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
 Agenda

A. Welcome & Introductions
B. Review & Approval of 10/17/2013 Meeting Minutes
C. HIT/HIE Update
D. HITC 2014 Planning Session
E. Privacy and Consent Workgroup- Consent Form
F. HITC Resolution: MiHIN Qualified Data Sharing Organization Criteria-Follow Up & MiHIN Organizational Update
G. HITC Next Steps
H. Public Comment
I. Adjourn
Welcome & Introductions

• Commissioner Updates
HIT/HIE Update
Meghan Vanderstelt, MDCH
2014 Goals – March Update

**Governance Development and Execution of Relevant Agreements**
- Meridian Health Plan has become a Payer Qualified Organization (QO)
- Early bird registration open for Connecting Michigan (June 4-6 at Radisson)
- Use Case Working Group refining criteria to prioritize new use cases
  - QOs asked by MOAC to assign their priorities to use cases by March 30
  - Ideas for use cases can now be submitted by anyone via MiHIN website
- Consolidated consent forms into one draft consent form for Behavioral Health
- Privacy Working Group drafted educational framework for providers/patients
- Privacy White Paper recommendation priorities collected (to present Apr/May)
- MiHIN Board resolution requires DirectTrust accreditation for DSM to MiHIN
  - Resolution takes effect after it is published by MOAC Security Working Group
- Security Working Group is reviewing use cases from security perspective

**Technology and Implementation Road Map Goals**
- Immunization history/forecast pilot with MHC / Athena scheduled in March

**QO & VQO Data Sharing**
- Five ADT recipients received more than 464,000 ADT messages forwarded through MiHIN and All payer/All Patient (statewide) ADT use case
- MiHIN received 202 Clinical Quality Measure QRDA Category III files from DMC
- MiHIN receiving an average of 1 million messages/week (ADTs, VXUs, ELRs)
- Over 26 million messages received since starting production on May 8, 2012
- MiHIN’s data sharing legal agreements templates now available on website

**MiHIN Shared Services Utilization**
- MHC, UPHIE, and MDCH now in DQA with Receive Syndromics use case
- UPHIE, PCE, SEMHIE: committed to Common Gateway, Health Provider Directory, Cross QO Query: UPHIE readying for VA use case

3/13/2014
## MiHIN Monday Metrics (M3) Report

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<th>New Last Week</th>
<th>Prod. Running Total**</th>
<th>Sources in Prod. Through MiHIN</th>
<th>Sources in DQA</th>
<th>QOs in production</th>
<th>vQOs in production</th>
<th>vQOs in test</th>
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<td>260</td>
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<td>Totals</td>
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**March 2014**

### Production Updates

- **Query History/Query Forecast for MCIR Immunizations (Michigan Care Improvement Registry)** – MCIR Query moved into pre-production pilot status this month. This is the first bi-directional message involving SOM systems on the HIE Platform. In testing (from MiHIN to MDCH Data Hub to MCIR and back to MiHIN) the round-trip lapse time for query was on average 500 milliseconds, much less than the maximum SOM systems business required lapse time of 4 seconds. While this test does not reflect the provider experience, it does demonstrate that the SOM systems are performing well in processing and returning results. MDCH will continue to monitor this in pilot and in production.

### Technology Development/Implementation

- **Cancer Case Report Message Project Update** – The cancer case message in development is a CDA (Clinical Document Architecture) which is a structure that cannot be transported on the HIE Platform. In order to transport, functionality is needed that will create an HL7 message “envelope” that contains routing information. Encapsulation is the process of creating the envelope and will be deployed at MiHIN. The encapsulation process will be reusable for future CDA messages.

- **MICAM (Michigan Identity Credentialing and Access Management)** - The Single-Sign-On replacement project, MICAM, kicked-off in February 2014. Requirements gathering sessions are completed and work has begun on system design. Joint MICAM and MiPage project team activities also commenced in February. The Citizen access portion of MICAM is being leveraged by the DTMB MiPage project to manage citizen smart phone and web access to state applications.

- **Birth Defects Message Development** – A Chronic Disease Registry is MDCH’s MU designated “Specialized Registry”. Birth Defects message development, the first condition to populate the Chronic Disease Registry, will be completed by the end of March 2014. Planning and implementation will continue for new messages in FY14/FY15. Clinical data contained in the registry will be valuable to the MDCH 2014 Strategic Priority to implement an integrated chronic disease strategy.
# Current Participation Year (PY) Goals

<table>
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<tr>
<th></th>
<th>Reporting Status</th>
<th>Prior Number of Incentives Paid</th>
<th>Current Number of Incentives Paid</th>
<th>Current PY Goal Number of Incentive Payments</th>
<th>Current PY Medicaid Incentive Funding Expended</th>
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<td>MU</td>
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<td>-</td>
<td>43</td>
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## Cumulative Incentives for EHR Incentive Program 2011 to Present

<table>
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<tr>
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<th>Total Number of EPs &amp; EHs Paid</th>
<th>Total Federal Medicaid Incentive Funding Expended</th>
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</thead>
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<td>$155,215,218</td>
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<tr>
<td>MU</td>
<td>1,521</td>
<td>$54,457,756</td>
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</table>

**Key:**  AIU = Adopt, Implement or Upgrade  MU = Meaningful Use
### 2014 Goals – March Update

#### 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
- **2,641 Milestone 3**: Stage 1 Meaningful Use Attestation with PPCPs; 69% to goal

#### MDCH Medicaid Specialists
Supporting specialists with high volumes of Medicaid patients in attaining Meaningful Use.

- **252 Milestone 1 Sign-Ups**: Recruitment of specialists (Non-Primary Care) who are eligible for participation in the Medicaid EHR Incentive Program (through MDCH)
- **Specialist Sign-Up breakdown**: Dentistry – 67%, Psychiatry - 17%, Optometry – 5%, Other – 11%
- **Program Goal**: Specialists successfully attest to 90 days of Meaningful Use (Stage One Year One)

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

- 1 in 3 Michigan Physicians paid for Meaningful Use Stage 1 were Mceita Clients.
- To date, 69% of M-CEITA clients have achieved Stage 1 Year 1 in Meaningful Use. In 2013, 52% of those who achieved this goal were enrolled in the Medicare EHR Incentive Program and 48% were in the Medicaid Incentive Program.

#### 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.

- A national initiative launched by HHS to prevent 1 million heart attacks and strokes by 2017 through provider engagement.
- M-CEITA supports Million Hearts as a key public health priority with an education tool for providers during the CQM selection and external promotion to adopt this initiative through our webinars, blogs and website.
- In 2014 M-CEITA will begin tracking client practices that have committed to using the Million Hearts related CQMs.
- On 4/16/2014 MCEITA will be hosting a Million Hearts webinar.
March 2014 Updates

- Advisory Committee Reviewing Public Health Code
- Cyber Security
- ONC 2014 Annual Conference
- ARRA HITECH Grant Close-Out
HITC 2014 Planning Session

Chair

• 2014 HITC Topics
• 2013 Annual Report
2014 HITC Topics

Objective: To recommend and advise the Michigan Department of Community Health on Policy decisions, business and technical needs, and general oversight for the following HIT activities essential to the State of Michigan HIT and HIE landscape during 2014.

- Develop a roadmap based on the MDCH strategic plan with specific services, timelines, issues, budgets, and marketing
  - Define and establish the metrics for success
  - Support the development of statewide shared services
  - Explore ICD-10 efforts
  - Align state efforts with HIE community, health systems, and the provider community

- Medicaid Consumer Engagement Initiative
  - Assist Medicaid with developing a statewide consumer, engagement roadmap
  - HIT and HIE education
    - Promote Michigan’s HIT and HIE efforts with healthcare providers
    - Highlight to eligible providers that 2014 is critical for obtaining Meaningful Use to avoid penalties.
    - Engage the Governor, State, and Federal leaders with Michigan’s HIE landscape

- Medicaid Consumer Engagement Initiative
  - Partner with the Michigan Health Cybersecurity Council (MHCC)
  - Promote legislative input on cybersecurity

- Consent Management
  - Support MiHIN and the Diversion Council work with creating a Behavioral Health Common Consent Form

- State-wide Identity Management
  - Engage Master Patient Index, Provider Index, and Credentialing Service stakeholders in expanding as a statewide service

- Statewide Identity Management
  - ICD-10 efforts
  - Align state efforts with HIE community, health systems, and the provider community

- HIE Stakeholder Engagement
  - Acknowledge and promote best practices
  - Obtain feedback on current HIE landscape

- Behavioral Health and Long Term Care
  - Encourage stakeholders to include HIE and HIT in data exchange policies

03/20/2014
HITC 2013 Annual Report
Chair

• Discussion
• Approval
Privacy and Consent Workgroup-Consent Form

Privacy and Consent Workgroup
Proposed Standard Consent Form for Behavioral Health

 Prepared by
 MiHIN Operations Advisory Committee (MOAC)
 Privacy Working Group
 in conjunction with numerous organizations for the
 Michigan Health Information Technology Commission
 March 2014
Original objectives

• Develop standard for scope and type of **shareable mental health, substance abuse treatment information**

• Create **standard consent language** for exchange of Behavioral Health Information (recent main focus)

• Support the effort to develop and pilot **use cases for sharing Behavioral Health Information (BHI)**
What we are going to show today

• Brief refresher from October
• Reminder of why we are doing this
• Progress to date (we have good news)
• Extensive stakeholder list
• Quick glance at current consolidated *draft* consent form
• We will suggest that the HIT commission:
  • Recommend that DCH recognize, adopt and finalize the draft standard consent form
  • We believe this is the best way forward with or without legislation
Scope and Type

- Scope of health information that may be shared with patient consent:
  - medications, allergies, diagnostic information, progress notes, hospital readmissions notes, treatment information, communicable diseases and infection related information
- Any type of health information as defined in:
  - Substance Abuse at 42 CFR Part 2
  - Michigan Mental Health Code at MCLA § 333.1748
  - Michigan Public Health Code at MCLA § 333.5131
Why we are doing this

- Adoption of standard form for patient consent defines:
  - to whom information can be disclosed
  - what to disclose or not to disclose
  - data element definitions (for electronic version)
  - personal statements
  - means to revoke consent
- Standard consent language supports independent initiatives already in development

Most importantly, avoids further fragmentation and will reduce costs
Our status in October 2013

• We had learned there were two parallel efforts:
  • The Diversions Council reporting to the Lieutenant Governor led by the Hon. Judge Bell, focusing on a paper-based standard consent form and with proposed legislation
  • The MOAC Privacy Working Group working with the CIO Forum, MDCH, DTMB, the MiHIN QOs, stakeholders, outside legal counsel, and various vendors in Behavioral Health, focusing on an electronic version of a standard consent form
• The groups made contact and agreed to work together
Progress since October

• CIO Forum, Diversions Council, Recipient Rights Group, and MOAC Privacy WG members met 11/12/13 forming initial plans to combine the two forms

• Two sub-groups were formed to address the differences
  • Group 1: tasked with solving 13 technical differences (personal statements, identifying information, etc.)
  • Group 2: tasked with solving “who” can share the information and “what” information can be shared (check boxes vs. no check boxes)

• Meetings throughout Jan.-Feb. resolved all differences

• Today we will present the resulting combined draft form
Reviewing Organizations

- Bay/Arenac Behavioral Health Authority
- Blue Cross Blue Shield of Michigan
- Carebridge
- Clinton- Eaton-Ingham Community MHA
- Detroit Wayne Community MHA
- Dickinson Wright PLLC
- Diversions Council
- Great Lakes Health Information Exchange
- HIT Commission
- Ingenium
- Jackson Community Medical Record
- Kalamazoo Community Mental Health & Substance Abuse and Services
- Macomb County Community MHA
- MiHIN Operations Advisory Committee Privacy Working Group
- Michigan Health & Hospital Association
- Michigan Department of Community Health
- Michigan Department of Community Health Recipients Rights Group
- Michigan Health Connect
- Michigan Mental Health Diversion Council
- Michigan State Medical Society
- Michigan Domestic and Sexual Violence Prevention and Treatment Board, Michigan Department of Human Services
- Netsmart
- Network 180
- Oakland County Community Mental Health Authority
- PCE Systems
- Provider Alliance of the Michigan Association of Community Mental Health Boards
- Southeast Michigan Beacon Community
- Southeast Michigan Health Information Exchange
- State of Michigan
- Summit Pointe
- The Standards Group/CIO forum
- Upper Peninsula Health Information Exchange
- Venture Behavioral Health
- Washtenaw Community Mental Health Authority
Proposed Standard Consent Form

CONSENT TO DISCLOSE BEHAVIORAL HEALTH INFORMATION

IDENTIFYING INFORMATION

INSTRUCTIONS (Please Print)

Name (Last Name, First Name, Middle Initial)

Date of Birth

Sex

Address

City, State, Zip

SIGNED THIS FORM WILL ALLOW THE INDIVIDUALS AND ORGANIZATIONS LISTED BELOW TO EXCHANGE AND USE YOUR BEHAVIORAL HEALTH INFORMATION FOR COORDINATING HEALTHCARE SERVICES.

This form shall not be used for a release of information from an individual or organization that has provided services for domestic violence, sexual assault and/or stalking.

I. By signing this "Consent Form," I voluntarily authorize the individuals and organizations involved in my care and identified below to disclose, redisclose, and otherwise share my behavioral health information as identified in Section II, below, among and between them:

1. Health Plan (Example: BCBSM, HAP, etc.)
2. Manager Care Provider Network (MCPN)
3. Community Mental Health Service Provider (CMHSP)
4. Dr. John Doe’s Practice

II. Information to be disclosed (see instructions)

☐ I consent to the disclosure of all behavioral health information
☐ I do not consent to the disclosure of the following information (see instructions):

III. Personal statements about this disclosure of behavioral health information:

☐ I understand that the information will be disclosed and I understand that the information is voluntary.
☐ I understand that I may decide on whether to sign this form and if not signed, I may decline health care.
☐ I understand that I may choose to decline to sign this form for any reason, including refusal to disclose information.
☐ I understand that the information can be used to plan and manage my care.
☐ I understand that I may withdraw or change my consent at any time without prejudice.
☐ I understand that I may request to have the information removed from the record.
☐ I understand that all information disclosed is subject to HIPAA.
☐ I understand that the information will be kept confidential and used only for the purposes of treatment, payment, and healthcare operations.
☐ I understand that the information can be used to plan and manage my care.
☐ I understand that I may withdraw or change my consent at any time without prejudice.
☐ I understand that all information disclosed is subject to HIPAA.

As of [Date], I hereby revoke the following consent(s) to the disclosure of my healthcare information:

☐ Any consent involving the disclosure to, between, or among any of the following parties:

☐ An individual

☐ A government agency

☐ An insurance company

☐ A law enforcement agency

☐ An attorney

☐ Any and all consents included in this Consent to Disclose Behavioral Health Information

Note: The organization you are working with to revoke consent can only administrate the change for consents where they are identified as a party in the exchange.

Individual providing consent signature

Parent, Guardian, Authorized Representative Signature (if required)

If signed above institutional relationship by checking one:

☐ Parent
☐ Guardian
☐ Authorized Representative

Date signed

Witness signature

Date signed

Copyright 2014 Michigan Health Information Network
Recommendations

• We suggest that the HIT commission:
  • Recommend that DCH recognize, adopt and finalize the draft standard consent form
    • We believe this is the best way forward with or without legislation
  • Recognize the need to develop and execute an education plan along with a detailed instructional guide and training materials for the finalized standard consent form
    • This will require significant time, labor, and resources
    • We will present our education plan framework in the future
Questions
Presenters & Major Contributors

- Presenters: MOAC Privacy Working Group co-chairs
  - Jeff Livesay, Associate Director, MiHIN
  - John Donovan, Privacy Officer, Department of Technology Management and Budget (DTMB), State of Michigan

- Major contributors: Leslie Asman, Risa Coleman, Bill Riley, Judge Curtis Bell, Brian Balow, Mick Talley, KatyAnn Zimbelman, Phil Kurdonowicz, Robert Keefer, Chuck Dougherty, Jeff Chang, CIO Forum, Diversions Council, Mary Lovik
Standard Consent Language

“Signing this form will allow the individuals and organizations listed below to exchange and use your behavioral health information for coordinating healthcare services”

“This form shall not be used for a release of information from an individual or organization that has provided services for domestic violence, sexual assault and/or stalking. A separate release must be completed with that individual or organization.”

<table>
<thead>
<tr>
<th>IDENTIFYING INFORMATION</th>
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<tbody>
<tr>
<td>Individual Name (Please Print)</td>
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</table>

SIGNING THIS FORM WILL ALLOW THE INDIVIDUALS AND ORGANIZATIONS LISTED BELOW TO EXCHANGE AND USE YOUR BEHAVIORAL HEALTH INFORMATION FOR COORDINATING HEALTHCARE SERVICES.

THIS FORM SHALL NOT BE USED FOR A RELEASE OF INFORMATION FROM AN INDIVIDUAL OR ORGANIZATION THAT HAS PROVIDED SERVICES FOR DOMESTIC VIOLENCE, SEXUAL ASSAULT AND/OR STALKING. A SEPARATE RELEASE MUST BE COMPLETED WITH THAT INDIVIDUAL OR ORGANIZATION.
Standard Consent Language

Who is authorized?

“...I voluntarily authorize the individuals and organizations involved in my care and identified below to disclose, re-disclose and otherwise share my behavioral health information, identified in Section-II below, among and between them: ”

1. By signing this Consent Form, I voluntarily authorize the individuals and organizations involved in my care and identified below to disclose, re-disclose, and otherwise share my behavioral health information, as identified in Section II below, among and between them:

   1. Health Plan (example: BCBSM, HAP, etc.)
   2. Manager Care Provider Network (MCPN)
   3. Community Mental Health Service Provider (CMHSP)
   4. Dr. John Doe's Practice

   Additional individuals and organizations can be added at the top of the second page
Standard Consent Language

What is authorized?
Check box approach

“I consent to the disclosure of all behavioral health information”
“I do not consent to the disclosure of the following information (see instructions)”

write-in examples: alcohol and drug abuse records, mental health information, all behavioral health information

II. Information to be disclosed (see instructions)

☐ I consent to the disclosure of all behavioral health information

--- OR ---

☐ I do not consent to the disclosure of the following information (see instructions):

__________________________________________________________
What are the terms for authorization?

- “I know what information will be disclosed and I understand that authorization is voluntary.”
- “I have read this form and/or have had it read to me in a language I can understand. I have also had the opportunity to have my questions about this form answered.”

### III. Personal statements about this disclosure of behavioral health information:

- I know what information will be disclosed and I understand that this authorization is voluntary.
- I understand that my decision on whether to sign this form will not affect my ability to obtain mental health or medical treatment, payment for treatment, health insurance enrollment or benefit eligibility.
- The purpose of the disclosures authorized in this form is to assist in diagnosing and treating my health conditions and in coordinating healthcare services.
- I understand that the information I agreed to disclose may be shared electronically using secure methods to protect my behavioral health information.
- I understand that the disclosure of my behavioral health information will follow state and federal laws and regulations.
- I understand that Alcohol, Drug Abuse, Mental Health Records and communicable diseases and infections are subject to a higher standard of protection through federal law (42 CFR Part 2) and the MI Mental Health Code which I may authorize through this consent.
- I have read this form and/or have had it read to me in language I can understand. I have also had the opportunity to have my questions about this form answered.
- I understand that this authorization does not allow disclosure of psychotherapy notes as defined in HIPAA.
- I understand that I may revoke my consent at any time. I also understand such withdrawal of my authorization may not prevent or stop disclosure of information previously authorized or previous action that has been taken based on this authorization.
- Unless I revoke this consent, it will expire on: ________________ (If the expiration date is left blank or extends beyond one year, the consent will expire one year from the signature date).
- I also understand that I have the right to refuse to sign this form; however, that will not prevent disclosure of my physical health information that may be disclosed under the law without my consent.
Standard Consent Language

Who is authorized?
(continued)

Additional list of authorized providers - some examples:

• Health care providers
• Health plans and Integrated Care Organizations (ICO)
• Pre-paid Inpatient Health Plan (PIHP)
• Community Mental Health Organization (CMHSP)

Additional Individuals and Organizations – continued from previous page

5. Medicaid Health Plan - ICO
6. Pre-Paid Inpatient Health Plan (PIHP)
7. Next Healthcare Provider
8. Next Healthcare Provider
9. Next Healthcare Provider
10. Next Healthcare Provider
Standard Consent Language

How is authorization revoked?

Form includes instructions for revoking consent to share information from organizations previously authorized verbally as well as a written request to revoke consent to share information from organizations previously authorized (next slide)

**Revoking my consent verbally**

If you wish to verbally modify or revoke the consent you have provided in this form, please contact the primary care physician, case manager or other primary healthcare contact that you have listed on this form.
Standard Consent Language

How is authorization revoked?
(continued)

Form includes a written request to revoke information sharing from organizations previously authorized

Revoke my consent in writing

I understand that prior to this date, my healthcare information may have been disclosed to and shared between or among some or all of the individuals and organizations named above, that treatment may have been provided based upon this information, and that this revocation does not apply to the information previously disclosed.

I revoke my consent(s) to the disclosure of my health information by completing the following section:

As of ___ (Date) ___ I hereby revoke the following consent(s) to the disclosure of my healthcare information:

___ Any consent involving the disclosure to, between, or among any of the following parties:
________________________________________
________________________________________
________________________________________

☐ - Any and all consents included in this Consent to Disclose Behavioral Health Information

Note: The organization you are working with to revoke consent can only administer the change for consents where they are identified as a party in the exchange.

Individual providing consent signature

Parent/Guardian/Authorized Representative Signature (if required)

If Signed – Indicate Relationship:
☐ Parent  ☐ Guardian  ☐ Authorized Representative

Date signed
New York Consent Form

HEALTHLINK is a non-profit organization, which shares information about people’s health electronically and securely to improve the quality of health care services. This is done in a way that is called health information technology (Health IT). To learn more about health IT in New York State, read this brochure, “Health Information Means Better Care.” You can ask a Participant how this affects you by going to the www.nyhealthelink.com.

Details about patient information in HEALTHLINK and the consent process:

1. You are entitled to receive a copy of this Consent Form at any time by signing a Withdrawal of Consent Form and giving it to one of the Participants. You can also change your consent choice by signing a new Consent Form at any time. You can get these forms from HEALTHLINK’s website at www.nyhealthelink.com or by calling 716-286-9093 ext. 311.

2. Notice: The choice you make in this Consent Form does not allow health insurers to have access to your information for the purpose of deciding whether to give you health insurance or pay you back. You can make that choice in a separate Consent Form that health insurers use for other purposes.

3. Your consent to participate in HEALTHLINK’s Health Information Exchange Level 1 Multi-Provider/Multi-Payer Consent Form may allow the Participants to share your health information electronically, which helps improve the quality of your health care services. Your choice to give or to not consent may not be used for denial of health care services.

4. In the Consent Form, you can choose whether to allow the Participants to obtain access to your medical records through a computer network operated by HEALTHLINK, which is a part of the statewide health information computer network. This helps ensure the medical records you have in different places where you get health care, and make them available electronically to the Participants rendering services to you.

5. Summary of Information About You: Included is information in your records that you have given to the Participants, such as names, dates of birth, sex, addresses, and other personal identifiers. This information may be used to improve the quality of your care, to determine your eligibility for health programs, and to track the amount of medical services you received. This information may also be used to improve services by: (a) improving the quality of care and patient care; and (b) improving the delivery of care, the efficiency of the delivery of care, and the quality of the delivery of care.

6. What Type of Access to Your Information Do You Give? You are entitled to receive a copy of this Consent Form at any time by signing a Withdrawal of Consent Form and giving it to one of the Participants. You can also change your consent choice by signing a new Consent Form at any time. You can get these forms from HEALTHLINK’s website at www.nyhealthelink.com or by calling 716-286-9093 ext. 311.

7. What Type of Access to Your Information Do You Give? You are entitled to receive a copy of this Consent Form at any time by signing a Withdrawal of Consent Form and giving it to one of the Participants. You can also change your consent choice by signing a new Consent Form at any time. You can get these forms from HEALTHLINK’s website at www.nyhealthelink.com or by calling 716-286-9093 ext. 311.

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9. What Type of Access to Your Information Do You Give? You are entitled to receive a copy of this Consent Form at any time by signing a Withdrawal of Consent Form and giving it to one of the Participants. You can also change your consent choice by signing a new Consent Form at any time. You can get these forms from HEALTHLINK’s website at www.nyhealthelink.com or by calling 716-286-9093 ext. 311.

10. What Type of Access to Your Information Do You Give? You are entitled to receive a copy of this Consent Form at any time by signing a Withdrawal of Consent Form and giving it to one of the Participants. You can also change your consent choice by signing a new Consent Form at any time. You can get these forms from HEALTHLINK’s website at www.nyhealthelink.com or by calling 716-286-9093 ext. 311.
HITC Resolution: MiHIN Qualified Data Sharing Organization Criteria-Follow Up & MiHIN Organizational Update

Tim Pletcher, MiHIN
Michigan Health Information Network
Post ONC Grant

Tim Pletcher
HIT Commission
March 20th 2014
Agenda

1. Brief History of “MiHIN” Prior to ONC
2. Creation of MiHIN Shared Services
   a. ONC Accomplishments & Major Milestone Success
   b. Shared Governance Model
3. Plans Going Forward
   a. Role of MiHIN
   b. Sources of Revenue
   c. Sustainability Activities
4. Creation of the Michigan Roadmap for HIE 2.0
The Michigan Health Information Network (MiHIN) concept kicked off in April 2006 to create what became the Conduit to Care report.

“convene Michigan’s health care stakeholders to speed the adoption of health information technology and promote health information exchange”
Conduit to Care- “a call to action for Michigan”

**Phase A**
Making the Patient’s Data Available

**Phase B**
Aggregating Each Patient’s Data for Care, Quality & Patient Safety

**Phase C**
Empowering Michigan Citizens

**Tomorrow:**
Move healthcare data out of distributed silos to authorized users and exchange patient health data in a systematic way.

**Future:**
Assemble patient records from multiple sources for viewing patient history.

**Goal:**
“My personal health record.” PHR is part of the overall network of information resources.
Creation of MiHIN Shared Services

• The MiHIN Shared Services will be designed as a network of networks ...

• ...with local providers connecting to sub-state HIEs which connect to the MiHIN Shared Services”...

• ....and then to the National Health Information Network.
Statewide Coordination

Duplication of Effort & Expense

Shared Services
Today’s Network:

MiHIN Health Information Services Cloud

HIE QOs (Qualified sub-state HIEs)

Doctors & Community Providers

Federal

MiHIN

Virtual Qualified Organizations

DIRECT HISP

Single point of entry/exit for state

MiHIN Shared Services

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Divide & Conquer

State of Michigan
Internal

MDCH Data Hub
(formally SOM HIE)

MiHIN & the Qualified
Data Sharing Organizations

STATEWIDE
SHARED SERVICES

External

Transparency
via HIT
Commission
Monitoring

Shared Governance via
MiHIN Board

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Benefits of the Michigan model

- **Cybersecurity** - single point of entry that reduces external department/agency connections

- **Division of labor** - allows State focus on data sharing among state systems and pursuit of the State’s agenda

- **Reduces cost** - State does not foot the entire bill

- **Flexibility** - separate entity allows greater speed, adaptability to changing technology, not part of interdepartmental politics

- **Arms length “public-private partnership”** - opportunity for major public influence without always being the first line of criticism or dominating private interests
ONC Phase One Deliverables

MiHIN Shared Services Phase 1:

MiHIN Phase 1
Approach for meeting the long-term vision
- Maximizes federal funding
- Leverages local HIT investments
- Meets federal criteria
- Light weight modular approach building minimum necessary
- Focuses on services needed for 1st Stage of Meaningful Use and proposed Stage 2 (2013)
Phase One Statewide Use Cases

- Public Health Reporting
- Health Provider Directory
- Push Alerts & Notification
- Pull/Query Care Summaries
Phase II

• “Phase 2 will consist of continuing with the same approach of incrementally adding functionality by deploying more of the core infrastructure including: the completion of the Security Services (CONSENT)
• standing up an XDS Registry/Record Locator Service and the component required to implement the shared services bus.
• This will result in the sub-state HIEs being able to retrieve Immunization histories from MCIR
• and the transfer of Continuity of Care Documents (CCD) to physician offices and emergency departments.”
Phase Two Statewide Use Cases

- Public Health Reporting
- Health Provider Directory
- Push Alerts & Notification
- Pull/Query Care Summaries
Complete Success!

MiHIN Shared Services Phase 1:

MiHIN Phase 1 Approach for meeting the long-term vision
- Maximizes federal funding
- Leverages local HIT investments
- Meets federal criteria
- Light weight modular approach building minimum necessary
- Focuses on services needed for 1st Stage of Meaningful Use and proposed Stage 2 (2013)
Roadmap & Timeline

April 2006 Conduit to Care Report

August 2006 State HIT Commission Established

June 2007 State Level funding for Medical Trading Area Based HIE's

December 2010 ONC Funding to Create MiHIN “network-of-networks”

July 2011 1st MiHIN staff hired

May 2012 first Public Health Use Case in Production

August 2012 ADT Pilots

September 2012 immunizations via DIRECT

November 2012 Health Provider Directory soft launch

July 2013 eCQM via DIRECT pilots

August 2013 eHealth Exchange Activated

December 2013 Roll out of Statewide ADT Service

Feb 2014 ONC Grant Concludes
0 to Millions in 37 Months

MONTHLY MESSAGE COUNT

- Clinical Quality Measures (CQM)
- Admit-Discharge-Transfer (ADT)
- Reportable Labs (ELR)
- Immunizations (VKU)

MAY-12  AUG-12  NOV-12  FEB-13  MAY-13  AUG-13  NOV-13  FEB-14

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MiHIN FAST FACTS

**Network of Networks (not an HIE)**

- Shared network of multiple **Qualified** organizations
- Transparency via Governor’s HIT Commission
- Strong State and health plan representation

**Statewide Approach**

- Use Case Driven
- Leverages public health code & **Meaningful Use**
- Public-private model vs. complete state control

**Accomplishments (established 2010)**

- Nothing to 30M+ production messages in 3 years
- Connectivity to state and 10 HIE’s & qualified organizations
- Statewide Health Provider Directory & certified eHealth Exchange node

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ESTABLISHED STATEWIDE SHARED GOVERNANCE
# MiHIN Board of Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larry Wagenknecht</td>
<td>Chairman, CEO of Michigan Pharmacists Association</td>
</tr>
<tr>
<td>Patrick O’Hare</td>
<td>Vice Chair, SVP and CIO of Spectrum Health</td>
</tr>
<tr>
<td>Chris Pike</td>
<td>Treasurer, Senior VP and COO of Health Alliance Plan</td>
</tr>
<tr>
<td>Dennis Smith</td>
<td>Secretary, President and CEO for Upper Peninsula Health Information Exchange (UPHIE)</td>
</tr>
<tr>
<td>John Vismara</td>
<td>SVP of United Physicians; President of Ingenium</td>
</tr>
<tr>
<td>Carol Parker</td>
<td>Director of Continuing Medical Education for the College of Human Medicine at Michigan State University; Interim Executive Director of Great Lakes Health Information Exchange</td>
</tr>
<tr>
<td>Rick Warren</td>
<td>VP and CIO of Allegiance Health; Vice Chair of Jackson Community Medical Record</td>
</tr>
<tr>
<td>Cynthia Green Edwards</td>
<td>Director of the Office of Michigan Medicaid Health Information Technology, Michigan Department of Community Health (MDCH)</td>
</tr>
<tr>
<td>Jim Collins</td>
<td>Director, Communicable Disease Division of Michigan Department of Community Health (MDCH)</td>
</tr>
<tr>
<td>Helen Hill</td>
<td>President/Director of Public-Private Initiatives for South East Michigan Health Information Exchange</td>
</tr>
<tr>
<td>Krischa Winright</td>
<td>CIO and VP of Priority Health; VP of Information Systems for Spectrum Health</td>
</tr>
<tr>
<td>Dr. Tom Simmer</td>
<td>Senior Vice President and Chief Medical Officer of Blue Cross Blue Shield of Michigan</td>
</tr>
<tr>
<td>Tim Pletcher</td>
<td>Executive Director, Michigan Health Information Network Shared Services</td>
</tr>
</tbody>
</table>

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MiHIN Operations Advisory Council

MOAC Working Groups

Operations/Production Support
- MiCH/OMHS
  - Doug Witten - Co-Chair
  - Tita Scott - Alan Darling, Larry Morin, Kevin Baranski, Jannice Howley, Darlene Timm
- MiHEN Shared Services
  - Brian Suggs - Co-Chair
  - Bill Fuller
- Michigan Health Connect
  - Andrew Beve
- Great Lakes Health Information Exchange (GLHIE)
  - Mike Dugan
- Upper Peninsula Health Information Exchange (UPHIE)
  - Paula Hendrick
- Jackson Community Medical Record (JCMMR)
  - Beth Dillen

Integration and Architecture
- MiCH/OMHS
  - Doug Witten - Co-Chair
- MiHEN Shared Services
  - Brian Suggs - Co-Chair
- Michigan Health Connect
  - Andy Gear
- Great Lakes Health Information Exchange (GLHIE)
  - Mike Dugan
- Upper Peninsula Health Information Exchange (UPHIE)
  - Paula Hendrick
- Jackson Community Medical Record (JCMMR)
  - Beth Dillen

Security
- MiCH/OMHS
  - Doug Witten - Co-Chair
- MiHEN Shared Services
  - Brian Suggs - Co-Chair
- Michigan Health Connect
  - Andy Gear
- Great Lakes Health Information Exchange (GLHIE)
  - Mike Dugan
- Upper Peninsula Health Information Exchange (UPHIE)
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- Jackson Community Medical Record (JCMMR)
  - Beth Dillen

Dispute Resolution
- MiCH/OMHS
  - Doug Witten - Co-Chair
- MiHEN Shared Services
  - Brian Suggs - Co-Chair
- Michigan Health Connect
  - Andy Gear
- Great Lakes Health Information Exchange (GLHIE)
  - Mike Dugan
- Upper Peninsula Health Information Exchange (UPHIE)
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Use Case
- MiCH/OMHS
  - Doug Witten - Co-Chair
  - Tita Scott - Alan Darling, Larry Morin, Kevin Baranski, Jannice Howley, Darlene Timm
- MiHEN Shared Services
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Privacy
- MiCH/OMHS
  - Doug Witten - Co-Chair
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- MiHEN Shared Services
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  - Beth Dillen
Public vs. Private Model

All HIE subject to HIPAA & Michigan Public Health Code

(A) State-wide HIE Under the MiHIN Governance Structure:

- Highly transparent & publicly visible model for data sharing based on the MiHIN Community of “Qualified Organizations” & common “Use Case Agreements”
- Broad multi-stakeholder involvement
- State government designated entity
- Should reduce concerns about restraint of trade

(B) HIEQO’s:
- Private data sharing agreements among private parties
Legal Infrastructure Among Qualified Organizations Linked to Use Cases

ORGANIZATION AGREEMENT (QDSOA or VQDSOA)

- Definitions
- Basic Connection Terms
- Basic BAA Terms
- Minimal Operational SLA
- Contracting & Payment
- Cyber Liability Insurance
- Termination

Data Sharing Agreement

Use Case #1

Use Case #2

Use Case #3
What is a USE CASE?

• A data sharing scenario with a clear purpose, type of data exchanged, and descriptions of interactions among main people and/or systems

• Each Use Case may have different:
  • access restrictions
  • data usage rules
  • cost recovery fees or charges
  • technical requirements
Major HIE Use Cases

Results Delivery
- Lab results
- Diagnostic imaging
- Other tests
- Hospital discharge summaries

Public Health Reporting
- Immunizations
- Chronic disease registries
- Disease surveillance
- Syndromic surveillance
- Birth & death notifications

Care Coordination & Patient Safety
- Referrals
- Care summaries for treatment history & allergies
- Notification of transitions of care (Admit Discharge or Transfer)
- Medication reconciliation & therapy change notices
- Clinical decision support alerts

Quality & Administrative Reporting
- Registry Updates
- Physician Quality Reporting measures
- Meaningful Use reporting
- Electronic verification
- Patient satisfaction
- Eligibility
- Authorization
- Claims audit

Patient Engagement
- Instructions
- Health risk appraisals
- Medication Compliance
- Therapy Compliance
- Patient activation and self determination
- Health literacy & numeracy
Infrastructure Use Cases

- Active Care Relationship Services
- Patient Opt-In Preferences
- Federated Identity Management (FiDM)
- Gateway Services (e.g. XCA)
- Master Person Index
- Identity Management
- Health Provider Directory

Secure Transport Layer Services and Digital Credentials
Use Case Creation

Concept

Implementation

Statewide Adoption

HIT
Value
Need
Priority
Policy
Funding
Technology

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MOAC & the MiHIN Board are just working through the best process for use cases to emerge.
The Role of MiHIN

COMPLEX STATEWIDE DATA SHARING

- Workgroups
- White papers
- Major Initiatives & Transformation

TECHNOLOGY

- Public Health Reporting
- Health Provider Directory
- Push Alerts & Notification
- Pull/Query Care Summaries

MULTI-STAKEHOLDER ALIGNMENT

- TRUST (Privacy & Security)
- COMMON VISION
- STANDARDS
- LEGAL
- COORDINATION

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MiHIN Customers/ Revenue Sources

Federal Government
- Veterans Affairs
- Social Security Administration
- Centers for Medicare and Medicaid Services
- Centers for Disease Control and Prevention

State Government
- Public Health
- Medicaid
- Dual eligibles
- Behavioral Health
- Long-term care
- Foster Care
- Cybersecurity

Health Plans
- Streamlined data collection
- Reducing Administrative Burdens
- Care Coordination (Population Health)

HIE QO’s
- Services directly consumed by HIE QO
- Services passed through or re-sold by HIE QO
- Clinics
- Labs
- Hospitals

Pharmacy Networks

Other States

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MiHIN Sources of Revenue

• **Grant** - General funding, like ONC for a broad objective defined by the proposal submitted/awarded.

• **Professional Services** - Contracts from a specific customer to accomplish one or more sets of activities.

• **Participation Fees** - Annual payments for access to the MiHIN ecosystem, entitles participants to certain privileges but does not cover all services.

• **Transaction Revenue** - One time and recurring charges associated from the execution of Use Cases.

• **Licensing Revenue** - One time and recurring charges from the sale of specific software or technical services.
Medicaid 90/10 Funded Projects

- Federated Identity
- Electronic Clinical Quality Measures
- Mi-WAY Consumer Directory
- External Meaningful Use Infrastructure
- Meaningful Use Related eHealth eXchange & Query
- Health Provider Directory Expansion
Participation Fees

Participation Fees
• Health Plans PM/PM = .05 /member/month ( <$1/year)

Plan QO fees reduced by HIE specific incentives paid to providers

Ala Carte
• ADT (read-only, full feed)
• MTM (fill status, CMR notice, query)
• Labs (per result, per source)
• Query / Audit (per trx, per service)

Custom Engagement
• Special Contracted Services
• DIRECT feeds
• Unique query or data standardization
Transaction Example ($15 each)

1. Claimant applies for SSA benefits (in-person, phone, web)

2. SSA — Claims Rep verifies non-medical eligibility and obtains info about impairments (e.g. treatment providers)

3. SSA — Automated request to providers for patient information

4. Disability Examiner — Reviews electronic medical evidence and renders determination recommendation

MiHIN Common Gateway

eHealth Exchange

UPHIE

HOSPITAL
Electronic Service Information (ESI)

“Information for delivering PHI by secure electronic means”

- Examples:
  - Direct Secure Messaging (secure email) id: “thomas_simmer@direct.bcbsm.com”
  - IHE/EHR routing info for an EHR to receive HL7: “data.hfhs.org:22356”
  - Future forms of ESI are being defined:
    - Patient preferences for where their PHI is stored (e.g. PHR)
    - Other federally defined forms of ESI (e.g. VA, SSA)
Health Provider Directory (HPD)

- Contains *queryable* Electronic Service Information (ESI) used to route PHI securely to providers
- Flexibility to maintain multiple distribution points for single provider or single distribution for organization
- Manages organizations, providers and the multiple relationships between them
Public Health Use Case: Vaccinations Using DIRECT

mcir@direct.mihin.org

VACCINATIONS

State of Michigan (SOM Data Hub)

Standards Gateway

No Change Required!

mcir@direct.mihin.org
Public Health

Medical Information Direct Gateway™
MiDiGate™ for Public Health & Meaningful Use Reporting

Direct Email Convention Examples Using MiDiGate & Health Provider Directory

<table>
<thead>
<tr>
<th>Inbox</th>
<th>Description</th>
<th>Destination(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:labs@direct.mihin.org">labs@direct.mihin.org</a></td>
<td>Lab Results</td>
<td>Reportable Labs to MDSS</td>
</tr>
<tr>
<td><a href="mailto:immunizations@direct.mihin.org">immunizations@direct.mihin.org</a></td>
<td>Immunizations</td>
<td>Michigan Care Improvement Registry</td>
</tr>
<tr>
<td><a href="mailto:deaths@direct.mihin.org">deaths@direct.mihin.org</a></td>
<td>Death notices</td>
<td>Electronic Death Registry System</td>
</tr>
<tr>
<td><a href="mailto:birthdefects@direct.mihin.org">birthdefects@direct.mihin.org</a></td>
<td>Birth defect notices</td>
<td>Chronic Disease Registry</td>
</tr>
<tr>
<td><a href="mailto:cgms@direct.mihin.org">cgms@direct.mihin.org</a></td>
<td>Clinical Quality Measures</td>
<td>SOM Data Warehouse</td>
</tr>
<tr>
<td><a href="mailto:adrs@direct.mihin.org">adrs@direct.mihin.org</a></td>
<td>Admit, Discharge, Transfer</td>
<td>Vital statistics</td>
</tr>
<tr>
<td><a href="mailto:fostercarehealth@direct.mihin.org">fostercarehealth@direct.mihin.org</a></td>
<td>Foster kids care summaries</td>
<td>Foster Kids Registry</td>
</tr>
<tr>
<td><a href="mailto:ccdas@direct.mihin.org">ccdas@direct.mihin.org</a></td>
<td>Consolidated Clinical Document Architecture</td>
<td>Chronic Condition Registry</td>
</tr>
</tbody>
</table>

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Patent Pending

Copyright 2014 - Michigan Health Information Network
HIE QO & VQO

Michigan Direct Gateway™
MiDiGate™
for HIE QOs and VQOs

Direct Email Convention Examples Using MiDiGate
& Health Provider Directory

Inbox
- labs@direct.hiepo.org
- deaths@direct.hiepo.org
- immunizations@direct.hiepo.org
- usecase@direct.hiepo.org
- birthdefects@direct.hiepo.org
- adts@direct.hiepo.org
- fostercarehealth@direct.hiepo.org
- ccdas@direct.hiepo.org

Description
- Lab Results
- Death Notices
- Immunizations
- Use Case Specific
- Birth Defects Notices
- Clinical Quality Measures
- Admit, Discharge, Transfer
- Foster Kids Care Summaries
- Consolidated Clinical Document Architecture

Destination(s)
- Reportable Labs to MDSS
- Electronic Death Registry System
- Michigan Care Improvement Registry
- Registry for that use case
- Chronic Condition Registry
- SOM Data Warehouse
- Vital Statistics
- Foster Kids Registry
- Chronic Disease Registry

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Patent Pending

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Health Plans

Medical Information Direct Gateway™
MiDiGate™ for Health Plans

Direct Email Convention Examples Using MiDiGate & Health Provider Directory

<table>
<thead>
<tr>
<th>Inbox</th>
<th>Description</th>
<th>Destination Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>labs@direct.[healthplan].org</td>
<td>Lab Results</td>
<td>Care Manager, Incentive</td>
</tr>
<tr>
<td>authorizations@direct.[healthplan].org</td>
<td>Authorizations</td>
<td>Utilization Management</td>
</tr>
<tr>
<td>media@direct.[healthplan].org</td>
<td>Medication Notices</td>
<td>Pharmacy, Care Manager, Incentive</td>
</tr>
<tr>
<td>custom@direct.[healthplan].org</td>
<td>Any PHI type message</td>
<td>Hospital Contracts, Provider Relations</td>
</tr>
<tr>
<td>capps@direct.[healthplan].org</td>
<td>Clinical Quality Measures</td>
<td>Quality, Revenue Management</td>
</tr>
<tr>
<td>adts@direct.[healthplan].org</td>
<td>Admit, Discharge, Transfer</td>
<td>Care Manager, Utilization Manager</td>
</tr>
<tr>
<td>ccdas@direct.[healthplan].org</td>
<td>Consolidated Clinical Document Architecture</td>
<td>Other Qualified Organization</td>
</tr>
</tbody>
</table>
Revenue Distribution 2013 & 2014

2013 Revenue Sources
- 78% GRANTS
- 17% Professional Services
- 5% Participation Fees
- 0% Licensing Revenues
- 0% Transaction Revenues

2014 Projected Revenue Sources
- 64% Professional Services
- 8% Participation Fees
- 5% Licensing Revenues
- 1% Transaction Revenues
- 22% GRANTS

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Plausible Revenue By %

Revenue Source by % Over 10 Years

MiHIN Created

2014 (Current)

2018 (5yrs)
CMS Funding for HIE 90/10 Match

- CMS believes that States have a role in promoting HIE to help transform other aspects of the Medicaid Program than just meaningful use.
- A number of States have recently received millions of dollars from CMS for post ONC HIE funding (e.g. Maryland $16.9 million).
- This program is authorized at the federal level through 2021.
- Blue Cross Blue Shield of Michigan has already provided a letter of support to MiHIN & we believe BCBSM’s incentives for HIE will count as “fair share”.
Time to Create a New HIE Roadmap

- Prioritizes major safety, financial, and time saving goals and objectives versus a focus on technology

- Identifies major data sharing Use Cases that support these goals and objectives

- Links the technology layer to the Use Cases

- Highlights those Use Cases & technologies that support multiple high level goals and objectives

- Shifts the focus away from a dialogue about organizations to a discussion on data sharing capabilities that enable value which very nontechnical people can recognize and understand
Toward the Learning Health System

Care Improvement Targets

Supportive Policy Environment

Foundational Elements

- The Digital Infrastructure
- The Data Utility

- Financial Incentives
- Performance Transparency
- Broad Leadership

Optimized Operations
Care Continuity
Community Links
Patient-centered Care
Clinical Decision Support
## Financial Example (2011 Annual Medicare & Medicaid Only)*

<table>
<thead>
<tr>
<th>Likely Sources of Waste</th>
<th>Estimated Michigan Low</th>
<th>Estimated Michigan High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Delivery Failures</td>
<td>$838,709,677</td>
<td>$1,451,612,903</td>
</tr>
<tr>
<td>Care Coordination Failures</td>
<td>$677,419,355</td>
<td>$1,258,064,516</td>
</tr>
<tr>
<td>Over Treatment</td>
<td>$2,161,290,323</td>
<td>$2,806,451,613</td>
</tr>
<tr>
<td>Administrative Complexity</td>
<td>$516,129,032</td>
<td>$1,806,451,613</td>
</tr>
<tr>
<td>Pricing Failures</td>
<td>$1,161,290,323</td>
<td>$2,483,870,968</td>
</tr>
<tr>
<td>Fraud &amp; Abuse</td>
<td>$967,741,935</td>
<td>$3,161,290,323</td>
</tr>
</tbody>
</table>

Assuming waste is the same in Michigan; estimate based on percent of population 10M/310M = 3%

About 15% of total spending

# Example

<table>
<thead>
<tr>
<th>Population Health</th>
<th>Reduce Hospital Readmissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective to Stop Waste Due to a Failure of Care Coordination</td>
<td></td>
</tr>
</tbody>
</table>

### Data Sharing Use Cases
- Statewide ADT Notices

### Related Infrastructure Use Cases
- Active Care Relationships
- Health Provider Directory

### Secure Transports
- HL7 2x
- DIRECT Secure Messaging
Statewide ADT Service

1) Patient goes to hospital, hospital sends registration message
1) Patient goes to hospital, hospital sends registration message
2) Checks Active Care Relationships and identifies providers
1) Patient goes to hospital, hospital sends registration message
2) Checks Active Care Relationships and identifies providers
3) Using the HPD, identify *delivery preference* for each recipient
1) Patient goes to hospital, hospital sends registration message
2) Checks Active Care Relationships and identifies providers
3) Using the HPD, identify delivery preference for each recipient
4) Notification is routed to providers based on preferences
Transitional care management
Medicare & BCBSM fees Jan 2013

99495 -
• Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
• Medical decision making of at least moderate complexity during the service period
• Face-to-face visit, within 14 calendar days of discharge

99496 -
• Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
• Medical decision making of high complexity during the service period
• Face-to-face visit, within 7 calendar days of discharge

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Some Best Case Math

- BCBSM Average number of discharges per PO (based on attributed members only) = 2,371
- Assume 1/3 as many for Medicare = 790

- BCBSM: 2371 * $329.33 = $780,841
- Medicare: 790 * $169.65 = $134,080

Physician Organization Care Coordination Opportunity = $914,921/year
Active Care Relationship Service (ACRS)™

- Provider organizations submit patient/provider lists in Excel or other MiHIN-provided format
- “Active” means:
  - has seen patient within 2 years and/or
  - expects to see patient in future
- Patient/provider lists updated every 30 days for accuracy

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>Physician Information</th>
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<tbody>
<tr>
<td>Source Patient ID</td>
<td>NPI</td>
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<tr>
<td>First Name</td>
<td>Practice Unit ID</td>
</tr>
<tr>
<td>Last Name</td>
<td>Practice Unit Name</td>
</tr>
<tr>
<td>Date of Birth</td>
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<td>Gender</td>
<td>Last Name</td>
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<td>Physician Organization ID</td>
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<td>Physician Org Name</td>
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Important Horizontal View

Eligible Providers & PCMH
Eligible Hospitals
Critical Access Hospitals
Behavioral Health Specialists
Specialty Providers
Care Coordinators

Patients & Families

Copyright 2014 Michigan Health Information Network
### Submitted ACRS records

<table>
<thead>
<tr>
<th>Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Gender</th>
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<tr>
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# ADT – ACRS Matching

## ADT Message

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# ADT – ACRS Matching

## ADT Message

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<th>Name</th>
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**Primary Care**

**Care Coordinator**

**Specialist**

---

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### ACRS™ Update – Version 1.0

#### Patient Information
- Source Patient ID
- First Name
- **Middle Initial**
- Last Name
- **Suffix**
- Date of Birth
- Gender
- SSN – Last 4 digits
- Address 1 & Address 2
- City, State, Zip
- Home & Mobile Phones

#### Physician Information
- NPI
- First Name
- Last Name
- Practice Unit ID
- Practice Unit Name
- Physician Organization ID
- Physician Org Name

---

Additional patient information to minimize *False Positives*
# Patient Matching Models

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Send to Physicians listed in ADT message

Send To
- Attending Doctor
- Referring Doctor
- Consulting Doctor
- Admitting Doctor
- Primary Care Physician

Requires
- Provider’s NPI listed in ADT messages
- Provider delivery preferences in HPD
Possible Future Uses for ACRS

- Transition of Care-Medication Reconciliation
- Fill status on medications
- Care plan changes
- Death notice
- Health risk appraisal availability
- TBD alerts
Next Steps

• Begin to collect and prioritize the actionable goals & objectives
• Identify the major Use Cases
• Prioritize the necessary lower level components required
More information about MiHIN

Questions?
WWW.MIHIN.ORG

Tim Pletcher
pletcher@mihin.org
HITC Next Steps

- Commissioner Contact Information
- Chair and Co-Chair Nominations
Public Comment
Adjourn