



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH

LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

April 16, 2009

Dear Michigan Healthcare Stakeholder:

As members of the Michigan Health Information Technology (HIT) Commission, we are sending this letter to all Michigan healthcare stakeholders for several reasons. First, we would like to thank you for your enthusiastic interest, support, and continued input throughout the Michigan Health Information Network (MiHIN) project. We are at a crossroads for health information exchange and need your continued active engagement. Second, we would like to provide you details about a change in approach that the Commission unanimously approved at our March meeting.

As you are all aware, the charter of the MiHIN project is to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in this state. This will enable secure and confidential exchange of pertinent health information at the point of care, which is expected to improve the quality and safety of healthcare in Michigan, and allow for increased efficiencies across the health care system.

In March 2009, the Michigan HIT Commission voted to reaffirm the objectives of the MiHIN project but modify the approach. Previously, we endorsed the concept of the MiHIN project taking place technically and administratively on a regional basis. As we know, healthcare delivery to the citizens of Michigan is local. However, the employers and insurers who pay for healthcare do so on a statewide basis and therefore have a statewide focus.

The new MiHIN approach is to centralize certain elements of health information exchange (HIE) technology and administration at the statewide level in order to attain the optimal economy of scale and achieve the most efficient use of available resources. This puts Michigan in alignment with the intent and purpose of the American Reinvestment and Recovery Act while still allowing us to build upon and take advantage of the HIT and HIE work that many statewide health systems and regionally-based provider groups and other working on local HIE development have achieved. This will help create early success and pave the way for those systems and providers to connect by providing standardized, cost-effective communication platforms available on a statewide basis.

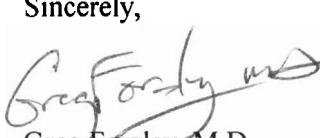
It should be noted that the Michigan HIT Commission was able to re-evaluate the MiHIN approach and ultimately conclude that certain centralization features would result in the most efficient use of the available resources only because of the significant effort each region has undertaken over the last two years. As such, we need your continued engagement in the process as we evaluate, formalize, and refine the elements to be centralized. To ensure that we continue to capture valuable input from all the regions in a robust process, we have created and kicked off the Regional Advisory Board consisting of representatives from all nine MiHIN regions and the Michigan HIT Commission.

With a strong national focus on upgrading use of information technology in the healthcare system across the United States, it is clear that we are evolving toward an end where all are utilizing HIT and exchange. Our goal is to ensure that Michigan meets this great challenge with unprecedented cooperation and support from our state's healthcare community. This is not only a healthcare tool, but an economic boost as well. With the resulting increase in quality, safety, and efficiency of healthcare across Michigan, we see real opportunity for Michigan to attract employers and their employees. Companies and families are interested in living in areas where there is superb healthcare.

The Michigan HIT Commission has a representative from nearly every sector of the health care community and meets regularly. We encourage you to learn more about the Michigan HIT Commission and its meeting times and locations at the MDCH website: [www.michigan.gov/mdch](http://www.michigan.gov/mdch). Further, we hope that you will contact the Michigan HIT Commissioner that best represents you, either directly or through a regional representative to the Regional Advisory Board. Your input is valued, and is always welcome at our meetings.

Again, we thank you for your interest and are excited to work with you as Michigan becomes a leader in health information exchange.

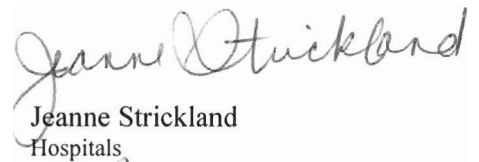
Sincerely,



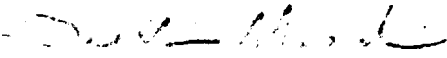
Greg Forzley, M.D.  
Chair  
Doctors of Medicine



Janet Olszewski  
Michigan Department of  
Community Health

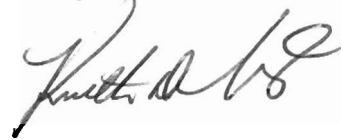


Jeanne Strickland  
Hospitals



Toshiki Masaki  
Vice-Chair  
Employers

Robert Paul  
Technology Vendors



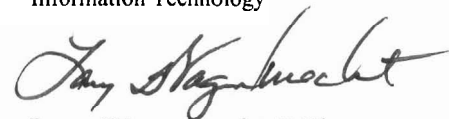
Kenneth Theis  
Michigan Department of  
Information Technology



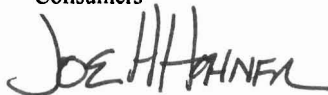
Robin Cole  
Consumers



Thomas Lauzon  
Third-Party Payers



Larry Wagenknecht, R.Ph  
Pharmacists



Joseph Hohner  
Non-profit Healthcare Corporations

R. Taylor Scott, D.O.  
Doctors of Osteopathic Medicine

Kimberly Ross-Jessup  
Pharmaceutical Manufacture



Mark Notman, Ph.D.  
Schools of Medicine