

# Implementation Plan for HIE Task Force

## Recommendation 1: Enable Foundational HIE using the eHealth Exchange

*Note: This implementation plan was endorsed by the Minnesota e-Health Advisory Committee on April 22, 2019, as meeting requirements for HIE Task Force Deliverable 2.*

*Version 1.2 (Updated August 16, 2019 to include revised eHealth Exchange deadlines)*

### Summary

As described below, this implementation plan is proposed by the Health Information Exchange (HIE) Task Force of the Minnesota eHealth Advisory Committee (Advisory Committee). It identifies stakeholders, expectations, key actions, resources, and timelines needed to enable broader patient information sharing using the eHealth Exchange national network.

### Introduction

Patients transitioning between health care settings are vulnerable to “falling through the cracks” if the information needed for their care is not readily available to relevant providers at all stages of the transitions. The Minnesota HIE Study identified significant gaps in the flow of health information between providers using the Epic EHR and those not using the Epic EHR that could adversely affect patient transitions of care.

HIE Task Force Recommendation 1 is intended to bridge these information sharing gaps. This recommendation is not intended as a long-term solution, but as an interim first step. While this recommendation is focused on *foundational HIE* (ensuring information flows with the patient), longer term goals include *robust HIE* (using information to manage patient care) and *optimal HIE* (using connected data to support community health). Implementing this recommendation will promote better care coordination for individuals/caregivers by allowing their providers and care coordinators access to information across the spectrum of care – with appropriate authorization – when and where it is needed to better serve them.

## HIE Task Force Recommendation #1

The recommendation is a three-part option as follows:

1. Each Minnesota State-Certified Health Information Organization (HIO) becomes an eHealth Exchange Participant and establishes, tests and maintains a connection to the other eHealth Exchange Participants in the state.
2. 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.

3. Health systems and providers that are not eHealth Exchange Participants become HIO Participants.

## Participating in the eHealth Exchange

### Overview

The eHealth Exchange is a national health data-sharing network that provides a common set of standards, legal agreement, and a governance framework allowing participants to securely share health information. The eHealth Exchange currently supports 59 regional and state HIEs across 50 states, enabling participants to connect with each other, with four federal agencies (Department of Defense (DoD), Veterans' Administration (VA), Centers for Medicare and Medicaid Services (CMS), and the Social Security Administration (SSA)), and, in the near future, with participants of another national network, Carequality.

The eHealth Exchange connection uses a query-based process where other participants are queried for documents for a specific patient for the purpose of treatment and care coordination. Connecting to the eHealth Exchange will help providers query and receive summary of care documents from federal agencies and other providers in Minnesota and other states. The current transaction used for summary of care documents by the eHealth Exchange is the Consolidated-Clinical Data Architecture (C-CDA). Requirements and standards are set and tested for by the eHealth Exchange. Additional information may be found at the eHealth Exchange website (<https://ehealthexchange.org/>).

### Application and testing process

As part of the application process, each applicant signs the eHealth Exchange Data Use and Reciprocal Support Agreement (eHealth Exchange DURSA). Applicants then complete an average three-month onboarding and testing process including: a legal review; configuration and set up of technical environments; configuration of control processes; testing and validation of results in a testing platform; and develop and implement appropriate workflows to access and use the information from the eHealth Exchange. For organizations that participate with the eHealth Exchange through an HIO, only the HIO completes this application and testing process.

### Costs

The primary costs for participating in the eHealth Exchange are testing fees and annual network participation fees. Costs for providers and health systems will vary based on several factors, including annual revenue and how they connect (directly or by using an HIO). Providers and health systems choosing to participate in the eHealth Exchange through an HIO will only need to pay the HIO member fee. HIOs and large health systems participating in the eHealth Exchange pay testing fees to onboard (\$19,000, or \$11,000 if the HIO is using a previously validated vendor product). In addition, they also pay annual network participation fees based on the organization's annual revenue (ranging from \$5,000 for revenue of <\$1 million, to \$27,000 for revenue >\$500 million).

## Future eHealth Exchange benefits

The eHealth Exchange is currently a federated model where each participant connects to each other. In order to improve the ability for participants to seamlessly query other members, the eHealth Exchange is transitioning to a centralized model (i.e., a hub system) with expected implementation in September, 2019. Because the eHealth Exchange will be auditing transaction messages through the centralized model and may have access to patient health information contained in the messages, a business associate agreement will be an added requirement for each eHealth Exchange participant. Each eHealth Exchange participant will have access to dashboard information about their use of the services.

The eHealth Exchange plans to allow the HIE participant members to become a member of the Carequality network through the eHealth Exchange. This will allow providers connected to eHealth Exchange through an HIO to also access and exchange information with Carequality members.

## Minnesota Stakeholder Engagement and Expectations

### Minnesota State-Certified Health Information Organizations

All HIOs will participate in the eHealth Exchange. This allows providers who are connected to an HIO to access and exchange information with:

- Providers using another Minnesota HIO;
- Health systems who are eHealth Exchange participants; and
- Other eHealth Exchange participants (e.g., federal government and non-Minnesota entities).

#### Expectations:

1. By July 2019, all HIOs will be eHealth Exchange capable either directly or indirectly through another HIO;
2. By November 1, 2019, HIOs will report monthly measures of progress in using eHealth Exchange to MDH until expectation three below is met, and will report quarterly thereafter; and
3. By December 31, 2019, all HIOs will offer eHealth Exchange access and use for all their participants.

#### Actions:

- a. Complete application materials to become an eHealth Exchange Participant;
- b. Complete application process, as described above, with the eHealth Exchange;
- c. Continue to onboard providers who have signed participation agreements with the HIO;
- d. Establish and inform HIO participants of workflow processes to use the eHealth Exchange;
- e. Monitor and report measures of progress in using eHealth Exchange to MDH including: the number of providers participating in eHealth Exchange; and the number of queries sent and received; and
- f. Continue to work toward a more mature Health Information Exchange (HIE) with robust and optimal HIE.

## Health Systems and Providers

All providers will participate in the eHealth Exchange. Choose below which recommendation option applies to your organization:

### A. Health systems that operate facilities in Minnesota and are eHealth Exchange Participants:

Minnesota Health systems that are current eHealth Exchange Participants (<https://ehealthexchange.org/participants/>) will participate either directly through the eHealth Exchange or through the use of a Minnesota HIO. Provider organizations that are current eHealth Exchange Participants include: Allina Health, Altru Health System, CentraCare Health System, Essentia Health, Fairview Health Services, HealthEast Care System, Gundersen Health System, HealthPartners- Park Nicollet Health Services, Hennepin Health, Mayo Clinic, North Memorial Health Care, and Sanford Health.

#### Expectations:

1. By November 1, 2019, the health systems that are current eHealth Exchange participants will report monthly measures of progress in using eHealth Exchange to MDH until expectation two below is met, and will report quarterly thereafter; and
2. By December 31, 2019, the health systems that are current eHealth Exchange participants will have updated access and workflow processes for the eHealth Exchange and informed their providers, whether using the eHealth Exchange directly or through an HIO.

#### Actions:

- a. Determine best option for provider organization – participate through eHealth Exchange or through Minnesota HIO (if choosing the HIO option, see next section B. below);
- b. Evaluate and update workflow processes used to access and use patient health information through the eHealth Exchange;
- c. Monitor and report measures of progress in using eHealth Exchange to MDH including: the number of providers participating in eHealth Exchange; and the number of queries sent and received; and
- d. Continue to identify use cases and implementation plans toward robust and optimal HIE.

### B. Health systems and providers that are not eHealth Exchange participants or plan to access the eHealth Exchange through an HIO.

The eHealth Exchange reports that they will no longer add individual health systems or hospitals. They are implementing a hub system to simplify connections. As such, if your organization is not a current eHealth Exchange Participant your option is to use an HIO.

#### Expectations:

1. By December 2019, increase the number of hospitals, clinics, local public health and nursing homes that will have a participation agreement with an HIO. MDH will gather baseline and incremental progress in 2019 and determine more specific targets for 2020; and
2. On behalf of health systems and providers participating in the eHealth Exchange through an HIO, HIOs will report measures of progress in using eHealth Exchange to MDH.

### **Actions:**

- a. If not currently participating in a Minnesota HIO, see [list of HIOs](#) to discuss with them how to best meet your needs;
- b. Sign participation agreement with a Minnesota HIO;
- c. Explore possible grant funding to support participation with an HIO. (Limited [grant funding](#) may be available to providers through MDH.);
- d. Plan and implement use of the eHealth Exchange with the HIO;
- e. Create workflow processes to access and use patient health information through the eHealth Exchange, and educate/inform providers on the processes; and
- f. Continue to identify use cases and implementation plans with the HIO toward robust and optimal HIE.

## **Minnesota Department of Health**

### **Expectations:**

MDH, through the Office of Health Information Technology, will support this implementation plan through outreach; education; grant funding when available; and monitoring and reporting on progress.

### **Actions:**

- a. Communicate this implementation plan (website, Weekly Updates, e-Health Summit, targeted outreach, etc.) to promote broad-based participation;
- b. Administer grant funding, when available, for providers to participate in the eHealth Exchange through an HIO for improved care coordination;
- c. Monitor implementation activities, follow-up stakeholder commitments, and report findings (e.g., to Advisory Committee, professional associations, website, reports to the Legislature and other stakeholders and national organizations, etc.);
- d. Obtain feedback to evaluate implementation challenges and successes, and to apply lessons learned; and
- e. Continue to work with the Advisory Committee, the HIE Task Force, and others toward statewide robust and optimal HIE.

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