

Progress Report: September 2004-June 2005

Background

The Minnesota e-Health steering committee is a private–public collaboration whose purpose is to accelerate the use of health information technology in order to improve health care quality, increase patient safety, reduce health care costs, and improve public health in Minnesota. The committee was initiated as a request from the 2004 legislature and is advisory to the Commissioner of Health.

Research shows that the use of the Electronic Health Records (EHR) and other Health Information Technology (HIT) holds great promise for helping address healthcare and public health challenges and can benefit patients, physicians, providers, payers, public health, and the community—and has potential for obtaining efficiencies in the system.

Year One Progress

- Prepared a report to the legislature with:
 - a vision for Minnesota;
 - a roadmap for strategic action; and
 - cross-cutting recommendations
- Identified principles for governance, finance, and technology standards for a proposed Minnesota Health Information Exchange (MN-HIE) (Note: MN-HIE is an example of the Minnesota regional health information organization (RHIO)).
- Wrote a statewide response to the National Health Information Network (NHIN) Request for information (RFI)
- Identified opportunities and priorities for electronic information exchange (e.g. Pharmacy, Laboratory, Communicable disease.)
- Held a statewide Summit on MN e-Health

Report to the Legislature

The January 2005 report submitted to the legislature is a call to action to accelerate the adoption and use of HIT across Minnesota. A coordinated and concentrated effort involving commitment by private and public partners is essential to achieve success.

The report noted that the complexity of delivering and paying for healthcare has made it difficult to adopt information technology and electronic connectivity. As a result, health and healthcare systems are behind other sectors of the economy in using advances afforded by information technology to achieve improvements in efficiency and quality. Hospitals, clinics, nursing homes, pharmacies, health providers and local public health agencies must address many challenges including financing, policy, education, training, organizational and day-to-day work process changes as they adopt new information technologies.

“Minnesota has the opportunity to accelerate progress...by building upon its base of experienced and knowledgeable individuals and organizations. Collaboration is key.... Minnesota has a strong history of effective private–public partnership.”

Roadmap and Preliminary Recommendations for Strategic Action Report to the Minnesota Legislature, January 2005

In Minnesota today, only a fraction of the clinical healthcare and public health data is accessed and transferred digitally. An estimated 5-15% of Minnesota primary care clinics have electronic health records and few systems exchange clinical data electronically on a real time basis. Most often, the information needed to support patient care and public health is not



“The Minnesota e-Health Initiative will accelerate the adoption and use of Health Information Technology to improve healthcare quality, increase patient safety, reduce healthcare costs and enable individuals and communities to make the best possible health decisions.”
Vision statement - 2005

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available when and where it is needed to support clinical decision-making, patients, and public health. The absence of readily available, comprehensive, patient-centric health information and secure on-line access to clinical knowledge negatively affects healthcare at every level. The need is apparent in the rural areas, smaller clinic settings, and large systems and urban centers. It particularly affects patients and clients who are seen at multiple care settings.

Minnesota has the opportunity to accelerate progress in addressing these challenges by building upon its base of experienced and knowledgeable individuals and organizations. Collaboration is key to rapid progress. Fortunately, Minnesota has a strong history of effective private–public partnership.

A Vision for Minnesota

The Minnesota e-Health Initiative vision is to

“accelerate the adoption and use of

Health Information Technology to improve healthcare quality, increase patient safety, reduce healthcare costs and enable individuals and communities to make the best possible health decisions.”

We will do this by:

- Connecting healthcare providers – clinicians and facilities – to assure continuity of care for every patient;
- Using national standards to guide electronic data interoperability, quality measurement and community health improvement and reduce the risk of investment;
- Empowering consumers to understand and access personalized health information to facilitate active management of their health;
- Improving public health, primary prevention and enabling community preparedness;

- Informing health research and policy development;
- Leveraging existing information systems and incrementally adding improved ones;
- Increasing adoption of health information technology and levels of informatics skills, knowledge and competencies;
- Safeguarding privacy and confidentiality of information;
- Putting the interests of consumers first and taking a patient centered approach; and
- Contributing to the development of federal standards efforts.

Roadmap for Strategic Action

The Minnesota e-Health Initiative

Steering Committee adopted the four

National Goals for Strategic Action

1. *Inform Clinical Practice*
2. *Interconnect Clinicians*
3. *Personalize Care*
4. *Improve Population Health*

*Framework for Strategic Action
Dr. David Brailer, HHS - July 2004.*

national goals from the “Framework for Strategic Action” (DHHS – July 2004) as a starting point. Building on these existing 4 goals, the committee identified 12 goal-specific recommendations, three for each goal,

and six crosscutting recommendations (see Figure 1 Roadmap for Strategic action). The committee proposes these recommendations be Minnesota’s next steps to be addressed in the first year.

Crosscutting Recommendations for Action in the first year

Several themes emerged that are important to multiple goals. The key issues in the discussion created opportunities for action in the first year. Six recommendations (a-f) will support the achievement of all four goals.

- a. Analyze value of investment and develop principles for financing.
- b. Establish a governance structure for sharing data.
- c. Establish a statewide process for adopting and promoting national standards for data and interoperability.

- d. Implement ongoing communications/education programs.
- e. Establish policies and practices to ensure protection of confidentiality and security.
- f. Endorse continued leadership role in guiding e-Health development.

Work toward addressing these issues is described in the individual workgroup reports, and is focused on Goal 2 – health information exchange.

The full legislative report can be found at: <http://www.health.state.mn.us/e-health/reports.html>

Workgroup Topic Reports on a Minnesota Health Information Exchange (Roadmap Goal 2)

Three workgroups were created to begin the effort to address cross cutting challenges, focusing first on health information exchange. The workgroups have developed greater insight into the identified themes of Governance, Finance, and Technology Standards. Each workgroup focused on issues associated with health information exchange and developed key principles as a starting point.

Attached are workgroup reports for:

- Governance
- Finance
- Technology Standards

RFI Response for a National Health Information Network (NHIN)

The Minnesota e-Health Steering Committee developed a response for the NHIN RFI to reflect the broad views of its members and other stakeholders.

The complete response to the RFI can be found at: <http://www.health.state.mn.us/e-health/reports.html>

Statewide MN e-Health Summit

A statewide Summit on June 23, 2005, is designed to build the common knowledge base and commitment needed to ensure progress on Minnesota's e-Health vision. Plenary sessions feature national leaders speaking on nationwide HIT action plans and latest practices from state initiatives underway in Massachusetts and Indiana. Progress in Minnesota is highlighted in a session, as well as a showcase of displays. About 440 people are expected to attend.

Proposed Actions for Year Two

The Minnesota e-Health Steering Committee is committed to move forward with a sense of urgency, continued collaboration, and commitment to advance the vision.

In the next 12 months, the steering committee will work to move forward recommendations including the following:

- Seek further stakeholder input and endorsement on the Minnesota roadmap, and recommendations.
- Complete a full assessment of needs and evaluation of HIT readiness including challenges to adoption and resources available.
- Create a business plan and obtain stakeholder endorsement for launching a MN-HIE. Initial priorities include:
 - Laboratory electronic information exchange
 - Pharmacy (History, Formulary, e-Prescribing)
 - Enhanced communicable disease reporting/disease surveillance
- Advance the MN e-Health roadmap recommendations addressing state and local goals including:
 - Expand the use of Electronic Health Records
 - Support use of Personal Health Records
 - Assure integration and advancement of public health goals

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The committee expects to work in collaboration with Stratis Health, the Minnesota Quality Improvement Organization (QIO) to help complete these activities and to assure that state activities are well coordinated with federal policies and actions.

MN e-Health Committee Members and Workgroup Co-Chairs

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Figure A

Minnesota e-Health Roadmap for Strategic Action

