



Michigan Health Information Technology Commission

May 14, 2024

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 StantonT4@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.

Agenda



Michigan Health Information Technology (HIT) Commission Meeting Agenda

Tuesday, May 14, 2024
1:00 – 3:00 p.m.
South Grand Building
333 S. Grand Avenue
Conference Rooms 1K & 1L
Lansing, MI 48909

Virtual Meeting
Zoom Conference Information:
Join from PC, Mac, Linux, iOS or Android:
[Zoom Link](#)
Or Telephone Dial:
(216) 706-7005 or (866) 434-5269
Conference Code: 729478

Item	Facilitator(s)	Time
1. Commission Business <ul style="list-style-type: none"> a. Quorum b. Welcome, Introductions, and Announcements c. Approve Meeting Minutes d. Co-Chair election e. Consumer seat 	<ul style="list-style-type: none"> • Chair 	1:00 pm - 1:20 pm 20 minutes
2. HIT Roadmap <ul style="list-style-type: none"> a. HIT Roadmap Tracker Highlights b. MiHIN Board Update c. MiHIN's use case dashboard and medication reconciliation project d. MI High-Speed Internet Office Digital Equity Plan e. CIE Advisory Committee Update 	<ul style="list-style-type: none"> • MDHHS • Commissioner Tyus • MiHIN • Commissioner Robinson • Commissioner Ebersole Wood 	1:20 pm – 2:20 pm 60 minutes
3. Discussion/Action <ul style="list-style-type: none"> a. Artificial Intelligence Discussion b. Open Space: Reflections from HIMSS 	<ul style="list-style-type: none"> • Chair 	2:20 pm - 2:50 pm 30 minutes
4. Public Comment	<ul style="list-style-type: none"> • Chair 	2:50 pm – 3:00 pm 10 minutes
5. Adjourn		

1. Commission Business

A. Quorum

B. Welcome, Introductions, and Announcements

C. Approve Meeting Minutes

D. Co-Chair election

Led by:

HITC Co-Chairs

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**

2023 Annual Report Recommendations

	 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
Advance Social Care Data Standards and Governance	✓	✓				✓
Promote HIE and CIE Incentives		✓				
Strengthen Statewide HIE Accountability		✓			✓	
Expand Broadband Access	✓		✓		✓	✓
Support Technical Assistance and Training	✓	✓	✓	✓	✓	✓
Advocate for Patients and Consumers	✓	✓	✓	✓	✓	✓



Tracking progress:

1. Identify champions and empower leaders

INITIATIVE: Identify champions and empower leaders	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
1A: Drive implementation of roadmap	MDHHS	→				
1B: Refresh state health IT governance	MDHHS	→				



Tracking progress:

2. Enhance health data utility

INITIATIVE: Enhance health data utility	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
2A: Build on the success of health information exchange in Michigan	MDHHS/MiHIN			→		
2B: Promote standards and secure infrastructure	MDHHS/MiHIN			→		
2C: Build data exchange that is consumer-centric and mediated by each resident	MDHHS/MiHIN			→		



MiHIN Update

Isabell Pacheco, DSc, FACHE
Chief Administrative Officer

Kim Bachelder
Director, State Accounts MiHIN

May 14, 2024



Meeting Agenda

MiHIN Strategic Plan



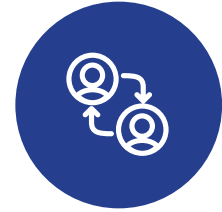
Medication Management
Interoperability



Use Case Dashboard



Public Facing Dashboard



Michigan Health Information Network Shared Services (MiHIN)

MiHIN is Michigan's state-designated entity to continuously improve healthcare quality, efficiency, and patient safety by promoting secure, electronic exchange of health information. MiHIN represents a growing network of public and private organizations working to overcome data sharing barriers, reduce costs, and ultimately advance the health of Michigan's population.



MiHIN Publishes Strategic Plan

**Charting the Course
for a Connected Future:
MiHIN's Strategic Plan**



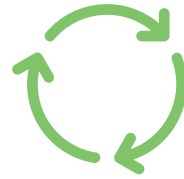
Medication Management Interoperability



The Challenge

One of the most challenging aspects of improving medication use safety and outcomes is to ensure that accurate information about a patient's medication use is available across the healthcare continuum.

Maintaining an accurate and up-to-date list of each patient's medications is a significant obstacle, as regimen changes can occur regularly.



The Process – *MiHIN's Use Case Factory*™

Stage One: Conceptual Phase

Stage Two: Demonstration/Pilot Phase

Stage Three: Implementation Phase

Stage Four: Adoption and Evaluation Phase



The Solution(s)

#1 – Prescription History Service

#2 – Dispensed Medication History Service

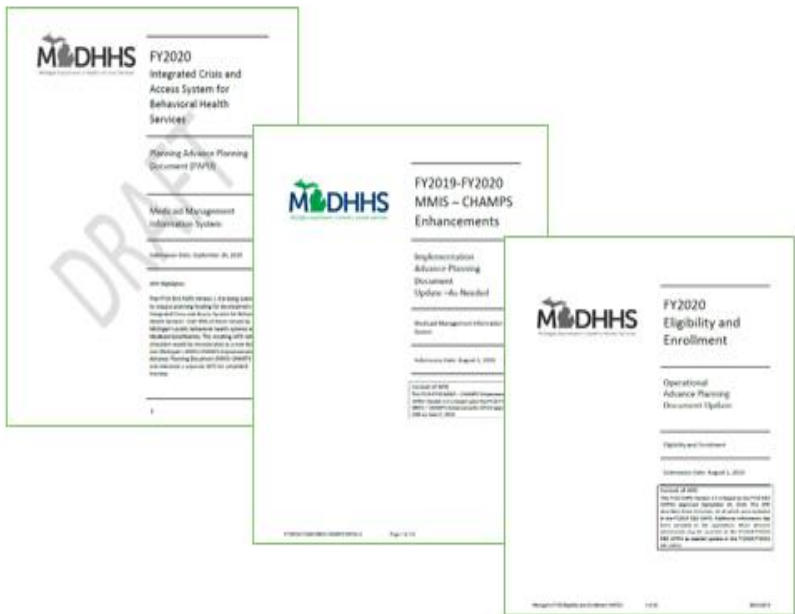
#3 – Patient Confirmed Medications

#4 – Provider Medication Therapy Plan Service

#5 – Share Relevant Labs Service

#6 – Enhanced Medication Formulary Service

Request for MiHIN Use Case Dashboard



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 for internal use and public facing	MIHIN				→	
2A-2: Promote and improve core 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				→	

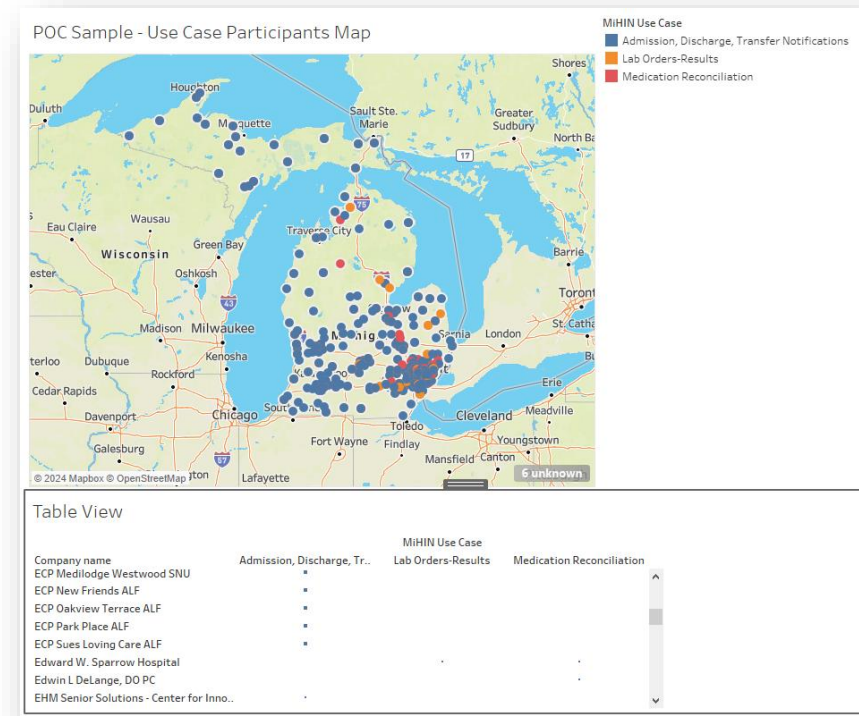


Use Case Dashboard

MDHHS Dashboard

- First Phase - *Complete*
 - MiHIN utilizes an inventory of current use cases and the # of facilities signed on. The data is used to develop a baseline for use case prioritization.
- Second Phase – *In Progress*
 - Automation of the MDHHS version of the dashboard
- Ongoing Maintenance and Enhancements
 - Maintain data on current use cases and those in-pilot
 - Enable enhancements as needed

Public Facing Dashboard



THANK YOU

LET'S CONNECT



mihin.org



[@MiHIN](https://twitter.com/MiHIN)



linkedin.com/company/mihin



2. Health Equity by Design (HEBD)

HEBD focuses on the need to include health equity at the outset and as a key feature during the design, build, and implementation of health IT policies, programs, projects, and workflows. This approach:

- Identifies existing gaps and disparities in health equity that could be redressed in the lifecycle of technologies so that the technology and its use reduce, not exacerbate, health disparities
- Designs and builds for the diversity of uses and users
- Identifies and incorporates health equity considerations from the beginning and throughout the technology design, build, and implementation processes



2. Additional Federal Resources

[Federal Health IT Strategic Plan 2024-2030](#)

The draft plan defines a set of goals, objectives, and strategies the federal government will pursue to improve health experiences and outcomes for individuals, populations, and communities. The draft plan also places an emphasis on addressing the policy and technology components essential for securely catering to the diverse data requirements of all health IT users.

[Trusted Exchange Framework and Common Agreement \(TEFCA\) | HealthIT.gov](#)

ONC released [Version 2.0 of the Common Agreement](#) on April 22, 2024. The Trusted Exchange Framework and Common AgreementSM (TEFCASM) has three goals: (1) to establish a universal governance, policy, and technical floor for nationwide interoperability; (2) to simplify connectivity for organizations to securely exchange information to improve patient care, enhance the welfare of populations, and generate health care value; and (3) to enable individuals to gather their health care information.

Federal Health IT Strategic Plan Framework

2024-2030

Federal Health IT
Strategic Plan

GOALS AND OBJECTIVES



GOAL 1 : OBJECTIVES

- A Individuals are empowered to manage their health
- B Individuals and populations experience modern and equitable health care
- C Communities are healthier and safer

GOAL 2 : OBJECTIVES

- A Providers deliver safe, equitable, high-quality, and improved care
- B Patients experience expanded access to quality care and reduced or eliminated health disparities
- C Health care is improved through greater competition and transparency
- D Providers experience reduced regulatory and administrative burden
- E The health care workforce uses health IT with confidence

GOAL 3 : OBJECTIVES

- A Researchers and other health IT users have appropriate access to health data to drive individual and population health improvement
- B Individual and population-level research and analysis are enhanced by health IT
- C Researchers advance health equity by using health data that includes underrepresented groups

GOAL 4 : OBJECTIVES

- A Development and use of health IT capabilities continues to advance
- B Health IT users have clear and shared expectations for data sharing
- C Underserved communities and populations have access to infrastructure that supports health IT use
- D Individuals' electronic health information is protected, private, and secure
- E Communities are supported by modern and integrated U.S. public health data systems and infrastructure





Tracking progress:

3. Address Michigan's digital divide

INITIATIVE: Addressing the digital divide	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
3A: Support digital connectivity efforts	MiHI/MDHHS					
3B: Pursue strategic partnerships that enable greater federal, state, and private investments in connectivity	MiHI/MDHHS					



MICHIGAN DEPARTMENT OF
**LABOR & ECONOMIC
OPPORTUNITY**

MICHIGAN HIGH-SPEED INTERNET OFFICE

Michigan High-Speed Internet Office

- + 10 staff members
- + Led by Chief Connectivity Officer, Eric Frederick
- + Created by Executive Directive in June 2021, authorized for funding and staff in April 2022
- + Located within the Prosperity Division of the Department of Labor and Economic Opportunity
- + Michigan's single point of contact for all things broadband and connectivity



Mission

Create a more
digitally
equitable
Michigan where
everyone can
leverage
technology to
improve their
quality of life.



Goals

- + Ensure universal availability of broadband to every home, business, institution, and community
- + Ensure 95% of households adopt a permanent connection at home

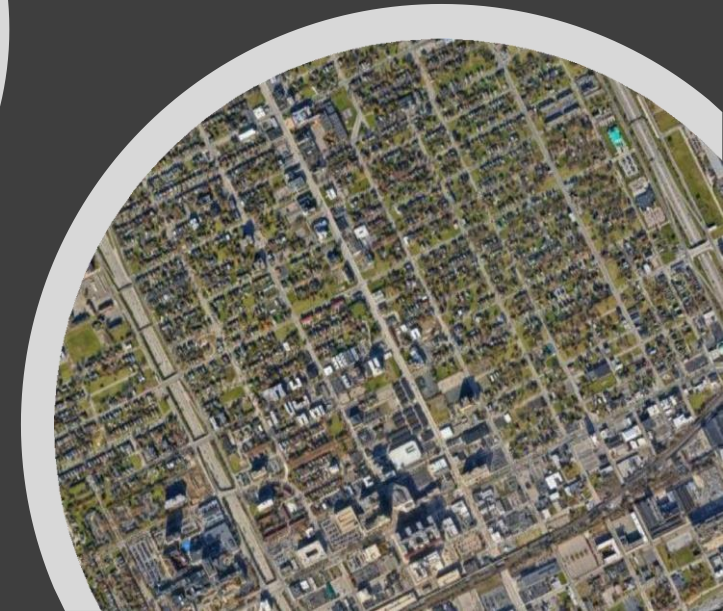
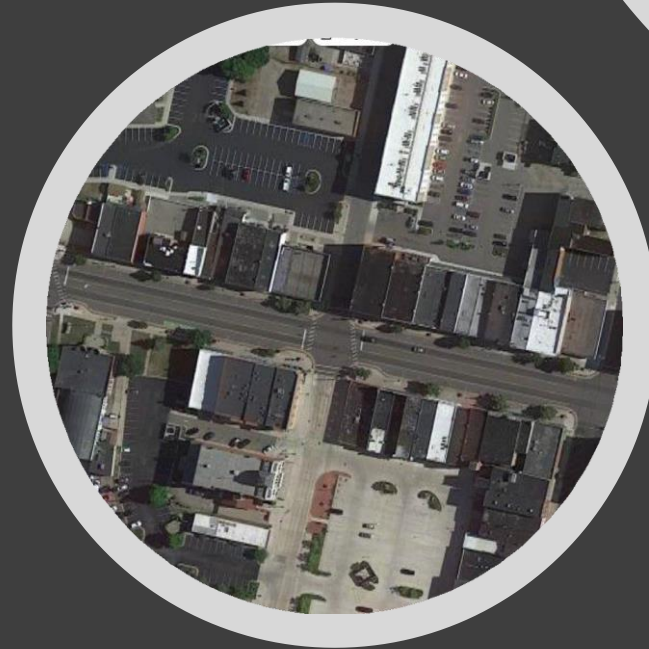
Guiding Principles

- + Creativity
- + Efficiency
- + Transparency
- + Collaboration



Where do we need to do this work?

- + Rural communities
- + Urban centers
- + Small towns
- + Vast open spaces
- + Every corner of our state



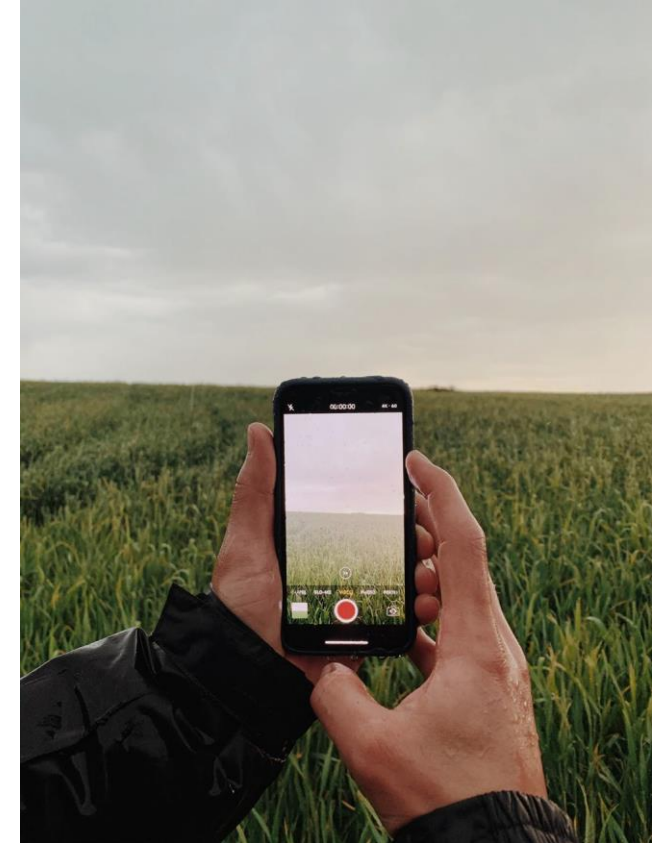
Our work is not about technology, it's about people.

- + Every student that had to sit outside a library or McDonald's to access Wi-Fi to complete their schoolwork during the pandemic.
- + Every senior that wants to stay in their home and still have access to world-class healthcare.
- + Every farmer that can't access the latest tech to grow their business.
- + Every entrepreneur that wants to start a small business.
- + Every community that wants to broaden their engagement.
- + Every business that wants to find a new customer base.
- + Every veteran that wants to stay connected with their fellow service members.
- + Every person that's been snowed-in and wants to still work or learn remotely.
- + Every teacher to digitally support their students learning.
- + Every parent who wants to learn a new skill to support their family.
- + Every prior offender looking for a second chance.
- + Every refugee who now calls Michigan home.
- + Every concerned citizen that is homebound and still wants to engage in their community.
- + Every job applicant that had their video interview drop because their internet was too slow.



It's about more than movies...

- + **Education Outcomes...** Students who lack a broadband connection have, on average, lower GPAs, lower rates of homework completion, and lower digital skills.
- + **Benefits Enrollment...** Folks applying for food, heating, and electrical assistance are usually asked to apply online.
- + **Safety...** 911 networks rely on broadband for traffic cameras and inbound emergency calls.
- + **Climate Resilience...** Remote monitoring of renewable and fossil fuel energy production minimizes risks of contamination via alert systems.
- + **Food Production...** Rural broadband supports precision agriculture which can increase food yields and efficiently apply fertilizers.
- + **Community Health Outcomes...** Broadband access leads to more proactive and preventative healthcare choices, resulting in fewer hospitalizations.
- + **Civic Engagement...** Electronic communication is a preferred method of engagement for elected officials. Registering to vote, researching policy issues, and finding public service opportunities is more accessible with broadband.
- + **Economic impact...** Connecting the currently disconnected Michigan households is estimated to produce \$1.8 billion to \$2.7 billion in annual economic opportunity.



Framework

- **Digital Equity** is the goal.
- **Digital Divide** is the issue.
- **Digital Inclusion** is the bridge over the divide to achieve equity:
 - Affordable, robust broadband internet service
 - Internet-enabled devices that meet the needs of the user
 - Access to digital literacy training
 - Quality technical support
 - Applications and online content designed to enable and encourage self-sufficiency, participation, and collaboration



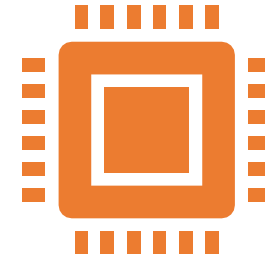
MIHI's Areas of Focus



Two Main Goals

100% Availability

95% Adoption



Administer three major programs

ROBIN - Realizing Opportunities with Broadband Infrastructure Networks (\$238M)

BEAD – Broadband Equity, Access, and Deployment (\$1.5B)

DEA – State Digital Equity Planning and DE Capacity Grant (~\$28M)

MI State Digital Equity Plan



State DE
Planning
Grant

State DE
Capacity
Grant

MI Connected Future

MICF Listening Tour

Individual
Michiganders

Partnership Roundtables

Advocacy
Organizations, State
Agencies, etc

Community Meeting in a Box

Community Groups

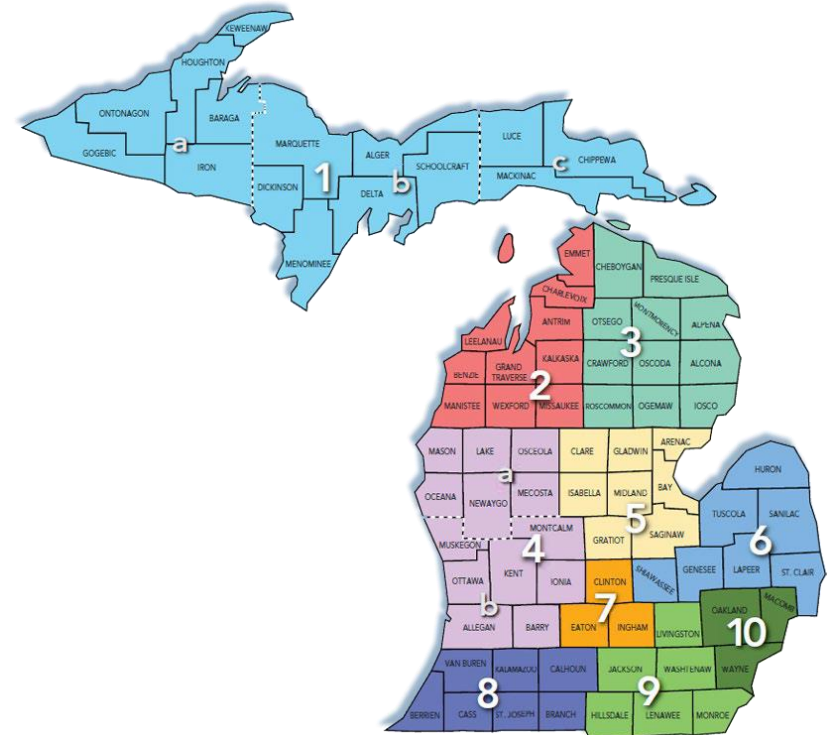


MI Digital Equity Planning

MI Connected Future Listening Tour

- Listen First, Plan Second
- 43 In-Person Listening Sessions

[MI Connected Future Listening Tour](#)



MICF Feedback

- MICF Listening Tour
 - 949 Total Participants
 - 823 Surveys Collected
- 45 Community Meetings in a Box
 - + **Affordability** is most important **29.47%**
 - + **Availability** is most important **77.80%**
 - + **Device Cost** is most important **4.29%**
 - + **Digital Skills** are most important **7.07%**
 - + **Other Barrier** is most important **6.12%**
- Partnership Roundtable Discussions
 - January – June 2023
 - BEAD and DEA topics
- [MI State Digital Equity Plan](#)



MI - State Digital Equity Plan












MICHIGAN DEPARTMENT OF
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OPPORTUNITY**

DE Plan: Goals & Strategies

	Goal	Strategy
1	Ensure all Michiganders have access to an affordable, reliable high-speed internet connection at their home	1.1 Collaborate and align efforts between DEA planned activities with BEAD planned activities and partner with communities, Tribal governments, and state agencies to align similar goals and timelines for infrastructure deployment and digital equity initiatives.
2	Attract workers and employers to Michigan	2.1 Coordinate, partner, and support existing workforce development strategies and programs housed within LEO and other relevant state agencies
3	Improve educational attainment including removing barriers for credentialing workers and in postsecondary achievement	3.1 Collaborate and partner with Michigan Department of Education to elevate online learning opportunities and additional pathways to digital skills development for adults
4	Improve overall health outcomes, particularly with improvement in covered populations	4.1 Coordinate and collaborate with the Michigan Department of Health and Human Services to monitor health outcomes pre- and post-deployment of broadband projects impacting covered populations
5	Educate Michiganders about the online services available to them as a resident	5.1 Coordinate and collaborate with the Michigan Department of State to provide trainings to Michiganders about their digital residency and to support inclusive initiatives for covered populations



Covered Populations

Covered Population	Description
 Covered households	Households with income no more than 150 percent of the federal poverty threshold.
 Aging Individuals	Individuals 60 years and older.
 Incarcerated individuals	All persons in State prisons, local jails and other municipal confinement facilities, correctional residential facilities, and correctional facilities intended for juveniles. This does not include individuals who are incarcerated in a federal correctional facility.
 Veterans	All persons aged 18 years and older who served in the armed forces in the past but are no longer on active duty.
 Individuals with disabilities	A person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment ⁷ .
 Individuals with language barriers	This includes: <ul style="list-style-type: none"> a) English learners: Individuals who speak a language other than English at home and speak English less than “very well.” b) Have low levels of literacy: Individuals below literacy proficiency
 Racial or ethnic minorities	Individuals who identify as a race other than White alone or as Hispanic or Latino of any race.
 Rural community	Individuals living outside of cities and towns with more than 20,000 residents or living outside larger cities and towns with more than 50,000 residents and their surrounding urban areas.
 At-risk youth	An individual who is less than 18 years of age who faces extreme threats to a successful transition into adulthood.



Measurable Objectives

Indicator Scores

AFFORDABILITY SCORE: The availability of, and affordability of access to, fixed and wireless broadband technology

DIGITAL GOVERNMENT ACCESSIBILITY SCORE:
The online accessibility and inclusivity of public resources and services

DIGITAL PARTICIPATION SCORE:
Digital Literacy

DIGITAL SECURITY SCORE: Awareness of, and the use of, measures to secure the online privacy of, and cybersecurity with respect to an individual

DEVICE DISTRESS SCORE: The availability and affordability of consumer devices and technical support for those devices



Digital Equity in Michigan



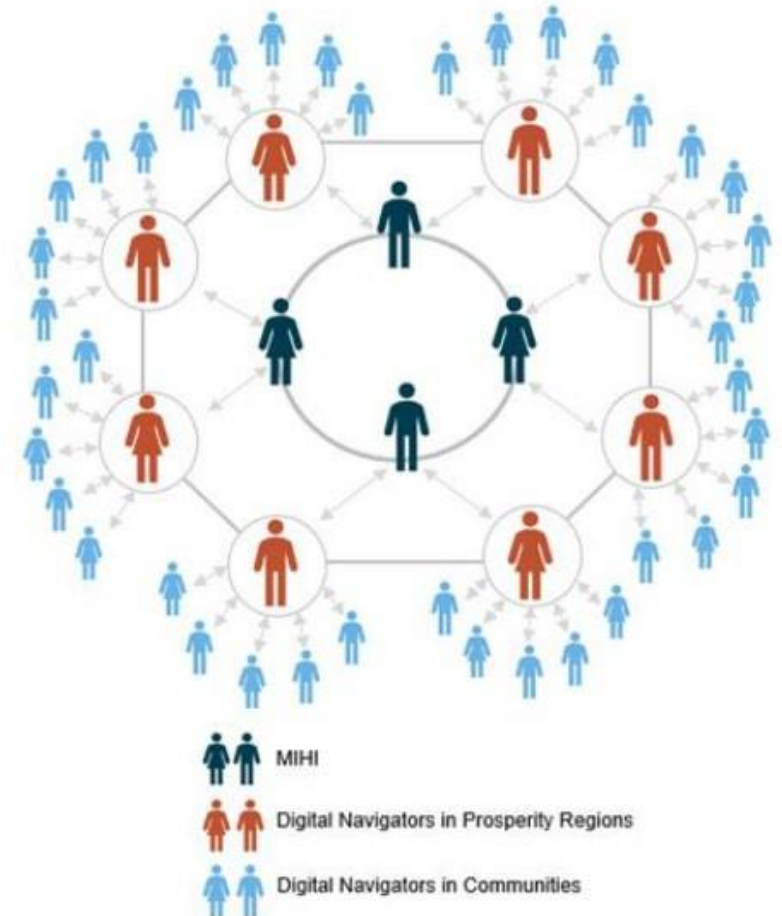
- Digital Inclusion Asset Inventory
 - Digital Inclusion Resource Map
 - State Agencies, Libraries, Nonprofit Organizations, etc
- Existing State Plans
 - MIHI – 2021 MI Broadband Roadmap
 - MEDC 5-Year Strategic Plan
 - Health IT Roadmap
- Existing County, Township, Municipal and Tribal Plans
- Existing Digital Equity Programs



DE Plan: Implementation Strategy

Statewide Digital Navigator Network

- MIHI
- Regional Digital Coordinators
 - Regions
 - Large Municipalities
 - MDOC
- Community Digital Navigators



Timeline

- 2024 - Coordinate between BEAD-DE Programs/DE Capacity Grant
 - Planning Activities
 - Implementation Activities
- 2024/2025 – Begin subgrantee program, Implementation (Digital Navigator Network)
- 2024-2030 – Coordination and Outreach
- 2024-2030 – Indicator Score Monitoring



Opportunities to Engage

Digital Equity Plan – Published

- [MI Digital Equity Plan](#) – Goals and planned activities
- Partnership, Collaboration - ongoing

Sign up to receive MIHI's Newsletter - <http://www.Michigan.gov/MIHI>

- DE Plan news and updates
- BEAD news and updates
- Digital Inclusion Resources



Digital Equity Resources

- Partnership Roundtable - [Discussion Results](#)
- Michigan Digital Inclusion Resources
<https://www.michigan.gov/leo/bureaus-agencies/mihi/michigan-digital-inclusion-resources>
- MIHI Digital Inclusion Playbook
<https://www.michigan.gov/leo/bureaus-agencies/mihi/michigan-digital-inclusion-resources>
- MIHI Resource Map
<https://survey123.arcgis.com/share/5f335f934fd049dead669d712b282d5f>
- MIHI website
<https://michigan.gov/mihi>



Questions?



MiDeptLEO



MichiganLEO



MichiganLEO



MichiganLEO

Thank you!

Jessica Robinson

Digital Inclusion Manager

Michigan High Speed Internet Office

RobinsonJ54@michigan.gov



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MichiganLEO



Tracking progress:

4. Improve onboarding and technical assistance

INITIATIVE: Improving onboarding and technical assistance	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
4A: Sponsor onboarding at higher levels of statewide leadership	MDHHS					
4B: Support the continued implementation of telemedicine	MDHHS					



Tracking progress:

5. Protect public health

INITIATIVE: Protect public health	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
5A: Accurate and timely information in public health systems	MDHHS/MiHIN					
5B: Support quality improvement of resident care	MDHHS/MiHIN					
5C: Bolster public health preparedness systems	MDHHS					

Public Health Administration

Updates for HITC

May 14th, 2024

Public Health Updates



Public Health Administration currently includes the following Bureaus:

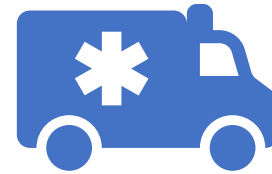
Bureau of Health & Wellness

Bureau of Laboratories

Bureau of Population Health & Epidemiology

Bureau of Infectious Disease Prevention

Bureau of HIV & STI Programs



Bureau of Emergency Preparedness, EMS, and Systems of Care (not under PHA)

PHA and Health Information Technology

ALL BUREAUS NOW HAVE A DATA STRATEGY ADMINISTRATOR



ASSESSING BUSINESS AREAS, FUNCTIONS, AND DATA NEEDS ACROSS BUREAUS
WHILE PROVIDING SUPPORT ON CURRENT PROJECTS



WORKING IN TANDEM WITH STRATEGIC INTEGRATION ADMINISTRATION (SIA)
AND THE DEPARTMENT OF TECHNOLOGY, MANAGEMENT, AND BUDGET (DTMB)



DATA MODERNIZATION DIRECTOR STARTS MAY 13TH WITH SIA



Tracking progress: 6. Social care data

INITIATIVE: Social Care data	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
6A: Develop policies to accompany new standards that promote easy sharing of social care information	MDHHS	➔		■	■	■
6B: Support systems that promote better coordination and integration of services	MDHHS / MiHIN	➔				

4. Discussion/Action Items

A. Artificial Intelligence

B. Open Space: HIMSS Reflections

Led by: Chair

Artificial Intelligence

Artificial Intelligence in Health, Health Care, and Biomedical Science: An AI Code of Conduct Principles and Commitments Discussion Draft

- Initial draft prepared by Steering committee of National Academy of Medicine
- Recognizing opportunities and threats, addressing gaps in existing literature
- Proposing harmonized set of principles (the Code Principles) and set of simple rules for broad adoption (the Code Commitments)

BOX 1 | Description of Complex Adaptive Systems Theory for Health Care

In the complex adaptive health care system, interdependent elements (e.g., patients, clinicians, policies, and organizations—including hospitals, clinics, payers, pharmacies, and regulators) act independently, making decentralized decisions.

These decisions may be impacted by external factors and create feedback loops or result in nonlinear impacts (e.g., small changes lead to disproportionate effects), resulting in emergent system behaviors. That is, the system experiences outcomes or emergent behaviors that are not solely attributable to the actions of single actor but rather to the interaction of system elements.

However, simple rules implemented locally may amplify outcomes at the system level due to feedback loops and non-linear interactions. Small changes made by individual elements can cascade through the system, resulting in significant changes in overall behavior or system state.

Proposed Code Principles

Engaged: Understanding, expressing, and prioritizing the needs, preferences, goals of people, and the related implications throughout the AI life cycle.

Safe: Attendance to and continuous vigilance for potentially harmful consequences from the application of AI in health and medicine for individuals and population groups.

Effective: Application proven to achieve the intended improvements in personal health and human condition, in the context of established ethical principles.

Equitable: Application accompanied by proof of appropriate steps to ensure fair and unbiased development and access to AI-associated benefits and risk mitigation measures.

Efficient: Development and use of AI associated with reduced costs for health gained, in addition to a reduction, or at least neutral state, of adverse impacts on the natural environment.

Accessible: Ensuring that seamless stakeholder access and engagement is a core feature of each phase of the AI life cycle and governance.

Transparent: Provision of open, accessible, and understandable information on component AI elements, performance, and their associated outcomes.

Accountable: Identifiable and measurable actions taken in the development and use of AI, with clear documentation of benefits, and clear accountability for potentially adverse consequences.

Secure: Validated procedures to ensure privacy and security, as health data sources are better positioned as a fully protected core utility for the common good, including use of AI for continuous learning and improvement.

Adaptive: Assurance that the accountability framework will deliver ongoing information on the results of AI application, for use as required for continuous learning and improvement in health, health care, biomedical science, and ultimately, the human condition.

Proposed Code Commitments

The goal is that all decisions associated with, and actions taken, to develop and deploy AI in the health sector will be consistent with these Commitments to develop and foster trust.

- 1. Focus:** Protect and advance human health and human connection as the primary aims.
- 2. Benefits:** Ensure equitable distribution of benefit and risk for all.
- 3. Involvement:** Engage people as partners with agency in every stage of the life cycle.
- 4. Workforce well-being:** Renew the moral well-being and sense of shared purpose to the health care workforce.
- 5. Monitoring:** Monitor and openly and comprehensively share methods and evidence of AI's performance and impact on health and safety.
- 6. Innovation:** Innovate, adopt, collaboratively learn, continuously improve, and advance the standard of clinical practice.

Additional Resources

[Health IT Advisory Committee | HealthIT.gov](#)

[NASCIO McKinsey GenAI and Impact on State IT Workforces](#)

[States Assessing and Mitigating Risks of Agencies Using Artificial Intelligence | ASTHO](#)

5. Public Comment