Minnesota
e-Health

# *Profiles of Key e-Health Related Projects in Minnesota*

## Minnesota Department of Health
### April 2006



Office of Health Policy, Statistics, and Informatics
P.O. Box 64882
St. Paul, MN, 55164-0882
www.health.state.mn.us/e-health

**Web:** www.health.state.mn.us/e-health
**E-mail:** MNe-Health@state.mn.us
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**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# Introduction

Profiles of Key e-Health Related Projects in Minnesota will:

1. Highlight and document examples of key e-Health related projects in Minnesota.
2. Support information sharing and knowledge exchange between interested persons and colleagues.
3. Contribute examples to help inform the e-Health Advisory Committee and other policy makers.
4. Foster collaboration between similar projects.

Information on the initiatives or projects included in the directory was submitted however some minor editing was done for format and consistency as needed. Collaborative efforts are detailed in a single profile. HIT vendor lists of activities or installation sites are not included. The profiles are categorized around one or more of the four MN e-Health goals of: Informing Clinical Practice, Interconnecting Clinicians, Personalizing Care, and Improving Population Health.

This directory will be updated regularly as projects mature and new initiatives emerge. If you have changes to make to a profile or wish to contribute information about a new project, please contact Barb Wills, barb.wills@health.state.mn.us, telephone: 651-201-3577, fax: (651) 201-5179. A blank form is provided in the Appendix.

**Thank you for your time and continued support of advancing e-health activities in Minnesota.**

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**E-mail: MNe-Health@state.mn.us**
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# Profiles of Key e-Health Related Projects in Minnesota

# 1. Anoka County Public Health Information Management System,
## *Anoka County Community Health & Environmental Services Department*

**Purpose and Brief Description of Primary Goals:**
Anoka County Public Health Information Management System (PHIMS) is a project to implement an electronic public health information management system for the Anoka County Community Health & Environmental Services Department. The system will be used for documenting individual health information for public health nursing and correctional health clients; managing inspection and licensing information for environmental health programs such as food and lodging establishments, hazardous waste generators and solid waste facilities; tracking disease prevention and control investigation and surveillance activities; and collecting data for assessment and evaluation, as well as for department program management, auditing and reporting purposes. The availability of data from the system will support the department's Quality Assurance/Quality Improvement initiative. Additionally, the system will provide a platform from which the County can interface with Minnesota Public Health Information Network (MN-PHIN) and other local and national e-Health initiatives.

**Lead organization/association:** Anoka County Community Health & Environmental Services Department

**Other partnering organizations (if applicable):**

**Primary focus area(s):** Data Exchange, Electionic Health Record, Population Health

**Approximate Start Date:** In process

**Project status:** Planning; requirements definition and software gap analysis

**Primary source of funding:** Anoka County Capital Improvement Program

**Web site:**

**Contact Information: (Name, Telephone, e-Mail):**
Betsy Kremser
763-323-6096
Betsy.Kremser@co.anoka.mn.us

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 2. ATHENS Project,
## *College of St. Scholastica*

**Purpose and Brief Description of Primary Goals:**
The ATHENS Project is a five-year initiative (2002 - 2007), a first in the nation, focused on phasing in the integration of hands-on experiences with state-of-the-art, computer-based clinical information system applications into the curricula of the health sciences professional programs and the computer information systems program at the College of St. Scholastica. The primary goal of the project is to increase the competence and confidence of health sciences' program graduates to practice professionally in an increasingly computer-based work environment.

**Lead organization/association:** College of St. Scholastica

**Other partnering organizations (if applicable):**
Grant funded by the U.S. Department of Education, Title III Program. Vendor Partner is Cerner Corporation and the system is based on an Application Service Provider (ASP) model.

**Primary focus area(s):** Electronic Health Record, Population Health,Other: Education

**Approximate Start Date:**

**Project status:** In process, Phase I implementation into curricula effective Fall, 2004.

**Primary source of funding:** 1.8 M Title III grant from the U.S. Dept of Education

**Web site:**

**Contact Information: (Name, Telephone, e-Mail):**
Shirley Eichenwald Maki, MBA, RHIA, FAHIMA
218-723-6448
seichenw@css.edu

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 3. Baby Steps/Steps to Success,
## *Olmsted County Public Health Services/Olmsted County Community Services*

**Purpose and Brief Description of Primary Goals:**
A collaborative home visiting program for high-risk mothers aged 18 years and over. Primary goals are to improve emotional, social, health, and cognitive outcomes for children by strengthening mother-infant attachment and to maximize the ability of parents to protect their children from harm/injury.

**Lead organization/association:** Olmsted County Public Health Services/Olmsted County Community Services

**Other partnering organizations (if applicable):**
ISD 535 PAIR program (ECFE) (Baby Steps) Parent Educators of SE MN (Steps to Success)

**Primary focus area(s):** Other: funding, policy, shared database - Family Support and Team Data Base

**Approximate Start Date:** 1995

**Project status:** Fully implemented

**Primary source of funding:** Medical Assistance/MnCare and County tax levy

**Web site:**

**Contact Information: (Name, Telephone, e-Mail):**
Marilyn Deling
507-285-7053
deling.marilyn@co.olmsted.mn.us

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 4. Children's Medical Organizer (CMO) Connect,
## *Children's Hospitals and Clinics of Minnesota*

**Purpose and Brief Description of Primary Goals:**
Children's Medical Organizer is a free, easy-to-use Web site that helps families organize their medical and health information. Children's Hospitals and Clinics of Minnesota has provided the CMO to the public for over four years – thousands of families have signed up for this confidential and secure service.  Information such as your child's immunization records, contact information for caregivers, medications and special treatment preferences to make your child's visit more comfortable are some examples of information contained in the CMO.  The CMO Connect program essentially shares health information entered into a patient's CMO with their physicians and caregivers, and becomes part of the Children's official electronic medical record. This program is currently under development and is scheduled for a pilot release in April 2006.

**Lead organization/association:** Children's Hospitals and Clinics of Minnesota

**Other partnering organizations (if applicable):**
None

**Primary focus area(s):** Data Exchange, Personal Health Record, Other: funding, policy

**Approximate Start Date:** 2001

**Project status:** Fully implemented, expanding to new areas

**Primary source of funding:** Existing IT budget

**Web site:**  http://www.childrensmn.org/cmo

**Contact Information: (Name, Telephone, e-Mail):**
Steve Martini
651-855-2595
Steve.Martini@Childrensmn.org

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**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 5. Community Health Information Collaborative

**Purpose and Brief Description of Primary Goals:**
The Community Health Information Collaborative (CHIC) is an existing non-profit, member-run, health care information collaborative in NE Minnesota that has attracted support from most of the hospitals and clinics in its 18 county service area. CHIC currently provides a number of automated services for its members, including an immunization registry, claims and eligibility services and community planning.

CHIC provides secure and encrypted claims submission to Medicare, Medicaid and various commercial payors; it is the lead agency for the Minnesota Immunization Information Connection in 18 counties and Administrative Coordinator for Emergency Preparedness activities for 16 hospitals in seven counties in NE Minnesota; CHIC provides USAC administrative services.  Current HIE project: creating a common web portal for single point of access for regional systems and rural hospitals. Developing plans to integrate access to patient information across multiple systems, including Meditech and Epic.

**Lead organization/association:** CHIC

**Other partnering organizations (if applicable):**
SISU; College of St. Scholastica; Iron Range Resources; St. Luke's Hospital; St. Mary's Duluth Clinic; St. Louis, Carlton, Lake and Cook County Community Health Board; plus 21 other regional hospitals, 112 physician practices, 18 public health agencies; VisionShare, 19 Tribal Health agencies, and 146 schools - nursing personnel.

**Primary focus area(s):** Data Exchange, Personal Health Record, Electronic Health Record, Population Health, Funding/Policy

**Approximate Start Date:** 1997

**Project status:** Ongoing Initiative

**Primary source of funding:** Developed with Federal Office of Rural Health Network grant in 1996, Non-profit 501(c)3; membership fees and service contracts

**Web site:**  http://www.medinfosystems.org

**Contact Information: (Name, Telephone, e-Mail):**
Cheryl Stephens
218-625-5515
cstephens@medinfosystems.org

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**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 6. Community-Shared Clinical Abstract to Improve Care,
## *Fairview Health Services; Allina Hospitals and Clinics; HealthPartners; University of Minnesota*

**Purpose and Brief Description of Primary Goals:**
At the time patients undergo transitions in care, providers will have ready access (via a shared clinical abstract) to the data needed to make informed clinical decisions, including those associated with medication reconciliation, so as to favorably impact the quality of care and patient safety.The lack of timely transfer of essential clinical information is a major barrier to effective care transitions and can lead to redundant work, conflicting recommendations, errors, and patient confusion and distress.  To lessen information gaps, three partnering healthcare systems, Allina, Fairview and HealthPartners, set out to develop an implementation plan for exchanging an electronic health record (EHR) abstract at the time a patient in transition presents. The organizations had successfully collaborated on many QI initiatives and had independently selected the same EHR vendor, Epic Systems Corp.  Patient safety, medical, and information technology leaders developed a plan to exchange a clinical record abstract to improve information transfer during care transitions.  A high priority clinical focus was selected (i.e., heart failure) to allow a careful evaluation of the clinical value of clinical information sharing. This project meshes well with a new national focus on interconnecting healthcare organizations to support health information exchange which may be the key that unlocks the value of HIT in terms of enhancing healthcare quality and patient safety.  Early achievements suggest that this project will be an important catalyst for improving our community's standard of care.

**Lead organization/association:** Fairview Health Services

**Other partnering organizations (if applicable):**
Allina Hospitals and Clinics; HealthPartners; University of Minnesota

**Primary focus area(s):** Data Exchange, Personal Health Record, Electronic Health Record, Other: funding, policy (enhance patient safety and quality of care)

**Approximate Start Date:** September 2004

**Project status:** Early Implementation

**Primary source of funding:** Agency for Healthcare Quality and Research

**Web site:**  http://www.gold.ahrq.gov/GrantDetails.cfm?GrantNumber=UC1%20HS16155

**Contact Information: (Name, Telephone, e-Mail):**
Donald P. Connelly, MD, PhD (Principal Investigator)
612-624-4689
don@umn.edu

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**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 7. Doctor's Office Quality - Information Technology (DOQ-IT),
## *Stratis Health, under contract to the Centers for Medicare & Medicaid Services*

**Purpose and Brief Description of Primary Goals:**
Doctor's Office Quality – Information Technology (DOQ-IT) is part of a national initiative to transform health care by improving quality of care, patient safety, and efficiency of services through use of information technology and adoption and implementation of electronic health records in Minnesota's adult primary care physician practices. The program will offer 1) free education, tools, and resources to the mainly small and medium-sized practices statewide that make up the majority of primary care practices in Minnesota and 2) free consultation and assistance to selected practices, focusing on the critical components of goal setting, readiness assessment, prioritizing needs and expectations, process and workflow redesign, change management, performing due diligence, vendor selection, and getting the most out of an electronic health record after implementation. Fully implemented electronic clinical information systems will allow clinics the ability to report quality measurement information into the national data repository.

**Lead organization/association:** Stratis Health, under contract to the Centers for Medicare & Medicaid Services

**Other partnering organizations (if applicable):**
Minnesota Medical Association; Minnesota Academy of Family Physicians; Minnesota Medical Group Management Association

**Primary focus area(s):** Electronic Health Record

**Approximate Start Date:** November 2004

**Project status:** Ongoing Initiative

**Primary source of funding:** Centers for Medicare & Medicaid Services

**Web site:**  http://www.stratishealth.org

**Contact Information: (Name, Telephone, e-Mail**):
Susan Severson, CPHQ
952-854-3306
sseverson@mnqio.sdps.org

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**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 8. e-Prescription Drug,
## *Minnesota Department of Human Services*

**Purpose and Brief Description of Primary Goals:**
There are three components to this project: 1. The E-Prescribe component serves to provide the physician at the point of care, real time recipient eligibility, formulary information, and aggregated medication history. The goal is to administer the best possible medical treatment to the recipient, realize savings on added recipient care due to improper medication care, and streamline the business process providing savings to DHS, provider, and the pharmacy. 2. The 2005 Minnesota Legislature directed the Minnesota Department of Human Services (DHS) to pay qualified pharmacists for Medication Therapy Management Services (MTMS) for Medicaid or General Assistance Medical Care recipients.  At the point of service, with the pharmacist, MTMS intends to manage therapy from the pharmacist's perspective with the intention of getting the recipient the best possible medication therapy. 3. The Medicare Part D component is used to perform drug utilization review as the Medicare Part D insurer. Based on information provided by the Centers for Medicare and Medicaid Services, DHS provides the insurer with the post adjudication standard file format data for the insurer to perform the review.

**Lead organization/association:** Minnesota Department of Human Services

**Other partnering organizations (if applicable):**
Centers for Medicare & Medicaid Services, Medicare Part D Providers

**Primary focus area(s):** Data Exchange, Personal Health Record, Electronic Health Record, Population Health, Funding/Policy

**Approximate Start Date:** January 1, 2007

**Project status:** Planning, Ongoing Initiative

**Primary source of funding:** Special Revenue with Federal Financial Participation

**Web site:**

**Contact Information: (Name, Telephone, e-Mail):**
Thomas A. Baden
651-431-3109
thomas.baden@state.mn.us

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 9. Evidence-Based Practices Project for Children's Mental Health,
## *Children's Mental Health Division of the*
## *Minnesota Department of Human Services*

**Purpose and Brief Description of Primary Goals:**
The focus of this project is the implementation of an evidence-based practices database. The database will provide users access to a condensed version of the empirical research in children's mental health, and the ability to match the most appropriate treatment strategies to child specific diagnostic and demographic information. The intended outcome is the increased use of more efficacious and effective interventions in children's mental health. This innovative approach, developed in Hawaii, transformed an entire service delivery system to make it maximally responsive to the treatment needs of children and youth, the cultural heritage and preferences of their families, and the information and training needs of the workforce.

**Lead organization/association:** Children's Mental Health Division of the Minnesota Department of Human Services

**Other partnering organizations (if applicable):**
The EBP Project Steering Committee is made up of representatives from other state agencies, county social services agencies, private provider organizations, professional organizations, advocacy organizations and the University of Minnesota.

**Primary focus area(s):** Informing Treatment Planning

**Approximate Start Date:** January 2006

**Project status:** Early implementation.

**Primary source of funding:** A Systems Change Grant from the Centers for Medicare and Medicaid Services

**Web site:** Access to the web site is password protected, and currently limited to those individuals participating in the pilot project.

**Contact Information: (Name, Telephone, e-Mail**):
Pat Nygaard
651-431-2332
pat.nygaard@state.mn.us

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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## 10. ExcellianTM, Allina Hospital & Clinics' Electronic Medical Record, *Allina Hospitals & Clinics*

**Purpose and Brief Description of Primary Goals:**
Implementation of one of the country's largest, most integrated electronic medical record (EMR) systems, including both clinical and financial components, in all of Allina's 11 hospitals and 65 clinics. The EMR, called Excellian, is a tool that will assist physicians and employee in delivering exceptional care. Following are some of the ways in which Excellian will improve the quality and safety of patient care at Allina Hospitals & Clinics: automatic cross-checks of proposed prescriptions with allergies or current medications; immediate access to patient information by authorized caregivers from any Allina site; one-time collection of patient information such as medical history, allergies, prescriptions etc.; quicker access to test results.

**Lead organization/association:** Allina Hospitals & Clinics

**Other partnering organizations (if applicable):**
Allina works closely with Epic Systems, Inc (the software vendor for Excellian).

**Primary focus area(s):** Data Exchange, Personal Health Record, Electronic Health Record

**Approximate Start Date:** August 2003

**Project status:** Ongoing Initiative, Other: Halfway through implementation

**Primary source of funding:** Allina capital budget

**Web site:** www.allina.com

**Contact Information: (Name, Telephone, e-Mail):**
Kim Pederson, Vice President, Excellian
612-775-2281
Kim.Pederson@allina.com

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 11. Fairview – University of Minnesota Telemedicine Network, *University of Minnesota*

**Purpose and Brief Description of Primary Goals:**
The goal of the FUMTN is to improve the access to and quality of medical care for rural Minnesotans using digital communications technologies to connect health care providers to patients at distant sites. The network provides a variety of specialty services from dermatology to psychiatry, supports telepharmacy and home telehealth and supplies selected health provider continuing education programs.

**Lead organization/association:** University of Minnesota

**Other partnering organizations (if applicable):**
Fairview Health Services, Minneapolis, MN, University of Minnesota Physicians, University of Minnesota Area Health Education Center, University of Minnesota, Duluth Medical School Center for Rural Mental Health Studies, Tri-County Hospital, Wadena, Cuyuna Regional Medical Center, Crosby, Riverwood Health Care Center, Aitkin,  Ia Shing Clinic - Mille Lacs Band of Ojibwe, Onamia,  Fairview Range Regional Health System, Hibbing, Fairview Red Wing Health Services, Red Wing,  Mille Lacs Health System, Onamia, Cook Community Hospital, Cook, Bigfork Community Hospital, Bigfork, Mercy Hospital and Health Care Center, Moose Lake,  Northern Pines Mental Health Center, Little Falls, Prairie at St. Johns, Fargo, Littlefork Medical Clinic, Littlefork, Kanabec County Family Services, Mora,  Cass Lake Hospital, HIS, Case Lake.

**Primary focus area(s):** Data exchange, personal health record

**Approximate Start Date:** September 1995

**Project status:** Fully implemented; expanding to new areas.

**Primary source of funding:** HRSA, Office for the Advancement of Telehealth

**Web site:**  http://www.fairview.org/telemedicine

**Contact Information: (Name, Telephone, e-Mail):**
Stuart M. Speedie, PhD
612-624-4657
speed002@umn.edu

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 12. Health Match,
## *Minnesota Department of Human Services*

**Purpose and Brief Description of Primary Goals:**
The Department of Human Services is working with county partners to develop the Internet-based Health Match system to automate the health care eligibility determination process and improve access to Minnesota Health Care Programs. The primary goals of the Health Match initiative are: automate Minnesota Health Care Program (MHCP) eligibility functions; respond quickly to changes in elibibility rules; track activities to help proactively manage client cases; interface with other DHS systems; share and/or transfer data securely and electronically; provide an anonymous, internet-based self-screening tool; create a client self-service healthcare site; offer information in multiple languages; ensure the consistency of eligibility determinations.

**Lead organization/association:** Minnesota Department of Human Services

**Other partnering organizations (if applicable):**
Centers for Medicare & Medicaid Services, Minnesota Counties

**Primary focus area(s):** Data exchange, funding, policy

**Approximate Start Date:** June 2003

**Project status:** Ongoing initiative

**Primary source of funding:** Special Revenue fund with Federal Financial Participation

**Web site:**

**Contact Information: (Name, Telephone, e-Mail):**
Linda Davis-Johnson
linda.davis-johnson@state.mn.us

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
**Revised: April 7, 2006**

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# 13. Health Profession Students and the PHR,
## *College of St. Scholastica*

**Purpose and Brief Description of Primary Goals:**
Teaching health science students about PHRs. To put one type of personal health record (CapMed's Personal Health Key) into the hands of Health Science students to learn the practical aspects of maintaining a personal health record and to appreciate its value in improving one's own knowledge about one's health status as well as improving communications with one's healthcare provider.

**Lead organization/association:** College of St. Scholastica

**Other partnering organizations (if applicable):**
Grant funded by the Minnesota Community Foundation; Vendor Partner is CapMed.

**Primary focus area(s):** Personal Health Record

**Approximate Start Date:**

**Project status:** Pilot project concluded December, 2005

**Primary source of funding:** $10,000 2005 Minnesota Community Foundation Grant

**Web site:**

**Contact Information: (Name, Telephone, e-Mail):**
Kathleen Thiede, MA, RN
218-723-6009
kthiede@css.edu

Vicki Zeman, MA, RHIA
218-723-6116
kthiede@css.edu

**Minnesota e-Health**
**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 14. HIT Strategic Plan of SW Minnesota Health Providers,
## *Minnesota Rural Health Cooperative*

**Purpose and Brief Description of Primary Goals:**
The Minnesota Rural Health Cooperative is a rural network of 25 clinics and 20 hospitals in west central and southwest Minnesota ranging from Alexandria to Willmar to Glencoe to south and west of Marshall. It covers a lot of geographic territory and so communicating patient information is difficult because providers are spread out all over the place. The cooperative is most interested in improving communication. Some clinics are owned by local hospitals. Even so, these attached clinics don't have a common medical record and so they can't communicate after hours. Transfers to other hospitals are a problem as well. The cooperative also wants electronic pharmacy and are working with pharmacies and local public health. The cooperative's goal is to get timely patient information where it is needed. For example, sending clinic history to an ER or transferring patient information to specialists and getting information back.

**Lead organization/association:** Minnesota Rural Health Cooperative

**Other partnering organizations (if applicable):**
A rural network of 25 clinics and 20 hospitals in west central and southwest Minnesota ranging from Alexandria to Willmar to Glencoe to south and west of Marshall. (See http://www.mrhc.net/contus/members/members.html for a list)

**Primary focus area(s):** Data Exchange, Personal Health Record, Electronic Health Record, Population Health, Funding/Policy

**Approximate Start Date:**

**Project status:** Planning, Ongoing Initiative

**Primary source of funding:**

**Web site:** http://www.mrhc.net/

**Contact Information: (Name, Telephone, e-Mail):**
Chuck Ness, Executive Director, MN Rural Health Cooperative
320-564-9118
cness@mrhc.net

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**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 15. HIT-based Regional Medication Management Pharmacy System,
## *Minnesota Wilderness Health Care Coalition*

**Purpose and Brief Description of Primary Goals:**
Implement pharmacist verification process for all after hours pharmacy orders for seven rural hospitals, an interactive video-conferencing system to provide continuing education for pharmacist and pharmacy technicians, and a model for bedside verification of medication administration and medication bar coding; also evaluates structure, process, and outcomes related to improvement of patient safety and more effective patient medication management.

The goals of this project are two fold: (1) To use health information technology to improve the safety and health of patients served by the participating hospitals by having professional pharmacy services available for medication consultation and dispensing 24 hours a day 7 days a week in 10-rural hospitals in Northeastern Minnesota and (2) To use health information technology to develop a shared pharmacy program in partnership with a tertiary care health care system that will make it economically possible for the rural hospitals to have the quality of professional services described in (1) available and sustainable.

Specific grant activities to achieve these ends include staffing the pharmacy at St. Luke's so that after hours pharmacy and consultation are available 24/7, to have a staff of pharmacists who can provide coverage at the sites with a single pharmacist when that pharmacist is on leave, to complete the installation of an interactive video-conferencing system to provide continuing education for pharmacists and pharmacy technicians without having to leave their home sites, and to implement a model using three demonstration hospitals to have bedside verification of medication administration and medication bar coding in place. In addition, an Intranet based set of policies and procedures will be developed that can be adapted to each site, meeting standards equivalent to a Joint Commission accredited hospital. The University of Minnesota College of Pharmacy, Duluth, will provide the evaluation component for this project and will evaluate structure, process and outcomes related to improvement of patient safety and more effective patient medication management through the availability and use of professional pharmacist services for all medication administration.

**Lead organization/association:** Minnesota Wilderness Health Care Coalition

**Other partnering organizations (if applicable):**
Sisu Medical Systems; Minnesota Wilderness Health Care Coalition (Bigfork Valley Hospital, Cloquet Community Memorial Hospital, Cook Hospital & Convalescence and Nursing Care, Deer River Healthcare Center, Ely-Bloomenson Hospital & Home, Falls Memorial Hospital, Lake View Memorial Hospital & Home, Mercy Hospital, Riverwood Healthcare Center, White Community Hospital),  St. Luke's Hospital; the College of Pharmacy at the U of M Duluth

**Primary focus area(s):** Data Exchange, Personal Health Record, Electronic Health Record, Population Health, Funding/Policy

**Approximate Start Date:** September 2004

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**Project status:**

**Primary source of funding:** Agency for Healthcare Quality and Research

**Web site:**

**Contact Information: (Name, Telephone, e-Mail)**:
Mark Schmidt
Sisu Medical Systems
218-529-7900
mschmidt@sisunet.org

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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## 16. Integrated Service Delivery Initiative – Electronic Health Records, *Northern Minnesota Network*

**Purpose and Brief Description of Primary Goals:**
The Northern Minnesota Network is a nonprofit, community-based health care consortium of three health centers operating 17 clinics in rural areas of Minnesota and North Dakota. The clinics provide primary medical and dental health care to low-income families, uninsured, underinsured, and migrant farm workers

**Lead organization/association:** Northern Minnesota Network

**Other partnering organizations (if applicable):**
The steering committee has representatives from Sisu Medical Solutions, GE Healthcare, CySolutions, Cook County North Shore Hospital and Care Center, Bigfork Valley Hospital, and Cook Hospital.

**Primary focus area(s):** Data Exchange, Electronic Health Record

**Approximate Start Date:** September 2003

**Project status:** Planning and early implementation

**Primary source of funding:** HRSA Bureau of Primary Health Care, HRSA Office of Rural Health Policy

**Web site:** Not available

**Contact Information: (Name, Telephone, e-Mail):**
Jackie Moen, Executive Director, Northern Minnesota Network
763-444-8283

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 17. LTC e-Prescribing Standards Pilot,
## *Achieve Healthcare Technologies*

**Purpose and Brief Description of Primary Goals:**
Develop e-prescribing standards in long term care and conduct a study of the standards to provide meaningful and relevant information to CMS. Using its web-based software, Achieve will test e-prescribing with the use of electronic communcation between facilities, pharmacies and physicians. Benedictine Health Systems will provide two of its facilities for the study. To provide a comparison for the study, the pilot will also include two facilities that use traditional, paper-based prescribing methods.

**Lead organization/association:** Achieve Healthcare Technologies

**Other partnering organizations (if applicable):**
RNA Health Information Systems; RxHub; Benedictine Health Systems; Preferred Choice Pharmacy; Prime Therapeutics LLC; Blue Cross and Blue Shield of Minnesota; Minnesota Department of Human Services

**Primary focus area(s):** Electronic Health Records

**Approximate Start Date:** January 2006

**Project status:** Early implementation.

**Primary source of funding:** Agency for Healthcare Quality and Research

**Web site:**  http://www.achievehealthcare.com

**Contact Information: (Name, Telephone, e-Mail**):
Mike Bordelon
Vice President of Research and Development
Achieve
952-995-9800
952-995-9083

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 18. Minnesota Collaborative Planning Model:
## A Cross System Approach for Health Promotion,
### *Minnesota Board on Aging*

**Purpose and Brief Description of Primary Goals:**
The goal of this project is to develop a collaborative planning model that integrates federal, state, and local priorities around evidence-based health promotion in older adults; links strategic partners; and results in new and effective system change. In year two of this three year project, we will develop a web-based management information system to monitor the development and outcomes of new, expanded or redesigned health promotion interventions (specifically around falls prevention). This website will share lessons learned from other projects, reporting and assessment tools, and outcome measures. It will be an excellent tool to disseminate successful evidence-based health promotion awareness.

**Lead organization/association:** Minnesota Board on Aging

**Other partnering organizations (if applicable):**
Minnesota Department of Health, Minnesota Department of Human Services, Minnesota Volunteers of America, Stratis Health, Minnesota Area Agencies on Aging, Minnesota Physical Therapy Association, Fairview Health Services, Mayo Clinic College of Medicine.

**Primary focus area(s):** Data Exchange, Population Health

**Approximate Start Date:** Project commenced December 1, 2005

**Project status:** Planning

**Primary source of funding:** Federal Administration on Aging

**Web site:** To be developed in 2006/07

**Contact Information: (Name, Telephone, e-Mail):**
Jane Duncan
651-431-2566
jane.e.duncan@state.mn.us

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
**Revised: April 7, 2006**

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# 19. Minnesota e-Health Initiative,
## *Minnesota Department of Health*

**Purpose and Brief Description of Primary Goals:**
A public-private collaborative effort to accelerate the adoption of Health Information Technology by empowering consumers, connecting clinicians and protecting communities. The initiative is guided by a legislatively authorized advisory committee. The committee makes recommendations for action to the Commissioner of Health and issues annual reports to the legislature. Recommendations may include, strategic goals, funding, policy and strategy needed for improving health and healthcare quality and safety for individuals and communities in Minnesota.

**Lead organization/association:** Minnesota Department of Health

**Other partnering organizations (if applicable):**
The advisory committee has representatives from Buyers Health Care Action Group, Care Providers of Minnesota, Council of Health Plans, consumers, Healthcare Information and Management Systems Society, Institute for Clinical Systems Improvement, Local Public Health Association, Mayo Clinic, Minnesota Association of Community Health Centers, Minnesota Department of Commerce, Minnesota Department of Health, Minnesota Department of Human Services, Minnesota Health & Housing Alliance, Minnesota Hospital Association, Minnesota Hospital Association, Minnesota Medical Association, Minnesota Nurses Association, Minnesota Pharmacists Association, Stratis Health, University of Minnesota, University of Minnesota Academic Health Center

**Primary focus area(s):** Data Exchange, Personal Health Record, Electronic Health Record, Population Health, Funding/Policy

**Approximate Start Date:** September 2004

**Project status:** Ongoing Initiative

**Primary source of funding:** Existing agency budget.

**Web site:** http://www.health.state.mn.us/e-health

**Contact Information: (Name, Telephone, e-Mail):**
Marty LaVenture
651-201-5950
Martin.LaVenture@health.state.mn.us

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
**Revised: April 7, 2006**

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# 20. Minnesota Health Care Connection,
## *MHCC Interim Board, led by Stratis Health*

**Purpose and Brief Description of Primary Goals:**
Create a private-public, not-for-profit collaborative governance model to establish the Minnesota Health Care Connection (MHCC) that will facilitate interconnection between clinicians and help to achieve other Minnesota e-Health goals: to inform clinical practice, personalize care, and improve population health.

MHCC will be established as a private-public, not-for-profit collaborative focused on interconnecting health systems stakeholders for the purpose of electronically exchanging accurate, standardized health information in a secure manner to:
- improve quality of care;
- assure greater patient safety;
- manage the cost of healthcare delivery;
- obtain optimum efficiency; and
- improve population health.

MHCC will support existing and future community-based initiatives. In the future, it is envisioned that MHCC will adopt standards, determine participation requirements, and assure security, patient privacy, and legal compliance. When established, MHCC will be a connection point to the National Health Information Network (NHIN).

**Lead organization/association:** MHCC Interim Board, led by Stratis Health

**Other partnering organizations (if applicable):**
The Minnesota eHealth Advisory Committee provides feedback and guidance to the MHCC efforts. MHCC intends to work together with existing (and future) community-based efforts such as the HIPAA Collaborative, CHIC, MIIC, ICHN and other health information-sharing efforts underway in Minnesota.

**Primary focus area(s):** Data Exchange, Other: Funding/Policy

**Approximate Start Date:** December 2005

**Project status:** Planning

**Primary source of funding:** To be determined

**Web site:** None at this time.

**Contact Information: (Name, Telephone, e-Mail):**
Greg Linden,Vice President and Chief Information Officer, Stratis Health
952-853-8514
glinden@mnqio.sdps.org

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
**Revised: April 7, 2006**

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# 21. Minnesota Immunization Information Connection,
## *Minnesota Department of Health*

**Purpose and Brief Description of Primary Goals:**
MIIC's goal is to control vaccine-preventable diseases by consolidating immunization records from all sources, and making them available through a secure web-based application that provides both complete and accurate immunization histories, as well as decision support to clinicians. The vision for MIIC is to establish an effective, comprehensive and sustainable immunization information system in Minnesota that: rapidly and securely shares accurate and complete information among providers; protects the privacy of individuals; and builds on the partnership roles of patients, providers, health plans, schools, and public health.

**Lead organization/association:** Minnesota Department of Health

**Other partnering organizations (if applicable):**
The seven Regional MIIC offices, local public health agencies, immunization providers (mostly primary care clinics), schools, and health plans.

**Primary focus area(s):** Data Exchange, Personal Health Record, Electronic Health Record, Population Health

**Approximate Start Date:** 1995

**Project status:** Fully deployed; used in 80% of primary care offices and all local health departments. Expanding to new sources of immunization data, such as hospitals asnd long term car facicliteis.

**Primary source of funding:** Federal immunization grant from CDC

**Web site:** http://www.health.state.mn.us/divs/idepc/immunize/registry/index.html

**Contact Information: (Name, Telephone, e-Mail):**
Emily Peterson-Stauffer
651-201-5546
Emily.Peterson-Stauffer@health.state.mn.us

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
**Revised: April 7, 2006**

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# 22. Minnesota InformationLinks,
## *Minnesota Department of Health*

**Purpose and Brief Description of Primary Goals:**
This year-long grant from the Robert Wood Johnson Foundation will support efforts to ensure public health/population health data is an integral component in Minnesota's Health Information Exchange. In addition, the project will: support the work of MN-PHIN as it seeks to improve the use and inter-operability of public health information systems; increase the amount and timeliness of data sent by clinics, hospitals and laboratories to MDH as part of disease prevention and control, improving preventive care, and public policy formation; and increase the amount and timeliness of public health data that is sent to clinicians to inform clinical practice. Provider input will be obtained to prioritize those public health datasets of most value to clinical practice.

**Lead organization/association:** Minnesota Department of Health

**Other partnering organizations (if applicable):**
Local Public Health Association, Minnesota e-Health Initiative

**Primary focus area(s):** Data Exchange, Population Health, Funding/Policy

**Approximate Start Date:** December 2005

**Project status:** Early implementation

**Primary source of funding:** Robert Wood Johnson Foundation

**Web site:**

**Contact Information: (Name, Telephone, e-Mail):**
Bill Brand
651-201-5508
Bill.Brand@health.state.mn.us

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
**Revised: April 7, 2006**

Minnesota
e-Health

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## 23. Minnesota Public Health Information Network (MN-PHIN),
### *Minnesota Department of Health and*
### *Local Public Health Association of Minnesota*

**Purpose and Brief Description of Primary Goals:**
The vision for the Minnesota Public Health Information Network (MN-PHIN) is to create the infrastructure and policies that enable timely, accurate and statewide exchange of public health information. Such a network will enable public health professionals, policymakers, and community partners to: respond efficiently and effectively to community health threats; protect the public from serious but preventable diseases or injury; carry out their responsibilities to make Minnesota communities healthier places to live; and enable consumers to access the public health and prevention information they need to make informed health decisions.

**Lead organization/association:** Minnesota Department of Health and Local Public Health Association of Minnesota

**Other partnering organizations (if applicable):**

**Primary focus area(s):** Data Exchange, Population Health, Funding/Policy

**Approximate Start Date:** February 2005

**Project status:** Planning, Early implementation, Ongoing Initiative

**Primary source of funding:** Existing agencies' budgets.

**Web site:** www.health.state.mn.us/divs/chs/schsac/mnphinstratplanst.html

**Contact Information: (Name, Telephone, e-Mail):**
Bill Brand
651-201-5508
Bill.Brand@health.state.mn.us

**Minnesota e-Health**
**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
**Revised: April 7, 2006**

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## 24. Minor Parent - Bright Futures Program,
### *Shared by Olmsted County Public Health and Olmsted County Social Services*

**Purpose and Brief Description of Primary Goals:**
A collaborative model for early intervention for pregnant and parenting teens.

**Lead organization/association:** Shared by Olmsted County Public Health and Olmsted County Social Services

**Other partnering organizations (if applicable):**
OC Financial Services, ISD 535, Y Family Resource Center, Mayo Clinic, ECFE - PAIR, and OMC

**Primary focus area(s):** funding, policy, shared database

**Approximate Start Date:** 1995

**Project status:** Fully implemented

**Primary source of funding:** County tax levy and Medical Assistance

**Web site:**

**Contact Information: (Name, Telephone, e-Mail):**
Kathy Dubbles
507-287-1546
dubbels.kathy@co.olmsted.mn.us

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 25. MN HIPAA Collaborative – e-Health Initiative
## (Rx/Medication History Project),
### *Minnesota's HIPAA Collaborative*

**Purpose and Brief Description of Primary Goals:**
The primary goals of the MN HIPAA Collaborative are to:

1. Build upon the initial framework and high level strategy developed by the MN e-Health Initiative in 2004-2005
2. Develop specific strategies and implementation plans that are in alignment with the 3 areas of opportunity identified by the MN e-Health Initiative.
3. Demonstrate interoperability of clinical information among participating organizations using industry supported standards
4. Improve quality of care and patient safety in the Minnesota community without introducing incremental costs to the health care delivery system.
5. Initial implementation will focus on e-Pharmacy, more specifically making medication history available in Emergency Departments (EDs) and Urgent Care settings (UCS). The planning phase is currently in progress.

**Lead organization/association:** Minnesota's HIPAA Collaborative

**Other partnering organizations (if applicable):**
Four healthcare organizations have agreed to equally sponsor the initial planning phase in terms of resources and funding. They include the following:
1. Blue Cross Blue Shield of Minnesota
2. Fairview Health Services
3. HealthPartners
4. Medica

**Primary focus area(s):** Data Exchange

**Approximate Start Date:** January 2, 2006

**Project status:** Planning

**Primary source of funding:** Participating healthcare organizations

**Web site:** http://www.mnhipaacollab.org/

**Contact Information: (Name, Telephone, e-Mail):**
Mike Ubl,
Blue Cross Blue Shield Minnesota
651-662-8220
michael_j_ubl@bluecrossmn.com

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
**Revised: April 7, 2006**

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# 26. National Provider Identifier,
## *Minnesota Department of Human Services*

**Purpose and Brief Description of Primary Goals:**
This project was initiated in response to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The law directs the Secretary of Health and Human Services to propose standards for the administration of health care. The Administrative Simplification provisions of HIPAA mandate the use of Unique Provider Identifiers by May 2007. The Administrative Simplification provisions of HIPAA are intended to standardize and simplify the administration of health care by mandating the use of standard provider identifiers by healthcare providers, health plans, and clearinghouses. The primary goal of this project is to make DHS compliant with the HIPAA NPI regulations and to update the provider subsystem to an environment which supports change due to technological advances, state initiatives and federal mandates. Architectural changes are necessary to the provider subsystem to implement NPI as well as accommodate current and future business needs.

**Lead organization/association:** Minnesota Department of Human Services

**Other partnering organizations (if applicable):**
Centers for Medicare & Medicaid Services (CMS); Minnesota HIPAA Collaborative

**Primary focus area(s):** Data exchange; funding; policy

**Approximate Start Date:** August 2005

**Project status:** Ongoing initiative

**Primary source of funding:** Special Revenue Fund with Federal Financial Participation

**Web site:**

**Contact Information: (Name, Telephone, e-Mail):**
Rachel Cell
651-431-2702
rachel.cell@state.mn.us

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
**Revised: April 7, 2006**

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# 27. New Connections for Community Mental Health,
## *Minnesota Association of Community Mental Health Programs*

**Purpose and Brief Description of Primary Goals:**
Minnesota statewide community-based mental health services coordinated and teleconnected with people, providers, and partners of Association (MACMHP) programs. Connect persons to services; Connect all MACMHP clinics statewide; Connect mental health and healthcare communities via virtual presence communication; Overcome disparities in access for persons served based on community of residence; Enhance quality of services and efficiency of resource utilization; Foster private/public cooperation statewide through tele-mental health and e-Health innovations.

**Lead organization/association:** Minnesota Association of Community Mental Health Programs

**Other partnering organizations (if applicable):**
Blue Cross Blue Shield; Medica; Minnesota Department of Human Services

**Primary focus area(s):** Electronic Health Record; Population Health

**Approximate Start Date:** January 2006

**Project status:** Early implementation

**Primary source of funding:** USDA Rural Utility Service – Telemedicine

**Web site:** http://www.macmhp.org

**Contact Information: (Name, Telephone, e-Mail):**
Ron Brand, Executive Director, Minnesota Association of Community Mental Health Programs
651-642-1903
BrandR@earthlink.net

**Minnesota e-Health**
**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
**Revised: April 7, 2006**
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# 28. Nursing Home Report Card,
## *Minnesota Department of Human Services & Minnesota Department of Health*

**Purpose and Brief Description of Primary Goals:**
The goal of this project is to help Minnesotans better judge and choose a nursing home, by providing consumers with information on quality of life and resident satisfaction with respect to individual nursing homes by accessing a website. Consumers can rank the three measures that are most important to them and choose a geographic area of the state in which they are seeking information. Consumers may also select an individual nursing home report card to review. The report card includes information about every nursing home in the sate that is certified to participate in the Medical Assistance Program.

**Lead organization/association:** Minnesota Department of Human Services & Minnesota Department of Health

**Other partnering organizations (if applicable):**

**Primary focus area(s):** Consumer information

**Approximate Start Date:** January 2006

**Project status:** Fully implemented

**Primary source of funding:**

**Web site:** http://www.health.mn.us/nhreportcard

**Contact Information: (Name, Telephone, e-Mail):**
Bob Held
651-431-2261
robert.held@state.mn.us

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 29. Sisu Medical Systems

**Purpose and Brief Description of Primary Goals:**
Sisu Medical Systems is a cooperative owned by 14 Minnesota hospitals. Its purpose is to provide high quality, cost effective health information technology for its members. Using high speed communications, Sisu Medical Systems provides a fully integrated clinical, financial and administrative health information system to its member's hospitals, physician clinics and long-term care units form its headquarters in Duluth, MN. Other services provided include a PACS communication and storage network, a shared dictation system, a shared video system that enables members to communicate, attend meetings remotely, provide telemedicine and education and many other projects. The organization's ongoing primary goal is to provide a high quality information technology department for its members that they would be unable to afford on their own.

**Lead organization/association:** Sisu Medical Solutions

**Other partnering organizations (if applicable):**
Sisu Medical Solutions; Bigfork Valley Hospital, Bigfork, MN; Cloquet Community Memorial Hospital, Cloquet, MN; Mercy Hospital and Healthcare Center, Moose Lake, MN; Miller-Dwan Medical Center, Duluth, MN; Cuyuna Regional Medical Center, Crosby, MN; Riverwood Hospital and Healthcare Center, Aitkin, MN; Cook Hospital, Cook, MN; Cook County North Shore Hospital, Grand Marais, MN; Kanabec Hospital, Mora, MN; St. Mary's Regional Health Center, Detroit Lakes, MN; Deer River Healthcare Center, Deer River, MN; Ely-Bloomenson Community Hospital, Ely, MN; Hutchinson Area Health Care, Hutchinson, MN; Regina Medical Center, Hastings, MN

**Primary focus area(s):** Data Exchange, Personal Health Record, Electronic Health Record

**Approximate Start Date:** July 1998

**Project status:** Ongoing Initiative

**Primary source of funding:** Loans, grants, ongoing hospital operations

**Web site:** www.sisunet.org

**Contact Information: (Name, Telephone, e-Mail):**
Mark Schmidt
SISU Medical Solutions / Systems
218-529-7900
mschmidt@sisunet.org

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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# 30. Smart Cards,
## *Minnesota Department of Human Services*

**Purpose and Brief Description of Primary Goals:**
The Department of Human Services and the Department of Health have been participating with the HIPAA Collaborative and AUC committee partners to set a standard for smart card technology across the breadth of Minnesota health care. The intention is to standardize on one card that contains both health care and pharmacy information. Another goal that is potentially attainable is to set the standard for electronic data that would be standardized across our multiple systems. The intention is to standardize so that over time, additional information may be added to the card, or that real time connectivity can be achieved at the point of service to access information.

**Lead organization/association:** Minnesota Department of Human Services

**Other partnering organizations (if applicable):**
Minnesota Department of Health, Center for Medicaid and Medicare Services (CMS), Minnesota HIPAA Collaborative

**Primary focus area(s):** Data Exchange

**Approximate Start Date:** October 2005

**Project status:** Planning

**Primary source of funding:** Special revenue with Federal Financial Participation

**Web site:**

**Contact Information: (Name, Telephone, e-Mail):**
Thomas A. Baden
651-431-3109
thomas.baden@state.mn.us

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
**Revised: April 7, 2006**

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# 31. Southeast Minnesota Immunization Connection

**Purpose and Brief Description of Primary Goals:**
Southeast Minnesota Immunization Connection (SEMIC) is a regional immunization registry using the MIIC system. Its purpose is to bring all public and private health providers online and provide access to schools, nursing homes, day cares, Head Start, colleges, and treatment centers.

**Lead organization/association:** Southeast Minnesota Immunization Connection

**Other partnering organizations (if applicable):**
SE MN county health departments (10), Olmsted Medical Center and satellites in SE MN, and Mayo Clinic and satellites in SE MN.

**Primary focus area(s):** Funding, policy, immunization registry

**Approximate Start Date:** 2003

**Project status:** Nearly fully implemented

**Primary source of funding:** MDH, C&TC outreach from DHS

**Web site:** None

**Contact Information: (Name, Telephone, e-Mail):**
Margene Gunderson
Mower County
507-437-9770
margeneg@co.mower.mn.us

Carol Wiebusch-Potter
SEMIC office
507-208-1772
semnimmunization@qwest.net

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
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## 32. Spice/Bridge Live at Home/Block Nurse Programs,
### *Elderberry Institute*

**Purpose and Brief Description of Primary Goals:**
The goal of this project is to improve care for elder patients during the transitions from clinic care, hospital and nursing home stays and back to their homes. At the time of admissions identify and flag the person's medical charts and records for the potential of receiving LAH/BNP services in their community. This information is used when discussing discharge planning and coordination of medical care for the patient.

**Lead organization/association:** Elderberry Institute

**Other partnering organizations (if applicable):**
Regions Hospital, Minnesota Department of Human Services

**Primary focus area(s):** Personal Health Record

**Approximate Start Date:**

**Project status:** Fully Implemented

**Primary source of funding:**

**Web site:**

**Contact Information: (Name, Telephone, e-Mail):**
Malcom Mitchell
651-649-0315
mpmitchell@elderberry.org

Rolf Hage
651-431-2594
rolf.hage@state.mn.us

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
**Revised: April 7, 2006**

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# 33. State Operated Services' Electronic Health Record,
## *Minnesota Department of Human Services - State Operated Services*

**Purpose and Brief Description of Primary Goals:**
To Implement a State Operated Services (SOS) Electronic Health Record (EHR) that meets Clinical, Fiscal, Regulatory, and Strategic Planning Needs for Mental Health (Adult and Child Adolescent), TBI, CD, Forensic, and Nursing Home populations. The E.H.R. will initially include assessments, progress notes, treatment plans, e-prescribing.

Primary Goals:
a. To improve the quality of care and promote the wellness of those we serve.
b. To document all aspects of care provided by State Operated Services, wherever it takes place.
c. To provide the patient care team immediate access to electronic health data
d. To improve user accessibility to electronic health data.
e. To process electronic health data in ways that support better decision making for patient care and clinical / health services research.
f. To increase the efficiency of SOS operations, and decrease the cost of services provided.
g. To ensure the privacy of electronic health data.


**Lead organization/association:** Minnesota Department of Human Services - State Operated Services

**Other partnering organizations (if applicable):**

**Primary focus area(s):** Data exchange, electronic health record

**Approximate Start Date:** Began early planning phase in 2000

**Project status:** Early/Mid Implementation

**Primary source of funding:** State - existing agency budget

**Web site:**

**Contact Information: (Name, Telephone, e-Mail):**
Anna Lattu
218-485-5300  ext 5506
anna.lattu@state.mn.us

**Minnesota e-Health**

Web: www.health.state.mn.us/e-health
E-mail: MNe-Health@state.mn.us
Revised: April 7, 2006

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# 34. Strategic Alliance for Chronic Care Management,
## *Blue Cross/Blue Shield*

**Purpose and Brief Description of Primary Goals:**
The goal of this project is to better manage chronic conditions of elderly consumers.  The plan is to get health care information from County Care Manager, Home Care & Health Plans to physicians to coordinate the consumer's plan of care.

**Lead organization/association:** Blue Cross/Blue Shield

**Other partnering organizations (if applicable):**

**Primary focus area(s):** Data Exchange

**Approximate Start Date:**

**Project status:** Fully implemented, expanding to new areas

**Primary source of funding:**

**Web site:**

**Contact Information: (Name, Telephone, e-Mail):**
Rolf Hage
651-431-2594

Beth Nelson
651-662-6882

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
**Revised: April 7, 2006**

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# 35. Winona Health Community Record Data Exchange, *Winona Health*

**Purpose and Brief Description of Primary Goals:**
Winona Health's vision is to connect health care providers with their patients through a single electronic system that allows them to share patient information in a secure setting. Through sharing of patient information, Winona Health will increase the quality and safety of care provided to patients, improve operational efficiencies, and empower the patient to improve their own health

**Lead organization/association:** Winona Health

**Other partnering organizations (if applicable):**
Partnership with Cerner Corporation

**Primary focus area(s):** Data Exchange, Personal Health Record, Electronic Health Record

**Approximate Start Date:** March 2006

**Project status:** Implemented

**Primary source of funding:**

**Web site:**

**Contact Information: (Name, Telephone, e-Mail):**
Janice Turek
507-457-4543
jturek@winonahealth.org

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
**Revised: April 7, 2006**

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# Appendix A
## Sample Profile for the Minnesota e-Health Directory of Activities

If you have changes to make to a profile or wish to contribute information about a new project, please contact Barb Wills, barb.wills@health.state.mn.us, telephone: 651-201-3577, fax: (651) 201-5179.  This blank form is provided for your convenience in submitting information.

**1. Name of project/initiative:**

**2. Purpose and Brief Description of Primary Goals:**

**3. Lead organization/association:**

**4. Other partnering organizations (if applicable):**

**5. Primary focus area(s):** (Please check all that apply.)
   __ Data exchange           __ Electronic health record
   __ Personal Health Record   __ Population health
   __ Other: <u>funding, policy</u>

**6.  Approximate Start Date:**

**7. Project status:**
   __ Planning              __ Early implementation
   __ Fully implemented     __ Fully implemented, expanding to new areas
   __ Ongoing Initiative
   __ Other: _____

**8. Primary source of funding:**

**9.  Web site:**

**10. Contact Information: (Name, Telephone, e-Mail):**

**Minnesota e-Health**

**Web: www.health.state.mn.us/e-health**
**E-mail: MNe-Health@state.mn.us**
**Revised: April 7, 2006**

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