



MiHIN – Business Operations Meeting Agenda



Meeting Date:	February 9, 2010	Teleconference #:	866-274-9016 Code: 241174, web conference information below
Place:	Web Conference and Kellogg Center, Michigan State University Room: Conference 62	Facilitator:	Shaun J. Grannis, MD MS FAAFP
Time:	3:00-4:30		

Web Conference: <https://premconf.webex.com/premconf/j.php?ED=103345802&UID=75298592>
Meeting Password: mihin4498

- Topic 0: Attendance, Approval of Meeting Minutes (5 minutes)
- Topic 1: Status of Other Workgroups (20 minutes)
- Topic 2: Business Architecture [VOTE] (45 minutes)
- Topic 3: Strategic Plan (20 minutes)
- Topic 4: Public Comment

DISCUSSION	0. Attendance, Approval of Meeting Minutes (5 minutes)		
	<ul style="list-style-type: none"> Take attendance Approval of previous meeting's minutes 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE	

DISCUSSION	1. Status of Other Workgroups (20 minutes)		
	<ul style="list-style-type: none"> Governance Approvals 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE	

DISCUSSION	2. Business Architecture [VOTE] (45 minutes)		
	<ul style="list-style-type: none"> Discussion facilitated by Shaun Grannis Vote on Business Architecture 		
ACTION ITEMS / DECISIONS	PERSON RESPONSIBLE	DEADLINE	



DISCUSSION	3. Strategic Plan (20 minutes)	
	<ul style="list-style-type: none"> Presentation by Shaun Grannis 	
ACTION ITEMS / DECISION	PERSON RESPONSIBLE	DEADLINE
DISCUSSION	4. Public Comment	
	<ul style="list-style-type: none"> Open to public for any issue 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE



MiHIN – Business Operations Meeting Minutes



Meeting Date:	January 26, 2010	Teleconference #:	866-274-9016 Code: 241174, web conference information below
Place:	Web Conference and Kellogg Center, Michigan State University Room: Conference 61	Facilitator:	Shaun J. Grannis, MD MS FAAFP
Time:	3:00-4:30		

Web Conference: <https://premconf.webex.com/premconf/j.php?ED=102895037&UID=73792222>
Meeting Password: mihin5509

- Topic 0: Attendance, Approval of Meeting Minutes (5 minutes)
- Topic 1: Status of Other Workgroups (20 minutes)
- Topic 2: Value Propositions [VOTE] (45 minutes)
- Topic 3: Business Architecture (20 minutes)
- Topic 4: Public Comment

DISCUSSION	0. Attendance, Approval of Meeting Minutes (5 minutes)
	<ul style="list-style-type: none"> • Take attendance – Done by Co-Chair Sue Moran • Voting Member Attendance: <ul style="list-style-type: none"> ○ Bob Brown-YES ○ Sue Moran-YES ○ Peter Ziemkowski-YES ○ Christopher Beal -NO ○ Leland Babitch-NO ○ Bryan Dort-YES ○ Deana Simpson-YES ○ Sherri Stirn-NO ○ Bernard Han- YES ○ Gary Assarian-YES ○ Michael Bouthillier-YES ○ Betsy Pash-YES ○ Tim Pletcher-NO ○ Paul Edwards- YES ○ Scott Monteith-YES ○ Linda Young-NO ○ Rebecca Blake-YES ○ Mary Anne Ford-YES • Other Attendees: <ul style="list-style-type: none"> ○ Sharon Leenhouts ○ Jack Shaw, JVHL

	<ul style="list-style-type: none"> o Rick Brady, MiHIN PCO o Shaun Grannis, MiHIN PCO o William Schneider o Therese Hoyle, MDCH o Frank DeLaura, my1HIE o Jeff Hawley, Accenture o Robert Miller, MDCH o Dan Boyle, UPHP o April Araquil, MPRO o Jim Collins, MDCH o Amber Murphy, MiHIN PCO o Kurt Richardson, UMHS o Pat Maltby, MDIT o Jennifer Tomaszczyk, MSU o Chris Foster o Keelie Honsowitz, MDCH o Jon Sykes, Allegiance Health o Jan Jennings, BCBSM o Moira Davenport Ash o Jackie Tichnell, MSU o Linda Myers, MDIT <ul style="list-style-type: none"> • Minutes of 1-12 approved unanimously.
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

DISCUSSION	1. Status of Other Workgroups (20 minutes)
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	Rick discussed approval of HIE service priorities by governance workgroup; Technical workgroup's suggestion to move imaging results down in priority and moving unstructured results up. The workgroup did not object to this reordering. Rick also discussed the parallel work on value propositions that the Finance workgroup was doing.
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

DISCUSSION	2 Value Propositions[VOTE] (45 minutes)
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	Minor changes were made to the proposed wording of the value propositions, correcting errors or refining meaning. A reference to supporting meaningful use was added to all three use cases' value propositions. The subsequent value propositions were approved unanimously. They will be sent to the Finance workgroup.
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ACTION ITEMS / DECISIONS	PERSON RESPONSIBLE	DEADLINE

DISCUSSION	3. Business Architecture (20 minutes)
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	<p>A brief overview of the role of business architecture for the MiHIN was presented. The group will be asked to review the business architecture part of the MiHIN technical architecture and comment. Approval of the business architecture will be on the next meeting's agenda.</p> <p>Rick mentioned the next topic after business architecture is the strategic plan. He stated that we had stayed on schedule and had ample time for a discussion on strategy.</p>
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ACTION ITEMS / DECISION		PERSON RESPONSIBLE	DEADLINE
DISCUSSION	4. Public Comment		
	There was no public comment.		
ACTION ITEMS		PERSON RESPONSIBLE	DEADLINE

MiHIN Business Operations Workgroup: Business Architecture

• February 9, 2010



What We'll Cover

- Review MiHIN Business Architecture:
 - Overview/Schematic
 - Use case illustrations
 - Requirements/Constraints
- Discussion
- Approval / Validation



Business Architecture: Overview

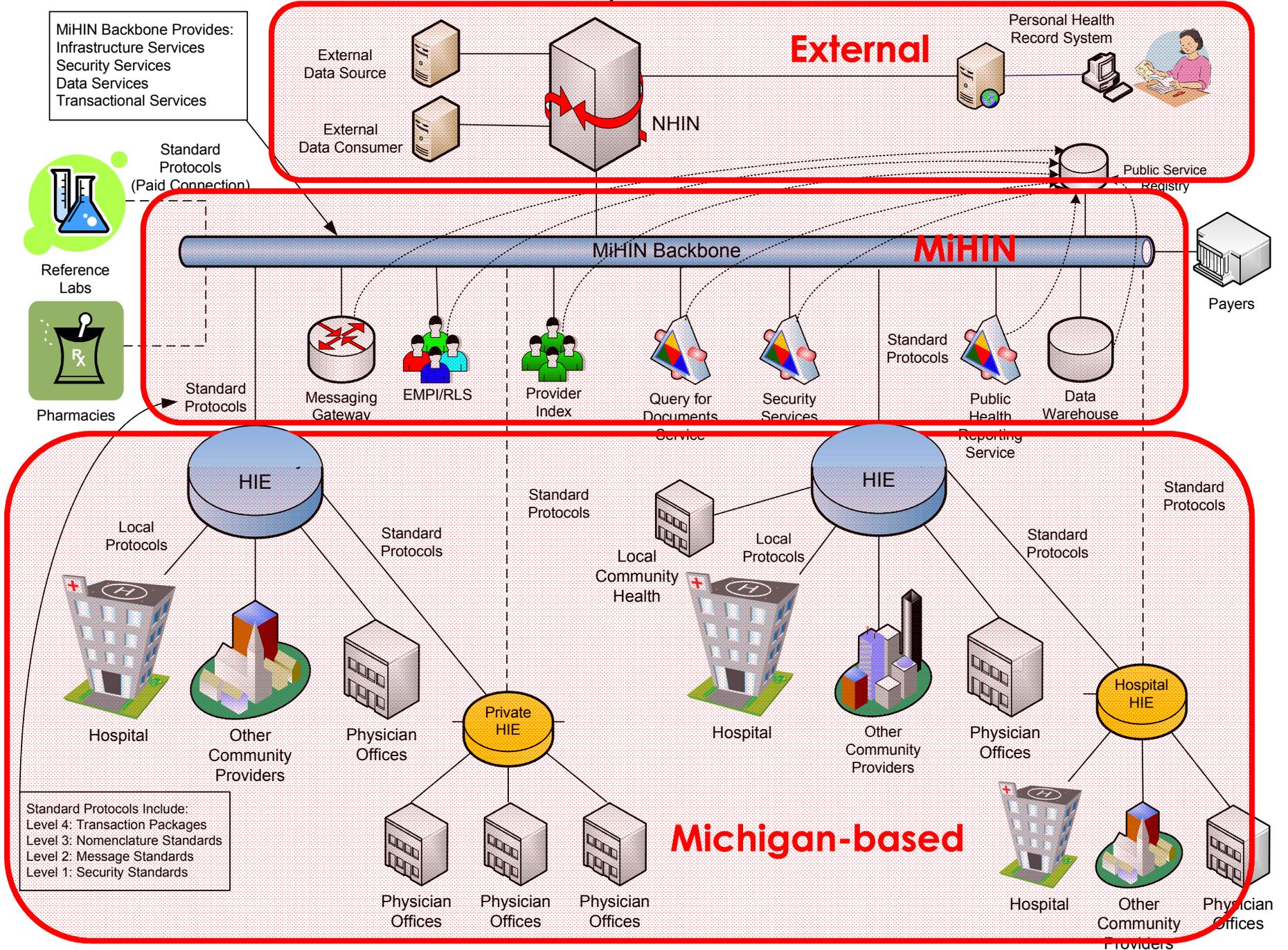


Scope of MiHIN Business Architecture Actors and Systems

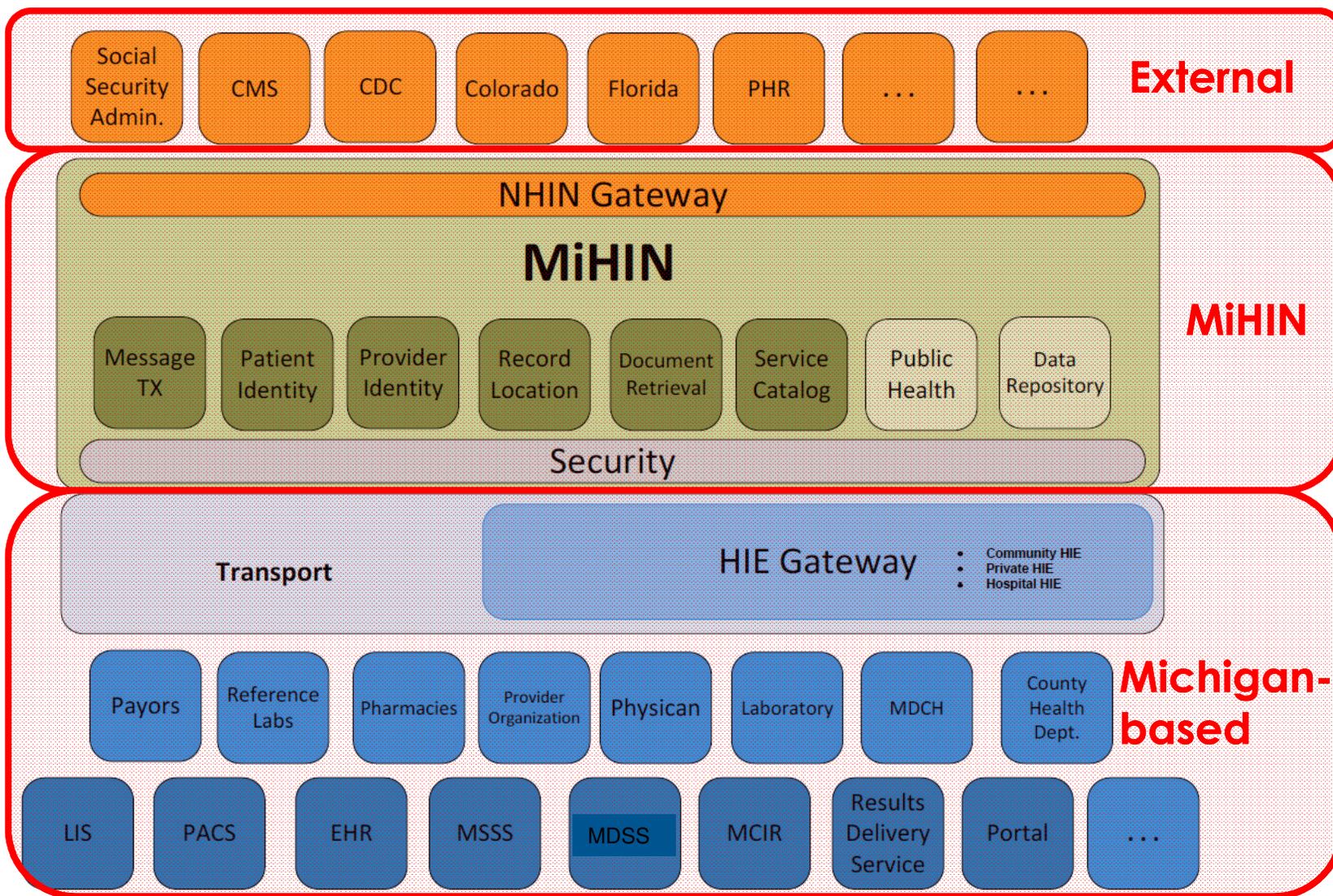
- Michigan-based health care actors and systems (“internal stakeholders”)
- MiHIN components and services
- External health care actors and systems (“external stakeholders”)



MiHIN Conceptual Architecture



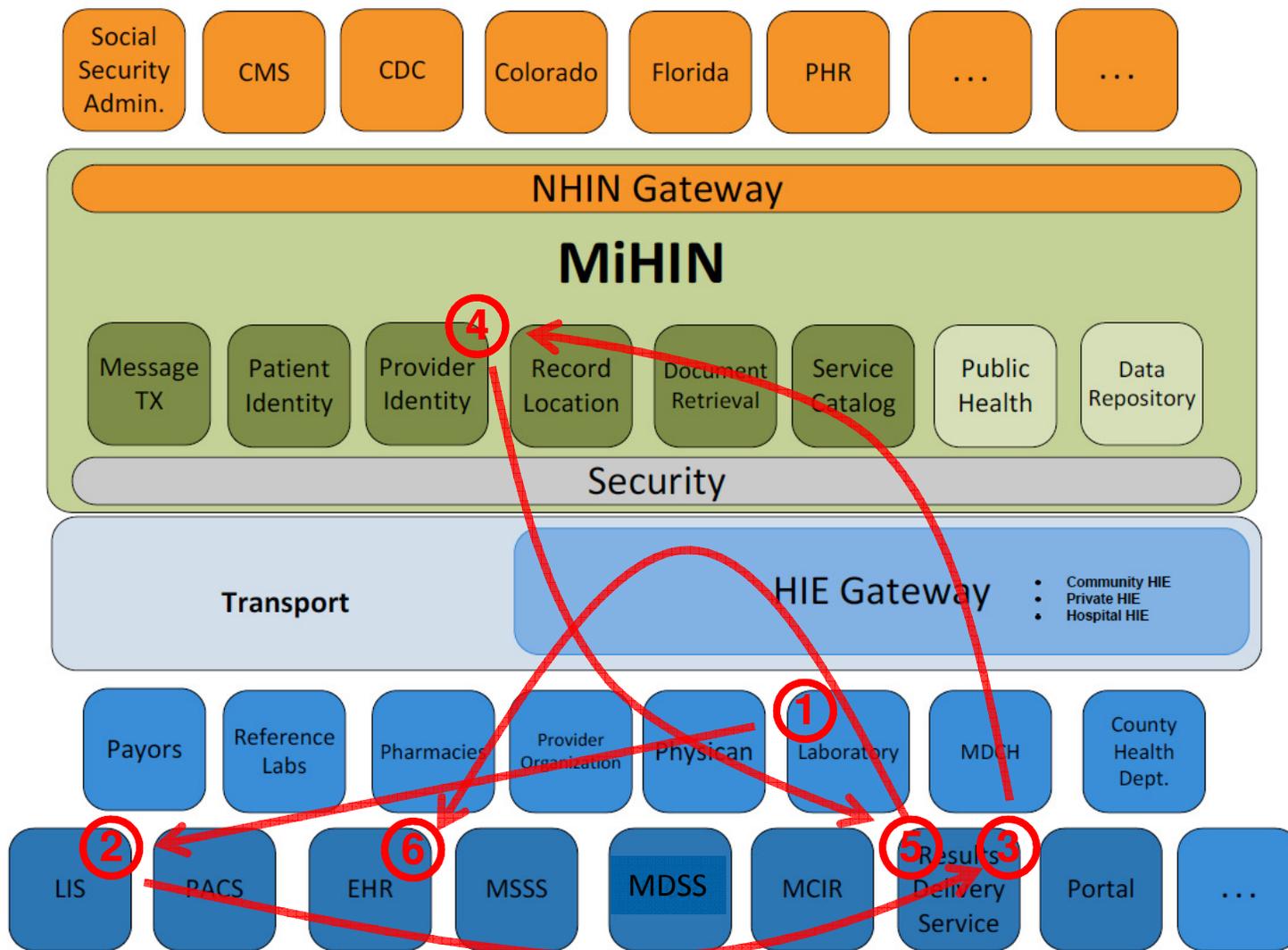
MiHIN Business Architecture



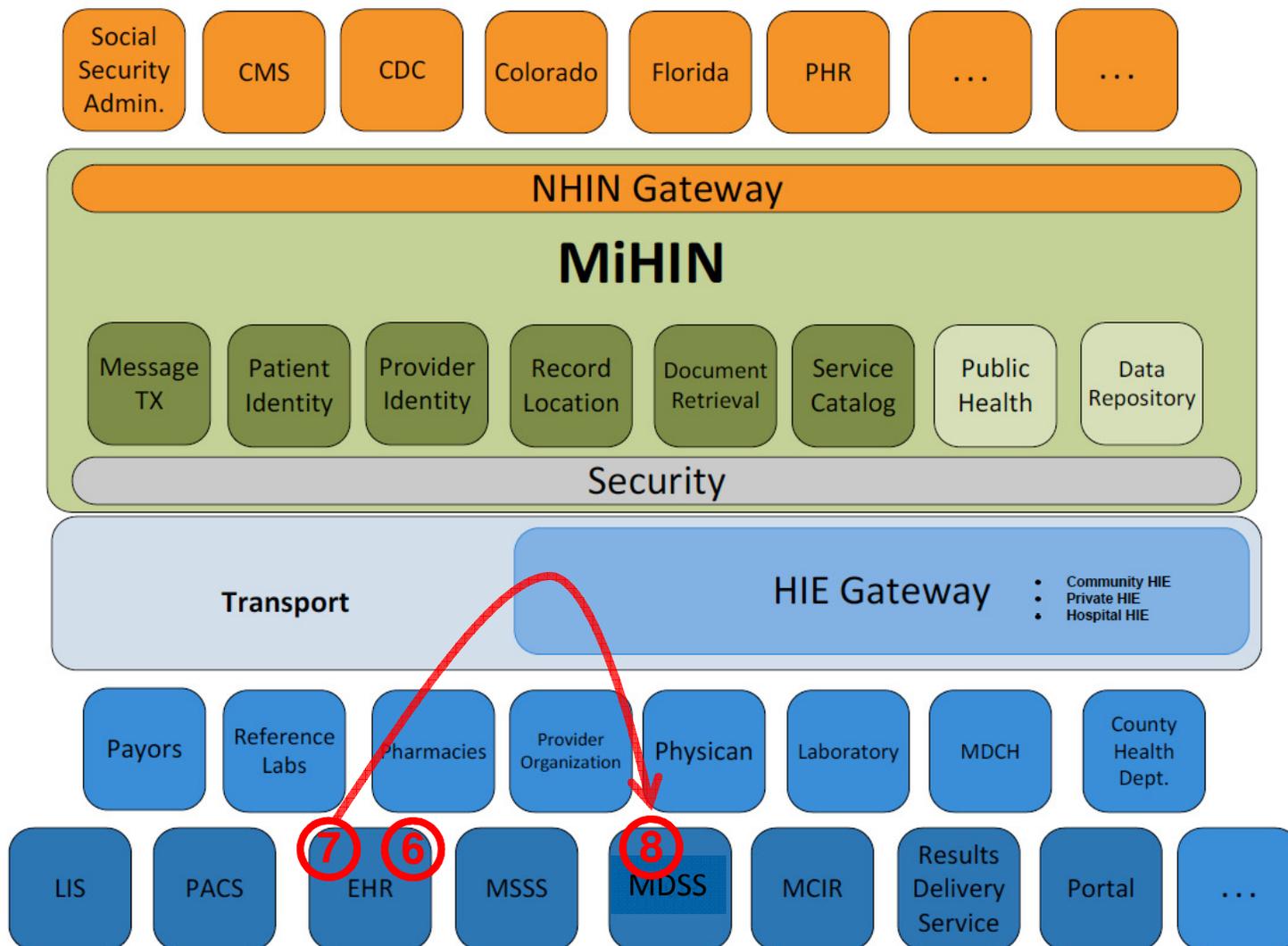
Business Architecture: Use Cases



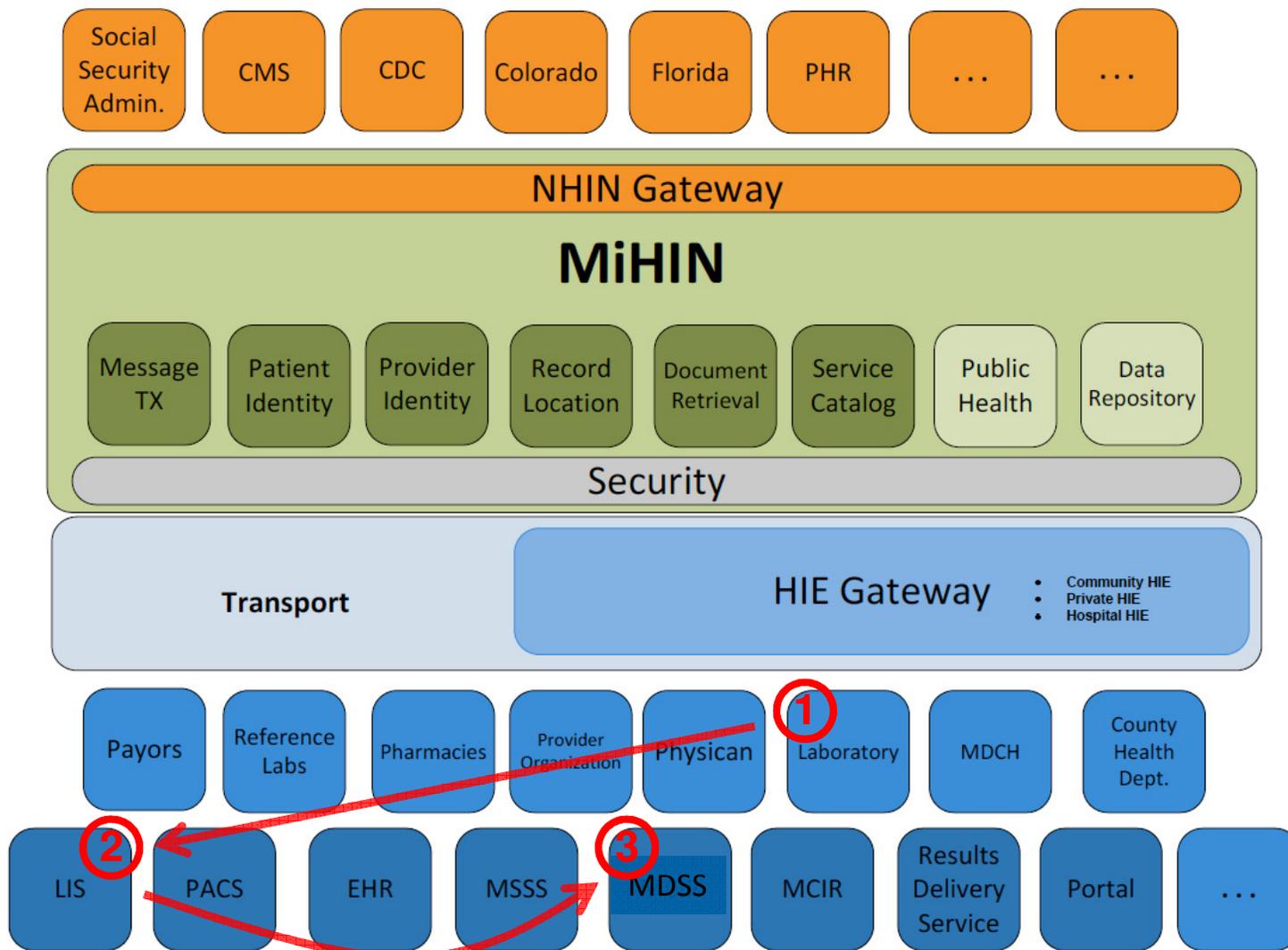
Use Case: Results Delivery



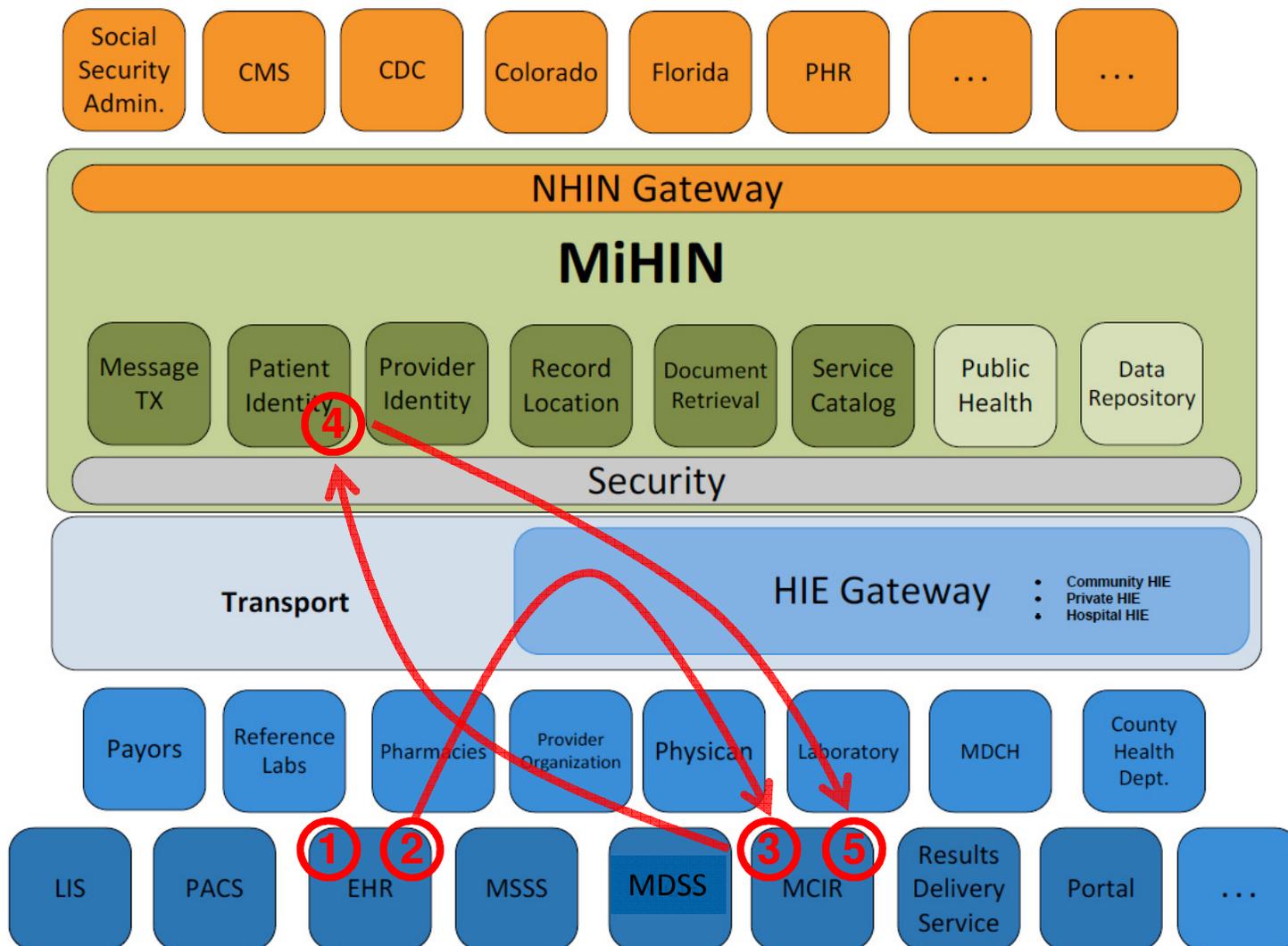
Use Case: Disease Surveillance (1)



Use Case: Disease Surveillance (2)



Use Case: Immunization Event Sent to MCIR



Business Architecture: Use Case and Actors Analysis



Use Cases and Actors

	Laboratory	LIS	MDSS	MCIR	MSSS	PACS	Provider	Provider Organization	Results Delivery Service
Disease Surveillance			■				■		
Deliver lab results – imaging results	■					■	■		■
Deliver lab results – Structured	■	■					■		■
Deliver lab results – Unstructured	■	■					■		■
Immunization event sent to MCIR				■			■		
Immunization history from MCIR				■			■		
Lab orders	■						■		
Syndromic Surveillance					■			■	
Vaccination forecasting				■			■		



Business Architecture: Requirements and Constraints



Business Requirements: Volume Estimates

Event	Quantity/Year
Laboratory Transactions	31,715,000 ¹
Immunization Events	6,200,000 ²
ED/Urgent Care admissions (MSSS)	3,650,000 ²
Reportable Lab Results (MDSS)	30,000 ²

¹Estimate based on Regenstrief data

²Estimate based on State of Michigan, MDCH data



Business Requirements: Meaningful Use (1)

Phase I (2011/2012) Physician Criteria:

- **Incorporate Clinical Lab-Test Results into EHR as Structured Data:** Record (as structured data) 50% of all results that are delivered in discrete (positive/negative) or numeric format.
- **Enable Information Exchange:** Enable electronic sending and receiving of diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures. Must conduct at least one test of exchanging information.
- **Submit Data to Immunization Registries:** Must conduct at least one test of EHR technology's capacity to submit electronic data to immunization registries.
- **Submit Syndrome Surveillance Data to Public Health Agencies:** Must conduct at least one test of EHR technology's capacity to provide syndromic surveillance data to public health agencies.



Business Requirements: Meaningful Use (2)

Required Content Exchange and Vocabulary Standards:

Purpose	Category	Adopted Standard(s) to Support Meaningful Use Stage 1
<i>Patient Summary Record</i>	Cx	HL7 CDA R2 CCD Level 2 or ASTM CCR
• Problem List	V	Applicable HIPAA code set required by law (i.e., ICD-9-CM); or SNOMED CT®
• Medication List	V	Any code set by an RxNorm drug data source provider that is identified by the United States National Library of Medicine as being a complete data set integrated within RxNorm+
• Medication Allergy List	V	No standard adopted at this time.
• Procedures	V	Applicable HIPAA code sets required by law (i.e., ICD-9-CM or CPT-4®)
• Vital Signs	V	No standard adopted at this time.
• Units of Measure	V	No standard adopted at this time.
• Lab Orders and Results	V	LOINC® when LOINC® codes have been received from a laboratory
<i>Drug Formulary Check</i>	Cx	Applicable Part D standard required by law (i.e., NCPDP Formulary & Benefits Standard 1.0)



Business Requirements: Meaningful Use (3)

Required Privacy and Security Standards:

Row #	Purpose	Adopted Standard
1	<i>General Encryption and Decryption of Electronic Health Information</i>	A symmetric 128 bit fixed-block cipher algorithm capable of using a 128, 192, or 256 bit encryption key must be used (e.g., FIPS 197 Advanced Encryption Standard, (AES), Nov 2001).+
2	<i>Encryption and Decryption of Electronic Health Information for Exchange</i>	An encrypted and integrity protected link must be implemented (e.g., TLS, IPv6, IPv4 with IPsec).+
3	<i>Record Actions Related to Electronic Health Information (i.e., audit log)</i>	The date, time, patient identification (name or number), and user identification (name or number) must be recorded when electronic health information is created, modified, deleted, or printed. An indication of which action(s) occurred must also be recorded (e.g., modification).+
4	<i>Verification that Electronic Health Information has not been Altered in Transit</i>	A secure hashing algorithm must be used to verify that electronic health information has not been altered in transit. The secure hash algorithm used must be SHA1 or higher (e.g., Federal Information Processing Standards (FIPS) Publication (PUB) Secure Hash Standard (SHS) FIPS PUB 180-3).+



Questions / Discussion



MiHIN Business Operations Workgroup: Business Architecture

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MiHIN Business Operations Workgroup: Strategic Plan Overview

• February 9, 2010



What We'll Cover

- ONC Guidance
- Specific dimensions of the strategic plan
- Discussion / Questions



ONC Guidance for the Strategic Plan (1)

- “Section 3013 of the HITECH Act requires states or SDE’s to submit [...] a 'State Plan' [...] consisting of two deliverables: A Strategic Plan and an Operational Plan.” (p. 14)
- “[The] Strategic and Operational Plans [...] will ensure that a comprehensive set of actions will result in adoption of HIE to enable providers to meet the HIE meaningful use criteria” (p. 8)
- “States will need to specify the role of various health care stakeholders in their Strategic and Operational plans and hold stakeholders accountable for their contributions to the development and universal adoption of HIE.” (p. 9)



ONC Guidance for the Strategic Plan (2)

- The Strategic Plan must address the following domains:
 - Governance
 - Finance
 - Technical infrastructure
 - Business and technical operations
 - Legal/policy



Specific Dimensions of the Strategic Plan



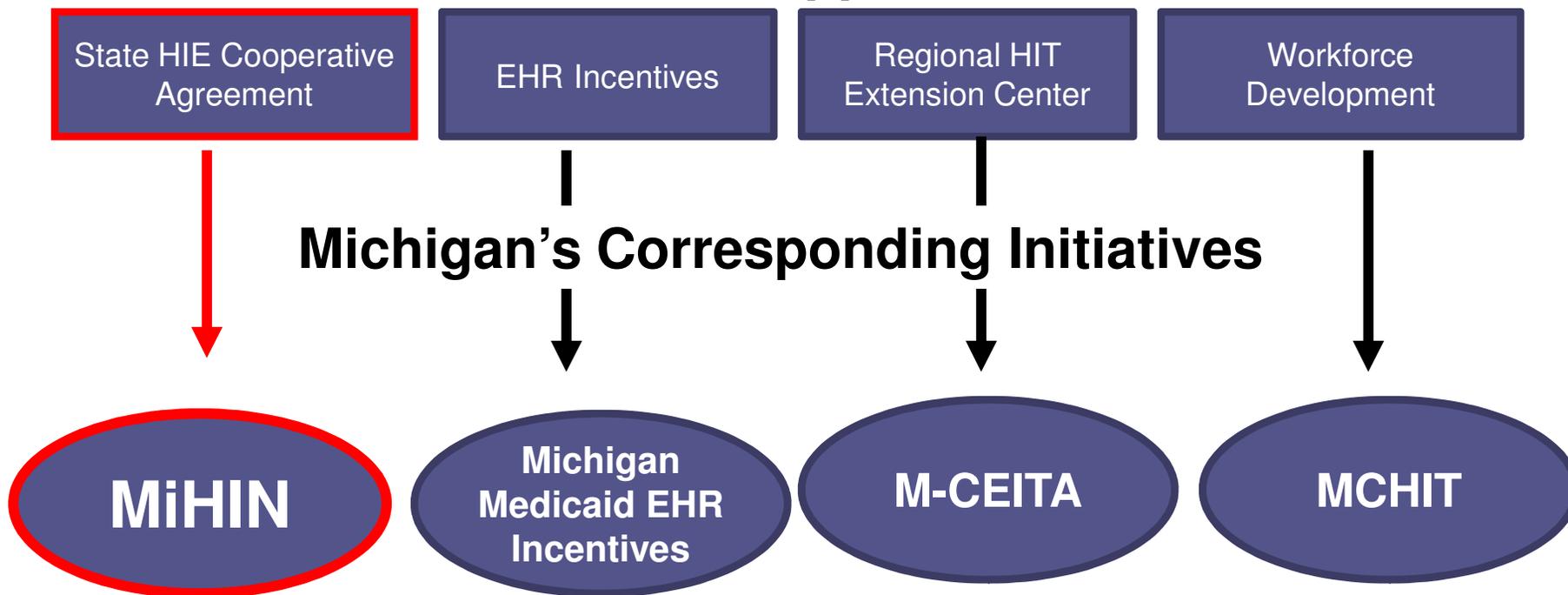
Strategic Plan Components (1)

- **Roles/Responsibilities:** Provide an outline of operational responsibilities, divided among the state, SDE, and regional organizations as applicable.

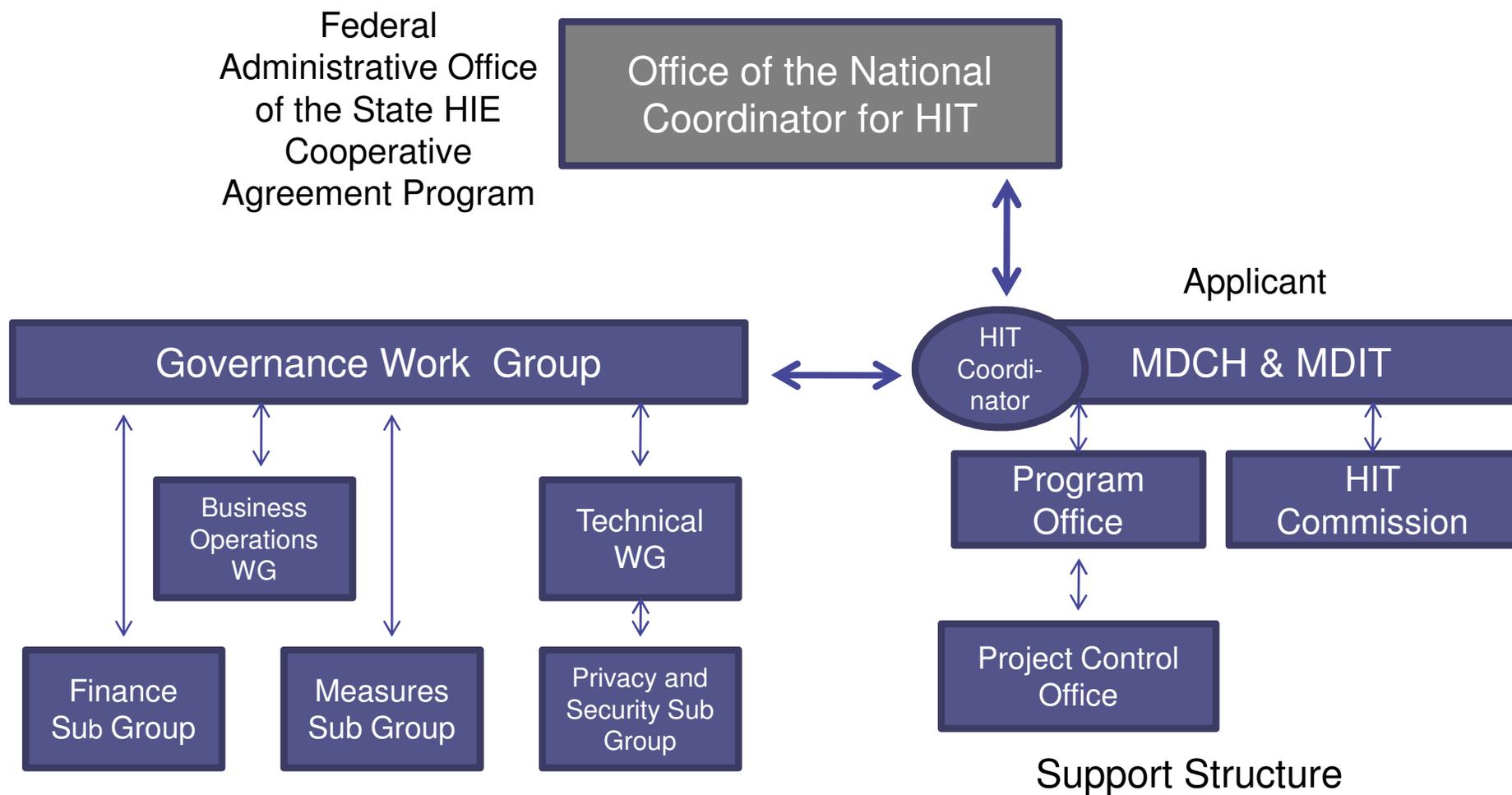


Roles / Responsibilities: Michigan HIT Initiatives

American Recovery & Reinvestment Act of 2009 HIT Opportunities



Roles / Responsibilities: Project Structure



Stakeholder Input Structure



Strategic Plan Components (2)

- **Meaningful Use:** Describe an approach to meet forthcoming HIE meaningful use requirements.
- **Medicaid and Public Health:** Describe efforts to coordinate and align efforts to meet Medicaid and public health requirements for HIE & meaningful use criteria.
- **Leverage Existing Resources:** Describe an approach to leveraging existing HIE capacity.
- **NHIN:** Provide a strategy describing how the state will utilize the NHIN for information exchange between states and with federal agencies; and optionally, for exchanges of information within the state.



Strategic Plan Components (3)

- **Human Resources:** Describe a plan to acquire and maintain human resources across geographies and organizations to implement HIE
- **Program and Vendor Management:** Describe an approach for program and vendor management
- **Risk Plan:** Describe an approach to identify and mitigate potential business risks (can be incorporated in the operational plan)
- **Other:**
 - Deployment Strategy
 - Outreach/Communications



The Methodology

- Document strategy in Strategic plan
- Create operational plan that supports strategic plan
- Review ARRA coordination plan in light of Strategic and Operational plans



MiHIN Business Operations Workgroup: Strategic Plan Overview

• February 9, 2010

