Michigan Health Information Network Shared Services (MiHIN) is a public and private nonprofit collaboration dedicated to improving the healthcare experience, improving quality and decreasing cost for Michigan's people by supporting the statewide exchange of health information and making valuable data available at the point of care.

This is the **Network of Networks**

MiHIN streamlines health information by getting the right information, to the right people, at the right time.

More than 138,000 total providers and 40,000 organizations are connected to the MiHIN network*:

- **257 hospitals** (97 percent of Michigan’s hospitals)
- **5,756 practices**
- **1,826 pharmacies**
- **403 skilled nursing facilities**
- **229 managing organizations**

* Data as of 8.12.19 MiHIN Report
What We Do

More than 17 million messages and pieces of health information get passed through our system each week; messages like admission, discharge and transfer notifications, lab results, immunization updates and more. Our infrastructure is both technical and legal and MiHIN is all patient, provider and payer agnostic.

What does this mean for Michigan?

Reducing the burden on Physicians
Doctors don’t always receive the patient information they need from other physicians without extra effort. MiHIN helps identify the most critical and common information needed, benefiting all parties by coordinating patient care, helping make physicians’ jobs easier.

Empowering patients
Providing patients with technology at their fingertips that connects them to the statewide health information network empowers them to take more ownership of their health information. By designating which providers need to have access to their health information, patients can worry less about transferring their own records and focus on what matters most: their health.

Delivering in real time
Improving safety and saving lives by getting the right information to the right people at the right time.

Saving money
Waste in the health care system costs the state of Michigan roughly $20 billion per year, four percent of the state’s gross domestic product. Most of this waste comes from inefficiencies or failures in the system, like putting patients through unnecessary services (i.e. duplicate tests), excess administrative costs or uncoordinated delivery of care.