



# MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

2015 ANNUAL REPORT



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR



## Executive Summary

Pursuant to Public Act 137 of 2006, the members of the Health Information Technology (HIT) 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 continues to make progress towards the development of an interoperable health care information infrastructure. Health care providers across the state have adopted and begun to use Electronic Health Records to coordinate and improve the delivery of supports and services. The Michigan Department of Health and Human Services, 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 organizations 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 the 2015 calendar year:

- 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 2015 activities of the Commission as well as the goals, objectives, and potential agenda for 2016. The Commission is dedicated to supporting the creation of a 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 .....4**
- HIT Commission Meetings in 2015 .....5**
- HIT Commission Activities in 2015 .....6**
  - Consumer and Stakeholder Engagement .....6
    - Consumer Engagement .....6
    - Stakeholder Engagement .....7
  - Governance, Policy, and Innovation.....8
    - Data Governance .....8
    - Policy and Innovation .....9
  - Privacy and Security ..... 10
    - Privacy ..... 10
    - Security ..... 10
  - Care Coordination ..... 11
  - Person-Centered Planning..... 11
  - Population Health and Data Analytics..... 12
- Forecast of 2016 HIT Commission Activities ..... 14**
  - Consumer and Stakeholder Engagement ..... 14
  - Governance, Policy, and Innovation..... 14
  - Privacy and Security ..... 14
  - Care Coordination ..... 14
  - Person-Centered Planning..... 14
  - Population Health and Data Analytics..... 14
- List of HIT Commission Resolutions ..... 15**
- Appendix A: Public Act 179 of 2012 (Peace of Mind Registry) ..... 19**
- Appendix B: Trusted Data Sharing Organizations for the Michigan Health Information Network ..... 23**
- Appendix C: Public Act 129 of 2014 (Standard Consent Form) ..... 25**

## THE HIT COMMISSION

As of December 31, 2015

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

**Michael Chrissos, M.D.** of Ann Arbor represents doctors of medicine for a term expiring August 3, 2019. Commissioner Dr. Chrissos replaced former Commissioner Dr. Gregory Forzley at the representative for doctors of medicine.

**Randall Ritter** of Dexter represents consumers for a term expiring August 3, 2019. Commissioner Ritter replaced Commissioner Michael Gardner as the representative for consumers.

**Robert Milewski** of Washington Township in Macomb County 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.

**Karen Parker**, of Webberville represents the Michigan Department of Health and Human Services for a term expiring August 3, 2016. Commissioner Parker replaced former Commissioner Tim Becker as the representative of the Michigan Department of Health and Human Services.

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

**Rodney 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, 2019.

**Peter Schonfeld** of Bath represents hospitals for a term expiring August 3, 2017. Commissioner Schonfeld replaced former Commissioner Jim Lee as the representative for hospitals.

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

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

**Rozelle Hegeman-Dingle** of Rochester Hills represents pharmaceutical manufacturers for a term expiring on August 3, 2016

## 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

## HIT COMMISSION MEETINGS IN 2015

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 7 times in 2015 and held a meeting at least once each quarter.

Month	Meeting Topic	Attendance
February	The HIT Commission received updates on the activities of the four organizations who participate in the HIT Commission Dashboard.	8 out of 13 commissioners were present at the February meeting.
March	The HIT Commission received an update on the Blueprint for Health Innovation initiative and also reviewed the Office of the National Coordinator's National Roadmap for Interoperability.	9 out of 13 commissioners were present at the March meeting.
May	The HIT Commission received an update on the newly created Michigan Department of Health and Human Services and also reviewed the State of Michigan's "Enterprise Information Management" initiative.	10 out of 13 commissioners were present at the May meeting.
June	The HIT Commission held a public strategic planning meeting at the "Connecting Michigan for Health" conference in Lansing, Michigan.	11 out of 13 commissioners were present at the June meeting.
August	The HIT Commission hosted a panel discussion on health information technology and advance care planning. The HIT Commission also reviewed the implementation of the Peace of Mind Registry.	8 out of 13 commissioners were present at the August meeting.
September	The HIT Commission reviewed statewide efforts to create a shared infrastructure for identity management and attribution across the Michigan health care system.	12 out of 13 commissioners were present at the September meeting.
November	The HIT Commission explored several initiatives related to quality measure alignment and reporting, which includes the Physician-Payer Quality Collaborative.	9 out of 13 commissioners were present at the November meeting.

## HIT COMMISSION ACTIVITIES IN 2015

### Consumer and Stakeholder Engagement

#### CONSUMER ENGAGEMENT

Consumer engagement has become an increasingly important part of the health care experience. 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. 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 Health and Human Services (MDHHS) has been working with several organizations to develop key pieces of infrastructure that will support consumer engagement activities on a statewide basis. The HIT Commission reviewed the development and implementation of several of these pieces of infrastructure during 2015.

- **myHealthButton and myHealthPortal** – MDHHS 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.
- **Statewide Consumer Directory** – MDHHS and the Michigan Health Information Network (MiHIN) are building a statewide consumer directory that will enable individuals who participate in the Medicaid program to save their preferences for information sharing in a centralized location and to have their preferences recognized and honored across the health care system.
- **Peace of Mind Registry** – MDHHS and Gift of Life Michigan established an advance directive registry for the State of Michigan in response to Public Act 179 of 2012. Please refer to Appendix A to review Public Act 179. The registry allows citizens to submit and store advance directives in a secure, centralized location. Gift of Life Michigan is also expanding the functionality of the registry to allow providers to access advance directives in a secure manner.

#### 2015 ENGAGEMENT GOALS:

*Support and encourage the adoption of health information technology and health information exchange by health care providers to improve the delivery of health care.*

*Leverage health information technology solutions to help consumers participate in their health care and make informed decisions.*

#### 2016 ENGAGEMENT OBJECTIVES:

*Increase the participation of health organizations in the Michigan Health Information Network Shared Services.*

*Increase the number of health care providers that participate in a Health Information Exchange Qualified Organization.*

*Increase the number of consumers who use statewide health applications such as MI Health Button, MI Health Portal, and the Peace of Mind Registry.*

*Explore different outreach and education models for engaging consumers in health care decision-making.*

- Consumer Engagement Interest Group** – The Michigan Public Health Institute (MPHI) with the help of MiHIN hosted a monthly Consumer Engagement Interest Group to create a forum for meaningful dialogue on engaging consumers in health. Various state departments, health associations, and consumer groups were able to collectively share their work and resources to help consumers navigate the healthcare landscape, particularly through the use of health information technology. Some of the highlights from the past year included a presentation from the Louisiana Health Care Quality Forum’s Your Health in Your Hands health IT campaign, a demonstration from the MyHealthButton/MyHealthPortal team, and the Find MI Care tool from the Greater Detroit Area Health Council.

### STAKEHOLDER ENGAGEMENT

One of Commission’s goals is to provide oversight of the statewide electronic health information infrastructure in order to promote secure, safe, and beneficial data exchange. Consumers and health care providers should be able to access health information whenever and where it is needed, and stakeholders throughout the health care community should therefore be encouraged to adopt health information technology and participate in health information exchange on a statewide basis.

During 2015, the Commission explored the work of the Medicaid Electronic Health Record (EHR) Incentive Program and Michigan Center for Effective Information Technology Adoption (MCEITA). The EHR Incentive Program and MCEITA provide crucial support to health care providers who are working to adopt health information technology. Michigan providers have made tremendous strides in adopting health information technology over the past few years with assistance from the Medicaid EHR Incentive Program, Medicare EHR Incentive Program, and MCEITA. The following table outlines the number of providers who are participating in the Medicaid or Medicare EHR Incentive Program.

Type of Provider	Incentive Program	Number of Providers
Eligible Professional	Medicaid	5,386
Eligible Professional	Medicare	11,708
Eligible Hospital	Medicaid and/or Medicare*	134

\* Eligible hospitals may (a) only participate in only the Medicare program; (b) only participate in the Medicaid program; or (c) be dually enrolled in the Medicare and Medicaid programs.

### 2015 ENGAGEMENT GOALS:

*Support and encourage the adoption of health information technology and health information exchange by health care providers to improve the delivery of health care.*

*Leverage health information technology solutions to help consumers participate in their health care and make informed decisions.*

### 2016 ENGAGEMENT OBJECTIVES:

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

*Increase the number of consumers who use statewide health applications such as MI Health Button, MI Health Portal, and the Peace of Mind Registry.*

*Explore different outreach and education models for engaging consumers in health care decision-making.*



The Commission also explored the expansion of the MiHIN network. When MiHIN was launched in May 2010, 5 sub-state health information exchanges were connected to the statewide infrastructure. At the end of 2015, MiHIN had over 50 Qualified Organizations who were participating within their network. The Qualified Organizations are able to share data by leveraging MiHIN's legal, privacy, and security standards and policies. Please refer to Appendix B for a full list of organizations connected to the MiHIN Shared Services. The Commission also reviewed the recent expansion of the [MiHIN Board](#). MiHIN recently added several new representatives to its board in order to reflect the increasing diversity of health organizations within its network. The MiHIN Board now includes representatives of physicians, behavioral health providers, and more.

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, and MiHIN released the [MiHIN HIE QO Application](#) in March 2014. Since that time, the Commission has continued to encourage organizations to join the MiHIN network while also encouraging MiHIN to be inclusive of all health care stakeholders in its statewide activities.

## 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, MDHHS must have a data governance strategy that (1) is flexible, adaptable, and responsive to business and technology advancements; (2) produces and uses data that has the highest quality, reliability and integrity; (3) is built on trust by encouraging open and transparent policy decisions in a timely manner; (4) adopt statewide standards that are aligned with industry and national standards; and (5) ensures secure access to data in a timely manner.

In 2015, the HIT Commission reviewed two data governance strategies: the Enterprise Information Management framework and the Nationwide Interoperability Roadmap. The Enterprise Information Management

### 2015 GOVERNANCE, POLICY, AND INNOVATION GOAL:

*Support the development of policies and data governance frameworks that will promote data sharing on a statewide basis.*

*Explore opportunities for innovation initiatives to leverage the statewide infrastructure for health information exchange.*

### 2016 GOVERNANCE, POLICY, AND INNOVATION OBJECTIVES:

*Examine innovation initiatives such as the Blueprint for Health Innovation, MI Health Link Demonstration, and No Wrong Door project with a focus on opportunities for data sharing.*

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

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

*Explore emerging opportunities to improve health care delivery such as the FHIR standards and telehealth.*

framework is a statewide initiative to improve the management and sharing of data within the State of Michigan. The [Nationwide Interoperability Roadmap](#) is a national strategy that was published by the Office of the National Coordination for Health Information Technology (ONC) in order to improve data sharing within the health care system. The HIT Commission reviewed and provided feedback on both initiatives.

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](#). The HIT Commission reviewed the development and operational strategy of the Use Case Factory in 2015.

### **POLICY AND INNOVATION**

Many of Michigan's health care transformation initiatives place a strong emphasis on the use of health information technology and data exchange. Throughout 2015, the HIT Commission reviewed several initiatives and focused on data sharing elements and policy considerations.

One of the transformation initiatives that was reviewed by the Commission is the [Blueprint for Health Innovation](#). The Blueprint for Health Innovation is a statewide initiative that is focused on improving the health care delivery system through payment reform and integration of health care and community resources. The initiative will also involve the alignment of outcome metrics across payers and the prioritization of investment in health information exchange and data analytics capacity. The Commission reviewed and provided feedback on this initiative at its March meeting.

At the November 2015 meeting, the HIT Commission reviewed the efforts of the Michigan State Medical Society and Michigan Health Information Network to improve the alignment and electronic reporting of quality measures. This initiative is known as the Physician-Payer Quality Collaborative. The alignment of quality measures across payers will encourage coordination and collaboration on addressing community health needs across Michigan and reduce the administrative burden of reporting on providers. The Department is also exploring ways to build upon this initiative as part of implementing the Blueprint for Health Innovation.

### **2015 GOVERNANCE, POLICY, AND INNOVATION GOAL:**

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### **2016 GOVERNANCE, POLICY, AND INNOVATION OBJECTIVES:**

*Examine innovation initiatives such as the Blueprint for Health Innovation, MI Health Link Demonstration, and No Wrong Door project with a focus on opportunities for data sharing.*

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

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

*Explore emerging opportunities to improve health care delivery such as the FHIR standards and telehealth.*

## Privacy and Security

### PRIVACY

Protecting the privacy of individuals and their health care information is essential to the success of the statewide data sharing efforts. Creating privacy controls and procedures to ensure only authorized individuals are able to access data is critical in gaining the trust of both users and providers of health care.

The HIT Commission has played a critical role in the development of Michigan's [Behavioral Health Consent Form](#). The Behavioral Health Consent Form is a shared statewide form that allows individuals to consent to the sharing of their mental health and substance use disorder information. The Department created the form in response to Public Act 129 of 2014. Please refer to Appendix C to review Public Act 129. The sharing of behavioral health information will help support the integration of physical health and behavioral health services across Michigan and promote better outcomes for individuals with behavioral health needs. The Commission played a critical role in the creation of the form by convening stakeholders around the consent issue. The Commission will also continue to be involved in this initiative by (1) providing oversight of the implementation of the form on a statewide basis and (2) exploring opportunities to facilitate the electronic exchange of consent information through the form.

### 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 breaches 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 2015, the HIT Commission discussed several cybersecurity issues with representatives of the [Michigan Healthcare Cybersecurity Council](#) (MiHCC). A coalition of health care stakeholders created MiHCC in order to develop strategies to combat cybersecurity threats in Michigan. MiHCC has established three subcommittees dedicated to creating a common security framework, evaluating medical device security, and coordinating incident management. Throughout 2015, Doug Copley and Scott Larsen of MiHCC offered regular updates on the council's progress to the HIT Commission.

### *2015 PRIVACY AND SECURITY GOAL:*

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

### *2016 PRIVACY AND SECURITY OBJECTIVES:*

Assess the implementation of the Standard Consent Form (DCH-3927) on a statewide basis.

Explore the development of a statewide use case for electronically exchanging consent information.

Support the development of a statewide cyber-security strategy in partnership with the Michigan Cyber Security Council.

Encourage efforts to educate consumers and health care providers on privacy and security issues related to the exchange of health information.

## 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.

During the September 2015 meeting, the HIT Commission reviewed the efforts of MDHHS and MiHIN to develop shared technology infrastructure to support care coordination across the Michigan Health Care System. MDHHS and MiHIN are working to implement the Active Care Relationship Service and Common Key Service, which will allow health care providers and payers to electronically identify and link individuals to their care team across the health care system. These services are essential to improving the coordination of care and integration of services across the health care system. During this meeting, the HIT Commission approved a recommendation that:

- Expressed support for the utilization of the Active Care Relationship Service and Common Key statewide service as a means to achieve the policy goals of the Department;
- Encouraged Michigan healthcare stakeholders to participate in the Active Care Relationship Service, Common Key statewide service, and Statewide Health Provider Directory use cases;
- Recommended that the aforementioned use cases should be implemented in a manner that promotes usability and addresses workflow issues for providers; and
- Encouraged stakeholders to work together to achieve consensus and resolve barriers that are related to implementation of the aforementioned use cases.

## 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, and preferences, identifies outcomes that are based on these preferences, and makes a plan to obtain them. Individuals access services and supports based on the goals and needs outlined in the plan.

## 2015 CARE COORDINATION GOALS:

Identify opportunities to improve care coordination through health information exchange with special emphasis on integrating physical health, behavioral health, and long-term supports and services.

## 2016 CARE COORDINATION OBJECTIVES:

Support the integration of physical health services with behavioral health and long-term supports and services through health information exchange.

Explore opportunities to expand health information exchange through the MI Health Link demonstration.

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

- The Common Key Service
- Active Care Relationship Service
- Medication Reconciliation
- Electronic Consent Management
- Integrated Care Bridge Record

Person-centered planning is woven into the fabric of Michigan’s behavioral health and long-term supports and services programs and will be continue to be integrated into the Department’s strategic planning efforts, grant proposals, and initiatives.

At the August 2015 meeting, the HIT Commission explored the person-centered planning concept through a discussion on advance care planning. The Commission hosted a panel of subject matter experts to discuss opportunities to leverage health information technology to support advanced care planning.

As part of this discussion, the Commission reviewed the implementation of the Peace of Mind Registry in Michigan. MDHHS and Gift of Life Michigan created the registry in response to Public Act 179 of 2012, which requires the Department to create, operate, and maintain a voluntary registry of advance directives. Please refer to Appendix A to review Public Act 179.

The Commission and the panel of subject matter experts discussed different opportunities to integrate and connect the Peace of Mind registry with the existing statewide health information exchange infrastructure. The Commission also consulted with the subject matter experts on how the Peace of Mind Registry could best support their efforts to engage consumers in advance care planning discussions.

The HIT Commission voiced support for ongoing coordination between the Peace of Mind Registry and other advance care planning initiatives. The Commission specifically emphasized the importance of ensuring that patients and their health care providers can electronically access advanced care planning documents regardless of where the record is stored.

## 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 investigate ways to leverage the infrastructure to improve population health, reduce cost, and increase the quality of care received.

At the November meeting, the HIT Commission explored several initiatives related to the alignment and electronic reporting of quality measures. The Physician-Payer Quality Collaborative is focused on increasing the alignment of quality measures between payers and reducing the burden of electronic reporting for providers. This initiative will play a fundamental role in setting the foundation for improved care coordination and enhanced collaboration on community health initiatives. The Commission

## 2015 PERSON-CENTERED PLANNING GOALS:

*Engage and empower individuals in making informed health care decisions through the use of health information technology and the person-centered planning process.*

## 2016 PERSON-CENTERED PLANNING OBJECTIVES:

*Explore different outreach and education models for engaging consumers in health care decision-making.*

*Increase consumer and provider participation in advance care planning through the Peace of Mind Registry.*

also reviewed the efforts of MDHHS to assist providers with the electronic Clinical Quality Measure reporting requirements under the Meaningful Use program. MDHHS is working with MiHIN to enable providers to submit one set of quality measures and meet the requirements of multiple incentive programs, which will greatly reduce the reporting burden on providers.

In 2016, the Commission will explore opportunities to increase data aggregation capabilities in order 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.

## 2015 POPULATION HEALTH AND DATA ANALYTIC GOALS:

*Improve population health by integrating health information from multiple sources in order to inform and strengthen policymaking and program development.*

## 2016 POPULATION HEALTH AND DATA ANALYTIC OBJECTIVES:

*Investigate the role of data aggregation in Michigan's current health information exchange ecosystem.*

*Evaluate the potential for electronic clinical quality measures and payment data to support care coordination and population health investments.*

*Support the development of data exchange use cases for population health and data analytics.*

*Continue to explore the Learning Health System concept.*

## FORECAST OF 2016 HIT COMMISSION ACTIVITIES

The Commission developed the following Action Plan to serve as guidance for commission meetings in 2016.

### Consumer and Stakeholder Engagement

Action Item
Determine the level of connectivity of health care providers to Michigan's statewide infrastructure
Review statewide consumer engagement initiatives
Evaluate different models of engaging consumers through health information technology
Review the implementation of MI Health Button and MI Health Portal
Review the implementation of the Peace of Mind registry
Review efforts to educate consumers and health care providers on privacy and security

### Governance, Policy, and Innovation

Action Item
Review the data sharing and use case needs of statewide health care transformation initiatives
Monitor the implementation of the MiHIN Use Case Factory
Explore opportunities to leverage new standards such as Fast Healthcare Interoperability Resources
Investigate opportunities to improve the use of telehealth in Michigan
Evaluate ways to integrate Learning Health System concepts into statewide health information exchange

### Privacy and Security

Action Item
Review the implementation of the Behavioral Health Consent Form on a statewide basis
Explore opportunities to implement a statewide electronic consent management process
Collaborate with the Michigan Healthcare Cybersecurity Council on cybersecurity efforts
Review efforts to educate consumers and health care providers on privacy and security

### Care Coordination

Action Item
Promote integration of behavioral health and long-term supports and services into data sharing
Review the progress of health information exchange activities under the MI Health Link Demonstration
Monitor the implementation of the Common Key Service and Active Care Relationship Service.
Explore new potential use cases to facilitate care coordination on a statewide basis

### Person-Centered Planning

Action Item
Evaluate different models of engaging consumers through health information technology
Review the implementation of the Peace of Mind registry

### Population Health and Data Analytics

Action Item
Explore the need for data aggregation in Michigan's health care system
Review statewide efforts to improve the alignment and reporting of quality measures

## 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).	
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.	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.	<u>Yes</u>

### 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.	<u>Yes</u>
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.	<u>Yes</u>



## 2010 Annual Report

Recommendation	Implemented
<p>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.</p>	<p><u>Yes</u></p>
<p>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.</p>	

## 2011 Annual Report

Recommendation	Implemented
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	<p><u>Ongoing</u></p>

## 2012 Annual Report

Recommendation	Implemented
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	<p><u>Ongoing</u></p>

## 2013 Annual Report

Recommendation	Implemented
<p>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.</p>	<p><u>Yes</u></p>
<p>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.</p>	<p><u>Yes</u></p>
<p>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.</p>	<p><u>Yes</u></p>

## 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 <a href="#">PA 129 of 2014</a> .	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.	

## **APPENDIX A: PUBLIC ACT 179 OF 2012 (PEACE OF MIND REGISTRY)**

Act No. 179

Public Acts of 2012

Approved by the Governor

June 19, 2012

Filed with the Secretary of State

June 19, 2012

EFFECTIVE DATE: June 19, 2012

**STATE OF MICHIGAN**

**96TH LEGISLATURE**

**REGULAR SESSION OF 2012**

**Introduced by Senators Marleau, Robertson, Green, Emmons, Hune, Warren, Bieda, Schuitmaker, Gleason, Moolenaar, Smith, Booher, Hansen, Casperson, Pappageorge, Walker, Jansen, Proos, Hildenbrand, Pavlov, Gregory, Kowall, Anderson, Nofs, Kahn, Meekhof, Jones, Richardville, Colbeck, Caswell, Rocca, Hunter, Brandenburg and Hopgood**

**ENROLLED SENATE BILL No. 723**

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 section 10301.

*The People of the State of Michigan enact:*

Sec. 10301. (1) The department may create, operate, and maintain the peace of mind registry, which shall contain the directives of voluntary registrants who are residents of this state. The peace of mind registry shall be created, operated, and maintained as provided in this act.

(2) The department may by contract delegate the creation, operation, and maintenance of a peace of mind registry to a peace of mind registry organization contingent upon the peace of mind registry organization incurring all of the cost related to design, maintain, and operate the registry.

(3) Both of the following conditions apply to a directive:

(a) A directive may be submittable through the United States mail, or through uploaded portable document format (PDF) or another secure electronic format as determined by the department.

(b) A directive shall contain a signature line for the registrant.

(4) The peace of mind registry shall meet all of the following requirements:

(a) Be accessible to registrants, health care providers, and the department by way of a designated user identification and password.

(b) Store all an individual’s directive. However, the most recently signed directive supersedes any earlier directive.

(c) Provide electronic access to stored directives on a continuous basis at no cost to the health care providers and allow health care providers to transmit directives into their respective electronic medical records.

(d) Provide electronic storage and access to directives submitted at no cost to the registrant.

(e) Include a unique identifier-searchable database, including, but not limited to, the last 4 digits of an individual’s social security number and the individual’s date of birth and address.

(5) The department, the secretary of state, and the department of human services shall each provide on its public website information on directives and the peace of mind registry. The department, the secretary of state, and the department of human services shall promote public awareness of the advantages of creating directives and the availability of the registry.

(6) The peace of mind registry shall satisfy all of the following conditions to the satisfaction of the department:

(a) Maintain a record of each individual who files a directive to be stored in the peace of mind registry and make the record available to the department.

(b) Create and provide forms for the registration of a directive.

(c) Create and provide forms for the revocation of a directive.

(7) The department and the peace of mind registry organization shall ensure the privacy and security of all documents and information submitted to, transmitted from, or stored in the peace of mind registry. The department and any person who accesses the peace of mind registry shall comply with all other provisions of this act and any other law of this state or federal law establishing privacy and security standards applicable to health or other personal identifying information.

(8) Information in the peace of mind registry shall not be accessed or used for any purpose unrelated to decision making for health care or disposition of human remains, except that the information may be used solely by the department or its designee for statistical or analytical purposes if the individual's identity is not revealed and all personal identifying information remains confidential.

(9) The department or its designee shall provide both of the following to an individual who files a directive with the peace of mind registry to be stored in the registry:

(a) A wallet-sized card indicating that the holder has a directive in the registry.

(b) An electronic mail message or postcard indicating confirmation of the registration of a directive.

(10) By January 31 of each year, the department or peace of mind organization, as applicable, shall report to the standing committees of the house of representatives and senate on health policy stating the total number of current and new registrants who have submitted directives during the preceding calendar year.

(11) The department may promulgate rules under the administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to 24.328, to provide for the implementation and administration of this section.

(12) A peace of mind registry organization, with which the department has contracted under subsection (2), and its employees are immune from civil liability arising from the accuracy or content of the registry, except in the case of willful negligence or gross negligence.

(13) A directive that was filed with and stored in the peace of mind registry shall not be considered to be of greater legal weight or validity solely by virtue of that filing and storage.

(14) As used in this section:

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

(b) "Directive" means a document that is registered or filed with the peace of mind registry as provided in this act and that is either of the following:

(i) A durable power of attorney and designation of patient advocate under part 5 of article V of the estates and protected individuals code, 1998 PA 386, MCL 700.5501 to 700.5520.

(ii) A signed or authorized record concerning an anatomical gift containing a donor's direction concerning a health care decision for the donor under the revised uniform anatomical gift law, sections 10101 to 10123.

(c) "Health care provider" means any of the following:

(i) A health professional licensed, registered, or otherwise authorized to engage in a health profession under part 170,

172, or 175, or a law of another state substantially similar to part 170, 172, or 175.

(ii) A health facility or agency licensed or certified under article 17 or a law of another state substantially similar to article 17.

(d) "Peace of mind registry" or "registry" means an internet website containing access to directives as provided under this act.

(e) "Peace of mind registry organization" means an organization certified or recertified by the secretary of the United States department of health and human services as a qualified organ procurement organization under 42 USC 273(b), or its successor organization.

(f) "Sign" means that, with the present intent to authenticate or adopt a record, an individual does either of the following:

(i) Executes or adopts a tangible symbol.

(ii) Attaches to or logically associates with the record an electronic symbol, sound, or process.

This act is ordered to take immediate effect.

Clerk of the House of Representatives

Secretary of the Senate

Approved

Governor

## APPENDIX B: TRUSTED DATA SHARING ORGANIZATIONS FOR THE MICHIGAN HEALTH INFORMATION NETWORK

Type of Qualified Organization (QO)	Current Qualified Organizations in this Category
Government Qualified Organizations (GQO)	Michigan Department of Health and Human Services
Health Information Exchange Qualified Organizations (HIE-QO)	Administrative Network Technology Solutions (ANTS) Great Lakes Health Connect (GLHC) Ingenium Jackson Community Medical Record (JCMR) Michiana Health Information Network (MHIN) Northern Physicians Organization (NPO) PatientPing Southeast Michigan HIE (SEMHIE) Upper Peninsula Health Information Exchange (UPHIE)
Payer Qualified Organizations (PQOs)	AmeriHealthCaritas Blue Cross Blue Shield of Michigan (BCBSM) Blue Cross Complete (BCC) Fidelis Secure Care Health Alliance Plan (HAP) Meridian Health Plan Molina Healthcare Priority Health Total Health Care (THC) Upper Peninsula Health Plan (UPHP)
Pre-paid Inpatient Health Plan Qualified Organization (PIHP-QO)	Community Mental Health Partnership of Southeast Michigan (Washtenaw) Detroit Wayne Mental Health Authority Lakeshore Regional Partners Macomb County Community Mental Health Mid-state Health Network Northcare Network Oakland County Community Mental Health Authority Region 10 PIHP Northern Michigan Regional Entity
Virtual Qualified Organizations (VQO)	PCE Systems Carebridge
Sponsored Sharing Organizations (SSO)	Henry Ford Health System (HFHS) Integrated Health Partners (IHP) NetSmart Regents of U of M Spectrum
State Sponsored Sharing Organizations (SSSO)	Altarum Costco CVS/Caremark Meijer Surescripts Walgreens Walmart



Type of Qualified Organization (QO)	Current Qualified Organizations in this Category
Consumer Qualified Data Sharing Organizations (CQO)	Gift of Life Medyear NoMoreClipboard
Direct Data Sharing Organizations	Branch County
Simple Data Sharing Organizations	Michigan Health and Hospital Association Beaumont Health System

## **APPENDIX C: PUBLIC ACT 129 OF 2014 (STANDARD CONSENT FORM)**

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