

Meeting Summary

Health Information Exchange Task Force

Meeting Information

Date and Time: May 25, 2018, 9:00 a.m. – 12:00 p.m.

Location: Wilder Center, St. Paul

Participants: see list at end of summary

Objectives

- Review HIE Task Force charge, process and timeline
- Discuss a draft preliminary recommendation to encourage sharing of health information between providers using the Epic EHR and those not using Epic

Agenda Items

1. Welcome, Introduction of Co-Chairs
2. HIE Task Force introductions
3. Review meeting objectives and agenda
4. Introduction to the Minnesota e-Health Initiative and HIE Task Force
5. Review current HIE landscape & “connected networks” approach
6. New Topic: Connections using national networks
7. Introduce and discuss a draft preliminary recommendation
8. Public Input
9. Next steps

Discussion

Members and participants were introduced, and the role of the HIE Task Force in making recommendations to the [Minnesota e-Health Advisory Committee](#) to address gaps and barriers to HIE was briefly described. The task force co-chairs reviewed the agenda and called the working portion of the meeting to order.

MDH-OHIT staff provided additional background and context regarding findings of a recently completed Minnesota HIE Study, the current HIE landscape, and additional detail regarding the Task Force charge, deliverables, process, and guiding principles. (See also the [slide deck presented at the meeting](#).)

As noted in materials sent to Task Force members and posted in advance of the meeting, staff highlighted that a focus of the meeting would be to consider a preliminary draft recommendation to

improve the electronic exchange of patient information needed for effective transitions of care, particularly between organizations using the Epic EHR and those not using Epic.

Task Force members briefly described their perspectives, interests, and experiences related to the transitions of care focus. Members discussed a range of HIE and transition of care challenges, including for example:

- Challenges with transitions to and from non-acute care settings (e.g., long term care, homeless shelters, jail);
- Challenges associated with the current market of available products and services (e.g., national vendors may not make the needs of an individual state a priority);
- Lack of sufficient and/or readily available IT staffing resources;
- The level of detailed patient information that is needed is sometimes not available in current standard documents;
- Existing fragmentation and duplication of efforts and systems and related costs and burdens;
- The inherent challenges of changing standard operating procedures and workflows.

Preliminary actions and follow-up

The Task Force discussed the following preliminary draft recommendation as noted above to support transitions of care across a variety of care settings and providers, and particularly to improve these data exchanges between organizations using Epic and those not using Epic:

Preliminary draft recommendation for discussion

All Minnesota provider organizations will be connected through the eHealth Exchange national network to allow for query and response transaction for care summary documents (e.g., CCD) in support of transitions of care. Organizations will be connected:

a) through a Minnesota state-certified health information organization (HIO) or

b) through a direct connection

MDH-OHIT staff noted that the draft recommendation was not being proposed as a final goal, but as a possible quick turn-around, practical, interim bridging step to improve the electronic exchange of patient information for transitions of care while allowing for additional longer-term planning and implementation of more optimal HIE.

Several concerns and questions were raised during the review and discussion, including:

- Interactions and impacts of the recommendation with current HIE requirements in state statute and the role of HIOs;
- Potential costs and duplication of fees under the recommendation;
- Concerns about sustainability of current and future HIE implementation with the recommendation.

The task force co-chairs requested that MDH-OHIT staff further review the draft recommendation for possible clarifications and/or revisions to reflect the issues and concerns noted at the meeting.

MDH-OHIT staff will provide a summary of the meeting, as well as any additional information and/or possible revisions to the above recommendation for consideration at the next task force meeting, scheduled for July 12.

Public Input

Three members of the public provided input during the public input portion of the meeting.

- Justin Martin, Surescripts
- Eric Askegaard, Optum
- Rabindar Tamyrega, Children's Minnesota

Each briefly described their respective organization's participation in and/or knowledge of national HIE networks, and that they look forward to working with the HIE Task Force.

Participants:

Alan Abramson, HealthPartners, Minnesota e-Health Advisory Committee Co-Chair

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

Deepti Pandita, Hennepin County Medical Center

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 – BY PHONE

Eleanor O. Vita, Mayo Clinic

MDH Staff: Jennifer Fritz, Melinda Hanson, Dave Haugen, Marty LaVenture, Anne Schloegel, and Karen Soderberg

MMB Staff: Matt Kane (Management Analysis and Development)

Next regularly scheduled HIE Task Force meeting

Thursday, July 12, 9:00 AM – 12:00 PM
Wilder Center, Auditorium A

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