



2022 ANNUAL REPORT

Michigan Health Information Technology (HIT)
Commission

Michigan Health Information Technology Commission 2022 Annual Report

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Executive Summary

The Health Information Technology (HIT) Commission was initially formed in 2006 by Michigan [Public Health Code Act 368](#). Since that time, more than 50 individual Michigan health care leaders served to advise, adopt, and implement statewide strategic plans including 26 recommendations to the legislature.

The initial strategic plan began with the [Conduit to Care report](#), published in 2006, that focused on statewide adoption and meaningful use of electronic health records by hospitals and health care providers.

Through the Electronic Health Record Incentive program established by the Centers for Medicare and Medicaid Services (CMS), and under the guidance of the HIT Commission, Michigan has become a leader in interoperability and Health Information Exchange (HIE).

In June 2022, this active and engaged group of health care professionals adopted the [Michigan Health Information Technology Roadmap – Bridge to Better Health \(the “HIT Roadmap”\)](#). The HIT Roadmap serves as a guide and strategy for the Michigan Department of Health and Human Services and its partners. The HIT Roadmap captures two years of engagement with more than 300 organizations during a time of an unprecedented public health challenge, the Covid-19 pandemic.

The HIT Roadmap lays out a strategy that builds on the robust clinical infrastructure of the state’s existing resources while introducing initiatives to incorporate social drivers of health to better address health care disparities and inequities brought into light during the pandemic.

Since the adoption of the Bridge to Better Health report, the HIT Commission has been tracking the implementation efforts of its six core initiatives:

1. Identify Champions and Empower Leaders.
2. Enhance health data utility.
3. Address Michigan’s Digital Divide.
4. Improve Onboarding and Technical assistance.
5. Protect Public Health.
6. Adopt standards for social care data fields.

Commission Recommendations/Resolutions for 2023

These recommendations from the Health Information Technology Commission are for the Michigan Department of Health and Human Services.

Recommendation 2022 – 1. Expansion of HIT Commission

The HIT Commission recommends the expansion of HIT Commission members from 13 to 17 to include representation from long-term care facilities, behavioral health, and community-based organizations (CBOs). This recommendation has been made in various ways three times over the past 12 years.

It is further recommended the Community Information Exchange (CIE) Task Force become a sub-committee of the HIT Commission in 2023, in accordance with the bylaws, to ensure broad representation of organizations contributing to health information exchange. The Michigan Department of Health and Human Services (MDHHS) has convened a 15-person task force comprised of stakeholders with an interest in CIE, with a focus on participation by social service and community-based organizations.

This recommendation aligns with the HIT Roadmap initiatives 1, 2, and 6. It is particularly aligned with the first initiative in identifying champions of health information exchange and giving a voice to leaders in social services and community-based organization leaders who normally would not be included discussions of health information technology.

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Recommendation 2022 – 2. Create a Multipayor Incentive Inventory

The Commission recommends an inventory and assessment of all payor incentives and requirements for health care and CBOs providers related to interoperability and health information exchange for the purpose of developing future recommendations, and to ensure alignment with current standards and requirements to reduce the burden on health care providers and organizations answering to multiple payors to comply with rules or regulations and earn incentives.

This inventory should be developed with input from multiple, representative payors in Michigan and shared publicly to bring visibility to existing requirements, standards, and incentives in the State of Michigan.

The report will assist Commissioners in understanding supports needed for organizations to onboard and implement data platforms, interfaces, and/or registries needed which are critical to improve health information exchange. Commissioners will use this report to engage and inform

on how to best design future policies and incentives to support all health care providers and community-based organizations.

This recommendation aligns with all the HIT Roadmap initiatives. It recognizes that many of the initiatives require engaged participation by health care providers and facilities that rely on incentive payments to fund information technology implementation and optimization.

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Recommendation 2022 – 3. Improve Data Quality and Conformance

The HIT Commission encourages continued and increased engagement with the MiHIN Conformance Task Force, a subgroup of MiHIN’s Operations and Advisory Committee (MOAC). The work of the Conformance Task Force is integral to interoperability efforts and ensuring data exchanged is usable and actionable.

As MiHIN begins to process more ambulatory and outpatient data through increased engagement with Physician and Physician Hospital Organizations (POs), the increased volume of information will need to be filtered and sorted for usefulness.

CBOs and long-term care facilities will also need to understand the standards required to send and ingest data contained in the various-use cases to ensure data is exchanged and used meaningfully.

This recommendation aligns with all the HIT Roadmap initiatives. Along with Recommendation 2022-3, it recognizes that beleaguered health care providers and organizations rely on timely, actionable data to manage the health of their patients. MOAC and the Conformance Task Force is comprised of those who send and receive health care data, empowering collaborations between many sectors of healthcare to ensure the data adds value to their work.

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Recommendation 2022 – 4. Support for Broadband Access and Expansion

The Commission recommends continued support for efforts to increase the access and speed of broadband in the state, and to promote digital equity through device access, education, and training. The Michigan High Speed Internet Office (MIHI), established in 2022 in anticipation of the disbursement of funding for the Broadband Equity and Access Deployment (BEAD), has

begun work to leverage federal funding to increase digital equity and address gaps in broadband access. Their efforts are supported by the Commission, which takes particular interest in the deployment of broadband to rural and underserved areas to increase access and utilization of telehealth services, as well as ensuring the cost of equipment and services remains within reach of populations vulnerable to disparate health outcomes who are served by health and social services.

Included in the MIHI office efforts are increased awareness of existing programs like the [Affordable Connectivity Program](#) (ACP). BEAD fund distribution to internet service providers will be predicated on their participation with ACP, and the Commission recommends increased promotion and education of this program designed to assist households with obtaining internet eligible-devices and reduced pricing on high-speed internet access. In 2022, less than 43% of eligible households in the State of Michigan had accessed the funds. The Commission recommends increased education efforts and awareness campaigns of this valuable program to continue to build basic infrastructure and access to its citizens.

This recommendation aligns with the HIT Roadmap initiatives 1, 3, 5 and 6. Specifically, the HIT Commissioners will advocate for Broadband Access and Expansion within their organizations and communities to support statewide efforts to increase fast, affordable, and equitable broadband services for all Michiganders.

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Recommendation 2022 – 5. Technical Assistance and Training Support

The Commission recommends increased funding and support to assist providers and organizations with onboarding to the state data utility and use cases. In the process of developing the HIT Roadmap, multiple providers and organizations expressed concerns and frustration with the onboarding process and the need for technical assistance and training.

Local health departments, long-term care facilities, and community-based organizations were not included in the CMS EHR Incentive programs that helped with costs associated with adoption, implementation, and training of electronic health records and interoperability. While some funding was available for hospitals and physicians, it was limited to the hospital and primary care providers who had a certain percentage of Medicaid beneficiaries. Specialty providers, local health departments, skilled nursing facilities, home health agencies, behavioral health providers, substance use disorder providers, and other community-based organizations were “left behind.”

These organizations serve a large portion of Medicaid beneficiaries and are best positioned to provide immediate assistance to those who have social needs. While social needs screenings are becoming more common and, in some cases, required by payors or health systems, the use of the data is limited and the use case itself is not fully developed due to inability of

organizations to systematically ingest the data, collect it sensitively, and act upon it in the form of a closed-loop referral. Additionally, data exchange with community-based partners is inhibited by a lack of guidance on the ethical and legal use of data originating from the community.

Efforts of the CIE Task Force will continue to develop and define social care data fields and inform the state data utility of the optimization and implementation of the Social Determinants of Health Use Case.

This recommendation aligns with all the HIT Commission Roadmap Initiatives. While its alignment with the fourth initiative is obvious, it touches on the second by connecting new organizations and providers to the health data utility. It will also bring new data sources in for analysis to help address the digital divide, leading to protecting and modernizing public health.

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Recommendation 2022 – 6. Support for Surrogate Consent Proposed Legislation

The State of Michigan does not have statutory guidance for identifying next of kin for making medical decisions, like Advance Directives and consent to treat, in the event a patient is incapacitated. This gap leads to confusion and difficulties when a guardian must be assigned to make decisions for patients whose medical condition may be temporary. The lack of guidance on the care delivery side has stymied progress in the development of the Advance Directive use case, despite its potential utility.

Surrogate Consent legislation has been proposed previously to clarify the process by which next of kin is identified, allowing for non-family members to make decisions for their loved ones, and help guide health care providers when Advance Directives are unavailable. The HIT Commission supports all efforts to align with the initiatives intended to support health care providers and Michiganders advocate for safe and equitable healthcare.

For health IT to be used meaningfully to promote Advance Directives, policy must first be clarified.

This recommendation aligns with the HIT Roadmap initiatives 1, 2, and 5. In alignment with other tasks associated with the Advance Directive Use Case, it compels leaders to identify streamlined processes to help citizens make complicated and timely decisions about their care.

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Summary of 2022 Commission Meetings

Date	Format	Key Takeaways
February 2, 2022	Virtual/Special Meeting	<ul style="list-style-type: none"> • Review of the Bridges to Better Health Report/HIT Roadmap
February 22, 2022	Virtual	<ul style="list-style-type: none"> • Election of Co-Chairs • Review HIT Roadmap • MDHHS SDoH Strategy Presentation
June 14, 2022	Hybrid – Virtual and In Person	<ul style="list-style-type: none"> • MDHHS Reorganization • Adoption of the HIT Roadmap • Definition of Community Information Exchange • HIT Commission Representation on CIE Task Force
September 27, 2022	Hybrid – Virtual and In Person	<ul style="list-style-type: none"> • Michigan High Speed Internet Office Presentation • HIT Roadmap Quarterly Update • CIE Task Force Update • Election of HIT Commissioner to MiHIN's Board
November 29, 2022	Hybrid – Virtual and In Person	<ul style="list-style-type: none"> • MiHIN Presentation on Honoring Choices • HIT Roadmap Quarterly Update • CIE Task Force Update • Initial review of 2023 Recommendations to Legislature

2022 Major Activities

- Adoption of [Bridge to Better Health](#) – the Health Information Technology (HIT) Roadmap
- Creation of the HIT Roadmap Tracker

The HIT Roadmap tracker was created to follow the efforts of the many stakeholders in the implementation of the six initiatives.

Status updates are reported every quarter at the HIT Commission meetings and available for review on the HIT Commissions' page.



The 2022 HIT Commission

The establishment of a collaborative governance model for health IT is an outcome of the 2006 Conduit to Care report. The HIT Commission’s purpose, membership and operations are governed by section 2503 of Public Act 137-2006. The 13 members of the Commission are appointed by the Governor without the advice of the Michigan Senate.

The 13 members of the 2022 HIT Commission represented a diverse range of public and private sectors, with expertise in specific areas:

Required Area	Current Commissioner	Term Expires
The Director of the Department (MDHHS) or their designee	Elizabeth Nagel – MDHHS Senior Deputy Director for Policy, Planning, and Operational Support	Not applicable
The Director of the Department of Information Technology (Michigan Department of Technology, Management, and Budget or their designee	Jack Harris – DTMB Chief Technology Director	August 3, 2024
One individual representing a nonprofit health care corporation	Marissa Ebersole-Wood, PH.D – Blue Cross Blue Shield of Michigan Vice President of Regulatory Implementation and Data Governance	August 3, 2022
One individual representing hospitals	Heather M. Wilson – Michigan Medicine Senior Director of Revenue Cycle Mid-Service*	August 3, 2025
One individual representing doctors of medicine	Michael Zaroukian , M.D., Ph.D., M.A.C.P., F.H.I.M.S.S.*	August 3, 2023
One individual representing doctors of osteopathic medicine and surgery	Paul LaCasse, D.O., M.P.H.	August 3, 2023
One individual representing purchasers or employers	Camille Walker Banks – Npower	August 3, 2025
One individual representing the pharmaceutical industry	Allison Brenner, PharmD	August 3, 2024
One individual representing schools of medicine in Michigan	Norman Beauchamp, M.D.	August 3, 2025
One individual representing health information technology	Jim VanderMey	August 3, 2022
One individual representing pharmacists	Heather Somand, PharmD	August 3, 2022
One individual representing health plans or other third-party payers	Nicholas, D’Isa	August 3, 2022

One individual representing consumers	Renee Smiddy, M.S.B.A	August 3, 2023
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***Co-Chair**



Elizabeth Nagel

MDHHS Senior Deputy Director for Policy, Planning, & Operational Support

Elizabeth Nagel has made significant contributions to the health care industry in Michigan over the past two decades. With a master’s degree in Telecommunications Policy and a wealth of experience in various leadership roles at MDHHS, Nagel has excelled at increasing access to high-quality, low-cost health care services in underserved areas and promoting the use of health information technology throughout the state. In her most recent role as Senior Deputy Director of Policy & Planning, Nagel was crucial in addressing the COVID-19 crisis, including efforts to expand testing in long-term care facilities and hospital capacity. Nagel's expertise and dedication have made a lasting impact on the health care system in Michigan.



Jack L. Harris

DTMB Chief Technology Officer

Jack Harris is an experienced and highly qualified technology leader with more four decades of experience in the field. He has gained a wealth of knowledge in a variety of areas, including business software design, database design and management, operating system management, transaction processing system design and management, network design and management, enterprise architecture development, and telecommunications management. In his current role as chief technology officer for the department of Technology, Management & Budget (DTMB), Harris is responsible for overseeing the development and implementation of technology strategies for the state government. Prior to this role, he served as the director of Enterprise Architecture and Network Strategies at DTMB. Harris's extensive experience and expertise make him an asset to The Michigan HIT Commission.



Marissa L. Ebersole-Wood

Vice President of Regulatory Implementation and Data Governance at BCBSM

As vice president of the Regulatory Implementation and Data Governance Group (RIDGG) for Blue Cross Blue Shield of Michigan (BCBSM), Marissa Ebersole-Wood is responsible for directing efforts to address new regulatory requirements, supporting strategic assessments of overall regulatory change, and leading the Data Governance function. After working at McKinsey & Company, she has been with BCBSM in various roles since 2010. Marissa holds a Ph.D. in Industrial Operations and Engineering from the University of Michigan and is currently chair of the Board for the Greening of Detroit.



Heather M. Wilson

Senior Director of Revenue Cycle Mid-Service at Michigan Medicine

Heather Wilson is both the co-chair of the Michigan HIT Commission and the representative for Michigan hospitals. Currently, she represents Revenue Cycle on Michigan Medicine's EHR leadership teams and serves as an executive champion for the HIE Steering Committee. Her oversight includes all mid-revenue cycle functions, such as HIE, patient and provider portal support, PHI disclosure, inpatient, outpatient, and professional coding, clinical document integrity, cancer registry, and legal and regulatory compliance related to medical records.

In this capacity, she plays a crucial role in shaping the future of Michigan Medicine's HIT landscape and works closely with clinical and IT colleagues. She is also the president-elect of the Michigan Health Information Management Association and holds a Bachelor's in Health Information Management from Ferris State University, a Master's in Public Health from the University of Michigan, and a Certified Revenue Cycle Representative credential from the Healthcare Financial Management Association.



Michael Zaroukian, M.D., Ph.D., M.A.C.P., F.H.I.M.S.S.

Retired

Dr. Michael Zaroukian recently retired as vice president and chief medical information officer (CMIO) at Sparrow Health System in Lansing. During his tenure, Sparrow received HIMSS Stage 7 validation (2014) and re-validation (2018), as well as a HIMSS Nicholas E. Davies Award of Excellence (2018).



Paul LaCasse, D.O., M.P.H.

Retired

Dr. Paul LaCasse was one of the key founders of Beaumont Health, having served as president and CEO of Botsford Health Care prior to Beaumont's formation in 2014. He began his health care career as an emergency medicine physician at what is now Beaumont Hospital, Farmington Hills. Throughout his career, Dr. LaCasse gave back as a clinician, educator and leader. He served on the governing board of the Michigan State University College of Osteopathic Medicine Statewide Campus System. He also is a past chairman of the Michigan Health & Hospital Association, served on the American Osteopathic Association Commission on Osteopathic College Accreditation and was chairman of the American Osteopathic Association's Bureau of Hospitals.



Camille Walker Banks

NPower Michigan

Camille Walker Banks is a Detroit native and thought leader in economic and community development, capital entrepreneurship, social impact investing, and business growth. She graduated from Wayne State University, where she received a Bachelor in Business Administration and a Master in Urban and Regional Planning, Economic Development.

Most recently, Banks served as executive director for Goldman Sachs' 10,000 Small Businesses program at Wayne State University, which invests in small businesses, providing resources needed to succeed. Banks brings more than 20 years of experience helping small businesses across Michigan increase their revenues and creating new job opportunities that exceeded the national average. She's helped spur economic development in underserved communities, helping create 5,000 new jobs and generating \$5.5 billion in capital investment during her tenure with the Michigan Economic Development Corporation.



Allison Brenner, PharmD

Senior Director, Clinical Informatics Medical Outcomes Specialist at Pfizer

Allison Brenner is a student in the HILS online MS program. She completed her undergraduate work and her PharmD at the University of Michigan, Ann Arbor, in 2005. She completed a residency at the West Palm Beach VA Medical Center and spent the next 12 years in ambulatory care clinical practice within the Department of Veterans Affairs. For six of those years, she held a joint position in clinical informatics within the Ann Arbor VA Medical Center. She now works

for Pfizer within their clinical informatics group. In this role, she supports quality improvement and population health initiatives by partnering with large health systems across the United States.

Norman J. Beauchamp, M.D.

Executive Vice President for Health Sciences at Michigan State University



Dr. Norman Beauchamp is a nationally renowned neurointerventional radiologist whose discoveries have advanced the treatment of strokes. With a bachelor's degree from Michigan State University, a doctor of medicine from the MSU College of Human Medicine, and a master's degree from Johns Hopkins School of Public Health, Dr. Beauchamp serves as the executive vice president for Health Sciences at Michigan State University.

Nicholas D'Isa

Director of Compliance and Legal at Physicians Health Plan



Nicholas D'Isa is an experienced compliance officer and professor with a history of working in the health care, legal, and educational industries. He received a Juris Doctor focused in Health Law from Thomas M. Cooley Law School and is highly skilled in medical malpractice, litigation management, arbitration, trial practice, public speaking, and legal writing.

Renée Smiddy, M.S.B.A

Senior Director of Policy for the Michigan Health & Hospital Association



Renée Smiddy is a highly qualified and experienced health care policy professional with a Master in Business Analytics from the University of Michigan-Dearborn and Bachelor's in Business Management and International Relations from Michigan State University. In her current role with the Michigan Health & Hospital Association (MHA), she manages health policy issues at the state and federal level, including health IT policy, telehealth policy, alternative e-payment models, and Medicare physician and allied health payment policy. Her interests are to leverage data to impact policy and operational changes to better support patients and their families.

In the past, Smiddy held numerous positions related to health care policy and research. She served as the director of Research and Performance Measurement for the MHA Keystone Center and a public health researcher for the U.S. Army Public Health Command, where she used data to implement health policies at Fort Campbell, Kentucky. Additionally, she worked as an analyst at the Henry Ford

Health System, where she supported the redesign of the system's policy platform and approval process.

Heather Somand, PharmD

Senior Director Clinical Informatics Medical Outcomes Specialist at Pfizer



Heather Somand is a senior director of Clinical Informatics Medical Outcomes Specialist at Pfizer, where she has worked for more than two years. She has extensive experience in the health care industry, having worked for Michigan Medicine for more than seven years in various roles, including director of Inpatient Applications and manager of Medication Use Informatics & Technology. She earned her PharmD degree from the University of Michigan College of Pharmacy in 2005. With her diverse experience in clinical informatics and medication use, she has made significant contributions to the healthcare industry.

Jim VanderMay

Chief Innovation Officer at Open Systems Technologies



Jim VanderMay has provided the technical leadership and product strategic planning for Open Systems Technologies (OST) since the beginning. He is a technology visionary who sets the long- and short-term direction for OST. As OST has gained an international reputation, he has taught and spoken at conferences on a wide variety of topics in Europe, Japan and throughout North America.

VanderMay has performed many of the roles at OST as the company has grown, with his roots in enterprise architecture, performance and capacity planning and data center infrastructure. He is a voracious learner and has held many technical certifications ranging from UNIX and Cisco administration through cloud architecture and design. As OST has grown and diversified, he has engaged with clients on product strategy, business alignment, IT transformation, cloud enablement, CIO-level peer consulting, DevOps and IoT program leadership. His special focus is creating value by connecting the data center disciplines of the past to the design-centric disciplines and Agile methodologies to help businesses leverage technology more effectively.

Health Information Technology- Initiative Implementation Tracker- 4th Quarter of CY 2022:

Initiative	Identify champions and empower leaders	Lead	Status				
			Plan	Build	Implement	Evaluate	Improve
1A – 1	Track, monitor, evaluate roadmap	MDHHS Policy					
1B – 1	Refresh State Health IT governance	HIT Commission/MDHHS					

Exigent Milestones	Summary	Status	Next Steps
HIT Roadmap Implementation Plan	Documents to track progress on HIT Roadmap objectives and identify opportunities to innovate	In progress	Ongoing – updated and reported out quarterly.
Commission	Opportunity to diversify and expand, requires legislation. May consider subcommittees and Task Force Advisory Committees for inclusion and diversity.	In progress	Include recommendations in 2022 Annual Report.
Community Information Exchange Task Force	Task force of CBOs and others convened around social care data which will become subcommittee of HITC, bringing more perspectives from community-based settings.	In progress	Expected to become subcommittee of HITC Q4 of 2023.
HIT Commission’s role in MiHIN Governance	Continue to engage leaders and understand MiHIN Governance Strategy for informed and relevant resolutions and recommendations.	In progress	Ongoing, engaging MiHIN in HIT Roadmap efforts and tracking, aligning strategic planning and efforts.

[Glossary of commonly used HIT Acronyms](#)

Legend				
Not begun	Early stage	Advanced stage	Complete	At risk

Initiative	Enhance Health Data Utility	Lead	Status				
			Plan	Build	Implement	Evaluate	Improve
2A – 1	Leverage existing investments – MDHHS Enterprise (MiCAL, CCWIS, MPI, CC360)	MDHHS					
2A – 1	Evaluate Leverage existing investments – Utilize HIE/HDU, consider All Payer Claims Database.	MDHHS/HIT Commission/MiHIN					
2A – 2	Promote and improve core HIN infrastructure (ADTs, identity management, web-based longitudinal records, etc.)	MiHIN/MDHHS					
2A – 3	Enhance interoperable clinical documentation.	MiHIN					
2B – 1	Promote privacy and security (legal infrastructure, cybersecurity).	MiHIN/MDHHS					
2B – 2	Implement data standards that align with best practice.	MiHIN/MDHHS					
2C – 1	Implement electronic consent management.	MiHIN					

2C – 2	Prioritize use cases that protect patient safety (advance directives, timely medication information, ID management).	MiHIN/MDHHS					
2C – 3	Connect all dots in care ecosystem (behavioral health, children, justice involved).	MiHIN/MDHHS					
2C – 4	Promote and simplify consumer applications (MiBridges).	MiHIN/MDHHS					

Exigent Milestones	Summary	Status	Next Steps
E-consent	MiHIN is rolling out e-consent pilot with select PIHPs.	Ongoing, regularly report out to MDHHS	Evaluate pilot progress.
USCDI Version 3	MiHIN is updating their use case standards to align with USCDI version 3.	V3 released 7/22 Ongoing	Continue to monitor.
Advance Care Directives, MiPOST	While Advanced Care Planning is between a provider and patient, where documents are accessed and updated is under discussion.	Ongoing	MiHIN to hold feedback forums in 2023.
Updates to CMS interoperability rules	As updates to CMS requirements are made, enhancements to existing use cases may be necessary.	Ongoing	Examine 2023 CoP and TJC Standards for alignment, identify best practices.
Inventory and assessment of MiHIN Use Cases (Dashboard)	Understand utilizers of MiHINs services, inventory of current use cases, # of facilities signed on and using, types of users, etc., to get a baseline understanding of which Use Cases should be prioritized.	Started	Continue to work with MiHIN on this report.
ONC – CMS Inpatient Prospective Payment System Final Rules re Health Equity	SDoH Screening for hospital inpatient. Voluntary in 2023, required in 2024. How will the data be used and is the HIE ready to receive are not known.	Starting in 2023	Continue to monitor.

MDE/MiHIN/MDHHS	Collaboration with MDE and MiHIN to utilize HIE with Intermediate School Districts for Behavioral Health (bhWorks/Medilogix) system notifications of ADTs.	Working through contracts	Pilot
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Initiative	Address Michigan's digital divide	Lead	Status				
			Plan	Build	Implement	Evaluate	Improve
3A – 1	Leverage existing work.	Mi-HI/MDHHS					
3B – 1	Advocate for funding to increase broadband access to underserved communities.	MDHHS/HITC					

Exigent Milestones	Summary	Status	Next Steps
Capital projects fund ROBIN.	\$250 mil ARPA funding for broadband infrastructure grants ROBIN Fact Sheet .	Applications for funds expected to open 12/22	Must be expended by the end of 2026.
Broadband Equity Access Deployment (BEAD) Program	\$ 5 mil planning grant over one year, in preparation for application for \$1.5 -1.7 billion in funding for grants over five years. Based on data provided by internet service providers, FCC will publish a map of underserved areas that will guide BEAD allocation.	MIHI Office created, November 2022 new map published and being challenged	MiHI conducting statewide outreach tour, Map finalized September 2023.
Digital Equity Act Planning	\$1.3 mil planning grant over one year in preparation for \$30-40 mil over five years to support device access and digital literacy.	Planning started end of September	Roadmap expected September 2023.
Sync for Social Needs – Benefits Data Trust	BDT will publish a toolkit to help eligible college students enroll in programs like	Started	Look for the guide in 2023.

	Medicaid and the Affordable Connectivity Program		
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[Glossary of commonly used HIT Acronyms](#)

Legend				
Not begun	Early stage	Advanced stage	Complete	At risk

Initiative	Improve onboarding and Technical Assistance (TA)	Lead	Status				
			Plan	Build	Implement	Evaluate	Improve
4A – 1	Support statewide TA programs.	MDHHS					
4B – 1	Promote continued implementation of virtual care (telemedicine, remote patient monitoring, telehealth).	MDHHS BPHASA/HITC					

Exigent Milestones	Summary	Status	Next Steps
Medicaid Telemedicine Policy Public Comment	COVID-era telemedicine policies reviewed and revised, most expansions preserved.	Policy final	Policy by the end of the public health emergency
Expansion of ADT sending facilities	MiHIN agreement with PointClickCare should increase SNF ADT engagement from 230 SNFs to more than 400 by the end of 2023.	MiHIN onboarding SNFs	Report from MiHIN in Q1 2023
BCBSM Hospital P4P and Vendor Initiative Ambulatory CCDAs	MiHIN receives Hospital CCDAs from 95% of hospitals and from their ambulatory providers, now receiving from practice units and Pos.	Implementation, continued vendor engagement	MiHIN filtering, developing capabilities
Conformance Task Force	A sub-group of MOAC, Hospital and PO User Group focused on data standards and development of best practices for data sharing.	Ongoing, bi-monthly meetings	Engage and participate
CDC Funding for TA	MiTAHIE - Possible opportunity to obtain funding for implementations and technical assistance for state Regional Extension Centers.	Ongoing	Defining scope, seeking funding

[Glossary of commonly used HIT Acronyms](#)

Legend				
Not begun	Early stage	Advanced stage	Complete	At risk

Initiative	Identify champions and empower leaders	Lead	Status				
			Plan	Build	Implement	Evaluate	Improve
5A – 1	Immunizations, death notifications, ECRs	MDHHS PHA/MiHIN					
5A – 2	Registries and analytics	MDHHS/MiHIN					
5B – 1	Enhance data services, workforce	MDHHS PHA					
5B – 2	Improve data quality	MiHIN					
5C – 1	Training and education	MDHHS PHA					
5C – 2	Modernize public health systems	MDHHS PHA					

Exigent Milestones	Summary	Status	Next Steps
Review of MDHHS PH Enterprise	Assessment of all MDHHS data systems, 70-80 specific to PHA	Ongoing	Report out of PHA systems in early 2023.
Data Modernization Initiative	Five-year PH data modernization plan	Submitted to CDC	Implementation through CDC grant
CDC Workforce and Infrastructure Grant	\$81.7 million over five years to implement data modernization, workforce, and infrastructure enhancements	In development	Planning Funds awarded: Nov 2022
CHRONICLE	MDHHS CHRONICLE – a Chronic Disease Registry for stroke – looking to gather all payor ADT data from MiHIN	Piloting with four hospitals for direct ADTs	Possible collaborations with statewide CQI data hub/registry
Portals Strategy	DTMB and SIA developing a roadmap to design a roadmap to possibly consolidate and enhance the 20+ MDHHS user-facing portals	Started	Work with multiple departments to develop plan/strategy.

[Glossary of commonly used HIT Acronyms](#)

Legend				
Not begun	Early stage	Advanced stage	Complete	At risk

Initiative	Adopt social care data fields	Lead	Status				
			Plan	Build	Implement	Evaluate	Improve
6A – 1	Charter a workgroup to develop standards for social care data.	MDHHS					
6B – 1	Advance social and health care data transfer.	MDHHS/MiHIN					
6B – 2	Support interoperability and integration.	MDHHS/MiHIN					
6B – 3	Leverage aggregate data opportunities for analytics.	MDHHS/MiHIN					

Exigent Milestones	Summary	Status	Next Steps
Community Information Exchange (CIE) Task Force	MDHHS has convened a 15-person task force comprised of stakeholders with an interest in CIE, with a focus on participation by social service and community-based orgs.	Ongoing - Charter complete	Task Force will meet through June 2023.
MiHIN Social Care Data Hub	MiHIN is convening a workgroup of vendors around establishing shared approaches to social care data.	Ongoing	The group meets weekly and is sharing processes for referrals and consent.
MiHIN outreach to Michigan Tribes	MiHIN is working with the 12 federally recognized tribes to onboard them to statewide HIE.	Eight out of 12 tribes have signed Master Use Case.	Monitor, collaborate as needed.
Office of Management and Budget (OMB) Statistical Policy Directive No. 15	A Working Group will evaluate research, engage with the public and recommend topics related to data around race, ethnicity, and language.	Listening sessions began in Sept. 2022.	Continue to monitor.
ONC – CMS Inpatient Prospective Payment System Final Rules re Health Equity	Screening for SDoH for Inpatients. Voluntary in 2023, required in 2024 - how will the data be used and is the HIE ready to receive?	Started	Continue to monitor.
SDoH Summit	SDoH Summit scheduled for January 24-26, 2023.	More than 1,000 registered	Event Jan 24-26, 2023.

Appendix

2008 – 2019 HIT Commission Recommendations:

Year Introduced	Recommendation	Implemented
2019	The HIT Commission recommends the reconvening of stakeholders to update the Conduit to Care report into a modern five-year strategy roadmap. An updated HIT roadmap will enable the state to align under common goals and identify barriers to interoperability and adoption of health information technology and information exchange. The HIT Commission will use an updated HIT roadmap to guide its activities and functions.	Yes
2017	The HIT Commission recommends the department develop a strategy for aligning different quality reporting and improvement efforts across the state. This strategy should be coordinated with the ongoing efforts of the Physician-Payer Quality Collaborative but should also encompass other initiatives across the state. The HIT Commission also encourages the department to include a representative from the commission as part of ongoing discussions about this strategy. Finally, the HIT Commission requests the department provide an update on the strategy at the first meeting in 2018.	In Progress
2017	The HIT Commission expresses its support for the statewide efforts to develop a standard framework for care coordination as summarized in the "Building Michigan's Care Coordination Infrastructure" report. The HIT Commission also expresses its support for the definition of "care coordination" from the report and encourages the department to review and consider this definition. Finally, the HIT Commission requests the department provide an update to the HIT Commission at the first meeting in 2018 on whether the definition could be adopted as a statewide standard. The department should address the following issues as part of the update: How does the definition from the report align with definitions for care coordination from other sources? Which policies and programs would be impacted by the adoption of a standard definition? What is the regulatory authority under which the department could adopt a standard definition?	In Progress
2017	The HIT Commission endorses the proposed updates to the standard consent form that was established under Public Act 129 of 2014. The commission also encourages MDHHS to	In Progress

Year Introduced	Recommendation	Implemented
	analyze the tools that the department has at its disposal (including but not limited to CareConnect360) to enhance the sharing of physical health and behavioral health information.	
2016	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
2016	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, which 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.	Yes (Public Acts 134, 135, and 136 of 2020)
2015	The HIT Commission supports the utilization of the Active Care Relationship Service and Common Key statewide service to achieve the policy goals of the Department. The HIT Commission also encourages Michigan health care 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 the 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 use cases.	Ongoing
2014	In 2013, the HIT Commission recommended 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

Year Introduced	Recommendation	Implemented
2013	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
2013	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
2013	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
2012	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 health care is organized and administered is changing using 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
2012	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 health care 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
2011	The HIT Commission recommends 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	Ongoing

Year Introduced	Recommendation	Implemented
	privately-led initiative, only that the resources are clearly identified and available for consumers to provide privacy and security information.	
2011	The HIT Commission recommends as updates are made to the Michigan Public Health Code, the use of HIT should be acknowledged and encouraged. The way that health care is organized and administered is changing using 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
2011	The HIT Commission recommends 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
2011	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 health care 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
2010	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
2010	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
2009	The HIT Commission recommended to MDCH that a new MiHIN approach should centralize certain elements of HIE technology and administration at the statewide level to attain	Yes

Year Introduced	Recommendation	Implemented
	the optimal economy of scale and achieve the most efficient use of available resources.	
2009	The HIT Commission recommended to MDCH that the overall goals of MiHIN should remain: 1.) Utilizing technology to improve health care 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
2008	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
2008	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)
2008	The Commission recommends Michigan identify a place in the Public Health Code to Define HIE and serve as an expandable section for future HIE legislation.	No
2008	Recognize in all State of Michigan activities the HIT Commission adopted definition of Health Information Exchange (HIE).	No
2008	The HIT Commission recommends Michigan continue to provide grant funding for the MiHIN program to support a statewide infrastructure to ensure statewide exchange of health information.	Yes

References and Resources:

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2. [All-Payer Claims Databases | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)
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4. [APCD Legislation by State](#)
5. [Associations Between Physician Practice Models and Health Information Exchange \(ajmc.com\)](#)
6. [California HIE Earns NCQA Validated Data Stream Designation for Third Year \(ehrintelligence.com\)](#)
7. [Civitas-MHCC-HDU-Brief_FINAL_2022-15-12.pdf](#)
8. [Common-HIT-Acronyms.pdf \(michigan.gov\)](#)
9. [Governance v22 | MiHIN](#)
10. [Hospitals and Health Equity — Translating Measurement into Action | NEJM](#)
11. [Improved EHR Usability Needed to Support Care Coordination, Communication](#)
12. [MES Certification Repository: Streamlined Modular Certification Frequently Asked Questions \(FAQs\) \(cmsgov.github.io\)](#)
13. [MiCelerity User Guide V3.0 \(michigan.gov\)](#)
14. [Michigan Legislature - Senate Bill 0590 \(2015\)](#)
15. [Michigan Multipayer Initiatives \(mimultipayerinitiatives.org\)](#)
16. [Modernization Report IG \(himss.org\)](#)
17. [MVC-Data-Guide_EXTERNAL-2.16.2022.pdf \(michiganvalue.org\)](#)
18. [Realizing the Promise of All Payer Claims Databases: A Federal & State Action Plan - Manatt, Phelps & Phillips, LLP](#)
19. [RWJF Realizing-the-Promise-of-APCDs_2022-12_d.pdf \(manatt.com\)](#)
20. [SNS-E Slides-Using-HEDIS-to-Improve-Health-Equity-Oct-6-2022 \(002\).pdf](#)
21. [Social Determinants of Health: APCD and Hospital Discharge Data Standards and Collection Practices \(unh.edu\)](#)
22. [Technical Assistance state grant program from California: CalHHS DxF Grant Program One-Pager](#)
23. [Use Case Factory | MiHIN](#)
24. [ehr_care_coordination_final_recommendations_report.pdf](#)

Glossary of Common Acronyms and Terms

Common Acronyms used in Health Information Technology (HIT)		
Acronym	Meaning	Additional Information
ACP	Advanced Care Planning	Advance Care Planning Resources MiHIN
ACD	Advanced Care Documents	Advance Care Documents Use Case MiHIN
ACRS	Active Care Relationship System	Active Care Relationship Service Use Case MiHIN
ADT	Admission, Discharge, Transfer Notification	Admission, Discharge, Transfer Notifications Use Case MiHIN
APCD	All Payer Claims Database	All-Payer Claims Databases Agency for Healthcare Research and Quality (ahrq.gov)
APD	Advance Planning Document	Federal Register :: State Systems Advance Planning Document (APD) Process
APP	Advanced Practice Provider, ie, Nurse Practitioner or Physician Assistant	Advanced Practice Provider Summary MyMichigan Health
ARPA	American Rescue Plan Act	American Rescue Plan The White House
BEAD	Broadband Equity, Access, and Deployment	Broadband Equity, Access, and Deployment Program BroadbandUSA
BH	Behavioral Health	
CAH	Critical Access Hospital	Critical Access Hospitals MiCare Matters
CBO	Community Based Organization	What is a CBO? University of Michigan School of Public Health
C-CDA	Clinical Consolidated Document Architecture	Clinical Consolidated Document Architecture Overview HealthIT
CDC	Center for Disease Control and Prevention	Center for Disease Control and Prevention Website
CHIR	Community Health Innovation Region	CHIR_brochure_06272019.pdf (michigan.gov)
CHW	Community Health Workers	Michigan Community Health Worker Alliance (MiCHWA) website
CIE	Community Information Exchange	Community Information Exchange Taskforce SoM
CKS	Common Key Service	Common Key Service Use Case MiHIN
CMS	Center for Medicare and Medicaid Services	Center for Medicare and Medicaid Services Website
CQI	Collaborative Quality Initiatives	CQIs in Value Partnerships
DME	Durable Medical Equipment	Durable Medical Equipment Center CMS
DTMB	Department of Technology Management and Budget	Department of Technology Management and Budget Website
ED	Emergency Department	MEDIC
EHR	Electronic Health Record	What are Electronic Health Records? HealthIT
EMR	Electronic Medical record	EMR vs EHR: What is the Difference? Alleva
FHIR	Fast Healthcare Interoperability Resources	Fast Healthcare Interoperability Resources Electronic Clinical Quality Improvement

Common Acronyms used in Health Information Technology (HIT)		
Acronym	Meaning	Additional Information
FQHC	Federally Qualified Health Clinic	What is a FQHC?
HDU	Health Data Utility	https://www.hcinnovationgroup.com/interoperability-hie/infrastructure/article/21278602/what-distinguishes-a-health-data-utility-from-an-hie
HIE	Health Information Exchange	Health Information Exchange MiHIN
HIT	Health Information Technology	Overview of Health IT and the Commission MDHHS
HL7	Health Level 7 International	Health Level 7 International Website
LEO	Labor and Economic Opportunity	Labor and Economic Opportunity SoM
LHD	Local Health Department	Local Health Department Maps MDHHS
MAPS	Michigan Automated Prescription System	Michigan Automated Prescription System Licensing and Regulatory Affairs
MCEITA	Michigan Center for Effective Information Technology Adoption	Michigan Center for Effective Information Technology Adoption Altarum
MDC	Michigan Data Collaborative	Michigan Data Collaborative Website
MDE	Michigan Department of Education	Michigan Department of Education Website
MDHHS	Michigan Department of Health and Human Services	Michigan Department of Health and Human Services Webstie
MICR	Michigan Immunization Clinical Record	Michigan Immunization Portal
MiHI	Michigan High Speed Internet Office	Michigan High Speed Internet Office Labor and Economic Opportunity
MiHIN	Michigan Health Information Network	Michigan Health Information Network Website
MMIS	Medicaid Management Information System	Medicaid Management Information System Medicaid
MOAC	MiHIN Operations and Advisory Committee	MiHIN Operations and Advisory Committee MiHIN
MPHI	Michigan Public Health Institute	Michigan Public Health Institute Website
MPI	Master Person Index	IHS link
MSW	Master Social Worker	Social Worker Licensing and Regulatory Affairs
MVC	Michigan Value Collaborative	Michigan Value Collaborative Website
PCC	Point Click Care (SNF EMR)	Michigan Health Information Network Expands Its Network Throughout the State via Partnership with PointClickCare MiHIN
PCMH	Patient-Centered Medical Home	Patient-Centered Medical Home The National Committee for Quality Assurance (NCQA)
PCP	Primary Care Provider	Primary Care Provider HealthCare.gov

Common Acronyms used in Health Information Technology (HIT)		
Acronym	Meaning	Additional Information
PGIP	Physician Group Incentive Payment (BCBSM program)	Physician Group Incentive Payment The Physician Alliance
PIP	Partners in Performance (Priority Health program)	2022 PIP Manual Updates
PO	Physician Organizations	https://michiganvalue.org
REaL	Race, Ethnicity, and Language	Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement Agency for Healthcare Research and Quality (ahrq.gov)
RHC	Rural Health Clinic	Rural Health Clinic Licensing and Regulatory Affairs
ROBIN	Realizing Opportunities with Broadband Infrastructure Networks	ROBIN Fact Fact
RPM	Remote Patient Monitoring	Telehealth MiHIN
SDoH	Social Determinants of Health	Social Determinants of Health Use Case MiHIN
SIA	Strategic Integration Administration	Strategic Integration Administration Overview Fiscal Year 2020 MDHHS
SIM	State Innovation Model	State Innovation Model MDHHS
SNF	Skilled Nursing Facility	Skilled Nursing Facility CMS
SOGIE	Sexual Orientation, Gender Identity and Expression	Sex? Sexual Orientation? Gender Identity? Gender Expression? Learning for Justice
SoM	State of Michigan	State of Michigan Website
SUD	Substance Use Disorder	Substance Use Disorders (SUDs) Disease or Condition of the Week CDC
USCDI	United States Core Data for Interoperability	United States Core Data for Interoperability HealthIT

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