

The Minnesota Provider Coalition e-Health Initiative

A Unique and Needed Collaborative Effort

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What is the MN Provider Coalition?

- MPC is an “organization of organizations” composed of an impressive (and somewhat unlikely) group of over 16 members.
- An entity representing medical physicians, chiropractic doctors, dentists, podiatrists, physical therapists and other provider groups.
- The professional relationships developed within MPC would have been unimaginable even just a few years ago.

Why Are We Here?

- MN Statutes 2007, Section 62J.495:
“By January 1, 2015, all hospitals and health care providers must have in place an interoperable electronic health records system ... ”
- It’s a critical health reform goal that will have a significant impact on improving care.
- But, it presents challenges for thousands of providers in small, independent practice settings throughout Minnesota.

MPC Conversations About Health IT

- EHR interconnectivity/interoperability challenges.
- Difficulty in tearing down the electronic “barriers”.
- Implications for Minnesota’s small providers (especially in rural areas).
- Low EHR adoption in transitional and long-term care facilities (especially free-standing).
- Apparent lack of awareness of and concern for providers working outside of large healthcare settings – including CAM providers.

MPC Conversations About Health IT

- Improving continuity of care via information exchange and care coordination among multiple providers.
- Advantages of **direct** health information exchange among providers practicing within different settings.
- Need for health IT solution(s) supporting new delivery models and organizations (e.g., virtual ACOs, practice networks and Health Care Homes).

Our Aspirations

- A robust and interoperable EHR for **small practice** settings that meets the needs of providers from **all** disciplines.
- Solution(s) for involving small providers in **direct** data sharing and care coordination.
- Solution(s) for overcoming adoption barriers facing providers and organizations, **especially cost**.
- Solution(s) for reporting clinical quality measures **with reduced administrative burden**.

What We Have Learned (and Need)

- A diverse coalition of organizations and individuals that see the value in a solution capable of sharing data across providers from **all** disciplines and systems, **both** big and small, **and** urban and rural.
- There is a need for a “public utility” health IT solution accessible to all providers.
- Responding to current healthcare challenges, and opportunities for improving care **and** reducing cost, requires new relationships!

Occam's Razor

14th-Century Franciscan friar, William of Ockham

“Entia non sunt multiplicanda praeter necessitatem”

“Entities must not be multiplied beyond necessity”

Thus,
the simplest strategy or explanation
tends to be the best one.