



# MN POLST Registry Study Advisory Committee

December 1, 2023

# Agenda

1:00 – 1:05 p.m.	Welcome
1:05 – 1:20 p.m.	Next Steps
1:20 – 1:40 p.m.	Administrative Recommendations
1:40 – 1:55 p.m.	Legal Considerations
1:55 – 2:25 p.m.	Funding & Complementary Recommendations
2:25 – 2:50 p.m.	Updated Recommendations
2:50 – 3:00 p.m.	Final Stages of Study

Welcome

- **Advisory Committee Input**

- Raise your hand
- Add comments/thoughts in the chat
- Share thoughts/comment via post meeting link
- Turn on camera when speaking (if prefer)

- **Public**

- Listen to conversation
- Share thoughts/comment via post meeting link found on POLST page:  
<https://www.health.state.mn.us/facilities/ehealth/polst/index.html>

## Next Steps: MN POLST Registry Study

- Sharing work to date and getting input from MDH leadership.
- Working on the report to legislature.
- Facilitating the Advisory Committee meetings on 12/8 and 12/15 as needed.
- Submit report for MDH review process (12/15 or as soon as possible after).
- Commissioner of Health will submit report to MN Legislature on 2/1/24.
- Testify and answer questions on the recommendations.

# Legislature's Role

- Review the study recommendations and decide on action.

# Draft Recommendations Discussion



# Study Outcomes

- The commissioner, in consultation with the advisory committee established, shall develop recommendations for a statewide registry of POLST forms to ensure that a patient's medical treatment preferences are followed by all health care providers. The registry must allow for the submission of completed POLST forms and for the forms to be accessed by health care providers and emergency medical service personnel in a timely manner for the provision of care or services.
- The commissioner shall develop recommendations on the following:
  - electronic capture, storage, and security of information in the registry;
  - procedures to protect the accuracy and confidentiality of information submitted to the registry;
  - limits as to who can access the registry;
  - where the registry should be housed;
  - ongoing funding models for the registry; and
  - any other action needed to ensure that patients' rights are protected and that their health care decisions are followed.

# Recommendations Structure



# Administrative Recommendations

# Registry Location

## 1 of 2

State	Lead organization	Notes
Idaho	Idaho Department of Health & Welfare: Completely with in a state office and was built by state IT (started at Secretary of State)	<a href="#">Advance Directives and Registry Services   Idaho Department of Health and Welfare</a>
New York	New York State Department of Health, originally housed at the BlueCross BlueShield data center, uses a health information exchange organization	<a href="#">New York State eMOLST Registry (nysemolstregistry.com) &amp; Medical Orders for Life-Sustaining Treatment (MOLST) (ny.gov)</a>
Oregon	Oregon Health Authority (registry and call center) & Oregon Health and Science University Center for Ethics in Healthcare (POLST education program)	9/15/23 Presentation
Utah	Utah Department of Health's Office of Vital Records and Statistics	Federal funds were used, support from Utah Commission on Aging, <a href="#">Leaving Well: Utah Guide to End-of-Life Health Care - POLST (leaving-well.org)</a>

# Registry Location

## 2 of 2

State	Lead organization	Notes
Washington	Washington State Medical Association with state department of health providing some training materials.	
West Virginia	WV Center for End-Of-Life Care. The WV Center for End-of-Life Care is a nonprofit state agency focused on coordination, education, and resources. Housed at University with access via a health information exchange organization.	<a href="http://wvendlife.org">WV Center for End-of-Life Care (wvendlife.org)</a>
Louisiana	Louisiana Health Care Quality Forum is a private, not-for-profit organization dedicated to reshaping health care.	<a href="#">About Us   LaPOST Coalition   LHCQF Initiative (la-post.org)</a>



POLST Registry Study  
Legal Considerations and Background

Taya Moxley-Goldsmith

Data Practices Office

- Applies to covered entities
  - Providers, health care plans, and health care clearinghouses
- Privacy Rule prohibits disclosure of PHI/PII
- Broad sharing authority for TPO – treatment, payment, and operations
  - Includes emergency situations
- Requirements to maintain and transfer records securely
- Business Associate Agreements, Data User Agreements

# Minnesota Health Records Act

- Applies to “providers” defined in Minn. Stat. §144.291
  - Does not include EMS
- A person who receives health records from a provider may not redisclose without:
  - Consent of the patient
  - Specific authorization in law
  - A representation from a provider that they have a signed consent
- Further disclosure is limited
  - Minn. Stat. §144.293, subd. 2



# Specific statutory authorization

- Medical emergency
  - Patient's condition or the nature of the medical emergency don't allow for consent
- To providers in a related healthcare entity for current treatment
- *Schneider* case (HIPAA fundraising)
  - Authorizations in HIPAA that are not directly contrary to a “more stringent” state provision

# Minnesota Government Data Practices Act

- Applies to “government entities” (e.g., local government, state agencies, U of MN, Minn. State System)
- Presumes government data are public unless specific law limits disclosure
  - MNHRA and HIPAA protect PHI/PII, limit disclosure and allow sharing
  - Data that are not PHI/PII would be subject to the public presumption
- Private data may be shared with:
  - Written informed consent
  - Statutory authority
  - Within a government entity by employees with a work assignment

- Contractors may have access to government data and are subject to the law
- Additional requirements:
  - Access by data subjects in 10 business days
  - Additional notice required when obtaining information from data subjects (if patients will upload or change their own record)
  - Obligation to create summary data
- Breach obligations
  - Report required, additional reports for State agencies

# POLST registry and call center

- Enabling legislation could include:
  - The oversight body
  - The registry and call center
  - Specific statutory authorization for providers to share
  - Specific statutory authorization for disclosure by registry and call center
  - Specific classifications for related records held by a government entity subject to Ch. 13
- Minnesota Immunization Information Connection
  - <https://www.health.state.mn.us/people/immunize/miic/privacy/dataprivacy.html>

# Funding & Complementary Recommendations

# Updated Recommendations

# Final Stages of the Study

# Finalizing and Endorsing the Recommendations

- Take your pulse on the POLST recommendations as of today
- Incorporate today's feedback
  - Welcome additional written comments ASAP
- Planning Team and Co-Chairs will decide on next meeting date(s) and agenda(s)
- Develop next draft of recommendations and share with the AC
- Additional discussions and final vote to endorse the recommendations



# Pulse of POLST Recommendations

- Incorporating the discussions today, do you
  - **Support** the recommendations
  - Have **reservations** about the recommendations\*
  - **Disagree** with the recommendations\*
  - \*indicate where you want more discussion/which recommendations should be focused next time (indicate the number and topic - #12 – court appointed training)

- Thanks for your feedback today.
- Please send any additional comments or areas you want more discussion soon so we can finalize the last two meeting dates.

# Closing

Thank You!!