MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

November 27, 2018

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

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

November 2018 Meeting

- Welcome and Introductions
  - Commission Updates
- Commission Business
  - Review of May 2018 Minutes
- HIT/HIE Update
  - Overview of the HIT Commission Dashboard
- Update on Health Information Exchanges in Michigan
- Update on Michigan Health Information Network Shared Services
- HIT Commission Next Steps
- Public Comment
- Adjourn

October 2018 HIT Commission Update

Governance Development and Execution of Relevant Agreements

- Data sharing legal agreements executed to date:
  - **145 total** Trusted Data Sharing Organizations
  - **563 total** Use Case Agreements/Exhibits
- DocNetwork, LLC has fully executed the Simple Data Sharing Organization Agreement (SDSOA), Master Use Case Agreement (MUCA) and Consumer Mediated Exchange (CME) Pilot Activity Exhibit (PAE)
- Marlette Regional Hospital has fully executed the SDSOA, MUCA and Admission, Discharge, Transfer Notifications (ADT) Use Case Exhibit (UCE)

Technology and Implementation Road Map Goals

- **81** State Lab Result Senders in full production sending to MiHIN:
  - **120,884,856** labs sent to MiHIN total
  - **746,975** labs routed outbound from MiHIN since 3/27/2018 (first pilot go-live)
- **40** organizations in production for the QMI UC
  - **42** organizations sending all payer supplemental files under QMI
- **975** Admission Discharge Transfer senders in production
- **139** Admission Discharge Transfer receivers in production

October 2018 HIT Commission Update

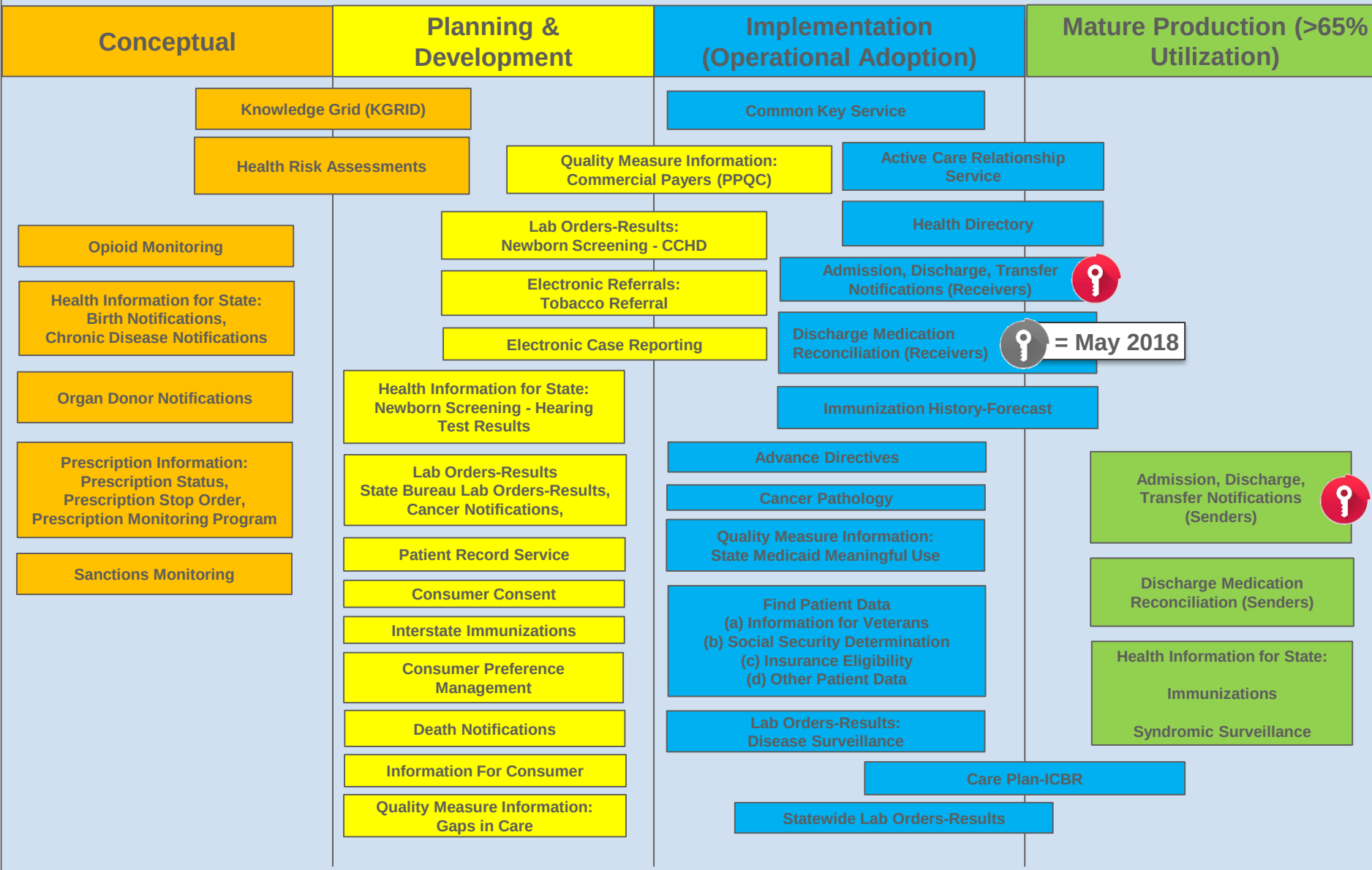
QO & VQO Data Sharing

- More than 2**.33 *billion*** messages received since production started May, 2012
  - Averaging **16.98 MLN** messages/week
  - Averaging**13.4 MLN+ ADT** messages/week; **1.67 MLN+** public health messages/week
- Sent **653,474,744** ADTs outbound as of 10/15/2018
- Messages received from use cases in production:
  - **120,884,856 Lab results** sent to MiHIN as of 10/15/2018
  - **28,082,085 Immunization History/Forecast** queries to MCIR
  - **18,806,481 Medication Reconciliations at Discharge** received from hospitals
  - **75,615 Care Plan/Integrated Care Bridge** Records sent from ACOs to PIHPs
- **29.5** MLN patient-provider relationships in Active Care Relationship Service (ACRS)
- **10.63** MLN unique patients in ACRS
- **137,995** unique providers in statewide Health Directory
  - **41,131** total organizations
  - **430,771** unique affiliations between providers and entities in HD

MiHIN Shared Services Utilization

- **Common Key Service currently has 23 senders and 4 receivers**
- **242** Skilled Nursing Facilities (SNFs) sending ADTs – 57% of SNFs in Michigan
- **71** Home Health Agencies (HHAs) sending ADTs

MiHIN Statewide Use Case and Scenario Status

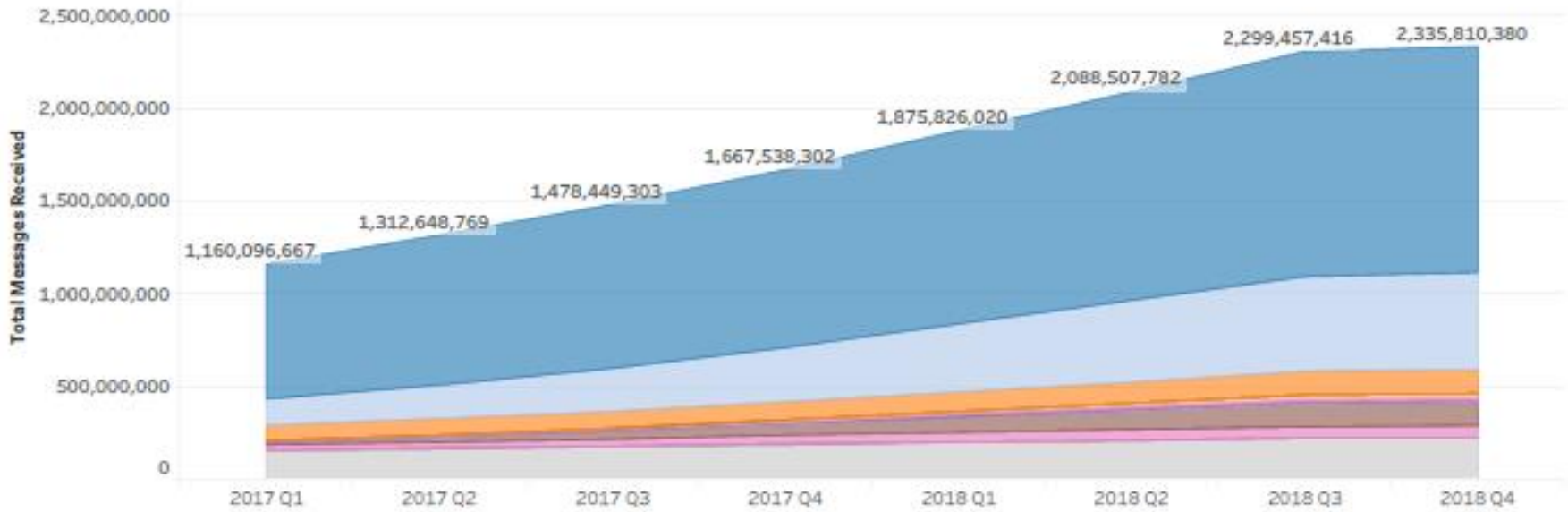


= requires Common Key Service

= Common Key Service target date

MiHIN Shared Services

Cumulative Quarterly Message Totals by Use Case



Period Total Use Case	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2018 Q1	2018 Q2	2018 Q3	2018 Q4
ADT ACRS Inbound	727,880,081	805,543,829	881,534,261	960,853,411	1,041,719,535	1,124,079,969	1,204,679,271	1,218,244,850
ADT ACRS Outbound	144,263,696	179,926,768	226,866,054	286,582,367	359,548,282	437,639,994	515,130,670	529,467,948
ADT Payer Outbound	77,593,676	85,248,404	92,677,662	99,948,847	107,518,331	115,934,871	123,000,105	124,006,796
Blood Lead				383	507	702	3,400	3,699
Cancer Notifications			258	3,331	6,987	11,026	11,028	11,028
Cancer Pathology	3,396	3,821	4,281	5,590	5,937	6,400	6,529	6,548
ICBR	19,945	24,272	29,116	33,210	60,862	69,122	74,761	75,615
Immunization History-F..	3,203,419	4,366,531	6,421,322	10,162,575	14,367,196	19,560,688	26,844,014	28,082,085
MedRec Inbound	6,618,958	8,407,293	10,181,393	11,934,601	13,654,492	15,577,895	18,645,509	18,806,481
MedRec Outbound	1,363,147	1,904,886	2,715,733	3,764,285	4,917,208	6,156,853	8,007,713	8,113,468
Statewide Labs	8,755,768	23,320,701	39,356,104	57,866,782	77,394,986	97,046,903	117,285,100	120,884,856
Statewide Labs-Outbou..					18,915	382,262	690,471	746,975
Submit Immunizations	32,089,266	33,870,293	38,364,508	45,054,244	54,938,214	59,033,806	61,867,407	62,750,666
Submit Newborn Scree..	3,604	3,712	7,258	16,416	24,423	29,390	32,968	33,463
Submit Reportable Labs	1,654,998	1,832,346	1,947,739	2,072,195	2,232,231	2,312,738	2,382,439	2,393,678
Submit Syndromic Surv..	156,646,713	168,195,913	178,343,614	189,240,065	199,417,914	210,665,163	220,796,031	222,182,224
Grand Total	1,160,096,667	1,312,648,769	1,478,449,303	1,667,538,302	1,875,826,020	2,088,507,782	2,299,457,416	2,335,810,380

Participation Year (PY) Goals

October 2018 Dashboard

	Reporting Status	Prior # of Incentives Paid (August)	Current # of Incentives Paid (September)	PY Goal: Number of Incentive Payments	PY Medicaid Incentive Funding Expended
Eligible Professionals (EPs)	AIU 2016	1250	1250	300	$26,435,006
	MU 2016	2478	2478	2480	$22,682,296
	MU 2017	1869	2085	3500	$17,529,856
	MU 2018	0	1	2750	$8,500
Eligible Hospitals (EHs)	MU 2015	26	26	28	$5,222,687
	MU 2016	11	12	22	$2,093,294
	MU 2017	3	3	8	$729,057

Cumulative Incentives for EHR Incentive Program 2011 to Present		
	Total Number of EPs & EHs Paid	**Total Federal Medicaid Incentive Funding Expended**
AIU	7348	$ 232,832,072
MU	10138	$ 171,094,069

Key: AIU= Adopt, Implement or Upgrade MU= Meaningful Use

Michigan Medicaid Program – October 2018

M-CEITA | Michigan Center for Effective IT Adoption

Michigan Medicaid MU Program

Supporting providers in Michigan with high volumes of Medicaid patients in achieving Meaningful Use.

Program Goals

- Assist 600 Specialists in their first year of Meaningful Use
- Assist 2350 Providers in any year of Meaningful Use

Ongoing Program Metrics

- 4163 Sign-ups for MU Support representing 2804 unique providers
- 2093 Total Meaningful Use Attestations to date
- Meaningful use attestations for the 2018 program year began on July 16th for first time attesters. Returning providers will be able to attest between January 1, 2019 and March 31, 2019.

Other program highlights:

M-CEITA, MiHIN and the State of MI continue working together to facilitate electronic reporting of Clinical Quality Measures through the Clinical Quality Measure Reporting and Repository (CQMRR) Service as is mandatory beginning January 1, 2019. M-CEITA continues to aid providers in CQMRR registration and validating test data files in preparation for attestation.

Outreach efforts to approximately 1,300 EPs that are inactive with M-CEITA and have failed to participate in the incentive program in recent years continue. M-CEITA sent a list-serve email communication in early October to all inactive contacts and is following up with phone calls to those identified practices.

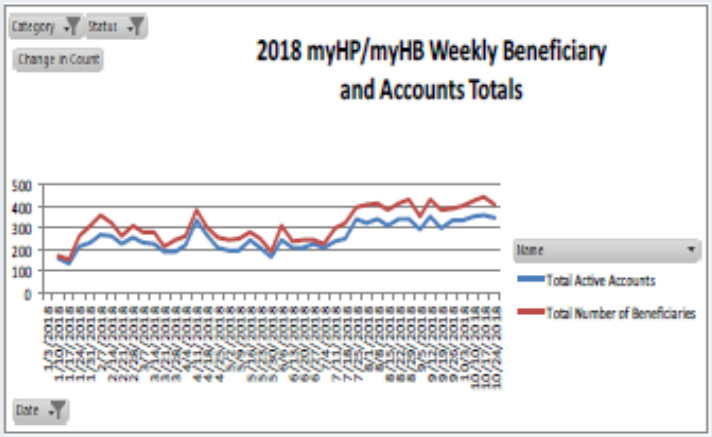
As we enter the last 90 day reporting period of the program year, M-CEITA staff are diligently working with active clients to ensure successful attestation as well as identifying advanced sites capable of attesting to the Stage 3 Objectives and Measures in 2018.

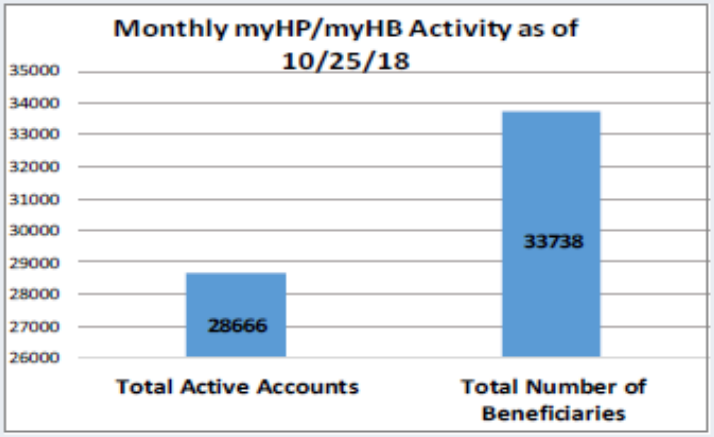
Project Contact

Project Lead: Amanda Chappel Amanda.Chappel@Altarum.org

Funder: CMS funding administered by the Michigan Department of Health & Human Services (MDHHS)

myHealthButton/myHealthPortal Dashboard





Updates:

Future Release

- MCIR will provide information on recommended immunization schedule

Outreach Activities

- DHHS is promoting myHealthPortal to community partners who are assisting individuals with the with the miBridges application process.

CONSUMER ENGAGEMENT DASHBOARD | October 2018

Outreach & Education

Get Registered!

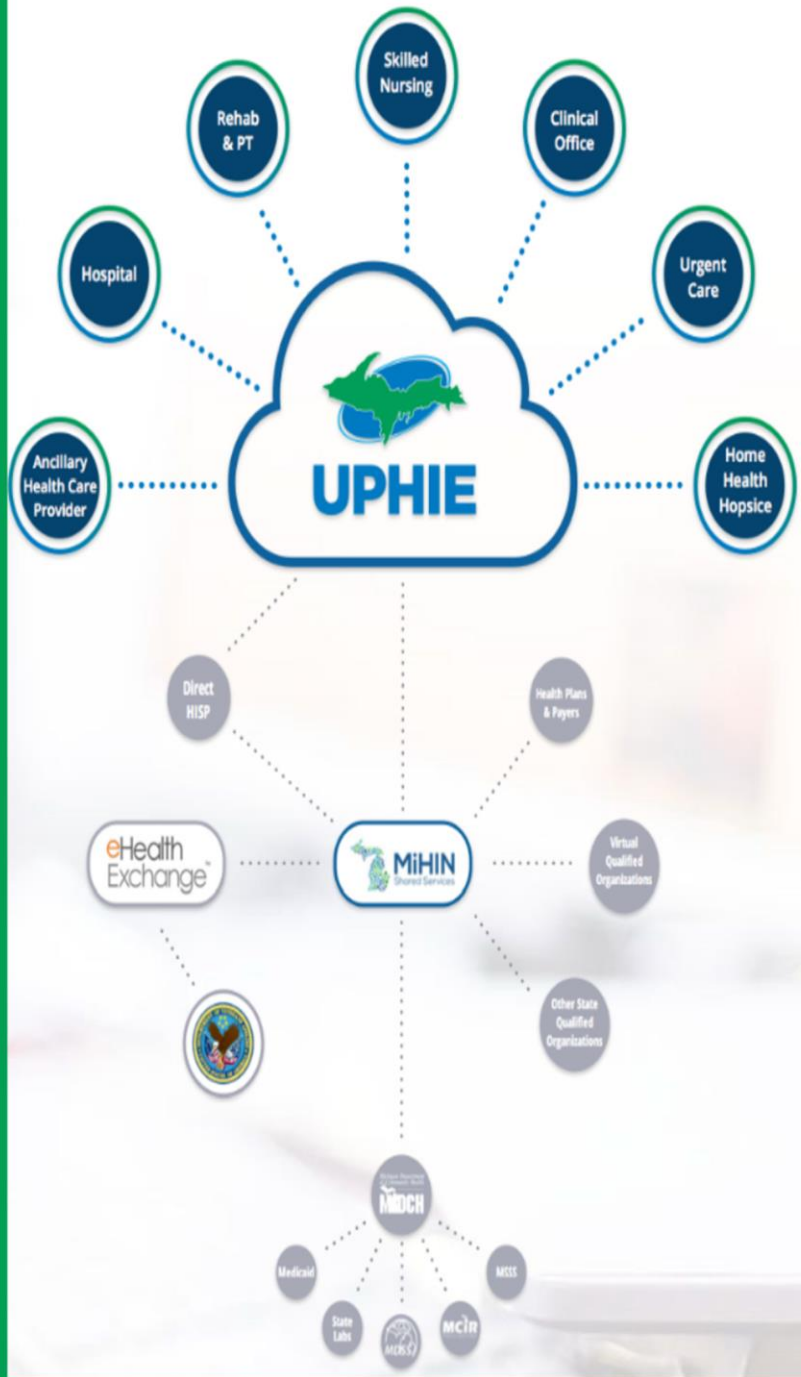
Registration for the Tools For Consumer Engagement meeting is open. Join us for this half-day event taking place at the Michigan Public Health Institute on Wednesday, October 31, 2018. Contact James Bell for more information.

Upcoming Presentation

Where: MPCA Fall Conference
When: November 8,2018
Time: 1:15pm EST
Title: Leveraging Health IT: *Consumer Survey Lessons Learned*

Consumer Engagement Interest Group

The next CEIG call will be on Wednesday, December 5 at 2:00pm. If you would like to be added to the listserv for this upcoming call and future calls, please email Greg Miedema.



UPHIE

Upper Peninsula Health Information Exchange

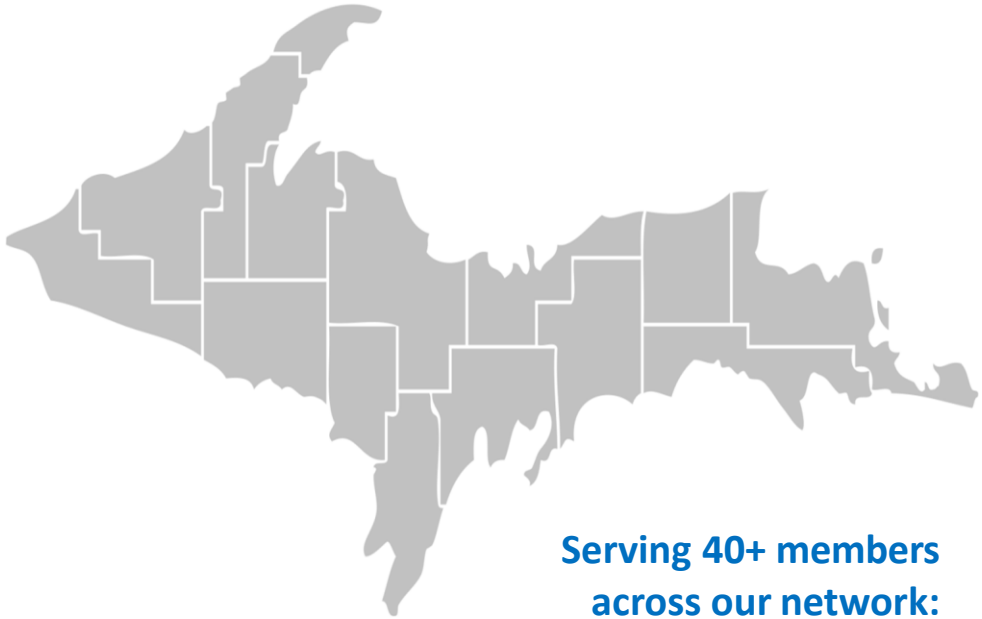
"To improve the quality, delivery and efficiency of health care for patients in our region through the collaborative use of information technology and clinical data exchange"

www.uphie.org

Mission: Our mission is to improve the quality, delivery and efficiency of health care for patients in our region through the collaborative use of information technology and clinical data exchange.

Background

- Upper Peninsula Health Care Solutions is the parent organization; a 501(c)(3) non-profit hospital network serving the Upper Peninsula
- UPHIE was established in 2010
- UPHIE contracts with ICA for the CareAlign Care Exchange platform; the information system foundation for data exchange and communication



Serving 40+ members across our network:

18 hospitals

22+ clinics

12 health departments

UPHIE

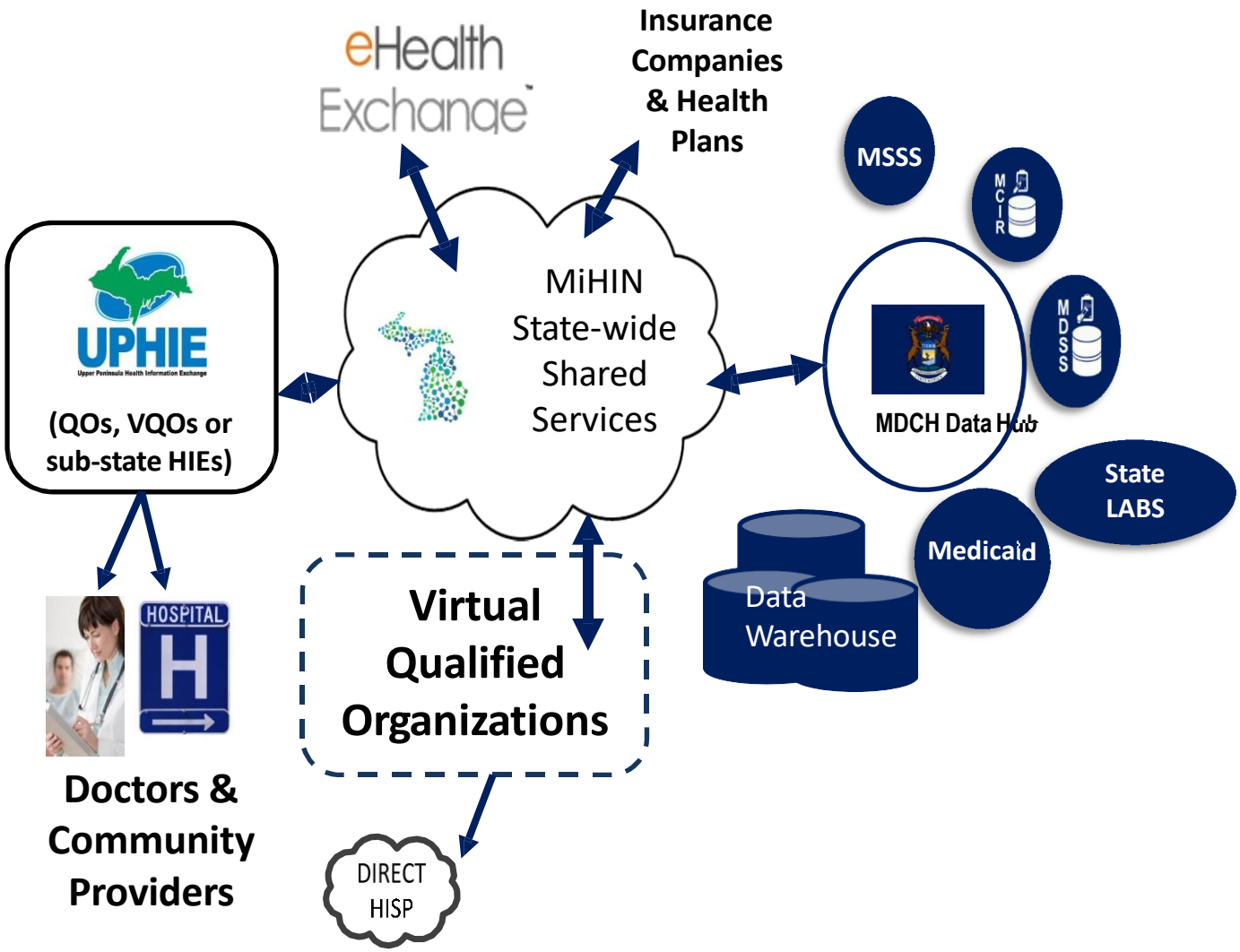
U.P. Health IT Landscape

- Highly fragmented health system affiliation
- De-centralized systems
- 10+ clinic EHR / 6+ hospital EHR systems
- A lot of recent hospital acquisitions
  - Switch of EHR systems in recent years
  - Migration of data
  - Most implementations are done; solid foundation going forward

UPHCS & UPHIE

- Upper Peninsula Health Care Solutions (UPHCS) is a corporation of health care organizations formed in 1995 to facilitate access to high-quality health care at a reasonable cost, formerly known as Upper Peninsula Health Care Network (UPHCN).
- Together, UPHCS members are continuously working to provide coordinated health care delivery for residents in the Upper Peninsula and surrounding communities through the Upper Peninsula Health Information Exchange (UPHIE).
- UPHIE is qualified data-sharing organization offering a number of services to the entire Upper Peninsula via the Michigan Health Information Network (MiHIN) backbone to the rest of Michigan.

Basic Data Flow



UPHIE Data Infrastructure

Ambulatory EHR

- Visit Summary (CCD)
- Immunizations
- Lab

Facility EHR

- ADT/Lab/Radiology/ER
- Discharge Summary
- Outpatient Pharmacy
- Transcription/Notes

LTC/Behavioral Health

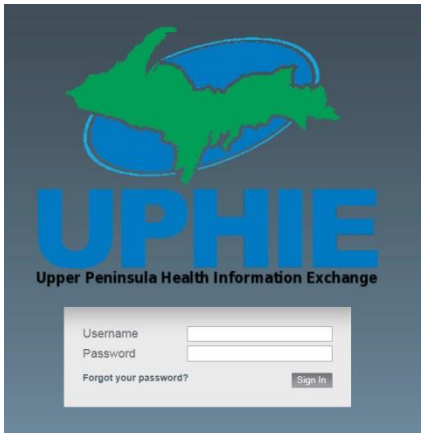
- Visit Summary
- Health Assessment
- Care Plan
- Social Services

Pharmacy Data

- Outpatient Pharmacy
- eRX

Payer Data

- Inpatient/Outpatient
- Ambulatory Claims
- Pharmacy



- **Regional Virtual Health Record with eMPI**
- **DIRECT Secure Messaging**
- **SmartAlerts**
  - Real time ADT notifications delivered based on pre-defined rules
- **Meaningful Use Measures**
  - Public Health
  - Transitions of Care
- **BCBSM ADT Notification Service**
  - MiHIN Certified QO-HIE
  - Management of PO and PU level participation and member level files

No matter who you are or what technology you have, we offer a way to connect.

No implemented EHR

No Technology

- Browser-based secure web portal access
- Access UPHIE Virtual Health Record (VHR)
- View patient charts (ADTs, CCDs/C-CDAs)
- Secure direct messaging
- Receive patient specific ADT alerts
- Receive patient specific discharge summaries
- View lab and radiology results

Implemented EHR w/ no gateway technology

Medium Technology

- Access UPHIE Virtual Health Record (VHR)
- HL7 ADT interface integration with HIE
- HL7 lab & radiology interface integration with HIE
- Lab & radiology results delivery to EHR & JVHL
- Continuity of Care Document (CCD) delivery
- State of Michigan Public Health Reporting

Implemented EHR w/ gateway integration

High Technology

- Bi-directional C-CDA chart push and pull
- UPHIE VHR patient data displayed via EHR
- Lab & radiology results delivery to EHR & JVHL
- State of Michigan Public Health Reporting

UPHIE

UPHIE Capabilities

- CareAlign Portal — browser-based secure web portal to access UPHIE Virtual Health Record (VHR), view patient charts (ADTs, CCDs/C-CDAs), and lab and radiology results
- DTAAP Certified DIRECT Messaging HISP
- Lab & radiology results delivery to EHRs & JVHL
- Support of transactions such as XDS.b and XCA for cross-community query
    - Continuity of Care Document (CCD) Exchange
- Submission to Michigan Public Health reporting databases
- Rapid onboarding for PO's who wish to participate in the Statewide ADT Notification Service
- XDR technology which allows Direct messaging within the Participant's EHR
- SmartAlerts™ — detail rich alerts that can be triggered by specific events identified by your organization and deliver a notification to the patient's care team in near real-time.

UPHIE Use Cases in Practice

Public Health & Statewide Initiatives

- MCIR – Michigan Care Improvement Registry Immunization Submission
- Query by Parameter (QBP) Immunization History & Forecasting
- MSSS – Michigan Syndromic Surveillance System Submission
- MDSS – Michigan Disease Surveillance System Submission
- Statewide Lab Result Submission

UPHIE Use Cases in Practice

Public Health & Statewide Initiatives

- Active Care Relationship Service (ACRS) Program
- Statewide ADT Submission & Alerting
- Discharge Summary (Medication Reconciliation) Submission & Distribution
- Common Key Service (CKS)
- Clinical Quality Measure (CQM) Submission for State/Federal Programs

UPHIE Use Cases in Practice

HL7 Message Sharing & Distribution

- ADT Messages
  - Vaulting to UPHIE Portal
  - Submission to Statewide Alerting System
  - Admission Notification to UPHP & Provider Offices
- HL7 Lab Results
  - Vaulting to UPHIE Portal
  - Submission to Provider Offices & JVHL
  - Submission to Statewide Lab Result Reporting
- HL7 Radiology Results
  - Vaulting to UPHIE Portal
  - Submission to Provider Offices

UPHIE Use Cases in Practice

CCD / C-CDA Submission & Sharing

- Vaulting to UPHIE Portal
- Submission to Statewide Med Rec Program
- Distribution Via Secure Direct Messaging

Secure Direct Messaging

- Available to ALL UPHIE Members via CareAlign Portal
- XDR Integration Into EHR's
- Direct Trust Integration (from UPHIE HISP)
    - VA / IHS
    - MiHIN
    - PCE – behavioral health (i.e.. NorthCare)

MiHIN MOAC Working Group Representation

- **Data Stewardship**: Dan Boyle, Kris Lein, Rachel Riley, Dr. Wael Khouli
- **Issue Remediation**: Lee Marana
- **Privacy**: Lee Marana
- **Technical & Operations**: Lee Marana, Dan Boyle, Aron Jurmu
- **Use Case**: Dan Boyle, Aron Jurmu
- **Health Risk Assessment (HRA)**: Lee Marana, Jill Chipelewski

Future Goals

- All U.P. hospitals submitting CCDs to Med Rec Program
- Targeting clinics with ACRS, ADT, Med Rec
- Health Provider Directory (HPD) API
- VA direct messaging & query
- FHIR – Fast Healthcare Interoperability Resources
- Collaboration with other organizations and States


GLHC
GREAT LAKES HEALTH CONNECT

We’re here to help!

By combining information systems and software, clinical data solutions, and outstanding customer service, GLHC is able to advance the delivery and coordination of healthcare. Our unique approach results in our partners enjoying a larger network of support.

The Network

Hospitals

Community Mental

Health Agencies

Health Departments

Ambulatory Sites

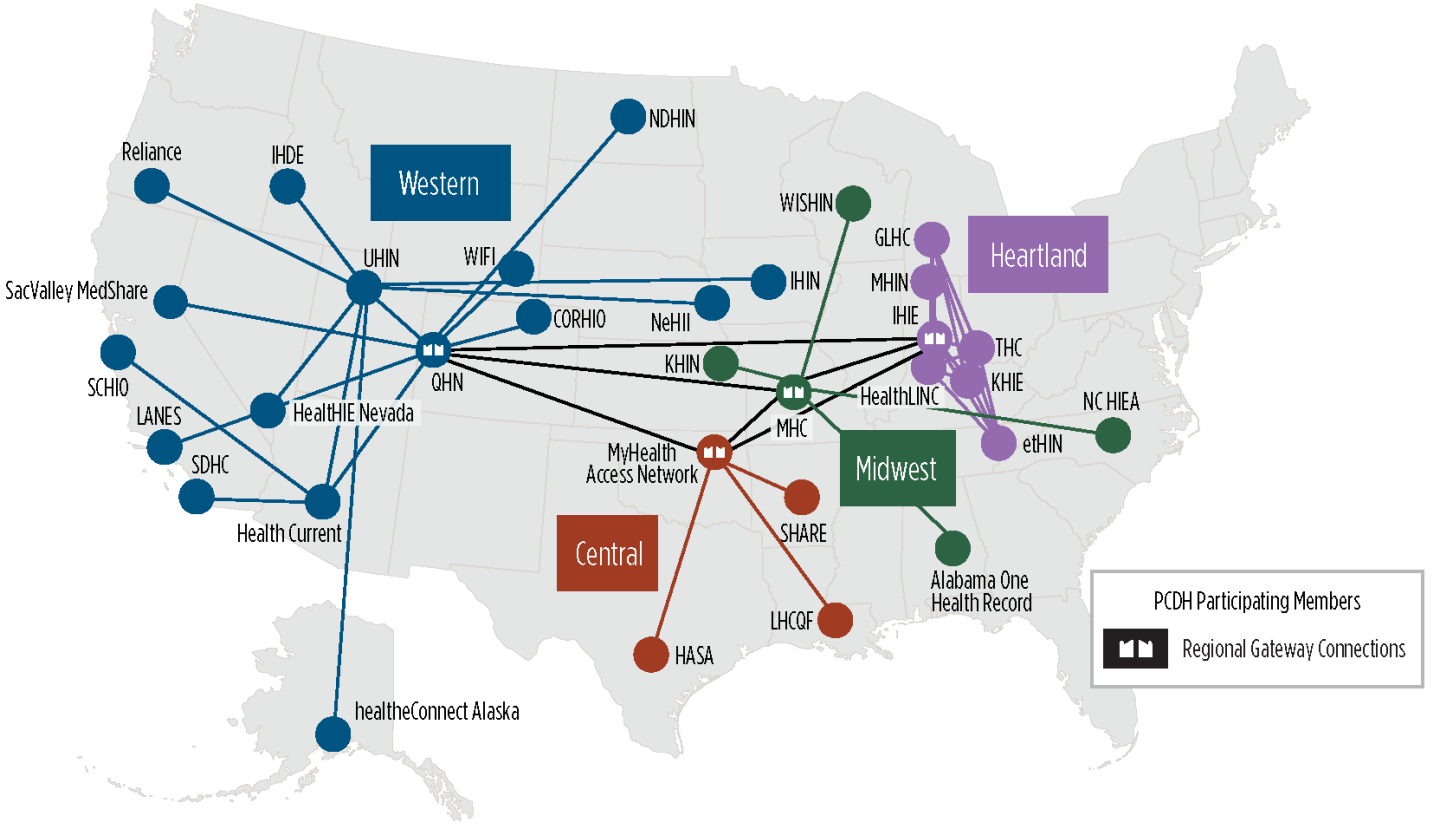
FQHCs

LTPAC

Others

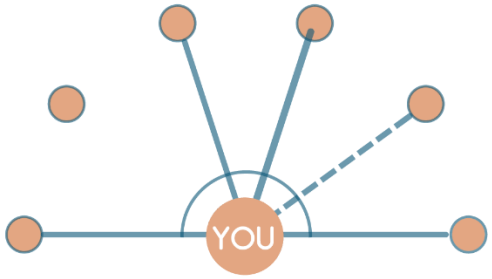
Patient Centered Data Home

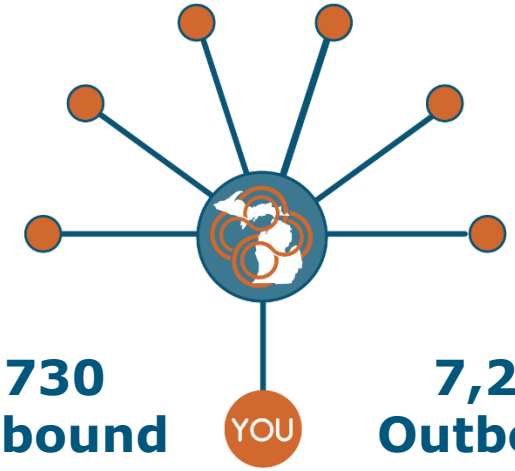
Strategic Health Information Exchange Collaborative (SHEIC)



Picture credit: www.strategichie.com

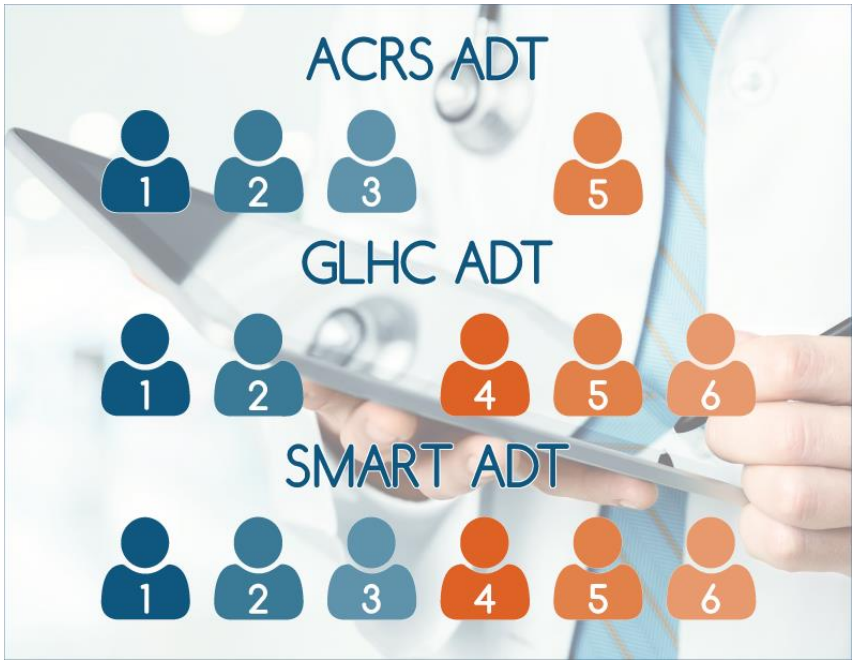
Smart Data Delivery + Exchange



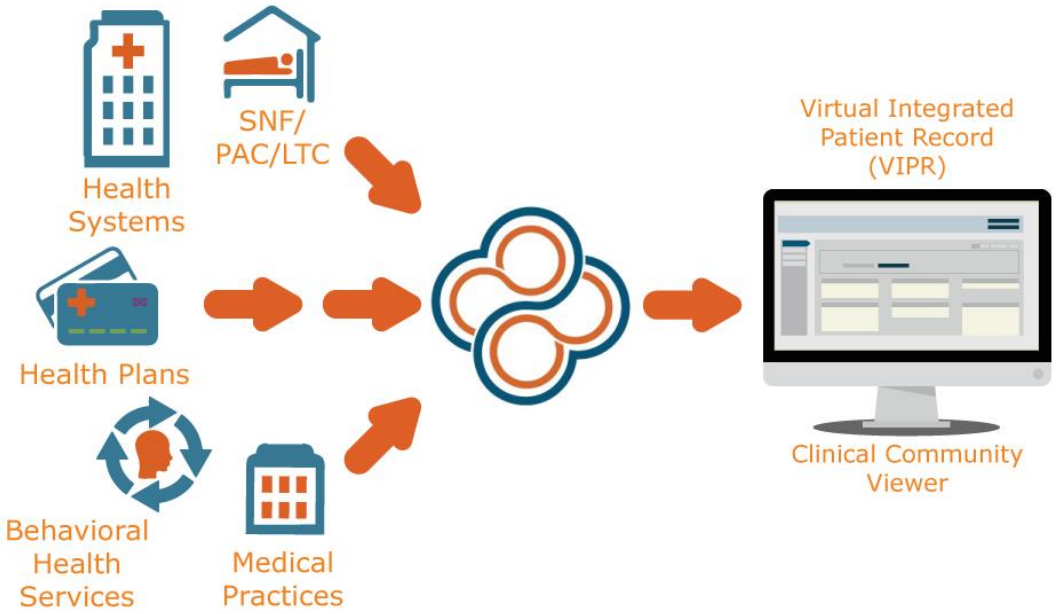


730 Inbound Feeds

7,282 Outbound Feeds



Store + Organize



The Most Complete + Real Time Record of Patient History

VIPR Source Organizations

10,390,802
Total patients

1,232,700
CCDs

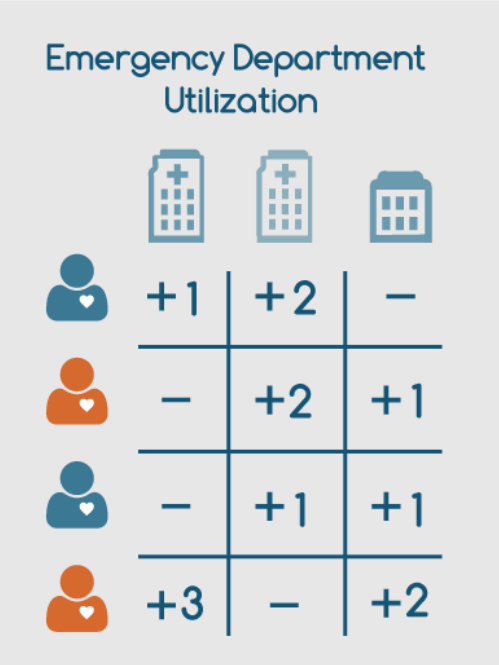
3,080,393,928
Clinical Results

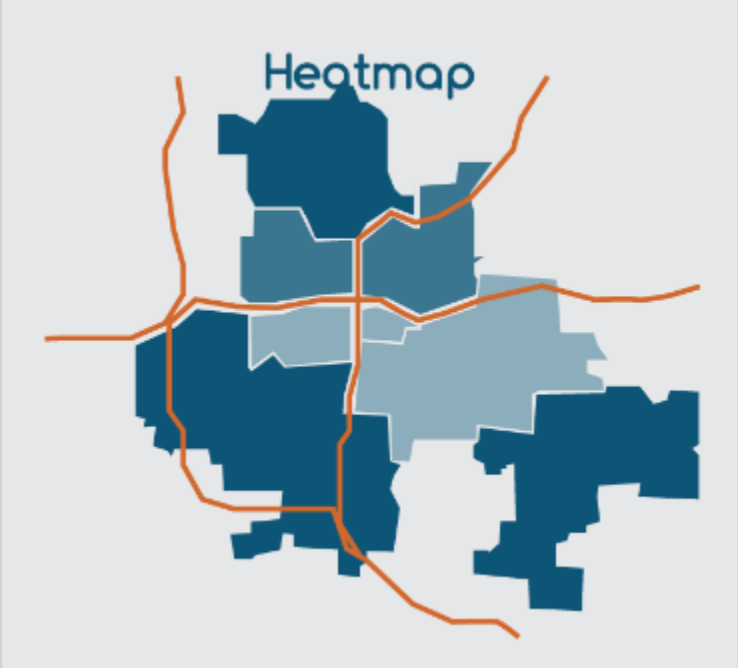
1.4 million
Patient lookups in the next year

6,120,869
Patients with Information from >1 source

4,000
Patients looked up every day

Population Based Intelligence





Examples

SMS Alerting

Correctional Facilities

EMS

Image Enabled Results

Examples

Community Referrals

Social Determinants of Health

ACDs + PCDs

GLHC

GREAT LAKES HEALTH CONNECT

George Bosnjak

Vice President of Sales & Business Development

gbosnjak@gl-hc.org
(616) 588 – 4707

www.gl-hc.org

info@gl-hc.org
support@gl-hc.org

Northern Physician Organization

Mission

Healthcare leadership via an organization of successful, independent physicians.

Vision

To be the engine that drives successful, high quality, cost effective healthcare by putting physicians and partners in the driver seat to inspire wellness.

Core Values

- Physician-led organization
- Manage resources sustainably
- Operate with integrity and transparency
- Proactive community partner
- Collaborate with community stakeholders

Northern Physician Organization

- Owned by practicing physicians in Northern Michigan.
- Over 530 members
  - Primarily in Manistee, Traverse City, and Petoskey.
- Majority owner of a clinically integrated network (CIN) with Michigan Medicine (UofM), McLaren Northern, GLOSC, and The Surgery Center.
- Manager of 2 Medicare ACOs (Trillium Health and Northern Michigan Health Network).
- Owner of a Health Information Exchange

Northern Physician Organization

- Some of the services we provide to area physicians include
  - Compliance Training
  - Health Plan Contract Review
  - Legal Assistance
  - LEAN practice support for process improvement
  - PCMH implementation and maintenance support
  - EMR training and optimization
  - Continuing medical education credits for physicians

Northern Physician Organization

- Use cases NPO has in production:
  - Sending ADT (for SNFs)
  - Receiving ADT
  - Med Rec/CCDAs
  - ACRS (for practices, SNFs, CMHs, and multiple Area Agencies on Aging)
  - Receiving Common Key
  - Sending Quality Data
  - Receiving statewide labs
  - Sending Immunizations

We are also working to pilot additional use cases with MiHIN.

Northern Physician Organization

- Other Capabilities
    - Longitudinal record with over fifty practices connected.
    - ADT and CCDA delivery via DirectTrust.
    - A HEDIS registry (we are piloting single sign-on with a few EMRs this year).

Northern Physician Organization

SDoH Screening Tool

- We developed a screening tool used in Northern CHIR region for SIM.
- Available in English/Spanish
- It is web and tablet based and automatically generates a referral to the HUB (public health department).
- The screening is completed on a tablet by patients, their consent is collected, and the referral is generated automatically and trackable by the PCMH practice.
- Next Steps – we will be piloting generating CCDAs out of the tool for PCMH practices.

Northern Physician Organization

TriCities Project with GLOSC (Great Lakes OSC)

- We are deploying a new longitudinal record through a partnership with GLOSC.
- The record has a patient web application that allows the patient to monitor who has viewed their data, control their own consent, and view their record.
- Messaging is built into the application
- Multiple ways to view a clinical record.
- Integrating ADT and Med Rec
- Currently under active development and being piloted in 6 locations.

HIT Commission

November 27, 2018

Ingenium

- Established in 2008
- Physician owned and lead
  - Fully owned subsidiary of United Physicians
- Main clients
  - Detroit Medical Center
  - Ascension Providence Rochester (formerly Crittenton)
  - United Physicians

MiHIN Hospital Activity

- Detroit Medical Center
  - ADT Notifications
  - Public Health Reporting
  - Medication Reconciliation
  - Statewide Lab Results
  - Common Key Service
- Ascension Providence Rochester
  - ADT Notifications
  - Public Health Reporting
  - Medication Reconciliation
  - Statewide Lab Results
  - Common Key Service

MiHIN –United Physicians Activity

- Current Use Cases
  - State-wide ADT Notification
  - Medication Reconciliation
  - Payer Provider Quality Collaborative (PPQC)
  - Midigate (ACRS Management, TOC Viewer, Provider Directory)
  - Master Patient Index (MPI)
  - Health Provider Directory
- Initiatives In process
  - Common Key Service (CKS)
  - MCIR Query by Parameter
- ACRS Files/ADT messaging in Production
  - 5 populations (All UP/Care Management/Secure Texting/UP ACO /MOS Bundle)
  - All 527 UP PCPs receive or have access to State-wide ADT messages & reports
- DIRECT Messaging
  - 107 Physicians at 42 Practices receiving discharge summaries directly to EMR
- Non-MiHIN Activity
  - Data aggregation/reporting and supplemental data reporting for 412,000 lives

What is UP looking for in HIE?

- Aggregating data from doctors
- Submitting supplemental data to health plans
- Disseminate performance reports back to doctors
- Enable Transitions of Care
  - ADT notifications, care management, etc
  - Referrals
  - Access to data at Point of Care

What do we look for from MiHIN?

- Convene & coordinate activity within the state
  - Providers
  - Hospitals & Health Systems
  - Payers
  - Ancillary Facilities
- Enable exchange of health information
  - Technical Infrastructure
  - Legal agreements
  - Basis for sharing of information
- Maximize Investment in Technology
  - Limited funds – need to know we are investing correctly
  - Help simplify life for independent physicians

PPQC as an Example

- MiHIN and MSMS convened and lead
- Collaboration between physicians and payers
- 3 main goals:
  - Common set of measures
  - Common method for sending/receiving quality data
  - Common methodologies for reporting performance and closing gaps in care

How does this help?

- Alignment of goals
  - Simplification & consistency across the payers
    - Less confusion for the doctors
  - Maximizing Investment in technology
    - We know our role/where to focus
- Less confusion for doctors
  - Consistency across payers
  - Confidence in investment
  - Avoid duplicating other HIE efforts
- Sharpens focus
  - Reduces attention to data movement and format
  - Emphasis on quality improvement

Questions

John Vismara
vismaraj@ingenium-llc.com

MiHIN Shared Services

Michigan HIT Commission

November 27, 2018

Marty Woodruff
Associate Executive Director

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.

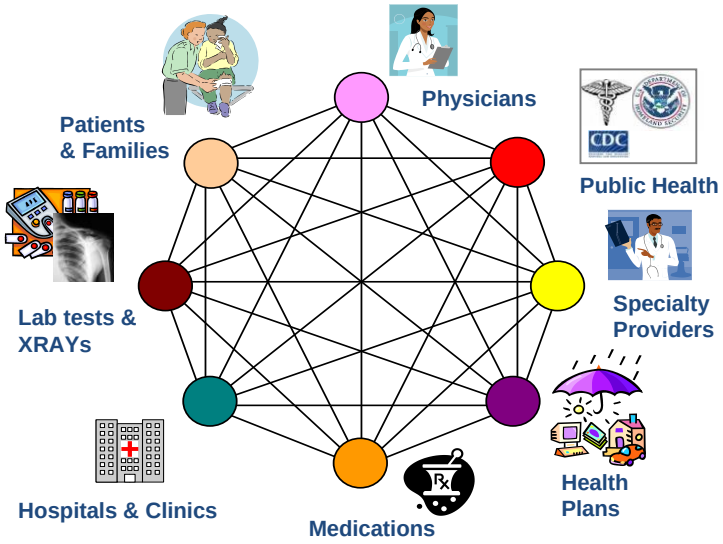
MiHIN has built and maintains a

network for sharing health information statewide for Michigan

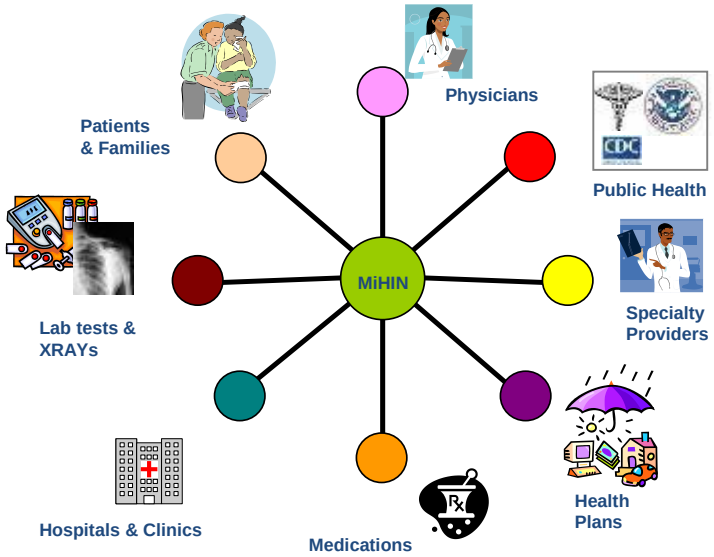
MiHIN Shared Services

The Solution: Statewide Health Information Exchange Creates Efficiency

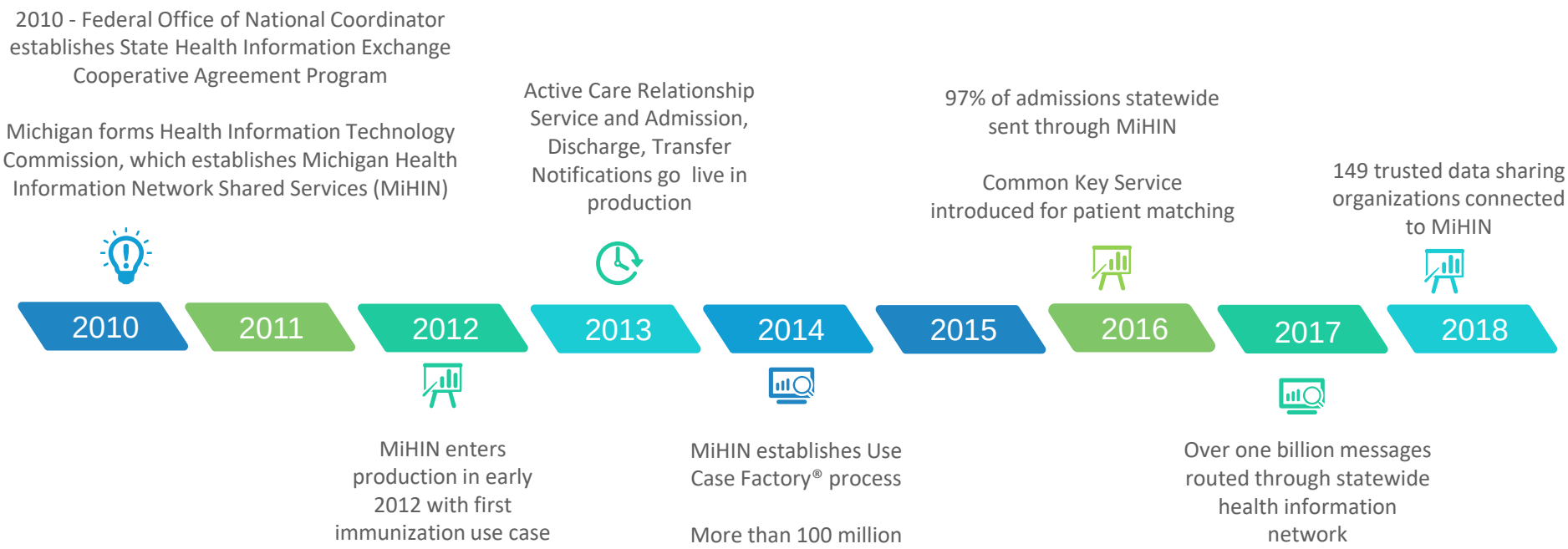
BEFORE:
Duplication of effort, waste and expense



NOW:
Connect once to access shared services

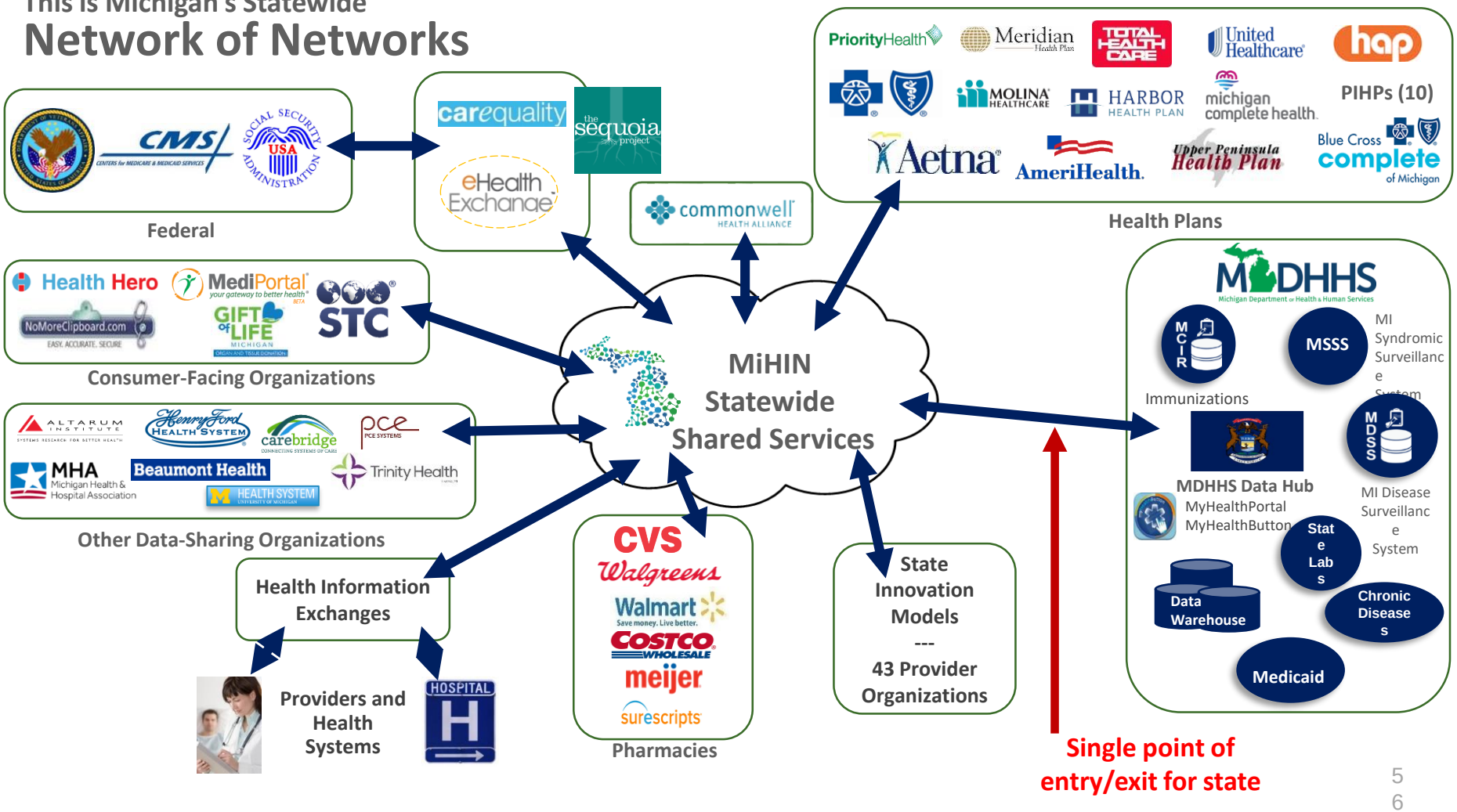


Brief History: Michigan Health Information Network Shared Services



This is Michigan's Statewide

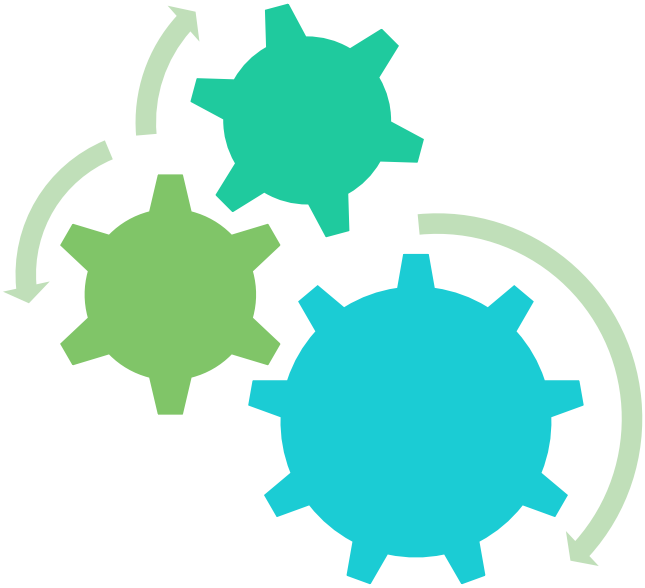
Network of Networks



Benefits of the Statewide Network

Interoperability

- ✓ Aligning standards across organizations to ensure data can be shared efficiently and effectively
- ✓ Automating translation of file formats to improve data sharing among different organizations
- ✓ Aligning health plan incentives to promote better data quality, so messages are readable and actionable



Workflow improvements

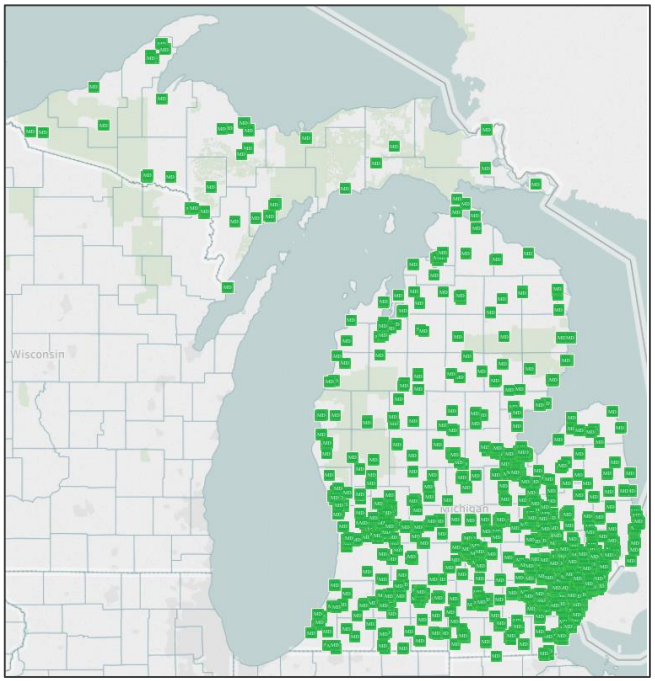
- ✓ Automating processes to remove excess administrative burden
- ✓ Real-time visibility - we provide more information about the first 90 days after a health event than the industry has ever had – no more waiting 60-90 days for claims
- ✓ Working with organizations statewide to align reporting requirements for quality measures, enabling “report once” to save time and money for physicians and health plans

MiHIN Shared Services

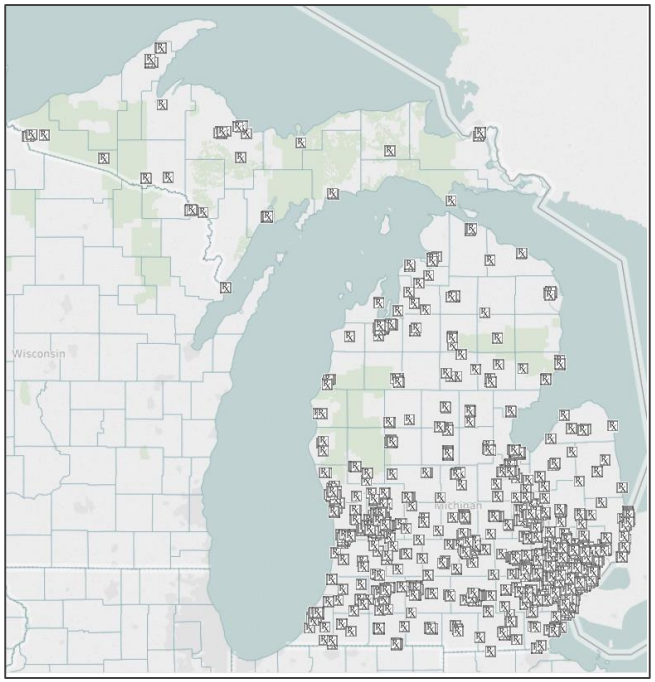
MiHIN Shared Services

Accomplishments

Current Footprint: Practices & Pharmacies

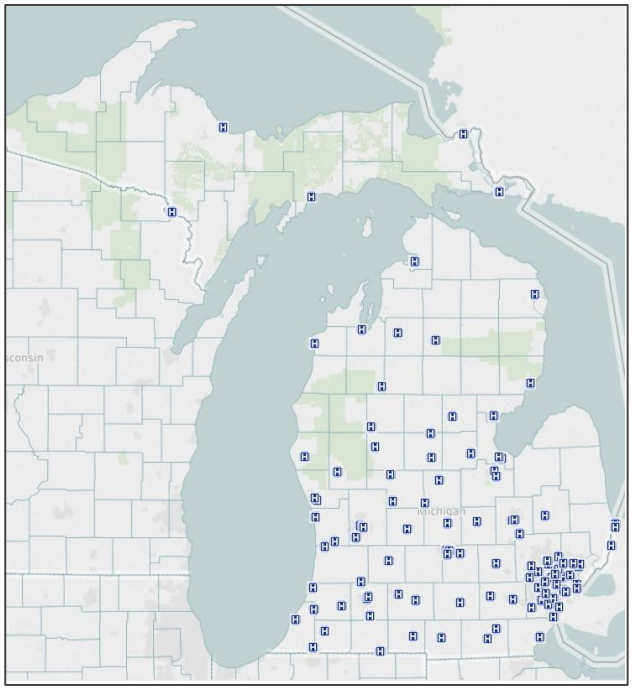


5000+ Practices

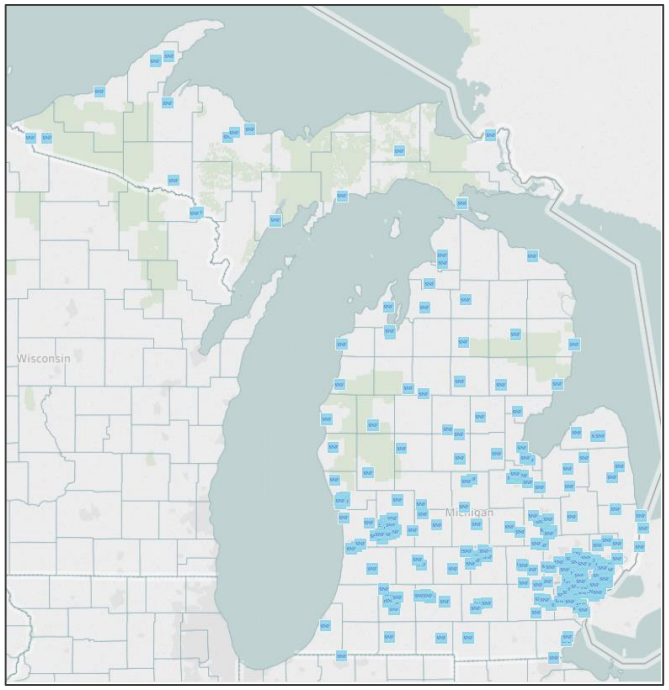


1771 Pharmacies

Current Footprint: Hospitals & Skilled Nursing Facilities



159 Hospitals (includes CAH & VA)

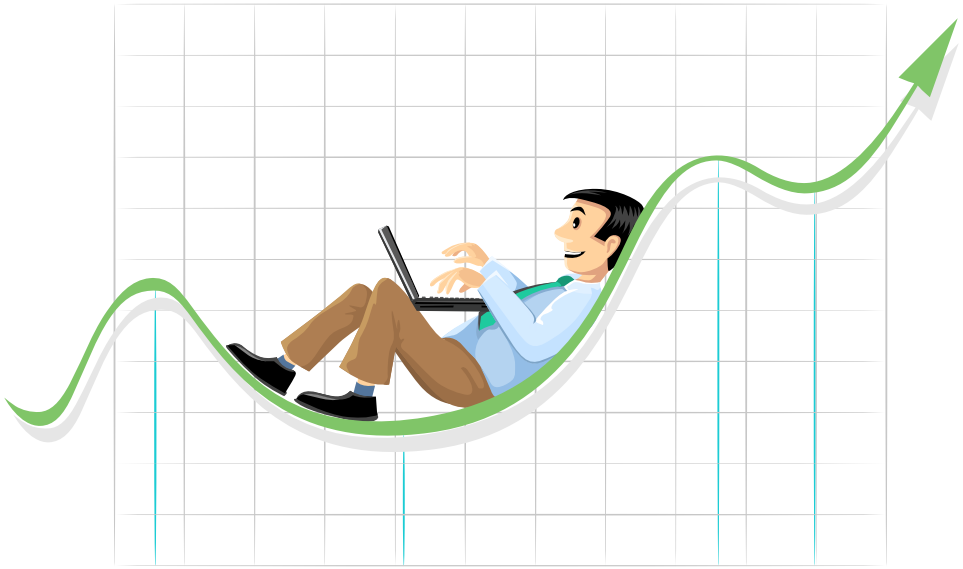


Over 310 Skilled Nursing Facilities


Michigan's Organizations are Connected!
156 Hospitals
4,768 Practices
1,772 Pharmacies
321 Skilled-Nursing Facilities
137,983 Providers
220 Managing Organizations
40,534 Total Organizations
Data collected on February 14, 2018

Michigan's Interoperability Is Growing Every Day

Millions of Messages Are Successfully Routed Through Statewide Network



- ✓ Admission, Discharge, Transfer Notifications: 6,500,000/wk
- ✓ Statewide Lab Results: 1,800,000/wk
- ✓ Syndromic Surveillance Alerts: 700,000/wk
- ✓ Immunization Updates: 400,000/wk
- ✓ Medication Reconciliation Lists: 90,000/wk
- ✓ **Total weekly messages: 18,000,000/wk**

Data From Oct. 22, 2018

Draft Opioid Surveillance

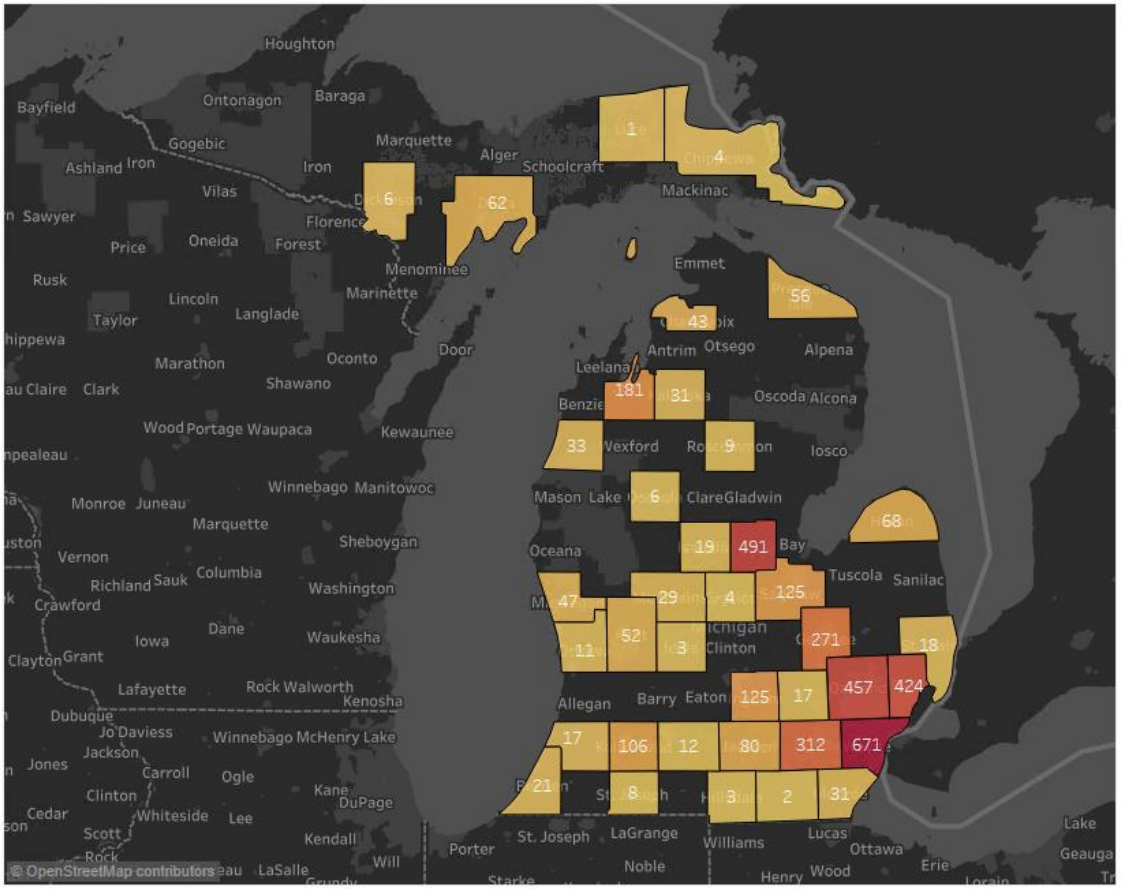
SurSur

Improving Health Information Exchange with Intelligent Attribution

MiHIN Shared Services

Opioid Syndromics Map

Last 90 Days (as of 21 Nov. 2018)



Event Class

- [x] NAS
- [x] opioid

Intentionality

- [x] Accidental
- [x] Intentional
- [x] Unknown

Event Description

(All)

Total Events

2,656

Mapped to County

2,656

Incidents

1 — 671

Draft Readmission Dashboard

Improving Health Information Exchange with Intelligent Attribution

MiHIN Shared Services

Patient Readmission Rates Dashboard

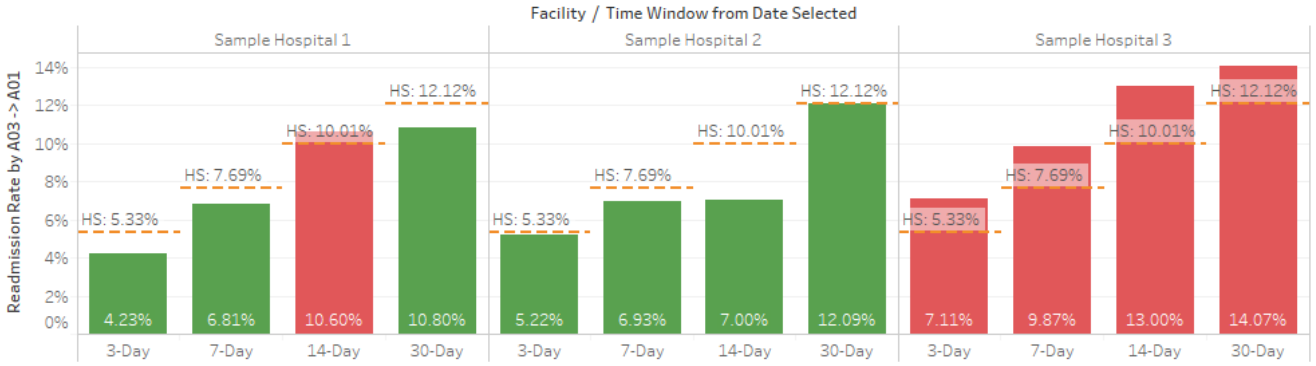
Health System Level

Date: 8/1/2018

Health System: Sample Michigan Health System A

Readmission Rate vs. Health System
- Above Health System Average
- Below Health System Average

Sample Michigan Health System A Facilty Readmission Rates by Time Window



Facility	3-Day	7-Day	14-Day	30-Day
Sample Hospital 1	4.23%	6.81%	10.60%	10.80%
Sample Hospital 2	5.22%	6.93%	7.00%	12.09%
Sample Hospital 3	7.11%	9.87%	13.00%	14.07%

MiHIN Shared Services

Patient Readmission Rates Dashboard

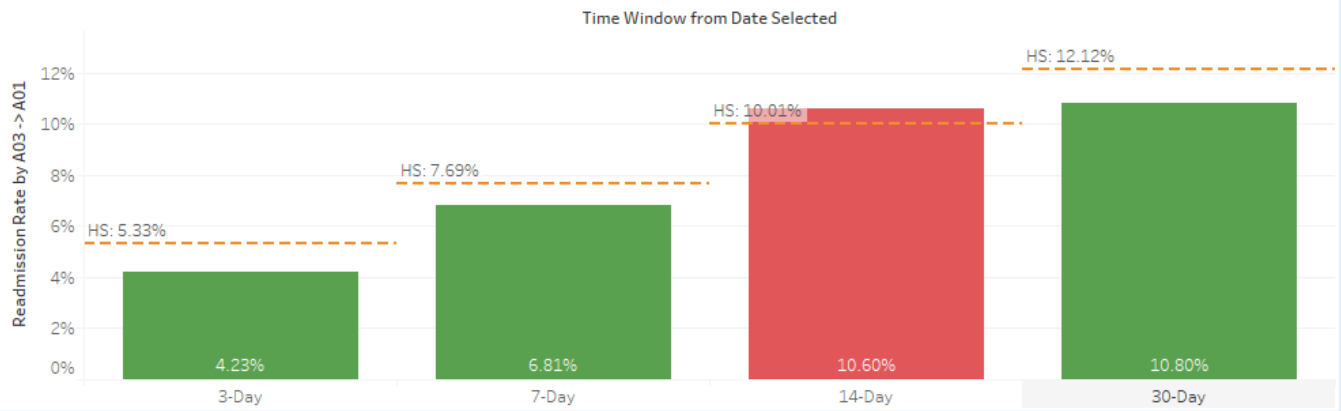
Hospital Level

Date: 8/1/2018

Facility: Sample Hospital 1

Readmission Rate vs. Health System
- Above Health System Average
- Below Health System Average

Sample Hospital 1 vs. Sample Michigan Health System A Average



3-Day Readmission Details

Last 3 Days Patients	13,603
Last 3 Days Readmitted Patients	575
3-Day	4.23%

7-Day Readmission Details

Last 7 Days Patients	24,349
Last 7 Days Readmitted Patients	1,658
7-Day	6.81%

14-Day Readmission Details

Last 14 Days Patients	47,481
Last 14 Days Readmitted Patients	5,032
14-Day	10.60%

30-Day Readmission Details

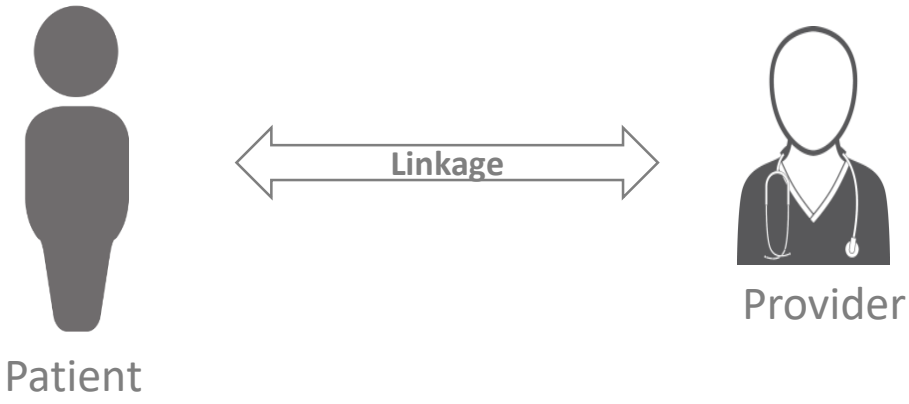
Last 30 Days Patients	113,955
Last 30 Days Readmitted Patients	12,307
30-Day	10.80%

MiHIN Shared Services

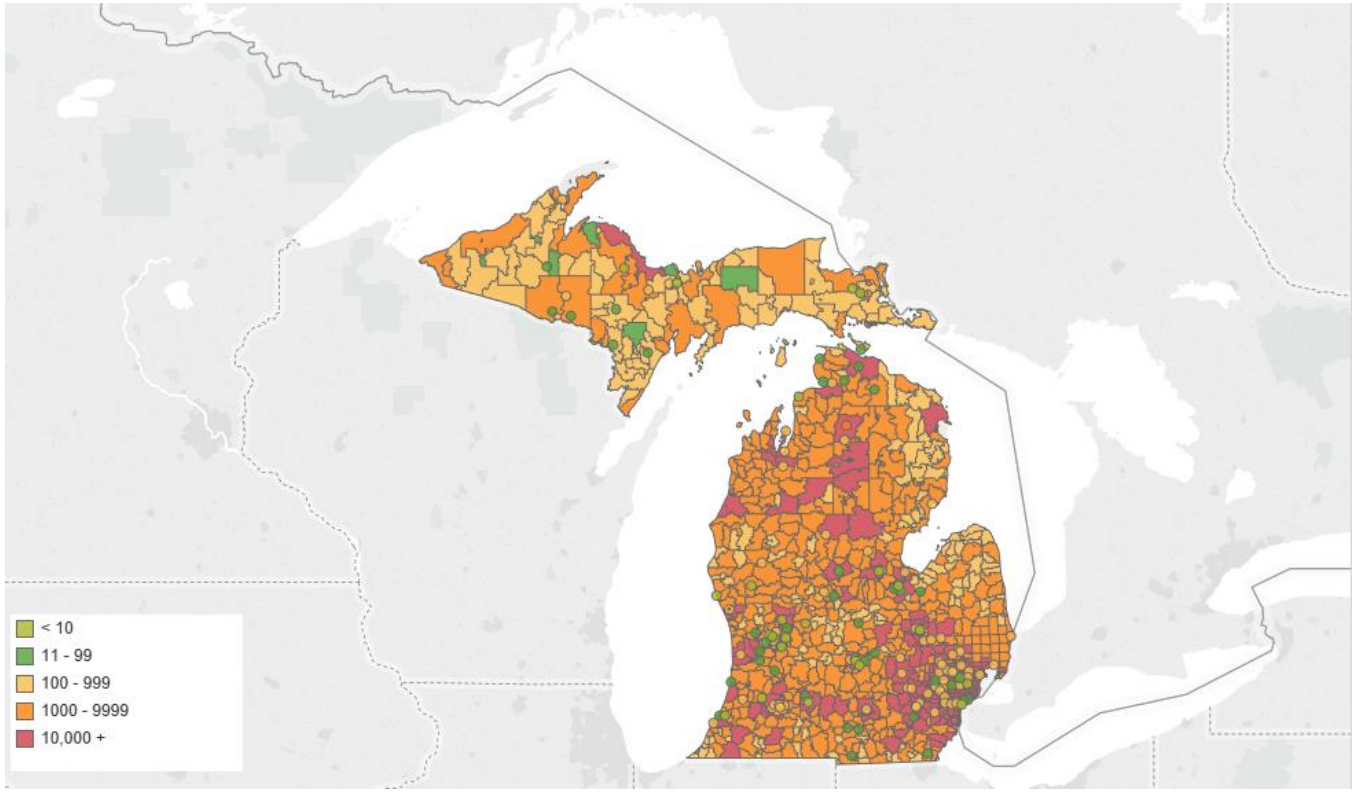
Matching Patients to Providers

Improving Health Information Exchange with Intelligent Attribution

Active Care Relationships

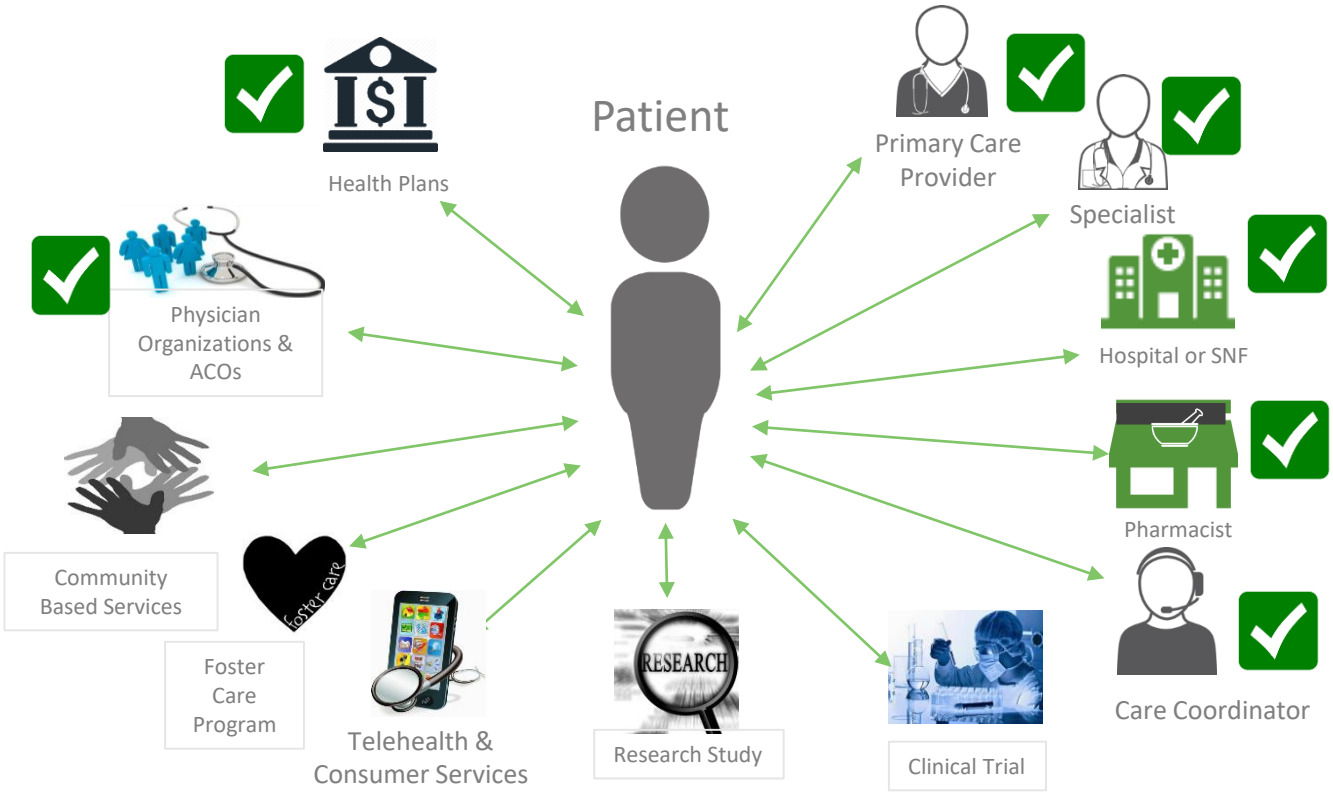


~ 30+ Million Active Care Relationships

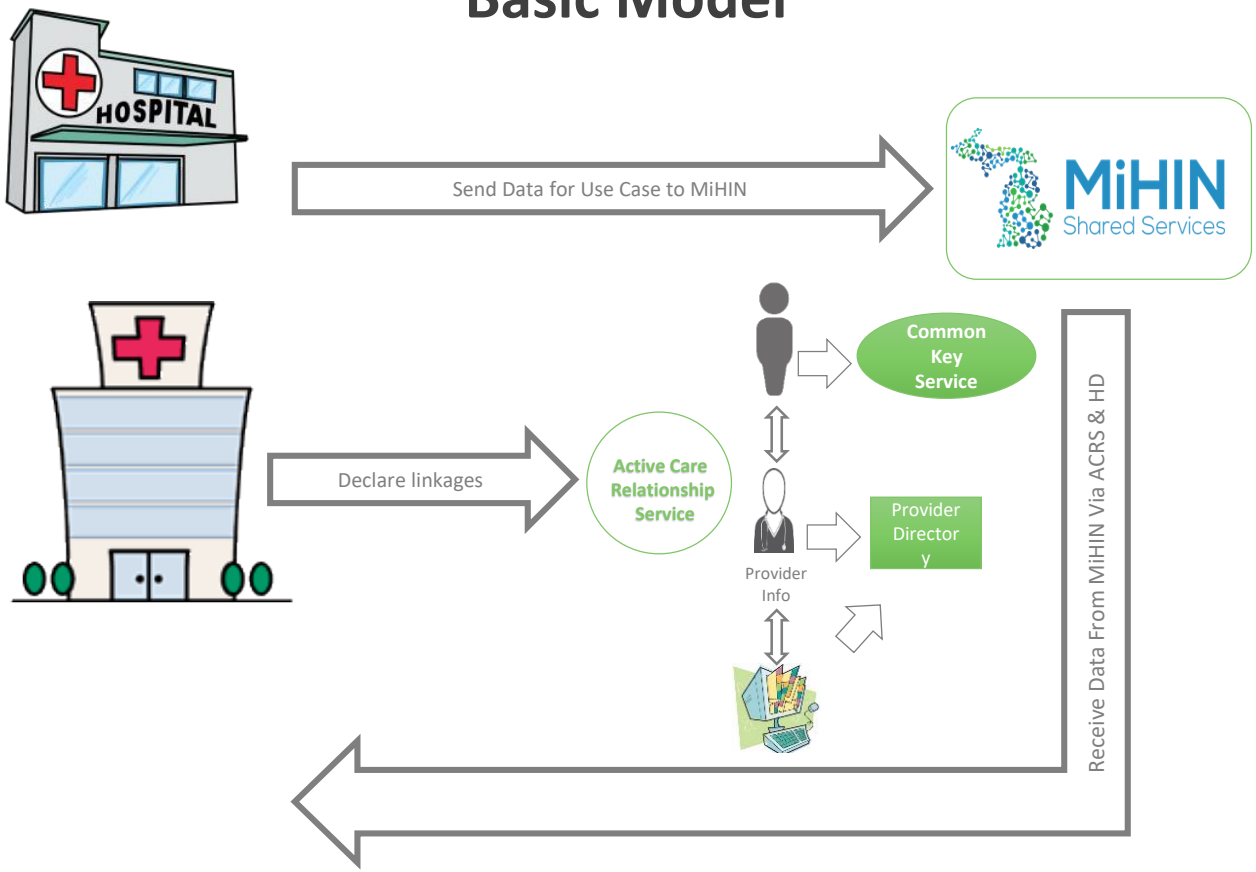


MiHIN Shared Services

Types of Linkages



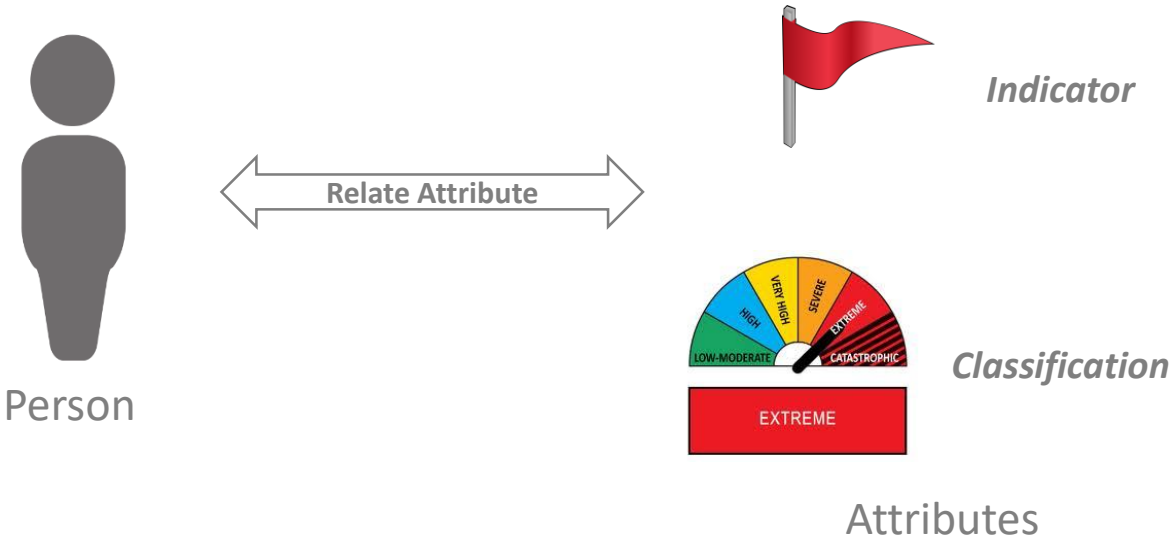
Basic Model



MiHIN Shared Services

2019 - Enhancing the Active Care Relationship Service

Active Care Relationship Attributes



ACRS Situational Awareness

Linkages

Health Plans

Primary Care Provider

Physician Organizations & ACOs

Specialist

Community Based Services

Hospital or SNF

Government Programs

Pharmacist

Care Coordinator

Patient

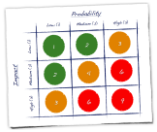
Attributes

High Utilizer

Communicable Disease

Chronic Disease Registry

Exposure



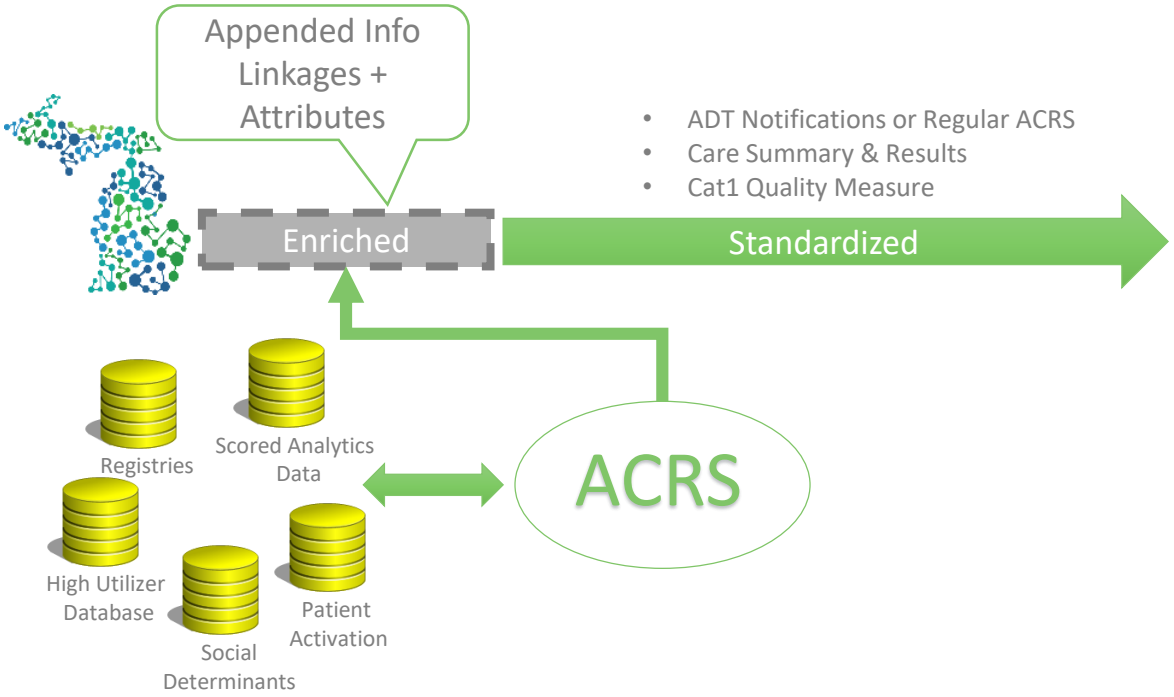
Risk Scores

Level of Engagement

Opioid Registry

Social Determinants Risks

Enrichment Example



MiHIN Shared Services

2019 - Coordinating the Care Coordinators

Drew Murray

Senior Community Engagement Director

Need for Change

Michigan Primary Care Consortium

MiHIN Shared Services

FY2019 Priorities

- **Establish business and technical requirements**
  - Receive MDHHS update regarding business impact analysis of adopting coordination of care definition
- **Complete pilots**
  - Allow community-based coordinators to declare active care relationships
  - Communicate with other care team members
- **Enhance functionality and onboard organizations**
  - Embed features in existing organization information systems
  - Enable coordinators to help manage active care relationships

MiHIN Shared Services

Introducing MIDIGATE

Multiple Shared Services Collected in One Location

- ✓ **MIDIGATE removes administrative headaches by offering easy, consistent access to updates about your patients:**
  - ✓ Find, view, use and exchange patient information from other care providers
  - ✓ New opportunities to provide additional value by aligning and comparing information
  - ✓ Faster access to patient information for care managers

In other words…

MiHIN Shared Services

Value for Care Team

Assemble data received through statewide network into **centralized tool** with easy-to-use, intuitive views

Integrate existing shared services into **daily workflows** for practices and managing organizations

Streamline workflows and improve efficiency of exchanging and using health information

Give healthcare professionals easy access to data about patients with whom they have **active care relationships**

Enable effective **coordination of care** that is affordable, configurable, modular and scalable

MiHIN Shared Services

Social Determinants of Health Use Case

MiHIN and The State Innovation Model team have partnered to take the first steps in building a knowledge infrastructure that streamlines the process of sharing SDOH information utilizing existing technology

In an effort to better understand the link between social needs and individual health and well-being, more data is needed by the state of Michigan and other stakeholders in the healthcare community.

"Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

"Social Determinants of Health," healthypeople.gov, accessed October, 17, 2018, https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health#five

Social Determinants of Health Use Case: Current Status

The initial phase of the Use Case involves collecting SDOH screenings from Patient Centered Medical Homes participating in the SIM Clinical Community Linkages initiative

Information collected:

- Patient demographic information
- Screening organization information
- Screening date
- Screening question responses
- Screening question tracking statuses
- Referral date

11 participating organizations:

- Affinia Health Network
- Answer Health
- Ascension Medical Group
- Cherry Health
- Hackley Community Care Center
- Huron Family Practice
- IHA Health Services Corporation
- Jackson Health Network
- Metro Health
- Muskegon Family Care
- Michigan Medicine

MiHIN Shared Services

2019 – Quality Reporting

Issues in Today's Quality Reporting Landscape

Growing Provider Burden

More and more quality measure reporting requirements

Lack of Standardization

Custom solutions and loose requirements in export, transport, calculation and submission methods

Delayed Feedback

Performance feedback is not actionable at point of care

- Lack of real-time reporting hinders improvement

Quality Measure Information

Use Cases

Clinical Quality Measure Reporting/Repository

- Serves as a single location for all Michigan Medicaid providers to upload quality measure results
- MiHIN forwards valid, clean files to State of Michigan data warehouses to assign Meaningful Use credit
- Allows providers to view visual dashboard reports of measure performance

Physician-Payer Quality Collaborative

- Comprised of Michigan's major payers and physician organizations
- Validates and distributes clinical data records from physician organizations to payers
- Data used to calculate SIM and HEDIS measures
- Distributes Gaps in Care records back to providers

MiHIN Shared Services

Quality Measure Information

Participating Organizations

Physician Organizations
Affinia
Answer Health
Bronson Healthcare
Great Lakes OSC
Henry Ford Health System
Huron Valley Physicians Association
MedNetOne
Michigan Medicine
Michigan Primary Care Assoc.
Northern Physicians Organization
Oakland Southfield Physicians
Oakwood Healthcare
Physician Healthcare Network
Together Health Network
United Physicians
Wexford PHO

Payers
Aetna
Blue Care Network of Michigan
Blue Cross Blue Shield of Michigan
Blue Cross Complete / Amerihealth
Health Alliance Plan
Harbor Health Plan
Molina Healthcare of Michigan
Meridian Health Plan
Priority Health
Total Health Care
McLaren Health Care
Upper Peninsula Health Plan
UnitedHealthcare

MiHIN Shared Services

Quality Measure Information

Clinical Quality Measures Reporting/Repository

Accomplishments

- ✓ Implemented portal upload system for easier QRDA file submission
- ✓ State of Michigan approved system and mandating MI Medicaid providers utilize CQMRR for submission
- ✓ Worked with Altarum and MDHHS to improve adoption and validation
- ✓ Implemented QRDA Cat 1 dashboards

Priorities

- ○ Implement QRDA Cat 3 file aggregation capability
- ○ Process Meaningful Use QRDA submissions for entire MI Medicaid provider community during January-March 2019
- ○ Complete user experience improvements to portal and dashboard systems

MiHIN Shared Services

Quality Measure Information

Physician-Payer Quality Collaborative

Accomplishments

- ✓ Supplemental clinical data full production
  - 200 million records processed & distributed
- ✓ Onboarded new data senders
  - Currently at 39 unique organizations
- ✓ Agreed Upon standard Gaps in Care spec
  - Began receiving test files from payers

Priorities

- ○ Implement pricing model for sustainability
- ○ Promote Gaps in Care distribution to full production
  - □ Streamline health risk assessment submission and parsing to close gaps in care
- ○ Develop additional data validation and cleansing
- ○ Statewide coordination of payer HEDIS audits

MiHIN Shared Services

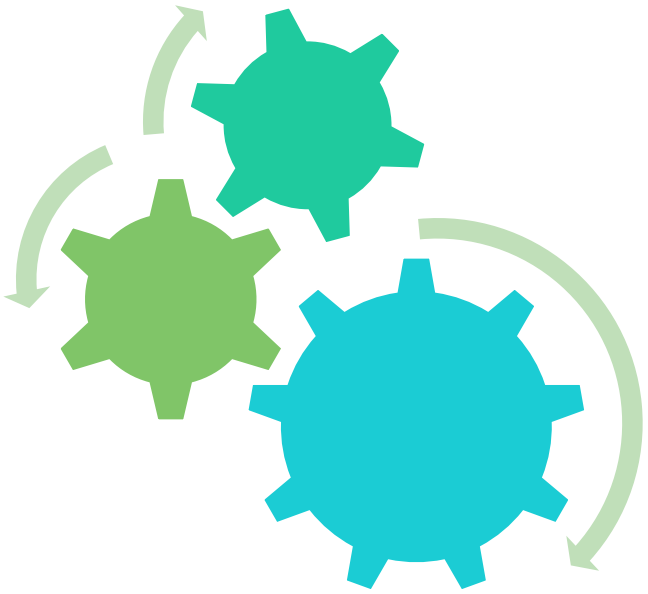
2019 - A New Approach to Electronic Case Reporting (eCR)

Michigan's Unified eCR Model:
Pilot Participation Opportunity

Brandon Elliott, MD

Electronic Case Reporting

Use Case Overview



Problem

Healthcare providers are ***required*** to alert public health agencies of reportable conditions; however several limitations exist to record/report in a timely manner

Purpose

Allows healthcare providers to send case reports in near-real-time regarding a patient's infectious disease status to a public health agency.

- ✓ Outbreaks can be managed
- ✓ More routine trends can be investigated and managed
- ✓ The public can be protected from infection
- ✓ Treatment and education can be provided to impacted populations and providers
- ✓ Preventive measures can be enacted
- ✓ Long-term success efforts can be measured
- ✓ Research into causes and cures can be more exact

Value

An interoperable eCR capability between healthcare providers and public health agencies allows reduced costs for stakeholders, increased accuracy, effectiveness, and speed of reporting cases of infectious diseases

MiHIN Shared Services

Governing Organizations

Allscripts
APHL
astho
CDC Centers for Disease Control and Prevention
Cerner
CSTE Council of State and Territorial Epidemiologists
eClinicalWorks
Epic
HealthPartners Park Nicollet
Kaiser Permanente
MEDITECH
NACCHO National Association of County & City Health Officials — The National Connection for Local Public Health
Connecting America for Better Health — The Office of the National Coordinator for Health Information Technology
Partners HealthCare

Funders

Robert Wood Johnson Foundation
de Beaumont Foundation

Project Management Office

Deloitte.
Public Health Informatics Institute

MiHIN Shared Services

What is Electronic Case Reporting (eCR)?

The automated generation and transmission of case reports from the electronic health record (EHR) to public health agencies for review and action.

MiHIN Shared Services

eCR Pilots

From Digital Bridge to Michigan's eCR Pilot

What is Digital Bridge?

A partnership of health care, health IT and public health organizations

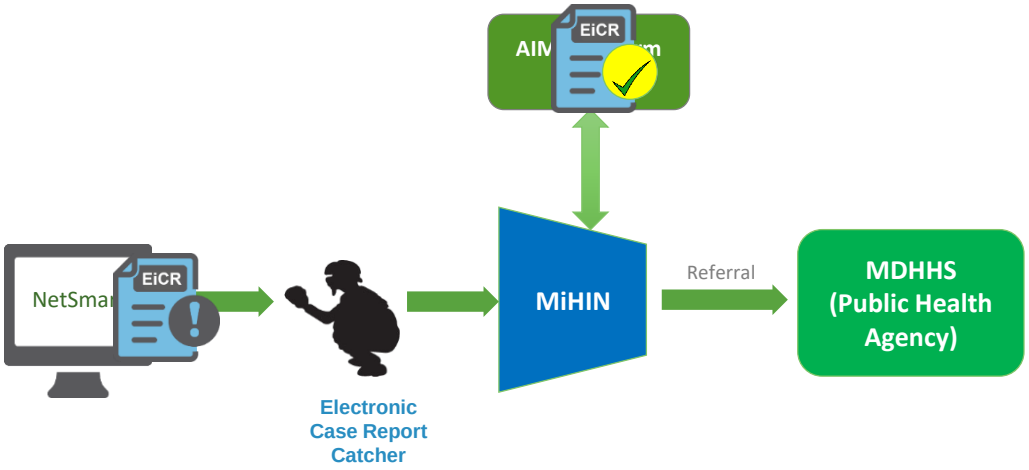
- ✓ Goal is to ensure our nation's health through a bidirectional information flow between health care and public health
- ✓ Participation occurred over 7 sites
- ✓ Short-term legal approach
- ✓ Supported ease of participation by EHR vendor (Netsmart) which already had relationship with the HIN and public health agency

Michigan's Unified Approach

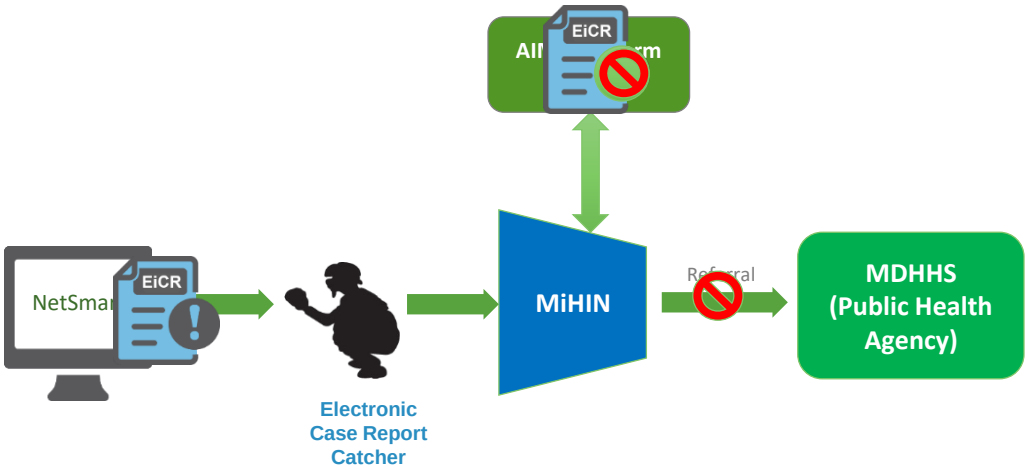
- ✓ EHR adoption of eCR standard may limit provider ability to participate quickly
- ✓ Mechanism needed to support providers whose EHRs do not yet produce electronic initial case Report (eICRs)
- ✓ Majority of Continuity of Care Documents (CCDs) already flowing via MiHIN contain majority of eICR content
- ✓ Using CCDs to create eICRs
- ✓ Unified approach allows EHRs in process of adopting eCR standard
- ✓ Any CCD generating a match will be sent to the **Micro Verification Service™ (MVS)** for decision support and better accuracy in determining reportable conditions

MiHIN Shared Services

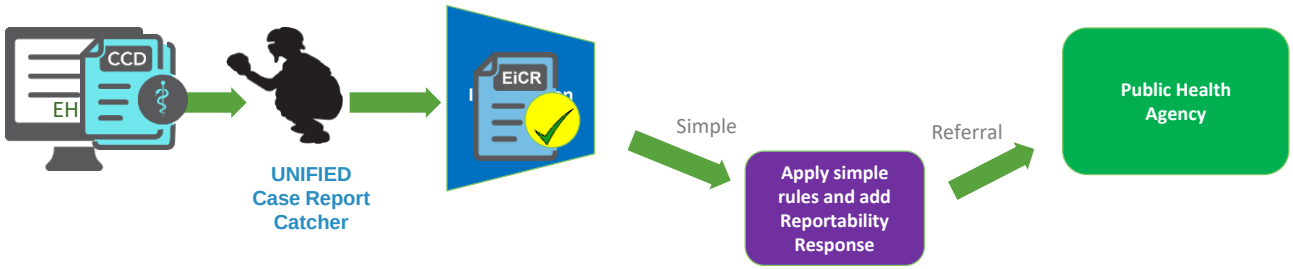
Digital Bridge eCR Pilot (MI Site): Reportable



Digital Bridge eCR Pilot (MI Site): Non-Reportable



CCD Submission Unified Simple Approach:



2019 - Electronic Consent Management Service (eCMS)

Shreya Patel
Policy & Proposals Manager

CONSENT TO SHARE BEHAVIORAL HEALTH INFORMATION FOR CARE COORDINATION PURPOSES

Michigan Department of Health and Human Services

This form cannot be used for a release of information from any person or agency that has provided services for domestic violence, sexual assault or stalking. A separate consent form must be completed with the person or agency that provided those services. (See FAQ at www.michigan.gov/bhconsent to determine if this restriction applies to you or your agency.)

First Name	Middle Initial	Last Name	Date of Birth
Aiden	M	Jones	01/08/2016

Individual's ID Number (Medicaid ID, Last 4 digits of SSN, other)

XXXX

Under the Health Insurance Portability and Accountability Act (HIPAA), a health care provider or agency can use and share most of your health information in order to provide you with treatment, receive payment for your care, and manage and coordinate your care. However, your consent is needed to share certain types of health information. This form allows you to provide consent to share the following types of information.

- Behavioral and mental health services
- Referrals and treatment for an alcohol or substance abuse disorder

This information will be shared to help diagnose, treat, manage and get payment for your health needs. You can consent to share all of this information or just some information. (See FAQ at www.michigan.gov/bhconsent)

I. I consent to share my information among:

MiHIN

BRADLEY TORRES

DANIELLE ESTRADA

HOWARD ZIMMERMAN

JAVIER KAISER

JULIE MERRITT

TARA SANTIAGO

+ Add

- [ ] All of my behavioral health and substance use disorder information
- [ ] All of my behavioral health and substance use disorder information except: List types of health information you do not want to share below

I understand that HIPAA allows providers and other agencies to use and share much of my health information without my consent in order to provide me with treatment, receive payment for my care, and to manage and coordinate my care.

III. By signing this form I understand:

- I am giving consent to share my behavioral health and substance use disorder information. Behavioral health and substance use disorder information includes, but is not limited to, referrals and services for alcohol and substance use disorders.
- My information may be shared among each agency and person listed above.
- My information will be shared to help diagnose, treat, manage and pay for my health needs.
- My consent is voluntary and will not affect my ability to obtain mental health or medical treatment, payment for medical treatment, health insurance or benefits.
- My health information may be shared electronically.
- Other types of my information may be shared with my behavioral health and substance use disorder information. HIPPA allows my providers and other agencies to use and share most of my health information without my consent in order to provide me with treatment, receive payment for my care, and to manage and coordinate my care.
- The sharing of my health information will follow state and federal laws and regulations.
- This form does not give my consent to share psychotherapy notes as defined by federal law.
- I can withdraw my consent at any time; however, any information shared with or in reliance upon my consent cannot be taken back.
- I should tell all agencies and people listed on this form when I withdraw my consent.
- I can have a copy of this form.
- My consent will expire on the following date, event or condition unless I withdraw my consent. (If expiration date is left blank or is longer than one year, the consent will expire 1 year from the signature date.)

mm/dd/yyyy

I have read this form or have had it read to me in a language I can understand. I have had my questions about this form answered.

Signature of person giving consent or legal representative

mm/dd/yyyy

Relationship to individual

- [ ] **Self**
- [ ] **Parent**
- [ ] **Guardian**
- [ ] **Authorized Representative**

WITHDRAW CONSENT

I understand that any information already shared with or in reliance upon my consent cannot be taken back.

I withdraw my consent to the sharing of my health information:

☐ Between any of the following persons or agencies:

+ Add

OR

☐ For all persons and agencies:

Signature of person giving consent or legal representative

mm/dd/yyyy

Relationship to individual

☐ **Self** ☐ **Parent** ☐ **Guardian** ☐ **Authorized Representative**

Verbal Withdraw of Consent:

This consent was verbally withdrawn.

Signature of person giving consent or legal representative

mm/dd/yyyy

Save PDF

MiHIN Shared Services

Background and Current State

01 42 CFR Part 2- requires written patient consent before substance use disorder can be shared

02 Michigan Public Act 559 allows sharing of mental health information, without consent for Treatment, Payment, and Coordination of Care

03 Public Act 129 requires all providers in Michigan to accept the MDHHS-5515 statewide standard behavioral health consent form

Current State

- ✓ Inefficient consent process:
- ✓ Patients fill out new, sometimes different consent forms at each provider's office
- ✓ Paper- based system
- ✓ No centralized location to store or view all consent preferences

MiHIN Shared Services

Purpose

Creates consumer portal to allow patients to update multiple consent preferences in real time

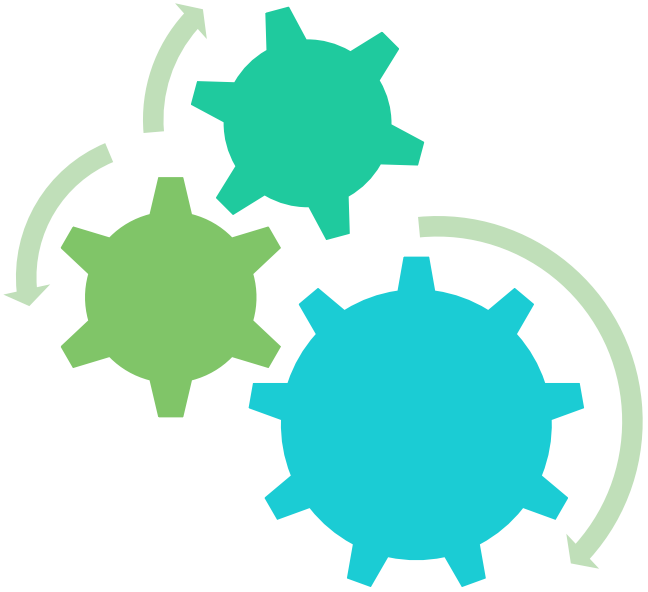
Encourages the sharing of specially protected information by giving the patient more control over their privacy

Incorporates the use of privacy tags to ensure consent is checked before behavioral health information is sent

Encourages the use of standard consent forms such as MDHHS 5515

MiHIN Shared Services

MiHIN Benefits



Better Patient Care

Will improve care coordination efforts according to the MiHIN Mission by making information more accessible

UC Integration

Will integrate with all projects involved with the sending of messages that could contain SPI

Increased Flow of Messages

Opens a new demographic of information for message sending thus increasing total number of messages flowing through MiHIN

MiHIN Mission

- ✓ Improves the healthcare experience
- ✓ Improves quality of care
- ✓ Makes valuable data available

at the point of care

MiHIN Shared Services

Psychiatric Facility and Treatment Center ADTs

Integrating Behavioral Health Information: Three-Phase Approach

Building a complete picture of a patient's healthcare

01 Using "de-identified" ADT notifications from psychiatric facilities and treatment centers to track and maintain statewide available bed count

02 Begin sending "identified" behavioral health messages that do not require patient consent, using industry-standard privacy tags

03 Integrating "identified" behavioral health messages that DO require patient consent, using industry-standard privacy tags and eCMS

Aligning physical, behavioral health

By supporting exchange of behavioral health information through the statewide network, healthcare providers will gain previously unavailable insight into a patient's full healthcare history.

Physical and behavioral healthcare providers can use these tools to coordinate patient care, ensure patient goals are aligned, and stay aware of developments in a patient's health.

MiHIN Shared Services

Psychiatric Facility and Treatment Center ADTs

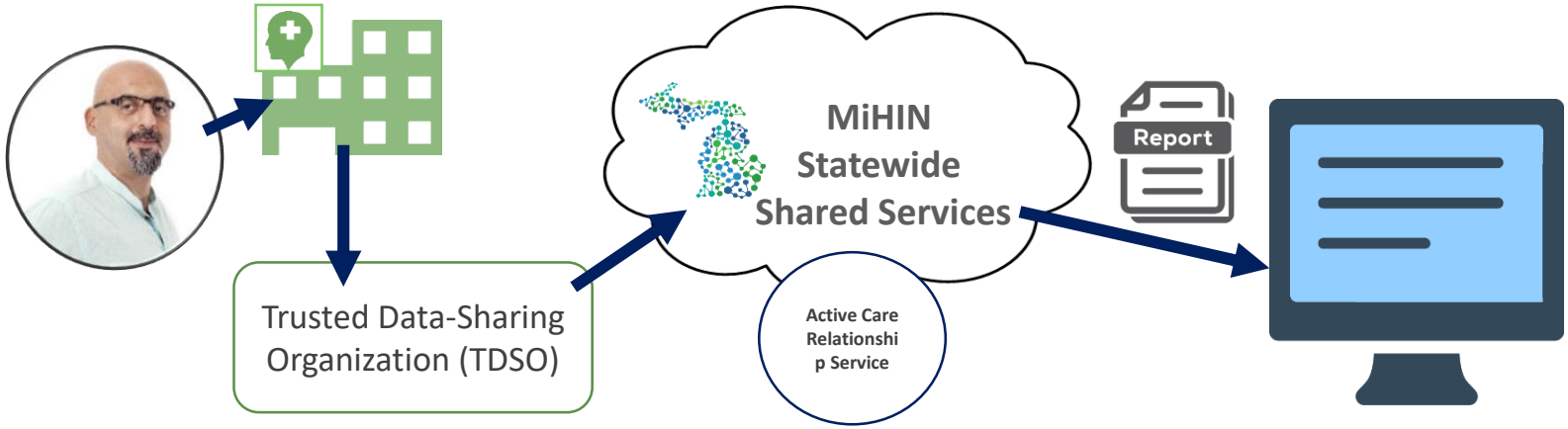
Phase One: Establishing Real-Time View of Statewide Available Bed Counts

1
Jorge goes to a psychiatric facility or treatment center and an ADT notification is sent to MiHIN

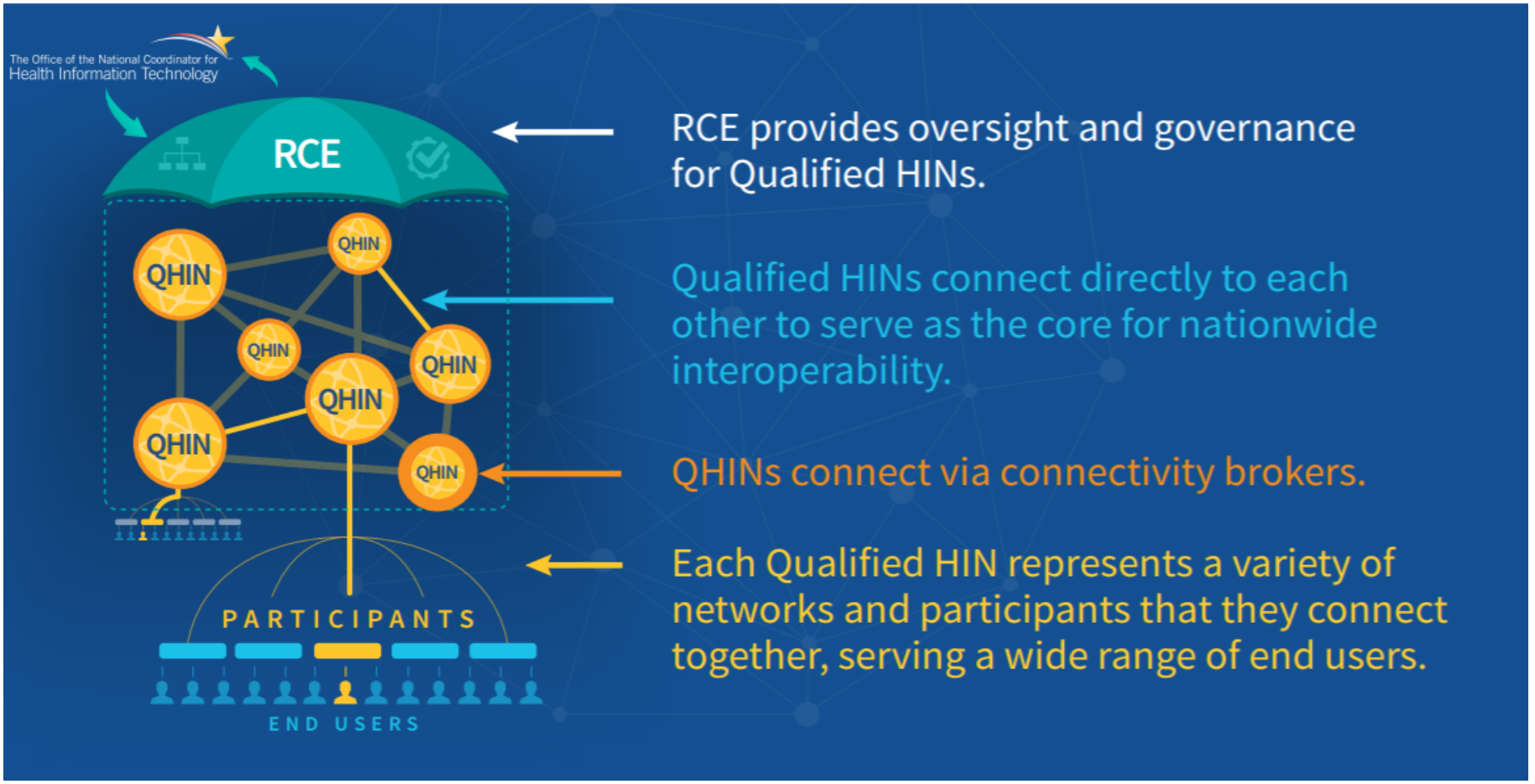
2
MiHIN identifies the sending facility

3
MiHIN updates the available bed count for that facility by "closing" a bed on its count

4
Available bed count for the facility is viewable in real-time through online dashboard



Trusted Exchange Framework and Common Agreement (TEFCA)



SOURCE: A User's Guide to Understanding the Trusted Exchange Framework The Office of the National Coordinator for Health Information Technology, 2018

MiHIN Shared Services

Using statewide infrastructure to

Reduce Healthcare Waste in Michigan

Marty Woodruff
Associate Executive Director

2018 PGIP Resource Survey

Michigan Health Information Network Shared Services

3rd Quarter 2018

Value Partnerships
Blue Cross Blue Shield of Michigan

2018 PGIP Resource Survey

Survey Respondents (1 of 2)

The 2018 PGIP Resource Survey was distributed through an online survey platform as part of the PGIP Progress Report completed by all 41 POs. Survey responses were collected from June to July 2018.

Respondent Roles Across Physician Organizations	
Senior Leadership (e.g. Director, CEO, Vice President)	25
Manager or Supervisor	5
Other (e.g. Coordinator, Specialist)	11

CMRC Respondents (n=31)	
Affinia Health Network Lakeshore	Michigan State University Health Team
Answer Health Physician Organization	Northern Physician Organization Inc
Beaumont ACO	Oakland Physician Network Services
Genesys Integrated Group Physicians	Oakland Southfield Physicians
GMP Network	Olympia Medical LLC
Great Lakes OSC, LLC	Primary Care Partners, Inc
Holland PHO	Professional Medical Corporation PC
Huron Valley Physicians Assoc PC	ProMed Healthcare
IHA	Sparrow Care Network
Integrated Health Partners	Spectrum Health Medical Group
Jackson Health Network, L3C	The Physician Alliance, LLC
Lake Huron PHO	United Physicians, Inc
Lakeland Care Inc	University of Michigan Health System
McLaren Physician Partners	Upper Peninsula Health Group
Medical Network One	Wexford PHO
Metro Health PHO	

Mi-CCSI Respondents (n=16)
Affinia Health Network Lakeshore
Answer Health Physician Organization
Genesys Integrated Group Physicians
Great Lakes OSC, LLC
Holland PHO
Huron Valley Physicians Assoc PC
Jackson Health Network, L3C
Lakeland Care Inc
Metro Health PHO
Northern Physician Organization Inc
Professional Medical Corporation PC
ProMed Healthcare
Spectrum Health Medical Group
The Physician Alliance, LLC
Upper Peninsula Health Group
Wexford PHO

MiHIN Shared Services

2018 PGIP Resource Survey

Survey Respondents (2 of 2)

MDC Respondents (n=35)	
Affinia Health Network Lakeshore	Oakland Physician Network Services
Answer Health Physician Organization	Oakland Southfield Physicians
Bronson Network LLC	Olympia Medical LLC
Genesys Integrated Group Physicians	Physician Healthcare Network PC
Great Lakes OSC, LLC	Primary Care Partners, Inc
Henry Ford Medical Group	Prime Physician Network, LLC
Holland PHO	Professional Medical Corporation PC
Huron Valley Physicians Assoc PC	ProMed Healthcare
Integrated Health Partners	Sparrow CareNetwork
Jackson Health Network, L3C	Spectrum Health Medical Group
Lake Huron PHO	St. Mary's PHO, LLC
Lakeland Care Inc	The Physician Alliance, LLC
LPO, LLC	United Physicians, Inc
McLaren Physician Partners	University of Michigan Health System
Medical Network One	Upper Peninsula Health Group
Metro Health PHO	Wayne State University Physician Group
Michigan State University Health Team	Wexford PHO
Northern Physician Organization Inc	

MiHIN: All physician organizations (n=41) participate with MiHIN, although one PO did not answer any survey questions specific to MiHIN.

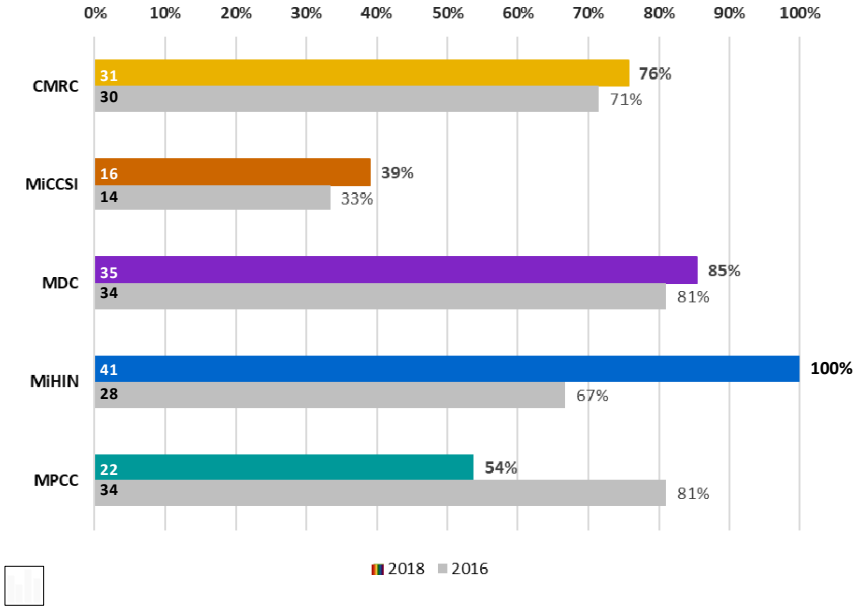
MPCC: One PO did not answer anysurvey questions specific to MPCC. One additional PO responded that they are a member of MPCC, but did not answer anyother survey questions for MPCC.

MPCC Respondents (n=22)
Beaumont ACO
Genesys Integrated Group Physicians
Huron Valley Physicians Assoc PC
IHA
Integrated Health Partners
Jackson Health Network, L3C
Lake Huron PHO
Lakeland Care Inc
Medical Network One
Michigan State University Health Team
Northern Physician Organization Inc
Oakland Physician Network Services
Oakland Southfield Physicians
Olympia Medical LLC
Physician Healthcare Network PC
Primary Care Partners, Inc
Professional Medical Corporation PC
Sparrow CareNetwork
St. Mary's PHO, LLC
University of Michigan Health System
Upper Peninsula Health Group
Wexford PHO

MiHIN Shared Services

2018 PGIP Resource Survey

Utilization of PGIP Resources



Overall survey participation increases

All 41 POs participated in the survey in 2018, compared to ninety-three percent (42 of 45) of POs in 2016. However, some POs did not complete or respond to questions for individual resources. POs that responded that they work with a resource, but did not complete survey questions are represented in the Utilization of PGIP Resources figures only. These POs are not reflected in the denominators for other questions regarding how resource services are accessed.

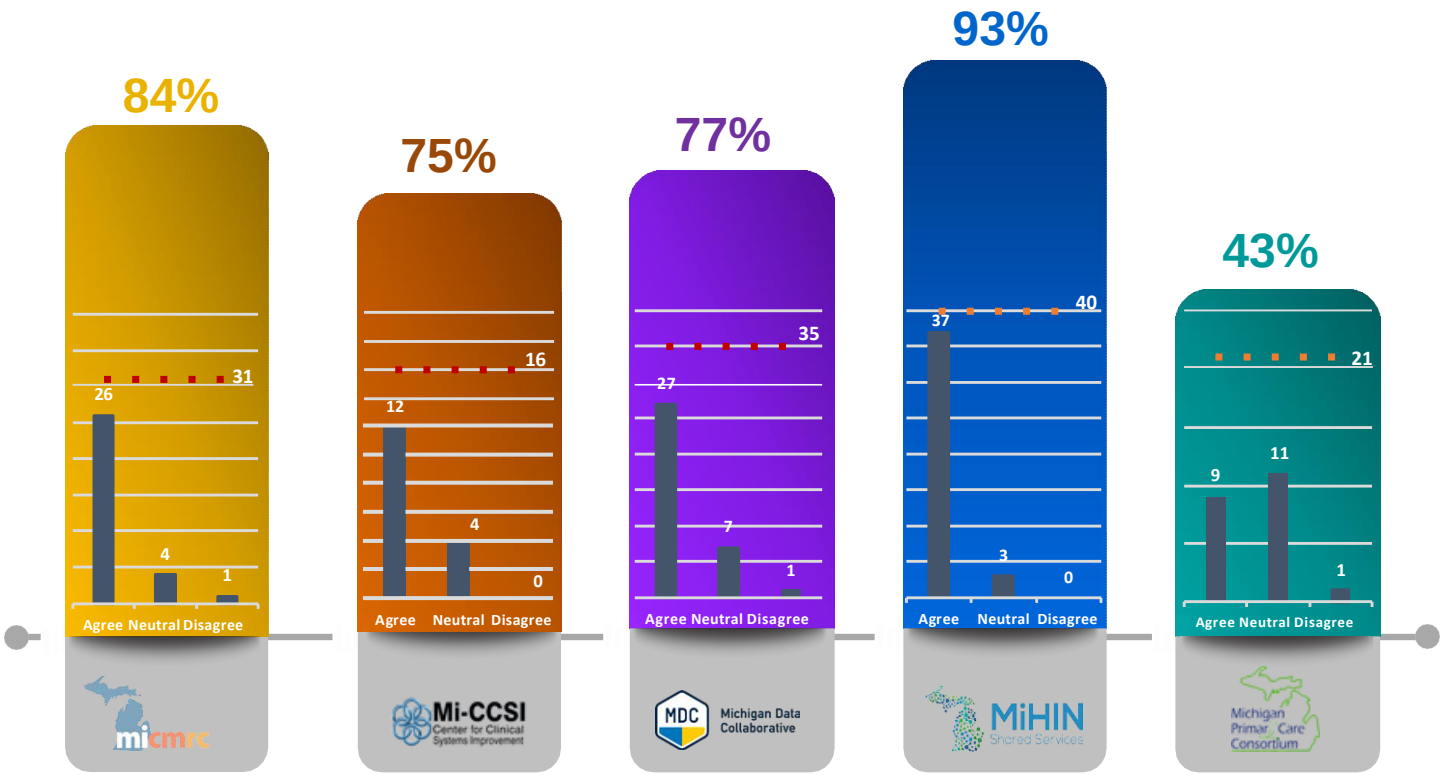
As MiHIN was not previously included in the survey, 2016 utilization numbers were based on participation in the HIE Initiative. It is important to note that POs are incentivized to participate with MiHIN as part of the HIE Initiative.

Utilization numbers increased for all resources except the Michigan Primary Care Consortium (MPCC), which saw a reduction of 10 PGIP-participating POs who indicate that they no longer work with MPCC.*

* The graph shows a reduction of 12 POs. One PO is no longer in PGIPand one PO merged with another PO that is not a member of MPCC.

2018 PGIP Resource Survey

PO plans to work with the resource in the future



MiHIN Shared Services

2018 PGIP Resource Survey

Michigan Health Information Network Shared Services: Feedback

How has working with MiHIN improved PO Performance? Suggestions forimprovement?

Statewide ADT and Med Rec data is available to practices

- Access to more timely and actionable data has helped reduce readmissions and primary care sensitive ED encounters
- Improved care coordination and transitions of care
- Practice aw areness of w hat happens outside of a provider's health system

POs are optimistic about MiHIN and the direction of HIE in Michigan

- Encouraged by statew ide approaches like QMI-PPQC that promises to reduce the burden of quality reporting
- POs w ant more opportunities to collaborate and learn: face to face training, PGIP Quarterly to discuss best practices and issues-w ithout the IT jargon
- POs w ant access to more direct services, including support services (all projects seem "almost" finished and need support from more than interns)

Improve communication and transparency

- Better interface pass-through troubleshooting and responsiveness. 50% of POs reported that MiHIN w as responsive to support requests and 50% reported that MiHIN w as somew hat responsive.
- Timely notifications and transparency in messaging process around data issues
- Work more closely w ith end-users to improve processes (e.g. develop better patient matching criteria/logic, ADT filtering (real ADTs vs appointments)

Workgroups need organization and improved focus

- Multiple POs identified the QMI-PPQC w orkgroup as most valuable
- POs understand that enhanced directory services w ould be a benefit, but the Provider Directory w orkgroup lacks organization and good communication
- Reduce the size of the w orkgroups and ensure that there are clear and smart goals. Some lack a clear focus
- Use the meetings to help communicate the bigger picture. How do the efforts of a particular w orkgroup tie in w ith other initiatives and statew ide vision of HIE?

> *"Maureen John (MiHIN) was immediately engaged andtook the leadership role to connect with everyone and meet timelines/milestone dates. [Our PO] was able to establish a direct ADT feed from MiHIN to [our IT platform] within 3 months! I work ed with another HIE prior to MiHIN and I couldn't get anything established after 9 months of work ."*

> *Work ing with MiHIN has helped [our PO receive data] which is consumed by our member practices in a variety of ways to improve care processes. [We are] also optimistic about the future of the PPQC initiative which will reduce the burden of payerquality-reporting."*

KEY TAKEAWAYS

- POs almost unanimously support MiHIN and their role in facilitating conversations with diverse stakeholders such as health plans, providers, and national reporting bodies. In particular, the efforts around QMI-PPQC werelauded.
- Be smart about new use cases and projects. Being the larger voice in improving-standardizing HIE across the state is huge, but do not move on to the next use case only to leave other work unfinished. Many feel as though MiHIN often tries to accomplish too much, too quickly.

Thank you!

Marty Woodruff
Associate Executive Director
marty.woodruff@mihin.org

MiHIN Shared Services

Other HIT Commission Business

- HIT Commission Next Steps
- Public Comment
- Adjourn

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR