February 16, 2017

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
February 2017 Meeting

• Welcome and Introductions

• Commissioner Updates

• Review of the October 20, 2016 Meeting Minutes

• 2016 Annual Report Approval
HIT/HIE Updates

- HIT Commission Dashboard
- Update on October Resolutions
# 2017 Goals – February HIT Commission Update

## Governance Development and Execution of Relevant Agreements

- Execution of Agreements: Trusted Data Sharing Organizations (current total: 110):
  - **Meridian Health Plan** – Active Care Relationship Service (ACRS) Use Case Exhibit (UCE), Admission, Discharge, Transfer Notifications (ADT) UCE, Health Provider Directory (HPD) UCE, Quality Measure Information (QMI) UCE
  - **Oakwood ACO** – Simple Data Sharing Organization Agreement (SDSOA), Master Use Case Agreement (MUCA), ACRS UCE, HPD UCE, Medication Reconciliation (MedRec) UCE, QMI UCE
  - **Ingenium, LLC** – Lab Orders-Results (LOR) UCE

## Technology and Implementation Road Map Goals

- Newest facilities in production with **Statewide Lab Orders-Results Use Case Scenario** via Great Lakes Health Connect (GLHC):
  - Beaumont Hospitals
  - Hurley Medical Center
  - Holland Hospital
  - St. Mary’s of Michigan
  - Genesys Regional Medical Center
- 24 hospitals in full production sending lab results to MiHIN
  - 1,467,644 Statewide Labs received since 01/11/17
- **Clinton Aire** sending ADTs to MiHIN via Patient Ping
- **Greater Macomb PHO** in production receiving ADTs
2017 Goals – February HIT Commission Update

QO & VQO Data Sharing

• More than 1.06 *billion* messages received since production started May 8, 2012
  • Averaging 10 MLN+ messages/week
  • 9.3 MLN+ ADT messages/week; 1.7 MLN+ public health messages/week
• Total 539 ADT senders, 83 receivers to date
• Sent 3 MLN+ADTs out last week (59.43% “exact match” rate without CKS)
• Messages received from NEW use cases in production – more than:
  • 2,598,530 Immunization History/Forecast queries to MCIR
  • 5,544,540 Medication Reconciliations at Discharge received from hospitals
  • 17,742 Care Plan/Integrated Care Bridge Records sent from ACOs to PIHPs
• 10.2 MLN patient-provider relationships in Active Care Relationship Service (ACRS)
• 6.1 MLN unique patients in ACRS
• 305,037 unique providers in statewide Health Provider Directory
  • 26,216 unique practices
  • 102,181 total Direct addresses in HPD
  • 141,579 unique affiliations between providers and entities in HPD

MiHIN Shared Services Utilization

• Next PPQC meeting is in person at MiHIN on Thursday, March 2 from 11AM-3PM
• 176 Skilled Nursing Facilities (SNFs) sending ADTs – 43% of SNFs in Michigan
## MiHIN Statewide Use Case and Scenario Status

<table>
<thead>
<tr>
<th>Conceptual</th>
<th>Planning &amp; Development</th>
<th>Implementation (Operational Adoption)</th>
<th>Mature Production (&gt;65% Utilization)</th>
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<tbody>
<tr>
<td>Opioid Monitoring</td>
<td>Lab Orders-Results: Newborn Screening - CCHD</td>
<td>Active Care Relationship Service</td>
<td>Admission, Discharge, Transfer Notifications (Senders)</td>
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<tr>
<td>Knowledge Grid (KGRID)</td>
<td>Quality Measure Information</td>
<td>Health Directory</td>
<td>Admission, Discharge, Transfer Notifications (Receivers)</td>
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<td>Life Insurance</td>
<td>Electronic Case Reporting</td>
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<td>Health Information for State: Immunizations, Syndromic Surveillance</td>
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<td>Health Risk Assessments</td>
<td>Common Key Service</td>
<td>Discharge Medication Reconciliation (Receivers)</td>
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<tr>
<td>Health Information for State: Birth Notifications, Chronic Disease Notifications</td>
<td>Health Information for State: Newborn Screening - Hearing Test Results</td>
<td>Immunization History-Forecast</td>
<td></td>
</tr>
<tr>
<td>Organ Donor Notifications</td>
<td>Lab Orders-Results</td>
<td>Admission, Discharge, Transfer Notifications (Senders)</td>
<td></td>
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<tr>
<td>Prescription Information: Prescription Status, Prescription Stop Order, Prescription Monitoring Program</td>
<td>State Bureau Lab Orders-Results, Cancer Notifications,</td>
<td>Advance Directives</td>
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<td>Patient Record Service</td>
<td>Care Plan-ICBR</td>
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<td></td>
<td>Consumer Consent</td>
<td>Single Sign-On</td>
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<td>Consumer Preference Management</td>
<td>Information for Veterans</td>
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<td>Tobacco Referral</td>
<td>Social Security Determination</td>
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<td></td>
<td>Information for Consumer</td>
<td>Lab Orders-Results: Disease Surveillance</td>
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<tr>
<td></td>
<td></td>
<td>Cancer Pathology</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Statewide Lab Orders-Results</td>
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</tr>
<tr>
<td>Death Notifications</td>
<td></td>
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</tr>
</tbody>
</table>

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Funding Michigan’s Technical Infrastructure to Enable Health Information Exchange

Much of the Data Hub and other infrastructure to enable interoperability in Michigan is significantly funded by the federal Department of Health and Human Services through the Advance Planning Document (APD) process. The APD process is the mechanism by which States obtain approval for Federal Financial Participation (FFP) in the acquisition costs of automated data processing equipment and services.

Annually, the Funding Sources Team, now housed within the Business Integration Center (BIC) of the Michigan Department of Health & Human Services (MDHHS), undertakes the effort of obtaining input from business owners, vendors, and departmental leadership on upcoming activities and projects for inclusion in the Health Information Technology (HIT) APD. Once activities have been agreed upon and prioritized, an APD is drafted that outlines departmental plans, timelines and budgets for the HIT activities that MDHHS desires to undertake over the next two fiscal years.

In January, MDHHS received notice of partial approval of the department’s most recently submitted HIT APD, which covers FY 16 & FY 17 activities. Since 2010, the HIT APD has grown from primarily supporting the Medicaid Electronic Health Record Incentive Program to supporting a large portion of the HIT needs of the entire Medicaid Enterprise. With the growth of the enterprise framework and underlying complexity, CMS is planning an evaluation which will include a site visit to MDHHS during the second quarter of 2017. Michigan hopes to receive full HIT APD approval at that time.

MDHHS kicked off the 2018-2019 HIT APD process in late January. This will be the first cycle with formalized involvement from the MDHHS BIC. During this APD cycle, MDHHS plans to focus even more on synchronizing projects and funding across all APDs within the department. It is the goal to submit all 12 APDs MDHHS is currently working on at relatively the same time (around July/August of 2017) with hopes of receiving approval for all APDs prior to the beginning of FY 18. Some of the APDs currently being developed in addition to the HIT APD are related to Integrated Service Delivery, Data Warehouse, Eligibility and Enrollment, Medicaid Management Information System (MMIS) Operations, to name a few.
## Participation Year (PY) Goals
### February 2017 Dashboard

### 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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<tr>
<td><strong>AIU</strong></td>
<td>6316</td>
<td>$211,015,400</td>
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<tr>
<td><strong>MU</strong></td>
<td>5763</td>
<td>$129,919,395</td>
</tr>
</tbody>
</table>

**Key:**  
- **AIU** = Adopt, Implement or Upgrade  
- **MU** = Meaningful Use
myHealthButton/myHealthPortal Dashboard

Updates:

**Release 6.6 (December 2016)**
- New User Interface for myHealthButton
- Cost Share and CoPay updated
- Enhancements to Health Tracker on the Button

**Outreach Activities**
- Laura Hinman has provided instructional demos to various organizations
- An outreach strategy is currently being discussed.
- Brochures and flyers have distributed.

*Graphs showing MILogin Activity and myHP/myHB Activity as of 02/08/2017 with respective counts.*
CONSUMER ENGAGEMENT INTEREST GROUP CALL

MARCH CALL: Wednesday, March 22, 2017, 2-3pm

Call Contents:
- Discussing the key findings of the survey
- Discuss current and future partnerships derived from effective utilization of surveys statistics.
- Discuss action items and potential outcomes.

Dial In: +1-415-655-0001
Meeting Link: https://meetings.webex.com/collabs/#/meetings/detail?uuid=MD2QW3WXDBSRYR5FDU N1FZVWNF-5781&rnd=245371.82672
Access Code: 192 125 599

MDHHS collaborated with MPHI to conduct a survey of Medicaid and Healthy Michigan Plan beneficiaries to understand their level of engagement in their health and health care, use of technology, and the factors contributing to their engagement or lack thereof.

This effort presented multiple facts and findings that will lead to more informed and patient centered healthcare & engagement for both patients and providers.

STAKEHOLDER COLLABORATION

Join Our CEIG Newsletter

The Consumer Engagement Interest Group Newsletter is designed to provide subscribers with current content from trusted sources within the Health IT, Michigan Medicaid, and Patient Engagement landscape.

Click Here To Join

Stakeholder group Breakdown

- 11 Health IT/IE
- 10 Health Plan
- 9 Health Association
- 26 Government
- 24 Other
- 6 Consumer Advocacy Groups
Public Health Reporting in Michigan - Overview

Presentation for: Health Information Technology Commission

Shelley Mannino-Marosi
Director, Government Projects
shelley.mannino-marosi@mihin.org
Today’s Agenda

• Overview of MiHIN today
  • Network snapshot
  • Michigan’s growing capabilities
  • Brief history
• Current use case status
• Participant summary
• Opportunities for additional growth
MiHIN is a network for sharing health information statewide for Michigan
Statewide Network Requires Efficiency

Duplication of effort, waste, & expense
(N x N-1 connections)

Shared Services
(N connections)
Network of Networks:

MiHIN Statewide Shared Services

Health Plans

MDHHS Data Hub

Immunizations

MI Disease Surveillance System

MDSS

MI Syndromic Surveillance System

Single point of entry/exit for state

Consumer-facing Organizations

Health Information Exchanges (HIEs)

Other Data Sharing Organizations

Providers & Health Systems

Pharmacies (more coming)

State Innovation Models (SIM) - 43 Provider Organizations

Data Warehouse

MDSS

Chronic Diseases

State Labs

Medicaid

Health Plans

Health Information Exchanges (HIEs)

Providers & Health Systems

Pharmacies (more coming)

State Innovation Models (SIM) - 43 Provider Organizations

Health Plans

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Health Information Exchanges in MI
MiHIN created statewide ecosystem to:

• **Manage** statewide *legal trust* fabric

• **Connect** DHHS and all: Health Plans, HIEs, Pharmacies, appropriate Federal Government agencies, others

• **Align** incentives and/or regulations to fairly share data and promote data standardization (via use cases)

• **Maintain** statewide *master data sharing infrastructure*

• **Convene** groups to identify data sharing barriers, reduce provider burdens, engage consumers, and enable population health
“One and Done”- Easier, Simplified, Predictable Data Sharing

• **Sign once for legal Interoperability**
  - Common legal framework across the state
  - Transparent data usage for each use case

• **Connect once for technical integration**
  - MiHIN network includes all of healthcare: HIEs, HISPs, health plans, the state and the federal agencies

• **Publish once for authoritative sources**
  - Patient/provider delivery preferences easily registered, centrally managed

• **Report once for reuse & reduction of duplicated efforts**
  - Messages can be routed to multiple destinations – no duplicate interfaces or repeat reports
## Interoperability Solutions Used Today

<table>
<thead>
<tr>
<th>Solution</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HL7 Version 2 interfaces</td>
<td>68%</td>
</tr>
<tr>
<td>CCDA (Consolidated Clinical Document Architecture)</td>
<td>65%</td>
</tr>
<tr>
<td>Direct messaging</td>
<td>64%</td>
</tr>
<tr>
<td>Secure messaging</td>
<td>63%</td>
</tr>
<tr>
<td>Health information exchange</td>
<td>63%</td>
</tr>
<tr>
<td>Vendor-sponsored HIE (e.g. CommonWell Health Alliance, Carequality)</td>
<td>29%</td>
</tr>
<tr>
<td>HL7 FHIR (Fast Healthcare Interoperability Resources)</td>
<td>13%</td>
</tr>
<tr>
<td>Don't know/Not applicable</td>
<td>11%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>8%</td>
</tr>
</tbody>
</table>

Source: eHealth Initiative 2016 Interoperability Survey
Interoperability in Michigan

- 109 trusted data sharing organizations
  - 41 active VPN connections
  - 52 secure FTP connections
  - 93,919 Direct email addresses
  - CONNECT node with NwHIN protocols
  - One of first FHIR production servers in U.S.
- MiHIN supports the following secure transports:
  - VPN / Lower Layer Protocol (LLP)
  - SOAP APIs
  - REST APIs (including FHIR)
  - Direct Secure Messaging
  - Secure FTP
  - We are transport agnostic
- MiHIN supports 343 active Rhapsody connections
  - 203 external
  - 140 internal

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Cumulative Total of Organizations Signed with MiHIN

2012
- Michigan Department of Health and Human Services
- Ingenium
- Jackson Community Medical Record
- Upper Peninsula Health Information Exchange
- Carebridge

2013
- PCE Systems
- Blue Cross Blue Shield of Michigan
- Southeast Michigan Health Information Exchange
- Health Alliance Plan (HAP)
- NetSmart Technologies
- CVS/Caremark

2014
- Priority Health
- Meridian Health Plan
- Michiana Health Information Network
- Costco

2015
- Walgreens
- Meijer
- NoMoreClipboard
- Great Lakes Health Connect
- Molina
- Walmart
- Northern Physician Organization
- Detroit Wayne Mental Health Authority
- Community Mental Health Partnership of Southeast Michigan
- Gift of Life Michigan
- Surescripts
- Altarum Institute
- Region 10 PIHP
- Fidelis
- Macomb County Community Mental Health
- Total Health Care
- Lakeshore Regional Partners
- Northcare Network
- Mid-State Health Network
- Spectrum
- Upper Peninsula Health Plan
- AmeriHealth
- Blue Cross Complete
- Michigan Health and Hospital Association
- Medyear
- Beaumont
- Northern Michigan Regional Entity
- Aetna
- 2016
- McLaren Health System
- Wayne State University Physician Group
- Munson Healthcare
- Covenant

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Brief History

• MiHIN formed in 2011
• Went into production sending immunizations to Michigan Department of Community Health / Michigan Care Immunization Registry on May 8, 2012 ("Use Case Zero")
• Here is what MiHIN looked like then:

  - Gradually added more use cases, more health information exchanges to get where we are today
Network of Networks:

MiHIN Statewide Shared Services

Consumer-facing Organizations
- Health Hero
- GIFT LIFE
- MediPortal
- STC
- Beaumont Health
- MHA
- Trinity Health

Other Data Sharing Organizations
- Altarum Institute
- PCIE Systems
- Carebridge
- Michigan Health & Hospital Association

Health Information Exchanges (HIEs)
- Walgreens
- Costco
- Walmart
- SureScripts

Providers & Health Systems

Pharmacies (more coming)

Health Plans
- MDHHS Data Hub
- Immunizations
- MI Syndromic Surveillance System
- MI Disease Surveillance System
- Chronic Diseases
- Medicaid
- State Labs

State Innovation Models (SIM)
- 43 Provider Organizations

Health Information Exchanges (HIEs)

Single point of entry/exit for state

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MiHIN Statewide Use Case and Scenario Status

Conceptual Planning & Development Implementation (Operational Adoption) Mature Production (>65% Utilization)

- Opioid Monitoring
- Knowledge Grid (KGRID)
- Life Insurance
- Health Risk Assessments
- Health Information for State: Birth Notifications, Chronic Disease Notifications
- Organ Donor Notifications
- Prescription Information: Prescription Status, Prescription Stop Order, Prescription Monitoring Program
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- Lab Orders-Results: Newborn Screening - CCHD
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- Common Key Service
- Health Information for State: Newborn Screening - Hearing Test Results
- Lab Orders-Results
- State Bureau Lab Orders-Results, Cancer Notifications,
- Patient Record Service
- Consumer Consent
- Consumer Preference Management
- Tobacco Referral
- Information for Consumer

- Active Care Relationship Service
- Health Directory
- Discharge Medication Reconciliation (Receivers)
- Immunization History-Forecast
- Advance Directives
- Care Plan-ICBR
- Single Sign-On
- Information for Veterans
- Social Security Determination
- Lab Orders-Results: Disease Surveillance
- Cancer Pathology
- Statewide Lab Orders-Results

- Admission, Discharge, Transfer Notifications (Senders)
- Admission, Discharge, Transfer Notifications (Receivers)
- Admission, Discharge, Transfer Notifications (Senders)
- Discharge Medication Reconciliation (Senders)
- Health Information for State: Immunizations
- Syndromic Surveillance

Health Information for State:
- Immunizations
- Syndromic Surveillance

Information for Consumer:
- Prescription Information:
  - Prescription Status,
  - Prescription Stop Order,
  - Prescription Monitoring Program

- Death Notifications
- Opioid Monitoring
- Knowledge Grid (KGRID)
- Life Insurance
- Health Risk Assessments
- Health Information for State: Birth Notifications, Chronic Disease Notifications
- Organ Donor Notifications
- Prescription Information: Prescription Status, Prescription Stop Order, Prescription Monitoring Program

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Opportunities for Additional Growth

- Align new use cases with network participant readiness
  - Incentives
  - Policy levers
- Focus on revenue-generating opportunities to drive participation
  - Death Notifications
  - Immunization History-Forecast
- Focus on use cases that simplify workflow:
  - Newborn screening “bundle” w/ birth notifications, common key assignment
  - Birthing hospitals can report once for five use cases
- Leverage existing infrastructure
  - Tobacco free e-referrals
- Interstate sharing of public health data starting with
  - Immunizations
  - Blood lead results
Thank You

Shelley Mannino-Marosi
Director of Government Projects
shelley.mannino-marosi@mihin.org
SIM Overview and Vision

• Michigan received a State Innovation Models (SIM) $70 million grant from Centers for Medicare and Medicaid Services to test delivery and payment system changes
• Strategies focus on cost-effective use of healthcare dollars in terms of patient experience and quality outcomes
• Vision is a system that coordinates care within the medical system to improve disease management and utilization; and that reaches out into the community to address social determinants of health
• Program provides reporting capabilities for a population with payer and clinical data points
State Innovation Models (SIM)

SIM Relationship and Attribution Management Plan (RAMP) Use Cases:

- Active Care Relationship Service (ACRS)
- Health Directory (HD)
- Admission, Discharge, Transfer Notifications (ADTs)
- Quality Measure Information (QMI)
- Common Key Service (CKS)
### SIM Legal Agreement Status

<table>
<thead>
<tr>
<th>SIM Participants</th>
<th>MUCA/SDOA/QDSOA</th>
<th>ADT</th>
<th>ACRS</th>
<th>HD</th>
<th>QMI</th>
<th>CKS</th>
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<tr>
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<td>100%</td>
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<td>100%</td>
<td>100%</td>
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<tr>
<td>Multi-site Practices</td>
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<td>100%</td>
<td>100%</td>
<td>100%</td>
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<td>100%</td>
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<tr>
<td>Independent Practice Units</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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## SIM Onboarding Status

<table>
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<th>SIM Participants</th>
<th>ACRS</th>
<th>ADT</th>
<th>HD</th>
<th>QMI</th>
<th>CKS</th>
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<tbody>
<tr>
<td>29 Managing Organizations</td>
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<td>70% In Production</td>
<td>70% In Production</td>
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<td>Scheduled Q4</td>
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## SIM Medicaid Health Plan
### Onboarding Status

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<th>HD</th>
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<th>CKS</th>
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<td>Scheduled Q4</td>
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Altarum’s Michigan Public Health Project Updates

Michigan HIT Commission
February 16, 2017

Rick Keller & Imen Alem, MHSA
Altarum Institute
Agenda

- Altarum Intro
- Michigan Disease Surveillance System
- Michigan Syndromic Surveillance System
- National Network of Depression Centers Mood Outcomes Program
- Public Health Interoperability Projects
- MDHHS Validator Project
- Michigan Dental Registry (MIDR) Overview and Demo
Altarum Institute is a nonprofit health systems research and consulting organization. Altarum integrates independent research and client-centered consulting to create comprehensive, systems-based solutions that improve health.

Health Innovations & Technical Assistance is a 125+ person, multi-office business unit, made up of 4 nonprofit Centers dedicated to advancing health policy and practice through research, innovation and the delivery of technical assistance to states, health departments and healthcare providers.

- **Center for Connected Health**
  Director: Rick Keller

- **Center for Implementation Science**
  Director: Anya Day

- **Center for Appropriate Care**
  Acting Director: Dan Armijo

- **Center for Food and Nutrition**
  Director: Linnea Sallack
Center Director: Rick Keller
Center Deputy: Laura Rappleye
Center’s Mission: To advance public health and healthcare delivery through development of novel applications and information exchange solutions.

Expertise & Offerings: Design and development of systems for population health surveillance and disease case management including web-based registries and mobile applications for clinical decision support. Staff are experts in health information integration and interoperability, developing implementation guides, interfaces and data quality validation tools for EHR and health system connectivity.
Project Summary: The MDSS is a Web based communicable disease reporting system developed to facilitate coordination among local, State and Federal Public Health Agencies. It provides for the secure transfer, maintenance and analysis of communicable disease surveillance information and promotes participation from a variety of stakeholders including public health, health care providers and medical laboratories. The MDSS addresses needs in many areas of traditional disease surveillance, emergent infectious diseases and biological terrorism. Altarum developed the system and provides ongoing maintenance and upgrades.

Project Lead: Lakshmi Atluri, lakshmi.atluri@altarum.org
Funder: MDHHS, Medicaid HIT APD
Clients: MDHHS Communicable Disease Division.
Users: State and local public health, hospital infection control practitioners
**Project Summary:** MSSS receives real-time HL7 messages for Emergency Department and Urgent Care visits statewide and classifies patients’ chief complaints into syndromic categories (respiratory, constitutional, botulinc, gastrointestinal, hemorrhagic, neurological, heat, and rash). The system detects unusual increases in these syndromes in counties and statewide and alerts public health officials for investigation. Sudden increases in these symptoms could signal public health threats or bioterrorism emergencies and MSSS provides an early warning before diagnoses are available. Altarum developed the system and provides ongoing maintenance and upgrades.

**Project Lead:** John Christensen, john.christensen@altarum.org  
**Funder:** MDHHS, Medicaid HIT APD  
**Clients:** MDHHS Division of Communicable Disease  
**Users:** Michigan public health (State and Regional Epidemiologists), National Syndromic Surveillance Program, hospital submitters can receive monthly feedback
**Project Summary:** The aim of the NNDC Mood Outcomes Program is to improve patient care provided to those suffering with mood disorders. Through use of measurement-based care tools and quality improvement programs informed by patient care data at our centers and the support of ongoing research, the NNDC is working to transform the treatment of mood disorders. Altarum developed the system which consists of:
- ePRO– Electronic Patient Reported Outcomes module
- Clinical Repository and Dashboard
- De-identified Research Warehouse

**Project Lead:** Rachelle May-Gentile, rachelle.may-gentile@altarum.org

**Funder:** NNDC

**Clients:** NNDC

**Users:** NNDC and NNDC member sites
**Project Goal:** To develop integration tools and provide technical assistance to improve the timeliness and completeness of data submitted to public health surveillance teams to assist in the prevention, management and control of disease. These services support MDHHS’s public health meaningful use programs. Public Health Programs Supported:

- **Michigan Birth Defect Surveillance Program**
- **Michigan Cancer Surveillance Program**
- **Michigan Disease Surveillance System**
- **Michigan Childhood Lead Poison Prevention Program**
- **Michigan Newborn Screening Programs:**
  - Critical Congenital Heart Disease
  - Blood Spot Orders and Results
  - Early Hearing Detection and Intervention
- **Michigan Syndromic Surveillance System**
- **Michigan Vital Records and Health Statistics:**
  - Electronic Death Reporting
  - Electronic Birth Reporting
MDHHS Public Health Interoperability Projects

▲ Services and Tools

- HL7 Implementation Guide Analysis and Development
- Quality Assurance Testing and Validation Tool Development
- Technical Assistance and Onboarding
### MDHHS Public Health Interoperability Projects

**MDHHS Validation Infrastructure**

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<th>MDHHS Pre-Production Validator</th>
<th>MDHHS Production Data Quality Validation Tool (DQT)</th>
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▲ **Pre-Production Validator**: Hosted at MIHIN and used to validate hospitals, laboratories, health care providers and vendors electronic messages are in accordance with the HL7 implementation guides and the public health programs’ business rules before sending to production systems for data quality assurance.

▲ **Production Data Quality Tool (DQT)**: Hosted at the State and contains the business rules for each of the program areas that validate messages

▲ **Onboarding QA/Technical Assistance**: 
MDHHS Public Health Interoperability Projects

▲ Project Lead
  ▪ Laura Rappleye [laura.rappleye@Altarum.org](mailto:laura.rappleye@Altarum.org)

▲ Funder
  ▪ MDHHS, Medicaid HIT APD

▲ Clients
  ▪ MDHHS public health programs and Medicaid

▲ Users
  ▪ MDHHS public health programs, EHR vendors, hospitals, providers, laboratories and Medicaid health plans
Questions?

Questions
Reducing the Burden of Oral Health Disease in Michigan

Center for Medicare and Medicaid Innovation
Health Care Innovation Award

High-level aims: Sustained, system-wide improvement

1. Increase the proportion of low-income children who receive preventive dental services
2. Reduce the proportion of low-income children experiencing tooth decay
3. Reduce the total cost of oral health care among the target population
Why Children’s Oral Health?

TOOTH DECAY affects U.S. children more than any other chronic infectious disease.

It is more common than asthma yet largely preventable.

60% of Medicaid eligible children in Michigan did not receive any dental care in 2013.

Young children will often see their physician 8 times before seeing a dentist.

As many as 17 MILLION CHILDREN go WITHOUT dental care each year in the U.S.

A national survey found that roughly 1 in 7 children ages 6 to 12 had suffered a TOOTHACHE in the previous 6 months.
Identifying children in need of care
Delivering improved oral health screening tools, technical assistance, and training to providers.

Promoting evidence-based preventive care
Providing continuing medical education to primary care providers and dentists to improve access to preventive oral health services.

Linking children to appropriate care providers
Developing a public health tool (MiDR) that allows physicians to refer patients to the appropriate dental care provider.

Managing and monitoring care
Developing a statewide quality monitoring system that will allow the State to monitor the program’s impact on health.
Activating the medical community: Altarum has provided CME training to nearly 1,500 medical providers across the state

Target population: Medicaid children during well-child visits

Dramatically increased the % of children receiving appropriate care

Well-Child Visit Preventive Oral Health Services

- Oral Health Screenings
  - Baseline: 12%
  - Month 3: 86%
  - Months 5-6: 93%

- Fluoride Varnish Applications
  - Baseline: 4%
  - Month 3: 62%
  - Months 5-6: 73%

- Dental Home Recommendations/Referrals
  - Baseline: 8%
  - Month 3: 48%
  - Months 5-6: 85%
What is Michigan’s Dental Registry (MiDR℠)?

1 Clinical Tool
- A web-based platform that helps primary care providers manage preventive oral health services and refer and communicate about patients with their dentist.
- Partnered with Delta Dental of Michigan to offer a dentist search within the Healthy Kids Dental network of Michigan.
  - **Access Points:** Allscripts Professional, MILogin

2 Meaningful Use Specialized Registry
- A registry used to monitor and assess the current condition of oral health within the state and identify and address unmet needs within the population.
- Main data elements:
  - Fluoride Varnish
  - Oral Screenings
  - Dental Decay
MiDR℠: Clinical Tool

Available on MILogin & Allscripts Professional!

Users
- Primary care providers
- Dentists

Functionality
- Document preventive oral health services delivered
- Enable care coordination between medical and dental provider
- Facilitate dental referral
- Track referral completion

Find more information at www.MichigansDentalRegistry.org
MiDR’s dental search leverages Delta Dental of Michigan’s Dental Provider Database to provide a continuously up to date list of dentists.

**Presents unique incentives for adoption:**

- Increases dentist participation for new patient referrals
- Increases PCP participation for closing the referral loop
- Monitors patient coordination across care settings
MiDR℠ can be used to meet Meaningful Use Specialized Registry Requirements

The purpose of Michigan’s Dental Registry is to monitor and assess the current condition of oral health within the State and address unmet needs within the population. This data will also allow for better coordination around patient treatment in the medical and dental setting, positively impacting the care provided to Medicaid-insured children.

https://michiganhealthit.org/public-health/michigan-dental-registry-for-healthcare-professionals/
Data collected by MiDR℠ is submitted to the State of Michigan, creating a real-time, reportable data system for monitoring pediatric oral health access to services and overall dental caries rates.

**User Type:** 50/50 Medical and Dental users
- Majority of users are support staff (MAs, RNs, administrative staff)

**Data Collected**
- Fluoride Varnish Application
- Oral Screening Findings
- Dental Treatment
- Referrals submitted & completed
MiDR℠ Demo

www.MichigansDentalRegistry.org
Thank you!

Questions?

www.MITeeth.org/MiDR.html
info@MITeeth.org

Imen Alem, MHSA
Imen.Alem@Altarum.org
(734) 302-4769
MCIR Leading MDHHS Systems in HIE

Progress: 2012 to 2016
MCIR Agenda

- Pioneers who led the way
- Maturity of VXU adoption
  - Stats
  - Onboarding
- Adoption of Query Forecast/Query History
  - Stats
- 2017 MCIR Drawing Board – What’s Next?
MCIR Pioneer Award

- A Pioneer is a person or group that
  - Is among the first to do something
  - originates or helps open up a new line of thought, activity or a new method - technical development
  - is Leading the way; trailblazing
MCIR Pioneer Award - VXU

- **Beaumont** – Partnered with MDHHS on the first HIE HL7 delivery of public health reporting of vaccines in Michigan.
MCIR Pioneer Award - QBP

- **Henry Ford Health Systems** - partnered with MDHHS in the efforts to bring into production the first HIE bi-directional query-by-parameter (QBP) message in Michigan.

*Query Forecast/Query History Began in March 2015*
Maturity of VXU Adoption

- 2012 – HL7 represented 4.3% of vaccines received
- 2016 – HL7 represents 65%
- 2016, over 75% of Medicaid Vaccine-for-Children VFC Providers submit via HL7
Maturity of VXU Adoption

- Total number of provider sites live in HL7 Production: 2,495
- Total number of sites currently pending: 85
- January 2017: 56 of 91 represent new CVS Pharmacy Stores

| Calendar Year HL7 MCIR Production Site Statistics |
|---------------------------------|--------|--------|--------|--------|--------|--------|
|                                 | 2012   | 2013   | 2014   | 2015   | 2016   | 2017 - Jan |
| Total                          | 164    | 545    | 729    | 586    | 380    | 91       |
| Total                          |        |        |        |        |        | **2495**  |
Adoption of Query Forecast/History

- Live in 2015
- 29 provider sites added in 2015
- 439 provider sites added in 2016
- Latest 4 month average = 315,472 queries per month

- In addition to two EHR vendors (EPIC and GE Centricity), two Pharmacies (Walmart and Sam’s Club) are live on MCIR QBP
CY2017 MCIR Drawing Board

- **Live Fall 2016** –
  - HL7 Viewer (to be showcased at AIRA National Conference in April 2017)

- **Live January 2017**
  - PDF version of patient Forecast/History information by query
  - QBP V1.5 – allow for providers to attest to MU Stage 3 Query. 2017 work - Transition existing query users to new version

- **What’s Next?**
  - **Consumer Access**
    - Medicaid Beneficiaries Query via myHealthButton/myHealthPortal – projected June 2017
    - Partnerships with other health care organizations for patient portals to query MCIR
  - MCIR leverage MDHHS Data Hub’s **Emergency Message Store**
  - **State-to-State** transmission – 2017 project with Wisconsin proposed
  - Discussions with Federal **Refugee Services** on receipt of Refugee vaccine information
  - Begin project (early winter 2017) to receive Vital Records **electronic Death Notifications**
HL7 Viewer – quick pic
Tina R. Scott, Section Manager
Division of Immunization
ScottT1@Michigan.gov
• HIT Commission Next Steps

• Public Comment

• Adjourn