

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

**Date:** Thursday, August 18, 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.  
Olga Dazzo  
David Behen  
Joseph Hohner  
Toshiki Masaki – Vice Chair  
Mark Notman  
Robert Paul  
Robin Cole  
Tom Lauzon  
Larry Wagenknecht, R.Ph.  
Dennis Swan

**Commissioners Absent:**

Kimberly Ross – Jessup

**Staff:**

Beth Nagel – MDCH

**Guests:**

Cynthia Green-Edwards  
Bruce Wiegand  
Suzina Orelli  
James Gartung  
Kathleen Cornish  
Darrell Dontje  
Rick Warren  
David Durkee  
Cindy Schnetzler  
Jason Werner  
Angerla Vanker  
Neil Shah  
Jeff Chang  
Marcus Cheatham  
Stacey Hettiger  
George Peterman  
Jerry VanHorn

Eric Roathe  
Christine Fend  
Dana Green  
Jeslie Jacob  
Helen Hill  
Melissa Cupp  
Tim Pletcher  
Paul Groll  
Carol Hall  
Mindy Richards  
Deb Mosher  
Patty Houghton  
Carol Parker

**Minutes:** The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, August 18, 2011 at the Michigan Department of Community Health with twelve Commissioners present including the Chair.

**A. Welcome**

**B. Review and Approval of 6-16-11 meeting minutes**

1. Minutes of the 6-16-11 meeting were approved and will be posted to the HIT Commission website following this meeting.

**C. Role of HIT Commission**

1. **Review of Previous Discussion:** Commission Chair Greg Forzley, M.D. reviewed the Commission charge given by the public act that created the Commission and the other additional roles filled by the Commission. Commissioner Forzley also reviewed the accomplishments of the Commission since 2006.
2. **Discussion: priorities, goals and agendas:** The Commission discussed items that they would like to hear more about and other specific issues that need to be tackled. The Commission noted the need to research and discuss the idea of having a uniform patient identifier for the state since it is not an issue that the federal government is engaged in solving. The Commission identified that one way to identify new items is to hold a forum for the sub-state HIEs to generate areas where the HIT Commission could be helpful. Commissioners noted that at the next meeting they would like to see a chart of the Commissions' responsibilities and the accomplishments to date. This would help to identify areas where the Commission should focus. Commissioners also asked to know more about MDCH's goals more broadly. The Commission agreed to keep discussing at the next meeting.

**D. Dashboard for MI HIT Initiatives**

1. **Overview:** Beth Nagel gave an overview of the Michigan HIT Dashboard including the goals of the dashboard and the need to keep it simple and clear. Nagel noted that the end goal will be put on Michigan's HIT website.
2. **Discussion: Modifications and/or Revisions:** The HIT Commission asked that a column for "goal" be added where it makes sense. The Commission also asked that the number of graduates placed into employment be added to the HIT Workforce area.

**E. MiHIN Shared Services Update**

1. **Progress & Forecast of Activity:** Tim Pletcher, the Executive Director of the MiHIN Shared Services outlined the activities of the MiHIN since June. These activities include establishing a location, engaging in a proposal review process, and collecting in-kind funding. Pletcher gave more details about the design and current status of the proposal review process. Pletcher shared

details about the activities that MiHIN expects to accomplish in the coming two months.

2. **Sub-State HIE Funding:** Pletcher reviewed the purpose of the sub-state HIE funding as well as the three entities that have already submitted a proposal. Pletcher noted that there will be at least two more proposals at the next meeting.

#### **F. Update & Discussion with the ONC**

1. Erica Galvez, ONC project officer, noted that Michigan has made great progress since her last visit in April. Galvez discussed the progress of the sub-state HIE funding and noted that the ONC is pleased that Michigan is leveraging the sub-state HIE assets to ensure that all providers statewide have at least one option for HIE. Galvez noted that though Michigan has good alignment between HITECH programs, the ONC will be asking Michigan to work on some specific coordination issues between the Regional Extension Centers and the sub-state HIEs. Galvez also noted that the ONC is focusing on consumer engagement will be working with states to develop strategies to include consumers as a key player in HIE.

#### **G. M-CEITA**

1. **Direct Service Provider Presentation:** Commissioner Forzley prefaced the presentation by noting that the Michigan Public Health Institute (MPHI) is presenting today as part of the Commission approved M-CEITA stakeholder input strategy. The Commission has asked to hear from all M-CEITA direct service providers and MPHI is the first one to present.
  - i. Jeslie Jacob and Patty Houghton presented an overview of MPHI, the progress that has been made today against the program goals, current and upcoming activities, and some key challenges. MPHI also provided feedback from their M-CEITA clients
  - ii. Commissioners asked how MPHI will meet their goals and MPHI gave their insight into how the program will develop in the next six months.
2. **Discussion: Feedback from Statewide Stakeholder group:** Commissioner Forzley presented the progress that has been made on convening the Statewide Stakeholder committee of the HIT Commission and the recommendations that the committee has provided to the Commission.
  - i. **COMMISSION ACTION:** The Michigan HIT Commission resolves to adopt the Statewide Stakeholders recommendations to the Commission. The Commission recommends to MDCH that Altarum, the prime contractor for M-CEITA, provide information on 1) strategies for filling the M-CEITA leadership gap, 2) pricing structure including the methodology for discounts, 3) current program risks and mitigations strategies, and develop a dashboard like reporting tool to show progress on the mitigation strategies. The motion passes with zero abstentions.

#### **H. Medicaid EHR Incentive Program Update**

1. **Progress:** Cynthia Green Edwards from MDCH gave an update of the Medicaid EHR Incentive program and reported that to date 49 providers have received incentive payments. Payments to hospitals will start on September 1. Green-Edwards noted that the enrollment has nearly doubled the expectations and that Michigan could draw down over \$90 million in federal funds for Michigan's eligible professionals and hospitals.
2. **Next Steps:** Green-Edwards described the continued outreach activities for this program and the collaboration with M-CEITA.

#### **I. Commissioner Updates**

1. Commissioner Dazzo invited the Commissioners and the audience to the Obesity Summit to be held on September 21 at 9am at the Lansing Center
2. Commissioner Forzley noted that the Midwest HIMSS conference is November 13-15 in Indianapolis

#### **J. Public Comment**

1. Helen Hill updated that the National HIT week is September 11-14 in DC with a policy summit on the 14<sup>th</sup>
2. Rob Moreland noted his appreciation that behavioral health is included in HIT discussions
3. Jackie Rosenblatt said that MPHI has done a great job as a M-CEITA contractor.

#### **K. Adjourn**

1. Meeting Adjourned at 3:55 p.m.



# **Michigan Health Information Technology Commission**

**August 18, 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 6-16-11 meeting minutes
- C. Role of the HIT Commission
- D. Dashboard for Michigan HIT Initiatives
- E. MiHIN Shared Services Update
- F. Update and Discussion with ONC
- G. M-CEITA Stakeholder Input
- H. Medicaid EHR Incentive Program Update
- I. Commissioner Updates
- J. Public Comment
- K. Adjourn






## Role of the HIT Commission

- Review of Previous Discussion -- Chair
- Discussion: Priorities, goals, agendas -- Chair, All

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## Review of HIT Commission Roles

	<b>Michigan Department of Community Health</b>	<ul style="list-style-type: none"><li>• HIT Coordinator</li><li>• State HIE Grantee</li><li>• Medicaid EHR Incentives</li><li>• Public Health Integration</li><li>• Provides input to all HITECH programs in MI</li></ul>
	<b>Michigan HIT Commission</b>	<ul style="list-style-type: none"><li>• Advisory to MDCH - Strategic</li><li>• Point of public &amp; stakeholder input of HIT &amp; HIE</li><li>• Recommends action of full range of HIT initiatives – including all HITECH programs</li></ul>
	<b>MiHIN Shared Services</b>	<ul style="list-style-type: none"><li>• State Designated Entity</li><li>• Sub-Award to MDCH for State HIE Implementation</li><li>• Responsible for sustainability</li><li>• Implementation Focus</li></ul>

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## Review of HIT Commission Roles

- As outlined in Public Act creating Commission:
  - Develop and maintain a strategic plan
  - Identify critical technical, scientific, economic, and other critical issues affecting the public and private adoption of HIT.
  - Provide recommendations on policies and measures necessary to achieve widespread adoption of HIT
  - Increase the public's understanding of HIT
  - Promote more efficient and effective communication among multiple health care providers
  - Identify strategies to improve the ability to monitor community health status
  - Develop or design any other initiatives in furtherance of the commission's purpose.
  - Annually, make recommendations to the Legislature

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## HIT Commission Roles

- Roles & Responsibilities as delineated in the MiHIN Strategic Plan submitted April 2010
  - Setting consensus-based goals, objectives, and performance measures to achieve statewide coverage for all providers
  - Overseeing diverse ongoing HIT activities to ensure compliant practices, meeting targets for interoperability, and demonstrating health care improvements.
  - Navigating emerging opportunities and requirements to align state efforts with the national vision
  - Monitoring the implementation of statewide HIE technical infrastructure according to the agreed upon respective roles and responsibilities of local, regional and state level stakeholders, vendors and state government
- Additional Role for the Regional Extension Center March 2011:
  - Consolidate stakeholder advisory activities

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## HIT Commission Accomplishments

- 2006
  - MIHIN Conduit to Care adopted as Strategic Plan (December)
- 2007
  - Held four MiHIN Education Sessions for General Public
  - Developed Planning and Implementation HIE Grant Program criteria and guidelines & monitored progress of awarded grants
  - Developed Criteria, Workplan and Deliverables of MiHIN Resource Center & monitored progress of awardee
  - Advised MDCH on multiple federal grants – HISPC, FCC & Medicaid Transformation Grants

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## HIT Commission Accomplishments

- 2008
  - Recommended Continued funding for HIE Grant Program & Resource Center
  - Worked with stakeholders to define HIE in Michigan
  - Recommended recognition of HIE in public health code
  - Held stakeholder workgroup on Privacy & Security
  - Recommended that MDCH adopt an "Opt-out" approach
  - Recommended that MDCH pursue a statewide architecture to connect all regional HIEs
- 2009
  - Held public hearings on Michigan approach
  - Recommended a statewide focus
  - Recommended action on responding to ARRA opportunities
  - Created a "Regional Advisory Board" to assist in ARRA responses
  - Recommended an Early Adopter Analysis

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## HIT Commission Accomplishments

- **2010**
  - Advised MDCH in developing a stakeholder input to the Strategic & Operational plans
  - Provided feedback into development of the Strategic & Operational Plans
  - Recommended adoption of the Final Strategic & Operational Plans
  - Created the 1<sup>st</sup> HIT Commission Innovation & Leadership Awards program
  - Monitored the development of M-CEITA, Beacon, Public Health Integration, MiHIN, of the State Medicaid HIT Plan & EHR Incentive Program
  - Provided input into the MiHIN SS Governance implementation
  - Recommended the first seating of the MiHIN SS Board
  - Recommended appropriation of the federal MiHIN funding to the Michigan Legislature
- **2011**
  - Monitored progress on all HITECH programs
  - Affirmed MiHIN Shared Services phasing
  - Recommended M-CEITA stakeholder advisory structure

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## HIT Commission Fall of 2011

- Continue monitoring HITECH programs
- 2011 Report to the Legislature
  - Identify Recommendations
- Long-Term Success Measures
  - Sub-group meeting & making recommendations
- Update on Health Insurance Exchange
  
- **What else would the Commission like to have on the agenda this fall?**

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## HIT Commission 2011 & Beyond

- Are there tools/resources that the Commission needs to fulfill the outlined roles?
  - Planning sessions?
  - Identifying Commission Goals?
  - More information/data?
  - Presentations from other related initiatives?

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## Michigan HIT Dashboard

Overview -- Beth Nagel, MDCH

Discussion: Modifications, Revisions -- Chair, All

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## Goals of the MI HIT Dashboard

- At-a-glance program progress
- Illustrate program goals
- Easily identify areas of progress
- Quickly identify areas of concern
- End product posted on MichiganHIT.org website & updated monthly

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## Dashboard Key

**Green: Progress Being Made, On Target, No Significant Barriers**

**Yellow: Moderate Progress, Behind Target, Barriers with Mitigation Strategy Identified & Implementing Corrective Action**

**Red: No Progress, Significantly Behind Target, Barriers Without Mitigation Strategy, Unsuccessful Corrective Action**

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# MI HIT Dashboard

Michigan Health Information Network (MiHIN)		
Milestone	Status	Notes
Governance Created & Implemented	Green	creation and implementation complete and is fully operational
Technology Purchased and Implemented	Green	Procurement underway and on-schedule
Integration with State of Michigan HIE (SOMHIE)	Green	Planning underway
Connect Sub-State HIEs to MiHIN Shared Services	Green	Planning underway
Statewide HIE Available to Every MI Provider	Green	Planning underway
Planning for Second Phase of Technology	Green	Planning underway
Financial Sustainability Identified & Implemented	Yellow	Planning process not yet determined

State of Michigan (SOM) HIE			
Measure	Data	Status	Notes
# of Eligible Professionals meeting MU for Public Health	392	Green	Includes Immunization and Syndromic Surveillance
# of Eligible Hospitals meeting MU for Public Health	40	Green	Includes Immunization and Syndromic Surveillance. Denominator: approximately 174
Data sharing through a connection with MiHIN Shared Services		Green	State of Michigan (SOM) HIE is in the tale end of planning and will start implementation in the late summer/early fall.

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# MI HIT Dashboard

Sub-State HIEs (updated quarterly)			
Measure	Data	Status	Notes
# of MI providers utilizing sub-state HIEs services	4195	Green	Includes a number of licensed providers on EMR, including physicians, PA's, NP's and providers covered by result delivery, lab ordering, radiology ordering, and/or referrals solutions - Denominator, approx 29,302*
# of reference and hospital laboratories connected (providing data) to a sub-state HIE	26	Green	Funding from the State HIE Cooperative Agreement is targeted to sub-state HIEs for the specific purpose of connecting more hospitals/health systems and providers with data sharing partners like reference and hospital laboratories. Denominator: approximately ##
# of providers meeting HIE specific MU criteria by utilizing sub-state HIE capabilities.	169	Green	Funding from the State HIE Cooperative Agreement is targeted to sub-state HIEs for the specific purpose of expanding the number of providers that are meeting MU criteria. Denominator: 4195 (providers utilizing HIE services)
# of hospitals/health systems meeting HIE specific MU by utilizing sub-state HIE capabilities:	24	Green	Funding from the State HIE Cooperative Agreement is targeted to sub-state HIEs for the specific purpose of expanding the number of hospitals & health systems that are meeting MU criteria. Denominator: approximately 174 hospitals

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# MI HIT Dashboard

Medicaid EHR Incentive Program			
Measure	Data	Status	Notes
# of Eligible Professionals receiving Medicaid Incentives	49	Green	Funding appropriated on 6/30, signed by Governor on 7/13, payments expected in July 2011
# of Eligible Hospitals receiving Medicaid Incentives	0	Green	Funding appropriated on 6/30, signed by Governor on 7/13, CMS approved hospital payment calculation, payments expected in August 2011
Amount of Federal Medicaid Incentive Funding Expended	\$1,041,250	Green	

Michigan Center for Effective IT Adoption (M-CEITA)			
Measure	Data	Status	Notes
# of Providers Signed Up to Use M-CEITA Services	2433	Green	Must reach 3,724 by Feb 2012
# of Providers Go-Live on EHRs	528	Green	Must reach 1,380 by Feb 2012 & 3,724 by Feb 2014
# of Providers Reaching Meaningful Use	3	Yellow	Must reach 440 by Feb 2012 & 3,724 by Feb 2014

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# MI HIT Dashboard

Beacon Community Collaborative		
Milestone	Status	Notes
Clinical Transformation	Green	Activities include: 46 practice sites (36 min required) and 4277 patients (4000 min) for CT intervention engaged to date, patient navigators for patient engagement, planning mobile health
Information Technology	Yellow	Activities include: HIE procurement process, contracting, data sharing agreements, P&P, interfaces, pilots and operational HIE
Evaluation & Measurement	Green	Activities include: developing measures and survey tools, reporting quarterly, building environment for data housing
Communications & Outreach	Green	Activities include: developing communications plan, value propositions, and website
Scalability, Sustainability and Research	Green	Activities include: workgroups, sustainability plan, identify funding opportunities, develop scalability plan

Midwest Community College HIT Consortium (updated quarterly)			
Measure	Data	Status	Notes
Lansing Community College	40	Red	Goal to produce 200 graduates in 2 years
Macomb Community College	69	Green	Goal to produce 300 graduates in 2 years
Delta College	10	Yellow	Goal to produce 300 graduates in 2 years
Wayne Community College		Green	Goal to produce 300 graduates in 2 years

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## Work to be Done

- **Definition of “Provider”**
  - Able to quantify provider in a way that makes sense for all programs
- **Denominators**
  - Example: Independent & Hospital Labs
- **Reporting Trend**
  - Meaningful visual for each program or text description

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## Discussion

- Does the Dashboard meet the goals?
- What should be added or deleted?
- Does the format work appropriately?
- Ideas for additional uses of the Dashboard?

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**MiHIN Shared Services Update**

Progress & Forecast of Activity -- Tim Pletcher, MiHIN  
Sub-state HIE funding -- Tim Pletcher, MiHIN  
Discussion: Tracking progress of the Sub-state HIE funding -- Beth Nagel, MDCH

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MICHIGAN HEALTH INFORMATION NETWORK

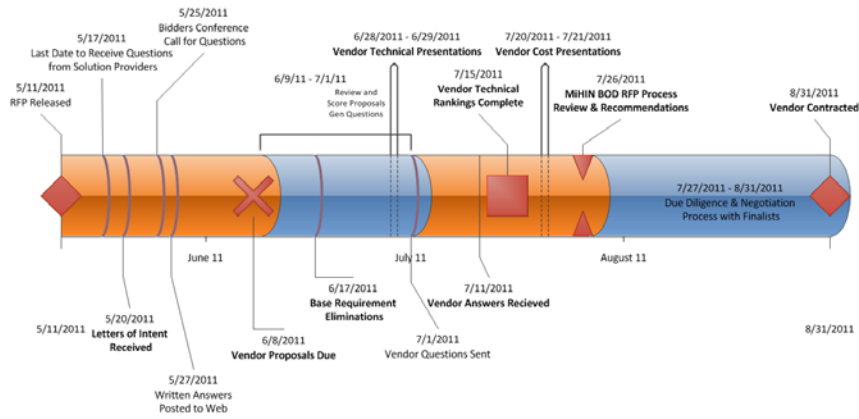
HIT Commission Update August 2011

**MiHIN**  
Michigan Health Information Network

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Recent Activities	Completion Date	
Qualified Sub-State HIE Funding Call	June 2011	✓
In-kind Matching totals	June 2011	✓
Solution Provider Proposal review & Evaluation Period (Due diligence and negotiations with final two vendors are currently in process)	July 2011	✓
Receipt of Sub-State HIE Proposals (3)	July 2011	✓
Established office facilities at 120 W. Saginaw East Lansing, MI 48823	July 2011	✓
Completed ONC Site Visit	August 2011	✓

SCHEDULE OVERVIEW



RFP TEAM MEMBERS WHO HELPED SCORE VENDORS

**Hazem Barghouty, MAHP**  
**Tim Barnette, BCBSM**  
**Lee Castiglioni, SEMHIE**  
**Rich Boehm, BCBSM**  
**Paula Johnson, UPHN**  
**Mark Lauteren, JCMR**  
**Paul Melson, Priority Health**  
**Carol Parker, GLHIE**  
**Tim Pletcher, MiHIN**  
**Paul Groll, SOM**  
**Laura Rappleye, SOM**  
**Mick Talley, SEMHIE**  
**Rick Warren, JCMR**

**Members who removed themselves because they wrote letters of recommendation.**

- **Doug Dietzman, MHC**
- **Beth Nagel, SOM**
- **John Vismara, my1HIE**

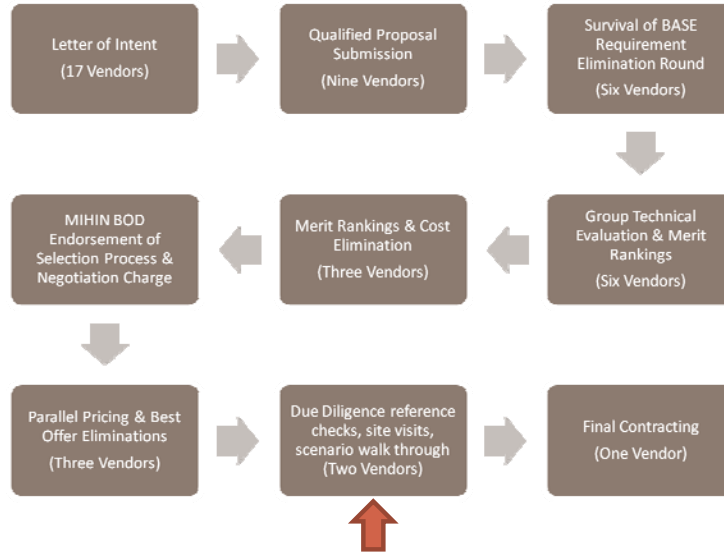
COMPOSITION OF THE RFP EVALUATION TEAM

PROCESS INTEGRITY ACTIVITIES EMPLOYED

- Initial Conflict of Interest Statements
- Specific Conflict of Interest Statements
- Standardized Multidimensional Evaluation Sheet
- Vendor WebEx Presentations
- Randomly Selected Staggered Merit Scoring Assignments
- Inter- rater Reliability Control Step
- Blinded Vendor Rankings Summary for Merit & Cost
- Blinded Process Review and Full Endorsement by the MiHIN BOD
- Due Diligence on Final Two

MAINTAINING CONFIDENTIALITY

OVERVIEW OF THE RFP SELECTION METHODOLOGY



RFP SELECTION PROCESS

OVERVIEW QUALIFIED ORGANIZATION FUNDING

**Purpose:** The State HIE Cooperative agreement calls for funding for Michigan's qualified sub-state HIEs to thrive, expand and keep costs affordable for providers seeking meaningful use.

**Milestone Based Payments:** Each sub-state HIE will have the opportunity to submit one proposal for funding with a cap of \$250,000. Based on the discretion of the MiHIN Board, a sub-state HIE can apply for a second award based on funding availability within the budget approved by the Office of the National Coordinator for HIT ("ONC")\_ for sub-state HIEs. Milestones will be used to stage payments.

**Eligibility:** A sub-state HIE is considered eligible if it can demonstrate that it is working toward the criteria outlined in the approved MiHIN Shared Services Strategic Plan on pages 31 and 32 and is specifically named in the MiHIN Shared Services Strategic and Operational Plan Amendment posted at [www.michigan.gov/mihin](http://www.michigan.gov/mihin).

ABOUT THE MICHIGAN HEALTH INFORMATION NETWORK

AMOUNTS AND ACTIVITIES REQUESTED

Michigan Health Connect (\$250K)

- Deploy an electronic Referrals capability to providers, clinics, urgent care centers, long-term care facilities, Indian tribal clinics, assisted living and other provider sites.
- Transport immunization transactions/ data to the State of Michigan's MCIR registry. MHC will connect any office across the state needing to integrate with the MCIR registry at no cost during the grant timeframe.

Great Lakes Health Information Exchange (\$250K)

- Interfaces between the Great Lakes HIE and EMRs. The funding will subsidize the development of 12 – 15 interfaces to speed adoption across the community.
- Provide access to the HIE for practices and clinics serving underserved populations to support their attaining meaningful use.
- Provide access to HIE for small or rural hospitals to support their efforts to meet meaningful use by helping subsidize their initial capital requirements by investing up to \$25,000 per hospital (max 4) towards the purchase of an EdgeServer.

Jackson Community Medical Record (\$250K)

- Acquire and install two Rosetta interface modules to begin sharing specific clinical or patient summary information with external providers and export immunizations records.
- To allow sharing beyond the JCMR system, acquisition of software that creates the pathway to allow extraction and sharing of information using a CCD C32 message format.

MiHIN

<sup>29</sup> Michigan Health Information Network

SUB-STATE HIE FUNDING REQUESTS

August & September Activities

Phase One RFP Contracting	August 31 <sup>st</sup> , 2011
Sub-State HIE Funding Awards	August, 2011
Public Announcement of Final Vendor Award	September, 2011
Detailed Phase One Implementation Planning	September, 2011
Phase One Project Plan Ready	September, 2011
Commence Future Use Case Discussions	September-October, 2011

MiHIN

<sup>30</sup> Michigan Health Information Network

PHASE ONE REQUEST FOR PROPOSAL

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

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

## Discussion

- How would you like to monitor the progress of the sub-state HIE funding projects?
  - Update sheet?
  - Q&A sessions with the sub-state HIEs?
  - Added to the Michigan HIT dashboard?
- Are there other pieces of information that the HIT Commission needs to evaluate progress?



## **Update & Discussion with ONC**

Erica Galvez,  
Project Officer, ONC

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## **M-CEITA Stakeholder Input**

Direct Service Provider Presentation -- Patty Houghton  
Discussion: Feedback from Statewide Stakeholder Committee -- Greg Forzley, MD, Chair

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## MCEITA update - MPHI

HIT Commission  
Aug 18<sup>th</sup>, 2011

 M-CEITA | MICHIGAN CENTER FOR  
EFFECTIVE IT ADOPTION

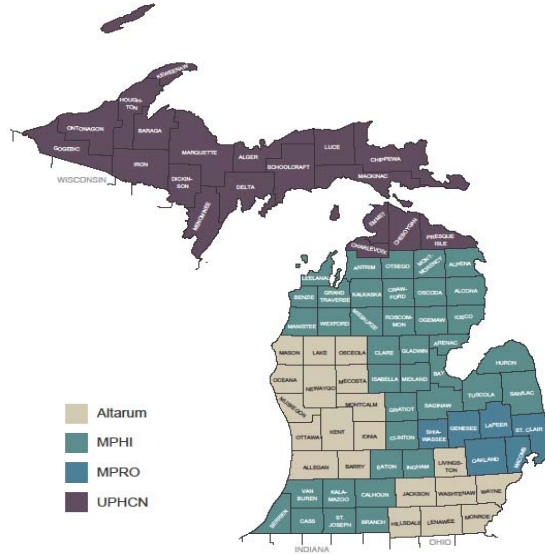
### Michigan Public Health Institute

- Trusted Michigan non-profit organization since 1989
- Founding members
  - Michigan Department of Community Health
  - Michigan State University
  - University of Michigan
  - Wayne State University
- Over 300 employees
- Commitment to quality
- Focus and experience in Health Information Technology

#### MPHI Mission

- To maximize positive health conditions in populations and communities through collaboration, scientific inquiry, and applied expertise which:
- Carry the voice of communities to health policy makers, scientists, purchasers, and funders;
- Advance the application of scientific health practices in communities; and
- Advance community capacity to improve health and reduce disparities among population groups and geographic areas.

## M-CEITA Region Map



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## MPHI's M-CEITA Team

Clare Tanner Program Director

Carrie Miller Program Assistant

### EHR Implementation Support Specialists

Patty Houghton Direct Services Manager, covers all MPHI territory

Jeslie Jacob Acting Project Coordinator, Capital Area

Kelly Bator Traverse City, Northern Lower MI

Peggy Losey Mid-Michigan

Michelle Maitland Capital Area

Doug Mason Technical Systems Administrator

Mike Soltis Database Manager/Research Associate, SW Michigan

We are in the selection process to add to our team of specialists.

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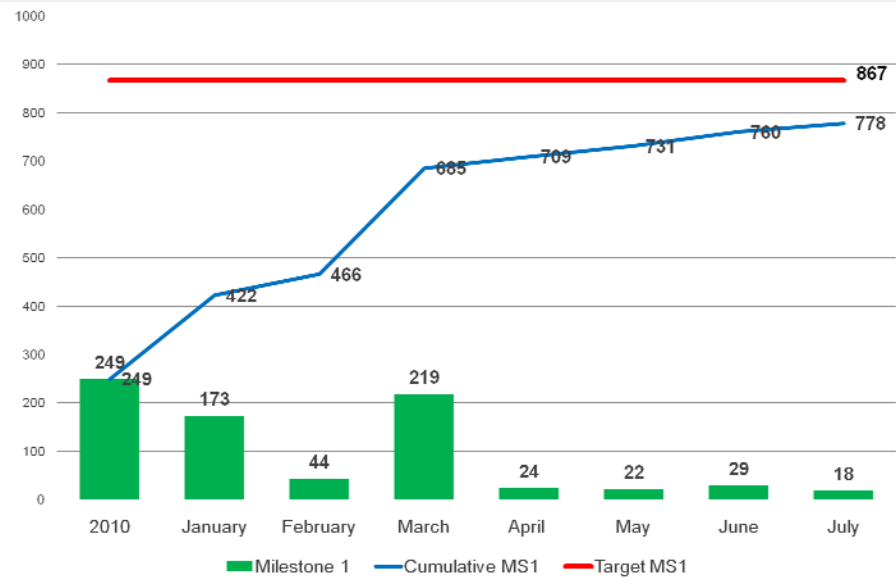


## UPDATE ON PROGRESS

### Progress Metrics - definitions

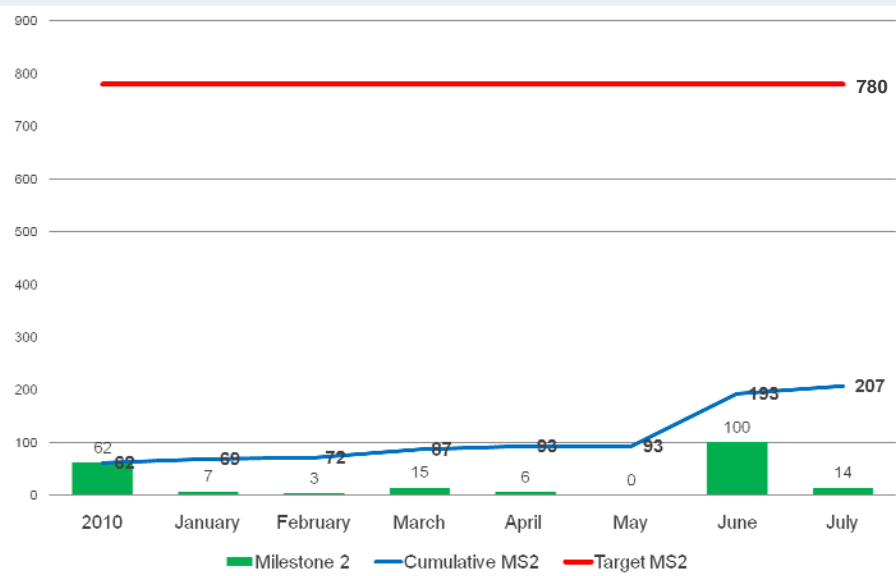
- **Milestone 1** – provider signed up for MCEITA services
- **Milestone 2** – provider live on ePrescribing and Quality reports
- **Milestone 3** – provider successfully attested to Meaningful Use

## Goals and Progress – Milestone 1



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## Goals and Progress – Milestone 2



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## Goals and Progress – Milestone 3

- 2 providers successfully attested in May

### 2011 (St. Johns Family Practice)

- Dr. Christopher Beal D.O
- Dr. Alyce Metoyer D.O

- We anticipate many more in Q4 2011
- Medicaid providers need not attest until 2012

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## Financial Information

<u>Description</u>	<u>Amount</u>
MPHI Share of original budget	\$5,077,320
MPHI match commitment (5% of incurred costs)	\$253,866*
Total Billed (June 2011)	\$540,643
MPHI match (June 2011)	\$23,443

\* Based on 26% of original budget. Could change based on outcome of ongoing contract renewal negotiations.

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## Current Activities – Recruitment

- Working closely with provider organizations for outreach
  - Letter from PO leadership to members about MCEITA
    - HCAP, SPHN, PAM/Saginaw/Bay Physicians/Gratiot County Medical
  - Present at local/regional meetings
    - SPHN, Thumb Collaborative, LPCG, SMPHO, IHP
- Referrals from client sites

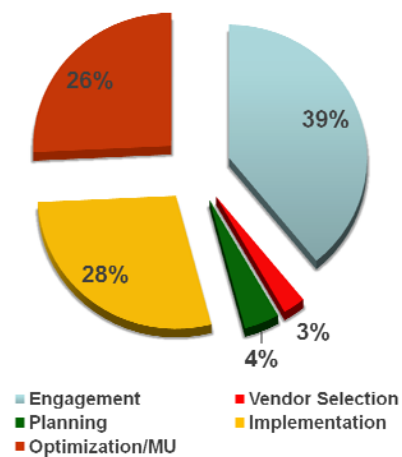
## Current Activities - Relationships

- Partnering with Medical Advantage Group to target CIPA members
  - Synergy between MU and PCMH
  - Maximize outcome for clients from their IT investments
- Collaborate
  - MPCA
  - MSMS
  - GLHIE

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## Current Activities - Value

- Provide assistance for
  - Incentive program registration process
  - IT strategy based on practice goals
  - Vendor selection
  - Workflow optimization for MU



## Upcoming Activities

- Expect next few months to be hectic
  - Oct to Dec is the last opportunity for 90 day reporting period in 2011
  - Focus on working with sites to get as many as possible to attest to MU this year
- Continued outreach efforts
- Hiring new staff to make up for recent losses
- More structured assistance for Security and Risk Assessment

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## Key challenges

Vendor	Presence in client base
eClinicalWorks	23%
NextGen	15%
Practice Partner	15%
Allscripts	13%
SuccessEHS	13%
Others	21%

- Vendor delays in upgrades, response times impacting timelines for some sites

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## Key challenges (contd.)

- Certification delays in key registry products that are strategically important for practices
- Providers and settings want EHR but do not qualify for programs
- Resource constraints at practices causing variable project timelines

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## Success stories

- St. Johns Family practice expecting first incentive check from Medicare any day now
- Helped local pediatric practice qualify 3 additional providers for Medicaid incentive program → Additional \$180,000
- Alcona Health Centers (FQHC)
  - One of the first FQHCs in the state to receive Medicaid incentive money
  - Largest given through Medicaid at that time

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## Feedback from providers

*"I have been completely pleased with the services I have received from MCEITA and I must say I have gotten WAY MORE than I ever thought I would be getting from our services. I could not imagine anyone EVER being disgruntled from MCEITA services!!"*

*"MCEITA's impact on our practice has been transformational"*

*"Working with MCEITA has been a joy. Our MCEITA Representative has made it interesting and rewarding for our organization. There was a lot of prep to get where we are now, but I believe MU will only strengthen our use of EHR and quality of healthcare. I thank our MCEITA representative for her diligence in being "on it", it is a great help to have another person in our corner to light fires under our vendor & to help us resolve issues. I look forward to our continued success."*

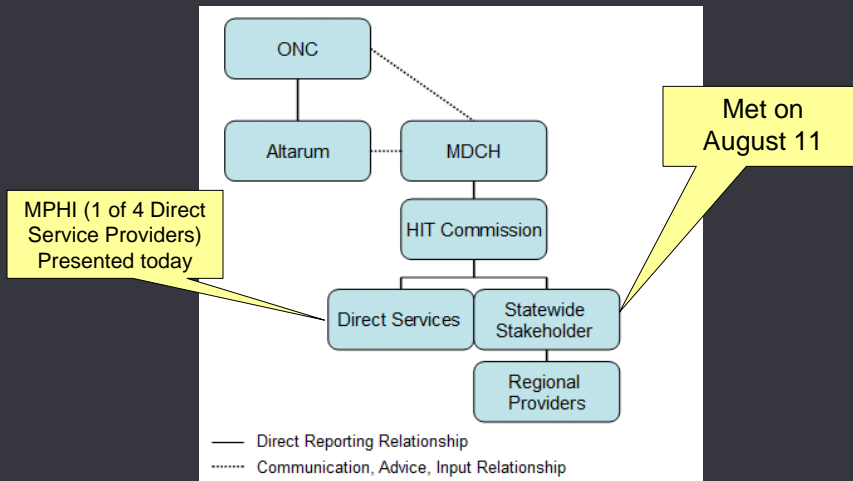
*"We believe that using MCEITA services will definitely help with our progression to meet all our HIT/HIE quality goals."*

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## Discussion: Stakeholder Input

- March 2011
  - ONC has directed Altarum to consolidate stakeholder advisory activities under the HIT Commission
- April 2011
  - HIT Commission approves a stakeholder advisory structure in concept
- June 2011
  - HIT Commission approved the following structure and voted to implement the structure.
- August 2011
  - Statewide Stakeholder Committee meets for the first time

## Stakeholder Input Structure



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## Statewide Stakeholder Committee Feedback

### Recommendations to HIT Commission:

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
4. Recommend a dashboard style reporting to show progress on mitigation strategies

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## Discussion

- What recommendations should be made to MDCH?
- What information does the HIT Commission need to make a recommendation?
- Are their questions the HIT Commission should pose back to the Statewide Stakeholder committee?

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## Medicaid EHR Incentive Program Update

Progress & Next Steps -- Cynthia Green-Edwards, MDCH

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# Michigan Medicaid EHR Incentive Program Update

August 18, 2011

Cynthia Green-Edwards, Director  
Office of Medicaid Health Information Technology



**Medicaid EHR**  
INCENTIVE PROGRAM



## Initial Program Estimates



**Medicaid EHR**  
INCENTIVE PROGRAM

	EP	EH
FY 11	300	35
FY 12	500	45
FY 13	500	25
FY 14	500	15
FY 15	500	10
<b>Totals</b>	<b>2,300</b>	<b>130</b>

## EHR Registration



Provider Type	Registration Status	Total
EH	Registered at Federal Level Only	17
	MI EHR Application Submitted	49
EP	Registered at Federal Level Only	389
	MI EHR Application Submitted	395
Total		850
Estimated Payments		\$95 M

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## Professional Payments made!



- ↳ First professional payments made 7/28/11
  - ↳ 49 payments made totaling \$1,041,250
  - ↳ Three Federally Qualified Health Centers (FQHC) received payments (Alcona Citizens For Health Inc. and Otsego Memorial Hospital (two NPIs)
  - ↳ 7 private practices
- ↳ First hospital payments to be made by end of August

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## FYI...Medicare Incentive Program



- ↳ 2,063 MI Medicare providers applied
- ↳ Incentive payments paid
  - ↳ 8 MI Dual Eligible Hospitals
  - ↳ 24 Medicare EP's paid to date representing
  - ↳ Nearly \$25M in payments
- ↳ CMS administers Medicare incentive program and audits all hospitals (including Medicaid only)

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## Lessons Learned from Provider Contact



- ↳ Thought they just had to register at the federal level
- ↳ Forgot to complete State Registration
- ↳ Welcome letter not routed to correct person
- ↳ Individual doing registration not registered in CHAMPS
- ↳ TAX ID/NPI combination not established with Treasury

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## Provider Feedback



- ↳ "I have been trying many different places to get my questions answered and you have been the first to be able to answer them."
- ↳ "You have exceeded my expectations for customer service."
- ↳ "I am really confused by everything that I have been reading." ...
  - ↳ After walking provider through the process...  
"Wow, that was a lot easier than I thought".
- ↳ MSMS participating physicians very pleased with EHR outreach assisting in the completion of their applications.

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## Outreach Strategies



- ↳ Association Meetings
- ↳ Medical/Mental Health Committees
- ↳ Medicaid Health Plan meeting
- ↳ CHAMPS outreach
- ↳ Tribal Medical Director's meeting
- ↳ Information Sessions
- ↳ Direct provider contact
- ↳ Beacon Collaboration

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# Outreach



## 2011 Formal Medicaid EHR Incentive Program Presentations

	Number of Formal Presentations	Number of Attendees
January	0	0
February	0	0
March	0	0
April	22	137
May	0	0
June	0	0
July	1	7
August	4p	85e
September	1p	7e
October	1p	7e
November	1p	7e
December	1p	7e
<b>Total</b>	<b>31</b>	<b>257</b>
	e= estimated	
	p= planned	

# Outreach



## 2011 Booth Presence at Conference

	Booth at Conferences	Number of Attendees
January	1	200
February	1	479
March	1	188
April	4	5,479
May	2	501
June	1	130
July	1	300
August	3p	500e
September	1p	225e
October	3p	1,775e
November	1p	250e
December	0	0
<b>Total</b>	<b>19</b>	<b>10,027</b>
	e= estimated	
	p= planned	

## M-CEITA Affiliation



- ↳ 486 Providers have M-CEITA affiliation that have applied for the Medicaid EHR Incentive program
- ↳ 343 Providers have M-CEITA affiliation that have applied for the Medicare EHR Incentive program

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## Website



- ↳ [www.MichiganHealthIT.org](http://www.MichiganHealthIT.org)
- ↳ Informational material posted such as:
  - ↳ Program Policy
  - ↳ EP Registration Guide
  - ↳ Eligibility Worksheet
  - ↳ Meaningful Use Resources
  - ↳ Links to other HIT/HIE Initiatives
  - ↳ Payment Information

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*Questions?*

[www.MichiganHealthIT.org](http://www.MichiganHealthIT.org)

A decorative header consisting of a row of four colored squares (orange, light green, light blue, dark grey) above a horizontal bar containing the MICH logo (a green map of Michigan and the letters "MICH" in blue).

## **Commissioner Updates**

## Calendar Update

- November 17 meeting falls on the ONC all grantee meeting
- Scheduling for 2012 – keep third Thursday?

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## Public Comment

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**Adjourn**

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