

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

October 20, 2016

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

October 2016 Meeting

- Welcome and Introductions
- Commissioner Updates
- Review of the August Meeting Minutes
- Overview of the 2016 Annual Report Outline

HIT/HIE Updates

- HIT Commission Dashboard
- Update on October Resolutions
- Michigan Health Policy Forum

2016 Goals – October HIT Commission Update



- Trusted Data Sharing Organizations (total: **75**) - new data sharing agreements executed:
 - **Sturgis Hospital**: Simple Data Sharing Organization Agreement (SDSOA); Master Use Case Agreement (MUCA); Medication Reconciliation (MedRec) Use Case Exhibit (UCE)
 - **MetroHealth**: SDSOA; MUCA; Active Care Relationship Service (ACRS) UCE; Admission, Discharge, Transfer Notifications (ADT) UCE; MedRec UCE; Common Key Service (CKS) Pilot Activity Exhibit (PAE)
 - **Wexford Physician Hospital Organization**: SDSOA; MUCA; ACRS UCE; ADT UCE; Health Provider Directory (HPD) UCE; Quality Measure Information (QMI) UCE; CKS PAE
 - **Ingenium**: QMI UCE; CKS PAE
 - **United Healthcare**: QDSOA; MUCA; ACRS UCE; ADT UCE
 - **MediPortal**: QDSOA
 - **Michigan Health & Hospital Association (MHA)**: MUCA, ADT UCE
 - **Homeward Healthcare**: SDSOA; MUCA; ACRS UCE; ADT UCE; HPD UCE
 - **Harbor Health Plan, Inc.:** QDSOA
 - **Scientific Technologies Corporation (STC Home)**: QDSOA
 - **Henry Ford Health System**: CKS PAE
 - **Molina Healthcare of Michigan**: MUCA
 - **Community Mental Health Authority**: MUCA; ACRS UCE; ADT UCE

*Governance
Development
and
Execution of
Relevant
Agreements*

- Cancer Pathology Use Case scenario in production with PathGroup via Altarum
 - Allows healthcare providers and pathology labs to submit electronic lab results containing electronic pathology reports through MiHIN
- Physician Payer Quality Collaborative (PPQC) September meeting a success:
 - Approved proposed standard Gaps in Care format
 - All payers indicated they could produce all necessary fields

*Technology
and
Implementation
Road Map
Goals*

2016 Goals – October Update



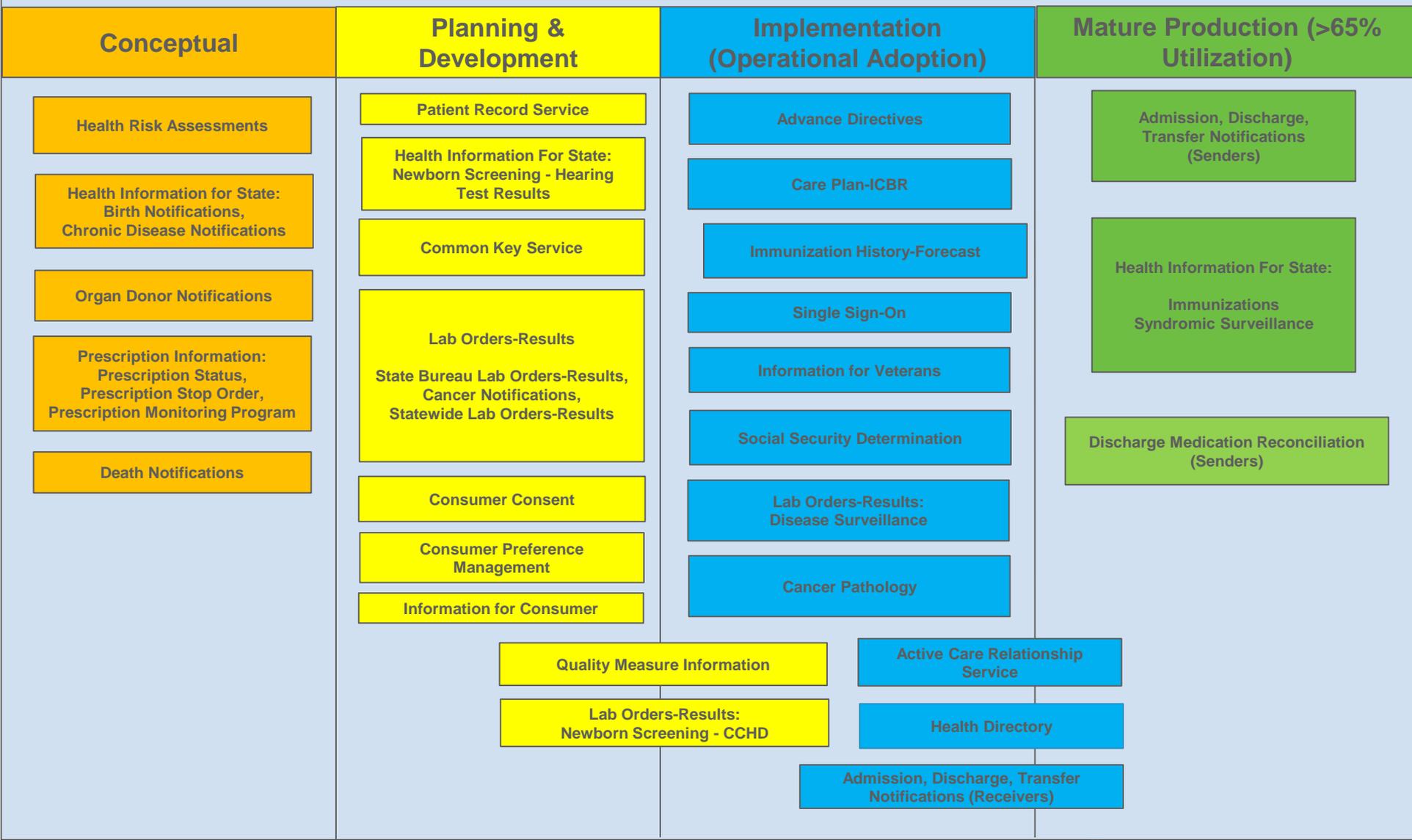
QO & VQO Data Sharing

- More than **894 million** messages received since production started May 8, 2012
 - Averaging **8.8 MLN+** messages/week
 - **7.6 MLN+ ADT** messages/week; **1.2 MLN+** public health messages/week
- Total 494 ADT senders, 74 receivers to date
 - Estimated **97%** of admissions statewide now being sent through MiHIN
- Sent **2 MLN+** ADTs out last week (65.56% match rate for “exact matches”)
- Messages received from NEW use cases in production – more than:
 - **1,366,349 Immunization History/Forecast queries to MCIR**
 - **3,435,537 Medication Reconciliations at Discharge** received from hospitals
 - **4,976 Care Plan/Integrated Care Bridge Records** sent from ACOs to PIHPs

MiHIN Shared Services Utilization

- **10.4 MLN** patient-provider relationships in Active Care Relationship Service (ACRS)
- **6.3 MLN** unique patients in ACRS
- **90** Hospitals participating in MedRec UC
 - Approximately **150,000** discharges/week
 - Representing **70%+** of discharges in Michigan
 - Numerous Physician Organizations now onboarding to receive MedRecs
Greater Macomb PHO, Northern Physicians Organization , Administrative Network Technology Solutions, PatientPing and its clients, Ingenium
- **455,493** unique providers in statewide Health Provider Directory
 - **49,584** unique practices
 - **251,899** total Direct addresses in HPD
 - **342,140** unique affiliations between providers and entities in HPD
- **154** Skilled Nursing Facilities (SNFs) receiving ADTs (36% of SNF population)

MiHIN Statewide Use Case and Scenario Status



Project Updates

Michigan Care Improvement Registry (MCIR) Query Response in PDF Format

The existing MCIR Query by Parameter (QBP) message will be expanded to include a new parameter to designate the response in a PDF format.

The Michigan Care Improvement Registry (MCIR) collects and stores immunization information for public health monitoring and reporting, including a historical list of previously administered immunizations. Based on that historical information and federal guidelines, MCIR generates a forecast of what immunizations the patient still needs to receive and when they should receive them. The Michigan HIE Platform currently allows the health care community to access this immunization history and forecast information through an HL7-based query and retrieve process in a structured data (RXA) format.



The existing MCIR QBP message will be expanded to include a new parameter to designate the response in a PDF format. Receiving the existing RXA will still be a parameter option as well. The Data Hub will use this new parameter and invoke the corresponding MCIR web services. The PDF will be encapsulated and inserted into the HL7 response message by the Data Hub. Configuration changes are currently being made within the DHHS Data Hub Rhapsody Integration Engine software to receive, process, and transmit these HL7 messages. The Data Hub updates to allow PDF query is slated to be pushed to production on December 3rd of this year.

Update: Michigan Cancer Surveillance Program (MCSP) is Now Receiving Production Cancer Pathology Messages

The national laboratory PathGroup is in production sending cancer pathology messages to the MCSP!



In August we shared that the infrastructure work was completed for the Cancer Pathology project and that the cancer program could begin working with laboratories to submit pathology information to MDHHS. Today we are excited to announce that the first provider, the national laboratory PathGroup, is in production sending cancer pathology messages to the MCSP.





Participation Year (PY) Goals

October 2016 Dashboard

	Reporting Status	Prior # of Incentives Paid (August)	Current # of Incentives Paid (September)	PY Goal: Number of Incentive Payments	PY Medicaid Incentive Funding Expended
Eligible Professionals (EPs)	AIU 2014	1115	1115	1000	\$23,375,015
	AIU 2015	1001	1008	500	\$21,299,589
	AIU 2016	21	26	300	\$552,500
	MU 2014	1454	1454	1444	\$12,883,183
	MU 2015	1916	1960	1702	\$17,612,032
	MU 2016	5	5	2480	\$42,500
Eligible Hospitals (EHs)	AIU 2014	3	3	17	\$2,421,405
	AIU 2015	1	1	5	\$184,905
	MU 2014	64	64	44	\$14,270,642
	MU 2015	21	21	28	\$3,241,552

Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	6116	\$ 206,772,483
MU	5334	\$ 123,672,926

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

Health Innovation and Technical Assistance Portfolio of Projects

Quarterly HIT Commission Update – October 2016

Contact: Anya Day, anya.day@altarum.org



HITA HIT/HIE Project Portfolio

- ▲ M-CEITA Michigan Medicaid Program
- ▲ Leveraging Health IT for Improved Hypertension and Diabetes Management
- ▲ Asthma Care Improvement Project
- ▲ Supporting Community HIE and eConsent for Behavioral Health
- ▲ M-CEITA Commercial Services
- ▲ Michigan Caries Prevention Program
- ▲ Great Lakes Practice Transformation Network

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

Project Contact

Program Goals

- Assist 600 Specialists in their first year of Meaningful Use
- Assist 990 Providers in any year of Meaningful Use (6 possible years of participation)

Ongoing Program Metrics

- 2593 Sign-ups for MU Support representing 2000 unique providers
 - Primary Care Providers – 54% of clients
 - Specialists Providers – 46% of clients
- 655 Total Meaningful Use Attestations
 - 593 Providers have signed up for a subsequent year of support

Other program highlights:

- M-CEITA collects data on the factors that delay or prevent participating providers from achieving meaningful use or cause them to be disqualified altogether. Monthly updates are shared with the Medicaid EHR Program Manager.

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

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



Improving Hypertension and Diabetes Management – October 2016

Leveraging Health IT for Improved Hypertension and Diabetes Management

Conduct state-wide education and direct technical assistance to specific community providers designed to leverage Health IT to identify, engage, monitor, analyze and improve the outcomes of hypertensive and diabetic patients.

Project Contact

Program Goals:

- Increase electronic health records adoption and the use of HIT to improve performance
- Increase use of self-measured blood pressure monitoring tied with clinical support
- Increase the institutionalization and monitoring of aggregated/standardized quality measures at the provider and systems level

Ongoing Program Metrics:

- Number of providers receiving Technical Assistance = 77
- Number of practices receiving Technical Assistance = 17
- Technical assistance currently spans 6 Michigan counties

Other Recent Program Highlights:

- The Health IT eLearning Center is seeing more than 300 hits/month and is reaching people as far as FL.
- One clinic utilizing M-CEITA's protocol for identifying missed HTN found 133 undiagnosed patients. Another found 113.
- Since beginning TA, one clinic has seen hypertension control rates increase from 52.16% to 67.46%.

Project Lead: Bruce Maki, bruce.maki@altarum.org

Funder: MDHHS, Cardiovascular Health, Nutrition, and Physical Activity Section - Heart Disease and Stroke Prevention Unit



Asthma Care Improvement Project – October 2016

Asthma Care Improvement Project

Provide Technical Assistance for Ambulatory Clinical Decision Support (CDS) Interventions & Clinical Quality Measures (CQM) related to Asthma Care in Muskegon County. Support Emergency Departments Use of FLARE discharge documents.

Project Contact

Program Goals

- Leverage EHR technology using GIST guidelines to improve asthma care in ambulatory practices.
- Care Coordination between ambulatory & Emergency Department for asthma patients.

Ongoing Program Metrics

- Usage of Asthma Action Plans
- Emergency Visits for Patients with Asthma
- Use FLARE discharge document in Emergency Department

Other recent program highlights:

- FLARE discharge template was built for use in Cerner EHR and is now being used in both Muskegon EDs
- Asthma is the QI program for the ED residents
- Participated in CDC site visit in June

Project Lead: Cindy Swihart, cynthia.swihart@altarum.org
Funder: MDHHS, Asthma Prevention and Control Program



Supporting Community HIE and eConsent for Behavioral Health – October 2016

Supporting Community HIE and eConsent for Behavioral Health

Assist three community organizations with implementing eConsent procedures to authorize the electronic exchange of behavioral health information with physical health providers.

Project Contact

Program Goals

- Provide in-office support to providers and staff to redesign consent management processes to optimize the use of available Health Information Technology
- Coach the practices through the implementation of workflow changes
- Facilitate connection with local eConsent Management and HIE services

Recent program highlights:

- On-site assessments of current consumer intake and consent process workflows were completed
- Performance Improvement Champions (PIC) were identified at each of the 3 community organizations
- Desired Future State workflows were developed for three participating community organizations
- Demo of the PCE MiConnect Portal was completed for participants and ONC in April
- User training was completed in late June 2016; initial go-lives occurred in August and September across the 3 participating sites
- Sites confirm eConsent has been collected successfully and HIE has been utilized by project end date of 9/30/16.

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

Funder: ONC (subcontracted by Washtenaw County CMH)



M-CEITA Commercial Services
Fee for service program to facilitate technical assistance to providers in various HIT programs who do not qualify for subsidized or grant funded services.

Project Contact

Program Goals

- Expand service line to keep ahead of HIT trends and develop programs based on client needs
- Continue to offer TA to Medicare providers for MU, Audit Response Support, Security Risk Assessments, and Customized Consulting in 2016

Ongoing Program Metrics

- Expanded work with Michigan Center for Rural Health via custom consulting and workflow redesign

Other recent program highlights:

- Over \$700,000 in sales to date since program inception in 2011.
- Expansion of Security Risk offering to address areas of commonly missed action items, pilot anticipated in late 2016

Project Lead: Laura Haeberle. laura.haeberle@altarum.org

Funder: Fee for Service

Michigan Caries Prevention Program

The aim of MCPP is to create sustained, system-wide improvement in children's oral health among the 1M Michigan children insured by Medicaid & CHIP.

Project Contact

Program Goals

- Engage 1,500 primary care providers (PCP) to integrate preventive oral health services into appropriate well-child visits
- Raise awareness and promote medical/dental integration
- Build sustainable systems solutions to improve processes and tools

Ongoing Program Metrics

- Enrolled 1,171 providers in technical assistance & CME/MOC program impacting over 200,000 children across the state
- UM approved the MCPP TA webinar-based training program for 30 CME and 25 MOC Part IV credits.
- Preliminary CME/MOC performance data findings representing clinics trained July 2015 through February 2016, demonstrate that, on average, a 60-90% increase from baseline for oral health screenings, fluoride varnish applications, and dental home referrals provided during 9-and 12-month WCVs.

Other recent program highlights:

- Multiple requests fulfilled via SmileConnect.org, impacting over 1,500 children throughout Michigan
- Michigan's Dental Registry is on track to launch on November 1st.

Project Lead: Dan Armijo, dan.armijo@altarum.org

Funder: Center for Medicare & Medicaid Innovation

Great Lakes Practice Transformation Network

The GLPTN is part of a nationwide effort to help doctors and other healthcare providers advance their practices, lower healthcare costs, and improve the health of the people of Illinois, Indiana, Michigan, Ohio, and Kentucky.

Project Contact

Program Goals

- Support nearly 16,000 enrolled providers across 5 states to meet QI goals, participate in PQRS, and prepare for ACO or MIPS participation

Ongoing Program Metrics

- Over 5,900 enrolled by Altarum and our MI partners – 150% to goal
- A team of 20 Quality Improvement Advisor staff on-boarded and trained
- More than 700 baseline assessments conducted

Other recent program highlights:

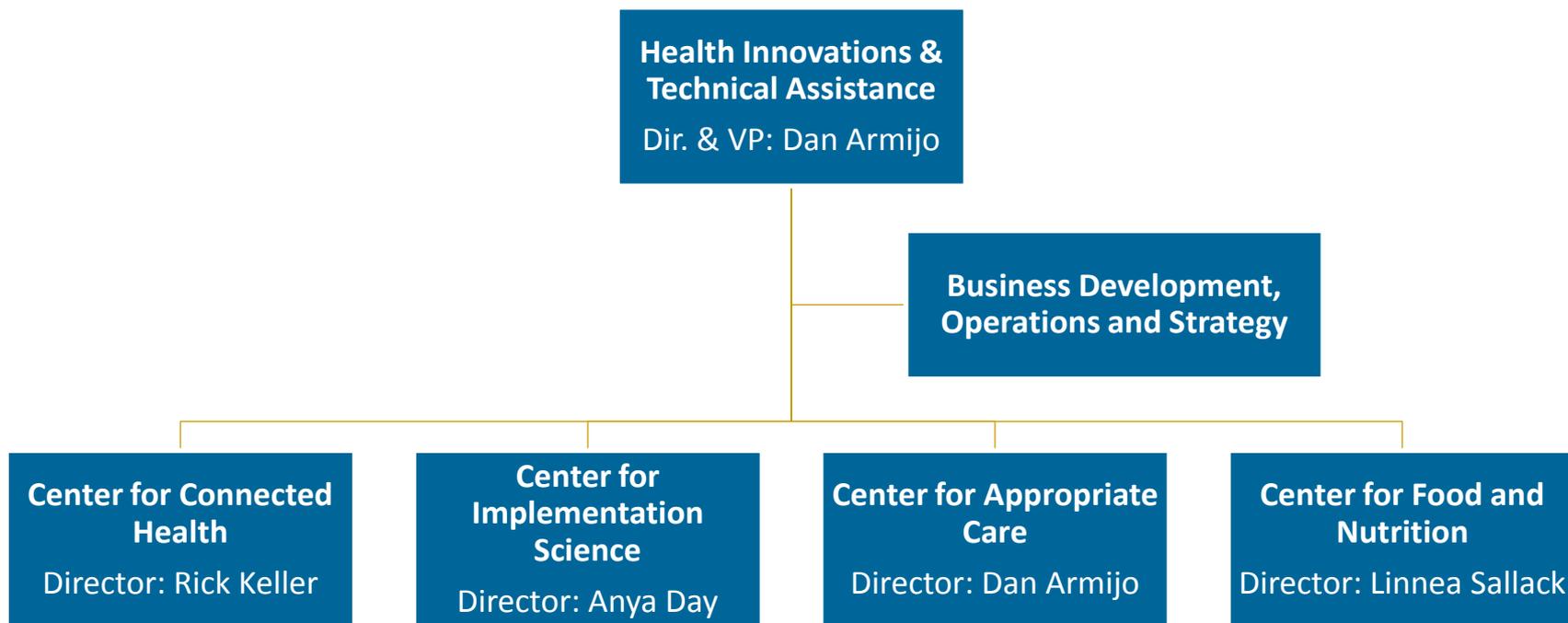
- CME/MOC Part IV program on ‘Depression Screening in Primary Care’ available. Medication Adherence program pending final approval.

Project Lead: Emily Ehrlich, emily.ehrlich@altarum.org

Funder: Center for Medicare & Medicaid Innovation (subcontracted by Trustees of the University of Indiana)

Health Innovation & Technical Assistance

- ▲ Health Innovations & Technical Assistance is a 110+ person, multi-office business unit, made up of 4 nonprofit Centers dedicated to *advancing health policy and practice* through research, innovation and the delivery of technical assistance to states, health departments and healthcare providers.



Contact Us

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See slides for individual project lead name and contact email.

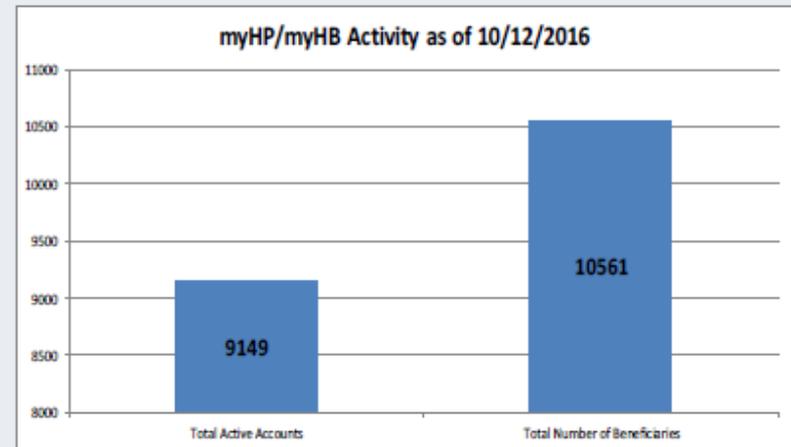
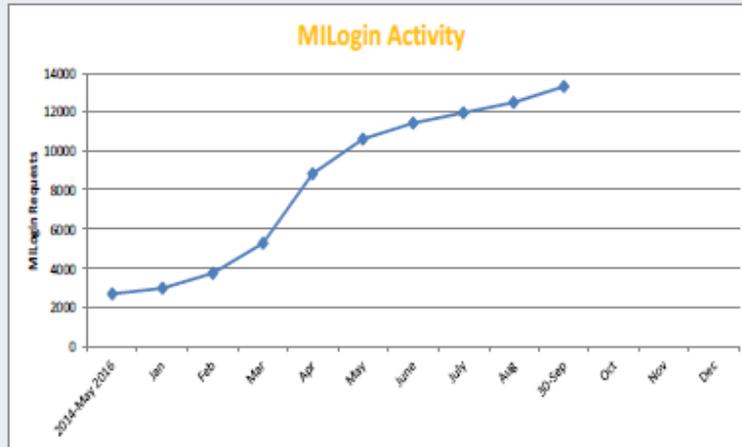
Update on October Resolutions

- October Resolutions

- Resolved: The Michigan Health Information Technology Commission recommends a proposal for legislation to be enacted that addresses statewide adoption and use of Electronic Prescribing Controlled Substance (EPCS). The proposed legislation should be modeled after New York and Maine, who have enacted legislation to address the rising rates of prescription drug abuse by strengthening the controlled substance prescription monitoring program through mandatory electronic prescribing efforts.
- Resolved: The Michigan Health Information Technology Commission recommends that the Michigan Prescription Drug and Opioid Abuse Commission and the Michigan HIT Commission establish a relationship that promotes coordination and collaboration in addressing and implementing the recommendations outlined in the Michigan Prescription Drug and Opioid Abuse Task Force's Report of Findings and Recommendations for Action.



myHealthButton/myHealthPortal Dashboard



Updates:

Release 6.3 (June 2016)

- ◇ Ability to track your child's screen time, set reminders and more with the new Health Trackers
- ◇ Use the new User Help feature

Outreach Activities

- ◇ Laura Hinman has provided instructional demos to various organizations
- ◇ An outreach strategy is currently being discussed.
- ◇ Brochures and flyers have been printed and will be distributed to appropriate parties in the near future.



State Innovation Model

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Discussion Questions

- How should the statewide health information sharing infrastructure in Michigan be used to support payment reform such as the SIM initiative?
- What are the HIT Commission's thoughts on the statewide use cases that are being being utilized to support the different health care transformation efforts under the SIM initiative?

Person-Centered



Community-Centered



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State Innovation Model

A Vision of Empowerment

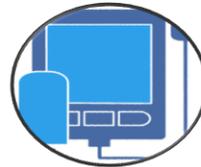
A person-centered health system that is coordinating care across medical settings, as well as with community organizations to address social determinants of health, to improve health outcomes; and pursue community-centered solutions to upstream factors of poor health outcomes.

Rationale

- Clinical care accounts for 10%-20% of health outcomes
- Social and environmental factors account for 50%-60% of health outcomes

Vision Components (Strategic Framework)

- Patient-Centered Medical Home (PCMH)
- Advanced Payment Models (APM)
- HIT/HIE (Technology)
- Community Health Innovation Region
- Stakeholder Engagement, Measurement, Evaluation and Improvement



Patient-Centered Medical Home (PCMH)

- Build on existing practice-based care management efforts
- Improve information sharing
- Incentivize performance improvements on quality and cost



Community Health Innovation Regions (CHIR)

- Build on existing community coalition efforts
- Improve community governance
- Invest in healthcare payor and provider partnerships with community organizations



Alternative Payment Models (APM)

- Align with Federal and Medicare policies and strategies
- Allow for market-based innovation in payment and clinical integration
- Maximize provider opportunities for Medicare incentives



Health Information Exchange (HIE)

- Leverage a statewide foundation of HIT infrastructure and HIE use cases to enable critical information sharing that support care coordination
- Explore other use cases to enable information sharing across payor, clinical and community partners





Care Delivery Transformation

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Michigan Has Impressive Care Delivery Assets

Primary Care Transformation Experience	Learnings from Accountable Care	Significant Health Coverage Gains	Health IT Infrastructure
Capable Provider Networks	Care Management and Coordination Competency	Credibility with Federal Partners	Working Models for Community Connections
Expanded Care Teams	Committed Payer Partnership	Dedicated Leadership	Respected Learning Institutions and Programs

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Michigan SIM Care Delivery Focus

Support Scale for What's Working

- Support the care delivery foundation in Michigan including team-based care, advanced access, care management, self-care support and core HIT

Encourage the “Next Step” for Advancement

- Develop more effective care transitions, informed referrals, integrative treatment, risk stratification, HIT enabled quality improvement and information

Test Promising Practices Where Opportunities Exist

- Encourage a community-centered health focus, fully linking clinical practice with community resources and population health interventions

Applying Care Delivery Focus to the PCMH Initiative

Support Scale for What's Working	Encourage the "Next Step" for Advancement	Test Promising Practices Where Opportunities Exist
PCMH Accreditation/Recognition as a Foundation	Team-Based Care Practices	Clinical-Community Linkages
Advanced Access	Integrative Treatment Planning	Referral Decision Supports
Electronic Health Record and Registry Base Technology	Provider Collaboration and Integration	Patient Engagement, Health Literacy and Social Determinants Perspectives
Structured Quality Improvement	Robust Care Management and Coordination	Patient-Reported Outcomes
	Patient Education and Self-Care	
	Caregiver Engagement	
	Transitions of Care	
	Managing Total Cost of Care	
	Health Information Exchange Use Cases	
	Patient Experience Perspectives	
	Population Health Strategies	

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Where We're Headed... and How We Get There

- The world around us continues to present opportunities for growth and improvement that take many forms
- But, our shared aims in improving the health of Michigan residents don't change as the landscape does, the way we work together and the resources we use to accomplish those aims evolve



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2017 PCMH Initiative

- MDHHS completed an application process for the 2017 PCMH Initiative in September
- The Department received applications encompassing 480 practice units and over 2,300 primary care providers
 - Applications included 31 physician organizations submissions on behalf of multiple practices in addition to numerous practice units applying independently
- MDHHS will notify physician organizations and practices of selection decisions on or around Friday October 21st
 - Selection notifications will include the participation agreement and other legal documents for participants to complete
 - Shortly following the notifications and legal documents, MDHHS will distribute a participant guide to all selected physician organizations and practices

Custom Option

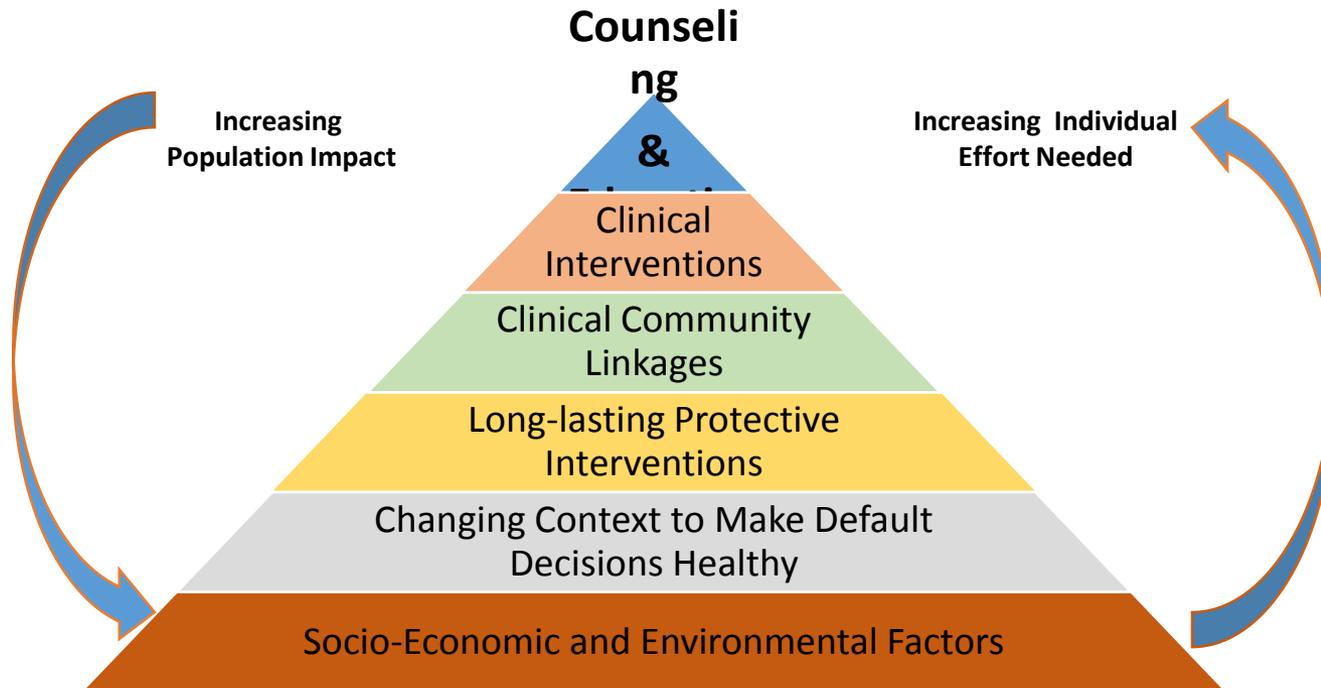
- Following a considerable amount of stakeholder engagement earlier this year, MDHHS took a brief pause in custom option demonstration development in light of Michigan's selection as a CPC+ region
- Since both CPC+ and the PCMH Initiative have completed application processes and partnership between the two programs is underway, custom option efforts can and will resume
- MDHHS intends to leverage the Care Delivery and Payment Committee (including its sub-committees) announced earlier this month as a critical forum and stakeholder leadership opportunity for the custom option development process going forward



Population Health

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Population Health Improvement Strategy – Health Impact Pyramid



Adapted from Fieden, TR. A Framework for Public Health Action: The Health Impact Pyramid. American Journal of Public Health. 2010; 100(4):590-5.

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Community Health Innovation Regions

- MiPCT Primary Care Transformation
- Multipurpose collaborative bodies
- Chartered Value Exchanges
- Health Improvement Organizations
- 1422 Communities
- Mi. Pathways (HUB)
- Community Benefit

CURRENT

- Work together for collective impact on population health:
 - Assess community need
 - Define common priorities
 - Adopt shared measures of success
 - Engage in mutually reinforcing strategies towards common priorities
- Implement systems to coordinate health care, community services, and public health
- Invest in population health

FUTURE

The role of the Community Health Innovation Region

What?	How?
Engage communities in health system transformation	<ul style="list-style-type: none"> • Broker partnerships between healthcare institutions and community organizations • Align healthcare and community organization interests and goals
Integrate health systems and social services through community organizing	Focus partnerships, leadership discussions, and cooperative operations on addressing the social determinants of health
Develop a structure and process for assessing and improving community health on an ongoing basis	<ul style="list-style-type: none"> • Community-based governance inclusive of payers, providers, and community organizations • Linking delivery of clinical and community services • Sharing data to assess and improve community health

CHIR Structure: Convening Cross-sector Stakeholders

Required Stakeholders:

- Local public health department
- Accountable Systems of Care
- Medicaid health plans
- Community mental health
- Other payers
- Community members

Other Critical Stakeholders May Include:

- Employers and Purchasers
- Payers
- Community organizations
- Human service providers
- Behavioral health
- Philanthropy
- Local government
- Community and economic development
- Community safety and corrections
- Education institutions
- Housing
- Transportation
- State associations
- Other non-profit organizations (e.g., civic centers, advocacy organizations, research institutes, etc.)

Accountable System of Care Role in CHIR

- Support development of clinical-community linkage initiative, for example:
 - Refining target population(s)
 - Develop tools and processes
 - Develop reports and communication protocols
 - Provide input into centralized intake and data storage
- Support development of plan for analyzing clinical-community linkage information.
- Support development of plan for incorporating analysis into community decision-making.

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Regional Roll Out

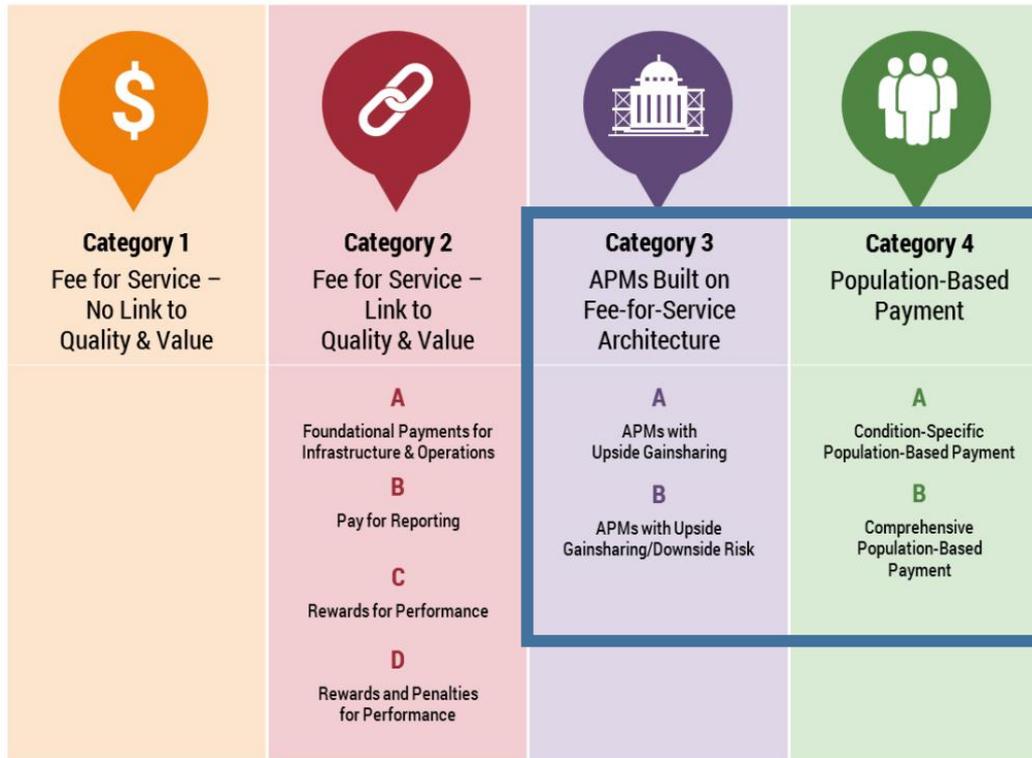
- Starting with 5 regions:
 1. Jackson region
 2. Muskegon region
 3. Washtenaw & Livingston
 4. Genesee region
 5. Northwest Lower Michigan
- We will be exploring resource needs and feasibility to expand, including:
 - Determining the unit cost of Community Health Innovation Region
 - Determining cost of collaborative learning and other supports



Payment Reform

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Health Care Payment Learning & Action Network Framework



Provider-facing Med
Incentives available
Categories 3 and 4 A

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Impact of CMS Announcements on SIM Payment Reform Strategy

Federal actions triggered meaningful consideration and an opportunity to update SIM payment reform strategy

- The Blueprint's original PCMH payment components would likely not meet new Advanced APM definition in Medicare Access and CHIP Reauthorization Act (MACRA); therefore not align with provider-facing Medicare incentives
- At the time the Blueprint was developed, guidance from CMS regarding Medicare alignment in a SIM model was not available
- An ASC pilot/test would involve a limited number of providers at high resource cost, the value of which would not be offset by broad-based APM adoption
- Challenges with CPC+ made that structured opportunity less than ideal for Michigan, requiring an alternative primary care model

SIM Vision for Payment Reform

Collaboratively develop and implement broad-based pursuit of advanced alternative payment models (APMs) that align with provider-facing Medicare incentives, while allowing for market-based innovation between payers and providers.

Broad Advanced Alternative Payment Model (APM) Approach

- Accountable Systems of Care → Broader Adoption of APMs

Accountable Systems of Care Pilots	Broad APM Adoption
<ul style="list-style-type: none"> • Regulated construct • Resource intensive • Limited scale • Limits provider ability to receive Medicare incentives 	<ul style="list-style-type: none"> • Market-driven approach to broader scale • Leverages existing and future clinical integration • State plays a policy and strategy role • Maximizes provider opportunity for participating in Medicare incentives

- ASCs in SIM Regions will be eligible for SIM grant funding
- ASC support will be focused on work related to the priorities and goals of the Community Health Innovation Region
- Developing clinical-community linkages will be a required activity

Modified SIM Payment Approach

	Initiative Year 1 2017	Initiative Year 2 2018	Initiative Year 3 2019
Broad APMs	Collect Michigan's APM baseline and establish goals	Progressively increase percentage of payment in APMs	

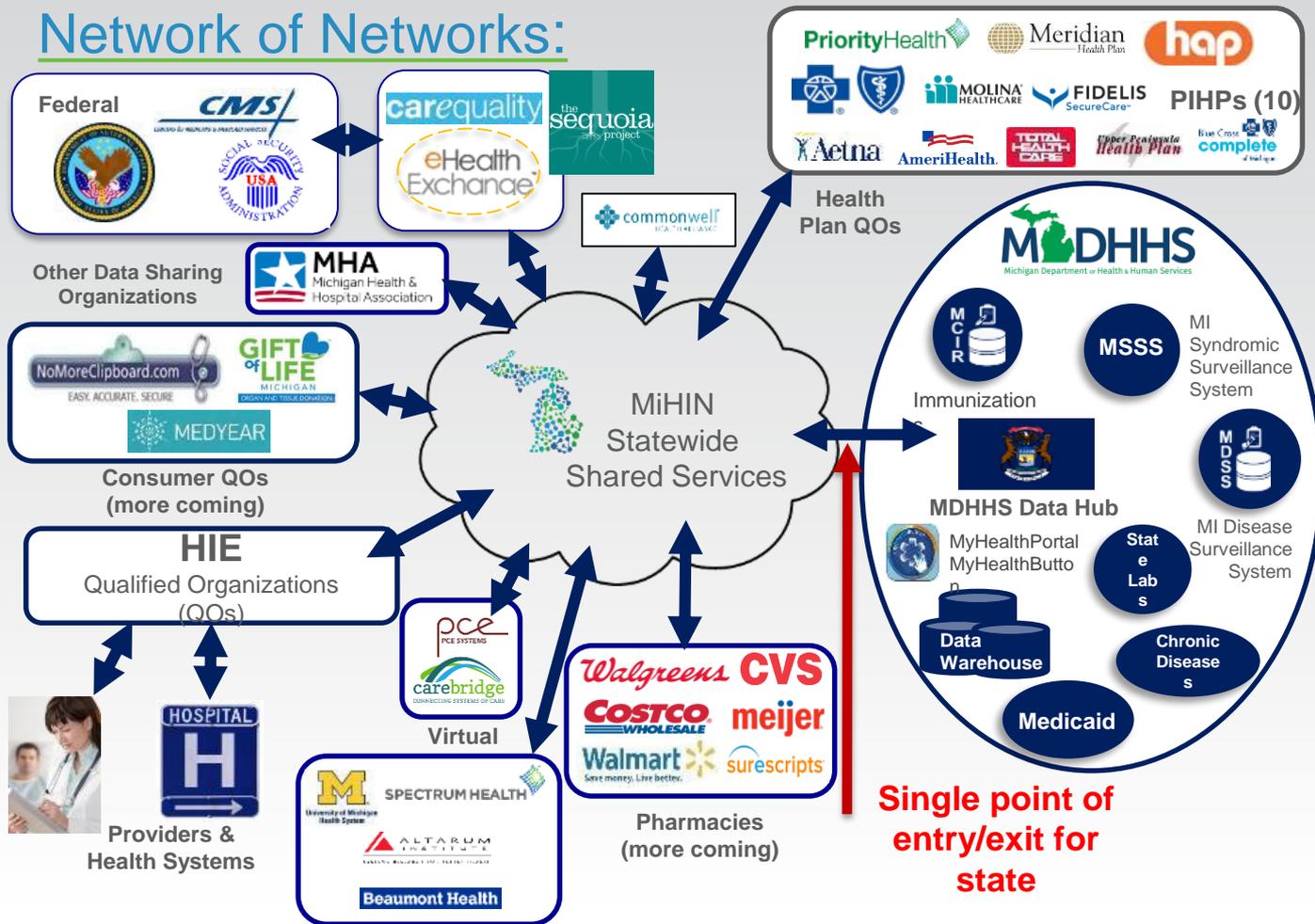
- Broad adoption of APMs will be allowable statewide
- APM adoption in Medicaid will be administered through the Medicaid managed care organization contract
- APM adoption by other payers will be encouraged through collaborative discussion and partnership



Health Information Technology and Statewide Use Cases Supporting SIM

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Network of Networks:



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HIT and HIE Objectives in the SIM Operational Plan

- **Performance Metrics and Reporting**
 - Provide data aggregation and reporting capabilities needed to support SIM performance reporting and evaluation to CMS, and provider performance feedback
- **Care Coordination Technology**
 - SIM will facilitate access to information which supports care coordination activities within the model test
- **Population Health Technology**
 - SIM will explore Population Health technology solutions that will enable community data sharing and track cross-care delivery approaches
- **Relationship Attribution Management Platform**
 - Enable a consistent shared process for communicating and tracking affiliations and linkages among SIM stakeholders.

PCMH Initiative Onboarding

- PCMH Initiative Application
 - September 8, 2016 through September 30, 2016
- PCMH Agreement to Participate Year 1 Use Cases:
 - By March 2017
 - Statewide Active Care Relationship Service (ACRs)
 - Health Provide Directory Statewide Service (HPD)
 - By May 2017
 - Statewide Admission, Discharge, and Transfer Notification Service (ADTs)
 - By September 2017
 - Quality Measure Information (QMI)
 - To Be Determined at a Later Date
 - Statewide Common Key Service (CKS)

Medicaid Health Plan Onboarding

- Medicaid Payer Qualified Organization Day:
 - Legal and Technical process for the following SIM use cases:
 - Statewide Active Care Relationship Service
 - Statewide Health Provider Directory
 - Statewide Admission, Discharge, and Transfer Service
 - Send payments associated with PCMH Initiative
 - Submit Provider Incentive Program Plan
 - Year 2 contract requirement
 - Timeline and cost

Quality Measure Alignment and Reporting

- Federal and State Evaluation Plan
- PCMH Monitoring
- CHIR Metrics
- Data Aggregator



Committees and Evaluation

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

Stakeholder Commission and Committees

- Organize an efficient, yet effective, set of stakeholder groups (including implementers)
- Discuss and analyze past, present and future implications and evaluation of SIM policy and strategy tests
- Make recommendations for continuation, modifications and elimination of tests



Measurement, Evaluation and Improvement

- Support the overall solution by ensuring measures and evaluation strategies are attentive to existing information technology capacity.
- Lead data-driven improvement discussions



Stakeholder Committees

- Healthcare payment and delivery committee launching late November
- Applications due October 21; selection notifications early November
- Additional groups to launch moving forward:
 - Clinical care delivery
 - Payment
 - Non-clinical care
 - HIT/HIE

Evaluation and Analytics Approach

- Focus on PCMH and CHIR components; emphasizing the clinical-community linkage adoption and effectiveness
- Developing an RFP for release and selection before the end of the year
- Developing a plan for additional analytics beyond evaluation to address interim needs related to spread and sustainability (i.e., analytical needs associated with legislature relations and CMS waiver discussions).

State Innovation Model

Year 1 (Planning & Design) Highlights

- Filed no-cost extension for year 1 with CMS
- Selected 5 SIM Regions (Washtenaw/Livingston, Northwest Lower MI, Genesee, Muskegon, and Jackson)
- Modified strategy based on CMS announcements (CPC+, MACRA, Custom Option guidance, and Medicaid managed care regulations)

Year 2 (Implementation) Goals

- Launch local CHIR planning and design
- Launch and expand HIE use cases
- Launch PCMH application and initiative in alignment with CPC+
- Launch stakeholder committees and evaluation RFP

Discussion Questions

- How should the statewide health information sharing infrastructure in Michigan be used to support payment reform such as the SIM initiative?
- What are the HIT Commission's thoughts on the statewide use cases that are being being utilized to support the different health care transformation efforts under the SIM initiative?

HIT Commission Next Steps

- Planning for 2017
- Reviewing the Draft Annual Report

HIT Commission Next Steps

- Proposed 2017 Meeting Dates
 - February 2017
 - May 2017
 - September 2017
 - November 2017

HIT Commission Next Steps

- Proposed Meeting Topics
 - ★ Health Care Transformation Initiatives
 - Privacy and Consent
 - Consumer Engagement
 - Transition from Meaningful Use to MACRA
 - Use of HIE by Physicians
 - Personalized Medicine
 - ★ Application of HIT to the Opioid Crisis
 - Impact of the 2016 Election on HIT Policy
 - Population Health and Data Analytics

Public Comment

Adjourn