ANNUAL REPORT
FISCAL YEAR 2020

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK
SHARED SERVICES

Summary

A comprehensive report of Michigan Health Information Network's Shared Services (MiHIN) activities throughout 2020.

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Intro from the
Executive Director

As we prepare this year's annual report for stakeholders, the world is currently in the midst of one of the greatest public health crises in history. Our thoughts are with the communities and individuals most deeply affected by the ongoing COVID-19 pandemic, including front line workers and first responders— and we are proud to support efforts to mitigate the spread of COVID-19 by leveraging interoperability and large-scale health data sharing for improved care coordination.

Like countless other companies and organizations across the world, we have been forced to quickly adapt to the changes brought about by the ongoing crisis. We worked closely with the City of Detroit, added different types of reporting options/notifications for COVID-19 testing and results in support of Michigan Department of Health and Human Services, and stood-up a robust telehealth program to assist in the demand and desperate need of telehealth visits for practices, physicians, and patients not only in Michigan, but across the country.

I cannot express how proud I am of the Michigan Health Information Network Shared Services (MiHIN) employees who adapted to a new environment seamlessly in the midst of global upheaval. They are dedicated, resilient and hardworking and I am honored to serve as their Executive Director.

The landscape of health information networks (HINs) and health information exchanges (HIEs) have changed drastically since our inception in 2010—and we continue to evolve and be recognized as leaders in the field. As we entered into our second decade we celebrated many milestones, including an integration with a strategic Michigan HIE, formerly known as Great Lakes Health Connect (GLHC), responded to a record number of requests for proposals with our affiliate Velatura, and hosted our first Connectathon in partnership with Blue Cross Blue Shield of Michigan.

> **" I cannot express how proud I am of the MiHIN employees who adapted to a new environment seamlessly in the midst of global upheaval. "**

In the spirit of constantly striving for excellence, we also implemented a comprehensive Business Integrated Work Process, and established a number of initiatives designed to offer insight and improvement to MiHIN, including a Telehealth Taskforce, a COVID-19 Safety Task Force and a Diversity & Inclusion Task Force. Each of these groups has their own charter designed to advance and promote both the internal and external missions and values of the MiHIN Group.

MiHIN is strong—and ultimately our strength and resilience are because of our people, especially our stakeholders. Together, we're creating solutions to the challenges facing health care and ushering in the future of interoperability. We are—and will continue to be—leaders in the industry, in times of crisis or calm, and together we'll continue to innovate and advance health information exchange.

Dr. Tim Pletcher
Executive Director

About
MiHIN

A decade of change..

The HIE landscape has changed drastically since it was first conceptualized—and The MiHIN Group is operating amid an extremely dynamic time and marketplace. In spite of the challenges and barriers that we face, the promise of improved patient care is the impetus that keeps us striving for better and greater interoperability.

The work of transforming medical data communications from analog to digital methodologies that began in earnest with the passage of HITECH (2009) and the Affordable Care Act (2010) has made tremendous progress in the last decade. Despite this, the goal of achieving seamless interoperability at a national scale remains frustratingly out of reach. The passage of the 21st Century Cures Act in 2016 was intended to address this challenge, and the Office of the National Coordinator (ONC) drew heavily on language in the act in developing the Trusted Exchange Framework and Common Agreement (TEFCA).

As the electronic health information landscape has matured at the state and regional level, it has come to resemble a patchwork quilt. Over the last decade, each state has (or has not as the case may be) attempted to meet federal regulatory requirements on a largely individual basis, with mixed results. Adding to this complexity is confusion contributed by large electronic medical record (EMR) vendors and the national "top-down" initiatives they have sponsored to solve the national interoperability challenge. This is the current state that TEFCA proposes to repair, organize, and build upon

Integration with GLHC

Over the last decade, GLHC and MIHIN have worked closely together to facilitate the seamless and secure sharing of electronic patient health data in Michigan. While our business models, solutions, and core relationships have differed, the complementary nature of those resources makes for a powerful combination. The affiliation has created a tremendous holistic synergy for the efforts that will significantly advance our collective work in Michigan and beyond. Most importantly, it strengthens the value that stakeholders derive in advancing their goals for optimizing healthcare quality and outcomes.

The terminology we used during the integration was nicknamed BOB, meaning, "best of both". Our integration with GLHC further positions Michigan as a national leader in health IT and maximizes our opportunity to accelerate interoperability.

The integration was completed in January 2020, and we only continue to mature our efforts as an integrated organization.

MiHIN's Culture & **Core Values**

Meet our Cross Functional Teams

The Office of Corporate Culture was formed as an intentional effort to cultivate a healthy and positive workplace for all. Through this body of work, MiHIN has aimed to build a culture that exemplifies the deep-rooted values of the organization, while acknowledging that fun and productivity are connected. Throughout this past year, staff have engaged in weekly theme days, personal development opportunities and other team building events that have increased the connectedness between many of our staff members.

This is certainly not an effort that is taken lightly as we realize that our staff sense of community directly impacts our stakeholders and organization's success. From early stages of hiring and discussing what it means to work at MiHIN, to nominating staff and interns who embody our core values at our annual gala, rest assured that we hold these things close to our heart and keep them at top of mind in our day-to-day work. Our hope is that this great work will shine through all levels of the organization as we continuously aim to improve each aspect of what it means to be a part of The MiHIN Group

PEOPLE & CULTURE

The People and Culture Team is responsible for company-wide communications, staff development, training, establishing career ladder profiles, recruiting, facilities management issues, standardization of human resource processes, internships, and employee recognition. This team shall be charged with the annual review and update of the employee handbook. Routine feedback via survey or structured focus groups on the adequacy of MiHIN internal communication mechanisms (e.g. roll call), staff training, job satisfaction, and remote work policies shall be under the domain of this team.

The design and support of the MiHIN intern programs will also be a topic for this group. The office of corporate culture reports into this team to support activity related to employee recognition and corporate staff appreciation events. Human resources will help co-chair this effort and major projects will be coordinated with and sponsored by the Business Management Team.

BUSINESS MANAGEMENT TEAM

The Business Management Team (BMT) develops and communicates our overall enterprise strategy. Through a multi-functional approach, the BMT develops aligned functional plans to support the overall enterprise strategy enabling functions and then individuals to develop supporting implementation plans. Collectively the BMT is responsible for our success over the long haul (year's") while individually BMT members are responsible for their functional roles success including annual planning.

The BMT monitors agreed metrics adjusting functional plans to achieve the desired results. Where/when needed, the BMT provides cross functional decision making. Through the supporting work processes and communication, the BMT provides the agility & empowerment our rapidly growing enterprise needs while providing cohesive visible leadership.

ARCHITECTURE & ENGINEERING

The Architecture and Engineering (A&E) team is responsible for MiHIN technology platform development and charged with ensuring that MiHIN technology remains current, products and services minimize technical debt, and that offerings are poised for long-term scalability. To this end, our passionate and highly skilled A&E team members will make every effort possible to exemplify the market's considerable expectations of a business unit charged with connecting hundreds of healthcare organizations in the service of millions of patients.

PRODUCT STRATEGY TEAM

In support of the enterprise strategy, the Product Strategy Team (PST) is responsible for the MiHIN/Velatura products and services and their cohesive "go to market" plans ensuring cross-functional alignment. Our product road maps will be the responsibility of the PST (and each individual PMM). Collectively the PST will provide the "voice of our customers" including being the cultivator of product extensions and possible new products and services.

Individual Product Market Managers (PMM) on the PMT are responsible for specific products and services including planning and implementation (Product Market Plan) while supporting functions including Finance, Marketing, Development and PMO will work closely with each PMM providing their functional expertise. A PMM will be the expert in their assigned product market (competition, customer segments, values…) becoming our most knowledgeable associate of costs, market-based value/pricing with bottom line profit and loss responsibility. Each PMM will provide critical input to customer proposals including RFPs. Consistent with approved Product Market Plans the PMM will be market and sell via our organization at large and/or directly including conferences and trade shows.

OPERATIONAL EXCELLENCE

The Operational Excellence Team will identify improvements for achieving operational excellence. This team will evaluate current processes, tools, and technical/personnel resources that operate and support MiHIN Shared Services to ensure the organization can achieve the highest standards of operational integrity.

This team will also determine and implement the necessary improvements post evaluation regarding processes, tools and technical/personnel resources to meet the objective of highest standards for both business and technical efficiencies as it relates directly to best practices. The focus will place on MiHIN core infrastructure ACRS(CKS), HD, MIGateway with operations and scalability driving decisions. Evaluations and implemented changes will include data/reports to support all improvement decisions.

LEADERSHIP

The Leadership Team is tasked with engaging with our organization at large on a wide range of topics and subjects. Membership is not based upon a job, function or level within the company rather upon personal characteristics that will increase overall associate engagement. Members will be responsible to provide communication to our organization and to be actively engaged in understanding varying street corners. Management, functions and teams will seek out the opinions and input of the Leadership Team on new programs, concerns at large and where can continuously improve.

Meet our Diversity and Inclusion Team

Diversity is about recognizing, respecting and valuing our differences. Moreover, it's about genuinely connecting across our differences to communicate and work together successfully. The many facets of our identities and experiences consciously and unconsciously inform our perspectives, decision making, and actions.

In the MiHIN Group, our commitment to both our workplace community and superior business performance requires tapping into these differences and unique perspectives. We believe we can do more to intentionally seek out, respect and value our differences. We intend to better understand how diversity and inclusion can be improved within The MiHIN Group and then implementing changes to become a more diverse and inclusive workplace. We do not yet know what changes and actions will come of this work, but we are committed to the process of discovery, action and assessment.

A **year** like no other...

Our COVID-19 response

MiHIN has been a leader in the secure exchange of health information for more than a decade—and our focus always has been, and always will be, the people of Michigan. The ongoing COVID-19 pandemic has underscored the importance of robust data collection and interoperability—and MiHIN has played an integral role in giving health leaders a better situational awareness of the novel coronavirus by sharing data and coordinating care throughout the state during the pandemic.

By insuring that the right information is available to those who need it, we have been able to reduce burdens on our medical communities and front-line workers and lead statewide efforts to increase data sharing efficiency. Together, with Michigan Department of Health & Human Services, we have accomplished a great deal in a short amount of time.

The reuse of the **ADT messages** to assist MDHHS in determining bed capacity within our hospitals based on diagnosis code

When ADT message types of interest come in to MiHIN, we not only send them to database/through ACRS (normal data flows) but also to an **ADT Population Health Data Mart** created in response to COVID and for work we're doing with MDHHS. Within this data mart you can query on any field/combination of fields in the ADTs to get desired information, such as bed capacity based on the number of COVID admits with no associated discharge for an encounter

MiHIN's **Active Care Relationship Service®** (ACRS®) has been turned on for all hospitals across the state of Michigan; the file will also be routed back to the sender

In conjunction with the Lab Database, **MiHIN is placing indicators on the ACRS files** indicating a Covid-19 result, creating a Covid-19 registry

MiHIN is **routing all COVID-19 lab results** to the State of Michigan registry and will route results to Detroit Medical Center, Ascension, Trinity Health System, and Henry Ford Health System (Note: this list is continuing to expand)

MiHIN is **sending results**, via direct secure email, back to Health Departments; including results, date, and active care team. MiHIN as engaged with Patient Education Genius to enable the delivery of Covid-19 results to the patient directly based on ACRS files at the city, county level

MiHIN **has created an error log** for any and all results that are not currently routed through mechanisms mentioned above; this will initiate an SMS message to the patient to advise them to log into the Bio Reference Lab Portal to access their results

Detroit Spotlight

In early March, at the beginning of the COVID-19 pandemic, MiHIN put its expertise to work in Metro Detroit to spin up a data tracking operation associated with the drive-by COVID-19 testing facility at the former Michigan Fairgrounds. Initial plans called for physicians to provide a piece of paper certifying that the holder deserved to be tested, for that paper record showing the name, phone, address and other information of the requesting physician to be collected by someone meeting the holder's car, for the test swab number to be transferred in writing onto that paper record, data from the results to come back on paper and for the sample results to be somehow delivered to providers. Given hard-to-read handwriting, the likelihood of inaccurate transcribing of information, and the possible loss of paper record, this process did not meet the standards of modern data management.

Instead, MIHIN reached out to Mayor Mike Duggan's office and developed a paperless system. When a doctor agreed a person needed to be tested, MiHIN was notified electronically. MiHIN then notified the welcoming team at the fairgrounds about what the expected workload would be and who would show up the next day. When the person arrived, the greeter accessed the electronic record – letting MiHIN know that the patient had arrived and been tested. MiHIN sent the performing lab an electronic lab order that included barcode information to eliminate the the manual order process at the performing lab. The swab sent for analysis was tracked electronically. The results were associated back to the swab, back to MiHIN, and then from MiHIN back to the physician who requested the initial test. All of this information was captured and is available for state and local health officials to analyze.

Within two weeks, this system handled the testing of nearly 4,000 individuals, many of them health care professionals, efficiently and meeting all federal and state patient security requirements. The information can also be accessed by public health professionals, to allow them to track the ill persons, clear those who tested negative, and be added to the overall database of information necessary for appropriate resource deployment. This is the kind of clean, complete and useful data that can help drive good decisions.

Telehealth

Care Convene is a virtual health platform that allows for greater patient access to quality care via a secure platform. Care Convene extends the reach of the care team beyond the traditional brick and mortar practice, increases patient retention and helps providers work more efficiently, increase revenues and improves patient satisfaction in a virtual environment.

Care Convene will also integrate with MiHIN services including Active Care Relationship Service®, Common Key Service, Admission, Discharge and Transfer Notifications, and Quality Measure Information to drive the virtual delivery of patient centered, provider-delivered care and health information exchange in a coordinated and triaged way to further serve the citizens of Michigan with patient-centered care.

Social Determinants of Health (SDoH)

The data is clear: social determinants of health (SDoH) have a major impact on health outcomes. The ongoing COVID-19 pandemic has emphasized the urgent need to improve cross-sector care by 'coordinating the coordinators' and connecting social and medical data. Now more than ever, it is critical that we organize our approcach to identigy practices to address SDoH variables.

While some progress has been made in addressing SDoH through clinical and population health efforts over the past decade, much work needs to be done. In December 2019, as the State Innovation Model (SIM) demonstration moved toward its conclusion, the Michigan Department of Health and Human Services (MDHHS) requested that MiHIN convene a series of statewide SDoH workshops. The ultimate goal of the workshop series was to inform a statewide SDoH Use Case that would enable SDoH data exchange between health care organizations, community social service organizations, and other key care providers for purposes of direct care coordination as well as population health assessment and improvement.

There is an urgent need to invest in improving SDoH treatment to address the current and future needs of Michiganders.

The SDoH workshop series, conceived before the COVID-19 pandemic, has become more relevant in its wake. Disruptions in the fabric of everyday life—unemployment, school closures, and serious illness—have exposed the real-life consequences of existing health and social disparities and resulted in an increased need for social outreach and social services support in communities across Michigan. There is an urgent need to invest in improving SDoH treatment to address the current and future needs of Michiganders.

By the close of the workshop series, there were six key takeaways and six recommendations for moving forward. Stakeholders collaborated to share knowledge, build efficiencies and advance the collective efforts in addressing health-related social needs. While this work was beneficial, more discovery needs to be done to identify the technical workflow that is necessary to bring this to fruition. To address the intensified SDoH needs, in combination with the needs of COVID, the value that the SDoH CIE can bring to the stakeholders should ideally have immediate action and needs support. MiHIN needs support for this work so it can continue the progress already made by SIM and potentially lead the nation in SDoH data exchange.

MiHIN's vision for the future of cross-sector care and population health improvement in Michigan is built upon the premise that local communities can self-organize and effectively partner with medical organizations to develop Community Integrated Health Networks, and that MiHIN can assist networks by creating a statewide Community Information Exchange technology infrastructure that will provide the scalable technical infrastructure necessary for their success.

With the State's support and the continued involvement of key stakeholders, we feel strongly that our recommendations will advance the exchange of SDoH data across the state and we look forward to advancing this work.

OCTOBER 2019

MiHIN achieved EHNAC accreditation through TNAP

NOVEMBER 2019

MiHIN announced integration with Great Lakes Health Connect & Interoperability Land launches on Amazon Web Services (AWS)

MARCH 2020

MiHIN hosts first all staff gathering following the integration with Great Lakes Health Connect

FEBRUARY 2020

The MiHIN Group implemented a new internal communication platform to strategically align cross team functionality

JANUARY 2020

Integration with Great Lakes Health Connect complete & Interoperability Institute partners with BCBSM on Connectathon

DECEMBER 2019

3.6 billion cumulative messages received as of Q4 2019

JULY 2020

4.1 billion cumulative messages received as of Q3 2020.

JUNE 2020

MiHIN announces launch of new Connecting Michigan for Health & More series coming in 2021

MAY 2020

Interoperability Institute hosts first virtual InterOpathon

APRIL 2020

Amidst COVID-19 pandemic outbreak, MiHIN amplifies Telehealth offerings via CareConvene and begins work to assist the State of Michigan with COVID-19 reporting

SEPTEMBER 2020

The MiHIN Group announces new communications launching for Stakeholders: The Connection, The Download, The Digest, and The Interface

AUGUST 2020

The MiHIN Group hosts first webinar: Urgency of Now: The Case to Accelerate Adoption of Interoperability Rules in the Wake of COVID and Delivery Reform

Our **Milestones** in 2020

MiHIN **Grows** in Michigan

445M

↑ **17%**
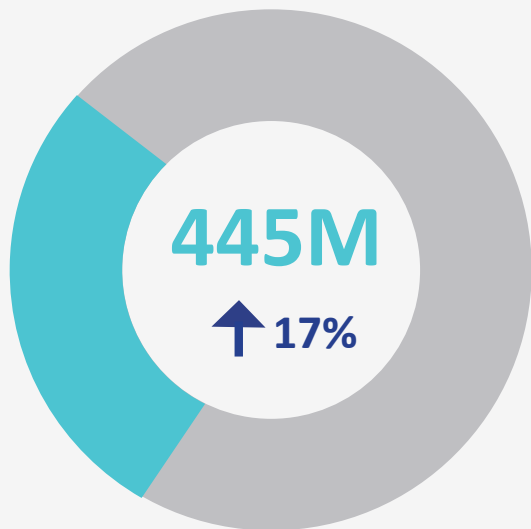
Admission, Discharge, Transfer,
Notifications ACRS® **Outbound**

What is ACRS®?

The Active Care Relationship Service® (ACRS®) connects a patient's electronic health information with the providers "actively caring" for the patient as well as with the payers covering the cost of the patient's care. This connection improves transitions of care coordination and enables physicians and care management teams to receive notifications and clinical information when there are updates in a patient's status.

138,018

Unique Providers
in Statewide Health Directory
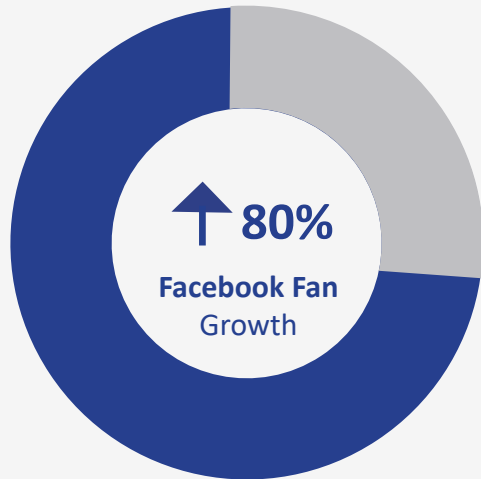
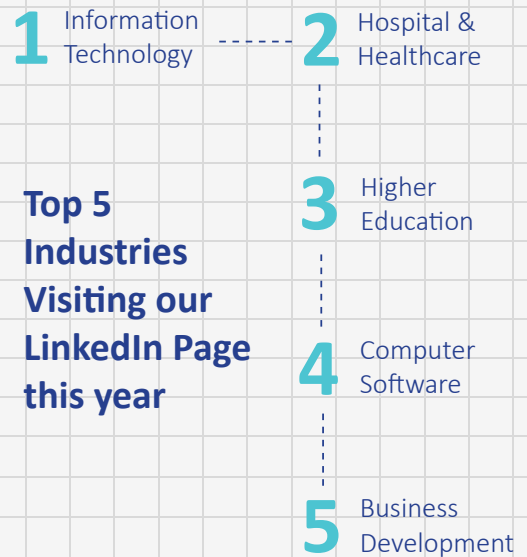| Growth in ACRS® *Relationships*	September 2019	September 2020
	29,113,556	29,712,288

Social Media **Statistics**

September 2019 - September 2020   f   in   twitter

↑ **80%**

Facebook Fan Growth

What's a Facebook Fan?

Facebook Fans is the number of Facebook users who liked your page.

Top 5 Industries Visiting our LinkedIn Page this year

1 Information Technology

2 Hospital & Healthcare

3 Higher Education

4 Computer Software

5 Business Development

431 New **LinkedIn Followers** Gained

An Average Twitter Engagement Rate

1.4% Our Average Engagement Rate

<0.33%   >0.09%
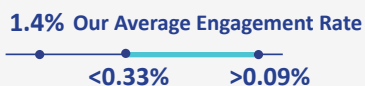
Engagement rate shows how much people interact with the content.

Facebook Page Likes

62

55

7

2017-2018   2018-2019   2019-2020
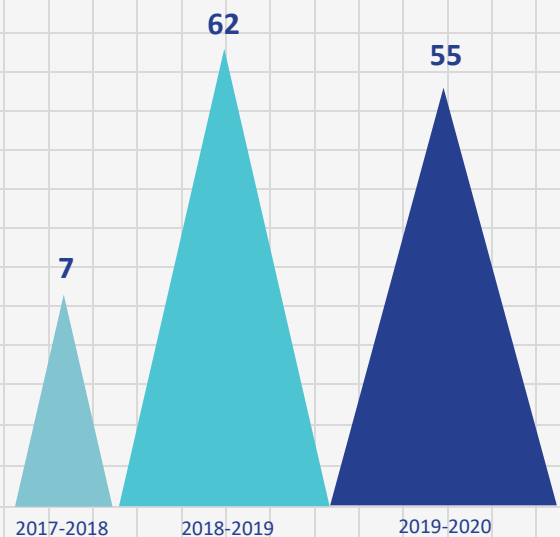
Stakeholder Engagement

Introducing the new MiHIN Operations Advisory Committee (MOAC) structure

As MiHIN grows and evolves, we are continually looking for ways to better communicate with our stakeholders and customers. Over the past several months, the MarComm Team developed a new "Core Content" package that will foster cohesion among our audiences and contribute to a greater understanding of our work in the outside world. The four different complimentary multi-media assets that make up the Core Content package are:

A curated daily digest of topical industry news and information

A monthly community-engagement focused webinar

A weekly blog showcasing thought leadership and industry expertise from MiHIN Group staff and collaborators

A monthly e-newsletter highlighting the many ways that The MiHIN Group technology contributes to healthcare transformation

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The Core Content package drew on inspiration from the Great Lakes Health Connect monthly Virtual Update Meetings, as well as MiHIN's bi-weekly Stakeholders meeting and Bits & Bytes newsletter and aims to keep audiences up-to-date on the latest news and information from the intersection of healthcare and technology.

The four new communication channels launched in early October and have allowed us to incorporate input from participants, while also surveying department heads to get insight on what stakeholders should be informed about. To date, both internal and external stakeholders have expressed appreciation for the new format and we have seen a marked increase in participation.

New Communications for our Stakeholders: Core Content

MiHIN Operations Advisory Committee (MOAC), the group responsible for providing input to MiHIN leaders on the routine operational procedures and matters that impact the members of the network, was restructured in 2019 in response to the advancement and maturity of the HIN. Workgroups that previously met to examine and analyze data stewardship, privacy, technology, operations, and use cases were mothballed in order to focus attention on the operational advisory and governance roles of the committee.

Today, MOAC consists of quarterly advisory committee meetings that keep accountability for a successful statewide HIN, as well as ad-hoc task forces and meet-ups. Task Forces are subgroups that develop through MOAC discussions that raise specific issues that would be better suited for a task force to solve. Meet-Ups are forums that MiHIN leaders may convene based on topics that need stakeholder feedback and recommendations. The Issue Remediation workgroup remains part of the structure to

Our new **Product** Portfolio

With the integration of MiHIN and GLHC in early January, the Product & Services Management Team took on the task of figuring out the logistical, technical, and aspirational goals of integrating both company's product portfolios into one. This was challenging, yet exciting work as the two portfolios were complimentary and would increase the ways in which we are able to serve our customers. Additionally, we have developed a standardized pricing model for our product portfolio that will prove to bring even greater value to our customers.

Perhaps even more exciting was the notion of moving several products to the cloud for efficiencies and cost savings. In addition, we are taking the opportunity to integrate more tools into a single platform allowing for a single-sign-on entry that would reduce redundancy and increase workflow efficiency for our customers.

We've also streamlined the way in which we organize our product portfolio. We have sub-categorized products into three areas: Use Cases (the way the data flows), Services (foundational to our product infrastructure), and Tools (applications that customers use). With 38 use cases, 16 services, and 11 applications, our product portfolio has never been stronger and our desire to help our customers continues to grow exponentially.

We have extensive goals in the next year to continue to streamline our product portfolio, move to the cloud, and ramp up our efforts for additional product upgrades and enhancements. We're just getting started!

Business Integration Work Processes

In 2020, MiHIN launched the Business Integration Work Processes (BIWP) team. Our BIWP are enterprise wide, interrelated workflows that define how we operate across the MiHIN Group of companies, departments and teams in a standard way to enable communication, efficiency, and overall excellence in delivery of our services.

The BIWP:
- **Clarifies roles and responsibilities**. BIWP specifies who is responsible for completing, accounting for consulted and/or informed about each step along the way
- **Defines integration points across teams**. BIWP "swim lanes" highlight which company/team(s) drive which step(s) and when hand-offs to other teams occur.
- **Guide staff through enterprise workflow**. BIWP provides direction and decision points to empower staff to operate consistently within standard guidelines.
- **Enables continuous improvement**: BIWP establishes a baseline starting point for ongoing evolution as the MiHIN Group matures.

There are 36 members of the BIWP team, encompassing representation from an organization or department level. The department representatives perform an analysis on the monthly Operational Excellence Report Card with an overall output goal to implement, analyze, and create improvement plans based on critical operations measures.

Since the inception of the Operational Excellence Report Card in April 2019, we have seen an improvement in work order ticket times from an average of 218 days to an average of 113 days.

Board of **Directors**

Aaron Wootton

Vice President, Health Information Services, Chief Information Officer, Jackson Community Health Record (HFHS)

Jim Lee

Vice President, Data Policy and Analytics, Michigan Health and Hospital Association

Dr. Jerome Finkel

Chief Primary Health Officer, Henry Ford Health System

Pat Rinvelt

Executive Director, National Network of Depression Centers

Greg Forzley, MD

Physician Health Information Technology Consultant

Dr. John Fox

Dr. Andrew Rosenberg

Chief Information Officer, University of Michigan

Jim Collins

Director of Communicable Disease Division, Michigan Department of Health and Human Services

Chris Cook

Senior Vice President, Information Services, Chief Information Officer, Priority Health

Larry Wagenknecht

Chief Executive Officer, Michigan Pharmacists Association

Dr. Faiyaz Syed

Chief Medical Officer, Michigan Primary Care Association

Dr. Bradley Clegg

Doctor of Osteopathic Medicine, Metro Health UofM

Thomas Lauzon

Senior Vice President and Chief Medical Officer, Blue Cross Blue Shield of Michigan

Brian Keisling

Director, Bureau of Medicaid Operations and Actuarial Services, Michigan Department of Health and Human Services

John Vismara

Senior Vice President, United Physicians President - Ingenium®

Dennis H. Smith

President and Chief Executive Officer, Upper Peninsula Health Plan

Dr. Scott Monteith

Physician Lead, Population Behavioral Health, Trinity Health

Helen Hill

Principal, Chief Information Officer, The Kiran Consortium, Southeast Michigan Health Information Exchange

Dr. Thomas L. Simmer

Senior Vice President and Chief Medical Officer, Blue Cross Blue Shield of Michigan