

Workgroup Charge

- Identify and recommend nationally recognized standards, implementation specifications and certification criteria necessary to facilitate and expand the secure electronic movement and use of health information among organizations in Minnesota
- Review and comment on standards, implementation specifications and certification criteria related to the requirements of “meaningful use” and recommend resources and actions that will help increase implementation of these standards.

Workgroup Deliverables and Timeline

- September 2011 – May 2012: Provide updates as needed to the Minnesota e-Health Advisory Committee
- Spring 2012: Provide review and feedback as necessary on HITECH activities including:
 - Identify, review and comment on proposed standards, implementation specifications and certification criteria for electronic exchange and use of health information (related to “meaningful use” requirements)
- By May 2012: Identify implementation tools and resources promoted at national level and disseminate tools, tips and templates to support statewide standards implementation.
- By May 2012: Deliver a final draft of the 2012 update for Guide 2 (Standards Recommended for Use in Minnesota).
- June 2012: Provide a status report issued at Minnesota e-Health Summit.

Standards Context

Minnesota e-Health Standards are a requirement for electronic exchange of health information and achieving interoperability as required by the Minnesota 2015 mandate. 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. The Minnesota vision for exchange is to electronically move health information among disparate systems in order to improve health care quality, increase patient safety, reduce health care costs and improve public health, consistent with principles of health reform.

The 2011-12 standards workgroup charge builds on the accomplishments of the previous three years’ work which is published in the 2011 edition of *Guide 2: Standards Recommended to Achieve Interoperability in Minnesota* at <http://www.health.state.mn.us/ehealth>. The workgroup will continue to look to key national standards activities for priorities, standards recommended, implementation specifications; certification criteria and timelines (*see Figure 1, page 2 for workgroup process*).

Cross-cutting Issues with other Workgroups

- Exchange standards and shared directory services with Health Information Exchange workgroup
- Clinical quality standards and current state assessment with Adoption and Meaningful Use workgroup
- Federal standards for health information privacy and security with Privacy, Legal & Policy workgroup

Workgroup Leadership

Co-Chairs:

Barbara J Billing

Consulting Manager - Healthcare IT Advisory Services
RSM McGladrey, Inc.

Mike Ubl

Ubl Consulting LLC

MDH Coordinator

Priya Rajamani

Minnesota Department of Health

Phone : (651) 201-4119

Priya.Rajamani@state.mn.us

Figure 1: Minnesota Approach for Recommending e-Health Standards

