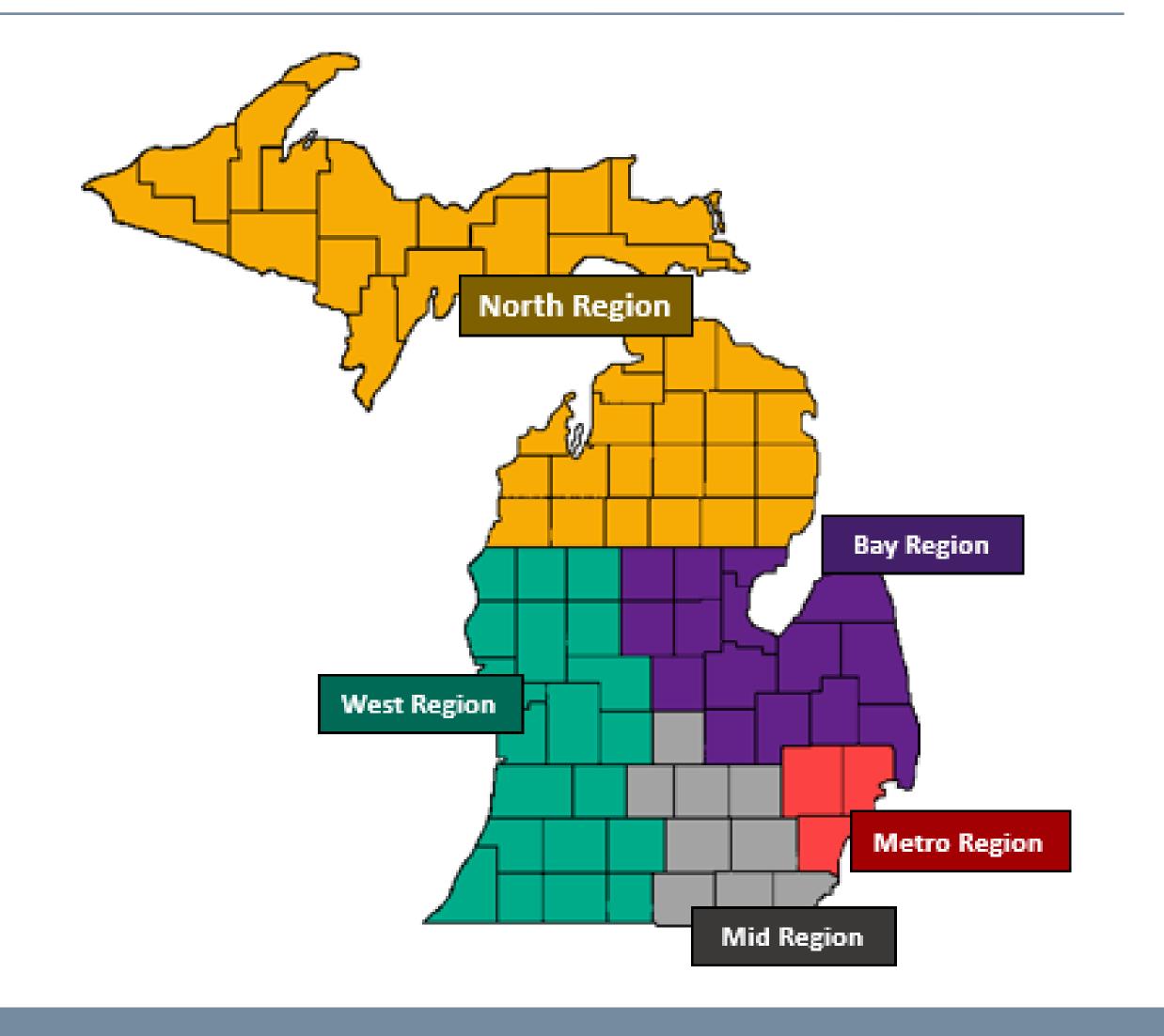
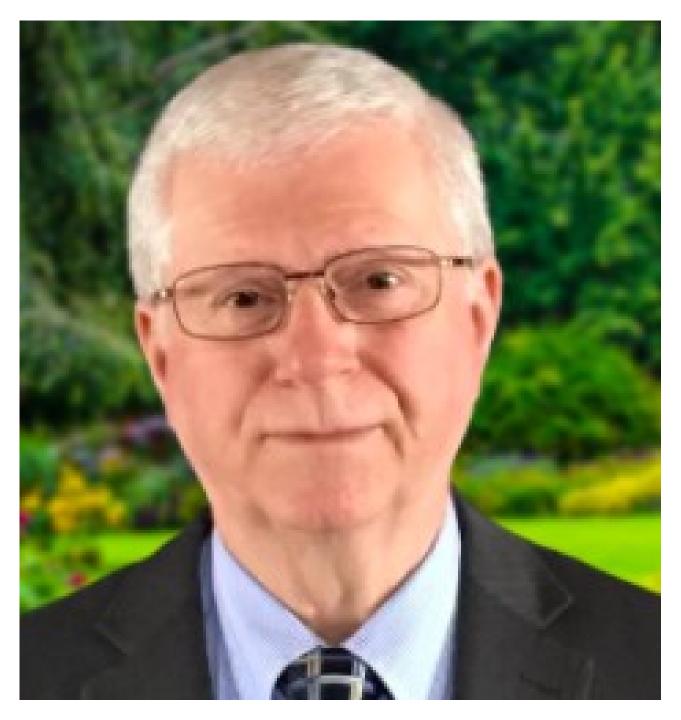


Coordinating During Crisis

Regional Stakeholder Forum



CedarBridge Group Facilitators



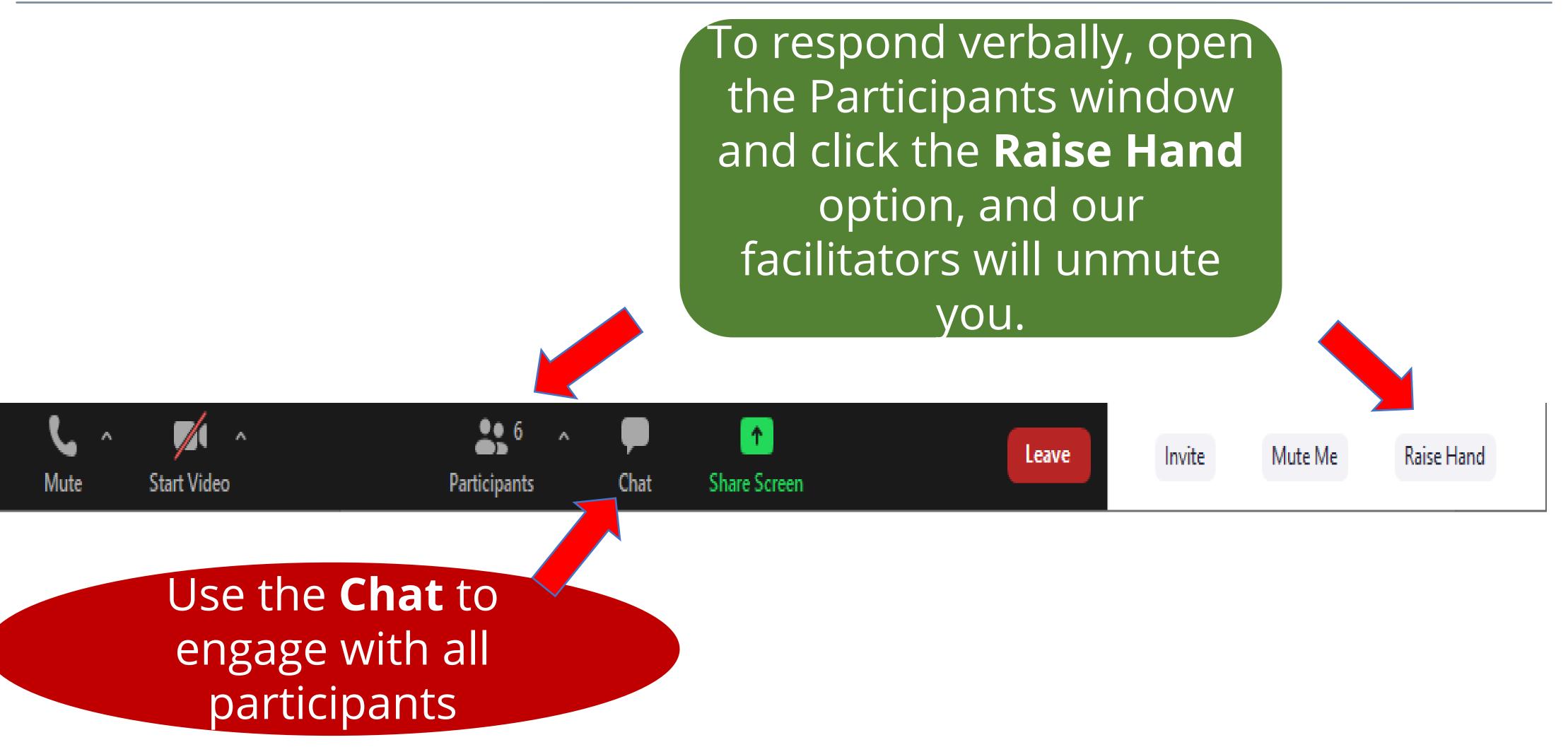
Terry Bequette
Senior Consultant



Dawn Bonder **Managing Director**

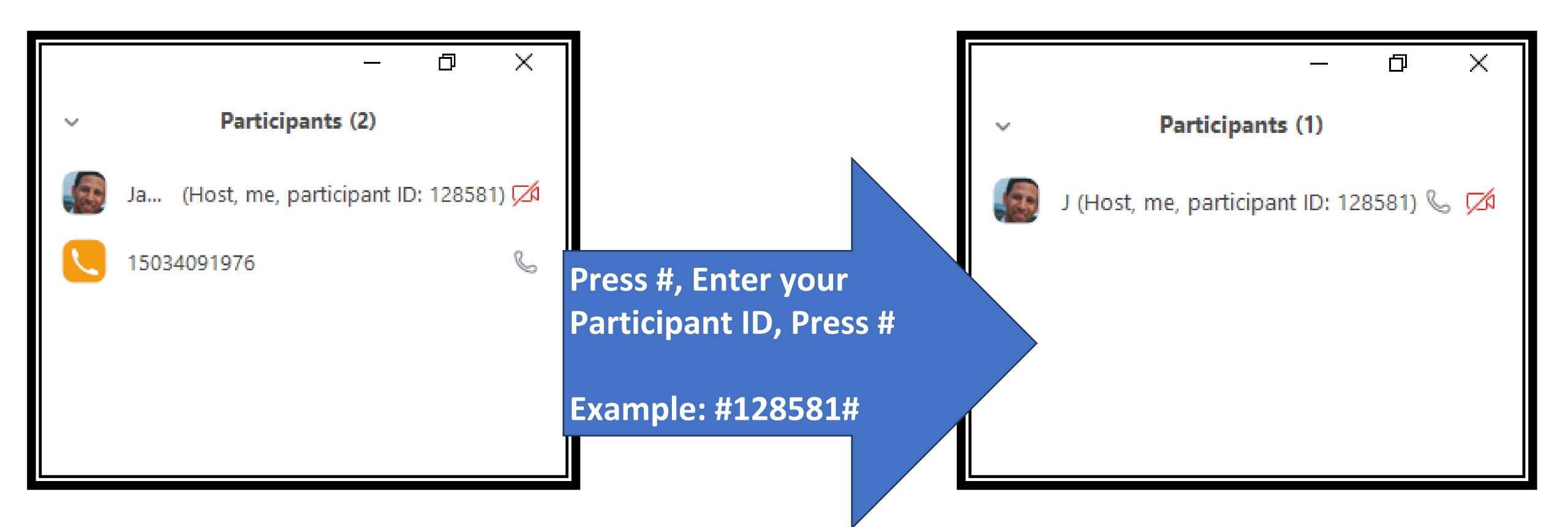


Audio and Chat Controls





Connecting Your Phone Line

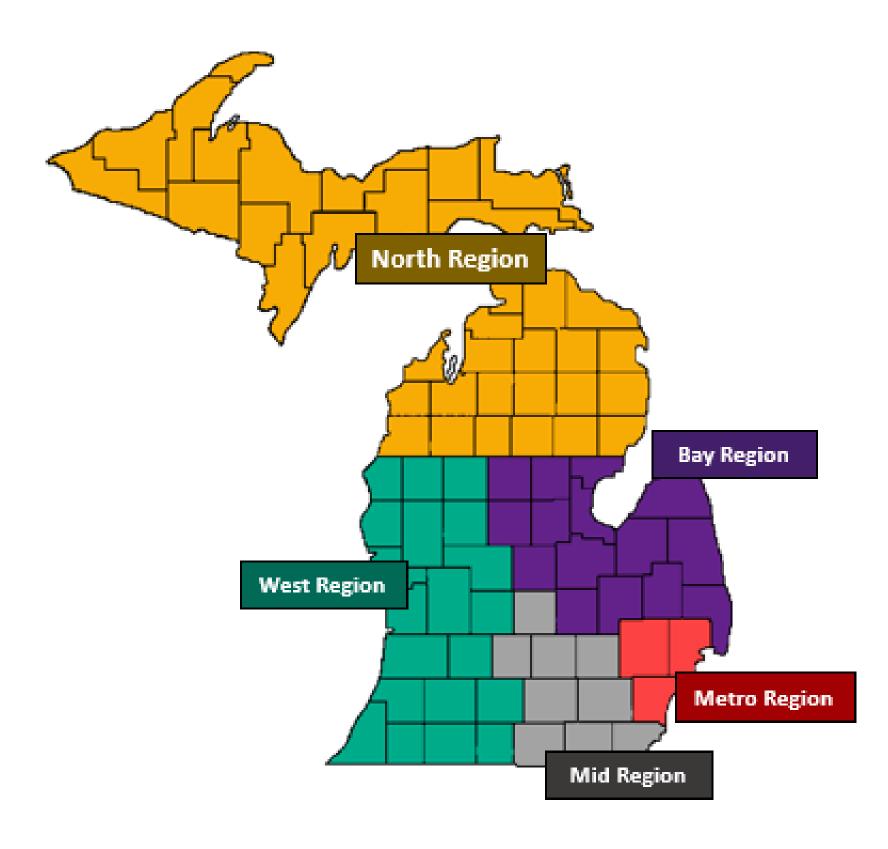


Participating in the Virtual Forum

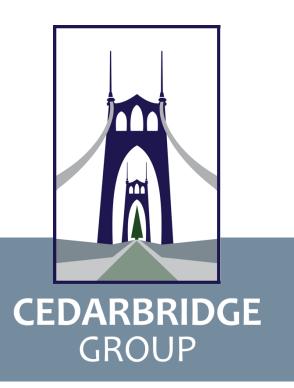
- If you would like to respond verbally to a question:
 - "Raise hand" in the participant box and facilitator will call on you;
 - State your name / organization, and begin speaking; OR
 - Input your response in the chat
- To emphasize someone's point, you may "stack" in the chat box (i.e. "+++" when you agree with what is being said)



 Interactive polling will be used to collect and display your input in real-time



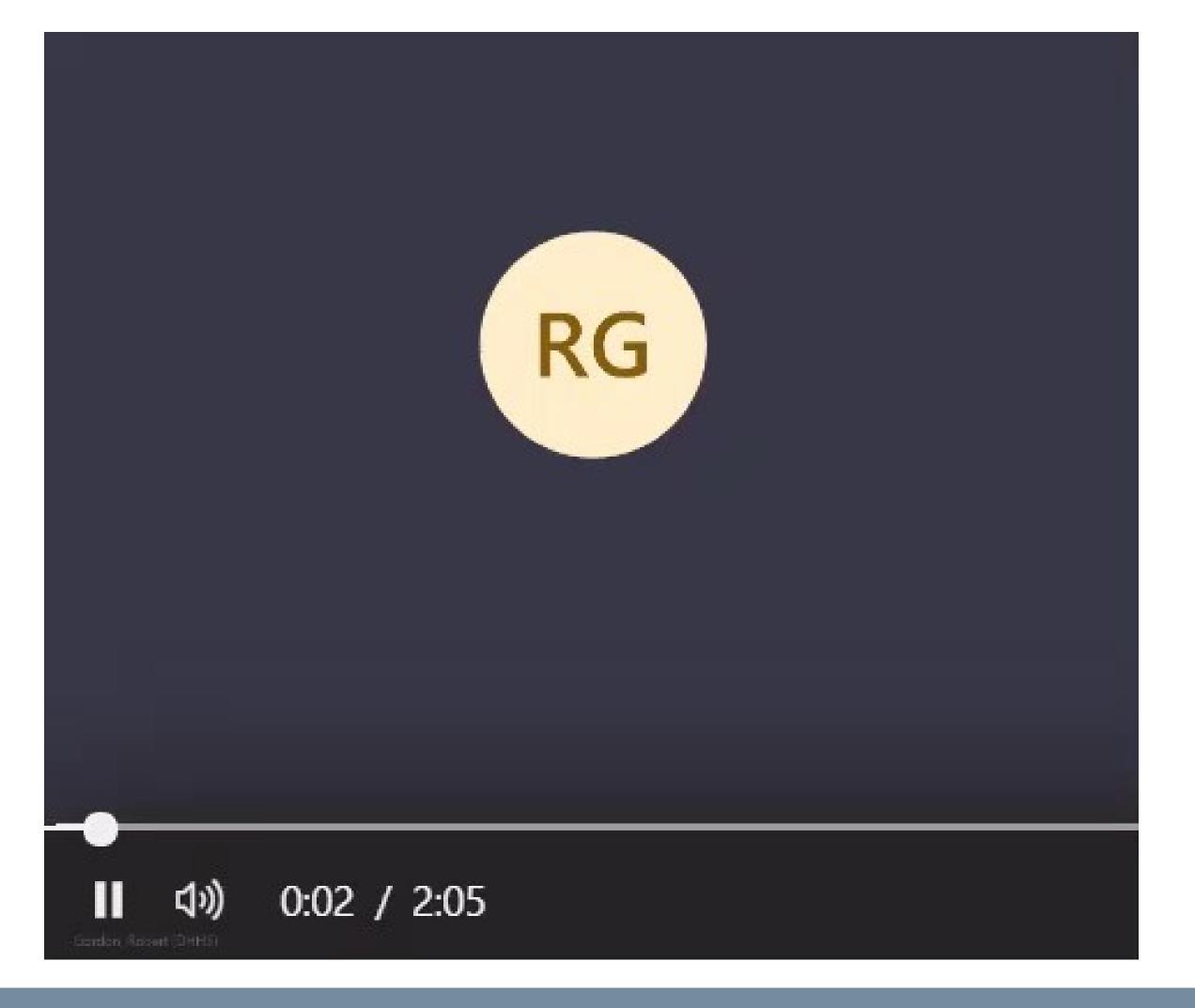
Quick Poll



A Message from the MDHHS Director

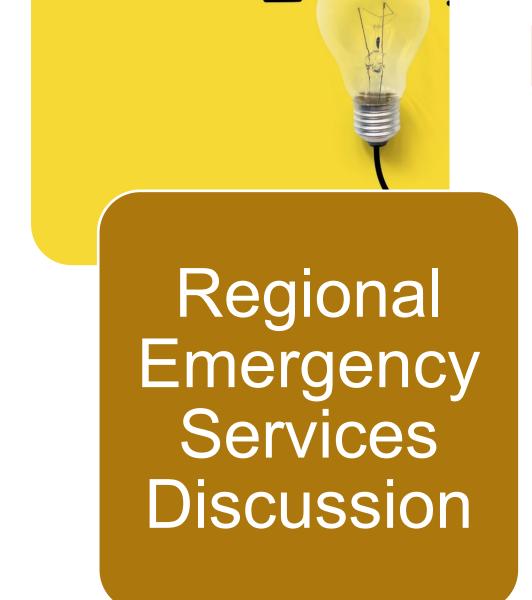
ROBERT GORDON, DIRECTOR

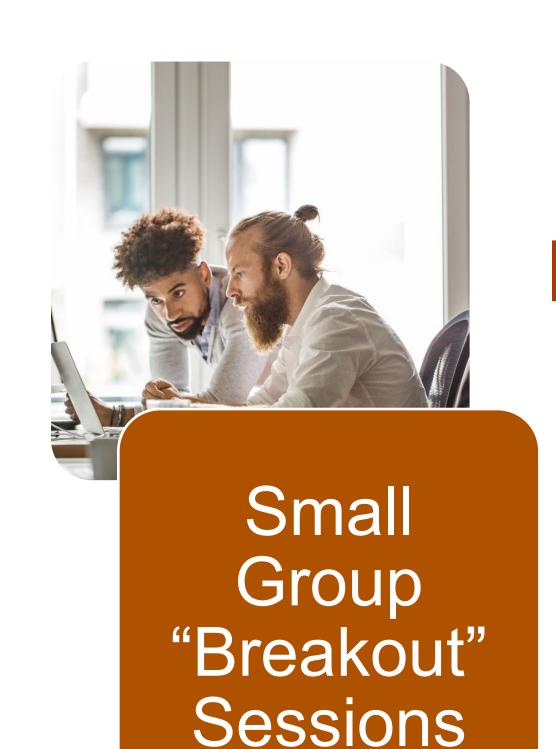
Robert Gordon serves as the director of the Michigan Department of Health and Human Services, where he oversees Medicaid programs, Children's Protective Services, food assistance, public health and many other statewide health and human services programs.



Coordinating During Crisis: Health Information Technology for Emergency Services









Report Out and Roundtable

Vision for a Five-Year Health IT Roadmap



Jim VanderMey

Chief Innovation Officer, Open Systems Technology

Michigan Health Information Technology Commission

Vision for a Five-Year Health IT Roadmap: A Brief History

2005

- Governor Jennifer Granholm announces efforts to explore the role of IT in healthcare transformation and improving care outcomes
- The Michigan Department of Community Health and Department of Information Technology are charged with convening stakeholders to develop a strategy

2006

- 200+ healthcare stakeholders are convened
- The "Conduit to Care" strategy document is published
- The legislature establishes the Health IT Commission
- Federal and state funding is secured to implement plans

Vision for a Five-Year Health IT Roadmap: Strategic Planning During a Global Pandemic

2019

- The Health IT Commission adopts a resolution to update the "Conduit to Care" strategy
- The Michigan Health Endowment Fund awards funding for the development of an updated Statewide Health IT Roadmap

2020

- The coronavirus pandemic causes engagement and discovery for the Statewide Roadmap to be reimagined for virtual spaces
- 650+ healthcare, social service, community nonprofits, state and local agencies and consumer stakeholders are engaged......THANK YOU!
- Virtual forums, surveys, and interviews will inform the planning process

Principles for Updating the Statewide Health IT Roadmap

Align

- Business strategies
- Priorities



Leverage Existing Investments

- Identify and add value to local efforts
- Maximize benefit from existing tools



Shared Goals:

Data Availability, Useability, Interoperability



Validate Input

- Share draft recommendations
- Solicit public comment

Inclusivity

- Create spaces for broad feedback
- Conduct comprehensive environmental scan

Connecting Virtually to Develop a Five-Year Health IT Roadmap



Healthcare Stakeholders



Social Service Stakeholders



Government Agencies



Consumers/Advocates



Virtual Outreach and Engagement

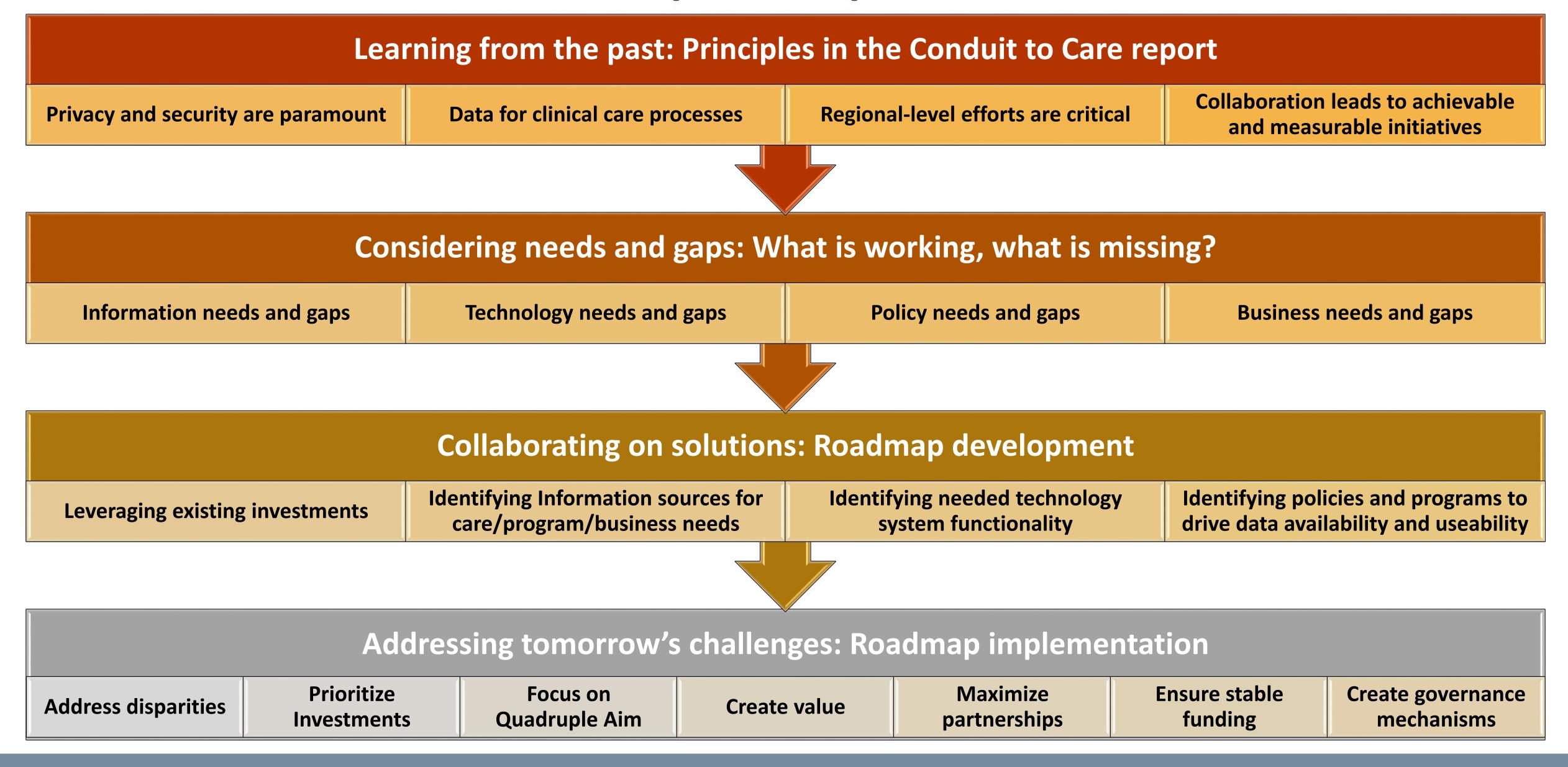
Virtual Forums

Electronic Surveys

Key Informant Interviews

Partner Communications

Roadmap Development Process



Strategic Alignment

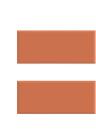
Stakeholder Input

- CedarBridge engagement
- Association outreach



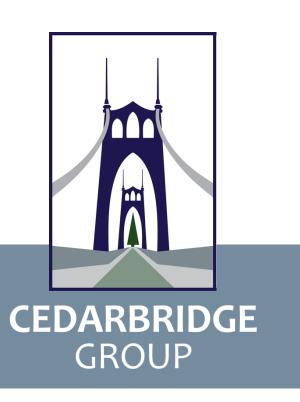
Local Planning Efforts

- Organizational strategies
- Altarum: Behavioral Health and PHI tools and research
- MPHI: Health IT series
- Etc.



5-Year Health IT Roadmap

Recap and Insights from the Discovery Forum

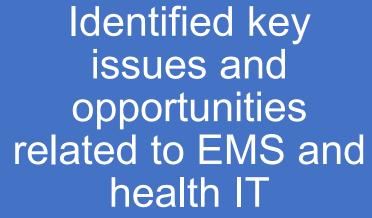


Recap of Discovery Forum: Coordinating During Crisis

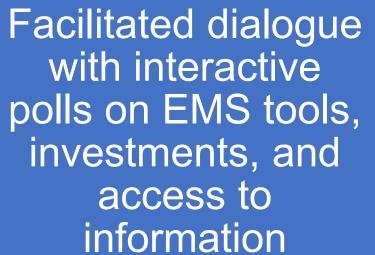
September 16th, 2020

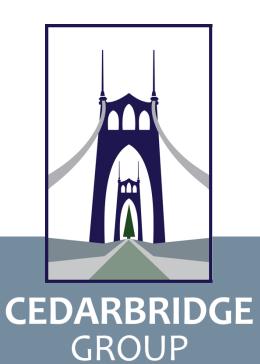
27 attendees from EMS, health IT, hospitals, and other sectors

> issues and opportunities health IT











Theme #1 – Top Priority: Better Coordination Between Emergency Medical Services, Hospitals, and Emergency Departments

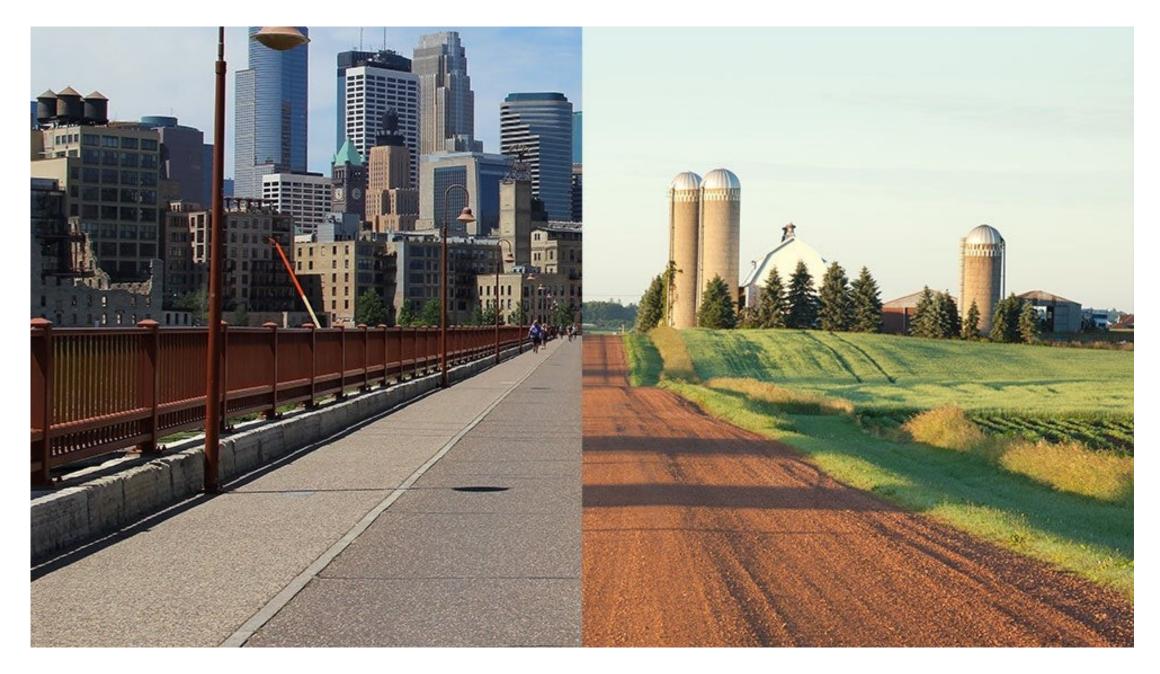


- Need for accurate and timely access to medical information at the time of an emergency
- Need for better coordination with mental health and substance use disorder providers

"I dream that some day in the future, hospital outcomes will be provided electronically to EMS agencies via linked IT systems that communicate based on patient identifiers....there are significant hurdles regarding sharing confidential information."

Comment from participant in prior forum

Theme #2 – A Digital Divide is Impacting Rural EMS Providers



- Connectivity to external information sources during emergency response is a significant issue in rural areas due to the lack of reliable internet connectivity and cellular service
- Access to patient information is an issue across Michigan, but more pronounced in rural areas
 - Many urban EMS responders are dispatched by hospitals with access to the hospital EHR
 - Some regional EMS provider systems retain patient information to be available on a subsequent response

Theme #3 – Prioritize Connectivity to Leverage Existing Investments

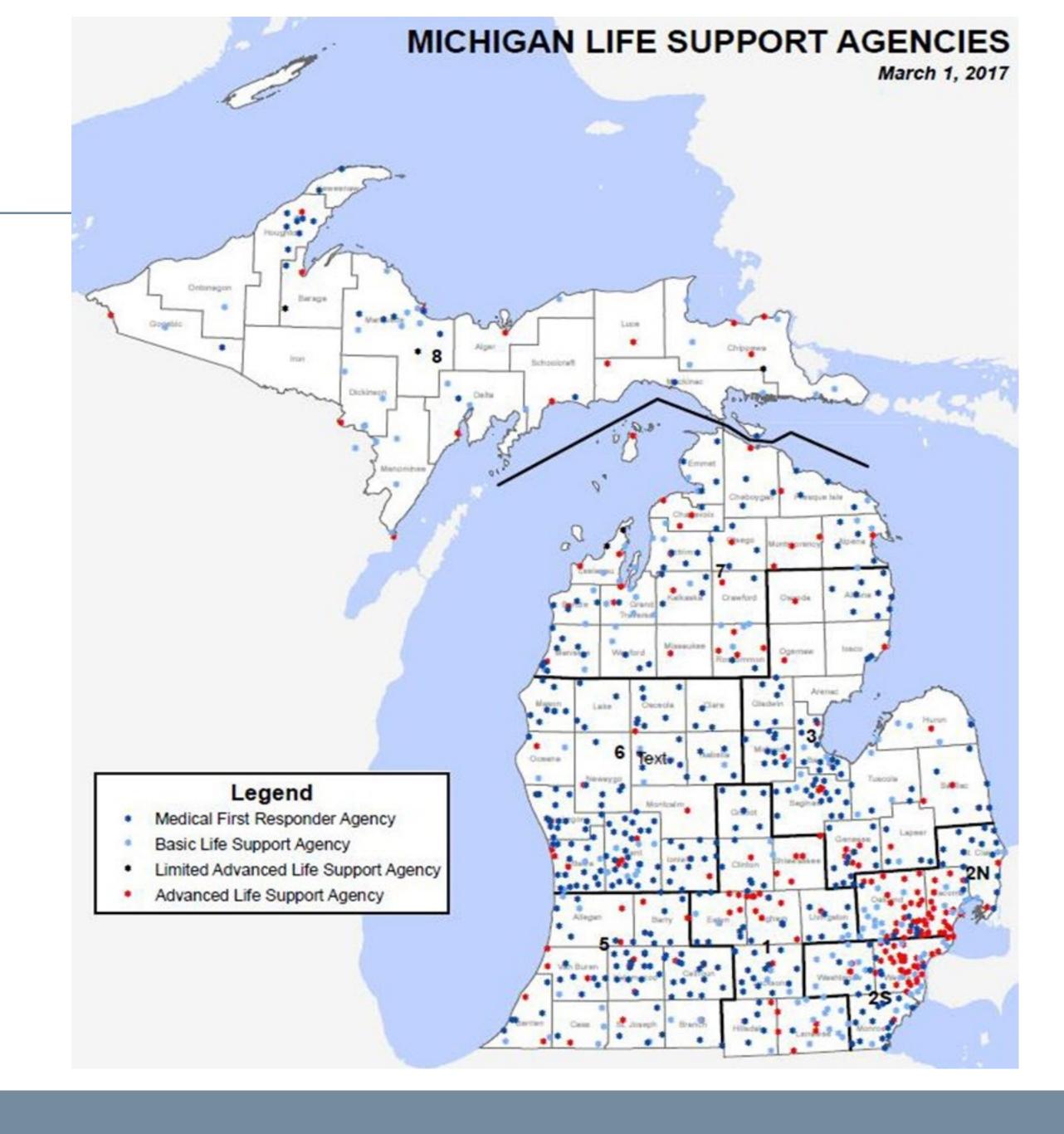
Most rural-based respondents expressed a frustration with not being able to connect to their technical solutions

- Investments are needed to expand broadband and cellular network services
- Need to connect/report to MI Emergency Medical Services Information System (Mi-EMSIS)
 - Under-utilization of the Hospital Hub system?

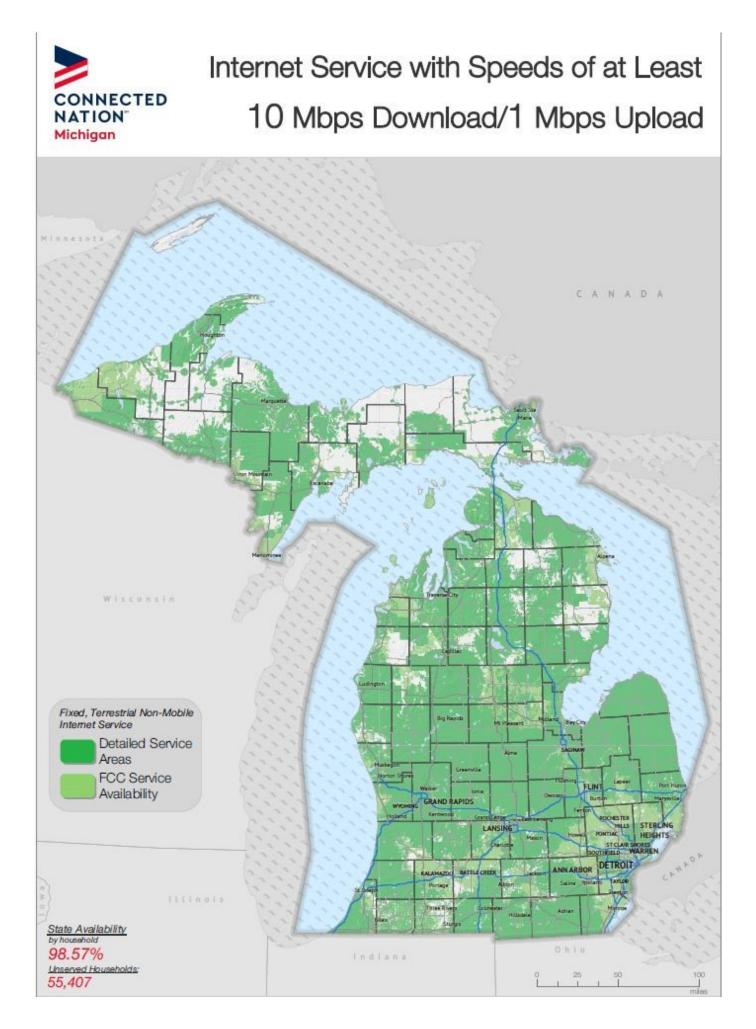


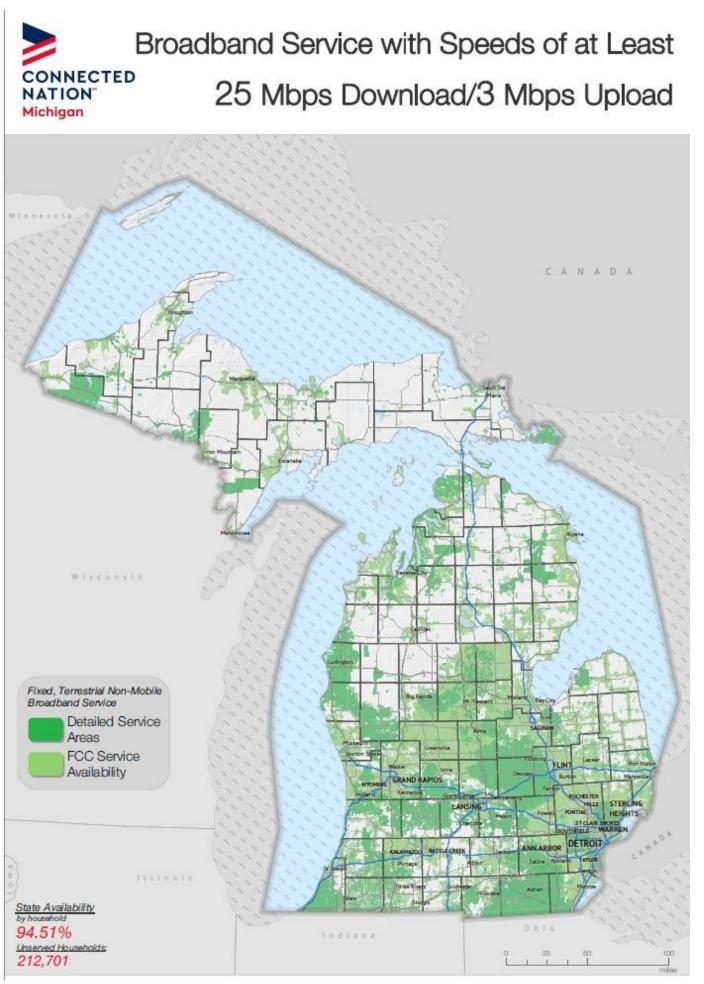
Coordinating During Crisis: Emergency Services

Regional Considerations and Opportunities



Connectivity is Crucial





Lack of connectivity impacts

- Response where to go; ETA; vital information
- Access to patient information
- Care coordination

Lack of connectivity hinders additional investments and the ability to realize the full benefits of current investments

Lack of connectivity contributes to disparities in health care outcomes

Testing New Models

Centers for Medicare and Medicaid Services Emergency Triage, Treat, and Transport (ET3) Model

Promising Interventions Are on the Way

https://innovation.cms.gov/innovation-models/et3

Current State

Medicare currently pays for emergency ground ambulance services only when beneficiaries are transported to a limited number of covered destinations, even when a lower-acuity, lower-cost setting may more appropriately meet an individual's needs.

Re-Aligning Incentives for Future State

ET3 Model interventions will allow beneficiaries to get the care they need and enable ambulances to work more efficiently

What is ET3?

Emergency Triage, Treat, and Transport (ET3) is a voluntary, five-year payment model that will provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare Fee-for-Service (FFS) beneficiaries following a 911 call.

- CMS will continue to pay to transport a Medicare FFS beneficiary to a hospital emergency department or other covered destination.
- In addition, under the model, CMS will pay participants to
 - 1) transport to an alternative destination partner, such as a primary care office, urgent care clinic, or a community mental health center (CMHC), or
 - 2) initiate and facilitate treatment in place with a qualified health care partner, either at the scene of the 911 emergency response or via telehealth.

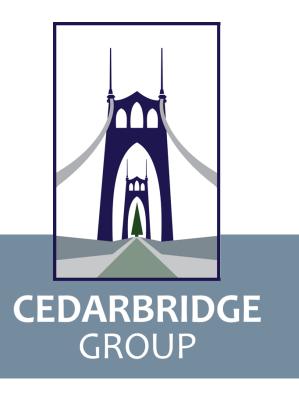
How Might ET3 Model Improve EMS Services in Michigan?

- The ET3 model will allow Medicare beneficiaries to access the most appropriate emergency services at the right time and place.
- The model will also encourage local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches to promote successful model implementation by establishing a medical triage line for low-acuity 911 calls.
- As a result, the ET3 model aims to improve quality and lower costs by reducing avoidable transports to the ED and unnecessary hospitalizations following those transports.
- As part of a multi-payer alignment strategy, CMMI will encourage ET3 model participants to partner with additional payers, including state Medicaid agencies, to provide similar interventions to all people in their geographic areas.

Selected Michigan Applicants for ET3 Model Testing

- City of Auburn Hills
- City of Rochester
- City of Rochester Hills
- Huron Valley Ambulance, Inc.
- ❖ Jackson Community Ambulance, Inc.
- Lakeland Hospitals at Niles and St. Joseph, Inc.
- Life EMS of Kalamazoo, Inc.
- ❖ Life EMS, Inc.
- Medstar, Inc.
- Professional Med Team
- Village of Holly

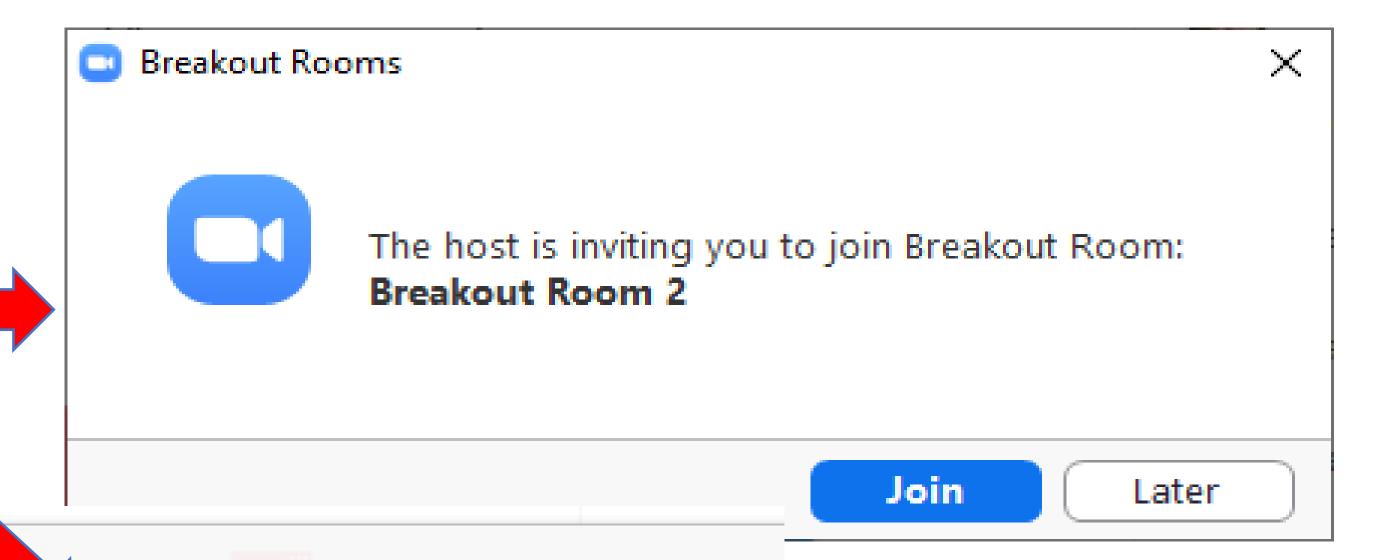
Breakout Room Discussions





Joining the Breakout Rooms

- In a moment, we will send invites to join a Breakout Room
- Please click the "Join" button in the pop-up window
- A message will appear indicated you are joining the Breakout Room



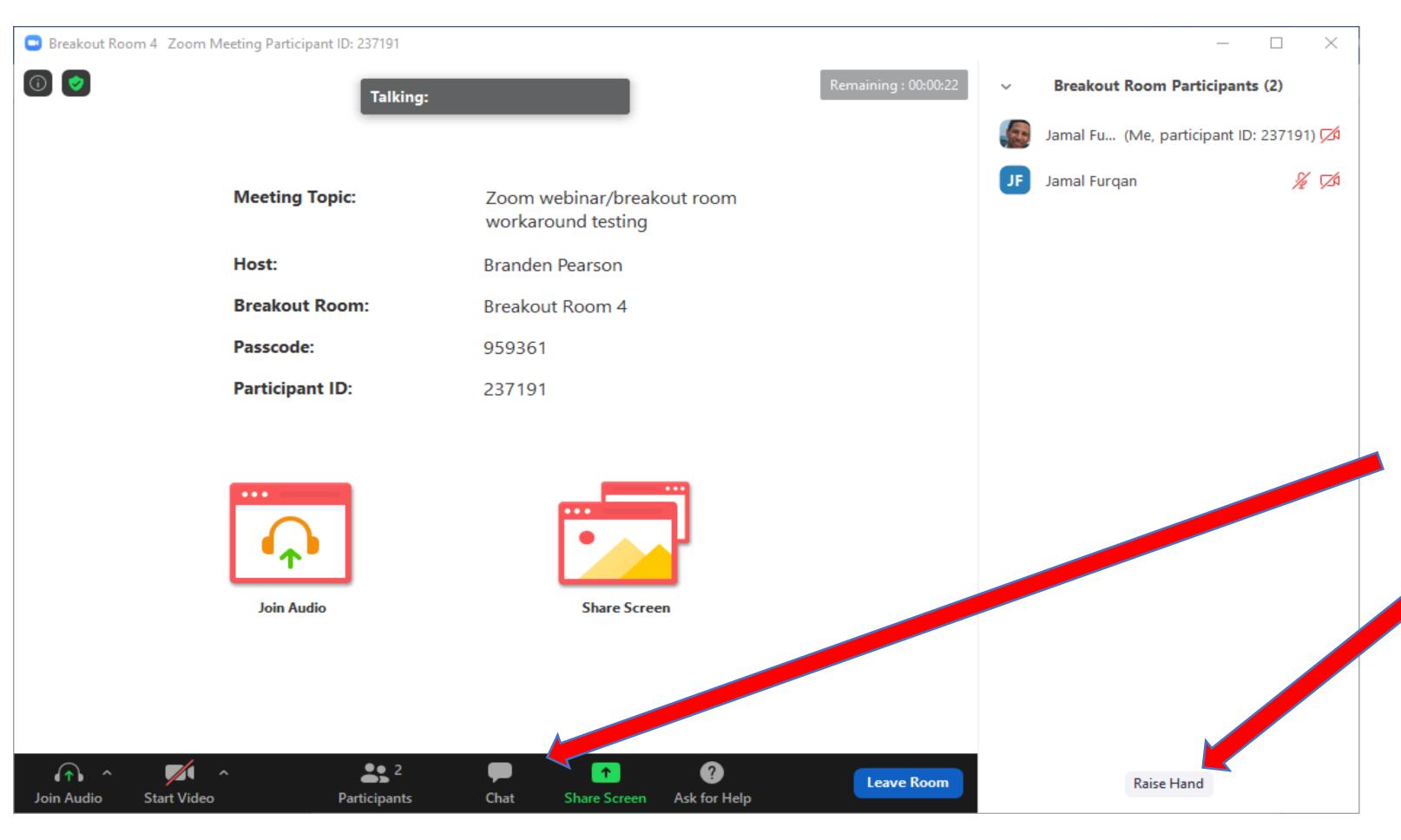
Joining Breakout Rooms...

Breakout Room 2

It might take a few moments.



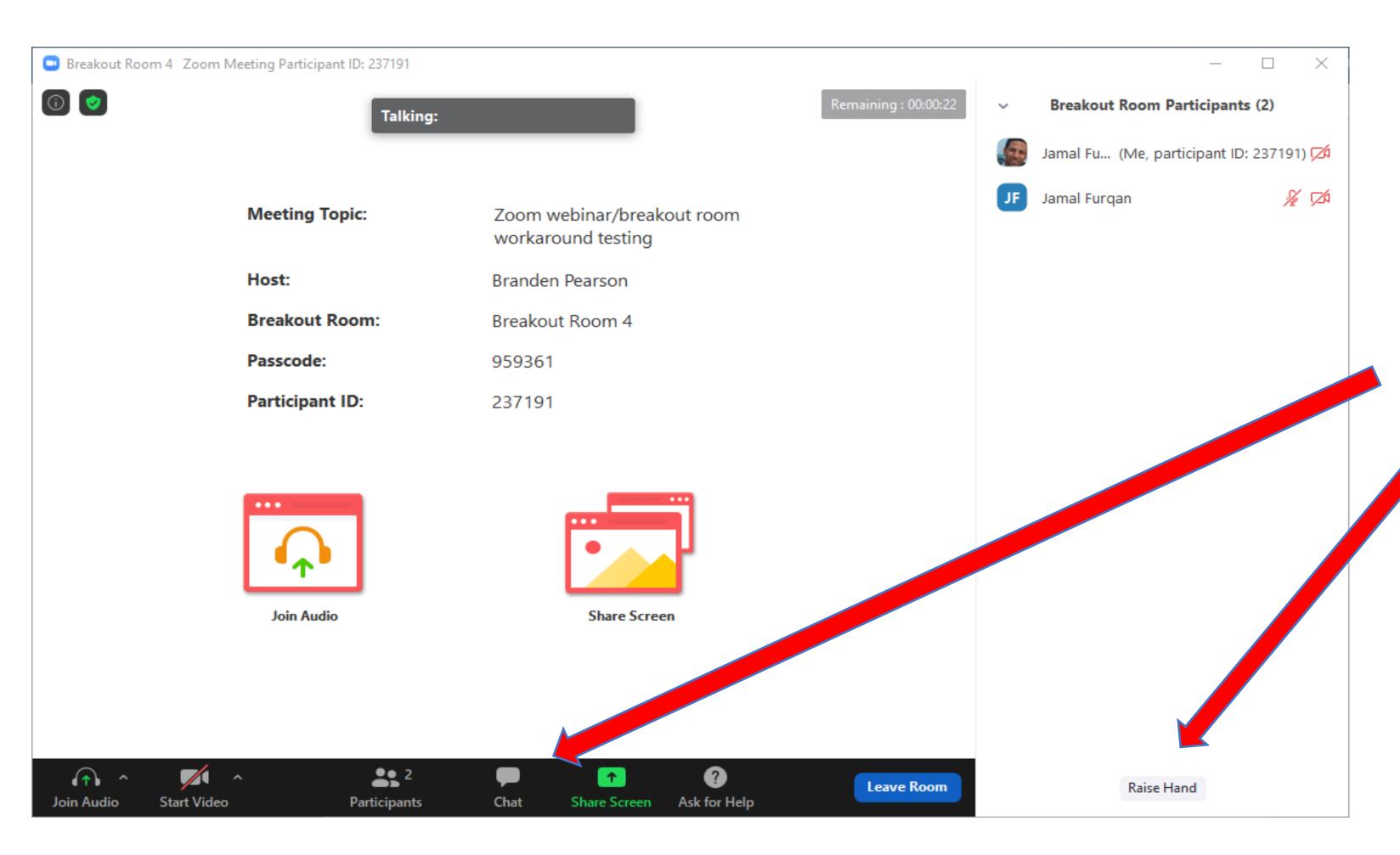
Joining the Breakout Rooms



- You will be taken to a new Zoom window for the Breakout Room
- A facilitator will moderate a dialogue on public health and health IT
- Utilize the same "Chat" and "Raise Hand" features to engage with the group
- If you're having technical difficulties, click the "Ask for Help" button



Breakout Room



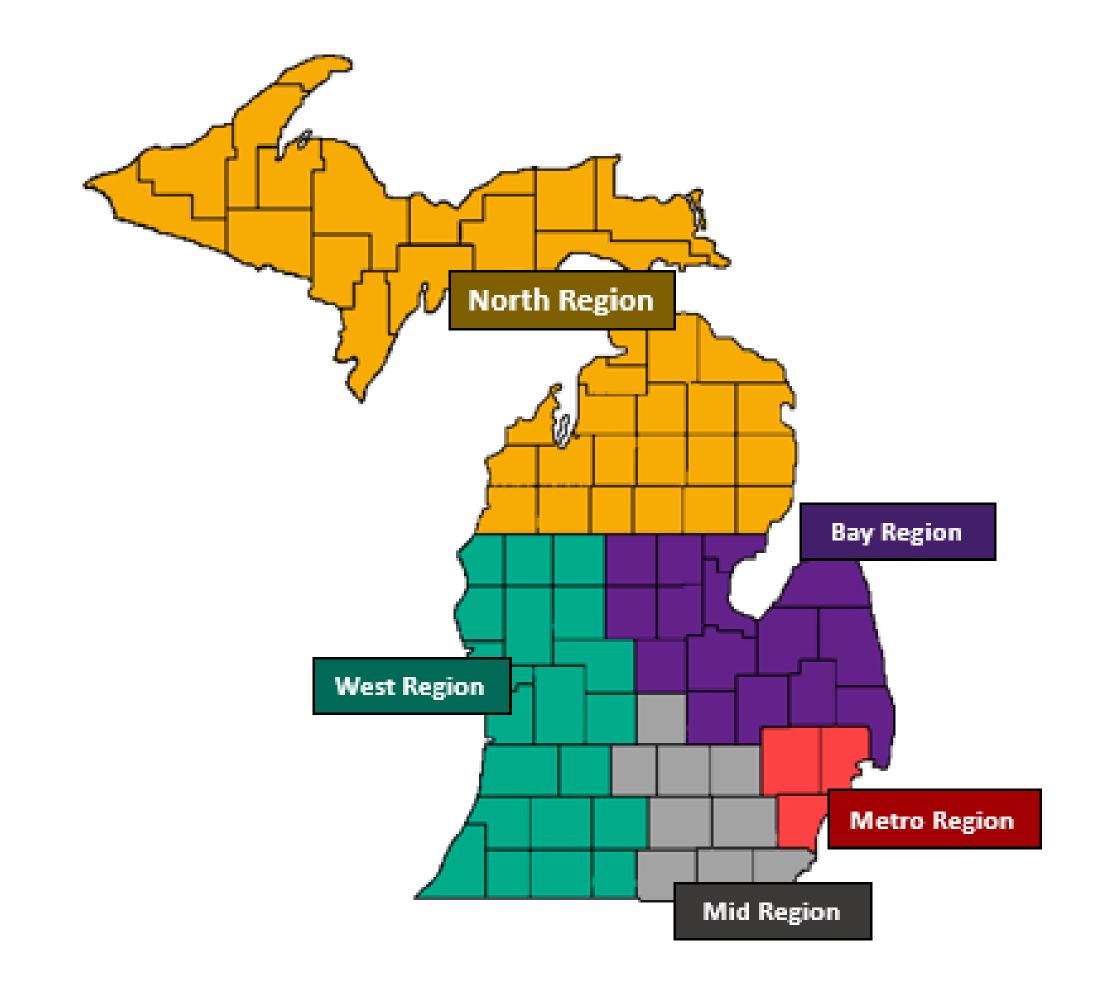
Welcome!

- We will moderate a dialogue on public health and health IT
- Utilize the same "Chat" and "Raise Hand" features to engage with the group
- If you're having technical difficulties, click the "Ask for Help" button

Breakout Room Discussion Questions

Do you represent a rural area or urban area? Or both?

Do you primarily serve one region or multiple regions in Michigan?



Breakout Room Discussion Questions

What are the most pressing issues for improving EMS care delivery?

- Reimbursement
- Delivery Models
- Liability Concerns
- Variation in Oversight, Accountability
- Coordination Across Providers
 - > Information Availability
 - Information Useability
 - System Interoperability



Breakout Room Discussion Questions

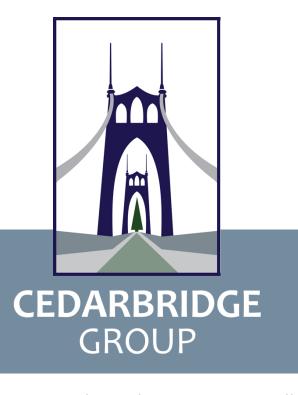
Are there improvements that can be made to EMS delivery of care without policy changes?

- Determining where to find data
- Capturing consent to view and share data
- Coordinating with other providers
- Quality of data
- Completeness of data
- Timeliness of accessing information
- Tracking patient and population outcomes



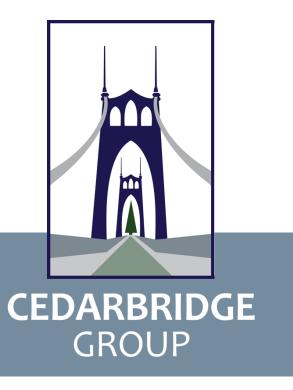
Thank you!

Please wait while we return to the main room....

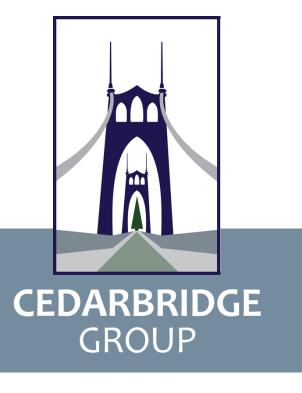


Report Out and Roundtable Discussion

For additional questions or feedback, please email: miroadmap@cedarbridgegroup.com



Wrap Up & Next Steps



High Level Timeline for Roadmap Development Process

September 2021 Final Draft Roadmap for HITC and MDHHS acceptance/approval

Q2 2021 - Q3 2021

- Draft Roadmap with recommendations for HITC consideration
- Present draft Roadmap to HITC
- Conduct feedback process to validate stakeholder support for Roadmap
- Make necessary revisions

Q3 2020 - Q1 2021

- Engage Stakeholders in Environmental Scan
- Review historical documents
- Synthesize input
- Ensure "directional correctness" with guidance from RSC
- Update HITC

Remaining Stakeholder Forums & Dates

Register at: https://bit.ly/32uM6gJ

Title	Discovery Forum	Regional Forum
Reflections on Public Health During a Global Pandemic:	September 15, 2020	October 20, 2020
Information Technology Needs and Gaps for Public Health	1:00 – 3:00 PM Eastern	1:00 - 3:00 PM Eastern
Coordinating During Crisis: Information Technology	September 16, 2020	October 21, 2020
Needs and Gaps for Emergency Services	1:00 PM - 3:00 PM Eastern	1:00 PM - 3:00 PM Eastern
		Registration: https://zoom.us/webinar/register/WN jwjMgqTlS9WWnb3 jZUg
Connecting All Points of Care: Information Technology	September 17, 2020	October 22, 2020
Needs and Gaps for Behavioral Health Services	1:00 PM - 3:00 PM Eastern	1:00 PM - 3:00 PM Eastern
		Registration: https://zoom.us/webinar/register/WN_WACJTlaZQLGdBO3YT3_Qtg
Using Data to Drive Outcomes: Information Technology	September 21, 2020	October 27, 2020
Needs and Gaps for Quality Improvement Efforts	1:00 PM - 3:00 PM Eastern	1:00 PM - 3:00 PM Eastern
		Registration: https://zoom.us/webinar/register/WN_LU9KtX7fTP6RaQgQ1PW1qA

Remaining Stakeholder Forums & Dates

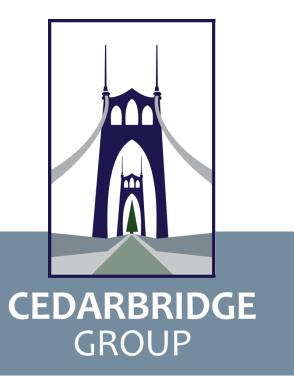
Register at: https://bit.ly/32uM6gJ

Title	Discovery Forum	Regional Forum
Bridging the Digital Divide: Information Technology	September 23, 2020	October 28, 2020
Needs and Gaps to address Racial Disparities and Social Determinants of Health	1:00 PM - 3:00 PM Eastern	1:00 PM - 3:00 PM Eastern
		Registration: https://zoom.us/webinar/register/WN_1Ku_2f31QgK6bjXUYc5pzg
Resident and Advocate Perspectives on Health IT for	September 24, 2020	October 29, 2020
Person-Centered Care: Consumer perspectives on Health	1:00 PM – 3:00 PM Eastern	1:00 PM – 3:00 PM Eastern
IT, Digital Health Solutions and patient access to data.		
		Registration: https://zoom.us/webinar/register/WN_3fAw2R9Q-qSJl1j3yQ3TA
Coordinating Care for the Vulnerable: Information	September 29, 2020	November 2, 2020
Technology Needs and Gaps for Aging and Disability Services	1:00 PM - 3:00 PM Eastern	1:00 PM - 3:00 PM Eastern
		Registration: https://zoom.us/webinar/register/WN_AtaJ-TsgQqaMzR9kdP7fcg
Give All Kids a Healthy Start: Information Technology	September 30, 2020	November 4, 2020
Needs and Gaps for Maternal, Infant and Children's Services	1:00 PM - 3:00 PM Eastern	1:00 PM - 3:00 PM Eastern
		Registration:

Thank you!

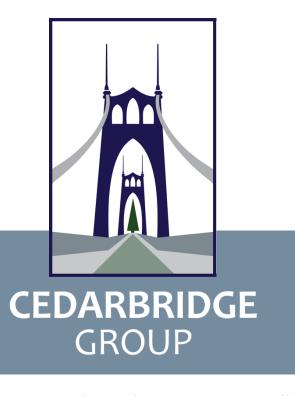
For questions or feedback, please email: miroadmap@cedarbridgegroup.com

For more information, visit the HITC website: https://bit.ly/32uM6gJ



Appendix Slides

Quick Poll Questions



Quick Poll Questions

Q1: Did you participate in the first Discovery Forum on this topic, held in September 2020?

- o Yes
- \circ No
- I watched the video

Q2: Which Michigan region is your organization affiliated with?

- North Region
- West Region
- Bay Region
- Mid Region
- Metro Region
- None of the above
- Multiple regions (please list in the Chat box)

Q3: My organization has responsibility for

- Mostly urban (city; towns of 40,000+)
 areas
- Mostly rural (no cities; smaller towns)
 areas
- A mix of urban and rural areas