

Understanding the Minnesota Interoperable Electronic Health Record Mandate

Mandate

The 2007 Minnesota Legislature mandated in Minnesota Statute §62J.495 (Electronic Health Record Technology), that “[b]y January 1, 2015, all hospitals and health care providers must have in place an interoperable electronic health records system within their hospital system or clinical practice setting. The commissioner of health, in consultation with the Minnesota e-Health Advisory Committee, shall develop a statewide plan to meet this goal, including uniform standards to be used for the interoperable system for sharing and synchronizing patient data across systems.” In 2015, the Minnesota Legislature updated the mandate to exempt individual health care providers in a solo, private practice, and those who do not accept reimbursement from a group purchaser. See page 4 of this document for the entire statute.

Compliance

The Minnesota Department of Health (MDH) recognizes that some providers may not be able to achieve the interoperable EHR mandate by January 1, 2015. There is no fine or state-administered penalty for not complying with the mandate. Nonetheless, the Minnesota e-Health Advisory Committee and MDH recommend that all providers demonstrate progress toward achieving the EHR and interoperability requirements. Potential benefits of compliance include:

- increased efficiency and quality outcomes;
- improved ability to avoid adverse events; and
- timely access to information from your patients’ other providers.

Providers should seek their own legal counsel’s advice, as appropriate, regarding compliance with this law.

Guidance

Providers Impacted

The interoperable EHR mandate requires all providers move forward in achieving interoperability. Exempt from this rule are individual health care providers in a solo, private practice and those who do not accept reimbursement from a group purchaser. When an exempt provider does adopt an EHR, system, they must still follow the statute’s criteria on EHR requirements. The statute defines a health care provider, through Minnesota Statute §62J.03 (Definitions), as “a person or organization other than a nursing home that provides health care or medical care services within Minnesota for a fee and is eligible for reimbursement under the medical assistance program.” Although this definition exempts nursing homes, the

Minnesota e-Health Advisory Committee and MDH recommend all providers make progress toward achieving interoperable EHRs. See Table 1 for a list of health and health care setting impacted by the mandate.

EHR Requirements

To meet the requirements of the statute, providers must meet the following criteria when implementing a secure interoperable EHR system.

Certified EHR

The EHR must be certified by the Office of the National Coordinator (ONC) pursuant to the Federal Health Information Technology for Economic and Clinical Health (HITECH) Act. This criterion applies to providers if a certified EHR is available for their setting. This criterion shall be met if a provider is using an EHR that has been certified within the last three years, even if a more current version of the EHR has been certified within the three-year period. A comprehensive list of currently certified EHRs is available at <http://oncchpl.force.com/ehrcert>.

Qualified EHR

If a provider does not have a certified EHR available for their setting, then the provider must have a qualified EHR. This is an electronic record of health-related information on an individual that includes patient demographic and clinical health information, and has the capacity to:

- provide clinical decision support;
- support physician order entry;
- capture and query information relevant to health care quality, and
- exchange electronic health information with, and integrate such information from, other sources.

In addition, the Minnesota e-Health Advisory Committee and MDH encourage providers to have an EHR with the capacity to securely:

- incorporate clinical lab test results as structured data;
- support transitions of care, care coordination, population health and quality improvement, and
- allow patients or their representatives access to view online, download and transmit their health information.