Minnesota Mandate for Interoperability

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Minnesota e-Health

CELEBRATING 10 YEARS 2004-2014

Overview

- MN E-Health Initiative
- Progress 2004 - 2014
- Nursing Involvement
- Questions and Discussion

MN e-Health Initiative: Key Attributes

- Public-Private Collaborative
- Shared Vision across the Continuum of Health and Care
- Common Approach & Aligned Efforts
- Trusted Leadership
- Transparent and Open Process
- Informed by assessment data
- Publicly Shared Information & Knowledge
- Keep and eye to the future

Building Effective Collaboration

*If you want to go fast, go alone;
If you want to go far, go together.*

African proverb

Minnesota e-Health Initiative

A public-private collaboration established in 2004

- Legislatively chartered
- Coordinates and recommends statewide policy on e-Health
- Develops and acts on statewide e-health priorities
- Reflects the health community's strong commitment to act in a coordinated, systematic and focused way

"Vision: … accelerate the adoption and effective use of **Health Information Technology** to improve healthcare quality, increase patient safety, reduce healthcare costs, and enable individuals and communities to make the best possible health decisions."

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MN e-Health Advisory Committee

Representing	Representing
Academics/ Research	Nurses
Clinic Managers	Pharmacists
Consumers	Physicians
Dentists	Primary Care/ Clinics
HIT Experts	Purchasers
Health Plans	State Agencies
Hospitals	State HIE Service Providers
Local Public Health	Quality Improvement Organizations
Long Term Care	Vendors

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Workgroups
Open Access to Participate

Participants are volunteers . The workgroups are adjusted annually to meet the goals set by the Commissioner of Health and the Community.
They are charter driven and deliverables based interns.

Past Workgroups
- Statewide HIT Implementation Plan
- E-Prescribing
- Communications and Outreach
- Adoption and Meaningful Use of EHRs
- Effective Use
- Health Information Exchange
- Standards and Interoperability
- Privacy and Security
- Population Health

The Minnesota Model

Continuum of EHR Adoption

Adopt | Utilize | Exchange

Assess → Plan → Select → Implement → Effective Use → Readiness → Interoperate

- Published in 2008 (*Statewide Implementation Plan for Interoperable EHRs*)
  - "Every health provider organization in Minnesota needs to be making progress through these seven steps of EHR adoption through effective use and exchange."

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Policy Context

- Minnesota's interoperable mandate
  - All health care providers in the state must implement an interoperable EHR system by January 1, 2015 (§62J.495).
- CMS meaningful use incentives (HITECH Act)
  - Funding for eligible hospitals and providers to adopt and use EHRs and related HIT tools

Common goal: improved delivery of health care and improved population health

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Understanding the Law

- "Guidance for Understanding the Minnesota 2015 Interoperable EHR Mandate" (June 2013)
- Developed in collaboration with the 2012-13 Adoption and Effective Use Workgroup of the MN e-Health Advisory Committee

http://www.health.state.mn.us/e-health/hitimp/index.html
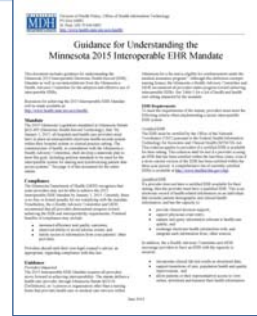
Who Needs to Comply?

- A provider is any health care provider who provides a service that could be reimbursed by medical assistance, whether or not they accept these patients or receive payment for the service.
  - See table 1 of the guidance document for a list of impacted providers
- Much more broad than the meaningful use program

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MN e-Health Progress
2004 – 2014

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The Commitment Has Been Astounding

- 90 e-Health Advisory Committee members
- 11 Charter Driven Workgroups
- 400 + stories & lessons learned shared
- 35 + community organizations engaged
- ~ 5,000 list server participants in the community of interest
- ~ 2,000 subject experts contributed & provided input
- > 30,000 person hours of expert advice & input
- And much more …

MN e-Health Guidance

- Guide 1: Addressing Barriers to EHR Adoption
- Guide 2: Recommended Standards
- Guide 3: e-Prescribing
- Guide 4: Effective Use of EHRs
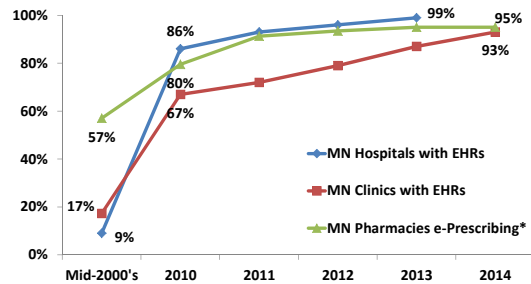- Guide 5: Health Information Exchange

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

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Minnesota e-Health Summit Themes
2004 - 2014

A Private-Public Call to Action • Building Momentum • Connecting Minnesota • From Vision to Action • Strategies for Success • Leveraging Meaningful Use • Accelerating e-Health Across the Continuum of Care • e-Health: Maximizing Value for Individuals and Communities • Minnesota e-Health: Connecting, Optimizing, Transforming • Looking Back to Celebrate, Looking Forward to Innovate

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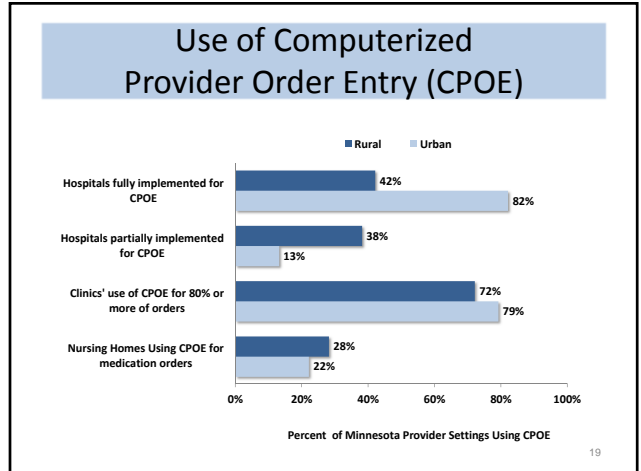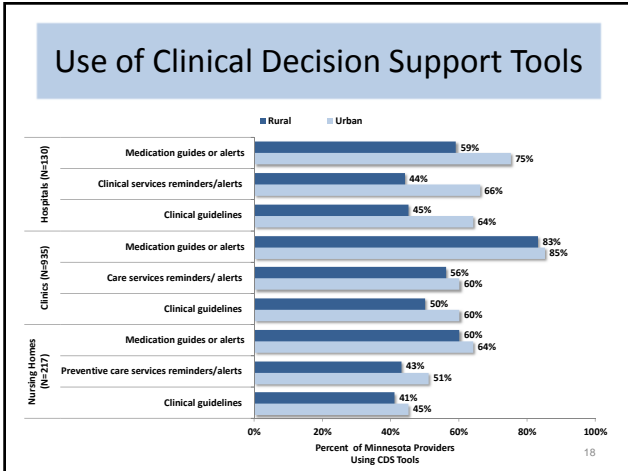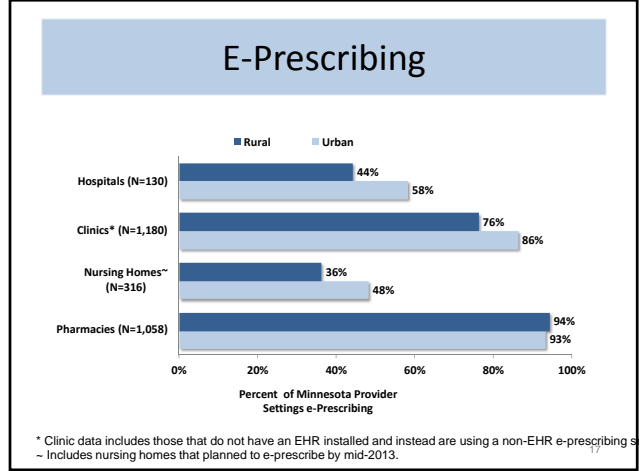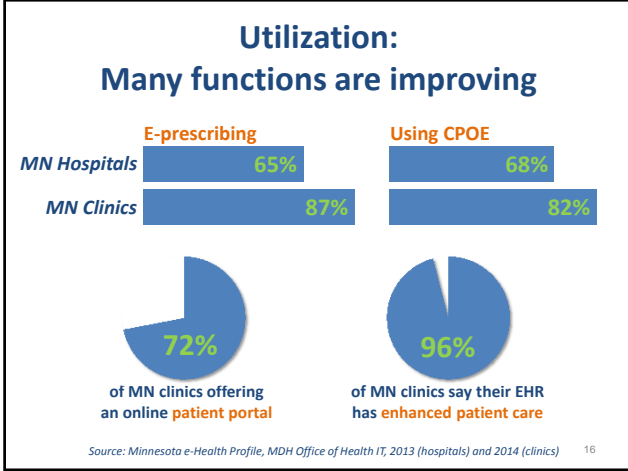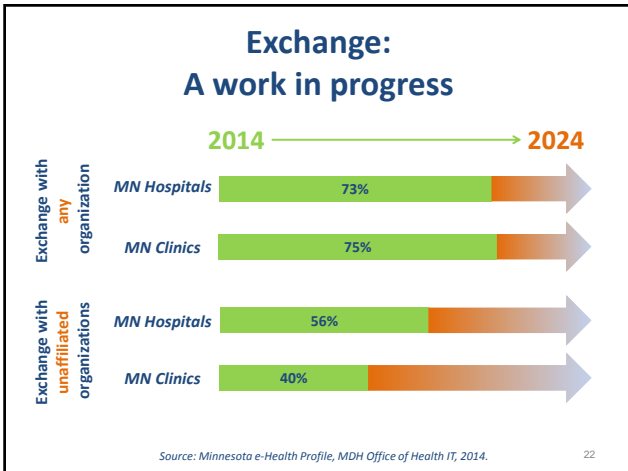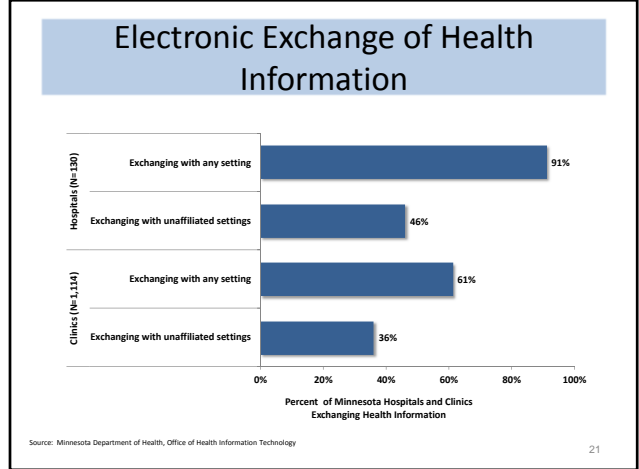## Remarkable Progress

*Excludes pharmacies with the pharmacy class of medical device manufacturer
Source: Minnesota Department of Health, Office of Health Information Technology, 2004-2014 ; Office of the National Coordinator, Surescripts

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Utilization:
Many functions are improving

	E-prescribing	Using CPOE
MN Hospitals	65%	68%
MN Clinics	87%	82%

72% of MN clinics offering an online **patient portal**

96% of MN clinics say their EHR has **enhanced patient care**

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E-Prescribing

Legend: ■ Rural ■ Urban

- Hospitals (N=130): Rural 44%, Urban 58%
- Clinics* (N=1,180): Rural 76%, Urban 86%
- Nursing Homes~ (N=316): Rural 36%, Urban 48%
- Pharmacies (N=1,058): Rural 94%, Urban 93%

Percent of Minnesota Provider Settings e-Prescribing

* Clinic data includes those that do not have an EHR installed and instead are using a non-EHR e-prescribing s
~ Includes nursing homes that planned to e-prescribe by mid-2013.

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Use of Clinical Decision Support Tools

Legend: ■ Rural ■ Urban

Hospitals (N=130)
- Medication guides or alerts: Rural 59%, Urban 75%
- Clinical services reminders/alerts: Rural 44%, Urban 66%
- Clinical guidelines: Rural 45%, Urban 64%

Clinics (N=935)
- Medication guides or alerts: Rural 83%, Urban 85%
- Care services reminders/ alerts: Rural 56%, Urban 60%
- Clinical guidelines: Rural 50%, Urban 60%

Nursing Homes (N=217)
- Medication guides or alerts: Rural 60%, Urban 64%
- Preventive care services reminders/alerts: Rural 43%, Urban 51%
- Clinical guidelines: Rural 41%, Urban 45%

Percent of Minnesota Providers Using CDS Tools

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Use of Computerized Provider Order Entry (CPOE)

Legend: ■ Rural ■ Urban

- Hospitals fully implemented for CPOE: Rural 42%, Urban 82%
- Hospitals partially implemented for CPOE: Rural 38%, Urban 13%
- Clinics' use of CPOE for 80% or more of orders: Rural 72%, Urban 79%
- Nursing Homes Using CPOE for medication orders: Rural 28%, Urban 22%

Percent of Minnesota Provider Settings Using CPOE

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Electronic Exchange of Health Information Among Partners

■ Rural ■ Urban

Hospitals exchanging with any setting — 84% / 98%

Hospitals exchanging with unaffiliated settings — 38% / 56%

Clinics exchanging with any setting — 52% / 60%

Clinics exchanging with unaffiliated settings — 22% / 49%

Nursing homes able to exchange — 35% / 40%

0% 20% 40% 60% 80% 100%

Percent of Minnesota Provider Settings Exchanging Health Information

Source: Minnesota Department of Health, Office of Health Information Technology

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Electronic Exchange of Health Information

Hospitals (N=130)

Exchanging with any setting — 91%

Exchanging with unaffiliated settings — 46%

Clinics (N=1,114)

Exchanging with any setting — 61%

Exchanging with unaffiliated settings — 36%

0% 20% 40% 60% 80% 100%

Percent of Minnesota Hospitals and Clinics Exchanging Health Information

Source: Minnesota Department of Health, Office of Health Information Technology

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Exchange: A work in progress

2014 ———→ 2024

Exchange with any organization

MN Hospitals — 73%

MN Clinics — 75%

Exchange with unaffiliated organizations

MN Hospitals — 56%

MN Clinics — 40%

Source: Minnesota e-Health Profile, MDH Office of Health IT, 2014.

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Nursing Involvement

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Active Involvement

- Advisory Committee Representation
  - Nurses, Academics and Research, Local Public Health Departments, Small and Critical Access Hospitals , Clinical Guideline Development
- Chair/ participate in working groups, task forces
  - Effective Use of EHRs, Standards and Interoperability, Consumer Engagement, Workforce
- Presentations at e-Health Summit
- Nursing informatics student practicum
  - Roadmap for Consumer Engagement in HIT
  - Workforce educational resources
  - Survey of nursing terminology use in Minnesota

Survey of Nursing Terminology Use in Minnesota

N7109: Population Health Informatics Practicum Fall 2013, Karen A. Monsen PhD, RN, FAAN

A project of the **Minnesota Department of Health,** the **University of Minnesota School of Nursing,** and **U-Spatial**

Standardized Nursing Terminologies Identified in Minnesota EHRs
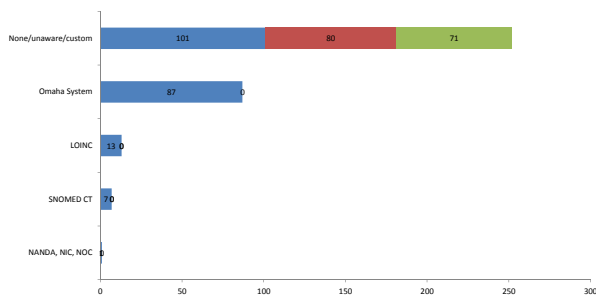
Selected Recommendations Nursing Terminology in Minnesota

- All settings should **create a plan** for implementing an American Nursing Association-recognized Nursing Terminology within their EHR
- Each **setting type** should achieve consensus on a standard terminology that best suits their needs and select that terminology for their EHR
- **Develop education and guidance** for selecting the nursing terminology standard that suits the needs for a specific setting

Selected Recommendations
Nursing Terminology in Minnesota

Recommendations (cont.):
- When exchanging a C-CDA with another setting for problems and care plans, **SNOMED-CT and LOINC should be used** for exchange
- The **Omaha System for exchange between public health or community-based settings** for reporting of results should be used where appropriate
  - Rationale for OS – it is used by local public health

Looking Forward

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Continuing and Emerging Issues

- 2015 interoperable mandate
- Privacy and security
- Workforce training
- MN Accountable Health Model
- Patient/Consumer Engagement
- Learning Health System

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Adoption in Minnesota:
Looking forward

- Adoption across the continuum of care
- Introduction of new technology will present new adoption issues
- Expectation of consumers in accepting and utilizing health care technology
- Integration of social determinants of health

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Utilization:
Looking forward

- Maximize the potential of EHRs to support best practices
- Enhanced usability for providers
- Transforming the cost of technology to savings in care delivery
- Manage implementation cost and complexity
- Impact on organizational processes and practices
- Ongoing support and maintenance needs of implemented technology
- Integrating new technology
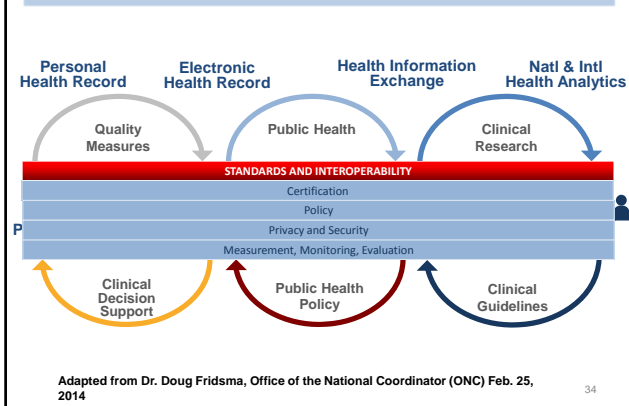- Develop an informatics-savvy workforce to use information from the EHR

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Exchange:
Looking forward

- Electronic exchange among all health care settings
- Privacy and security policies and technology
- New standards and technical protocols to ensure interoperability
- Consumer expectations
- Complete and real-time access to health records for patients and providers

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Example: Minnesota Learning Health System

Personal Health Record	Electronic Health Record	Health Information Exchange	Natl & Intl Health Analytics
Quality Measures	Public Health		Clinical Research

STANDARDS AND INTEROPERABILITY
Certification
Policy
Privacy and Security
Measurement, Monitoring, Evaluation

Clinical Decision Support | Public Health Policy | Clinical Guidelines

Adapted from Dr. Doug Fridsma, Office of the National Coordinator (ONC) Feb. 25, 2014

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Thank You!

Questions?

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