



Purposes of the Statewide Plan



- + Accelerate adoption and effective use of interoperable EHRs
- + Describe a model for achieving the 2015 mandate
- + Provide practical guidance on overcoming barriers
- + Provide links to informational resources
- + Recommend action

Components of the Plan

- + Part 1: Background
- + Part 2: Minnesota Model for EHR Adoption
- + Part 3: Emerging Issues
- + Part 4: Recommendations

- + Appendices
- + Guide 1: Addressing Common Barriers
- + Guide 2: Minnesota e-Health Standards






Part 1: Which providers are covered by the mandate?

- + All licensed providers and the settings in which they practice



Example Types of Settings - (Also see Appendix A)

+ Primary Care	+ Long Term
+ Specialty care	+ Home Health Agencies
+ Hospitals	+ Hospice
+ Pharmacy	+ Local Health Departments
+ Laboratories	+ Habilitation
+ Radiology	+ Dental
+ Urgent Care	+ Mental Health Care
+ Ambulatory care	+ State Agencies



Part 1: What technologies are included in "interoperable EHR?"

- + Defined broadly. Includes tools for:
 - + e-Prescribing
 - + Electronic health information exchange
 - + Aggregate analysis for quality measurement
 - + Personal Health Records (PHRs)

Part 1: What do we mean by "interoperable?"


- + Capable of electronically sending and receiving specified transactions (medication history, lab results, etc.)
- + Will likely mirror national use cases used for EHR certification

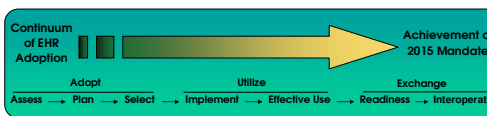

Part 2: Statewide model for EHR adoption

Purposes:

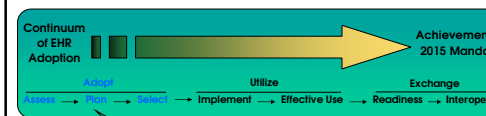
- + Show a pathway for adoption and use
- + Provide a framework for measuring progress
- + Enable providers to easily see where they are ... and where to head next



Part 2: Minnesota Model for Adopting Interoperable EHRs





Part 2: Minnesota Model for Adopting Interoperable EHRs

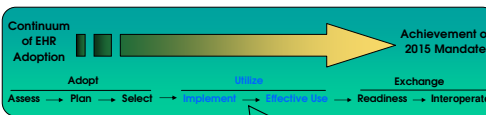


Adopt

Assess → Plan → Select




Part 2: Minnesota Model for Adopting Interoperable EHRs

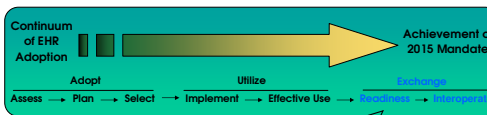


Utilize

Implement → Effective Use




Part 2: Minnesota Model for Adopting Interoperable EHRs

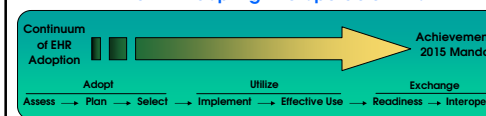


Exchange

Readiness → Interoperate




Part 2: Adopting Interoperable EHRs



What strategies will shorten these lines and help move them to the right?

Large Hospitals	Timeline
Small Hospitals	Timeline
Radiology	Timeline
Pharmacies	Timeline
Primary Care Clinics	Timeline
Long Term Care	Timeline
Local Health Departments	Timeline

Estimated range of adoption based on various surveys and other sources. Minnesota Department of Health, February 2008



Part 3: Emerging Issues

- + Effective use of EHRs
- + Standards and interoperability
- + e-Prescribing
- + Engaging consumers and Personal Health Records
- + Privacy, confidentiality and security
- + Measuring EHR adoption
- + Preparing the workforce
- + Population health and quality indicators
- + Telehealth and telemedicine



Emerging Issues: Effective Use of EHRs

- + *How do we optimize EHRs to achieve the improvements in quality?*
- + *Are clinical decision support tools effectively integrated in the EHR?*
- + *Is our workforce adequately trained?*
- + *Are we able to get reports for measuring quality and population health improvement?*



Emerging Issues: Standards & Interoperability

- + *How do we define “interoperable?”*
- + *How do we recommended standards for Minnesota?*
- + *How do we ensure uniform implementation of standards?*



Emerging Issues: e-Prescribing

- + *How do we support providers, pharmacies and others in meeting the 2011 mandate?*
- + *What are the barriers ?*
- + *How do we support effective adoption and use?*
- + *How do we measure progress?*



Engaging Consumers and Personal Health Records

- + A “...universally available, lifelong resource of health or health related information needed by individuals to make health decisions...”
- + Ideally provides convenient and secure access to their health information, whenever it is needed
- + Rapidly evolving, with many players
- + No standards yet; privacy concerns
- + Principles for development of PHRs in Minnesota and fact sheet at www.health.state.mn.us/ehealth





Part 4: Recommendations

- + State policy makers
- + Health plans and purchasers
- + Health care providers and organizations
- + Professional and trade associations
- + Settings of special interest:
 - Long term care
 - Public health





Recommendations for State Policymakers

- + Continue to integrate HIT as a pillar of health care reform
- + Ensure payment reforms are consistent with the policy objective of requiring EHRs



Recommendations for Plans and Purchasers

- + Align payment incentives with statewide policies around EHR adoption
- + Inform and educate members/enrollees about the value of EHRs and health information exchange

Recommendations for Providers

- + If not yet begun to implement an EHR, *start now.*
- + Use EHR implementation to improve workflow and businesses processes
- + Learn from others
- + Purchase only nationally certified EHRs
- + Ensure adequate staff training and support



Recommendations for Associations

- + Use existing venues (conferences, newsletters, etc.) to share lessons learned
- + Communicate to your members about the mandates and available resources
- + Identify how you can help meet the technology competency needs of your membership






Recommendations for Long Term Care

- + Collaboratively define the specifications for a long term care EHR
- + Influence national standards and EHR certification activities
- + Work with the Legislature and DHS on ensuring adequate resources

Recommendations for Public Health

- + Collaboratively define the specifications
- + Develop business and resource plans
- + Identify and seek needed resources
- + Ensure workforce informatics competency

Guide 1: Guide to EHR Adoption

+ Addressing Common Barriers to EHR Adoption—A Practical Guide for Providers

- Getting Started
- Start-Up or On-going Cost
- Clinical and Administrative Needs
- Data Standards
- Privacy and Security
- Staff Skills
- HIT Support Issues



Addressing Barriers to Getting Started

Barriers commonly expressed as ...

- "It's too daunting to know where to begin."
- "We know we have to make this move but are concerned about the prolonged period of transition, inefficiency and loss of productivity. We are reluctant to reduce the number of appointments available to our patients, and concerned about the reduced revenue."
- "It's not proven to us that EHRs will really improve care."
- "Planning is fluffy—an unnecessary expense."
- "We don't know how to plan for something as big and transformative as this."



Guide 2: e-Health Standards for MN

- + Acquire only certified EHR products
 - Enacted in the 2008 session
- + e-Prescribing and medication management
 - Enacted in the 2008 session
- + Lab results reporting
- + Immunization information exchange



Vision to Action

- + Find you or your organization in the plan and incorporate the suggestions into your plans for the near future
- + Share your lessons learned with others in your community
- + Participate in state and national efforts
 - Associations
 - MN e-Health Initiative
 - Others



Acknowledgements

Implementation Plan Workgroup members

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| + Maureen Ideker (co-chair) | + Susanna Frenkel | + Sue Severson |
| + Bill Brand | + James Golden | + William Sonterre |
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| + Walter Cooney | + Martin LaVenture | + Karen Welle |
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| + Reggie David | + Carolyn Pare | + Tamara Winden |

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| + Laurie Beyer-Kropuenske and James Golden | + Bobbie McAdam and Mike Ubl |



Your thoughts welcome ...

Send your comments or questions to MN.eHealth@state.mn.us

Download the plan from www.health.state.mn.us/ehealth

