



Request for Public Input on a Connected Networks Approach for Health Information Exchange in Minnesota

The Minnesota Department of Health (MDH), in collaboration with the Minnesota e-Health Advisory Committee and Health Information Exchange Task Force, is seeking input on a connected networks approach for health information exchange (HIE) in Minnesota.

Released: July 17, 2019

Responses due: August 28, 2019

For questions, please email MN.eHealth@state.mn.us

Informational Webinar

Tuesday, July 30, 2019, at 12:00 p.m. CDT

Please see the [Minnesota e-Health HIE Task Force webpage](#) for details.

Opportunity to hear an overview and ask questions about the request for public input.

Acknowledgments

We wish to thank the Minnesota e-Health Advisory Committee and the Minnesota e-Health Health Information Exchange Task Force for their work over the past twelve months. They volunteered over 330 hours of meeting time plus additional hours in meeting preparation, conference outreach, and conference calls with MDH staff.

Table of Contents

Request for Public Input on a Connected Networks Approach for Health Information Exchange in Minnesota	1
Executive Summary.....	3
Why your input is needed.....	5
Procedures and instructions for responding	6
Background	7
Introduction to a connected networks approach.....	7
What is needed for a connected networks approach in Minnesota?	9
Appendix A: Complete list of questions.....	16
Appendix B: Healthcare directory standards available for states	17
Appendix C: Proposed models for a connected networks approach	18

Executive Summary

Minnesota is at an important crossroads in efforts to ensure that essential health information is exchanged appropriately, securely, efficiently, and effectively to meet current and future health care needs and goals. The Minnesota Department of Health (MDH) is actively seeking your comments and ideas to help plan the future course and next steps for health information exchange (HIE) in Minnesota.

In the current digital age getting the right information is critical. This is especially true in health care where HIE can be used to get the right health information in the right way, appropriately and securely, to the right place at the right time. This is essential for a high performing health care system and improved overall population health.

While there have been significant advancements in HIE, there is still much to be done. A recent Minnesota HIE study¹ identified important gaps and inefficiencies in the state's HIE landscape. In particular, HIE is most often occurring in pockets (among large health care delivery systems) rather than more widely, more easily, and more effectively between those health systems and other health care providers or health-related organizations that also need information for improved patient care and broader population health.

As a result of the study findings, the Minnesota HIE Study recommended moving toward a connected networks approach, similar to a “network of networks” that several other states have implemented. This approach is intended to increase the exchange of information among stakeholders and better coordinate and align other existing and evolving local, regional, and national HIE initiatives and activities. A connected networks approach seeks to build upon existing HIE capabilities while also providing a governance process to evaluate and recommend organizational, financial, and technical enhancements to better integrate the existing patchwork of HIE initiatives.

To move forward with a connected networks approach, MDH convened the Minnesota e-Health HIE Task Force (HIE Task Force)² to further review and develop actions and implementation plans. The HIE Task Force met in 2018-2019 to evaluate and discuss issues, questions, and possible options for a connected networks approach.

A successful connected networks approach will ensure that existing and evolving HIE activities are coordinated and aligned to meet current and future HIE needs. Examples of current HIE activities include technology investments by Minnesota's health providers, public health reporting to the MDH, the Minnesota Department of Human Services' Encounter Alerting Service (EAS), federal government requirements and other national HIE activities. A connected networks approach will require agreement on a flexible governance process and governing entity with broad stakeholder representation to address HIE needs.

¹ <https://www.health.state.mn.us/facilities/ehealth/hie/study/index.html>

² <https://www.health.state.mn.us/facilities/ehealth/hie/taskforce/index.html>

The HIE Task Force and Minnesota e-Health Advisory Committee advised that a connected networks approach may need or require the following:

- Ensure an open, transparent, aligned process for HIE policy and implementation using an overall governance process; the HIE Task Force strongly preferred that this process be led by a public-private governing entity.
- To meet the needs for multiple stakeholders and perspectives in a connected networks approach, a governing entity should be representative of the stakeholders and have the ability to determine requirements and to ensure participation and compliance.
- Fill HIE connectivity gaps using a designated health information organization³ (HIO). The intent of a *designated* HIO⁴ is to help ensure that there is at least one HIO available for providers to use, and could be designated by the state or the governing entity of a connected networks approach. Furthermore, financial support may be needed for a designated HIO to be sustainable so stakeholders have confidence in the ongoing availability of those services.
- To achieve the most value in a connected networks approach, commitment from providers across the care continuum, health plans/payers, state government and other stakeholders to contribute/share information based on agreed-upon needs.
- To help increase efficiencies and reduce administrative burden, the HIE Task Force identified three centralized services or capabilities as important in a connected networks approach. These centralized services include: centralized routing mechanism to support query and response as well as push/directed exchange healthcare/provider directory⁵, and patient directory or similar service to support patient matching.
- To develop governance and the services and ensure long-term sustainability, a connected networks approach needs financial commitment from multiple sources, likely including health care providers, health plans/payers, state government and other stakeholders that participate in a connected networks approach.

The body of this document is arranged by topic area and includes specific questions for which MDH is seeking input. Each topic area contains supporting context, examples, and questions. The primary topic areas include:

- Governance needs and responsibilities;
- Commitment by all stakeholders helps achieve the most value;
- Need for a *designated* HIO to fill HIE connectivity gaps;
- Importance of three centralized services/capabilities;
- Financial commitment for initial governance and potential future needs; and
- Minnesota's oversight of HIE.

A list of all questions by topic area is included in Appendix A. Thank you for your consideration.

³ Health Information Organization means an organization that oversees, governs, and facilitates health information exchange among health care providers that are not related health care entities as defined in section 144.291, subdivision 2, paragraph (U), to improve coordination of patient care and the efficiency of health care delivery.

⁴ The intent of a designated HIO is to ensure that there is at least one HIO available for providers to participate with a connected networks.

⁵ A provider directory is what most health care providers and health plans have in their EHR or other electronic system to identify clinicians. A provider directory is generally a subset of a healthcare directory that includes both clinicians and care coordinators or others.

Why your input is needed

The sharing of electronic health information, or lack thereof, impacts every individual, health care worker and health organization in the state. MDH seeks your input into a process for making decisions about what and how to improve HIE through a connected networks approach and your collaboration to:

- Reduce fragmented care and improve care coordination for patients and their caregivers;
- Allow stakeholders access to information they need without undue manual processes;
- Reduce administrative burdens such as faxing and phone calls;
- Improve the quality of information shared and trust for the information received; and
- Allow more time for the health care workforce to perform meaningful work and in this way improve their job satisfaction.

Objectives

The overarching objective of this request for public input is to gather information regarding initial recommendations for developing a connected networks approach. The Minnesota e-Health Advisory Committee (Advisory Committee) and MDH will use this input to recommend next steps in fall 2019 for an implementation plan.

Specifically, the Advisory Committee and MDH hope to:

- Determine the level of support for a governance process to coordinate and align and HIE efforts in Minnesota, regionally and nationally;
- Solicit input on the need for a designated HIO and suggestions for how to ensure funding and sustainability;
- Solicit guidance on the financing of a connected networks approach; and
- Solicit input on suggested law changes to accomplish a connected networks approach.

Who should respond?

While responses to this request for public input are welcome from any individual or organization, we strongly encourage responses from the following types of stakeholders in Minnesota:

- Health care providers and provider organizations of all specialties and sizes;
- Individuals, patients and caregivers;
- Health plans, payers, and purchasers;
- Local and state government programs, departments and agencies;
- Non-clinical community-based and social service organizations that are, or will be, partnering with clinical providers to coordinate care for patients or populations; and
- Vendors of electronic health records and health information exchange solutions.

Respondents to this request for input are encouraged to include multiple perspectives from within their own organizations and to engage broader stakeholder groups when responding.

Procedures and instructions for responding

Please send responses by end of day August 28, 2019 to MN.eHealth@state.mn.us. Use the subject line: Public Input on a Connected Networks Approach.

To be assured consideration, comments must be received no later than 5:00 PM Central Time on August 28, 2019. Input and comments may be submitted as email text or an attachment, preferably in common formats such as Adobe PDF, Microsoft Word, or universally convertible word processing formats, including text and rich text file.

In lieu of e-mail, responses may be mailed to:

Minnesota Department of Health
Attn: Office of Health Information Technology
P.O. Box 64882
St. Paul, MN 55164-0882

Respondents are responsible for all costs associated with the preparation and submission of responses to this request. All responses to this request are public, according to Minnesota Statutes § 13.03, unless otherwise defined by Minnesota Statutes § 13.37 as “Trade Secrets.” If a responding organization submits information that it believes includes trade secrets and the respondent does not want such data used or disclosed for any purpose other than the evaluation of its response, the respondent must clearly mark every page of trade secret materials in the response at the time the response is submitted with the words “Trade Secret” and must justify the trade secret designation for each item in its response.

Thank you

MDH appreciates responses to any or all of the questions included in this request for public input, as well as any overall comments relating to this connected networks approach. Your input will help the Advisory Committee and the MDH meet their overarching objective and use this input to recommend next steps for an implementation plan in fall 2019.

Background

HIE is the secure electronic flow of health information between a patient's health care providers using nationally-recognized standards. Appropriate use of this shared information can support better patient care and experience; improve the quality, safety and cost of care; and advance community health. Minnesota has made progress with HIE, but it is not yet occurring equitably nor robustly across the state. This means that access to health care information for many Minnesotans continues to be fragmented and inefficient when they visit multiple providers or health systems. To have effective HIE and better serve patients, every health organization needs to ensure each person's information is more easily available – with appropriate authorization – when and where it is needed.

The 2016 Minnesota Legislature directed MDH to assess Minnesota's legal, financial, and regulatory framework for HIE. As directed by the legislature, this Minnesota HIE study⁶ also 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.

The study found that HIE is most often occurring in pockets (among large health care delivery systems) rather than more broadly, easily, and effectively between those health systems and other health care providers that also need information for improved patient care and broader population health. Many of the networks are not efficiently connected to each other, which means that even basic HIE for the exchange of summary of care documents from a provider or hospital isn't consistently happening for every patient.

To address this gap, the study identified two key issues to address: 1) establishing trust and technical connections between providers across the care continuum; and 2) building upon existing HIE capabilities to facilitate exchange of more robust health information among all of a person's care providers. Achieving more robust HIE will require moving towards a connected networks approach, whereby networks are linked to one another through more streamlined connections. This approach will reduce the need for inefficient point-to-point connections between single organizations and/or multiple networks. A connected networks approach seeks to build upon existing capabilities while also providing a governance process to evaluate and recommend organizational, financial, and technical needs.

Introduction to a connected networks approach

A connected networks approach is similar to a "network of networks" for HIE that several other states have implemented (for example, New York's information network connecting provider participants through the use of connected regional HIE network entities). Any organization that participates with any network in a connected networks approach is then connected to all of the other organizations participating in a connected networks approach, and is able to exchange information with other participants using uniform standards and rules.

A connected networks approach is intended to fill HIE gaps between large health care delivery systems and other providers, social supports, and government agencies that need information

⁶ <https://www.health.state.mn.us/facilities/ehealth/hie/study/index.html>

for improved patient care and broader population health. This approach seeks to build upon existing capabilities, and coordinate and align with national, federal and state HIE activities. The goals are to improve patient care experiences, increase organizational efficiency and effectiveness, improve the quality of data shared, and ultimately reduce costs and administrative burden.

A connected networks approach would comply with all federal and Minnesota privacy and security requirements and best practices.

In 2018, MDH established the Minnesota e-Health HIE Task Force (HIE Task Force) to develop implementation plans for a connected networks approach in Minnesota. The HIE Task Force was comprised of 12 members representing many different types of health care stakeholders. The group met 11 times from May 2018 through May 2019 and used the following guiding principles in its work:

- Collaborate with and build upon complementary HIE-related efforts in the state and region;
- Begin with a manageable scope and remain incremental;
- Minimize duplication and the number of HIE connections when possible;
- Keep in mind the needs of the continuum of care and the multiple goals for HIE;
- Design for full participation of providers, health plans/payers, health plans and government programs; and
- Consider the needs of Minnesota's entire health and health care community.

The HIE Task Force⁷ reviewed and discussed a number of key topic areas in the context of a connected networks approach.

An important first step for Minnesota's providers and patients

As an important first step, the HIE Task Force recommends connecting all providers using the national eHealth Exchange network. This addresses a gap identified in the HIE study regarding the exchange of clinical information to support care transitions between organizations that use Epic, a widely used electronic health record system in Minnesota, and those that do not. The eHealth Exchange⁸ is a health information network which is active in all 50 states and is the principal network that connects federal agencies and non-federal organizations. This allows them to work together to improve patient care and public health. The eHealth Exchange connection uses a query-based process whereby participating organizations can query other participating organizations and receive a patient's summary of care documents, with appropriate authorization. The Advisory Committee endorsed the Task Force's recommendation and implementation plan for use of the eHealth Exchange.⁹

By the end of 2019, it is expected that large health systems using the Epic EHR and providers participating with a Minnesota state-certified health information organization (HIO) will be able to query for summary of care documents from another care provider using the national eHealth Exchange network. This step will help ensure that summary of care information moves with the

⁷ <https://www.health.state.mn.us/facilities/ehealth/hie/taskforce/index.html>

⁸ <https://ehealthexchange.org/>

⁹ <https://www.health.state.mn.us/facilities/ehealth/hie/taskforce/index.html>

patient to any provider that patient sees. However, it is limited to a query to – and response from – a single organization at a time. The responses may or may not: be in a format that provides discrete data, include multiple unconsolidated documents, and include a limited set of data elements. This initial eHealth Exchange implementation plan may not address all HIE gaps and needs, but is an important step forward in ensuring that foundational HIE is happening more consistently across Minnesota and across health systems and EHR vendors.

We can do better to support individuals and communities

While using the eHealth Exchange network for exchange of summary of care documents (i.e., consolidated clinical document or CCD) is a good starting point and meets an important HIE need among Minnesota providers, it is not sufficient. Summary of care documents contain a large amount of information, but more is required to help manage and improve individual care as well as to support broader population and community health goals. The development of a connected networks approach will help advance this important information sharing. To understand what additional information is needed, clinicians from the HIE Task Force were asked to identify what would most help them provide the best care for patients.

While there are many information needs, clinicians on the HIE Task Force presented a “wish list” of key health information they would like to be easily accessible. Many of these items are not included with the summary of care document and include categories of information such as notes, lab, radiology and pathology results, images, event alerts, and others.

What is needed for a connected networks approach in Minnesota?

A successful connected networks approach in Minnesota will require agreement on a governing process and the formation of a governing entity to address the need for authority, accountability and decision making. Agreement on, and implementation of, such a governing process will ensure more coordinated and transparent review, evaluation and decision-making processes for existing and future HIE services. These processes will also support development of new services to address the information needs identified by the HIE Task Force. Governance for a connected networks approach in Minnesota will help ensure better coordination and alignment with other HIE activities, including:

- The eHealth Exchange, as noted above as a first step;
- Public health reporting to MDH;
- Minnesota Department of Human Services’ Encounter Alerting Service (EAS); and
- The Trusted Exchange Framework and Common Agreement (TEFCA) and other federal recommendations.

A connected networks approach for Minnesota will require a flexible governance process with broad stakeholder representation that can adjust to and meet evolving HIE needs. Using concepts and strategies identified in other states, the HIE Task Force discussed what type of governance structure, authority, participation and financial commitment may be needed and

what might work best in Minnesota. The topics discussed by the HIE Task Force are described below. More details about these discussions are available on the HIE Task Force webpage.¹⁰

Your input for a connected networks approach

MDH asks that you review topics regarding a connected networks approach and share your comments by responding to any or all of the questions listed throughout the sections that follow. You are also welcome to submit comments that do not necessarily address a specific question.

Governance needs and responsibilities

A governance process is necessary to ensure an open, transparent, and aligned process for HIE policy. The governance process is expected to be developed by a governing entity that will be responsible for determining and enforcing participation. Examples of what a governing entity may determine and decide include:

1. Identify which stakeholders need to be represented through the governing entity and seek to include their perspectives.
2. Determine the roles of participants of a connected networks approach and stakeholders, including:
 - a. Policies and procedures to ensure legal and regulatory compliance,
 - b. Participant agreements, rules and requirements, including for example, “rules of the road” for information sharing, data protection, reporting and auditing, etc.
3. Develop decision-making processes for how to better coordinate and align HIE services.
4. Set requirements for participation, including financing, to ensure sustainability of a connected networks approach.
5. Develop and implement a process for conflict resolution.
6. Develop and implement processes for complaints and accountability.
7. Develop decision-making processes for technical implementation and ongoing operations.

The HIE Task Force reviewed several options for a governing model/entity, including public only (e.g., state government), private entity only, and a public-private collaborative. Upon discussion, the HIE Task Force recommended that the governing entity of a connected networks approach be a public-private entity that includes representation from a broad set of stakeholders. Potential stakeholders could include, for example:

- Large health systems
- Small health systems
- Independent hospitals and clinical practices
- Long-term and post-acute care
- Local public health and human services
- Mental health
- Oral health
- Social services

¹⁰ <https://www.health.state.mn.us/facilities/ehealth/hie/taskforce/index.html>

- Health plans and payers
- State government
- Consumers and caregivers

MDH requests your input on the following question:

1. To what extent do you support the proposal for a public-private governing entity for a connected networks approach, including the plan for representation from a broad set of stakeholders?
2. What is needed from state government to make this work? And from private industry?
3. What thoughts do you have on stakeholder representatives to include within a proposed governing entity, as noted in the list above? Who is missing?

Commitment by all stakeholders helps achieve the most value

For the most value from a connected networks approach, it is critical that all stakeholders work together to share information in a consistent and coordinated way and be represented in the governance process. All providers from across the care continuum, all health plans/payers, state government and other stakeholders will need to contribute and share information, and most – if not all – will also use that shared information. As described above, the connected networks governing process will include development of rules and requirements. A significant lack of participation will diminish the value of the connected networks for all participants and may lead to incomplete information for patient care.

MDH requests your input on the following question:

4. What approaches or actions would you suggest be used to ensure commitment by all stakeholders to share information in a common and coordinated way?
5. What priority use cases would your organization support? For example, what are your greatest needs for exchanging health information?

Need for a *designated* HIO to fill HIE connectivity gaps

Different types of stakeholders have varying capabilities and resources available for effectively implementing and benefitting from HIE. In particular, smaller provider organizations generally have fewer resources to develop and implement effective HIE capabilities. Because this role of filling those connectivity gaps is an important one, the HIE Task Force recommended that at least one HIO be designated as a way to fill HIE connectivity gap for stakeholders with limited capabilities and resources.¹¹

The HIE Task Force also suggested that, because the designated HIO will serve a limited market, it will need financial support in order to sustainably operate throughout Minnesota and to ensure that stakeholders have confidence in using its services.

¹¹ The intent of a designated HIO is to ensure that there is at least one HIO available for providers to participate with a connected networks.

MDH requests your input on the following questions:

6. To what extent do you support this concept of a designated HIO to fill HIE connectivity gaps and why?

Importance of three centralized services/capabilities

A connected networks approach would fill the connectivity gaps in Minnesota, allow the exchange of robust health information, and improve operational efficiencies with fewer, more streamlined connections. To advance these goals, the HIE Task Force acknowledged the importance of three centralized services or capabilities, described below.

Provider/healthcare directory

A centralized provider/healthcare directory¹² could be one source of information for health care providers and care coordinators to update and share with participants in a connected networks approach. Currently provider organizations, HIOs, and health plans/payers maintain their own local provider directories. This provider information changes often and is difficult to update across all organizations. A centralized provider/healthcare directory could be used to update local directories for transmitting information accurately, or could be used for transmitting the information directly to the intended provider/healthcare entity as they need to or would like to receive it to ensure that the information is received. This centralized directory could also support other use cases, as determined by a governing entity. Examples include:

- Push referrals to providers and push back reports to the referring providers.
- Send transition of care information to another organization, such as a hospital or nursing home when a patient is transferred.
- Manage claims, including adjudication, prior authorization and payment.
- Manage provider credentialing and provider privileging.

The Office of the National Coordinator for Health Information Technology (ONC) has developed a standard that is available for states to use when setting up a central healthcare directory. The standards and implementation guide for this healthcare directory were validated by the Health Level Seven International (HL7) group, which sets standards for HIE to support clinical practice and the delivery of health services. More information is found in Appendix B.

Routing mechanism to support query and response and push/directed exchange

A routing mechanism allows participating organizations to send or request robust information from other participants. This includes more information than is currently available with the summary of care document shared through the eHealth Exchange. The additional information available through a centralized routing mechanism could include important patient care information needs that were identified by the Task Force. Without a centralized routing mechanism, organizations need to spend time and funds managing point-to-point connections or their own routing infrastructure. Because these are costly initiatives, many organizations in

¹² A provider directory is what most health care providers and health plans have in their EHR or other electronic system to identify clinicians. A provider directory is generally a subset of a healthcare directory that includes both clinicians and care coordinators or others.

Minnesota are using faxes and view-only access to electronic health record information as a substitute for more robust and efficient information exchange. A centralized routing mechanism could also support other use cases, as determined by a governing entity. Examples include:

- Providers submit required public health reporting to MDH, streamlined to meet multiple program needs through fewer connections.
- Providers electronically share clinical information to health plans/payers to complete claims.
- Improved information exchange for required quality reporting, including HEDIS reporting and MN Community Measures.
- Management of patient information across state lines, which is particularly important when an organization provides services in more than one state and/or patients seek care in more than one state.

Patient directory or similar service to support patient matching

A centralized patient directory could provide a common key service to improve patient matching across a connected networks approach. The “common key” is a unique attribute assigned to every patient – one that cannot be read by humans. This service will support the important goal of ensuring that information attributed to a patient is correct. A centralized patient directory, as determined by a governing entity, could also support the following use cases:

- A. Providers access the patient directory upon admission to update the patient’s contact information.
- B. Providers access the patient directory upon admission to retrieve current payer information in order to improve background on billing at the time of admission.

The HIE Task Force agreed that all three of these centralized services or capabilities have value for HIE. However, Task Force members also recognized that an incremental approach to developing services may be most prudent. Organizations in Minnesota are at different stages when it comes to HIE capabilities and have different needs for particular services, and they therefore vary in the extent to which they may derive benefits from these centralized services and when. For example, a large health system may find immediate value in a centralized provider directory but already have a successful patient matching process in place.

MDH requests your input on the following questions:

7. Describe if and how, if at all, any of these centralized services would help your organization provide better patient care, improve operational efficiencies and/or provide value. What other centralized services would help your organization?
8. Which centralized services or capabilities, if any, would be a priority for your organization to use?

Financial commitment for initial governance and potential future needs

The HIE Task Force recognize that all stakeholders and users participating in the connected networks will need to provide financial support for developing the governance and services and for long-term sustainability. The governing entity would determine the requirements for

financial support from stakeholders, and specific costs for a connected networks approach are not known at this time. Nevertheless, the HIE Task Force recommends that funding come from all stakeholders and users, including, for example:

- State government
- Health plans/payers
- Large health systems
- HIOs
- HIO participants through ongoing fees paid to use those services

The HIE Task Force identifies three key financing needs for a connected networks approach:

- Initial costs of establishing a governing entity and for the governing process, which is expected to involve ongoing expense for staff support, meeting logistics, and other administrative functions.
- Ongoing costs to ensure the sustainability of a designated HIO that can fill connectivity gaps. This potentially includes onboarding and ongoing operational costs because the market that the designated HIE service provider would serve may not be sufficient to fully support it.
- Costs for incremental implementation of centralized services and ongoing costs for those services. The initial costs for implementation of centralized services are expected to be substantial; additional investments and costs will be determined as a connected networks approach evolve.

MDH requests your input on the following questions:

9. Thinking specifically about the financial support needed for implementation and ongoing sustainability of a connected networks, what principles would you suggest for the governing entity to consider in allocating responsibility to different stakeholders?
10. Please share comments you might have about the three types of financing needs for a connected networks approach identified above.

Minnesota's oversight of HIE

MDH is required by state law to establish an oversight process that will protect the public interest on matters pertaining to health information exchange, Minnesota Statutes 62J.498-4982. The HIE oversight process¹³ is intended to ensure that organizations involved in HIE in Minnesota are adhering to Minnesota and nationally recognized standards and requirements.

The Commissioner of Health currently has broad authority over HIE service providers in Minnesota, including Health Information Organizations and Health Data Intermediaries¹⁴ as defined in Minnesota Statute 62J.498. Under this law, an entity providing health information exchange services in Minnesota for clinical transactions must apply for a certificate of authority to conduct business in Minnesota.

¹³ <https://www.health.state.mn.us/facilities/ehealth/hie/oversight.html>

¹⁴ <https://www.health.state.mn.us/facilities/ehealth/hie/certified/index.html>

As the state moves toward a connected networks approach to HIE, Minnesota will need to update and align its laws accordingly. In particular, the HIE Task Force broadly discussed the need to:

- Grant the Commissioner of Health explicit oversight responsibilities over a connected networks approach.
- Align and update Minnesota's Health Information Exchange Oversight law to support a connected networks approach.

The following are areas that may need to be updated to improve current processes and align Minnesota statutes with the direction of a connected networks approach:

- Types of entities needing certification as part of HIE oversight.
- Updated processes and requirements for certification.
- Oversight of a connected networks approach. Currently, MDH has broad authority to protect the public interest on matters pertaining to HIE in Minnesota.
- Enforcement authority for a connected networks approach. Currently, MDH has enforcement authority over HIE service provider organizations that market HIE services in Minnesota.

MDH requests your input on the following questions:

11. What changes to Minnesota's HIE oversight law do you recommend in order to move the state toward a connected networks approach?

Proposed models for a connected networks approach

MDH staff and HIE Task Force members developed and discussed several illustrations or conceptualizations of a connected networks approach; a version of one of these is presented in Appendix C. While the Task Force did not endorse these models, most members agreed that they should be included in this MDH request for public input to help stakeholders and potential respondents visualize a connected networks approach, consider the implications for stakeholders, and assess what may be needed for a governance process and a governing entity under different possible scenarios. They are not intended to present final concepts; rather, MDH seeks input on how these models align with the guiding principles of this work (see page 8) and with what is best for Minnesota when it comes to HIE.

MDH requests your input on the following questions:

12. Describe how you think these models in Appendix C align with the HIE Task Force's guiding principles (page 8) and the expectations presented in this document? How do you see your organization fitting in to one or more of these models?

Appendix A: Complete list of questions

This request for public input included specific questions for which MDH is seeking comment. Responders may choose to address any or all of these questions presented here and throughout the document in the sections outlined. Additional comments are welcome.

Governance needs and responsibilities

1. To what extent do you support the proposal for a public-private governing entity for a connected networks approach, including the plan for representation from a broad set of stakeholders?
2. What is needed from state government to make this work? And from private industry?
3. What thoughts do you have on stakeholder representatives to include within a proposed governing entity, as noted in the list above? Who is missing?

Commitment by all stakeholders helps achieve the most value

4. What approaches or actions would you suggest be used to ensure commitment by all stakeholders to share information in a common and coordinated way?
5. What priority use cases would your organization support? For example, what are your greatest needs for exchanging health information?

Need for a *designated* HIO

6. To what extent do you support this concept of a designated HIO to fill HIE connectivity gaps and why?

Importance of three centralized services/capabilities

7. Describe if and how, if at all, any of these centralized services would help your organization provide better patient care, improve operational efficiencies and/or provide value. What other centralized services would help your organization?
8. Which centralized services or capabilities, if any, would be a priority for your organization to use?

Financial commitment for initial governance and potential future needs

9. Thinking specifically about the financial support needed for implementation and ongoing sustainability of a connected networks, what principles would you suggest for the governing entity to consider in allocating responsibility to different stakeholders?
10. Please share comments you might have about the three types of financing needs for a connected networks approach identified above.

Minnesota's oversight of HIE

11. What changes to Minnesota's HIE oversight law do you recommend in order to move the state toward a connected networks approach?

Proposed models for a connected networks approach

12. Describe how you think these models in Appendix C align with the HIE Task Force's guiding principles (page 8) and the expectations presented in this document? How do you see your organization fitting in to one or more of these models?

Appendix B: Healthcare directory standards available for states

Source: Conversation with Daniel Chaput, Office of the National Coordinator for Health IT, on October 5, 2018. <http://hl7.org/fhir/uv/vhdir/2018Sep/index.html>

Between HIE Task Force meetings in fall 2018, MDH staff interviewed with the Office of the National Coordinator for Health Information Technology (ONC) on national progress toward a provider/healthcare directory. A two year project with many stakeholders and organizations represented from across the nation had just completed with suggested standards and implementation guide for a healthcare directory. Rather than setting up a pilot for a national healthcare directory, it was the Administration's decision, for a number of reasons, to not offer pilots as a national healthcare directory, but to encourage states to use the information when setting up a more local or centralized healthcare directory. The ONC worked through the HL7 group process to validate the standards and implementation guide for states to use for this purpose. Highlights from the interview include:

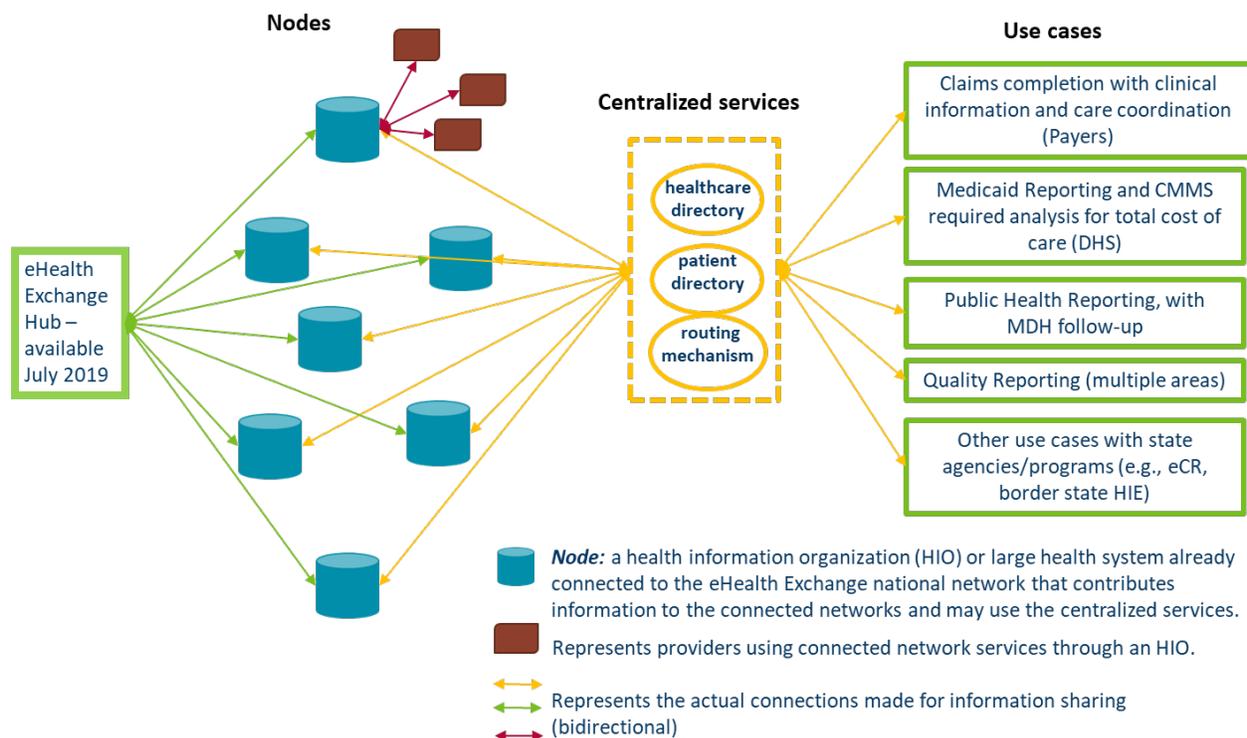
- ONC developed standards for data elements and implementation guide, recently validated by HL7. Intended to be used by states to build provider directories.
- Expanded 'provider directory' to 'healthcare directory' to include a broad definition of individuals and organizations included, (e.g., clinician providers- those who get paid, care coordinators, public health, emergency preparedness, caregivers) ..."anyone who may touch the health systems at any point.
- California, Michigan, Rhode Island, and Oregon are currently working to implement these HL7 standards in their perspective healthcare directories.
- The healthcare directory implementation guide has many different use cases, and states may implement different data elements depending on which use cases they choose to implement. This can also be expanded over time as other priorities arise. These use cases include, but are not limited to:
 - Electronic endpoint discovery (IHE/EHR endpoints, FHIR server URLs, Direct addresses)
 - Referrals and transitions of care
 - Health plan enrollment and relationship between provider and insurance plan by provider organization
 - Provider accessibility (specialty, office hours, taking patients, etc.)
 - Provider credentialing/privileging
 - Claims management (adjudication, prior authorization, payment)
 - Quality or regulatory reporting (aggregate data to consolidate provider and health plan performance results, providers use their own information to 'report once')

Appendix C: Proposed models for a connected networks approach

Figure C-1 presents a conceptualization of a Minnesota connected networks approach used in HIE Task Force discussions. This model depicts the following key elements:

- Nodes are HIOs and large health systems already connected to the eHealth Exchange that contribute information to a connected networks approach and may use the centralized services.
- Centralized services may be accessed by all nodes and other stakeholders (e.g., health plans/payers, state agencies and others).for specific use cases or needs (e.g., patient matching, provider credential management).
- Use cases are examples of how participants can use centralized services to appropriately send and receive necessary information to reduce administrative burden, and to standardize and improve data quality.

Figure C-1. Example of a Minnesota connected networks approach



A few task force members developed the following model (Figure C-2) which depicts various organizations and organization types and their current technical capabilities for alerting, direct secure messaging, and query and response through the eHealth Exchange and other national networks. The DHS Encounter Alerting Service is incorporated into this model. The figure identifies two ways to share information: Option A) organization connects to one or more services individually, and Option B) organization participates with an HIO for any/all of those services.

Figure C-2. Alternate model

