

Health Information Technology Commission
Minutes

Date: Thursday November 18, 2010
1 – 4:00pm

Location: MDCH
1st floor Capital View Bldg
Conference Room B&C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:

Greg Forzley, M.D. – Chair
R. Taylor Scott, D.O.
Larry Wagenknecht, R.Ph.
Tom Lauzon
Mark Notman
Kimberly Ross – Jessup
Olga Dazzo
Dennis Swan
Joseph Hohner

Commissioners Absent:

Phyllis Mellon
Robin Cole
Toshiki Masaki – Vice Chair
Robert Paul

Staff:

Beth Nagel – MDCH
Laura Rappleye - MDCH
George Boersma – MDIT
Kurt Krause - MDCH

Guests:

Cindy Schnetzler
Cnythia Green Edwards
Monique Field – Wiener Assoc.
John Hazewinkel – MSU
Chuck Bonner - ATT
Jeff Shaw - MHI
Mindy Richards - ChangeScape
Dana Green - Covisint
Clare Tanner – MPHI

David Durkee, O.D.
Deb Mosher – CARHIO
Christine Fend – Covisint
Del Chenault – Clark Hill
Laura Rappleye – MDCH
Kim Bachelder - MPHI

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, January 20, 2011 at the Michigan Public Health Institute with nine Commissioners present including the Chair and four absent.

A. Welcome

B. Review and Approval of 11-18-10 meeting minutes

- Minutes of the 11-18-10 meeting were approved and will be posted to the HIT Commission website following this meeting.

C. Updates from the Office of the National Coordinator for HIT

- Beth Nagel, MDCH, provided an overview of the developments that have happened in the Office of the National Coordinator for HIT (ONC) in the past two months.
- Nagel gave an overview of the approval of the Michigan's Strategic and Operational plans and the implementation requirements that were issued by the ONC. Michigan is compliant, plans to be compliant or has asked for clarification from the ONC on the implementation requirements
- Nagel provided the key points from the ONC All Grantee meeting that was held December 14-16, 2010.
- Nagel also noted an upcoming meeting with the ONC and asked the HIT Commission if there were specific issues that needed to be discussed during this meeting. Commissioners agreed that the federal restrictions on ePrescribing controlled substances could affect adoption rates as a key issue for the ONC discussion as well as clarity on the modular approach for stage two of Meaningful Use.
- Nagel gave an overview of the stage two Meaningful Use requirements and encouraged the Commission to consider any recommendations to MDCH for public input, which is due by February 25, 2011.

D. Update on the MiHIN Governance Board

- Larry Wagenknecht, Commissioner and Chair of the MiHIN Shared Services Governance Board, gave an overview of the activity of the governance board over the last two months.
- Wagenknecht provided a review of the Governance board process, how it was formed and the accomplishments of the first board meeting.
- Wagenknecht discussed the statement of work for the board, the critical issues affecting the board, the immediate steps forward and the challenges.
- Wagenknecht gave an overview of the long term goals of the board.
- As part of this discussion, Commissioners asked for two follow-up pieces of information – the current coverage of sub-state HIEs in Michigan and an overview of the budget for the State HIE Cooperative Agreement program.

E. ONC Challenge Grants

- Beth Nagel gave an outline of the ONC Challenge Grant program that provides an opportunity for supplemental funding for the State HIE Cooperative Agreement program in one of five specific “challenge issues.”
- MDCH worked with sub-state HIE initiatives to respond to three of the five challenges, and is one of the few states to provide three responses.

- Proposals were due on January 5, 2011 and ONC expects to announce approximately 10 awards nationwide for between \$1-2 million by the beginning of February.

F. 2nd Annual HIT Commission Innovation and Leadership Awards

- Beth Nagel presented the timeline for the 2nd Annual HIT Commission Innovation and Leadership Awards.
- The Awards will be announced at the Wiring Michigan conference which will be held May 17-19, 2011 in Ypsilanti, MI. The Award nominations will need to be submitted by April 1, 2011.
- A Planning Committee was formed by Commissioners Masaki, Scott and Notman. The Committee will design the nominations form and the nominations process for a release date of March 1, 2011.
- The HIT Commission will be asked to utilize their associations and affiliations to get the word out about the awards.

G. Presentation of the CMS Patient Centered Medical Home Demonstration Project

- Carol Callaghan, MDCH, gave the HIT Commission the background, current state and the future of the Michigan project selected by CMS to be a Patient Centered Medical Home demonstration.
- This program will bring an estimated \$130 million in Medicare funding to support Patient Centered Medical Home.
- Callaghan detailed the extensive stakeholder collaboration that will provide patient centered medical homes for approximately \$1.9 million citizens.

H. Medicaid EHR Incentive Update

- Cynthia Green-Edwards gave an overview of the Michigan Medicaid EHR Incentive Program including the federally approved plans and the steps Michigan Medicaid has taken to be ready to enroll Michigan's providers in this program.
- Green-Edwards estimated that the Medicaid EHR Incentive program could bring up to \$258 million in federal funding over 10 years for EHR adoption to Michigan.
- Green-Edwards provided the details of the MDCH work to improve and integrate the public health and Medicaid systems for meeting Meaningful Use requirements.

I. HIT Commissioner Updates

- Olga Dazzo, MDCH, thanked the MDCH staff and the HIT Commission for the progress in HIT and HIE in Michigan. Dazzo also encouraged the HIT Commission to integrate with mental health HIT systems.
- Larry Wagenknecht noted that the MiHIN Shared Services board will be utilizing the HIT Commission contacts to advertise the hiring information for the MiHIN Shared Services Executive Director position.

J. Public Input

- John Hazewinkel from MSU announced that the Wiring Michigan conference will be held May 17-19 in Ypsilanti, MI. More information will be provided.
- Helen Hill announced that the HIMSS annual conference will be February 19-25 in Orlando, FL.

K. Adjourn

- Meeting Adjourned at 3:45pm




Michigan Health Information Technology Commission

January 20, 2011

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 of 11-18-10 meeting minutes
- C. Updates from the ONC
- D. MiHIN Governance Board
- E. ONC Challenge Grants
- F. 2nd Annual HIT Commission Innovation & Leadership Awards
- G. CMS Patient Centered Medical Home demonstration
- H. Medicaid EHR Incentive
- I. Commissioner Updates
- J. Public Comment
- K. Adjourn





Updates from the Office of the National Coordinator for HIT

Beth Nagel

Review

- ONC issues plan requirements Feb 8, 2010
- Plans submitted to ONC April 30, 2010
- “Program Information Notice” released on July 2, 2010
- Amendment responding to PIN submitted August 1, 2010
- Negotiations resulted in updated amendment submitted November 2, 2010



Approved!

- Approved on December 1, 2010
- 10th State to receive approval
- Releases implementation funding – \$13.9 million federal
- Provided ONC Implementation Requirements
 - General to all grantees
 - Specific to Michigan




Michigan Approved to Begin Implementation of the Michigan Health Information Network

Lansing - The Michigan Department of Community Health (MDCH) has received federal approval to begin implementation of the Michigan Health Information Network (MHIN). This authorization was required by the State Agreement, a program of the American Recovery and Reinvestment Act of 2009.

ONC Approves 10th State Strategic and Operational Plans for Health Information Exchange

On December 1st, ONC approved the Michigan Strategic and Operational Plans for State Health Information Exchange. The plans were released by ONC on December 6th, and can be viewed at <http://www.michigan.gov/ohc>. Michigan will receive \$14.9 million under the State HIE Cooperative Agreement program and is the 10th state to have their plan approved by ONC.



General Implementation Requirements

Requirements	Timeline	MDCH Comments
Planning		
Strategic and Operational Plans Endorsed by Stakeholders	60 days of Plan Approval	MI Compliant
Previously Approved S&O Plans reviewed Annually with updates submitted to ONC	3/15/2011; 3/15/2012; 3/15/2013	Needs further explanation from ONC
Updated S&O Plans Approved by ONC	11/28/2011; 11/28/2012; 11/28/2013	Needs further explanation from ONC

General Implementation Requirements

Requirements	Timeline	Comments
Governance		
Stakeholder collaboration demonstrated and documented	on-going	MI Compliant
Medicaid agency has designated governance role, and the representative's participation adapts as necessary to ongoing state HIE needs	on-going	MI Compliant
HIT Coordinator has designated governance role and his/her participation adapts as necessary to ongoing state HIE needs	on-going	MI Compliant
State or SDE maintains and adheres to established policies and procedures	on-going	MI Compliant

General Implementation Requirements

Requirements	Timeline	MDCH Comments
Finance		
Establish financial policies and implement procedures to monitor spending and provide appropriate financial controls	on-going	MI Compliant - Part of Plan
As part of annual updates to the S&O plans, must develop a business plan that includes a sustainability plan capable of supporting HIE governance and operations beyond the ARRA funding	3/15/2011; 3/15/2012; 3/15/2013	Needs Further clarification from ONC
Sustainability Plan endorsed by stakeholders	3/15/2011; 3/15/2012; 3/15/2013	Needs Further clarification from ONC

General Implementation Requirements

Requirements	Timeline	MDCH Comments
Technical Infrastructure		
Implement statewide technical infrastructure as described in state's ONC approved plan	on-going with specific targets outlined in S&O Plans	MI Compliant - Part of Plan
Statewide technical infrastructure integrates with state-specific Medicaid management information systems	on-going with specific targets outlined in S&O Plans	MI Compliant - Part of Plan
Statewide technical infrastructure integrates with regional HIEs using NHIN standards	on-going with specific targets outlined in S&O Plans	MI Compliant - Part of Plan
Shared Services offerings determined and developed consistent with state's ONC approved plan	on-going with specific targets outlined in S&O Plans	MI Compliant - Part of Plan

General Implementation Requirements

Requirements	Timeline	MDCH Comments
Business and Technical Operations		
Alignment between State Medicaid HIT Plan and Statewide HIE Plan - the recipient must confirm that the State Medicaid Director supports the Medicaid Content in the S&O Plans	60 days of Plan Approval	MI Compliant
Collaboration with relevant REC	60 days of Plan Approval	MI Compliant
State or SDE is monitoring and reporting on all required program evaluation metrics	Ongoing requirement with reporting due according to schedule outlined in the original NGA and additional ONC Guidance	Needs Further clarification from ONC

General Implementation Requirements

Requirements	Timeline	MDCH Comments
Legal/Policy		
Privacy policies are updated as needed to reflect new flow and uses of protected health information and any new obligations of patients	Ongoing	MI Compliant - Part of Plan
Statewide policy framework established and submitted to ONC	on-going with specific targets outlined in S&O Plans	MI Compliant - Part of Plan
As part of annual updates to the S&O Plans, on the implementation and evaluation of policies and legal agreements related to HIE submitted to ONC	3/15/2011; 3/15/2012; 3/15/2013	MI Compliant - Part of Plan
Within 3 months of ONC approval, the recipient must begin executing their plan to remove regulatory and policy barriers identified in the analysis conducted as part of the State Plan.	3/1/2011	MI Compliant - No barriers identified in S & O Plans

General Implementation Requirements

Requirements	Timeline	MDCH Comments
Outcomes and performance measures		
Establish performance benchmarks for HIE enabled state level technical services, following future ONC program guidance	Ongoing - TBD	MI Compliant - Part of Plan
Recipient submits a report to ONC on statewide HIE alignment with other federal programs	3/15/2011; 3/15/2012; 3/15/2013	Needs further explanation from ONC
For each year of award, the recipient participates in the nationwide HIE program evaluations	Ongoing	Needs further explanation from ONC

Michigan Specific Requirements

Requirements	Timeline	MDCH Comments
Other - MI Specific		
Recipient is required to submit to ONC for prior approval, a description of any appropriation of CAP funds to sub-state HIEs, including amount, scope of work, products, timelines, funding milestones/triggers and other accountability mechanisms	Ongoing - upon decisions to grant CAP funds to any sub-state HIE	MI Compliant - Part of Plan
Recipient is required to submit to ONC measures that will be used to track and monitor the success of (1) sub-state HIEs that receive CAP funding and (2) deployment of shared services	No later than 60 days from receipt of the approval	MI Compliant - Part of Plan
Recipient is required to track and report on progress of (1) Sub-state HIEs receiving CAP funding and (2) development of shared services against measures established at beginning of implementation	Quarterly beginning January 2011	MI Compliant - Part of Plan
Recipient is required to submit to ONC the RFP that will be issued for the technical contractor developing shared services components prior to its release	As soon as RFP is developed	MI Compliant - Part of Plan

Other Key Points

- Matching funding does not change
 - \$1 of match for every \$10 until 9/30/11
 - \$1 of match for every \$7 until 9/30/12
 - \$1 of match for every \$3 until 9/30/13
- Program End date: Feb 8, 2014
- ONC expects to provide more information about reporting requirements

ONC All Grantee Meeting

- December 14-16 in Washington DC
- Michigan was well represented
- Presentations from:
 - Sec. Kathleen Sebelius
 - Dr. David Blumenthal
 - Dr. Donald Berwick
- Relevant Break-out sessions
- All-day meeting for HIEs focused on planning

ONC All Grantee Meeting


- Key Takeaways:
 - ONC is learning along with the states
 - ONC will be further refining guidelines throughout the process in all grants
 - “Laser” focus on supporting Meaningful Use
 - Privacy & Security frameworks will be based in each state
 - Most all states, all grants concerned about sustainability

HIT Coordinator Meetings

- ONC holding a meeting with every state HIT Coordinator
 - Meet with Dr. Blumenthal
 - Meet with all program Directors
- Michigan is scheduled for January 26
- **What messages or issues should be addressed from Michigan?**


Stage 2 Meaningful Use

- “preliminary set of recommendations specifically designed to solicit additional public feedback.”
- Sent out by Health IT Policy Committee
- Comment period ends 2-25-11
- Stage 2 = 2013
- 10 specific questions for feedback




Stage 2 Meaningful Use

- Key Changes from stage 1 to stage 2:
 - Menu set in stage 1 are required, examples:
 - Record existence of advance directives
 - Send patient reminders
 - Provide summary of care record
 - Submit syndromic surveillance data
 - Some measures unchanged, examples:
 - Maintain problem list, active med list, med allergy list for 80% of visits




Stage 2 Meaningful Use

- Thresholds increased in some measures, examples:
 - Connect to at least 3 external providers in primary referral network or establish an ongoing bidirectional connection to at least 1 HIE
 - 80% of unique patients have smoking status recorded (up from 50%)
 - 80% of unique patients have vital signs recorded (up from 50%)
 - 80% of patients have demographics recorded (up from 50%)
 - 50% of orders transmitted as eRx (up from 40%)



Stage 2 Meaningful Use

- 8 new objectives, examples:
 - 30 percent of EH patient days have at least one electronic note
 - 80 percent of patients offered the ability to view and download via a Web-based portal, within 36 hours of discharge
 - List of care team members available for 10 percent of patients in EHR
 - Record a longitudinal care plan for 20 percent of patients with high-priority health conditions of patients




MiHIN Shared Services Governance Board

Larry Wagenknecht


Review

- HIT Commission & New, not for profit entity make-up the Coordinated MiHIN Governance Structure

HIT Commission


State & National Vision
Monitors statewide progress of HIT & HIE
Facilitates public discussion
Recommends public policy
Voice of the public

Coordination & Collaboration
Public & Private



MiHIN Shared Services Governance Board

“State Designated Entity”
Business & Technical Operations
Authority of the MiHIN Shared Services
Implements financing structures




Review

- **The MiHIN Strategic & Operational Plans:**
 - Newly created not for profit entity – 501(c)(3)
 - 13 member governance board
 - 7 sub-state HIEs
 - 3 payers
 - 2 state government
 - 1 HIT Commissioner



Governance Board Members


Sub-State HIEs	
Jackson Community Medical Record	Rick Warren
Michigan Health Connect	Patrick O'Hare
My1HIE	John Vismara
Capital Area RHIO	Tom Bres
Southeast MI	Helen Hill
Upper Peninsula	Dennis Smith
Payers	
Blue Cross Blue Shield of Michigan	Joe Hohner
Priority Health	Jim Slubowski
MAHP	Chris Pike
State of Michigan	
Michigan Medicaid	Cynthia Green Edwards
Michigan Public Health	Jim Collins
HIT Commissioner	Larry Wagenknecht



Formation Timeline

2010

Month	Key Events
July	Open Information Session, Nominations Closed, Open Nominations
Aug	Sub-Committee of Commission Determined Eligibility
Sept.	Commission Recommended State to MDCH, Background Info & Conflict of Interest Info Reviewed, Organizations Appointed Individuals to Serve on Board
Oct.	Commission Reviewed Findings
Nov.	Articles of Incorporation Filed, First Meeting of Governance Board
Dec.	Signed Grant Agreement between MDCH & MiHIN, ONC Approves S&O Plans



First Meeting Accomplishments

- Refined Bylaws
- Reviewed ONC Implementation requirements
- Elected Officers
- Approved Grant Agreement with MDCH
- Identified Challenges
- Defined Next Steps




Elected Officers

- **Chair:** Larry Wagenknecht, MI HIT Commission
- **Vice Chair:** Patrick O'Hare, Michigan Health Connect
- **Secretary:** Dennis Smith, Upper Peninsula Healthcare Network
- **Treasurer:** Tom Bres, Capital Area RHIO



Grant Agreement with MDCH

- Provides the funding for the MiHIN Shared Services Technical and Business Operations from the State HIE Cooperative Agreement
- Four Main Components
 - General Provisions – MDCH Boilerplate
 - Defines Term: Dec 2010 to Sept 30, 2011
 - Budget
 - Approved by ONC: \$9,882,575
 - Reporting Requirements
 - Ensure MDCH Accountability & Transparency
 - Statement of Work



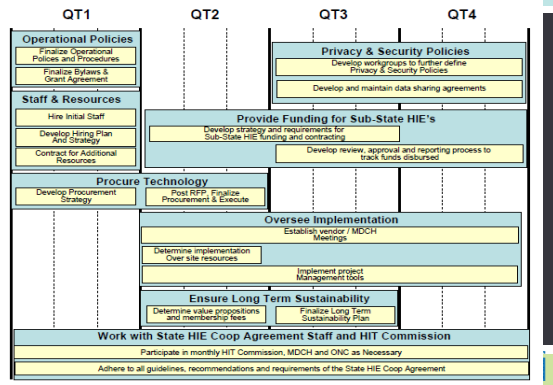
Statement of Work

- Defines
 - Objectives
 - Activities
 - Responsible parties
 - Deliverables
 - Timelines

Statement of Work

- Eight Main Objectives & 38 activities
 - Finalize Operational Policies and Procedures
 - Hire Appropriate Staff & Other Resources
 - Plan for and Procure Technology
 - Provide Funding for Sub-State HIEs
 - Oversee Implementation
 - Develop & Implement Privacy and Security Policies
 - Ensure Long Term Sustainability
 - Work closely with the State HIE Cooperative Agreement staff within MDCH and the Michigan HIT Commission

Statement of Work Timeline



Challenges

- **Timeline** – Pressure of federal matching requirement increases every fiscal year, meaningful use criteria escalating in 2013
- **Organizational** – New 501(c)(3) start-up, needs executive director, support staff, etc.
- **Strategic** – Direction outlined in S&O plans, but details need to be defined by board
- **Value & Sustainability** – Need to ensure that services are valuable enough to ensure sustainability

Next Steps

- **Organizational**
 - Hiring essential staff, arranging for management and financial support
- **Develop Strategy for Technology**
 - Details of timing, sequence, and procurement approach
- **Develop Approach for Sub-State HIEs**
 - ONC requires scope of work, timelines, deliverables and success metrics

Next Steps

- **Project Management**
 - Organize, further refine the Statement of Work, develop timelines
- **Respond to ONC Implementation Criteria**
 - Success Metrics
 - Updates/Refinement of the S&O plans

By the end of this year...

- We will need to have statewide ability for providers to meet the HIE meaningful use criteria
- We will need to have technologies procured for statewide HIE
- We will need to be integrated with MDCH public health and Medicaid



Questions?

ONC Challenge Grants

Beth Nagel

ONC Challenge Grants

- HIE Challenge program supports five breakthrough challenge themes to enable nationwide HIE:
 1. Achieving health goals through HIE
 2. Improving long-term and post-acute transitions
 3. Consumer-mediated information exchange
 4. Enabling enhanced query for patient care
 5. Fostering distributed population-level analytics

Overview

Type of Award	Supplements to State HIE Cooperative Agreement Program
Eligible Applicants	Direct recipients of State HIE Cooperative Agreement Awards
Applications per Awardee	Up to one for each challenge theme (maximum of 5 per applicant)
Award Range	\$1M to \$2M
Approximate Number of Awards	10
Program Period	Starting February 1, 2011 and ending on the end date of the applicant's State Health Information Exchange Cooperative Agreement

Timeline

- **December 3:** Grant Notice Released
- **December 10:** Notice of Intent Due
- **January 5:** Applications Due
- **January 31:** Estimated Date of Awards
- **February 1:** Anticipated Project Start

Michigan's Response

- Three Challenge Grants Submitted:
 - Theme 2: Improving long-term and post-acute transitions
 - Theme 3: Consumer-mediated information exchange
 - Theme 5: Fostering distributed population-level analytics

Theme 2 Response

- Improving long-term and post-acute transitions
 - Purpose: develop a summary to accompany patients transitioning between acute and long term/post-acute care facilities and transmit electronically in two sub-state HIEs with the
 - Goal: decrease readmissions
 - Area: Capital Area and Southeast MI
 - Amount: \$2.25 million

Theme 3 Response

- Consumer-mediated information exchange
 - Purpose: deploy a Student Health Portal (SHP) that includes pre-integrated personal health record (PHR) applications in a university setting.
 - Goal: drive consumer engagement and consumer mediated HIE
 - Area: Central Michigan (CMU & MiHIA)
 - Amount: \$1.65 million

Theme 5 Response

- Fostering distributed population-level analytics
 - Purpose: share structured population-level data across three sub-state HIEs
 - Goal: estimate chronic disease prevalence and establish health quality parameter ranges
 - Area: Upper Peninsula, Capital Area, Southeast
 - Amount: \$2.43 million

2nd Annual HIT Commission Innovation & Leadership Awards

Beth Nagel

Review

- 2nd Annual HIT Commission Innovation & Leadership Awards
 - **Purpose:** Promote and raise awareness of the use of HIT in Michigan
 - **Goal:** recognize professionals, organizations and facilities that are innovators and leaders in HIT and HIE throughout the State of Michigan
 - **Award Type:** Recognition and promotion
 - **Timing:** Awards announced at the Wiring Michigan Conference – May 17-19, 2011

Award Categories

- **HIT Innovation Awards** - facilities, professionals or organizations that have invested in Health Information Technology and Exchange and are using it to reduce costs, improve quality and meet "meaningful use" criteria
- **HIT Leadership Awards** - associations, individuals or organizations that have supported, advocated for, encouraged or facilitated the adoption of Health Information Technology and Exchange.

Key Dates

- **Feb 28** - Nominations information released
- **March 28** - Nominations are due
- **April 11** - Rankings due from Award Committee
- **April 18** - Award Committee decides final awards
- **May 17-19** - Awards announced & presented at Wiring Michigan Conference

To Do:

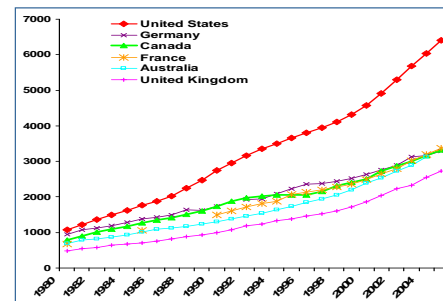
- Volunteers for Planning Committee:
 - Refine Eligibility Criteria,
 - Refine Nomination Packets
 - Define Award Details
- Volunteers for Award Committee
 - Rank Awards
 - Decide final awards

Michigan's Primary Care Transformation Demonstration Project

Presentation to the HIT Commission
Carol Callaghan
January 20, 2010

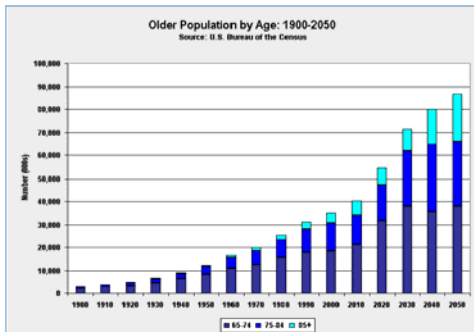
U.S. Health Care: A National Crisis

Average Health Spending Per Capita (\$US)

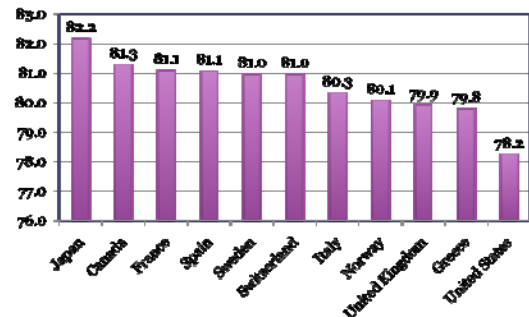


K. Davis et al. Slowing the Growth of U.S. Health Care Expenditures: What Are the Options?, The Commonwealth Fund, January 2007, updated with 2007 OECD data

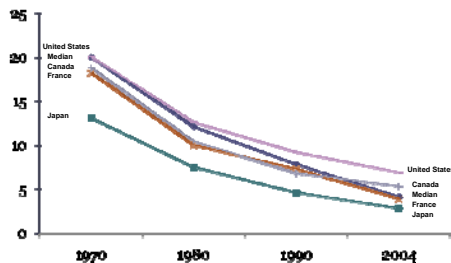
Number of U.S. Citizens Over 65



Life Expectancy at Birth (2010)



Infant Mortality Rates Per 1,000 Live Births (1970-2004)



Note: The median includes all OECD countries. The decrease from 1960-2004 is in percentage points.
Source: OECD Health Data 2006.

Patient-Centered Medical Home: The Silver Lining?

CMS Multi-Payer Advanced Primary Care Practice (MAPCP) Demo

- **Original specifications – June 2010**
 - CMS will join existing multi-payer state PCMH initiatives in up to 6 States
 - Max. number of Medicare beneficiaries: 150,000/state
 - Total CMS funding \leq \$10 PMPM
 - Common payment methodology
 - Budget neutral over 3 years of project
 - Payers **MUST** include:
 - Medicaid, Private health plans (at least 50% of commercial market), Self-insured employer-sponsored group health plans

CMS Multi-Payer Advanced Primary Care Practice (MAPCP) Demo

- **Award notification - November 16, 2010**
 - 8 states selected for participation, including Michigan
 - Number of Medicare beneficiaries not limited to 150,000/state
 - Some flexibility on common payment methodology
 - **WILL** stop a state's participation if not budget neutral by Year 3
- **MANY details to be worked out with CMS and the Michigan payers**
 - Biweekly CMS conference calls began Dec 7, 2010
 - Demo Steering Committee to meet biweekly as of Jan 17

MAPCP Demo: Participating States

• Maine	22 practices	→ 42 (year 3)
• Michigan	477 practices	
• Minnesota	159 practices	→ 340 (year 3)
• New York	35 practices	
• North Carolina	54 practices	
• Pennsylvania	78 practices	
• Rhode Island	13 practices	
• Vermont	110 practices	→ 220 (year 3)
<hr/>		
• TOTAL	948 practices	→ 1,259 (year 3)

The Michigan Primary Care Transformation (MiPCT) Model



Michigan Primary Care Transformation (MiPCT) Model

- **Basic Premise:**
 - Better primary care delivery → better health outcomes
 - Support for primary care practice transformation will take place through a collaborative network of POs/payers
 - Shared learning will be facilitated by Michigan Primary Care Transformation (MiPCT) administration
- **Infrastructure:**
 - Built on a foundation of the BCBSM Physician Group Incentive Program (PGIP) PCMH designation process
 - Includes practices achieving NCQA Level 2/3 designation
 - Incorporates principles and features of all payer models

Our Vision for the Multi-Payer Model

- Use the CMS Multi-Payer Advanced Primary Care Practice demo as catalyst to redesign MI primary care
 - Multiple payers will fund a common clinical model, allowing global primary care transformation efforts
 - Support development of evidence-based care models
- Create a model that can be broadly disseminated
 - Facilitate significant, measurable improvements in population health for Michigan residents
 - Contribute to national models for primary care redesign
- Form a strong foundation for successful ACO models

MiPCT: Current Stakeholders

• Payers (public and private):	16
• PO/PHO/IPAs:	32+
• PCMH Designated Practices:	477
• Beneficiaries (our patients!):	
▫ Medicare	358,000
▫ Medicaid (state FFS)	150,000
▫ Medicaid (managed care)	248,000
▫ Privately insured	<u>1,153,000</u>
▫ TOTAL Beneficiaries	1,909,000

2010 PCMH Designated PGIP Practice Units (n=500)

* Sites with identical zip codes appear as one star

Invited Payers

Commercial

- Blue Care Network
- Blue Cross Blue Shield of Michigan
- Health Alliance Plan
- HealthPlus of Michigan
- McLaren Health Plan
- Physicians Health Plan of Mid-Michigan
- Priority Health

Medicare

Medicaid Fee For Service

Invited Payers (continued)

Medicaid Managed Care Plans

- BlueCaid
- CareSource
- Great Lakes Health Plan
- Health Plan of Michigan
- HealthPlus Partners
- McLaren Health Plan
- Midwest Health Plan
- Molina Healthcare
- Physicians Health Plan of Mid-Michigan
- Priority Health, Government Programs
- Total Health Care
- Upper Peninsula Health Plan

Practice Participation Criteria

- Currently PCMH-designated, and maintain PGIP or NCQA designation over the 3-year demonstration
- Part of a participating PO/PHO/IPA
- Agree to work on four specific focused initiatives:
 - Care Management
 - Self-Management Support
 - Care Coordination
 - Linkage to Community Services

Proposed MiPCT Funding Model

\$0.26 PMPM	Administrative Expenses
\$3.00 PMPM *	Care Management Support
\$1.50 PMPM *	Practice Transformation Reward
\$3.00 PMPM	Performance Improvement
\$7.76 PMPM	Total Payment by Payers **

* Or an equivalent amount

** Medicare will pay an additional \$2.00 PMPM (or \$9.76) to cover additional services for the aging population. Over the 3-year project period, more than \$130 Million from Medicare will build and strengthen PCMHs in Michigan.

MiPCT Governance

Steering Committee

- MDCH – 2-3 (appointed)
- PO/PHO/IPA – 6 (4 elected, 2 appointed)
- Payers – 5 (3 elected, 2 appointed)
- Subject matter experts – 3-5 (appointed)

Advisory Committee (possibly MPCC)

- Professional medical associations
- Other participating payers
- Other participating POs/PHOs/IPAs
- Others

MiPCT Steering Committee

• Payers:

- Jim Byrne – Priority Health
- James Forshee – Molina HealthPlan
- Margaret Mason – BCBSM
- Tom Raskauskas – Health Plan of Michigan
- Dennis Smith – Upper Peninsula Health Plan

• POs/PHOs:

- Mary Ellen Benzik, IHP
- Larry Cowsill, McLaren PHO
- Jerry Frankel, Oakland Southfield
- Paul Ponstein, Lakeshore Health
- Kevin Taylor, HVPA
- Jane Turner, MSU Health Team

MiPCT Steering Committee (continued)

- **MDCH:**
 - Carol Callaghan
 - Sue Moran*
- **MDCH Appointees:**
 - Jean Malouin, UMHS*
 - Trissa Torres, Genesys
 - Chair of MPCC Payer Group, Mary Beth Bolton
 - Representative from MPCC (ex-officio)
 - Others with Needed Expertise

* Co-Chairs, Steering Committee

MiPCT Core Team

- Carol Callaghan (MDCH-Public Health)
- Jean Malouin (University of MI Health System)
- Diane Marriott (University of MI Health System)
- Susan Moran (MDCH-Medicaid)
- Clare Tanner (MI Public Health Institute)
- Marianne Udow-Phillips (Center for Healthcare Research and Transformation)
- Dana Watt (MI Primary Care Consortium)
- Pam Yager (MDCH)

Questions?

HIT Commission Update January 20, 2010

Cynthia Edwards, Director
Medicaid Office of Health Information Technology



Medicaid EHR
INCENTIVE PROGRAM



Agenda



- ↳ Medicaid EHR Incentive Program Update
 - ↳ State Medicaid HIT Plan
 - ↳ Funding Approval
 - ↳ Provider Registration
- ↳ SoM HIE Update
- ↳ Questions

Overview



The Medicaid EHR Incentive program is the American Reinvestment & Recovery Act (ARRA) funded financial incentives to Medicaid health care providers to encourage the adoption and “meaningful use” of electronic health records (EHRs) in ways that improve quality, increase efficiency, and promote safety.

State Medicaid Agency Responsibilities under ARRA



1. Administer the incentive payments to eligible professionals (EPs) and hospitals.
2. Conduct adequate oversight of the EHR incentive program.
3. Pursue initiatives to encourage adoption of certified EHR technology to promote health care quality and the exchange of health care information.



Medicaid EHR Incentive Program

Incentive Payments to Providers

Before We Can Make Payments



1. Successfully interface with federal registration system (NLR). **APPROVED**
2. Have approval from CMS for State Medicaid HIT Plan (SMHP). **APPROVED**
3. Be capable of accepting provider attestations. **Provider APPROVED**
4. Be capable of paying EHR incentive payments to providers. Ongoing
5. Have proper audit and oversight. Ongoing

Michigan's SMHP



- Encouraging the Adoption of EHRs
 - Incentive program, working with M-CEITA, provider outreach and training, etc.
- Increasing the Interoperability of State Systems to Support Meaningful Use & HIE
 - Enhancing & connecting state systems (SoM HIE)
- Encouraging and Facilitating HIE in Michigan
 - Medicaid funding for MiHIN and sub-state HIEs

Funding Requests (APD) **APPROVED**



- Implementation funding request (HIT I-APD)
 - Funds EHR Incentive Program and other SMHP items (\$36 million)
 - 90% federal funding
- Joint system development (MMIS APD)
 - Working with Washington state to jointly develop registration system (\$3.6 million total)
 - 90% federal funding
- 100% federal funding for incentive payments

Provider Testing



- Several providers came in a tested the new registration system:
 - Alcona Health Centers (FOHC)
 - MidMichigan Health Services (FOHC)
 - Muskegon County Community Mental Health
 - Memorial Healthcare (Hospital and EPs)
- Tested the system for usability
- Provided feedback on system and process

EHR Incentive Processes



- ↳ Providers must register at the federal level with the National Level Repository (NLR) then will be invited to complete their registration at the state level in CHAMPS.
- ↳ NLR registration available now.
- ↳ State registration starts tomorrow.
- ↳ Michigan is one of the first in the nation to start the program.
 - ↳ Most other states will not start until the late spring or summer.

Providers



- ↳ As of January 19
 - ↳ 80 professionals have registered at the federal level for Michigan
 - ↳ 5 hospitals have registered at the federal level for Michigan
- ↳ Anticipated providers starting the program by fiscal year (estimate only)

	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16	Total
EPs	300	600	600	500	400	400	2800
Hospitals	45	30	20	10	5	5	115

Anticipated Incentives Paid Out



- ↳ Eligible Professionals (EPs)
 - ↳ \$63,750 per professional over 6 years
- ↳ Eligible Hospitals (EHs)
 - ↳ \$1 to \$3 million over 3 years

FY 11	FY 12	FY 13	FY 14	FY 15	FY 16
\$40.1	\$64.8	\$60.2	\$51.1	\$41.3	\$34.2
FY 17	FY 18	FY 19	FY 20	FY 21	Total
\$22	\$16.2	\$11.1	\$6.8	\$3.4	\$258

In millions (estimate only)

Outreach Activities - Past



- ↳ Around the State "Informational and Listening Sessions"
 - ↳ Small group meetings with providers to inform them about the program and seek their input - early 2010
- ↳ Professional Associations Conferences
 - ↳ Attended and presented at several conferences - all year
- ↳ Outreach with M-CEITA
 - ↳ Joint activities with M-CEITA - all year

Outreach Activities - Upcoming



- ↳ Press releases
 - ↳ Announcing the program, at first payment, and at payment milestones
- ↳ Around the State Trainings
 - ↳ Program overview for providers and training on registration in more than 10 cities - March
- ↳ Professional Associations Conferences
 - ↳ Attending and preseting at several conferences
- ↳ Joint M-CEITA Activities Continue

State of Michigan (SoM) HIE

Enhancing and Connecting State Systems

SoM HIE Purpose

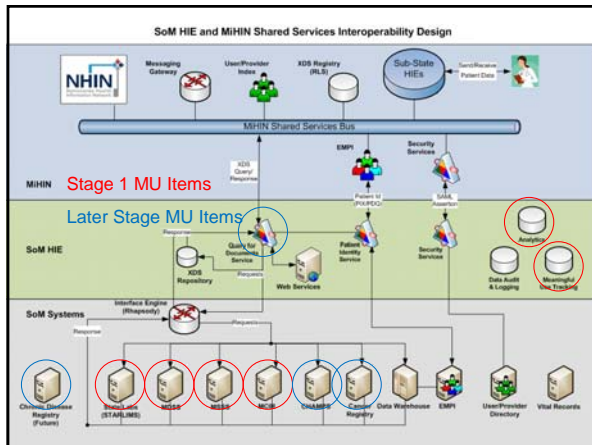


- ↳ Support Meaningful Use and HIE
- ↳ Improve SoM systems interoperability
 - ↳ Adopt national standards
- ↳ Leverage technology investments made by other programs and departments
- ↳ Provide health care providers with a single secure connection to all SoM systems
- ↳ Assist in tracking and verifying providers' meaningful use status

SoM HIE Update



- ↳ Master Person Index
 - ↳ Project started
 - ↳ Leveraging new MPI from Data Warehouse
- ↳ Finalizing design and requirements
 - ↳ Data warehouse is the first system
 - ↳ Integrating MCIR is second
 - ↳ Additional systems will follow




Questions?

www.MichiganHealthIT.org

Commissioner Updates

Public Comment



Adjourn

