MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

2014 ANNUAL REPORT

MDHHS

Michigan Department of Health & Human Services

Executive Summary

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

The Michigan Legislature created the 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."

Michigan has made significant progress towards the development of an interoperable health care information infrastructure. Health care providers across the state have adopted and begun to utilize Electronic Health Records to coordinate and improve the delivery of supports and services. The Michigan Department of Community Health, the Michigan Health Information Network Shared Services, and other participating organizations have successfully established a common infrastructure to support data sharing across the Michigan health care system. Now that the technical infrastructure for data sharing has been built, the Commission has spent the last year investigating (1) how to encourage organization to participate in the statewide electronic data sharing infrastructure and (2) how to support transformation efforts and initiatives within the healthcare system. The Commission focused on six domains during this year's meetings:

- Stakeholder and Consumer Engagement
- Governance, Policy, Planning, and Innovation
- Care Coordination
- Person-Centered Planning
- Privacy and Security
- Population Health and Data Analytics

The six domains helped shape the 2014 activities of the Commission as well as the goals, objectives, and agenda for 2015. The Commission is dedicated to supporting one statewide infrastructure with a common set of standards and shared services that enable secure electronic health data exchange across the State of Michigan.

CONTENTS

THE HIT COMMISSION

As of December 31, 2014

Gregory Forzley, M.D., of Grand Rapids, represents doctors of medicine for a term expiring August 3, 2015 and serves as the Commission's Chair.

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

Nick Lyon of Marshall, Director of the Michigan Department of Health and Human Services for a term expiring August 3, 2016. Tim Becker of Fowler, Chief Deputy Director MDHHS will represent the Department beginning in 2015.

Rod Davenport, State of Michigan CTO, represents the Department of Technology, Management, and Budget for a term expiring August 3, 2016.

Orest Sowirka, D.O. of Sterling Heights, represents doctors of osteopathic medicine and surgery for a term expiring August 3, 2015.

Michael Chrissos, M.D. of Ann Arbor represents consumers for a term expiring August 3, 2015.

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

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

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

Jim Lee of Lansing represents hospitals for a term expiring August 3, 2017.

Jill Castiglione of Northville represents pharmacists for a term expiring August 3, 2018. Ms. Castiglione replaces previous Commissioner Larry Wagenknecht, RPh whose term ended August 2014.

Nick Smith of Laingsburg represents health plans for a term expiring on August 3, 2018. Mr. Smith replaces previous Commissioner Thomas Lauzon whose term ended August 2014.

Rozelle R. Hegeman-Dingle represents pharmaceutical manufactures for a term expiring August 3, 2016. Ms. Hegeman-Dingle replaces previous Commissioner Michael Gardner**.**

*Appendix D provides a list of the history of HIT Commission recommendations

THE MISSION

The 13-member HIT Commission is appointed by the Governor as directed in PA 137-2006. 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 Health IT 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

CONSUMER AND STAKEHOLDER ENGAGEMENT

Consumer Engagement

Michigan stakeholders acknowledge the importance and need for consumers to participate and engage in their healthcare. Active consumers are more likely to receive preventive care and engage in healthy behaviors and less likely to delay care. Through consumer engagement, Michigan can improve the health of its population and reduce the cost of care. In 2014, the Commission explored how to support the decision-making and participation of individuals, family members, and caregivers throughout the health care continuum.

The Michigan Department of Community Health (MDCH) is currently developing a Consumer Engagement Plan to increase the use of health information technology among individuals in the Medicaid program. As part of the process, the Department consulted with stakeholder groups on what major issues they perceived to be barriers in engaging individuals in their health care. In May 2014, the Medicaid Consumer Engagement Team, led by Cynthia Green Edwards from the Medicaid Health Information Technology Office and Shannon Stotenbur-Wing from the Michigan Public Health Institute, presented the draft plan to the HIT Commission.

During the presentation, Ms. Stotenbur-Wing highlighted some key challenges for consumer engagement:

- The need for convenient and easy-to-use web portals and mobile applications. Ms. Stotenbur-Wing noted that the issue is particularly challenging for adults over 65 years of age, who typically have higher levels of health needs and the lowest usage of smartphone technology.
- Low health literacy rates among Michigan citizens. An estimated 9 in 10 people are not considered proficient in health literacy.
- Lack of confidence and feeling intimidated, rushed or confused when interacting with providers.

As part of the draft plan, the Department of Community Health also identified the following recommendations for improving consumer engagement:

Recommendation 1:   Portals and mobile apps should make users feel confident and in control of their abilities, allowing them to set achievable goals

2015 ENGAGEMENT GOALS:

Support and encourage the adoption of Health Information Technology and Health Information Exchange efforts to improve communication, efficacy, customer experience, and health outcomes.

Leverage health information technology solutions to engage consumers and improve the health care experience and health outcomes.

2015 ENGAGEMENT OBJECTIVES:

Increase health care stakeholder participation in the Michigan Health Information Network Shared Services.

Increase the number of network hospitals, Federally Qualified Health Centers (FQHCs)/rural health clinics, and provider organizations that participate in a Sub-State Health Information Exchange Qualified Organization.

Increase the number of individuals who are actively using the Department's consumer engagement applications such as MI Health Button/Portal and other consumer health tools.

Recommendation 2: Communication should occur with easy to understand terms and health information. Resources such as AHRQ's Health Literacy Universal Precautions Toolkit can improve spoken and written communication, self-management, and supportive systems.

Recommendation 3: Shared decision-making can aid in giving patients a chance to participate in health decisions. www.MiEngagement.org

Additionally, MDCH and its partners have teamed up to create myHealthButton (mobile application) and myHealthPortal (web-based portal). The two applications allow individuals in the Medicaid program to electronically access information on benefits and eligibility. The application interacts in real-time with other state information technology systems and is linked to the statewide MI Page application and the new MI Login credentialing and access management system.

Mobile App for iPhone and Android

In 2015, the HIT Commission anticipates continued work with the Medicaid Consumer Engagement Team and will advise them on the evolving challenges for consumer engagement through health information technology. The Commission will also work with Michigan Health Information Network (MiHIN) on developing ways for healthcare providers to electronically share care summary information with the individuals that they serve. Through health information exchange, individuals may be afforded more choice in where and how they access their health information.

Stakeholder Engagement

One of the goals of the Commission is to offer input and oversight of the statewide electronic health information infrastructure to promote secure, safe, and beneficial data exchange. In order to send and receive electronic health data across the state, stakeholders throughout the health care community should be encouraged to participate in the statewide health information exchange. Stakeholder engagement is critical to developing statewide health information exchange and improving health outcomes in Michigan.

When MiHIN was launched in May 2010, five sub-state health information exchanges were connected to the statewide infrastructure. As of the end of 2014, MiHIN now includes 29 health organizations within their network. The organizations represent health information exchanges, payers, pharmacies, health care organizations, consumer-oriented organizations and government entities. Please refer to Appendix A for a full list of organizations connected to the MiHIN Shared Services. The Qualified Organizations are able to share data by leveraging MiHIN's legal, privacy, and security standards policies.

Increased involvement is due in part to the HIT Commission's request for MiHIN to publish requirements and accept applications to participate in the statewide health information network. During the October 2013 HIT Commission meeting, the Commission recommended that MiHIN develop and publish its Qualified Data Sharing Organization criteria and encourage new health organizations to participate in the statewide data sharing. Following the recommendation, the MiHIN Board approved the request. In March 2014, the MiHIN HIE QO Application was released.

GOVERNANCE, POLICY, AND INNOVATION

Data Governance

Data Governance is a complex challenge in today's ever-changing health care environment. Data Governance strategies must be flexible and evolve in response to future advancements in technology and growing business demands. To promote healthcare transformation, MDCH must have a data governance strategy that includes:

- Flexibility, adaptability, and responsiveness to business and technology advancements;
- Production and use of data that has the highest quality, reliability, and integrity;
- Trust by encouraging open and transparent policy decisions in a timely manner;
- Statewide standards based on industry and national standards; and
- Secure access to data in a timely manner.

To support a statewide approach to data governance that aligns with the aforementioned principles, MiHIN developed the Use Case Factory Framework. The Use Case Factory is the process for developing and implementing statewide use cases. A use case is an agreement among organizations to share data in a standardized and repeatable way. For a list of current and prospective use cases, please visit the MiHIN Use Case Inventory.

In 2014 the HIT Commission reviewed the Use Case Factory framework. In 2015, the HIT Commission will continue to evaluate new and developing use cases and governance strategies to improve coordination on a statewide level. Initiatives under consideration for 2015 discussion include:
- The State of Michigan's Enterprise Information Management (EIM) project.

2015 GOVERNANCE, POLICY, AND INNOVATION GOAL:

Support the development of data governance strategies and related policies to support health care transformation efforts.

2015 GOVERNANCE, POLICY, AND INNOVATION OBJECTIVES:

Evaluate the Blueprint for Health Innovation plan with special attention to data sharing.

Examine the State of Michigan's Enterprise Information Management (EIM) project and its impact on statewide data sharing.

Utilize the MiHIN Use Case Factory process to identify and address new statewide data sharing needs.

- The current and evolving role of the MiHIN Operational and Advisory Committees (MOAC).

Policy and Innovation

Many of Michigan's health care transformation initiatives place a strong emphasis on the use health information technology and data exchange. Throughout 2014, the HIT Commission reviewed several initiatives and focused on data sharing elements and policy considerations.

In 2015, the HIT Commission will continue to investigate emerging transformation efforts. Examples include the Blueprint for Health Innovation plan, the role of data aggregation and quality metrics, and the Enterprise Information Management project.

PRIVACY AND SECURITY

Privacy

Protecting the privacy of individuals and their health care information is essential to the success of the statewide data sharing infrastructure. Creating administrative controls and procedures to ensure only authorized individuals are able to access data is critical in gaining trust and acceptance from both users and providers of health care. Safeguarding personal health information has been a critical component throughout Michigan's electronic data exchange efforts.

In 2013 and 2014, the HIT Commission expressed interest in developing a standard consent form for sharing behavioral health and substance use disorder information. The development of a Michigan standard consent form was a critical step to improving coordination of services, all the while protecting individual privacy. In the 2013 Annual Report, the HIT Commission recommended that the CIO Forum, Diversion Council, and MiHIN collaborate on producing a common form. The noted stakeholder groups completed and presented the draft form to the HIT Commission during the March 2014 meeting. As a result, the Commission made a motion to recommend the draft form to MDCH. The Commission approved the recommendation unanimously.

Concurrently, the Michigan Legislature began to review House Bill 5136, which was championed by Judge Curtis Bell of the Diversion Council. The bill required the MDCH to create a standard consent form for sharing certain types for protected health information and would require all providers, organizations, and agencies in Michigan to accept the form

2015 PRIVACY AND SECURITY GOALS:

Promote statewide privacy and security standards that are safe, secure, and useful. These standards should promote transparency, confidence, and trust while also fostering innovation.

2015 PRIVACY AND SECURITY OBJECTIVES:

Assess the implementation of the Standard Consent Form (DCH-3927) and participate in the electronic Consent Management System planning process.

Develop a statewide cyber-security strategy in conjunction with the Michigan Cyber Security Council.

unless they are exempt under the legislation. In May 2014, the Michigan legislature approved the bill and MDCH took steps to implement PA 129 of 2014. Please refer to Appendix B to review PA 129 of 2014.

PA 129 required MDCH to release a standard consent form on or before January 1, 2015. MDCH created a workgroup to review the draft form recommended by the HIT Commission, developed a final version of the form, and created educational tools to assist with the use and application of the finalized form. MDCH leadership approved the final version of the standard consent form, known as DCH-3927. MDCH released the final version to stakeholders in December 2014. In 2015, the Commission will review the implementation of DCH-3927.

Security

Preventing unauthorized access to personal health information and protecting against other security threats is an important objective of the HIT Commission. Security threats and data breeches remain a major concern in today's technology environment and a potential barrier to health data sharing within the statewide health information network. For these reasons, the HIT Commission has been dedicated to monitoring and encouraging cyber security efforts throughout Michigan.

In 2013, the HIT Commission partnered with the Michigan Healthcare Cybersecurity Council (MiHCC) to review and propose new strategies to cybersecurity threats in Michigan. The Council has established three subcommittees dedicated to creating a common security framework, evaluating medical device security, and coordinating incident management. Throughout 2014, Doug Copley, Chairperson of MiHCC has offered regular updates on the council's formation and progress to the HIT Commission. The Commission looks forward to continued collaboration in 2015.

CARE COORDINATION

Improving communication and collaboration among individuals and their health care providers is essential to the success of health care transformation efforts. The benefits of improved care coordination include enhanced relationships between individuals and their providers, reduced numbers of duplicative and unnecessary procedures, reduced emergency room visits, and smoother transitions of care between different health care settings.

In 2014, care coordination took a strong step forward with the expansion of the Admit, Discharge, and Transfer (ADT) Notification Statewide Service. When a person is admitted, discharged,

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2015 CARE COORDINATION GOALS:

Identify opportunities to leverage health information exchange to support improved care coordination in the Michigan health care system with special emphasis on high-frequency health care use for multiple chronic health conditions.

2015 CARE COORDINATION OBJECTIVES:

Integrate behavioral health and long-term support and services data sharing needs into the statewide health information infrastructure.

Assist MDCH with the implementation of the MI Health Link demonstration (Integrated Care for Individuals who are Dually Eligible for Medicare and Medicaid).

Support the development of data sharing use cases for care coordination:

- *The Common Key Service*
- *Active Care Relationship Service*

or transferred from a hospital, an ADT message is created by the hospital's electronic health record and sent through the state's health information network to providers who are active in the individual's care. In January 2014, MiHIN reported a total of 3.9 million ADT messages had been submitted through the network. As of that time, no ADT notifications had yet been sent back out to providers. By November 2014, MiHIN received 13.5 million ADT messages per month from hospitals and sent and 2.5 million ADT notifications to providers per month. MiHIN estimates that more than 85% of all hospital admissions in Michigan are now being sent through the statewide ADT notification service.

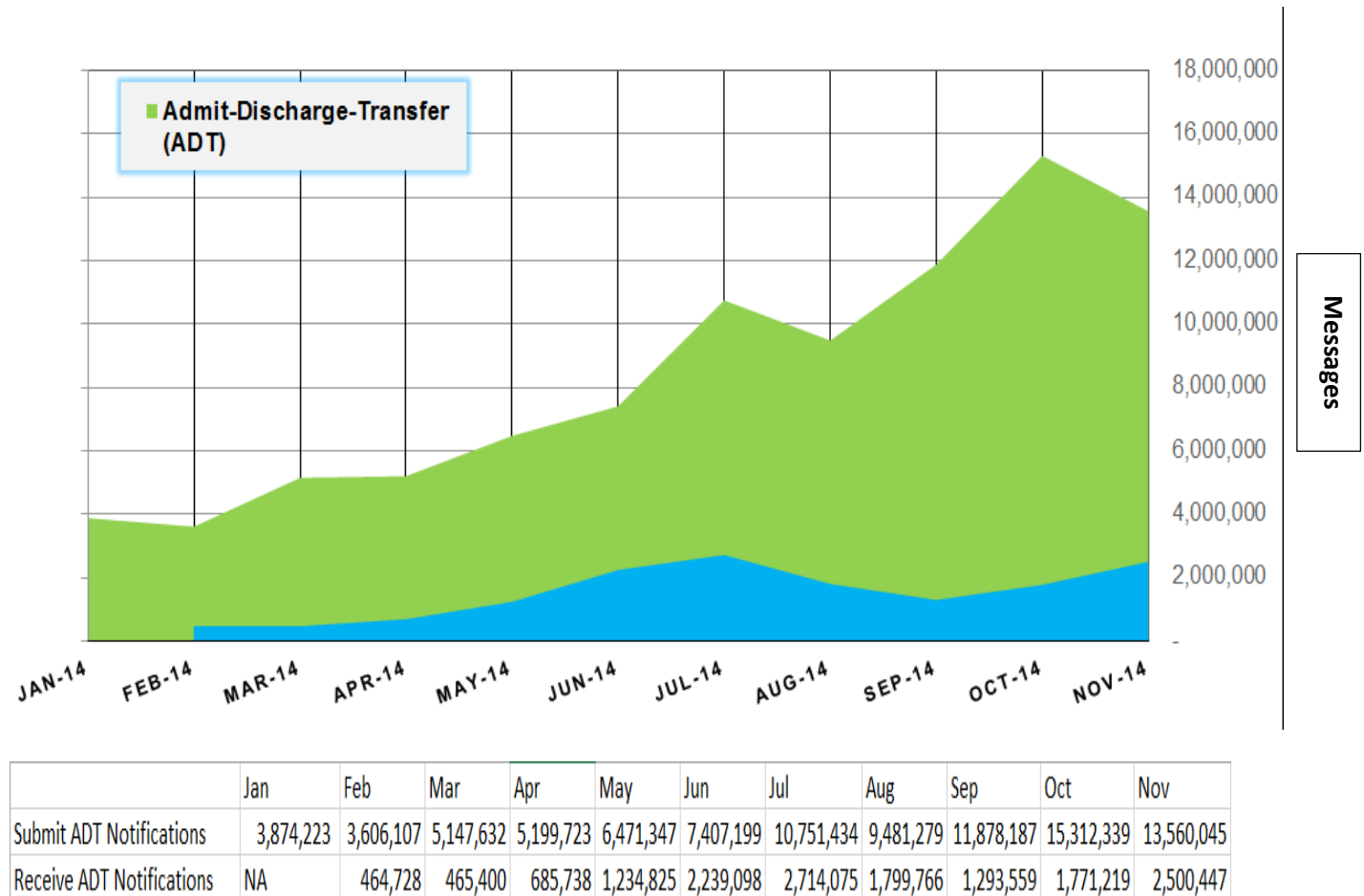|	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Submit ADT Notifications	3,874,223	3,606,107	5,147,632	5,199,723	6,471,347	7,407,199	10,751,434	9,481,279	11,878,187	15,312,339	13,560,045
Receive ADT Notifications	NA	464,728	465,400	685,738	1,234,825	2,239,098	2,714,075	1,799,766	1,293,559	1,771,219	2,500,447

Figure 1. MiHIN ADT Metrics submitted for the December 2014 HIT Commission Dashboard

During 2015, the HIT Commission will continue to support integration efforts between physical health, behavioral health, and long-term support and services (LTSS). MDCH staff introduced the MI Health Link demonstration and the Office of Services to the Aging No Wrong Door Transformation Project to the Commission during the last few months of 2014. It is anticipated the Commission will continue to explore these initiatives in 2015 with special attention to how data sharing can enable and support care coordination. The Commission will also investigate new CMS innovation grant opportunities that center on improved service delivery, new payment models, and practice transformation.

PERSON-CENTERED PLANNING

The Michigan Mental Health Code defines, "Person-Centered Planning" as *a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities* [MCL 330.1700(g)]. A plan is based on a person's goals, interests, preferences, identifies outcomes that are based these preferences, and makes a plan to obtain them. Individuals access services and supports based on the goals and needs outlined in the plan.

The concept and process is woven into Michigan's behavioral health and long-term supports and services system and will continue to be included in many of the Department's strategic planning efforts, grant proposals, and initiatives.

The HIT Commission will be reviewing person-centered concepts during 2015. MDCH will enlist subject matter experts that will provide information and resources on person-centered planning to the HIT Commission. The HIT Commission will explore strategies for supporting the person-centered planning process through the use of health information technology.

POPULATION HEALTH AND DATA ANALYTICS

The HIT Commission has made great progress in overseeing the construction of Michigan's interoperable health care information infrastructure. Now that the technical infrastructure has been built, the Commission can now investigate ways to leverage the infrastructure to improve population health, reduce cost, and increase the quality of care received. In 2015, the Commission will explore opportunities to increase data aggregation capabilities to:

- Align and track quality measures and health outcomes.
- Identify and track cost reduction opportunities.
- Harmonize data exchange efforts with transformation and population health needs.

In 2015, another major focus of the HIT Commission will be creating an environment that strengthens learning and translates research-based evidence into health care settings to improve the quality of care. The HIT Commission has explored the concept of the Learning Health System to achieve this objective. A Learning Health System is an infrastructure that serves multiple purposes and builds collaboratively atop a foundation of meaningful use and other health

2015 PERSON-CENTERED PLANNING GOALS:

Empower individuals through the use of health information technology to make health care decisions by supporting the person-centered planning process.

2015 PERSON-CENTERED PLANNING OBJECTIVES:

Support an integrated, multi-disciplinary delivery system with a focus on inter-professional, person-centered care.

Increase the use of health information exchange in the Person-Centered Planning process.

information technology investments. The Learning Health System concept holds the potential to transform care by accelerating the integration of health care knowledge into the delivery of care.

APPENDIX A

Michigan Health Information Network (MiHIN) Trusted Data Sharing Organizations

Type of Qualified Organization (QO)	Current Qualified Organizations in this Category
Government Qualified Organizations (GQO)	Michigan Department of Community Health
Health Information Exchange Qualified Organizations (HIE-QO)	Great Lakes Health Connect (GLHC) Ingenium Jackson Community Medical Record (JCMR) Michiana Health Information Network (MHIN) Northern Physicians Organization (NPO) Southeast Michigan Health Association (SEMHA) Southeast Michigan Health Information Exchange (SEMHIE) Upper Peninsula Health Information Exchange (UPHIE) PatientPing
Payer Qualified Organizations (PQOs)	Blue Cross Blue Shield of Michigan (BCBSM) Priority Health Health Alliance Plan of Michigan (HAP) Meridian Health Plan Molina Healthcare Detroit Wayne Mental Health Authority (DWMHA PIHP-QO) Community Mental Health Partnership of Southeast Michigan (Washtenaw PIHP-QO) Oakland County Community Mental Health Authority (PIHP QO)
Virtual Qualified Organizations (VQO)	PCE Systems Carebridge
Sponsored Sharing Organizations (SSO)	Henry Ford Health System Netsmart Regents of the University of Michigan Health System
State Sponsored Sharing Organizations (SSSO)	Walmart Walgreens CVS/Caremark Meijer Surescripts Altarum
Consumer Qualified Data Sharing Organizations (CQO)	NoMoreClipboard Gift of Life

Act No. 129

Public Acts of 2014

Approved by the Governor

May 22, 2014

Filed with the Secretary of State

May 22, 2014

EFFECTIVE DATE: May 22, 2014

STATE OF MICHIGAN

97TH LEGISLATURE

REGULAR SESSION OF 2014

Introduced by Rep. Lori

ENROLLED HOUSE BILL No. 5136

AN ACT to amend 1974 PA 258, entitled "An act to codify, revise, consolidate, and classify the laws relating to mental health; to prescribe the powers and duties of certain state and local agencies and officials and certain private agencies and individuals; to regulate certain agencies and facilities providing mental health services; to provide for certain charges and fees; to establish civil admission procedures for individuals with mental illness or developmental disability; to establish guardianship procedures for individuals with developmental disability; to establish procedures regarding individuals with mental illness or developmental disability who are in the criminal justice system; to provide for penalties and remedies; and to repeal acts and parts of acts," (MCL 330.1001 to 330.2106) by adding section 141a.

The People of the State of Michigan enact:

Sec. 141a. (1) On or before January 1, 2015, the department shall develop a standard release form for exchanging confidential mental health and substance use disorder information for use by all public and private agencies, departments, corporations, or individuals that are involved with treatment of an individual experiencing serious mental illness, serious emotional disturbance, developmental disability, or substance use disorder. All parties described in this subsection shall honor and accept the standard release form created by the department under this section for the purpose for which it was created unless the party is subject to a federal law or regulation that provides more stringent requirements, as defined under 45 CFR 160.202, for the protection of individually identifiable health information.

(2) Beginning on the effective date of the amendatory act that added this section, the department shall create a workgroup to implement the provisions of this section.

(3) The workgroup created in subsection (2) shall meet periodically, as the department considers necessary, but not less than once a year.

(4) In developing the standard release form under subsection (1), the department shall comply with all federal and state laws relating to the protection of individually identifiable health information and shall consider all of the following:

(a) Existing and potential technologies that could be used to securely transmit a standard release form.

(b) The national standards pertaining to electronic release of confidential information, including protecting a patient's identity and privacy in accordance with the health insurance portability and accountability act of 1996, Public Law 104-191.

(c) Any prior release forms and methodologies used in this state.

(d) Any prior release forms and methodologies developed by federal agencies.

(5) The standard release form shall be available in both electronic and paper form.

(6) Any transmission of a standard release form via electronic media may be accepted as an original by the party receiving the standard release form.

This act is ordered to take immediate effect.

Clerk of the House of Representatives

Secretary of the Senate

Approved

Governor

APPENDIX C
The Michigan Healthcare Cyber-Security Council (MiHCC)

Mi Healthcare Cybersecurity Council Participating Organizations

APPENDIX D
History of HIT Commission Recommendations

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).	
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.	
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.	
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 polices and program activities may have on the statewide exchange of health information.	

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.	
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.	
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.	
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.	
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.	
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

Recommendation	Implemented
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