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 2017 Meeting

- Welcome and Introductions
  - Commissioner Updates
- Commission Business
  - Review of 9/21/2017 Minutes
HIT/HIE Updates

• Overview of the HIT Commission Dashboard

• Overview of the Draft Annual Report Outline
2017 Goals – November HIT Commission Update

Governance Development and Execution of Relevant Agreements

- Data sharing legal agreements executed to date:
  - **121 total** Trusted Data Sharing Organizations
  - **581 total** Use Case Agreements/Exhibits
- **Henry Ford Health System**— Common Key Service (CKS) Use Case Exhibit (UCE)
- **Meta-PHR dba Care Convene**— Simple Data Sharing Organization Agreement (SDSOA), Master Use Case Agreement (MUCA), Summary of Care Pilot Activity Exhibit
- **OSF Healthcare System**— CKS UCE
- **Michigan Medicine**— CKS UCE
- **Wayne State University Physician Group**— MUCA, Active Care Relationship Service (ACRS) UCE, Admission, Discharge, Transfer Notifications (ADT) UCE, Health Directory (HD) UCE, Medication Reconciliation (MedRec) UCE, Health Information for State UCE, Immunization History-Forecast (IHF) UCE, Quality Measure Information (QMI) UCE, CKS UCE, Summary of Care Pilot Activity Exhibit
- **Genesys Health System**— SDSOA, MUCA, ACRS UCE, ADT UCE, HD UCE, MedRec UCE, Health Information for State UCE, Lab Orders-Results (LOR) UCE, CKS UCE
- **Michigan Hospital Association**— CKS UCE

Technology and Implementation Road Map Goals

- **57** State Lab Result Senders in full production sending to MiHIN:
  - **35,192,317 Statewide Labs** received since 01/11/17
- **109** organizations receiving data through MiHIN
- **17** QMI files in pre-production status
- CareEquality application submitted
2017 Goals – November HIT Commission Update

QO & VQO Data Sharing

- More than 1.55 *billion* messages received since production started May, 2012
  - Averaging 14.8 MLN messages/week
  - 11.7 MLN+ ADT messages/week; 2.8 MLN+ public health messages/week
- Total 668 ADT senders, 109 receivers to date
- Sent 5.4 MLN ADTs outbound last week (92.28% “exact match” rate without CKS)
- Messages received from NEW use cases in production:
  - 1,994,480 Lab results received
  - 7,799,135 Immunization History/Forecast queries to MCIR
  - 10,885,922 Medication Reconciliations at Discharge received from hospitals
  - 30,715 Care Plan/Integrated Care Bridge Records sent from ACOs to PIHPs
- 22.3 MLN patient-provider relationships in Active Care Relationship Service (ACRS)
- 10.4 MLN unique patients in ACRS
- 137,972 unique providers in statewide Health Directory
  - 40,059 total organizations
  - 379,831 unique affiliations between providers and entities in HD

MiHIN Shared Services Utilization

- Common Key Service is now in full production with 3 senders and 1 receiver
- 191 Skilled Nursing Facilities (SNFs) sending ADTs – 46% of SNFs in Michigan
- 27 Home Health Agencies (HHAs) sending ADTs
- 96 MedRec senders, 80%
MiHIN Statewide Use Case and Scenario Status

Conceptual Planning & Development

- Knowledge Grid (KGRID)
- Health Risk Assessments
- Opioid Monitoring
- Health Information for State: Birth Notifications, Chronic Disease Notifications
- Organ Donor Notifications
- Prescription Information: Prescription Status, Prescription Stop Order, Prescription Monitoring Program
- Death Notifications

Planning & Development

- Electronic Case Reporting
- Health Information for State: Newborn Screening - Hearing Test Results
- Lab Orders-Results
- State Bureau Lab Orders-Results, Cancer Notifications,
- Patient Record Service
- Consumer Consent
- Consumer Preference Management
- Tobacco Referral
- Information For Consumer
- Quality Measure Information: Gaps in Care

Implementation (Operational Adoption)

- Common Key Service
- Quality Measure Information: Commercial Payers (PPQC)
- Lab Orders-Results: Newborn Screening - CCHD
- Active Care Relationship Service
- Health Directory
- Admission, Discharge, Transfer Notifications (Senders)
- Discharge Medication Reconciliation (Senders)
- Immunization History-Forecast
- Advance Directives
- Cancer Pathology
- Quality Measure Information: State Medicaid Meaningful Use
- Single Sign-On
- Find Patient Data (a) Information for Veterans (b) Social Security Determination (c) Insurance Eligibility (d) Other Patient Data
- Lab Orders-Results: Disease Surveillance
- Care Plan-ICBR
- Statewide Lab Orders-Results

Mature Production (>65% Utilization)

- Admission, Discharge, Transfer Notifications (Receivers)
- Discharge Medication Reconciliation (Receivers)
- Health Directory for State:
  - Immunizations
  - Syndromic Surveillance
- Health Information for State:
  - Newborn Screening
  - Hearing Test Results
- Lab Orders-Results
- State Bureau Lab Orders-Results, Cancer Notifications,
- Cancer Pathology
- Electronic Case Reporting
- Direct Referral
- Health Information for Veterans
- Information For Consumer
- Quality Measure Information: Gaps in Care
## MiHIN M3 Report: Cumulative Totals by Quarter

<table>
<thead>
<tr>
<th>Use Case</th>
<th>2016 Q1</th>
<th>2016 Q2</th>
<th>2016 Q3</th>
<th>2016 Q4</th>
<th>2017 Q1</th>
<th>2017 Q2</th>
<th>2017 Q3</th>
<th>2017 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADT Inbound</td>
<td>428,856,636</td>
<td>501,941,123</td>
<td>572,552,331</td>
<td>649,229,795</td>
<td>727,861,806</td>
<td>805,510,111</td>
<td>881,489,644</td>
<td>913,090,973</td>
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<tr>
<td>ADT ACRS Outbound</td>
<td>60,425,845</td>
<td>72,405,193</td>
<td>87,300,522</td>
<td>110,532,841</td>
<td>144,261,924</td>
<td>175,318,771</td>
<td>226,849,596</td>
<td>249,284,089</td>
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<tr>
<td>ADT Payer Outbound</td>
<td>43,012,417</td>
<td>53,376,463</td>
<td>61,074,794</td>
<td>68,675,409</td>
<td>77,385,882</td>
<td>85,040,610</td>
<td>92,466,886</td>
<td>95,414,458</td>
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<tr>
<td>Care Plan-ICBR</td>
<td>4,338</td>
<td>4,435</td>
<td>7,250</td>
<td>16,150</td>
<td>19,945</td>
<td>24,272</td>
<td>29,116</td>
<td>30,721</td>
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<tr>
<td>Medrec Inbound</td>
<td>549,972</td>
<td>1,665,729</td>
<td>3,257,812</td>
<td>4,919,290</td>
<td>6,618,938</td>
<td>8,407,293</td>
<td>10,181,393</td>
<td>10,902,846</td>
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<td>Medrec Outbound</td>
<td>48,274</td>
<td>226,012</td>
<td>789,702</td>
<td>1,363,147</td>
<td>1,861,864</td>
<td>2,672,711</td>
<td>3,101,254</td>
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<tr>
<td>Immunization History-Forecast</td>
<td>158,364</td>
<td>523,435</td>
<td>1,289,541</td>
<td>2,241,593</td>
<td>3,203,419</td>
<td>4,366,531</td>
<td>6,421,322</td>
<td>7,810,047</td>
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<tr>
<td>Submit Immunizations</td>
<td>21,968,194</td>
<td>23,823,779</td>
<td>26,246,330</td>
<td>26,758,097</td>
<td>32,089,266</td>
<td>33,870,293</td>
<td>38,364,508</td>
<td>41,326,513</td>
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<tr>
<td>Submit Newborn Screening</td>
<td>88</td>
<td>296</td>
<td>3,280</td>
<td>3,509</td>
<td>3,604</td>
<td>3,712</td>
<td>7,258</td>
<td>9,360</td>
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<tr>
<td>Submit Reportable Labs</td>
<td>1,274,693</td>
<td>1,352,059</td>
<td>1,420,888</td>
<td>1,529,120</td>
<td>1,654,999</td>
<td>1,832,346</td>
<td>1,947,739</td>
<td>1,996,173</td>
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<td>Cancer Pathology</td>
<td>3,768</td>
<td>3,335</td>
<td>3,396</td>
<td>3,821</td>
<td>4,281</td>
<td>4,585</td>
<td>4,624</td>
<td>4,624</td>
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<tr>
<td>Statewide Labs</td>
<td>8,755,768</td>
<td>23,320,701</td>
<td>39,356,104</td>
<td>46,642,522</td>
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<tr>
<td>Cancer Notifications</td>
<td>258</td>
<td>374</td>
<td>374</td>
<td>374</td>
<td>374</td>
<td>374</td>
<td>374</td>
<td>374</td>
</tr>
</tbody>
</table>

Cumulative Total: 661,024,375

Copyright 2016-2017 Michigan Health Information Network Shared Services
# Participation Year (PY) Goals
## November 2017 Dashboard

<table>
<thead>
<tr>
<th>Eligible Professionals (EPs)</th>
<th>Reporting Status</th>
<th>Prior # of Incentives Paid (September)</th>
<th>Current # of Incentives Paid (October)</th>
<th>PY Goal: Number of Incentive Payments</th>
<th>PY Medicaid Incentive Funding Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AIU 2015</td>
<td>1021</td>
<td>1021</td>
<td>500</td>
<td>$21,568,756</td>
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<td></td>
<td>AIU 2016</td>
<td>1209</td>
<td>1209</td>
<td>300</td>
<td>$25,606,254</td>
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<td></td>
<td>MU 2015</td>
<td>2202</td>
<td>2202</td>
<td>1702</td>
<td>$20,193,204</td>
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<tr>
<td></td>
<td>MU 2016</td>
<td>2366</td>
<td>2366</td>
<td>2480</td>
<td>$21,588,628</td>
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<tr>
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<td>MU 2017</td>
<td>1</td>
<td>1</td>
<td>3500</td>
<td>$8,500.00</td>
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<tr>
<td>Eligible Hospitals (EHs)</td>
<td>AIU 2015</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>$184,905</td>
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<tr>
<td></td>
<td>MU 2015</td>
<td>25</td>
<td>25</td>
<td>28</td>
<td>$5,005,313</td>
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<tr>
<td></td>
<td>MU 2016</td>
<td>11</td>
<td>11</td>
<td>22</td>
<td>$2,038,950</td>
</tr>
</tbody>
</table>

## Cumulative Incentives for EHR Incentive Program 2011 to Present

<table>
<thead>
<tr>
<th></th>
<th>Total Number of EPs &amp; EHs Paid</th>
<th>Total Federal Medicaid Incentive Funding Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIU</td>
<td>7307</td>
<td>$232,003,320</td>
</tr>
<tr>
<td>MU</td>
<td>7946</td>
<td>$151,554,770</td>
</tr>
</tbody>
</table>

**Key:** AIU = Adopt, Implement or Upgrade  
MU = Meaningful Use
Michigan Medicaid Program – November 2017

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

Ongoing Program Metrics
- 3561 Sign-ups for MU Support representing 2705 unique providers
- 1455 Total Meaningful Use Attestations to date
- 1280 Eligible Professionals are currently engaged in our technical assistance program with 85% of those clients projected to achieve MU for program year 2017. Attestations will occur in early 2018.

Other program highlights:
M-CEITA, MiHIN and the State of MI are currently working together to facilitate electronic reporting of Clinical Quality Measures through the Clinical Quality Measure Reporting and Repository Service (CQMRR) for providers beyond their first year of MU. Approximately 400 MCEITA providers will be attempting to submit electronically. The first electronic submissions are planned to begin during the last week of November.

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

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

Updates:

Future Release
- Members will be able to view and download immunization records from the Michigan Care Improvement Registry (MCIR)
- MCIR will also provide information on recommended immunization schedule

Outreach Activities
- DHHS is promoting myHealthPortal to community partners who are assisting individuals with the miBridges application process.
Michigan Health IT

We are reorganizing the Michigan Health IT website to include resources for both providers and consumers to explore Medicaid Health IT initiatives.

Join Our Consumer Engagement Newsletter List

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

Click Here to Join

Consumer Engagement Interest Group Call

MPHI will recap the Consumer Engagement Stakeholder Forum process from this summer.

December 6, 2017 at 2:00 PM
Dial In: 1-415-655-0001
Access Code: 197746944

Contact Taylor Flynn @ Tflynn@mphi.org for WebEx Information

www.MichiganHealthIT.org
Survey

• Done as part of SIM PCMH Initiative work
• Short, high level, informational
• 60 responses
  – Individual practices and Physician Organizations
• Looking for information on EHR reporting capabilities, over all usability and satisfaction
Q6 What are the reporting capabilities of your EHR (Based on SIM PCMH Initiative Reporting Requirements)

Answered: 57   Skipped: 3

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHR has the capability to create reports and send data on my own</td>
<td>29.82%</td>
</tr>
<tr>
<td>EHR worked with me to easily create the report and to send the data</td>
<td>28.07%</td>
</tr>
<tr>
<td>EHR was difficult to work with to create the report and send the data</td>
<td>28.07%</td>
</tr>
<tr>
<td>EHR has been unable to create the report and send the data</td>
<td>14.04%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>57</td>
</tr>
</tbody>
</table>
### General EHR Usability

#### Q8 General EHR Usability Questions

- **Overall ease of use**
- **Functionality supports type of Devi...**
- **Quality of overall support**
- **Ease of update process**
- **Workflow integrates w...**
- **Over all reporting...**
- **Capacity to interface w...**
- **Cost for ongoing support**
- **Ease of communication...**
- **Responsiveness of vendor to...**

**Answered:** 59   **Skipped:** 1

<table>
<thead>
<tr>
<th></th>
<th>VERY DISSATIFIED</th>
<th>DISSATIFIED</th>
<th>NEUTRAL</th>
<th>SATISFIED</th>
<th>VERY SATISFIED</th>
<th>TOTAL</th>
<th>WEIGHTED AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall ease of use</td>
<td>1.69%</td>
<td>11.32%</td>
<td>26.42%</td>
<td>49.06%</td>
<td>11.32%</td>
<td>53</td>
<td>3.57</td>
</tr>
<tr>
<td>Functionality supports practice type/specialty</td>
<td>5.17%</td>
<td>6.90%</td>
<td>20.69%</td>
<td>50.00%</td>
<td>17.24%</td>
<td>58</td>
<td>3.67</td>
</tr>
<tr>
<td>Supports the type of Devices I wish to use</td>
<td>0.00%</td>
<td>10.17%</td>
<td>33.90%</td>
<td>38.98%</td>
<td>16.95%</td>
<td>59</td>
<td>3.63</td>
</tr>
<tr>
<td>Quality of overall support offered by vendor</td>
<td>1.69%</td>
<td>11.86%</td>
<td>23.73%</td>
<td>45.76%</td>
<td>16.95%</td>
<td>59</td>
<td>3.64</td>
</tr>
<tr>
<td>Ease of update process</td>
<td>5.08%</td>
<td>8.47%</td>
<td>28.81%</td>
<td>47.46%</td>
<td>10.17%</td>
<td>59</td>
<td>3.49</td>
</tr>
<tr>
<td>Workflow integrates well into practice setting</td>
<td>5.08%</td>
<td>15.25%</td>
<td>22.03%</td>
<td>45.76%</td>
<td>11.86%</td>
<td>59</td>
<td>3.44</td>
</tr>
</tbody>
</table>
Thank you!

Dara Barrera
Manager, HIT and Practice Management
Michigan State Medical Society
(517) 336-5770
djbarrera@msms.org
PCMH Initiative Update

HEALTH INFORMATION TECHNOLOGY COMMISSION

NOVEMBER 16, 2017

LANSING, MICHIGAN
Presenter

Katie Commey, MPH
SIM Care Delivery Lead
Policy, Planning, and Legislative Services Administration
Michigan Department of Health and Human Services
SIM Components

**Care Delivery**
- Patient-Centered Medical Home (PCMH) Initiative
- Advanced Payment Models

**Population Health**
- Community Health Innovation Region (CHIR)

**Focused on:**
Clinical-Community Linkage

**Supported by:**
- Stakeholder Engagement
- Data Sharing and Interoperability
- Consistent Performance Metrics
SIM PCMH Initiative

A Statewide Effort

There are over 2,100 primary care providers from across the state, participating in the SIM PMCH Initiative.

This Initiative is focused on transforming primary care through tested models (such as Patient Centered Medical Home), encouraging “next steps” for advancement, and testing promising practices in a systematic manner.
## SIM PCMH Initiative

### Areas of Focus

<table>
<thead>
<tr>
<th>Support Scale for What’s Working</th>
<th>Encourage the “Next Step” for Advancement</th>
<th>Test Promising Practices Where Opportunities Exist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PCMH Recognition as a Foundation</strong></td>
<td>Team-Based Care Practices ★★★</td>
<td>Clinical-Community Linkages ★★★</td>
</tr>
<tr>
<td><strong>Advanced Access</strong> (24/7, Open Access, Non-Traditional Hours)</td>
<td>Integrative Treatment Planning ★★★</td>
<td>Health Literacy and Social Determinants Perspectives ★★★</td>
</tr>
<tr>
<td><strong>Electronic Health Record and Registry Base Technology</strong></td>
<td>Provider Collaboration and Integration ★★★</td>
<td>Patient-Reported Outcomes ★★★</td>
</tr>
<tr>
<td><strong>Structured Quality Improvement Processes</strong></td>
<td><strong>Robust Care Management and Coordination</strong> ★★★</td>
<td>Referral Decision Supports ★★★</td>
</tr>
<tr>
<td></td>
<td>Patient Education and Self-Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Caregiver Engagement</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Transitions of Care</strong> ★★★</td>
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<tr>
<td></td>
<td>Managing Total Cost of Care</td>
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</tr>
<tr>
<td></td>
<td><strong>Health Information Exchange Use Cases</strong> ★★★</td>
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<tr>
<td></td>
<td>Patient Experience Perspectives</td>
<td></td>
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<tr>
<td></td>
<td>Population Health Strategies ★★★</td>
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</table>
PCMH Initiative Year 2 Participation Requirements:

- Core Primary Care (PCMH) Requirements
- Clinical Practice Improvement Activities (Practice Transformation)
- Care Management and Coordination Requirements
- **Health Information Technology and Exchange Requirements**
- Participant Support and Learning Activities
- Initiative Operations Requirements
- Payment Model and Payment Budget
Complete all necessary legal onboarding documents for the following Michigan Health Information Network Health Information Exchange use cases:

a) Active Care Relationship Service (ACRS);

b) Health Provider Directory (HPD);

c) Quality Measure Information (QMI);

d) Admissions, Discharge, Transfer Notification Service (ADT)

PRACTICES MUST:
Complete technical onboarding and be actively participating in the following Michigan Health Information Network Health Information Exchange use cases

<table>
<thead>
<tr>
<th>DATE:</th>
<th>March 1, 2017</th>
<th>May 1, 2017</th>
<th>September 1, 2017</th>
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<tbody>
<tr>
<td>USE CASE(S):</td>
<td>Active Care Relationship Service (ACRS); Health Provider Directory (HPD).</td>
<td>Admissions, Discharge, Transfer Notification Service (ADT).</td>
<td>Quality Measure Information (QMI).</td>
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</tbody>
</table>

DATE: March 1, 2017

USE CASE(S): Active Care Relationship Service (ACRS); Health Provider Directory (HPD).
The SIM PCMH Initiative leverages 21 measures from the PPQC “Core Set” of 27 measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure</th>
<th>Measure</th>
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<tbody>
<tr>
<td>Adolescent Well Care Visits</td>
<td>Appropriate Testing for Pharyngitis</td>
<td>Controlling High Blood Pressure</td>
</tr>
<tr>
<td>Appropriate Treatment for URI</td>
<td>Breast Cancer Screening</td>
<td>CDC: Blood Pressure Control</td>
</tr>
<tr>
<td>CDC: Eye Exam Performed</td>
<td>CDC: Hemoglobin A1c Testing</td>
<td>CDC: Hemoglobin A1c Poor Control</td>
</tr>
<tr>
<td>CDC: Medical Attention for Nephropathy</td>
<td>Cervical Cancer Screening</td>
<td>Screening for Depression and Follow-Up</td>
</tr>
<tr>
<td>Chlamydia Screening</td>
<td>Immunizations for Adolescents</td>
<td>Adult BMI Assessment</td>
</tr>
<tr>
<td>Lead Screening</td>
<td>Childhood Immunization Status</td>
<td>Tobacco Use Screening and Cessation</td>
</tr>
<tr>
<td>Well Child Visits 3-6 years</td>
<td>Well Child Visits 15 month</td>
<td>Weight Assessment and Counseling</td>
</tr>
</tbody>
</table>
Taking that next step with critical HIE infrastructure to support coordinated collection and delivery of commonly used clinical information to ultimately drive required quality measure reporting.

ALL TO PREVENT:
“one more report” for “just this Initiative”
Katie Commey, SIM Care Delivery Lead
Policy, Planning & Legislative Services

www.michigan.gov/SIM
(SIM Comprehensive Summary; Newsletters; Operational Plan, CHIR info., PCMH, etc.)
Quality Measure Information

Effectively retrieving, aggregating, calculating, and reporting quality data for Meaningful Use, HEDIS, and beyond to minimize workflow burdens on providers

HIT Commission Presentation
November 16, 2017
Quality Measure Information (QMI) Efforts in Michigan

- Framework aligning multiple quality programs, measures
- Allows additional organizational and measure alignment
- Jointly designed and deployed by MDHHS and MiHIN
- Growing variety of stakeholders already participating
- In production supporting “report once” capability
Quality Measure Information (QMI) Efforts Support:

**Medicare / Medicaid**
- Meaningful Use
- MIPS
- CPC+

**Reporting Format**
- Manual Attestation
- QRDA

**Health Plans**
- HEDIS Reporting
- Incentive Programs

**Reporting Format**
- Proprietary specifications

This work made possible by funding from the Michigan Department of Health and Human Services.
Quality Measure Information

QMI

MI MU  MIPS  CPC+  SIM  HEDIS

QRDA  APS
QMI – Michigan Medicaid MU

• Attesting to quality component Michigan’s Medicaid Meaningful Use program requires submission of quality report files (QRDAs)

Data Flow

Provider ➔ QRDA ➔ MiHIN ➔ SoM Data Warehouse

Partners

MDHHS

ALATARUM INSTITUTE

This work made possible by funding from the Michigan Department of Health and Human Services
Copyright 2017 Michigan Health Information Network Shared Services
QMI – MIPS

- Attesting to quality component MIPS program requires submission of quality report files (QRDAs)

Data Flow:
- Provider
- MiHIN
- CMS Portal

Partners:
- CMS

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QMI – SIM

- SIM program requires monthly submission of supplemental clinical data to allow MDC to calculate measures on SIM patients

Data Flow

Partners

MiHIN

MDC

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<table>
<thead>
<tr>
<th>SIM Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Affinia</strong></td>
</tr>
<tr>
<td><strong>Alcona Health Centers</strong></td>
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<tr>
<td><strong>Answer Health (WMPN)</strong></td>
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<tr>
<td><strong>Ascension Health/St. Mary's of Michigan</strong></td>
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<tr>
<td><strong>Ascension Medical Group ProMed</strong></td>
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<tr>
<td><strong>Bay Area</strong></td>
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<tr>
<td><strong>Beaumont</strong></td>
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<tr>
<td><strong>Bronson Healthcare Group</strong></td>
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<tr>
<td><strong>Covenant Health Care</strong></td>
</tr>
<tr>
<td><strong>East Jordan Family Health Center</strong></td>
</tr>
<tr>
<td><strong>Family Tree</strong></td>
</tr>
<tr>
<td><strong>Genesys PHO</strong></td>
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<tr>
<td><strong>Grand Valley Specialists</strong></td>
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<tr>
<td><strong>Great Lakes OSC</strong></td>
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<tr>
<td><strong>Hackley</strong></td>
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<tr>
<td><strong>Holland PHO</strong></td>
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<tr>
<td><strong>Huron Family Practice Center</strong></td>
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<tr>
<td><strong>Huron Valley Physician Association</strong></td>
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<tr>
<td><strong>IHA</strong></td>
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<tr>
<td><strong>IHP</strong></td>
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<tr>
<td><strong>Jackson Health Network</strong></td>
</tr>
</tbody>
</table>
Physician-Payer Quality Collaborative created a data flow to facilitate the transfer of supplemental clinical data from provider organizations to payers in a standardized way.
### Participants to Date

#### Physician Organizations
- Affinia
- Answer Health
- Bronson Healthcare
- Great Lakes OSC
- Huron Valley Physicians Association
- MedNetOne
- Michigan Medicine
- Northern Physicians Organization
- Oakland Southfield Physicians
- Oakwood Healthcare
- Physician Healthcare Network
- United Physicians
- Wexford PHO

#### Payers
- Aetna
- Blue Care Network of Michigan
- Blue Cross Blue Shield of Michigan
- Blue Cross Complete / Amerihealth
- Health Alliance Plan
- Molina Healthcare of Michigan
- Meridian Health Plan
- Priority Health
- Total Health Care
- McLaren Health Care
- Upper Peninsula Health Plan
- UnitedHealthcare

#### Other Stakeholders
- Michigan Dept of Health & Human Services
- Michigan Quality Improvement Consortium
- Michigan Public Health Institute

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QMI Efforts - Next Steps

- Continue collaboration with multiple partners across multiple quality programs to leverage “report once”
- Enable stakeholders from across Michigan to expand QMI participation to align quality programs and measures
- Support incentive programs to increase adoption of QMI
- Establish policies that result in Michigan health organizations onboarding legally and technically to QMI
Questions?

Jeff Livesay
Senior Executive Vice President
livesay@mihin.org

Rick Wilkening
Director of Major Accounts and Emerging Solutions
rick.wilkening@mihin.org

Bo Borgnakke
Senior Solutions Analyst
borgnakke@mihin.org
PGIP Vendor Initiative
HIT Commission
November 16, 2017

Sharon Kim, Health Care Analyst, Value Partnerships
Blue Cross Blue Shield of Michigan
Value Partnerships is a diverse set of clinically oriented programs that foster collaboration among Blue Cross, physicians and hospitals - and it’s changing the health care landscape in Michigan.
PGIP incentivizes providers to alter the delivery of care by encouraging responsible and proactive physician behavior, ultimately driving better health outcomes and financial impact.

BCBSM provides the financing, tools and support... so physicians can engage in specific initiatives... that change the way healthcare is delivered... and drive meaningful impacts for patients.

BCBSM/Provider Partnership  PGIP Initiatives  Delivery of Care

Efficient Utilization of Resources
Enhanced Patient Experience
Improved Quality of Care
Physician Group Incentive Program

PGIP is the Cornerstone of Population Health Management and Practice Transformation For Clinicians
PGIP HIE Incentives

• High level of physician organization participation
  – 40+ POs participate in the HIE Initiative

• 2014-2017 incentives focused on:
  – Participation in Active Care Relationship Service (ACRS)
  – Receiving ADT and discharge medication data
  – Incorporating data into practice workflows
  – Workgroups focused on interoperability and data quality

• 2018: New incentives focus on:
  – EHR capabilities, interoperability and scalable solutions for clinical data sharing and reducing provider administrative burden
  – Moving towards measuring outcomes: Care transition visit rates
2018 PGIP Vendor Initiative Overview

- Leverages PGIP funds to engage IT vendors on behalf of *all* PGIP physician organizations and practices
  - Take a collaborative approach to minimize duplicative efforts that create interfaces from everywhere to everywhere
  - Facilitate participation in statewide data sharing use cases
  - Achieve clinical data transmission through MiHIN to numerous destinations, including physician organizations, providers, payers, and potentially members
  - Reduce administrative burden due to increased reporting and quality improvement requirements
2018 PGIP Vendor Initiative
Overview

• For BCBSM, a conscious move away from an antiquated multiple interface model that doesn’t work to one that accomplishes more through a statewide shared infrastructure
  – Worked with MiHIN and POs to identify a core set of capabilities needed to support long-term statewide HIE goals
  – Provide resources and organizational support to overcome barriers
  – Collaborate with POs, providers, vendors and other stakeholders to implement necessary core set of capabilities—”Once and Done”
  – Initial list of vendors: Allscripts, Amazing Charts, Aprima, Athena, Cerner, eClinicalWorks, Epic, Greenway, NextGen, PCE, Practice Fusion, Wellcentive

• Anticipate an initial investment of approximately $5.5 million over the next two years
2018 PGIP Vendor Initiative
Required Capabilities

• Expand performance data reporting while reducing provider burden
  – All-Payer supplemental file following PPQC established standards
  – Quality Reporting Data Architecture (QRDA) files (Cat I and III)
  – Patient demographic file for CAHPS administration (NRC and Press Ganey)

• Develop or demonstrate CCDA capabilities in practice EMR systems
  – Generate and send CCDA to MiHIN after an encounter
  – Improve import functionality: Allergies, Medications, Problem List, Labs

• Improve data sharing processes
  – Active Care Relationship Service (ACRS) file for statewide data sharing
  – Provider Directory: import/export Direct Secure Messaging addresses
  – Common Key: import Common Key and send as part of outgoing files
**Goals and Expectations**

**Technology**
Technology and tools support long-term, sustainable HIE

**Providers**
Clinicians have time to provide care and use systems to submit data accurately

**Data and Performance**
Providers use actionable data to improve care processes. Performance measurement increases while reducing burden.
Hospital HIE Incentives

- Introduced in January 2014 with 3 hospitals connected
- Initial focus was on transmitting admission, discharge, transfer data
- Current focus on meeting data conformance standards and expanding to different data types
  - High participation rate – 95% of statewide discharges
  - ADT, Med Rec, Statewide Labs, Common Key Service
<table>
<thead>
<tr>
<th>Initiative</th>
<th>2017 Status Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADT participation</td>
<td>40+ POs participating</td>
</tr>
<tr>
<td>Medication Reconciliation</td>
<td>13 POs receiving Med Rec</td>
</tr>
<tr>
<td></td>
<td>• Focus on data quality, practice workflows</td>
</tr>
<tr>
<td>HIE workgroups</td>
<td>18 POs</td>
</tr>
<tr>
<td></td>
<td>• Focus on interoperability, progressive HIE capabilities, data quality and practice workflows</td>
</tr>
<tr>
<td>EHR capabilities</td>
<td>In progress for 2018 implementation</td>
</tr>
<tr>
<td></td>
<td>• Enable scalable, comprehensive clinical data sharing</td>
</tr>
<tr>
<td></td>
<td>• Currently engaged with 12 top EHR vendors</td>
</tr>
<tr>
<td>Transitions of Care</td>
<td>Under development</td>
</tr>
<tr>
<td></td>
<td>• Focus on care transition visit rates</td>
</tr>
</tbody>
</table>
Questions?
Building Michigan’s Care Coordination Infrastructure

Findings and Next Steps from the Coordinating the Care Coordinators Workshop Series

MDHHS HIT Commission
November 16, 2017

Craig Donahue, MPCC
Drew Murray, MiHIN
Agenda

• Need for change
• Defining Coordination of Care
• Priority recommendation to HIT Commission resulting from Care Coordination workshop series
• Care Coordination workshop participants
• Goals of white paper
• Workshop series findings on current infrastructure
• Additional recommendations to HIT Commission from workshop series
• Future opportunities
• Conclusions of stakeholders/white paper
Need for Change

A Collaborative Effort Led by the Michigan Primary Care Consortium With Support from the Michigan Health Information Network Shared Services
Need for Change

Why are so many healthcare people calling me?

Do any of these people really know me?

I don’t have time for this! Who can help me coordinate my care?
Need for Change

The New York Times

The Tangle of Coordinated Health Care

Published April 13, 2015
Defining Coordination of Care

Coordination of Care: 1. Monitoring a person’s goals, needs, and preferences. 2. Acting as the communication link between two or more participants concerned with a person’s health and wellness. 3. Organizing and facilitating care activities and promoting self-management by advocating for, empowering, and educating a person. 4. Ensuring safe, appropriate, non-duplicative, and effective integrated care.
We recommend that the HIT Commission consider using this definition to support Public Act 559 that amended the Michigan Mental Health Code.

Public Act 559 (effective April 10, 2017) allows for sharing of mental health records for purposes of payment, treatment, and “coordination of care” in accordance with HIPAA.

However, “coordination of care” is not presently defined in any law; the absence of an agreed-upon definition is delaying the intended sharing of records under the new law.
Care Coordination Workshop Participants

Workshop series took place between May and July of 2017 and involved more than 150 participants. Attendees of the workshop series represented a broad spectrum of organizations:

- Associations
- Community mental health agencies
- Community organizations
- Grantmaking organizations
- Health information exchange organizations
- Health plans
- Health systems
- Home health
- Physician organizations
- Skilled nursing facilities
- State government representatives
- Training organizations
Goals of White Paper

• Describe specific actions stakeholders can take together to improve coordination of care

• Promote technology development as critical for building statewide care coordination infrastructure

• Create system of well-coordinated care that lets all participants work together with:
  • shared information
  • coordinated care plan
  • common goals
Workshop Series Findings on Current Infrastructure

Service Delivery

Workflow

Technology

Reimbursement

Regulations
What Does Current Infrastructure Lead To?

• Duplicative outreach efforts to “high risk” individuals
• Fax machine remains primary communication tool
• Financial incentives emerging to promote value not volume
• Linkages between community-based organizations, care providers, health plans, and employers need to be strengthened
Additional Recommendations to HIT Commission

1. Encourage those engaged in coordination of care to regularly declare active care relationships
   a. Allows receipt of status updates through statewide health information network
2. Aggressively promote use of ICD-10 codes related to social determinants of health across state systems (e.g. traditional healthcare, 2-1-1, etc.)
3. Educate grant-funded coordinators on submitting $0 claims
4. Create taskforce to develop quality measures for social determinants of health
Recommendation Next Steps: Adopt Definition for Coordination of Care

- Recommend that MDHHS and MiHIN adopt multi-stakeholder definition:

**Coordination of Care:**

1. Monitoring a person’s goals, needs, and preferences.
2. Acting as the communication link between two or more participants concerned with a person’s health and wellness.
3. Organizing and facilitating care activities and promoting self-management by advocating for, empowering, and educating a person.
4. Ensuring safe, appropriate, non-duplicative, and effective integrated care.
Recommendation Next Steps: Adoption of Active Care Relationship Service™

- Build on capabilities of Michigan’s Active Care Relationship Service (ACRS™)
- Determine how to register care coordination professionals who are
  - not licensed, or
  - not already sending active care relationship updates

*Once care coordination professionals register and update active care relationships, they can be tracked in Statewide Health Directory and are observable through View ACRS option in multiple applications*
Recommendation Next Steps:
Social Determinants of Health

• Educate grant-funded care coordinators on how to submit $0 claims
• Encourage community-based services to leverage ICD-10 as mechanism to link traditional health care delivery infrastructure to community-based services

These two actions help ensure that data capture 1) allows greater transparency and 2) will facilitate data comparisons between traditional service delivery and delivery incorporating social determinants of health
Recommendation Next Steps: Quality Measure Information

• Share gaps in care identified through Michigan’s Quality Measure Information use case with care coordinators
  • Care coordinators’ active care relationships will allow their organizations to receive gaps in care notifications

• Another Opportunity: Create electronic quality measure(s) connected to ICD codes related to social determinants of health
Future Opportunities

• *Screening and Assessment Tools*
  • Make assessments reusable with results shareable through standard electronic shared services

• *Closed Loop Referral Tracking*
  • Enable providers and care coordinators to know when referral follow-up has occurred
    
    • Example: Primary care provider refers patient to Community Mental Health agency for outpatient therapy services. Provider receives an update when patient is connected to therapist, closing loop on referral
Conclusions of Stakeholders/White Paper

• Use coordination of care definition for future activity
  • 2018 activities include defining registration, roles, and rules of engagement for care coordinators
• Help stakeholders clarify care coordinator “quarterback” issue
• Present priority recommendations to HIT Commission
Thank You to Our Editors

- Katherine Commey, MPH, Michigan Department of Health and Human Services
- Julie Griffith, BSW, MA, LLP, LPC, Blue Cross Complete of Michigan
- Heidi Gustine, MPA, Area Agency on Aging of Northwest Michigan
- Mike Klinkman, MD, MS, Jackson Health Network and University of Michigan
- Ewa Matuszewski, CEO, MedNetOne Health Solutions & Michigan Osteopathic Association
- Michelle Pardee, DNP, FNP-BC, University of Michigan, School of Nursing
- Linda Tilot, MA, LMSW, Saginaw County Community Mental Health Authority
- Sue Vos, Program Director, Michigan Center for Clinical Systems Improvement
- Steve Williams, Executive Director, Michigan Center for Clinical Systems Improvement

A Collaborative Effort Led by the Michigan Primary Care Consortium With Support from the Michigan Health Information Network Shared Services
Thank You!

Craig Donahue  
Michigan Primary Care Consortium  
517-908-8241  
Craig.Donahue@mhc.org

Drew Murray  
Michigan Health Information Network  
734-646-9179  
Drew.Murray@mihin.org
Documentation Slides for HIT Commission Reference
Service Delivery

• Care coordinators exist within a hub-and-spoke model of service delivery
• The person seeking services is the hub and service practitioners are the spokes
• Duplication of services often occur
Regulations

- **Public Sector**: Affordable Care Act, Social Security Act, Health Information Technology for Economic and Clinical Health Act (HiTech), Medicare Access and CHIP Reauthorization Act (MACRA)

- **Federal Level**: Medicaid Plan, and the Substance Abuse and Mental Health Services Administration (SAMHSA)

- **State Level**: Michigan Department of Health and Human Services (MDHHS)
Reimbursement

• Care coordination payments driven by four initiatives:
  • State Innovation Model (SIM) Patient Centered Medical Home Initiative
  • BCBSM Provider Delivered Care Management Initiative
  • Michigan Primary Care Transformation (MIPCT) Project grant
  • Comprehensive Primary Care Plus (CPC+) grant
Technology

• No guidelines defining which technology solutions care coordinators should use
• Organizations creating portals, contact centers, and directories to bridge current communication gaps between care coordinators
• **Technology Solutions:** CareConnect 360, Active Care Relationship Service, Statewide Health Directory, Michigan 2-1-1, Integrated Service Delivery (ISD)
Workflow

• Variation in workflow processes across different settings and among different EHR systems

• Duplication needs to be minimized in order for organizations across continuum of care to clearly communicate with individual seeking services
Planned Activity
January - September 2018

Develop stakeholder communications and management systems
• Care coordination registration process, directory, rules of engagement, and advanced reporting capabilities to facilitate hand-offs

Design onboarding processes for care coordinators
• Care Coordinators exchange transition of care notifications

Integrate care coordinators into existing technology uses cases
• Identify care coordinators in MiHIN’s Health Provider Directory

Plan ICD-10 integration to track social determinants of health
• End user workflow enhancement allowing payers to measure return-on-investment
Other HIT Commission Business

• HIT Commission Next Steps

• Public Comment

• Adjourn