MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

February 27, 2018

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

MDHHS

Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

February 2018 Meeting

- Welcome and Introductions

- Commissioner Updates

- Commission Business
  - Review of November 2017 Minutes
  - Review of 2017 Annual Report
  - Co-Chair Nominations

- HIT/HIE Update
  - Overview of the HIT Commission Dashboard
  - Update on 2017 Resolutions

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Governance Development and Execution of Relevant Agreements

- Data sharing legal agreements executed to date:
  - **131 total** Trusted Data Sharing Organizations
  - **486 total** Use Case Agreements/Exhibits

- The Physician Alliance has fully executed the Simple Data Sharing Organization Agreement (SDSOA), Master Use Case Agreement (MUCA)
- Michigan Primary Care Association has fully executed the SDSOA, MUCA, Health Directory (HD) Use Case Exhibit (UCE), Quality Measure Information (QMI) UCE
- North Dakota Information Technology Department (NDITD) has fully executed the Cross Jurisdictional Data Sharing Agreement (CJDSOA)

Technology and Implementation Road Map Goals

- **59** State Lab Result Senders in full production sending to MiHIN:
  - 1,514,848 (This number went down to 1,499,751) Labs sent to MiHIN as of 2/19/2018
- **34** organizations in production or scheduled in production for February for the QMI UC
  - **4** additional organizations scheduled for production for QMI Use Case in Jan
- Currently have 10 HIEs, 9 Health Systems, 8 Pharmacies participating in Request Immunization History and Forecast
- **120** Admission Discharge Transfer receivers in production
- **39** organizations sending all payer supplemental files under QMI

February 2018 HIT Commission Update

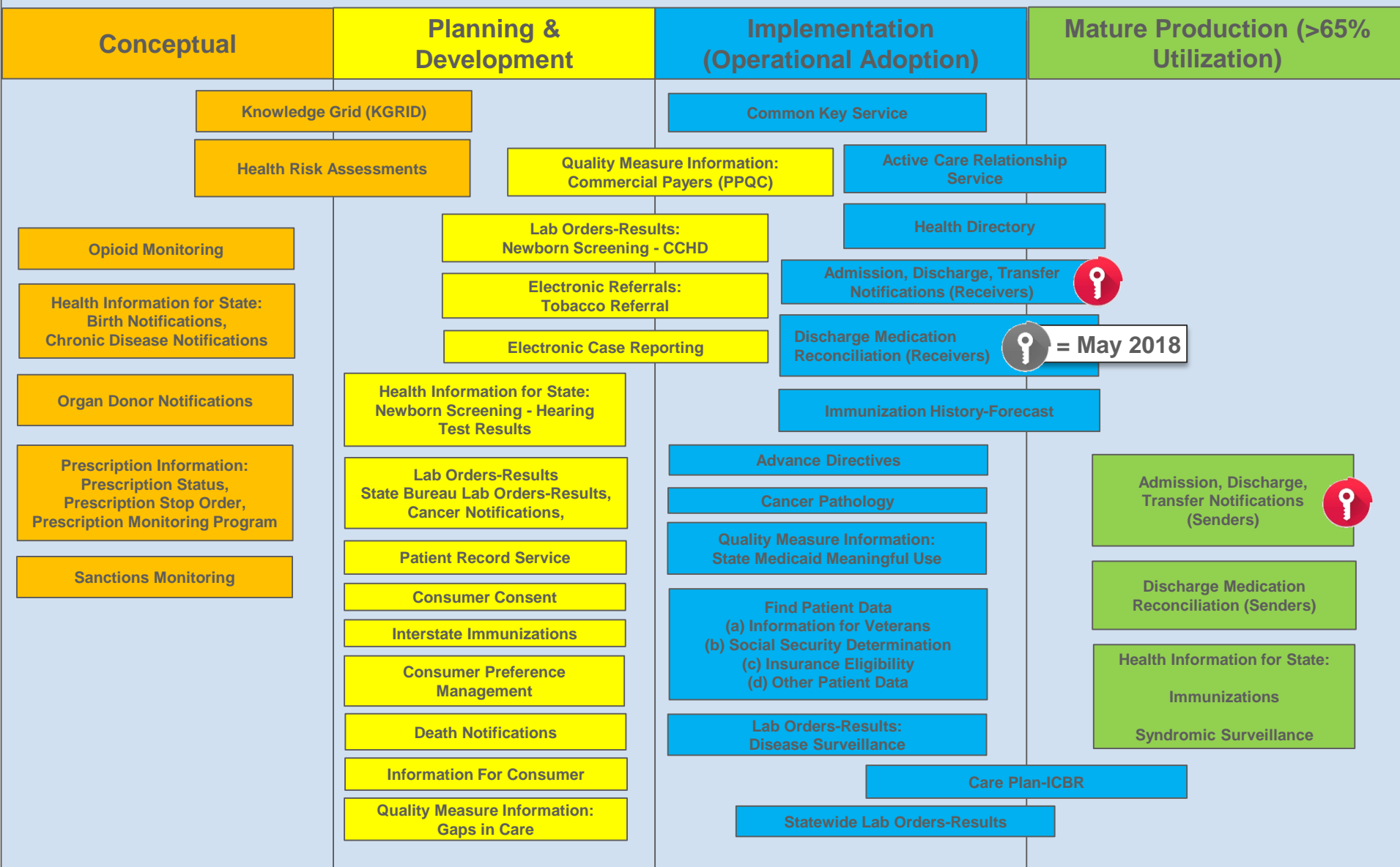**QO & VQO Data Sharing**

- More than **1.78 *billion*** messages received since production started May, 2012
  - Averaging **17 MLN** messages/week
  - **12.2 MLN+ ADT** messages/week; **3.5 MLN+** public health messages/week
- Total 923 ADT senders, 120 receivers to date
- Sent **5.9 MLN** ADTs outbound last week
- Messages received from use cases in production:
  - **68,257,824 Lab results** sent to MiHIN as of 2/19/2018
  - **12,321,406 Immunization History/Forecast** queries to MCIR
  - **12,877,517 Medication Reconciliations at Discharge** received from hospitals
  - **35,387 Care Plan/Integrated Care Bridge** Records sent from ACOs to PIHPs
- **24.4** MLN patient-provider relationships in Active Care Relationship Service (ACRS)
- **10.5** MLN unique patients in ACRS
- **137,983** unique providers in statewide Health Directory
  - **40,542** total organizations
  - **398,451** unique affiliations between providers and entities in HD

MiHIN Shared Services Utilization

- **Common Key Service currently has 6 senders and 2 receivers**
- **205** Skilled Nursing Facilities (SNFs) sending ADTs – 50% of SNFs in Michigan
- **64** Home Health Agencies (HHAs) sending ADTs

MiHIN Statewide Use Case and Scenario Status

| Conceptual	Planning & Development	Implementation (Operational Adoption)	Mature Production (>65% Utilization)
	Knowledge Grid (KGRID)	Common Key Service	
Health Risk Assessments	Quality Measure Information: Commercial Payers (PPQC)	Active Care Relationship Service	
Opioid Monitoring	Lab Orders-Results: Newborn Screening - CCHD	Health Directory	
Health Information for State: Birth Notifications, Chronic Disease Notifications	Electronic Referrals: Tobacco Referral	Admission, Discharge, Transfer Notifications (Receivers) 🔑	
Organ Donor Notifications	Electronic Case Reporting	Discharge Medication Reconciliation (Receivers) 🔑 = May 2018	
Prescription Information: Prescription Status, Prescription Stop Order, Prescription Monitoring Program	Health Information for State: Newborn Screening - Hearing Test Results	Immunization History-Forecast	Admission, Discharge, Transfer Notifications (Senders) 🔑
Sanctions Monitoring	Lab Orders-Results State Bureau Lab Orders-Results, Cancer Notifications,	Advance Directives	Discharge Medication Reconciliation (Senders)
	Patient Record Service	Cancer Pathology	
	Consumer Consent	Quality Measure Information: State Medicaid Meaningful Use	Health Information for State: Immunizations Syndromic Surveillance
	Interstate Immunizations	Find Patient Data (a) Information for Veterans (b) Social Security Determination (c) Insurance Eligibility (d) Other Patient Data	
	Consumer Preference Management		
	Death Notifications	Lab Orders-Results: Disease Surveillance	
	Information For Consumer	Care Plan-ICBR	
	Quality Measure Information: Gaps in Care	Statewide Lab Orders-Results	

🔑 = requires Common Key Service   🔑 = Common Key Service target date

MiHIN M3 Report: Cumulative Totals
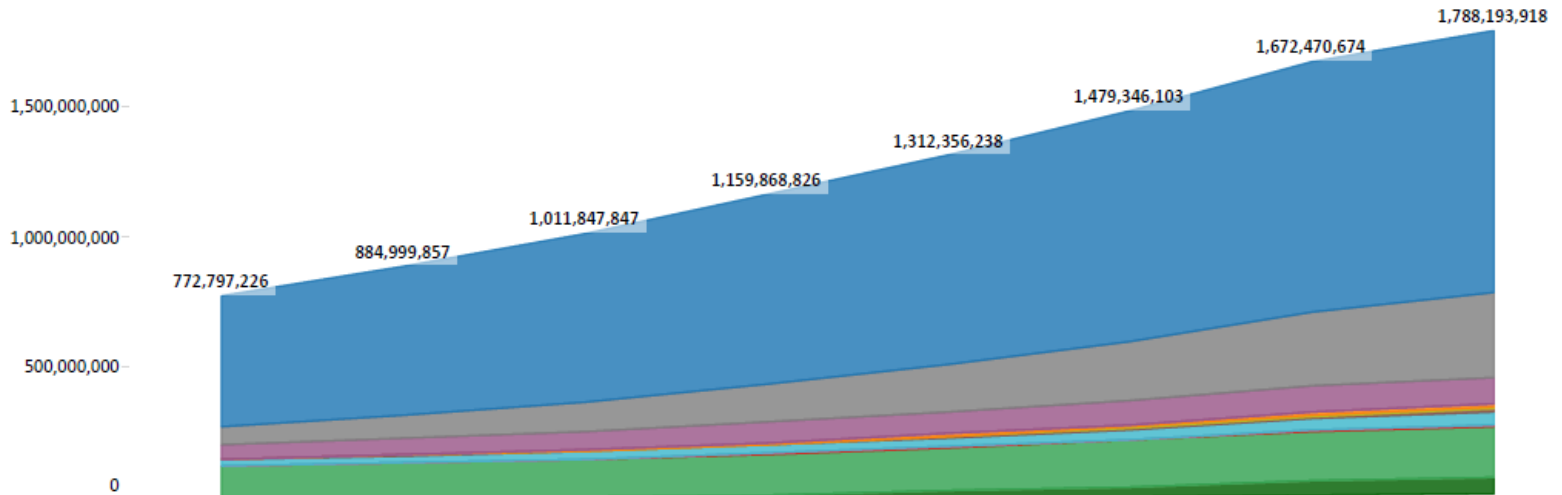
Use Case	2016 Q2	2016 Q3	2016 Q4	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2018 Q1
ADT Inbound	501,941,123	572,952,331	649,229,795	727,861,806	805,510,111	881,489,644	960,796,712	1,004,590,963
ADT ACRS Outbound	72,405,193	87,300,522	110,932,841	144,261,924	179,918,771	226,849,596	286,558,507	323,992,551
ADT Payer Outbound	53,376,463	61,074,794	68,675,409	77,385,882	85,040,610	92,469,868	99,731,149	103,546,334
Care Plan-ICBR	4,435	7,250	16,150	19,945	24,272	29,116	33,210	35,387
Medrec Inbound	1,665,729	3,297,812	4,919,290	6,618,958	8,407,293	10,181,393	11,934,601	12,883,314
Medrec Outbound	48,274	226,012	789,702	1,363,147	1,861,864	2,672,711	3,721,263	4,346,013
Immunization History-Forecast	529,435	1,289,941	2,241,593	3,203,419	4,366,531	6,421,322	10,162,575	12,321,406
Submit Immunizations	23,823,779	26,246,330	29,758,097	32,089,266	33,870,293	38,364,508	45,054,244	51,408,809
Submit Newborn Screening	296	3,280	3,509	3,604	3,712	7,258	16,416	19,133
Submit Reportable Labs	1,352,059	1,430,888	1,529,120	1,654,998	1,832,346	1,947,739	2,072,195	2,169,132
Submit Syndromic Surveillance	117,650,440	131,168,929	143,749,006	156,646,713	168,195,913	178,343,614	189,240,065	194,646,134
Cancer Pathology		1,768	3,335	3,396	3,821	4,281	5,590	5,591
Statewide Labs				8,755,768	23,320,701	39,356,104	57,866,782	68,257,824
Blood Lead							383	433
Cancer Notifications						258	3,331	6,987
Cumulative Total	772,797,226	884,999,857	1,011,847,847	1,159,868,826	1,312,356,238	1,479,346,103	1,672,470,674	1,788,193,918

Participation Year (PY) Goals
February 2018 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 2015	1021	1021	500	$21,568,756
	AIU 2016	1236	1236	300	$26,137,506
	MU 2015	2202	2202	1702	$20,193,204
	MU 2016	2445	2454	2480	$22,427,296
	MU 2017	6	6	3500	$51,000
Eligible Hospitals (EHs)	AIU 2015	1	1	5	$184,905
	MU 2015	25	25	28	$5,005,313
	MU 2016	11	11	22	$2,038,950

Cumulative Incentives for EHR Incentive Program 2011 to Present		
	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	7334	$ 232,534,572
MU	8037	$ 152,418,938

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

Michigan Medicaid Program – Feb 2018

Michigan Medicaid MU Program
Supporting providers in Michigan with high volumes of Medicaid patients in achieving Meaningful Use.

Program Goals
- ▲ Assist 600 Specialists in their first year of Meaningful Use
- ▲ Assist 2350 Providers in any year of Meaningful Use

Ongoing Program Metrics
- ▲ 3676 Sign-ups for MU Support representing 2722 unique providers
- ▲ 1548 Total Meaningful Use Attestations to date
- ▲ Meaningful use attestations for program year 2017 will occur until May 1, 2018.

Other program highlights:
M-CEITA, MiHIN and the State of MI continue working together to facilitate electronic reporting of Clinical Quality Measures through the Clinical Quality Measure Reporting and Repository Service(CQMRR) for providers beyond their first year of MU. Early adopters have been working with MCEITA to submit electronically. To date, various eCQM file specifications used by EHR Vendors have prevented any successful submissions to the State of MI's eMIPP attestation system. eMIPP is only accepting efiles generated using 2017 specs but CMS recently authorized the use of specs from years prior to 2017. Updates to eMIPP to relax these specs probably won't happen until June. Electronic submission of CQM data will be mandated for program year 2018.

Project Contact

Project Lead: Judy Varela judith.varela@altarum.org

Funder: CMS funding administered by the Michigan Department of Health & Human Services (MDHHS)

Outreach & Education

Save the Date!

Connecting Michigan for Health Conference
Michigan Health Information Network
June 4-8, 2018

Michigan HEALTH IT

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- Register & Attestation
- Meaningful Use
- Public Health Reporting

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- Electronic Health Record Incentive Program
- Health Information Exchange
- Patient Portals & Mobile Apps

MORE INFO

PATIENTS & FAMILIES
- Basics of Health IT
- Benefits of Health IT
- Your Health Information Rights

MORE INFO

Join Our Consumer Engagement Newsletter List

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

Consumer Engagement Interest Group

The Next CEIG call will be on Wednesday, March 14 at 3:00p. CEIG consists of professionals from around the state of Michigan with interests in consumer/patient engagement. The presentation will be given by Danielle Culberson of MPHI and will focus on Patient-Provider Reluctance and Potential Solutions for the Future.
Please email tflynn@mphi.org to be added to the listserv.

myHealthButton/myHealthPortal Dashboard

MILogin Activity

Line chart showing MILogin Activity from 2014-May 2015 through November, values ranging from near 0 to approximately 26000.

myHP/myHB Activity as of 02/21/18

Bar chart:
- Total Active Accounts: 19265
- Total Number of Beneficiaries: 22401
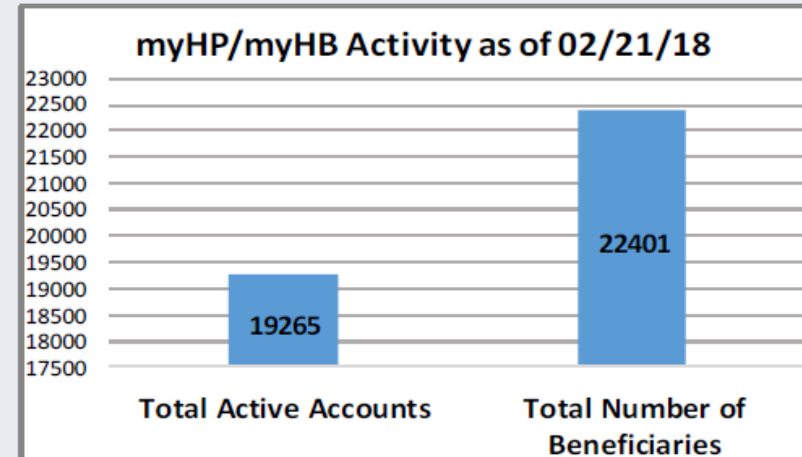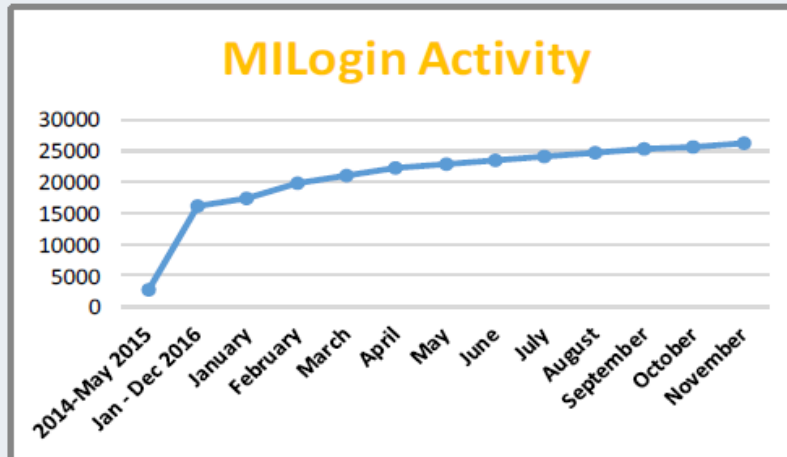
Updates:

Future Release

◊ Members will be able to view and download immunization records from the Michigan Care Improvement Registry (MCIR)

◊ MCIR will also provide information on recommended immunization schedule

Outreach Activities

◊ DHHS is promoting myHealthPortal to community partners who are assisting individuals with the with the miBridges application process.

Update on 2017 Resolutions

Resolved: The Michigan Health Information Technology Commission endorses the proposed updates to the standard consent form that was established under Public Act 129 of 2014. The commission also encourages MDHHS to analyze the tools that the department has at its disposal (including but not limited to CareConnect360) to enhance the sharing of physical health and behavioral health information.

Update on 2017 Resolutions

Resolved: The HIT Commission recommends that the department develop a strategy for aligning different quality reporting and improvement efforts across the state. This strategy should be coordinated with the ongoing efforts of the Physician-Payer Quality Collaborative but should also encompass other initiatives across the state. The HIT Commission also encourages the department to include a representative from the commission as part of ongoing discussions about this strategy. Finally, the HIT Commission requests that the department provide an update on the aforementioned strategy at the first meeting in 2018.

Update on 2017 Resolutions

Resolved: The HIT Commission expresses its support for the statewide efforts to develop a standard framework for care coordination as summarized in the "Building Michigan's Care Coordination Infrastructure" report. The HIT Commission also expresses its support for the definition of "care coordination" from the report and encourages the department to review and consider this definition. Finally, the HIT Commission requests that the department provide an update to the HIT Commission at the first meeting in 2018 on whether the definition could be adopted as a statewide standard. The department should address the following issues as part of the update:

• How does the definition from the report align with definitions for care coordination from other sources?

• Which policies and programs would be impacted by the adoption of a standard definition?

• What is the regulatory authority under which the department could adopt a standard definition?

Michigan Department of Health & Human Services

Update on Physical Health and Behavioral Health Integration Initiatives

Jane Pilditch and Dave Schneider

Section 298 Action Team

February 27, 2018

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Overview of Today's Presentation

- Overview of the Current System
- History of the Section 298 Initiative
- Implementation of the Pilots
- Implementation of the Demonstration Project
- Evaluation Process
- Policy Recommendations
- Questions

Overview of the Current System

- Behavioral health services and supports are primarily delivered through Community Mental Health Services Programs (CMHSP).

- Behavioral health specialty services and supports, which include services to (1) children with serious emotional disturbances, (2) adults with serious mental illness, (3) individuals who are recovering from a substance use disorder and (4) children and adults with intellectual/developmental disabilities are primarily funded through Michigan's 10 Prepaid Inpatient Health Plans (PIHP).

- PIHPs contract with CMHSPs and other providers to deliver these services.

- Services for individuals with mild to moderate mental illness are covered by Michigan's 11 Medicaid Health Plans (MHP), which are separate from the PIHPs.

- MDHHS also provides separate funding to CMHSPs, state hospitals, and other community-based programs.

History of the Process

```
2016 Executive          Affinity Group          January 2017 Interim
Budget Proposal    →    Process            →    Report

Lieutenant              298 Facilitation        March 2017 Final
Governor's 2016    ↑    Workgroup          ↓    Report
Workgroup

Lt. Governor's          Public Act 268 of       Public Act 107 of
Workgroup Report   →    2016                    2017
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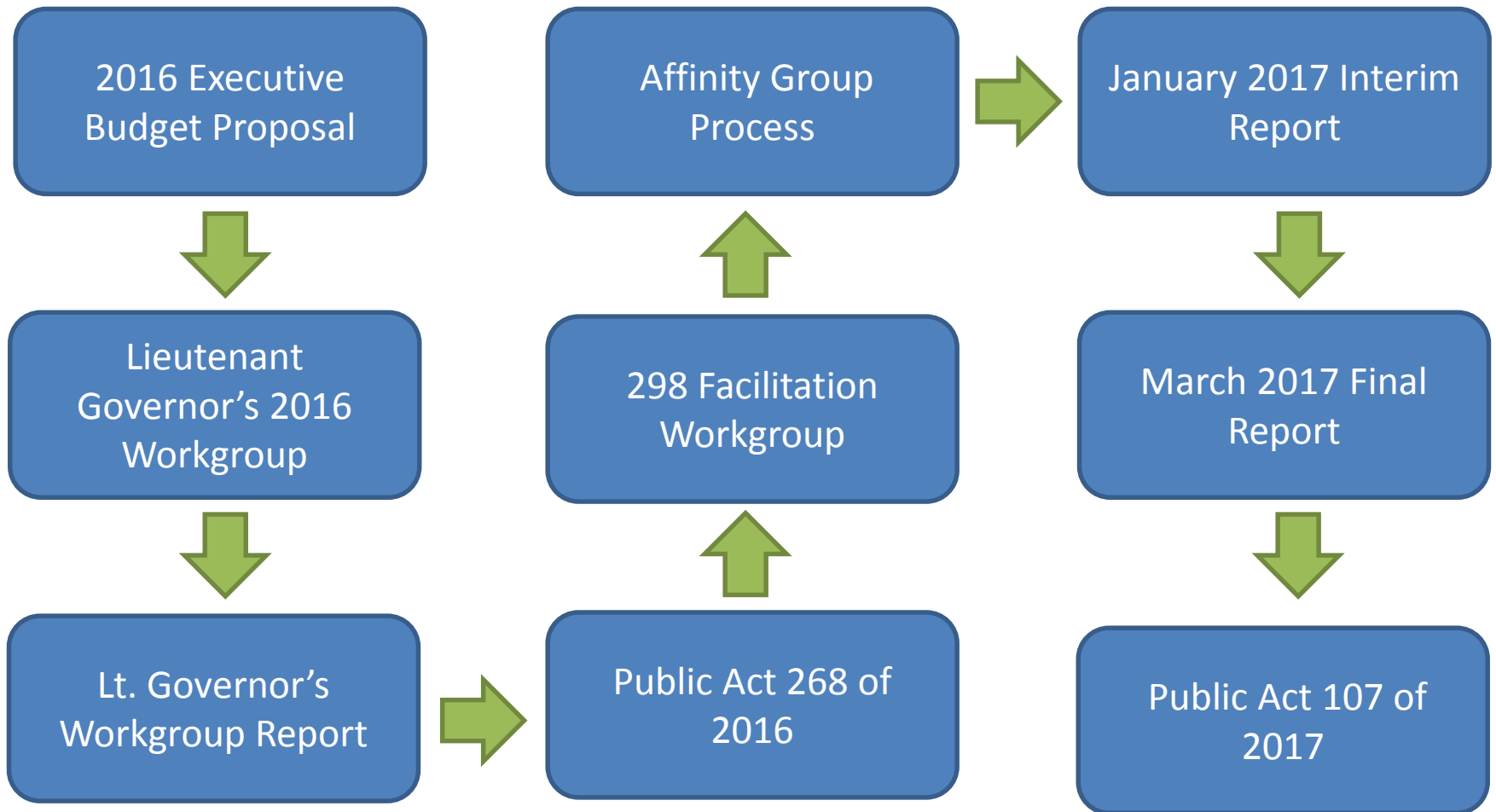
Section 298 Boilerplate Language

- The Michigan Legislature directed MDHHS to **"implement up to 3 pilot projects to achieve fully financially integrated Medicaid behavioral health and physical health benefit and financial integration demonstrative models. These demonstration models shall use single contracts between the state and each licensed Medicaid Health Plan (MHP) that is currently contracted to provide Medicaid services in the geographic area of the pilot project."**

- The Legislature also directed MDHHS to **"…work with a willing CMHSP in Kent County and all willing Medicaid health plans in the county to pilot a full physical and behavioral health integrated service demonstration model."**

Section 298 Boilerplate Language

- The Legislature also directed MDHHS to **"contract with 1 of the state's research universities at least 6 months before the completion of each pilot project or demonstration model to evaluate the pilot project or demonstration model."**

- The boilerplate further specifies the intended outcomes of these pilots, which include **"...to test how the state may better integrate behavioral and physical health delivery systems in order to improve behavioral and physical health outcomes, maximize efficiencies, minimize unnecessary costs, and achieve material increases in behavioral health services without increases in overall Medical spending."**

Progress to Date

- MDHHS established an Action Team to coordinate the implementation process. The Action Team reports to Core Team, which is comprised of MDHHS leadership.

- MDHHS selected Michigan Public Health Institute (MPHI) to provide project facilitation and project management services.

- MDHHS selected the Institute for Healthcare Policy and Innovation (IHPI) at the University of Michigan to evaluate the pilots and demonstration project.

Implementation of the Pilots

- Per the boilerplate, MDHHS will amend the contracts of MHPs within the pilot regions to add responsibilities for managing specialty behavioral health services.

- Per the Mental Health Code, the CMHSP is the specialty provider for behavioral health services, and the MHPs must therefore contract with the local CMHSP for the delivery of specialty behavioral health services.

- CMHSPs in the pilot sites will be responsible for the management of publicly-funded Substance Use Disorder services.

- MHPs will be required to assure access to the required service array as defined under current policies and contracts. MHPs will also be responsible for ensuring CMHSP compliance with all current public policy requirements.

- Per the boilerplate, the pilots must operate for at least two years.

Implementation of the Pilots

- MDHHS is using the following process for selecting the pilot sites:

  – The RFI was released on December 22, 2017, and a revision was released on January 30, 2018

  – The deadline to submit informational responses is February 20th, 2018

  – Anticipated notice of decision is March 9, 2018

- CMHSPs are the primary applicants for the RFI.

  – The applicant must submit a signed memorandum of support from at least half of the Medicaid Health Plans (MHP) within the proposed pilot region.

  – The applicant must submit a plan demonstrating full financial integration.

Implementation of the Pilots

- Fee for Service Population

  – Approximately 25% of Michigan's Medical behavioral health population is Fee for Service (FFS) and not enrolled in a health plan. This population represents up to 40% of Medicaid behavioral health spending.

  – MDHHS identified this issue as a potential barrier to the implementation of the pilots in the November Report to the Legislature.

  – The original RFI included language that MDHHS would contract with a Managed Behavioral Health Organization (MBHO) or an Administrative Service Organization (ASO); however, this was revised to allow for a wider array of options in the second RFI.

Implementation of the Pilots

- Information Sharing:
  - Obvious challenges:
    - HIPAA allows sharing information for payment, treatment and operations
    - The Mental Health Code (MHC), however, provides greater restrictions
    - 42 CFR Part 2 provides significant restrictions for SUD treatment
  - In Michigan, the MHC has been changed. At national level, Part 2 has been changed. So the Michigan Standard Consent has been changed. So what is the problem?
  - Electronic Processes – Consent Management
  - Education of staff that do this

Implementation of the Pilots

- Information Sharing:
  - The Pilots offer an opportunity to address remaining issues in a more structured, focused environment.
    - Will be able to address the electronic consent management process
    - Will be able to work with psychiatric inpatient units.
    - Will eliminate some issues by making the MHP the payer

Implementation of the Demonstration Project

- The Michigan Legislature also requires MDHHS to "work with a willing CMHSP in Kent County and all willing Medicaid health plans in the county to pilot a full physical and behavioral health integrated service demonstration model."

- The pilots will test the integration of physical and behavioral health services at the payer level, and the demonstration model will test integration at the service delivery level.

- MDHHS is working with the Total Health Collaborative to develop the demonstration project for Kent County. The primary lead for the Total Health Collaborative is Network180.

- MDHHS has been meeting with the Total Health Collaborative to guide the development of the demonstration project.

Development of the Evaluation Process

- What are we measuring?

  - Up to three pilot sites

  - One demonstration project site

  - Up to four comparison sites

Development of the Evaluation Process

- IHPI held a kickoff meeting with MDHHS in November 2017.

- IHPI will use key informant interviews and surveys to gain input on evaluation outcome measures and comparison group selection.

- IHPI will use Medicaid administrative data from MDHHS data warehouse to generate outcome measures and assist in comparison group selection.

Development of the Evaluation Process

- IHPI will conduct baseline and follow-up surveys with administrators, providers, and beneficiaries.

  – Web-based surveys of administrators and providers

  – Telephone-based surveys for vulnerable subpopulations, including:
    - Individuals with intellectual and/or developmental disabilities
    - Individuals with mental illness
    - Children and youth with serious emotional disturbances
    - Individuals with substance use disorders

Analysis of the Policy Recommendations

MDHHS has completed its review of the Section 298 Workgroup Policy Recommendations
- Determined relationship of policy recommendations to the pilots and demonstration model
- Set priorities for implementing the recommendations
- Identified subject matter experts to further analyze and provide staff support
- Assessed recommendations against current MDHHS programs and policies
- Defined barriers to implementation
- Clarified action that must be taken to enact recommendations
- Assigned responsibility and due dates

Action team will be reporting back to the Section 298 Workgroup

Next Steps

- MDHHS is anticipating that the pilot sites will be announced on March 9, 2018.

- After the pilot sites have been announced, MDHHS and MPHI will convene meetings with pilot site participants and stakeholders.

- MDHHS will also continue to work with the Total Health Collaborative to develop the demonstration project.

- MDHHS and IHPI will (1) conduct key informant interviews and (2) launch a web-based survey in order to solicit input for the evaluation plan.

- MDHHS will issue Summary Report to outline action plan for implementing the policy recommendations.

Questions?

Jane Pilditch and Dave Schneider

Section 298 Action Team

Michigan Department of Health and Human Services

Access to Inpatient Psychiatric Services
Presentation to the Michigan Health Information Technology Commission

Lynda Zeller, Senior Deputy Director,
Behavioral Health and Developmental Disabilities Administration

State Hospitals and Centers— Inpatient Census

Adult Hospitals (Patients):
- Caro (148)
- Reuther (167)
- Kalamazoo (141)

Forensic (Patients):
- Center for Forensic Psychiatry (262)

Children (Patients):
- Hawthorn (54)

In-house census as of January 24, 2018: <u>772 Patients</u>

Inpatient Psychiatric Facilities and Units

H   State Hospitals and Centers
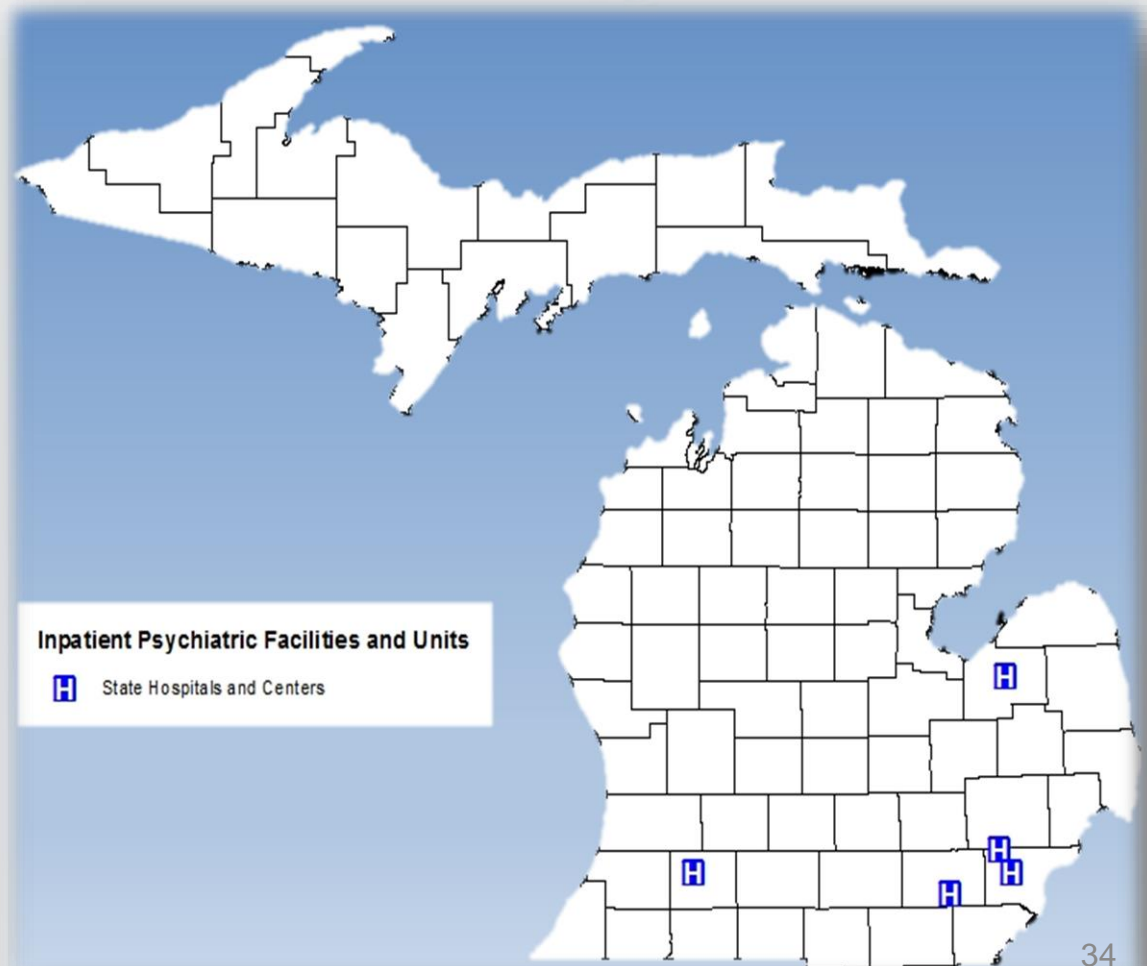
Total Inpatient Psychiatric Capacity

Local Inpatient Licensed Beds (private):
- Adult: 2197 beds; 59 facilities
- Child/Adolescent: 276 beds; 11 facilities

State Hospital Beds (public):
- Adult: 720 beds
- Child/Adolescent: 70 beds

Inpatient Psychiatric Facilities and Units

- ✚ Adult and Children Beds
- ✚ Adult Beds Only
- Ⓗ State Hospitals and Centers
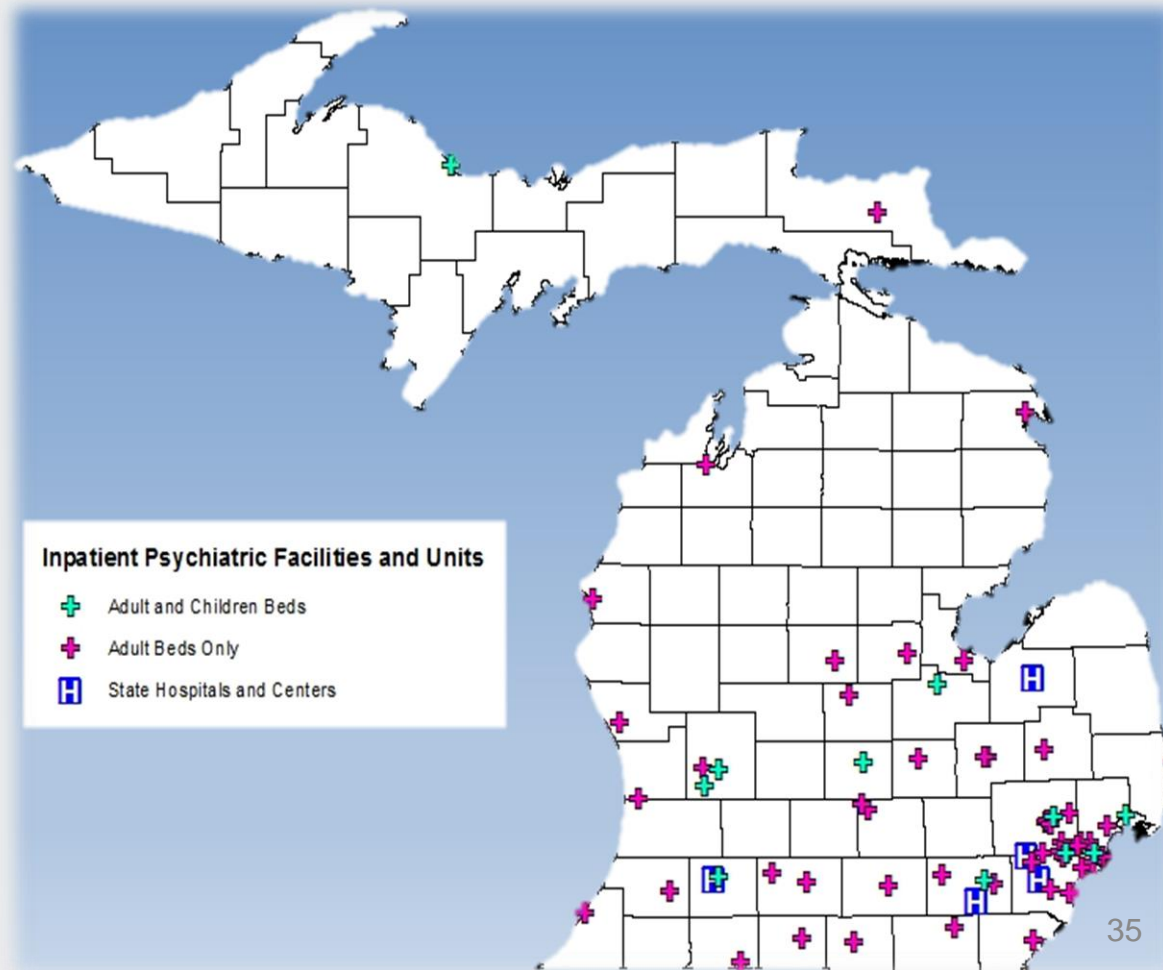
Inpatient Psychiatric Capacity Issues

- **Reduction in Inpatient Psychiatric Beds**
  - Community hospitals in 1993 vs. 2017:
    - **1993**: 3,041 adult beds, 729 child/adolescent beds; **2017**: 2,197 adult beds, 276 child/adolescent beds
    - **Reduction of 28% and 62% for adult and child beds, respectively (34% reduction overall)**
  - State Hospitals in 1991 vs. 2017:
    - **1991**: 29 hospitals serving 3,054 residents; **2017**: 5 hospitals serving 772 residents
    - **Reduction of 74% of residents served**

- **State Hospital Waitlist**
  - Averages **180** individuals at any given time

- **Forensic Capacity**
  - Competency to Stand Trial Evaluations
    - **49 percent** increase in court-ordered competency evaluations since 2010
    - No commensurate increase in staff/forensic examiners
  - Restoration Treatment
    - **113** IST-adjudicated criminal defendants awaiting inpatient admission for restoration treatment
    - Average wait time for admission is **93-100 days** depending on the hospital

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Inpatient Psychiatric Capacity Issues (continued)

- **State Hospital Overtime**
  - June-August, 2017: number of state hospital workers with greater than 24+ hours of overtime grew from **410 to 727**

- **Inpatient Admission Denials Project**
  - Analyzing inpatient psychiatric denial data from July to December, 2017
  - All 46 CMHSPs and 10 PIHPs have been contacted
  - 26 CMHSPs have provided complete data
  - The pilot project from PIHP Region 5 showed the following (March 2016 to July 2017):
    - **31,107 denials among 1,676 patients** (average of 19 denials per patient)
    - Most common reason for denial was **"At Capacity" (81% of denial reasons)**
    - Other reasons for denial included "No callback/No response" and "Patient Does Not Fit Milieu"

State Hospital Resource Investments—Workforce

- **Expanding the Workforce**
  - Hiring 72 additional staff members at the State Psychiatric Hospitals

- **Section 1060 of PA 107 of 2017**
  - MDHHS, Legislature, and Key Stakeholders working to devise solutions to increase the workforce at State Psychiatric Hospitals and Centers
  - Researching Civil Service Rule Changes to potentially address compensation and overtime issues

- **State Loan Repayment Program (SLRP)**
  - Pediatric inpatient psychiatrists prioritized in 2018
  - MDHHS waived certain SLRP requirements to promote psychiatric provider participation

- **Telemedicine**
  - Formalized the use of telemedicine practice within community based Assertive Community Treatment to ensure psychiatric services are available

State Hospital Resource Investments—Facilities

- **Caro Center Replacement**
  - Construct a new 200-bed replacement facility for the Caro Center (50 bed net increase)

  - ***Integrated Design Solutions*** was chosen for the design and construction of a new Caro Center replacement facility

  - Design Development intended to be completed in December, 2018

  - Project completion estimated for 2021

MDHHS

State Hospital Resource Investments—HIE Enhancements

- **Netsmart AVATAR**
  - The EMR utilized by Michigan's State Hospitals
  - System accommodations and enhancements in process

- **Netsmart AVATAR and RxConnect**
  - The RxConnect solution will provide MDHHS with a solution to enhance the billing and revenue collection for prescription drugs

- **Two current HIE projects:**
  1. Generating Admission, Discharge, Transfer (ADT) messages for participation in the MiHIN ADT Use Case
  2. Developing a process to submit encounter data from AVATAR to the MDHHS data warehouse

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Michigan Inpatient Psychiatric Access Discussion (MIPAD)

- **Priorities of the Short-Term Recommendations:**
  - Encouraging the Development of Specialty Units for Children

  - Addressing EMTALA Concerns in Emergency Departments

  - Standardizing Clinical Processes for Accessing Inpatient Psychiatric Services

  - Implementing Changes to Financing and Reimbursement for Inpatient Psychiatric Services

  - Developing a Psychiatric Bed Registry in Michigan

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Questions?

Michigan Department of Health & Human Services

Update on Privacy and Consent Projects

Phil Kurdunowicz
February 27, 2018

The Goal of Sharing Behavioral Health Information

Address Issues Related to Privacy Laws and Regulations → Increase the Sharing of Behavioral Health Information → Improve the Coordination of Physical Health and Behavioral Health Services → Achieve Better Health Outcomes for Individuals with Physical Health and Behavioral Health Needs
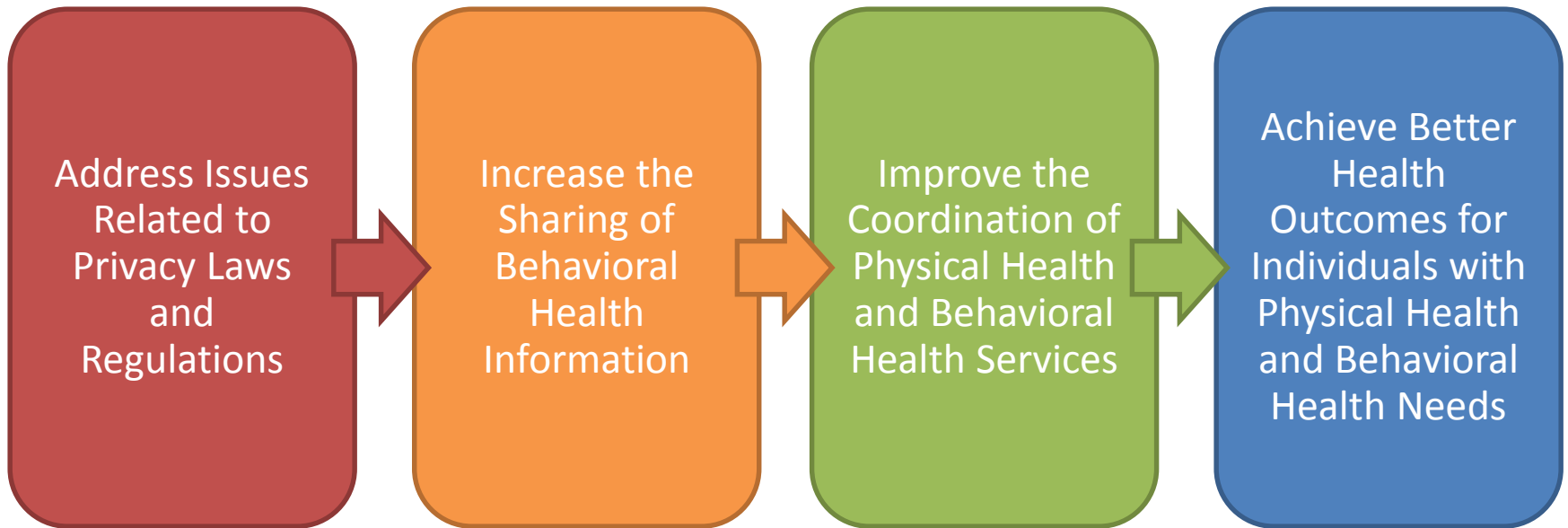
The Policy Challenge of Conflicting Confidentiality Requirements

Health Insurance Portability and Accountability Act	42 CFR Part 2	Michigan Mental Health Code	Michigan Public Health Code
Family Educational Rights and Privacy Act	Violence Against Women Act	Family Violence Prevention and Services Act	State Laws on Confidentiality Protections for Minors

History of Efforts to Improve Behavioral Health Information Sharing

- Public Act 129 of 2014

   "…the department shall develop a standard release form for exchanging confidential mental health and substance use disorder information for use by all public and private agencies, departments, corporations, or individuals that are involved with treatment of an individual experiencing serious mental illness, serious emotional disturbance, developmental disability, or substance use disorder."

   "All parties described in this subsection shall honor and accept the standard release form… unless the party is subject to a federal law or regulation that provides more stringent requirements…"

History of Efforts to Improve Behavioral Health Information Sharing

- Implementation of Public Act 129 of 2014

    - Development of the Behavioral Health Consent Form (MDHHS-5515)

    - Development of the FAQs and Other Educational Documents

    - Education and Outreach to Consumers, Providers, and Payers

    - Enactment of Contractual and Programmatic Requirements

CONSENT TO SHARE BEHAVIORAL HEALTH INFORMATION
FOR CARE COORDINATION PURPOSES
Michigan Department of Health and Human Services

This form cannot be used for a release of information from any person or agency that has provided services for domestic violence, sexual assault or stalking. A separate consent must be completed with the person or agency that provided those services. (See FAQ at www.michigan.gov/bhconsent to determine if this restriction applies to you or your agency.)

Individual's Name	Date of Birth	Individual's ID Number (Medicaid ID, Last 4 digits of SSN, other)

Under the Health Insurance Portability and Accountability Act (HIPAA), a health care provider or agency can use and share most of your health information in order to provide you with treatment, receive payment for your care, and manage and coordinate your care. However, your consent is needed to share certain types of health information. This form allows you to provide consent to share the following types of information:

- Behavioral and mental health services
- Referrals and treatment for alcohol and substance use disorder

This information will be shared to help diagnose, treat, manage and get payment for your health needs. You can consent to share all of this information or just some information. (See FAQ at www.michigan.gov/bhconsent)

I.   I consent to share my information among:

1. _____   6. _____
2. _____   7. _____
3. _____   8. _____
4. _____   9. _____
5. _____   10. _____

II.   I consent to share:

☐ All of my behavioral health and substance use disorder information

OR

☐ All of my behavioral health and substance use disorder information except:
(List types of health information you do not want to share below)

_____

I understand the HIPAA allows providers and other agencies to use and share much of my health information without my consent in order to provide me with treatment, receive payment for my care, and to manage and coordinate my care.

III.   By signing this form I understand:
- I am giving consent to share my behavioral health and substance use disorder information. Behavior health and substance use disorder information includes, but is not limited to, referrals and services for alcohol and substance use disorders.
- My information may be shared among each agency and person listed above.
- My information will be shared to help diagnose, treat, manage and pay for my health needs.
- My consent is voluntary and will not affect my ability to obtain mental health or medical treatment, payment for medical treatment, health insurance or benefits.
- My health information may be shared electronically.
- Other types of my information may be shared with my behavioral health and substance use disorder information. The law allows my providers and other agencies to use and share most of my health information without my consent in order to provide me with treatment, receive payment for my care, and to manage and coordinate my care.
- The sharing of my health information will follow state and federal laws and regulations.
- This form does not give my consent to share psychotherapy notes as defined by federal law.
- I can withdraw my consent at any time; however, any information shared with or in reliance upon my consent cannot be taken back.
- I should tell all agencies and people listed on this form when I withdraw my consent.
- I can have a copy of this form.
- My consent will expire on the following date, event or condition unless I withdraw my consent. (If expiration date is left blank or is longer than one year, the consent will expire 1 year from the signature date.)

_____

I have read this form or have had it read to me in a language I can understand. I have had my questions about this form answered.

Signature of person giving consent or legal representative	Date

Relationship to Individual

☐ Self   ☐ Parent   ☐ Guardian   ☐ Authorized Representative

WITHDRAW OF CONSENT

I understand that any information already shared with or in reliance upon my consent cannot be taken back.

I withdraw my consent to the sharing of my health information:

☐ Between any of the following persons or agencies:

_____   _____

_____   _____

_____   _____

OR

☐ For all persons and agencies:

Signature of person giving consent or legal representative	Date

Relationship to Individual

☐ Self   ☐ Parent   ☐ Guardian   ☐ Authorized Representative

Verbal Withdraw of Consent:

This consent was verbally withdrawn.

Signature of person receiving verbal withdraw of consent	Date

☐ Individual provided copy   ☐ Individual declined copy

AUTHORITY:	This form is acceptable to the Michigan Department of Health and Human Services as compliant with HIPAA privacy regulations, 45CFR Parts 160 and 164 as modified August 14, 2002, 42 CFR Part 2, PA 258 of 1974 and MCL 330.1748 and PA 368 of 1978, MCL 333.1101 et seq and PA 129 of 2014, MCL 330.1141a.
COMPLETION:	Is Voluntary, but required if disclosure is requested.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Changes in the Policy, Legal, and Regulatory Environment

- Goals for the National Governors Association Technical Assistance Program
  - Goal #1: The State of Michigan will work to align policy, regulatory, and statutory requirements to expedite the exchange of health information for the purposes of care coordination.
  - Goal #2: The State of Michigan, Michigan Health Information Network, and other partners will design and create infrastructure that will enable electronic management of consent across the Michigan health care system.
  - Goal #3: The State of Michigan will collaborate with its partners to advance health information sharing on a statewide level and set the stage for health care transformation. The State of Michigan will expedite statewide implementation by instituting policy and contractual changes, creating a statewide learning collaborative, and finding synergies with statewide health care transformation projects.

Changes in the Policy, Legal, and Regulatory Environment

- Section 298 Recommendations on Health Information Sharing
  - Recommendation 9.1: The State of Michigan should develop and implement a statewide strategy for aligning policy, regulatory, statutory, and contractual requirements to enable the sharing of behavioral health information.
  - Recommendation 9.2: MDHHS should conduct education and outreach efforts to inform individuals, families, providers, and payers about the importance and value of health information sharing.
  - Recommendation 9.3: MDHHS should support local and statewide efforts to build infrastructure that will enable the secure sharing of behavioral health information across health care organizations.
  - Recommendation 9.4: MDHHS should create a common culture of collaboration where stakeholders can identify, discuss, and overcome statewide barriers to health information sharing on an ongoing basis.

Changes in the Policy, Legal, and Regulatory Environment

- Public Act 559 of 2016 (Effective: April 10, 2017)

  - The Michigan legislature amended the Michigan Mental Health Code to allow for the sharing of mental health records for the purposes of payment, treatment, and coordination of care in accordance with HIPAA.

- New Final Rule for 42 CFR Part 2 (Effective: March 21, 2017)

  - The Substance Abuse and Mental Health Services Administration issued a new version of the rule that governs the confidentiality of substance use disorder records.

  - The revised rule allows for the use of a general designation (e.g. all my treating providers), incorporates new provisions for health information exchange, and requires new granularity in terms of listing the amount and kind of information that will be shared.

Changes in the Policy, Legal, and Regulatory Environment

- MIPAD Workgroup Recommendations on Interoperability
  - Recommendation 4.01: MDHHS should work with its external partners to encourage broader and more consistent use of technology that supports health information sharing through the following strategies:
    - Achieve statewide adoption of Admit, Discharge, and Transfer (ADT) notifications for inpatient psychiatric stays, improve the data quality and usability for ADT messages, and explore policy, regulatory, and contractual changes to support the attainment of these goals. This recommendation includes all inpatient, emergency care, and crisis residential settings.
    - Promote the sharing the medication information through the statewide health information exchange infrastructure.
    - Pursue adoption of statewide encrypted email to support inter-organizational communication. MDHHS should identify user groups as broadly as possible to include all individuals who may be involved in the individual's care team.

Changes in the Policy, Legal, and Regulatory Environment

- MIPAD Workgroup Recommendations on Interoperability
  - Recommendation 4.02: MDHHS should implement the following strategies to educate providers and payers about confidentiality laws and regulations that affect the sharing of behavioral health information.
    - Conduct education and outreach efforts to inform the provider community on the importance of inter-organizational communication and the qualitative impacts of such communication.
    - Provide education to the payer and provider community regarding Public Act 559 and its impact on communication and coordination of care for the delivery of mental health services
    - Encourage the adoption of the Behavioral Health Consent Form as a mechanism to assist with information sharing
    - Engage statewide associations to assist with education of providers and payers

Changes in the Policy, Legal, and Regulatory Environment

- MIPAD Workgroup Recommendations on Interoperability
  - Recommendation 4.03: MDHHS should integrate requirements for health information sharing and care coordination into departmental policies, programs, and contracts. This strategy should include contracts with MHPs, PIHPs, and other contractors, providers, or service agencies (e.g. public and private foster care provider agencies).

Changes in the Policy, Legal, and Regulatory Environment

- Version 4.1 of the Behavioral Health Consent Form

Proposed Approach for 2018

TRUST

- Improve the Accessibility of the MDHHS-5515 to Consumers

- Encourage Providers and Payers to Fully Implement PA 559

- Conduct Education and Outreach to Consumers, Providers, and Payers

- Collaborate with the Consent Form Workgroup and Other Stakeholder Groups

TECHNOLOGY

- Integrate Behavioral Health Information into CC360

- Promote the Sharing of ADT Notifications for Inpatient Psychiatric Stays

- Develop the Capacity to Electronically Manage Consent across Different Health Care Organizations

Questions?

Phil Kurdunowicz

Policy, Planning, and Legislative Services Administration

Michigan Department of Health and Human Services

Other HIT Commission Business

- HIT Commission Next Steps

- Public Comment

- Adjourn