

## Minnesota e-Health Advisory Committee Meeting

Wednesday, October 23, 2019 9:00 a.m. – 12:00 p.m.

MDH Golden Rule Building, Check-in Suite 220

Address: 85 E 7<sup>th</sup> Place, St. Paul, 55101

Directions: <https://www.health.state.mn.us/about/locations/golden.html>

### Meeting Objectives

- Review Advisory Committee charge and vision, mission, and guiding principles
- Discuss and endorse proposed 2019-2020 Minnesota e-Health Initiative activities
- Identify volunteers for upcoming activities

### Agenda

- 1. Call to Order, Welcome and Introductions** Sonja Short & Peter Schuna, Co-Chairs [9:00/15 min]
    - Introduction of new members since planning meeting
    - Overview of the agenda and Advisory Committee charge
      - Vision, mission, and guiding principles
  - 2. MDH Updates** Diane Rydrych/Jennifer Fritz, MDH [9:15/10 min]
  - 3. Recap September Planning Meeting** Co-Chairs/Jennifer Fritz, MDH [9:25/15 min]
    - Review of planning meeting highlights and next steps
  - 4. Minnesota e-Health Initiative Proposed Activities for 2019-20** MDH Staff/Co-Chairs [9:40/125 min]
    - Endorse and provide input on areas of focus and workgroups
      - HIE (*Melinda Hanson & Anne Schloegel*, 40 min)
      - Consumer Engagement Workgroup (*Sarah Shaw*, 20 min)
- Five minute break if needed -**
- E-health strategies to prevent and respond to drug overdoses and substance misuse (*Kari Guida & Geoffrey Mbinda*, 15 min)
  - Privacy and Security Workgroup (*Bob Johnson, Laurie Beyer-Kropuenske & Adam Stone*, 15 min)
  - E-prescribing Workgroup (*Karen Soderberg*, 10 min)

- Workforce (*Karen Soderberg*, 5 min)
- Minnesota e-Health Interoperability Advisory Group (*Tony Steyermark*, 5 min)
- Communications: Webinar topics (*Sarah Shaw*, 5 min)
- Administrative Simplification (*Dave Haugen*, 5 min)

Actions: Endorse activities/workgroups as discussed

**5. Minnesota e-Health Summit** Sue Severson, Stratis Health & Jennifer Fritz, MDH [11:45/10 min]

- Key takeaways from the Summit
- Hear status of collaboration discussions
- Help with marketing activities and identify Sponsor Sub-Committee volunteers

**6. Wrap-up and Next Steps** Co-Chairs [11:55/5 min]

**7. Adjourn**

**Important Dates**

**Advisory Committee Meetings**

Monday, December 8, 2019, 1:00 p.m. – 4:00 p.m., MDH Golden Rule

Monday, February 10, 2020, 1:00 p.m. – 4:00 p.m., HealthPartners

Wednesday, April 22, 2020, 9:00 a.m. – 12:00 p.m., HealthPartners

Thursday, May 11, 2020, 1:00 p.m. – 4:00 p.m., HealthPartners

**2020 Minnesota e-Health Summit**

June 10-11, 2020 (Tentative) | Save the Dates

# Minnesota e-Health Initiative Advisory Committee Charge 2019-2020

## Minnesota e-Health Vision

All communities and individuals benefit from and are empowered by information and technology that advances health equity and supports health and wellbeing.

## Purpose

The Minnesota e-Health Initiative (the Initiative) is a private/public collaboration focused on accelerating the adoption and use of e-health. The Advisory Committee is a 25-member legislatively authorized committee appointed by the Commissioner of Health to lead the Initiative. It represents the spectrum of Minnesota's health community, including providers, payers, public health, researchers, vendors, consumer, and more.

The Advisory Committee has the responsibility to

1. Make recommendations to the Commissioner of Health on policies and strategies, and
2. Provide guidance to the community that support its mission to.

These responsibilities support the goals of the Initiative to

- Empower consumers with information to make informed health and medical decisions.
- Inform and connect health care providers by promoting the adoption and use of interoperable EHRs and health information exchange.
- Protect communities and improve public health by advancing efforts to make public health systems interoperable and modernized.
- Modernize the infrastructure through:
  - Adoption of standards for health information exchange;
  - Policies for strong privacy and security protection of health information;
  - Funding and other resources for implementation;
  - Training and informatics education; and
  - Assessing and monitoring progress on adoption, use and interoperability.

## Statutory Authorization

The Minnesota e-Health Advisory Committee performs the work assigned to the e-Health Advisory Committee as established by Minnesota Statutes, section 62J.495.

## Committee Charge

Consistent with its statutory responsibilities, the Advisory Committee implements the statewide implementation plan for interoperable EHRs across the care continuum by:

- Identifying and recommending policies, including tools and resources to ensure the:
  - Adoption and effective use of interoperable EHRs and HIE
  - Use of e-health standards for sharing collecting, using, and sharing information
  - Compliance with privacy, security and consent laws and other requirement.
  - Adoption and implementation of e-prescribing statewide
- Coordinating and monitoring state and national activities, including:
  - Reviewing and advising on activities, including regulations and guidelines, related to e-health and implementation of state and federal health reform efforts
  - Providing e-health assessment information and lessons learned
- Advising on projects and activities such as:
  - Using e-health as a tool to advance health equity
  - Minnesota e-Health Summit content and educational program
  - Other related topics and issues as requested by the Commissioner of Health

## Expectations of Members

- Participate in annual 1-day strategic planning session
- Attend meetings of the e-Health Advisory Committee and the Minnesota e-Health Summit
- Participate in at least one workgroup, actively contributing perspective and expertise
- Bring the perspective of the stakeholder group constituency to discussions and decisions
- Keep the statewide interests of the Initiative foremost in decisions and recommendations
- Review meeting materials and be prepared to contribute

# Proposed e-Health Activities for 2019-2020

## OVERVIEW OF KNOWN AND EXPECTED TOPICS AND ACTIVITIES

**Table 1: Priority Activities and Workgroups**

<b>Activity or Workgroup</b>	<b>Description</b>	<b>Actions</b>
Health Information Exchange	Advance and implement a framework and timeline for HIE next steps that includes : <ul style="list-style-type: none"> <li>• Increase and monitor use of the eHealth Exchange Hub for care summary exchange (in process)</li> <li>• Identify and implement other recommended HIE strategies</li> <li>• Endorse long-term HIE plan including a legislative proposal with budget detail for 2021 session as well as other proposed activities as identified</li> </ul>	Review and provide input on draft framework and timeline
Consumer Workgroup	Develop learning opportunities and collective actions to support care providers with e-health tools to support patient/client engagement and improved health outcomes.	Review and endorse draft charge
e-Health Strategies for Preventing and Responding to Drug Overdose and Substance Misuse	Update the 2017 Opioids and e-Health recommendations to 1) better reflect the current drug overdose and substance misuse epidemic and 2) transform the recommendations to e-health strategies and collective actions for the Advisory Committee and partners.	Discuss draft work plan
Privacy & Security Workgroup	Respond to Part 2 NPRM and any HIPAA proposed changes; provide input to privacy and security guidance and education needs.	Review and endorse draft charge

<b>Activity or Workgroup</b>	<b>Description</b>	<b>Actions</b>
E-Prescribing Workgroup	<p>Continue to encourage e-prescribing of controlled substances (EPCS) to help address the opioid misuse epidemic.</p> <p>Provide input on e-Health Strategies for Preventing and Responding to Drug Overdose and Substance Misuse</p> <p>Address ongoing priority topics such as:</p> <ul style="list-style-type: none"> <li>• Full implementation of SCRIPT standard</li> <li>• Promote use of Diagnosis code on prescriptions</li> <li>• Advance medication management therapy</li> <li>• How to improve medication reconciliation process.</li> </ul>	<p>CancelRx implementation webinar (fall 2019)</p> <p>Continue to hold webinar meetings through 2019-2020 (Now bimonthly)</p>
Minnesota e-Health Interoperability Steering Committee	MDH seeks the advice of the Minnesota e-Health Advisory Committee in key decisions and input in the agency’s overall plan for advancing interoperability.	Review updated charge
Workforce	<p>There is a need to address the convergence of aging population, shrinking workforce, and evolving technology. Key questions:</p> <ul style="list-style-type: none"> <li>• What is the problem we’re trying to solve?</li> <li>• What can/should the e-Health Initiative address?</li> <li>• How do we operationalize this?</li> </ul>	<p>Convene discussions to identify the problems.</p> <p>Identify opportunities for webinar and conference presentations and future workgroup activity.</p>

**Table 2: Ongoing OHIT Activities**

<b>Ongoing Activities</b>	<b>Description</b>	<b>Ongoing Actions</b>
Coordinated Responses	The Minnesota e-Health Initiative provides feedback on state and federal definitions, criteria, standards, and/or proposed regulations relating to e-health.	Monitor and respond as needed
Annual e-Health Summit	The goal of the annual Minnesota e-Health Summit is to provide quality education about emerging national and state e-Health initiatives. In addition to hearing from internationally recognized e-Health leaders, attendees discuss policy issues, learn about the progress of innovative projects underway in Minnesota, and get progress reports that highlight statewide activities.	Fall 2019: Collaboration with MN HIMSS. AC input in theme, speakers, and topics  Winter/Spring: encourage abstracts and attendance  June 2020: Attend Summit
MN HIE Oversight	The Minnesota Department of Health (MDH) is required by state law to establish an oversight process that will protect the public interest on matters pertaining to health information exchange. In addition to maintaining this process, plans include review and development of recommended policy changes for HIE Oversight and governance in conjunction with the HIE Task Force.	2019-2020: Updates to AC as needed or requested
Communications	OHIT to host periodic (every 2-3 months) educational webinars on current and emerging topics.	AC input on topics, timing, and outreach
Health Care Administrative Simplification	MDH consults with the Minnesota Administrative Uniformity Committee (AUC) pursuant to state statute on the development, maintenance, and administration of rules and best practices for the standard, electronic, efficient exchange of high volume health care administrative transactions.	2019-2020: Updates to AC as needed or requested



# Minnesota e-Health Consumer Engagement Workgroup

## 2019-20 PROPOSED CHARGE

DRAFT for discussion, October 23, 2019

## Introduction

The Advisory Committee has long recognized the importance of the consumer in its work. The mission of the Minnesota e-Health Initiative (Initiative) calls for action that “empower(s) individuals, families, and caregivers to use information and technology to make informed health and wellness decisions.” Past workgroup efforts have struggled to grasp the breadth and scope of this topic, but in early 2019 began an exercise of developing a patient journey map. Building on the momentum this journey map created, the Consumer Engagement Workgroup will develop learning opportunities and collective actions to support care providers with e-health tools to support patient/client engagement and improved health outcomes.

## Definition

**Consumer Engagement** in e-health (as developed in 2015 by the Consumer Engagement Workgroup): Empowering people to maintain and improve both their health and health care through health information technology by:

- Increasing individuals’ access to useable, comprehensive data
- Enabling informed decision making using health information
- Facilitating bi-directional communication and strong partnerships between individuals and providers of care and other services that impact health

## Activities and deliverables

To make progress in this area, the Initiative and the Advisory Committee needs an approach that **integrates** consumers and their perspectives into its e-health work, **educates** itself and others about e-health activities and topics related to the consumer, and **supports and assures access** to e-health and health information for the consumer and their provider. The proposed Workgroup activities for 2019-20 include:

1. **Advise MDH and the Advisory Committee on opportunities to increase consumer-centered knowledge and awareness.** These opportunities may be webinars, presentations to the Advisory Committee, agenda items for the e-Health Summit, and/or links to information provided in the Minnesota e-Health Update newsletter. Topics are intended to focus on strategies for health providers to use e-health to better empower the consumer, and may also address topics such as promoting health literacy, addressing social determinants of health, and implementing OpenNotes.

*Deliverables*

- a. Identify topics and speakers for an MDH-hosted webinars and share information on other learning opportunities.
- b. Apply a consumer lens/perspective during Advisory Committee discussions by addressing key questions such as:
  - a. Does this activity/decision negatively or positively affect any community or set of individuals?
  - b. Whose voice or perspective is needed in this activity/decision?
  - c. Whose voice or perspective is not at the table or being heard?
2. Update the **Access to Health Records Notice of Rights document** with assistance from the Privacy and Security Workgroup. <https://www.health.state.mn.us/facilities/notices/docs/notice.pdf>

*Deliverables*

- a. The Privacy and Security Workgroup will review the Access to Health Records Notice of Rights and revise as needed.
- b. The Consumer Engagement Workgroup will:
  - a. Provide input on formatting and non-statutory language to support plain language and understanding.
  - b. Advise on how MDH should communicate the Notice (e.g., web site links; communication of updates)
3. **Apply the 2018-19 patient journey map to a use case** to identify best practices and “proof of concept” e-health tools to support patients with complex health conditions. The workgroup will collaborate with the MDH Health Care Homes to identify e-health tools that care team members and care coordinators at primary care clinics can use to help patients and families engage with their health goals, implement action steps, and manage chronic diseases to improve outcomes and experience of care. The workgroup will also explore e-health that could be used to engage patients in reducing risk factors to prevent chronic disease or the worsening of a chronic condition.

*Deliverables*

- a. Develop tools, methods, and workflow best practices to support patients with complex health conditions that can be shared through the learning resources offered by Health Care Homes and the e-Health Initiative.
- b. Submit abstract proposals to present at Health Care Homes Learning Days and Minnesota e-Health Summit.
- c. Develop a plan for ongoing exploration of how e-health tools have been implemented in health care settings; potentially develop case studies and/or learning opportunities to share broadly.

## Timeframe and Participant Expectations

Virtual (and in-person, as needed) meetings will be held beginning December 2019 and every 6-8 weeks thereafter.

At these meetings participants are expected to:

- Provide input and subject matter expertise.
- Engage their organization's commitment to support the workgroup activities and goals.
- Participate in consumer engagement workgroup communication/outreach activities, as appropriate.
- Engage colleagues and network to participate with the workgroup.

## Leadership

### Workgroup Co-Chairs

To be determined

### MDH Staff Lead:

Sarah Shaw, [sarah.shaw@state.mn.us](mailto:sarah.shaw@state.mn.us); ph: 651-201-5979

Inquiries can be directed to the staff lead or [mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us)



# **DRAFT e-Health Strategies for Preventing and Responding to Drug Overdose and Substance Misuse**

2019-2020 WORK PLAN

## **Introduction**

In the summer of 2017, Governor Dayton requested the Minnesota e-Health Advisory Committee (Advisory Committee) provide a set of recommendations for using e-health to prevent and respond to opioid misuse and overdose. The advisory committee, with input from the Opioids and e-Health Steering Team and Minnesota Department of Health (MDH), Office of Health Information Technology (OHIT), submitted seven recommendations in December 2017 (Appendix A). The Advisory Committee believed implementation of the recommendations could have a significant impact on mitigating the opioid epidemic. Today, the Advisory Committee recognizes the need to update the recommendations to 1) better reflect the current drug overdose and substance misuse epidemic and 2) transform the recommendations to e-health strategies and collective actions for the Advisory Committee and partners.

## **Work Summary**

The purpose of the work is to

1. Update recommendations to develop e-health strategies to prevent and respond to drug overdose and substance misuse;
2. Articulate how the e-health strategies support the consumer, providers, and communities in their efforts to prevent and respond to drug overdoses and substance misuse; and
3. Develop collective actions that the Advisory Committee and partners can take to support or implement the e-health strategies.

In addition, the e-health strategies and collective actions should align with local, state, and federal activities. The e-health strategies may be broad in nature with the collective actions more concrete. Although resource availability and likelihood of happening are part of the development of e-health strategies and collective action, the work should not be limited to e-health strategies and collective actions that have full funding or policy support.

This project is led by the OHIT with input from the Advisory Committee and subject matter experts.

## Commonly Used Terms

**Medication-Assisted Treatment (MAT):** Integrates medications (e.g., methadone, buprenorphine, or naltrexone) with behavioral therapies and medications to treat substance use disorders.<sup>1</sup>

**Naloxone:** Medication (opioid antagonist) administered to rapidly reverse opioid overdose. Naloxone is commonly sold under the brand names Narcan® and Evzio®. It is available through injectors (intermuscular or IM), nasal sprays, and auto-injectors.<sup>1</sup>

**Non-Medical Use of Prescription Drugs:** Use of prescription opioids for reasons or in ways other than as prescribed, or without a prescription.<sup>1</sup>

**Overdose:** Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.<sup>2</sup>

**Substance Misuse:** The use of a substance for a purpose not consistent with legal or medical guidelines.<sup>1</sup>

More terms found at the [Language of Substance Use Disorder](#).

## Project Phases, Tasks, & Deliverables

That work will be achieved through the 3 phases and associated high-level tasks and deliverables listed below. Throughout the work, the following items will be considered/addressed:

1. The consumer lens will be applied and each e-health strategy will include an explanation of how this benefits the consumer or how not doing this will hurt the consumer.
2. Any burden or unintended consequence due to the collective action or e-health strategy will be documented.
3. Collective actions can be assigned to the Advisory Committee and its workgroups, the Governor, Legislature, state agencies and boards, consumers, providers, communities, and other partners.
4. E-health strategies and collective actions should connect to the Minnesota e-Health Initiative's vision, mission, and principles (Appendix B).

## Phase 1: Collect Information

October 2019 – November 2019

1. Get update on Prescription Monitoring Program (PMP) policy and practices (onboarding, delegate issue).
2. Update e-prescribing numbers to reflect current status.

<sup>1</sup> From [SAMHSA's Center for the Application of Prevention Technology's Opioid Misuse and Overdose Glossary of Terms \(PDF\)](#)

<sup>2</sup> Retrieved from [CDC Commonly Used Opioid Terms](#)

3. Collect input from e-prescribing workgroup.
4. Assure/align definition of substance misuse with MDH.
5. Review/incorporate MDH activities such as ODMAP, look over new opioid funding activities, and opioid dashboard.
6. Reach out to school nurses, dentists, LPH, and others.
7. Review/incorporate new prescribing best practices and guidelines.
8. Research EHR standards and activity around tracking vaping and other data elements needed for drug overdose and substance misuse.
9. Meet with Stratis Health's telehealth group for input.
10. Provide update to Advisory Committee (10/23/2019).

## Phase 2: Develop e-Health Strategies and Collective Action

November 2019 – January 2020

1. Develop strategies and collective actions.
2. Identify and engage steering team to provide input two times on drafts of strategies and collective actions (12/2/19 & 1/13/20).
3. Request review from partners who provided input.
4. Update to Advisory Committee (12/9/19).

## Phase 3: Endorse and Distribute Work

February 2020 – May 2020

1. Request endorsement of e-health strategies and collective actions (2/10/20)
2. Update to e-health strategies and collective actions
3. Request endorsement of e-health strategies and collective actions (4/22/20)
4. Share/distribute e-health strategies and collective actions (ongoing)

# Appendix A: Opioids and e-Health Report

A SUMMARY OF THE 2017 MINNESOTA E-HEALTH ADVISORY COMMITTEE'S OPIOIDS AND E-HEALTH RECOMMENDATIONS

## Introduction

In response to the opioid epidemic, Governor Dayton requested the Minnesota e-Health Advisory Committee provide a set of recommendations for using e-health to prevent and respond to opioid misuse and overdose. The advisory committee, with input from the Opioids and e-Health Steering Team and Minnesota Department of Health, Office of Health Information Technology (OHIT), developed seven recommendations. The advisory committee believes implementation of the recommendations can have a significant impact on mitigating the opioid epidemic. OHIT developed this report to summarize the approach, recommendations and next steps of the advisory committee's work on opioids and e-health.

## Approach

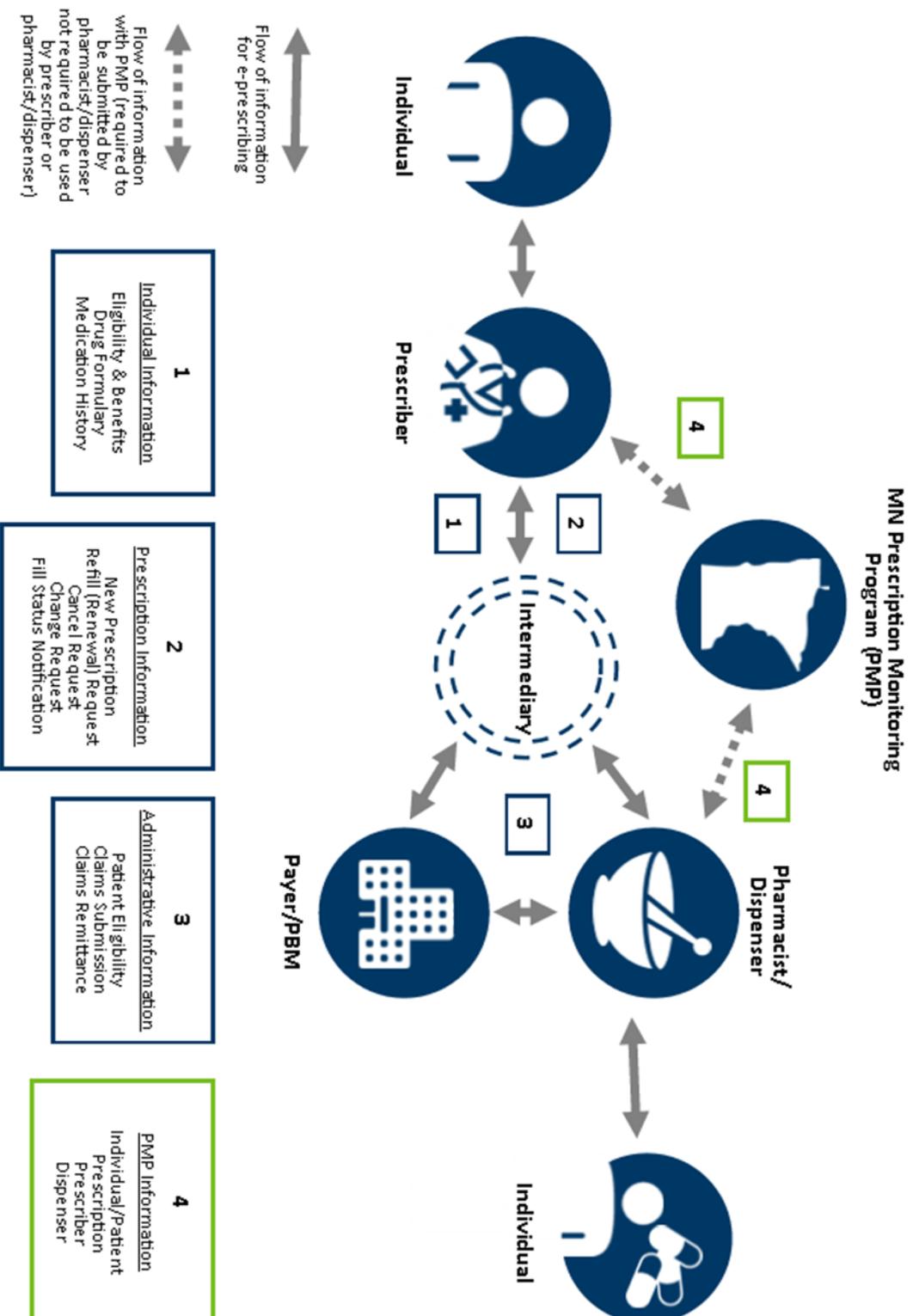
The approach initially focused on the collection, use, and sharing of information necessary for the electronic prescribing of controlled substances (Figure 1) as requested by the advisory committee. With the request from Governor Dayton and input from the community, the scope was broadened to include additional uses of e-health to prevent and respond to opioid misuse and overdose. The following activities were critical to the development of the recommendations and building greater understanding of using e-health to prevent and respond to the opioid epidemic.

## Minnesota Environmental Scan

Prescribers, payers, pharmacies and state agencies provided information and perspectives regarding the electronic health care information needed to address the opioid epidemic. The interviews focused on two areas including:

1. Whether and how such information is or could be exchanged via the types of data exchange subject to MN 62J.536 and 62J.495-4982; and
2. Any possible issues or constraints associated with the standard, electronic exchange or use of information needed to address the epidemic and how they might be addressed.

**Figure 1. Common Information Flow for Electronic Prescribing of Controlled Substances**



## Engaging Partners and Collecting Input during the Minnesota e-Health Summit

During the 2017 Minnesota e-Health Summit's, 'Leveraging e-Health to Prevent and Respond to Opioid Misuse and Overdose' session approximately 30 participants from across the care continuum shared feedback on:

- Preferred/recommended data sources;
- How information can best be provided/communicated via standard, electronic health business transactions and electronic health records;
- How electronic health data can be leveraged to help address the opioid epidemic;
- Key obstacles/challenges to providing/communicating the needed information; and
- Changes/solutions needed to address the challenges/obstacles.

## Nationwide Scan of Strategies Implemented by States to Address Opioid Epidemic

The scan obtained information about other states' legislative and policy strategies for addressing the epidemic. Key words used in the review included: "opioids," "EPCS" (electronic prescribing of controlled substances), "prescription monitoring program/prescription drug monitoring program," (PMP/PDMP) "medical cannabis," and "individual/patient education."

## Opioids and e-Health Steering Team

The Opioids and e-Health Steering Team provided input to the Advisory Committee on recommendations and strategies for using e-health to prevent and respond to opioid misuse and overdose. The participants of the Steering Team included experts in prescribing and dispensing controlled substances, e-prescribing controlled substances, and the Minnesota Prescription Monitoring Program. The Steering Team met twice and shared their perspectives and experiences during numerous advisory committee and public meetings.

## Recommendations

The advisory committee believes implementation of the following recommendations can have a significant impact on mitigating the opioid epidemic.

The advisory committee recommends that:

1. By July 2018, the Minnesota Legislature should provide resources to fully implement and ensure compliance with Minnesota Statutes Section 62J.497 including a focus on increasing the rate of e-prescribing of controlled substances from approximately 20 percent (Surescripts 2016 National Progress Report) to over 80 percent by 2020. Implementation of this recommendation should occur with input from the Minnesota e-Health Advisory Committee to:

- a. Provide or ensure statewide education and technical assistance on electronic prescribing (e-prescribing) of controlled substances.
  - b. Support full-implementation of all e-prescribing related transactions in the nationally recognized National Council for Prescription Drug Programs Standards (NCPDP), including electronic prior authorization and Formulary and Benefits.
  - c. Provide grants to increase the rate of e-prescribing of controlled substances. Grantees include, but are not limited to, prescribers that serve rural or underserved populations; prescribers that have small, independent practices; and other providers needing support such as dentists.
  - d. Support the use of evidence-based clinical guidelines and clinical decision support.
  - e. Monitor the status of e-prescribing, specifically for controlled substances, and assess the barriers to e-prescribing of controlled substances.
  - f. Develop and implement policy options including rulemaking and enforcement for non-compliance of e-prescribing as needed, if goals are not met.
2. By January 2019, the Minnesota Board of Pharmacy, with input from the Minnesota e-Health Advisory Committee, health and health care provider associations, and other stakeholders, should develop requirements and an implementation plan to improve the Prescription Monitoring Program (PMP). The requirements and implementation plan should include use cases and policies for the required use of the PMP. The implementation plan should:
- a. Address affordable, effective and seamless use of the PMP by prescribers and dispensers through the EHR, other HIT, and integration into Minnesota's HIE and include full implementation of clinical guidelines and clinical decision support and access to other states' PMP information.
  - b. Improve stakeholder input and oversight, representative governance, regulatory authority, and funding of the PMP to support alignment with state and federal requirements and standards, improve data quality and usability, support patient consent and privacy, and meet workforce-training needs.

The Governor and Legislature should appropriate funds for the development and implementation of the requirements and implementation plan to improve the PMP.

3. By July 2018, the Minnesota Legislature should amend Minnesota Statutes, Section 152.126 to expand the permitted uses of Prescription Monitoring Program data. The updated language should ensure that state and federal agencies, tribal governments, academia, local public health, payers, and other partners are able to appropriately access and analyze information for improved prevention, response, and care while

safeguarding patient privacy in accordance with state and federal law. Transparent processes and principles developed by the Board of Pharmacy with input from the Minnesota e-Health Advisory Committee and other stakeholders should guide access to the Prescription Monitoring Program data. Potential data uses should include, but are not limited to:

- a. Identify geographic areas and populations showing indicators of misuse and abuse to better target resources for prevention, response, and coordinated care, treatment, and services.
- b. Ensure more timely and accurate responses to misuse and overdoses by leveraging other data sources such as overdose, toxicology, and drug seizure reports; medical examiner/coroner data; payer claims; poison control reports; and birth and death records.
- c. Support the development and use of advanced clinical decision support and clinical guidelines to flag suspicious behavior and/or patterns and identify individuals at risk for opioid misuse at the point of care and beyond.
- d. Identify critical needs for training and best practices for prescribers, dispensers and other providers such as emergency medical services and local public health.

The Governor and Legislature should appropriate funds to support the expanded uses of the Prescription Monitoring Programs data, and develop and implement the transparent processes and principles to guide access to data.

4. State agencies and associations should, by September 2018, review, update, and provide education on e-health and opioids policies and guidelines to ensure dispensers, prescribers, payers, and other providers, including the care team, have appropriate and timely access to health information, can subsequently share information, and understand their scope of action related to the information. Use cases should include, but are not limited to, instances when prescribing and dispensing practices are outside nationally recognized clinical guidelines, such as those published by the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration, and individuals are at-risk for misuse and abuse.
5. The Governor, by July 2018, should ensure access and coverage for all Minnesotans and providers, and provide resources for grants and technical assistance, to expand access to services and care enabled by telehealth, telemedicine and other forms of virtual technology to fill access gaps in opioid tapering and withdrawal, chemical dependency, mental health, and alternative pain treatment and services.
6. The Governor should support state agencies and stakeholders in participating in statewide coordinated HIE services. The support should be consistent with the findings

of Minnesota Health Information Exchange Study, which will be submitted to the Legislature in February of 2018, align with input from the Minnesota e-Health Advisory Committee, ensure providers and public health have access to information to support individual and community health services, and support:

- a. Alerts for emergency services, urgent care, and other medical visits relating to substance misuse and overdose.
  - b. Referrals to substance abuse treatment and community services.
  - c. Access to patient health history including medication lists.
7. The Minnesota Department of Health, by December 2018, should submit to the Governor and the Legislature an update to their informatics profile that assesses the gaps in current information and information systems used to prevent and respond to substance misuse and overdose and identify resources needed to fill those gaps. The Governor and Legislature should appropriate funds to ensure those needs are met.

The advisory committee also recognized that mitigating the opioid epidemic goes beyond e-health. There is a need for better access to and coverage for health services, specifically opioid tapering and withdrawal, chemical dependency, mental health and alternative pain treatment and services. Therefore, they also recommend the Governor work to ensure all Minnesotans have access to the treatment and services needed to achieve health and wellbeing.

## Next Steps

The advisory committee and its stakeholders will continue to prioritize work to mitigate the opioid epidemic. In the coming months, it will move forward with the findings of the legislatively mandated study on HIE, which improves the seamless flow of information to prescribers and dispensers. It will continue to monitor and provide input into state and national activities regarding e-prescribing of controlled substances, Prescription Monitoring Program, and related issues.

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02/28/2018

*To obtain this information in a different format, call: 651-201-5979 Printed on recycled paper.*

# Appendix B: Minnesota e-Health Initiative

## Minnesota e-Health Initiative Vision

All communities and individuals benefit from and are empowered by information and technology that advances health equity and supports health and wellbeing.

## Minnesota e-Health Initiative Mission

- 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 by assuring:
  - Strong leadership and strategic collaborations that support innovation and stay informed of trends influencing health and technology.
  - Well-trained and educated e-health-savvy workforce.
  - Sustainable and adaptable resources for guidance and implementation.
  - Standards and policies for collection, use and sharing of information, including personal health and medicine and factors that influence health such as genetics, geography, and gender.
  - Protection of health information and patient access to health information.
  - Measurement of progress on the adoption and effective use of health information technology and health information exchange.

## Minnesota e-Health Initiative Guiding Principles

The Minnesota e-Health Initiative takes collective action that meets the statutory requirements in Minnesota Statutes 62J.495 to advise the commissioner of health, provide guidance to the community, and

- Supports the vision and mission of the Minnesota e-Health Initiative.
- Ensures that decisions are objective and align with science and evidence-based research.
- Advances e-health equity and supports e-health across the care continuum.
- Values integrity, quality and collaboration.
- Considers all aspects of and factors influencing health and wellbeing.
- Leverages current resources and opportunities.
- Respects human dignity and promotes cultural competency.

# Minnesota e-Health Privacy and Security Workgroup

## 2019-2020 CHARGE

**DRAFT** for discussion, October 23, 2019

## Introduction

Consumer acceptance and trust are required for the successful development and implementation of electronic health information exchange. Privacy and security protections afforded to a patient's health information as organizational policies, and contained and represented in state statute are critical in maintaining that trust. Patients, consumers, health care organizations and government agencies have demonstrated a strong desire to ensure the privacy, confidentiality, and integrity of health information in the electronic exchange of health information.

## Workgroup Charge

- Monitor and respond to federal rulemaking (e.g. 42 CFR Part 2 and HIPAA related)
- Recommend to providers and health care stakeholders activities that support the implementation of sound privacy and security practices for health information
- Ensure that the needs of consumers, providers, and health care stakeholders are fully considered in the development of educational resources and tools

### Process

The workgroup will continue to give advice on key statewide activities and Minnesota e-Health priorities for privacy and security topics, as well as provide recommendations on Minnesota Privacy and Security Program implementation as needed.

### Workgroup Deliverables

1. Comment on Part 2 proposed rulemaking (October 2019)
2. Work with Consumer Workgroup on Updating the Access to Health Records Notice of Rights document. (January/February 2020)
  - a. The Privacy and Security Workgroup will review the Notice and apply any technical updates.
  - b. The Consumer Engagement Workgroup will provide input on formatting and non-statutory language to support plain language and understanding and advise on how MDH should communicate the Notice (e.g., web site links; communication of updates)
3. Consolidate best practices for delivering release of information consent options
  - a. Gather available resources
  - b. Determine best options for Minnesota
4. Discuss third party use of information and related security risk management issues.

### **Cross-cutting Issues with other Workgroups/Activities**

- Privacy and security requirements for interoperability and exchange with Health Information Exchange (HIE) activities
- Identify communication, education and collaboration opportunities to address common topics and issues with other committees, workgroups and organizations

## **Timeframe and Participant Expectations**

In-person and virtual meetings will be held beginning October 2019 and every 4-6 weeks thereafter.

At these meetings participants are expected to:

- Provide expert input and subject matter expertise.
- Engage their organization's commitment to support the workgroup activities and goals.
- Participate in workgroup communication/outreach activities, as appropriate.
- Engage colleagues and network to participate with the workgroup.

## **Leadership**

### **Workgroup Co-Chairs**

**Laurie Beyer-Kropuenske, JD**

Director, Community Services

Minnesota Department of Administration

**Adam Stone**

Chief Privacy Officer

Secure Digital Solutions

### **MDH Staff Lead:**

Bob Johnson, MPP, [bob.b.johnson@state.mn.us](mailto:bob.b.johnson@state.mn.us); ph: 651-201-4856

Workgroup webpage: <https://www.health.state.mn.us/facilities/ehealth/workgroups/pswghome.html>

Inquiries can be directed to the staff lead or [mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us)

# e-Prescribing Workgroup

CHARGE (DRAFT 10/17/18)

## Charge

The purpose of this workgroup is to advance comprehensive implementation of e-prescribing standard transactions and procedures by Minnesota's stakeholders. The work will address two key issues:

- Increasing adoption of electronic prescribing of controlled substance by Minnesota's prescribers.
- Documenting and developing stakeholder consensus on addressing barriers to full implementation of the NCPDP SCRIPT standard and e-prescribing processes. Stakeholders include prescribers, dispensers, payers, and pharmacy benefit managers.

## Context

In recent years the Minnesota e-Health Initiative has addressed several issues relating to e-prescribing transactions, workflows, and how e-health can address opioid misuse and abuse.

- In 2014-2015 the e-prescribing workgroup was convened to address a number of issues that have inhibited full functionality. Notably, The CANCEL and CHANGE transactions in the SCRIPT standard have not been fully implemented by EHR vendors and prescribers or pharmacies, so these functionalities have not been widely adopted. This creates patient safety concerns.
- In 2017, at the request of the Governor, the Minnesota e-Health Advisory Committee provided a set of recommendations for using e-health to prevent and respond to opioid misuse and overdose. A key recommendation is to increase the rate of e-prescribing of controlled substances (EPCS) among prescribers by providing education and supporting full implementation of all e-prescribing transactions
- In 2018 it was brought to OHIT's attention that prescribers, dispensers, payers, and PBMs would like the e-Health Initiative to provide a neutral-party forum to discuss and resolve a list of issues. Among the items the group has identified are that can be used to manage opioid use and mitigate misuse are:
  - Use/Optimization of e-Prior Authorization (ePA).
  - Effective use of CANCEL transaction.
  - Inclusion of diagnosis codes on prescriptions and claims.
  - PMP use, including integration into workflow.

## Proposed Activities

1. Increase the number/percent of EPCS-enabled prescribers (goal of 80% by 2020, as recommended to Governor Dayton by the Advisory Committee) by reaching out to targeted health system and physician groups, dubbed “EPCS Road Show.”
  - a. The outreach message will focus on:
    - i. Why this is important (script diversion, among other reasons).
    - ii. Education on compliance with state laws and federal laws (HR6)
    - iii. Inquiring about prescriber barriers to EPCS (e.g., cost, technology, workflow). I.e., what are the problems and what do you need to do this?
    - iv. Prescriber commitment to support EPCS implementation.
  - b. Audiences to reach include:
    - i. Large health systems
      1. Leveraging the Minnesota Health Collaborative Opioid efforts.
      2. Engaging leadership and (potentially) compliance officers.
    - ii. Provider and hospital associations.
    - iii. Clinic groups that have reported low EPCS rates in the e-health surveys, targeting primary care, orthopedics, mental/behavioral health, pain clinics, and oral surgeons).
  - c. OHIT staff will lead this effort with support from workgroup participants (and the Advisory Committee) to engage prescriber organizations.
  - d. By January 2019 the workgroup will have a “Road Show” communication package and a schedule of outreach activities with the key audiences. The activities may include webinars as well as face-to-face meetings and partnerships with various organizations such as ICSI, MN HIMSS, MMA).
  - e. By February 2019, communication to interested legislators about policy needs to support EPCS implementation.
  - f. By May 2019 the workgroup will report to the Advisory Committee the current status of prescriber adoption (per Surescripts), a report on outreach activity, and potential future/continued activities.

2. Convene stakeholders to describe issues relating to e-prescribing processes and procedures, and develop consensus on implementation. This process may be a potential trial for the proposed “e-Health Uniformity Committee” process.
  - a. Establish bi-monthly (approx.) meetings to compile and describe the issues, and prioritize action. Example issues include (see Appendix A for a preliminary list):
    - i. Use/Optimization of e-Prior Authorization (ePA).
    - ii. Effective use of CANCEL transaction.
    - iii. Inclusion of diagnosis codes on prescriptions and claims.
  - b. Form sub-groups as needed to address technical and/or subject matter content.
  - c. Develop a plan to engage stakeholders to implement the plan.
  - d. OHIT’s role will be as neutral convener; subject matter expertise is needed from the co-chairs and workgroup participants.
    - i. Potentially pursue funding for a subject matter expert to facilitate meetings.
  - e. Align with the other Initiative activities including the HIE Task Force.
  - f. By May 2019 the workgroup will report to the Advisory Committee the status of the consensus activities and implementation plan.

## **Timeframe and Participant Expectations**

In-person (and virtual, as needed) meetings will be held beginning October 2018 and every 4-6 weeks thereafter. Subgroup meetings are expected to be held in between to refine the “Road Show” messaging and address subject matter issues.

At these meetings participants are expected to:

- Provide expert input and subject matter expertise on effective and safe e-prescribing practices.
- Engage their organization’s commitment to support the workgroup activities and goals.
- Participate in EPCS communication/outreach activities, as appropriate.
- Engage colleagues and network to participate with the workgroup.

## Leadership

### Workgroup Co-Chairs

- Steve Simenson, BPharm, FAPhA, President and Managing Partner, Goodrich Pharmacy
- Lee Mork, MBA, MS, RPh, Director of Pharmacy, Allina Health Group – Primary Care and Specialty Clinics

### MDH Staff Lead:

- Karen Soderberg, karen.soderberg@state.mn.us; ph: 651-201-3576

Meetings are open to the public; information will be posted at:

<http://www.health.state.mn.us/e-health/workgroups/erxwghome.html>

Inquiries can be directed to the staff lead or [mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us)

Minnesota Department of Health  
Office of Health Information Technology  
[mn.ehealth@state.mn.us](mailto:mn.ehealth@state.mn.us)  
<http://www.health.state.mn.us/e-health/index.html>

## Appendix A: Preliminary e-prescribing issues

Based on a June 5, 2018 informal convening of Minnesota stakeholders.

Topic	Sub-topic	Discussion
Use/Optimization of ePA	False Positives	Some are only doing retrospective due to inaccurate F&B data. May have pharmacy run test claim to determine if PA is needed
	Claims Process	Resubmit until claim goes through.
Point of Care Decision Support Tools	Benefits/Eligibility Information	Automated process to run 270/271 and MedHx nightly; manual for same-day patients
	Formulary Management	Alternatives, when sent, sort alphabetically. Concerns about quality/integrity of F&B data, moving towards RTBC processes
Refill data in EMR	Claims data in EMR	Using MedHx data to update medication details. MedHx can/does include claims and pharmacy records. Limited use of RxFill messages.
PBM gaps in care report	Integration in provider workflow	Want to see this move to electronic process. Need way to manage alerts to be specific; i.e. diabetics w/o statin, alert should fire based on total cholesterol level. Assumption is current paper notifications may not be worked; might be assigned to MTM pharmacist.
RxCancel Messages	Duplicate therapies	Some groups have made a reason code mandatory in order to send a CancelRx message. Have a policy around how duplicate Rxs are handled. Need process to implement effectively in in-patient setting. For integrated pharmacies, d/c in EMR removes it for pharmacy.
Alternatives	Notification to MD and RPh – claim reject messages, F&B files	Want ability to more effectively/accurately identify preferred alternatives to prescribers (at POC) and pharmacies.

Topic	Sub-topic	Discussion
Real Time Prescription Benefit Checks		Definite interest and activity around this; proprietary solutions will be used until standard is ready.
Use of Diagnosis codes	On eRx	One system sends on all Rxs. Acknowledge benefits of sending for counseling, PA support
	On Claims	Generally not sending on claim, unless needed for PA or payment (Part B). Could be unintended consequence of having available on Rx...payers could require, deny for off-label use.
Opioids	Decision support	Lots of work integrating guidelines on quantity, day supply, MME into workflow.
	PMP integration	Not complete
	EPCS	One system up and running, using reporting to deal with prescribers who are writing hard copy.
	DHS MCO program changes	PI project out of statewide WG; patient/provider outreach, formulary and UM edits
Rule 1557	Anti-discrimination (e.g. transgender patients)	How is gender information (status) captured in EMR and transmitted to pharmacy? Can impact dosing.  There is a group at NCPDP looking at data exchange options within NCPDP transactions.
Medical Marijuana	Policies around prescribing, charting	Concern around interactions.  Note: SCRIPT 2017071 will allow for more substance use information to be exchanged (alcohol, marijuana, tobacco, etc.)

# MDH Interoperability Advisory Group

## CHARGE

## Background

Minnesota has been an e-health leader since the Minnesota e-Health Initiative (Initiative) was established in 2004. However, progress on MDH’s public health data interoperability has been slower to achieve. Towards this end, MDH efforts are underway to advance and coordinate agency-wide MDH program interoperability with external partners. MDH is planning and implementing specific improvements in processes, policies, use of technology, and standards to achieve its interoperability goals, resulting in more timely, accurate, and complete data, and greater efficiencies for MDH and its stakeholders and partners. This effort has been an important step forward to respond to previous recommendations from the e-Health Advisory Committee.

Interoperability between MDH and its partners will be more successful if done collaboratively. MDH seeks the advice of the Minnesota e-Health Advisory Committee in key decisions and input in the overall plan for moving forward with interoperability.

## MDH Interoperability Vision (2017)

*Improved public health through standardized secure electronic data exchange with our partners*

## Goals and Purpose

The purpose of the MDH Interoperability Advisory Group is to advise MDH on a strategic roadmap for achieving interoperability between MDH and its partners with a goal of developing a shared understanding, commitment, and path forward for achieving the MDH vision for interoperability.

The MDH Interoperability Advisory Group will:

- Advise MDH on the development of and implementation of a strategic roadmap to achieve interoperability between MDH and its partners. The roadmap will include:
  - A framework for shared governance, decision-making, and communications on MDH interoperability that is transparent and inclusive.
  - Goals, objectives, prioritized strategies and process improvements, and timelines.
  - A plan for assessing and monitoring progress on interoperability, both between MDH and external partners, and between MDH programs.

- Provide input to and align with the governance and implementation plans for statewide connected networks of the Minnesota eHealth Health Information Exchange Task Force (HIE Task Force).

## Scope

Over 25 MDH programs receive and send personal health information from stakeholders such as hospitals, clinics, laboratories, and local public health departments. Examples of data exchanges that are in scope include: birth and death records, immunization records, newborn screening data, electronic laboratory reporting and other infectious disease data, injury records, and cancer reporting data. Examples of data exchanges that are out of scope include information collected at an organization-level such as laboratory accreditation data, health care home certification data, and health facility complaints.

## Activities and deliverables

1. Review the Advisory Group Charge and timeline (Winter 2019-20).
2. Review and provide input and advice to the MDH Interoperability strategic roadmap.
3. Provide recommendations for a long-term framework for ongoing engagement of stakeholders for shared governance and regular updates to the strategic roadmap.
4. Identify opportunities to incorporate connections and synergies between the MDH interoperability strategic roadmap and other Minnesota e-health activities such as the HIE Task Force.
5. Seek endorsement of recommendations and additional input as needed from the Minnesota e-Health Advisory Committee.

## Roles and Time Commitment

Minnesota e-Health Advisory Committee: provide input at quarterly meetings, identify/offer opportunities for stakeholder engagement and feedback, and endorse the recommendations.

Proposed MDH Interoperability Advisory Group membership:

- 3 – 4 Minnesota e-Health Advisory Committee members (or a delegate)
- 1 Department of Human Services representative
- MDH Office of Data Strategy and Interoperability Director
- 2-3 MDH program leaders
- 1 MNIT Health representative
- MDH Office of Health Information Technology leadership and staff

It is anticipated that the MN e-Health MDH Interoperability Advisory Group will meet approximately 5-6 times between Winter 2019-20 and Winter 2020-2021. In addition, Advisory Group members will be expected to provide updates and participate in discussions with the Minnesota e-Health Advisory Committee. Meetings will be conducted in person, by phone or via skype.

# Minnesota e-Health Summit

Information That Works

"I support collaborating with HIMSS, but not Epic. The e-Health Summit needs to be vendor neutral."

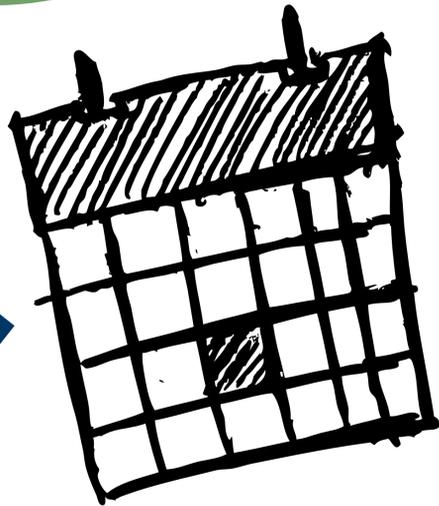


Support for  
**Collaboration**  
with HIMSS or EPIC?

95%

VERY OR SOMEWHAT  
SUPPORTIVE OF  
COLLABORATION!

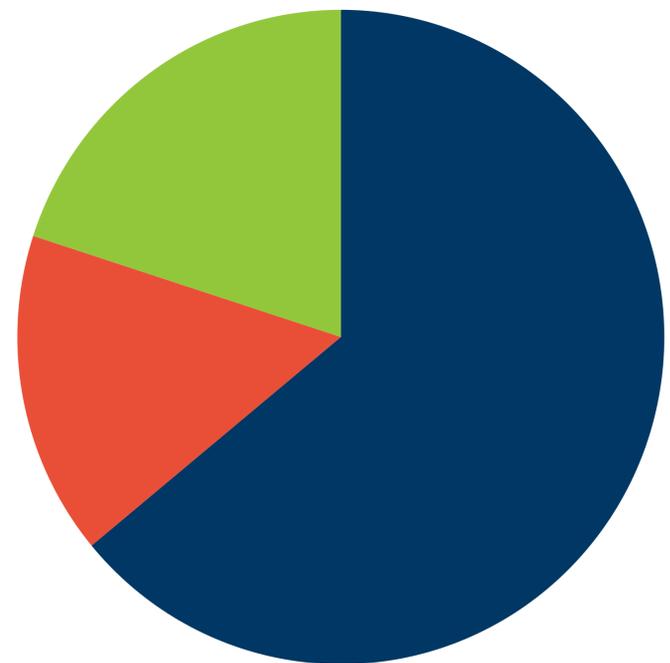
Most people (68%)  
still find a one-day  
format appealing.



People attend the e-Health Summit more often than HIMSS or Epic!

"Keep Epic out."

"I think it's extremely important to collaborate on this topic."



Respondents attend these events always or often...

■ e-Health Summit (64%) ■ HIMSS (16%) ■ Epic (20%)

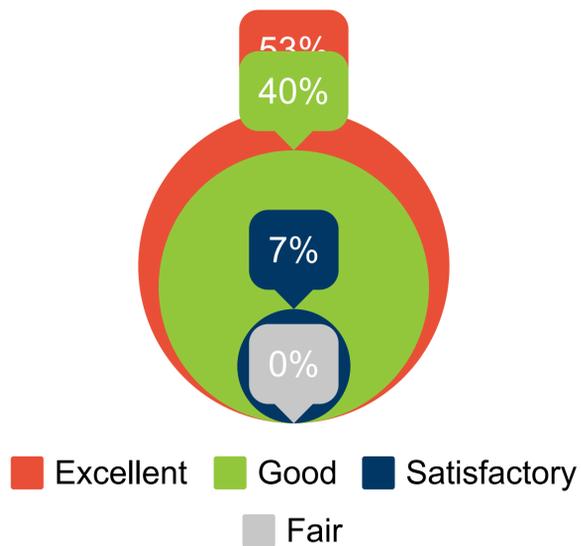
# Minnesota e-Health Summit

## Information That Works

2019

Survey Results

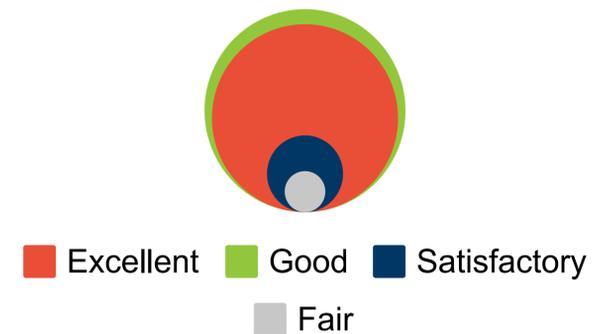
### Overall Value



### Networking Opportunity



### Effectiveness of Presenters



The 30-minute sessions were a bit short.

93%

Rated Dr. Vindell Washington's Keynote Address as Excellent or Good

"The most valuable part of this year's Summit was the passion of the speakers in moving e-health forward. It is a delicate intersection of healthcare policy, IT and operations, and I'm so grateful for their perserverance to make MN a more connected state."

# Minnesota e-Health Advisory Committee

2019-2020

## Members

**Sonja Short**, MD, *Advisory Committee Co-Chair*, Associate CMIO, M Health Fairview  
Representing: Physicians

**Peter Schuna**, *Advisory Committee Co-Chair*, Chief Executive Officer, Pathway Health Services  
Representing: Long Term Care

**Alan Abramson**, PhD, Senior Vice President, IS&T and Chief Information Officer, HealthPartners  
Medical Group and Clinics  
Representing: Health System CIOs

**Sunny Ainley**, Associate Dean, Center for Applied Learning, Normandale Community College  
Representing: HIT Education and Training

**Karl Anderson**, Global Digital Health Senior Manager, Medtronic  
Representing: Vendors

**Laurie Beyer-Kropuenske**, JD, Director, Community Services  
Representing: Minnesota Department of Administration

**Jennifer Fritz**, MPH, Director, Office of Health Information Technology  
Representing: Minnesota Department of Health

**Cathy Gagne**, RN, BSN, PHN, St. Paul-Ramsey Department of Public Health  
Representing: Local Public Health

**Steve Johnson**, PhD, University of Minnesota Academic Health Center  
Representing: Academics and Clinical Research

**George Klauser**, Executive Director, Altair-ACO, Lutheran Social Services  
Representing: Social Services

**Patricia K. Lang**, Consumer Advocate  
Representing: Consumers

**Jennifer Lundblad**, PhD, President and Chief Executive Officer, Stratis Health  
Representing: Quality Improvement

**Bobbie McAdam**, Vice President, Information Technology, Medica  
Representing: Health Plans

**Jeyn Monkman, MA, BSN, NE-BC**, Institute of Clinical Systems Improvement  
Representing: Clinical Guideline Development

**Lisa Moon**, PhD, RN, CEO Advocate Consulting  
Representing: Nurses

**Heather Petermann**, Division Director, Health Care Research & Quality, Minnesota Department  
of Human Services  
Representing: Minnesota Department of Human Services

**James Roeder**, Vice President of IT, Lakewood Health System  
Representing: Small and Critical Access Hospitals

**Jonathan Shoemaker**, Chief Information Officer, Allina Health  
Representing: Large Hospitals

**Steve Simenson**, BPharm, FAPhA, President and Managing Partner Goodrich Pharmacy  
Representing: Pharmacists

**Adam Stone**, Chief Privacy Officer, Secure Digital Solutions  
Representing: Expert in HIT

**Meyrick Vaz**, Vice President - Strategic Market Partnerships, UnitedHealthcare Office of the CIO  
Representing: Health Plans

**Ann Warner**, Program Director, Data Governance and Analytical Education, M Health Fairview  
Representing: Health Care Administrators

**John Whittington**, Chief Information Officer, South Country Health Alliance  
Representing: Health Care Purchasers and Employers

**Sandy Zutz-Wiczek**, Chief Operating Officer, FirstLight Health System  
Representing: Community Clinics and FQHCs

## Designated Alternates

**Mark Jurkovich**, DDS, MBA, Dentist, Gateway North Family Dental  
Representing: Dentists

**Maiya Kasouaher**, PhD, Community Engagement Lead, Program in Health Disparities Research,  
University of Minnesota  
Alternate Representing: Consumers

**Paul Kleeberg**, MD, Medical Director, Aledade  
Alternate Representing: Physicians

**Justin McMartin**, Senior Product Analyst, Surescripts LLC  
Alternate Representing: Vendors

**James Dungan-Seaver**, Health Information Exchange Architect, PrimeWest Health  
Alternate Representing: Expert in HIT

**Charles Peterson**, President and CEO, The Koble Group  
Alternate Representing: Vendors

**Mark Sonneborn**, Vice President, Information Services, Minnesota Hospital Association  
Alternate Representing: Hospitals

**Susan Severson**, CPEHR, CPHIT, Vice President, Health Information Technology, Stratis Health  
Alternate Representing: Quality Improvement

**Rui Zhang**, PhD, Associate Professor, Institute for Health Informatics, University of Minnesota  
Alternate Representing: Academics and Clinical Research

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8/29/2019

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