

## Fact Sheet: Implementing e-Health in Minnesota

### Why adopt interoperable health records

In 2007, the Minnesota Legislature passed a law requiring that by January 1, 2015, all health care settings, including hospitals, clinics, long-term care, and local public health must have an interoperable electronic health records system in place.<sup>1</sup>

The process of planning, selecting, implementing, and effectively using a medical record system requires advanced planning. It is essential that clinicians begin the initial steps now so they can meet the 2015 deadline.

### Funding, loans, and grants

Cost is one of the key reasons that health care facilities resist adopting electronic health record (EHR) technology. The average purchase, implementation, and maintenance costs of an EHR system can be stunning—between \$25,000- \$45,000 per physician, with annual costs for operating and maintaining the system between \$3,000 -\$9,000 per physician per year.

Certainly, the adoption of interoperable electronic health records will require financial resources that typically are not available to some providers. There are sources for low-interest loans and grant opportunities both within Minnesota and federally.

- The state of Minnesota administers six-year no-interest loans to assist in financing the installation or support of interoperable health record systems. See [www.health.state.mn.us/e-health](http://www.health.state.mn.us/e-health).
- The Department of Health and Human Services [www.hhs.gov](http://www.hhs.gov) and the Agency for Healthcare Research and Quality (AHRQ) [www.ahrq.gov](http://www.ahrq.gov) also have information on EHR grants and loan opportunities.

### Resources

#### General information about HIT:

Minnesota e-Health Initiative  
[www.health.state.mn.us/e-health](http://www.health.state.mn.us/e-health)

AMA Health Information Technology web page  
<http://www.ama-assn.org>

Agency for Healthcare Research and Quality (AHRQ) [www.ahrq.gov/](http://www.ahrq.gov/)

American Academy of Family Physicians (AAFP) Center for Health Information Technology  
[www.centerforhit.org/](http://www.centerforhit.org/)

Certification Commission for Health Information Technology (CCHIT) [www.cchit.org/](http://www.cchit.org/)

Stratis Health, Minnesota's Medicare Quality Improvement Organization [www.stratishealth.org](http://www.stratishealth.org)

- Doctor's Office Quality - Information Technology (DOQ-IT) resource kit

#### Funding for HIT:

- Rural health information technology [www.raconline.org](http://www.raconline.org)
- Government grants [www.grants.gov/](http://www.grants.gov/)
- Minnesota grants and loans [www.health.state.mn.us/e-health](http://www.health.state.mn.us/e-health)
- US Department of Health and Human Services Stark information [www.hhs.gov/healthit/certification/stark/](http://www.hhs.gov/healthit/certification/stark/)

<sup>1</sup> Minnesota Statutes 62J.495

## Process for adopting e-health

It may be tempting to skip right to a quick decision about which EHR product to purchase and get the implementation underway. However, the following steps are necessary to assure successful implementation.

- 1. Assess:** This step helps answer the questions: *Are we ready? How do we involve our staff?* It is critical that an organization assess their readiness and understand the financial commitment of an EHR system initially and on an ongoing basis.
- 2. Plan:** This phase addresses the questions: *Which features are important? How will we transition from paper?* You may want to consider hiring a consultant at this critical step. The consultant can help avoid costly mistakes.
- 3. Select:** Establish a system-selection team from all departments that will use the EHR. Include staff from quality improvement, medical records, nursing, clerical, billing, and IT. This selection team will be responsible for evaluating systems. A consultant can help to ensure purchases align with state and national efforts around health data standards and interoperability.
- 4. Implement:** Implementation is a series of steps leading up to the go live date. It involves staff training, installing terminals and other hardware, and testing and retesting the EHR software. After going live, there are bound to be issues that pop up.
- 5. Effective Use:** Effective use of your system will lead to increases in efficiency, quality improvement, and a return on your investment. Effective use may include continual staff training, and use of clinical decision support, patient reminders, and evidence-based information at the point of care.
- 6. Electronic Exchange and interoperability:** Much of the benefit of health information technology depends upon the ability to exchange health records securely across settings. This step relies on the ability of the system to exchange information, the use of consistent data standards, and the policies and data sharing agreements between organizations.

For more information on e-health visit [www.health.state.mn.us/e-health](http://www.health.state.mn.us/e-health)  
MMA staff Becky Schierman 612-362-3766 or [rschierman@mnmed.org](mailto:rschierman@mnmed.org)  
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## Technical standards

There is a call for common technical standards outlined in Minnesota's e-health mandate. The standards must also be compatible with federal efforts. For more information on technical specifications, please visit [www.health.state.mn.us/e-health](http://www.health.state.mn.us/e-health)

Make sure the Certification Commission for Health Information Technology (CCHIT) has certified your EHR system and e-prescribing system. For more information on CCHIT, go to [www.cchit.org](http://www.cchit.org).