

# Minnesota e-Health HIE Task Force Charge

REPORTING TO THE MINNESOTA E-HEALTH ADVISORY COMMITTEE

## Context

The 2016 Minnesota Legislature directed the Minnesota Department of Health (MDH) to assess Minnesota's legal, financial, and regulatory framework for health information exchange (HIE), including the requirements in Minnesota Statutes, Sections 144.291 to 144.298 (the Minnesota Health Records Act). As directed by the legislature, the study also provided recommended modifications that would strengthen the ability of Minnesota health care providers to securely exchange data in compliance with patient preferences and in a way that is efficient and financially sustainable. A copy of the Minnesota HIE Study Report is available here: <http://www.health.state.mn.us/e-health/hie/study/index.html>.

The study's primary recommendation is to move Minnesota in the direction of a "connected networks" approach that will provide essential HIE services accessible to all stakeholders statewide, and to align with and build upon national HIE initiatives and networks. To achieve this, MDH, is establishing an HIE task force of the e-Health Advisory Committee to develop implementation plans for the connected networks approach by focusing on actions and policies to:

- a. Expand exchange of clinical information to support care transitions between organizations that use Epic and those that do not.
- b. Expand event alerting (for admission, discharge, and transfer) to support effective care coordination.
- c. Identify, prioritize and scope needs for ongoing connected networks and HIE services with the goal of optimal HIE.

## Purpose and Proposed Deliverables

By December 2018, the Minnesota e-Health HIE Task Force will develop a report for the Minnesota e-Health Advisory Committee including, but not limited to, the following:

1. Action steps for 2018-2019 to implement connected networks by building upon existing HIO and national network connections to address priority use cases and gaps, including: care transitions between organizations that use the Epic EHR software and organizations that do not; and the Department of Human Services (DHS) event alerting service (EAS).

2. An implementation plan for 2018-2019 with measureable targets that includes:
  - agreed upon transactions, standards and specifications;
  - requirements for how organizations will commit and participate;
  - financial requirements and costs.
3. A plan for five-year interim governance, authority, and financing needed to establish expansion of connected networks (future transactions/use cases, shared services) with the goal of optimal HIE and including the role for the HIE Task Force going forward.
4. Recommended updates to Minnesota’s Health Information Exchange Oversight Law (Minnesota Statutes §§ 62J.498 through 62J.4982) to ensure effective support for HIE and allow timely updates based on changing markets and technology.

## Guiding Principles

- The Minnesota e-Health HIE Task Force is expected to collaborate with and build upon complementary HIE-related efforts in the state and region, including but not limited to: activities and evolution of HIOs and networks in Minnesota and nationally, implementation of the DHS EAS and cross-sector efforts to support stakeholders.
- Begin with a manageable scope and remain incremental. Prioritize actions that can be achieved in 2018 – 2019.
- Minimize duplication and number of HIE connections when possible.
- Keep in mind the needs of the continuum of care and the multiple goals for HIE (e.g., foundational, robust, optimal HIE as described in the HIE study report).
- Design for full participation of providers, payers, and government programs in the connected networks approach.
- Consider the needs of Minnesota’s entire health and health care community.

## Input and Recommendation Process

The Minnesota e-Health HIE Task Force will:

- Conduct well-publicized open public meetings;
- Actively seek the broadest input and perspectives possible, including from individuals and organizations not directly represented on the Task Force. Additional opportunities for input may include: presentations/discussions at Task Force meetings; interviews and surveys; requests for comments and suggestions; and other options.
- Make consensus recommendations to the Minnesota e-Health Advisory Committee. If consensus is not possible in the time available, the Task Force will clearly summarize relevant points of view and contrasting opinions for the Advisory Committee.

# Proposed Minnesota e-Health HIE Task Force Membership

Collectively, the Minnesota e-Health HIE Task Force will meet the expectations for individual members above and:

- Represent and contribute to greater understanding of a variety of perspectives and stakeholder needs -- e.g., health equity, rural, small and independent providers, national HIE initiatives, and others;
- Contribute both strategic and tactical perspectives for the governance and use of HIE
- Promote and implement the Task Force recommendations. Be able to influence and champion recommendations

<b>Category of Representation/Perspective:</b>	<b>Expertise</b>
1. Minnesota Health Information Organization (HIO)- A	HIE implementation, technical aspects and national networks
2. Minnesota Health Information Organization (HIO)- B	HIE implementation, technical aspects and national networks
3. Professional with Expert Knowledge of HIE	HIE infrastructure and operations
4. Professional with Expert Knowledge of Legal Context and Patient Consent	Minnesota and Federal laws; patient privacy and consent
5. Minnesota Department of Human Services (DHS)	Medicaid, IHPs, EAS
6. Chief Medical Information Officer	Clinical informatics and information technology
7. Practicing clinician (e.g., physician, nurse, mental health provider)	Care coordination, population health (attributed population and/or public health)
8. Hospital, Health System, ACO or IHP - A (Large)	Priority HIE transactions and/or alerting
9. Hospital, Health System, ACO or IHP - B (Small)	Priority HIE transactions and/or alerting
10. Long-Term and Post-Acute Care	Priority HIE transactions
11. Health Plan, Payer or Health Care Purchaser	Payment models, financial risk
12. Individual with Expert Knowledge of Patient Advocacy	Disease-specific or chronic condition expertise

In addition to the categories identified above, the Task Force will actively seek input and ideas from the broadest range of additional stakeholders, settings, and perspectives possible, including but not limited to: local public health and other local government entities, patients or caregivers, vendors for small providers, quality improvement experts, state and national programs and experts, and others.

## Minnesota e-Health HIE Task Force Member Expectations

- Serve a one-year term: May 2018 – June 2019; term may be extended if necessary.
- Participate fully in task force meetings, preparation, and follow-up as needed.

- MDH is planning for monthly, approximately half-day meetings. Preparation time, additional meetings and other activities may also be needed. Members may spend 6-12 hours per month on Task Force-related activities. If unable to participate in meetings or activities, please ensure a designated alternate attends and/or provide written or verbal comments to the co-chairs in advance of any meeting.
- Keep Minnesota e-Health Initiative goals foremost in discussions and recommendations.
- Bring the perspective(s) of the category/group being represented to all discussions and recommendations, as well as additional perspectives that are constructive.
- Review/prepare meeting materials ahead of time and be prepared to contribute clear, focused ideas for discussion.

## Proposed Timeline

<b>2018</b>	
April 26	Update to Minnesota e-Health Advisory Committee on HIE Task Force
May – September	Monthly Minnesota e-Health HIE Task Force Meetings
September	Update on activities to Minnesota e-Health Advisory Committee
October – December	Monthly Minnesota e-Health HIE Task Force Meetings
December	Report on deliverables to Minnesota e-Health Advisory Committee
<b>2019</b>	
January – June 2019	Additional Task Force monthly meetings as needed and presentations to Minnesota e-Health Advisory Committee

## MDH Contacts

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The MDH staff above, and other MDH staff as needed, with consulting support from the state’s Management Analysis Division, will assist the Task Force with planning, organization, communications, research, facilitation, documentation (notes, drafts, etc.), and other tasks within the project scope and timeframe. MDH will also assist with meeting arrangements, providing phone lines, creating and maintaining a special webpage for Task Force and related information, activities, calendars, etc., and other related support functions.

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