

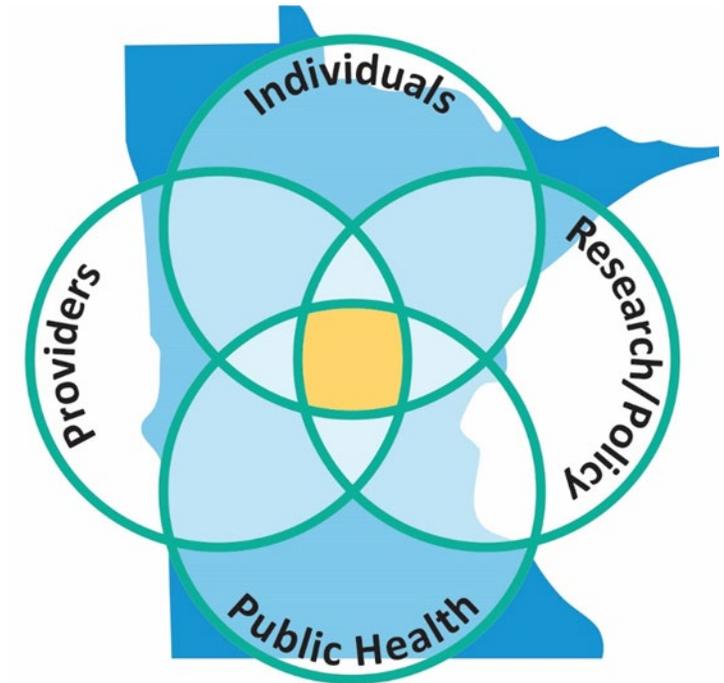


Minnesota e-Health Advisory Committee Meeting

Co-Chairs: Sonja Short | Peter Schuna
December 9, 2019

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.”

Agenda



- Welcome and Roll Call
- MDH Updates
- Minnesota e-Health Initiative Updates
- e-Health Summit Changes
- HIE Plans
- Wrap-up and Next Steps



MDH Updates

Diane Rydrych, Jennifer Fritz, Aasa Dahlberg Schmit

December 9, 2019



Minnesota E-Health Initiative Activities

E-Health Initiative Activities

- Consumer Engagement Workgroup
 - New co-chairs: Sandy Zutz-Wiczek and Steve Johnson.
 - Meeting early in the New Year, watch for meeting announcement
- E-Prescribing Workgroup
 - CancelRx webinar held on November 22
 - Working on updated charge (December 9 meeting)
- e-Health Strategies for Preventing and Responding to Drug Overdose
 - Meeting in January to focus on actionable and relevant e-health strategies and collective actions for drug epidemic
- Privacy and Security Workgroup
 - Meetings Scheduled: January 8 focus on Access to Health Records Notice of Rights



Minnesota e-Health Summit Planning

Jennifer Lundblad | Jennifer Fritz

Minnesota e-Health Summit Changes

- 2020 Collaboration with Minnesota Chapter of HIMSS
 - Now MN HIMSS and e-Health Initiative Collaborative
 - 2020 Vision: Create the Change
 - Tentative Date: June 11, 2020 (Still finalizing venue)
 - More sessions and
- Help wanted:
 - keynote suggestions (health leaders as well as inspirational non-health leaders)
 - help with marketing activities



Health Information Exchange (HIE) Plan

December 9, 2019

Overview

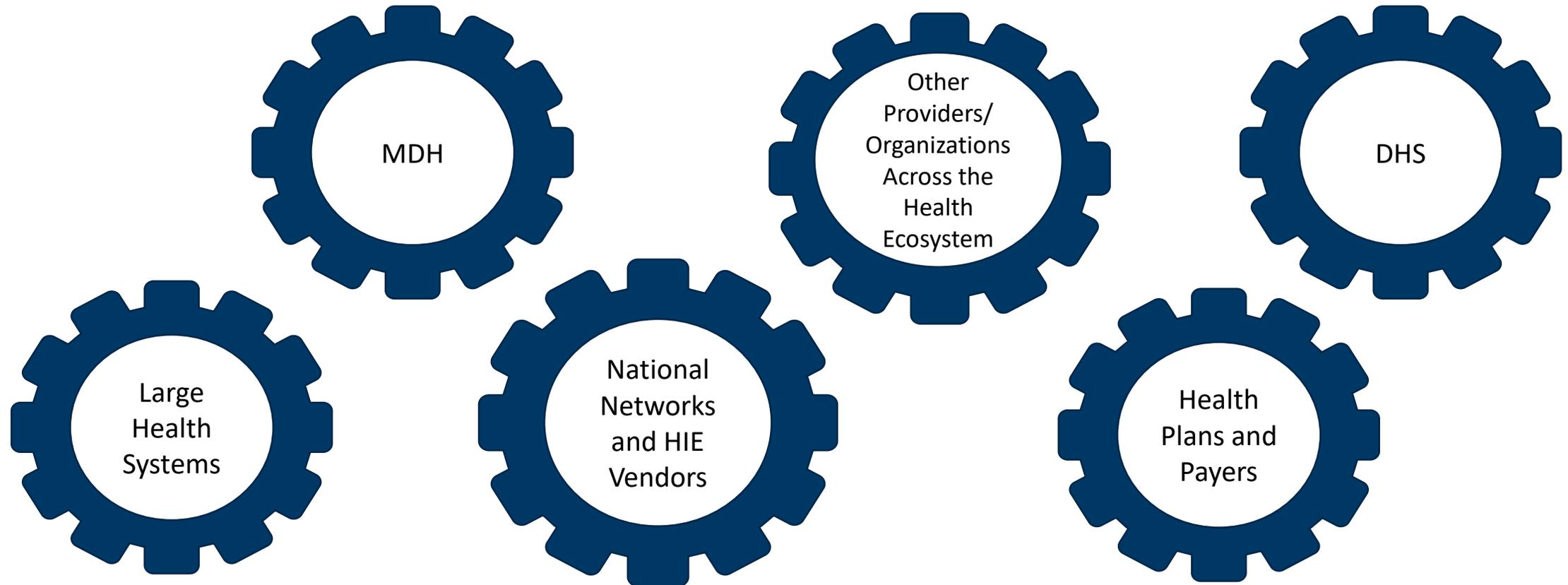
- Review what we are trying to achieve
- Recap what is working and what is not working
- Review, discuss and endorse HIE Plan

The Goal

- All stakeholders and parts of the health ecosystem have the information needed to:
 - Improve individual health
 - Advance broad community and population health
 - Decrease administrative burden on providers, payers etc.
 - Help reduce overall health costs

Moving Parts Affecting the Health Ecosystem

federal, state, and organization policies, regulations, and laws



Recap what is working and what is not working

What is working for care summary exchange

- Epic users have care summaries available primarily through Epic's Care Everywhere; mostly from other Epic-users
- Non-Epic users will have access to Epic-users' information if participating with an HIO (ability to query and receive care summaries from Epic users and other HIO participants through the national eHealth Exchange Hub)

What is NOT working for care summary exchange

- All providers are still using fax and phone calls to share care summary information
 - Epic users, even with Care Everywhere capabilities, are still requesting faxed information from each other
- Many non-Epic users are not participating with an HIO
- Care summaries may not include all the information requested by providers and patients

What's working and not working for encounter alerts

- Admission, discharge, transfer (ADT) encounter alerts are getting to some Medicaid providers using the DHS Encounter Alert Service (EAS)
 - Approximately 27 hospitals sending alerts (mostly metro large systems)
 - Multiple clinics, clinic networks including behavioral health receiving alerts (mostly metro)
 - 25,975 alerts per month
- However, EAS is currently only for the Medicaid population and a portion of providers/systems

Source: <https://mneas.org/participants> accessed on 12/3/2019

Examples of information sharing gaps

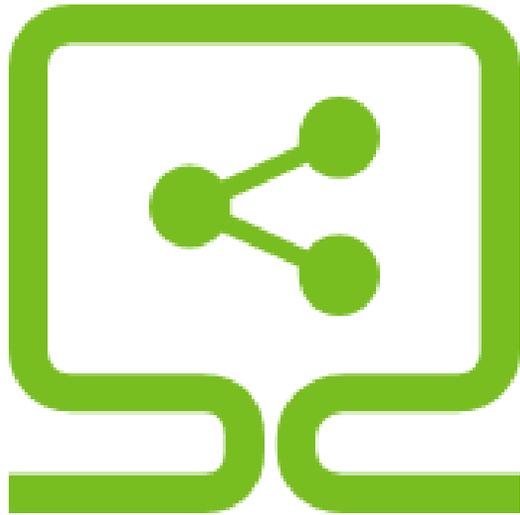
| Information sharing between and among | What is the problem? | What health information is needed? (e.g., use case) |
|---|---|---|
| Provider Organizations | Lack of information at point of care for hospitals, primary care clinics, specialty clinics, and behavioral health clinics | Care summary information at the point of care (partial or total / comprehensive) needed for better healthcare decision making |
| Provider organizations and health plans/ payers | Faxing and phone calls between health plans and providers | Clinical information needed to complete billing and/or care management |
| Provider/ organizations and the state (DHS) | Lack of information for case management for Medicaid beneficiaries (e.g., transitions of care, referrals for non-clinical services or ongoing care needs) | Clinical information needed to complete billing and/or care management |
| Provider organizations and the state (MDH) | Public Health reporting to MDH programs: multiple programs receiving information in multiple ways | Required PH reporting needing standard, streamlined processes to meet the needs of multiple MDH programs more easily |

Review, discuss and endorse HIE plan

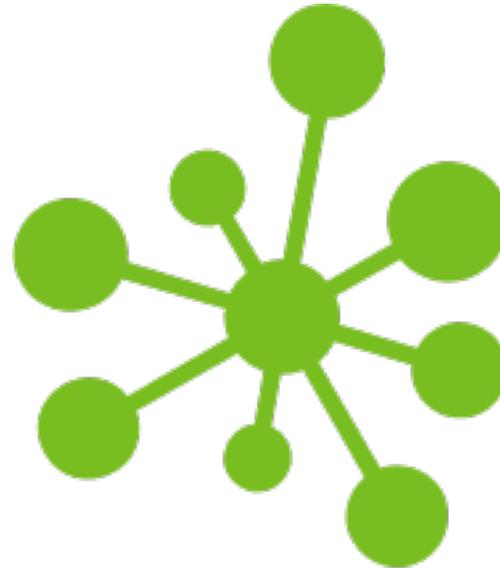
Strategy

- Build on and expand current efforts using a connected networks approach by...
 - Emphasizing three stakeholder-identified focus areas
 - Developing a legislative proposal for 2021 session
 - Continuing actions that do not require legislation
 - Leveraging a structured process and subject matter experts

Focus Areas



Expand information sharing across the health ecosystem

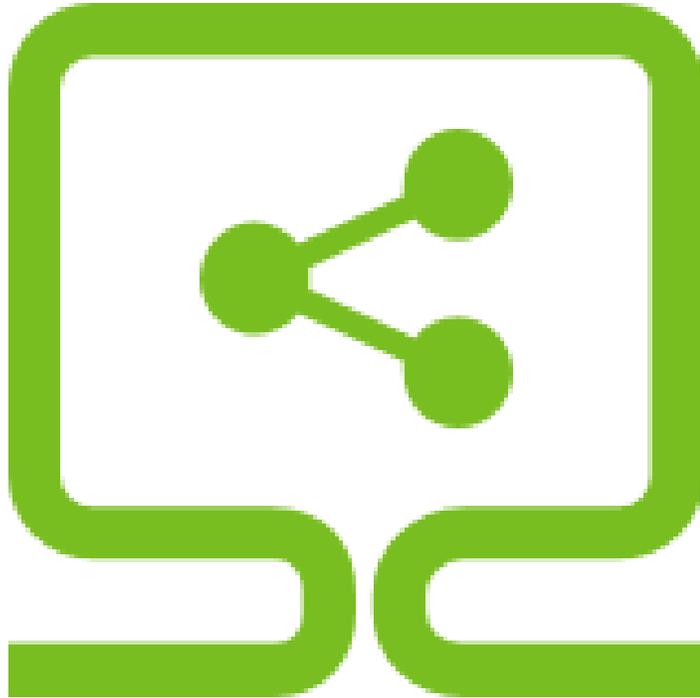


Shared/central services



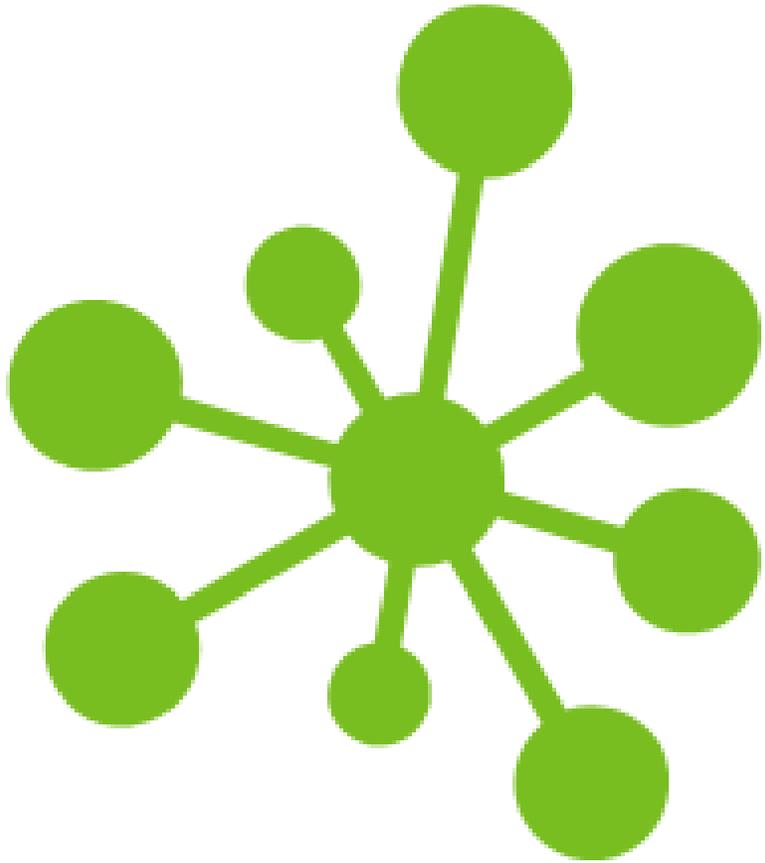
Flexible governance process

Expanded information sharing across the health ecosystem



- Essential information is available to deliver better care and a better care experience
- HIE connectivity gaps for stakeholders with limited capabilities and resources are alleviated

Shared/Central Services



- Infrastructure to improve administrative efficiencies, exchange of robust health information, and reduce burden and cost

Flexible Governance Process



- Ensure an open, transparent, and coordinated process for information sharing policies that can adjust and meet evolving health information needs
- Include broad public and private stakeholder representation and input
- Develop methodology for identifying and implementing priority use cases

Legislative Proposal Components



Authority



Funding

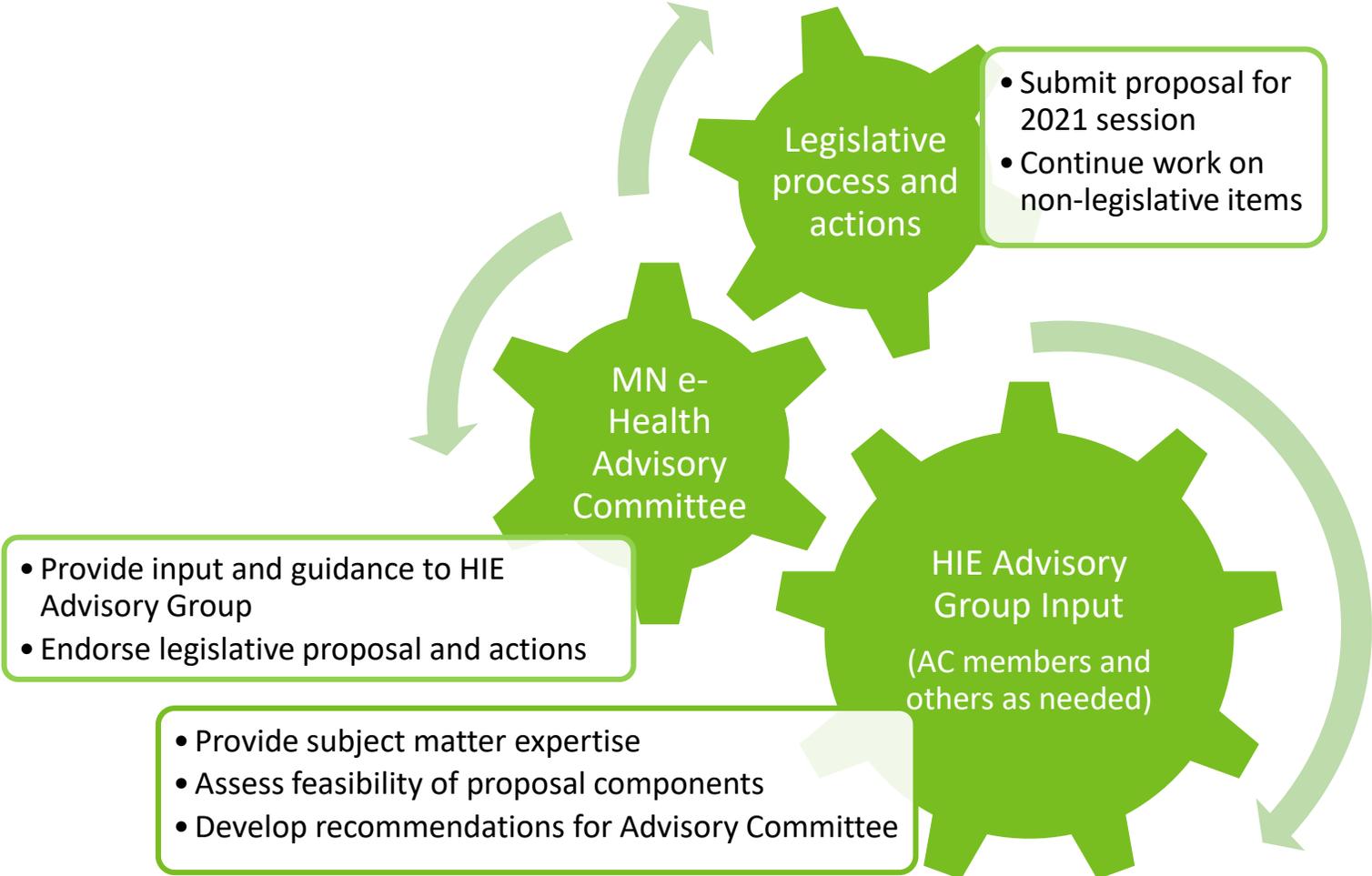


Law modifications

Actions that do not require legislation

- Promote and monitor use of eHealth Exchange Hub
- Build support for and receive input on legislative proposal
- Others to be determined

Structured Process



How the HIE Advisory Group will be used

- The go-to pool of experts called upon to:
 - Provide information and input
 - Assess feasibility of proposal components
 - Engage other experts as needed
 - Communicate and promote the proposal to stakeholders
- Mostly individual or small-group calls/meetings

Next Steps



- Launch HIE advisory group in January
- Expected progress by Advisory Committee meeting on February 10:
 - Options for legislative proposal components (authority, financing, law modifications)
 - Identify pros and cons
 - Identify information and support needed to continue proposal development

Discussion and Initial Thoughts about...

- Three focus areas
 - Expanded information sharing, shared/central services, and flexible governance process
- Legislative proposal components
 - Authority, funding, and law modifications
- Actions that do not require legislation
 - Promote and monitor use of eHealth Exchange Hub; build support for and receive input on legislative proposal; others

Advisory Committee Action



- Endorse the plan and agreement on next steps
- Additional volunteers for HIE Advisory Group
 - Current volunteers: James Dungan-Seaver, Reid Haase, Maiyia Kasouaher, Lisa Moon, Chad Peterson, Peter Schuna, John Whittington, DHS representative

Meeting Wrap-up



- Next Steps
- Next Advisory Committee Meeting
 - Monday, February 10, 2020 1:00 p.m. – 4:00 p.m. (HealthPartners)