Health Information Exchange
Workgroup Meeting
February 7, 2017

Co-Chairs:
Jeff Benning (on leave)
President and CEO, Lab Interoperability Collaborative

Peter Schuna
President and CEO, Pathway Health

Ann Warner, Interim Co-Chair
Manager, Data Engineering, HealthEast

Staff Contacts:
Melinda Hanson and Anne Schloegel
Agenda and Meeting Objectives

- Welcome and Introductions
- Review HIE Workgroup Plans for 2016-17
- Minnesota Department of Health Updates
  - HIE Certification
  - HIE Study
- Privacy Toolkit
- Minnesota Statewide HIE Approach
2016-2017 HIE Workgroup Charge
Approach and Tasks

September 2016 – January 2017:
• Learn from HIOs and discuss current HIE landscape, value proposition, and priorities for exchange among HIOs

January – May 2017:
• Identify expectations for statewide HIE in Minnesota with specific attention to transactions and value propositions
• Review Privacy and Security Workgroup approved materials from the SIM-funded privacy, security and consent work.

September 2016 – May 2017
• Review and provide input, as needed, on HIE-related activities such as: Minnesota HIE Study, federal activities (e.g., SIM, CMS 90/10) and Minnesota HIE Oversight
2016-2017 HIE Workgroup Charge: Deliverable

By May 2017:

• Summary report of recommended “Expectations for Statewide HIE Capabilities in Minnesota” that align with federal initiatives and include but are not limited to value proposition for implementation of specific transactions.
Today’s meeting addresses the following HIE Workgroup Actions Plans:

Objective #1: Increase the number of health and healthcare providers participating in a State-Certified HIO.

1c. *Use vision of MN HIE approach to help potential HIOs and providers identify how they may connect to MN HIE.*

Objective #3: Increase the number of providers, who are not currently connected, to identify how they will connect to statewide HIE.

3a. Identify roles of HIOs/HDIs/Providers and the benefits of connecting to an HIO in statewide HIE approach.

Objective #5: Using assessment data from prior studies and environmental scans, update and publish information on Minnesota privacy and security status and needs.

5a. Distribute SIM Minnesota funded privacy and security work product.

5b. Provide educational sessions and seminars to disseminate information.
Minnesota Department of Health Updates: HIE Certification
What are the state-certified HIE options?

Health Information Organization (HIO):

an organization that oversees, governs, and facilitates HIE among health care providers that are not related health care entities to improve coordination of patient care and the efficiency of health care delivery.

State-Certified HIOs
What are the state-certified HIE options?

Health Data Intermediaries (HDIs)
• Provide the *technical capability or service to enable HIE*;
• May work with HIOs and/or health care providers directly

State-Certified HDIs

- CenterX
- Cerner
- Change Healthcare Solutions
- CIOX Health
- Epic Systems Corporation
- Inpriva
- MaxMD
- MedAllies
- Medicity
- NextGen Healthcare (Mirth)
- Relay Health
- Secure Exchange Solutions
- Simply Connect
- South Dakota Health Link
- Surescripts
- Wisconsin Statewide Health Information Network (WISHIN)

Orion Health *(in process)*
Minnesota Hospitals and Clinics Connected to an HIO

Source: MDH–OHIT Survey data 2015, connection includes HIO participatory agreement with direct and/or query capability
Legislative HIE Study Update
Legislative Directive

- To assess MN's legal, financial, and regulatory framework for HIE, including the requirements the MN Health Records Act;
- Make recommendations for modifications that would strengthen the ability of MN health care providers to:
  - securely exchange data
  - in compliance with patient preferences, and
  - in a way that is efficient and financially sustainable.
- **Due February 2018**
Methodology

- Environmental Scan of:
  - HIE activity in Minnesota
  - HIE models used in other states
  - Consent models used in other states
- Conduct stakeholder engagement meetings
- Conduct subject matter expert interviews
- Compile themes and recommendations
  - Vet through Steering Team and e-Health Advisory Committee
# Timeline

<table>
<thead>
<tr>
<th>Phase</th>
<th>Start</th>
<th>Completion</th>
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<tbody>
<tr>
<td>1. Study design</td>
<td>November 2016</td>
<td>February 2017</td>
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<tr>
<td>2. Data collection</td>
<td>March 2017</td>
<td>June 2017</td>
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<tr>
<td>3. Analysis; develop themes/recommendations; report writing</td>
<td>July 2017</td>
<td>October 2017</td>
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<td>4. MDH review process</td>
<td>November 2017</td>
<td>January 2018</td>
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<td>5. Due to legislature</td>
<td></td>
<td>February 2018</td>
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HIE Study
Associated Activity

Governor’s Office

Legislature

Convene meeting on recommendations, including payers and others

MDH

Advisory Committee

HIE Workgroup

MN HIN (HIOs and HDIs)

Statewide HIE implementation

2016-2017
• HIE goal, vision, principles, and expectations
• Value proposition
• HIE infrastructure needed (phased approach, pros/cons, and considerations)
• Definitions

Privacy & Security Workgroup

MN Health Records Act recommendations + other laws

HIE Study Steering Team

• Methods for data collection
• Insights—specific topics (e.g., business case)
• Review findings
• Recommendations and report review
Foundations in Privacy Toolkit

Funding was provided to Gray Plant Mooty by the Minnesota Department of Health in 2015 to help support development of this Privacy Toolkit.

*This funding is part of a $45 million State Innovation Model (SIM) cooperative agreement, awarded to the Minnesota Departments of Health and Human Services in 2013 by the Center for Medicare and Medicaid Innovation to help implement the Minnesota Accountable Health Model.*
The Big Picture: Two Phase GPM Review

- **Phase One**: Legal Analysis (August 2015 – July 2016)
  - 11 Use Case Stories
  - GPM team analyzed each scenario
    - Identified and reviewed laws and regulations implicated by each use case
    - *Goal is to identify legal barriers to health information exchange*

- **Phase Two**: Transition From Legal Analysis to Foundations in Privacy Toolkit (August 2016 – February 2017)
  - *Goal is to develop practical solutions to address common issues faced by the majority of providers*

- **Phase Three**: Dissemination (March 2017 – July 2017)
Foundations in Privacy Toolkit Documents

• Policy and Procedure Documents
  – Using and Disclosing Information to Business Associates
  – Using and Disclosing Alcohol and Drug Abuse Records
  – Consent to Use and Disclose Health Information Under Minnesota Law
  – Authorization for Use and Disclosure of PHI
  – Using and Disclosing Information for Health Care Operations
  – Using and Disclosing Information in an Emergency
  – Exchanging Information with Out-of-State Providers
  – Disclosures for Judicial and Administrative Proceedings
  – Minimum Necessary for Requests for, or Uses and Disclosures of, PHI
  – Breach of Unsecured PHI
  – Using and Disclosing Information for Research
  – Using and Disclosing Information for Fundraising
  – Using and Disclosing Information for Marketing
  – Using and Disclosing Information for Payment
Foundations in Privacy Toolkit Documents

• Template Agreements
  – Annotated Business Associate Agreement
  – Annotated Subcontractor Business Associate Agreement
  – Template Data Use Agreement

• Checklists
  – Business Associate Agreement Checklist
  – HIPAA Authorization Checklist
  – Exchanging Information in an ACO

• Flowcharts
  – How to identify a Business Associate
  – How to Identify Psychotherapy Notes
  – Am I subject to 42 CFR Part 2?

• Other Documents
  – Federal Guidance on Disclosure in an Emergency Situations
Foundations in Privacy Toolkit

Anticipated late February 2017 release

Link on the MDH Privacy and Security webpage: http://www.health.state.mn.us/e-health/privacy/index.html

Recommended actions:

a) Download the materials when available - Documents will be available in both word and pdf formats

b) Share materials with others in your agency or organization

c) Participate in future webinars or conferences
   - Watch for a Gray Plant Mooty webinar series discussing the tools and answering questions
   - Presentations on the toolkit will be at several conferences this spring and summer, including the Minnesota e-Health Summit on June 15, 2017

d) Provide feedback to MDH on how helpful is the content and what new types of information would be useful
Foundations in Privacy Toolkit Discussion

- *How else could these materials best be distributed and used?*
Minnesota Statewide HIE Approach

- Review working definitions for HIE concepts
- Review, provide input, and recommendations for Minnesota Statewide HIE Approach:
  - Vision Statement
  - Goals
  - Principles
- Discuss value propositions and core services for Minnesota Statewide HIE
Minnesota Statewide HIE Approach: Working Definitions

Health Information Exchange (HIE)
The electronic transmission of health-related information between organizations according to nationally recognized standards.

Interoperability: The ability of two or more systems or components to exchange information and to use the information that has been exchanged accurately, securely, and verifiably, when and where needed. Reference: Health Care Interoperability.
Minnesota Statewide HIE Approach: Working Definitions

**HIE Services***
HIE services allow an organization to interact with participating organizations or systems in a consistent, efficient and reliable way that produces value for users/customers.

**Community and Local HIE**
Refers to the HIE services developed and provided locally to support the care and information needs of that community in support of achieving interoperability.

**Statewide HIE**
Refers to the core HIE services that are universally and uniformly available, supported and used throughout Minnesota in support of achieving interoperability.

*Adapted from HIMSS “What do HIEs/HIOs offer that EHRs do not?” HIMSS FAQ: Health Information Exchange (HIE) accessed 1-24.2017 [http://www.himss.org/library/health-information-exchange/FAQ](http://www.himss.org/library/health-information-exchange/FAQ) and Health Information Exchange Navigating and Managing a Network of Health Information Systems; Edited by: Brian Dixon*
Minnesota e-Health Initiative Vision

“… to accelerate the adoption and use of Health Information Technology to improve health care quality, increase patient safety, reduce health care costs and enable individuals and communities to make the best possible health decisions.”
Minnesota Statewide HIE Approach: Vision Statement

To use statewide HIE to provide
the right information,
to the right persons,
at the right time,
in the right format,
to support health equity, improved population health and a learning health system.
Minnesota Statewide HIE Approach: Vision Statement

Discussion Questions:

- What is missing from this vision statement?
- What should be clarified or expanded?
- Does the vision statement meet your expectations for statewide HIE?

Action: Recommend any updates to the working vision statement for Minnesota Statewide HIE prior to review by the Minnesota e-Health Advisory Committee
Minnesota Statewide HIE Approach: Goals
(established in 2010 and endorsed by the Minnesota e-Health Advisory Committee)

Through an integrated statewide approach, Minnesota will advance patient-centered health information exchange that will:

- Provide Minnesotans with access to coordinated care each time they access the health care system, across the continuum of care.
- Elevate the health of all Minnesotans by facilitating essential communications that support improvements in individual, community and public health.
- Ensure that adequate protections are in place to maintain patient privacy, while enabling secure access to all of the information necessary to deliver the best possible care.
- Empower Minnesotans with the information they need to work with their providers to achieve the best possible health outcomes.
- Serve the citizens of Minnesota as a public good. (now a principle)
Minnesota Statewide HIE Approach: Goals

Discussion Questions:

- Do these goals still meet your expectations for statewide HIE?
- Are there goals missing, and if so, what should be added?
- What should be clarified or expanded?

Action: Recommend any updates to the working goals for Minnesota Statewide HIE prior to review by the Minnesota e-Health Advisory Committee
Minnesota Statewide HIE Approach: Principles

Guide for public and private policy decision-making
(initially established and endorsed by the Minnesota e-Health Advisory Committee in 2010)

- Improved health and health care for Minnesota citizens and communities is the central focus of statewide, interoperable HIE.
- Statewide HIE is a public good to serve all citizens of Minnesota. (moved from goals)
- Secure and efficient exchange of health information is essential to transforming health care and improving the health of Minnesotans and must supersede technical, business, and bureaucratic barriers.
- Value of information increases with use, and the value of one set of information increases when linked with other information.
- Consumption of HIE services by one health / health care stakeholder must not reduce availability for others, and no health / health care stakeholder can be effectively excluded from appropriately using interoperable HIE services.
- Statewide HIE must provide the functionality necessary to support meaningful use, and expand over time to provide for continuous improvement in quality and coordination of care. Proposed update: Include other federal and Minnesota priorities such as MACRA.
- Proposed update: Funding for statewide HIE is sufficient, sustainable, and equitable.
- Proposed update: Participation by all stakeholders (e.g., providers, payers, government) is needed to achieve full benefits through the use of levers and policies.
Minnesota Statewide HIE Approach: Principles

Discussion (for each principle):

- Does this principle resonate?
- Are there updates or changes needed?

Action: Recommend any updates to the working principles for Minnesota Statewide HIE prior to review by the Minnesota e-Health Advisory Committee
### Minnesota Statewide HIE: Value Propositions

**Relationships between Information Senders and Information Receivers**

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<thead>
<tr>
<th>Send Information</th>
<th>Receive Information</th>
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<tr>
<td><strong>Good Samaritans</strong>&lt;br&gt;(organizations send information needed by others but may not, or perceive not to, need to receive information from others)</td>
<td><strong>Full Participants</strong>&lt;br&gt;(organizations send, receive and integrate information)</td>
</tr>
<tr>
<td><strong>Non-Participant</strong>&lt;br&gt;(organizations neither send nor receive information)</td>
<td><strong>Opportunist</strong>&lt;br&gt;(organizations receive information but do not reciprocate by sending information)</td>
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The expectation would be that everyone would be a full participant in statewide HIE. Community HIE will happen in different ways and participants may be in any/one/all of these quadrants depending on the information being exchanged.

Adapted from a graphic from: Noam Arzt, “Fighting Information Blocking in the Emerging Learning Health System”, JHIM. Fall 2015. Volume 29/Number 4
Minnesota Statewide HIE: Value Propositions

What do you see as important for communities and organizations?

**Business Case for HIE**

- Improved care coordination (e.g., helps providers send, receive, find or query both longitudinal and/or consolidated information, including social determinants of health to integrate health information to improve decision making with patients).
- Improved patient satisfaction with care (e.g., engages individuals, and their care givers, in their health).
- Lower cost of care organizations may perform better in value-based payment arrangements (e.g., allows for analysis of cohort or attributed populations to improve health of high risk populations).

**Community Value of HIE**

- Improved population health / Support a learning health system (e.g., allows for population health analysis to better identify immediate public health threats, alert providers, and follow up on effectiveness of health programs impacting the population at large.
- Overall lower cost of care (e.g., reduce duplicate tests, etc.)
Minnesota Statewide HIE: Value Propositions

Discussion:

- *Do the value propositions align with the HIE WG discussions?*
- *Do we have consensus that there is a business case and community value for statewide HIE?*
- *From your organization’s perspective, could these value propositions encourage sharing information through the Minnesota Statewide HIE Approach?*
- *Are there any updates or additions needed to the value propositions for Minnesota Statewide HIE?*
Endorsed as part of the MN e-Health Roadmap by the MN e-Health Advisory Committee in September 2016

All Minnesotans and their health and health care providers should have equitable access to their health information as part of a patient-centered focus on statewide HIE.
Minnesota Statewide HIE: Possible Recommendations for Core Services (think “dial tone”)

- Support care coordination (e.g., alert notification for admission, discharge, or transfer (ADT), medication history, care summary (CCDA)).
- Clinical data retrieval via record locator service (medication history, care summary (CCDA), laboratory result transaction (ORU), immunization transaction (CVX)).
- Patient consent management.
- Data aggregation and consolidation (e.g., clinical data repository, longitudinal individual record or community PHR, access to population health registries).
- Public health reporting (e.g., electronic lab reporting (ELR)).
- Support alternative payment arrangements (e.g., analytics using both clinical and claims data).
Building Capacity for Minnesota Statewide HIE

Suggestions from the HIOs about what’s needed to share information with each other?

1) **Patient-Centered Data Home (PCDH) Directory to support:**
   - Alert notification for hospital or ED admit to HIO that is individual’s PCDH (individual has given consent for alerts)
   - Summary of Care after each provider visit; to HIO that is individual’s PCDH (individual has given consent for alerts)

2) **Health Care Provider Directory to support:**
   - Referral to providers outside of HIO
   - Transition of Care information to providers at other HIOs

Assumes HIE service provider has capability to:
- Transform (e.g., conversion to clinical documents)
- Translate (e.g., LOINC/SNOMED mapping)
- Transport (Direct secure messaging, Soap-Based Web Services, etc.)
- Transport protocol conversion (e.g., XDR/XDM)
Minnesota Statewide HIE:
Possible Recommendations for Core Services

- *Do these proposed core services fit within the vision and goals for statewide HIE?*
- *What is missing?*
- *From your perspective, which of these core statewide HIE services are the highest priorities?*
- *What core HIE services would you as an individual/patient want universally available statewide?*
Minnesota Statewide HIE: Criteria for Prioritizing Core Services

- Value/need for common services within and across communities
- Availability of funding
- Services that provide value and are easy to deliver would be a priority
- Is there a clinical or public need?
- Other criteria?
SAVE THE DATE!
Minnesota e-Health Summit
June 15, 2017
Earle Brown Heritage Center • Brooklyn Center, MN
Next Steps

• Minnesota e-Health Advisory Committee
  Thursday, February 16, 2017, HealthPartners, Superior Room

• Next HIE Workgroup meeting
  Thursday, May 4, 2017, Wilder, Auditorium A