



# Michigan Health Information Technology Commission

March 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

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## 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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- **Web cam video display is reserved for commissioners and presenters.**



## Interacting

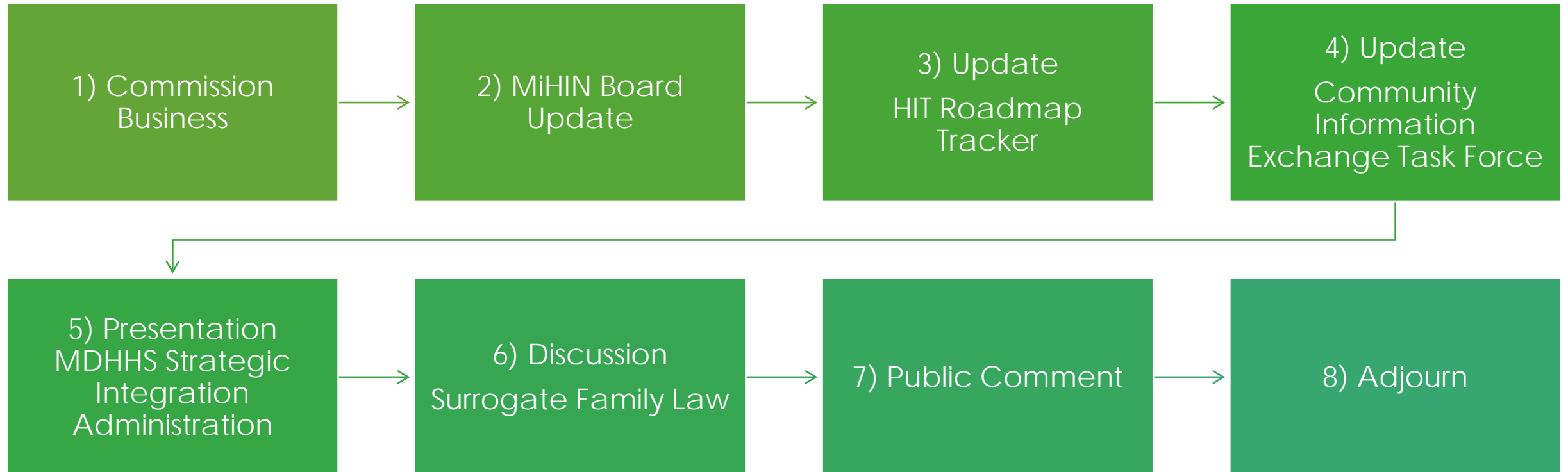
- **The group chat will be monitored and utilized throughout the meeting.** Any questions or comments raised in the group chat will be read aloud.
- Unless otherwise specified, **all attendees (besides the presenter) will be muted during a presentation.** This rule will reduce background noise or “feedback.”
- **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.

# March 2023 Meeting Agenda



# 1. Commission Business

A. Quorum

B. Housekeeping – Hybrid Meeting Format Logistics

C. Welcome and Introductions

D. Co-Chair Elections

E. Approve Meeting Minutes

Led by: Co-Chairs

## 2. MiHIN Board Update

HIT Commission Designee to MiHIN Board of Directors

Led by: Co-Chairs

# **3. Update**

## Quarterly Report

## Bridge to Better Health

## Michigan's Five-Year Health IT Roadmap

Led by: MDHHS

# Q1 Calendar Year 2023

## Building the Bridge to Better Health

Tracking Michigan's 5-year Health IT Roadmap



Michigan  
Health IT Roadmap



# 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





# 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	<div></div>	<div></div>	<div></div>		
1B-1: Refresh state Health IT governance	HIT Commission / MDHHS	<div></div>	<div></div>			

Legend:  Not started     Early stage     Advanced stage     Complete     At risk



# Tracking progress:

## 1. Identifying champions and empowering leaders

Exigent Milestones	Summary	Status	Next Steps
<b>HIT Roadmap Implementation Plan</b>	Documents to track progress on HIT Roadmap objectives and identify opportunities to innovate	In progress	Ongoing – materials updated and reported out quarterly
<b>Expansion of HIT Commission</b>	There may be an opportunity to diversify	Beginning	Include recommendations in 2022 Annual Report
<b>Community Information Exchange (CIE) Task Force</b>	Task force of CBOs and others convened around social care data, bringing more perspectives from community-based settings	In progress	Expected to become a subcommittee of HITC in June 2023
<b>HIT Commission's role in MiHIN Governance</b>	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



# Tracking progress:

## 2. Enhance health data utility

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

Legend:



Not started



Early stage



Advanced stage



Complete



















At risk



# Tracking progress:

## 2. Enhance health data utility

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

Legend:



Not started



Early stage



Advanced stage



Complete



At risk



# Tracking progress:

## 2. Enhance health data utility

Exigent Milestones	Summary	Status	Next Steps
<b>E-consent</b>	MiHIN has e-consent pilot with select PIHPs	Ongoing	Continue pilots, reporting out
<b>USCDI Version 3</b>	MiHIN is updating their use case standards to align with USCDI version 3	Ongoing, V3 released 7/2022	Continue to monitor
<b>Advance Care Directives</b>	Advance Care Planning is an ongoing discussion between a provider and patient, where documents are stored and accessible, and updated is under discussion.	Ongoing	MiHIN conducting stakeholder engagement/feedback forums
<b>Inventory and Assessment of MiHIN Use Cases (Dashboard)</b>	Understand MiHIN utilizers, inventory of current use cases, # of facilities signed on and using, user roles, to develop a baseline for use case prioritization	Phase 1 complete	Evaluate, working on Phase 2
<b>ONC – CMS Inpatient Prospective Payment System Final Rules re Health Equity</b>	SDoH Screening for hospital inpatient voluntary in 2023, required in 2024.	Starting in 2023	Continue to monitor, # 6 continue
<b>School Based Clinics/Behavioral Health</b>	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

- Understand Advance Care planning, documents used to support, and options
- Act on data quality now, engage in conformance efforts



# 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	<div></div>	<div></div>			
3B-1: Advocate for funding to increase broadband access for underserved communities	MDHHS / HIT Commission	<div></div>	<div></div>			

Legend:  Not started     Early stage     Advanced stage     Complete     At risk





# Tracking progress:

## 3. Addressing the digital divide

Exigent Milestones	Summary	Status	Next Steps
<b>Capital projects fund ROBIN</b>	\$250 million ARPA funding for broadband infrastructure grants	Applications for funds open	Must be expended by the end of 2026
<b>Broadband Equity Access Deployment (BEAD) Program planning</b>	\$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



# Tracking progress:

## 3. Addressing the digital divide

Exigent Milestones	Summary	Status	Next Steps
<b>Digital Equity Act Planning</b>	\$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 2023	Continue to track
<b>Sync for Social Needs – Benefit Data Trust</b>	<a href="#">BDT</a> will publish a toolkit to help eligible college students enroll in programs like Medicaid and the <a href="#">Affordable Connectivity Program</a>	Started	Look for the guide in 2023

### What you can do:

- 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



# Tracking progress:

## 4. Improving onboarding and technical assistance

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

Legend:



Not started



Early stage



Advanced stage



Complete



At risk



# Tracking progress:

## 4. Improving onboarding and technical assistance

Exigent Milestones	Summary	Status	Next Steps
<b>Medicaid Telemedicine Policy Public Comment</b>	COVID-era telemedicine policies have been reviewed and revised, with most expansions preserved.	Policy effective May 12, 2023	<a href="#">Review, support efforts</a>
<b>Expansion of ADT sending facilities</b>	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 Q1 CY2023
<b>BCBSM Hospital P4P and Vendor Initiative Ambulatory CCDAs</b>	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
<b>Conformance Task Force</b>	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 participate, educate regarding Public Health use of ADTs
<b>Funding for Technical Assistance</b>	Seeking funding to for onboarding and technical assistance - <a href="#">MiTAHIE</a>	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



# Tracking progress:

## 5. Protect public health

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

Legend:



Not started



Early stage



Advanced stage



Complete



At risk



# Tracking progress:

## 5. Protect public health

Exigent Milestones	Summary	Status	Next Steps
<b>Review of MDHHS PH Enterprise</b>	Assessment of MDHHS PH data systems	Completed end of 2022	Present to HIT Commission March 2023, inform PHA's planning efforts
<b>Data Modernization Initiative</b>	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	Implementation, outreach, onboarding more facilities to implement eCR, expand conditions

### What you can do:

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





# 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



# Tracking progress:

## 6. Social care data standards

Exigent Milestones	Summary	Status	Next Steps
<b>Community Information Exchange (CIE) Task Force</b>	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	Interim Report in March 2023, Webinar March 20, 2023	Task Force will meet through June 2023
<b>MiHIN Social Care Data Hub</b>	MiHIN convened vendors in social care data around a shared vision and commitment to interoperability	Ongoing, looking at pilots	The group meets weekly and sharing processes for consents and referrals
<b>ONC – CMS Inpatient Prospective Payment System Final Rules re Health Equity</b>	<a href="#">Screening for SDoH for Inpatients</a> . Voluntary in 2023, required in 2024- how will the data be used and is the HIE ready to receive	Started	Continue to monitor
<b>Great Lakes Inter-Tribal Epidemiology Commission (GLITEC), MiHIN</b>	Opportunity for Michigan Tribes to connect tribal clinics and promote interoperability with other states and public health through MiHIN and GLITEC	Started	Continue to support, monitor

### What you can do:

- [Sign up for SDoH Newsletter here](#)
- [Read the most recent newsletter here](#)

# 4. Update Community Information Exchange Task Force

Led by: MDHHS




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

# **Community Information Exchange Task Force Interim Report and Survey Findings**

Monday, March 20, 2023

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MDHHS Policy and Planning



## 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





## 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.

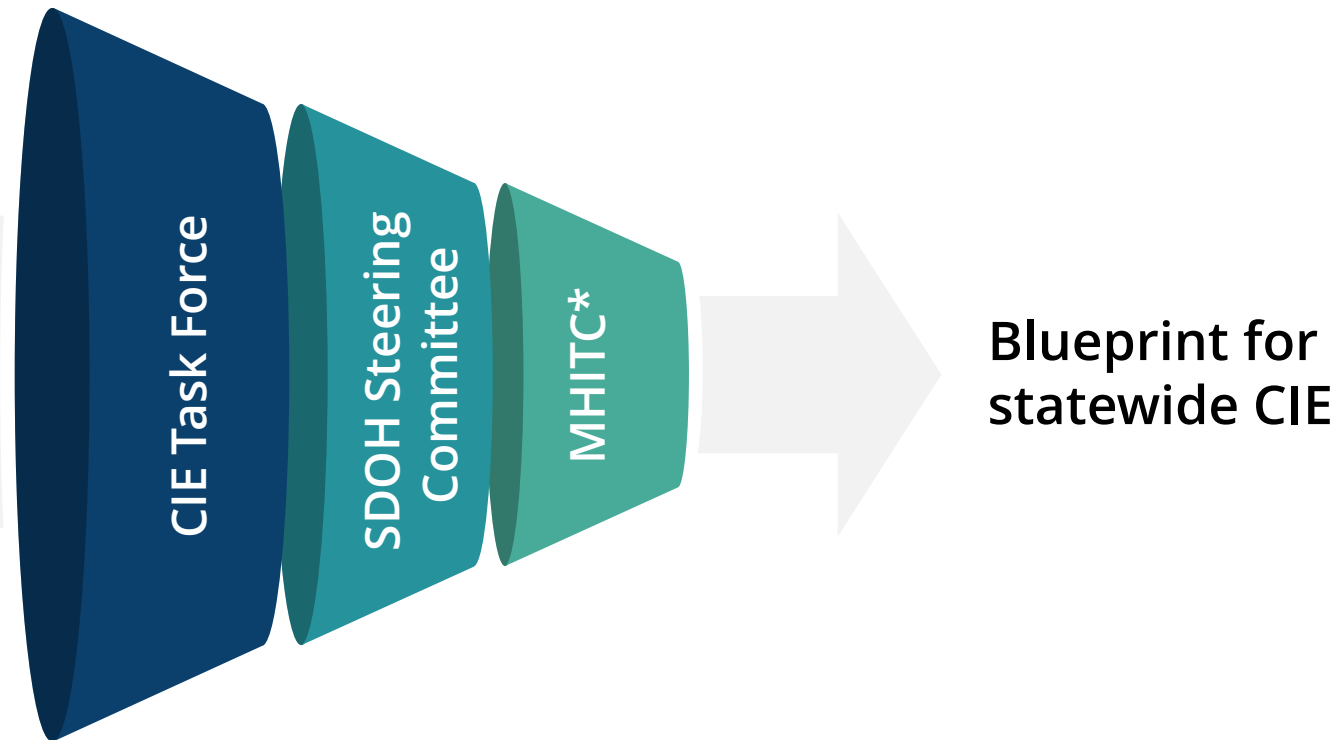


## Intended Result

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

# The CIE Task Force's final goal will be to generate recommendations for the Michigan Health Information Technology Commission (MHITC) and the Michigan Department of Health & Human Services

Input from health care, payers, health information technology (HIT), community-based organizations, consumers, and organizations serving communities facing health inequities



# 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.

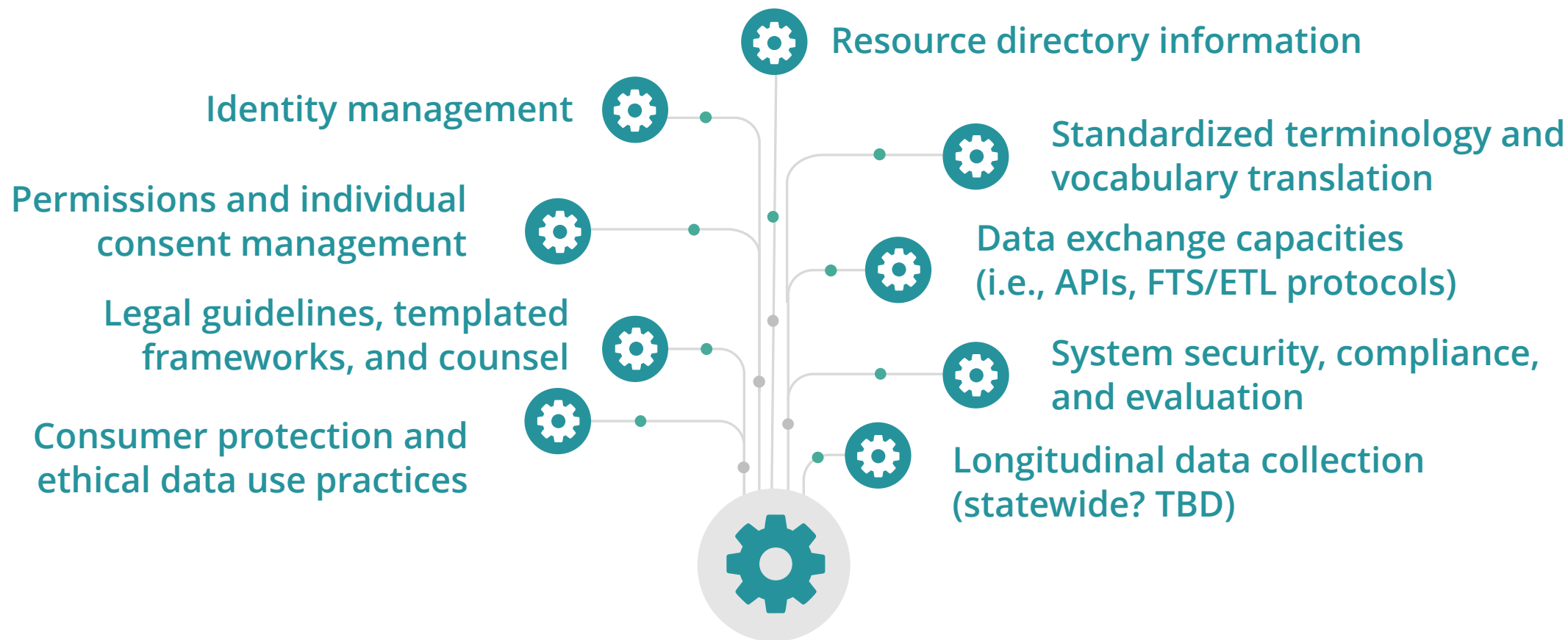
04

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.

# Core CIE Competencies Identified



## CIE Task Force Interim Report

Interim Report details the Task Force efforts to:

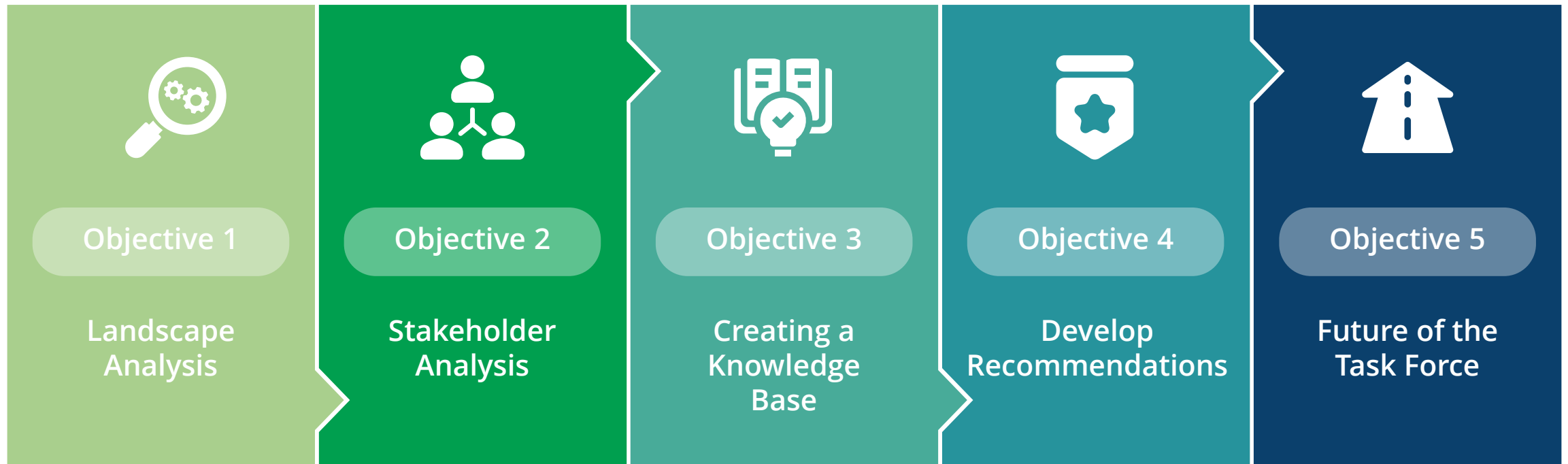
- Understand the existing infrastructure of CIE activities in Michigan
- Analyze the needs of various stakeholders
- Assess Michigan's community information exchange needs
- Determine recommendations for state government to support CIE



# CIE Task Force Objectives

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

*The Task Force Interim Report reports the Task Force's work to achieve its objectives*



# Objective 1: Landscape Analysis

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5



## Landscape Analysis

Examine promising state, national, and global strategies, standards, metrics, and best practices that could accelerate, support, and improve CIE in Michigan.

### Lessons Learned from the Field:

1. Few precedents for success so far of CIE, successful CIE is a long-term challenge with few sustainable models in the field
2. Effective CIE cannot be achieved through technological innovations alone
3. Closed-loop referrals are not the only use case for CIE
4. Effective CIE must prioritize interoperability as a core principle
5. The incentives for effective CIE are not naturally aligned

# Objective 2: Stakeholder Analysis

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5



## Stakeholder Analysis

Examine relevant perspectives from all interested parties and partners, with a focus on the priorities of communities that experience health inequities, the perspectives of community-based organizations that serve them, and the needs of people who have experienced the challenges of navigating these services.

# Objective 2: Stakeholder Analysis



## Individuals and Families

- Accurate information on services
- What data is collected
- Technology must meet diverse needs
- Trust is key



## Community-Based Organizations (CBOs)

- Up-to-date information on service availability and accessing services
- Aggregated, population-level data
- Seamless referral processes
- Sustainable funding for data collection



## Communities

- Aggregated community-level information for leaders
- Insight on where there is community-level gaps in resources

# Objective 2: Stakeholder Analysis



## Health Payers and Providers

- Connection to services in their community
- Reduced duplication of services



## Government Agencies

- Provide funding support, resource allocation, and strategic guidance
- Guidance on privacy of individual and aggregated data
- Staff and organizational capacity building


## Objective 2: Stakeholder Analysis



Expand efforts to engage diverse stakeholders



Improve processes of the Task Force



Build consensus on operationalizable recommendation as to actions that the state can take to support local activities

# Objective 3: Creating a Knowledge Base

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5



## Creating a Knowledge Base

Create a knowledge resource in service of MHITC Roadmap (Bridge to Better Health) and MDHHS SDOH Strategy (Michigan's Roadmap to Healthy Communities).

- To address Objective 3, the CIE Task Force developed a knowledge base of compiled materials from programs across the state
- During convenings, the Task Force reviewed materials and discussed key themes to inform the direction of the Task Force
- The compiled materials serve as a centralized repository for materials about CIE in Michigan and beyond
- The Knowledge Base can be found in the Interim Report

# Objective 4: Develop Recommendations

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5



**Develop  
Recs**

Advise the State on the development of a CIE strategy, including recommendations as to prioritized capabilities.



# Objective 4: Develop Recommendations

*Through a capacities analysis, the Task Force identified the following capacities that enable community-based stakeholder to exchange information among various technology systems:*

01

## Resource Information Directory Capacity

Comprehensive repository of reliable and up-to-date information about resources.

02

## Personal Information Exchange Capacity

Capacity to support the exchange of client-level information.

03

## Organizational Capacity

Capacity to support the system of technologies that is CIE.

04

## Data Aggregation and Analysis Capacity

Ability to aggregate data for the purpose of analysis.

# Objective 5: Future of the Task Force

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5



**Future of  
the Task  
Force**

Articulate scenarios for pilot implementations of key use cases that enable cooperation among prioritized stakeholder groups.

# Objective 5: Future of the Task Force

*Where does the Task Force go from here?*

March -  
June 2023  
  
Inquiry and  
information  
gathering

March -  
June 2023  
  
Develop  
recommendations

June 2023  
  
Submit  
recommendations  
to MHITC

## **5. Presentation and Q & A**

# **MDHHS, Strategic Integration Administration**

Danielle Lafere, Business Delivery Services Division Director  
Ken Young, Strategic Integrator

# Strategic Integration Team

## System Planning Baselines & Road Mapping Overview

03/14/2023

# The **Strategic Integration Administration (SIA)**, in coordination with MDHHS Financial Operations and DTMB:

Helps MDHHS program areas identify and define their IT needs.

Ensures the initiatives MDHHS pursues align with our goals and priorities.

Acts as a liaison between MDHHS program areas and DTMB to ensure technology meets program needs.

Ensures the protection and governance of data/information; and compliance with system safeguards and non-discrimination/ADA.

# Need To Increase System Planning

- MDHHS has over 300+ different IT Systems
- Systems vary greatly along technology make up and useful lifespan
- Need to improve planning related to future IT system needs
- Provide a clearer picture of upcoming IT needs
- Identify and address aging systems and technical deficit
- Increase the ability to identify and plan for budgetary requirements

# System Planning Baselines and Roadmaps

## Phase 1 – System Planning Baselines

- A point in time self-evaluation of a system by Business and DTMB
- System reviewed from a Business Effectiveness perspective
  - How does a system help Business do their job / Meet Business or Program requirements?
- System reviewed from a technical value perspective
  - Does the system utilize up to date, robust software? Is the system built using modern best practices and strategic principles?
- Sessions facilitated by SIT
- Emphasis on honest feedback and evaluation



# Evaluation Question Categories

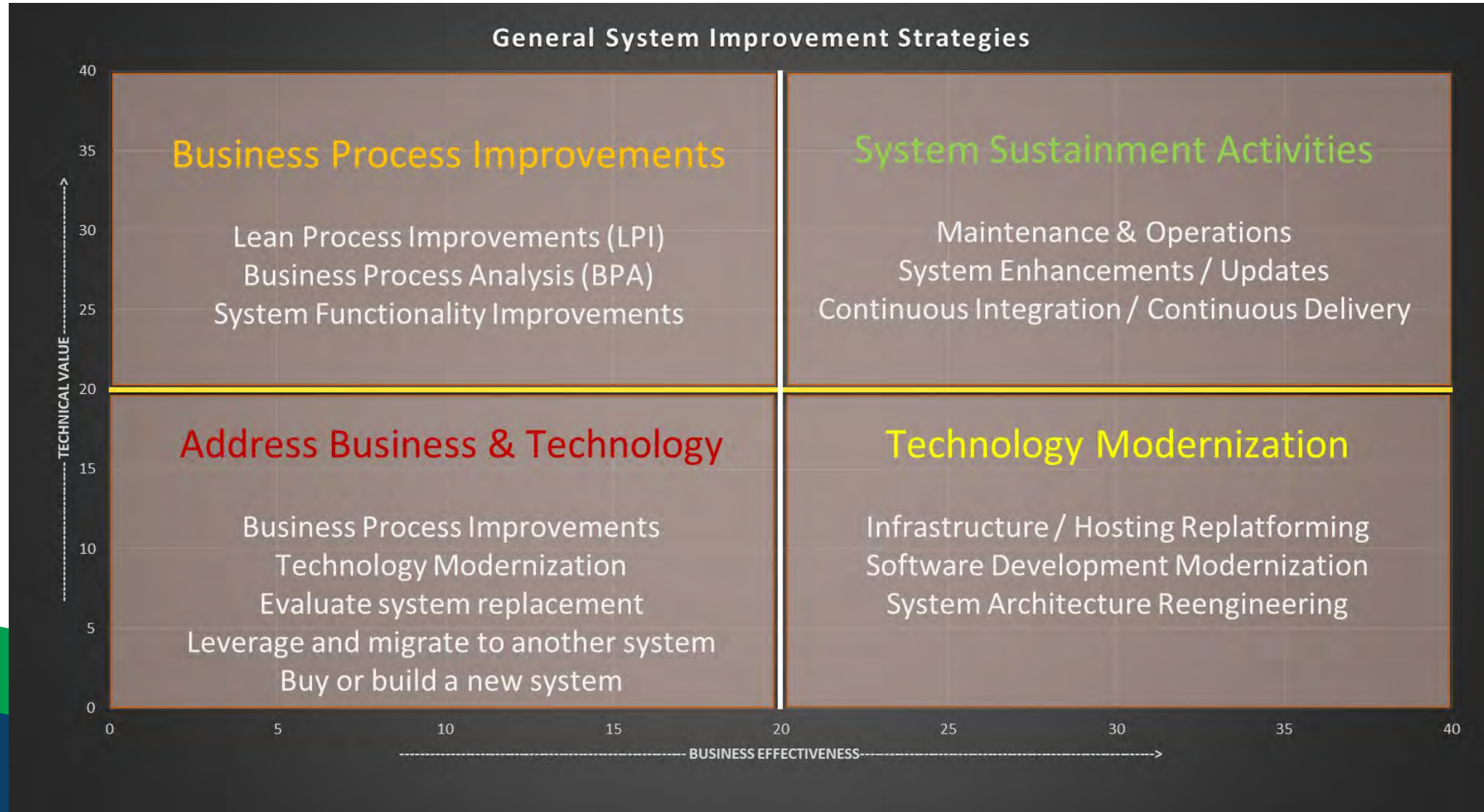
## Business Effectiveness:

- System Functionality
- Data Quality and Access
- Usability
- Compliance
- Business Ownership
- Sustainability
- Innovation
- Diversity, Equity, and Inclusion
- Benefits Realization
- Cost effectiveness

## Technical Value:

- Hosting Model
- Maintenance & Support Model
- Software solution
- Solution lifecycle
- Architecture Standards
- System Administration
- Interoperability
- User Interface
- Leverage Existing Investments
- Security and Compliance

# Evaluation Quadrant Mapping

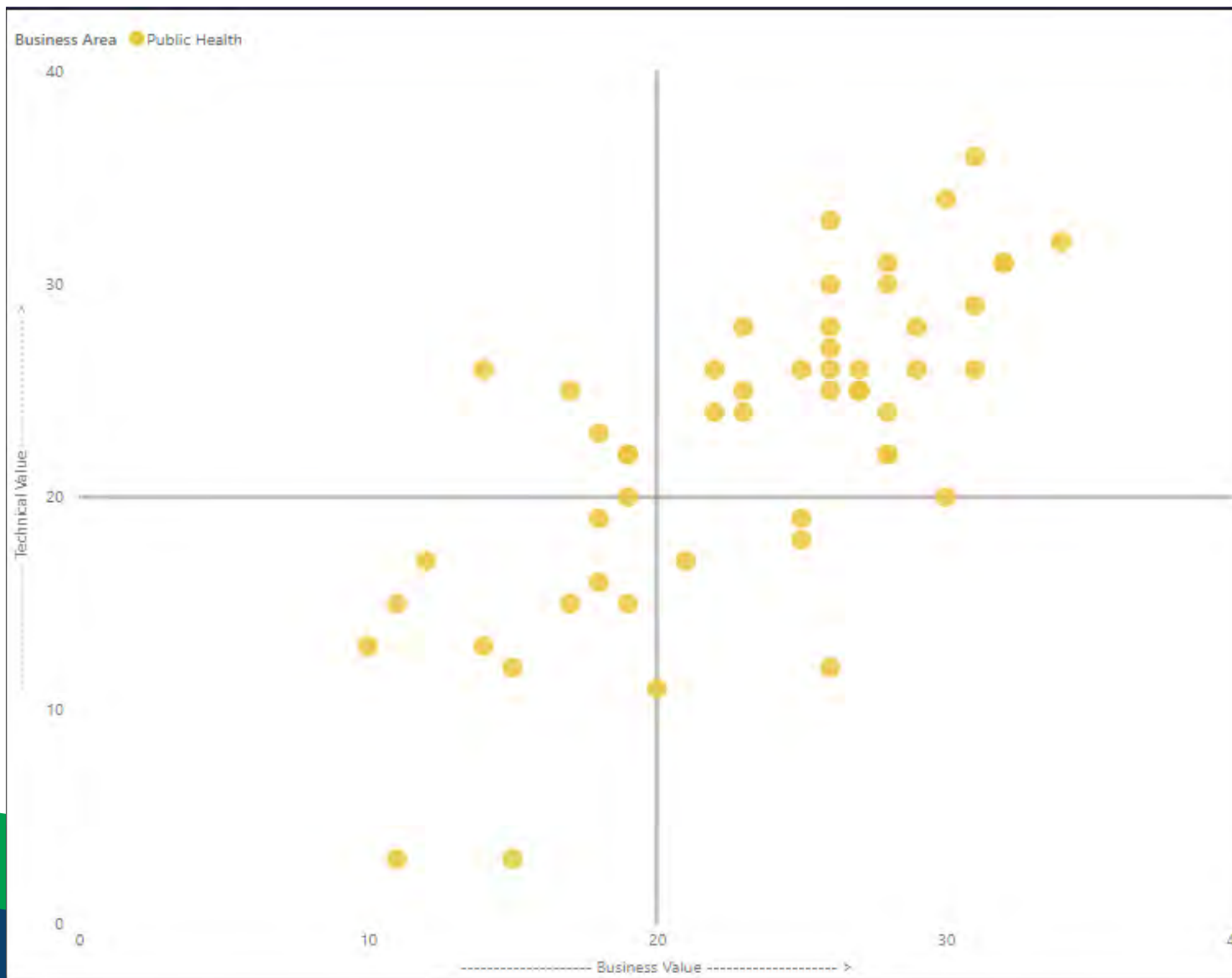


# Public Health Administration

## Evaluated 68 Systems Across:

- Bureau of Labs
- Chronic Disease & Injury Control
- Maternal & Infant Health
- Child & Adolescent Health
- Women, Infants, & Children (WIC)
- Lifecourse Epidemiology & Genomics
- Environmental Health
- Vital Records & Health Statistics
- Immunization
- Communicable Diseases
- HIV & STI Programs
- Emergency Preparedness & Response
- EMS & Systems of Care

# Public Health Administration



# System Planning Baselines and Roadmaps

## Phase 2 – System Roadmaps

- A forward-looking plan of system improvement activities consisting of:
  - In-progress or already planned work
  - Incorporate any Department or Administration level goals and objectives
  - Activities to address Business and Technical areas of improvement
  - 3-5 Fiscal Years as needed
- Business determines activities / supported by technology teams
- Activities documented at an appropriate level
- SIT can assist with leveraging enterprise-wide solutions or best practices
- Roadmap is a living document. Requires maintenance as priorities change

# Roadmap Examples

	FY22	FY23	FY24	FY25
System ALPHA	Begin work on Phase 2 Activities	Phase 2 Go Live (anticipated 1Q FY23)  Begin Phase 3 Implementation Project focusing on automating data exchanges / linking with other systems	Go Live Phase 3 (Anticipated 2Q FY24)	Sustain Activities
System BRAVO	Identify and obtain the necessary funding to implement new system  Conduct Market Research for system solutions  Begin Initiation and Planning Activities	Work with Procurement to execute RFP process  Select Vendor and Award Contract (4Q FY23)  Begin System Implementation Project	Go – Live with Replacement system (End of 3Q FY24)  Phased Roll out – System A, B, and C onboarding over 4Q FY24	Sustain Activities
System CHARLIE	Complete System Security Plan  Address Audit Findings	Implement FHIR integration with CDC  Convert Batch File integrations to Real time Web services	Do FY24 system enhancements	Sustain Activities
System Delta	Conduct Lean Process Improvement  Begin Human Centered Design for user interface redesign	High level system design for screen changes  Begin user interface modernization	Continue user interface modernization	Complete Modernization





## **6. Discussion**

# **Surrogate Family Law/Advance Directives**



## 5. Public Comment