

e-Health Advisory Committee Meeting

October 23, 2019

MINTUES, SUMMARY OF ACTIONS TAKEN AND RECOMMENDATIONS

Meeting Attendance

Members in Attendance (19 of 24)

Sunny Ainley (Informatics Training/Education)	Heather Petermann (DHS)
Karl Anderson (Vendors)	James Roeder (Small Hospitals)
Laurie Beyer-Kropuenseke (ADM)	Peter Schuna (Co-Chair/Long Term Care Providers)
Jennifer Fritz (MDH)	Steve Simenson (Pharmacists)
Cathy Gagne (Local Public Health Departments)	Jonathan Shoemaker (Large Hospitals)
Steve Johnson (Academics/Research)	Sonja Short (Co-Chair/Physicians)
George Klauser (Social Services)	Adam Stone (Experts in HIT)
Bobbie McAdam (Health Plans)	Ann Warner (Health Care Administrators)
Jeyn Monkman (Clinical Guideline Development)	John Whittington (Purchasers and Employers)
Lisa Moon (Nurses)	

Alternates in Attendance

James Dungan-Seaver (Experts in HIT)	Sue Severson (Quality Improvement)
Mark Jurkovich (Dentists)	Mark Sonneborn (Hospitals)
Maiyia Kasouaher (Consumers)	Rui Zhang (Academics/Research)

Absent

Alan Abramson (Health System CIOs)	
Pat Lang (Consumers)	Meyrick Vaz (Vendors)
Jennifer Lundblad (Quality Improvement)	Sandy Zutz-Wiczek (Community Clinics)

Call to Order, Welcome and Introductions

Co-Chairs, Sonja Short and Peter Schuna, called the meeting to order at 9:07 a.m. The Co-Chairs briefly noted the Advisory Committee (AC) mission and vision. New members that had not previously been introduced were acknowledged. Donna Watz has moved from Commerce to DHS and no longer sits on the Committee; a new representative for Commerce is being sought.

MDH Updates

Jennifer Fritz provided an update of MDH e-health related activity:

- A special Blue Ribbon Commission has been appointed at the request of the Governor to develop a plan to reduce state health and human services (MDH and DHS) costs by \$100 million during the next biennium. An email announcement was circulated via MDH and DHS email distribution lists on Monday announcing that the commission was seeking relevant cost saving proposals by Nov. 3 (the announcement will also be forwarded to the AC).
- OHIT has recently undertaken strategic planning. As part of the strategic planning, staff considered whether the name “Office of Health Information Technology” was still accurate and relevant. “OHIT” was adopted in 2009 in alignment with the federal HITECH Act terminology and funding, and staff felt that the “IT” focus of the name no longer reflected the work of the unit. (In addition, the state’s IT focus is in another place, creating confusion). As a result then, OHIT has been renamed, and effective November 1 will be known as the Center for Health Information Policy and Transformation (CHIPT).
- Relating to certification of HIOs, Allina has announced that it is exiting the market.

Committee Discussion:

- Jonathon Shoemaker noted that the Allina HIO was serving entities in ACO arrangements and the decision was made after assessing the cost and value of the HIO services being provided. Participants in the HIO were seeing diminishing value in the HIO and were adopting and implementing federal standards rather than continuing with the HIO. Mr. Shoemaker said he would discuss the HIO’s market departure with anyone interested offline.
- George Klauser noted that large health systems were evolving differently than others and asked how the Allina announcement may cause a ripple effect among the other health systems.

Recap September Planning Meeting

The Co-Chairs provided a brief recap of the topics discussed at the Advisory Committee’s September 11, 2019 planning meeting that are outlined in meeting slides 7-9.

Minnesota e-Health Initiative Proposed Activities for 2019-2020

The Advisory Committee reviewed work plans and draft charges for several proposed workgroups and other activities, including Consumer Engagement, Privacy and Security, e-Prescribing and MDH Interoperability issues. The group spent a significant amount of time discussing the next steps for taking action on HIE. The topics and discussion points are outlined below.

HIE Planning

Anne Schloegel, MDH-OHIT presented a brief HIE update and reviewed definitions of HIE, an illustration of an “Example of Health information sharing ecosystems,” and a “Framework and timeline for HIE next steps 2019-20.” Anne noted that the “middle” portion of the “Framework and timeline ...” was the most important. She also noted that two advisory groups were planned as part of further work on HIE, including:

- A group to work on “implementation”
- A group to work on an HIE longer term plan.

Committee member discussion and comments:

- Lisa Moon noted that the illustration was helpful but that an additional version was needed to illustrate the ecosystem concept from a consumer viewpoint.
- Mark Jurkovich asked where telehealth fit in the illustration. Anne clarified that the illustration was intended to show where health information was needed and being sent or received, regardless of the tool for sending or receiving the information.

Melinda Hanson, MDH-OHIT presented on Current HIE Activities. She elaborated and clarified the following regarding:

- Slide 17, item 5 – While there was mixed support for central services, the central service that received the most support was provider directories.
- Slide 17, item 7 – The request for public comment sought comments regarding a “designated HIO”; however the term and concept was confusing. Despite the confusion regarding the term however, public comments generally supported the statement in no. 7 on the slide.
- Slide 17, item 10 – This item referred to aligning MN HIO and HDI certification with national certification, and aligning MN data privacy requirements with HIPAA.

Committee member discussion and comments:

Connected networks/public input

- Sonja Short noted that summary of care documents often are not of sufficient quality to be useful. For example, it is difficult to know what medications have actually been prescribed and what is being self-reported by the patient.

- James Dungan-Seaver noted that HIT implementation often requires implementing a technology, spotting problems, and then addressing them. It was important sometimes to implement technology, determine if there are problems, and then to address them.
- Lisa Moon noted that the quality issue of summary of care documents (CCDAs) is sometimes addressed through integration systems provided by networks and vendors. A further step would be to evaluate conformance of everyone on a network to data quality standards.
- Chad Peterson noted that the quality issue is also a patient safety issue. It is difficult sometimes to work with individual vendors to achieve the level of data quality needed. The USCDI would be a better standard to use.
- Lisa noted that the interface costs for CCDAs can be significantly more than for ADTs.

Gap analysis

- Melinda reminded the group that sign-up sheets will be distributed for AC members to sign up for activities, including HIE. She clarified that slide 18 identifies problem areas to be addressed and that slide 19 summarized existing data regarding the EHR and HIE capabilities, especially to help identify and help focus efforts toward those with less advanced capabilities.
- Cathy Gagne pointed out that slide 19 suggested that local public health EHRs cannot connect to HIOs. She said that it can be appropriate sometimes to not have EHRs certified to to the 2015 standard. The 2015 standard is “doctor based” but public health EHRs are not “doctor based.”
- George Klauser asked whether there is baseline data available to compare the findings in slide 19 with previous findings, and to know whether there has been improvement over time.
- Lisa Moon asked whether Medicaid incentives data has been used to check who as attested to their EHRs.

Recommendation 1 implementation

- Melinda elaborated on slide 21 by noting that there are currently eleven large health systems using the EPIC EHR system who are expected to share data via the e-Health Exchange. In addition, two HIOs have connected to the e-Health Exchange. Others not using EPIC will be able to connect to the e-Health Exchange via the two HIOs that are connected.
- Chad Peterson reminded the group that the data exchange described in slide 21 is “reciprocal” in that it is not only smaller providers obtaining data from large health systems, but also providing an opportunity for large health systems to obtain data from smaller health systems.

- Sonja Short asked whether slide 21 was intended for “push” capabilities. Melinda clarified that the foundational data exchange described in the slide had only query capabilities.
- Lisa Moon asked for clarification of who bears the burden for consent management, as some aspects were not clear.
- Melinda updated the group regarding the status of the eHealth Exchange Hub in slide 22. The Hub makes it easier to query many entities at once rather than querying every entity individually. As of October 16, the Hub was connecting with 262 sites, with 162 connections complete.
- In discussion of slide 23 it was noted that five of the 13 Minnesota entities connecting to the Hub are now “live.” E-health exchange is also doing content testing nationally in which 94% failed. The information being exchanged is not discrete or USCDI compliant, which is to be corrected by 2021. Compiling a monthly dashboard with updates was suggested to track progress.
- Lisa Moon suggested restarting the AC Interoperability Workgroup to help address the issue.

General HIE discussion

- Sunny Ainley referred to the framework on slide 25 and asked if the goal of the AC was to determine the “how” of achieving the outcomes listed on the slide.
- Steve Johnson also referred to slide 25 and asked what was meant by “monitor eHealth Exchange Hub.” He said he would like to see metrics regarding the value of the activity – e.g., avoiding duplicate testing, reduce manual workflows.
- Lisa Moon responded that it’s hard to monitor things you don’t have control over. Need to think about how we can answer questions we’re bringing up when we don’t have the data.
- Peter Schuna also asked for additional metrics on slide 19, to include those on the Encounter Alerting System (EAS), as well as to indicate where additional information and metrics were not available.
- Maiyia Kasouaher asked a question about how the framework in slide 25 translates to consumers because the focus seems to be health care systems talking to each other. How does it translate to patient care/experience? Would like this link.
- Bobbie McAdam noted that the AC was creating an infrastructure system – the equivalent of wiring and plumbing – but asked “for what?” What is the AC trying to accomplish and how does it relate to the overall mission and vision?

- Peter Schuna agreed, but this is the not fun part of the process that needs to be done and suggested re-examining a set of patient care scenarios developed previously to help answer the “for what” question.
- Sonja Short offered that metrics should show some patient impact.
- Sunny Ainley proposed that the consumer workgroup can contribute to this messaging and apply to the work of the HIE.
- George Klauser suggested using the SIM roadmap patient use cases.
- Lisa Moon said that metrics involving transaction counts are useful, but that it is also important to determine if the transaction data is correct and useful but we don’t have the right “plumbing” to get those metrics. There are many examples of how the implemented technology has resulted in better care and outcomes. E.g., Guild Inc, Carleton County.
- Chad Peterson noted that improved data quality leads to improved workforce satisfaction. Slide 16 – there are other stats such as PH reporting, ADTs through DHS and other sources. Need to consider other transactions. It is possible to report on more than eHealth Exchange data exchange transactions – for example, data could be reported on EAS, public health, and others.
- Pete Schuna for LTC, even with a small group of implementers, there has been a huge impact by using EAS.
- George Klauser suggested that the groups set some specific goals.

Committee Action: Co-chair Peter Schuna asked for a motion for the AC to endorse the framework and timeline in slide 25. George Klauser provided the motion, which was seconded and approved on a voice vote.

Consumer Engagement

Sarah Shaw provided an update regarding the Consumer Engagement Workgroup and shared the draft workgroup charge.

Committee member discussion and comments:

- Sunny Ainley asked that an additional bullet be added to slide 28 to explore how the consumer lens will be applied to HIE. Lisa Moon also asked about relating the workgroup to larger groups in the community.
- Adam Stone asked why the Access to Health Records document on slide 28 was being updated. Bob Johnson clarified that the document was created in 2008 and has not been updated since that time. Adam asked whether the workgroup will bring in any marketing resources to help make the document more user friendly.
- Cathy Gagne asked that an equity lens also be incorporated in the group’s work, including “class equity” and beyond health care homes to also include behavioral health homes.

- In addition, Karl Anderson asked that provider engagement be added to the workgroup's activities so that provider would promote the use of HIE to consumers.

AC action: Co-chair Schuna asked for a motion for the AC to endorse the Consumer Workgroup activities and deliverables outlined in slide 28 and the discussion. Cathy Gagne moved the motion, which was seconded and approved on a voice vote.

Responding to Drug Overdose and Substance Misuse

Kari Guida and Geoffrey Mbinda updated the AC regarding e-Health Strategies for Preventing and Responding to Drug Overdose and Substance Misuse.

Committee member discussion and comments:

- During discussion, questions were raised regarding the AC's previous recommendations to the Governor. Kari explained that the Governor appreciated the AC's recommendations and while there was no state-specific action, the recommendations have forwarded in responses to national and federal requests for comments, and have been important in work with MDH's partners.
- Jennifer Fritz also clarified that as the AC considers activities in this area that, while the Governor had previously requested recommendations, no one was requesting them at this time.
- Ensuing discussion focused on the state's Prescription Drug Monitoring Program (PMP) and relationship to HIE.
- Steve Simenson noted that information available through the PMP is often incomplete. For example, a patient could be treated in the hospital for an overdose, be discharged, and the next day be in a pharmacy having an existing prescription for opioids filled, and the information about the hospitalization for the overdose is not in the PMP.
- Sonja Short noted that all 50 states have different, unconnected PMPs – to get information from another state you have to go to that state's PMP.
- Chad Peterson said that the situation described by Steve is not just a PMP issue, but requires HIE. He also said that Medication Treatment Management (MTM) could also benefit from a broader HIT approach.
- Steve noted that other epidemics presenting the same issues will replace the opioid epidemic. Synthetic drugs are already replacing opioids. As a result PMPs and HIEs need to move in a direction to address more epidemics.
- Kari noted that another example of a new emerging epidemic is vaping.
- Bobbie McAdam asked how the AC can be more assertive with its recommendations and have more impact.

- Kari noted that the MN PMP is changing. Starting 2021 for example, all prescribers will need to check the PMP. In response to a question, Kari also clarified that the MN PMP provides for delegate access. However, co-chair Sonja Short pointed out that every provider using delegates has to verify the delegate's access, which is burdensome.

AC action: Co-chair Schuna asked for a motion for the AC to endorse the activities and timeline presented by Kari and Geoffrey. Steve Simenson moved the motion, which was seconded and approved on a voice vote.

Privacy and Security Work Group

Bob Johnson introduced the Privacy and Security Workgroup section. He noted that the group has a number of experts focused on legal issues related to privacy and security but that other expertise is needed as well. Bob reported that Adam Stone was the new co-chair of the group.

Adam reviewed and discussed especially deliverables 3 and 4 from page 23 of the supplemental meeting handout packet. He noted that in addressing item 3 it will be important to be aware of international law and laws in other states. In addition, it will be important to address issues related to the Internet of Things in item no. 4.

Committee member discussion and comments:

- Co-chair Sonja Short asked whether the workgroup would be addressing issues that are opposite of those related to information disclosure – that is, information blocking. A focus on information blocking is important because information blocking seems to often be based on misunderstandings of the privacy rule.
- Lisa Moon noted that a provider directory will help address information blocking.
- Cathy Gagne suggested that for item 3a on page 23 (“Gather available resources”) that they also post them to help address basic questions.
- Lisa said the workgroup seems to be focusing on privacy when it is equally important to consider security, especially given the large number of breaches that have occurred and are occurring.

AC action: Co-chair Schuna asked for a motion for the AC to endorse the activities and deliverables presented by Bob and Adam. Adam Stone moved the motion, which was seconded and approved on a voice vote.

e-Prescribing Work Group

Karen Soderberg provided a brief update regarding the e-Prescribing Workgroup with an updated charge and timeline.

AC action: Co-chair Schuna asked for a motion for the AC to endorse the activities and deliverables presented by Karen and in pages 25-27 of the supplemental meeting handout packet. The motion was moved, seconded, and approved on a voice vote.

Workforce Activities

Karen Soderberg provided a brief update regarding Workforce, including the update that there will be no Workforce workgroup.

Committee member discussion and comments:

- In discussion, Adam Stone noted that considering the youth voice will be important, as including youth will be an important opportunity for growth. One example is to include students in the U of M Health Services Management Program.
- Lisa Moon suggested that a webinar on the concept of “talent stacking” is needed and would be helpful.
- Chad Peterson suggested reviewing the University of North Dakota’s rural health resource on aging for examples of addressing workforce issues.

MDH Interoperability

Tony Steyermark updated the AC regarding the Interoperability Advisory Group. He explained that the Advisory Group has been suspended as the MDH Office of Interoperability develops an MDH interoperability roadmap. The Advisory Group will be restarted in the near future.

Due to meeting time constraints, updates planned for “Communications: Webinar Topics” and “Administrative Simplification” will be provided to the AC via email.

Minnesota e-Health Summit

Sue Severson presented a brief update regarding the Minnesota e-Health Summit for 2020. She noted that MDH has been meeting with HIMSS to discuss an MDH-HIMSS co-sponsored one-day summit on either June 10 or June 11, 2020. HIMSS has yet not formally agreed to be a co-sponsor, but discussions have been productive and the concept will be reviewed and voted on by the HIMSS Board in the near future.

Meeting Adjourned at 12:01 p.m.

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