MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

2016 ANNUAL REPORT

Michigan Department of Health & Human Services

EXECUTIVE SUMMARY

The Michigan Legislature created the Michigan Health Information Technology (HIT) Commission for the following purpose:

> "...to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in this state."

Pursuant to Public Act 137 of 2006, the members of the HIT Commission have developed the following report to detail the Commission's findings and recommendations for encouraging widespread adoption of health information technology and statewide health information exchange.

Michigan continues to make progress towards the development of an interoperable health care information infrastructure. Health care providers across the state have adopted and are using Electronic Health Records (EHR) to coordinate and improve the delivery of supports and services. The Michigan Department of Health and Human Services (MDHHS), the Michigan Health Information Network Shared Services (MiHIN), and other health care organizations have successfully established a shared infrastructure to support health information sharing across the Michigan health care system. Now that the technical infrastructure for health information sharing has been built, the HIT Commission has been exploring how the infrastructure can be leveraged to support statewide health care system transformation efforts. The HIT Commission focused its activities on three topics during 2016:

(1) Using Health Information Sharing to Improve the Management of Prescription Drugs

(2) Using Health Information Sharing to Advance Business Integration and Strategic Alignment within MDHHS

(3) Using Health Information Sharing to Support Health Care System Transformation

The HIT Commission will continue to explore these issues during 2017. The HIT Commission will also examine other topics during 2017 such as (1) public health reporting and population health efforts, and (2) the coordination of physical health and behavioral health services.

The HIT Commission also approved two resolutions during 2016. The two resolutions are included below.

- **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.

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THE HIT COMMISSION

As of December 31, 2016

Pat Rinvelt of Ann Arbor represents purchasers or employers for a term expiring August 3, 2017 and serves as a Co-Chair for the HIT Commission.

Rodney Davenport, State of Michigan CTO, represents the Department of Technology, Management, and Budget for a term expiring August 3, 2020. He also serves as a Co-Chair for the HIT Commission.

Irita B. Matthews of Grosse Pointe Park represents the health information technology field for a term expiring August 3, 2018.

Jill Castiglione of Northville represents pharmacists for a term expiring August 3, 2018.

Karen Parker of Webberville represents the Michigan Department of Health and Human Services for a term expiring August 3, 2020.

Mark Notman, Ph.D. of East Lansing represents schools of medicine in Michigan for a term expiring August 3, 2017.

Michael Chrissos, M.D. of Ann Arbor represents doctors of medicine for a term expiring August 3, 2019.

Nick Smith of Laingsburg represents health plans for a term expiring August 3, 2018.

Orest Sowirka, D.O. of Sterling Heights represents doctors of osteopathic medicine and surgery for a term expiring August 3, 2019.

Peter Schonfeld of Bath represents hospitals for a term expiring August 3, 2017.

Randall Ritter of Dexter represents consumers for a term expiring August 3, 2019.

Robert Milewski of Washington Township in Macomb County represents nonprofit health care corporations for a term expiring August 3, 2018.

Rozelle Hegeman-Dingle of Rochester Hills represents pharmaceutical manufacturers for a term expiring August 3, 2020.

THE MISSION

The 13-member HIT Commission is appointed by the Governor as directed in Public Act 137 of 2006. The Commission's mission is to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in Michigan.

The Michigan HIT 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

HIT COMMISSION MEETINGS IN 2016

The members of the Health Information Technology Commission must meet on a quarterly basis in order to meet the legislative requirement that was set under Public Act 137. The Commission met four times in 2016 and held a meeting at least once each quarter.

Month	Meeting Topic	Attendance
January	The HIT Commission explored different statewide initiatives that focus on the electronic management of prescriptions. The HIT Commission received updates on the Prescription Drug and Opioid Abuse Task Force report, Blue Cross Blue Shield of Michigan's Health Information Exchange incentives, and the Medication Reconciliation white paper.	12 out of 13 commissioners participated in the January meeting.
June	MDHHS provided an overview of organizational efforts to merge the operations of the two former departments. The HIT Commission explored several related organizational initiatives such as the Business Integration Center and the Strategic Alignment Team.	12 out of 13 commissioners participated in the June meeting.
August	The HIT Commission revisited the issue of electronically managing prescriptions. The HIT Commission received updates on the Prescription Drug and Opioid Abuse Taskforce, Michigan Automated Prescription System, Statewide Medication Reconciliation Use Case, and Electronic Prescribing for Controlled Substances.	9 out of 13 commissioners participated in the August meeting.
October	The HIT Commission received an update on the State Innovation Model initiative. The HIT Commission explored how health information technology will be used to support health care system transformation during the initiative.	12 out of 13 commissioners participated in the October meeting.

HIT COMMISSION TOPICS IN 2016

The HIT Commission explored three topics during its 2016 meetings:

(1) Using health information sharing to improve the management of prescription drugs;

(2) Using health information sharing to advance business integration and strategic alignment within MDHHS;

(3) Using health information sharing to support health care system transformation.

An overview of each topic and related HIT Commission discussions are included below.

Electronic Management of Prescriptions

Over the last century, prescription drugs have revolutionized the practice of medicine. When used appropriately, prescription drugs can cure or slow the progression of diseases, manage or reduce pain or other symptoms, and assist with the healing process. However, some prescription drugs can cause adverse side effects when they are taken in conjunction with other medications, which can result in harm to the individual. Other prescription drugs such as opiate pain relievers have addictive properties and can potentially be abused. Physicians, pharmacists, and other clinicians face a dual challenge of simultaneously promoting the safe use of prescription drugs and preventing adverse drug events and abuse. During the January and August meetings, the HIT Commission explored different ways that health information sharing can help facilitate the prescribing and management of medications and promote better health outcomes for Michiganders.

STATEWIDE EFFORTS TO PREVENT AND ADDRESS PRESCRIPTION DRUG AND OPIOID ABUSE

The rising level of addiction to opioid pain relievers and related overdoses has reached epidemic proportions in Michigan. Since 1999, Michigan has experienced a four-fold increase in unintentional fatal drug poisonings.[1] 4,772 Michigan residents lost their lives from 2009 to 2012 due to unintentional or undetermined intent poisonings.[2] 19.4% of overdose deaths were definitively opioid-related, which surpassed any other class of drug.[3] Hospitalizations involving opioids also more than doubled from 2000 to 2011.[4] Families, health care providers, and communities are on the frontlines of this epidemic and are struggling to cope with the hardship and heartbreak caused by prescription drug and opioid abuse.

In response to this epidemic, Governor Rick Snyder convened a task force to recommend strategies that could be used to address the epidemic. The Prescription Drug and Opioid Abuse Task Force met throughout 2015 and produced a final report with 25 primary recommendations and 7 contingent recommendations in the areas of prevention, treatment, regulation, policy and outcomes, and enforcement. The HIT Commission reviewed and discussed the recommendations in the final report during the January and August meetings. Staff from MDHHS and the Department of Licensing and Regulatory Affairs (LARA) also provided updates to the HIT Commission on the implementation of the recommendations.

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[1] Michigan Department of Health and Human Services (2014). *Drug Poisoning Deaths in Michigan*. Retrieved from:
https://www.michigan.gov/documents/mdhhs/FACT_SHEET_-_Drug_overdose_Mortality_Data_525276_7.pdf

[2] Office of Governor Rick Snyder (2015). *Michigan Prescription Drug and Opioid Abuse Task Force: Reporting of Findings and Recommendations for Action*. Retrieved from:
http://www.michigan.gov/documents/snyder/Presciption_Drug_and_Opioid_Task_Force_Report_504140_7.pdf

[3] Ibid.

[4] Ibid.

The task force report included several specific recommendations for the Michigan Automated Prescription System (MAPS), which is the Prescription Drug Monitoring Program (PDMP) for Michigan. MAPS is an electronic database of schedule II, III, IV, and V controlled substances that have been dispensed in Michigan. The Michigan legislature authorized the creation of MAPS in 2002, and the system is operated and maintained by LARA. The task force recommended that LARA should upgrade or replace the information technology system that supports MAPS. The task force also recommended that mandatory registration in MAPS should be implemented for all prescribers. MDHHS and LARA staff provided an update to the HIT Commission on the plans for replacing and upgrading the MAPS system during the August meeting. The members of the HIT Commission expressed particular interest in learning more about how providers can connect to the new MAPS system through the use of health information exchange.

The HIT Commission also discussed the recommendation in regards to monitoring the utilization of medications by individuals in the Medicaid program. Individuals who are addicted or seeking prescription drugs may travel from doctor to doctor in order to obtain multiple prescriptions for the same drug. This practice is also known as "doctor shopping" or "pharmacy shopping." Many state governments have implemented specific programs and parameters within their larger Medicaid programs to detect and prevent doctor and pharmacy shopping. The task force recommended that MDHHS review its existing Beneficiary Monitoring Program and explore different strategies for reducing doctor and pharmacy shopping. The task force also recommended that MDHHS examine programs in Tennessee and Washington to understand how their systems operate and determine whether Michigan could learn and adopt strategies from these two states.

During the August meeting, MDHHS staff also provided an update to the HIT Commission on the creation of the Michigan Prescription Drug and Opioid Abuse Commission. Governor Rick Snyder established the commission on June 23, 2016 through Executive Order No. 2016-15. The commission will serve as an advisory board within the Executive Office and will develop an action plan to implement the recommendations in the final task force report. The HIT Commission expressed great interest in collaborating with the newly created Prescription Drug and Opioid Abuse Commission and approved the following resolution during the August meeting:

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.

Status of Resolution: MDHHS is working on implementing this resolution and will provide an update on implementation during one of the 2017 HIT Commission meetings.

STATEWIDE MEDICATION RECONCILIATION USE CASE

Effective medication management is becoming an increasingly critical part of delivering quality health care services. Physicians and other clinicians must consider multiple factors when prescribing medications: factors include whether the individual has an allergy to a specific drug or whether the combination of two drugs may be harmful. As the volume and variety of prescriptions has continued to rise, the potential for Adverse Drug Events has also soared. Adverse Drug Events have become the sixth leading cause of mortality among hospital patients with 400,000 preventable events each year.[5] The Institute of Medicine has also estimated that 800,000 Adverse Drug Events occur in nursing homes and that 5,300 Adverse Drug Events occur amongst Medicare beneficiaries

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[5] U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation (2012). *Report to Congress: Aging Services Technology Study*. Chapter 3. Page 45. Retrieved from: https://aspe.hhs.gov/sites/default/files/pdf/76531/astsrptcong.pdf

in outpatient clinics.[6] Physicians, pharmacists, and health care organizations have been searching for strategies to effectively manage multiple medications for individuals across different health care settings.

During the January and August meetings, the HIT Commission explored how health information sharing can facilitate the prescribing and management across health care organizations. The HIT Commission reviewed and discussed the "Improving Medication Management with Health Information Exchange" white paper that was developed by MiHIN and a coalition of stakeholders. The white paper was the end product of discussions of an interdisciplinary group of physicians, pharmacists, hospitals, health plans, technologists, and other stakeholders from over 24 health care organizations. The white paper highlights three scenarios for data sharing, also known as "use cases," which should be prioritized for development and implementation by the Michigan health care system. The three use cases are "Exchange Medication Reconciliation Use Case", "Exchange Medication Data with Prescription Monitoring Programs Use Case", and "Exchange Lab Results/Diagnosis Use Case".

The HIT Commission specifically examined the development and implementation of the Statewide Medication Reconciliation use case. The initial focus of the use case is enabling the reconciliation of medications for individuals who are being discharged from the hospital. By sharing medication information through this use case, physicians, pharmacists, and hospitals are able to more effectively coordinate care and prevent adverse drug events. MiHIN initially launched the pilot for the use case in 2015 with 4 health systems and 4 physician organizations. The use case is currently transitioning towards full production: 82 hospitals are currently participating in the initiative, which are collectively responsible for 81% of discharges in Michigan.

The HIT Commission also explored the role of incentives in promoting participation of health care organizations in use cases during the January meeting. The HIT Commission primarily concentrated on Blue Cross Blue Shield of Michigan's (BCBSM) incentives for physicians and hospitals to participate in health information exchange. The BCBSM incentive program was initially centered on promoting participation in the Admit, Discharge, and Transfer (ADT) Notification use case. In 2016, BCBSM expanded the program to provide incentives for participation in the Statewide Medication Reconciliation use case. Incentives from BCBSM and other payers have significantly improved participation of physicians and hospitals in health information exchange.

The HIT Commission also sought to learn more about the experience of individual providers with implementing the Statewide Medication Reconciliation use case. Northern Physicians Organization (NPO) provided some perspective on the implementation process during the August meeting. NPO initially worked with 4 pilot sites on implementing the use case. NPO noted that 90% of the challenge of implementation was configuring each provider's Electronic Health Record (EHR) to integrate medication information from the use case. During the meeting, NPO walked through the multiple, customized methods that were needed to enable each provider's EHR to accept, consume, and properly display medication information. The NPO presentation demonstrated the challenges that individual providers confront in participating in statewide use cases and integrating information for consumption in workflow at the point of care. The HIT Commission recognized these challenges and emphasized that statewide planning efforts should consider strategies for assisting providers with participating in statewide use cases.

ELECTRONIC PRESCRIBING OF CONTROLLED SUBSTANCES

The electronic prescribing of medications is playing an increasingly critical role in improving the delivery of health care services. By using electronic prescribing, physicians and other clinicians can increase the accuracy of prescription orders, reduce the risk of medical errors, and expedite the reconciliation of medications. According to the Office of the National Coordinator for Health Information Technology (ONC), 70 percent of U.S. physicians

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[6] Ibid.

in April 2014 had successfully implemented e-prescribing through their EHRs.[7] While electronic prescribing has become the standard for most types of prescription drugs, the use of electronic prescribing of controlled substances (EPCS) has increasingly lagged behind: only 7.4% of physicians have implemented EPCS as part of their practices. The low adoption rate of EPCS stands in contrast to the rapid implementation by pharmacists: 82.4% of pharmacies are now able to electronically receive and process prescriptions for controlled substances.[8]

During the August meeting, the HIT Commission explored the challenges that the Michigan health care system is confronting in achieving widespread adoption of EPCS. BCBSM provided an overview of the current progress on EPCS adoption at the state and national level and highlighted several opportunities to accelerate EPCS adoption. The opportunities are highlighted below:

- Provider Education – Many providers have expressed concerns about whether electronically prescribing controlled substances is legal under federal and state law. The Drug Enforcement Administration amended the federal regulations that govern the prescribing of controlled substances to address concerns about the legality of EPCS.[9] By 2015, all 50 states and the District of Columbia had enacted state-level policy changes in order to align with the amended federal regulation.[10] Despite the policy changes at the state and federal level, confusion about the legality of EPCS persists amongst the provider community, and concerted efforts to inform and educate providers on this issue may be needed in order to encourage EPCS adoption.

- Enabling Technology – The technology that supports effective medication management is becoming increasingly available to providers. Many vendors are now offering certified software that would allow providers to electronically prescribe controlled substances. Several state governments, including Michigan, are upgrading their Prescription Drug Monitoring Program (PDMP). MAPS, which is Michigan's PDMP, is currently being enhanced with a new operating system and related functionality, including an integration gateway, Single Sign-On, and Application Programming Interfaces (APIs) for increased interoperability with the statewide HIN. The increasing availability of EPCS software and enhanced functionality of state PDMPs will strengthen the ability of physicians and other clinicians to electronically prescribe and manage prescriptions.

- Supportive Policies and Incentives – State governments and private payers have been exploring different strategies for promoting EPCS adoption. Some states have enacted legislation in order to (1) require providers to use EPCS, or (2) require providers to check their state's PDMP before prescribing controlled substances. New York and Maine are examples of states that have implemented legislation to this end. Some payers such as BCBSM have also integrated incentives for EPCS adoption and implementation into their quality improvement programs for providers. The combination of legislative or regulatory requirements and incentives could help promote the adoption of EPCS by providers.

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[7] Gabriel, M.H. & Swain, M. Office of the National Coordinator for Health Information Technology. (2014). *ONC Data Brief: E-Prescribing Trends in the United States.* Retrieved from: https://www.healthit.gov/sites/default/files/oncdatabriefe-prescribingincreases2014.pdf

[8] McMillin, L. Blue Cross Blue Shield of Michigan. (2016) *HIT Commission Update on Electronic Prescribing (eRx) and Efforts to Improve State-wide Adoption and Use of Electronic Prescribing Controlled (EPCS) Substance.* Retrieved from: http://www.michigan.gov/documents/mdhhs/August_2016_HIT_Commission_Presentation_Final_538769_7.pdf

[9] Electronic Prescriptions for Controlled Substances, 21 CFR § 1300, 1304, 1306, and 1311 (2010). Retrieved from: https://www.deadiversion.usdoj.gov/fed_regs/rules/2010/fr0331.pdf

[10] McMillin, L. Blue Cross Blue Shield of Michigan. (2016)

The HIT Commission deliberated on the best strategies for encouraging the widespread adoption of EPCS across the Michigan health care system. After the discussion, the HIT Commission approved the following resolution:

> **Resolved:** The Michigan Health Information Technology Commission recommends a proposal for legislation to be enacted that addresses statewide adoption and use of Electronic Prescribing of Controlled Substances (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.

> **Status of Resolution:** This resolution has not been implemented at this time.

Business Integration and Strategic Alignment

MDHHS was established in April 2015 through the merger of the Department of Community Health and Department of Human Services. The combined department is now responsible for managing over 14,000 employees, 340 programs, and a wide array of information technology (IT) systems. MDHHS leadership formed two new entities within MDHHS to assist with coordinating the activities of various agencies, programs, and IT systems. The Business Integration Center focuses on coordinating the development, implementation, and maintenance of the department's information technology systems. The Strategic Alignment Team is charged with developing and implementing a shared strategy for aligning programs and initiatives across the department in order to improve the delivery of services and supports to Michiganders. The HIT Commission explored the roles and responsibilities of both entities during the June meeting.

BUSINESS INTEGRATION CENTER

The HIT Commission examined the role of the Business Integration Center in promoting effective management of MDHHS IT systems and improving data sharing across MDHHS programs. After the merger of the two former departments, the Business Integration Center conducted an environmental scan to identify all IT systems and establish a global view of the MDHHS IT enterprise. The Business Integration Center is using the global view in partnership with the Strategic Alignment Team in order to define strategic priorities for MDHHS and identify opportunities for different agencies to collaborate on larger information technology project. The Business Integration Center also reviews all new IT requests from various programs and determines (1) whether the department has the necessary resources to implement the new system and (2) whether the department has an existing system that can be leveraged to meet the needs of the individual program. Through these activities, the Business Integration Center is helping to develop and manage a shared IT infrastructure across the department.

The HIT Commission expressed interest in learning more about how the Business Integration Center assists with prioritizing projects and identifying opportunities for interagency collaboration. The HIT Commission also inquired about the role of the Business Integration Center in the department's partnership with MiHIN. Finally, the HIT Commission sought to gain a better understanding of the role of the Business Integration Center in managing different funding sources that are used to support the development of IT systems. MDHHS staff provided perspective on each of the aforementioned issues during the meeting, and MDHHS staff will continue to provide updates to the HIT Commission on the Business Integration Center at future meetings.

STRATEGIC ALIGNMENT TEAM

The HIT Commission explored the role of the Strategic Alignment Team in promoting alignment and coordination across MDHHS programs and initiatives. The Strategic Alignment Team acts as a single governing body that develops and supports the implementation of the short-term and long-term vision and strategy. The Strategic Alignment Team is the vision and strategy complement to the operational, implementation, and

project management resources within the Business Integration Center. The Strategic Alignment Team functions like a steering committee that oversees and encourages alignment across different MDHHS programs. The Strategic Alignment Team also plays a key role in managing and sustaining major programmatic changes for the department. Finally, the Strategic Alignment Team monitors the effectiveness of MDHHS operations through the use of metrics and dashboards.

The HIT Commission sought to learn more about the types of measurements and metrics that the Strategic Alignment Team uses to monitor program effectiveness. The HIT Commission also expressed interest in understanding how the activities of the Strategic Alignment Team intersect with the MDHHS budgeting and financial planning process. Finally, the HIT Commission was interested in learning more about the technology architects interface with business owners in order to ensure that technology solutions meet the business needs of MDHHS programs. MDHHS staff provided perspective on each of the aforementioned issues during the meeting, and MDHHS staff will continue to provide updates to the HIT Commission on the Strategic Alignment Team at future meetings.

INTEGRATED SERVICE DELIVERY MODEL

The HIT Commission reviewed the development of the Integrated Service Delivery Model and considered the implications of the new model for data sharing. The Integrated Service Delivery Model is the overarching vision for the future of service delivery for MDHHS programs. The model shifts the service delivery system away from a program-focused system towards person-centered service delivery. The model is also centered on a proactive, holistic evaluation of each individual's needs.

The Integrated Service Delivery model will feature the use of a shared web-based portal which will enable individuals to more readily access crucial services. MDHHS is also designing the model to allow for the universal management of caseloads and improved customer service capacity, which will enhance the ability of MDHHS staff and partners to meet the needs of citizens. As part of this model, MDHHS is also working with other state agencies to modernize key IT systems and increase data sharing across State of Michigan programs, which will allow MDHHS to streamline the eligibility process and enhance the coordination of services. The combination of programmatic alignment and improved data sharing will allow MDHHS and other agencies to deliver services in a way that meets the unique needs of each citizen.

The HIT Commission expressed an interest in continuing to learn about the Integrated Service Delivery Model and monitor its development and implementation. MDHHS staff will continue to provide updates to the HIT Commission on the model at future meetings.

Statewide Health Care System Transformation Initiatives

During the October meeting, the HIT Commission reviewed the development and implementation of the State Innovation Model (SIM). The SIM initiative focuses on the development and testing of multi-payer health care payment and service delivery models in order to achieve better care coordination, lower costs, and improved health outcomes for Michiganders. The SIM initiative is based upon the Blueprint for Health Innovation, which is a strategic plan that was developed in partnership with Michigan stakeholders. MDHHS will be testing a series of models over the next four years in the following five pilot regions: Jackson County; Muskegon County; Genesee County; Northern Region; and the Washtenaw and Livingston county areas. The SIM initiative is composed of several key components, which are described below:

- Person-Centered Medical Home Initiative – Over the last decade, Patient-Centered Medical Homes (PCMH) have become an essential element in advancing the delivery of primary care in Michigan. The
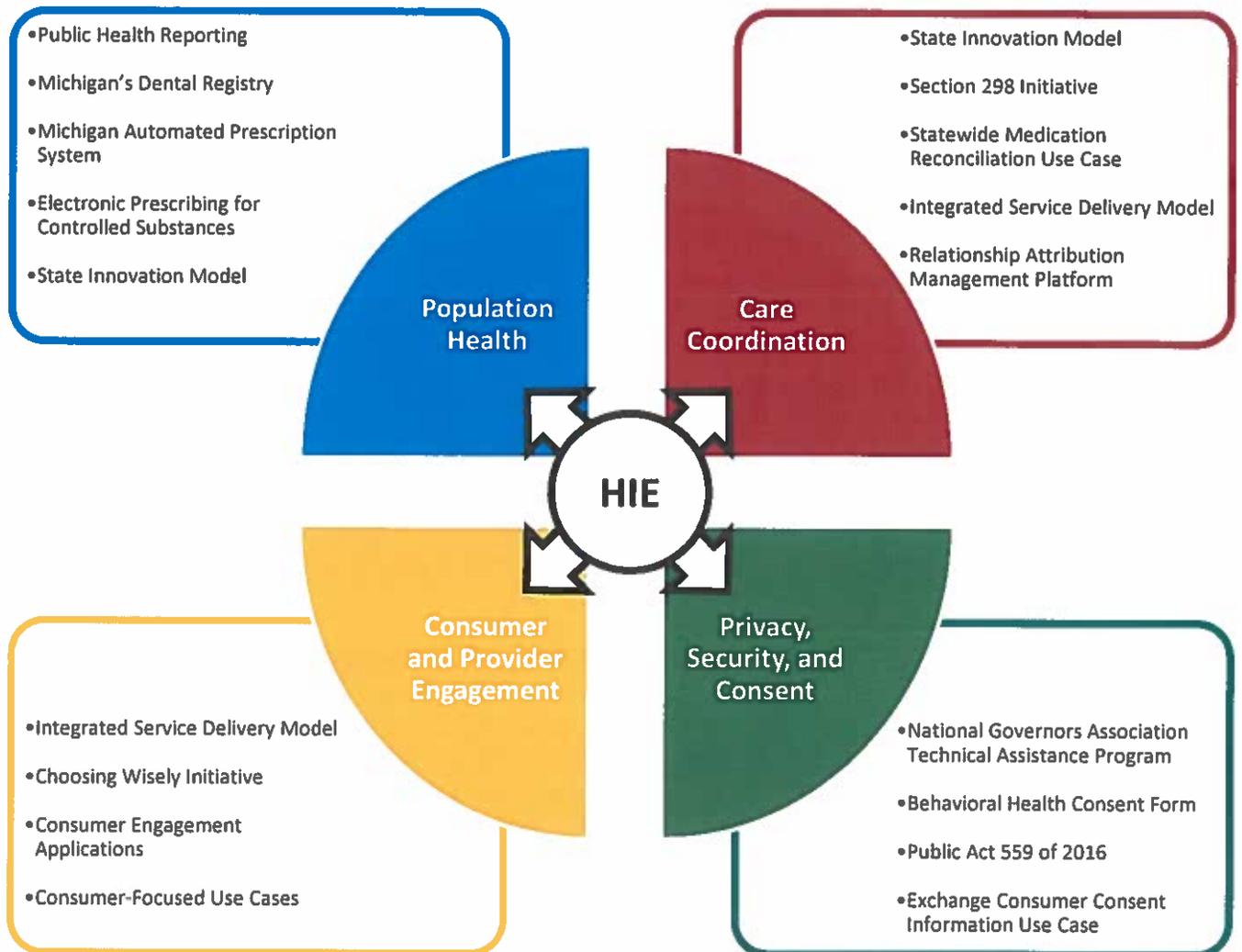
SIM PCMH initiative builds upon the progress of the Michigan Primary Care Transformation (MiPCT) project in expanding the use of the PCMH model. The PCMH Initiative seeks to leverage multi-payer participation to further advance the use of the PCMH model across Michigan. The PCMH initiative officially began on January 1st, 2017.

- Advanced Payment Models – During the SIM initiative, MDHHS will be collaborating with other health care payers to accelerate the deployment of Advanced Payment Models (APM). APMs offer a unique opportunity to implement payment reform in a way that supports care coordination and quality improvement. The SIM APM strategy will promote the adoption and implementation of the PCMH model across Michigan. The SIM APM strategy will also align with payment reforms that are being enacted at the federal level through the Medicare Access and CHIP Reauthorization Act (ACT) and Comprehensive Primary Care Plus (CPC+) initiative. Finally, MDHHS has aligned policy and contractual requirements for the Medicaid program in order to accelerate the adoption of APMs.

- Community Health Innovation Regions – The SIM initiative will also feature the development and implementation of several Community Health Innovation Regions (CHIR). Each of the five (5) regions will build upon and expand existing community coalitions in order to achieve a collective impact on a population health goal. Coalitions include a wide array of community partners such as local health care providers, safety net providers, payers, employers, purchasers, and other community organizations. Organizations within the coalition will work together to assess the needs of the local community, define a common set of priorities, adopt shared measures of success, and implement mutually reinforcing strategies to achieve common strategies. Each regional coalition will collaborate on aligning the delivery of health care services, community services, and public health services in order to achieve better outcomes for the local population.

- Health Information Technology and Health Information Exchange – MDHHS will seek to leverage and make new investments in the existing statewide infrastructure in order to support health information sharing within the SIM model regions. MDHHS and SIM participants will use the statewide infrastructure to report and aggregate performance and quality information for the purposes of quality improvement and model evaluation. SIM participants will also be able to use the statewide infrastructure to support the coordination of care across providers and settings; the Relationship Attribution Management Platform will play a key role in communicating and tracking affiliations and linkages amongst providers and community organizations. Finally, MDHHS and SIM participants will explore options for different population health technology solutions to enable health information sharing across the community and track care delivery across providers and settings.

The HIT Commission expressed interest in learning more about how MDHHS will support and monitor the progress of PCMH sites with implementing the different aspects of the care model. The HIT Commission also sought to learn more about the organizational structures of the CHIR coalitions: the HIT Commission was particularly interested in understanding the role of the convener in assembling and sustaining the coalition. The HIT Commission also desired to gain a better understanding of how MDHHS and SIM participants will monitor and track the efforts of CHIRs to address social determinants through the evaluation data. Finally, the HIT Commission inquired about the type of investments that would be made by MDHHS as part of the initiative: the HIT Commission specifically asked whether the SIM initiative could build upon existing IT infrastructure at the community-level rather than constructing separate IT platforms. MDHHS staff provided perspective on each of the aforementioned issues during the meeting, and MDHHS staff will continue to provide updates to the HIT Commission on the SIM initiative at future meetings.

FORECAST OF 2017 HIT COMMISSION TOPICS

The HIT Commission will explore the following issues and initiatives during commission meetings in 2017.

Population Health
- Public Health Reporting
- Michigan's Dental Registry
- Michigan Automated Prescription System
- Electronic Prescribing for Controlled Substances
- State Innovation Model

Care Coordination
- State Innovation Model
- Section 298 Initiative
- Statewide Medication Reconciliation Use Case
- Integrated Service Delivery Model
- Relationship Attribution Management Platform

Consumer and Provider Engagement
- Integrated Service Delivery Model
- Choosing Wisely Initiative
- Consumer Engagement Applications
- Consumer-Focused Use Cases

Privacy, Security, and Consent
- National Governors Association Technical Assistance Program
- Behavioral Health Consent Form
- Public Act 559 of 2016
- Exchange Consumer Consent Information Use Case

HIE

Act No. 137
Public Acts of 2006
Approved by the Governor
May 10, 2006
Filed with the Secretary of State
May 12, 2006
EFFECTIVE DATE: May 12, 2006

STATE OF MICHIGAN
93RD LEGISLATURE
REGULAR SESSION OF 2006

Introduced by Reps. Newell, Farhat, Vander Veen, Meyer, Moore, Kooiman, Taub, Emmons, Kahn, Huizenga, Walker, Moolenaar, Casperson, David Law, Pearce, Jones, Steil, Wenke, Booher, Hansen, Stewart, Marleau, Caswell, Hildenbrand, Stakoe, Ward, Mortimer, Acciavatti, Ball, LaJoy, Nitz, Baxter, Proos, Caul, Green, Shaffer, Nofs, Sheen, Wojno and Accavitti

ENROLLED HOUSE BILL No. 5336

AN ACT to amend 1978 PA 368, entitled "An act to protect and promote the public health; to codify, revise, consolidate, classify, and add to the laws relating to public health; to provide for the prevention and control of diseases and disabilities; to provide for the classification, administration, regulation, financing, and maintenance of personal, environmental, and other health services and activities; to create or continue, and prescribe the powers and duties of, departments, boards, commissions, councils, committees, task forces, and other agencies; to prescribe the powers and duties of governmental entities and officials; to regulate occupations, facilities, and agencies affecting the public health; to regulate health maintenance organizations and certain third party administrators and insurers; to provide for the imposition of a regulatory fee; to provide for the levy of taxes against certain health facilities or agencies; to promote the efficient and economical delivery of health care services, to provide for the appropriate utilization of health care facilities and services, and to provide for the closure of hospitals or consolidation of hospitals or services; to provide for the collection and use of data and information; to provide for the transfer of property; to provide certain immunity from liability; to regulate and prohibit the sale and offering for sale of drug paraphernalia under certain circumstances; to provide for the implementation of federal law; to provide for penalties and remedies; to provide for sanctions for violations of this act and local ordinances; to provide for an appropriation and supplements; to repeal certain acts and parts of acts; to repeal certain parts of this act; and to repeal certain parts of this act on specific dates," (MCL 333.1101 to 333.25211) by adding part 25.

The People of the State of Michigan enact:

PART 25. HEALTH INFORMATION TECHNOLOGY
Sec. 2501. As used in this part:

(a) "Commission" means the health information technology commission created under section 2503.

(b) "Department" means the department of community health.

Sec. 2503. (1) The health information technology commission is created within the department to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in this state. The commission shall consist of 13 members appointed by the governor in accordance with subsection (2) as follows:

(a) The director of the department or his or her designee.

(b) The director of the department of information technology or his or her designee.

(c) One individual representing a nonprofit health care corporation operating pursuant to the nonprofit health care corporation reform act, 1980 PA 350, MCL 550.1101 to 550.1703.

(d) One individual representing hospitals.

(e) One individual representing doctors of medicine.

(f) One individual representing doctors of osteopathic medicine and surgery.

(g) One individual representing purchasers or employers.

(h) One individual representing the pharmaceutical industry.

(i) One individual representing schools of medicine in Michigan.

(j) One individual representing the health information technology field.

(k) One individual representing pharmacists.

(l) One individual representing health plans or other third party payers.

(m)One individual representing consumers.

(2) Of the members appointed under subsection (1), there shall be representatives from both the public and private sectors. In order to be appointed to the commission, each individual shall have experience and expertise in at least 1 of the following areas and each of the following areas shall be represented on the commission:

(a) Health information technology.

(b) Administration of health systems.

(c) Research of health information.

(d) Health finance, reimbursement, and economics.

(e) Health plans and integrated delivery systems.

(f) Privacy of health care information.

(g) Medical records.

(h) Patient care.

(i) Data systems management.

(j) Mental health.

(3) A member of the commission shall serve for a term of 4 years or until a successor is appointed. Of the members first appointed after the effective date of the amendatory act that added this part, 3 shall be appointed for a term of 1 year, 3 shall be appointed for a term of 2 years, 3 shall be appointed for a term of 3 years, and 4 shall be appointed for a term of 4 years. If a vacancy occurs on the commission, the governor shall make an appointment for the unexpired term in the same manner as the original appointment. The governor may remove a member of the commission for incompetency, dereliction of duty, malfeasance, misfeasance, or nonfeasance in office, or any other good cause.

(4) At the first meeting of the commission, a majority of the members shall elect from its members a chairperson and other officers as it considers necessary or appropriate. After the first meeting, the commission shall meet at least quarterly, or more frequently at the call of the chairperson or if requested by a majority of the members. A majority of the members of the commission appointed and serving constitute a quorum for the transaction of business at a meeting of the commission.

(5) Any business that the commission may perform shall be conducted at a public meeting held in compliance with the open meetings act, 1976 PA 267, MCL 15.261 to 15.275. The commission shall give public notice of the time, date, and place of the meeting in the manner required by the open meetings act, 1976 PA 267, MCL 15.261 to 15.275.

(6) The commission shall make available a writing prepared, owned, used, in the possession of, or retained by the commission in the performance of an official function as the commission to the public in compliance with the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

(7) The commission shall ensure adequate opportunity for the participation of health care professionals and outside advisors with expertise in health information privacy, health information security, health care quality and patient safety, data exchange, delivery of health care, development of health information technology standards, or development of new health information technology by appointing advisory committees, including, but not limited to, advisory committees to address the following:

(a) Interoperability, functionality, and connectivity, including, but not limited to, uniform technical standards, common policies, and common vocabulary and messaging standards.

(b) Security and reliability.

(c) Certification process.

(d) Electronic health records.

(e) Consumer safety, privacy, and quality of care.

(8) Members of the commission shall serve without compensation.

Sec. 2505. (1) The commission shall do each of the following:

(a) Develop and maintain a strategic plan in accordance with subsection (2) to guide the implementation of an interoperable health information technology system that will reduce medical errors, improve quality of care, and produce greater value for health care expenditures.

(b) Identify critical technical, scientific, economic, and other critical issues affecting the public and private adoption of health information technology.

(c) Provide recommendations on policies and measures necessary to achieve widespread adoption of health information technology.

(d) Increase the public's understanding of health information technology.

(e) Promote more efficient and effective communication among multiple health care providers, including, but not limited to, hospitals, physicians, payers, employers, pharmacies, laboratories, and any other health care entity.

(f) Identify strategies to improve the ability to monitor community health status.

(g) Develop or design any other initiatives in furtherance of the commission's purpose.

(h) Annually, report and make recommendations to the chairpersons of the standing committees of the house of representatives and senate with jurisdiction over issues pertaining to community health and information technology, the house of representatives and senate appropriations subcommittees on community health and information technology, and the senate and house fiscal agencies.

(i) Perform any and all other activities in furtherance of the above or as directed by the department or the department of information technology, or both.

(2) The strategic plan developed pursuant to subsection (1)(a) shall include, at a minimum, each of the following:

(a) The development or adoption of health care information technology standards and strategies.

(b) The ability to base medical decisions on the availability of information at the time and place of care.

(c) The use of evidence-based medical care.

(d) Measures to protect the privacy and security of personal health information.

(e) Measures to prevent unauthorized access to health information.

(f) Measures to ensure accurate patient identification.

(g) Methods to facilitate secure patient access to health information.

(h) Measures to reduce health care costs by addressing inefficiencies, redundancy in data capture and storage, medical errors, inappropriate care, incomplete information, and administrative, billing, and data collection costs.

(i) Incorporating health information technology into the provision of care and the organization of the health care workplace.

(j) The ability to identify priority areas in which health information technology can provide benefits to consumers and a recommended timeline for implementation.

(k) Measurable outcomes.

Sec. 2507. The commission or a member of the commission shall not be personally liable for any action at law for damages sustained by a person because of an action performed or done by the commission or a member of the commission in the performance of their respective duties in the administration and implementation of this part.

This act is ordered to take immediate effect.

Clerk of the House of Representatives

Secretary of the Senate

Approved

Governor

APPENDIX B: LIST OF HIT COMMISSION RESOLUTIONS

The following section outlines all resolutions that has been approved by the HIT Commission since 2008. This section also outlines whether the resolution has currently been implemented.

2008 Annual Report

Recommendation	Implemented
Recommendation #1 – Continue Funding for MiHIN - The HIT Commission recommends that Michigan continue to provide grant funding for the MiHIN program to support a statewide infrastructure to ensure statewide exchange of health information.	Yes
Recommendation #2 – Recognize the adopted definition of HIE – Recognize in all State of Michigan activities the HIT Commission adopted definition of Health Information Exchange (HIE).	No
Recommendation #3 - HIE Recognition in the Public Health Code - The Commission recommends that Michigan identify a place in the Public Health Code to Define HIE and serve as an expandable section for future HIE legislation.	No
Recommendation #4 – Adopt Informed Opt-Out - The HIT Commission recommends that Michigan establish "Informed Opt-out" as the method of consumer control for protected health information in an HIE.	Yes (Under the State HIE Cooperative Agreement Program)
Recommendation #5 –Adopt a Statewide Infrastructure for Communication between HIEs – The HIT Commission recommends that a statewide infrastructure be developed to ensure that there is communication between HIEs. The recommended infrastructure is called a Master Patient Index (MPI) and a Record Locator Service (RLS). The HIT Commission recommends that the State of Michigan develop and implement an MPI and RLS to facilitate the sharing of information statewide.	Yes

2009 Annual Report

Recommendation	Implemented
The HIT Commission recommended to MDCH that the overall goals of MiHIN should remain: 1.) Utilizing technology to improve healthcare outcomes and clinical workflow. This includes improving quality and safety, increasing fiscal responsibility, and increasing clinical and administrative efficiency; and 2.) Empower citizens with access to information about their own health.	Yes
The HIT Commission recommended to MDCH that a new MiHIN approach should centralize certain elements of HIE technology and administration at the statewide level in order to attain the optimal economy of scale and achieve the most efficient use of available resources.	Yes

2010 Annual Report

Recommendation	Implemented
State of Michigan MiHIN Shared Services Strategic Plan – In lieu of a traditional 2010 Annual Report, the HIT Commission adopted the State of Michigan MiHIN Shared Services Strategic Plan that was submitted to answer the announcement of the Office of the National Coordinator (ONC) State Health Information Exchange Cooperative Agreement Program Award.	Yes
The HIT Commission recommended that a member from the MiHIN initiative should be added to the HIT Commission. This member would be responsible for considering the impact of proposed recommendations, policies, and program activities may have on the statewide exchange of health information.	No

2011 Annual Report

Recommendation	Implemented
The HIT Commission is upholding the recommendation from 2010 and adding an additional request for a member to be added to represent either the behavioral health or long term care fields. Currently, there are no members on the HIT Commission that solely represent either of these important areas of healthcare in Michigan. The HIT Commission recommends that membership be capped at 15 members, and therefore only two new members should be added to the existing 13 members.	No
The HIT Commission recommends that Michigan should continue to support the expansion of broadband to all areas of the state and that oversight is in place to ensure that it is affordable for clinician purchase.	No
The HIT Commission recommends that as updates are made to the Michigan Public Health Code, the use of HIT should be acknowledged and encouraged. The way that healthcare is organized and administered is changing through the use of technologies at the point of care, in the administration of care, and in payment. Michigan's governing law should be altered to reflect these changes and pave the way for continued innovation in HIT.	No
The HIT Commission recommends that the need for consumer education about HIT be addressed through a consistent statewide campaign. Further, a resource should be identified to field questions and concerns from the public. The HIT Commission does not recommend whether this is a publicly or privately led initiative, only that the resources are clearly identified and available for consumers to provide privacy and security information.	Ongoing

2012 Annual Report

Recommendation	Implemented
For the 2012 report, the HIT Commission is recommending a member to be added to represent the behavioral health, nursing field or long term care fields. Currently, there are no members on the HIT Commission that solely represent any of these important areas of healthcare in Michigan. The HIT Commission recommends that membership be capped at 15 members, and therefore only two new members should be added to the existing 13 members.	No
The HIT Commission recommends that as updates are made to the Michigan Public Health Code, the use of HIT and HIE should be acknowledged and encouraged. The way that healthcare is organized and administered is changing through the use of technologies at the point of care, in the administration of care, and the exchange of clinical data. Michigan's governing law should be altered to reflect these changes and pave the way for continued innovation in HIT and HIE.	No
The HIT Commission recommends that the need for consumer education about HIT be addressed through a consistent statewide campaign. Further, a resource should be identified to field questions and concerns from the public. The HIT Commission does not recommend whether this is a publicly or privately led initiative, only that the resources are clearly identified and available for consumers.	Ongoing

2013 Annual Report

Recommendation	Implemented
The HIT Commission recommends partnering with the Michigan Healthcare Cybersecurity Council (MiHCC), a task force formed as an action from the Governor Snyder's Cyber Security Advisory Council, to review and potentially adopt cyber security recommendations in the Cyber Security White Paper.	Yes
The HIT Commission recommends that the CIO Forum, Diversion Council, and MiHIN collaborate on producing a common form. This initiative will continue into 2014 activities, in which the HIT Commission will review the final product for formal recommendation to the Department of Community Health.	Yes
The Michigan Health Information Technology Commission strongly encourages MiHIN (the Michigan Health Information Network) to complete the development of Qualified Data Sharing Organization criteria, to publicize and make known those criteria, and to encourage the appropriate organizations to participate in facilitating the exchange of health information throughout the State of Michigan.	Yes

2014 Annual Report

Recommendation	Implemented
In 2013, the HIT Commission recommended that the CIO Forum, Diversion Council, and MiHIN collaborate on producing a common form. The HIT Commission recommends the Department of Community Health adopt the work produced by the aforementioned collaboration and use in response to PA 129 of 2014.	Yes

2015 Annual Report

Recommendation	Implemented
The HIT Commission supports the utilization of the Active Care Relationship Service and Common Key statewide service as a means to achieve the policy goals of the Department. The HIT Commission also encourages Michigan healthcare stakeholders to participate in the following use cases: Active Care Relationship Service, Common Key Statewide Service, and Statewide Health Provider Directory. The HIT Commission recommends that the aforementioned use cases should be implemented in a manner that promotes usability and addresses workflow issues for providers. The HIT Commission also encourages stakeholders to work together to achieve consensus and resolve barriers that are related to implementation of the aforementioned use cases.	Ongoing

2016 Annual Report

Recommendation	Implemented
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.	No
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.	Ongoing