Summary of HIE Task Force preferences and preliminary recommendations for governance, authority and financing of a Minnesota connected networks approach

Note: This document was endorsed by the Minnesota e-Health Advisory Committee on April 22, 2019, as meeting requirements for HIE Task Force Deliverable 3.

I. Introduction and Purpose

This summary represents the Task Force preferences for a connected networks approach to health information exchange (HIE) and captures perspectives and preferences that evolved over the 12 months of the group's work. In some cases there may be more than one option or strategy recommended. The HIE Task Force (Task Force), using a set of agreed-upon guiding principles,[1] worked to develop a plan that would increase overall value for statewide HIE overall rather than for any single stakeholder.

This summary presents a set of options and preferences intended to be considered as a single package. If considered separately, they may not be fully representative of the Task Force's work or achieve the Task Force's overall charge.

In particular, this document synthesizes the work of the Task Force to:

- identify preferred strategies to achieve effective, sustainable HIE in Minnesota; and,
- address needs for a five-year interim governance, authority, and financing to establish and expand a connected networks approach with a goal of future "optimal" HIE for all stakeholders.

This summary from the Task Force presents agreed upon principles and the beginnings of a governance process for a connected networks approach. It is not intended to be a detailed description of a connected networks model.

II. Working definitions

The Task Force used the following definitions to guide its work on multiple levels of HIE:

- **Foundational HIE –** With foundational HIE, providers have ability to electronically share information outside their organization; providers can query and receive health information for consenting individuals.

  Note: HIE Task Force Recommendation 1: Enable Foundational HIE Using the eHealth Exchange (CCDA transactions only) allows for foundational HIE.
- **Robust HIE** – Robust HIE includes event alerting for emergency department visits and hospital admission and discharges, closed-loop referrals, access to and sending of a patient's most recent

[1] Guiding principles include: HIE Task Force is expected to collaborate with and build upon complementary HIE-related efforts in the state and region, including but not limited to: activities and evolution of HIOs and networks in Minnesota and nationally, implementation of the DHS EAS and cross-sector efforts to support stakeholders. Begin with a manageable scope and remain incremental. Prioritize actions that can be achieved in 2018 – 2019. Minimize duplication and number of HIE connections when possible. Keep in mind the needs of the continuum of care and the multiple goals for HIE (e.g., foundational, robust, optimal HIE as described in the HIE study report). Design for full participation of providers, payers, and government programs in the connected networks approach. Consider the needs of Minnesota's entire health and health care community.

consolidated and longitudinal records by providers and attributed population data for use in determining best practices, and identifying cohorts for better overall population management.

- **Optimal HIE –** Optimal HIE allows research into best practices, access to public health alerts for providers, community-based assessments of health for entire populations, and identification of important community health issues so that they can be addressed, including for example, opioid abuse and contagious illnesses before those illnesses become epidemics.

  Value propositions of levels of HIE above:

  Business case for HIE – Improved care coordination, improved patient satisfaction, and long-term lower costs from reductions in duplicate tests, faxing, manual exchange of data, and other improvements. The business case for HIE can be more easily demonstrated through **foundational** and **robust** HIE.

  Community value of HIE – Improved population health, improved community interventions, and lower community costs from improved overall community health. The community value of HIE can be demonstrated through **optimal** HIE.

- **Node** – A "node" refers to a health information organization (HIO), or a large health system already connected to the eHealth Exchange network and identified in the Task Force's Recommendation 1. Large health systems may choose to participate in a connected networks approach either as an independent node or through an HIO).
- **Centralized services** (examples of centralized services include the following**)**
  - **Patient directory or other patient matching tool/solution** – This may be a common key for patient matching between organizations. Each node will have a patient matching capability, but this would be enhanced with a central patient directory. There were other patient directory uses that could be considered through the governance process for a connected networks approach. This is not a repository of all the patient's information.
  - **Routing mechanism –** Minnesota's connected networks nodes (and eventually other stakeholders) could use this centralized service to help route health information more easily and efficiently to appropriate receiving organizations. Initial use cases may include MDH public health reporting.
  - **Healthcare (provider) directory** – This is a central directory to ensure that information is sent to the correct/appropriate provider using that provider's predetermined transport/ delivery method and workflow. This central directory may be used for referrals, transitions of care, and event alerting.

III. Task Force input for a five-year interim plan for governance, authority and financing of a Minnesota connected networks approach

For this work on a connected networks approach, Task Force members strove for consensus or general agreement on the options and strategies that received Task Force support and were recommended to the Minnesota e-Health Advisory Committee for consideration. However, Task Force members agreed at the start of their work to advance recommendations even if those recommendations fell short of support from all members, provided that a supermajority of at least nine of the 12 members found them acceptable. For this reason, the summary below indicates Task Force support for several options and strategies that nine or more Task Force members supported but that up to three members did not. When voting on their preferences for strategies and options, Task Force members also indicated their level of acceptance or support using a four-point scale. The summary below uses the qualifiers "limited" or "weak" for cases when nine or more Task Force members considered the options and strategies as acceptable but some of those nine offered only weak support.

A. Governance model

The Task Force noted that a governance model/process is necessary to ensure an open, transparent, aligned process for HIE policy, using stakeholder input. The Task Force recommends that the governing entity of a connected networks approach include representation from participants (e.g., health care providers, payers, state government, and other stakeholders similar to those represented on the Task Force). The Task Force also recommends that the governing entity represents the participants of the connected networks and has the authority to require financial commitment of connected networks participants. The Task Force considered the following governance models and their potential strengths and weaknesses. Below are the options reviewed, listed in order of Task Force support:

- Public-Private (highest level of support)
- Public only (support but limited)
- Private only (fell short of threshold for Task Force support)

B. Governance source(s) of authority

The Task Force noted the need for one or more sources of authority to ensure appropriate compliance for a connected networks approach. It also considered potential strengths and weaknesses of different sources of authority. Below are options listed in order of Task Force support:

- Combination of Options 1 and 2 -- the state government grants authority to the governing entity for some circumstances and for others that entity depends on the state to exercise state authority based on its recommendations and requests (highest level of support)
- Option 1: State government grants authority (support)
- Option 2: Entity depends on state to exercise authority (support but limited)
- Option 3: Entity derives authority from agreements (fell short of threshold for Task Force support)
- Option 4: Incorporate into existing authorities (fell short of threshold for Task Force support)

C. Essential elements of governance

The Task Force identified essential elements of governance for a connected networks approach. The Task Force considered the elements key to the effective and efficient governance process for a connected networks approach. The Task Force grouped theses essential elements, listed below, into five broader categories, divided between "strategic" and "operational" considerations.

1. Strategic governance

- ***Determining Governance –*** Composition of a governance body include determining roles and responsibilities for nodes, state government, payers, and others; decision making processes; patient and participant representation; oversight for fees and costs; conflict resolution; role of HIOs and HDIs; complaint processes. Key stakeholders to be represented through the governance body include health providers, payers, and other stakeholders similar to those that participated in the Task Force.
- ***Formalized Participant Agreement –*** Policies and procedures include consent policy, rules and requirements; consent across states, national efforts and populations; rules of the road; reporting and auditing; data protection; accountability; risk and audit; ensuring legal and regulatory compliance.
- ***Ensure Sustainability –*** Responsibility for funding, revenue and sustainability; encouraging/incentivizing participation; determining optimal participation; enabling and ensuring full adoption.

2. **Operational Governance**

   - ***Data Standards and Usage*** -- Permitted purposes; access policy; responsibility for assessing data quality and completeness; data stewardship; data standards, uniformity and normalization; discrete data to get to optimal HIE; trust framework.
   - ***Defined Services*** -- Define minimum functionality; service definition and data; roadmap for workflow and priority use cases; implementation of shared services; decisions about national connectedness; business continuity; ensure redundancy of critical components; ensure functionality of network; assessing and integrating new technology.

D. Participation and Services/Capabilities

The Task Force agreed that participation and services are necessary to ensure that Minnesota meets needs for foundational, robust and eventually optimal HIE. The Task Force also recognized that stakeholders and end users of the services/capabilities are at varying stages in their need for the services/capabilities and that they vary in the benefits they might derive from the services/capabilities. As a result, the need or value of the services/capabilities may vary by stakeholders over time.

1. **Expectations of Nodes** (expected to be developed/adopted/implemented as needed within the next one-three years)

   - State-certification or other process may be required.
   - Data is normalized, aggregated, and may be stored at the node. The node is the primary place that an individual's information may be queried from (for a visit) and kept. For the interim, more than one node may have information on a patient depending on how many providers an individual visits.
   - Information is shared based on rules of the connected networks. All nodes will participate with centralized service(s). Participation is defined as contributing data to the centralized service(s), or contributing data to and using the centralized service(s).
   - Nodes participate in development and agreement/consensus on standards. An HIE governance model/process is needed that will include a uniformity process with representation of node organizations to harmonize, align, and develop standards as needed to achieve full agreement.
   - All nodes maintain and update consent management of an individual's HIE consent, as defined by the governance process. (This service could be provided through a centralized patient directory, as another use case suggestion).

2. **Importance of three centralized services/capabilities**

   The Task Force has noted, and the Minnesota e-Health Advisory Committee has also acknowledged, the importance of three centralized services/capabilities:

   – Patient directory/other patient matching service
   – Routing mechanism
   – Healthcare (provider) directory

   The Minnesota e-Health Advisory Committee also noted that a patient directory alone may not have enough value and encouraged incremental implementation of all three centralized services during or within a similar timeframe.

E. Critical success factors for a Minnesota connected networks approach.

In order to meet the needs of a connected networks approach, the Task Force and Minnesota e-Health Advisory Committee corroborated that the following four critical success factors be addressed as part of the governance, authority and financing discussions.

- Full participation is needed to achieve the most value for all. (A commitment from large health systems, which are key data contributors, is essential.)
- At least one HIE service provider (e.g., HIO) is needed to fill HIE connectivity gaps for stakeholders such as smaller, independent providers, long-term and post-acute care providers, behavioral health providers, and social services organizations. (There is a need to ensure sustainability for a "safety-net" HIE provider).
- Financial commitment by all participants (e.g., nodes and other stakeholders) is needed to ensure long-term sustainability.
- Alignment with other HIE activities (national, federal, state) is needed to achieve an efficient and effective network, one that uses a flexible governance process that can evolve to meet HIE needs.

The Task Force discussed each success factor separately, identified common strategies to help achieve them and indicated support for one or more of those strategies.

1. Full participation is needed to achieve the most value for all

The concept of full participation means that all stakeholders of a connected networks approach (e.g., providers, payers, state government, and others) contribute and use information to ensure that information is available to those for whom it is essential for patient care. Below are suggested Task Force strategies for "full participation" listed in order of Task Force support:

- State government incentives (highest level of support);
- Stand-up centralized services incrementally (high level of support);
- Payer incentives (support);
- State government requirements (support but limited); and
- Payer requirements (fell short of threshold for Task Force support).

2. At least one HIE service provider (e.g., HIO) is needed to fill HIE connectivity gaps

As noted in the discussion of centralized or shared services above, stakeholders have varying capabilities and resources available for implementing and benefitting most effectively from HIE. In particular, smaller independent providers, providers of long-term care and post-acute care and behavioral health, and others may be lagging in their adoption and use of HIE. It may also be prohibitively expensive and burdensome for them to implement and use HIE on an individual or small-scale basis.

At least one HIE service provider is anticipated to provide a "safety net" for HIE connections for those who may have significant challenges implementing HIE otherwise. The service provider could also be available to anyone else, regardless of their capabilities. Below are suggested Task Force strategies for ensuring that there is at least one HIE service provider for anyone needing those services, listed in order of Task Force support:

- Establish policies or recommendations to reduce the use of faxing and view-only access to health records – not this alone but in conjunction with one or more other strategies – instituted carefully so as not to eliminate view-only access until information is available via HIE to all providers (highest level of support);

- State designates and possibly funds an HIE service provider (e.g., HIO) (support);
- Require contributions from nodes, the state and other stakeholders that participate in a connected networks approach to help subsidize costs and support at least one HIE service provider; (support); and
- Require that an HIE service provider (e.g., HIO) be the vendor for a centralized patient directory service and require nodes and other stakeholders to pay for use of the service (support but somewhat limited).

3. Financial commitment is needed from nodes, the state and all other stakeholders that participate in a connected networks approach to ensure long-term sustainability

Participants are broadly defined here as nodes, payers, state government and others that may contribute to or use the connected networks. The financial commitment would be determined by the connected networks governance process and the governing entity. The Task Force recommends that the governing entity represents the participants of the connected networks and has authority to require financial commitment of said participants. Below are suggested strategies for ensuring financial commitment by all participants listed in order of Task Force support:

- Require participants to contribute data to a centralized patient directory and provide them with the option to use that directory (highest level of support);
- Payers initially fund with the requirement for full participation but with the assumption that the costs for initial funding do not fall exclusively on payers (high level of support);
- Create incentives for participants to contribute data to and use centralized patient directory (support); and
- Initial shared commitment for investment toward start-up implementation, with long term determination of support costs or fees for use of centralized directory (support but very weak).

4. A connected networks approach in Minnesota needs to align with other national, federal and state HIE activities in order to be efficient and effective, and it should depend on a flexible governance process that can meet evolving HIE needs.

Stakeholders emphasized the need to monitor and align with other HIE activities and build this critical success factor into a governance process for a connected networks approach.