



# HIE Policy Board Meeting

September 15, 2016

# AGENDA FOR TODAY'S MEETING



- **Presentations:**
  - Michigan's HIE Environment
  - DHCF's Medicaid Data Warehouse Initiative
  
- **Updates:**
  - IAPD-U
  - Data Mapping Initiative
  
- **Report:**
  - Sustainability Subcommittee
  
- **Discussions:**
  - Board Homework Assignment (Mission Statement, Long-term Goals, & Short-term Objectives)
  
- **Next Steps**



# Overview of Michigan's Health Information Exchange Efforts

**September 15, 2016**

*Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.*

# What is Michigan's Strategy for HIE?

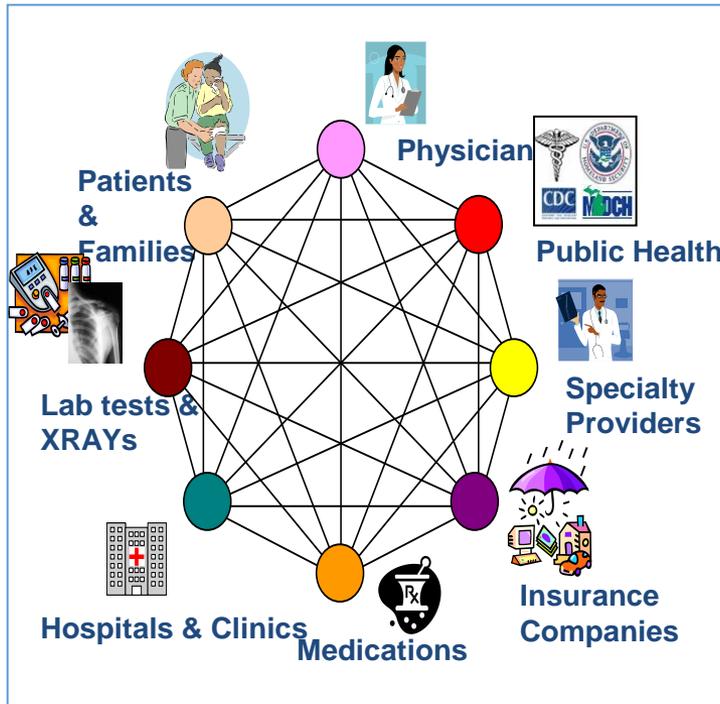
The Michigan approach:

- employs a public-private model vs. only complete state control
- emphasizes common data sharing use cases and multi-stakeholder participation (hospitals, physicians, health plans, state government)
- promotes the use of national standards & public transparency (via HIT commission)
- leverages public health & meaningful use
- established a designated nonprofit entity to interconnect networks of networks (MiHIN Shared Services)
- relies on qualified health information organizations

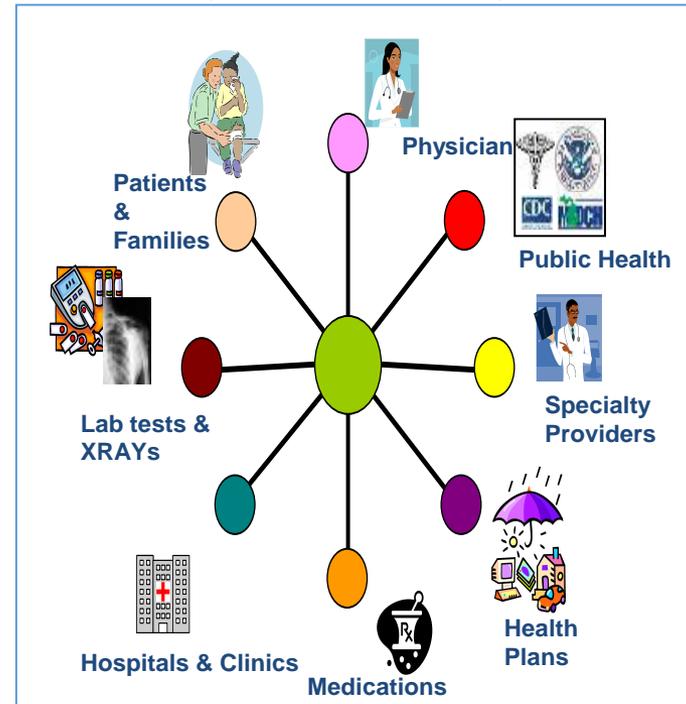
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# Statewide Coordination

Duplication of effort, waste, & expense  
( $N*(N-1)/2$  connections)



Shared Services  
(N connections)



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MiHIN is a

network for *sharing* health  
information *statewide*  
*for Michigan*

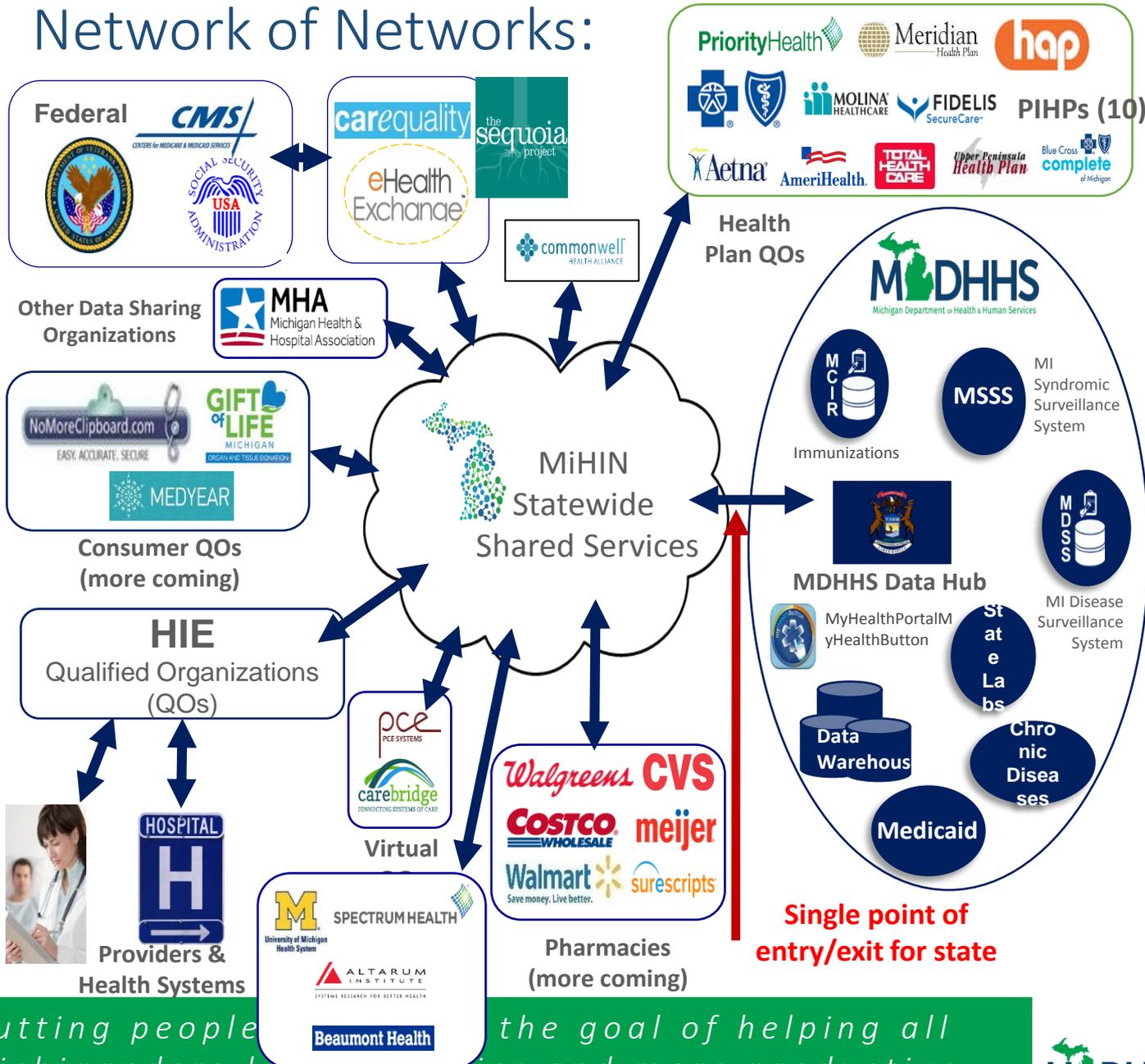
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# Governance

- MiHIN is an independent not-for-profit with a board of directors
- MiHIN works very closely with Michigan's Department of Health and Human Services
- MiHIN has an Operation Advisory Committee that address day-to-day operations, HIE planning, privacy and security items

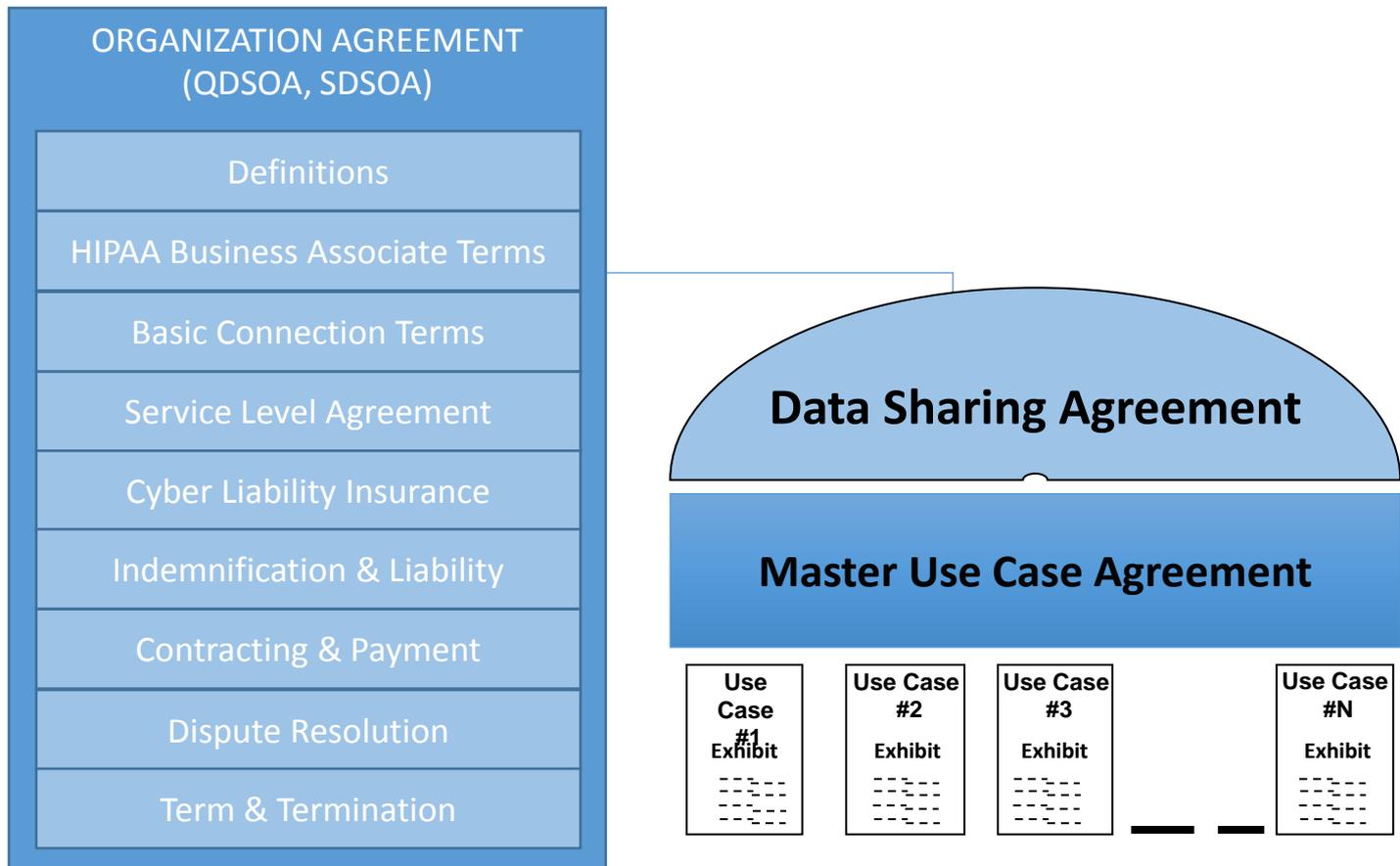
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# Network of Networks:



*Putting people at the center of the system is the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.*

# Legal Infrastructure for Trusted Data Sharing Organizations (TDSOs)

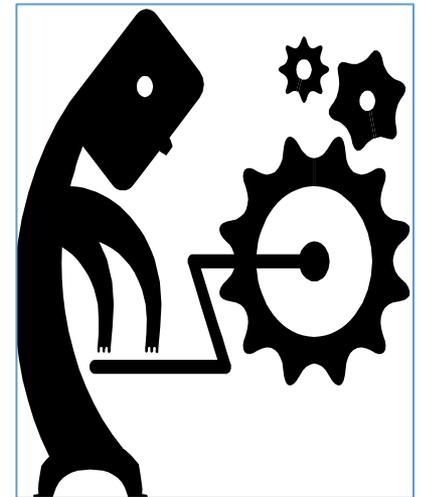


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## What is a USE CASE?

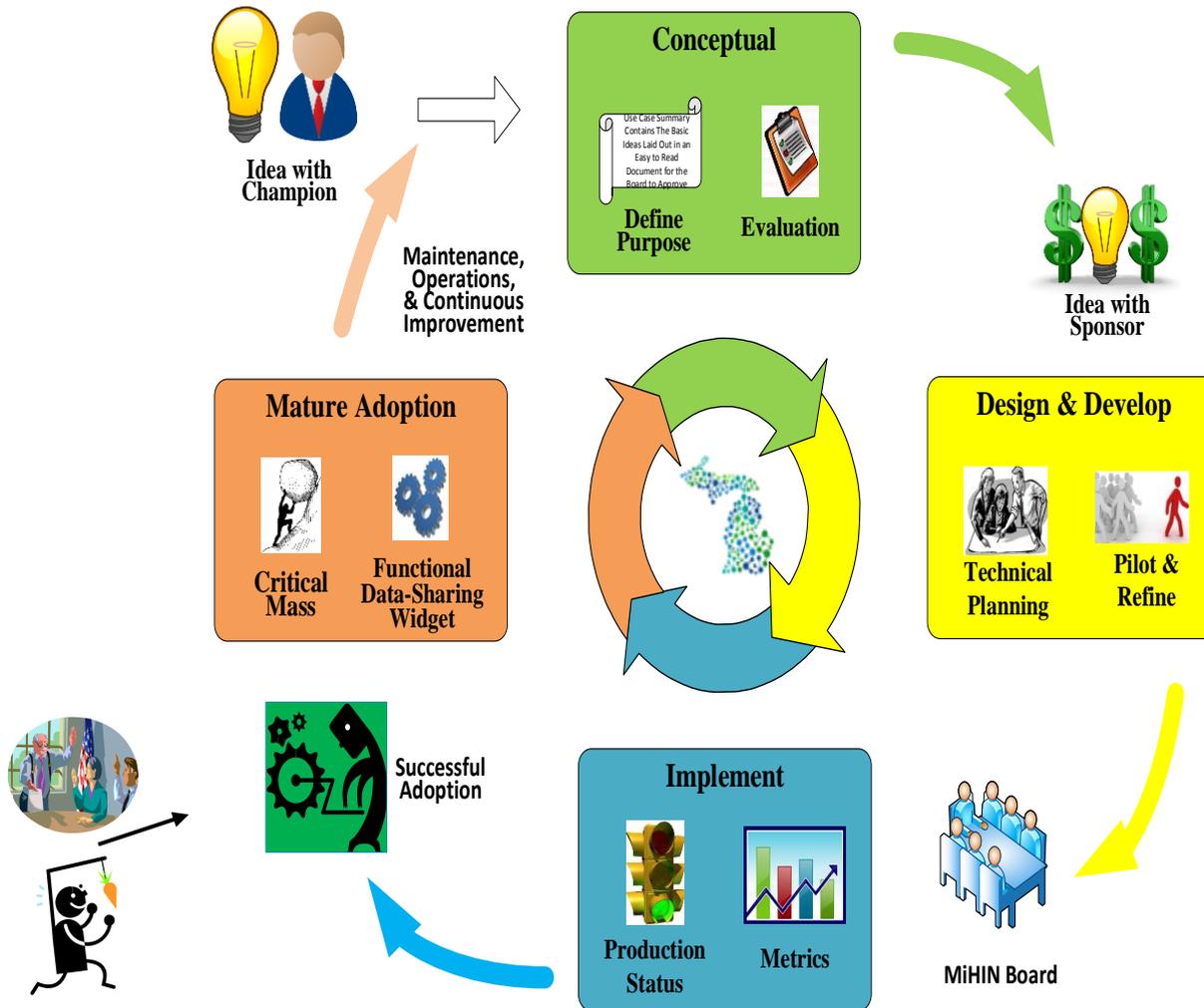
- Data sharing scenario with specific:
  - purpose
  - type of data exchanged
  - description of interactions between people/systems
  
- Each Use Case may have different:
  - access restrictions
  - rules for using the data
  - cost recovery fees or charges
  - technical requirements

Use Case Factory™



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# Use Case Factory



Anyone can submit ideas for use cases: <http://mihin.org/about-mihin/resources/use-case-submission-form/>

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# MiHIN Statewide Use Case and Scenario Status

Conceptual	Planning & Development	Implementation (Operational Adoption)	Mature Production (>65% Utilization)
<p>Health Risk Assessments</p> <p>Health Information for State: Birth Notifications, Chronic Disease Notifications</p> <p>Organ Donor Notifications</p> <p>Prescription Information: Prescription Status, Prescription Stop Order, Prescription Monitoring Program</p> <p>Death Notifications</p>	<p>Patient Record Service</p> <p>Health Information For State: Newborn Screening - Hearing Test Results</p> <p>Common Key Service</p> <p>Lab Orders-Results</p> <p>State Bureau Lab Orders-Results, Cancer Pathology, Cancer Notifications-Registry, Statewide Lab Orders-Results</p> <p>Consumer Consent</p> <p>Consumer Preference Management</p> <p>Information for Consumer</p> <p>Clinical Quality Measures</p> <p>Lab Orders-Results: Newborn Screening - CCHD</p>	<p>Advance Directives</p> <p>Care Plan-ICBR</p> <p>Immunization History-Forecast</p> <p>Single Sign-On</p> <p>Information for Veterans</p> <p>Social Security Determination</p> <p>Lab Orders-Results: Disease Surveillance</p> <p><b>Discharge Medication Reconciliation (Senders)</b></p> <p>Active Care Relationship Service</p> <p>Health Provider Directory</p> <p>Admission, Discharge, Transfer Notifications (Receivers)</p>	<p>Admission, Discharge, Transfer Notifications (Senders)</p> <p>Health Information For State: Immunizations Syndromic Surveillance</p>

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# HIE and Policy Levers

- Medicaid managed care procurement May—November 2015
  - New contract developed during 2014
  - RFP submission requirements emphasized SIM participation
    - Patient Centered Medical Home
    - Payment reform
    - Population Health
      - Health disparities
      - Community Collaboration
    - Health Information Exchange
- Pre-paid Inpatient Health Plan (PIHP)
  - Involvement in a statewide use case-FY16 contract
- State Innovation Model

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# HIT and HIE State Innovation Model Objectives

- **Performance Metrics and Reporting**
  - Provide data aggregation and reporting capabilities needed to support SIM performance reporting and evaluation to CMS, cross-payer analysis, and provider performance feedback.
- **Care Coordination Technology**
  - Facilitate access to information which supports care coordination activities within the model test.
- **Population Health Technology**
  - Explore Population Health technology solutions that will enable community data sharing and track cross-care delivery approaches
- **Relationship Attribution Management Platform**
  - Enable a consistent shared process for communicating and tracking affiliations and linkages among SIM stakeholders.

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# Thank you!

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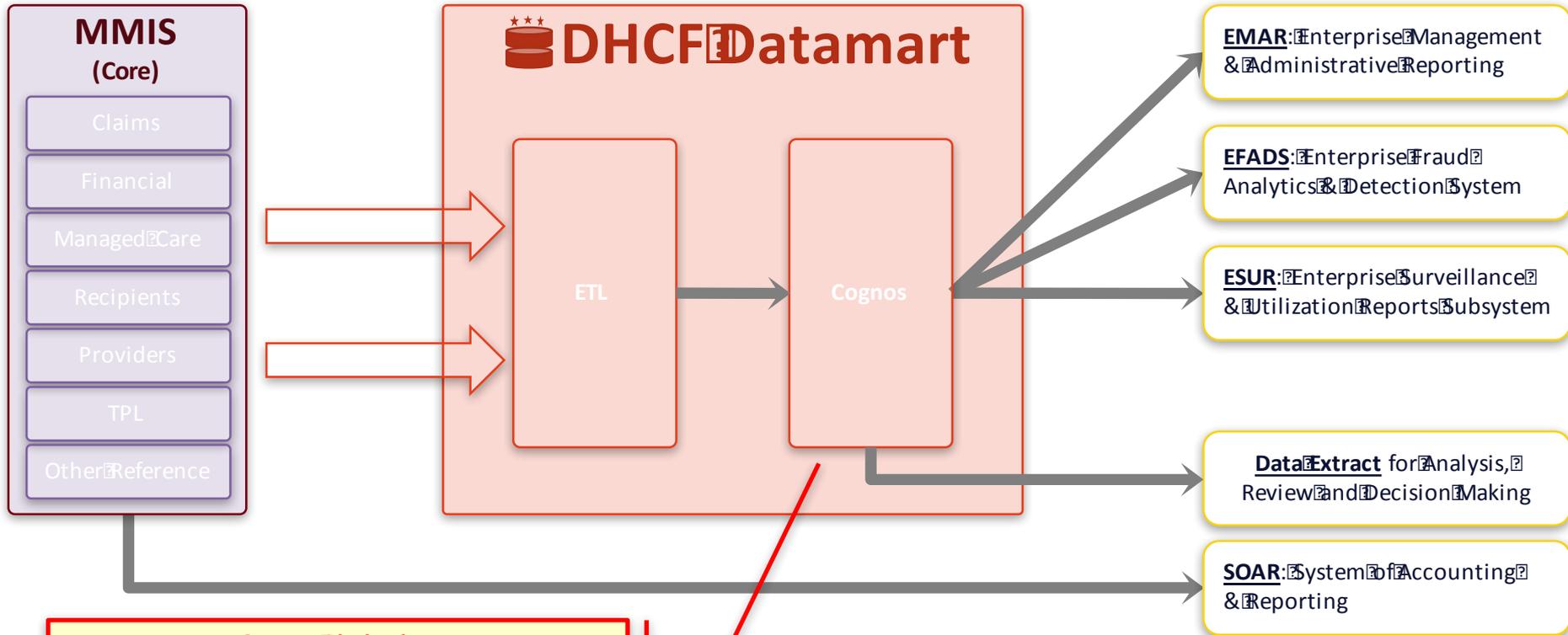
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# Medicaid Data Warehouse High-Level Design

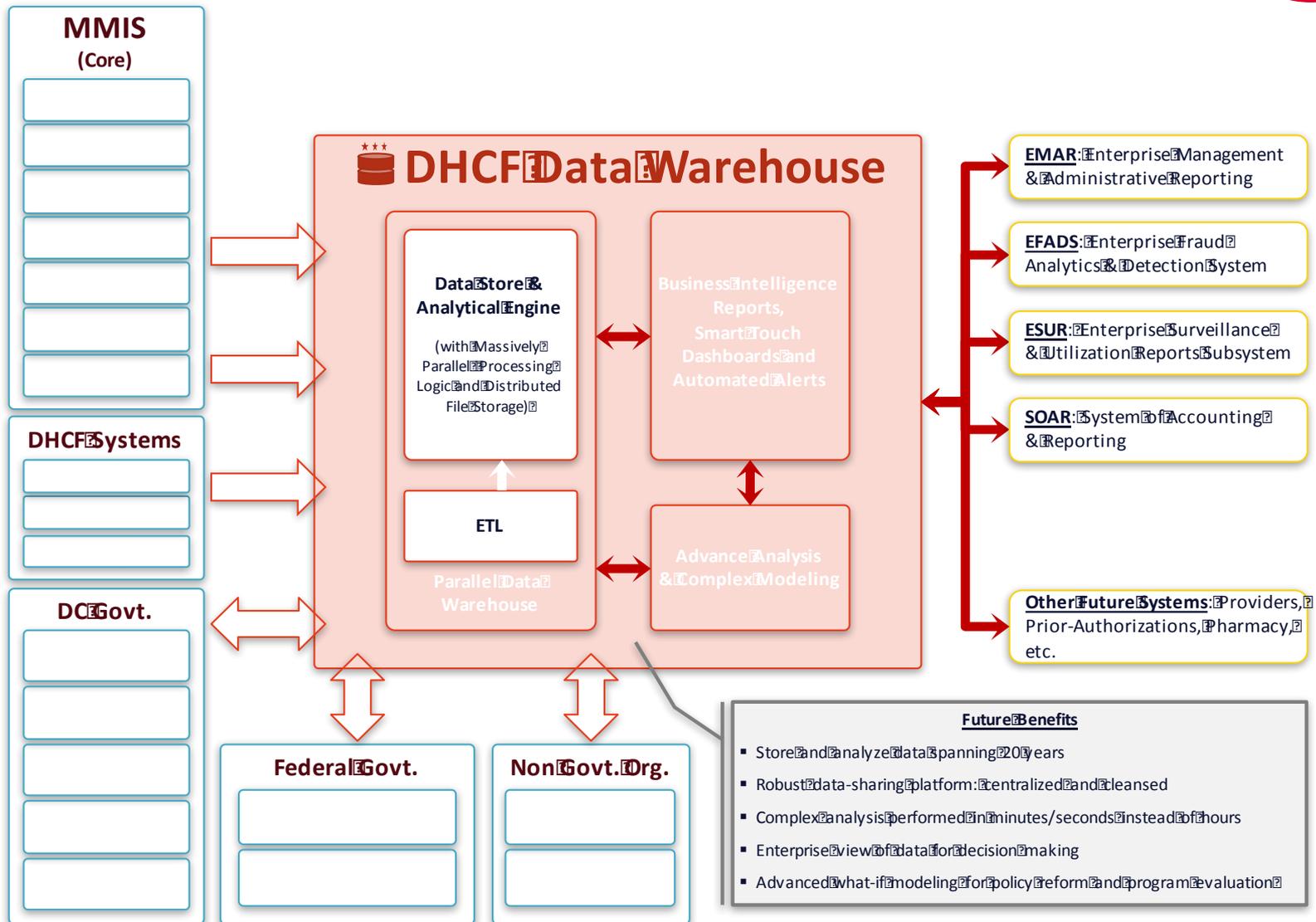
*The Data Warehouse Team  
Sep 15, 2016*

# As-Is Datamart Design

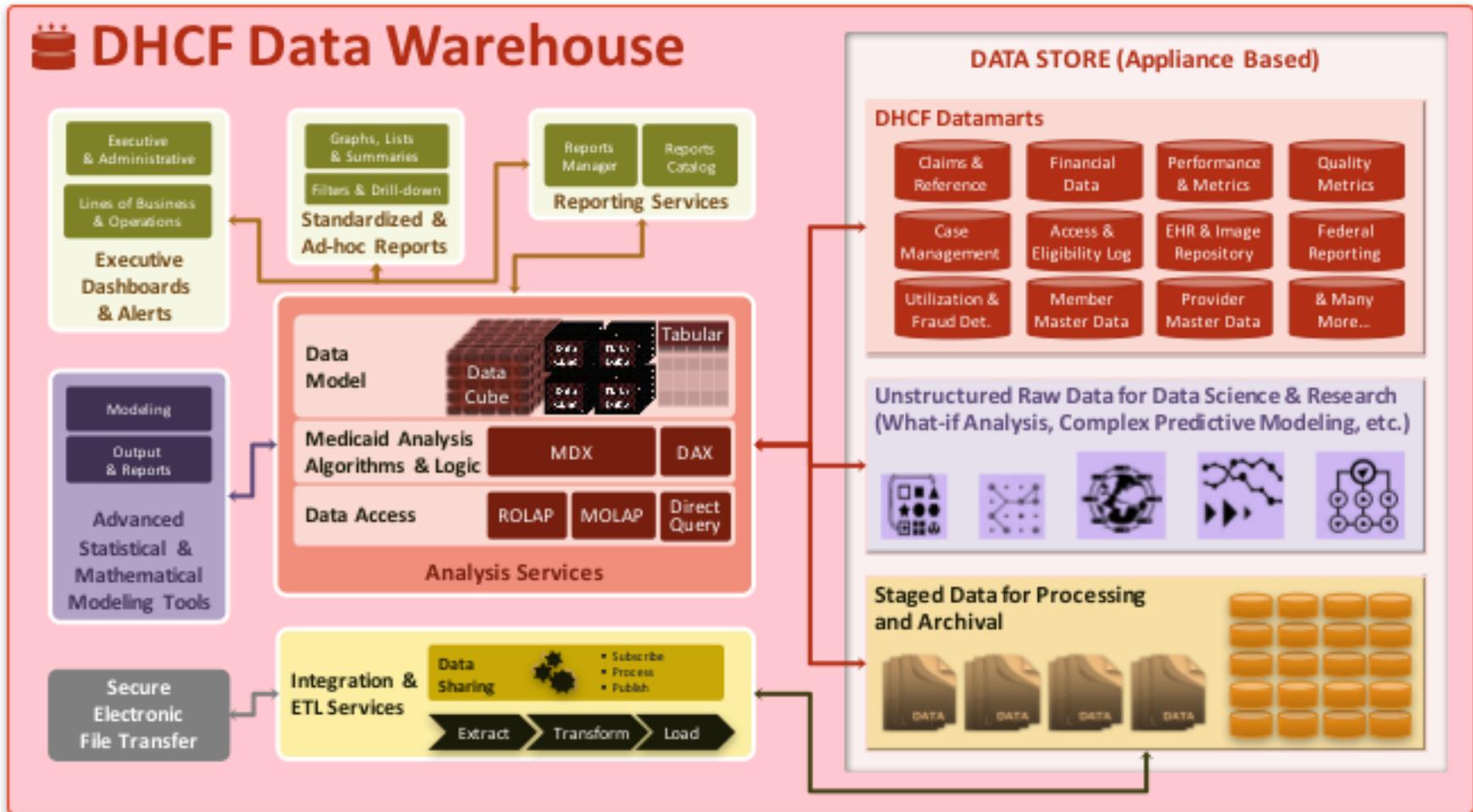


- Current Limitation**
- Limited to rolling 12 Month / 100 Elements
  - Data Analysts and End-users unable to extract large claims data-sets (limited to 1 month on average)
  - Cognos reports are restricted to 1 month views
  - Inability to cross-walk systems (e.g. Claims, recipients, etc.)

# As-Is Datamart Design



# Data Warehouse – Components Architecture





# Questions and Answers



*a project of*



# UPDATES FROM LAST BOARD MEETING (JUNE)



- **IAPD-U for FY16-17**
  - Approved by CMS on July 19, 2016
  - Grant for five (5) IAPD-U initiatives is in development
    - Waiting on approval from CMS
    - To be released Fall '16
- **Data Mapping Initiative (Phase 2)**
  - DOH data systems mapping through the end of this month (public health surveillance, PDMP, etc.)
  - Expansion of data mapping initiative into the Long Term Social Services (LTSS) and Behavioral Health arenas to prepare DHCF to take advantage of the opportunities presented by the CMS State Medicaid Director letter sent on February 29, 2016.

# SUSTAINABILITY SUBCOMMITTEE REPORT



- **ADMINISTRATION:** Charter updated to reflect addition of two new members (KP, GWU)
- **CONCEPTUAL FRAMEWORK:** Existing HIE infrastructure will form the foundation of a District HIE
- **DATA MAPPING:** Health-related data should be available whenever it is needed regardless of where the data is stored or where an individual accessed the health-related ecosystem
- **FINANCIAL DRIVERS:** Stakeholder engagement, particularly of hospitals and private payers, will encourage use of HIE services, will add value to the HIE ecosystem (since most DC residents are not a Medicaid beneficiaries), and will facilitate the financial viability of a District HIE, possibly through subscription fees

# DISCUSSION #1 – DC’s HIE Mission Statement



- **ORIGINAL:** *“Reduce health disparities, improve health outcomes and better health care delivery by enabling the secure and cohesive exchange of health information in the District of Columbia.”*
  
- **\*UPDATED OPTIONS :**
  - 1) Reduce health disparities, improve health outcomes and *enhance OR facilitate more efficient* health care delivery by enabling the secure and cohesive exchange of health information in the District of Columbia
  - 2) Increase the quality, accessibility, equity and value of health care, and improve overall health, for District of Columbia area residents by facilitating the secure and timely exchange of health information
  - 3) Improve health outcomes and ensure efficient and equitable health care delivery by enabling the secure and cohesive exchange of health information in the District of Columbia
  - 4) Improve health outcomes, reduce health disparities, and support better health care delivery by enabling the secure and cohesive exchange of health information in the District of Columbia.
  - 5) Utilize health information exchange to improve the health and welfare of the residents of the District of Columbia

*\*Based on Board member input*

# DISCUSSION #2 – Long-Term HIE Goals



- **ORIGINAL:** “ 1) Allow health-related data to be accessible and actionable at the right place, at the right time, and in the right format; 2) Integrate traditional data silos into end-user’s workflow to provide broader picture of a person’s overall health; and 3) Support efforts to move healthcare in the District from reactive to proactive
  
- **\*UPDATED OPTIONS :**
  - 1) [#2] Integrate traditional data silos into *end-users’ workflows* to provide *the broadest possible* picture of a person’s overall health
  - 2) [#3] Support efforts to move healthcare *delivery* in the District from *disease and illness* *focused to prevention and wellness focused*
  - 3) Provide the connectivity and information needed to allow all in the healthcare continuum to provide patient-centered care
  - 4) Establish infrastructure and systems that support access to actionable data when and where it is needed to improve health and health care.
  - 5) Identify and advance strategies for sustaining and continuously improving HIE capacity
  - 6) Provide the connectivity and information needed to allow all in the healthcare continuum to provide patient center care
  - 7) Provide the connectivity and information needed to achieve health care and payment reform

*\*Based on Board member input*

# DISCUSSION #3 – Short-Term Objectives (FY16-17)



#	OBJECTIVE	MILESTONE
1)	✓ Define DC's HIE environment	<input type="checkbox"/> Achieve CMS' approval for IAPD-U <input type="checkbox"/> Establish min. capacities/functionality standards for a DC-recognized HIE entity (e.g. interoperability; security; HISP) <input type="checkbox"/> Publish & award competitive grants to HIE entities that meet DC standards, and have the capacity to launch initiatives approved in IAPD <input type="checkbox"/> Document DC-recognized HIE entity standards in legislation/regulation
2)	✓ Complete DCHIE data 'map' of available data, data stores, gap assessments, and data flow in DC	<input type="checkbox"/> Document relationship between DOH's various data stores & where data flows to/from them <input type="checkbox"/> Incorporate information on Behavioral Health and LTC Providers including: 1) privacy and security issues presented by transferring BH and substance abuse clinical information among providers, and 2) consent issues presented by minors and incapacitated patients <input type="checkbox"/> Perform a comprehensive site by site assessment of data gaps and identify critical HIE data sources, EHR interoperability issues, and missing HIE data sources, including those that are produced or exchanged manually <input type="checkbox"/> Standardize documentation and coding formats for inclusion in HIEs
3)	✓ Identify and determine strategy to address barriers/challenges highlighted in District Data Map	<input type="checkbox"/> Draft a resolution Action Plan <ul style="list-style-type: none"> <li>- Specific mitigation solutions incorporating input from key stakeholders that are involved/affected</li> <li>- Facilitate data integration so that end users have a better experience and a broader view of an individual's overall health and health care.</li> <li>- Support efforts to proactively shape HIE ecosystem to help address the District of Columbia's population health priorities.</li> </ul>
4)	✓ Select priority areas for FY18-19 IAPD	<input type="checkbox"/> Establish a Priority Use-Case Repository <ul style="list-style-type: none"> <li>- Establish a process to review, analyze, and prioritize potential use cases</li> </ul>
5)	✓ Develop 5-10 year plan for HIE in District	<input type="checkbox"/> Develop a long-term sustainability strategy <ul style="list-style-type: none"> <li>- Move beyond CMS 90/10 IAPD funds</li> </ul>

# Next Steps and Adjournment

- Next HIE Policy Board meeting is on Thursday November 10<sup>th</sup>
- Next Sustainability Subcommittee meetings to be scheduled before next Board meeting (*Dates TBD*)
- Schedule HIE Policy Board meetings for FY17 (*Poll to be sent out*)
- REMINDER → Next HIEPB Ethics Training is on Wednesday September 21<sup>st</sup> at 5:30 PM at 1350 Pennsylvania Ave., NW, Washington, DC in Room G-9