E-Health and Health Information Exchange in Minnesota

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Topics

• State Approach to e-Health
• Minnesota e-Health Provider Landscape
• State Approach to HIE
• Governance of HIE & Role of HIE Oversight
• Future of HIE in Minnesota
State Approach to e-Health
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.

Initiative

- Legislatively chartered in 2004
- Guided by the Minnesota e-Health Advisory Committee
- Includes representatives from state agencies including public health

Legislative Context

- Health Information Technology and Infrastructure (2015 Interoperable Electronic Health Record Mandate): Minnesota Statutes 62J.495
- Electronic Prescription Drug Program: Minnesota Statutes 62J.497
Who and What We Are

• MDH Office of Health Information Technology
  – HIE Oversight
  – Programs for e-health

• Minnesota e-Health Initiative
  – A public-private collaborative whose vision is to accelerate the adoption and use of HIT.
  – Advisory Committee representing a wide variety of health care settings and interests
  – Workgroups to address key issues
    • Adoption and effective use
    • Privacy and security
    • Health information exchange
    • Standards and interoperability
e-Health Initiative Goals

• Identify and encourage policies and practices that:
  – Empower consumers with information and tools to help make informed health and medical decisions.
  – Inform and connect health care providers by promoting the adoption and effective use of EHRs.
  – Protect communities and improve public health.
  – Modernize the infrastructure and increase workforce informatics competencies.
The Interoperable EHR Mandate

• The 2007 Minnesota Legislature mandated in Minnesota Statute §62J.495 (Electronic Health Record Technology), that:

“By 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.”
Minnesota Providers Affected by the 2015 Mandate

- Adult day services
- Behavioral health
- Birth centers
- Chiropractic offices
- Clinics: primary care and specialty care
- Complementary/integrative care
- Dental practices
- Surgical centers
- Government agencies
- Habilitation therapy
- Home care
- Hospice
- Hospitals
- Laboratories
- Long-term care
- Pharmacies
2015 Interoperable EHR Mandate
Interoperability Requirements

Connect to a State-Certified HIE Service Provider

• The 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) as defined in Minnesota Statute 62J.498.
MN Provider e-Health Landscape
Minnesota Adoption of EHRs

- Clinical Labs* (2011): 97%
- Hospitals (2012): 96%
- Local Health Depts (2012): 94%
- Clinics (2013): 87%
- Nursing Homes (2011): 69%
- Chiropractic Offices (2011): 25%

* Clinical Labs use lab information systems rather than EHRs

Source: Minnesota Department of Health, Office of Health Information Technology
Trends in Adoption

*Excludes pharmacies with the pharmacy class of medical device manufacturer
Source: Minnesota Department of Health, Office of Health Information Technology; Office of the National Coordinator, Surescripts
E-Prescribing

Percent of Minnesota Provider Settings e-Prescribing

- **Hospitals (N=130)**: 44% Rural, 58% Urban
- **Clinics* (N=1,180)**: 48% Rural, 76% Urban
- **Nursing Homes~ (N=316)**: 36% Rural, 48% Urban
- **Pharmacies (N=1,058)**: 94% Rural, 93% Urban

* Clinic data includes those that do not have an EHR installed and instead are using a non-EHR e-prescribing service.
~ Includes nursing homes that planned to e-prescribe by mid-2013.
Electronic Exchange of Health Information Among Partners

Source: Minnesota Department of Health, Office of Health Information Technology
MN Approach to HIE
Acknowledgement of Types of HIE Mechanisms in Minnesota*

- Robust Requirements in HIE Oversight Law
- Non Profit
- State Shared Services Architect

- Included in Oversight Law
- Direct/Push/Pull
- HIE protocols may be proprietary
- May be a HISP and/or provide HISP to HISP connectivity

- HIE between affiliated providers
- Common EHR or information system
- May or may not be using National HIE Standard Protocols

* December 9, 2013
Working Principles for making HIE Oversight Policy Recommendations

• Purpose of Minnesota HIE oversight law
  – Provide a Governance Framework to ensure that a patient’s electronic information follows them across the full continuum of care; To prevent fragmentation, encourage collaboration between market partners, while ensuring the use of HIE national standards so that data integrity is maintained and that information is shared in a safe, secure manner.

• Principles guiding policy recommendations
  – Provide the minimum necessary oversight and certifications to encourage safe and secure flow of electronic health information to support clinical care and public health.
  – Encourage and support a market-based strategy that allows for the provision of both foundational and innovative health information exchange services
  – Foster a level playing field for the marketplace
  – Build upon national standards and programs
  – Support transparency and encourage public input
  – Remain flexible to be able to adapt to a changing environment
  – Ensure that a framework exists for safe and secure sharing of health information
  – Support efficiencies through the use of HIE that promote shared cost savings
Minnesota Model for e-Health and Health Information Exchange

**Continuum of EHR Adoption**
- Assess
- Plan
- Select

**Utilize**
- Implement
- Effective Use

**Exchange**
- Readiness
- Interoperate

**Achievement of 2015 Mandate**

**By State Certified Health Information Organizations (HIO) and Health Data Intermediaries (HDI)**

**Governance**

**Finance**

**Technical Infrastructure**

**Business Operations**

**Legal/Policies**

**Minnesota Approach**
- Builds on Minnesota eHealth
- Based on public good principles
- Patient Centered

**State Shared Services**
- Direct Directory
- Record Locator Service
- Consent Registry

**Minnesota Model of HIE**
- State Oversight
- Granting Certificates of Authority to HIOs and HDIs
Governance of HIE and Role of HIE Oversight
MN Health Information Exchange Oversight Law

• Minnesota Statute 62J.498 – 62J.4982

• **Purpose:** Provides a Governance Framework to ensure that a patient's electronic information follows them across the full continuum of care; To prevent fragmentation, encourage collaboration between market partners, while ensuring the use of HIE national standards so that data integrity is maintained and that information is shared in a safe, secure manner.
State Certification and Oversight

• Establishes oversight by Commissioner of Health to protect the public interest on matters pertaining to health information exchange

• Requires State Certificate of Authority to operate Health Information Organizations (HIO) and Health Data Intermediaries (HDI)

• Allows market-based approach for provision of HIE services; multiple HIE service providers (HIO/HDI) may be certified and operate in the state
Minnesota Approach: One HIE Service Provider
Minnesota Approach: Two HIE Service Providers

Statewide Health Information Exchange

HIO #1

HIO #2

eHealth Exchange

Other settings

Private Practices

Hospitals

Other settings

Private Practices

Hospitals
Minnesota Approach: Multiple HIE Service Providers

Shared HIE Services
- Direct Address Directory Services
- Interoperable RLS
- Consumer Preference Management

Statewide Health Information Exchange

Direct Exchange

Other settings

Private Practices

Health Data Intermediary

Hospitals

Other eHealth Exchange Nodes

HIO #1

HIO #2

HIO #3

Other settings
HIE Oversight Program since 2010

Background:

• The HIE Oversight Program established by MN law in 2010. At that time 2 HIOs and 4 HDIs obtained a certificate of authority to operate as state certified HIE service providers.

• Since that time one state certified HIO and 4 of the original HDIs continue to provide services in Minnesota.

• In 2013 one new application was submitted, and several other HIE Service Providers have indicated through verbal or written notification that application materials that will be submitted in the near term.

• Other HIE Service Providers have responded to MDH inquiries by outlining reasons why they do not fit the current intent of the law based on the narrow focus for meaningful use and/or the limited types of HIE service providers that are called out in the current legislation.
In 2013 five new HIE Service Providers have given written or verbal indication that they are completing application materials to obtain a Certificate of Authority in Minnesota.
Market-Based Approach
Versus Single HIE

Pros
• Allows for private sector investments and innovation
• More adaptable to changes in technology trends or requirements (e.g., meaningful use)
• Gives providers multiple options for HIE services

Cons
• Can create confusion in the marketplace
• Interoperability requirements
• Many aspects to monitor (technology, policy/legal, changes in national trends)
Future of HIE in Minnesota
Future of HIE in Minnesota

• Interoperability: Need for shared services and agreements between multiple entities, including common standards

• Continued certification of entities providing HIE services and monitoring of HIE marketplace

• Potential updates in laws pertaining to HIE
  – Simplify process
  – Harmonize with national HIE activities (national accreditations, changes in HIE marketplace)
Future of HIE in Minnesota

• Privacy and security to increase provider adoption of HIE
• Interstate/national connectivity
• Movement from basic HIE (e.g., direct secure messaging) towards advanced HIE (e.g., analytics, greater automation, and population management)
• Provider education, technical assistance, and funding
2011-2012 Minnesota e-Health Connectivity Grant Program for Health Information Exchange: Cities with Partner Organization Sites

2012 e-Health Connectivity for HIE Grant Program focus:
Expand community-based collaborative HIE efforts with funding to:

- assist with meeting requirements for federal meaningful use incentives
- expand HIE capability to support care and/or public health
- increase the number of Minnesota pharmacies capable of accepting electronic prescriptions
- 16 grants with over 180 partner sites totaling $2,482,730 were awarded
Questions?

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http://www.health.state.mn.us/e-health