MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

November 16, 2017

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 2017 Meeting

- Welcome and Introductions
  - Commissioner Updates
- Commission Business
  - Review of 9/21/2017 Minutes

HIT/HIE Updates

- Overview of the HIT Commission Dashboard

- Overview of the Draft Annual Report Outline

2017 Goals – November HIT Commission Update

Governance Development and Execution of Relevant Agreements

- Data sharing legal agreements executed to date:
  - **121 total** Trusted Data Sharing Organizations
  - **581 total** Use Case Agreements/Exhibits
- **Henry Ford Health System–** Common Key Service (CKS) Use Case Exhibit (UCE)
- **Meta-PHR dba Care Convene–** Simple Data Sharing Organization Agreement (SDSOA), Master Use Case Agreement (MUCA), Summary of Care Pilot Activity Exhibit
  OSF Healthcare System– CKS UCE
- **Michigan Medicine–** CKS UCE
- **Wayne State University Physician Group–** MUCA, Active Care Relationship Service (ACRS) UCE, Admission, Discharge, Transfer Notifications (ADT) UCE, Health Directory (HD) UCE, Medication Reconciliation (MedRec) UCE, Health Information for State UCE, Immunization History-Forecast (IHF) UCE, Quality Measure Information (QMI) UCE, CKS UCE, Summary of Care Pilot Activity Exhibit
- **Genesys Health System–** SDSOA, MUCA, ACRS UCE, ADT UCE, HD UCE, MedRec UCE, Health Information for State UCE, Lab Orders-Results (LOR) UCE, CKS UCE
- **Michigan Hospital Association** – CKS UCE

Technology and Implementation Road Map Goals

- **57** State Lab Result Senders in full production sending to MiHIN:
  - **35,192,317 Statewide Labs** received since 01/11/17
- **109** organizations receiving data through MiHIN
- **17** QMI files in pre-production status
- CareEquality application submitted

2017 Goals – November HIT Commission Update

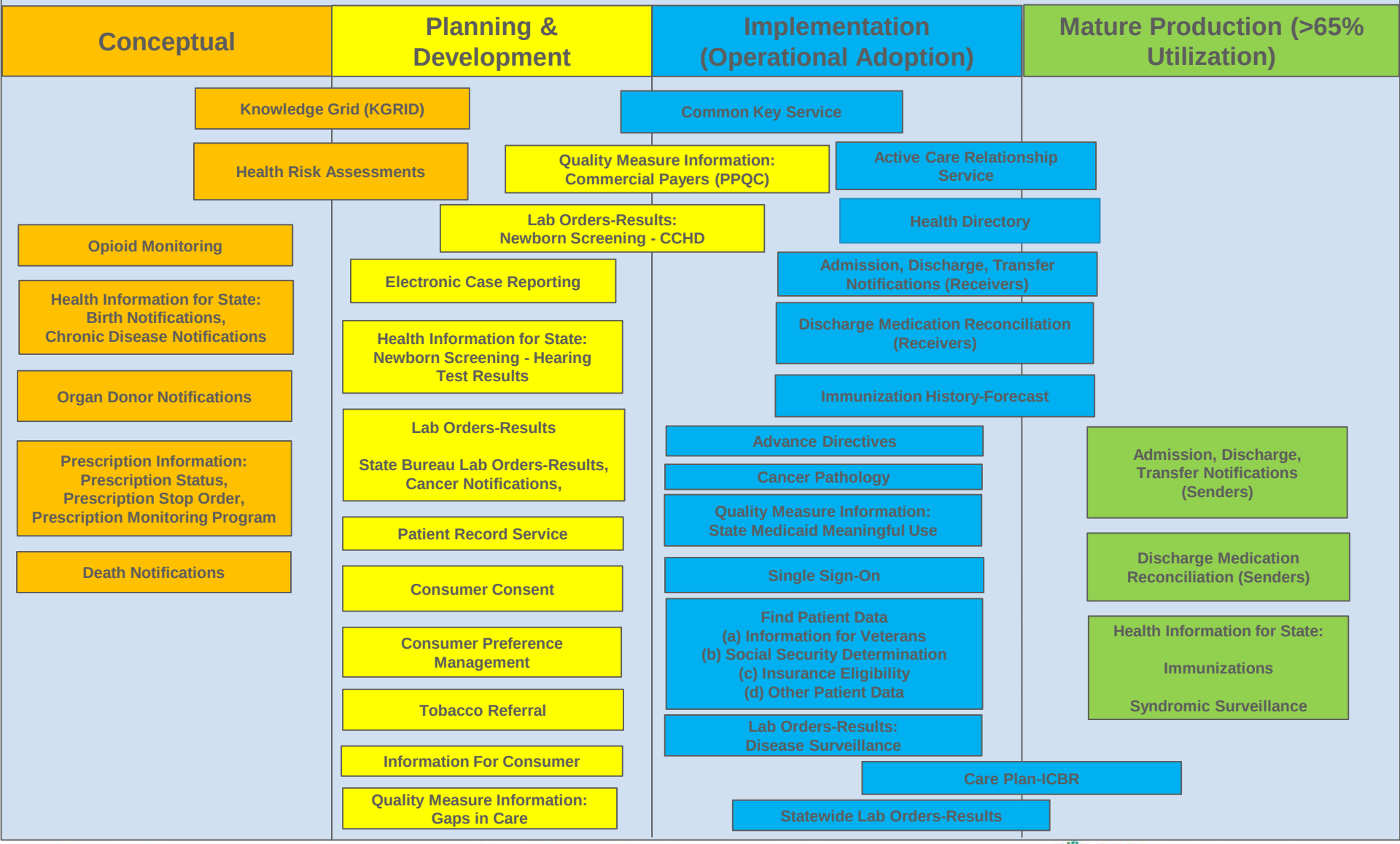
QO & VQO Data Sharing

- More than **1.55 *billion*** messages received since production started May, 2012
  - Averaging **14.8 MLN** messages/week
  - **11.7 MLN+ ADT** messages/week; **2.8 MLN+** public health messages/week
- Total 668 ADT senders, 109 receivers to date
- Sent **5.4 MLN** ADTs outbound last week (**92.28%** "exact match" rate without CKS)
- Messages received from NEW use cases in production:
  - **1,994,480 Lab results** received
  - **7,799,135 Immunization History/Forecast queries to MCIR**
  - **10,885,922 Medication Reconciliations at Discharge** received from hospitals
  - **30,715 Care Plan/Integrated Care Bridge Records** sent from ACOs to PIHPs
- **22.3 MLN** patient-provider relationships in Active Care Relationship Service (ACRS)
- **10.4 MLN** unique patients in ACRS
- **137,972** unique providers in statewide Health Directory
  - **40,059** total organizations
  - **379,831** unique affiliations between providers and entities in HD

MiHIN Shared Services Utilization

- **Common Key Service is now in full production with 3 senders and 1 receiver**
- **191** Skilled Nursing Facilities (SNFs) sending ADTs – 46% of SNFs in Michigan
- **27** Home Health Agencies (HHAs) sending ADTs
- **96** MedRec senders, 80%

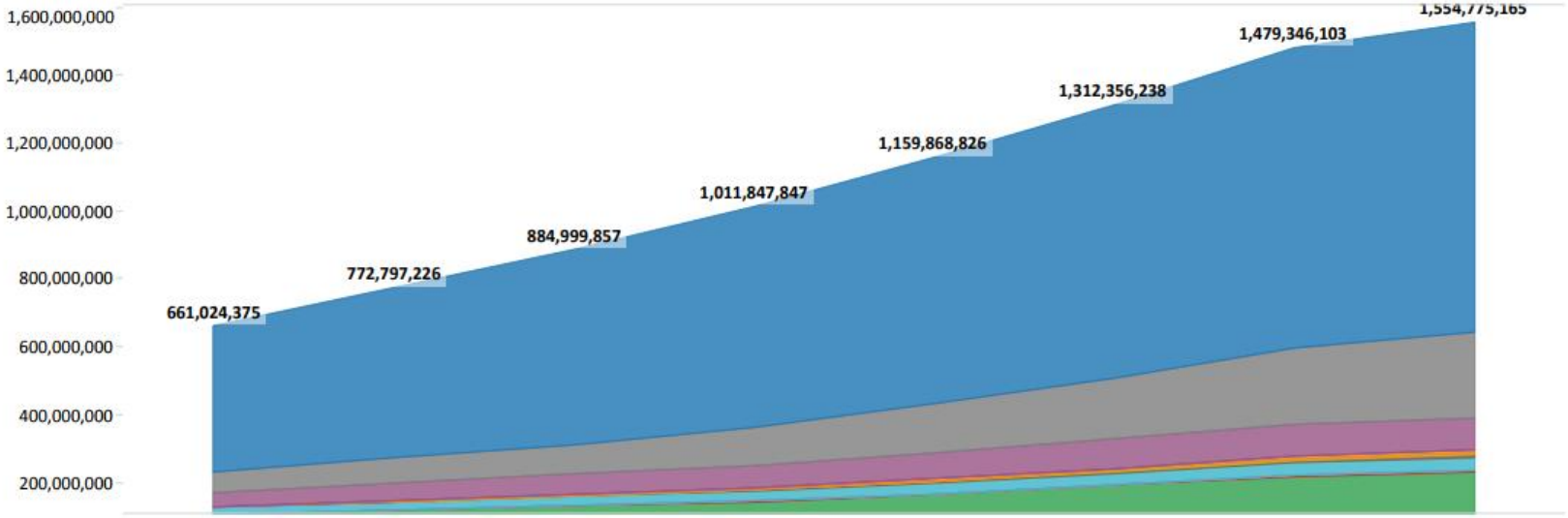
MiHIN Statewide Use Case and Scenario Status



MiHIN Shared Services

MiHIN M3 Report: Cumulative Totals by Quarter

MiHIN M3 Report: Cumulative Totals



Use Case	2016 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1	2017 Q2	2017 Q3	2017 Q4
ADT Inbound	428,856,636	501,941,123	572,952,331	649,229,795	727,861,806	805,510,111	881,489,644	913,090,973
ADT ACRS Outbound	60,425,845	72,405,193	87,300,522	110,932,841	144,261,924	179,918,771	226,849,596	249,284,009
ADT Payer Outbound	43,012,417	53,376,463	61,074,794	68,675,409	77,385,882	85,040,610	92,469,868	95,414,458
Care Plan-ICBR	4,338	4,435	7,250	16,150	19,945	24,272	29,116	30,721
Medrec Inbound	549,972	1,665,729	3,297,812	4,919,290	6,618,958	8,407,293	10,181,393	10,902,846
Medrec Outbound		48,274	226,012	789,702	1,363,147	1,861,864	2,672,711	3,101,254
Immunization History-Forecast	158,364	529,435	1,289,941	2,241,593	3,203,419	4,366,531	6,421,322	7,810,047
Submit Immunizations	21,968,194	23,823,779	26,246,330	29,758,097	32,089,266	33,870,293	38,364,508	41,326,513
Submit Newborn Screening	88	296	3,280	3,509	3,604	3,712	7,258	9,340
Submit Reportable Labs	1,274,693	1,352,059	1,430,888	1,529,120	1,654,998	1,832,346	1,947,739	1,996,173
Submit Syndromic Surveillance	104,773,828	117,650,440	131,168,929	143,749,006	156,646,713	168,195,913	178,343,614	182,798,200
Cancer Pathology			1,768	3,335	3,396	3,821	4,281	4,585
Statewide Labs					8,755,768	23,320,701	39,356,104	46,642,522
Cancer Notifications							258	374
Cumulative Total	661,024,375	772,797,226	884,999,857	1,011,847,847	1,159,868,826	1,312,356,238	1,479,346,103	1,554,775,165

Participation Year (PY) Goals

November 2017 Dashboard

	Reporting Status	Prior # of Incentives Paid (September)	Current # of Incentives Paid (October)	PY Goal: Number of Incentive Payments	PY Medicaid Incentive Funding Expended
Eligible Professionals (EPs)	AIU 2015	1021	1021	500	$21,568,756
	AIU 2016	1209	1209	300	$25,606,254
	MU 2015	2202	2202	1702	$20,193,204
	MU 2016	2366	2366	2480	$21,588,628
	MU 2017	1	1	3500	$8,500.00
Eligible Hospitals (EHs)	AIU 2015	1	1	5	$184,905
	MU 2015	25	25	28	$5,005,313
	MU 2016	11	11	22	$2,038,950

Cumulative Incentives for EHR Incentive Program 2011 to Present		
	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	7307	$ 232,003,320
MU	7946	$ 151,554,770

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

Michigan Medicaid Program – November 2017

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

- 3561 Sign-ups for MU Support representing 2705 unique providers
- 1455 Total Meaningful Use Attestations to date
- 1280 Eligible Professionals are currently engaged in our technical assistance program with 85% of those clients projected to achieve MU for program year 2017. Attestations will occur in early 2018.

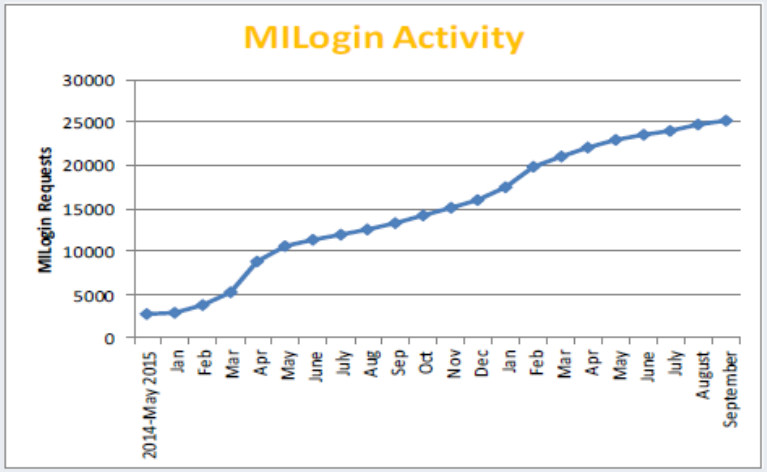
Other program highlights:
M-CEITA, MiHIN and the State of MI are currently working together to facilitate electronic reporting of Clinical Quality Measures through the Clinical Quality Measure Reporting and Repository Service(CQMRR) for providers beyond their first year of MU. Approximately 400 MCEITA providers will be attempting to submit electronically. The first electronic submissions are planned to begin during the last week of November.

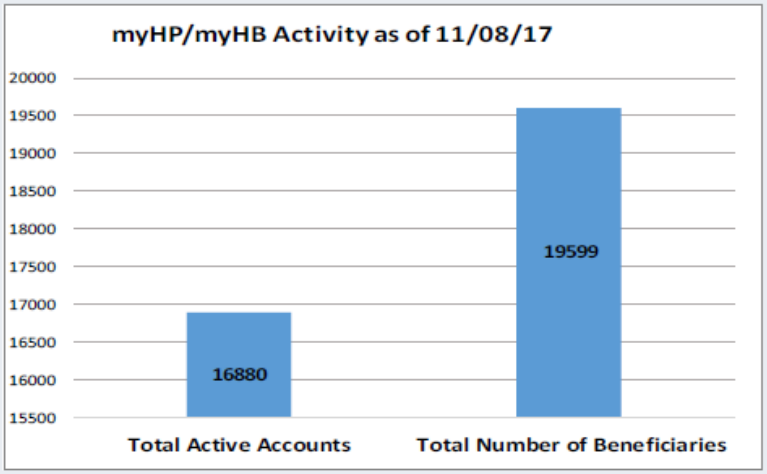
Project Contact

Project Lead: Judy Varela judith.varela@altarum.org

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

myHealthButton/myHealthPortal Dashboard





Updates:

Future Release

- Members will be able to view and download immunization records from the Michigan Care Improvement Registry (MCIR)
- MCIR will also 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 | November 2017

Outreach & Education

Michigan Health IT

We are reorganizing the Michigan Health IT website to include resources for both providers and consumers to explore Medicaid Health IT initiatives.

Join Our Consumer Engagement Newsletter List

The CEIG Newsletter is designed to provide subscribers with current content from trusted sources within Health IT, Michigan Medicaid and the Patient Engagement landscape.

Click Here to Join

Consumer Engagement Interest Group Call

MPHI will recap the Consumer Engagement Stakeholder Forum process from this summer.

December 6, 2017 at 2:00 PM
Dial In: 1-415-655-0001
Access Code: 197746944

Contact Taylor Flynn @ Tflynn@mphi.org for WebEx Information

MSMS

MICHIGAN STATE MEDICAL SOCIETY

msms.org

PCMH Initiative EHR Survey

HIT COMMISSION MEETING
NOVEMBER 16, 2017

MSMS
MICHIGAN STATE MEDICAL SOCIETY

Survey

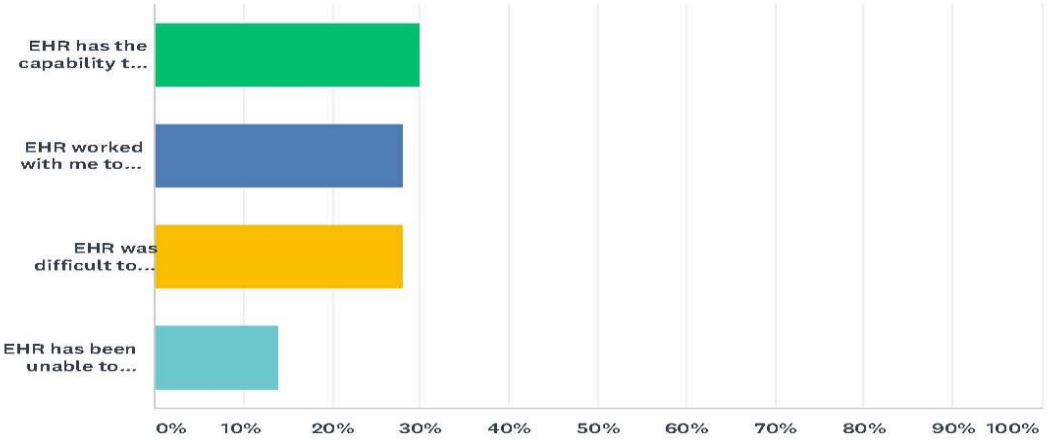
- Done as part of SIM PCMH Initiative work
- Short, high level, informational
- 60 responses
  - Individual practices and Physician Organizations
- Looking for information on EHR reporting capabilities, over all usability and satisfaction

EHR Reporting Capabilities

PCMH Initiative EHR Survey

Q6 What are the reporting capabilities of your EHR (Based on SIM PCMH Initiative Reporting Requirements)

Answered: 57 Skipped: 3



ANSWER CHOICES	RESPONSES	
EHR has the capability to create reports and send data on my own	29.82%	17
EHR worked with me to easily create the report and to send the data	28.07%	16
EHR was difficult to work with to create the report and send the data	28.07%	16
EHR has been unable to create the report and send the data	14.04%	8
TOTAL		57

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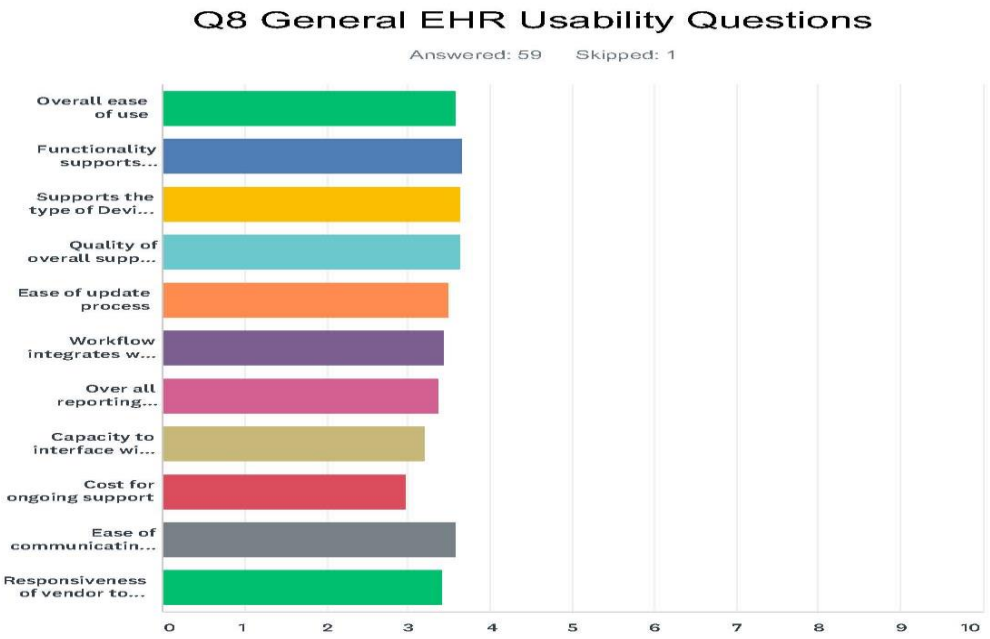
General EHR Usability



	VERY DISSASTIFIED	DISSASTIFIED	NEUTRAL	SATISFIED	VERY SATISFIED	TOTAL	WEIGHTED AVERAGE
Overall ease of use	1.89% 1	11.32% 6	26.42% 14	49.06% 26	11.32% 6	53	3.57
Functionality supports practice type/specialty	5.17% 3	6.90% 4	20.69% 12	50.00% 29	17.24% 10	58	3.67
Supports the type of Devices I wish to use	0.00% 0	10.17% 6	33.90% 20	38.98% 23	16.95% 10	59	3.63
Quality of overall support offered by vendor	1.69% 1	11.86% 7	23.73% 14	45.76% 27	16.95% 10	59	3.64
Ease of update process	5.08% 3	8.47% 5	28.81% 17	47.46% 28	10.17% 6	59	3.49
Workflow integrates well in to practice setting	5.08% 3	15.25% 9	22.03% 13	45.76% 27	11.86% 7	59	3.44

MSMS
MICHIGAN STATE MEDICAL SOCIETY

Thank you!

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Michigan State Medical Society
(517) 336-5770
djbarrera@msms.org

PCMH Initiative Update

HEALTH INFORMATION TECHNOLOGY COMMISSION

NOVEMBER 16, 2017

LANSING, MICHIGAN

Presenter

Katie Commey, **MPH**

SIM Care Delivery Lead

Policy, Planning, and Legislative Services Administration

Michigan Department of Health and Human Services

SIM Components

Care Delivery

- Patient-Centered Medical Home (PCMH) Initiative
- Advanced Payment Models

Population Health

- Community Health Innovation Region (CHIR)

Focused on:
Clinical-Community Linkage

Supported by:

Stakeholder Engagement

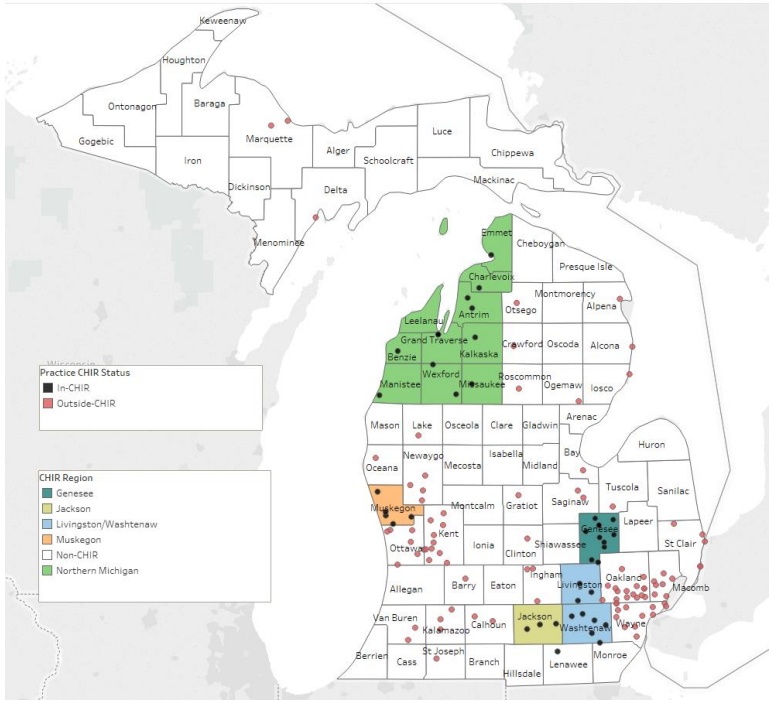
Data Sharing and Interoperability

Consistent Performance Metrics

SIM PCMH Initiative
A Statewide Effort

There are over 2,100 primary care providers from across the state, participating in the SIM PMCH Initiative.

This Initiative is focused on transforming primary care through tested models (such as Patient Centered Medical Home), encouraging "next steps" for advancement, and testing promising practices in a systematic manner.



SIM PCMH Initiative
Areas of Focus

Support Scale for What's Working	Encourage the "Next Step" for Advancement	Test Promising Practices Where Opportunities Exist
PCMH Recognition as a Foundation	**Team-Based Care Practices**	**Clinical-Community Linkages**
Advanced Access (24/7, Open Access, Non-Traditional Hours)	**Integrative Treatment Planning**	**Health Literacy and Social Determinants Perspectives**
Electronic Health Record and Registry Base Technology	Provider Collaboration and Integration	Patient-Reported Outcomes
Structured Quality Improvement Processes	**Robust Care Management and Coordination**	Referral Decision Supports
	Patient Education and Self-Care	
	Caregiver Engagement	
	Transitions of Care	
	Managing Total Cost of Care	
	Health Information Exchange Use Cases	
	Patient Experience Perspectives	
	Population Health Strategies	

SIM PCMH Initiative Year 2 Preview
2018 Requirements

PCMH Initiative Year 2 Participation Requirements:

- Core Primary Care (PCMH) Requirements
- Clinical Practice Improvement Activities (Practice Transformation)
- Care Management and Coordination Requirements
- Health Information Technology and Exchange Requirements
- Participant Support and Learning Activities
- Initiative Operations Requirements
- Payment Model and Payment Budget

SIM PCMH Initiative
HIE Requirements

Complete all necessary legal onboarding documents for the following Michigan Health Information Network Health Information Exchange use cases:

a) Active Care Relationship Service (ACRS); ★
b) Health Provider Directory (HPD); ★
c) Quality Measure Information (QMI);
d) Admissions, Discharge, Transfer Notification Service (ADT) ★

PRACTICES MUST:
Complete technical onboarding and be actively participating in the following Michigan Health Information Network Health Information Exchange use cases

DATE:	**March 1, 2017**	**May 1, 2017**	**September 1, 2017** ★
USE CASE(S):	**Active Care Relationship Service (ACRS); & Health Provider Directory (HPD).**	**Admissions, Discharge, Transfer Notification Service (ADT).**	**Quality Measure Information (QMI).**

SIM PCMH Initiative
Quality Measures

The SIM PCMH Initiative leverages 21 measures from the PPQC "Core Set" of 27 measures

Adolescent Well Care Visits	Appropriate Testing for Pharyngitis	Controlling High Blood Pressure
Appropriate Treatment for URI	Breast Cancer Screening	CDC: Blood Pressure Control
CDC: Eye Exam Performed	CDC: Hemoglobin A1c Testing	CDC: Hemoglobin A1c Poor Control
CDC: Medical Attention for Nephropathy	Cervical Cancer Screening	Screening for Depression and Follow-Up
Chlamydia Screening	Immunizations for Adolescents	Adult BMI Assessment
Lead Screening	Childhood Immunization Status	Tobacco Use Screening and Cessation
Well Child Visits 3-6 years	Well Child Visits 15 month	Weight Assessment and Counseling

SIM PCMH Initiative

Leveraging HIE Infrastructure to Reduce Provider Burden

Taking that next step with critical HIE infrastructure to support coordinated collection and delivery of commonly used clinical information to ultimately drive required quality measure reporting

ALL TO PREVENT:

"one more report" for "just this Initiative"

Questions and Additional Resources

MDHHS-SIM@michigan.gov

MDHHS-SIMPCMH@michigan.gov

SIM
MDHHS State Innovation Model

Katie Commey, SIM Care Delivery Lead

Policy, Planning & Legislative Services

www.michigan.gov/SIM

(SIM Comprehensive Summary; Newsletters; Operational Plan, CHIR info., PCMH, etc.)

Quality Measure Information

Effectively retrieving, aggregating, calculating, and reporting quality data for Meaningful Use, HEDIS, and beyond to minimize workflow burdens on providers

HIT Commission Presentation

November 16, 2017

MiHIN Shared Services

This work made possible by funding from the Michigan Department of Health and Human Services

Quality Measure Information (QMI) Efforts in Michigan

- Framework aligning multiple quality programs, measures
- Allows additional organizational and measure alignment
- Jointly designed and deployed by MDHHS and MiHIN
- Growing variety of stakeholders already participating
- In production supporting “report once” capability

This work made possible by funding from the Michigan Department of Health and Human Services

Quality Measure Information (QMI) Efforts Support:

Medicare / Medicaid

- Meaningful Use
- MIPS
- CPC+

Reporting Format

- Manual Attestation
- QRDA

Health Plans

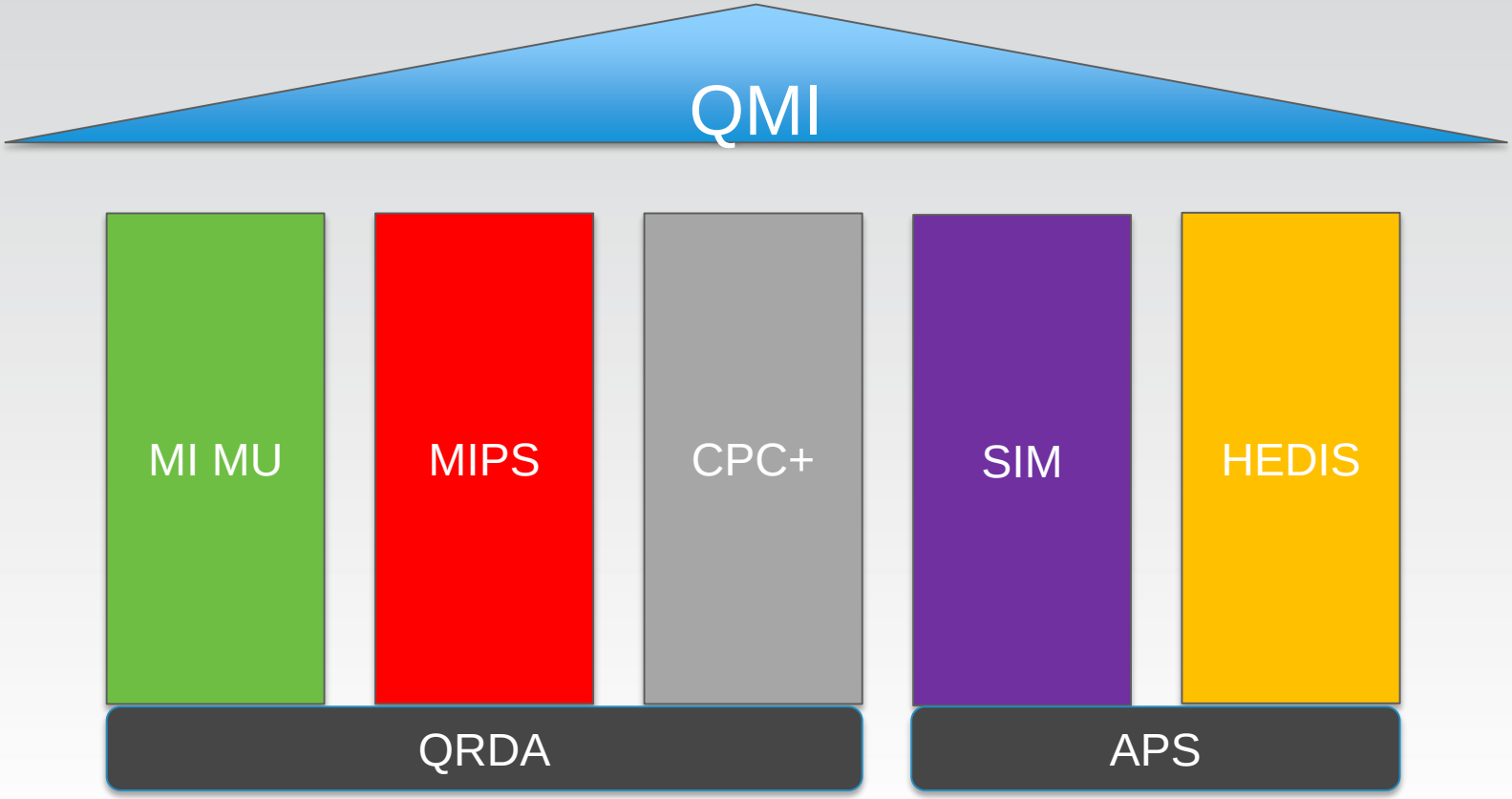
- HEDIS Reporting
- Incentive Programs

Reporting Format

- Proprietary specifications

This work made possible by funding from the Michigan Department of Health and Human Services

Quality Measure Information



This work made possible by funding from the Michigan Department of Health and Human Services

QMI – Michigan Medicaid MU

- Attesting to quality component Michigan's Medicaid Meaningful Use program requires submission of quality report files (QRDAs)

Data Flow

Partners

MDHHS
Michigan Department of Health & Human Services

ALTARUM INSTITUTE
SYSTEMS RESEARCH FOR BETTER HEALTH

MiHIN Shared Services

This work made possible by funding from the Michigan Department of Health and Human Services

QMI – MIPS

- Attesting to quality component MIPS program requires submission of quality report files (QRDAs)

Data Flow

Partners

CMS CENTERS for MEDICARE & MEDICAID SERVICES

This work made possible by funding from the Michigan Department of Health and Human Services

QMI – SIM

- SIM program requires monthly submission of supplemental clinical data to allow MDC to calculate measures on SIM patients

Data Flow

Partners

SIM MDHHS State Innovation Model

MDC Michigan Data Collaborative

This work made possible by funding from the Michigan Department of Health and Human Services

SIM Participants

Affinia	L Michael Sternberg
Alcona Health Centers	Medical Network One (MNO)
Answer Health (WMPN)	Metro PHO
Ascension Health/St. Mary's of Michigan	Muskegon Family Care
Ascension Medical Group ProMed	Northwest Michigan Health Services
Bay Area	NPO
Beaumont	Oakland Southfield Physicians (OSP)
Bronson Healthcare Group	PMC
Covenant Health Care	Spectrum Health
East Jordan Family Health Center	Michigan Medicine
Family Tree	Up Health System
Genesys PHO	Wexford PHO
Grand Valley Specialists	Oakland Physician Network Service
Great Lakes OSC	United Physicians
Hackley	Henry Ford Medical Group
Holland PHO	Genesee Community Health
Huron Family Practice Center	Cherry Health
Huron Valley Physician Association	MSU Health Team
IHA	Physician Health Care Network
IHP	Sterling Health Center
Jackson Health Network	Great Lakes Pediatrics

This work made possible by funding from the Michigan Department of Health and Human Services

QMI – HEDIS

- Physician-Payer Quality Collaborative created a data flow to facilitate the transfer of supplemental clinical data from provider organizations to payers in a standardized way

Data Flow

Partners

MSMS
MICHIGAN STATE MEDICAL SOCIETY

Physician-Payer Quality Collaborative

This work made possible by funding from the Michigan Department of Health and Human Services

Participants to Date

Physician Organizations
Affinia
Answer Health
Bronson Healthcare
Great Lakes OSC
Huron Valley Physicians Association
MedNetOne
Michigan Medicine
Northern Physicians Organization
Oakland Southfield Physicians
Oakwood Healthcare
Physician Healthcare 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
Molina Healthcare of Michigan
Meridian Health Plan
Priority Health
Total Health Care
McLaren Health Care
Upper Peninsula Health Plan
UnitedHealthcare

Other Stakeholders
Michigan Dept of Health & Human Services
Michigan Quality Improvement Consortium
Michigan Public Health Institute

This work made possible by funding from the Michigan Department of Health and Human Services

QMI Efforts - Next Steps

- Continue collaboration with multiple partners across multiple quality programs to leverage “report once”
- Enable stakeholders from across Michigan to expand QMI participation to align quality programs and measures
- Support incentive programs to increase adoption of QMI
- Establish policies that result in Michigan health organizations onboarding legally and technically to QMI

This work made possible by funding from the Michigan Department of Health and Human Services

Questions?

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This work made possible by funding from the Michigan Department of Health and Human Services

VALUEPartnerships
Better Care. Better Outcomes. Better Value.

Blue Cross Blue Shield of Michigan

PGIP Vendor Initiative
HIT Commission
November 16, 2017

Sharon Kim, Health Care Analyst, Value Partnerships
Blue Cross Blue Shield of Michigan

Value Partnerships is a diverse set of clinically oriented programs that foster collaboration among Blue Cross, physicians and hospitals - and it's changing the health care landscape in Michigan.

VALUE Partnerships

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

PGIP From 30,000 Feet

PGIP incentivizes providers to alter the delivery of care by encouraging responsible and proactive physician behavior, ultimately driving better health outcomes and financial impact.

BCBSM provides the financing, tools and support…

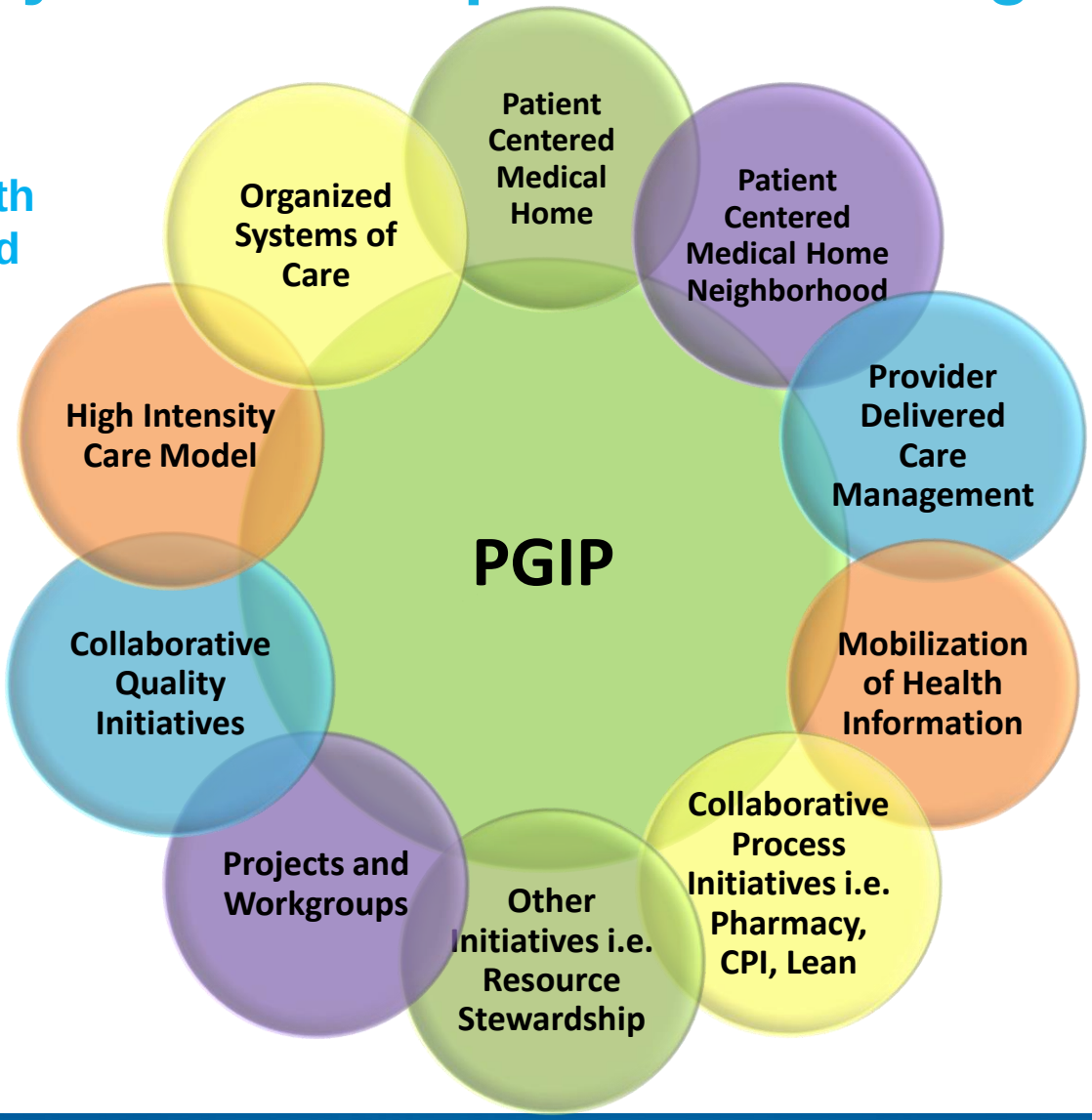
…so physicians can engage in specific initiatives…

…that change the way healthcare is delivered...

…and drive meaningful impacts for patients.

Physician Group Incentive Program

PGIP is the Cornerstone of Population Health Management and Practice Transformation For Clinicians



PGIP HIE Incentives

- High level of physician organization participation
  - 40+ POs participate in the HIE Initiative
- 2014-2017 incentives focused on:
  - Participation in Active Care Relationship Service (ACRS)
  - Receiving ADT and discharge medication data
  - Incorporating data into practice workflows
  - Workgroups focused on interoperability and data quality
- 2018: New incentives focus on:
  - EHR capabilities, interoperability and scalable solutions for clinical data sharing and reducing provider administrative burden
  - Moving towards measuring outcomes: Care transition visit rates

2018 PGIP Vendor Initiative
Overview

- Leverages PGIP funds to engage IT vendors on behalf of *all* PGIP physician organizations and practices
  - Take a collaborative approach to minimize duplicative efforts that create interfaces from everywhere to everywhere
  - Facilitate participation in statewide data sharing use cases
  - Achieve clinical data transmission through MiHIN to numerous destinations, including physician organizations, providers, payers, and potentially members
  - Reduce administrative burden due to increased reporting and quality improvement requirements

2018 PGIP Vendor Initiative
Overview

- For BCBSM, a conscious move away from an antiquated multiple interface model that doesn't work to one that accomplishes more through a statewide shared infrastructure
  - Worked with MiHIN and POs to identify a core set of capabilities needed to support long-term statewide HIE goals
  - Provide resources and organizational support to overcome barriers
  - Collaborate with POs, providers, vendors and other stakeholders to implement necessary core set of capabilities—"Once and Done"
  - Initial list of vendors: Allscripts, Amazing Charts, Aprima, Athena, Cerner, eClinicalWorks, Epic, Greenway, NextGen, PCE, Practice Fusion, Wellcentive
- Anticipate an initial investment of approximately $5.5 million over the next two years

2018 PGIP Vendor Initiative
Required Capabilities

- Expand performance data reporting while reducing provider burden
  - All-Payer supplemental file following PPQC established standards
  - Quality Reporting Data Architecture (QRDA) files (Cat I and III)
  - Patient demographic file for CAHPS administration (NRC and Press Ganey)

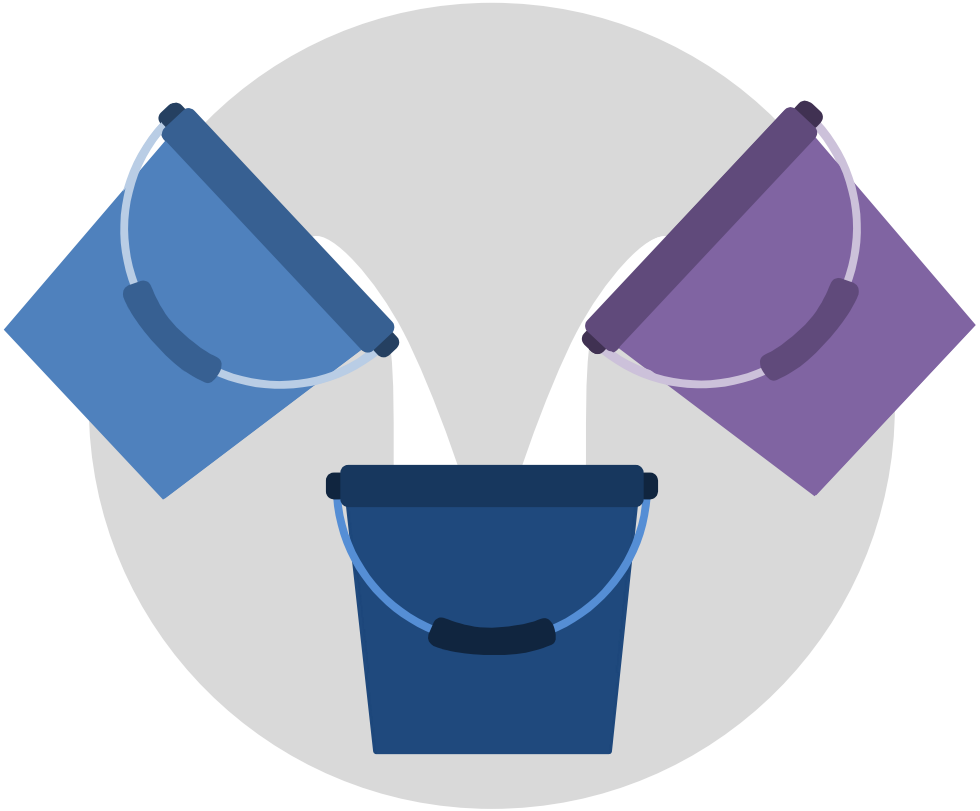
- Develop or demonstrate CCDA capabilities in practice EMR systems
  - Generate and send CCDA to MiHIN after an encounter
  - Improve import functionality: Allergies, Medications, Problem List, Labs

- Improve data sharing processes
  - Active Care Relationship Service (ACRS) file for statewide data sharing
  - Provider Directory: import/export Direct Secure Messaging addresses
  - Common Key: import Common Key and send as part of outgoing files

Goals and Expectations

Technology

Technology and tools support long-term, sustainable HIE



Providers

Clinicians have time to provide care and use systems to submit data accurately

Data and Performance

Providers use actionable data to improve care processes. Performance measurement increases while reducing burden.

Hospital HIE Incentives

- Introduced in January 2014 with 3 hospitals connected
- Initial focus was on transmitting admission, discharge, transfer data
- Current focus on meeting data conformance standards and expanding to different data types
  - High participation rate – 95% of statewide discharges
  - ADT, Med Rec, Statewide Labs, Common Key Service

2017 and 2018 PGIP HIE Initiatives

Initiative	2017 Status Summary
ADT participation	40+ POs participating
Medication Reconciliation	13 POs receiving Med Rec • Focus on data quality, practice workflows
HIE workgroups	18 POs • Focus on interoperability, progressive HIE capabilities, data quality and practice workflows
EHR capabilities	In progress for 2018 implementation • Enable scalable, comprehensive clinical data sharing • Currently engaged with 12 top EHR vendors
Transitions of Care	Under development • Focus on care transition visit rates

Questions?

Building Michigan's Care Coordination Infrastructure

Findings and Next Steps from the Coordinating the Care Coordinators Workshop Series

MDHHS HIT Commission
November 16, 2017

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Michigan Primary Care Consortium

MiHIN Shared Services

Agenda

- Need for change
- Defining Coordination of Care
- Priority recommendation to HIT Commission resulting from Care Coordination workshop series
- Care Coordination workshop participants
- Goals of white paper
- Workshop series findings on current infrastructure
- Additional recommendations to HIT Commission from workshop series
- Future opportunities
- Conclusions of stakeholders/white paper

Need for Change

Need for Change

Why are so many healthcare people calling me?

Do any of these people really know me?

I don't have time for this! Who can help me coordinate my care?

Need for Change

The New York Times

The Tangle of Coordinated Health Care

Published April 13, 2015

Defining Coordination of Care

Coordination of Care: 1. Monitoring a person's goals, needs, and preferences. 2. Acting as the communication link between two or more participants concerned with a person's health and wellness. 3. Organizing and facilitating care activities and promoting self-management by advocating for, empowering, and educating a person. 4. Ensuring safe, appropriate, non-duplicative, and effective integrated care.

We recommend that the HIT Commission consider using this definition to support Public Act 559 that amended the Michigan Mental Health Code

Public Act 559 (effective April 10, 2017) allows for sharing of mental health records for purposes of payment, treatment, and "coordination of care" in accordance with HIPAA

However, "coordination of care" is not presently defined in any law; the absence of an agreed-upon definition is delaying the intended sharing of records under the new law

Care Coordination Workshop Participants

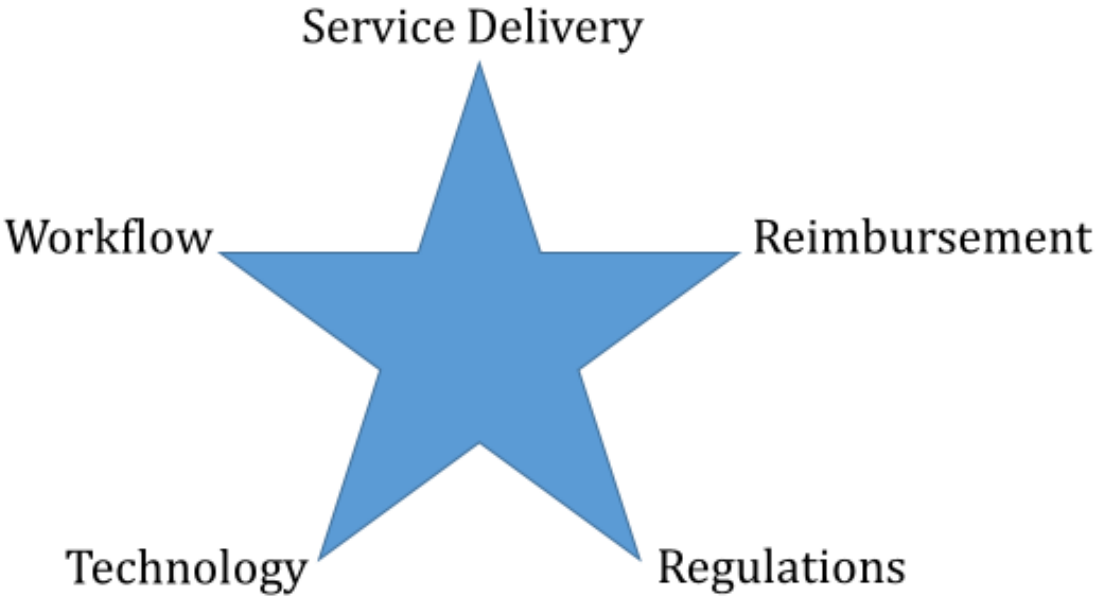
Workshop series took place between May and July of 2017 and involved more than 150 participants. Attendees of the workshop series represented a broad spectrum of organizations

- Associations
- Community mental health agencies
- Community organizations
- Grantmaking organizations
- Health information exchange organizations
- Health plans
- Health systems
- Home health
- Physician organizations
- Skilled nursing facilities
- State government representatives
- Training organizations

Goals of White Paper

- Describe specific actions stakeholders can take together to improve coordination of care
- Promote technology development as critical for building statewide care coordination infrastructure
- Create system of well-coordinated care that lets all participants work together with:
  - shared information
  - coordinated care plan
  - common goals

Workshop Series Findings on Current Infrastructure



What Does Current Infrastructure Lead To?

- Duplicative outreach efforts to “high risk” individuals
- Fax machine remains primary communication tool
- Financial incentives emerging to promote value not volume
- Linkages between community-based organizations, care providers, health plans, and employers need to be strengthened

Additional Recommendations to HIT Commission

1. Encourage those engaged in coordination of care to regularly declare active care relationships
   a. Allows receipt of status updates through statewide health information network
2. Aggressively promote use of ICD-10 codes related to social determinants of health across state systems (e.g. traditional healthcare, 2-1-1, etc.)
3. Educate grant-funded coordinators on submitting $0 claims
4. Create taskforce to develop quality measures for social determinants of health

Recommendation Next Steps: *Adopt Definition for Coordination of Care*

- Recommend that MDHHS and MiHIN adopt multi-stakeholder definition:

Coordination of Care: 1. Monitoring a person's goals, needs, and preferences. 2. Acting as the communication link between two or more participants concerned with a person's health and wellness. 3. Organizing and facilitating care activities and promoting self-management by advocating for, empowering, and educating a person. 4. Ensuring safe, appropriate, non-duplicative, and effective integrated care.

Recommendation Next Steps:
Adoption of Active Care Relationship Service™

- Build on capabilities of Michigan's Active Care Relationship Service (ACRS™)
- Determine how to register care coordination professionals who are
  - not licensed, or
  - not already sending active care relationship updates

Once care coordination professionals register and update active care relationships, they can be tracked in Statewide Health Directory and are observable through View ACRS option in multiple applications

Recommendation Next Steps: *Social Determinants of Health*

- Educate grant-funded care coordinators on how to submit $0 claims
- Encourage community-based services to leverage ICD-10 as mechanism to link traditional health care delivery infrastructure to community-based services

These two actions help ensure that data capture 1) allows greater transparency and 2) will facilitate data comparisons between traditional service delivery and delivery incorporating social determinants of health

Recommendation Next Steps: *Quality Measure Information*

- Share gaps in care identified through Michigan's Quality Measure Information use case with care coordinators
  - Care coordinators' active care relationships will allow their organizations to receive gaps in care notifications

- ***Another Opportunity:*** Create electronic quality measure(s) connected to ICD codes related to social determinants of health

Future Opportunities

- ***Screening and Assessment Tools***
  - Make assessments reusable with results shareable through standard electronic shared services

- ***Closed Loop Referral Tracking***
  - Enable providers and care coordinators to know when referral follow-up has occurred

    - Example: Primary care provider refers patient to Community Mental Health agency for outpatient therapy services. Provider receives an update when patient is connected to therapist, closing loop on referral

Conclusions of Stakeholders/White Paper

- Use coordination of care definition for future activity
  - 2018 activities include defining registration, roles, and rules of engagement for care coordinators
- Help stakeholders clarify care coordinator “quarterback” issue
- Present priority recommendations to HIT Commission

Thank You to Our Editors

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- Sue Vos, Program Director, Michigan Center for Clinical Systems Improvement
- Steve Williams, Executive Director, Michigan Center for Clinical Systems Improvement

Thank You!

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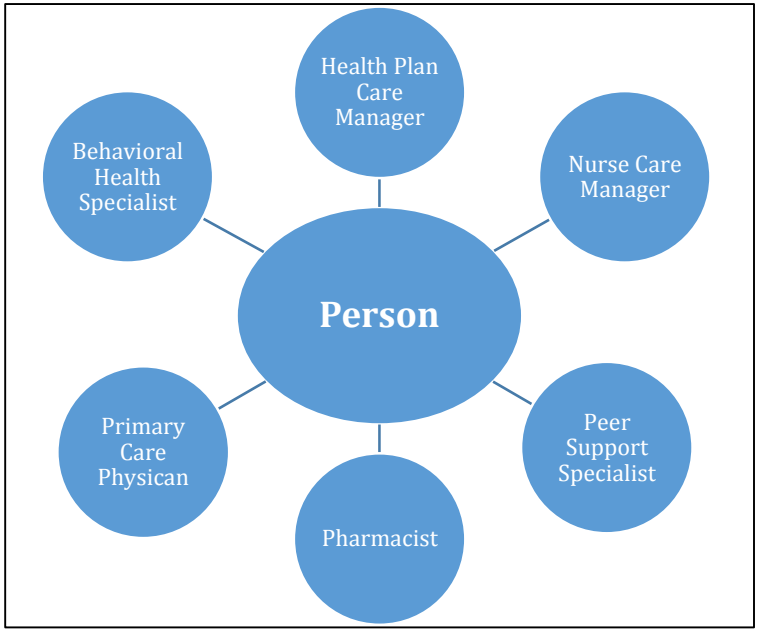
Documentation Slides for HIT Commission Reference

Service Delivery

- Care coordinators exist within a hub-and-spoke model of service delivery
- The person seeking services is the hub and service practitioners are the spokes
- Duplication of services often occur



Regulations

- ***Public Sector:*** Affordable Care Act, Social Security Act, Health Information Technology for Economic and Clinical Health Act (HiTech), Medicare Access and CHIP Reauthorization Act (MACRA)
- ***Federal Level:*** Medicaid Plan, and the Substance Abuse and Mental Health Services Administration (SAMHSA)
- ***State Level:*** Michigan Department of Health and Human Services (MDHHS)

Reimbursement

- Care coordination payments driven by four initiatives:
  - State Innovation Model (SIM) Patient Centered Medical Home Initiative
  - BCBSM Provider Delivered Care Management Initiative
  - Michigan Primary Care Transformation (MIPCT) Project grant
  - Comprehensive Primary Care Plus (CPC+) grant

Technology

- No guidelines defining which technology solutions care coordinators should use
- Organizations creating portals, contact centers, and directories to bridge current communication gaps between care coordinators
- ***Technology Solutions:*** CareConnect 360, Active Care Relationship Service, Statewide Health Directory, Michigan 2-1-1, Integrated Service Delivery (ISD)

Workflow

- Variation in workflow processes across different settings and among different EHR systems
- Duplication needs to be minimized in order for organizations across continuum of care to clearly communicate with individual seeking services

Planned Activity
January - September 2018

Develop stakeholder communications and management systems

•Care coordination registration process, directory, rules of engagement, and advanced reporting capabilities to facilitate hand-offs

Design onboarding processes for care coordinators

•Care Coordinators exchange transition of care notifications

Integrate care coordinators into existing technology uses cases

•Identify care coordinators in MiHIN's Health Provider Directory

Plan ICD-10 integration to track social determinants of health

•End user workflow enhancement allowing payers to measure return-on-investment

Other HIT Commission Business

- HIT Commission Next Steps
- Public Comment
- Adjourn