MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

August 15, 2013

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 07/18/2013 Meeting Minutes
C. HIT/HIE Update
D. Update on Consent Management-*Increase Public Awareness*
E. Consumer Engagement -*Increase Public Awareness*
F. National Association for Trusted Exchange (NATE) & MiHIN Use Case Overview
G. HITC Next Steps
H. Public Comment
I. Adjourn

Welcome & Introductions

- Commissioner Updates
- MDCH Deputy Director Update

HIT/HIE Update

Meghan Vanderstelt, MDCH

2013 Goals - August Update

Governance
Development and Execution of Relevant Agreements

- Use Cases under evaluation: Submit Data to Active Care Relationship Service™(ACRS), ADT Transitions of Care Statewide Notification Service, Immunization – Query for History and Forecast (revised), Convert Syndromics (draft)
- HIPAA BAA Amendment being returned by QOs/MAVs/etc.
- Privacy White Paper still under development

Technology and Implementation Road Map Goals

- MiWay Consumer Directory project officially started 8/1
- Immunization Query pilots will be held 9/20-10/17
- State of Michigan Master Patient Index testing with MCIR
- MiHIN onboarding use cases with HealtheWay, VA, CMS, SSA, UPHIE, GLHIE, MHC, CVS, IOD, MEDfx, PCE, NetSmart

QO & VQO

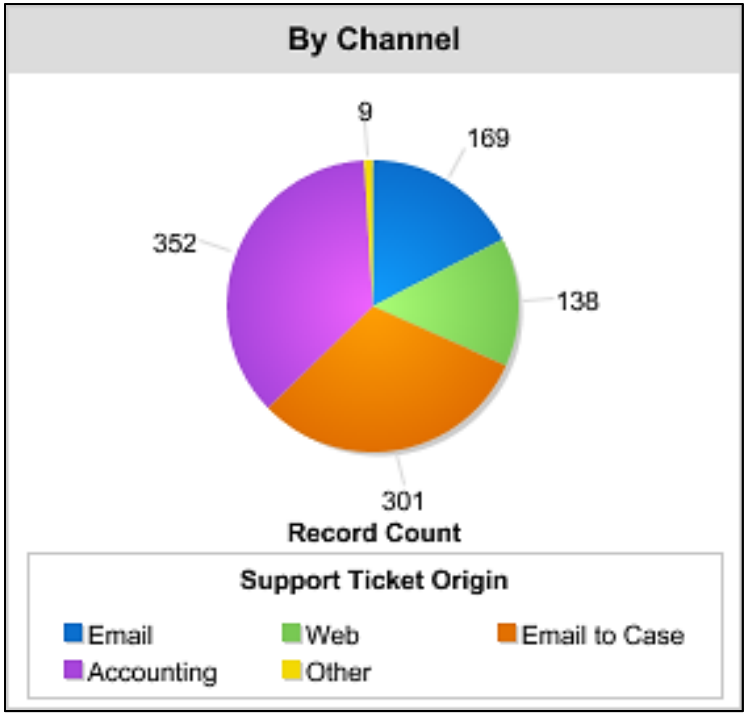
Data Sharing

- QOs sending Syndromics and Reportable Labs in DQA
- QOs reviewing Directed Integration SOWs (1 executed)
- ONC Exemplar HPD/HISP-HISP Federation Pilot planned w/ MiHIN, FLHIE, and Surescripts; GLHIE may be participating

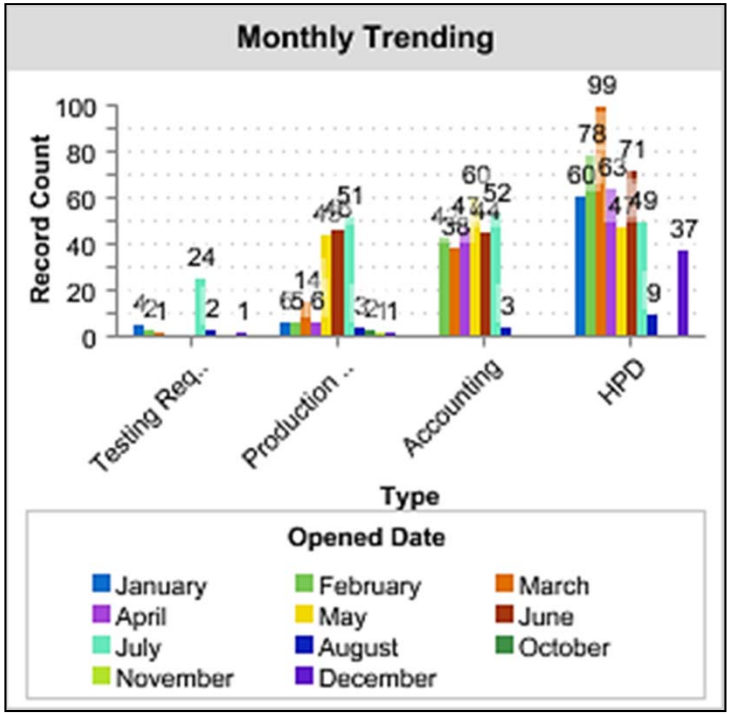
MiHIN Shared Services Utilization

- MiHIN Use Case Tracker created; very comprehensive list
- New MiHIN Approved Vendors: IOD and Covisint
- Michigan in ONC Bright Spots for Directed Transactions
- Other states may adopt MI Health Provider Directory

Tickets Created by Type



Open Tickets MTD



MiHIN Monday Metrics (M3) Report

MiHIN Shared Services

Production messages since May 8, 2012

as of: 08-05-13 for week ending 08-04-13

new last week	prod. running total	sources in prod.	Sources Temp. URL	sources in DQA	QOs in prod.	QOs in test	vQOs in prod.	vQOs in test	Use Case Agreement	Next Action	Use Case Status	Use Case Agreement Status														
												GLHIE	Ingenium	JCMR	MHC	SEMHIE	UPHIE	SEMBC	MDCH	BCBSM	HAP	CareBridge	PCE	MHIN	MSMS	Meridan Health
80,579	1,208,487	231	108	181	3	2	1		**Immunization reporting (VXU)**	ongoing		*FE	NS	NS	*FE	NS	*FE	*FE	*FE	NA	NA	NA	NA	*FE		
8	35				1				**Reportable labs (ELR)**	7/29/2013		FE	NS	NS	*FE	NS	FE	PR	FE	NA	NA	NA	NA			
212,172	3,588,639				2				**Transition of Care - Payers/BCBSM (ADT)**	ongoing					*FE					*FE						
1,289	58,600								**Transition of Care- Spectrum/Carebridge (ADT)**	ongoing	In pilot with Spectrum				FE							FE				
						1			**Receive Syndromics**	7/19/2013	In Pilot/Pending MSSS Approval	NS	NS	NS	NS	NS	*FE	NS								
									Federal Use Case(s) - QO to QO	ongoing	Veterans Administration planning with QO												DEV			
									Behavioral Health XCA Use Case(s) - VA	ongoing	Testing with Behavioral Health-EHR												DEV			
									State Wide ADT- Notification Services UC	ongoing	In production/ SOM use case in legal review															
									Transition of Care-Convert Syndromics (ADT)	ongoing	Sept./Oct. Launch Proposed															
									Immunization Query History and Forecast (VXQ)	8/20/2013	Use case agreement in MOAC UC WG review															
									HPD: Submit Data to Active Care Relationship Service	8/20/2013	Approved by MOAC															
									HPD: Basic Query	8/20/2013	Approved by MOAC															
									HPD: Advance Query		In Development/ SOM Legal Review															
294,115	**4,855,761**	**231**	**108**	**181**	**6**	**3**	**1**	**0**	**Totals**																	

Legend		
User Case Phase		
Planning	Pilot	MHIN In Production
Use Case Agreement Status		
FE:	Fully Executed	
PR:	Pending Review	
NS:	Not Signed	
NA:	Not Applicable	
DEV	QO's in Development	
*	In Production	
*	In DQA	
QDSOA/vQDSOA Agreement Status		
Signed		
Pending		

MDCH Data Hub

August 2013 Focus

Production

Updates

- **MPI/MCIR Real Time Integration project** – The first integration Use Case Person Search-Individual went live on August 1st between the Master Person Index and the Michigan Care Improvement Registry. Additional use cases to follow in the future are as follows: Person Search-Guardian (dependent upon house-holding functionality), Add/Update Person Record, Merge/Unmerge Person Record. Integration of DCH systems with the MPI will reduce duplication within the MCIR system and overall enrich the understanding of programmatic impacts due to system data integration.

Technology

Development/Implementation

- **Master Person Index / Provider Data Management –** SOM collaborative development team (MDCH, DTMB and Optum) is meeting to formulate project plans (short and long term) to solidify the use of the IBM Initiate product in three areas: Governance/Data Stewardship, Product Development (house-holding, outbound transmissions, expand system integration), and Operations (technical tuning, upgrades).

Technology

Infrastructure Development

- **Query** – Continued work on MCIR Query Forecast/Query History Implementation
- **MSSS** – Scoping of the effort needed to change the delivery route of Syndromic legacy messages to flow through MiHIN while hospitals are migrating from legacy to the new production HL7 message (implemented in July).

Meaningful Use

Registry Work

- **Chronic Disease Registry (CDR) Development –** Work continues on the development of the Birth Defects HL7 message, the first message to feed a CDR.
- **Cancer Registry Message Development** – Work continues on the development of the HL7 message for the Cancer Event Report (MU required). Analysis of the effort needed to implement the Cancer Pathology Laboratory Electronic Report (not MU required) is also underway.

Current Participation Year (PY) Goals- August 2013 Update

	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	1,135	1,160	1,289	$23,580,442
	MU	502	535	586	$4,136,682
Eligible Hospital (EHs)	AIU	6	6	20	$2,500,000
	MU	7	8	43	$4,855482

Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	2,491	$138,656,468
MU	558	$37,420,345

Key: AIU= Adopt, Implement or Upgrade MU= Meaningful Use

2013 Goals-August Update

M-CEITA Michigan Center for Effective IT Adoption	Number of MI Providers	Average Number of Providers (Across RECs Nationwide)	% to Michigan Goal	Average % to Goal (across RECs Nationwide)
Milestone 1 Recruitment: Number of Eligible Providers enrolled into the M-CEITA program	3,724 (+)	2,156(+)	100% (+)	100 % (+)
Milestone 2 EHR Go-Live: Number of Providers that have gone live with an EHR within their organization	3,560	1,881	96%	87%
Milestone 3 Meaningful Use Attestation: Number of Providers that have attested for Meaningful Use	1,981	1085	53%	50%

2013 Goals-August Update

Clinical Transformation (CT) :

Plan, implement, evaluate EHR/HIT/HIE-enabled clinical interventions across health care delivery sites with an emphasis on care coordination.

- Activities include: 46 practice sites (36 min required), 117 PCPs, 18,136 diabetic patients (4000 min required), 180,558 total patients affiliated with Beacon practices for CT intervention engaged to date.
- Continue Patient Health Navigator (PHN) penetration: Current numbers: 4,990+ (2400 min required) patients referred, 2,059 engaged. 2013 Goal: 4500+ referred and 1900+ engaged.
- Emergency Department Initiative: 23,757+ patients screened to date; goal through 9/13 = 22,775. Goal for Q3 2013: 1350 patients/month
- Continue to expand HIT/HIE-enabled CT beyond diabetic patient population and beyond current Beacon practices through BeaconLink2Health

Information/Technology Exchange:

Plan, implement, evaluate HIE deployment with an emphasis on care coordination toward quality improvement, better population health at lower cost.

- HIE On-Boarding: Build critical mass within BeaconLink2Health (BL2H) as defined.
- Piloting EHR/HIE Integration with 23 practice sites/71 physicians which includes all FQHCs in Wayne County.
- Q3 CDR Data Reporting: Leveraging community-level XDS.b clinical data repository for population health management.
- Drive community toward the ONC 60% Meaningful Use goal.
- MiHIN pilots: Quarters Two-Four –MCIR pilot underway (ADT/Reportable labs.)
- Privacy and Security: Ongoing OCR HIPAA Compliance/Risk Assessment Readiness. Staff training complete.

2013 Goals-August Update

Evaluation & Measurement :

Provide quarterly qualitative and quantitative data reporting to ONC for evaluation and measurement, and for PDSA cycles across interventions.

- Work with Beacon central to begin leveraging BL2H for data pulls (Pull data out of HIE for Pilot Practices.) Comparison of proportions between practice reported and HIE reported data (as HIE data are made available)
- Continue ongoing ONC reporting activities including: reporting health system, payer and provider submitted data quarterly, analyzing provider and patient surveys
- Assess for 5% improvement for high impact clinical measures compared to baselines (see attached.)

Communications & Outreach:

Brand Beacon through regular communications with key stakeholders.

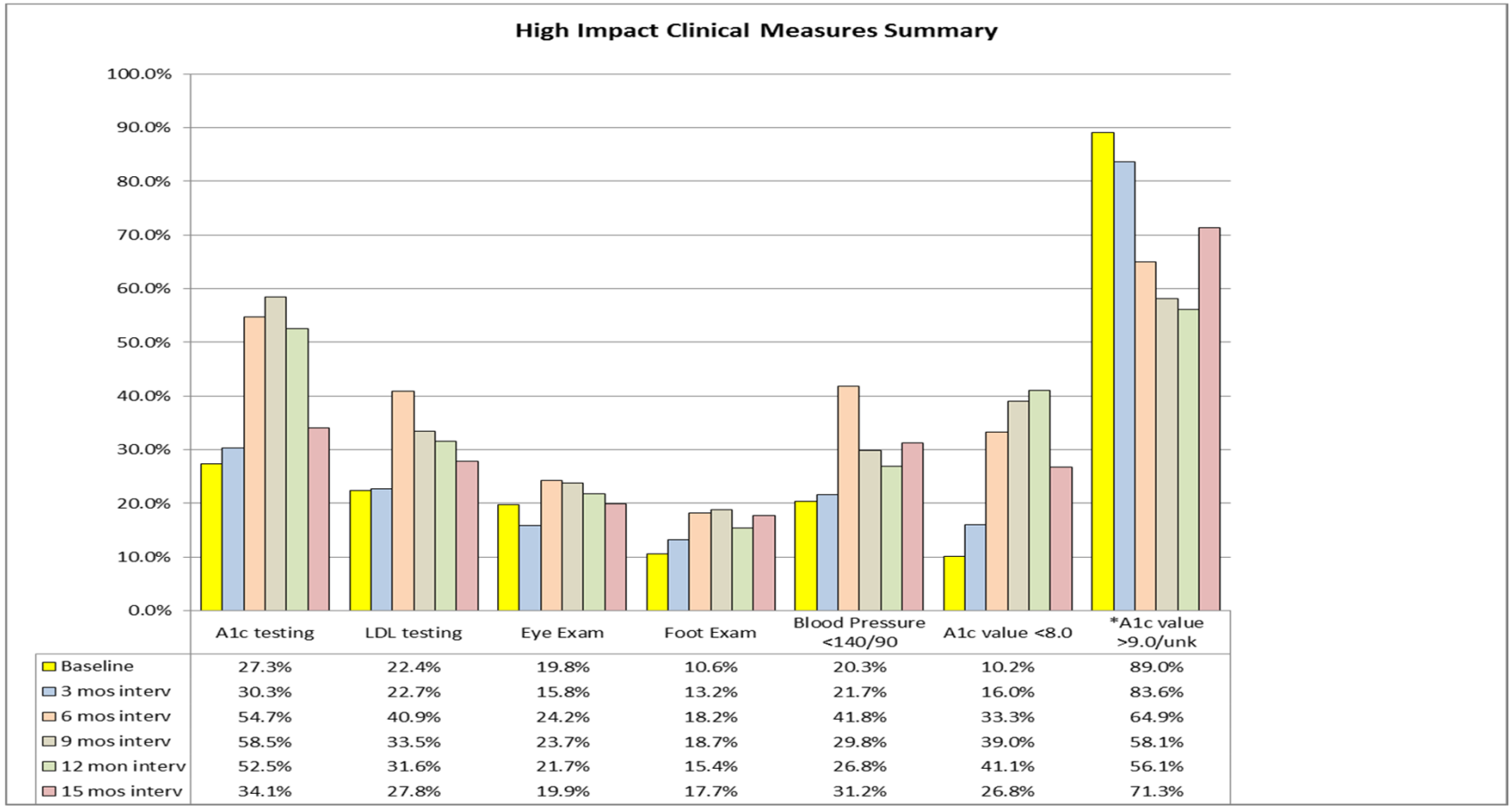
- Participate in dissemination activities with ONC and other Beacon Communities.
- Publish Quarterly Beacon Spotlight Newsletters.
- Ongoing support for the launch of BeaconLink2Health.
- Txt4health evaluation completed. Currently pursuing opportunities to publish findings. .
- Participating in multiple community outreach and diabetes screening events with sponsor and multiple clinical partners.

Scalability, Sustainability & Research:

Develop financial sustainability model including plan for scalability. Pursue funding opportunities as appropriate.

- Implement scalability plan and sustainability strategies.
- Plan for future payment reform opportunities.
- Continue to identify and pursue funding opportunities

Southeast Michigan Beacon Community Dashboard
Quarterly High Impact Clinical Measures



	A1c testing	LDL testing	Eye Exam	Foot Exam	Blood Pressure <140/90	A1c value <8.0	*A1c value >9.0/unk
Baseline	27.3%	22.4%	19.8%	10.6%	20.3%	10.2%	89.0%
3 mos interv	30.3%	22.7%	15.8%	13.2%	21.7%	16.0%	83.6%
6 mos interv	54.7%	40.9%	24.2%	18.2%	41.8%	33.3%	64.9%
9 mos interv	58.5%	33.5%	23.7%	18.7%	29.8%	39.0%	58.1%
12 mon interv	52.5%	31.6%	21.7%	15.4%	26.8%	41.1%	56.1%
15 mos interv	34.1%	27.8%	19.9%	17.7%	31.2%	26.8%	71.3%
Baseline	N=22414	N=22414	N=22414	N=16482	N=18133	N=16715	N=16715
3 mos interv	N=21224	N=21224	N=21077	N=15283	N=17174	N=15654	N=15654
6 mos interv	N=14485	N=14485	N=14378	N=14378	N=12460	N=11548	N=11548
9 mos interv	N=16039	N=16039	N=16039	N=15031	N=13672	N=14039	N=14039
12 mos interv	N=16832	N=16832	N=12481	N=16832	N=16456	N=14140	N=14140
15 mos interv	N=15338	N=15338	N=10924	N=15338	N=15224	N=12678	N=12678

*Proportions reflect care documented in physician practice EHR/Registries. Per HEDIS specifications, patients not meeting numerator criteria and patients missing clinical values are categorized as non-compliant for the measure.

08/15/2013

U.S. Department of Health & Human Services

State Health Information Exchange Program

The Office of the National Coordinator for Health Information Technology

State HIE Program Measures Dashboard

State HIE Implementation Status:
View the implementation status of directed exchange and query-based exchange in each state

Directed Exchange Adoption:
View the number of organizations and clinical/administrative staff enabled for directed exchange in each state

Active Directed Exchange by Organization Type:
View the types of organizations actively participating in directed exchange in each state

Directed Exchange Transactions:
View the total number of directed exchange transactions by organization type in each state

Query-Based Exchange Adoption:
View the number of organizations and clinical/administrative staff enabled for query-based exchange in each state

Active Query-Based Exchange by Organization Type:
View the types of organizations actively participating in query-based exchange in each state

Query-Based Exchange Transactions:
View the total number of patient record queries by organization type in each state

http://statehieresources.org/program-measures-dashboard/

Figure 9A. Total Directed Transactions

The bar chart below shows the total number of directed transactions, through State HIE grantee-funded or supported/enabled mechanisms such as HIOs, HISPs, etc., in each state during the quarterly reporting period. Transactions may fluctuate from quarter to quarter depending on many factors, some of which may be unique to the environment of each state. Data points shown as zero are a result of several possible scenarios in grantee reporting including the grantee reported zero, grantees missed reporting deadlines, measure values reported were not reliable, vendor measurement limitations, and other reporting challenges.

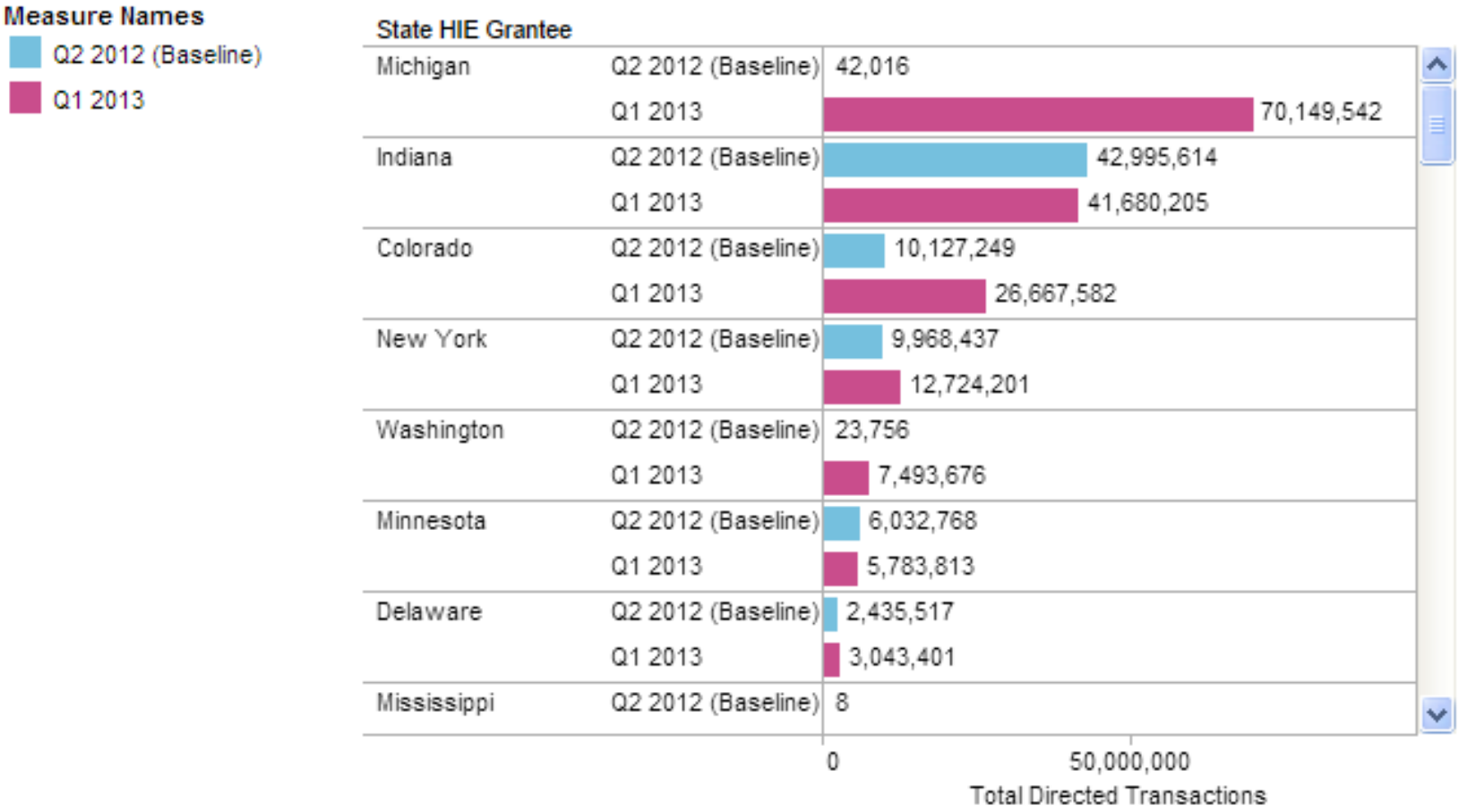


Figure 9B. Care Coordination—Directed Transactions between Hospitals and Ambulatory Entities

The bar chart below shows the number of directed transactions, through State HIE grantee-funded or supported/enabled mechanisms such as HIOs, HISPs, etc., between hospitals and ambulatory entities in each state during the quarterly reporting period. Transactions may fluctuate from quarter to quarter depending on many factors, some of which may be unique to the environment of each state. The sum of directed transactions by organization type may not equal the total number of directed transactions, as (1) the categories for organization types are not exhaustive, and (2) some grantees may not be able to capture transaction data at a more granular level. If you are a State HIE grantee and wish to see examples of other organization types enabled for directed exchange that may account for this difference, please visit the Direct Use Case Repository on the HITRC. Data points shown as zero are a result of several possible scenarios in grantee reporting including the grantee reported zero, grantees missed reporting deadlines, measure values reported were not reliable, vendor measurement limitations, and other reporting challenges.

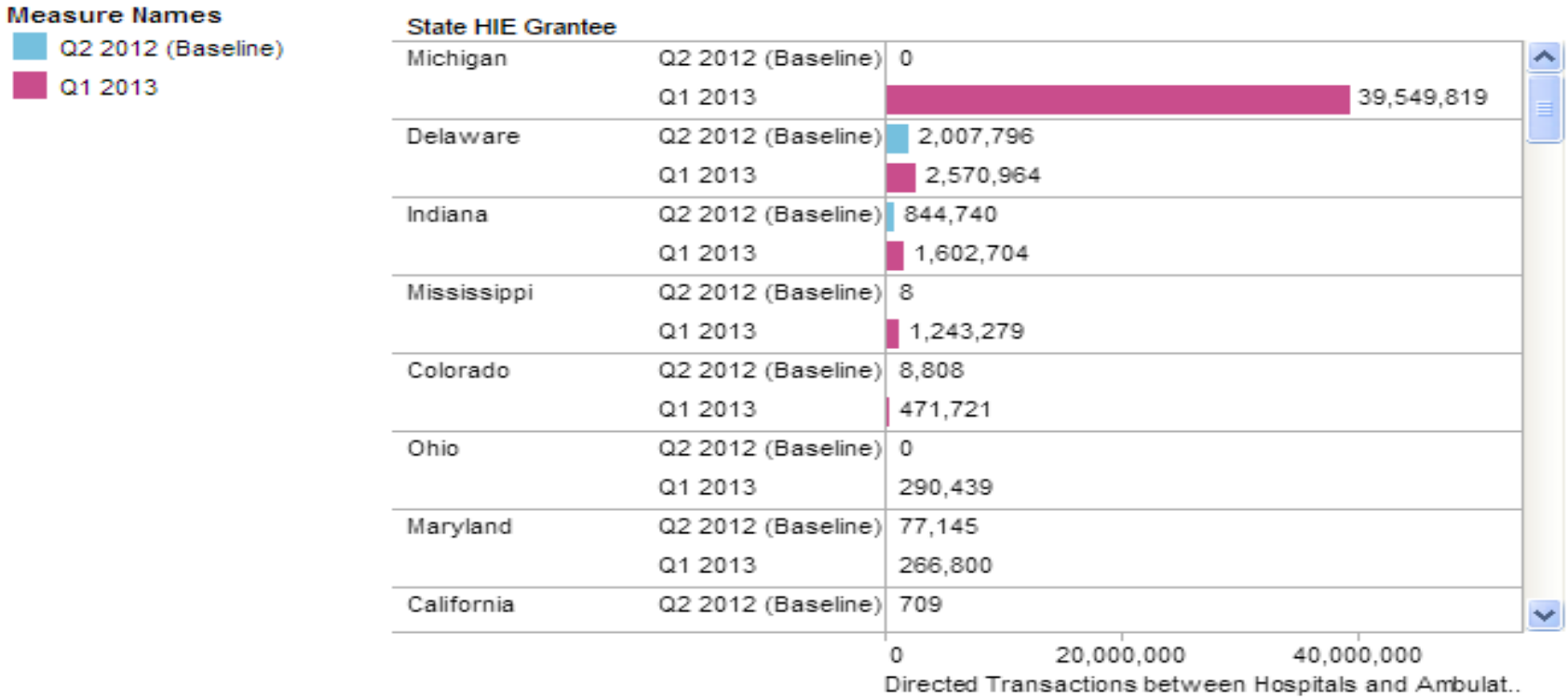


Figure 9C. Laboratory Interoperability–Directed Transactions from Non-Hospital Clinical Laboratories

The bar chart below shows the number of directed transactions from non-hospital clinical laboratories, through State HIE grantee-funded or supported/enabled mechanisms such as HIOs, HISPs, etc., in each state during the quarterly reporting period. Transactions may fluctuate from quarter to quarter depending on many factors, some of which may be unique to the environment of each state. The sum of directed transactions by organization type may not equal the total number of directed transactions, as (1) the categories for organization types are not exhaustive, and (2) some grantees may not be able to capture transaction data at a more granular level. If you are a State HIE grantee and wish to see examples of other organization types enabled for directed exchange that may account for this difference, please visit the Direct Use Case Repository on the HITRC. Data points shown as zero are a result of several possible scenarios in grantee reporting including the grantee reported zero, grantees missed reporting deadlines, measure values reported were not reliable, vendor measurement limitations, and other reporting challenges.

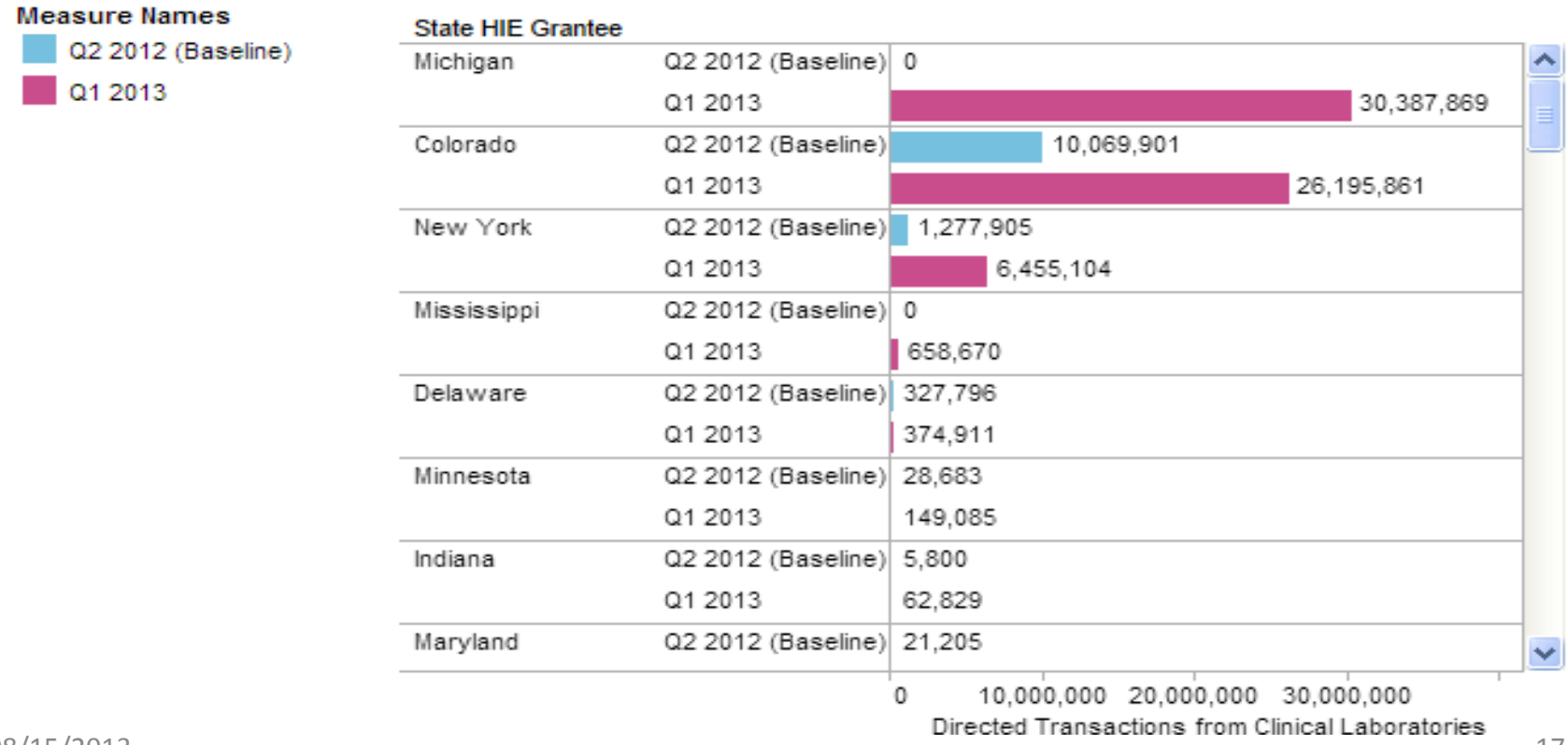
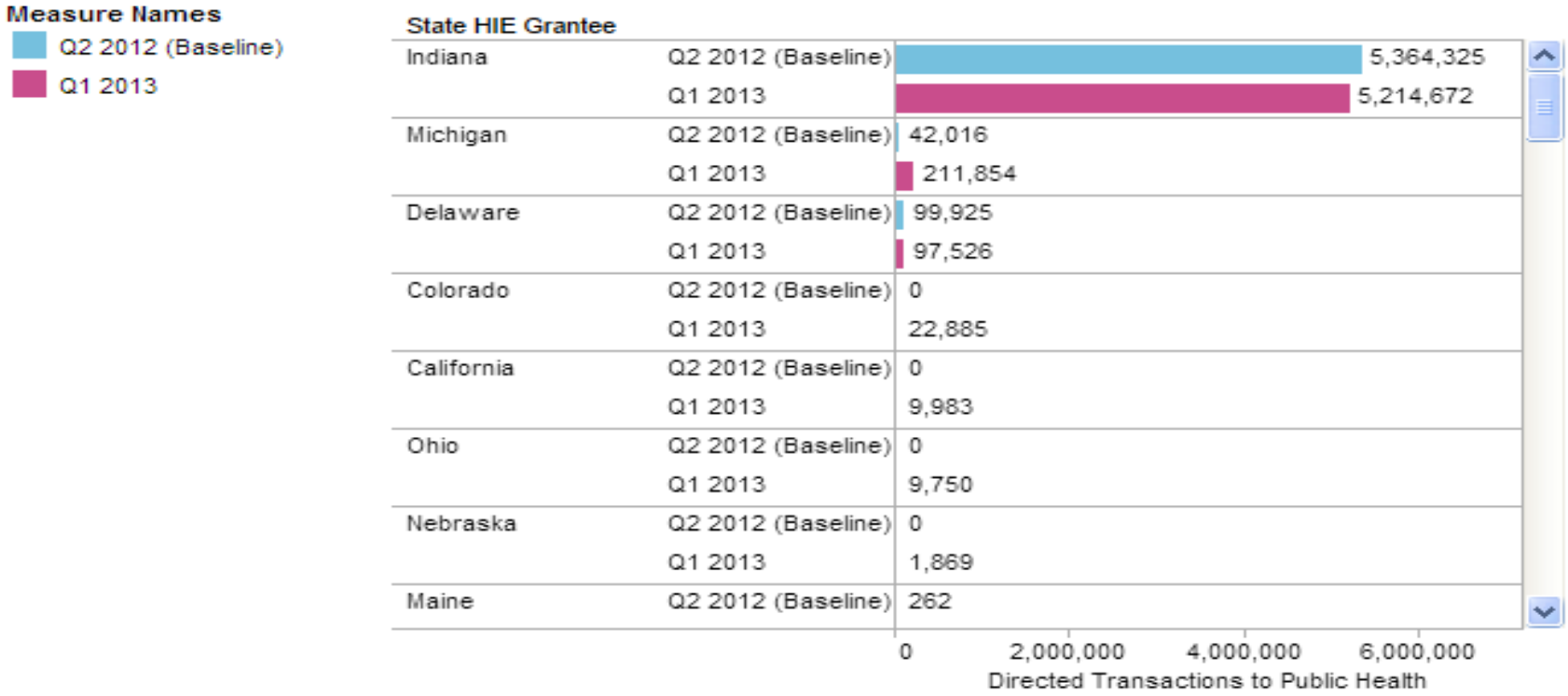


Figure 9D. Public Health Interoperability–Directed Transactions to Public Health Entities

The bar chart below shows the number of directed transactions, through State HIE grantee-funded or supported/enabled mechanisms such as HIOs, HISPs, etc., to public health entities in each state during the quarterly reporting period. Transactions may fluctuate from quarter to quarter depending on many factors, some of which may be unique to the environment of each state. The sum of directed transactions by organization type may not equal the total number of directed transactions, as (1) the categories for organization types are not exhaustive, and (2) some grantees may not be able to capture transaction data at a more granular level. If you are a State HIE grantee and wish to see examples of other organization types enabled for directed exchange that may account for this difference, please visit the Direct Use Case Repository on the HITRC. Data points shown as zero are a result of several possible scenarios in grantee reporting including the grantee reported zero, grantees missed reporting deadlines, measure values reported were not reliable, vendor measurement limitations, and other reporting challenges.



Helpful Definitions

[1]**Directed exchange**: Point-to-point secure communication supported by the Direct Project specifications or other industry approaches to secure messaging.

[2]**Directed transaction**: Any secure message exchange between two distinct production (non-test) end points through State HIE grantee-funded or supported/enabled mechanisms (HIOs, HISPs, etc.).

[3]**Acute care hospitals**: Hospitals that provide inpatient medical care and other related services for surgery, acute medical conditions or injuries.

[4]**Ambulatory entities**: Entities/organizations that provide outpatient services, including community health centers, independent and group practices, cancer treatment centers, dialysis centers, etc.

[5]**Laboratories**: Non-hospital clinical laboratories.

[6]**Public health entities**: State, county, and/or municipal public health agencies/departments.

http://statehieresources.org/program-measures-dashboard/directed-exchange-transactions/

Full List of State HIE Dashboard Figures Available at:

http://statehieresources.org/program-measures-dashboard/dashboard-list-of-figures/

Quarter 1 2013 Now Available!
Quarter 2 2013 Coming Soon!

August Updates

- Advisory Committee Reviewing Public Health Code
- Cyber Security
- State Innovations Grant (SIM)

Update on Consent Management

Randy McCracken, MOAC Privacy Workgroup Co-Chair

Update to HIT Commission: progress on consent standards

Prepared by
MiHIN Operations Advisory Committee (MOAC)
Privacy Working Group

Presented by
Randy McCracken Co-Chair MOAC Privacy Working Group

August 2013

Preliminary Recommendations (July meeting)

- Develop standard for scope and type of **shareable mental health, substance abuse treatment information**
- Create **standard consent language** for exchange of Behavioral Health Information (BHI)
- In addition to the document itself, support the effort to develop Use Case requirements for managing consents (i.e. storing, maintaining, brokering, revoking)

MiHIN Shared Services

Activity Since July Meeting

The Privacy Working Group (PWG) is :

- Defining standards for consent language for sharing Behavioral Health Information (BHI) between providers (target: Sept. HIT Commission meeting)
- Drafting sample consent forms for sharing BHI via HIE
- Identify use cases involving PHI sharing between behavioral health and physical health providers
- Drafting Privacy white paper with recommendations on broader set of Privacy policy guidance and issues

MiHIN Shared Services

Upcoming Privacy Results…

- September HIT Commission meeting presentation:
  - proposed consent standards
  - proposed example consent form
  - recommendation for next steps
    (i.e. refer to Director of DCH)

- Initial draft of white paper addressing Privacy policy issues and recommendations for Michigan HIE stakeholders

MiHIN Shared Services

Consumer Engagement

Shannon Stotenbur-Wing, Consumer Engagement Specialist

MDCH Department of Community Health

MICHIGAN.GOV Michigan's Official Website

Consumer Engagement in Michigan

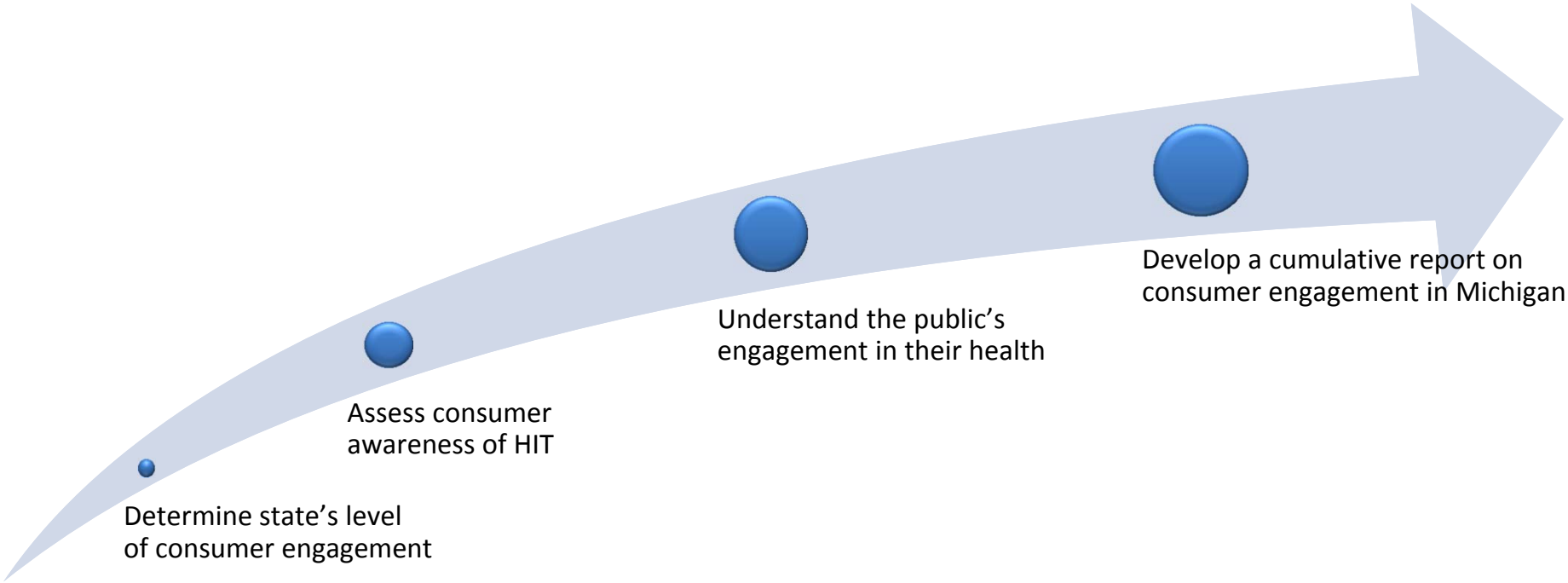
MDCH Department of Community Health

MICHIGAN.GOV Michigan's Official Website

HIT-MMIS IAPD Activities: Engaging the Consumer

- Research and enact plans that encourage consumers to engage in their health with use of Health Information Technology.
  - Consumer Engagement Specialist/Statewide Resource
  - Statewide Survey of Consumers of Healthcare
- Participate in and collaborate with national efforts to study approaches to consumer engagement.
- Engage Michigan stakeholders in plans to advance consumer engagement efforts within Michigan.

Conduct Statewide Survey



MDCH Department of Community Health

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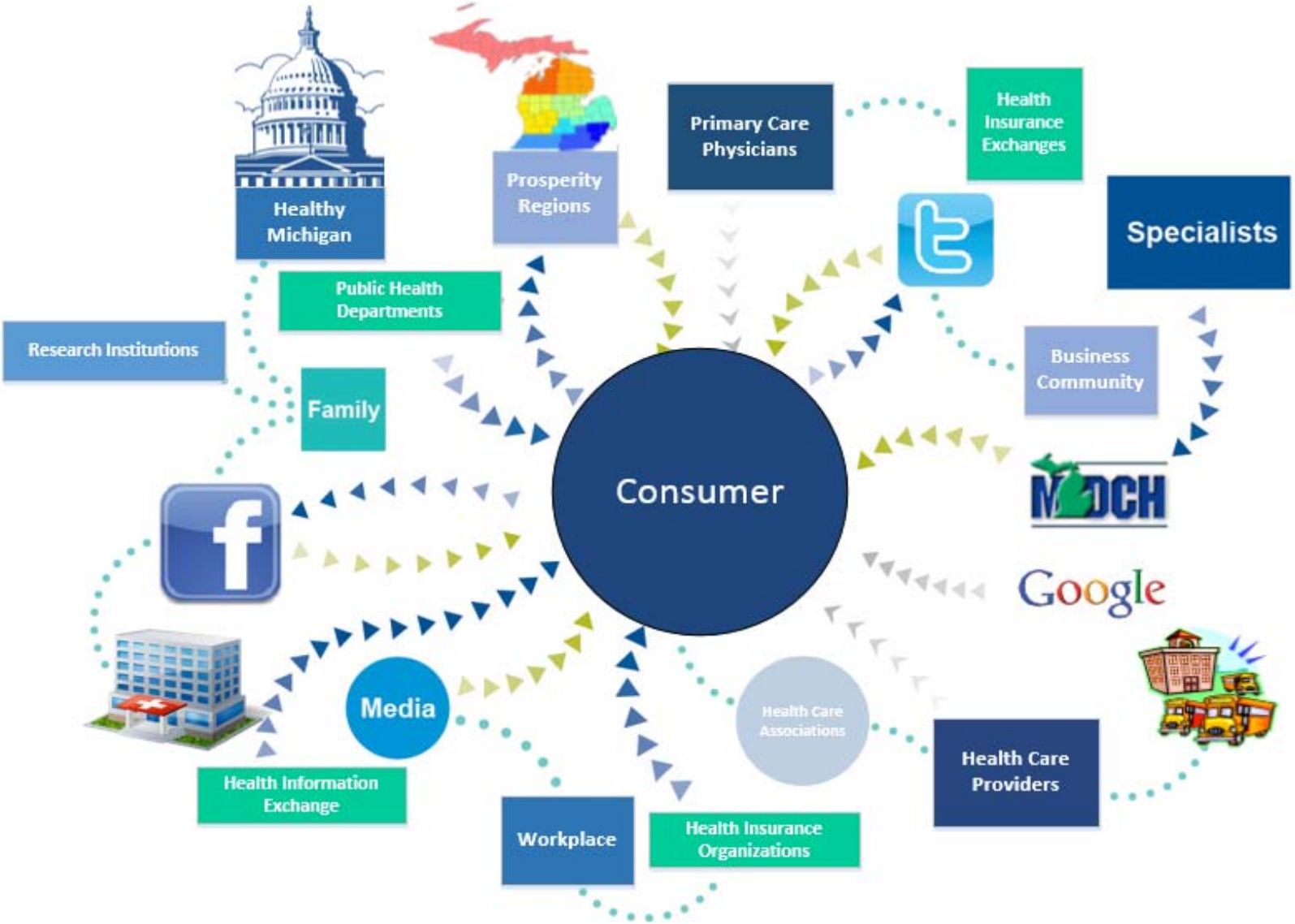

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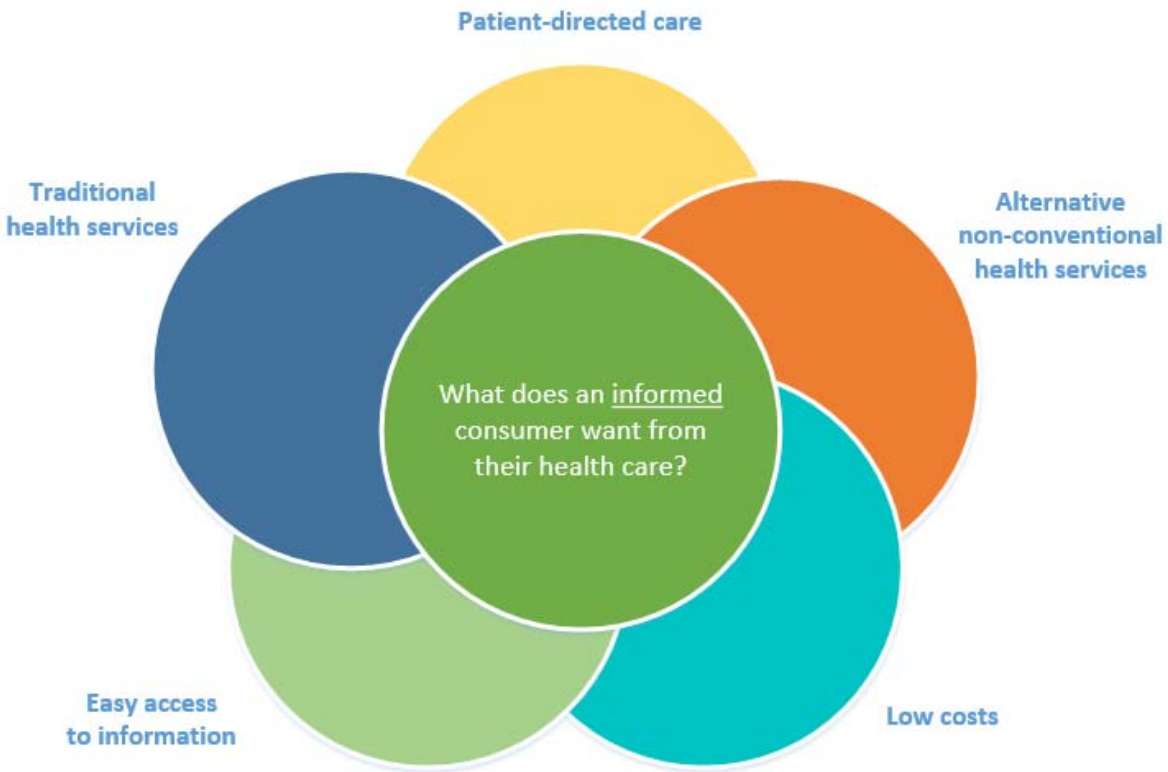
Stakeholders

- **Public Groups**
  - Federal Agencies
    - County Agencies
      - State Agencies
- **Health Systems**
  - Private Practices
    - Hospitals & Health Systems
- **Universities**
  - Medical Schools
    - Research Groups
      - Public Health Schools
- **Research & Advocacy**
  - Nonprofit Groups
    - Associations & Foundations
- **Private Payers**
  - Health Issuers
- **HIT Solutions**
  - Mobile Health
    - Social Media
      - Digital Technologies

The Five Stages of the Patient Engagement Framework

©2012 National eHealth Collaborative

The focus of an informed consumer can be segmented as follows:



INFORM

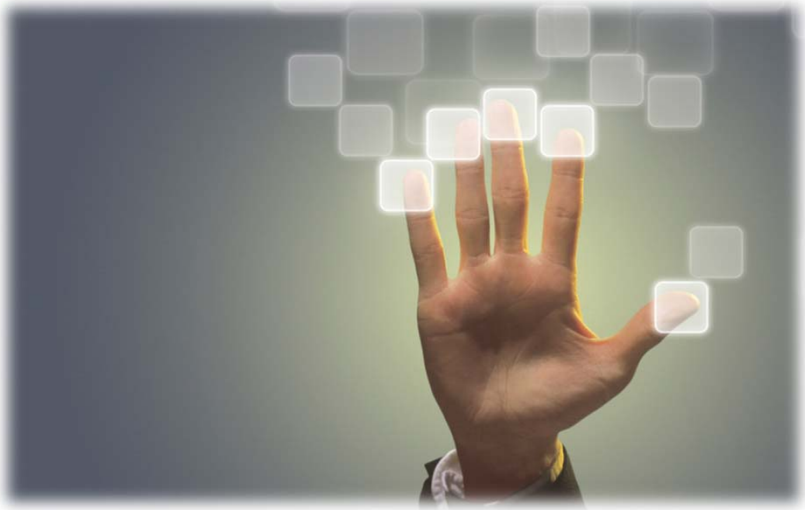
- Patient education significantly reduces the number of primary care physician visits.
- Patient education improves overall patient satisfaction.
- Patient outcomes improve and costs decrease.
- Studies have shown that patient education can effectively engage patients in their health.

ENGAGE

"The health care community may find the EHR to be an untapped means of encouraging patient-physician collaboration and for enhancing patient activation during the clinic visit."

- Journal of the American Medical Association, June 2013

EMPOWER



59% of providers believe that HIT will enable consumers to take more responsibility for their health.

- NeHC Survey, June 2012

Connecting Patients and Providers

56% of American adults have a smartphone.

Currently, 25-28% of all smartphone users rely on their phone as their primary internet connection.

Smartphones

Over a third (34%) of American adults ages 18 and older own a tablet—and that number is growing quickly.

The International Data Corporation predicts tablet shipments will exceed those of portable PCs this year.

Tablets

Privacy and Security

As mobile device use for EHR delivery increases, consumers must be confident that their data is private and secure.

- HIPAA laws and requirements
- Access controls (i.e. passwords or PINs)
- EHRs must be encrypted

PARTNER

CMS's Meaningful Use Program introduces a patient-centered and Health IT-based atmosphere in provider offices.

Core Objective	Measure
Preventive Measures	Use EHR to identify and provide reminders for preventive/follow up care for more than 10% of patients with two or more office visits in the last 2 years
Patient Access	Provide online access to health information for more than 50% with more than 5% actually accessing
Visit Summaries	Provide office visit summaries for more than 50% of office visits
Education Resources	Use EHR to identify and provide education resources for more than 10% of all unique patients
Secure Messages	More than 5% of patients send secure messages to their EP

Engaging individuals and the community can lead to:

Improved Experience of Care • Improved Population Health • Lower Healthcare Costs

Questions?

Thank You!

National Association for Trusted Exchange (NATE) & MiHIN Use Case Overview

Jeff Livesay, Associate Director MiHIN

NATE the National Association for Trusted Exchange

Overview

Jeff Livesay, MiHIN

MiHIN
Shared Services

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In 2012, former Western States Consortium (WSC) began expansion

Original WSC Members – formed regional exchange consortium to share experiences, standards

California	Oregon	Alaska
Arizona	Nevada	Hawaii
Utah	New Mexico	

Added "satellite" members in 2012

Florida	Michigan	Colorado	
Idaho	Ohio	Georgia	Washington

In 2013 determined to switch from a regional to national focus

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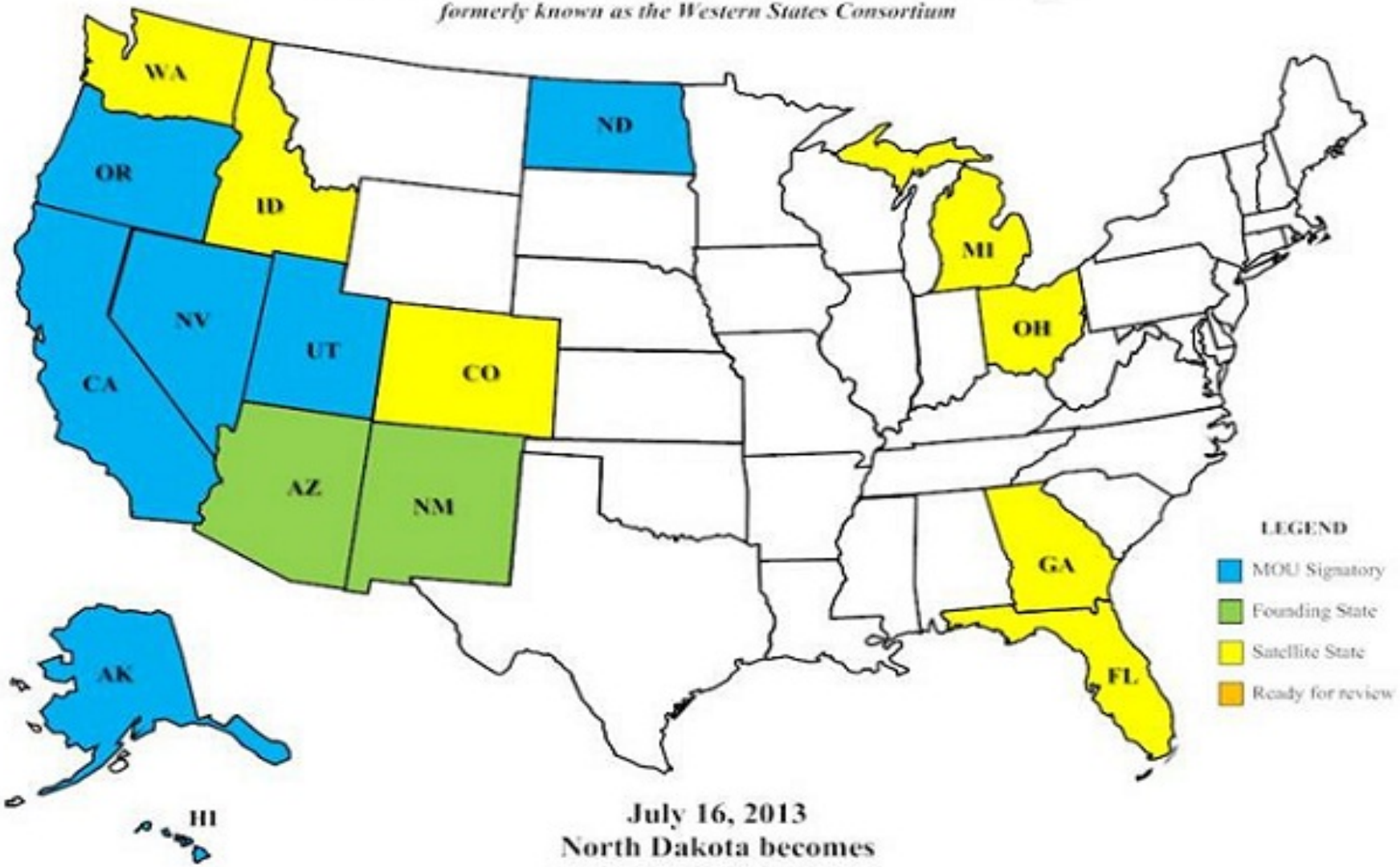
National Association for Trusted Exchange

formerly known as the Western States Consortium



July 16, 2013
North Dakota becomes
7th State to join NATE

MiHIN Shared Services

2013 **WSC** Becomes **NATE**

- April 23, 2013, Western States Consortium held close-out meeting for WSC pilot
- Group decided to form non-regional multi-state focus under new name welcoming states from across the country to participate, hence:
- **National Association for Trusted Exchange (NATE):** states who share common goal of creating policy and procedure to lay groundwork for safe, secure interstate electronic transfer of health information

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NATE July "Kickoff" with ONC

- Funded by the ONC, **NATE** will identify technical and policy challenges of transporting personal health records (PHRs) bi-directionally between end-users of HISPs
- **NATE** will execute **pilot** to form roadmap for proceeding to large-scale deployment of trust mechanism to enable the **transfer of PHRs across multiple states**

Definitions:

- PHR – Personal Health Records (Non-HIPAA records)
- HISP – Health Information Service Provider

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MiHIN Shared Services

Specific NATE July ’13 Topics

- Focus on Consumer Engagement in NATE
- Federal Trade Commission (FTC) has legal jurisdiction over Personal Health Record (PHR) Privacy Regulations
- Access and Authentication/Identity Management
  - What is the process to authenticate a user of PHR?

Google **current stance on health records:**

“In the age of the electronic health record, it is odd that no standard patient consent model policy and procedure exists.”

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MiHIN Shared Services

Continued NATE July ’13 Topics

- PHR Standards and Data Provenance
  - How is data tracked, passed during PHR exchanges?
- Blue Button+ and PHR/Direct Technology Demos
  - Blue Button+ includes interface that allows user to specify destination email address (Direct or regular) and ability to specify whether it is one-time send, or send once, or every time data changes until an end date or forever

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MiHIN Shared Services

Benefits of NATE Membership

- compare approaches with other leading states
- sounding board for ideas
- learn from others' mistakes
- prospective partners for pilots
- early exposure to emerging standards
- opportunity to share others' successes
- access to peers and thought leaders
- mitigate risk of "missing the boat" on must-do's
- opportunity to share MiHIN services and reduce costs ($)

MiHIN Shared Services

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Michigan Next Steps

1. **MiHIN**: complete and return NATE Board member packet (MiHIN outside legal review completed)
2. **MDCH**: complete and return Memorandum of Understanding (MOU)
3. Designate NATE representative(s) for Michigan
4. Identify priorities for future NATE meeting agendas
5. Ongoing participation – voting board member of NATE

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Questions?

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MiHIN Shared Services

Use Case Overview

to HIT Commission

MiHIN
Shared Services

August 15, 2013

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MOAC Use Case Working Group

- Co-chairs:
  - Tina Scott, MDCH
  - Rick Wilkening, MiHIN
- Working Group:
  - one or more participants from each QO (BCBSM, GLHIE, HAP, JCMR, Ingenium, MDCH, MHC, SEMBC, SEMHIE, UPHIE)
- Functions:
  - review use case requirements and agreements
  - link to QO/MiHIN development and pilot efforts
  - use case tracking and planning

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Legal Infrastructure for Data Sharing

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

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Major Use Cases

Results Delivery

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

Public Health Reporting

- Immunizations
- Chronic disease registries
- Disease surveillance
- Syndromics
- 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

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

MiHIN Shared Services

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Public Health Reporting

- first major category of use cases for MiHIN and MDCH
- uses same technology and data flow for reporting to:
  - Michigan Care Improvement Registry (MCIR):
    - receiving immunizations
    - responding to queries for immunization history/forecast
  - Michigan Disease Surveillance System (MDSS):
    - receiving reportable labs and conditions
  - Michigan Syndromic Surveillance System (MSSS):
    - receiving syndromics
    - converting syndromics (from ADT messages from **EDs**)

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Immunization Reporting

HIE
(QOs, VQOs or sub-state HIEs)

State-wide
Shared Services

MDCH Data Hub

MiHIN
Shared Services

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Approved Use Cases

- Immunization Submission
- Receive Syndromics
- Reportable Lab Submission
- Health Provider Directory
  - Submit Data to Health Provider Directory
  - Basic Query to Health Provider Directory
  - Advanced Query to the Health Provider Directory
- Admit Discharge Transfer (ADT) events:
  - ADT Pilot
  - ADT Payer

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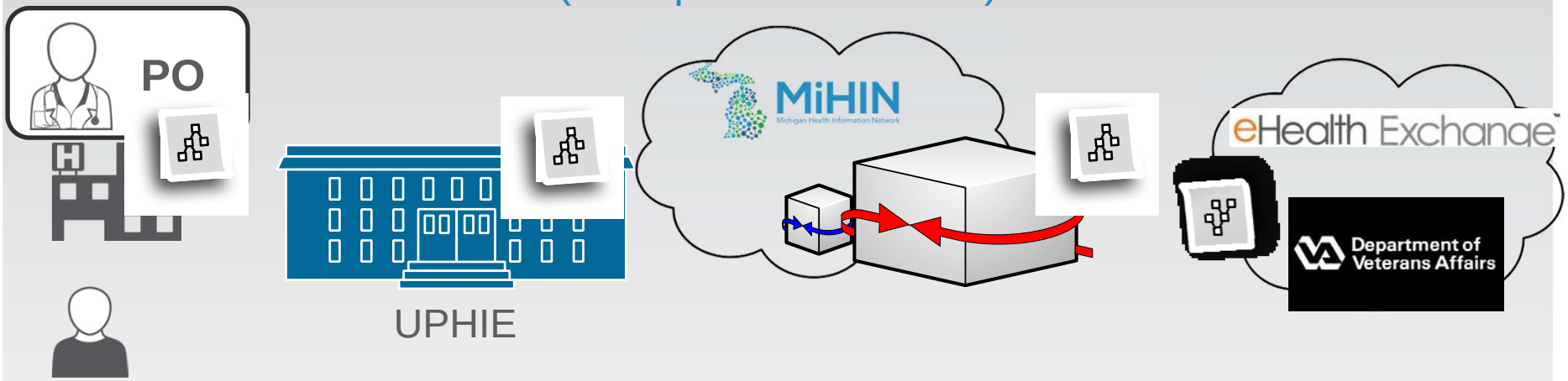
Use Case Highlight:
UPHIE to VA - Patient at PoC

(New patient / walk-in)



1. Veteran patient visits Point of Care (PoC) participating with UPHIE
2. Participating PoC sends request for the Veteran's health information to UPHIE
3. UPHIE sends a request to the MiHIN Exchange Broker
4. The Exchange Broker translates the request and sends it to the MiHIN Gateway which in turn passes it on to the VA via the eHealth Exchange
5. VA responds with the appropriate patient record delivered back through the same path

(Process repeated for Veteran's documents to eHealth Exchange for queries/retrievals)

MiHIN Shared Services

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Use Case Statistics: Status Quo

number of use cases by category	*total identified*	*in progress*	*pilot / production*
Public Health Reporting	21	10	3
Care Coordination and Patient Safety	40	3	5
Results Delivery	4	0	0
Quality & Administrative Reporting	6	0	0
Patient Engagement	8	0	0
Total	**79**	**13**	**8**

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Use Case Tracking: Future State

MiHIN major	use case category	Use Case Agreement name	idea / concept source	business reqts defined	UCWG approved UCA	pilot / testing (non-P*I)	final MiHIN legal review	Use Case in production: 1+ QO('s) in production	full execution (FE) MiHIN signs UCA	go live estimate
A	Public Health Reporting	Immunization submission	BOD	y	y	y	y	y	y	3Q13
A		Reportable Lab submission	BOD	y	y	5/20/13	y	n	m,g	3Q13
A		Receive syndromics	BOD	y	y	July '13	y		5/9/13, u	1Q14
A		Convert syndromics	BOD	y						1Q14
A		Chronic Disease Registry	TS	i/p						1Q14
A		Immunization Query for history and forecast	BOD	6/13/13		Oct '13			Nov '13	2Q14
A		Birth Notifications	TS							4Q13
A		Death Notifications	TS/DW			July '13				2Q14
A		Infant Mortality Registry	TS							3Q14
A		Cancer Registry	MDCH							
A		Cancer Registry - Provider Submission	MDCH	y						2Q14
A		Cancer Registry - Lab Submission	MDCH							4Q13
A		Birth Defects EHR Reporting	MDCH	i/p						4Q14?
A		STD Surveillance Network (SSuN)	MPH							4Q14?

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Questions?

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HITC Next Steps

Chair

Public Comment

Adjourn