

# HIT the Ground Running:

Statewide Implementation of Electronic Demographics  
and Result Reporting

Minnesota Newborn Screening Program

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# Why Electronic Reporting?

- Experience with EHDI
  - >3500 missing results/year
  - Inaccurate results
  - High programmatic costs
- Experience with CCHD Pilot
  - Misinterpretation of algorithm
  - Missing results



# Project Scope

- Obtain newborn demographics directly from the EMR
- Obtain EHDI results directly from the screening device
- Obtain raw and individual-level CCHD results directly from the device or at the time of screening

**FUNDED THROUGH FEE INCREASE**



# OZ Systems

**Step 1**



**NANI  
(ADT Feed)**

**Step 2**



**Telepathy EHD  
Telepathy CCHD  
(HL7 Messages)**

**Step 3**



**Integrated Newborn  
Record**



# Project Team & Management

- 4 program staff with various roles and responsibilities
  - Business Project Manager
  - Training Coordinator
  - Audiologist/Devices/Training Assist
  - Operations
- 1 Staff from Office of Health IT



# Outreach to e-Health Stakeholders

- Office of Health Information Technology
- Minnesota e-Health Advisory Board
- Minnesota Epic User Group
- Minnesota e-Health Summit

**Purpose** – visibility, standards alignment, and support



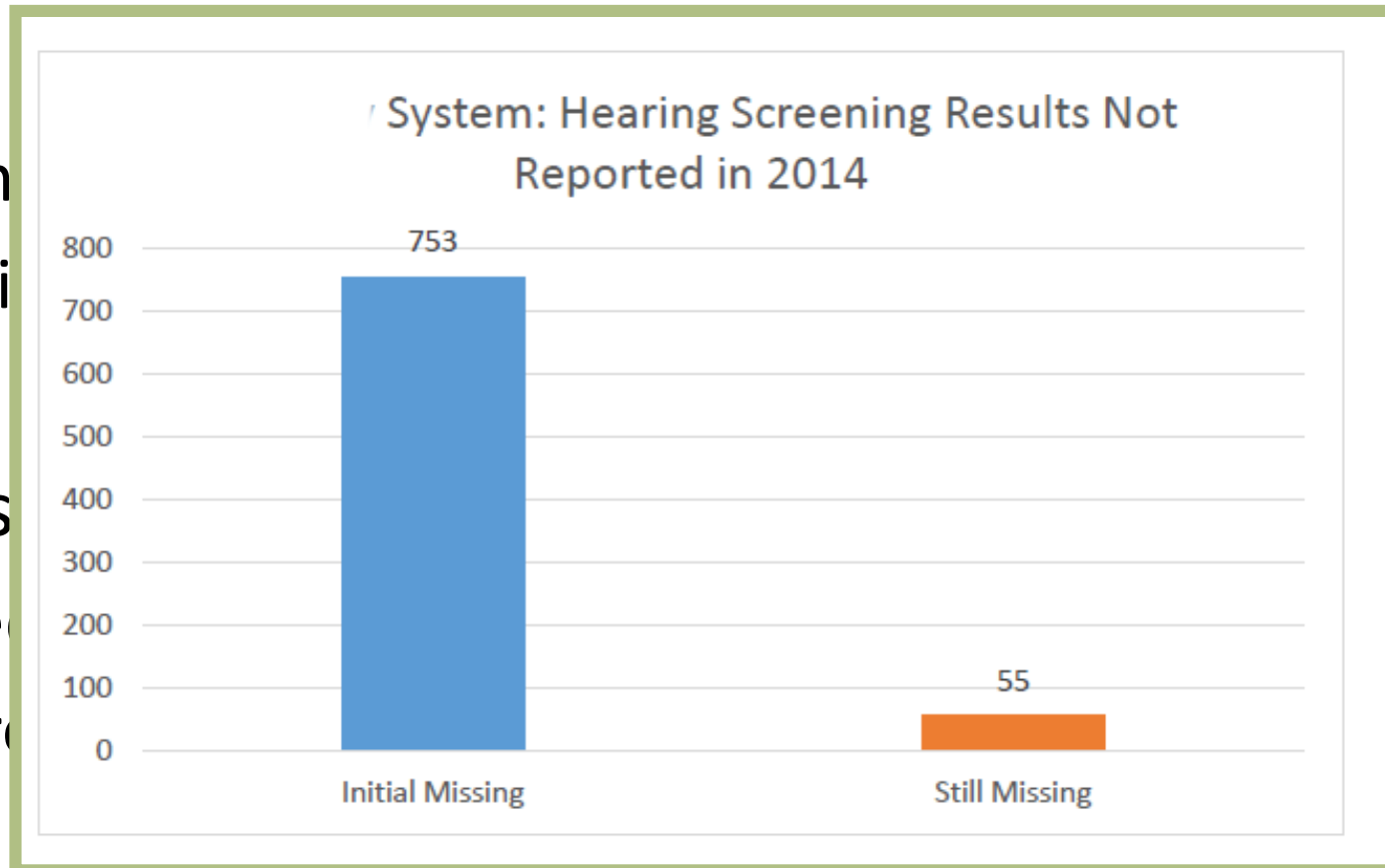
# Initial Communications to Hospitals

- Invitation letters sent to IT and hospital staff via email
  - Describing project
  - Describing resource needs
  - Hosted two introductory webinars



# Project Approach

- Start with
  - Ask them
  - Develop i
- Continue s
  - Mandate
  - Provide r



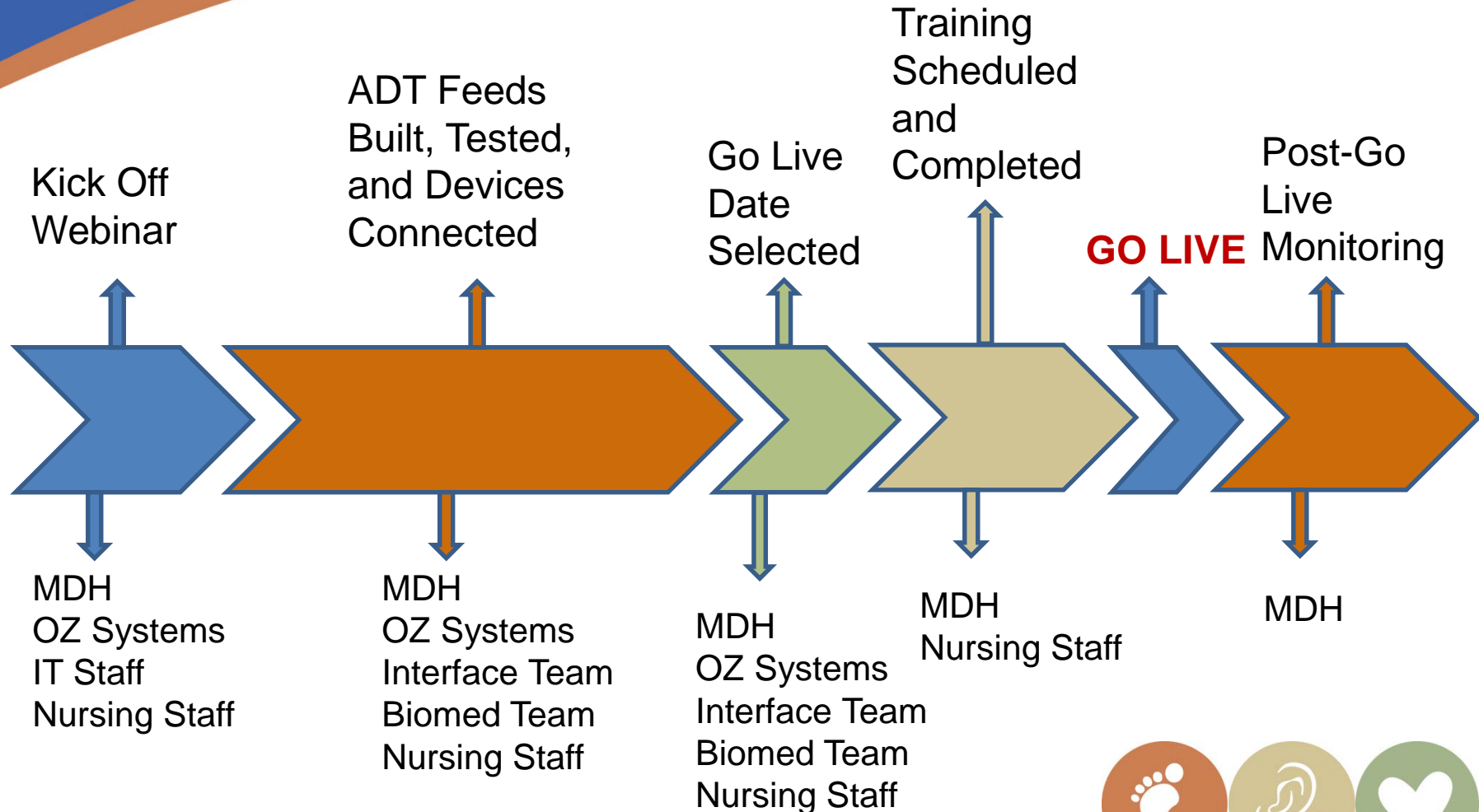


# Modify Approach & Develop Materials

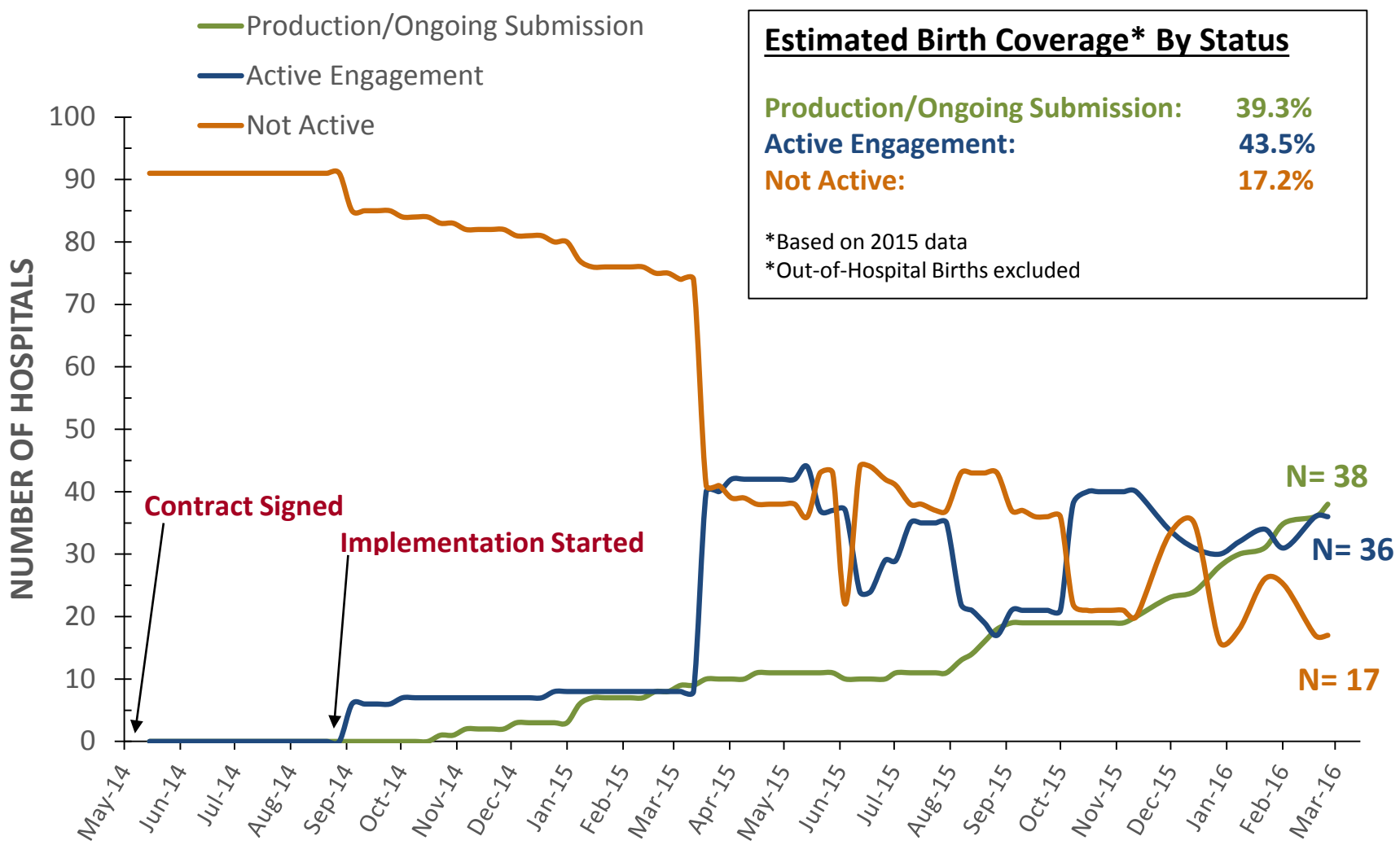
- Develop more fluid implementation workflow
- Developed training materials:
  - Videos
  - User Manuals
  - Quick Guides
  - Congrats/Welcome Flyers



# Current Project Approach



# Rollout Status as of 2/26/2016



# Implementation Challenges

- Getting facility staff onboard (IT and Nursing staff) and keeping process moving
  - Getting assigned a PM, getting in queue
- Critical Access Hospitals
- Device networking issues
- Obtaining Certain Data Elements



# Program Staff Time

*(since Nov 2014)*

- ~ 25-30 calls per month with birth facilities (30 min to 1.5 hours)
- ~ 60+ emails/calls per week between MDH, OZ Systems, device vendors, and birth facilities/midwives
- Have done over 50 on-site visits
- Have done ~ 25 training webinars



# Meaningful Use

- MNScreen declared a Specialized Registry for Meaningful Use Stage 2
  - As of 1/4/2016
- Provides incentives to Eligible Hospitals to Implement and Maintain MNScreen
- 72 facilities registered thus far



# Observations

- Electronic reporting does not solve all problems
  - Serial screening, mis-entry into EMR, etc.
- Target continues to move
  - Timeline,
  - Collection of data elements,
  - Return of results to EMR



## Next Phase(s)

- Continue implementation
  - Current goal is all hospitals (excluding critical access hospitals) live by 6/30/2016
- Sending EHDI/CCHD results back to EMR
- Audiology electronic reporting into MNScreen
- Interoperability with LIMS and blood spot results





# Thank You!



## MNScreen Team:

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