Minnesota e-Health Initiative

Report to the Minnesota Legislature 2011

Minnesota Department of Health

January 2011

MINNESOTA MDH DEPARTMENT OF HEALTH

Office of the Commissioner
625 Robert Street North
St. Paul, MN 55164-0975
(651) 201-4989
www.health.state.mn.us

The Minnesota e-Health Initiative

Report to the Minnesota Legislature

January 2011

Minnesota Department of Health
Division of Health Policy
Office of Health Information Technology
85 East Seventh Place
P.O. Box 64882
St. Paul, MN 55164-0882

Phone: 651-201-5979
Fax: 651-201-3830
TDD: 651-201-5797
www.health.state.mn.us/e-health/

As required by Minnesota Statutes, Section 3.197, this report cost approximately $4,348.00 to prepare, including staff time, printing and mailing expenses.

Upon request, this material will be made available in an alternative format such as large print, Braille, or cassette tape.

Printed on recycled paper.

"A key premise: information should follow the patient, and artificial obstacles – technical, business related, bureaucratic – should not get in the way... That is the goal we will pursue, and it will inform all our policy choices now and going forward."

Dr. David Blumenthal
Director, Office of the National Coordinator
U.S. Department of Health & Human Services
November 12, 2009

MINNESOTA'S MANDATE FOR INTEROPERABLE EHRS BY 2015

Minnesota Statutes 2007, section 62J.495

"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. The commissioner of health, in consultation with the 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. The standards must be compatible with federal efforts. The uniform standards must be developed by January 1, 2009..."

TABLE OF CONTENTS

e-Health is the adoption and effective use of electronic health record (EHR) systems and health information technology (HIT).

EXECUTIVE SUMMARY

Minnesota is leading the nation in adoption and use of electronic health record (EHR) systems with 67% of office-based physicians using an EHR system[1], and in 2010 became the first state to implement a certification program for health information exchange service providers. Minnesota's leadership in pursuing bold e-health policies to accelerate the adoption of health information technology (HIT), including the use of statutory mandates and governmental funding to accelerate adoption of EHRs and health data standards, has laid the foundation for Minnesota to ensure that health information follows the patient across the full continuum of care. This investment has also positioned Minnesota to take full advantage of resources available through the federal Health Information Technology for Economic and Clinical Health (HITECH) Act to expand the effective use of health information technology in order to protect, maintain and improve the health of all Minnesotans.

E-health activities in Minnesota are coordinated by the Minnesota Department of Health (MDH) through the Minnesota e-Health Initiative, a public-private collaborative that represents the Minnesota health and health care community's commitment to prioritize resources and to achieve Minnesota's mandates. The initiative fulfills the statutory role of the e-Health Advisory Committee and has set the gold standard nationally for a model public-private partnership. Additional coordination is provided by the staff of the Office of Health Information Technology (OHIT) and is part of MDH's overall efforts in protecting, maintaining and improving the health of all Minnesotans.

1. MDH, 2009 AHA Annual Survey Information Technology Supplement.

Over the past six years the Minnesota e-Health Initiative, the Minnesota e-Health Advisory Committee, working groups and dedicated volunteer participants have provided leadership in the state and nation for the adoption and effective use of interoperable EHR systems and health information technology (HIT). The ongoing vision and efforts are focused on using EHRs and other health information technology to improve health care quality, increase patient safety, reduce health care costs, and enable individuals and communities to make the best possible health decisions. E-health has the potential to make an ongoing major contribution to:

- Improve patient safety and health care quality
- Increase opportunities for cost savings through administrative and clinical efficiencies
- Increase opportunities to engage patients in their own health and care
- Improve security to ensure privacy protections
- Improve continuity and coordination of care through electronic health information
- Improve disease management and research capabilities
- Improve public health, primary prevention and community preparedness

The work of the Minnesota e-Health Initiative has laid the foundation for Minnesota to take full advantage of new federal opportunities.

Minnesota e-Health achievements in 2010 include:

- Releasing a new guide to assist Minnesota providers in adopting nationally recognized standards, all key components to achieving compliance with the Minnesota e-health mandates and requirements to receive federal incentives
- Receiving a $9.6 million funding award for the State Health Information Exchange (HIE) Cooperative Agreement Program established by the Office of the National Coordinator (ONC) pursuant to Section 3013 of the HITECH Act for the development of the infrastructure necessary to support health information exchange and meaningful use of electronic health records essential to assist Minnesota providers in qualifying for $450 - $800 million in federal incentives
- Implementing a Health Information Exchange Oversight program pursuant to Minnesota Statutes §§ 62J.495-62J.4982, which established a formal certification process to ensure that HIE entities operating in Minnesota are adhering to Minnesota law and nationally recognized standards and establishing a mechanism for consumer feedback on HIE services
- Engaging with border-states in a health information exchange project to discuss ways that patients can authorize providers to exchange their health records with other care givers in a private and protected way while adhering to state and federal law
- Coordinating statewide responses to multiple proposed federal health information technology regulations in order to ensure

that the needs of the Minnesota health care community are adequately and efficiently addressed in the final regulations

- Establishing routine communications to facilitate Minnesota stakeholder awareness of state and federal activities related to the HITECH Act, including meaningful use of EHRs and opportunities for involvement in Minnesota e-Health Initiative policy development activities
- Expanding information provided to consumers and publishing a patient brochure on EHRs
- Convening the stakeholders through the Minnesota e-Health Advisory Committee and workgroups to recommend a strategic and operational framework for health information exchange that will provide the foundation for the Statewide HIE plan to enable Minnesota providers to achieve meaningful use and meet requirements of the HITECH Act
- Monitoring and assisting EHR grant and loan recipients whose projects begin to address the great need for financial and technical support in rural and community clinics and Critical Access Hospitals

Priorities for 2011 include:

- Supporting providers and hospitals in meeting the requirements for the adoption and meaningful use of EHRs to improve quality of care and population health and to ensure access to federal incentives
- Advancing interoperability between EHR systems to enable community electronic health information exchange to improve continuity and coordination of care
- Advancing connectivity of pharmacies, local health departments, long term care facilities, and laboratories to health information exchange
- Ensuring widespread adoption and use of standards based on Minnesota statute, e-health recommendations and federal meaningful use requirements
- Continue monitoring adoption and use of EHRs and e-prescribing
- Implementing the State Health Information Exchange Cooperative Agreement to enable health information exchange within Minnesota and across state borders
- Ensuring trust and support for a statewide approach to HIE
- Determining options and developing plans for the financial sustainability of health information exchange services beyond the State Health Information Exchange Cooperative Agreement Program
- Maximizing the use of state and federal funding available to support health information exchange, and the effective use of health information technology to improve patient care

"Policymakers from all spheres have demonstrated a strong interest in using HIT and HIE as a means of shaping a health care system that is efficient, effective, safe, accessible, transparent, and affordable for all Americans."

Accelerating Progress: Using Health Information Technology and Electronic Health Information Exchange to Improve Care, State Alliance for e-Health, September 2008

OVERVIEW

What is e-health?

E-health is the adoption and effective use of Electronic Health Record (EHR) systems and other health information technology (HIT) to improve health care quality, increase patient safety, reduce health care costs, and enable individuals and communities to make the best possible health decisions. Across the nation, e-health is emerging as a powerful strategy to transform our ailing health care system. Minnesota is a leader in pursuing bold e-health policies to accelerate the adoption and use of EHRs and related HIT.

In Minnesota, e-health consists of multiple public/private collaborative activities and efforts related to:

- Increasing adoption and effective use of certified EHRs and other health information technology
- Connecting health care providers – clinicians and facilities – to ensure continuity of care for every Minnesotan
- Maintaining outcomes that focus on the patient
- Safeguarding privacy and confidentiality of individuals' information
- Empowering consumers to understand and access personalized health information to facilitate active management of their health
- Using national standards to guide electronic data interoperability, quality measurement and community health improvement
- Improving public health, primary prevention and enabling community preparedness
- Informing health research and policy development
- Leveraging existing information systems and incrementally adding improved ones
- Contributing to the development of federal standards efforts

Why is e-health important?

When EHR's and other health information technology are used effectively and health information is securely exchanged so it is available to the physician and patient at the point of care, e-health can provide:

- Improved safety and quality
- Cost savings through both administrative and clinical efficiencies

- Improved continuity and coordination of care through electronic health information exchange (HIE)
- Increased opportunities to engage patients in their own health and care
- Improved disease management and research capabilities
- Stronger privacy protections

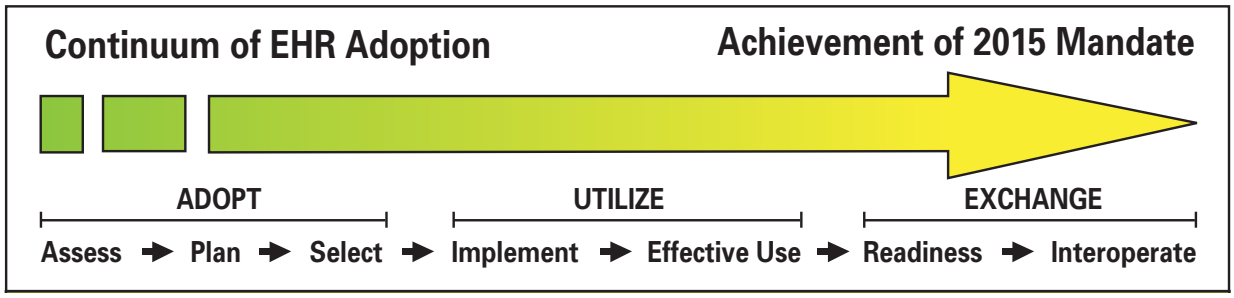
All of these benefits and others add up to healthier communities with healthier citizens and workers.

Who is leading e-Health Activities in Minnesota?

Over the past six years the Minnesota e-Health Initiative, the Minnesota e-Health Advisory Committee (a legislatively chartered 25-member committee representing a broad range of stakeholders committed to work together to identify and address barriers of common interest), working groups and dedicated volunteer participants have provided leadership in the state and nation for the adoption and effective use of interoperable electronic health record (EHR) systems and health information technology (HIT). In 2008, the Initiative developed the Minnesota Model for Adopting Interoperable EHRs. The model contains seven major steps in adopting, implementing and effectively using an interoperable EHR. The seven steps can, in turn, be grouped into three major categories:

- Adopt, which includes the sequential steps of Assess, Plan and Select.
- Utilize, which involves implementing an EHR product and learning how to use it effectively.
- Exchange, including readiness to exchange electronically with other partners, and implementing regular, ongoing exchange between interoperable EHR systems.

Figure 1. Minnesota Model for Adopting Interoperable Electronic Health Records



The Initiative and Advisory Committee have chartered working groups for five of the six years, involving hundreds of volunteer participants representing a broad range of stakeholders that are committed to advancing the vision of the Minnesota e-Health Initiative. The efforts of the e-Health Advisory Committee and workgroups have resulted in the development of critical resources and policy recommendations that have positioned Minnesota and our health care providers and hospitals to qualify for federal funding opportunities to help protect, maintain and improve the health of all Minnesotans through effective use of EHRs and other health IT.

In 2010 the Minnesota e-Health Advisory Committee convened five workgroups to provide recommendations and stakeholder feedback. They are:

- *Health IT Standards and interoperability*
- *Health Information Exchange*
- *Adoption and Meaningful Use*
- *Communications and Outreach*
- *Privacy, Legal and Policy*

In September 2009, the Commissioner of Health established the Minnesota Office of Health Information Technology to coordinate and facilitate an integrated statewide approach to health information technology and health information exchange. The Office was established in coordination with the Governor's designation of the Department of Health as the state agency responsible for State Health Information Exchange Cooperative Agreement Program.

The Office of Health Information Technology's responsibilities include:

- *Convening stakeholders to create a comprehensive and unified vision for the use of electronic health records and health information exchange in Minnesota*
- *Developing and implementing Minnesota's strategic and operational plan for health information exchange to expand the secure, electronic movement and use of health information among health care organizations according to nationally recognized standards.*
- *Collaborating with other federally-funded programs designed to promote the adoption and use of electronic health records and health information exchange (e.g., Regional Extension Centers, Medicare and Medicaid incentive programs, the State Office of Rural Health and Primary Care)*
- *Coordinating across state government to maximize federal and state investments in health information technology and infrastructure development (e.g. the Department of Human Services, Minnesota Management and Budget, the Department Of Corrections, and the Department of Administration)*
- *The Office of Health Information Technology is also responsible for carrying out the e-health responsibilities assigned to the Department of Health under Minnesota Statutes, sections 62J.495 to 62J.4982.*

What has Minnesota Invested?

The work of the Minnesota e-Health Initiative, its Advisory Committee, workgroups and the Minnesota Department of Health over the past six years has positioned Minnesota well to respond to federal programs (outlined below). Because of Minnesota's up front investment and planning, health and healthcare organizations in the state will receive from $450 - $800 million in

federal incentive payments and further advance Minnesota as a national leader in improving the quality of health and health care with the help of health information technology.

Minnesota Mandates

Minnesota Statutes, section 62J.495, required the Commissioner of Health to develop a plan for the state to achieve the statutory mandate that all providers and hospitals have in place "an interoperable electronic health records system within their hospital system or clinical practice setting." The plan, A Prescription for Meeting Minnesota's 2015 Interoperable Electronic Health Record Mandate—A Statewide Implementation Plan, 2008 Edition, was developed through the Minnesota e-Health Initiative and released in June 2008. The plan represents a communitywide consensus for advancing interoperable EHR systems in all settings across the state.

EHR Grants and Loans

In 2006 and 2007, the Minnesota Legislature appropriated $14.6 million in grants and loans for adopting interoperable EHRs, health information technology or health information exchange (M.S. 144.3345 and 62J.496).

- The Minnesota EHR Loan Program began with $6.3 million in 2009 and 2010 which was used for financing and supporting interoperable electronic health records in rural hospitals, community clinics, primary care clinics in towns with population under 50,000, nursing facilities and other health care providers.
- The Minnesota e-Health Grant Program awarded $8.3 million for planning and implementation projects between 2006 and 2010 for community collaboratives, clinics and regional or community-based health information exchange organizations.

By providing funds for implementation of electronic health records, the grant and loan programs helped providers get ready to achieve meaningful use of their EHRs, be prepared to access significant Medicare and/or Medicaid incentive payments appropriated under the American Recovery and Reinvestment Act (ARRA) and avoid Medicare penalties for failure to achieve meaningful use by 2016.

Minnesota e-Health Grant Program

The Minnesota e-Health Grant Program concluded in June 2010. The program made two types of grants available to eligible providers. Both types required a one-to-three match:

- Planning grants of up to $50,000 to assess business and clinical needs for an EHR system, define requirements, re-engineer clinical and administrative workflows to gain efficiencies, determine how it will be paid for and sustained, review candidate EHR software systems, and select a system.

- Implementation grants of up to $750,000 to implement an EHR to maximize clinical and administrative value, optimize clinical decision support tools to improve quality, and prepare for and engage in electronic health information exchange.

The volume of requests demonstrated the considerable need in rural and underserved urban areas. Over $27 million was requested for 95 projects. The program funded 49 projects (22 planning and 27 implementation) representing over 120 community health providers and organizations throughout the state. Details about grantee experiences are available at: www.health.state.mn.us/divs/orhpc/funding/grants/pdf/08ehrlessons.pdf.

Minnesota EHR Loan Program

The Minnesota $6,300,000 EHR Revolving Loan Program[1], administered by the MDH Office of Rural Health and Primary Care, was created to support implementation of interoperable EHR systems. EHR loan terms are six years with 0 percent interest. Eligibility and loan repayment deferment differ by program year.

As originally defined, eligible applicants for EHR loans included small rural hospitals, community clinics, primary care clinics in towns with population under 50,000, nursing facilities and other health care providers. Over $14 million in project requests were received between 2008 and 2009. A total of seven organizations (four Critical Access Hospitals, two rural clinics and one urban community clinic) received loans ranging from $154,000 to $1,500,000 during that period.

Eligibility for the EHR Loan Program was expanded starting in FY2010[2] . Repayment was deferred to one year from loan date instead of two years, and other language was clarified to match requirements under an anticipated ARRA-funded federal loan program. In addition, $4 million was appropriated to the loan fund specifically to meet a 1:4 state match requirement under the ARRA loan program.

Repayments to the revolving account that began in July 2010 will allow the program to re-open in early 2011 on a limited basis with funds repaid to date. Further loan cycles are anticipated in upcoming years as additional repayments occur, with the number of loans and maximum available dependent upon availability of funds.

Looking Ahead

Minnesota's EHR grant and loan program have helped Minnesota's small health care providers move toward adoption and effective use of EHRs by addressing a central barrier: lack of capital. Minnesota state government has been a leader in responding to that barrier.

1. Minnesota Statutes §62J.496.
2. Eligibility now includes federally qualified health centers, community clinics, nonprofit or local units of government hospitals, individual or small group physician practices that are primarily focused on primary care, nursing facilities and local public health departments.

There is still much work to be done to achieve interoperable electronic health records, meet federal meaningful use requirements, and recoup investments through potential Medicare-Medicaid incentive payments. The need for capital to make the necessary investments remains high and will continue.

THE NATIONAL LANDSCAPE: THE HITECH ACT AND MINNESOTA'S RESPONSE

In 2009, Congress passed the Health Information Technology for Economic and Clinical Health Act (HITECH Act). The HITECH Act authorized new financial incentives through the Medicaid and Medicare programs to ensure that the adoption and use of health IT contributes to a more efficient, effective and safe health care system that achieves improved health outcomes. Current estimates indicate that Minnesota providers and hospitals could access between $450-$800 million in incentives through Medicare and Medicaid.

In addition to the incentive programs, the HITECH Act also provided $2 billion to the Office of the National Coordinator for continuing health information technology policy and standard development and for the implementation of several additional programs to support providers and hospitals in becoming meaningful users of electronic health records. (See Table 1 for a brief description of each program, the intended purpose and the estimated amount of funding available for Minnesota).

Meaningful Use

In order to access federal HITECH incentives, providers and hospitals will need to demonstrate "meaningful use" of an EHR system. Congress established three measures of meaningful use in legislation: the use of nationally certified EHR systems that include e-prescribing, the submission of clinical quality measures, and the electronic exchange of health information. Further definition and guidance were released in a proposed rule by the federal Department of Health and Human Services on January 13, 2010. CMS proposed a phased, incremental approach to adoption of certified EHR technology across three stages. CMS described these stages as reflecting reasonable criteria based on currently available technology and provider practice experience that build over time to a more robust definition of "meaningful use," consistent with anticipated development of technology and health IT infrastructure. The current rule only specifies objectives and measures for Stage 1. CMS plans to establish Stage 2 and Stage 3 criteria through future rulemaking processes. CMS describes each Stage as follows:

- **Stage 1 Meaningful Use Criteria** focus on: 1) capturing health information in a coded format, 2) using the information to track key clinical conditions; 3) communicating captured information for care coordination purposes; and 4) reporting of clinical quality measures and public health information.

Table 1. Key Programs Established Under the HITECH Act

HITECH Act Program	Minnesota Recipient	Funding (Estimated)
CMS Incentives for *Meaningful Use* of EHRs Provides Medicare and Medicaid incentives for certain health care providers and hospitals that meet criteria established by CMS for the meaningful use of certified EHRs. Medicare providers who do not become meaningful users of EHRs will receive penalties in the form of payment reductions beginning in 2016.	Eligible Professionals and Hospitals in Minnesota	**$450-$800 million**
Regional Extension Centers (Section 3012) Provide grants for the establishment of Health Information Technology Regional Extension Centers that will offer technical assistance, guidance and information on best practices to support and accelerate health care providers' efforts to become meaningful users of Electronic Health Records (EHRs).	Key Health Alliance: *Stratis Health* *College of St. Scholastica* *Rural Health Resource Center*	**$19 million**
Health Information Exchange (Section 3013) These programs will support states and/or State Designated Entities (SDEs) in establishing health information exchange (HIE) capacity among health care providers and hospitals in their jurisdictions, including establishing and implementing appropriate governance, policies, and network services within the broader national framework to rapidly build capacity for connectivity between and among health care providers.	Minnesota Department of Health MN e-Health Connect Project	**$9.6 million**
HIT Workforce Development (Section 3016) These grant programs support the development of curricula, training programs and competency testing for a competent and prepared health information technology workforce	Normandale Community College University Partnership for Health Informatics (UP-HI) *University of Minnesota* *College of St. Scholastica*	**$800,000** **$5 million**
Beacon Community Program (Section 3011) Provide funding to communities to build and strengthen their health information technology (health IT) infrastructure and exchange capabilities to demonstrate the vision of meaningful health IT.	Southeast Minnesota Beacon Community: *Austin Medical Center* *Mayo Health System* *Mayo Clinic* *Olmsted Medical Center* *Winona Health Services*	**$12 million**
Strategic Health IT Advanced Research Projects (SHARP) Achieving breakthrough advances in health information technology to address key problems such as Secondary Use of EHR Data.	Mayo Clinic	**$15 million**

- **Stage 2 Criteria** will likely expand upon Stage 1 criteria in the areas of disease management, clinical decision support, medication management, support for patient access to their health information, transitions in care, quality measurement, research, and bi-directional communication with public health agencies. For Stage 2, CMS may also consider applying the criteria more broadly to both the inpatient and outpatient hospital settings. CMS expects to propose Stage 2 criteria by the end of 2011.
- **Stage 3 Criteria** will likely focus on achieving improvements in quality, safety and efficiency, focusing on decision support for national high priority conditions, patient access to self-management tools, access to comprehensive patient data and improving population health outcomes. CMS expects to propose Stage 3 criteria by the end of 2013.

The proposed definition of *meaningful use* at each stage is important because it will be a key measure that determines provider eligibility to receive incentive funds and will have an impact on Minnesota providers and hospitals. The Minnesota e-Health Advisory Committee and related workgroups are actively monitoring proposals related to stage 2 and stage 3 and will be providing comment at every opportunity to ensure the needs of Minnesota's stakeholders are conveyed to federal policy makers.

Minnesota providers and hospitals could access between $450-$800 million in incentives through Medicare and Medicaid.

While the Centers for Medicare and Medicaid Services will determine the requirements for Medicare incentives, the federal law gives states some leeway for determining the definition of "meaningful use" for Medicaid incentives. In Minnesota, the Department of Health and the Department of Human Services are working closely with the Minnesota e-Health Initiative to respond to the proposed federal rule, and to explore options for tailoring the requirements to meet the needs of Minnesota Medicaid.

As a part of the broader e-health efforts, the Minnesota e-Health Initiative views the definition of meaningful use as part of our framework for effective use of electronic health records. This approach recognizes that the real value in EHR systems comes from using them effectively to support efficient workflows and effective clinical decisions, which have a positive and lasting effect on the health of individuals and populations.

A National Vision for Health Information Exchange & State Responsibilities

Dr. David Blumenthal, the National Coordinator for Health Information Technology, articulated the national vision for Health Information Exchange, based on the key premise that, "information should follow the patient, and artificial obstacles – technical, business related, bureaucratic – should not get in the way." To carry out this vision, the ONC established

the State Health Information Exchange Cooperative Agreement Program, which provides funding and delegates the responsibility for enabling health information exchange to the states. Under the program, states are expected " to use their authority, programs and resources to:

- *Convene stakeholders to ensure trust and support for statewide approach*
- *Ensure an effective model for health information exchange governance & accountability*
- *Ensure the development of state level directories and enable technical services for health information exchange*
- *Coordinate an integrated approach with Medicaid & public health*
- *Develop and update privacy and security requirements for health information exchange*
- *Remove barriers and create enablers for health information exchange*

"...information should follow the patient, and artificial obstacles – technical, business related, bureaucratic – should not get in the way."

Dr. David Blumenthal
Director, Office of the National Coordinator, Department of Health & Human Services
November 12, 2009

In accordance with legislation passed in 2009, the Commissioner of Health, in consultation with the Minnesota e-Health Advisory Committee and the Department of Human Services, submitted the Minnesota application for the federal Health Information Technology State Cooperative Agreement Program to implement the Minnesota e-Health Connect project, and received notice of award in February 2010. A copy of Minnesota's application can be accessed at: http://www.health.state.mn.us/e-health/hitech/hitechmn.html.

Ensuring Statewide Coordination on Health Information Technology and Heath Information Exchange Initiatives

The State Health Information Exchange Cooperative Agreement program requires that states play an active role to ensure coordination of health information technology and health information exchange initiatives at the state level. The following is a description of coordination activities currently in progress that will be continuing in 2011:

Coordination with Minnesota Health Care Reform Initiatives

The effective use of electronic health records is a critical tool in moving forward on Minnesota's health care reform initiatives. MDH has been working to coordinate e-health and health reform efforts, particularly as it relates to the assessment of the status of EHR adoption and use. Minnesota health reform legislation passed in 2008 included

requirements for a Minnesota Statewide Quality Reporting and Measurement System which requires that all physician clinics complete an HIT ambulatory clinic assessment survey. Health reform rules established in fall of 2009 require Minnesota acute care hospitals to submit information on their activities related to the adoption and effective use of EHRs and other health information technology. The surveys that measure these health care reform components are:

- The MN Health Information Technology (HIT) Ambulatory Clinic Survey is an annual survey that MDH contracts with Minnesota Community Measurement to develop and administer. A group comprised of individuals from the Office of Health Information Technology, Stratis Health, and the Department of Human Services review the survey to assure it reflects changes in the landscape of EHR and other health information technology.

- The American Hospital Association (AHA) Annual Survey: Information Technology Supplement is an annual point in time survey with 13 questions developed nationally by the AHA and questions developed specifically for Minnesota. These questions are developed by a group of individuals from the MDH Health Economics Program and Office of Health Information Technology, Stratis Health, Minnesota Hospital Association, Minnesota Community Measurement and the Minnesota Department of Human Services. Both the national and Minnesota questions are reviewed annually to assure the survey reflects changes in the landscape of EHR and other health information technology.

These surveys, in conjunction with other surveys and data , provide the information necessary to enable Minnesota to demonstrate progress on our e-health goals and to begin measuring the impact that the effective use of EHRs is making in the transformation of health and health care in Minnesota.

Coordination with Minnesota Department of Human Services

Minnesota's State Medicaid HIT Plan will accelerate the development of Medicaid's capacity to facilitate care coordination and improved quality and efficiency. To facilitate an integrated approach to health information technology in Minnesota, the Statewide HIT Plan and State Medicaid HIT Plan will be aligned and consistent. The Minnesota Department of Health and the Minnesota Department of Human Services are leveraging the existing organizational infrastructure and common stakeholder forums of the Minnesota e-Health Initiative and the e-Health Advisory Committee to ensure the integration and coordination between the agencies. DHS and MDH worked collaboratively to produce a draft implementation strategy for the Medicaid Incentive Payments that leverages existing expertise from both agencies.

Coordination with Minnesota Office of Rural Health and Primary Care

The Minnesota Department of Health, through its Office of Rural Health and Primary Care, promotes access to health care by providing support to health care providers in rural and underserved communities. Staff from MDH's Offices of Rural Health and Primary Care and Health Information Technology regularly coordinate to ensure that rural health resources effectively support providers in rural and underserved communities to achieve meaningful use and capacity for health information exchange. Federal programs include:

- The Rural Hospital Flexibility Program (HRSA) supports and strengthens Critical Access Hospital community health systems in the delivery of quality primary and emergency care, and encourages health information technology adoption through grants and technical assistance.
- The Small Hospital Improvement Program (HRSA) supports small hospital quality, HIPAA, and health information technology investments.
- The State Office of Rural Health (HRSA) and Primary Care Office (HRSA) supports access to quality primary and emergency health care in rural and underserved urban communities through coordination of federal and state resources.
- The Critical Access Hospital Health Information Technology Grant (HRSA, 2007-8) a $1.6 million grant targets three rural communities to implement interoperable electronic health records systems.

State grant programs include:

- Electronic Health Record Grants and Loans provided $8.3 million in grants and $6.3 million in loans to rural and safety net providers for adoption of interoperable EHRs
- Community Clinic Grant Program, Rural Hospital Transition Planning Grant Program, Rural Hospital Capital Improvement Program, provide financial and practice management consulting to providers to assist them with planning for and implementing health information technology purchases.

Coordination with broadband access initiatives

The Office of Rural Health and Primary Care monitors and supports efforts to coordinate and expand broadband access for health care providers in Minnesota for purposes of health information exchange and delivery of health care through telemedicine and telehealth. In 2006, the Office of Rural Health and Primary Care convened stakeholders concerned about telehealth to identify issues and barriers to telehealth. Broadband

access and/or cost were identified as barriers for some rural health care providers. In response, the Office of Rural Health and Primary Care assisted the Greater Minnesota Telehealth/e-Health Broadband Initiative (GMTBI), a coalition representing over 120 health care providers, to obtain $5.4 million in authorized funding under the FCC's Rural Health Care Pilot Program. The Office continues to provide support for the project.

Coordination with Key Health Alliance (HIT Regional Extension Center)
The Key Health Alliance is a partnership between Stratis Health, the National Rural Health Resource Center, and the College of St. Scholastica. Key Health Alliance has been selected as the Regional Extension Center for Minnesota and is receiving HITECH Act funding to provide technical assistance to health care providers and hospitals in the implementation and meaningful use of electronic health records. The Key Health Alliance partners have a long history of providing assistance and support in the adoption and effective use of health information technology while focusing on the needs of the rural and underserved. Key Health Alliance is committed to utilizing the existing e-Health infrastructure in Minnesota for planning and feedback, including MDH and the e-Health Advisory Committee and its workgroups. In addition, Key Health Alliance has formed a Minnesota Council composed of a small group of organizations pivotal to Regional Extension Center's success, including MDH, to advise on implementation.

Assessment of the Adoption and Effective Use of Health Information Technology in Minnesota

The Minnesota e-Health Initiative is charged to assess the level of adoption, utilization and exchange of electronic health records (EHRs) and other health information technology (HIT) in different health care settings. This vital information is needed to:

- Guide the Minnesota e-Health Advisory Committee in continuing to achieve its vision of advancing use and interoperability of health information technology in this state
- Demonstrate Minnesota's progress on goals established by the Office of the National Coordinator to accelerate the adoption and meaningful use of health information technology under the HITECH Act
- Assist the Centers for Medicare and Medicaid Services and Minnesota Department of Human Services in determining eligibility of health care professionals and hospitals to receive federal incentives for the adoption and effective use of health

information technology under the HITECH Act or other federal incentive programs

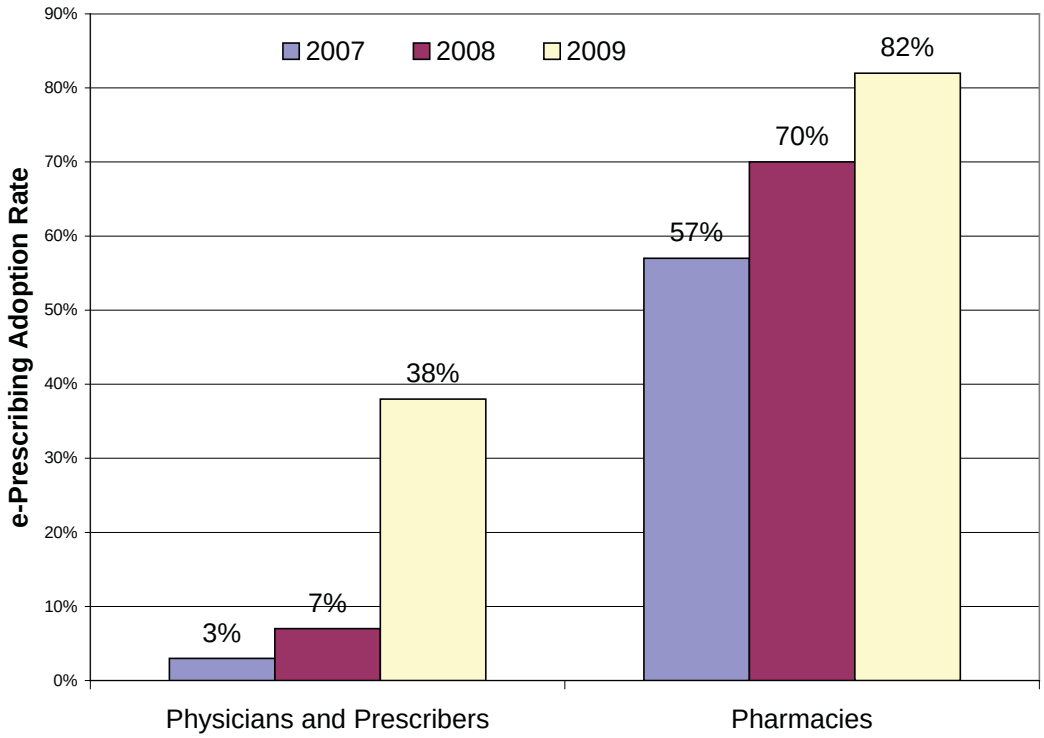
- Identify barriers to adoption and meaningful use and methods to mitigate these barriers.

The initiative releases an assessment summary annually at the Minnesota e-Health Summit which is based on a comprehensive assessment framework. The framework includes various settings such as clinics, hospitals, nursing homes, pharmacies, and public health. The most up-to-date assessment information can be found at: http://www.health.state.mn.us/e-health/reports.html. Below is a brief overview of adoption, use, and exchange of EHRs and other HIT in Minnesota.

E-Prescribing

Data on electronic prescribing show that approximately 38% of Minnesota providers and prescribers and 82% of Minnesota community pharmacies could e-prescribe in 2009. The adoption rate has increased for both groups since 2007 (Figure 2). Additionally, 4.8 million or 21% of all eligible prescriptions were routed electronically; representing an increase from 807,910 or 4% of eligible prescriptions in 2008 (Figure 3). This large increase is due in part to large health systems in Minnesota starting to e-prescribe in 2009.

Figure 2. Rates of E-Prescribing Adoption of Physicians and Prescribers and Pharmacies in Minnesota (2007-2009)



Source: Surescripts 2010. Minnesota Status Progress Report on Electronic Prescribing (Data as of December 31, 2009). http://www.surescripts.com/about-e-prescribing/progress-reports/state.aspx?state=mn Accessed January 10, 2011.

Table 2. Minnesota Utilization of E-Prescribing (2007-2009)*

	2007	2008	**2009**
Total Prescriptions Routed Electronically	258,019	807,910	**4,845,676**
% of Eligible Prescriptions Routed Electronically	1 %	4 %	**21 %**

Clinics

The 2010 Ambulatory Clinic Health Information Technology Survey, with a response rate of 87% (1121 Minnesota clinics), showed an EHR adoption rate of 67% (Table 3). The remaining 33% of clinics indicated they had purchased or were beginning to install or have an EHR.

Table 3. EHR Adoption Rates of Minnesota Clinics (2010)†

	Percent of Clinics (Number of Clinics)
EHR installed and in use by all/some areas of the clinic	67% (750)
Purchased/began installation of an EHR but not using	9% (101)
No EHR	24% (270)

Almost 60% of clinics with EHRs were able to electronically exchange clinical and patient data with hospitals within their system but only 20% were able to exchange with those outside their system (Table 4). Thirty-five percent could exchange with other providers and 14% with other care settings including nursing homes and home health care.

Table 4. Percent of Clinics Electronically Exchanging Clinical and Patient Data with Specific Providers†

	Hospitals in system	Hospitals outside of system	Providers outside of system	Other care settings (nursing homes, home health)
Routinely send, receive, or send and receive	59 %	20 %	35 %	14 %
Do not send or receive	38 %	77 %	63 %	83 %
No answer	3 %	3 %	3 %	3 %

* Source: Surescripts 2010. Minnesota Status Progress Report on Electronic Prescribing.

† Source: MDH, 2010 Minnesota Health Information Technology Ambulatory Clinic Survey.

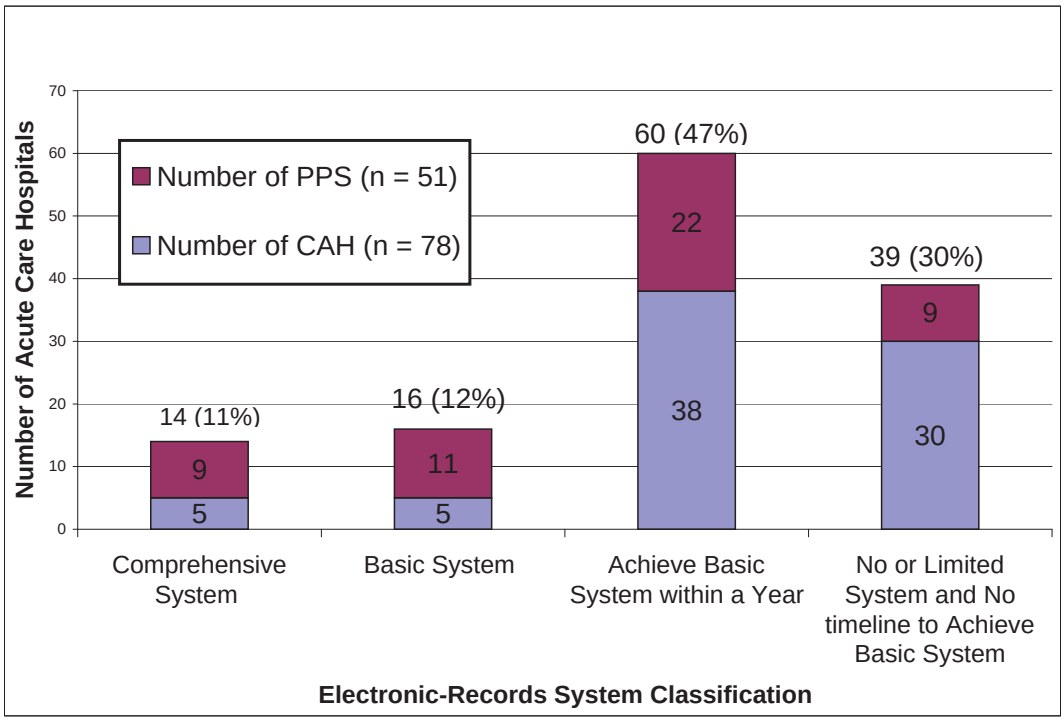
Clinics without an EHR identified barriers impacting EHR implementation. The most significant barriers were cost to acquire and return on investment concerns, followed by internal knowledge and technical resources; physician support; and staff education and training.

Hospitals

The 2009 American Hospital Association: Information Technology Supplement with Minnesota Specific Questions was sent to all acute care hospitals in Minnesota. All but two responded for a response rate of 98% (129 of 131 acute care hospitals) including 78 of 79 critical access hospitals (CAHs). CAHs are hospitals with less than 25 inpatient acute care beds that are located in rural or underserved areas. The remaining 51 hospitals are prospective payment system (PPS) hospitals.

The survey found that 11% of acute care hospitals have comprehensive EHR systems (Figure 6) with another 12% having a basic EHR system. Almost half of hospitals plan to achieve a basic EHR within the next year. The remaining 30% of hospitals have no or limited EHR and no timeline to achieve a basic EHR. Of these 39 hospitals, which include 30 CAHs, the major functionalities needed are computerized provider order entry for medications (70%), generating problem lists (55%), and viewing diagnostics test results (43%).

Figure 3. Classification‡ of EHR Systems of Acute Care Hospitals (N=129)

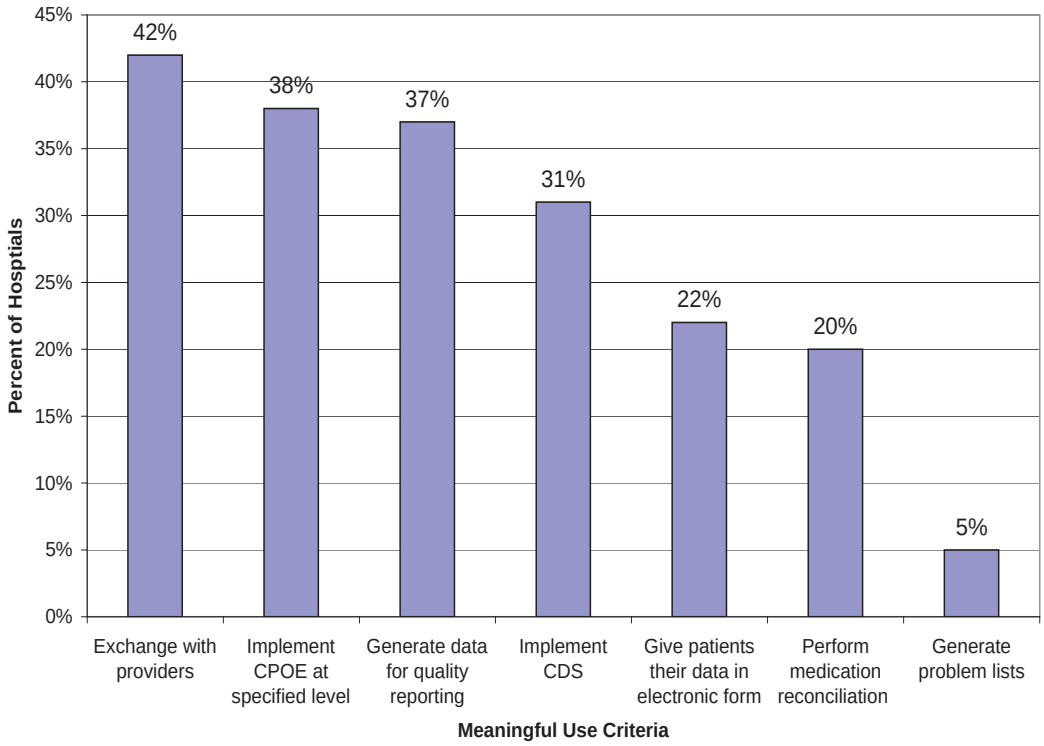


Source: MDH, 2009 AHA Annual Survey Information Technology Supplement.

‡ Jha, A. K., et al. Use of Electronic Health Records in U.S. Hospitals. N Engl J Med. 2009; 360(16): 1628-38.

Forty-two percent of hospitals indicate that exchanging clinical information with other partners would be the most challenging to achieve for meaningful use. Other challenges include implementing clinical decision support (CDS) rules (38%), implementing CPOE at specified level of sophistication (37%), and generating data for quality reporting directly from the EHR (37%) (Figure 4).

Figure 4. Percent of Hospitals Identifying Meaningful Use Criteria as Difficult to Achieve (N = 130).



Source: MDH, 2009 AHA Annual Survey Information Technology Supplement.

Immunization

Data on immunization information exchange show that 87% of 804 primary care provider sites (public & private providers, including those participating in Minnesota Vaccines for Children program), are enrolled in the Minnesota Immunization Information Connection (the state immunization registry). Approximately 76% of these sites submit data regularly. While the enrollment rate is high in the immunization registry, Minnesota is striving to achieve the federal goal of 95%. Efforts are also underway to move providers into electronic reporting preferably from electronic health record systems directly and in standardized format. Additional details on the Minnesota Immunization Information Connection (MIIC) an be accessed online at http://www.health.state.mn.us/divs/idepc/immunize/registry/index.html.

Minnesota e-Health Advisory Committee & Stakeholder Engagement

The Minnesota e-Health Initiative and the Office of Health Information Technology (OHIT) through the Commissioner of Health has responsibility to seek advice and input from the Minnesota e-Health Advisory Committee, a legislatively chartered 25-member committee representing a broad range of stakeholders committed to work together to identify and address barriers of common interest. In consultation with the e-Health Advisory Committee, the Commissioner is ensuring coordination between state, regional, and national efforts to support and accelerate efforts to effectively use health information technology. In 2010 the Advisory Committee convened five standing workgroups to provide recommendations and stakeholder feedback. They are:

- Adoption and Meaningful Use
- Communications and Outreach
- Health Information Exchange
- Privacy, Legal and Policy
- Standards and Interoperability

These workgroups are charged to actively monitor national activity related to health information technology and submit statewide coordinated responses to provide input on policy development, as necessary. In addition, the Commissioner has sought, and the Advisory Committee has provided advice and input in 2010 on the following statutorily required areas:

Development of State Strategic and Operational Plans for Health Information Exchange

During 2010, the Advisory Committee and workgroups developed and endorsed two plans required by the HITECH Act's state cooperative agreement program. The first is a strategic plan intended to inform both the state and federal stakeholders about how Minnesota will enable health information exchange. This strategic plan represents an update of the statewide implementation plan required by Minnesota statute and is consistent with the current Federal HIT Strategic Plan released by the Office of the National Coordinator (ONC). The second is an operational plan which includes details such as dates and responsible parties that will implement the strategic plan. Both plans were submitted in July 2010 to the ONC as part of the requirements for the cooperative agreement program and will be updated yearly, and as necessary. OHIT anticipates approval of the Minnesota Strategic and Operational Plans for Health Information exchange early in 2011. Approval of these plans will enable access to additional funding to move into the implementation phase of the cooperative agreement. Copies of the Minnesota plans can be accessed online at www.health.state.mn.us/e-health/hitech/hitechmn.html.

Privacy and Security Activities

The Privacy, Legal and Policy Workgroup monitors and assesses privacy and security-related policies as well as makes recommendations on mechanisms to ensure compliance with state and federal privacy and security requirements for health information technology. The workgroup also supports providers and health / health care stakeholders in the implementation of privacy and security criteria established to qualify as a "meaningful user" of an EHR under the HITECH Act. The group is further tasked with ensuring the privacy and security needs of Minnesota Medicaid, consumers, providers and health / health care stakeholders are fully considered in the development of the framework for HIE and the development of informational and educational resources.

Implementing Governance for Statewide Health Information Exchange

In late 2009, consistent with the requirements of the State HIE Cooperative Agreement Program, the e-Health Advisory Committee worked in a collaborative effort with the Office of Health Information Technology to provide recommendations to the Commissioner regarding governance for health information exchange in Minnesota. The Advisory Committee accomplished this by convening stakeholders through an exchange and meaningful use workgroup to develop criteria for organizations engaging in exchange activities in Minnesota. The workgroup's recommendations were endorsed by the Advisory Committee and submitted to the Commissioner. The recommendations were used as the basis for a health information oversight program that was passed into law as Minnesota Statutes §§ 62J.495-62J.4982 during the 2010 legislative session. This law went into effect on July 1, 2010 and established a formal certification process to ensure that HIE entities operating in Minnesota are adhering to Minnesota law and nationally recognized standards. A full report on the implementation of the oversight law can be found on page 28.

Guidance and Advice to Community Stakeholders on Effective Use of EHRs and other HIT

The workgroups and Advisory Committee have also developed recommendations regarding meaningful use criteria to help prepare Minnesota health care stakeholders for federal incentives. Additional recommendations have been and continue to be determined for standards for clinical data exchange, clinical support programs, patient privacy requirements, and maintenance of the security and confidentiality of individual patient data. As a part of its ongoing efforts, the Minnesota e-Health Initiative will continue to develop recommendations to encourage the use of innovative health care applications using information technology and systems to improve patient care and reduce the cost of care, including applications relating to disease management and personal health management that enable remote monitoring of patients' conditions, especially those with chronic conditions.

Coordination with National Heath Information Technology Activities

The MDH Office of Health Information Technology (OHIT) staff has been working in conjunction with the e-Health Advisory Committee and working groups to coordinate Minnesota activities with national health information

technology activities, including coordination between state and federal health information technology activities as required by Minnesota Statutes, section 62J.495, subdivision 4. One of the important aspects of this effort is to help ensure Minnesota is responding in a timely and appropriate way to federal requests for information and feedback. To seek and gather stakeholder input, the OHIT has engaged in a coordinated and extensive communications effort to inform affected stakeholders, individuals and organizations involved in federal health information technology activities. While these activities are identified in statute, many hours of volunteer effort were committed to contribute to these efforts. Coordination work includes, but is not limited to, the following:

Stakeholder Outreach Activities

The Minnesota e-Health Initiative is involved in multiple activities in order to engage the public and a broad range of stakeholders in the policy process around Health Information Technology in Minnesota. Activities include advisory committee meetings, public workgroup meetings, monthly public meetings via conference call, a weekly update email, the annual Minnesota e-Health Summit, public speaking engagements, coordinated responses to federal rule making, official MDH publications, and contributions to publications by outside entities.

- ***Advisory Committee Meetings***
  The Minnesota e-Health Initiative is guided by a 25-member advisory committee, which represents stakeholders' commitment to work together to identify and address barriers of common interest, prioritize resources, and achieve Minnesota's mandates. In 2010, the Minnesota e-Health Advisory Committee held four quarterly meetings which were open to the public. An average of 60 individuals attended each meeting.

- ***Workgroup Meetings***
  In 2010 the Minnesota e-Health Initiative convened five separate workgroups which held a total of 30 meetings to develop policy recommendations related to Health Information Technology Standards, Effective Use of EHRs, Health Information Exchange, Outreach and Communications and Privacy, Legal and Policy issues in Minnesota. All workgroup meetings are open to the public. Over 300 stakeholders participated in workgroup activities during 2010. Participants included: private citizens, representatives from health care providers, local public health, and government.

- ***Weekly Update***
  The Minnesota e-Health Initiative e-mails a Weekly Update that is a synthesis of e-health related news, significant meetings, and other relevant information that is intended to provide health related professionals with a Minnesota perspective on local and national health information technology activities. In 2010, the number of Weekly Update subscribers increased from 2,996 readers to 3,229.

- ***Public Update Meetings and Monthly Conference Calls***
  After the HITECH Act was passed in early 2009, the Minnesota e-Health Initiative began holding a series of public meetings to inform stakeholders about the HITECH Act provisions and how Minnesota is responding to developing federal policy. The Monthly Conference Call Update is an opportunity for private citizens and health care providers to ask questions and get answers related to those activities. During the 10 conference calls held in 2010, over 450 lines were utilized, with 40-70 individuals participating in the call each month. In addition, in August 2010 the Office of Health Information Technology held an in-person public meeting which had over 40 participants.

- ***Minnesota e-Health Summit***
  The Sixth Annual Minnesota e-Health Summit, held on June 17, 2010, had a capacity crowd of 476. The keynote speaker was Dr. David Blumenthal, National Coordinator for Health Information Technology, who spoke on Perspectives from the National Coordinator which focused on advancing e-Health through Recovery Act opportunities and how Minnesota has positioned itself for success. In addition, Dr. Blumenthal stayed and held three "listening sessions" on behalf of the U.S. Department of Health and Human Services (HHS) to get feedback and perspectives from Minnesota physicians, hospitals, and government officials on federal activities and proposed rules. Successes and lessons learned from projects in Minnesota were shared in eight breakout sessions led by over 40 local speakers

- ***Presentations at Associations and Other Groups***
  MDH staff assigned to the Minnesota e-Health Initiative gave more than 30 presentations at various conferences and meetings held by Minnesota and national organizations and associations, such as the Minnesota Hospital Association, the Minnesota Medical Association, the Minnesota Medical Group Management Association, the Minnesota Rural Health Conference, the Minnesota Pharmacists Association, and many others.

- ***Testimony Before National Committees***
  In addition, MDH leaders relayed the needs of Minnesota stakeholders by giving testimony to national policy makers. In September 2010, Dr. Martin LaVenture provided testimony on Provider Directories to the National Health Information Exchange Workgroup's Provider Directory Task Force. In October 2010, Dr. LaVenture also testified to on the benefits of Health Informatics to the Centers for Disease Control and Prevention's Global and Regional Biosurveillance Collaboration Work Group. Also in 2010, Dr. James Golden testified before the National HIT Policy Committee about health information exchange on issues related to oversight of Health Information Organizations.

- ***Service on National Workgroups and Advisory Committees***
  MDH staff members serve on or participate in a number of national level e-health workgroups, advisory committees and task forces. Table 5 details this work during 2010.

Table 5. Service on National Workgroups and Advisory Committees

Program/Activity	MDH Participants
National Opinion Research Center Evaluation Committee for ONC (Office of the National Coordinator)	Marty LaVenture
Institute of Medicine	Marty LaVenture
ONC Health Policy Committee Health Information Exchange Workgroup	James Golden
State Level HIE Coalition	Liz Cinqueonce, Bob Paulsen, James Golden
NGA (National Governor's Association) State Alliance for e-Health	James Golden, Liz Cinqueonce, Jennifer Fritz
CMS HITECH All States Calls	Liz Cinqueonce, Jim Golden, Jennifer Fritz
Upper Midwest HIE Coalition	James Golden, Liz Cinqueonce, Donna Watz, Marty LaVenture, Bob Johnson,
ONC State HIE Privacy and Security Communities of Practice	James Golden, Bob Johnson, Donna Watz

Coordinated Responses to National Health IT Policy Proposals
Through MDH, the Minnesota e-Health Initiative sponsored six statewide coordinated responses to federal rulemaking related to HIT. Comments were solicited through e-Health workgroups, stakeholder groups, and the Minnesota e-Health Weekly Update. Table 2 details the responses submitted during 2010. Minnesota coordinated responses plans can be accessed online at www.health.state.mn.us/e-health.

Table 6.

2010 Minnesota Coordinated Responses	Date Submitted
CMS Proposed Rule: Meaningful Use Criteria	March 15, 2010
ONC Interim Rule on Standards	March 15, 2010
Electronic Healthcare Network Accreditation Commission (EHNAC) Criteria for Health Information Exchange Accreditation Program	April 22, 2010
ONC Interim Rule on Certification	May 7, 2010
Modifications to the HIPAA Privacy, Security, and Enforcement Rules Under the HITECH Act; Proposed Rule	September 8, 2010
Driving Quality: A Model to Measure Electronic Health IT Use from the National Quality Forum	November 12, 2010

Engagement in National Health Information Technology Standards Activities

One of the key responsibilities assigned to the e-Health Advisory Committee is to provide feedback to the National HIT Policy and Standards Committees on proposed criteria for meaningful use to reflect the needs of the Minnesota health care community. Through the Minnesota e-Health Initiative's Standards Workgroup, Minnesota's industry representatives actively review relevant standards materials and offer recommendations and suggestions based on Minnesota's experience and needs.

In 2010, the Standards Workgroup took the lead on behalf of the Initiative in submitting statewide coordinated responses to the Office of the National Coordinator for two critical Interim Final Rules on Standards and Certification Programs:

- The collaborative response on standards analyzed the close alignment between standards recommended and related criteria for the meaningful use of electronic health records and supported the standards recommendations, advocating for implementation support to promote adoption and use of these standards. The coordinated response on standards can be accessed at http://www.health.state.mn.us/e-health/hitech/ht031510sirfcr.pdf.
- The statewide coordinated response by the Initiative on the proposed certification program reiterated support for the certification program and process and presented recommendations on scope for certification, proposed methods and testing for standards. This response can be accessed at http://www.health.state.mn.us/e-health/hitech/ht050710hitcertresp.pdf.

When the standards recommendations are released as part of Stage 2 Meaningful Use Criteria, the workgroup will lead the way again in presenting opinion of MN stakeholders to national policy makers through collaboration and coordinated response.

Active engagement in the national standards arena is essential and of particular significance as only qualified electronic health records may be acquired in Minnesota (Minnesota Statutes, section 62J.495). The electronic health record must be certified by the Office of the National Coordinator pursuant to the HITECH Act and must meet the standards established according to Section 3004 of the HITECH Act as applicable. This requirement ensures that EHRs have adopted national standards for information exchange and functionality — two critical components for achieving interoperability and improving quality. It also helps to ensure that the considerable financial investment a provider makes in an EHR system will bring value in the long run.

Standard setting and adoption is an iterative, ongoing process. Existing standards are continually refined and updated, and new standards will continue to emerge. In short, the work of standards setting, adoption and use is a continuing cycle with goals of enhancing interoperability.

Minnesota e-Health Standards

Minnesota e-Health Standards are a requirement for electronic exchange of health information and achieving interoperability as required by the Minnesota 2015 mandate. Interoperability of Electronic Health Records systems in Minnesota means the ability of two or more EHR systems or components of EHR systems to exchange information electronically, securely, accurately and verifiably, when and where needed. It is comprised of "technical," "semantic" and "process" interoperability, and the information exchanged includes transactions and standards as defined by the Minnesota Commissioner of Health. The Minnesota vision for exchange is to electronically move health information among disparate systems in order to improve health care quality, increase patient safety, reduce health care costs and improve public health, consistent with Minnesota's principles of health reform.

The Minnesota e-Health Standards work including recommendations and resources are released annually as a guide. The current guide, "Standards Recommended to Achieve Interoperability in Minnesota" was released in June 2010, and is available at www.health.state.mn.us/e-health/standards.

For 2010-2011, the Minnesota e-Health Standards Workgroup has been charged to:

- Identify and recommend nationally recognized standards, implementation specifications and certification criteria necessary to facilitate and expand the secure electronic movement and use of health information among organizations in Minnesota
- Review and comment on standards, implementation specifications and certification criteria related to the requirements of "meaningful use" and recommend resources and actions that will help increase implementation of these standards
- Review and comment on standards or other technical requirements related to the implementation of statewide strategic and operational plans for health information exchange [Section 3013 of American Recovery and Reinvestment Act (ARRA)].

As part of its deliverables, the workgroup has created a framework for shared directories including approach and principles, as applicable to the state's approach for statewide HIE which has been endorsed by the Advisory Committee. Additional details of the workgroup, meeting materials and deliverables are available at www.health.state.mn.us/e-health/stndrdshome.

2011-2012 E-HEALTH INITIATIVE PRIORITIES

- Advancing adoption and effective use of EHRs and other health information technology to improve quality of care and population health, especially for those with chronic conditions.
- Assessing the progress on adoption and use of EHRs, identifying gaps and barriers to success, and developing pragmatic guidance and resources for organizations to address them.
- Implementing the State Health Information Exchange Cooperative Agreement establishing the framework necessary to enable health information exchange to improve continuity and coordination of care.
- Supporting widespread adoption and use of standards based on national recommendations and Minnesota law.
- Supporting community clinics and rural provider collaboratives.

Minnesota e-Health Initiative workgroups, which are comprised of industry leaders across the continuum of care, are actively addressing these priorities:

- *Adoption and Meaningful Use:* Make recommendations to further advance the adoption and use of electronic health records (EHRs) and related health information technology (HIT) in all settings beginning with Minnesota professionals and hospitals eligible for HITECH Incentives.
- *Communications and Outreach:* Work with health professional and trade associations to disseminate consistent, effective, messages around the mandates and e-Health priorities.
- *Health Information Exchange:* Coordinate the development of statewide policy recommendations related to health information exchange (HIE) into an integrated statewide approach across five critical domains: governance, technical infrastructure, legal and policy issues, finance, and business and technical operations.
- *Privacy, Legal and Policy:* Providing comment and feedback on the development of federal privacy and security rules and guidance; advise on policy and legal issues and mechanisms related to e-Health and health information exchange; development of resources and tools for consumers and providers.
- *Standards and Implementation:* Identify, monitor and recommend specific standards for sharing and synchronizing patient data across interoperable electronic health record systems and across the continuum of care

To review the full charges for these workgroups, please see Appendix A.

WHAT REMAINS TO BE DONE?

- Implementation of Statewide Plans for Health Information Exchange in Minnesota, including appropriate mechanisms for oversight.
- Continue to identify priority data exchange scenarios that require uniform adoption of standards; evaluate any national recommendations; recommend standards for adoption in Minnesota.
- Support current exchange and interoperability priorities by implementing the recommended standards for e-prescribing, laboratory reporting and immunizations.
- Develop metrics and benchmarks for regularly assessing progress toward achieving the adoption, effective use and interoperability of EHR systems and other health information technology.
- Identify and address the unique challenges to health information technology adoption and health information exchange in special settings such as long term care, public health, and alternative care providers.
- Develop implementation and other guides to ensure consistent implementation of recommended standards.
- Perform applied research and evaluation of e-health activities to measure the value of EHR systems and other health information technology in improving quality and population health.

CONCLUSION

Health information technology and health information exchange offer transformative opportunities to improve the health and care of citizens. Minnesota has been a leader in pursuing bold e-health policies to accelerate the adoption of EHRs and other health information technology, including the use of statutory mandates and governmental funding to accelerate adoption of electronic health records and health data standards. It has also provided a model for effective public-private collaboration to advance e-health goals. While much of the foundation has been laid through the Minnesota e-Health Initiative, considerable work remains to ensure all providers and all Minnesotans can share in the benefits of e-health.

The State e-Health Alliance noted that "…the high costs, avoidable deaths, poor quality, and inefficiency of the current system drive urgency for transformation. But … if not smartly coordinated, it may only result in an electronic version of the 'siloed', inefficient system we have today."[3] Ensuring the smart and coordinated implementation of health information technology and health information exchange to improve the health and care of Minnesotans will continue to be the vision and focus of the Minnesota e-Health Initiative and the Minnesota Department of Health.

3. Accelerating Progress: Using Health Information Technology and Electronic Health Information Exchange to Improve Care, State Alliance for e-Health, September 2008.

ENSURING SECURE AND RELIABLE HEALTH INFORMATION EXCHANGE SERVICES STATEWIDE

Enactment of Minnesota Statutes §62J.498-4982.

January 2011

Introduction

On May 13, 2010, the Minnesota Legislature enacted Chapter 336 of the Laws of Minnesota establishing new certification requirements and state agency oversight to ensure that entities involved in Health Information Exchange in Minnesota are adhering to nationally recognized standards, and provide the functionality necessary to allow Minnesota providers and hospitals the opportunity to receive incentives for achieving "meaningful use" of electronic health records under federal law. Health Information Exchange (HIE) means the secure electronic transmission of a patient's health-related information from one organization to another.

Under the new law (Minnesota Statutes §§ 62J.498-62J.4982), the Commissioner of Health is responsible for ensuring that public interests are protected in matters pertaining to health information exchange. Specifically, the Commissioner is authorized to:

1. Establish the process for applying for a certificate of authority, and review and act on applications from HIE Service Providers seeking certificates of authority to operate in Minnesota;
2. Provide ongoing monitoring to ensure compliance with certification criteria;
3. Respond to public complaints related to HIE services; and
4. Take enforcement action as necessary to ensure compliance with the law.

Minnesota Statutes §§ 62J.498 sub. 2(a)(5) and 62J.4982 sub. 4(b) require the Commissioner of Health to provide a biennial report on the status of health information exchange services in Minnesota and provide recommendations on further action necessary to facilitate the secure electronic movement of health information among health providers that will enable Minnesota providers and hospitals to meet meaningful use exchange requirements.

Background

In 2009, Congress passed the Health Information Technology for Economic and Clinical Health Act (HITECH Act). The HITECH Act authorizes financial Medicare and Medicaid incentives for hospitals and health care providers that demonstrate meaningful use of electronic health records ("meaningful use.")

Minnesota health care providers and hospitals can access $450-$800 million in incentives if they successfully demonstrate meaningful use of an EHR system. Congress established three core elements for demonstrating meaningful use:

- Use of nationally certified EHR systems
- Submission of clinical quality measures
- Electronic exchange of health information

Although Minnesota had previously enacted laws to require providers to establish interoperable electronic health records by 2015, changes to Minnesota's e-health laws were necessary to enable Minnesota providers to achieve meaningful use and advance health reform goals.

Federal Activity

As part of HITECH, the Office of the National Coordinator (ONC) established the State Health Information Exchange Cooperative Agreement Program under Section 3013 of the HITECH Act which provides funding to the states. As directed by Minn. Stat. § 62J.495, the Commissioner of Health applied for this funding and was awarded $9.6 million. The Minnesota Department of Health (MDH) was charged with enabling health information exchange and ensuring appropriate governance and accountability.

Developing the Minnesota Approach

Between October 2009 and January 2010, the Minnesota e-Health Advisory Committee convened a public workgroup to develop recommendations on health information exchange and sound practices in the following five critical domains identified by the ONC:

- Governance
- Finance
- Legal/Policy
- Technical Infrastructure
- Business and Technical Operations

After a 30-day public comment period, the e-Health Advisory Committee approved the recommendations with modifications to reflect public input. These recommendations became the basis of the legislation proposed and passed in 2010, establishing a mechanism to oversee health information exchange activities. The recommendations were intended to:

- Ensure that information follows the patient across the full continuum of care.
- Prevent the fragmentation of health information that can occur when there is a lack of interoperability or cooperation between health information exchange service providers.
- Ensure that organizations engaged in health information exchange are adhering to nationally recognized standards.
- Ensure that health information exchange service providers properly protect patient privacy and security.
- Ensure that Minnesota has a reliable health information exchange infrastructure in place to allow Minnesota providers and hospitals to achieve meaningful use incentives.

Enactment of Minnesota Law

In May 2010, Minn. Stat. §§62J.498-4982 (the "Minnesota HIE Oversight Law") was enacted, which codified many of the recommendations of the e-Health Advisory Committee. In passing this law, Minnesota became one of the first states in the country to devise and implement an oversight program for entities wishing to facilitate the exchange of electronic clinical health record information between health care providers, facilities and related entities (such as pharmacies and labs) in Minnesota.

Implementation of the Minnesota HIE Oversight Law

Effective July 1, 2010, all organizations that provide HIE services for the transmission of clinical "meaningful use" transactions must apply for a certificate of authority to operate in Minnesota, in accordance with Minnesota Statutes §§ 62J.498-62J.4982. There are two categories of health information exchange service providers that require certification:

- Health Information Organization (HIO): An entity must apply for a Certificate of Authority to operate as an HIO if it provides all electronic capabilities for the transmission of clinical transactions necessary for "meaningful use" of electronic health records in accordance with nationally recognized standards.
- Health Data Intermediary (HDI): An entity must apply for a Certificate of Authority to operate as an HDI if it provides health information exchange services for the transmission of one or more clinical transactions necessary for hospitals, providers or

eligible professionals to achieve "meaningful use" of electronic health records. Examples of an HDI include an entity that provides the infrastructure to connect computer systems or other electronic devices used by health care providers, laboratories, pharmacies, health plans, third-party administrators, or pharmacy benefit managers to facilitate the secure transmission of health information, including pharmaceutical electronic data intermediaries as defined under Minnesota Statutes § 62J.495.

NOTE: An entity would not be considered an HDI if it only exchanges health record information electronically through direct connection between the electronic health record systems of health care providers without the use of a health data intermediary.

Application and Public Hearing Process

Based on the statutory requirements in the Minnesota HIE Oversight Law, MDH established a formal application process for HIOs and HDIs to follow in order to obtain a certificate of authority to operate as an HIE service provider in Minnesota. Detailed information about the application process can be found on the MDH- Office of Health Information Technology (OHIT) website at www.health.state.mn.us/divs/hpsc/ohit/certificate. The following is a brief outline of the application process.

1. The Applicant completes a written application demonstrating compliance with the statutory requirements for secure and interoperable electronic exchange of health record information in accordance with nationally recognized standards. The application is submitted to MDH.
2. MDH staff reviews the application to ensure that all required information is submitted and confirms that it is a complete application. If the application is not complete, MDH staff provides written guidance to the Applicant as to the information that must be submitted for a complete application.
3. Complete applications are posted on the MDH-OHIT website for review by interested stakeholders and members of the public. The application information is made available on the MDH-OHIT website no less than 10 days before the public hearing is held at which the application will be reviewed.
4. A Public Hearing is held at which the Applicant presents an overview of its Application for Certificate of Authority and outlines its qualifications for certification. The Public Hearing is conducted before an HIE Oversight Advisory Review Panel comprised of five members representing different stakeholder groups (i.e. consumers, hospitals, physicians and professionals in incentive eligible and non-eligible health care settings) who conduct an in-depth review of the application. At the Public Hearing, the Applicant responds to questions posed by the HIE Review Panel, and then to questions posed by the public.

5. Immediately following the Public Hearing, there is a five-day Post-Hearing Comment Period during which written comments may be submitted with respect to the Applicant's qualifications for certification. At the end of the five-day comment period, the hearing record is closed.
6. The HIE Review Panel then convenes to evaluate all of the information submitted by the Applicant, the Applicant's responses to questions and comments from stakeholders and the public. Based on all of this information, the HIE Review Panel prepares and submits a written Recommendation to the Commissioner of Health regarding the issuance of a Certificate of Authority to the Applicant, including recommended conditions, if any, for issuance of the certificate.
7. The Commissioner of Health makes the final decision regarding issuance of the HIE Service Provider Certificate of Authority, taking into account the Recommendations of the HIE Review Panel.
8. If the Applicant is denied a Certificate of Authority, the Applicant has the right to request an appeal of the decision to the Commissioner.

Status of HIE Service Provider Application Submissions to Date

Since the application process was opened in September 2010, MDH has received two applications from HIOs and one application from an HDI. Initially, all three applications were incomplete. The two HIO applicants submitted supplemental information and presented their complete applications at a Public Hearing on December 2, 2010. The HDI Applicant recently indicated that it expects to submit supplemental application materials in early 2011.

Following the Public Hearing on December 2, 2010 and the Post-Hearing Comment Period that ended on December 7, 2010, the HIE Review Panel reviewed the two HIO Applicants' qualifications and identified additional questions for each Applicant related to their financial sustainability and their plans to implement reciprocal agreements with each other, as is required under the Minnesota HIE Oversight Law. Based on the responses to these additional the HIE Review Panel submitted its Report and Recommendations to the Commissioner, recommending that both HIOs be certified with expectations that the HIOs would need to meet certain requirements listed in the report, such as quarterly reporting on progress toward meeting financial sustainability, progress toward becoming accredited HIOs by EHNAC, and execution of reciprocal agreements. In January 2011 the Commissioner executed orders issuing Certificates of Authority to both HIO applicants to operate as HIE Service Providers in Minnesota, in accordance with the recommendations of the HIE Review Panel. These State Certified HIOs must apply for re-certification on an annual basis, and demonstrate their continued compliance with requirements of the Minnesota oversight law.

MDH has initially identified approximately 13 additional companies that may be engaging in HIE activities in Minnesota that would require them

to apply for an HIE Service Provider Certificate of Authority. MDH has sent correspondence to these entities to alert them of the requirements under the Minnesota HIE Oversight Law and will continue to take enforcement action as needed to ensure compliance with the Minnesota HIE Oversight Law. MDH will continue to monitor the marketplace to identify new entities that are subject to the law.

Recommendations Regarding HIE Services in Minnesota

Initial Observations Regarding the HIE Oversight Process

After implementing the application and certification process, it appears the application process helped HIE Service Provider Applicants organize, explain and justify their evolving business activities in Minnesota. Each Applicant prepared thoughtful responses to the questions on the formal application and the topics to be addressed in the presentation at the Public Hearing, and both were responsive to the requests for supplemental information regarding their business operations and plans.

MDH was most impressed with the strong representation and participation in the HIE application review process from the consumers and health care professionals that serve on the HIE Review Panel. The Commissioner of Health selected the five members of the HIE Review Panel based on their community leadership, professional expertise, and participation in the e-health activities in Minnesota. The five members represent the following constituent groups:

- Consumers
- Hospitals
- Physicians
- Professionals in settings eligible for EHR incentives
- Professionals in settings not eligible for EHR incentives

Through careful preparation and engaged participation at the Public Hearing, the HIE Review Panel helped guide the discussions to identify where the Applicants needed to adjust their efforts to ensure the statutory requirements for certification were met.

Despite significant efforts to inform consumers and affected stakeholders about the opportunity to participate in the HIE Oversight process, the HIE Review Panel and MDH noted low participation by health care providers and consumers in the public hearing and public comment process. One reason for the absence of providers could be that participation in information exchange through an HIE service provider may not be perceived as an immediate need of providers, who instead may be spending time and resources on establishing their own electronic health record systems. It is anticipated that provider interest and participation in oversight proceedings will grow as meaningful use requirements for health information

exchange are expanded in Stage 2 and Stage 3. Additional research will be conducted, and action taken to ensure that information about the application process and the importance of public participation are effectively reaching these groups.

Recommendations

Based on the application process experiences over the past six months and the rapidly evolving market place involving electronic health information exchange services, MDH, in consultation with the HIE Review Panel and the workgroups of the e-Health Advisory Committee, have identified several areas where future policy considerations and changes in HIE Oversight may be warranted to adequately meet the needs of Minnesota citizens and providers.

1. Changes in the market place since the Minnesota HIE Oversight Law was first enacted, and definitions of certain terms at the federal level imply the need for clarification of Minnesota's oversight law, specifically:

   A. Industry announcements indicate that there will be some HDIs that have the capacity to provide the full range of clinical meaningful use transactions. This implies the need for a modification in the definition of an HDI to acknowledge this market reality and clarify that HDIs may obtain a certificate of authority to provide services for all transactions required for meaningful use of electronic health records, and not just a subset of those transactions.

   B. The recently established Nationwide Health Information (NHIN) Direct Project introduces a new type of health information exchange service providers into the market place. This development has led to the need for Minnesota to clarify that the definition of an HDI includes Health Internet Service Providers (HISP) as defined by NHIN Direct Project: An entity that is responsible for delivering health information as messages between senders and receivers over the Internet, providing qualified users with access to NHIN Direct services.

   C. The NHIN Direct Project, and Minnesota's use of the term "direct exchange" in the statute has proved confusing for stakeholders and health information exchange service providers in determining how the requirements of 62J.498-62J.4982 apply to their organization. To provide the necessary clarification on this issue, it is necessary to update the definition of "Direct" exchange to reconcile the differences and between the state and federal use of the term, and clarify that to the extent that "Direct" exchange is facilitated by a HISP (see #2 above), those entities facilitating the exchange would be subject to the requirements of HDIs under 62J.498-62J.4982.

D. Current language in the statute that outlines minimum criteria for HDIs including the requirement for HDIs to have a record locator service (RLS) that is compliant with the requirements of Minn. Stat. §144.293 sub. 8. This language has been confusing to stakeholders because the definition of meaningful use allows for health care providers and hospitals to meet health information exchange through transactions that do not require the use of an RLS. An update in the language is warranted to clarify that the requirement for HDIs to have an RLS applies only to situations when an RLS is necessary for conducting the meaningful use transactions, and that the HDI may fulfill this requirement through a connection to the RLS of a state-certified HIO or other mechanism sufficient to locate a patient's records to facilitate the exchange of health information across the continuum of care.

2. Establish more uniform and streamlined statutory requirements for certification of HIOs and HDIs in Minnesota.

   A. Uniform application criteria and requirements for nonprofit HIOs and for-profit HDIs would create a more level playing field, while adjusting certification requirements to better reflect the business transactions occurring in the HIE market place.

   B. Uniform application fees and certification fees for HIOs and HDIs might also be warranted.

3. Health information exchange services are a relatively new offering in the marketplace, and organizations offering these services are in the early stages of development. Recognizing that the requirements established by the HIE Oversight law are also new in the marketplace, a clarification in the law specifying that, in situations where an applicant has successfully demonstrated compliance with federal and state privacy laws, and that appropriate consumer and provider protections are in place, the Commissioner of Health has the authority to issue a provisional certificate of authority based on the Applicants agreement to meet certain requirements or conditions within specified time frames.

4. The current HIE Oversight Law requires the Commissioner of Health to hold public hearings as each complete application for a certificate of authority is filed. Revisions to grant the Commissioner of Health the authority to establish deadlines and hold quarterly Public Hearing dates for the review of HIE Service Provider Applications would allow for a more uniform and efficient use of department resources and time donated by expert stakeholder representatives who serve as members of the HIE Review Panel, and would provide a more predictable timeframe for applicants.

SELECTED GLOSSARY OF TERMS

e-Health
E-health is the adoption and effective use of Electronic Health Record (EHR) systems and other health information technology (HIT) to improve health care quality, increase patient safety, reduce health care costs, and enable individuals and communities to make the best possible health decisions. Across the nation, e-health is emerging as a powerful strategy to transform the health care system and improve the health of communities.

Electronic Health Record (EHR) Systems
An Electronic Health Record is a computerized record of a person's health history over time, typically within and for a single health organization. EHR systems increasingly include tools that assist in the care of the patient or result in greater efficiency, such as e-prescribing, appointments, billing, clinical decision support systems, and reports. Because of such tools, EHR systems are much more than just computerized versions of the paper medical chart. Proper planning and implementation of an EHR system can typically take 6-24 months in clinics, and three years or more in a hospital.

e-Prescribing
E-prescribing means secure bidirectional electronic information exchange between prescribers (providers), dispensers (pharmacies), Pharmacy Benefits Managers, or health plans, directly or through an intermediary network. E-prescribing encompasses exchanging prescriptions, checking the prescribed drug against the patient's health plan formulary of eligible drugs, checking for any patient allergy to drug or drug-drug interactions, access to patient medication history, and sending or receiving an acknowledgement that the prescription was filled.

Health Data Intermediary (HDI)
Health data intermediaries are entities that provide the infrastructure necessary to connect computer systems or other electronic devices utilized by health care providers, laboratories, pharmacies, health plans, third-party administrators or pharmacy benefit managers in order to facilitate the secure transmission of health information.

Health Information Exchange (HIE)
Health Information Exchange is the electronic, secure exchange of health information between organizations/information systems. The term can also be used to represent a regional or statewide organization whose purpose is to facilitate and support information exchange between member organizations.

Health Information Organization (HIO)
Health information organization means an organization that oversees, governs, and/or facilitates the exchange of health-related information among organizations according to nationally recognized standards.

Health Information Technology (HIT)
Health Information Technology means tools designed to automate and support the capture, recording, use, analysis and exchange of health information in order to improve quality at the point of care. HIT is a broad term that includes EHR systems (see above), e-prescribing, Personal Health Records, digital radiologic images, telehealth technologies, and many others.

Health Informatics
Health informatics is the science and art of ensuring that health information systems are designed and used in ways that truly support health professionals in improving the quality and safety of care, and of improving the health of populations.

Interoperability
Interoperability is the ability of information systems to exchange data electronically, such that each system "understands" what the data are, the meaning of that data, and what to do with it. In everyday terms, interoperability is what is meant by the phrase, "computers can talk to each other."

Minnesota e-Health Initiative
The Minnesota e-Health Initiative is a public-private collaborative that represents the Minnesota health and health care community's commitment to prioritize resources and to achieve Minnesota's mandates. The initiative is legislatively authorized and has set the gold standard nationally for a model public-private partnership.

Personal Health Record (PHR)
Personal Health Record typically refers to a computerized application that stores health information on an individual over time. It can be initiated and maintained by the individual, the individual's health care provider, the individual's health plan, or by a third party. The individual can usually input health information themselves. The various models for PHRs and the lack of standards currently make this a confusing area.

Regional Extension Centers
Regional Extension Centers refers to entities that have received federal funding through the Health Information Technology for Economic and Clinical Health (HITECH) Act to provide technical assistance to health care providers and hospitals in the implementation and meaningful use of electronic health records.

Standards
Health data standards are consistent, uniform ways to capture, record and exchange data. Standards are a necessary component to achieve interoperability (see above). The various types of standards include Terminology (how data such as lab results and diagnosis are coded in uniform ways), Messaging (how data are sent in ways that the receiving system can understand what's coming in), Transactions/claims (to receive payment), and Data Content (common definitions and codes, such as for race and ethnicity).

ACRONYMS USED IN THIS REPORT

AHIC: American Health Information Community is the national public-private body that establishes priority "use cases" (that is, scenarios) for electronic exchange that have the greatest potential to improve quality, safety and/or population health.

CCHIT: Certification Commission for Healthcare Information Technology is the national body that establishes criteria for certifying EHR systems, conducts the evaluation, and issues the certification. www.cchit.org. CCHIT incorporates many of the standards recommended by HITSP (see below) based on AHIC priority use cases (see above).

HITECH: Health Information Technology for Economic and Clinical Health Act refers to Division A, Title XIII and Division B, Title IV of the American Recovery and Reinvestment Act of 2009, which established Medicare and Medicaid incentives for hospitals and health care providers that can demonstrate meaningful use of electronic health records. The act also provided funding to the Office of the National Coordinator to establish supporting programs to provide for technical assistance, the infrastructure necessary to enable health information exchange, and to provide for workforce development and mechanisms to share best practices.

HITSP: Health Information Technology Standards Panel is the national body tasked with identifying the optimal standards to be adopted nationwide in order to implement the use cases identified by AHIC (see above) and to achieve interoperability across systems and organizations.

MN HIE: Minnesota Health Information Exchange is a statewide partnership of payers, provider systems and state government, formed in 2007 to connect doctors, hospitals and clinics across the state. MN HIE will enable physicians and other health providers to quickly and securely access electronic medical information. MN HIE's initial service offers providers access to patient medication history, a critical component for e-prescribing. MN-HIE is a type of HIE as described above.

ONC : Office of the National Coordinator is a part of the federal Department of Health and Human Services, and is responsible for coordination of national activity relating to EHR's and HIT. The "The ONC-Coordinated Federal Health IT Strategic Plan: 2008-2012" was released in June 2008 and can be found at www.hhs.gov/healthit/resources/HITStrategicPlan.pdf.

APPENDICES

Appendix A

Minnesota e-Health
Advisory Committee and
Workgroup Charges

Appendix B

Map of Minnesota e-Health
Loan Recipients, Grantees
and Community Partners

Appendix C

Selected Bibliography
of e-Health Resources

Appendix D

Minnesota e-Health Initiative
Advisory Committee Members

APPENDIX A: E-HEALTH ADVISORY COMMITTEE AND WORKGROUP CHARGES

Minnesota e-Health Initiative Advisory Committee Charge

Vision

The Minnesota e-Health Initiative vision is *to "accelerate the 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."*

Approach

Minnesota is experiencing a transformation in the uses of electronic health records and other health information technology. Guiding this transformation is the Minnesota e-Health Initiative - a private/public collaboration to accelerate the adoption and use of health information technology as a powerful tool to improve health care quality, increase patient safety, reduce health care costs and improve public health. The Minnesota e-Health Initiative is distinctive in its broad support and comprehensive vision, which is focused on consumers and provides value to people and communities. The Minnesota e-Health Advisory Committee makes recommendations to the Commissioner of Health on policies and strategies that:

- **Empower Consumers** with information to make informed health and medical decisions;
- **Inform and Connect Healthcare Providers** so they have access to the information and decision support they need;
- **Protect Communities** with accessible prevention resources, and rapid detection and response to community health threats; and
- **Enhance the Infrastructure** necessary to fulfill the e-Health vision.

Statutory Authorization

The Minnesota e-Health Advisory Committee will perform the work assigned to the e-Health Advisory Committee as established by Minnesota Statutes, section 62J.495.

Committee Charge (Updated September 2010)

The e-Health Advisory Committee shall provide recommendations to the Commissioner of Health on achieving the vision of the e-Health Initiative. Consistent with its statutory responsibilities, the e-Health Advisory Committee will support the implementation of the statewide implementation plan for interoperable electronic health records (EHRs) systems primarily by:

- Developing policies and identifying practical tools and information resources to ensure the:
  - Adoption and effective use of interoperable EHR systems, including adequately trained staff, clinical decision support systems, quality improvement and population health.
  - Identification of specific standards for sharing and synchronizing patient data across interoperable EHR systems and across the continuum of care.
  - Adoption and implementation of electronic prescribing statewide by all health care providers, group purchasers, prescribers, and dispensers.
- Coordinating with national HIT Activities, including:
  - Update the statewide implementation plan to be consistent with the updated Federal HIT Strategic Plan released by the Office of the National Coordinator in accordance with the Health Information Technology for Economic and Clinical Health Act (HITECH).
  - Monitor national activity related to health information technology and engage in activities that will ensure that the needs of the Minnesota health care community are adequately and efficiently addressed, such as
    - Coordination of statewide responses to proposed federal health information technology regulations and guidelines.
    - Reviewing and advising on activities related to the implementation of HITECH and other HIT related provisions of American Recovery and Reinvestment Act (ARRA), including but not limited to:

- Regional HIT Extension Centers funded under Section 3012 of the HITECH Act to supply Minnesota providers with the assistance they need to meet meaningful use requirements.
- The State Health Information Exchange Cooperative Agreement funded by Section 3013 to expand the secure, electronic movement and use of health information among organizations according to nationally recognized standards.
- Initiatives to expand the workforce of information technology professionals in health care funded by Section 3016.

• Assisting the Office of the National Coordinator in reporting back to Congress on the status of implementation in Minnesota, including assessment information on EHR adoption rates, barriers to adoption and meaningful use, and lessons learned in Minnesota.

- Advising as needed on special projects and activities including:
  - Ensuring strong privacy protections that safeguard patient's health information and increase consumer confidence during the identification of standards and implementation of electronic prescribing policies.
  - Assessing the status of EHR adoption, effective use and interoperability in private and public settings.
  - Implementing and continuously refining the Minnesota e-Health Communications Plan, with emphasis on engaging professional and trade associations.
  - Accelerating the adoption of EHRs in all health care delivery settings whether or not they are eligible for existing incentives programs (ie. long term care & public health)
  - Engaging consumers in e-health.
  - Other related topics and issues as identified in the statewide implementation plan or as requested by the Commissioner of Health.

Expectations of Members

To attend quarterly meetings of the e-Health Advisory Committee. Committee meetings will be 3 - 4 hours in length. Appointed members may contact the designated alternate member to attend on their behalf for up to two Advisory Committee meetings each year.

- To participate in at least one workgroup, actively contributing perspective and expertise in approximately 1 – 2 in-person workgroup meetings per quarter and 2-3 conference calls for 1 to 1.5 hours per quarter. Workgroup meetings will be 2-3 hours in length and scheduled as needed.
- To bring the perspective of the stakeholder group you were selected to represent to all committee and workgroup discussions and decisions.
- To keep the statewide interests of the Initiative foremost in your decisions and recommendations.
- To review meeting materials ahead of time and be prepared to contribute clear and focused ideas for committee discussion.

Timeline 2010 -2011(Updated September 2010)

- **September 2010 – June 2011**: Quarterly e-Health Advisory Committee meetings.
- **September 2010 – June 2011**: 2 – 4 Advisory Committee Workgroup meetings per quarter.
- **January 15, 2011**: Commissioner of Health provides an annual report to the Minnesota Legislature outlining progress to date in implementing a statewide health information infrastructure and recommending future projects. This annual report will include a section on the identification, adoption and refinement of uniform standards for sharing and synchronizing patient data across systems.
- **June 2011**: Proposed 7th annual Minnesota e-Health Summit and update on progress.

Committee Members:

The Advisory Committee consists of representatives of consumers, academics, research, health plans, hospitals, local public health, nurses, physicians, community clinics/FQHCs, long term care, clinic managers, laboratories, pharmacists, health care purchasers/employers, expert in clinical guideline development, quality improvement organizations, health-system CIOs, HIT vendors, professionals with expert knowledge in HIT, state agencies, and Minnesota exchange organizations.

Adoption and Meaningful Use Workgroup Charge 2010-2011

Workgroup Charge

- Make recommendations to further advance the adoption and use of electronic health records (EHRs) and related health information technology (HIT) in all settings beginning with Minnesota eligible professionals and eligible hospitals.
- Provide feedback and recommendations to Minnesota Medicaid on the State Medicaid HIT Plan (SMHP) and the Medicaid EHR Incentive Administration Plan.
- Review and provide feedback as necessary on proposed state and federal definitions, criteria and/or proposed regulations for meaningful use to ensure that Minnesota providers and hospitals applying for incentive payments are able to meet federal and state criteria.

Background

The American Recovery and Reinvestment Act of 2009 (ARRA) established Medicare and Medicaid incentives for hospitals and health care providers who demonstrate meaningful use of electronic health records.

On July 28, 2010, Centers for Medicare & Medicaid Services (CMS) published the final rule for the minimum requirements for use of certified electronic health record EHR technology to qualify for incentive payments. The final rule specifies the criteria for eligible professionals (EPs) and hospitals, details on incentive payment calculations; and Medicare payment adjustments for Critical Access Hospitals and EPs that fail to demonstrate meaningful use by 2015. The final rule is divided into a core set of required objectives and a menu set from which providers may choose any five. EPs must meet 15 core objectives during the first stage; hospitals are required to meet 14. All health care providers must meet five objectives from the 10 menu options; at least one of the five must be related to improving population and public health.

Work Group Tasks and Timeline

October 2010 –December 2010

- Review and update the State Meaningful Use adoption strategy.
- Review tactics that support the strategy and suggest changes/updates if strategic goals are not being reached.
- Review current EHR/HIT assessment surveys (e.g., Minnesota Clinics HIT survey, American Hospital Association survey) for EHR incentive eligible professionals and hospitals.
- Identify gaps, make recommendations, and identify resources for how to support eligible professionals and hospitals in achieving meaningful use of EHRs in an efficient and cost-effect way.
- Review assessment data and federal and state program activities related to adoption and use of EHR and related HIT.
- Provide input and feedback on State Medicaid HIT Plan and Medicaid EHR Incentive Administration Plan.
- Identify opportunities, provide feedback, and respond to state and federal definitions, criteria, and purposed regulations.
- Environmental scan of HIT and EHR activities across Minnesota.

December 2010

- Review and comment on annual report to legislature regarding status of HIT adoption and use in Minnesota.

January 2011

- Joint meeting with the Communication and Outreach Workgroup to support efforts to:
    - Encourage stakeholders and providers to understand state and federal mandates for HIT/EHR adoption; and
    - Encourage stakeholders and providers to understand and use resources made available through state and federal grants, low cost loans, and other sources of funding, technical assistance and training.

February 2011 – May 2011

- Identify gaps, make recommendations, and identify resources for how to support the health and health care providers in other settings in achieving effective use of EHRs in an efficient and cost-effect way. .
- Review current EHR/HIT assessment surveys for providers and settings not eligible for EHR incentives.
- Recommend strategies to expand on assessment activities, including: developing a standard set of questions that can be used in assessments conducted in other settings.
- Promote standard set of questions with associations to encourage assessments in other settings.
- Review changes/updates to meaningful use guidelines and provide response as needed/appropriate.
- Review and comment on the impact of HIT/HIE on achieving Minnesota's health care reform goals.
- Identify areas of emerging opportunities or technologies for other settings.
- Identify opportunities, provide feedback, and respond to state and federal definitions, criteria, and purposed regulations.

Deliverables

December 2010

- Recommend actions to REACH and others to address barriers to EHR adoption and meaningful use.

May 2011

- Recommend a framework and strategies for assessment of and reporting on EHR/HIT adoption, meaningful use and exchange.
- Update *A Practical Guide to Effect Use of EHR Systems (Guide 4)* to reflect meaningful use requirements.

General Deliverables

- Quarterly: Progress updates to the Minnesota e-Health Advisory Committee
- June 2011: Provide a status report issued at the Minnesota e-Health Summit
- Provide input on ARRA implementation activities related to meaningful use.
- Provide feedback to other HITECH programs in Minnesota (e.g., REACH, UP-HI).

Approach for Coordination with other HITECH Programs

- Gather updates from Regional Extension Center (REACH), SHARP, Beacon, and workforce programs and use advice and lessons learned to inform the community and provide further guidance regarding adoption and meaningful use.

Cross-cutting Issues with other Workgroups

- Key messages and resources with Communications and Outreach Workgroup.
- Clinical quality standards and current state assessment with Standards and Interoperability Workgroup.
- Considerations for health information exchange in other settings with Health Information Exchange Workgroup.

Guiding Principles and Themes

- Focus guidance on the core CMS requirements for eligible providers to achieve meaningful use requirements to access. Medicare and Medicaid HIT incentive payments and then expand guidance to include all health care settings.
- Consider and expand upon the previous work completed and published in guides one, two, three and four.
- Consider the broad view of issues that affect achieving meaningful use including technical, organizational, legal, community and telecommunications or related issues.
- Consider data collected at the provider level – a patient-centered approach.
- Ensure that deliverables are consistent with and support federal and state health care reform efforts.
- Reference the ongoing work of the ONC HIT policy and Standards committees and task forces for implications related to scope of the committee work.

Workgroup Member Expectations

- Serve a one-year term: September 2010 – June 2011.
- Participate in meetings and/or conference calls approximately every month or as needed during the term.
- Bring the perspective of the stakeholder group you represent to all discussions and decisions.
- Keep the statewide interests of the Minnesota e-Health Initiative foremost in your decisions and recommendations.
- Review meeting materials ahead of time and be prepared to contribute clear and focused ideas for discussion.

Value in Participating

- Proactively help shape future policy directions that can have a major impact on your organization.
- Enable your organization to be more prepared to respond to the requirements of state and federal implementation plans as they are established.

Workgroup Leadership

Co-Chairs

Paul Kleeberg, MD
Clinical Director
Regional Extension Assistance Center for HIT (REACH)

Bonnie Westra, PhD, RN
Assistant Professor
University of Minnesota, School of Nursing

Workgroup Staff

Kari Guida, MPH
Minnesota Department of Health
Office of Health Information Technology
Kari.guida@state.mn.us
Phone: (651) 201-4136

Communications and Outreach Workgroup Charge 2010-2011

Workgroup Charge

- Advise on Minnesota e-Health Initiative communications activities established in the Minnesota e-Health Communications Plan and Work Plan 2010-2011, to support health care providers and health care organizations in achieving meaningful use and meeting Minnesota mandates for e-prescribing by 2011 and interoperable EHRs by 2015.

- Advise on the coordination of outreach and communication efforts statewide, including coordination with the HITECH/ARRA funded programs such as the Minnesota e-Health Connect, REACH Program, and Minnesota Department of Human Services (DHS)-Medicaid and others as appropriate.

Background

The Minnesota Department of Health and the Minnesota e-Health Advisory Committee have been working to carry out significant legislation enacted in Minnesota in 2007 and 2008. This includes mandates that all health care providers have interoperable EHRs by 2015 (MS s 62J.495), and that all health care providers, dispensers and payers establish and use an e-prescribing system by January 1, 2011 (MS s 62J.497). In June of 2008, the Minnesota e-Health Initiative and the Minnesota e-Health Advisory Committee issued: *A Prescription for Meeting Minnesota's 2015 Interoperable Electronic Health Record Mandate: A Statewide Implementation Pla*n. In 2009, companion guides to the statewide plan were updated or added including: *A Practical Guide to Electronic Prescribing*, *Standards Recommended to Achieve Interoperability in Minnesota*, and *A Practical Guide to Effective Use of EHR Systems.*

The Health Information Technology for Economic and Clinical Health Act (HITECH Act), part of the American Recovery and Reinvestment Act of 2009 (ARRA), requires the Office of the National Coordinator (ONC) and federal Department of Health and Human Services (HHS) to develop rules, guidance and plans to promote adoption and meaningful use of health information technology (HIT). The Act also establishes incentives for hospitals and health care providers through Medicare and Medicaid for meaningful use of electronic health records (EHRs).

The 2010-2011 outreach and communications workgroup charge builds on the accomplishments of previous years' work which is published in the updated *Minnesota e-Health Communications Plan and Work Plan 2010-2011* at http://www.health.state.mn.us/ehealth. The workgroup will continue to look to key national and Minnesota communications activities for priorities, additional resources and coordination opportunities.

Workgroup Deliverables and Timeline

Deliverables Related to Outreach and Communications

September 2010 – May 2011:

- Identify and recommend opportunities for coordination with the REACH program, Minnesota health information organizations (HIOs) and health data intermediaries (HDIs), the Minnesota Department of Human Services (DHS)-Medicaid, and others as identified.
- Evaluate the effectiveness of Minnesota e-Health messages and communication vehicles.
- Review communications developed by other Minnesota e-Health Initiative workgroups.
- Identify any gaps in outreach and communications and prioritize groups and messages.
- Recommend activities to address outreach gaps that engage health care organizations, providers, and consumers to support the adoption and use of EHRs to achieve meaningful use and compliance with the 2011 and 2015 mandates.
- Recommend consumer communications resources to list on the Minnesota e-Health website, incorporating the contributions of Minnesota e-Health workgroups.

General Deliverables:

- June 2011: Provide a status report issued at Minnesota e-Health Summit.
- September 2010 – May 2011: Provide quarterly updates to the Minnesota e-Health Advisory Committee
- Identify opportunities in common with other committees, workgroups and organizations.
- By December 2010: Review and comment on appropriate section of the 2011 MDH report to the Minnesota legislature.

Approach for Coordination with other HITECH Programs

- Work collaboratively with regional extension center to promote REACH program to achieve "meaningful use" requirements and work together on resources and actions that will increase provider adoption of EHRs.
- Work collaboratively with Minnesota Medicaid and DHS to coordinate communications to Minnesota Medicaid providers.
- Coordinate with Minnesota e-Health Connect Program and monitor communications from Minnesota health information organizations (HIOs) and health data intermediaries (HDIs).
- Receive updates from SHARP and Beacon project teams to gather practical advice and lessons learned and develop communications to inform community and state about these projects.

Cross-cutting Issues with other Workgroups

- Key messages and/or fact sheets from Health Information Exchange workgroup
- Key messages and/or fact sheets from Adoption and Meaningful Use workgroup.
- Key messages and/or fact sheets from Privacy, Legal and Policy workgroup

Guiding Principles and Themes

- Minnesota e-Health communications will be aligned with national e-Health priorities when appropriate.
- Resources for EHR implementation (e.g. tools, tips and resource links are important to support statewide EHR adoption and achieving of meaningful use for Minnesota providers across the entire continuum of care.
- The needs of Minnesota health and health care providers will be paramount.

Workgroup Member Expectations

- Serve a one-year term: September 2010 – June 2011.
- Participate in meetings and/or conference calls quarterly or more frequently as needed during the term.
- Bring the perspective of the stakeholder group you represent to all discussions and decisions.
- Keep the statewide interests of the e-Health Initiative foremost in your decisions and recommendations.
- Review meeting materials ahead of time and be prepared to contribute clear and focused ideas for discussion.

Value in Participating

- Proactively help shape future policy directions that can have a major impact on your organization.
- Enable your organization to be more prepared to respond to the requirements of state and federal implementation plans as they are established.

Workgroup Leadership

Many members of the workgroup have expressed interest in continued participation. Additional members will be recruited across the spectrum of expertise and subject matter knowledge. Meetings are open to the public and all participants are welcome.

Co-Chairs

Becky Schierman
Quality Improvement Manager
Minnesota Medical Association

Mark Sonneborn
Vice President, Information Services
Minnesota Hospital Association

Workgroup Staff

Bob Johnson, MPP
Office of Health Information Technology
Minnesota Department of Health
bob.b.johnson@state.mn.us
Phone: (651) 201-4856

Rebecca Reibestein, MPP
Office of Rural Health & Primary Care
Minnesota Department of Health
rebecca.reibestein@state.mn.us
Phone: (651) 201-5092

Health Information Exchange Workgroup Charge 2010-2011

Workgroup Charge

- Serve as the lead workgroup in coordinating the development of statewide policy recommendations related to health information exchange (HIE) into an integrated statewide approach across the five critical domains: governance, technical infrastructure, legal and policy issues, finance, and business and technical operations. In this capacity, the workgroup will serve to:
    - Identify key issues that must be addressed to enable HIE. Key priority issues to be addressed in 2010-2011 include: financial sustainability, evaluation of key performance measures, and guidance for providers regarding HIE
    - Engage and rely on subject matter experts convened through the other e-Health Initiative workgroups, as necessary, to address key issues identified
    - Synthesize and incorporate input from each of the workgroups, as needed, into policy recommendations to the Minnesota e-Health Initiative Advisory Committee for inclusion in Minnesota's approach to HIE, including updates to Minnesota's strategic and operational plans for HIE and review and feedback on Minnesota's approach to HIE oversight
    - Provide input on American Recovery and Reinvestment Act of 2009 (ARRA) implementation activities related to HIE
    - Coordinate HIE related activities of the e-Health Workgroups and Advisory Committee (See table 1)

Table 1. 2010-2011 Minnesota e-Health Initiative Advisory Committee & Workgroup Structure Interdependencies across the Five Domains of Health Information Exchange

Minnesota e-Health Initiative Committee or Workgroup	Governance	Finance	Technical Infrastructure	Business/Technical Operations	Legal / Policy
Advisory Committee	X	X	X	X	X
Health Information Exchange Workgroup	X	X	X	X	X
Adoption & Meaningful Use Workgroup				X	
Standards and Interoperability Workgroup			X		
Privacy, Legal & Policy Workgroup					X
Communications and Outreach Workgroup				X	

Background

The American Recovery and Reinvestment Act of 2009 (ARRA) includes funds to states for aid in developing the health information exchange capacity needed to allow providers to meet meaningful use criteria. This assistance is provided through the State Health Information Exchange Cooperative Agreement Program, the overall purpose of which is to facilitate and expand the secure, electronic movement and use of health information among organizations according to nationally recognized standards. The cooperative agreements will focus on developing the statewide policy, governance, technical infrastructure, and business practices needed to support the delivery of HIE services. The resulting capabilities for healthcare-providing entities to exchange health information must meet the Medicaid and Medicare meaningful use requirements for health care providers to achieve financial incentives.

Work Group Deliverables and Timeline

- **September – December 2010**
    - Provide recommendations on statewide financial sustainability of health information exchange, including a business plan with feasible public and private financing mechanisms for ongoing information exchange.
    - Review HIT/HIE assessments, key performance measures, and other data sources to identify issues and barriers regarding health information exchange in conjunction with the Adoption and Meaningful Use Workgroup (Adoption and Meaningful Use Workgroup will take the lead)
    - Provide input to the evaluation plan for HIE in conjunction with the Adoption and Meaningful Use WG
    - Provide recommendations for creation and use of shared directories and related technical services, as applicable to the state's approach for statewide HIE (Standards and Interoperability Workgroup will take the lead)
    - Provide any necessary policy development recommendations related to health information exchange to the e-Health Advisory Committee
- **December 2010**
    - Review and comment as needed on annual report to legislature regarding status of HIE in MN

- **December 2010 – February 2011**
  - Provide recommendations on annual report to the Office of the National Coordinator, including: statewide HIE alignment with other federal programs; sustainability; and implementation and evaluation of policies and legal agreements related to HIE
  - Provide recommendations on updates to strategic and operational plans for health information exchange to be consistent with federal requirements
- **March – May 2011**
  - Develop practical guidance targeted to health / health care providers that develops solutions to address identified HIE barriers regarding health information exchange
- **General Deliverables**
  - Provide quarterly updates to the Minnesota e-Health Advisory Committee
  - June 2011: Provide a status report issued at the Minnesota e-Health Summit
  - Identify opportunities in common with other committees, workgroups and organizations
  - Provide input on American Recovery and Reinvestment Act of 2009 (ARRA) implementation activities related to health information exchange
  - Provide feedback to other HITECH programs in Minnesota (e.g., REACH, UPHI).

Approach for Coordination with other HITECH Programs

- Receive updates from Regional Extension Center (REACH), SHARP, BEACON, and workforce programs to gather practical advice and lessons learned

Cross-cutting Issues with other Workgroups

- Health information exchange technical architecture components (including exchange standards and directory services) with Standards and Interoperability Workgroup
- Communication issues (e.g., key messages and communication resources) regarding health information exchange with Communications and Outreach Workgroup
- Consent issues regarding interstate health information exchange with Privacy, Legal, and Policy Workgroup
- Considerations for health information exchange in other settings with Adoption and Meaningful Use Workgroup
- Current state assessment and evaluation plan for HIE with Adoption and Meaningful Use Workgroup

Workgroup Member Expectations

- Serve a one-year term: September 2010 – June 2011
- Participate in meetings and/or conference calls approximately every 3-4 weeks or more frequently as needed during the term
- Bring the perspective of the stakeholder group you represent to all discussions and decisions.
- Keep the statewide interests of the e-Health Initiative foremost in your decisions and recommendations.
- Review meeting materials ahead of time and be prepared to contribute clear and focused ideas for discussion.

Value in Participating

- Proactively help shape future policy directions that can have a major impact on your organization.
- Enable your organization to be more prepared to respond to the requirements of state and federal implementation plans as they are established.

Workgroup Leadership

Co-Chairs

Alan Abramson, PhD
Senior Vice President, IS&T and CIO
Health Partners

Joanne Sunquist
Chief Information Officer
Hennepin County Medical Center

Workgroup Staff

Jennifer Fritz, MPH
Office of Health Information Technology
Minnesota Department of Health

jennifer.fritz@state.mn.us
Phone: (651) 201-3662

Privacy, Legal and Policy Workgroup Charge 2010-2011

Workgroup Charge

- Monitor, assess and comment on policy and legal issues related to e-Health and health information exchange.
- Review and comment on privacy and security-related policies and proposed federal regulations and guidance, and make recommendations on mechanisms to ensure compliance with state and federal requirements related to interstate and intrastate health information exchange.
- Support providers and health care stakeholders in the implementation of privacy and security criteria necessary to qualify as a "meaningful user" of an Electronic Health Record (EHR) under the HITECH Act.
- Ensure that the needs of consumers, providers, and health care stakeholders are fully considered in the development of the statutory framework for health information exchange and in the development of educational resources and tools.

Background

Consumer acceptance and trust are the foundation for the successful development, implementation and use of EHRs and other Health Information Technologies (HIT). Privacy and security protections afforded to a patient's health information are critical in earning that trust. Patients and consumers have a strong interest in how the privacy, confidentiality and integrity of their information will be addressed and integrated into the implementation and exchange of EHRs and other HIT.

The HITECH Act aims to facilitate and expand the secure electronic movement of health information among organizations through its State Health Information Exchange (HIE) Cooperative Agreement program (section 3013). The Minnesota Department of Health has been designated as the entity to create and execute strategic and operational plans that advance the private and secure interoperability of HIE in Minnesota. The Minnesota vision for exchange is to electronically move health information among disparate systems in order to improve health care quality, increase patient safety, reduce health care costs and improve public health, consistent with principles of health reform.

This year, the 2010-2011 Privacy, Legal and Policy Workgroup will build on the accomplishments of its predecessor, the Minnesota Privacy and Security Work Group (MPSP) by expanding its scope to include the analysis of legal and policy issues related to interstate health information exchange, in addition to monitoring privacy and security issues.

Workgroup Deliverables and Timeline

- September 2010 – May 2011: Provide review and feedback as necessary, including formal coordinated responses from Minnesota stakeholders and interested parties, on HITECH activities including:
  - Proposed federal rules and guidance pursuant to the HITECH Act related to privacy, legal and policy issues.
  - Legal and policy sections of updated strategic and operational plans that support health information exchange as specified by Section 3013 of HITECH Act.
  - Privacy, legal and policy issues identified by Minnesota e-Health Advisory Committee and staff.
- November 2010 -April 2011: Analyze and provide comments or recommendations regarding interstate HIE, including:
  - Provide advice and comment on work conducted by a collaborative group of state HIE staff members from the Upper Midwest HIE Consortium and other initiatives involving states that are likely to be frequent trading partners of health information to facilitate discussion of common challenges and solutions related to interstate health information exchange.
  - Review environmental scan of laws in those states and identify potential barriers to successful interstate HIE, including laws related to:
    - Patient consent requirements/options
    - Sensitive services
    - Processing paper transactions
    - Release of lab results to providers other than the ordering provider
  - Discuss, analyze, and comment on possible solutions, including:
    - Interstate agreements
    - DURSA/federal initiatives
    - Changes to Minnesota law

- By February 2011: Provide consultation on the annual report to be submitted to the Office of the National Coordinator (ONC) on "Implementation and Evaluation of Policies and Legal Agreements related to HIEs" and identify any issues for further policy development.
- By April 2011: Review and comment on legal and policy issues, including;
  - Breach notification issues and requirements;
  - Management of consent and consumer preferences issues.

General Deliverables:

- September 2010-May 2011: Provide quarterly workgroup updates to the Minnesota e-Health Advisory Committee.
- December 2011: Review and comment on the privacy, legal and policy activities and deliverables in the MDH report to the Minnesota Legislature.
- June 2011: Provide a status report issued at Minnesota e-Health Summit.
- As needed, provide consultation and review of issues related to HIE and the need for standard language for agreements.
- Identify communication, education and collaboration opportunities to address common topics and issues with other committees, workgroups and organizations.

Approach for Coordination with other HITECH Programs

- Provide ongoing assistance to the regional extension center and help Minnesota providers understand and achieve "meaningful use" with respect to privacy, legal and policy issues.
- Work collaboratively with Minnesota Medicaid and DHS to address mutual privacy, legal and policy issues.

Cross-cutting Issues with other Workgroups

- Federal standards for health information privacy and security with Standards Workgroup.
- Key messages about health information privacy and security with Communications and Outreach WG.
- Collaboration with Health Information Exchange WG to prepare report to Minnesota Legislature on HIE.

Guiding Principles and Themes

- Individuals should be provided a reasonable opportunity and capability to make informed decisions about the collection, use and disclosure of their individually identifiable health information.
- Individually identifiable health information should be collected, used and/or disclosed only to the extent necessary to accomplish a specified purpose, and should be protected with reasonable administrative, technical and physical safeguards to ensure its confidentiality, integrity and availability and to prevent unauthorized or inappropriate access, use or disclosure.

Workgroup Member Expectations

- Serve a one-year term: September 2010 – June 2011.
- Participate in monthly workgroup meetings during the term and additional conference calls as needed.
- Bring the perspective of the stakeholder group you represent to all discussions and decisions.
- Keep the statewide interests of the e-Health Initiative foremost in decisions and recommendations.
- Review meeting materials ahead of time and be prepared to contribute clear and focused ideas for discussion.

Value in Participating

- Proactively help shape future policy directions that can have a major impact on your organization.
- Enable your organization to be more prepared to respond to the privacy and policy requirements of as they are established.

Workgroup Leadership

Co-Chairs

Laurie Beyer-Kropuenske, JD
Director, Information Policy Analysis Division
Minnesota Department of Administration

LaVonne Wieland
Information Privacy Director
Health East Care System

Workgroup Staff

Bob Johnson, MPP
Phone: (651) 201-4856
bob.b.johnson@state.mn.us

Donna M. Watz, JD
Phone: (651) 201-3598
donna.watz@state.mn.us

Standards and Interoperability Workgroup Charge 2010-2011

Workgroup Charge

- Identify and recommend nationally recognized standards, implementation specifications and certification criteria necessary to facilitate and expand the secure electronic movement and use of health information among organizations in Minnesota
- Review and comment on standards, implementation specifications and certification criteria related to the requirements of "meaningful use" and recommend resources and actions that will help increase implementation of these standards.
- Review and comment on standards or other technical requirements related to the implementation of statewide strategic and operational plans for health information exchange [Section 3013 of American Recovery and Reinvestment Act (ARRA)].

Background

Standards related to "meaningful use" and health information exchange. The Health Information Technology for Economic and Clinical Health Act of 2009 (the HITECH Act) aims to facilitate and expand the secure, electronic movement of health information among organizations through its State Health Information Exchange (HIE) Cooperative Agreement program (Section 3013). The standards based exchange of information is essential to achievement of "meaningful use" as identified in HITECH Act. One of the state responsibilities/ requirements is to ensure compliance with relevant HHS adopted standards and all applicable policies for interoperability, privacy and security. Minnesota Department of Health has been designated as the entity to create and execute strategic and operational plans that advance standards-based heath information exchange.

Minnesota e-Health Standards are a requirement for electronic exchange of health information and achieving interoperability as required by the Minnesota 2015 mandate. Interoperability of Electronic Health Records (EHR) systems in Minnesota means the ability of two or more EHR systems or components of EHR systems to exchange information electronically, securely, accurately and verifiably, when and where needed. It is comprised of "technical," "semantic" and "process" interoperability, and the information exchanged includes transactions and standards as defined by the Minnesota Commissioner of Health. The Minnesota vision for exchange is to electronically move health information among disparate systems in order to improve health care quality, increase patient safety, reduce health care costs and improve public health, consistent with principles of health reform.

The 2010-2011 standards workgroup charge builds on the accomplishments of the previous three years' work which is published in the 2010 edition of *Guide 2: Standards Recommended to Achieve Interoperability in Minnesota* at http://www.health.state.mn.us/ehealth. The workgroup will continue to look to key national standards activities for priorities, standards recommended, implementation specifications; certification criteria and timelines.

Workgroup Deliverables and Timeline

Deliverables Related to Standards:

- By December 2010: Recommendations for framework for shared directories including approach and principles, as applicable to the state's approach for statewide HIE.
- By May 2011: Recommendations for creation and use of shared directories and related technical services, as applicable to the state's approach for statewide HIE.
- By May 2011: Update the tools and resources to support implementation of e-health standards including those that can help support achieving meaningful use.
- By May 2011: Deliver a final draft of the 2011 update for Guide 2 (Standards Recommended for Use in Minnesota).
- September 2010 – May 2011: Provide review and feedback as necessary on HITECH activities including:
  - Identify, review and comment on proposed standards, implementation specifications and certification criteria for electronic exchange and use of health information (related to "meaningful use" requirements)
  - Coordinate specific meetings as needed to focus on security standards
  - Review and provide feedback on strategic and operational plans that support standards-based health information exchange as specified by Section 3013 of HITECH Act.
- September 2010 – May 2011: Identify implementation tools and resources promoted at national level and disseminate tools, tips and templates to support statewide standards implementation.

- By May 2011: Review plans of the regional extension centers to promote standards-based exchange of health information as part of "meaningful use" requirements and work collaboratively on resources and actions that will help increase implementation of these standards.

General Deliverables:

- By December 2010: Review and comment on standards section of the 2011 MDH report to the Minnesota Legislature.
- September 2010 – May 2011: Provide quarterly updates to the Minnesota e-Health Advisory Committee
- June 2011: Provide a status report issued at Minnesota e-Health Summit.
- Identify opportunities in common with other committees, workgroups and organizations.

Approach for Coordination with other HITECH Programs

- Work collaboratively with regional extension center to promote standards-based exchange as part of "meaningful use" requirements and work together on resources and actions that will increase implementation of these standards.
- Receive updates from SHARP and BEACON project teams to gather practical advice and lessons learned than can better inform the community related to implementation of technical standards.
- Receive input from DHS/CMS to better understand the issues and needs related to standards.
- Promote standards materials to all HITECH funded projects in Minnesota

Cross-cutting Issues with other Workgroups

- Exchange standards and shared directory services with Health Information Exchange workgroup
- Clinical quality standards and current state assessment with Adoption and Meaningful Use workgroup
- Federal standards for health information privacy and security with Privacy, Legal & Policy workgroup
- Communications and outreach with Communications & Outreach workgroup

Guiding Principles and Themes

- Minnesota e-Health standards recommendations will be aligned with HITECH standards requirements from ONC
- Implementation tools, tips and resources are important to support statewide standards implementation
- The needs of Minnesota providers and industry readiness will be considered in recommendations
- Interoperability including process interoperability is a key element in success

Workgroup Member Expectations

- Serve a one-year term: September 2010 – June 2011.
- Participate in monthly workgroup meetings during the term and additional conference calls as needed.
- Bring the perspective of the stakeholder group you represent to all discussions and decisions.
- Keep the statewide interests of the e-Health Initiative foremost in decisions and recommendations.
- Review meeting materials ahead of time and be prepared to contribute clear and focused ideas for discussion.

Value in Participating

- Proactively help shape future policy directions that can have a major impact on your organization.
- Enable your organization to be more prepared to respond to the recommendations and requirements of standards and state and federal implementation plans as they are established.

Workgroup Leadership

Co-Chairs

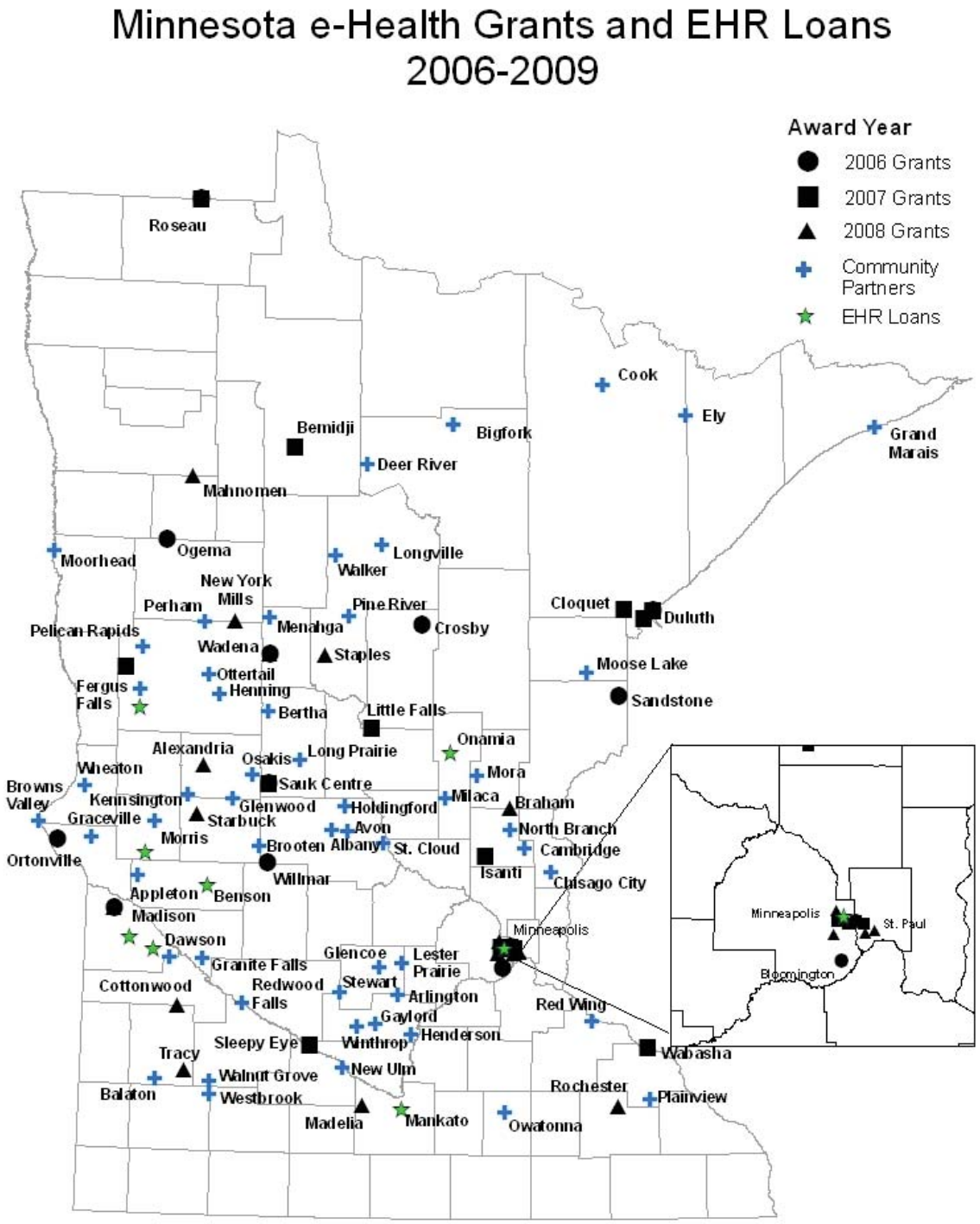
Bobbie McAdam
Director, e-Business
Medica

Barb Billing
Healthcare IT Advisory Services Manager
RSM McGladrey

Workgroup Staff

Priya Rajamani, Senior Health Informatician
Office of Health Information Technology,
Minnesota Department of Health
Phone: (651) 201-4119
Email: priya.rajamani@state.mn.us

APPENDIX B: MAP OF MINNESOTA E-HEALTH LOAN RECIPIENTS, GRANTEES AND COMMUNITY PARTNERS



E-Prescribing

Fact sheet on Minnesota's e-prescribing mandate.
www.health.state.mn.us/ehealth/eprescribing/index.html

Fact sheet from the federal Centers for Medicaid and Medicare Services (CMS) on its incentive program for e-prescribing.
www.cms.hhs.gov/eprescribing/

National ePrescribing Patient Safety Initiative (NEPSI), a coalition-based program comprised of health care, technology and provider companies that provides free e-prescribing to every physician and medication prescriber in the country.
www.nationalerx.com

Agency for Healthcare Research and Quality (AHRQ) press release: *Study Finds Doctors' Use of E-Prescribing Systems Linked to Formulary Data Boost Drug Cost Savings*, December 8, 2008
www.ahrq.gov/news/press/pr2008/eprescribpr.htm

SureScripts, operator of the nationwide Pharmacy Health Information Exchange.
www.surescripts.com/safe-Rx/

A Consumer's Guide to ePrescribing¸ eHealth Initiative, June 2008
www.ehealthinitiative.org/assets/Documents/eHI_CIMM_Consumer_Guide_to_ePrescribing_Final.pdf

Options for Increasing e-Prescribing in Medicare, Gorman Health Group, July 2007.
www.gormanhealthgroup.com/

Adoption and Effective Use of EHR Systems

Certification Commission for Healthcare Information Technology (CCHIT): Includes the list of nationally certified EHR systems required to meet the 2015 Minnesota interoperable EHR mandate.
www.cchit.org

Certification Commission for Healthcare Information Technology (CCHIT) press release: *Incentive Programs for EHRs Growing*, September 2008.
www.cchit.org/about/news/releases/2008/Incentive-programs-EHR-adoption-growing.asp

Minnesota e-Health grants and loans available through the Minnesota Department of Health.
www.health.state.mn.us/ehealth, under Funding and Other Resources.

Stratis Health DOQ-IT program: Practical tools to assist in planning, implementation and effective use of EHR systems.
www.stratishealth.org

The American Academy of Family Physicians Center for Health Information Technology: Practical tools for preparation, selection, implementation and maintenance of EHR systems.
www.centerforhit.org

Healthcare Information and Management Systems Society (HIMSS): Dozens of articles and presentations on the realities of EHR adoption and use.
www.himss.org/ASP/topics_FocusDynamic.asp?faid-198

Agency for Healthcare Research and Quality (AHRQ) Health IT Toolkit: Tools to support effective adoption and use of EHR systems.
www.healthit.ahrq.gov

Standards and Interoperability

Standards required for implementation in Minnesota, background information on standards, and information on the Standards Workgroup of the MN e-Health Initiative.
www.health.state.mn.us/ehealth/standards/index.html

Healthcare Information Technology Standards Panel (HITSP): The national body charged with harmonizing and integrating standards for health information.
www.hitsp.org

Certification Commission for Healthcare Information Technology (CCHIT): The national body that certifies EHR based on objective, verifiable criteria for functionality and interoperability.
www.cchit.org

The National Council for Prescription Drug Programs (NCPDP): Creates and promotes the transfer of data related to medication, supplies and services within the health care system through the development of standards and industry guidance.
www.ncpdp.org

Health Level Seven (HL7): ANSI accredited Standards Developing Organization (SDO) that is involved in development and advancement of clinical and administrative standards for health care.
www.hl7.org

Privacy, Confidentiality and Security

Minnesota Standard Consent Form to Release Health Information: The development of this form was mandated in the 2007 Minnesota Health Records Act, Minn. Stat. 144.291-.298. Its purpose is to allow a person to request that their health records be sent to whomever they choose for whatever purpose they choose.
www.health.state.mn.us/divs/hpsc/dap/consent.pdf

Minnesota Standard Consent Form to Release Health Information Q&A: Answers general questions regarding the standard consent form.
www.health.state.mn.us/e-health/wgs0708/mpsp050608consentformqa.pdf

Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health Information: Principles established to govern exchange of health information, including defining roles of and responsibilities of the exchange partners. Department of Health and Human Services, December 2008.
www.hhs.gov/healthit/privacy/framework.html

The Health IT Privacy and Security Toolkit: Guidance designed to help implement the *Nationwide Privacy and Security Framework* (see above). Department of Health and Human Services, December 2008.
www.hhs.gov/healthit/privacy/framework.html

Connecting For Health policy brief: A discussion of "a 21st Century privacy approach" allowing Americans to protect *and* share their health information. Markle Foundation, September 2008.
www.connectingforhealth.org

Personal Health Records

myPHR: Background information, testimonials, and a no-cost PHR. American Health Information Management Association.
www.myphr.com

Minnesota fact sheet on PHRs: See Appendix B or www.health.state.mn.us/ehealth, under Consumers and PHRs.

Certification Commission for Healthcare Information Technology Personal Health Record Work Group: Reviewing and revising criteria and test scripts for certifying PHRs, scheduled to begin in 2009.
www.cchit.org/phr

APPENDIX D: MINNESOTA E-HEALTH INITIATIVE ADVISORY COMMITTEE MEMBERS

Walter Cooney, JD Advisory Committee Co-Chair Executive Director Neighborhood Health Care Network Representing: Community Clinics and Federally Qualified Health Centers	**Marty Witrak, PhD, RN** Advisory Committee Co-Chair Professor, Dean, School of Nursing College of St. Scholastica Representing: Academics and Research
Alan Abramson, PhD Senior Vice President, IS&T and Chief Information Officer HealthPartners Representing: Health Plans	**Margaret Artz, PhD, RPh** Senior Pharmacy Research Consultant Ingenix Representing: Pharmacists
Barry Bershow, MD Vice President, Quality Fairview Health Services Representing: Expert in Clinical Guideline Development	**Laurie Beyer-Kropuenske, JD** Director, Information Policy Analysis Division Department of Administration Representing: Minnesota Department of Administration
RD Brown Consumer Advocate Representing: Consumers	**Angie Franks** Senior Vice President of Sales & Market Dev. Healthland Representing: Vendors of Health Information Technology
Raymond Gensinger, Jr., MD Chief Medical Information Officer Fairview Health Services Representing: Professional with Expert Knowledge of Health Information Technology	**John Gross** Director, Health Care Policy Minnesota Department of Commerce Representing: Minnesota Department of Commerce
Maureen Ideker, RN Associate Administrator SISU Medical Systems Representing: Small and Critical Access Hospitals	**Julie Jacko, PhD** Director, The Institute for Health Informatics University of Minnesota Representing: Academics and Clinical Research
Paul Kleeberg, MD Health Information Technology Consultant Representing: Physicians	**Marty LaVenture, PhD** Director, Center for Health Informatics Minnesota Department of Health Representing: Minnesota Department of Health
Jennifer Lundblad, PhD President and Chief Executive Officer Stratis Health Representing: Quality Improvement Organization	**Bobbie McAdam** Director, e-Business Medica Representing: Health Plans
Walter Menning Vice Chair, Information Services Mayo Clinic Representing: Health System Chief Information Officers	**Charlie Montreuil** Vice President, Enterprise Rewards and Corporate Human Resourses Best Buy Representing: Health Care Purchasers and Employers
Brian Osberg Assistant Commissioner Minnesota Department of Human Services Representing: Minnesota Department of Human Services	**David Osborne** Director of Health Information Technology/ Privacy Officer Volunteers of America Representing: Long Term Care
Joanne Sunquist Chief Information Officer Hennepin County Medical Center Representing: Large Hospitals	**Bonnie Westra, RN, PhD** Assistant Professor University of Minnesota, School of Nursing Representing: Nurses
John Whisney Director of Ridgeview Clinics Ridgeview Medical Center Representing: Clinic Managers	**Karen Zeleznak, MPH, MS** Public Health Administrator Bloomington Public Health Representing: Local Public Health

Cheryl M. Stephens, MBA, PhD Executive Director Community Health Information Collaborative Ex-Officio Exchange Liaison: CHIC	**Michael Ubl** Executive Director Minnesota Health Information Exchange Ex-Officio Exchange Liaison: MN-HIE

ADVISORY COMMITTEE DESIGNATED ALTERNATES

Megan Daman, RN, MA Nurse Manager University of Minnesota Medical Center Alternate Representing: Nurses	**Becki Hennings** Medical Laboratory Technician St. Michaels's Hospital Alternate Representing: Laboratories
John Hofflander Senior Vice President and Chief Information Officer PreferredOne Alternate Representing: Health Plans	**Martha LaFave** Health Fund Coordinater Internaitonal Union of Operating Engineers Local 49 Alternate Representing: Health Care Purchasers & Employers
Melinda Machones, MBA Health IT Consultant Alternate Representing: Professional with Expert Knowledge of Health Information Technology	**Justin McMartin** Government Coordinator LSS Systems Alternate Representing: Vendors of Health IT
Julie Ring Director Local Public Health Association of Minnesota Alternate Representing: Local Public Health	**Phil Riveness** Associate Administrator Noran Neurological Clinic Alternate Representing: Clinic Managers
Rebecca Schierman, MPH Manager, Quality Improvement Minnesota Medical Association Alternate Representing: Physicians	**Peter Schuna** Director of Strategic Initiatives Pathway Health Services Alternate Representing: Long Term Care
Mark Sonneborn Vice President, Information Services Minnesota Hospital Association Alternate Representing: Hospitals	**Kenneth Zaiken, PMP** Consumer Advocate Alternate Representing: Consumers

For More Information:

Minnesota Department of Health
Minnesota e-Health Initiative/
Office of Health Information Technology

P.O. Box 64882
85 East Seventh Place, Suite 220
St. Paul, MN 55164-0882
651-201-5979
www.health.state.mn.us/e-health/