

# MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

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September 18, 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 08/21/2014 Meeting Minutes
- C. HIT/HIE Update
- D. myHealthButton
- E. Examination of Office Visit Patient Preferences for the After-Visit Summary (AVS)
- F. Personal Health Record Impact on Primary Care Decision Making: What do Patients Think?
- G. HITC Next Steps
- H. Public Comment
- I. Adjourn



# Welcome & Introductions

- Commissioner Updates



# HIT/HIE Update

Meghan Vanderstelt, MDCH



# September 2014 Updates

- Dashboard
- MiHIN Update
- Michigan Cyber Security Council Update
- ONC 10 Year Vision- State Interoperability Workgroup
- HIMSS



# 2014 Goals – September Update



## Governance Development and Execution of Relevant Agreements

- Molina became Michigan's newest Payer Qualified Organization to participate in the statewide exchange of health information with MiHIN and our other QOs
- Nick Lyon became the HIT Commission's interim representative on the MiHIN Board of Directors until the HIT Commission determines a permanent member for MiHIN's Board
- An HIE-QO application from Northern Physicians Organization was reviewed at July Board meeting with request for more information for September Board meeting
- Newborn Screening (NBS) pulse oximetry Use Case (test for congenital heart disease – CCHD) pilot is underway
- Three (3) Newborn Screening (NBS) Use Cases under development are NBS CCHD, NBS bloodspot and NBS hearing test
- Preparing Federated Sharing Organization Agreement (FSOA) for Identity Exchange Hub

## Technology and Implementation Road Map Goals

- All Tier-1 hospitals except DMC now sending ADTs through Statewide ADT Service
- Estimate 77% of admissions Statewide now being sent through MiHIN
- Walmart reviewing State Sponsored Sharing Organization Agreement (immunizations)
- Use Case Factory now in operation and increasing rate of output (more Use Cases faster)

# 2014 Goals – September Update



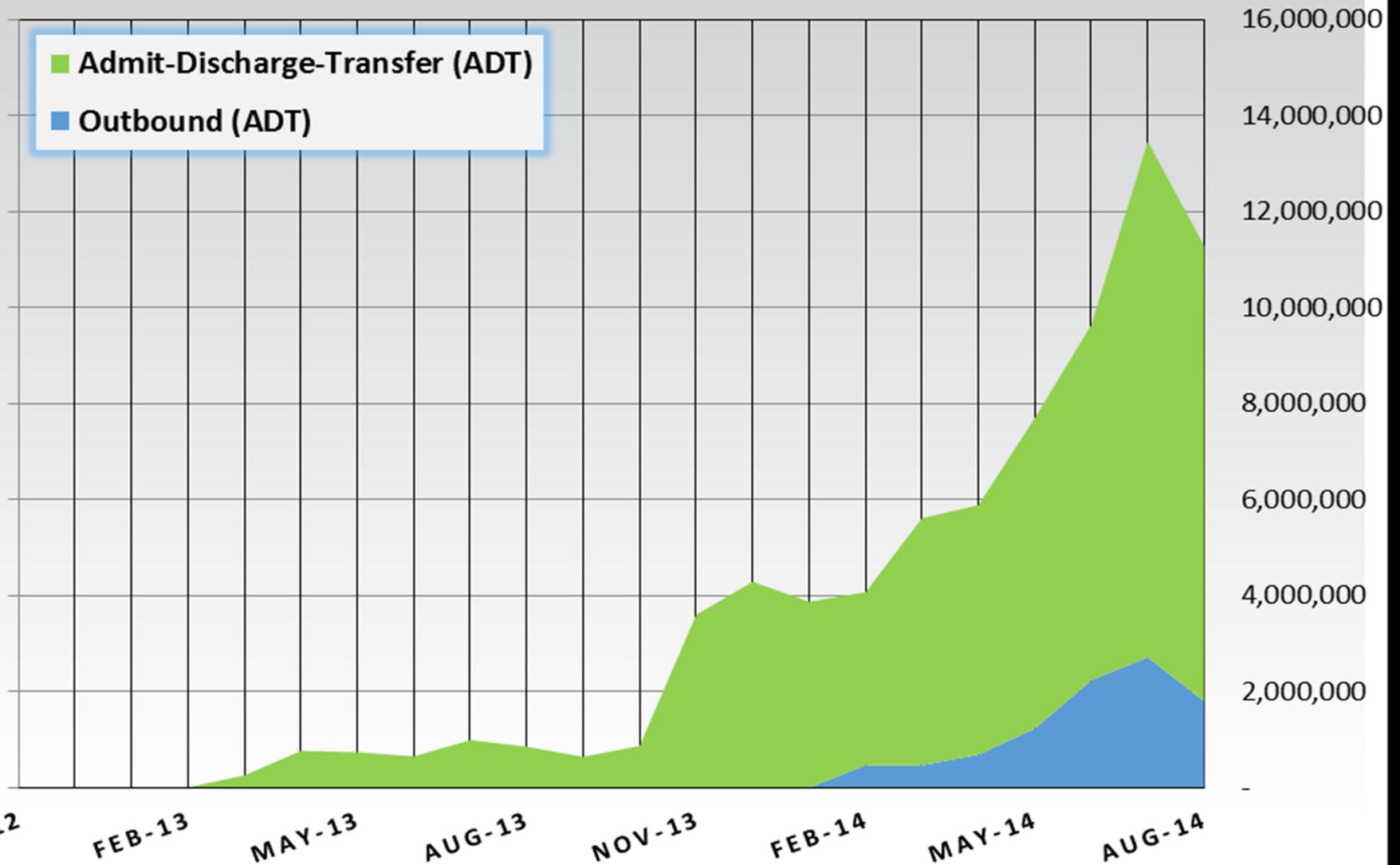
## QO & VQO Data Sharing

- More than 80 million messages received since production started May 8, 2012
- MiHIN now receives > 3 MLN messages/week (ADTs, VXUs, ELRs, Syndromics, CQMs)
- Reportable lab messages steadily increasing, now more than 64,000 received
- MiHIN has received more than 7.1 million syndromic surveillance messages
- Three QOs/VQOs/SSOs plan to send Clinical Quality Measures to MiHIN by Sept. 30

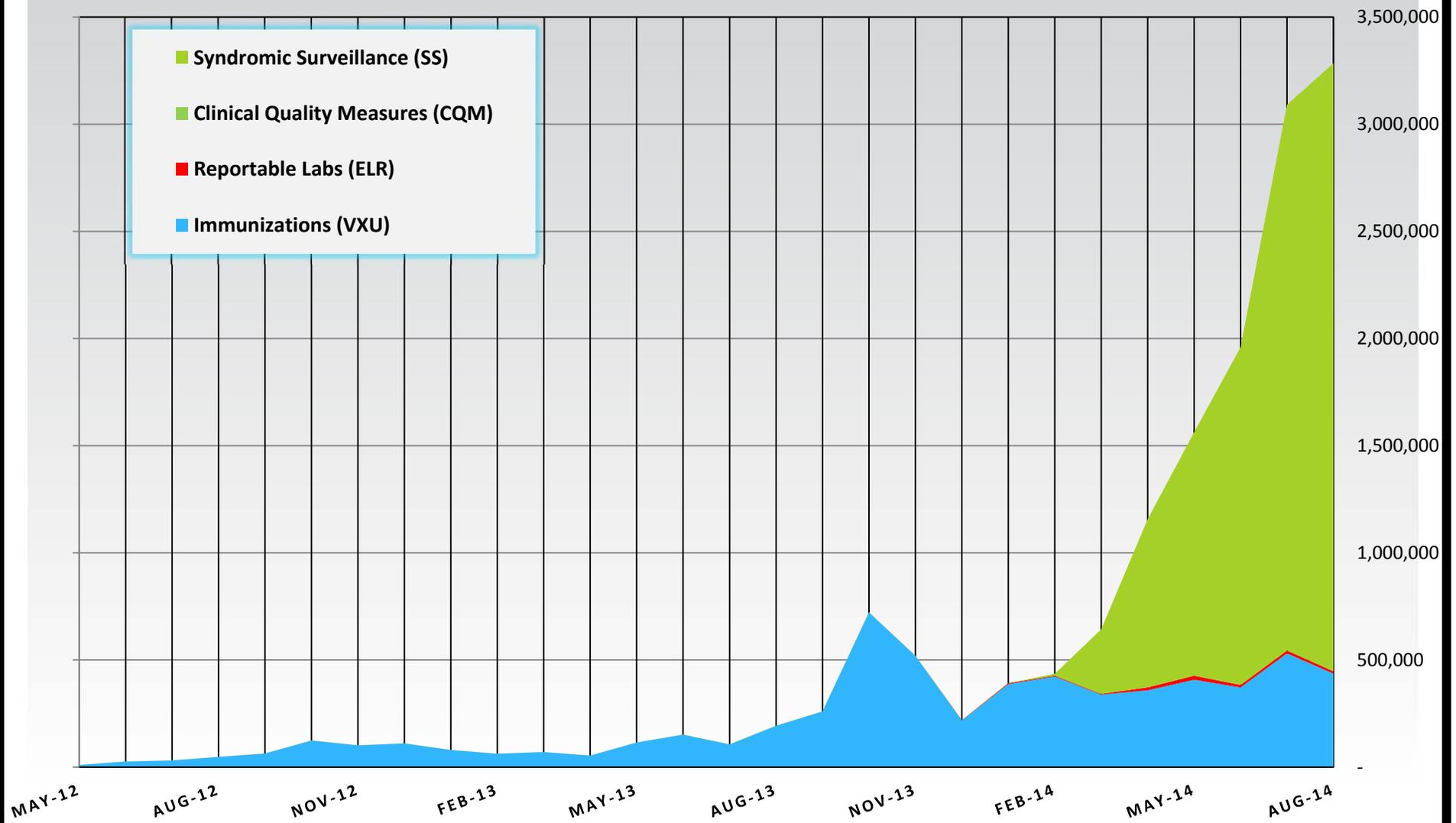
## MiHIN Shared Services Utilization

- JCMR and Ingenium beginning Cross-QO Query use case with CCDs
- Henry Ford Health System readying to start SSA eligibility determination Use Case
- Coordinating with NPPES Modernization team, ONC with Health Provider Directory
- Working with CIO Forum and Behavioral Health vendors to have MiWay Consumer Directory “point” to where consents are stored, bypassing huge federation obstacle
- Initiating development of ADT Reporting Tool(s) and Health Risk Assessment services
- Usage of Direct Secure Messaging increasing; will start requiring Direct addresses with Active Care Relationship files

# 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
150,860	5,950,685	1,299	735	5	1			Immunization Records Submit (VXU)
4,581	74,591			2				Reportable Labs Summaries (ELR)
	6,047,338			2				Transition of Care - Payers/BCBSM (ADT)
1,263	278,209			1		1		Admit-Discharge-Transfer (ADT) Spectrum/Carebridge
4,142,182	58,133,228	68	0	5		1		All Patient- All Payer ADT Notification Service
				5		1		Submit Data to Active Care Relationship Service
				5		1		Submit Data to Health Provider Directory
1,317,294	7,135,048		12		3		1	Receive Syndromics
	202							Clinical Quality Measures
<b>5,616,180</b>	<b>77,619,301</b>	<b>1,367</b>	<b>747</b>	<b>25</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>Totals</b>



MDCH Data Hub

# September 2014

## Use Cases

### **Bureau of Labs – StarLIMS – Receive Lab Order/Send Lab Result**

### **Bureau of Labs – Newborn Screening Blood Spot – Receive Lab Order/Send Lab Result**

Use Case Summaries are being completed for the MDCH Bureau of Labs StarLIMS and Newborn Screening *Receive Lab Order/Send Lab result Use Cases*. MDCH Data Hub Project Charters are being drafted to commence project work.

### **Newborn Screening (NBS) CCHD Message**

MiHIN has assisted in identifying a hospital to participate in the Newborn Screening (NBS) pilot for the Critical Congenital Heart Defect (CCHD) project. A formal kickoff meeting occurred on August 27 to coordinate with stakeholders and review the onboarding process. The pilot is expected to last up to 90 days.

### **MI Disease Surveillance System (MDSS) Message**

#### **Production Update**

Electronic Lab Reports message went into HIE production in 2012. Currently there are 34 production submitters via Michigan's HIE platform with 17 remaining using the legacy transmission method - reporting via the Public Health Information Network Messaging System (PHINMS) software. There are currently another 80+ labs in various stages of onboarding.

### **MI Syndromic Surveillance System (MSSS) Message**

#### **Production Update**

June 2013 saw the introduction of the Syndromic message to the HIE production inventory. Currently, there is one HIE submitter in production and approximately 20 provider organizations (representing several hundred individual clinical and hospital settings) currently in the message testing phase. MSSS staff are challenged as they received over 1 million messages into the MSSS test system in May alone to review.

## Infrastructure/Technology

### **Master Person Index – Phase 3**

#### **MPI and MCIR System - Real-Time Integration**

One component of MPI Phase 3 work is the completion of system integration work between the MPI and the Michigan Care Improvement Registry (Immunizations) systems. Full system integration is scheduled to go into production at the end of October 2014. This will mean that the MPI and MCIR systems will be working together in order to Add, Update, or Merge/Unmerge person records, keeping the systems in sync. This should significantly reduce instances of duplicate records being introduced to the MCIR system.

Other system integration efforts will now commence based off the lessons learned from this first integration effort. MDCH and MiHIN are putting charters together in order to accomplish integration between MPI and their Active Care Relationship System (ACRS) by use of their Common Key attribute.

### **Michigan Identity, Credentialing, & Access Management – Phase 1**

MICAM has achieved its next milestone, successful completion of User Acceptance Testing for the Citizen facing functionality. The project remains on track for Go Live at the end of October for the first Citizen facing application via MiPage of MyHealthButton (mobile app), and MyHealthPortal (web app). Completion of the State Worker-side infrastructure is on track for January 30, 2015.

### **Michigan Identity, Credentialing, & Access Management – Phase 2**

Formal planning for MICAM Phase 2, scheduled to begin in 2015, has begun. MICAM Implementation and Application Migration presentations were given to MDCH single sign-on application Business Owners and technical support in September. Migration of some Medicaid based applications is slated to begin February 2015. It is anticipated to take two years to migrate all MDCH applications to MICAM.



# Participation Year (PY) Goals

	Reporting Status	Prior # of Incentives Paid (June)	Current # of Incentives Paid (July)	PY Goal Number of Incentive Payments	PY Medicaid Incentive Funding Expended
Eligible Provider (EPs)	AIU 2013	843	895	1,003	\$18,636,262
	AIU 2014	6	18	1,000	\$382,500
	MU 2013	651	743	1,043	\$6,207,845
	MU 2014	0	0	1,444	\$0
Eligible Hospital (EHs)	AIU 2013	15	15	15	\$6,507,381
	AIU 2014	0	0	17	\$0
	MU 2013	70	77	70	\$27,415,181
	MU 2014	0	1	44	\$1,561,889

## Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	3,561	\$150,130,905
MU	1,384	\$72,893,151

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

## 2014 Goals – September 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
- **3,062** *Milestone 3*: Stage 1 Meaningful Use Attestation with PPCPs; 81% to goal

### MDCH Medicaid Program (90/10)

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

- **449** *Milestone1 Specialists Sign-Ups*: Recruitment of Medicaid eligible specialists (Non-Primary Care)
  - **125** *Milestone 2 AIUs*: Successful AIU Attestation
  - *Specialist Sign-Up breakdown*: Dentistry – 57%, Psychiatry - 31%, Optometry – 4%, Other – 8%
- **121** *Milestone1 Stage1Year1(or2) Sign-ups*: Recruitment of MEPs in Stage 1 of Meaningful Use (Non-Specialists)
- **20** *Milestone1 Stage2Year1 Sign-ups*: Recruitment of MEPs in Stage 2 of Meaningful Use

### M-CEITA Provider Metrics

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

- 62% of clients working with M-CEITA to achieve Meaningful Use are enrolled in the Medicare Incentive Program versus 29% of clients who are enrolled in the Medicaid Incentive Program
- 9% of clients working with M-CEITA have met the standards for Stage 1 Year 1 of Meaningful Use even though they are 'not eligible' for the MU Incentives
- To date, 81% of M-CEITA clients have achieved Stage 1 Year 1 in Meaningful Use

### 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.

- 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.
- In 2014, M-CEITA will conduct a Million Hearts Call to Action Demonstration Project, designing and implementing a practice-level QI program and HIE to improve care coordination and measure improvement in the health of at risk patients.
- M-CEITA will be partnering with MDCH HDSP/DPCP to improve high BP and A1C prevalence through the use of EHRs.

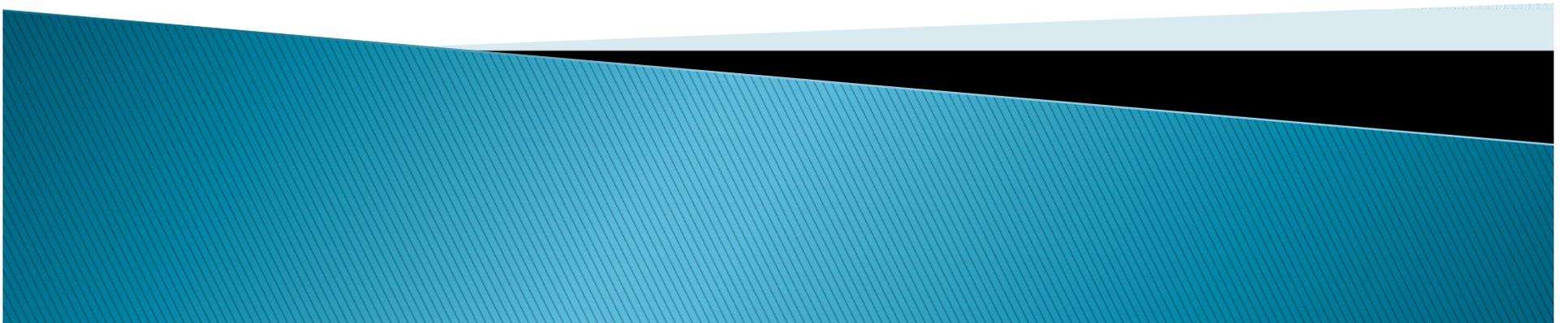
# myHealthButton®

Keelie Honsowitz, MDCH



# Michigan Consumer Engagement

myHealthButton and myHealthPortal



# Agenda

- ▶ Overview
- ▶ Initial Features
- ▶ Integration
- ▶ Demo
- ▶ Future Additions



# Overview

- A mobile application available in App Store and Google Play



myHealthButton (myHB)

- A web portal that is browser based with a responsive layout



myHealthPortal (myHP)

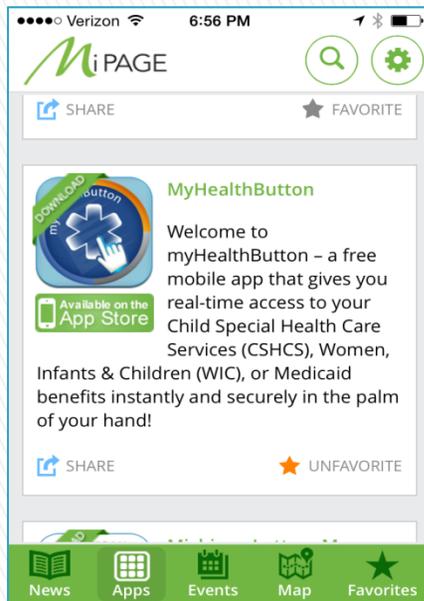
# Initial Features

- ▶ myHB/myHP provides information available to Michigan Medicaid and Children's Special Health Care Services (CSHCS) Members
  - Demographic Data, Provider Data, Benefits/Services Details, Other Insurance, etc.
- ▶ myHB/myHP interacts real-time with CHAMPS and CSHCS using web-services
  - Information retrieved from web-services are NOT stored within the application



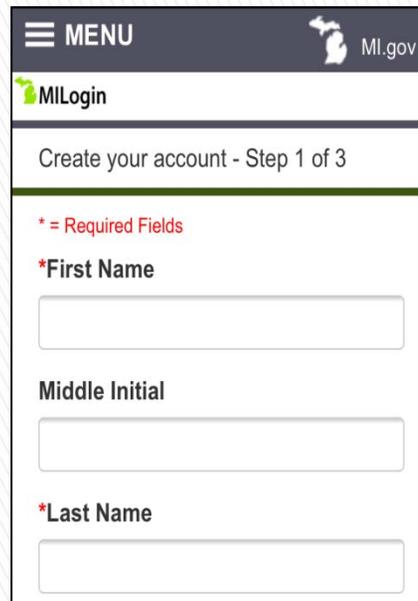
# Integration

- ▶ myHB/myHP links will be available from the citizen facing MiPage application.



MiPage Integration

- ▶ MICAM will perform user authentication, including identify proofing.
- ▶ User information is passed between the systems to ensure DTMB standards are met.
- ▶ Log-in information is verified through MICAM upon every log-in.



MICAM (MILogin)  
Integration

# DEMO



**myHealthPortal**

Michigan Department of Community Health

# Future Additions

- ▶ Health Risk Assessment
- ▶ Expand the Health Tracker to Facilitate the MI 4 x 4 Plan
- ▶ Explanation of Benefits Information
- ▶ Service(s) Approved for Pre-Authorization
- ▶ Correspondence
- ▶ Customized Alerts and Notifications
- ▶ Integration with MIHIN – Peace of Mind Registry, etc.
- ▶ More Direct User Interaction – Update TPL Data



# Intent: One-Stop Shop Application

- ▶ The myHB/myHP has the capability to Integrate with:
  - Other Public Health applications
    - Such as MCIR for Immunization records
    - Already in Contact with the Office of Aging
    - WIC Program, which was included as part of the Pilot
  - Medicaid Health Plans
    - Seamlessly link in with the Health Plan data (may need to add this to the Health Plan contracts)



# Challenges & Lessons Learned

- ▶ Lessons Learned during the Pilot
  - Marketing & Outreach was not capitalized due to the limited population
- ▶ Current Challenges
  - Overall Security/Policy concerns as the first consumer based portal
  - Strict User Registration controls, may loose consumer interest before they get into the portal
  - Identifying features that will encourage expanded adoption and retention of users



Questions?

# Examination of Office Visit Patient Preferences for the After-Visit Summary (AVS)

William Corser, PhD, RN  
Michigan State University Institute for Health Policy



## “Diverse HIT Patient Preferences: Office Visit Summaries”

William Corser, PhD, RN, Marolee Neuberger, MS, Greg Holzman, MD, MPH,  
Katherine Dontje, PhD, RN, FNP-BC,  
Erika Chant, Abigail Keskimaki.

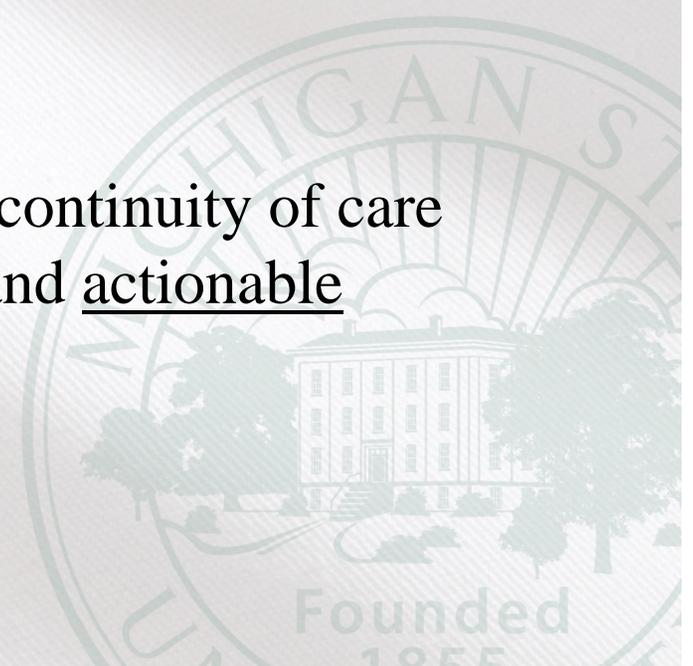
**corser@msu.edu**

Subproject of Department of Health and Human Services/ MI Department of Community Health. RC103164  
“ 2014-2015 HIT Resource Center.” 10/01/2014-09/30/2015. (Corser, W., PI).



## > Background

- Centers for Medicare and Medicaid Services (CMS) advocate provision of an “After Visit Summary” (AVS) after each office visit.
- The AVS is a key element of Stage One Meaningful Use of electronic health records (EHR).
- AVS envisioned as a tool to support continuity of care by providing patients with relevant and actionable information and instructions.



## > Problem Statement

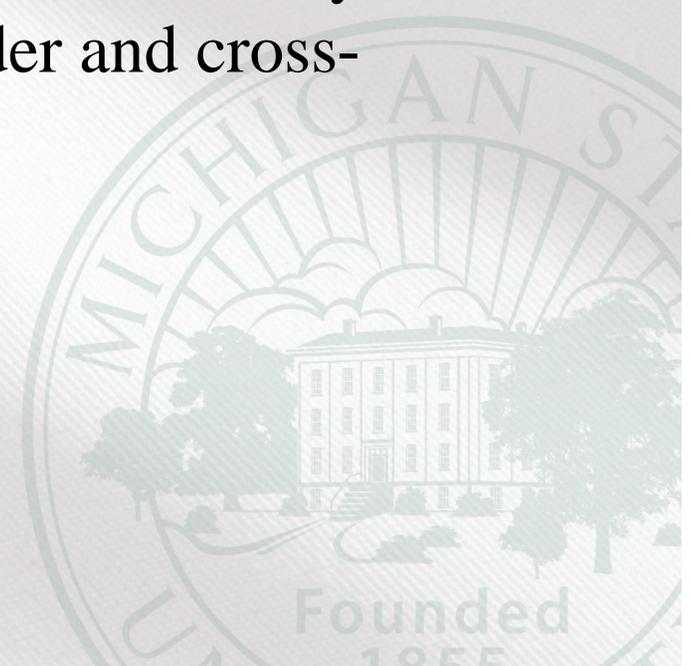
In 2013, approximately 56% of office visit patients in the U.S. were estimated to receive some form of AVS.

The preferred formatting and content of the AVS by patients remains largely unknown.



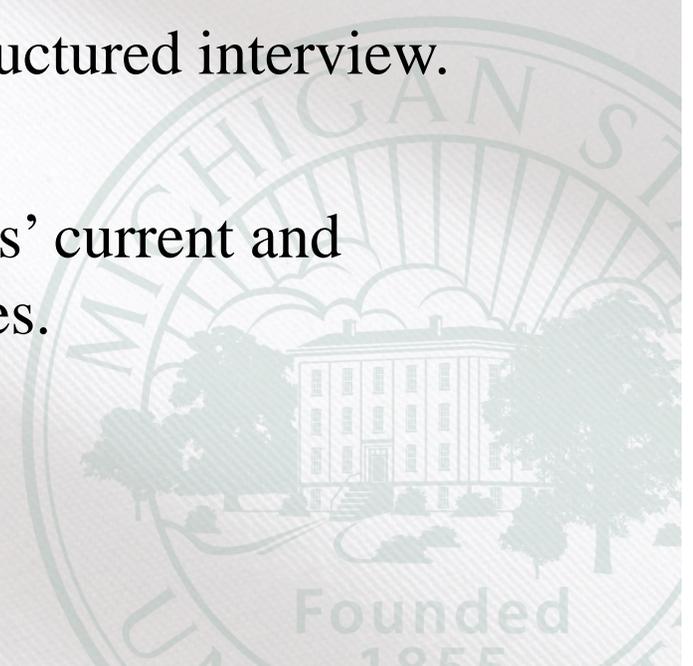
## > Study Aims

- To examine primary care patients' formatting and content AVS preferences.
- To gauge how the AVS might be envisioned by patients to improve patient-provider and cross-provider communication.



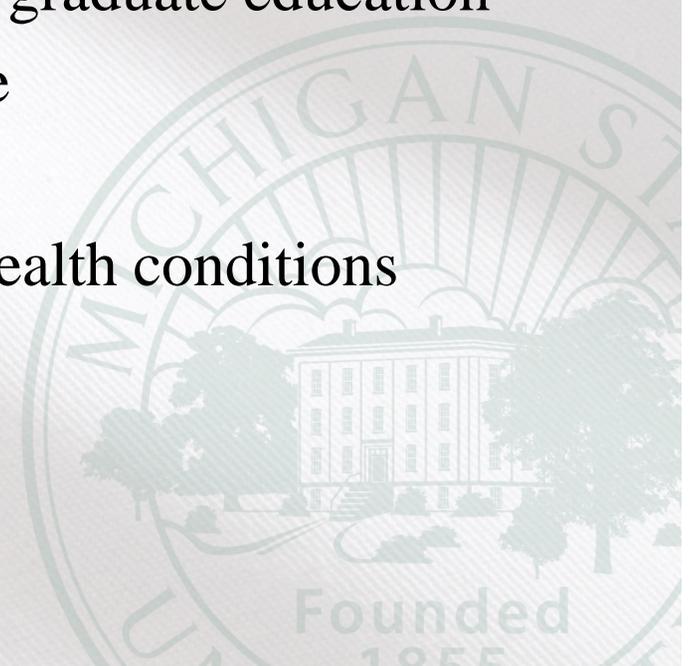
## ➤ Design and Methods

- Mixed-methods pilot study.
- Sample of 209 primary care adults at two Midwest Family Medicine offices.
- Ten-minute post office visit semi-structured interview.
- Twelve questions concerning patients' current and prospective AVS preferences and uses.



## > Results

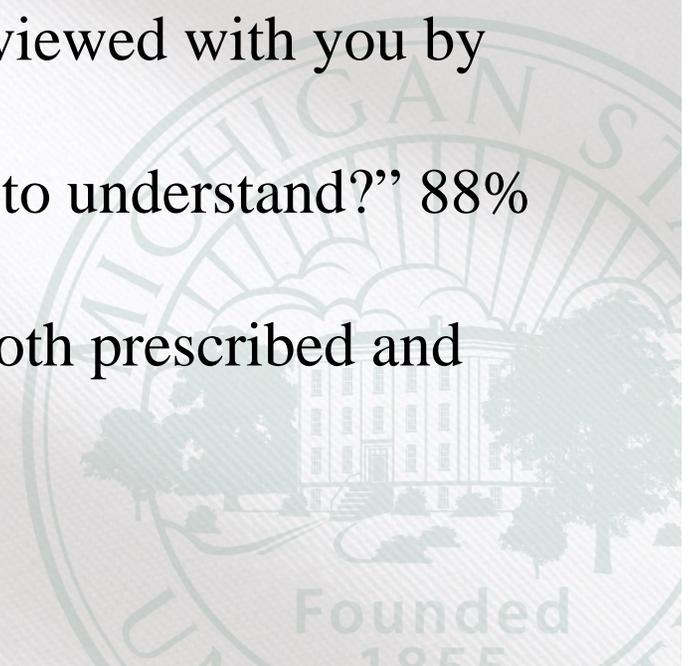
- Socio-demographic information:
  - Average age 51 years (SD 15.55)
  - 65% Female
  - 72% White
  - 74% at least some undergraduate/graduate education
  - 99% English as primary language
  - 50% currently Married
  - Mean number of major chronic health conditions averaged 1.77 (SD 1.53)



## ➤ Results (contd.)

### Responses to Yes/No questions:

- “After your visit today did you receive any paperwork?” 98% responded “Yes.”
- “Who gave the AVS to you?” 57% physician.
- “Was the information on the AVS reviewed with you by someone?” 60% “Yes.”
- “Is the information on the AVS easy to understand?” 88% “Yes.”
- “Is the medication list accurate for both prescribed and OTC?” 73% “Yes.”



## ➤ Results (contd.)

### Responses to Yes/No questions:

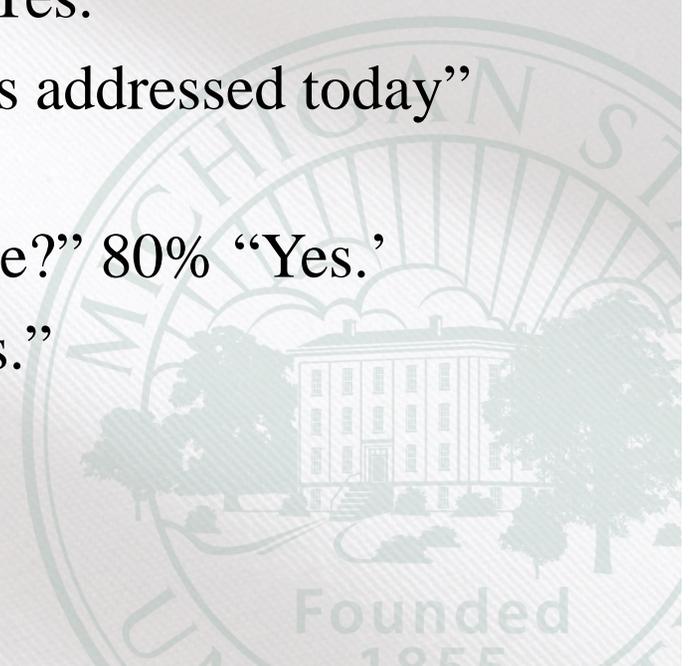
“If allergies recognized, is the severity of reactions correct?” 41% “Yes.”

“Is your problem list accurate?” 79% “Yes.”

“Does the information on the “problems addressed today” section make sense?” 80% “Yes.”

“Do the instructions on AVS make sense?” 80% “Yes.”

“Is this AVS helpful to you?” 84% “Yes.”



## Qualitative Analyses

- Total of 467 responses to open-ended questions were thematically analyzed into:
  - 8 core conceptual themes and
  - 13 subthemesduring a series of four team meetings.
  
- Overall figure of qualitative results generated.



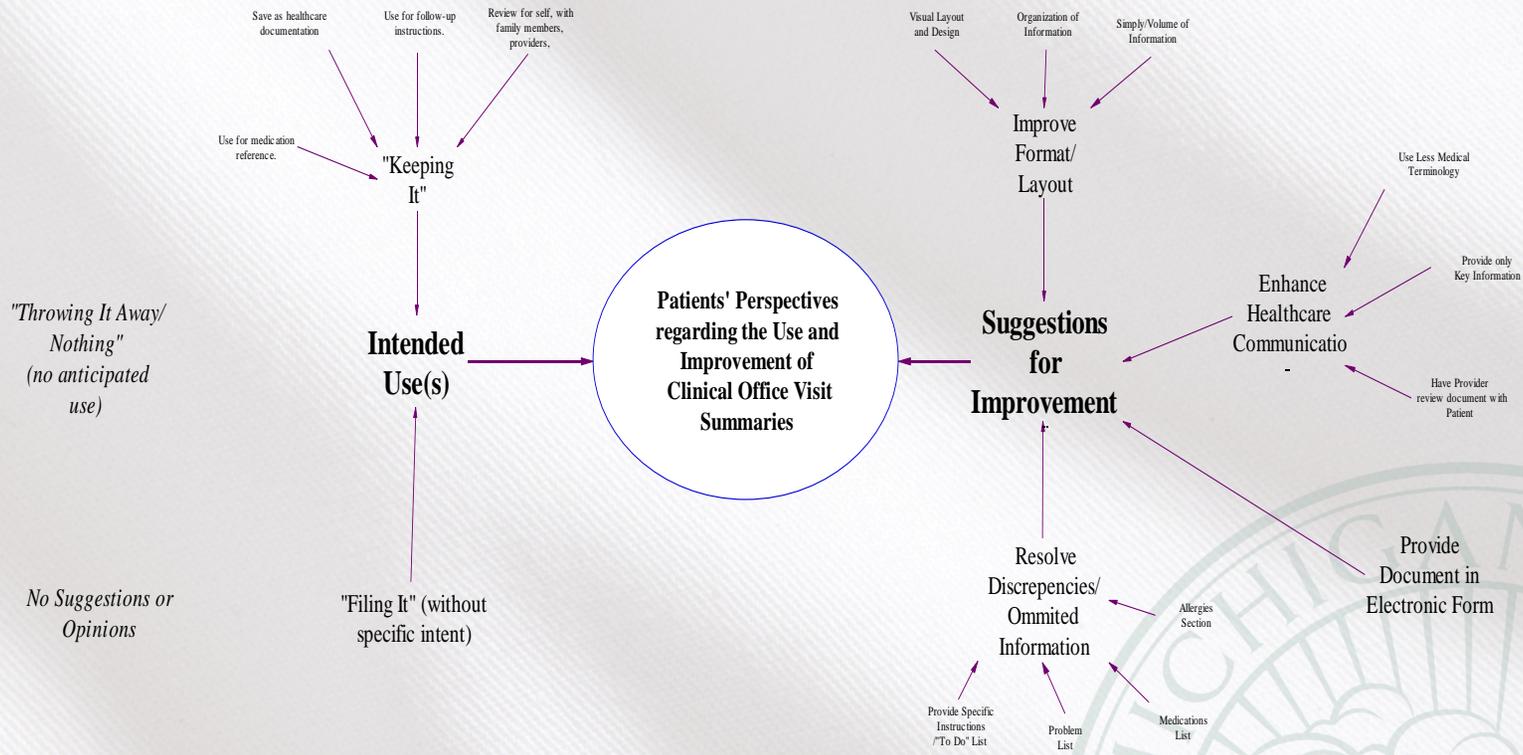
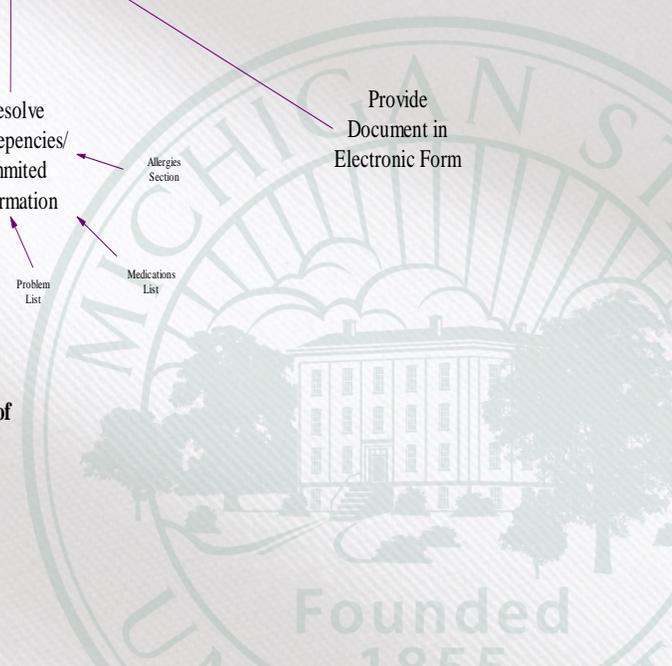
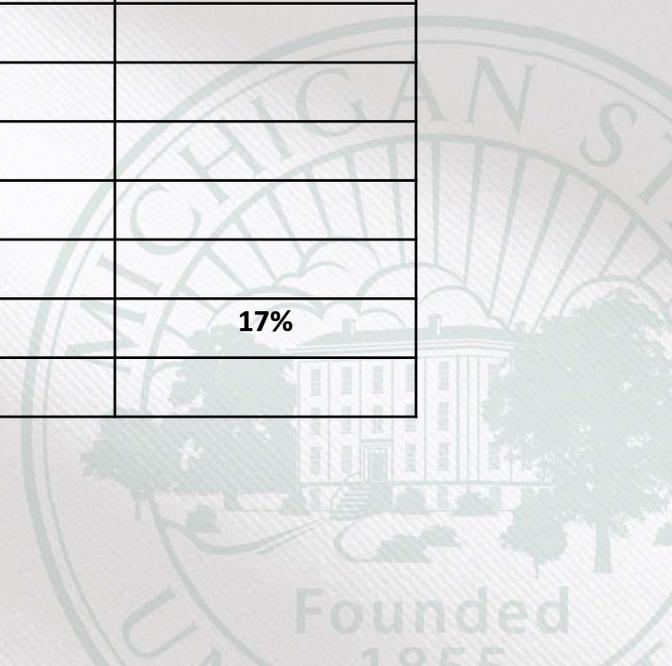


Figure 1. "Patients' Perspectives regarding Use and Improvement of Clinical Office Visit Summaries"



## ➤ "What do you plan to do with your AVS ?"

Theme & Subtheme	Number	%
I. "File it" (without specific intent)	88	42%
II. "Keep it" (for specific purpose)	99	47%
a. Review with family members	8	
a. Review with other healthcare providers	10	
a. Review and compare for self	36	
a. Save as healthcare documentation	19	
a. Medication reference	10	
a. Use for follow-up instructions	16	
III. "Throw it away/nothing"	35	17%
<b>TOTAL</b>	<b>222</b>	



## "Suggestion(s) for improvement of AVS?"

Theme & Subtheme	Number	%
I. "Improve Format/Layout of Document"	11	7.8%
II. "Enhance Healthcare Communications"	47	40.6%
a. Use less Medical Terminology	19	
a. Provide Only Key Information	18	
a. Have provider review document with patient	10	
III. "Resolve Discrepancies/Omitted Information"		49.2%
a. Allergies Section	10	
a. Medication List	16	
a. Problem List	21	
a. Provide Specific Instructions/ "To Do" List	14	
IV. "Provide Document in Electronic Form"	8	8.8%
V. No Suggestions or Opinions Offered	118	56.5%
<b>TOTAL</b>	<b>247</b>	

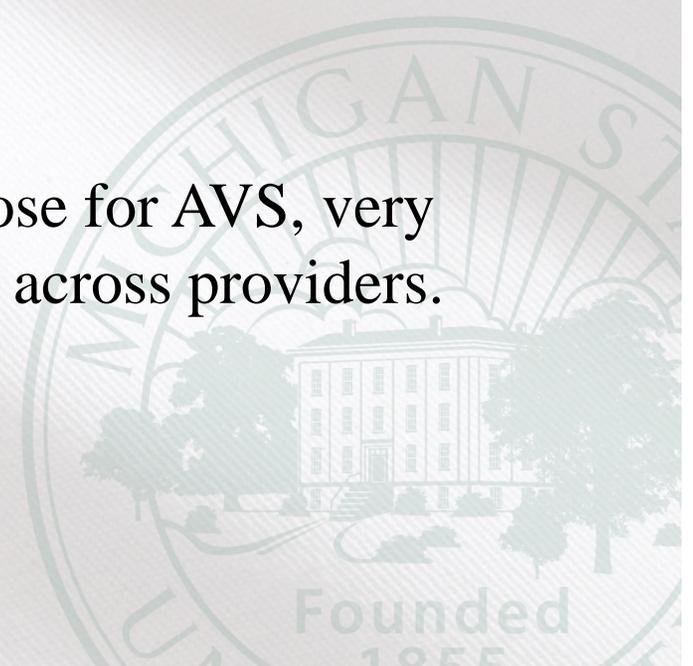
## > Discussion

- An initial project re: primary care patients' preferences and perceived benefits for their AVS.
- Many sample patients likely provided “preferred responses” to some interview questions.



## ➤ Discussion (contd.)

- Only 16.7% of the total sample (35 patients) offered both specific use and suggestions for their AVS.
- Those with less than a high school education were less likely to offer specific improvement suggestions (p=0.023).
- Only 41% could cite a specific purpose for AVS, very infrequently for coordination of care across providers.



## > Next Steps

- More focused design and testing of office visit AVS.
- Studies of providers' perceived benefits, barriers and uses of the AVS.
- Examination of best ways to improve patient engagement with providers through the AVS.



# Personal Health Record Impact on Primary Care Decision Making: What do Patients Think?

William Corser, PhD, RN  
Michigan State University Institute for Health Policy



# “Patient Expectations of their Personal Health Records”

William Corser, PhD, RN,  
Katherine Dontje, PhD, RN, FNP-BC,  
Greg Holzman, MD, MPH,

Subproject of Department of Health and Human Services/ MI Department of Community Health. RC103164  
“ 2013-2014 HIT Resource Center.” 10/01/2013-09/30/2014. (Corser, W., PI).



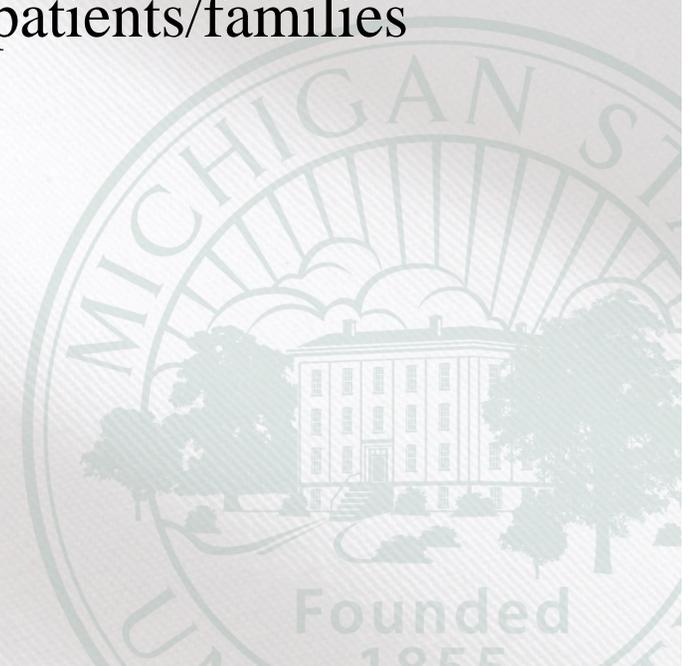
## ➤ Background

- Meaningful Use requirements will expect that at least 5% of providers' patients have documented access to their personal health record (PHR) through some form of secure web portal.
- The PHR is envisioned as a healthcare communication tool enabling patients to access and manage their personal medical information and communicate electronically with providers.



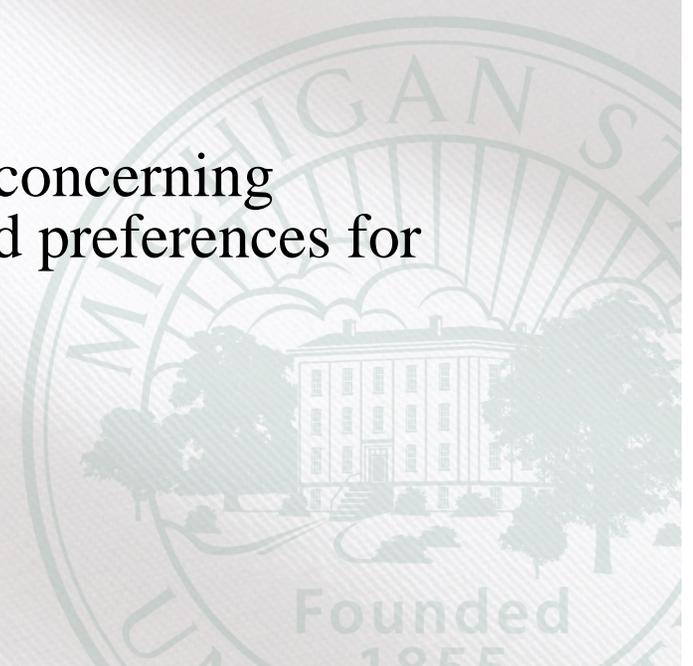
## Study Aims

- To investigate patients' perceived challenges and barriers associated with the PHR.
- To gauge how the PHR may be envisioned as improving communication between patients/families and providers.



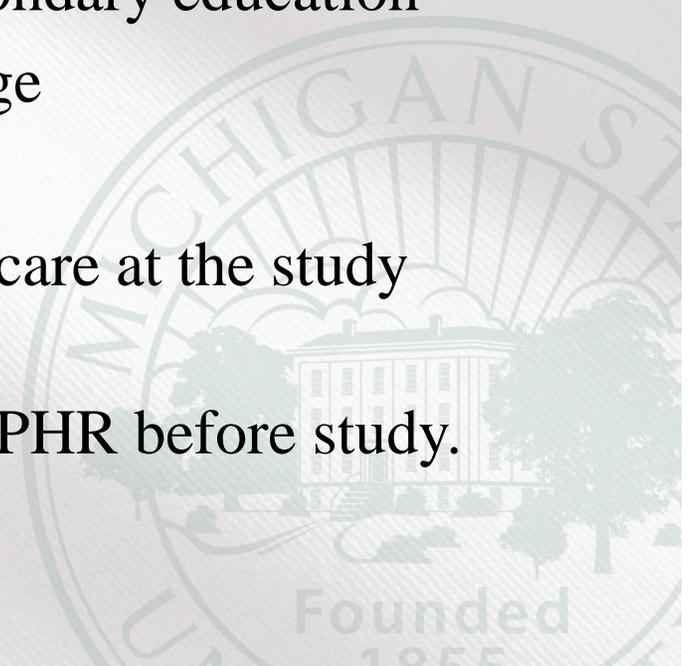
## > Study Methods

- Mixed-methods pilot study.
- Sample of 21 adult primary care Family Medicine and Internal Medicine patients.
- Five 60-90 minute semi-structured focus group interviews.
- Series of five open-ended questions concerning patients' current/prospective uses and preferences for their PHR.



## > Results

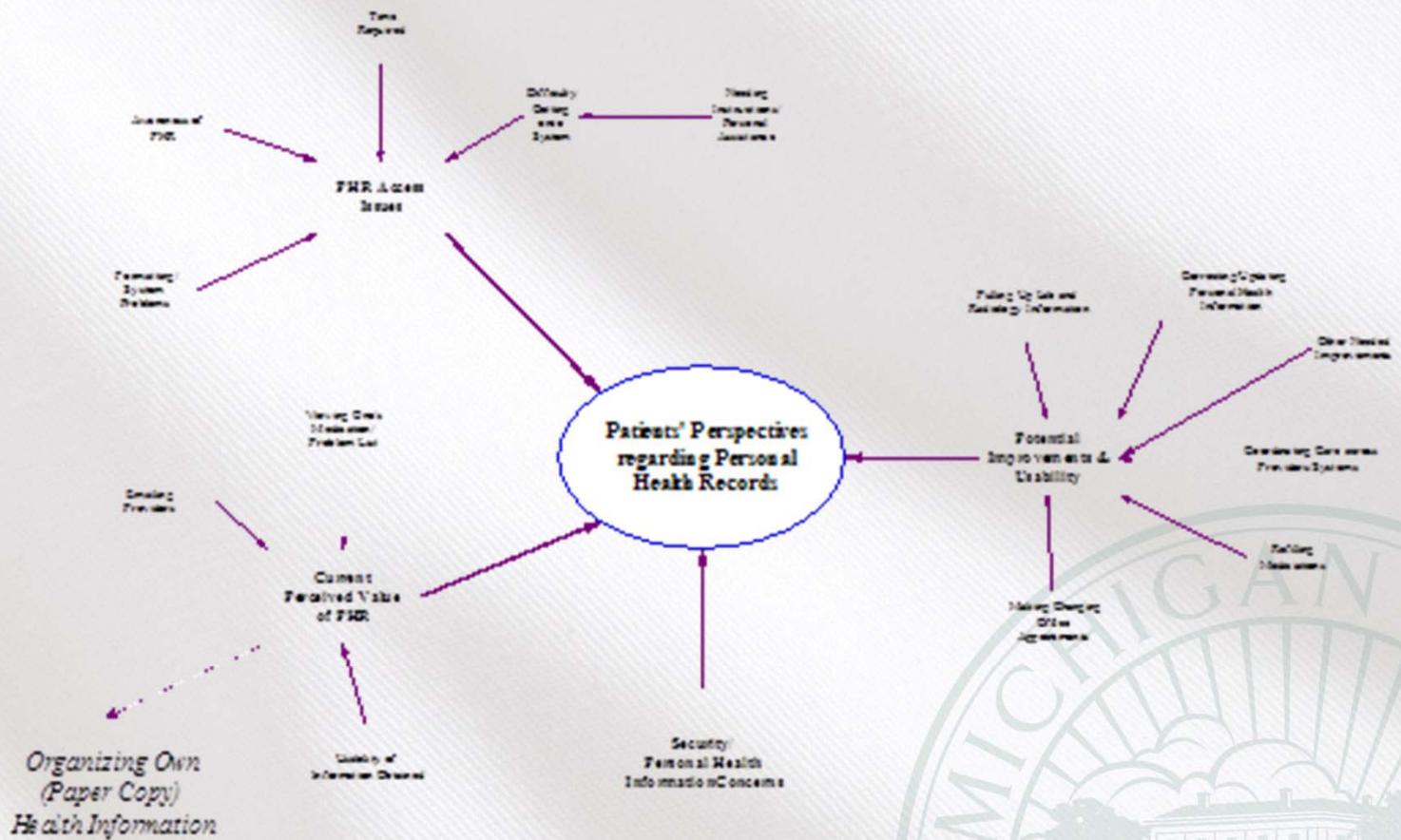
- Socio-demographic characteristics:
  - Average age 64 years (SD11.60)
  - 52% male
  - 95% white
  - Over 80% at least some post-secondary education
  - 100% English as primary language
  - 62% currently married
  - Mean number of years receiving care at the study setting 17 years.
  - Approx. 48% had tried to access PHR before study.



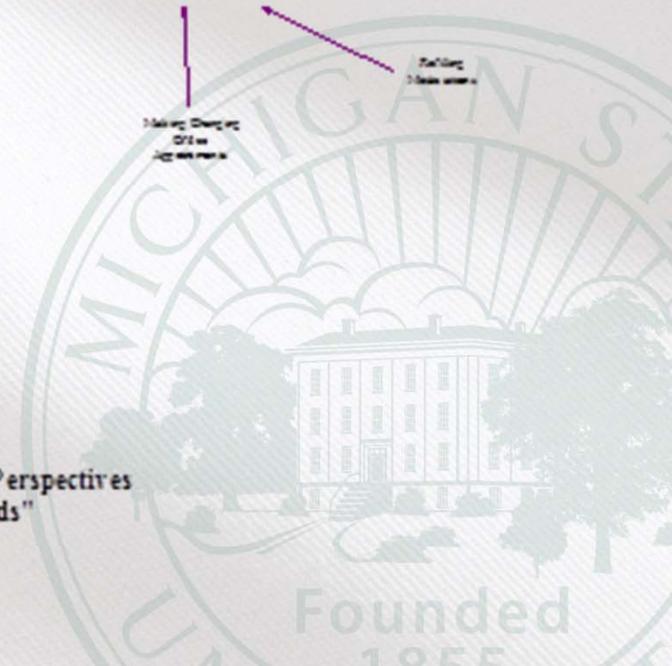
## > Qualitative Analyses

- Total of 195 open-ended questions were thematically analyzed into four core conceptual themes and 13 subthemes during a series of four team meetings.
- Table of key response categories created.
- Figure of overall results generated.





09-09-2013 DRAFT Figure 1. "Patients' Perspectives regarding Personal Health Records"



# Primary PHR Themes

## 1. PHR Access (65 comments)

- awareness
- Difficulty getting onto system
- Formatting/System problems
- Time required

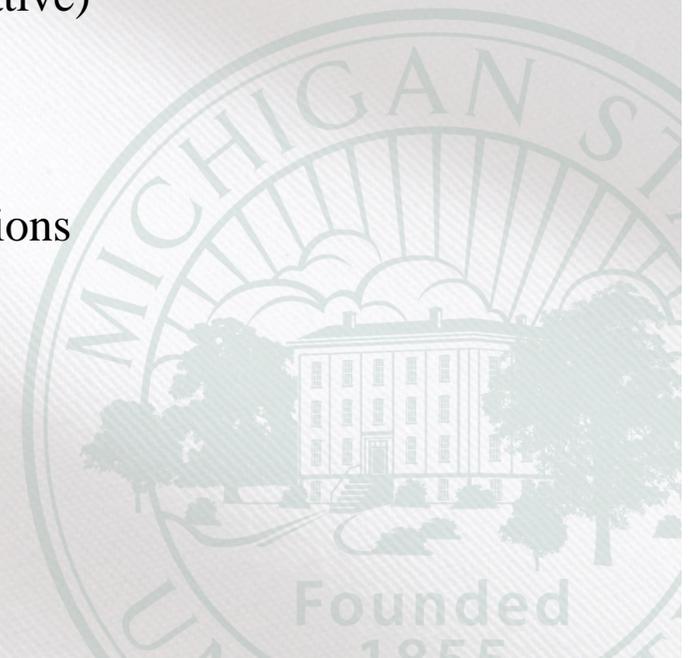
## 2. Current/Perceived value of PHR (37)

- Viewing One's Meds/Problem List
- Emailing providers
- Organizing own paper records (as alternative)

## 3. Usability of information obtained (83)

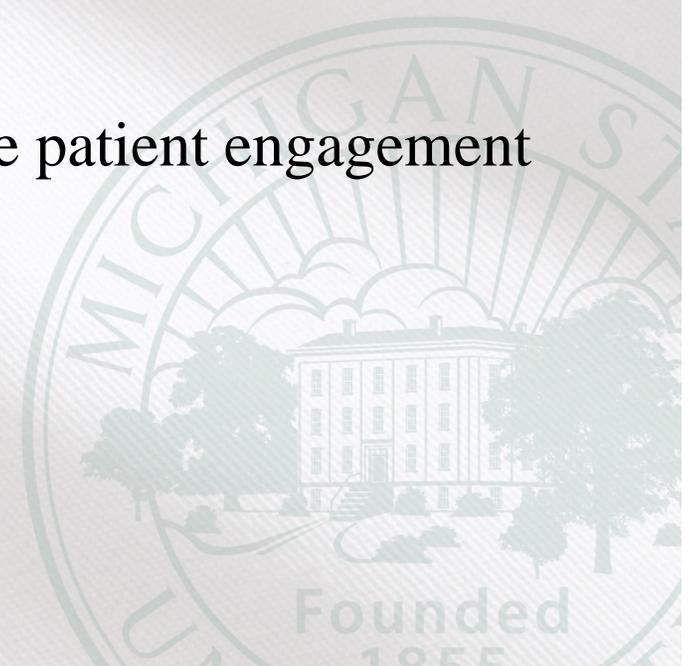
- lab and radiology data
- correcting personal health information
- coordinating cross-provider communications
- scheduling changes
- refilling meds
- other desired information

## 4. Security/PHI concerns (10)



## ➤ Future Work

- Future design and testing of various PHR functionalities.
- Studies concerning provider perceptions and uses of the PHR.
- Examination of best ways to improve patient engagement with providers through the PHR.



# HITC Next Steps

- MiHIN Board Representation
- Co-Chair
- Calendars



# Public Comment



# Adjourn

