

Meeting Summary

Health Information Exchange Task Force

Meeting Information

Date and Time: April 18, 2019, 9:00 a.m. – 12:00 p.m.

Location: Wilder Center, St. Paul

Participants: see list at end of summary

Objectives

- Recommend to the Minnesota e-Health Advisory Committee the preferences and ideas from the HIE Task Force for governance, authority, and financing of a connected networks approach.
- Review and provide input on possible models and services in the context of a connected networks approach.
- If time, review potential categories for updates to Minnesota’s laws related to health information exchange (e.g., HIE oversight, interoperability mandate).

Agenda Items

1. Welcome and introductions
2. Review meeting objectives and agenda
3. Task force input- draft summary of HIE Task Force input
4. Public Input
5. Task Force input- Possible models and services in the context of a connected networks approach
6. Brief overview of suggested law changes
7. Review progress on HIE Task Force deliverables and timeline
8. Next steps and updates

Action: Draft Summary of HIE Task Force input and preferences

A revised HIE Task Force draft summary of input and preferences for a five-year interim plan for governance, authority and financing toward a connected networks approach was shared and discussed (<https://www.health.state.mn.us/facilities/ehealth/hie/taskforce/docs/041819input.pdf>).

Task force members discussed the changes made to the document since the March 21 meeting. An introduction, working definitions, and an explanation of the task force consensus process were added. In addition, several modifications were made to the sections on expectations of nodes and centralized services based on the past meeting suggestions. Clarifying statements were also included in the critical success factor text. The modifications and clarifying text are underlined in the document that is linked above. Task force members also asked what the next steps might be. This summary is intended to be presented to the Minnesota e-Health Advisory Committee for review and consideration. If approved, the Advisory Committee could move it forward for public comment.

A major change was added when a task force member asked that the group revisit critical success factor for full participation (excerpted here)

1. Full participation is needed to achieve the most value for all

The concept of full participation means that all stakeholders of a connected networks approach (e.g., providers, payers, state government, and others) contribute and use information to ensure that information is available to those for whom it is essential for patient care. Below are suggested Task Force strategies for “full participation” listed in order of Task Force support:

- Stand-up centralized services incrementally (highest level of support);
- Payer incentives (support);
- State government incentives/requirements (support but limited); and
- Payer requirements (fell short of threshold for Task Force support).

It was requested that the state government incentives/requirements be split into two separate strategies and voted on as such. The revised strategy preferences are as follows:

- State government incentives (highest level of support);
- Stand-up centralized services incrementally (high level of support);
- Payer incentives (support);
- State government requirements (support but limited); and
- Payer requirements (fell short of threshold for Task Force support).

Task force members were asked to vote on whether or not to move the summary document to the Advisory Committee for review and consideration was approved unanimously. The draft summary document will be presented at the April 22, 2019, Advisory Committee meeting.

Notes and Discussion

Possible models and services in the context of a connected networks approach

Diagrams and related information about the models presented are on the slides located here:

<https://www.health.state.mn.us/facilities/ehealth/hie/taskforce/docs/041819slides.pdf>

Proposed models in the context of a connected networks approach were presented for primarily informational purposes. No Task Force action was required. The following models were presented:

1. Proposed models for foundational HIE (Recommendation 1) and for connected networks based on Task Force preferences and ideas (revised)
2. Proposed model from three large health systems using Epic (Steve Odd and Josh Colbert from Allina, Elaine Vita from Mayo, and Paula Schreurs from Sanford)
3. Updates and ideas regarding the Minnesota Department of Human Services Encounter Alerting Service (EAS)- Jackie Sias from DHS

Brief overview of suggested law changes

Jennifer Fritz from MDH reviewed a short list of suggested changes to three current laws.

HIE Oversight (62J.498-4982)

- give Commissioner of Health explicit oversight responsibilities over connected networks
- align oversight and certification requirements with connected networks direction

Interoperability mandate (62J.495)

- align requirements with connected networks direction

Minnesota Health Records Act (144.291-298)

- allow for appropriate payer, and potentially MDH, access through connected networks direction
- align with HIPAA for disclosure related to treatment, payment and healthcare operations
- consider aligning opt-out requirements with direction of connected networks

There was brief discussion and clarification of the context and meaning of suggested law changes. The task force members agreed that while this list is not comprehensive or all inclusive, members consider this list as a good starting point. Several task force members reiterated that any law changes should align with federal proposed rules to the extent possible.

The nine task force members still present voted unanimously to move the suggested law changes to the Advisory Committee for review and consideration. They will be presented at the April 22, 2019, Advisory Committee meeting.

Public Input

No one provided public input at this meeting.

Participants:

Timothy R. Getsay, Gillette Children's Specialty Healthcare
George Klauser, Lutheran Social Service of Minnesota, *HIE Task Force Co-Chair*
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*
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 (Management Analysis and Development)

Next HIE Task Force meeting

Thursday, May 30, 2019, 9:00 a.m. – 12:00 p.m., Wilder Center

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