



Northern Minnesota Network

29 West Main St. Isanti, MN 55040

Phone: 763-444-8283 Fax: 763-444-9637

Monday—Friday—8:00am—4:30pm

www.northernmnnetwork.org

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Lessons learned

How to build a successful and sustainable HIE

By Brent Dover, October 2012

As the healthcare industry transitions from fee-for-service to fee-for-value payment models – such as shared savings and pay for performance – care providers will need to form, join or connect to a public or private health information exchange (HIE). Why? Because the level of care collaboration driven by HIE solutions is essential for success in these emerging care-delivery models.

Establishing an HIE initiative may seem an intimidating task. For a guide on how to build a successful and sustainable HIE, providers need look only at Delaware Health Information Network (DHIN) and Michigan Health Connect (MHC).

In 2007, DHIN became the first operational statewide HIE in the nation. Today, 100 percent of acute-care hospitals and skilled nursing facilities and 93 percent of physician practices in Delaware are using and securely exchanging patient data through DHIN. Meanwhile, MHC has been embraced by approximately 1,125 primary care and specialty physicians since it was launched in 2010.

A major reason these initiatives have succeeded is that health systems and other stakeholders in the community understood the value of a community asset for patient care. They chose to collaborate in order to put patient care first. This cooperation created the opportunity to deliver solutions that support more efficient patient care designed around collaborative clinical workflows. (continued on pg. 4)

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Message from the Director.....

Jackie Moen

This autumn brings a flurry of activities for the Network and our members. Member Community Health Partnership of Illinois is going “live” with the Centricity EHR and e-prescribing systems as of this printing. We provide on-site and remote support during their phased go-live implementation. We bring up sites every three weeks and will have their six sites all “live” by late November. All the hard work done by the EHR Core Team the past eight months is paying off. Congratulations on an excellent roll out process!

Member Scenic Rivers Health Services recently rolled out their Patient Transformation as part of their Patient Centered Medical Home initiative. EHR Manager / PCMH Coordinator Nancy Mault and Executive Director Mike Holmes took part in a panel presentation at the Many Faces Conference in Bloomington last week. They provided valuable information and lessons learned toward achieving NCQA certification as a medical home, which they plan to achieve in 2014.

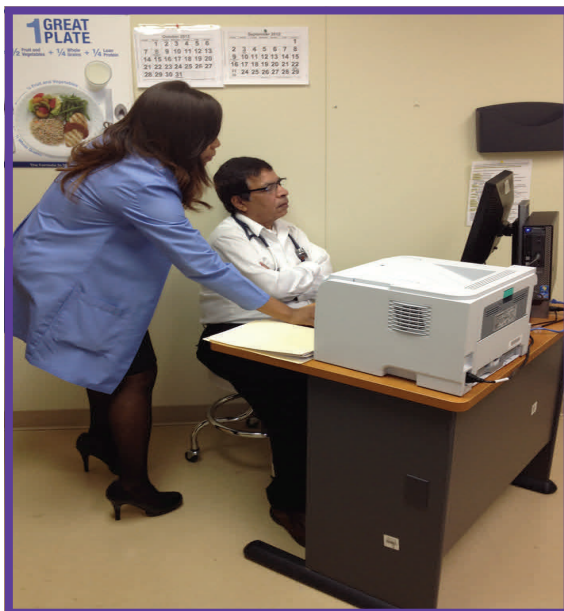
In November we sponsor the EHR-MU conference in Duluth. There will be featured speakers, product demonstrations, and break-out sessions for many areas in health information technology. Watch for a recap in our next newsletter.

We sponsored a two-day QI Team Meeting in Duluth recently attended by 20 staff from all five members. This team focuses on QI programs, process, data extraction, and quality reporting to meet multiple needs across health centers. This QI team has been moving to the next level with reporting for MU, PCMH, and UDS.

We are delighted to share the good news reported in the October, 2012 edition of Consumer Reports. The special section, “Minnesota Doctor Ratings: How Does Your Doctor Compare?” rated 552 Minnesota practices on health outcome data related to diabetes and cardiovascular disease. They highlighted data from Minnesota Community Measurement, a non-profit group working to improve health care and reduce cost. Our member, Scenic Rivers Health Services, has five centers across the rural Northeast region of Minnesota. Their clinics at Bigfork, Big Falls and Northome are among the top scoring CHCs in the state for diabetes and cardiovascular care. Medical Director, Dr. Jeff Scrivner, is quoted in the article that can be found at www.consumerreports.com. Congratulations!

Congratulations!!

**Community Health Partnership of Illinois
On your EMR Go-Live — October 4, 2012**



(continued from page 1) Another factor behind the success of these initiatives is that they focus on addressing the workflow problems of providers who use the HIE. MHC, for example, has reduced workflow inefficiencies arising from paper, fax and telephone communications and fostered collaboration among physicians by automating and streamlining the referral process. Aiming at these low-hanging fruit – the inefficiencies and pain points that affect providers daily – is a key strategy for generating immediate value and buy-in from participants.

The following are key lessons learned about how to demonstrate value, kick off HIE success and drive provider adoption of the HIE solution:

1. **Define expected benefits from the start.** It is essential that HIEs define the goal of their project and the benefits they hope to achieve. To accomplish this, they can form a team of clinicians, information technology experts and others to research and create a baseline of measureable and relevant benchmarks. While they need to begin the project with the end in mind, they also need to create strategies for incremental deployment of the solution – resulting in quick wins and rapidly demonstrable value.
2. **Measure benefits regularly.** HIEs should measure their performance against the baseline benchmarks on an ongoing basis to determine whether they are hitting the mark. This will help them make a business case to potential backers and participants, enable them to secure new members, grow more quickly and obtain actionable data to address areas that are performing poorly.
3. **Set a deadline for providers to transition to electronic exchange.** To ease the transition from paper to electronic records, physicians often are given the option of receiving information in both formats. In the short term, this is an excellent strategy to secure buy-in, but it should not be allowed to continue indefinitely because it defeats the purpose of automation. HIEs should set a reasonable deadline – three to six months – to get providers completely transitioned to electronic data exchange. To incentivize practices to drop paper, HIEs can charge a fee for dual delivery.
4. **Establish accountability for participants to provide clean data.** When an HIE is aggregating data to create a community health record, ensuring the integrity of its community master person index (MPI) is key to success. In the world of EHRs, it is common for a patient to have multiple medical record numbers or identifiers. By ensuring data sources resolve identity conflicts before their data are included in the community HIE, the HIE will avoid having to divert valuable resources to address this issue after the fact. It will also avoid incurring potential delays and unnecessary costs, particularly as the number of participants, patients and data transactions grows.
5. **Interface with physician EHRs.** Physicians have invested significant resources in implementing EHR systems in their practices. For these physicians to adopt an HIE solution, it is important that the HIE interface with their EHR. At the same time, it is essential to provide flexible solutions that enable providers who don't have a full EHR to participate in the HIE.

Providers need to implement HIE capabilities rapidly to adapt to the emerging healthcare business model. Those that follow the path blazed by successful pioneers will be better positioned to navigate challenging market forces and gain a competitive advantage.

Brent Dover is president, Medicity. For more on Medicity visit www.medicity.com



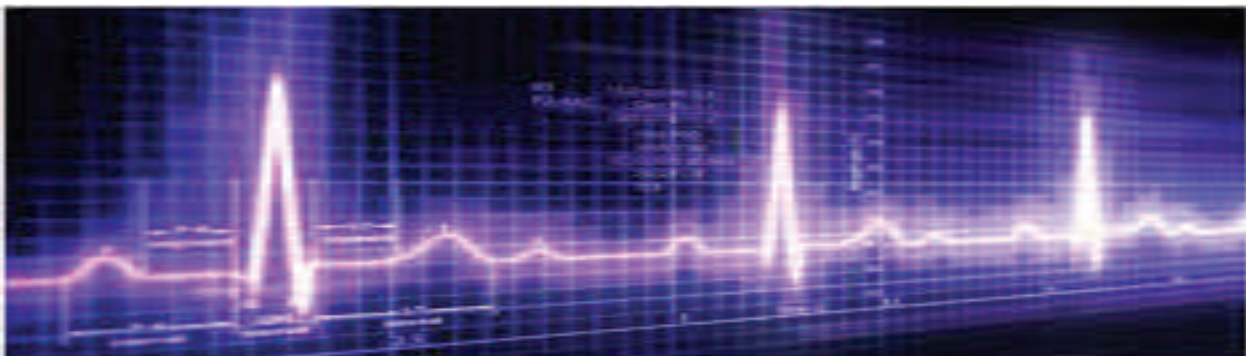
Governor Mark Dayton has proclaimed **November 15th "Rural Health Day"** across Minnesota, part of a national celebration of rural health. Join us in highlight-

ing the unique health care challenges in rural areas and showcasing the many ways rural health providers and communities address those needs.

Ideas for celebrating:

- Issue a proclamation for your community or organization, building on the proclamation signed by Governor Mark Dayton declaring November 15th "Rural Health Day" across Minnesota.
- Share your Community Success Story, photos or videos -- email to Darcy Dungan-Seaver at darcy.dungan-seaver@state.mn.us in the Office of Rural Health and Primary Care.
- Write a letter to the editor or contact a local leader about the health needs of rural communities.
- Plan/host a community health fair.
- Give tours of your facilities.
- Display National Rural Health Day banners/posters.
- Link to National Rural Health Day website from your website.
- Have a "staff appreciation" luncheon.
- Check out what one community did in 2011: Ortonville Area Health Services and Northside Medical Clinic celebrated in town, at the schools and with a coloring contest and caduceus cookies.

More ideas are on the [National Rural Health Day site](#). For more information, contact Darcy Dungan-Seaver at darcy.dungan-seaver@state.mn.us or 651-201-3855.



NMN Member Clinics

Migrant Health Service, Inc.

www.migranthealthservice.org

Moorhead 218-236-6502

Grafton 701-352-4565

Rochester 507-529-0503

Willmar 320-214-7286

Sawtooth Mountain Clinic

www.sawtoothmountainclinci.org

Grand Marais 218-387-2330

Grand Portage 218-475-2235

Tofte 218-663-7263

Cook Area Health Services dba

Scenic Rivers Health Services

www.scenicrivershealthservices.org

All SRHS Clinics can be reached Toll Free at 877-541-2817

Bigfork, Big Falls, Cook, Floodwood and Northome

Lake Superior Community

Health Center

www.lschc.org

Duluth 218-722-1497

Superior 715-392-1955

Community Health Partnership of Illinois

www.chpofil.org

Aurora 630-859-0015

Hoopeston 217-283-5523

Kankakee 815-932-6045

Mendota 815-539-6124

Rantoul 217-893-3052

Woodstock 815-337-9640

Admin. Office 312-795-000

The Northern Minnesota Network

We take our mission to heart and commit to serving our member organizations through customized service.