Minnesota e-Health Initiative Advisory Committee Meeting Summary

NOVEMBER 22, 2024

Objectives

- Learn about the committee's purpose, historical impact, notable achievements and updates since 2021
- Meet Center for Health Information Policy and Transformation (CHIPT) staff
- Review and discuss topics and priorities for this term
- Differentiate between learning opportunities and actionable items
- Outline next steps for developing a charge and appointing co-chairs

Acronyms

ADT:	Admission, discharge, and transfer alerts
API:	Application program interface
ASTP/ONC:	Assistant Secretary for Technology Policy and Office of the National Coordinator for HIT, https://www.healthit.gov/
CBO:	Community-based organization (e.g., supports and services)
CMS:	Centers for Medicare and Medicaid Services
EHR:	Electronic health record system
FHIR:	Fast Health Interoperability Resources, a standard for exchanging healthcare information electronically
HIE:	Health information exchange
NCPDP:	Standards development body for the pharmacy services sector
SDOH:	Social determinants of health (also call health-related social needs, or HSRN)
TEFCA:	Trusted Exchange Framework and Common Agreement, https://rce.sequoiaproject.org/tefca/
USCDI:	United States Core Data for Interoperability, https://www.healthit.gov/isp/united-states-core-data-interoperability-uscdi

Summary

Commissioner's welcome

Dr. Brooke Cunningham welcomed the Minnesota e-Health Advisory Committee (advisory committee) and thanked them for sharing their time, expertise, eagerness to learn from others, and collaboration. She also offered her perspective and guidance including:

- During the pandemic e-health played a key role, especially telehealth and interoperability, meeting both the needs of the pandemic response but also the care needs of populations.
- Data and interoperability are very important issues to the Minnesota Department of Health (MDH) executive office. Key MDH staff involved in this work, who were on the call, included:
  - Nila Hines, Chief Data and Analytics Officer, who is representing Minnesota Department of Health on the advisory committee and
  - Bill Flatley, Chief Business Technology Officer
- MDH is committed to advancing interoperability and modernization data systems within MDH and will look to the advisory committee for guidance and collaboration. Key areas for the advisory committee include:
  - Data and interoperability strategies, including how to best utilize the TEFCA and other national frameworks.
  - Technology and e-health to advance health equity, address social determinants of health, and improve care coordination.
  - Data security and privacy of data and systems.
  - Collaborations across/beyond this committee to promote and promote the health of all Minnesotans, leveraging and creating partnerships to address pressing public health issues and population health.

E-Health Initiative: Overview & History

Presentation

Bilqis Amatus-Salaam shared that the advisory committee:

- Is established under statute, the committee is a public/private collaborative that develops recommendations and advises the Commissioner of Health on policies and processes related to health information technology, data use, and data exchange.
- Aims to represent the health care ecosystem including providers, hospitals, health systems, health insurers and health plans, long-term care, public health, academic and research institutions, vendors, consumers, state agencies, and others.

- Guides the Minnesota e-Health Initiative (Initiative) whose vision is: All communities and individuals benefit from and are empowered by information and technology that advances health equity and supports health and wellbeing.

The member's role is to:

- Contribute your insights and expertise and engage your network of subject matter exerts as needed.
- Act as the liaison between the group you represent and the advisory committee; lead discussions and drive change within the group you represent.
- Keep the statewide interests of the Initiative foremost in decisions and recommendations, in particular health equity.
- Participate in related activities, such as workgroups, coordinated responses to federal rulemaking.

Jennifer Fritz shared key historical activities and achievements of the Initiative since the inception in 2004, including policy initiatives, guidance development, funding provided, and progress measured. Some selected highlights include:

- Established EHR and interoperability requirements (Minnesota statute 62J.495); developed the statewide Health IT plan to meet EHR requirements
- Supported a broad continuum of care: published the e-Health roadmap for behavioral health, local public health, social services and long-term and post-acute care
- Developed resources and studies related to privacy, security, and consent in Minnesota
- Topic-specific recommendations: Opioid and e-Health Recommendations for policy makers
- HIE
  - Established the HIE oversight framework and law
  - Developed guidance for accountable health and HIE (HIE Framework to Support Accountable Health)
  - Conducted HIE study and HIE Task Force, resulting in recommendations to move a "connected networks" approach to HIE forward
- Submitted many coordinated responses to federal proposed rules and requests for information

Progress since 2020 includes:

- Legislation to extend the committee through June 2031 and eliminated certification of health data intermediaries.
- Advances in health information technology and health information exchange accelerated by COVID-19 pandemic.

- Expansion of DHS Encounter Alert Service for admission, discharge, transfer (ADT) alerts that included grant funding to support COVID-19 response activities and 2021 CMS requirements.
- Syndromic surveillance: ADTs from almost all Minnesota hospitals are submitted to MDH/CDC to provide real-time data for epidemiologic investigations (e.g., stroke, overdose, weather-related admissions).
- Minnesota EHR Consortium: partnership between Minnesota's 11 large health systems and public health to provide timely and granular data to inform the real-time actions, https://mnehrconsortium.org/.
- Telehealth: MDH legislative study of telehealth expansion (payment parity), https://www.health.state.mn.us/data/economics/telehealth/publications.html.

- Coordinated responses to federal rulemaking:
  - Centers for Medicare & Medicaid Services (CMS) Interoperability and Prior Authorization Final Rule
  - Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) Final Rule
  - Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (HTI-2) Proposed Rule
- Centers for Disease Control and Prevention expands data modernization initiative
- Trusted Exchange Framework and Common Agreement (TEFCA) – advances interoperability nationally and aligns with Minnesota recommendations around a connected networks approach to HIE
- Federal Health IT Strategic Plan 2024-2030

MDH progress includes:

- Expansion of Office of Data Strategy and Interoperability to lead MDH data modernization
- New leadership positions to support Commissioner's priorities around data modernization
- Data Vision and Roadmap developed with community engagement
- Development and expansion of Health Equity Bureau
- Local Public Health infrastructure funds informatics projects around the state
- Legislative requests
  - Provider Order for Life Sustaining Treatment (POLST) Registry Study – completed winter 2024, https://www.health.state.mn.us/facilities/ehealth/polst/index.html

- Statewide Provider Directory Feasibility Study – currently underway, https://www.health.state.mn.us/facilities/ehealth/pdstudy/index.html

Discussion

The advisory committee asked questions and had discussion around the loss of MDH funding to do formal assessment/surveys of health settings and their e-health adoption and use. The questions and discussion around the statewide provider directory feasibility study indicated a need for more education around the topic. Finally, the group discussed the resources for the advisory committee which is the CHIPT staff's time.

Review and discussion of committee topics

Presentation

Karen Soderberg facilitated the discussion on topics previously submitted by committee members including:

- Regulatory and legislative considerations
  - Understand and align with federal/national efforts
  - Regulatory changes and their impact on the cost of services/care delivery
    - Advise on regulations that affect care delivery
  - Address challenges with the Minnesota Health Records Act
  - Respond to potential future legislative initiatives with a health IT component
  - Statewide provider directory feasibility study
- Interoperability and data exchange
  - Coordination with TEFCA, develop MN's TEFCA plans, utilize QHINs
  - Incomplete health information exchange, connect EPIC and non-EPIC users, incentivize statewide approach to HIE, financial and technical support for improved HIE, workforce education on HIE, use the USCDI format
    - Waiver 1115 and its role in interoperability
    - MDH Data modernization efforts; MDH Data Vision and Roadmap
- Health equity
  - Social services referrals/closed-loop referrals
  - Opportunities to leverage technology to reach underserved communities
  - Improve care delivery and care coordination
  - SDOH data

        - Incentives and standards for SDOH data collection, SDOH data use, Z codes
    - Provide input or respond to Equitable Health Care Task Force recommendations
- Artificial intelligence (AI)
    - How AI can be used to improve healthcare
    - Recommendations for responsible use of AI
- Cybersecurity and patient data
    - Security of patient data
    - Patient privacy, access, and control of data
    - Comprehensive patient records/system to access health information
    - Address interoperability risks and risks that target supply chain resources
- Reporting
    - Public health reporting and data modernization; effective and sustainable public health information systems
    - Quality reporting capabilities from EHR vendors

Discussion

The advisory committee shared their thoughts about the topics above, and considered what items might be more suited to education versus action. Several members agreed that the list of issues is comprehensive and important; the discussion is summarized below:

- Minnesota needs to address gaps in HIE and interoperability to better support patients as they move across health systems and the care continuum. The large health systems that use the Epic EHR can exchange data amongst each other pretty well, but not with organizations that do not use EPIC. These are typically smaller organizations, long-term and post-acute care, and public and tribal health.
    - Some states have successfully implemented a unified “front end” for HIE to support providers and patients. In Minnesota, non-Epic users struggle to participate with HIE. Patients may have multiple portals without a single consolidated record that all their providers can reference. This poses significant challenges for patients who need to seek care at different health systems. As an example, a person who is diverted to another hospital because of the lack of bed availability may end up at a hospital that is not affiliated with their provider and/or using a different EHR system. We need to think about how to have the health record follow a person regardless of where they receive care. Several members agreed that this is an important issue.
    - Continue to think about HIE going beyond the health care systems and into the broader spectrum of patient care, in particular long-term and post-acute care.

- The committee needs to understand historical and recent state, federal, and national activities related to HIE and interoperability. What are the opportunities going forward relating to:
  - TEFCA holds promise to bridge the gap between Epic and non-Epic users. The committee needs to learn about TEFCA to understand what capabilities it has, and does not have, as well as who is participating. Currently TEFCA is focused on providers, and Epic is an approved QHIN. Things will change as new use cases are approved.
  - To effectively address HIE needs we need to look at USCDI requirements and align with that for our priorities on what data needs to move.
  - What organizations in the state are FHIR-enabled? Based on this information, what new FHIR use cases could be implemented.
  - What we need to know to be prepared for the ASTP/ONC final rule for Health Data, Technology, and Interoperability: Trusted Exchange Framework and Common Agreement (HTI-2).
- How can the committee address the EHR's role in supporting care, including technology, workflows, and AI to address:
  - Clinician burn-out and alert/messaging fatigue.
  - Adverse health events.
  - Prior authorization and the opportunities that are available once health plans implement API requirements for prior authorization. How can Minnesota seize on the opportunity to connect via the APIs?
  - Ensure that hospital resources are available for patients who really need them, and that other patients with non-acute care needs don't remain stuck in inpatient care.
  - Patient/individual access to their information, better leveraging or interoperability of patient portals and the information within.
- The need to include the public health side of the conversation at both the state and local level.
  - SDOH data and SDOH data standards and the need for a CBO provider directory to support closed-loop referrals.
  - Decrease manual data reporting from local public health to state agencies.
  - Enable direct secure messaging referrals from local public health to heath systems by providing direct addresses and establishing optimal workflows.
  - Help MDH better understand how public health reporting requirements and systems impact health care providers, in particular from an IT systems perspective.

- Consent management will become an important issue with some changes at the federal level. The Department of Health and Human Services (HHS) is developing a new unified data strategy across their agencies to better enable whole-person care by "mixing" HHS and clinical data. This will have consent considerations that go beyond treatment and into care coordination. This may also have special implications related to the Minnesota Health Records Act.
- Cybersecurity is an important topic.

The advisory committee is excited to begin the work but recognized the need for level setting and education to assure everyone is on the same page and the work is fruitful.

Comments submitted by survey form

Meeting attendees (including the public) were invited to submit comments using a web-based form. These comments were received within 2 weeks of the meeting date:

- The Sequoia Project has a new workgroup around Pharmacy Interoperability. NCPDP is also working on some initiatives around ADT notifications to pharmacists and health equity. Pharmacists are key providers and often the only provider in a community. (Commenter offered to share more information if there is interest).
- Healthcare can be very scary for patients, and many patients will bring a friend or family member with them to serve as an advocate, translator, and second set of ears for conversations with healthcare providers. For example, the post-procedure conversation with a physician can be documented in an After Visit Summary (AVS), but the spouse/child/friend that's listening to the provider will pick up on a lot of nuance and details that aren't in the AVS. As providers start to use ambient scribes to improve documentation in patient encounters, I think it's only a matter of time before patients start asking to use an ambient AI as their advocate (or at least note taker) for meetings with providers. Is it within the scope of the Advisory Committee's charter to work through the complexities from a risk and legal perspective with respect to the patients' use of AI to improve their experience and care?
- I thought I'd share this, as it presents an interesting opportunity to create a statewide Referral Information Exchange to facilitate referrals to CBO's when providers or plans learn of SDOH needs of Minnesotans. If implemented with interoperability in mind, maybe using those new FHIR standards that were mentioned in the chat, it could really put that data into action. Representing different areas of the healthcare sector, we might be the right group to restart this effort. https://stratishealth.org/initiative/co-creating-a-social-needs%E2%80%AFcommon-referral-approach-in-minnesota/
- Information exchange only works for some people in Minnesota. Not even if you are only seen at an Epic hospital in the twin cities, each Epic hospital system can configure its instance to share or not share information, limiting the available data in its portals (provider and patient). This has to be fixed. We can't wait. Folks in the rural space suffer as much as those in the urban center. We need something better. When I go to the

doctor with my husband, who has Parkinson's, his information doesn't follow him. He is left to his own, trying to communicate - and keep his record synchronized through his oral history and various portals between Epic hospitals, providers, and specialists. No unified view of a person's record and too many provider portals limit the ability of people to access and receive care or coordinate treatment, etc. Even though Epic is a primary vendor in Minnesota, it is not a replacement for an HIE or an HDU. An HIE would have a user frontend for providers and patients, consent mechanisms, governance structures like rules engines, a provider directory, master MPI, a routing mechanism, and all the other functions. Health equity can only be accomplished if an infrastructure acts as the hub. TEFCA will enhance HIE, but it will not replace HIE or HDU.

Next steps and closing remarks

The information from today's discussions will be used in creating the committee's charge and agenda for the January meeting. CHIPT staff will meet with members who expressed an interest in the co-chair role.

Members Present:

Najma Abdullahi, Executive Board of Directors-Member, UMN Community-University Health Care Center, representing: Consumer Members

Stacie Christensen, Deputy Commissioner and General Counsel, representing: Department of Administration

Kim Heckmann, MSN, FNP-C, SCRN, PHN, Primary Care NP Residency Program Director and APRN Educator, VA Medical Center, representing: Nurses

Matt Hoenck, Director of IT & Analytics, South Country Health Alliance, representing: Health Plans

Greg Hanley, MBA, FACHE, CPHQ, Vice President, Health Services Quality and Operations, UCare, representing: Health Plans

Nila Hines, Chief Data and Analytics Officer, representing: Minnesota Department of Health

Bryan Jarabek, MD, PhD, Chief Medical Informatics Officer, M Health Fairview, representing: Large Hospitals

Steve Johnson, PhD, Associate Director, CTSI Health Informatics Program, University of Minnesota, representing: HIT Training and Education

Lisa Klotzbach, MA, BA, PHN, Public Health Supervisor – Informatics, Dakota County Public Health, representing: Local Public Health

Sarah Manney, DO, FAAP, Chief Medical Information Officer, Essentia Health, representing: Physicians

Genevieve Melton-Meaux, MD, PhD, Senior Associate Dean, Health Informatics and Data Science, University of Minnesota, representing: Academics and Clinical Research

Lisa Moon, PhD, RN, LHIT, LNC, CEO, Principal Consultant, Advocate Consulting, LLC, representing: Experts in Health IT

Bradford Newton, Chief Information Officer, North Memorial Health, representing: Health System CIOs

Jane Pederson, MD, MS, Chief Medical Quality Officer, Stratis Health, representing: Experts in Quality Improvement

Charles Peterson, Chief Executive Officer, The Koble Group, representing: Health IT Vendors

Lindsey Sand, LHSE, NHA, Vice President of Population Health, Vivie, representing: Health Care Administrators

Peter Schuna, Chief Executive Officer, Pathway Health Services, representing: Long Term and Post-Acute Care

Ashley Setala, Director of Regulation & Policy Strategy, representing: Department of Commerce

Mathew Spaan, Manager, Care Delivery and Payment Reform, representing: Department of Human Services

Tarek Tomes, Commissioner, representing: MNIT

Jen Benson, EDI Developer at PrimeWest Health filled in for Mary Winter, Senior EDI Analyst, PrimeWest Health, representing: Health Care Purchasers and Employers

Members Absent

Brittney Dahlin, MS, RHIA, CPHQ, Chief Operating Officer, Director of Quality Improvement, Minnesota Association of Community Health Centers, representing: Community Clinics/Fed Qual. Health Centers

Mark Jurkovich, DDS, MBA, MHI, Director of Data Infrastructure, Health Care Systems Research Network, representing: Dentistry

George Klauser, Executive Director – Community Services-ACO/Healthcare Consultant, Lutheran Social Services of Minnesota, representing: Social Services

Alternates Present

Alexandra De Kesel Lofthus, Associate Director, State Strategy, Unite Us, representing: Consumer Members

Cathy Gagne, RN, BSN, PHN, LHIT, Sr. Business Analyst, Ramsey County Health & Wellness Administration, representing: Local Public Health

Alicia Jackson, MS, CPPM, Healthcare Analyst Principal, Blue Cross Blue Shield of Minnesota, representing: Health Plans

Roxanee Pierre, MD, MHA, Medical Director/ Administrator, Eden Pathways Homecare Agency, representing: Physicians

Adam Stone, Vice President Services Delivery, Chief Privacy Officer, Secure Digital Solutions, Inc., representing: Experts in Health IT

Laura Unverzagt, MBA, Vice Chair-Information Technology, Mayo Clinic, representing: Health System CIOs

Tamara Winden, PhD, MBA, FHIMSS, FAMIA, Founder Principal Consultant, Winden Consulting, LLC, representing: Academics and Clinical Research

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