



MiHIN – Business Operations Meeting Agenda



Meeting Date:	January 12, 2010	Teleconference #:	866-274-9016 Code: 241174, web conference invite sent separately
Place:	Web Conference and Kellogg Center, Michigan State University Room: Conference 62	Facilitator:	Shaun J. Grannis, MD MS FAAFP
Time:	3:00-4:30		

- Topic 0: Attendance, Approval of Meeting Minutes (5 minutes)
- Topic 1: Status of Other Workgroups (20 minutes)
- Topic 2: Use Case Selection [VOTE] (45 minutes)
- Topic 3: Value Propositions (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"> Review Feedback from Governance and Technical WGs. 		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE	
DISCUSSION	2 Use Case Selection [VOTE] (45 minutes)		
	<ul style="list-style-type: none"> Discussion facilitated by Shaun Grannis Vote on Use Cases 		
ACTION ITEMS / DECISIONS	PERSON RESPONSIBLE	DEADLINE	

DISCUSSION	3. Value Propositions (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:	December 29, 2009	Teleconference #:	866-274-9016 Code: 241174, web conference invite sent separately
Place:	Web Conference and Holiday Inn Express location 2209 University park Drive, Okemos MI (Directions – I-96 at Exit #110/Mason Exit) Room: Coaches Room	Facilitator:	Shaun J. Grannis, MD MS FAAFP
Time:	3:00-4:30		

- Topic 0: Attendance, Approval of Meeting Minutes (5 minutes)
- Topic 1: Charter review and approval (15 minutes)
- Topic 2: HIE Service Priorities (30 minutes)
- Topic 3: Use Cases (30 minutes)
- Topic 4: Status of Other Workgroups (10 minutes)
- Topic 5: 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"> ○ Peter Ziemkowski-NO ○ Chrisopher Beal -NO ○ Leland Babitch-YES ○ Bryan Dort-YES ○ Deana Simpson-YES ○ Sherri Stirn-YES ○ Bernard Han- YES ○ Gary Assarian-YES ○ Michael Bouthillier-YES ○ Betsy Pash-YES ○ Tim Pletcher-YES ○ Paul Edwards-NO ○ Scott Monteith-YES ○ Linda Young-NO ○ Rebecca Blake-NO ○ Mary Anne Ford-YES • Other Attendees: <ul style="list-style-type: none"> ○ Bill Riley, Oakland County CMHA ○ Christine Foster ○ Dr Ted Daniel

	<ul style="list-style-type: none"> ○ Hank Mayers, ReliaTechConsulting, LLC ○ Jonathan Sykes, Allegiance Health ○ Larry Hamilton, ChangeScape Inc. ○ Lisa Lunford ○ Mary Mikes, Accenture ○ Mike Tarn, Western Michigan University ○ Mindy Richards, ChangeScape Inc. ○ Moira Davenport-Ash, Clinton-Eaton-Ingham Community Mental Health ○ Patrick Maltby, MDIT ○ Patty Clark, Michigan Department of Community Health ○ Rich Boehm, BCBSM ○ Sarah McDade, Strive Joint & Health Center ○ Sharie Falan, Western Michigan University ○ Sharon Leenhouts, Medical Data Solutions LLC ○ Violanda Grigorescu, MDCH ○ William Colville, MDCH ○ Jackie Tichnell, MSU ○ Rob Miller, MDCH ○ George Boersma, MDIT ○ William Schneider, MDCH ○ Laura Rappleye, MDCH ○ Amber Murhpy, MiHIN PCO ○ Rick Brady, MiHIN PCO ○ Shaun Grannis, MiHIN PCO <ul style="list-style-type: none"> ● Minutes were updated to reflect comments by Monteith, approved unanimously.
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

DISCUSSION	1. Charter review and approva [VOTE] (15 minutes)
	<ul style="list-style-type: none"> ● No questions were asked. ● Charter approved unanimously

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

DISCUSSION	2. HIE Service Priorities [VOTE] (30 minutes)
	<ul style="list-style-type: none"> ● Discussion facilitated by Shaun Grannis ● HIE Service Priorities approved as follows: ● 1 Electronic clinical laboratory ordering and results delivery ● 2 Electronic public health reporting ● 3 Quality Reporting ● 4 Clinical summary exchange for care coordination and patient engagement ● 5 Electronic eligibility and claims transactions ● 6 Electronic Prescribing and refill requests ● 7 Prescription fill status and/or medication fill history

ACTION ITEMS / DECISIONS	PERSON RESPONSIBLE	DEADLINE

DISCUSSION	3. Use Cases (30 minutes)
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	<ul style="list-style-type: none"> • Presentation by Shaun Grannis 	
ACTION ITEMS / DECISION	PERSON RESPONSIBLE	DEADLINE
DISCUSSION	4. Status of Other Workgroups (10 minutes)	
	<ul style="list-style-type: none"> ○ Rick stated that the other groups will be informed of our vote on HIE services today. 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
DISCUSSION	5. Public Comment	
	<ul style="list-style-type: none"> • No comments were made 	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

Use Case Prioritization

1. Electronic clinical laboratory ordering and results delivery
 - a. deliver chemistry/mb results: the results for a laboratory test are sent to the designated recipients in a structured format suitable for consumption by an electronic system.
 - b. deliver radiology
 - c. deliver (what)
 - d. order: an order for laboratory services is sent electronically in a structured format suitable for consumption by an electronic system.
2. Electronic public health reporting
 - a. immunization info to MCIR: a provider has given a reportable vaccine. The information is reported electronically to the SoM MCIR system.
 - b. immunization info from MCIR: a provider queries for the immunization history of a patient. Access and consent policies are applied. If allowed, MCIR provides the requested history in a structured format suitable for consumption by an electronic system.
 - c. reportable labs to MDSS: a laboratory encounters a result that is required to be reported to a public health agency. The laboratory sends the required information to the required public health agency in a structured format suitable for consumption by an electronic system.
 - d. syndromic result to MSSS: a healthcare provider diagnoses a patient with a condition required to be reported to a public health agency. The healthcare provider sends the required information in a structured format suitable for consumption by an electronic system.
 - e. BMI -req
3. Quality Reporting
 - a. PQRI
 - b. PGIP?
 - c. Medicaid Meaningful Use
 - d. Medicare Meaningful Use
4. Clinical summary exchange for care coordination and patient engagement
5. Electronic eligibility and claims transactions
6. Electronic Prescribing and refill requests
7. Prescription fill status and/or medication fill history

MiHIN Business Operations Workgroup:

Use Case Value Propositions Overview

December 29, 2009



Objectives

- Business and Technical Operations workgroup trajectory:
 - Prioritize ONC HIE services
 - Identify Specific Use Cases supported by priority HIE services
 - Highlight specific value propositions for specific use cases



Overview: What We'll Cover

- The need for value propositions
- General categories for value proposition
- Examples of value propositions for specific use cases



Need for Value Propositions

- A value proposition reflects review of benefits, costs and value that can be delivered for a given product or process
- Communication Tool:
 - Convey benefits of a process
 - Garner buy-in
 - Justify necessary resources
- Understanding value is necessary, but not sufficient, to establish a sustainability model



Sustainability

- Sustainability models will vary for different settings, and can be examined using a high level framework:
 - Characterize the perceived value (what's the benefit?)
 - Identify who perceives value from an HIE/HIT use case (who benefits?)
 - Determine to what degree the recipients of value are willing to support the process
 - Assess whether the degree of support is sufficient to sustain



Types of HIE Value

- HIE/HIT value propositions evolve as technology, clinical science, and as legislation/policy evolve
- Value propositions generally fall into 2 categories:
 1. Improving clinical outcomes (decreased morbidity, increased longevity, increased quality of life, etc.)
 2. Improved process/workflow efficiencies:
 - Faster: more work achieved in the same time, less time gathering data
 - Decreased resources: less back office staff needed to manage charts



Example Value Propositions



Results Delivery

- By eliminating manual processes (e.g., stuffing envelopes), process efficiency can be realized by using fewer resources to accomplish the same work, resulting in potential cost savings
- **Value:** Improved process efficiency (fewer resources required to deliver results)
- **Who benefits?** Service providers such as laboratory systems, who must deliver the results



Results Delivery

- Clinical provider and support staff can minimize cumbersome administrative tasks related to gathering and collating clinical data received from multiple sources
- **Value:** Improved process efficiency (less time spent gathering data)
- **Who benefits?** Clinical providers/support staff



Results Delivery

- By leveraging the data interfaces maintained by MiHIN, clinical data providers (labs, etc.) and EMR administrators can minimize redundant data interfaces, and avoid “death by a thousand gnats.”
- **Value:** Improved process efficiency (fewer resources needed to maintain data interfaces)
- **Who benefits?** Service providers and EMR administrators



Public-health Immunizations

- By directly interfacing with EMR's, clinical workflow may be improved by minimizing the number of user interfaces the clinical user must learn (passwords, workflow, etc.)
- **Value:** Decreased variation in user interface (improved user experience)
- **Who benefits?** Clinical users and the community



Public-health Immunizations

- By providing a more seamless integration between EMR's and MCIR, users may be more likely to provide complete and comprehensive immunization data, resulting in improved public-health processes, and potentially improve healthcare outcomes.
- **Value:** More complete immunization data provides greater situational awareness and may improve clinical outcomes
- **Who benefits?** Public-health and the community



Electronic laboratory reporting of public-health notifiable conditions

- By developing more seamless electronic reporting methods, clinical care systems may provide more complete and timely data to public health.
- **Value:** Improved process efficiency (more accurate assessment and management of community and population-based health needs)
- **Who benefits?** Public-health and the community of individual patients



Automated/augmented detection and reporting of public-health notifiable conditions

- Reporting workflows may be improved and clinician reporting burden relieved by automating or augmenting the detection and reporting process by using a form of clinical decision support with minimal user intervention
- **Value:** Improved process efficiency (reducing reporting burden on providers)
- **Who benefits?** Public-health, those responsible for reporting (clinical providers, infection control officers, etc.), and the community



MiHIN Business Operations Workgroup: Use Case Value Propositions Overview

Discussion / Questions

