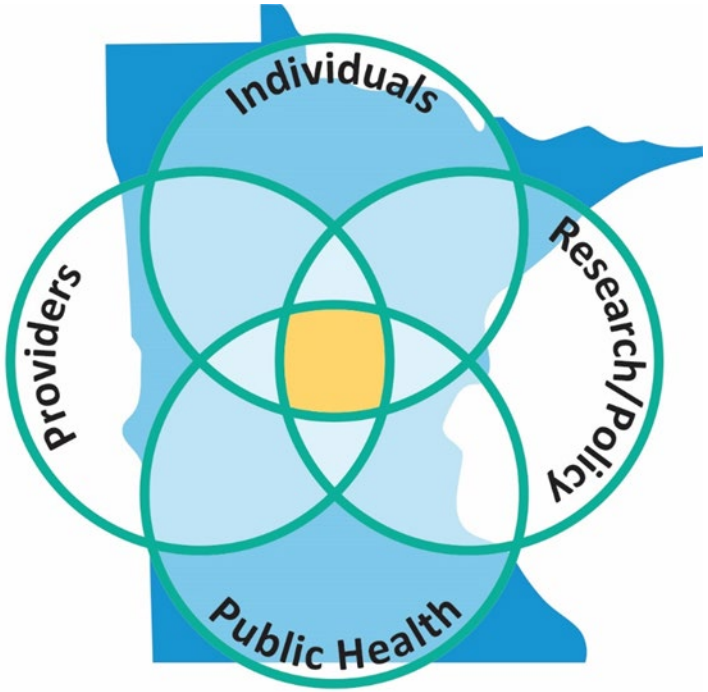
Minnesota e-Health Advisory Committee Meeting

Co-Chairs: Sonja Short | Peter Schuna
February 10, 2020

E-Health Initiative Charge - Vision

- A public-private collaboration established in 2004
- Legislatively chartered
- Coordinates and recommends statewide policy on e-Health
- Develops and acts on statewide e-health priorities
- Reflects the health community's strong commitment to act in a coordinated, systematic and focused way



Vision: "**All communities** and **individuals** benefit from and are **empowered by information and technology** which advances **health equity** and supports **health** and **wellbeing**."

Agenda

- Advisory Committee Appointments
- MDH Updates
- Health Information Exchange
- MN HIMSS and e-Health Initiative Conference
- Minnesota e-Health Workgroups and Activities
- Wrap-up and Next Steps

Minnesota E-Health Advisory Committee Appointments

Bob Johnson, MPP
Center for Health Information Technology and Transformation

Open Seats and Terms Ending – June 30, 2020

- Pharmacists
- Large Hospitals
- Small/Critical Access Hospitals
- Nurses
- Social Services
- Long Term Care
- Health Care Administrators
- Health Care Purchasers and Employers
- Expert In Clinical Guideline Development

Next Steps:

- Incumbent members/alternates will receive an email with re-applying instructions
- A public call for applicants will be issued by the Minnesota Secretary of State
- Expand / assist recruitment to seek more diverse participation & membership

Co-Chair Nomination and Selection Process

Appointing Authority

- Commissioner appoints Co-Chairs from amongst Advisory Committee members

Nominating Co-Chairs

- Nominations taken from Committee members, including co-chairs and alternates

Term Cycle

- Two-year staggered term cycle to ensure continuity in leadership

Process:

- Members will receive email with request to nominate candidates for Co-Chair vacancy. Respond by email to Bob Johnson at bob.b.Johnson@state.mn.us

MDH Updates

Jennifer Fritz, Aasa Dahlberg Schmit

February 10, 2020

A Minnesota Connected Networks Approach

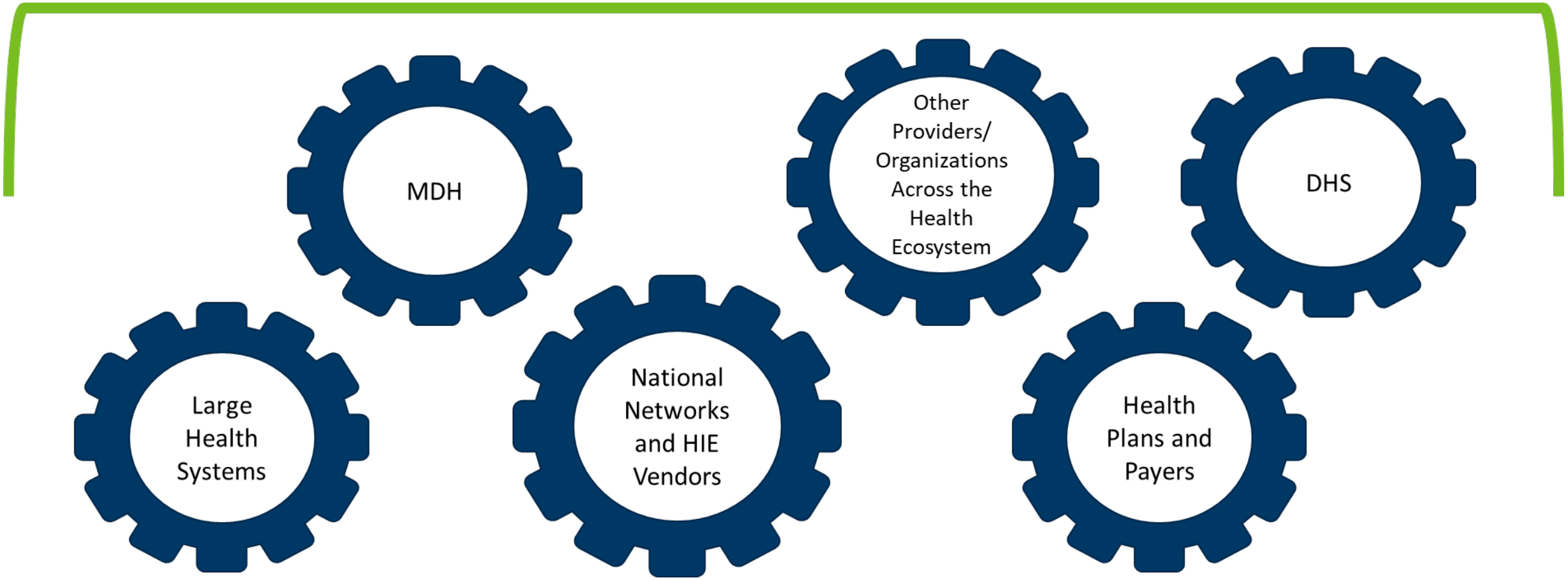
Update to the Minnesota e-Health Advisory Committee

Dave Haugen and Anne Schloegel

February 10, 2020

Moving parts affecting the health ecosystem

federal, state, and organization policies, regulations, and laws



What could a connected networks approach help do?

- Fill the significant gaps and disparities that remain in who has the information needed to improve the patient experience, individual and community health.
- Improve organizational efficiency and reduce administrative burden and cost.
- Provide increased value using a more coordinated and aligned process and possible shared technical infrastructure.

How do we get there?

Planned strategies:

- Strategy 1: Build upon previous efforts and existing HIE capabilities to fill some HIE gaps right now using the eHealth Exchange Hub.
- Strategy 2: Create a new process for oversight, planning, decision-making, and accountability.

“Strawman” illustrative model for reference and discussion

- Real world example of concepts we will be discussing later.
- Example chosen -- Statewide Health Information Network for New York (SHIN-NY) – one of many possible examples.
- Some aspects of the example may be more relevant to today’s discussion than others.
- Again -- Just for illustrative and discussion purposes.

“Strawman” illustrative example: Statewide Health Information Network for New York (SHIN-NY)

- “New York State created … SHIN-NY to allow the electronic exchange of clinical information and connect healthcare professionals statewide.”
- SHIN-NY refers to itself as a “network of networks”.

SHIN-NY starting points – legal definition

SHIN-NY is defined in New York State statute as:

- The technical infrastructure and the supportive policies and agreements that make possible the electronic exchange of clinical information among qualified entities and qualified entity participants for authorized purposes to:
  - improve the quality, coordination and efficiency of patient care.
  - reduce medical errors.
  - carry out public health and health oversight activities.
  - protecting patient privacy and ensuring data security.

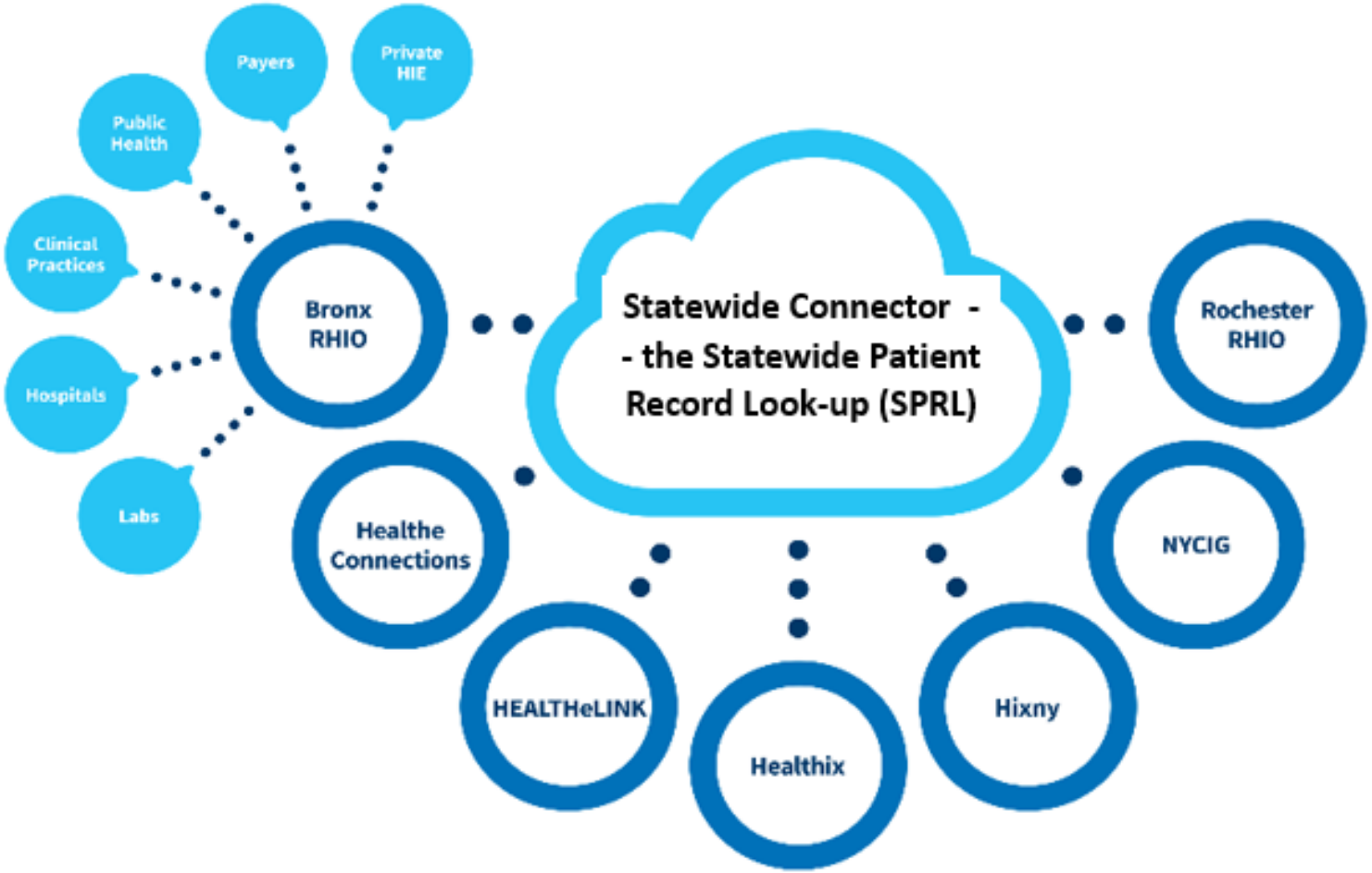
SHIN-NY Broken Down – One example network (of several networks)

- Organizations in solid blue shapes as shown are known as "Participants".
- SHIN-NY has several organizations like the one in the blue-ringed circle known as "Qualified Entities" (QEs). Think of QEs as analogous to Minnesota's "HIOs".

SHIN-NY Broken Down – Connecting the networks

- New York's eight QEs connect EHRs from participating providers in their community.
- The QEs are connected across New York by the Statewide Patient Record Look-up (SPRL) hub.

SHIN-NY Broken Down – Networks of Networks

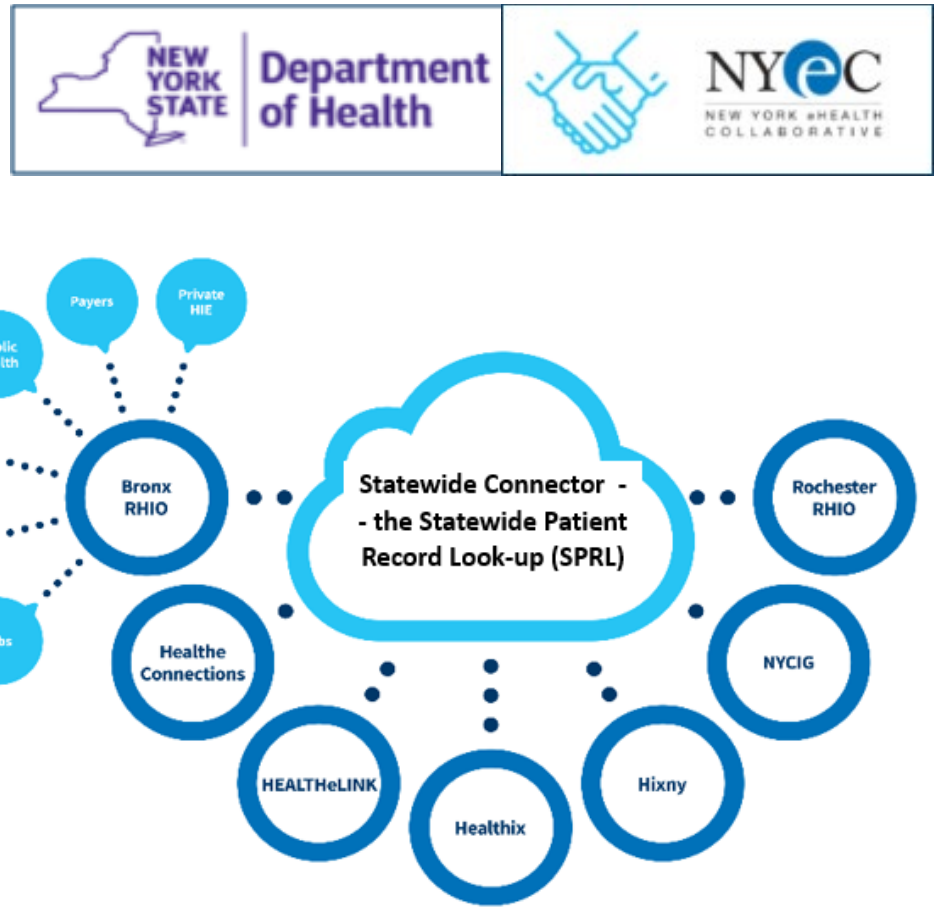


Structure/organization/process (*governance*) for SHIN-NY planning, direction-setting, decisions, and accountability

Two key entities with defined roles and responsibilities, **operating jointly**

- New York State Department of Health
- NY eHealth Collaborative

Think of it like this



Private-public governance for network of networks

Network of networks

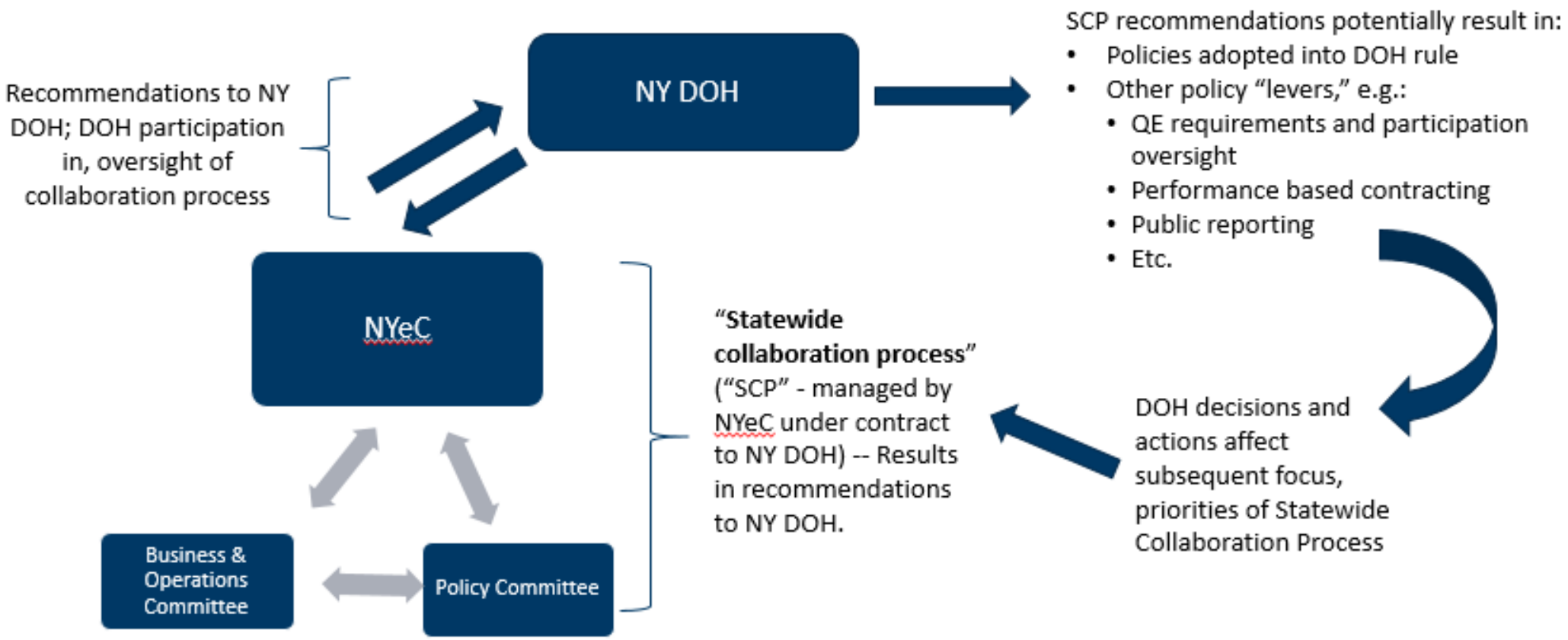
New York eHealth Collaborative (NYeC)

- Tax-exempt nonprofit corporation.
- Roles/responsibilities:
  - Technical “connector” for SHIN-NY (manages the Statewide Patient Record Look-up (SPRL) hub).
  - Planning, coordination, performance monitoring and improvement of SHIN-NY.
    - Provide thought leadership and statewide management to advance, align, integrate, and advocate.
    - Facilitate and propose policy, technical standards, functionality, business operations, and innovation.

New York Department of Health (NY DOH)

- Combined Medicaid and Public Health agency.
- Roles and responsibilities:
  - Exercise overall authority for the SHIN-NY (funding, regulation, laws, policy guidance, QE certification requirements, etc.).
  - Serve as a partner with the private sector.
  - Utilize state levers to promote SHIN-NY.

SHIN-NY governance and operations in practice



Key lessons learned from other states

- An economic model which includes a public/private partnership component supports a more responsive means to stakeholder and marketplace needs.
- A governance model which includes a broad mix of accountability to public, private, and consumer stakeholders.
- A use case approach focused on high value exchange can be optimized for interoperability, scalability, and rules for information sharing.
- HIE has evolved as a network of networks which should be leveraged to provide efficient and non-redundant services.
- High degree of integration with state agencies (including Medicaid) is a critical success factor.

Key concepts

Authority

Coordinating Entity

Authority

organization(s) with responsibility to direct activities

Public-private partnership

between authority and coordinating entities

Coordinating entity

organization that implements and/or manages connected networks

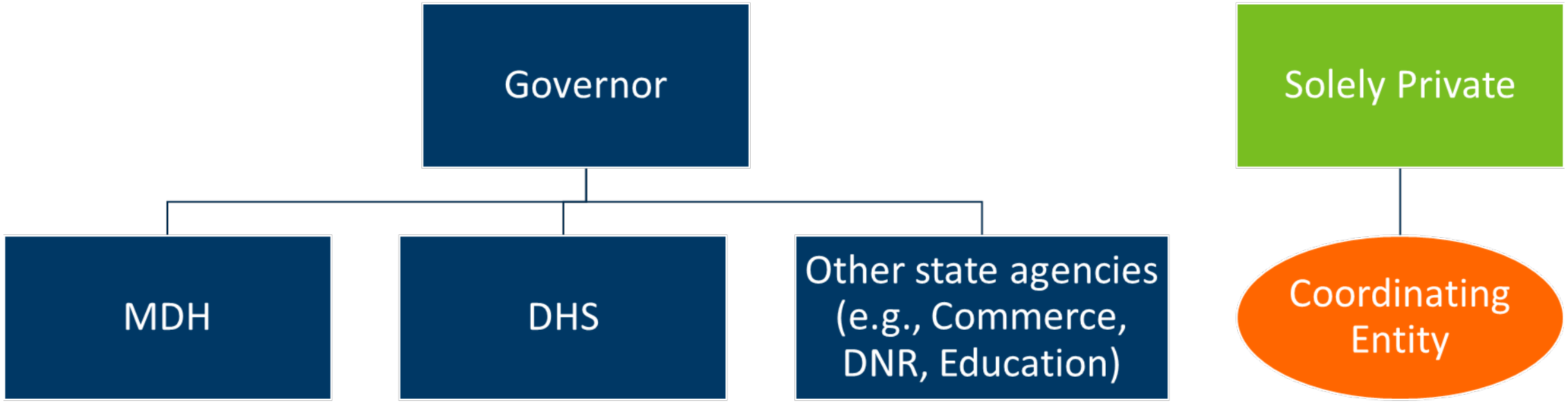
Role of a coordinating entity may include, but not limited to, the following (*excerpted from page 4 of handout*)

- Develop and implement draft minimum functionality (defined HIE services).
- Revise and administer a participation agreement and trust framework.
- Manage and enforce requirements for participants.
- Develop and implement a statewide collaborative decision-making process to:
  - Align current national, federal and state HIE activities.
  - Identify, evaluate and prioritize use cases.
  - Facilitate plan for phased implementation of priority use cases.
  - Expand information sharing across the health ecosystem.
  - Identify and develop plans for technical infrastructure to promote efficiency.
  - Identify and recommend (or require) best practices.

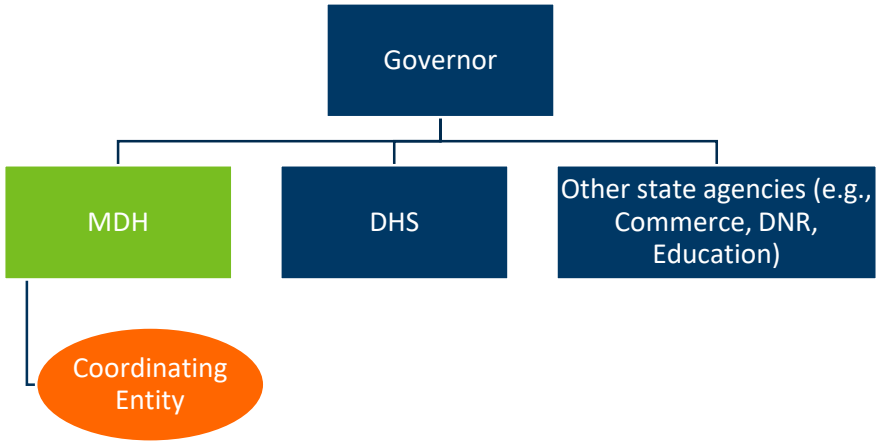
Examples of authority models

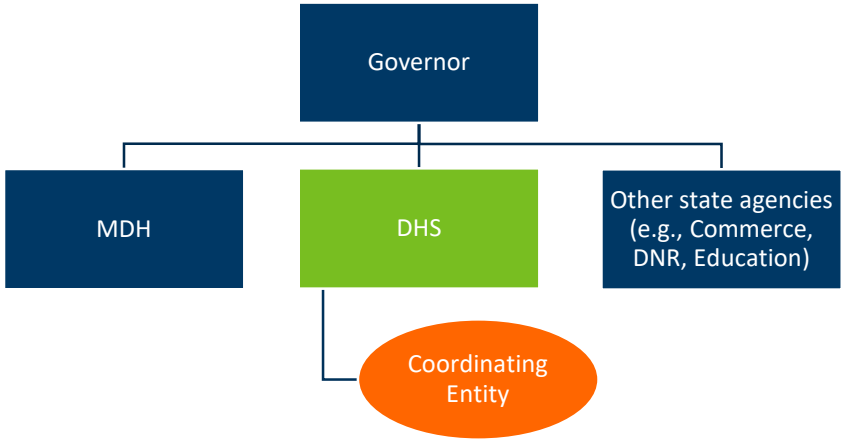
- Three different categories of authority models along a continuum:
  - Private only: a private organization(s) with no state government representation.
  - State agency level: single state agency or shared across agencies.
  - Governor level: a subcabinet or executive-level “office” reporting directly to the Governor.

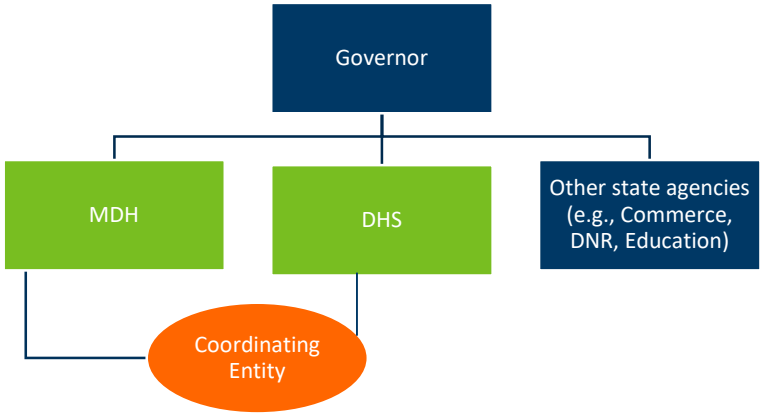
Private only model

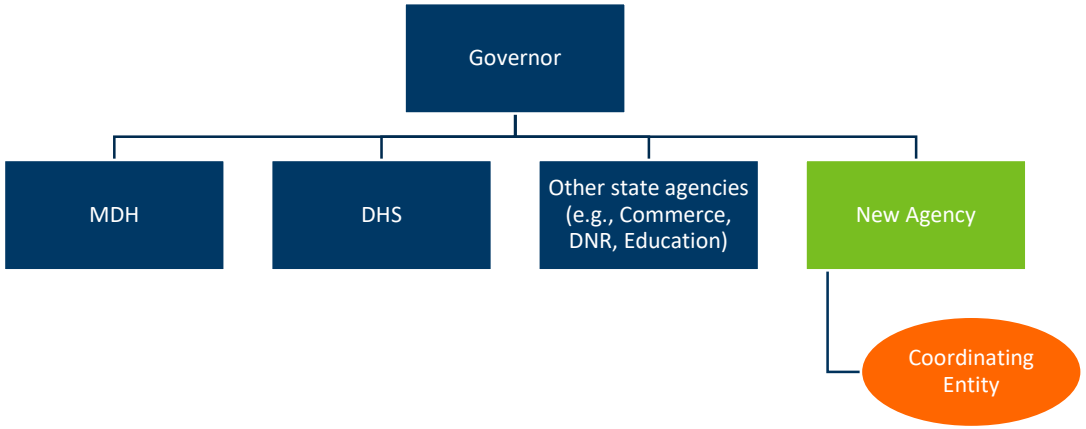


State agency model examples

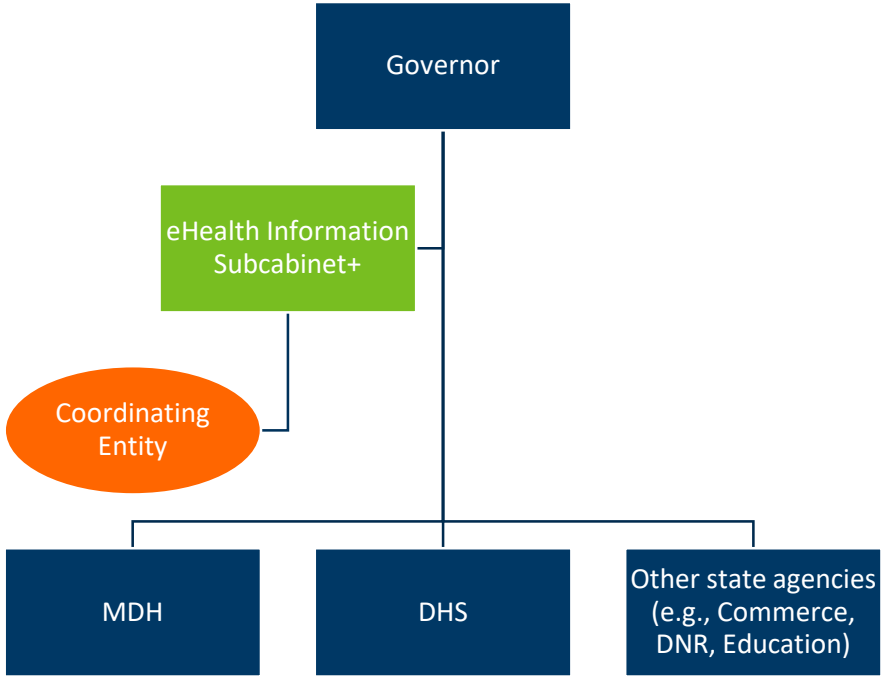


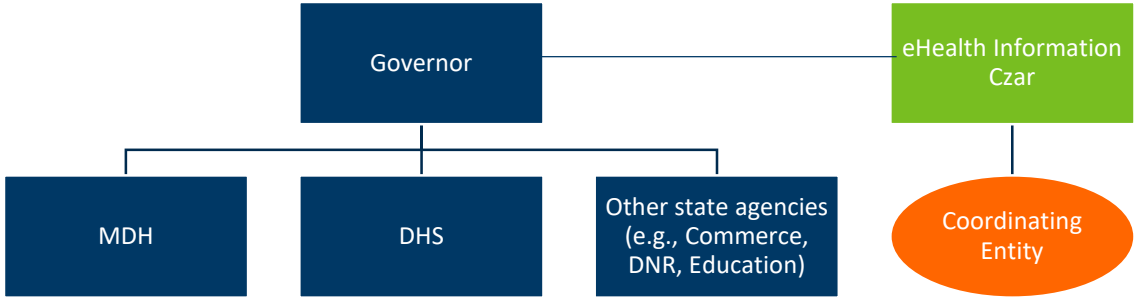






Governor level model examples





Discussion questions

- What are your thoughts on working assumptions of authority entity, coordinating entity and partnership between entities?
- Thoughts on the authority models and examples?
  - Strengths and limitations?
  - Desirability and feasibility?
  - Other?

Next Steps

Steps	Timeframe
• Identify viable components for a possible legislative proposal. • Refine authority/coordinating entity roles and responsibilities • Expand electronic information sharing across the health ecosystem and measure progress. • Monitor and align with national, federal, and state-level activities. • Build support for connected networks. • Consult with HIE advisory group and other stakeholders. • Share at Advisory Committee meeting on April 22.	Now through June 2020
• Finalize a possible legislative proposal • Expand electronic information sharing across the health ecosystem and measure progress	July through October 2020.

MN HIMSS and Minnesota e-Health Initiative Conference

Jennifer Lundblad| Jennifer Fritz

e-Health Partnership with Minnesota HIMSS

- Conference Theme: ***20/20 Vision: Create the Change***
- June 11, 2020 at Earle Brown Heritage Center, Brooklyn Center

Advisory Committee Discussion

- What topics/formats would you like to see?
- Are there projects we should be highlighting?

<u>Session Proposals Due February 21</u>

Minnesota E-Health Initiative Workgroups and Activities

DEPARTMENT OF HEALTH

Privacy and Security Workgroup

Co-Chairs: Stacie Christensen and Adam Stone

- January 8 Meeting
  - Presentation on third party risk
  - Reviewed legal citations on Access to Health Records Notice of Rights document, passed to Consumer Engagement Workgroup
- February 25 Meeting
  - Review Minnesota Notice of Privacy Practices for potential updates
  - Follow-up discussion on third party risk

Consumer Engagement Workgroup

Co-Chairs: Sandy Zutz-Wiczek and Steve Johnson

- January 17 Meeting
  - Reviewed new workgroup charge
  - Discussed Notice of Rights Document and potential actions
  - Discussed Patient Journey Map and next steps

- Next Meeting February 21

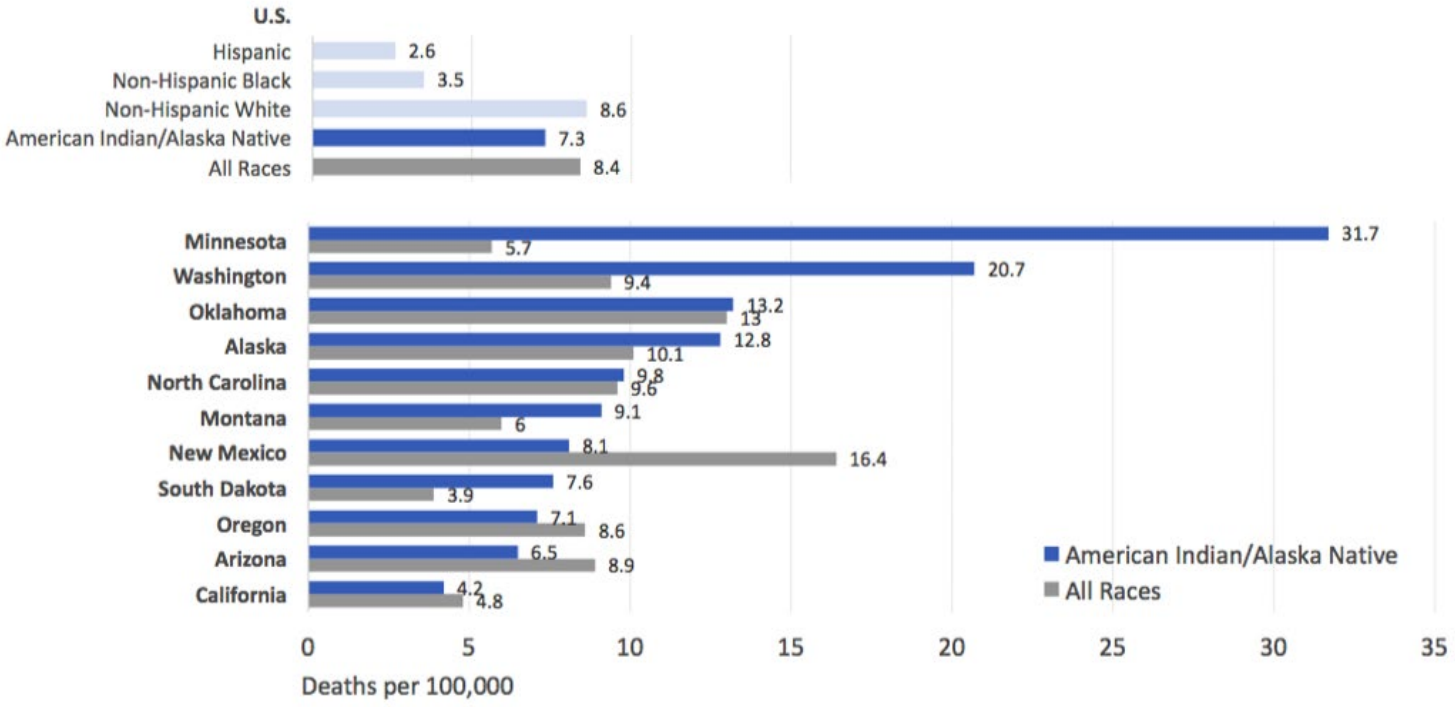
Update on e-Health Strategies and Collective Actions for Preventing Drug Overdoses and Substance Misuse

February 10, 2020

Update

- Subject matter experts met on January 16, 2020 and provided input on next steps and areas of focus:
  - Research-backed/proven strategies for drug overdose and substance misuse
  - PMP opportunities
  - Education of providers for referrals of individuals
  - Addressing disparities
- Subject matter experts will be engaged in early spring

Overdose Deaths Involving Opioids, American Indians by State, 2011-2015



Source: CDC/NCHS National Vital Statistics System, Mortality

Citation

Reducing opioid overdose deaths in Minnesota: Insights from one tribal nation

National Drug Early Warning System (NDEWS) Minnesota HotSpot Study

December 2019

https://ndews.umd.edu/sites/ndews.umd.edu/files/pubs/MinnesotaHotSpotReport-December-2019-FINAL.pdf

2020-2025 Federal Health IT Strategic Plan: Coordinated Respond

February 10, 2020

Strategic Plan Overview

- The plan's goals are deliberately outcomes-driven, with objectives and strategies focused on using health IT as a catalyst to empower patients, lower costs, deliver high-quality care, and improve health for individuals, families, and communities.
- Explains how the federal government intends to use health IT to:
  - Promote health and wellness;
  - Enhance the delivery and experience of care;
  - Build a secure, data-driven culture to accelerate research and innovation; and
  - Connect healthcare and health data through an interoperable health IT infrastructure.

Respond Opportunity

- CHIPT will be compiling a response by
  - collecting written comments at mn.ehealth@state.mn.us by **March 4, 2020**
  - leveraging previous responses and the vision, mission, and principles of the Initiative
  - submitting by March 18, 2020

Minnesota Initiative's Response Areas

- Focus on all providers' needs such as social services, public health, long-term care, and many others
- Necessary to advance health equity
- Important to include state, local, and tribal government needs
- Use clear definitions of public health and population health
- Access to information not just the technology

Reminder

- 2020-2025 Federal Health IT Strategic Plan: https://www.healthit.gov/topic/2020-2025-federal-health-it-strategic-plan
- Written comments to mn.ehealth@state.mn.us by **March 4, 2020**

Meeting Wrap-up

- Next Steps
- Upcoming Workgroup Meetings
  - e-Prescribing: February 13
  - Consumer Engagement: February 21
  - Privacy and Security: February 25
- Next Advisory Committee Meeting
  - Wednesday, April 22, 9:00 a.m. – 12:00 p.m. (HealthPartners)