

HIE Task Force Recommendation 1: Enable Foundational HIE Using the eHealth Exchange

ENDORSED BY THE MINNESOTA E-HEALTH ADVISORY COMMITTEE ON
SEPTEMBER 28, 2018

Goal and Objective

Patients transitioning between health care settings and providers are vulnerable to “falling through the cracks” if the information needed for their care is not readily available to relevant providers at all stages of the transitions. The recently completed [Minnesota HIE Study](#) identified significant gaps in the flow of health information between providers using the Epic EHR and those not using the Epic EHR that could adversely affect patient transitions of care.

The Minnesota e-Health HIE Task Force Recommendation 1 is intended to bridge these information sharing gaps. It is important to note that this recommendation is not intended as a long-term solution, but as an interim, short-term, practical “gap filler” that will likely be superseded by more comprehensive, better integrated HIE in the future.

Recommendation

The recommendation is a three-part option as follows:

1. Health systems and providers that are not eHealth Exchange Participants become Minnesota State-Certified Health Information Organization (HIO) Participants.
2. Each Minnesota HIO becomes an eHealth Exchange Participant and establishes, tests and maintains a connection to the other eHealth Exchange Participants in the state.
3. Health systems that operate facilities in Minnesota and are eHealth Exchange Participants:
 - may become Minnesota State-Certified Health Information Organization (HIO) Participants OR;
 - will use the eHealth Exchange to establish, test, and maintain a connection to all Minnesota HIOs.

Basis for the eHealth Exchange Recommendation

The recommendation is an interim, short-term step to achieve foundational health information exchange (HIE) among Minnesota providers, large health systems, HIOs, and other health systems and providers across region and nation, to meet the goal and objective noted above.¹

- Minnesota health systems using the Epic EHR (the majority of the large health systems) are participants in the national HIE network known as the eHealth Exchange, and use the network agreement and standards to exchange health information with other participant organizations both in Minnesota and nationally. In particular, eHealth Exchange Participants can query for and receive a list of care summary documents (CCDs) that may provide valuable health information needed for managing patient transitions of care.
- Some Minnesota providers are also using Minnesota's HIOs for HIE services (HIO Participants). If Minnesota's HIOs become eHealth Exchange Participants and establish connections with other eHealth Exchange participants, then HIO Participants will have access via their HIO to other eHealth Exchange Participants, including Minnesota's large health system participants. Minnesota HIOs are currently working on completing, or have already completed, requirements to become eHealth Exchange Participants.
- eHealth Exchange can provide access to agencies and providers that are not Carequality implementers [e.g., Centers for Medicare and Medicaid Services (CMS), CVS Minute Clinic, DaVita Healthcare Partners, Department of Defense, North Dakota Health Information Network (NDHIN), Social Security Administration (SSA), Veterans Health Administration (VHA), Walgreens, Wisconsin Statewide Health Information Network (WISHIN), etc.
- eHealth Exchange is planning to allow an option for eHealth Exchange Participants access to Carequality Implementers in the next few months (reduced cost as would be eHealth Exchange cost + small amount and not two separate participation costs). Carequality has not indicated a similar option. Since there are providers participating in just one of those two options, it would be the intent to encourage the HIOs to be a participant/member of both when available).

eHealth Exchange as an Interim, Short-Term Step

This recommendation is intended to be an interim step to provide foundational HIE capability. Future recommendations will focus on longer-term steps that support robust HIE and optimal HIE. Future recommendations will focus on “connected networks” that will include HIOs and their participants as well as other organizations (e.g., large health systems) that meet requirements for being a “node” on network. These “nodes” will be expected to contribute information and support the overall needs, including financial, for efficient connected networks services.

Note: learn about foundational, robust, and optimal levels of HIE in the 2018 Minnesota HIE Study Report (<http://www.health.state.mn.us/e-health/hie/study/index.html>)

¹ HIE Task Force staff met with two national HIE organizations – eHealth Exchange, and Carequality – and collected additional information and clarifications. Staff also met with representatives of the state's four Health Information Organizations (HIOs) during one of the regularly scheduled meetings with them. While the HIOs noted some limitations to this approach, they also agreed to its value.

Strengths and Limitations

Strengths

- Fills an HIE gap - Offers smaller providers and providers not using the Epic EHR a way to share patient information for transitions of care with organizations using the Epic EHR.
- Provides a mechanism to exchange information with federal agencies (e.g., Social Security Administration) and out of state providers and HIE organizations.
- Allows large health systems using the Epic EHR that are eHealth Exchange Participants to exchange with smaller organizations not using the Epic EHR (e.g., HIO Participants) with less effort and potentially fewer resources (e.g., no separate data sharing agreements or point to point connections/interfaces)
- Provides a potential quick “fix” to address a current HIE gap given that:
 - Most large Minnesota health systems using Epic are eHealth Exchange participants
 - HIOs are completing requirements to be eHealth Exchange participants
- Using the eHealth Exchange’s Data Use and Reciprocal Support Agreement or DURSA is an administrative benefit. This existing, agreed-upon, comprehensive, multi-party trust agreement eliminates the need for organizations to negotiate individual data sharing agreements. This may result in efficiencies that reduce the costs and burdens of connecting and exchanging health information.

Limitations

- eHealth Exchange Participants with still need to establish, test, and maintain “point to point” connections with other eHealth Exchange Participants. The number of connections required and costs of these connections may vary.
- Since the eHealth Exchange supports only foundational HIE, limited to query and response for care summary documents (e.g., CCDs), the HIE Task Force will continue to pursue longer-term solutions. The governance, authority and financing needs for these longer-term solutions to achieve robust and optimal HIE will be proposed by the HIE Task Force through future deliverables.
- Health systems that operate in multiple states may need to consider how to best meet state public health and quality reporting requirements as well as how best to share and receive health information with/from other providers their patients visit. These health systems may want to consider becoming an HIO Participant to optimize workflows, processes and resource use for HIE.

Additional Information and Clarifications for the HIE Task Force about the eHealth Exchange Option

Note: These recommendations do not change the requirements of the Minnesota Interoperable Electronic Health Record Mandate or its HIO provisions.

What would be the expectations for Minnesota State-Certified Health Information Organizations (HIOs)

- All HIOs will be eHealth Exchange Participants. This allows for connections to other eHealth Exchange Participants that include many of Minnesota's health systems that use the Epic EHR as well as other participants across the region and country.
- HIOs will continue to work toward connecting to each other outside of the eHealth Exchange mechanism for a more robust and optimal HIE.

What would be the expectations for health systems that are current eHealth Exchange participants

- All health systems that operate in Minnesota and currently participate in the eHealth Exchange, including most of the larger health systems using the Epic EHR, will be expected to establish, test and maintain a connection to all HIOs. This will allow for the sharing of care summary documents (e.g., CCDs) of mutual patients, with proper consents in place, through the eHealth Exchange to and from HIOs.

Health systems that are eHealth Exchange Participants include, but are not limited to: Allina Health, Altru Health System, CentraCare Health System, Essentia Health, Fairview Health Services, Gundersen Health System, HealthEast Care System, HealthPartners – Park Nicollet Health Services, Hennepin County Medical Center, Mayo Clinic, North Memorial Health Care, Sanford Health.

What would be the expectations for providers that are neither an HIO participant nor an eHealth Exchange participant (or aren't sure)

- If you are a provider organization that is not currently an eHealth Exchange Participant, your organization should connect to an HIO to receive care summary documents for your patients who are also receiving care in health systems using Epic.
- If your organization is an affiliate member of a health system using Epic (e.g., Epic EHR affiliate), verify with the health system that your organization is included in the eHealth Exchange. If not, your organization should connect to an HIO directly for HIE services.

What are the considerations for establishing connections to additional eHealth Exchange Participants

- HIOs and Health Systems may also consider establishing a connection using the eHealth Exchange connection to the following organizations, including but not limited to: CVS MinuteClinic, DaVita Healthcare Partners, Marshfield Clinic, WI, North Dakota Health Information Network (NDHIN), ThedaCare, WI, UnityPoint Health, IA, University of Iowa Health Systems, University of Wisconsin Health, Walgreens, Wisconsin Statewide Health Information Network (WISHIN), and others as available.
- HIOs and Health Systems may also consider establishing a connection using the eHealth Exchange to the following federal agencies: Centers for Medicare and Medicaid Services (CMS), Department of Defense, Social Security Administration (SSA), Department of Veterans Affairs (VA).

What are consideration for the relationship between the eHealth Exchange and Carequality

- Based on input from The Sequoia Project, the public-private collaborative that manages the eHealth Exchange and supports Carequality, by the end of 2018, eHealth Exchange Participants will have an option to expand to be Carequality implementers for an additional cost (cost + current eHealth Exchange annual fee). Members of Carequality will be able to connect only with those eHealth Exchange Participants who choose to expand their connection to Carequality members. The federal agencies that are eHealth Exchange Participants are not expected to join Carequality; organizations connected only to Carequality, will need another way to connect to those organizations that remain eHealth Exchange Participants only.
- If the health system is only a Carequality Member (e.g., Cerner users in Minnesota), the organization is expected to establish a connection to all the Minnesota HIOs when they are both eHealth Exchange Participants and Carequality Members. The organization may also consider connecting directly to an HIO.
- Carequality offers added services, such as Record Locator Services (RLS), for an additional cost, to Carequality members and, in the near future, to eHealth Exchange Participants who expand to Carequality. Carequality Membership may initially cost less; however, any services beyond query and response for CCDs are an additional cost.
- eHealth Exchange Participants and Carequality members do not typically charge each other to connect. HIEs (e.g., MN HIOs) usually pass costs for national networks and services on to their end users, but the more end users (provider organizations connected to the HIO) the lower the cost to each provider. eHealth Exchange Participants pay an initial certification/testing fee and an ongoing annual fee to maintain membership. Providers connected directly to a national network will also pay the initial and ongoing fees.
- Sequoia suggested that some provider organizations will want to maintain access to both the eHealth Exchange and Carequality, as well as other national networks and HIEs (e.g., MN HIOs) for different types of services.

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