



## Health Information Exchange Strategic and Operational Plan Profile

### Overview

Michigan is a diverse state with a long history of planning and investing in HIE. Their strategy to enable statewide HIE builds on their state plan developed in 2006, titled the *Michigan Health Information Network (MiHIN) Conduit to Care*. Michigan has invested \$10 million of state appropriations for planning and operationalizing sub-state HIE entities and is committed to building on and leveraging their existing public and private investments without duplicating services and resources already in place. To that end, they will take a two-phased approach to supporting provider achievement of meaningful use and enabling statewide HIE.

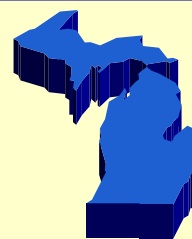
### Model and Services

In the first phase, Michigan will work with several of its existing sub-state HIE entities to support and augment services where necessary to enable provider options for achieving meaningful use requirements through funding and technical assistance. Financial and technical support for sub-state HIE entities will be determined based on the gaps the entity is proposing to fill and where the greatest benefit to providers can be realized. Michigan will take a thoughtful approach to this process, as the vast majority of their providers already have at least one option for core HIE services required to achieve meaningful use. Michigan will engage the stakeholders involved in the coordinated governance structure in this decision-making process, including funding amount, scope of work, and required products to be delivered as a result of any cooperative agreement funds granted to sub-state HIEs.

In the second phase, Michigan will develop state-level shared services that connect sub-state HIEs and build on their existing public health investments to (1) enable bidirectional exchange between providers and Michigan's public health systems, and (2) facilitate the exchange of complete patient care summaries between unaffiliated providers. Shared services will first focus on a master provider index and a messaging gateway. Overtime Michigan will add functionality for an enterprise master patient index, record locator service, and data repository (for centralized storage of data for public health reporting, quality reporting, medical research and chronic disease registries) as the value propositions support expanded functionality.. Michigan is committed to first leveraging services and technologies and will continue to work with statewide partners to ensure collaboration and cooperation. They will work toward the goal of incrementally enabling use cases starting with "push" of data and working toward "pull".



Office of the National Coordinator for Health Information Technology  
State Health Information Exchange Cooperative Agreement Program  
HealthIT.hhs.gov  
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State: Michigan

### HIT Coordinator:

Beth Nagel

### Statewide Shared Services:

MiHIN Shared Services

### Award Amount:

\$14,993,085

### Contact:

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### Website:

<http://www.michigan.gov/mihin>

### Other Related ONC funding in Michigan:

Michigan Center for Effective IT Adoption (REC Program)

\$ 19,619,990

Southeast Michigan Beacon Community

\$16,224,370

## Highlights

- ***Stakeholder Support and Buy-In.*** Michigan's significant financial investments and stakeholder engagement prior to and during their State HIE CAP activities has created a sense of shared ownership and responsibility among public and private leaders within the state. Competing HIE entities continue to come to the table to participate in shared-decision making and goal setting to support the state's health improvement targets and the broad provider and public interests.
- ***E-Prescribing Advancement.*** Michigan has many existing initiatives aimed at increasing e-prescribing among providers and pharmacies. Efforts led by their Primary Care Consortium, HIT Commission, Southeast Michigan e-Prescribing Initiative (SEMI), and the Michigan Medicaid office provide the state with successful outlets to further promote and monitor e-prescribing activity within the state.
- ***Existing Exchange Capacity.*** Three sub-state HIEs have the ability to provide core HIE services that cover virtually all of Michigan's 28,000 providers in the state through a combination of secured messaging, EHR interfaces, and interoperability hubs. Providers across the state are well-positioned to engage in HIE and achieve meaningful use of HIT should they choose to. Michigan's investments in electronic public health systems have also well-positioned them to capitalize on the opportunity to connect the public health and health care communities more effectively than ever before.
- ***Open Identity Management.*** To fully enable a statewide identity management service that can serve multiple known and emerging needs, Michigan is thinking ahead and is committed to making the identity management directories developed as part of the shared services available to other initiatives as identified and supported by Michigan's stakeholders.



# Meaningful Use

	<u>Landscape</u>	<u>Strategy</u>
<b><u>E-Prescribing</u></b>	<ul style="list-style-type: none"> <li>2% of Michigan pharmacies are not able to accept electronic prescriptions and refill requests.</li> </ul>	<ul style="list-style-type: none"> <li>Michigan will continue to support sub-state HIE efforts to expand the number of providers they currently cover with e-prescribing services and enhancements of their technical capacity for e-prescribing, including collaborative assessment of provider needs and gaps with the state's REC.</li> <li>Michigan will continue to work with its Primary Care Consortium (MPCC) to determine the best approach to maintaining the momentum created by payer incentives initiated in 2010.</li> <li>Michigan will continue to collaborate with Medicaid on efforts to meet a 2008 legislative mandate to increase provider awareness of eRx and track and report on e-prescribing transactions.</li> <li>Michigan will continue to work with its HIT Commission to conduct outreach to pharmacies still not capable of accepting electronic prescriptions, as the Commission has peer representatives from pharmacies, pharmacists, and pharmaceutical companies as well as payers, providers and hospitals.</li> </ul>
<b><u>Structured Lab Results</u></b>	<ul style="list-style-type: none"> <li>~91% (126/138) of hospital labs in MI are capable of sending lab results electronically; however, only about 5% of those 126 use LOINC coding – MI's Joint Venture Hospital Laboratory (JVHL) provides LOINC coding services for the remaining 95% of those 126 hospital labs for HEDIS reporting purposes</li> <li>Virtually all of Michigan's 28,000 providers in the state have access to options for delivery of structured lab results.</li> </ul>	<ul style="list-style-type: none"> <li>Michigan will continue to engage and collaborate with sub-state HIEs offering structured lab result delivery that cover the entire lower portion of the state with these services; one of these HIEs currently uses LOINC, and the other two have plans to implement LOINC in 2011.</li> <li>Michigan will provide technical assistance and potential funding to sub-state HIEs to expand their capacity for delivery of structured lab results in 2011. Decisions about exact activities that will be funded will be determined by the collaborative stakeholder Shared Services governance board.</li> <li>Michigan will also work with JVHL to reach out to hospital labs and determine the best policy and resources available to encourage use of LOINC in hospital labs. They will also work collaboratively with JVHL to identify options to provide technical assistance to hospital labs in their LOINC efforts.</li> </ul>
<b><u>Patient Care Summary</u></b>	<ul style="list-style-type: none"> <li>Virtually all of Michigan's 28,000 providers in the state have access to patient care summary exchange across unaffiliated organizations.</li> </ul>	<ul style="list-style-type: none"> <li>Michigan will continue to engage and collaborate with Michigan sub-state HIEs offering patient care summary exchange.</li> <li>Michigan will provide technical assistance and potential funding to sub-state HIEs to expand their capacity for patient care summary exchange.</li> </ul>



## HIE Inventory

Standards		Quality Improvement	
Nationwide Health Information Network Exchange Specifications		Care Coordination	<b>X</b>
Nationwide Health Information Network CONNECT		Quality Reporting	<b>X</b>
Nationwide Health Information Network DIRECT		Behavioral Health Information Exchange	
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications	<b>X</b>		
<b>Public Health</b>		<b>Lab Strategy</b>	
Electronic lab reporting of notifiable conditions	<b>X</b>	Translation services	<b>X</b>
Syndromic surveillance	<b>X</b>	EHR interface	<b>X</b>
Immunization data to an immunization registry	<b>X</b>	Policy strategy	<b>X</b>
<b>Patient Engagement</b>		Order Compendium	
Patient Access/PHR		Bi-Directional	
Blue Button			
Patient Outreach		<b>E-Prescribing</b>	
<b>Privacy and Security</b>		Alignment with CLIA	
Privacy and Security Framework based on FIPS		Medication History	<b>X</b>
Individual choice (Opt In/Opt Out/hybrid)		Incentive or grants to independents	
Authentication Services	<b>X</b>	Plan for controlled substance	
Audit Log	<b>X</b>	Set goal for 100% participation	
<b>Administrative Simplification</b>		Controlled substance strategy	
Electronic eligibility verification		<b>Care Summaries</b>	
Electronic claims transactions		Translation services	
<b>Vendor</b>		CCD/CCR Repository	
Planning		<b>Directories</b>	
Core Services		Provider Directory	<b>X</b>
		Master Patient Index	<b>X</b>
		Record Locator Services	<b>X</b>
		Health Plan Directory	
		Directory of licensed clinical laboratories	

*Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at: [www.statehieresources.org](http://www.statehieresources.org)*



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