

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

May 15, 2014

The Michigan Health IT Commission is an advisory Commission to the Michigan Department of Community Health and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275



Agenda

- A. Welcome & Introductions
- B. Review & Approval of 4/17/2014 Meeting Minutes
- C. HIT/HIE Update
- D. MiHIN Operation Advisory Committee- Privacy Workgroup
- E. Medicaid Consumer Engagement
- F. HITC Next Steps
- G. Public Comment
- H. Adjourn



Welcome & Introductions

- Commissioner Updates



HIT/HIE Update

Meghan Vanderstelt, MDCH



2014 Goals – May Update



Governance Development and Execution of Relevant Agreements

- Connecting Michigan for Health registration underway - June 4-6 Lansing Radisson
- Opening remarks: Lt. Governor Calley introducing keynote Dr. Simmer, BCBSM
- HB 5136 requiring standard BH consent form passed the Senate with no amendments; now in final review before Gov. Snyder to sign
- Michiana HIN (MHIN) HIE-QO application approved by MiHIN Board; in legal review
- Molina preparing to become Payer-QO for statewide ADT service
- MHC agreement reached for Social Security Administration eDetermination use case
- Board resolution requiring DirectTrust accreditation for Direct Secure Messaging to/from MiHIN passed and to be announced
- Privacy Working Group drafting educational framework for BH standard consent form
- MCIR, MDCH, and MiHIN presented overview to CDC 03/28; MiHIN presenting MU, CQMs, and Transport to Joint CDC/ONC Public Health Forum scheduled for 05/15

Technology and Implementation Road Map Goals

- Immunization history/forecast pilot with MHC / Athena delayed
- MCIR selected GLHIE which is now ready to pilot immunization history/forecast
- FY14 MiHIN activities in progress: MiWay Consumer Directory, Identity Exchange Hub, Clinical Quality Measures Recovery and Repository (CQMRR)
- FY14 MiHIN activities' started May 1st: MU Expansion, Statewide Health Provider Directory Expansion, Behavioral Health Information Exchange (BHIE)

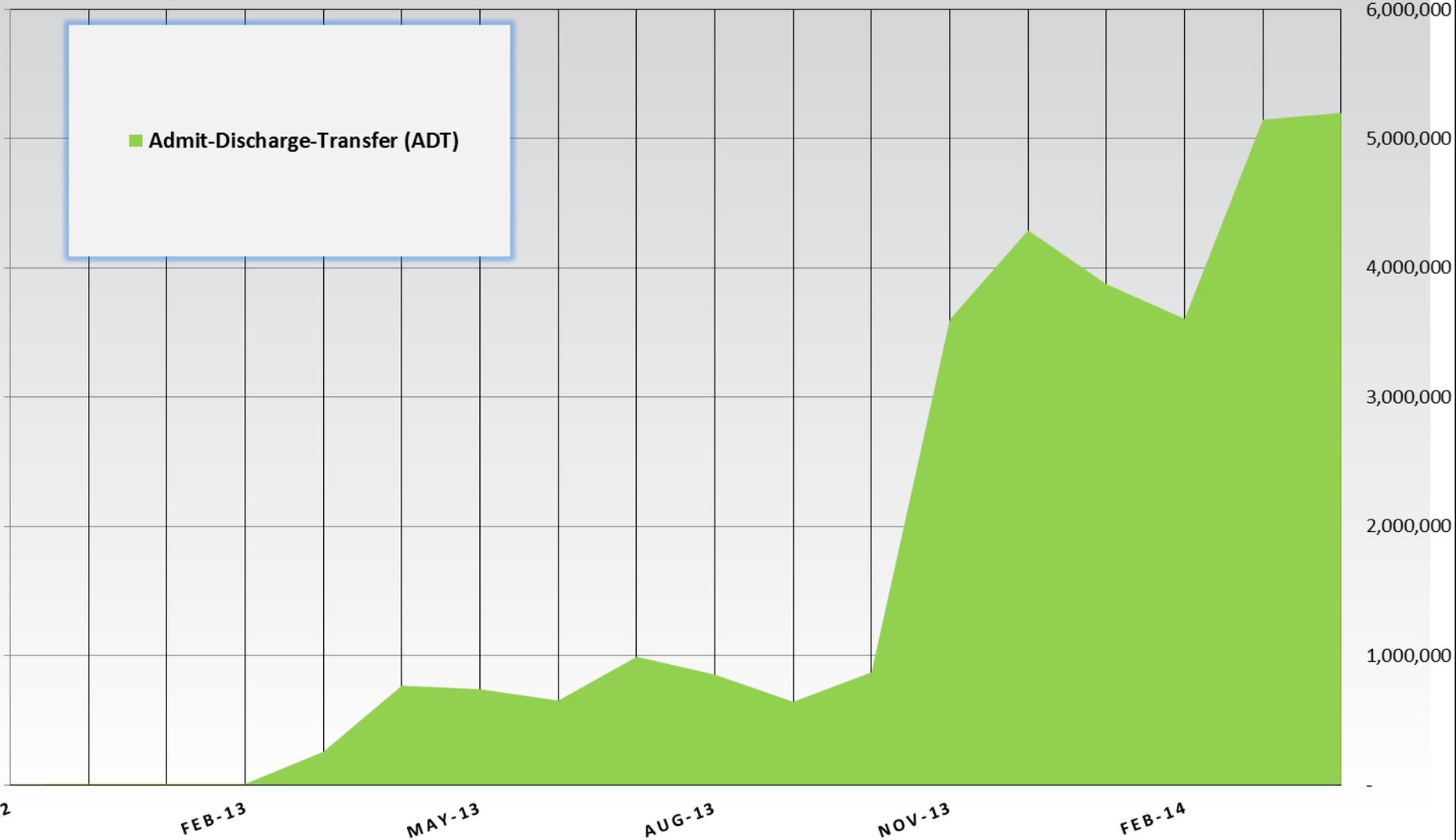
QO & VQO Data Sharing

- More than 37.5 million messages received since production started May 8, 2012
- MiHIN receiving average of 1.75 million messages/week (ADTs, VXUs, ELRs)
- Sources of immunization messages through MiHIN increased to 1,093
- Reportable lab messages steadily increasing, now at 27,590 total as of May 1
- MiHIN received 216,349 syndromic surveillance messages from MHC and GLHIE

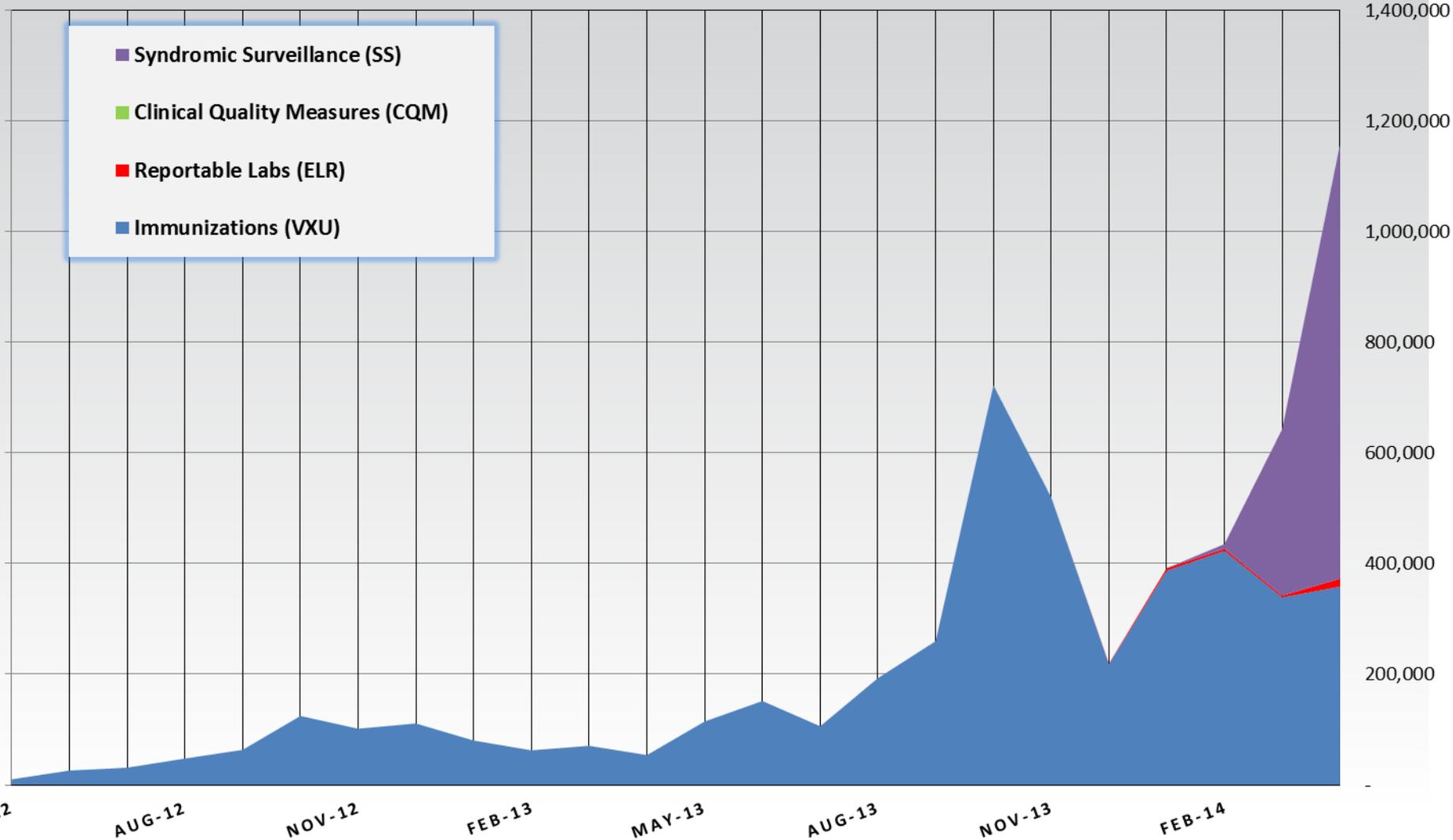
MiHIN Shared Services Utilization

- MHC, UPHIE, MDCH in DQA with syndromics; GLHIE/UMHS next; 825k rec'd to date
- JCMR and Ingenium beginning Cross-QO Query use case
- Henry Ford HS readying to start SSA use case in mid-May
- Six other states now considering use of MiHIN Health Provider Directory

MONTHLY MESSAGE COUNT



MONTHLY MESSAGE COUNT



MiHIN Monday Metrics (M3) Report

2 Week Total	Prod. Running Total**	Sources in Prod. Through MiHIN	Sources in DQA	QOs in production	QOs in test	vQOs in production	vQOs in test	Use Case Agreement
146,926	4,430,985	1,093	51	5	1			Immunization Records Submit (VXU)
7,961	27,590		60	2				Reportable Labs Summaries (ELR)
	6,047,338			2				Transition of Care - Payers/BCBSM (ADT)
1,290	260,398			1		1		Admit-Discharge-Transfer (ADT) Spectrum/Carebridge
2,988,124	25,967,351		11	3		1		All Patient- All Payer ADT Notification Service
				3				Submit Data to Active Care Relationship Service
								Submit Data to Health Provider Directory
354784	825793		1		3		1	Receive Syndromics
0	202							Clinical Quality Measures
3,499,085	37,559,657	1,093	123	16	4	2	1	Totals



MDCH Data Hub

May 2014

Production Updates

- **Newborn Screening Use Case** – As of April 1, 2014, all birthing hospitals in Michigan are required to report pulse oximetry tests on all newborns for early detection of critical congenital heart defects. MDCH is developing an interface to receive this clinical data via the MDCH Data Hub. The implementation guide has been developed and the requirements are being finalized. The piloting period is planned to begin August 2014.

Technology Development/Implementation

- **MCIR QBP (Query by Parameter)**- GLHIE (Great Lakes Health Information Exchange) is the first pilot QO (qualified organizations) to test the query process between EHRs and MCIR. Piloting begun in April 2014 is scheduled to last 90 days. Upon completion of the pilot, MCIR will be onboarding additional QO's and providers as their systems mature to adapt query functionality.

Technology Infrastructure Development

- **Audit and Logging** – Near completion is the implementation of enhanced audit and logging system requirements for the permanent storage of system traffic logs on the State of Michigan enterprise log management system (SIEM) for the Rhapsody system. Next system to be addressed will be the Infosphere used for (MPI) Master Person Index. System log requirements will be addressed going forward as new message traffic and new systems are brought into production.

Meaningful Use Registry Work

- **Michigan Disease Surveillance System (MDSS)** – For hospitals to obtain attestation credit for Meaningful Use Stage 1 an upgrade is necessary for the current Electronic Lab Report message and the MDSS system. Work commenced in March 2014.



Current Participation Year (PY) Goals

	Reporting Status	Prior Number of Incentives Paid	Current Number of Incentives Paid	Current PY Goal Number of Incentive Payments	Current PY Medicaid Incentive Funding Expended
Eligible Provider (EPs)	AIU	730	1,282	1,003	\$13,260,000
	MU	903	1,050	1,043	\$7,675,500
Eligible Hospital (EHs)	AIU	-	-	15	\$ -
	MU	-	2	43	\$ 500,000

Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	3,815	\$171,450,218
MU	1,670	\$56,207,256

Key: AIU= Adopt, Implement or Upgrade MU= Meaningful Use

2014 Goals – May Update

Federally Funded REC

Supporting adoption and achievement of Stage 1 Meaningful Use with a minimum of 3,724 priority providers across Michigan's primary care community.

- **3,724(+)** *Milestone 1*: Recruitment of Eligible Priority Primary Care Providers (PPCPs); 100% to goal
- **3,724(+)** *Milestone 2*: EHR Go-Live with PPCPs; 100% to goal
- **2,754** *Milestone 3*: Stage 1 Meaningful Use Attestation with PPCPs; 72% to goal

MDCH Medicaid Specialists

Supporting specialists with high volumes of Medicaid patients in attaining Meaningful Use.

- **353** *Milestone 1 Sign-Ups*: Recruitment of specialists (Non-Primary Care) who are eligible for participation in the Medicaid EHR Incentive Program (through MDCH)
- **52** *Milestone 2 AIUs*: Successful AIU Attestation
- **Specialist Sign-Up breakdown**: Dentistry – 60%, Psychiatry - 28%, Optometry – 4%, Other – 8%
- **Program Goal**: Specialists successfully attest to 90 days of Meaningful Use (Stage One Year One)

M-CEITA Provider Metrics

Client data provides insight into EHR adoption and Meaningful Use landscape across Michigan Providers.

- 1 in 3 Michigan Physicians paid for Meaningful Use Stage 1 were Mceita Clients.
- To date, 69% of M-CEITA clients have achieved Stage 1 Year 1 in Meaningful Use. In 2013, 52% of those who achieved this goal were enrolled in the Medicare EHR Incentive Program and 48% were in the Medicaid Incentive Program.

Million Hearts Initiative

Expanding our focus to assist providers with future stages of MU, other quality process improvement and public health priorities with an emphasis on EHR-enabled improvements.

- A national initiative launched by HHS to prevent 1 million heart attacks and strokes by 2017 through provider engagement.
- M-CEITA supports Million Hearts as a key public health priority with an education tool for providers during the CQM selection and external promotion to adopt this initiative through our webinars, blogs and website.
- In 2014 M-CEITA will begin tracking client practices that have committed to using the Million Hearts related CQMs.
- M-CEITA will be partnering with MDCH HDSP/DPCP to improve high BP and A1C prevalence through the use of EHRs.

April 2014 Updates

- HB 5136
- ASTHO Public Health & Medicaid Collaboration Award
- MiHIN Update



MiHIN Operation Advisory Committee- Privacy Workgroup

MOAC Privacy Workgroup



Privacy White Paper Recommended Priorities

Presentation to May 2014 HIT Commission



MiHIN
Shared Services

Background – White Paper Origins

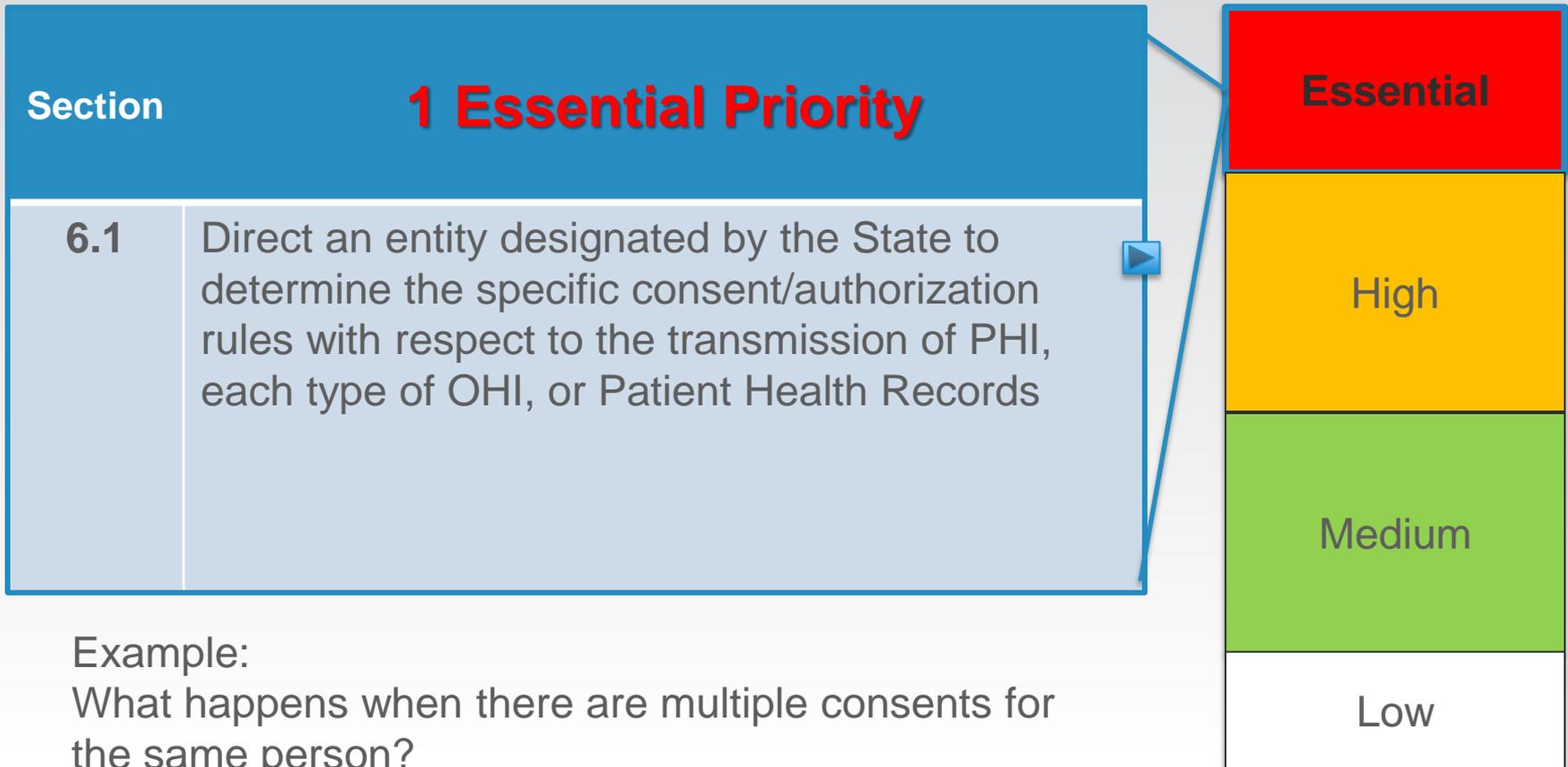
- January 2013/ April 2013
 - First two Privacy Workshops held
 - Privacy Workshops produced areas of concern and need for a remedies
 - Development of the “fast track issue”- a need for a statewide standard consent form for Behavioral Health
- September 2013
 - HIT Commission Meeting
 - Draft Privacy White Paper presented
 - MiHIN tasked with prioritizing recommendations and producing Final Privacy White Paper for May 2014 HIT Commission meeting
- January 2014
 - Surveyed experts and key stakeholders involved in developing/reviewing Privacy White Paper



Prioritization Process

- Respondents ranked recommendations as low, medium, high or essential priorities
- 23 responses received between Jan. 28 - Feb. 28, 2014
- The detailed priority results are in your packet at the end of this deck
- Today we are going to focus on the essential priority

Recommendation Summary



Participant feedback: essential priority

“We need to enable the basic foundation for rapid, automated, secure, and standardized guaranteed-delivery across the community. Cookie-cutter simplicity is required for wide adoption and rapid ramp-up.

The era of highly-customized integrations across endless flavors of site-specific non-standard implementations needs to end. Michigan has struggled mightily to find an enforcing authority to direct mandates for this - it's time to move this forward. Let's select a leader and make progress.”

Participant feedback: essential priority

“...Without an entity designated by the state as the authority and with responsibility to stay current on these various regulations, there is no clear authority and responsibility for staying abreast of these rules and then advising those building exchange infrastructure and technology to make it all work. This designated entity needs to be able to speak with authority as they work with various programs across a multiple state and local agencies.

They need to be responsible to determine where there might be certain records for certain protected individuals where extra security (or exclusion from exchange) needs to be built into the system, and advise both technical and programmatic entities to ensure maximum value from health exchange yet absolute adherence to rules around privacy and protection coming from a myriad of sources.”

Next Steps

- MOAC Privacy Working Group to convene appropriate groups to begin identifying types of rules and situations requiring rules
 - MDCH and DTMB representatives
 - Legal experts
 - CIO Forum
 - Diversions Council
 - Michigan Healthcare Cybersecurity Council
 - Ask other states
 - Open to further suggestions

Questions?

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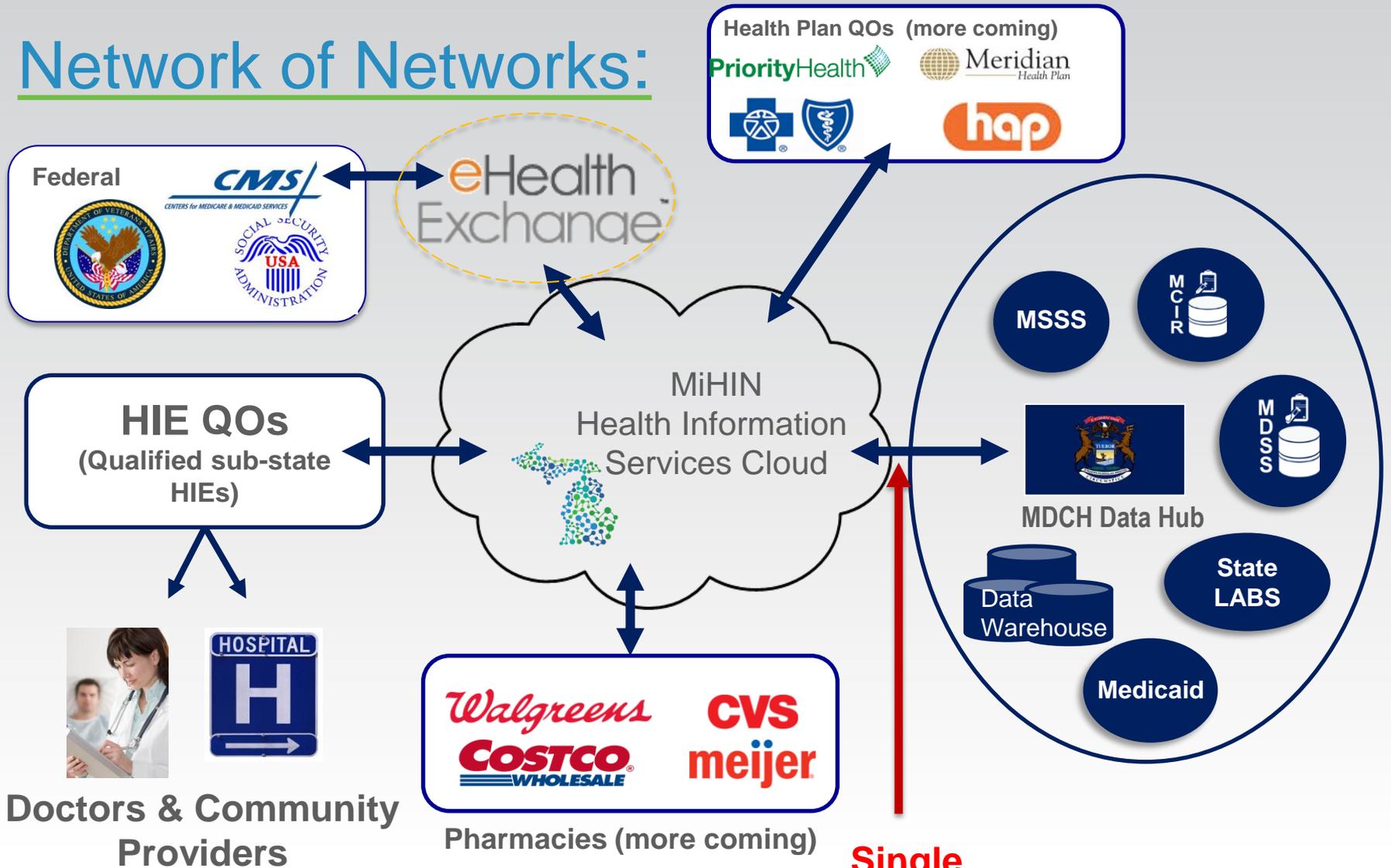
Additional Slides

Essential, High and Medium Recommendations in Priority Order

Why are we doing this?

- As a neutral convener, MiHIN's goal was to determine priorities from a privacy perspective within the HIE community
- These prioritized recommendations will help to determine which privacy issues/concerns to address first

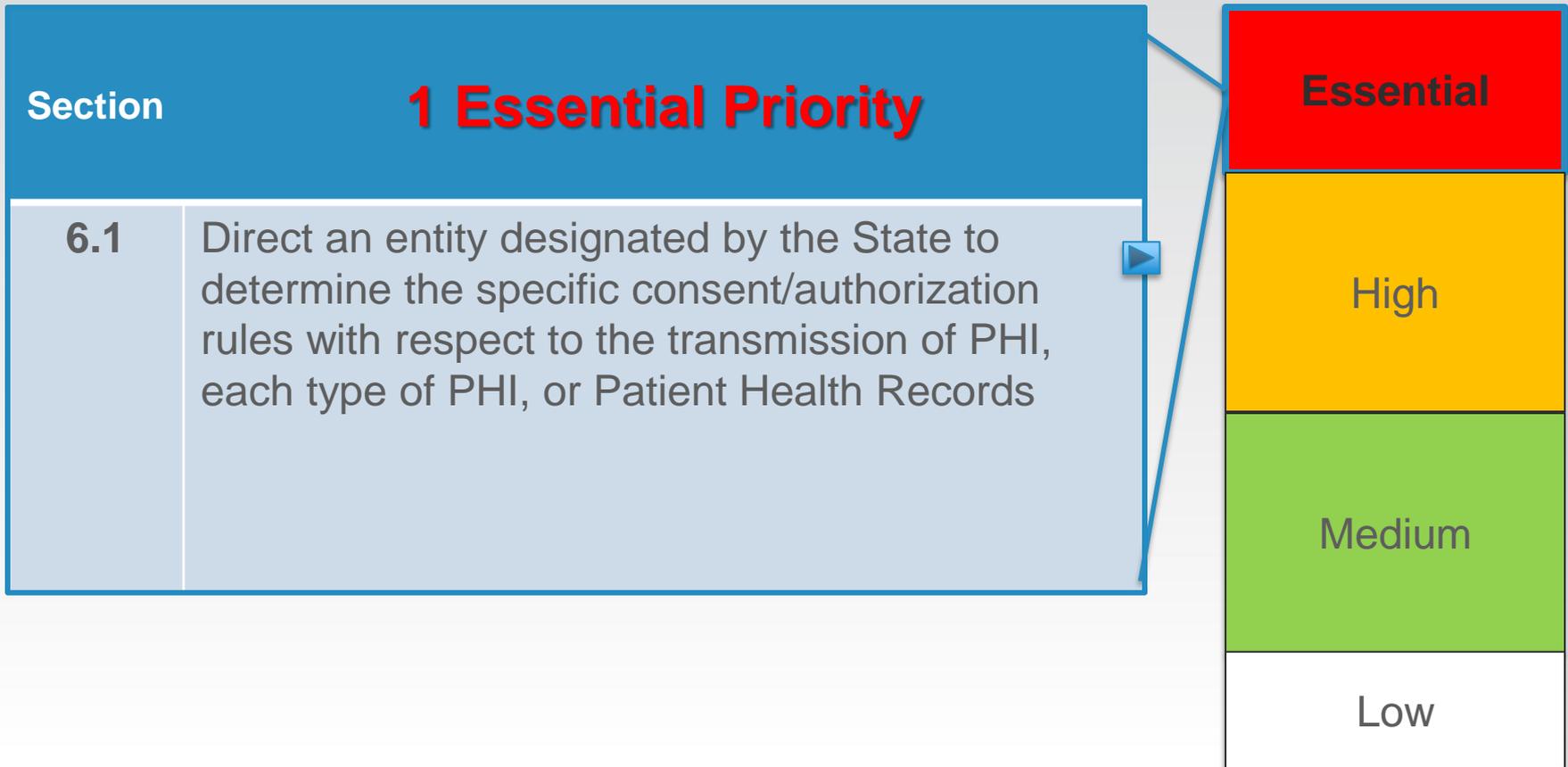
Network of Networks:



How privacy relates to HIE

- There are crucial relationships between security, privacy, and consent
- The relationships are as follows:
 - Privacy: What information is to be protected
 - Security: How information is to be protected
 - Consent: Which information can be shared?

Recommendation Summary

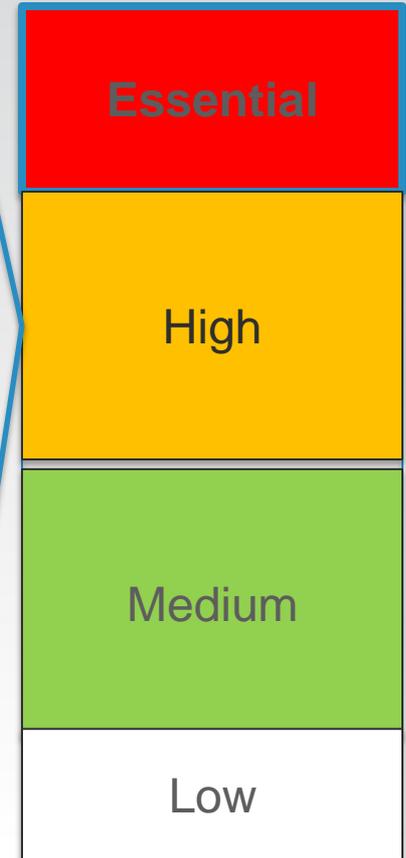


Recommendation Summary

Section

4 High Priorities

3.0	Need for a statewide standard consent form, standard consent language, and consent use cases for behavioral health.
5.1	Clarify the nature of the legal risks associated with a violation of each pertinent privacy law or regulation, and their potential application to an HIE or a Participant.
6.2	Create a standard framework around the transmission of PHI and each type of PHI through the HIE that is consistent with the rules identified in Section 5.1, and the HIE's role with respect to facilitating the framework.
6.3	Investigate and recommend a technical framework/architecture to enable the implementation of the adopted consent regime. This might include investigation into the necessity of data segmentation in HIEs relating to OHI (or what information must be defined for data segmentation) and the appropriate methods to effectuate such data segmentation.

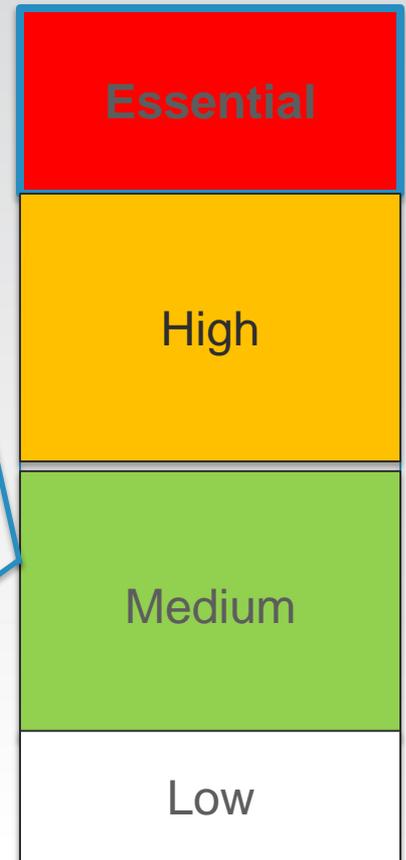


Recommendation Summary

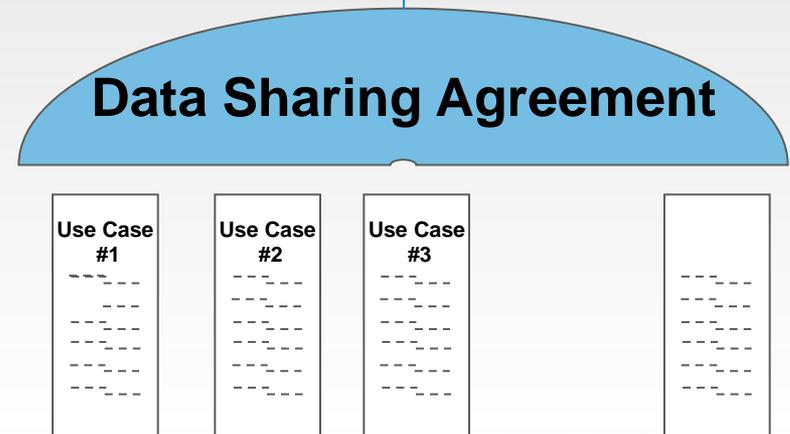
Section	7 Medium Priorities	
4.1	Develop an education and training program with privacy awareness curriculum	Essential
4.1	Coordinate privacy awareness training with security awareness training	High
4.2	Develop an attestation document for organizations to affirm that comprehensive privacy policies and procedures have been documented, adopted, implemented, and enforced	Medium
4.3	Develop and conduct an auditing program to confirm organizations engaged in health information exchange have adopted and properly implemented policies and procedures for compliance with applicable privacy laws and regulations	Low
5.2	Provide guidance regarding existing/recommended federal and state “safe harbor” conditions that may apply to the operations of HIEs	

Recommendation Summary

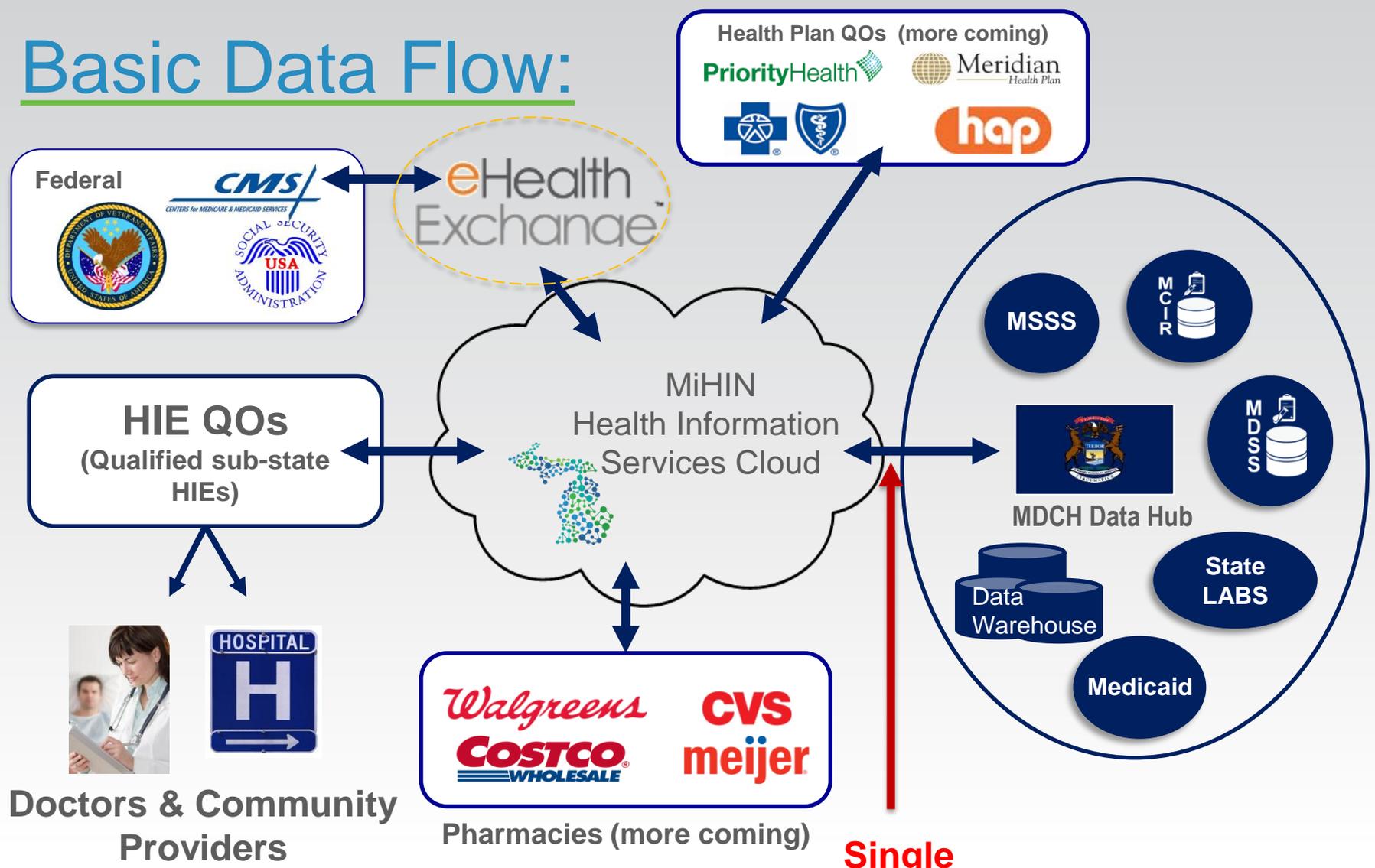
Section	Medium Priorities Continued
5.3	Provide guidance as to when HIEs must respond to violations of privacy laws that are known to the HIE, or that are disclosed by HIE Participants, and create standardized responses that should be used by HIEs in such event
5.4	Determine the terms and conditions for data exchange between the HIEs and the Veteran's Administration and other Federal entities



Legal Infrastructure for Data Sharing



Basic Data Flow:



Single point of entry/exit for state

Patient Consent and Authorization

Section 6.1

Direct an entity designated by the State to determine the specific consent/authorization rules with respect to the transmission of PHI, each type of PHI, or Patient Health Records.

- Priority rating = Essential



Opportunity for proactive action: Privacy Consent

Section 3.0:

At the April Consent workshop, one particular issue was identified as needing urgent attention and was deemed a “fast track” issue – the need for a statewide standard consent form, standard consent language, and consent use cases for behavioral health, which is an opt-in, as opposed to physical health, which is an opt-out.

- Priority rating = High



Risk identification and management

Section 5.1

Clarify the nature of the legal risks associated with a violation of each pertinent privacy law or regulation, and their potential application to an HIE or a Participant.

- Priority rating = High



Patient consent and authorization

Section 6.2:

Direct an entity designated by the State to create a standard framework around the transmission of PHI and each type of OHI through the HIE that is consistent with the rules identified in Section 5.1, and the HIE's role with respect to facilitating the framework. This might include the development of standard consent forms to be used by Participants (e.g., "all-in", "all-out", and "check the box" consents).

- Priority rating = High



Patient consent and authorization

Section 6.3:

Direct an entity designated by the State to investigate and recommend a technical framework/architecture to enable the implementation of the adopted consent regime. This might include investigation into the necessity of data segmentation in HIEs relating to OHI (or what information must be defined for data segmentation) and the appropriate methods to effectuate such data segmentation.

- Priority rating = High



Privacy awareness & education areas

Section 4.1

Direct an entity designated by the State to develop an education and training program with a privacy awareness curriculum to provide organizations that exchange health information with a clear understanding of their privacy obligations and the need for policies and procedures designed to meet those obligations.

- Priority rating = Medium



Privacy awareness & education areas

Section 4.1:

Coordinate privacy training with training targeted at security awareness.

- Priority rating = Medium
 - Training opportunities may include:
 -  Web-based training modules (computer-based training) that allow organizations that exchange health information to complete at their convenience
 -  In-person "classroom" role based training sessions
 -  Tool kit that would be available online which may include forms, brochures, FAQs, and other educational materials

Privacy awareness & education areas

Section 4.2:

Direct an entity designated by the State to develop an attestation document for organizations to affirm that comprehensive privacy policies and procedures have been documented, adopted, implemented, and enforced.

- Priority rating = Medium



Privacy awareness & education areas

Section 4.3:

Direct an entity designated by the State to develop and conduct an auditing program to confirm that organizations engaged in health information exchange have adopted and properly implemented policies and procedures for compliance with applicable privacy laws and regulations.

- Priority rating = Medium



Risk identification and management

Section 5.2:

Direct an entity designated by the State to provide guidance regarding existing or recommended federal and state “safe harbor” conditions that may apply to the operations of HIEs and that may insulate HIEs, Participants, or both from liability under applicable privacy laws and regulations.

- Priority rating = Medium



Risk identification and management

Section 5.3:

Direct an entity designated by the State to provide guidance as to when HIEs must respond to violations of privacy laws that are known to the HIE, or that are disclosed by HIE Participants, and create standardized responses that should be used by HIEs in such event.

- Priority rating = Medium



Risk identification and management

Section 5.4:

Direct an entity designated by the State to determine the terms and conditions for data exchange between the HIEs and the Veteran's Administration and other Federal entities.

- Priority rating = Medium

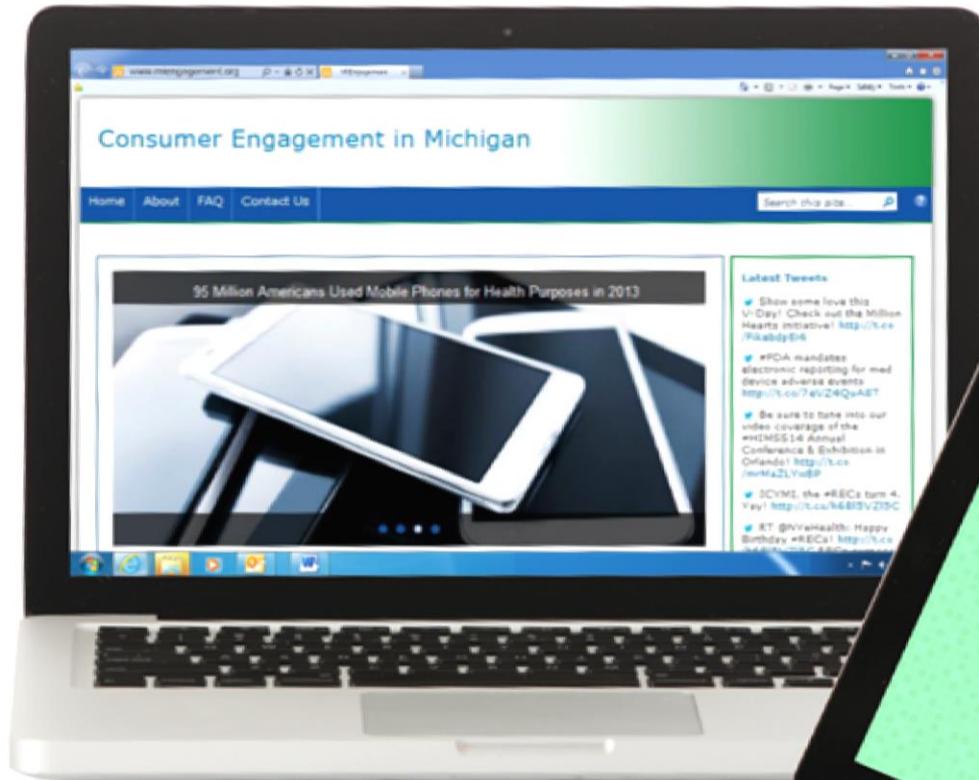


Medicaid Consumer Engagement

Shannon Stotenbur-Wing, MPHI



Consumer Engagement

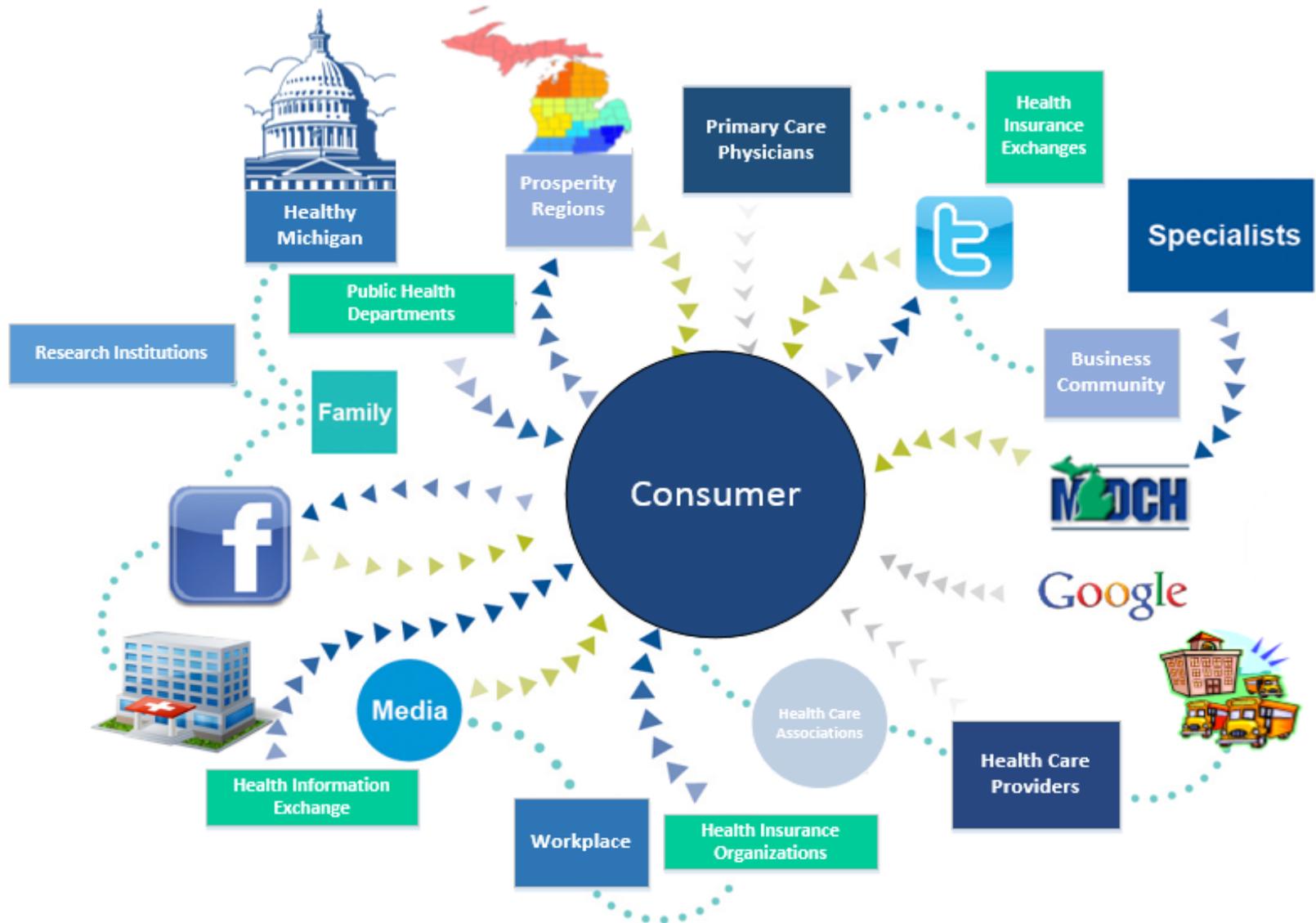




HIT-MMIS IAPD Activities: Engaging the Consumer

- Participate in and collaborate with national efforts to study approaches to consumer engagement.
- Research and enact plans that encourage consumers to engage in their health with the use of Health Information Technology.
- Engage Michigan stakeholders in plans to advance consumer engagement efforts within Michigan.







Stakeholder Meetings

Consumer Groups

- Enroll America
- Alliance for Health
- AARP Michigan
- Altarum Institute
- Michigan Health Council
- Detroit Wayne Mental Health Authority
- MSU Institute for Health Policy
- Greater Detroit Area Health Council
- Michigan Fitness Foundation
- Michigan Association of Local Public Health
- Michigan Consumers for Healthcare
- Capital Area Health Alliance
- University of Michigan Health System
- University of Michigan School of Public Health
- University of Michigan MiChart Intern Program

Provider Groups

- Michigan Academy of Family Physicians
- Michigan Center for Effective IT Adoption
- Michigan Chapter of the American Academy of Pediatrics
- Michigan Osteopathic Association
- Michigan State Medical Society
- Michigan Pharmacists Association
- Michigan Primary Care Association
- Michigan Center for Rural Health
- Michigan Association of Health Plans

Government Agencies

- Michigan Department of Community Health
- Michigan Department of Education
- Department of Technology, Management & Budget
- Michigan Department of Human Services
- Michigan Care Improvement Registry
- Michigan Department of Agriculture & Rural Development
- Michigan Department of Military & Veterans Affairs
- Governor's Office
- Michigan Protection & Advocacy Services
- State Innovation Model Management Team

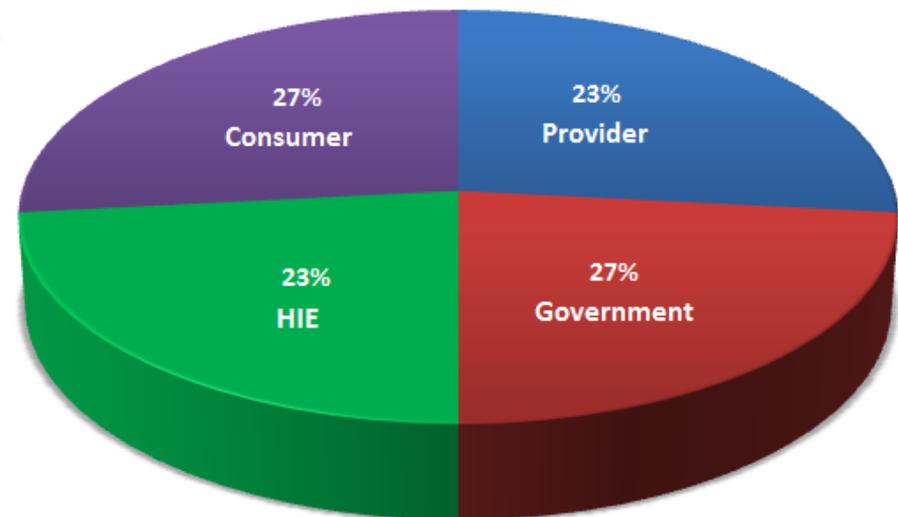
Health Information Exchanges

- Michigan Health Information Network Shared Services
- Southeast Michigan Health Information Exchange
- Jackson Community Medical Record
- Upper Peninsula Health Information Exchange
- Ingenium
- Southeast Michigan Beacon Community
- Michigan Health Connect
- Great Lakes Health Information Exchange



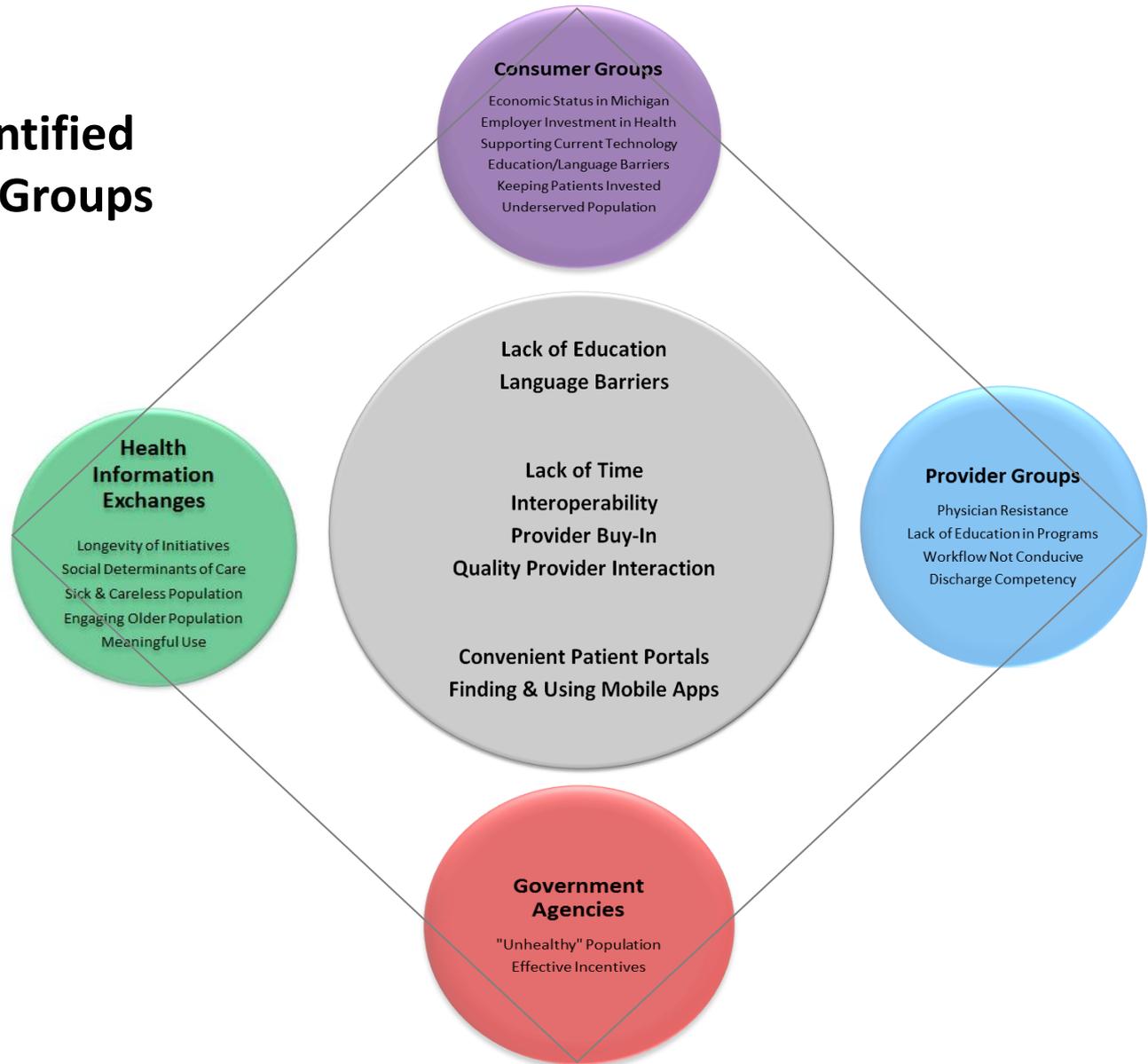
Stakeholder Meetings

- Four Consumer Engagement Stakeholder Meetings were held in November 2013
- Attendees included key statewide stakeholder groups
- **Discussions centered around:**
 - *Current engagement landscape*
 - *Challenges in engaging consumers*





Challenges Identified by Stakeholder Groups





Consumer Groups

- Economic Status in Michigan
- Employer Investment in Health
- Supporting Current Technology
- Education/Language Barriers
- Keeping Patients Invested
- Underserved Population



Provider Groups

Physician Resistance
Lack of Education in Programs
Workflow Not Conducive
Discharge Competency



Government Agencies

"Unhealthy" Population
Effective Incentives



Health Information Exchanges

- Longevity of Initiatives
- Social Determinants of Care
- Sick & Careless Population
- Engaging Older Population
- Meaningful Use



COMMON CHALLENGES

Lack of Education
Language Barriers

Lack of Time
Interoperability
Provider Buy-In
Quality Provider Interaction

Convenient Patient Portals
Finding & Using Mobile Apps



Major Stakeholder Challenges

Increase Health Literacy Rates Among Consumers in Michigan

- Lack of Education
- Language Barriers



Improve the Quality of Patient-Provider Interactions

- Lack of Time
- Interoperability
- Provider Buy-In
- Quality Provider Interaction



Develop Convenient and Easy-to-Use Web Portals and Mobile Applications

- Convenient Patient Portals
- Finding & Using Mobile Applications





Challenge

Increase health literacy rates among consumers in Michigan.



Strategy

Communication should occur with easy to understand terms and health information materials.

Resources such as AHRQ's Health Literacy Universal Precautions Toolkit can improve communication, self-management, and supportive systems.





Challenge

Improve the quality of
patient-provider interactions.



Strategy

Shared decision-making can aid
in giving consumers a chance to
participate in health decisions:

- Recognize Opportunity
- Use Decision Aids
- Have a Conversation
- Receive Care





Challenge

Develop convenient and easy-to-use web portals and mobile apps.



Strategy

Web portals and mobile apps should offer positive feedback while making users feel confident in their abilities and in control, allowing them to set achievable goals.





An engaged consumer can be defined as...



X



X



X



Activation

The internal drive
to implement a
specific behavior

Resources

The necessary
tools to be able to
carry out an action

Health Literacy

The ability to
understand basic
health information

Opportunity

The chance for
consumers to
actively participate



Develop Consumer Engagement Plan

Reassemble Stakeholders for Discussion

Determine Consumer Attitudes & Preferences

Research Effective Strategies for Engagement



Organize Stakeholders and Engagement Challenges



Assess Current Consumer Engagement Landscape

Consumer Engagement
Roadmap





Thank You!

HITC Next Steps

- Co-Chair Nominations
- Summer Schedule

Public Comment



Adjourn

