Michigan Health Information Technology Commission
September 26, 2023

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Hybrid "Housekeeping" Guidelines

Access

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- 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.
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- **Please be sure to mute yourself after you are done speaking**, this will reduce feedback during the meeting.

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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.

September 2023 Meeting Agenda

Item	Facilitator(s)	Time

1. **Commission Business**
    A. Quorum
    B. Welcome, Introductions, and Announcements
    C. Approve Meeting Minutes
    D. MiHIN BOD HITC Election
        Candidate(s): Janée Tyus
    A. Co-Chair Election
        Candidate(s): Renée Smiddy
	Dr. Zaroukian	1:00 pm - 1:20 pm
		10 Minutes

2. **Updates** HIT Roadmap - Review Highlights	Theresa Anderson	1:20 pm – 1:30 pm 10 Minutes
3. **Presentation** CIE Task Force Final Report & Recommendations	Molly Welch Marahar Marissa Ebersole Wood Renee Smiddy Janee Tyus	1:30 pm - 2:40 pm 1 hour 10 minutes

4. **Discussion/Action Items**
    A. Adoption of the CIE Task Force Report and Recommendations
    B. Create CIE Advisory Committee for the purpose of Supporting the HIT Commission in implementing recommendations of the CIE Task Force
    C. Appoint HIT Commissioners to the Advisory Committee
	Co-Chairs	2:40 pm - 2:55 pm
		15 minutes

5. **Public Comment**	Public	2:55 pm - 3:00 pm 5 minutes
6. **Adjourn**		

1. Commission Business

A. Quorum
B. Welcome, Introductions, and Announcements
C. Approve Meeting Minutes
D. MiHIN Board of Directors Election
E. Election of Co-Chair

Led by: Chair

2. Updates

Quarterly Report

Bridge to Better Health-Michigan's Five-Year Health IT Roadmap

Led by: MDHHS

HIT Roadmap Initiatives

Identify Champions and Empower Leaders

Enhance Health Data Utility

Address Michigan's Digital Divide

Improve Onboarding and Technical Assistance

Protect Public Health

Adopt Standards For Social Care Data Fields

Michigan Health IT Roadmap

M DHHS

Tracking progress:
1. Identify champions and empower 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					

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
1. Identify champions and empower 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
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 – Final report expected by Fall 2023	Expected to become a subcommittee of HITC in Fall 2023
6 newly appointed HIT Commissioners in 2023	The HITC has had reappointments and newly appointed members in 2023, and continued to work within the public health code to expand its members	2 newly appointed and 2 reappointments - September 2023	Orientation and Advocacy
HB 4693 – Amendment to OMA	To allow non-elected and non-compensated bodies to attend and participate in meetings virtually	Introduced 5/30/23, referred to Committee	Monitor and track

What you can do:

• Participate in quarterly HIT Commission meetings and share your thoughts

• Engage with legislators to promote awareness and efforts related to HIT Roadmap

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 (MiCAL, CCWIS, MPI)	MDHHS					
2A-1: Leverage existing investments - Inventory and Assessment of current MIHIN Use Cases and Users - Dashboard	MiHIN					
2A-2: Promote and improve core HIN infrastructure (Admission, Discharge, Transfer, identity management, web-based longitudinal records, etc.)	MiHIN / MDHHS					
2A-3: Enhance interoperable clinical documentation	MiHIN					
2B-1: Promote privacy and security (legal infrastructure, cybersecurity)	MiHIN					

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/MDHHS	█████████████████████████████▶				
2C-2: Prioritize use cases that protect patient safety (advanced directives, timely medication information, ID management)	MiHIN/MDHHS	████████████████████▶				
2C-3: Connect all dots in care ecosystem (behavioral health, children, education, justice involved)	MiHIN / MDHHS	████████████████▶				
2C-4: Promote and simplify consumer applications	MDHHS/MiHIN	████████████████▶				

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
2. Enhance health data utility

Exigent Milestones	Summary	Status	Next Steps
E-consent	MiHIN e-consent pilot with select PIHPs	Ongoing	Continue pilots, reporting out
Advance Care Directives	Advance Care Planning is an ongoing discussion between a provider and patient and can include many documents. How and where those are stored is something MiHIN is working on.	Ongoing	MiHIN completed stakeholder engagement/feedback forums, published whitepaper in Fall 2023, discontinuing ACP training but continuing AD Use Case
Inventory and Assessment of MiHIN Use Cases (Dashboard)	MiHIN utilizers, inventory of current use cases, # of facilities signed on and using to develop a baseline for use case prioritization	Phase 1 complete	Evaluate, working on Phase 2
School Based Clinics/Behavioral Health	MI Department of Education and MiHIN piloting cross-sector data sharing, leveraging MiHIN infrastructure for School Based Clinics usage	Pilots with 4 ISDs starting in 2023	Track progress, support efforts

What you can do

- Act on data quality now, engage in conformance efforts

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
3. Address Michigan's digital divide

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

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
3. Address Michigan's digital divide

Exigent Milestones	Summary	Status	Next Steps
Realizing Opportunity with Broadband Infrastructure Networks ROBIN **Grant Program**	ARPA funding for broadband infrastructure, $238m, 24 projects from 11 applicants with $311 matching funds – impacting 100k homes, 7k businesses, 211 community anchor institutions	Awarded August 2023	Funds 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, Map challenged, MIHI conducting statewide, regional forums/outreach for input	Planning continues, first round of grants likely Feb. 2024
Affordable Connectivity Program	MI ACT NOW Campaign to increase participation in ACP program – which pays for devices and connecting eligible households.	1.7 m eligible, only 644k enrolled. Campaign launched June 8, 2023	Educate, track, promote

What you can do:

- Sign up for communication from MiHI Office to stay informed
- Spread the word about the Affordable Connectivity Program

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
4. Improve 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 / HITC	➡️				

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
4. Improve onboarding and technical assistance

Exigent Milestones	Summary	Status	Next Steps
Telemedicine	COVID-era telemedicine policies have been reviewed and revised, with most expansions preserved.	Policy effective May 12, 2023	Review, support efforts
Expansion of ADT sending facilities	MiHIN agreement with PointClickCare should increase SNF ADT engagement from 230 SNFs to over 400.	MiHIN/HIEs onboarding SNFs	Report from MiHIN CY2023 on status at 4th QTR HITC
BCBSM Hospital P4P and Ambulatory CCDAs	MiHIN receives hospital CCDAs from 95% of hospitals and 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 continues to engage and educate regarding Public Health use of ADTs
Funding for Technical Assistance	Seeking funding for onboarding and technical assistance – Regional Extension Centers for HIT/HIE	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

- Understand Telehealth Policies

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, Electronic Case Reporting	MDHHS PHA / MiHIN	➤ (to Evaluate)				
5A-2: Registries and analytics	MDHHS PHA / MiHIN	➤ (to Evaluate)				
5B-1: Enhance data services, workforce	MDHHS/PHA	➤ (to Build)				
5B-2: Improve data quality	MDHHS/MiHIN	➤ (to Evaluate)				
5C-1: Training and education	MDHHS/PHA	➤ (to Build)				
5C-2: Modernize public health systems	MDHHS/PHA	➤ (to Build)				

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
5. Protect public health

Exigent Milestones	Summary	Status	Next Steps
Review of MDHHS PH Enterprise	Assessment of MDHHS PH data systems complete, Data Governance Project	Completed end of 2022	Data Governance Project continues
Data Modernization Initiative	5-year PH data modernization plan With 3 Tiers Tier 1 – 5 year workforce development and DM plan Tier 2 – Electronic case reporting, moving forward with Covid, MPox and Orthopox, through MiHIN Tier 3 – Modernizing Vital Records with FHIR	Tier 1: Plan Completed Tier 2: 3 Conditions reporting Tier 3 : 3 hospitals testing with birth records	Seeking funding, continue planning, Implementation, outreach, onboarding more facilities to implement eCR, expand conditions
Blending and Braiding	Aligning PHA with other departments to fund and streamline efforts related to HIT, minimizing burden on providers and organizations	Ongoing, continuous	Continue to look for opportunities to support PHA's HIT needs

Michigan Health IT Roadmap

What you can do:

- Look for opportunities to engage with and support the MDHHS Public Health Administration around workforce enhancements and infrastructure investments

MDHHS

Tracking progress:
6. Social care data

INITIATIVE: Social Care data	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					

Michigan
Health IT Roadmap

MDHHS

Tracking progress:
6. Social care data

Exigent Milestones	Summary	Status	Next Steps
Community Information Exchange (CIE) Task Force	MDHHS 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	Final Report and Recommendations Fall of 2023	HITC to review, adopt report and recommendations at Sept 26th Meeting, create CIE Advisory Committee under HITC
MiHIN Community of Partners	MiHIN convened vendors in social care data around a shared vision and commitment to interoperability. Interoperability Pledge signed by all participants	Ongoing, looking at pilots	The group meets regularly and sharing processes for consents and referrals
CMS Rules	Screening for SDoH for Inpatients. Voluntary in 2023, required in 2024- how will the data be used and is the HIE ready to receive, **SNFs MDS requirements for PPS on Oct 23 for specific SDoH areas, Physician FFS proposed rule**	Started	Continue to monitor
MiHIN working with Michigan Tribes	Opportunity for Michigan Tribes to connect tribal clinics and promote interoperability with other states and public health through MiHIN	Started	Continue to support, monitor

Michigan Health IT Roadmap

What you can do:

- Sign up for SDoH Newsletter here
- Read the most recent newsletter here

MDHHS

2023 HITC Recommendations

1. Expand and Diversify HIT Commission
2. Create Multipayor HIE Incentive inventory
3. Improve Data Quality and Conformance
4. Support for Broadband Access and Expansion
5. Technical Assistance and Training support
6. Support for Surrogate Consent Legislation

3. Community Information Exchange Task Force

Final Report and Recommendations

Led by: MDHHS

Michigan
Health IT Roadmap

MDHHS

Agenda

01 Overview: CIE as a Strategic Priority

02 CIE Task Force Final Recommendations

03 Next Steps for Recommendations

04 Discussion

MDHHS | Social Determinants of Health
Michigan Department of Health & Human Services

SDOH Strategy Phases

PHASE I

Refinement

PHASE II

Holistic

PHASE III

Innovation

IMPROVEMENT of internal programs and policies

ALIGNMENT of internal initiatives and collated resources

Statewide initiatives to holistically address SDOH and advance health equity:

- CIE
- CHW
- SDOH Accelerator Plan
- Health Equity Partnerships

INNOVATIVE, community-driven solutions:

- SDOH Hubs
- Health in All Policies multi-sectoral initiatives
- Health Equity Roadmap

MDHHS | Michigan Department of Health & Human Services

Social Determinants of Health Strategy
Michigan's Roadmap to Healthy Communities

SDOH Strategy Phase II Focus Areas

1 Community Information Exchange (CIE)

2 Community Health Workers (CHW)

3 SDOH Accelerator Plan to Prevent Chronic Disease

4 Partnerships to Advance Health Equity

CIE Task Force Purpose

An advisory body that will make recommendations to both the Michigan Health Information Technology Commission and MDHHS on the development of capabilities for community information exchange.

CIE Task Force Membership

Methodology

Ongoing dialogue, small group discussions, and virtual engagement with Task Force members

Prioritization of social service providers and historically disadvantaged communities

Combination of discussion and polling to produce consensus for 33 final recommendations

CIE Task Force Objectives

*The work of the CIE Task Force is driven by **five** key objectives*

The report summarizes the Task Force's work to achieve its objectives

Objective 1	Objective 2	Objective 3	Objective 4	Objective 5
Landscape Analysis	Stakeholder Analysis	Creating a Knowledge Base	Develop Recommendations	Identify Pilot Scenarios

MDHHS — Michigan Department of Health & Human Services

Social Determinants of Health Strategy — Michigan's Roadmap to Healthy Communities
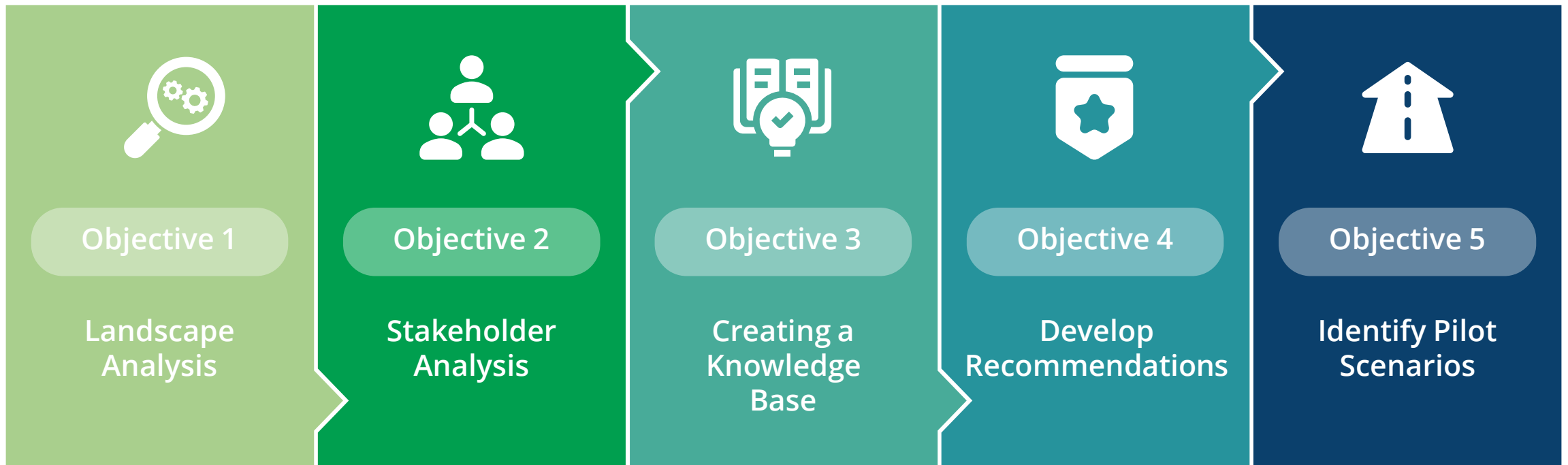
Problem Statement

A wide variety of organizations provide health, human, and social services to Michigan residents, using a diverse array of data systems. These systems often do not share information easily, resulting in redundant processes for service users, duplicated efforts for service providers, barriers to critical resources, and gaps in service delivery – inhibiting our collective capacities to share information, coordinate care, and effectively meet people's needs to advance health equity.

By developing and promoting Community Information Exchange (CIE) infrastructure – *including technological, human, and organizational capacities* – we will enhance the potential for organizations in different sectors, using different technologies, to coordinate care for their patients and clients.

Intended Result

Resolutions

01
An equitable strategy needs to meet complex needs of diverse communities. One size does not fit all.

02
Technology alone cannot solve these problems; we need to invest in people and processes.

03
Interoperability is essential – any new solutions should enable existing systems to work together.

04
State level action should support – not preclude – systems that work at local levels.

05
The success of CIE is contingent on our ability to build trust and accountability.

MDHHS | Social Determinants of Health
Michigan Department of Health & Human Services

Recommendation Domains

The CIE Task Force identified the following domains that support effective implementation of Community Information Exchange:

01 Capacities for Data Exchange

02 Resource Directory Information Capacities

03 Longitudinal Data Aggregation Capacities

04 Legal and Ethical Framework

05 Coordinating Entities Capacities

06 Governance

07 Sustainability

01

Governance

A designated governing body should set standards for CIE program design and implementation and:

- Formally represent the interests of affected parties

- Establish use cases and processes to ensure equitable outcomes

- Operate as a network

- Establish baseline policy, standards, and core infrastructure

02

Resource Directory Information Capacities

Accessible, reliable, comprehensive public information available to different partners groups in different ways:

- Ensure a reliable supply of resource directory information

- Engage a network of stewards to provide resource directory information

- Provision resource directory information as a public good

- Incentive service providers updates

03

Capacities for Data Exchange

Core set of technical capacities that can be established at scale to enable CIE among the many existing systems:

- Adopt interoperable data standards

- Establish a process of addressing technical interoperability concerns

- Establish affordable and ethical statewide identity management services

- Establish shared terminology and translation capacities

04

Longitudinal Data Aggregation Capacities

Responsible aggregation of information about people's social context, care activities, and results over time:

- Enable longitudinal data collection with informed consent

- Set statewide standards, with local implementation

- Enable anonymous data aggregation, with opt-out options

- Leverage existing infrastructure when possible and establish systems when not

Privacy & Confidentiality

- *Privacy and confidentiality are two major concerns that CBOs report hearing from clients*
- **~53%** report not hearing concerns
- **N=633**

Legend: ■ Autonomy & Consent   ■ Repercussions   ■ Other   ■ Trust & Reliability   ■ Privacy & Confidentiality

% OF TOTAL

| 5.9% | 10.8% | 10.8% | 16.1% | 56.5% |
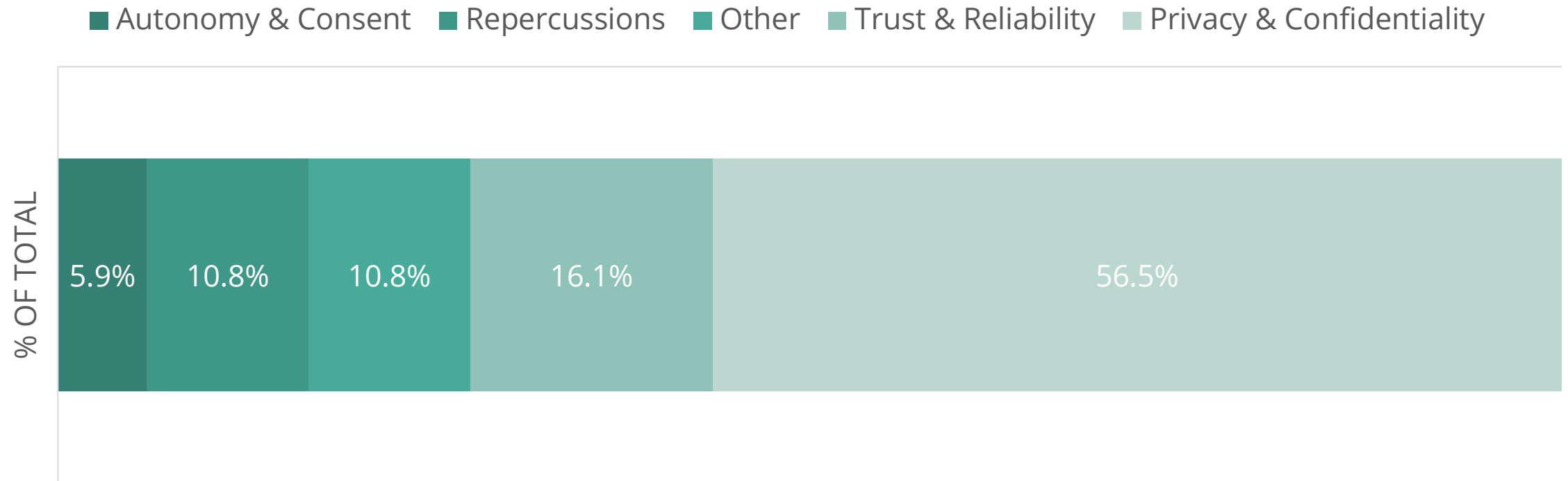
05

Legal and Ethical Framework

Flexible, foundational legal recommendations for social care data exchange aligned with established policies, regulations, and informed consent. MDHHS should:

- Establish a baseline policy framework for local communities and tribal to build upon
- Support and fund processes for partnership development and workflow processes

A designated body should review and formalize a "Bill of Rights" for consumers and communities.

Consumer Bill of Rights: **Consumers have the right to...**

01 Understand and to refuse data collection, sharing, and use

02 Clear and accessible processes

03 Withdraw from automated process and engage with a human

04 Object to unfair or discriminatory use of data

05 Access care without data collection contingencies

06 Bring data about themselves from one provider/organization to another

07 Designate an individual who may act of their behalf

08 Articulate their goals and objectives for health and well-being

Communities should have…

- Established processes through which their members can propose, review, and sanction any uses of data about people within the community

- The right to collectively refuse to be subject to surveillance. Technology systems operate with a social license that is revocable

CBOs should be able to:

- Choose the organizations with whom they wish to partner

- Request corrections to directory information about their services

- Respond to grievances raised against them and receive a fair hearing

- Raise grievances about policies or actions that they consider to be inequitable – and propose changes to policies

06

Coordinating Entities Capacities

Local, regional organizations that provide baseline access to CIE services for CBOs can become "coordinating entities" by:

- Assuming fiduciary responsibilities for their partners and consumers

- Reflecting the priorities of their communities

- Facilitating collaboration across networks and sectors

- Representing their partners' and consumers' interests through equitable decision-making processes

Survey Finding: Technology is <u>not</u> the foremost barrier to participating in CIE identified by CBOs.

- Funding was the most frequently ranked as both the 1ˢᵗ and the 2ⁿᵈ barrier to CIE participation

- Staffing and partnerships with other organizations were also identified as critical barriers

- Technology was most often ranked 5ᵗʰ out of 6 options
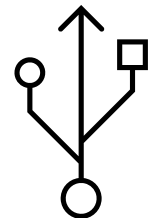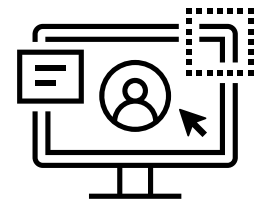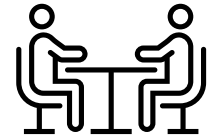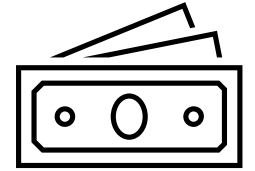
07

Sustainability

Effective CIE requires additional resources and capacity to support the existing network of social services. MDHHS should:

- Leverage existing funding levers, like Advance Planning Documents and Medicaid policies like in-lieu-of services
- Work with payers to support CBOs
- Promote vendor revenue sharing
- Advocate for federal investment in CIE

Health care – hospitals, health systems, and payors - should have established mechanisms for investing in social service delivery and CIE, including reinvestment.

Philanthropic funding can support the startup costs and can help sustain CIE through 'program-related investments.'

Guidelines of CIE Pilot Scenarios

Pilots should involve health, human, and social service providers working together to develop or expand CIE capacities.

Objectives

- Matching identities of clients across platforms

- Exchanging sensitive personal data across platforms

- Aligning vocabularies across systems

- Sharing resource directory data

Guidelines

- Apply shared values and principles, uphold rights of consumers and communities

- Articulate a method for expanding program capacity

- Use replicable workflows, standardized protocols

- Actively elicit and uphold consent

- Establish systems of evaluation and governance

- Develop proposals for sustainability

Objective 5: Future of the Task Force Recommendations

Where does CIE go from here?

September 2023

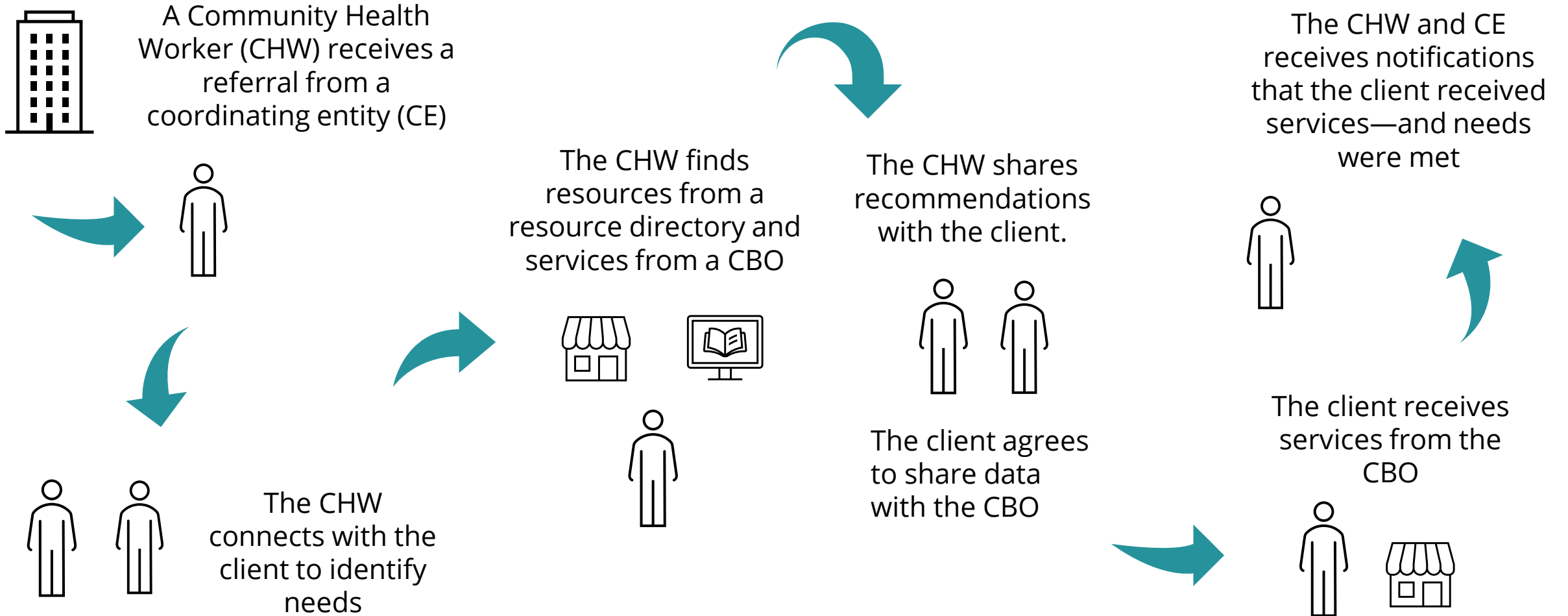Establish CIE Subcommittee of HIT Commission to help guide next steps

FY24

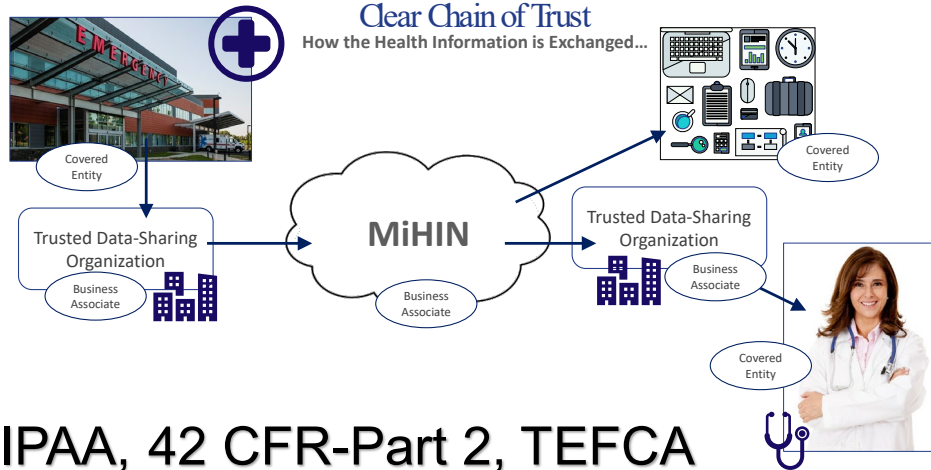Implement pilot scenarios and activities in alignment with recs

Beyond

Establish infrastructure to support CIE at state and local levels

Community Information Exchange Use Case

A Community Health Worker (CHW) receives a referral from a coordinating entity (CE)

The CHW connects with the client to identify needs

The CHW finds resources from a resource directory and services from a CBO

The CHW shares recommendations with the client.

The client agrees to share data with the CBO

The CHW and CE receives notifications that the client received services—and needs were met

The client receives services from the CBO

Leverage and Reuse

Clear Chain of Trust
How the Health Information is Exchanged...

MiHIN

Covered Entity

Trusted Data-Sharing Organization

Business Associate

Business Associate

Trusted Data-Sharing Organization

Business Associate

Covered Entity

Covered Entity

Legal-HIPAA, 42 CFR-Part 2, TEFCA

Resource Directory

Integration with the Statewide Resource Directory
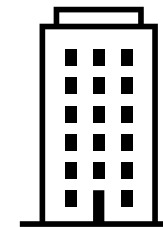
Use Cases

Example- millions of ADT Events for Coordinating Entities

Health & Health Related Screenings

Emergency Departments, Hospital Alerts

Living Situation	Food	Transportation	Utilities
Safety	Employment	Family and Community Support	Education
Physical Activity	Substance Use	Mental Health	Disabilities

Support for Community Based Coordinating Entities & Referrals

Questions & Discussion

4. Discussion/Action Items

Adoption of the CIE Final Report and Recommendations

Creation of CIE Subcommittee

Appoint HIT Commissioners to CIE Subcommittee (minimum 2, maximum 6)

Led by: Co-Chairs

MDHHS

5. Public Comment