



Minnesota e-Health Advisory Committee Meeting

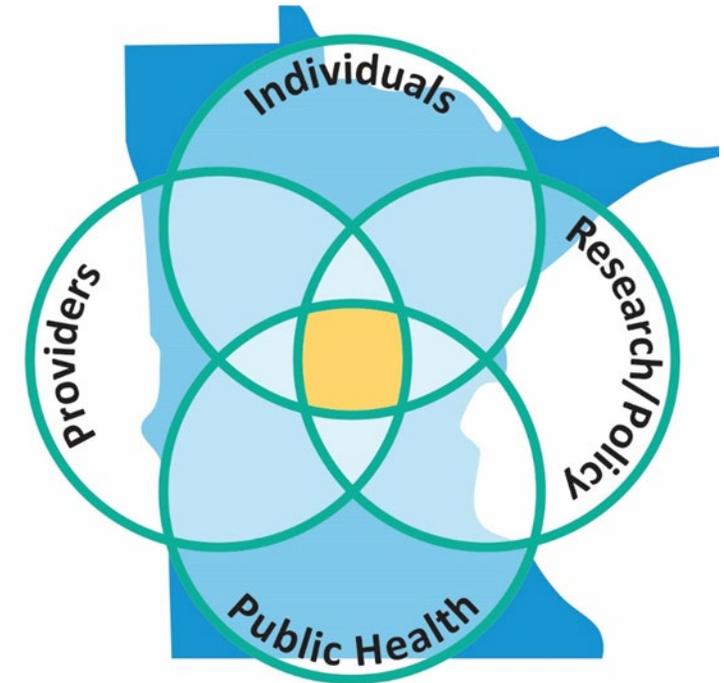
Co-Chairs: Sonja Short | Peter Schuna
October 23, 2019

Agenda

- Welcome and Introductions
- MDH Updates
- Recap September Planning Meeting
- Minnesota e-Health Initiative Proposed Activities for 2019-20
- Minnesota e-Health Summit
- Wrap-up and Next Steps

E-Health Initiative Charge - Vision

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



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

Mission (1 of 2)

- **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.

Mission (2 of 2)

- **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.



MDH Updates

Diane Rydrych & Jennifer Fritz

October 23, 2019



Recap September Planning Meeting

Co-Chairs: Sonja Short | Peter Schuna

E-Health Initiative Planning Meeting

- September 11, 2019 – 44 attendees
- Updates from MDH, including interoperability planning
- Futurescape panel discussion on current drivers of change
- e-Health as a tool for consumer engagement
- Health information exchange (HIE) activities
- Additional focused discussion in small groups
- No formal action taken

E-Health Initiative Planning Meeting

- Breakout discussion groups:
 - HIE next steps
 - workforce roles, skills and needs
 - e-health and opioids recommendations
 - topics for Privacy and Security workgroup



HIE Updates

Melinda Hanson & Anne Schloegel

October 23, 2019

Definitions

HIE (the verb)

The electronic transmission of health-related information between organizations (assuming the person has provided consent to share the information).

HIE allows providers to securely share information with other providers or organizations electronically...

- using agreed-upon standards,
- according to patient preferences.

HIE (the noun)

An organization that facilitates information exchange.

In Minnesota we call these Health Information Organizations (HIOs).

An HIO is an organization that **oversees, governs, and facilitates** HIE among health care providers from unrelated health care organizations. MDH has oversight authority.

These and other terms found at Glossary of Terms and Acronyms Related to e-Health:
<https://www.health.state.mn.us/facilities/ehealth/glossary/index.html>

Example of health information sharing ecosystems



Framework and timeline for HIE next steps 2019-2020

Current HIE Activities

1. Review themes from public input on HIE Task Force work
2. Complete inventory for health information sharing needs
3. Identify HIE gaps and estimate cost to “fill” those gaps and recommend priority settings
4. Monitor national and federal activities and requirements
5. Align with state agencies and local community partners
6. Obtain ongoing input from stakeholders

Proposed Process and Advisory Committee Role

October

- Review current activities and provide input
- Endorse framework and timeline for HIE next steps
- Recruit members for two HIE advisory groups

December

- Review progress of HIE activities
- Review long-term HIE plan outline

February

- Review progress of HIE activities
- Review preliminary long-term HIE plan

April

- Review progress of HIE activities
- Endorse final long-term HIE next steps

May

- Review progress of HIE activities
- Discuss long-term HIE plan next steps

Outcomes

1. Increase and monitor use of the eHealth Exchange Hub for care summary exchange (in process)
2. Identify and implement other recommended HIE strategies
3. Endorse long-term HIE plan including a legislative proposal and budget detail for 2021 session as well as other proposed activities as identified

Current HIE Activities

Introduction to a connected networks approach for HIE

Similar to a “network of networks” for HIE that several other states have implemented to:

- Fill HIE gaps between large health care delivery systems and other providers, social supports, and government agencies.
- Support information needs for improved patient care, patient experiences and population health.
- Build upon existing capabilities.
- Coordinate and align with national, federal and state HIE activities.
- Increase organizational efficiency and effectiveness to help reduce costs and administrative burden.
- Improve the quality of data shared, and trust in the information received.

How a connected networks approach for HIE will help meet current and future needs for more robust information

A process that...

- Adjusts to meet evolving HIE needs and support development of new services to address information sharing needs
- Ensures more coordinated and transparent review and evaluation for existing and future HIE services
- Supports better coordination and alignment with HIE services such as:
 - eHealth Exchange national network
 - Public health reporting to MDH
 - Minnesota Department of Human Services' Encounter Alerting Service (EAS); and
 - Federal Trusted Exchange Framework and Common Agreement (TEFCA) and other federal efforts
- Includes formation of a governing entity with broad stakeholder representation to address governance needs (e.g., authority, accountability and decision-making processes)

1. Themes from the request for public input

1. There was general support for a public-private HIE governance entity.
2. A clear statement of value for stakeholders of HIE services is needed.
3. Using and aligning with existing national networks for care summary exchange is strongly supported.
4. Some stakeholders indicated that there are HIE needs beyond what is available with the current care summary document.
5. There was mixed support for centralized HIE services.
6. The State should play several important roles.
7. There is a need to support organizations with greater resource needs and/or those serving populations at higher risk.
8. There was lack of agreement on how to fund a connected networks approach.
9. Modify Minnesota requirements to align with national efforts.

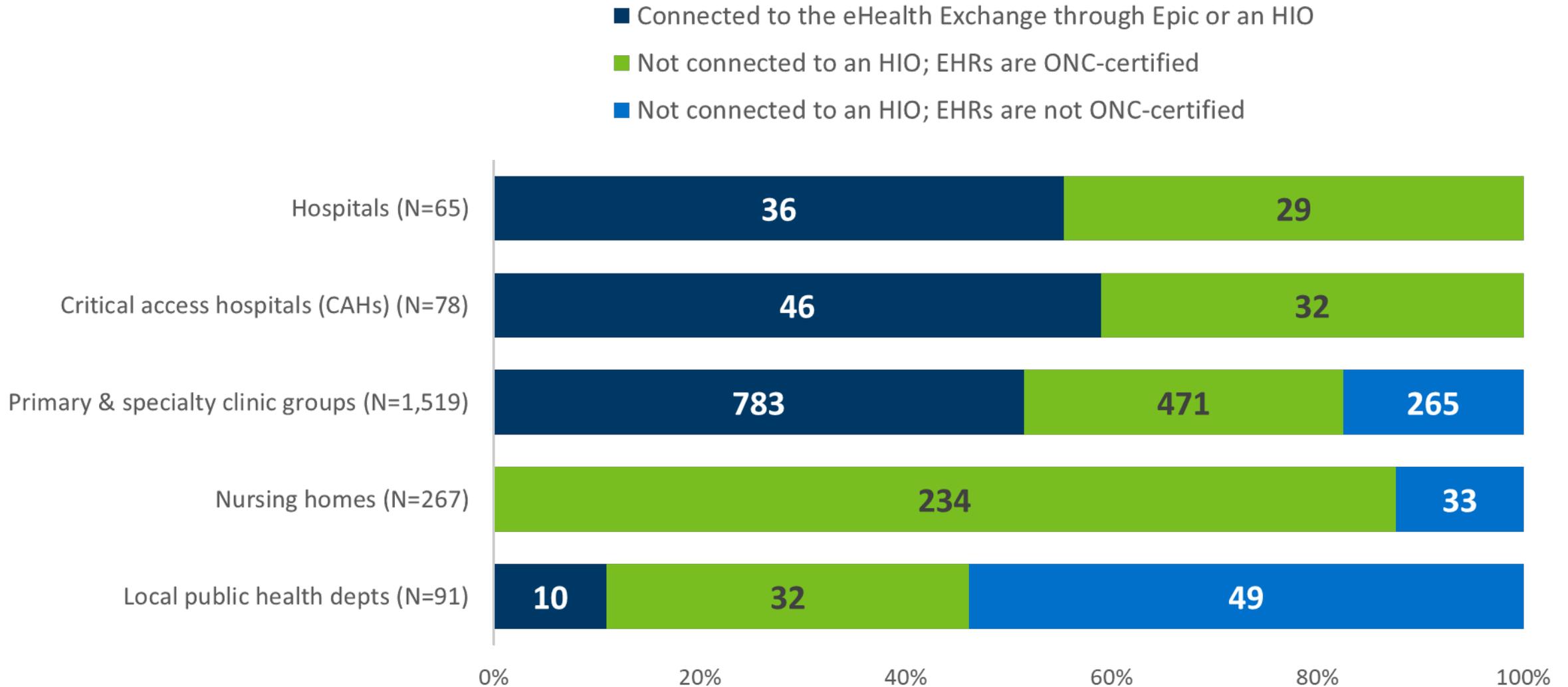
2. Inventory for health information sharing needs

- What problem is being addressed and for whom?
- What health information is needed? (e.g., use case)
- What is the business case or value proposition?
- How might the information be shared most efficiently?
- What are the workflow or other issues?

Actions we can take now and in the future

- What are the national network options or related federal activities?
- Are centralized services needed? If so, which one or ones?
- What is the impact of action or inaction?

3. Sample HIE capability gap analysis



4. Use of eHealth Exchange Hub (national network)

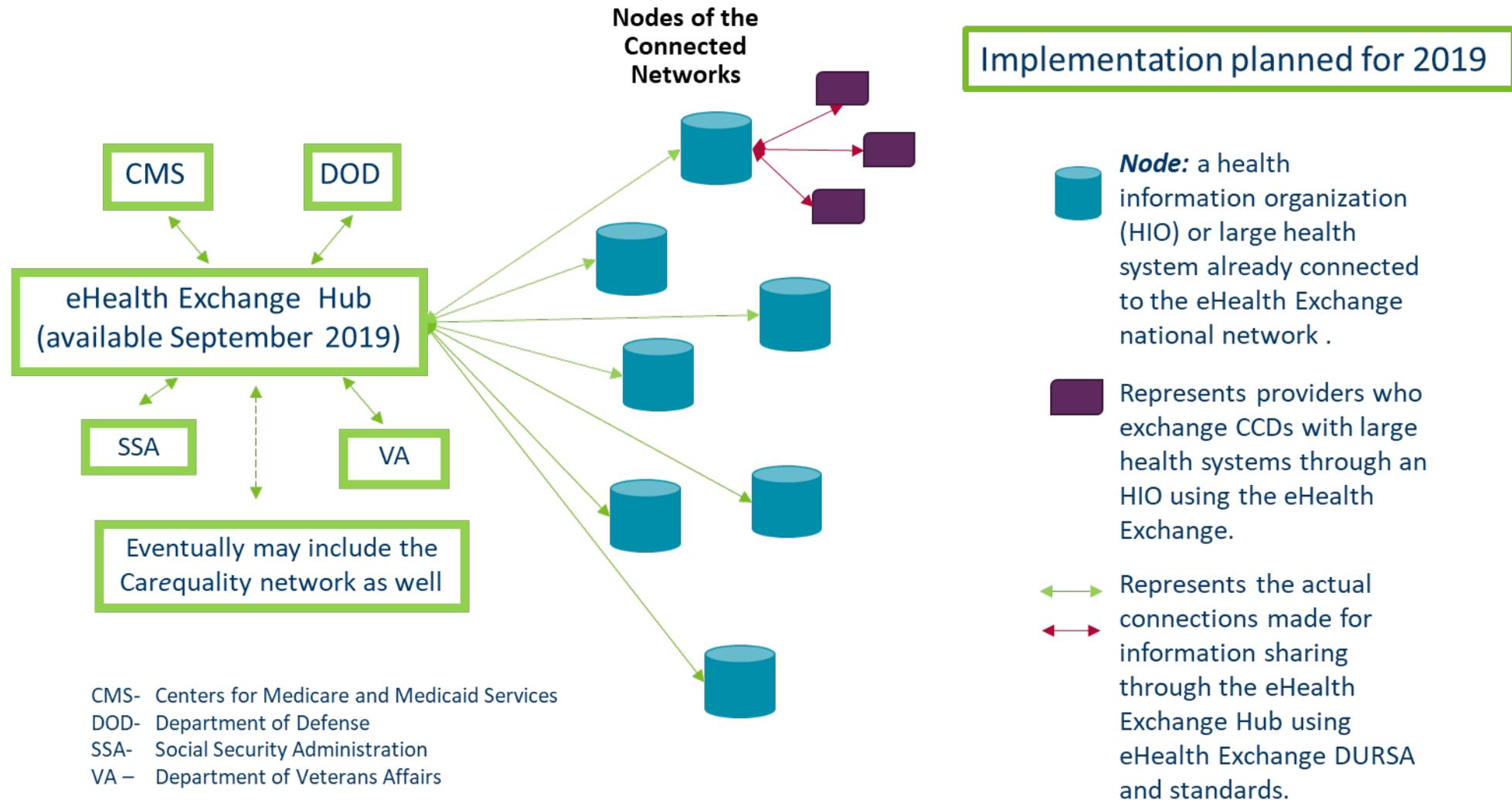
- Review of recommendation and implementation plan for use of eHealth Exchange Hub
- Current Hub results, timeline & Minnesota participant status

Implementation Plan for Recommendation 1: Enable Foundational HIE Using the eHealth Exchange

The recommendation has three-parts as follows:

1. Each Minnesota State-Certified Health Information Organization (HIO) becomes an eHealth Exchange Participant and establishes, tests and maintains a connection to the other eHealth Exchange Participants in the state.
2. Health systems that operate facilities in Minnesota and are eHealth Exchange Participants:
 - may become Minnesota HIO participants OR;
 - will use the eHealth Exchange to establish, test, and maintain a connection to all Minnesota HIOs.
3. Health systems and providers that are not eHealth Exchange Participants become Minnesota State-Certified HIO Participants.

Minnesota Connected Networks Approach: Foundational HIE using the eHealth Exchange (Recommendation 1)



Current status of eHealth Exchange Hub

- Status of Minnesota participant as of 10.16.2019
 - Allina Health, Live
 - Altru Health System, Live
 - CentraCare Health System, Live
 - Essentia Health, waiting for signed BAA in Amended Participation Agreement, then can go live
 - Fairview Health Services and HealthEast Care System (now called MHealth), Fairview is Live, unsure if HealthEast uses Fairview Epic and eHealth Exchange connection
 - Gundersen Health System, waiting signed BAA in Amended Participation Agreement, then can go live
 - HealthPartners – Park Nicollet Health Services, No, technical issue, BAA signed
 - Hennepin Health, Live
 - Mayo Clinic, No, technical issue & waiting for signed BAA in Amended Participation Agreement
 - North Memorial Health Care, waiting for signed BAA in Amended Participation Agreement, then can go live
 - Sanford Health, No, technical issue, BAA signed
 - South Country Health Alliance, No, BAA signed; waiting for their endpoints and test patient
 - The Koble Group, Live

Other current activities

- Align with state agencies and local community partners
- Obtain ongoing input from stakeholders
 - Please sign up for HIE Advisory Groups

Framework and timeline for HIE next steps 2019-2020

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Discussion

- Questions or thoughts?

Action: Request for Advisory Committee endorsement of framework and timeline for HIE next steps 2019-2020



Consumer Engagement Workgroup

Sarah Shaw, MDH

Consumer Engagement Workgroup

- Initiate a Consumer Engagement Workgroup for 2019-20
- Primary deliverables include
 - Advise on opportunities to increase consumer-centered knowledge and awareness
 - Assist Privacy and Security Workgroup to update and promote the Access to Health Records Notice of Rights document
 - Apply the 2018-19 patient journey map to a use case
 - Collaborate with Health Care Homes to identify e-health tools

Discussion

- See draft workgroup charge
- Questions or thoughts?

Action: Request for Advisory Committee endorsement of workgroup charge



DEPARTMENT
OF HEALTH

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

Kari Guida & Geoffrey Mbinda

October 23, 2019

Agenda

- Review & provide input on work plan
- Endorse work plan
- Identify potential steering team participants

Introduction

- Advisory Committee endorsed the Opioid and e-Health Recommendations (2017)
- Need to update the recommendations to
 - better reflect the current drug overdose and substance misuse epidemic
 - 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
 - Update recommendations to develop e-health strategies
 - Articulate how the e-health strategies support the consumer, providers, and communities
 - Develop collective actions that the Advisory Committee and its partners can take to support or implement the e-health strategies

Considerations

- Apply the consumer lens
- Document burdens
- Assign actions to anyone
- Align with vision, mission, and principles
- Think broadly (tobacco, alcohol, opioids, medications, more)
- Prepare for the next epidemic
- Leverage the experience and knowledge of partners
- Build off of the 2017 Opioid and e-Health Recommendations (e-health strategies)

2017 Opioid and e-Health Recommendations (abridged) (1 of 2)

1. Support e-prescribing and full-implementation of all e-prescribing related transactions
2. Assure affordable, effective and seamless use of the PMP
3. Expand the permitted uses of PMP data
4. Educate on e-health and opioids policies and guidelines to ensure 1) appropriate and timely access and sharing of health information and 2) understanding the scope of action related to the information.

2017 Opioid and e-Health Recommendations (abridged) (2 of 2)

5. Ensure access and coverage for services and care enabled by telehealth and other forms of virtual technology
6. Everyone participates in health information exchange
7. MDH updates their informatics profile focused on information and information systems used to prevent and respond to substance misuse and overdose

Collect Information October - November

- Incorporate updates
- Review best practices and activities
- Align work with other activities
- Talk to partners

Talking to Partners

- What information is needed about drug and substance use for/when
 - prescribing
 - treating
 - preventing
 - other processes/transaction/events
- What information is needed to support your role in preventing and responding to drug overdose and substance misuse?
- What information do you have that could be used to prevent and respond to drug overdose and substance misuse?

Note: drug and substance can include prescription drugs, illicit drugs, tobacco, alcohol and more.

Develop e-Health Strategies and Collective Action

November 2019 – January 2020

- Develop strategies and collective actions
- Identify and engage steering team to provide input on draft strategies and collective actions (12/2/19 & 1/13/20)
- Request review from partners who provided input

At the end of the work... February 2020 or April 2020

- E-health strategies to prevent and respond to drug overdose and substance misuse
- Collective actions that the Advisory Committee and partners can take to support or implement the e-health strategies
- Mini-narratives showing how the e-health strategies support the consumer, providers, and communities in their efforts to prevent and respond to drug overdoses and substance misuse

Discussion

- Provide input on work plan
- Endorse work plan
- Identify potential steering team participants



**Additional thoughts or questions:
kari.guida@state.mn.us &
geoffrey.mbinda@state.mn.us**



Privacy and Security Workgroup

Co-Chairs: Laurie Beyer-Kropuenske | Adam Stone

Discussion

- See draft workgroup charge
- Questions or thoughts?

Action: Request for Advisory Committee endorsement of workgroup charge



e-Prescribing Workgroup

Co-Chairs: • Steve Simenson | Lee Mork

E-Prescribing Workgroup

- Input on e-Health Strategies for Preventing and Responding to Drug Overdose and Substance Misuse
- Support full implementation of SCRIPT standard
 - CancelRx implementation webinar (fall 2019)
- Potential priority topics
 - Promote use of Diagnosis code on prescriptions
 - Advance medication management therapy
 - How to improve medication reconciliation process
- Bimonthly webinar meetings

Discussion

- See workgroup charge
- Questions or thoughts?

Action: Request for Advisory Committee endorsement to continue workgroup charge

Workforce

- There is a need to address the convergence of aging population, shrinking workforce, and evolving technology.
- Key questions:
 - What is the problem we're trying to solve?
 - What can/should the e-Health Initiative address?
 - How do we operationalize this?

Workforce (con't)

- Proposal for 2019-20
 - No workgroup
 - Convene discussions to identify the problems
 - Every 2-3 months
 - Engage a broad audience
 - Identify opportunities for:
 - Webinar and conference presentations
 - Potential workgroup activity in 2020-21



Minnesota e-Health Interoperability Advisory Group

Tony Steyermark

Discussion

- See advisory group charge
- Questions or thoughts?



Communications: Webinar topics

Sarah Shaw, MDH

October 23, 2019

Outreach through webinars

- Webinars to share timely, useful information and updates on a variety of learning topics related to e-health, interoperability, HIE, and other related topics.
- To share knowledge, build a stronger understanding, and/or to update current situations
- Every 2-3 months starting November 2019

Webinars being scheduled

Watch for announcements for these two webinars:

- **E-prescribing: Implementing CancelRX**
How Allina Health implemented workflows to support CancelRX transactions, November 2019
- **Enabling foundational HIE using the eHealth Exchange**
Sharing the deliverables of the HIE Task Force, December 2019/January 2020

Potential webinar topics for 2020

- HIE Part 1: planning for transitional implementation with current policies and resources
- HIE Part 2: planning for long-term governance and advocacy
- MDH data exchange update for public health reporting
- Medication Therapy Management (MTM)
- RxFill and other SCRIPT transactions
- Laws impacting HIE (including Health Records Act & HIE Oversight) – what does it mean and what are the impacts. How can I help staff and patients understand
- Consumers: how can we help health providers use e-health to better empower the consumer
- Workforce: What are the shortages across the state and how can we address them



Administrative Simplification Update

Dave Haugen, MDH

October 23, 2019

Problem – Unnecessary, wasteful costs and burdens

Recent analysis* of 54 health care cost studies concluded that

- waste accounted for an estimated **\$760-\$935 billion** of total projected annual US health care costs of \$3.82 trillion
- roughly **25 percent of total US annual health care spending**

*“Waste in the US Health Care System: Estimated Costs and Potential for Savings.” JAMA. 2019;322(15):1501-1509. doi:10.1001/jama.2019.13978. Accessed at <https://jamanetwork.com/journals/jama/fullarticle/2752664>.

Contributors to wasteful health care spending

| Contributor | Annual costs |
|---|---------------------------|
| Administrative Complexity (billing and coding waste; physician time reporting on quality measures) | \$265.5 Billion |
| Pricing Failure (medication pricing; payer-based health services pricing; and laboratory-based and ambulatory pricing) | \$230.7 - \$240.5 Billion |
| Failure of Care Delivery (hospital-acquired conditions and adverse events, clinician-related inefficiencies, and lack of adoption of preventive care practices) | \$102.4 – \$165.7 Billion |
| Overtreatment/Low value care [low-value medication use (branded vs generics or biosimilars and antibiotic resistance costs); low-value screening, testing, procedures; and overuse of end-of-life care] | \$75.7 - \$101.2 Billion |
| Fraud and abuse (fraud and abuse in Medicare) | \$58.5 - \$83.9 Billion |
| Failure of care coordination (unnecessary admissions or avoidable complications and readmissions) | \$27.2 - \$78.2 Billion |

Context

- \$265 Billion in annual health care administrative waste =
 - Nearly the total of all states' general fund annual spending on K-12 public education*
 - More than all states' annual Medicaid spending (the nonfederal, state-paid portion of Medicaid)*
 - More than all states' annual spending for transportation (the nonfederal, state-paid transportation costs)*

* - 2018 State Expenditure Report. National Association of State Budget Officers. Accessed at https://higherlogicdownload.s3.amazonaws.com/NASBO/9d2d2db1-c943-4f1b-b750-0fca152d64c2/UploadedImages/SER%20Archive/2018_State_Expenditure_Report_S.pdf.

Analogy – Transportation System/Admin Simplification

| Transportation system | Health Care Administrative Simplification |
|--|---|
| <p>We have gas-powered cars, roads, related infrastructure, and likely will have for some time</p> <ul style="list-style-type: none">• Goal – make as efficient, safe, reliable, etc. as possible• Methods – improve car design, educate drivers, engineer highways, etc. | <p>We have an existing HIPAA transaction based health care administrative system and likely will for some time</p> <ul style="list-style-type: none">• Goal – make as efficient, least burdensome as possible• Methods – assure adoption and use of HIPAA transactions, update and improve transactions, educate users of transactions to use most effectively |
| <p>But additional, alternative transportation may serve the purpose better in some cases</p> <ul style="list-style-type: none">• Alternative fuel cars (electric, hydrogen cell, etc.)• Mass transit• Pedestrian, bike friendly | <p>But additional alternatives may serve the purpose better in some cases</p> <ul style="list-style-type: none">• Different delivery and payment models• FHIR/APIs• Integration/convergence of EHRs and practice management systems |

Need “both and” strategy

| Health Care Administrative Simplification | |
|---|---|
| <p>We have an existing HIPAA transaction based health care administrative system and likely will for some time</p> <ul style="list-style-type: none">• Goal – make as efficient, least burdensome as possible• Methods – assure adoption and use of HIPAA transactions, update and improve transactions, educate users of transactions to use most effectively | <p>This is largely where we are operating now</p> |
| <p>But additional alternatives may serve the purpose better in some cases</p> <ul style="list-style-type: none">• Different delivery and payment models• FHIR/APIs• Integration/convergence of EHRs and practice management systems | <p>But we also need to be looking forward to make progress where we can here</p> |



Thank you



Minnesota e-Health Summit Planning

Sue Severson | Jennifer Fritz

Minnesota e-Health Summit

- Key Takeaways from last Summit (see handout)
- 2020 Summit
 - Collaboration with Minnesota Chapter of HIMSS
 - Possible new name aligned with theme
 - Tentative Timing: June 10-11, 2020
- Help wanted:
 - Theme ideas and keynote suggestions
 - join a sub-committee or help with marketing activities

Meeting Wrap-up

- Next Steps
- Next Advisory Committee Meeting
 - Monday, December 8, 2019 1:00 p.m. – 4:00 p.m.
(MDH Golden Rule)