

Advisory Committee Meeting



June 11, 2020

Co-chairs:

- Sonja Short, M Health Fairview
- Peter Schuna, Pathway Health Services

Housekeeping

- Please mute yourself when you are not talking
- Turn video off when you are not talking, or if you have streaming issues
- Anyone can share a screen/window with the group
- Participants who are not committee members or alternates: please request permission to comment

Agenda

- Introductory comments
- Updates and discussion:
 - Advisory Committee
 - E-Health Initiative
 - MDH and COVID-19 response
- Planning for 2020-21

Where we left off...

February 10 Advisory Committee Action:

Jennifer Lundblad proposed the following motion:

- 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).
- 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.

Advisory Committee Updates

- Application review and appointment process
- Co-chair nominations
- Department of Administration seat
 - Stacie Christensen replacing Laurie Beyer-Kropuenske

e-Health Initiative Updates

- Workgroup activity suspended
- Coordinated response underway for e-prescribing controlled substances
- Conference rescheduled for December 2
 - Virtual option being considered
- Legislative proposal for connected networks approach

Planning for 2020-21

- **At this time** we expect to continue to convene the Advisory Committee
- Proposal:
 - Shorter, standing monthly, virtual meetings
 - Odd months: whole committee (beginning in September)
 - Even months: HIE deep dive (open to any members and guest experts/ stakeholders)
- A planning meeting is not likely, but we could have an August meeting to discuss the legislative proposal
- Existing and new workgroups may convene

MDH and COVID-19 Response

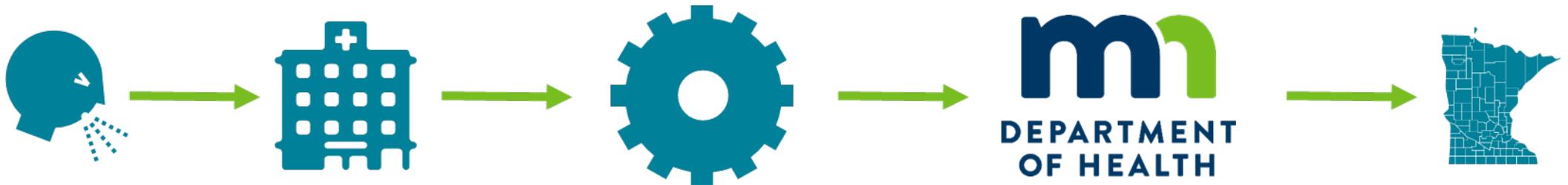
- Implementing hospital alert messages to support situational awareness
 - Provides info on hot spots of COVID-like illness
- Other public health interoperability initiatives
- Return to normal operations expected to be a long way out

Hospital Alerts

- Need: better situational awareness of COVID hot spots to prepare for hospital surge and other actions
- Proxy for testing is to look for symptomatic cases
- Solution: Enable event alerting at all hospitals to report counts of people presenting COVID-like illness

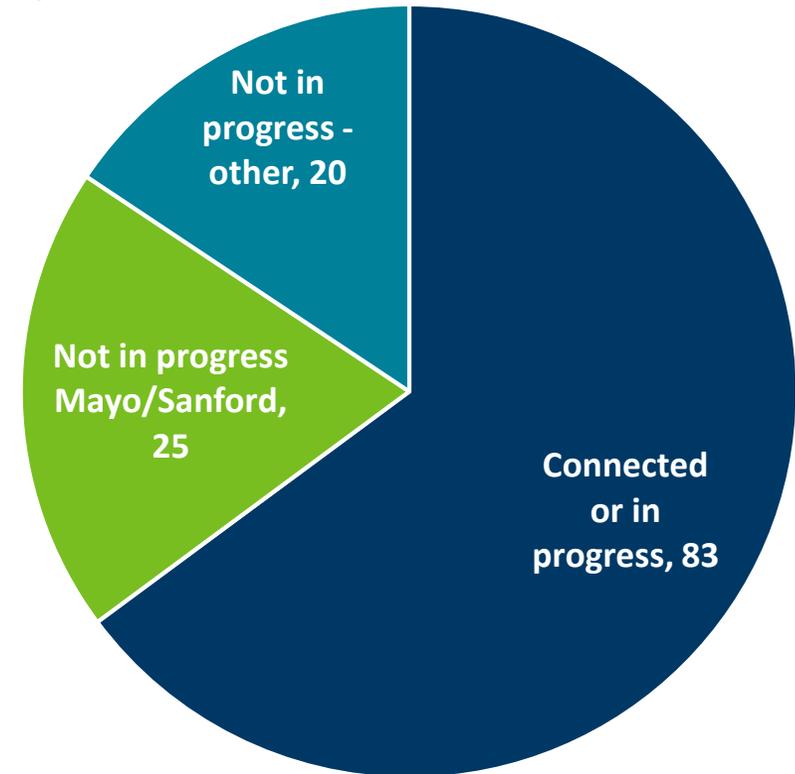
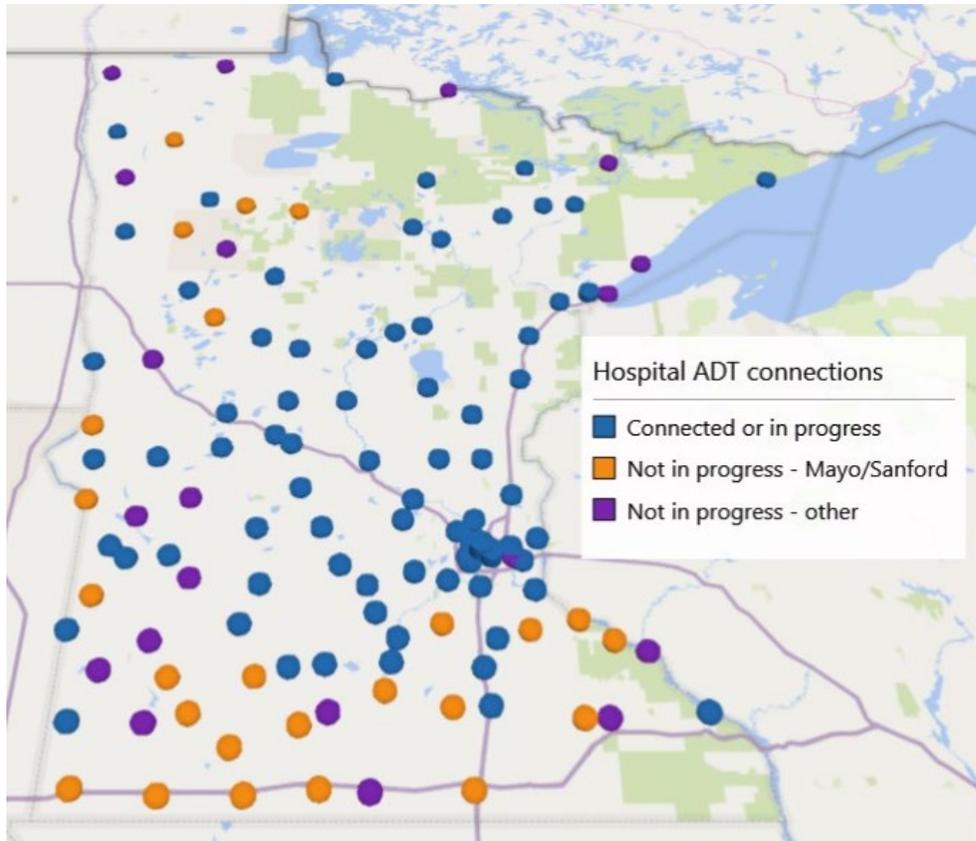
Alerting Data Flow

- Person goes to hospital showing symptoms
- Hospital records condition
- ADT message is automatically sent to Ai or Koble-MN
- Ai sends filtered data to MDH (not name, DOB, address)



Hospital ADT Onboarding Status

(as of June 8, 2020)



N = 128 non-Federal acute care hospitals
VA and IHS hospitals are not in progress

Alerting Process and Notes

- Voluntary participation by the hospitals
- Stakeholders were engaged in the process
- MDH provided grants for hospitals to connect to Ai or Koble-MN
- MDH is focusing only on COVID-19 syndromic surveillance
 - May use this approach in the future for other related activities, but that will require additional planning

Electronic Lab and Case Reporting

- Purpose: expedite and streamline data reporting for reportable conditions and case follow-up
 - Currently has many manual processes (e.g., chart abstraction)
- Federal funding is available to help accelerate efforts



Opportunities

- Connecting hospitals for alerting may help expand use of EAS for care coordination
- Implementation of ELR/eCR processes
- A coordinated governance and decision-making process is needed in situations like COVID
 - ELR/ECS and other related initiatives may catalyze these efforts
- The need for interoperability has become pronounced during the pandemic

MDH Office of Rural Health and Primary Care Grants for COVID-19

In March, the Minnesota Legislature approved \$200 million for grants to support costs related to planning for, preparing for, or responding to the COVID–19 outbreak.

Grant awards to providers across the state including ambulance services, assisted living facilities, clinics, health systems, hospitals, pharmacies, and tribal health organizations.

- Short Term Emergency Funding (\$50 million available)
 - \$50 millions awarded to 350 provider organizations
- COVID–19 Health Care Response Grant (\$150 million available)
 - \$97.6 million awarded to 360 provider organizations across the state

[COVID–19 Response Grant Awards for Short Term Emergency Funding, April 2020 \(PDF\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/shortawards.pdf)
<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/shortawards.pdf>

[COVID–19 Health Care Response Grant Awards, May 2020 \(PDF\) – \\$97.6 million](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/covidhcrgrawards.pdf)
<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/covidhcrgrawards.pdf>

[Map of COVID–19 Emergency Funds – Awards by location in Minnesota, April 2020 \(PDF\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/covidgrantbycity.pdf)
<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/covidgrantbycity.pdf>

Next steps

- CHIPT will continue with the member appointment process
- Explore standing meeting options
- Unsure of workgroups at this time
- Committee sunset in 2021?
 - We are seeking a statutory amendment to remove sunset

Discussion



- Where are the cracks?
- What are the opportunities?
- Where do we go from here?



Thank you!
Stay safe!

<https://www.health.state.mn.us/facilities/ehealth/index.html>

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