

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

May 18, 2017

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

May 2017 Meeting

- Welcome and Introductions
- Commissioner Updates
- Review of the February 16, 2017 Meeting Minutes

HIT/HIE Updates

- HIT Commission Dashboard
- Update on Statewide Initiatives Related to Prescription Drug and Opioid Abuse
- Update on the Integrated Service Delivery Model

2017 Goals – May HIT Commission Update



Governance Development and Execution of Relevant Agreements

- Data sharing legal agreements executed to date:
 - **110 total** Trusted Data Sharing Organizations
 - **514 total** Use Case Agreements/Exhibits (correction to last month's figure)
- **MetroHealth Hospital (now part of Michigan Medicine)** – Quality Measure Information (QMI) Use Case Exhibit (UCE)
- **Northern Physicians Organization (NPO)**– Common Key Service (CKS) UCE
- **Great Lakes Health Connect (GLHC)**– Common Key Service UCE
- **Trinity Health**– Common Key Service UCE
- **Wexford PHO**– Common Key Service UCE
- **Physicians Healthcare Network** – CKS UCE
- **Jackson Community Medical Record (JCMR)** – Common Key Service UCE

Technology and Implementation Road Map Goals

- **Admission, Discharge, Transfer (ADT) messages inbound/outbound surpassed 1 billion**
- **48 hospitals already in full production sending Lab Results to MiHIN:**
 - **14,596,905 Statewide Labs** received since 01/11/17
- Quality Measure Information
 - 3 Physician Organization (PO) kick-off meetings scheduled for State Medicaid Use Case
 - 41 of 43 State Innovation Model (SIM) participant kick off calls completed
- Tobacco-free pilot site kick-off meeting with MetroHealth/Michigan Medicine completed
- All 11 Medicaid health plans are sending Active Care Relationship data to MiHIN
 - 10 of 11 Medicaid plans are receiving ADTs from MiHIN's statewide service



2017 Goals – May HIT Commission Update



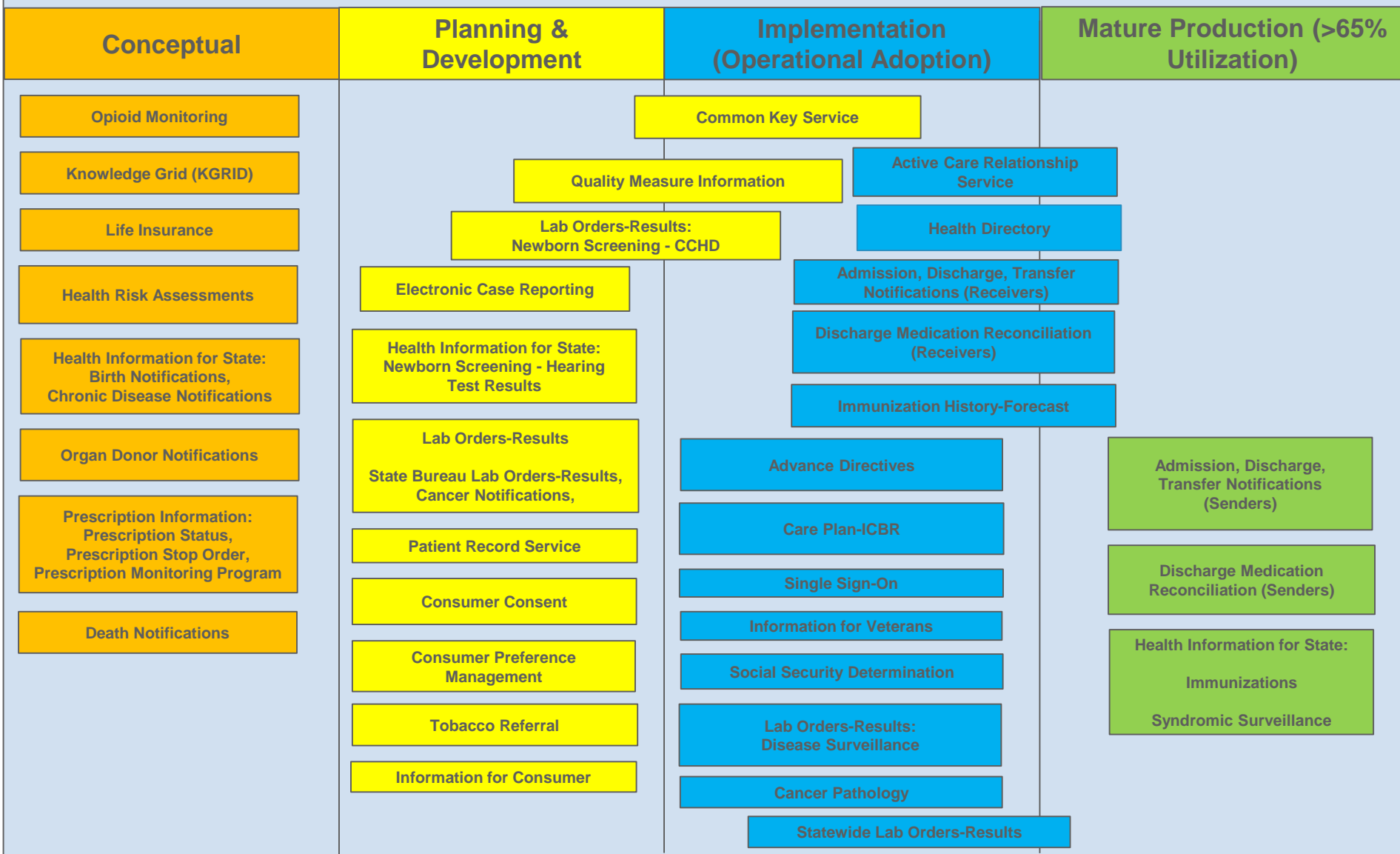
QO & VQO Data Sharing

- More than **1.22 *billion*** messages received since production started May, 2012
 - Averaging **12 MLN+** messages/week
 - **10 MLN+ ADT** messages/week; **2.3 MLN+** public health messages/week
- Total 544 ADT senders, 83 receivers to date
- Sent **3.6 MLN+ADTs** outbound last week (66.05% “exact match” rate without CKS)
- Messages received from NEW use cases in production:
 - **1,763,466 Lab results** received last week
 - **3,359,198 Immunization History/Forecast queries to MCIR**
 - **7,314,301 Medication Reconciliations at Discharge** received from hospitals
 - **21,808 Care Plan/Integrated Care Bridge Records** sent from ACOs to PIHPs
- **12.9 MLN** patient-provider relationships in Active Care Relationship Service (ACRS)
- **6.9 MLN** unique patients in ACRS
- **335,435** unique providers in statewide Health Provider Directory
 - **39,633** total organizations
 - **92,744** total Direct addresses in HD
 - **360,689** unique affiliations between providers and entities in HD

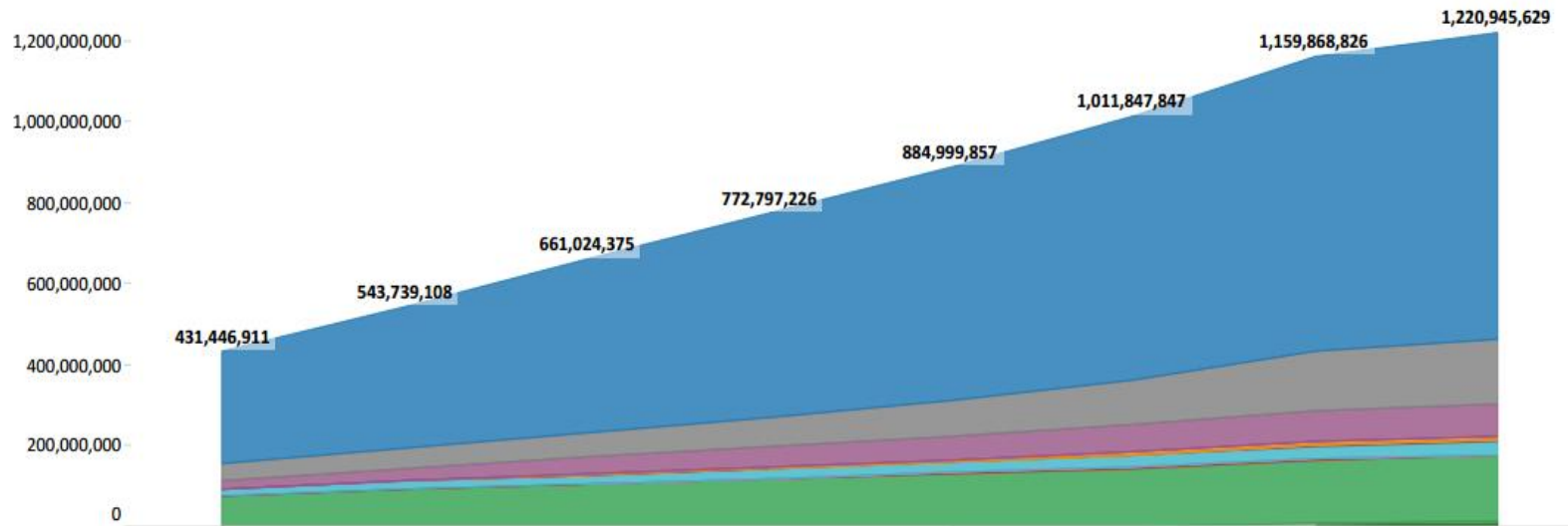
MiHIN Shared Services Utilization

- Coordinating the Care Coordinator Workshop series launched May 11th
 - 120+ attendees in Lansing
 - Next meeting May 23rd 9am-11am (virtual) followed by in-person meeting June 1st 9am-4pm in Ann Arbor
- Next Physician-Payer Quality Collaborative meeting May 25th in-person
 - First end-to-end files generated
- 181 Skilled Nursing Facilities (SNFs) sending ADTs – 44% of SNFs in Michigan
- 86 MedRec senders, 71%
- Connecting Michigan for Health Conference June 7th-9th
 - Preview agenda and register at www.connectingmichigan.net

MiHIN Statewide Use Case and Scenario Status



MiHIN M3 Report: Cumulative Totals



Use Case	2015 Q3	2015 Q4	2016 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1	2017 Q2
ADT Inbound	277,652,463	349,613,076	428,856,636	501,941,123	572,952,331	649,229,795	727,861,806	758,568,038
ADT ACRS Outbound	41,210,999	50,395,674	60,425,845	72,405,193	87,300,522	110,932,841	144,261,924	158,957,223
ADT Payer Outbound	21,889,715	32,115,861	43,012,417	53,376,463	61,074,794	68,675,409	77,385,882	80,411,994
Care Plan-ICBR	0	2,939	4,338	4,435	7,250	16,150	19,945	21,808
Medrec Inbound		36,809	549,972	1,665,729	3,297,812	4,919,290	6,618,958	7,314,301
Medrec Outbound				48,274	226,012	789,702	1,363,147	1,546,440
Immunization History-Forecast	19,710	49,505	158,364	529,435	1,289,941	2,241,593	3,203,419	3,597,198
Submit Immunizations	15,116,103	19,153,190	21,968,194	23,823,779	26,246,330	29,758,097	32,089,266	32,727,221
Submit Newborn Screening			88	296	3,280	3,509	3,604	3,638
Submit Reportable Labs	791,817	1,039,026	1,274,693	1,352,059	1,430,888	1,529,120	1,654,998	1,763,466
Submit Syndromic Surveillance	74,766,104	91,333,028	104,773,828	117,650,440	131,168,929	143,749,006	156,646,713	161,433,999
Cancer Pathology					1,768	3,335	3,396	3,398
Statewide Labs							8,755,768	14,596,905
Cumulative Total	431,446,911	543,739,108	661,024,375	772,797,226	884,999,857	1,011,847,847	1,159,868,826	1,220,945,629

Project Updates

MDHHS Data Hub Coordination with Business Integration Center

A summary of the efforts that grow Data Hub projects from conception to delivery

The Business Integration Center (BIC) was created to help ensure that business initiatives are appropriately supported by technology resources and are aligned with department strategy. The Business Integration Center is comprised of eight Program Management Offices (PMO) that provide organizational structure and work together to provide the tools and support to keep projects on track within a program area. The Data Hub work is managed within the Enterprise PMO.

Program areas initiate projects by submitting a BIC request form. Submitted requests are logged and assigned a request number. The BIC Intake Team works with the program area to develop the high level project scope and cost. The request is evaluated to identify the primary PMO and other impacted PMOs. Once delivered to the primary PMO, PMO ownership reviews the request to confirm strategic alignment, availability of resources, and prioritization. Prioritization of the proposed projects includes the requestor as well as PMO ownership. The Leadership Team within the PMO assists with setting strategic vision, resolving prioritization conflicts, and with issue escalation.

The Enterprise PMO provides oversight of systems, projects, and resources which are leveraged across the Department of Health and Human Services and the State of Michigan, including MILogin, the Data Warehouse, Master Person Index, and the MDHHS Data Hub. Currently, the Data Hub has 6 requests in progress and another 7 requests that are pending resource availability. These 13 requests have been routed through the BIC Intake process, allowing for increased visibility, communication, collaboration and transparency.





Participation Year (PY) Goals

May 2017 Dashboard

	Reporting Status	Prior # of Incentives Paid (March)	Current # of Incentives Paid (April)	PY Goal: Number of Incentive Payments	PY Medicaid Incentive Funding Expended
Eligible Professionals (EPs)	AIU 2015	1032	1033	500	\$21,823,756
	AIU 2016	451	626	300	\$13,238,753
	MU 2015	2215	2221	1702	\$20,354,704
	MU 2016	635	998	2480	\$9,524,262
Eligible Hospitals (EHs)	AIU 2015	1	1	5	\$184,905
	MU 2015	23	25	28	\$5,005,313
	MU 2016	0	8	22	\$1,195,753

Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	6735	\$ 219,876,652
MU	6598	\$ 138,842,707

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



Supporting Community HIE and eConsent for Behavioral Health – May 2017 update

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 – Project concluded 9/30/16

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

Recent program highlights:

- User training was completed in late June 2016; initial go-lives occurred in August and September across the 3 participating sites
- Sites confirm eConsents have been collected successfully and HIE continues to be utilized since project end date
- Project was featured as a Bright Spot on HHS' HealthIT.gov [website](#)

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

Funder: ONC (subcontracted by Washtenaw County CMH)

Correctional Care Integration Project

Address the need to improve care coordination and information sharing between behavioral and physical health providers working with vulnerable children and young adults in the corrections system of Washtenaw County

Project Contact

Program Goals

- Produce a framework for and implement the workflows needed to facilitate information sharing between the physical and behavioral health clinics at the Washtenaw County Jail and Washtenaw County Children's Services (WCCS)
- Facilitate and test the implementation of a Health Information Exchange (HIE) connecting information housed within the Washtenaw County Jail and WCCS physical health electronic health record system (EHR) with information housed in the Washtenaw County Community Mental Health (WCCMH) EHR
- Evaluate the performance and use of the HIE and assess the feasibility of integrating coordinated care plan functionalities into the HIE

Recent program highlights:

- Conducted an on-site workflow analysis of social workers, clinical staff and physicians at the WCCS and Washtenaw County Jail to assess the current state of information flow
- Working with Correct Care Solutions EHR to connect to GLHC and embed the use of the HIE into clinical workflows

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

Funder: Michigan Health Endowment Fund (MHEF) (subcontracted by Washtenaw County CMH)



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 1770 Providers in any year of Meaningful Use

Ongoing Program Metrics

- 3207 Sign-ups for MU Support representing 2613 unique providers
- 1369 Total Meaningful Use Attestations
 - 52% of attestations by M-CEITA Clients were for year 1 of MU
 - 48% of attestations by M-CEITA clients were for year 2+ of MU

Other program highlights:

- Michigan's first Meaningful Use "graduates" were all providers who received technical assistance from M-CEITA. These are providers who have successfully completed all 6 years of the Medicaid EHR Incentive Program. The graduates represented Internal Medicine, Family Practice, Pediatrics and providers working at an FQHC.

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

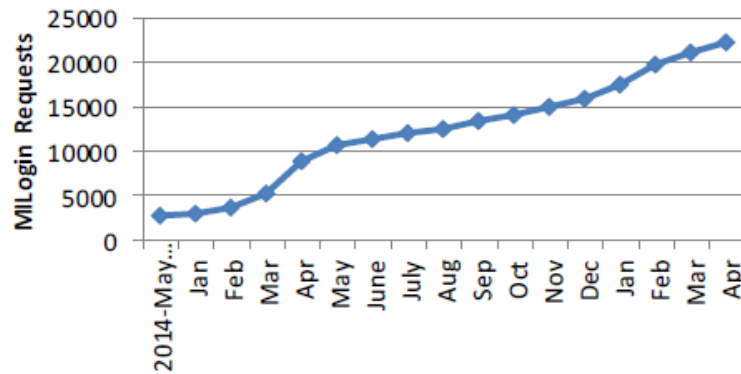
Funder: CMS funding administered by the Michigan Department of Health & Human Services (MDHHS)



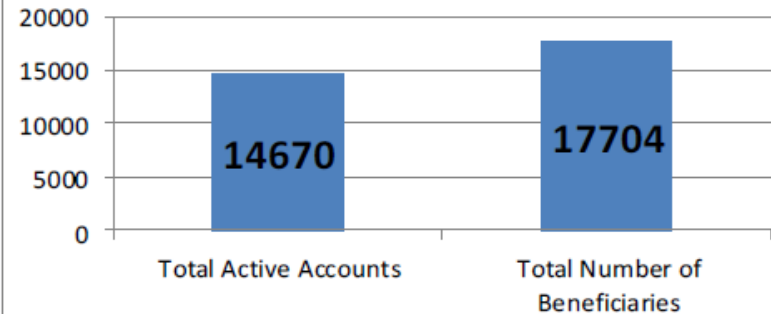
myHealthButton/myHealthPortal Dashboard



MILogin Activity



myHP/myHB Activity as of 05/11/2017



Updates:

Release 6.6 (March 2017)

- ◇ New User Interface for myHealthButton
- ◇ Cost Share and CoPay updated
- ◇ Enhancements to Health Tracker on the Button

Outreach Activities

- ◇ Laura Hinman has provided instructional demos to various organizations
- ◇ An outreach strategy is currently being discussed.
- ◇ Brochures and flyers have distributed.

Stakeholder Forums

The HIT-HIE Team will be hosting Stakeholder Forums this summer to learn more about the challenges related to Consumer Engagement and how Health IT can be used to improve processes for consumers and providers.

Some of the groups invited are:

TECHNOLOGY GROUPS

GOVERNMENT GROUPS

HEALTH ASSOCIATIONS

CONSUMER GROUPS

PAYER GROUPS



Consumer Engagement Newsletter

The CEIG Newsletter offers subscribers with current content from trusted sources within Health IT, Michigan Medicaid and patient engagement.

[Click Here to Join](#)



Upcoming Presentations

July 2017
Michigan Family Medicine Conference & Expo
Mackinac Island, MI

Update on Statewide Initiatives Related to Prescription Drug and Opioid Abuse

- HIT Commission Recommendations from August 2016 Meeting
 - Recommendation #1: The Michigan Health Information Technology Commission recommends a proposal for legislation to be enacted that addresses statewide adoption and use of Electronic Prescribing Controlled Substance (EPCS). The proposed legislation should be modeled after New York and Maine, who have enacted legislation to address the rising rates of prescription drug abuse by strengthening the controlled substance prescription monitoring program through mandatory electronic prescribing efforts.
 - Recommendation #2: The Michigan Health Information Technology Commission recommends that the Michigan Prescription Drug and Opioid Abuse Commission and the Michigan HIT Commission establish a relationship that promotes coordination and collaboration in addressing and implementing the recommendations outlined in the Michigan Prescription Drug and Opioid Abuse Task Force's Report of Findings and Recommendations for Action.

Update on Statewide Initiatives Related to Prescription Drug and Opioid Abuse

- Update on Implementation of the Michigan Automated Prescription System (MAPS)
 - The new MAPS system officially went live on April 4th.
 - The new system is Appriss Health's PMP AWARe, which is now deployed in 43 states.
 - The number of patient searches* have increased since the deployment of the new system.
 - Between March 1st and April 3rd – 8,500 searches per day
 - April 4th – 12,500 searches per day
 - May 4th – 15,000 searches per day

** These statistics are based off of patient searches by healthcare roles only.*

Update on Statewide Initiatives Related to Prescription Drug and Opioid Abuse

- Update on Implementation of the Michigan Automated Prescription System (MAPS)
 - The response time for reports and/or results has also decreased:
 - 4/4/2017 – Average time of 2.0 seconds to run a patient report or receive a response
 - 5/4/2017 – Average time of 0.9 seconds to run a patient report or receive a response
 - 5/8/2017 – Average time of 0.4 seconds to run a patient report or receive a response

Type of Health Professional	4/4/2017	5/7/2017	Increase from Go Live Day
Physician	5,239	7,448	2,209
Dentist	586	795	209
Nurse Practitioner	1,085	1,523	438
Midwife with Prescriptive Authority	5	11	6
Physician Assistant	942	1,434	492
Podiatrist	83	127	44
Optometrist	28	33	5
Pharmacist	3,009	4,275	1,266
Pharmacist in Charge	984	1,241	256
Veterinarian	548	760	212
Medical Resident	624	940	316
VA Prescriber	4	6	2
VA Dispenser	0	2	2
IHS Prescriber	0	0	0
IHS Dispenser	0	0	0
Dispensing Physician	12	17	5
Total (Health Professionals)	13,150	18,612	5,462

Total Delegate	4/4/2017	5/7/2017	Increase from Go Live Day
Pharmacist Delegate - Licensed	159	309	150
Prescriber Delegate - Licensed	206	459	253
Prescriber Delegate - Unlicensed	731	1,577	846
Total Delegates	1,096	2,345	1,249

Grand Total Health Professional	4/4/2017	5/7/2017	Increase from Go Live Day
Total (Health Professionals)	13,150	18,612	5,462
Total (Delegates)	1,096	2,345	1,249
Grand Total Health Professional	14,246	20,957	6,711

Total Law Enforcement Officer	4/4/2017	5/7/2017	Increase from Go Live Day
Corrections	85	127	42
DEA	11	21	10
Drug Court	47	65	18
FBI	7	12	5
Local	325	519	194
OIG	19	26	7
State Attorney General	1	3	2
State Police	106	153	47
State Prosecutor	5	13	8
US Attorney	4	4	0
Total Law Enforcement Officer	610	943	333

Total Other	4/4/2017	5/7/2017	Increase from Go Live Day
Regulation Agent	0	17	17
Medical Examiner/Coroner	2	7	5
Benefit Plan Manager	29	46	17
Total Other	31	70	39

Update on the Integrated Service Delivery Model



Michigan Department of Health & Human Services

Overview of Statewide Efforts to Align Privacy and Consent Requirements

Phil Kurdunowicz

May 18, 2017

Presentation Overview

- The Policy Challenge of Privacy Requirements
- History of Efforts to Address Different Privacy Requirements
 - HIT Commission Recommendations
 - Public Act 129 of 2014
 - Behavioral Health Consent Form
 - Contractual and Programmatic Requirements
- Changes in the Legal and Regulatory Environment
 - Public Act 559 of 2016
 - 42 CFR Part 2 Final Rule
- Impact on Health Information Sharing on Michigan
- National Governors Association Technical Assistance Program
- Final Thoughts

The Policy Challenge of Privacy Requirements

Health
Insurance
Portability and
Accountability
Act

42 CFR Part 2

Michigan
Mental Health
Code

Michigan Public
Health Code

Family
Educational
Rights and
Privacy Act

Violence
Against Women
Act

Family Violence
Prevention and
Services Act

State Laws on
Confidentiality
Protections for
Minors

The Policy Challenge of Privacy Requirements

Health
Insurance
Portability and
Accountability
Act

42 CFR Part 2

Michigan
Mental Health
Code

Michigan Public
Health Code

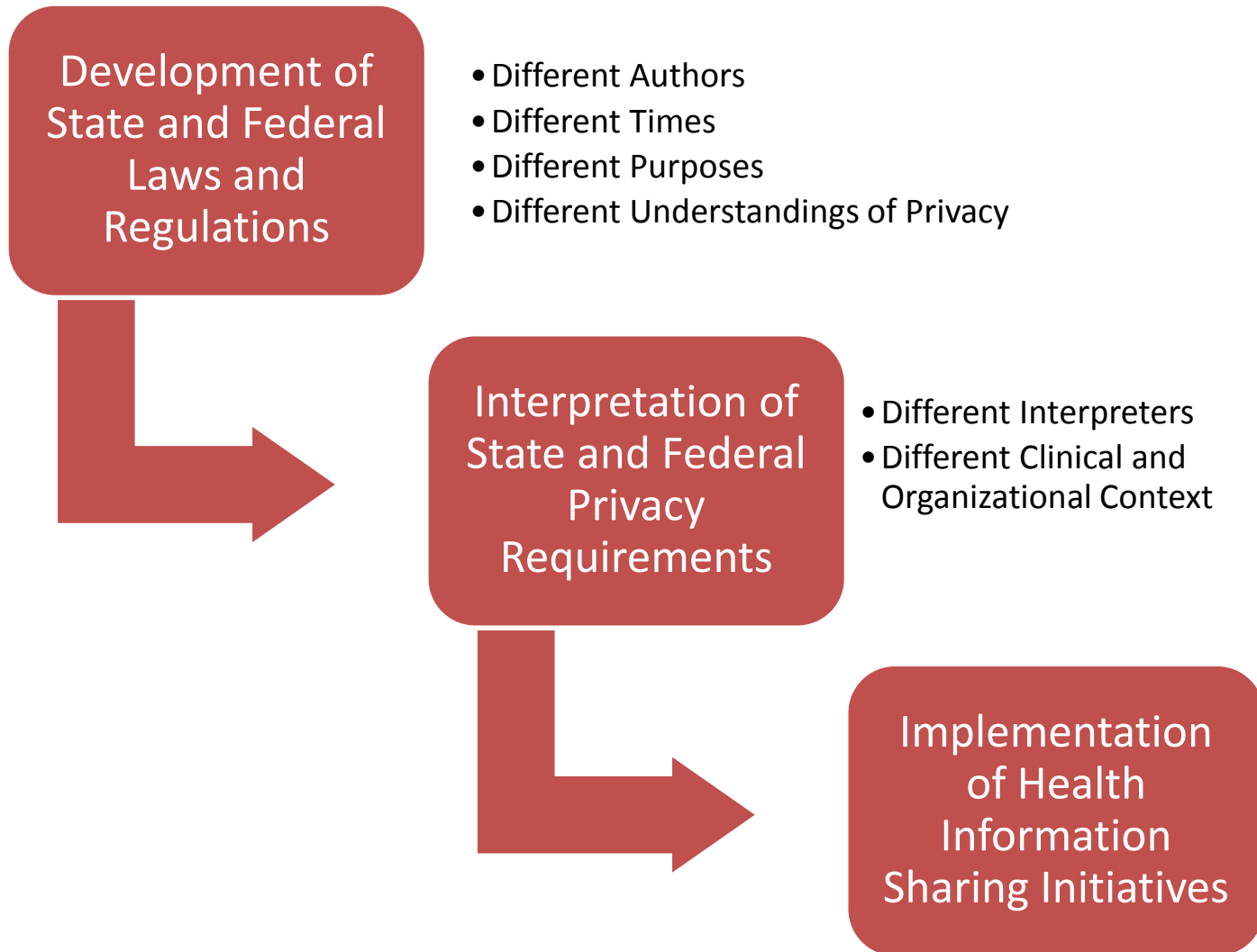
Family
Educational
Rights and
Privacy Act

Violence
Against Women
Act

Family Violence
Prevention and
Services Act

State Laws on
Confidentiality
Protections for
Minors

The Policy Challenge of Privacy Requirements



History of Efforts to Address Different Privacy Requirements

- HIT Commission Recommendation in 2013

“The HIT Commission recommends that the CIO Forum, Diversion Council, and MiHIN collaborate on producing a common form. This initiative will continue into 2014 activities, in which the HIT Commission will review the final product for formal recommendation to the Department of Community Health.”

History of Efforts to Address Different Privacy Requirements

- Public Act 129 of 2014

“...the department shall develop a standard release form for exchanging confidential mental health and substance use disorder information for use by all public and private agencies, departments, corporations, or individuals that are involved with treatment of an individual experiencing serious mental illness, serious emotional disturbance, developmental disability, or substance use disorder.”

“All parties described in this subsection shall honor and accept the standard release form... unless the party is subject to a federal law or regulation that provides more stringent requirements...”

History of Efforts to Address Different Privacy Requirements

- HIT Commission Recommendation in 2014

“In 2013, the HIT Commission recommended that the CIO Forum, Diversion Council, and MiHIN collaborate on producing a common form. The HIT Commission recommends the Department of Community Health adopt the work produced by the aforementioned collaboration and use in response to PA 129 of 2014.”

**CONSENT TO SHARE BEHAVIORAL HEALTH INFORMATION
FOR CARE COORDINATION PURPOSES**

Michigan Department of Health and Human Services

This form cannot be used for a release of information from any person or agency that has provided services for domestic violence, sexual assault or stalking. A separate consent form must be completed with the person or agency that provided those services. (See FAQ at www.michigan.gov/bhconsent to determine if this restriction applies to you or your agency.)

Individual's Name [Redacted]	Date of Birth [Redacted]	Individual's ID Number (Medicaid ID, Last 4 digits of SSN, other) [Redacted]
---------------------------------	-----------------------------	---

Under the Health Insurance Portability and Accountability Act (HIPAA), a health care provider or agency can use and share most of your health information in order to provide you with treatment, receive payment for your care, and manage and coordinate your care. However, your consent is needed to share certain types of health information. This form allows you to provide consent to share the following types of information.

- Behavioral and mental health services
- Referrals and treatment for an alcohol or substance abuse disorder

This information will be shared to help diagnose, treat, manage and get payment for your health needs. You can consent to share all of this information or just some information. (See FAQ at www.michigan.gov/bhconsent)

I. I consent to share my information among:

1. [Redacted]	6. [Redacted]
2. [Redacted]	7. [Redacted]
3. [Redacted]	8. [Redacted]
4. [Redacted]	9. [Redacted]
5. [Redacted]	10. [Redacted]

II. I consent to share:

- All of my behavioral health and substance use disorder information
- All of my behavioral health and substance use disorder information except: (List types of health information you do not want to share below)
[Redacted]

I understand that HIPAA allows providers and other agencies to use and share much of my health information without my consent in order to provide me with treatment, receive payment for my care, and to manage and coordinate my care.

III. By signing this form I understand:

- I am giving consent to share my behavioral health and substance use disorder information. Behavioral health and substance use disorder information includes, but is not limited to, referrals and services for alcohol and substance use disorders.
- My information may be shared among each agency and person listed above.
- My information will be shared to help diagnose, treat, manage and pay for my health needs.
- My consent is voluntary and will not affect my ability to obtain mental health or medical treatment, payment for medical treatment, health insurance or benefits.
- My health information may be shared electronically.
- Other types of my information may be shared with my behavioral health and substance use disorder information. HIPAA allows my providers and other agencies to use and share most of my health information without my consent in order to provide me with treatment, receive payment for my care, and to manage and coordinate my care.
- The sharing of my health information will follow state and federal laws and regulations.
- This form does not give my consent to share psychotherapy notes as defined by federal law.
- I can withdraw my consent at any time; however, any information shared with or in reliance upon my consent cannot be taken back.
- I should tell all agencies and people listed on this form when I withdraw my consent.
- I can have a copy of this form.
- My consent will expire on the following date, event or condition unless I withdraw my consent. (If expiration date is left blank or is longer than one year, the consent will expire 1 year from the signature date.)

I have read this form or have had it read to me in a language I can understand. I have had my questions about this form answered.

Signature of person giving consent or legal representative [Redacted]	Date [Redacted]
Relationship to individual <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Authorized Representative	

WITHDRAW OF CONSENT

I understand that any information already shared with or in reliance upon my consent cannot be taken back.

I withdraw my consent to the sharing of my health information:

- Between any of the following persons or agencies:
- | | |
|------------|------------|
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
- OR

- For all persons and agencies:

Signature of person giving consent or legal representative [Redacted]	Date [Redacted]
Relationship to individual <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Authorized Representative	

Verbal Withdraw of Consent:

This consent was verbally withdrawn.

Signature of person giving consent or legal representative [Redacted]	Date [Redacted]
<input type="checkbox"/> Individual provided copy <input type="checkbox"/> Individual declined copy	

AUTHORITY: This form is acceptable to the Michigan Department of Health and Human Services as compliant with HIPAA privacy regulations, 45CFR Parts 160 and 164 as modified August 14, 2002, 42 CFR Part 2, FA 258 of 1974 and MCL 330.1748 and FA 308 of 1978, MCL 333.1101 et seq and PA 129 of 2014, MCL 330.1141a.

COMPLETION: Is Voluntary, but required if disclosure is requested.

The Michigan Department of Health and Human Services (MCHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

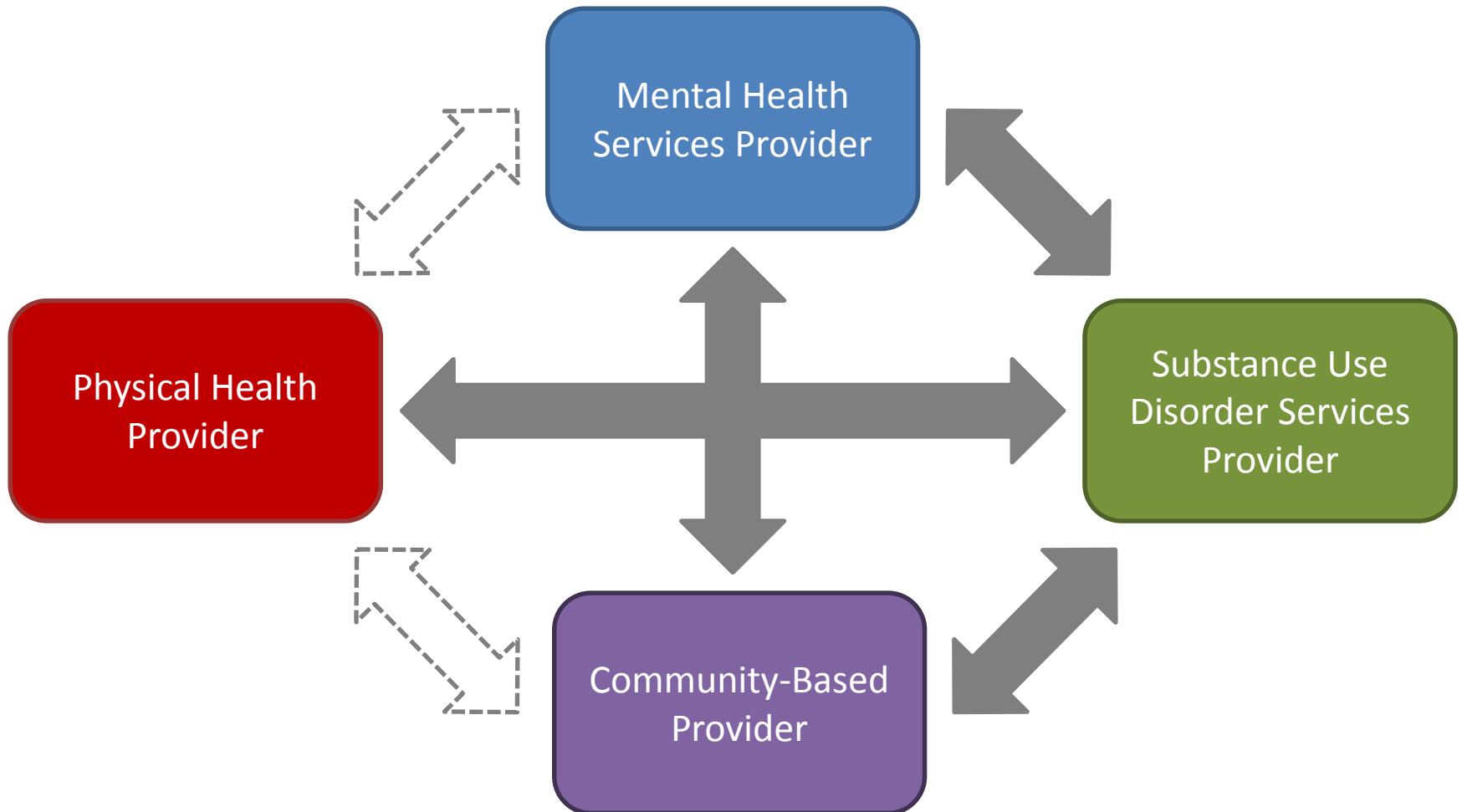
History of Efforts to Address Different Privacy Requirements

- Contractual and Programmatic Requirements
 - MI Care Team
 - MI Health Link Demonstration
 - FY17 PIHP Contract Language:
 - 7.9.3 MDHHS Standard Consent Form
 - “...the PIHP shall implement a written policy that requires the PIHP and its provider network to use, accept, and honor the standard release form that was created by MDHHS under Public Act 129 of 2014.”

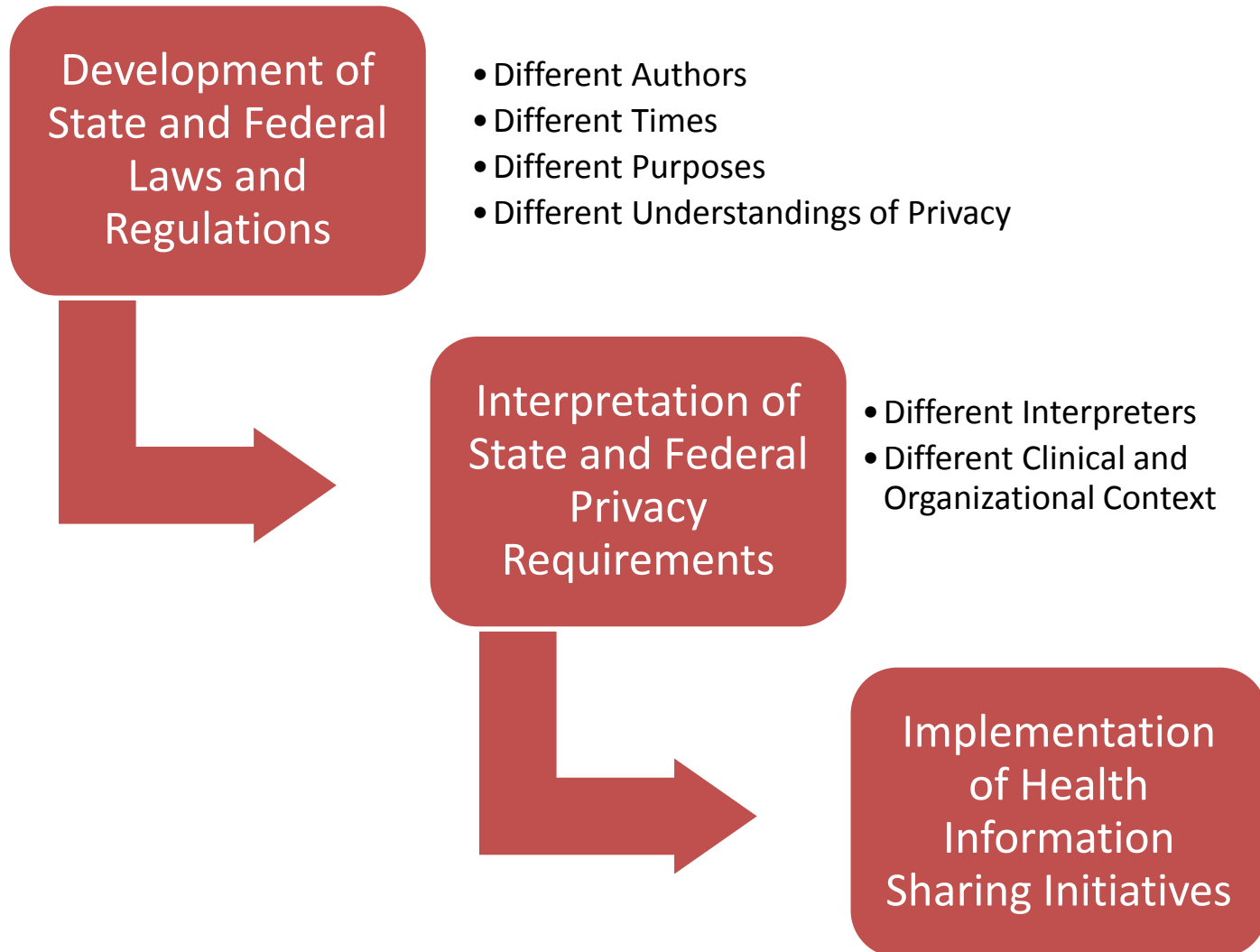
Changes in the Legal and Regulatory Environment

- Public Act 559 of 2014 (Effective: April 10, 2017)
 - The Michigan legislature amended the Michigan Mental Health Code to allow for the sharing of mental health records for the purposes of payment, treatment, and coordination of care in accordance with HIPAA.
- New Final Rule for 42 CFR Part 2 (Effective: March 21, 2017)
 - The Substance Abuse and Mental Health Services Administration issued a new version of the rule that governs the confidentiality of substance use disorder records.
 - The revised rule allows for the use of a general designation (e.g. all my treating providers), incorporates new provisions for health information exchange, and requires new granularity in terms of listing the amount and kind of information that will be shared.

Impact on Health Information Sharing in Michigan



Impact on Health Information Sharing in Michigan



National Governors Association Technical Assistance Program

- The State of Michigan believes that the Technical Assistance Program offers a great opportunity to rally Michigan stakeholders around a common strategy for sharing behavioral health information.
- Through this program, the State of Michigan and its partners are hoping to reduce barriers to health information sharing and work towards the integration of physical health and behavioral health services.

National Governors Association Technical Assistance Program

- Goal #1: The State of Michigan will work to align policy, regulatory, and statutory requirements to expedite the exchange of health information for the purposes of care coordination.
- Goal #2: The State of Michigan, Michigan Health Information Network, and other partners will design and create infrastructure that will enable electronic management of consent across the Michigan health care system.
- Goal #3: The State of Michigan will collaborate with its partners to advance health information sharing on a statewide level and set the stage for health care transformation. The State of Michigan will expedite statewide implementation by instituting policy and contractual changes, creating a statewide learning collaborative, and finding synergies with statewide health care transformation projects.

Final Thoughts

- Developing a standard approach for obtaining consent has been crucial for sharing behavioral health information and coordinating physical health and behavioral health services.
- After Public Act 559, the requirement for written consent has changed, but the need for standardization has not.
- Michigan may need to expand beyond a Behavioral Health Consent Form and establish a shared privacy framework in order to promote the statewide sharing of health information.
- A shared privacy framework can be built upon the progress that was achieved with the Behavioral Health Consent Form.

Questions?

Phil Kurdunowicz

Policy, Planning, and Legislative Services Administration

Michigan Department of Health and Human Services



Michigan Department of Health & Human Services

Overview of Statewide Physical Health and Behavioral Health Integration Initiatives

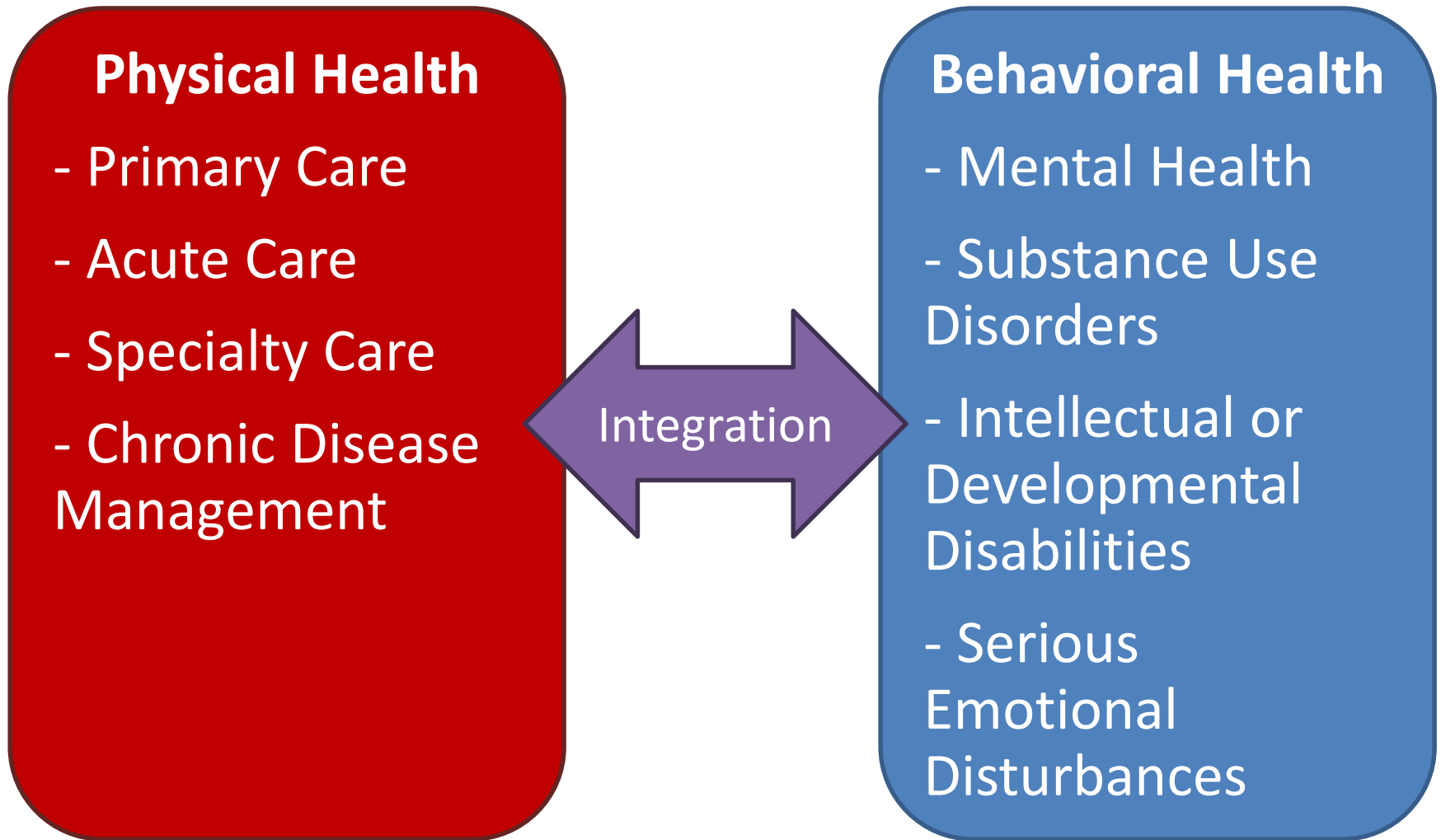
Phil Kurdunowicz, Allison Repp, Brad Barron,
Jon Villasurda, and Jackie Sproat

May 18, 2017

Presentation Overview

- The Challenge of Physical Health and Behavioral Health Integration
- Current Initiatives
 - MI Health Link Demonstration
 - Health Home Initiatives (MI Care Team)
 - Shared Metrics
 - Section 298 Initiative
- Connection to Health Information Sharing

The Challenge of Physical Health and Behavioral Health Integration



The Challenge of Physical Health and Behavioral Health Integration

- Current System
 - Behavioral health specialty services and supports are primarily funded through 10 Prepaid Inpatient Health Plans (PIHP).
 - Behavioral health specialty services and supports are primarily delivered through 46 Community Mental Health Services Programs (CMHSP).
 - PIHPs contract with CMHSPs and other providers to deliver services to children with serious emotional disturbances, adults with serious mental illness, individuals who are recovering from a substance use disorder, and children and adults with intellectual/developmental disabilities.
 - Physical health services and services for individuals with mild to moderate mental illness are covered by 11 Medicaid Health Plans (MHP), which are separate from the PIHPs.
 - MDHHS also provides separate funding to CMHSPs, state hospitals, and other community-based programs (e.g. Substance Abuse Prevention and Treatment, Corrections, etc.).

The Challenge of Physical Health and Behavioral Health Integration

- How do we integrate the delivery of physical health and behavioral health services to individuals?
- What types of financing, policy, and service delivery changes need to be made to achieve this goal?



Allison Repp

Medical Services Administration

MI Health Link Demonstration

- MI Health Link is the Michigan demonstration program that is part of the CMS Financial Alignment Initiative
- Eligibility criteria:
 - Must have full Medicare and full Medicaid
 - Must live in a demonstration region
 - Must be 21+ years old
- Eligible beneficiaries can voluntarily enroll at any time, or be passively enrolled if they are not currently enrolled in a different home and community based program

MI Health Link Demonstration

- Began serving beneficiaries who are dually eligible for both Medicare and Medicaid in four Michigan regions on March 1, 2015
 - Region 1 – Upper Peninsula (All Counties)
 - Region 4 – Southwest Michigan (Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren Counties)
 - Region 7 – Wayne County
 - Region 9 – Macomb County
- Seven (7) Integrated Care Organizations (ICOs or Health Plans) participating in MI Health Link
 - Region 1 – Upper Peninsula Health Plan
 - Region 4 – Aetna Better Health of Michigan and Meridian Health Plan
 - Regions 7 and 9 - Aetna Better Health of Michigan, AmeriHealth Caritas, Michigan Complete Health (Formerly known as Fidelis SecureCare), HAP Midwest Health Plan, and Molina Healthcare

MI Health Link Demonstration

- Goals of MI Health Link include:
 - Aligning Medicare and Medicaid rules and payments into one streamlined delivery system
 - Developing a program that better coordinates physical and behavioral health care for dually eligible beneficiaries; and
 - Focusing on person-centered care rather than a medically focused model of care
- Three way contract between CMS, MDHHS and Integrated Care Organizations (ICOs)
 - ICOs hold sub-contracts with existing PIHPs for the Medicare behavioral health benefit. MDHHS continues to pay PIHPs for the Medicaid behavioral health benefit.

MI Health Link Demonstration

- ICOs are required to utilize CareConnect360 (CC360) to help prioritize outreach efforts to beneficiaries for Level I Assessment (aka Health Risk Assessment or HRA).
- CC360 is also used to assure continuity of care, particularly with personal care services.
- CC360 challenges/barriers:
 - Currently, CC360 has Medicaid claim data but Medicare data is somewhat limited
 - Due to Federal confidentiality requirements, Substance Use Disorder information is not included

MI Health Link Demonstration

- Integrated Care Bridge is a platform for ICOs to share medical history and treatment information
- The Care Bridge has been fully operational since April of 2016 for the ICOs and PIHPs to share information
- Integrated Care Bridge challenges/barriers:
 - Confidentiality and privacy regulations
 - Behavioral Health Consent

MI Health Link Demonstration

- Integrated Care Bridge is a platform for ICOs to share medical history and treatment information
- The Care Bridge has been fully operational since April of 2016 for the ICOs and PIHPs to share information
- Integrated Care Bridge challenges/barriers:
 - Confidentiality and privacy regulations
 - Behavioral Health Consent



Brad Barron

Medical Services Administration

Jon Villasurda

Behavioral Health and Developmental Disabilities Administration

What is a Health Home?

- Health homes were created by Section 2703 of the ACA.
- State optional benefit to provide coordinated care to Medicaid enrolled individuals with chronic conditions.
- Health Homes providers integrate and coordinate all primary, acute, behavioral health, and long-term services and supports to treat the whole person.
- State plan required to include a proposal for use of HIT in providing health home services and improving service delivery and coordination across the care continuum.

MI Care Team Key Facts

- 10 Health Center Organizations; 44 Service Sites; 21 counties
- Opt-in benefit: Consent to participate (MSA-1030) and consent to share BH information (MDHHS-5515)
- Benefit Period: July 1, 2016 to June 30, 2018
- Persons who are eligible for Medicaid and/or the Healthy Michigan Plan, and who have depression and/or anxiety, plus one or more of the following conditions:
 - Heart Disease
 - COPD
 - Hypertension
 - Diabetes
 - Asthma

Integration & HIT Overview

- Formation of interdisciplinary care teams at MI Care Team sites
- All MI Care Team providers must have EHR capabilities with meaningful use attainment.
- First provider-level access to CareConnect360 (CC360)
 - Care Coordination tool providing comprehensive retrospective claims data.
 - Admission-Discharge-Transfer (ADT) messages recently added.
- First provider-level access to Symmetry
 - Prospective risk score used to support care intervention
 - Episode Treatment Groups incorporated into CC360

Shared Metrics: MHP/PIHP Integration Performance Bonus

Jackie Sproat

Behavioral Health and Developmental Disabilities Administration

MHP/PIHP Integration Performance

Bonus: Overview

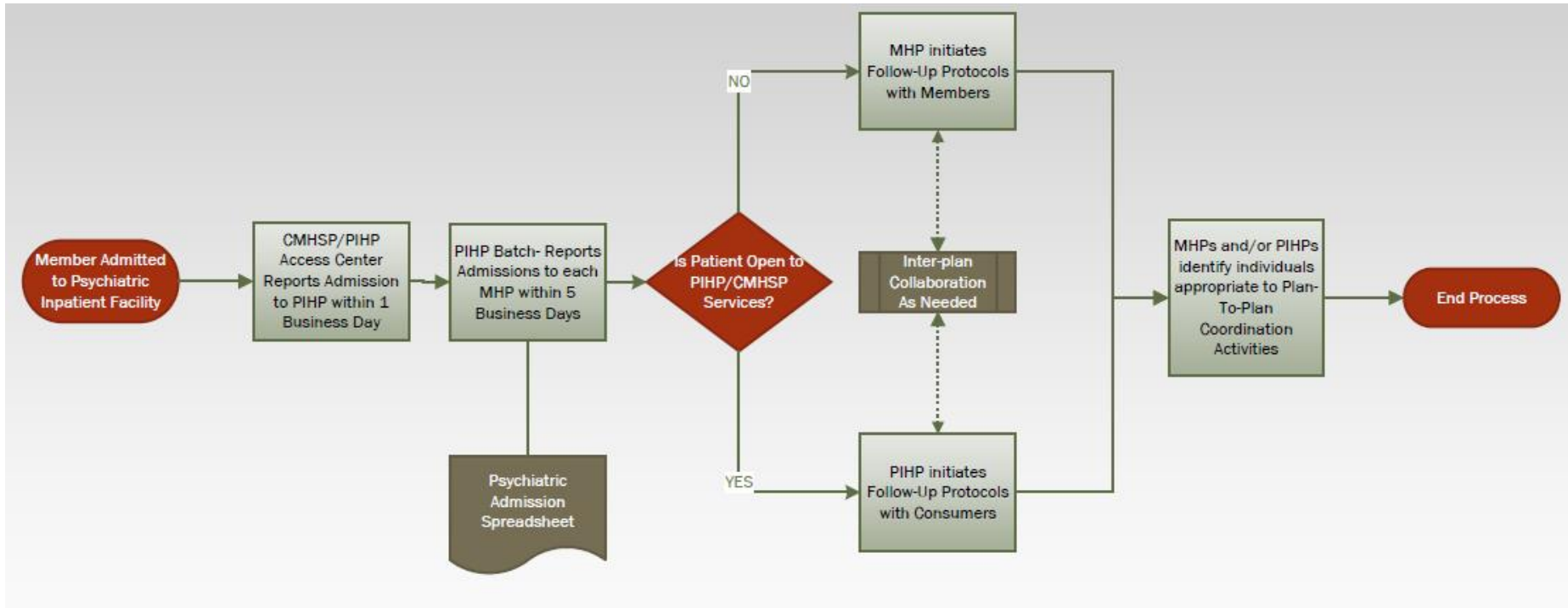
- There are 11 MHPs and 10 PIHPs managing physical and behavioral health for Medicaid enrollees.
- MHPs and PIHPs are contractually required to work jointly on coordinating care for a subset of shared enrolled members with high needs.
- These members have been to the Emergency Department (ED) 6 or more times in the previous six months and have four or more chronic conditions, including one or more behavioral health or addiction problems. Generally there is no primary care relationship.
- MHPs and PIHPs are incentivized jointly on the HEDIS measure Follow-up after Hospitalization for Mental Illness within 30 days. Bonus payment made jointly to MHP/PIHPs that meet national performance benchmarks.

MHP/PIHP Integration Performance

Bonus: HIT and Privacy Issues

- HIT plays a major role in supporting this integration work, especially sharing of claims and encounter data, CareConnect360, and ADTs.
- HIT informed big picture of a beneficiary health especially relevant with this population: difficult to contact, lack of natural supports, self-report of current medications and health history
- HIT challenges and privacy issues:
 - Hospitalizations due to mental illness not included in ADTs, implementation of PA 559 hopefully will replace manual process (next slide).
 - Michigan and federal law not aligned, impact on persons with high ED utilization due to a substance use disorder.
 - Persons hospitalized for a substance use disorder excluded without electronic consent management system.

PIHP/MHP Manual Process for Notification of Psychiatric Hospitalization



Developed by MHP/PIHP Collaboration Workgroup, March 23, 2017

Section 298 Initiative

Phil Kurdunowicz

Policy, Planning, and Legislative Services Administration

Section 298 Initiative

Time Period	Event or Activity
February 2016	Executive Budget Proposal
March 2016 – June 2016	Lieutenant Governor’s Workgroup
July 2016	Creation of 298 Facilitation Workgroup
September 2016 – November 2016	Affinity Group Process
November 2016 – December 2016	Development of Policy Recommendations
January 2017	Submission of Interim Report
January 2017 – February 2017	Financing Model Proposal Process
February 2017 – March 2017	Development of Financing Model Recommendations
March 2017	Submission of Final Report
March 2017 – Present	Legislative Discussion of Report

Section 298 Initiative

- Components of the Final Report
 - 1 Overarching Recommendation
 - 70 Policy Recommendations
 - 6 Financing Model Recommendations
 - Benchmarks for Implementation (a.k.a. Performance Metrics)
 - Transition Plan (a.k.a. High-Level Process Map)

Section 298 Initiative

- Policy Recommendations on Health Information Sharing
 - Recommendation 9.1: The State of Michigan should develop and implement a statewide strategy for aligning policy, regulatory, statutory, and contractual requirements to enable the sharing of behavioral health information.
 - Recommendation 9.2: MDHHS should conduct education and outreach efforts to inform individuals, families, providers, and payers about the importance and value of health information sharing.
 - Recommendation 9.3: MDHHS should support local and statewide efforts to build infrastructure that will enable the secure sharing of behavioral health information across health care organizations.
 - Recommendation 9.4: MDHHS should create a common culture of collaboration where stakeholders can identify, discuss, and overcome statewide barriers to health information sharing on an ongoing basis.

Section 298 Initiative

- Recommendation 9.4: MDHHS should create a common culture of collaboration where stakeholders can identify, discuss, and overcome statewide barriers to health information sharing on an ongoing basis.
 - **MDHHS should work with the Michigan Health Information Technology Commission to facilitate a discussion about the sharing of behavioral health information. Individuals with behavioral health needs, families, advocates, providers, payers and other health care organizations should be involved in the discussion. MDHHS should use the feedback from the discussion to inform the implementation of initiatives related to the sharing of behavioral health information.**
 - MDHHS should continue to collaborate with the Consent Form Workgroup to support continued implementation and improvement of the Behavioral Health Consent Form.
 - MDHHS should coordinate with stakeholders to identify policy and regulatory barriers to health information sharing and develop strategies to increase information sharing as appropriate.

Section 298 Initiative

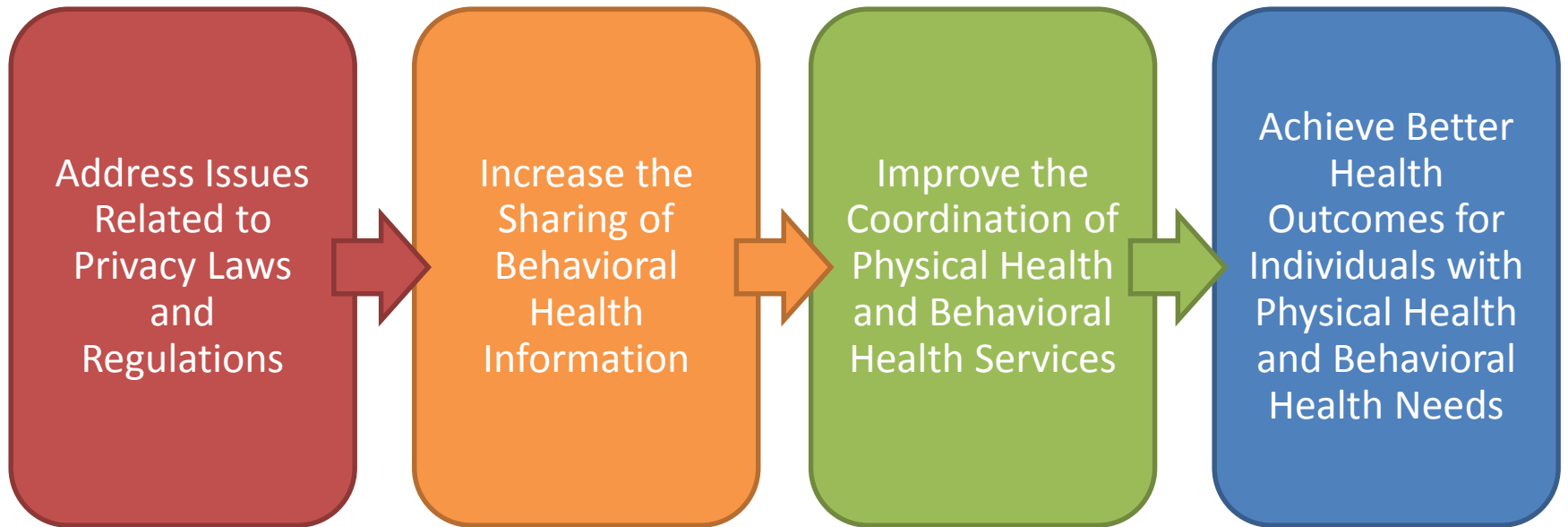
Model Category	Short Description
Statewide Behavioral Health Managed Care Organization	MDHHS consolidates the ten PIHPs into one PIHP or Administrative Service Organization.
CMHSP (Provider) Capitation	MDHHS eliminates the PIHPs and expands direct payments to the CMHSPs. MDHHS directly provides oversight of CMHSPs.
Modified Managed Care Approaches	MDHHS either creates new types of managed care entities and/or assumes most payer functions and responsibilities.
Current Financing Structure Enhancement	MDHHS maintains the current financing structure but makes changes to contracts, incentives, and information technology systems to encourage MHP/PIHP collaboration.
Local/Regional Integration Arrangements	MDHHS, MHPs and PIHPs make financing changes to support local and regional collaboration amongst providers.
MHP or PIHP Payer Integration	MDHHS either carves behavioral health funding into the MHPs or carves out physical health funding for specialty populations into the PIHPs.
Non-Financing Models	MDHHS, MHPs and PIHPs change provider reimbursement instead of payer financing. Local entities may also pursue service delivery reforms.

Section 298 Initiative

Model Category	Current Initiatives	Workgroup	House*	Senate
Statewide Behavioral Health Managed Care Organization			Yes	
CMHSP (Provider) Capitation				
Modified Managed Care Approaches				
Current Financing Structure Enhancement	MI Health Link and Shared Metrics	Yes		
Local/Regional Integration Arrangements	SIM APM Strategy (Future Initiative)	Yes		
MHP or PIHP Payer Integration			Yes	Yes
Non-Financing Models	Health Homes	Yes		

*The House proposal also includes a pilot in Kent County which could fall across multiple categories.

Connection to Health Information Sharing



Questions?

Phil Kurdunowicz

Policy, Planning, and Legislative Services Administration

Allison Repp

Medical Services Administration

Brad Barron

Medical Services Administration

Jon Villasurda

Behavioral Health and Developmental Disabilities Administration

Jackie Sproat

Behavioral Health and Developmental Disabilities Administration



Michigan Department of Health & Human Services

Panel Discussion on Barriers to Sharing Behavioral Health Information

Panel of Subject Matter Experts

May 18, 2017

Panel Discussion

- Panel Moderators
 - Meghan Vanderstelt (MDHHS)
 - Phil Kurdunowicz (MDHHS)
- Panel Participants
 - Jackie Sproat (MDHHS)
 - Joseph Sedlock (Mid-State Health Network)
 - Elizabeth Courbier (Priority Health)
 - Mike Harding (Washtenaw County Community Mental Health)
 - Jim Edwards (Michigan Health Information Network)

Other HIT Commission Business

- HIT Commission Next Steps
- Public Comment
- Adjourn