

2009 Minnesota e-Health Summit

Break out Session # 3

Connecting for Exchange: Minnesota Partners

June 25, 2009

SESSION MODERATOR

Bobbie McAdam
 Director, eBusiness
 Medica
 Standards Workgroup, Co-Chair
 Advisory Committee Member
 Minnesota e-Health Initiative




Session Goals & Agenda

Session Goals

- Share current status, opportunities and challenges around health information exchange in Minnesota inclusive of MN eHealth standards activities
- Hear current progress to date of HIEs (with supporting data/statistics/stories) and their plans to leverage ARRA funding

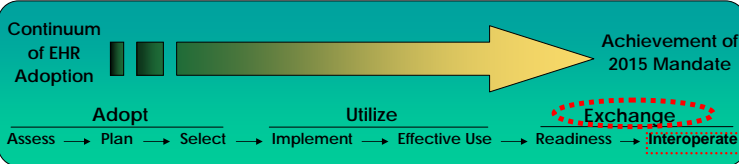

Session Agenda & Speakers

- Bobbie McAdam**
 Director, eBusiness, Medica
 Standards Workgroup Co-Chair, Advisory Committee Member, Minnesota e-Health Initiative
- Mike Ubl**
 Executive Director, Minnesota Health Information Exchange (MN-HIE)
 Standards Workgroup Co-Chair, Advisory Committee Member, Minnesota e-Health Initiative
- Cheryl Stephens**
 Executive Director, Community Health Information Collaborative (CHIC)
 Standards Workgroup member, Minnesota e-Health Initiative



Minnesota Model for Adopting Interoperable Electronic Health Records


- Breaks achieving the 2015 Mandate into manageable steps
- Applies across organizational settings

Standards Recommended To Achieve Interoperability in Minnesota
 (as of June 2009)

Overview

- Minnesota e-Health Standards Workgroup Accomplishments and Deliverables**
- ARRA and Health Information Exchange



Standards Workgroup Update

Chartered by the Minnesota e-Health Advisory Committee
Working collaboratively for the last 2 years: 2007-08, 2008-09

Workgroup Charge
"Identify, monitor and recommend specific standards for sharing and synchronizing patient data across interoperable electronic health record systems and across the continuum of care"

Co-Chairs
Bobbie McAdam & Mike Ubl

Subject Matter Expertise
Standards (technical and functional); interoperability; interfaces; health information exchange

Workgroup Staff
Priya Rajamani

Web Site
<http://health.state.mn.us/e-health/stndrdshome.html>



Acknowledgements

Workgroup participants and Subject Matter Experts (as of Jun 09)

- Alan Ainsworth
- Jerome Alholm
- Barb Billing
- Calvin Beebe
- Deb Castellanos
- Peter DeVault
- Peter Elkin
- John Feikema
- John Fraser
- Tim Gallagher
- Mark Gingrich
- Lance Guth
- Jerri Hiniker
- Julie Johnson
- Seonho Kim
- Patrice Kuppe
- Kevin Larsen
- Kathy LaTour
- Martin LaVenture
- John Lillie
- Melinda Machones
- Julie Marquardt
- Lois McCarron
- Bobbie McAdam (Co-Chair)
- Frank McKinney
- Rina McManus
- Tim McNeal
- Priya Rajamani
- Steve Ring
- Mark Sandvick
- Mark Sonneborn
- Stuart Speedie
- Cheryl Stephens
- Laura Topor
- Mike Ubl (Co-Chair)
- Bonnie Westra
- Tamara Winden



Standards Workgroup Key Accomplishments: Sep 2008 – Jun 2009

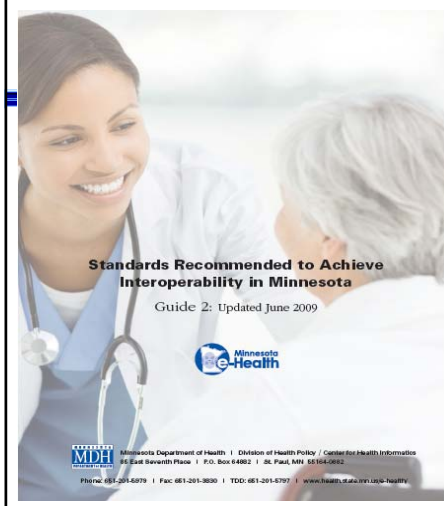
- Reviewed, recommended and updated standards for:
 - Electronic prescribing
 - Laboratory results reporting
 - Exchange of clinical summaries
- Developed the Minnesota e-Health definition of interoperability
- Updated and expanded standards guide # 2
- Provided collaborative responses to national standards activities
- Updated and expanded the standards resource list
- Reviewed American Recovery and Reinvestment Act (ARRA) standards issues and will be responding to national standards priorities as needs arise.

Subject Matter Experts invited to meetings to inform the discussions and provide additional input



Components of the Standards Guide

- Electronic Health Information Exchange
- Minnesota e-Health Framework for Interoperability
- Key Actions for Achieving and Advancing Electronic Health Information Exchange
- Standards Recommended for Use in Minnesota (as of June 2009)
 - Interoperable Electronic Health Record Requirements
 - Electronic Prescription Drug Program
 - Laboratory Results Reporting
 - Immunization Information Exchange
 - Exchange of Clinical Summaries
- Annotated Resource List



The arena of standards and health information exchange is highly dynamic; Check for the latest updates at www.health.state.mn.us/e-health



Health Information Exchange

- Health information exchange
 - Mobilization of health information electronically across organizations within a region or community according to nationally recognized standards.
- Vision for exchange of health information by Minnesota e-Health Initiative
 - To electronically move health information among disparate health care information systems while maintaining the meaning of the information exchanged.
- Goal
 - To facilitate access to and retrieval of health data to in order to improve health care quality, increase patient safety, reduce health care costs and improve public health.



Minnesota e-Health Framework for Interoperability

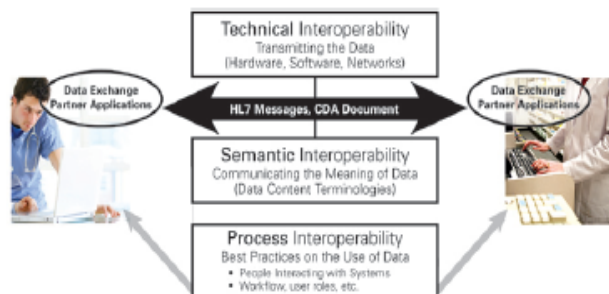
- **Framework consists of**
 - Working definition
 - Types of interoperability
 - Transactions for Exchange
- **Interoperability of Electronic Health Records (EHR) systems in Minnesota** means the ability of two or more EHR systems or components of EHR systems to exchange information electronically, securely, accurately and verifiably, when and where needed. It is comprised of **“technical,” “semantic” and “process”** interoperability, and the information exchanged includes transactions and standards as defined by the Minnesota Commissioner of Health.
- **Transactions & standards in the definition currently include the following:**
 - Electronic Prescribing and Medication Management
 - Immunization Information Exchange
 - Laboratory Results Reporting

The anticipated transactions for 2009-10 include:

 - Exchange of Clinical Summaries
 - Public Health Surveillance and Case Reporting



Types of Interoperability

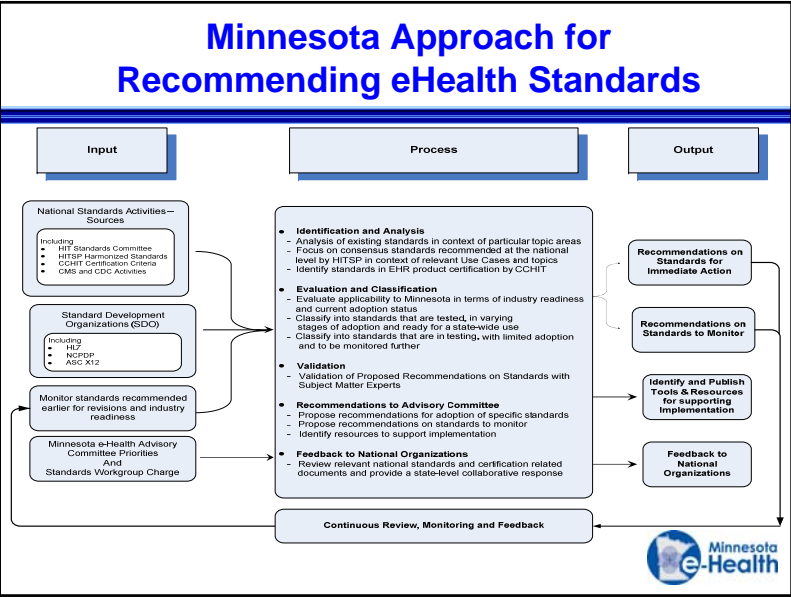


Key Actions for Achieving and Advancing Electronic Health Information Exchange

Please refer to page 8 of standards guide for the full list of 14 Actions

- Make sure your EHR is **certified** and **meets the requirements set forth by ONC** (Office of the National Coordinator) pursuant to the HITECH Act
- **Conduct a systematic assessment** to identify areas of practice that would benefit most from data exchange. Chances are it's the same areas for which national standards are established
- **Set your priority transactions for exchange** based on
 - What improves care
 - What would qualify for financial incentives under “meaningful use” as part of federal stimulus legislation
 - What will provide the greatest operational improvement
- **Work with your vendor individually or as part of EHR product user group** to create plans for systems upgrades based on national recommendations for standards and data exchange
- **Participate** in state, professional association or other workgroups related to interoperability and standards
- **Be informed:** Consider participating in Minnesota e-Health standards workgroup www.health.state.mn.us/e-health





Interoperable Electronic Health Record Requirements 2009 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 a **qualified** electronic health record
- The electronic health record must be **certified by the Office of the National Coordinator pursuant to the HITECH Act**. This criterion only applies to hospitals and health care providers only if a certified electronic health record product for the provider's particular practice setting is available. 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.
- The electronic health record **must meet the standards established** according to section 3004 of the HITECH Act.
- The electronic health record must **have the ability to generate information on clinical quality measures** and other measures reported under sections 4101, 4102, and 4201 of the HITECH Act.
- A health care provider who is a prescriber or dispenser of legend drugs must have an electronic health record system that meets the requirements of section 62J.497.

Source:
Minnesota Session Laws, 2009, Regular Session, Chapter 102--S.F.No.1890
<https://www.revisor.leg.state.mn.us/laws/?id=102&doctype=chapter&year=2009&type=0>

Electronic Prescription Drug Program 2009 Legislation

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

Source:
Minnesota Session Laws, 2009, Regular Session, Chapter 102--S.F.No.1890
<https://www.revisor.leg.state.mn.us/laws/?id=102&doctype=chapter&year=2009&type=0>

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
(or) the most recent CMS recommended version
 - (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
(or) the most recent CMS recommended version
 - (d) Exchange of Medication History
NCPDP SCRIPT 8.1
(or) the most recent CMS recommended version
 - (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).

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)



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



Exchange of Clinical Summaries

Recommended Standards

- Health Level Seven (HL7) Clinical Document Architecture (CDA) / Continuity of Care Document (CCD) as a document structure for core content for clinical information exchange
 - HITSP Summary Documents Using HL7 Continuity of Care Document (CCD) Component - HITSP/C32 (version 2.1) or the most recent version certified by the Certification Commission for Healthcare Information Technology (CCHIT) or its successor
- Representation of data
 - LOINC (Logical Observations Identifiers, Names, Codes)
 - SNOMED CT (Systematized Nomenclature of Medicine Clinical Terms)
- Core content (base data set) applicable to the following use cases
 - Emergency Responder – Electronic Health Record (ER-EHR)
 - Medication Management
 - Consumer Access to Clinical Information
 - Applicable to other Use Cases, as appropriate such as Consultations and Transfer of Care Use Case



Implementation Tools and Resources

2008 - 2009

- **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
 - Exchange of Clinical Summaries
 - Selected National Standard Activities related to Minnesota e-Health
- **Available**
 - e-Health Summit USB drive
 - e-Health web site



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
 - HIT Policy Committee
 - HIT Standards Committee
 - HITSP
 - NCVHS
 - CCHIT Town Halls
 - Registration
 - LOINC
 - SNOMED (IHSTDO)



Resources for Adoption & Effective Use: Companion Guides to Minnesota Statewide Implementation Plan

Companion Guides to the MN Statewide Implementation Plan

- **Guide 1: Addressing Common Barriers to the Adoption of EHRs**
 Released 2008
- **Guide 2: Standards Recommended to Achieve Interoperability in MN**
 Released 2008, Updated June 2009
- **Guide 3: A Practical Guide to e-Prescribing**
 Released June 2009
- **Guide 4: A Practical Guide to Effective Use of EHR Systems**
 Released June 2009



Resources Available Through the Minnesota e-Health HITECH Web Page

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

Handouts / Resources

- Agenda
- Factsheets
 - Medicare – Hospital
 - Medicare-Professionals
 - Medicaid incentives
- Resource list
- Timeline
- Figure 1: Key Program, Distribution, Use and Recipients for the HITECH Act
- Slides from Public Meetings
- Minnesota Statewide Plan - 2008



For More Information

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

Standards Workgroup

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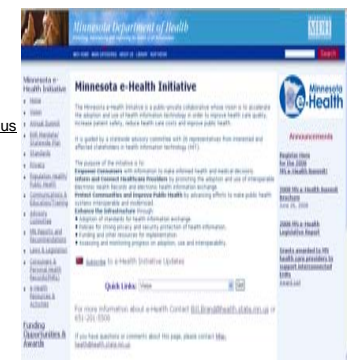
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Standards Recommended To Achieve Interoperability in Minnesota (as of June 2009)

Overview

- Minnesota e-Health Standards Workgroup Accomplishments and Deliverables
- **ARRA and Health Information Exchange**



ARRA and Health Information Exchange

- **\$300 million reserved for supporting regional health information exchange efforts**, out of \$2 billion in direct funding for health IT efforts offered through the Office of the National Coordinator.
- One of the main goals of the stimulus is to focus resources on the use and exchange of information



Minnesota Health Information Exchange

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Executive Director, Minnesota Health Information Exchange (MN-HIE)
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