

Minnesota e-Health Standards Recommendations

Standards Workgroup Co-Chairs

Bobbie McAdam
Director, e-Business
Medica

Mike Ubl
Director, IT Strategy and eHealth
Blue Cross and Blue Shield of Minnesota

Breakout Session:
Clinical Transactions and Minnesota e-Health Standards

Minnesota e-Health Summit
June 26, 2008



THANK YOU

Workgroup members

- Alan Van Amber
- Thomas Baden
- Bill Brand
- Elizabeth Carpenter
- Fred Dickson
- John Feikema
- Lance Guth
- Jerri Hiniker
- Dan Jensen
- Katie Jones
- Paul Kleeberg
- Kevin Larsen
- Martin LaVenture
- Lois McCarron
- Rina McManus
- Dan Moffatt
- Kathleen Putler
- Priya Rajamani
- Mark Sonneborn
- Stuart Speedie
- Tamara Winden
- Paul Zyla

Subject Matter Experts

- Peter Elkin - Mayo Clinic
- Mark Gingrich - RxHub
- Gary Jones - Minnesota Department of Health
- Tony Jullian - Mayo Clinic
- Emily Peterson - Minnesota Department of Health
- Cody Wiberg - Minnesota Board of Pharmacy
- Warren Williams - Centers for Disease Control and Prevention (CDC)

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Topics for Discussion

- Minnesota e-Health Initiative Workgroups
- Standards Workgroup
 - Charge
 - Process
 - Timeline
- Achievements to date
 - Minnesota e-Health Standards Recommendations
 - Input to national standards / certification efforts
- Minnesota e-Health Standards Recommendations
 - EHR Certification
 - Standards for Clinical Transactions
 - e-Prescribing (Medication Management)
 - Laboratory results reporting
 - Immunization data exchanges
- Standards Workgroup Next Steps

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Minnesota e-Health Workgroups 2007-2008

- Standards Work Group
- Health Information Technology Implementation Plan Workgroup
- Privacy & Security Workgroup
- Communications, Education & Collaboration Workgroup
- Population Health and & Public Health Information Systems Workgroup

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Standards Workgroup Charge 2007 - 2008 Legislative Requirements

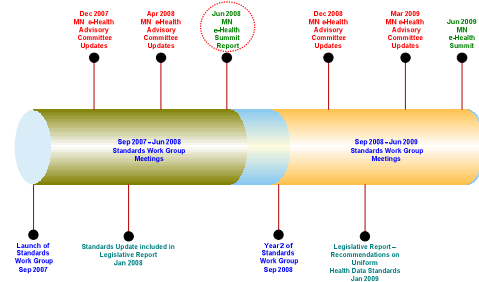
Develop (identify), adopt, and/or refine specific standards for the use of health information technologies across the spectrum of care, including sharing and synchronizing patient data across interoperable electronic health record systems and HIT certification.

Interoperable Electronic Health Record Mandate (includes requirements for standards)
62J.495, Minnesota Statutes 2007

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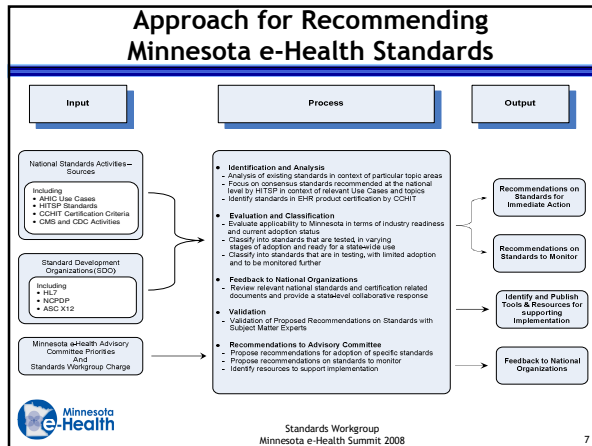


Timelines and Deliverables 2007 - 2009



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Input to National Standards / Certification Efforts

CCHIT (Certification Commission for Healthcare Information Technology)

- Input: Via collaborative discussions with subject matter experts**
 - Environmental Scan: *Submitted. Oct 11, 2007.*
 - 2008 First Draft Certification Criteria: *Submitted. Dec 21, 2007.*
 - 2008 Second Draft Certification Criteria: *Submitted. Feb 15, 2008.*
- Impact:**
 - Over 1408 criteria in 6 areas (*Inpatient, Ambulatory, Network, Emergency Department, Cardiovascular and Child Health*) were reviewed
 - Over 40 new criteria were proposed and line item feedback on 77 existing criteria was also provided
 - All comments acknowledged by CCHIT & many incorporated / adopted.
 - Minnesota was the only state to submit a coordinated & combined statewide input.**

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Areas of Focus for Standards Recommendations 2007 - 2008

- EHR Certification
- Medication Management
- Laboratory Results Reporting
- Immunization Data Exchange

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EHR Certification Recommendation

- All Minnesota health care organizations* should use health information technology products that are certified by the Certification Commission for Healthcare Information Technology (CCHIT) or a comparable national certification process, whenever such certification exists for the organization's setting and uses.

* Health care organizations refer to providers and to the spectrum of care settings and ancillary services such as primary care clinics, specialty care clinics, pharmacies, laboratories, hospitals, radiology, urgent care centers, long term care facilities, home health agencies, local health departments, habilitation, dental, mental / behavioral health, chiropractic clinics and ambulatory surgical centers.

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Interoperable Electronic Health Record Requirements

2008 Legislation

Hospitals and health care providers must meet the following criteria when implementing an interoperable electronic health records system within their hospital system or clinical practice setting.

- The electronic health record **must be certified by the Certification Commission for Healthcare Information Technology, or its successor**. This criterion only applies to hospitals and health care providers whose practice setting is a practice setting covered by Certification Commission for Healthcare Information Technology certifications. This criterion shall be considered met if a hospital or health care provider is using an electronic health records system that has been certified within the last three years, even if a more current version of the system has been certified within the three-year period.
- A health care provider who is a prescriber or dispenser of controlled substances must have an electronic health record system that meets the requirements of section 62J.497.

Source: Minnesota Statutes, section 62J.495, subdivision 3
<https://www.revisor.leg.state.mn.us/laws/year=2008&type=06doctype=Chapter&id=358>

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Standards on Medication Management

HITSP Interoperability specifications (IS),
CMS ePrescribing Rules and CCHIT Certification

- Red (No Certification):** Gaps, no standards currently exist
- Yellow (Medication Mgt):** Standards proposed in HITSP Medication Management IS v1.0 & not in CCHIT process
- Yellow (Medication Mgt):** Standards in HITSP Medication Management IS v1.0 & CCHIT (in roadmap for 2009 or 2010 & beyond) (Stds f,g,h,i)
- Blue (Core standards on functionality):** Standards in HITSP Medication Management IS v1.0, CMS ePrescribing Rules & CCHIT (industry tested and ready to go) (Stds a,b,c,d,e)
- Blue (Core standards on functionality):** Core standards on user functionality
- Blue (Core standards on functionality):** Core standards including security and privacy
- Blue (Core standards on functionality):** Core standards on infrastructure such as security and privacy


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e-Prescribing (part of Medication Management)

Recommendation on Standards For Immediate Action

- All Minnesota health care organizations* should use the following five standards for transactions related to e-Prescribing (Medication Management)
 - (a) For eligibility and benefits inquiries and responses between prescribers and Plan sponsors**
 - Accredited Standards Committee (ASC) X12N 270/271 4010A
 - (b) For eligibility and benefits inquiries and responses between dispensers and Plan sponsors**
 - NCPDP Telecommunication Standard Specification, Version 5.1
 - (c) For transactions between prescribers and dispensers
 - NCPDP SCRIPT 8.1
 - (d) Exchange of Medication History
 - NCPDP SCRIPT 8.1
 - (e) Formulary & Benefit Information
 - NCPDP Formulary and Benefits Standards 1.0

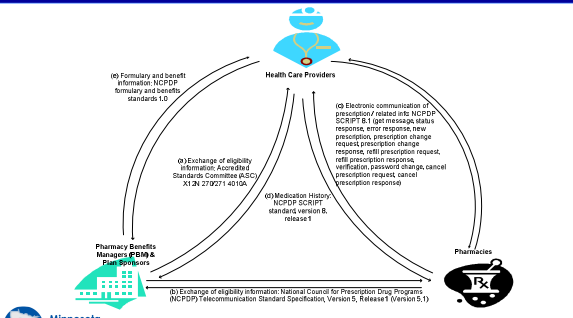
* Health care organizations refer to providers and to the spectrum of care settings and ancillary services such as primary care clinics, specialty care clinics, pharmacies, laboratories, hospitals, radiology, urgent care centers, long term care facilities, home health agencies, local health departments, habilitation, dental, mental / behavioral health, chiropractic clinics and ambulatory surgical centers.
** Plan sponsors refer to Medicare Part D sponsors. Payers who provide drug benefits and PBMs (Pharmacy Benefit Managers).



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e-Prescribing Standards

HITSP Interoperability specifications v 1.0, CMS ePrescribing Rules and CCHIT Certification

Figure 1a: Five Standards for ePrescribing part of Med Management




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Electronic Prescription Drug Program

2008 Legislation

Requirements for Electronic Prescribing

Effective January 1, 2011, all providers, group purchasers, prescribers, and dispensers must establish and maintain an electronic prescription drug program that complies with the applicable standards in this section for transmitting, directly or through an intermediary, prescriptions and prescription-related information using electronic media.


Source: Minnesota Statutes, section 62J.497
ELECTRONIC PRESCRIPTION DRUG PROGRAM
<https://www.revisor.mn.us/laws/?year=2008&type=06&doctype=Chapter&id=358>


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Medication Management including e-Prescribing

Recommendation on Standards To Monitor


- All Minnesota health care organizations should prepare for implementation of the following four standards and should implement them when they are approved as part of CCHIT (Certification Commission for Healthcare Information Technology) or a comparable national certification process.
 - (f) Ability to send, store, and receive coded medication information
 - Federal Medication Terminologies (FMT): NDC, RxNorm, UNII
 - SNOMED CT and HITSP C32 v.2.0
 - (g) Send text or coded allergy information with new electronic prescriptions to Pharmacy (directly), PBM (directly), or via intermediary network (e.g. SureScripts, RxHub)
 - NCPDP SCRIPT 8.1 (NEWRX) using the free text field of the message drug segment (DRU 090)
 - (h) Receive medication fulfillment history
 - NCPDP SCRIPT 8.1 (RXFILL)
 - (i) Send electronic prescription to pharmacy including structured and coded SIG instructions
 - NCPDP SCRIPT 10.5


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Laboratory Results Reporting

Recommendation on Standards For Immediate Action


- All Minnesota health care organizations should use the following three standards for laboratory results reporting.
 - (a) For laboratory results reporting between laboratory and providers
 - HL7 v 2.5.1 message
 - (b) For representation of laboratory test in orders and results
 - LOINC (Logical Observations Identifiers, Names, Codes)
 - (c) For representation of laboratory result contents
 - SNOMED CT (Systematized Nomenclature of Medicine Clinical Terms)

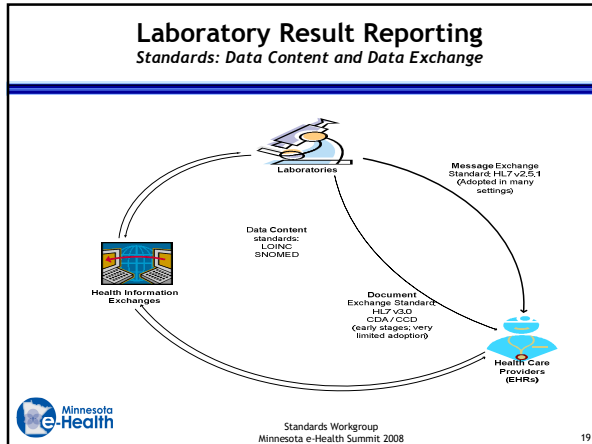

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Laboratory Results Reporting

Recommendation on Standards To Monitor

- All Minnesota health care organizations should prepare for implementation of the following three standards and should implement them when they are approved as part of CCHIT (Certification Commission for Healthcare Information Technology) or a comparable national certification process.
 - (d) For reporting of Tox Screens
 - RxNorm
 - <http://www.nlm.nih.gov/research/umls/rxnorm/index.html>
 - (e) For coding of units in laboratory results
 - UCUM (HL7 code set)
 - <http://aurora.regenstrief.org/UCUM/ucum.html>
 - (f) Laboratory Results Reporting using Document method
 - HL7 CDA R2


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Immunization Data Exchange

Recommendation on Standards For Immediate Action

All Minnesota health care organizations should use the following two standards for electronic communications of immunization data.

(a) **Reporting of immunization data to Immunization Information System**
 For immunization data exchange between provider EHRs and immunization information system
 HL7 v 2.5 message
 For representation of immunization data
 CVX (Vaccine Code Set) + MVX (Vaccine Manufacturer / Distributor code set) + Vaccine Lot Number
 or
 CPT (Current Procedural Terminology) code set + MVX (Vaccine Manufacturer / Distributor code set) + Vaccine Lot Number

(b) **Query and retrieve immunization status and history**
 For immunization data exchange between provider EHRs and immunization information system
 HL7 v 2.5 message
 For representation of immunization data
 CVX (Vaccine Code Set) + MVX (Vaccine Manufacturer / Distributor code set) + Vaccine Lot Number
 or
 CPT (Current Procedural Terminology) code set + MVX (Vaccine Manufacturer / Distributor code set) + Vaccine Lot Number

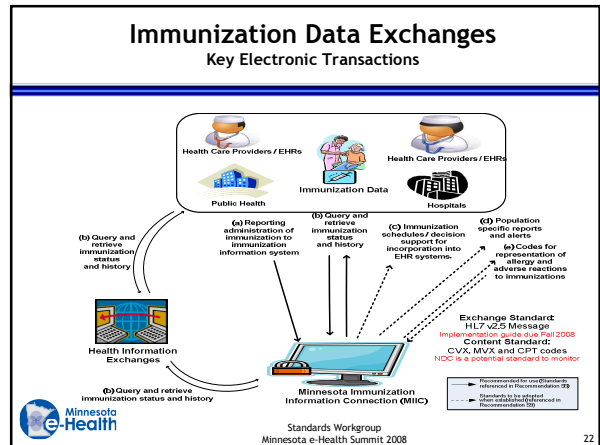
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Immunization Data Exchange

Recommendation on Standards To Monitor

- All Minnesota health care organizations should prepare for implementation of the following standards and should implement them when they are approved as part of CCHIT (Certification Commission for Healthcare Information Technology) or a comparable national certification process.
 - (c) Interface Requirements between EHRs and Registries and sharing of decision support and immunization schedules
 Revised HL7 standards (underway) / TBD
 - (d) Population specific reports and alerts from immunization information system to EHRs
 Standards TBD
 - (e) For representation of allergy and adverse reactions to immunizations
 Codes (TBD based on national recommendations)

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Implementation Tools and Resources

2007 - 2008

- Resources for Minnesota e-Health Standards and EHR Certification
 - Introduction to Health Standards
 - Certification of Electronic Health Records
 - ePrescribing (as part of Medication Management)
 - Laboratory Results Reporting
 - Immunization Data Exchanges
 - Selected National Standard Activities related to Minnesota e-Health

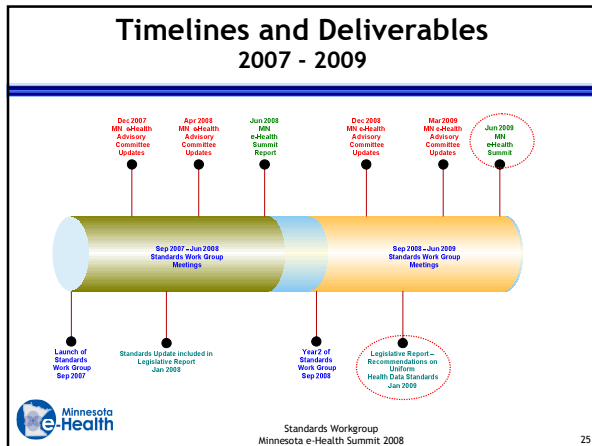
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Next Steps

Standards Workgroup 2008-2009

- Discern and set priorities for the 2008-2009 workgroup
- Identify, analyze, evaluate, classify and validate standards for use in Minnesota
- Encourage use of tools & resources that provide implementation support
 - Facilitate use of existing resources
 - Resources for Minnesota e-Health Standards and EHR Certification
 - Identify and publish new resources
 - Collaboration related to detailed implementation guides
- Continue to provide feedback to national standards-setting efforts
 - AHIC Use Cases
- Recommendations on Standards to the Commissioner - Due January 2009

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Opportunities to be Involved

Minnesota e-Health Standards Related Activities
Become a Member - Standards Workgroup

National e-Health Standards Related Activities

- No restrictions - become a member:
 - HL7
 - HITSP
 - NCPDP
 - ASC X12
- Selected Membership
 - CCHIT
 - NCVHS
- Open Meetings
 - AHIC
 - NCVHS
 - CCHIT Town Halls
 - Registration
 - LOINC
 - SNOMED (IHTSDO)

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For more information:

www.health.state.mn.us/ehealth

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