FACT SHEET

What is the Wisconsin Health Information Organization?

- WHIO is a voluntary partnership that brings together the key health care stakeholders in Wisconsin to develop a statewide data mart of health care information that spans providers and systems. The goal is to improve the quality, affordability, safety and efficiency of health care delivered to patients in Wisconsin.

- WHIO is a first-of-its-kind effort in Wisconsin to collect a large volume of comparable health care data. The data will allow providers, employers and consumers to measure economic efficiency and make health care choices by looking at the cost and quality of an entire episode of care, not just the “sticker” price of hospital charges or the cost of prescriptions.

- WHIO is an opportunity for key health care stakeholders to influence the health care transparency initiatives and dialogue that are emerging every day in Wisconsin, and the nation. WHIO provides a forum and a vehicle for these stakeholders to participate in important decisions that will determine the nature and operation of transparency in Wisconsin.

Who is participating?

- The partners include Wisconsin’s major insurance payers, health care providers, employers and the state government. Each is committed to a voluntary, market-based solution to the rising cost of health care and insurance.

- WHIO’s partners include Anthem Blue Cross Blue Shield of Wisconsin, the Greater Milwaukee Business Foundation on Health, Humana, Employers Health Care Alliance Cooperative, UnitedHealthcare of Wisconsin, WEA Trust, WPS Health Insurance, the Wisconsin Collaborative for Healthcare Quality, the Wisconsin Medical Society, the Department of Health and Family Services, the Department of Employee Trust Funds and the Wisconsin Hospital Association.
• One of the founding members, the Wisconsin Department of Employee Trust Funds, is one of the largest employers and health care purchasers in Wisconsin. State government is using its purchasing power to positively change the ways health care is purchased, delivered and consumed. The intended result will be better care and more rational costs for employers and their employees.

**Why is the Wisconsin Health Information Organization needed?**

• Development of a more transparent, rational health care market is the most effective way to achieve improvements in quality, affordability, safety and efficiency of health care in Wisconsin.

• WHIO’s goal is to encourage and support the quality of health care in Wisconsin through the collection, interpretation and presentation of health care data.

• WHIO will be an all-inclusive, central repository for health care claims data that will provide for tracking, analysis and measurement of entire episodes of care that can be used in determining value based on quality and efficiency measures and relative cost.

• Participation by additional purchasers, payers and health care providers will help ensure that all points of view are considered and that the cost and quality information WHIO collects will be even more reliable.

**How will it work?**

• The data mart will capture administrative claims from nearly every payor in the state of Wisconsin. Only Medicare and uninsured claims will fall outside of its scope.

• Those claims will be aggregated by member and then grouped into entire episodes of care across all plans. The result will be a large and credible data source that will yield performance measures that accurately reflect provider practice patterns.

• The information will be used to create “apples-to-apples” comparisons of entire episodes of care that span health plans, employers and health systems. Physicians, for example, will be able to get reports on all their insured patients, regardless of which health plan they are enrolled in. They will get a true picture of their own practice, be able to compare themselves with their peers and have a benchmark for measuring quality results.

• Both data collection and reporting will protect individual privacy and comply with all privacy regulations. Patients will not be identified.

• The data mart start up will be funded through the financial commitments of the founding members, all of whom have agreed to funding through 2008.
When will data collection begin?

- Data collection will begin in mid-2008.
- The WHIO partners have agreed on a vendor to manage the data collection. The technology vendor partnership contract outlines how information will be transferred to the repository, how the group will safeguard patient privacy and how information will be shared with the public.

How is this different from other quality measurement efforts underway?

- This data mart will complement current efforts by significantly expanding the data available to measure efficiency, quality and cost.
- Other efforts look at a limited scope of data. Insurance companies, for example, analyze data based solely on their member base. They look at procedures or treatments performed in hospitals or during office visits, but the data is not inclusive of all patients in all plans nor is it comparative to other health plan data.
- WHIO will collect an unprecedented volume of data that will span multiple systems and settings, including the physician office, outpatient services, pharmacy, lab and hospital. This data will reflect insurance claims and payers from across the state.
- The data mart will hold a rolling twenty-seven (27) months worth of administrative claims data. This scope of data will allow providers to better assess their performance, identify best practices and make quality improvements.
- WHIO’s partners encourage other health care providers and payers to join the organization and contribute their data. The more information in the repository, the more robust, credible and useful it will be.

For more information about WHIO, please contact:
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