The Michigan Health IT Commission is an advisory Commission to the Michigan Department of Community Health and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275
Welcome & Introductions

• Commissioner Updates
HIT/HIE March 2015 Updates

- Dashboard
- Peace of Mind Registry
- 2014 Annual Report
- Public Comment
2015 Goals – March HIT Commission Update

• MOAC Face-to-Face meeting Mar. 10 – 31 participants reviewed 6 use case collections of three use cases each

• Payer QO Day Mar. 11 – 40 participants reviewed new use cases: Common Key Service, HEDIS Catcher

• HIE QO Day Mar. 17 – 20 participants to discuss high priority use cases: share lab results statewide, single-sign-on, remote identity proofing

• New Payer Qualified Organization (PIHP):
  • Oakland County Community Mental Health Agency (OCCMHA)

• All ten (10) Pre-paid Inpatient Health Plans now under NDA with MiHIN
  • Nine (9) participated in Payer-QO day

• Newest HIE-QO – PatientPing™ – now receiving ADTs

• Total ADT senders/receivers to date:
  • 30 total senders (8 more in pipeline)
  • 331 total receivers (12 more in pipeline)

• Estimated 90% of admissions statewide now being sent through MiHIN

• Identity Exchange Hub working with two major health systems

• Filed two patent applications:
  • Method and Process Common Key Service
  • Apparatus for Remote Identity Service Proofing Issuing Trusted Identity
## 2015 Goals – March Update

### QO & VQO Data Sharing

- More than 210 million+ messages received since production started May 8, 2012
  - Have processed 7+ MLN total messages per week
  - 5 MLN+ ADT messages/week; 1.4 MLN+ public health messages/week
- New patient match for ADTs > 55% match rate; sent 1.2 MLN+ ADTs out last week
- Reportable lab messages still increasing, more than 285,000 received/sent to MDSS
- More than 29 million syndromic surveillance messages received/sent to MSSS
- Patient matching for ADTs now exceeding 50% (using exact match)
- ONC Nationwide Interoperability Roadmap open until 5pm April 3

### MiHIN Shared Services Utilization

- Common Key Service and Remote Identity Proofing Services Launched
- Connecting Michigan for Health Weds-Fri June 3-5 Lansing Convention Center
  - Gov. Snyder presenting introductory remarks morning of Weds. June 3
  - Nick Lyon, Director HHS, introducing keynote speaker
  - Assistant HHS Secretary/National Coordinator Dr. Karen DeSalvo (invited)
  - Lt. Gov. Calley introducing second day keynote Thu. June 4
  - Doug Dietzman, Executive Director, GLHC, keynote Thu. June 4
  - Workshops on Cybersecurity and FHIR Fri. June 5
- Early bird registration now open: [https://www.regonline.com/builder/site/?eventid=1633516](https://www.regonline.com/builder/site/?eventid=1633516)
# Cumulative Message Volumes

<table>
<thead>
<tr>
<th>Date</th>
<th>Submit Immunizations</th>
<th>Submit Reportable Labs</th>
<th>Submit Syndromic Surveillance Data</th>
<th>Submit ADT Notifications</th>
<th>Receive ADT Notifications</th>
<th>Total Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/31/2015</td>
<td>9,900,923</td>
<td>234,684</td>
<td>23,287,573</td>
<td>135,883,181</td>
<td>9,567,967</td>
<td>178,874,328</td>
</tr>
<tr>
<td>2/7/2015</td>
<td>9,985,112</td>
<td>243,687</td>
<td>24,071,722</td>
<td>139,402,635</td>
<td>10,447,725</td>
<td>184,150,881</td>
</tr>
<tr>
<td>2/14/2015</td>
<td>10,073,815</td>
<td>254,024</td>
<td>25,386,263</td>
<td>143,338,115</td>
<td>11,863,690</td>
<td>190,915,907</td>
</tr>
<tr>
<td>2/21/2015</td>
<td>10,159,800</td>
<td>262,823</td>
<td>27,260,388</td>
<td>147,167,346</td>
<td>13,175,119</td>
<td>198,025,476</td>
</tr>
<tr>
<td>2/28/2015</td>
<td>10,250,744</td>
<td>275,065</td>
<td>28,630,196</td>
<td>151,030,378</td>
<td>14,650,583</td>
<td>204,836,966</td>
</tr>
</tbody>
</table>

The graph shows the cumulative message volumes for different types of messages over a period from 1/31/2015 to 3/7/2015. The table below provides the specific volumes for each date and category.
**Project Updates**

### Care Coordination – ADT’s to MDCH

MDCH is in the planning phase for participating in the receipt of Admit Discharge and Transmission (ADT) notifications from MIHIN. MDCH is identifying the infrastructure elements required to support participation to receive and distribute ADT notifications.

Initial plans are to receive ADT information for Medicaid Beneficiaries and send an alert to MDCH’s CareConnect360 system allowing the Care Coordinator to know when a Dual Eligible (Medicaid/Medicare) beneficiary has been admitted or discharged.

It is expected that once the initial project work is completed, additional projects will revolve around expanding the use of the ADT information, sharing with additional systems or analytical projects (high utilizers).

### Public Health Reporting – Newborn Screening, Lab Orders

The project teams for the Bureau of Labs StarLIMS, Newborn Screening Bloodspot and Newborn Screening Hearing are seeking three to four hospitals or local health department sites to pilot the three new messages for Send Lab Orders/Receive Lab Results (StarLIMS and Bloodspot) and Send Hearing Results. Once participants have been identified, a general conference will be held to discuss implementation.

New functionality will be implemented to support these message projects, that being the ability for MDCH to query MiHIN’s Health Provider Directory (HPD). Querying the HPD is needed to support the ability to obtain the electronic delivery address for the additional providers that need to receive the lab order results information in addition to the ordering provider.

For more information, contact Tina Scott ScottT1@michigan.gov
### Participation Year (PY) Goals
March 2015 Dashboard

<table>
<thead>
<tr>
<th>Eligible Provider (EPs)</th>
<th>Reporting Status</th>
<th>Prior # of Incentives Paid (January)</th>
<th>Current # of Incentives Paid (February)</th>
<th>PY Goal Number of Incentive Payments</th>
<th>PY Medicaid Incentive Funding Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIU 2013</td>
<td>1313</td>
<td>1320</td>
<td>1,003</td>
<td>$27,617,937</td>
<td></td>
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<tr>
<td>AIU 2014</td>
<td>276</td>
<td>328</td>
<td>1,000</td>
<td>$7,154,173</td>
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<tr>
<td>MU 2013</td>
<td>1150</td>
<td>1190</td>
<td>1,043</td>
<td>$9,987,515</td>
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<tr>
<td>MU 2014</td>
<td>305</td>
<td>469</td>
<td>1,444</td>
<td>$3,805,173</td>
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</table>

<table>
<thead>
<tr>
<th>Eligible Hospital (EHs)</th>
<th>Reporting Status</th>
<th>Prior # of Incentives Paid (January)</th>
<th>Current # of Incentives Paid (February)</th>
<th>PY Goal Number of Incentive Payments</th>
<th>PY Medicaid Incentive Funding Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIU 2013</td>
<td>16</td>
<td>16</td>
<td>15</td>
<td>$6,864,231</td>
<td></td>
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<tr>
<td>AIU 2014</td>
<td>1</td>
<td>1</td>
<td>17</td>
<td>$1,581,636</td>
<td></td>
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<tr>
<td>MU 2013</td>
<td>79</td>
<td>79</td>
<td>70</td>
<td>$28,167,511</td>
<td></td>
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<tr>
<td>MU 2014</td>
<td>15</td>
<td>39</td>
<td>44</td>
<td>$10,110,692</td>
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</tr>
</tbody>
</table>

### Cumulative Incentives for EHR Incentive Program 2011 to Present

<table>
<thead>
<tr>
<th></th>
<th>Total Number of EPs &amp; EHs Paid</th>
<th>Total Federal Medicaid Incentive Funding Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIU</td>
<td>4,297</td>
<td>$167,921,906</td>
</tr>
<tr>
<td>MU</td>
<td>2,339</td>
<td>$89,050,387</td>
</tr>
</tbody>
</table>

Key: AIU= Adopt, Implement or Upgrade  MU= Meaningful Use
Federally Funded REC
Supporting adoption and achievement of Stage 1 Meaningful Use with a minimum of 3,724 priority providers across Michigan’s primary care community.

3,724(+) Milestone 1: Recruitment of Eligible Priority Primary Care Providers (PPCPs); 100% to goal
3,724(+) Milestone 2: EHR Go-Live with PPCPs; 100% to goal
3,724(+) Milestone 3: Stage 1 Meaningful Use Attestation with PPCPs; 100% to goal

MDCH Medicaid Program (90/10)
Supporting providers in Michigan with high volumes of Medicaid patients in attaining Meaningful Use.

544- Specialists Sign-Ups: Recruitment of Medicaid eligible specialists (Non-Primary Care)
- 256- AIUs | 7- 90day MU attestation | Specialist Sign-Up breakdown: Dentistry 48%, Behavioral Health 41%, Optometry 5%, Other 6%

384- Stage1Year1(or2) Sign-ups: Recruitment of MEPs in Stage 1 of Meaningful Use (Non-Specialists)
- 89- AIUs | 92- MU attestations

66- Stage2Year1 Sign-ups: Recruitment of MEPs in Stage 2 of Meaningful Use
- 5- 90day MU Attestation

ONC M-CEITA Provider Metrics
Client data provides insight into EHR adoption and Meaningful Use landscape across Michigan Providers.

- 52% of clients working with M-CEITA have been paid for Stage 1 Year 1 MU in the Medicare EHR Incentive program
- 29% of clients working with M-CEITA have met the standards for Stage 1 Year 1 of Meaningful Use even though they are ‘not eligible’ for the MU Incentives

Million Hearts Initiative
Expanding our focus to assist providers with future stages of MU, other quality process improvement and public health priorities with an emphasis on EHR-enabled improvements.

- M-CEITA has begun tracking client practices that have committed to reporting on the Million Hearts related CQMs through a proprietary tool called the eMUGA
- M-CEITA is conducting a Million Hearts Call to Action Demonstration Project, designing and implementing a practice-level QI program to improve care coordination and measure improvement in the health of at risk patients
- M-CEITA is partnering with MDCH HDSP/DPCP on the CDC 1305 and 1422 grants to improve high BP and A1C prevalence through the use of EHRs
- M-CEITA is participating in the National ASTHO Million Hearts Learning Collaborative, partnering with MDCH to improve hypertension rates in selected clinics
myHealthButton/myHealthPortal Dashboard

**MiLogin Activity**
Number of Application Requests

<table>
<thead>
<tr>
<th>Month</th>
<th>Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>43</td>
</tr>
<tr>
<td>Feb</td>
<td>58</td>
</tr>
<tr>
<td>Mar</td>
<td>60</td>
</tr>
</tbody>
</table>

**myHP/myHB Activity as of 03/10/2015**

- **Total Active Accounts**: 32
- **Total Number of Beneficiaries**: 39

**Updates:**

- www.michigan.gov/myHealthPortal is LIVE!

**5.4 Release (June 2015)**
- Multilingual functionality (Addition of Spanish)
- Print mihhealth card
- Find a Doctor based on a Health Plan
- Find a Doctor functionality introduced to the Landing page

**6.0 Release (September 2015)**
- Upload MIWay Consumer Advanced Directives for the Peace of Mind Directory
- View claim/encounter data
- Provide authorizations for the release of protected health information (PHI)
- Upload clinical documents (Continuity Care Documents)
- MDCH-generated online alerts, notifications and surveys
March 2015
Consumer Engagement Dashboard

**Research & Data Collection**

**Ongoing Environmental Scans**
Conducting background research and literature reviews on latest Consumer Engagement news, products, and studies.

More information on research and data collection activities will be hosted on www.MiEngagement.org.

**Medicaid Consumer Survey**
Planning a survey to assess Medicaid consumers’ level of health engagement and measure interest in HIT solutions.

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**Stakeholder Collaboration**

**Consumer Engagement Interest Call**
The Consumer Engagement Interest Group Call is a new monthly forum for meaningful dialogue on engaging consumers in health. In March, Keelie Honisowitz of MDCH presented on myHealthButton and myHealthPortal and shared a demo with regional stakeholders. For more info, visit Michigan.gov/myHealthPortal.

**Next Call**
Tuesday, April 21st
2:00pm – 3:30pm
Conference #: 415-655-0001
Access #: 198 629 051

**MiHIN Annual Conference: June 3-5**
MPHI will be facilitating a Consumer Engagement panel with speakers reflecting on their work in the field and the challenges, as well as how partnerships can help move the conversation forward.

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**Outreach & Education**

**Provider Tools**
Creating tools to educate Medicaid providers and consumers on how HIT HIE can support engagement in health.

Based on MiHIN persona stories, MPH has created five Medicaid consumer profiles that explain patient portals, HIE, Advance Directives, and other HIT HIE capabilities and programs.

**Consumer Video**
Developing a consumer oriented video on the Michigan HIT-HIE landscape and its benefits.

www.MiEngagement.org
MI SIM Overview

• Michigan’s State Innovation Model, the *Blueprint for Health Innovation*, was developed with broad stakeholder engagement in 2013

• To implement the *Blueprint*, a Model Test proposal was submitted July 2014
  • Describes a staged approach to creating a Learning Health System

• Award announcement: December 2014

• Project begin date: February 1, 2015
What does it mean to be a Model Test state?

- Michigan has signed a Cooperative Agreement with CMS
- CMS supported learning communities and technical assistance
- Participation in national and state evaluations
- Integration with other CMMI initiatives
- Public reporting & accountability
- Opportunity to impact national models, e.g. through Health Care Payment Learning and Action Network
New York - $99.9 million
Ohio - $75 million
**Michigan - $70 million**
Colorado – $65 million
Tennessee - $65 million
Washington - $64.9 million
Connecticut - $45 million
Iowa - $43.1 million
Idaho - $40 million
Delaware - $35 million
Rhode Island - $20 million

**Round 2 Model Test States**

**Round 1 Test States**
Context:

CMS Payment Reform Targets

Planned percentage of Medicare FFS payments linked to quality and alternative payment models

<table>
<thead>
<tr>
<th>Year</th>
<th>All Medicare FFS</th>
<th>FFS linked to quality</th>
<th>Alternative payment models</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>85%</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>2018</td>
<td>90%</td>
<td>50%</td>
<td>90%</td>
</tr>
</tbody>
</table>

*Adapted from Centers for Medicare & Medicaid Services, January 26, 2015*
Michigan’s Model Test Timeline

- **2015**: Pre-Implementation
- **2016**: Model Test: Wave I
- **2017**: Model Test: Waves I and II
- **2018**: Model Test and spread
- **2019-2020**: State-wide dissemination
Model Overview

Aims

- Better Health
- Better Care
- Lower Cost

Objectives

- Healthcare system transformation
- Payment reform
- Population health improvement
Target Conditions

- Healthy babies
- Super-utilization (8+ ED visits/year)
- Multiple chronic conditions
## Elements of Michigan’s *Blueprint*

<table>
<thead>
<tr>
<th>Element</th>
<th>Building on…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michigan’s Patient Centered Medical Home model</td>
<td>MiPCT program and safety net primary care improvements</td>
</tr>
<tr>
<td>Accountable Systems of Care</td>
<td>Existing health systems, provider networks, and safety-net infrastructure</td>
</tr>
<tr>
<td>Community Health Innovation Regions</td>
<td>Existing community coalitions and councils</td>
</tr>
<tr>
<td>Payment Systems</td>
<td>Public and private payment initiatives</td>
</tr>
<tr>
<td>Health information and process improvement infrastructure</td>
<td>Existing local, state, and federal initiatives</td>
</tr>
</tbody>
</table>
Patient Centered Medical Homes

**CURRENT**

- Michigan Primary Care Transformation
  - 358 practices, 5 payers, 37 POs
  - >1,100,000 beneficiaries
  - Embedded 420 Care Managers as part of the team
- Health Home pilot tests

**FUTURE**

- Ensure access to high quality care by every Michigander
  - Expand to new payers and new providers
  - Access for Healthy Michigan population
- Integrate primary care and behavioral health
- Coordinate with community resources
- Supported by health information technology and exchange
Accountable Systems of Care

**CURRENT**

- Physician organizations
  - Cover all of Michigan: both provider and health system led
  - Contracting and credentialing support
  - Practice coaching and quality improvement
  - Support for patient centered medical home transformation
- Medicaid managed care

**FUTURE**

- Create systems that coordinate complex care with medical, behavioral, and human services
- Create integrated HIT, HIE systems and data analytics
- Link with Community Health Innovation Regions for better performance outcomes
- Align and integrate care management between providers and health plans
Community Health Innovation Regions

- Multipurpose collaborative bodies
- Chartered Value Exchanges
- Health Improvement Organizations
- Community Benefit

**FUTURE**

- Work together for collective impact on population health:
  - Assess community need
  - Define common priorities
  - Adopt shared measures of success
  - Engage in mutually reinforcing strategies towards common priorities
- Implement systems to coordinate health care, community services, and public health
- Invest in population health

**CURRENT**
Payment Reform

- Align with trend toward payment for population level performance, moving away from fee-for-service over time
  - Level I: Shared savings (upside risk)
  - Level II: Capitation models
- Reduce costs by removing waste from the health system
- Align payment and core set of measures across payers with input from providers to reduce administrative complexity
- Payment includes requirement to meet quality performance metrics
- Provide upfront investments for health information technology, continuous improvement infrastructure, and community health
- Assure data transparency to promote good decision-making
How we will do it

• Regional test of change
• Dissemination of what works
• Multi-payer payment reform
• Resources for local capacity investment
• Hands on technical assistance
• Learning networks
• Statewide population health improvement plan
  • Multi-payer common metrics
  • Policy
  • Workforce development
Phased Model Test

Wave I Regions
- Have all model components and capabilities
- Prior experience with pay for value
- May include Level I and II ASCs

Wave II Regions
- Have some, but not all, model components and capabilities
- Could benefit from additional planning, investment, community convening, before implementation
- May include Level I and II ASCs
Pre-implementation goals

- **Engage stakeholders**: Outreach resulting in selection of model test participants
- **Population health improvement**: Population Health Advisory Board established, Community Health Innovation Region and ASC strategies to improve health developed
- **Improve health care quality**:
  - Model Test Steering Committee, Performance and Recognition Committee established, common performance metrics developed
  - ASCs ready to test new service delivery and payment models
  - Technical assistance and collaborative learning networks in place to accelerate improvements
- **Health Information Technology**: Data infrastructure investments identified and HIT development and alignment strategies developed
- **Payment reform**: Contract language finalized
Pre-implementation Activity

Q 1*
- Region selection
- Stakeholder engagement
- Model refinement

Q 2
- Steering Committee
- Performance Measurement & Recognition Committee
- Technical assistance contractors

Q 3
- ASC & CHIR contracts signed
- Collaborative Learning Networks
- Investment in data infrastructure

Q 4
- Common performance metrics
- Investment in local capacity

*Note: Project Q1 began on 2/1/2015
Considerations

• Model Test policies and investments will address data and infrastructure
  • For participant success
  • To align with multiple IT-based initiatives
  • Capacity assessments will examine readiness and inform participation requirements

• HIT Commission involvement
  • Input into draft requirements for participation
  • Policies to encourage participation in data sharing
Thank you!

Contact us with questions and/or subscribe to SIM Communications by emailing a request to: 
SIM@mail.mihealth.org
Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap – DRAFT Version 1.0

Erica Galvez
Interoperability Portfolio Manager, ONC

March 19, 2015
The ability of a system to **exchange** electronic health information with and **use** electronic health information from other systems without special effort on the part of the user.
Why does interoperability matter?

• Individuals and providers need access to the right information at the right time in a manner they can use to make decisions that impact their health regardless of geographic or organizational boundaries

• Typical Medicare beneficiary receives care from 2 primary care providers and 5 specialists each year

• Only 10-20% of health outcomes are attributable to health care

• Information needs to flow inside and outside the care delivery system to support health
DRAFT Shared Nationwide Interoperability Roadmap

The Vision

2015 - 2017
Nationwide ability to send, receive, find, use a common clinical data set

2018 - 2020
Expand interoperable data, users, sophistication, scale

2021 - 2024
Broad-scale learning health system

Core technical standards and functions
- Certification to support adoption and optimization of health IT products & services
- Privacy and security protections for health information
- Supportive business, clinical, cultural, and regulatory environments
- Rules of engagement and governance
Principle-based Interoperability

- Build upon existing Health IT Infrastructure
- Consider the current environment and support multiple levels of advancement
- Protect privacy and security in all aspects of interoperability
- Maintain modularity
- Empower individuals
- Leverage the market
- Scalability and universal access
- One size does not fit all
- Simplify
- Focus on value
### Critical Near Term Actions by Building Block

#### Core technical standards and functions
- Direct the field on best available standards and implementation guidance
- Refine standards for common clinical data set, implementation of CCDA, data provenance, APIs

#### Certification to support adoption and optimization of health IT products and services
- Improve rigor of ONC’s certification program
- Work with industry on suite of ongoing testing tools

#### Privacy and security protections for health information
- Educate stakeholders on current federal laws
- Work with states and organizations to align laws that provide additional protections, without undermining privacy

#### Supportive business, clinical, cultural, and regulatory environments
- Evolve and align policy and funding levers to focus on outcomes and incentivize adoption of certified health IT and electronic information sharing according to national standards

#### Rules of engagement and governance
- Establish governance framework with principles, rules of the road, and process for recognizing orgs that align
- Call to action for industry to create single coordinated process
Tracking Progress and Measuring Success

<table>
<thead>
<tr>
<th>“Capability to Exchange in an Interoperable Manner”</th>
<th>“Information Flow and Usage”</th>
<th>“Impacts”</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adoption of specific technologies, standards, infrastructure and policies to ensure secure exchange of interoperable data</td>
<td>• Exchange activity</td>
<td><strong>Support Key Processes</strong></td>
</tr>
<tr>
<td>• Capabilities of providers across care continuum and consumers to securely exchange in an interoperable manner</td>
<td>• Availability of information to inform decision-making</td>
<td>• Care delivery and value based payment</td>
</tr>
<tr>
<td></td>
<td>• Usage: rates of accessing available data</td>
<td>• Public health surveillance and response</td>
</tr>
<tr>
<td></td>
<td>• Interoperability of data, EHRs and other systems</td>
<td>• Care coordination and transitions of care across settings</td>
</tr>
<tr>
<td></td>
<td>• Uses of interoperable data</td>
<td>• Learning health system and research</td>
</tr>
<tr>
<td></td>
<td>• Ability to easily integrate data across multiple sources</td>
<td><strong>Outcomes</strong></td>
</tr>
<tr>
<td></td>
<td>• Reliability, trustworthiness, and utility of information exchanged</td>
<td>• Individuals' experience with healthcare delivery system</td>
</tr>
<tr>
<td></td>
<td>• Barriers to exchange and interoperability</td>
<td>• Reducing costs and increasing efficiency of care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Improving health of populations</td>
</tr>
</tbody>
</table>
• Please review and comment on the Roadmap – posted on healthit.gov

• Public comment is open now and closes at 5pm ET on Friday, April 3, 2015
HITC Next Steps

• Schedule Frequency
2nd Quarter 2015
Draft Agenda

April
• Email Update

May
• TBD

June
• Connecting Michigan Conference
  • Meeting held during the conference **Thursday June 4, 2015 12:30 PM- 1:30 PM**
  • Topic of Meeting TBD
Public Comment
Adjourn