

# Minnesota e-Health Initiative Advisory Committee Meeting



September 17, 2020

# Housekeeping

- Mute when not talking
- Engage, participate
- Raise your hand
- Say your name before you talk
- Share content/questions using chat
- Technical problems? Use chat or contact [Susie.blake@state.mn.us](mailto:Susie.blake@state.mn.us)

# Agenda

- Introductions and logistics
- Review charge
- MN HIMSS and Minnesota e-Health Conference
- MDH/COVID response updates
- Connected networks governance
- Health system data collaboration

# INTRODUCTIONS



# Who we all are

- Member and alternate list:
  - <https://www.health.state.mn.us/facilities/ehealth/advcommittee/index.html>
- CHIPT staff:
  - Jennifer Fritz, Director
  - Dave Haugen, AUC
  - Sarah Shaw, Communications
  - Susie Blake, Admin
  - E-Health: Karen Soderberg, Anne Schloegel, Kari Guida, Melinda Hanson
  - MDH Interoperability: Tony Steyermark, Geoffrey Mbinda
- Health Policy Division: Diane Rydrych, Susan Castellano

## 2020-21 meeting process

- Bimonthly – third Thursday of odd # months (Sep, Nov, Jan, Mar, May)
  - Additional meetings added as needed
- All virtual, not recorded
- Meeting info:  
<https://www.health.state.mn.us/facilities/ehealth/advcommittee/index.html>
- Workgroup activities as needed

# Charge (see handout/link)

- Key elements:
  - Empower individuals, families, and caregivers to use information and technology to make informed health and wellness decisions.
  - Promote research and implementation of evidence-based policies to support best practices and improve outcomes.
  - Improve community and public health through timely and actionable information.
  - Support providers, care teams, and services in the collection, use and sharing of information through technology and health information exchange.
  - Use information to advance knowledge, wisdom, and practice.
- Questions, comments, and/or edits? Feel free to mark up the doc and return to [mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us)

# MN HIMSS and Minnesota e-Health Conference

- December 2, 2020
- <https://mngts.org/e-health/>
- Virtual with 2-3 plenaries, 3 breakouts, posters, exhibits
- Keynotes: Cris Ross (Mayo) and Archelle Georgiou (Starkey Hearing)
- Call for proposals re-opened (due Sep 25)
- Sponsors welcome! Use chat to volunteer your ideas

# MDH/COVID RESPONSE UPDATES



## General updates

- All CHIPT staff are reassigned 50-100%
- Workgroups will be engaged as needed
- MN clinic HIT survey fielding now through mid-October
  - Added questions for telemedicine documentation monitoring tools
- PMP integration funding, <https://pmp.pharmacy.state.mn.us/>
  - Activity report: [https://create.piktochart.com/embed/48331211-2020\\_july\\_monthly\\_report](https://create.piktochart.com/embed/48331211-2020_july_monthly_report)
- Electronic prior authorization study

# COVID-19 response update

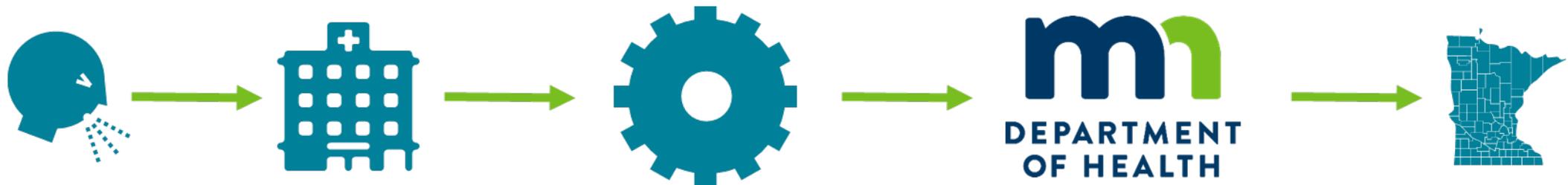
- Web info:  
<https://www.health.state.mn.us/diseases/coronavirus/index.html>
- Testing strategy
- Case investigation and contact tracing (CICT)
- Hospital capacity data reporting
- Event alerts
- Public health reporting

## Event alerts for care coordination

- Care team “subscribes” to person who needs care coordination
- If/when that person presents at a hospital/ED, an alert sent to care team
  - Limited clinical information
- Care team then has opportunity to investigate the situation and deal with immediate care needs
- Required for CMS interoperability rules by spring 2021
- Expansion supported by Blue Ribbon Commission

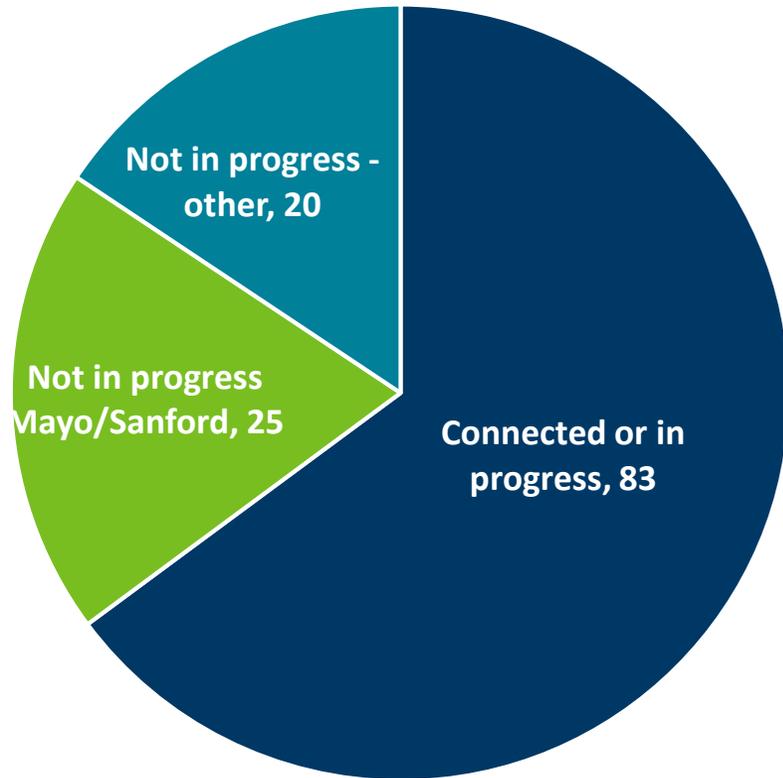
## Event alerts for syndromic surveillance

- Helps identify potential COVID hot spots
- 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)

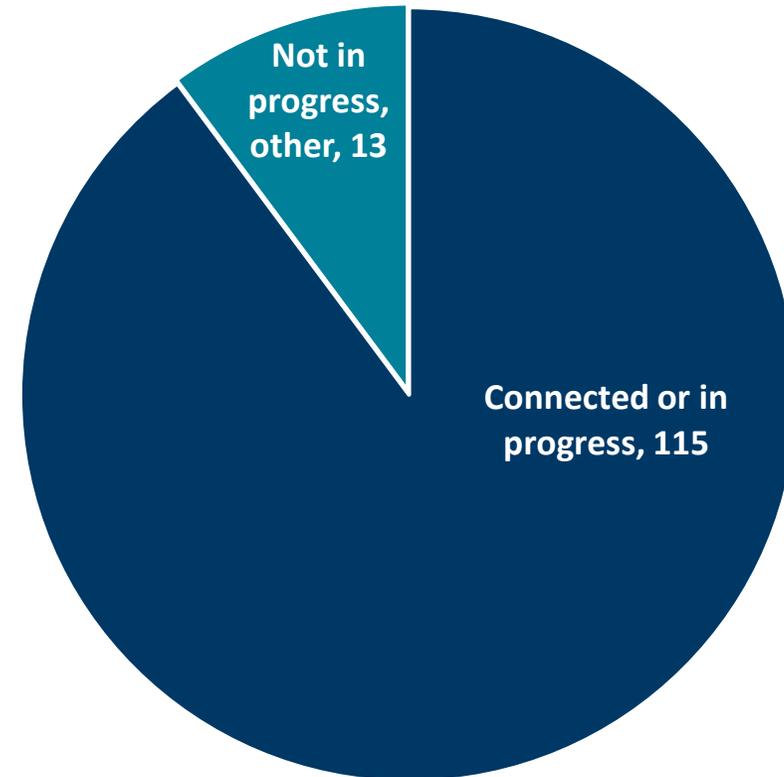


# Hospital ADT onboarding status

(June 2020)



(as of September 10, 2020)

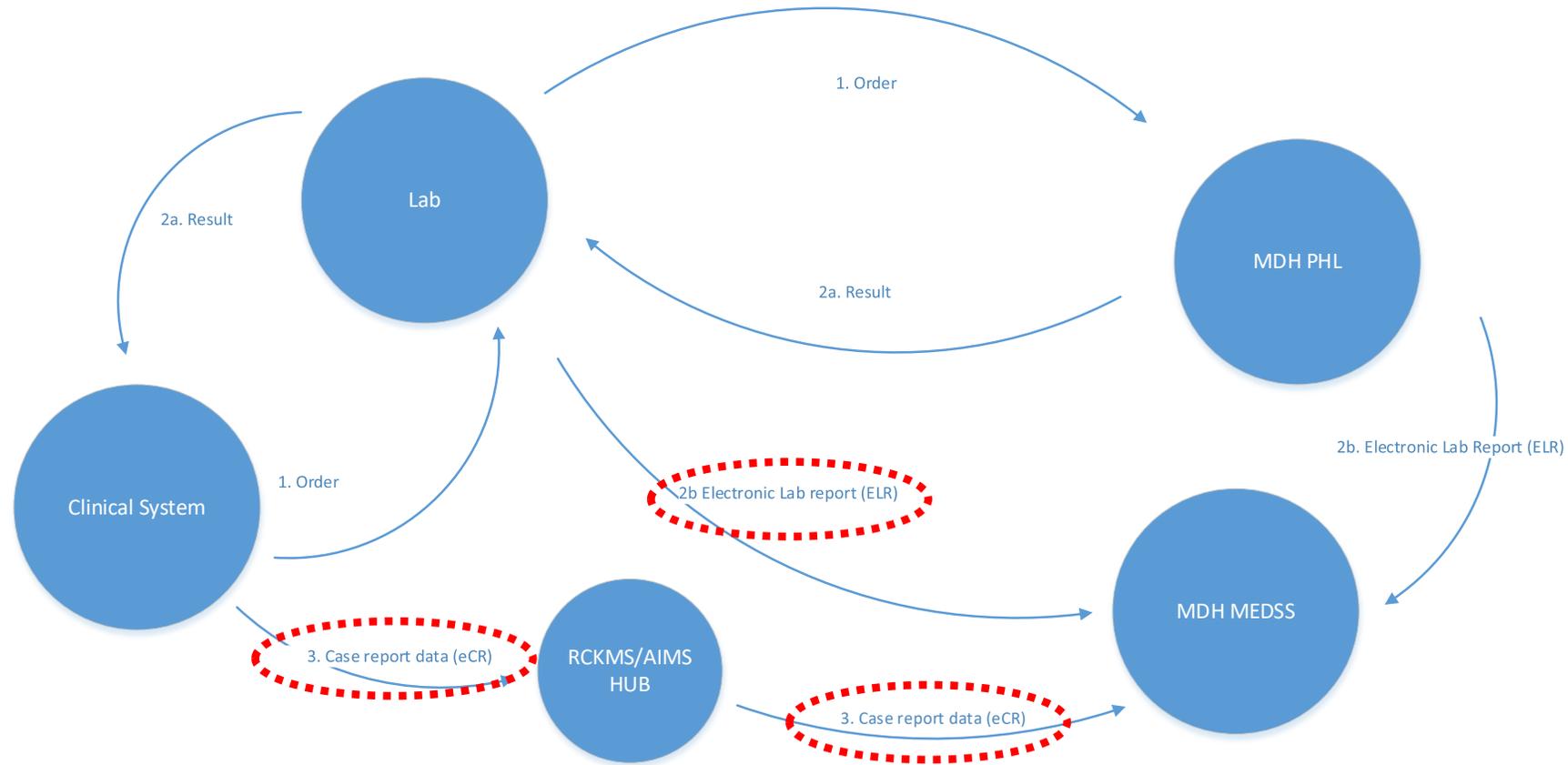


N = 128 non-Federal acute care hospitals  
VA and IHS hospitals are not in progress

# Public health reporting

- Current data priorities
  - Electronic lab result reporting (ELR)
  - Electronic case reporting (eCR)
  - Immunizations - soon
- Data needs it will address
  - Improved submission timeliness
  - Improved quality
  - Efficient case investigation

# Disease reporting data flow



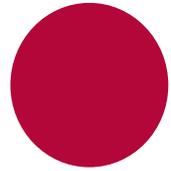
**Electronic Case Reporting (eCR)** - The automated generation and transmission of case reports from the electronic health record (EHR) to public health agencies for review and action

**Electronic Lab Reporting (ELR)** – the electronic transmission from laboratories to public health of laboratory reports which identify reportable conditions.

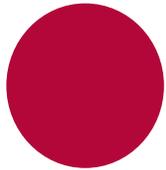
## ELR plan/progress

- Testing volume is expected to double to triple heading in fall.
- Majority of larger labs already doing ELR
- Many “new” labs being used to fill testing capacity needs
  - Some are not able to do ELR
  - Some do not have HL7 expertise so onboarding has been a challenge
- Long-term care will be onboarding for lab result reporting due to new CMS rule (300+ facilities)

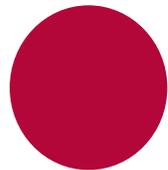
# Current data flow from provider to public health programs for infectious disease surveillance



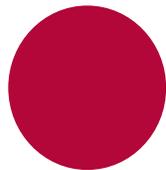
Case reports are paper/phone/fax/manual web entry – lag in reporting and timeliness issue



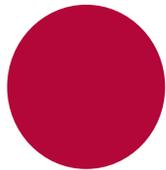
ELRs considered an initial feed and public health requires case report for surveillance needs



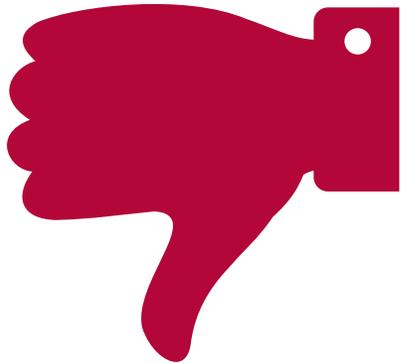
ELRs can be delayed with reporting lag (some are daily feeds & not real-time): timeliness issue  
ELRs from some reference labs have minimal info & lack key data elements: completeness issue



Public Health perspective  
Significant resources are spent to track down additional needed information



Provider and Health systems perspective  
Significant resources are spent to track down additional needed information to report to public health + possibility of under-reporting due to manual process



# Promise of electronic case reporting (eCR)



Critical need of timely & complete data has been brought to forefront in context of COVID-19

ELRs a success (thanks to Meaningful Use) and is an essential notification for public health action and much needed lab confirmation of infectious pathogens

eCR from electronic health records provides critical clinical and demographic data not included in lab report

eCR will provide contextual information on cases and the value-proposition extends well beyond COVID-19 to all reportable conditions

Resources can re-allocated to other essential services by both public health and the providers/health systems

# Current status of eCR @ MDH

**As of 09/08/20**

Connected to AIMS platform and have been receiving COVID-19 data daily

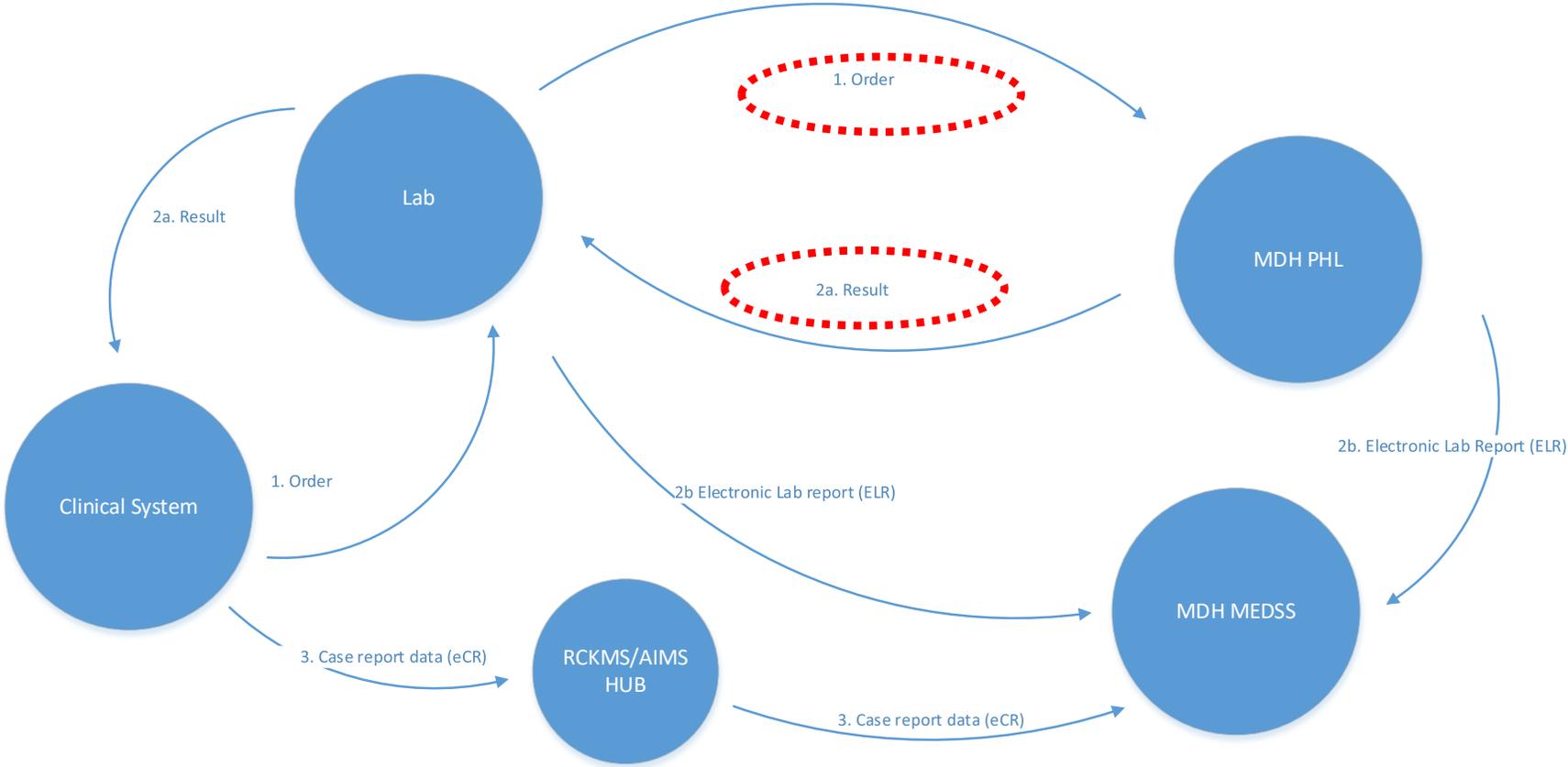
Receive data from other states connected to eCR-AIMS for COVID-19 cases who are MN residents

Incoming electronic eCR data, followed by manual upload; will be automated by end of August 2020

eCR thru AIMS is currently the only option supported by MDH to streamline data input  
Currently doing outreach to health systems in MN to facilitate eCR on-boarding

Receiving daily eCR data from 3 FQHCs and 1 major health system

# Electronic lab orders and results



**Electronic lab orders and results** – sending orders to the MN Public Health Laboratory, to perform tests as a reference lab, and receiving results in return using HL7 standards

## Project goal and business needs

To electronically receive test orders and send laboratory test results back to the requestor using HL7 data format standards

- Increase lab resource availability for performing tests rather than for manual data entry
- Improve accuracy of orders for resulting test specimens
- Decrease time for test resulting – both for receiving samples into PHL system and sending results back to providers

**MINNESOTA  
CONNECTED NETWORKS  
GOVERNANCE**



# June 11 meeting recap

- Focused on needs and next steps for HIE governance
- Committee supported moving forward in a proactive way, with efforts to get started with a more focused approach and smaller scope.
- While no formal action was taken, verbal agreement/commitment to move forward with efforts to:
  - Develop a “governance infrastructure” to enable quick decisions and action for emergency or routine situations or (pandemic has amplified the need for greater interoperability)
  - Gather stakeholders to discuss needs and solutions; requires coordination and willingness by both the public and private sectors to support
  - Advance a decision-making process; build trust through this process
  - “Governance is the glue that holds the trust fabric together”

## Opportunities to move HIE forward

- Build on hospital COVID-19 event alerting to help expand use of alerting for care coordination
- Use implementation of public health reporting to MDH for electronic lab reporting (ELR) and electronic case reporting (eCR) processes to help
  - expedite and streamline data reporting for reportable conditions and case follow-up
  - currently has many manual processes (e.g., chart abstraction)

## Next steps

- Establish and implement a pilot governance model and decision-making process
- Examine data flows related to the COVID-19 response to identify how data collection and exchange processes can be streamlined electronically
  - Including but not limited to data characteristics, uses, gaps, and opportunities
- Move to a broad base expansion of the governance model to meet ongoing needs for COVID-19 response, as well as for the broader HIE needs for the state of Minnesota

# MN EHR CONSORTIUM



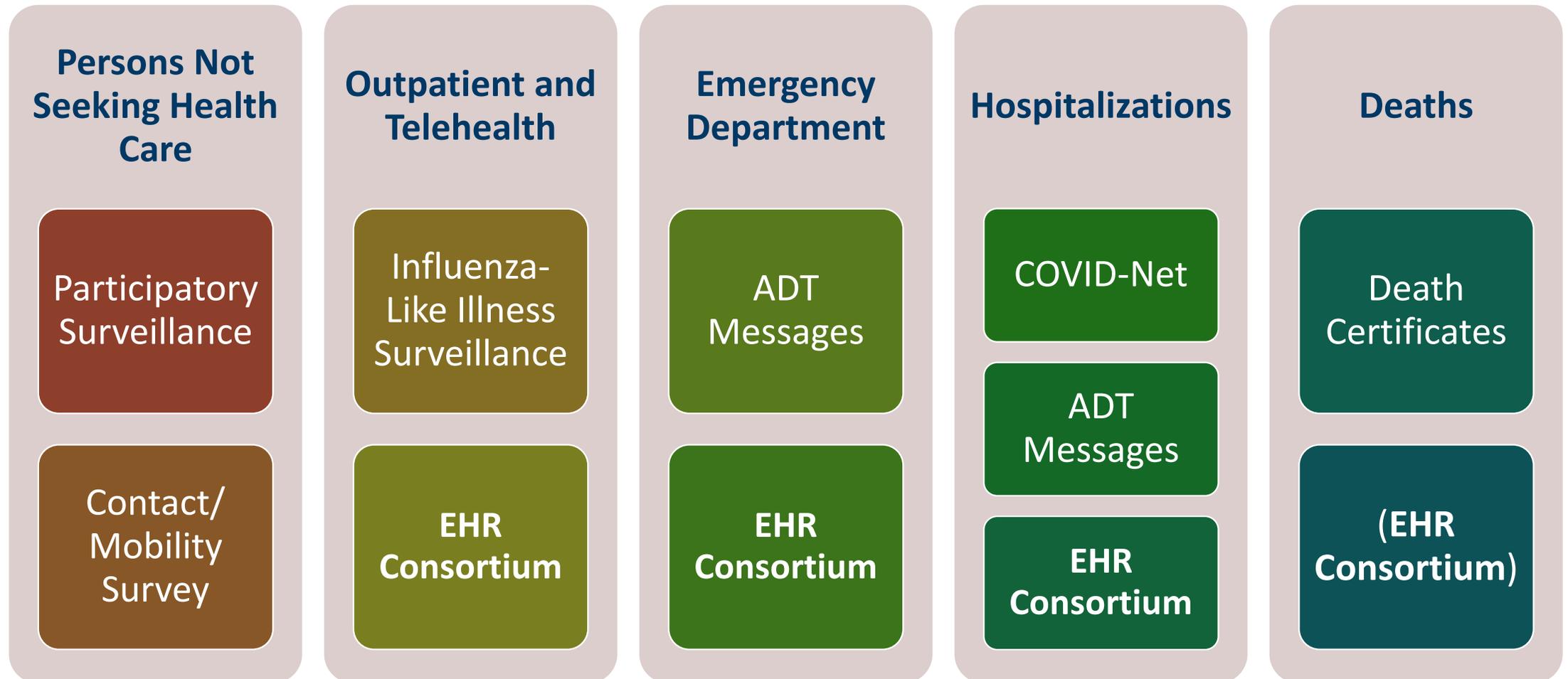
# MN EHR Consortium

- Collaboration of health system researchers sharing aggregated data tables to better understand chronic condition prevalence and management
- Initial meeting: March 2020
- Participants: Allina, Essentia, M Health Fairview, HealthPartners, Hennepin Healthcare
  - Joining soon: Mayo, VA, Children's Hospitals and Clinics; others are interested
- Partners: MDH, ICSI, MNMCM, Stratis Health

# COVID-19 project summary

- Purpose
  - To share summary data relevant to COVID-19 surveillance from health systems with state and local health departments
- How
  - Structured data pulls from Epic/data warehouse or from a common data model
    - Does not require sharing/transfer of patient-level information
  - Data are analyzed within each health system; summary data are entered into standardized reporting templates
  - Data are aggregated at HealthPartners and a report is generated by Hennepin Healthcare

# How this complements MDH syndromic surveillance data



## Next meeting

- Thursday, November 19, 2020 (1-3pm)
- <https://www.health.state.mn.us/facilities/ehealth/advcommittee/index.html>
- Send suggestions to: [mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us)

