

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

June 16, 2016

The Michigan Health Information Technology Commission is an advisory Commission to the Michigan Department of Health and Human Services and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275

June 2016 Meeting

- Welcome and Introductions
- Commissioner Updates
- Review of the January Meeting Minutes

What's New?

HIT/HIE Updates

- Update on the HIT Office
- HIT Commission Dashboard
- Office of Civil Rights HIPAA Guidance

2016 Goals – June HIT Commission Update

Governance Development and Execution of Relevant Agreements

- New Trusted Data Sharing Organizations (new total: **61**):
 - **OSF Healthcare** - Simple Data Sharing Organization
- New Use Case Agreement executed:
 - **Blue Cross Complete of Michigan** - Active Care Relationships
- Improved legal structure to be more efficient, more scalable
 - Updated QDSOA, SDSOA (no longer using any other versions)
 - Developed Master Use Case Agreement (“MUCA”)
 - Common legalese and definitions moved out of old Use Case Agreements
 - Eliminating old lengthier Use Case Agreements (15-20 pages each)
 - Replacing with shorter focused Use Case Exhibits (4-6 pages each)
 - Use Case Exhibits allow easier legal onboarding at lower cost

Technology and Implementation Road Map Goals

- AuSable Valley (Community Mental Health) entered production to receive Admission Discharge Transfer Notifications (ADTs)
- Oaklawn Hospital met requirements to receive ADTs
- McLaren Physician Partners receiving ADTs via PatientPing
- Newest facilities live in production sending Continuity of Care Documents (CCDs) for Medication Reconciliation (54 total facilities):
 - Munson Healthcare (5 new facilities)
 - Bronson Hospitals (6 new facilities)
 - Metro Health Hospital
 - Lakeland Hospitals
 - Sparrow Hospitals
 - St. Marty’s of Michigan
- MDHHS now allowing submission of electronic Clinical Quality Measures (eCQMs) through MiHIN’s CQMRR service for Meaningful Use (as of June 1)

2016 Goals – June Update



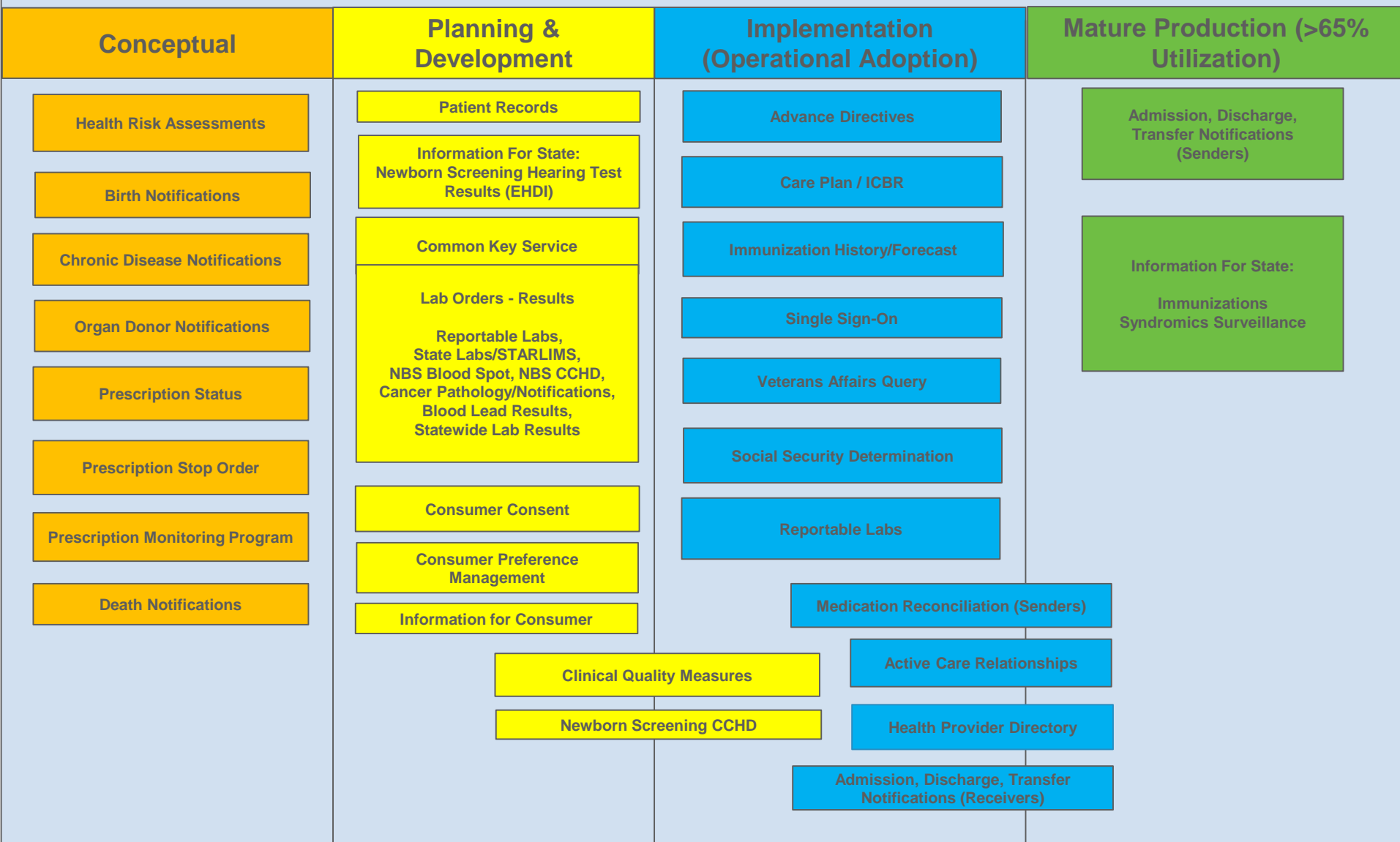
QO & VQO Data Sharing

- More than **740 million** messages received since production started May 8, 2012
 - Have processed as many as **10.8 MLN+** total messages/week
 - Averaging **8.65 MLN+** messages/week
 - **6.7 MLN+ ADT** messages/week; **1.2 MLN+** public health messages/week
- Total 347 ADT senders, 68 receivers to date
 - Estimated **97%** of admissions statewide now being sent through MiHIN
- Sent **1.06 MLN+** ADTs out last week (61.65% match rate for “exact matches”)
- Messages received from NEW use cases in production – more than:
 - **338,767 Immunization History/Forecast queries to MCIR**
 - Primarily from HFHS and Spectrum Health
 - **1,196,700 Medication Reconciliations at Discharge** received from hospitals
 - **4,418 Care Plan/Integrated Care Bridge Records** exchanged between ACOs and PIHPs

MiHIN Shared Services Utilization

- **9.2 MLN** patient-provider relationships in Active Care Relationship Service (ACRS)
- **6.0 MLN** unique patients in ACRS;
- **490,117** unique providers in statewide Health Provider Directory; **56,313** unique organizations
- Michigan Care Improvement Registry (MCIR) adopting Health Provider Directory
- Common Key Service number of pilot organizations continues to grow (7)
- **Connecting Michigan for Health 2016** was held June 8-10 at the Lansing Center
 - Dr. Karen DeSalvo, Assistant Secretary HHS and National Coordinator hosted special panel Weds. June 8 and presented luncheon keynote Thu. June 9
 - 443 registered attendees
 - Workshops on FHIR and Quality Measures sold out (200 attendees)

MiHIN Statewide Use Case and Scenario Status



Data Hub Updates

Update on Data Hub Activities

Responsibility over the Data Hub activities has transitioned to new staff within the Business Integration Center.

2016 has been an exciting time of evolution for the Data Hub Operations teams. As the recently created Michigan Department of Health and Human Services evolves into a more coordinated, customer-centric collection of services and programs, the Data Hub operational activities are evolving with it to ensure that customer focus and stakeholder relations are a top priority and that new and in-flight projects leverage existing funding, technology, and human resources.

Recent activities for the Data Hub have focused largely on:

- Partnering with Business Integration Center teams to ensure alignment with State and department strategic priorities.
- Polishing the Advance Planning Document (APD) funding requests for submission to CMS.
- Preparing for the final systems and applications to be moved to MILogin.
- Actively engaging state systems for additions to the Master Person Index (MPI).
- Continuing to collaborate and coordinate project work with internal Data Hub project team members and key external stakeholders such as MiHIN, Altarum Institute, DTMB, and MPHI.



MiHIN
Shared Services





Participation Year (PY) Goals

June 2016 Dashboard

	Reporting Status	Prior # of Incentives Paid (April)	Current # of Incentives Paid (May)	PY Goal: Number of Incentive Payments	PY Medicaid Incentive Funding Expended
Eligible Professionals (EPs)	AIU 2014	1115	1115	1000	\$ 23,375,015
	AIU 2015	697	836	500	\$ 17,687,087
	MU 2014	1454	1454	1444	\$ 12,883,183
	MU 2015	873	1205	1702	\$ 10,804,927
Eligible Hospitals (EHs)	AIU 2014	3	3	17	\$ 2,421,405
	AIU 2015	1	1	5	\$ 184,905
	MU 2014	64	64	44	\$ 14,270,642
	MU 2015	0	14	28	\$ 2,062,891

Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	5922	\$ 202,692,481
MU	4567	\$ 115,644,660

Key: AIU= Adopt, Implement or Upgrade MU= Meaningful Use

Health Innovation and Technical Assistance Portfolio of Projects

Quarterly HIT Commission Update – June 2016

Contact: Anya Day, anya.day@altarum.org



HITA HIT/HIE Project Portfolio

- ▲ M-CEITA Michigan Medicaid Program
- ▲ Leveraging Health IT for Improved Hypertension and Diabetes Management
- ▲ Asthma Care Improvement Project
- ▲ Supporting Community HIE and eConsent for Behavioral Health
- ▲ M-CEITA Commercial Services
- ▲ Michigan Caries Prevention Program
- ▲ Great Lakes Practice Transformation Network



Michigan Medicaid MU Program
Supporting providers in Michigan
with high volumes of Medicaid
patients in achieving Meaningful
Use.

Project Contact

Program Goals

- Assist 600 Specialists in their first year of Meaningful Use
- Assist 990 Providers in any year of Meaningful Use (6 possible years of participation)

Ongoing Program Metrics

- 2171 Sign-ups for MU Support representing 1962 unique providers
 - Primary Care Providers – 52% of clients
 - Specialists Providers – 48% of clients
- 517 Total Meaningful Use Attestations
 - 209 Providers have signed up for a subsequent year of support

Other program highlights:

- M-CEITA collects data on the factors that delay or prevent participating providers from achieving meaningful use or cause them to be disqualified altogether. Monthly updates are shared with the Medicaid EHR Program Manager.

Project Lead: Judy Varela judith.varela@altarum.org

Funder: CMS funding administered by the Michigan Department of Health & Human Services (MDHHS)



Improving Hypertension and Diabetes Management – June 2016

Leveraging Health IT for Improved Hypertension and Diabetes Management

Conduct state-wide education and direct technical assistance to specific community providers designed to leverage Health IT to identify, engage, monitor, analyze and improve the outcomes of hypertensive and diabetic patients.

Project Contact

Program Goals

- Increase electronic health records adoption and the use of HIT to improve performance
- Increase use of self-measured blood pressure monitoring tied with clinical support
- Increase the institutionalization and monitoring of aggregated/standardized quality measures at the provider and systems level

Ongoing Program Metrics

- Number of providers receiving Technical Assistance = 77
- Number of practices receiving Technical Assistance = 17
- Technical assistance currently spans 6 Michigan counties

Other recent program highlights:

- The Health IT eLearning Center, an online resource of education and tools for leveraging HIT to improve hypertensive and diabetic outcomes, launched in April
- Current TA efforts are heavily focused on integrating protocols for identifying undiagnosed HTN and DM patients via EHR data

Project Lead: Bruce Maki, bruce.maki@altarum.org

Funder: MDHHS, Cardiovascular Health, Nutrition, and Physical Activity Section - Heart Disease and Stroke Prevention Unit



Asthma Care Improvement Project

Provide Technical Assistance for Ambulatory Clinical Decision Support (CDS) Interventions & Clinical Quality Measures (CQM) related to Asthma Care in Muskegon County. Support Emergency Departments Use of FLARE discharge documents.

Project Contact

Program Goals

- Leverage EHR technology using GIST guidelines to improve asthma care in ambulatory practices.
- Care Coordination between ambulatory & Emergency Department for asthma patients.

Ongoing Program Metrics

- Usage of Asthma Action Plans
- Emergency Visits for Patients with Asthma
- Use FLARE discharge document in Emergency Department

Other recent program highlights:

- FLARE discharge template was built for use in Cerner EHR and is now being used in both Muskegon EDs
- Asthma is the QI program for the ED residents
- Participated in CDC site visit in June

Project Lead: Cindy Swihart, cynthia.swihart@altarum.org
Funder: MDHHS, Asthma Prevention and Control Program



Supporting Community HIE and eConsent for Behavioral Health – June 2016

Supporting Community HIE and eConsent for Behavioral Health
Assist three community organizations with implementing eConsent procedures to authorize the electronic exchange of behavioral health information with physical health providers.

Project Contact

Program Goals

- Provide in-office support to providers and staff to redesign consent management processes to optimize the use of available Health Information Technology
- Coach the practices through the implementation of workflow changes
- Facilitate connection with local eConsent Management and HIE services

Recent program highlights:

- On-site assessments of current consumer intake and consent process workflows have been completed
- Performance Improvement Champions (PIC) have been identified at each of the 3 community organizations
- Desired Future State workflows have been identified for three participating community organizations
- Demo of the PCE MiConnect Portal has been completed for participants and ONC
- Next Steps: User Training with target go-live dates in the Summer of 2016

Project Lead: Judy Varela, judith.varela@altarum.org

Funder: ONC (subcontracted by Washtenaw County CMH)



M-CEITA Commercial Services

Fee for service program to facilitate technical assistance to providers in various HIT programs who do not qualify for subsidized or grant funded services.

Project Contact

Program Goals

- Continue to offer TA to Medicare providers for MU, Audit Response Support, Security Risk Assessments, and Customized Consulting in 2016.
- Keep ahead of HIT trends and develop programs based on client needs

Ongoing Program Metrics

- Offering program discounting to facilitate cross enrollment in Altarum programs

Other recent program highlights:

- Restructured TA and pricing to be more attractive to the last year of Meaningful Users achieving incentives.
- Trending to be ahead of 2015 sales
- Evaluating other commercial opportunity ideas brought forward from new staff

Project Lead: Laura Haeberle. laura.haeberle@altarum.org

Funder: Fee for Service

Michigan Caries Prevention Program

The aim of MCPP is to create sustained, system-wide improvement in children's oral health among the 1M Michigan children insured by Medicaid & CHIP.

Project Contact

Program Goals

- Engage 1,500 primary care providers (PCP) to integrate preventive oral health services into appropriate well-child visits
- Raise awareness and promote medical/dental integration
- Build sustainable systems solutions to improve processes and tools

Ongoing Program Metrics

- Enrolled 743 providers in technical assistance & CME/MOC program impacting over 80,000 children across the state
- Approval by the University of Michigan Medical School and Health System to offer 30 CME and Part IV MOC credit to participants
- 5 WIC clinics in Detroit, Michigan received BRUSH training, a partnership activity between MCPP, Delta Dental of Michigan Foundation, and Michigan Women, Infants, and Children (WIC) program.

Other recent program highlights:

- Multiple requests fulfilled via SmileConnect.org, impacting over 200 children throughout Michigan
- Michigan's Dental Registry (MiDR) is classified by CMS and the State of Michigan as a Meaningful Use Specialized Registry, with over 1,500 providers registering their intent to submit data.

Project Lead: Dan Armijo, dan.armijo@altarum.org

Funder: Center for Medicare & Medicaid Innovation

Great Lakes Practice Transformation Network

The GLPTN is part of a nationwide effort to help doctors and other healthcare providers advance their practices, lower healthcare costs, and improve the health of the people of Illinois, Indiana, Michigan, Ohio and Kentucky.

Project Contact

Program Goals

- Enroll 11,500 providers across Michigan, Illinois and Indiana
- Support practices to meet QI goals, participate in PQRS and prepare for ACO or MIPS participation.

Ongoing Program Metrics

- Nearly 16,000 providers enrolled - 140% to goal
- Over 5,900 enrolled by Altarum and our MI partners – 150% to goal
- Quality Improvement Advisor staff on-boarded and trained
- Baseline assessments being conducted statewide.

Other recent program highlights:

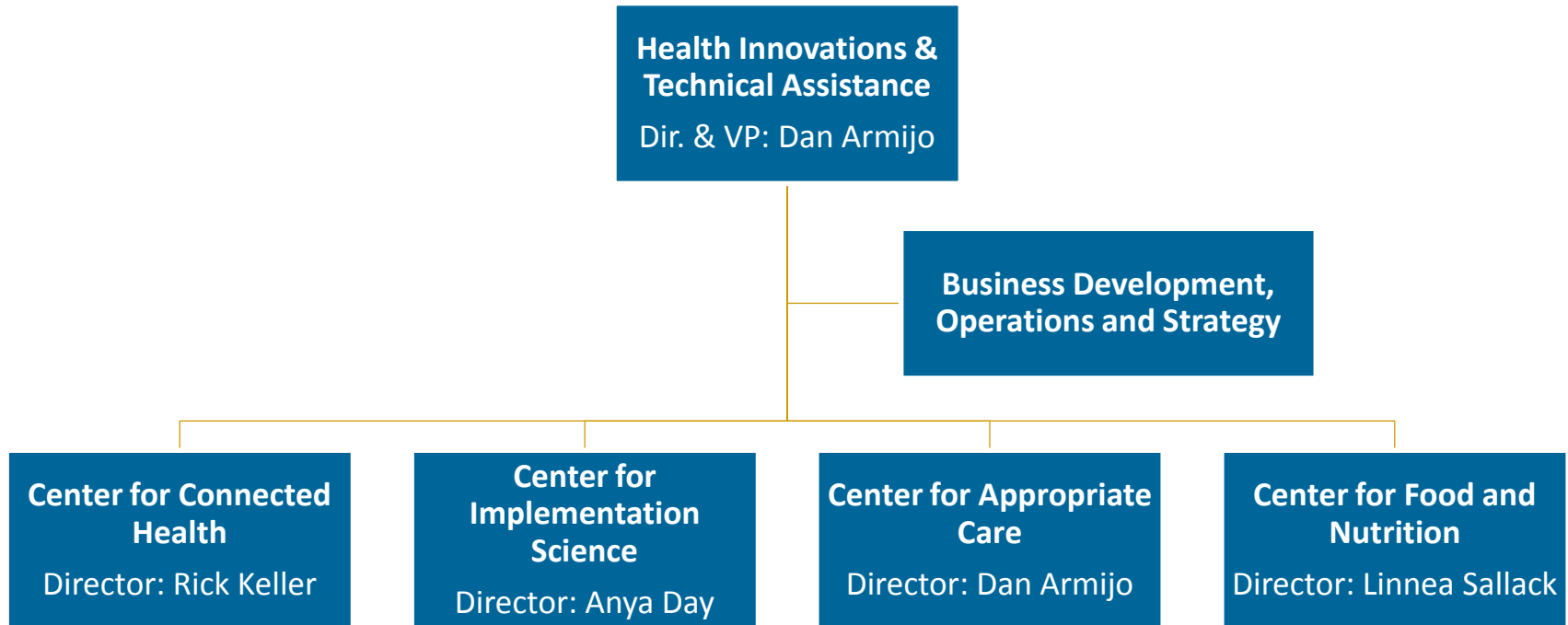
- Initial enrollment period ended on 4/30. Still accepting interested providers/practices through 6/30.
- Program expanded to support providers in 5 states (OH and KY).
- CME/MOC Part IV program on 'Depression Screening in Primary Care' approved and available this summer. Other programs under development, each worth 30 credits.

Project Lead: Dan Armijo, dan.armijo@altarum.org

Funder: Center for Medicare & Medicaid Innovation (subcontracted by Trustees of the University of Indiana)

Health Innovation & Technical Assistance

- ▲ Health Innovations & Technical Assistance is a 80+ person, multi-office business unit, made up of 4 nonprofit Centers dedicated to *advancing health policy and practice* through research, innovation and the delivery of technical assistance to states, health departments and healthcare providers.



Contact Us

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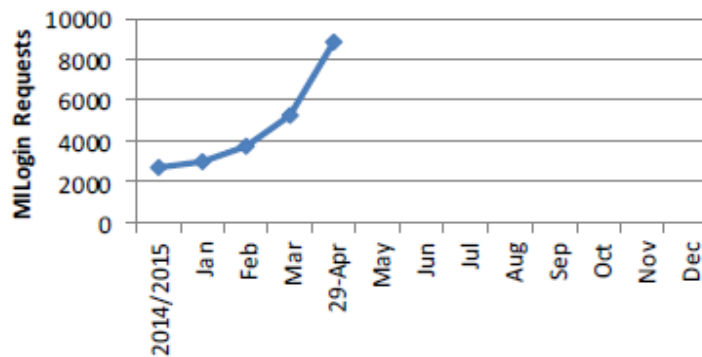
See slides for individual project lead name and contact email.



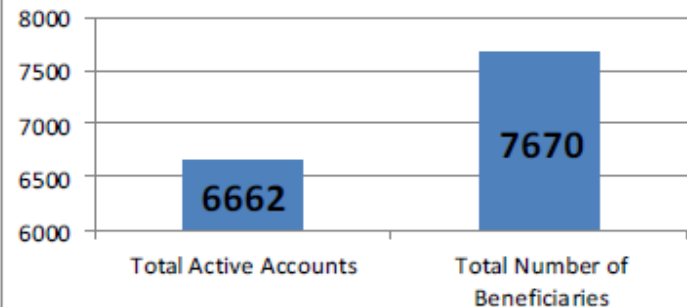
myHealthButton/myHealthPortal Dashboard



MILogin Activity



myHP/myHB Activity as of 5/11/2016



Updates:

Release 6.2 (March 2016)

- ◇ E-mail notifications when Cost Share is met
- ◇ View Pharmacy Claims

Outreach Activities

- ◇ An outreach strategy is currently being discussed.
- ◇ Brochures and flyers have been printed and will be distributed to appropriate parties in the near future.

Direct Secure eMail and Patient Requests for Medical Information

*Implications of the HHS
Office of Civil Rights (OCR)
Ruling on Patient Requests for
Electronic Delivery of Medical Information*

Michigan Health Information Network Shared Services



Agenda

- Direct overview
- Recent ruling from Office of Civil Rights (OCR)
 - News stories related to enforcement
- Current national participation in Direct Secure email
- Implications for practicing physicians



Direct Overview

- Direct Secure Messaging (Direct Secure email) is:
 - National standard for secure healthcare messaging
 - Mandatory Requirement for Meaningful Use Stage 2
 - Very similar in look and feel to standard email
 - “Clients” are immature – think Gmail v1.0 – nothing close to Outlook!
 - Developed as a secure alternative to fax
 - Developed as an alternative to HIE which has developed at too slow a pace for exchanging information between organizations
- Many use cases have been developed which utilize Direct
- Today, Direct supports secure information exchange between physicians, organizations and patients



Office of Civil Rights Ruling Jan. 2016

- Accessing and obtaining copies of one's health information for one's own purposes is a **right**, not a privilege. A disclosing provider or plan covered under HIPAA can refuse access only in very limited circumstances.
- This right extends to a broad array of information, including labs, images, prescription history, physician notes, diagnoses, and similar information.
- **The right includes access to an electronic copy of one's health information contained in an electronic health record (EHR) or otherwise maintained in an electronic format, whenever the provider or its business associate is capable of producing an electronic copy, not just if they are willing to produce such information.**
- Functions specified in ONC's regulations on Certified EHR Technology empower individuals to take advantage of this HIPAA right because ONC's rule makes transmission to the consumer a required feature of certified EHR software (CEHRT).

From HIPAA OCR FAQs



Individuals' Right under HIPAA to Access their Health Information

45 CFR § 164.524

NEW GUIDANCE FROM THE HHS OFFICE OF CIVIL RIGHTS...

1. A provider who has Direct (all MU2 CEHRT has Direct) is expected to be able to send messages to a consumer who has a Direct address, at the consumer's request
 - **NATE's Blue Button for Consumers (NBBC4C) makes this easy**
Providers only need to request that their HISP enable this capability by subscribing to the NATE NBB4C. Subscribing to the NBB4C is free to providers and includes only consumer controlled apps offering Direct based exchange to consumers
2. A provider who fails to respond to a consumer's request to have their PHI sent by Direct Secure Messaging is in violation of the HIPAA Privacy Rule
 - Essentially, they are perceived as engaged in **information blocking**
3. **Provider/CE using Direct at consumer's request has no more liability exchanging with consumer than when using Direct to exchange with other provider/CE**
 - If there is a breach on their side of the transaction, they are culpable, but once it is delivered to the consumer's side they can no longer be held accountable in the event of a breach



What does all that mean?

Essentially, OCR expects:

- a provider using CEHRT
(97% of Hospitals and 75% of Ambulatory)
- to send to Direct Address supplied by a consumer
- if the consumer has requested her information be sent this way
- pursuant to her HIPAA right of access.

Information Blocking

NOTE: OCR does not use the phrase “Information Blocking” because it isn’t defined in HIPAA, but [S2511](#) includes a definition of Information Blocking

SEC. 4. INFORMATION BLOCKING.

Subtitle C of title XXX of the Public Health Service Act ([42 U.S.C. 300jj–51 et seq.](#)) is amended by adding at the end the following:

“SEC. 3022. INFORMATION BLOCKING.

“(a) DEFINITION.—

“(1) IN GENERAL.—The term ‘**information blocking**’ means—

“(A) with respect to a health information technology developer, exchange, or network, business, technical, or organizational practices that—

“(i) except as required by law or specified by the Secretary, interferes with, prevents, or materially discourages access, exchange, or use of electronic health information; and

“(ii) the developer, exchange, or network knows, or should know, are likely to interfere with or prevent or materially discourage the access, exchange, or use of electronic health information; and

“(B) with respect to a health care provider, the person or entity knowingly and unreasonably restricts electronic health information exchange for patient care or other priorities as determined appropriate by the Secretary.

Current Direct participation

- Participation is growing quickly;
 - “According to end of first quarter 2016 metrics, the number of health care organizations served by DirectTrust health information service providers (HISPs) and engaged in Direct exchange increased 46% to more than 58,000, compared with the same time last year. The number of trusted Direct addresses able to share PHI grew 57% to nearly 1.2 million. There were nearly 20 million Direct exchange transactions in Q1 2016, an increase of more than 350% over the same period a year ago. Direct’s nationwide network includes 38 EHNAC-DirectTrust accredited HISPs.” - DirectTrust press release 5-12-16
- Total number of physician Direct addresses: > 1 million
- Total number of consumer Direct addresses: ~unknown
 - Microsoft Healthvault and other PHRs give “free” Direct addresses
 - Direct HISP vendors planning consumer Direct accounts at < \$20 year
- DirectTrust is engaging in a Partnership for Patients program
 - National campaign to recruit a million patients to participate in Direct, begins 5-31-16
- Many consumer organizations and vendors are encouraging patients to utilize Direct as a secure mechanism for sharing and obtaining information



Implications for Practicing Physicians

- While number of Direct addresses assigned to physicians is increasing, current use of Direct is low other than to satisfy MU requirements
- As patients begin to obtain and use Direct addresses, potential for physicians to receive requests from patients for medical information is increasing
 - PHRs and other consumer products are prepared to receive electronic messages and incorporate structured data into their products using NATE Blue Button for Consumers
- Raises likelihood of physicians not receiving, or responding timely to requests for information by patients via Direct
- **Risk for patient complaints and action by OCR may increase quickly**



Follow Up

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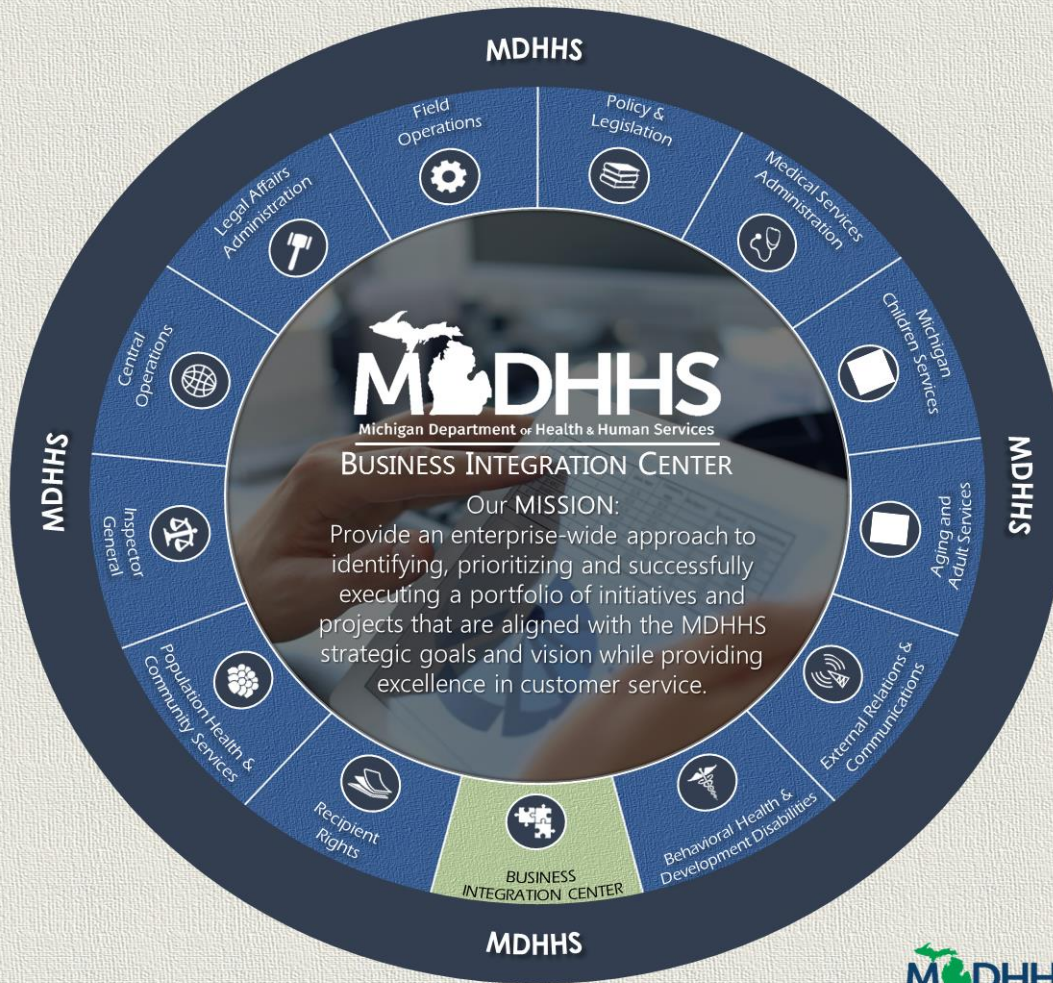
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Business Integration Center Overview



BUSINESS INTEGRATION CENTER

A business-driven approach to project delivery.



STRATEGIC ALIGNMENT



PROJECT MANAGEMENT



BUSINESS INTEGRATION



The Strategic Alignment Team provides a Strategic Structure



CHALLENGE

No Established MDHHS Business Strategy Owner

Work Intake Process



CHALLENGE

Large Department with Over 300 Programs-No Global View

Business Integration Teams



CHALLENGE

Existing Programs Not Integrated

Establishing Program Management Offices



CHALLENGE

Different Approaches to Project Management

Established the Prioritization Process within the PMO



CHALLENGE

Different Approaches to Prioritization

Independent Assessment Team Evaluating Inner Workings of our Processes



CHALLENGE

No Evaluation of our own MDHHS Major Systems

High Level Initiation through Implementation



Need Identified



Scope Developed;
Delivered to PMO



Work Scheduled and
Prioritized



Implementation

What's the Value?





QUESTIONS



Michigan Department of Health & Human Services

Strategic Alignment Team

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

How it got started...



“A critical component of the new MDHHS organization is the establishment of a new governing body to act as the ‘Keeper of the Vision’ for the combined organization. Currently there is not a single owner tasked with the responsibility for creating and articulating the short and long term vision of the new MDHHS organization.”

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Strategic Alignment Team (SAT)

The mission of the SAT is to serve as a single, comprehensive strategic structure to align, integrate and ensure the effectiveness of the programs, services and benefits the Department provides to State of Michigan families.

- Think of the SAT as a vision and strategy compliment to the operational, implementation and project management resources of the Business Integration Center.

Strategic Alignment Team (SAT) Members

SAT Members

Meeting Quarterly

Nick Lyon , Director
Tim Becker , Chief Deputy Director
Chris Priest , Medical Services
Elizabeth Hertel , Policy, Planning and Legislative Services
Farah Hanley , Central Operations
Geralyn Lasher , External Relations and Communications
Karen Parker , Business Integration Center
Richard Kline , Aging and Adult Services
Lynda Zeller , Behavioral Health and Developmental Disabilities
Steve Yager , Children's Services
Sue Moran , Population Health and Community Services
Terry Beurer , Field Operations

SAT Supporting Leaders

Meeting Monthly

Erin Emerson
Meghan Vanderstelt
Susan Kangas
Angela Minicuci
Steve Schreier
Scott Wamsley
Jeff Wieferich
Stacie Bladen
Sophia Hines
Amy Hundley
Phillip Bergquist

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Strategic Alignment Team (SAT) Core Purposes

Service Integration

The SAT is the strategic decision-making body which guides how programs and services are delivered, including the prioritization, selection and integration of projects and services.

Executive Steering

The SAT functions as the strategic layer of the governance model for all MDHHS initiatives/projects as needed.

Accountability

The SAT monitors and manages the effectiveness of MDHHS programs, projects and services in a consistent manner.

Internal Coordination and Engagement

The SAT serves as a mechanism to internally coordinate the work of MDHHS, identify opportunities to share services and support broader teamwork. In addition, the SAT keeps the Director and Chief Deputy Director apprised of activities happening across the Department, organizes information and garner executive input/insight.

Organizational Change Management

The SAT serves as an intentional infrastructure for communicating and sustaining cultural and environmental change within MDHHS.

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Strategic Alignment Team (SAT) Core Purposes In Practice

- Provide a view into the projects, initiatives and work focus of the Administration they represent to explore opportunities for collaboration across the Department
- Review a limited set of requests routed to the SAT through the BIC work intake process to provide strategic alignment feedback and direction
- Review and acts on the Department's scorecard, the Michigan Health and Wellness Dashboard and other key departmental performance measure sets
- Present a compiled strategic work briefing to the Director and Chief Deputy Director with a focus on initiatives most directly contributing to achieving MDHHS' vision and strategic priorities
- Analyze MDHHS' programs and services to determine how our collective work contributes to achieving strategic objectives including identifying areas of over or under investment based on MDHHS priorities
- Assist as a partner in the development and maintenance of MDHHS' vision and strategic priorities
- Assist in efforts to communicate and gain staff and partner input regarding MDHHS's vision and strategies

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Developing Vision for Integrated Service Delivery

Today: Program Focus



Transactional and enrollment focused



Siloed service delivery that does not solve the root problem



Manual processes that add layers of duplication



Program focus



Limited supports that focus on a finite segment



Overloaded case workers

Tomorrow: Person Focus



Holistic, proactive, and preventative approach focused on outcomes



Government and communities collaborating to serve customers better



Highly automated, streamlined with self-service capabilities



Person focus



Providing well-rounded, localized and targeted support to maximize results



Case workers focusing on people to improve outcomes

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Strategy Behind the Scenes: Integrated Service Delivery

- That vision led to several key strategic concepts:

Strategic Alignment



A single, comprehensive strategic structure to align, integrate and ensure the effectiveness and transparency of the programs, services and benefits MDHHS provides.

Holistic Assessment



A common assessment to holistically identify a person's needs, goals and the programs which may be supportive in achieving their goals.

Common Connector and Plan



A common application, referral and success planning process across programs to serve as a single entry and connection point to all supportive opportunities.

Robust Self-Service



Robust client self-service opportunities including online services and a call center where customers can get support with a variety of programs.

Streamlined Renewal



A streamlined renewal and information update process which exchanges information and determinations across programs to minimize administrative burden.

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Infrastructure Supporting Strategic Concepts

- Strategic concepts focused our infrastructure priorities:

Partner Integration



A platform for State employees, healthcare providers and community organizations to work cooperatively as partners in supporting and coordinating services for customers.

Statewide Resource Index



A comprehensive, statewide index of health, human services, education and workforce resources and service providers to address the root causes of a person's challenges.

Universal Case Management



Effective distribution of work amongst MDHHS offices and employees through implementation of a universal caseload system to improve timeliness and allow for greater flexibility.

Process Improvement



A portfolio of focused improvement projects across the Department's programs and services to engage employees and partners in reinventing MDHHS.

Consent Management



Architecture to document active customer relationships, gain customer consent for information sharing and share pertinent, timely information.

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Integrated Service Delivery Components

Vision, strategic concepts and infrastructure priorities led to five major ISD components, each contributing to the overarching vision.

- **Integrated Service Delivery Portal**
 - Goal: Bring a diverse set of supports, services and benefits together in a unified customer experience.
- **Person-Centric Services Modules**
 - Goal: Develop shared technology modules that can be used across systems and processes.
- **Universal Caseload Management**
 - Goal: Manage casework more efficiently based on function, boosting efficiency and helping local office staff members achieve a more balanced, manageable workload.
- **Contact Center Development**
 - Goal: Employ a new customer engagement and contact approach tasked with reducing calls to caseworkers through automated systems, providing information and resolving case issues in real time.
- **Technology Infrastructure Modernization**
 - Goal: Consolidate and improve a number of critical technology components that facilitate more responsive experiences for caseworkers and customers in addition to better connections and information exchange between systems.

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.



Michigan Department of Health & Human Services

Strategic Alignment Team

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HIT Commission Next Steps

- Meeting Schedule for the Rest of 2016
- Meeting Topics for the Rest of 2016

Public Comment

Adjourn