Minnesota e-Health Advisory Committee Meeting

Co-Chairs: Alan Abramson | Paul Kleeberg

September 7, 2017
Today’s Agenda

- Welcome and Introductions
- Minnesota e-Health Activities for 2017-18
- Opioids and e-Health
- Minnesota HIE Study
- Minnesota Health Records Act Supporting HIE
- Minnesota e-Health Summit
- Announcements and Wrap-up
A public-private collaboration established in 2004

- Legislatively chartered
- Coordinates and recommends statewide policy on e-Health
- Develops and acts on statewide e-health priorities
- Reflects the health community’s strong commitment to act in a coordinated, systematic and focused way

“Vision: ... accelerate the adoption and effective use of Health Information Technology to improve healthcare quality, increase patient safety, reduce healthcare costs, and enable individuals and communities to make the best possible health decisions.”
The Paths to e-Health Policy

Guidance to providers & communities

Recommendations to Commissioner of Health

MN e-Health Advisory Committee
Members representing 24 stakeholder perspectives
Established by the MN Legislature in 2004
“... we go further together...”

Workgroup
Workgroup
Workgroup
Workgroup

4
Minnesota e-Health Activities for 2017-18

Office of Health Information Technology
August 7, 2017
Proposed Activity Timeline for 2017-2018

(See handout)

• Responsive to the requests from the commissioner
• Specific requests for fall months including the HIE study and Opioids
• Winter and spring months are influenced by actions taken in Fall
• Discussed project and possible recommendations as well as potential legislative support to solutions related to these topics:

  1. HIE Network of Networks
  2. Governance
  3. Financing
  4. Government Oversight and Monitoring

• MDH to bring preliminary recommendations to the Advisory Committee in September (this meeting) to:

  • Review and discuss
  • Approve for public comment
• Reviewed Governor’s Letter, Agreed Co-Chairs would Respond [Include Letter in Handouts]

• MDH Shared Preliminary summary of findings from Opioids and e-Health Project:
  • Areas of Action: 11 areas of action to prevent and respond to opioid misuse and overdose
  • Brief Description of State Actions: State actions, primarily legislative, to prevent and respond to opioid misuse and overdose
  • Minnesota Actions: Actions occurring and status in Minnesota to prevent and respond to opioid misuse and overdose
  • Possible Actions for the Minnesota e-Health Initiative: Actions, including legislative, guidance, education, and research, for the Minnesota e-Health Initiative to consider taking to prevent and respond to opioid misuse and overdose

• Discussed potential actions for the Minnesota e-Health Initiative
  • A: Requiring Electronic Prescribing of Controlled Substances (EPCS)
  • B: Having Dispensers Report to the Prescription Drug Monitoring Program (PDMP/PMP)
  • C: Prescribers review the PDMP/PMP before prescribing
  • D: Maximizing and Integrating Prescription Drug Monitoring Programs into Health IT systems
  • E: Using HIE to support individual, community, and public health
  • F: Making PDMP/PMP and EPCS information accessible for public health research
1. Provided input on updating the e-Health vision, goals, and principles for decision-making

2. Provided input strategies for consumer input, including names/groups to target

3. Determined that needed more community input prior to additional discussion at December 2017 Advisory Committee meeting
• Lunch Activity:
  
  • Identified topics for learning, action in coming year
    (See handout)
  
  • Generated ideas for the e-Health Summit
    – possible themes and potential keynote speakers
Acknowledgements

Steering Team Members

- Barb Carter, Minnesota Board of Pharmacy
- Al Heaton, PreferredOne
- Maureen Ideker, Essentia Health
- Adam Mord, St. Gabriel’s Health System
- Sonja Short, Fairview Health
- Steve Simenson, Goodrich Pharmacy
- Ken Whittemore, Surescripts

Project Consultant

- Laura Topor

Staff

- Kari Guida
- Dave Haugen
- Roon Makhtal
• Opioid & e-Health Project Update
• Provide input and endorse preliminary recommendations
• Discuss communication plan and next steps
Opioids and e-Health Project Update: Methods

1. Minnesota Environmental Scan
2. Engaging Partners and Collecting Input during the Minnesota e-Health Summit
3. Nationwide Scan of Strategies Implemented by States to Address Opioid Epidemic
4. Summary of MDH and Minnesota Activities to Address Opioid Epidemic
5. Discussion at Advisory Committee Planning Meeting
6. Opioids and e-Health Steering Team
Eight Areas for Action

1. Electronic Prescribing of Controlled Substances (EPCS)
2. Dispensers Report to the Minnesota Prescription Monitoring Program (PMP)
3. Prescribers and Dispensers Access Prescription Monitoring Program (PMP) Information before Prescribing and Dispensing Controlled Substances
4. PMP Information to Support Community Health
5. Overdose and Misuse Alerting
6. Prior Authorizations
7. Telehealth for Access to Tapering Off and Treatment Options
8. Clinical Decision Support (CDS)
## Area for Action Layout

| Area for Action | Why this Area is Important | Brief Description of other State or Federal Actions | Minnesota Actions to Date | Possible Recommendations for New or Additional Minnesota Action | Possible Actions for Minnesota e-Health Initiative |
Input and Endorsement

• Begin with a Focus on Areas 1, 3, and 4

• Provide input on Possible Recommendations for New or Additional Minnesota Action

• Endorse recommendations in Area 1, 3, and 4, with incorporation of input, as preliminary recommendations to governor

• Discuss and endorse additional areas of action as time allows

• Additional comments can be sent to kari.guida@state.mn.us by September 14, 2017

• Next steps
  • Incorporate feedback and address additional issues, additional review by Steering Team (if needed), review and approval by MDH leadership and AC co-chairs, and send to governor by October.
  • Discuss and take action at November and December Advisory Committee meetings
1. Set a 2020 goal of 90% of controlled substances prescriptions are e-prescribed.

2. Identify the barriers and actions to address barriers to EPCS.

3. Provide targeted resources to at-risk and in-need providers to implement EPCS including grants and loans, training and education, and technical assistance.

4. Require and fund monitoring of EPCS progress.

5. Establish penalties and waivers for noncompliance with EPCS to go into effect by 2020.

6. Identify and support best practices for educating the patient on prescribing, treatment, and prevention information using e-health.
Area for Action 3: Prescribers and Dispensers Access PMP Information before Prescribing and Dispensing Controlled Substances
Possible Recommendations

1. Establish a metric and set a 2020 goal for access of PMP information by prescribers and dispensers.

2. Identify and address barriers to access PMP information.

3. Provide targeted resources to at-risk and in-need prescribers and dispensers to access PMP information including grants and loans, training and education, and technical assistance.

4. Support more seamless, bi-directional, and standards-based access to PMP information within workflow, for prescribing, dispensing, and suspected misuse or overdose visits and include information to identify 1) at-risk individuals; 2) possible drug-to-drug interactions, and 3) other patient safety issues.

5. Require and fund monitoring of progress of integrated access to PMP information.

6. Require providers (prescribers and pharmacists) to review the PMP before prescribing or dispensing, with penalties and waivers, for noncompliance beginning in 2020.

7. Identify and support best practices for educating the patient on prescribing, treatment, and prevention information using e-health.
Area for Action 4:
PMP Information to Support Community Health
Possible Recommendations

1. Allow the Board of Pharmacy to enter into data sharing agreements with other state agencies, academia, local public health, payers, and other partners for analysis of PMP information to identify patterns that can impact the prevention of and response to the misuse and overdose of opioids.

2. Allow PMP data to be used to provide proactive analyses and de-identified reporting to professional licensing boards for purposes of training and guidance on best practices.

3. Ensure de-identified PMP data can be leveraged with other key data sources (e.g., overdose, toxicology, and drug seizure reports and birth and death records) to prevent and respond to misuse and overdose; advance health equity; identify geographical hot spots; and alert law enforcement, schools, EMS, public health entities, community coalitions, payers, substance abuse prevention and treatment agencies and the public.

4. Allow use of de-identified PMP data to pin-point communities with elevated levels of high-risk opioid and benzodiazepine prescribing as areas of potential high risk for heroin use.

5. Ensure that PMP information can be used by pharmacies, providers, payers, and the state to detect prescribing and dispensing practices outside the normal guidelines and take appropriate actions.
Next Steps

• Next steps

  • Incorporate feedback and address additional issues, additional review by Steering Team (if needed), review and approval by MDH leadership and AC co-chairs, and send to governor by October.

  • Discuss and take action at November and December Advisory Committee meetings
Communication: EPCS FAQ and eRx Mandate Guidance

• Collecting input on draft version of EPCS FAQ and eRx Mandate Guidance
  • Send any input or additional FAQs to kari.guida@state.mn.us by September 14, 2017

• Who should we coordinate with to communicate/share the FAQ and Guidance?
  • Associations, groups, individuals, conferences, newsletters
  • Send ideas to kari.guida@state.mn.us by September 14, 2017
HIE Study Update to the Minnesota e-Health Advisory Committee Meeting

September 7, 2017
Topics for Today

• Recap of the legislative directive
• Levels of HIE and their value propositions
• What we have learned
  • Gaps
  • Proposed solution
• Committee action: Endorsements and advice
• Upcoming study activity
• To assess Minnesota's legal, financial, and regulatory framework for HIE, including the requirements the MN Health Records Act

• Make recommendations for modifications that would strengthen the ability of Minnesota health care providers to:
  • securely exchange data
  • in compliance with patient preferences, and
  • in a way that is efficient and financially sustainable.

• Due February 2018
HIE Study Steering Team

- Alan Abramson  HealthPartners
- Julia Adler-Milstein  University of California – San Francisco
- Todd Bergstrom  Care Providers of MN
- Laurie Beyer-Kropuenske  MN Dept of Administration
- Garrett Black  Blue Cross Blue Shield of MN
- Brian Dixon  Riegenstrief Institute
- Dan Jensen  Olmsted County
- Jennifer Lundblad  Stratis Health
- Deanna Mills  FUHN FQHC
- Heather Petermann  MN Dept of Human Services
- Diane Rydrych  MN Dept of Health
- Mark Sonneborn  MN Hospital Association
- Joshua Vest  Indiana University
- Donna Watz  MN Dept of Commerce
What We Need and Want from HIE

- **Optimal HIE**: Use connected data to support community health
- **Advanced HIE**: Use information to manage patient care
- **Foundational HIE**: Ensure information flows with the patient
Value Proposition for HIE

**Foundational:**
Ensure Information Flows with the Patient

**Advanced:**
Use Information to Manage Patient Care

**Optimal:**
Use Connected Data to Support Community Health

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**Strong Provider and Organization Business Case**

**More Community Value**

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Increasing cost and complexity for governance and a legal, financial and regulatory framework
What We Have Learned

• The “Minnesota Model” has not evolved sufficiently to support HIE across the state.
  • Foundational HIE (information flowing with the patient) is happening, but it’s not happening across the state nor across the care continuum.
  • Many larger health systems indicated they do not plan to participate with an HIO for foundational or advanced HIE.

• Many stakeholders are struggling just to achieve foundational HIE and are feeling left out, particularly small health systems and providers other than clinics and hospitals.

• Advanced HIE is needed to enable unhealthy people to get healthy, and for healthy people to stay healthy.

• The value that optimal HIE can offer to all stakeholders is not well recognized.
  • But some stakeholders see potential for optimal HIE to make a difference in the health of their communities.

• Minnesota needs to develop a coordinated and sustainable approach for HIE.
The Problem is Big Gaps

**Foundational HIE**
Many health systems can share information, but fragmentation doesn’t allow information to flow with the patient.

**Advanced HIE**
Larger health systems can also actively manage patient care, but capacity to use information varies by health system.

**Optimal HIE**
Not all health systems see the value of using HIE to support for community health (but some communities do).

**Potential risk of MN’s current status:**
- Errors
- Redundant tests/exposures
- Poor outcomes
- Excessive costs

5.2 million Minnesotans
A Proposed Solution

Support for Implementing a Coordinated HIE Infrastructure to:

• Connect fragmented care by offering a core set of coordinated services that support the Triple Aim and administrative efficiency for all stakeholders.

• Support care coordination for people with many/complex needs.

• Allow appropriate use of information to improve outcomes and reduce harm to patients.

• Reduce administrative inefficiencies for health systems, building it’s inherent sustainability.

• Build on the successes of current HIE activities and networks.

Be prepared for the future!!
**Goals:**
- Shore up cracks in MN’s Foundational HIE
- Build infrastructure for Advanced and Optimal HIE that provides value to stakeholders

*Access to information in accordance with state/federal laws*
## Value Propositions for Stakeholders

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Example Value Propositions</th>
</tr>
</thead>
</table>
| Individuals (e.g., patients/ members/ clients) and Caregivers/Families | • My information (and that of the people I provide care for) goes where I want it to go, and is readily available for me to use.  
• No redundant forms, tests, procedures, etc.  
• My provider knows my history; I don’t have to tell my story over and over.                                                                                                                   |
| Providers                                  | • Access to all relevant patient information in timely and useful manner.  
• Trust that the information is current and correct.  
• Access to information from visits to providers outside of your organization.  
• Better tools for care coordination.                                                                                                                                            |
| Health Care Organizations/ Systems         | • Patient safety enhanced with information sharing  
• Operational/administrative efficiencies due to streamlined processes for managing data and directories.                                                                                                                   |
| Health Plans/Payers                        | • Reduced cost of redundant tests and procedures.  
• Reduced cost due to improved care coordination.  
• Operational/administrative efficiencies due to streamlined processes for managing data and directories.                                                                                                             |
| Communities and Government                 | • Comprehensive and timely data on most of the population.  
• Tools to coordinate across government agencies.  
• Tools for improved community preparedness and rapid response.                                                                                                                                 |
Value Proposition for Coordinated HIE Services = Operational and Administrative Efficiencies

Opportunity to Improve through Coordinated HIE Services:
- Master patient index
- Provider directory
- Consent management
- Alerting for ED visits, hospital admits/discharges
- Prescription monitoring
- Public health reporting
- Quality reporting
## Example: Tools to Address the Opioid Epidemic

<table>
<thead>
<tr>
<th></th>
<th><strong>Today</strong></th>
<th><strong>Tomorrow</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E-Prescribing</strong></td>
<td>• Low use of EPCS</td>
<td>• EPCS is <strong>standard practice</strong></td>
</tr>
<tr>
<td></td>
<td>• Incomplete implementation of SCRIPT standard</td>
<td>• Full SCRIPT implementation</td>
</tr>
<tr>
<td><strong>Medication history</strong></td>
<td>• Only from providers within your system’s HIE network(s)</td>
<td>• <strong>Real-time</strong> from any provider within the state, neighbor states, and coordinated networks</td>
</tr>
<tr>
<td><strong>PMP lookup</strong></td>
<td>• Log-in and search that is outside of the EHR workflow</td>
<td>• <strong>Integrated</strong> into the EHR workflow</td>
</tr>
<tr>
<td></td>
<td>• Information not presented in a user-friendly way</td>
<td>• <strong>User-friendly</strong> presentation of consolidated information (e.g., notifications, risk ratings, etc.)</td>
</tr>
<tr>
<td><strong>Overdose or ED alerts</strong></td>
<td>• If at all, only from providers within current network(s)</td>
<td>• <strong>Real-time</strong> from any provider within the coordinated networks, including EMS</td>
</tr>
<tr>
<td><strong>Referrals</strong></td>
<td>• Incomplete Foundational HIE</td>
<td>• Foundational HIE statewide</td>
</tr>
<tr>
<td></td>
<td>• Incomplete electronic closed-loop process</td>
<td>• Electronic <strong>closed-loop</strong> report back</td>
</tr>
<tr>
<td><strong>Public health</strong></td>
<td>• Long delays in data to research and identify trends</td>
<td>• <strong>Timely data</strong> to identify trends and monitor solutions</td>
</tr>
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</table>
Future HIE Workflow to Support the Opioid Epidemic

**Foundational HIE**
- Patient Situation
  - e.g., pain due to surgery, injury, condition/disease, other
  - Social determinants
  - Caregiver support

**Provider Practice**
- Physician/Prescriber uses info-based tools to treat patient
  - Consolidated care documentation
  - EHR-based CDS (determine drug options, appropriate quantities/strength)
  - Formulary and benefit check
  - ePrior Auth if needed
  - Consult notes, e.g.:
    - Pain causes
    - Pain management discussion
    - Tapering education/resources
  - HIO services
    - Med reconciliation
    - Med history (all meds)
    - Drug alert notices (e.g., over use, mis-dosing, interactions)
    - ED/EMS alerts (including overdose)
    - Fill status
    - Social determinant causal issues
    - Multi-modal treatment referrals (incl. telehealth delivery)
      - Specialist
      - Care coordinator
      - Physical or occupational therapy
      - Mental health/Chem dependency
      - Social services/supports

**HIE Services**
- eRx
  - eRx routing (full implementation of SCRIPT)
  - Lookup for mis-use/abuse
  - Report Rx fill to PMP

- Referral
  - Request, response and report back (closed loop)

- Coordinated services to support health system efficiencies.
  - Provider directory
  - Consent management
  - Other

- Research/Analytics to support care and population health
  - Support surveillance/understand patterns
  - Improve treatment/outcomes practices

**Rx Practice**
- Rx Dispensed
  - Substance abuse best practices
  - Consult with patient
  - Addiction resources
  - Tapering educ/resources
  - Deliver Rx to patient

**Optimal HIE**
“Connected Networks” Can Serve Many Needs

By investing to develop a coordinated **PROCESS** for HIE:

• We are better prepared to identify and respond to...
  • Future epidemics (e.g., Ebola, Zika, influenza, tick-related infection, etc.).
  • Workforce/facility shortages and needs.
  • Disease/condition trends and hot spots for any size community and type of subpopulation, supporting targeted interventions.
  • Disasters and emergency events.

• We can develop better measures to inform...
  • Quality improvements and patient outcomes
  • The health of all Minnesotans

• We can build a system that supports partnerships to allow communities to be agile and responsive to the unknown future.
How We Get There

**Governance**
- Identify and engage key stakeholders who will lead and champion the work.
- Develop an interim governance process for making key policy decisions.

**Finance**
- Identify and prioritize high-value services.
- Determine funding needed for both infrastructure/development and ongoing sustainability.

**Operations**
- Determine how to best establish coordinated services.
- Define rules of the road.
- Monitor participation and data quality.
How This Builds Upon Past Efforts

• Minnesota is well-poised because of:
  • Significant e-health investments and many lessons learned.
  • A history of strong collaboration.
  • Accountable health efforts developed with SIM funding.
  • Many communities across the state are developing cross-sector relationships to tackle their health issues.

• We know what is needed to succeed and can develop those into the plan.
  • Broad/complete stakeholder participation.
  • HIE services to provide ongoing value.
  • Governance to make decisions, establish rules of the road, and provide agile management.
Factors Needed for Success

• All stakeholders need to appreciate the value propositions, embrace the “Optimal HIE” goal, and participate in the “connected networks” concept.
  • Work together, in a coordinated way, to establish a path forward.
  • Share data in in support of foundational, advanced, and optimal HIE for all stakeholders.

• Identify and recognize that there are many unknown factors right now.
  • Value-based payment systems are not all in the same place.
  • Many uncertainties about federal policies and funding.
  • Technology and markets change quickly.

• Work together because this is really complicated.
  • Collaborative problem solving is more effective than solo-solving.
Preliminary Recommendations Based on Current Legislation

• Establish a task force, reporting to the e-Health Advisory Committee, to develop a plan for and establish the “connected networks” concept with an initial focus on addressing the opioid epidemic use case. At a minimum, the task force will address how to:

  • Establish foundational flow of patient information.
    • Engage MN health systems/providers around the opioid misuse/abuse epidemic to identify the HIE services needed to address this use case and to provide additional stakeholder value.
    • Connect existing HIOs to each other.
    • Expand HIO connections to payers, pharmacists, and dentists, long-term care, mental health, and others.

  • Determine options for incorporating DHS’ event alerting system into a statewide HIE approach, scalable to the total population.

  • Assess market acceptance of this concept based on their participation in the opioid epidemic use case.
Preliminary Recommendations Requiring Legislation

• Support legislation that will enable and incentivize use of information for robust, value-added HIE services in compliance with patient consent and preferences.
  • Modify the MN Health Records Act.
  • Build on the successes of Minnesota’s Accountable Health Model, recognizing that providers need information to optimize these efforts.

• Update Minnesota’s Health Information Exchange Oversight law to support the coordinated networks concept, specifically relating to the roles of HIOs and HDIs.

• Appropriating funds to leverage matching federal/other funding opportunities to support the infrastructure development of the coordinated services.
Advisory Committee Action

- Endorse that the three levels of HIE (foundational, advanced, optimal) are essential for achieving the MN e-health vision.
  - Vision: “The Minnesota e-Health Initiative will accelerate the adoption and use of Health Information Technology to improve healthcare quality, increase patient safety, reduce healthcare costs and enable individuals and communities to make the best possible health decisions.”

- Endorse the proposed solution/concept and preliminary recommendations.

- What do you think we should bring forth for public comment?
  - What do want to know in order to vote on final recommendations?
Next Steps and Contact Information

• October: public comment period
• October 6: HIE Workgroup hosts public meeting to hear public comments
• Nov 17: Update to Advisory Committee, with revised recommendations
• Dec 8: Final recommendations to Advisory Committee
• Mid-Dec through January: MDH Review
• Report due Feb 1.
• Updates posted at: [http://www.health.state.mn.us/e-health/hie/study/](http://www.health.state.mn.us/e-health/hie/study/)
• Contact: Karen Soderberg, Karen.Soderberg@state.mn.us or 651-201-3576
Minnesota Health Records Act Supporting HIE

Stacie Christensen  |  Laurie Beyer-Kropuenske  |  Lavonne Wieland

September 7, 2017
Save the Date:

Thursday, June 14, 2018
8:00 a.m. – 5:30 p.m.
Earl Brown Heritage Center
Brooklyn Center
Advisory Committee Advice on Themes

- Possible Themes:
  1. Creating health in a digital era
  2. Creating solutions today, visioning for tomorrow
  3. Leveraging information across sectors to improve community health
Next Steps

Next Advisory Committee Meeting
- Friday, November 17, 2017  1:00 – 4:00 p.m.
  (HealthPartners)