Health Information Exchange in Minnesota

Minnesota Rural Health Conference
Duluth, MN

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Office of Health Information Technology
Minnesota e-Health Initiative

- A public-private collaboration established in 2004
- Legislatively chartered
- Coordinates and recommends statewide policy on e-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

“Vision: ... accelerate the adoption and effective 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.”
The Minnesota Model

Exchange partners

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

Minnesota Approach to HIE and Interoperable EHR Mandate Requirement

HIE Goal:
Assuring the right information is available to the right provider, at the right time for individuals and communities.

Approach:
• Vendor certification required
• Open market choices
• Standards for interoperability
• Market transparency
• Limited government oversight

Connection to State-Certified HIE Service Provider:
EHR must be connected to a State-Certified Health Information Organization (HIO) either directly or through a connection facilitated by a State-Certified Health Data Intermediary (HDI)
Definitions

**Health Information Exchange (HIE)**
The electronic transmission of health-related information between organizations according to nationally recognized standards.

**Health Information Organization**
An organization that oversees, governs, and facilitates HIE among health care providers that are not related health care entities to improve coordination of patient care and the efficiency of health care delivery.

**Health Data Intermediary**
An entity that provides the technical capabilities or related products and services to enable HIE among health care providers that are not related health care entities. This includes but is not limited to: health information service providers (HISP), electronic health record vendors, and pharmaceutical electronic data intermediaries.
State-Certified HIE Service Providers

Health Information Organizations (HIOs)
Allina, Koble-MN, Southern Prairie Community Care

Health Data Intermediaries (HDIs)
CenterX  Inpriva  RelayHealth
Cerner    IOD     South Dakota Health Link
Eldermark MaxMD  Surescripts
Emdeon    MedAllies
Wisconsin Statewide Health Information Network (WISHIN)

Certification in process:
Medicity, NextGen, SES
Minnesota Health Information Network (MNHIN)

**Definition**
Private – public collaborative established to support implementation of HIE services under Minnesota statues §§ 62J.498 – 4981. The network of Minnesota state-certified health information exchange service providers (HIOs and HDIs) collaborate, with input from Health Information Exchange (HIE) stakeholders, on infrastructure design and implementation to improve interoperability in Minnesota.
What is the Minnesota e-Health Initiative doing to Address Known HIE Challenges?
## Minnesota Clinics: Electronic HIE Gaps

| Source: Minnesota e-Health Profile, MDH Office of Health IT, 2015 |
|---|---|---|---|---|
| **Unaffiliated clinics** | Need to Exchange: 71% | Currently Exchange: 86% | 2015 Gap: -15% | 2014 Gap: -49% | Epic Users Gap: -1% | Non-Epic Users Gap: -29% |
| **Unaffiliated hospitals** | Need to Exchange: 66% | Currently Exchange: 79% | 2015 Gap: -12% | 2014 Gap: -42% | Epic Users Gap: 3% | Non-Epic Users Gap: -27% |
| **LT-PACs other than nursing homes** | Need to Exchange: 39% | Currently Exchange: 60% | 2015 Gap: -21% | 2014 Gap: -53% | Epic Users Gap: -23% | Non-Epic Users Gap: -19% |
| **Nursing homes** | Need to Exchange: 44% | Currently Exchange: 60% | 2015 Gap: -16% | 2014 Gap: -50% | Epic Users Gap: -9% | Non-Epic Users Gap: -22% |
| **Behavioral health providers** | Need to Exchange: 36% | Currently Exchange: 56% | 2015 Gap: -20% | 2014 Gap: -53% | Epic Users Gap: -17% | Non-Epic Users Gap: -24% |
| **Home health agencies** | Need to Exchange: 28% | Currently Exchange: 55% | 2015 Gap: -27% | 2014 Gap: -50% | Epic Users Gap: -38% | Non-Epic Users Gap: -17% |
| **Minnesota Department of Health** | Need to Exchange: 51% | Currently Exchange: 50% | 2015 Gap: -1% | 2014 Gap: -34% | Epic Users Gap: 9% | Non-Epic Users Gap: -10% |
| **Local public health departments** | Need to Exchange: 44% | Currently Exchange: 24% | 2015 Gap: -19% | 2014 Gap: -43% | Epic Users Gap: -25% | Non-Epic Users Gap: -14% |
| **Social service agencies/organizations** | Need to Exchange: 28% | Currently Exchange: 12% | 2015 Gap: -16% | 2014 Gap: -45% | Epic Users Gap: -15% | Non-Epic Users Gap: -18% |
Summary of Key Barriers to HIE

Barriers Addressed in Action Plans

- The business case and economic incentives are unbalanced
- There are competing organizational priorities
- Establishing partner relationships/agreements is often difficult, time-consuming & costly
- There are limited availability and access to skilled, knowledgeable workforce
- It is difficult to understand and execute legal and policy requirements (e.g., Minnesota privacy & consent)
- There are challenges to HIE implementation (e.g., workflow)
- Technical and data standard practices lack consensus for approaches and implementation
- Key transactions need to be prioritized (e.g., notification and alerting) to support implementation statewide
- Selecting an HIE service provider is complicated by rapidly evolving market
- There is insufficient education, communication & technical assistance for providers
- Minnesota HIE approach is not fully implemented
- The lack of individual engagement diminished the demand for HIE (e.g., consumers/patients accessing portals)
State Innovation Model Initiative (SIM)

- SIM is a Center for Medicare and Medicaid Innovation initiative to test and implement health care payment and delivery reform ideas.
- The Minnesota Department of Health (MDH) and the Minnesota Department of Human Services (DHS) will use SIM funds to implement and test the Minnesota Accountable Health Model.
- Goal: Better quality in health care, improved experience, and lower costs.

The Participating States

[Map showing participating states]

Information: [SIM MN Website](http://www.mn.gov/sim), [SIM MN Email](mailto:sim@state.mn.us)
SIM Minnesota: Test and Implement Health Care Payment and Delivery Reform Ideas

• Can we improve health and lower costs if more people are covered by accountable care organizations (ACO) models?

• If we invest in data analytics, HIT, practice facilitation, and quality improvement, can we accelerate adoption of ACO models and remove barriers to integration of care?, e

• How are health outcomes and costs improved when ACOs adopt Community Care Team and Accountable Communities for Health models support integration of health care with non-medical services?
SIM Minnesota: e-Health Investments

- e-Health Grant Program
- Privacy, Security and Consent Management for Electronic HIE
- e-Health Roadmaps

These grant projects are part of a $45 million State Innovation Model (SIM) cooperative agreement, awarded to the Minnesota Departments of Health and Human Services in 2013 by The Center for Medicare and Medicaid Innovation (CMMI) to help implement the Minnesota Accountable Health Model.
e-Health Grant Program for Health Information Exchange

13 communities (~5 million dollars awarded)

**Development Grants**
- Integrity Health Network (Duluth)
- Medica Health Plans (Minnetonka)
- Fairview-Ebenezer (Minneapolis)
- White Earth Nation (White Earth)
- Northwestern Mental Health (Crookston)
- Beltrami Area Service Collaborative (Bemidji)

**Implementation Grants**
- Touchstone Mental Health (Minneapolis)
- Southern Prairie Community Care (Marshall)
- Winona Health (Winona)- Round 1 and 2
- Northwestern Mental Health (Crookston)
- Otter Tail County Public Health (Fergus Falls)
- Integrity Health Network (Duluth)
- Lutheran Social Service (St. Paul)
- Beltrami Area Service Collaborative (Bemidji)
Minnesota e-Health Roadmap
Purpose, Approach and User Stories

- Partnership of Minnesota Department of Health, Stratis Health and Minnesota e-Health Initiative
- Used a consensus-based approach to develop recommendations and actions to support & accelerate adoption and use of e-health
- Focused on priority settings of behavioral health, local public health, long-term & post-acute care, and social services using “stories”
  - Veteran with Privacy Concerns (David)
  - Uncontrolled Juvenile Onset Diabetes (Grace)
  - Home Support for Premature Baby (Jasmine) • Teen Pregnancy (Kari)
  - Seamless Coordination (Maria)
  - Mental Health Issues Hinder Self Care Ability (Mike)
  - Recurring Medical Condition (Sally) • Tuberculosis (Anderson Family)
Privacy, Security and Consent Management for Electronic HIE

Support health care professionals, hospitals and health settings in using e-health to improve health, increase patient satisfaction, reduce health care costs, and improve access to the information necessary for individuals and communities to make the best possible health decisions.

• Part A: Review of e-Health Legal Issues, Analysis and Identification of Leading Practice (awarded to Gray Plant Mooty)
• Part B: e-Health Privacy, Security and Consent Management Technical Assistance and Education (awarded to Hielix, Inc.)
Gray Plant Mooty: Legal Analysis & Identification of Leading Practices

• Completed legal analysis of 11 use case stories/scenarios including 4 Roadmap User Stories
• Identified and reviewed laws & regulations implicated by each use case.
• Identified legal barriers; summarizing into guidance (e.g., tension between HIPAA and Minnesota law; different standards apply to different types of records)
• Developing policies and procedures for implementing HIE in compliance with Minnesota and federal laws (i.e., practical solutions and leading practices for health care providers.)
Hielix: Educational Resources

• Conducted environmental scan & stakeholder interviews
• Developed several educational resources and tools:
  — Privacy Gap Analysis Tool
  — Introductory Guide to Privacy, Security and Consent

Materials will be distributed via the MDH website, seminars, conferences and technical assistance.
Contact Information

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http://www.health.state.mn.us/e-health/hiewghome.html
Rural Care Coordination: HIT best practices in rural networks

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CIO & HIT Consultant
6-21-16
The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation’s leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

• Transition to Value and Population Health
• Collaboration and Partnership
• Performance Improvement
• Health Information Technology
• Workforce
“Care coordination involves two different but related aspects of patient care. One provides information to the clinician who must be able to access from and provide relevant clinical data to multiple sources in order to determine and provide for appropriate next steps in diagnosis or treatment. The other is to assure that patients are in the appropriate setting as they transition among multiple levels of care. Both are important for providing high quality care as well as mitigating excess, both must incorporate patient needs and preferences, and both are highly dependent on the ability to quickly and easily send and query health information on a given patient to and from multiple electronic sources.”
Introduction to Care Coordination

• Four Components
  ◦ Target Population
    Children with Type-I diabetes in zip codes...
  ◦ Assessment tools
    Internally developed assessment tool, with lab results
  ◦ Care Plan
  ◦ Interdisciplinary Care Team
    Diabetes Educator
    Physician
    School Nurse
    Others...
# Value Formula

**HIE** (Health Information Exchange) and **EHR** (Electronic Health Records) components contribute to the patient value formula. HIE includes **Templates**, **CPOE** (Computerized Provider Order Entry), **Quality Reporting**, and the **Patient Portal**.

**EHR** components include **Clinical Decision Support**, **Templates**, and **Quality Reporting**.

The schematic equation is:

\[
\text{Patient Value} = \frac{\text{Quality}}{\text{Cost}}
\]

**HIE** components further break down into **Quality Reporting** and **Materials Management**.

**EHR** components break down into **Clinical Decision Support**, **Templates**, and **Quality Reporting**.

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**NATIONAL RURAL HEALTH RESOURCE CENTER**
• Knee-jerk solutions will not work!
  ◦ “Why can’t we just all be on one EHR”?
  ◦ “If we simply all connect to an HIE…”

• Partners will be key
  ◦ Many may have no, or limited EHRs
  ◦ Some may have additional security regulations (FERPA, 42 CFR Part 2, for example)

• Take incremental steps to make fundamental change!
Let’s be comfortable with an incremental approach!

- Start with the three F’s: Fax, Face-to-Face, and Phone
- Integrate other data sources, such as payer data
- Work with partners to implement communication technologies, like Direct and HIE
• Target Population
  ◦ Diabetes, behavioral health

• Care Team
  ◦ Case manager, County Public Health, Primary Care

• How are they leveraging HIT?
  ◦ Longitudinal Health Record in HIE
  ◦ Patient data
  ◦ Secure Messaging
• Target Population
  ◦ High-need and high health care need patients
• Care Team
  ◦ Case manager, Primary Care, clinic staff, Therapists, Social Workers, County Public Health, Social Services, Housing, other Agencies
• How are they leveraging HIT?
  ◦ Aggregating data from payers and providers
  ◦ Tele-mental health
Trends in Care Coordination HIT

- Data Repository development first, HIE second
- Care Coordination Systems
  - Cloud based
  - Limited effort to integrate or communicate
  - Very nice systems, but dead ended (for now)
- Direct starting to be used (why so long???)
- Incremental approach being accepted
  - Paper->Fax->Direct->HIE->Patient Portal
Your Next Steps

• Understand your target population
• Consider communication needs
  ◦ Incremental approach is best!
  ◦ Fax, secure email, Direct, SMS
• Use the power of the network!
  ◦ Without a network, it is nearly impossible in rural
  ◦ Many of your referral partners/care team may have limited IT capabilities or workforce
Your Next Steps

- Learn about regulations that may impact the care team members
  - HIPAA
  - FERPA
  - 42 CFR Part 2
  - State regulations
Many members of your referral network are not participating in Meaningful Use!
  - Long Term Care
  - Homecare
  - Hospice

HIE is not widely utilized...yet
  - Technical reasons
  - Process issues
  - “Critical Mass”

Not everyone is on your EHR!
Resources
(These are “Google Search Terms”)

• CCHIT ACO Framework
  ◦ An excellent IT framework for Accountable Care Organizations or any Alternative Payment Method

• Rural Health Networks Care Coordination Framework
  ◦ National Rural Health Resource Center presentation on care coordination models and a framework for creating and improving a care coordination system
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