Participating in a Health Information Exchange (HIE)
Many Faces of Community Health 2011

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Greg Linden
CIO, Stratis Health
HIE Subject Matter Expert, REACH
Objective

This session will outline options for participation in Minnesota’s health information exchange (HIE) and the issues that community health centers and other safety net providers need to address.
The 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.”
State Mandates that Advance e-Health

2011 e-Prescribing Mandate

• All providers, group purchasers, prescribers, and dispensers must establish, maintain and use an electronic prescription drug program that complies with applicable standards effective January 1, 2011
  – [Minnesota Statute 62J.497]

2015 Interoperable EHR Mandate:

• All healthcare providers and hospitals have interoperable EHRs by 2015
  – MDH to develop a statewide plan to meet the mandate
  – Establish uniform health data standards by January 2009
  – All EHRs must be certified by CCHIT or it successor assuming a certified EHR product for the provider’s particular setting is available
  – [Minnesota Statute 62J.495]
Proposed Approach for HIE in MN

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

Foundation for Minnesota Approach:
- Consistent with national vision for exchange
- Builds on Minnesota e-Health vision and model for interoperable EHRs
- Patient-centered approach
- Based on public good principles

Minnesota Model for HIE Includes:
- Granting certificates of authority to health information organizations (HIO) and health data intermediary (HDI)
- State oversight

Continuum of EHR Adoption

1. Adopt
2. Utilize
3. Exchange
4. Interoperate

Achievement of 2015 Mandate
Mechanism for MN Certification & Oversight of HIE

• Establishes oversight by Commissioner of Health to protect the public interest on matters pertaining to health information exchange
  – Transparent public hearing process with on-going input by Minnesota consumers & stakeholders

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

• Allows open, free market for provision of HIE services
  – Allows for multiple HIE Service Providers (HIOs & HDIs) to be certified and operate in the state
NwHIN Core Services

• Look-up and retrieve data
  – Summary record and other available data from locations in EHRs and PHRs

• Deliver data
  – Summary record to meet emergent care needs

• Exchange consumer preferences
  – Decisions about participation in electronic exchange of their data
  – Workable permissions for who can access what

• Support delivery of data for population uses
Types of HIE

Health Information Organization (HIO)
- Facilitated health information exchange
- Coordinated statewide approach
- Offering services like:
  - Real-time claims services (RUCS)
  - Authorized users management
  - Translation services (local format to national standards)

Health Data Intermediaries
- Transaction-specific exchanges
  - Electronic prescribing
  - Immunization data exchanges
  - Laboratory results reporting

By Direct Exchange
- Varied and diverse efforts
- Can be facilitated by trading partners
- Primarily push transactions

NNN e-Health Guidance and Recommendations

Participating Entities
- Health systems
- Providers/Physicians
- Community clinics
- Other settings

Key Health Alliance
Regional Extension Center for HIT

REACH - Achieving meaningful use of your EHR
Health Information Organization

- **Health Information Organization (HIO):**
  Health information organizations are:
  - organizations that oversee, govern, and/or facilitate
  - the exchange of health-related information among organizations
  - according to nationally recognized standards.

- 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.

- Enables “pull” transactions
HIO: information “pull” example

- A primary care provider recommends a procedure for their patient, an LTC resident
  - The hospital wants to pull patient record information at admission
  - The provider wants to pull results of the procedure
  - The LTC facility wants to pull updated med list upon return
Health Data Intermediary

- **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, including:
    - Pharmaceutical electronic data intermediaries, and
    - Health Information Service Providers (HISP), as defined by the Nationwide Health Information Network (NwHIN) **Direct Project**
  - A health data intermediary that provides HIE services for the transmission of **one or more clinical meaningful use transactions** must apply for a Certificate of Authority
  - Enables “push” transactions
HDI/Direct: information “push” example

Lab to clinic: Lab receives order from clinic and responds with lab report
Direct: What is It?

- NwHIN Direct is e-mail with a trust and security layer
  - **Trust**: you may only correspond with addresses with whom you’ve established mutual trust
  - **Security**: Confidentiality, Integrity and Authenticity
- NwHIN Direct is a standards-compliant, secure, directed clinical messaging standard
  - HIPAA-compliant
  - Meaningful Use-compliant
  - Simple
  - Low-cost
  - No added legal framework or consent management required
HDI/Direct: Example (Meaningful) Use Cases

- Exchange clinical information
- Structured lab data into EHR
- Electronic copy to patients
- Discharge instructions
- Clinical summaries to patient
- Send patient reminder
- Provide patient access
- Provide patient education
- Summary of care
- Immunization registry
- Report to public health
- Syndromic surveillance
- Report quality measures to CMS
HDI/Direct: Key Concepts

Provider A

HISP A

Provider B

HISP B

Edge Protocol (Encrypted)

Direct Backbone (Encrypted SMTP)

Edge Protocol (Encrypted)

Patient via PHR

Provider C via Web App

Edge Protocol (Encrypted)

REACH - Achieving meaningful use of your EHR
Minnesota HIE Architecture

Nationwide Health Information Network (NwHIN)

Other NWHIN Nodes

HIO #1

HIO #2

Statewide Health Information Exchange

Shared HIE Services
- Directory
- Consumer Preference Management

Direct Exchange

Health Data Intermediary

Hospitals

Private Practices

Other settings
Requirements for HIE Service Providers

Defines minimum criteria for certification, including:

- Meet national standards for exchanging health information
- Demonstrate compliance with privacy and security laws
- Interoperate with other HIE Service Providers
- Maintain strategic and operational plans that support providers in achieving meaningful use of EHRs
- Maintain a business plan addressing needs of community clinics, critical access hospitals and free clinics in accessing HIE services
- Submit rate plan that
  - distributes costs equitably among users of HIE services,
  - provides predictable costs for providers and
  - provides a predictable revenue stream for HIE Service Providers to maintain operating costs and develop technical infrastructure
Current State Certified HIE Service Providers

• State-certified HIOs
  – Community Health Information Collaborative (CHIC)

• State-certified HDIs
  – Ability Network (formerly VisionShare)
  – Emdeon

• For more information on State-Certified HIE Service Providers
  – http://www.health.state.mn.us/divs/hpsc/ohit/certified.html
HIO: HIE-Bridge

- Key Health Information Organization (HIO) features:
  - Patient queries:
    - Quick access to demographic information on patients
    - Distributed searches - No central database
  - Secure – PKI digital certificate authentication with 2-factor security
  - Sophisticated Patient Privacy and Consent Management
    - Conforms to recent Minnesota legislation
  - Scalable – capable of a very large number of participants
- FQHCs that are HIE-Bridge Participating Organizations:
  - Sawtooth Mountain
  - Scenic Rivers Health Services (aka Cook Area Health Services)
  - Lake Superior Community Health Center
- Contact:
  - Community Health Information Collaborative
  - 218.625.5515
  - http://www.hiebridge.org/
HDI: ABILITY Network

• Key Health Data Intermediary (HDI) features
  – Implementation of Direct
    • ABILITY worked closely with ONC and HHS on the development of the Direct Project standards
    • ABILITY completed the first production transaction using the Direct Project specifications to transport patient data
    • Immunization records from Hennepin County Medical Center to the Minnesota Department of Health
  – DirectABILITY will offer clinical exchange in 3 tiers:
    • User (physician level)
    • Enterprise (IDN level)
    • HISP (HIE level)

• Contact:
  – ABILITY Network
  – 612.460.4301
  – http://www.abilitynetwork.com/
HDI: Emdeon

- Certified by Minnesota as an HDI effective August 26th, 2011
- Contact:
  - Emdeon
  - 1.877.363.3666
  - http://www.emdeon.com/
2011 e-Health Connectivity Grant Program for Health Information Exchange

Announced by MDH
October 26th, 2011
Grant program design point

A. Assist health care providers in rural or underserved communities who are potentially eligible for federal meaningful use incentives in exchanging health information with other health care providers

B. Increase the number of rural Minnesota pharmacies capable of accepting electronic prescriptions.
Grant program background

- Funding: One million dollars is currently available.
- Grant awards: Up to $10,000
- Award process: Applications reviewed & evaluated first come; first served
- Application Deadline for 2011 Program:
  - December 31, 2011
- Match requirement: One dollar in cash match from grantee for every $10 in grant funds awarded.

Note: Funding is from the 2011 Minnesota Department of Health (MDH) Office of Health Information Technology three -year State HIE Cooperative Agreement program ($9.6 million) with the Office of the National Coordinator for Health Information Technology (ONC). These funds are being used to expand HIE capacity, support robust electronic exchange of health information statewide, and help health care providers achieve Minnesota’s goal for interoperability by 2015.
Qualifying Applicants and Eligible Expenses

- Qualifying Hospitals and Clinics:
  - Critical Access Hospital
  - Small rural hospital (<100 beds)
  - Rural Health Clinic (RHC)
  - Federally Qualified Health Center (FQHC)
  - Rural physician clinics

- Eligible Activities:
  - Consultant costs associated with health information exchange planning
  - Costs associated with establishing connectivity to a State-Certified Health Information Exchange Service Provider and up to one year’s subscription costs.

- Note: Hospitals and clinics must be potentially eligible, or employ potentially eligible professionals for federal meaningful use incentives and must have a certified EHR partially implemented or fully implemented
For more about the Grant Program…

• Visit the Minnesota e-Health Connect webpage:
  – http://www.health.state.mn.us/divs/hpsc/ohit/hiemn.html

• Contact:
  – Anne Schloegel
    • MDH – Office of Rural Health and Primary Care
    • anne.schloegel@state.mn.us
    • 651.201.3850
Summary

• Great progress has been made to create thoughtful, standards-based choices for HIE
• The Minnesota framework deliberately provides a free market for HIE services, but also ensures oversight in the public’s interest
• Minnesota enjoys several solution options that address a wide range of HIE needs
  – Consider your requirements as you look at your options
• Remember that the “technical infrastructure” is perhaps the easiest problem!
  – Don’t underestimate the time and effort required to get all the other elements of HIE figured out!
• You now have some solid, validated HIE options to choose from…
  – … and a new grant program from MDH to help, so…
  – Let’s get ‘er done!