Michigan Health Information Technology Commission

February 25, 2020

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 2020 Meeting Agenda

Item	Presenter(s)	Time
1. Welcome and Introductions	Chair	5 minutes

1. Commission Business
  A. Review of 11/26/2019 Minutes
  B. Review of 2019 Annual Report
	Chair	10 minutes

1. MDHHS Update
  A. Update on MDHHS Data Strategy
  B. Update on HIT Strategy Kickoff
  C. Recap of ONC Annual Meeting
	Trevor Youngquist (MDHHS)	30 minutes

1. Trends in Innovative HIT and Cybersecurity	Justin Gernot (HIMSS), Chris Bailey (MiHIN)	20 minutes

1. Update on HIT Commission Committees
  A. HIT Roadmap Steering Committee
  B. Nomination Process and Charters
	Trevor Youngquist (MDHHS)	20 minutes

1. Health Information Exchange (HIE) Update
  A. Upper Peninsula Health Information Exchange (UPHIE)
  B. Michigan Health Information Network (MiHIN)
	Lee Marana (UPHIE), Janey Joffee (UPHIE), Rebecca Miller (MiHIN)	30 minutes

1. Public Comment		
1. Adjourn		

MDHHS

Welcome and Introductions

Commission Business

Review of 11/26/2019 Meeting Minutes
Review of 2019 Annual Report

MDHHS Update

Trevor Youngquist (MDHHS)

Update on MDHHS Data Strategy

Considerations for the MDHHS Data Strategy

MDHHS will be developing its internal data strategy in collaboration with the forthcoming state HIT strategy roadmap

Along with the HIT roadmap, MDHHS seeks to align its data strategy with the following documents:

- U.S. Department of Health and Human Services (HHS) 2018 Data Strategy

- HHS Office of the National Coordinator 2020-2025 Federal Health IT Strategic Plan (open for public comment until March 18, 2020)

- Governor Gretchen Whitmer's Proposed Fiscal Year 2021 State of Michigan Strategic Plan

MDHHS

2020-2025 Draft Federal Health IT Strategic Plan

HHS Office of the National Coordinator 2020-2025 Federal Health IT Strategic Plan (open for public comment until March 18, 2020)

Promote Health and Wellness — GOAL 1

Objective 1a: Improve individual access to health information

Objective 1b: Advance healthy and safe practices through health IT

Objective 1c: Integrate health and human services information

Enhance the Delivery and Experience of Care — GOAL 2

Objective 2a: Ensure safe and high-quality care through the use of health IT

Objective 2b: Foster competition, transparency, and affordability in healthcare

Objective 2c: Reduce regulatory and administrative burden on providers

Objective 2d: Enable efficient management of resources and a workforce confidently using health IT

Build a Secure, Data-Driven Ecosystem to Accelerate Research and Innovation — GOAL 3

Objective 3a: Advance individual- and population-level transfer of health data

Objective 3b: Support research and analysis using health IT and data at the individual and population levels

Connect Healthcare and Health Data through an Interoperable Health IT Infrastructure — GOAL 4

Objective 4a: Advance the development and use of health IT capabilities

Objective 4b: Establish transparent expectations for data sharing

Objective 4c: Enhance technology and communications infrastructure

Objective 4d: Promote secure health information that protects patient privacy

MDHHS

Update on HIT Strategy Kickoff

Update on Project Milestones

- **Initial Kickoff for HIT Roadmap Steering Committee**: Completed ✓

- **ONC Commissioner and HIE Interviews**: Completed ✓

- **State Administrative Board Review of Proposed Contract:** February 25, 2020

- **Project Kickoff**: Early March 2020

- **Stakeholder Engagement Roundtables**: April – early June 2020

Recap of the HHS Office of the National Coordinator for Health IT (ONC) Annual Meeting

Trends, Talking Points and Federal Priorities

- **Proposed interoperability rules** from ONC and the HHS Centers for Medicare and Medicaid Services (CMS) are expected to be released before year's end

- Both Congress and HHS are seeking **strategies to better identify patients** in a more coordinated manner

- Addressing **social determinants of health** and improving care in **long term support settings** were a focus in many sessions

- **MDHHS presented at two breakout sessions:**
  - Leveraging health IT to support value-based payment models
  - Addressing opioid and substance abuse disorder using health IT

ONC Strategy Update
Reducing Provider HIT Burden

The 21st Century Cures Act charged ONC with developing strategy to address provider HIT burdens (described in Section 4001). The [final report on "Reducing Regulatory and Administrative Burden Relating to Use of Health IT and EHRs"](#) was released by ONC earlier this month. Topics that the strategy address include:

- **Clinical documentation** (e.g. reduce regulatory burden, encourage best practices related to documentation requirements, standardize data and processes)

- **EHR reporting** (e.g. incentivize new approaches, reduce burden related to quality and reporting programs, improve value and usability of clinical quality measures)

- **Public health reporting** (e.g. increase provider PDMP queries, increase adoption of EPCS, address inconsistent data between government agencies, expand on existing HIPAA requirements governing SUDs)

MDHHS

Trends in Innovative HIT and Cybersecurity

Justin Gernot (HIMSS)
Chris Bailey (MiHIN)

MDHHS

Preview HIMSS Digital Health Index

Justin Gernot, Vice President
Healthbox, a HIMSS Solution
February 25, 2020

HIMSS

Providers Are Struggling to Go Digital

HIMSS DIGITAL HEALTH INDEX

The Need for a Digital Health Index

- **No standard definitions or measures for digital health makes progress difficult to attain, sustain, or translate across provider organizations**

- **Many organizations entering/expanding in digital health (with mixed results)**

- **Providers need to go beyond digitizing existing workflows to supporting the shift to value**

HIMSS

HIMSS Digital Health Index

What Our Consumers Want and Need – "Intangible Health Tools and Services"

- **Experience: every clinician encounter has all of my data, understands my health goals, partners with me to achieve my goals**

- **Ease of Access: (virtual) specialist care when and where needed**

- **Choices: care delivery options (online, in person, virtual teams)**

- **Price Transparency: cost up front, not on the invoice at discharge**

- **Guidance and Wayfinding: information that is relevant on where to access care and what care is needed and when**

- **Safety-Quality: confidence I am getting the best possible care, based on real world evidence of people like me**

- **Literacy Tools: tools that translate health data into meaningful knowledge so people can make decisions (ex. Mint, Schwab)**

- **Traceability and Transparency: automated error reporting, risk alerts to support and manage health; tracking every care process linked to outcomes creates data >> real world evidence >> Economic value**

What is Digital Health?

Digital health connects and empowers people and populations to manage health and wellness, augmented by highly accessible and supportive provider teams working within flexible, integrated, interoperable, and digitally-enabled care environments that strategically leverage digital tools, technologies and services to transform care delivery.

A Mature Digital Health Ecosystem
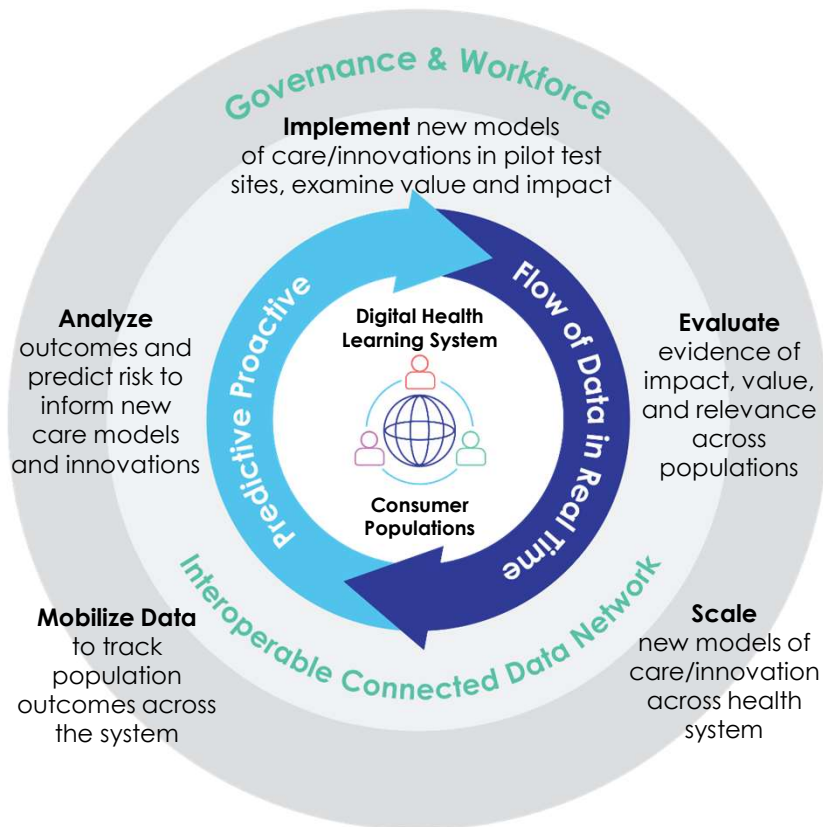
- Digital health systems prioritize population health outcomes, informed by robust analytics, tracked in real time

- Outcomes data informs the design, implementation and scalability of new digital models of care innovations

- Interoperability makes it possible for data to flow across the system in real time

- Governance supports a sustainable workforce and ensures system accountability

DIGITAL HEALTH INDEX

HIMSS SOLUTION

The Digital Health Index measures progress toward a digital health ecosystem that **enables consumers to manage their health and wellness** using digital tools, supported by connectivity with clinicians and provider teams, in a **secure and private environment** whenever and wherever care is needed.

Operational and care delivery processes are **outcomes-driven**, informed by data and real-world evidence to achieve exceptional quality, safety and **performance that is sustainable.**

HIMSS

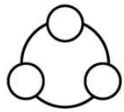# *Maturity Models: Setting the Stage*

AMAM
Analytics Maturity Adoption Model

CCMM
Continuity of Care Maturity Model
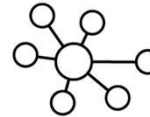
CISOM
Clinically Integrated Supply Outcomes Model

DIAM
Digital Imaging Adoption Model

EMRAM
EMR Adoption Model

INFRAM
Infrastructure Adoption Model

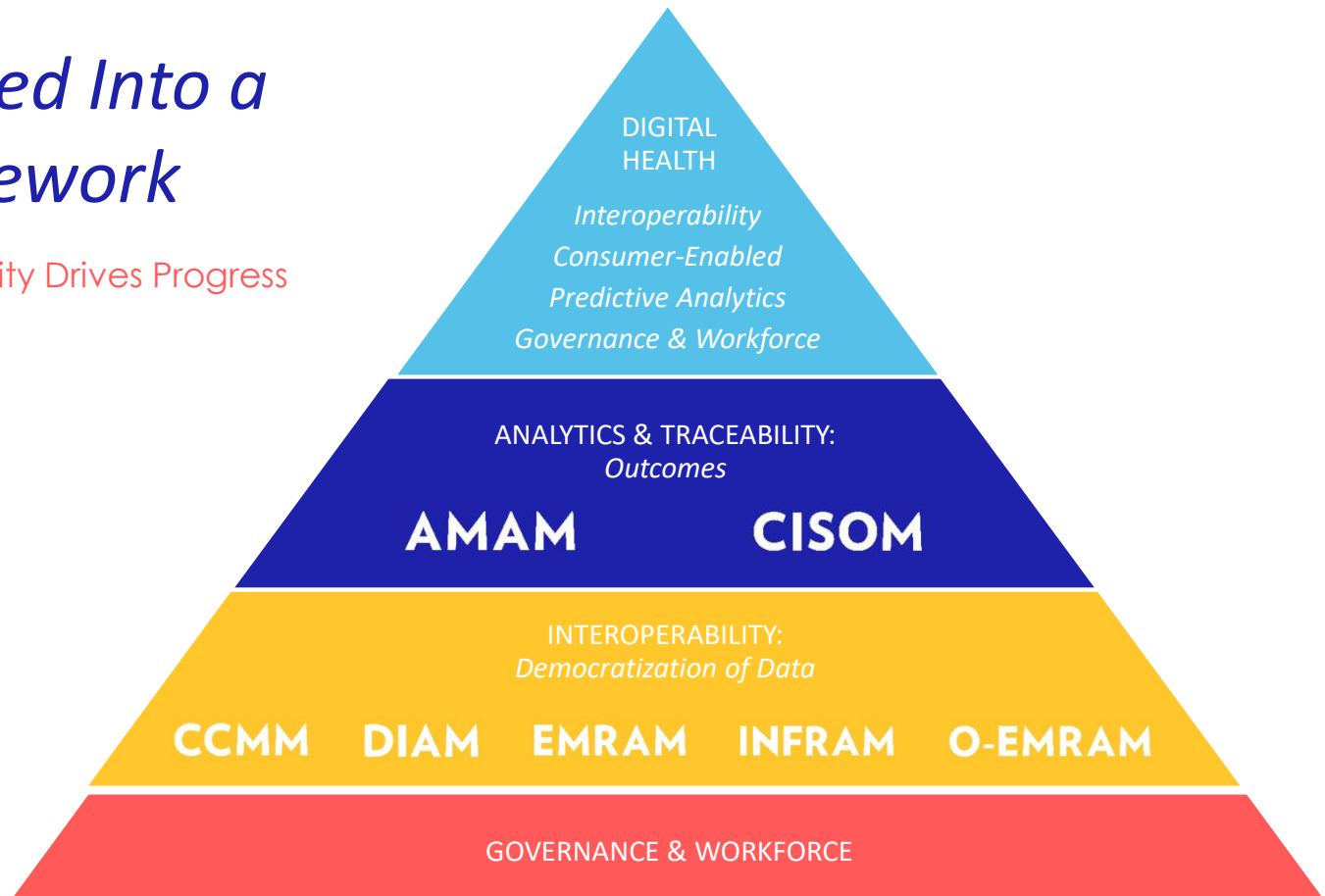**O-EMRAM**
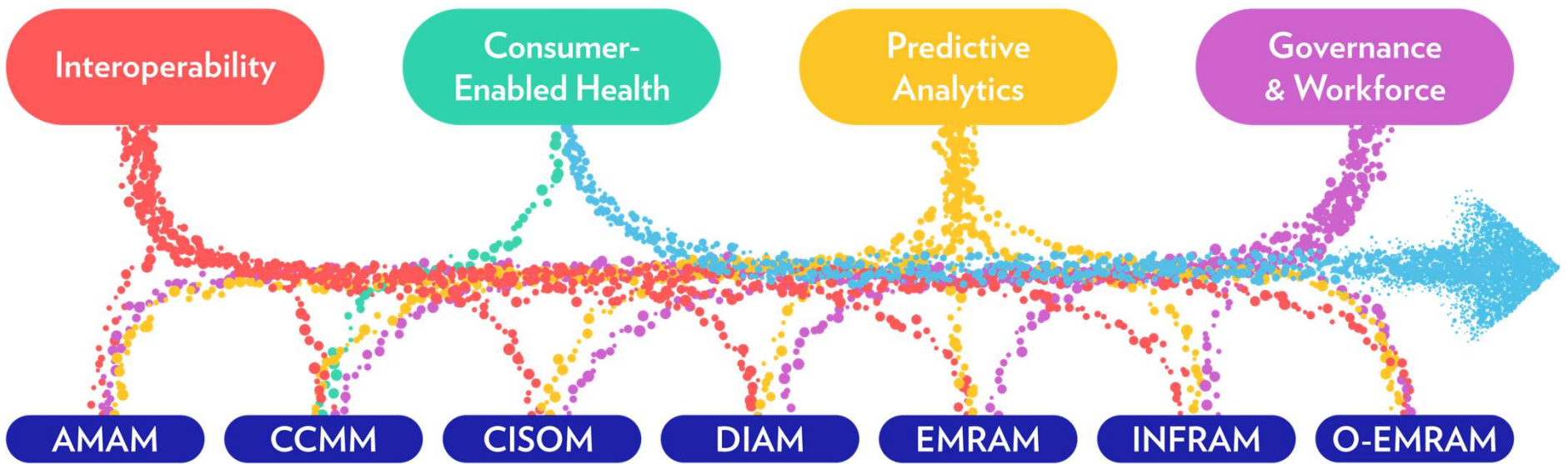Outpatient EMR Adoption Model

Models Assembled Into a Connected Framework

Governance Leadership Maturity Drives Progress

DIGITAL HEALTH

Interoperability
Consumer-Enabled
Predictive Analytics
Governance & Workforce

ANALYTICS & TRACEABILITY:
Outcomes

AMAM　　**CISOM**

INTEROPERABILITY:
Democratization of Data

CCMM　**DIAM**　**EMRAM**　**INFRAM**　**O-EMRAM**

GOVERNANCE & WORKFORCE

Digital Health Index

Understanding the Dimensions

Interoperability	**Consumer-Enabled Health**	**Predictive Analytics**	**Governance & Workforce**

- **Foundational:** Exchange of data accessible across clinical settings

- **Organizational:** Use of governance tools such as policy, security and privacy

- **Semantic:** Use of analytics tools and reporting to streamline data access and management

- **Structural:** Data centralization, automation and integration for seamless data flow

- **Personalized:** Consumers manage their health and wellness and choose the digital tools to make this possible

- **Proactive:** Predictive analytics mobilize patient-level outcomes data to track progress toward goals

- **Population health:** Predictive analytics enable mobilization of data to track population health outcomes

- **Personalized Analytics:** Connection between consumers and clinicians for reporting of outcomes

- **Predictive Analytics:** Tracking and tracing of outcomes across the journey of care identifying risk and strategy for care quality and safety

- **Operational Analytics:** Data mobilized to track and improve health system performance

- **Stewardship:** Leadership strategy informing oversight and accountability policies

- **Transparency:** Connectivity with consumers offering clear indicators of quality, safety and outcomes

- **Policy and Decision-making:** Alignment of processes and strategy that support and incentivize performance

- **Workforce Capacity and Competency:** Transformation of care delivery by advancing digital health system maturity

HIMSS

DHI: US Health System Example

320

Overall Ranking: #5 of Global Health Systems
Regional Ranking: #2 of US Health Systems

Overall Recommendations

Interoperability

Strong

Predictive Analytics

Medium

Governance & Workforce

Strong

Consumer Enabled Health

Focus Area

- Perform INFRAM & AMAM Assessments for all facilities to create roadmap to improve analytics & consumer enabled health capabilities

- Validate strengths through EMRAM re-validation

- Engage with Digital Health Partner Program to build out 3 year strategic plan for citizen enablement

- Identity Certified Organizations that provide solutions that can help advance maturity in analytics

- 6-Month follow up to reassess DHI

HIMSS

DHI Solutions

1 **Rapid Assessment**

A self-guided web application that helps health systems understand where they potentially rank in digital health, based upon 12 key indicators, using a 400 point system

2 **Virtual Assessment**

A self-guided web-based assessment will score and rank health systems on the four dimensions of digital health, evaluating more than 100 indicators, using a 400 point system

3 **Roadmap**

Customized set of recommendations based on the DHI Gap Assessment, executive and clinician interviews, and a facilitated strategy session led by HIMSS Advisory DHI subject matter experts

4 **Strategy**

Comprehensive digital strategy built on evidence and a variety of data sources including DHI; this standardized approach to digital strategy will be delivered with DHI partners and co-staffed by HIMSS Advisory DHI SMEs

HIMSS

Next Steps

Come to the Analytics or Healthbox Booths
at HIMSS20 in Orlando

Contact me at justin@healthbox.com

HIMSS

Telehealth Overview

Chris Bailey
*Director of National Engagement and
Consumer Health Strategy*

Telehealth Growth Projections & Revenue Sources

Growth Trends in the United States

- Compound Annual Growth Rate – 23.4%
- Projected value in 2026 using CAGR – 92.5B
- 590,000 physicians are projected to be using telehealth by 2022

Trends in Provider Revenue Sources

- Commercial
- Medicaid/Medicare – Originating Site Requirements
- Cash Flat Fee
- Self-Funded Employer Group Benefit
- CPC + Track 2 Gain Share

Global Telehealth Market Size, 2015-2026 (USD Billion)

www.fortunebusinessinsights.com
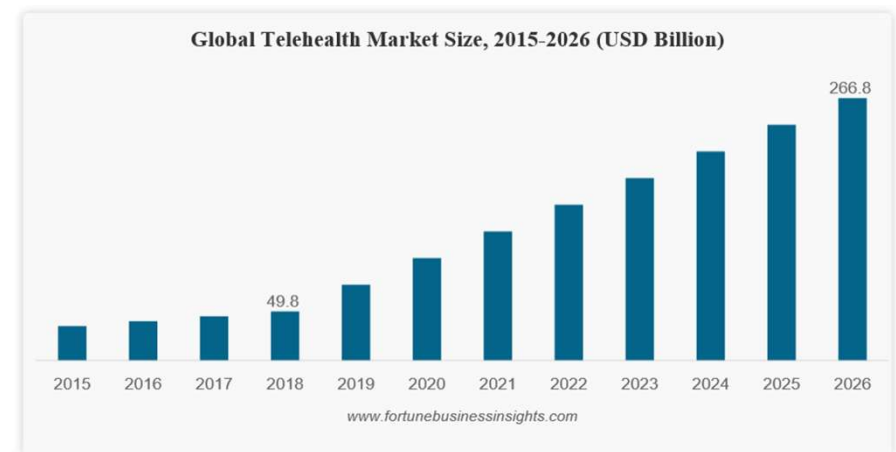
Vendor Differentiation

Telehealth Challenges
- Most platforms: costly, non-practice based, deliver care with minimal context
- Providers unable to develop a relationship with their patients
- Patients see an unfamiliar doctor
- Challenging to integrate into practice workflow

Practice Based Solution
- An integrated, relationship-based health solutions that improves health outcomes through greater patient literacy, access and accountability
- Allows all providers and patients to join with
  no upfront platform or application fees
- Patients can maintain care relationships with doctors they know and trust
- Intuitive user experience that easily integrates into practice workflows

TELADOC
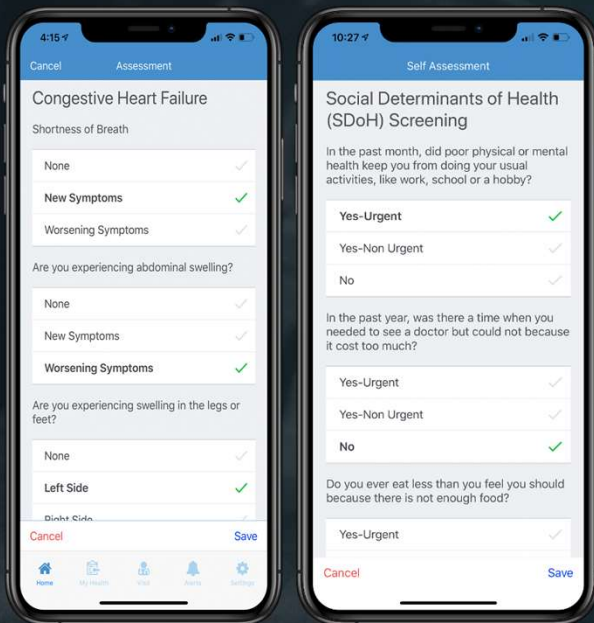
dr+ on demand
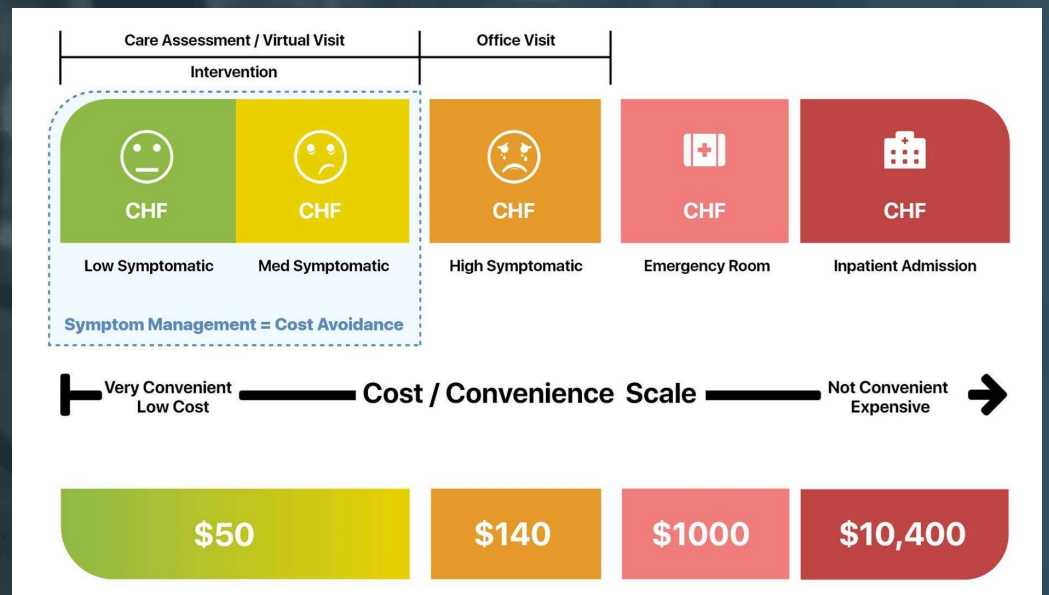
MDLIVE

amwell

PATIENT   PROVIDER

Care Convene

Improved Health Outcomes & Lower Costs
Health Literacy & *Frictionless* Access

Patient Self-Management

Telehealth Resolves the Cost/Convenience Problem
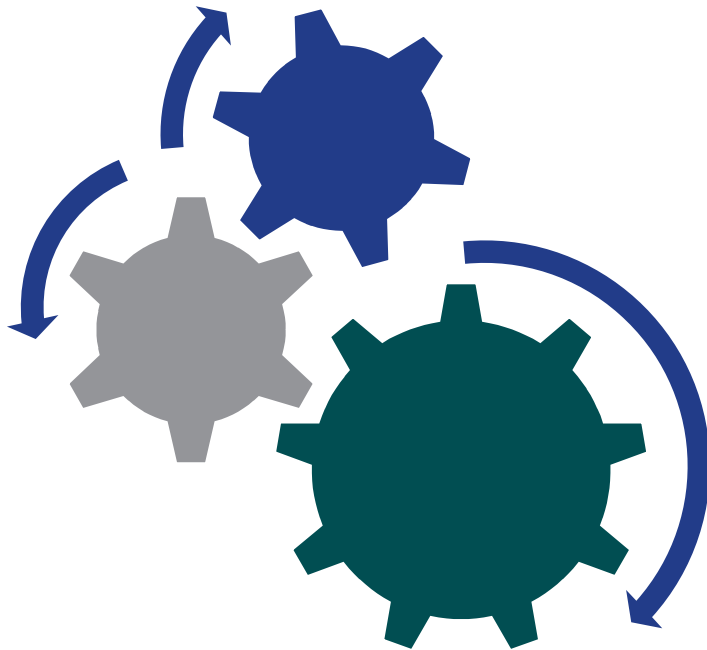
Integrated Practice Based Telehealth

Symptom Management of high-risk patients

Advanced Transitions of Care using Real-time ADT

ER PCP Coordination to avoid IP Admission

Acute episodic visits targeting high ER utilizers

34

MIHIN / Care Convene Integrations

Active Care Relationship Services (ACRS)

Accurately routes information to alert providers in active care relationships with patients (e.g,. Admission, Discharge, Transfer Notifications, medication reconciliation, etc.)

Admission, Discharge, & Transfer Notifications (ADTs)

sending notifications on the status of patients' care transitions to every care team member interested in that patient.

Medication Reconciliation - CCDA

Share patient medication information at multiple points of care, including pharmacies, physician offices, hospitals, and transitional facilities such as outpatient tertiary and skilled nursing facilities.

MIHIN Telehealth (Practice Based) Use Case

Purpose:

Provide primary care and specialty care teams a patient centric and practice base telehealth platform and mobile app experience to virtually engage patients for the treatment or triage of acute and chronic issues and for the coordination of care through ADT event notifications.

Proposed Requirements for Telehealth Vendors
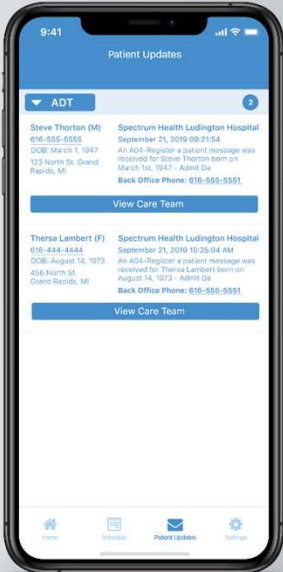- Receive Admission, Discharge, Transfer Notifications
- Submit & Query Active Care Relationship Services
- Send CCDA Discharge Summary & Receive Exchange CCDA
- Query Health Directory
- Direct Secure Messaging
- Social Determinants of Health
- eConsent (Future)
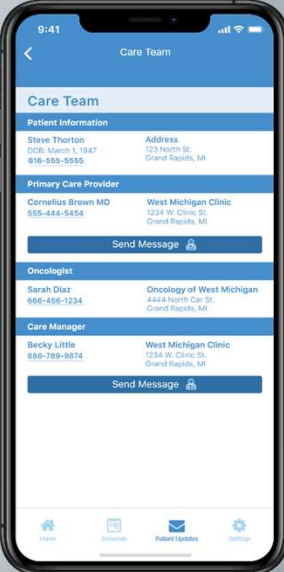- VIPR (Future)

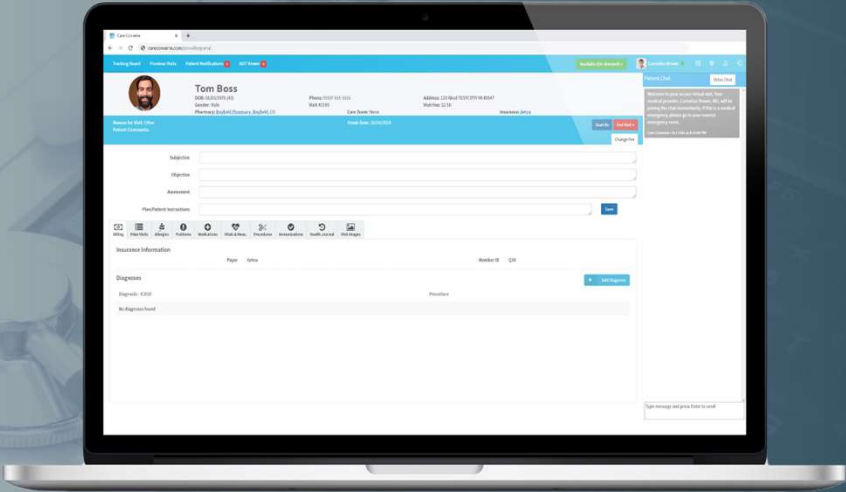Provider / Care Team Access
Web Browser, Apple iOS, Android

Provider Tracking Board

ADT Viewer

Care Team Viewer

Provider Web Portal

Virtual Practice Based Clinic Model

Allows for greater access to quality care for more patients via a secure platform

Align principles of Patient Centered Medical Home

- Closing Gaps in Care
- Patient Self-Management
- Care Management & Coordination
- Social Determinates of Health Reporting

Optimize Health Information Exchange

- Use real-time ADT/CCDA/Results (Problems/Diagnoses/Meds) to support high quality longitudinal care and risk stratification
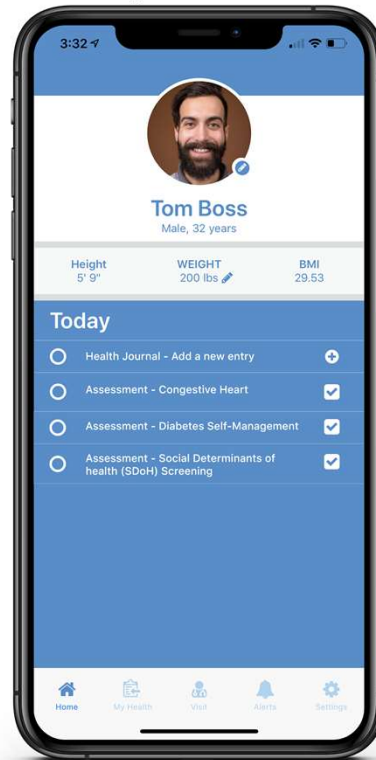
Support Greater Patient Health Literacy & Access

- Poly Chronic Symptom Management.
- Patient Activation using disease specific virtual assessments
- Targeted Patient Education

Platform Benefits

- Longitudinal and Episodic Care
- Scalable and Affordable Pricing
- REST API and FHIR Ready
- Integrated Relationship Health Solution
- Build Relationships over Large Distances

38

Additional Resources

For more information: https://mihin.org/ & https://careconvene.com/

Chris Bailey – Chris.Bailey@mihin.org

Update on HIT Commission Committees

Trevor Youngquist (MDHHS)

MDHHS

Status since November 2019 Meeting

- Commissioners expressed interest in all 3 advisory committees and the roadmap steering committee

- A charter for the steering committee has been drafted

- Six members of the public expressed interest in advisory committees

- **Next steps to discuss today:**
  - Commission approval of charter for steering committee
  - Determine approval process for interested members of the public on committees
  - Align advisory committee role with HIT strategic planning process

M DHHS

Advisory Committee #1:

Adoption and Expansion

Develop strategies for incrementally improving current HIE service infrastructure and increasing adoption

2 commissioners interested

Esty, Simmer

3 members of the public interested

Advisory Committee #3:

Governance

Provide input on future governance and oversight mechanisms for use cases and strategy

5 commissioners interested

Beauchamp, Esty, Harris, Smiddy, VanderMey

2 members of the public interested

Advisory Committee #2:

Ideation

Explore new horizons in HIT and identify what the next innovations could be

5 commissioners interested

Esty, Kufahl, LaCasse, Rinvelt, Zaroukian

2 members of the public interested

Steering Committee for HIT Roadmap:

Support the HIT Commission in:
- Providing general oversight of the strategic planning process for the HIT roadmap
- *Provide strategic guidance, resolve issues and mitigate risk*
- *Be change agents, acting as point of contact for commission on issues related to communication, milestone completion, policy and legislation*
- *Ensure inclusion of necessary stakeholders*
- *Recommend changes to scope or deliverables to broader HITC*

4 commissioners participating – *Esty, Smiddy, VanderMey, Zaroukian*

Draft Charter for Steering Committee

I)   **PURPOSE**

Support the HIT Commission in providing oversight of the strategic planning process for updating the State of Michigan HIT roadmap

II)   **CHARGE**

The Steering Committee is charged with the following duties:

a.   *Provide general oversight of the update to the state's strategic plan for HIT*
b.   *Provide strategic guidance, resolve issues and mitigate risks as needed to ensure successful delivery of final products*
c.   *Be change agents, acting as point of contact for commission on issues related to communication, milestone completion, policy and legislation*
d.   *Ensure inclusion of necessary stakeholders in strategic planning process*
e.   *Ensure that patient privacy remains a focal point of the roadmap strategy*
f.   *Recommend any necessary changes to scope or deliverables to the broader HITC*

III)   **MEMBERSHIP**

The Steering Committee shall consist of voluntary membership of currently appointed commissioners.

MDHHS

Approval Process for Public Nominees on Advisory Committees

- Six members of the public expressed interest in advisory committees

- HIT Commission bylaws for public nominee approval to an advisory committee could include:

Nominee application is reviewed, and full vote is taken by commission

OR

Appointed chairperson to committee reviews and responds to public nominations
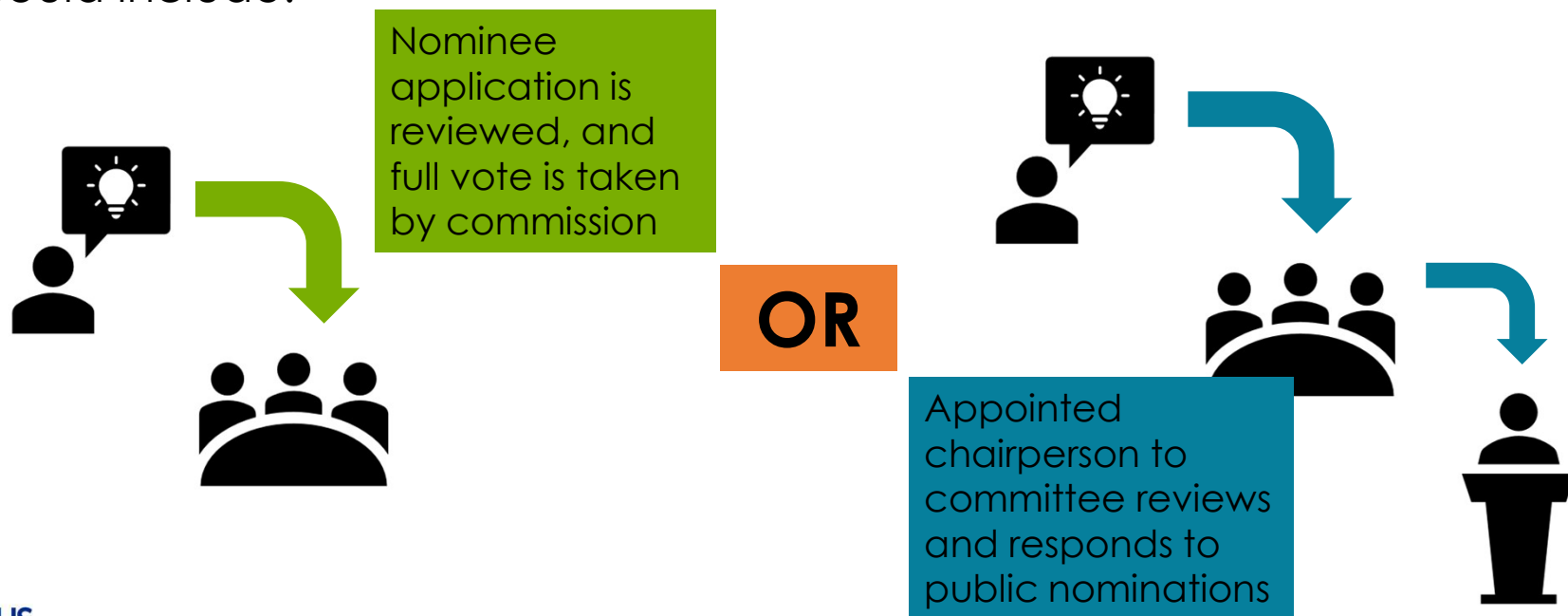
Next Steps

- Determine method for approving public nominees for advisory committees

- Align advisory committee role with HIT strategic planning process
  - Should advisory committees convene following the collection of stakeholder engagement feedback, or sooner?
  - Are there critical topics that the advisory committees need to begin exploring now?

- Nominate chairpersons for each advisory committee and develop charters

MDHHS

Health Information Exchange (HIE) Update

Upper Peninsula Health Information Exchange (UPHIE)
Michigan Health Information Network (MiHIN)
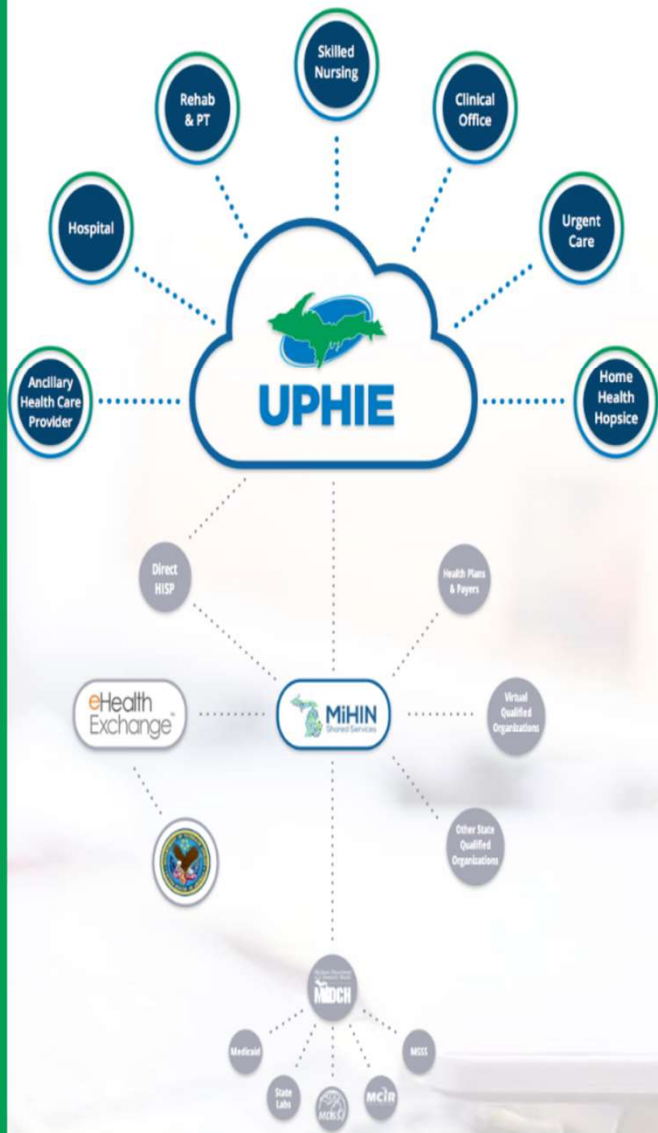
UPHIE

Upper Peninsula Health Information Exchange

"To improve the quality, delivery and efficiency of health care for patients in our region through the collaborative use of information technology and clinical data exchange"

www.uphie.org

Agenda

- Upper Peninsula Health Information Exchange (UPHIE) Background

- The U.P. HIT Landscape

- 2020 HIE Priorities

- Anticipated Barriers

UPHIE Background

Mission: Our mission is to improve the quality, delivery and efficiency of health care for patients in our region through the collaborative use of information technology and clinical data exchange.

Background

- Upper Peninsula Health Care Solutions is the parent organization; a 501(c)(3) non-profit hospital network serving the Upper Peninsula

- UPHIE was established in 2010

- UPHIE contracts with ICA for the CareAlign Care Exchange platform; the information system foundation for data exchange and communication
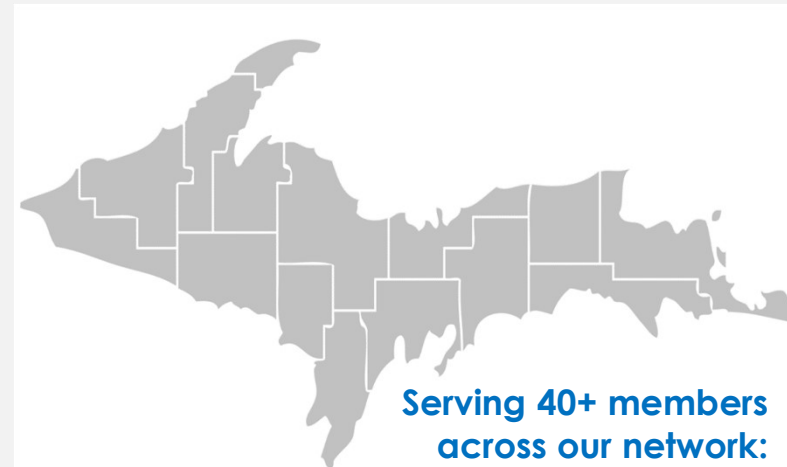
Serving 40+ members across our network:

18 hospitals
22+ clinics
12 health departments

U.P. Health IT Landscape

- Highly fragmented health system affiliations

  - Recent hospital acquisitions

  - Switch of EHR systems in recent years

  - Many IT resources tied up in migration of data / new implementations

  - Most facilities have implemented or recently upgraded; anticipating a solid foundation going forward

- De-centralized systems

- 10+ clinic EHR / 6+ hospital EHR systems

UPHIE

U.P. Health IT Landscape – Cont.

U.P.
Hospitals

UP Health System-Portage
Hancock

Aspirus Keweenaw
Laurium

Munising Memorial
Hospital
Munising

Aspirus Ontonagon
Ontonagon

Baraga County
Memorial Hospital
Baraga

Helen Newberry
Joy Hospital
Newberry

UP Health System – Bell
Ishpeming

War Memorial
Hospital
Sault Ste. Marie

UP Health System – Marquette
Marquette

Aspirus
Ironwood
Ironwood

Aspirus Iron
River
Iron River

Dickinson County
Healthcare System
Iron Mountain

Schoolcraft
Memorial Hospital
Manistique

Mackinac Straits
Hospital
St. Ignace

OSF St. Francis Hospital
Escanaba

KEWEENAW

KEWEENAW

ONTONAGON

HOUGHTON

BARAGA

GOGEBIC

MARQUETTE

ALGER

LUCE

CHIPPEWA

IRON

DICKINSON

SCHOOLCRAFT

MENOMINEE

DELTA

MACKINAC

UPHIE

2020 HIE Priorities

Hospital HIE Priorities

- UPHIE administrators worked with Upper Peninsula Health Plan (UPHP) to establish an alternative payment model (APM) program to promote HIE use case adoption and active utilization across U.P. hospitals.

- The payment model includes foundational payment for infrastructure investment and development, and a pay for reporting component, which will require demonstration of full integration and evidence of active use of the following use cases:

  - **Lab Results Vaulting & Statewide Submission**

    Submission of real-time lab results to the UPHIE repository to create a virtual health record for patients in the region.

  - **Admission, Discharge, Transfer (ADT) Vaulting & Statewide Submission**

    Submission of ADTs to the U.P. longitudinal record and MiHIN statewide submission.

  - **Continuity of Care Document (CCD) Vaulting & Statewide Submission**

    Enables health care providers to share patient visit information at the time of discharge with other care team members and health care providers across the regional care continuum.

UPHIE

Clinic HIE Priorities

- UPHIE administrators worked with Upper Peninsula Health Plan (UPHP) and MiHIN to establish an incentive program to promote HIE use case adoption and active utilization across U.P. clinics.

- The incentive structure includes foundational payment for infrastructure investment and development, and a pay for reporting component which will which will require demonstration of full integration and evidence of active use of the following use cases:

  - **Active Care Relationship Service (ACRS)**

  The ACRS solution enables organizations to send data files which records the relationships between health professionals at that organization and patients. This data is then used to accurately route information for this patient to all members of their care team.

  - **Admission, Discharge, Transfer (ADT) Alerting**

  The statewide notification service enables practitioners to receive daily, all-payer Admission, Discharge, Transfer (ADT) and ER census reports for their patients.

UPHIE

Clinic HIE Priorities – Cont.

- **Exchange Consolidated Clinical Document Architecture (C-CDA)**

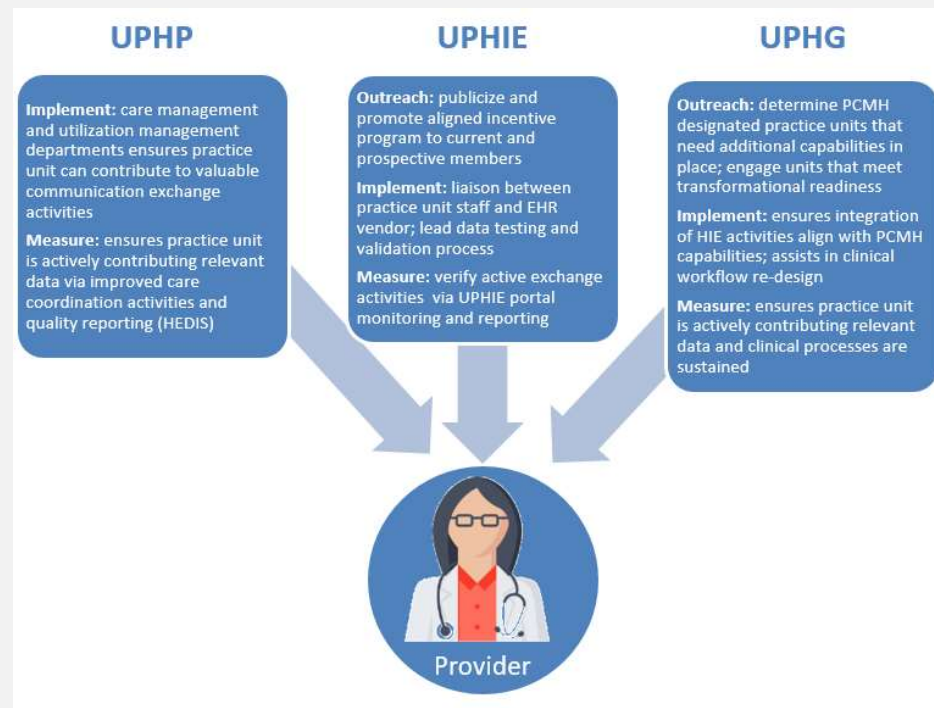*The purpose of the Summary of Care use case is to help healthcare providers share a summary of a patient's treatment information at the time of discharge with other care team members and organizations.*

- **Common Key Service (CKS)**

This use case provides a consistent and reliable way to match patients with the electronic health information access multiple organizations, applications, and services.

Collaborative Efforts

- UPHP and UPHCS have a strong collaborative relationship with Upper Peninsula Health Group (UPHG), the Blue Cross Blue Shield of Michigan (BCBSM) Provider Organization (PO) administering the Provider Group Incentive Program (PGIP) in our region.

- Payer alignment further encourages adoption of optimized, patient-centered care processes regardless of payer system.

- This approach will also ensure technical assistance resources can be deployed on a coordinated basis.

UPHP

Implement: care management and utilization management departments ensures practice unit can contribute to valuable communication exchange activities

Measure: ensures practice unit is actively contributing relevant data via improved care coordination activities and quality reporting (HEDIS)

UPHIE

Outreach: publicize and promote aligned incentive program to current and prospective members

Implement: liaison between practice unit staff and EHR vendor; lead data testing and validation process

Measure: verify active exchange activities via UPHIE portal monitoring and reporting

UPHG

Outreach: determine PCMH designated practice units that need additional capabilities in place; engage units that meet transformational readiness

Implement: ensures integration of HIE activities align with PCMH capabilities; assists in clinical workflow re-design

Measure: ensures practice unit is actively contributing relevant data and clinical processes are sustained

Provider

HIE Barriers

HIE Barriers

- Lack of EMR vendor cooperation on interface development pricing

- Reluctance to engage in exchange activities

- End-user buy-in and resources

Lee Marana

Security Administrator

UPHIE

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Janey Joffee

Assistant Director

UPHCS

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Questions?

HIT Commission
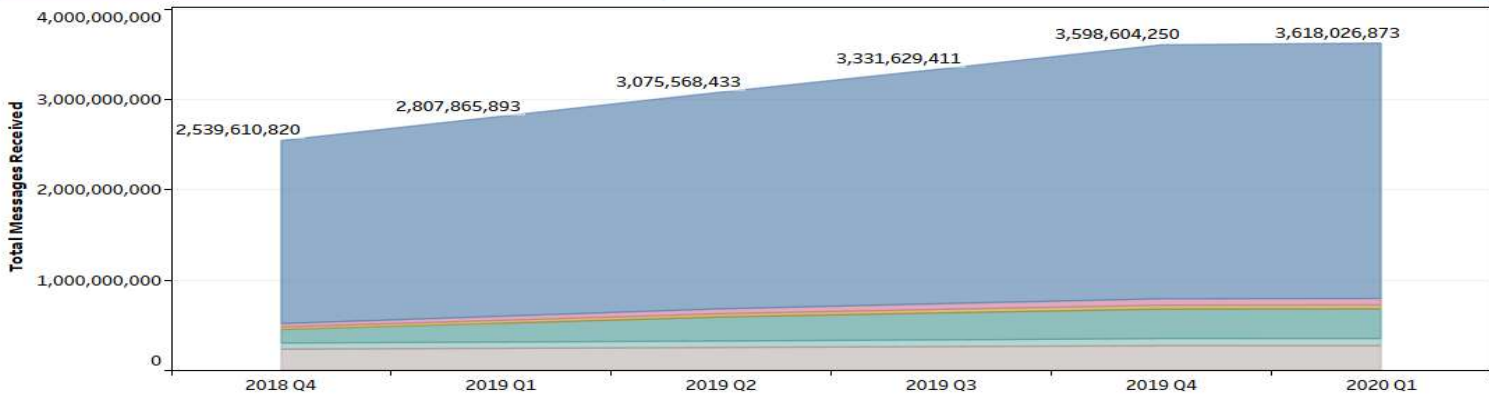# Quarterly Update

February 25, 2020 Meeting

Michigan Stakeholder Interoperability Progress

Cumulative Quarterly Message Totals
by Use Case

Running total - Growth Over Time

	2018 Q4	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1
ADT	2,026,715,064	2,212,942,842	2,398,873,233	2,598,395,936	2,811,135,535	2,827,042,154
Blood Lead	4,767	4,788	4,788	4,788	4,788	4,788
Cancer	161,563	164,269	165,017	166,154	168,891	168,910
Consumer-Mediated Exchange	92	1,600	2,272	3,191	3,668	3,678
ICBR	80,248	88,840	94,587	98,627	101,858	101,999
Immunization History-Forecast	35,927,585	44,923,818	53,135,957	61,298,136	69,987,660	70,479,510
MDPSS				83,789	189,496	197,485
MedRec	29,357,214	32,923,359	36,340,471	39,841,121	43,189,483	43,352,887
Query Patient Record History		3,721	11,656	31,119	57,239	58,623
Statewide Labs	149,474,606	208,198,757	266,773,152	298,434,353	326,085,388	328,042,651
Submit Immunizations	65,915,679	67,871,445	69,754,562	72,933,995	78,194,219	78,348,940
Submit Newborn Screening	35,906	38,251	40,850	43,505	45,958	46,127
Submit Reportable Labs	2,458,628	2,581,565	2,824,727	3,007,076	3,176,434	3,190,056
Submit Syndromic Surveillance	229,479,468	238,122,638	247,547,161	257,287,621	266,263,633	266,989,065
Grand Total	2,539,610,820	2,807,865,893	3,075,568,433	3,331,629,411	3,598,604,250	3,618,026,873

Copyright MiHIN Shared Services 2016-2019

MiHIN Statewide Use Case and Scenario Status

Conceptual	Planning & Development	Implementation (Operational Adoption)	Mature Production (>65% Utilization)
Health Risk Assessments	Computable Knowledge/KGRID	Common Key Service	Admission, Discharge, Transfer Notifications (Senders) 🔑
Chronic Disease Notifications	Death Notifications	Active Care Relationship Service	Discharge Medication Reconciliation (Senders)
Birth Notifications	Michigan Opioid Poisoning Surveillance System	Health Directory	Health Information for State:
Psychiatric Facility and Treatment Center ADTs	Interstate Immunizations	Lab Orders-Results: Disease Surveillance	Immunizations
Immunizations for Care Team	Electronic Referrals: Tobacco Referral	Admission, Discharge, Transfer Notifications (Receivers) 🔑	Syndromic Surveillance
Enhanced Care Collaboration Connectivity	Electronic Case Reporting	Discharge Medication Reconciliation (Receivers)	Care Plan-ICBR
Longitudinal Health Record	Newborn Screening - Hearing Test Results	Quality Measure Information: Commercial Payers (PPQC): APS	
Closed Loop Referrals	Lab Orders-Results State Bureau Lab Orders-Results	Quality Measure Information: State Medicaid Meaningful Use	
Advance Directives	Find Patient Data	Newborn Screening - Bloodspot	
Diagnostic Imagining	Consumer Consent eConsent	Lab Orders-Results – Blood Lead	
	Consumer Preference Management	Cancer Pathology	
	Information For Consumer	Cancer Notifications	
		Immunization History-Forecast	
		Lab Orders-Results: Newborn Screening - CCHD	
		Statewide Lab Orders-Results	
		Quality Measure Information: Commercial Payers (PPQC): Gaps in Care	
		System for Opioid Overdose Surveillance	
		Social Determinants of Health	

New from GLHC

🔑 = Enhanced with Common Key Service

MiHIN Alignment with Draft ONC 5 Year Strategic Plan

1. Promote Health and Wellness

2. Enhance the Delivery and Experience of Care

3. Build a Secure, Data-driven Ecosystem to Accelerate Research and Innovation

4. Connect Healthcare and Health Data through an Interoperable Health IT Infrastructure

MiHIN Solicited Stakeholder Feedback For:

❑ 2020 HIT Priorities

❑ 2020 Use Case Priorities

❑ MOAC Conformance Task Force

❑ Super CCDA

❑ Advancing Interoperability (AIO)

❑ Coordinating the Care Coordinators

*Note: Stakeholder Feedback came from 1/20 MOAC Meeting, 1/8 CCDA MOAC Meetup, 12/19 CCC Survey and FY 19 Focus Groups, and ongoing AIO discussions with MPHI and MDHHS

Michigan Stakeholder 2020 HIT Priorities

- 2020 HIT Priorities*

  - Discharge Summaries from Clinic Providers

  - Receiving ADT and CCDAs from MiHIN

  - Preparedness for EDIS ECDS measures

  - Upgrading the Electronic Medical Record

  - Removal of faxes

  - Overall advancing interoperability and increasing transparency

  *Note: Source of Stakeholder Feedback came from 1/20 MOAC Meeting via Poll
  Everywhere and appear in no particular order of importance

Reflection Discussion Questions for HITC

Do these 2020 HIT priorities surprise you?
If not, what is missing?
How would you advise prioritizing this list further?

Michigan Stakeholder 2020 Use Case Priorities

- Use Case Priorities*

  - PPQC – Gaps in Care

  - Health Directory

  - Ambulatory CCDA data transmission

  - Behavioral Health

  - eConsent

  - Death Notifications

  - Statewide Lab Results

  - Common Key Service

  *Note: Source of Stakeholder Feedback came from 1/20 MOAC Meeting via Poll Everywhere and appear in no particular order of importance, however, PPQC was submitted more than once

Reflection Discussion Questions for HITC

Do these 2020 Use Case priorities surprise you?
If not, what is missing?
How would you advise prioritizing this list further?

Michigan Stakeholder Feedback Continued

- MOAC Conformance Task Force
  - Support from a multi-payer approach and involvement in determination of measures and target thresholds desired to improve quality of data exchanged

- Super CCDA
  - Capability to hone in on most valuable pieces stored within Super CCDA

- Advancing Interoperability (AIO)
  - Definition of Interoperability terms, levels to advance interoperability in Michigan, and current state to close the gap

- Coordinating the Care Coordinators
  - Identification of care team members performing care coordinating activities across levels of care throughout the state

Reflection Discussion Questions for HITC

- What can MiHIN do to support conformance measures being incentivized from a multi-payer perspective?
  - Which measures and at what target thresholds would you hope the task force focuses on first?
- Do you think stakeholders are ready to leverage FHIR Queries to target sub-sets of the Super CCDA?
  - If so, which stakeholders can we anticipate will be early adopters?
  - What kinds of information do you anticipate end users will want to glean from Super CCDAs?
- How would you assess the current state of Michigan interoperability?
  - How can we consider benchmarking across other state's progress?
  - What are crucial steps towards securing statewide buy-in towards core use case adoption?
- What can MiHIN do to ensure as many care coordinators as possible submit ACRS files?
  - How do we measure success for coordinating the care coordinators?
  - What kinds of benefits do you anticipate once we onboard care coordinators?

Integrating Great Lakes Health Connect

- Affiliation formally established as of 12/31/19
- Outreach to major stakeholders underway
- Discovery phase complete 1/31/20 – inventoried, compared and contrasted:
  - Product and service portfolios
  - Consumer base
  - Legal structure
  - Operational processes and tools
- Implementation planning underway, to be complete by 2/28/20, including:
  - Integrated product and service roadmap
  - Creation of at least 3 new Use Cases:
    - Longitudinal Patient Record
    - Referrals
    - Patient Care Directive
  - Plan to incorporate GLHC clients not yet in MiHIN legal framework
  - New organizational structure and cross training plans

Questions?

Rebecca Miller
Community Engagement Manager
Rebecca.Miller@mihin.org

Appendix

MiHIN Strategic Direction

- Refine Use Case Factory to organize statewide interest in complex challenges like exchanging actionable social determinants of health information
  - Super Consolidated-Clinical Document Architecture (C-CDA) solution presented to MIHIN Operations Advisory Committee 1/8 to organize care summaries so care team can find actionable information

- Expand Active Care Relationships to identify care team members
  - 29,933,286 total relationships between an individual and a member of their care team
  - 8,666,820 unique individuals with common keys that enhance patient matching

- Expand the health information "floor" to increase access to information
  - ADT event notification: 965 senders and 182 receivers
  - Statewide information viewer: 73 pilot users for File Upload, Manage ACRS, and Transitions of Care modules available via API, iframe, or web access
  - Care summaries: 96 senders and 49 receivers
  - Consent: assess GLHC complimentary solution as part of company integration
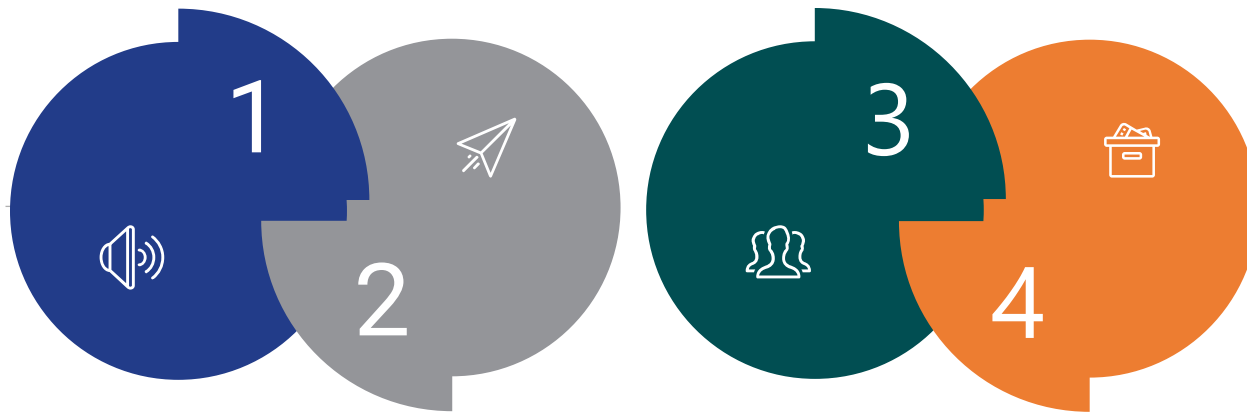
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Use Case Factory

Targeted Goals

Goal 01

Complete all critical wave 1 use case documentation for publishing.

Goal 02

Complete all critical wave 2 and wave 3 use case documentation and for publishing.

Goal 03

To have related documentation reviewed and published.

Goal 04

To have the UCF audit completed and a new process in place!

MOAC Fiscal Year 2020 Goals:

Fiscal Year 2020 **Goals**:

1. Scale and prioritize health information exchange pilots state-wide for sustainable adoption

2. Partner on proactively defining new legal expectations and responsibilities

3. Accountable for a successful statewide Health Information Network

4. Validate and improve minimally viable use cases to be operationally feasible and useful

5. Resolve disputes as needed

Delineation between MOAC Quarterly, Task Force, and Meet up

Dispute Resolution

MiHIN Operations Advisory Committee*

Task Forces**

Meetups***

Task Forces are **ad hoc subgroups with clear members, start/end dates, deliverables and deadlines; Example topics may include coordinating care coordinators, quality measure information, eConsent, advanced ACRS, and interoperability (given recent federal activities)

***Meet Ups are ad hoc MiHIN led educational stakeholder feedback sessions to align stakeholder expectations with MiHIN research and development ; Example topics may include architecture and engineering, product development, or interoperability institute progress

*MiHIN Operations Advisory Committee will meet **quarterly**, all other meetings will occur only **as needed**

Possible 2021 Incentives and Ideas

We need your help this year to co-develop the future definition of the 2021 Conformance incentive program to elevate the bar on performance statewide

1. Statewide Lab Results

2. Ambulatory CCDA

3. Exchange CCDA

4. Skilled Nursing Facility and Home Health Agency ADT

Public Comment

Please limit three (3) minutes per speaker

MDHHS

Adjourn

Next Tentative Meeting for 2020:
Tuesday, May 26, 2020
1:00 p.m. – 3:00 p.m.
MDHHS South Grand Building,
Grand Conference Room