

Minnesota e-Health Summit 2009
Strategies for Success in Challenging Economic Times

Thursday, June 25 • Northland Inn • Brooklyn Park

Project Showcase Summary

Project Name: Office of Rural Health and Primary Care, Minnesota Department of Health

Lead Organization: Minnesota Department of Health, Office of Rural Health and Primary Care

Contact: Anne Schloegel

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Brief Description of Purpose and Primary Goals: Office of Rural Health and Primary Care Mission: to promote access to quality health care for rural and underserved Minnesotans. From our unique position within state government, we work as partners with communities, providers, policymakers and other organizations. Together, we develop innovative approaches and tailor our tools and resources to the diverse populations we serve. The Office of Rural Health and Primary Care provides financial and technical assistance for safety net providers, promotes health care access and quality through policy, partnerships and innovations, and supports health care workforce development. The Office of Rural Health and Primary Care offers several **loan forgiveness and loan repayment programs** to health care students or residents. In addition, funding for health information technology is available through many of the grant programs managed by the Office of Rural Health and Primary Care.

Other partnering organizations (if applicable):

Primary focus area(s):

Approximate start date:

Project status: Ongoing

Primary source of funding: Federal and State

Web site: <http://www.health.state.mn.us/divs/orhpc/>

Project Name: Minnesota Immunization Information Connection

Contact: Emily Peterson

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Brief Description of Purpose and Primary Goals: MIIC is a confidential web-based immunization information system that contains a complete and accurate record of a person's immunizations, no matter where they received the shots. It is accessed by health care providers, public health agencies, and schools with the main objective of preventing disease through immunization.

Lead organization: Minnesota Department of Health

Primary focus area(s): Data Exchange, Electronic Health Record, Population Health

Approximate start date: May 2002

Project status: Fully implemented, expanding to new areas

Primary source of funding: Federal 317 Immunization Grant

Web site: <http://www.health.state.mn.us/divs/idepc/immunize/registry/index.html>

Project Name: Minnesota Disease Surveillance System

Lead organization/association: Minnesota Department of Health

Contact name: Asa Schmit

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Project Name: MN Telehealth Network

Contact: Cindy Uselman

Email: cindy.uselman@tricityhospital.org

Brief Description of Purpose and Primary Goals: The goal of the Minnesota Telehealth Network is to improve access to and quality of medical care to rural Minnesotans and eastern North Dakotans using telemedicine. Utilizing digital videoconferencing over secure internet connections, telemedicine provides medical specialty consultations to patients at distant sites. The network includes a variety of services from dermatology to psychiatry. It also supplies selected health providers continuing education programs.

Lead organization/association: Tri-County Hospital, Wadena

Other partnering organizations (if applicable): University of Minnesota, Minneapolis; North Region Health Alliance, Warren; SISU Medical Systems, Duluth.

Primary focus area(s): Telemedicine services

Project status: Fully implemented, expanding to new areas

Primary source of funding: Department of Health and Human Services, Health Resources and Services Administration, Office for Health Information Technology, Office for the Advancement of Telehealth, Telehealth Network Grant Program.

Web site: www.mntelehealthnetwork.org/

Project Name: MN Disability Determination Services: Electronic Records Express Initiative

Contact: Jessica Austin

Email: Jessica.austin@ssa.gov

Brief Description of Purpose and Primary Goals: The project goal is to increase the percentage of medical treatment records submitted electronically by medical treatment sources for Minnesota Social Security Disability program applicants to 40 percent. Primary goal accomplished! Electronic submissions to our agency at the time of implementation of electronic disability folders in September 2006 were at 12 percent. As of March 2009, we have reached 40 percent. This means that 40 percent of treatment records from Minnesota medical facilities now come to us in an electronic format. Our options for electronic submissions make this percentage possible. Options include uploads via the Social Security Electronic Records Express Web site, secure bulk transfer, and faxes of paper and electronic records. We will continue to promote electronic exchange of medical record information. Our new goal of 50 % electronic submissions will focus on the challenge of resolving interoperable issues with medical record software. This includes HMOs, hospitals, and clinics throughout Minnesota. The Social Security Administration at the federal level is involved with HIT projects that will expedite documentation of disability from diagnostic codes, CPT codes, and medical treatment records. This has great potential for faster and accurate decisions related to SSA disability.

Lead organization/association: Minnesota Disability Determinations Services, located in the Minnesota Department of Employment and Economic Development

Other partnering organizations: We have no official partner. The Social Security Administration's national office has provided many of the marketing materials and the technology. Technical training related to electronic record submissions and best practices are shared at a national conference, and during periodic national and regional conference calls and Web meetings.

Primary focus area(s): Data exchange, electronic health record

Project status: Ongoing initiative

Primary source of funding: Social Security Administration

Web site: <http://www.ssa.gov/ere/>

Project Name: MN Rural Health Cooperative Shared HIT Project

Lead organization/association: Minnesota Rural Health Cooperative, Cottonwood, MN

Contact name: Chuck Ness

Email: cness@mrhc.net

Brief description of purpose and primary goals: The Minnesota Rural Health Cooperative Shared-HIT program is addressing the EHR adoption and support needs of a vast geographic rural region of Minnesota. By collaborating and sharing much needed, expensive IT resources, cooperative members will be able to successfully meet the 2011 e-Prescribing and 2015 Minnesota EHR adoption mandates in a cost-effective manner. This program establishes the needed structure, governance and technical resources to provide quality EHR systems and support services to program participants. By sharing resources, participants will also have access to an expanded set of HIT support resources and improved systems operating environments.

Key components of the Shared HIT program include the following:

- Cooperative-based governance structure
- Healthland core vendor of EHR/clinical/financial applications
- Shared HIT technical and project coordination resources
- Customized training programs – Healthland, reporting, forms
- Cooperative hosted and facilitated user groups
- Enhanced Healthland support environment
- Security and privacy compliance programs – policies, procedures, audits
- Support clinical decision support – workflow analysis, process mapping, templates development, standard protocols, alerts, ICSI participation
- Disaster recovery planning and backups/recovery shared capabilities
- Standard quality and population health reporting

Other partnering organizations: We have no official partner. We will be working closely with Healthland (formerly Dairyland Health Systems) and other leading health care HIT vendors.

Primary focus: Electronic health records, e-prescribing, other

Status: Early implementation

Primary source of funding: Project participant funding and \$500,000 MDH e-health grant.

Web site: www.mrhc.net

Project Name: Standard, electronic health care administrative transactions

Lead Organization: Minnesota Department of Health

Contact Name: Dave Haugen

Email: David.Haugen@health.state.mn.us

Brief Description of Purpose and Primary Goals: The Showcase will provide information regarding requirements in Minnesota Statutes 62J.536 and related rules for all health care providers and group purchasers to exchange three types of common health care business transactions electronically, using a single, standard data content and format in 2009.

Other partnering organizations: Minnesota Administrative Uniformity Committee

Primary focus area(s): Data Exchange

Project status: Early implementation

Primary source of funding: MDH staffing and administrative costs associated with rule development and implementation are paid through state appropriation

Web site: <http://www.health.state.mn.us/asa>

Project Name: Health Information Exchange in Northern Minnesota

Lead organization/association: Community Health Information Collaborative

Contact name: Cheryl Stephens, PhD

Email: cstephens@medinfosystems.org

Brief Description of Purpose and Primary Goals: Our primary initiative is the current implementation of a regional record locator service (HIEBridge) with hospitals, clinics, and long-term care facilities across northeastern Minnesota. Many of the efforts involved in this project are based on our experiences as one of the participants in the Nationwide Health Information Network project, sponsored by Office of the National Coordinator (ONC). CHIC's personal health record, HealthBio™, is designed to participate in the HIEBridge architecture or may be used as a stand-alone offering for organizations supporting vulnerable populations, such as nursing homes and homes for adults with developmental disabilities.

Other partnering organizations: MEDNETWorld, SMDC Health System, St. Luke's, Virginia Regional Medical Center, Fairview Mesabi Range, Ecumen, Scenic River Clinics, FollowMe/ASI

Primary focus: Data exchange, electronic health record

Status: early implementation

Primary source of funding: Minnesota e-Health Grant and Nationwide Health Information Network grant through ONC within HHS

Web site: www.medinfosystems.org; www.healthbio.org

Project Name: Minnesota Registration & Certification System Extraction for Electronic Health Record

Lead organization/association: Office of the State Registrar, Minnesota Department of Health

Contact Name: Steve Elkins

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Brief Description of Purpose and Primary Goals: A primary source of public health data used by researchers is the state vital registration system. The general practice in Minnesota hospitals is to collect the birth information on various paper forms and data enter it into a computer based system created for birth registration. Medical Examiners and physicians are able to enter cause of death information electronically into the death registration system, though many still need to request user ids for themselves and for designated staff. The Office of the State Registrar is currently building a new vital registration system, the Minnesota Registration & Certification System, to be implemented statewide January 1, 2010. The system will be capable of importing birth associated data using HL7. A workgroup under the direction of the National Center for Health Statistics is developing standards for birth and death data recorded in electronic medical records in order to standardize the system for quick and easy automated extraction of data into the registration system bypassing paper forms and duplicate data entry.

Other partnering organizations: National Center for Health Statistics

Primary focus: Data exchange, electronic health record, other

Status: Planning, ongoing initiative

Primary source of funding: Office of the State Registrar, Minnesota Department of Health

Web site: <http://www.health.state.mn.us/divs/chs/osr/index.html>

Resource Name: Minnesota Chapter of HIMSS (Health Information & Management Systems Society)

Lead Organization: HIMSS

Contact Name: Tamara Winden

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Brief Description of Purpose and Primary Goals: The Minnesota Chapter of HIMSS (Healthcare Information and Management Systems Society) is a not-for-profit organization dedicated to promoting a better understanding of health care information and management systems. National HIMSS has more than 40 affiliated chapters and interest groups across the United States and Latin America. HIMSS Affiliated Chapters serve a valuable role in bringing health care systems professionals together in a local forum to discuss issues and developments, learn about new methods and tools, and network with others having similar experiences. Each chapter shares the same basic knowledge among colleagues and assist members in their professional growth. HIMSS represents health care professionals in four professional areas: Clinical Systems, Information Systems, Management Engineering, and Telecommunications. HIMSS members are responsible for developing many of today's key innovations in health care delivery and administration, including telemedicine, computer-based patient records, community health information networks, and portable/wireless health care computing. Our purpose for attending the Summit is to showcase opportunities for networking and education through HIMSS-MN educational programs and membership.

Primary focus: HIT Professional Resource Organization

Status: Membership organization

Primary source of funding: Membership

Web site: www.himss-mn.org

Project Name: Association of health information management professionals involved with and supporting e-Health initiatives and the legal health record in Minnesota health care facilities

Lead organization/association: Minnesota Health Information Management Association

Contact Name: Myrna Wells-Ulland, MS, RHIA

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Brief description of purpose and primary goals: Professional association of 1700+ members with an annual strategic focus on educating our membership in Minnesota e-health initiatives and RHIOs; engaging HIM professionals in sharing their EHR planning and implementation experiences; providing training for and conducting consumer education sessions to inform and advocate for the personal health record; and producing a legal resource manual that includes minimum health record requirements for inpatients, outpatients and home care patients in Minnesota. Our membership professionals are integral in maintaining the integrity of the legal health record.

Other partnering organizations: MHIMA is a component state association of the American Health Information Management Association

Primary focus: Electronic health record, personal health record, HIT professional resource organization

Status: Ongoing initiative, membership organization

Primary source of funding: Membership dues, profits from annual educational conference, profits from the sale of our MHIMA Legal Resource Manual

Web site: www.mnhima.org