

MDH Interoperability Checklist for External Partners

The purpose of this checklist is to help external partners focus decision making that is needed to move forward with MDH interoperability use case options, which are specific to each organization's needs. The form is emailed to DSI for follow-up discussion and planning for implementations.

Organization: _____ Number of facilities: _____

Contact person: _____ Email: _____

NOTE: Electronic implies electronic transmission of structured data by agreed message standards from one computer system to another without human intervention; it implies not faxing, not manual upload, and not giving view-only access into the other system for information gathering.

* Denotes a public health reporting requirement in CMS proposed rules, effective Jan. 1, 2022. These include:

- ✓ Electronic Case Reporting (eCR)
- ✓ Syndromic Surveillance, with participation in the National Syndromic Surveillance Program
- ✓ Electronic Laboratory Reporting (ELR)
- ✓ Immunization Reporting (MIIC)

Please check all that apply for each use case below and add comments or questions in the Comment section. Email the completed checklist to health.dsi@state.mn.us.

Electronic Case Reporting (eCR) *

- eCR is the automated generation and transmission of case reports from the electronic health record (EHR) to public health to meet required public health reporting. eCR reduces the number of resources needed to track down additional needed information for public health individual follow-up:
<https://www.health.state.mn.us/diseases/reportable/medss/ecr.html>.
- eCR information is sent directly or indirectly (via Health Information Organization (HIO)) from health care organizations to the Association of Public Health Laboratories (APHL) Informatics Messaging Service (AIMS) platform in an HL7 CDA format.
 - Currently electronic (COVID-19 only)
 - Would like to enhance current electronic feed to expand beyond COVID-19
 - Is in the process of onboarding or scheduled to start onboarding to the AIMS platform within the next three months (provide start date in Comments below)
 - Would like to onboard for electronic implementation directly to the AIMS platform
 - Would like to connect to HIO to onboard to the AIMS platform
 - No thanks, at this point in time we are OK with current processes

Comments:

Laboratory Orders/Results – Infectious Disease Lab (IDL)

- For hospitals, health systems, and laboratories to send orders to the Minnesota Public Health Laboratory, to perform tests as a reference lab, and receiving results in return, using HL7 standards.
- For health care organizations to electronically send information for specimens to IDL to meet reportable disease rule submission requirements and receiving acknowledgment the specimen was received.
 - Currently electronic
 - Would like to explore COPIA web portal order entry with automatic fax receipt or result receipt via web portal
 - Would like to onboard for electronic implementation
 - No thanks, at this point in time we are OK with current processes

Comments:

Laboratory Orders/Results – Newborn Screening Blood Spot

- For birthing centers in Minnesota, replace specimen card manual entry with electronic data capture of necessary newborn screening demographic and specimen information.
 - Currently electronic
 - Is in the process of onboarding, or scheduled to start onboarding within the next three months (provide start date in Comments below)
 - Would like to onboard for electronic implementation
 - No thanks, at this point in time we are OK with current processes

Comments:

Expanded Syndromic Surveillance with Participation in the National Syndromic Surveillance Program (NSSP) *

- Submit syndromic surveillance data on all visits to MDH and the CDC BioSense Platform to provide information to monitor emerging public health threats and analyze population health across Minnesota.
- Sharing data is included in National Syndromic Surveillance Program administered by the CDC. This information includes ADTs for all visits treated in hospitals and emergency rooms, allowing MDH to monitor emerging public health threats and population health issues.
- State and local analysts may obtain access to the syndromic surveillance analysis tool ESSENCE through MDH to access these data from all participating hospitals in their area. More participation from the hospital provides higher data quality and geographical representativeness, which is important to inform situational awareness and identify emerging health concerns, and to use toward community health assessments.
 - Currently electronic through Koble
 - In the process of onboarding, or scheduled to start onboarding in the near future (provide start date in Comments below)
 - Would like to onboard for electronic implementation to MDH and NSSP
 - At this point in time, we are not interested

Comments:

Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) reporting

- Required case reporting for emergency department visits and hospitalizations for TBI/SCI to allow MDH to follow up with individuals for case management and resource facilitation. Currently, this reporting involves manual processes for both external partners and MDH resulting in under-reported cases that are not timely and missing data elements.
- MDH intends to use existing ADT feed to receive TBI/SCI reporting information from participating emergency departments and hospitals.
 - Currently electronic through Koble
 - In the process of onboarding, or scheduled to start onboarding in the near future (provide start date in Comments below)
 - Would like to onboard for electronic implementation
 - No thanks, at this point in time we are OK with current processes

Comments:

Electronic Laboratory Reporting (ELR) *

- For laboratories and health care providers to electronically transmit lab results of reportable conditions to MDH, to meet MDH lab reporting requirements. List of 60-plus reportable lab results are expected to trigger ELR messages to MDH (includes blood lead test result reporting in settings submitting ELR).
- Format for prioritizing ELR onboarding is HL7 2.5.1.
 - Already onboarded for all conditions through ELR reporting
 - Onboarded for one or more reportable conditions through HL7 ELR reporting and would like to expand to more conditions.
 - In the process of onboarding for all reportable conditions, or scheduled to start onboarding within the next three months (provide start date in Comments below)
 - New implementation – would like to onboard for electronic implementation (all conditions):
 - Registered to send but have not started onboarding with MDH
 - Not registered yet
 - New implementation for blood lead result reporting only
 - No thanks, at this point in time we are OK with current processes

Comments:

Immunization Reporting (MIIC) *

- Immunization messaging between electronic health records to Minnesota Immunization Information Connection (MIIC).
- Currently, most external partners are ending vaccination messages directly to MIIC application.
- Current focus has been on electronically sharing vaccine information from new partners providing COVID vaccinations.
- Recent requirements have included race and ethnicity data elements and need to expand information from all current electronic vaccine information contributors.
- Plan to allow facilities to use HIO for immunization messaging and query/response.
 - Currently electronic
 - In the process of onboarding or scheduled to start onboarding in the near future (provide start date in Comments below)
 - Would like to onboard for electronic implementation
 - No thanks, at this point in time we are OK with current processes

Comments:

Other Use Cases

- Birth defects: potential added use case with eCR.
 - Currently electronic
 - Would like to onboard for electronic implementation
 - No thanks, at this point in time we are okay with current processes
- Blood lead reporting from clinic (point-of-care testing) settings.
 - Currently electronic
 - Would like to onboard for electronic implementation
 - No thanks, at this point in time we are OK with current processes
- Other suggested use cases for MDH Interoperability (i.e., cancer reporting). Please describe in Comments below.

Comments:

Other Initiatives

- **PHIN-MS replacement**
MDH is planning to replace PHIN-MS with an alternate way of transporting messages into MDH programs. Check below which applies to your organization.
 - Currently sending data to MDH via PHIN-MS and would be open to change to something else (note preferred route method, if you have one, in Comments below)Check all use cases currently sending information via PHINMS:
 - ELR
 - Cancer Surveillance
 - Immunizations
 - Blood Lead Point of Care testing
 - Currently sending data to MDH via PHIN-MS and would like to keep using PHIN-MS for the following use cases:
 - ELR
 - Cancer Surveillance
 - Immunizations
 - Blood Lead Point of Care testing
 - Not currently using PHIN-MS

Comments: