

# Workgroup for Electronic Data Interchange (WEDI)

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## Research Areas



### Tool Development

Resource



### Data-Sharing Enabler

## At a Glance

- Status: **Active Consortium**
- Year Launched: **1991**
- Initiating Organization: **Workgroup for Electronic Data Interchange (WEDI)**
- Initiator Type: **Government**
- Location: **North America**

## Abstract

The Workgroup for Electronic Data Interchange (WEDI) is the leading authority on the use of health information technology (IT) to improve healthcare information exchange in order to enhance the quality of care, improve efficiency, and reduce costs of the American healthcare system. Formed in 1991 by the Secretary of Health and Human Services (HHS), WEDI was named in the 1996 Health Insurance Portability and Accountability Act (HIPAA) legislation as an advisor to HHS and continues to fulfill that role today. Serving as a private and public industry solution to critical healthcare problems, WEDI is a coalition composed of a cross-section of the healthcare industry: doctors, hospitals, health plans, laboratories, pharmacies, clearinghouses, dentists, vendors, government regulators, and other industry stakeholders.

## Mission

WEDI is a private and public industry solution to critical healthcare problems. Its members join together with one thing in common — to make the American healthcare system more efficient. Its vision is to improve the quality of healthcare through effective and efficient information exchange and management.

WEDI brings together multiple stakeholders and drives industry consensus. Through an extensive workgroup structure, open public forums, Policy Advisory Groups (PAGs), and Technical Advisory Committees (TACs), WEDI collects input from all stakeholders and distills those thoughts into pinpoint recommendations for change. WEDI's stakeholders represent solutions to today's public and private business needs and interchange challenges. Together, they are laying the groundwork for the future of healthcare information exchange.

WEDI's mission is to provide multi-stakeholder leadership and guidance to the nation's healthcare system on how to use and leverage the industry's collective technology, knowledge, expertise, and information resources to improve the administrative efficiency, quality, and cost-effectiveness of healthcare information.

## Consortium History

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Created by the HHS secretary in 1991 and named in the HIPAA legislation as an advisor to the HHS secretary, WEDI continues to be the source for information, education, and innovation in health IT for the leading health plans, providers, vendors, and government agencies.

## Structure & Governance

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WEDI is governed by a Board of Directors and contains many committees. For a full list of committees, see WEDI's website at

<http://www.wedi.org/forms/committee/CommitteeFormPublic/search?action=find>

WEDI is named in the HIPAA legislation as an advisor to the HHS secretary. In fulfilling that obligation, WEDI works through two vehicles to collect input from the industry in order to formulate an industry perspective on key issues, including PAGs and TACs.

PAGs are best thought of as a public forum where industry is able to review a proposed or final regulation and where the healthcare industry has an opportunity to collectively provide industry consensus and recommendations on a given policy. PAGs can be held both face-to-face or virtually. In a PAG, votes are registered and only one representative can vote per company. Although member and

nonmembers can participate in the PAG, votes are restricted to WEDI members only.

The PAG facilitators (WEDI volunteers) then take the votes and comments and create a findings document that is reviewed by the WEDI Board of Director's policy committee and voted upon by the full WEDI Board of Directors. Those recommendations are then sent on to the HHS secretary.

TACs are also public forums but are typically used to provide feedback to other organizations outside of HHS. TACs can be in-person or face-to-face, and votes are taken in the form of a straw poll.

The TAC facilitators (WEDI volunteers) then take the votes and comments and create a findings document that is reviewed by the WEDI Board of Director's policy committee and voted upon by the full WEDI Board of Directors. Those recommendations are then sent on to the appropriate organization based on what was reviewed (e.g., a particular standard, operating rule).

## Patent Engagement

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The WEDI Report Patient Enablement sub-workgroup endeavors to enable patient engagement by developing and evaluating methods for identifying patients uniquely, creating and updating capabilities of electronic patient history and evidence of benefits, and improving patient access to, trust in, and usability of electronic healthcare data. The sub-workgroup will outline requirements for implementation and roles and responsibilities of healthcare stakeholders in facilitating change and implementation.

## Data Sharing

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The Health Information Exchange (HIE) Workgroup was formed to establish an HIE-based WEDI workgroup to address the unique requirements associated with the implementation and operational support of technical- and business-related activities under the governance of HIE organizations. Stakeholders include healthcare providers, HIE organizations, vendors, state government agencies, and regional nonprofits with responsibility for implementation of HIT-related healthcare reform (including the HIE Cooperative Agreement).

The HIE Workgroup intends to reach out to accountability care organization (ACO)/HIE governance bodies, Office of the National Coordinator for Health Information Technology (ONC), Centers for

Medicare & Medicaid Services (CMS), health plans, and consumers. The goals of the HIE Workgroup include standardization and interoperability, security, privacy, medical record coding requirements, governance, and sustainability. The HIE Workgroup works closely with the Security & Privacy Workgroup as it relates to HIE privacy and security standards, protocols, practices, and related topics to closely coordinate activity related to overlapping HIE workgroup efforts.

## Impact/Accomplishment

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WEDI contains topic-based workgroups on the following topics: ACO-bundled payments, patient-matching identification, health records – management systems, health ID card, transactions – electronic data interchange, operating rules, privacy – security, cloud computing, mobile devices, HIEs, and International Classification of Diseases (ICD)-10.

In December 2012, the WEDI Foundation leadership commissioned an update to the 1993 WEDI Report in order to provide an opportunity to evaluate progress on recommendations made in the earlier report, reflect on lessons learned, determine whether recommendations for administrative simplification made 20 years prior were still germane today, and identify immediate future needs. WEDI, in its HIPAA statutory role as advisor to the HHS secretary, could bring together healthcare stakeholders to address critical health IT implementation issues and provide guidance on HIE issues that were again confronting the nation. In short, the goal was for the WEDI Foundation (WEDI's separate 501(c)(3) organization) and WEDI to help the healthcare industry further improve its information exchange processes in order to lower costs, improve healthcare delivery, and lead to better healthcare outcomes for patients.

## Links/Social Media Feed

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