

Update on HITECH & Other Recovery Act HIT Provisions

December 17, 2009
Conference Call

Sponsored by:

- **Minnesota e-Health Initiative**
- **Minnesota Department of Health**
- **Minnesota Department of Human Services**



Monthly Update Calls

- Purpose of the Calls:
 - Brief update on issues important to Minnesota Stakeholders
 - Provide a Q & A opportunity
 - Compliment other communications activities
- Monthly Timing of the Calls
 - Third Thursday of the Month - 4:00-4:45 p.m.
 - **Note Exception: January Update will be in-person meeting.**
 - January 21, 2009: 2:00-4:00 p.m. at MDH Snelling Office Park
 - Focus on CMS Proposed Rules on Meaningful Use
- E-mail feedback & suggestions for improvement to michael.hawton@state.mn.us

Plan for Receiving Questions From Conference Call Participants

- All lines will be muted during the call
- E-mail questions to michael.hawton@state.mn.us at any time during the presentation
- Questions will be addressed following the final presentation

*Following the call:
Questions will be reviewed and staff will identify future
resource materials to be posted.*

Reminder

- Key guidance is not yet final on meaningful use
- We don't have all the answers but we are very interested in hearing your questions and your perspectives.

Topics for Today's Discussion

- Preliminary Recommendations on HIE
 - Approach to Health Information Exchange
 - Invitation for Comments on Preliminary Recommendations
- Updates on Federal Funding Opportunities
 - Workforce Development
 - Beacon Community Program

Preliminary Recommendations on Health Information Exchange

Exchange & Meaningful Use Workgroup

Co-Chairs:

Alan Abramson and Paul Kleeberg

Subject Matter Expertise:

Health Information Exchange
Health Information Technology
Standards

Workgroup Staff:

Mick Hawton and Priya Rajamani

Blumenthal Articulates National Vision for Health Information Exchange

“A key premise: **information should follow the patient**, and artificial obstacles – technical, business related, bureaucratic – should not get in the way. ...

“That is the goal we will pursue, and **it will inform all our policy choices now and going forward**. This means that information exchange must cross institutional and business boundaries. Because that is what patients need.

“... **the goal is to have information flow seamlessly and effortlessly to every nook and cranny of our health system**, when and where it is needed, just like the blood within our arteries and veins meets our bodies’ vital needs.”

• *Dr. David Blumenthal, National Coordinator for Health Information Technology, 11/12/2009*

Minnesota Approach for Health Information Exchange

Foundation for Minnesota Approach:

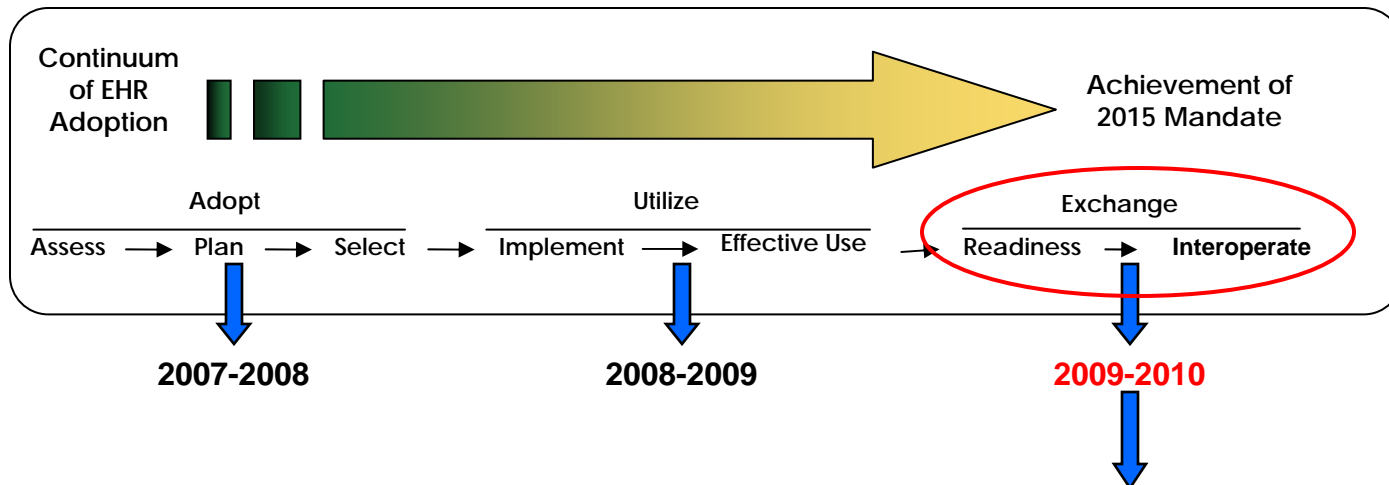
- Consistent with National Vision for Exchange
- Builds on Minnesota e-Health Vision & Model
- Maintains a Patient Centered Approach
- Supports Individuals and Community Goals
- Based on “Public Good” Principles

Building on the Minnesota e-Health Vision & Model for Interoperable EHRs

Minnesota e-Health Initiative Vision

“... accelerate the adoption and effective use of health information technology to improve health care quality, increase patient safety, reduce health care costs and enable individuals and communities to make the best possible health decisions.”

Minnesota Model for Interoperable Electronic Health Records



Minnesota Approach to Health Information Exchange

“Minnesota will advance its goals of transforming health care and improving the health of Minnesotans through an integrated statewide approach to health information exchange that will facilitate and expand the secure, electronic movement and use of health information across the continuum of care according to nationally recognized standards.”

Summary of Proposed Minnesota Approach for Health Information Exchange

Minnesota Model for HIE Includes:

- Health Information Organization (HIO) Certification Process
 - Criteria Across the Five Critical Domains
- Health Data Intermediary (HDI) Registration Process & Expectations
- Overseen by State Board on HIE

Continuum of EHR Adoption



Achievement of
2015 Mandate

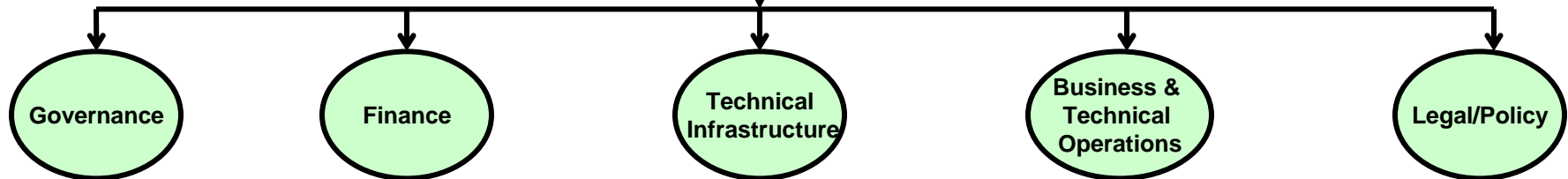
Adopt

Utilize

Exchange

Assess → Plan → Select → Implement → Effective Use → Readiness → Interoperate

By Certified Health Information Organizations (HIO) and
State Registered Health Data Intermediaries (HDI)



RECOMMENDATION I: DEFINITIONS

Health Information Exchange (HIE)*

The **electronic movement of health-related information** among organizations according to nationally recognized standards

Health Information Organization (HIO)*

An **organization that oversees and governs the exchange of health-related information** among organizations according to nationally recognized standards.

State Certified Health Information Organization (HIO)

An organization that oversees and governs the electronic exchange of health-related information among organizations according to nationally recognized standards that has successfully **demonstrated compliance with criteria established by the state** to ensure sound practices in the areas of governance, legal/policy, finance, technical infrastructure, business and technical operations, and **provides transaction capabilities necessary to fully support meaningful use** of electronic health records as defined by the Centers for Medicare and Medicaid Services and the Minnesota Department of Human Services.

State Registered Health Data Intermediary (HDI)

An organization that **supports the electronic exchange of health-related information** among organizations according to nationally recognized standards, that **provides a subset of the clinical transaction capabilities** necessary for hospitals and providers to achieve meaningful use of electronic health records as defined by CMS and the Minnesota Department of Human Services, and is **subject to compliance with criteria** established by the state to ensure sound practices in the areas of governance, legal/policy, finance, technical infrastructure, business and technical operations.

RECOMMENDATION II-A: GENERAL RECOMMENDATIONS ON HIE ACTIVITIES

1. Exchange between HIPAA covered entities and/or business associates **must follow best practices and use nationally recognized standards.**
2. Data requirements for web-based mechanisms such as portals or dashboards **must be consistent with nationally recognized standards.**
3. All **providers must connect to record locator services** through a state certified HIO either directly or through health data intermediaries for all meaningful use transactions as they are defined.
4. When a transaction requires a patient look-up, all state-certified HIOs and state-registered HDIs **must have a record locator service (RLS)** as defined in Minnesota law.

RECOMMENDATION II-B:

GENERAL RECOMMENDATIONS FOR HIE ENTITIES

Minnesota Certified Health Information Organization:

1. Must **provide all transaction capabilities necessary to fully support meaningful use** as defined by CMS and DHS
2. Must demonstrate **compliance with requirements of certification criteria**
3. Must interoperate with all other state-certified HIOs and state-registered HDIs.

Minnesota Registered Health Data Intermediary:

1. Must be registered with the State.
2. Must be in compliance with state criteria for registration.
3. Must connect to at least one state-certified HIO.

RECOMMENDATION III: BASELINE CERTIFICATION CRITERIA

- Certification criteria related to **technical infrastructure, business and technical operations, and legal/policy domains** from the draft Health Information Exchange Accreditation Program of Electronic Healthcare Network Accreditation Commission (EHNAC) are “**baseline**” requirements for Minnesota Health Information Organizations (HIOs).

EHNAC criteria is available at the following link:

<http://www.ehnac.org/ehnac/AccreditationProcess/imageGallery.ashx?id=6cbd14a6-50af-de11-b3ac-001ec947db8d>

RECOMMENDATION IV: CRITERIA FOR LEGAL/POLICY DOMAIN (IN ADDITION TO EHNAC)

- Any state-certified HIO must **meet the privacy and security requirements** set forth by Federal & State Laws.
- To the degree that the federal government develops or updates requirements for connecting to NHIN (National Health Information Network), **a state-certified HIO must be able to meet the requirements established** within federally mandated timeline or within a timeframe established by the Commissioner of Health.

RECOMMENDATION V:

GOVERNANCE CRITERIA FOR STATE-CERTIFIED HIO

All State-certified HIOs must:

1. Maintain their status as **legally established, non-profit entities** responsible to a board of directors.
2. Provide for **open and transparent stakeholder input** about the organization, management, and board.
3. Maintain an **adequate professional staff** responsible to the board through an executive to help ensure accountability to the organization's mission.
4. Provide **mechanisms for collecting and responding to complaints.**
5. Have **strategic and operational plans** that accommodate membership composition, growth and change.
6. Have a **board composition that reflects the HIO participants** and stakeholders.
7. Have **trust agreements in place with members and other HIOs** that address Minnesota law, meaningful use transactions and interstate exchange.

RECOMMENDATION VI-A: GENERAL FINANCE CRITERIA

All state-certified HIOs must:

1. Annually submit **strategic and operational plans** for review by the state oversight body that must address the five critical domains.
2. Develop and maintain **financial policies and procedures** consistent with state and federal requirements
3. Adequately demonstrate that appropriate insurances are in place
4. Have **independent audit** of their financials on an annual basis

RECOMMENDATION VI-A: GENERAL FINANCE CRITERIA

All state-certified HIOs must:

5. Develop and maintain a **business plan** that includes:
 - a) Plans for financial sustainability
 - b) Public and private financing strategies
 - c) Financial reporting – income statement, balance sheet, progress towards financial stability
 - d) Financial Audits and controls
 - e) Mechanisms to support safety net providers in accessing HIE
 - f) HIE capacity to support “meaningful use”
 - g) Rates of adoption, utilization and transactions
 - h) Consistent with public good characteristics of HIE

RECOMMENDATION VI-A: GENERAL FINANCE CRITERIA

All state-certified HIOs must:

6. Annually submit a plan for approval by the oversight body charged with ensuring that costs are distributed equitably among users and is consistent with the following:
 - a) Subscription rate for conducting all meaningful use services must include access to health information retrieved through other state-certified HIOs and state registered HDIs
 - b) Subscription/fee structure must achieve the appropriate balance in raising resources sufficient to meet on-going operating costs and future development without discouraging system utilization by Minnesota stakeholders.
 - c) Subscription/fee structure must not effectively exclude any Minnesota health care stakeholder from accessing HIE services necessary to support meaningful use.
 - d) Subscription/fee structure must provide predictable costs for the member organizations and a predictable revenue stream for the HIO
7. Have a clear plan for increasing adoption rates to achieve critical mass necessary to achieve financial sustainability.
8. Demonstrate measurable progress in achieving previously submitted strategic and operational plans for continued certification.

RECOMMENDATION VI-B: FINANCE CRITERIA: RECIPROCAL AGREEMENTS

1. All state-certified HIOs must enter into reciprocal agreements with all other state-certified HIOs, and all State-registered HDIs must enter into reciprocal agreements with state-certified HIOs to enable:
 - a) Access to record locator services to find patient data
 - b) Transmission and receipt of meaningful use transactions
2. Reciprocal agreements must include a fair and equitable model for charges between the entities.
3. Reciprocal agreements are subject to review and approval by the State oversight board.
4. State-certified HIOs and/or State-registered HDIs should not be precluded from entering into contractual agreements for the provision of value-added services beyond meaningful use.

RECOMMENDATION VII: OVERSIGHT OF HEALTH INFORMATION EXCHANGE

The state oversight board is responsible for:

1. Protecting the public interest as it relates to HIE
2. Periodically reviewing and updating criteria for certification and registration of entities offering health information exchange services.
3. Maintaining an open and transparent discussion and decision-making process and mechanisms to receive public input.
4. Providing a mechanism to process complaints related to HIE services.
5. Ensuring that enforcement mechanisms are adequate to compel corrective action without causing a disruption in services.

RECOMMENDATION VII: OVERSIGHT OF HEALTH INFORMATION EXCHANGE

The state oversight board:

6. Must be composed in a manner that **broadly represents stakeholders**, including consumers.
7. Should be subject to **reporting requirements** that are comprehensive in addressing the activity within the scope of the oversight body, completed on a regular schedule, and publicly available.
8. Must hold **meetings on a regular schedule**, and open to the public.
9. Should be **established under the direction of the Commissioner of Health**, with provisions to ensure coordination with other appropriate agencies, particularly DHS.
10. Should establish registration and certification fees at a level that provides **funding sufficient to cover costs associated with state oversight**.

INVITATION FOR COMMENTS

- Access full recommendations at:
<http://www.health.state.mn.us/e-health/hitech/ht121409hierecs.pdf>
- Comments must be submitted in writing by **5 p.m. on Monday, January 11, 2010.**
- Submit comments and/or questions to:
Michael.hawton@state.mn.us

Updates on Federal Funding Opportunities

Federal HITECH Funding Opportunities & Implications for Minnesota

ARRA Programs	National	State Share (est)
CMS Incentives For “meaningful use”	~\$32–\$42 billion	~\$450-\$650 million
Regional Extension Centers (Section 3012)	~\$542 million	~\$7-9 million
Health Information Exchange (Section 3013)	~ \$592 million	~\$9.6 million
HIT Workforce Development (Section 3016)	~\$70 m- Colleges ~\$10 m- Curriculum	~TBD - Competitive
Beacon Community Program (Section 3011)	~\$235 million	~TBD – Competitive

New Funding Opportunity Announcement: Curriculum Development Centers

- **\$10 million in grants to institutions of higher education (5 Awards)**
- **Curriculum development**
 - Enhance programs & develop materials for workforce training primarily at the community college level.
- **Timeline:**
 - Letters of Intent due: Jan 4, 2010
 - Applications due: Jan 14, 2010
 - Anticipated award date: Mar 18, 2010

New Funding Opportunity Announcement: Community College Consortia to Educate HIT Professionals

- **\$70 million in grants to regional consortiums (5 Awards)**
 - Midwest Region: MN, WI, MI, NE, IA, IL, IN, OH, KS, MO
- **Development of six-month intensive courses of instruction at community colleges.**
- **Timeline:**
 - Letters of Intent due: Jan 6, 2010
 - Applications due: Jan 22, 2010
 - Anticipated award date: Mar 15, 2010

New Funding Opportunity Announcement: Community College Consortia to Educate HIT Professionals

- **Colleges interested in joining a Minnesota application or regional consortia can contact:**

**Mark Schoenbaum, Director
Office of Rural Health and Primary Care
Minnesota Department of Health
mark.schoenbaum@state.mn.us
651.201.3859**

New Funding Opportunity Announcement: Beacon Community Program

- **\$220 million for 15 “Beacon Communities”**
- **\$15 million for technical assistance to evaluate the success of the program.**
- **Timeline:**
 - Letters of Intent due: Jan 8, 2010
 - Applications due: Feb 1, 2010
 - Anticipated award date: Mar 2010
 - Anticipate start date: Apr 1, 2010

New Funding Opportunity Announcement: Beacon Community Program

- **Non-profit organizations or government entities**
 - Representing “geographic health care communities.”
 - Advanced rates of EHR adoption and HIE capabilities, quality measures
 - Demonstrate readiness to leverage health IT to advance community-level care coordination and quality monitoring and feedback.
- **Purpose of funds:**
 - Advance community level care coordination and quality monitoring and feedback.
 - Achieve measurable improvements in health care quality, safety and efficiency.
 - Advance meaningful use and exchange.
- **Expected to generate and disseminate lessons learned.**

New Funding Opportunity Announcement: Beacon Community Program

- **Entities interested in joining a Minnesota application or looking for additional information can contact:**

Priya Rajamani, MBBS, PhD, MPH

Senior Project Consultant

Office of Health Information Technology

Minnesota Department of Health

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Minnesota e-Health Initiative - Minnesota Dept. of Health - Mozilla Firefox

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http://www.health.state.mn.us/e-health/

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Minnesota e-Health Initiative

The Minnesota e-Health Initiative is a public-private collaborative whose Vision is to accelerate the adoption and use of health information technology in order to improve health care quality, increase patient safety, reduce health care costs and improve public health. Use the dropdown menus below to navigate this website according to user role.

Advisory Committee and Workgroup Participants

Policy Makers and Elected Officials

Hospitals and Providers

Consumers

Announcements

Download Handouts from the October 15, 2009 HIT/ICH Act Update Fall

HIT Provisions of the American Recovery and Reinvestment Act of 2009 Webpage

View the New EHR Guides Updated June, 2009

Minnesota Statewide Interoperable EHR Implementation Plan 2008 Edition

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Questions?

e-mail questions to
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