

Finance Workgroup Third Meeting

• January 21, 2010

Today's Objectives

- Review State Backbone Services
- Brief discussion of budget categories
- Review Value propositions
- Funding mechanisms based on value

Agenda

- **Short Review of Backbone Architecture**
 - Mike Gagnon – Facilitator for Technical Work Group
 - Value for services provided
- **Introduce Budget categories**
- **Value Propositions from last week**
 - Funding options
- **Funding mechanism based upon value**
- **Public Comment**
- **Next Steps, Adjourn**

Review of MiHIN Architecture Plan

- **Mike Gagnon**
- **Services and Value Provided by State Backbone**

Goals and Objectives

Develop a comprehensive statewide technical architecture that:

- Performs 4 main functions
 - Aggregating data and interconnecting providers via Community HIEs
 - Connecting Community HIEs through a MiHIN state-wide backbone
 - Provide shared clinical and administrative services and applications
 - Provide an NHIN gateway for sharing data with other states and the federal government
- Meets prioritized clinical requirements for meaningful use (as defined by the ONC)
- Allows community HIEs and State systems to interoperate with the statewide architecture
- Supports auditing and other HIPAA security protocols
- Supports data analytics
- Is cost-effective to maintain

Role of the HIE vs. the Backbone

- **HIE**
 - Aggregates patient, administrative and clinical data from source institutions
 - Provides “first mile” interfaces for this data using standard or non-standard approaches (do what works)
 - Provides the primary data repository for this data
 - Normalizes data to standard terminologies
 - Provides first level of exchange among HIE participants
 - Provides local user directory and security services
 - Provides a portal for user access
 - Can provide other user applications such as ePrescribing
 - Provides the gateway to the MiHIN Backbone

Role of the HIE vs. the Backbone

•Backbone

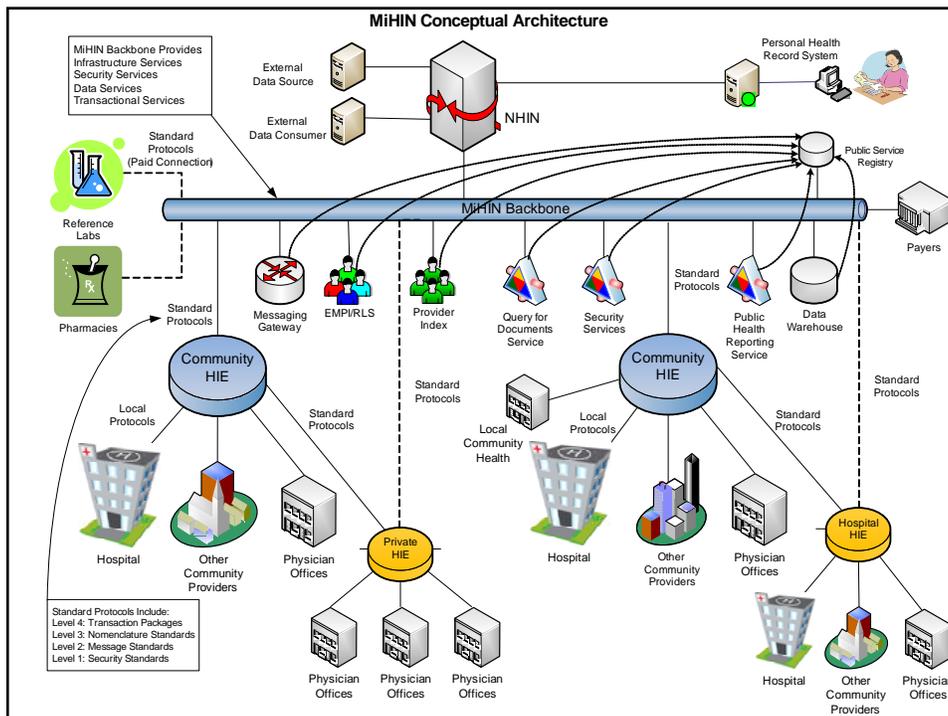
- Aggregates only patient data (stores no clinical data)
- Provides a backbone for HIE to HIE communications
- Provides core infrastructure for backbone including
 - State-wide EMPI
 - Record locator
 - Messaging gateway
 - Provider index
 - Security services and auditing
- Provides cross community (HIE) core services such as subject discovery (patient inquiry) and Query for Documents
- Provides state-wide shared services and a service registry
- Provides the gateway to the NHIN

Conceptual Architecture

- The MiHIN Backbone will be implemented using a architectural model that is similar to the NHIN
- Will leverage existing state and stakeholder systems as makes sense
- Clinical and Business services on the MiHIN Backbone will initially focus on the ONC and Business Operations Work Group priorities of
 - Lab orders and results
 - Public health reporting
 - Quality reporting
 - Coordination of Care
 - Eligibility checking and claims processing
 - ePrescribing
 - Medication Management

Conceptual Architecture

- Will connect to the following State of Michigan Systems
 - Vital Records (Birth and Death Systems)
 - Michigan Disease Surveillance System
 - Michigan Syndromic Surveillance System
 - Michigan Care Improvement Registry
 - CHAMPS Medicaid System
 - State Lab Systems



Budget Categories & Estimates

- *Ongoing Technology costs*
- *Operating Costs of the entity*
- *Contractual Services*
- *Pilot Project*

Value Propositions and Funding Options Discussions

- Review work from Business Operations for top two Value Propositions
 - Number 1
 - Electronic clinical laboratory ordering and results delivery
 - Number 2
 - Electronic Public Health Reporting
- Discuss Funding Options for each

Meaningful Use – Lab Results

•Lab Orders and Results

- Lab Results Delivery
 - Structured: incorporate clinical lab-test results into EHR as structured data (MU), Harmonized Electronic Health Record (Laboratory Result Reporting) (AHIC)
 - Unstructured
 - Diagnostic Images
- Lab Orders: General Laboratory Orders (AHIC)
- Supports Meaningful Use Objective

•Documented in an AHIC use case

Meaningful Use – Public Reporting

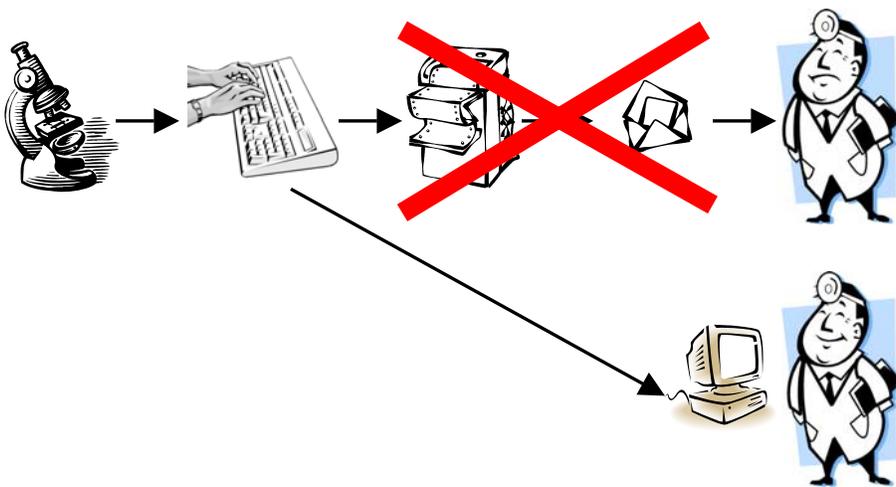
•Public Health Reporting

- Immunization Events and History: Capability to submit electronic data to immunization registries and actual submission where required and accepted (MU), Immunizations & Response Management (AHIC)
 - Immunization event sent to MCIR
 - Immunization history received from MCIR
 - Vaccination forecasting data sent from MCIR
- Syndromic Surveillance: Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice (MU)

Meaningful Use – Public Reporting Con't

- Disease Surveillance: Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received (MU)
- Public Health Case Reporting (AHIC)
- Chronic Disease Registries
- Medical Home: Problem Lists & Practice-Based Registries (AHIC)
- Newborn Screening (AHIC)
- Harmonized Biosurveillance (Visit, Utilization, and Lab Result Data) Use Case (AHIC)

Electronic clinical laboratory ordering and results delivery



Electronic clinical laboratory ordering and results delivery (cont'd)

- Replace current manual processes, consolidate work in automated fashion within HIE
- Directly engages physician practices
- Incremental step towards moving providers into information-based practice
- The service providers and others who are responsible for delivering clinical results benefit by reducing results delivery costs
- Providers benefit by receiving results in a consolidated, more timely fashion
- By re-using HIE infrastructure, the HIE can facilitate this service at lower cost

Electronic public health reporting

- The disease burden of a community must be known to address the public health issues; disease burden is largely determined using information collected from clinical care processes.
- Clinical care processes under-report to public health
 - Reporters overburdened/under-resourced
 - Reporters lack knowledge, willingness
 - Clinical data is scattered across disparate settings in different (non-standard) formats
- Public health reporting opportunities includes:
 - Electronic laboratory reporting of notifiable conditions
 - Immunization data exchange
 - Disease surveillance

Compelling Reasons for Investment

| Value proposition | Who | What is the Benefit | Significance of Benefit(Low Med High/\$ amt) | When Receive Benefit |
|---|---------------------------|---------------------|--|----------------------------|
| Public Health Reporting (example) | General Public, Physician | History from MCIR | Low-Med | EHR utilizing the backbone |
| Lab results and ordering | | | | |
| Public Health reporting | | | | |
| State Backbone <ul style="list-style-type: none"> • State-wide EMPI • Record locator • Messaging gateway • Provider index • Security services and auditing | | | | |
| Meaningful use | | | | |

Funding Discussion

•Lab

- Transactions
- Membership
- Who pays
 - Provider
 - Lab
 - Hospital
 - Payer

•Public reporting

- Who benefits
- Who pays

Public Comment Period

- Time allotted for Public Comment

Next Steps

- Review Objectives for today
- Requirements for next meeting(s)
- Assignments
- Decisions to make next time
- Adjourn