



# Michigan Health Information Technology Commission

November 26, 2019

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

# November 2019 Meeting Agenda

Item	Lead Presenter(s)
A. Welcome and Introductions	Chair
B. Commission Business a. Review of September 2019 Minutes	Chair
C. MDHHS Update a. Update on Resolutions	Meghan Vanderstelt (MDHHS)
D. Planning for the State HIT Strategy	MDHHS Data Sharing Policy Section
E. Recommendation for Advisory Committees	Commissioner Sarah Esty Commissioner Jim VanderMey
F. HIE Update	MiHIN/GLHC
G. Public Comment	
H. Adjourn	



# Welcome and Introductions



# Commission Business



# MDHHS Update

Meghan Vanderstelt (MDHHS)



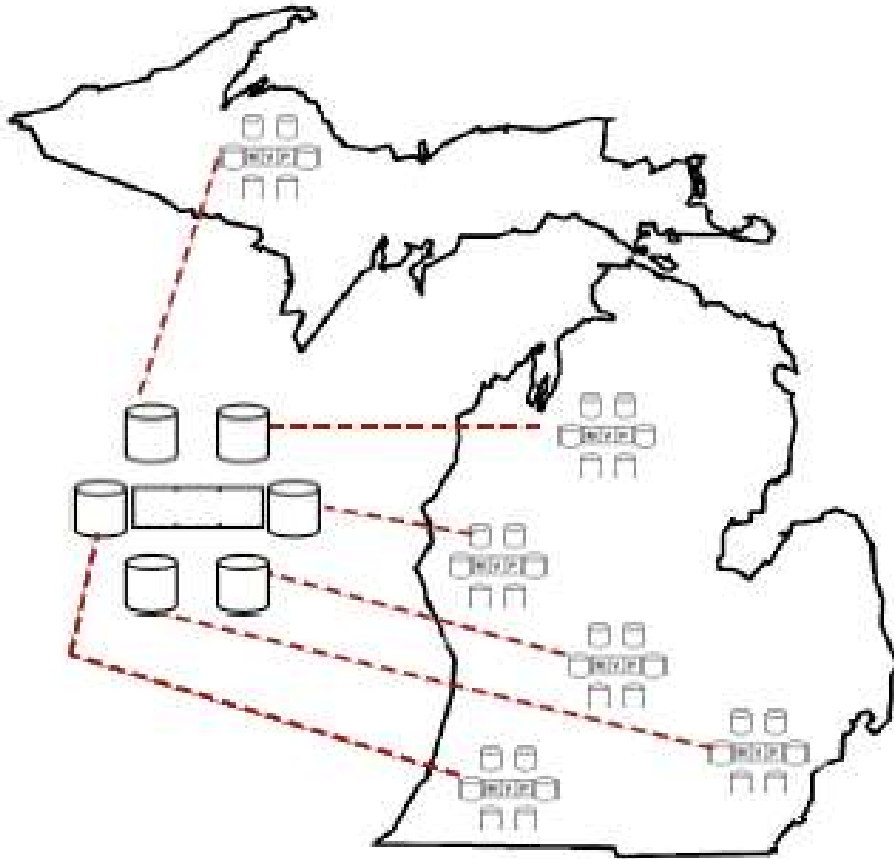
# Planning for the State HIT Strategy

MDHHS Data Sharing Policy Section



**Why  
update the  
strategy?**

## Future State – Regional and Statewide Approach



We will build upon success and look to what's next







**We will  
build upon  
the state's  
vision**



**Michigan Department of Health & Human Services**

GRETCHEN WHITMER, GOVERNOR | ROBERT GORDON, DIRECTOR

VISION	Deliver health and opportunity to all Michiganders, reducing intergenerational poverty and health inequity			
PRIORITY	<b>Give all kids a healthy start</b>	<b>Provide families with stability to stay out of poverty</b>	<b>Serve the whole person</b>	<b>Use data to drive outcomes</b>
DEPT. INITIATIVE	 <ul style="list-style-type: none"> <li>• Improve maternal infant health</li> <li>• Reduce lead exposure for children</li> <li>• Reduce maltreatment and improve permanency in foster care</li> </ul>	 <ul style="list-style-type: none"> <li>• Expand and simplify safety net access</li> <li>• Protect the gains of the Healthy Michigan Plan</li> </ul>	 <ul style="list-style-type: none"> <li>• Address social determinants of health</li> <li>• Integrate services, including physical and behavioral health with long-term support services</li> <li>• Reduce opioid and drug-related deaths</li> </ul>	 <ul style="list-style-type: none"> <li>• Ensure all administrations are managing outcomes and investing in evidence-based solutions</li> </ul>





**We will align  
priorities**

# How does the Conduit to Care translate today?



## ***Conduit to Care Guiding Principles:***

Consumer privacy, security and confidentiality are paramount



Clinical data will only be initially utilized for the clinical care process



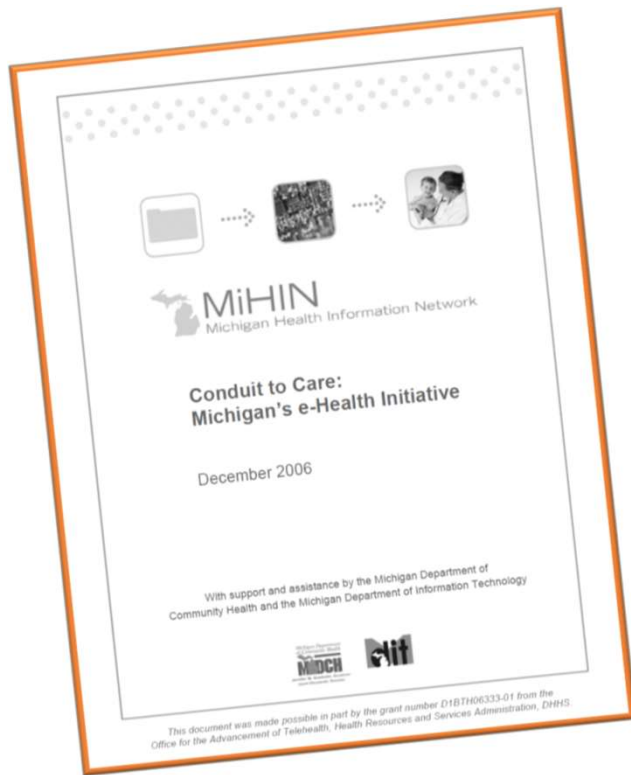
The delivery of health care is local; therefore, health information initiatives at the regional level are critical



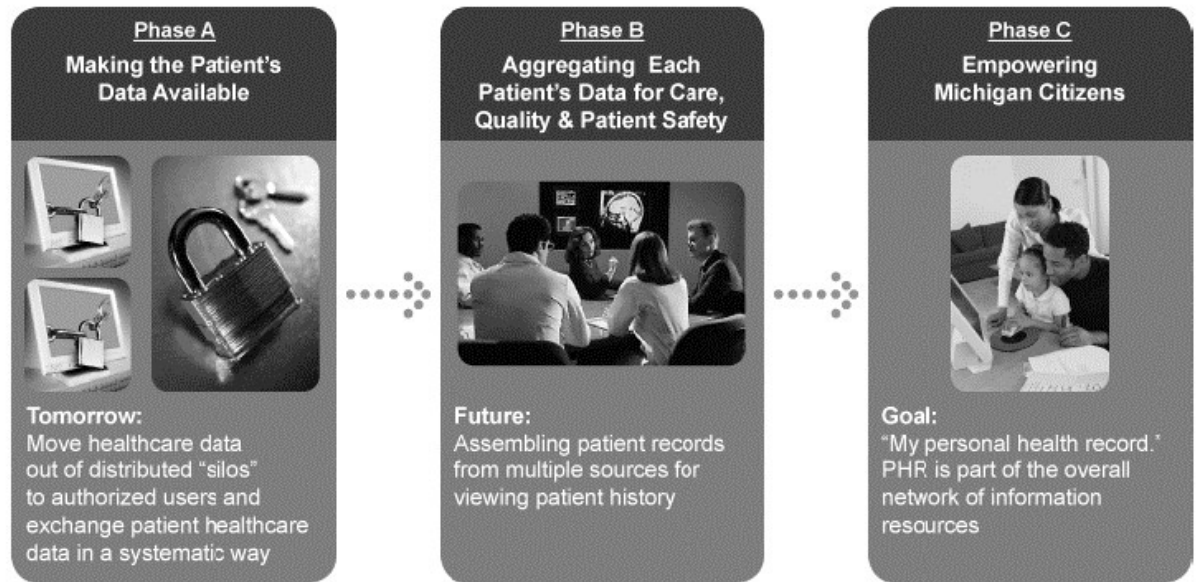
Multi-stakeholder collaboration is needed to implement achievable and measurable initiatives in order to show early progress and value



# How has the state evolved in the past decade?



## Evolution of the Patient Health Record:



# What should the role of government be today?

## *Conduit to Care roles for state government:*

Reduce legal barriers

Protect consumers

Advocate national standards

Develop patient and provider indices

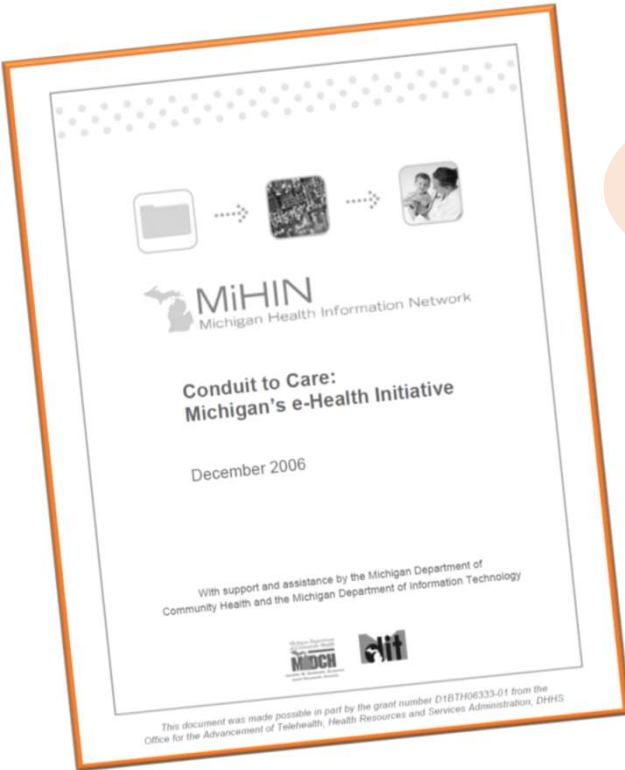
Identify underserved areas

Establish MiHIN

Align incentives for HIE

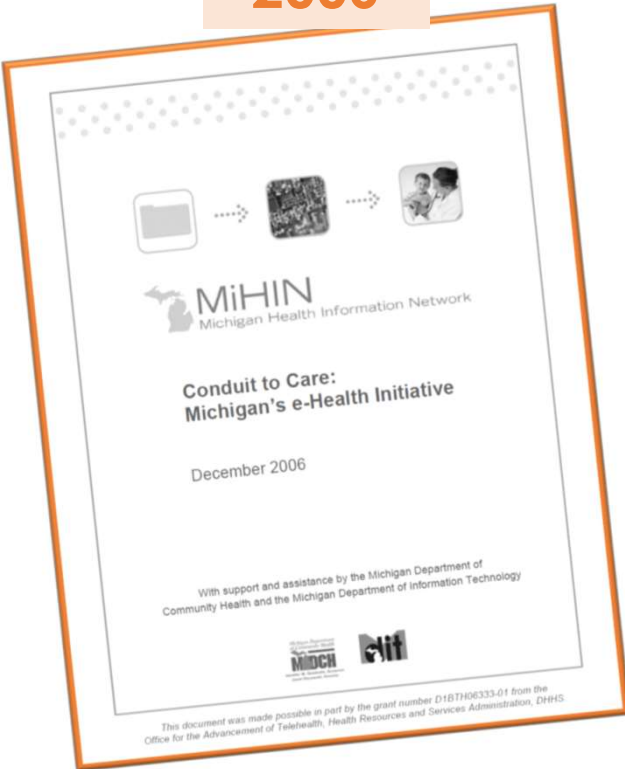
Encourage collaboration

Provide forum for input



# What are today's perspectives?

2006



2019

*Have we achieved the guiding principles?*

*What are today's priorities?*

*How has HIT evolved healthcare in the state?*

*How can the state assist?*



**2020  
5+ Year  
State HIT  
Roadmap**

# What's ahead?

## SHORT-TERM

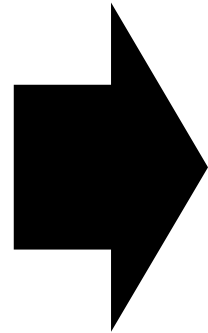
### 2020 5+ Year State HIT Roadmap

*Aligned priorities*

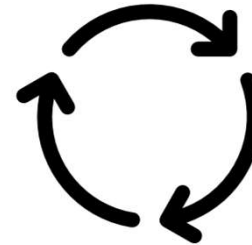
*Assessed capabilities*

*Plan for regulations*

*New partnerships*



## LONG-TERM



*Ensure continued maturity*

*Establish process for  
iterative updates*

*Effective use of scarce funding*

*Continually assess outcomes*



# Thinking about these questions with HHS



The Office of the National Coordinator for  
Health Information Technology



HHS is dedicated to exploring guiding principles with the state's leaders in HIT.

HHS will kickoff stakeholder interviews by exploring ideas about HIT priorities, barriers and governance with two stakeholder groups into early 2020:

1. HIT Commissioners
2. Technology leaders in the state's trusted data sharing network

## *Thinking Ahead...*

**How do the guiding principles of the Conduit to Care translate today?**

**Have the goals in the Conduit to Care been reached?**

**How could HIT governance be transformed?**

**What is going well with HIT? What are some challenges?**

**If you had the power to change one thing about HIT and data sharing, what would it be?**

**What are your thoughts on the role and authority of the commission?**



# Draft Workplan

MDHHS Data Sharing Policy Section

# Getting Started: Roles and Responsibilities

*Sponsor*



HIT Commission

*Facilitators*



Consultants



*Participants*

State of Michigan

**MICHIGAN DHHS**  
Michigan Department of Health & Human Services  
GRETCHEN WHITMER, GOVERNOR | ROBERT GORDON, DIRECTOR

**LARA**  
LICENSING AND REGULATORY AFFAIRS  
CUSTOMER DRIVEN. BUSINESS MINDED.

Center for Educational Performance and Information

MICHIGAN DEPARTMENT OF CORRECTIONS

MICHIGAN Department of Education



Healthcare Stakeholders



Payers



Citizens (e.g. patients)



Other Partners



Community/  
Social Services  
Stakeholders



Data Sharing  
Entities  
(e.g. HIN, HIEs,  
HIT vendors)

# What does project sponsorship mean?

Sponsor



HIT Commission

## *In the HIT roadmap update:*

- The commission will have overall accountability for the project.
- The commission will be primarily concerned with ensuring that the project delivers the agreed business benefits.
  - Oversight of priority initiatives
  - Subsequent policy development for future roadmaps
  - Convene iterative updates to roadmap








# Framework for Strategy Refresh



VISION	Deliver health and opportunity to all Michiganders, reducing intergenerational poverty and health inequity			
PRIORITY	Give all kids a healthy start	Provide families with stability to stay out of poverty	Serve the whole person	Use data to drive outcomes



## Stakeholder Input

	 Healthcare Stakeholders	 Payers	 Citizens (e.g. patients)	 Other Partners	 Community/ Social Services Stakeholders	 Data Sharing Entities (e.g. HIN, HIEs, HIT vendors)
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# Updated HIT Strategic Plan

# Getting Started: What's the plan?

Conduit to Care



Phase 1

Current State Analysis

Phase 2

Future State Planning and  
Development

2020 5+ Year HIT Roadmap

# Getting Started: What's the plan?

Conduit to Care

## Phase 1

## Current State Analysis

- Goal #1: Provide inclusive stakeholder engagement
- Goal #2: Develop comprehensive gap analysis

2020 5+ Year HIT Roadmap



# Getting Started: What's the plan?

Conduit to Care

## Phase 2

## Future State Planning and Development

- Goal #3: Establish state HIT roadmap
- Goal #4: Develop implementation tools and metrics
- Goal #5: Provide iterative refreshes of the strategy

2020 5+ Year HIT Roadmap

# Getting Started: Development of new metrics

Future metrics will be used to measure success of roadmap goals and objectives, such as implemented in the State of UT

The State of Utah Health IT Implementation Dashboard: 2017 – 2020									
The Utah Digital Health Service Commission (DHSC)									
Goal 1: Advance the Health and Well-Being of Individuals and Communities through Person-Centered and Self-Managed Health									
Measures	No.	Indicator	Responsible Organization	Baseline 12/16	12/17	3/18	9/18	2018 Goal	Status/ Comments
1.1. Access to personal health information through patient portals	1.1.1 a	# of health systems with OpenNotes capacity	HealthInsight	0	4	4	5	6	Increased -includes UU, IM, VA, Revere, UHIN\
	1.1.1 b	# of EHRs in UT with OpenNotes capacity	HealthInsight	0	4	4	5	5	Increased - Goal Met -Epic, Cerner, Vista, All Scripts, ECW
	1.1.1 c	# of HIT entities with OpenNotes capacity	HealthInsight	0	2	2	2	3	No change
	1.1.2 a	Develop a cHIE Patient Portal	UHIN	0	1	1	1	1	Completed
	1.1.2 b	# of users cHIE Patient Portal	UHIN	n/a	1037	1037	1433	Increase	Increased
1.2. ePOLST development and implementation	1.2.1	Statewide ePOLST development	UHIN	0	0	0	0	Submit IAPD	No change
	1.2.2	# of ePOLST records in cHIE	UHIN	n/a	1991	1991	1991	Increase	No change



# Draft Engagement Plan

MDHHS Data Sharing Policy Section

# Engagement Plan: Cumulative List of Stakeholders

- Accountable Care Organizations
- Area agencies on aging
- Behavioral health providers
- Clinically Integrated Networks
- Corrections (e.g. county jail systems, MDOC)
- Dental organizations
- EMS
- FQHCs/PCMHs
- HIT Professional Societies
- HIT/HIE entities (e.g. vendors, HINs)
- Home and community-based care providers
- Hospitals
- Long term care providers (e.g. Nursing Homes, Assisted Living/Memory Care)
- Medical schools, nursing schools, pharmacy, other health professions schools
- Medical Supply Providers
- Patient advocacy groups
- Hospice and palliative care providers
- Payers
- Pharmacists
- Primary care providers
- Public health experts
- Public safety organizations
- Quality improvement entities
- Researchers, Academic – e.g., engineering infrastructure, cybersecurity, computer science
- Rural health centers
- State agencies (e.g. DHHS, LARA, MDE)
- Safety net services (e.g. 211, United Way, Food Bank Council of MI, VOA)
- School nurse programs
- Specialists
- Veterinary care providers



**Now, who from each group?**

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# Engagement Plan: Methods for Convening

## Commissioner Recommendation:

1. Begin by offering stakeholders an opportunity to understand the project
2. Convene stakeholders by sector
  - To discuss what HIT means to them
  - To ideate possible solutions
3. Convene stakeholders by region to bring ideas together for further discussion and refinement

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## Engagement Plan: Opportunities to address

- **Common language and collective impact**

How do we ensure that all stakeholders have a baseline understanding of HIT and their stake in it?

- **Crowdsourcing and web-based engagement**

What are some innovative ways to engage with stakeholders and make the most of their time?

- **Commission involvement**

Who is interested in leading?

# Engagement Plan: Approach

## #1: Develop Statewide Priorities

Facilitated by:



Consultants

**Outcome:** Understand how HIT can support business

## #2: Evaluate Governance and Support

Facilitated by:



**Outcome:** Understand how governance should be supporting HIT

## #3: Identify Barriers

Facilitated by:



Consultants

**Outcome:** Understand barriers to adoption and optimized use of HIT

# Engagement Plan: What would be the outcome?

Establish Statewide  
Priorities

Determine Governance and  
Support

Identify and Assess  
Barriers

## 2020 5+ Year State HIT Roadmap

*Example domains and strategy from the CO (2017) and AZ (2013) state HIT roadmaps*

- **Stakeholder Engagement**
  - Consumer education
  - State forums for collaboration
- **Governance and Policy**
  - Interoperability Standards
  - Incentives for HIT
  - Statewide Vision
  - Statewide PMO for HIT
- **Resources/Financial**
  - Centralized procurement
  - Update HIE IAPD and SMHP
  - Support for Broadband Access
- **Privacy/Security**
  - Patient Consent Strategy
- **Innovation**
  - Develop new partnerships
  - Plan for emerging technologies and solutions
- **Technology**
  - Strategy for device interoperability
  - Tools to Support PH
  - Architecture Design
  - HIE Use Cases
  - Shared resources for care coordination
  - Community initiatives to address SDoH





# Draft Timeline

MDHHS Data Sharing Policy Section

# Draft Timeline

1	<b>Finalize plans:</b> HIT Commission adopts workplan	Q4 2019
2	<b>Introduction to project and current state assessment:</b> Convene stakeholder information sessions, gather preliminary data	Q1 2020
3	<b>Identify Priorities:</b> Convene stakeholders to discuss priorities	Q2-Q3 2020
4	<b>Identify Barriers:</b> Conduct gap analysis	Q3 2020
5	<b>Create:</b> Roadmap is created by consultants and presented to HITC	Q4 2020
6	<b>Refresh:</b> HIT Commission establishes process for iterative updates to strategic plan	Annually

# Key Takeaway Questions

**What are some innovative ways to engage with stakeholders?**

**What are your thoughts on the responsibility of being a sponsor?**

**Are there any details of the workplan you would modify?**

- Accountable Care Organizations
- Area agencies on aging
- Behavioral health providers
- Clinically Integrated Networks
- Corrections (e.g. county jail systems, MDOC)
- Dental organizations
- EMS
- FQHCs/PCMHs
- HIT Professional Societies
- HIT/HIE entities (e.g. vendors, HINs)
- Home and community-based care providers
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- School nurse programs
- Specialists
- Veterinary care providers

**Who should be involved from each stakeholder group?**

**What would you like to see in the next HIT roadmap?**



## **Formal Vote:**

*The HIT Commission agrees with the proposed workplan and will act as project sponsor for the proposed activities*



# Recommendation for Advisory Committees

Commissioner Sarah Esty  
Commissioner Jim VanderMey

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# HIT Commission and Advisory Committees

Section 2503(7) of PA 137-2006 enables the commission to establish advisory committees, in partnership with external stakeholders

Three new HITC committees are being recommended:

1. Adoption and Expansion Advisory Committee
2. HIT Ideation Advisory Committee
3. Governance Advisory Committee

## **Advisory Committee #1:**

### ***Adoption and Expansion***

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



## **Advisory Committee #2:**

### ***Ideation***

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



## **Advisory Committee #3:**

### ***Governance***

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



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# Advisory Committee role and participation

## Participation:

- Voluntary for HIT Commissioners
- Expert members
- Facilitated by DHHS and consultants



## Responsibilities would include:

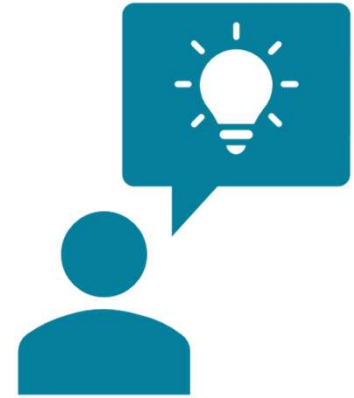
- Participate in 1-2 one-hour call-in meetings per month, and do a few hours/month of additional work outside of meetings
- Bring your expertise and experience to the table
- Advise on stakeholders and experts to engage in the process
- Participate in relevant stakeholder meetings
- Support collection of relevant information and generation of recommendations for the strategy



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## Next Steps

- Express interest and get involved!
  - Email Trevor ([YoungquistT1@michigan.gov](mailto:YoungquistT1@michigan.gov)) by Dec 6 to sign up or recommend expert members
- Committee membership and draft charters finalized by late Dec
- Committees begin meeting in January





# HIE Update



GLHC  
GREAT LAKES HEALTH CONNECT

**BETTER TOGETHER**



# GLHC & MiHIN

An affiliation to strengthen and accelerate health IT

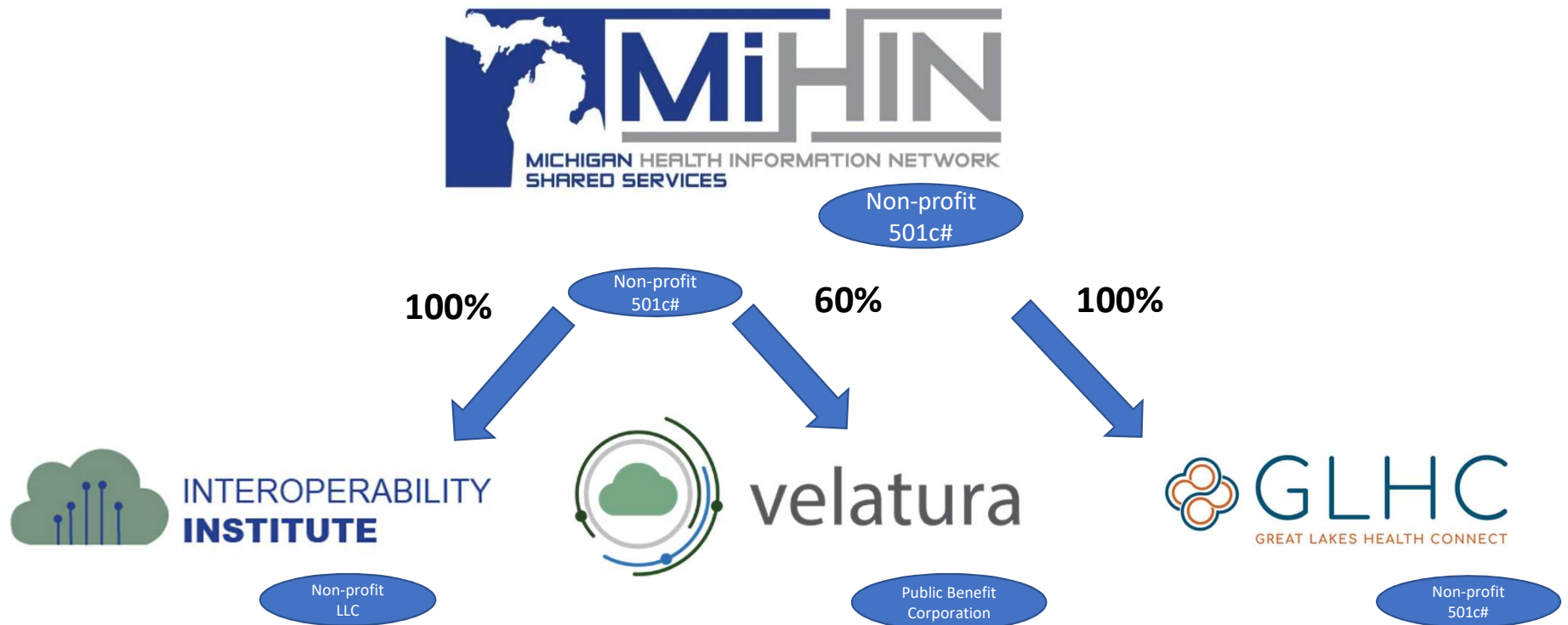
- ✓ This integration is the coming together of Michigan's leading HIE (GLHC) and a leading HIN (MiHIN)
- ✓ GLHC & MiHIN have very similar missions & complementary product solutions
- ✓ Intent is to accelerate interoperability
- ✓ Plan is to "close" by end of 2019



GLHC  
GREAT LAKES HEALTH CONNECT

CONFIDENTIAL – PROPRIETARY – RESTRICTED

# MiHIN Growing Family of Organizations



# Better Together

- A multiplier of leaders in Michigan and nationally (both organizations have breadth & **depth** that is enhanced by coming together)
- Increased/improved scale (critical mass) state wide
- A stronger more capable organization focused on solving similar healthcare needs
- Similar/compatible core values
- Strengthens alignment with/for TEFCA (as a QHIN and more)
- Maximizes the opportunity to accelerate interoperability
- Further positions Michigan as a national interoperability leader in the country



# Complimentary Pairing

By combing information systems and software, clinical data solutions and customer service, the integrated entity is able to advance the delivery and coordination of healthcare that could not be achieved separately. Much of our product solutions are complimentary while the coming together provides for beneficially synergistic growth.



- Complimentary product solutions
  - Consent management
  - Longitudinal records
  - Referrals
  - Diagnostic Imaging
  - Physical and Behavioral Health Integration
  - Advance Directives
  - Telehealth
  - Social Determinants of Health
- Improved future solutions development
  - Analytics
  - Continuous quality improvement
  - Shared services business model
  - Research
- Increased adjacent market opportunity
  - Disaster Recovery
  - Prisoner re-entry program
  - Claims Clearing House



# Over Time Realign People and Products Appropriately







## 2019 Highlights

**Marty Woodruff**  
*Chief Operating Officer*



## Health Information Exchange Development

- Created MDHHS Drug and Poisoning Surveillance System use case and completed production go live to support emergency administrative rules
- Solicited support for additional opioid overdose surveillance use cases like the University of Michigan Proprietary System for Opioid Overdose Surveillance
- Enabled parent access to child's immunization history and forecast from MCIR via Livonia Public School's academic portal
- Completed Interoperability pledge workshop and revised approach based on stakeholder feedback

## Coordinating the Care Coordinators

- Completed focus groups to create business requirements regarding:
  - Unique Care Coordinator ID required to create ACRS
  - Updated ACRS fields to accommodate care coordinators
  - Design wireframe for coordinators to manage patient, provider and organization information
- Drafted rules of engagement and referral module design for care coordinators emphasizing:
  - Roles and functions for care team awareness
  - Care plan and social determinants of health submission through MiHIN to broader care team
  - Referrals and associated level of urgency

## eConsent

- Developed Use Case Factory documentation
  - Presentation
  - Pilot Activity Exhibit
  - Use Case Summary
- Drafted business and technical requirements through workshop series
  - Presented findings at HIT Commission
- Demonstrated API capacity to complete eConsent preference management using standard consent form

## Access Statewide Shared Services

Coordinate care across multiple systems

Quickly view all providers currently caring for your patient



Find provider and care team contact info faster

Declare patient relationships so you can see updates about them

Align ADT Notifications with Medication Reconciliation messages

*Access File Upload, Manage ACRS, and Transitions of Care modules through your own workflow solutions using MIDIGATE API or iframe*

**Web Access Also Available!**



Thank you!

**Marty Woodruff**

Chief Operating Officer  
marty.woodruff@mihin.org



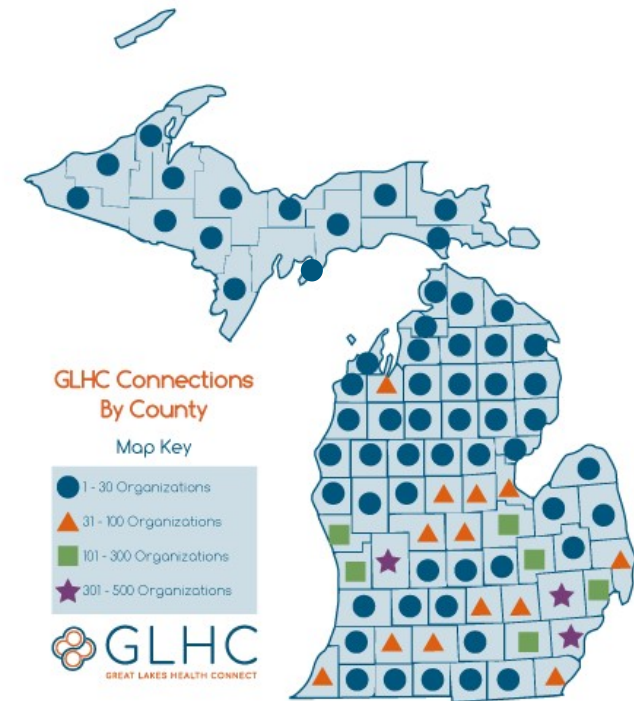
# 2019 Highlights

**Doug Dietzman**  
*Chief Executive Officer*



# Coverage & Volume

- 129 Hospitals (85% of Acute Beds)
- 4,000 Ambulatory and Allied Care Organizations
- More than 10 million patients
- Over 1 Billion messages per year





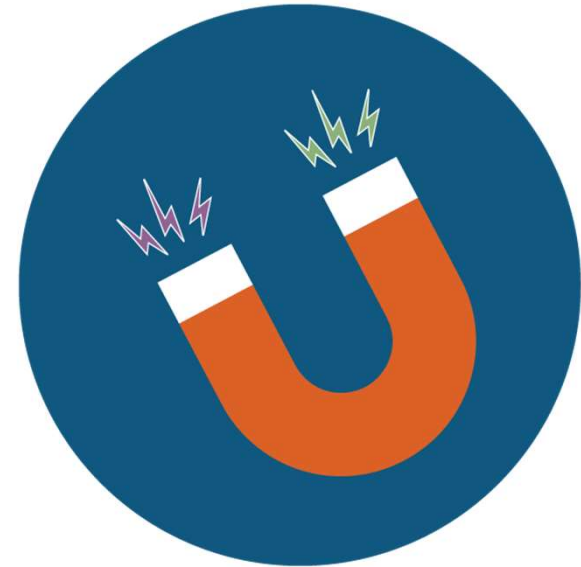
# Push Information

- Provider-to-Provider
  - Admission, Discharge, Transfer (ADT)
  - Results Reporting (Lab, Rad, Trans)
  - Bridge Referrals
  - Direct Trust Messaging
- Patient Centered
  - Patient-Based Delivery
- State Registries



# Pull Information

- Virtual Integrated Patient Record
  - URL
  - Single Sign-on
  - Query & Retrieve
- Immunization Query



# Examples



**Community Referrals**



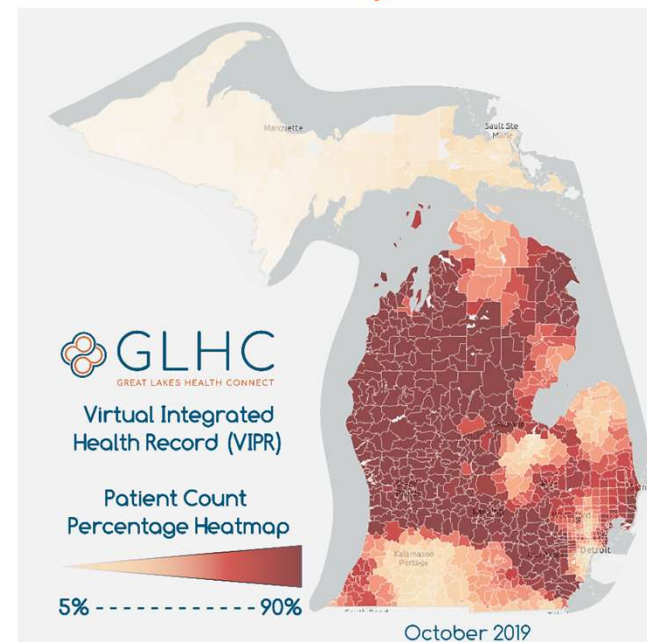
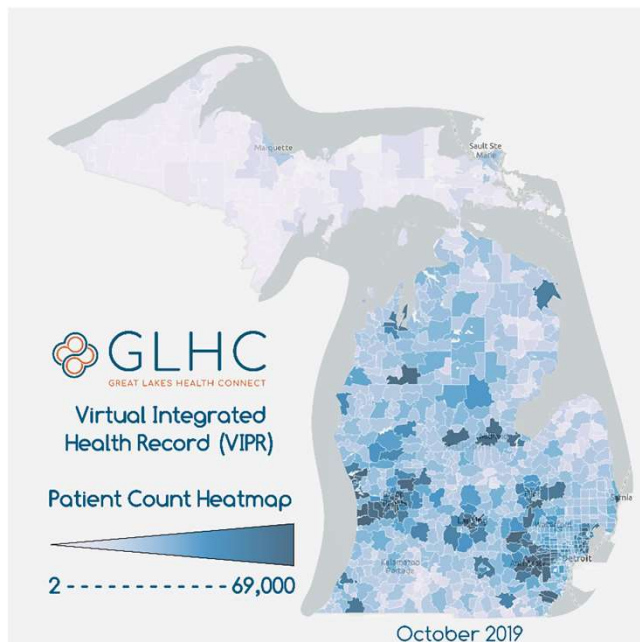
**Social Determinants of Health**



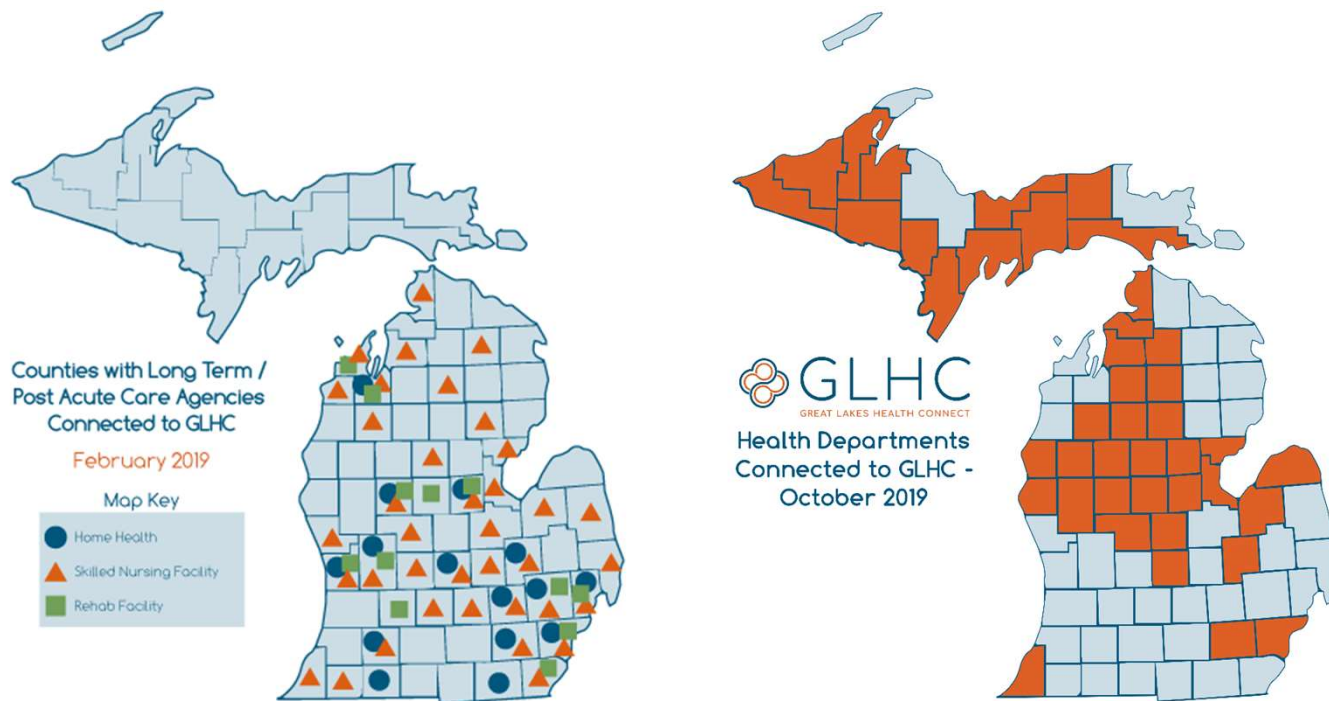
**ACDs + PCDs**

# Virtual Integrated Patient Record (VIPR)

Essential Clinical Data available via:



# Service types working with GLHC (1 of 2)

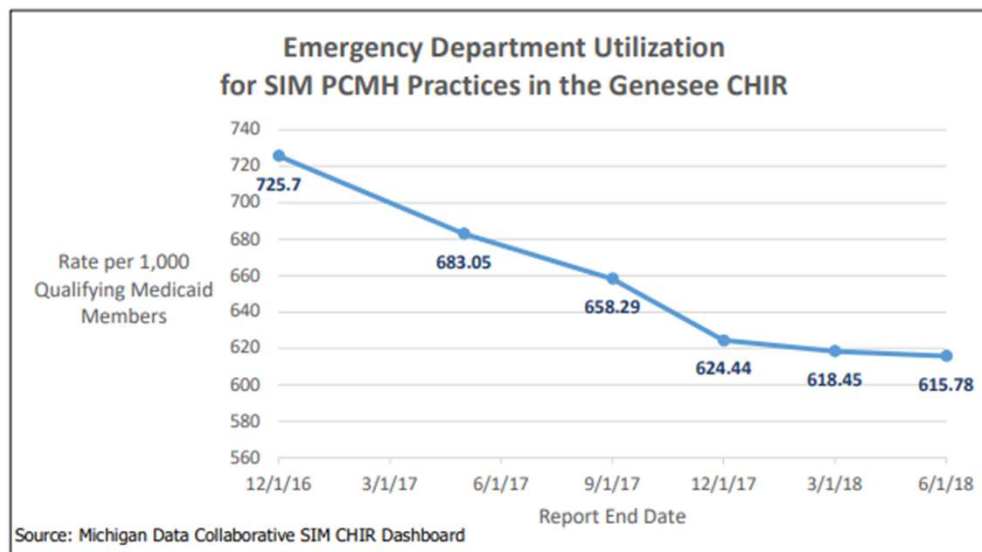


# Service types working with GLHC (2 of 2)



# GFHC SIM Outcomes

- Participating practices have consistently reduced ED utilization for SIM attributed patients



# Thank You!



Doug Dietzman  
Chief Executive Officer  
Great Lakes Health Connect



@GLHC\_HIE; @DDietzman





# Public Comment

Please limit three (3) minutes per speaker



*Happy  
Holidays*

**Adjourn**

**Next Tentative Meeting for 2019:**  
Tuesday, February 25, 2020, 1:00 p.m. –  
3:00 p.m.  
MDHHS South Grand building, Grand  
Conference Room

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