

Meeting Summary

Health Information Exchange Task Force

Meeting Information

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

Location: Wilder Center, St. Paul

Participants: see list at end of summary

Objectives

- Discuss needs for connected networks to achieve robust and optimal HIE
- Discuss revised option for foundational HIE
- Task Force action for revised option

Agenda Items

1. Welcome and introductions
2. Review meeting objectives, agenda and follow-up to May 25 meeting
3. Discuss connected networks needs for robust/optimal HIE
4. Review revised option for foundational HIE
5. Discuss revised option for foundational HIE
6. Task Force members consider action for revised option
7. Public Input
8. Next steps

Notes and Discussion

Members and participants were introduced, and Minnesota e-Health Summit impressions were shared.

The Task Force co-chairs reviewed the agenda and objectives, reviewed follow-up action from the last meeting and called the working portion of the meeting to order.

MDH-OHIT staff provided additional background and context regarding the vision for robust and optimal HIE and facilitated questions and discussion about what may be needed to achieve this vision. (See also the [slide deck presented at the meeting.](#))

Task Force members were asked “did we accurately represent your feedback from the last meeting?”

- Discussion centered around “definitions” of foundational and robust. Foundational is basically just to open up the channels, so a query and response can get routed. It was suggested that ADTs are also really important for foundational HIE, and might be considered here.

- It was suggested that health systems need more information about what the HIOs provide to help in their decision making for HIE options.
- From a smaller organization's perspective, if an organization is connected to one HIO (HIO Participant) is organization connected to all HIOs? The response from HIO representatives was 'Yes, this is the current thinking and the HIOs are working to make this connection'.
- There is concern about duplication when all HIOs are connected to eHealth Exchange vs. the HIOs connecting to each other and then sharing one connection to the eHealth Exchange.
- The Task Force may need to consider HIO sustainability if HIO Participants are primarily limited to just smaller organizations and niche services (somewhat drive by the market-based approach). The HIOs stated they are working on a sustainable model to reduce the noise and optimize the connections-how HIOs can co-exist and provide real value.
- There were discussions around whether EpicCare Link can provide users of the Epic system with all they need, and the response was 'no, there is much more information available from other providers, such as care needed within long term care documentation, and social determinants of health information collected by local public health and social services.
- The current CCD content does not satisfy all provider needs. Need to call out big picture, have shared implementation strategies, and to share responsibility. Another question was about what resources are needed to connect to HIOs.

Revised Option for Task Force Consideration

<http://www.health.state.mn.us/e-health/hie/taskforce/docs/071218handout.pdf>

Discussion comments:

There were questions around each health system now having to connect to each HIO. In follow up to the last HIE Task Force questions, the eHealth Exchange does not provide for the connections, but establishes a participatory agreement (DURSA) and standards expected to be used as an eHealth Exchange Participant. These standards are tested and verified through the eHealth Exchange.

The DURSA includes an expectation that all eHealth Exchange participants will set up and test connections with other eHealth Exchange participants when requested. In this recommendation the expectation is the same.

The process for establishing these connections may not be as simple as it sounds. As such., this recommendation worth it for the stakeholders, but making it a priority may be a challenge with limited staff and other resources.

Strengths:

- The legal agreement is standardized. It's efficient and well thought-out. It's a good starting point. "It's going to get us all going the same way and work better as a team across the state."
- This recommendation offers options. You can use services through an HIO, or you can pay for services through the eHealth Exchange.

Limitations:

- Following this recommendation may cause it to take longer to get to more robust options.
- This recommendation still only allows for exchange of documents of CCDs.
- Recommendation enables foundational HIE; to achieve foundational HIE, the information must actually be shared and used.

- Does this negate the Interoperable Electronic Health Record (EHR) Mandate (Mandate)? Requested to add: Health System currently connected to eHealth Exchange may choose to connect to HIOs directly – because they may still want to do this and it meets ‘the Mandate’.

Steps to move this recommendation forward:

- HIO connection(s) to eHealth Exchange, and to each other.
- Consider workflow – how is the use of the eHealth Exchange inserted into a providers workflow?
- Need to identify levels of demand, and workflow needed, through individuals and care coordinators with this recommendation.
- Need to clarify which providers are impacted by this recommendation – members noted it was all providers under the Interoperable EHR Mandate. Once HIOs are connected, need to identify use cases across the HIOs and the state health systems.
- Keep in mind changing how people do things is difficult work.

CONSENSUS DISCUSSION

- The Task Force strives for consensus whenever possible for important Task Force actions and recommendations.
- With this emphasis on consensus, the assumption is that the Task Force also will strive to understand objections and roadblocks that Task Force members raise and then revise its important actions and recommendations to address them when possible.
- If 9 of the 12 Task Force members (75% of the total membership) are in favor of important Task Force actions and recommendations, then the Task Force will advance those actions or recommendations after sincerely trying to forge a consensus even when it cannot reach one. Those Task Force members who object to actions or recommendations that the Task Force advances using a super majority can then have a summary of their viewpoints passed along with those actions and recommendations to ensure that other decision-makers are aware of concerns as they review the Task Force decisions.

Preliminary actions and follow-up

The Task Force discussed the revised option for draft preliminary recommendation 1, 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.

The 11 Task Force members who were present (1 member left early) voted unanimously to move the following recommendation forward to the Advisory Committee for consideration:

1. Health systems and providers that are not eHealth Exchange Participants become Minnesota State-Certified Health Information Organization (HIO) Participants.
2. Minnesota HIOs each become an eHealth Exchange Participant and establish, test and maintain a connection to the other eHealth Exchange Participants in the state.
3. Health systems that operate facilities in Minnesota and are eHealth Exchange Participants:
 - may become Minnesota State-Certified Health Information Organization (HIO) Participants OR;
 - will use the eHealth Exchange to establish, test, and maintain a connection to all Minnesota HIOs.

The Task Force co-chairs requested that MDH-OHIT staff update the revised option for draft preliminary recommendation 1 and include the modifications endorsed at the July 12 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 August 13, 2018

Public Input

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

- Justin Martin, Surescripts

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

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, Anne Schloegel, and Karen Soderberg

MMB Staff: Matt Kane (Management Analysis and Development)

Next regularly scheduled HIE Task Force meeting

Monday, August 13, 2018, 9:00 AM – 12:00 PM, Wilder Center

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