

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

March 20, 2014

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
- FY14 projects in progress: MiWay Consumer Directory, Identity Hub Pilot, Clinical Quality Measures Recovery and Repository (CQMRR aka “skimmer”)

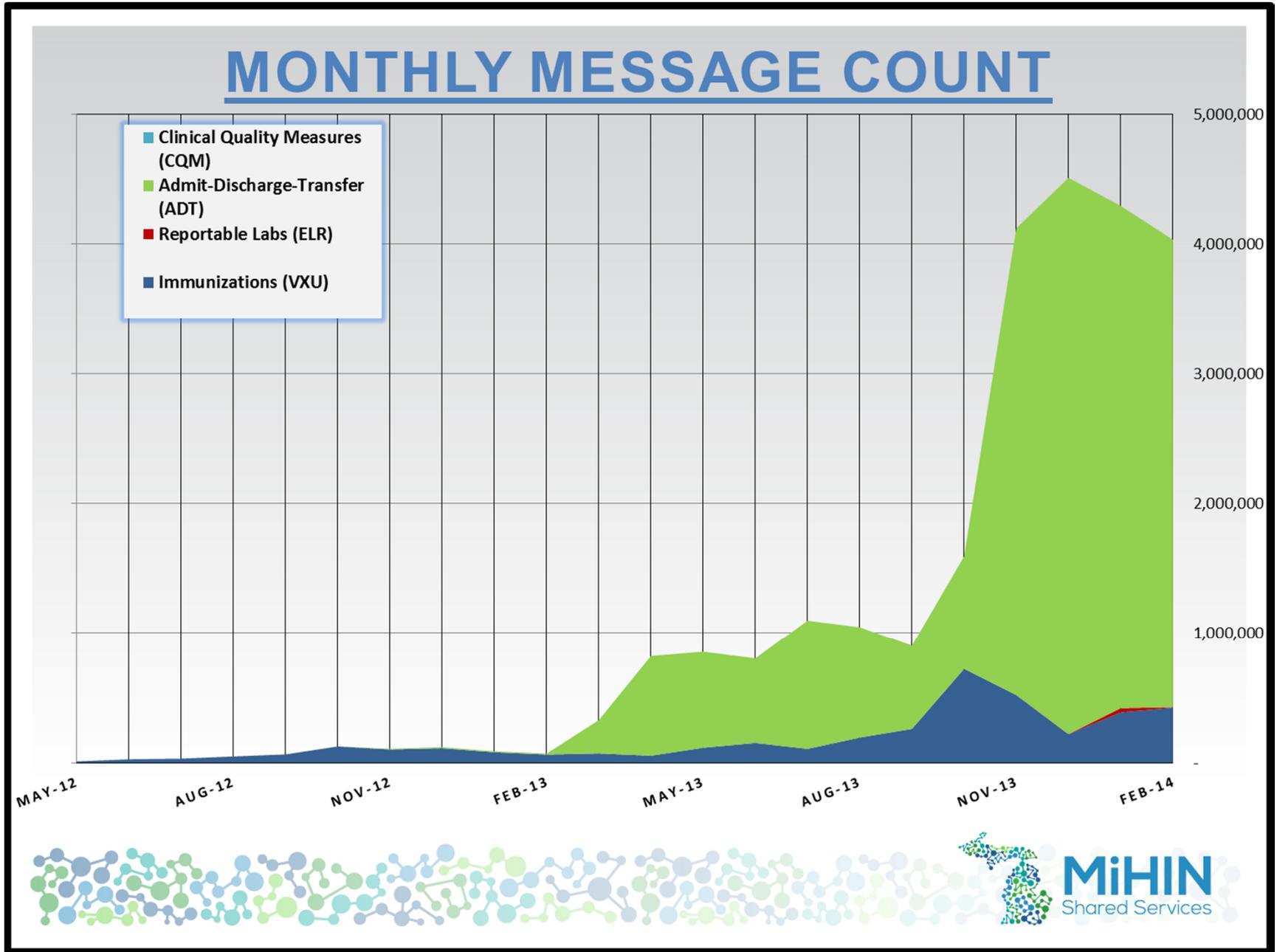
QO & VQO Data Sharing

- 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

Monthly Message Count



MiHIN Monday Metrics (M3) Report

New Last Week	Prod. Running Total**	Sources in Prod. Through MiHIN	Sources in DQA	QOs in production	QOs in test	vQOs in production	vQOs in test	Use Case Agreement
69,689	3,903,787	561	260	5	1			Immunization Records Submit (VXU)
1,058	10,274		60	2				Reportable Labs Summaries (ELR)
	6,047,338			2				Transition of Care - Payers/BCBSM (ADT)
1,471	213,575			1		1		Admit-Discharge-Transfer (ADT) Spectrum/Carebridge
908,889	15,981,707		11	3		1		All Patient- All Payer ADT Notification Service
				2				Submit Data to Active Care Relationship Service
								Submit Data to Health Provider Directory
			1		3		1	Receive Syndromics
0	202							Clinical Quality Measures
								Basic Query to Health Provider Directory
								CMS Electronic Submission of Medical Documentation
								SSA disability determination
								Cross-QO Query
								eHealth Exchange patient Query
								VA Patient Query
981,107	26,156,883	561	332	15	4	2	1	Totals



MDCH Data Hub

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.

Technology Infrastructure Development

- **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.

Meaningful Use Registry Work

- **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

	Reporting Status	Prior Number of Incentives Paid	Current Number of Incentives Paid	Current PY Goal Number of Incentive Payments	Current PY Medicaid Incentive Funding Expended
Eligible Provider (EPs)	AIU	574	624	1,003	\$13,260,000
	MU	302	903	1,043	\$7,675,500
Eligible Hospital (EHs)	AIU	-	-	15	\$ -
	MU	-	-	43	\$ -

Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	3,157	\$155,215,218
MU	1,521	\$54,457,756

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

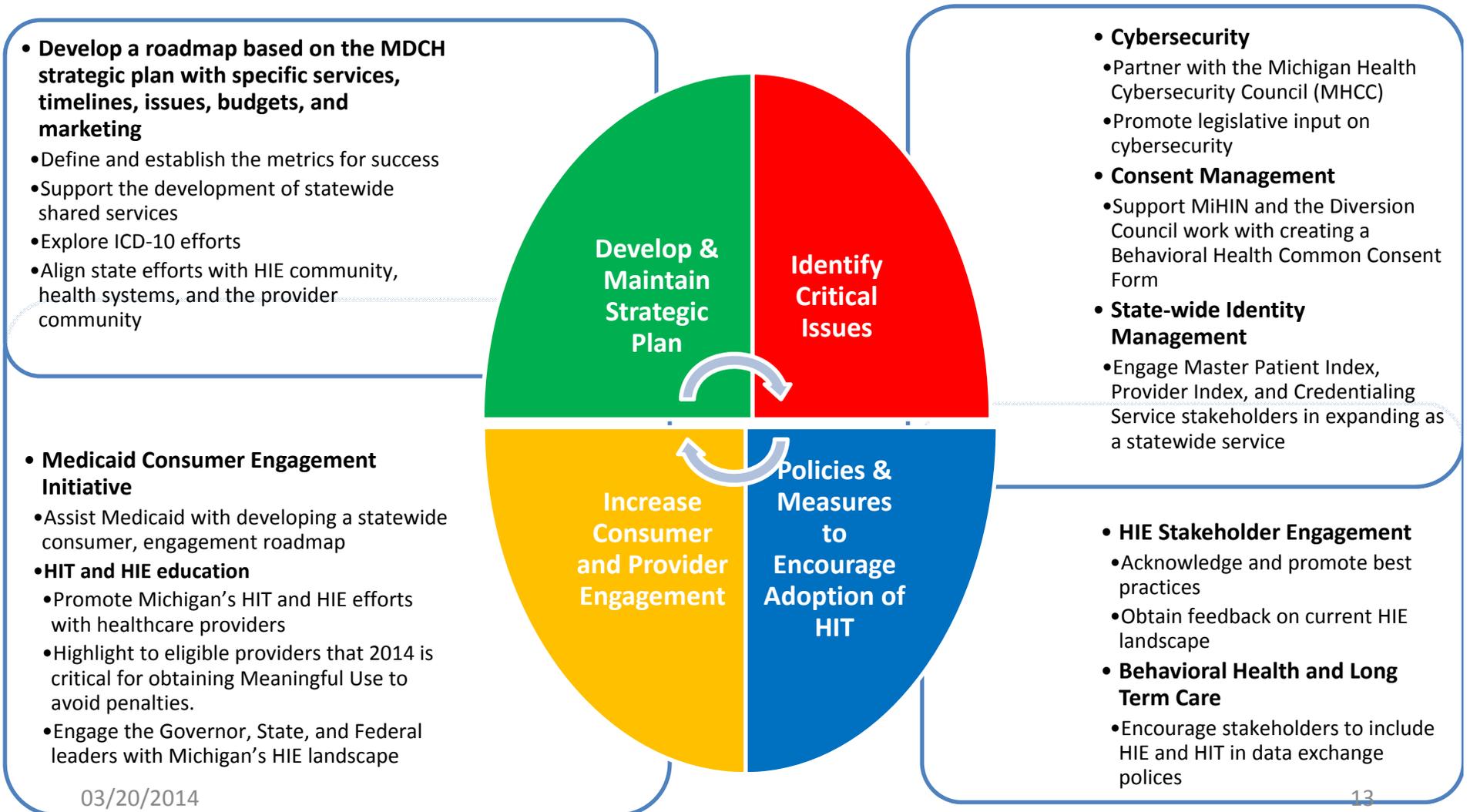
Chair

- 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.



HITC 2013 Annual Report

Chair

- Discussion
- Approval



Privacy and Consent Workgroup-Consent Form

Privacy and Consent Workgroup



Proposed Standard Consent Form for Behavioral Health



MiHIN
Shared Services

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

Individual Name (Please Print)	Individual Identifier	Date of Birth	Last-4-Digits of SSN	Consent-ID YYJDT###
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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.

I. 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:

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

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

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):

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.

Individual providing Consent Signature

Date signed

Witness signature

Parent/Guardian/Authorized Representative Signature (if required)

If signed above indicate relationship by checking one box:

Parent Guardian Authorized Representative

Date signed

Additional Individuals and Organizations – continued from previous page

- Medicaid Health Plan - ICO
- Pre-Paid Inpatient Health Plan (PIHP)
- Next Healthcare Provider
- Next Healthcare Provider
- Next Healthcare Provider
- Next Healthcare Provider

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.

Revoking 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

Individual Provided Copy

Individual Declined Copy

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

Additional Slides

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.”

CONSENT TO DISCLOSE BEHAVIORAL HEALTH INFORMATION				
IDENTIFYING INFORMATION				
Individual Name (Please Print)	Individual Identifier	Date of Birth	Last-4-Digits of SSN	Consent-ID YYJDT###

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: ”

I. 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):



Standard Consent Language

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. <u>Medicaid Health Plan - ICO</u> | 6. <u>Pre-Paid Inpatient Health Plan (PIHP)</u> |
| 7. <u>Next Healthcare Provider</u> | 8. <u>Next Healthcare Provider</u> |
| 9. <u>Next Healthcare Provider</u> | 10. <u>Next Healthcare Provider</u> |



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

Revoking 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

 **▲ Patient Consent to Participate in HEALTHLINK Health Information Exchange Level 1 Multi-Provider/Multi-Payer Consent ▲**

Please carefully read the information that follows before making your decision.

You may use this Consent Form to decide whether or not to allow Participating HEALTHLINK Providers and Payers ("Participants") who are involved in your care to see and obtain access to your electronic health records for treatment and/or care management purposes. This form may be filled out now or at a later date. You can give consent or deny consent to some or all of the Participants. A complete list of Participants can be found at www.wnyhealthlink.com/Home/Patients/Participants. If you have any questions on completing this form go to www.wnyhealthlink.com/Home/Patients/PatientConsent. If you do not have internet access and would like a list of Participants or need help completing this form, please call (716)206-0993 ext.311. **Your choice will not affect your ability to get medical care or health insurance coverage. Your choice to give or to deny consent may not be the basis for denial of health services.**

In this 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 a statewide healthcare computer network. This helps collect 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.

YES I GIVE CONSENT for all Participants who are involved in my care to access ALL of my electronic health information through HEALTHLINK. By checking this box you agree that, "Yes, the staff involved in my care including emergency care, quality improvement, care management, and pre-authorization activities at all the Participants may see and get access to all of my medical records through HEALTHLINK."

EXCEPT I GIVE CONSENT for all Participants who are involved in my care to access ALL of my electronic health information through HEALTHLINK, except the following Participants:

Participant's Name _____ Participant's address or phone number _____

These Participants cannot access my electronic health information via HEALTHLINK EXCEPT in a medical emergency. If you have chosen to exclude any Participants, you must contact HEALTHLINK at (716)206-0993 ext.311 to verify your form. If you wish to deny consent to additional Participants, please identify them on the Participant Exclusion Form and attach it to this form. You can find the form at www.wnyhealthlink.com/Home/Patients/PatientConsent. If you have attached the Participant Exclusion Form please check here

NO I DENY CONSENT for all Participants who are involved in my care to access my electronic health information through HEALTHLINK for any purpose, EXCEPT in a medical emergency. By checking this box you agree, "No, none of the Participants may be given access to my medical records through HEALTHLINK unless it is a medical emergency."

EXCEPT I DENY CONSENT for all Participants who are involved in my care to access my electronic health information through HEALTHLINK for any purpose, INCLUDING in a medical emergency.

NEVER I DENY CONSENT for all Participants who are involved in my care to access my electronic health information through HEALTHLINK for any purpose, INCLUDING in a medical emergency.

NOTE: Unless you select "NO NEVER" New York State law allows the people treating you in an emergency to get access to your medical records, including records that are available through HEALTHLINK.

PATIENT/LEGAL REPRESENTATIVE	
Patient Last Name: _____ Entity Consent Received By _____	
Patient First Name: _____	
Patient Date of Birth: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	
Patient Address: _____	
City: _____	State: _____ ZIP: _____
Signature of Patient or Patient's Legal Representative _____	Date of Signature _____
Print Name of Patient's Legal Representative (if applicable) _____	
Relationship of Legal Representative to Patient (if applicable) <input type="checkbox"/> parent <input type="checkbox"/> healthcare agent/proxy <input type="checkbox"/> guardian <input type="checkbox"/> other _____	

WITNESS *
* If you are NOT completing this form in a Participant's office, you must have a witness complete the information below.
Print Name of Witness _____
Signature of Witness _____
Relationship of Witness to Patient (ex., spouse, son, neighbor, etc.) _____

HEALTHLINK is a not-for-profit organization. It shares information about people's health electronically and securely to improve the quality of health care services. This kind of sharing is called ehealth or health information technology (health IT). To learn more about ehealth in New York State, read the brochure, "Better Information Means Better Care." You can ask a Participant for it, or go to the website www.ehealth-ny.org

Details about patient information in HEALTHLINK and the consent process:

1. How Your Information Will be Used.
 Your electronic health information will be used by the Participating Providers you approve only to:

- Provide you with medical treatment and related services
- Check whether you have health insurance and what it covers.
- Evaluate and improve the quality of medical care provided to all patients.

 Your electronic health information will be used by the Participating Payers you approve only for:

- **Quality Improvement Activities.** These include evaluating and improving the quality of medical care provided to you and all of the health insurer's members.
- **Care Management Activities.** These include assisting you in obtaining appropriate medical care, improving the quality of health care services provided to you, coordinating the provision of multiple health care services provided to you, or supporting you in following a plan of medical care.
- **Pre-authorization Activities.** These include reviewing and evaluating medical information in order to pre-approve services requested by you or your health care provider.

NOTE: 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 your bills. You can make that choice in a separate Consent Form that health insurers must use.

2. What Types of Information about You Are Included. If you give consent, the Participants you approve may access ALL of your electronic health information available through HEALTHLINK. This includes information created before and after the date of this Consent Form. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medicines you have taken. This information may relate to sensitive health conditions, including but not limited to:

- Alcohol or drug use problems
- HIV/AIDS
- Birth control and abortion (family planning)
- Genetic (inherited) diseases or tests
- Mental health conditions
- Sexually transmitted diseases

3. Where Health Information About You Comes From. Information about you comes from places that have provided you with medical care or health insurance ("Information Sources"). These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other ehealth organizations that exchange health information electronically. A complete list of current Information Sources is available from HEALTHLINK. You can obtain an updated list at any time by checking the HEALTHLINK website at www.wnyhealthlink.com or by calling 716-206-0993 ext. 311.

4. Who May Access Information About You, If You Give Consent. Only these people may access information about you: doctors and other health care providers who serve on the medical staff of an approved Participating Provider who are involved in your medical care; health care providers who are covering or on call for an approved Participating Provider's doctors; and staff members of an approved Participating Provider who carry out activities permitted by this Consent Form as described above in item one. A complete list of Participants is available from HEALTHLINK at www.wnyhealthlink.com or by calling 716-206-0993 ext. 311.

5. Penalties for Improper Access to or Use of Your Information. There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or gotten access to information about you has done so, call one of the Participants you have approved to access our records; or visit HEALTHLINK's website at www.wnyhealthlink.com; or call HEALTHLINK at 716-206-0993 ext. 311; or call the NYS Department of Health at 877-690-2211.

6. Re-disclosure of Information. Any electronic health information about you may be re-disclosed by the Participants to others only to the extent permitted by state and federal laws and regulations. This is also true for health information about you that exists in a paper form. Some state and federal laws provide special protections for some kinds of sensitive health information, including HIV/AIDS and drug and alcohol treatment. Their special requirements must be followed whenever people receive these kinds of sensitive health information. HEALTHLINK and persons who access this information through the HEALTHLINK must comply with these requirements.

7. Effective Period. This Consent Form will remain in effect until the day you withdraw your consent or HEALTHLINK ceases to conduct business.

8. Withdrawing Your Consent. You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to one of the Participants. You can also change your consent choices by signing a new Consent Form at any time. You can get these forms on HEALTHLINK's website at www.wnyhealthlink.com or by calling 716-206-0993 ext. 311.

Note: Organizations that access your health information through HEALTHLINK while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to withdraw your consent, they are not required to return it or remove it from their records.

9. Copy of Form. You are entitled to get a copy of this Consent Form after you sign it.

Rev. 6 (09-24-10) 2568 Walden Avenue, Suite 107, Buffalo New York 14225 / Dedicated Fax Line: 716-206-0039 Page 2 of 2

http://wnyhealthlink.com/files/pdf/consent_form_12-20-10.pdf



HITC Resolution: MiHIN Qualified Data Sharing Organization Criteria-Follow Up & MiHIN Organizational Update

Tim Pletcher, MiHIN



Michigan Health Information Network

Post ONC Grant



MiHIN
Shared Services

Tim Pletcher
HIT Commission
March 20th 2014

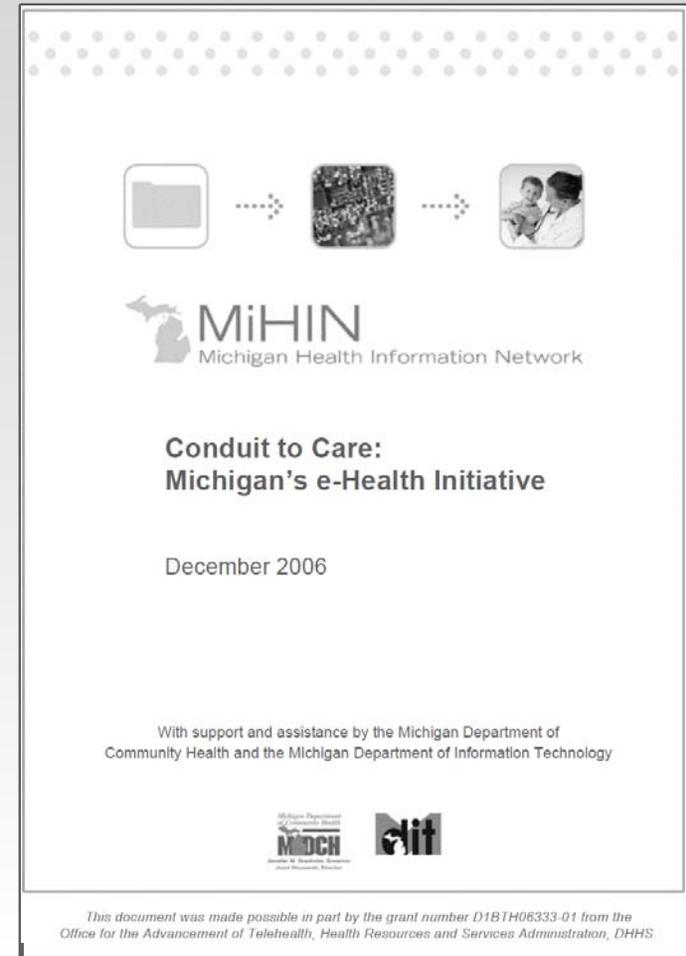
Agenda

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



Brief History

- 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



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

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



Future:
Assembling patient records from multiple sources for viewing patient history

Phase C
Empowering Michigan Citizens



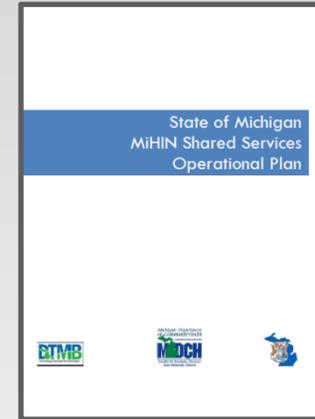
Goal:
“My personal health record.”
PHR is part of the overall network of information resources

HITARRA & HITECH RESET



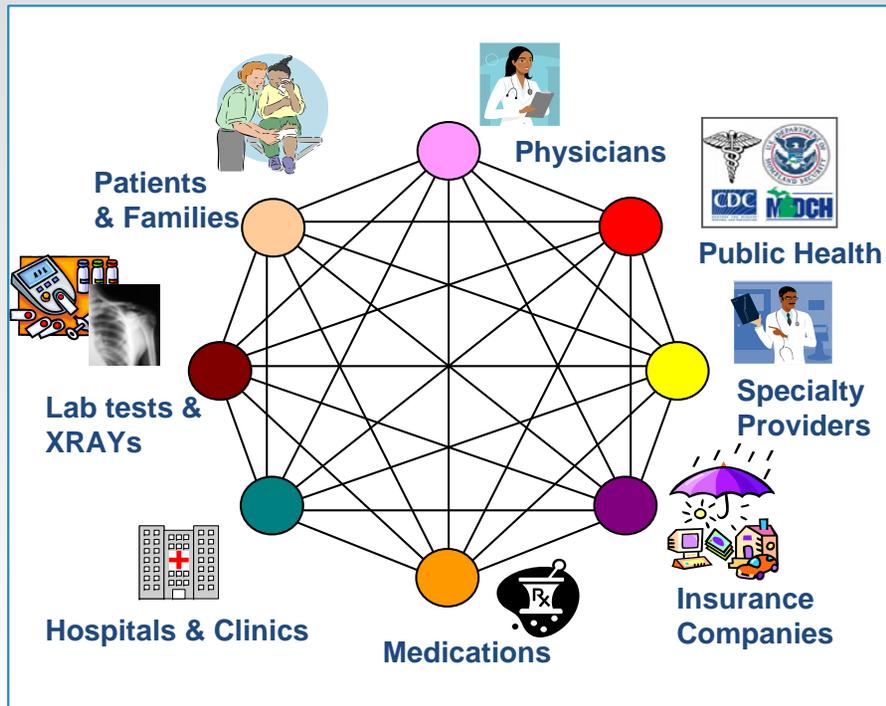
Creation of MiHIN Shared Services

- 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.

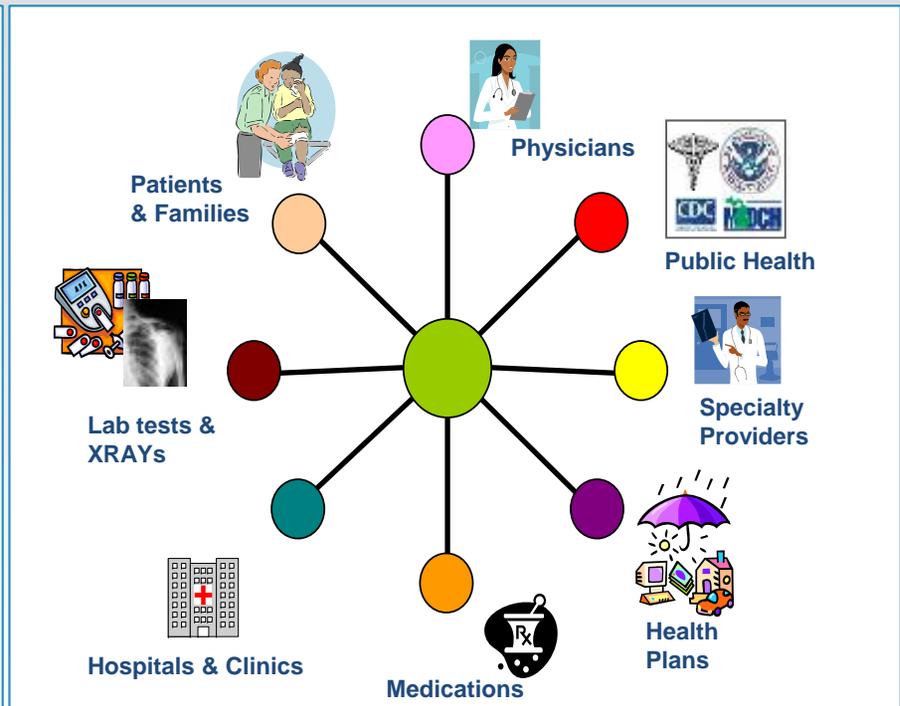


Statewide Coordination

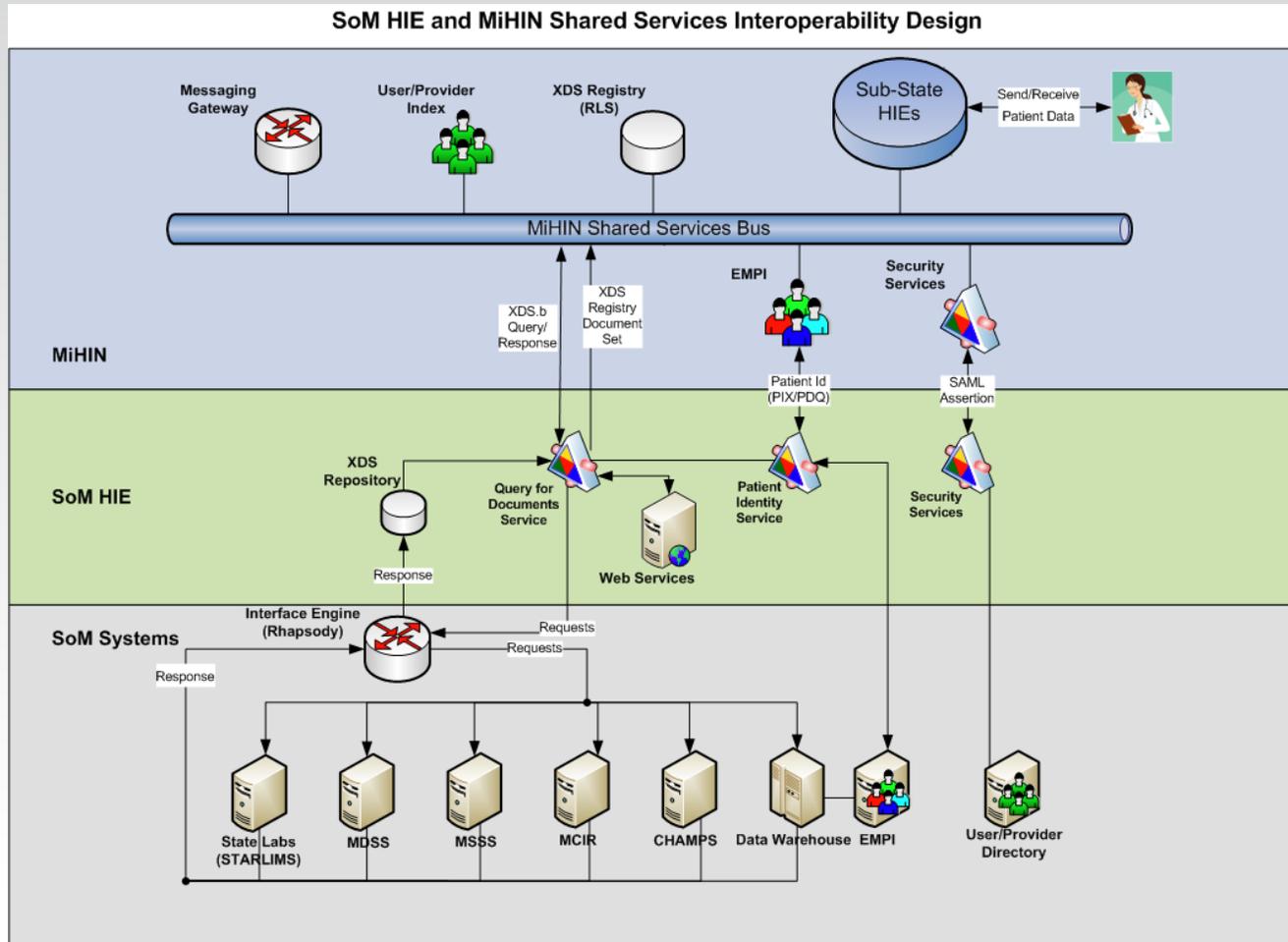
Duplication of Effort & Expense



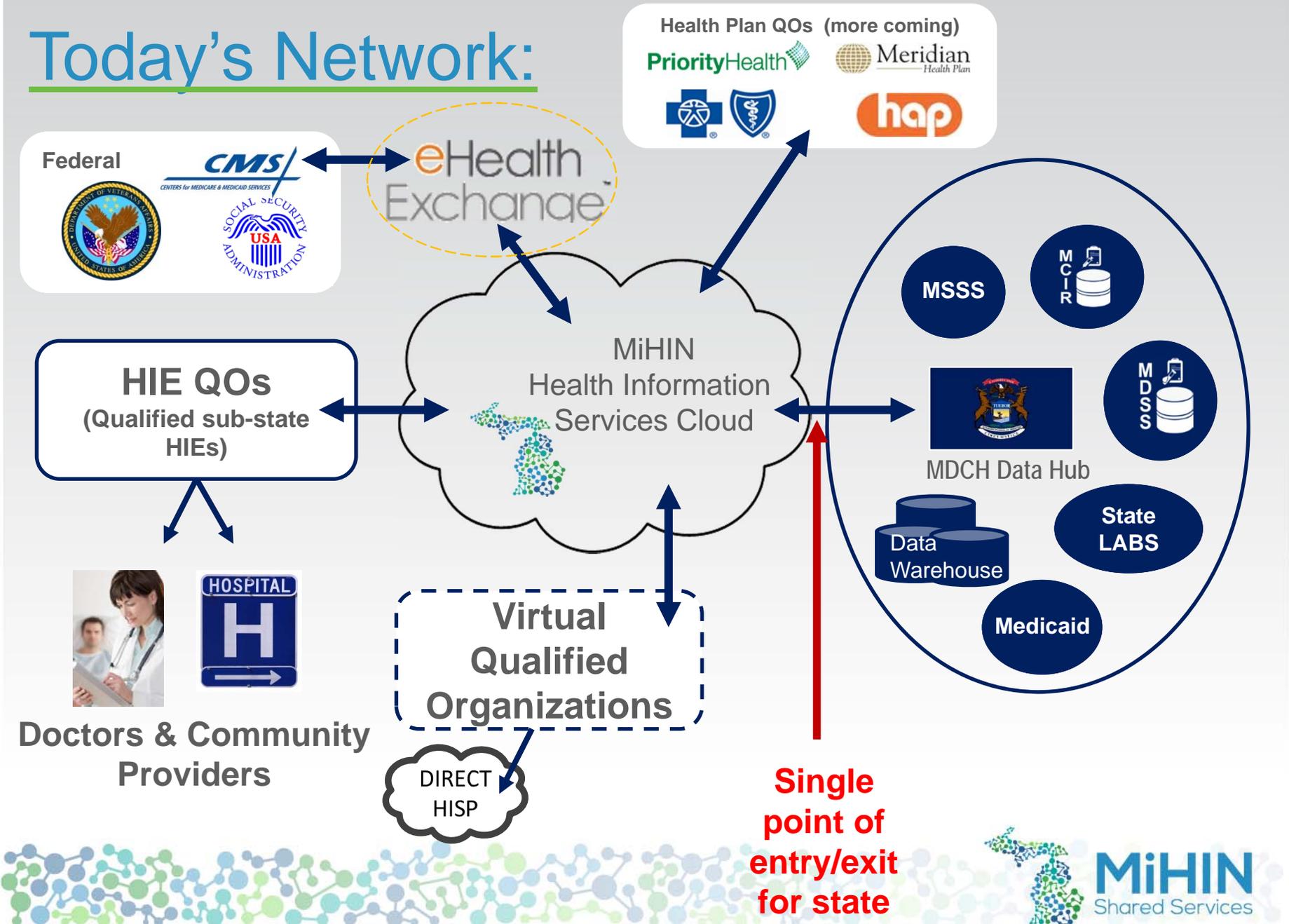
Shared Services



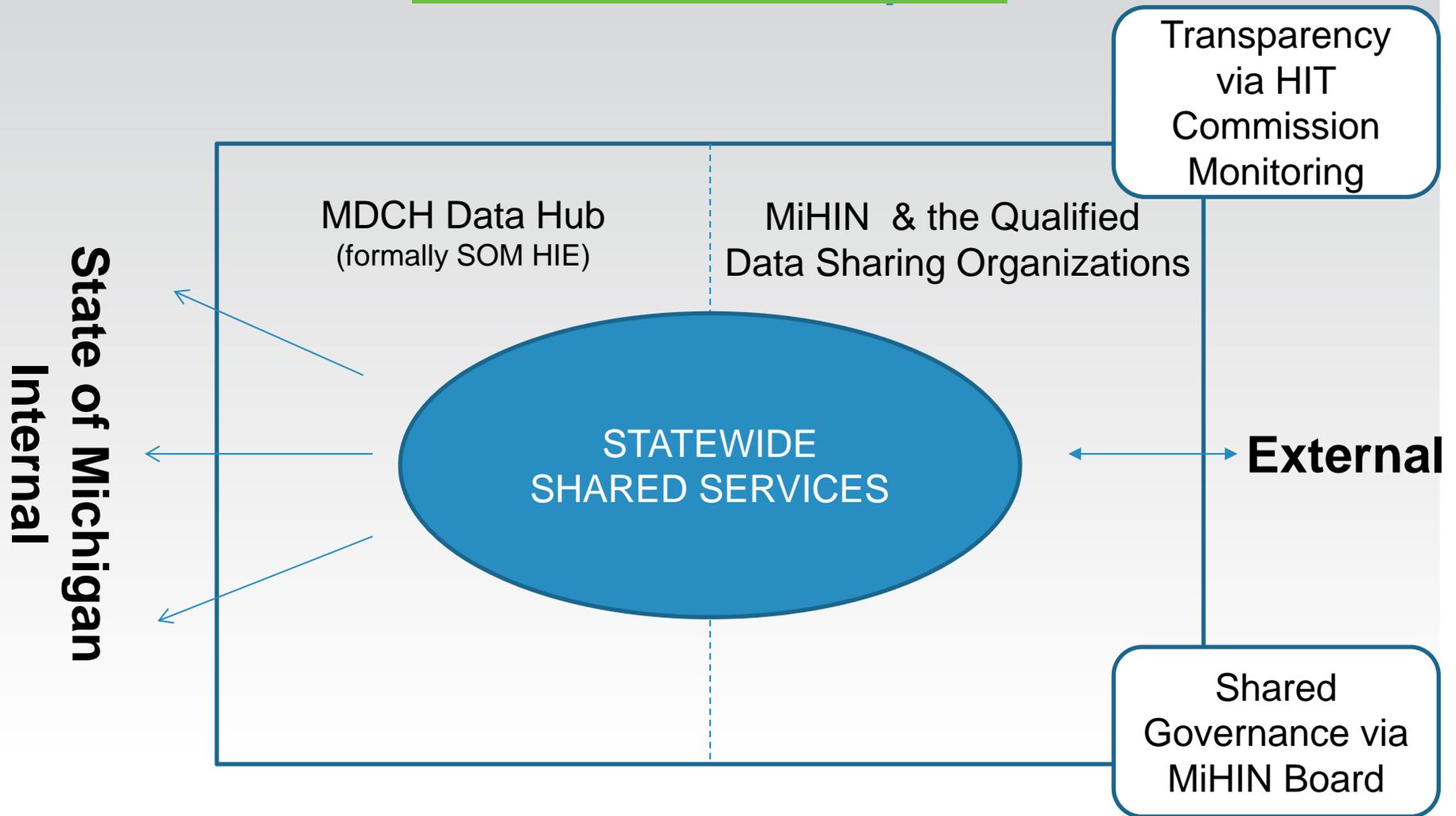
The Vision Prior to the ONC Grant



Today's Network:



Divide & Conquer



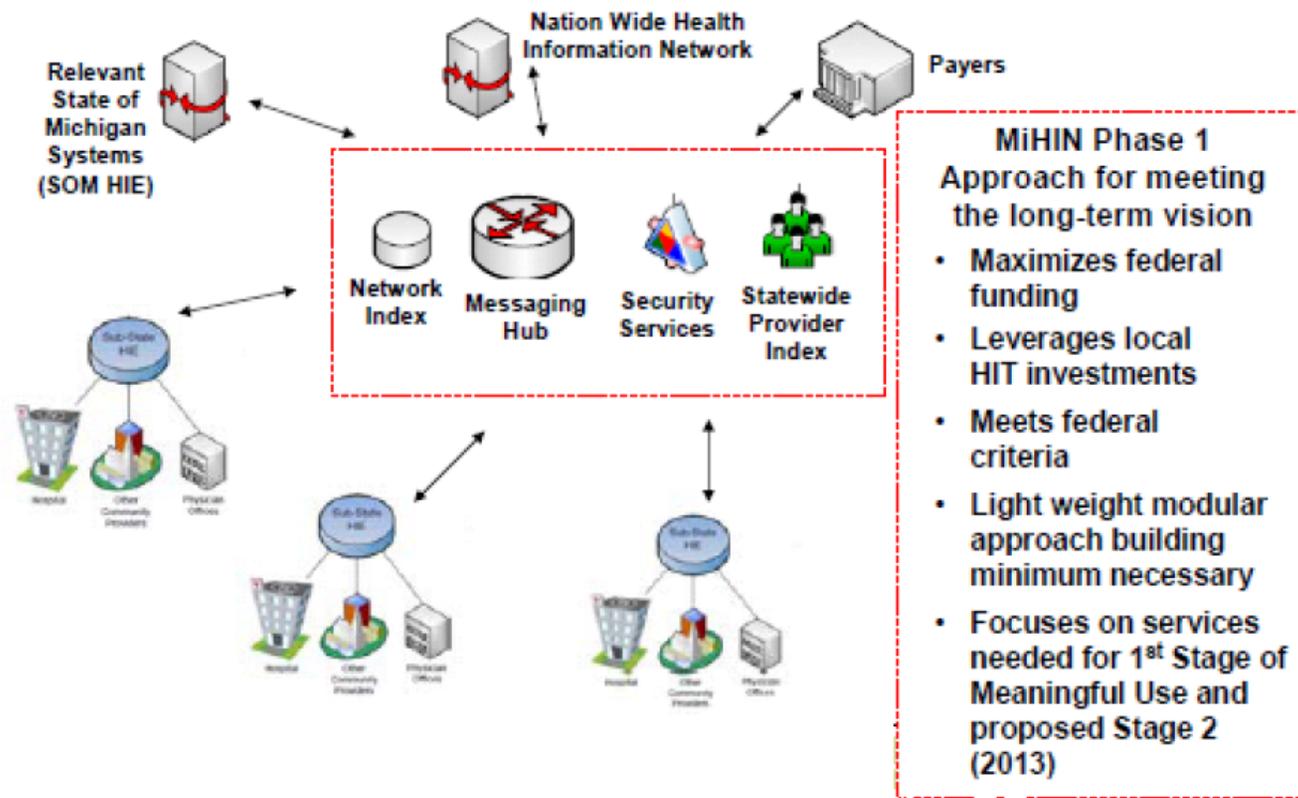
Benefits of the Michigan model

- **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

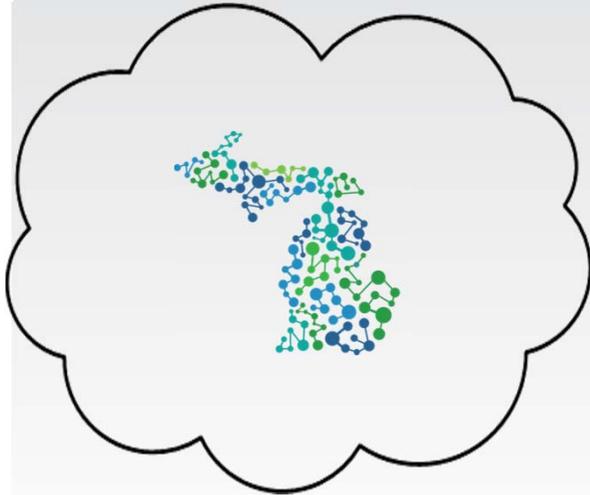


ONC Phase One Deliverables

MiHIN Shared Services Phase 1:



Phase One Statewide Use Cases

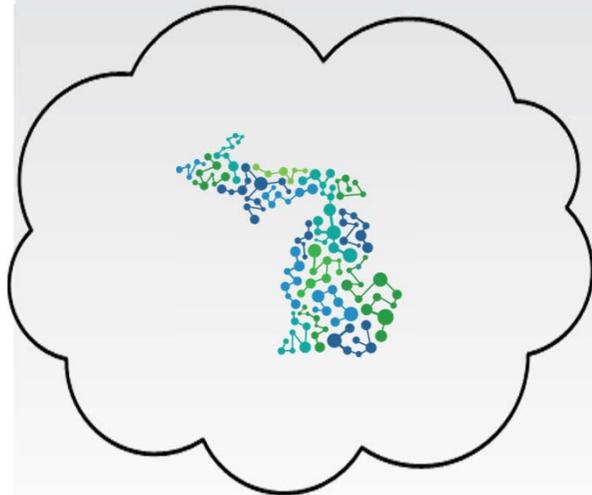


Phase II

- “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

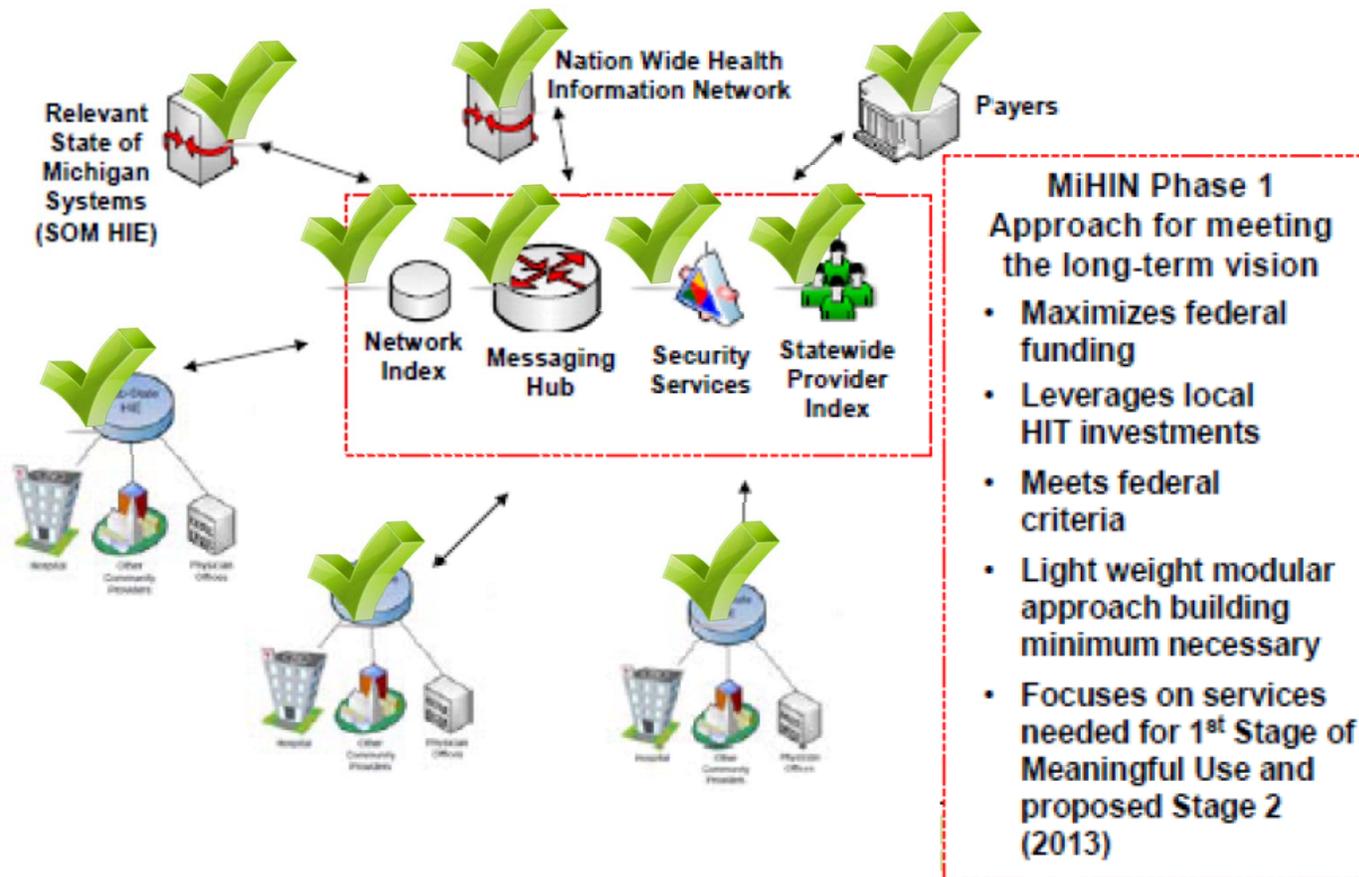


VXU ELR	Public Health Reporting
Health Provider	Health Provider Directory
ADT	Push Alerts & Notification
CCD	Pull/Query Care Summaries

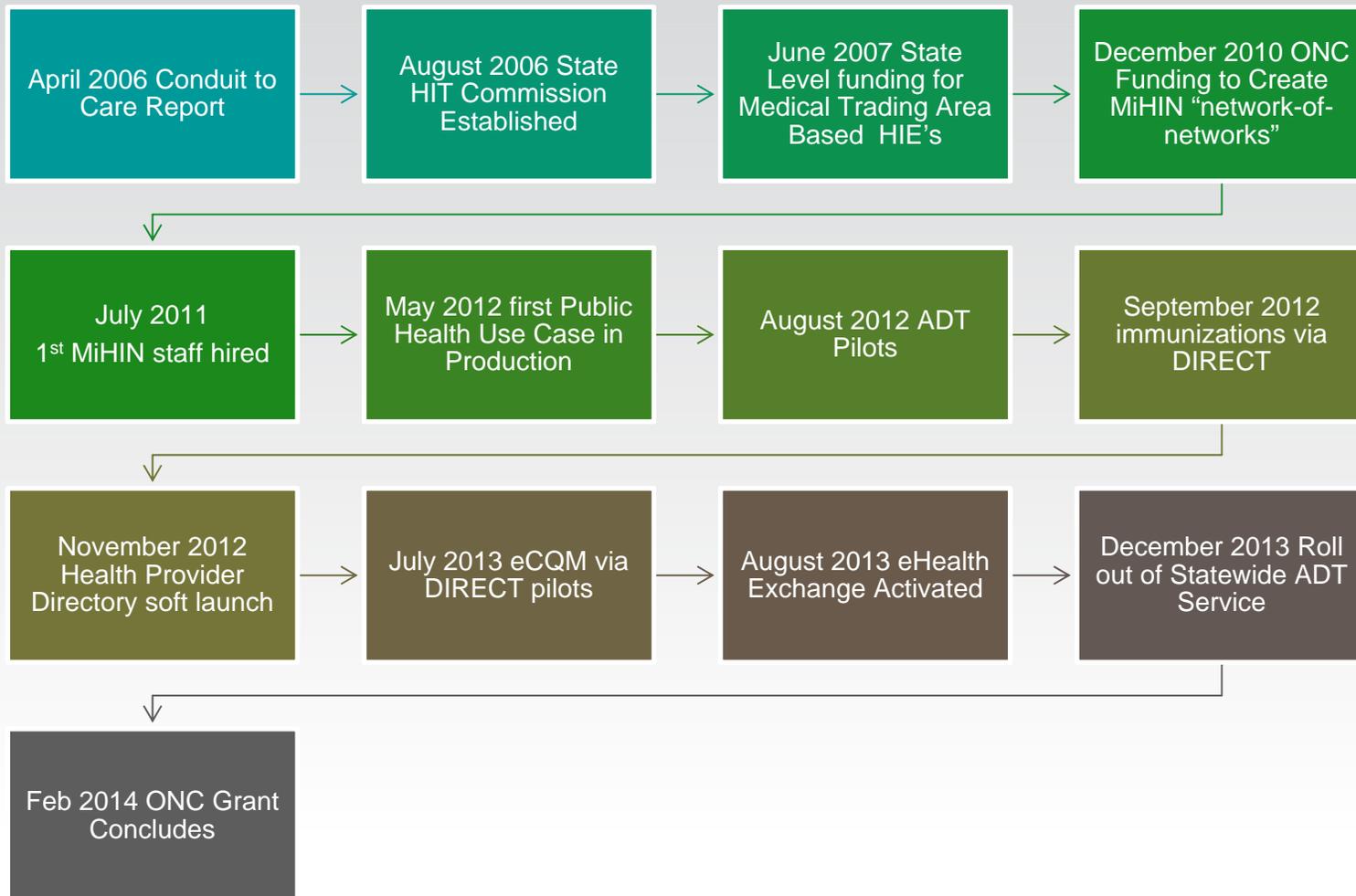


Complete Success!

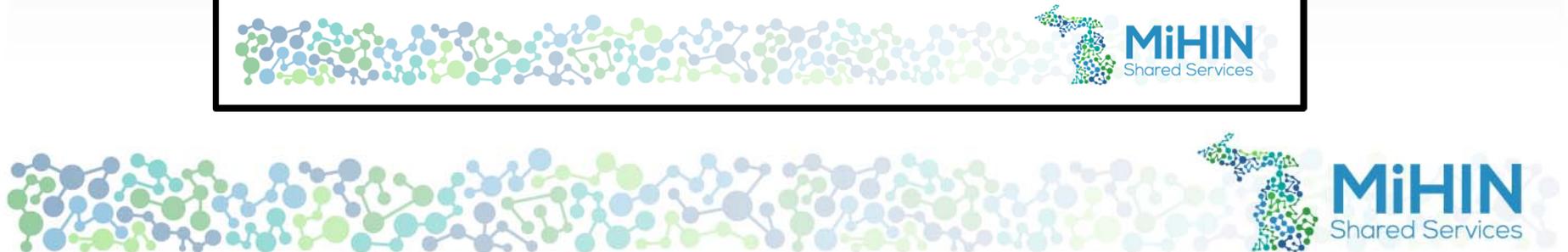
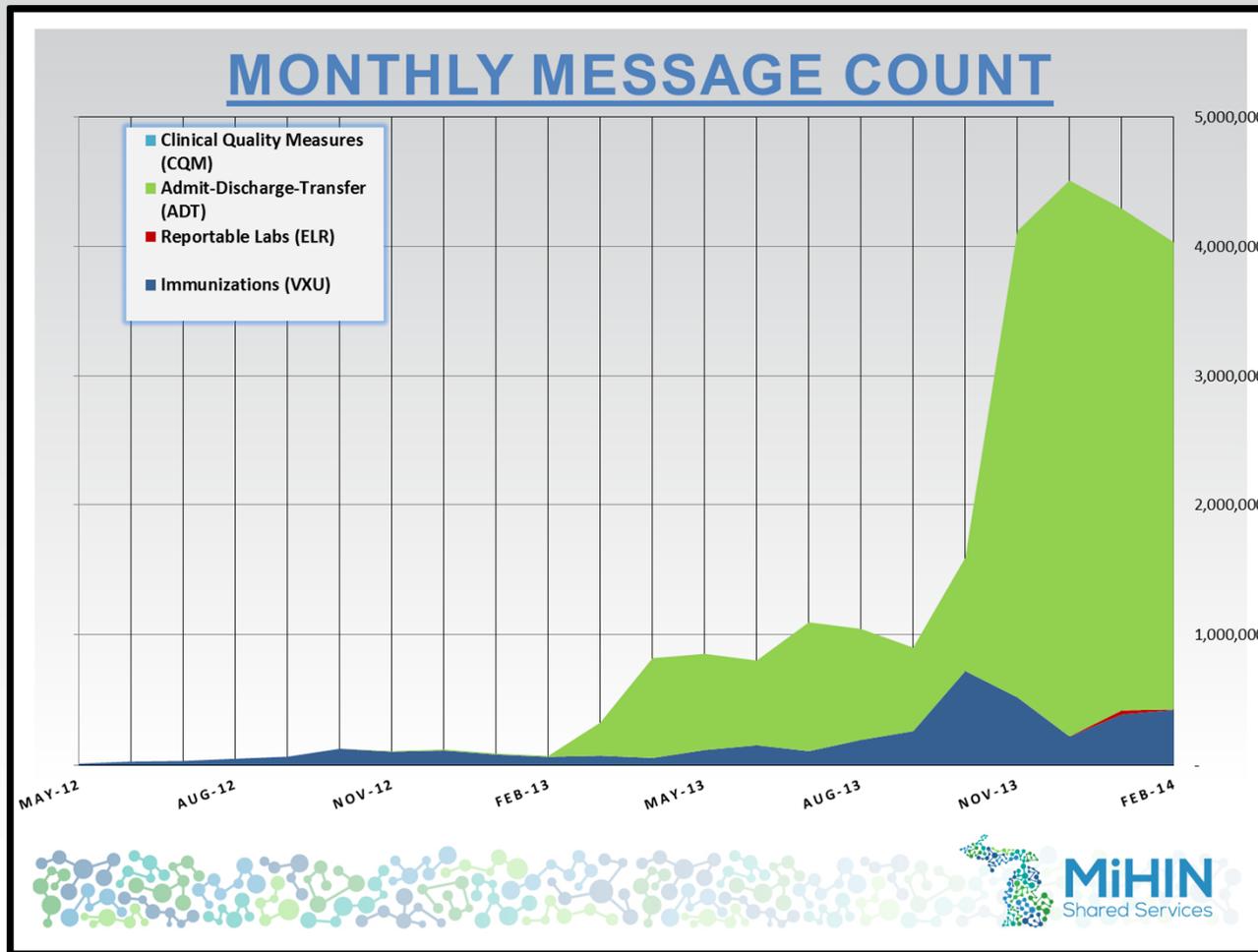
MiHIN Shared Services Phase 1:



Roadmap & Timeline



0 to Millions in 37 Months



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

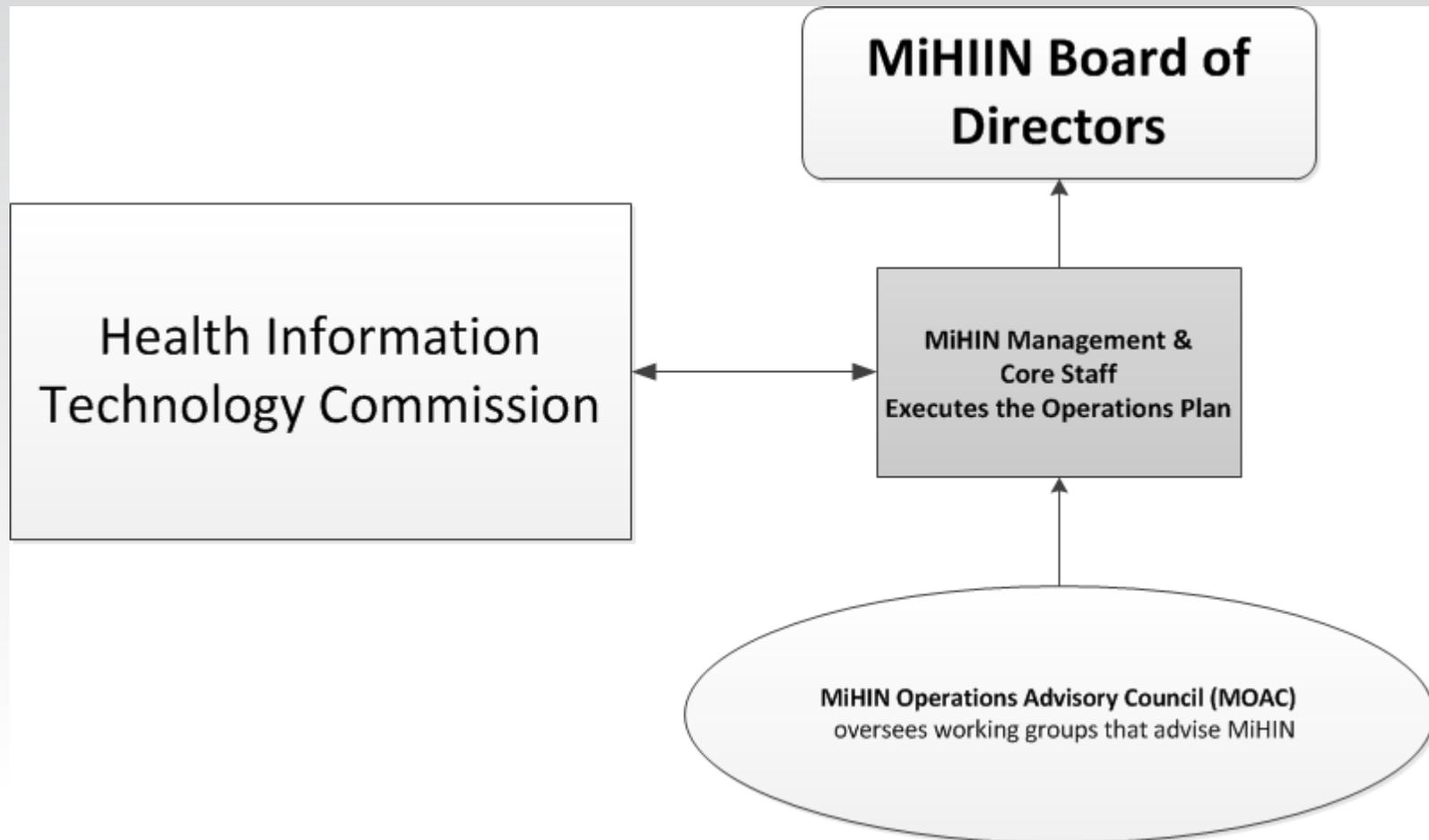
Statewide Health Provider Directory & certified eHealth Exchange node



ESTABLISHED STATEWIDE SHARED GOVERNANCE



Public Transparency



MiHIN Board of Directors

						
Larry Wagenknecht Chairman CEO of Michigan Pharmacists Association	Patrick O'Hare Vice Chair SVP and CIO of Spectrum Health	Chris Pike Treasurer Senior VP and COO of Health Alliance Plan	Dennis Smith Secretary President and CEO for Upper Peninsula Health Information Exchange (UPHIE)	John Vismara SVP of United Physicians; President of Ingenium	Carol Parker Director of Continuing Medical Education for the College of Human Medicine at Michigan State University; Interim Executive Director of Great Lakes Health Information Exchange	Rick Warren VP and CIO of Allegiance Health; Vice Chair of Jackson Community Medical Record

					
Cynthia Green Edwards Director of the Office of Michigan Medicaid Health Information Technology, Michigan Department of Community Health (MDCH)	Jim Collins Director, Communicable Disease Division of Michigan Department of Community Health (MDCH)	Helen Hill President/Director of Public-Private Initiatives for South East Michigan Health Information Exchange	Krischa Winright CIO and VP of Priority Health; VP of Information Systems for Spectrum Health	Dr. Tom Simmer Senior Vice President and Chief Medical Officer of Blue Cross Blue Shield of Michigan	Tim Pletcher Executive Director Michigan Health Information Network Shared Services



MiHIN Operations Advisory Council



MOAC Working Groups

Operations/Production Support	Integration and Architecture	Security	Dispute Resolution	Use Case	Privacy
MDCH/DTMB Doug Witten – Co-Chair, Tina Scott, Alan Darling, Larry Ruble, Kevin Garnett, Therese Hoyle, Bea Salada	MDCH Doug Witten – Co-Chair	MDCH Data Hub/DTMB Paul Groll Phil Kurdunowicz	MDCH Cynthia Green-Edwards – Co-Chair	MDCH/DTMB Tina Scott – Co-Chair, Paul Groll, Jim Collins, Alan Darling, Rick Mathews, Doug Witten, Bob Swanson, Tairus Taylor, Sarah Erwin, Phil Kurdunowicz	MDCH/DTMB Leslie Asman, Phil Kurdunowicz John Donovan – Co-Chair
MIHIN Shared Services Brian Seggle – Co-Chair, Bill Doty	MIHIN Shared Services Brian Seggle, Steve Arnst	MIHIN Shared Services Brian Seggle – Co-Chair Jeff Livesay, Frank Cass	MIHIN Shared Services Tim Pletcher – Co-Chair	MIHIN Shared Services Rick Wilkening – Co-Chair Bill Doty	MIHIN Shared Services Jeff Livesay – Co-Chair Brian Seggle,
Michigan Health Connect (MHC) Adam Gee	Michigan Health Connect (MHC) Adam Gee	Michigan Health Connect (MHC) Adam Gee	Michigan Health Connect (MHC) Douglas Dietzman, E.D.	Michigan Health Connect (MHC) Heidi Newton	Michigan Health Connect (MHC) TBD
Great Lakes Health Information Exchange (GLHIE) Mike Dunigan	Great Lakes Health Information Exchange (GLHIE) Mike Dunigan	Great Lakes Health Information Exchange (GLHIE) Rich Fish	Great Lakes Health Information Exchange (GLHIE) Carol Parker, E.D.	Great Lakes Health Information Exchange (GLHIE) Mike Ayers	Great Lakes Health Information Exchange (GLHIE) Rich Fish
Upper Peninsula Health Information Exchange (UPHIE) Paula Hedlund	Upper Peninsula Health Information Exchange (UPHIE) Paula Hedlund	Upper Peninsula Health Information Exchange (UPHIE) Paula Hedlund	Upper Peninsula Health Information Exchange (UPHIE) Paula Hedlund	Upper Peninsula Health Information Exchange (UPHIE) TBD	Upper Peninsula Health Information Exchange (UPHIE) Paula Hedlund
Jackson Community Medical Record (JCMR) Jeanne Wymer	Jackson Community Medical Record (JCMR) TBD	Jackson Community Medical Record (JCMR) Jeanne Wymer	Jackson Community Medical Record (JCMR) Aaron Wootton E.D.	Jackson Community Medical Record (JCMR) TBD	Jackson Community Medical Record (JCMR) Jeanne Wymer
Ingenium Rusty Mandle	Ingenium John Vismara, E.D.	Ingenium Rusty Mandle Ken O'Brien	Ingenium John Vismara, E.D.	Ingenium Diane Slon	Ingenium Rusty Mandle Ken O'Brien
SEMIE TBD	SEMIE TBD	SEMIE Mick Talley	SEMIE Helen Hill	SEMIE Helen Hill	SEMIE Mick Talley
Blue Cross Blue Shield of MI (BCBSM) TBD	Blue Cross Blue Shield of MI (BCBSM) TBD	Blue Cross Blue Shield of MI (BCBSM) Scott Larsen – Co-Chair	Blue Cross Blue Shield of MI (BCBSM) John Bialowicz	Blue Cross Blue Shield of MI (BCBSM) Kate Wodecki, John Bialowicz	Blue Cross Blue Shield of MI (BCBSM) Scott Larsen
Health Alliance Plan of Michigan (HAP) TBD	Health Alliance Plan of Michigan (HAP) TBD	Health Alliance Plan of Michigan (HAP) TBD	Health Alliance Plan of Michigan (HAP) TBD	Health Alliance Plan of Michigan (HAP) Deborah Spencer	Health Alliance Plan of Michigan (HAP) TBD
Priority Health TBD	Priority Health TBD	Priority Health TBD	Priority Health TBD	Priority Health TBD	Priority Health TBD
Meridian Health Plan TBD	Meridian Health Plan TBD	Meridian Health Plan TBD	Meridian Health Plan TBD	Meridian Health Plan TBD	Meridian Health Plan TBD



Public vs. Private Model

All HIE subject to HIPAA & Michigan Public Health Code

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

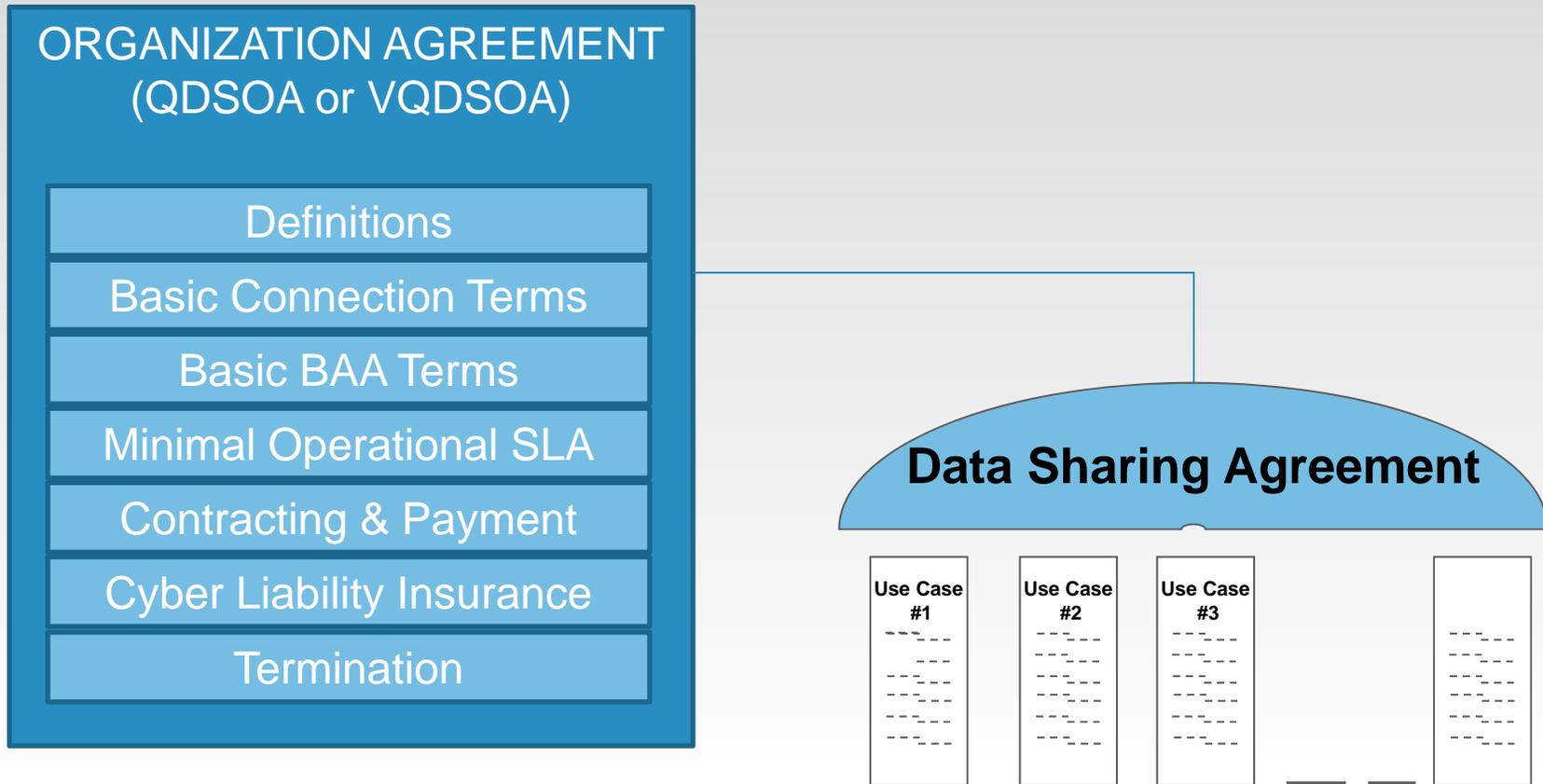
Highly transparent & publicly visible model for data sharing based on the MiHIN Community of “Qualified Organizations” & common “Use Case Agreements”

- 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



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

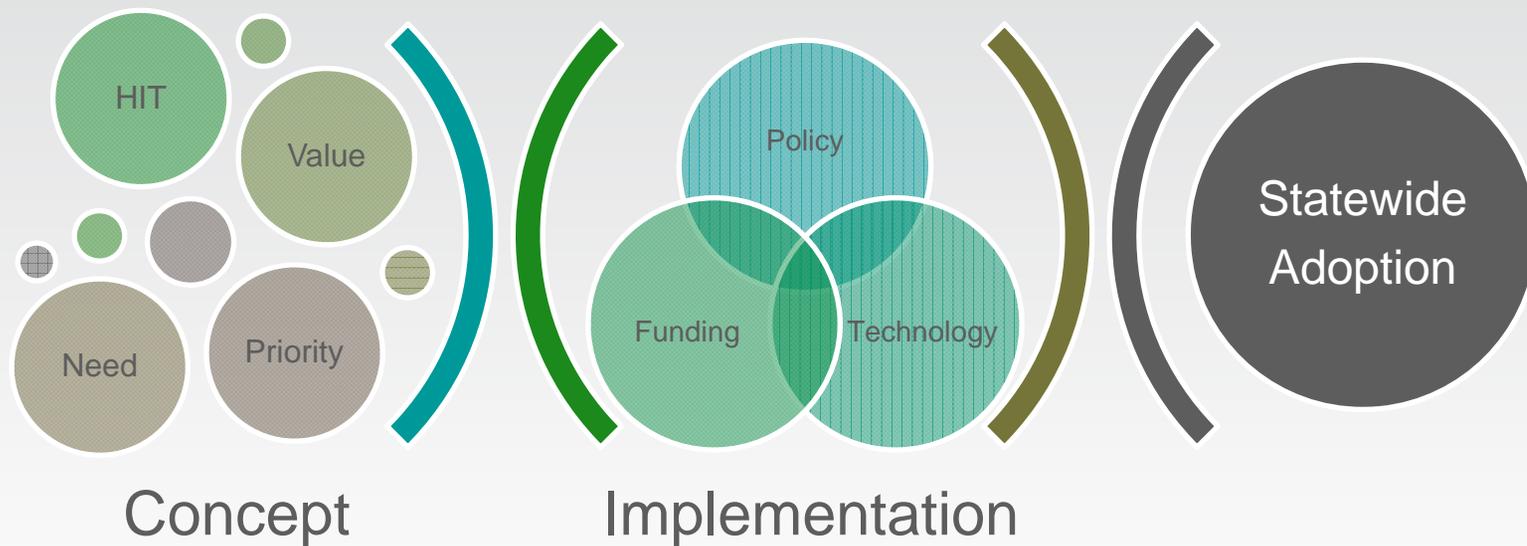
Identity
Management

Health
Provider
Directory

Secure Transport Layer Services and Digital
Credentials

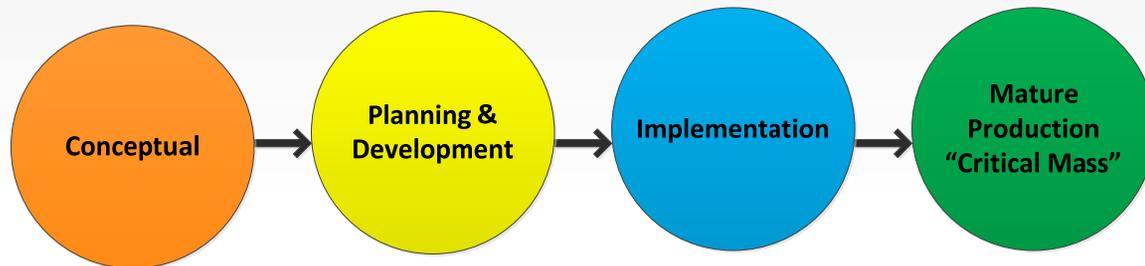
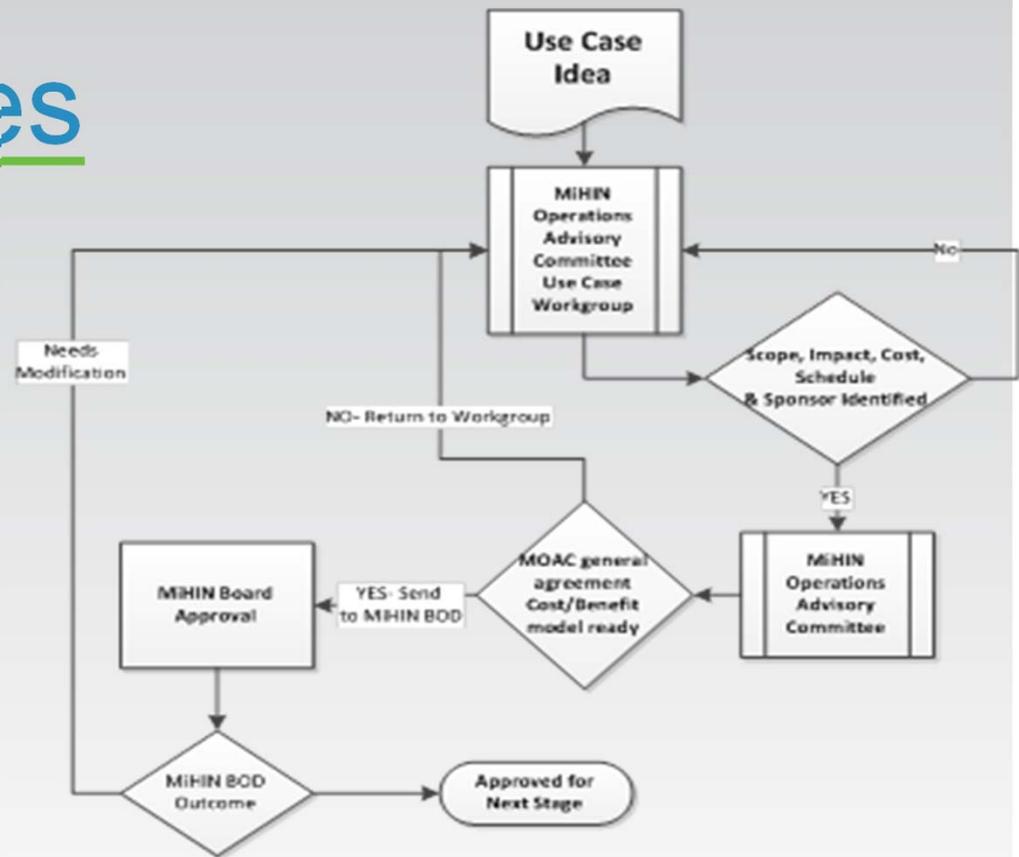


Use Case Creation



Draft Processes

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



The Role of MiHIN

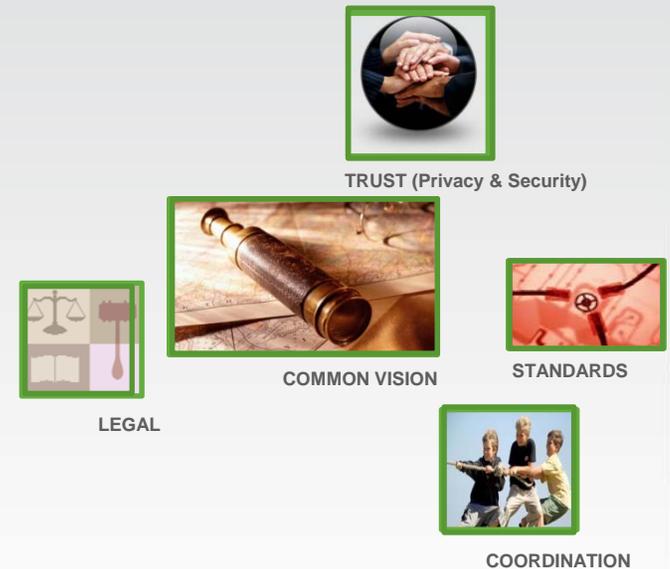
COMPLEX STATEWIDE DATA SHARING



TECHNOLOGY



MULTI-STAKEHOLDER ALIGNMENT



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

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

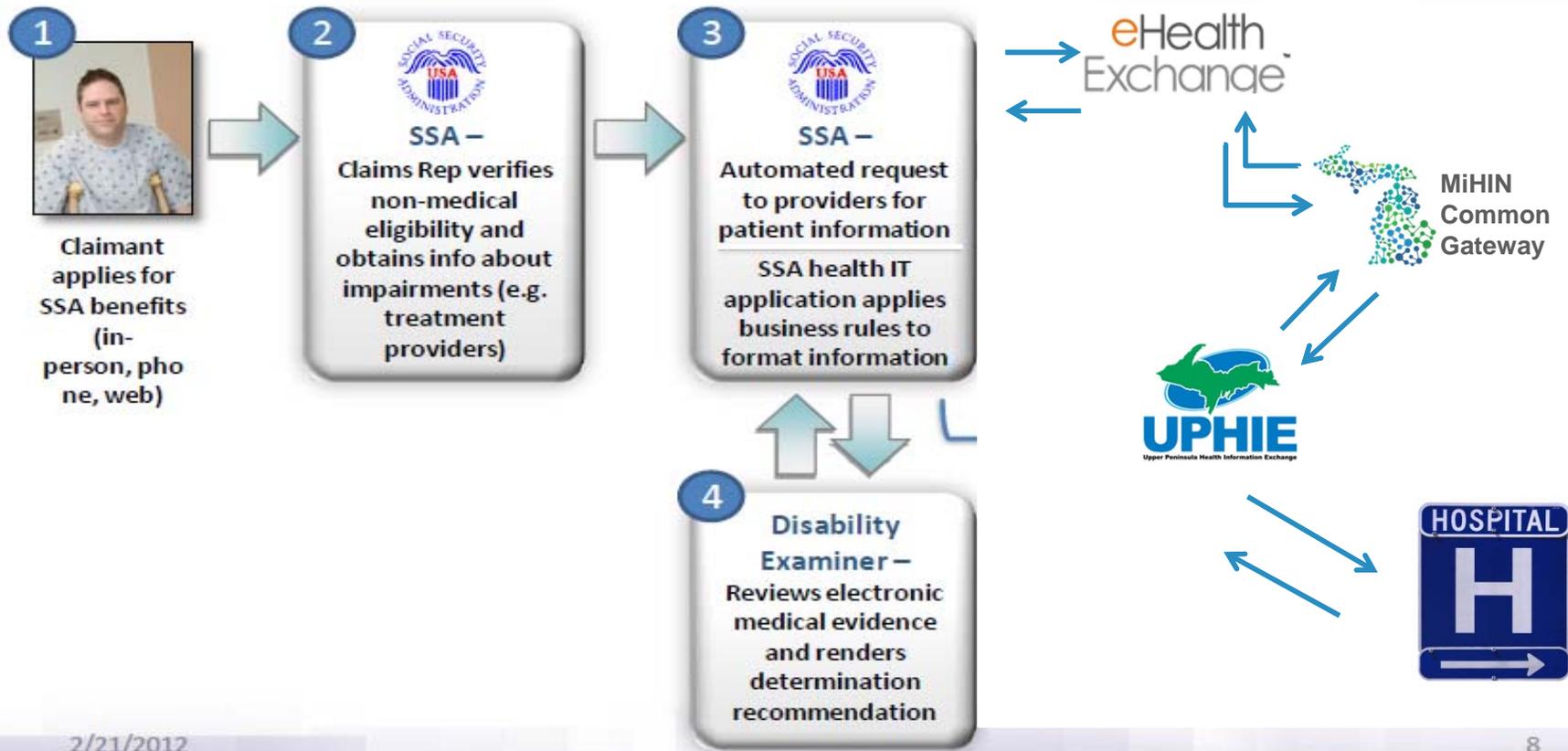
- ADT (read-only, full feed)
- MTM (fill status, CMR notice, query)
- Labs (per result, per source)
- Query / Audit (per trx, per service)

Custom Engagement

- Special Contracted Services
- DIRECT feeds
- Unique query or data standardization



Transaction Example (\$15 each)



2/21/2012

8



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

Organization: Windward General Hospital ~ MIHIN HPD Portal

mihin.secure.force.com/customer/001F000000qOlcB

Edition iGoogle HPD Portal HPD Administrator Organization... HPD Portal

Organization Specialties [New Organization Specialty](#)

Action	Specialty Name	As of Date	Expiration Date	Description
Edit Del	Diabetes	1/1/2013		Diabetes
Edit Del	Diabetes Educator	1/1/2013		Definition to come...
Edit Del	Surgery	4/1/2013		A general surgeon has expertise related to the diagnosis - preoperative, operative and postoperative management - and management of complications of surgical conditions in the following areas: alimentary tract; abdomen; breast, skin and soft tissue; endo...

Organization Services [New Organization Service](#)

Action	Organization Service: Name	Type	Protocol	Payload	Address	TOC Destination?	Preferred Types
Edit Del	OS-0001	Direct	SMTP	CCD*PDF	main@direct.windward.com		
Edit Del	OS-0002	EHR Repository	LLP	HL-7	data.windward.com:22356	<input checked="" type="checkbox"/>	A01; A02; A03; A04; A06; A07; A13; A14; A21; A22; A23; A25; A26; A27; A28; A29; A31; A32; CCD; REF

Providers [New Provider](#)

Action	Contact Name	Contact Record Type	NPI	DIRECT Email	Email	Phone	Specialties	Gender	Languages
Edit	Barbara Watkins	Provider		barbara.watkins@direct.windward.com				Female	English; Spanish
Edit	Cindy Gingrich	Provider			gingrich@mihin.org	(415) 298-0023		Female	English
Edit	Dan Weikart	Provider			weikart@mihin.org	(415) 298-0023		Male	English
Edit	George Duong	Provider		george.duong@direct.windward.com				Male	English; Malayalam
Edit	Jeff (Org Admin) Eastman	Provider		jeff.eastman@direct.mihin.org	jeastman@windwardsolutions.com				

[Show 5 more »](#) | [Go to list \(12\) »](#)

Affiliated Providers [New Affiliation](#)

Action	Affiliation ID	Provider	Type	Start Date	End Date
Edit Del	AF-1000	Geoffrey Ford	Practices In		
Edit Del	AF-1003	Richard Eastman	Practices In	1/1/2013	
Edit Del	AF-1008	Jeff (Provider) Eastman	Employed By	1/14/2013	1/18/2013
Edit Del	AF-101247	Judy Francis	Has Admitting Privileges In		

Care Teams [New Care Team](#)

Action	Care Team Name	Electronic Service URI



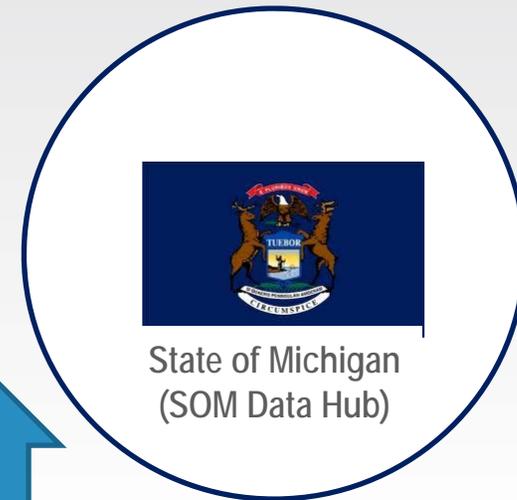
Public Health Use Case: Vaccinations Using DIRECT



VACCINATIONS



mcir@direct.mihin.org

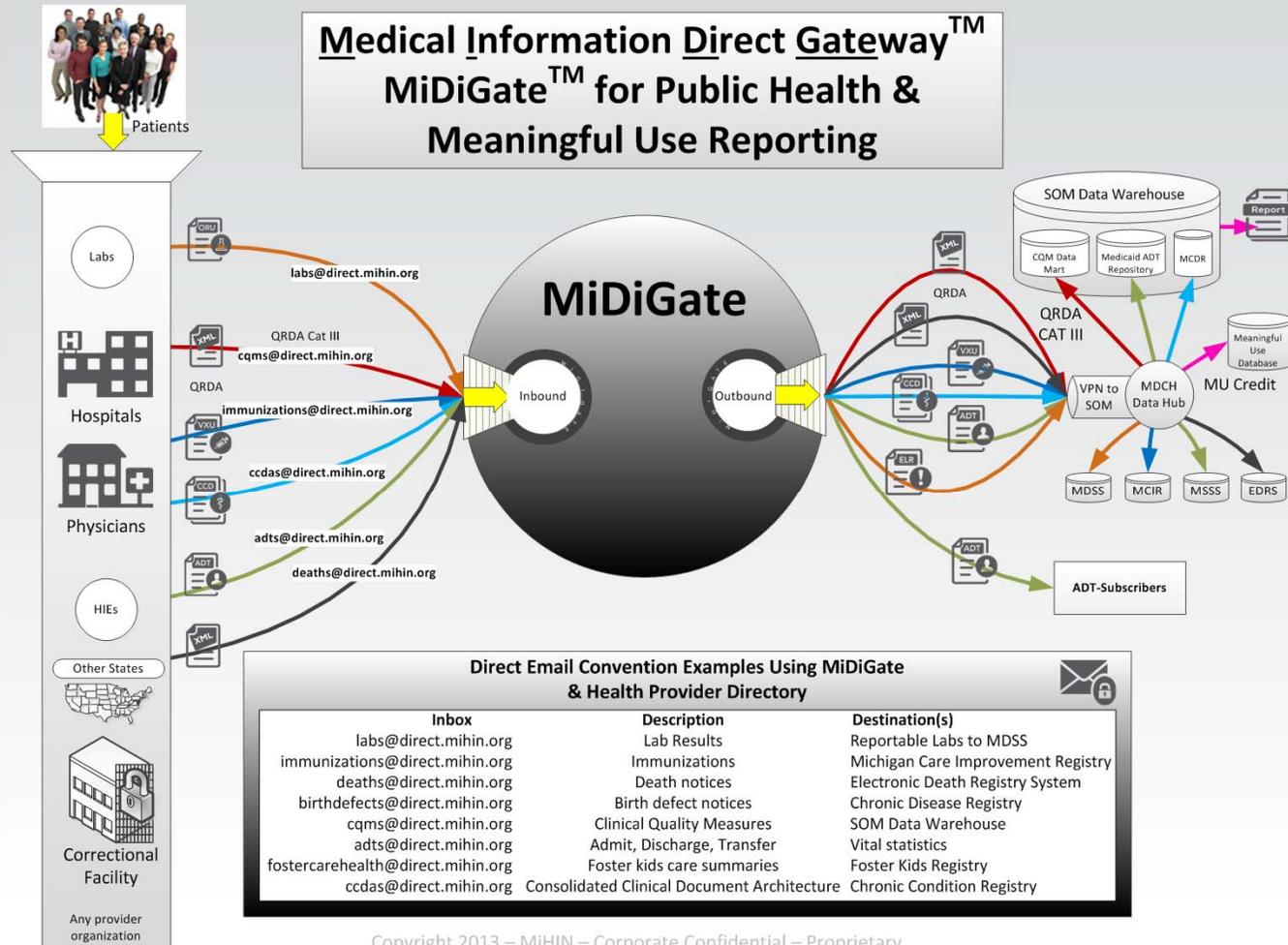


**No Change
Required!**



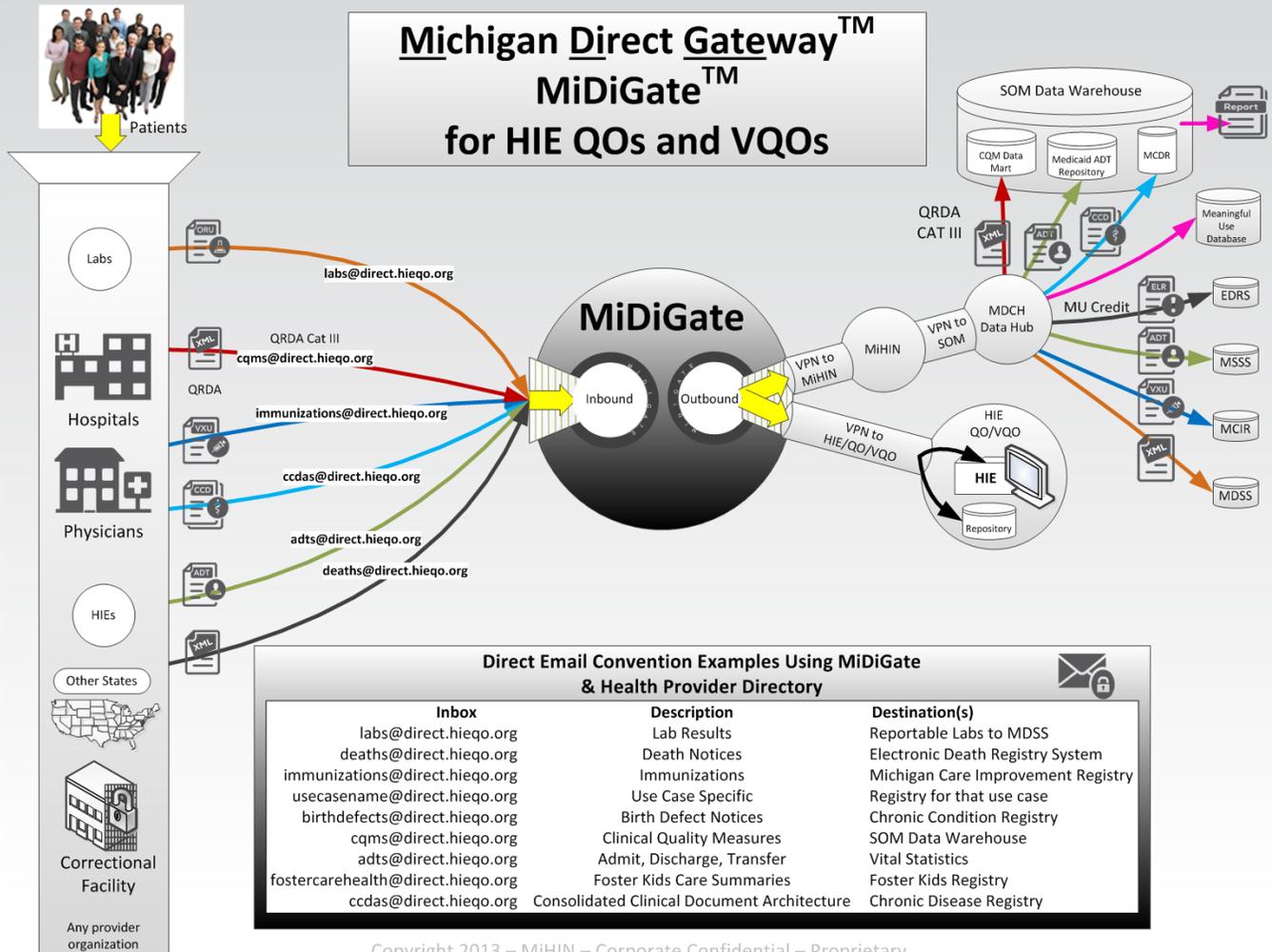
Public Health

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



Copyright 2013 – MiHIN – Corporate Confidential – Proprietary
Patent Pending

HIE QO & VQO



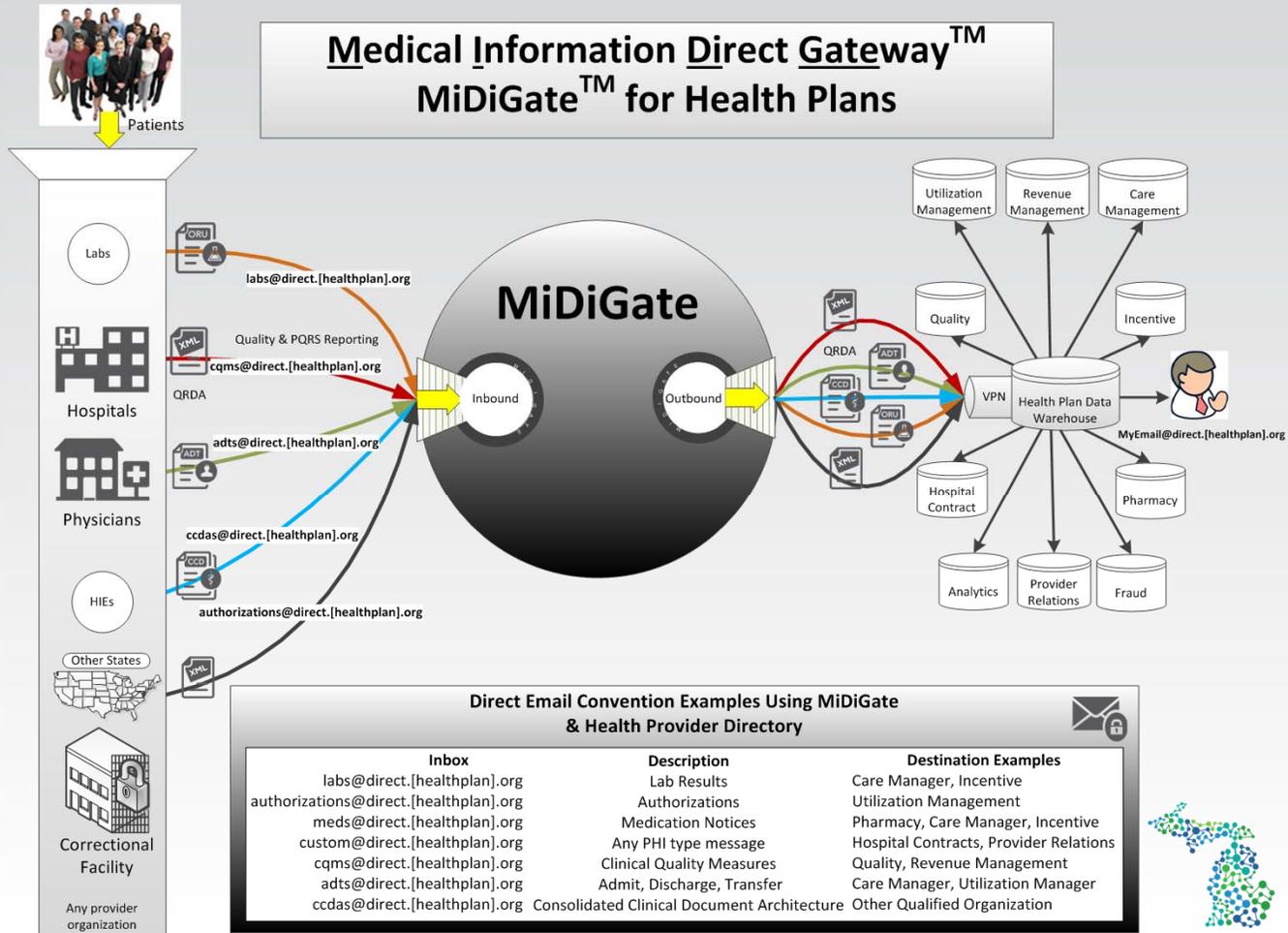
Copyright 2013 – MiHIN – Corporate Confidential – Proprietary
Patent Pending

Copyright 2014 - Michigan Health Information Network



Health Plans

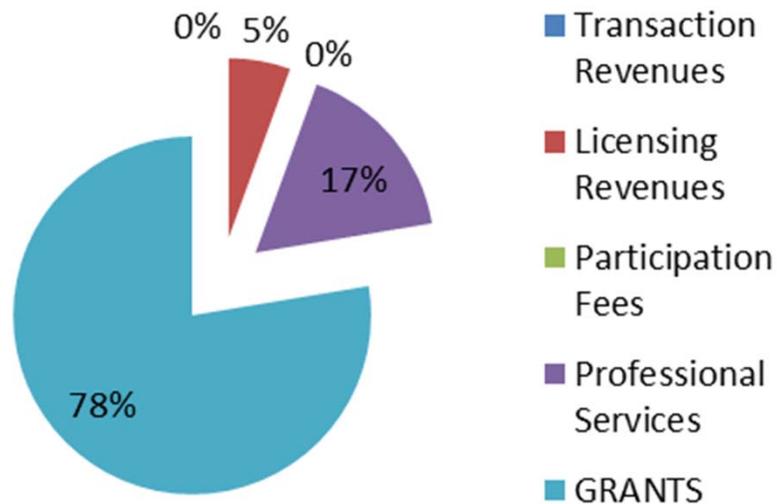
Medical Information Direct Gateway™ MiDiGate™ for Health Plans



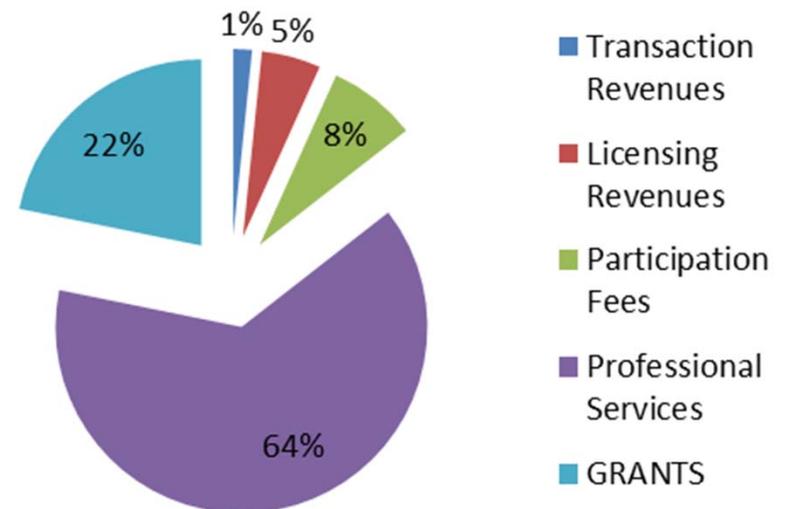
Copyright 2013 – MiHIN – Corporate Confidential – Proprietary
Patent Pending

Revenue Distribution 2013 & 2014

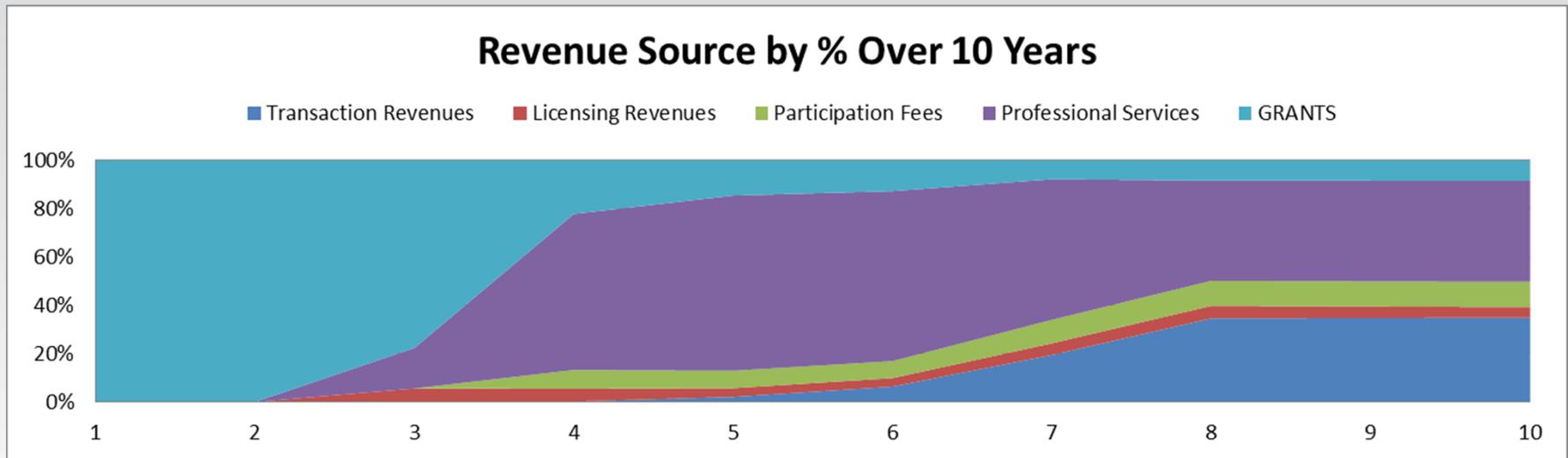
2013 Revenue Sources



2014 Projected Revenue Sources



Plausible Revenue By %



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".



MICHIGAN HIE 2.0



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

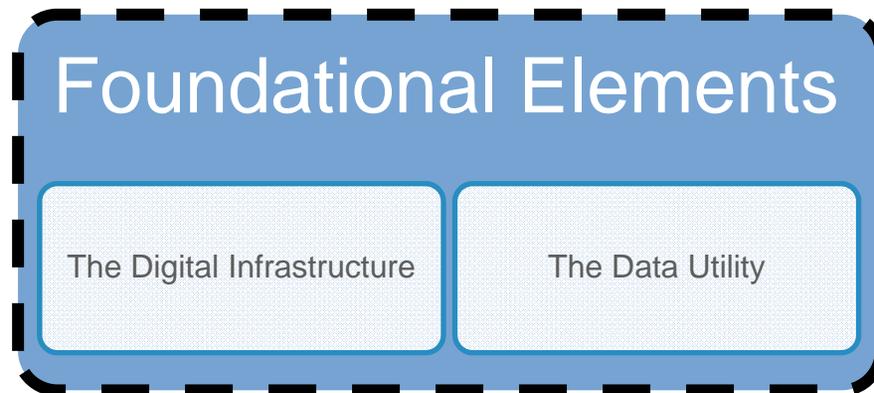


Toward the Learning Health System

Care Improvement Targets



Supportive Policy Environment



Financial Example (2011 Annual Medicare & Medicaid Only)*



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

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

About 15% of total spending

*Berwick, D. M., & Hackbarth, A. D. (2012). Eliminating waste in US health care. *JAMA: The Journal of the American Medical Association*, 307(14), 1513–1516. doi:10.1001/jama.2012.362



Example

Population Health
Objective to Stop Waste
Due to a Failure of Care
Coordination

Reduce
Hospital
Readmissions



Data Sharing
Use Cases

Statewide
ADT Notices



Related
Infrastructure
Use Cases

Active Care
Relationships



Health
Provider
Directory

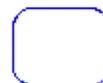


Secure Transports

HL7 2x



DIRECT Secure
Messaging



Statewide ADT Service



1) Patient goes to hospital, hospital sends registration message



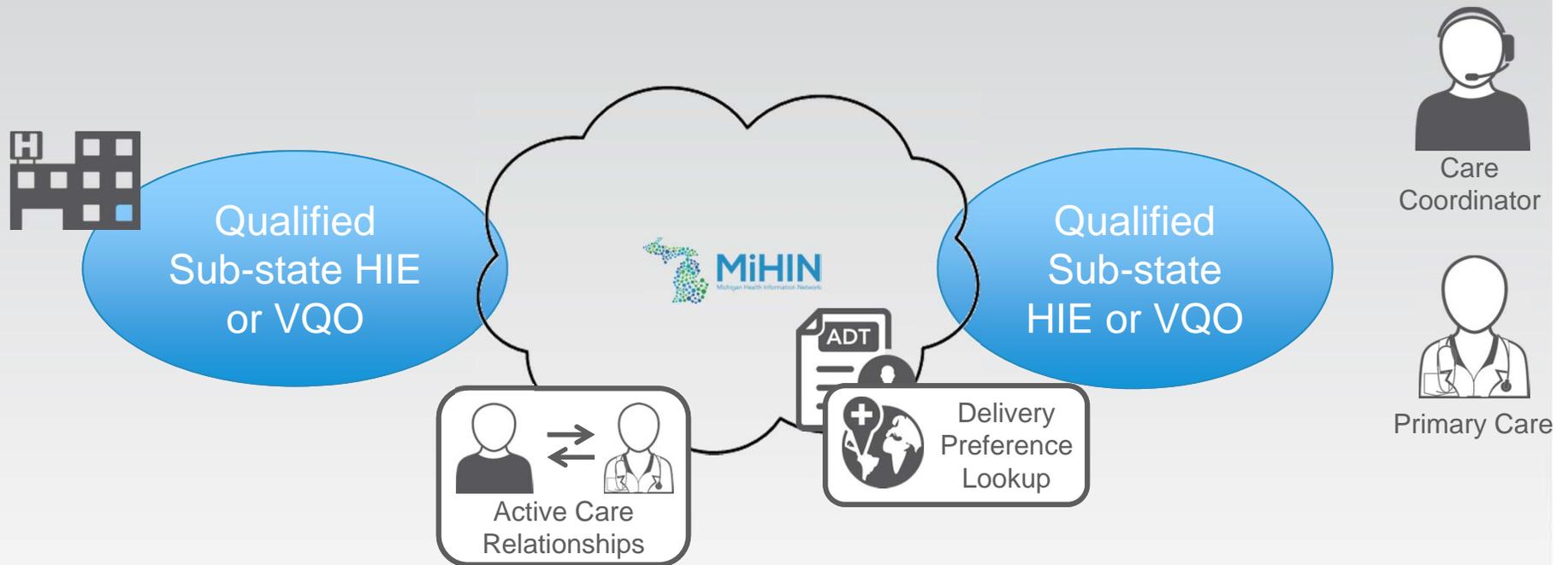
Statewide ADT Service



- 1) Patient goes to hospital, hospital sends registration message
- 2) Checks Active Care Relationships and identifies providers

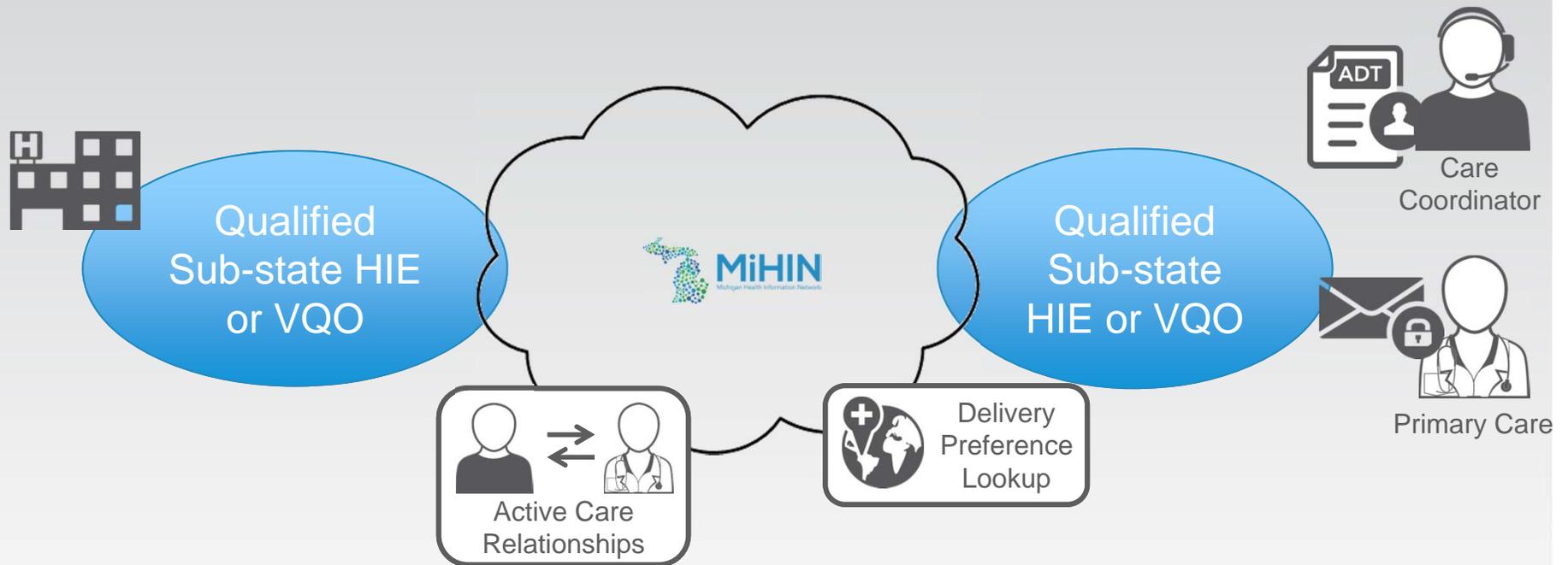


Statewide ADT Service



- 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

Statewide ADT Service



- 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

Payer	Code	Non-Facility	Facility	Locality
Medicare	99495	\$120.39	\$99.38	Detroit
Medicare	99496	\$169.65	\$145.70	Detroit
BCBSM	99495	\$233.43	\$191.79	All
BCBSM	99496	\$329.33	\$281.38	All



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)TM

- 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

Patient Information

Source Patient ID
First Name
Last Name
Date of Birth
Gender

Physician Information

NPI	Practice Unit ID
First Name	Practice Unit Name
Last Name	Physician Organization ID
	Physician Org Name



Important Horizontal View



Eligible Providers & PCMH



Eligible Hospitals



Critical Access Hospitals



Behavioral Health Specialists



Specialty Providers



Care Coordinators



Patients & Families



Submitted ACRS records



Primary Care

Gerald	Ford	07/14/1963	M	7348675309	Jenny	Welby
Jeri	Ford	07/14/1983	F	7348675309	Jenny	Welby
Gerald	Forde	06/15/2004	M	7348675309	Jenny	Welby



Care
Coordinator

Geri	Cord	08/11/1933	F	8003569377	Lily	Thomas
Jerry	Fare	03/19/2005	M	9987654321	Lily	Thomas
Gerald	Ford	07/14/1963	M	9987654321	Alex	Bell



Specialist

Jerry	Ford	01/02/2003	M	1234567888	Sanjay	Gupta
Jeri	Ford	07/14/1983	F	1234567888	Sanjay	Gupta
Jeri	Ford	07/14/1983	F	1234567889	Mehmet	Oz



ADT – ACRS Matching

ADT Message

Gerald	Ford	07/14/1963	M
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Primary Care

Gerald	Ford	07/14/1963	M	7348675309	Jenny	Welby
Jeri	Ford	07/14/1983	F	7348675309	Jenny	Welby
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ADT – ACRS Matching

ADT Message

Gerald	Ford	07/14/1963	M
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Confidence Result



Primary Care

Gerald	Ford	07/14/1963	M
Jeri	Ford	07/14/1983	F
Gerald	Forde	06/15/2004	M

100%	✓
70%	X
70%	X



Care Coordinator

Geri	Cord	08/11/1933	F
Jerry	Fare	03/19/2005	M
Gerald	Ford	07/14/1963	M

10%	X
55%	X
100%	✓



Specialist

Jerry	Ford	01/02/2003	M
Jeri	Ford	07/14/1983	F
Jeri	Ford	07/14/1983	F

65%	X
70%	X
70%	X

Exact Match
Similar



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

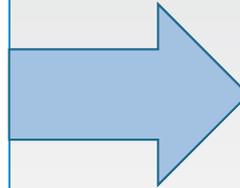
	Internal	First	Middle	Last	Suffix	DOB	Gender	SSN	Address	City, State	Zip	Phone
Geisinger		X	X	X	X	X	X	All	X	X	X	X
Mayo	X	X	X	X		X	X	All				
Beth Israel	X	X	X	X	X	X					X	
Group Health		X	X	X	X	X	X		X	X	X	X
Kaiser		X		X		X	X					
ACRS (Pilot)		X	X	X		X	X					
ACRS 1.0		X	X	X	X	X	X	4			X	



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

Goals & Objectives	Reduce Hospital Readmission	Reduce High Cost Diagnostic Tests	Reduce ED Utilization	Integrate Behavioral & Physical Health	Reduce Prescription Drug Abuse	Eligibility Determination for SSA	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Data Sharing Use Cases	Statewide ADT Notices	Immunizations	LAB Results	Syndromic Surveillance	Care Plan Sharing	Newborn Screening	Medication History Lookup
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infrastructure Use Cases	Active Care Relationships	Health Provider Directory	Master Person Identification	Opt Out & Opt In Preferences	Federated Identity Management	IHE XCA	HL7 Query by Parameter
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure Transports				HL7 2x	DIRECT	CONNECT	REST APIs
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



[More information about MiHIN](#)

Questions?
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HITC Next Steps

- Commissioner Contact Information
- Chair and Co-Chair Nominations



Public Comment



Adjourn

