Michigan Health Information Technology Commission
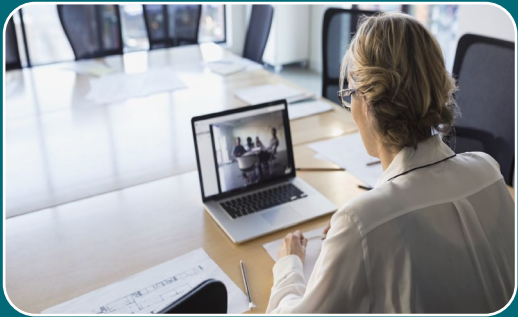**November 29, 2022**

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.**
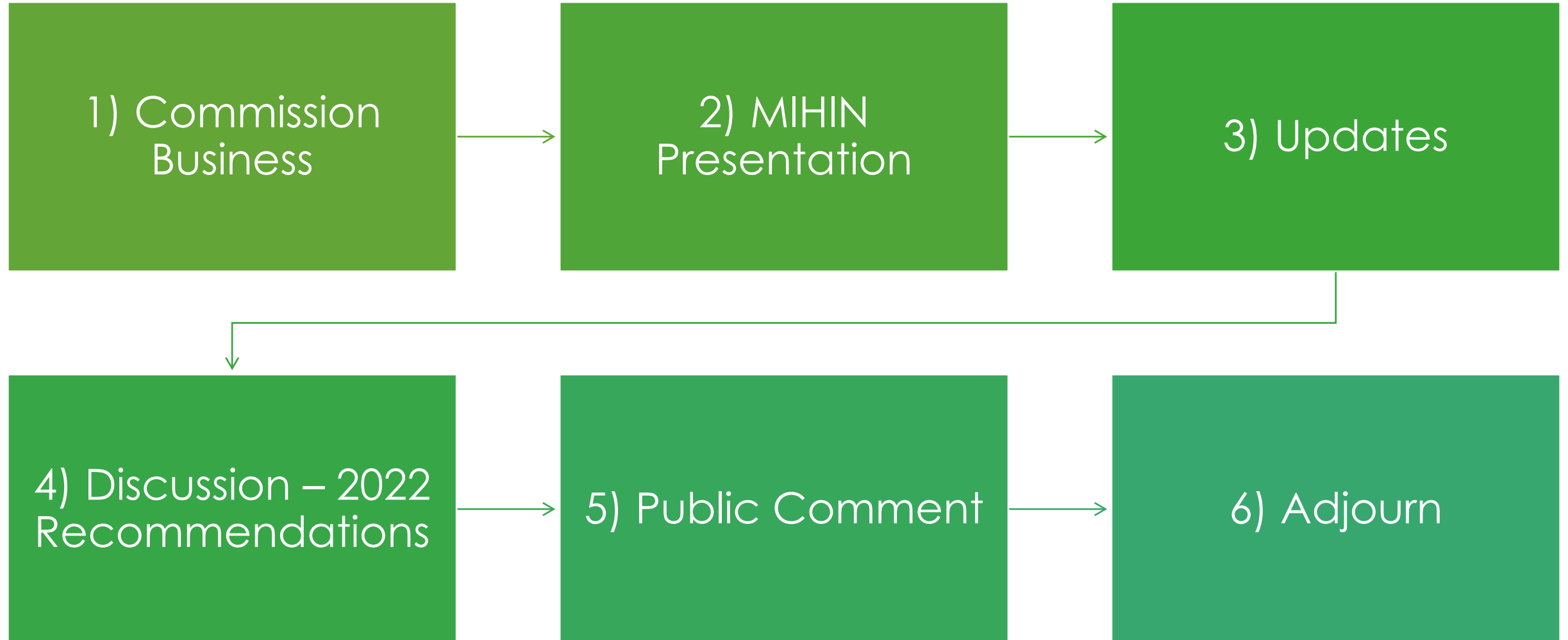
Interacting

- **The group chat will be monitored and utilized throughout the meeting.** Any questions or comments raised in the group chat will be read aloud.
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- 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.

November 2022 Meeting Agenda

1) Commission Business	2) MIHIN Presentation	3) Updates

4) Discussion – 2022 Recommendations	5) Public Comment	6) Adjourn

1. Commission Business

A. Quorum
B. Housekeeping − Hybrid Meeting Format Logistics
C. Welcome and Introductions
D. Approve Meeting Minutes
E. Approve 2023 Meeting Dates

Led by: Chair

MDHHS

E. Approve 2023 Meeting Dates

February 21, 2023   1-3pm
June 27, 2023   1-3pm
September 26, 2023   1-3pm
November 28, 2023   1-3pm

Led by: MDHHS

MDHHS

2. Presentation and Q&A
Michigan Health Information Network:
Electronic Consent, Honoring Choices, Advance Directives

Van Ly, Product Marketing Manager
Lisa Nicolaou, Cross-sector Data Sharing Program Director
Michigan Health Information Network (MiHIN)

MDHHS

HIT Commission

MiHIN Cross Sector Data Sharing Program & Advanced Care Planning Teams

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The Team

Lisa Nicolaou

Cross Sector Data Sharing
Program Director

(includes Honoring Choices)

Lauren Fahlen

Project Manager
Honoring Choices

Monica Ward

Program
Coordinator

Van Ly

Product Marketing
Manager

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Technology is a Tool

NT + OP = EOP

New Technology + Old Process = Expensive Old Process

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MiHIN Honoring Choices Current State

Design, leverage, develop, and deploy the Honoring Choices Service:

- Allows a Medicaid patient choices to be made available through the statewide Health Information Infrastructure
- Patient Choices currently evolve around
    - Behavioral Health / SPI and SUD consent
    - Advance Care Planning Documents

Future iterations may create 4 additional modules

- Design and develop a roadmap for additional research consent directive
- Advanced Care Directives-Consent to instructions for potentially needed medical treatment when the Medicaid beneficiary has lost the ability to provide those instructions.
- Medicaid Consumer Engagement and Education- Empowering Medicaid beneficiaries by educating and documenting their preferences, values, and beliefs in the appropriate standard document and communicating their wishes to their Patient Advocate(s), family, and the broader health and social care system
- Medicaid Provider onboarding to the Honoring Choices Services system
- ***This strategy should be guided by end user stakeholders***

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Value of Honoring Choices

1 Reduces the risk of unwanted patient care to increase health outcomes

2 Reduce unnecessary healthcare spend

3 Builds on top of existing statewide Advance Directive and eConsent Repositories to deliver patient choices to the point of care

4 Empower Medicaid beneficiaries

MiHIN Honoring Choices Work

- ECMS and AD Use cases considered separate work and funded separately by MDHHS
- Recognition that both contribute to capturing Patient treatment preferences
- **Combined in FY22 to form Honoring Choices work**

COVID-19:
- Increased emphasis
- Patients not being able to speak for themselves
- Significantly reduced workforce
- Increased acuity

- First year **Honoring Choices** work collectively funded
- **eCMS** application enables the electronic collection of the MDHHS-5515 patient consent to enable data sharing across consented healthcare providers (specific to Behavioral Health)
- **ADVault** is the first **vendor** worked with to set up statewide storage for Advanced Directives in Michigan

- **eCMS API** enables the bidirectional sharing of patient consent with 3rd party consent vendors
- **Advanced Directive API** – allows documents stored with other vendors to be queried, retrieved or displayed (vendor agnostic approach)
- **Stakeholder Engagement:**
  - Stakeholder workshops
  - Understand barriers to data flow about patient treatment preferences
  - Evaluation of technology direction
  - **Recommendations on future strategy as it relates to data flow**

Current State | Future State

- **eCMS API / Advanced Directive API** - possible expansion for alternative consent capture (clinical trials, special medical treatment, minor or designated guardians)
- **Strategic direction based on stakeholder feedback**

Prior to 2022 | 2022 | 2023 | 2024

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Electronic Consent Management Service (eCMS)

Electronic exchange of clinical information that is specially protected (also known as SPI) by HIPAA, 42 CFR Part 2, requiring consent from the patient.

This is enabled by securely and seamlessly capturing, storing, and sharing electronic patient consent

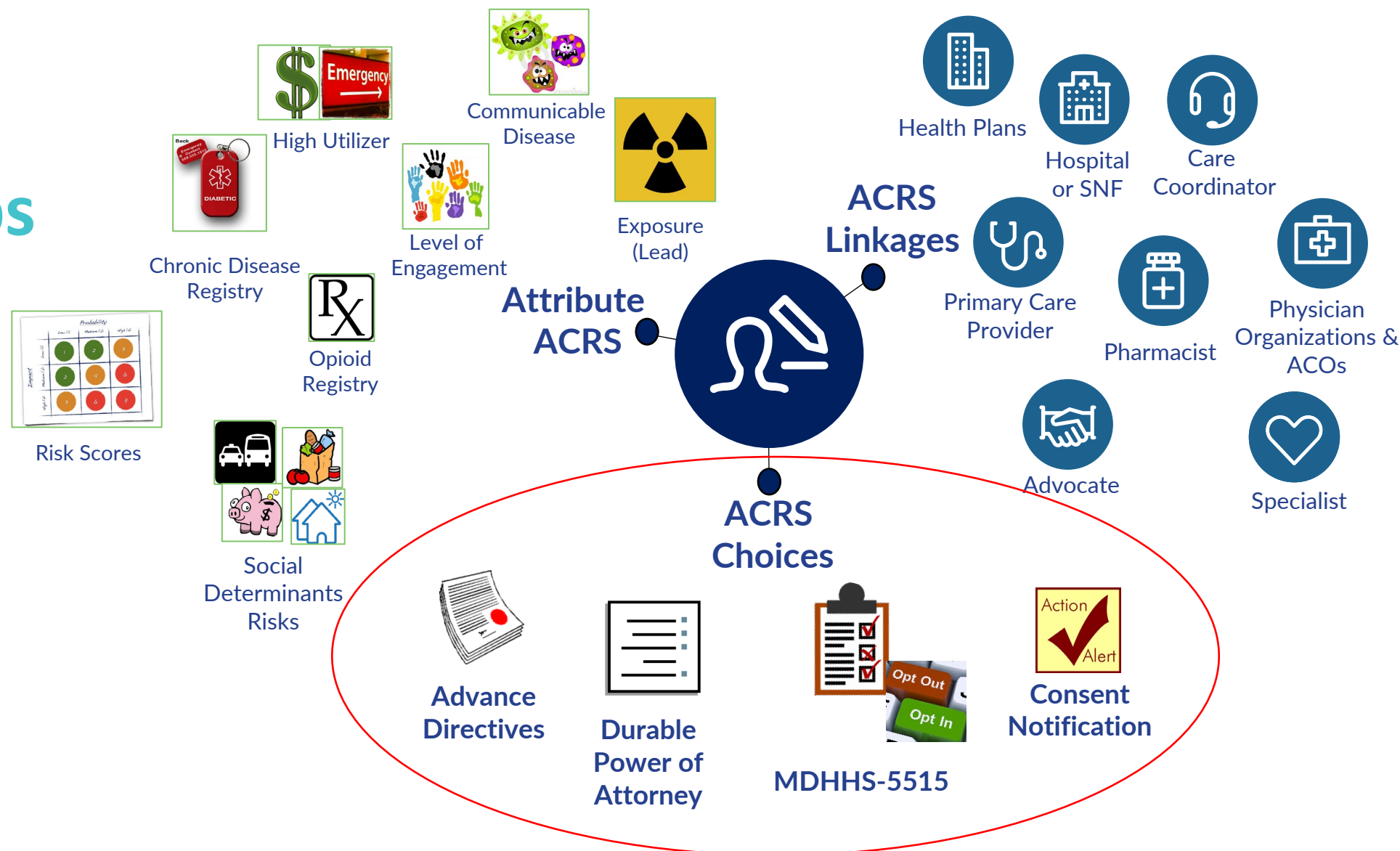Piloting currently specific to behavioral health with PIHP's

eConsent Portal		The Tool
Patient Choices & eConsent Management Service (ACRS Choices™)		The Shared Service
eConsent Use Case		The Use Case

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Electronic Consent Management Service (eCMS) Workflow for Pilot Sites

STEP 1

Patient provides consent at regional SUD clinic and includes MiHIN as a consented HIE in eCMS

STEP 2

MiHIN stores consent in statewide eCMS and checks consent before sending SPI-ADT to consented MiHIN participants

STEP 3

MiHIN sends consent to MDHSS and Optum (for CC360) for ACRS patients in real-time. Optum creates gives access in the SUD role in the next 24 hours.

SPI-ADT

MDHHS-5515 Consent

MDHHS-5515 Consent

CMHA — Community Mental Health Association of Michigan

MSHN — Mid-State Health Network

Southwest Michigan Behavioral Health

Oakland Community Health Network — Developmental Disabilities · Mental Health · Substance Recovery — SHARED SERVICES

MiHIN — MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

MDHHS — Michigan Department of Health & Human Services

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Advance Care Document Exchange Use Case

- Query / retrieve and display Advance Care Planning Documents (ACP, Durable Power of Attorney, MiPOST, DNR) to ensure that care teams understand patient choices when providing care

- Make this statewide and vendor neutral by being able to obtain documents regardless of what vendor is used

- Apply ACRS attributes to ensure those with active care relationship can access the documents (payers, providers, ACO)

- Analytics capacity to enable a better understanding of population being served

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Advance Directive Query & Retrieve

Features

- **HITRUST Certified Advance Directive Repository**

- **Provider-facing portal for manual submission of Advance Directives to MiHIN**

- **Advance Directive-related notifications through ACRS and MIGateway**

- **Patients / family members can access/ share/ update documents through MyDirectives.com (app or website)**

- **Additional Workflow Tools through ADVault:**
  - **API-enabled for Query and Retrieve**
  - **Epic and Cerner App Store Integrations**
  - **White-label messaging services for Advance Directive creation and reminders**
- **Document Queries**

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Stakeholder Engagement FY2023

Series of workshops (late spring 2023)

- **In the past 5 years has the literature or knowledge about the use of Advance Care Plans to impact care outcomes changed?**
  - *What did we learn from COVID about consenting processes?*
  - *How does staffing shortages in the health care environment post COVID impact the work and strategies ahead*
- **Are the goals of honoring choices at the end of life impacted currently by the flow of data (Advance care planning documents)**
  - *Why or why not? What are the barriers?*
  - *Does MIHIN have the correct understanding of the goals for eCMS and data for how to honor choices at the end of life?*
- **What data is valuable to flow between care teams?**
  - *Is this different for consent for treatment vs. end-of-life care preferences?*
  - *Does storing documents to be retrieved by care teams hold value? If not, why? What does?*
  - *What data is missing? What would create value for care team members?*

- **What is the best way to measure success of honoring patient choices?**
  - *Is the capture of documents the best path? Does this tell the right story?*
- **Are there policy barriers to honoring patient choices?**

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What is the ask as it relates to the movement of Data to Honor Patient Choices?

- **Support MiHIN's stakeholder engagement plan for FY 2023**
  - Logo support from HIT Commission and MDHHS
  - Advertisement and promotion of workshops

- **Use stakeholder recommendations and feedback for strategy**
  - MiHIN will produce a white paper for future direction
  - Specific to the data flow surrounding how to honor patient treatment preferences
  - Will address Electronic consent management and Advance Care Planning documents

- **Consider investigating how the lack of a surrogate law in the state impacts / drives the technology solutions that are being developed currently:**
  - Last proposed in 2020: proposed and failed many times
  - One of only 6 states to not have this in place
  - While policy does not directly impact data flow; it does create the need for these technologic workarounds that are currently chasing

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Thank you!

MiHIN Cross Sector Data Sharing Program &
Advanced Care Planning Teams

3. Updates
Quarterly Report
Bridge to Better Health
Michigan's Five-Year Health IT Roadmap

Led by: MDHHS

MDHHS

Tracking progress:
1. Identifying champions and empowering leaders

INITIATIVE: Identify champions and empower leaders	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
1A-1: Track, monitor, evaluate roadmap	MDHHS	🟩	🟩	🟩		
1B-1: Refresh state Health IT governance	HIT Commission / MDHHS	🟨	🟨			

Legend: ⬜ Not started 🟨 Early stage 🟦 Advanced stage 🟩 Complete 🟥 At risk

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
1. Identifying champions and empowering leaders

Exigent Milestones	Summary	Status	Next Steps
HIT Roadmap Implementation Plan	Documents to track progress on HIT Roadmap objectives and identify opportunities to innovate	In progress	Ongoing – materials updated and reported out quarterly
Expansion of HIT Commission	There may be an opportunity to diversify	Beginning	Include this recommendation in 2022 Annual Report
Community Information Exchange (CIE) Task Force	Task force of CBOs and others convened around social care data which will become a subcommittee of HITC, bringing more perspectives from community-based settings	In progress	Expected to become a subcommittee of HITC in June 2023
HIT Commission's role in MiHIN Governance	Continue to engage leaders and understand MiHIN Governance Strategy for informed and relevant recommendations	In progress	Engage MiHIN in HIT Roadmap efforts and tracking, aligning strategic planning

What you can do:

- Participate in quarterly HIT Commission meetings and share your thoughts

- Understand past recommendations, advocate and engage

Michigan
Health IT Roadmap

M🦫DHHS

Tracking progress:
2. Enhance health data utility

INITIATIVE: Enhance health data utility	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
2A-1: Leverage existing investments – MDHHS Enterprise	MDHHS	🟩 Complete	🟩 Complete	🟦 Advanced	🟨 Early	
2A-1: Leverage existing investments – Utilize HIE	MDHHS / HIT Commission	🟩 Complete	🟩 Complete	🟦 Advanced	🟨 Early	
2A-2: Promote and improve core HIN infrastructure (ADTs, identity management, web-based longitudinal records, etc.)	MiHIN / MDHHS	🟩 Complete	🟩 Complete	🟩 Complete	🟦 Advanced	🟨 Early
2A-3: Enhance interoperable clinical documentation	MiHIN	🟩 Complete	🟩 Complete	🟦 Advanced	🟨 Early	🟨 Early
2B-1: Promote privacy and security (legal infrastructure, cybersecurity)	MDHHS/MiHIN	🟩 Complete	🟦 Advanced	🟨 Early		

Legend: ☐ Not started   🟨 Early stage   🟦 Advanced stage   🟩 Complete   🟥 At risk

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
2. Enhance health data utility

INITIATIVE: Enhance health data utility	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
2B-2: Implement data standards that align with best practice	MiHIN / MDHHS	🟩	🟩	🟩		
2C-1: Implement electronic consent management	MiHIN	🟩	🟦	🟦		
2C-2: Prioritize use cases that protect patient safety (timely medication information, ID management)	MDHHS/MiHIN	🟩	🟩	🟨		
2C-3: Connect all dots in care ecosystem (behavioral health, children, justice involved)	MiHIN / MDHHS	🟦	🟨	🟨		
2C-4: Promote and simplify consumer applications	MDHHS/MiHIN	🟩	🟩	🟦	🟨	

Legend: ☐ Not started   🟨 Early stage   🟦 Advanced stage   🟩 Complete   🟥 At risk

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
2. Enhance health data utility

Exigent Milestones	Summary	Status	Next Steps
E-consent	MiHIN is rolling out e-consent pilot with select PIHPs	Ongoing, regularly report out to MDHHS	Identify pilots, report out progress (Nov 2022 presentation)
USCDI Version 3	MiHIN is updating their use case standards to align with USCDI version 3	Ongoing, V3 released 7/2022	Continue to monitor
Advance Care Directives	Advance Care Planning is ongoing discussions between a provider and patient, where those documents are stored and accessible, and updated is under discussion.	Ongoing, report out to MDHHS	MiHIN update November 2022
Inventory and Assessment of MiHIN Use Cases	Understand MiHIN utilizers, inventory of current use cases, # of facilities signed on and using, user roles, to develop a baseline for use case prioritization	Started	Work with MiHIN to gather data
ONC – CMS Inpatient Prospective Payment System Final Rules re Health Equity	SDoH Screening for hospital inpatient voluntary in 2023, required in 2024. Evaluating how data be used and is HIE ready to receive.	Starting in 2023	Continue to monitor, # 6 continue

What you can do:

- Understand Advance Care planning, documents used to support, and options

- Act on data quality now, engage in conformance efforts

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
3. Addressing the digital divide

INITIATIVE: Addressing the digital divide	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
3A-1: Leverage existing work	Mi-HI/MiHIN / MDHHS	🟦	🟨			
3B-1: Advocate for funding to increase broadband access for underserved communities	MDHHS / HIT Commission	🟦	🟨			

Legend: ☐ Not started   🟨 Early stage   🟦 Advanced stage   🟩 Complete   🟥 At risk

Michigan Health IT Roadmap

MDHHS

Tracking progress:
3. Addressing the digital divide

Exigent Milestones	Summary	Status	Next Steps
Capital projects fund ROBIN	$250 million ARPA funding for broadband infrastructure grants	Applications for funds expected to open late 12/2022	Must be expended by the end of 2026
Broadband Equity Access Deployment (BEAD) Program planning	$5 million planning grant over one year, in preparation for application for $1.5-1.7 billion in funding for infrastructure grants over 5 years	MIHI Office created	See FCC Broadband Access Map, September 2023
FCC broadband access map (2021 MI Map here)	Based on data provided by internet service providers, FCC will publish a map of underserved areas that will guide BEAD allocation. States have a window of time during which to challenge the findings.	Thanksgiving 2022 the map will be published	September 2023

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
3. Addressing the digital divide

Exigent Milestones	Summary	Status	Next Steps
Digital Equity Act Planning	$1.3 m planning grant over one year in preparation for application for $30-40m over 5 years to support device access and digital literacy	Planning started end of September	September 2023
Sync for Social Needs – Benefit Data Trust	BDT will publish a toolkit to help eligible college students enroll in programs like Medicaid and the Affordable Connectivity Program	Started	Look for the guide in 2023
BEAD Funding Available	Application for BEAD funding based on FCC map of underserved locations. Application is due 6 months from when FCC map is finalized.	Q4 CY23	5-year funding – should end Q4 2028

What you can do:

- Encourage organizations to complete the Michigan Statewide Digital Inclusion Network Survey
- Sign up for communication from MiHI Office to stay informed
- Spread the word about the Affordable Connectivity Program
- Submit feedback on the accuracy of the maps

Michigan
Health IT Roadmap

M DHHS

Tracking progress:
4. Improving onboarding and technical assistance

INITIATIVE: Improving onboarding and technical assistance	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
4A-1: Support statewide TA programs	MDHHS	🟨				
4B-1: Promote continued implementation of telemedicine	MDHHS BPHASA / HITC	🟩	🟨	🟨	🟨	

Legend: ☐ Not started   🟨 Early stage   🟦 Advanced stage   🟩 Complete   🟥 At risk

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
4. Improving onboarding and technical assistance

Exigent Milestones	Summary	Status	Next Steps
Medicaid Telemedicine Policy Public Comment	COVID-era telemedicine policies have been reviewed and revised, with most expansions preserved.	Waiting for policy MIHP Policy out for Public Comment – due 11.28.22	Policy expected to be final by the end of the public health emergency, extended to 1/11/2023
Expansion of ADT sending facilities	MiHIN agreement with PointClickCare should increase SNF ADT engagement from 230 SNFs to over 400 by the end of 2023.	MiHIN onboarding SNFs	Report out from MiHIN in Q1 CY2023
BCBSM Hospital P4P and Vendor Initiative Ambulatory CCDAs	MiHIN receives hospital CCDAs from 95% of hospitals and from their ambulatory providers, now beginning to receive from practice units and POs.	Implementation, continued vendor engagement	MiHIN working on filtering, developing capabilities
Conformance Task Force	A sub-group of MOAC, Hospital, and PO User Group focused on data standards and development of best practices for data sharing.	Ongoing, bi-monthly meetings	MDHHS will continue to engage and participate
Funding for Technical Assistance	Seeking funding to for onboarding and technical assistance - MiTAHIE	Ongoing	Define scope, developing concepts, looking for funding

What you can do:

- Continued encouragement of ADT, CCDA/Med Rec Use case participation for SNFs and Ambulatory/Outpatient providers

- Provide feedback on organizations who need assistance with implementation and onboarding

Michigan Health IT Roadmap

MDHHS

Tracking progress:
5. Protect public health

INITIATIVE: Protect public health	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
5A-1: Immunizations, death notifications, ECRs	MDHHS PHA / MiHIN	🟩	🟩	🟩		
5A-2: Registries and analytics	MDHHS / MiHIN	🟩	🟩	🟩		
5B-1: Enhance data services, workforce	MDHHS/PHA	🟨				
5B-2: Improve data quality	MDHHS/MiHIN	🟩	🟩	🟩		
5C-1: Training and education	MDHHS/PHA	🟨	🟨			
5C-2: Modernize public health systems	MDHHS/PHA	🟨	🟨			

Legend: ⬜ Not started 🟨 Early stage 🟦 Advanced stage 🟩 Complete 🟥 At risk

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
5. Protect public health

Exigent Milestones	Summary	Status	Next Steps
Review of MDHHS PH Enterprise	Assessment of all MDHHS PH data systems	To be completed end of 2022	Review analysis when available
Data Modernization Initiative	5-year PH data modernization plan	Submitted to CDC	Implementation through CDC grant
CDC Workforce and Infrastructure Grant	$81.7 million over 5 years to implement data modernization, workforce, and infrastructure enhancements	In development	Funds awarded: November 2022

What you can do:

- In November, look for opportunities to engage with the MDHHS Public Health Administration around workforce enhancements and infrastructure investments

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
6. Social care data standards

INITIATIVE: Improving onboarding and technical assistance	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
6A-1: Charter a workgroup to develop standards for social care data	MDHHS	🟩	🟩	🟩		
6B-1: Advance social and health care data transfer	MDHHS / MiHIN	🟨	🟨			
6B-2: Support interoperability and integration	MDHHS / MiHIN	🟨	🟨			
6B-3: Leverage aggregate data opportunities for analytics	MDHHS / MiHIN	🟨	🟨			

Legend: ⬜ Not started 🟨 Early stage 🟦 Advanced stage 🟩 Complete 🟥 At risk

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
6. Social care data standards

Exigent Milestones	Summary	Status	Next Steps
Community Information Exchange (CIE) Task Force	MDHHS has convened a 15-person task force comprised of stakeholders with an interest in CIE, with a focus on participation by social service and community-based organizations	Task Force has met 3x, Charter adopted	Task Force will meet through June 2023
MiHIN Social Care Data Hub	MiHIN is convening vendors in social care data around a shared vision and commitment to interoperability	Ongoing	The group is meeting weekly and sharing processes for consents and referrals
ONC – CMS Inpatient Prospective Payment System Final Rules re Health Equity	Screening for SDoH for Inpatients. Voluntary in 2023, required in 2024- how will the data be used and is the HIE ready to receive	Started	Continue to monitor
SDoH Summit	SDoH Summit scheduled for January 24-26th 2023	Accepting submitting for presenters	Register to attend

What you can do:

- Sign up for SDoH Newsletter here
- Read the most recent newsletter here
- Register to Attend SDoH Summit

Michigan
Health IT Roadmap

MDHHS

3. Updates
Community Information Exchange Task Force

Led by: MDHHS

Michigan
Health IT Roadmap

3. Discussion
2022 HIT Commission Annual Report – Recommendations for 2023

Led by: Co-chairs

Proposed Recommendations for 2023

Recommendation 2022-1

Designate Michigan Health Information Network (MiHIN) as the State of Michigan's Health Data Utility:

➢ Secure ongoing maintenance and operational funding
➢ Clarify governance, roles, and responsibilities to promote active governance by the state and the HIT Commission
➢ MiHIN is a partner with the State of Michigan in promoting health equity using Health Information Technology

Proposed Recommendations for 2023

Recommendation 2022-2

Increase diversity of Health Information Technology Commission:

➢ Expand HIT Commission members from 13 to 15 members

➢ Include representation from Long Term Care facilities and Behavioral Health

➢ Have the Community Information Exchange (CIE) Task Force become a sub-committee of the HIT Commission in Q4 of CY23

This recommendation has been made 3 times in the last 12 years.

Proposed Recommendations for 2023

Recommendation 2002-3

Catalog and leverage all payor incentives and requirements around interoperability and Health Information Exchange for health care providers and Community Based Organizations (CBO):

- ➢ Alignment with private payors, CMS goals and standards
- ➢ Guide and inform future recommendations for incentives and/or requirements

Proposed Recommendations for 2023

Recommendation 2002 – 4

Improve data quality in the Health Information Exchange:

➢ MDHHS Enterprise Systems

➢ Race, Ethnicity, and Language (REaL)

➢ Sexual Orientation, Gender Identity, and Expression (SOGIE) data

➢ Increased engagement with MiHIN Operations and Advisory Committee (MOAC) and Conformance Task Force

Proposed Recommendations for 2023

Recommendation 2022 - 5

Actively promote Michigan High Speed Internet (MIHI) office efforts:

➢ Realizing Opportunities with Broadband Infrastructure Networks (ROBIN)

➢ Broadband Equity, Access and Deployment (BEAD)

➢ Affordable Connectivity Program

Proposed Recommendations for 2023

Recommendation 2022 – 6

Strategically leverage state funding opportunities to support onboarding and technical assistance:

➢ Make use of CDC funding to the Public Health Administration for technical assistance and training for Local Health Departments, Skilled Nursing Facilities, Community Based Organizations, and other non-traditional providers

➢ Utilize BEAD and Digital Equity funding for technical assistance and training especially related to telemedicine/virtual care

➢ Think creatively about incentivizing participation in HIE by non-traditional and "left behind" providers

➢ Leverage rebid of Managed Care Organization contracts to include updated language and more incentives for Health Information Exchange and usage of the health data utility

Michigan
Health IT Roadmap

M DHHS

5. Public Comment