


Improving Population Health through the Minnesota e-Health Initiative

DRAFT MN e-Health Initiative Resource Kit Example Presentation

Improving Population Health and the Minnesota e-Health Initiative


Karen Zeleznak, MPH, MS
Bloomington Division of Public Health

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Topics

- ★ *What is population health?*
- ★ *How will population health benefit by advances in electronic health records and HIT?*
- ★ *How is the MN e-Health Initiative working to improve population health?*
- ★ *Things you can do now*




Definitions

Population Health (everyone's responsibility)

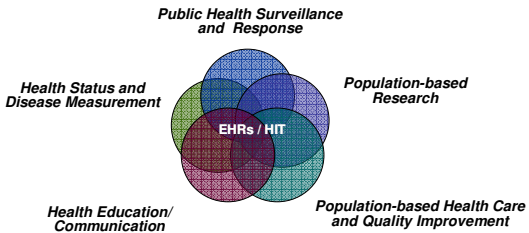
- ★ Aims to improve the health of an **entire population** and reduce health inequalities among population groups
- ★ **Beyond individual-level focus** of mainstream medicine by addressing a **broad range of health risk factors** – environment, social structure, resource distribution.

Public Health (governmental responsibility)


- ★ Provides the **backbone to the public health infrastructure** and depends on other sectors (e.g., health care system, academia) to **improve the overall health of a community** based on population health analysis



Population Health and the Role of EHRs/Health Information Technology




* Adapted from AHIC, workgroup on population health February 2007



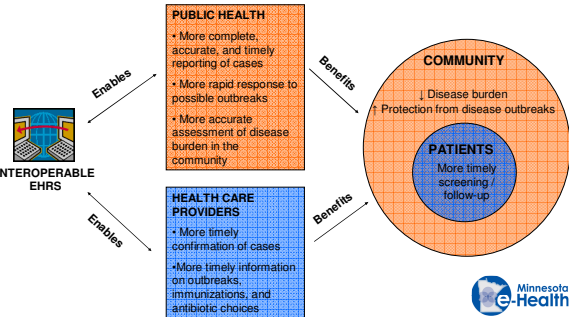
Principles for Improving Population Health through EHR/HIT Adoption

1. The use of **electronic clinical data** is beneficial and necessary to improve population health.
2. The use of **electronic population health data** is beneficial and necessary to improve the health of individuals.
3. Everyone who uses clinical data for population health purposes should abide by a **common set of principles and policies**.
4. Those who use clinical data for population health purposes should be **transparent** about their **principles, policies and practices**.
5. Healthcare organizations should support the use of **standardized indicators and data** derived **directly** from electronic clinical data systems for the purpose of **measuring population health**.
6. Population health **functional components** are an essential part of EHRs.
7. **Financial or other incentives** will be necessary to accelerate the use of clinical data for population health purposes.

Adapted from the eHealth Initiative Blueprint: Building Consensus for Common Action (October 2007)



Benefits to Population Health: Electronic Disease Reporting Example




INTEROPERABLE EHRs enables:

- PUBLIC HEALTH**
 - More complete, accurate, and timely reporting of cases
 - More rapid response to possible outbreaks
 - More accurate assessment of disease burden in the community
- HEALTH CARE PROVIDERS**
 - More timely confirmation of cases
 - More timely information on outbreaks, immunizations, and antibiotic choices

Benefits to:

- COMMUNITY**
 - Disease burden
 - Protection from disease outbreaks
- PATIENTS**
 - More timely screening / follow-up



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The Effective Use of EHRs are Largely Driven by Population Health Goals!

- * Increased quality care
- * Increased safety
- * Reduced medical errors
- * Reduced costs to purchasers and society
- * Improved health outcomes
- * Increased evidence-based practice



Charge of the 2007-2008 Population Health Workgroup

- * Identify the local and state public health information systems that are required to be updated to meet the 2015 mandate to be fully interoperable with healthcare providers, hospitals, laboratories, the CDC, other states and other partners
- * Identify population health and prevention indicators that can be incorporated into decision support systems and other HIT to improve population health assessment and clinical practice



Initial Focus Areas for Health Information Exchange

- * Reportable diseases screening and surveillance/reporting
- * Real-time, two-way immunization exchange
- * Chronic disease management
- * Laboratory result reporting
- * Maternal and child health risk factors

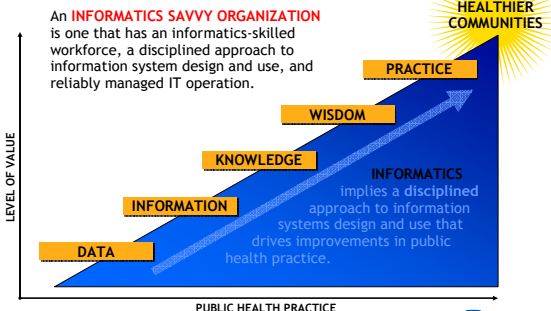


Modernization Needs a Collaborative Approach

- Statewide plan recommendation:**
Collaborative and enterprise-wide approach to modernizing key information systems to be more **standards-based, integrated and interoperable.**
- A joint **local-state governance model** for advancing integration and interoperability of public health information systems
 - **Collaboratively defined** core information system / infrastructure specifications needed for interoperability
 - **WHAT:** Linkages, integration, and interoperability across systems
 - **WHY:** Overall improvements in population health
 - **WHO:** Local health departments, Minnesota Department of Health, Minnesota Department of Human Services, and private partners
 - **HOW:** Identify information needs, data/messaging standards, information systems needing modernization, and overall architecture issues related to interoperability
 - **WHEN:** Begin now to prepare for the 2015 mandate



Using Informatics to Change Practice



Source: Marly LaVenture, Bill Brand, Minnesota Department of Health, Karen Zelenak, Bloomington Division of Public Health



Actions You Can Take Now

- EHRs / Private Providers**
- * Add/enable population health/quality improvement functions to your EHR
 - * Support exchange of information with public health and other partners for population health goals
- Public Health / Public Providers**
- * Seek opportunities to collaborate to modernize your systems
 - * Support exchange of information with private providers and other partners for population health goals
- All**
- * Participate in Minnesota and national standards processes for population health data
 - * Contact your local health department or clinic about their plans to become involved
 - * Get involved – great opportunity for partnerships and collaboration!
 - * For more information, contact Jennifer Ellsworth at 651-201-3662 or Jennifer.Ellsworth@state.mn.us



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Resources and Additional Information

www.health.state.mn.us/ehealth



Resources:

- Legislation
- Statewide plan
- Advisory Committee meetings and workgroups
- e-Health Initiative resource kit
- Other national and state resources

