Jennifer Fritz Testimony
ONC HIT Policy Committee Interoperability and HIE Workgroup

Panel 3: State/Federal Perspectives
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Jennifer Fritz Bio

Jennifer Fritz is the Deputy Director from the Office of Health Information Technology at the Minnesota Department of Health. Jennifer is responsible for the direction of Minnesota e-Health programs, including the Minnesota e-Health Initiative, Minnesota's Health Information Exchange Oversight Program, Minnesota's e-health activities related to the State Innovation Model program, and activities related to privacy and security, health informatics and data standards. Jennifer was also the lead for Minnesota's State Health Information Exchange Cooperative Agreement, which ended in early 2014. Prior to serving as Deputy Director, Jennifer was a project manager on the state's health information exchange activities with responsibilities for developing and implementing Minnesota's strategic plan for health information exchange. Jennifer has also worked on a variety of public health informatics projects aiming to improve the development and use of public health information systems.

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[Background on Minnesota e-Health]

- This year is Minnesota's 10th year anniversary of the Minnesota e-Health Initiative, a public-private collaborative establishes by the Minnesota Legislature to accelerate the adoption of electronic health records, effective use, and health information exchange statewide for the purposes of improving patient care, safety, quality of care and costs.
- Minnesota has a very high adoption rate of electronic health records, with 99% of hospitals and 93% of clinics having adopted an EHR.
- 40% of both Minnesota clinics and hospitals report that they exchange information with unaffiliated partners; whereas within their affiliation, 75% of clinics and 73% of hospitals report exchanging information.
- Minnesota currently has 1 State-Certified Health Information Organization (Community Health Information Collaborative) and 6 State-Certified Health Data Intermediaries (Eldermark Exchange, Emdeon, IOD, Relay Health, Sandlot Solutions, Surescripts). We are actively working with approximately 10 more Health Data Intermediaries to become certified. Information on State-Certified HIE Service Providers can be found at: http://www.health.state.mn.us/divs/hpsc/ohit/certified.html.

[Slide 1]

Minnesota's HIE governance approach is authorized by legislation - Minnesota Statutes 62J.498-4982. Minnesota supports a market-based approach to health information exchange with government playing an oversight role to entities that provide HIE services in the market. Currently, our State-Certified Health Information Exchange Service Providers provide the full range of clinical meaningful use transactions as well as additional emerging transactions such as those necessary for health reform.

Currently, one of the challenges to broadly deploy a range of use cases for non-meaningful use transactions is the lack of nationally agreed upon standards for exchanging with a range of health and health care providers (e.g., behavioral health, local public health).

The advantage to Minnesota's market-based approach to health information exchange is that the state alone isn't required to advance the market innovation, but allows companies that provide HIE services nationally as well as in Minnesota to foster innovation, yet the model in Minnesota assures some level of government oversight to ensure a level playing field as well as to offer protections for both providers and consumers.

We know that this legislation needs to be updated because the HIE landscape has changed significantly in just a few years, so we will be working to update our law to be more in sync with national activities related to HIE. We use a public process through our MN e-Health Health Information Exchange Workgroup to make policy recommendations that would impact our HIE oversight law and those recommendations were made last December, 2013.

[Slide 2]

As part of our oversight process, all entities seeking certification are required to attest to a list of requirements including various polices and governance mechanisms. In addition, Health Information Organizations (HIOs) must seek the full EHNAC HIE accreditation. While not required (in part because our law was established before these activities took place), HIE Service Providers who provide direct capabilities are encouraged to become a member of DirectTrust. All HIE Service Providers in MN have become members and have or are undergoing EHNAC certification for HISPs. Another optional requirement that has so far been agreed to by all include Minnesota Statewide Shared HIE Services which provides the ability to look up a direct address, have one mechanism for recording opt-out of record locator services, and the ability to query across record locator services.

For entities that have been certified, they receive an order with clear expectations and dates (with follow-up from our staff). They also complete quarterly reports and Annual re-certification.

[Slide 3]

We know in Minnesota that there is a lot of HIE happening, often not through a State-Certified option – such as EHR vendor facilitated or peer-to-peer, so then we have more silos of data vs. lack of HIE. In Minnesota, it seems that the presence of large EHR vendors that provide HIE services (and who refuse to seek state-certification); plus the lack of certified EHR technologies and agreed upon standards to support use cases important for priority settings (e.g., behavioral health, local public health, social services, long-term and post-acute care); in Minnesota, we also experience privacy laws that are more restrictive in some states.

Because there is often confusion about various state and federal laws around data privacy and health information sharing, there is a great need for strong governance structures. The term governance can itself be confusing and what the components of a good governance structure should be aren't clear.

[Slide 4]

At the national level, it would be helpful to develop a common definition, components, and minimum standards for a strong data governance structure from different perspectives/roles (e.g., if you are the intermediary providing HIE services, if you are the provider, if you are the patient, etc.). In addition to data governance, ONC should look at establishing common core sets of HIE services and standards that support health care reform activities, identification standards for interoperability across health care services, determine a framework of certifications/accreditations that should be sought (e.g., EHNAC), identify mechanisms that support interoperability across entities providing HIE services and for providers/payers seeking to participate in HIE.

ONC could play a role in helping to shape this common model for data governance. The states and the private sector have to be active in shaping what this looks like in an effort to meet the interoperability of new health care models.

We often hear from national companies that they don't want to seek HIE certification in Minnesota because we are just one state. If there was a regulatory role ONC could play, in particular for HIE service providers that cross state borders, that would be very beneficial. Then, states, like Minnesota, could focus on factors that are specific to their state (such as state-specific privacy laws).

Once a common understanding of HIE governance structures is understood, it would be beneficial for ONC to monitor the market based on the common elements/definitions mentioned previously. It is important for ONC to play a lead role because HIE crosses state borders; creating new silos of data segregated by EHR vendor, integrated delivery networks, payer networks, health care enterprises that span multiple states and geographical market share

One possible mechanism would be to develop some sort of a voluntary registration process for entities that are in the HIE space – somehow create value for them to participate, but in turn, require them to register and provide information back to ONC. This would help ONC learn more and determine over time what, if any, regulatory role ONC should play.

[Setting Standards in MN]

The Commissioner of Health, in consultation with the e-health Advisory Committee, has authority to set standards (MN Statute 62J.495); however, we often site standards that have been developed by ONC whenever possible. We have used our MN e-Health Advisory Committee and workgroups (e.g., HIE workgroup, Standards and Interoperability Workgroup) to recommend standards, policy and technology requirements. The purpose of these groups is to build consensus and advice on policies that should be adopted.

[Costs of Governing HIE in MN]

The cost of governing HIE in MN is currently based on revenue generated from HIE certification fees – the more fees we generate, the more staff we can have dedicated to HIE. Currently, however, it requires about 3 FTEs to fully implement HIE oversight and governance in Minnesota. The fees currently pay for about 1 FTE.