



Minnesota e-health Updates: Exchanging and transforming information for better health

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April 10, 2019

Objectives

- Hear about Minnesota's current e-Health activities, national trends, and federal initiatives
- Understand how e-prescribing standards can support medication and prescription abuse management and improved workflows
- Learn about the Minnesota e-Health HIE Task Force work and recommendations
- Understand how to incorporate lessons learned into your organization

Acknowledgements

Minnesota Department of Health - Division of Health Policy

Diane Rydrych, Director

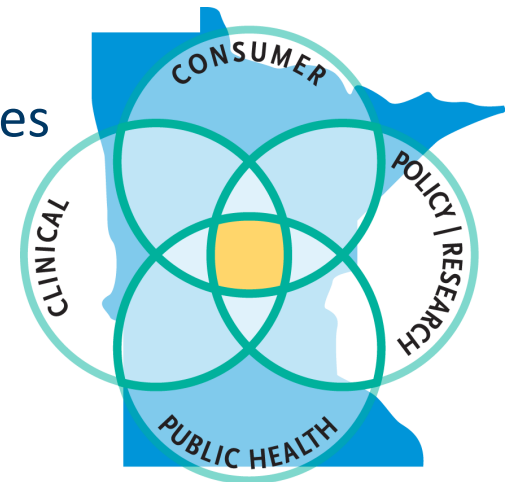
Office of Health Information Technology

- Jennifer Fritz, Director
- Susie Blake
- Kari Guida
- Melinda Hanson
- David Haugen
- Bob Johnson
- Geoffrey Mbinda
- Anne Schloegel
- Sarah Shaw
- Karen Soderberg
- Tony Steyermark
- and the Minnesota e-Health Initiative

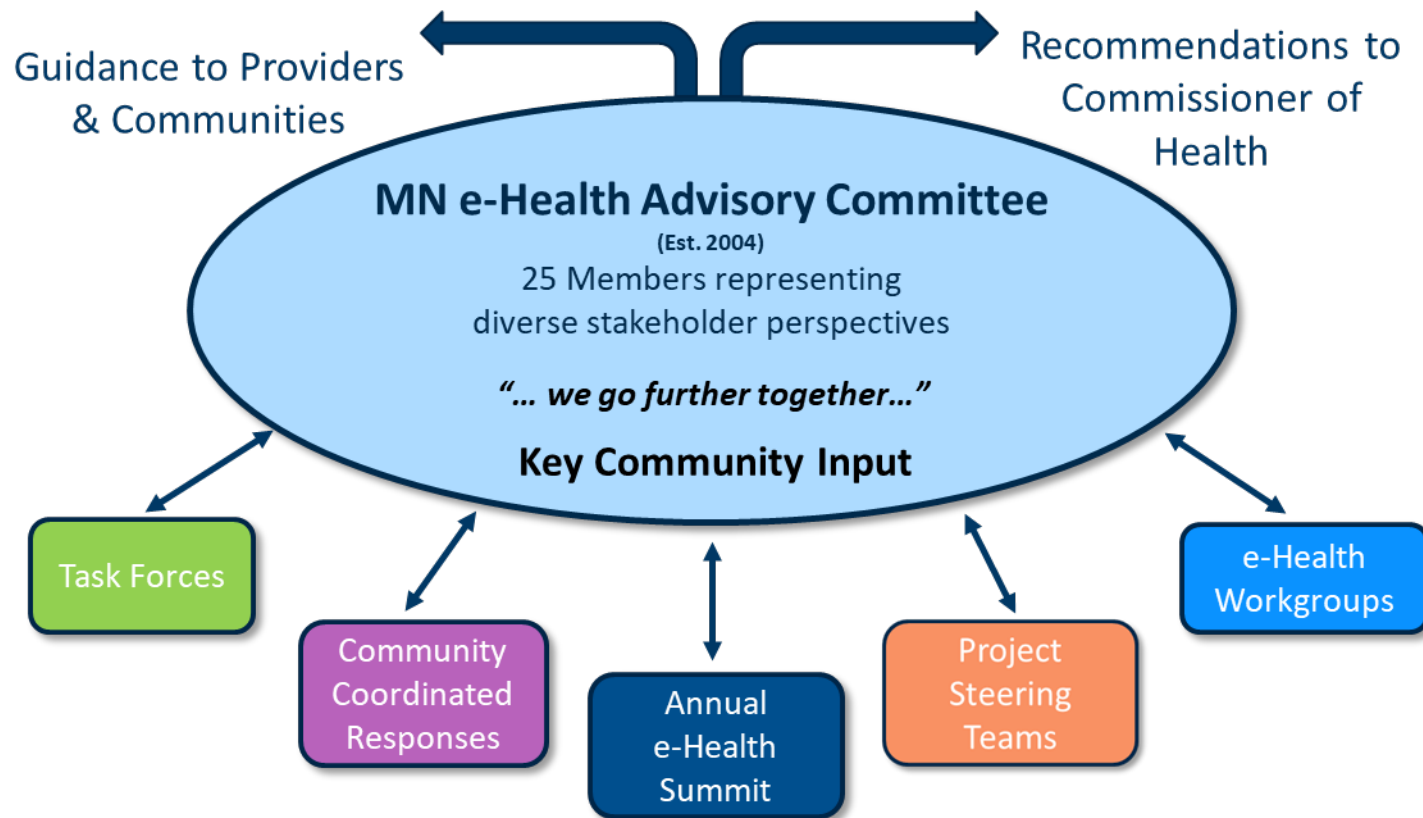
Minnesota e-Health Initiative

“Vision: ... All communities and individuals benefit from and are empowered by information and technology that advances health equity and supports health and wellbeing.

- A public-private collaboration established in 2004
- Legislatively chartered, appointed 25 member Advisory Committee
- Coordinates and recommends statewide policy on e-health to Commissioner of Health
- Develops and acts on statewide e-health priorities
- Reflects the health community’s strong commitment to act in a coordinated, systematic and focused way



The Paths to e-Health Policy Action



Electronic Prescribing

- What: the computer-to-computer transfer of prescription data between pharmacies, prescribers, and payers/pharmacy benefit managers
- Required by law in MN since 2011
- Electronic prescribing of controlled substances (EPCS) required since 2012.
 - Almost all MN pharmacies are enabled but just one-third of MN prescribers are enabled (as of December 2018)
 - **MN Goal: 80% of prescribers EPCS-enabled by 2020**

- **Improved patient experience:** medications are filled faster.
- **Avoid medication transcribing errors**
- **Improved and simplified workflows:** single workflow for any prescription; less paperwork and signature chasing
- **Reduced forgeries:** and limits exposure of the prescriber's DEA number
- **Dedicated transmission:** prescription will only go to the patient's documented and identified pharmacy
- **After hours ordering**

EPCS Policy Initiatives

- All states and District of Columbia have approved EPCS for all schedules.
- Active state EPCS mandates*
 - Active (5): **MN**, NY, ME, CT, AZ
 - Future (8): CA, IA, OK, TN, VA, NC, PA, MA
 - Bills in progress (9): WA, MT, WY, NE, MO, AR, IL, SC, MD
- HR 6: SUPPORT for Patients and Communities Act of 2018
 - **EPCS required for Medicare Part D by January 2021**
 - Rules not yet proposed but expected soon

Who Needs to Use EPCS

- Prescribers (who have a current DEA registration)
 - Physicians, advanced practice registered nurses, dentists, and podiatrists
 - Physician assistants
 - Optometrists (as allowed by Minnesota Statutes, Section 148.56)
- Pharmacists
- Veterinarians are not required to use EPCS

How to Enable and Implement EPCS

- Use an EHR system that has been certified and approved for EPCS
- Establish identity proofing for prescribers
 - <https://www.deadiversion.usdoj.gov/ecommerce/rx/faq/practitioners.htm>
 - Make sure prescribers are prepared with relevant info
- Enable two-factor authentication
 - Decide on hard token (e.g., key fob) or soft (e.g., smart phone app)
- Set software access for EPCS

Described in greater detail at www.getEPCS.com

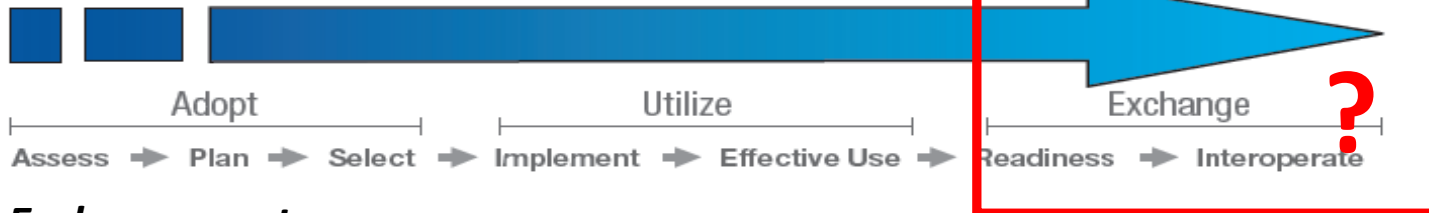
But... what about all of our other eRx issues?

- MN e-Health Initiative eRx workgroup purpose: Advance comprehensive implementation of e-prescribing standard transactions and procedures
- Summary of issues under discussion
 - Prescriber-pharmacist communication
 - Formulary and benefit info
 - E-prior authorization
 - Morphine milligram equivalent (MME) decision support
 - Medication lists and reconciliation
 - And many more
- Open to the public – info at:
<https://www.health.state.mn.us/facilities/ehealth/workgroups/erxwghome.html>

Shifting Gears to Health Information Exchange...

Minnesota model for e-health implementation

Continuum of EHR Adoption



Exchange partners

- Adult day services
- Behavioral health
- Birth centers
- Chiropractic offices
- Clinics: primary care and specialty care
- Complementary/integrative care
- Emergency Medical Services
- Dental practices
- Government agencies
- Habilitation therapy
- Home care
- Hospice
- Hospitals
- Laboratories
- Local Public Health
- Long-term care
- Pharmacies
- Social services
- Surgical centers

Health Information Exchange

HIE (the verb)

The electronic transmission of health-related information between organizations (assuming the person has provided consent to share the information).

HIE allows providers to securely share information with other providers or organizations electronically...

- using agreed-upon standards, and
- according to patient preferences.

HIE (the noun)

An organization that facilitates information exchange.

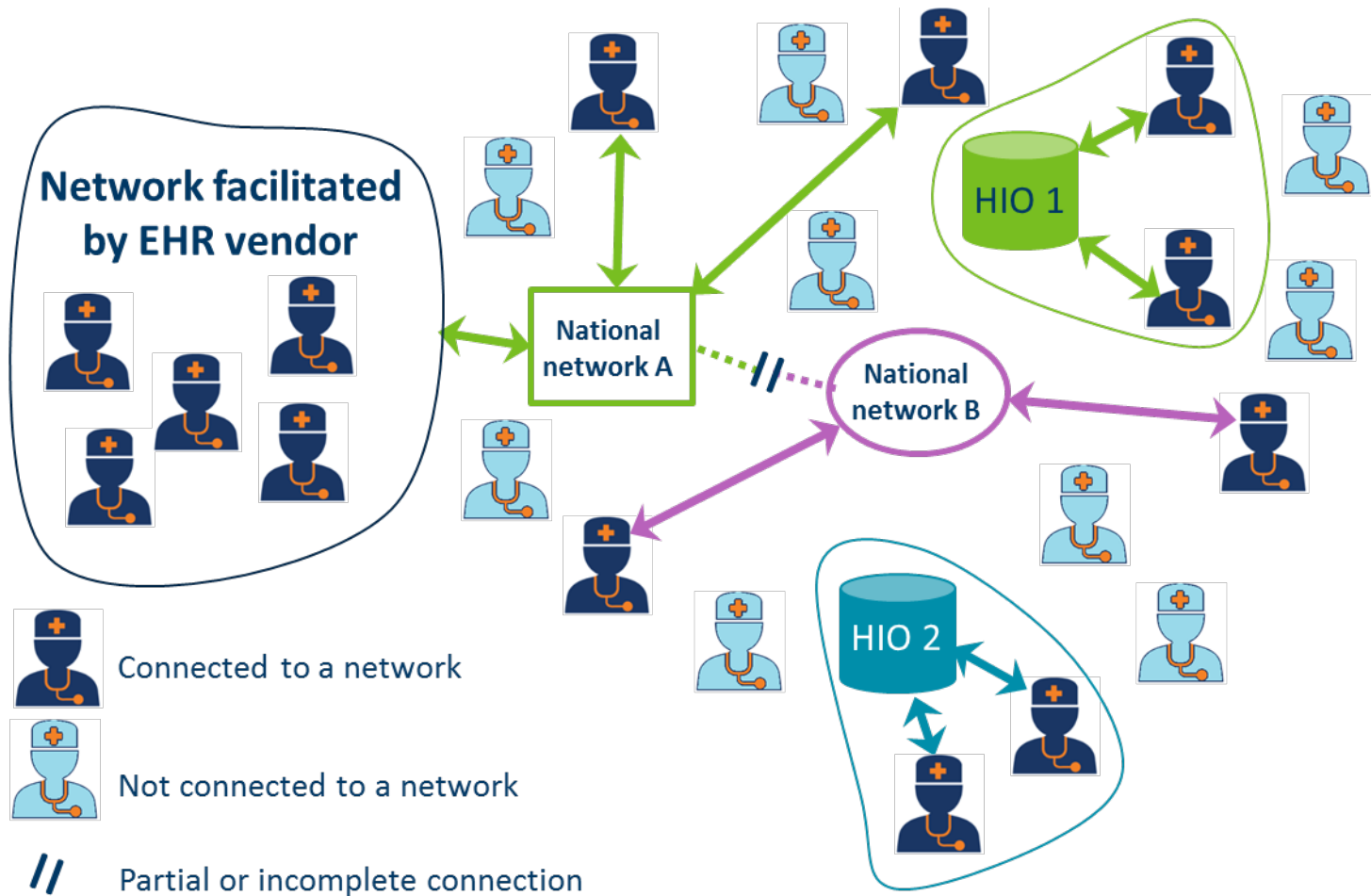
In Minnesota we call these Health Information Organizations (HIOs).

An HIO is an organization that **oversees, governs, and facilitates** HIE among health care providers from unrelated health care organizations. MDH has oversight authority.

2017-2018 HIE Study Key Findings

- Minnesota has made progress on HIE, but information exchange is not yet occurring equitably or robustly among all health providers across the state.
 - Patient information is not being used and shared as much as it could be to support healthy individuals and communities.
 - Potential risks include duplicative tests, unsafe care transitions, errors, and more.
- We should build upon what we already have
 - 4 HIOs operating in Minnesota
 - EHR-enabled connections
 - MN DHS event alerting system (EAS- notification service to primary care team for admit/discharge/transfer)
- The Minnesota Health Records Act inhibits HIE
- Minnesota HIE Oversight is not aligned with market/current technology.

Current State of HIE in Minnesota: Disconnected Networks



Key HIE Study Recommendations (2018)

Move Minnesota in the direction of a ***connected networks approach***

- MDH should establish a HIE task force of the e-Health Advisory Committee to develop strategic and implementation plans (including rules of the road) for the connected networks approach.
- The Minnesota Legislature should modify HIE related laws such as the Minnesota Health Records Act and the HIE oversight law.

HIE Task Force Charge and Deliverables

- Move Minnesota in the direction of a **“connected networks” approach**
- Align with and build upon national HIE initiatives and networks with initial focus on transitions of care
- Expand event alerting to support effective care coordination
- Identify, prioritize and scope needs for ongoing connected networks and HIE services with the goal of optimal HIE

Deliverables

- Action steps for 2018-2019 to implement connected networks by building upon existing HIO and national network connections
- An implementation plan for 2018-2019 with measureable targets
- A plan for five-year interim governance, authority, and financing.
- Recommended updates to Minnesota’s Health Information Exchange Oversight Law

Watch for public comment period in summer 2019

HIE Task Force Members

Category of Representation/Perspective:	Member
1. MN Health Information Organization (HIO)- A	Stephen Odd, Allina Health
2. MN Health Information Organization (HIO)- B	Chad Peterson, The Koble Group
3. Professional with Expert Knowledge of HIE	Tim Getsay, Gillette Children's Specialty Healthcare
4. Legal and patient consent	Jeff Stites, Context Law
5. Minnesota Department of Human Services (DHS)	Jackie Sias, DHS
6. Chief Medical Information Officer	Deepti Pandita, MD, Hennepin Healthcare
7. Practicing clinician	Eleanor Vita, MD, Mayo Clinic
8. Hospital, health system, ACO or IHP - A (Large)	Paula Schreurs, Sanford Health
9. Hospital, health system, ACO or IHP - B (Small)	Mike Lilly, Ridgeview Medical Center
10. Long-Term and Post-Acute Care	Peter Schuna, Pathway Health
11. Health Plan, Payer or Health Care Purchaser	Jonathon Moon, UCare
12. Individual with Expert Knowledge of Patient Advocacy	George Klauser, Lutheran Social Service of Minnesota

Critical Success Factors for a Connected Networks Approach

1. Full participation is needed to achieve the most value for all
2. Ensure sustainability of at least one HIE service provider (e.g., HIO) to fill HIE connectivity gaps
3. Financial commitment by all participants and the state is needed to ensure long-term sustainability
4. Alignment with other HIE activities (national, federal and state) is needed to achieve an efficient and effective network (e.g., minimize connections, reduce/eliminate duplicate services)

Goal: Coordinate information sharing across all providers in Minnesota and across borders

Example: A Clinician's Information "Wish List"

Notes

- Admission History
- Physical Exam
- Discharge Summary
- Consult Notes from specialists
- Operative/Procedure Notes
- ACOG (American College of Obstetrics & Gynecology) forms - tabulated information on a pregnant patient

Results

- Labs
- Radiology
- Pathology
- Sleep study
- Pulmonary Function Tests

Alerts

- Inpatient admission
- Inpatient discharge – needed by RNs (care coordinators) so they can call a patient at home within 2 days of discharge to assess readmission risk
- ER discharge
- Death alert
- Communicable disease
- Notice of available results (ex: pathology reports, CT scan/MRI images and reports)
- Urgent Care visits,
- Home Health nurse visits,
- Notice of Patient in Shelter

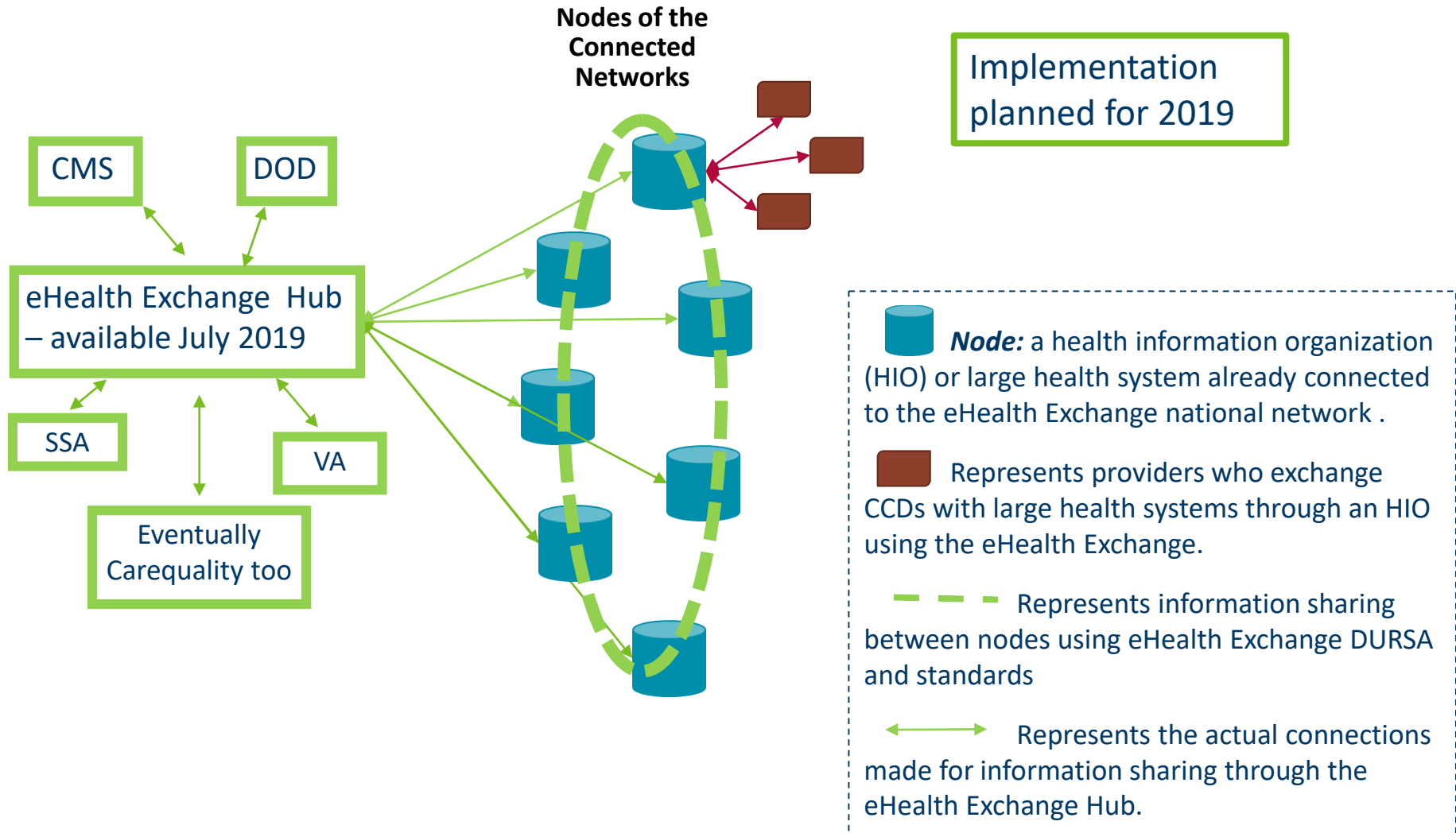
Images - prefer diagnostic quality

- Radiology (including X-rays, CT scans, MRIs, etc.)
- EKG
- Colonoscopy

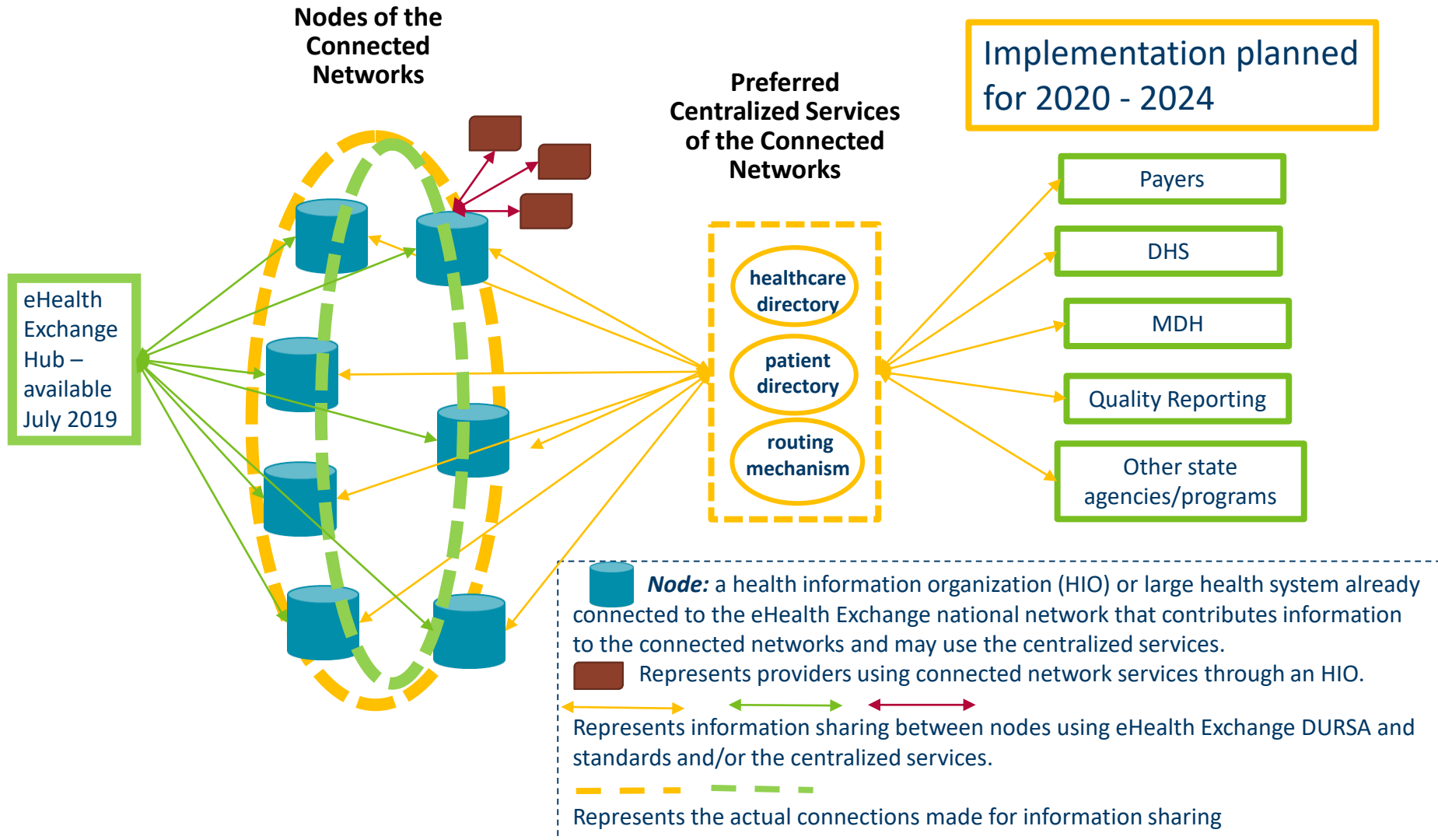
Others to consider:

- Infectious disease reporting, monitoring reinfection rates
- Ordering / Registration capabilities
- Scheduling capabilities
- Charge Capture

Minnesota Connected Networks Approach: Foundational HIE using the eHealth Exchange (recommendation 1)



Minnesota Connected Networks Approach: *Governance Framework needed for determining strategic and incremental process, incorporates other stakeholders*



Examples of Centralized Services

- Healthcare (Provider) directory

Centralized directory to **ensure that information is sent to the correct/appropriate provider** for referrals, and knowing it will get to that provider. Other uses may include: to manage credentialing/privileging; payer-related information by provider; and quality or regulatory reporting by provider.

- Patient directory

Centralized directory that provides a **common key for individuals to improve patient matching between providers and other partners**. Other uses may include: most current address of individual; current payer information by individual; and consent management by individual for sharing information.

- Routing mechanism

Centralized service to help route health information electronically to the appropriate receiving entity (other stakeholders on picture). This service would **provide one way to meet multiple state reporting requirements without faxing or manually entering information in a portal**.

How Clinics and Care Partners Can Use HIE

Foundational HIE – Individual patient health information (PHI) is exchanged electronically

Patient's health information from outside providers is in the EHR without faxing and scanning.

Robust HIE – information on individuals is electronically shared and used by the multiple providers who care for that individual

Information available for care coordination and follow up with patients without extra work processes; ability to analyze cohorts (groups of individuals with similar conditions) and easily report to the state and other required entities

Optimal HIE – aggregate (de-identified) information available for the total population

Receive information from state entities about concerns in your community and treatment approaches; ability to use information to improve your patient's care

Value of Using the Connected Networks

- **Decrease time spent on:** manual data entry; obtaining information from external partners by phone or viewing through their EHR; and required state reporting for your patient's
- **Improve data quality with:** real-time information; secure patient health information (PHI); ability to access information about how your patient's outcomes compare with other patient's with the same diagnosis; and timely access to public health alerts and treatment options.
- **More time to:** spend with patients; engage your patients in their care with complete information about their health; and use information to identify trends and best practices from your patient list with information that impacts the whole patient.

- Talk with your care coordination partners about their plans for connecting to the networks
- Sign up for the Minnesota e-Health mailing list
 - Notice of upcoming grant opportunities
 - Opportunity to participate with the Initiative
 - Information on state and federal policies – participate in response
- Public comment to HIE Task Force plan (anticipated in June)
- Encourage your organization to participate with the connected networks

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Minnesota e-Health web page:

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



15th Anniversary Minnesota e-Health Summit

Information that Works

Save the Date: Thursday, June 13, 2019

New Venue: Minnesota Landscape Arboretum



<http://www.mngts.org/e-health/>