Local Public Health Department

Data Exchange

Local Public Health Association of Minnesota

Public Health
Prevent. Promote. Protect.

The **Minnesota Legislature's 2008 Electronic Medical Record Implementation Report** identifies the critical importance of public health as a part of effective, efficient interoperable electronic health data exchange. Information based on accurate and valid public health data is critical to targeting services and determining the effectiveness of population health interventions in improving health status.

Why is Health Information Exchange important for local public health departments?

- Local public health (LPH) departments are responsible for monitoring the health status of the whole population. To analyze and monitor health status, the public health system-state and local-needs a standardized way of collecting data.
- LPH departments are included in the Minnesota mandate for implementation of interoperable electronic health record (EHR) systems by 2015.
- LPH departments deliver health services to individual clients: Women and children, seniors, refugees, and inmates, as well as immunizations to people of all ages.
- LPH departments need to collect consistent data across jurisdictions to evaluate programs, target resources to the most effective interventions, and measure outcomes.
- LPH departments need to exchange communicable disease reports with the Minnesota Department of Health (MDH) and the private medical care system.

Why aren't LPH departments already exchanging electronic data?

- Federal, state and other jurisdictions/programs require LPH to use electronic data systems in numerous separate programs (e.g., WIC and Immunization Registry). These data systems are complex and do not exchange data. Inefficiencies occur when LPH staff re-enter data in several program databases. Opportunities for improved care are missed without a complete picture of a patient's needs and services used.
- Government and funding organizations require extensive data collection, reporting, and program evaluation, but do not provide funding for those activities. LPH has been forced to use local dollars to create systems to meet those needs, though standards do not exist for these systems. The result is lack of reliability in aggregated LPH data, duplication in IT expenditures, and a missed opportunity for effective program evaluation.

There is a growing technology gap between private health care and governmental public health.

Public health is lagging behind in delivering the commodity that the private sector most looks to government for—information.

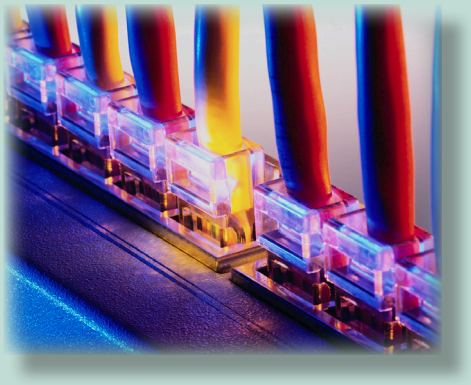
Millions of dollars are being spent in Minnesota to implement electronic health records (EHRs) in hospitals and clinics. The current inability to routinely exchange data electronically with public health is rapidly becoming a major frustration for these health care organizations.

"Protecting Communities Through Improved Public Health Information Systems: The Minnesota Public Health Information Network," MDH Report to the Minnesota Legislature, January 29, 2007.

Examples of Public Health Information Exchange

With appropriate resources, LPH in Minnesota could:

- Transfer client data bi-directionally from the department to a client's health care provider.
- Send real-time data from a home-based client assessment to a healthcare provider.
- Request and enter client data one time even when clients are enrolled in multiple programs.
- Quickly and effectively use interview data from individuals to determine the source of a foodborne outbreak.
- Access and verify a client's immunization data from the registry and update it when immunizations are given.



What is the current status of LPH department data exchange?

- There is currently no EHR product certified for LPH departments in Minnesota, and no consistent funding available for the design and development of a public health EHR product. Lacking common standards, state and local governments continue to invest in existing information systems that function as silos, rather than investing in planning for interoperable systems.
- Common standards on which to build a LPH department EHR are in development nationally. Minnesota is providing direction to this effort so that the resulting standards benefit from and support Minnesota's model of providing service.
- Minnesota's public sector – including the Department of Human Services (DHS), MDH, and LPH departments – uses multiple data systems to manage information. There is no designated funding available to implement a new, integrated, standardized information system.
- Minnesota is not optimally organized or prepared to take advantage of federal electronic health recording opportunities.

What do LPH departments need to achieve electronic data exchange?

- LPH departments need funding to support the development of technology and data standards in order to develop a public health EHR. This is a statewide need, and requires a state investment.
- LPH departments must have the technology that enables different information systems and software applications to accurately and effectively exchange health data. The technology must be capable of allowing LPH departments to produce information for individual and aggregate reports on health care outcomes.
- MDH's 2005 and 2007 Reports to the Legislature have established the critical nature of LPH involvement in public/private health information exchange. In this rapidly changing environment, it is essential to assure LHD involvement in the evolution of health informatics and health data exchange.
- Existing information systems, collaborative structures, and strategic information technology planning provide a platform for this work.

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