



Use Case Summary

Use Case Name:	Statewide Telehealth
Sponsor:	Michigan Department of Health and Human Services
Date:	June 09, 2020

Executive Summary

This brief section highlights the purpose for the use case and its value. The executive summary gives a description of the use case's importance while highlighting expected positive impact.

Telehealth is a rapidly expanding modality of healthcare delivery that promises to not only improve patient access and engagement, but to extend the geographic reach and expertise of physicians and health facilities. Given the increasing role of consumer engagement and value-based medicine around the State and nation, telehealth has an excellent value proposition in that it can provide new ways for providers to interact with their patients and empower them to engage more in their own care.

In an increasingly connected world, telehealth offers patients a secure, virtual method in which to engage with healthcare providers both more frequently and conveniently. This reduces many common barriers that limit access to care, including a shortage of local providers, transportation issues, lack of child or elder care and the need for afterhours care. This means more patient questions asked and answered, a stronger doctor-patient relationship, and improved patient transitions of care and, ultimately, better health.

Beyond improved access to care, telehealth empowers patients to better manage their own care for both acute and chronic issues and also serves to protect both patient and healthcare workforce members from spreading illness, particularly in times of disease outbreak.

However, there are now numerous telehealth vendors available and in use by providers across the state, each of which offer varying levels of services and functionality, care team integration, and summary of care information. This includes a wide array of processes for patient/provider registration, use and support across each modality. Further, there is currently no single source to reference to identify which providers are offering telehealth services and how these services are made available to patients.

Purpose of Use Case: This use case sets forth requirements and functionality to align and support the numerous telehealth services and vendors that are currently in use by providers across Michigan by leveraging the state’s health information network shared services.

Overview

This overview goes into more details about the use case.

The Statewide Telehealth Use Case integrates and aligns telehealth vendors and services with the state’s health information network shared services that drive access, care coordination, increased patient engagement, transitions of care, coordinate and align patient initiated virtual visit requests, and support public health priorities (e.g., relaying diagnosis/clinical information, management of disease outbreaks, and protecting both patients and healthcare workforce members from exposures, especially in light of the current COVID pandemic).

The purpose of this use case is to establish the information sharing requirements unique to telehealth and to bring order to the telehealth space across the multiple solutions and vendors available to patients and providers. This includes the design, development, and implementation of a Statewide TeleRegistry that serves as a database of provider telehealth information, including but not limited to the following:

- Listing of providers/practices participating in telehealth
- Listing of participating telehealth vendors
- Methods used to conduct virtual visits (phone, video, chat, store and forward)
- Types of virtual visits available for a given provider (on-demand, scheduled, condition management)
- Information on how to access, register, and use a given telehealth service
- Information on each provider’s virtual hours of operation, how to schedule/initiate a virtual visit, and how to find support (i.e., phone line, website, other resources)

The Statewide Telehealth Use Case leverages existing Health Information Network (HIN) infrastructure and services (e.g., Active Care Relationship Service®, Health Directory, Common Key Service, etc.) to allow participants to send and access Message Content under the terms of the applicable use case. Additional integrations and workflow improvements that are enabled via this use case include:

- Increased access to telehealth services through identifying and listing providers and their associated telehealth information within the MiHIN TeleRegistry

- Improved care coordination by integrating the Active Care Relationship Service into the provider’s telehealth workflow
- Improved transitions of care by enabling delivery of care summaries and referrals that contribute to the Consolidated Clinical Document Architecture (C-CDA) which can be routed to involved caregivers using the Common Key Service
- Contributes to public health efforts and mandates by routing special condition information to local and state authorities, as needed

Note Related Use Case Requirements: Organizations entering this use case should simultaneously enter into the Health Directory, Active Care Relationship Service, and Common Key Service. These use cases work together to support the Telehealth Use Case.

Recommended Use Cases: Exchange Consolidated Clinical Document Architecture, Admission Discharge Transfer Notifications, Longitudinal Record, Statewide Lab Orders-Results, Referrals, and Radiology Document Delivery use cases.

Diagram

This diagram shows the information flow for this use case.

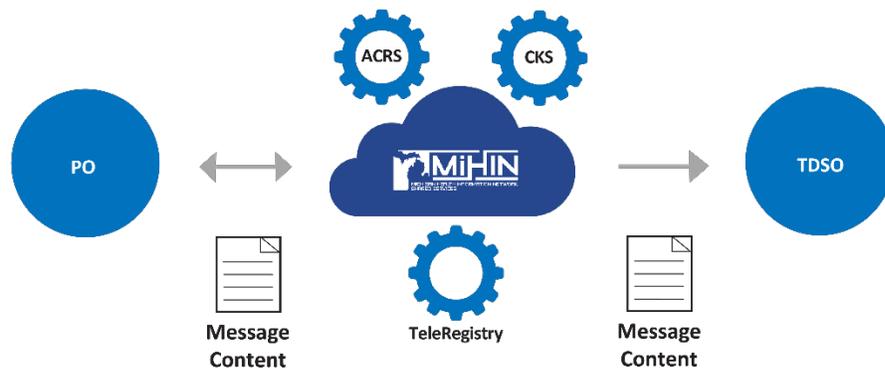


Figure 1. Use Case Data flow

- The PO queries ACRS® and CKS (under the terms of the applicable Use Case) to establish the Active Care Relationships for a patient
- Active Care Relationships are returned to the PO and displayed to the patient via PO
- The patient selects a provider and the PO queries the TeleRegistry for the providers telehealth service information
- The TeleRegistry retrieves stored virtual visit information available for the selected provider and returns to the PO

- The PO displays the virtual visit information to the patient, and the encounter occurs via the providers telehealth vendor platform
- The provider documents outcomes and any applicable referrals and sends the summary to HIN
- HIN distributes the summary to the patient's active care team (TDSO)

Regulation

This section describes whether this use case is being developed in response to a federal regulation, state legislation or state level administrative rule or directive.

Legislation/Administrative Rule/Directive:

- Yes
- No
- Unknown

Meaningful Use:

- Yes
- No
- Unknown

Cost and Revenue

This section provides an estimate of the investment of time and money needed or currently secured for this use case.

Cost

Potential costs involved in this use case are related to a participating organizations readiness to onboard to existing MiHIN services. There may be associated development and implementation costs for participants depending on their chosen telehealth vendor and its capabilities to integrate with existing HIN infrastructure. These options should be considered up front and HIN will work with each participant to determine the ideal solution for onboarding.

Revenue

No revenue is projected for this use case, however significant cost and time savings are anticipated based on the following:

- Reduces unnecessary care and patient hospital/ER visits
- Reduces administrative burdens
- Provides timely access to needed care (case management, Medically Underserved Areas, afterhours care)
- Offers an intervention to potentially avoid higher levels of care downstream (readmissions, care preventing condition deterioration, etc.)

Implementation Challenges

This section describes the challenges that may be faced to implement this use case.

Implementation challenges associated with this use case are anticipated to be minimal as this use case leverages existing MiHIN infrastructure and services. Identifying and engaging with existing telehealth vendors and providers and managing the overall onboarding capacity to support potentially high demands from the statewide healthcare community represent the primary HIE implementation challenges.

Implementing the telehealth use case will require some effort by participating organizations that have not yet onboarded to existing MiHIN services that support the telehealth use case. Participating organizations will be required to sign the appropriate data sharing agreements for each related use case in addition to completing the related connectivity and testing requirements, as needed.

Vendor Community Preparedness

This section addresses the vendor community preparedness to readily participate in the implementation of this use case.

The Statewide Telehealth Use Case relies on provider and patient facing telehealth applications and Trusted Data Sharing Organizations (TDSOs) to establish a connection and share information with MiHIN. Currently, the level of community readiness of telehealth vendors to implement HIN services into their workflows is unknown. However, many health systems and physician organizations are utilizing in-house staffing and native EHR

applications that already support HIN services/use cases and are ready to implement into their workflows.

Support Information

This section provides known information on this support for this use case.

Political Support:

- Governor
- Michigan Legislature
- Health Information Technology Commission
- Michigan Department of Health and Human Services or other State of Michigan department
- CMS/ONC
- CDC
- MiHIN Board

Other: N/A

Concerns/Oppositions: N/A

Sponsor(s) of Use Case

This section lists the sponsor(s) of the use case

- Michigan Department of Health and Human Services

Metrics of Use Case

This section defines the target metrics identified to track the success of the use case.

The key metrics for this use case are as follows:

- Number of organizations & providers sending message content via this use case
- Number of providers and telehealth vendors available in TeleRegistry
- Number of queries made to the TeleRegistry (and number of responses returned)

