September 14, 2021

THE DOWNLOAD

A monthly webinar diving into the intersection of healthcare and technology

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

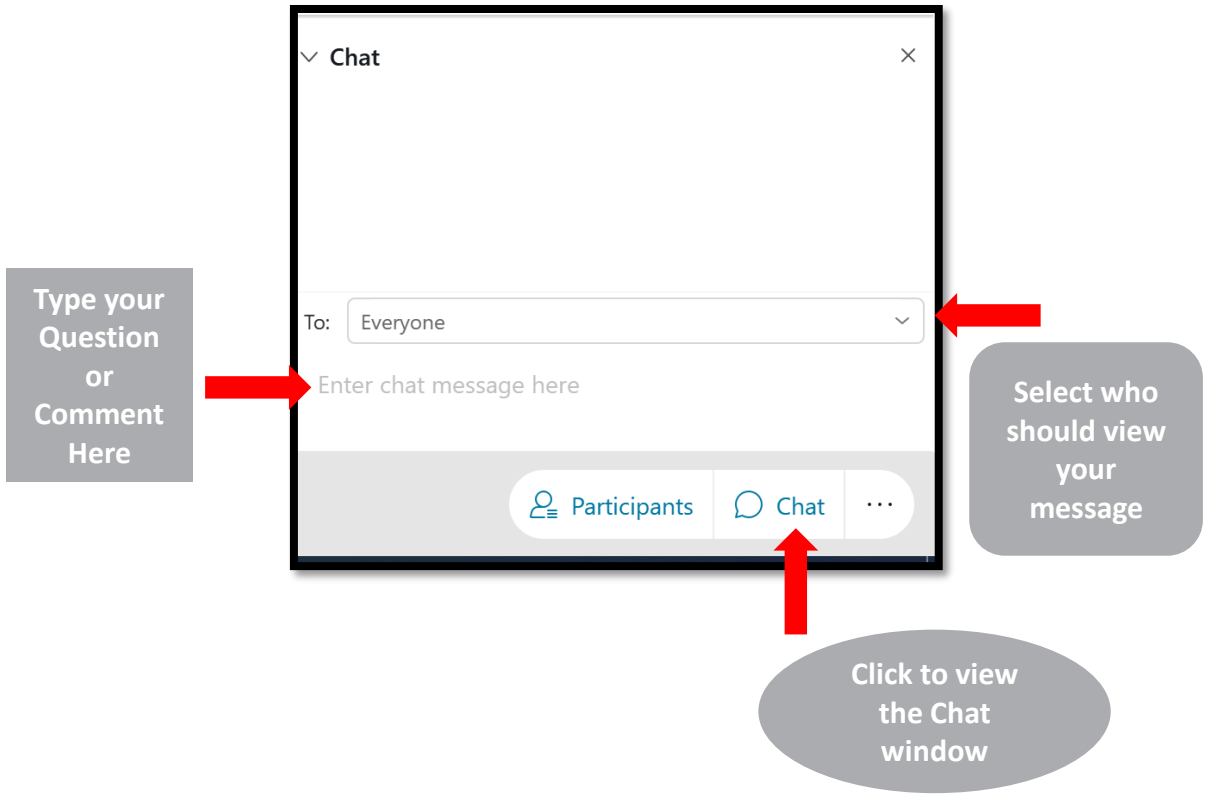
Joanne B. Jarvi
Director of Outreach and Advancement
MiHIN

- **Joanne Jarvi (**Facilitator**)**
- **Kyle Mazur (**Webex Chat Moderator**)**

Welcome to THE **DOWNLOAD**

Let's Get Started…

- This session is being recorded and will be available after the meeting on the MiHIN website.
- All attendees are muted
- Participating in the forum
  - Ask questions and make comments using the WebEx Chat
  - Presenters will answer your question via chat after each segment, or the moderator will read your question aloud towards the end of the webinar.
  - All unanswered questions today will be answered via email to all attendees.
- Chat Controls
  - On the right-side of your screen



Technology is a tool. Humans are the energy. Technology allows humans to connect, communicate, and collaborate.

Michigan Health Information Network Shared Services (MiHIN) proudly represents a growing network of public and private organizations working to overcome data sharing barriers, improving quality, reduce costs, and improve the health of Michigan's population.

MiHIN is the official State Designated Entity (SDE) for the secure, electronic exchange of statewide health Information.

Survey Question

1. **Who do we have in the audience today? Which participant/stakeholder are represented today?**

   A. ***The People of MI:***
   B. ***Health professionals***
   C. ***Healthcare facilities & pharmacies - hospitals, long-term care facilities, emergency departments***
   D. ***State government and state agencies***
   E. ***Insurance companies-***
   F. ***Counties & Cities-***
   G. ***Community Based and Social Service Organizations***

Today's Agenda

01 **Welcome**
Joanne Jarvi

02 **2021 SDOH Use Case Annual Release Announcement**
Lisa Nicolaou & Michael Taylor

03 **Onboarding Care Coordinators**
Sammie Madson-Olson

04 **HIE Industry Trends and FHIR educational information**
Mary Kratz

05 **External Q&A**
Joanne Jarvi

06 **Adjourn**
Joanne Jarvi

2021 SDOH Use Case Annual Release Announcement

Lisa Nicolaou
SDOH Program Director

Michael Taylor
Senior Product Marketing Manager

Objectives

01 Understand what a use case is

02 Understand how the 2021 SDoH use case advances the work in Michigan

03 How does this fit in with the other “Vendor” specific platforms being used

04 What does the larger SDOH work in Michigan look like

04 What are the next steps needed in order to onboard to the use case

What is a Use Case

One or more scenarios to share specific information

Each use case has its own:

- Purpose
- Type of information exchanged
- Description of interactions between people/systems

Examples of use cases:

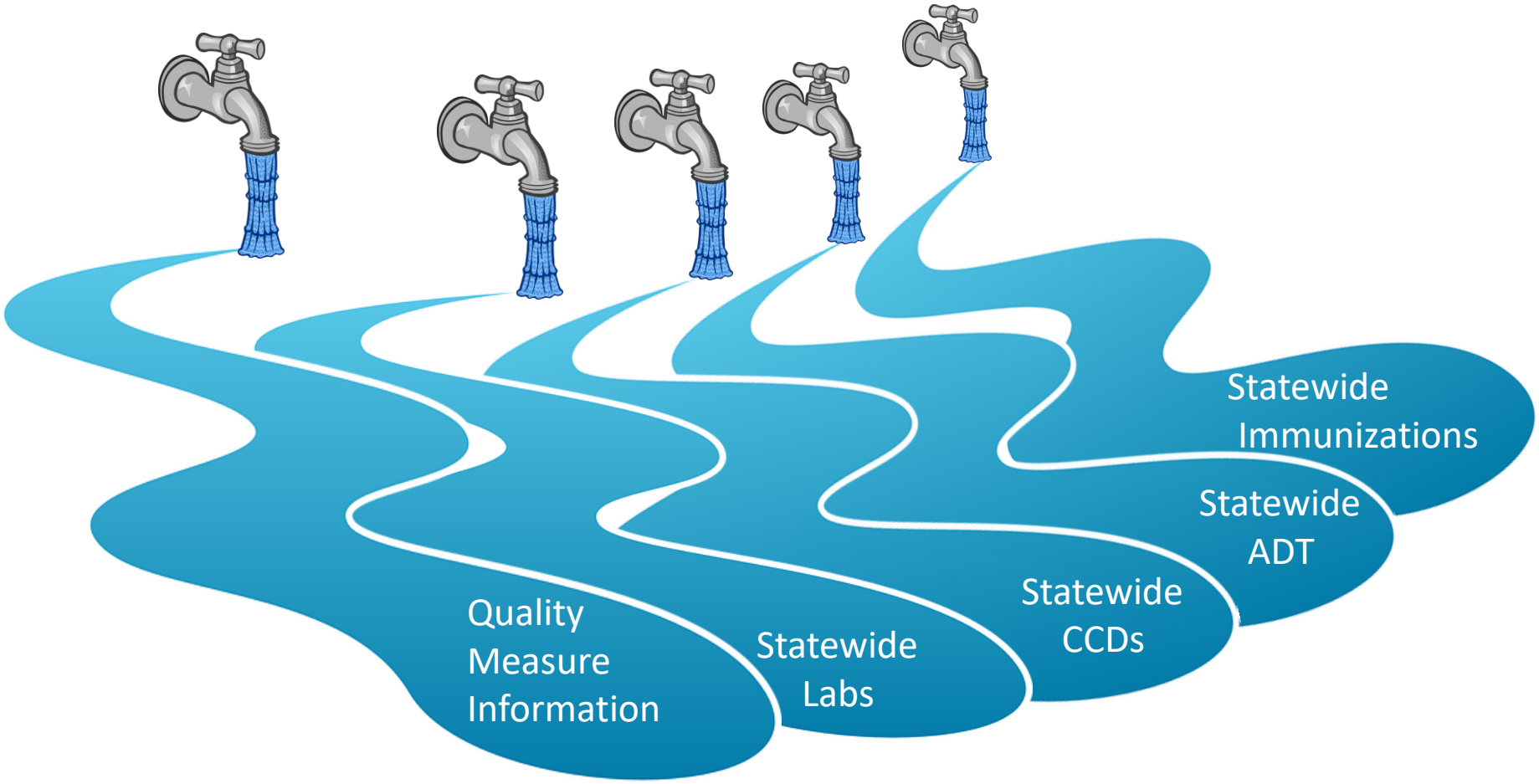
- Immunizations
- Admission Discharge Transfer (ADT) Notifications

Each use case may have different:

- Participants/interested parties
- Scenarios for information-sharing
- Rules for using the information
- Technical requirements
- Access restrictions
- Cost recovery fees or charges

Anyone can suggest a use case at https://mihin.org/submit-use-case-idea/

Use Case Data flow & Data Lakes



History of SDoH Use Case Development in Michigan

2018

Initial SDOH use case developed to aggregate SDOH data and lay foundation for Interoperable Referrals Important to move towards bidirectional exchange rather than statewide platform

Known as Vendor Agnostic

The Gravity Project begins SDoH Standards Work

2020

Feedback received about use of specific questions rather than the identification of needs

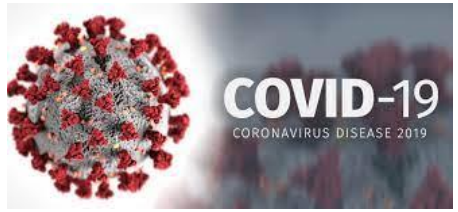
Organizations identified that SDOH screening has been going on for a long time but aggregated in different ways; Identified in regional, state and national forums

2021

Enhanced SDOH use case released and broadened to more than SIM participants

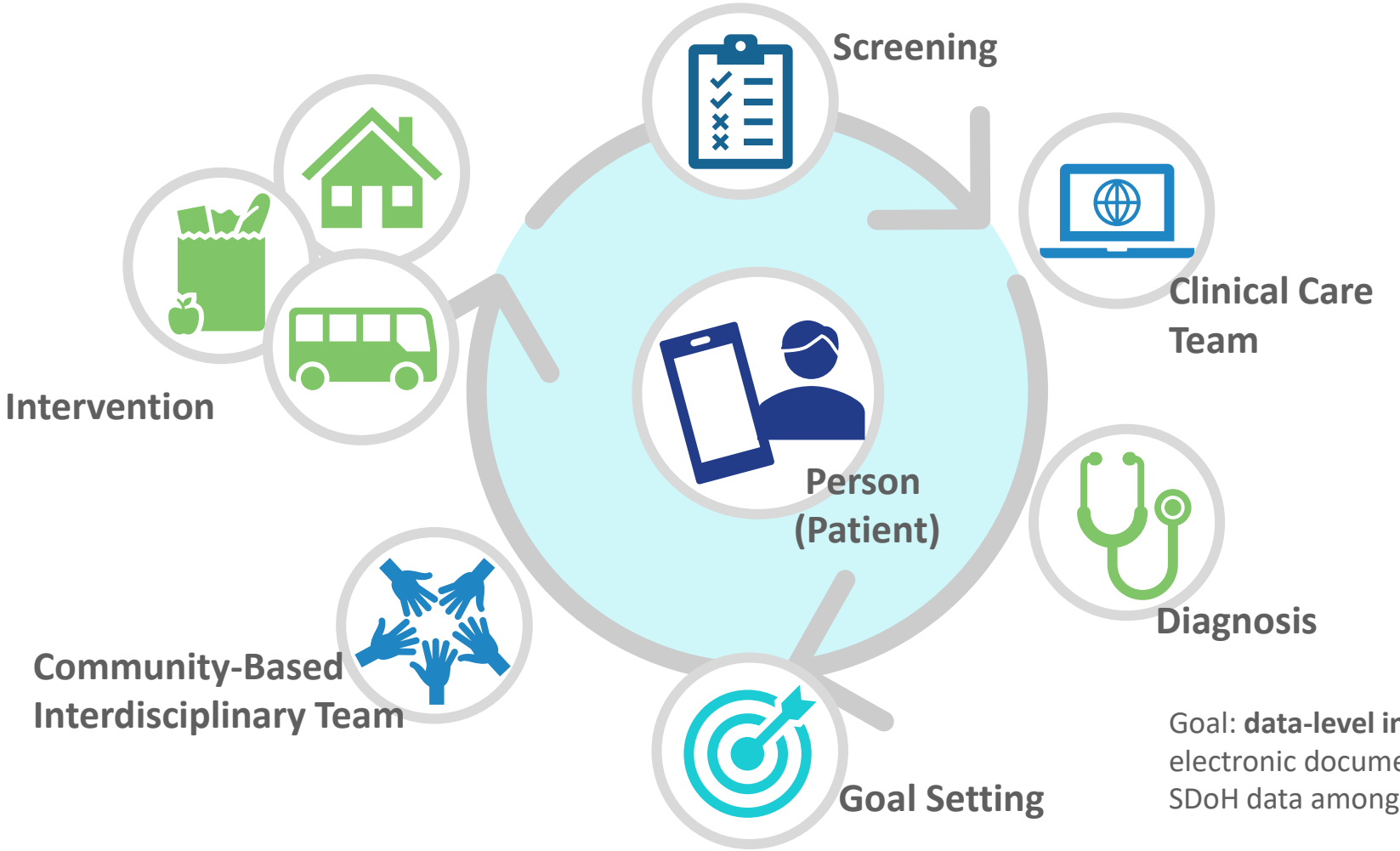
Planning for expansion beyond healthcare

Modified to better meet care team needs by identifying needs vs. answering questions



Gravity Project Conceptual Framework

Developing standards to support care sector coordination



Goal: **data-level interoperability** by enabling electronic documentation and exchange of SDoH data among all relevant **users** of data

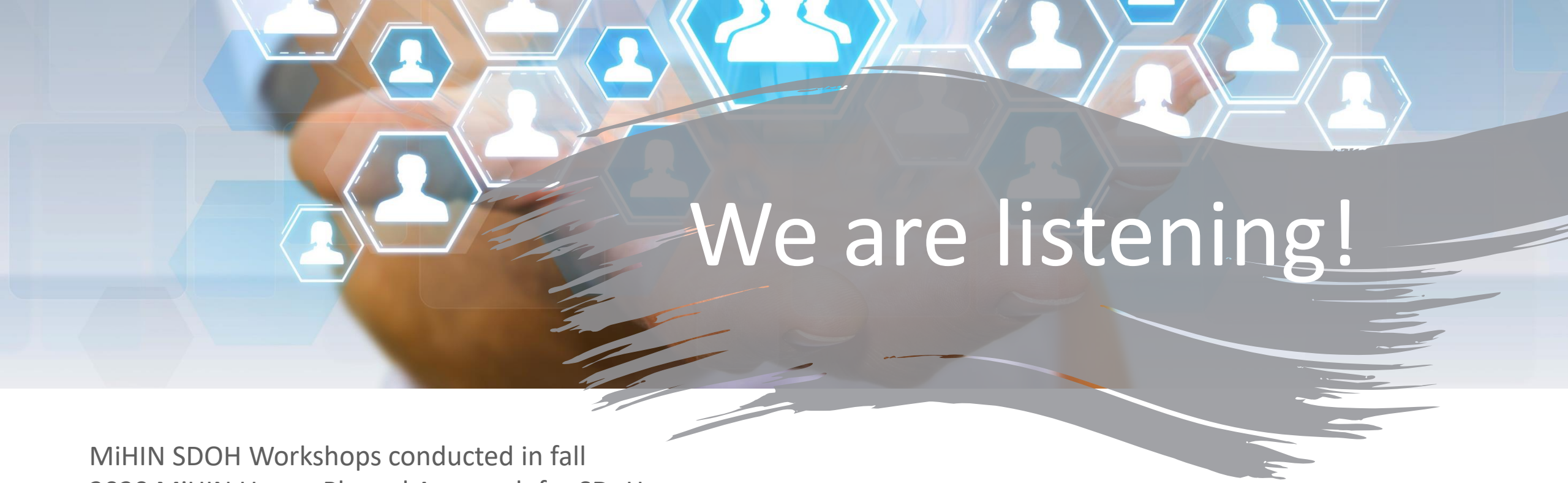
Michigan Efforts and MiHIN's Role

aunt bertha

RIVERSTAR

NOW POW

UNITE US



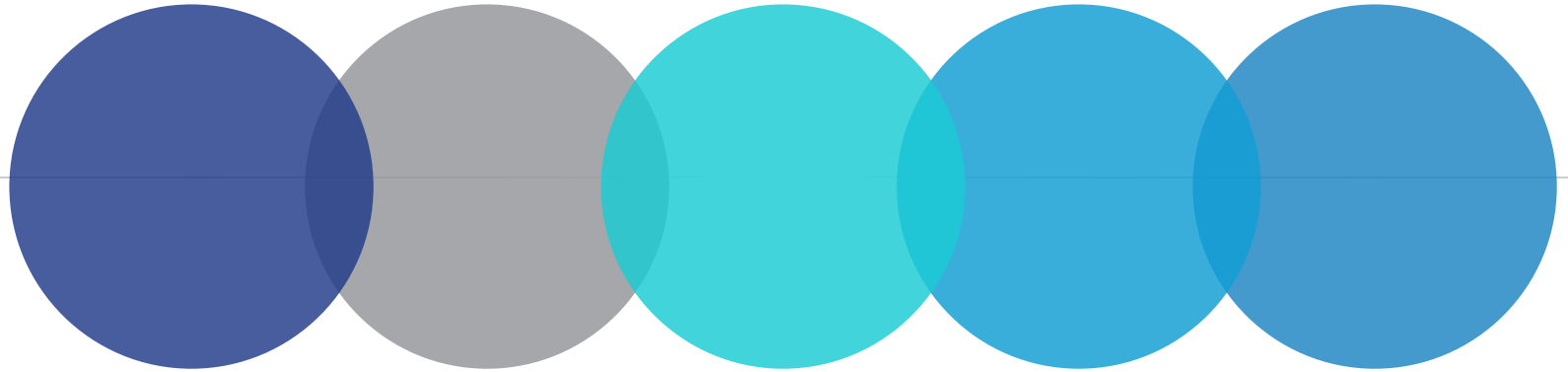
We are listening!

MiHIN SDOH Workshops conducted in fall 2020 MiHIN Uses a Phased Approach for SDoH Use Case Design and Implementation

- ✓Inform development
- ✓Better align with Community Based Organizations to this work
- ✓Identify barriers in the State of Michigan which shape MiHIN's role

Environmental Scan by HIT Commission released in May 2021 used to inform what MiHIN's stakeholders' value

Stakeholder Recommendations



Use a Phased Approach for SDoH Use Case Design and Implementation

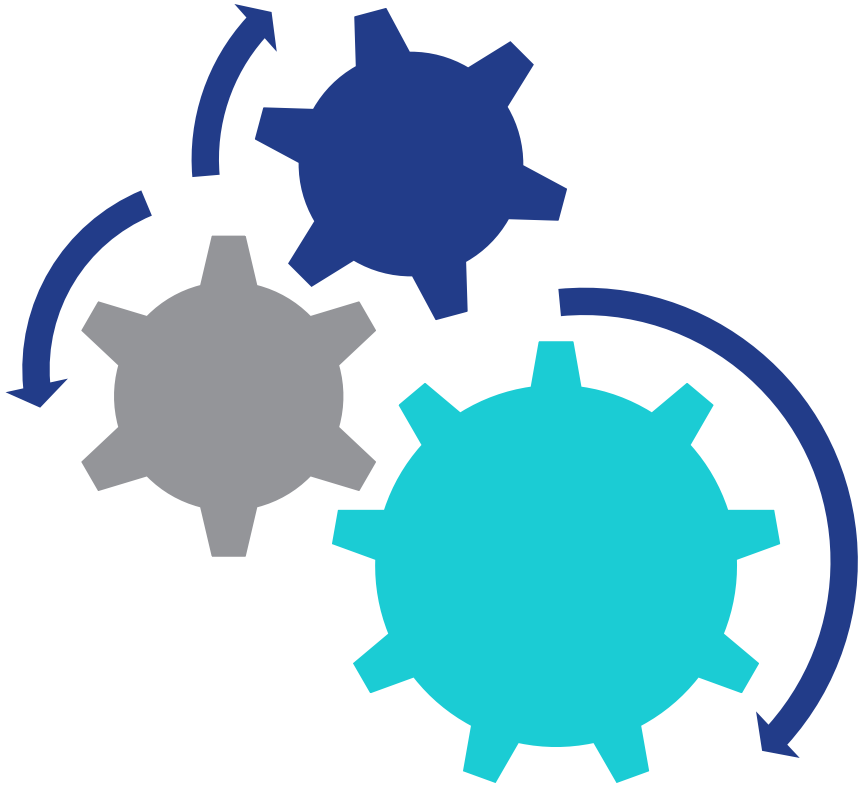
Employ Data Mapping Constructs to Normalize Screening Results for Each SDoH Domain

Normalize Priority SDoH Domains

Support shown for the Concept & Development of a Statewide Social Health Consortium and Resource Center

Continue SDoH Stakeholder Engagement

What's New in 2021?



Questions mapped to domains of need

Submit any SDOH screening question from any tool that maps to a Gravity Project domain

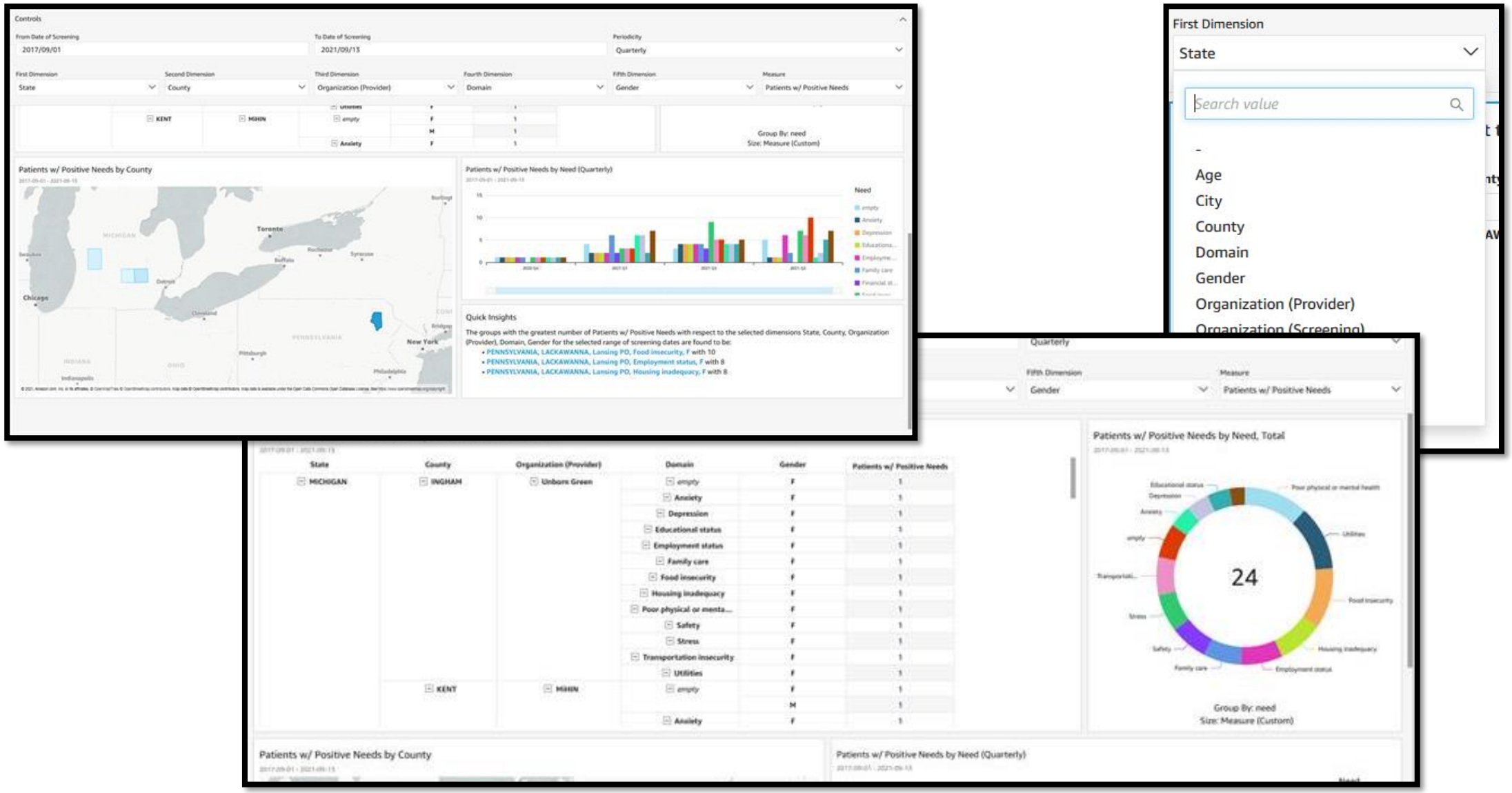
MiHIN will store screening data and make it available via MiGateway's patient viewer and TOC viewer modules

Data / reporting built to support end user needs

2021 took what was inherited from the SIM project and expanded to:

- ✓ capture, store, and share data about social needs
- ✓ enable interoperable social care referrals
- ✓ support population health reporting while remaining vendor agnostic

Reports and Analytics



Advances for Patients and Care Teams

Patients

Increased opportunities to screen and connect to care

Clinical Providers

use case maps questions to needs allowing organizational control over how questions are asked

Community-Based Organizations

More specific information as a result of screenings which can inform services provided; advances towards a system of interoperable referral pilots

Any question any tool approach opens opportunity for greater participation

Community Based Organization Summit on SDOH

Feedback is needed from Community Based Organizations who connect people in the community.

Community Based Organizations have been underrepresented in the planning and organization of work efforts to date

If you or your organization are interested in participating, please contact Lisa Nicolaou at lisa.Nicolaou@mihin.org

Interested in Learning More?

If you are interested in onboarding to the SDOH use case, contact your account manager or help@mihin.org

If you have technical questions about the SDOH use case, please contact Mike Taylor michael.taylor@mihin.org

If you have questions about the MiHIN SDOH Program, please contact Lisa Nicolaou lisa.nicolaou@mihin.org

QUESTIONS?

Lisa Nicolaou
SDOH Program Director

Michael Taylor
Senior Product Marketing Manager

Onboarding to Coordinating Care Coordinators (CCC)

Sammie Madson-Olson
Project Manager I

01 What is CCC?

Who can participate? 02

03 Value of CCC

How to participate 04

Coordination of Care

Multi-Stakeholder Definition*

1. Monitoring a person's goals, needs, and preferences.
2. Acting as the communication link between two or more participants concerned with a person's health and wellness.
3. Organizing and facilitating care activities and promoting self-management by advocating for, empowering, and educating a person.
4. Ensuring safe, appropriate, non-duplicative, and effective integrated care.

*Workshop Series Stakeholders changed the definition of "Care Coordination" to also include "Coordination of Care" on January 23, 2018

Value of Onboarding Care Coordinator's

Consider the below value adds for identifying your staff specifically as "care coordinators"

- ✓ Supports the ability for resources who previously could not participate in MiHIN services (due to not having an NPI) to register within our Health Directory and declare their own Active Care Relationships (ACRs)

- ✓ Supports the ability for resources who have NPI's to clarify their role on their patients care teams.
  - ✓ Ex: They previously may have been misinterpreted as a "provider" for a patient when really their role was to be a Care/Case Manager who addresses short term needs and manages care transitions for their patients.

Coordinating the Care Coordinators

What can you do?

- ✓ **Health Directory will now show individuals as "care coordinators"** who may not be considered a traditional "provider" with a National Provider Identifier (NPI)
  - ✓ Health Directory will also capture supporting details to help **clarify the care coordinators specific roles and functions** they play on their patient's care teams

- ✓ **Active Care Relationship Service (ACRS) will now allow care coordinators to declare their own ACRS**, again, without requiring a NPI for the individual

Care Coordinator Criteria

A person should be classified as a "Care Coordinator" in MiHIN's Health Directory if they meet any of the below criteria: *(even if they have an NPI)*

01

They identify their "role" on a patient's care team as any of the below:

- Care/Case Manager
- Patient Navigator
- Health Coach
- Community Health Worker
- Peer Support Specialist

02

They identify their "Function" on a patient's care team as any of the below:

- Complete Needs Assessment
- Address Long Term Needs
- Address Immediate Needs
- Manage Care Transitions
- Public Health Emergency Coordination

03

If they do not identify with the criteria from options 1 & 2 above, but still provide some element of "Care Coordination" to their patients.

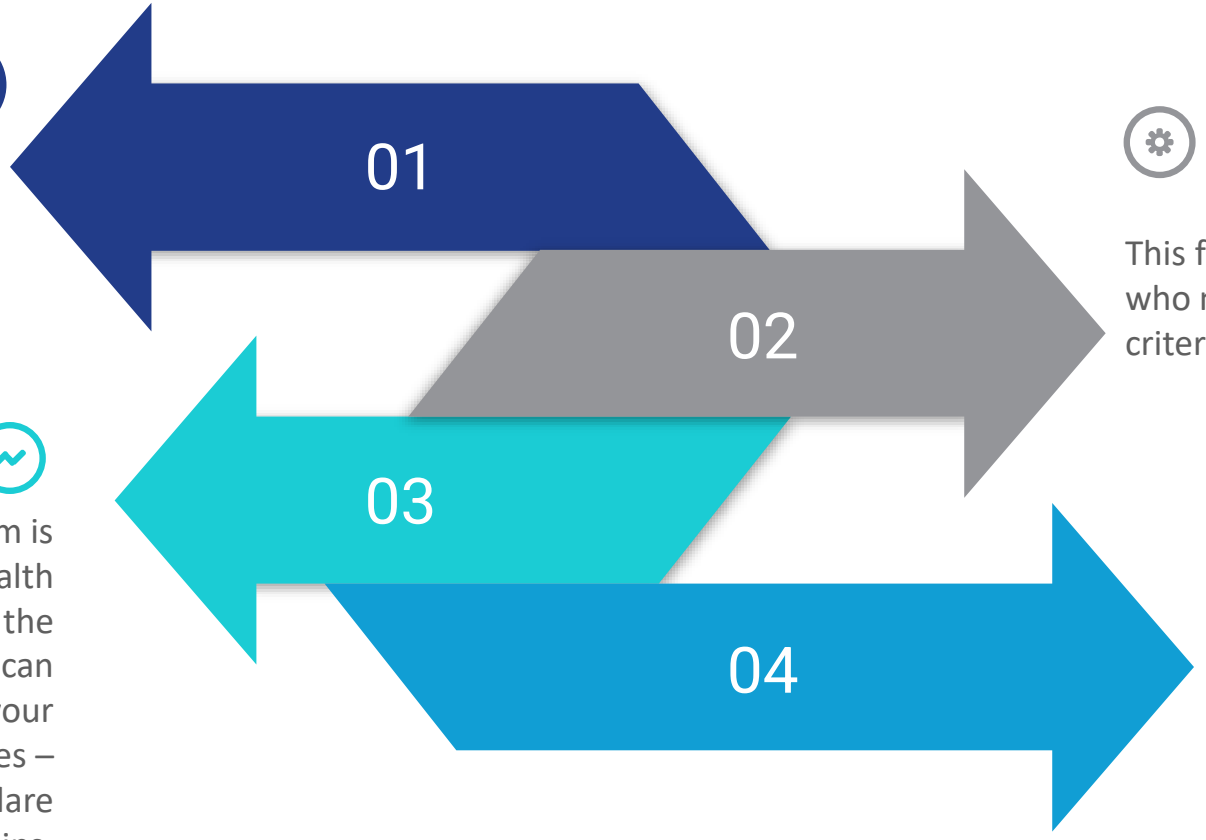
- Refer to the multi-stakeholder definition on slide 4

How to Participate

Technical Onboarding

Let Us Know You're Interested

Contact help@mihin.org to request an onboarding or contact your account executive to get started



Batch Enrollment Form Populated

This form should include all resources who meet MiHIN's care coordinator criteria.

ACRS Updated

After the Batch Enrollment Form is loaded into MiHIN's Health Directory, you will receive the coordinators Unique ID's which can be used to now include your coordinators on your ACRS files – allowing them to declare relationships.

Start participating in MiHIN Use Cases

Once onboarded, care coordinators can participate in many MiHIN use cases

Legal Onboarding

General MiHIN requirements for Use Case participation:

- Master Use Case Agreement (MUCA)
- Simple Data Sharing Organization Agreement (SDSOA)

Requirements to onboard care coordinators:

- Health Directory (HD) Use Case Exhibit (UCE)
- Active Care Relationship Service (ACRS) UCE
- Admit, Discharge, Transfer notifications (ADTs) UCE

Batch Enrollment Form

Guidelines

First Name	Last Name	Email	Direct Email (DSM)	Organization Name	Organizational OID	Profession	Area of Medicine
REQUIRED	REQUIRED	ENCOURAGED	REQUIRED IF AVAILABLE	REQUIRED	REQUIRED	ENCOURAGED	ENCOURAGED - MUL

Healthcare Field	Healthcare Setting	Care Coordinator Role(s)	Care Coordinator Functions	Record Type ID
ENCOURAGED - OI	ENCOURAGED - ONE	ENCOURAGED - MULTIPLE	ENCOURAGED - MULTIPLE VAL	INTERNAL MiHIN

- ✓ Each column indicates
  - ✓ What values are required vs encouraged
  - ✓ What columns will accept multiple values vs a single value (**multiple values must be separated by a semi-colon ";" and a space " "**)

Batch Enrollment Form

Example

First Name	Last Name	NPI/Coordinator Unique ID	Email	Direct Email (DSM)	Organization Name	Organizational OID	Profession	Area of Medicine	Healthcare Field	Healthcare Setting	Care Coordinator Role(s)	Care Coordinator Functions
Sharon	Smith	19999999999	ssmith@sunnyside.org	sharon.smith@direct.mihin.net	Sunnyside Physicians	1.13.832.2.195888.3.5472.1.9074	Nurse Practitioner	Adult; Pediatrics	Medical Specialty Care	Office/Clinic	Care Manager/Case Manager	Address Immediate Needs
Jessica	West		Jwest@sunnyside.org	jessica.west@direct.mihin.net	Sunnyside Physicians	1.13.832.2.195888.3.5472.1.9074	Registered Nurse; Certified Nurse Midwife; Community Health Worker	Adult	Long term Services and Support	Office/Clinic	Community Health Worker; Peer Support	Address Long Term Needs; Complete Needs Assessment

Care Coordinator Unique IDs

Assigning/Finding Unique IDs

- ✓ After submitting your Batch Enrollment Form, you can expect an email which will provide you with the information you provided and the newly generated Unique ID's (if needed) for your coordinators.

Full Name	Unique Identifier	Email	DIRECT Email	Organization Name: Organization Name
Sharon Smith	NPI 1999999999	ssmith@sunnyside.org	sharon.smith@direct.mihin.net	Sunnyside Physicians
Jessica West	Care Coordinator ID CC2090000004238	Jwest@sunnyside.org	jessica.west@direct.mihin.net	Sunnyside Physicians
Grand Totals (2 records)				

- ✓ If the resource did not have an NPI, you can now use the Unique ID to support your care coordinators declaring their own patient relationships within your current ACRS files

Updating ACRS Files

Including Care Coordinator's Unique IDs

- ✓ ACRS Delivery File: Include the Unique ID in Column A “Provider NPI” for your care coordinators; populate the remaining fields as normal

A	B	C
Provider NPI	Provider First Name	Provider Last Name
1999999999	Shannon	Smith
CC2090000004238	Jessica	West

- ✓ ACRS Attribution File: Include the Unique ID in Column Q “Attributed Physician NPI” for your care coordinators; populate the remaining fields as normal

Q	R	S
Attributed Physician NPI	Attributed Physician First Name	Attributed Physician Last Name
1999999999	Shannon	Smith
CC2090000004238	Jessica	West

QUESTIONS?

Sammie Madson-Olson
Project Manager I
Sammie.Madson-Olson@mihin.org

INTEROPERABILITY INSTITUTE

HIE Industry Trends and FHIR educational information

Mary Kratz
Executive Vice President of the Interoperability Institute

Objectives

- Understanding healthcare data exchange.
- Application of HIPAA, HITECH, TEFCA and emerging rules on interoperability.
- Gaps that exist with current standards.
- How FHIR impacts the future of interoperability.

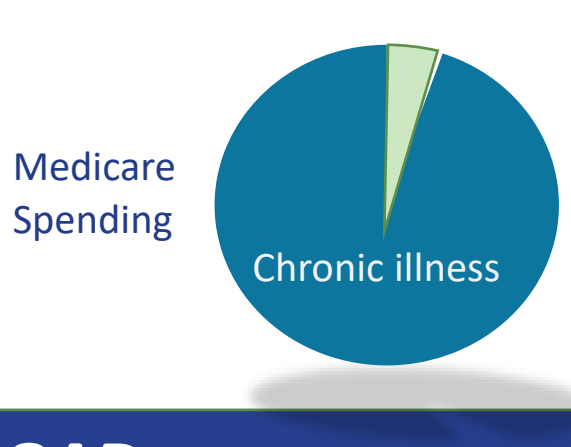
Issues In Health Care Data Today

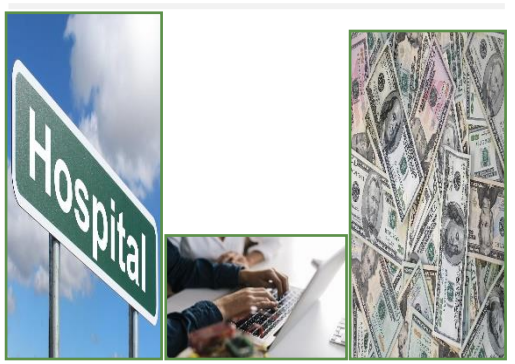
- Access to healthcare data is inhibited.
- Medical errors
- Duplication of treatment
- Cost Recovery delays
- Potential patient privacy breaches

Estimated **80%** of serious medical errors involve miscommunication.

~250,000 deaths in hospitals are due to medical errors.

It takes 17 years for best practices to move into clinical workflows.

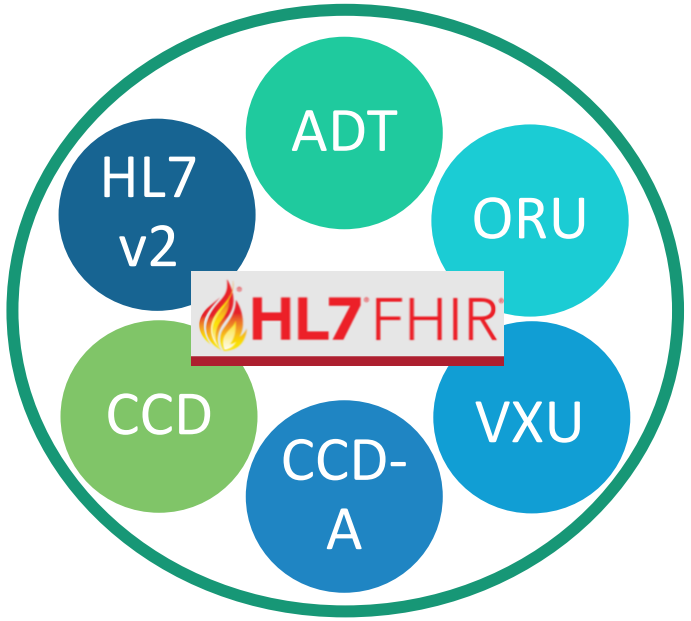




$935,000,000,000

HL7 and Current Healthcare Standards

- Health Level Seven International (HL7™) is an American National Standards Institute-accredited standards developing organization that is working on a comprehensive framework and new standards for healthcare data exchange.
- Current HL7 Healthcare Standards:
  - HL7v2—ADT, ORU, VXU
  - C-CDA
  - CCD
- Limitations to Current Standards:
  - not Human Readable,
  - no Central Location,
  - addresses Single Data Type,
  - sometimes provides too much information.



Addressing Gaps in Interoperability

- Trusted Exchange Framework and Common Agreement.
- Established Qualified Health Information Networks (QHINs).
- Established Recognized Coordinating Entity (RCE) which is a new administration organizations.
- Enables providers, hospitals, and other healthcare actors to join a health information network (HIN) and participate in nationwide healthcare information exchange.
- Minimum Required Terms and Conditions for Trusted Exchange.
- ***Voluntary***, but ONC would like this to be a required agreement.

TEFCA

The Office of the National Coordinator for Health Information Technology

Addressing Gaps in Interoperability

- Office of National Coordinator for Health Information Technology (ONC).

Patients

- Providing Access to their chart in Novel and Modern Ways.
- Protecting Patient Privacy & Security.
- Enabling the ability to shop for care and manage costs.

Providers

- Making responses to patient data requests easy and inexpensive.
- Allowing choice of software.
- Improving patient safety.

Health IT

- Respecting intellectual property.
- Minimizing API development and maintenance costs.

The Office of the National Coordinator for Health Information Technology

Addressing Gaps in Interoperability

- Centers for Medicare and Medicaid Services (CMS).

Names FHIR as the foundational standard

Payers

- Patient Access through standardized open APIs.
- API access to published provider directory data.
- Payer-to-Payer Data Exchange.
- Increased frequency of federal-state data exchanges for dual eligible members.

Providers

- Public reporting and information blocking.
- Update of digital contact information.
- Admission, Discharge, and Transfer Event notifications.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Fast Health Interoperability Resources (FHIR)

- Defines data formats and elements with an API.
- Named the future of healthcare interoperability.
- Removes current complex barriers.
- APIs created by developers can query resources.

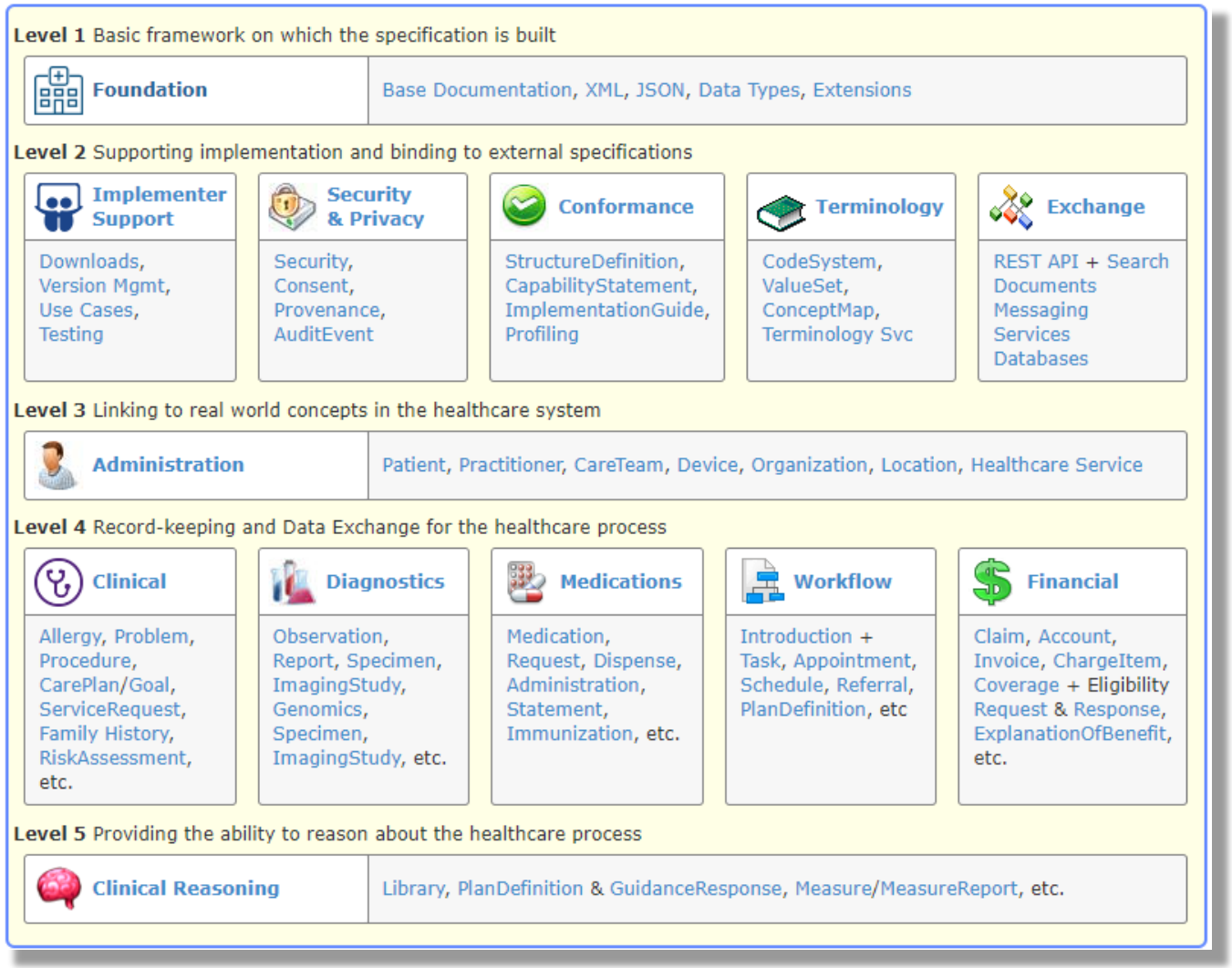
Introduction to FHIR Resources

- Basic Building Blocks of FHIR
- Covers Every Type of Healthcare Encounter
- Each resource is given a unique Logical ID by the server holding the resource
- All resources are given a consistent way to identify across all systems

Fast Health Interoperability Resources (FHIR)

- Resources are the basic building block of FHIR.
- Resources contain:
  - A common way to define and represent them,
  - A set of metadata,
  - And a human readable portion.
- Resources are organized into Modules.

FHIR Modules



FHIR Addresses Health Care Data Exchange Gaps

- Current Standards limit human readability, FHIR solves this!
- Current Standards have no central location, FHIR solves this!
- Simplify Minimum Necessary Compliance, FHIR solves this!
- Improved security and patient access, FHIR solves this!
- Administrative Wastes and Repetitive Tests, FHIR solves this!

Accelerator Projects

Cohort-based programs designed to advance interoperability FHIR.

DA VINCI HL7 FHIR

- Data Exchange for Quality Measures, Clinical Data Exchange, Payer Data Exchange, Payer Data Exchange: Formulary.
- CDex: Patient, Document Reference (A01 & A03), Procedure (Snomed code).

carin
Creating Access to Real-time Information Now through Consumer-Directed Exchange

- CARIN Blue Button.
- CARIN BB: Patient, ExplanationOfBenefit, Coverage, Medication Requests.

gravity PROJECT®

- Social Determinants of Health (food security, housing stability and quality, and transportation access).
- SDOH: Questionnaire, Patient, QuestionnaireResponse, CommunicationRequest, Consent.

Accelerator Projects

- Real-World-Data clinical trials, Matching patients with trials, registry reporting.
- Matching Patients with Trials: Patient, Provider, Encounter, Observation, Diagnostic.

- imCore, CDISX Mapping, Device Registry, US CDI.

- First-generation FHIR-based API.
- Core Data Services Specification.

Summary: Rules for Regulation

Rules to Regulate

These three rules emphasize the need for efficient electronic healthcare data exchange. They all reiterate that health care data exchange needs to have innovation to move towards a more cohesive exchange format while also being protected.

01

The **ONC Cures Act**, ensures that all patients and providers must have secure access to electronic health information and with no cost. It will also increase innovation and competition by encouraging the industry to adopt new Application Programming Interfaces which will allow patients to securely access their health information.

02

TEFCA outlines a set of principles, terms, and conditions which all support the development of a Common Agreement that pushes forward the idea of a nationwide exchange of electronic healthcare data across Health Information Networks.

03

Under **CMS Interoperability and Patient Access Final Rule**, regulated payers must improve the access to cost, claims, encounter and specified clinical data between payers, patients and entities. This rule also named the required technical standards for the future of interoperability, FHIR, SMART, OAUTH, OPEN ID Connect, and USCDI.

QUESTIONS?

Questions about FHIR

can be emailed to:

Amber.weeks@interoperabilityinstitute.org

Mary Kratz
Executive Vice President of the Interoperability Institute

Join us for the next **DOWNLOAD** on

October 5, 2021

THANK YOU!