



Medicaid Patient Query, Michigan Use Cas Summary

Use Case Name:	Medicaid Patient Query, Michigan
Sponsor:	Michigan Department of Health and Human Services
Date:	March 10, 2021

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.

To make the best healthcare decisions and recommendations, doctors and other healthcare providers need complete and up-to-date information on a patient's health. The problem is that most people visit many different doctors, hospitals, and healthcare providers during their lives. That means a patient's healthcare history may be stored in bits and pieces in many different places, and therefore incomplete at the point of care.

In response, MiHIN has collaborated with PCE Systems, who specializes in providing electronic health records solutions to Michigan's behavioral health organizations, to develop a set of electronic endpoints that will allow a participating organization to query the MDHHS Care Connect 360 (CC360) application. The CC360 application allows care coordinators and healthcare providers to lookup Medicaid patient information at the point of care.

Purpose of Use Case: The Medicaid Patient Query, Michigan Use Case allows participating organizations to send electronic queries through MiHIN to the CareConnect 360 management tool and internet portal to retrieve Medicaid patient PHI and SPI.

Persona Story

To explain this use case, this section follows a persona example from start to finish.

Dr. Julie Lawson is an attending physician in Gift of Mercy Hospital's Intensive Care Unit (ICU). Dr. Lawson thrives on the adrenaline rush that comes from working quickly and efficiently in a critical care environment and feels accomplished when her ability to rapidly make the right decision leads to a better outcome for a patient.



One downside to her work in the ICU is dealing with gaps in knowledge involving a patient's medical history. Many of the Medicaid patients Julie treats are in critical condition, are unconscious, or are otherwise unable to communicate the complete health information that would allow Julie to make a fully informed decision. Nothing frustrates Julie more than working on cases where a little more information at the right time could have made a difference in a patient's outcome.

When Gift of Mercy Hospital began participating in the Medicaid Patient Query, Michigan Use Case, Julie discovered she was able to much more easily find and receive Medicaid patient health information from healthcare providers who had previously treated that patient. The new functionality greatly assists Julie in making sure she gets all the information she can about a patient so she can provide the best possible care.

Recently an unresponsive 79-year old in acute respiratory distress was transferred to her ICU. As soon as the patient was admitted into the unit, support staff initiated a patient discovery message through the health information network. This message triggered the automated process of finding organizations that had treatment relationships with the patient, identifying available Medicaid health information, and retrieving the patient's Medicaid information to be viewed through the requesting care team's electronic health record system. Julie was able to use that information to save the patient's life.

Work in any critical care situation is stressful enough without having to worry about missing crucial information. This use case equips healthcare providers like Dr. Lawson, with the resources and support to make better-informed decisions on patient care.

Diagram

This diagram shows the information flow for this use case.



Figure 1: Medicaid Patient Query, Michigan Use Case Data Flow

(1) Health Provider queries HIN for Medicaid patient data; (2) HIN sends query to SoM; (3) SoM queries database via CC360; (4) CC360 returns Medicaid Message Content; (5) SoM sends Message Content to HIN; (6) HIN sends Message Content back to Health Provider.

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.

Costs

There are two costs associated with this use case. The first is the cost to implement this use case, which uses existing infrastructure. The cost for the state to implement its portion of this use case is not currently known. Remaining implementation costs consist only of the onboarding costs to get TDSOs to become participating organizations in this use case.

The other cost for this use case is the cost of not implementing it. This would include waste, medical bills, overdosing, and potential lawsuits. The waste and other potential dangers described in the Overview (above) can be greatly reduced or, in some cases, possibly eliminated through widespread adoption of this use case.

Revenues

The significant cost savings achieved by streamlining and improving provider and patient access to Medicaid patient information should prompt organizations to participate in this use case. Different organizations and individuals who can benefit from participation in this use case include, but are not limited to:

- Providers
- Hospitals
- Medicaid patients

The full revenue model for this use case including possible fees for some participants has not been finalized but this section will be updated if fees are established.

Implementation Challenges

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

The technologies utilized for this use case are based on common standards in the healthcare industry. Participating organizations will be responsible for their vendors providing the necessary send/receive/find/use capabilities.

The main implementation challenge for this use case will center around funding needed by participating organizations for integration costs. Fortunately, the integration costs for each organization should be minimal since the use case is based on current healthcare standards.

Vendor Community Preparedness

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

The technologies for this use case are not new; yet these technologies are not commonly adopted by electronic health record vendors. Participants may need to work with their vendors to develop additional functionality to support this use case. Vendors will need to sign the MiHIN API Certificate Policy.

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.

Participants:

- Number of participating organizations that sign the use case exhibit
- Number of messages sent for this use case (both requests for patient information and actual patient records provided back to requesting organizations)
- Speed of responses to queries and message transfer
- Conformance of messages to data standards

MiHIN:

- Onboarding time required per participant
- Operational and performance levels of use case

Other Information

This section is provided to give the sponsor(s) an opportunity to address any additional information with regard to this use case that may be pertinent to assessing its potential impact.

None at this time.