

# e-Health Advisory Committee Meeting February 10, 2020

## SUMMARY OF DISCUSSION AND ACTIONS

### Meeting attendance

#### Members in attendance (15 of 22)

Alan Abramson (Health System CIOs)

Jennifer Fritz (MDH)

Cathy Gagne (Local Public Health Departments)

Steve Johnson (Academics/Research)

George Klauser (Social Services)

Pat Lang (Consumers)

Jennifer Lundblad (Quality Improvement)

Bobbie McAdam (Health Plans)

Jeyn Monkman (Clinical Guideline Development)

Heather Petermann (DHS)

Peter Schuna (Co-Chair/Long Term Care Providers)

Sonja Short (Co-Chair/Physicians)

Adam Stone (Experts in HIT)

Meyrick Vaz (Health Plans)

Sandy Zutz-Wiczek (Community Clinics)

#### Alternates in attendance

Stacie Christensen (ADM)

James Dungan-Seaver (Experts in HIT)

Maiyia Kasouaher (Consumers)

Justin McMartin (Vendors)

Charles Peterson (Vendors)

#### Absent

Sunny Ainley (Informatics Training/Education)

Karl Anderson (Vendors)

Laurie Beyer-Kropuenske (ADM)

Lisa Moon (Nurses)

James Roeder (Small Hospitals)

Steve Simenson (Pharmacists)

Jonathan Shoemaker (Large Hospitals)

#### Welcome and introductions

Co-Chair, Sonja Short called the meeting to order at 1:03 p.m. Following some technical difficulties the meeting got underway at 1:15.

## Advisory committee appointments

Bob Johnson with MDH-CHIPT provided a brief update on open and upcoming committee vacancies, acknowledging and thanking Ann Warner, who has left the committee due to her recent retirement, and John Wittington who left due to a job change. Stacie Christensen will represent the Minnesota Department of Administration on the committee while Laurie Beyer-Kropuenske takes a temporary assignment from that agency as Interim Executive Director for the Minnesota Council on Disability.

Seven committee members' terms will end on June 30, 2020; those members will receive an email from MDH with details on reapplying through the Office of the Minnesota Secretary of State. Sonja Short's term as co-chair will end on June 30, 2020; all committee members and alternates will receive information in March on nominating her replacement.

## MDH updates

Jennifer Fritz and Aasa Dahlberg Schmit from MDH provided an update of MDH e-health related activity:

- Legislative session starts on February 11. Potential activity affecting the e-Health Initiative includes amending Health Records Act to align with HIPPA, removing the sunset date for the Minnesota e-Health Advisory Committee, and addressing technical edits to the e-prescribing mandate.
- The Blue Ribbon Commission dual agency (DHS/MDH) has been meeting since fall of 2019 to create a plan to cut DHS spending and streamline transformation of healthcare. Two proposals are still under consideration relating to health information exchange. These include expanding DHS's Encounter Alert Service (EAS) and the strategy for the Minnesota connected networks approach.
- MDH is rebuilding technical infrastructure for exchanging data with external partners and have been interviewing all of our internal programs. We have identified use cases and identified non-technical and workflow issues to consider. We have not yet made an inventory of all exchange partners. We have an internal committee and an external advisory group, which includes some members of the e-Health Advisory Committee. The advisory group will meet soon; a summary will be shared with this Advisory Committee in the future.

Committee discussion:

- Have we submitted past summaries or legislative briefs from this group, are there other materials that are sent in advance to legislature?
  - MDH: Not yet – the e-Health Initiative's legislative report is under review.
- Appreciate that the Blue Ribbon Commission is a public process; it has been very enlightening and can ask questions. Suggest that committee members be notified when e-health topics are available and/or scheduled for discussion.
  - MDH will send out meeting dates (see also page 4 of this summary).
- What activity have you seen on the Health Records Act compared to previous years?

- MDH: We have not seen anything yet. ADMIN: There is not a new proposal; we don't know that the climate is any better for any changes, but it has certainly gotten farther each year.

## Health information exchange (HIE)

Anne Schloegel and Dave Haugen with MDH-CHIPT provided an update on HIE planning and reviewed the HIE handout titled *A Minnesota connected networks approach 2/10/2020* [Advisory Committee Meeting Handout \(PDF\)](#).

A two part strategy is planned to move this approach forward. A brief update was provided for strategy 1: Build upon previous efforts and existing HIE capabilities to fill some HIE gaps right now. This was the HIE Task Force recommendation 1 (see [Implementation Plan for HIE Task Force Recommendation 1: Enable Foundational HIE using the eHealth Exchange, Version 1.2 \(PDF\)](#)) and the current implementation effort is to use the eHealth Exchange Hub as a means to share information among Minnesota's HIOs and large health systems that are eHealth Exchange participants. As of February 4, 2020, seven of the eleven large health systems and one of two HIOs are now live on the eHealth Exchange Hub. MDH has requested information on the number of care summaries being exchanged and will update the committee when available.

A committee member asked if/how MDH is ensuring this recommendation is being followed. MDH is monitoring the uptake and use of this recommendation; however, MDH does not have the authority to require participation with the eHealth Exchange Hub. Another committee member commented that additional authority could allow for requirements and potential enforcement mechanisms to hold them accountable.

A brief overview was provided for strategy 2: Create a process for planning, decision-making, and accountability. Three key concepts were introduced:

- Authority and authority model options
- Coordinating entity with proposed potential responsibilities/role
- Partnership between authority and a coordinating entity

Key lessons learned from a survey of nine states and a case study, the Statewide Health Information Network for New York (SHIN-NY) network of networks, were highlighted for discussion purposes.

The committee appreciated the information from other states. A committee member shared how this approach is similar to other states trying to ensure "access for all providers" by using variations of a statewide "coordinating entity" with state government authority. An example provided was from a request for proposal for the Oklahoma Statewide Health Information Network and Exchange (OK-SHINE). MDH noted that this example and others may include a coordinating entity with a technical infrastructure responsibility which may or may not be the case in Minnesota.

Committee members requested additional information on the following topics (questions and responses included here).

1. Request for more information on the Minnesota Health and Human Services Blue Ribbon Commission

- a. Meetings, agendas, minutes <https://mn.gov/dhs/hhsbrc/meetings-and-events/>
- b. Minnesota Blue Ribbon Commission – Prioritized Strategies ([https://mn.gov/dhs/assets/011620-BRC-priority-strategies-for-development\\_tcm1053-416238.pdf](https://mn.gov/dhs/assets/011620-BRC-priority-strategies-for-development_tcm1053-416238.pdf))

See #4: Expand the DHS Encounter Alerting Service. Reviewed on January 16.

See #44: Implement Structured & Coordinated HIE Strategy (Minnesota connected networks approach). Tentative date for review: May 8 or May 21.

2. Does the SHIN-NY model demonstrate a clear value proposition?

The New York eHealth Collaborative published a white paper in November 2019.

Press release: [Statewide Network for Clinical Data Sharing Reduces Healthcare Costs by an Estimated \\$160-195 Million Annually](#)

White paper: [Analysis Estimates Value Associated with Use of the Statewide Health Information Network for New York](#)

3. It would be helpful to have more information about the Strategic HIE Collaborative (SHIEC) that does not currently have a presence in Minnesota?

SHIEC is a national collaborative representing health information exchanges (HIEs). The organization already represents 70+ HIEs, and these HIEs collectively cover more than 200 million people across the U.S., well over half of the American population. The Strategic Health Information Exchange Collaborative (SHIEC) 2019 [annual survey](#) shows that health information exchanges (HIE) organizations exchanged more than 3 billion messages nationwide and delivered 453 million admission, discharge and transfer (ADT) alerts, including 16 million through SHEIC's Patient Centered Data Home (PCDH) initiative. SHIEC presented these key findings at the Office of the National Coordinator for Health Information Technology (ONC) 2020 Annual Meeting. (1/30) [healthit.gov](http://healthit.gov)

The committee reached general consensus on continued efforts to fill HIE gaps (strategy 1) while simultaneously moving forward with a possible 2021 legislative proposal to support a Minnesota connected networks approach (strategy 2) long term. The committee recognized the need to ask the legislature for additional or new authority. A committee member suggested documenting what HIE is already happening as well as including significant documentation of why this additional/new authority is needed. In addition, several committee members stressed the need for coordination with DHS including the encounter alert service and future efforts. The committee also recognized the need for the concept of a coordinating entity. The key responsibilities of a coordinating entity could include managing participation in a connected networks as well as a statewide collaborative decision-making process for use case/transaction identification, prioritization and adoption. The consensus was to keep working on a new authority model as part of a possible legislative proposal while simultaneously continue moving forward with what can be done without new legislation.

There was not clear consensus on the advantages and disadvantages of a specific authority model. There were several suggestions to omit/remove the private-only model as an option, and committee members expressed concerns that a governor-level option could be impacted

by administration changes. A number of members emphasized the need for a strong relationship/partnership between MDH and DHS. Since there are strengths and limitations of each authority model/example, a suggestion was to include all options in a possible proposal. There were additional comments that any authority model would need to be nimble to respond to what is happening and be a feasible and/or viable option. A committee member reminded members that the HIE Task Force recommended that "...we should do this, but it falls apart when it gets to 'you have to do this'." There was consensus that it doesn't matter which authority model/example is selected but that additional/new authority is needed.

**Committee Action:** Jennifer Lundblad proposed the following motion:

1. Agreement that there is a need for more authority than is currently in law (move from 'you should' to 'you have to') to ensure success with a Minnesota connected networks approach (authority would apply to both private and public sector entities exchanging health information).
2. All authority model options (private-only, state agency(ies) level, governor level) are on the table. Although the Advisory Committee is not entirely agnostic to authority models, committee requests MDH to work with commissioner, governor and legislature to identify the options that is most viable/feasible.

Peter Schuna seconded the motion. The motion passed unanimously by all present.

## MN HIMSS and Minnesota e-Health partnership

Jennifer Lundblad provided an update on the planning for the collaborative conference with MN HIMSS, titled, *20/20 Vision: Create the Change*. The one-day conference will be June 11, 2020 at the Earle Brown Heritage Center in Brooklyn Center and we are actively seeking speaker proposals and sponsors for the event. She noted that planning and coordinating for this event has been surprisingly easy and all have come together with great ideas and flexibility.

Committee member discussion and comments:

- A good topic to cover is the notion of APIs and opening structured data so that individuals can do a better job coordinating their health (e.g., using phone).
- Privacy is an important topic (related to above comment) and how we access this privately and securely.

## Minnesota e-Health workgroups and activities

### Privacy and security workgroup

Co-chairs Adam Stone and Stacie Christensen reviewed the workgroup's deliverables and discussed the work done in January to review the legal citations for the Health Information Notice of Rights document and its upcoming review of the Minnesota Notice of Privacy Practices, and coordinating this work with the consumer engagement workgroup.

Committee member discussion and comments:

- Privacy and security is not one and the same; it is important that we are careful in our work and communications so that people do not get confused: privacy is policy framework, and security is the technical framework.

## Consumer engagement workgroup

Sarah Shaw (MDH) and co-chairs Steve Johnson & Sandy Zutz-Wiczek provided an update regarding the consumer engagement workgroup. Current efforts are focused on updating the one-page Notice of Rights document (<https://www.health.state.mn.us/facilities/notices/docs/notice.pdf>) to improve understandability and user-friendliness. The workgroup will also consider how to use this an engagement tool for health providers to help patients understand the value of consenting to share their information.

Committee member discussion and comments:

- Patients are asked to provide consent to share information at check-in. This is a “transaction” encounter without privacy or opportunity to inform what consent means. The default option is very often to not provide consent to share, and therefore information needs to be tracked down manually (if at all). However, in the exam room there is a strong sense of trust yet patients don’t understand why all of their health information is not available in the electronic system. Therefore, health providers need communication tools to help patients understand the value of providing consent, which is to improve patient experience and outcomes and lower overall cost of care.
- The current document doesn’t tell patient why it is important, and doesn’t translate into action steps.
- Workgroup members plan to submit a proposal for a patient experience session to the e-Health/HIMSS conference.

## e-Health strategies to address drug overdoses and substance misuse

Geoffrey Mbinda (MDH) updated the committee on the group’s January meeting with subject matter expert (SMEs). The SMEs provided input on next steps and areas of focus to include: research-backed/proven strategies, prescription monitoring program (PMP) opportunities, education, and addressing disparities. It was noted that in Minnesota American Indians have highest death rates due to opioid overdose. The group will meet again in early spring.

## 2020-2025 Federal Health IT strategic plan

Kari Guida gave a brief overview of the plan and noted potential gaps that we may want to highlight in a Minnesota e-Health Initiative response, including that the plan:

- Does not address all providers
- Needs to up language on health equity
- Needs to recognize state and local tribal
- Needs to incorporate public health’s important role

MDH asked for written suggestions via email by March 4, 2020. Information is at <https://www.health.state.mn.us/facilities/ehealth/coordresponse/index.html>.

Committee member discussion and comments:

- It is not just about access to the information, it needs to be discreet and usable information in the right format.
- It needs to be clear that they are talking about patients – as a person who spends time with 23 different providers, I do not like to think of myself as a “consumer.” I am a patient.

Meeting adjourned at 3:38 p.m.

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