

Transforming Health and Care Through Health Information Technology— *The MN e-Health Initiative*



Joint Meeting of the North Dakota
HIT Steering Committee and
Stakeholder Work Groups

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Topics

- ✦ Role of HIT in health care transformation
- ✦ National landscape
- ✦ Minnesota landscape: MN e-Health Initiative
- ✦ Lessons learned



HIT and Healthcare Transformation

- ✦ Improved quality and safety of care
 - Rapid access to complete patient information, practice guidelines and clinical alerts/prompts.
- ✦ Reduced costs
 - Reduced duplicative tests; administrative efficiencies
- ✦ Improved population health
 - Improved health outcomes
- ✦ Empowered individuals who effectively use information to better manage their health and to participate in their healthcare
 - Use of personal health records; EHRs as effective teaching tools



Change is Underway: Drivers of Health IT Adoption

<p><u>Rising Health Care Costs</u> and Health Information Technology as A Solution</p>	<p><u>Substantial Benefits</u> for Consumers and the Economy</p>	<p><u>Clinical Leadership</u> to Achieve Highest Quality Care</p>	<p><u>Industry Leadership</u> Strong Endorsement from Industry and Commercial Leaders</p>	<p><u>Political Leadership</u> on Health Information Technology Adoption</p>
				
<p>Drivers of Health Information Technology</p>				

Source: Dr Kolodner, ONC/HHS 2008

National Activities to Watch

- +Office of the National Coordinator (ONC)
 - + HITSP – Standards
 - + NHIN – Network & Interoperability
 - + HISPC - Privacy and Security
 - + CCHIT - Certification
- +Center for Medicare and Medicaid
 - + Incentives, Funding and Mandates
- +Agency for Health Care Quality and Research (AHRQ)
 - + Funding, Research, Best Practices
- +Center for Diseases Control and Prevention (CDC)
 - + Population Health, Prevention, Community
- +National eHealth Initiative / Connecting for Health
 - + Advocacy, Exchange templates and policies
- +National Associations
- +Others



Office of the National Coordinator (ONC)

- + American Health Information Community (AHIC)
in transition from "1.0" to "2.0"
- + Privacy and Security Initiatives
- + Health Information Technology Standards Panel (HITSP)
- + Certification Commission for Health Information Technology (CCHIT)
- + Nation Health Information Network (NHIN)
 - Demonstration Projects underway

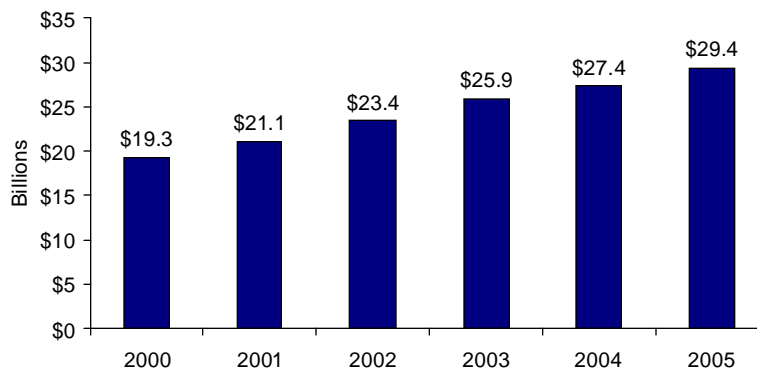


Health Care Reform in MN

- ✦ Rising health care costs are unsustainable and the quality is low relative to the amount spent.



Total Health Care Spending Growth: Minnesota



Elements of Health Care Reform

- ✦ Payment Reform
- ✦ Insurance Market Reform
- ✦ Prevention and Health Promotion
- ✦ Administrative Efficiency
- ✦ Health Information Technology and Infrastructure for Exchange



The Minnesota landscape

"...improve affordability, access and quality of health care, and the health status of Minnesotans."

- Charge to the MN Health Care Transformation Task Force

"... accelerate the adoption and 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."

- MN e-Health Initiative Vision Statement



Minnesota e-Health Initiative Vision



"... accelerate the adoption and 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."



Source: e-Health Initiative Report to the MN Legislature, January 2004



The MN e-Health Initiative

- ✦ A public-private collaboration, established in 2004.
- ✦ The primary mechanism to coordinate statewide HIT-related policy and activities.
- ✦ Reflects a broad commitment to establish and act on statewide e-health priorities in a coordinated, systematic and focused way.



Minnesota Environment

- ✦ Strong support for e-health from the legislature and Governor Pawlenty
- ✦ Willing to use mandates to accelerate adoption of interoperable EHRs and standards
- ✦ Fairly rapid EHR adoption rate
 - ~62% of primary clinics implemented or in process (2007)
 - Most hospitals
 - 32% of LTC facilities implemented or in process (2008)
- ✦ Rich history of public-private collaboration
- ✦ 92 local health departments; committed to being part of e-Health and modernizing information systems



Legislative Action, 2007

- ✦ All health care providers and hospitals must have an interoperable EHR system by 2015.
- ✦ MDH to develop a statewide plan to meet the 2015 mandate.
- ✦ MDH to establish uniform health data standards by January 2009.
- ✦ Revised and recodified the Minnesota Health Records Act to update consent requirements for an electronic age.
 - ✦ Includes privacy requirements for a Record Locator Service.



Minnesota e-Health Initiative priorities

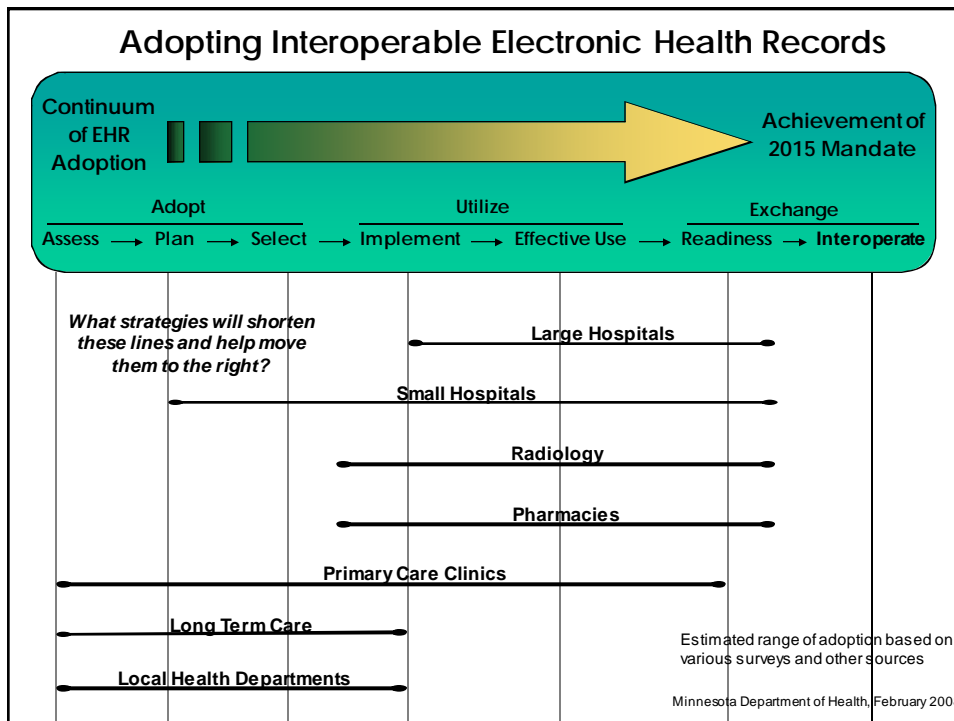
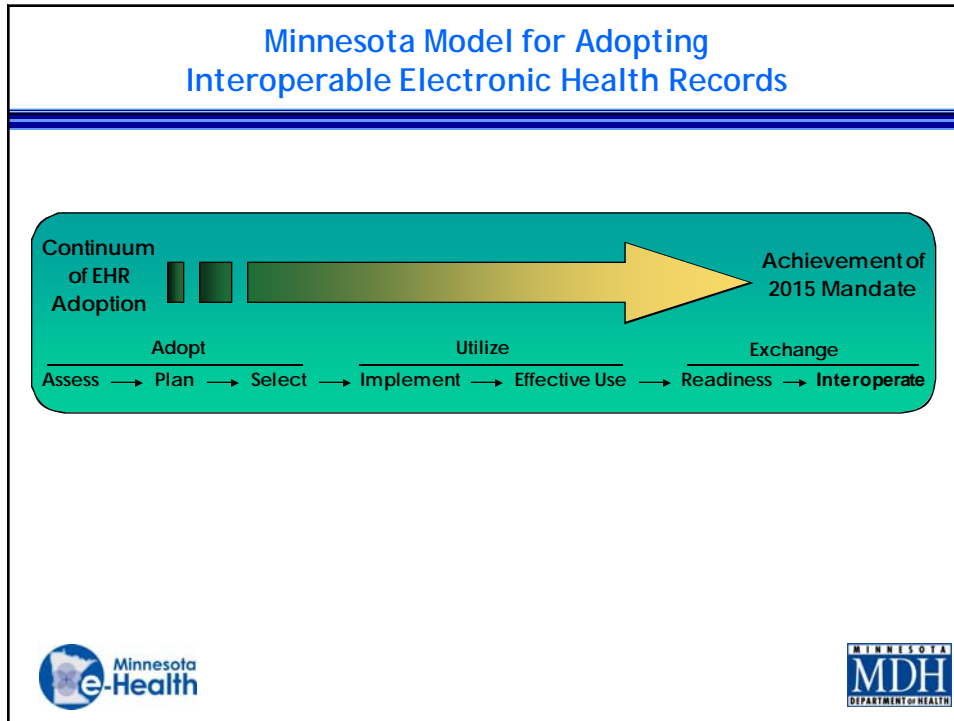
- ✦ Statewide plan for achieving the 2015 interoperable EHR mandate
- ✦ Health data standards
- ✦ Privacy and confidentiality
- ✦ Public health and population health
- ✦ Grants and loans for EHR adoption
- ✦ Communications and education
- ✦ Annual e-Health Summit



Statewide Implementation Plan for EHRs

- ✦ Purposes:
 - ✦ Accelerate adoption and effective use of HIT.
 - ✦ Identify a pathway for achieving the 2015 mandate.
 - ✦ Provide practical guidance on what providers can do *now* to overcome barriers to adopting HIT.
 - ✦ Provide recommendations for how to move forward collectively.





Results - EHR Rural-Urban

Implementation Stage	All		Rural		Urban	
	2005	2007	2005	2007	2005	2007
Fully implemented	17%	42%	13%	20%	20%	58%
Implementation in process	29%	20%	23%	28%	34%	13%
Implementation in next 12 months	11%	11%	13%	15%	10%	9%
Implementation in next 13-24 months	16%	13%	22%	21%	11%	8%
Implementation beyond 25 months	**%	9%	**%	11%	**%	7%
No plans for implementation	**%	5**	**%	5%	**%	4%

In 2007 next two years, 86.7% of Minnesota's primary care clinics with be fully implemented.
 * 47.6% of those who have no plans for implementation have done some exploration in the possibility of using EHR.
 50.0% are clinics with 1 physician, compared to 16.7% of all respondents having 1 physician.
 76.2% are free standing, independent clinics, compared to 26.7% of all respondents being free standing, independent clinics.
 **In 2005, *No plans for implementation in next 24 months was 27% for All, 29% for Rural, and 25% for Urban.



A major component of the Plan

- ✦ *Addressing Common Barriers to EHR Adoption—A Practical Guide for Providers*
 - ✦ Getting Started
 - ✦ Start-Up or On-going Cost
 - ✦ Clinical and Administrative Needs
 - ✦ Data Standards
 - ✦ Privacy and Security
 - ✦ Staff Skills
 - ✦ HIT Support Issues



Standards for Interoperability

62J.495, Minnesota Statutes 2007

The commissioner of health, in consultation with the [Minnesota e-Health Initiative] Advisory Committee, shall develop a statewide plan to meet this [interoperable EHR mandate], *including uniform standards to be used for the interoperable system for sharing and synchronizing patient data across systems. The standards must be compatible with federal efforts. The uniform standards must be developed by January 1, 2009* [Emphasis added]



Standards Workgroup

- ✦ Review standards harmonization efforts of HITSP and the EHR certification standards of CCHIT
- ✦ Provide statewide, coordinated input into both national processes
- ✦ Recommend standards for MN that:
 - match national recommendations
 - are of high value for MN



Standards for Medication Management

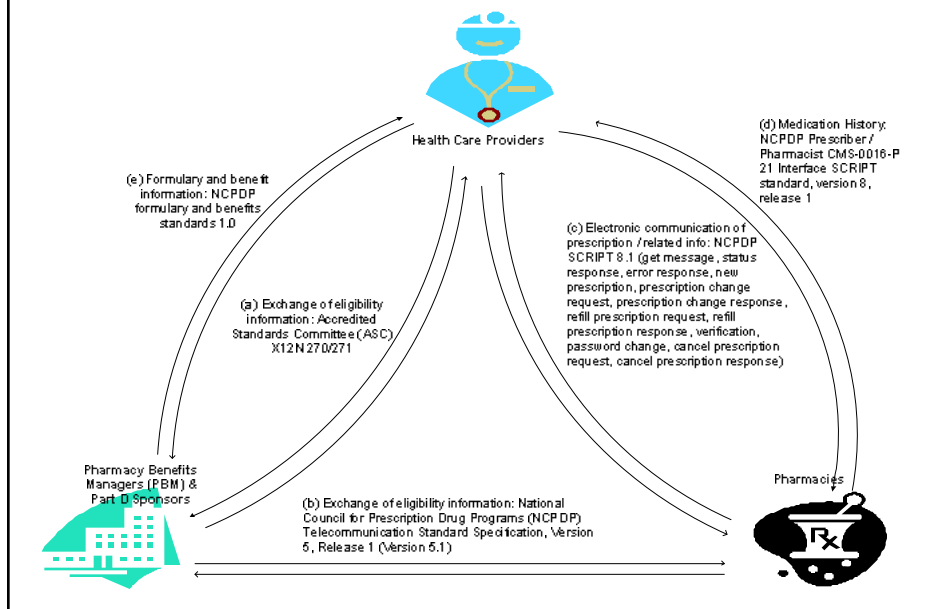
“All Minnesota health care organizations should use the following five standards for transactions related to e-prescribing and medication management.

- For eligibility and benefits inquiries and responses between prescribers and plan sponsors:
 - Accredited Standards Committee (ASC) X12N 270/271 4010A
- For eligibility and benefits inquiries and responses between dispensers and plan sponsors:
 - NCPDP Telecommunication Standard Specification, Version 5.1
- For transactions between prescribers and dispensers:
 - NCPDP SCRIPT 8.1
- Exchange of Medication History:
 - NCPDP SCRIPT 8.1
- Formulary & Benefit Information:
 - NCPDP Formulary and Benefits Standards 1.0.”



Standards on Medication Management

HITSP Interoperability specifications v 1.0, CMS ePrescribing Rules and CCHIT Certification



Standards for Lab Results Reports

“All Minnesota health care organizations should use the following three standards for laboratory results reporting.

- For laboratory results reporting between laboratory and providers:
 - [HL7 v 2.5.1 message](#).
- For representation of laboratory test in orders and results:
 - [LOINC \(Logical Observations Identifiers, Names, Codes\)](#).
- For representation of laboratory result contents:
 - [SNOMED CT \(Systematized Nomenclature of Medicine Clinical Terms\)](#).”



Certified EHRs

“All Minnesota health care organizations should use health information technology products that are [certified by the Certification Commission for Healthcare Information Technology \(CCHIT\)](#) or a comparable national certification process. This recommendation applies to those settings for which a certification process exists.”



2007 Revisions to Minnesota Health Records Act

- ✦ Improve readability through recodification
- ✦ Definitions and requirements for new and existing terms and concepts, such as:
 - ✦ Health record
 - ✦ Medical emergency
 - ✦ Health information exchange
 - ✦ Record locator service
- ✦ Authorized “representation of consent”



Record Locator Service (RLS)

- ✦ An electronic index of patient identifying information that directs providers in a health information exchange to the location of patient health records held by providers and group purchasers. (M.S. § 144.293, subd. 8)
 - Providers or group purchasers may construct a record locator service **without** patient consent
 - Providers must **obtain patient consent** to access patients' information in a record locator service.
 - Providers must provide a mechanism for patients to completely opt-out of the RLS in the consent process.



Record Locator Service Protections

- ✦ Only providers may access RLS information
- ✦ An HIE operating an RLS must maintain an audit log of providers who accessed information
- ✦ An HIE or entity maintaining an RLS is liable for inappropriate disclosures of information
- ✦ Not a government database



E-Health Funding Opportunities

- ✦ Legislature appropriated \$15.3 million for 2006-08 to support adoption and effective use of EHRs
- ✦ Emphasis on interoperable EHRs in rural and underserved areas
 - Community clinics, rural hospitals, rural clinics, nursing facilities
- ✦ Loans: \$3.1 million available per year, no interest, up to 6 years to re-pay
- ✦ Grants: \$3.5 million in grants awarded in 2007



Population Health and HIT

- ✦ Ensure that effective use of HIT leads to improved health status of populations
 - Prevention indicators incorporated into EHRs/clinical decision support systems
 - Support quality reporting
 - Modernize public health information system to be interoperable with private providers
 - Ex: Disease reporting; 2-way, real-time EHR-immunization registry exchange; Child & Teen Checkup



Communications and Education

- ✦ Working with professional and trade associations to communicate about the mandates and available resources.
- ✦ Working with universities to develop informatics education and training opportunities.



Minnesota e-Health Summit 2008



FROM
vision
to action

Thursday, June 26, 2008, 8:15 a.m. - 4:30 p.m.
The Northland Inn - Brooklyn Park

Pre-Summit Workshop:
Wednesday, June 25, 2008, 1:00 - 7:00 p.m.
Demystifying the EHR Planning & Selection Process

To register: www.health.state.mn.us/ehealth

Web Resources

- ✦ e-Health mandates
- ✦ Reports & recommendations
- ✦ Advisory Committee and workgroups products
- ✦ Initiatives & projects
- ✦ Links to resources
- ✦ Center for Health Informatics



Minnesota e-Health Initiative
www.health.state.mn.us/e-health



March 4, 2008 – MNe-Health Initiative

Lessons Learned

- ✦ Establish public-private governance to facilitate collective decision making and collaboration
- ✦ Establish a clear vision
- ✦ Don't lose sight of the consumer/citizen
- ✦ Pay attention to privacy and confidentiality
- ✦ Leverage national efforts
- ✦ Focus on high value scenarios/use cases
- ✦ Ensure an adequately supported organizational focal point for coordination



MDH Center for Health Informatics

To foster collaboration, innovation and action, to advance our individual and organizational ability to strategically apply and manage information systems.

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