

Health Information Sharing						
Policy #	Policy Recommendations	Current State	Barriers	Required Change/ Recommended Action	Due Date	Status
9.1	The State of Michigan should develop and implement a statewide strategy for <u>aligning policy, regulatory, statutory and contractual requirements to enable the sharing of behavioral health information.</u>	The department is currently updating the Behavioral Health Consent Form to bring it into compliance with 42 CFR Part 2 and the revised Michigan Mental Health Code. The department is continuing to promote adoption through various stakeholder engagement activities.		1) Finalize and promulgate Version 4.0 of the consent form and related guidance.	1.31.2018	In Process
				2) Work with the Office of Recipient Rights to develop new guidance for recipient rights officers.	1.31.18	
				3) Develop Version 5.0 of the consent form and related guidance with an emphasis on improving the reading level and translating the documents into other languages.	4.30.18	
				4) Incorporate requirements into the Medicaid Health Plan contracts.	9.30.18	
				5) Work with LARA to update licensing regulations for substance use disorder treatment programs	2.28.18	
				Progress: The department has published Version 4.1 of the form which is compliant with all federal laws and regulations.	12.31.18	
					12.31.18	
					Dependent on changes to PA 129 of 2014	

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9.3	MDHHS should support local and statewide efforts to <u>build infrastructure that will enable the secure sharing of behavioral health information</u> across health care organizations.	<p>Most behavioral health providers do not qualify for federal incentive programs and therefore have made limited progress with adopting EHRs and participating in HIE.</p> <p>The department is working with the Michigan Health Information Network (MiHIN) to develop the electronic consent management use case.</p> <p>The department is working with the National Governor's Association and Michigan Health and Hospital Association to enable the sharing of inpatient psychiatric ADTs by addressing questions around privacy and consent.</p> <p>The department is working to incorporate new data sets into CC360 and expand access to new providers and community partners.</p> <p>MDHHS Position: MDHHS staff support exploring ways to leverage HITECH dollars to support HIT adoption by behavioral health providers.</p>	<p>Providers and payers may be reticent to adopt HIT and participate in HIE use cases unless there are financial incentives which help defray the cost of implementation.</p> <p>The eCMS work cannot proceed until the HIE APD is approved.</p> <p>The APD process could be leveraged in order to support adoption of HIT by behavioral health providers, but MDHHS would have to possess the corresponding general fund dollars.</p>	<p>1) CC360 – Seek modifications to CC360 to incorporate behavioral health information</p> <p>2) ECMS – Secure approval of HIE APD in order to obtain funding for developing and implementing the electronic consent management infrastructure.</p> <p>3) ECMS – Work with HIT and HIE partners to pilot the electronic consent management use case.</p> <p>4) ECMS – Work with HIT and HIEpartners, substance use disorder treatment providers, and payers to promote statewide participation in the electronic consent management use case.</p> <p>5) ADT – Identify pilot sites for the inpatient psychiatric admission discharge transfer (ADT) notifications use case.</p> <p>6) ADT – Work with HIT and HIE partners to finalize the use case agreement for the inpatient psychiatric admission discharge transfer (ADT) notifications use case.</p> <p>7) ADT – Work with the MHPs and PIHPs to encourage provider participation in the inpatient psychiatric admission discharge transfer (ADT) notifications use case.</p> <p>8) HIT – Explore whether the department can include funding for supporting adoption of HIT by behavioral health providers as a future APD activity.</p>	<p>6.30.18</p> <p>Depends on CMS</p> <p>Dependent on ADP funding</p> <p>Dependent on ADP funding</p> <p>3.31.18</p> <p>6.30.18</p> <p>12.31.18</p> <p>3.31.18</p>	In Process
9.2	MDHHS should <u>conduct education and outreach</u> efforts to inform individuals, families, providers and payers <u>about the importance and value of health information sharing.</u>	MDHHS is currently in the midst of updating its educational and guidance documents. The department also be scheduling outreach and education events to inform individuals about the new guidance.		1) Update the consent form training module.	4.30.18	In Process
9.4	MDHHS should create a <u>common culture of collaboration</u> where stakeholders can <u>identify, discuss, and overcome statewide barriers to health information sharing</u> on an ongoing basis.	The department convened the HIT Commission in June and facilitated a panel discussion on sharing behavioral health information. The HIT Commission recommended continuing to build on progress under the Standard Consent Form and supporting information sharing through tools such as CC360. MDHHS has also continued to engage the Consent Form Workgroup on various issues related to privacy and consent.		<p>2) Conduct training for providers and payers.</p> <p>3) Encourage providers and payers to update their Notice of Privacy Practices, privacy policies, and training manuals.</p>	<p>Ongoing</p> <p>6.30.2018</p>	