Michigan Health Information Technology Commission

February 23, 2021

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Virtual "Housekeeping" Guidelines

Access

- **This meeting is being recorded.**
- For members calling into the meeting and unable to use web-based meeting features, an open comment periods will be offered at the end of the meeting.
- **If at any time you have accessibility or technical issues during the meeting,** please contact jacksonc47@michigan.gov

Interacting

- **Web cam video display is reserved for commissioners and presenters.**
- **The group chat will be monitored and utilized throughout the meeting.** Any questions or comments raised in the group chat will be read aloud.
- Unless otherwise specified, **all attendees (besides the presenter) will be muted during a presentation.** This rule will reduce background noise or "feedback."

Public Participation

- Except for the public comment period, **public participants should remain muted unless invited to speak by the commission.**
- Per the Michigan Open Meetings Act, disclosing your identity in this meeting is not required.
- The public comment period will be accessible for multiple modalities at the end of the meeting.

February 2021 Meeting Agenda

Item	Presenter(s)	Time
1. Welcome and Introductions	Chair	5 minutes
2. Commission Business A. Election of Chairpersons B. Review of 11/17/2020 Minutes	Chair	10 minutes
3. HHS Regulatory Changes: Updates to the HIPAA Privacy Rule and CMS Rule Expansion	Shreya Patel, Michigan Health Information Network (MiHIN)	35 minutes
4. MDHHS Update A. 2020 Annual Report B. HIE Education Material	Erin Mobley, MDHHS, Christopher Jackson, MDHHS, and Colin Slaughter, MDHHS	35 minutes
5. Update on Health IT Roadmap A. Project Update B. Roadmap Steering Committee (RSC) Update	CedarBridge Group, RSC	35 minutes
6. Public Comment		
7. Adjourn		

1. Welcome and Introductions

A. Welcome

Led by: Chair

2. Commission Business

A. Election of Chairpersons
B. Review of 11/17/2020 Minutes

Led by: Chair

3. HIPAA Privacy Rule Proposed Changes

Led by: Shreya Patel, Michigan Health Information Network (MiHIN)

MiHIN

MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

HIPAA Privacy Rule Proposed Changes

Shreya Patel

Chief Privacy Officer

General Purpose

- Increase care coordination and case management
- Encourage sharing of information for health and non-health services related to care
- Decrease burden on covered entities

Who Does it Apply to and When Does it Apply?

- Generally, HIPAA Covered Entities
- For responsibilities that Business Associates take on for Covered Entities, they *may* be subject, but emphasis on covered entities
  - 60 days to provide comments
  - 180 days to compliance period
  - 240 days to enforcement period

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What Will Change?

- Make individual access rights readily available on website for Covered Entities
- Increase right to view PHI in person
  - COVID-19: Requests comment on how to come up with alternative to in person during pandemic
- Give right to take notes/ photos of your PHI in person
  - Cannot use thumb drive or “plug in” to provider equipment
- Covered entities must respond to requests to view PHI in 15 days with possibility of 15 day extension
- Individual request “reasonable” form and format for PHI
- Individual obtain a copy and send OR direct a Covered Entity to send copy to a third party
  - Third party requests can be in writing OR orally
  - If oral/ verbal request: must be clear, conspicuous, and specific

What Will Change? (Continued)

- Reduce identity verification burden
  - No notarizing signature requirement allowed for Covered Entities
  - No “only in paper form” requirement allowed for Covered Entities
  - No “only at covered facility” requirement allowed for Covered Entities
- Covered health providers and health plans can submit individual access request to another to receive the electronic copy of PHI through EHR
  - Notably different than queries through HIE
- Must respond to requests from other Covered Entities when directed by individuals
  - Limited to copies of PHI in an EHR
- PHI must be provided to the individual at no charge/ Some requests always free
  - Individual right to inspect PHI and obtain copies of PHI
  - Internet based or in person
- Laying out fee structure for non internet method for individual access, consumer-mediated exchange, or HIPAA Authorizations to family member, researcher, etc.
  - Fees allowed for:
    - Costs of labor for copying
    - Supplies
    - Postage to mail
- Requires Covered Entities to post fees on website or provide in person
- Requires Covered Entities to provide itemized receipt with PHI if fee is charged for access
- *Business Associates* provide copies of PHI to Covered Entities unless the BAA specifically states that the Business Associate will provide access to PHI in an EHR directly to individual

New Definitions

- Health care operations: include permitted uses and disclosures for individual level care coordination and case management
- Electronic health record: electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Such clinicians shall include, but are not limited to, health care providers that have a direct treatment relationship with individuals, as defined [], such physicians, nurses, pharmacists, and other allied health professionals. For purposes of this paragraph, health related information of an individual covers the same scope of information as the term individually identifiable health information
- Personal health application: an electronic application used by an individual to access health information about that individual in electronic form, which can be drawn from multiple sources, provided that such information is managed, shared, and controlled by or primarily for the individual and not by or primarily for a covered entity or another party such as the application developer
    - Apps are NOT subject to HIPAA because not acting at the direction or on behalf of Covered Entity

Minimum Necessary

- Exceptions to rule for case management and *individual level* care coordination

Social Determinates of Health

Allows Covered Entity to share with social services agencies, home and community-based services (HCBS)

Provider Discretion for Sharing Information during SUD/Opioid Emergency

- From professional judgement standard to good faith
- Presume good faith (can be overcome with evidence)
- Can share to prevent threat to safety with harm is serious and reasonably foreseeable
  - Relaxed standard. Before it is only for serious and imminent instances
  - Threat can be public or individual (suicide)

Substance Use Disorder

- Can share information with personal representatives
  - Do not need to do identity verification
    - They can represent who they are, and provider can use best judgment based on prior experience
  - Even when they are not listed as emergency contact if provider knows of prior relationship
- Can include patients in facility directories
  - For individuals who do not have support or may be incapacitated, this helps to coordinate care
- CARES aligns Part 2 with HIPAA in respect to quality improvement and claims management

Notice of Privacy Practices

- No longer require Covered Entities to obtain written confirmation that this was provided to the patient/acknowledged.
- No longer required to keep those acknowledgements for six years.

- Change the requirement of what should be in this.
  - How to access health information
  - How to file HIPAA complaint
  - Individual right to receive a copy of the notice and discuss the contents with a designated person

Deaf, Hard of Hearing, Blind, and Speech Ability

- Increase coordination to Telecommunications Relay Services
- They are not classified as a Business Associate to avoid requiring BAAs to share

Armed Forces

- Disclosure of PHI to all uniformed services
- Include US Public Health Service (UPHS)
- Include National Oceanic and Atmospheric Administration (NOAA)

What Else is in the Rule?

- Background on HIPAA
  - Applicability to Covered Entities
  - Expansion to Business Associates
  - Privacy Rule History
  - Security Rule History
  - Right of Access History (Changes made in 2000)
- Background on how 21st Century Cures and larger Public Health Services Act (PHSA) Relates
  - Information blocking
- Background on Regulatory Spring to Coordinated Care
  - Changes to 42 CFR Part 2
  - Safe Harbors under Anti-Kickback Statute
  - Modernizing Physician Self- Referral for Medicare
- Cost information (think cost to the US and healthcare system)
  - Deregulatory in nature
  - May have costs in the first year but will be offset by reduced burden a bit
  - Eventually will lead to savings

Proposed Reducing Provider and Patient Burden Rule (CMS-9123-P)

Patient Access API Data Expansion (required January 1,2023)	Requires Impacted Payers* • Make clinical documentation and forms for "pending" (under review) and "active" (open or actively facilitating care) prior authorizations accessible through the Patient Access API • Employ an attestation process for apps to attest to certain privacy policy practices prior to accessing data. • Report quarterly to CMS metrics about patient use of the API
Payer-to-Payer API (starting January 1, 2023)	• Updated Phase One Requirement to be fulfilled through a FHIR API in conformance with the HL7 FHIR Bulk Data Access (Flat FHIR) specification to support exchange for groups of members • Expanded scope of requirements by requiring State Medicaid and CHIP payers to comply; Updated required data to include claims and encounter data (but not remittances and member cost-sharing information), and pending and active prior authorization decisions • Requires payers to automatically share this data with a new payer or when a patient identifies concurrent coverage with another payer, at the end of the annual open enrollment period
Provider Access API, including Bulk Data Provider Access API (starting January 1, 2023)	• Build and maintain a Provider Access API for payer-to-provider data sharing of the same data in the Patient Access API (but excluding remittances and member cost-sharing information) for both individual patient requests and groups of patients • Allow providers—without patient involvement and regardless of the provider's in- or out-of-network participation—to request the same type and scope of data accessible to patients in the Patient Access API (but excluding cost information) CMS is proposing to permit (but not require) Impacted Payers to implement a process to allow patients to opt in to the Provider Access API. CMS also seeking comment on making this an opt-out process.

Proposed Reducing Provider and Patient Burden Rule (CMS-9123-P)

New Prior Auth Requirements

- Document Requirement Lookup Service (DRLS) API (starting January 1, 2023) allow providers to integrate API into (EHR) at their option to allow providers to electronically inquiry and locate prior authorization requirements
- Prior Authorization Support (PAS) API (starting January 1, 2023) which will provide the capability to send provider prior authorization requests (including relevant forms or medical record documentation) and receive responses electronically within a provider's existing workflow and in compliance with HIPAA transaction standards
- Requires payers to send a status and Denial Reason (starting January 1, 2023) through the proposed PAS API information regarding whether the payer approves (and for how long), denies (including reason and other key information, or requests more information related to the prior authorization request.
- Shorter Prior Authorization Timeframes (starting January 1, 2023) requiring decisions within 72 hours for urgent requests and a maximum 7 calendar days for standard requests (or fewer if state law establishes a shorter timeframe).
- Prior Authorization Metrics (starting March 31, 2023) reported on the payer's website annually

Key Dates

May 2020
Publication of Final Rules

March 2021
Providers update NPPES with digital contact information

April 5, 2021
- Info Blocking, EHI as USCDI
- Conditions of Certification

May 2021
Providers to send ADT event notifications to patient providers under CMS CoP

July 1, 2021
Medicaid/CHIP, MCOs, MA Plans, QHPs* to implement:
- Patient Access API
- Provider Directory API

Jan 1, 2022
Payers to implement process for payer-to-payer exchange

April 1, 2022
States to send dual-eligible enrollees to CMS daily through MMA File

Jan 1, 2023
- New FHIR API Capabilities in vendors
- Proposed "Phase 2 Interoperability Rules

Dec 31,2023
Full EHI export capability

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Questions?

Shreya Patel

Shreya.Patel@mihin.org

4. MDHHS Update

A. 2020 Annual Report
B. HIE Education Material

Led by: MDHHS

B. HIE Education Material

One of the commission's charges is to:

(d) Increase the public's understanding of health information technology.

To help build the commission's portfolio of educational material, the following draft presentation was created by the MDHHS Policy and Planning intern team

HEALTH INFORMATION TECHNOLOGY PAVES THE WAY FOR PATIENT HEALTH

Colin Slaughter

Michigan Department of Health and Human Services

What is Health IT?

- Health IT is the electronic systems that are accessed by health care payers, providers, and patients that store, share, and analyze health information, like Electronic Health Records
- Health IT exists as a secure storage and exchange of Electronic Health Records and other necessary patient information

Source: What is Health IT? | HealthIT.gov

Patient Benefits of Health IT

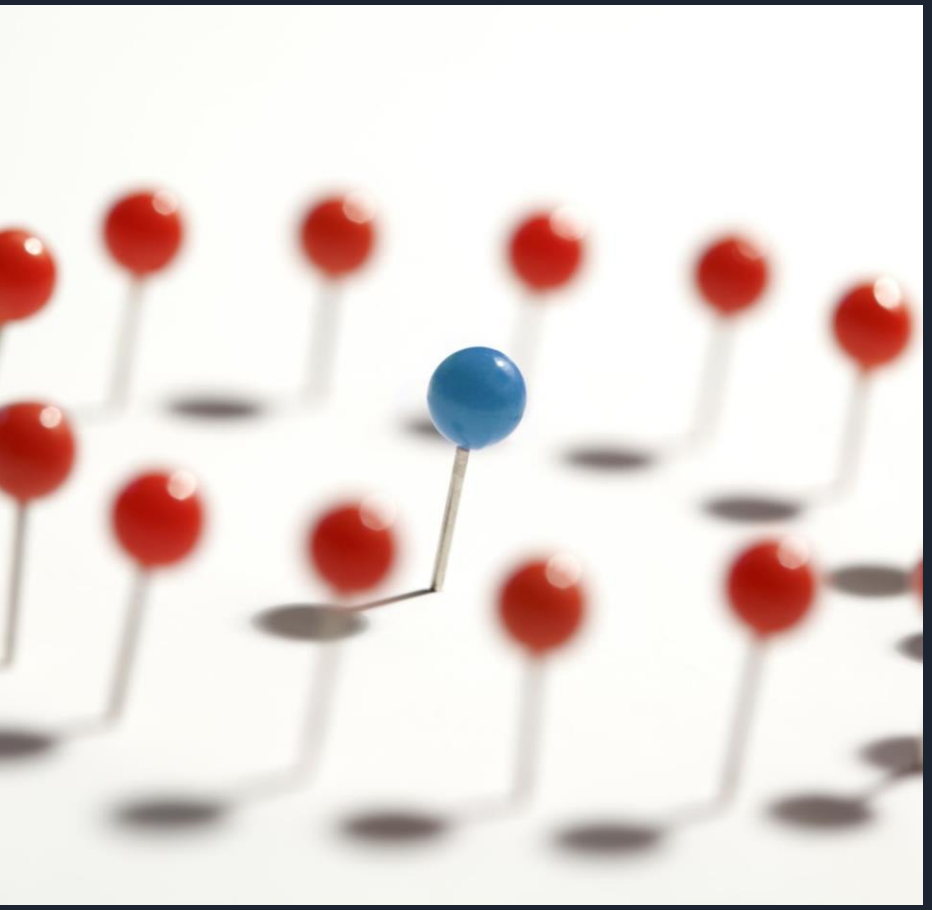
- Patients can view their own health records and information, manage treatment of health conditions, and even interact with their healthcare providers; all from their own home

Healthcare Providers Benefits of Health IT

- Healthcare Providers can store and reference a patient’s health information to make treatment decisions, create care plans, asses the health of their patient populations, and exchange health information with other healthcare providers

Community Benefits from Health IT

- Health IT allows public health workers, researchers, and health-focused community organizations to assess health and healthcare quality across individuals and populations
- Allows for these organizations and public offices to address issues such as Social Determinants of Health, and can even help lower costs of healthcare while improving outcomes

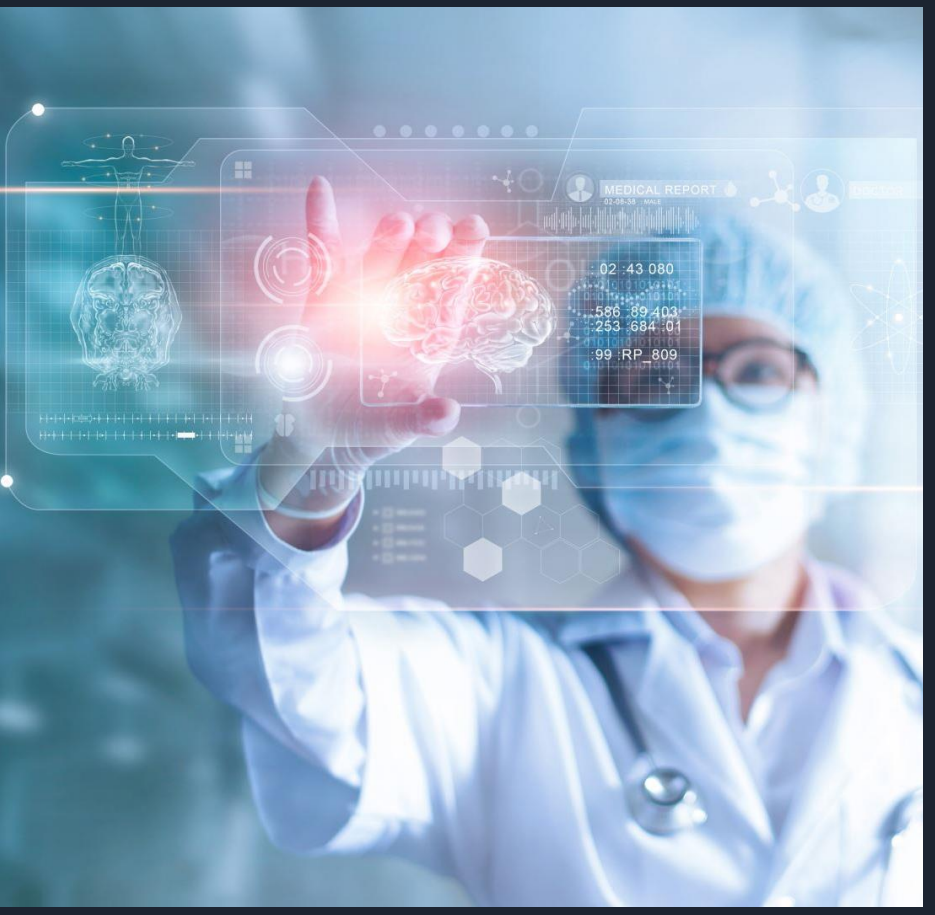


Health IT Focuses on Interoperability

- Interoperability is a vital component to the success of Health IT
- Briefly, Interoperability is the ability for patients to see varying healthcare providers (inside or outside of their current healthcare network) with little to no issue
- Health IT Interoperability focuses on the easy and fair share of information across providers
- “Information Blocking”, discussed further in the presentation, is a current issue in Health IT

What is a Health Information Exchange (HIE) Network?

- A Health Information Exchange Network is built around Health IT Infrastructure; it is composed of a company that securely stores and shares patient information with approved healthcare providers
- HIE Networks are built around healthcare providers (hospitals, clinics, etc.) working together to share information



Benefits of HIE Networks

- ADT Alerts (Admission, Discharge, Transfer) being shared immediately with Primary Care Physicians, as well as the physician currently overseeing a patient’s care, allows for real-time updates on a patient's status
- Data Sharing can reduce the number of duplicate tests, saving payers, providers, and patients money
- Allows for greater interoperability, increasing flexibility of patients using different healthcare providers (inside or outside or current network)

Federal Roadmap for Health IT: Office of the National Coordinator for Health Information Technology (ONC)

- The ONC 5-Year Strategic Roadmap is a set plan to improve Health IT Systems and usage from 2020 to 2025 with 4 main goals
- Federal Agencies will purchase, regulate, develop, and use Health IT to improve overall health across communities, create strong and connected Health IT and HIE Networks, and increase medical coverage to patients
- “Information Blocking” is the act of purposefully withholding information by a Health IT system, HIE Network or healthcare providers, unless required by law to share; Federal Health IT Systems can mitigate and eliminate this issue

Source: 2020-2025 Federal Health IT Strategic Plan

Goals 1 and 2 of the ONC 5-Year Roadmap

1. Promote Health and Wellness by improving individual access to healthcare information, advance safe practices through Health IT, and integrate Health and Human Services Information
2. Enhance the Delivery and Experience of Care by ensuring safe, high-quality care, fostering competition, transparency, and affordability in healthcare, reducing regulatory and administrative burden on providers, and enabling efficient management of resources

Goals 3 and 4 of the ONC 5-Year Roadmap

3. Build a Secure, Data-Driven Ecosystem to Accelerate research and innovation through advancing individual and population transfer of health data and supporting research and analysis using Health IT Data

4. Connect Healthcare and Health Data through Interoperable Health IT infrastructure by advancing the development and use of Health IT Capabilities and establishing transparent expectations for data sharing

Michigan Conduit to Care

- Michigan's "Conduit to Care" is a network that works to consolidate patient information and improve citizens well-being in three phases
- 1. Make the Patient's Data Available to healthcare providers – Interoperability
- 2. Combine Each Patient's Data for Care, Quality, and Patient Safety – Creating Electronic Health Records for past care
- 3. Empower Michigan's Citizens by creating Personal Health Records (PHR), allowing citizens to monitor their own health, including previous care and test results

Source: Microsoft Word - MiHIN Report Compress v2.doc (michigan.gov)

Michigan has an Opt-out System

- Michigan is an “Opt-Out” state, meaning that health data sharing occurs until a resident chooses to restrict it.
- Health Data Sharing must remain compliant with HIPPA regulations; however, it is the right of residents to inquire with their health systems about opt-out options

Sources: Homepage - MiHIN

Michigan Health Information Network (MiHIN)

- MiHIN is Michigan’s Health Information Exchange Network
- Their goal is to share health information to improve community health and healthcare outcomes, reduce the burden carried by healthcare providers, and work with health insurance companies to find and close any gaps in care

5. Update on Health IT Roadmap

Led by: CedarBridge Group

Michigan Five-Year Health IT Roadmap

Roadmap Steering Committee Meeting

February 23, 2021

CEDARBRIDGE GROUP

MDHHS

An Update on Stakeholder Outreach and Discovery

- 16 interactive Stakeholder Forums held from September through early November
- Electronic Surveys launched in October 2020, and closed February 12, 2021
- Key Informant Interviews conducted beginning in November and continue through February

Stakeholder Domains*

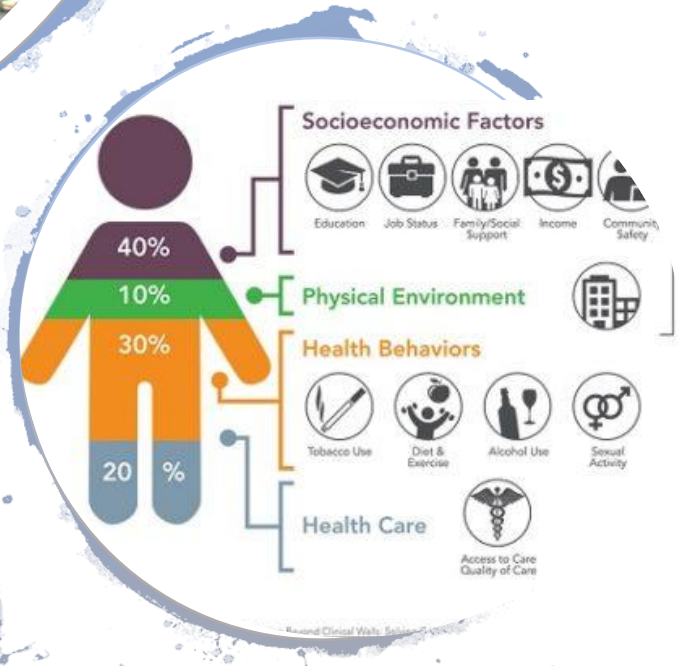
- Behavioral Health
- Long Term & Post Acute Care
- Social Services
- Ambulatory providers
- Hospitals and Health Systems
- Emergency Services
- Public Health

* We also had participation from health information exchange organizations, consumer advocates, and other stakeholders

Findings

- **In response to the pandemic, Michigan providers rapidly expanded their use of telehealth** and other virtual patient engagement technologies.
- Telehealth is widely recognized as an essential tool that should continue to expand and evolve.

- **Both statewide and targeted local investments in public health IT infrastructure are needed** to better address both the current pandemic, as well as future public health threats.
- These include, but are not limited to, disease surveillance systems, contact tracing systems, and electronic case reporting systems.



Findings continued…

Addressing social determinants of health was reported to be a priority for nearly all stakeholder groups. Improved screening protocols for identifying clients' social risk factors was a common theme reported by healthcare providers.

With these advancements, the delivery system must now **focus on standardizing SDoH data and improving coordination** through more efficient referral capabilities, preferably using a closed-loop referral platform that allows referring providers to monitor the outcome and status of referrals.

Findings continued…

- **Access to broadband internet and cellular services** continues to be a significant challenge for many rural and underserved urban populations.
- Michigan has made significant investments in health IT tools, yet many providers and clients lack the ability to consistently connect when needed.
- Increasing broadband access is a foundational element to expanding the adoption and use of existing tools.
- **Rural, vulnerable, and underserved populations are at risk of wider health inequities and racial disparities** when they lack consistent access to internet services and cellular phones with data and text messaging.
- Investments in these tools for underserved communities, as well as education and assistance programs for the aging population and the technology-challenged were identified as key needs.

Findings continued…

Significant gaps remain in health IT and HIE adoption between larger providers (hospitals, physician groups, health systems) **and smaller independent practices** (rural health clinics, behavioral health clinics, long term care facilities, aging and disability services, etc.).

Additional education, training, and investments are needed to improve HIE adoption and coordinated data exchange among smaller provider groups.

Identifying Missing Voices

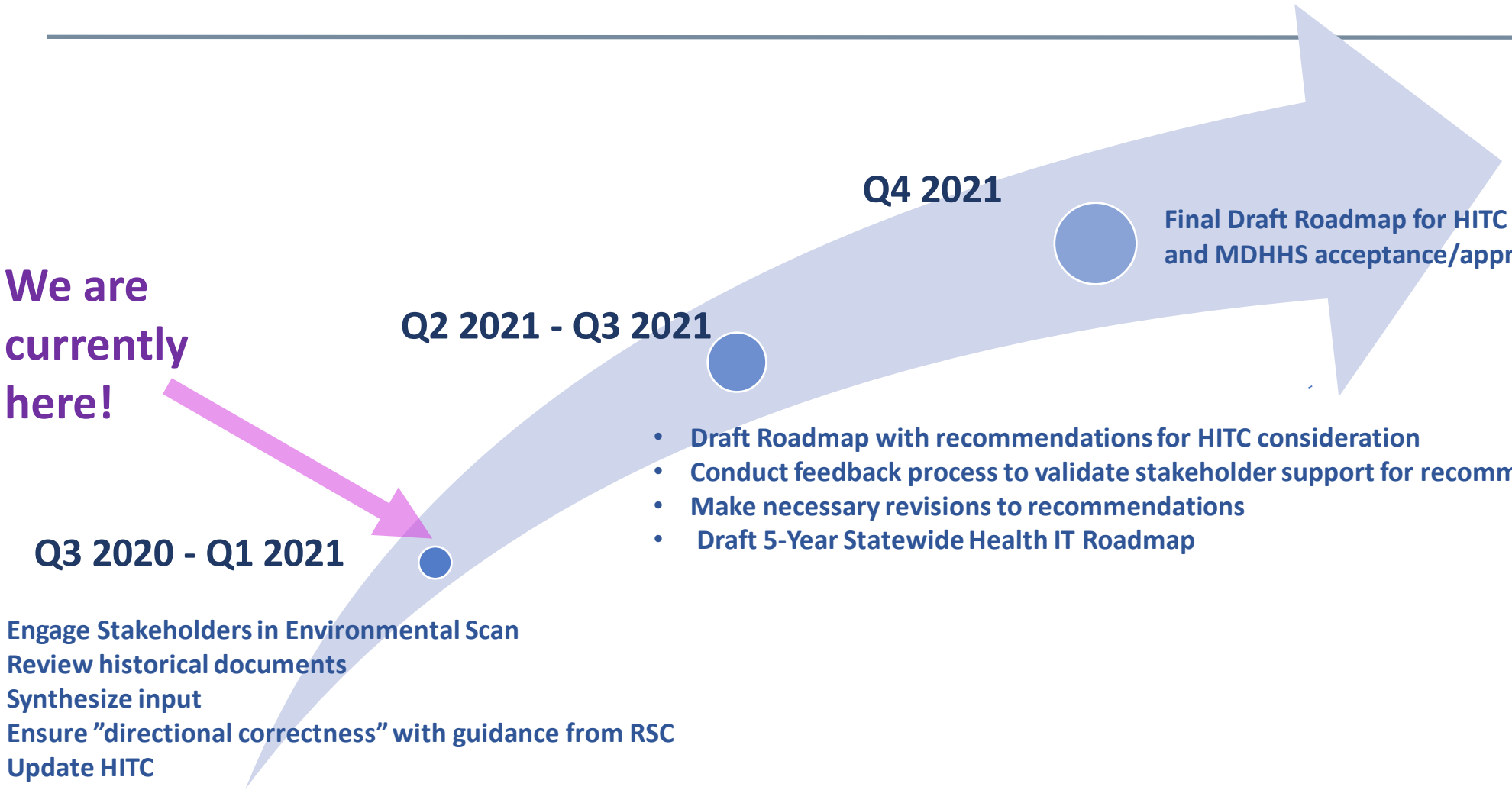
- We are reaching out to stakeholders who did not respond to outreach or who were unable to schedule time for interviews;
- We are working with DHHS to identify additional persons or organizations not previously identified, and to expand interviews with state officials and program leaders;
- We will conduct focus groups in March to ensure the environmental scan and roadmap recommendations represent the needs of as many Michigan stakeholders as possible.

Completing the Discovery Phase

We are beginning the Analysis and Synthesis Phase

- ~ 400 attendees to interactive virtual forums
- ~ 200 survey respondents
- ~ 40 in-depth interviews with key informants
- Missing Voices focus groups
- A review of historical documents

High Level Timeline for Roadmap Development Process



Upcoming Activities and Milestones

- ***February – March***
  - Identifying and scheduling focus groups for ”Missing Voices”
  - Analyzing and synthesizing survey data and key informant interview input
- ***April***
  - Draft Environmental Scan & Roadmap Recommendations Report
- ***May***
  - **Present the Environmental Scan and Roadmap Recommendations Report to Health IT Commission**
- ***June – July***
  - Validation of recommendations through stakeholder feedback and comments; ***“Did we hear you correctly?”***
- ***August – September***
  - Incorporate feedback on recommendations into the **5-year Statewide Health IT Roadmap with Sustainability Plan**
- ***October***
  - **Present the Draft 5-year Statewide Health IT Roadmap with Sustainability Plan to Health IT Commission**
- ***November – December***
  - Deliver the Final Roadmap for MDHHS to present to Michigan Health Endowment Fund

Questions and comments?

CEDARBRIDGE
GROUP

Thank you!

For more information, please contact
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Vatsala Pathy
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CEDARBRIDGE GROUP

6. Public Comment

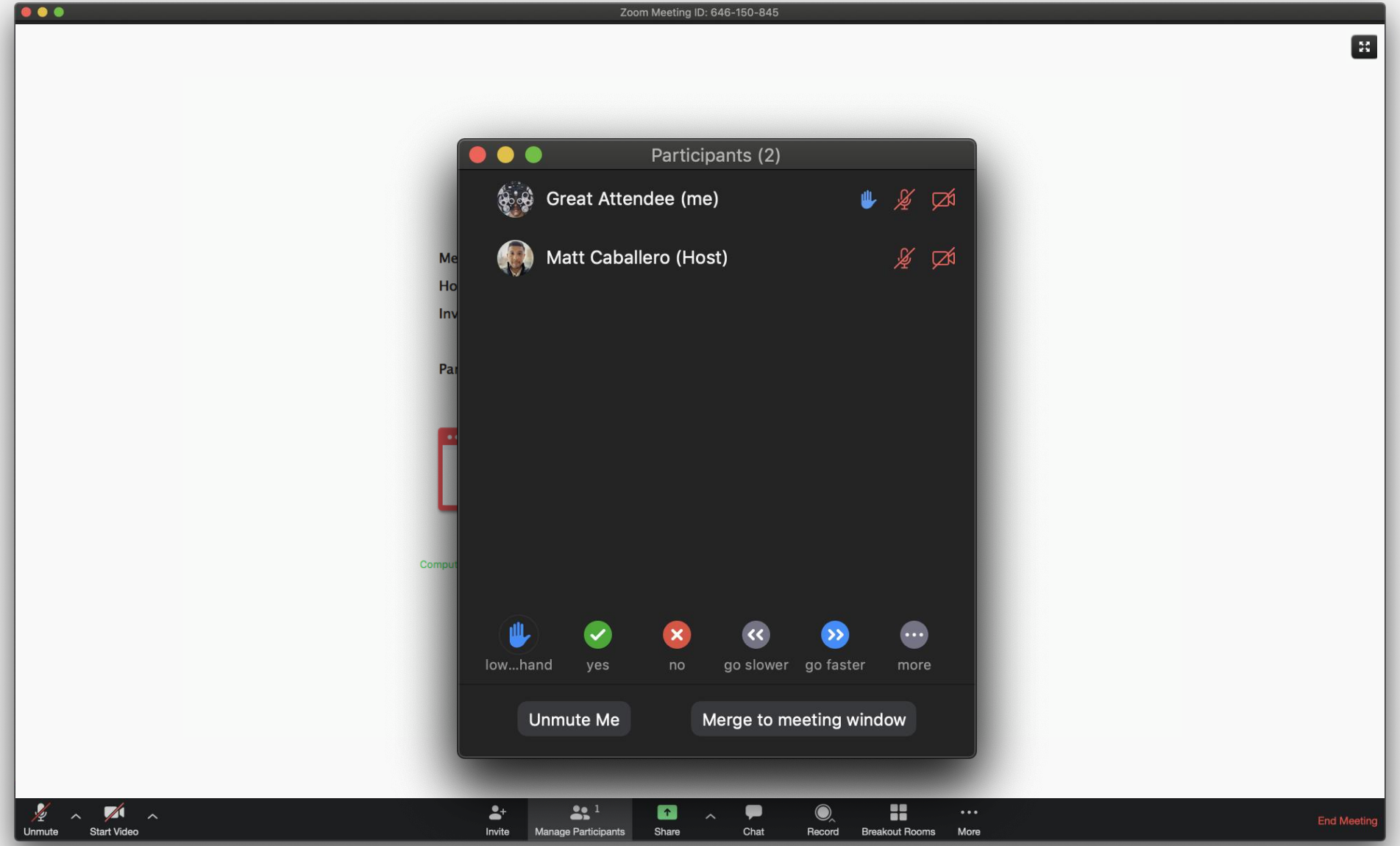
Public Comment Guidelines

Public comment will be conducted in three ways. Please note, pursuant to the Michigan Open Meetings Act, at no point during public comment are you obligated to disclose your name or organization.

Hand raising: Zoom meeting attendees wanting to verbally share comments will raise "their hand" (directions on next slide). The host will call on each attendee with a hand raised, at which point they will share their comment.

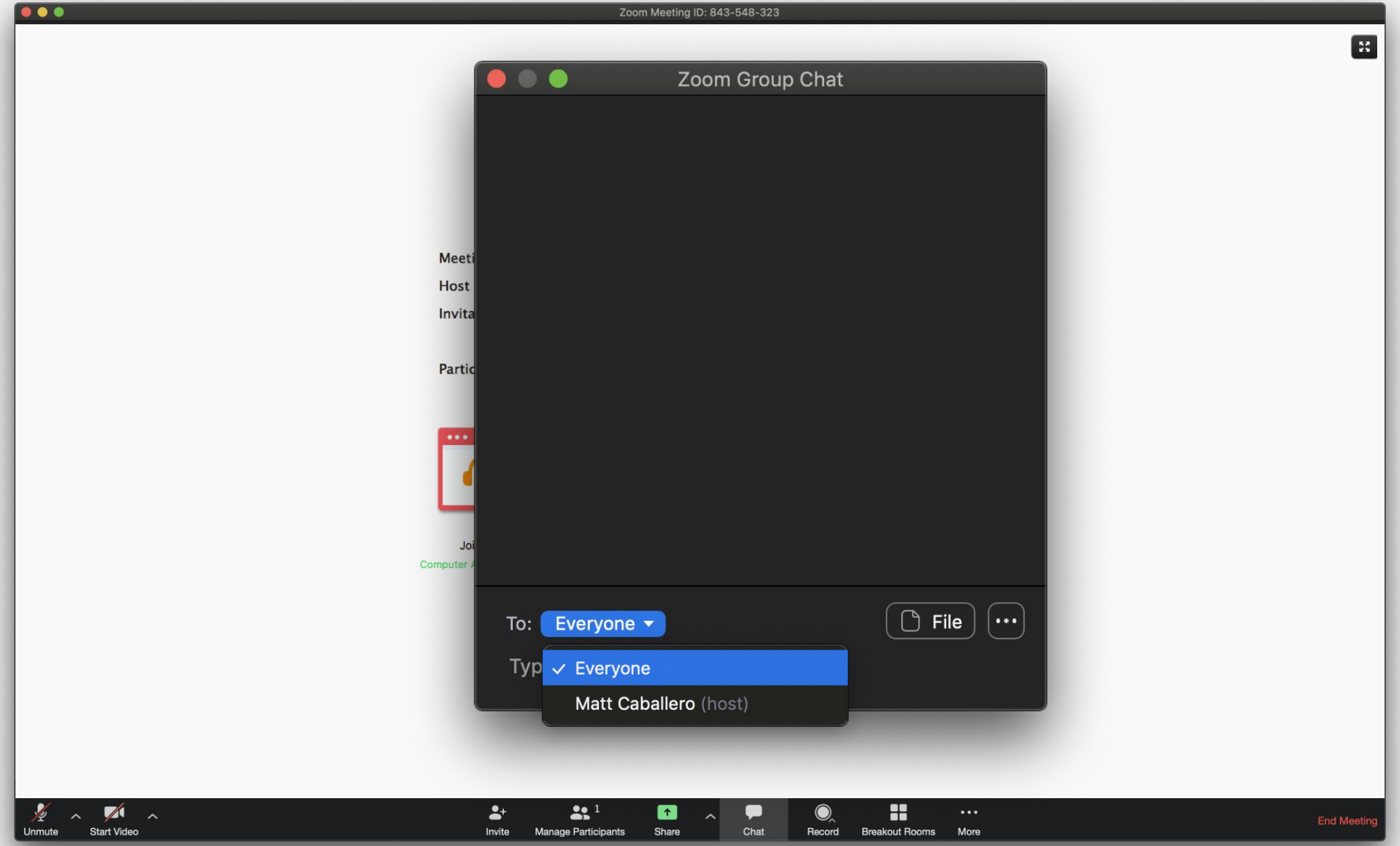
Group chat: Zoom meeting attendees wanting to share a comment in the meeting group chat (directions on a later slide) will have their comments read aloud by the host at a designated time.

Open comment: Any remaining attendees unable to participate in the previous methods will be invited to share during a final open comment period



Please *“raise your hand”* at this time if you would like to comment

The host will call on you when it is your turn to speak



Please leave a comment in the *group chat* now

The host will read them aloud for the commission to hear

Open Comment Period

Please share a comment at this time if you have not had the opportunity already

If you would like to submit any other comments to be shared with the commission, please send a message to JacksonC47@michigan.gov

7. Adjourn

Next Meeting:
Tuesday, May 25, 2021
1:00 p.m. – 3:00 p.m.

Virtual Meeting

Please check the Health IT Commission web page as the meeting approaches for details