MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

August 21, 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 06/19/2014 Meeting Minutes
C. HIT/HIE Update
D. MiHIN MOAC Use Case Workgroup
E. Michigan Cancer Surveillance and Birth Defects Program-Supporting Meaningful Use
F. HITC Next Steps
G. Public Comment
H. Adjourn
Welcome & Introductions

• Commissioner Updates
HIT/HIE Update
Meghan Vanderstelt, MDCH
August 2014 Updates

- MiHIN
- Michigan Cyber Security Council
- Learning Health Summit
- ONC 10 Year Vision-State Interoperability Workgroup
- MDCH Consent Workgroup
- Long-Term Care Process Improvement
This is a general solicitation of public input for the Nationwide Interoperability Roadmap.

See this page for more information on participating in this community: Instructions for Joining, General Instructions and Rules of Engagement

Background Information

ONC published an Interoperability Vision Paper called "Connecting Health and Care for the Nation: A 10-Year Vision to Achieve an Interoperable Health IT Infrastructure". As mentioned in the paper, ONC will lead in the development of a shared, Nationwide interoperability roadmap. This roadmap will be a platform to ensure stakeholders can connect care, improve health, and develop the health IT ecosystem that can be part of the larger learning health system. The roadmap will cover stakeholders across the care delivery, health IT and related industries and should not be viewed as an HHS or federal government roadmap. The roadmap will be a companion to the Interoperability Vision Paper and dives deeper on how we can collectively achieve the 3, 6, and 10 year interoperability milestones described in the paper.

Process and Plan for Input

Therefore, ONC is convening a variety of opportunities to collect input to inform what will become a shared, Nationwide interoperability roadmap. Your comments, input and answers to the questions posed in this interactive community will support the development of the Nationwide interoperability roadmap. We are asking that everyone provide his or her thoughts and comments for this first draft by Friday, September 12, 2014. That will give us time to synthesize all of the suggestions and feedback and account for as much of it as possible in the draft roadmap that will be presented to our Federal Advisory Committees (FACs) for their input and recommendations in October. We anticipate version 1.0 to be posted for public comment in early 2015.

Building Blocks

As mentioned in the vision paper, we will aim to develop a shared agenda that focuses on five critical building blocks for a nationwide interoperable health information infrastructure:

- BUILDING BLOCK #1: CORE TECHNICAL STANDARDS AND FUNCTIONS
- BUILDING BLOCK #2: CERTIFICATION TO SUPPORT ADOPTION AND OPTIMIZATION OF HEALTH IT PRODUCTS AND SERVICES
- BUILDING BLOCK #3: PRIVACY AND SECURITY PROTECTIONS FOR HEALTH INFORMATION
- BUILDING BLOCK #4: SUPPORTIVE BUSINESS, CLINICAL, CULTURAL, AND REGULATORY ENVIRONMENT
- BUILDING BLOCK #5: RULES OF ENGAGEMENT AND GOVERNANCE OF HEALTH INFORMATION EXCHANGE

These building blocks are interdependent and progress must be incremental across all of them over the next decade to realize this vision. We will develop a more comprehensive set of use cases and goals for three, six and ten-year timeframes that will guide work in each of the building blocks, including alignment and coordination of prioritized federal, state, tribal, local, and private sector actions.

The building blocks are further described in the Vision Paper and on each of the pages with the Questions for each building block (see menu to the left and below).

General Instructions

- In order to provide input and participate in the community you must request a confluence account. You however do not need an account to access and view the activity in the community. See this page for more information on participating in this community: Instructions for Joining, General Instructions and Rules of Engagement
- Please respond to some or all of the questions in a manner you prefer (the links to the questions are in the left menu)
- Consider this a community forum and an opportunity to interact with others in the community
- For those who prefer not to respond to the questions, feel free to provide general input for the roadmap or ask new questions to the community by creating new comment(s) below or on this page: General Suggestions and Feedback
ONC National Roadmap

• ONC published an Interoperability Vision Whitepaper called "Connecting Health and Care for the Nation: A 10-Year Vision to Achieve an Interoperable Health IT Infrastructure".
• ONC is working to develop a shared, nationwide interoperability roadmap. This roadmap will help promote care coordination, improved health, and the development of a health IT ecosystem that can be part of the larger learning health system.
• Your comments, input, and answers to the questions posed in this interactive community will support the development of the roadmap.
• The HIT Office asks that each Commissioner provide his or her thoughts and comments for this first draft by Friday, September 12, 2014
• [http://confluence.siframework.org/display/NIRCH/Nationwide+Interoperability+Roadmap+Community+Home](http://confluence.siframework.org/display/NIRCH/Nationwide+Interoperability+Roadmap+Community+Home)
MiHIN Use Case Overview
Dr. Tim Pletcher
MiHIN
MiHIN Use Case Overview
A Brief Introduction and Overview

Dr. Tim Pletcher
Executive Director
pletcher@mihin.org
August, 21 2014
What Does HIE (verb) Do?

Benefits
- Avoiding repeat diagnostic tests
- Enables a clinician to add or remove a differential diagnosis in a timely fashion
- Optimal choice of tests and therapy
- More rapid response to a contraindication or any necessary refinements to a given therapy
- Care coordination: helps ensure that the next clinician involved in the patient’s care will see the relevant information about the patient!

Adapted from Hripcsak et al. (2007)
MiHIN is a shared network for exchanging health information statewide for Michigan
Statewide Coordination

Duplication of Effort & Expense

Shared Services

[Diagram showing network connections between different health care entities such as Physicians, Insurance Companies, Hospitals & Clinics, Patients & Families, Lab tests & XRAYs, Specialty Providers, Public Health, and Medications, illustrating the concept of shared services to reduce duplication of effort and expense.]
“One and Done”- Easier, Simplified, Predictable Data Sharing

1. Sign once
   a. Common legal framework across the state
   b. Transparent data usage for each use case

2. Connect once
   a. MiHIN network includes all of health care: HIEs, HISP, health plans, the state and the federal agencies

3. Publish once
   a. Patient and provider delivery preferences easily registered and centrally managed

4. Report once
   a. Messages can be routed to multiple destinations – no duplicate interfaces or repeat reports

5. Log-on once
   a. Single sign-on across patient/member and provider portals
MiHIN FAST FACTS

Network of Networks (not an HIE)
- Shared network of multiple **qualified** organizations (QOs) for sharing data
- Transparency via Governor’s HIT Commission
- Strong state and health plan representation

Statewide Approach
- Driven by **Use Cases**
- Leverages public health code & **Meaningful Use**
- Public-private model vs. complete state control

Accomplishments (established 2010)
- From zero to 45M+ production messages in 3 years
- 18 QO connections: 8 HIEs, 4 payers, 4 pharmacies, state, 2 others
- Health Provider Directory, certified eHealth Exchange node, EHNAC- DTAAP Direct
Network of Networks:

Federal

HIE QOs
(Qualified sub-state HIEs)

Virtual QOs

Doctors & Community Providers

State-wide Shared Services

Pharmacies
(more coming)

Single point of entry/exit for state

Health Plan QOs
(more coming)

Priority Health
Meridian Health Plan
hap

MSSS
MDCH Data Hub
State LABS
Medicaid

Virtual QOs
Walgreens
CVS
meijer

Corporate Confidential - All Rights Reserved 2014 - Michigan Health Information Network Shared Services

Corporate Confidential - All Rights Reserved 2014 - Michigan Health Information Network Shared Services
Types of Qualified Organizations

**HIE QO (HQO)**
- Meets the QO requirements
- Plans to participate in at least 2/3 of Use Cases
- Voice in the MiHIN Advisory Committee (MOAC)

**Plan/Payor QO (PQO)**
- Health Plan licensed in the state of Michigan
- Blue Cross, Michigan Association of Health Plans, & Priority Health have MOAC & Board eligibility

**Government QO (GQO)**
- Government Qualified Organization (i.e. Michigan Department of Community Health)
- Federal Agency (i.e. Social Security Administration, CMS, Veterans Affairs, DoD, CDC, etc.)
- Tribal Nations in Michigan

**Consumer QO (CQO)**
- Participate in consumer-focused Use Cases (i.e. MiWay Consumer Directory)
- Supported & authorized consumer facing services (i.e. Patient Health Record, Patient Portal) an example would be Peace of Mind Registry
Maximize SOM Resources

MDCH Data Hub

MiHIN & the Qualified Data Sharing Organizations

STATEWIDE SHARED SERVICES

Transparency via HIT Commission Monitoring

Shared Governance via MiHIN Board

State of Michigan

Internal

External

Copyright 2014 Michigan Health Information Network
Benefits of the Michigan model

• **Cybersecurity**- single point of entry that reduces external department/agency connections

• **Division of labor**- allows State focus on data sharing among state systems and pursuit of the State’s agenda

• **Reduces cost**- State does not foot the entire bill

• **Flexibility**- separate entity allows greater speed, adaptability to changing technology, not part of interdepartmental politics

• **Arms length “public-private partnership”**- opportunity for major public influence without always being the first line of criticism or dominating private interests
What is a USE CASE?

- A data sharing scenario with a clear purpose, type of data exchanged, and descriptions of interactions among main people and/or systems

- Each Use Case may have different:
  - access restrictions
  - data usage rules
  - cost recovery fees or charges
  - technical requirements
Use Case Components

Use Case Summary - explains purpose and value for sharing data

Use Case Agreement – legal document that covers expected rules of engagement (all Qualified Organizations sign them)

Implementation Guide – technical specification document that outlines standards format details for transmission
Use Case Summary

Aligns with scoring survey
- Health Outcomes
- Regulation
- Cost & Revenue
- Implementation Challenges
- Vendor Preparedness
- Support

Three summaries reviewed and scored
- Addressing governance / scoring format and questions
- Voices missing from use case evaluation
Legal Infrastructure for Data Sharing

ORGANIZATION AGREEMENT
(QDSOA, VQDSOA, CQDSOA, SSOA, SSSOA, other “OA”)

Definitions
Basic Connection Terms
Basic BAA Terms
Minimal Operational SLA
Contracting & Payment
Cyber Liability Insurance
Termination

Data Sharing Agreement

Use Case #1
Use Case #2
Use Case #3

Corporate Confidential - All Rights Reserved 2014 -
Michigan Health Information Network Shared Services
Public vs. Private Model

All HIE subject to HIPAA & Michigan Public Health Code

(A) State-wide HIE Under the MiHIN Governance Structure:

Highly transparent & publicly visible model for data sharing based on the MiHIN Community of “Qualified Organizations” & common “Use Case Agreements”

- Broad multi-stakeholder involvement
- State government designated entity
- Should reduce concerns about restraint of trade

(B) HIEQO’s:
Private data sharing agreements among private parties
Major Use Cases

Results Delivery
- Lab results
- Diagnostic imaging
- Other tests
- Hospital discharge summaries

Public Health Reporting
- Immunizations
- Chronic disease registries
- Disease surveillance
- Syndromic surveillance
- Birth & death notifications
- 41 new use cases under HIT APD

Care Coordination & Patient Safety
- Referrals
- Care summaries for treatment history & allergies
- Notification of transitions of care (Admit Discharge or Transfer)
- Medication reconciliation & therapy change notices
- Clinical decision support alerts

Quality & Administrative Reporting
- Registry Updates
- Physician Quality Reporting measures
- Meaningful Use reporting
- Electronic verification
- Patient satisfaction
- Eligibility
- Authorization
- Claims audit

Patient/Consumer Engagement
- Instructions
- Health risk appraisals
- Medication Compliance
- Therapy Compliance
- Patient activation and self determination
- Health literacy & numeracy
Infrastructure Use Cases

- Active Care Relationship Service
- Patient Opt-In Preferences
- Federated Identity Management (FiDM)
- Gateway Services (e.g., XCA)
- Master Person Index (Common Key)
- Federated Identity Management
- Health Provider Directory

Secure Transport Layer Services and Digital Credentials
Use Case Factory

Conceptual
- Use Case Summary
- Scoring

Plan & Develop
- Planning
- Use Case Agreement
- Pilot
- Approval to Design

Implement
- Prod Status
- Metrics
- Approval to Scale
- Continued Support

Adoption
- Critical Mass
- Functional Data Sharing Widget
- Continued Support

Not Worth Doing
No Sponsor
Not Sustainable

http://mihin.org/about-mihin/resources/use-case-submission-form/
Conceptual Stages

Idea → Champion → Use Case Working Group → Request Resources to Plan Use Case

Complete Use Case Summary → Generate Value Proposition

http://mihin.org/about-mihin/resources/use-case-submission-form/
Planning and Development Stages

- Define Rules of Engagement
- Champion / Sponsor / MOAC
- Use Case Summary
  Use Case Agreement
  Implementation Guide
- MiHIN Board
- Approval to Implement
- Identify Sponsor
- Select Pilot Participants
- Run Pilot and Refine
- Determine Data Flow
- Plan Technical Approach
- MiHIN Shared Services

Copyright 2014 Michigan Health Information Network
Implementation Stages

- **Formalize Agreements**
- **Onboard Participating Organizations**
- **MiHIN**
- **“Critical Mass” Threshold**
- **Approval to move from sponsorship to long-term sustainability model**

- **Create Operational Metrics**
- **Monitor Usage Metrics**
- **Resolve Issues**
Adoption Stages

Functional Data-Sharing Widget

Mass Marketing

Return to Conceptual Stage

Continue

Sunset the Use Case

Copyright 2014 Michigan Health Information Network
Examples of Use Case Evolution

Statewide Use Case Evolution

<table>
<thead>
<tr>
<th>Conceptual</th>
<th>Planning &amp; Development</th>
<th>Implementation (Operational Adoption)</th>
<th>Mature Production (&gt; 65% Utilization)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTM-TOC Med Rec</td>
<td>eCQM Submission</td>
<td>Statewide ADT Notifications</td>
<td>Syndromic Surveillance</td>
</tr>
<tr>
<td>MTM-Fill status</td>
<td>SSA Determination</td>
<td>Active Care Relationships</td>
<td>Submit Immunizations</td>
</tr>
<tr>
<td>eDeath Notices</td>
<td>Veteran’s Affairs Query</td>
<td>Cancer Registry</td>
<td>Reportable Labs</td>
</tr>
<tr>
<td>Individual Care Bridge Record (ICBR)</td>
<td>Cross QO Query</td>
<td>Newborn Screening Reporting</td>
<td></td>
</tr>
<tr>
<td>Bureau of Labs—Send Results, Receive Orders</td>
<td>Advance Directives</td>
<td>MCIR Query</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Copyright 2014 Michigan Health Information Network
Benefits of the Use Case Approach

- Allows the VERY complex world of data sharing to be broken into manageable chunks
- Consistent mechanism for bounding purpose, technical requirements, costs, and limits on how data is used
- Use Cases can be added together to create higher levels of functionality
  - e.g. ADT notifications followed by a Medication Reconciliation
- Regulatory or policy requirements can articulate specific Use Case adoption
- Population health financial incentives can be require specific Use Case implementation
- Establishes a common chain of trust across organizational boundaries
- Provides transparency to constituents in Michigan about data use & focused monitoring
Chain of Trust

Covered Entity

Qualified Sub-state HIE

Business Associate

Covered Entity

Qualified Sub-state HIE

Business Associate

Business Associate

Covered Entity

Copyright 2014 Michigan Health Information Network
Constituent Transparency

Use Case

- Patients & Families
- Physicians
- Public Health & CMS
- Specialty Providers
- Policy Makers
- Laboratories & Diagnostic centers
- Hospitals & Clinics
- Pharmacies
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Plans
- Health Pla
Questions?

Dr. Tim Pletcher
Executive Director
pletcher@mihin.org
Additional Information
Existing Functionality

- Public Health Reporting
- Health Provider Directory
- Push Alerts & Notification
- Pull/Query Care Summaries

Copyright 2014 Michigan Health Information Network
Vaccination Reporting

HIE
(QOs, VQOs or sub-state HIEs)

State-wide Shared Services

MDCH Data Hub

Copyright 2014 Michigan Health Information Network
Electronic Service Information (ESI)

“Information for delivering PHI by secure electronic means”

• Examples:
  • Direct Secure Messaging (secure email) id: “thomas_simmer@direct.bcbsm.com”
  • IHE/EHR routing info for an EHR to receive HL7: “data.hfhs.org:22356”
  • Future forms of ESI are being defined:
    • Patient preferences for where their PHI is stored (e.g. PHR)
    • Other federally defined forms of ESI (e.g. VA, SSA)
Health Provider Directory

- Contains Electronic Service Information (ESI) used to route information to providers
- Flexibility to maintain multiple distribution points for single provider or single distribution for organization
- Manages organizations, providers and the multiple relationships between them
**ACRS™ Update – Version 1.0**

<table>
<thead>
<tr>
<th><strong>Patient Information</strong></th>
<th><strong>Physician Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Source Patient ID</td>
<td>NPI</td>
</tr>
<tr>
<td>First Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Middle Initial</td>
<td>Last Name</td>
</tr>
<tr>
<td>Last Name</td>
<td>Practice Unit ID</td>
</tr>
<tr>
<td>Suffix</td>
<td>Practice Unit Name</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Physician Organization ID</td>
</tr>
<tr>
<td>Gender</td>
<td>Physician Org Name</td>
</tr>
<tr>
<td>SSN – Last 4 digits</td>
<td></td>
</tr>
<tr>
<td>Address 1 &amp; Address 2</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
<td></td>
</tr>
<tr>
<td>Home &amp; Mobile Phones</td>
<td></td>
</tr>
</tbody>
</table>

Additional patient information to minimize *False Positives*
Important Horizontal View

- Eligible Providers & PCMH
- Eligible Hospitals
- Critical Access Hospitals
- Behavioral Health Specialists
- Specialty Providers
- Care Coordinators

Patients & Families
Use Cases using ACRS

• Transitions of Care:
  • Admit-Discharge-Transfer (ADT)
  • Medication Reconciliation
• Fill status on medications
• Care plan changes
• Death notifications
• Health risk appraisal availability
• Other alerts (TBD)
Robust Reporting Hierarchy

Health Provider Directory

Physician Organization

Practice Unit

Individual Provider

Active Care Relationship Service

Patient
Type of Relationships

- Declared by Provider
- Declared by Patient
- Assigned or derived by a health plan algorithm
- Reported on claim, performance report, or Meaningful Use Stage 2 Clinical Quality Measures
- Contested by provider
- Contested by patient
1) Patient goes to the hospital, hospital sends a registration message
2) Check Active Care Relationships and identify three providers
3) Using the HPD, identify delivery preference for each provider
4) Notification is routed to providers based on preferences
The Direct Project

• Simple, **secure**, scalable, standards-based way to send encrypted information “directly” to known, authenticated, trusted recipients

• Messages sent **securely** between end-points:
  • person to person
  • person to system
  • system to system
  • system to person
• **Marketplace**: A state approves Health Information Service Providers (HISPs) based on a set of criteria that allows providers to determine the services and vendors that are right for them.

• **Contractual**: A state has contracted directly with a vendor or vendors to provide HISP services.

• **Hybrid**: A state has contracted directly with a vendor or vendors to provide HISP services and has also set up a marketplace for other HISPs to participate in.
What is a Direct message?

Direct = secure SMTP

Simple Mail Transfer Protocol

NOTE: The DIRECT specification also calls for something called IHE-based XDR/XDM support which is not treated here
Provider to Provider Email

**From:** Dr_Jones@direct.mihan.org
**To:** Dr_Smith@direct.mayoclinic.com

Definitions

HISP – Health Information Service Provider

Federally-bridged digital security certificate as trust anchor
MU 2 Final Rule & DIRECT

• “These transport standards include the two transport specifications developed under the Direct Project\(^6\): (1) Applicability Statement for Secure Health Transport\(^7\) and (2) External Data Representation (XDR) and Cross-Enterprise Document Media Interchange (XDM) for Direct Messaging\(^8\). The Applicability Statement for Secure Health Transport specification describes how electronic health information can be securely transported using simple mail transport protocol (SMTP), Secure/Multipurpose Internet Mail Extensions (S/MIME), and X.509 certificates. The XDR and XDM for Direct Messaging specification describes the use of XDR.”

• See:
  - \(^7\) [http://wiki.directproject.org/Applicability+Statement+for+Secure+Health+Transport](http://wiki.directproject.org/Applicability+Statement+for+Secure+Health+Transport)
  - \(^8\) [http://wiki.directproject.org/XDR+and+XDM+for+Direct+Messaging](http://wiki.directproject.org/XDR+and+XDM+for+Direct+Messaging)
System-to-system messaging

From: results@direct.lab.com
To: someClinic_lab_results@direct.mihin.org

Definitions
HISP – Health Information Service Provider

Federally-bridged digital security certificate as trust anchor

HISP

Corporate Confidential - All Rights Reserved 2014 - Michigan Health Information Network Shared Services
The Role of DIRECT & EHRs

Direct Ecosystem

Provider / Organization
- Support Staff
- Provider

Email Client

EHR

Web Browser

Provider HISP
- Issues public/private keys
- Stores certificates
- Hosts mailbox
- Manages Trust Store
- Routes Messages
- Provisions Direct Addresses

Registration Authority
- Verifies provider/organization

Certificate Authority
- Issues digital certificates

HISP

Registry

PHR

Patient

Provider / Organization
- Provider
- Support Staff

Email Client

EHR

Web Browser

Government Agency

HIE

MiHIN Shared Services
Mission and Goals: DirectTrust

- A voluntary, self-governing, non-profit trade alliance
- Dedicated to the growth of Direct exchange at national scale
- Operates under a Cooperative Agreement with ONC to support its work of creating a national network of interoperable Direct exchange services providers.
- Establishes policies, interoperability requirements, and business practice requirements
"Before DirectTrust.org, no one knew I was a dog."
Current DTAAP Accreditation Roster
January 15, 2014

**Fully Accredited and Audited**
- CareAccord
- Cerner Corporation
- DigiCert
- Infomedtrix
- ICA
- Inpriva
- MaxMD
- Surescripts
- MedAllies
- DataMotion

**Candidate Status**
- Athenahealth
- Covisint
- EMR Direct
- GlobalSign, Inc.
- HIXNy
- Health Companion
- Health Connection CNY
- Health Info EXchange of NY
- iMedicor
- IOD Inc.
- Medicity
- NYeC
- RelayHealth
- Rochester RHIO
- Secure Exchange Solutions
- Simplicity Health Systems
- Truven Health Analytics
- Updox
- Utah Health Information Network
- Vitalz, Inc.
- West Virginia HIN
HIE QO & VQO

Medical Information Direct Gateway™
MiDiGate™ for Public Health & Meaningful Use Reporting

Direct Email Convention Examples Using MiDiGate & Health Provider Directory

<table>
<thead>
<tr>
<th>Inbox</th>
<th>Description</th>
<th>Destination(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:labs@direct.mihn.org">labs@direct.mihn.org</a></td>
<td>Lab Results</td>
<td>Reportable Labs to MDSS</td>
</tr>
<tr>
<td><a href="mailto:immunizations@direct.mihn.org">immunizations@direct.mihn.org</a></td>
<td>Immunizations</td>
<td>Michigan Care Improvement Registry</td>
</tr>
<tr>
<td>death <a href="mailto:notified@direct.mihn.org">notified@direct.mihn.org</a></td>
<td>Death notices</td>
<td>Electronic Death Registry System</td>
</tr>
<tr>
<td><a href="mailto:birthdefects@direct.mihn.org">birthdefects@direct.mihn.org</a></td>
<td>Birth defect notices</td>
<td>Chronic Disease Registry</td>
</tr>
<tr>
<td><a href="mailto:cqm@direct.mihn.org">cqm@direct.mihn.org</a></td>
<td>Clinical Quality Measures</td>
<td>SOM Data Warehouse</td>
</tr>
<tr>
<td><a href="mailto:adts@direct.mihn.org">adts@direct.mihn.org</a></td>
<td>Admit, Discharge, Transfer</td>
<td>Vital statistics</td>
</tr>
<tr>
<td><a href="mailto:fostercarehealth@direct.mihn.org">fostercarehealth@direct.mihn.org</a></td>
<td>Foster Kids care summaries</td>
<td>Foster Kids Registry</td>
</tr>
<tr>
<td><a href="mailto:ccda@direct.mihn.org">ccda@direct.mihn.org</a></td>
<td>Consolidated Clinical Document Architecture</td>
<td>Chronic Condition Registry</td>
</tr>
</tbody>
</table>

Copyright 2013 - MiHIN - Corporate Confidential - Proprietary
Corporate Confidential - All Rights Reserved 2014 - Michigan Health Information Network Shared Services
Public Health Use Case: Vaccinations Using DIRECT

mcir@direct.mihin.org

VACCINATIONS

State of Michigan (SOM Data Hub)

No Change Required!
The eHealth Exchange

Shared trust framework and rules of the road

Common standards, specifications and policies enforced through Data Use & Reciprocal Support Agreement (DURSA)
MiHIN Common Gateway

Federal NwHIN Protocol Simulator (FedSim)

Private Entities (HIEs, IDNs, Etc)

Federal Agencies (VA, SSA, DoD)

CMS

CONNECT Gateway

Exchange Broker

EdgeSim

MiHIN QO 1

MiHIN QO 2

MiHIN QO 3

Michigan (internal)
Pull/Query Infrastructure

Registry

Repository
Query for Patient History

Animation

1) Doctor see’s a new patient in the Emergency Department (ED)
2) ED sends out a “patient discovery” request for information about the patient
3) Sources that know the patient respond
4) ED queries for patient clinical information
5) Sources respond with clinical document(s), typically CCDs
Query for Patient History

Animation

- Requester can be in many settings
  - Primary care provider
  - Health plan doing electronic determination
  - Out-of-state provider
  - Federal agencies
- Responders can vary as well
  - State of Michigan
  - Federal agencies and out-of-state providers
Michigan Cancer Surveillance and Birth Defects Program

Glenn Copeland
MDCH
Michigan Cancer and Birth Defects Surveillance Programs

IMPROVING REPORTING AND SUPPORTING MEANINGFUL USE
### Michigan eReporting Projects

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Birth Defects</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Funding</td>
<td>- Funding</td>
</tr>
<tr>
<td>- Case definition</td>
<td>- Case definition</td>
</tr>
<tr>
<td>- Message content</td>
<td>- Message content</td>
</tr>
<tr>
<td>- Triggers</td>
<td>- Triggers</td>
</tr>
<tr>
<td>- Interoperability Guide</td>
<td>- Interoperability Guide</td>
</tr>
<tr>
<td>- Declare</td>
<td>- Declare</td>
</tr>
<tr>
<td>- Transport</td>
<td>- Transport</td>
</tr>
<tr>
<td>- Validation</td>
<td>- Validation</td>
</tr>
<tr>
<td>- Piloting</td>
<td>- Piloting</td>
</tr>
</tbody>
</table>

Meets MU Specialized Registry Objective

MU Stage 2 Menu Item
Goals

- Increase completeness and data quality
- Increase timeliness and efficiency of reporting
- Pilot interoperability with EHRs
- Help Eligible Professionals Achieve MU
MCSP Overview

- Statewide population-based cancer registry established by state law in 1984
- January 1, 1985, the rules for reporting cancer cases went into effect
- Data is used for surveillance and the development of cancer control programs and health care planning and interventions
- Required by law for all physicians, hospitals, laboratories and dentist to report cancer cases
Cases Included

- In situ or invasive malignancies other than basal or squamous nongential skin
  - *Includes in situ cervical cancer*
- Benign brain and CNS tumors
Twenty-Seven Years of Surveillance Data

- Covers the State of Michigan
- Population-based
- 1.3 million patients
- 1.5 million tumors
- Geocoded pop-based data
- Complete for 1985-2011
- Facilitated 117 research protocols
Confidentiality

- Protected by Law and Rule
  - MCL 333.2631 – Rule 325.9054
- HIPAA Public Health Exemption
  - Privacy Rule - 45 CFR 164.512(a)
- Access to Identifiable Data Restricted
  - Patient
  - Researchers
    - IRB
    - Scientific Advisory Panel
    - DCH Director
Source of Reports

- **Hospitals and Laboratories**
  - Rule 325.9052
- **Physicians, Dentists, Clinics**
  - Rule 325.971
- **Other State Registries**
  - Resident exchange with 23 states
- **Death Certificates**
  - Important source
Cancer Surveillance Standards

- American College of Surgeons
  - Commission on Cancer
- American Joint Commission on Cancer
- College of American Pathologists
- World Health Organization
  - International Agency for Research on Cancer
- National Cancer Institute
- National Program of Cancer Registries
- National Cancer Registrars Association
- North American Association of Central Cancer Registries
...and relies on reporters to follow professional standards
Registry Uses

- Basic Statistics
  - Incidence/Mortality/Survival
- Cluster Investigations
- Cohort Studies
- Case Finding and Recruiting
Cohort Studies on Cancer Risk

- Radiological Technicians – NCI
- PBB Cohort
- HIV Registry
- Autoworkers
- NIH and ACS Diet Studies
- Transplant Registry - NCI
- Adventist Cohort
- Black Women’s Health Study
- Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial
  - Christine Cole-Johnson, HFHS
Cancer and Live Birth Data

- Prenatal Factors and Breast Cancer Risk
  - Jill Barnholtz-Sloan, PhD
    WSU and Karmanos Cancer Institute

- Pregnancy Outcomes in Childhood Cancer Survivors
  - Merlin R. Hamre, MD, MPH
    Children’s Hospital of Michigan

- Childhood Leukemia and Hematoblastoma
  - Ali Artaman - MSU
Cancer – Case-finding and Recruiting

- Brain Tumor Caregivers
- Survivors Study II – ACS
- Arsenic and Bladder Cancer
- Prostate Cancer Survivors
- Cancer Survivors Pain Mgt
- Neuroblastoma – NBS
- Forteo Study – Adverse Events
Identify at-risk patients

Survey at-risk population
  ○ Assess knowledge and referrals

Alert facility and provider of risk
  ○ ACOS Standard 2.3
    ▪ - risk assessment/genetic counseling

Recruit at-risk patients for interventions
HPV and Cancer – Developing Issues

- Approval of HPV Vaccine 2006
  - Approved for females age 9 and above
  - Ideally Vaccinated before Initial Exposure
  - [Approved in 2009 for males (to prevent genital warts)]
- Potential Reduction in HPV related Cancer
  - Cervical, Vulvar, Oropharyngeal, Anal, Penile, Vaginal
- Vaccine Prevents Infections of HPV Types 16/18
- Highly Effective in Preventing Infections Pre-exposure
- 45% Prevalence in Sexually Active Females 20-24
Registry Quality

- **Annual NAACCR Evaluation**
  - Gold Standard since 1999
  - Included in CINA, CINA deluxe
  - Included in USCS
- **Trust for America’s Health**
  - Assigned an “A”
- **Annual NPCR Evaluation**
  - Included in CSS Database
- **CDC State Audit**
  - Continues to Improve
Gold and Silver Level Certification Status
of NAACCR U.S. Cancer Registries for 2011 Data

[Map showing the certification status of NAACCR U.S. Cancer Registries for 2011 data, with states shaded in yellow for Gold Certified and grey for Silver Certified.]
Collection Methods

- Passive Reporting
  - Quality Assurance Reviews
- Electronic or Paper Reports
  - Accept NAACCR formatted files
- Reports Initiated by Facilities
- Physicians contacted as needed
Cancer - ePath

ePath Project Participants as of August 13, 2013

United States map showing states participating in the ePath Project.
Michigan Birth Defects Registry
Some Key Facts

- Established by Act 236 of 1988
- Requires Reporting by Hospitals and Cytogenetics Laboratories
- Passive Reporting
  - Hospitals, Specialty Clinics, Cytology Labs
- Defined List of Reportable Conditions
- Reporting Began State Wide in 1992
Statement of Purpose

- Source of Statistical Data
- Surveillance of Birth Defects Trends
- Permit Research into Etiology
- Enable Referral to Needed Services
Reportable Conditions

- **Congenital Anomalies**
  - Excludes only minor conditions

- **Other Conditions that Associate**
  - Immune/Metabolic Deficiencies
  - Other Abnormalities

- **Infectious Disease Exposures**
  - Syphilis/Rubella/CMV/etc

- **Maternal Exposures**
  - Alcohol/Drugs/Toxic Agents
Statistical Data Now Available
www.michigan.gov/mdch

- 1992 through 2010 Birth Cohorts
- Numbers of Cases and Deaths
- Incidence and Mortality Rates
- Comparative Data on Live Births
- Information by Type of Condition
- County Level Data
Confidentiality

- Protected by Law and Rule
  - MCL 333.2631 – Rule 325.9074
- HIPAA Public Health Exemption
  - Privacy Rule - 45 CFR 164.512(a)
- Access to Identifiable Data Restricted
  - Patient/Family
  - Researchers
    - IRB, Scientific Advisory Panel, DCH Director
  - DCH Referral to Services
Registry Research Collaborations

- Birth Defects Among HIV Exposed Infants
- Mortality in Children with Birth Defects
- Evaluation of Potential Clusters
- Subsequent NTDs to Mothers with an NTD Child
- Analysis of Newborn Blood Spots
  - Children with Selected Birth Defects
### Stage 2 Public Health Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Ambulatory Measure</th>
<th>Hospital Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization Registries</td>
<td>Ongoing Submission to Public Health Authority (Core)</td>
<td>Ongoing Submission to Public Health Authority (Core)</td>
</tr>
<tr>
<td>Reportable Lab Results (ELR)</td>
<td>N/A</td>
<td>Ongoing Submission to Public Health Authority (Core)</td>
</tr>
<tr>
<td>Syndromic Surveillance</td>
<td>Ongoing Submission to Public Health Authority (Menu)</td>
<td>Ongoing Submission to Public Health Authority (Core)</td>
</tr>
<tr>
<td>Cancer Registries</td>
<td>Ongoing Submission to Public Health Authority (Menu)</td>
<td>N/A</td>
</tr>
<tr>
<td>Specialized Registry</td>
<td>Ongoing Submission to Public Health Authority or National Specialty Society (Menu)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
# MU Standards

<table>
<thead>
<tr>
<th>Public Health Domain</th>
<th>Exchange Standards</th>
<th>Vocabulary Standards</th>
</tr>
</thead>
</table>
| Immunization Registries (IIS)| **Standard** - HL7 2.5.1  
  • HL7 2.5.1 Implementation Guide for Immunization Messaging Release 1.4 - Approved 7/15                                                                 | HL7 Standard Code Set CVX -- Vaccines Administered, updates through July 11, 2012    |
| Reportable Lab Results (ELR)| **Standard** - HL7 2.5.1  
  • HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 with Errata and Clarifications - Approved 7/15  |
  |                             | SNOFRS-CT and Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.40                                                                                                                      |--------------------------------------------------------------------------------------|
| Syndromic Surveillance      | **Standard** - HL7 2.5.1  
  • PHIN Messaging Guide for Syndromic Surveillance: Emergency Department and Urgent Care Release 1.1 August 2012 (Required for Inpatient and optional for ambulatory) - Approved 7/15  |
  |                             | Note: Ambulatory / In-patient Guide under development                                                                                                                                                                   |--------------------------------------------------------------------------------------|
| Cancer Registries           | CDA  
| Specialized Registries      |                                                                                                                                                                                                                        |--------------------------------------------------------------------------------------|
National Efforts for MU in Cancer

- CDC, NPCR, NCI, SEER and NAACCR collaboration
- Created Implementation Guide
- Specifications for EHRs to Transmit
- Defines Use Cases, Vocabulary and messaging
- Guidances and Tools for PH

- [http://www.cdc.gov/cancer/npcr/meaningful_use.htm](http://www.cdc.gov/cancer/npcr/meaningful_use.htm)
Birth Defects Surveillance Nationally

- Organized Registries in 41 States
- Lacks uniform case definition
- Lacks uniform data set
- Lacks message standard

National Coordinating Bodies
  - National Birth Defects Prevention Network
    - Has guidelines with standards in development
  - National Center for Birth Defects and Developmental Delay
    - Supports states and NBDPN activities
Specialized Registries: An Opportunity to Streamline Public Health Reporting

Preparing a Specialize Registry for Stage 2 MU

1. Define a Uniform Case Definition
2. Develop BD Interoperability Implementation Guide for EHRs
3. Develop Functional Data Flow Design
4. Set up, Configure and Train Pilots for BD Reporting
5. Pilot Testing, Evaluation and Roll-out
Accomplishments

- Develop Standards for Birth Defects Reporting
  - Standard Case Definition
    - ICD=10 CM, SNOMED, LOINC
  - Interoperability Guide
    - Standardized Message and Data Structure
    - Reference case report message to standard CDA
  - Developed Transport Mechanism
- Working Promote as National Standard
  - Active application with HL7.org
  - Leveraging existing NBDPN HL7/EHR Work Group
Where are we are headed

- Cancer and birth defects reporting specs posted
  - Joins Infectious Disease, Immunization and Syndromic
- Soliciting vendors/providers for pilots
  - Piloting of cancer messaging is ongoing
- Transport Mechanism is now live
  - Through MiHIN and state Data Hub
- Looking to expand
  - Laboratory cancer case reporting
  - Birth and death report messaging
Who to contact for help?

For questions regarding the Michigan Birth Defects Registry and **physician or facility reporting** contact Glenn Copeland at copelandg@michigan.gov.

For questions regarding the Michigan Cancer Surveillance Program and **physician reporting** contact Jetty Alverson at alversong@michigan.gov.

For questions regarding **meaningful use** and public health reporting contact the Department of Community Health’s public health meaningful use team at DCHPublicHealthMU@michigan.gov.

Contact Laura Rappleye at laura.rappleye@altarum.org regarding cancer reporting **technical** information, testing and validation questions and OID creation/registration.
HITC Next Steps
Public Comment
Adjourn