.1. The SOP Acknowledgements are acknowledging the individuals and entities that directly worked on this SOP or supported its development.

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Acknowledgments	Page v	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).	<p>a. T – Long-term Managed Care Participation in State-wide Health Information Exchange</p> <p>b. <a href="http://www.dhs.wisconsin.gov/lc/PDFs/RFI-1682.pdf">http://www.dhs.wisconsin.gov/lc/PDFs/RFI-1682.pdf</a></p> <p>c. <a href="http://www.dhs.wisconsin.gov/lc/PDFs/RFI-1682-appxE.xls">http://www.dhs.wisconsin.gov/lc/PDFs/RFI-1682-appxE.xls</a></p> <p>d. <a href="http://www.dhs.wisconsin.gov/lc/PDFs/RFI-1682-appxF.pdf">http://www.dhs.wisconsin.gov/lc/PDFs/RFI-1682-appxF.pdf</a></p>	The appendices the commenter is requesting be added will not be added. Only material specifically referenced within the SOP is included in the Appendices because of their relevance to the topics being discussed in the SOP or is material that was developed for the SOP, but considered too detailed to be included in the body of the SOP.
Foreword	42-49	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.	The eHealth Board should be allowed more time to develop an understandable strategic and operational plan before the SDE is selected.	The SOP is not intended to be a static, fixed plan. Rather, it is a living, evolving plan that will change over time to adapt to the evolving environment and federal requirements. The grant award is a "cooperative agreement" between Wisconsin and the ONC and is negotiable. The ONC set the August 31 planning deadline and recognizes that our plan will change and evolve as we begin implementing the SOP. The State HIE grant award in fact, requires Wisconsin to update the SOP annually. The SDE will be extended the same flexibility the State has to adjust the plan as necessary to meet changing requirements as permitted in the State HIE cooperative agreement with ONC.