Michigan Health Information Technology (Health IT) Commission Meeting Agenda

Tuesday, May 25, 2020
1:00 – 3:00 p.m.

Virtual Meeting
Zoom Conference Information:
Join from PC, Mac, Linux, iOS or Android:
https://zoom.us/j/5172849612?pwd=aGJlQ2pSWjBRWEZ3Rk4yZk1jTHRNdz09
Or Telephone:
US: +1 301 715 8592 or +1 312 626 6799 or +1 929 205 6099 or +1 253 215 8782 or +1 346 248 7799 or +1 669 900 6833
Meeting ID: 517 284 9612
Password: 330300

Item	Presenter(s)	Time
1. Welcome and Introductions A. Introduce New Commissioner: Beth Nagel	Chair	10 minutes
2. Commission Business A. Review of 2/23/2020 Minutes	Chair	5 minutes
3. MDHHS Update	Erin Mobley	5 minutes
4. Michigan Health Information Network (MiHIN) - SDoH Use Case/IR update	Michael Taylor (MiHIN) and Adam Giroux (MiHIN)	25 minutes

4. Michigan Health Information Network (MiHIN) - SDoH Use Case/IR update	Michael Taylor (MiHIN) and Adam Giroux (MiHIN)	25 minutes
5. Update on Health IT Roadmap A. Environmental Scan and Findings B. Recommendations	CedarBridge Group, RSC	75 minutes
6. Public Comment		
7. Adjourn		

Notes:

1. Handouts available for the public will be limited to the final agenda and annual public meeting notices. Please visit the MDHHS Health IT Commission web page for additional material (https://www.michigan.gov/mdhhs/0,5885,7-339-71551_5460_44257---,00.html)
2. Updates on the Michigan Health IT Roadmap can be accessed from the MDHHS Health IT Commission web page (https://www.michigan.gov/mdhhs/0,5885,7-339-71551_5460_44257-532606--,00.html)
3. Public comment for all items will be limited to three (3) minutes per item per speaker. This time may be adjusted dependent upon the number of speakers.
4. Subscribe to updates from the Michigan Health IT Commission, under "Doing Business with MDHHS"

Dated: October 26, 2020

Next Tentative Meeting:
August 24, 2021

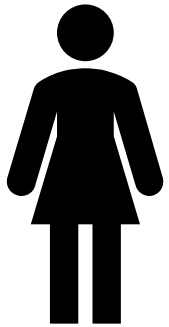
MiHIN
MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

Social Determinants of Health and Interoperable Referral Overview

Michael Taylor
Senior Product Marketing Manager

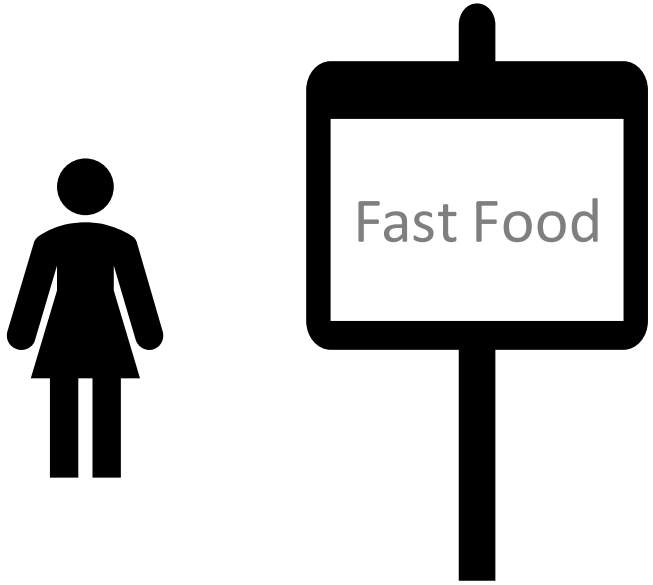
Adam Giroux
Senior Product Marketing Manager

This is Sarah Thompson



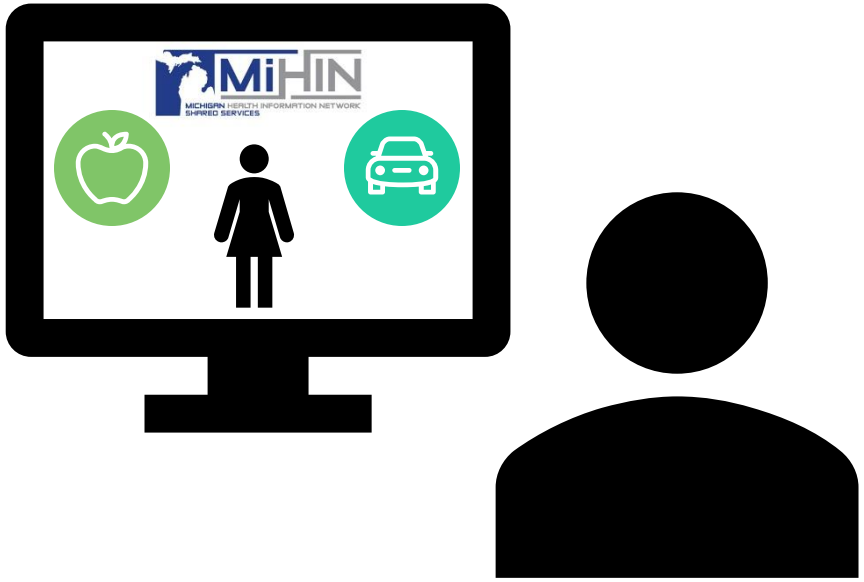
Sarah lives in a food desert and has no car

Most of Sarah's food comes from a convenience store and fast food



In an urgent care center, Sarah completes a screening survey which surfaces a food need and a transportation need

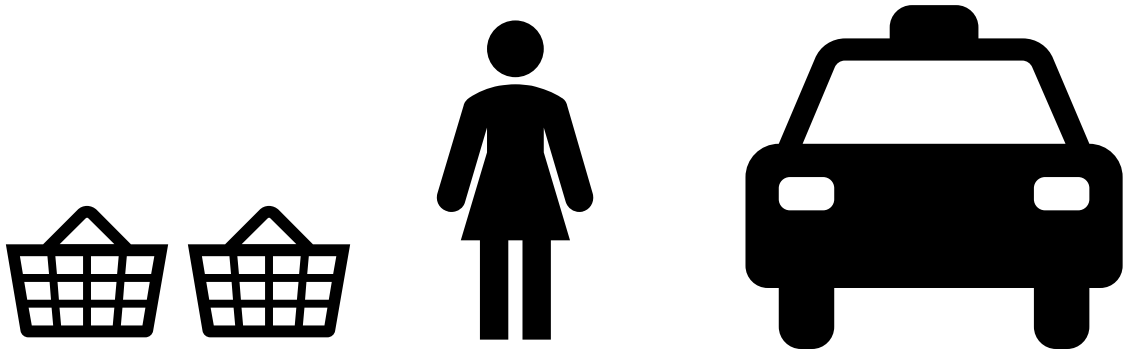
Through MiHIN those needs get to a community health worker in Sarah's area



The community health worker is an expert on social services and is familiar with programs that can help

After talking with Sarah, the community health worker makes a referral transmitted through MiHIN to 2 different community programs

Now Sarah Thompson has fresh groceries delivered, and transportation to get to doctor appointments



AAMC

SEARCH

STUDENTS & RESIDENTS

NEWS & INSIGHTS

DATA & REPORTS

ADVOCACY & POLICY

COMMUNITY ENGAGEMENT | ADVOCACY | PATIENT CARE

54 million people in America face food insecurity during the pandemic. It could have dire consequences for their health

BRIDGET BALCH, STAFF WRITER

OCTOBER 15, 2020

SHARE:

Physicians, researchers, and food policy experts highlight the need for accessible, healthy food to combat poor health in vulnerable populations.

American Hospital Association™
Advancing Health in America

COVID-19:
Addressing Patients' Social Needs Can Help Reduce Health Inequity During COVID-19

The COVID-19 pandemic is disproportionately affecting our Black, Indigenous and people of color (BIPOC) communities. Black and Latino Americans are three times more likely than white people to contract COVID-19. The Centers for Disease Control and Prevention reports the COVID-19 hospitalization rate for American Indian/Alaskan Native people is five times higher than white Americans. Black and Latino persons also face similar grim hospitalization rates, 4.7 and 4.6 times higher, respectively, compared to white persons.

Black people are dying at a rate nearly two times higher (24%) than their share of the population (13%), and, in 42 states, Latino people make up a greater share of confirmed cases than their share of the population, according to the COVID Data Tracking Project at The Atlantic.

SAMHSA
Substance Abuse and Mental Health Services Administration

Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Communities in the U.S. (Submitted by OBHE)

CBS NEWS

NEWS | 2020 ELECTIONS | SHOWS | LIVE

"Staggering" need: COVID-19 has led to rising levels in food insecurity across the U.S.

A Crisis Within A Crisis: Food Insecurity And COVID-19

npr

September 27, 2020 · 9:15 PM ET

MICHEL MARTIN

MEDCITY INFLUENCERS

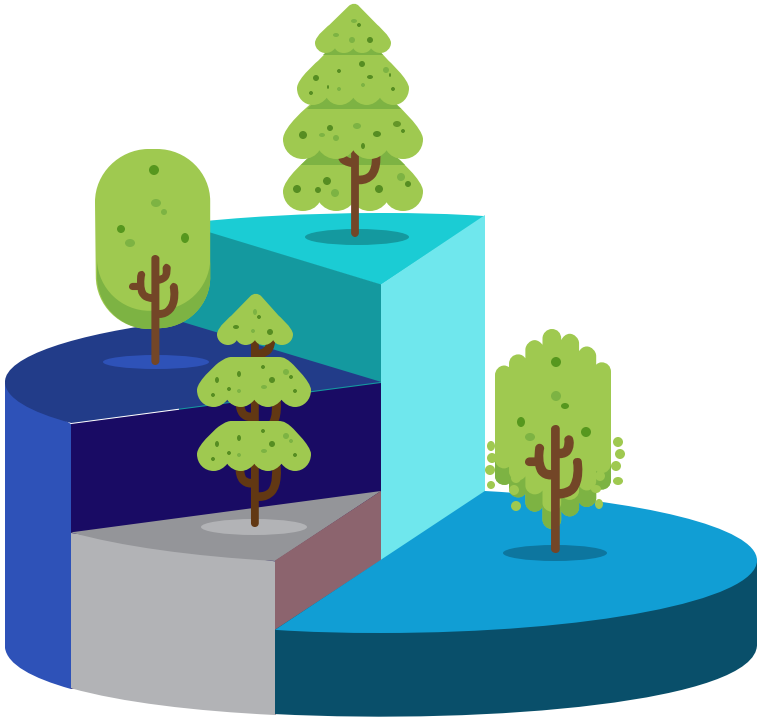
Politics won't fix the inequities in healthcare – but this will

MedCityNews

Imagine a world where every patient has access to a care manager armed with comprehensive, real-time data and the tools to take action.

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

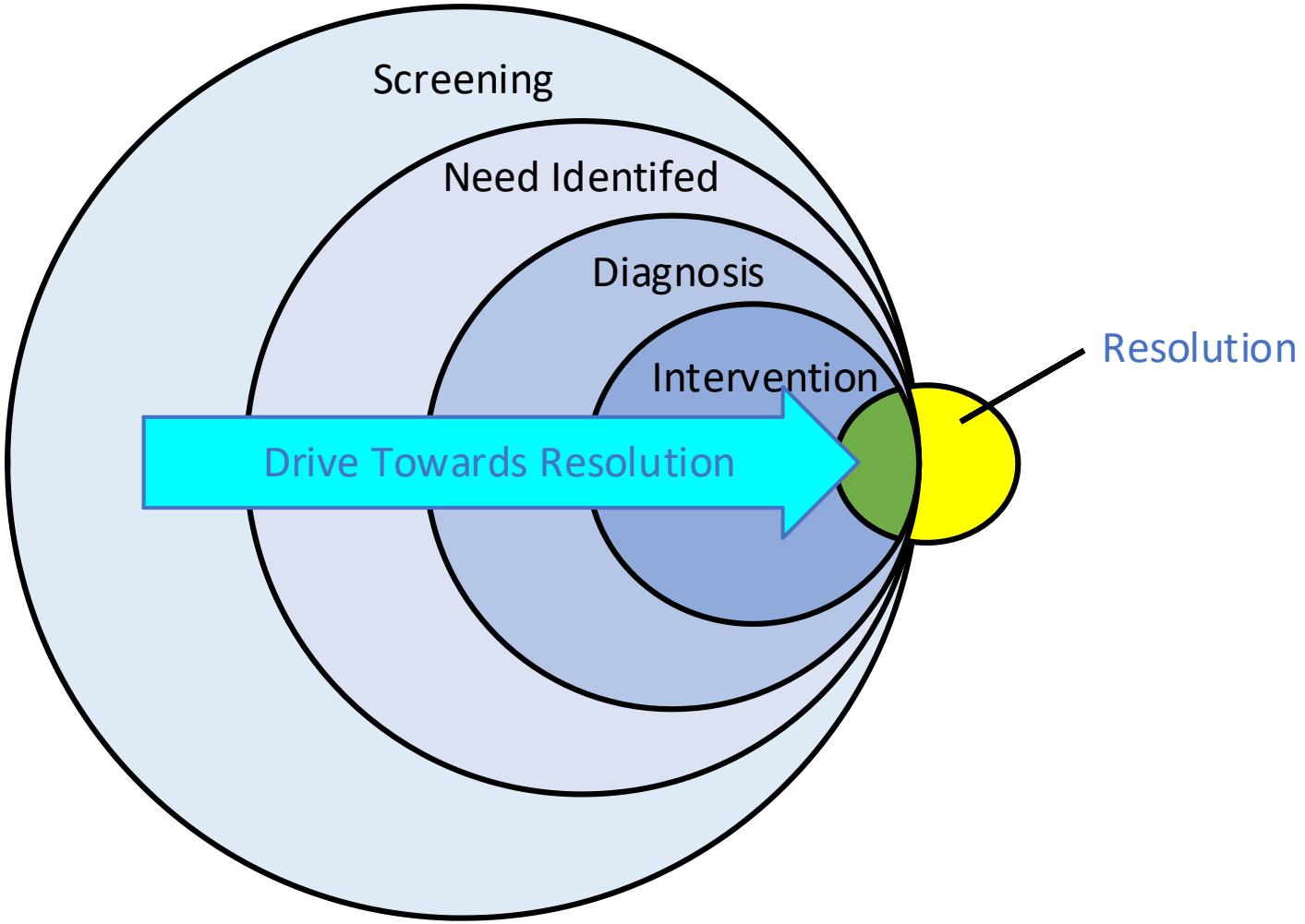
Enhanced SDoH Use Case



Enables and Supports:

- *Interoperability between siloed systems*
- *Creation of a social record*
- *Transitions of care and care coordination*
- Statewide population health trend and disparity aggregate reporting
- Identification of needs/unmet demand to drive investment and new programs

Why Start With Screening?



Domains for Normalization

Stakeholder and State Medicaid Recommendations

Food

Housing

Employment

Utility Assistance

Health Care Finances

Transportation

New:

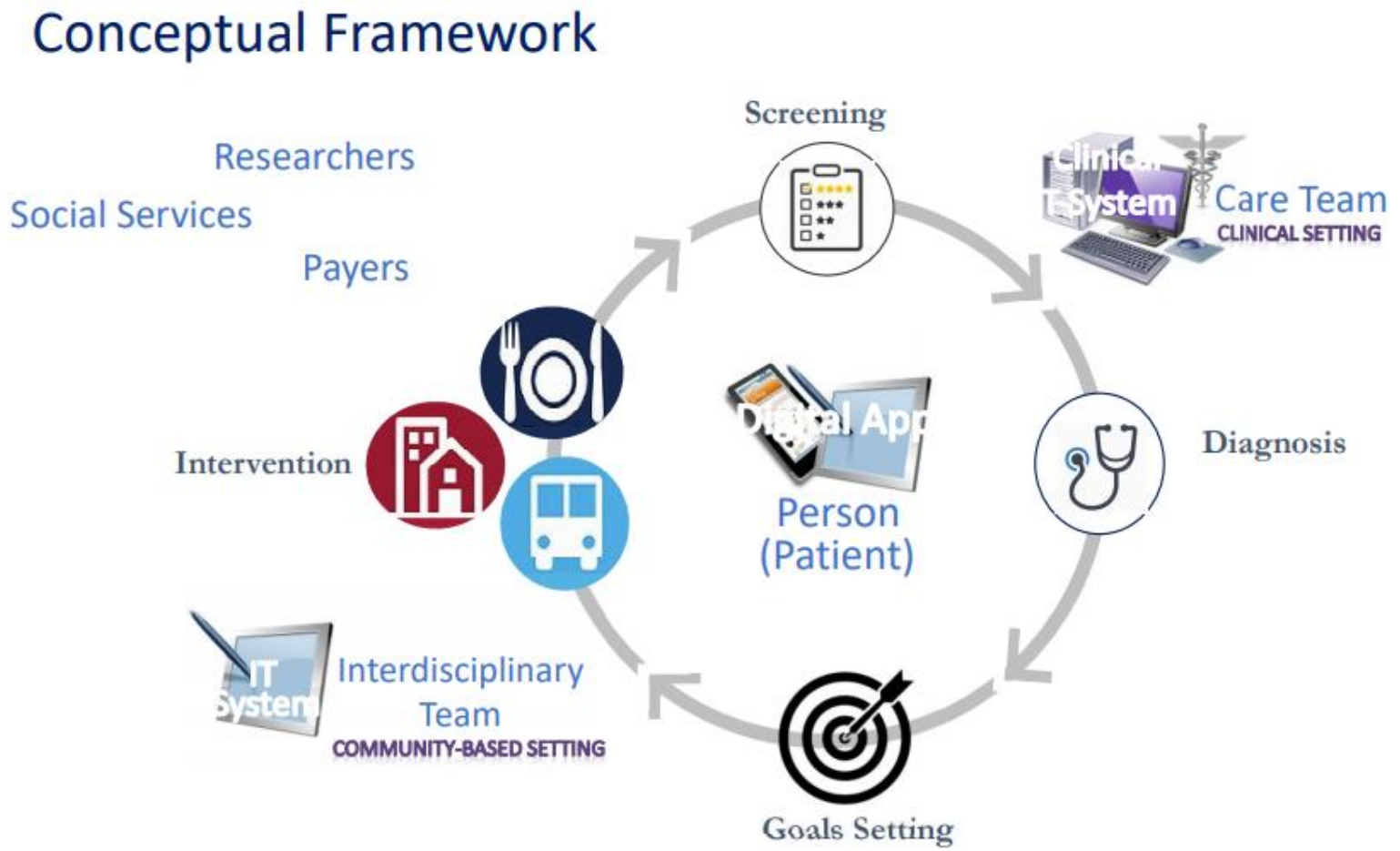
Depression

Anxiety

Stress

Gravity Project:

Developing standards to support care sector coordination



Source: Gravity Project

The SDoH Use Case

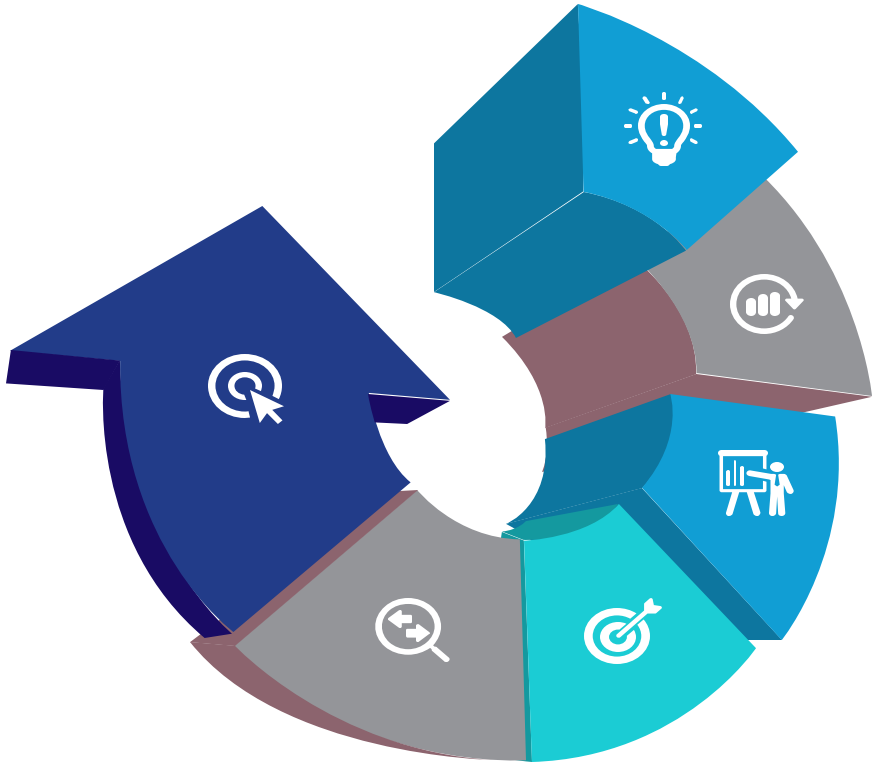
What's changed?

Three new domains have been added – Stress, Anxiety, and Depression

Requires participating organizations to map their SDoH screening to the MiHIN standard.

Provides data storage, reporting, and incorporation into foundational use cases (ACRS, HD, and Common Key)

Daily file submissions



Data will be made available to care team members declaring Active Care Relationships, either through:

- ACRS ADT
- MIGateway as a specific SDoH tab with longitudinal view
- Aggregate Reports

Replaced field for "Medicaid ID" with the organization's unique patient identifier (Common Key or MRN if you don't have it)

Added a field for gender

MiHIN MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

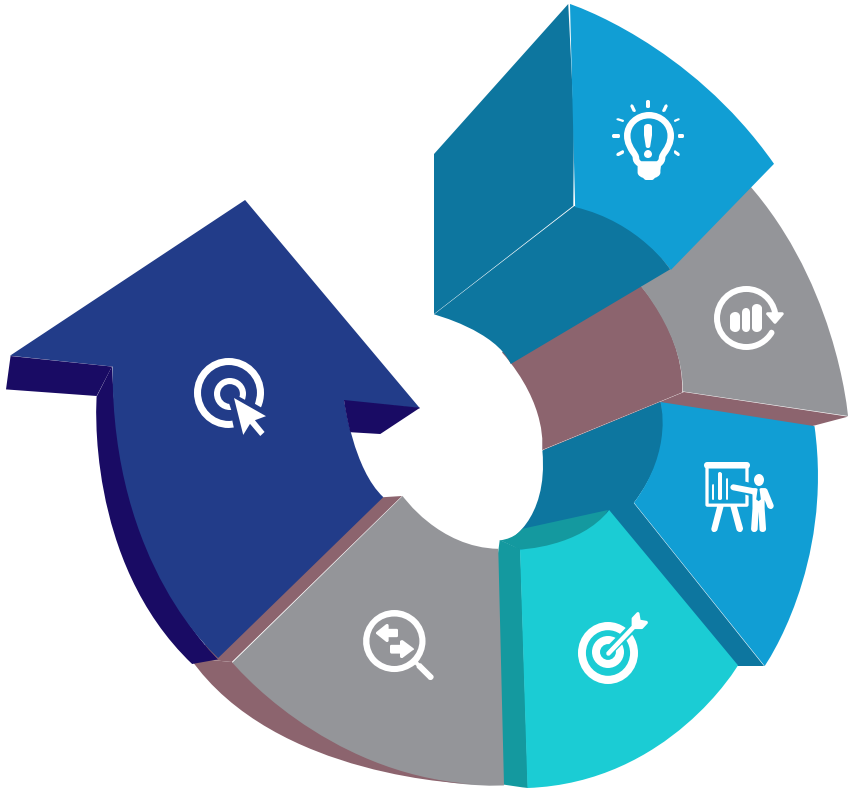
Interoperable Referrals Use Case

The Interoperable Referrals Use Case supports data exchange and availability across Interconnected Referral Networks (IRN) and community/vendor technologies.

Interoperable Referral Use Case—Payload

Use Case moves stakeholders to *Interoperable* Referral Network

- Focus of the Use Case:
  - Develop Standard Referral Payload data (aligns with national efforts): Aggregate/Reportable data
- Benefit: Drive interoperability between siloed systems (EHR, CBO platforms (Aunt Bertha, NowPow, Healthify, etc)



- Normalize and standardize the "payload"
- Create interoperable payload data exchanges
- Display/deliver referral information
- Compile, analyze, and deliver aggregate data to stakeholders

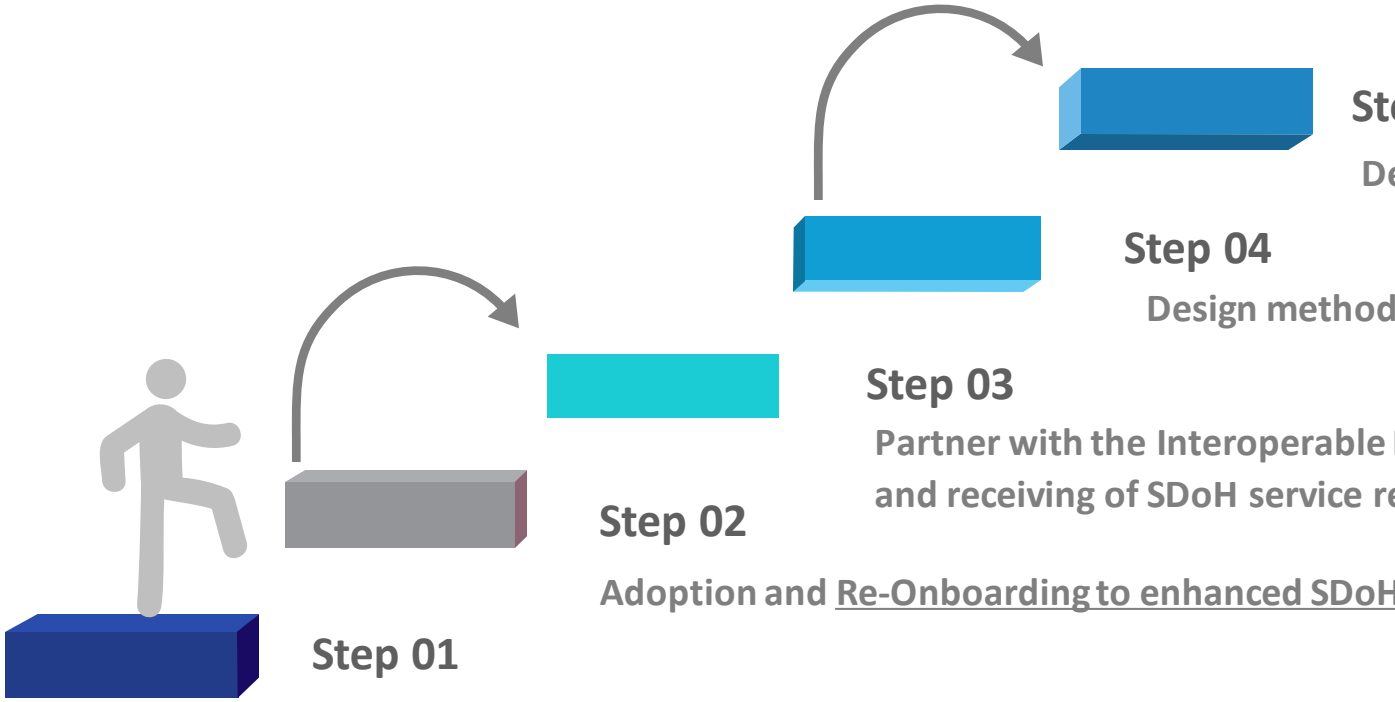
Referral Payload Data Requirements

- A referral was done
- When it was done
- By whom
- To whom the referral was made
- Subject (person)
- What was requested
- Status
- What was delivered/done

ONC for Health Information Technology presentation:
Community Care Referrals and Social Determinants, 7/21/2020

MiHIN Roadmap for SDoH Use Case

Phase 1



Step 01

Enhance statewide SDoH use case that supports sending and receiving of SDoH data to support bidirectional exchange of information between social and health providers.

Step 02

Adoption and Re-Onboarding to enhanced SDoH use case

Step 03

Partner with the Interoperable Referrals use case to support the sending and receiving of SDoH service requests

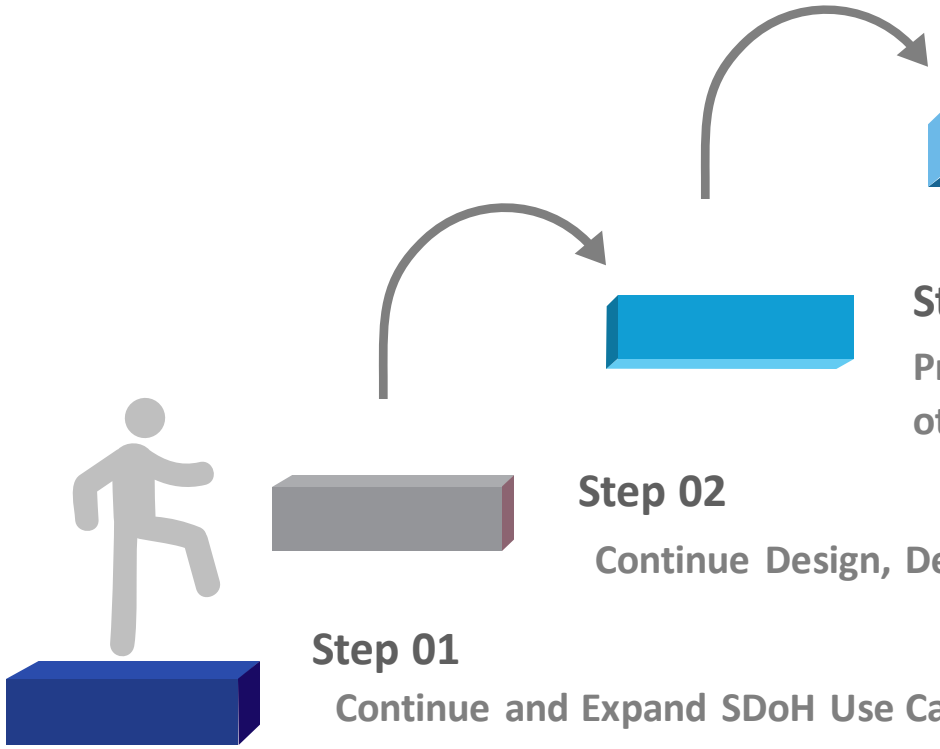
Step 04

Design methodology for reporting metrics

Step 05

Design capability to store SDoH statewide data, including Social Care Record

MiHIN Roadmap for SDoH Use Case
Phase 2



Step 05

Analytics/Demographics, Population-based Reporting

Step 04

Promote the SDoH requirements to support bidirectional exchange with other referral vendors

Step 02

Continue Design, Development, and Implementation of Social Care Record

Step 01

Continue and Expand SDoH Use Case Onboarding (Sending Data)

SDoH Screening Data Key Features

- ✓ Identify social needs (screening tool and referrals)
- ✓ Track social needs over time (Social Care Record)
- ✓ Ability to give patients more holistic treatment (MIGateway/ACRS Attributes/AWARE)
- ✓ Ability to assess and address needs beyond traditional medicine (all-payer all-clinical-and-social-provider incorporation)

MiHIN MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

Thank you!

Michael Taylor
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Adam Giroux
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Michigan Statewide Five-Year Roadmap

Environmental Scan
Draft Recommendations

Presentation to the Health Information Technology Commission

May 25, 2021

CEDARBRIDGE GROUP

MDHHS Michigan Department of Health & Human Services

Your CedarBridge Team

Carol Robinson
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Senior Consultant

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Senior Director
Project Director

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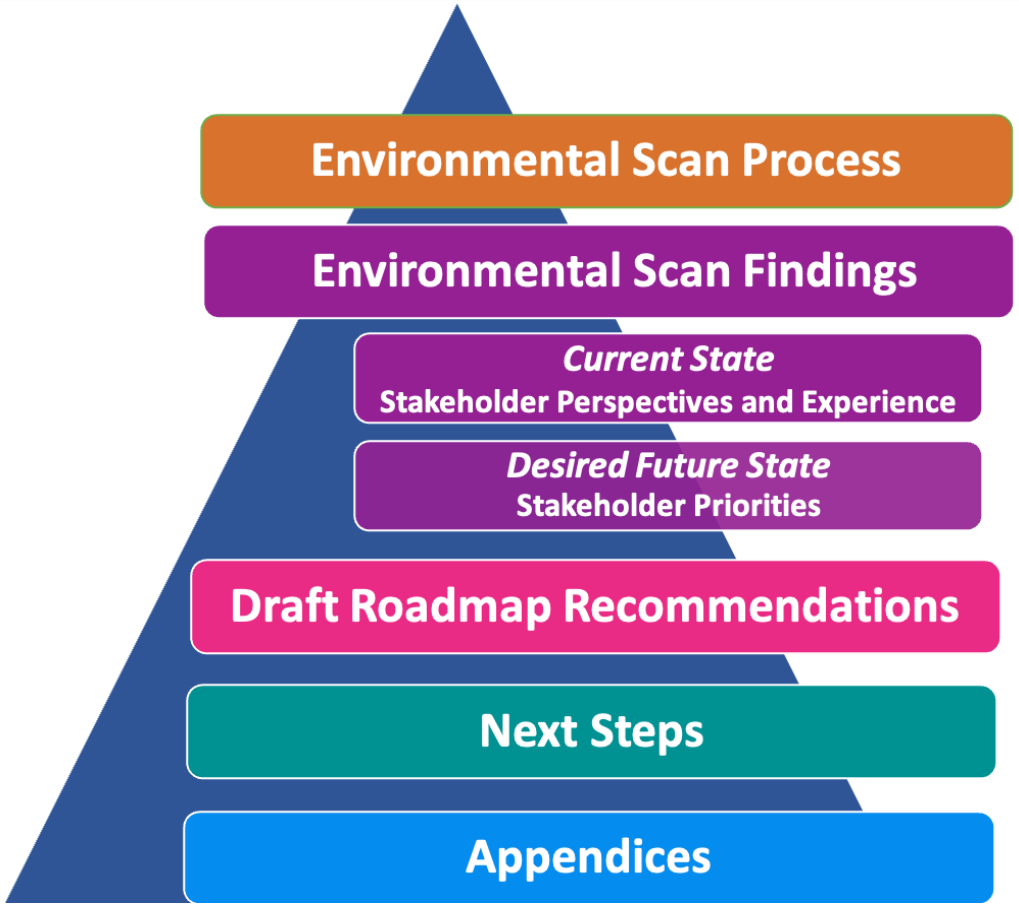
Consultant

The Process

- A decade after the **Conduit to Care Report,** Michigan Department of Human Services(MDHHS) and Michigan Health Information Technology Commission (HITC) set a priority to modernize the state's health IT plan
- Michigan Health Endowment Fund provided grant funding for the project and announced the initiative November 2019
- Planning for the Michigan Statewide Five-Year Health IT Roadmap commenced in March 2020



Roadmap Planning Imperatives

- Aligned with the ***Governor's 5-Year Priorities*** for MDHHS:
  - Improve maternal and infant health outcomes
  - Integrate and share data on social determinants of health to reduce disparities and social inequities
  - Improve data sharing with local communities to respond to lead exposure risk
  - Develop robust performance management tools that support the agency's focus on evidence-based decision making

Roadmap Planning Imperatives

Inclusive and transparent decision-making processes at the state and local level for organizations providing HIE/CIE services

Oversight and accountability mechanisms to protect publicly funded technology investments

Industry-leading standards for technology and data

Performance measurement processes for contractors and vendors

Policies to guard against inappropriate use of data and/or insufficient security and privacy measures to ensure data fidelity, consumer trust, and stakeholder confidence in data services supported with taxpayer funds

Environmental Scan Activities

- Identify Domains
- Identify Stakeholders in Domains
- Define Scope of Topics
- Establish Input Mechanisms
- Review Background Documents
- Gather Input
- Analyze & Synthesize

The primary goal:

Engage a broad representation of stakeholders in a comprehensive assessment to gather input in **two main categories**:

- The ***current state*** of health IT initiatives
- The ***desired future state*** priorities for health IT and HIE/CIE services

Environmental Scan Activities – Electronic Surveys

- **CedarBridge developed 10 electronic surveys and "shook the trees" to get them distributed across the state**
  - MDHHS contact lists
  - Partner associations (MHA, MMA, Area Agencies on Aging, others)
  - MiHIN and Qualified Partner HIEs
  - Michigan HIMSS
  - Organizations suggested by Commission members
  - Kindness and generosity of others

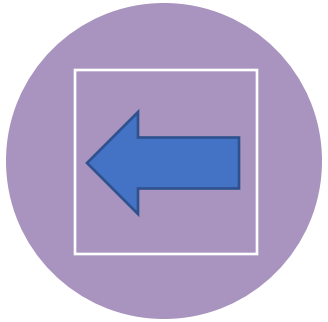
- **Responses from >200 stakeholders and organizations**

Environmental Scan Activities – Interactive Virtual Forums

16 interactive virtual forums in 8 topic areas via online video conference platform

Participation via large group and breakout discussions, real-time polling, and chat box features

More than **300** participants from communities across the state



Interim report on forums included in Environmental Scan Appendix A

Environmental Scan Activities – Key Informant Interviews

More than 100 individuals were interviewed by CedarBridge team

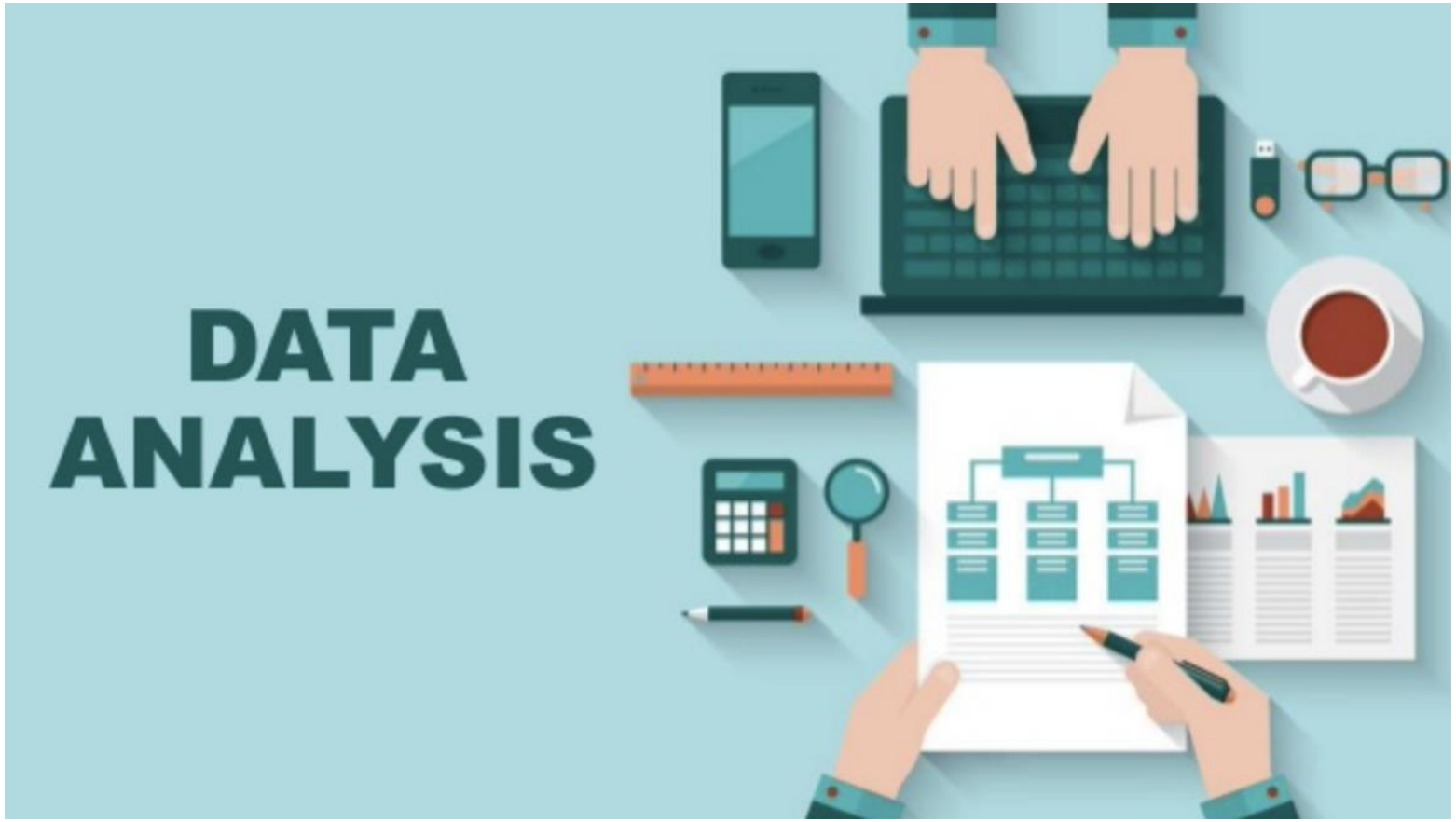
Stakeholder Domains
Ambulatory Provider Practices
Behavioral Health Providers
Social Service Organizations
Consumers
Emergency Medical Services Providers
Health Plans
Hospitals and Health Systems
Long-Term Care Providers
Public Health Agencies

Environmental Scan Activities – Additional Outreach & Engagement

- Input was collected from other groups during regular meetings
  - Lt. Governor's task force on Racial Equity
  - Community Mental Health Association of Michigan
  - MiHIN Operations Advisory Committee (MOAC)
  - Michigan Council of Tribes
  - Others

- Additional engagement of MDHHS program staff and leadership is needed prior to finalizing Roadmap strategies and action steps
  - Demands of the pandemic made participation difficult for agency leadership
  - Numerous departures of MDHHS management occurred during the past year

Environmental Scan Activities – Analysis and Synthesis



Health Information Exchange

Noun or Verb?

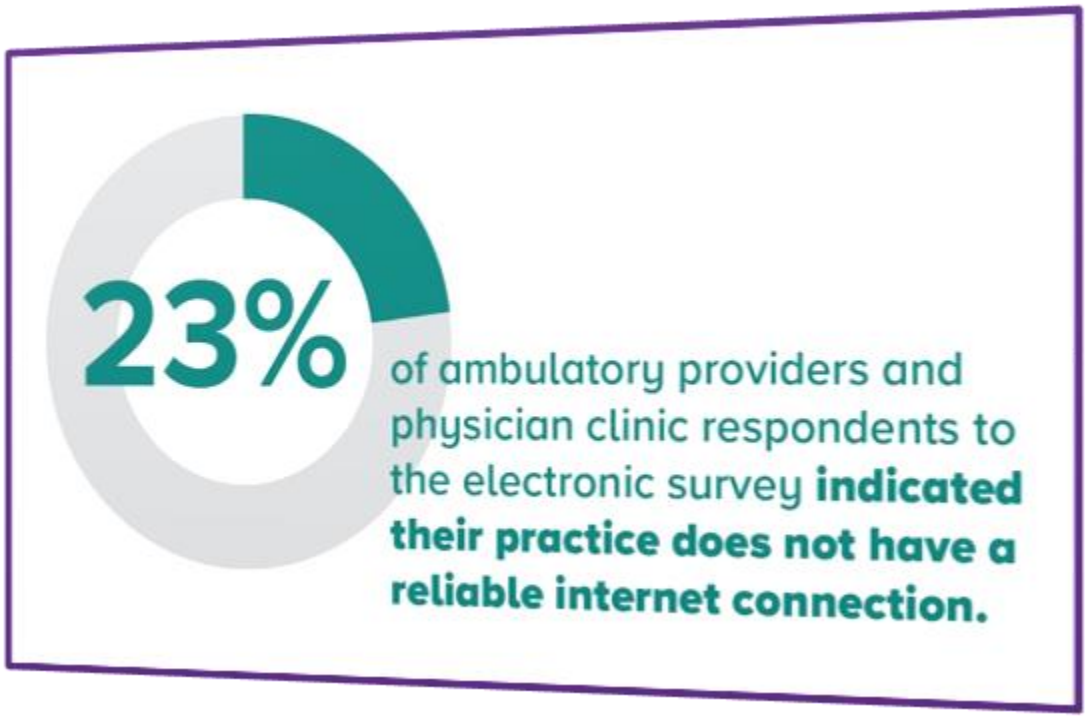
When the acronym “HIE” is used in this report, it is as a noun, an organization, a vendor, or a service enabling health information to be exchanged via electronic means.

When the term “electronic health information exchange” is used in this report, it is as a verb, meaning the action of health-related data moving electronically from one system to another, with the receiving system ingesting and displaying the data without significant effort.

“View only” access to data, while better than no access, is not considered to be electronic health information exchange by the authors of this report.

The Findings – Current State Overview

- Technology ***capabilities vary widely*** depending on the size and type of provider, as do competencies, system functionality, and technical support resources
- Access to ***mobile devices*** and ***reliable high-speed internet*** connections varies based on size, type, and location of organization, resulting in a "digital divide"
- ***Larger***, well-resourced organizations ***exchange more data***, and more data types, than smaller organizations and data they receive has ***greater integration with their clinical systems***
- Very high percentages of ***hospitals, health systems*** and professionals have ***taken advantage of EHR incentive*** programs



The Findings – Hospitals and Health Systems

- Consolidation of organizations leads to multiple EHRs in use with a plan to standardize on one EHR in the future
- Hospitals and health systems on the Epic EHR platform reported leveraging *Epic CareEverywhere* to exchange data with other organizations also on Epic systems
- Several hospital systems reported accessing national networks

The Findings - Hospitals and Health Systems

- **Expanding broadband** service across Michigan for ubiquitous high-speed internet service will reduce health disparities and save lives in rural communities.
- **Statewide Identity Services** managed as a public utility will lower administrative costs for hospitals and health systems and improve data quality across all systems.
- **Electronic Advance Care Plan Registry and real-time Death Registry** are investments desired at the statewide level.

"As we've been dealing with COVID-19 and staff are working remotely, ***high quality internet access*** *has become a bigger challenge than if staff were still in the work building."*

-Hospital System

The Findings – Ambulatory Providers

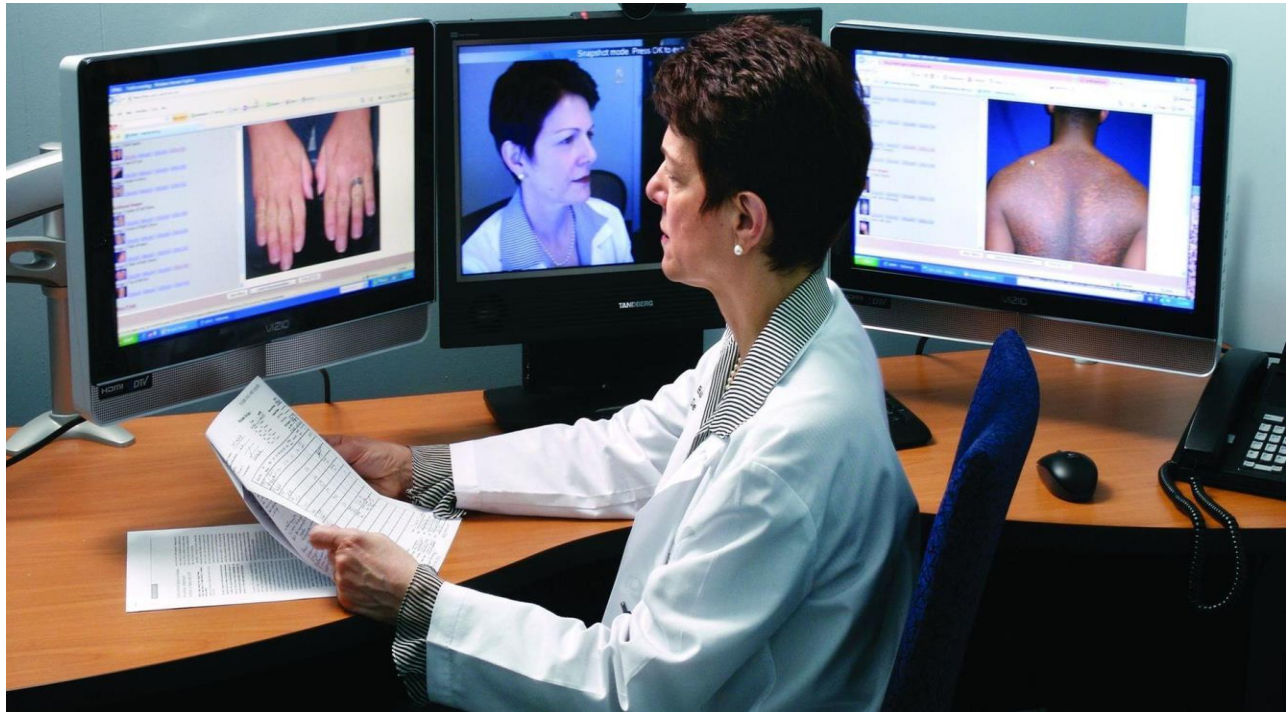
*"If you can get **essential information to me** as a primary care physician so I don't have to keep calling and looking stuff up that would be great, but **I'm tired of the verbosity of records** that are available…..an urgent care clinic will literally send me twenty-five pages of information for a 1cm laceration repair –it's ridiculous!"*

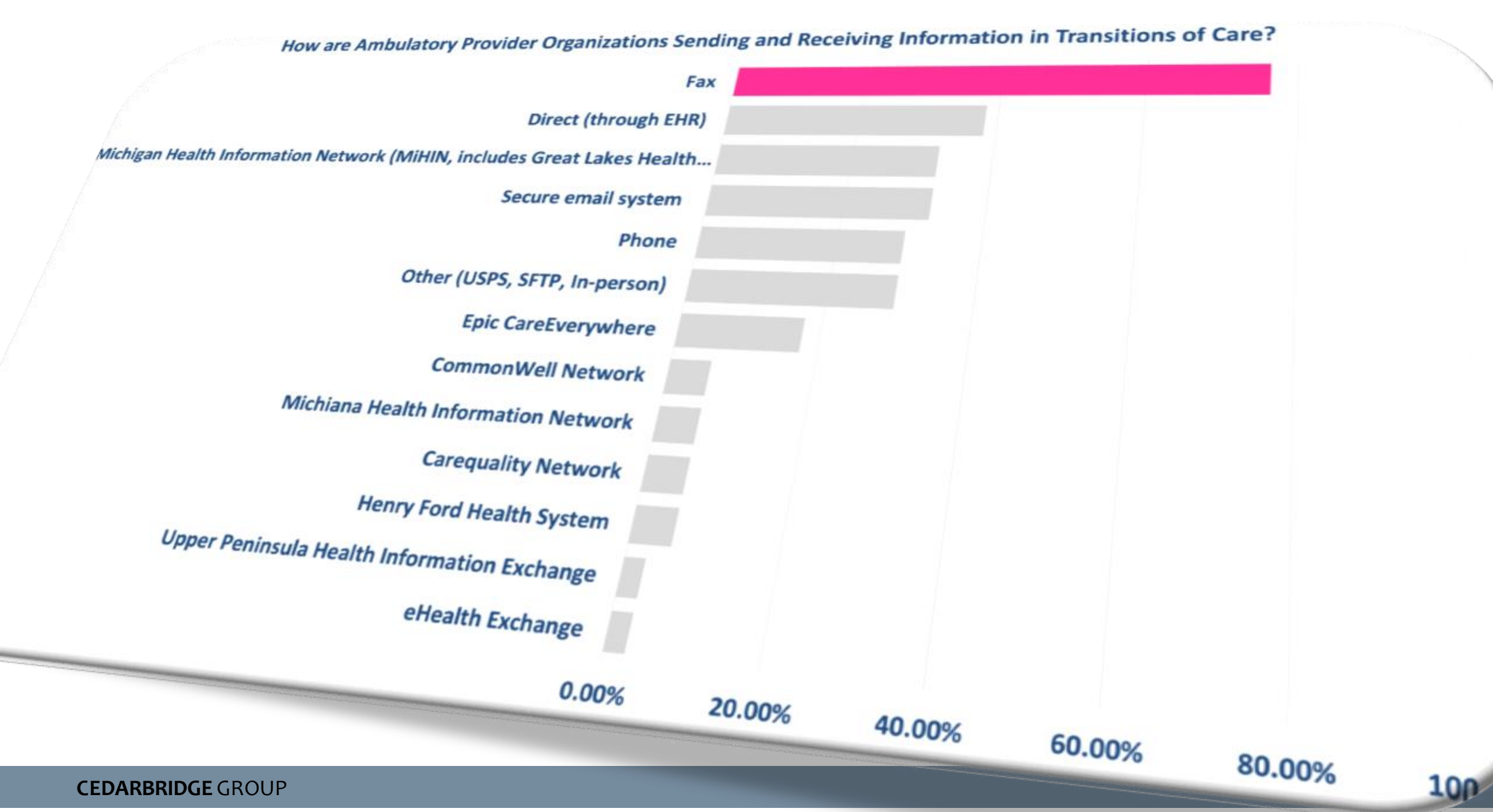
- Primary Care Provider

Survey Response from Ambulatory Provider to the question:

"How does your organization receive patients' clinical data from other providers?"

"We beg, go into some d%mn Epic EHR and print. Then we trash 98% and keep 2%.We spend an inordinate amount of time going through this."





The Findings – Ambulatory Providers

- Access to the **"best possible" history of medication data** is a high priority for all stakeholders.
- Providers need more **clinical data** at the point of care, especially **lab results, radiology image, and care summaries** from other providers.
- Better **access to PMP AWARxE**, Michigan's prescription drug monitoring program system, also known as MAPS, and to University of Michigan's System for Opioid Surveillance (SOS). Stakeholders would like to connect through MiHIN to access these services through a single sign-on portal.
- Access to **Veterans Administration** and **Department of Corrections** health records through MiHIN or a qualified partner HIE.
- Support for provider practices to **onboard to HIE services** with MiHIN and/or Qualified Partner organizations. Policymakers and health plans might consider incentive payments for HIE participation and including a quality measure for data sharing in value-based contracts.

The Findings – Behavioral Health Providers

- Access to funding (in the form of grants, loans, incentive payments, quality payments, other) for behavioral health providers to adopt EHRs and onboard to HIE services.
- Access to more complete clinical information about individuals, including social needs assessments.
- Technical assistance and ongoing training in effective use of health IT to support more integrated models of care.
- A statewide consent management solution to improve care and reduce risks of sharing sensitive data.

In Their Own Words...Behavioral Health Survey Responses

"Electronic consent that can be queried is the biggest need that will allow greater publishing of behavioral health data to physical healthcare providers for them to participate in integrated care."

"Regarding 42 CFR Part 2 **we don't want to be casual about confidentiality,** but we want to be focused and clear about when clients want their records shared with other providers."

"Broadband or cell coverage across our county is one of the biggest limitations for clinicians out in the field."

"Many contracted providers do not have the technology or skill set to participate in data sharing."

"Clear definition of regulations and legal requirements, training for Mental Health professionals on what can and cannot be shared is needed across the state. Standardized electronic consent is still absent in many systems, final decisions need to be made on which eConsent will be implemented so EMR vendors can begin work on implementation."

"A universal consent tool would be useful. Clarification from state on sharing behavioral health information as some data has additional sharing restrictions."

The Findings – Social Services Organizations

- Social services and community-based organizations have many priorities in common with provider domains in healthcare; these stakeholders often have more needs for technology onboarding and training support.
- Electronic consent management is a priority of social services organizations. Stakeholders see opportunities increase confidence in sharing information between organizations, reduce legal and operational barriers to care coordination, and to support client choice around the use of personal data.

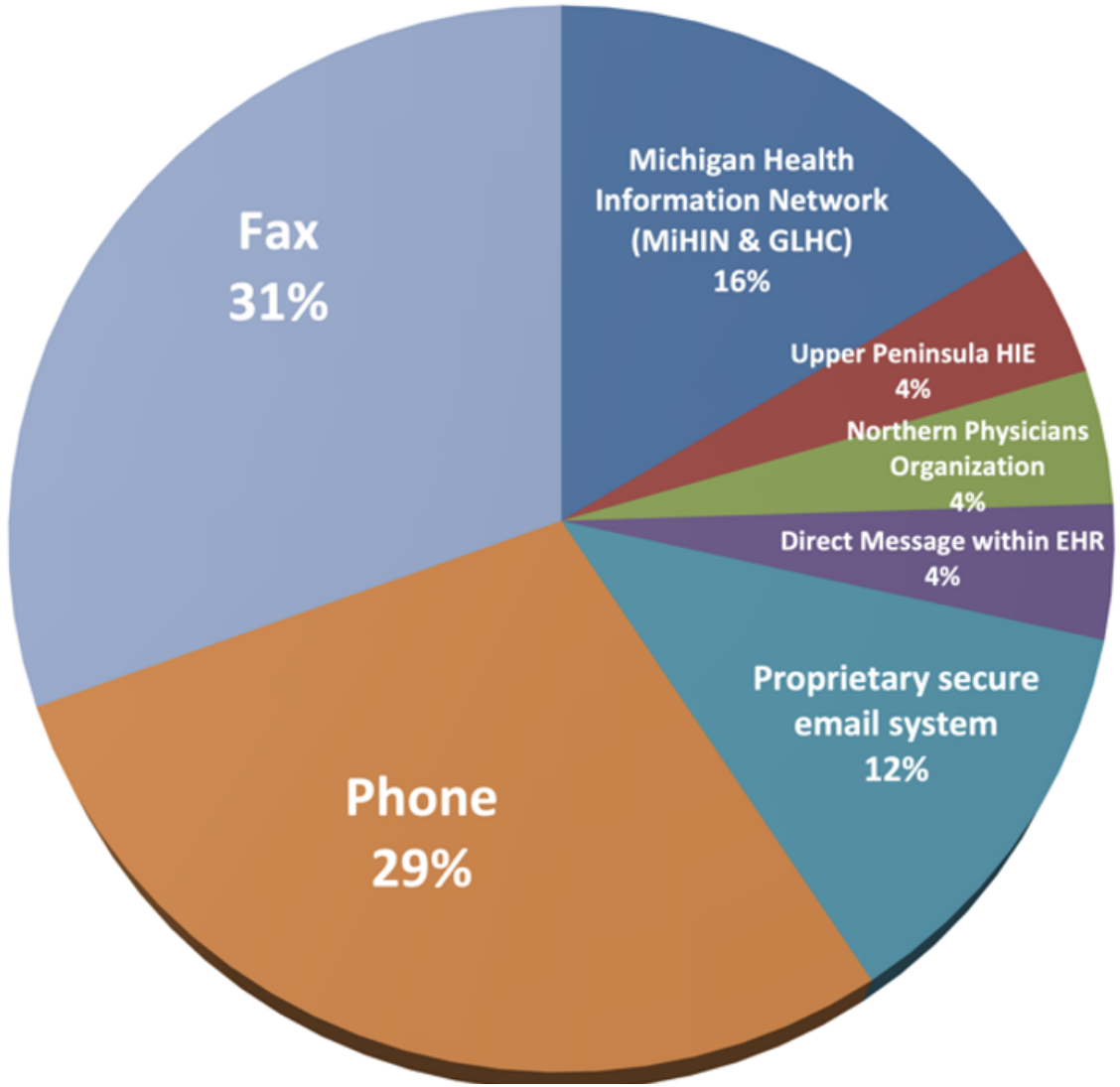
"There are so many organizations attempting to develop their own Information Exchanges; we need to have ONE versus organizations potentially managing many."

-Social Services Agency

The Findings – EMS Providers

- Mobile access to medication lists, diagnosed conditions, and information about severe allergies would be useful when time is limited in emergency settings. Making the EMS-entered data in MI-EMSIS available to hospitals and care coordinators is also a priority, to save time and improve coordination in care transitions.
- Access to physician orders for life sustaining treatment (MI-POST forms), and other advance care plan documents through an online registry is a high priority to EMS providers (also hospitals and health systems).

How are Public Health Agencies Currently Sharing Information?



The Findings – Public Health Organizations

- Many data sources and systems were identified as high priorities for this historically underfunded sector of healthcare. More information on patients' health histories is desired by public health providers for improving delivery of care and services.
- The pandemic has highlighted the need for more training and technical assistance to improve the technology skills of the public health workforce.
- Priorities are analytic solutions for measuring population health and additional aggregated data sources (population health level).

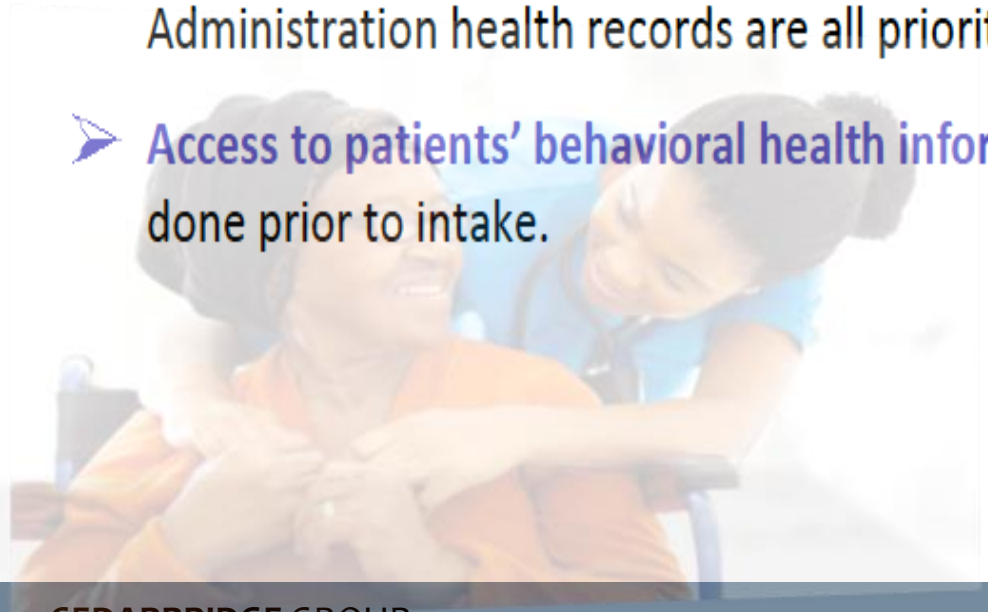
The Findings – Long Term & Post Acute Care

"The more patient-specific information that we can receive in an organized manner that is easy to access & navigate, the better. General information such as "Discharge to home" is not as beneficial as providing the actual address. Specific information, such as the discharge address and more details of where the individual was discharged to, enhances continuity of care."

- Long Term Care Provider

The Findings – Long Term & Post Acute Care

- More clinical information about the patients they care for, especially upon intake when patients are transferred from an acute care facility to a long-term care facility.
- Medications and diagnosis information in ADT messages from hospitals and emergency departments, lab results and radiology images with reports, care summaries, and access to Veterans Administration health records are all priority data types for providers in this domain.
- Access to patients' behavioral health information, trauma history, and social needs assessments done prior to intake.



The Findings – Health Plans

- Michigan payers are aligned around setting a Roadmap priority for improving data quality.
- The health plans would like for the hospital ADT notifications to include diagnosis and medication information.
- Health plans are interested in exploring additional statewide health IT services; insurers with smaller market share want to be more engaged in planning processes to ensure investments in shared services will benefit all Michiganders.

The Findings - Consumers

Consumers who participated in engagement activities shared their perspectives in three contextual areas of health information technology

- The ability to access their own health information
- Perceptions about providers' ability to access valuable information about their patients
- The ability to provide, review, or revoke an electronic consent authorization (eConsent)

"A good portion of our population do not have home internet. They do have cell phones, but the data plan for the service is maxed out."

- Healthcare provider describing technology disparities faced by consumers

The Findings - Consumers

50% of consumers who were interviewed reported having been required to **hand-carry their records from one provider to another** when referred

42% of individuals interviewed **revealed being unhappy about the lack of control** they have over who views, uses, and shares their personal health information

86% of the consumer poll respondents **indicated having a virtual healthcare encounter** withing the previous twelve months

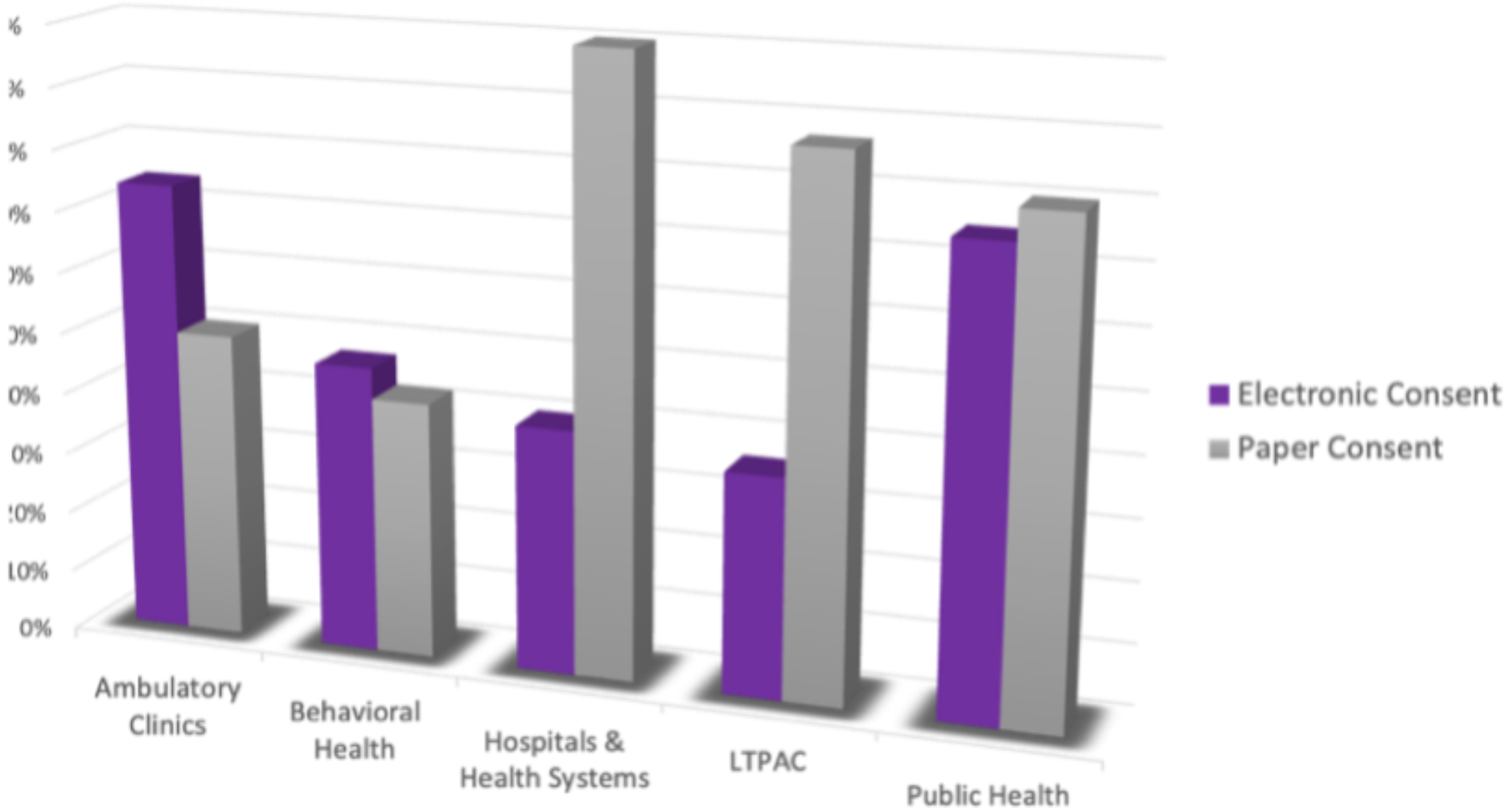
Most consumers expressed confidence in the privacy and security protections put in place by their own provider

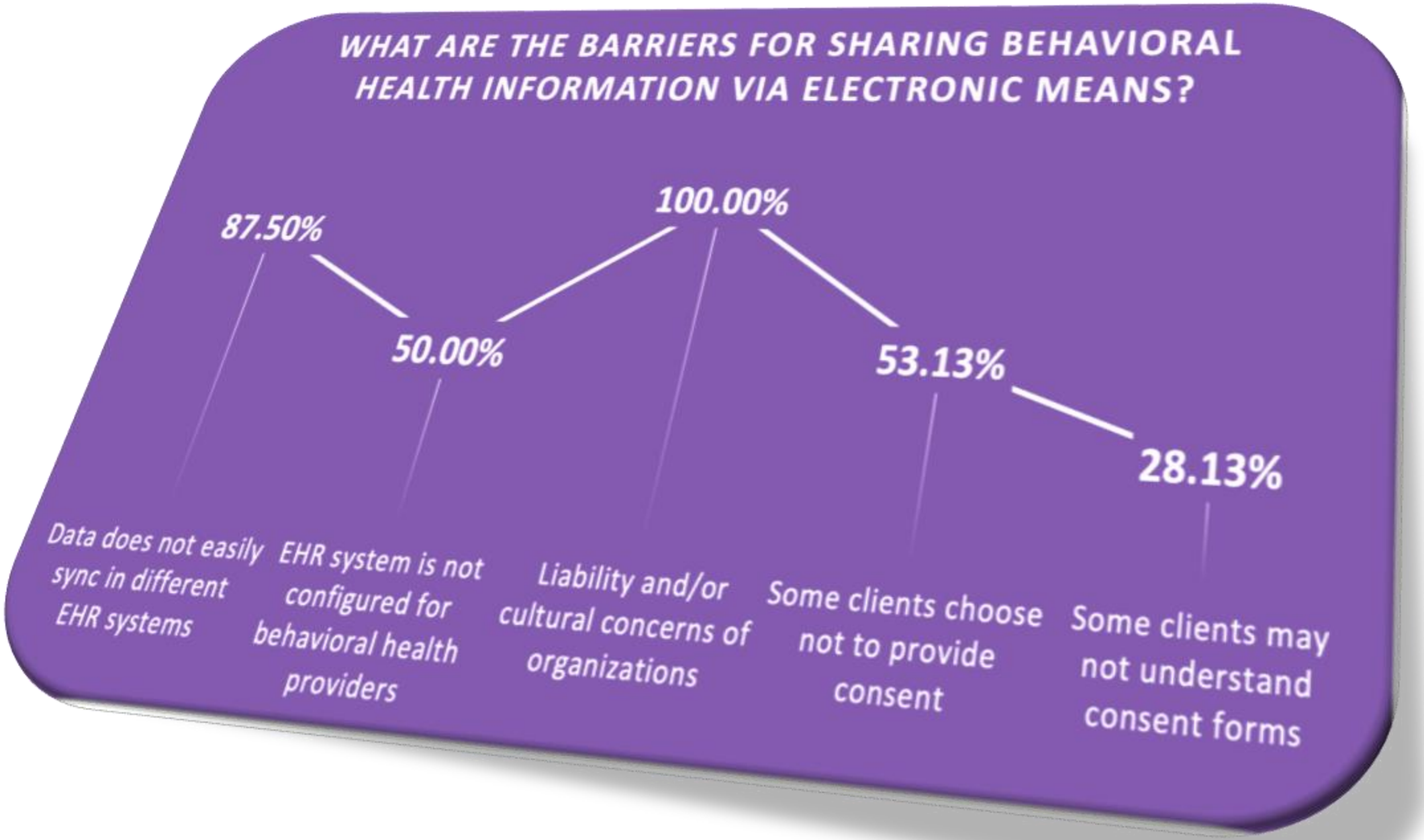
Findings Across Domains - Specially Protected Health Information and Consent

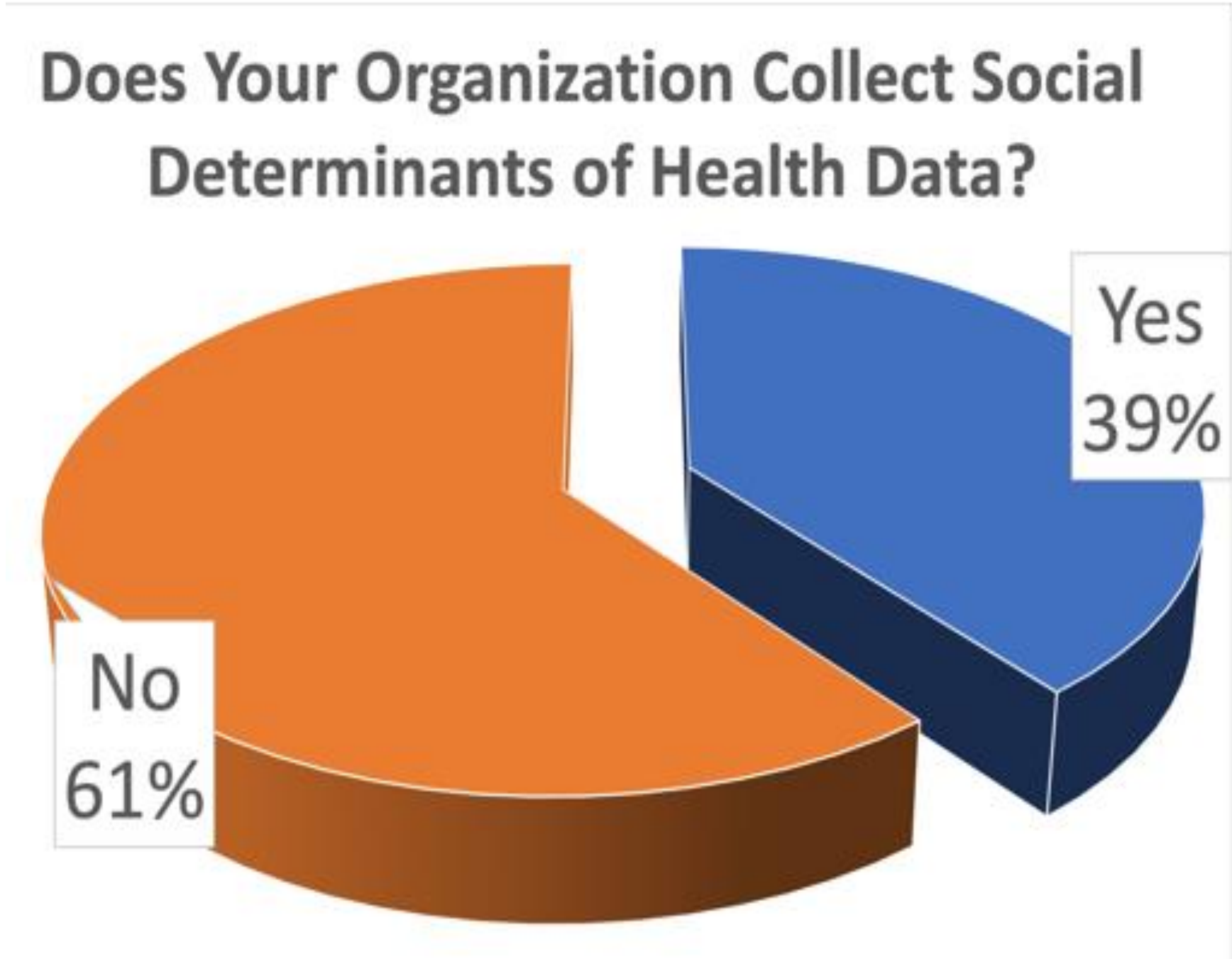
- There is ***wide variation*** in approaches to ***handling specially protected health information*** as prescribed in 42 CFR Part 2

- Some organizations are ***unsure of specific requirements*** for disclosure and redisclosure

Paper Consent or Electronic Consent Management?




WHAT ARE THE BARRIERS FOR SHARING BEHAVIORAL HEALTH INFORMATION VIA ELECTRONIC MEANS?
87.50%
50.00%
100.00%
53.13%
28.13%
Data does not easily sync in different EHR systems
EHR system is not configured for behavioral health providers
Liability and/or cultural concerns of organizations
Some clients choose not to provide consent
Some clients may not understand consent forms


Does Your Organization Collect Social Determinants of Health Data?
Yes
39%
No
61%

The most common barriers to community-wide information exchange are:

- ✓ **Cost**
- ✓ **Negotiating organizational data-sharing agreements**
- ✓ **Making sure accurate and up to date consent forms are in place**
- ✓ **Lack of interoperability between IT systems**

"…it would be beneficial to have access to an updated care team for an individual that represents all services provided – hospital, ambulatory, community-based, in-home, etc. This care team would show physicians, pharmacies, case managers, home care agencies, health systems, Waiver Supports Coordinators, and other programs or services the individual is associated with."

---Social Service Organization Executive

Cybersecurity and Privacy Protection

TECHNICAL SOLUTIONS

- Deploying new firewalls in information technology
- Implementing dual factor authorization for user identity verification
- Adding security to building entries
- Requiring staff to display identification while on company property

PROCESS SOLUTIONS

- Random surveillance of system use by staff and regular audits of system user logs
- Conducting independent risk assessments
- Developing new security plans and adopting new protocols and policies

PEOPLE SOLUTIONS

- Requiring additional HIPAA training for personnel
- Rewarding employees for identifying spearpfishing attempts and for notifying appropriate personnel
- Reviewing organizational policies and protocols on a regular basis with staff

Funding Considerations

CMS is encouraging states to require other organizations, particularly health plans and Medicaid managed care organizations benefiting from technology investments previously supported through federal and state funds, to contribute financially, as well.

Workforce Considerations

Primary Stakeholder Needs:

- ❑ Technical staffing resources for agencies and delivery system organizations, like smaller private practices, with complex information needs
- ❑ Training and support, especially for smaller organizations
- ❑ Transformation in the delivery of healthcare and social services with health information technology built in, not merely as an augmentation

Desired Future State – Stakeholder Priorities

BIG PICTURE:

During the ***Engagement and Discovery*** phase of the Roadmap planning process, stakeholders shared ideas for **standards**; for creating more **community collaboration**; and for **setting policies and/or taking regulatory actions**, among many other topics

A common theme across multiple domains was the ***desire for Michigan's elected officials, MDHHS administrators, Commission members, and business leaders*** across the board, to step up with ***stronger engagement and leadership*** on health IT and HIE initiatives.

Desired Future State – Stakeholder Priorities

"Varying responses today are a symptom of lack of vision. We are all not operating in unison because we are not being led from an entity of authority.

Innovation is great but it would be nice to have one leader saying, "let us all do this"."

Desired Future State – Stakeholder Priorities

Stakeholders expressed urgency and frustration about the need for leadership in establishing statewide standards and data exchange requirements, and in structuring more meaningful opportunities for public/private participation in setting statewide priorities and strategies for health IT and HIE investments.

"…where is the singular state level vision that says everyone in Michigan will do these things? I do not want to stifle innovation because local needs are different, but there needs to be that central voice."

Desired Future State – Stakeholder Priorities

Leadership:

"Policymakers must start thinking about health data and data sharing in more global terms.

When integrated health is the focus, providers need to be able to share data across the board."

-Key Informant Stakeholder Comment

Workforce:

"We don't need more doctors in the country. We need more navigators, social workers, community health workers, and people who can talk to patients about what their individual barriers are to positive health outcomes."

- Emergency medicine physician

Key Themes

- **Relevant and easy-to-access clinical information** at the point of care is needed by providers across all stakeholder domains.

- **Accurate and timely information in public health systems** is needed to protect population health and to prepare for future public health emergencies.

- **A statewide directory of social service and healthcare organizations** would improve care coordination across organizational networks and state programs.

Key Themes

- **Engagement of Michigan's top executives** in government and business is essential to ensure successful implementation of the Statewide Five-Year Health IT Roadmap. Leaders should **convene stakeholders in inclusive processes to set priorities and policies** for shared technology investments and **develop a supportive framework** for Michigan healthcare and social service organizations, state and local government programs, communities, families, and individuals to benefit from the value created through the use of information technology solutions and HIE services.

Key Themes

- **Other statewide shared services** are desired by many stakeholders.
  - a **statewide master person index** linked to a statewide health and social services directory for **attributions of individuals to care teams.**
  - a **statewide consent management service** to support cross-organizational information exchange; and
  - a **statewide advance care plan registry** to make end-of-life treatment choices known in emergency settings.

Key Themes

- **Funding and technical assistance** must be made available to organizations and communities advancing whole person coordinated care models, to support the technology, workflow, and workforce changes required for integrated healthcare and social services.

- **Addressing Michigan's digital divide** will also help address disparities in healthcare and social services in rural parts of the state.

Recommendation One

Identify champions and empower leaders from within MDHHS with the skills, passion, and authorities to:

- **drive implementation** of the Roadmap and future initiatives involving health IT,
- **inspire a shared vision** across Michigan healthcare and social services stakeholders,
- **encourage broad participation** in meaningful planning activities,
- **promote understandings** around the value and importance of ongoing investments in health IT and HIE services,
- **convene public and private entities** to evaluate current and future oversight of investments, and their sustainability,
- **lead the implementation of Roadmap strategies.**

Potential Action Steps

Under the auspices of the senior-most leaders within MDHHS and the executive branch of Michigan government, **identify the right leadership at the division level in senior management** who can champion the Roadmap over time. These individuals can serve as internal and external spokespeople for implementation of Roadmap recommendations.

MDHHS leaders and Commission members **convene a small Tiger Team** to review the enabling legislation for the Health Information Technology Commission with the task of **evaluating the pros and cons** of proposing legislative amendments to the enabling legislation, and **making recommendations** regarding potential amendments, including but not limited to:

- Potential adjustments in the number of Commission members
- Potential adjustments in the make-up of the Commission membership
- Potential adjustments in the length of Commission terms
- Potential additions in the way of standing workgroups to the Commission
- Potential changes to the Commission's advisory role
- Potential changes to the duties of the Commission
- Potential changes to the Commission's relationship to the Legislature, Governor and Lt. Governor's Offices, and MDHHS executive leadership

Recommendation Two

Work to address Michigan's digital divide with state investments to make affordable high-speed broadband service available in all census tracks of the state.

Potential Action Steps	**Convene a "Broadband for Health" Task Force** comprised of healthcare and business executives, government officials, and civic leaders to make the case for state and local funding to match federal grant opportunities and consider other activities.
	Explore potential regulatory changes to Michigan state statute to reduce barriers for communities in Michigan to invest in municipal broadband networks.
	Consider partnering with the Michigan Department of Education to coordinate "multi-anchor" partnerships between hospitals and school districts or community colleges to attract telecommunication companies and meet requirements of federal grant programs.
	Investigate special funding opportunities to look for ways to accelerate broadband expansion and equipment upgrades such as the FCC's Rural Health Care Program and their Connected Care Pilot Program to make internet access more affordable and accessible for veterans.
	Align with other organizations and elected officials working on strategies for addressing the gaps in broadband across Michigan.

Recommendation Three

Increase the availability of accurate and timely information to protect population health by establishing a public health gateway at MiHIN to support bidirectional exchange of data with the major MDHHS public health data systems.

Potential Action Steps	
	Develop legal and funding frameworks between MiHIN and MDHHS to enable the bidirectional flow of public health system data.
	Create an incremental timeline that identifies prioritization of public health data systems to be on-boarded for bidirectional exchange.
	Provide extensive training and education of local public health agencies and other key stakeholders in a coordinated fashion.
	Monitor, support, and integrate with MDHHS Public Health Division activities to modernize core public health data surveillance systems, funded by the Federal CARES Act and budget allocations from the Centers for Disease Control (CDC) for improving functionality and connectivity of Electronic Case Reporting, Syndromic Surveillance, Vital Records (including a real-time death registry), Notifiable Disease Registries, and Electronic Lab Reporting systems.

Recommendation Four

Develop an HIE Onboarding and Technical Assistance Program to support several types of healthcare provider and social services organizations in Michigan with HIE connections and technical assistance services.

Potential Action Steps

MDHHS request grant funding from the Michigan Health Endowment Fund Special Projects Program to facilitate planning activities for an HIE Onboarding and Technical Assistance Program. Potential activities include:

- Developing a **cost/benefit and needs analysis** for use in determining levels of technical assistance and training support needed to support small ambulatory practices; behavioral health provider groups; long-term post-acute care facilities; emergency medical service providers; state and local public health and social service agencies; and community-based organizations, when those organization types are connecting to and using HIE services.
- Research and curate a **compendium of best practices** in providing technical assistance, education, and training to small organizations in the Use of Health Information Technology and Health Information Exchange Services".
- MDHHS and Commission collaborate to **charter an Onboarding Program Workgroup** and to appoint members from diverse stakeholder domains and geographies.
- Create workplan and schedule meetings for Onboarding Program Workgroup to review analysis, best practices documents
- **Develop recommendations** on inclusion/exclusion criteria, gating requirements, outcome measures, potential funding sources, and other elements of an HIE Onboarding Program.
- MDHHS leadership and Commission review Workgroup recommendations and finalize an **HIE Onboarding Program Plan** to share with Michigan Legislature and Governor's staff for budget considerations.

Recommendation Five	
Adopt standards for SDoH-related data fields in social needs assessments for identifying an individual's needs and their health risks related to housing, food security, transportation, childcare, and other social and environmental factors.	
Potential Action Step	**Charter a workgroup** to assess the extensibility of work being done by The Gravity Project, and its sponsor, the Social Interventions Research & Evaluation Network (SIREN), housed at University of California San Francisco (UCSF), for meeting the requirements of Michigan stakeholders across multiple domains, for standard SDoH assessments.

Recommendation Six

Building on previous work done by MDHHS and MiHIN, draft a business case that includes a cost/benefit analysis for the development of **Statewide Identity Linking and Authorization Services (SILAS)** system comprised of the following systems and services:

A **Master Person Index** with demographic data of individuals who receive healthcare and/or social services in Michigan

A **Health Directory** with demographic data of individuals who provide care and/or social services in Michigan and administrative and service level data of organizations providing healthcare and/or social services in Michigan

An **Identity Authentication Service** for verifying identity of system users

A **Care Team Mapping Service**, attributing individuals receiving care and services to those organizations providing the services

An **"Honoring Choices Service"** for consumer-related document management, to store and make available with appropriate authorization, those forms related to an individuals' health information, i.e., consent forms, social and health assessment forms, advance directives, medical power of attorney forms, MI-POST forms, etc.

Potential Action Steps

Charter a standing SILAS committee, reporting to the Commission

- **Conduct a cost/benefit analysis** estimating savings potential related to economies of scale and potential for data quality improvement
- **Collaborate with stakeholders** to develop business and functional requirements and success measures for each of the five SILAS modules
- **Conduct a Request for Information** (RFI) to assess capabilities and estimate costs
- **Validate concepts with stakeholders** through statewide engagement
- **Develop a phased implementation** strategy with milestones and timelines
- **Consider contracting options and governance needs**
- **Develop Request for Proposal(s)** (RFPs)

Next Steps

Stakeholder Feedback Opportunities

- ***Stakeholder online feedback sessions –*** June and July 2021
- ***Posting of the Environmental Scan Findings and Draft Roadmap Recommendations Report*** on the Commission webpage for public comment, compliant with the Michigan Department of Health and Human Services public comment requirements
- ***An additional review cycle,*** for MDHHS and CedarBridge to incorporate any substantive revisions to the recommendations
- ***Close-out activities for the project and preparation of a final report*** to MDHHS for the Michigan Health Endowment Fund in January 2022