



# Michigan Health Information Technology Commission

November 17, 2020

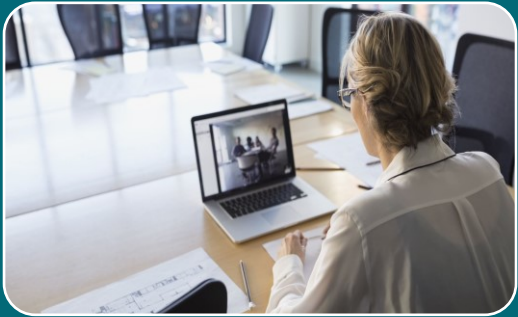
The Michigan Health Information Technology Commission is an advisory Commission to the Michigan Department of Health and Human Services and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275

# Virtual “Housekeeping” Guidelines



## Access

- **This meeting is being recorded.**
- For members calling into the meeting and unable to use web-based meeting features, an open comment period will be offered at the end of the meeting.
- **If at any time you have accessibility or technical issues during the meeting,** please contact [youngquistt1@michigan.gov](mailto:youngquistt1@michigan.gov) or [jacksonc47@michigan.gov](mailto:jacksonc47@michigan.gov)



## Interacting

- **Web cam video display is reserved for commissioners and presenters.**
- **The group chat will be monitored and utilized throughout the meeting.** Any questions or comments raised in the group chat will be read aloud.
- Unless otherwise specified, **all attendees (besides the presenter) will be muted during a presentation.** This rule will reduce background noise or “feedback.”



## Public Participation

- Except for the public comment period, **public participants should remain muted unless invited to speak by the commission.**
- Per the Michigan Open Meetings Act, disclosing your identity in this meeting is not required.
- The public comment period will be accessible for multiple modalities at the end of the meeting.

# November 2020 Meeting Agenda

Item	Presenter(s)	Time
1. Welcome and Introductions A. Introduce New Commissioner	Chair	5 minutes
2. Commission Business A. Review of 9/22/2020 Minutes	Chair	5 minutes
3. MDHHS Update	Trevor Youngquist (MDHHS)	5 minutes
4. Michigan Health Information Network (MiHIN) Update	Drew Murray (MiHIN) and Shreya Patel (MiHIN)	45 minutes
5. Update on Health IT Roadmap A. Project Update B. Roadmap Steering Committee (RSC) Update	CedarBridge Group, RSC	45 minutes
6. Public Comment		
7. Adjourn		

# 1. Welcome and Introductions

Chair

## 2. Commission Business

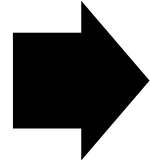
Chair

# 3. MDHHS Update

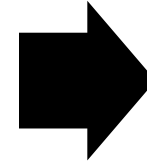
Trevor Youngquist (MDHHS)

# Commission Bylaws

Drafted and adapted from the Certificate of Need (CON) Commission bylaws



Will guide public meeting business and committee operations



Commission review and adopt

## HEALTH INFORMATION TECHNOLOGY (HEALTH IT) COMMISSION BYLAWS

ARTICLE I	-	PREAMBLE
ARTICLE II	-	DEFINITIONS
ARTICLE III	-	GENERAL PURPOSE
ARTICLE IV	-	MEMBERSHIP OF THE COMMISSION
ARTICLE V	-	MEETINGS OF THE COMMISSION
ARTICLE VI	-	COMMISSION OFFICERS
ARTICLE VII	-	COMMITTEES
ARTICLE VIII	-	LEGAL COUNSEL
ARTICLE IX	-	AMENDMENTS OF BYLAWS

*A very special...*



**THANK YOU**



Beginning 2021, in alignment with feedback from roadmap stakeholder engagement, Health IT Commission committees will convene.

Participating commissioners will initially convene in late November and early December to:

- Elect a chairperson
- Establish a charter
- Review public applications

### Health IT Commission Committees:

- Adoption and Expansion
- Ideation
- Governance

Interested public participants should send a letter of intent, with a listing of relevant experience, to [youngquistt1@michigan.gov](mailto:youngquistt1@michigan.gov)

# MDHHS Update

## Convening committees



# 4. Michigan Health Information Network (MiHIN) Update



Barriers to Patient preferences for  
care  
during Covid-19

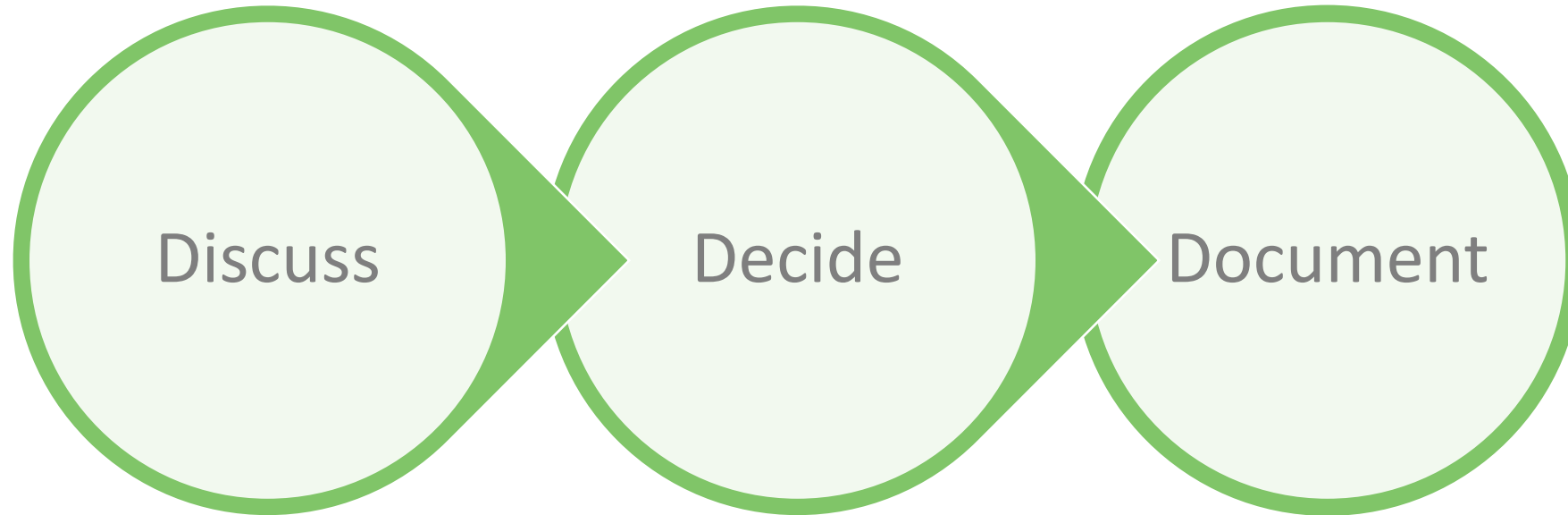
Dr. Carol Robinson, RN, CHPN<sup>®</sup>

Community Engagement Organizer

# The Importance of ACP

- Define Advance Care Planning (ACP)
- Current legislation defining Advance Directive (AD) document witness requirements
- Effect of COVID-19 on AD completion in acute care settings
- Statewide ACP Leadership recommendations for change
- Request: HIT Commission to consider including this work in annual report to legislature

# Advance Care Planning (ACP)



- Reflect on your values and beliefs, especially regarding quality vs. quantity of life

Choose your Patient Advocate(s) and serious illness/injury care preferences

Write your wishes in an Advance Directive (Durable Power of Attorney for Healthcare)  
Share your plan (paper, EMR, MiHIN)

# MiHIN ACP

**Vision:** foster a community culture where it is acceptable to *talk about* health care choices, including end of life, and to *respect* and *honor* those choices.

**Mission:** encourage and *facilitate* advance *health* care planning by the people of Michigan.

**Goal:** extend the ACP conversation from the healthcare environment to the community-at-large

# VIRTUAL ACP

- Non hospital-based ACP conversations have moved to an online/phone format
- Printed, mailed ADs available for participants without online capabilities



**LIVE  
CHAT**

# Advance Directive Statewide ACP Leader Group

1. **MidMichigan Health:** Amy Bailey-Sheets LMSW; ACP Specialist
2. **Trinity Health/Integrated Community Health:** Lisa Simmons-Fields; Director, System Population Health/Care Management
3. **Mercy Health Care Management & Clinical Integration:** Mindy Matthews RN; Director, Care Management & Clinical Integration
4. **Beaumont Hospital:** Linda Caurdy-Bess LMSW; Manager, Care Management
5. **Spectrum Health:** Rena Ruehle RN; Senior Improvement Specialist, Advance Care Planning and Shared Decision Making in Serious Illness
6. **Priority Health**
7. **Tandem 365**
8. **IHA Cares**
9. **Cancer & Hematology Center of West Michigan**
10. **Holland Hospital**
11. **Caring Circles Pace**
12. **Henry Ford Hospital**
13. **UPHP**
14. **Harbor Hospice, Muskegon**
15. **Munson Healthcare System**
16. **Covenant Helathcare**
17. **Thome Pace Program**
18. **Gilda's Club GR**
19. **Burcham Hills Retirement Community**



# Advance Directive Witnessing Process

## Signatures of Witnesses

I know this person to be the individual identified as the “Individual” signing this form. I believe him or her to be of sound mind and at least eighteen (18) years of age. I personally saw him or her sign this form, and I believe that he or she did so voluntarily and without duress, fraud, or undue influence. By signing this document as a witness, I certify that I am:

- At least 18 years of age.
- Not the Patient Advocate or alternate Patient Advocate appointed by the person signing this document.
- Not the patient’s spouse, parent, child, grandchild, sibling or presumptive heir.
- Not listed to be a beneficiary of, or entitled to, any gift from the patient’s estate.
- Not directly financially responsible for the patient’s health care.
- Not a health care provider directly serving the patient at this time.
- Not an employee of a health care or insurance provider directly serving the patient at this time.

# Statewide ACP Leaders: Recommendation Process

## Michigan Estates and Protected Individuals Code (a.k.a. EPIC), Michigan Complied Laws §§ 700.5506-700.5520 (1998)

### March 2020

- Convened statewide ACP Leadership Task Force in to review and recommend changes to the Estates and Protected Individuals Code (EPIC) Act (1998)
- Members represented 19 healthcare organizations throughout the upper and lower peninsulas

### April – October

- Examined law in relation to witness requirements and methods to witness across the care continuum:
  - Hospital
  - Outpatient Clinics/Practices
  - Home-based primary care
  - Home Care
  - Hospice
  - Community ACP efforts

# Statewide ACP leader recommendations

- For Advance Care Plans signed wherever a person receives care, ***the witnesses may include up to one clinical caregiver, provider or mental health caregiver/provider, or up to two non-direct care individuals or up to two healthcare environment or community-based voluntary witnesses.*** Witnesses must be:
  - At least 18 years of age.
  - Not the Patient Advocate or alternate Patient Advocate appointed by the person signing this document.
  - Not the patient's spouse, parent, child, grandchild, sibling or presumptive heir.
  - Not listed to be a beneficiary of, or entitled to, any gift from the patient's estate.
  - Not directly financially responsible for the patient's health care.
  - Additional witness options include:
    - ***eSignature: Allow advance care planning documents to be signed using Electronic Signature (eSignature) so long as all parties agree an electronic method will be used and it is signed using a service consistent with the requirements in the Uniform Electronic Transaction Act (UETA).***
    - ***Video witness: Incorporate Michigan Executive Order No. 2020-187, titled Encouraging the use of electronic signatures and remote notarization, witnessing, and visitation during the COVID-19 pandemic, into existing law to allow for this privilege indefinitely.***

# How Will This Affect Stakeholders?

- Promotes patient choice and preferences
- Ties into consent-based use cases and products
- Public health considerations



# Request to the HIT Commission



- Consider the need to update the outdated witness requirements in the 1998 EPIC Act, specifically:
  - Add eSignature option for witnesses to the Advance Directive signature page
  - Add eSignature option to Patient Advocate role acceptance page
  - Allow for video witnessing technology for the signature process (used in COVID-19 Executive Orders)
- Include the Advance Directive Witness procedure recommendations in the annual report to the Michigan Legislature



# QUESTIONS?

**Dr. Carol Robinson, RN, CHPN®**

Community Engagement Organizer

[Carol.Robinson@mihin.org](mailto:Carol.Robinson@mihin.org)

**Shreya Patel, JD**

Chief Policy and Privacy Officer

[Shreya.Patel@mihin.org](mailto:Shreya.Patel@mihin.org)



## **CMS Patient Access Rule**

**Shreya Patel**

*Chief Policy & Privacy Officer*



# Authority for Rules

**The 21st Century Cures Act**

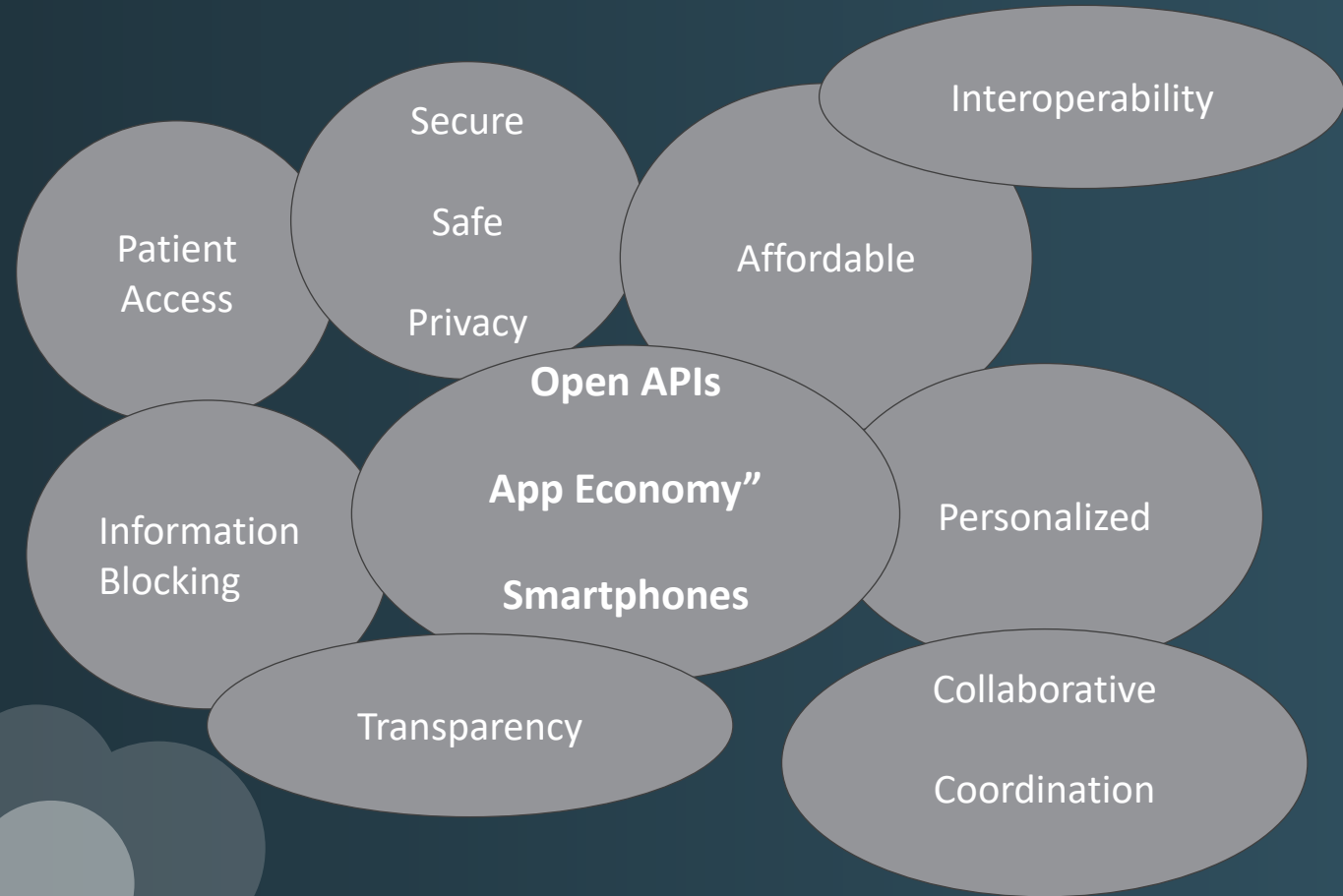
**President' MyHealthEData Initiative**

**CMS authority to regulate Medicare Advantage (MA),  
Medicaid, CHIP, Qualified Health Plans (QHP) on Federally  
Facilitated Exchanges (FfEs)**





## Buzzwords



Patient  
Access

Secure

Safe

Privacy

Affordable

Interoperability

**Open APIs**

**App Economy**

**Smartphones**

Personalized

Information  
Blocking

Transparency

Collaborative

Coordination

CENTER FOR MEDICARE  
AND MEDICAID SERVICES

# FINAL RULE



## HIGHLIGHTS:

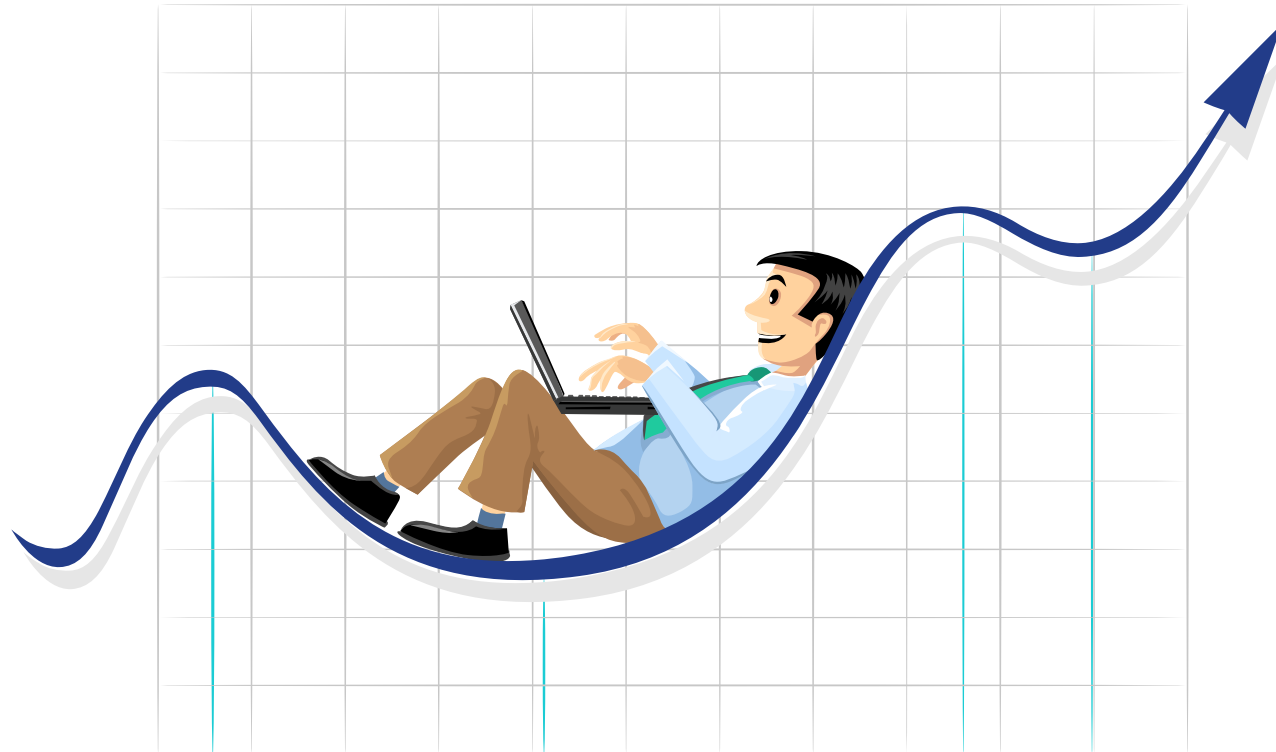
PATIENT ACCESS

SHARING INFORMATION AMONG PROVIDERS AND PAYERS

ADTS

# Goals

FROM CENTER FOR MEDICARE & MEDICAID SERVICES



Give patients access to their health information

Help patients make informed decisions

# Authority

## FOR CMS RULE

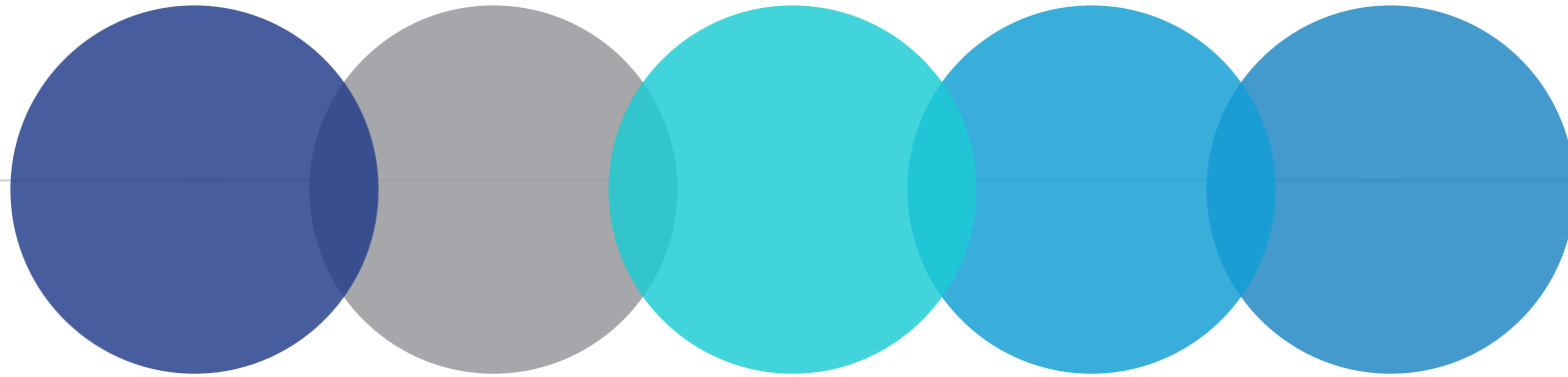
- ✓ President Trump's MyHealthEData initiative
- ✓ CMS authority to regulate Medicare Advantage (MA), Medicaid, CHIP, Qualified Health Plans (QHP) on Federally facilitated Exchanges (FfEs)



**AUTHORITY**

# Privacy and Security is Key

## Important Points



### One

HL7 FHIR Release 4.0.1 standard to support secure APIs

### Two

Ask third party applications to attest to privacy provisions

### Three

Secondary data uses disclosed

### Four

Education on sharing information

### Five

Partner with Office of Civil Rights (OCR) and Federal Trade Commission (FTC)

# Patients and HIPAA

Patients have a right to access their health info  
Patients have a right to know how their health information is accessed



# Patients and HIPAA



- ✓ Payers Required to Comply
  - ✓ MA organizations
  - ✓ Medicaid Fee for Service (FFS)
  - ✓ Medicaid managed care plans
  - ✓ CHIP FFS
  - ✓ CHIP managed care entities
  - ✓ QHP issuers on FFEs
    - ✓ Exclude stand alone dental plans (SADP)
    - ✓ Exclude QHPs offering coverage in federally facilitated small business health options program (FF-SHOP)
- ✓ FHIR 4.0.1
- ✓ Access claims
- ✓ Access cost information
- ✓ Access sub-set of their clinical information through third party application of their choice
- ✓ **COMPLIANCE TIMELINE: January 1, 2021**

# Provider Directory API



NOT required for QHPs on FFEs

Required for CMS payers



Make provider directory information publicly available via standards based API



Focus on quality, accuracy, timeliness

**COMPLIANCE TIMELINE:**  
**January 1, 2021**



# Payer to Payer Data Exchange

## The Basics



### One

Exchange USCDI data set at patient's request



### Two

Patients can take their information with them as they move from payer to payer



### Three

Creates a cumulative health record



### Four

COMPLIANCE TIMELINE:  
January 1, 2022



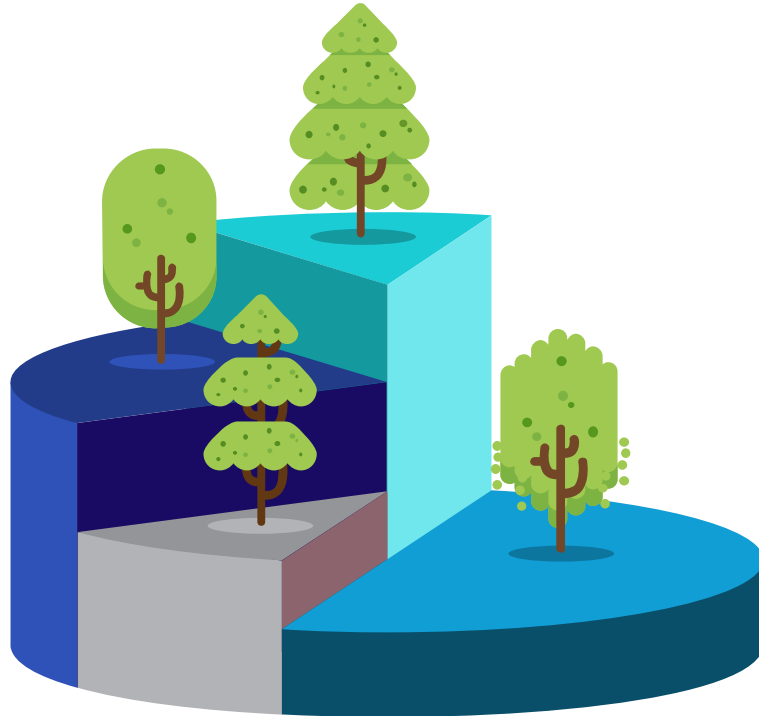
# Dual Eligibles

Qualify for Medicare and Medicaid

- ✓ MMA files and state buy-in files
  - ✓ MMA file: one monthly file identifying all known dual eligible beneficiaries
- ✓ Go from monthly to daily exchange to ensure beneficiaries are getting access to appropriate services and billed appropriately
- ✓ COMPLIANCE TIMELINE: January 1, 2022

# Public Reporting

## Information Blocking Violations



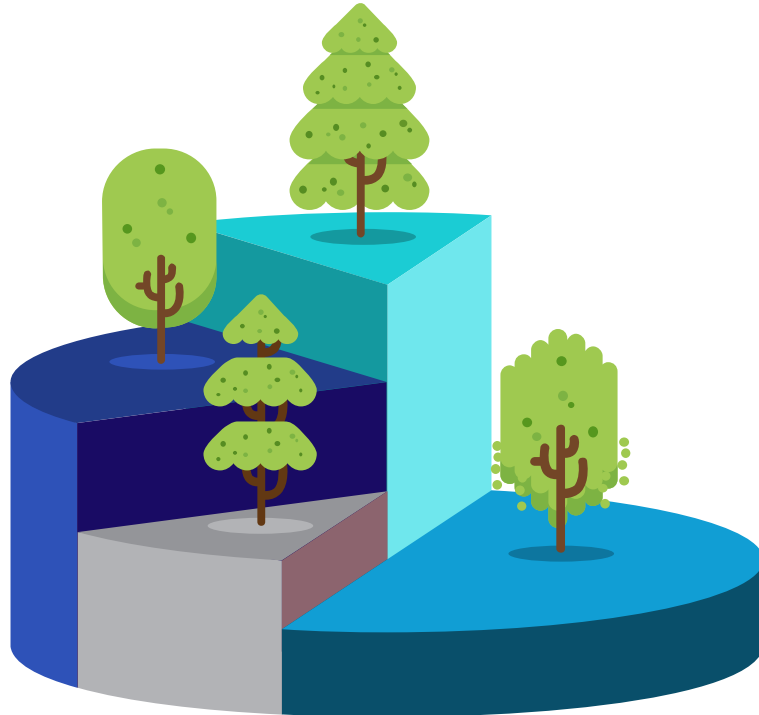
CMS with publicly report eligible clinicians, hospitals, and critical access hospitals that may be information blocking

Public reporting of non-compliant to allow patients to make best choices

**COMPLIANCE TIMELINE: August 1, 2020**

# Public Reporting

## Digital Contact Information



Public reporting by late 2020

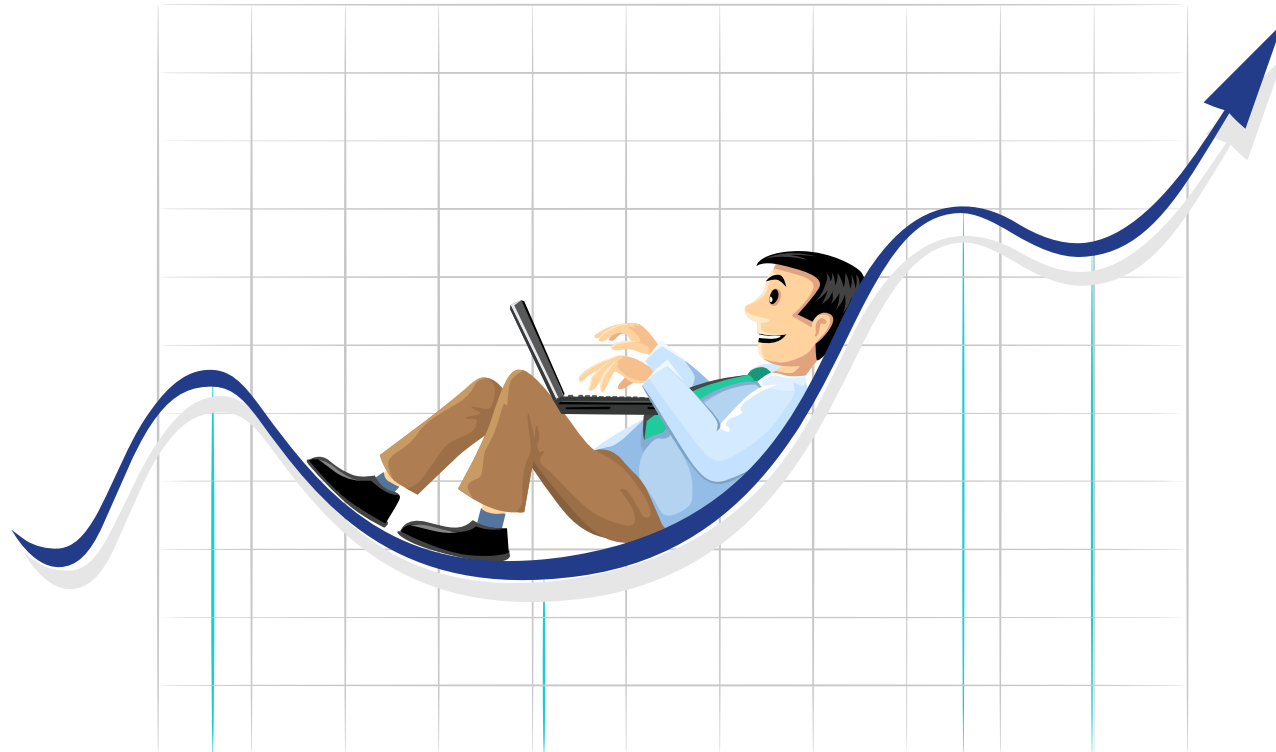
List providers who do not update digital contact information in NPPES (National Plan and Provider Enumeration System)

Provide secure digital endpoints like Direct Address and/or FHIR API end point

**COMPLIANCE TIMELINE: August 1, 2020**

# ADT Event Notifications

## Hospital Requirement



- ✓ Hospitals
- ✓ Psychiatric Hospitals
- ✓ Critical Access Hospitals
- ✓ Requirement to send ADTs to if ADT to another healthcare facility, community provider, or practitioner
- ✓ Follow-up care
- ✓ **COMPLIANCE TIMELINE: August 1, 2020**



Thank you!

**Shreya Patel**

shreya.patel@mihin.org



## **Final Interoperability Rules: Moving Beyond Compliance**

**InterOp Station**

# Unpacking the Regulations

## H.R 34- 21<sup>st</sup> Century Cures Act

Defines interoperability and information blocking



### **CMS Interoperability and Patient Access Rule (CMS-9115-F)**

Establishes the “what” including interoperability, APIs, and care coordination requirements for MCOs, etc.

### **ONC’s 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program**

Establishes the “how” including technical standards and definitions, such HIN/HIE, FHIR® 4.0.1, USCDI, information blocking, etc.



# Interoperability and Patient Access Final Rule (CMS-9115-F)

## Initial Priorities for Payers

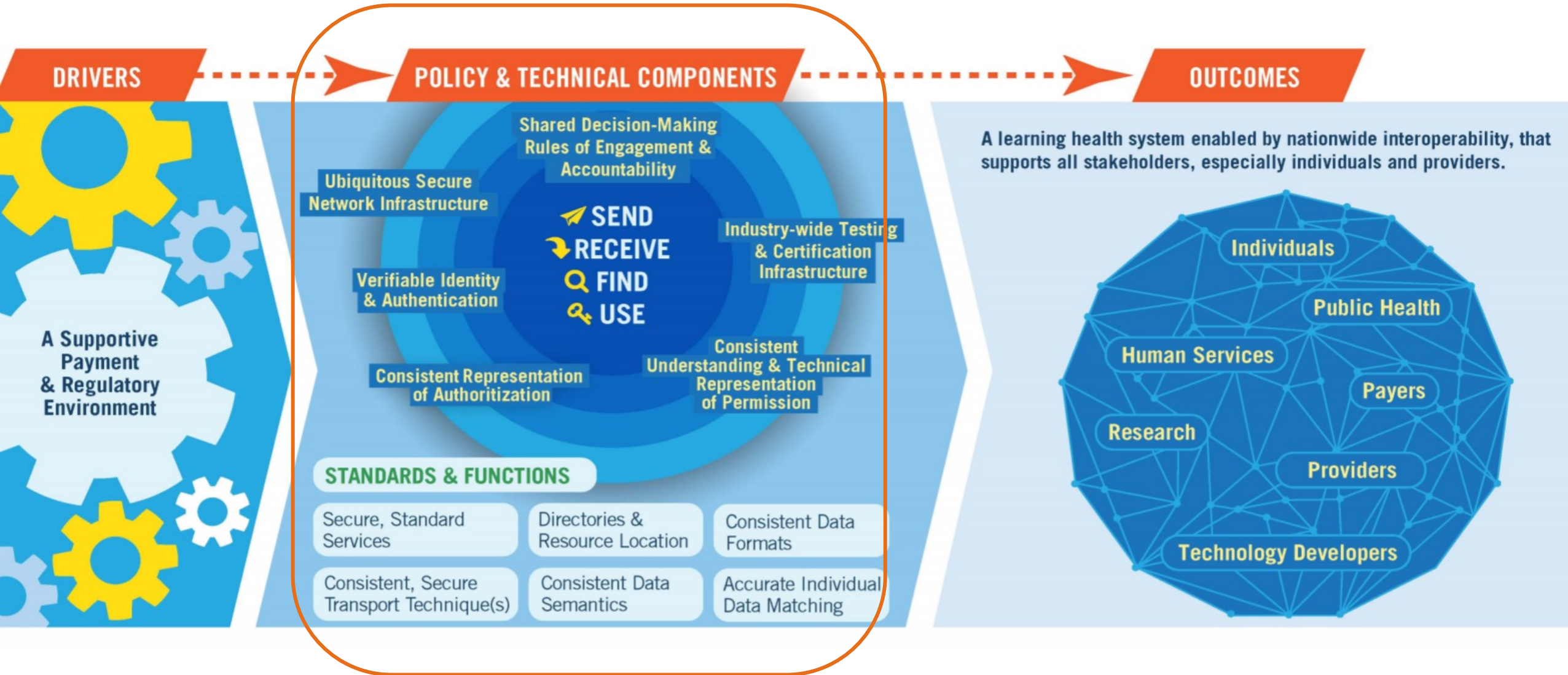
- Patient Access API (applicable January 1, 2021) + 6 months
- Provider Directory API (applicable January 1, 2021)+ 6 months

## Upcoming Payer Requirements

- Payer-to-Payer Data Exchange (applicable January 1, 2022)
- Improving the Dually Eligible Experience by Increasing the Frequency of Federal-State Data Exchanges (applicable April 1, 2022)

## Other Requirement Considerations

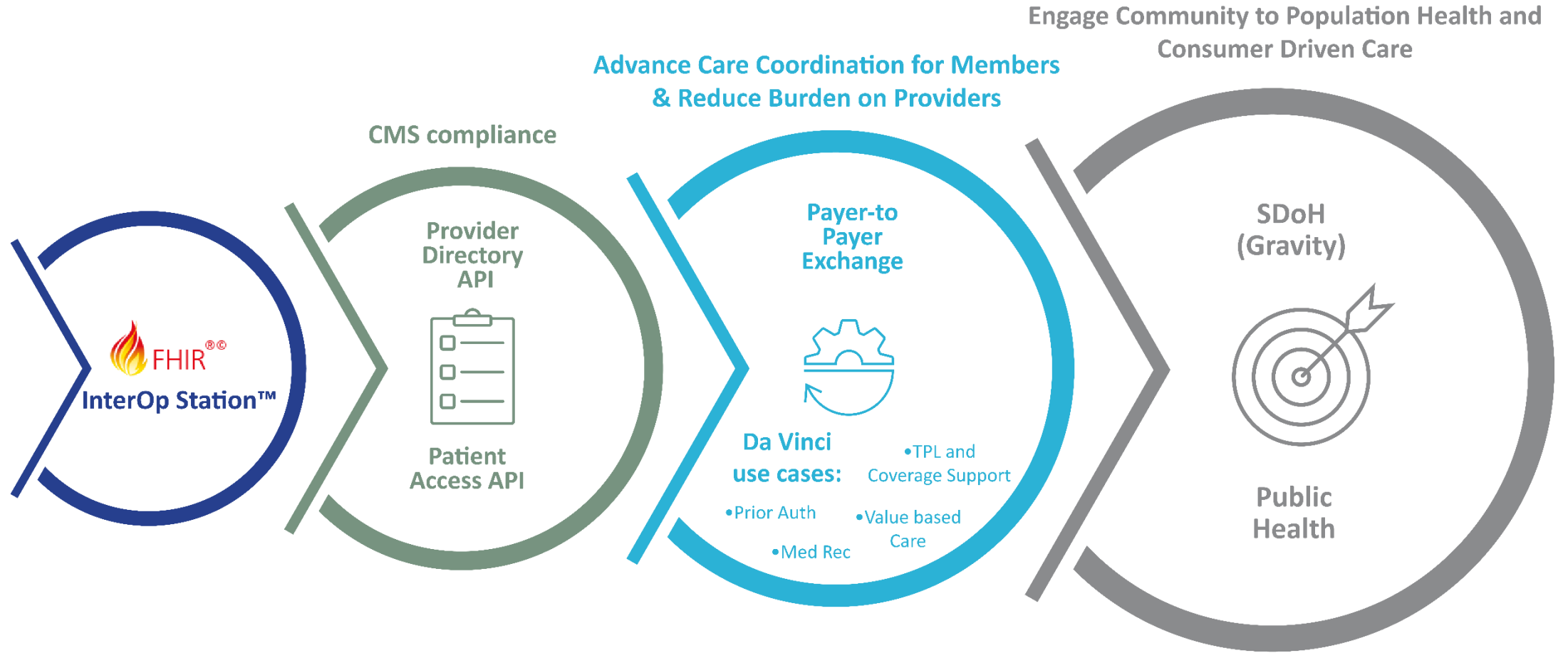
- Public Reporting and Information Blocking (applicable late 2020)
- Digital Contact Information (applicable late 2020)
- ADT Event Notifications (applicable spring 2021)



“Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap.” The Office of the National Coordinator for Health Information Technology.” Final Version 1.0.

# InterOp Station: Moving Beyond Compliance

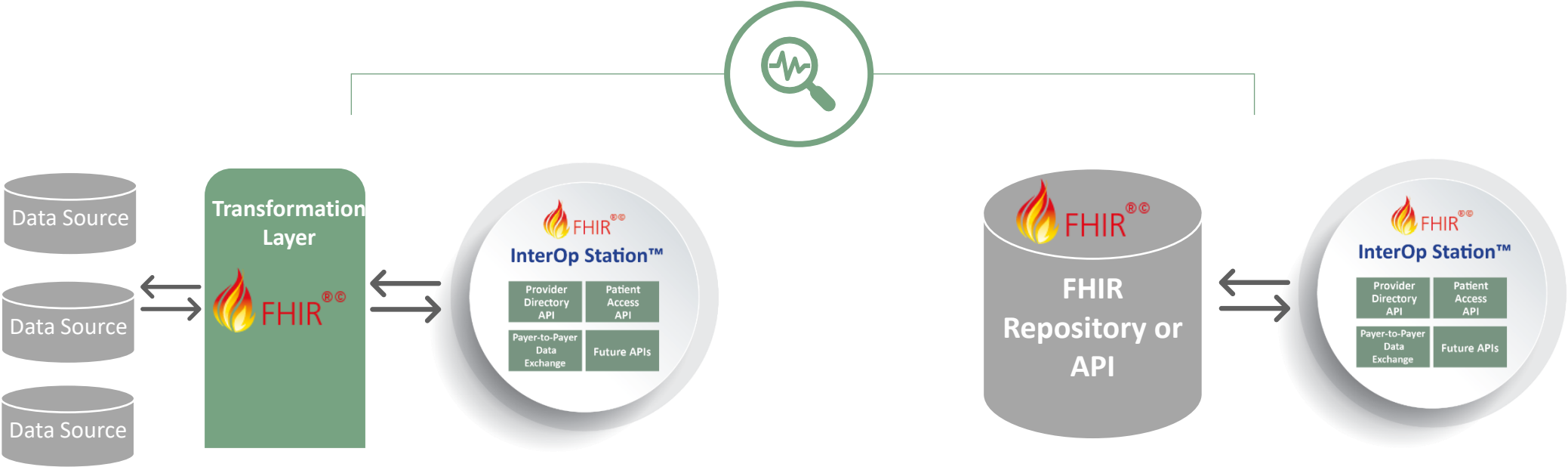
Maximize existing investments in HIT to advance policy and technical components in support of broader healthcare reform initiatives.



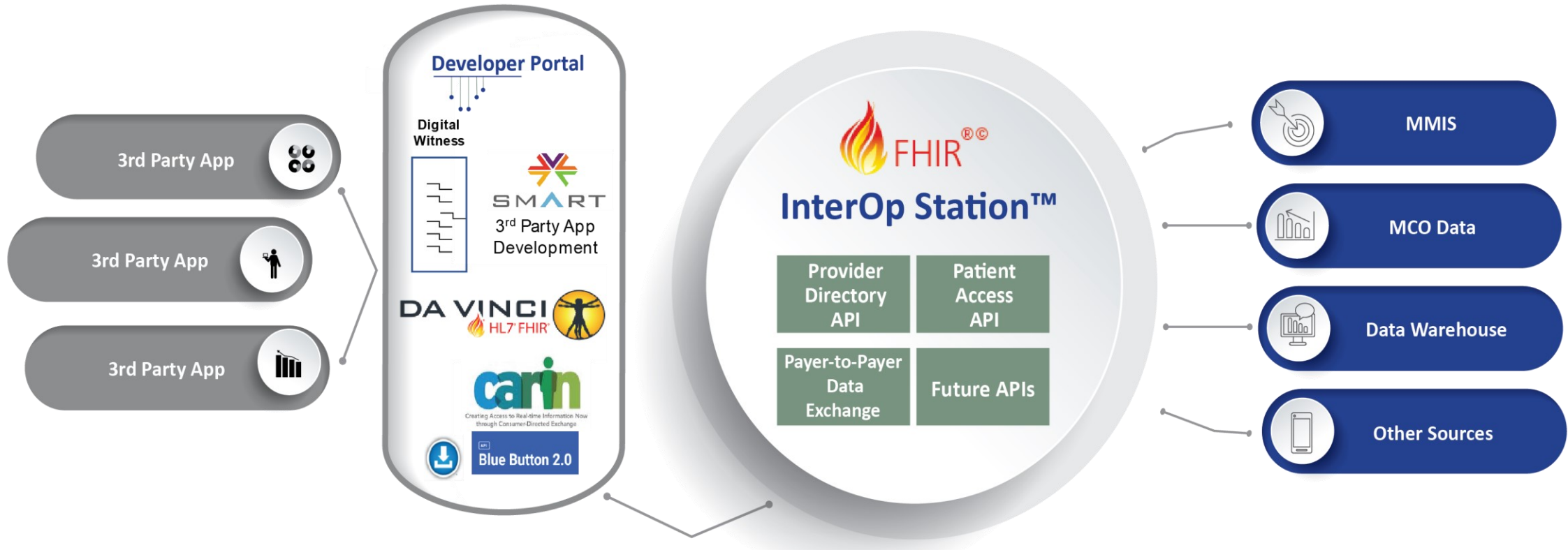
# Data Mapping and Transformation

Proven experience in working across disparate data sets and systems to design the most efficient strategy for ensuring the appropriate data is safely exchanged.

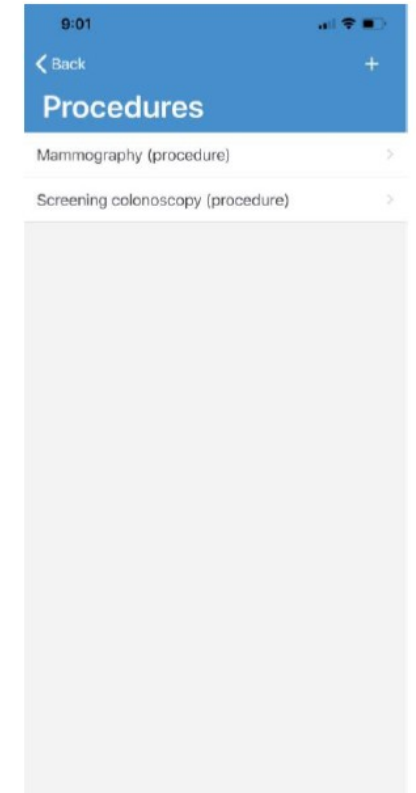
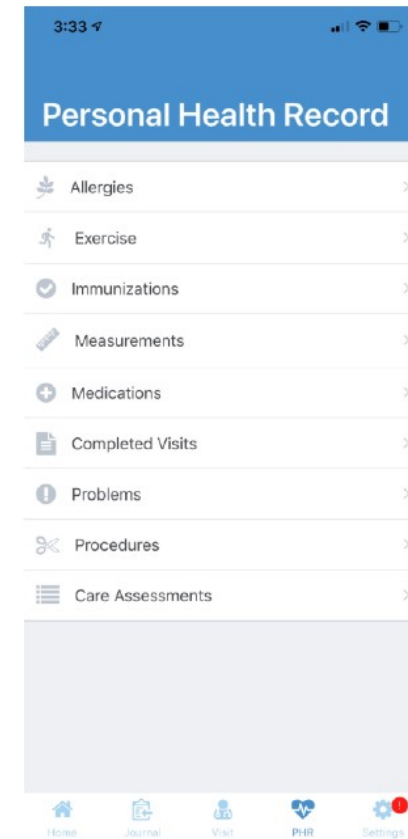
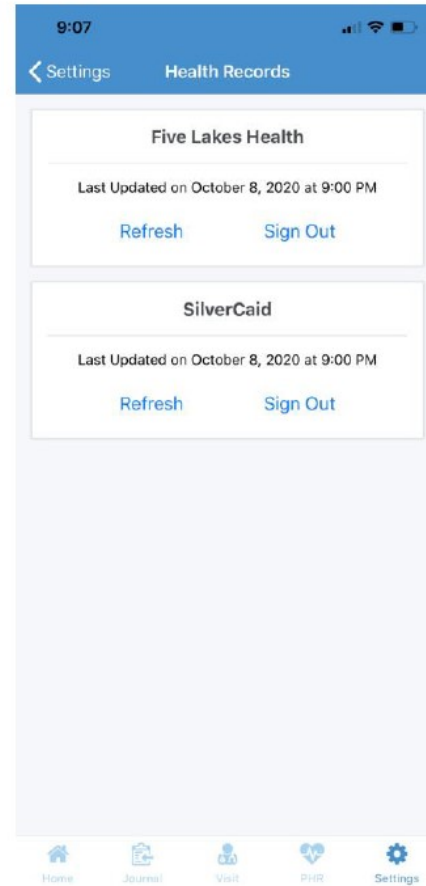
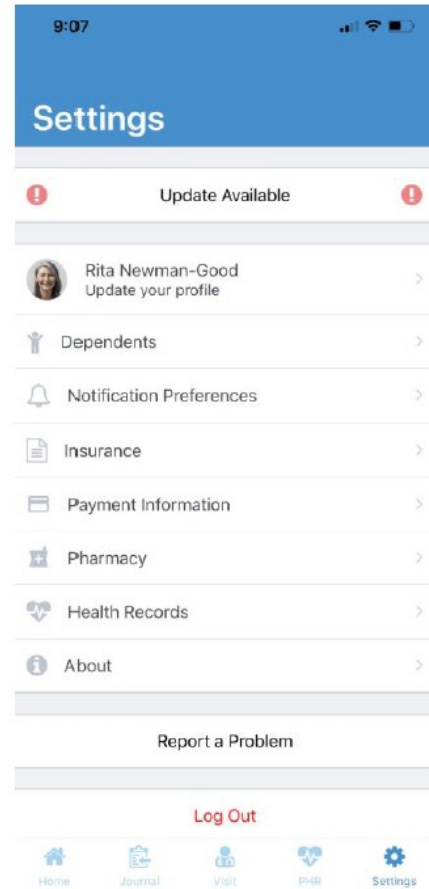
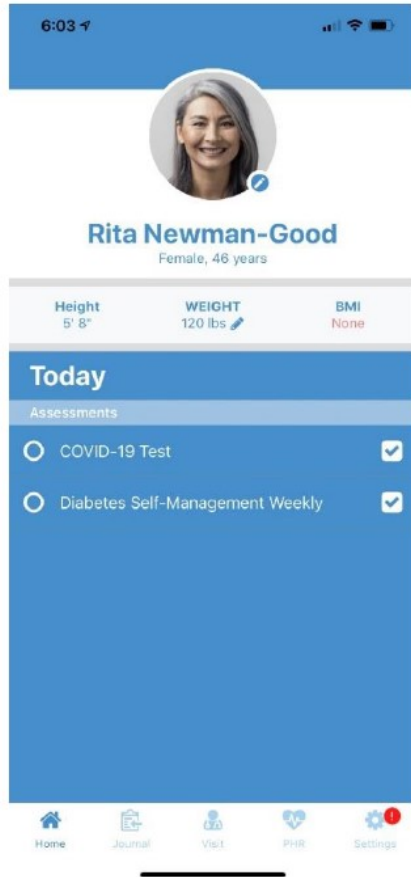
## Data Assessment and Compliance Strategy



# InterOp Station Overview



# Consumer Perspective



# InterOp Station Summary



## Modular Framework

- “Plug and play” platform that complies with requirements and standards
- Build to augment existing services while addressing gaps in others



## Reuse of Investments

- Leverage existing state investments in HIE to provide a streamlined compliance strategy for Medicaid



## Promote Collaboration and Buy-In

- Align with federal priorities to invest in solutions that serve multiple healthcare stakeholders
- Promote buy-in and collaboration through our InterOperability Land



## Streamline Efforts and Vendor Management

- Aggregated across state subsystems and vendors – especially in a highly modularized MMIS environment
- Provide funding strategies and APD development



## Highway to Interoperability

- “On-ramp” to future interoperability strategies and initiatives (quality reporting, SDoH, TPL)
- Low-cost/low-effort scalability through AWS SAM framework



Thank you!

**Bo Borgnakke**  
**Corporate Account Executive**  
borgnakke@mihin.org







## **Company Integration and Connecting Michigan for Health**

**Drew Murray**

*Senior Community Engagement Director*

# Stakeholder Feedback and Activity

- Unpacking what it means for organizations in Michigan
  - Execute MiHIN legal stack
  - Migrate to cloud-based AWS environment
- Regularly convene for monthly ***The Download*** webinar
- Leverage new integrations to improve care delivery
  - Single sign-on from Transition of Care Viewer to longitudinal records
  - First user group is Upper Peninsula Health Care Solutions

# The Download

- Monthly webinar presenting timely health information technology and interoperability updates and analysis in Michigan (and beyond)
- Merged “Stakeholders” and “Virtual Update” meetings
- About 175 participants on October kick-off covering COVID and Advance Care Planning
- Email [help@mihin.org](mailto:help@mihin.org) if you want join the distribution list



# Stakeholder Next Steps



Refine milestones for future affiliation activities



Share milestones at least quarterly through The Download



Utilize Community Engagement team members to work 1:1 with individual stakeholder organizations



# CONNECTING MICHIGAN

for health and more



# 2021 Connecting MI for Health & More *Virtual* Conference Series

- ✓ **Theme:** Exploring the new paradigm of Healthcare 3.0 and its implications for the ongoing evolution of healthcare delivery, experience, costs, and outcomes. 2020 has been a “perfect storm” across the healthcare continuum. Many of the issues and topics that have been top of mind in healthcare for the last few years will still be pertinent in 2021 but must now be viewed in the context of all that transpired in the previous year.
  
- ✓ Five *virtual* events
  - ✓ March 23 – Cornerstone
  - ✓ April 8 – Workshop
  - ✓ June 24 – Workshop
  - ✓ October 12 – Workshop
  - ✓ November 9 – Cornerstone
  
- ✓ Additionally, the 2021 Connect UP Health Summit will be hosted October 28<sup>th</sup> in Marquette and we will work closely with UPHIE on this event – including promotion via social media and email.



# Tentative Agendas

*Topics subject to change*

## **Cornerstone Events**

- ✓ Dates: March 23 & November 9
- ✓ Timing: 8am-4pm
- ✓ Topics: SDoH, eConsent, Policy, Interoperability, & More

## **Workshops**

- ✓ Dates: April 8, June 24, & October 12
- ✓ Timing: 9am-1pm
- ✓ Topics\*: SDoH, Virtual Care, Sharing Psychiatric ADT and Treatment Center Notifications

\*each topic will tentatively have an eConsent breakout as well

# Registration Types

*Registration is tentatively set to open 12/01/20*

Registration Type	Cost
March Cornerstone – Individual	\$200
April Workshop – Individual	\$25
June Workshop – Individual	\$25
October Workshop – Individual	\$25
November Cornerstone – Individual	\$200
Workshops Only Bundle (1 ticket for each of the 3 workshops)	\$70
Cornerstone Only Bundles (1 ticket for both of the 2 cornerstone events)	\$375
Organizational Bundle (1 ticket for all 5 events)	\$425





# Sponsorship Opportunities

*Tentatively set to be finalized 11/16/20*

- ✓ Opportunities available from \$25,000 - \$1,500 (custom levels also available)
- ✓ Include pre-event, day-of event and post-event benefits and recognition
- ✓ Contact [connectingmichigan@mihin.org](mailto:connectingmichigan@mihin.org) to learn more



Thank you!

**Drew Murray**

Senior Community Engagement Director  
[drew.murray@mihin.org](mailto:drew.murray@mihin.org)

# 5. Update on Health IT Roadmap



**CEDARBRIDGE**  
GROUP

# Michigan Five-Year Health IT Roadmap

*Health Information Technology Commission*  
*November 17, 2020*



# An Update on Electronic Surveys

- Launched surveys on October 13, 2020
- Plan to close surveys on November 25, 2020
- Follow-up reminders being sent bi-weekly

Survey Domain	Completed Responses as of 11/11/20
Behavioral Health Providers	30
Long Term Post-Acute Care	7
Social Services	58
Ambulatory Care Providers	29
Hospitals & Health Systems	3
Emergency Medical Services	1
Public Health	21

# An Update on Electronic Surveys

Survey Domain	Snapshot of Respondents' Organizational Affiliation (11/16/20)
<b>Behavioral Health Providers</b>	<ul style="list-style-type: none"> <li>25 represent outpatient mental health providers</li> <li>14 represent outpatient substance use providers</li> <li>2 represent inpatient mental health providers</li> <li>7 represent residential substance use providers</li> <li>25 represent intellectual disability providers</li> </ul>
<b>Long Term Post-Acute Care</b>	<ul style="list-style-type: none"> <li>5 represent Area Agencies on Aging</li> <li>1 represents an Assisted Living Facility</li> <li>1 represents a Skilled Nursing Facility</li> </ul>
<b>Social Services</b>	<ul style="list-style-type: none"> <li>4 represent Community Action Agencies (CAA)</li> <li>16 represent housing and shelter agencies</li> <li>11 represent financial assistance agencies</li> <li>14 represent food assistance agencies</li> <li>7 represent employment and job training agencies</li> <li>7 represent transportation assistance agencies</li> <li>4 represent community health agencies</li> </ul>
<b>Ambulatory Care Providers</b>	<ul style="list-style-type: none"> <li>8 represent primary care providers</li> <li>6 represent specialty care providers</li> <li>1 represent dental providers</li> <li>1 represent walk in urgent care providers</li> <li>1 represent rural health providers</li> <li>7 represent optometry providers</li> <li>4 represent pharmacy providers</li> </ul>

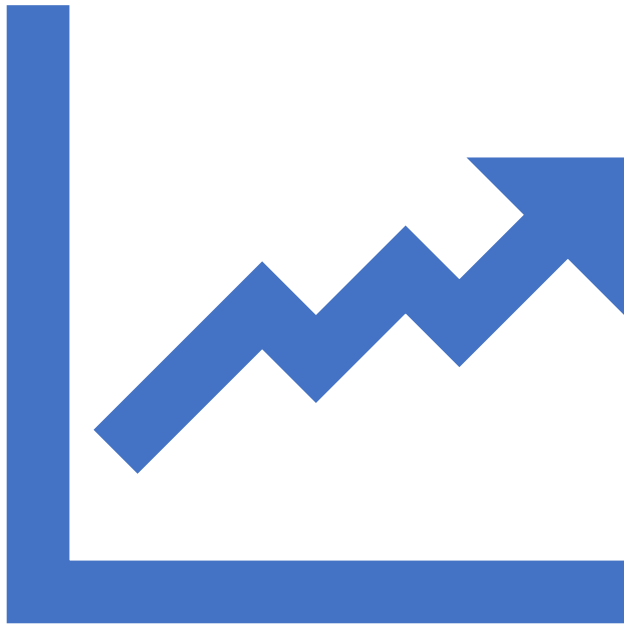
# An Update on Electronic Surveys

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Survey Domain	Snapshot of Respondents' Organizational Affiliation (11/16/20)
<b>Hospitals &amp; Health Systems</b>	1 represents acute care 2 represent critical access 1 represents an academic medical center 1 represents a specialty hospital
<b>Emergency Medical Services</b>	1 represents private air medical transport
<b>Public Health</b>	All work in Community Health 18 work in Communicable Diseases 11 work in Chronic Diseases 16 work in Maternal and Child Health 9 work in Substance Use Disorders 18 work in Immunizations 11 work in Public Health Labs 8 work in Direct Patient Cares

# Strategies to Increase Responses

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## CedarBridge Activities:

- Reminder emails are being sent to associations and organizations identified as distribution partners
- Phone calls are being made to individuals who were active in forums to identify additional ways to distribute surveys
- Surveys being sent directly to full list of stakeholders

## Asks of Commissioners:

- Ideas for outreach and engagement
- Would sending an email directly from a Commissioner be well received? Any volunteers?



# Virtual Stakeholder Forums

SEPTEMBER – NOVEMBER 2020



More than 250 registrants representing healthcare, social services, and government agencies



Identified key issues and opportunities related to health IT, including regional considerations

Facilitated dialogue with interactive polls on 8 priority areas of the delivery system



# Forum Topics

<p><b>Reflections on Public Health During a Global Pandemic</b> <i>Information technology needs and gaps for public health</i></p>	<p>#1 Registered: 79 #1 Attended: 48 #2 Registered: 74 #2 Attended: 21</p>	<p><b>Bridging the Digital Divide</b> <i>Information technology needs and gaps to address racial disparities and social determinants of health</i></p>	<p>#1 Registered: 67 #1 Attended: 42 #2 Registered: 90 #2 Attended: 23</p>
<p><b>Coordinating During Crisis</b> <i>Information technology needs and gaps for emergency services</i></p>	<p>#1 Registered: 47 #1 Attended: 26 #2 Registered: 42 #2 Attended: 12</p>	<p><b>Resident &amp; Advocate Perspectives on Health IT for Person-Centered Care</b> <i>Consumer perspectives on health IT, digital health solutions, &amp; patient access to data</i></p>	<p>#1 Registered: 33 #1 Attended: 23 #2 Registered: 21 #2 Attended: 8</p>
<p><b>Connecting All Points of Care</b> <i>Information technology needs and gaps for behavioral health services</i></p>	<p>#1 Registered: 58 #1 Attended: 31 #2 Registered: 87 #2 Attended: 26</p>	<p><b>Coordinating Care for the Vulnerable</b> <i>Information technology needs and gaps for aging and disability services</i></p>	<p>#1 Registered: 53 #1 Attended: 21 #2 Registered: 59 #2 Attended: 8</p>
<p><b>Using Data to Drive Outcomes</b> <i>Information technology needs and gaps for quality improvement efforts</i></p>	<p>#1 Registered: 67 #1 Attended: 39 #2 Registered: 53 #2 Attended: 14</p>	<p><b>Give All Kids a Healthy Start</b> <i>Information technology needs and gaps for maternal, infant and children's services</i></p>	<p>#1 Registered: 50 #1 Attended: 24 #2 Registered: 32 #2 Attended: 9</p>

# Major Themes of Forum Discussions

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GAPS IN  
CONNECTIVITY  
ARE CREATING  
BARRIERS TO  
APPROPRIATE  
AND TIMELY CARE

- Wi-Fi access and reliable cell service are insufficient to meet the healthcare needs of rural Michigan residents
- Cell phone contracts with data limits also present barriers for patients/clients to use telehealth services
- Partnerships are needed across government agencies to increase technology access for rural residents (education, healthcare, social services)

# Major Themes of Forum Discussions

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DATA AVAILABILITY  
IS LACKING IN  
MANY CASES

MANAGING  
CONSENT  
IS A CHALLENGE

- Very few closed loop referrals take place outside of integrated health systems
- In most cases, social determinant data and social service data is not available to healthcare providers
- Stakeholders would like to see a statewide system for managing consent for sensitive data to be shared among members of an individual's care team

# Major Themes of Forum Discussions

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SMALL PRACTICES  
NEED MORE  
SUPPORT TO  
PARTICIPATE IN  
VALUE-BASED  
PAYMENT MODELS  
AND RECEIVE  
QUALITY PAYMENTS

- It is difficult for small practices to support varying reporting requirements and measures of different payment models being implemented across payers
- Many ambulatory EHR vendors are not able to support extraction of electronic clinical quality measure data (eCQMs)
- Covid-related revenue losses have caused delays in health IT investments, exacerbating the disparities between large and small provider groups' participation in quality payment models

# Phased Approach to Key Informant Interviews



## Phase 1: Begin with MiHIN

- Learn about MiHIN statewide products and services
- Integrate and gain greater awareness on MiHIN strategic direction

## Phase 2: Top Ten Key Informants

- Domain specific interview guides have been developed
- Scheduling is underway with goal to complete Phase 2 by mid-December

## Phase 3: Deeper Dive Across Domains

- Approximately 40-50 additional key informants will be interviewed individually and in small groups
- Domain specific interview guides will be adapted from Phase 2 interviews
- Scheduling requests will be sent on December 1<sup>st</sup>
- Goal to complete Phase 3 by mid-February

## Phase 4: Validate Findings

- Meet with MiHIN after interviews have been completed to discuss findings

# Interview Question Domains

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## Current state

- IT tools and systems in use
- Challenges and gaps
- Use of public health registries
- Consent
- Interoperability
- Interaction with HIEs in the state (MiHIN/others)
- Broadband
- Health disparities/health inequities



## Desired future state

- Priorities
- Considerations



# Other Coordination & Communication Activities

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## Presentation and discussion with Lt. Governor's Racial Disparities Taskforce Telemedicine Workgroup

- Will continue to stay connected with their work

## Regular updates at MiHIN Operations Advisory Committee (MOAC) meetings

## Coordination with work being done by Altarum Institute

- Ongoing coordination and alignment with Altarum's work related to the exchange of patient information between behavioral health and physical health providers

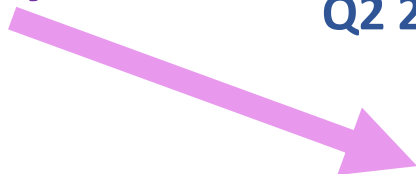
## Information sharing with Connecting Michigan Taskforce for Broadband Development





# Timeline Progress

We are currently here



Q3 2020 - Q1 2021

- Engage stakeholders in Environmental Scan
- Review historical documents
- Synthesize input
- Ensure "directional correctness" with guidance from RSC
- Update HITC

Q2 2021 - Q3 2021



- Draft Roadmap with recommendations for HITC consideration
- Present draft Roadmap to HITC
- Conduct feedback process to validate stakeholder support for Roadmap
- Make necessary revisions

September 2021



Final Draft Roadmap for HITC and MDHHS acceptance/approval

# Thank you!

For more information, please contact  
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Vatsala Pathy  
[vatsala.pathy@cedarbridgegroup.com](mailto:vatsala.pathy@cedarbridgegroup.com)



**CEDARBRIDGE**  
GROUP

# 6. Public Comment

# Public Comment Guidelines

Public comment will be conducted in three ways. Please note, pursuant to the Michigan Open Meetings Act, at no point during public comment are you obligated to disclose your name or organization.

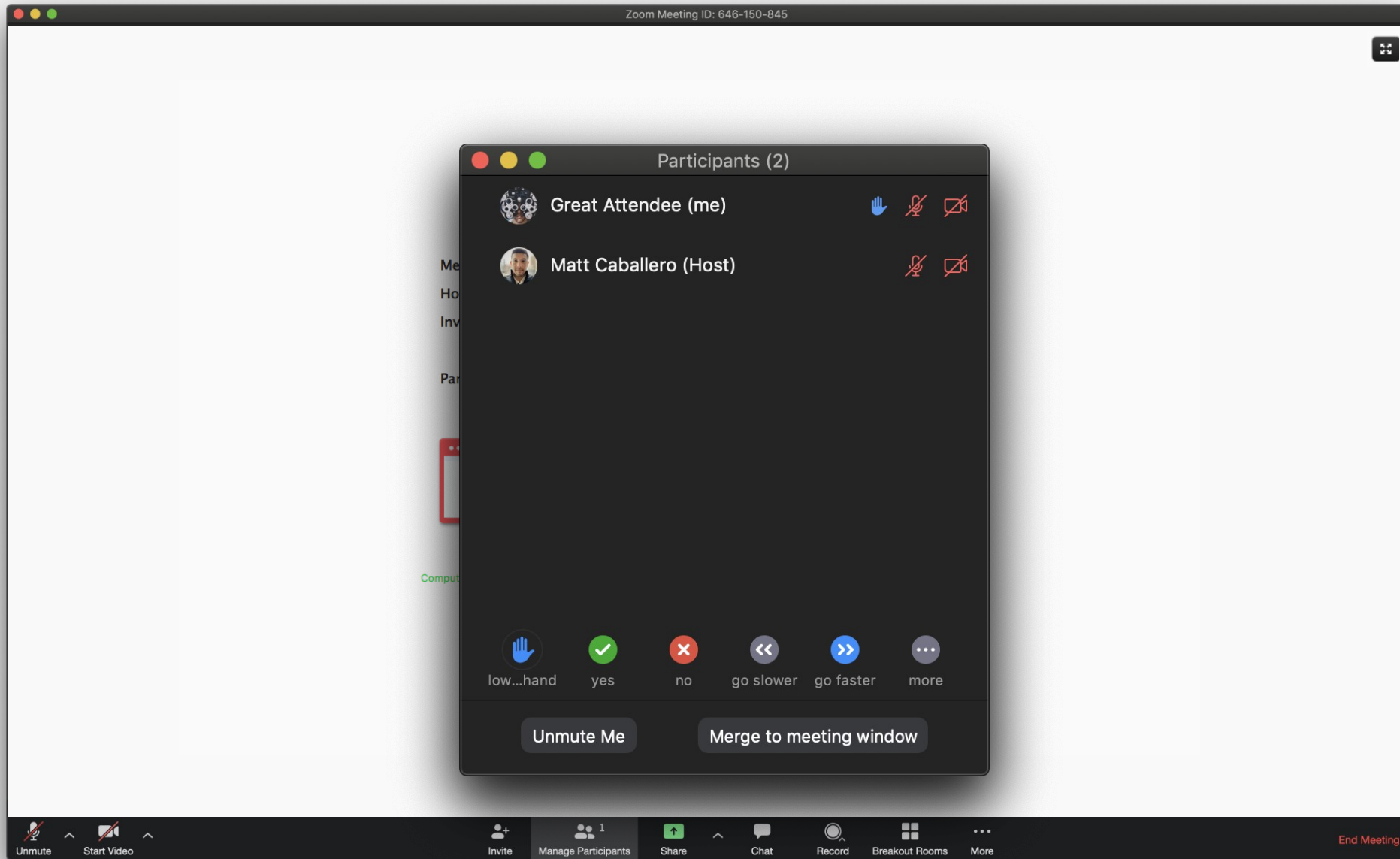
**Hand raising:** Zoom meeting attendees wanting to verbally share comments will raise “their hand” (directions on next slide). The host will call on each attendee with a hand raised, at which point they will share their comment.



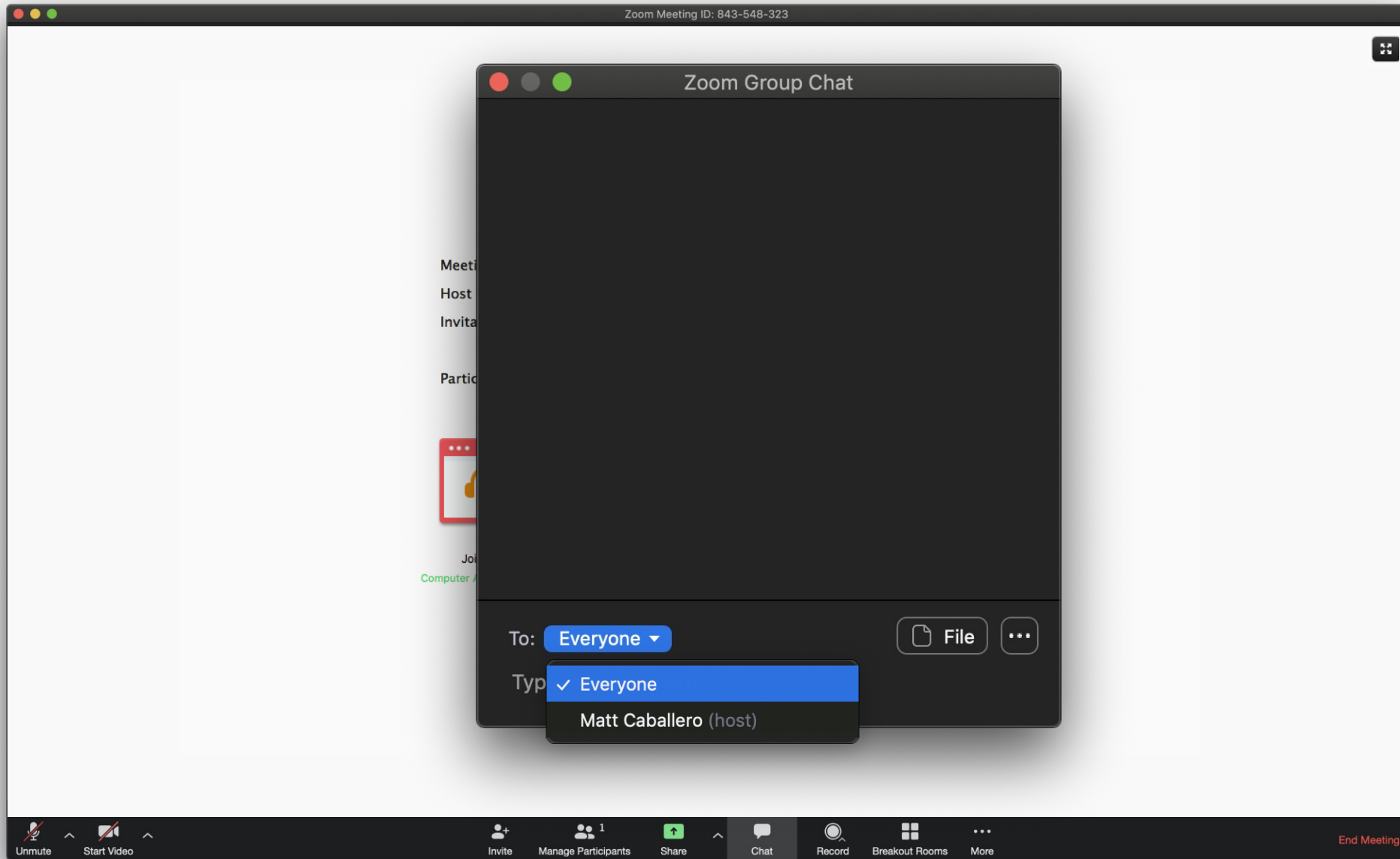
**Group chat:** Zoom meeting attendees wanting to share a comment in the meeting group chat (directions on a later slide) will have their comments read aloud by the host at a designated time.



**Open comment:** Any remaining attendees unable to participate in the previous methods will be invited to share during a final open comment period



Please “raise your hand” at this time if you would like to comment  
The host will call on you when it is your turn to speak



Please leave a comment in the group chat now  
The host will read them aloud for the commission to hear

# Open Comment Period

Please share a comment at this time if you have not had the opportunity already

If you would like to submit any other comments to be shared with the commission, please send a message to [youngquistt1@Michigan.gov](mailto:youngquistt1@Michigan.gov)



## 7. Adjourn

### **Next Meeting:**

Tuesday, February 23, 2021  
1:00 p.m. – 3:00 p.m.

Virtual Meeting

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*Please check the Health IT  
Commission web page as the  
meeting approaches for details*