



Social Determinants of Health Use Case Implementation Guide

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1. Introduction

1.1 Purpose of Use Case

The purpose of the Use Case is to integrate Health Information Exchange (HIE)/Michigan Health Information Network Shared Services (MIHIN) to drive access, care coordination, increased patient engagement and transitions of care. Additionally, this use case is intended to coordinate and align social and clinical care planning and support population health priorities, including supporting clinical information exchange, community clinical linkages, and social care records.

“Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”¹

A fundamental part of health care delivery involves understanding and integrating these social and environmental conditions with traditional health care information. Presently, there are a lack of standards and scalable methods needed to connect at-risk populations with available social service resources in communities. There is a need to create a network that connects clinical health and social health in order to improve health outcomes by addressing a more holistic and person-centered approach to care coordination.

To better understand the link between social needs and individual health and well-being, more data is needed across and within the organizations caring for people in the community.

The Social Determinants of Health (SDOH) use case is a first step in building a knowledge infrastructure that streamlines the process of sharing information throughout the State of Michigan. The use case allows organizations to send the data specific to SDOH information through the statewide health information network. Data submitted through this use case will also be available in aggregate to participating organizations to support population health.

Finally, a statewide SDOH data strategy must go beyond the simple exchange of SDOH screening data. The national Gravity Project collaborative has described a conceptual framework for SDOH data standards that involves collection, exchange and use of three defined types of SDOH data—Screening, Diagnosis, and Intervention—all of which are necessary to enable accurate identification and management of social problems. Standards for coding and exchange will be needed for each type of data.

¹ "Social Determinants of Health," healthypeople.gov. Accessed August, 30, 2021.

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health#five>

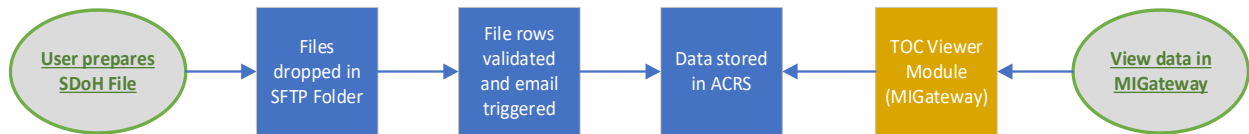


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1.2 Message content

For this use case, Message Content means a .csv file containing SDOH screening and patient information.

1.3 Data Flow and Actors



1. The Organization submitting the SDOH assessment sends it to MiHIN via Secure File Transfer Protocol (SFTP).
2. MiHIN validates the file and triggers an email to the submitter detailing rows with errors.
3. MiHIN stores the data in the ACRS® (Active Care Relationship Service®) database.
4. Participating organizations who use MIGateway® can then view the data via the TOC Viewer Module in MIGateway.

2. Standard Overview

2.1 Message format

The current message format that will be supported is .csv. A file specification with a sample file can be found on the [MiHIN website](#).

2.2 Message example

For an example of what a properly formatted .csv should look like for this use case, refer to the file specification found on the [MiHIN website](#).

The following list shows examples of the type of information that will be received by MiHIN and sent to the State of Michigan.

- Participating Organization Name
- Participating Organization Unique ID (OID)
- Patient First Name
- Patient Last Name
- Patient Date of Birth
- Patient Gender



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- Patient Address
- SDOH Screening Date
- SDOH Screening Practice Name
- SDOH Screening Practice Organization - Unique ID (OID)
- SDOH Screening Question Responses
- SDOH Screening Question Tracking Statuses

3. Onboarding Process

3.1 Initial onboarding

For organizations to share data with MiHIN under this use case, the organization undergoes two onboarding processes simultaneously: legal onboarding and technical connectivity onboarding. These may occur in parallel — i.e., the organization can review and complete legal agreements with MiHIN while simultaneously establishing and testing technical connectivity. To initiate these two parallel onboarding processes, notify MiHIN via <http://mihin.org/requesthelp/>.

3.1.1 Initial legal process

The first time an organization undergoes the legal onboarding process with MiHIN, the organization negotiates and enters into a data sharing agreement. This then allows the Participating Organization (PO) to enter into one or more use cases via Use Case Exhibits (UCEs) or Pilot Activity Exhibits (PAEs).

Once an organization has entered into a data sharing agreement, the organization must sign the Master Use Case Agreement (MUCA), which then allows the PO to enter into an unlimited number of UCEs or PAEs with MiHIN.

To send SDOH data to MiHIN an organization must sign the SDOH, ACRS[®], Common Key Service[®] (CKS), and Health Directory (HD) Use Case Exhibits. Participation in the Interoperable Referral use case to exchange SDOH referrals is also highly encouraged.

Organizations wishing to view SDOH data in MIGateway should contact help@mihin.org to learn more about onboarding to that tool.

3.1.2 Initial technical connectivity process

- Before onboarding to the SDOH use case, organizations must complete onboarding for HD and ACRS. Implementation guides for these use cases, which provide detailed implementation information, can be found on the MiHIN website.

When onboarding to SDOH, an onboarding coordinator will work with the organization to:

- (1) Create an Organization ID (OID) if one is not already assigned.
- (2) Create a Secure File Transfer Protocol (SFTP) folder which is used for file submission.



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Once the SFTP folder is created, organizations can upload their .csv file to the SFTP folder which triggers processing of the file.

Future enhancements will allow for submission to occur through a Fast Healthcare Interoperability Resources (FHIR) API.

Organizations wishing to view SDOH data in MIGateway should contact help@mihin.org to learn more about onboarding to that tool.

4. Specifications

Organizations may submit data using either Version 2 Enhanced or Version 3.0 SDOH specifications. If you have questions about which specifications your organization should use, please contact the Help Desk: help@mihin.org.

For SDOH File Specifications Version 2 Enhanced, see [Appendix A: Version 2 Enhanced SDOH File Submission](#) Specifications, and for SDOH File Specifications Version 3.0, see [Appendix B: Version 3.0 SDOH File Submission Specifications](#).

Message trigger events

Sending organizations will deliver message content to MiHIN at least monthly, with the goal of increasing the frequency of submissions.



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5. Troubleshooting

5.1 Production support

	Severity Levels			
	1	2	3	4
Description	Critical Impact/ System Down: Business critical software is down or critical interface has failed. The issue is impacting all production systems, causing all participating organizations' or other organizations' ability to function to be unusable.	Significant Business Impact: Software component severely restricted. Entire organization is unable to continue business functions, causing all communications and transfer of messages to be halted.	Partial Failure or Downtime: Program is useable and less significant features unavailable. The service is online, though may not working as intended or may not currently be accessible, though other systems are currently available.	Minimal Business: A non-critical software component is malfunctioning, causing minimal impact, or a test system is down.
Example	All messages to and from MiHIN are unable to be sent and received, let alone tracked	MiHIN cannot communicate (send or receive) messages between single or multiple participating organizations, but can still successfully communicate with other organizations.	Messages are lost in transit; messages can be received but not sent.	Additional feature requested.
Primary Initiation Method	Phone: (517) 336-1430	Phone: (517) 336-1430	Web form at http://mihin.org/requesthelp	Web form at http://mihin.org/requesthelp
Secondary Initiation Method	Web form at http://mihin.org/requesthelp	Web form at http://mihin.org/requesthelp	Email to help@mihin.org	Email to help@mihin.org
Tertiary Initiation Method	Email to help@mihin.org	Email to help@mihin.org	N/A	N/A
Initial Response	Within 2 hours	Within 2 hours	1 business day	1 business day
Resolution Goal	24 hours	24 hours	3 business days	7 business days

If you have questions, please contact the MiHIN Help Desk:

- www.mihin.org/requesthelp
- Phone: (517) 336-1430
- Monday – Friday 8:00 AM – 5:00 PM (Eastern)



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6. Legal Advisory Language

This reminder applies to all UCEs or PAEs covering the exchange of electronic health information:

The data sharing agreement establishes the legal framework under which PO can exchange messages through the HIN Platform, and sets forth the following approved reasons for which messages may be exchanged:

- a. By health care providers for Treatment, Payment and/or Health Care Operations consistent with the requirements set forth in HIPAA;
- b. Public health activities and reporting as permitted by HIPAA and other Applicable Laws and Standards;
- c. To facilitate the implementation of “promoting interoperability” criteria as specified in the American Recovery and Reinvestment Act of 2009 and as permitted by HIPAA;
- d. Uses and disclosures pursuant to an Authorization provided by the individual who is the subject of the Message or such individual’s personal representative in accordance with HIPAA;
- e. By Data Sharing Organizations for any and all purposes, including but not limited to pilot programs and testing, provided that such purposes are consistent with Applicable Laws and Standards; and
- f. **For any additional purposes as specified in any UCE or PAE, provided that such purposes are consistent with Applicable Laws and Standards.**

Under these agreements, “**Applicable Laws and Standards**” means all applicable federal, state, and local laws, statutes, acts, ordinances, rules, codes, standards, regulations and judicial or administrative decisions promulgated by any governmental agency, including the State of Michigan, or the Michigan Health Information Technology Commission as any of the foregoing may be amended, modified, codified, reenacted, promulgated or published, in whole or in part, and in effect from time to time which is enforceable against a Party. Without limiting the generality of the foregoing, “Applicable Laws and Standards” includes HIPAA “; the federal Confidentiality of Alcohol and Drug Abuse Patient Records statute, section 543 of the Public Health Service Act, 42 U.S.C. 290dd-2, and its implementing regulation, 42 CFR Part 2; the Michigan Mental Health Code, at MCLA §§ 333.1748 and 333.1748a; and the Michigan Public Health Code, at MCL § 333.5131, 5114a.

It is each PO’s obligation and responsibility to ensure that it is aware of Applicable Laws and Standards as they pertain to the content of each message sent, and that its delivery of each message complies with the Applicable Laws and Standards. This means, for example, that if a UCE is directed to the exchange of physical health information that may be exchanged without patient authorization under HIPAA, the PO must not deliver any message containing health information for which an express patient authorization or consent is required (e.g., mental or behavioral health information).





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Disclaimer: The information contained in this implementation guide was current as of the date of the latest revision in the Document History in this guide. However, Medicare and Medicaid policies are subject to change and do so frequently. HL7 versions and formatting are also subject to updates. Therefore, links to any source documents have been provided within this guide for reference. MiHIN will apply its best efforts to keep all information in this guide up-to-date. It is ultimately the responsibility of the Participating Organization and Sending Facilities to be knowledgeable of changes outside of MiHIN's control.



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Appendix A: Version 2 Enhanced SDOH File Submission Specifications

Field #	Data Element	Type	Max Length	Description	Required
1	PO_Name	Char	125	PO user readable name	Required
2	PO_OID	Char	125	Provider Organization Identification Number	Required
3	Row_ID	Num	8	Unique row identifier starting with 1	Optional
4	ORG_Unique_ID	Char	125	Subject's unique identifier at the screening org or Common Key	Required
5	SSN	Num	4	Patient Social Security Number - Last 4 digits	Optional
6	First_Name	Char	50	Patient First Name	Required
7	Last_Name	Char	50	Patient Last Name	Required
8	DOB	Char	10	Patient Date of Birth (format: MM/DD/YYYY)	Required
9	Gender	Char	1	Patient Gender	Required
10	Address_1	Char	100	Patient Home Street Address	Required
11	Address_2	Char	100	Patient Home Additional Street Address	Required
12	City	Char	30	Patient City	Required
13	ZIP	Num	5	Patient ZIP Code (format: 12345)	Required
14	Screen_Date	Char	10	Date Patient was screened for SDOH needs (format: MM/DD/YYYY)	Required
15	Screening_Practice_OID	Char	125	Practice Organization Identification Number	Required



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Field #	Data Element	Type	Max Length	Description	Required
16	Screening_Practice_Name	Char	125	Practice name that conducted screening	Required
17	Hub_Referral_Date	Char	10	Date referred to CHIR hub (format: MM/DD/YYYY)	Situational
18	CM_CC_Service	Char	1	Practice-based care management/care coordinator provided service to patient ("Y", "N", or "S")	Optional
19	Patient_Assisted_In_MI_Bridges	Char	1	Patient assisted in creating a MI Bridges account ("Y", "N", or "S").	Optional
20	Healthcare_Q1	Char	1	Screening question ("Y", "N", "D", "S")	Optional
21	Healthcare_Q2	Char	1	Screening question ("Y", "N", "D", "S")	Required
22	Food_Q1	Char	1	Screening question ("Y", "N", "D", "S")	Required
23	Employment_Q1	Char	1	Screening question ("Y", "N", "D", "S")	Required
24	HousingShelter_Q1	Char	1	Screening question ("Y", "N", "D", "S")	Required
25	Utilities_Q1	Char	1	Screening question ("Y", "N", "D", "S")	Required
26	FamilyCare_Q1	Char	1	Screening question ("Y", "N", "D", "S")	Optional
27	Education_Q1	Char	1	Screening question ("Y", "N", "D", "S")	Required
28	Transportation_Q1	Char	1	Screening question ("Y", "N", "D", "S")	Required
29	Safety_Q1	Char	1	Screening question ("Y", "N", "D", "S")	Optional



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Field #	Data Element	Type	Max Length	Description	Required
30	Stress_Q1	Char	1	Screening question ("Y", "N", "D", "S")	Required
31	Anxiety_Q1	Char	1	Screening question ("Y", "N", "D", "S")	Required
32	Depression_Q1	Char	1	Screening question ("Y", "N", "D", "S")	Required
33	General_Q1	Char	1	Screening question ("Y", "N", "D", "S")	Required
34	General_Q2	Char	1	Screening question ("Y", "N", "D", "S")	Required
35	Linkage_Opened_Healthcare_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
36	Linkage_Opened_Healthcare_Q2	Char	10	Date in (format: MM/DD/YYYY)	Optional
37	Linkage_Opened_Food_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
38	Linkage_Opened_Employment_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
39	Linkage_Opened_HousingShelter_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
40	Linkage_Opened_Utilities_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
41	Linkage_Opened_FamilyCare_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
42	Linkage_Opened_Education_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
43	Linkage_Opened_Transportation_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
44	Linkage_Opened_Safety_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
45	Linkage_Opened_General_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
46	Linkage_Opened_General_Q2	Char	10	Date in (format: MM/DD/YYYY)	Optional
47	Linkage_Closed_Healthcare_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional



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Field #	Data Element	Type	Max Length	Description	Required
48	Linkage_Closed_Healthcare_Q2	Char	10	Date in (format: MM/DD/YYYY)	Optional
49	Linkage_Closed_Food_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
50	Linkage_Closed_Employment_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
51	Linkage_Closed_HousingShelter_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
52	Linkage_Closed_Utilities_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
53	Linkage_Closed_FamilyCare_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
54	Linkage_Closed_Education_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
55	Linkage_Closed_Transportation_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
56	Linkage_Closed_Safety_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
57	Linkage_Closed_General_Q1	Char	10	Date in (format: MM/DD/YYYY)	Optional
58	Linkage_Closed_General_Q2	Char	10	Date in (format: MM/DD/YYYY)	Optional
59	Linkage_Status_Healthcare_Q1	Char	2	Map each internal linkage status generated by your local system to one of the status codes below. No need to provide description. Please only provide code (1 through 8), description is only provided to assist with your mapping:	Optional
60	Linkage_Status_Healthcare_Q2	Char	2		Optional
61	Linkage_Status_Food_Q1	Char	2		Optional
62	Linkage Status Employment_Q1	Char	2		Optional
63	Linkage Status HousingShelter_Q1	Char	2		Optional
64	Linkage_Status_Utilities_Q1	Char	2		Optional



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Field #	Data Element	Type	Max Length	Description	Required
65	Linkage Status FamilyCare_Q1	Char	2	1=Linkage open 2=Linkage closed (need met) 3=Linkage closed (unable to contact) 4=Linkage closed (lack of patient follow up) 5=No resource available 6=Need handled internally 7=Patient declined services 8=Linkage closed (other reason)	Optional
66	Linkage_Status_Education_Q1	Char	2		Optional
67	Linkage_Status_Transportation_Q1	Char	2		Optional
68	Linkage_Status_Safety_Q1	Char	2		Optional
69	Linkage_Status_General_Q1	Char	2		Optional
70	Linkage_Status_General_Q2	Char	2		Optional

Note: LOINC— Logical Observation Identifiers Names and Codes taxonomy will be incorporated into future data definitions and message requirements.



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Appendix B: Version 3.0 SDOH File Submission Specifications

Field #	Data Element	Type	Max Length	Description	Required	Field Purpose	
1	PO_Name	Char	125	PO user readable name	Required	File management	
2	PO_OID	Char	125	Provider Organization Identification Number	Required		
3	Row_ID	Num	8	Unique row identifier starting with 1	Optional		
4	ORG_Unique_ID	Char	125	Subject's unique identifier at the screening org or Common Key	Required	Patient identifier - This information is required if data sharing agreements are in place to support providing to the State. Common Key preferred Inclusion of last 4 SSN improves patient matching	
5	SSN	Num	4	Patient Social Security Number - Last 4 digits	Optional		
6	First_Name	Char	50	Patient First Name	Required		
7	Last_Name	Char	50	Patient Last Name	Required		
8	DOB	Char	10	Patient Date of Birth (format: MM/DD/YYYY)	Required		
9	Gender	Char	1	Patient Gender	Required		"M", "F", "N"(nonbinary), "D"(declined)
10	Race	Char	64	Patient CDC race code that can be found at https://www.hl7.org/fhir/us/core/ValueSet-detailed-race.html	Optional		Patient CDC race code that can be found at https://www.hl7.org/fhir/us/core/ValueSet-detailed-race.html
11	Ethnicity	Char	64	Patient CDC ethnicity code that can be found at https://www.hl7.org/fhir/us/core/ValueSet-detailed-ethnicity.html	Optional		Patient CDC ethnicity code that can be found at https://www.hl7.org/fhir/us/core/ValueSet-detailed-ethnicity.html
12	Address_1	Char	100	Patient Home Street Address	Optional	Geographic data - This information will be used to support Master Patient Index logic if Patient Identifiers are not available. Geographic Data and Patient Identifiers are required if data sharing agreements are in place to support providing to the State. This will transition to Required in January 2019	
13	Address_2	Char	100	Patient Home Additional Street Address	Optional		
14	City	Char	30	Patient City	Optional		
15	ZIP	Num	5	Patient ZIP Code (format: 12345)	Optional		
16	State	Char	2	Patient 2 digits USPS state abbreviation code	Optional		



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Field #	Data Element	Type	Max Length	Description	Required	Field Purpose
17	Screen_Date	Char	10	Date Patient was screened for SDOH needs (format: MM/DD/YYYY)	Required	Screening information
18	Screening_Practice_OID	Char	125	Practice Organization Identification Number	Required	
19	Screening_Practice_Name	Char	125	Practice name that conducted screening	Required	
20	Referral_Date	Char	10	Date referred to CHIR hub (format: MM/DD/YYYY)	Optional	
21	Care_Coordination_Performed	Char	1	Practice-based care management/care coordinator provided service to patient ("Y", "N", or "S")	Optional	Coordination of services "Y" = Yes
22	Patient_Assisted_In_MI_Bridges	Char	1	Patient assisted in creating a MI Bridges account ("Y", "N", or "S").	Optional	"N" = No "S" = System missing (i.e., the electronic System is unable to record or pull this item)
23	Question_Id	Char	64	Question ID such as Healthcare_Q1 or General_Q2	Situational (required and hard fail if Question_Text is empty)	
24	Question_Text	Char	512	Question text as seen by the screening participant	Situational (required and hard fail if Question_Id is empty)	
25	Question_Code	Char	124	Question code if provided	Optional	
26	Question_Code_System	Char	124	Question code system such as LOINC or ICD if provided	Optional	



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Field #	Data Element	Type	Max Length	Description	Required	Field Purpose
27	Domain	Char	64	The domain of the question("Poor physical or mental health","Financial stress","Food insecurity","Employment status","Housing inadequacy","Utilities","Family care","Educational status","Transportation insecurity","Safety","Stress","Anxiety","Depression", "")	Required	
28	Answer	Char	1	Answer to screening question ("Y", "N", "D", "S")	Required	
29	Answer_Code	char	64	Code associated with the answer	Optional	
30	Need_Identified	Char	1	Whether or not a need was identified ("Y","N","D","S")	Optional	
31	Screen_Id	Char	64	Id identifying/linking all rows belonging to one patient screening	Required	Linking related rows
32	Z_Code	Char	124	ICD-10 z-code diagnosis codes associated with identified need	Optional	ICD-10 z-code associated with identified need for Social Determinants of Health. They can be found at https://www.masspartnership.com/pdf/BeHealthyPartnershipAlert58ZCodesFIN.pdf



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Appendix C: Glossary of Abbreviations and Acronyms

Term	Abbreviation	Definition
Active Care Relationship Service	ACRS	The Michigan Health Information Network Shared Services infrastructure service that contains records for Trusted Data Sharing Organizations, their participating organizational participants, or any health providers who have an active care relationship with a patient.
Attribution		The connection between a consumer and their health care providers. One definition of attribution is “assigning a provider or providers, who will be held accountable for a member based on an analysis of that member’s claim data.” The attributed provider is deemed responsible for the patient’s cost and quality of care, regardless of which providers actually deliver the service.
Applicable Laws and Standards		In addition to the definition set forth in the Data Sharing Agreement, the federal Confidentiality of Alcohol and Drug Abuse Patient Records statute, section 543 of the Public Health Service Act, 42 U.S.C. 290dd-2, and its implementing regulation, 42 CFR Part 2; the Michigan Mental Health Code, at MCLA §§ 333.1748 and 333.1748a; and the Michigan Public Health Code, at MCL § 333.5131, 5114a.
Caregiver		An individual such as a health professional or social worker who assists in the identification, prevention or treatment of an illness or disability.
Community Benefit Organization	CBO	CBOs work at the local level to meet community needs. They include social service agencies and nonprofit organizations. CBO do not generally deliver/provide medical services or care.



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Term	Abbreviation	Definition
Data Sharing Agreement		Any data sharing organization agreement signed by both MiHIN and a participating organization. Data sharing organization agreements include but are not limited to: Qualified Data Sharing Organization Agreement, Virtual Qualified Data Sharing Organization Agreement, Consumer Qualified Data Sharing Agreement, Sponsored Shared Organization Agreement, State Sponsored Sharing Organization Agreement, Direct Data Sharing Organization Agreement, Simple Data Sharing Organization Agreement, or other data sharing organization agreements developed by MiHIN.
Health Directory	HD	The statewide shared service established by Michigan Health Information Network Shared Services that contains contact information on health providers, electronic addresses, end points, and Electronic Service Information, as a resource for authorized users to obtain contact information and to securely exchange health information.
Health Information		Any information, including genetic information, whether oral or recorded in any form or medium, that (a) is created or received by a health provider, public health authority, employer, life insurer, school or university, or healthcare clearinghouse; and (b) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.
Health Information Exchange	HIE	Electronic health information exchange (HIE) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient’s vital medical information electronically—improving the speed, quality, safety and cost of patient care.
Health Information Network	HIN	An organization or group of organizations responsible for coordinating the exchange of protected health information (PHI) in a region, state, or nationally.



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Term	Abbreviation	Definition
Health Plan		An individual or group plan that provides or pays the cost of medical care (as “group health plan” and “medical care” are defined in section 2791(a)(2) of the Public Health Service Act, 42 U.S.C. 300gg-91(a)(2)). Health plan further includes those entities defined as a health plan under HIPAA, 45 C.F.R 160.103.
Health Professional		Any individual licensed, registered, or certified under applicable Federal or State laws or regulations to provide healthcare services; (b) any person holding a nonclinical position within or associated with an organization that provides or coordinates healthcare or healthcare related services; and (c) people who contribute to the gathering, recording, processing, analysis or communication of health information. Examples include, but are not limited to, physicians, physician assistants, nurse practitioners, nurses, medical assistants, home health professionals, administrative assistants, care managers, care coordinators, receptionists, and clerks.
Logical Observation Identifiers Names and Codes	LOINC	A database and universal standard for identifying medical laboratory observations. It is endorsed by the American Clinical Laboratory Association. Since its inception, the database has expanded to include not just medical laboratory code names but also nursing diagnosis, nursing interventions, outcomes classification, and patient care data sets.
Master Use Case Agreement	MUCA	Legal document covering expected rules of engagement across all use cases. Trusted Data Sharing Organizations sign the master use case agreement one time, then sign use case exhibits for participation in specific use cases.
Message		A mechanism for exchanging information content between the participating organizations and MiHIN services, including query and retrieve functions
Message Content		Information, as further defined in an Exhibit, which is sent, received, found, or used by a participating organization to or from MiHIN services. Message content includes the message content header.



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Term	Abbreviation	Definition
Michigan Health Information Network Shared Services	MiHIN	The Health Information Network for the State of Michigan.
Medical Information Gateway	MIGateway	MIGateway (Medical Information Gateway) is a single, consistent, interoperable solution for seamlessly managing information to streamline workflows, improve care coordination, and enhance the quality of care
MiHIN Infrastructure Services		Certain services that are shared by numerous use cases. Examples of MiHIN infrastructure services include, but are not limited to, ACRS, Health Directory, Statewide Consumer Directory, and MIGateway.
MiHIN Services		The MiHIN infrastructure and additional services provided by MiHIN allowing the participating organizations to send, receive, find, or use information to or from MiHIN as further set forth in an exhibit.
Organization Identifier	OID	
Participating Organization	PO	
Pilot Activity Exhibit	PAE	The activities set forth in the applicable exhibit. and They typically includes sharing message content through early trials of a new use case that is still being defined and is still under development and which may include participating organization feedback to MiHIN to assist in finalizing a use case and use case and use case exhibit upon conclusion of the pilot activity.
Provider		Facilities/hospitals, health professionals, health plans, caregivers, pharmacists/other qualified professionals, or any other person or organization involved in providing healthcare.
Social Determinants of Health	SDOH	The social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age. Also known as social and physical determinants of health, they impact a wide range of health, functioning, and quality-of-life outcomes.
Trusted Data Sharing Organization	TDSO	An organization that has signed any form of agreement with MiHIN for data sharing.



Social Determinants of Health Use Case Implementation Guide

Term	Abbreviation	Definition
Use Case Agreement		(a) A use case agreement previously executed by a participating organization; or (b) the use case summary, use case exhibit and a use case implementation guide that participating organization or TDSO must follow to share specific message content with the MiHIN.
Use Case Exhibit		The legal agreement attached as an exhibit to the Master Use Case Agreement that governs participation in any specific use case.
Use Case Implementation Guide	UCIG	The document providing technical specifications related to message content and transport of message content between participating organizations, MiHIN, and other TDSOs. use case implementation guides are made available via URLs in exhibits.
Use Case Summary		The document providing the executive summary, business justification, and value proposition of a use case.

