Michigan Health Information Technology Commission
September 24, 2019

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

September 2019 Meeting Agenda

Item	Lead Presenter(s)
A. Welcome and Introductions	Chair

B. Commission Business
    a. Welcome New Commissioners
    b. Review of May 2019 Minutes
	Chair

C. MDHHS Update
    a. Update on HIE Advanced Planning Document (APD) Approval
    b. Update on Resolutions
    c. Creation of a Statewide HIT Strategy
	Meghan Vanderstelt (MDHHS)
	Commissioner Sarah Esty (MDHHS)

D. HHS/Office of the National Coordinator for Health IT (ONC)	Arun Natarajan (ONC) Larry Jessup (ONC) Liz Palena-Hall (ONC)
E. MiHIN Shared Services: "Advancing Interoperability"	Drew Murray (MiHIN) Brianne Carpenter (MiHIN)
F. MiHIN Shared Services: "Statewide Consent Management"	Shreya Patel (MiHIN)
G. Public Comment	
H. Adjourn	

MDHHS

Welcome and Introductions

Commission Business

Welcome!

Effective August 4, 2019, Governor Gretchen Whitmer appointed three new commissioners:

Paul LaCasse, D.O., is the executive vice president of Beaumont Health and represents doctors of osteopathic medicine and surgery.

Renée Smiddy, M.S.B.A., is the director of research and performance measurement for the Michigan Health and Hospital Association and represents the general public.

Michael H. Zaroukian, M.D., Ph.D., M.A.C.P., F.H.I.M.S.S., is the vice president, chief medical information officer, and chief transformation officer for Sparrow Health System, and a professor emeritus at the Michigan State University Department of Medicine. He represents doctors of medicine.

MDHHS Update

Meghan Vanderstelt (MDHHS)
Commissioner Sarah Esty (MDHHS)

Update on HIE APD Approval

Meghan Vanderstelt (MDHHS)

MDHHS

FY 2019-2021 HIE APD Approval

CMS approved Michigan's proposal to implement four (4) activities in the final years of ARRA's HITECH funding stream:

Activity 1: Enhance Core Infrastructure

FY 2019-2021 HIE APD Approval

CMS approved Michigan's proposal to implement four (4) activities in the final years of ARRA's HITECH funding stream:

Activity 2: Statewide Electronic Consent Management Service

FY 2019-2021 HIE APD Approval

CMS approved Michigan's proposal to implement four (4) activities in the final years of ARRA's HITECH funding stream:

Activity 3: Statewide Directory and Customer Relationship Management Tools for Coordinating Care Coordinators

FY 2019-2021 HIE APD Approval

CMS approved Michigan's proposal to implement four (4) activities in the final years of ARRA's HITECH funding stream:

Activity 4: Alert and Notification System for Direct Secure Communications

Update on Resolutions

Meghan Vanderstelt (MDHHS)

Creation of a Statewide HIT Strategy

Commissioner Sarah Esty (MDHHS)

Elements of a Statewide HIT Strategy

● ● ●

DHHS internal data strategy

Statewide HIT strategy

1. Development of the DHHS Internal Data Strategy

Components of the strategy

- Improved data governance structure for the department
- Process to identify, aggregate, and prioritize data-related projects from across program areas
- Proposal for increased data science capacity
  - Maximizing use of existing resources
  - Coordination across programs
  - Design for data center of excellence

Process to develop the strategy

- Evaluate current state of data sharing and use of analytics in the department, and data governance processes
- Conduct needs assessment for data-sharing, basic, and advanced analytics support
- Inventory existing analytics assets
- Identify gaps and prioritize needs
- Develop recommendations for future state of data governance, capacity-building, and prioritized project list for FY20 and beyond

2. Laying the Foundation for a Statewide HIT Plan

What would a statewide plan do?

- Provide consensus-driven decision-making to statewide HIT funding and development
- Develop baseline understanding of capabilities and barriers (e.g. barriers to interoperability, consent, infrastructure, workflow impediments, etc.)
- Provide business drivers for improving existing HIE statewide services, for improving workflow related to EHI, and for building out HIT to further enhance clinical decision-making
- Establish of a shared vision for what the next era of HIT will be
- Provide prioritization of use cases and other HIE services
- Transform statewide HIT governance
- Guide future funding and planning

How will the plan be developed?

- Consider needs and plans identified in DHHS internal strategy
- Conduct broad stakeholder engagement to assess the baseline capacities, barriers, visions, and needs
- Engage experts for technical assistance and draw on national best practices
- Partner with other state stakeholders developing elements of the strategy
- Receive guidance and input from the HIT Commission

MDHHS

Looking Ahead to Stakeholder Engagement

Collaboration on a statewide plan for HIT must be sector-inclusive:

- Area agencies on aging
- Behavioral health providers
- Correction
- EMS
- FQHCs/PCMHs
- HIT/HIE entities (e.g. vendors, HINs)
- Home and community-based care providers
- Hospitals
- Long term care providers
- Medical schools
- Patient advocacy groups

- Payers
- Pharmacists
- Primary care providers
- Public health experts
- Public safety organizations
- Quality improvement entities
- Rural health centers
- State agencies (e.g. DHHS, LARA, MDE, etc.)
- Safety net services
- School nurse programs
- Specialists

To Discuss:
What other groups should we engage?
Should engagement be cross-sector by geography or sector-specific?
Is there a role for other types of engagement (workshops, public forums/comment, etc.)?
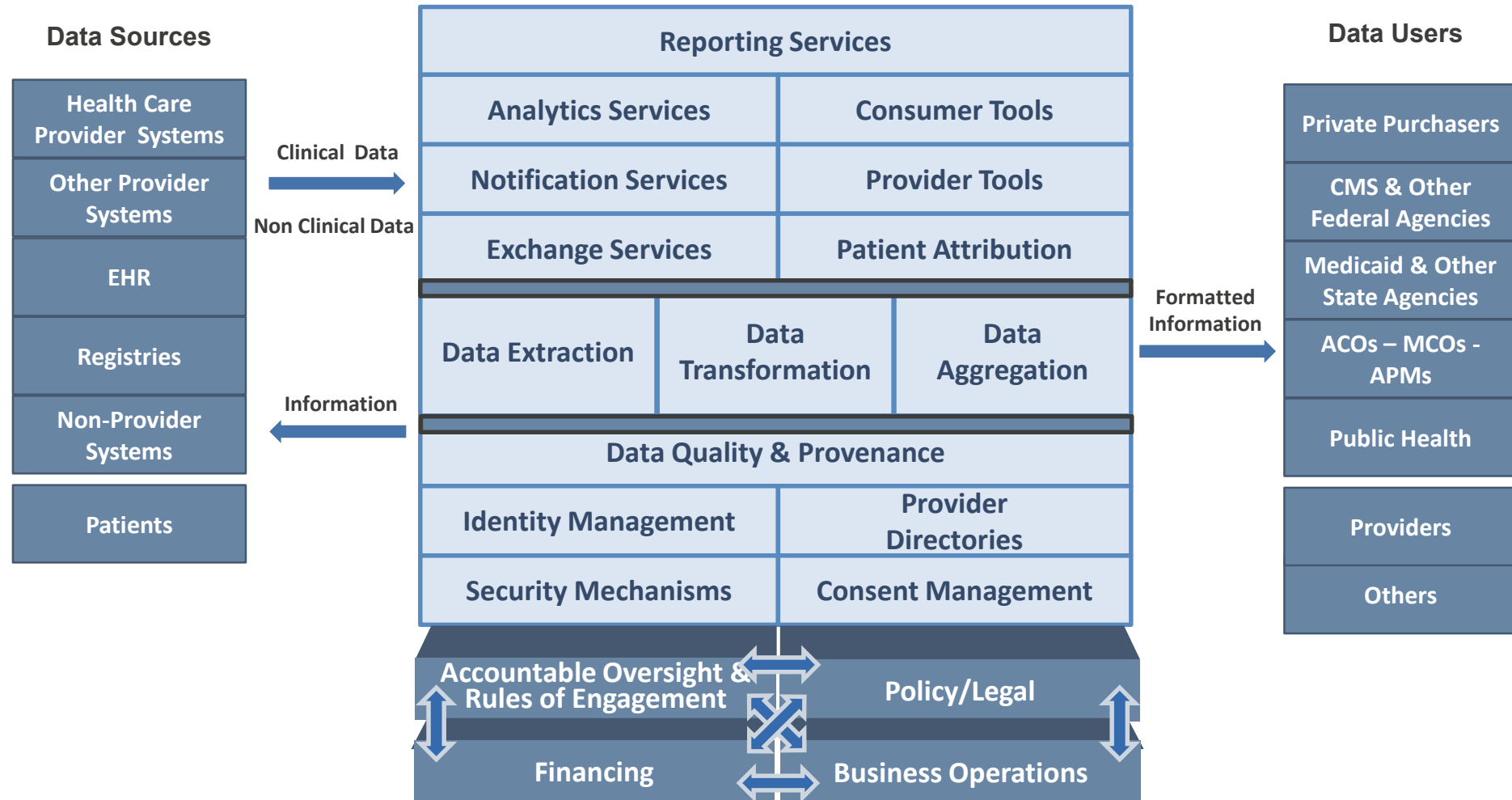*Other recommendations for stakeholder engagement process?*

HHS/Office of the National Coordinator for Health IT (ONC)

Arun Natarajan (ONC)
Larry Jessup (ONC)
Liz Palena-Hall (ONC)

Agenda

- Understanding the Modular Components for a Functioning Health IT Ecosystem – The Health IT Stack

- Health IT Strategic Roadmaps are Beneficial

- 2 State Examples: Colorado and Rhode Island

Health IT Modular Functions

Data Sources

| Health Care Provider Systems |
| Other Provider Systems |
| EHR |
| Registries |
| Non-Provider Systems |
| Patients |

Clinical Data →

Non Clinical Data

← Information

Reporting Services

Analytics Services	Consumer Tools
Notification Services	Provider Tools
Exchange Services	Patient Attribution

| Data Extraction | Data Transformation | Data Aggregation |

Data Quality & Provenance

| Identity Management | Provider Directories |
| Security Mechanisms | Consent Management |

Accountable Oversight & Rules of Engagement — Policy/Legal

Financing — Business Operations

Formatted Information →

Data Users

| Private Purchasers |
| CMS & Other Federal Agencies |
| Medicaid & Other State Agencies |
| ACOs – MCOs - APMs |
| Public Health |
| Providers |
| Others |

Health IT Strategic Roadmaps are Beneficial

- Identify strategic HIT priorities to guide future state government investments

- Identify opportunities for developing or implementing sustainable shared services that would benefit the private sector as well as government

- Identify better opportunities for coordination across broad stakeholder groups

- Understand and establish a statewide HIT governance structure

Colorado's Health IT Roadmap
Learn how to use this plan on your Health IT journey

Resources/Financial
Stakeholder Engagement
Governance
Technology
Innovation
Privacy and Security

Stakeholder Engagement
1. Care Coordination
2. Consumer Engagement, Empowerment and Health Literacy

Resources/Financial
3. Affordable and Accessible Health IT
4. Affordable and Accessible Health Analytics

Governance
5. Harmonize Data Sharing and Health Information Exchange Capabilities
6. Integration of Multiple Types of Health Data
7 . Statewide Health Data Governance
8. Health IT Program Management

Privacy/Security
9. Privacy and Security of Health Information
10. Consent Management

Innovation
11. Digital Health Innovation

Technology
12. Statewide Health Information Architecture
13. Ease Quality Reporting Burden
14. Uniquely Identify Person Across Systems
15. Unique Provider Identification and Organizational Affiliations
16. Broadband and Telehealth Access

States Success Stories: Colorado

- **Colorado – Health IT Roadmap - Mature Process**

  » Received over $30M in funding for the State's HIT initiatives from Federal and non-Federal sources because of the State's roadmap

  » Keeps Stakeholders informed on project progress

  » Ensures State agency needs are well-represented

  » Ensures alignment between the Roadmap and State agency projects

  » Provides insight and guidance into shaping Colorado's future Health IT/HIE environment

  » Brings perspectives to the project

  » Identifies opportunities that should be considered

  » Identifies current and future/potential links between State systems and non-State systems

  » Offers guidance to ensure the results provide a solid statewide Health IT Roadmap

States Success Stories: Rhode Island

The State's Strategic Roadmap RFP for their Health IT Plan Looks at Five Deliverables:

- Project Plan
- Current HIT State Assessment - focus on state Health IT investments and private investments that could be leveraged by the State
- Stakeholder Assessment
- Barriers and successes – GAP analysis
- Based on all this pre-work, develop a Health IT Strategic Roadmap

Wins and Successes
- ONC reviewed the State's RFP
- ONC provided neutral third-party facilitation of stakeholders to identify key priority use cases.
- People were receptive to provide input and be a part of the process and credit it to having a unbiased third party facilitator
- The state recognized early that they didn't have the bandwidth to work on this and needed contractor. State had funding to support this approach. Leadership buy in at the State level was necessary for this.

Federal Support
- Funding through 90:10 HITECH
- TA and Assistance through SIM
- Assistance from ONC to support stakeholder engagement and provide neutral third party convening
- Important to be both strategic and tactical

Lessons Learned
- Communicate early - develop a communications plan for all stakeholders
- Looked at other roadmaps from other states – decided to take a more tactical approach as opposed to a strategic approach.
- Legislative changes requires stakeholder buy-in early on in the process.
- Integration efforts are critical
- Governance is critical and using a contractor is essential given limited state staff bandwidth

The Office of the National Coordinator for
Health Information Technology

Questions?

Larry Jessup
Larry.Jessup@hhs.gov

Arun Natarajan
Arun.Natarajan@hhs.gov

Liz Palena-Hall
Elizabeth.palenahall@hhs.gov

Binnae Bridwell
Binnae.Bridwell@hhs.gov

@ONC_HealthIT   @HHSONC

"**Advancing Interoperability**"

Drew Murray (MiHIN)
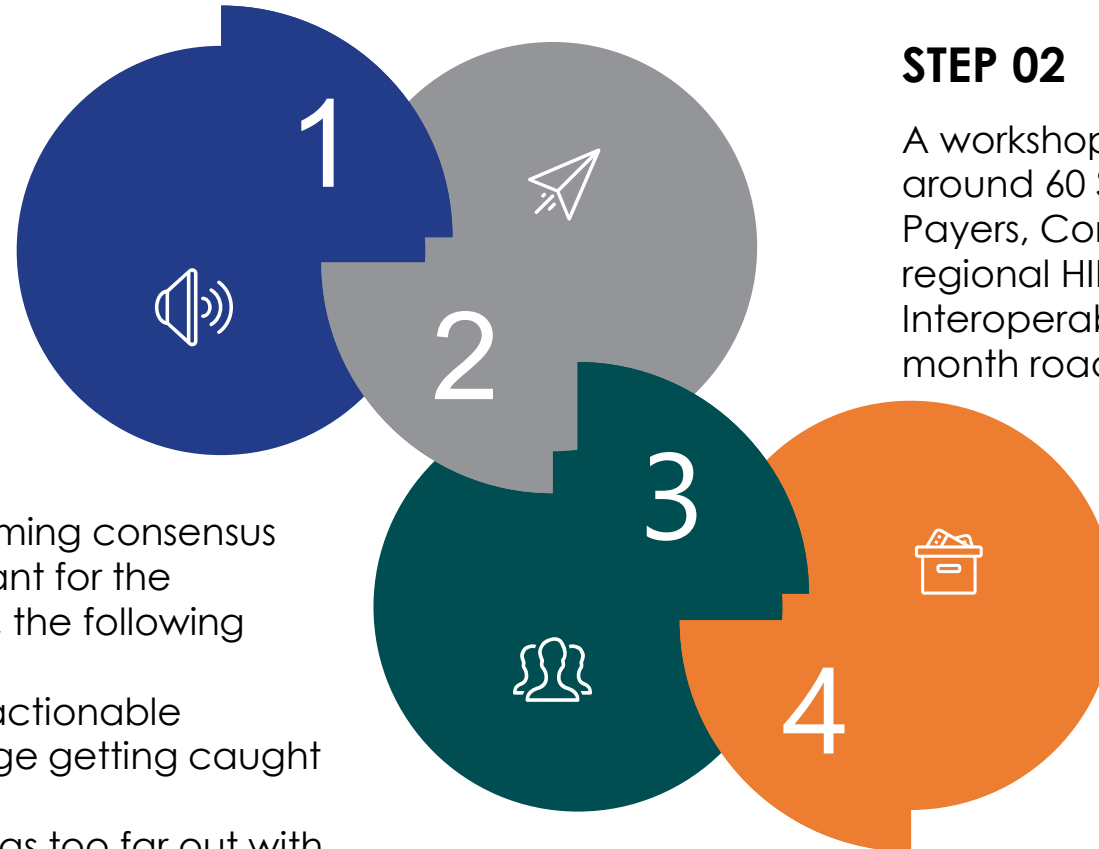### Brianne Carpenter (MiHIN)

Background
Pledge Workshop and Outcomes

STEP 01

In February 2019, MiHIN drafted a Michigan-specific Interoperability Pledge to mimic the national efforts by the ONC and leverage findings of the National Academy of Medicine

STEP 02

A workshop was held in mid-April with around 60 Stakeholders, representing POs, Payers, Community-Based Orgs, and regional HIEs, to get feedback on the Interoperability Pledge and proposed 18 month roadmap

STEP 03

While there was an overwhelming consensus that interoperability is important for the advancement of healthcare, the following concerns were voiced:
1. The Pledge didn't seem actionable
2. The possibility of the Pledge getting caught up in legal
3. An 18 month roadmap was too far out with how often technology and policies change

STEP 04

The MiHIN team reconvened and brainstormed new ways to incorporate Stakeholder feedback, State and Payer needs into the project

Stakeholder Feedback

One-on-one outreach to 6 stakeholders

- Understanding of interoperability landscape in Michigan and what the bar is
- Alignment & focus across myriad initiatives in state
- More one-on-one listening or opportunities to provide feedback
- Tools or reports that clearly show value of HIE to board/ leadership
- Support in how to best use available data and how to integrate into provider work flow
- Tools, provider education, and use cases that make it easier for clinicians to find information
- Incorporation of long-term care and other community-based organizations
- Parse Consolidated Clinical Document Architecture (CCDAs), make reader-friendly & usable at the point of care
- Conduct advanced care planning and care coordination beyond events
- Access to a real-time version of Active Care Relationship Service (ACRS)
- Exchange behavioral health info
- Exchange social determinants of health
- Explore more virtual and telehealth solutions
- Query and retrieve information on patients in real-time

MiHIN's Advancing Interoperability Plan

Interoperability Tool, Stakeholder Outreach, Shared Services
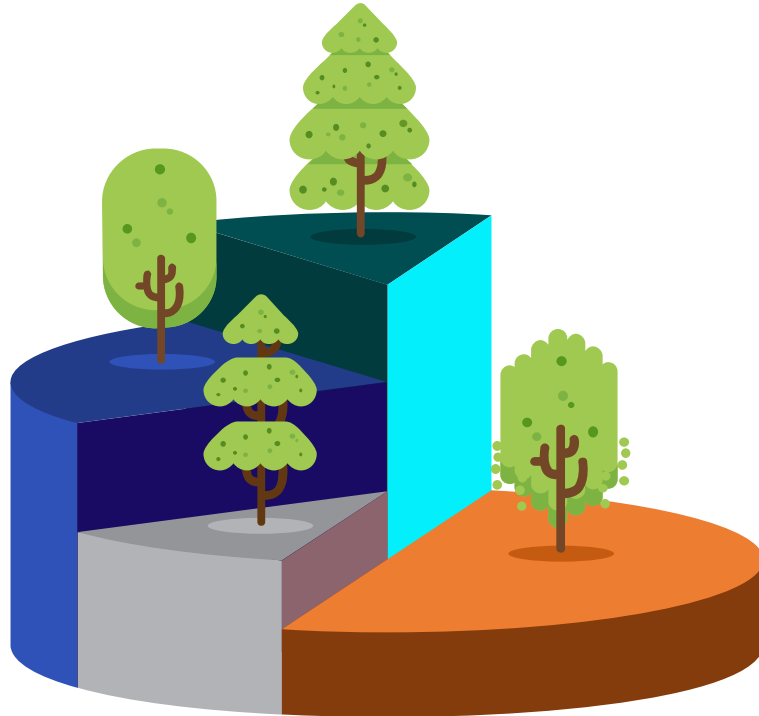
Interoperability Tool

Interactive web-based tool and dashboard, works in tandem with the state HIT road map, helps stakeholders define concrete interoperability goals, understand their interoperability maturity level and the baseline in Michigan, leverage best practices for use cases to improve current capabilities, and identify concrete next technical steps for becoming more interoperable.

Stakeholder Outreach

Conduct second round of one-on-one phone calls, convene working groups to workshop interoperability tool concept and wireframe, pilot tool with stakeholders to gather feedback.

What does the HITC see as the best plan to engage diverse stakeholders moving forward?

Shared Services

MIDIGATE, Advanced ACRS, Coordinating the Care Coordinators (CCC), eConsent, expansion of CCDA exchange

Outcomes

Track the technical baseline for interoperability in Michigan, enable MDHHS and MiHIN to continue to refine and update Michigan's HIT roadmap in partnership with statewide partners, align allocation of financial resources to state priority initiatives.

Thank you!

Drew Murray

Senior Director for Community Engagement
drew.murray@mihin.org

Brianne Carpenter

Writer and Communications Specialist
brianne.carpenter@mihin.org

"Statewide Consent Management"
Breaking Down Barriers:
Integrating the Sharing of Behavioral Health Information

Shreya Patel (MiHIN)

Three Important Behavioral Health Regulations

01

42 CFR Part 2 requires written patient consent before health information can be shared from a behavioral health facility (as defined in the statute).

02

Michigan Public Act 559 allows sharing of mental health information, without consent for Treatment, Payment, and Coordination of Care. Any sharing of mental health information outside of those parameters requires patient consent.

03

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

Current State

✓ Confusion with laws results in overly strict interpretation of privacy regulations

✓ Providers, and their attorneys, are hesitant to share information without further guidance from state and federal government

✓ Result: Behavioral health information is not being shared in a meaningful way

✓ When behavioral health information is not shared, providers are unable to see a complete medical history, and the patient does not receive most comprehensive care possible

History of Our Consent Work

- Phase 1: Check to see if consent is on file

  - A provider can query a statewide eCMS system, which would respond if consent was on file, "yes" or "no"

- Phase 2: Building a consent portal supported by patient-provider attribution service (ACRS)

  - Patients use a consumer portal to update their active care team

  - Patients have a separate tab to fill out a standard consent form

- Phase 3: Granular Consent

  - Consent tab can accommodate multiple consent forms

  - Patients can parse out which pieces of health information to share with each individual provider

Step 1: Patient fills out consent form

Three ways to fill out consent form

1. Provider Portal

2. Consumer Portal

3. Paper-form

👥 Manage My Care Team

✔ Give Consent

💉 Request Immunizations

📋 Caregiver Contact Information

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**
Alice	K	Vargas	05/10/1990

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

66543523

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 ⓘ	Wood Hollow Health Center

+ Add

II. I consent to share:

☑ All of my behavioral health and substance use disorder information

https://demo.mihin.net/ConsumerPortal2/home.htm

BOOKMARKS | BASECAMP | box BOX | DEMO | DIGITAL BRIDGE | INTRANET | INTRANET | PORTAL | ONC NPRM | ROLL CALL | SAMHSA | TIME TRACKING | »

MiHIN Consumer Portal
Shared Services

avargas@mihin.org

- Manage My Care Team
- Give Consent
- Request Immunizations
- Caregiver Contact Information
- Delivery Preferences

Robin Harper ✕

Use this tool to choose which parts of your health information you want to share with the provider you selected.
Just click on the circles to make your choices.

Transitions of Care

"Transitions of Care" mean you have checked in or checked out of a provider's office or a care facility like a hospital or an urgent care clinic. When you choose to share Transition of Care information with your providers, they receive notifications every time you check in or check out (so they can know if you are having an emergency).

◉ Share Information
◯ Do Not Share

Medical Visit Information

When you visit a provider or healthcare facility like a hospital, they record the details of your visit, including your condition when you arrive, their diagnosis, a treatment plan that can include new medications, and other information. You can share the full record of your visit with the provider you just selected, or you can choose to share only information on changes to your medications.

◉ Share All Medical Visit Information
◯ Share Only Medication Information for Medical Visit
◯ Do Not Share

What Information Should I Share?

Sometimes it can be hard to decide what information to share. You may want your primary care provider to know about everything you have done at other care facilities, but you may not want other providers to know everything. You should work with your providers to decide what information they really need and want to see.

OK

Consent Questions

Step 2: Consent form is stored in statewide "eCMS" system at the Health Information Network

Statewide eCMS System
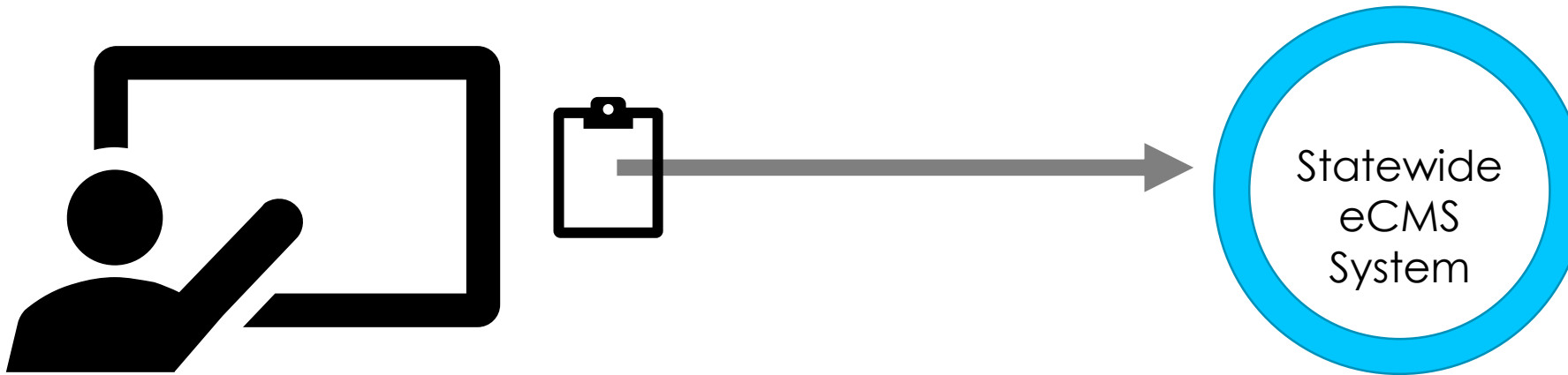
# So what happens when an ADT with specially protected information is created? Example:

- Patient checks into a 42 CFR Part 2 facility (addiction treatment center)

- An ADT message is created and a *privacy tag* is attached to the ADT

- The privacy tag prompts the ADT message to be routed to the statewide eCMS system

- The statewide eCMS system would

  - Search for the patient.

  - If the patient is found, consent is on file with the end points

  - The message would then be routed to the appropriate end points

  - If patient is not found, consent it not on file, notification would be sent back to sending facility that information could not be sent

Example:
A person is admitted into a Part 2 facility.
An ADT with specially protected information privacy tag is created
The ADT is sent to the Entity
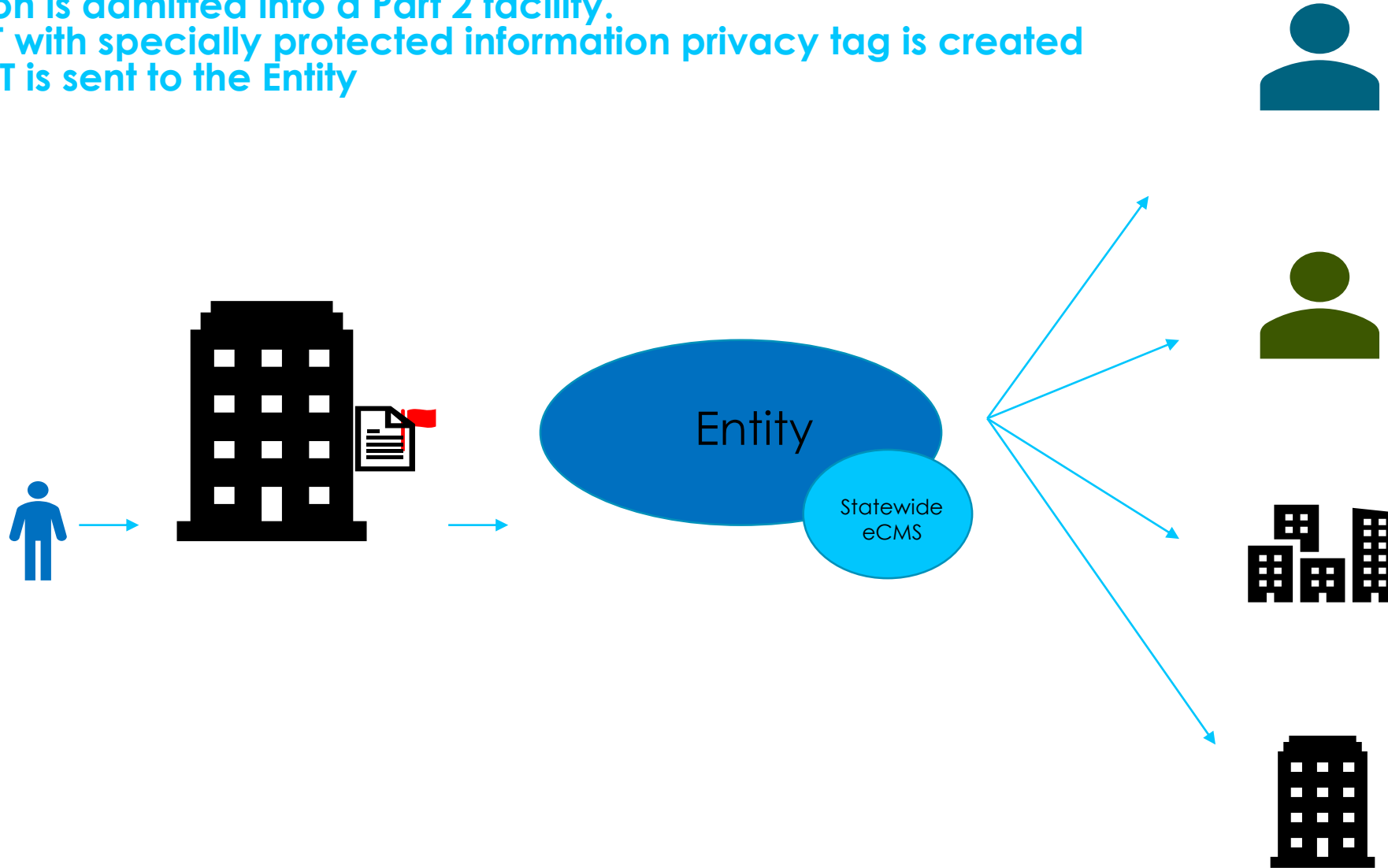
Example:
The statewide eCMS checks to see if consent is on file and the appropriate end points
The message is routed to the providers or entities listed on the initial form

Entity

Statewide eCMS
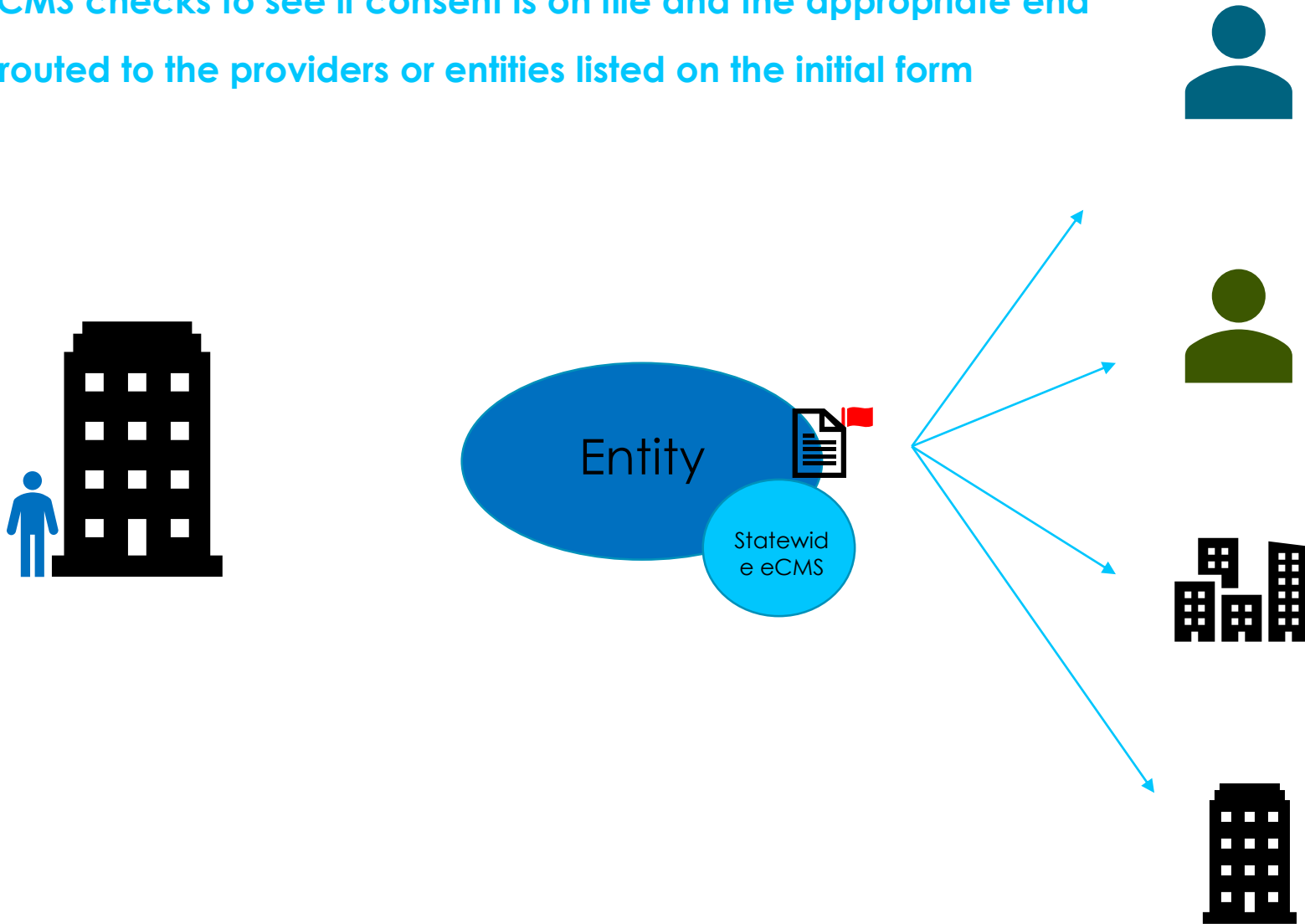
Feedback on eCMS

- Storing of Consent Form

  - Handled by MiHIN

- Multiple Consents

  - MiHIN serves as central broker to find existing consent forms

- Patient privacy from intake representative

  - Creating educational and privacy screens

  - Incorporating "wizard" into electronic form

- Scope of consent preferences

- Not limited to behavioral health

- Use privacy tags to query correct consent

- ACRS Module

  - Removed manage ACRS and pre-population

  - May have value for providers in the future

- Patient matching

  - Leverage Common Key Service

MDHHS

What's Next?

- Integration into Trusted Exchange Framework and Common Agreement (TEFCA)

- Ensuring alignment with Consent2Share

- Factoring in new 42 CFR Part 2 Rule Change

- Supporting national initiative to test various methods of consent via connectathons

Questions?

Shreya Patel
National Health & Privacy Policy Advisor
Shreya.Patel@mihin.org

Want to learn more?

<u>What:</u> Webinar – **Breaking Down Barriers to the Sharing of PHI and Behavioral Health Information** – an introduction to the new Protected Health Information (PHI) Consent Tool

<u>When:</u> **Wednesday, October 2, Noon-1 pm (ET)**
(https://register.gotowebinar.com/register/8656186066177125635)

<u>Who:</u>   All are welcome. Clinicians, payers, and medical records/front line administrative staff are encouraged to attend

<u>Why:</u>   Better understanding of regulations surrounding the release of Behavioral Health PHI will improve the continuity and safety of care as well as reduce costs across Michigan.

In the forthcoming months, Altarum will also be offering **training videos** to introduce you to the brand-new tool (https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_24019_95037---,00.html), which utilizes the most up-to-date legislation to guide you in deciding whether consent is necessary to share Behavioral Health information.

The Protected Health Information (PHI) Consent Tool

Caveats

Glossary of Regulatory Terminology

The Most Common State and Federal Laws that Govern Exchange of PHI

Quick Tips for Simplifying the Exchange of Behavioral Health, General Medical, and Domestic Violence PHI in Michigan

What Do the Colored Shapes Mean?

A **RED** stop sign means an individual's consent is necessary to release PHI for that particular reason, under that piece of legislation.

Individual authorization necessary

A **GREEN** circle means an individual's consent is **not** necessary to release PHI for that particular reason, under that piece of legislation.

Individual authorization NOT needed

A **GRAY** square means that this particular reason is not referenced within that legislation and has no bearing on a Yes or No answer.

Not addressed by that legislation

A **YELLOW** triangle means that a clinician is allowed to use their professional judgment in determining if it is safe to release PHI without consent.

Clinician discretion applies

A **PURPLE** diamond means that if the PHI being requested contains any mention of SUD (and is not for one of the four reasons defined below in this document) then an individual's consent will be necessary per the Michigan Mental Health Code for SUD in adults, and may be necessary for SUD in minors (see Caveat #12).

SUD caveats apply

Public Comment
Please limit three (3) minutes per speaker

Adjourn

Next Tentative Meeting for 2019:
Tuesday, November 26, 2019, 1:00 p.m. – 3:00 p.m.
MDHHS South Grand building, Grand Conference Room