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

• Commissioner Updates
• Recognition of Dr. Gregory Forzley
### 2015 Goals – August HIT Commission Update

**Governance Development and Execution of Relevant Agreements**
- Newest Payer Qualified Data Sharing Organizations (QOs):
  - **Upper Peninsula Health Plan (UPHP)**
  - **Mid-state Health Network**
  - **Blue Cross Complete of Michigan (BCC)**
  - **TotalHealthCare (THC)**
- Newest Consumer Qualified Organization (CQO): **Medyear**
- New “Simple Data Sharing Organization” (SDSO):
  - **Michigan Health and Hospitals Association (MHA)**
- 46 Total “Trusted Data Sharing Organizations” with MiHIN
  - Qualified Organizations: 30
  - Sponsored & Other Sharing Organizations: 16

**Technology and Implementation Road Map Goals**
- Remote Identity Proofing Service final beta-testing (view demo at [www.ripsiti.com](http://www.ripsiti.com))
- Initiated technical reviews for “Exchange Death Notifications” use case
- Immunization History/Forecast pilot ending; readying for production
- Statewide Consumer Directory data sharing with Personal Health Record successfully demonstrated
- Federation Framework – milestone completed
  - Successful setup of the framework for a federation with MiHIN in the Citizens Quality Assurance (QA) environment
  - Trusted non-State system able to utilize State-issued identities
- Hospital/Health System conformance with ADT requirements dramatically improving
  - Peer 1 hospitals achieving mostly green status (no reds)
- MiHIN “Patient Generator” used to create test data for HIMSS “Patient Matching Connectathon” August 14
## 2015 Goals – August Update

### QO & VQO Data Sharing
- More than **372 million**+ messages received since production started May 8, 2012
  - Have processed as many as **8 MLN** total messages/week
  - Averaging **7.8 MLN** messages/week
  - **5-6 MLN** ADT messages/week; **1.2 MLN** public health messages/week
- Total 445 ADT senders, 34 receivers to date
  - Estimated **93%** of admissions statewide now being sent through MiHIN
- New patient match for **ADTs > 60%** match rate; sent **0.581 MLN** ADTs out last week
  - Common Key Service will increase match rate > **90%**
- More than **512,000** Reportable Lab messages received/sent to MDSS
- More than **12 MLN** Immunization messages received/sent to MCIR
- More than **56 MLN** Syndromic Surveillance messages received/sent to MSSS
- More than 150 Care Plans/Integrated Care Bridge Records (ICBR) per week
- Presently processing approximately **351,000** Discharges per week (ADT A03)
  - **1.5+ MLN** Medication Reconciliations at Discharge/month *expected*

### MiHIN Shared Services Utilization
- **5.6 MLN** patient-provider relationships in Active Care Relationship Service (ACRS)
- **4.7 MLN** unique patient records in ACRS
- **378,777** unique providers in statewide Health Provider Directory; **4,061** unique organizations
- ACOs, PIHPs, and Medicaid plans for Dually-Eligible to share CCDs by Oct. 1st
- Approaching **3,000** MIDIGATE transactions per week (via Direct Secure Messaging)
- MiHIN standard “personas” populated into MDHHS MMIS/Champs, MICAM, MCIR, and other key systems at State of Michigan for “gold standard” integration testing
- Presented information shared services to staff from Illinois Office of the Governor
- The second Medication Management White Paper event held virtually July 23
  - Next meeting will be in-person August 25 from 9:30-3pm
  - Expecting approx. 60 participants from several organizations
## Weekly Message Volumes

<table>
<thead>
<tr>
<th>Date</th>
<th>Submit Immunizations</th>
<th>Submit Reportable Labs</th>
<th>Submit Syndromic Surveillance Data</th>
<th>Submit ADT Notifications</th>
<th>Receive ADT Notifications</th>
<th>Total Messages</th>
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<tbody>
<tr>
<td>7/4/2015</td>
<td>83,925</td>
<td>8,257</td>
<td>1,137,471</td>
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<td>9,273</td>
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<td>7/25/2015</td>
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<tr>
<td>8/1/2015</td>
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<td>10,333</td>
<td>1,070,990</td>
<td>5,167,887</td>
<td>1,569,898</td>
<td>7,926,369</td>
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<tr>
<td>8/8/2015</td>
<td>93,842</td>
<td>9,178</td>
<td>1,178,746</td>
<td>5,054,962</td>
<td>1,633,121</td>
<td>7,969,849</td>
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</tbody>
</table>

*Note: The graph is a bar chart showing the weekly message volumes from 7/4/2015 to 8/8/2015 for various types of messages. The categories include Submit Immunizations, Submit Reportable Labs, Submit Syndromic Surveillance Data, Submit ADT Notifications, Receive ADT Notifications, and Total Messages.*
## Cumulative Message Volumes

<table>
<thead>
<tr>
<th>Date</th>
<th>Submit Immunizations</th>
<th>Submit Reportable Labs</th>
<th>Submit Syndromic Surveillance Data</th>
<th>Submit ADT Notifications</th>
<th>Receive ADT Notifications</th>
<th>Total Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/11/2015</td>
<td>12,079,074</td>
<td>474,495</td>
<td>52,178,796</td>
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<td>252,891,156</td>
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Shared Services
Consumer Engagement: Advanced Directives

Phase I of the Peace of Mind (POM) registry advance directive project will enable Medicaid beneficiaries the ability to upload advance directives directly to the POM registry via the myHealthButton (mHB)/myHealthPortal (mHP). This initial phase is slated to go-live in September 2015.

Planning for Phase II of the project will commence in FY16. Phase II of the project will allow Medicaid beneficiaries to query and retrieve their Living Wills or other advanced directives. The ability to query and retrieve will utilize mHB/mHP, the Mi-Way Statewide Consumer Directory, and the Active Care Relationship Service (ACRS). These components will provide functionality that will allow beneficiaries to access their advanced directives no matter where they choose to store them.

Privacy and Security: MIlogin Multi-Factor Authentication

Migrations of Medicaid Single Sign-On applications to the new MIlogin system continue into FY16. Applications that contain Protected Health Information (PHI), Personally Identifiable Information (PII), or other sensitive information will be required to implement a new security feature that is available with MIlogin. Multi-Factor Authentication (MFA) is a layer of security on top of the usual login password functionality. MIlogin offers three multi-factor methods for receipt of the one-time password delivered by a) text messaging, b) email, or c) phone call to the customer’s landline or cellphone. Many of us currently use MFA when we access our bank accounts via the internet. MIlogin customers will also be able to register their mobile devices.
## Participation Year (PY) Goals
### August 2015 Dashboard

<table>
<thead>
<tr>
<th>Eligible Professionals (EPs)</th>
<th>Reporting Status</th>
<th>Prior # of Incentives Paid (June)</th>
<th>Current # of Incentives Paid (July)</th>
<th>PY Goal: Number of Incentive Payments</th>
<th>PY Medicaid Incentive Funding Expended</th>
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<tbody>
<tr>
<td>AIU 2013</td>
<td></td>
<td>1323</td>
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<td>14</td>
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<td>1106</td>
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<td>5</td>
<td>7</td>
<td>1702</td>
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</table>

<table>
<thead>
<tr>
<th>Eligible Hospitals (EHs)</th>
<th>Reporting Status</th>
<th>Prior # of Incentives Paid (June)</th>
<th>Current # of Incentives Paid (July)</th>
<th>PY Goal: Number of Incentive Payments</th>
<th>PY Medicaid Incentive Funding Expended</th>
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</thead>
<tbody>
<tr>
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<td></td>
<td>16</td>
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<td></td>
<td>80</td>
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<td></td>
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<td>0</td>
<td>28</td>
<td>$ -</td>
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### Cumulative Incentives for EHR Incentive Program 2011 to Present

<table>
<thead>
<tr>
<th></th>
<th>Total Number of EPs &amp; EHs Paid</th>
<th>Total Federal Medicaid Incentive Funding Expended</th>
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</thead>
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<td>MU</td>
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<td>$ 97,634,438</td>
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**Key:** AIU = Adopt, Implement or Upgrade  
MU = Meaningful Use
2015 Goals – August 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
- **3,724(+) Milestone 3**: Stage 1 Meaningful Use Attestation with PPCPs; >100% to goal

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

- **612- Specialist Sign-Ups**: Recruitment of Medicaid eligible specialists (Non-Primary Care)  
  - 343- AIUs | 17- 90day MU attestation | Specialist Sign-Up breakdown: Behavioral Health 58%, Dentistry 31%, Optometry 6%, Other 5%
- **594- Stage1Year1(or2) Sign-ups**: Recruitment of MEPs in Stage 1 of Meaningful Use  
  - 262- AIUs | 119- MU attestations
- **145- Stage2Year1 Sign-ups**: Recruitment of MEPs in Stage 2 of Meaningful Use  
  - 5- 90day MU Attestation

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

- M-CEITA is eagerly anticipating the release of the Modified Stage 2 Final Rule. Among many anticipated changes for providers in 2015, the rule should include the change from a 365-day reporting period down to a 90-day reporting period for all EPs.
- M-CEITA is now offering Technical Assistance designed to assist EPs with understanding and attesting to PQRS program requirements.
- M-CEITA is now offering a new service line designed to assist providers who have been selected for a CMS or MDHHS Meaningful Use audit.

**Quality Improvement Initiatives**
Expanding our focus to assist providers with future stages of MU, other quality process improvements and public health priorities with an emphasis on EHR-enabled improvements.

- M-CEITA has completed Year 1 activities under the MDHHS/CDC 1305 grant, teaching healthcare teams state-wide how to leverage Health IT to improve HTN & DM management and have been contracted to continue with add’l Year 2 work which includes developing an “eUniversity” for Health IT strategies and tools related to HTN and DM.
- Under the MDHHS/CDC 1422 grant, M-CEITA is providing Technical Assistance to selected MI communities, working directly with healthcare providers and their teams to teach best practices in how to leverage Health IT to improve hypertension rates.
- M-CEITA continues to be an active participant in the multi-state ASTHO Million Hearts Learning Collaborative, partnering with MDHHS and other stakeholders to improve hypertension rates in selected clinics in the Muskegon area.
myHealthButton/myHealthPortal Dashboard

Updates:

6.0 Release (September 2015)
- Upload MiWay Consumer Advance Directives for the Peace of Mind Registry
- View claim/encounter data
- Provide authorizations for the release of protected health information (PHI)
- Upload clinical documents (Continuity Care Documents)
- MDHHS-generated online alerts, notifications and surveys

Outreach Activities (July-September 2015)
- Facebook Promoted Posts
- Facebook Mobile App Installation Ads
- Targeted Desktop Display Advertisement
August 2015

Consumer Engagement Dashboard

**Stakeholder Collaboration**

**Consumer Engagement Interest Group Call**

August Call: the MSU Institute for Health Policy will be presenting on “Meaningful Use: Opportunities to Improve Patient-Specific Clinical Summaries” and we will meet our newest member, Dr. Nickell Dixon – MDHHS’s Health Equity Coordinator.

**Next Calls**

Tuesday, August 18th
2:00pm – 3:30pm

Number: 1-415-655-0001
Access Code: 199 355 146
Meeting Link: [https://meetings.webex.com/collabs/#/meetings/detail?uuid=M3F7T3JAS31A9FZUZPBEFUC7CF-5781&rnd=859930.76052](https://meetings.webex.com/collabs/#/meetings/detail?uuid=M3F7T3JAS31A9FZUZPBEFUC7CF-5781&rnd=859930.76052)

**Outreach & Education**

**Health IT Education Campaign**

Louisiana launched it’s statewide campaign on August 1st – “Your Health In Your Hands.” The site includes resources and guides on patient portals, EHRs, and health information exchange. The campaign will include a social media presence as well as, a statewide media campaign – TV ads, radio ads, billboards, etc.

The Consumer Engagement Team is meeting with Louisiana Health Care Quality Forum to learn about Louisiana’s approach.

**The Team is also meeting with state partners to work on creating a health IT education campaign in Michigan. The purpose would be to both educate consumers on what health IT is and its benefits on public & individual health.**

Michigan’s outreach materials so far include:

**Videos**
- “Improving Health in Michigan through Health IT” – explains the overall benefits of health IT
- “Michigan Health Information Exchange Landscape” – explains the architecture of HIE in Michigan

**Infographics**
- Personas that describe how consumers benefit from using health IT – attached

**Online**
- [www.MichiganHealthIT.org](http://www.MichiganHealthIT.org) – a website for providers that includes resources on the EHR Incentive Program and consumer engagement.

HIT/HIE August 2015 Updates

- August HIT Commission Dashboard
- MDHHS Project Updates
- HIT Commission Action Plan
- Public Comment
HIT Commission Action Plan

• The HIT Office created the initial draft of the action plan, which is based upon the 2014 Annual Report and June 2015 Strategic Planning Meeting.

• The action plan covers two years (2015 and 2016) and includes actions items with progress measures.

• The HIT Office also developed a list of potential agenda topics for the remaining meetings in 2015 as well as upcoming meetings in 2016.
Update on the Peace of Mind Registry

Amy Olszewski, Gift of Life Michigan
Meghan Vanderstelt, MDHHS
Peace of Mind Registry

Update: August 2015

Amy Olszewski, MPA
Donor Services Center Director
Gift of Life Michigan
Peace of Mind Registry

- Established by statute in 2012
- Direction and oversight: Michigan Department of Health and Human Services (MDHHS)
- Administration: Gift of Life Michigan through contract with MDCH
- Grant received from Gift of Life Foundation to fund registry initiation
Peace of Mind Registry

Who?: Anyone will be able to open an account on the website.

What?: Advance directives are not defined. The person uploads a file to their personal account. Neither MDHHS nor Gift of Life Michigan will view personal advance directives.

Where?: www.MIpeaceofmind.org
Three Aspects of Registry

- Users (account creation/upload)
- Access (health care providers/download)
- Interactive electronic advance directive
Law passed that Healthy Michigan plan enrollees must be offered the option to upload an advance directive to the Peace of Mind registry.

Can use own advance directive or complete a DHHS-approved document (includes an option to decline).

Users can upload own registry or send in to be uploaded by Gift of Life Michigan.
Welcome to the Peace of Mind Registry.

Someday, an illness or injury may leave you unable to make important health care decisions for yourself. To prepare for that possibility, you may want to write down your wishes in an advance directive. An advance directive can help ensure your wishes are honored in the future.

Preparing an advance directive is voluntary - no one requires you to do so. But if you do, it's important that you make that document accessible to health providers who will care for you someday so your wishes are known and honored.

You can use this Registry to keep a copy of your advance directive. Your advance directive will soon be available to your doctors and to a hospital, nursing home, or other health care provider when you are a patient or resident. In the meantime, please carry your wallet card and present it to a health care provider so they may request a copy of your advance directive.

If you sign an advance directive, it is your choice whether to participate in this Registry. Registration does not affect whether the document is legally binding.

Even if you register your advance directive, you always have the right to revoke it.

There is no cost to you to register your advance directive. There is no cost to health care providers to have access to your advance directive.

At this website, you can:
- Learn more about advance directives, and view sample advance directive forms, by clicking on, Resources.
Users: Status

Soft Launch in March 2015 with Healthy Michigan mailing

Call For: Ideas on how to message the registry and possibly combine with other advance directive campaigns

“Now that you have completed your advance directive, please upload it to the secure website, MIPeaceofMind.org”
Users: Current State

As of this week (August 14, 2015), more than 1020 registrants through the soft launch rollout.

Almost all registrants are a result of the Healthy Michigan mailing (eventual outreach to almost 600,000 residents)

Majority of users access through their desktop, but about 20% regularly access through their mobile phone.
Access: MiHIN

Currently working with MiHIN (Michigan Health Information Network) to work through the electronic Health Information Exchanges (HIEs)

- Pull directives through MiHIN – convenience for users through one account/seamless
- Push directives through MiHIN – convenience for health care providers/one signon and electronic search and upload
Chain of Trust

Qualified Sub-state HIE or Vendor

MI Health Card

PHR

User

Individual

Michigan Citizen Single Sign On (future)

State of Michigan Single Sign On

Physician

Hospice

Hospital

Qualified Sub-state HIE or Vendor

Health Care Provider

PHR

Personal Health Record

MI Peace of Mind
MICHIGAN’S ADVANCE DIRECTIVE REGISTRY

Copyright 2014 Michigan Health Information Network
Access: Status

June 2015 - Pull of advance directives through exchange piloted

Fall 2015 - Soft launch of pull of advance directives through select exchanges

Fall 2015 - Push of advance directives (testing/pilot program)

Jan 2016 - Rollout push and pull of registries through HIE plans

Spring 2016 – Finalize accounts for providers not in HIEs (e.g., select hospice programs)
Access: Current State

- With every account creation and upload of a document to the Peace of Mind Registry, a wallet card is issued.

- Participants are asked to produce the wallet card and the provider can call the 24/7 hotline to obtain a copy of the registry.
Questions?
Amy Olszewski
aolszewski@giftoflifemichigan.org
866-500-5801 x1014

Concerns?
Meghan Sifuentes Vanderstelt
VandersteltM@michigan.gov
517-241-2963
Panel Discussion on Advance Directives and Health Information Technology

Jason Werner, MDHHS
Rick Wilkening, Michigan Health Information Network
Doug Dietzman, Great Lakes Health Connect
Kate LaBeau, Upper Peninsula Health Plan
Amy Olszewski, Gift of Life Michigan
myHealth Button/myHealth Portal integration with Peace of Mind Registry

Jason Werner - MDHHS
How did this all start?

- PA 179 of 2012
- Healthy Michigan Plan
- myHealth Button/myHealth Portal Go-live
- Statewide Consumer Directory, Master Person Index & Common Key Service Go-live
• First Use Case (Phase 1):
  – Add Advanced Directives from the myHealthPortal and myHealthButton into the Peace of Mind (POM) Registry. Going Live September 25, 2015.

• Second Use Case (Phase 2):
  – Use the myHealthPortal and myHealthButton to query Advance Directives from the Peace of Mind (POM) Registry. Going live March 25, 2016.
Phase 1 – Advance Directive stored in POM
(10,000 ft. view)

MDHHS Data Hub

MPI

Common Key Service

Consumer Directory

POM Sends its registry of beneficiaries to the MiHIN Common Key Service.

Common Key Service assigns a common key and reports to the MPI & POM.

Advanced Directive is uploaded to POM.

Where does the beneficiary prefer the AD to be sent?

Preference?

The beneficiary has chosen POM to house AD’s.

MPI knows who this person is based on metadata sent with the AD and how they are identified in all reported systems.

POM Acknowledges your AD has successfully been added to the POM Registry.

MPI knows who this person is and has the ability to log into the POM to view the Advanced Directive.
How Will This Work?

Phase 2 – Query Advance Directive from POM (10,000 ft. view)

MDHHS Data Hub

Common Key Service

Consumer Directory

MiHIN

MPI

Peace of Mind

mHP/mHB sends a query for an Advance Directive to MiHIN via MDHHS Data Hub.

Consumer Directory calls the Common Key Service to confirm beneficiary.

Query sent to Peace of Mind, including Common Key Service.
How Will This Work?

Phase 2 – Return Advance Directive from POM
(10,000 ft. view)

MDHHS Data Hub

Common Key Service

Consumer Directory

MiHIN

Advance Directives

MPI

Advance Directives assigned to MiHIN & MDHH Data Hub
Ryan Paulson

37-year old construction worker and single dad of Cady, 4, and Elise, 7

Recent work accident made him realize he has nothing in place if he gets seriously hurt

Needs to sort out wills and medications in case he is ever rendered unconscious

My Goals

1. Create a will and set up my medical information permissions
2. Assign power of attorney to my brother, Zachary

Rx for Health

NAME: Ryan Paulson

CONDITION:
Has a hazardous construction job and wants to ensure that his medical needs and the needs of his daughters will be met if he is incapacitated.

PHYSICIAN RECOMMENDATIONS:
1. Access myHealthPortal, the secure patient portal for Medicaid Enrolees, to set up advance directives that will protect you & your family if you are severely injured and unable to communicate your wishes.
2. Benefits of Advance Directives:
   - Provides peace of mind
   - Easily to set up & update
   - Accessible to all doctors in your network
How Will This Work?

1) Beneficiary visits MI Page
How Will This Work?

2) Secure Login (MiCAM)
How Will This Work?

3) Access myHealthPortal from applications list
How Will This Work?

Permissions

Advance Directive (AD)

Someday an illness or injury may leave you unable to make important health care decisions for yourself. To prepare for that possibility, you may want to write down your wishes in an advance directive. An Advance Directive (AD) can help ensure your wishes are honored in the future. For additional information please go to [https://www.mipeaceofmind.org](https://www.mipeaceofmind.org). If you would like to upload your AD, you can do so by [uploading file here directly](https://www.mipeaceofmind.org). Your AD will be sent over to Peace of Mind without having to create a separate user account.

Authorization To Disclose Protected Health Information

The rules, which are part of the Health Insurance Portability & Accountability Act (HIPAA), restrict access to protected health information by anyone not involved in treatment, payment or health care operations without the patient’s permission.

Protected health information is information that is identifiable to an individual. Some examples of individual identifiers are:

- Name
- Address
- Telephone numbers
- Birthdate
- Medicaid ID number and other medical record numbers
- Social Security number
- Name of employer

In most instances, the Department must have the individual’s authorization in order to disclose their health information. Individuals that request the disclosure of their protected health information are responsible for any subsequent uses or disclosures by the Department.
How Will This Work?

**Advance Directive (AD)**

Please upload the document

**Advance Directive Upload History**

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<th>File Name</th>
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<td>07/22/2015</td>
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</table>

Showing 1 - 10 out of 45

Please note that only documents uploaded through the application are displayed here. To view the documents please visit here [https://www.mipeaceofmind.org](https://www.mipeaceofmind.org)!
How Will This Work?

Advance Directive (AD)

Please upload the document

Advance Directive Upload History

Search by Date Range * (MM/DD/YYYY)

S.No 1 2 3 4

Fields marked * are mandatory

First Name: Ryan
Last Name: Paulson

Date of Birth: 01/15/1978
Member ID: 0000000011

File Path *
Choose File

I understand that this document will be sent to Peace of Mind registry *

Submit Cancel
Your Advanced Directive document has been successfully uploaded. Shortly an alert along with an email will be sent to confirm your document was accepted by the Peace of Mind Registry. You can always go to https://www.mipeaceofmind.org to view the attachment.
Questions?

www.MichiganHealthIT.org
Electronic storage and transfer of advance care planning documents

How Michigan approaches the secure, electronic exchange of health information

Rick Wilkening
Director, Major Accounts and Emerging Solutions
Michigan Health Information Network Shared Services
rick.wilkening@mihin.org

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MiHIN Is

Michigan’s statewide network for sharing health information
Statewide Coordination

Duplication of effort, waste, & expense
\((N^2 - N) / 2\) connections

Shared Services
\(N\) connections

Copyright 2015 Michigan Health Information Network Shared Services
Network of Networks:

MiHIN Statewide Shared Services

- Federal
  - CMS
  - Social Security Administration

Simple Data Sharing Organizations
- MHA Michigan Health & Hospital Association
- MEDYEAR
- NoMoreClipboard.com
- GIFT of LIFE

Consumer QOs (more coming)
- HIE
  - Qualified Organizations (QOs)

Doctors & Health Systems
- HOSPITAL

Virtual QOs
- pce systems
- carebridge

Sponsored Organizations
- University of Michigan Health System
- MGH
- Henry Ford Health System
- ALTABUS

HIE
- Qualified Organizations (QOs)

Health Plan QOs (more coming)
- MyHealthPortal
- MyHealthButton

Health Plan QOs (more coming)
- MDHHS Data Hub
- Mi Disease Surveillance System

virtual QOs
- Pharmacies (more coming)
- Walgreens
- CVS
- CostCo
- Meijer
- Walmart
- sureScripts

Single point of entry/exit for state

Consumer QOs (more coming)
- Simple Data Sharing Organizations
- MHA Michigan Health & Hospital Association

MyHIN Statewide Shared Services

Chronic Diseases

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Legal Infrastructure for Trusted Data Sharing Organizations (TDSOs)

ORGANIZATION AGREEMENT (QDSOA, VQDSOA, CQDSOA, SSOA, SSSOA, DDSOA, SDSOA)

Definitions

HIPAA Business Associate Terms

Basic Connection Terms & SLA

Cyber Liability Insurance

Indemnification & Liability

Contracting & Payment

Dispute Resolution

Term & Termination

Data Sharing Agreement

Use Case #1

Use Case #2

Use Case #3

Use Case #N
Clear Chain of Trust

Covered Entity

Business Associate

Business Associate

Covered Entity

Business Associate

Covered Entity

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Use Case Factory™

Anyone can submit ideas for use cases: [http://mihin.org/about-mihin/resources/use-case-submission-form/](http://mihin.org/about-mihin/resources/use-case-submission-form/)
6 Million Active Care Relationships

Number of Patients:
- <10
- 10-99
- 100-999
- 1,000-9,999
- 10,000+

Copyright 2015 Michigan Health Information Network Shared Services
Statewide Consumer Directory

One place for consumers

- Identify your care team
- Indicate preferences for consent
- Specify how and where to share data
- Define where your health data is stored

One place for providers

- Find a patient’s care team
- Recognize patient’s wishes
- Locate critical patient documents
- Identify where to send patient data

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Recently Hospitalized for Stroke
History of Hip Replacement, Foot Surgery, & Heart Murmur

Transferred to Physical Rehab
Searching for a Long-Term Care Facility

Relationships with multiple providers and specialists
Complex condition increases risk for re-hospitalization
Lack of advance directives
No long-term care plan
Transfer to facility pending
Reporting to multiple payers; CMS & VA

Submit/Receive Statewide ADT Notifications
Exchange Care Plan (ICBR)
Exchange Advance Directives
Submit/Receive Statewide Medication Reconciliation
Exchange Continuity of Care Documents with VA
Respond to SSA Disability Determination Requests for CCD

High-Touch Use Cases:
Exchange Advance Directives

• This Use Case enables:
  • Consumers to designate the location of their Advance Directives (ADs) - e.g. Peace of Mind Registry
  • Normally ADs are stored in special registries, repositories, patient portals or Personal Health Records (PHRs)
  • Patients to specify preferences for locating and sharing their ADs; patients are comforted knowing they control their preferences
Exchange Advance Directives  
Example Data Flow

1) Beneficiary creates an Advance Directive, sends to MiHIN
2) MiHIN checks patient ID in Statewide Consumer Directory
3) SCD confirms patient preference to send Advance Directive to Peace of Mind
4) SCD distributes Advance Directive to Peace of Mind
Questions?

Thank you

Rick Wilkening
Director, Major Accounts and Emerging Solutions
rick.wilkening@mihin.org
Update on Advance Care Planning Activities

Doug Dietzman, Executive Director
Great Lakes Health Connect
Advance Care Activity

- Participant directed and funded across 2 regions working on advance care planning initiatives (Grand Rapids & Flint)
- Optional service to store advance care documents alongside clinical data in longitudinal health record
  - GLHC not performing advance care planning process with consumers
- Simple initial implementation: web-based secure submission, basic document validation, submission to health record
  - Service does not dictate type or format of documents but does validate legibility and signature – no garbage (blanks, cat pictures, etc)
  - Service not built for direct consumer access/management but they can request latest documents from GLHC
  - Documents currently submitted through website by authorized submitters, not the general public at this time
Example Screenshot

- View is within the “Reports/ACD” Tab
- ACDs show with other submitted clinical reports
- ACDs are stored as .pdf documents by type and date
Respecting Choices®, First Steps®, Last Steps® and Blended Model Design

Advance Care Planning Program
Kate LaBeau, RN, Organizational Faculty
Upper Peninsula Health Plan
Upper Peninsula Health Plan (UPHP) Honoring Healthcare Choices

- **The Vision**: To educate, advocate for, and create an awareness of advance care planning as a common tool empowering individuals to incorporate their values as they direct their own future healthcare.

- **The Mission**: The UPHP Honoring Healthcare Choices Implementation Steering Committee (HHCISC) provides quality education, guidance and structure by offering routine advance care planning services that yield practical, reliable, and sustainable programs in all communities.
Goals of Advance Care Planning

Plans reflect an individual’s goals and values
- Including religious and cultural beliefs

Plans include
- Selection of a well prepared healthcare agent when possible
- Specific instructions that reflect informed decisions that are geared to the person’s stage of health
Goals of Advance Care Planning

Plans are available to healthcare providers and treating physician
Plans enable patient decisions to guide or become medical orders
Plans are honored as intended
Plans prevent confusion and additional suffering during a healthcare crisis
Currently the Standard Approach to Advance Directives Consistently Fails

- Advance directives are often
  - not followed
  - not available
  - not specific
  - not accepted
Requirements of an Effective ACP Program

- System design
  - Accessibility of completed ACP tool
- Education and Training
  - Broad reaching educational opportunities for staff within facility or community in honoring specific instructions
Requirements of an Effective ACP Program (continued)

- Engaging others outside of facility or community walls
  - Mechanism to carry wishes for self across care settings

- Continuous Quality Improvement
  - Project plan revisions
  - Identification of changing components for the individual and the facilities or communities
Elements of Effective ACP
Document Availability

- On-demand access of ACP documents
- Electronic storage through statewide system
- A “push-pull” system allowing multiple access points
How UPHIE Can Meet the Needs of all Participants

- Recognize the need of statewide availability of documented healthcare wishes
- Promote and participate in a statewide registry by serving as a conduit
- Advocate and collaborate with ACP services within the state and region
- Educate participants about the benefits and burdens of ACP storage and retrieval
Questions?
Panel Discussion on Advance Directives and Health Information Technology

Jason Werner, MDHHS
Rick Wilkening, Michigan Health Information Network
Doug Dietzman, Great Lakes Health Connect
Kate LaBeau, Upper Peninsula Health Plan
Amy Olszewski, Gift of Life Michigan
HITC Next Steps

- HIT Commission Action Plan
- Fourth Quarter Availability
Public Comment
Adjourn