

Aitkin County Health & Human Services

204 First St. NW
AITKIN, MINNESOTA 56431
PHONE 1-800-328-3744 or 1-218-927-7200 - FAX # 927-7210

DATE: September 19, 2012
TO: Aitkin County Board of Commissioners
FROM: Julie Lueck for Tom Burke
RE: In Lieu of Agenda for the Canceled September 25th Health & Human Services Board Meeting

In Lieu of an Agenda for the September 25th, 2012, Health & Human Services Board Meeting which has been canceled, I am sending you a packet of information we had intended to share with you at the meeting.

Enclosed information includes:

1. Letter from the NACO (National Association of Counties) Health Steering Committee Appointing Tom Burke
2. Summary Points Regarding Systems Development
3. Health Information Exchange as a National Initiative in a PowerPoint format.

If you have any questions regarding the enclosed information, please feel free to contact Tom Burke at 218-927-7225 or 218-839-7615.

Our next Health & Human Services Board meeting will be Tuesday, October 23rd.



September 12, 2012

Mr. Thomas Burke
Health & Human Services Director
Aitkin County
204 First Street NW
Aitkin, MN 56431-1260

Dear Thomas:

As president of the National Association of Counties, it is my pleasure to confirm your nomination as a member to the Health Steering Committee.

Committee membership at the national level is a serious commitment and a big responsibility, even more so this year with a federal administration engaged in developing policy on a number of issues facing counties and a new congress to be convened next year.

A great deal of NACo's strength is in its committees and that strength is reflected in the commitment and active participation revealed throughout our committee structure. Your NACo committee liaison is Paul Beddoe.

This year promises to be an exciting one and I look forward to working closely with you to further NACo's goals which, in turn, will benefit America's counties.

Sincerely,

A handwritten signature in black ink that reads "Chris Rodgers". The signature is written in a cursive, flowing style.

Chris Rodgers
President

Main current messages for our staff:

- MACSSA wanted improvement; technology improvement is one of top priorities. Potential now to realize that goal. Great outcomes are possible.
 - There is high risk of system failure if DHS does not replace old systems
 - Better systems needed because most counties won't be able to add staff
 - County staff are being involved in system development, increasing likelihood of success
- Getting to this goal will be difficult for county staff, especially for financial workers in the next couple years.
- We need to work with DHS during this important time.

Big picture – Systems Modernization Planning – new planning initiative across all programs

- KPMG is the vendor, contract is for close to \$1 million
- Kickoff was August 16
- Timetable – through February, 2013
- Scope – DHS “enterprise” wide
 - MAXIS
 - PRISM
 - SSIS
 - other internal DHS systems such as those supporting SOS and MSOP
 - MMIS not included in planning due to funding issues
- Expected outcomes will include
 - High level roadmap for systems development
 - Requirements analysis
 - Cost/benefit analysis
 - Feasibility study
 - Outline for RFP that could be issued thereafter
- DHS and KPMG are likely to ask for County input soon
- Why counties should be pleased:
 - We asked for replacement of old systems
 - County reps were on Business Architecture Design Team – the oversight body
 - County reps reviewed responses to RFP, liked KPMG best
 - County rep was invited to speak at kickoff event, emphasizing critical county role as end users
 - DHS is planning enterprise wide – just like counties see clients, across all programs
 - DHS leadership in this area is strong
- Issues to be concerned about:
 - Compressed timetable
 - Receptivity of legislature to appropriating funds to implement plans
 - Keeping momentum, avoiding plan sitting on a shelf
 - Translating big, conceptual ideas such as integrated service delivery into action will be a big challenge
 - Impact on county level systems

Ideally, big picture planning takes place first, then implementation.

But the Affordable Care Act changed that – see next page

Implementing Health Care Insurance Exchange (HIX)

- MAXIMUS is the overall Exchange vendor, Commerce Department overall responsibility
- CURAM is the MA eligibility module vendor, eligibility is one of 7 major modules, DHS has the lead
- \$41 million overall, about \$27(?) million on MA alone
- Kickoff was late July
- Goals/timetable
 - MA eligibility function for MAGI (modified adjusted gross income) to be ready 10/1/13 (mostly families and children with eligibility based on income)
 - MA eligibility for elderly and disabled to be ready 1/1/14
 - All MA cases off MAXIS 1/1/14
- Vendor/DHS likely to ask for County input soon
- Why we should be pleased
 - We really need to replace MAXIS – this is the start
 - Money is in place – 90% Federal Financial Participation through end of 2015
 - DHS project leadership is strong
 - CURAM is well regarded, is also working with Maryland
 - Better technology available compared to the past
 - High stakes for MN to be ready, increasing pressure for DHS/Commerce to succeed
- Issues to be concerned about
 - Very tight timetable, Commerce hasn't brought up major system, DHS success has been mixed
 - DHS leadership and staff are stretched thin
 - Likely result is minimum necessary automation by scheduled dates – staff may be disappointed
 - Program eligibility rules are still complex
 - Staff will have to operate new system in addition to MAXIS, MMIS
 - Timeline uncertain for further automation of MA, and adding food support and cash
- Unanswered questions about HIX
 - Role of counties, navigators
 - Degree of automation compared to needed personal touch with MA applicants/recipients
 - Who owns cases – more clients for counties? Less clients for counties?
 - Workload impact of new system
 - Cases & individuals moving back and forth between new system and MAXIS

Where Systems Modernization and HIX come together:

- What are the DHS priorities in 2014-15? Options:
 - Further enhancement of MA
 - Adding food support
 - Adding cash
 - Starting SSIS, PRISM, MMIS replacement
 - First 3 have FFP, other systems do not
 - Can/will projects be run simultaneously?

HEALTH INFORMATION EXCHANGE

AS A
NATIONAL INITIATIVE

Melinda Machones

Community Health Information Collaborative

September 5, 2012

AGENDA



- **What is HIE?**
- **What's Happening with HIE across the US and MN?**
- **How is HIE being used?**

WHAT IS HIE?



... a means to **securely** exchange patient information between **authorized** users and/or organizations.

WHAT IS HIE?



... a way to electronically move clinical information among **disparate** health care information systems while **maintaining the meaning** of the information

WHAT IS HIE?



Types of HIE:

- **Direct Secure Messaging**
- **Connect Queries**

WHAT IS HIE?



Types of HIE:

➤ Direct Secure Messaging

Push technology that allows physicians, hospitals, labs, pharmacies, and other entities to exchange results, reports, and other clinical data over a **secure network**

WHAT IS HIE?



Types of HIE:

➤ Connect Queries

Used by an organization for **connecting their edge system(s)** into health information exchanges to engage in the **secure** exchange of interoperable health information

HIE NATIONALLY



- **ARRA**
- **HITECH**
- **NwHIN**
- **DURSA**

HIE NATIONALLY



Challenges:

- Sustainability
- Opt in vs Opt out?
- Patient Identity Mgmt
- Security

HIE IN MINNESOTA



HITECH Funding:

- Statewide Shared Services
- Statewide Core HIE Services
- UP-HI Workforce Development
- SHARP
- Beacon Community

HIE IN MINNESOTA



MN Dept. of Health:

➤ Mandates:

➤ ePrescribing (2011)

➤ EHR Adoption and Interop (2015)

➤ eHealth Advisory Committee

➤ Certified Service Providers

➤ Health Info Organizations (HIO)

➤ Health Data Intermediaries (HDI)

MINNESOTA'S CERTIFIED HIO



HIE-Bridge™:

➤ *Connect Querying*

➤ Record Locator

➤ Patient Query

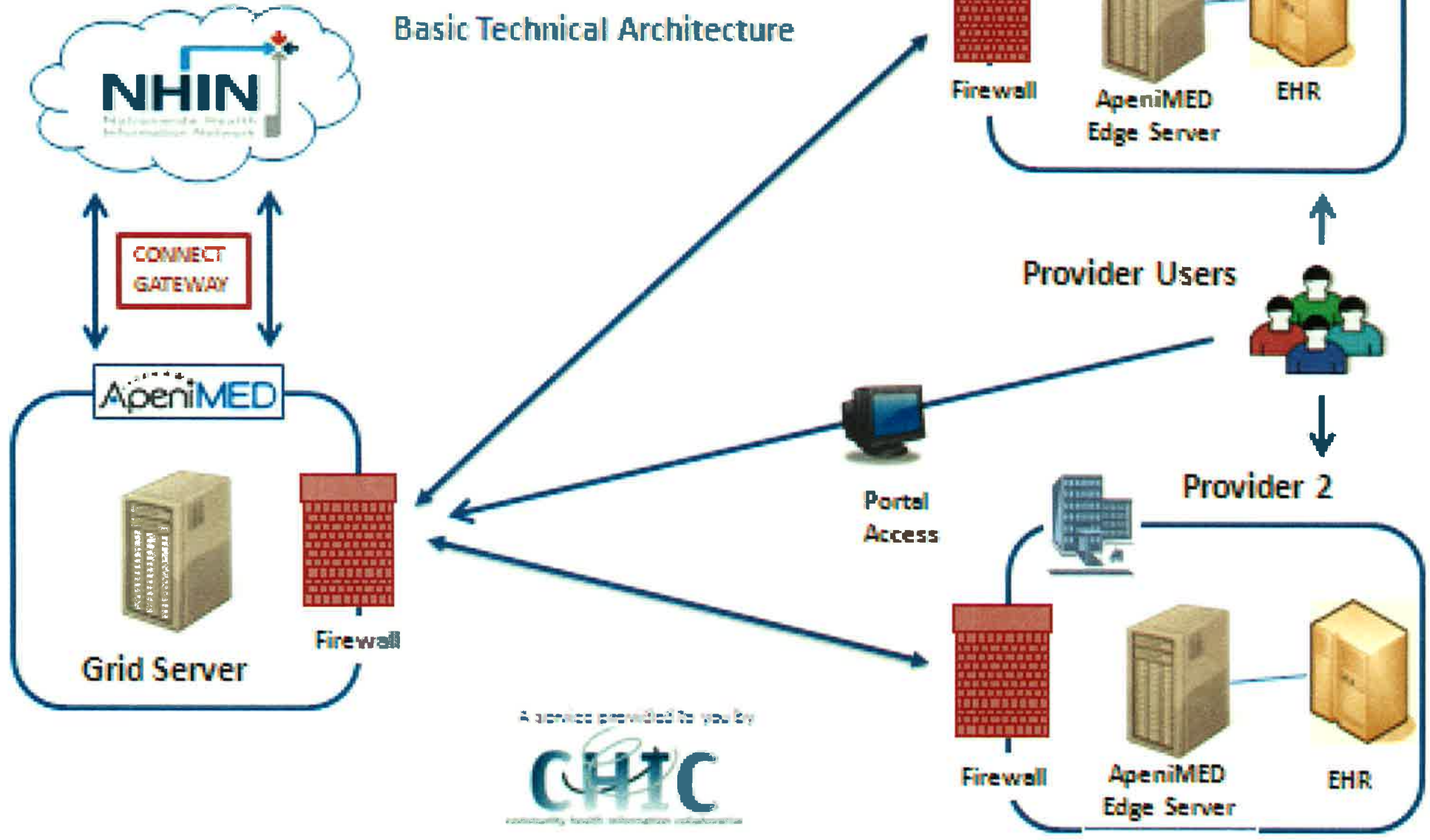
➤ Audit

➤ Data Exchange and Support Agreement

HIE-Bridge™

Health Information Exchange

Basic Technical Architecture



A service provided to you by



HISTORY OF HIE-BRIDGE™

2006

2007

2008

2009

2010

2011

2012

2013...

Secure eMail

RHIO Portal

HIMSS/GSA Single Sign-on

RLS Development

NHIN Trial Implementation Demos



RLS Implementation

HIO Certification

Shared Services

SSA Disability
& VA VLER

HIE-BridgeDirect™

MINNESOTA'S CERTIFIED HIO

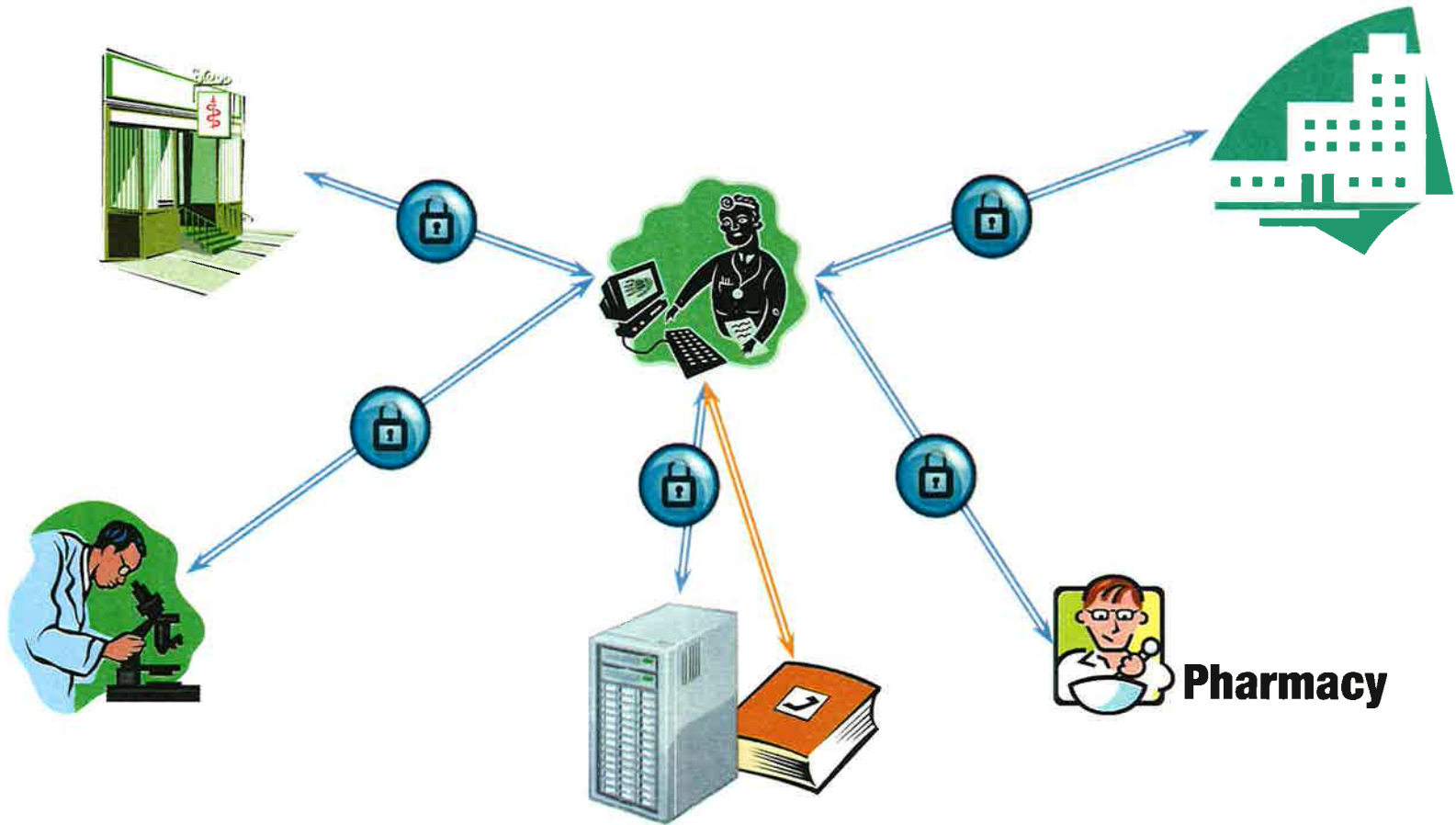


HIE-BridgeDirect™:

- *Direct Secure Messaging*
 - Provider Directory
 - Push by Humans
 - Push by Systems

HIE-Bridge *Direct*TM

Health Information Exchange



USING HIE



Direct Messaging

- Referrals
- Treatment Plans
- Emails to Patients
- Questions

USING HIE



Connect Queries

- Emergency Locator
- Find Clinical Information
- Most Recent Visits

USING HIE



Advanced Example

- **ED Notifications**
- **Query to Find Where**
- **Direct to send notifications to treating physician**

QUESTIONS?

Thank you!

Melinda Machones, MBA

VP – HIE Services

mmachones@medinfosystems.org

Community Health Information Collaborative

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