Today's Key Points

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Health IT interoperability is a national focus

- Proposed Federal Rules on Interoperability
- Office of the National Coordinator for Health IT
- Centers for Medicare and Medicaid Services
- Current Efforts around Interoperability
- Gravity Project
- Organizational Response to Interoperability
- National Academy of Medicine

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Michigan is updating its health IT strategic plan
Proposed Federal Rules on Interoperability

Office of the National Coordinator for Health IT

- ONC’s Notice of Proposed Rulemaking to implement that legislation:
  - Updates existing certification criteria for HIT systems
  - Implements information blocking provisions
  - Trusted Exchange Framework and Common Agreement emerges as the framework to implement 21st Century Cures rules
  - Draft 2 was published April 19, 2019, final version expected mid-2020

Centers for Medicare and Medicaid Services

- Aligns proposed interoperability rulemaking with the changes coming out of the 21st Century Cures Act to ensure that CMS covered entities (Medicare and Medicaid) must conform to the standards set out by ONC:
  - API standards for ONC-certified HIT systems
  - United States Core Data for Interoperability (USDCI) standards
- Enhances patient’s access to electronic health information

The ONC Trusted Exchange Framework and Common Agreement (TEFCA)

21st Century Cures Act

- Signed in 2018
- Goal of promoting national interoperability and reducing information blocking

Goals of TEFCA

- Provide a single “on-ramp” to nationwide connectivity
- Electronic Health Information (EHI) securely follows you when and where it is needed
- Support nationwide scalability

- Trusted Exchange Framework
  - Rules and standards for the national framework
- Common Agreement
  - Legal infrastructure to support the national framework
Principle 1: Establish standards
Principle 2: Conduct all exchange openly
Principle 3: All players, even business competitors, must cooperate
Principle 4: Uphold patient safety, data integrity, and security in data exchange
Principle 5: Ensure easy access to electronic health information
Principle 6: Allow for population-level queries

• Provides a legal chain of trust for the many layers of HIE
• Every part of the ecosystem must sign on

A Qualified Health Information Network (QHIN) will be certified to share information on a nationwide scale

For providers:

- Allow providers to join whichever HIN they choose
- Allow for more diverse health providers to participate in HIE (e.g., EMS, HCBS, etc.)
- Facilitate more complete queries into patient information, regardless of system implemented or location of provider
- Improve communication and awareness between providers
- Ensure a common core set of data is shared between networks
- Increase trust in data sharing

For patients:

- Allow for more convenient and secure access to health data
- Establish a baseline for privacy and security in data sharing across the nation
- Support use of smartphone app access to use and share personal health information
- Allow patients to be more informed in their care, diagnoses and care

Why does TEFCA matter?
If it isn’t documented, it never happened.

1. Document SDoH data in conjunction with the patient encounter.
2. Document and track SDoH related interventions to completion.
3. Gather and aggregate SDoH data for uses beyond the point of care (e.g., population health management, quality reporting, and risk adjustment/risk stratification).

https://confluence.hl7.org/display/GRAV/Gravity+Use+Case+Package

Gravity Participation To-Date: 735 Participants!
What are organizations doing to prepare for interoperability and federal policy initiatives?

Organizational Response to Interoperability

- Published by the National Academy of Medicine in 2018
- Barriers to interoperability are not technical
- Interoperability is a mechanism for:
  - Providing safer patient care
  - Reducing administrative workload of clinicians
  - Protecting systems from cyber attack
  - Achieving IT financial savings

Prioritizing Interoperability and Health IT

1. COMMIT
   Is interoperability a priority?

2. IDENTIFY
   What is needed to reach interoperability?

3. COLLABORATE
   Where can stakeholders align to reach goals?

4. SPECIFY
   What are the investments and requirements needed for interoperability?

5. ASSESS
   Track progress to reach goals
Steering Group
Acts as the “organizational champion”

Long-Range Road Map
Understand stakeholder needs and identify opportunities

Needs Identification
Keep up the engagement!

Procurement Specification
Acquire and require the solutions needed by stakeholders

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Michigan is updating its health IT strategic plan

1. DHHS Data Strategy
2. Statewide HIT Strategy
3. Role of the HIT Commission
4. Putting it all together

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Data strategy supporting DHHS strategic priorities

Give all kids a healthy start
- Improve maternal-infant health and reduce outcome disparities
- Reduce lead exposure for children
- Reduce maltreatment and improve permanency in foster care

Provide families with stability to stay out of poverty
- Expand and simplify safety net access
- Protect the gains of the Healthy Michigan Plan

Serve the whole person
- Address food and nutrition, housing, and other social determinants of health
- Integrate services, including physical and mental health and medical care with long-term support services
- Reduce opiate and drug-related deaths

Use data to drive outcomes
- Ensure all administrations are managing to outcomes and investing in evidence-based solutions
## 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

## 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 HIT statewide services, for improving workflow related to HIT, and for building out HIT to further enhance clinical decision making
- Establish a shared vision for what the next era of HIT will be
- Provide prioritization of use cases and other HIT 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

## Plan for Stakeholder Engagement

### Collaboration on a statewide plan for HIT must be sector-inclusive:
- Area agencies on aging
- Behavioral health providers
- Education
- 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

HIT Commission will engage their constituencies to provide input, and advise on the overall strategy.
Origins of Michigan's HIT Strategic plan and HIT Commission

- 2005: Governor Jennifer M. Granholm charged MDCH and MDIT with exploring HIT/HIE
- 2006: 200 stakeholders convened to develop the Michigan Health Information Network Conduit of Care
  - First iteration of Strategic Plan for HIE in Michigan
  - Appropriated $10 million from State general funds for growth of sub-state HIEs
  - Explore federal funding opportunities for the creation of MiHIN

Conduit of Care Guiding Principles

- Michigan citizens are at the center of MiHIN goals to improve patient care and population health
- The MiHIN will leverage existing and planned information technology
- Multi-stakeholder collaboration is needed to implement achievable and measurable initiatives
- The MiHIN will conform to applicable federal guidelines
- Those that benefit should participate in paying the cost
- Adoption and use of the MiHIN is critical to the success of the HIT/HIE strategy for Michigan

Health Information Technology Commission

- The Michigan HIT Commission was created in 2006 (Public Act 137 - 06)
- Charged with facilitating and promoting the design, implementation, operation and maintenance of an interoperable health care information infrastructure and advancing the adoption of health information technologies throughout the state’s health care system
- 13 members, appointed by the Governor, each representing segments of the healthcare ecosystem
- Serves as an advisory body to MDHHS
- Provides recommendations and an annual report to the Michigan Legislature
HIT Commission Membership

- Michigan Department of Health and Human Services
- Michigan Department of Technology, Management and Budget
- Nonprofit health care corporations
- Hospitals
- Doctors of medicine
- Doctors of osteopathic medicine and surgery
- Purchasers or employers
- Pharmaceutical industry
- Schools of medicine in Michigan
- Health information technology firms
- Pharmacists
- Health plans or other third-party payers
- Consumers

Evolution of the HIT Commission

- Establishment of Statewide HIN
- Advisory for HIE Developments
- HIT Commission 3.0
  - What should the role of the HIT Commission be in the future?
  - Who should sit on the HIT Commission?

Putting it all together

Steering Group
HT Commission as state sponsor

Long-Range Road Map
Update the Conduit to Care

Needs Identification
Change HIT Commission with iterative updates to next road map

Procurement Specification
Align state stakeholders under common priorities
Putting it all together
What's the plan?

1. Create workplan, identify stakeholders and present to HIT Commission
2. Coordinate stakeholder convenings
3. Convene stakeholders and identify priorities
4. Conduct gap analysis and assess infrastructure
5. Assemble roadmap and identify new HIT success metrics
6. HIT Commission adopts new strategic plan and oversees implementation
7. HIT Commission convenes iterative updates to strategic plan

Putting it all together
Other states' examples

The Rhode Island 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 an 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.
Questions?
Interested in learning more?

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