

Meaningful Use: The Minnesota Experience of Meeting the Challenge

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Outline

- MIIC Overview
- Approach to Meaningful Use
- Progress to Date
- Opportunities
- Challenges
- Next Steps

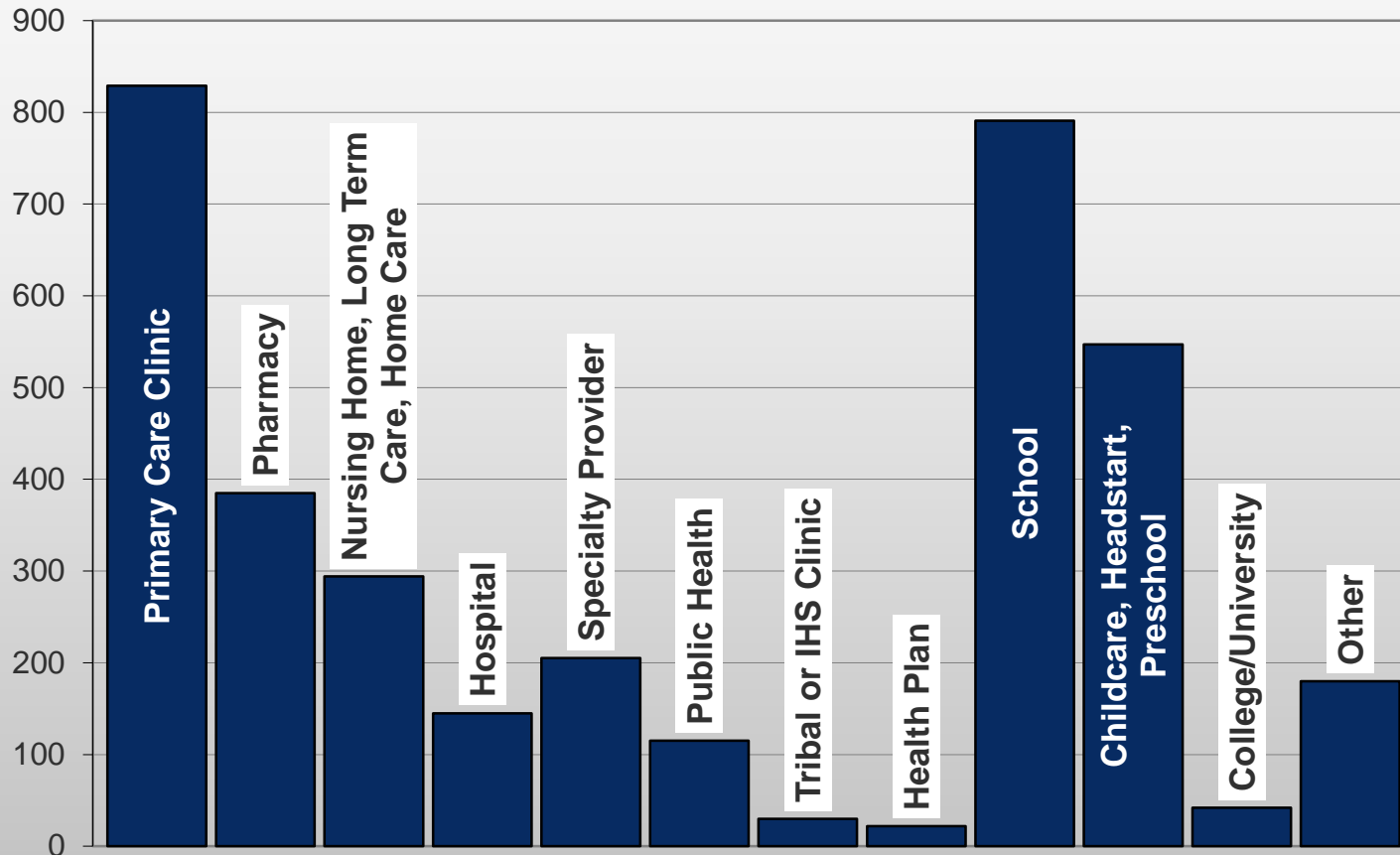
MIIC Overview

MIIC: Celebrating a Decade of Success

- MIIC in its 10th year
- ~54 million immunizations for 6.2 million clients across the lifespan
- 92% of records contain at least one immunization and 73% contain at least two shots
- There are 3,585 organizations using MIIC
- Over 9,000 active users

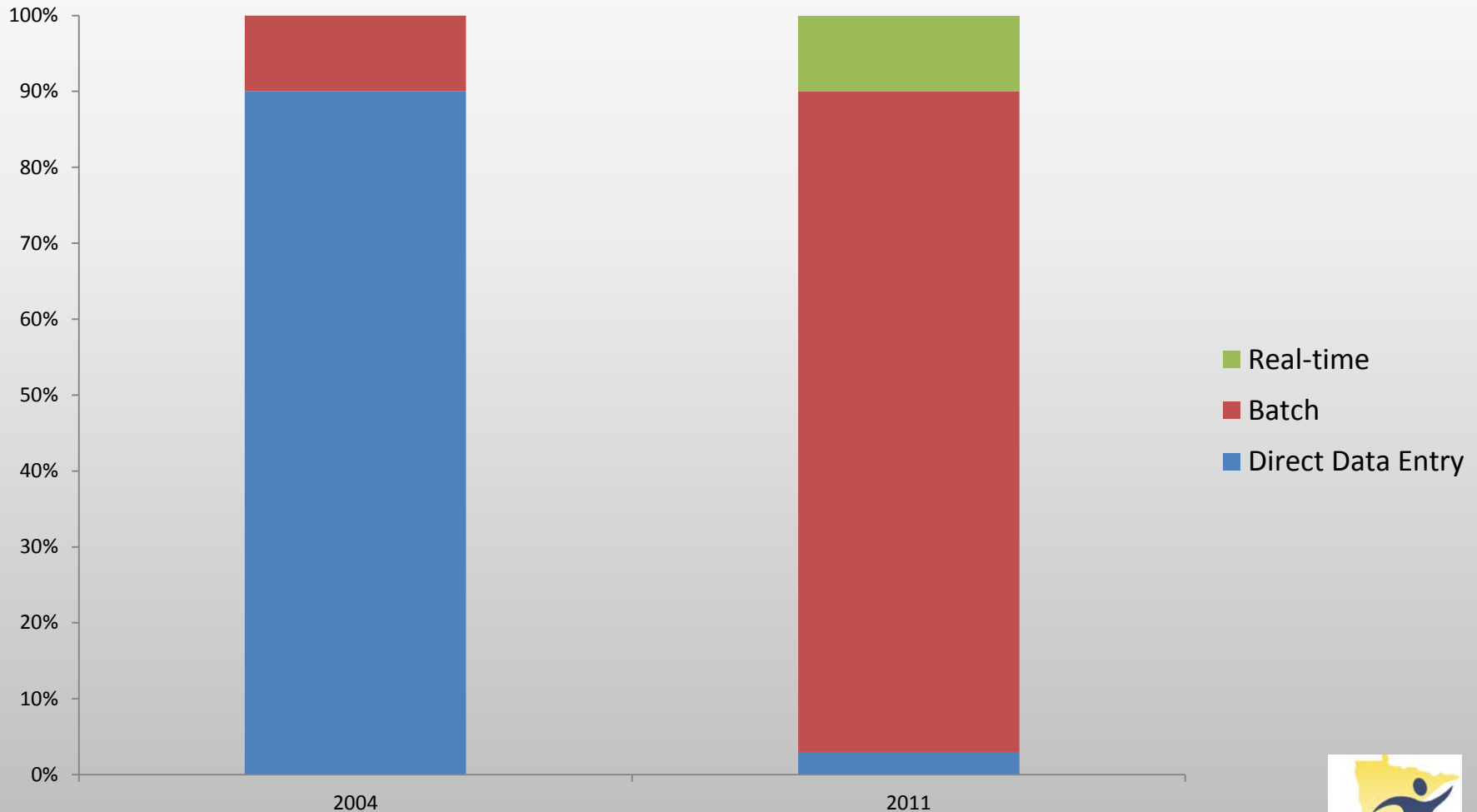


MIIC: Active Organizations



3,585 active organizations as of July 2012

MIIC: Trends in Reporting



Goal is to move more providers to real time based reporting using standards

Approach to Meaningful Use

MIIC: Facing Meaningful Use

- Exciting opportunity for MIIC to move providers toward HL7 standard and draw attention to the importance of immunization reporting
- Anxiety due to unknown increases in volume and demand for technical assistance
- Due to multiple entities involved in a provider's switch to standards (HL7) and the varied transport methods, there needed to be increased coordination/communication
- **MIIC's response had to be multi-faceted, addressing many aspects of communication, outreach, technical assistance and resources**

MIIC: Meaningful Use Approach

• Communications

- New materials developed and existing ones updated
- Added MU specific page to MDH web site
- Created a user-friendly, condensed HL7 specifications document which has been well received by provider IT staff and vendors
- Updates during staff meetings, sharing with MIIC Regional Coordinators & others
- Process documents and tracking sheets for meaningful use testing
- Got Your Shots? Newsletter, GovDelivery for technical updates

• Collaboration

- Participation in various conference calls and national meetings to share stories and learn from others
- Work with various stakeholders and providers
- Sharing experiences with other IIS across states



Condensed Specifications document



Minnesota Department of Health
Minnesota Immunization Information Connection

MIIC HL7 2.3.1 and HL7 2.4 Specifications

Submitting VXU Messages

For Meeting Meaningful Use Stage 1 Reporting
to Immunization Information Systems

Took
existing
guide of 38
pages down
to 13 pages.

INTRODUCTION	2
PURPOSE	2
2.3.1 AND 2.4 SPECIFICATIONS.....	2
REFERENCE AND CODE TABLES	2
DETAILED SEGMENT LISTINGS	3
MSH – MESSAGE HEADER.....	3
PID – PATIENT IDENTIFICATION	4
PD1 – ADDITIONAL PATIENT DEMOGRAPHICS.....	6
NK1 – NEXT OF KIN/ASSOCIATED PARTIES	7
PV1 – PATIENT VISIT INFORMATION.....	9
ORX – OBSERVATION/RESULT	11



Brief segment descriptions, highlighting required fields

MIIC HL7 2.3.1 and 2.4 VXU Specifications

Last Updated 2/12

Fields in bold are accepted by MIIC. Rows highlighted yellow and marked 'Y' are required.

PID – Patient Identification

The Patient Identification segment includes client identifiers such as name, date of birth, address, etc.

PID Segment				
Field	Description	Required	Value/Comment	Code Table
1	Set ID – PID		MIIC disregards	
2	Patient ID		MIIC disregards	
3	Patient identifier list	Y	Medical record; stored as chart number in MIIC. (ID^^^^MR^^^^^^)	User-Defined 0203
4	Alternate patient ID – PID		MIIC disregards	
5	Patient name	Y	All three elements are required. MIIC does not accept placeholder names such as "Baby" and "Baby Boy." (Last^First^Middle^Suffix^^^^)	User-Defined 0001
6	Mother's maiden name	Y	This is used in client de-duplication. (Mother's maiden last^Mother's maiden first^^^^^^)	
7	Date of birth	Y	Client's birth date (YYYYMMDD).	
8	Gender	Y	Client's gender (F/M/O/U).	
9	Patient alias		MIIC disregards	
10	Race	Y	Client's race.	User-Defined 0005
11	Patient Address	Y	Client's address; Incoming address is assumed as the patient's primary address. (Street address^other^city^state^zip^^^^^^)	User-Defined 0289
12	County code		Client's county of residence. (E.g., 'MN019')	
13	Phone number (home)		Client's home phone number ((NNN) NNN-NNNN^^^^^^^).	
14	Phone number –business		MIIC disregards	
15	Primary language		MIIC disregards	

MIIC: Meaningful Use Docs on the Web

Resources

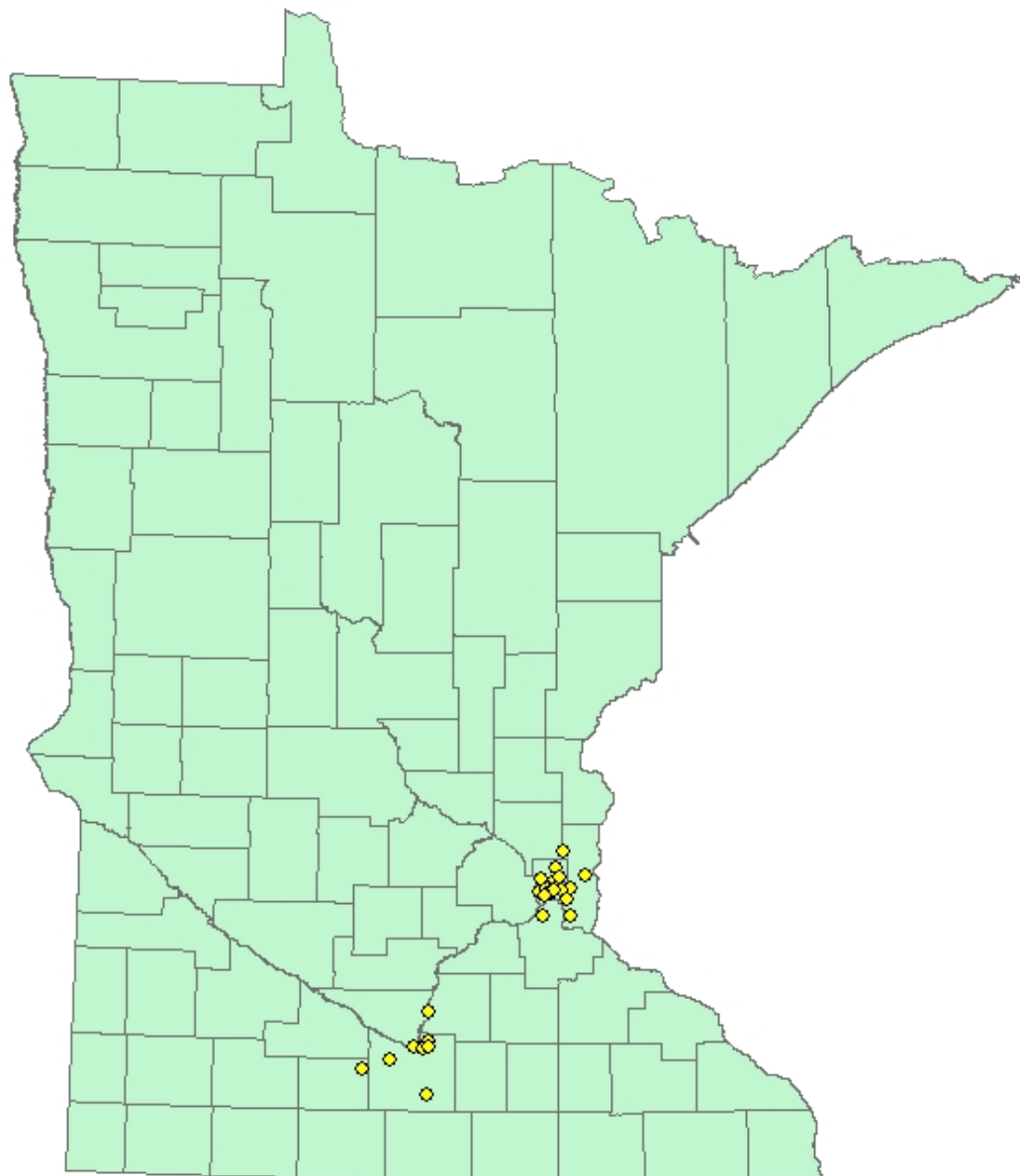
- MIIC and Meaningful Use Fact Sheet
<http://www.health.state.mn.us/divs/idepc/immunize/registry/hp/mu.html>
- Public Health Reporting in Minnesota (in collaboration with MDH Office of Health IT)
<http://www.health.state.mn.us/e-health/phreportmu.pdf>
- Transport Options for Submitting HL7 Data to MIIC
<http://www.health.state.mn.us/divs/idepc/immunize/registry/hp/datasub.html>
- Specifications for Submitting HL7 Messages to Meet Meaningful Use Requirements
<http://www.health.state.mn.us/divs/idepc/immunize/registry/hp/hl7specs.pdf>
- Documents to be updated as needed to keep information current

Progress to Date

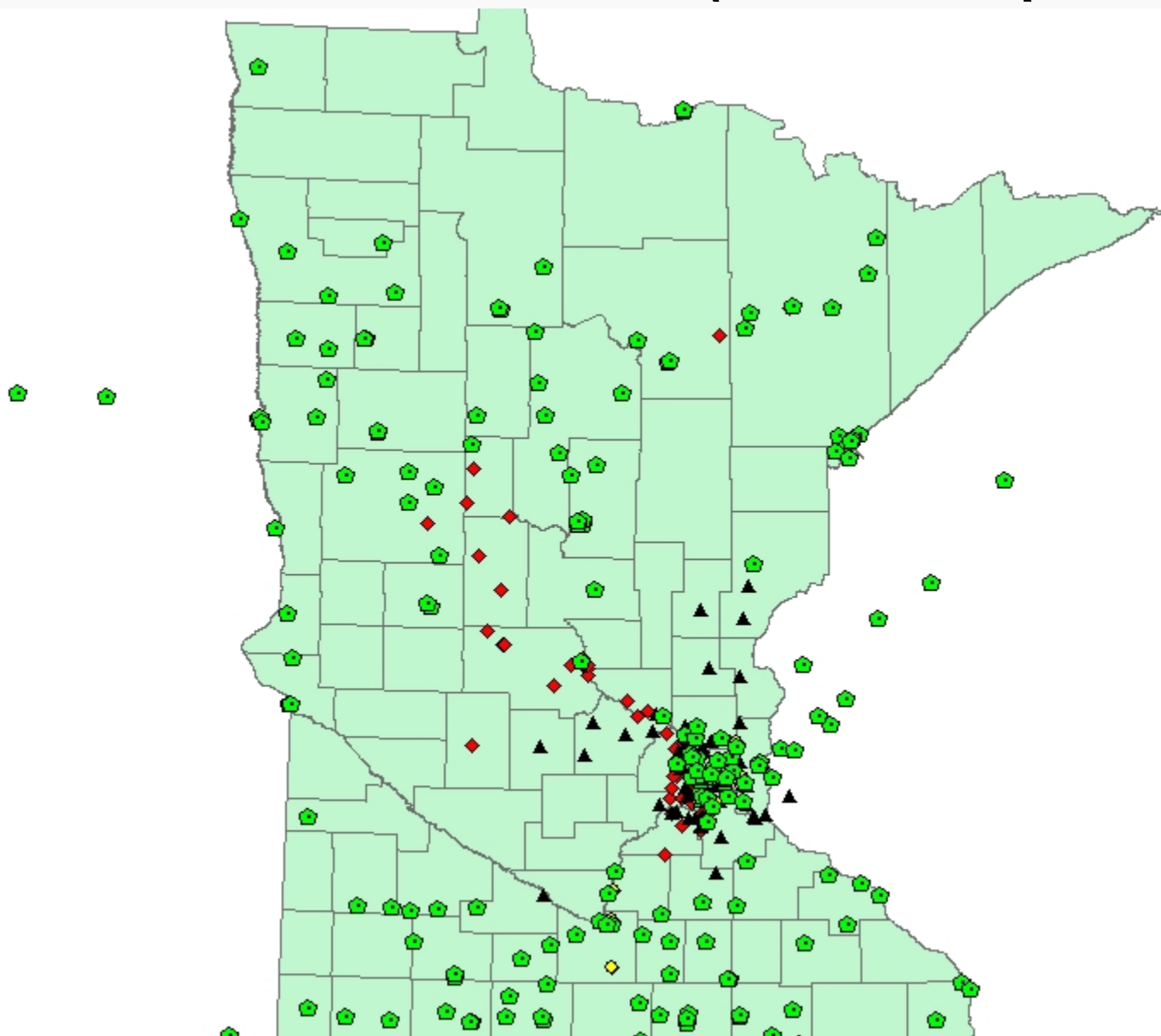
MIIC: Supporting Meaningful Use

- Assisted several organizations in the move toward standards (HL7 & CVX):
 - 255 in production
 - 384 in process
- Recipient of 2010 EHR-IIS Interoperability grant from CDC
 - Upgrade to HL 7 2.5.1
 - Update to vaccine forecaster
 - Pilot testing of recommended transport protocols (SOAP/web services)

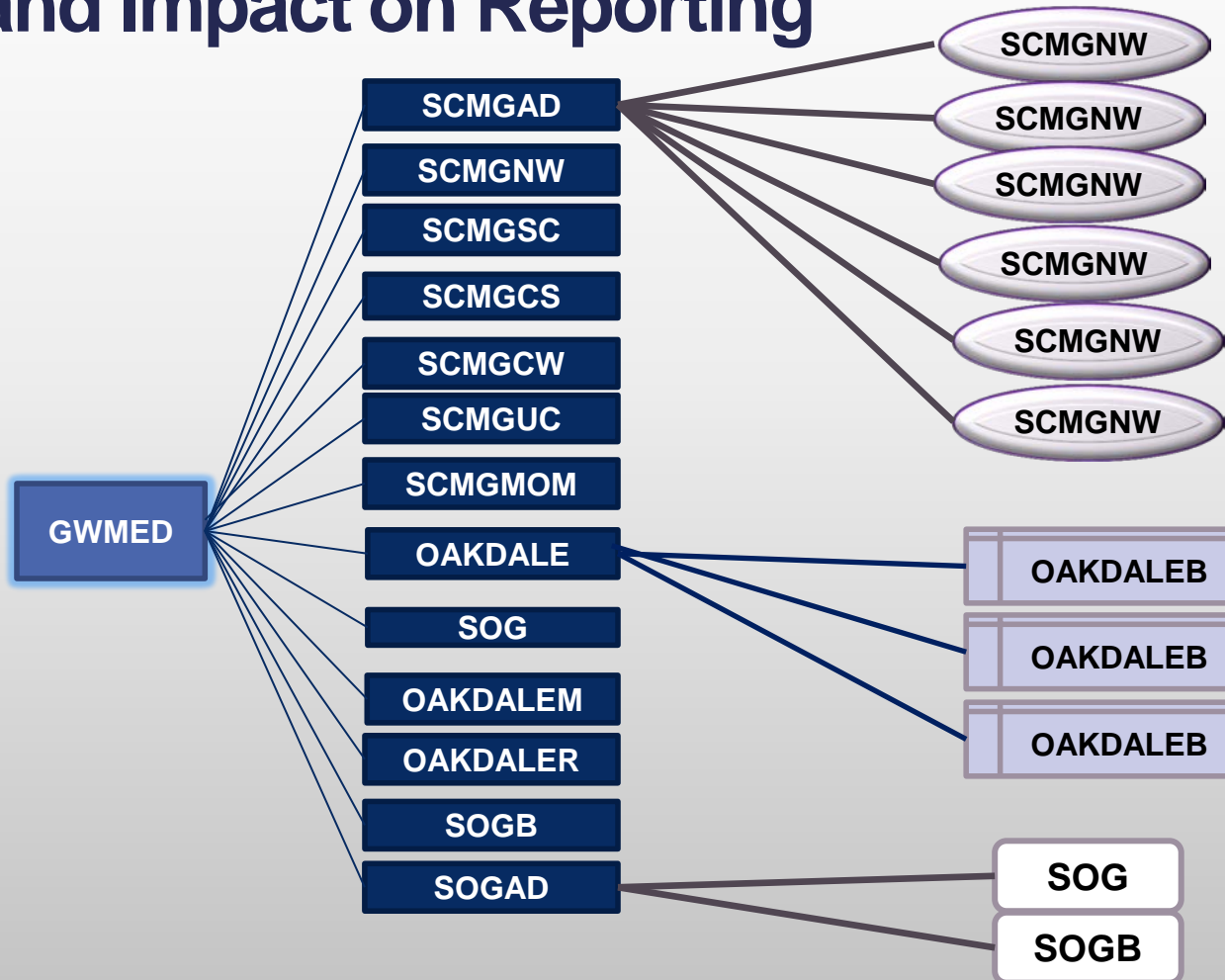
HL7 Submitters Prior to 2011



HL7 Submitters as of 9/7/12 (includes in process)



MIIC: Parent-Child-Vendor Relationships and Impact on Reporting



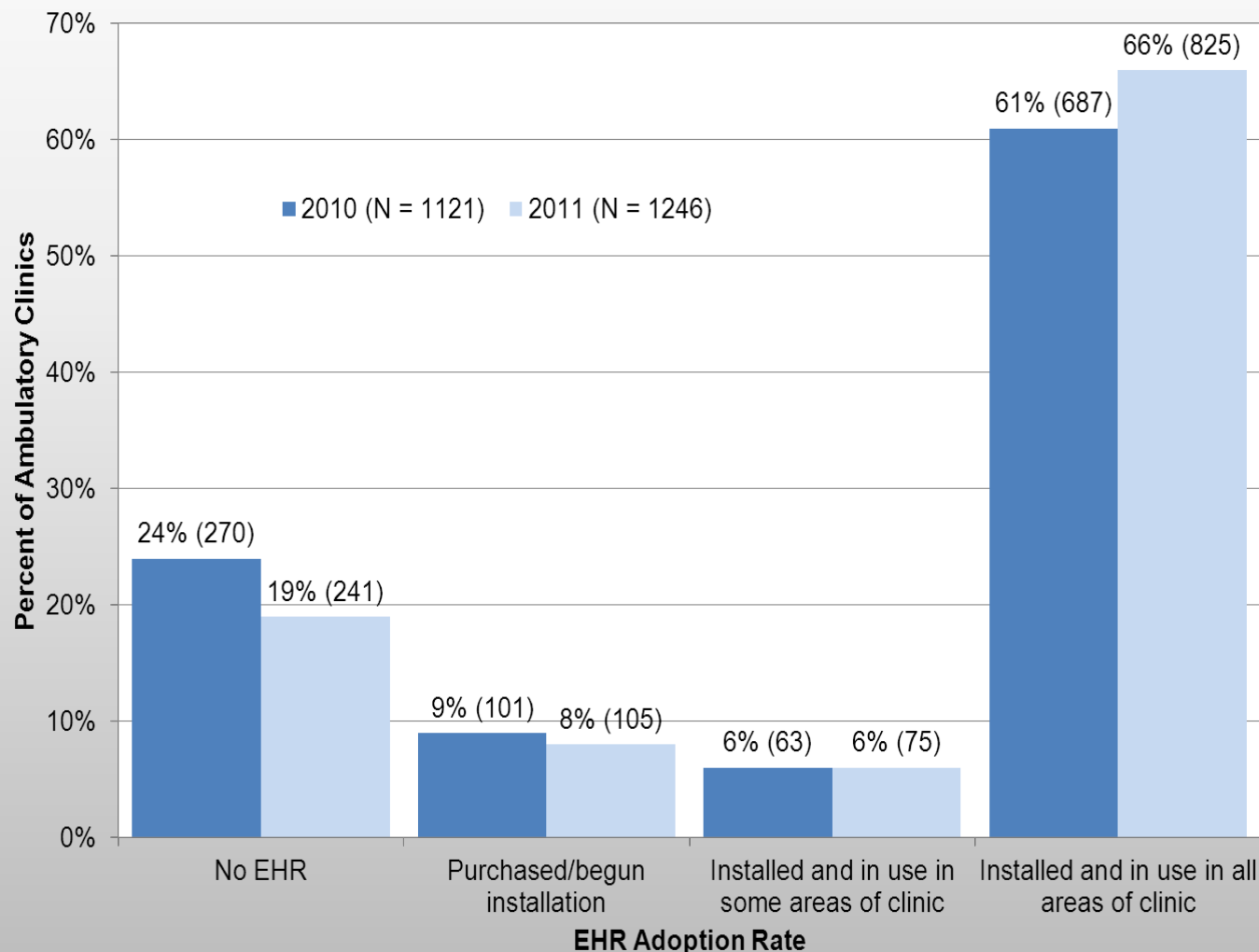
Parent organization is a vendor reporting on behalf of multiple clinics which in turn have child relationships with other clinics. The children are also directly connected to vendor for reporting purposes.

Opportunities

MIIC: Building on the Meaningful Use Momentum

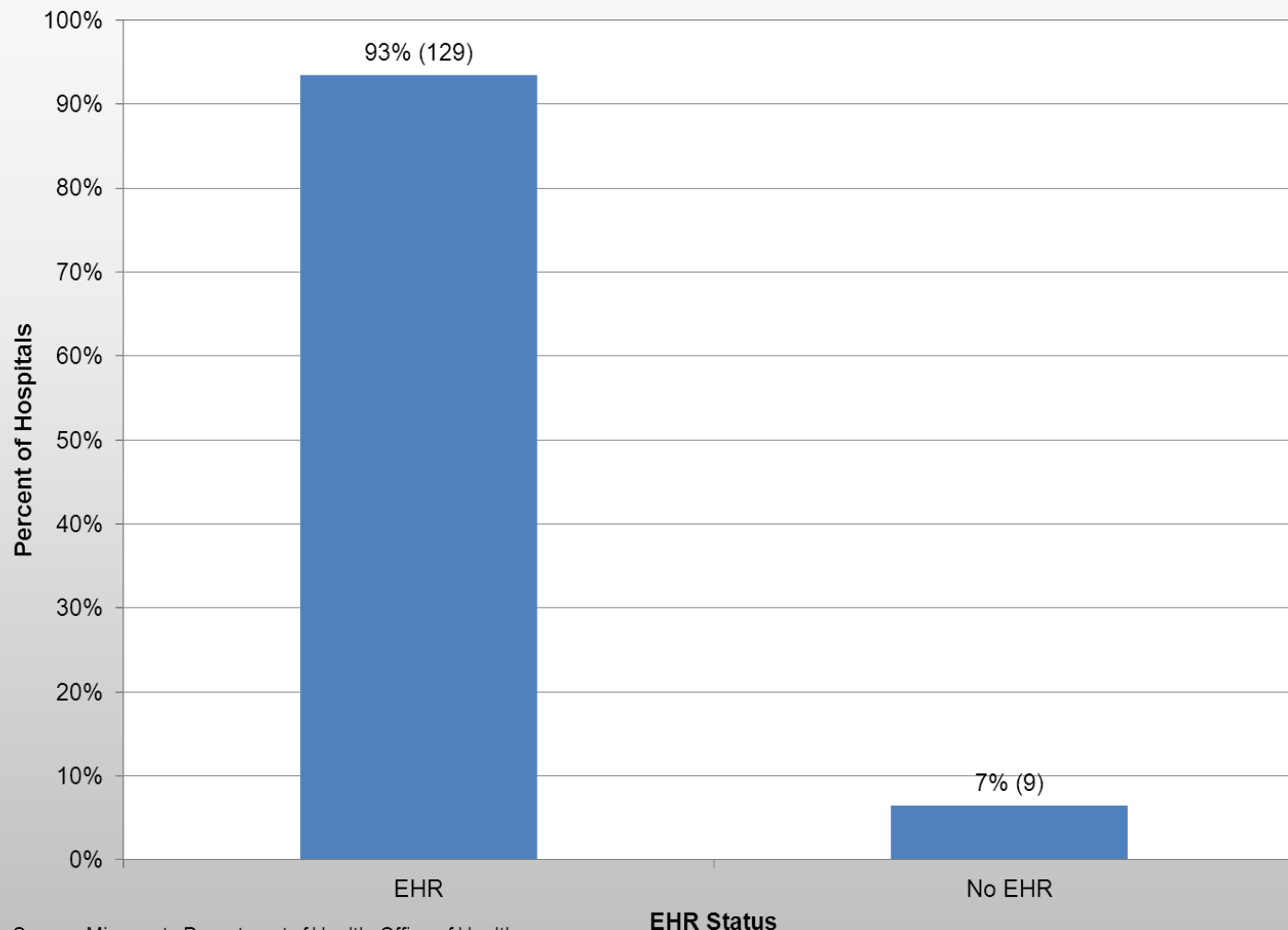
- High levels of EHR adoption in Minnesota
- Evolution of reporting structure with central IT support and many sites reporting from one point enhances efficiency
- Vendor based support/hosting making its way
- Unique aspects in Minnesota which can be supportive
 - Dominance of integrated delivery network in health care delivery and so many sites in single EHR platform
 - Business affiliate agreements amongst select sites which allows a clinic to be on the EHR platform of the affiliate allowing for electronic reporting, IT support etc

Adoption of EHRs in MN: Ambulatory Clinics



- 20% increase in the number of ambulatory clinics with EHRs installed and in use in all areas of the clinics from 2010 to 2011
- 11% decrease in the number of ambulatory clinics without an EHR from 2010 to 2011

Adoption Status of EHRs in Hospital Settings



Ninety-three percent of hospitals report having an EHR system

Source: Minnesota Department of Health, Office of Health Information Technology, AHA Annual Survey (2011)
Response Rate: 93% (138/148)

Challenges

Challenges/Emerging Issues

Staffing

- Work load
- Competing priorities
- Time intensive work to transition to HL7 (several weeks to months)

Data quality issues

- Wrong codes being sent due to miscoding/mis-mapping at EHR level
- Central reporting structure and hence more layers to get to the source of data to fix systematic errors

Reporting structure/support

- Vendors coming into picture with varied tiers of support based on contracts/business agreements
- Parent-child-vendor relationships becoming trickier!

MIIC & Meaningful Use: Challenges/Emerging Issues

Technology

- Transport – a big black hole!
 - Which transport method would be adopted the most is yet to be seen and hence quandary of efficient use of time and resources
- New technology – web services, document-based reporting

Policy

- Implications around requirements related to final rules for Stage 2 MU
- Burden of attestation on PHA

Next Steps: Stage 2

Ramifications of Stage 2 Meaningful Use Rules

- Acknowledge the efforts of ONC and CMS to solicit hear stakeholder input and address concerns
 - Our voices were heard!
- Positives about Stage 2 rules:
 - Move to “core”
 - HL7 2.5.1 for EHR certification
 - Grandfathering of existing 2.3.1 ongoing submissions
 - Clarification on definition of “ongoing submissions” and timeline
 - PHA determines transport of submissions
 - Flexibility with attestation “letter” or other written correspondence

Ramifications of Affirmation/Readiness

- Rule reads, “...any written communication (which may be in electronic format) from the PHA...”
 - Page 208 of CMS rule
- What burden will be placed on public health to track letters/confirmations of attestation?
- Central repository where PHA can indicate their readiness
 - PHA will need to respond to inquiries about readiness
 - EP and EH could claim exclusion of PHA not ready

Ramifications of Ongoing Submission

- Ongoing submission: must include actual patient data
- Failure to participate in on-boarding process (two written attempts made by PHA)
- A provider who is submitting any reportable data during their normal course of their operations is engaged in ongoing submission.

MIIC: Thoughts/Next Steps

Important more than ever to stay connected with:

- CDC, IIS peers, AIRA
- State and national e-health initiatives
- Tuned into policy items which impact IIS (HIE, consent models, parental access)
- NEED for collaboration/sharing lessons learned

Questions?

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