

**Health Information Technology Commission**  
**Minutes**

**Date:** Thursday, October 20, 2011  
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  
Toshiki Masaki – Vice Chair  
Olga Dazzo  
David Behen  
Mark Notman  
Dennis Swan  
Tom Lauzon

**Commissioners Absent:**  
Robin Cole  
Larry Wagenknecht, R.Ph.  
Joseph Hohner  
R. Taylor Scott, D.O

**Staff:**  
Beth Nagel – MDCH

**Guests:**  
James Gartung  
David Durkee  
Jason Werner  
George Peterman  
Suzina Orelli  
Terrisca Des Jardins  
Megan Sweet  
Tim Pletcher

Cynthia Green Edwards  
Lisa Burke  
Paul Groll  
Mary Hojnacki  
Samer Naser  
Sharon Leenhouts  
Clare Tanner

**Minutes:** The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, October 20, 2011 at the Michigan Department of Community Health with seven Commissioners present including the Chair and Vice Chair.

**A. Welcome**

1. Commission Chair, Greg Forzley, M.D. noted that there are two open commissioner posts that have not yet been filled. These two posts are the Commissioners representing pharmaceuticals and the technology industry. This brings the total of Commissioners available for today's meeting to 11, which makes six Commissioners a quorum.

## **B. Review and Approval of 9-15-11 meeting minutes**

1. Minutes of the 9-15-11 meeting were approved and will be posted to the HIT Commission website following this meeting.

## **C. HIT Commission Schedule**

1. **December 2011 Meeting:** The HIT Commission discussed that since the November meeting is canceled it may make sense to move the December meeting forward a week. Not all Commissioners were available a week earlier in December, so the December 15 HIT Commission meeting will stand as scheduled
2. **2012 Schedule of Meetings:** In August the HIT Commission decided to pursue keeping the same schedule of the third Thursday of the month for the 2012 schedule. The dates were distributed to Commissioners and one Commissioner had conflicts with the majority of meetings. The Commission discussed altering the schedule, and decided that since the dates were already on the majority of Commissioner's calendars that the dates should stay as proposed for 2012. The HIT Commission agreed that as terms expire and other members are added, the Commission should revisit the schedule in 2012 as necessary.

## **D. Dashboard for MI HIT Initiatives**

1. **Updated Dashboard:** Beth Nagel gave an overview of changes made to the MI HIT Dashboard based on the recommendations of the Commission at the previous meeting. Changes included listing the revision date on each initiative and adding column that shows the previous update's data. This change is meant to help illustrate the "trend".
2. **Discussion: Modifications and/or Revisions:** The HIT Commission asked that links to each initiative's website be added to the dashboard and that the key should be listed on each page. The Commission agreed that the dashboard is ready to be publicly posted on the HIT Commission website. Nagel noted that those changes would be made and posted. In the future, the HIT Commission asked that each sub-state HIE should be broken out if feasible or practical and doesn't complicate the dashboard.

## **E. HIT Commission Annual Report to the Legislature**

1. **Review of Annual Report Outline:** Beth Nagel presented the history of the HIT Commission annual report. Nagel explained that it is in the public act that created the HIT Commission that every year a report should be sent to certain members of the Legislature as outlined in the act. This report includes an introduction, summary of yearly activities, forecast of activities for the next year, and recommendations from the Commission.
2. **Discussion of Recommendations:** The HIT Commission reviewed past recommendations to the legislature, and decided to again suggest an expansion to the HIT Commission membership. The HIT Commission will recommend that there is a member from MiHIN on the Commission and that a member of the long term care or behavioral health is also added to total 15

members. The HIT Commission also supported the need to ensure affordable broadband is prevalent throughout Michigan as a recommendation. Also, the HIT Commission agreed that consumer privacy, security and education are top concerns.

3. **Next Steps:** Beth Nagel will draft the initial report and will send it out to HIT Commissioners for their feedback in November. The report will be finally approved in December.
4. **Other discussion items:** During this discussion other thoughts were brought up and considered. One idea was to find a way to measure public awareness and education of Health IT. Another idea is to have a discussion about the value of the HIT Commission to MDCH and how the HIT Commission can be sure that value is being realized. The Commission considered how they can best educate their stakeholder groups and bring their needs and concerns back to the HIT Commission. The Commission discussed the idea of restructuring the HIT Commission meetings to allow more time to discuss stakeholder groups needs. The HIT Commission discussed that the goal of having Commissioners that are leaders for their stakeholder groups is to ensure that stakeholder groups are not being divisive in their plans and goals, but that all efforts and initiatives are working together. The Chair and Vice-Chair agreed to work with MDCH to find new structures to try for the meetings.

#### **F. MiHIN Shared Services Update**

1. **Progress:** Tim Pletcher, the Executive Director of the MiHIN Shared Services outlined the activities of the MiHIN of the last month. These activities include finalizing the phase one technology procurement, which was completed on September 21 and was distributed via email to the HIT Commission. Pletcher also updated the Commission on the awarding of sub-state HIE funding. There is one sub-state HIE that has been approved federally and has finalized contracting with MiHIN. There are two that have been approved federally, but have not yet finished contracting with MiHIN. There are three that have not yet been approved federally. Pletcher discussed that MiHIN is working on defining options for future use cases and that sustainability goes hand-in-hand with that discussion. Pletcher noted that these discussions will be brought to the HIT Commission for input as they develop. Finally, the MiHIN has completed their statement of work with MDCH for 2012 and Pletcher described this in detail.
2. **Forecast of Activity:** Pletcher reported that several job postings have been released on the MiHIN website. The next focus for MiHIN is the implementation kick-off which will happen in late October. The phase 1 project plan will be completed shortly after the kick-off. MiHIN is also working on Qualified Organization Agreements which are data sharing and use agreements. Pletcher noted that these agreements will meet national standards and build upon the great work of MiHIN in the past five years. Pletcher described the process for developing the agreements in detail.
3. **Discussion:** Several HIT Commissioners noted that they were pleased with the progress.

## **G. M-CEITA**

1. **Feedback from Statewide Stakeholder Committee:** Beth Nagel reviewed the outcomes from a recent M-CEITA Statewide Stakeholder Committee. The purpose of the Committee is to provide feedback to the HIT Commission on the M-CEITA program. The Committee reviewed the information provided by Altarum at the September HIT Commission meeting, and developed the following responses:
  - i. Overall, the program is moving forward and is meeting goals, but there are issues around the edges that still need to be resolved.
  - ii. Though the pricing and discount structure has been consistent since it was created, more information is still needed. For example, a provider cannot look at the information provided at the September 15 HIT Commission meeting and determine what the charges would be for their practice. It appears that the discounted prices are based on the provider or POs ability to negotiate a large contract.
  - iii. The Committee would like to understand how Altarum is utilizing provider input into the operations. Understanding that they are not going to hire another physician, how will M-CEITA incorporate provider input? Altarum has noted a physician feedback group, and the Committee recommended that Altarum should provide more information on that group.
  - iv. As Altarum is working toward sustainability, the Committee would like to understand what models are being considered and what type of input is Altarum seeking to inform program sustainability? The Committee recommends that Altarum solicit input from providers and other stakeholders to inform the sustainability plan.
2. **Discussion:** The HIT Commission noted that hearing this information from the Statewide Stakeholder Committee in a delay is not as efficient as if the Committee members were present and could speak directly with the Commission. Commissioners discussed how to revise the current structure to be more effective in getting feedback and passing input along to M-CEITA. The Commission asked the audience for thoughts. One idea was to have a section for public input after every topic. Another was to develop a web form to provide topics to the agenda. The Commission discussed the ideas and decided to start simple and to work with MDCH to develop an agenda for December that tries out a new format for public input on M-CEITA. The HIT Commission also recommended passing the questions from the Committee on to Altarum for discussion at the next HIT Commission meeting.

## **H. Southeast Michigan Beacon Community Collaborative**

1. **Update:** Terrisca Des Jardins from the Southeast Michigan Beacon Community Collaborative gave an overview of the Beacon program, the history, recent highlights and the overall progress of the program. Des Jardins went over a program dashboard and discussed the interventions that the Beacon is utilizing to accomplish the program goals. Currently there is a

communication blackout on the technology procurement as there are open negotiations with vendors. Des Jardins discussed the goals of the Beacon program and the strategies for meeting those goals. Finally, the mobile health initiative was presented and details provided.

2. **Discussion:** The HIT Commission thanked Des Jardins for the presentation and commended the progress.

#### **I. HIT Workforce Community College Grantees**

1. **Update:** Sarah Linz from Lansing Community College, Sharon Leenhouts from Delta College, Mary Hojnacki from Delta College and Donna Roland from Wayne County Community College provided an update to the progress in Michigan on the Community College Consortia to Educate Professionals in HIT. The group discussed the background, lessons learned, success stories, the national numbers, and the Michigan progress so far. The group also provided some feedback from students and how the colleges have responded to the feedback.
2. **Discussion:** The HIT Commission asked about the sustainability of the programs and all colleges noted that they are confident that they will be able to continue the programs after the federal funding has expired. The Commission asked which role was the most popular and the group agreed that it was the Clinical/Practitioner Consultant. The community college representatives hoped that they can encourage graduates to attend HIT Commission meetings as a way to network and look for job leads.

#### **J. Commissioner Updates**

1. No Commissioner updates were provided.

#### **K. Public Comment**

1. David Durkee, O.D., expressed that privacy and consent needs to be addressed because his practice is already seeing the need to educate patients on health information exchange.

#### **L. Adjourn**

1. Meeting Adjourned at 3: 50 p.m.



# **Michigan Health Information Technology Commission**


**October 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 9-15-11 meeting minutes**
- C. Dashboard for Michigan HIT Initiatives**
- D. HIT Commission Report to the Legislature**
- E. MiHIN Shared Services Update**
- F. M-CEITA Update**
- G. Beacon Update**
- H. HIT Workforce Update**
- I. Commissioner Updates**
- J. Public Comment**
- K. Adjourn**





**HIT Commission Scheduling**

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## HIT Commission Scheduling

- **2011**
  - November 16 meeting – Canceled
  - December 15 meeting - Move to Dec 8?
- **2012**
  - Schedule sent out in September
  - Most Commissioners could make the proposed dates
  - One Commissioner had severe conflicts



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## 2012 Schedule

- **Third Thursday of the month:**

- January 19
- February 16
- March 15
- April 19
- May 17
- June 21
- July 19
- August 16
- September 20
- October 18
- November 15
- December 20

Held in Lansing at the Capital View Building, 1<sup>st</sup> Floor, Conference Rooms B&C

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## Updated HIT Dashboard

Review of Updated Dashboard -- Beth Nagel

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## Dashboard Update

- Format change: Added “Previous” column
- All areas updated since last meeting
- Will be added to the HIT Commission website
- Will send email to HIT Commission email list to note that it is posted

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## MiHIN Shared Services

Michigan Health Information Network (MiHIN)		
Milestone	Status	Notes
Governance Created & Implemented	Green	Complete: creation and implementation complete and is fully operational
Technology Purchased and Implemented	Green	First phase procurement finalized and implementation kick off planned for October 27
Integration with State of Michigan HIE (SOMHIE)	Green	On Schedule with October 27 kickoff and MiHIN participation in SOMHIE planning
Connect Sub-State HIEs to MiHIN Shared Services	Green	Dependent on Implementation and sub-state HIE progress
Statewide HIE Available to Every MI Provider	Green	Funding for 3 sub-state HIEs has been approved by the ONC and ONC is reviewing two other proposals
Planning for Second Phase of Technology	Green	Planning underway
Financial Sustainability Identified & Implemented	Green	Initial planning process identified and underway

- Tim Pletcher is on today’s agenda to discuss progress

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## State of MI HIE

State of Michigan (SOM) HIE		Updated 10/14/11 - monthly		
Measure	Previous	Current	Goal	Status
# of Eligible Professionals meeting MU for Public Health	413	422	29,302*	Green
# of Eligible Hospitals meeting MU for Public Health	42	46	174*	Green
Data sharing through a connection with MiHIN Shared Services				Green

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## Sub-State HIEs

Sub-State HIEs		Updated 9/30/11 - quarterly		
Measure	Previous	Current	Goal	Status
# of MI providers utilizing sub-state HIEs services	4195	4295	29,302*	Green
# of hospital laboratories connected (providing data) to a sub-state HIE	26	26	138	Green
# of providers meeting HIE specific MU criteria by utilizing sub-state HIE capabilities.	169	216	4295	Green
# of hospitals/health systems meeting HIE specific MU by utilizing sub-state HIE capabilities:	24	24	174*	Green

- Tim Pletcher is on today's agenda to discuss progress

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## Medicaid EHR Incentives

Medicaid EHR Incentive Program		Updated 10/14/11 - monthly		
Measure	Previous	Current	Goal	Status
# of Eligible Professionals receiving Medicaid Incentives	155	286	2,300	Green
# of Eligible Hospitals receiving Medicaid Incentives	5	13	130	Green
Amount of Federal Medicaid Incentive Funding Expended	\$9,572,057	\$19,047,196	\$40 million	Green

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## M-CEITA

Michigan Center for Effective IT Adoption (M-CEITA)		Updated 10/14/11 - monthly		
Measure	Previous	Current	Goal	Status
# of Providers Signed Up to Use M-CEITA Services	2,695	2,786	2,979	Green
# of Providers Go-Live on EHRs	736	859	1,303	Green
# of Providers Reaching Meaningful Use	5	12	37	Green

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# Beacon

Beacon Community Collaborative		
Milestone	Status	Notes
Clinical Transformation	Green	Activities include: 48 practice sites (36 min required), approx 120 PCPs and 13,935 patients (4000 min) for CT intervention engaged to date; patient navigators for patient engagement (roll-out of 5 PHNs w/120 patients to date; revised target of 300 patients by year end); mobile health soft launch late November with public launch January 2012, and ED intervention to launch in Q4. Pharmacy initiative (both ambulatory and care transition) in planning process.
Information Technology	Yellow	Activities include: HIE procurement process, contracting, data sharing agreements, P&P, interfaces, pilots and operational HIE
Evaluation & Measurement	Green	Activities include: deploying measures and survey tools, reporting quarterly, building environment for data housing
Communications & Outreach	Green	Activities include: implementing communications plan, value propositions, and website
Scalability, Sustainability and Research	Green	Activities include: workgroups, sustainability plan, identify funding opportunities, develop scalability plan

- SEMBCC is on today's agenda to discuss progress

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# HIT Workforce

Midwest Community College HIT Consortium		Updated 10/14/11 - monthly		
Measure	Previous	Current	Goal	Status
Lansing Community College students enrolled	75	86	200	Green
Lansing Community College students placed in related jobs or current job expanded	2	6		Yellow
Macomb Community College students enrolled	95	162	300	Green
Macomb Community College students placed in related jobs or current job expanded	19	27		Green
Delta College students enrolled	280	256	300	Green
Delta College students placed in related jobs or current job expanded		4		Yellow
Wayne Community College students enrolled	277	307	300	Green
Wayne Community College students placed in related jobs or current job expanded	7	7		Green

- The Midwest Community College HIT Consortium is on today's agenda to discuss progress

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## **HIT Commission Report to the Legislature**

Background & Overview -- Beth Nagel, MDCH

Discussion: Modifications, Revisions -- Chair, All

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## **HIT Commission Annual Report**

- **The HIT Commission shall....Annually, report and make recommendations to the...**
  1. Chairpersons of the standing committees of the house of representatives and senate with jurisdiction over issues pertaining to community health and information technology,
  2. The house of representatives and senate appropriations subcommittees on community health and information technology, and
  3. The senate and house fiscal agencies.

*From PA 137-06, Section 2505, 1, h*

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## Outline of Annual Report

- Introduction & Overview
  - Background, history of HIT Commission
  - HIT Commission membership
  - 2011 HIT Commission Meeting schedule
- Summary of Activities
  - Re-cap of 2011 activities of the HIT Commission
  - Summary of discussions
  - Major decision points

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## Outline of Annual Report

- Forecast of Activities in 2012
  - Provide recommendations to achieve widespread adoption of HIT
    - Exploring uniform identifiers
    - HIT Public Input Forum to assess needs
    - Exploring the HIT needs/implications of the MI Health Marketplace
  - Identify critical issues affecting adoption
    - Continue monitoring and making recommendations on all ARRA HIT programs: MiHIN, Beacon, EHR Incentives, HIT Workforce, M-CEITA
    - Continue serving as public input point for M-CEITA
  - Increase the Public's Understanding of HIT
    - Re-tool and expand HIT recognition program
    - Explore consumer HIT solutions

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## Review of Past Recommendations

- 2010
  - Support for MiHIN Strategic & Operational Plans
  - Explore adding a MiHIN SS member to HIT Commission
- 2009
  - Recognize national change in HIT landscape due to ARRA
  - Support for Michigan's ARRA HIT Programs
- 2008
  - Continue funding for MiHIN
  - Recognize definition of HIE in public health code
  - Adopt informed Opt-out
- 2007
  - No recommendations

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## Discuss: Recommendations

- **What Recommendation(s) should the HIT Commission make for 2011?**

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**MiHIN Shared Services Update**

Updates -- Tim Pletcher, MiHIN  
Discussion: Input to MiHIN -- Chair, All

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MICHIGAN HEALTH INFORMATION NETWORK

HIT Commission Update October 2011

**MiHIN**  
Michigan Health Information Network

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## PRESS RELEASE

### FOR IMMEDIATE RELEASE

#### The Michigan Health Information Network Begins Phase One Implementation with OptumInsight

East Lansing, MI. (September 22nd, 2011) — *Michigan Health Information Network Technology Implementation Begins*

Michigan Health Information Network Shared Services (MiHIN), the state designated health information exchange (HIE) for Michigan, today announced engagement of OptumInsight and its Axolotl HIE platform to implement Phase One of the MiHIN Strategic and Operational Plan.

KICK-OFF MEETING: OCT 27<sup>th</sup>

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VENDOR ANNOUNCEMENT

## Activities

Award to OptumInsight	September	✓
Sub-State HIE Funding Awards	1, 2, 3	
Staff Postings	September	✓
Commence Future Use Case Discussions & Sustainability Plans	September	✓
New MiHIN Statement of Work	September	✓
1 <sup>st</sup> Draft Qualified Organization Agreements	October 27 <sup>th</sup>	
Detailed Phase One Implementation Planning & Kick-Off	October 27 <sup>th</sup>	
Phase One Project Plan Ready	October 31 <sup>st</sup>	

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PHASE ONE REQUEST FOR PROPOSAL

**Associate Director:** Ensures overall implementation of MiHIN health information exchange activation and manages day-to-day operations including monitoring vendor commitments. It requires an individual capable of understanding and navigating the complex HIE environment in Michigan and the ability to champion complex program management activities including coordination of consultants, MiHIN staff, and working collaboratively with external groups such as the State of Michigan information technology groups, qualified Sub-State Health Information Exchanges, and individuals or entities associated with the Nationwide Health Information Network.

**Senior Integration & Technical Architect:** Primary technical resource for interface specification development, acceptance testing, technical architecture issues, and lead for complex integration efforts. This position is also responsible for working collaboratively with other MiHIN analysts, project managers, engineers, as well as external groups such as the State of Michigan information technology team, qualified Sub-State Health Information Exchanges, and individuals or entities associated with the Nationwide Health Information Network.

**HIE Implementation and Support Analyst:** This position serves as the frontline support for production operations and is responsible for supporting the MiHIN core HIE functions and integration software application as part of the HIE initiative. The position serves as first level contact resource for State of Michigan HIE staff, sub-state HIEs representatives, MiHIN staff, the vendor help desk, and other entity representatives in production, testing, or developing data exchange capability with MiHIN.

**MiHIN Business Office Manager:** This position is responsible for supporting the activities of the Executive Director, the MiHIN Board of Directors, meeting and event coordination, grant support reporting requirements, expense tracking and travel reimbursement, implementing the various policies of the office, and ensuring the overall smooth running of MiHIN administrative activities (for example reception, secretarial services, ordering office supplies, communication systems, interface with payroll, travel, processing data related to grant, etc.).

## Highlights From 2012 MiHIN Statement of Work

- Largely a continuation of the previous plan to implement the MiHIN Strategic and Operational Plan.
  - Public health reporting
  - Master Provider Index
  - DURSA work
- Set's the stage for possible additional addendums:
  - Define NwHIN Node requirements
  - Security & privacy efforts
  - High Value Use Case Matrix
  - Explore potential integration with the VA
  - Examine potential synergy (if any) with Mi Health Market Place (HIX)
- Any such addendums would require HIT Commission collaboration

HARMONIZATION OF SUB-STATE HIE PARTICIPATION & DATA SHARING AGREEMENTS →  
QUALIFIED ORGANIZATION AGREEMENTS

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**MiHIN**  
Michigan Health Information Network

### Principles for Establishing Qualified Organization Agreements

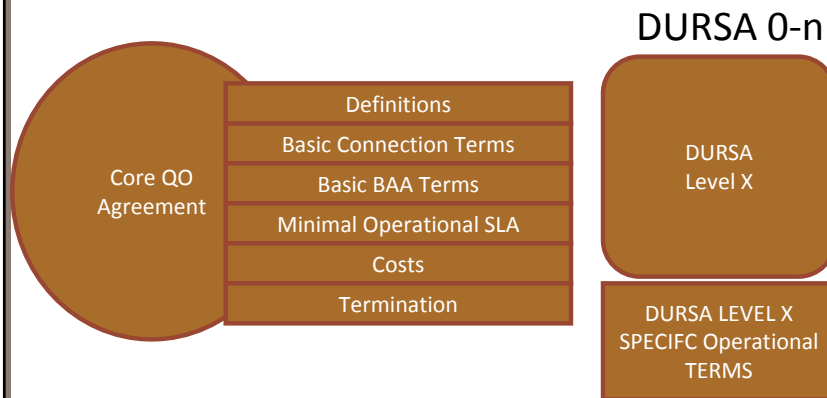
1. Enforce existing laws and regulations relative to security and privacy (HIPAA, behavioral health, etc.).
2. Leverage previous data sharing work by MiHIN and prior work to develop the national Data Use Recipient Sharing Agreements.
3. Set common expectations for service levels, performance, and participation.
4. Create “Signable” and “Enforceable” Agreements.
5. Don’t “boil the ocean”, but create a process that starts with early Use Case support and builds as more data sharing functionality becomes possible and is understood.
6. Follow a reverse pyramid of access approach.
7. Expect technology & standards to change/evolve.

BUILDING TOWARD SUCCESS AND TRUST

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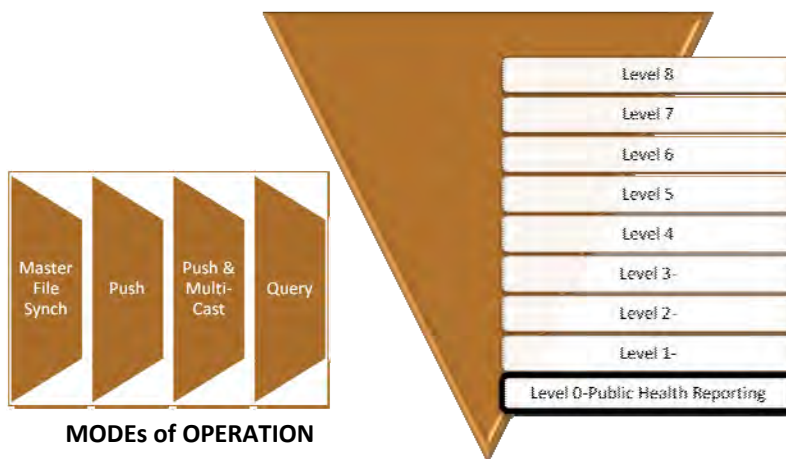
**MiHIN**  
Michigan Health Information Network

## Establishing An Evolutionary Structure



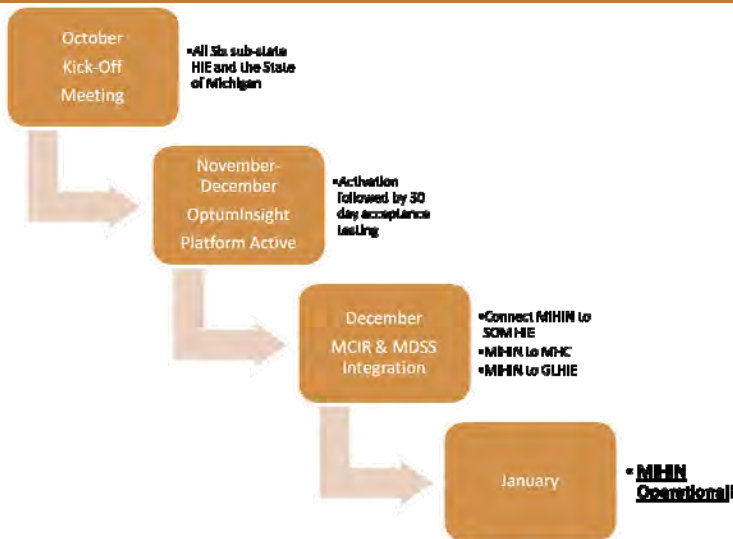
PARTS OF THE DATA SHARING AGREEMENTS

## Planning for Evolutionary Data Sharing



REVERSE PYRAMID OF SHARING

## Target High Level Implementation Timeline



MIHIN HIE FUNCTIONAL

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**MIHIN**  
Michigan Health Information Network

[info@MiHIN.ORG](mailto:info@MiHIN.ORG)

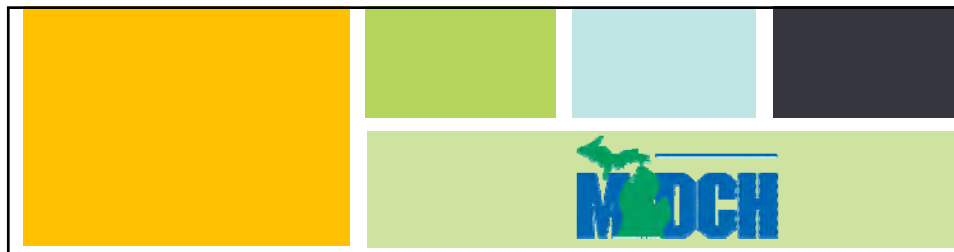
See: [WWW.MIHIN.ORG](http://WWW.MIHIN.ORG)

MORE INFORMATION ABOUT MIHIN

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**MIHIN**  
Michigan Health Information Network



## **M-CEITA Stakeholder Input**

Input from the M-CEITA Statewide Stakeholder Committee -- Beth Nagel


Discussion: Recommendations to MDCH based on Committee feedback -- Chair, All

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## **Review**

- **Statewide Stakeholder Committee provided recommendations to HIT Commission to ask M-CEITA 3 Questions:**
  1. Inquire about strategies for filling the M-CEITA leadership gap
  2. Inquire about the pricing structure to ensure that all pricing is transparent
  3. Inquire about current risks and mitigation strategies

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## Review

- At 9-15-11 HIT Commission Meeting Dan Armijo from Altarum provided answers to those three questions
- On 9-29-11 The Statewide stakeholder committee reviewed the answers provided to the HIT Commission

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## Outcome

- **Statewide Stakeholder Committee reaction:**
  1. Overall, the program is moving forward and is meeting goals, but there are issues around the edges that still need to be resolved.
  2. The Committee would like to understand how Altarum is utilizing provider input into the operations
  3. Though the pricing and discount structure has been consistent since it was created, more information is still needed
  4. As Altarum is working toward sustainability, the Committee would like to understand what models are being considered and what type of input is Altarum seeking to inform program sustainability?

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## Discussion

- Does the HIT Commission want to recommend that MDCH seek answers to these questions?
- Are there other pieces of information needed?
- Are their questions the HIT Commission should pose back to the Statewide Stakeholder committee?

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## Notes

- M-CEITA will provide a monthly update for November to be distributed to HIT Commission and Statewide Stakeholder Committee.
- M-CEITA direct service provider will present at the December HIT Commission meeting.

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# **Southeast MI Beacon Community Collaborative**

Beacon Activity Update -- Terrisca Des Jardins  
Discussion: Input for Beacon -- Chair, All

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# **Southeast Michigan Beacon Community Update**

MI HIT Commission  
October 20, 2011

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## Agenda

- I Brief Beacon Overview
- II Progress since March 2011
- III Deeper Dive  
Example Initiative: mHealth



## Beacon Communities

- Funded by U.S. Department of Health and Human Services
  - Administered by the Office of the National Coordinator for Health Information Technology





## 17 Beacon Communities



## Beacon In The News



## 17 Beacon Communities

Bangor Beacon Community, Brewer, ME	\$12,749,740
Beacon Community of the Inland Northwest, Spokane, WA	\$15,702,479
Central Indiana Beacon Community, Indianapolis, IN	\$16,008,431
Colorado Beacon Community, Grand Junction, CO	\$11,878,279
Crescent City Beacon Community, New Orleans, LA	\$13,525,434
Delta BLUES Beacon Community, Stoneville, MS	\$14,666,156
Greater Cincinnati Beacon Community, Cincinnati, OH	\$13,775,630
Greater Tulsa Health Access network Beacon Community, Tulsa, OK	\$12,043,948
Hawaii County Beacon Community, Hilo, HI	\$16,091,390
Keystone Beacon Community, Danville, PA	\$16,069,110
Rhode Island Beacon Community, Providence, RI	\$15,914,787
San Diego Beacon Community, San Diego, CA	\$15,275,115
<b>Southeast Michigan Beacon Community, Detroit, MI</b>	<b>\$16,224,370</b>
Southeastern Minnesota Beacon Community, Rochester, MN	\$12,284,770
Southern Piedmont Beacon Community, Concord, NC	\$15,907,622
Utah Beacon Community, Salt Lake City, UT	\$15,790,181
Western New York Beacon Community, Buffalo, NY	\$16,092,485



## Southeast Michigan Beacon Community Collaborative (SEMBC)

- Vulnerable Population
  - Detroit, Highland Park, Hamtramck, Dearborn, Dearborn Heights
  - Population Flight
  - Physician Flight
  - Considerations
    - Unemployed
    - Uninsured
    - Limited access to healthcare

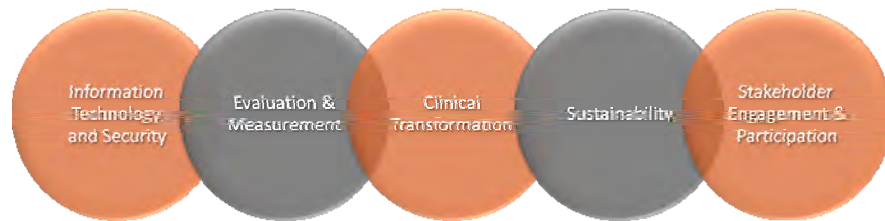




# Beacon Progress

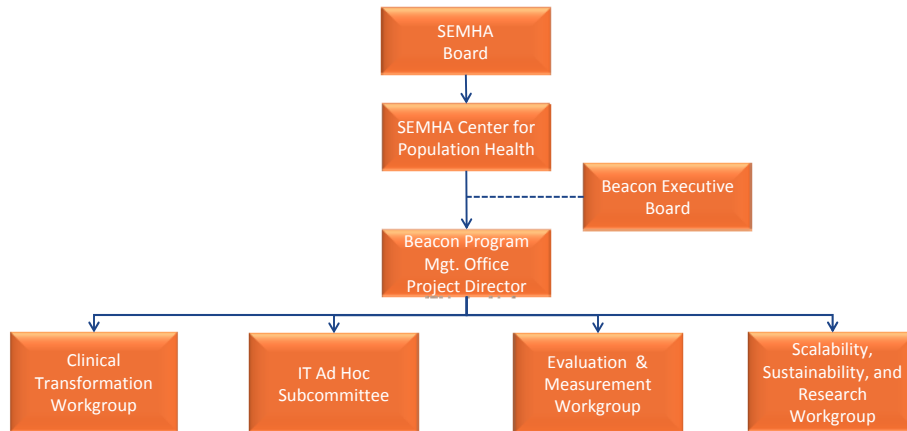


# Beacon Domains





## SEMBC Governance



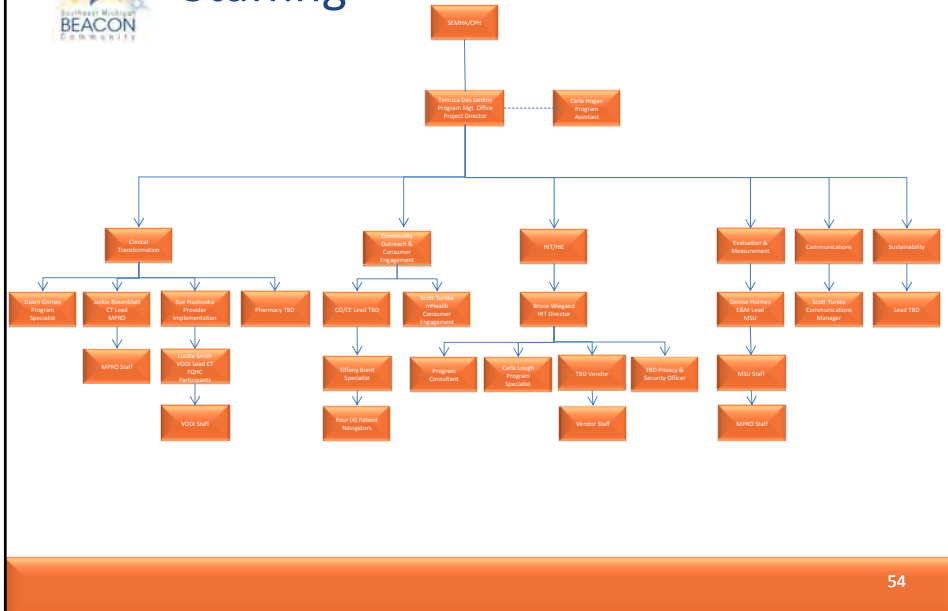
## Beacon Executive Board

Name	Organization
Vernice Davis Anthony	Greater Detroit Area Health Council
Yvonne Anthony, PhD.	Department of Health and Wellness Promotion
Leland A. Babitch, M.D., M.B.A.	Detroit Medical Center
Thomas Cieszynski	Southeastern Michigan Health Association
Cynthia Green-Edwards	Michigan Department of Community Health
Ricardo Guzman	Community Health and Social Services Center
Rick Hillbom	Oakwood Hospital and Medical Center
Adam Jablonowski	Wayne County Medical Society
Marsha Manning	General Motors
Toshiki Masaki	The Ford Motor Company

Name	Organization
Robert Milewski	Blue Cross Blue Shield of Michigan
Barbara Rossman	Henry Ford Macomb Hospital
Lucille Smith	Voices of Detroit Initiative
Herbert Smitherman Jr., M.D., M.P.H., F.A.C.P.	Wayne State School of Medicine
David Spivey	St. Mary Mercy Hospital
Cynthia Taueg, PhD.	St. John Providence Health System
Robert J. Yellan	Michigan Peer Review Organization
Edward Wolking	Detroit Regional Chamber
Jim Slaughter	Juvenile Diabetes Research Foundation
Beth Nagel	Michigan Department of Community Health
Derek Robinson, M.D., M.B.A., F.A.C.E.P.	CMS – Region V Chicago



## Staffing



## Beacon in Southeast Michigan

- Focus on Diabetes
  - Provider interventions
  - HIT-enabled clinical and operational interventions
  - Patient and community outreach interventions





# Example Linkages

- MDCH Participation
  - Cynthia Green-Edwards sits on BEB
  - Beth Nagel is ex-officio on BEB
- Participate in regular State-sponsored collaborative meetings
- EHR incentives: training to Beacon practice coordinators
- M-CEITA: MPRO linkage
- RWJF AF4Q: GDAH linkage
- Potential area for collaboration: MDCH cell phone initiative

## Beacon Programmatic Dashboard (as of 9/30/11)

G = Green, We are on track to deliver committed scope by committed deadline with committed resources/funding.									
Y = Yellow, Area of concern, however, we have a plan to get back to green.									
R = Red, We are not on track and need a plan to get the area back on track.									
Beacon Countdown									
Year: 1 6 Month: 1 Day: 8 Hour: 30 Min: 30									
Domain	Lead	Phase	Number of Patients	Physician Data Reporting	Patient Health Navigator	Clinical Interventions	Workflow Modification	Care Coordination ED Linkage	
Clinical Transformation	Sue Hashikawa	Planning/Implementing	13,935	G (118/163 phys)	Y (70/800 pts)	G (118/163 phys)	G	Y (1/1 EDs)	
Target Date			Min. Target = 4,000	12/31/2011	12/31/2011	12/31/2011	12/31/2011	11/30/2011	
Comments: (related to Red and Yellow areas): Ambulatory Care Work ongoing; interventions scaled based on clinic readiness.									
Domain	Lead	Phase	Proposal Review Process and Vendor Selection (3 Finalists)	Contracting	Develop and Execute Data Sharing Agreements and P&P for Privacy/Security (XX26 Practices) (xS Health Systems)	Initial Connections /Interfaces with sites	Go Live w/Pilot Sites (XX10 practices) (xxS Health System)	Go Live w/ Remaining Sites (XX26 practices) (xxS Health Systems)	
Information Technology	Bruce Wiegand	Planning	G	R	Y	R	R	R	
Target Date			Completed	9/30/2011	10/31/2011	12/31/2011	12/31/2011	1/31/2012	
Comments: (related to Red and Yellow areas):									
Domain	Lead	Phase	Eval Plan B Development (incl measures and survey tools)	Report quarterly data to ONC	Build Secure Research/Analysis Environment for Data Housing				
Evaluation & Measurement	Denise Holmes	Planning/Implementing	G	G	G				
Target Date			3/2/2012	Ongoing					
Comments:									
Domain	Lead	Phase	Develop Overall Communications Plan	*Care About Your Care* Event	Develop Value Propositions	Internal/External Educational and Milestone Communications/ Materials	Website	Mobile Health	
Communications and Outreach	Scott Turske	Planning/Implementing	G	G	G	Y	G	G	
Target Date			Complete	9/15/2011	Ongoing	Ongoing	Complete	11/15/2011	
Comments: (related to Red and Yellow areas): Website is live: w.w.w.SEMC.org; mHealth - soft launch in mid-November, public launch January 2012									
Project Name	Lead	Phase	Constitute Workgroup, Secure Chair/Co-Chairs	Develop Sustainability Plan w/ Financial and Structure Model	Identify Additional Funding Opportunities to Pursue Consistent w/Beacon Program	Develop Scalability Plan (in concert w/ HIE/ET domain)			
Scalability, Sustainability and Research	Carla Lough	Upcoming	target for Q3	Q1 2012	2 by Q4 2011	Q1 2012			
Target Date			9/30/2011						
Comments: (related to Red and Yellow areas): No work commenced to date on this domain (i.e., survive to thrive). Anticipate initial workgroup meeting in October.									
Project Name	Lead	Phase	Personnel & Prime Benefits	Travel	Equipment	Supplies	Contractual		
Budget	Gary Petroni	Planning	G	G	Y	G	G		
Budget Spent through end of August 2011 \$1,823,145 / \$16,224,370									
Comments: (related to Red and Yellow areas): It was anticipated that more of the allocated monies would have been spent to date. Final contracts with known contractors have been executed. Equipment unknown until completion of vendor RFP process.									



## Interventions



### Physician data reporting and performance feedback

- Establish a network of physicians who are committed to process change and data exchange.



### Care Coordination – Ambulatory

- Utilization of patient navigators to help patients adhere to treatment plans.



### Clinical Decision Support

- Targeted alerts, reminders, and decision support information.



### Care Coordination – Hospital Emergency Departments

- Partnerships with ED that helps identify, treat, and coordinate care of diabetic patients.



### Patient Engagement

- Partnerships with community and faith-based organizations that extend the reach of SEMBC.



### Telehealth

- Use mobile and other messaging options to identify diabetes within the SEMBC.



## Clinical Transformation Update

### Ambulatory

- Interventions in progress:
  - Patient Health Navigators
    - 120 “navigated” patients
  - Process improvement
  - Clinical decision support
  - Quality reports
- CME Category I Performance Improvement
  - \$20,000 funding awarded from Bristol Meyers Squibb
  - CME to be tracked for 2012 activity



## Clinical Transformation Update (Cont.)

### Emergency Department

- Monthly subgroup meeting
- Initial target population:
  - Frequent ED users (5+ visits over 12 months) with diabetes diagnosis
- Next Steps:
  - Discuss IT strategies to identify target population
  - Define intervention strategies
  - Determine pilot site
  - Review ED interventions at Beacon hospitals to determine feasibility of scaling successful interventions to other facilities
  - Determine methods to adopt successful ambulatory care strategies from GDAHC pilot

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## Clinical Transformation Update (Cont.)

### Pharmacy Intervention

- Focus on e-prescribing errors at practice level
- Survey selected Detroit pharmacies on e-prescribing errors and identify Beacon clinics where errors are occurring
- Develop practice education and mitigation strategy based on pharmacy survey results
- Design and implement in collaboration with IMPACT and Southeast Michigan E-Prescribing Initiative

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## Clinical Transformation Update (Cont.) HRSA Awards

- Only provided to FQHCs with Beacon affiliation across the county
- Beacon Letter of Support provided to FQHC clinics
- Funds awarded by HRSA and HHS
- Detroit awardees

FQHC	Award	Beacon Purpose
Advantage Health Centers	\$100,000	Continue on path to full EHR implementation by 12-2011
CHASS	\$80,000	IT data manager to produce chronic care clinic and performance metrics; data collection in EMR system
Covenant	\$100,000	Staff support for Beacon implementation; data interface for HIE
Detroit Community Health Connection	\$100,000	Training for physicians and staff to increase use of EMR; work flow improvements
Western Wayne Family Health Centers	\$100,000	IT support; employee training; Diabetic Case Manager



## Clinical Transformation Update (Cont.)

### Patient and Community Engagement

- Align efforts and leverage community presence to better service Beacon catchment population
- Local partners identified include: National Kidney Foundation Michigan, IMPACT Healthy Living Mall, American Heart Association, American Diabetes Association, Walgreen's, Wayne County Health Department
- Present sessions with IMPACT and Gleaners to faith based organizations on creating health councils within worship centers
  - Focus on First Ladies of worship centers
  - Provide a series of sessions for worship centers to include: healthy cooking demonstrations, diabetes, hypertension and blood pressure education, connection to care, medication information, and chronic condition management empowerment (motivational coaching)



## Clinical Transformation: Target Goals and Measures

1. A 5% increase in the proportion of diabetic patients who receive standard recommended testing and examinations
2. A 5% reduction in the proportion of non-urgent Emergency Department utilization among diabetic patients.
3. A 5% reduction in the proportion of diabetic patients having disparity ratios for quality of care and population health measure disparities related to gender, insurer, or race.

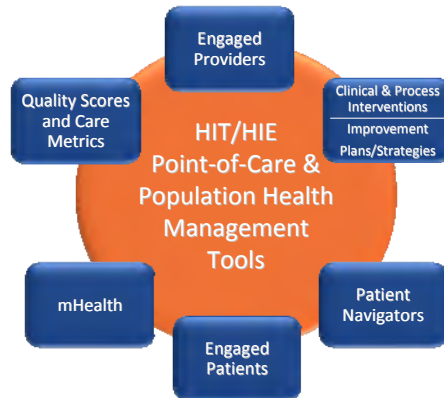


## Building a Foundation: Provider and Patient Engagement

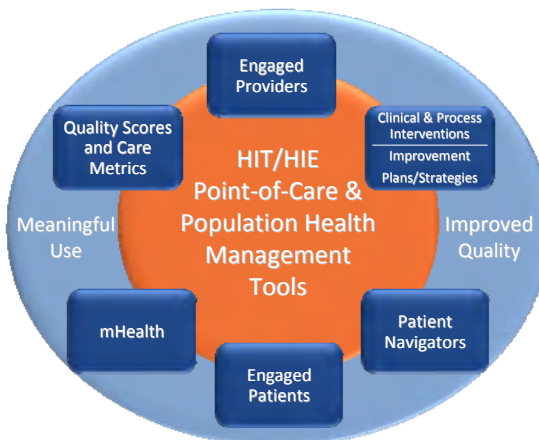




## Clinical Transformation Enabled by HIT & HIE

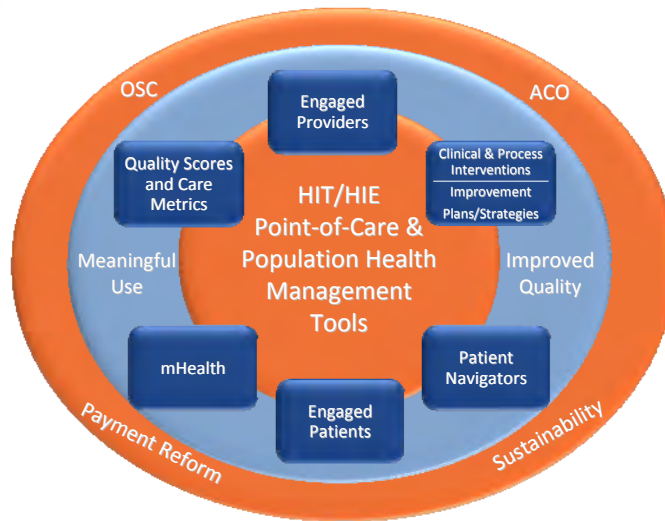


## Clinical Transformation: Meaningful Use Driving Quality Improvement





## Better Patient and Population Health Outcomes through Clinical Transformation Supported by HIT &HIE



## Deeper Dive: Text HEALTH





## mHealth Background

- Use technology to reach vulnerable populations
- “Reverse” the upward trend for digital technology
- Increased awareness of diabetes, the risks of diabetes, and how to manage diabetes
- Get people into a healthcare setting sooner rather than later
- Public-facing intervention vs. provider intervention



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## Partners



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## Voxiva: text4baby

- Largest mHealth service in the US
  - 180,000+ Moms
  - 13,000,000+ messages sent
  - 500 partners in 50 states



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## Voxiva: text2quit

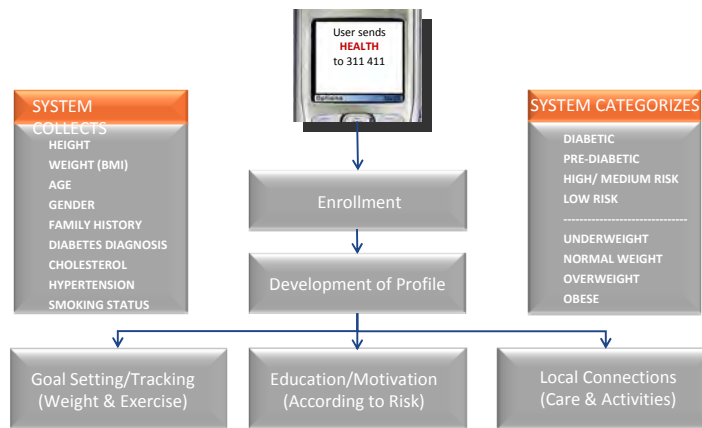
- Mobile technology combined with evidence-based best practices to help smokers successfully quit
- Incorporates Surgeon General's smoking cessation guidelines and key lessons from peer-reviewed studies demonstrating effectiveness in helping smokers quit via mobile phone
- Studies have shown that text-based interventions are 2 times more likely to help smokers quit
  - 10.7% of those receiving text messages quit smoking vs. 4.9% who quit and did not receive text messages



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## Building Blocks



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## Messaging

- 13-Week Curriculum,
  - Approximately five (5) messages per week
- Types of Messages
  - Risk Assessment
  - Local Resources and Services
  - Goal Setting and Tracking
  - Education



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## Messaging Content

- Based on recommendations and guidelines of
  - US Preventive Services Task Force
  - National Diabetes Education Program's *Small Steps, Big Rewards* program – a partnership of
    - The National Institutes of Health
    - The Centers for Disease Control and Prevention
    - The American Diabetes Association



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## Text HEALTH: Where We Are

- Established local multi-stakeholder advisory workgroup
- Recently announced at the American Diabetes Associations 71<sup>st</sup> Annual Scientific Sessions
  - Southeast Michigan and New Orleans Beacon Communities featured at the announcement
  - Cincinnati Beacon also participating
- Assembling local market partners
- Marketing plan complete
- Target launch: January 1, 2012; soft launch mid-November

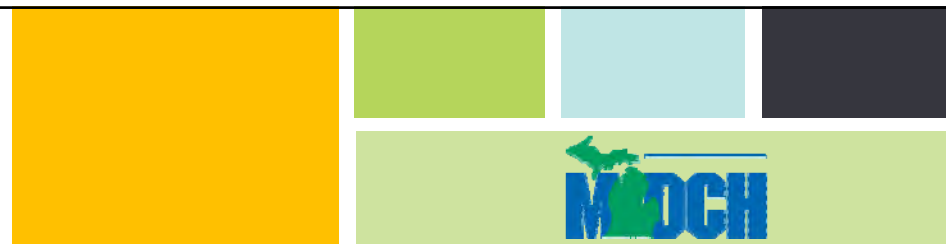
77



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website: [www.sembc.org](http://www.sembc.org)



## Update from HIT Workforce Grantees

Activity Update -- Sarah Linz, Sharon Leenhouts,  
Discussion: Input for HIT Workforce -- Chair, All  
Grantees



## ARRA of 2009: Community College Consortia to Educate Professionals in Health Information Technology

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**Michigan Health Information  
Technology Commission**  
Thursday, October 20, 2011  
1pm



*This project supported in whole or in part by ARRA HIT Grant # 90CC007901 awarded to the Cuyahoga Community College by the Federal HHS Office of the National Coordinator. Cuyahoga Community College is an equal opportunity employer and does not discriminate based upon race, gender, nor ethnicity.* <sup>80</sup>



## Grant Proposal

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### Funding Opportunity Purpose

“...To provide assistance of higher education, or consortia thereof, to establish or expand medical health informatics education programs to ensure the rapid and effective utilization and development of health information technologies.”



## Grant Criteria

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- Two year grant: April 2010-April 2012
- 5 regional consortia
- Lead institution for each consortium plus member colleges covering region
- Train in 6 roles (competencies defined)
- Training must be completed in 6 months or less
- Credit bearing – non degree
- Certificate awarded
- Training must begin by Sept. 30, 2010
- All 6 roles must be available in all parts of the region
- Rapid deployment of training

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## 6 Health IT Roles

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- Practice workflow and information management redesign specialists
- Clinician/practitioner consultants
- Implementation support specialists
- Implementation managers
- Technical/software support staff
- Trainers

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## Midwest Consortium

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- Tri-C (Cuyahoga Community College) is the Lead Institution
- 10 States (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin)
- 17 Member Colleges (Moraine Valley, Des Moines Area, Kirkwood, Johnson County, Delta, Lansing, Macomb, Wayne County, Normandale, St. Louis, Metropolitan, Cincinnati State Technical, Columbus State, Cuyahoga, Sinclair, Madison, Milwaukee Area Technical)
- \$14.6 Million over 2 years
- 2,700 trainees per year
- Average 150 students per school/academic year

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## National/Regional Numbers as of 9/16/11

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- Nationally
  - 15,370 enrolled
  - 3,853 completed
  - 16% attrition
- Midwest
  - 3,423 enrolled
  - 884 completed
  - 18% attrition

85



## Delta College

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- To train 300 people in 2 years
- Training in role:
  - #2 - Clinician/Practitioner Consultant
  - #4 - Implementation Manager
  - #5 - Technical Software Support
- Online
- 24 weeks
- Through Delta College's LifeLong Learning Division

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## Lansing Community College

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- To train 200 people in 2 years
- Training in roles #2, 3, 4, 6
  - #2: Clinician/Practitioner Consultant
  - #3: Implementation Support Specialist
  - #4: Implementation Manager
  - #6: Trainer
- Hybrid (face-to-face and online)
- Through LCC's Business & Community Institute



## Macomb Community College

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- To train 300 people in 2 years
- Training in roles:
  - #1 – Practice Workflow & Information Management Redesign Specialist
  - #2 – Clinician/Practitioner Consultant
  - #3 – Implementation Support Specialist
  - #4 – Implementation Manager
  - #5 – Technical Software Support
- Face-to-Face and Hybrid
- 24 weeks

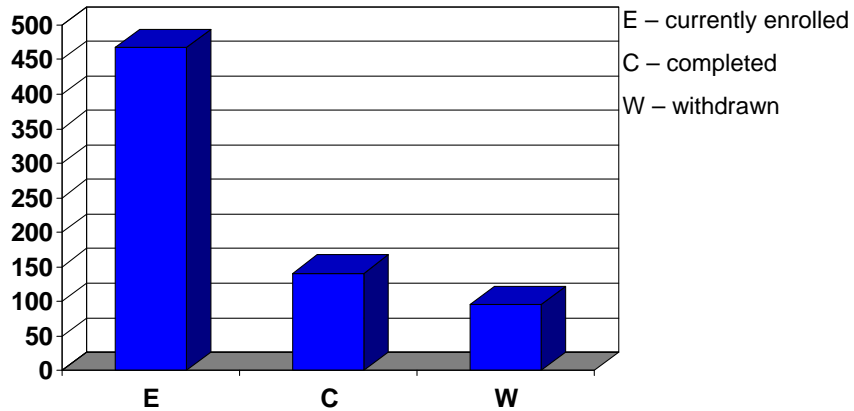


## Wayne County Community College District

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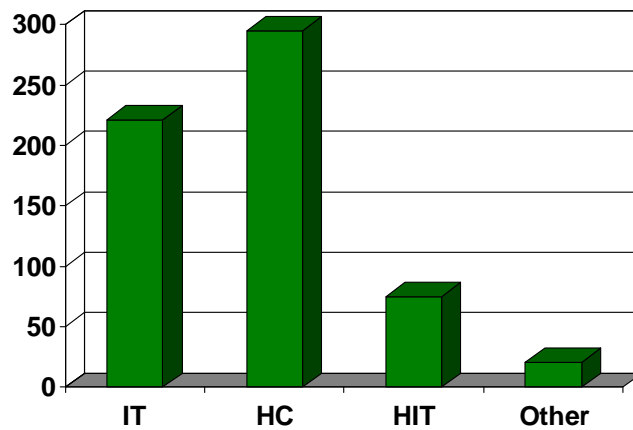
- To train 300 people in 2 years
- Training in roles:
  - #2 – Clinician/Practitioner Consultant
  - #3 – Implementation Support Specialist
  - #5 – Technical Software Support
  - #6 - Trainer
- Face-2-Face and Virtual
- 24 weeks

## MI: HIT Students (Delta/Macomb/Lansing) – 10/16/11



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## Industry Backgrounds of HIT Students in MI (Delta/Macomb/Lansing) – 10/16/11



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## Positive Student Feedback in MI

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- Positive attitude towards instructors
- Very helpful training for people currently working in HIT
- Vendor demos, guest speakers = helpful
- Interactive activities and tools (such as in Working in Teams, Workflow Process) = helpful

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## Student Feedback – critical

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- Overwhelming amount of material
- Redundancy in curriculum
- Too theoretical/not enough practical application
- Want more direct experience with EHR systems earlier on in the course
- More clarity on what they need to know/achieve to “pass”

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## Our Responses to Feedback

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- Brought in more demos
- Introduce EMRs earlier in the course
- Adjust delivery of curriculum (to be more online, or more face-to-face) based on participants' needs
- Increase explanation on why they are learning what they are learning as well as expectations to pass successfully

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## Success Stories:

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- About 25% dislocated workers regionally
- From LCC – 4 graduates have gotten new HIT positions (2 were dislocated, 2 were incumbent)
- From MCC – 18 graduates have gotten *new* HIT positions

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## Lessons Learned

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- Recruiting advertising was successful but too late
- Past/current students successful at recruiting new students
- Recruit faculty from industry
- Great support from Midwest Community College HIT Consortium

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## What HIT Commission Can Do:

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- Assist in educating employers on the validity of the HIT training program and the quality of HIT students
- Recruit people with appropriate backgrounds to the HIT training program
- Become a focal point and resource for graduates

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**Commissioner Updates**

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**Public Comment**

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**Adjourn**

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