

Meeting Summary

Health Information Exchange Task Force

Meeting Information

Date and Time: May 30, 2019, 9:00 a.m. – 12:00 p.m.

Location: Wilder Center, St. Paul

Participants: see list at end of summary

Objectives

- Discuss possible HIE models in context of a connected networks approach
- Discuss objectives for public comment on a connected networks approach
- Identify strategies to help promote the eHealth Exchange implementation plan
- Gather HIE Task Force reflections

Agenda Items

1. Welcome
2. Review meeting objectives and agenda
3. Task Force discussion: Possible HIE models in context of a connected networks approach
4. Updates on emerging HIE initiatives
5. Task Force discussion: Draft objectives for public comment on a connected networks approach
6. Public Input
7. Identify strategies to help promote the eHealth Exchange implementation plan
8. Thank you and HIE Task Force member reflections
9. Next steps and celebrate

Notes and Discussion

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

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:

- Revisit other models (three large health systems using Epic model and DHS model)
- HIO models - South Country Health Alliance (John Whittington) and Koble-MN (Chad Peterson)
- HIE Task Force proposed model for connected networks- Melinda Hanson

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/053019slides.pdf>

Emerging HIE initiatives

A brief overview on the Trusted Exchange Framework and Common Agreement (TEFCA) Draft 2

<https://www.healthit.gov/topic/interoperability/trusted-exchange-framework-and-common-agreement>, that

was released April 19, 2019, was presented. This second draft is open for comment until June 17, 2019. It included three sections:

- Section 1-Trusted Exchange Framework Draft 2
- Section 2-Minimum Required Terms and Conditions (MRTCs) Draft 2
- Section 3-QHIN Technical Framework (QTF) Draft 1

The task force discussed how Minnesota might best prepare for emerging HIE initiatives like this one in a connected networks approach.

Draft objectives for public comment on a connected networks approach

The task force discussed the upcoming plans for public comment on a connected networks approach for HIE in Minnesota. The overarching objective is to gather information that the Minnesota e-Health Advisory Committee and Minnesota Department of Health (MDH) will use to recommend next steps for a connected networks approach in fall 2019. Specifically, MDH and the HIE Task Force hope to:

- Determine the level of support for a governing entity with the authority, accountability and decision-making processes to align and coordinate HIE efforts in Minnesota, regionally and nationally.
- Solicit guidance on what a governing entity should look like, how it should operate, and how it should be implemented (e.g., process for decision making –in general and to get a connected networks approach going)
- Solicit guidance on the financing of a connected networks approach
- Solicit input on the need for a “safety-net” HIE service provider and suggestions for financing
- Solicit input on suggested law changes to accomplish a connected networks approach.

The majority of task force members also requested that MDH solicit input on all the possible HIE models presented at last month’s meeting.

Public Input

No one provided public input at this meeting.

Identify strategies to help promote the eHealth Exchange implementation plan

The task force members were asked to sign up to help promote the HIE Task Force work. They were asked to identify strategies to help promote the eHealth Exchange implementation plan (HIE Task Force deliverable 2) (e.g., coordinate presentations at meetings, share information via email updates, newsletters, websites, assist with outreach to associations and stakeholder groups).

Reflections

The task force was asked to share their thoughts on the past year’s work with the following prompts:

- What impact did your participation have on your perspectives for HIE in Minnesota?
- How did your participation benefit or affect your organization regarding HIE in Minnesota?
- Where did the Task Force succeed and get as far as you’d hoped it would?
- Where did the Task Force fall short of what you’d hoped?
- Who was missing from our Task Force discussions?

In response, task force members commented on how much they learned about: HIE, what others are doing and the differing goals and perspectives of stakeholders. Members were sometimes surprised by the varying understandings, perceptions and opinions but were impressed with the overall respectfulness and quality of discussions. As a result, members were willing to share candidly, listen and be heard without any empty posturing. One member noted that the “spirited” discussions with sometimes conflicting viewpoints were appreciated, noting that “...there aren’t many spaces in our world where people with differing viewpoints address each other and find solutions; that feels like the biggest success of this group. Members may not all agree but are still willing to move forward together.” In all, members thought the discussions provided and reinforced clarity around Minnesota’s HIE market, where different stakeholders fit, as well as the challenges that remain.

Most members emphasized how much relationships were fostered and enhanced and how barriers to HIE are often more relationship/trust issues than a technical issue. That understanding and clarity of what others are doing helps us work toward common solutions. Members were hopeful that their recommended preferences on can help move this approach forward for a successful implementation. Members agree on such an incremental approach to focus on what is possible – not necessarily everything at one time.

A final reflection asked how this work could bring the HIE discussion back to the patient/individual? What is needed to get the information needed to take care of patients? The response was that more of the patient voice is needed and was missing from some discussions. The patient voice/advocate is needed going forward.

Participants:

Timothy R. Getsay, Gillette Children’s Specialty Healthcare (not in attendance)

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

Ametrea Christion for 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)

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6/27/2019

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