Minnesota HIE Study
Request for Public Comment

Meeting hosted by the Minnesota e-Health Initiative HIE Workgroup

October 6, 2017
Co-Chairs:

Peter Schuna  
President and CEO, Pathway Health

Ann Warner, Interim  
Manager, Data Engineering, HealthEast

Jeff Benning (on leave)  
President and CEO, Lab Interoperability Collaborative

Staff Contacts:  
Melinda Hanson and Anne Schloegel
Welcome and meeting overview

Update on Minnesota HIE activities

Review Minnesota Legislative HIE Study

Instructions for providing formal public comments

Accept formal verbal public comments

Announcements and adjourn

Welcome and meeting overview
Minnesota HIE Activities Update

• HIE Oversight Program:
  • Four HIOs (Allina, Koble-MN, South Country Health Alliance (new – August 8, 2017) and Southern Prairie Community Care
  • Fifteen HDIs (new certifications in the past year: NextGen Healthcare and Orion Health)
  • Transactions shared within HIOs include: ADT (to create Master Patient Index and for alerts), CCDA, ORU, VXU
  • HIOs proposed short and long term model for reciprocal HIO services – May HIE Workgroup meeting
Minnesota HIO Connections

- Data included from all 4 HIOs as of August 1, 2017
- Onboarding status of Not Started, In Progress, Complete
- Downloadable Excel version available

http://www.health.state.mn.us/e-health/hie/certified/hioconnections.html
**State Innovation Model (SIM)**
**e-Health and HIE & Data Analytics Grant Programs**

**Round 1: e-Health/HIE Development or Implementation** (October 2014- September 2017)

12 grants awarded (~$3.8 million) to e-Health Community Collaboratives
- at least two organizations participating or planning to participate in an ACO or similar model
- organization from one of the four priority settings
- connection to state-certified HIE service provider (HIO or HDI)

**Round 2: e-Health/HIE Implementation only** (August 2015- September 2017)

4 grants awarded (~$1 million) to e-Health Community Collaboratives
- at least two organizations participating or planning to participate in an ACO or similar model
- organizations from one of the four priority settings
- connection to state-certified HIE service provider (HIO or HDI)

**Round 3: HIE Implementation and/or Data Analytics** (February - September 2017)

6 grants awarded (~$1 million) to current e-Health Community Collaboratives or Data Analytics grantees (or IHP applicant)
- connection to state-certified HIO only
SIM e-Health and HIE & Data Analytics Grant Programs

14 communities (~5.8 million dollars awarded)

**Development Grant (Round 1 Only)**
- Fairview-Ebenezer (Minneapolis), $75,000
- Integrity Health Network (Duluth), $65,885
- Lutheran Social Service (St. Paul), $75,000
- Medica Health Plans (Minnetonka), $75,000
- White Earth Nation (White Earth), $75,000
- Wilderness Health (Two Harbors), $75,000

**Implementation Grant (Round 1 and 2)**
- Beltrami Area Service Collaborative (Bemidji), $201,409
- FQHC Urban Health Network (St. Paul), $440,970
- Integrity Health Network (Duluth), $222,748
- Lutheran Social Service (St. Paul), $348,169
- Northwestern Mental Health (Crockston), $749,323
- Otter Tail County Public Health (Fergus Falls), $483,565
- Southern Prairie Community Care (Marshall), $897,780
- Touchstone Mental Health (Minneapolis), $567,557
- Winona Health (Winona), $265,950 and $245,000

**HIE and Data Analytics Grant**
- Integrity Health Network (Duluth), $187,200
- Lakewood Health System (Staples), $195,566
- Lutheran Social Service (St. Paul), $188,153
- Minnesota Community Healthcare Network (Minneapolis), $110,000
- Northwestern Mental Health (Crockston), $200,000
- Southern Prairie Community Care (Marshall), $181,000
## SIM e-Health Grant Programs
### HIE Connections

<table>
<thead>
<tr>
<th>Organization</th>
<th>Total # of Orgs</th>
<th># Orgs using an HDI / HIO</th>
<th># Orgs connected to an HIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Prairie Community Care</td>
<td>24</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Otter Tail County Public Health</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>NW Mental Health Center</td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>MN Community Healthcare Network</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>FUHN</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Winona Regional Care Consortium</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Beltrami PACT</td>
<td>11</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Integrity Health Network</td>
<td>12</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Lutheran Social Service of MN</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Totals Rounds 1, 2 &amp; 3</td>
<td>97</td>
<td>95</td>
<td>48</td>
</tr>
<tr>
<td>% of Total</td>
<td></td>
<td></td>
<td>98%</td>
</tr>
</tbody>
</table>

Source: Minnesota e-Health Grant Program 2017
Overall HIO connections are increasing

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Total # of sites connected with SIM $ (n)</th>
<th>Total # of sites connected (n)</th>
<th>% of Total sites connected with SIM $</th>
<th>% of Total sites connected by Provider Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic (n=~ 1400)</td>
<td>37</td>
<td>180</td>
<td>21%</td>
<td>~13%</td>
</tr>
<tr>
<td>Hospital (n=~ 145)</td>
<td>7</td>
<td>29</td>
<td>24%</td>
<td>~20%</td>
</tr>
<tr>
<td>Human Services</td>
<td>6</td>
<td>6</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>16</td>
<td>17</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td>9</td>
<td>6</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Public Health/Human Services</td>
<td>12</td>
<td>12</td>
<td>100%</td>
<td>~25%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>82</strong></td>
<td><strong>254</strong></td>
<td><strong>33%</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: MDH–OHIT Survey data 2015, connection includes HIO participatory agreement with direct and/or query capability

**Note**: 164 (65%) organizations sites are a part of the Allina HIO/health system
• To assess Minnesota's legal, financial, and regulatory framework for HIE, including the requirements the MN Health Records Act

• Make recommendations for 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.

• Due February 2018
Definitions

• HIE (the verb) is the electronic transmission of health-related information between organizations.
  • Assuming the person has provided consent to share the information.

• HIE (the noun) is an organization that facilitates information exchange. Minnesota certifies organizations as:
  • Health Information Organizations (HIO) oversee, governs, and facilitates HIE among health care providers from unrelated health care organizations.
  • Health Data Intermediaries (HDI) provide the technical capabilities, or related products and services, to enable HIE among health care providers from unrelated health care organizations (but don’t govern the information).
  • Certified HIE services providers are at: http://www.health.state.mn.us/e-health/hie/certified/index.html
What We Need and Want from HIE

Use connected data to
support community health

Use information to
manage patient care

Ensure information flows with the patient

Optimal HIE

Robust HIE

Foundational HIE
Providers in our hospital/clinic \textit{routinely} have necessary clinical information available electronically.

- **Hospitals**
  - Total: 63%
  - Epic Users: 90%
  - Non-Epic Users: 21%

- **Clinics**
  - Total: 38%
  - Epic Users: 59%
  - Non-Epic Users: 16%
What We Have Learned

• The “Minnesota Model” has not evolved sufficiently to support HIE across the state.
  • Foundational HIE (information flowing with the patient) is happening, but it’s not happening across the state nor across the care continuum.
  • Many larger health systems indicated they do not plan to participate with an HIO for foundational or robust HIE.

• Many stakeholders are struggling just to achieve foundational HIE and are feeling left out, particularly small health systems and providers other than clinics and hospitals.

• Robust HIE is needed to enable unhealthy people to get healthy, and for healthy people to stay healthy.

• The value that optimal HIE can offer to all stakeholders is not well recognized.
  • But some stakeholders see potential for optimal HIE to make a difference in the health of their communities.

• Minnesota needs to develop a coordinated and sustainable approach for HIE.
Example Health System Workarounds

National networks
- CareQuality
- eHealth Exchange
- DoD
- VA
- SSA

Other Epic Users

Health System (Epic User)

Non Epic clinics and hospitals
- Soc Svc
- LPH
- MH
- LT-PAC

ACO
Public Health
Quality Measures
A Proposed Solution

Support for Implementing a Coordinated HIE Infrastructure to:

- Connect fragmented care by offering a core set of coordinated services that support the Triple Aim and administrative efficiency for all stakeholders.
- Support care coordination for people with many/complex needs.
- Allow appropriate use of information to improve outcomes and reduce harm to patients.
- Reduce administrative inefficiencies for health systems, building its inherent sustainability.
- Build on the successes of current HIE activities and networks.

Be prepared for the future!!
Proposed “Connected Networks” Model

Goals:
• Shore up cracks in MN’s Foundational HIE
• Build infrastructure for Robust and Optimal HIE that provides value to stakeholders
## Value Proposition for Stakeholders

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients</strong></td>
<td>• Information is easily available to any provider.&lt;br&gt;• Fewer redundant tests/imaging, or gaps relaying information.</td>
</tr>
<tr>
<td><strong>Providers</strong></td>
<td>• Prepared for appointments and trust that they have the correct information.&lt;br&gt;• Can see a person’s whole health perspective.&lt;br&gt;• Have meaningful information to support care.</td>
</tr>
<tr>
<td><strong>Health Systems/Plans</strong></td>
<td>• Better information to optimize patient safety and outcomes.&lt;br&gt;• Participate effectively in accountable health.&lt;br&gt;• Efficiently manage operational and administrative functions.</td>
</tr>
<tr>
<td><strong>Communities</strong></td>
<td>• Access to useful and actionable information on the health of the population.&lt;br&gt;• Infrastructure to support response to epidemics and public emergencies.</td>
</tr>
</tbody>
</table>
Value Proposition for Coordinated HIE Services = Operational and Administrative Efficiencies

Opportunity to Improve through Coordinated HIE Services:
- Patient matching
- Provider directory
- Consent management
- Alerting for ED visits, hospital admits/discharges
- Prescription monitoring
- Public health reporting
- Quality reporting
“Connected Networks” Can Serve Many Needs

By investing to develop a coordinated **PROCESS** for HIE:

• We are better prepared to identify and respond to...
  • Future epidemics (e.g., Ebola, Zika, influenza, tick-related infection, etc.).
  • Workforce/facility shortages and needs.
  • Disease/condition trends and hot spots for any size community and type of subpopulation, supporting targeted interventions.
  • Disasters and emergency events.

• We can develop better measures to inform...
  • Quality improvements and patient outcomes
  • The health of all Minnesotans

• We can build a system that supports partnerships to allow communities to be agile and responsive to the unknown future.
How We Get There

**Governance**
- Identify and engage key stakeholders who will lead and champion the work.
- Develop an interim governance process for making key policy decisions.

**Finance**
- Identify and prioritize high-value services.
- Determine funding needed for both infrastructure/development and ongoing sustainability.

**Operations**
- Determine how to best establish coordinated services.
- Define rules of the road.
- Monitor participation and data quality.
• Minnesota is well-poised because of:
  • Significant e-health investments and many lessons learned.
  • A history of strong collaboration.
  • Accountable health efforts developed with SIM funding.
  • Many communities across the state are developing cross-sector relationships to tackle their health issues.

• We know what is needed to succeed and can develop those into the plan.
  • Broad/complete stakeholder participation.
  • HIE services to provide ongoing value.
  • Governance to make decisions, establish rules of the road, and provide agile management.
  • Continued collaboration.
Preliminary Recommendations that can be implemented without legislative action

1. Establish a task force, reporting to the Minnesota e-Health Advisory Committee, to develop a business plan for and establish the “connected networks” model with an initial focus on addressing the opioid epidemic use case. At a minimum, the task force will address how to:

   a. Connect existing HIOs to each other.

   b. Establish foundational flow of patient information to support transitions of care.

   c. Engage Minnesota’s health stakeholders around the opioid misuse and abuse epidemic to identify the HIE services needed to address this use case and to provide additional stakeholder value.

   d. Determine options for incorporating the DHS’ event alerting system into a statewide HIE approach, scalable to the total population.

   e. Assess market acceptance of the connected networks model based on their participation in the opioid epidemic use case.

   f. Develop an approach for initial and long-term funding that is sustainable, shared across organizations using and benefitting from the coordinated services.

See Appendix C
2. Support legislation that will enable use of information for robust, value-added HIE services in compliance with patient consent and preferences. Modify the MN Health Records Act to better align with HIPAA and standardize understanding and implementation of consent across all stakeholders, without creating new unintended consequences.

Options developed by the MN e-Health Initiative’s Privacy and Security Workgroup include full or partial alignment with HIPAA.

See Appendix D

links to legislative language at:
http://www.health.state.mn.us/e-health/hie/study/index.html
3. **Update Minnesota’s Health Information Exchange Oversight law to support the coordinated networks model, specifically relating to the roles of HIOs and HDIs.** Considerations include:

   - Adopt a simplified registration process for marketing HIE technology capabilities in MN that aligns with the most recent Certified EHR Technology standards established by CMS and the Office of the National Coordinator for Health Information Technology.
   - Simplify HDI registration and process for vendor disclosure of services and ensuring understanding of Minnesota laws. HIO certification will still be required.
   - Expand HIO certification to include another level of requirements for systems choosing to connect to the network directly to coordinated services rather than connecting via an HIO.
   - Enable a mechanism for stakeholders to report misconduct.

4. **Appropriate funds to leverage matching federal/other funding opportunities to support the infrastructure development of the coordinated services.** Cost estimates will be developed by the proposed task force.
Endorsements

• MN HIE Steering Team (August 29 meeting)
  - Endorsed the connected networks model and preliminary recommendations.
  - Recommended that the model initially applied to the context of Minnesota’s opioid misuse and abuse epidemic.

• MN e-Health Advisory Committee (September 7 meeting)
  - Endorsed that the three levels of HIE (foundational, robust, optimal) are essential for achieving the MN e-health vision.
  - Endorsed the connected networks model and preliminary recommendations to be released for public comment, including the Steering Team recommendation to apply this to the opioid epidemic use case.
Public Comment Outreach

• Minnesota e-Health Advisory Committee, workgroups, and project groups
• HIE study interviewees
• State-certified HIE service providers
• Minnesota e-Health Weekly Update
• Other Minnesota newsletters and mailing lists (Health Reform, SIM, DHS providers, Rural Health)
• Associations (MHA, MMA, MAFP, LPHA)
Next Steps and Contact Information

• Oct 31: Public comment period ends
• Nov 17: Update to Advisory Committee, with revised recommendations
• Dec 8: Final recommendations to Advisory Committee
• Mid-Dec through January: MDH Review
• Report due Feb 1
• Web page: http://www.health.state.mn.us/e-health/hie/study/index.html
• Contact: Karen Soderberg, Karen.Soderberg@state.mn.us or 651-201-3576
Questions and Clarifications

• The project team will hear and record questions; responses will be provided when possible.

• Questions asked at this point are NOT considered formal public comment.

• State your name

• In-person participants: use the microphone so phone participants can hear.
Questions for Public Comment – See Appendix A

A. Request for overall comments
   Please provide any overall comments on the HIE study findings, proposal, and recommendations. Comments may include support, concern, and/or considerations that should be taken into account should the recommendations move forward to implementation. To the extent possible, organizational letters or statements of support are encouraged to better gauge the level of support by stakeholders in Minnesota.

B. Request for specific comments on the proposed “connected networks” model
   1. To what extent do you view this “connected networks” model as heading in the right direction for Minnesota? What suggestions can you offer that would strengthen the concept? If you have concerns, what viable alternatives would you suggest?
   2. Thinking about your organization (provide specific examples):
      a. What gaps does this concept address?
      b. Which coordinated HIE services would be valuable for your organization? Which of these are a higher priority for your organization?
      c. What downsides and/or unintended consequences do you see?
Questions for Public Comment, continued

C. Request for specific comments on Recommendation 1: Convene a task force to develop a detailed plan to implement the “connected networks” model

1. What organization(s) should be involved in leading this effort? What ideas or recommendations do you have to actualize this task force? For example, what existing models could we build this from?

2. What would you and/or your organization commit in order to develop a plan to implement the recommended “connected networks” model? Examples include resources, expertise, leadership, logistic support, and staffing.

D. Request for specific comments on Recommendation 2: Modify the Minnesota Health Records Act

1. Indicate which, if any, option you and/or your organization would support.

2. What benefits and/or unintended consequences of any of these options do you foresee for your organization or generally? (specify the option, provide specific examples when possible)
Procedure for Submitting Public Comments

- To provide formal verbal comment today:
  - **In person:** Record your name and organization to the Public Comments Sign-up Sheet on the registration table in the back of the room.
  - **By phone:** email your name and organization, indicating that you want to comment, to mn.ehealth@state.mn.us

- Use the **microphone** (if in the room) and **sit at table** designated for providing verbal comments. Introduce yourself and the organization you represent.

- Comments will be **limited to 3 minutes or less**, depending on the number of people who have signed up.

- **Comments should pertain specifically to the HIE study public comment document** (Minnesota Health Information Exchange Legislative Study Request for Public Comment)

- MDH staff is recording all questions and comments

- **Opportunity to submit written comments** through October 31, 2017.
• **This is a formal public meeting** designed to solicit important information from formal public comments

• **Be courteous.** We ask that you not have conversations in the meeting room. If you need to have a private conversation, please quietly step out into the hallway

• **If you need assistance,** please consult with one of the MDH staff members.
Instructions for Written Public Comments

Written Comment can be submitted by:

1. Email to: mn.ehealth@state.mn.us

2. Mail to:
   
   Office of Health Information Technology  
   Minnesota Department of Health  
   85 East Seventh Place, Suite 220  
   PO Box 64882  
   St. Paul, MN 55164-0882

   Must be received by 5:00 p.m. CDT on October 31, 2017
• Minnesota e-Health Advisory Committee  
  Thursday, November 17, 2017, from 1:00-4:00 pm

• Minnesota e-Health Summit 2018  
  Thursday, June 14, 2018  
  Earle Brown Heritage Center, Brooklyn Center