

Principles for the Planning and Implementation of State-Level HIE in Wisconsin

1. A state-level health information exchange (SLHIE) system in Wisconsin should provide **value**:
 - a. For providers in the form of cost-efficient access to enhanced, clinically relevant information at the point of care.
 - b. For patients in the form of a reduction in redundant/inappropriate diagnostic services, a reduction in adverse drug events and an improvement in the overall quality of care.
 - c. For public health in the form of enhanced public health surveillance capabilities and improved access to data that can be used to measure and address health disparities.
 - d. For the general public in the form of access to comparative information about health care performance.
2. A Wisconsin SLHIE system should be developed incrementally as health care providers adopt the technology needed to collect and access data at the point of care.
3. Provider participation and/or funding mandates for an SLHIE system are unnecessary if the system is providing value.
4. The WIRED for Health Board's ability to impose terms, conditions and technical specifications of the SLHIE system on providers should be limited to providers that have chosen to participate. Broader application of these standards, to all providers, could serve as a *de facto* participation mandate.