

**2010 NASCIO Recognition Awards  
for Outstanding Achievement**  
Michigan 2010 Nomination in Open Government

Title: MiHIN Open Governance Process and Collaborative Workgroup Structure

Nominee:

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## **B. Executive Summary**

**Open Government and Cross-Boundary Synergies:** Open government and cross-boundary strategies and solutions, both separately and jointly, can be enabling tools and defining drivers in resolving priority issues for the state, service providers, constituents, and the chief information officer (CIO). In its role of improving quality of services, avoiding costs, increasing safety, and balancing transparency and privacy, the multiconstituent Health Information Exchange (HIE) represents such an opportunity. Michigan has developed a leveraged, innovative, and highly effective solution, one that is transferable to other jurisdictions and service areas.

**Health Care and HIT in Michigan:** In 2005, the Michigan Department of Community Health (MDCH) and the Michigan Department of Information Technology (now the Department of Technology, Management & Budget [DTMB]) led a statewide multi-stakeholder planning process. More than 300 stakeholders attended a kickoff event to develop the Michigan Health Information Network (MiHIN). Subsequent planning activities included more than 200 of stakeholders, which resulted in the creation of a health information technology (HIT) roadmap called Conduit to Care. In 2007, MDCH and DTMB began to implement Conduit to Care strategies under the direction of the Michigan HIT Commission, a collaborative group of appointed stakeholders. Funding provided by the American Reinvestment and Recovery Act of 2009 (ARRA) provided a means to accelerate Michigan's plans for statewide HIT development and HIE. ARRA allocated funds to the Office of the National Coordinator (ONC) to create a program that invests in the infrastructure needed to provide and promote electronic exchange and use of health information technology.

**Policy, Business Problems and Open Government:** The Michigan Department of Community Health was challenged with developing a process that would respond quickly to a federal grant process that mandated complete stakeholder engagement and consensus within a short time frame. Consensus was required on components needed to develop shared-service health information exchange operational and strategic plans. A wide range of technology tools was reviewed along with innovative use of these tools to interact with multiple levels of input and participation. The group was challenged to mature and integrate the tools while maintaining a viable balance among transparency, participation, and collaboration.

**Significance and Benefits:** The resulting process modernized and matured existing open government processes by strengthening collaborative capabilities while maintaining transparency and participation. The work group structure and innovative use of existing technology tools helped build communitywide stakeholder consensus on major decisions in just five months. Quick decisions based on consensus helped the group minimize matching costs required to obtain \$14.9 million in federal HIE/HIT funds. The overall approach to open the open government process also reduced staffing requirements and lost productivity and succeeded in minimizing travel expenses by using online tools. Development of the HIE will move healthcare stakeholders to create efficiencies and find cost savings for the entire community.

## **C. Project Description**

Beginning in 2005, Michigan Governor Jennifer M. Granholm made health information technology a top priority for healthcare reform. In 2006, the Michigan Department of Community Health (MDCH) and former Michigan Department of Information Technology responded by creating the Michigan Health Information Network (MiHIN). This initiative promotes use of health information technology (HIT) and health information exchange (HIE) to improve efficiency, quality, and patient safety by making comprehensive clinical information immediately available at the point of care.

The MiHIN initiative began with an extensive statewide multi-stakeholder planning process in 2005, when more than 300 stakeholders attended the kick-off event and more than 200 were directly involved in MiHIN planning activities. From this extensive collaboration among stakeholders, Michigan's Conduit to Care roadmap was created.

In 2007, DTMB and MDCH began implementing strategies from the Conduit to Care. The HITECH Act of the American Reinvestment and Recovery Act of 2009 (ARRA) provided a means to accelerate Michigan's plans for statewide health information exchange. ARRA allocated funds to the Office of the National Coordinator (ONC) for HIT to create a program to invest in the infrastructure that would allow for and promote electronic exchange of health information.

### **Governance Process and Deliverables**

As a result of the ARRA funding opportunity, MDCH needed to develop statewide HIE strategic and operational plans to secure \$14.9 million of project funds. Because of a compressed time frame, MDCH needed to develop a process that would offer a quick response to a federal grant process that mandated complete stakeholder engagement and consensus. Building on its previous success of stakeholder involvement with MiHIN, MDCH transformed its practices to form a streamlined and innovative open government approach. Obtaining consensus and reaching agreements on statewide HIE design, implementation, and operations from a diverse – often competitive – set of stakeholders was a major requirement. Ultimately, stakeholders were required to share ownership of these plans and make a financial commitment for sustainability. Additional project challenges included:

- establishing an effective and sustainable model for HIE governance and accountability that was adaptable and transferable.
- meeting specific milestones and deliverables in five areas: Governance, Technical Architecture, Business and Technical Operations, Finance, and Legal/Policy.
- requiring use of a diverse set of technology tools to interact with multiple levels of input and participation.

### **Solution**

The Michigan Department of Community Health sought to build on established open government practices while strengthening participatory and decision-making provisions. The HIE open governance framework is comprised of strategies, guidelines, and open government technologies that support portions of the process structure. Necessary strategies included multi-stakeholder outreach, ongoing stakeholder involvement, workgroup formulation principles, and rules of engagement.

To complete these strategies, stakeholders needed to review available technologies and decide which to use. MDCH put forth an extensive plan to use many of its existing technologies to ensure an all-inclusive process. The technology solution had to be adaptable to a wide variety of user groups, so there was no single “out of the box” solution that would be sufficient. MDCH took advantage of existing technologies such as social media, data sharing, communication tools, transparency sites, accountability measures, and interactive collaborative tools. The department also went beyond the conventional use of some technologies by developing innovative ways to reach out to the stakeholder community.

### **HIE Open Governance Strategic Framework**

MDCH had a framework in place that successfully engaged established MiHIN regional entities and built on significant progress made in the healthcare community. The process was guided by newly established formal workgroups, which focused on specific subject areas and provided detailed input on the components of the strategic and operational plans. Further, the process was aided by a transparency effort that included extensive public review and input sessions to ensure all perspectives had been considered. This transparency was enabled by making maximum use of existing technology tools such as online work spaces for document sharing, reviewing, and editing by the community.

### **Work Group Meetings Structure, Principles and Rules of Engagement**

An open and transparent process was used to facilitate collaborative decision-making on key components of ARRA deliverables. All work group meetings were open to interested stakeholders, with agendas and documentation available on the MiHIN project Web site and sent by e-mailed to workgroup members at least two days before each meeting. Approved minutes were posted within one week of the meetings. All workgroups held first sessions as face-to-face meetings; from there, they discussed use of alternative technology to conduct subsequent sessions. The technologies available created different solutions for each working group, based on members’ needs.

### **Open Government Technology Platform**

Access and transparency were supported by a host of existing technologies that included use of MiHIN and workgroup Web sites; informed participation through Survey Monkey; communications through WebEx, Google Desktop, e-mail, and teleconferences; and collaboration through WorkZone (SharePoint), Google Docs, and Central Desktop. These technologies were made available to all stakeholders and any members of the public who wished to participate. Below are ways specific technologies were used:

- **MiHIN Site** provided public access to information and project announcements, a calendar of events, documents for public review and input, and published meeting minutes.
- **WorkZone** (SharePoint) provided message boards for stakeholder interaction and document version control, and it enabled different levels of roles for users.
- **Survey Monkey** allowed users to create their own Web-based surveys to poll stakeholders. It was also used to nominate core members for the work groups and to vote on important issues.

- **Google Docs** enabled quick document sharing, off-line collaboration, real-time cooperation on document editing, and the ability to track changes for version control.

#### **D. Significance**

Healthcare is a key sector of Michigan's economy, a state budget driver, and a quality-of-life issue with one of the most extensive and complex ranges of value-chain stakeholders and participants. In 2004 (the most recent year for which comparative data were available), 15.2 percent of the U.S. gross domestic product was spent on healthcare. In 2004, Michigan spent 13.5 percent of gross state product on personal healthcare, similar to the national average of 13.3 percent. In 2004, personal healthcare spending in the U.S. reached \$1.6 trillion; that year, Michigan spent \$49.6 billion on personal healthcare. HIT/HIE impacts are expected to affect the cost, quality, and availability of healthcare significantly. The quality and effectiveness of open governance processes support and help accelerate receipt of these benefits.

Additionally, the MiHIN/HIE open governance model experience demonstrates the challenges, opportunities, and solutions that brought benefits to Michigan and provides a documented and available experience base that is transferable to other jurisdictions, programs, and service areas. This open government framework is embedded in both the HIE strategic and operational plans. It provides lessons in strengthening the management and service support of the information communications technology (ICT) community and the chief information officer (CIO), establishing an enabling role in priority shared service and budget driving areas. Because of timing and the calendar of the federal HIE cooperative agreements, this policy and management support opportunity extends over the 2010-2011 state government transition and can aid in providing continuity in ICT and CIO roles.

Furthermore, the design modernized and matured existing open government processes by strengthening collaborative capabilities while maintaining transparency and participation. Transparency promoted accountability by providing the public with information about the work groups. Participation allowed stakeholders, including members of the public, to contribute ideas and expertise. Collaboration supported and improved partnerships and cooperation among the work groups, stakeholders, and citizens. The process built upon engagement by previous stakeholders from 2006 to 2009 in the Conduit to Care process by achieving demonstrated changes in processes, outputs, and outcomes between the Michigan HIT governance approaches established in 2006 and 2009.

Below are some key items that were strongly reflected in MDCH's open government MiHIN process and that stressed the ongoing impact of the process.

##### 1. Policies / Priorities

- Supported the public policy goals of state and federal leaders, NASCIO and CIOs: Budget and cost control (health), collaboration and shared services, ARRA (health IT), transparency, and open government.
- Increased the ability to meet federal legal requirements in a timely manner.

## 2. Strategies

- Matured open government strategies by refining the relationship among transparency, participation, and collaboration and directly linking open government value and policy aspects to state government and private sector operations and productivity.
- Enabled state government to build consensus to support state, regional, and national HIEs and involve stakeholders in defining governance protocols.
- Integrated open government, shared cross-boundary services, HIT, connectivity/broadband strategies. Established a better foundation for public-private partnerships in these areas.

## 3. Operations

- Architecture: Accelerated the maturation of enterprise and cross-boundary standards and architecture, including information architecture (EA and EIA).
- Metrics: Used available and project-specific metrics to manage project and monitor participation and collaboration.
- Improved decision-making: More rapid, better planned, fuller, and sustained involvement of stakeholders.
- Innovation: Innovative use of existing technology.
- Transferability: Well-documented transferable process to other jurisdictions and program or service areas.

## **E. Benefits of the Project**

### **Work Group Benefits**

The work group process facilitated consensus on policies and ownership of solutions, established viable communication and collaboration relationships that were sustainable, and enabled timely deliverables to meet project milestones. Completion of milestones included specific components of the strategic and operational plan, which were developed within five active working groups. These five groups included governance, technical architecture, business and technical operations, finance, and legal/policy. This process entailed 95 working sessions, 10 of which were face-to-face site visits, and the manipulation of 1,165 documents. More than 289 users attended the work group sessions. Few members of the public participated.

From December 2009 through April 2010, MDCH held 95 workgroup meetings – 85 of them using WebEx with 1,127 total online attendees. Meetings averaged 75 minutes. During these sessions, the workgroups reached consensus on eight major decisions, which fed components into the final strategic and operations plans. Strategic and operational plans were adopted by the HIT Commission and sent to the ONC by the accelerated deadline of April 30, 2010.

### **Stakeholder Benefits**

MDCH created through its open government process with multiple paths for stakeholders to collaborate and reach a final design on the key MiHIN components contained in the strategic and operational plans. Wide arrays of stakeholders were engaged, giving input on all aspects of the project. This included input from 289 online

users who participated in the workgroup sessions. These online users represented a blend of organizations involved in healthcare and health IT, including five of the major trade associations, health systems spanning the state, primary care, behavioral health, and specialty providers, rural health clinics, payers, and Electronic Health Records (EHR) and HIE vendors.

Stakeholders were exposed to an open environment that proved to be responsive and adaptable to many user needs. Further, the process led to establishment of a standing governance mechanism for HIE/HIT throughout Michigan, and participants gained an understanding how HIE/HIT can be governed, led, organized, and measured within healthcare, IT departments, and shared-service organizations.

MDCH benefited directly by using this open governance process by improving support for and achieving a Department of Community Health core service mission. Furthermore, utilization of this process and accurate and timely information for decision-making can be replicated on additional program and project functions when similar constraints are present.

### **Direct Dollar Benefits**

The open governance process produced cost-avoidance by accelerating the receipt of \$14.9 million in federal funding and decreasing potential state matching funds. The federal matching requirements that become effective in October 2010 will require a \$1 match for every \$10 of federal funds. The amount of matching funds will change again in October 2011, when a \$3 match will be required for every \$7 of federal funds. The effectiveness of the process developed by MDCH will minimize the amount of state matching dollars needed to implement the Michigan's HIE strategic and operational plans.

The process further helped limit the calendar time spent on process, reduced the frequency and duration of meetings, and decreased the time taken away from other responsibilities, which reduced staffing requirements and lost productivity, and minimized travel expenses with the use of online tools.

### **Indirect Benefits**

Benefits of HIE were accelerated for all participants and stakeholders involved in health care. Long-term benefits include helping contain cost, improving the quality of care, enhancing access to care, and increasing safety.