



Michigan Health Information Technology Commission

June 14, 2022

The Michigan Health Information Technology Commission is an advisory Commission to the Michigan Department of Health and Human Services and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275

Hybrid “Housekeeping” Guidelines



Access

- **This meeting is being recorded.**
- For members calling into the meeting and unable to use web-based meeting features, an open comment period will be offered at the end of the meeting.
- **If at any time you have accessibility or technical issues during the meeting,** please contact WirthK4@michigan.gov.
- **Web cam video display is reserved for commissioners and presenters.**



Interacting

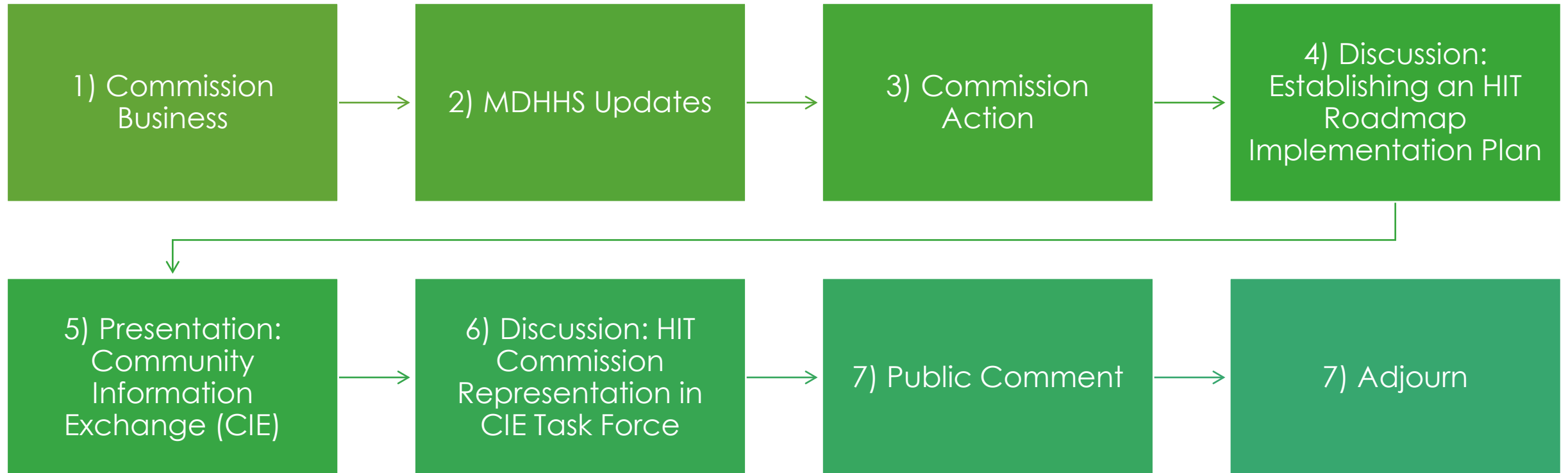
- **The group chat will be monitored and utilized throughout the meeting.** Any questions or comments raised in the group chat will be read aloud.
- Unless otherwise specified, **all attendees (besides the presenter) will be muted during a presentation.** This rule will reduce background noise or “feedback.”
- **Please identify yourself by stating your name before you begin speaking.** This will assist us in keeping accurate meeting minutes.
- **Please be sure to mute yourself after you are done speaking,** this will reduce feedback during the meeting.



Public Participation

- Except for the public comment period, **public participants should remain muted unless invited to speak by the commission.**
- Per the Michigan Open Meetings Act, disclosing your identity in this meeting is not required.
- The public comment period will be accessible for multiple modalities at the end of the meeting.
- For those attending in person, please fill out a blue comment card and we will call on you during the public comment period.

June 2022 Meeting Agenda



1. Commission Business

A. Quorum

B. Housekeeping – Hybrid Meeting Format Logistics

C. Welcome and Introductions

D. Approve Meeting Minutes

Led by: Chair

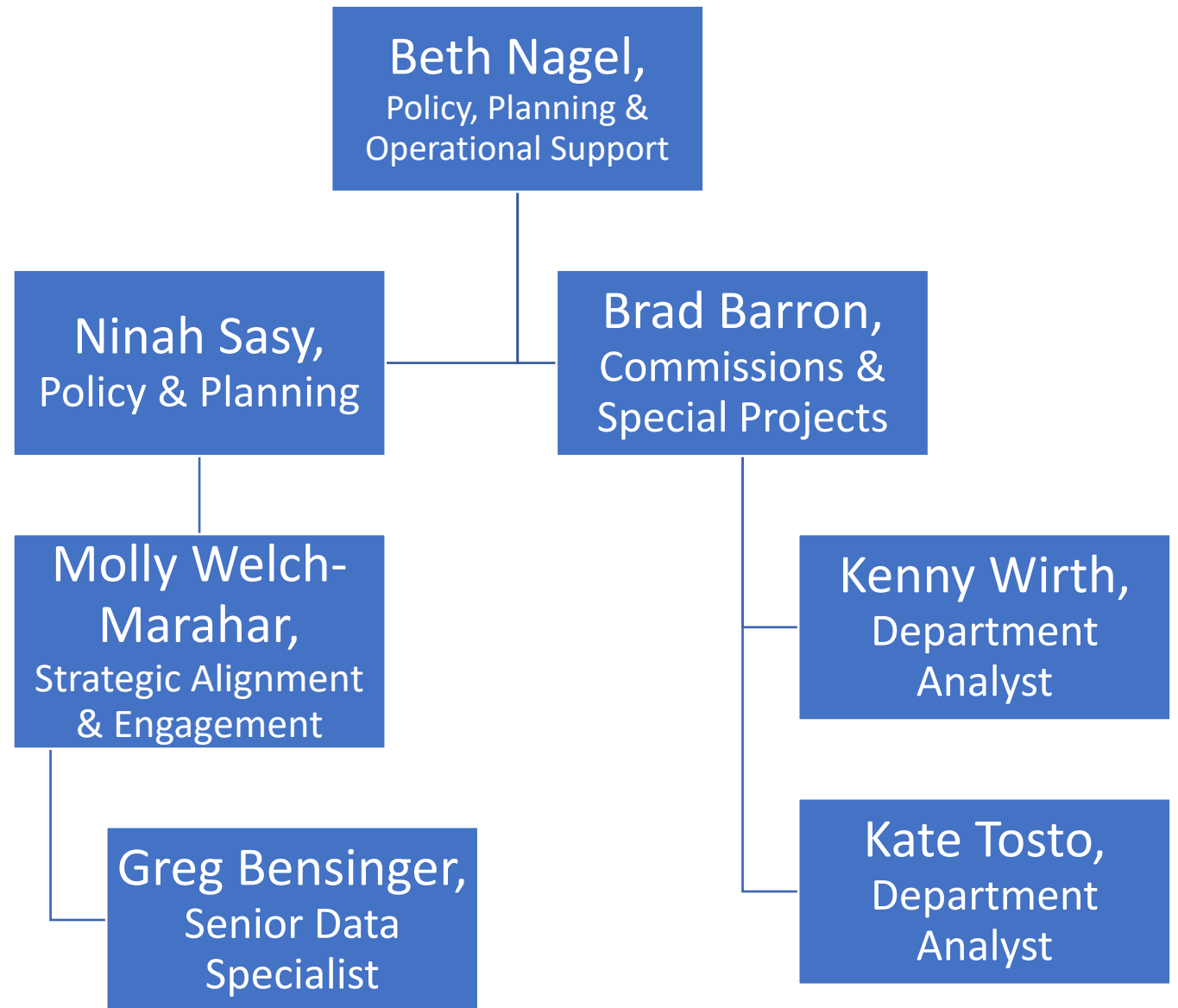
2. Updates

MDHHS Staff Transitions

Led by: MDHHS Policy, Planning, and Operational Support Administration

MDHHS Support for the HIT Commission

- Revised Structure
- Subject matter expertise teamed with experienced logistics
 - Consistency of operations
 - Integration within MDHHS strategy



3. Commission Action

Formal Adoption of Bridge to Better Health Report: Michigan's Five-Year Health IT Roadmap

Led by: Chair



4. Establishing a Roadmap Implementation Plan

Led by: MDHHS Policy, Planning, and Operational Support Administration



HIT Commission's Statutory Role in Roadmap Implementation

The duties of the Health IT Commission are set forth in Section 2505 of 2006 PA 137:

(1) The health information technology commission is created within the department **to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in this state.** The commission shall consist of 13 members appointed by the governor

HIT Commission's Statutory Role in Roadmap Implementation

The Health IT Commission exercises its duties to promote all the following:

- A. Develop and maintain a strategic plan in accordance with subsection (2) to guide the implementation of an interoperable health information technology system that will reduce medical errors, improve quality of care, and produce greater value for health care expenditures.
- B. Identify critical technical, scientific, economic, and other critical issues affecting the public and private adoption of health information technology.
- C. Provide recommendations on policies and measures necessary to achieve widespread adoption of health information technology.
- D. Increase the public's understanding of health information technology.
- E. Promote more efficient and effective communication among multiple health care providers, including, but not limited to, hospitals, physicians, payers, employers, pharmacies, laboratories, and any other health care entity.
- F. Identify strategies to improve the ability to monitor community health status.
- G. Develop or design any other initiatives in furtherance of the commission's purpose.






HIT Roadmap Implementation Utilizing the Switch Framework: How to Change Things When Change is Hard

Roadmap Implementation Plan Using Switch

- Direct the **rider** (rational mind)
 - Study and replicate bright spots
 - Give clear direction
 - Point to the destination
- Motivate the **elephant** (emotion)
 - Feelings, ease, identity, growth
- Shape the **path** (environment)
 - Tweak the environment
 - Build habits
 - To go far, rally the herd

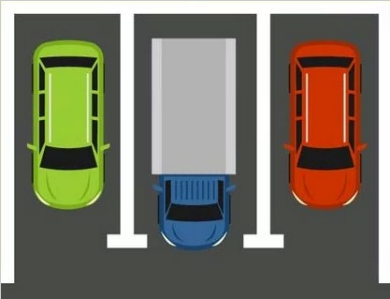


What are the Key Elements?

Situation:		
Audience:		Goal:
 Direct the Rider (Clarity)	 Motivate the Elephant (Desire)	 Shape the Path (Ease)
FOLLOW THE BRIGHT SPOTS. Investigate what's working and clone it.	FIND THE FEELING. Knowing something isn't enough to cause change. Make people feel something.	TWEAK THE ENVIRONMENT. When the situation changes, the behavior changes. So, change the situation.
SCRIPT THE CRITICAL MOVES. Don't think big picture, think in terms of specific behaviors.	SHRINK THE CHANGE. Break down the change until it no longer spooks the Elephant.	BUILD HABITS. When behavior is habitual, it's "free"—it doesn't tax the Rider. Look for ways to encourage habits.
POINT TO THE DESTINATION. Change is easier when you know where you're going and why it's worth it.	GROW YOUR PEOPLE. Cultivate a sense of identity and instill the growth mindset.	RALLY THE HERD. Behavior is contagious. Help it spread.
Your Approach:		

The Truck Situation

Audience: Child

Goal: Clean up after they play

Direct the Rider	Motivate the Elephant	Shape the Path
<u>Clarity</u>	<u>Desire</u>	<u>Ease</u>
"Time to park the trucks in their assigned spots"	Gamify clean-up task "parking trucks"	Designate the bookshelf as a parking garage
		



Initiatives have **Objectives** that Contain **Activities**

1. **Identify champions and empower leaders.** (2 Objectives / 3 Activities)
2. **Enhance health data utility.** (3 Objectives / 10 Activities)
3. **Work to address Michigan's digital divide.** (2 Objectives / 2 Activities)
4. **Improve onboarding and technical assistance programs.** (2 Objectives / 2 Activities)
5. **Protect public health.** (3 Objectives / 6 Activities)
6. **Adopt standards for social care data fields.** (2 Objectives / 4 Activities)



Initiative **1**

Identify champions and empower leaders

Objective **A**

Drive implementation of the roadmap and future initiatives and promote a shared vision.

Objective **B**

Refresh State health IT governance promote a shared vision.

Activity Highlights

- Metrics to demonstrate progress
- Dashboards and transparent accountability mechanisms
- Expand the MHITC to better reflect all sectors
- Public engagement, education, and communication



Initiative **2**

Enhance health data utility

Objective **A**

Build on the success of health information exchange in Michigan

Objective **B**

Promote standards and secure infrastructure

Activity Highlights

- Leverage existing investment
- Interoperability & closed loop referral
- Cybersecurity
- Legal infrastructure
- Data standards and quality

Initiative **2**

Enhance health data utility

Objective **C**

Build data exchange that is consumer-centric and mediated by each resident

Activity Highlights

- Consumer consent & preferences
- Up to date medication information
- Advanced directives
- Identity management
- Simplify access
- Connect all providers



Initiative **3**

Work to address Michigan's digital divide

Objective **A**

Support digital connectivity efforts

Objective **B**

Pursue strategic partnerships that enable greater federal, state, and private investments in connectivity

Activity Highlights

- The State health IT community will work to advise and advocate for equitable access to internet services for providers and residents. At the time of this report, the Michigan High-Speed Internet (MiHI) Office leads the statewide facilitation and coordination efforts of **broadband access** for the state.

Initiative **4**

Improve onboarding and technical assistance programs

Objective **A**

Sponsor onboarding at higher levels of statewide leadership

Objective **B**

Support the continued implementation of telemedicine

Activity Highlights

- Establish statewide EHR User Workgroup
- Explore collaboration for regional technical support
- Telemedicine

Initiative **5**

Protect public health

Objective **A**

Accurate and timely information in public health systems

Objective **B**

Support quality improvement of resident care

Objective **C**

Bolster public health preparedness systems

Activity Highlights

- Bi-Directional data flow (e.g., immunization, death notices)
- Data quality
- Build data capacity to facilitate evidence based whole person and community level intervention design
- Modernize public health systems

Initiative **6**

Adopt standards for social care data fields

Objective **A**

Develop policies to accompany new standards that promote easy sharing of social care information

Objective **B**

Support systems that promote better care coordination and integration of services

Activity Highlights

- Workgroup to align SDoH data program efforts across sectors.
- Advance individual and population-level transfer of health and social care data that supports whole-person care.
- Align stakeholders and SDoH strategies to enable data solutions that support interoperability and integration.
- Take advantage of aggregate data opportunities and analytics.

- Are there any committees or advisory groups that need to form early to support implementation?
- What legislative action is needed to support implementation? How could planning for that work begin?
- What success metrics or status reports are needed to inform the commission and public on progress?



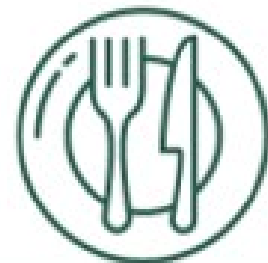
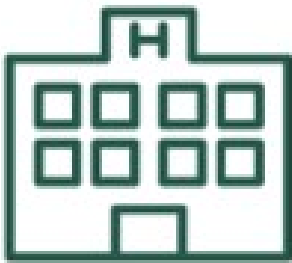
5. Community Information Exchange (CIE)

Led by: MDHHS Policy, Planning, and Operational Support Administration

WHAT IS CIE?

Community Information Exchanges (CIEs) are care coordination tools that bring together providers and data from the health and social services sector.¹

While Health Information Exchanges (HIEs) focus on bringing health care providers from across a community together, this model builds on the idea for HIEs to incorporate cross-system partners.



Partners in a CIE can include hospitals, health centers, other primary care providers, social service providers, housing providers, and schools, among other community resources.²

Stages of Data Sharing:

1
No formal
integration or
coordination



2
Referrals but no
formal coordination
and data sharing



3
Coordinated team
with informal but
regular data sharing



4
Formalized cross-
sector data
integration (CIE)



Core components of CIEs are best defined by looking at existing efforts in Michigan as well as outside of Michigan

Common Components

- Screening for SDOH needs
- Resource Directory
- Referral System (closed-loop always the goal)
- Data Sharing
- Community Collaboration

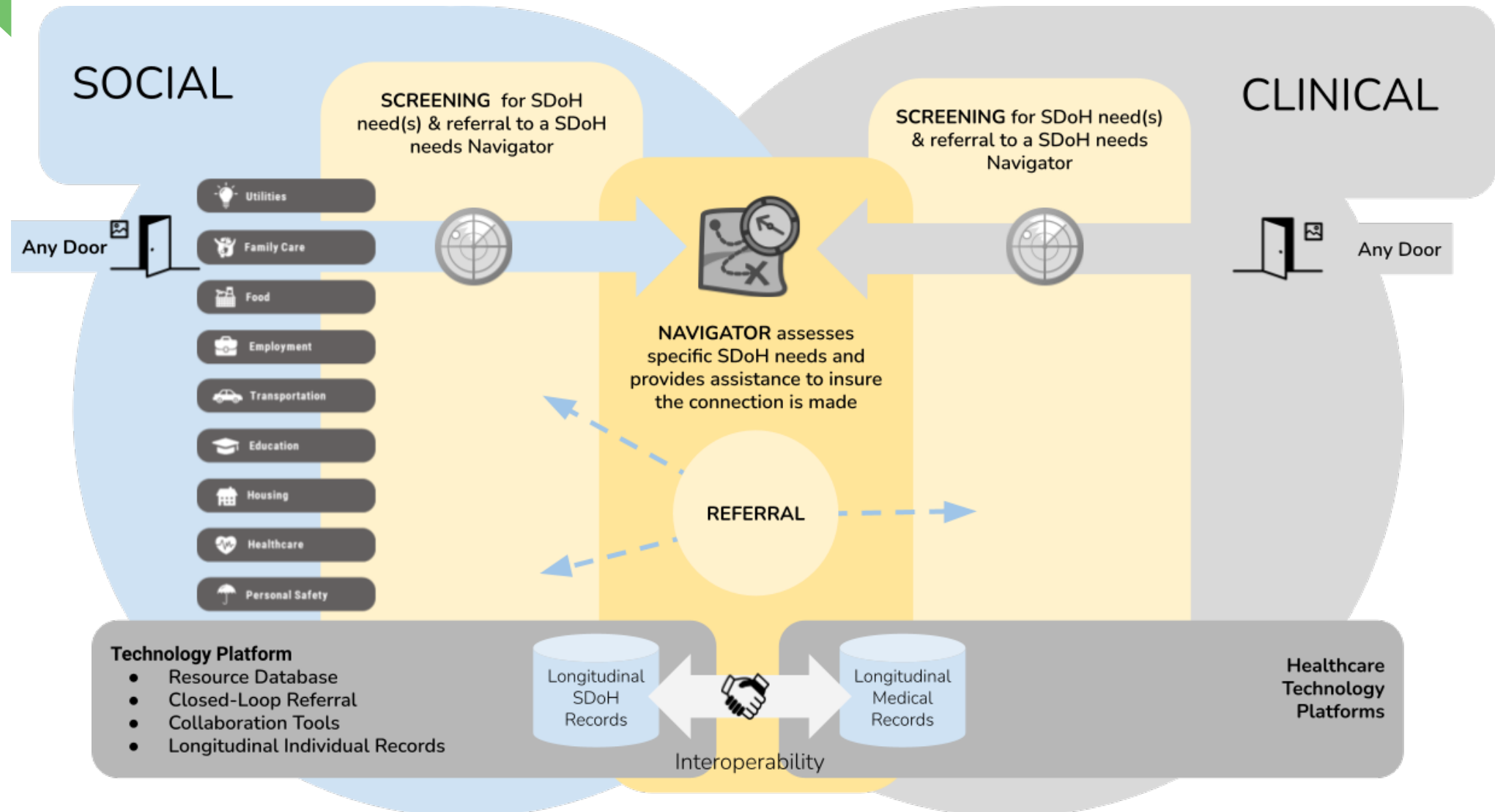


Implementations have many things in common as well

Common approach

- 2-1-1
- Navigator
- “Any Door”
- Technology platform

Example - Community Information Exchange



Case Study – NCCARE360

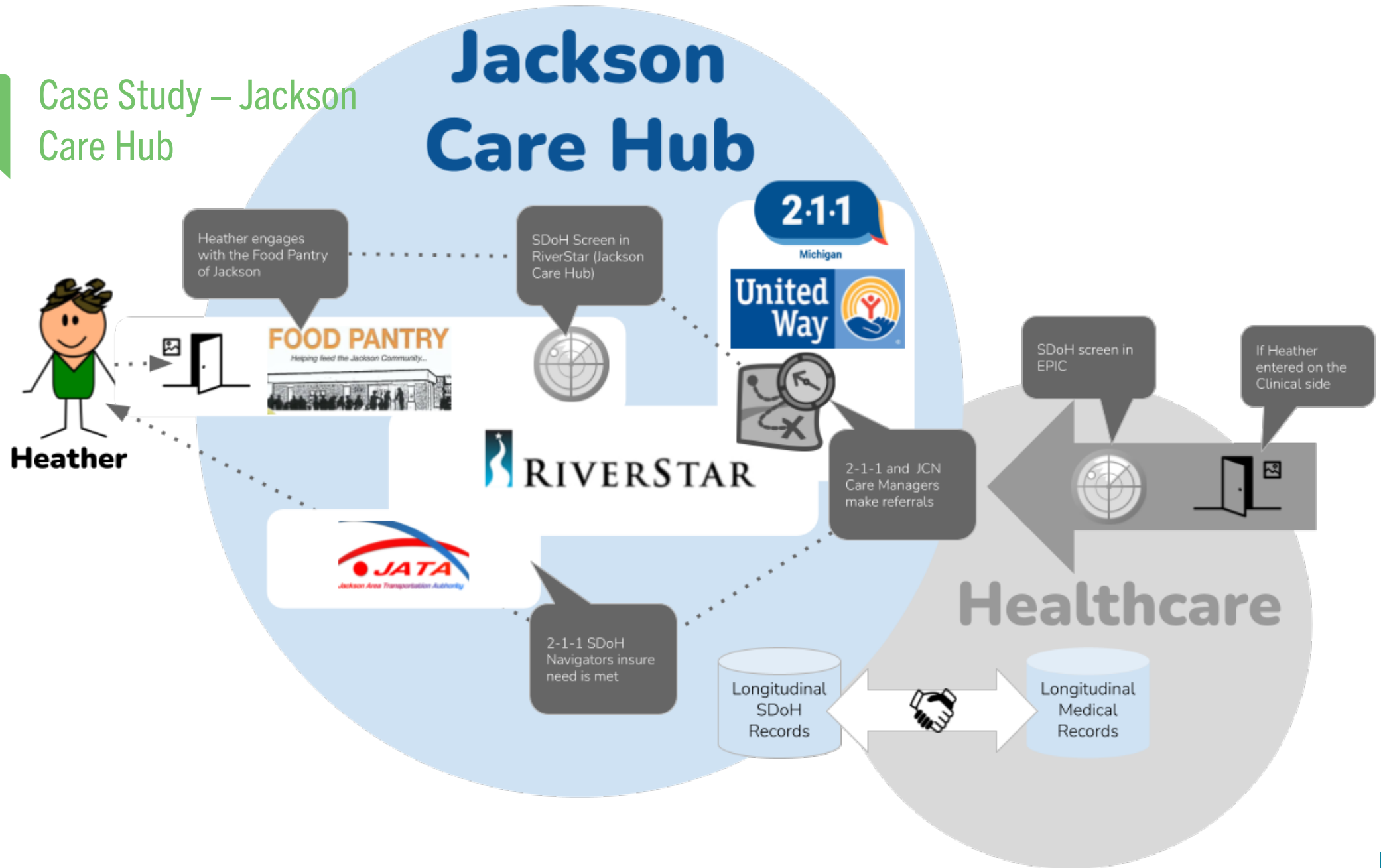




Much “CIE” work has been done in Michigan but referred to as CCL - Clinical Community Linkages

Similar to the North Carolina NCC360 model, in Michigan the CDC’s Clinical Community Linkages (CCL) strategy was implemented through the State Innovation Model (SIM). Michigan’s SIM grant concluded on January 31, 2020, however, the Community Health Innovation Regions (CHIR) program has continued to advance CIE in their respective regions.

Case Study – Jackson Care Hub





Proposed CIE Task Force

There are several local initiatives underway to develop “Community Information Exchange” (CIE) through regional collaboratives and health system/community partnerships. Michigan needs an over-arching model to pull together these patchwork efforts into a CIE strategy for the State in alignment with the objectives of the Bridge to Better Health report around better supporting social determinants of health and health data utility. (Initiatives 2A1, 2A2, 2A4, 2B1, 6B1-3)

The CIE Task Force would advise the HIT Commission in developing a state-wide blueprint for CIE that serves the needs of CBOs, clinicians, payers, and the state, while preserving the autonomy of local communities and CBOs.

6. Discussion: HIT Commission Representation on CIE Task Force

Led by: Chair

7. Public Comment