

# Health Information Exchange (HIE) Study

MARCH 2018

## HIE study conducted in response to opportunities to improve health care system in Minnesota

The 2016 Minnesota Legislature directed MDH to assess Minnesota's legal, financial, and regulatory framework for HIE, including the requirements in Minnesota Statutes, Sections 144.291 to 144.298 (the Minnesota Health Records Act), and to recommend modifications that would strengthen the ability of Minnesota health care providers to securely exchange data in compliance with patient preferences and in a way that is efficient and financially sustainable.

The HIE study was recommended as a result of the 2015 Governor's Health Care Financing Task Force that was convened to advise the governor and the legislature on strategies to increase access and improve the quality of health care for Minnesotans.

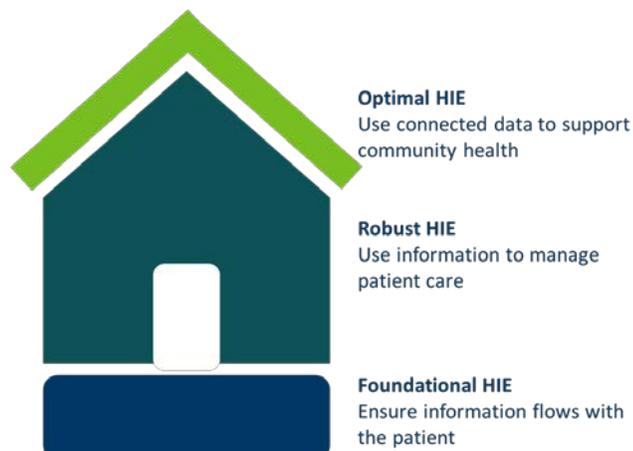
This factsheet describes the findings and recommendations of the study, which will be released later this spring.

## Health information exchange presents opportunities to improve individual and community health

Health Information Exchange (HIE) is the electronic flow of health information between a patient's health care providers. Statewide HIE is critical for providing safe, efficient, effective, coordinated patient care.

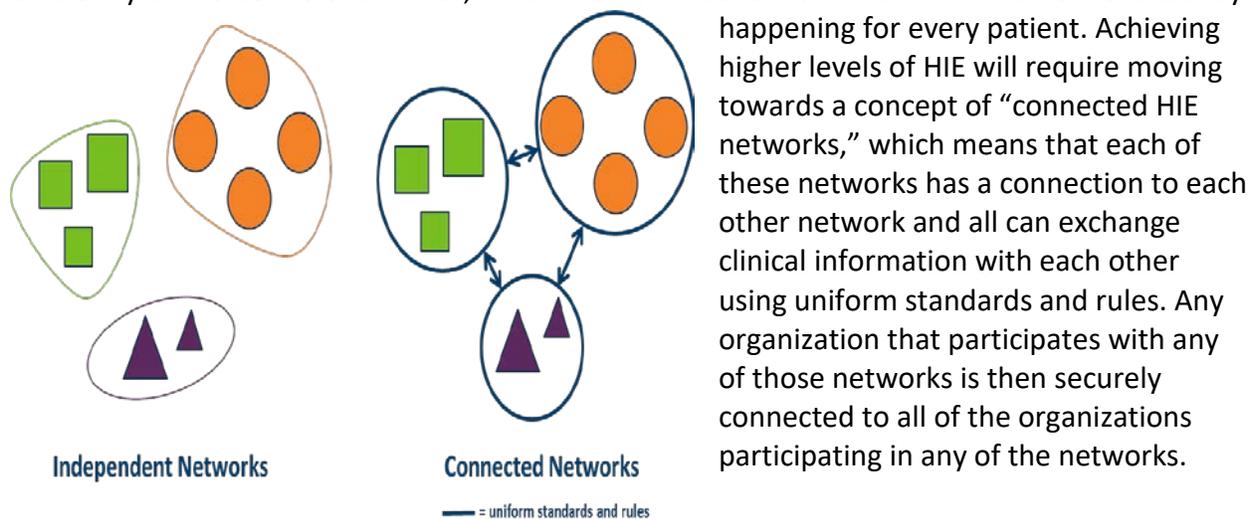
Minnesota has made progress on HIE, but it is not yet occurring equitably or robustly across the state. This means that access to health care information for many Minnesotans continues to be inefficient and fragmented when they visit multiple providers or health systems. To have effective HIE, every health organization needs to participate, so that every person's information is more easily available when and where it is needed to better serve them.

This assessment identified three important uses for HIE that can greatly and favorably impact individual and community health. First is "foundational" HIE, which involves basic health information flowing with



the patient to any provider they see. Building upon the foundation, “robust” HIE involves using health information from all providers across the care continuum to manage patient care based on the patient’s consolidated health picture and using analytics to support better health outcomes. A third level of “optimal” HIE use allows communities to understand the health status of their population, better handle disease outbreaks, and manage emergency response. Minnesota needs to establish foundational HIE across all providers in the state to ensure that a person’s entire care team is connected for transitions of care, referrals and ongoing coordination with a person’s care team

In Minnesota, quite a lot of HIE is happening, with appropriate authorization, within individual health systems and health information networks. However, many of the networks are not efficiently connected to each other, which means that even foundational HIE is not consistently



happening for every patient. Achieving higher levels of HIE will require moving towards a concept of “connected HIE networks,” which means that each of these networks has a connection to each other network and all can exchange clinical information with each other using uniform standards and rules. Any organization that participates with any of those networks is then securely connected to all of the organizations participating in any of the networks.

## Key findings identify barriers and opportunities

Stakeholders who participated in the study agreed that Minnesota needs to, at minimum, establish foundational HIE across all providers in the state to ensure that a person’s entire care team is connected for transitions of care, referrals and ongoing coordination with a person’s care team. But the study revealed a number of barriers and gaps that are inhibiting effective HIE in Minnesota:

- Minnesota faces several significant barriers to establishing foundational HIE, with few organizations connected to networks, and many networks not connected to each other. Stakeholders do not expect the market to resolve the lack of connectivity without an entity establishing “rules of the road.”
- Many providers face barriers to HIE because of the Minnesota Health Records Act (MHRA), which governs how health information can be used and shared in Minnesota. It includes some provisions with unintended consequences that inhibit HIE, including misalignment with the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). This

creates technical and workflow challenges because standards for EHR systems, many of which are sold and intended to operate across state lines, are designed to manage consent as required by HIPAA. There are also varied interpretations of MHRA across provider systems, which leads to an unwillingness to share information, delays in care, duplication of services, and patient frustration at the need to repeatedly sign for consent.

- HIE requires up-front investments and ongoing funding for HIE infrastructure, onboarding providers, workforce training, and management of ongoing HIE transactions and workflows, and while it is critical that all organizations participate in HIE, not all organizations are capable of supporting these investments.
- Minnesota’s current HIE environment does not support a wellness-based approach that enables unhealthy people to get healthy, and healthy people to stay healthy. Health providers need an infrastructure that supports robust HIE, allowing them to use information to understand treatment outcomes and coordinate ongoing care, as well as to support accountable health.
- HIE will enhance administrative efficiencies and cost containment. A coordinated HIE infrastructure, with more efficient ways to manage administrative data transactions, can significantly contain costs for stakeholders and health care consumers.
- Creating and connecting networks will accelerate foundational HIE. Minnesota needs to build upon the significant investments made by health organizations in the state and align with national efforts to connect providers across state lines. By supporting continued development of existing networks and establishing “rules of the road” for these networks to connect, Minnesota can achieve broad foundational HIE.

## Recommendations to develop connected networks model

The primary recommendation, based on this study’s findings, is to move Minnesota in the direction of a connected networks model that will provide essential HIE services accessible to all stakeholders statewide, and to align with and build upon national initiatives. To achieve this, the assessment, with endorsement from the Minnesota e-Health Advisory Committee, recommends:

1. The Minnesota Legislature should modify the Minnesota Health Records Act to align with HIPAA for disclosure purposes only while maintaining key provisions to ensure patient control of information and to support HIE.
2. MDH should establish a HIE task force of the e-Health Advisory Committee to develop strategic and implementation plans (including rules of the road) for the connected networks model by focusing on actions and policies to:
  - a. Expand exchange of clinical information to support care transitions between organizations that use Epic and those that do not.

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- b. Expand event alerting (for admission, discharge, and transfer) to support effective care coordination.
  - c. Identify, prioritize and scope needs for ongoing connected networks and HIE services with the goal of optimal HIE.
3. The MN Legislature should act on the recommendations of the e-Health Initiative's HIE task force, which are expected to include:
  - a. Updating Minnesota's Health Information Exchange Oversight law to support the coordinated networks concept.
  - b. Appropriating funds to help providers connect to HIE services and develop ongoing coordinated HIE services.

Minnesota led the nation in establishing a legal and regulatory framework that incentivized health care providers to adopt and effectively use electronic health records, and in providing financial and technical support to move our health care system into the electronic age. Minnesota has also been on the cutting edge in terms of promoting statewide coordinated care, transparency on quality and safety, innovative public and private accountable care and payment arrangements, and a focus on clinical-community connections and social determinants of health. An efficient, secure flow of information is critical to all of these efforts. However, Minnesota has experienced many of the same struggles as other states as it has tried to establish a comprehensive, secure system for ensuring that a patient's health information can move with them as they navigate their health care needs, and that providers have all of the information they need to make appropriate decisions about a patient's care.

It is time for Minnesota providers, payers and other stakeholders to come together to develop and support a strong, forward-thinking, collaborative vision that looks beyond foundational HIE needs to connect providers across the care continuum and provide value to providers, patients, health plans, and communities. While much work still needs to be done to achieve these goals, this report lays out a path forward that will allow Minnesota to support continued innovation in care delivery and payment reform, while improving both individual and community health.

Minnesota Department of Health  
PO Box 64482  
St. Paul, MN 55164-0882  
mn.ehealth@state.mn.us  
www.health.state.mn.us

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