DEPARTMENT OF HEALTH

Minnesota e-Health

Meeting Summary
Health Information Exchange Task Force

Meeting Information

Date and Time: January 31, 2019, 9:00 a.m.– 12:00 p.m.
Location: Wilder Center, St. Paul
Participants: see list at end of summary

Objectives

- Reach consensus on recommendations for the following, to be incorporated into the suggested interim plan for connected networks developed by the Task Force for Advisory Committee consideration:
    - expectations of Minnesota Connected Networks nodes
    - priorities and expectations for centralized services
- Reach consensus on recommended strategies for the following, to be incorporated into the suggested interim plan for connected networks developed by the Task Force for Advisory Committee consideration:
    - ensure full participation in Minnesota Connected Networks
    - ensure at least one viable HIO to fill connectivity gaps

Agenda Items

1. Welcome and introductions
2. Review meeting objectives and agenda
3. Review progress on HIE Task Force deliverables and updates
4. Public Input
5. Task Force action-reach consensus on recommendations for:
    - Expectations of Minnesota Connected Networks nodes
    - Priorities and expectations for centralized services
6. Task Force action-reach consensus on recommended strategies to address critical success factors:
    - Full participation is needed to achieve the most value for all
    - One or more HIO(s) is needed to fill HIE connectivity gaps
7. Next steps

Notes and Discussion

The task force agenda was split into two parts. The first part focused on discussion and indication of support for expectations for components of the connected networks. The second part focused on critical success factors to help inform recommendations for the five-year interim plan for governance, financing and authority.

Expectations of Minnesota Connected Networks nodes

As a key part of the Minnesota connected networks approach, nodes would be expected to meet some type of minimum requirement for participation in the connected networks. That minimum set of requirements might include the following:

Level One (1-3 years):
1) State-certification or other process as determined
2) Data is normalized, aggregated, and stored in the receiving node.
3) Information is shared based on rules of the connected networks.
4) All nodes participate with the centralized services as developed.
5) Nodes participate in development and agreement/consensus on standards (e.g., through participation in an eUC process) and subsequent implementation
6) All nodes maintain and update consent management of individuals' HIE consent, as defined by the governance process

Task force members posed questions. Most of the questions and discussion centered on what the certification requirement might be and what the perceived impact might be. Since those requirements would be determined by the overarching governance process and /or authority, there were no answers or specifics available at this time.

A stoplight analogy was used to register high-level agreement according to the following scale:
   Green = Agreement with all the strategies – 8 votes
   Yellow = Hesitation or caution – 1 vote
   Red = Disagreement with the strategies taken as a group – 1 vote

Following that showing of strong overall support, members were asked to rank the expectations using a fist to five methodology explained here:

Fist to five – Expectations of nodes

   Fist- No!
   1-   No, unless specific changes are made
   2-   I'd rather not but I can live with this strategy
   3-   Ok, I can support this strategy
   4-   I support this strategy
   5-   I strongly support this strategy

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There was overall support for these expectations since 9 of 10 voted for some level of support from two and above with seven of those nine indicating "4- I support this".

Centralized Services

Priorities and uses for the three preferred centralized services: healthcare directory, patient directory and a central routing mechanism.

- Healthcare (Provider) directory

   Central directory to ensure that information is sent to the correct/appropriate provider using that provider's preferred transport/ delivery method and workflow. May be used for referrals, transitions of care, and event alerting.

- Patient directory or other patient matching tool/solution

  This central directory would contain information on the location of an individual's health information and to identify to whom specific transactions should be sent, if applicable (e.g., alerts to a specific care coordinator).

- Routing mechanism

  Nodes and other stakeholders use this centralized service to help route health information correctly to the appropriate receiving entity. Algorithms may be used to determine when, to which stakeholder, and what information is to be shared based on specific requirements and individual HIE consent. The initial use cases may be related to MDH public health reporting (i.e., immunizations, electronic lab reporting)

The task force indicated support for all services using the stoplight scale as noted here:

Green = Agreement with all the strategies – 9 votes
Yellow = Hesitation or caution – 1 vote
Red = Disagreement with the strategies taken as a group – 0 vote

According to the fist to five with 8 of 8 participants indicated I support or I strongly support. One member abstained from voting.

When the task force was then asked to indicated the highest value centralized service, the members indicated strong support for (7 of 10) for the patient directory. The other two services received equal votes for second and third and are thus tied for second.

Critical Success Factors

The critical success factors identified by task force members and expert advisors include:

1) Full participation is needed to achieve the most value for all
   - Dependent on commitment by large health systems- key data contributors

2) One or more HIO(s) is needed to fill HIE connectivity gaps (e.g., smaller, independent providers, LTPAC, BH, social services)
   - Dependent on ensuring sustainability for one or more HIO as "safety-net"

3) Financial commitment by all participants (nodes and other stakeholders) is needed to ensure long-term sustainability
   - Dependent on participant fee structure (e.g., fees for centralized services)

4) Alignment with other HIE activities (national, federal and state) is needed to achieve an efficient and effective network (e.g., minimize connections, reduce/eliminate duplicate services)
   - Dependent on flexible governance process that can evolve to meet HIE needs

Full Participation

Full participation is needed to achieve the most value for all

Dependent on commitment by large health systems- key data contributors

Common strategies discussed included: payer incentives, payer requirements, state government incentives or requirements, and stand up one or more centralized services (patient directory, healthcare directory and/or routing services) incrementally

These was general support for all of these strategies; however, the strongest support was behind "stand up one or more centralized services, incrementally" to help demonstrate multi-stakeholder value and/or return on investment.

Public Input

One member of the public provided input during the public input portion of the meeting.

- Stephanie Tucker, MD, consumer

Participants:

Timothy R. Getsay, Gillette Children's Specialty Healthcare (not in attendance)
George Klauser, Lutheran Social Service of Minnesota, *HIE Task Force Co-Chair* (not in attendance)
Mike Lilly, Ridgeview Medical Center
Jonathon Moon, UCare
Steve Odd, Allina Health
Chad Peterson, The Koble Group
Paula Schreurs, Sanford Health
Peter Schuna, Pathway Health, *HIE Task Force Co-Chair*
Heather Petermann for Jackie Sias, Minnesota Department of Human Services
Jeffrey Stites, Context Law
Eleanor O. Vita, Mayo Clinic
Deepti Pandita, Hennepin County Medical Center

MDH Staff: Jennifer Fritz, Melinda Hanson, Dave Haugen, and Anne Schloegel
MMB Staff: Matt Kane, Melinda Czaia (Management Analysis and Development)

Next HIE Task Force meeting

Thursday, February 28, 2019, 9:00 a.m. – 12:00 p.m., Wellstone Center