

MDH Interoperability Checklist for External Partners

The purpose of this checklist is to help external partners focus decision making that is needed to move forward with MDH interoperability use case options, which are specific to each organization's needs. Once completed, please email to MDH's Office of Data Strategy and Interoperability (DSI) at Health.Interoperability@state.mn.us for follow-up discussion and planning for implementations.

Organization: _____ Number of facilities: _____

Contact person: _____ Email: _____

NOTE: Electronic implies electronic transmission of structured data by agreed message standards from one computer system to another without human intervention; it implies not faxing, not manual upload, and not giving view-only access into the other system for information gathering.

The use cases listed below are part of the public health reporting requirement in CMS Proposed Rules, effective 1/1/22.

- Electronic case reporting (eCR).
- Syndromic surveillance, with participation in the National Syndromic Surveillance Program.
- Electronic laboratory reporting (ELR).
- Immunization reporting (MIIC).

Please check all that apply for each use case below and add comments or questions in the comments section. Email the completed checklist to Health.Interoperability@state.mn.us.

Electronic case reporting (eCR)

eCR is the automated generation and transmission of case reports from the electronic health record (EHR) to public health to meet required public health reporting. eCR reduces the number of resources needed to track down additional needed information for public health individual follow up.

[MDH MEDSS Electronic Case Reporting \(eCR\) \(https://www.health.state.mn.us/diseases/reportable/medss/ecr.html\)](https://www.health.state.mn.us/diseases/reportable/medss/ecr.html)

eCR information is sent directly or indirectly (via Health Information Organization (HIO)) from health care organizations to the Association of Public Health Laboratories (APHL) Informatics Messaging Service (AIMS) platform in an HL7 CDA format.

- Currently electronic (COVID-19 only).
- Would like to enhance current electronic feed to expand beyond COVID-19.
- Is in the process of onboarding or scheduled to start onboarding to the AIMS platform within the next three months. (Provide start date in comments section below.)
- Would like to onboard for electronic implementation directly to the AIMS platform.
- Would like to connect to HIO to onboard to the AIMS platform.
- No thanks, at this time we are okay with current processes.

Comments:

Laboratory orders/results – Infectious Disease Lab (IDL)

For hospitals, health systems, and laboratories to send orders to the Minnesota Public Health Laboratory to perform tests as a reference lab and receive results in return using HL7 standards.

For health care organizations to electronically send information for specimens to IDL to meet reportable disease rule submission requirements and receive acknowledgement the specimen was received.

- Currently electronic.
- Would like to explore COPIA Web Portal Order Entry with automatic fax receipt or result receipt via web portal.
- Would like to onboard for electronic implementation.
- No thanks, at this time we are okay with current processes.

Comments:

Laboratory orders/results – newborn screening blood spot

For birthing centers in Minnesota, replace specimen card manual entry with electronic data capture of necessary newborn screening demographic and specimen information.

- Currently electronic.
- Is in the process of onboarding or scheduled to start onboarding within the next three months. (Provide start date in comments section below.)
- Would like to onboard for electronic implementation.
- No thanks, at this time we are okay with current processes.

Comments:

Syndromic surveillance with participation in the National Syndromic Surveillance Program (NSSP)

Submit syndromic surveillance data on all visits to MDH and the CDC BioSense Platform to provide information to monitor emerging public health threats and analyze population health across Minnesota.

Sharing data is included in National Syndromic Surveillance Program administered by the CDC. This information includes ADTs for all visits treated in hospitals and emergency rooms allowing MDH to monitor emerging public health threats and population health issues.

State and local analysts may obtain access to the syndromic surveillance analysis tool ESSENCE through MDH to access these data from all participating hospitals in their area. More participation from hospitals provides higher data quality and geographical representativeness, which is important to inform situational awareness, identify emerging health concerns, and use toward community health assessments.

- Currently electronic through Koble.
- In the process of onboarding or scheduled to start onboarding in the near future. (Provide start date in comments section below.)
- Would like to onboard for electronic implementation to MDH and NSSP.
- We are not interested at this time.

Comments:

Traumatic brain injury/spinal cord injury (TBI/SCI) reporting

Required case reporting for emergency department visits and hospitalizations for TBI/SCI to allow MDH to follow up with individuals for case management and resource facilitation. Currently, this reporting involves manual processes for both external partners and MDH resulting in under-reported cases that are not timely and missing data elements.

MDH intends to utilize existing ADT feed to receive TBI/SCI reporting information from participating emergency departments and hospitals.

- Currently electronic through Koble.
- In the process of onboarding or scheduled to start onboarding in the near future. (Provide start date in comments section below.)
- Would like to onboard for electronic implementation.
- No thanks, at this time we are okay with current processes.

Comments:

Electronic Laboratory Reporting (ELR)

For laboratories and health care providers to electronically transmit lab results of reportable conditions to MDH to meet MDH lab reporting requirements. List of 60+ reportable lab results are expected to trigger ELR messages to MDH (includes blood lead test result reporting in settings submitting ELR).

Format for prioritizing ELR onboarding is HL7 2.5.1.

- Already onboarded for all conditions through ELR reporting.
- Onboarded for one or more reportable conditions through HL7 ELR Reporting and would like to expand to more conditions.
- In the process of onboarding for all reportable conditions or scheduled to start onboarding within the next three months. (Provide start date in comments section below.)
- New implementation – would like to onboard for electronic implementation (all conditions):
 - Registered to send but have not started onboarding with MDH.
 - Not registered yet.
- New implementation for blood lead result reporting only.
- No thanks, at this time we are okay with current processes.

Comments:

Immunization reporting (MIIC)

Immunization messaging between electronic health records to Minnesota Immunization Information Connection (MIIC).

Currently most external partners are sending vaccination messages directly to the MIIC application.

Current focus has been on electronically sharing vaccine information from new partners providing COVID-19 vaccinations.

Recent requirements have included race and ethnicity data elements and need to expand information from all current electronic vaccine information contributors.

Plan to allow facilities to use HIO for immunization messaging and query/response.

- Currently electronic.
- In the process of onboarding or scheduled to start onboarding in the near future. (Provide start date in comments section below.)
- Would like to onboard for electronic implementation.
- No thanks, at this time we are okay with current processes.

Comments:

Sage Cancer Screening Program

The Sage Screening Programs help keep Minnesotans healthy by improving access to breast and cervical cancer screening. The Sage Cancer Screening Program is conducting a pilot project that has a goal of automating Sage program data exchange that aims to increase the efficiency of Sage data submission that ultimately help MDH and Sage partner clinics focus on their core mission.

- Would like to onboard for electronic implementation.

Comments:

Other use cases

Birth defects: potential added use case with eCR.

- Currently electronic.
- Would like to onboard for electronic implementation.
- No thanks, at this time we are okay with current processes.

Blood lead reporting from clinic (point of care testing) settings.

- Currently electronic.
- Would like to onboard for electronic implementation.
- No thanks, at this time we are okay with current processes.

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Other suggested use cases for MDH interoperability (i.e., cancer reporting) please describe in comments section below.

Comments:

Other initiatives

PHIN-MS replacement:

MDH is planning to replace PHIN-MS with an alternate way of transporting messages into MDH programs. Check which applies to your organization below.

- Currently sending data to MDH via PHIN-MS and would be open to change to something else. (Note preferred route method, if you have one, in comments section below.)
- Not currently using PHIN-MS.

Check all use cases currently sent via PHIN-MS:

- ELR.
- Cancer surveillance.
- Immunizations.
- Blood lead point of care testing.

Currently sending data to MDH via PHIN-MS and would like to keep using PHIN-MS for the following use cases:

- ELR.
- Cancer surveillance.
- Immunizations.
- Blood lead point of care testing.

Comments:

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To obtain this information in a different format, contact Health.Interoperability@state.mn.us.