

Meeting Summary

Health Information Exchange Task Force

Meeting Information

Date and Time: November 20, 2018, 9:00 a.m.– 12:00 p.m.

Location: Wilder Center, St. Paul

Participants: see list at end of summary

Objectives

- Learn about services and governance approaches used in other states
- Identify essential elements of connected networks governance

Agenda Items

1. Welcome and introductions
2. Review HIE Task Force progress on deliverables and updates
3. Review of preferred centralized services
4. Public Input
5. Governance overview and highlights from selected states
6. Task Force identifies essential elements of governance
7. Task Force presents, reviews and modifies elements
8. Next steps

Notes and Discussion

Implementation subgroup update

Three meetings have been held. The first meeting was high-level and generated many questions about the eHealth Exchange connections. Subgroup members and eHealth Exchange representatives met via conference call on November 16. eHealth Exchange representatives shared the current plan to implement a “hub” to make it easier for participants to connect to one another (this is still initially for care summaries- CCDs only). The eHealth Exchange estimates selection of a “hub” vendor by January and full operation by June 2019. This timeline fits well with the current Recommendation 1 implementation plan timeline. The subgroup also discussed messaging/communications needs as well as assessing/measuring use. The first item needing consensus is how consent will be managed by the health system nodes.

The co-chairs recommended that the implementation plan be routed well in advance so the entire task force membership has opportunity to review, ask questions and be prepared to discuss at the January meeting. A draft plan will be shared with members by mid-January.

Governance overview

The co-chairs asked task force members if any had had any experiences with any of these states? Several task force members commented on experiences with one or more states reviewed. There continues to be *overlap* between health system EHRs (which may operate in 2 or more states) and state-based HIE capabilities and/or requirements that result in multiple/duplicate connections because “health care does not stop at the state line.” How can we better align state, federal (TEFCA may change things significantly) national needs and multiple networks? Minnesota can have centralized services but needs to consider how best this may fit with those other initiatives and keep in mind how it impacts the patients.

Identification of governance essential elements for connected networks

The discussion started with a comment regarding the recurring theme of ensuring a level playing field, and if that is an essential element, how could we accomplish that? Another member commented on the fundamental need for data security and protection.

Task Force members gathered in groups of three to brainstorm ideas for the essential elements of governance for connected networks. Each group presented its ideas which were recorded. All the ideas were then grouped into categories that are detailed here.

FORMALIZED PARTICIPANT AGREEMENT, POLICIES AND PROCEDURES

- Consent across state, national and populations (reconcile requirements)
- Rules of the Road
- Consent- policy, rules and requirements
- Reporting (auditing, performance)
- Data Protection (prescriptive, BAA, liability)
- Accountability
- Risk and audit
- Ensuring legal and regulatory compliance

DETERMINING GOVERNANCE

- Compositions of governance body, roles and responsibilities, nodes, state, payers, others
- Decision making processes
- Patient representation
- Oversight, fees and costs
- Change management
- Governance body process
- Public-private organization with formal governance (takes current into account)
- Participant representation
- Complaint processes
- Participants representation
- Conflict resolution/management processes
- Role of HIOs /HDIs

ENSURE SUSTAINABILITY

- Responsibility for funding, revenue and sustainability
- Encouraging incentivizing participation
- Determining optimal participation
- Ensure full adoption
- Level playing field- enable participation

DEFINED SERVICES

- Defining minimum functionality (guaranteed)
- Workflow and priority use case roadmap
- Vendor contracting and implementation of shared services
- Service definition- data
- Assessing/integrating new technology- roadmap
- Make decisions about national connectedness
- Business continuity
- Ensuring functioning of the network
- Ensure redundancy of critical components

DATA STANDARDS AND USAGE

- Permitted purposes and rules of access
- Access policy- who and what- data usage
- Responsibility for assessing the quality and completeness of the data
- Data stewardship and access by purpose (patient care, research, public health)
- Data standards and uniformity, normalization
- Discrete data to get to optimal HIE
- Trust framework

Task Force members agreed that there should a deeper dive on some of these topics at the January meeting. In addition, a decision on what to tackle first – services/structure or governance needs to be made. The task force has been trying to do both activities simultaneously and now may be the time to separate them as some of the governance may need to be sequential.

Public Input

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

- Joe Dietlin, Pediatric Home Service

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 (not in attendance)

MDH Staff: Jennifer Fritz, Melinda Hanson, Dave Haugen, and Anne Schloegel
MMB Staff: Matt Kane, Melinda Czaia (Management Analysis and Development)

Next HIE Task Force meeting

Thursday, January 31, 2019, 9:00 a.m. – 12:00 p.m., Wilder Center

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