Final Recommendations of the SCHSAC Building Health Information Exchange Capacity Workgroup

December 2013

Contents

SCHSAC Chair’s Letter ......................................................................................................................... 2
Commissioner’s Letter .......................................................................................................................... 3
Summary: Workgroup Recommendations .............................................................................................. 4
Final Recommendations of the SCHSAC Building Health Information Exchange Capacity Workgroup ................................................................................................................................. 5
Appendix A. Workgroup Charge ........................................................................................................ 8
Appendix B. Membership, Representatives, Project Staff .................................................................. 9

Printed on recycled paper. If you require this document in another format, such as large print, Braille or cassette tape, call 651-201-3880 or email health.ophp@state.mn.us.
December 9, 2013

Ed Ehlinger, MD, MSPH
Commissioner
Minnesota Department of Health
PO Box 64975
St. Paul, MN  55164-0975

Dear Commissioner Ehlinger:

I am pleased to present to you the final recommendations of the Building Health Information Exchange Capacity Workgroup of the State Community Health Services Advisory Committee (SCHSAC). SCHSAC approved these recommendations at its meeting on December 6, 2013.

In 2010, SCHSAC established the workgroup, charging it to recommend standardized methods for exchanging local public health data as required by state laws that mandate local health departments to have interoperable electronic health records (EHR) systems by January 2015. SCHSAC approved the workgroup’s first report, Information Systems, Data Interoperability, and the Requirements for Exchange: Report and Recommendations, in December 2011. This report includes a detailed business analysis of targeted home visiting data collection across eight local public health agencies.

The workgroup continued to work on data exchange issues by focusing on the federal Maternal Infant and Child Home Visiting (MIECHV) grant. The workgroup involved local public health (LPH) data system vendors in the discussion, and supported the joint project with MDH and LPH, to report MIECHV data to MDH directly from LPH data systems.

Concluding its efforts, the workgroup developed three recommendations that emphasize the need for guidance, governance, coordination, and leadership to advance e-health in Minnesota’s local public health community; the importance of local public health EHR systems that utilize common information requirements and national standards; and the need to ensure an informatics-savvy workforce in local public health.

On behalf of SCHSAC, I request your acceptance and approval of these recommendations.

Sincerely,

Bill Groskreutz, SCHSAC Chair
Faribault County Commissioner
December 10, 2013

Bill Groskreutz, SCHSAC Chair
Faribault County Commissioner
Martin County Human Services Center
115 West First Street
Fairmont, MN 56301

Dear Commissioner Groskreutz:

Thank you for sending me the final recommendations of the Building Health Information Exchange Capacity Workgroup of the State Community Health Services Advisory Committee (SCHSAC).

This long-standing workgroup has significantly contributed to the goals of achieving Minnesota’s 2015 interoperability mandate and advancing public health outcomes through secure, standardized data exchange.

I agree with the need for continued communication across the Minnesota public health system related to e-health requirements and capabilities, and look forward to working with you and the SCHSAC as we continue to engage decision makers at the state and local levels to advance e-health and informatics knowledge, skills and competencies. The MN e-Health Initiative and the State Innovation Model (SIM) grant will provide opportunities for further collaboration between MDH, local public health, and our community partners.

Sincerely,

Ed Ehlinger, MD, MSPH
Commissioner
PO Box 64975
St. Paul, MN 55164-0975
Summary: Workgroup Recommendations

The State Community Health Service Advisory Committee (SCHSAC) established the Building Health Information Exchange Capacity (HIE) Workgroup in August 2010, with the charge to recommend standardized methods for exchanging local public health data as required by state laws that mandate local health departments to have interoperable electronic health records systems by January 2015.

In its first 18 months, the workgroup learned about other states’ interoperability efforts, was educated on business process analysis, examined local public health’s maternal and child health business services, and began the task of determining data standards for electronic public health records and data exchange. SCHSAC approved the workgroup’s first report, Information Systems, Data Interoperability, and the Requirements for Exchange: Report and Recommendations (PDF: 3MB / 96 pages), in December 2011. This report includes a detailed business analysis of targeted home visiting data collection across eight local public health agencies.

The HIE Workgroup continued to address data exchange issues, including demographic data elements in the Continuity of Care Document, and compared data elements among MDH and local public health data (LPH) systems. In 2013, the workgroup focused on one data exchange activity. The group chose Family Home Visiting data because of the data collection changes required for the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant. The workgroup reviewed the new requirements, reviewed data elements, and involved local public health data systems vendors in the discussion. The workgroup supported the project to report MIECHV data to the Minnesota Department of Health directly from local public health data systems in spring 2014 with the goal of eliminating duplicate reporting and improving data quality.

Concluding its efforts, the HIE Workgroup recommends that local public health, SCHSAC, and the Minnesota Department of Health collectively act to further advance e-health in Minnesota’s local public health community.

1. Establish Public Health e-Health Workgroup

Establish an ongoing statewide public health e-health workgroup to provide guidance, governance, coordination, and leadership for MDH/LPH departments. The workgroup would prioritize and direct the focus of activities.

2. Utilize Common Information Requirements and Standards

Local public health electronic health records systems will utilize common information requirements and standards in accordance with the Standards and Interoperability Framework from the Office of the National Coordinator (ONC).

3. Increase Informatics Literacy

Ensure informatics-savvy organization and workforce.
Final Recommendations of the SCHSAC Building Health Information Exchange Capacity Workgroup

Approved by SCHSAC on December 6, 2013.

**Vision:** Public health outcomes are enhanced through secure, standardized exchange of data between the Minnesota Department of Health, local public health (LPH), and community partners.

**Objective:** State and local public health departments make progress toward Minnesota's 2015 interoperability mandate.

**Recommendation:** The Building Health Information Exchange Capacity workgroup recommends that local public health, the State Community Health Services Advisory Committee, and the Minnesota Department of Health collectively act to further advance e-health in Minnesota's local public health community.

---

**1 Establish Public Health e-Health Workgroup**

Establish an ongoing statewide public health e-health workgroup to provide guidance, governance, coordination, and leadership for MDH/LPH departments. The workgroup would prioritize and direct the focus of activities.

- The workgroup should establish a charter.

- Public Health e-Health Workgroup membership should include:
  - At least 6 representatives from local public health agencies. Members should represent diverse geographic locations and populations from around the state.
  - MDH business leaders, division directors or program directors.
  - State of Minnesota’s Office of Enterprise Technology (MN.IT)
  - Local public health agency electronic health records system (EHR) vendors
  - Representatives from the Department of Human Services, Corrections and Education
  - Academic partners including the University of Minnesota School of Nursing Omaha System Partnership for Knowledge, Discovery, and Health Care Quality; Institute for Health Informatics, School of Public Health, etc.
  - Other exchange partners including the health care sector
  - Representatives from the Beacon Community
  - Representatives from the Minnesota Certified Health Information Exchange Service Providers

- Workgroup activities should build on previous efforts of Minnesota Public Health Information Network (MN-PHIN) that described the goals, vision, values and strategies for Local Public Health Roadmap. Workgroup activities should identify and leverage lessons learned from e-health projects such as Beacon community, e-Connectivity grants, MIECHV and others.

- The workgroup should identify overarching joint principles/policies to be applied when developing new systems, applying for grants, and/or collecting data through surveys or required reporting such as:
  - LPH involvement in the development of new data collection systems.
The use of already existing data if at all possible rather than collecting new data when developing or modifying data collection or reporting activity.

Uniform data privacy and security requirements are identified, stated, and communicated.

Data collected from LPH by the state should be provided back to LPH in a manner that provides for comparison with other counties, regions, the state or national benchmarks. Data should be made available to LPH in raw form for their use in grant writing or other reporting needs/opportunities.

Data should be exchanged following national standards.

☐ Engage decision makers (county/city commissioners, public health directors, and MDH leadership) to advance interoperability.

☐ Develop local public health communication strategy for e-health.

☐ Communicate information to LPH about resources, provide feedback on resources, and make resources applicable to LPH such as the LPH HIT Toolkit, Guidance for Understanding the Minnesota 2015 Interoperable EHR Mandate, and the HIE Guide.

2 Utilize Common Information Requirements and Standards

Local public health electronic health records (EHR) systems will utilize common information requirements and standards in accordance with the Standards and Interoperability Framework from the Office of the National Coordinator.

For example:

☐ Advocate for funding local public health’s adoption and effective use of EHR’s for health information exchange.

☐ Identify planning and implementation resources/funding required to support planning and implementation for integration and interoperability of public health systems.

☐ Connect providers, public health, and other referral partners using ONC recommended standards to support Meaningful Use transactions.

☐ Analyze existing data systems and utilize them if at all possible for new or modified data collection.

☐ Collaboratively define and adopt the business requirements and information needs of local public health.

☐ Communicate system modification to vendors in time to allow changes to be implemented before actual data collection begins.

☐ Compare the Public Health Reporting Initiative (PHRI) standards to existing data collections. Identify gaps and communicate changes necessary to organizations with an EHR.

☐ Establish uniform policies and practices to ensure protection of confidentiality and security of health information.

☐ Conduct security risk assessment.

☐ Identify gaps and communicate recommended changes needed to EHR systems.

☐ Monitor informatics and e-health work being done at the national level.

☐ Identify requirements affecting the Minnesota local public health community.
Identify best practices that would benefit the Minnesota local public health community.

Support implementation of national standards and protocols for technical, transport, semantic and process interoperability.

Actively participate in e-Health committees such as the Adoption and Effective use of EHRs Workgroup and provide feedback as appropriate.

### 3 Increase Informatics Literacy

**Ensure informatics-savvy organization and workforce.**

For example:

- Identify gaps and develop e-health and informatics knowledge, skills and competencies for local health departments
  - Incorporate informatics training into CHS Administrator and Local Elected Official trainings.
  - Offer e-health and informatics tracks at public health conferences, including the Community Health Conference and the Rural Health Conference.
  - Identify resources for regional public health informaticians and/or shared informatics resources for local public health
  - Support and encourage training on health technology including Informatics, HL7 standards for Clinical Document Architecture (CDA), Public Health Reporting Initiative (PHRI), Omaha System terminology, Health Information Exchange and Meaningful Use.

- Identify the required technical and informatics skills and knowledge required for staff to implement policies and procedures
  - Policies and procedures to consider such as national and the e-health workgroups
  - Define skill requirements
  - Identify classes and/or funding for training.
Appendix A. Workgroup Charge

Approved May 21, 2010 by the Executive Committee.

The charge to this workgroup is as follows:

1. Affirm a vision and principles for the exchange of public health data
2. Collect information on the data standards currently in place in the electronic health records systems used by LHDs and other states such as North Carolina
3. Determine initial business processes focus
   a. Review of business process activities
   b. Determine common processes and different processes
   c. Define foundational business processes
4. Develop and recommend a set of data standards and resource needs for LHD electronic health record systems that will include standards related to terminology, messaging, and transactions. Due to the diverse type of services provided at LHDs and scope of content, the workgroup will develop data content standards for services affecting the maternal and child health population group
5. Assure communication with stakeholders including the Local Public Health Association of Minnesota (LPHA), e-Health Advisory Committee, and primary vendors of electronic health records for LHDs
6. Work with southeast Minnesota Beacon grantees to ensure coordination of efforts
7. Align efforts with the Health Information Technology (HIT) Meaningful Use requirements for exchanging data relating to immunizations, lab reporting, and coordination of care
8. Utilize the important lessons learned from other data standards projects, such as the Local Public Health Planning and Performance Measurement System (PPMRS) and the Environmental Health Knowledge Management Project (EHKMP), to guide the process
9. Utilize resources available from the Public Health Informatics Institute and the MDH Office of Health Information Technology related to data standards and information systems development
Appendix B. Membership, Representatives, Project Staff

2013 Workgroup Membership

Diane Thorson, Chair (Otter Tail)
Wendy Bauman, LPHA Informatics Subcommittee Representative (Dakota)
Jill Bruns (Kandiyohi-Renville)
Diane Holmgren/Barb Lescenski (St. Paul-Ramsey)
Connie Hanson Hullstrom/Pat Stewart (Cottonwood-Jackson)
Lisa Klotzbach (Olmsted)
Betsy Kremser (Anoka)
Greta Siegel (Douglas)
Cheryl M. Stephens (Community Health Information Collaborative)

MDH Workgroup Representatives

Deb Burns (Office of Performance Improvement)
Kari Guida (Office of Health Information Technology)
Janet Olstad (Community and Family Health)

MDH Project Staff

Amy Camp (MN.IT)
Mark Doerr (MN.IT)
Kathy Grantham (MN.IT)
Wendy Nelson (Executive Office)
Bill O'Brien (MN.IT)