

The Minnesota Accountable Health Model Community Advisory Task Force Meeting

WEDNESDAY, SEPTEMBER 21, 2016
AMHERST H WILDER FOUNDATION
451 LEXINGTON PARKWAY NORTH, ST. PAUL, MN
9:00 AM - 12:00 PM

 Minnesota
Department of Health



health reform
MINNESOTA
A Better State of Health

Information: [SIM MN Website](http://www.mn.gov/sim), www.mn.gov/sim

Contact: [SIM MN Email](mailto:sim@state.mn.us), sim@state.mn.us

AGENDA

- Welcome and Overview of Agenda
- Updates
- No Cost Extension
- 2017 SIM Sustainability and Regional Meetings
- MN HIE Strategy Implementation Plan
- MN e-Health Roadmap Recommendations & Next Steps
- Data Analytics Phase Two Report & Recommendations
- Next Steps/ Future Meetings
- Public Comment

Aim

Minnesota Accountable Health Model

By 2017, Minnesota's health care system will be one where:

The majority of patients receive care that is patient-centered and coordinated across settings;

The majority of providers are participating in ACO or similar models that hold them accountable for costs and quality of care;

Financial incentives for providers are aligned across payers, and promote the Triple Aim goals; and

Communities, providers and payers have begun to implement new collaborative approaches to setting and achieving clinical and population health improvement goals.

Primary Drivers

1. Providers have the ability to exchange clinical data for treatment, care coordination, and quality improvement.
--HIT/HIE

2. Providers have analytic tools to manage cost/risk and improve quality.
--Data Analytics

3. Expanded numbers of patients are served by team-based integrated/coordinated care.
--Practice Transformation

4. Provider organizations partner with communities and engage consumers, to identify health and cost goals, and take on accountability for population health.
--ACH

5. ACO performance measurement, competencies, and payment methodologies are standardized, and focus on complex populations.
--ACO Alignment

Secondary Drivers

Provide funding, technical assistance (TA) and other resources to increase community, provider and setting engagement in secure Health Information Exchange (HIE).

Develop roadmap and provide tools/resources to promote Electronic Health Records (EHR) adoption and effective use.

Provide investment in state technical infrastructure to support population health improvements through standards-based clinical health information exchange.

Provide enhanced data analytics, reporting and technical assistance.

Provide resources and training on quality improvement.

Provide direct provider support/TA for practice transformation/transition to team based, patient centered coordinated care.

Support adoption of emerging provider types (e.g. community health worker, community paramedic, dental therapists).

Establish models for Accountable Communities for Health.

Develop a methodology/ roadmap for incorporating ACH activities into payment models.

Align and evolve ACO payment methodologies.

Establish ACO core competencies and regulatory structures.

Develop community core measures for ACO cost and quality.

Develop integrated ACO financial models and measures for complex populations.

UPDATES

UPDATE: e-Health Use and Exchange

- e-Health Roadmap:
 - ✓ Complete: www.health.state.mn.us/e-health/ehealthdocs/ehlth_roadmap_final.pdf
- IHPs utilizing assessment reports
 - ✓ Prepared by 3M
- Data Analytic Phase Two Report & Recommendations
- Success/highlight
 - ✓ Food Securities award to Second Harvest

UPDATE: Practice Transformation

- Behavioral Health Homes
 - ✓ Certification of 13 BHHs launched on July 1, 2016
- Community Health Workers
 - ✓ New billing code
- Learning Community – Refugee Populations
 - ✓ RFP released, responses received through September 15, 2016
- Practice Transformation – Round 4
 - ✓ RFP released, responses received through September 15, 2016
- HCH Request for Information
 - ✓ RFI released, responses received through September 9, 2016
- Oral Health Access – prevention & chronic disease
 - ✓ REF released, responses due September 26, 2016

UPDATE: Accountable Communities for Health

- ACH R2 Funding Opportunity
 - ✓ RFP released, responses due September 26, 2016
 - ✓ Funding to support building & strengthening infrastructure
- Morrison County Community Based Care Coordination
 - ✓ July 12th Congressional Staff Briefing
 - ✓ Successful programs in the community to address opioid use

UPDATE: ACO Performance

- RFI: Future Integrated Health Plan (IHP) models
 - ✓ Released April 25, 2016
 - ✓ Responses received through August 19, 2016
 - ✓ Inform IHP 2.0
- IHP cost and quality results
 - ✓ Final 2014 and preliminary 2015 IHP costs and quality results
 - ✓ \$14.8 million savings in project's 1st year
 - ✓ \$61.5 million savings in project's 2nd year
 - ✓ Continued quality improvements
 - ✓ Round 5 IHP RFP was due August 19, 2016
 - ✓ Five responses received
 - ✓ Goal: 500,000 by end of 2018

UPDATE: Community Engagement

Video: Clippers and Curls



<https://youtu.be/wTp5KUfscRA>

UPDATE: Community Engagement

SAVE THE DATE
Equity in Action Engagement Summit
November 17, 2016
8:30a – 4:30p
Wellstone Center

Summit for community members, health & human services providers, administrators, and policy makers to support health equity

Registration will be sent out on SIM list serve

No Cost Extension: Process

- CMMI “Virtual Site Visit”, May, 2016
 - ✓ Multi-Payer discussion on alignment
 - ✓ Evaluation findings
- CMMI Reverse Site Visit, Baltimore, MD: August 2, 2016
 - ✓ Discussed MN HIE framework
 - ✓ Discussed MN approach to IHP 1.5, 2.0 and beyond
 - ✓ Discussed integration of population health & social determinants

No Cost Extension: Submission

- Formal NCE request submitted August 12, 2016
 - ✓ Project extended 12 months - through Dec. 2017
 - ✓ Programmatic approval received early September, 2016
 - ✓ Budget approval/OAGM approval anticipated by end of September

No Cost Extension: Purpose

- Additional Time for Current Grantees
 - ✓ Complete programmatic work
 - ✓ Plan for sustainability when needed
- Additional Funding Opportunities
 - ✓ R2 ACH Funding Opportunity – building infrastructure
 - ✓ R3 e-Health Funding Opportunity – ADT, care summary, analytic capabilities
 - ✓ R4 Practice Transformation – integration of care
 - ✓ R3 Learning Community – improving services for refugee populations

No Cost Extension: Purpose Continued

- Evolution of SIM Activities
 - ✓ Enhanced DHS reporting capabilities for IHP and BHH
 - ✓ Oral Health Access – increase preventive dental services to underserved populations with chronic disease
 - ✓ Food Security Grant & integration of social determinants
 - ✓ Stakeholder work for APCP/Self-Insured, HIE State Strategy, Sustainability
 - ✓ Study: Coordinated Care Needs & Cost
- Deliberate Sustainability Planning

No Cost Extension: SIM Task Forces

- Task Force Formal Structure
 - ✓ September & November 2016 meetings
 - ✓ February & April 2017 meetings
 - ✓ Two year terms expire April 30, 2017
- Task Force Role
 - ✓ Provide continued guidance on e-health privacy, consent, exchange, use & standardization requirements
 - ✓ Engage in IHP 2.0 model discussions
 - ✓ Continued review of evaluation findings
 - ✓ Champion health care reform efforts within the community and work place

SIM Sustainability 2017 and Beyond

SIM Sustainability 2017

- CMMI RFI Opportunity
 - ✓ Collective State Response (State and SIM TF)
- Sustainability Framework
 - ✓ HIE & Use
 - ✓ Payment Models
 - ✓ Communications and Engagement
- State Activities for Framework Areas
 - ✓ Conclude
 - ✓ Continue
 - ✓ Evolve

SIM Sustainability: 2017 Regional Meetings

- Regional Meetings in Q4 2017
 - ✓ Celebrate SIM Accomplishments
 - ✓ Share Lessons Learned & Best Practices
 - ✓ Distribution of Resources (toolkits, roadmaps, evaluation findings)
- Target Audience
 - ✓ SIM Grantees, participants, partners, providers
 - ✓ Legislators, policy decision makers
 - ✓ Public
- Proposed Locations
 - ✓ Beltrami/Bemidji
 - ✓ Saint Louis/Duluth
 - ✓ Olmstead/Rochester
 - ✓ Ramsey/St. Paul

SIM Sustainability: 2017 Regional Meetings

Task Force Role

- ✓ Sustainability Sub-group
- ✓ Task Force Members Champion & Host Meetings
- ✓ Embrace Community Accomplishments
- ✓ Disseminate Best Practices
- ✓ Advocate for Meaningful Health Care Reform

SIM Sustainability: Beyond SIM

- CMMI RFI Responses and Next Steps
- 2017 Legislative Session
- Continued Implementation & Evolution of HIE
- Continued Evolution of Care Integration & VBP Models

SIM Sustainability and Regional Meetings

DISCUSSION

- What SIM-related sustainability activities will your organization, or other groups, be engaged in?
- What are important considerations for the planning of the Regional Meetings?

The Minnesota Accountable Health Model

Health Information Exchange (HIE) Strategy Implementation Plan

Wednesday, September 21, 2016

Jennifer Fritz, MDH

Topics for Discussion

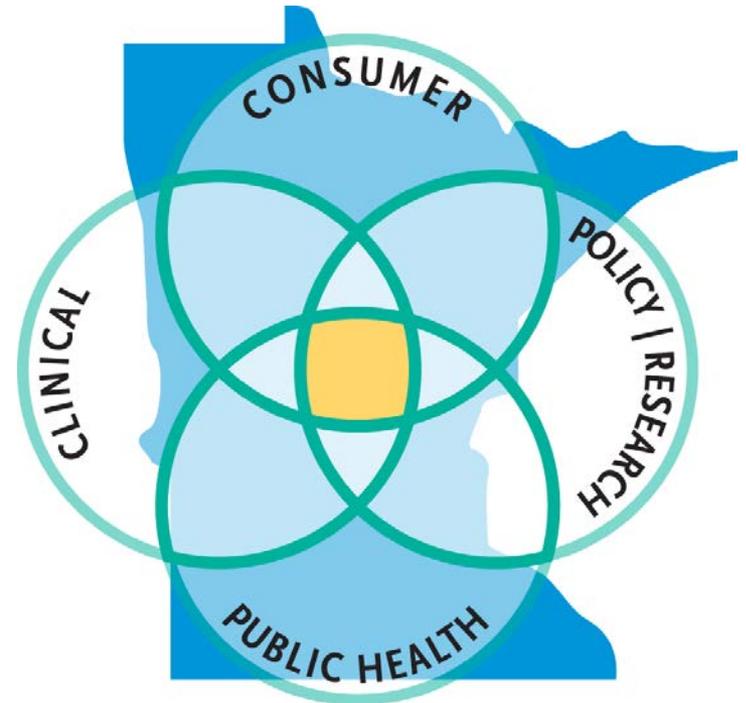
- Vision and Requirements for Interoperability in Minnesota
- Approach to HIE in Minnesota
- Minnesota Progress, Gaps, and Challenges
- SIM HIE Strategy / Roadmap Plan
- Next Steps / Discussion

Vision and Requirements for Interoperability in Minnesota

Minnesota e-Health Initiative

A public-private collaboration established in 2004

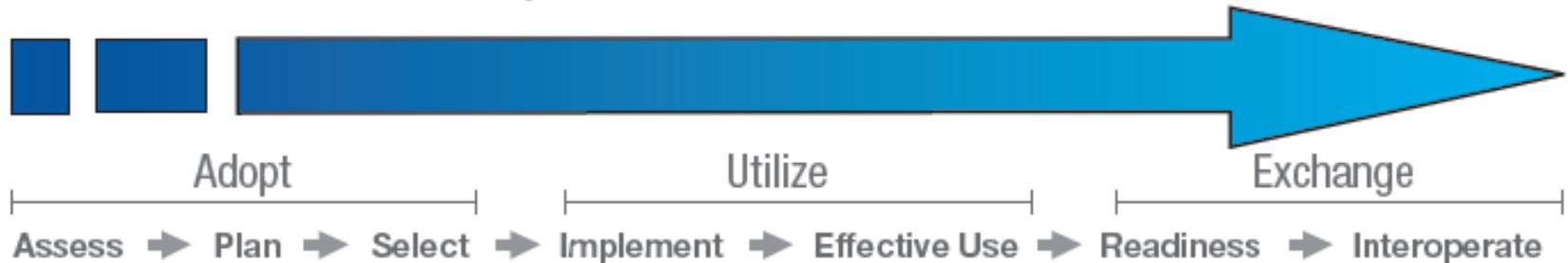
- Legislatively chartered
- Coordinates and recommends statewide policy on e-health
- Develops and acts on statewide e-health priorities
- Reflects the health community's strong commitment to act in a coordinated, systematic and focused way



“Vision: ... accelerate the adoption and effective use of **Health Information Technology** to improve healthcare quality, increase patient safety, reduce healthcare costs, and enable individuals and communities to make the best possible health decisions.”

The Minnesota Model

Continuum of EHR Adoption



Exchange partners

- Adult day services
- **Behavioral health**
- Birth centers
- Chiropractic offices
- Clinics: primary care and specialty care
- Complementary/integrative care
- Dental practices
- Government agencies
- Habilitation therapy
- Home care
- Hospice
- Hospitals
- Laboratories
- **Local Public Health**
- **Long-term care**
- Pharmacies
- **Social services**
- Surgical centers

Minnesota Approach to HIE and Interoperability

Key Elements of the Minnesota Market-Based HIE Approach

- Governance and operations led by regional and local communities driven by local business case needs and use cases
- Limited state government oversight and governance, with focus on vendor certification, use of national standards and facilitating connections
- Technology innovation, connectivity and services delivered via an open vendor market
- Financial investments are incremental and distributed between public and private sources to ensure building at a sustainable rate
- Policies are leveraged to support implementation, use and financing
- Providers and individuals have choices to meet their needs and use cases
- Statewide e-health initiative provides coordination and guidance with ongoing assessment, evaluation and resources to help support e-health equity

Definitions for State-Certified HIE

Service Provider Types (M.S. §62J.498)

Health Information Organization: an organization that oversees, governs, and facilitates HIE among health care providers that are not related health care entities to improve coordination of patient care and the efficiency of health care delivery.

Health Data Intermediary: an entity that provides the technical capabilities or related products and services to enable HIE among health care providers that are not related health care entities. This includes but is not limited to: health information service providers (HISP), electronic health record vendors, and pharmaceutical electronic data intermediaries.

Emerging Minnesota HIE and the Supports Necessary for Interoperability

Multi-State / National HIE

(e.g., eHealth Exchange, regional networks, e-prescribing)

Statewide HIE

Limited # use cases/transactions (e.g., care summary, alerts)
Direct Secure Messaging capability
Public Health reporting

Local & Enterprise HIE

Robust HIE based on local needs, analytic capabilities
HIE framework for accountable Health; vendor-mediated HIE
(e.g., laboratory information, care plans, imaging, referrals)

Shared Support Services

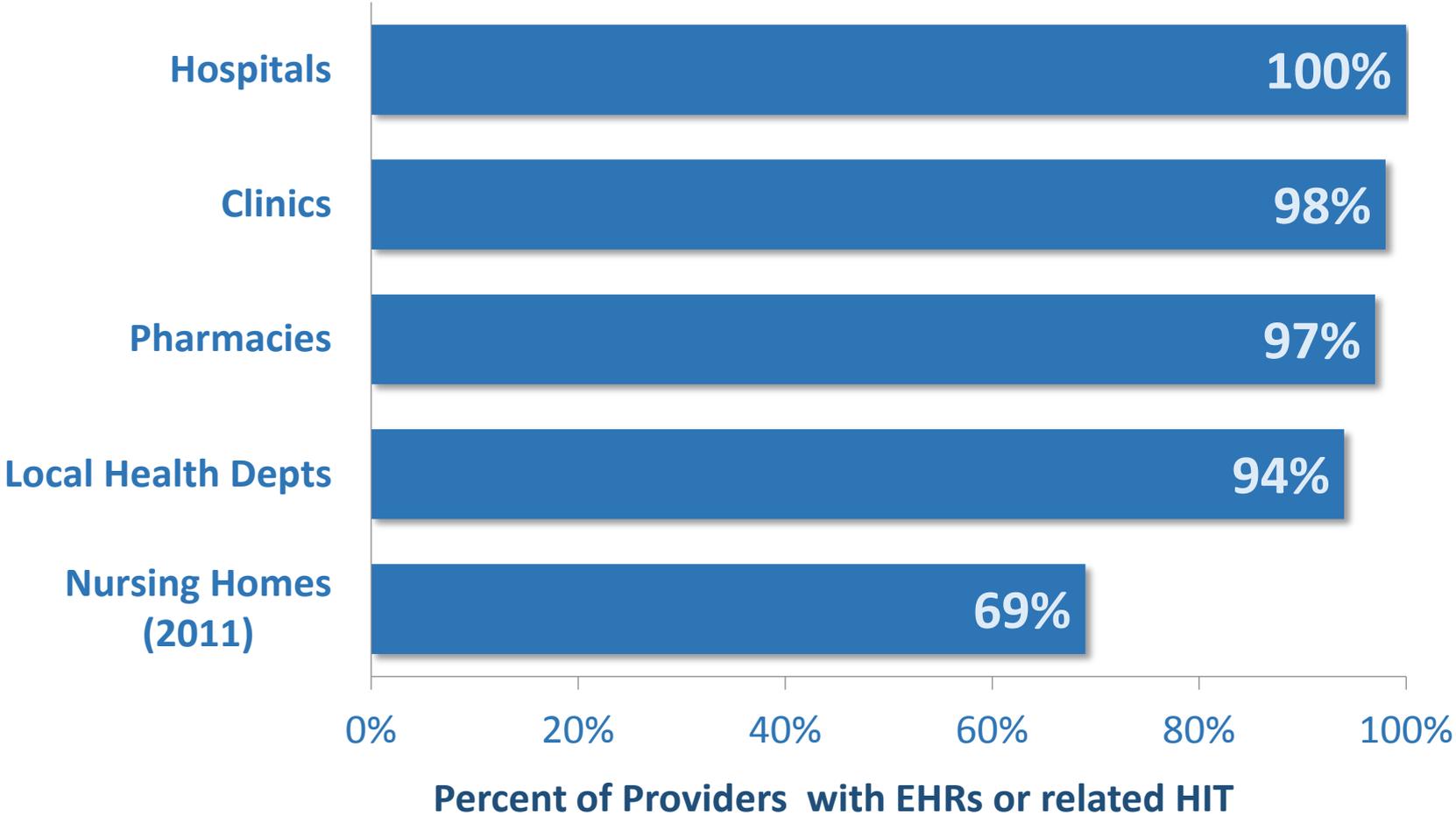
Infrastructure (e.g., directories, consent management),
e-health guidance, technical assistance,
assessment/monitoring

HIE Oversight and Policy Levers to Enable HIE

What do we know from the data?

Progress, Gaps, and Challenges

EHR/HIT Adoption is High



Source: Minnesota e-Health Profile, MDH Office of Health IT, 2011-2016



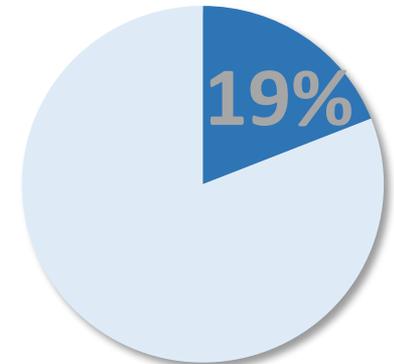
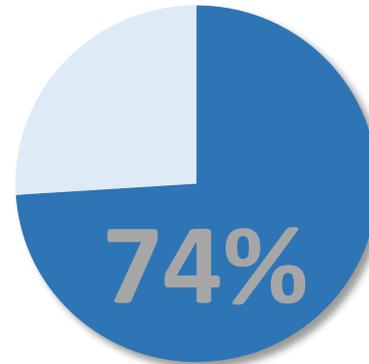
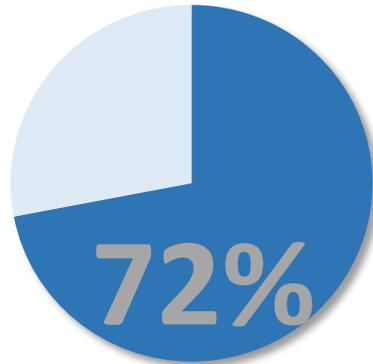
HIE & Interoperability are Emerging

Exchanging with unaffiliated hospitals and clinics

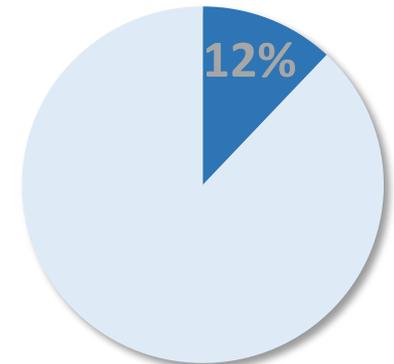
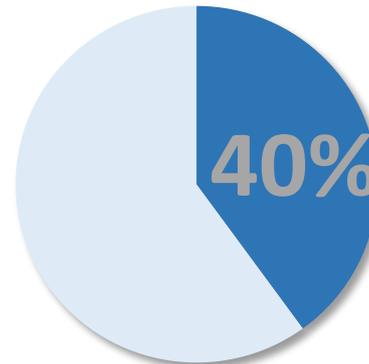
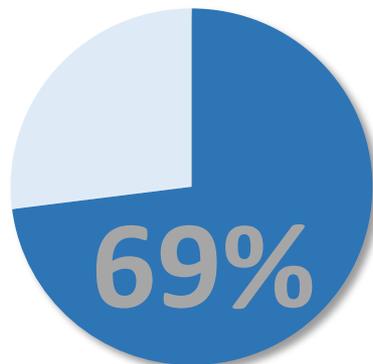
Routinely sending electronic summary of care records

Integrating summary of care records into EHR

Hospitals



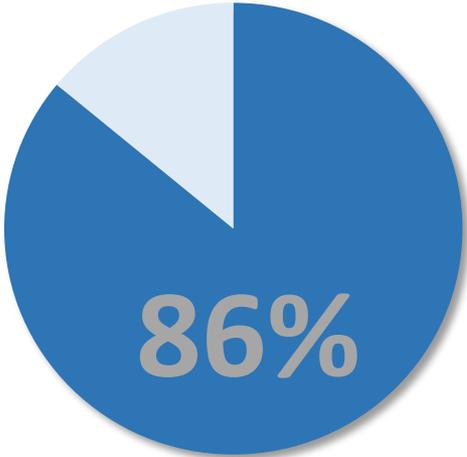
Clinics



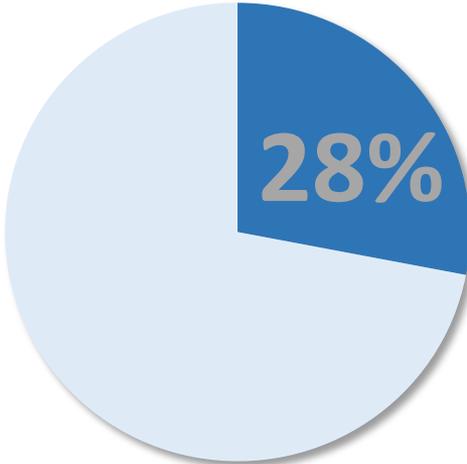
Vendor-driven HIE is High

“Providers at our hospital have necessary clinical information available electronically from outside providers”

Hospitals Using Epic
(count = 76)



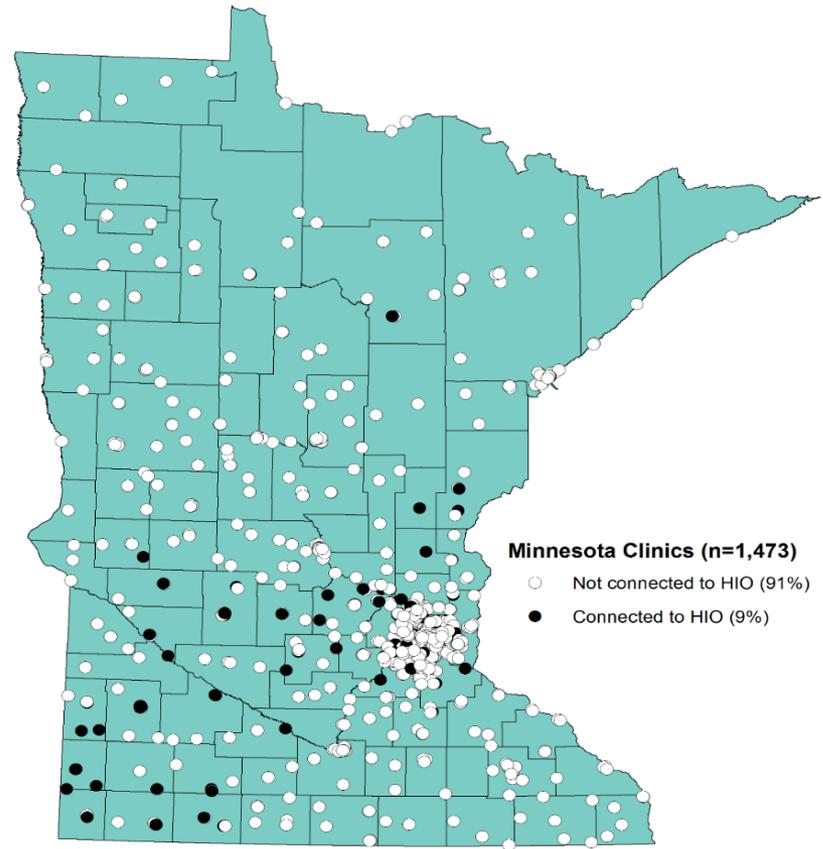
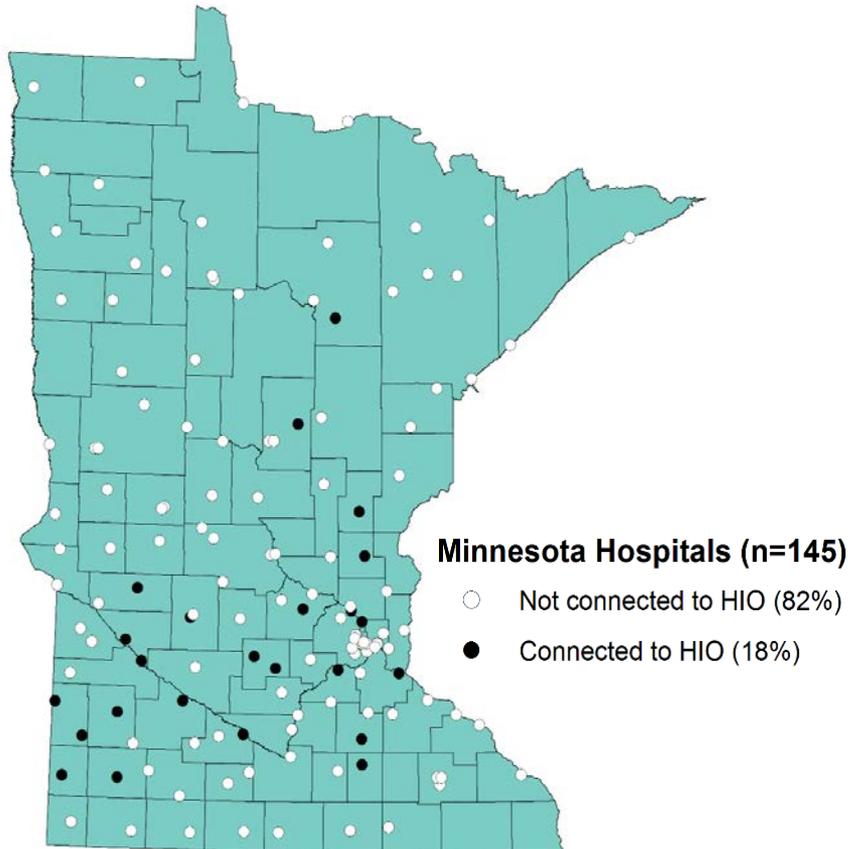
Hospitals Not Using Epic
(count = 53)



(non-Federal acute care hospitals)

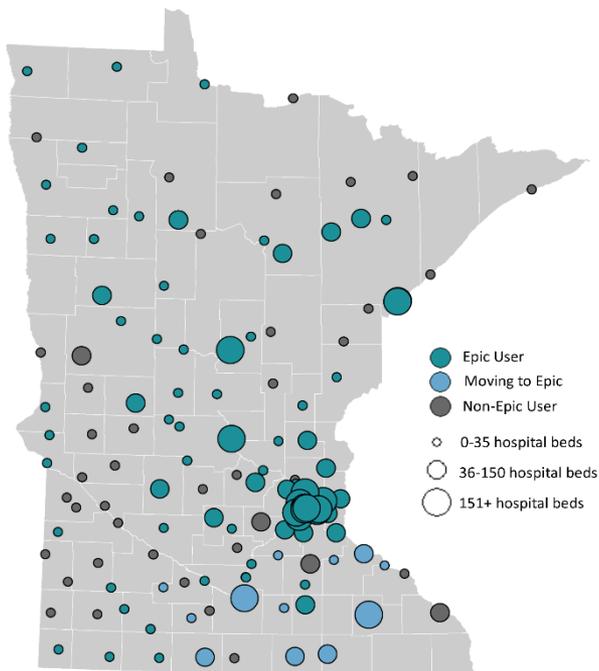
Source: Minnesota e-Health Profile, MDH Office of Health IT, 2016

Minnesota Hospitals and Clinics Connected to an HIO

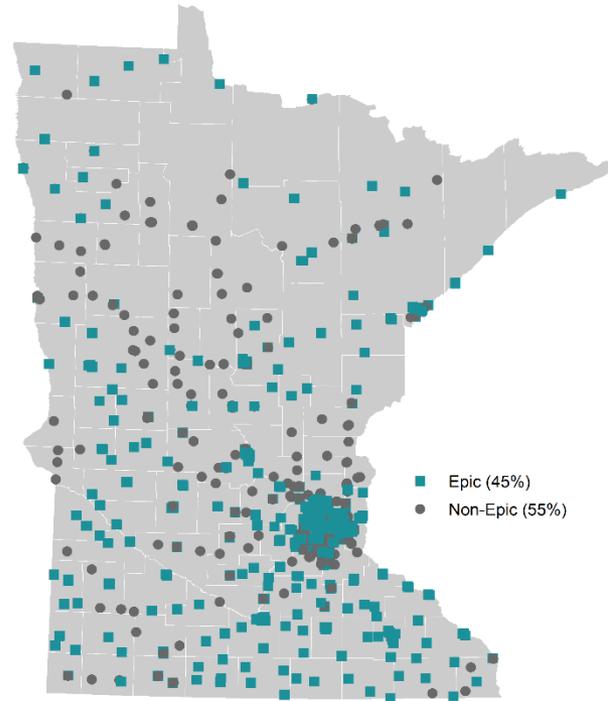


Minnesota Hospitals and Clinics Connected to Epic Network

Hospitals Connected to Epic (2015)



Minnesota Clinics Connected to Epic (2015)



Gaps and Challenges

Gaps

- Across the care continuum, many settings just beginning to engage in e-health
- Disparity in use of EHRs and HIE despite equal rates of adoption.

Challenges

- Exchanging across different vendor platforms
- Integrating data from other providers into the EHR
- Managing patient consent to share information
- Leveraging EHR data to support population health

SIM Sustainability & HIE Implementation Plan

SIM HIE Strategy Implementation Plan

GOAL:

- Improve health outcomes and cost of care among all Minnesotans by using e-Health and health information exchange to:
 - Engage and activate individuals and caregivers
 - Engage and activate all health providers
 - Extend care coordination into the community
 - Monitor cohorts and attributed populations
 - Manage population health

Provisional Minnesota HIE Framework to Support Accountable Health

<i>Provisional Minnesota HIE Framework to Support Accountable Health (1,2)</i>				
Engage and Activate Individuals and Caregivers	Engage and Activate All Health Providers	Extend Care Coordination into the Community	Monitor Cohorts and Attributed Populations (including risk stratification)	Manage Population Health <i>(well-being of populations)</i>

(1) Adapted from CCHIT's "A Health IT Framework for Accountable Care"

www.healthit.gov/FACAS/sites/faca/files/a_health_it_framework_for_accountable_care_0.pdf

(2) Adapted from: Stratis Health's "An Actionable Model for Health Reform-*Preparing for the future of health care*"

www.stratishealth.org/pubs/qualityupdate/f13/reform.html

Provisional Minnesota HIE Framework to Support Accountable Health

Key Element	A. Engage and Activate Individuals and Caregivers	B. Engage and Activate all Health Providers	C. Extend Care Coordination into the Community	D. Monitor Cohorts and Attributed Populations <i>(including risk stratification)</i>	E. Manage Population Health <i>(well-being of the population)</i>
Key Premise <i>(Desired Outcomes)</i>	Individuals who are engaged, with access to their health information, are more responsible for their health and have better health outcomes.	Providers who are engaged, with access to all necessary information at the point of care, help contribute to better health outcomes for patients.	Individuals are healthier when health care and related services are coordinated among providers.	Cohorts and attributed populations have better health and financial outcomes when program decisions are made using information generated with enhanced data analytics.	Health policy, emergency preparedness, and public program decisions are improved when based on accurate & timely population health information.
Key HIE Functions and Capabilities to Achieve Desired Outcomes	<ul style="list-style-type: none"> a) Patients have access to bi-directional communication with providers. b) Individuals have access to their personal health information that is understandable, in a useable form and actionable. c) Individuals and patients have access to information about their providers and health care services d) Individuals have access to tools to actively monitor and care for themselves and are able to share health activity monitoring information with providers. e) Individuals have easy access to chronic disease management tools f) Individuals have easy access to disease specific and preventative education materials 	<ul style="list-style-type: none"> a) Providers have access to bi-directional communication with patients. a) Providers have ability to communicate/share information within their own organization † b) Providers have the ability to communicate/share information outside their organization † c) Providers have access to user friendly, timely clinical decision support (CDS)† d) Providers have access to public health alerts e) Providers have access to comprehensive patient medication histories † 	<ul style="list-style-type: none"> a) Providers have closed loop referral capability (Referral Management †) b) Individuals and providers have access to identified social & community supports (for referral) that address social as well as medical needs c) Providers have the information needed for care coordination in standard and/or shared terminologies where possible d) Providers participate in care teams e) Providers have access to bi-directional care coordination support services to/from MDH f) Providers have access to information on targeted patients (e.g., cohorts) for follow-up/ support g) Individuals and patients have access to financial information needed for care management h) Care coordinators have access to shared care management plans 	<ul style="list-style-type: none"> a) Access to information to identify and monitor cohorts; share trends with care coordinators b) Access to financial risk sharing models use predictive analytics † c) Access to shared care management plan and transparency of data analyzed d) Ability to normalize and integrate data, including social determinants of health e) Ability to provide care coordinators and providers performance reports † f) Access to information that allows for participation in reimbursement systems for other than fee for service † (ACO, value-based payment) g) Access to and ability to use repository and data warehouse 	<ul style="list-style-type: none"> a) Access to information for health assessment of entire population† b) Ability to evaluate effectiveness of public health programs c) Ability to report measures to external designated entities † d) Ability to report adverse events to Patient Safety Organization † e) Access to emergency preparedness monitoring and assessment information f) Access to information needed to react to emergency disasters and outbreaks more quickly g) Access to and ability to share research protocol information h) Access to and ability to share comparative effectiveness research † i) Access to and ability to share population health analysis
Overarching Requirements	<p>F. Transactions and Standards Recommended transactions and national standards are supported</p> <p>G. Patient Safety Practices HIE and e-health protocols and procedures are supportive and enhance patient safety</p> <p>H. Privacy and Security Protect all health information; any data sharing includes patient permissions (shared with whom and for what purpose).</p> <p>I. Total Cost of Care (TCOC) HIE and e-health protocols and procedures support TCOC model (clinical decision support, program evaluation etc.)</p> <p>J. Learning Health System moving toward an “ecosystem where all stakeholders can securely, effectively and efficiently contribute, share and analyze data and create new knowledge that can be consumed by a wide variety of electronic health information systems to support effective decision-making leading to improved health outcomes* (Collect, share, use)</p> <p>K. Administrative Simplification Providers, patients and individuals can easily access information for appointment, insurance eligibility and benefits among other needs</p>				

† Adapted from CCHIT Framework

*Source: Connecting Health and Care for the Nation A Shared Nationwide Interoperability Roadmap January 2015

SIM HIE Strategy / Roadmap Plan

A Path Forward

HIE Strategy Roadmap toward the Goal: Improve health outcomes and cost of care among all Minnesotans (population health) through e-Health and HIE

Today

- High EHR adoption and use among many settings
- HIE limited to some communities, EHR-vendor facilitated by large health systems
- Many lessons learned through previous HIE implementation

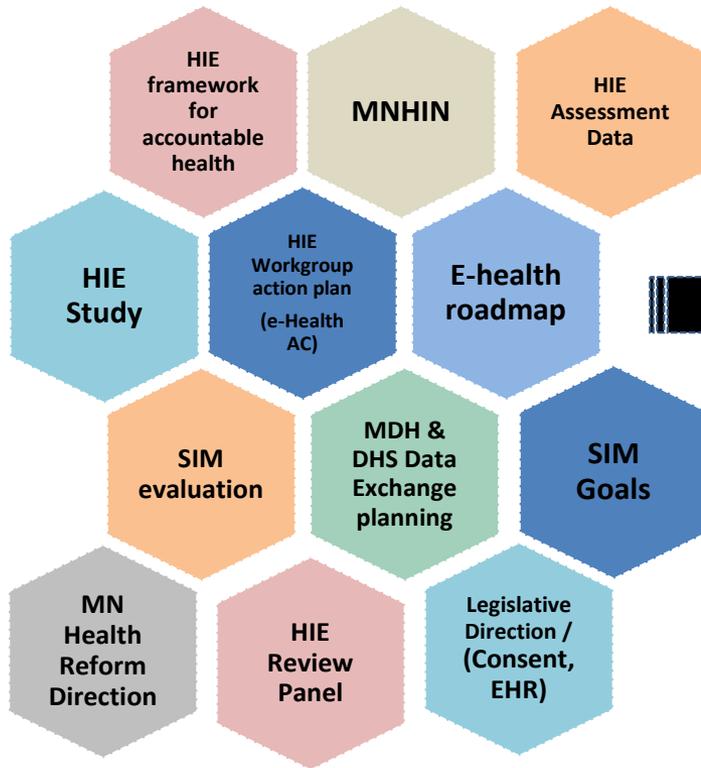
Tomorrow

- Information is available when needed
- HIE adoption high statewide
- HIE capacity expands to support population health and learning health system
- HIE sustainability plan driven by value-based care and value-based HIE services

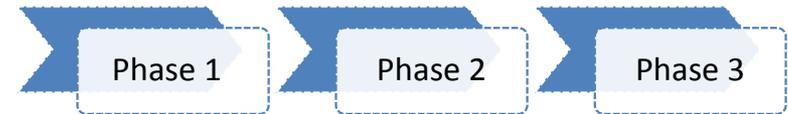
Key principle: E-health is distributed equitably statewide

SIM HIE Strategy / Roadmap Plan

Many Elements to Connect



Minnesota HIE Strategy Implementation Roadmap in Support of Accountable Health and Payment Reform Goals



- *Phased approach*
- *Built on lessons learned*
- *Based on collaborative input*
- *Scalable statewide*

Minnesota HIE Strategy Implementation Roadmap in Support of Accountable Health and Minnesota's Payment Reform Goals – DRAFT 7/28/16

2013-2016

Phase 1 (initial SIM implementation)

2017- Phase 2

(final SIM implementation)

2018 Forward

Phase 3 (post-SIM)

MDH & DHS Leadership, Oversight, Policy Levers, and Measurement towards Goals

Governance, Operations and Policy

Minnesota e-Health Advisory Committee

- Policy recommendations; collaborative action on priorities

HIE Review Panel

- Advice to MDH on certifications of HIOs and HDIs

MN Health Information Network (MNHIN)

- Collaboration on HIE implementation

MNHIN

- Limited use of HIE Service Providers
 - Services mostly local/ regional.
- Common capabilities include:
- Direct secure messaging
 - Other directed exchange (e.g., alerts)
 - Query-based services
 - Consent management

- Begin developing requirements for shared services and common services/data exchange needs

Investments

- SIM grant – grants for HIE, e-health roadmap, privacy and security resources, MDH Direct services.
- State appropriations for MN e-Health Initiative, grants, HIE study
- Private market investments (HIOs, HDIs)

Minnesota e-Health Advisory Committee

- Policy recommendations; collaborative action on priorities
- HIE study to recommend long-term needs

HIE Review Panel

- Phase 1 plus: advice on statewide HIE

MNHIN

- Defining needed shared HIE infrastructure

MNHIN

Phase 1 plus:

- Widespread HIE adoption among Medicaid IHPs and ability to connect IHPs
- MDH reporting through state-certified HIE Service Providers (ELR and Immunizations)

Shared Services

(TBD based on Phase 1 requirements)

- Initial implementation with focus on Medicaid but eventually scalable to statewide. May include: provider directory services.

Investments

- SIM grant (same as phase 1, plus new HIE grants and investments in shared services)
- State appropriations for MN e-Health Initiative, grants, HIE study
- Private market investments (HIOs, HDIs)
- HIE study to recommend long-term finance strategy
- Seek CMS funding for Medicaid share for implementation

Minnesota e-Health Advisory Committee

- Policy recommendations, collaborative action on priorities
- Implement HIE study recommendations

HIE Review Panel

- Phase 2 plus: advice to MDH on implementation of statewide HIE

MNHIN

- Implementation of statewide HIE

MNHIN

Phase 2 plus:

- Continued statewide expansion of services (HIE Framework to Support Accountable Health)
- Expansion of MDH reporting based on MDH interoperability roadmap

Shared Services (TBD based on Phase 2)

- Expanded beyond Medicaid based on financing by multi-investors
- May include statewide record location for query, analytics, population health, consumer preferences

Investments

- Implement HIE study recommendations (requires legislative action)
- Broad-based financing (includes non-Medicaid) model towards a public/private partnership provides financial stability
- State/CMS contribute ongoing funding for services that support state Medicaid operations

Finance

MN HIE Strategy Implementation Plan – DISCUSSION

- What are the important considerations for implementation of the HIE Strategy?
- Are there specific stakeholders or champions that need to be engaged?
- What challenges should be anticipated for implementation?

BREAK

Minnesota e-Health Roadmap for Behavioral Health, Local Public Health, Long-Term and Post-Acute Care, and Social Services

Kari Guida

Senior Health Informatician

Minnesota Department of Health

Kari.guida@state.mn.us

www.health.state.mn.us/e-health/roadmaps.html

MN e-Health Roadmap Overview

- Recommendations and actions to support/accelerate the adoption and use of e-health for the four priority settings
- Call to action for key partners to support the Roadmap and the priority settings
- Unified voice and path forward

Focus

- Review and endorse the MN e-Health Roadmap
- Provide feedback on MN e-Health Roadmap Implementation

Minnesota e-Health Roadmap by the Numbers

- 1600 volunteer hours from across the care continuum
- 8 priority use cases to show the need and opportunity for e-health (pg. 8)
- 1 person-centered view of e-health to assure focus on the individual (pg. 9)
- 10 recommendations (pg. 11) and +40 actions for providers with +100 tools and considerations (pgs. 11- 26) to advance e-health in the priority settings
- +35 actions for key partners to support the roadmap (call to action) (pgs. 51-53)

MN e-Health Roadmap – Comments & Endorsement

- Comments from MN e-Health Roadmap participant
 - Jennifer Lundblad, George Klauser, and others if present
- Endorsement of MN e-Health Roadmap by Task Force

Implementation

- Priority Setting Providers and Organizations
 - Recommendations and Actions (pgs. 11-26)
- Key Partners
 - Call to Action to support priority settings and recommendation and actions (pgs. 51-53)

Initial MDH Implementation Priorities (1 of 2)

- Monitor and share progress
 - Adoption and use of e-health in priority settings
 - Priority settings engaged in e-health programs/MN e-Health Initiative
 - MDH interoperability progress
 - Call to Action progress
- Support priority settings in implementing recommendations and actions and key partners in Call to Action
 - Update/upgrade tools and considerations
 - Mobilizing key partners
 - Communication with priority settings and key partners

Initial MDH Implementation Priorities (2 of 2)

- Implement MDH Call to Action
 - Update the Minnesota e-Health Standards Guide to focus on needs identified by priority settings including social determinants of health
 - Ongoing engagement of priority settings through the MN e-Health Initiative Advisory Committee, Workgroups and Activities
 - Share and use the Roadmap at a local, state, and national level.
 - Shared at two national public health conferences
 - Use to incorporate priority setting perspectives into coordinated responses/ call for public input (Interoperability Standards Advisory)

MN e-Health Roadmap Implementation – DISCUSSION

- How does the Task Force want to be engaged going forward/during implementation?
- What are groups and venues to share the MN e-Health Roadmap?
- What might be effective ways to mobilize key partners to engage in Call to Action?

Acknowledgements

- Steering Team Co-Chairs

- Randy Farrow
- Cally Vinz
- Carol Berg

- Stratis Health Staff

- Minnesota Department of Health Staff

- Workgroup Co-Chairs

- Annie Schwain (BH)
- Trish Stark (BH)
- Wendy Bauman (LPH)
- Cathy Gagne (LPH)
- Todd Bergstrom (LTPAC)
- Kris Dudziak (LTPAC)
- Darrell Shreve (LTPAC)
- Tim Gothmann (SS)
- George Klauser (SS)

Data Analytics Phase Two Report and Recommendations

DATA ANALYTICS

Purpose and Phased Approach

- Purpose: “Develop recommendations and identify top-priority data analytic elements, to motivate and guide greater consistency in data sharing...”
- Final Phase Two report submitted to Task Forces in early September

Essential Data Analytic Elements

1. Mental Health and Substance Use (unmet need)
2. Race, Ethnicity, and Language
3. Access to Reliable Transportation
4. Social Services Already Being Received
5. Housing Status or Situation
6. Food Insecurity

Phase Two Recommendations

- To accelerate achieving positive impacts for the health, concentrate efforts on these six Essential Data Analytic Elements
- Convene a group to identify a single standard approach for the use and sharing of the six elements
- Motivate collection and use of the six elements, especially in alternative payment arrangements, potentially leveraging regulation, contracts, and legislation

Recommendations for Organizations to “*help with future administration and support of Data Analytics Elements*”

- African American Health and Wellness Group
- Altair ACO
- Amherst H. Wilder Foundation
- APHSA
- BlueCross BlueShield
- HealthPartners
- Hennepin Health
- Mayo
- Minnesota Community Measurement
- Minnesota Hospital Association
- State of Minnesota (DOH and DHS)
- Southern Prairie Community Care
- Voices for Racial Justice

Data Analytics Phase Two – DISCUSSION

- Comments and questions?
- What can be done to increase the likelihood that these recommendations will be aggressively pursued?
- What are the priority next steps to take?

NEXT STEPS/ FUTURE MEETINGS

Community Advisory Task Force Meeting

November 16, 2016

9:00 AM - 12:00 PM

Amherst H Wilder Foundation
451 Lexington Parkway North, St. Paul, MN

Homework

- CMMI RFI Responses
 - ✓ RFI survey open to TF members & State Leadership: 9/26
 - ✓ Survey due 9/30/2016
 - ✓ TF & State responses collected and synthesized: 10/3 – 10/7
 - ✓ Synthesized draft responses sent to State and TF members: 10/10
 - ✓ Webinar to discuss responses: 10/12
 - ✓ Final revisions made to responses: 10/17 – 10/20
 - ✓ Final responses sent to TF members: 10/21
 - ✓ Notification of non-support due: 10/25
 - ✓ Submission of State/TF responses to CMMI 10/27 – 10/28

PUBLIC COMMENT

TASK FORCE CONTACT INFORMATION

Task Forces

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MINNESOTA ACCOUNTABLE HEALTH MODEL

Public Website

www.mn.gov/sim