

MiHIN Shared Services Governance Information Session

July 15, 2010



Agenda

- Item A: MiHIN Shared Services Background
- Item B: MiHIN Shared Services Governance Structure
- Item C: Criteria for Governance
- Item D: Nominations Process & Next Steps
- Item E: Q&A



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Item A: MiHIN Shared Services Background



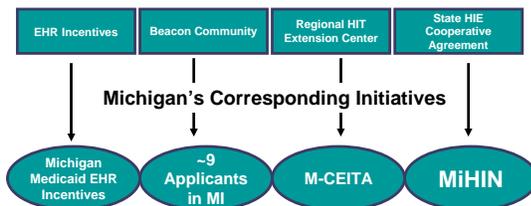
MiHIN: The History

- **2005** – Michigan kicks off a multi stakeholder, all inclusive approach to completing a statewide HIE roadmap
- **2006** – The Michigan's HIE roadmap - MiHIN Conduit to Care - is completed and released
- **2006** – Legislation is signed to create the Michigan HIT Commission
- **2007 & 2008** – Michigan invests \$10 million in regional HIE planning and implementation
- **2009** – “ARRA” changed the HIT and HIE world



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ARRA HIT Programs in Michigan



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State HIE Cooperative Agreement

- Issued by the Office of the National Coordinator for HIT
- Goal: an interoperable statewide health information exchange
- Michigan's Award: \$14,993,085
- Four year cooperative agreement
- Matching funding requirements escalate (0% first year, 10% second, 14% third, 33% fourth)



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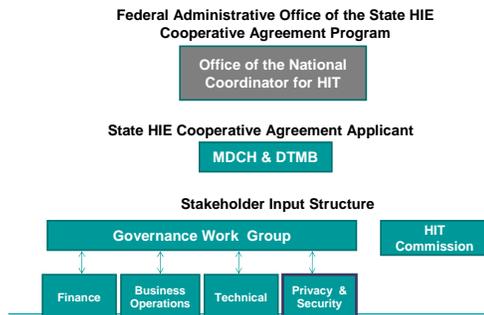
Michigan's Approach

- Convene Stakeholders
 - Kick-off event in November with over 300 organizations represented
 - Organized five workgroups with over 100 organizations directly involved
 - All workgroups open to the public
 - All information (schedule, agendas, materials) posted
 - Voting members elected by peer voting process
 - Co-chairs: 1 public and 1 private



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Workgroup Structure



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Workgroup Process

- November 2009 – April 2010
 - Each workgroup met at least twice a month
 - Workgroup size 30 to 50 stakeholders
 - 7-15 voting members in each workgroup elected by peers
 - Researched best practices and experiences of other states
 - Subject matter experts provided input
 - All components of Michigan's plans were developed by the workgroups



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Workgroup Deliverables

- Strategic & Operational Plans submitted on April 30 to the ONC
- 3 States approved
- Awaiting approval for MiHIN plans



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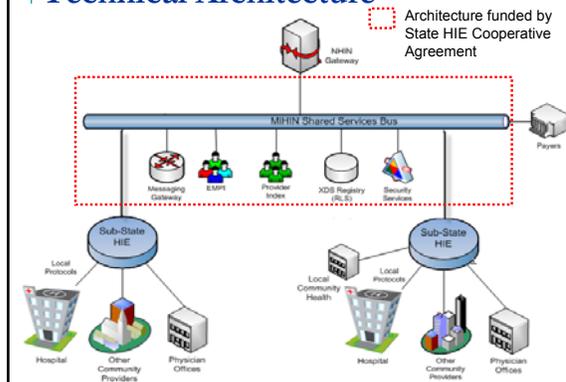
Technology

- Guiding Principles:
 - Cost-effective to build and maintain
 - Interoperable with HIE systems that are already used in Michigan
 - Technical architecture must be EHR and HIE vendor agnostic
 - Consistent with national industry standards
 - Maintain the privacy of patient data and have the highest level of security
 - Incremental approach
 - Build only the minimum necessary



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Technical Architecture



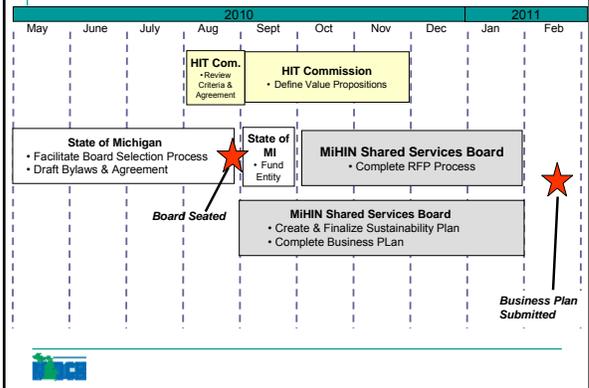
Technical Architecture

- Benefits
 - Builds upon sub-state HIEs
 - “Skinny” set of technologies that can scale up over time
 - Connects public health reporting and surveillance
 - Functionality provides value at a low cost
 - “Behind the scenes” service that allows providers to have multiple HIE choices



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Timeline for Next Deliverable



Item B: MiHIN Shared Services Governance Structure



Governance Workgroup

Co-Chairs	Janet Olszewski – Michigan Department of Community Health Larry Wagenknecht – Michigan Pharmacists Association
HIE Initiatives	Paula Johnson – Upper Peninsula Health Care Network
Health System	Helen Hill – Southeast Michigan Health Information Exchange Patrick O'Hare – Spectrum Health Jocelyn Dewitt – University of Michigan Health System
Michigan Employer	Denise Holmes – Michigan State University
Trade Associations	Jim Lee – Michigan Health & Hospital Association Kim Sibilsy – Michigan Primary Care Association
Rural healthcare	John Barnas – MI Center for Rural Health
Insurers/Health Plans	Richard Murdock – Michigan Association of Health Plan
Co-Chairs Technical	Ken Theis – Michigan Department of Information Technology Rick Warren – Allegiance Health
Co-Chairs Business Operations	Sue Moran – Michigan Department of Community Health Bob Brown – Kalamazoo Center for Medical Studies
Chair – Finance	Dennis Smith – Upper Peninsula Health Care Network
Chair – Privacy & Security	Margaret Marchak – Hall Render

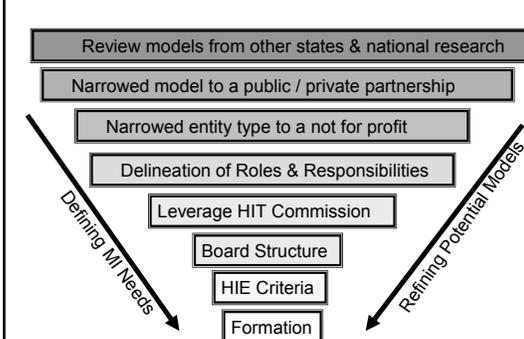
Governance

- Guiding Principles
 - Multi-stakeholder collaboration is needed to implement achievable and measurable initiatives
 - The MiHIN will leverage existing and planned information technology
 - Those that benefit should participate in paying the cost
 - Adoption and use of the MiHIN is critical to success
 - The MiHIN will conform to applicable federal guidelines



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Governance Decision Process



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Coordinated Governance Structure

- **MiHIN Governance Needs:**
 - Governance of technology and business must be from those with a financial stake in the outcomes
 - Sub-state HIEs, Payers
 - ONC specifies a broad-base of stakeholder representation, public engagement and statewide input and guidance to all HIT related initiatives
 - Leverage existing organizations of stakeholders engaged in the MiHIN process to ensure continuity



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Coordinated Governance Structure

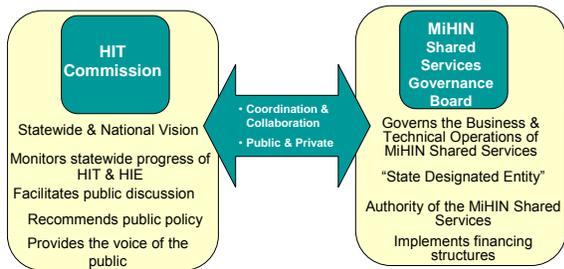
- **No entity that meets all needs**
 - Michigan HIT Commission can be leveraged
 - A new entity will need to be created to meet all needs and requirements
- **Coordination is key**



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Governance

Coordinated Governance Model relies on two distinct entities that have unique responsibilities



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Coordinated Governance Model

- **Benefits**
 - Built in coordination
 - State maintains accountability
 - Balances transparency, openness, efficiency and agility
 - Leverages existing HIT Commission experience
 - Non-profit entity attracts diverse funding sources
 - Customers governing long-term sustainability
 - Aligned with other state models and national best practices
 - Fulfills expectations of the State HIE Cooperative Agreement



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Expectations

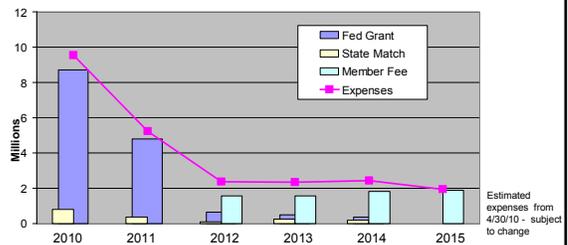
- **The MiHIN Shared Services Governance Board**
 - Carry out a statement of work as specified in an agreement with MDCH
 - Follow the Strategic and Operational Plans as guidelines
 - Make adjustments to budgets, timeline and work-plans based on a state & fed approval process
 - Will adhere to requirements of the federal funding
 - Procure the technology solutions using fair, transparent protocols



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Expectations

- The MiHIN Shared Services must have customers that make up the Member fee as Federal grant dollars and matching funds decrease
- The MiHIN Shared Services Governance board must develop the method of assessing the Membership Fee across all customers



Item C: Criteria for Governance



Creating the Non-profit Entity

- Defined Board
 - 10 seats for direct customers
 - 7 sub state HIEs
 - 3 Payers
 - 2 seats for state government
 - Medicaid
 - Public Health
 - 1 HIT Commissioner



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Governance criteria for Sub-State HIE

- A sub-state HIE shall have a governance structure which includes representative members of participating stakeholder groups in the HIE's area of operations.
- A sub-state HIE shall have a policy which addresses transparency and openness of its proceedings and decision making with the stakeholders it serves.
- A sub-state HIE shall have a strategic plan.



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Finance criteria for Sub-State HIE

- A sub-state HIE shall agree to contribute on a monthly or otherwise designated frequency the apportioned MiHIN access and usage fees comprising their MiHIN Membership Fee.
- A sub-state HIE shall provide MiHIN an annual report of its financial position.



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Business Requirements for Sub-State HIE

- A sub-state HIE shall commit to National (ONC, CMS, etc.) directives, standards and requirements regarding:
 - Interoperating with EHRs certified by ONC approved certification bodies
 - Meaningful use and associated timeframes
 - HIE/RHIO certification
 - Privacy & Security
 - Audit



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Technical criteria for Sub-State HIE

- A sub-state HIE shall be capable of all MiHIN technical specifications relevant to their operations, security policies and use cases. Minimum specifications include enabling subscribers to access patient clinical data including lab results and medication history and working towards providing all elements of CCD.
- A sub-state HIE must be capable of supporting all MiHIN security specifications including the Audit Trail and Node Authentication (ATNA) specifications for secure nodes and audit trails and user authentication at the HIE level and the use of SAML assertions (of user identity) for all transactions across the MiHIN.
- A sub-state HIE must be capable of supporting all MiHIN patient identity transactions.
- A sub-state HIE must be capable of supporting all MiHIN Query for Documents (XDS.b & XCA) transactions and must deploy an XDS.b document repository.
- A sub-state HIE shall enable bidirectional interoperability between locally connected health information systems and provide the gateway to the MiHIN for "cross community" transactions.



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Privacy & Security criteria for Sub-State HIE

- A sub-state HIE shall comply with all privacy and security requirements set by Federal and State law and MiHIN governance-approved policies. The compliance will be documented through written policies and procedures.
- A sub-state HIE shall provide a written copy of their Data Use and Reciprocal Support Agreement in use



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Item D: Nominations Process & Next Steps



Nominations Process

■ Defined Board

- 10 seats for direct customers
 - 7 sub state HIEs
 - 3 Payers
- 2 seats for state government
 - Medicaid
 - Public Health
- 1 HIT Commissioner

Organizations eligible to be nominated must fall into these two categories of stakeholder



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Nominations Process

- Information Session – July 15
- Solicit Nominations – July 15
 - Go to www.michigan.gov/mihin to fill out the form
 - Nominations are by "organization" and do not ask to identify the individual who will serve on the board



Nominations Process

- Information Session – July 15
- Solicit Nominations – July 15
- Nominations Due – July 29
 - Send to Beth Nagel (nagelb@michigan.gov) by 5:00pm on Thursday, July 29



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Nominations Process

- Information Session – July 15
- Solicit Nominations – July 15
- Nominations Due – July 29
- Determine Eligibility – by August 6
 - Sub-Committee of HIT Commission that does not have a direct tie to a payer or sub-state HIE will determine eligibility of each nomination.



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Nominations Process

- Information Session – July 15
- Solicit Nominations – July 15
- Nominations Due – July 29
- Determine Eligibility – by August 6
- Provide Recommendation to MDCH – Aug 19
 - If there are ≤ 7 sub-state HIEs and ≤ 3 payers eligible, then the sub-committee will present the recommendation to MDCH by Aug 19
 - If there are > 7 sub-state HIEs or > 3 payers eligible, then the HIT Commission will deliberate on a recommendation for MDCH at the Aug 19 HIT Commission meeting



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Nominations Process

- Information Session – July 15
- Solicit Nominations – July 15
- Nominations Due – July 29
- Determine Eligibility – by August 6
- Provide Recommendation to MDCH – Aug 19
- Organizations will appoint individual – Aug 30



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Nominations Process

- Information Session – July 15
- Solicit Nominations – July 15
- Nominations Due – July 29
- Determine Eligibility – by August 6
- Provide Recommendation to MDCH – Aug 19
- Organizations will appoint individual – Aug 30
- First MiHIN Shared Services Board meeting ~ Week of September 13
 - Finalize bylaws



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- All information is available at www.michigan.gov/mihin
- Questions?
 - Beth Nagel
 - nagelb@michigan.gov
 - 517-241-2064



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Item E: Questions & Answers

