

Health Information Technology Commission
Minutes

Date: Thursday February 17, 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
R. Taylor Scott, D.O.
Mark Notman
Olga Dazzo
Joseph Hohner
Toshiki Masaki – Vice Chair
Robert Paul

Commissioners Absent:

Phyllis Mellon
Robin Cole
Larry Wagenknecht, R.Ph.
Dennis Swan
Kimberly Ross – Jessup
Tom Lauzon

Staff:

Beth Nagel – MDCH
Kurt Krause – MDCH
Lynn Draschil - DTMB

Guests:

Stebe Werthele - Accenture
Umesh Jadhov – Deloitte
Naz Irami - Deloitte
Cnythia Green Edwards
John Hazewinkel – MSU
Jeff Shaw - MPHI
Mindy Richards - ChangeScape
Clare Tanner – MPHI
Laura Rappleye – MDCH

Kim Bachelder - MPHI
Cindy Schnetzler – MOA
Richard Weiner – Weiner & Assoc.
Sharon Leenhouts – Delta
Sarah Linz – LCC
Sandra Robinson – Wayne Co.
Carol Hall – Macomb
Kimberly Lynch -Altarum

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, February 17, 2011 at the Michigan Department of Community Health with eight Commissioners present including the Chair.

A. Welcome

B. Review and Approval of 1-20-11 meeting minutes

- Minutes of the 1-20-11 meeting were approved and will be posted to the HIT Commission website following this meeting.

C. Update on the MiHIN Shared Services

- Joe Hohner provided an update on the developments and activity of the MiHIN Shared Services.
- Hohner reviewed the process for hiring and Executive Director for the MiHIN Shared Services and encouraged HIT Commissioners to send the position description along to anyone who may be interested.
- Hohner discussed the need for the MiHIN Shared Services to work closely with an existing organization to purchase administrative services and outlined the process the board has taken to make this arrangement.
- Hohner discussed with the board the technology review process that has been happening and the need to develop the technology plans at a more detailed level. Hohner noted that more information will likely be available at the next HIT Commission meeting.
- Hohner outlined next steps for the MiHIN Shared Services.

D. 2nd Annual HIT Commission Innovation and Leadership Awards

- Beth Nagel discussed the development of the 2nd Annual HIT Commission Innovation and Leadership Awards.
- The HIT Commission formed a sub group to plan the awards which includes Commissioners Forzley, Masaki, Notman and Scott. This sub-group developed the award categories, criteria and timelines.
- Nagel described the 2011 awards as very similar to the 2010 awards program with a few minor exceptions: 1) there is newly created criteria for applicants that received an award last year and 2) the nominations form has been simplified.
- The HIT Commission asked Nagel to highlight this program to ONC as a best practice for promoting HIT.

E. Presentation from the HIT Workforce ARRA Grantees in Michigan

- Four community colleges presented an overview of their HIT programs that were funded by the American Recovery and Reinvestment Act of 2009. The presenters were Sharon Leenhouts from Delta College, Sarah Linz from Lansing Community College, Dr. Sandra Robinson from Wayne County Community College, and Carol Hall from Macomb Community College.
- These four Michigan community colleges are part of a 17 member Midwest consortium of community colleges that are across ten states. Their goal is to create standardized credit-bearing, short-term certificate training programs in HIT for the 6 roles identified by the ONC and provide placement services.

- Each presenter provided their goal for graduates and the progress they have made toward each goal.
- The Commission discussed the need to promote this program more widely to employers that need Health IT professionals.
- The Commission requested a copy of the curriculum for these programs.
- The Commission asked about the cost of these programs and in most there is no to minimal cost. Some of the programs cater to students that are working full time by having week night and weekend classes.
- More information about the Midwest Consortium can be found at <http://www.mwhit.org/>.

F. M-CEITA Update

- Kimberly Lynch provided an update on the status of the Michigan Center for Effective IT Adoption (M-CEITA), which is Michigan's Regional Extension Program funded by the Office of the National Coordinator for HIT (ONC).
- The updated included Michigan's progress toward the goal of over 3,700 providers served by M-CEITA as well as a view of the national progress of this program.
- Lynch gave an update on ONC programmatic changes that lengthens the original timeline for achieving goals from two to four years. Additionally, the ONC will provide 90% of the funding for four years as opposed to the two year original term. This did not change the funding amount.
- Lynch reported that M-CEITA is working closely with Michigan's Beacon Award and Medicaid and will begin working closely with the Midwest Consortium community colleges in Michigan to ensure coordination.

G. Commissioner Updates

- Bob Paul reported that Covisint will have a large contingent at HIMSS this year. Paul reported that Covisint is doing HIE work in Vermont.
- Lynn Draschil reported that the Department of Technology Management and Budget has a new CIO named David Behen who will be the DTMB representative on the HIT Commission.

H. Presentation on the Affordable Care Act: Medicaid Expansion and the Health Insurance Exchange

- Chris Priest presented an overview of the Affordable Care Act (ACA) and its effects on Michigan Medicaid as well as the planning process for a Michigan Health Insurance Exchange.
- Priest noted that the ACA will increase the number of beneficiaries in the Medicaid program and change the process for enrolling in Medicaid. This requires new policies and technologies for eligibility and enrollment into Medicaid.
- Priest outlined the concept of Health Insurance Exchanges and described the basic provisions of the Health Insurance Exchange, the proposed timeline for services and the functions that will be provided.

- Priest gave an overview of Michigan’s planning process and the array of options and decisions that will need to be made.
- The Commission asked if other states had decided to be state-based exchanges or have a federally run exchange. Priest answered that around 20 had said they will have a state based exchange and that others, like Michigan, have not yet decided.
- Commissioners asked if Michigan would need legislation to create a Health Insurance Exchange and Priest noted that it was likely but was not certain.

I. Public Input

- Jeff Shaw commented that over 200 providers and 11 hospitals in Michigan have enrolled in the Medicaid EHR Incentive program successfully.

J. Adjourn

- Meeting Adjourned at 3:30pm



**Michigan Health Information
Technology Commission**

February 17, 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 1-20-11 meeting minutes
- C. MiHIN Shared Services
- D. 2nd Annual HIT Commission Innovation Awards
- E. Medicaid Planning Grant for the Patient Protection and Affordable Care Act
- F. HIT Workforce ARRA Grantees in Michigan
- G. M-CEITA Update
- H. Commissioner Updates
- I. Public Comment
- J. Adjourn

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MiHIN Shared Services

TBD

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MiHIN Shared Services

- **Update Agenda:**
 - Hiring
 - Administrative Services Support
 - Organizational Foundations
 - Defining Technology Approach
 - Next Steps



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Hiring

- **Wanted: Executive Director**
- **Position Description circulated**
- **Respond By Feb. 28**
- **HIT Commission Help**
 - Circulate through your networks
 - Send to eligible candidates

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Administrative Support

- **Looking for a “host” that can provide space & administrative services**
- **Surveyed multiple non-profit organizations**
- **Currently information gathering with two potential organizations**

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Organizational Foundations

- Expected to finalize Bylaws in early March
- Working on:
 - Conflict of Interest Policy
 - IRS tax exemption
 - Mission Statement

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Defining Technology Approach

- Need to develop specifics of the MiHIN Shared Services Technology Approach
- Strategic & Operational Plans laid the foundation
 - Plans are over 1 year old
 - Technology options have changed
 - Michigan's HIE landscape has expanded
 - Meaningful Use Stage 1 has been defined

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Defining Technology Approach

- Within bounds of approved direction we must decide
 - Detailed architecture
 - Detailed use cases
- Formed Technology Review Team
 - Brought in MiHIN planning consultants
 - Discussed variations in approaches
 - Developed board recommendation

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Defining Technology Approach

- Focusing on:
 - First step of incremental approach
 - Meeting the demand for statewide “Push” of information
 - Expanding services available for sub-state exchange
 - Evolving toward the full Shared Service “Bus” outlined in Plans

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Next Steps

- Hire Executive Director
- Finalize “host” organization
- Further refine technology approach
- Working with ONC on success measures
- Developing method for ensuring HIE service are strong locally
- Finalizing organization’s foundation: bylaws, policies, procedures, tax status

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2nd Annual HIT Commission Innovation Awards

Beth Nagel

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Award Planning Committee

- Toshiki Masaki
- Mark Notman, Ph.D
- Taylor Scott, D.O.
- Greg Forzley, M.D.

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Overview

- 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

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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.

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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

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Who is eligible?

- **Health Innovation Award:**
 - Actively delivers health care services to residents of Michigan.
 - AND has invested in Health Information Technology and/or Health Information Exchange technologies
 - AND can demonstrate an investment in HIT and/or HIE that is improving the effectiveness and efficiency of healthcare in Michigan.
 - AND/OR can demonstrate an investment in HIT and/or HIE that will enable Michigan health care professionals and facilities to meet the Centers for Medicare and Medicaid "Meaningful Use" criteria.
 - AND is compliant with all applicable state of Michigan health professions and facility licensure.
 - A recipient of the 2010 award will be considered eligible for a different innovation or achievement.

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Who is eligible?

- **Health Leadership Award:**
 - Is a entity or individual that is based or has significant presence in Michigan
 - AND has supported, Encouraged, Facilitated or Advocated for the adoption of Health Information Technology and/or Health Information Exchange technologies
 - AND can demonstrate the efforts that facilitated, supported or encouraged the adoption of Health Information Technology or Health Information Exchange in Michigan
 - A recipient of the 2010 award will be considered eligible for a different innovation or achievement.

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Process

- An application will include:
 - An application form,
 - a brief sketch of the innovation or the example of leadership
 - a brief sketch of the nominee
 - a description of how the applicant meets the award criteria.
- All incoming nominations must be in electronic form
 - Send to Beth Nagel at nagelb@michigan.gov

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Awards Are:

- Symbol of recognition
- Feature on MiHIN website
- Presented at the Wiring for Michigan conference by HIT Commission Member(s)

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Award Selection

- An Award Selection Committee will be comprised of HIT Commission members and MDCH staff.
- Each member of the committee will review the materials and rank-order each of the candidates by award type and applicant type. This process will be completed by each of the committee members individually.
- The rankings will be compiled and the Award Committee will meet to decide final awards in each category.
- The recipient of the Award will be notified by staff.
- The award will be announced at the 4th Annual Wiring Michigan Conference held on May 18th and 19th.
- Award recipients will be announced in a press release from MDCH

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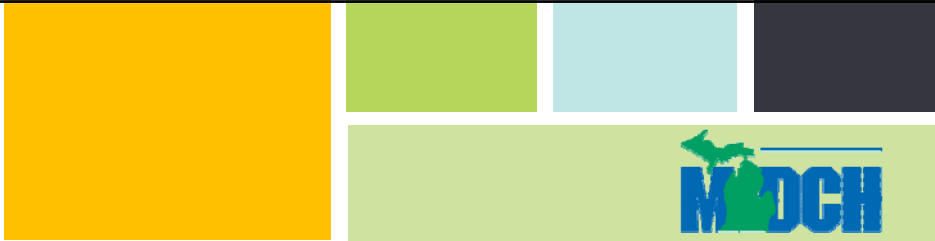


Promotion

- MiHIN Email List
- Assistance from health related associations
- Assistance from the HIT Commission

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**Medicaid Planning Grant for the
Patient Protection and Affordable
Care Act**

Chris Priest

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**Affordable Care Act:
Medicaid Expansion and the
Health Insurance Exchanges**

Michigan HIT Commission

February 17, 2011

Chris Priest
Medical Services Administration

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Overview

- ACA Implementation to Date
- Medicaid Expansion
- Health Insurance Exchanges
- Exchange Planning

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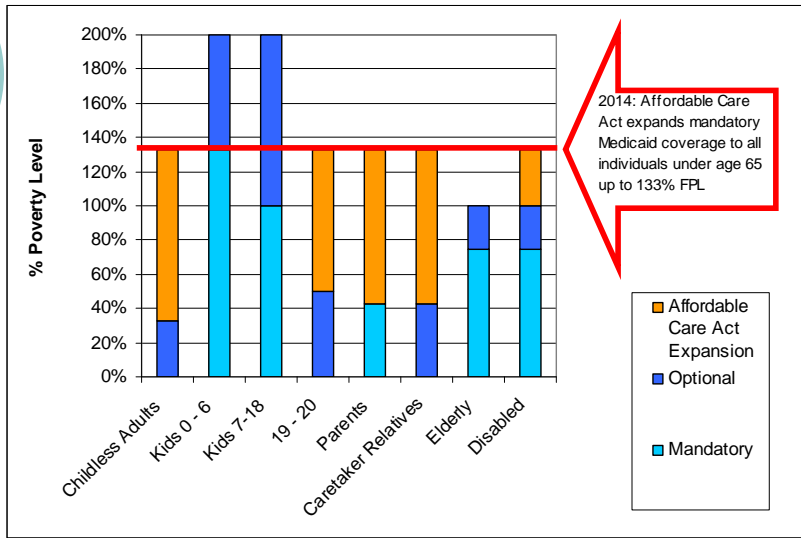


ACA Implementation to Date

- Medicaid and CHIP Maintenance of Effort
- Established High Risk Pool
- Insurance Market Reforms
- Temporary Re-Insurance Program

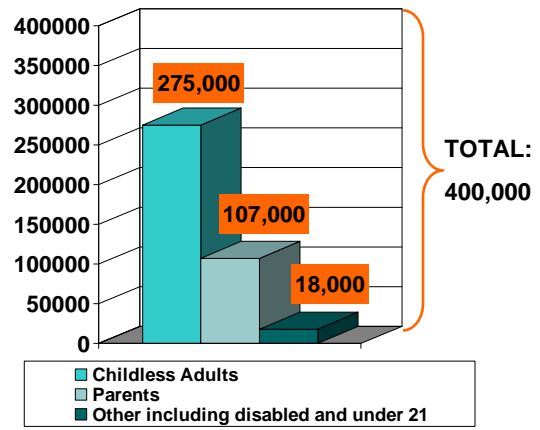
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Current MI Medicaid & CHIP Eligibility + Affordable Care Act Expansion



Estimated Enrollment of Newly Eligible Beneficiaries

The Affordable Care Act expands mandatory Medicaid coverage to all individuals under age 65 up to 133% of the FPL (\$29,327 for a family of four).





Key Issues: Medicaid

- Resolution of eligibility issues
- Relationship between the Exchange and the Medicaid and CHIP programs
- Integrated care for Medicare and Medicaid duals

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Health Insurance Exchanges

- New health insurance market where individuals and small businesses can go to learn about available options and to purchase coverage
- A more organized and competitive market for health insurance that offers
 - A choice of health plans
 - Establishes common rules in terms of offering and pricing insurance
 - Provides consumers with information to better understand the health insurance options available to them

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Exchange Coverage Options

- Basic health plan - four levels of coverage available
 - Bronze 60% actuarial equivalent
 - Silver 70%
 - Gold 80%
 - Platinum 90%
- Bronze package would cost and cover the least and the platinum would cost and cover the most.
- Policies must cover essential services such as doctor visits, hospitalization, prescription drugs, maternity and diagnostic services.

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The Exchange and Subsidies

- Starting in 2014, subsidies will be available to help assist low to moderate income individuals purchase coverage through the Exchange.
- Subsidies will be in the form of refundable and advanceable tax credits for individuals and families with incomes from 133% to 400% of the federal poverty level (FPL).
- The premium credits will be tied to the second lowest cost Silver plan in the area and will be set on a sliding scale so that the premium contributions are limited to percentages of income for specified income levels

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Functions of the Exchange

- Certify and rate qualified health plans
- Operate hotline and Web site
- Standardize presentation of coverage options
- Inform individuals of Medicaid, CHIP eligibility
- Help calculate plan costs
- Determine exemptions from individual mandate

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Exchange Options

- States can:
 - Independently operate the Exchange
 - Operate regionally with other states
 - Defer to the federal government for operation of the Exchange
- Exchange can be structured to be:
 - Established within existing state agency
 - Newly established state agency
 - Quasi-public authority
 - Non-profit entity

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Health Insurance Exchanges: Key Dates

- HHS Certification by January 1, 2013
- Operational by January 1, 2014
- Self-sustaining by January 1, 2015

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Federal Guidance on Exchange Implementation

- Joint OCIIO/CMS Guidance for Exchange and Medicaid IT Systems (V.1)
 - Initial discussion regarding the design, development, implementation of IT and systems projects related to the Exchanges, Medicaid and CHIP
- Anticipated Federal rules: Spring and Fall 2011

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Health Insurance Exchange Funding

- October 2010 through December 2014:
 - Cost to establish Exchanges born by Federal government
 - Additional Federal grant funding available for Exchange establishment
 - Cost Allocation for interface with Medicaid
- New federal funding proposed for streamlining and upgrading Medicaid eligibility systems
 - Available until Dec 31, 2015: 90% federal match rate for design, development and installation or enhancement.
 - Beyond Dec 31, 2015: 75% federal match rate for maintenance and operations

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Exchange Related Grant Opportunities

- Exchange Planning Grant
 - September 30, 2010 Michigan was awarded nearly \$1 million in an Exchange State Planning and Establishment Grant
- Early Innovator Grant
 - A recent funding opportunity for states to design and implement the Information Technology (IT) infrastructure needed to operate Health Insurance Exchanges
- Exchange Establishment Grant
 - Provides 100% federal financial assistance for the establishment of a State-operated Exchange

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Exchange Planning Grant

3 phases of the 12 month planning process:

- 1) Establish and implement a plan for stakeholder involvement to ensure broad range of input is considered
- 2) Conduct appropriate research to determine the potential eligible population and the impact on Medicaid and other programs
- 3) If *decision is made to establish state-run Exchange*: perform analysis of proposed plans to be offered, as well as Exchange sustainability

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Stakeholder Involvement Process

- Convene five diverse stakeholder workgroups composed of both the public and private sectors across the state
- Each will meet four times before May 2011
- Workgroups will create recommendations and solutions for complex policy, technical, and business matters involving both integration and implementation issues
- Recommendations will be presented to the Exchange Steering Committee to determine best way to implement Exchange in MI

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Planning Grant Progress

- Exchange Kick-off Meeting 2/1/11
- Stakeholder Workgroups to meet 4-5 times each, February-April
 - Governance; Business Operations; Technology; Regulatory and Policy Action; Finance, Reporting, and Evaluation
- Exchange website in development
 - Will include updates from stakeholder workgroups

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Exchange Establishment Grant

- States may apply for incremental funding based on progress in Exchange planning activities, including Exchange IT infrastructure
 - Cost allocation for interface with Medicaid
- Grants will be awarded if States demonstrate they are meeting benchmarks in 11 core areas as defined by the Secretary of HHS
- Establishment Grants will fund Exchange set-up activities through 12/31/2014

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Establishment Grant Options

- Level 1 Grant
 - Provides up to 1 year of funding for additional planning activities in certain core areas
- Level 2 Grant
 - Provides bulk of funding for Exchange set-up activities (including IT)
 - Must apply by 6/29/2012
 - State must meet specific criteria

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Level 2 Eligibility Requirements

To apply for Level 2 grant funds, States must:

- Have necessary legal authority to establish and operate an Exchange
- Have established governance structure
- Submit a complete budget through 2014
- Submit an initial plan for fiscal sustainability by 2015
- Submit a plan outlining steps to prevent fraud, waste, and abuse
- Submit a plan describing how the state will be able to provide assistance to individuals and small businesses (including a call center)
- Meet core area benchmarks defined by HHS Secretary



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Exchange Establishment Core Areas


- Background Research
- Stakeholder Consultation
- Legislative and Regulatory Action
- Governance
- Program Integration
- Exchange IT Systems
- Financial Management
- Oversight and Program Integrity
- Health Insurance Market Reform
- Providing Assistance to Individuals and Small Businesses, Coverage Appeals, and Complaints
- Business Operations of the Exchange

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HIT Workforce ARRA Grantees in Michigan

John Hazewinkel



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

**Michigan Health Information
Technology Commission**
Thursday, February 17, 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.



Grant Proposal

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

- 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



6 Health IT Roles

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



Midwest Consortium

- 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



Consortium Goals

- Develop and sustain a **regional network of community colleges** providing HIT educational programs
- Create standardized credit-bearing, short-term **certificate training programs** in HIT for the 6 roles identified by the ONC
- Train current & dislocated health career and information technology professionals, students, recent graduates & veterans **to become HIT professionals equipped to implement, support and integrate electronic health care information systems** into diverse healthcare practice settings
- Provide **placement services** for trained HIT professionals into the workforce across Region C




Role #1: Practice Workflow and Information Management Redesign Specialists

- **Competencies**
- Workers in this role will be able to:
- Document the workflow and information management models of the practice.
- Conduct analysis of user requirements to facilitate workflow design.
- Develop revised workflow and information management models for the practice, based on meaningful use of a certified EHR product. Revised models will anticipate implementation of:
 - General practice automation (e.g., appointment scheduling) to the extent not yet implemented
 - Electronic documentation and results review
 - Computerized provider order entry (CPOE)
 - Clinical decision support (CDS)
 - Health information exchange to include:
 - Sending of lab orders and receipt of results using CPOE
 - Quality improvement and reporting
 - E-Prescribing
 - Other EHR functionalities as required by the Stage 1 Meaningful Use definition for 2011 and its evolution into Stage 2 in 2013 and Stage 3 in 2015
- Work directly with practice personnel, as the practice implements the EHR, to implement the revised workflow and information management model.
- Work with practice staff to develop a set of plans to keep the practice running if the EHR system fails.
- Work with practice staff to evaluate the new processes as implemented, identify problems and changes that are needed, and implement these changes.
- Design processes and information flows for the practice that accommodate quality improvement and reporting.



Role #2: Clinician/Practitioner Consultants

- In addition to the activities for the "Practice Workflow and Information Management Redesign Specialist" role, workers in this role will be able to:
- Analyze and recommend solutions for health IT implementation problems in clinical and public health settings, bringing clinical expertise directly to bear.
- Advise and assist clinicians in taking full advantage of technology, enabling them to make best use of data in electronic form, including data in registries, to drive improvement in the quality, safety and efficiency of care.
- Assist in selection of vendors and software by helping practice personnel ask the right questions and evaluate the answers they receive.
- Advocate for users' needs, acting as a liaison between users, IT staff, and vendors.
- Ensure that the patient/consumer perspective is incorporated into EHR deployments and that full attention is paid in the deployment to critical issues of patient privacy.
- Train practitioners in best use of the EHR system, conforming to the redesigned practice workflow.



Role #3: Implementation Support Specialists

- **Competencies**
- Workers in this role will be able to:
- Execute implementation project plans by installing hardware (as needed) and configuring software to meet practice needs.
- Incorporate usability principles into software configuration and implementation.
- Test the software against performance specifications.
- Interact with the vendors as needed to rectify technical problems that occur during the deployment process.
- Proactively identify software or hardware incompatibilities.
- Assist the practice in identifying a data back-up and recovery solution, and ensure the solution is effective.
- Ensure that the mechanism for hardware/software recovery (e.g., data backup or redundant systems) and related capabilities are appropriately implemented to minimize system downtime.
- Ensure that privacy and security functions are appropriately configured and activated in hardware and software.
- Document IT problems and evaluate the effectiveness of problem resolution.
- Assist end users with the execution of audits.



Role #4: Implementation Managers

- **Competencies**
- Workers in this role will be able to:
- Provide leadership ensuring that implementation teams, consisting of workers in the roles described above, function cohesively.
- Apply project management and change management principles to create implementation project plans to achieve the project goals.
- Interact with diverse personnel to ensure open communication with the end users and with the support team.
- Lead implementation teams consisting of workers in the roles described above.
- Manage vendor relations, providing schedule, deliverable, and business information to health IT vendors for product improvement.
- Coordinate implementation-related efforts across the implementation site and with their Health Information Exchange partners, troubleshooting problems as they arise.
- Apply to these activities an understanding of health IT, meaningful use, and the challenges practice settings will encounter in achieving meaningful use.



Role #5: Technical/Software Support Staff

- **Competencies**
- Workers in this role will be able to:
- Interact with end users to diagnose IT problems and implement solutions.
- Document IT problems and evaluate the effectiveness of problem resolution.
- Support systems security and standards.
- Assist end users with the execution of audits and related privacy and security functions.
- Incorporate usability principles into ongoing software configuration and implementation.
- Ensure that the hardware/software “fail-over” and related capabilities are appropriately implemented to minimize system downtime.
- Ensure that privacy and security functions are appropriately configured and activated in hardware and software.
- Interact with the vendors as needed to rectify technical problems that occur during the deployment process.
- Work with the vendor and other sources of information to find the solution to a user’s question or problem as needed.



Role #6: Trainers

- **Competencies**
- Workers in this role will be able to:
- Be able to use a range of health IT applications, preferably at an expert level.
- Communicate clearly both health and IT concepts as appropriate, in language the learner/user can understand.
- Apply a user-oriented approach to training, reflecting the need to empathize with the learner/user.
- Assess training needs and competencies of learners.
- Accurately assess employees’ understanding of training, particularly through observation of use both in and out of classroom.
- Design lesson plans, structuring active learning experiences for users and creating use cases that effectively train employees through an approach that closely mirrors actual use of the HIT in the patient care setting.
- Maintain accurate records of training events.
- Maintain accurate training records of the users and develop learning plans for further instruction.

Lansing Community College

- To train 200 people in 2 years
- Training in roles #3 and #4
 - #3 – Implementation Support Specialist
 - #4 – Implementation Manager
- Hybrid (face-to-face and online)
- 18 weeks/200 hours
- Through LCC's Business & Community Institute



Macomb Community College

- 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





Delta College

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



Wayne County Community College District

- 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



Delta Community College

- September
 - 1 role
 - Completion by 3/31/11
- October - January
 - 3 roles
 - Completion by 6/30/11

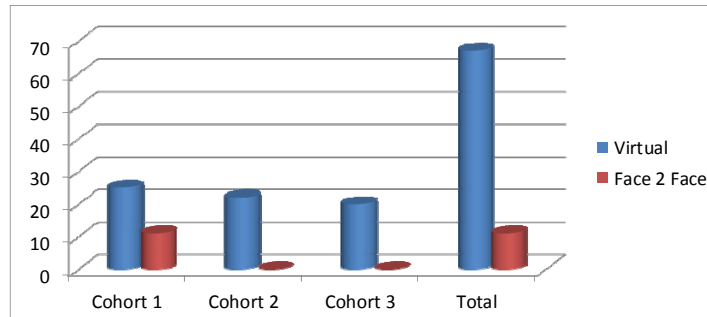
- 28 total students in training to date

Macomb Community College

- September Cohort
 - 2 Roles
 - 34 In training to complete 3/26/11
- January Cohort
 - 5 Roles
 - Hybrid delivery added/enhanced
 - 52 In training to complete 6/25/11

Wayne County Community College District

| WCCCD HIT Enrollment | |
|----------------------|---|
| ROLES | <ul style="list-style-type: none">• <i>Clinician Practitioner</i>• <i>Implementation Support Specialist [Healthcare or IT]</i> |



- **To train 300 people in 2 years**
- **26 week training cycle**

M-CEITA Update

Dr. Mazar Shaik

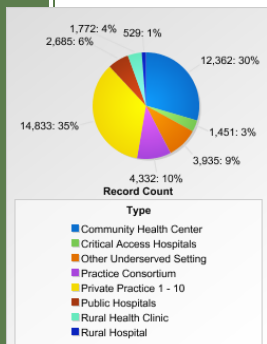
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M-CEITA Program Update Feb 17, 2011 HIT Commission Meeting

Mazhar Shaik, M.D., M-CEITA Program Director

National REC Performance - Provider Sign Up



North Carolina
1535 providers
signed up

Maine
71% of M1

Total PPCPs Signed Up



Success Stories:

| RECs | Total PPCPs Signed Up |
|----------|-----------------------|
| CalHIPSO | 3194 |
| OHIP | 3104 |
| MeHI | 2026 |

| RECs | % of M1 Target Met |
|-----------------|--------------------|
| Mississippi | 85% |
| MeHI | 81% |
| Montana/Wyoming | 80% |

South Carolina
67% of M1

COREC
1421 providers
signed up

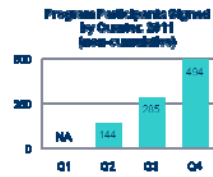
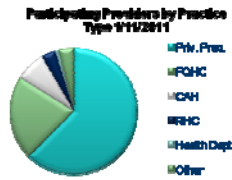
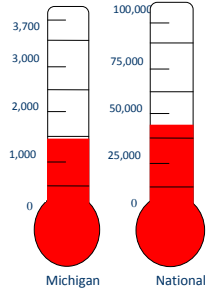
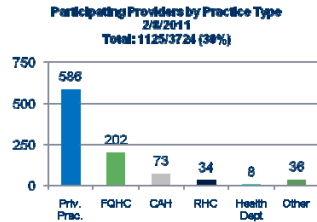
New Mexico
61% of M1

NYCREACH
1510 providers
signed up

Highest % of
M1 Target Met*

Highest # of
PPCPs Signed
Up by REC*

Michigan REC Program Performance

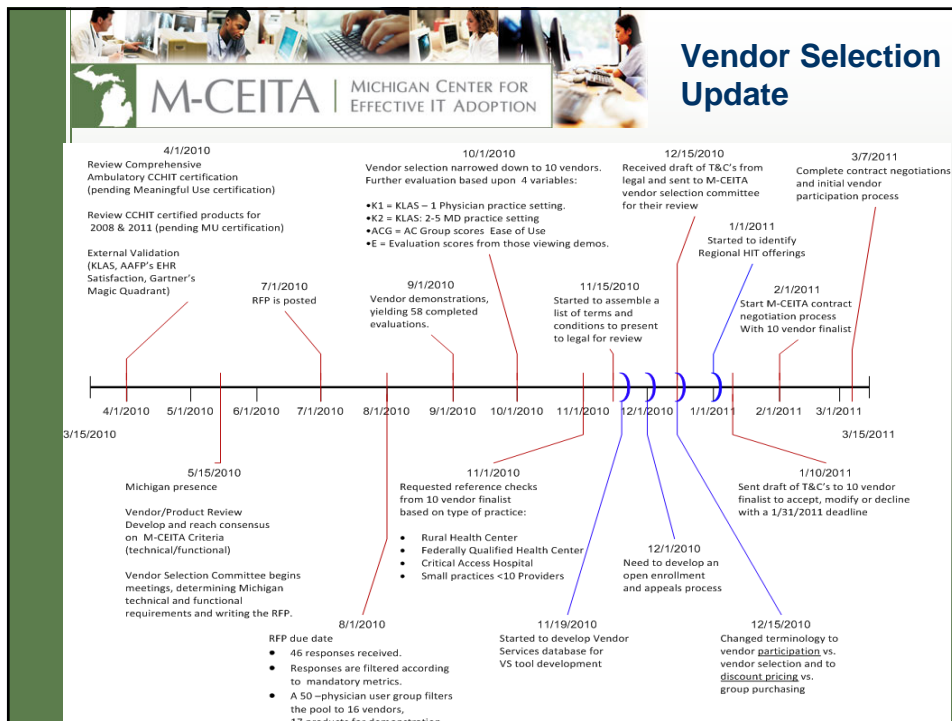
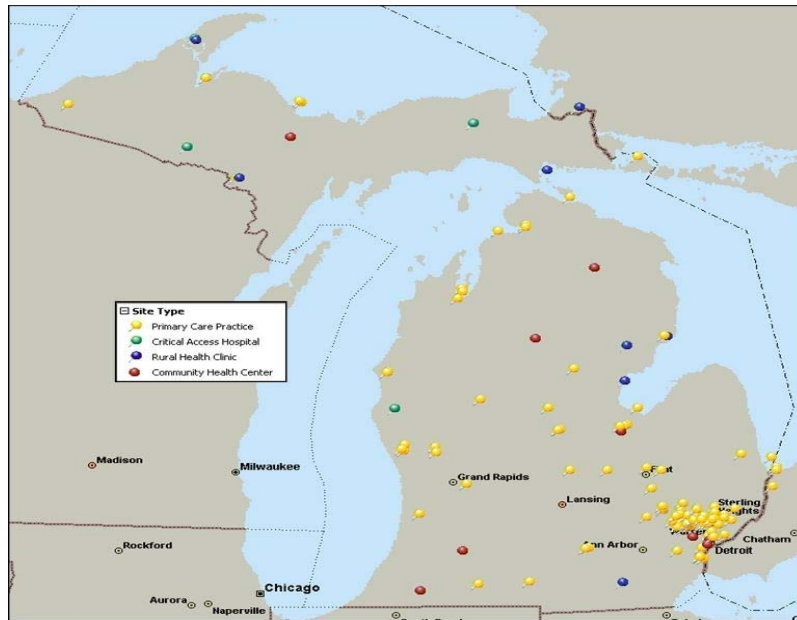


Milestone Progress

Official numbers as of 2.8.2011

| | Milestones | Grant Credit Milestones |
|----------------------|------------|-------------------------|
| Milestone 1: Sign Up | 979 | 939 |
| Milestone 2: Go Live | 146 | 136 |
| Milestone 3: MU | 0 | 0 |
| Total | 1125 | 1075 |

Distribution by Provider Type



M-CEITA Participating EHR Vendor Contact List

| Vendor Name | Address 1 | Address 2 | City | State | Zip | Sales Contact | Email | Phone |
|-----------------------|----------------------------|------------|-------------|-------|-------|-------------------|--|--------------|
| Allscripts Healthcare | 222 Merchandise Mart Plaza | Suite 2024 | Chicago | IL | 60654 | Jason Buynak | jason.buynak@allscripts.com | 586-786-1640 |
| Aprima Medical | 3330 Keller Springs Road | Suite 201 | Carrollton | TX | 75006 | David Winn | dwinn@aprima.com | 260-627-1070 |
| eClinicalWorks | 112 Turnpike Road | | Westborough | MA | 01581 | Brad Timms | brad.timms@eclinicalworks.com | 404-357-4347 |
| e-MDs | 9900 Spectrum Drive | | Austin | TX | 78717 | Patrick Hall | phall@e-mds.com | 512-257-5200 |
| GE Healthcare | 540 West Northwest Highway | | Barrington | IL | 60010 | Stacy L. Gutsmedl | Stacy.L.Gutsmedl@ge.com | 920-232-3580 |
| Greenway Medical | 121 Greenway Boulevard | | Carrollton | GA | 30117 | Mark Galardi | markgalardi@greenwaymedical.com | 770-836-3100 |
| Mckesson Corporation | 5995 Windward Parkway | | Alpharetta | GA | 30005 | Ryan Bush | ryan.bush@mckesson.com | 404-338-6000 |
| NextGen Healthcare | 795 Horsham Road | | Horsham | PA | 19044 | Scott Irwin | sirwin@nextgen.com | 215-657-7010 |
| Sage Healthcare | 4301 West Boy Scout Blvd | Suite 800 | Tampa | FL | 33607 | Randy Kart | randy.kart@sage.com | 877-932-6301 |
| SuccessEHS | One Metroplex Drive | Suite 500 | Birmingham | AL | 35209 | Sara Wright | saraw@ehsmed.com | 205-949-1380 |

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M-CEITA Participating EHR Product Info

| Vendor | Product | Version | CCHIT Cert# | Drummond Cert# | KLAS K1 | KLAS K2-5 | AC Group | Response | V5 Eval | Overall |
|-----------------------|----------------------|---------|------------------|-----------------|---------|-----------|----------|----------|---------|---------|
| Greenway Medical | Prime Suite | 2011 | CC-1112-699072-1 | | 90.55 | 85.47 | 91.8 | 94 | 90 | 90.36 |
| eClinicalWorks | Version 9 | 9.0 | CC-1112-955447-1 | | 83 | 81.18 | 84.8 | 90 | 98 | 87.40 |
| SuccessEHS | SuccessEHS | 6.0 | CC-1112-909422-1 | | 85 | 85 | 85 | 80 | 85 | 84.00 |
| e-MDs | Solution Series | 7.0 | | 11122010-6910-8 | 78.89 | 88.76 | 84 | 76 | 88 | 83.13 |
| Allscripts Healthcare | Professional | 9.2 | CC-1112-395691-1 | | 77.72 | 88.07 | 86 | 68 | 90 | 81.96 |
| GE Healthcare | Centricity CPS | 9.5 | CC-1112-704359-2 | | 78 | 78.45 | 83 | 76 | 90 | 81.09 |
| Mckesson Corporation | Practice Partner | 9.5 | CC-1112-589589-1 | | 78 | 76.14 | 84.2 | 66 | 82 | 77.27 |
| NextGen Healthcare | Ambulatory EHR | 5.6 SP1 | CC-1112-345777-1 | | 53.44 | 80.5 | 88 | 76 | 86 | 76.79 |
| Sage Healthcare | Intergy | 6.2 | | 10192010-4814-8 | 62.95 | 73.34 | 85.4 | 76 | 84 | 76.34 |
| Aprima Medical | Patient Relationship | 2011 | CC-1112-607751-1 | | 75.72 | 71.1 | 85.2 | 66 | 76 | 74.80 |

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M-CEITA Participating EHR Product Comparison

| Vendor Name | Product | Version | ONC-ATCB | Child Health | Small Practice | Medium Practice | RHC's | CHC's | CHS | OR/G/N | Pediatrics | MEDDM | SNOMED/CT | Decision Support | Godified Speech | Registry | eRX | PHR | Single DB | Consolidated DB | Separate DB | Proprietary DB | Open Architecture | Open Source | EHR Light | .NET Framework | Saas Delivery | ASP Delivery | Subscription | MU Audit | Immunization /IF |
|-----------------------|----------------------|---------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Allscripts Healthcare | Professional | 9.2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Aprima Medical | Patient Relationship | 2011 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| eClinicalWorks | Version 9 | 9.0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| e-MDs | Solution Series | 7.0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| GE Healthcare | Centricity CPS | 9.5 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Greenway Medical | Prime Suite | 2011 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mckesson Corporation | Practice Partner | 9.5 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| NextGen Healthcare | Ambulatory EHR | 5.6 SP1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sage Healthcare | Intergy | 6.2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| SuccessEHS | SuccessEHS | 6.0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Example only! This is still a work in progress and not 100% accurate at this time.

For M-CEITA Internal Use Only

Wednesday, January 26, 2011

M-CEITA Launch Group

- M-CEITA Launch Group is a select group of early M-CEITA clients who we will engage with to closely examine and refine our service offerings and get them to Meaningful Use.
- These providers are willing to collaborate with us to act as a “real life” testing ground for future stages of implementation processes and MU.
- In exchange providers will serve as community role-models and peer-to-peer educators on state specific issues, quality measure tools and other available resources.

Staffing and Workforce Development

- The program employs about 40 people. It is anticipated that in total the program will eventually create 100 new jobs.
- We are working with community colleges to place interns including those enrolled in the training programs funded through the HIT Community College Consortium training programs

ONC Update: CAH Funding

- M-CEITA received additional CAH/RH supplement funding
 - Funding increase--\$ 432,000 to \$ 648,000
 - RECs are eligible for an additional \$6,000 per CAH/RH (for a total of \$18,000 per CAH/RH).
 - Addressing “uncovered” areas
 - Certain RECs may request full funding (i.e. \$18,000) for CAHs/RHs in uncovered areas in NH, GA, NE

ONC Update: New Budget Period for REC NGA

- REC Change in Budget Period
 - RECs may have FOUR years (not TWO) over which to achieve their milestone targets for CAHs/RHs *and* for PPCPs
 - eg. an REC with a target of 3724 PPCPs by Feb of 2012 will now have until Feb of 2014 to get 3724 PPCPs to Stage 1 Meaningful Use (MU)
 - REC must pass Biennial Evaluation to receive any funding in years three and four.

ONC Update: Changes to Federal Match Requirement

- 90/10 Federal Funding for all four years
 - ONC will extend the 90/10 federal match in the first two years to years three and four.
 - REC may lose any remaining funds after year 2 if their Biennial evaluation is not positive.*
 - eg. For the four years of the grant, RECs will only need to provide 10% cost share.

*If an REC does not have a positive biennial evaluation and has not reached their 10% of the cost share, federal funding will be reduced and the REC may be required to pay funds back to ONC.

ONC Update: Core Funding in years 3 and 4

- No changes to the original FOA requiring a successful biennial evaluation to qualify for funding in years 3 and 4.
- RECs successfully completing a biennial evaluation may be eligible for \$500,000 total in core support for the final two years. (\$250,000/year)

ONC Update: Modular Approach to Meaningful Use

- We are exploring the opportunity with ONC for pilot project in Michigan on modular approach to Meaningful Use (processes of drafting submit a concept paper).
- This pilot would provide an opportunity to leverage the MI state IT investments and infrastructure in e-prescribing and registries by BCBS, physician organizations (POs) and health systems.

ARRA Program Update

- Met with Beacon Community stakeholders and it was agreed to have an MOU between Beacon and M-CEITA.
 - Beacon has taken responsibility to draft and send it over to M-CEITA for review and comments.
- Working closely with Medicaid – viewed the demonstration of Medicaid registration process. And planning to give a joint webinar on how to register for Medicare and Medicaid.

ARRA Program Update

- Working closely with State HIE Coordinator
 - Circulated the sub-state HIEs contact information by region to the subs for coordination.
- Participating in HIT Commission meetings and updating the status.



Questions

The header consists of a row of four colored rectangles: a large yellow one on the left, followed by a smaller light green one, a light blue one, and a dark grey one on the right. Below these is a horizontal bar with a light green background, featuring the MDCH logo (a green map of Michigan and the letters "MDCH" in blue).

Commissioner Updates

86



Public Comment

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Adjourn

88