

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

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

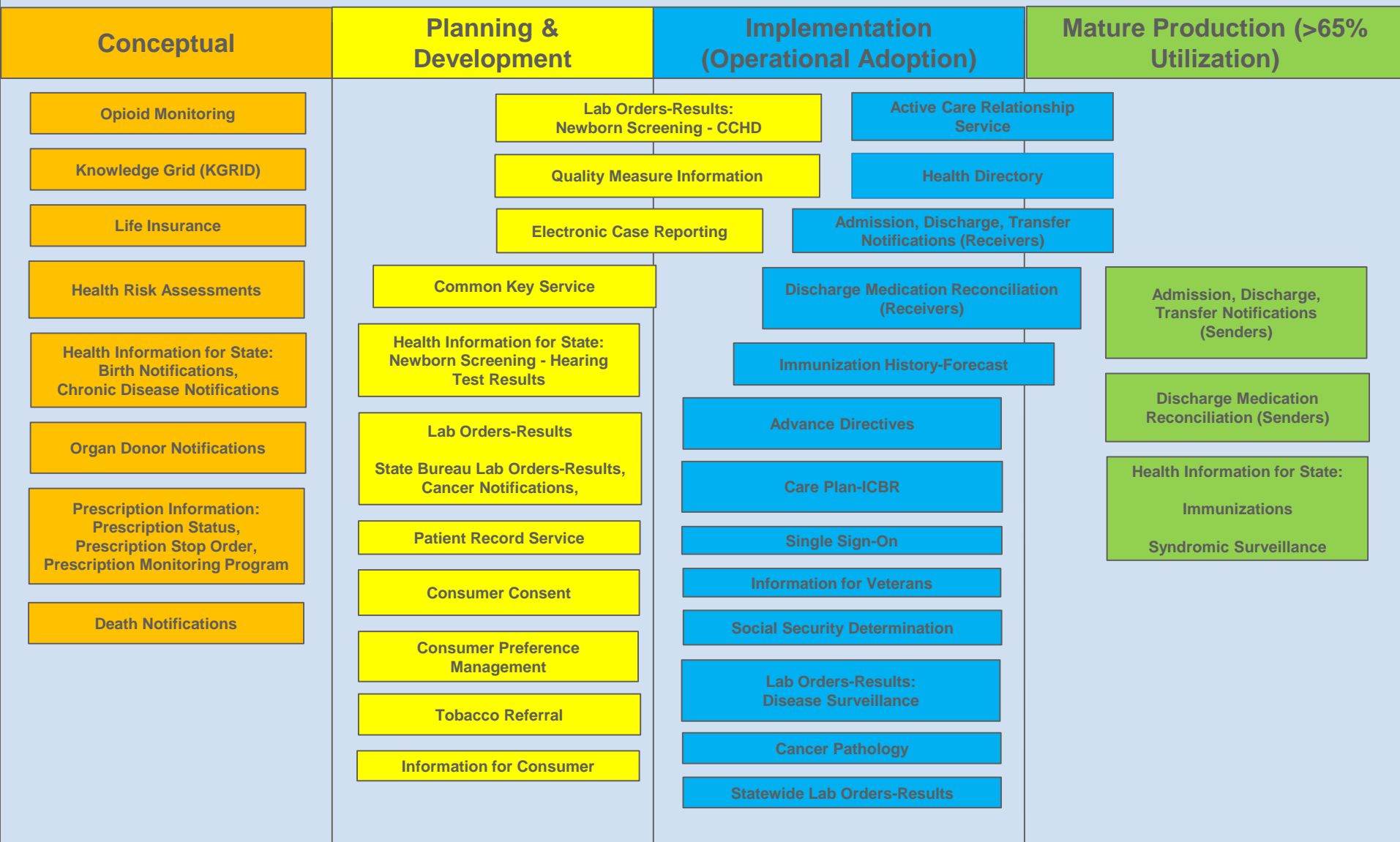
- More than **1.06 *billion*** messages received since production started May 8, 2012
 - Averaging **10 MLN+** messages/week
 - **9.3 MLN+ ADT** messages/week; **1.7 MLN+** public health messages/week
- Total 539 ADT senders, 83 receivers to date
- Sent **3 MLN+ADTs** out last week (59.43% “exact match” 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

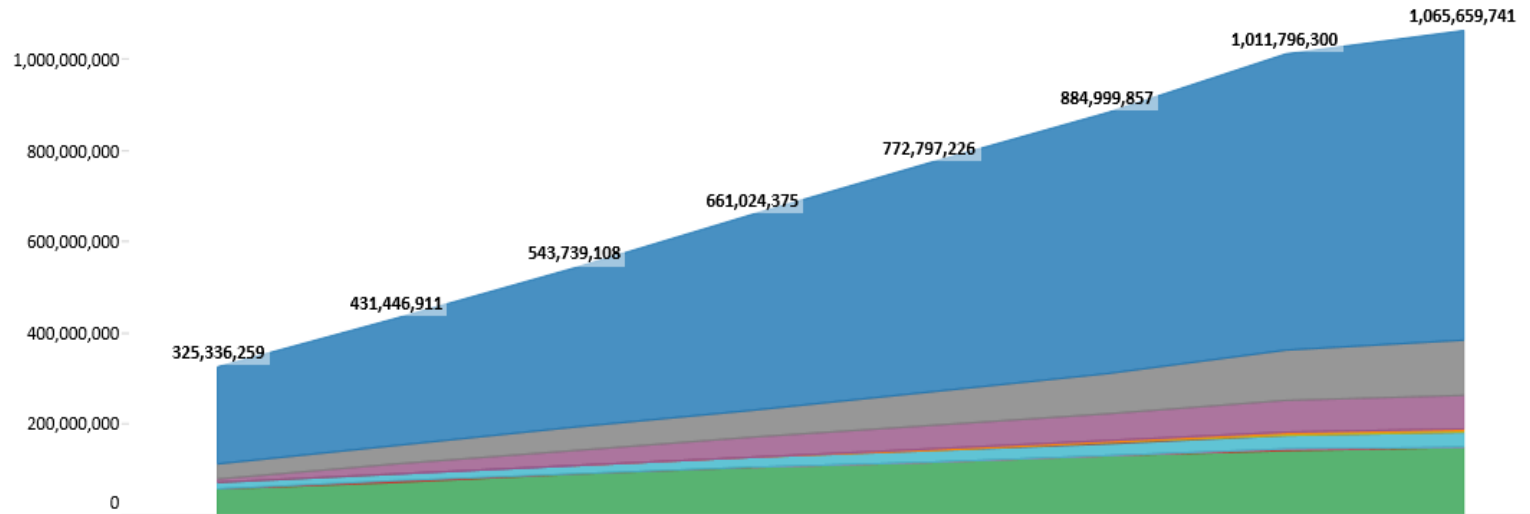
- Next PPQC meeting is in person at MiHIN on Thursday, March 2 from 11AM-3PM
- **176** Skilled Nursing Facilities (SNFs) sending ADTs – 43% of SNFs in Michigan



MiHIN Statewide Use Case and Scenario Status



MiHIN M3 Report: Cumulative Totals



Use Case	2015 Q2	2015 Q3	2015 Q4	2016 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1
ADT Inbound	210,456,041	277,652,463	349,613,076	428,856,636	501,941,123	572,952,331	649,229,795	679,734,235
ADT ACRS Outbound	32,832,345	41,210,999	50,395,674	60,425,845	72,405,193	87,300,522	110,932,841	122,758,887
ADT Payer Outbound	9,767,698	21,889,715	32,115,861	43,012,417	53,376,463	61,074,794	68,623,862	71,406,586
ICBR		0	2,939	4,338	4,435	7,250	16,150	17,742
Medrec Inbound			36,809	549,972	1,665,729	3,297,812	4,919,290	5,544,540
Medrec Outbound					48,274	226,012	789,702	1,004,378
Immunization History-Forecast	19,389	19,710	49,505	158,364	529,435	1,289,941	2,241,593	2,598,530
Submit Immunizations	13,237,423	15,116,103	19,153,190	21,968,194	23,823,779	26,246,330	29,758,097	30,678,154
Submit Newborn Screening				88	296	3,280	3,509	3,549
Submit Reportable Labs	652,695	791,817	1,039,026	1,274,693	1,352,059	1,430,888	1,529,120	1,572,138
Submit Syndromic Surveillance	58,370,668	74,766,104	91,333,028	104,773,828	117,650,440	131,168,929	143,749,006	148,870,020
Cancer Pathology						1,768	3,335	3,338
Statewide Labs								1,467,644
Cumulative Total	325,336,259	431,446,911	543,739,108	661,024,375	772,797,226	884,999,857	1,011,796,300	1,065,659,741

Project Updates

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

	Reporting Status	Prior # of Incentives Paid (December)	Current # of Incentives Paid (January)	PY Goal: Number of Incentive Payments	PY Medicaid Incentive Funding Expended
Eligible Professionals (EPs)	AIU 2014	1115	1115	1000	\$23,375,015
	AIU 2015	1024	1031	500	\$21,781,256
	AIU 2016	140	208	300	\$4,420,000
	MU 2014	1454	1454	1444	\$12,883,183
	MU 2015	2203	2211	1702	\$20,256,954
	MU 2016	142	182	2480	\$1,928,085
Eligible Hospitals (EHs)	AIU 2014	3	3	17	\$2,421,405
	AIU 2015	1	1	5	\$184,905
	MU 2014	64	64	44	\$14,270,642
	MU 2015	22	23	28	\$4,651,779

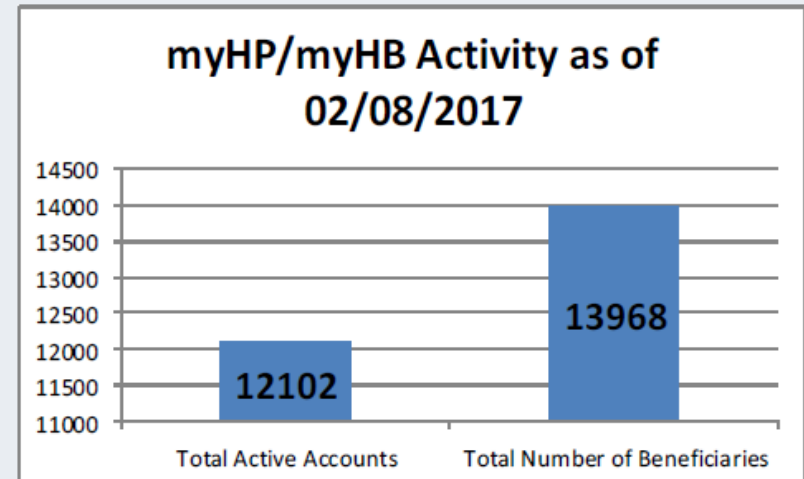
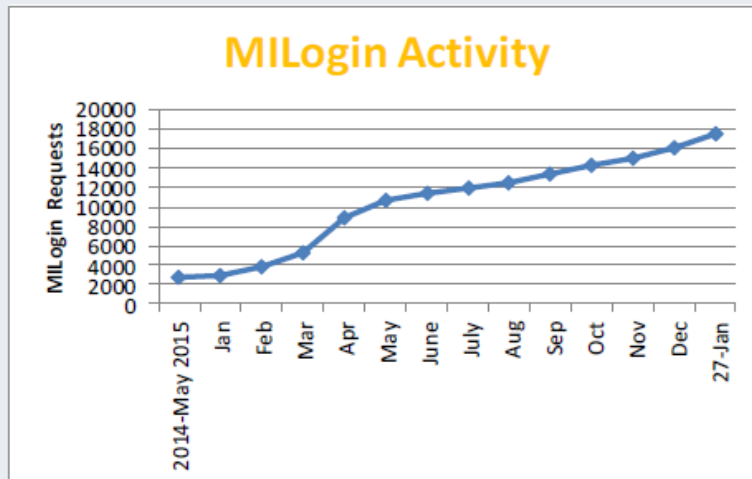
Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	6316	\$ 211,015,400
MU	5763	\$ 129,919,395

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.

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=MD2QW3WDXBSCZR5FDUN1FZVWNF-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**

Jan 2017
CONSUMER ENGAGEMENT

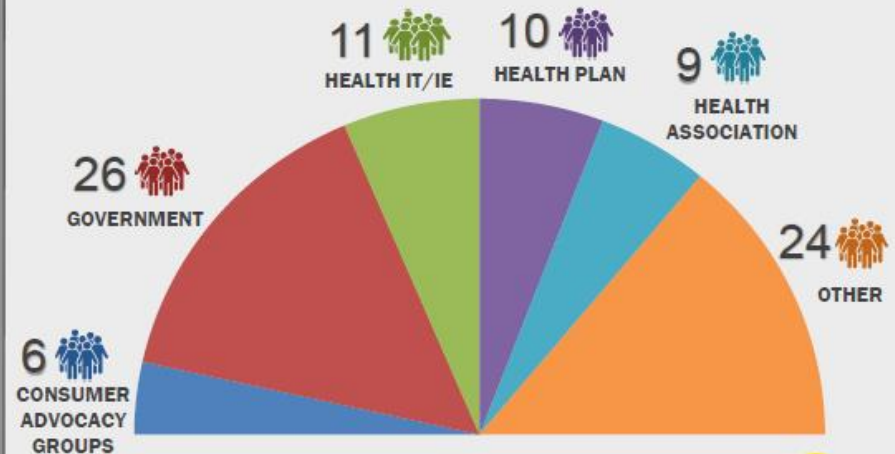
Thanks for a Successful Year!

With 2016 being the first year of the Consumer Engagement Interest Group newsletter, we are more than pleased with the growing number of engaged readers. Please take a second to complete a very short survey on the topics you would like to see more of this year (Source: SurveyMonkey).

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**



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



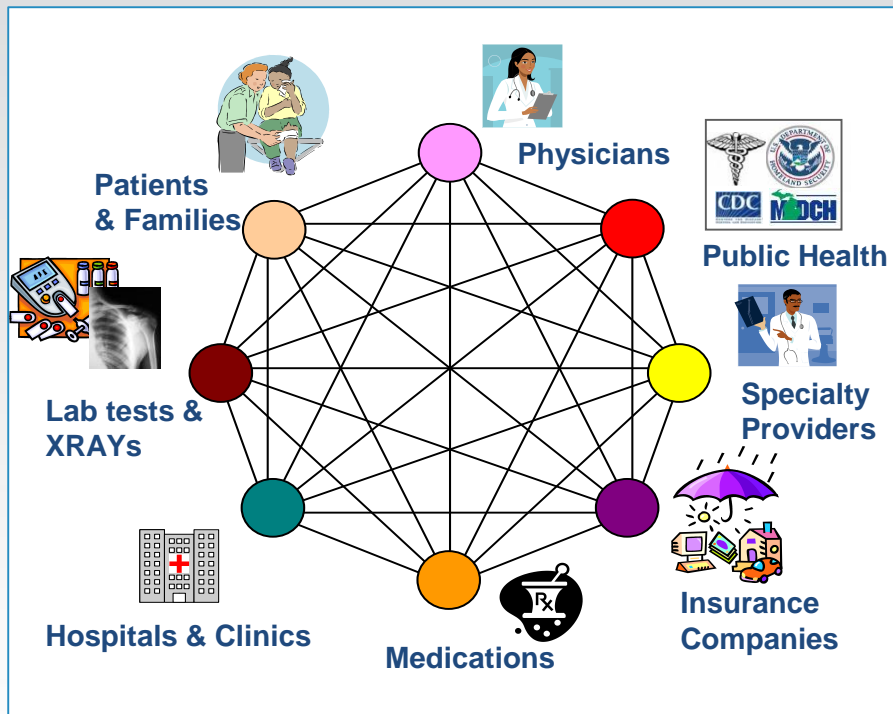
MiHIN is a

network for *sharing* health
information *statewide*
for Michigan

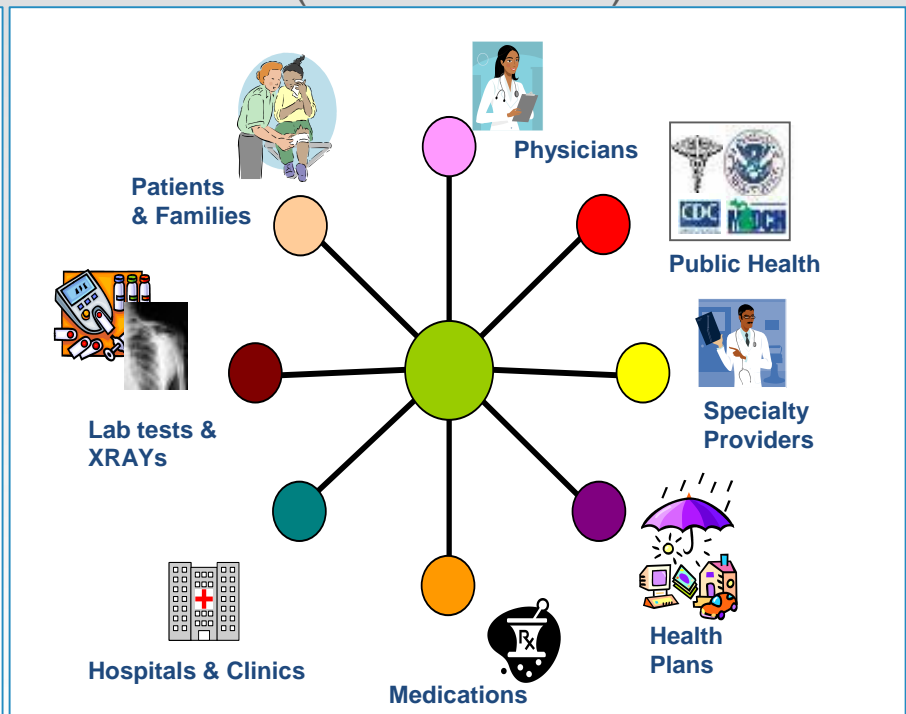


Statewide Network Requires Efficiency

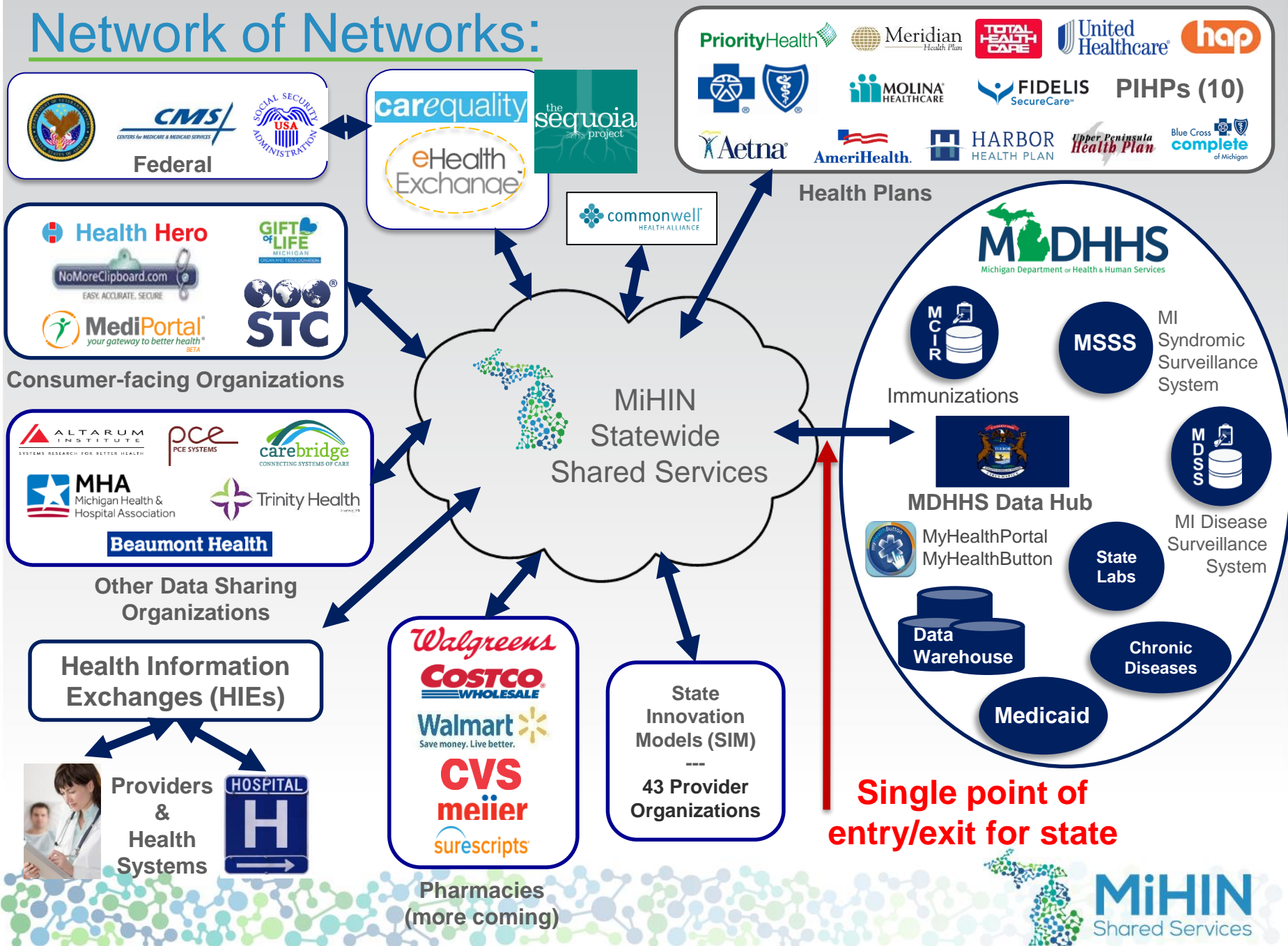
Duplication of effort, waste, & expense
($N \times N-1$ connections)



Shared Services
(N connections)



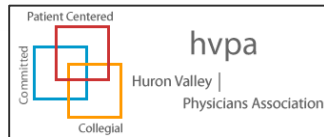
Network of Networks:



Health Information Exchanges in MI



Jackson Community Medical Record



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

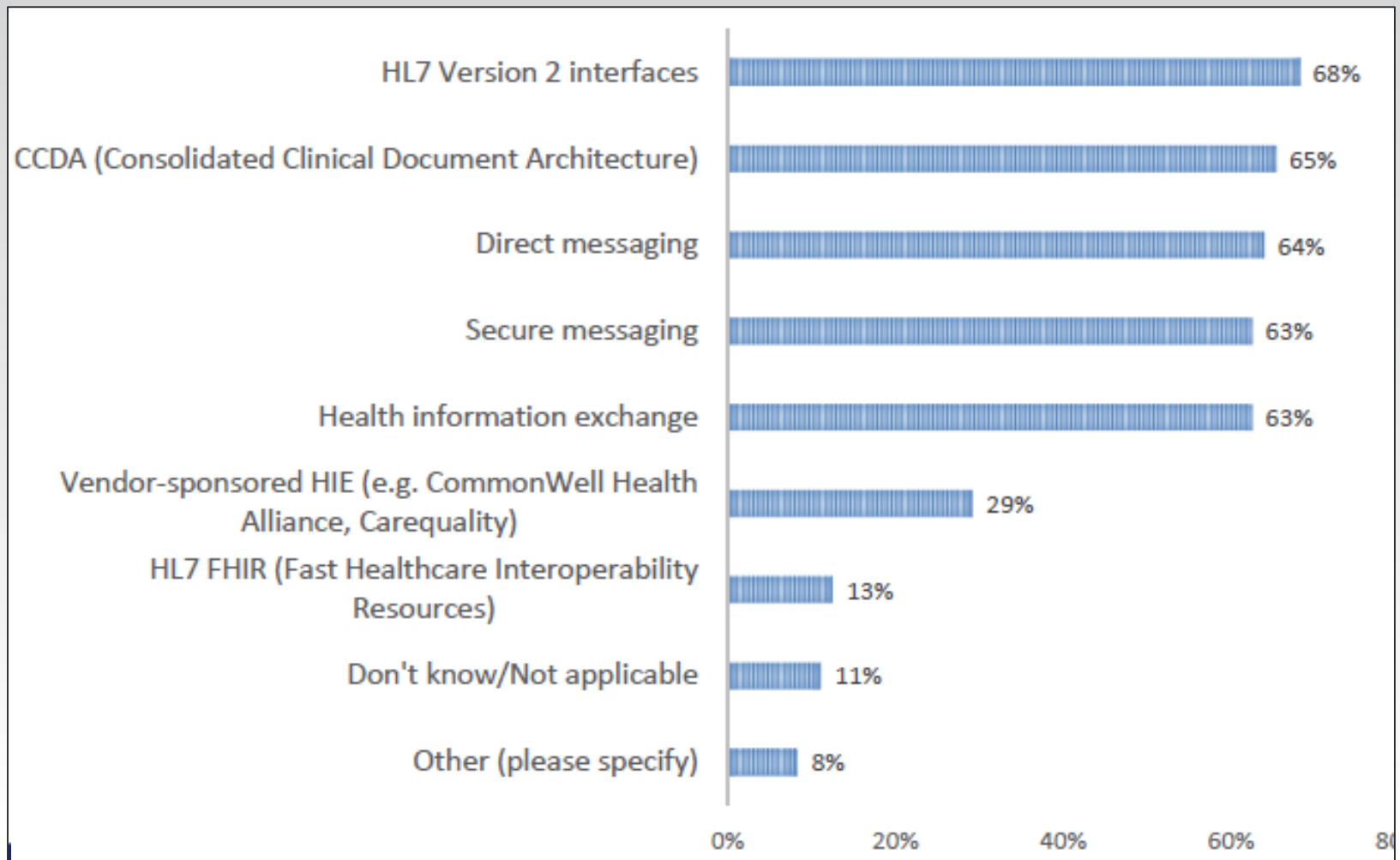


“One and Done” - Easier, Simplified, Predictable Data Sharing

- **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



Source: eHealth Initiative 2016 Interoperability Survey

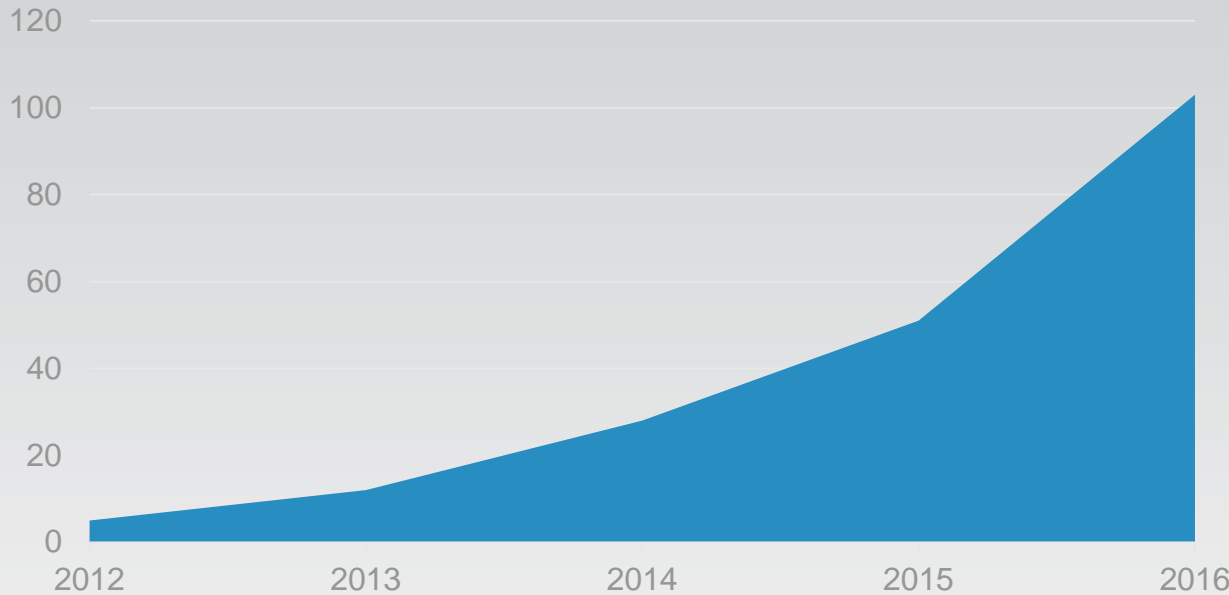


Interoperability in Michigan

- 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



Cumulative Total of Organizations Signed with MiHIN



■ Agreements Signed

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

2016

Regents of University of Michigan
Administrative Network Technology Solutions
PatientPing
Oakland County Community Mental Health Authority
Integrated Health Partners
Community Health Center of Coldwater

2016

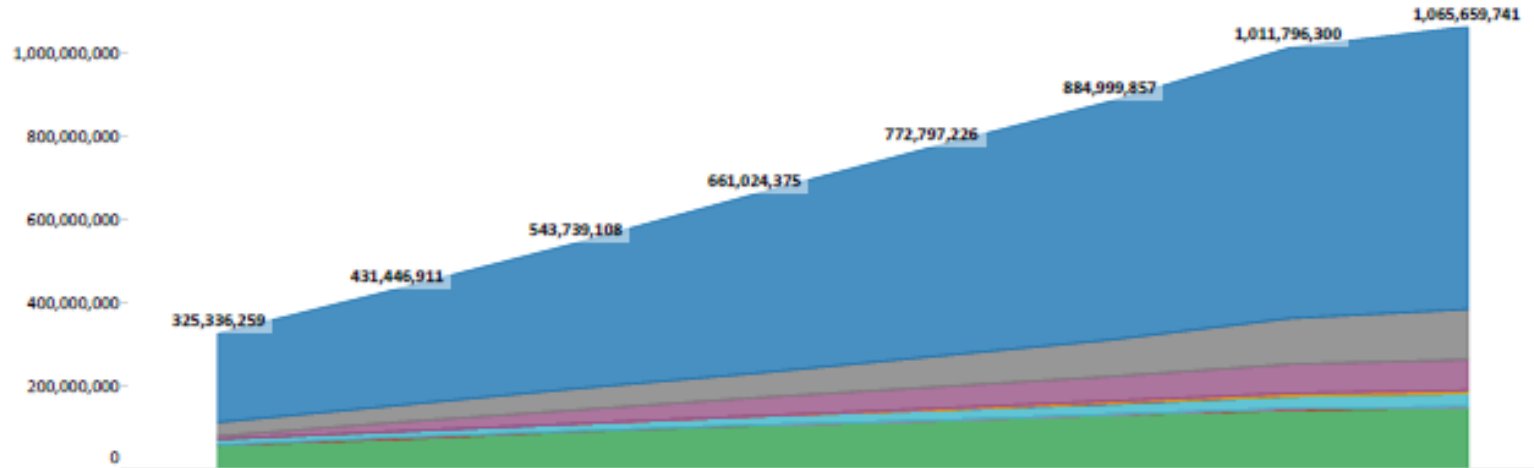
Fidelis
Macomb County Community Mental Health
Total Health Care
Lakeshore Regional Partners
Northcare Network
Mid-State Health Network
Spectrum
Upper Peninsula Health Plan
AmeriHealth
Blue Cross Complete
Michigan Health and Hospital Association
Medyear
Beaumont
Northern Michigan Regional Entity
Aetna
McLaren Health System
Wayne State University Physician Group
Munson Healthcare
Covenant

MedNetOne Health Solutions
Greater Macomb Physician Health Organization
Bronson Healthcare Group
Department of Veterans Affairs
OSF Healthcare System
West Michigan Physicians Network
Together Health Network
Trinity Health
Huron Valley Physicians Association
McLaren Health Plan, Inc.
Mid Michigan Medical Center - Alpena
Sturgis Hospital, Inc.
Metro Health Physician Health Organization
Wexford Physician Health Organization
Homeward Healthcare
Health Hero, Inc.
Scientific Technologies Corporation
Harbor Health Plan, Inc.
MediPortal, LLC
United Healthcare
Great Lakes OSC, LLC
Oakland Physician Network Services
Physician Hospital Organization of Battle Creek
Michigan State University Health Team
Affinia Health Network
Great Lakes Pediatric Associates
Hackley Community Health Center
Holland PHO
Huron Family Practice Center
Northwest Michigan Health Services
Borgess Health
Alcona Citizens for Health
Bay Area Family Care
Beaumont Health
East Jordan Family Health Center
Genesee Community Health Center
Jackson Health Network, L3C
Muskegon Family Care
Physician Health Network (PHN)
St. John Providence Partners in Care
Great Lakes Health Connect
Integrated Health Associates
Grand Valley Medical Associates
Family Tree Medical Services
Genesys, PHO
St. Mary's Heritage Family Physicians





MiHIN M3 Report: Cumulative Totals



Use Case	2015 Q2	2015 Q3	2015 Q4	2016 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1
ADT Inbound	210,456,041	277,652,463	349,613,076	428,856,636	501,941,123	572,952,331	649,229,795	679,734,235
ADT ACIS Outbound	32,832,345	41,210,999	50,395,674	60,425,845	72,405,193	87,300,522	110,932,841	122,758,887
ADT Payer Outbound	9,767,698	21,889,715	32,115,861	43,012,417	53,376,463	61,074,794	68,623,862	71,406,586
ICBR		0	2,939	4,338	4,435	7,250	16,150	17,742
Medrec Inbound			36,809	549,972	1,665,729	3,297,812	4,919,290	5,544,540
Medrec Outbound					48,274	226,012	789,702	1,004,378
Immunization History-Forecast	19,389	19,710	49,505	158,364	529,435	1,289,941	2,241,593	2,598,530
Submit Immunizations	13,237,423	15,116,103	19,153,190	21,968,194	23,823,779	26,246,330	29,758,097	30,678,154
Submit Newborn Screening				88	296	3,280	3,509	3,549
Submit Reportable Labs	652,695	791,617	1,039,026	1,274,693	1,352,059	1,430,888	1,529,120	1,572,138
Submit Syndromic Surveillance	58,370,668	74,766,104	91,333,028	104,773,828	117,650,440	131,168,929	143,749,006	148,870,020
Cancer Pathology						1,768	3,335	3,338
Statewide Labs								1,467,644
Cumulative Total	325,336,259	431,446,911	543,739,108	661,024,375	772,797,226	884,999,857	1,011,796,300	1,065,659,741

Brief History

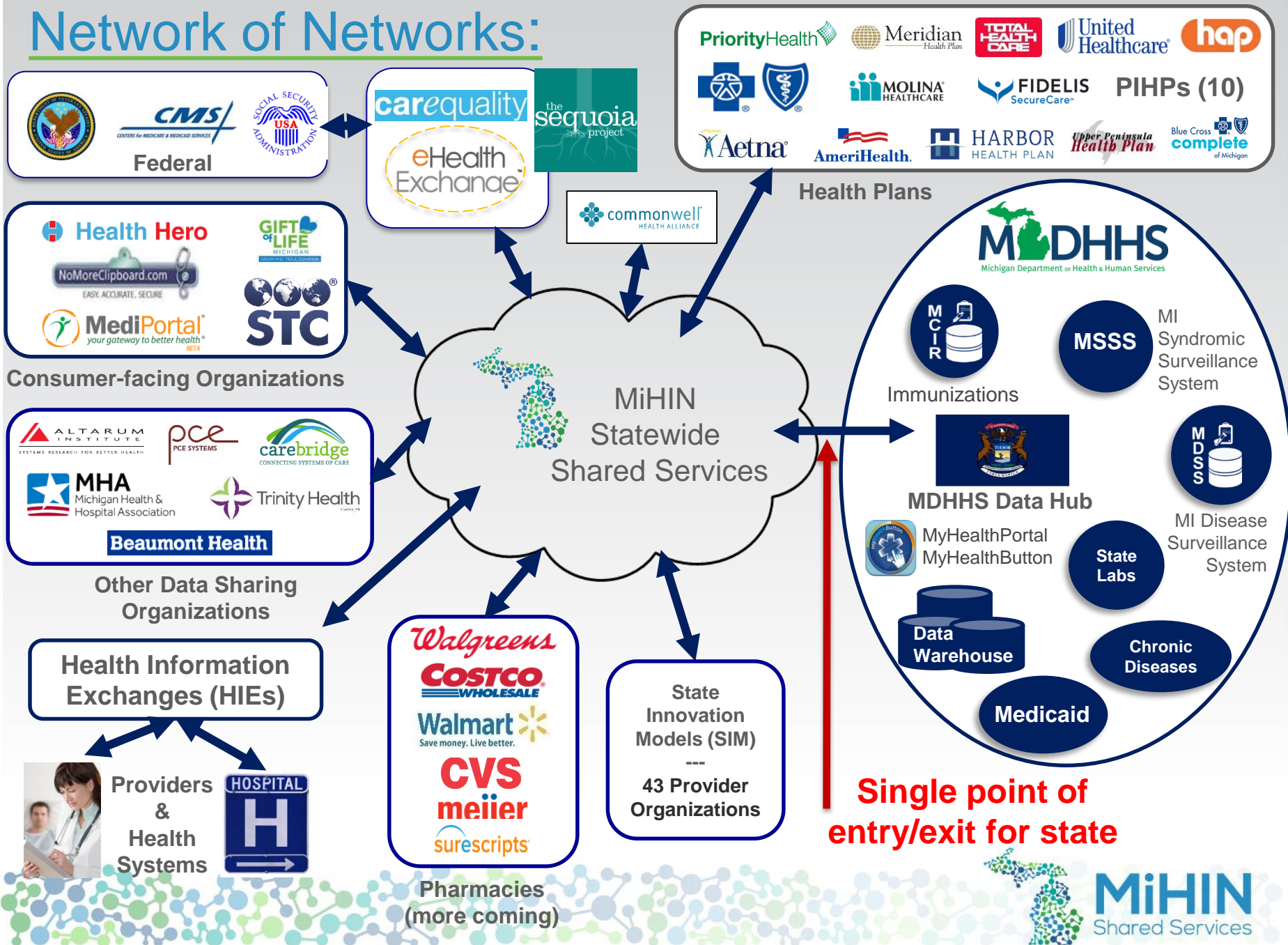
- MiHIN formed in 2011
- Went into production sending immunizations to Michigan Department of Community Health / Michigan Care Immunization Registry on May 8, 2012 (“Use Case Zero”)
- Here is what MiHIN looked like then:



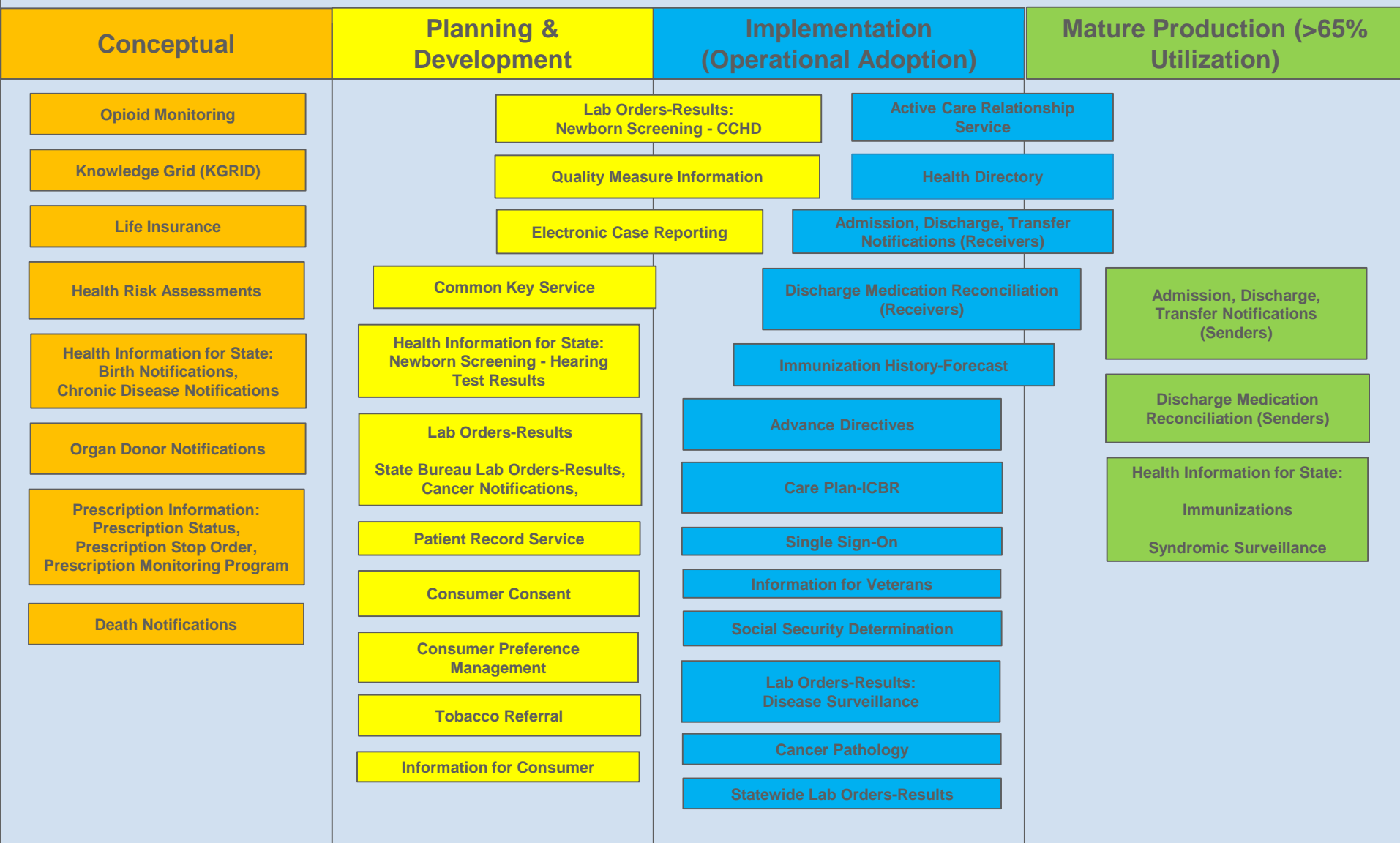
- Gradually added more use cases, more health information exchanges to get where we are today



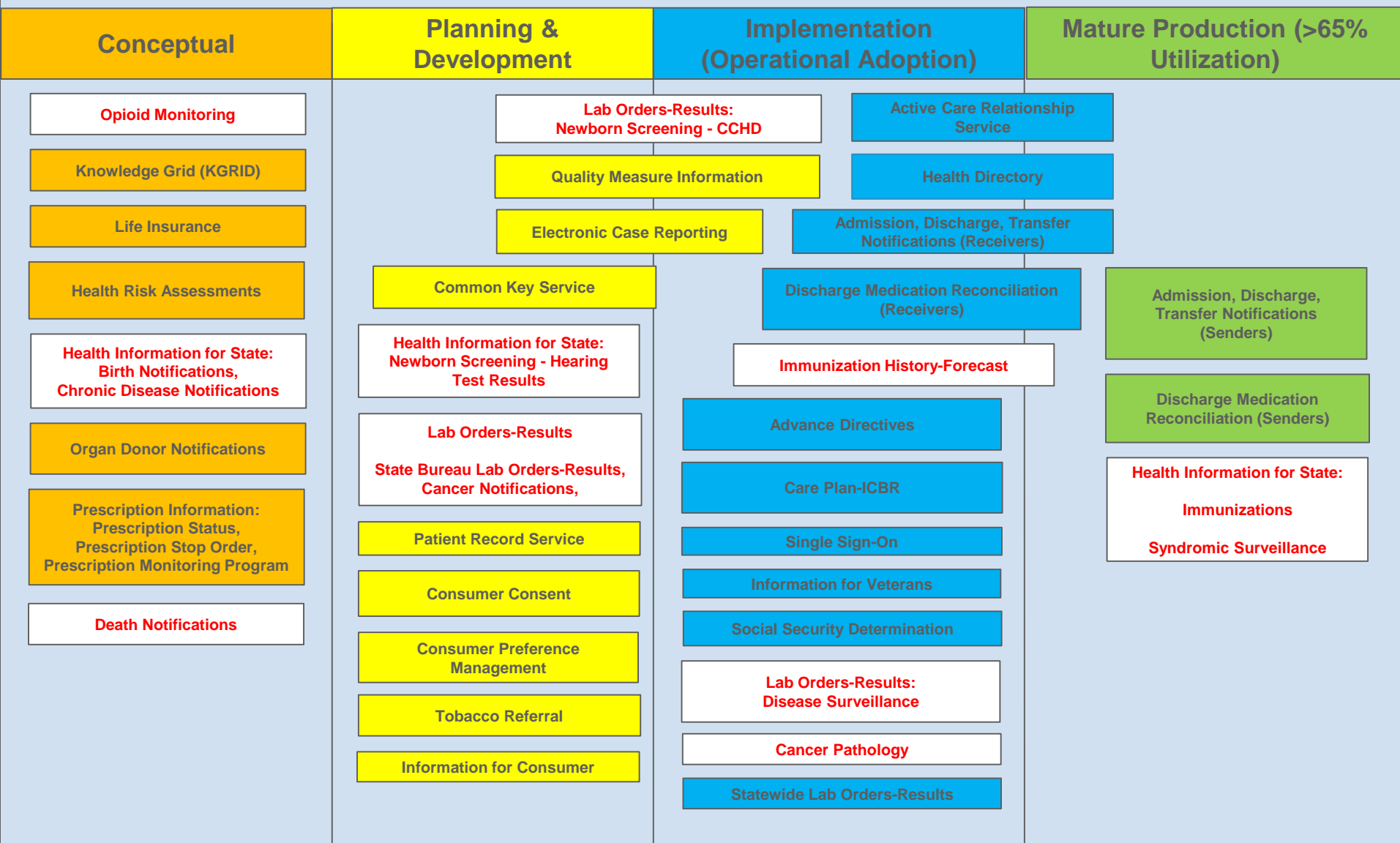
Network of Networks:



MiHIN Statewide Use Case and Scenario Status



MiHIN Statewide Use Case and Scenario Status



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

SIM Participants	MUCA/SDOA/QDSOA	ADT	ACRS	HD	QMI	CKS
Medicaid Health Plans	100%	100%	100%	100%	100%	100%
Managing Organizations	100%	100%	100%	100%	100%	100%
Multi-site Practices	100%	100%	100%	100%	100%	100%
Independent Practice Units	100%	100%	100%	100%	100%	100%



SIM Onboarding Status

SIM Participants	ACRS	ADT	HD	QMI	CKS
29 Managing Organizations	70% In Production	70% In Production	70% In Production	Scheduled Q4	Scheduled Q4
5 Multi-Site Practices	100% In Process	100% In Process	100% In Process	Scheduled Q4	Scheduled Q4
9 Independent Practice Units	90% In Process	90% In Process	90% In Process	Scheduled Q4	Scheduled Q4



SIM Medicaid Health Plan

Onboarding Status

Medicaid Health Plan	ACRS	ADT	HD	QMI	CKS
Aetna	In Production	Not Started	In Production	Scheduled Q4	Scheduled Q4
Blue Cross Complete	In Production	In Production	In Production	Scheduled Q4	Scheduled Q4
HAP Midwest Health Plan	In Production	In Production	In Production	Scheduled Q4	Scheduled Q4
Harbor Health Plan	In Production	In Production	In Production	Scheduled Q4	Scheduled Q4
McLaren Health Plan	In Production	In Process	In Process	Scheduled Q4	Scheduled Q4
Meridian Health Plan	In Production	In Process	In Process	Scheduled Q4	Scheduled Q4
Molina Healthcare	In Process	In Process	In Process	Scheduled Q4	Scheduled Q4
Priority Health	In Production	In Process	In Process	Scheduled Q4	Scheduled Q4
Total Health Care	In Production	In Production	In Production	Scheduled Q4	Scheduled Q4
United Healthcare Community Plan	In Process	In Process	In Process	Scheduled Q4	Scheduled Q4
Upper Peninsula Health Plan	In Production	In Production	In Production	Scheduled Q4	Scheduled Q4



Altarum's Michigan Public Health Project Updates

Michigan HIT Commission
February 16, 2017

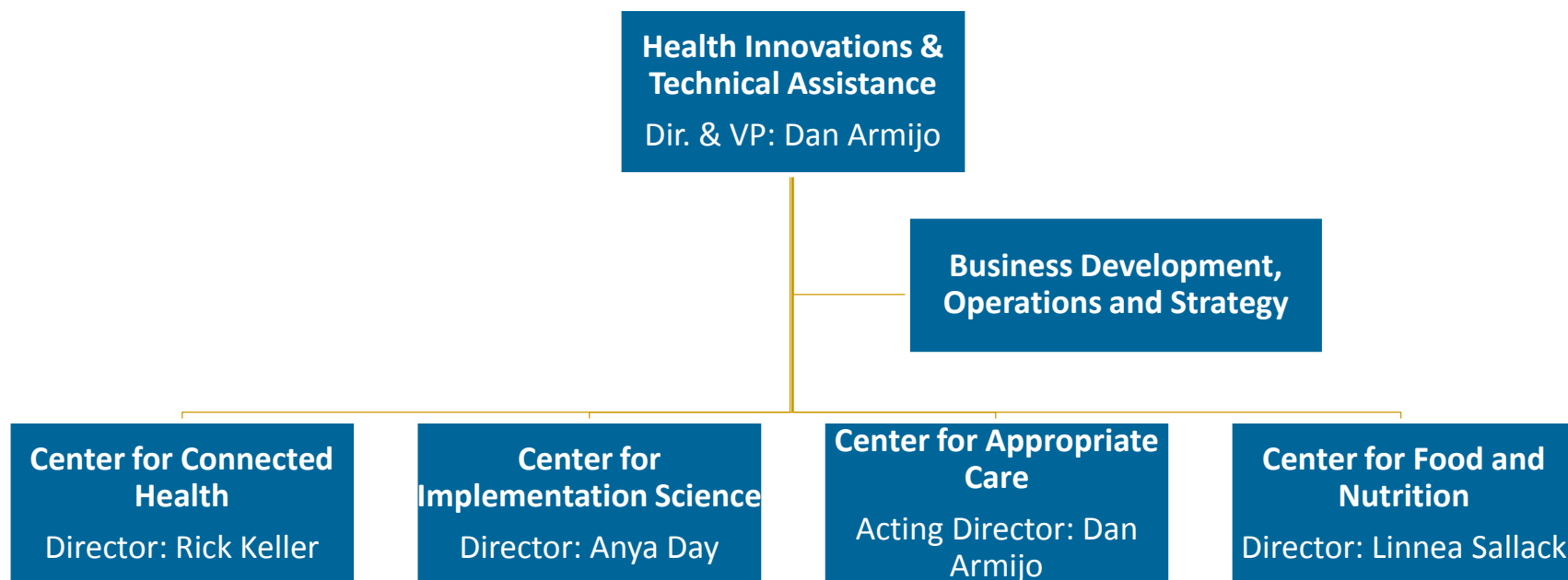
Rick Keller & Imen Alem, MHSA
Altarum Institute

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's Health Innovation & Technical Assistance

- ▲ 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

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.

Michigan Disease Surveillance System (MDSS)

- ▲ **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

Michigan Syndromic Surveillance System (MSSS)

- ▲ **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, botulinic, 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

NNDC Mood Outcomes Program

- ▲ **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

MDHHS Public Health Interoperability Projects

- ▲ **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 VALIDATOR WELCOME

Welcome to the MDHHS Validator
Testing & Validation for HL7 Messages and CDA Documents

Please select a public health system to test with below:

MSSS Michigan Syndromic Surveillance System validation for A01, A03, A04, and A08 messages in the HL7 2.5.1 format.	NBS New Born Screening HL7 pulse oximetry reports in order to screen for Critical Congenital Heart Disease (CCHD)
ICBR MI Health Link Demonstration validation for Integrated Care Bridge Record (ICBR) Consolidated Clinical Document Architecture (C-CDA) messages in XML file format.	MCSP Michigan Cancer Surveillance Program (MCSP) validation for cancer case reports in Consolidated Clinical Document Architecture (C-CDA) messages in XML file format.
MBDR Michigan Birth Defects Registry validation for birth defects case report messages in Consolidated Clinical Data Architecture (C-CDA) XML format.	ELR Electronic Lab Reports (ELRs)-ORU Messages HL7 2.5.1 format for the Disease Surveillance System and Blood Lead Program

CDAR2_IG_PROVRPT2BDREG_R1_DSTU_2016MAR

HL7 CDA® R2 Implementation Guide: Ambulatory Healthcare Provider Reporting to Birth Defect Registries, Release 1 - US Realm

Draft Standard for Trial Use

March 2016

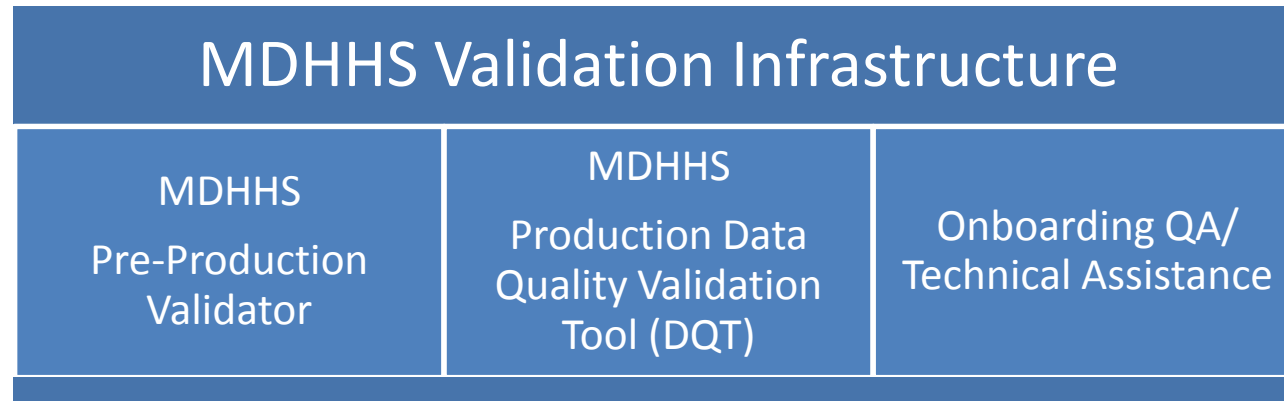
Sponsored by:
Public Health Emergency Response Work Group
Child Health Work Group
Structured Documents Work Group

Publication of this draft standard for trial use and comment has been approved by Health Level Seven International (HL7). This draft standard is not an accredited American National Standard. The comment period for use of this draft standard shall end 24 months from the date of publication. Suggestions for revision should be submitted at <http://www.hl7.org/development/index.htm>.

Following this 24 month evaluation period, this draft standard, revised as necessary, will be submitted to a normative ballot in preparation for approval by ANSI as an American National Standard. Implementations of this draft standard shall be viable throughout the normative ballot process and for up to six months after publication of the relevant normative standard.

Copyright © 2016 Health Level Seven International. ALL RIGHTS RESERVED. The reproduction of this material in any form is strictly forbidden without the written permission of the publisher. HL7 International and Health Level Seven are registered trademarks of Health Level Seven International. Reg. U.S. Pat. & TM. Off.

MDHHS Public Health Interoperability Projects



- ▲ **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

▲ 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?

Michigan Caries Prevention Program

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



M CPP: Our Partners



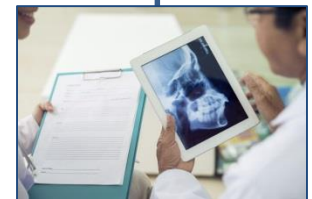
Impact and
Care Quality



Educate
Medical
Community



Information
Architecture

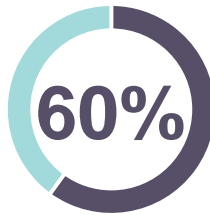


Why Children's Oral Health?

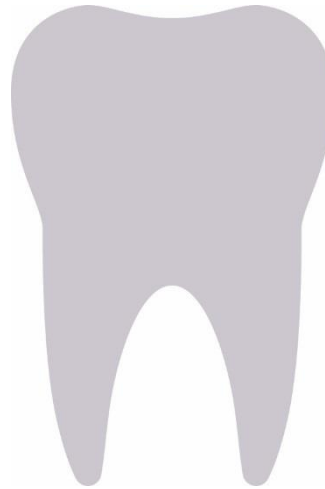
TOOTH DECAY

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

It is more common than asthma yet **largely preventable.**



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



Young children will often see their physician

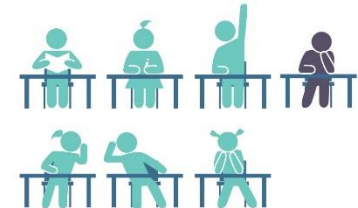
8 times

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



Michigan Caries Prevention Program: Our Solution



Identifying children in need of care

Delivering improved oral health screening tools, technical assistance, and training to providers.



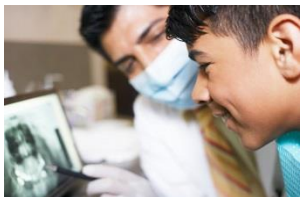
Promoting evidence-based preventive care

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.



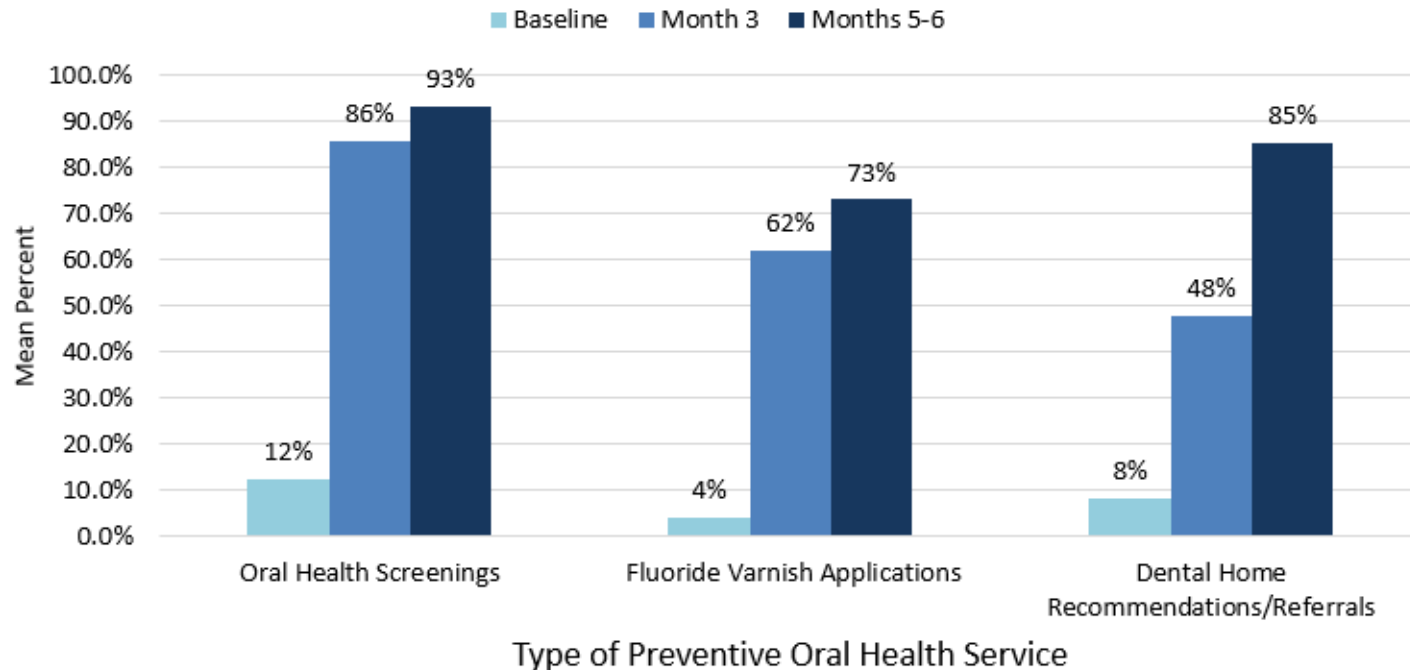
Managing and monitoring care

Developing a statewide quality monitoring system that will allow the State to monitor the program's impact on health.

Medical & Dental Coordination

- ▲ **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



What is Michigan's Dental Registry (MiDRSM)?

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

MiDRSM: Clinical Tool

Available on MILogin & Allscripts Professional!

Welcome Terry Manning Log off

MiDR
MICHIGAN'S
DENTAL
REGISTRY

Henry, Patrick Date of Birth: 07/04/2014 Sex: M Insurance ID: 55544433

Treatment Update: 09-02-2016 Treatment Information

Fluoride Varnish Apply Fluoride Varnish Patient Declined Not Indicated

Oral Screening: Select Clinical Findings Click to see AAP Clinical Findings Overview

Selected Clinical Findings

Insert Oral Screening Notes

Clear Save

Dentist Search & Referral

Reason for Referral Preventive Care Restorative Care Emergency/Trauma Care Other

Special Needs Patient has Special Needs

Search By Address Search By Name

Use Patient's Home Address

Street Address State: Michigan

City Zip Code*

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

MiDRSM: Coordinated Care

Search By Address | Search By Name

Use Patient's Home Address

Street Address State **Michigan**

City Zip Code*

Distance Specialty

Dentist Search Results

	Miles	Practice Name	Dentist	Specialty	Address	Phone Number	
<input type="button" value="Info"/>	0.2	THE REGENTS OF THE UNIVERSITY OF MICHIGAN	ELLIS, DIANA	General Dentistry	406 N Ashley St Ann Arbor, MI 48103	(734) 998-9640	<input type="button" value="Select"/>
<input type="button" value="Info"/>	0.2	THE REGENTS OF THE UNIVERSITY OF MICHIGAN	NEIGHBORS, BONITA	General Dentistry	406 N Ashley St Ann Arbor, MI 48103	(734) 998-9640	<input type="button" value="Select"/>
<input type="button" value="Info"/>	0.2	THE REGENTS OF THE UNIVERSITY OF MICHIGAN	RICHARDS, ION	General Dentistry	406 N Ashley St Ann Arbor, MI 48103	(734) 998-9640	<input type="button" value="Select"/>

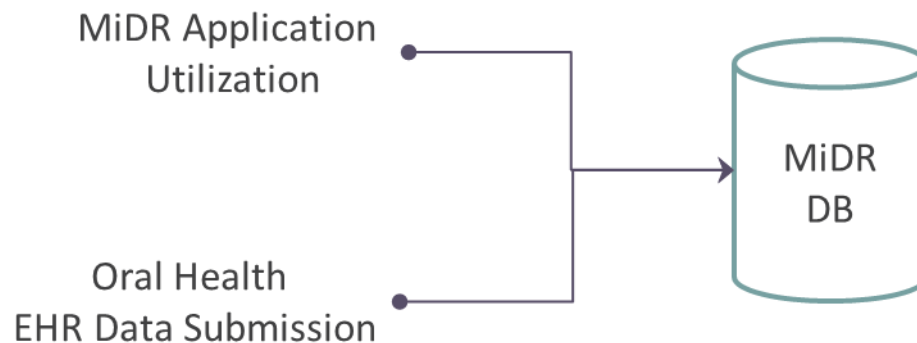
MiDR's dental search leverages Delta Dental of Michigan's Dental Provider Database to provide a continuously up to date list of dentists.

- 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

MiDRSM: Specialized Registry

MiDRSM 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/>

Monitoring Progress

Data collected by MiDRSM 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



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

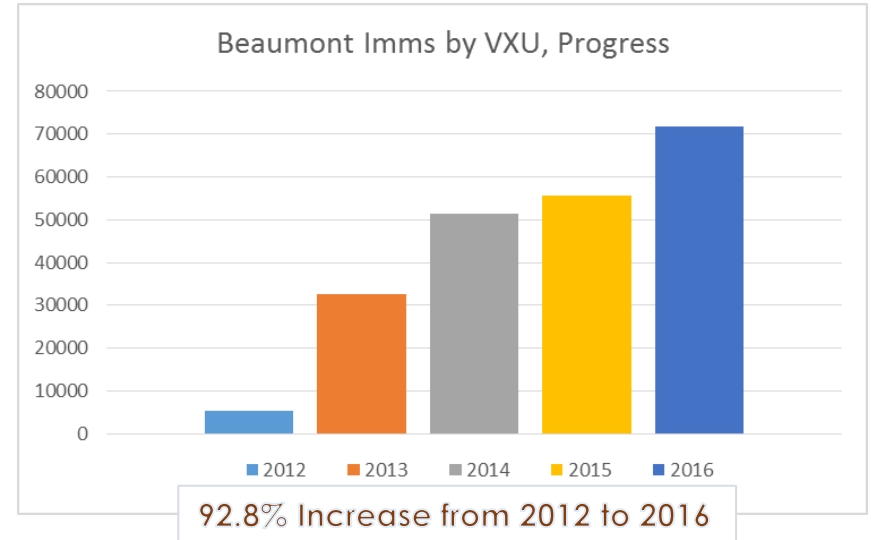
- Pioneers who led the way
- Maturity of VXU adoption
 - Stats
 - Onboarding
- Adoption of Query Forecast/Query History
 - Stats
- 2017 MCIR Drawing Board – What's Next?

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

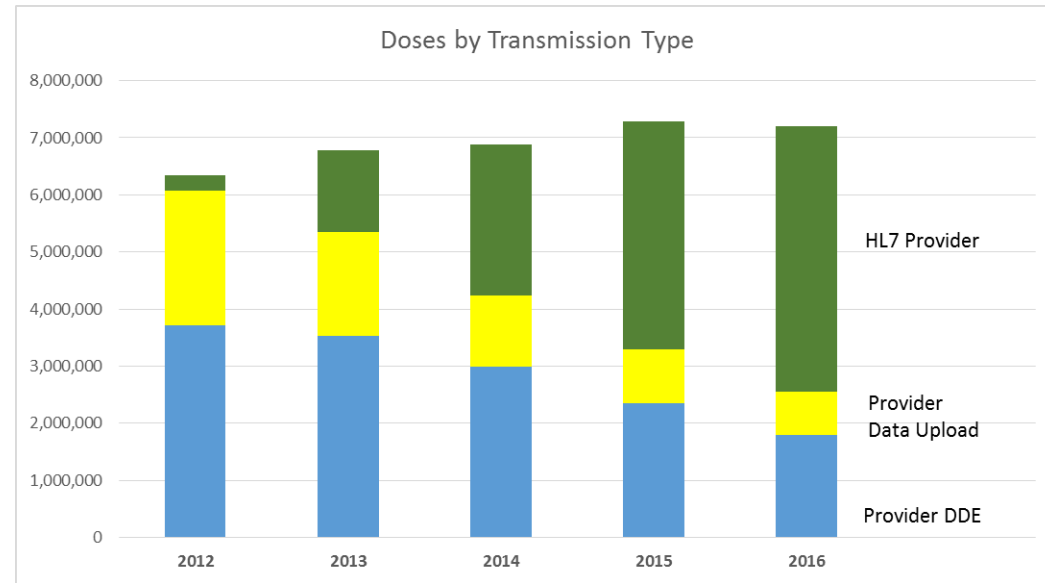


*Query Forecast/Query History
Began in March 2015*

<i>Sallie Sims Dupuis MCJR</i>	<i>Tina Scott MCJR</i>	<i>Roberta Dwornick HFHS</i>	<i>Maureen Begnoche HFHS</i>	<i>Kris MCJR</i>
--------------------------------------------	--------------------------------	--------------------------------------	--------------------------------------	----------------------

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



Doses by Transmission Type -- MCIR Data, CY2012-CY2016					
	2012	2013	2014	2015	2016
Provider DDE	3,724,232	3,524,577	2,984,968	2,349,092	1,902,490
Provider Data Upload	2,354,475	1,818,340	1,253,453	947,681	750,478
HL7 Provider	272,173	1,430,077	2,637,149	3,996,640	4,640,994
Total	6,350,880	6,772,994	6,875,570	7,293,413	7,293,962

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						Total
2012	2013	2014	2015	2016	2017 - Jan	
164	545	729	586	380	91	2495

Adoption of Query Forecast/History

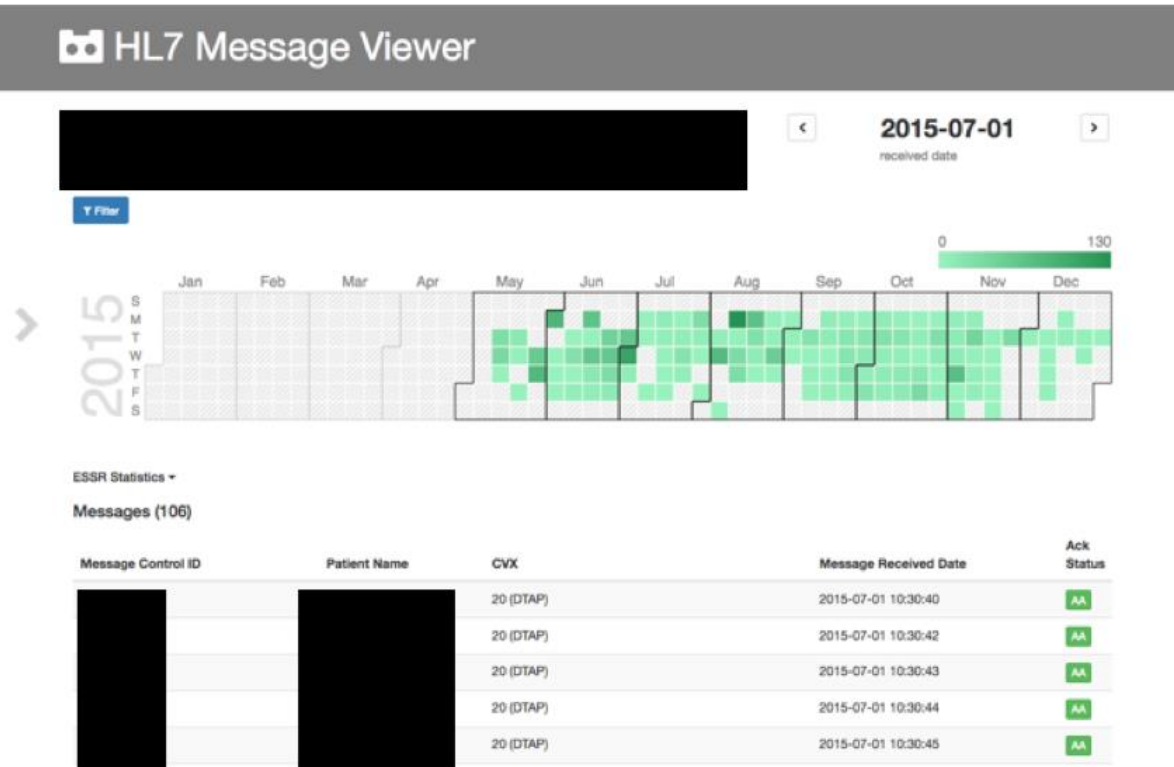
- Live in 2015
- 29 provider sites added in 2015
- 439 provider sites added in 2016
- Latest 4 month average = 315,472 queries per month

- 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