



# MDH Interoperability Webinar Series: MDH Overall Interoperability Data Strategy

Melinda Hanson, Interoperability External Partner Liaison, Office of Data Strategy and Interoperability

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PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

# Join any or all MDH Interoperability Webinars in this Series:

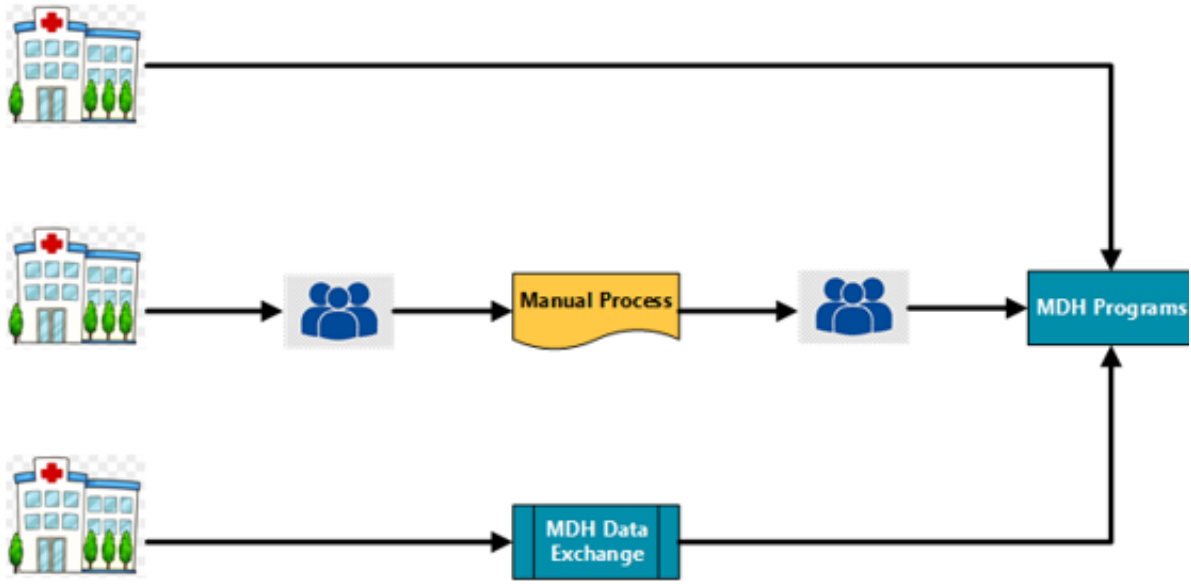
Date	Public Health Reporting Use Case
December 9	Immunization Reporting (MIIC) *
December 16	Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI)
January 6	Expanded syndromic surveillance with participation in the National Syndromic Surveillance Program (NSSP) *
January 13	Electronic Case Reporting (ELR) *
January 20	Electronic Case Reporting (eCR) *
January 27	Laboratory Orders/Results – Infectious Disease Lab (IDL)
February 3	Laboratory Orders/Results – Newborn Screening Blood Spot (NBS)

# Webinars to provide information towards:

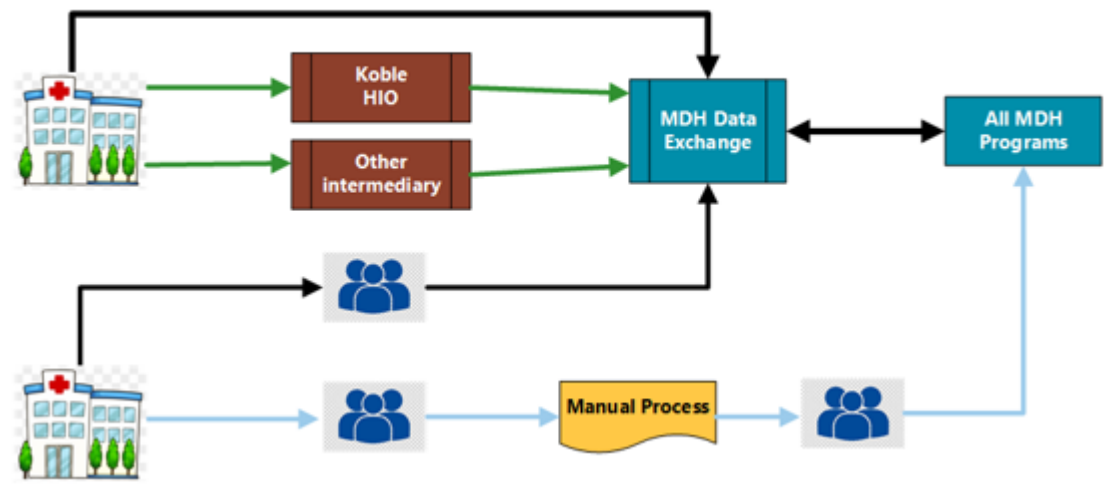
- ✓ Reducing your reporting administrative burden
- ✓ Meeting the CMS public health reporting requirements
- ✓ Improving data quality so information shared with MDH can better address future emerging threats and address population health issues
- ✓ Learning how you, your organization, and your patients benefit from improved public health reporting

# MDH Interoperability Strategy: Overall

### Current MDH Data Exchange



### Planned MDH Data Exchange



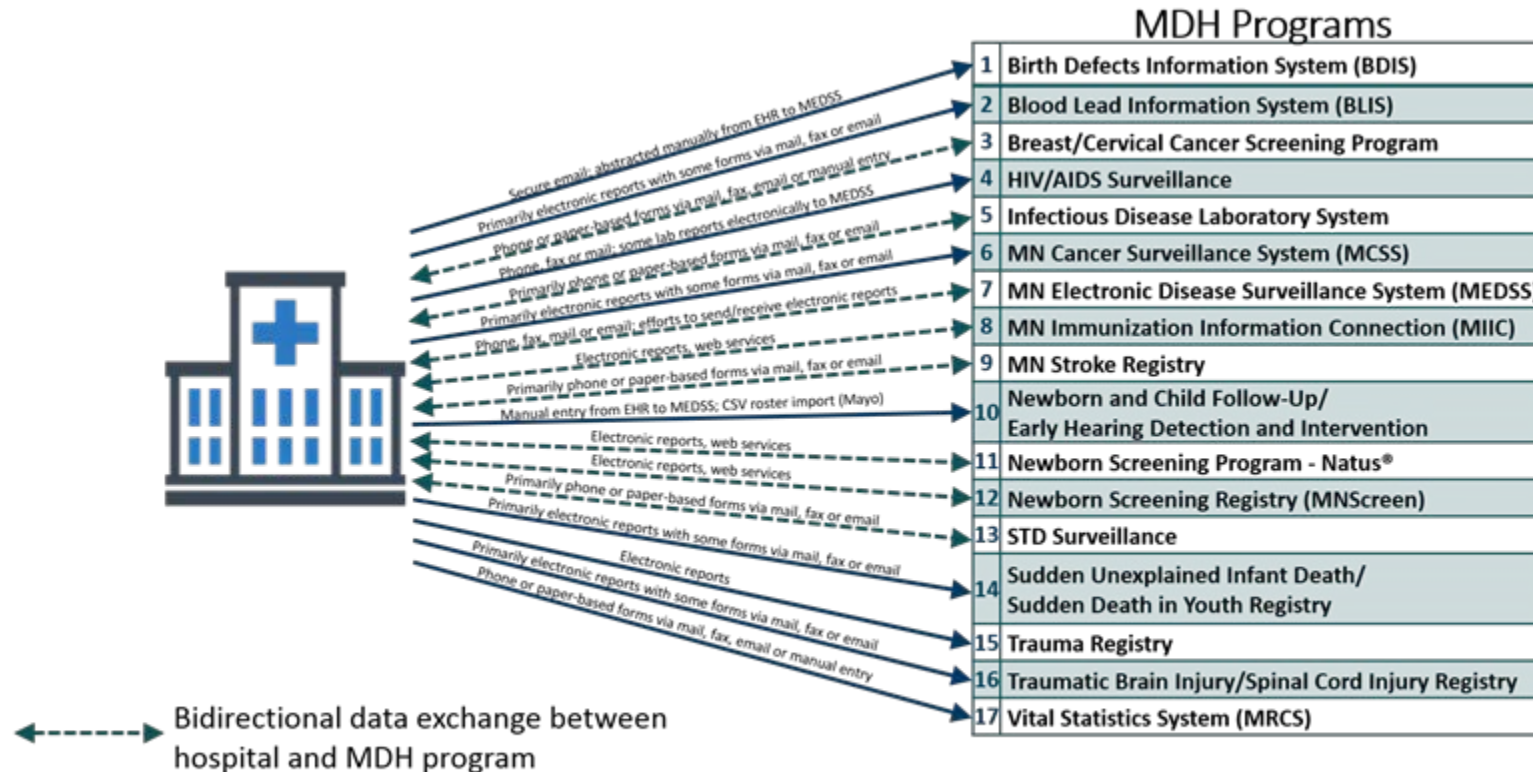
# MDH Request of External Partners

- ✓ **Schedule meeting with DSI** to discuss more details related to health system needs
  - Determine your organizations' public health reporting priorities for implementation and share with DSI (checklist)
  - Discuss any barriers or opportunities for electronic implementation with MDH
- Plan and coordinate MDH public health reporting improvements through DSI and provide feedback to processes

# MDH Overall Data Strategy

1. Vision of DSI and Problems working to address
2. CMS Proposed rules and MDH declared readiness
3. HIO contract with MDH and impact on partners
4. MDH public health reporting options
5. Next Steps

# External Partner: problem that Interoperability will improve



Source: MDH Informatics Assessment: Interoperability and Health Information Exchange, MDH Office of Health IT, April 2016

Slide adapted from Bryant Karras, Chief Informatics Officer, Washington State Department of Health



# Vision for MDH Interoperability

- Streamline the number of reporting and exchange relationships between MDH and External partners, using consistent standards for data and exchange.
- Leverage existing source data in electronic health records for reporting.
- Improve data quality and reduce need for manual data cleanup.
- Access public health data to support population health management.
- Support Minnesota's statewide health information exchange environment.

# MDH Project Plan Approach

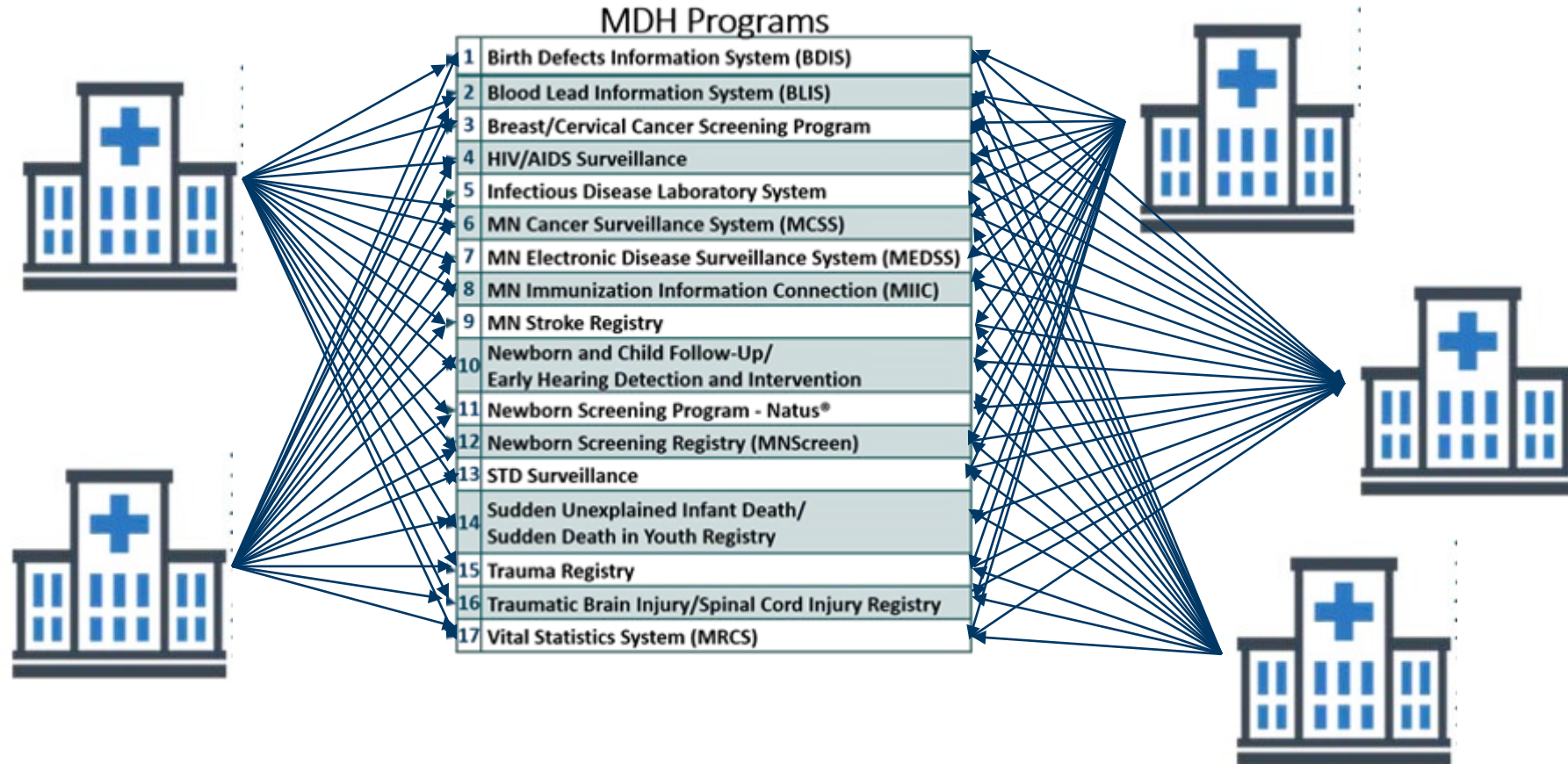
- To plan for a more coordinated process of implementing electronic public health reporting across multiple MDH programs.
- External partner identifies which public health reporting options are desired for improvements and assigns resources.
- Implement identified public health reporting options as one MDH Interoperability Project

# CMS Rules Approved July 2021

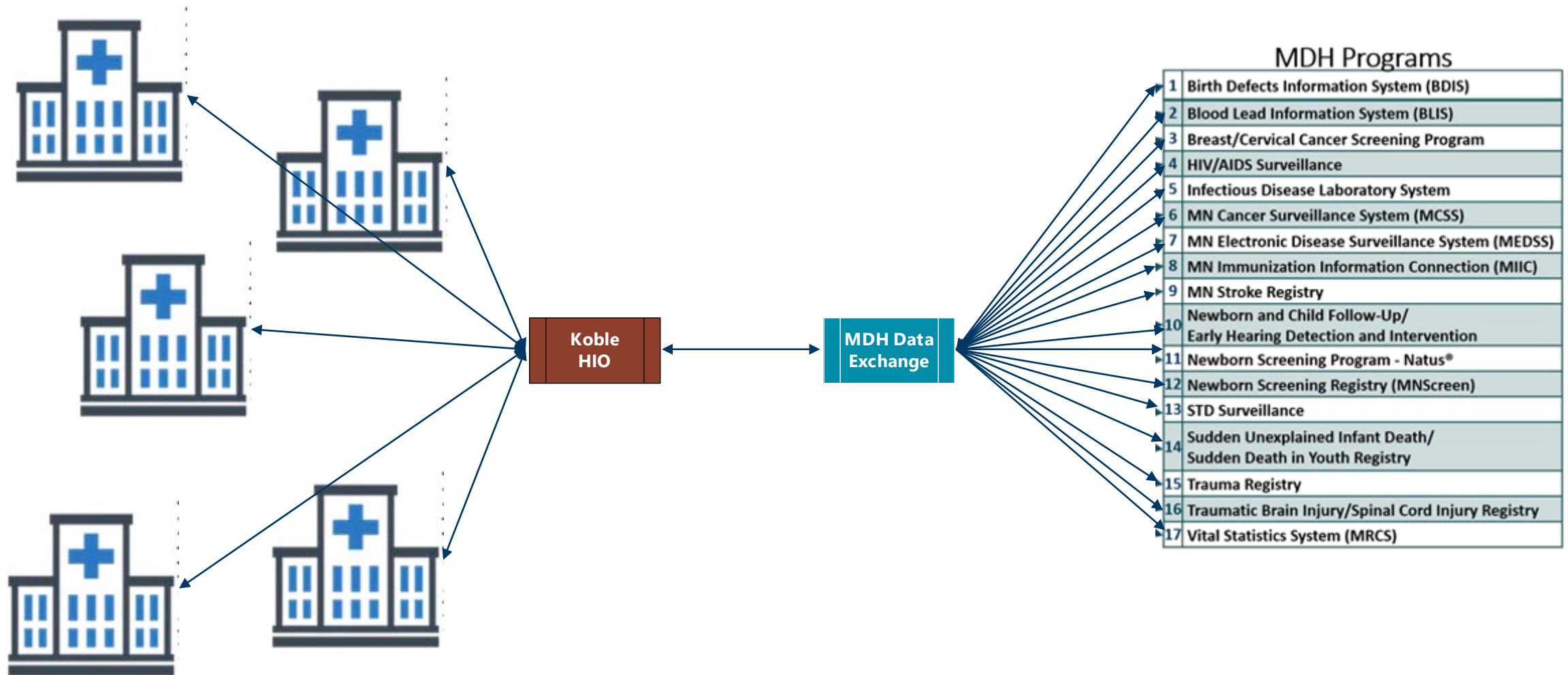
- Public health reporting requirements proposed for CY2022 include four required measures associated with the Public health objective (10 points for all 4 are required, not optional):
  - ✓ ELR reporting
  - ✓ Immunization registry reporting
  - ✓ Electronic Case Reporting (eCR)
  - ✓ Syndromic Surveillance Reporting
- Public Health Registries (may use 1 for Bonus points, optional):
  - Minnesota Cancer Reporting
  - MN Screen (pulse oximetry and hearing screening)
  - Blood Lead reporting

- Experiencing increased volumes with COVID data submissions and expecting increased volumes with CMS New Rules
- MDH currently has multiple point-to-point transactions, primarily for immunization reporting and ELR, with primarily manual processes for all other public health reporting (i.e., faxing, RedCap, sFTP or other manual uploads)
- Identified gaps in public health reporting data from all required organizations, and incomplete or non-standard, poor quality data elements (P-1371)
- Current manual processes restricting resource availability to address public health issues, including case investigation and epidemiology of case management

# MDH: problem that Interoperability will improve



# Planned MDH Interoperability System Design



# MDH-Koble HIO contract – how does it work?

- Connect external partners to MDH for a number of public health transactions.
- Contract pays for Koble set up fees for multiple transactions and first year of participation fee for the external partner.
- External partner provides internal IT resources to implement the projects, EHR costs, and future HIO maintenance costs (up to \$10,000 annually).
- External partner may utilize HIO for other services beyond public health reporting to maximize value of HIO maintenance costs

# MDH Interoperability Projects

Public Health Reporting	Methods
<b>Electronic Case Reporting (eCR) *</b> (HL7 CDA or eCR now)	via AIMS Hub/RCKMS -> MDH via Koble -> AIMS Hub/RCKMS -> MDH
<b>Laboratory Orders/Results – Infectious Disease Lab (IDL)</b> (HL7 Lab orders/Results)	Via Koble to MDH
<b>Laboratory Orders/Results – Newborn Screening Blood Spot</b> (HL7 Lab orders/results)	Via Koble -> MDH
<b>National Syndromic Surveillance Program (NSSP) *</b> (De-identified ADT+ messages)	Via MN EAS -> NSSP (and MDH); analysis in ESSENCE Via Koble -> NSSP (and MDH); analysis in ESSENCE
<b>Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) reporting</b> (Identified ADT messages)	Via MN EAS -> MDH Via Koble -> MDH
<b>Electronic Laboratory Reporting (ELR) *</b> (HL7 ELR messages, other formats (not PI eligible))	Via Koble -> MDH From EHR or LIS -> MDH
<b>Immunization reporting (MIIC) *</b> (HL7 VXU and QBP messages)	Via Koble <-> MDH From EHR <-> MDH



# Considering Other Use Cases for MDH Interoperability

- Birth Defects: potential added use case with eCR
- Blood Lead reporting from clinic (Point of Care testing) settings
- Cancer Reporting
- Other suggested use cases for MDH Interoperability?

# Supporting work and future initiatives at MDH toward improved Interoperability

- Multiple pilots for Use Cases through Koble and Audacious Inquiry – in completion and evaluation phase
- Webinar Series (weekly through February 3, 2022)
- Create Office of Data Strategy and Interoperability website
- Update program websites
- eData Registry Replacement (External Partner Registry) for onboarding and ongoing tracking of all Use Cases
- PHINMS Replacement solution analysis
- Use of FHIR and other APIs – input from external partners encouraged

# Next Steps

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  - Discuss any barriers or opportunities for electronic implementation with MDH
- **Consider Participation Agreement with Koble**  
[https://3b54d489-fb07-4eda-b01d-8169cc695bc4.filesusr.com/ugd/64a972\\_dddbba6a5436949e5952abe8094b9c778.pdf](https://3b54d489-fb07-4eda-b01d-8169cc695bc4.filesusr.com/ugd/64a972_dddbba6a5436949e5952abe8094b9c778.pdf)
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# Collaboratively working through MDH Interoperability Improvements

**If you want to go fast, go alone;  
If you want to go far, go together.**

*African proverb*



# Q & A

# Thank you.

Webinar materials: [DSI website](https://www.health.state.mn.us/data/interoperability/webinar.html)  
(<https://www.health.state.mn.us/data/interoperability/webinar.html>)

Further questions: [health.dsi@state.mn.us](mailto:health.dsi@state.mn.us)