

# HITC Road Map



**Beth Nagel**  
MDHHS

Beth Nagel is the senior deputy director for the Policy, Planning & Operational Support Administration for the Michigan Department of Health and Human Services. Nagel helps with the development and coordination of new policies and solutions to further the department's mission across multiple administrations. She is responsible for the direction and oversight of the Policy and Planning Division, the Bureau of Organizational Services, Community and Faith Engagement, Office of Workforce Engagement and Transportation, Workforce Engagement/Process Improvement and the Office of Workforce Development and Training. Nagel has held several positions at MDHHS, and in her most recent role as director of Policy and Planning, she and her staff increased health care providers in Michigan's underserved areas and promoted access to high quality and low-cost healthcare services statewide. During the COVID-19 crisis, her leadership and assistance have been invaluable in such areas as testing in long-term care facilities and expanding hospital capacity. Another key project of note is her work on expanding the use of Health Information Technology and the exchange of electronic patient information through the state. She has a Master's degree in telecommunications policy from Michigan State University.

# MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION – A REVIEW

2021 Connecting Michigan for Health,  
MiHIN Annual Conference –  
Beth Nagel, Senior Deputy Director,  
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Support



# History of the Health IT Commission

Governor Jennifer M. Granholm charged the Michigan Department of Community Health and the Michigan Department of Information Technology with exploring the role of IT in healthcare transformation and improving care outcomes

2005

- 200+ stakeholders convened to develop a health IT strategic plan, called the "Conduit of Care" report.
- Public Act 137 establishes the Health IT Commission
- \$10 million of state general fund and \$14.9 million from U.S. HHS to establish the Michigan Health Information Network

2006

The commission oversees the launch of the Michigan Health Information Network after extensive workgroup collaboration

2010

- The Health IT Commission adopts a resolution to update the "Conduit to Care" report into a modern health IT strategy
- The Michigan Health Endowment Fund awards \$500K to engage stakeholders and update the state health IT strategy

2019

# Charge of the Health IT Commission

Pursuant to Public Act 137 of 2006, the purpose of the Health IT Commission is charged is to “facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in Michigan.”

The activities of the commission shall:



“Ensure adequate opportunity for the participation of health care professionals and outside advisors”



“Appoint advisory committees”



“Develop and maintain a strategic plan”



“Identify critical technical, scientific, economic, and other critical issues affecting the public and private adoption of health information technology.”



“Provide recommendations on policies and measures necessary to achieve widespread adoption of health information technology.”

# Charge of the Health IT Commission, pt. 2

The activities of the commission shall:



"Increase the public's understanding of health information technology."



"Promote more efficient and effective communication among multiple health care providers, including, but not limited to, hospitals, physicians, payers, employers, pharmacies, laboratories, and any other health care entity."



"Identify strategies to improve the ability to monitor community health status."

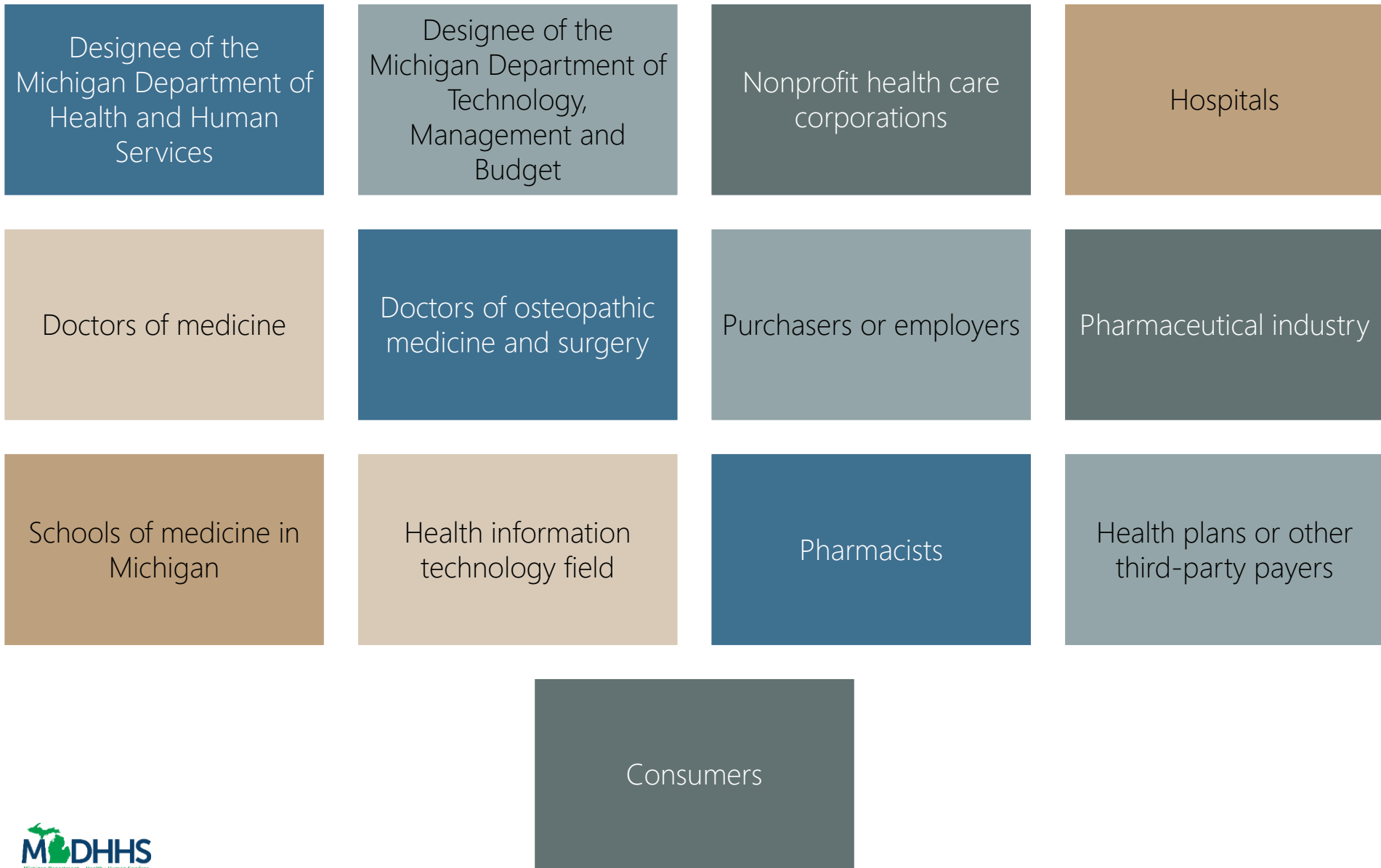


"Develop or design any other initiatives in furtherance of the commission's purpose."



"Annually, report and make recommendations to the chairpersons of the standing committees of the house of representatives and senate with jurisdiction over issues pertaining to community health and information technology, the house of representatives and senate appropriations subcommittees on community health and information technology, and the senate and house fiscal agencies."

# Representation on the Health IT Commission



## Advisory Committee #1:

### Adoption and Expansion

Develop strategies for incrementally improving current HIE service infrastructure and increasing adoption



## Advisory Committee #2:

### Ideation

Explore new horizons in HIT and identify what the next innovations could be



## Advisory Committee #3:

### Governance

Provide input on future governance and oversight mechanisms for use cases and strategy



# What's Ahead?

## SHORT-TERM

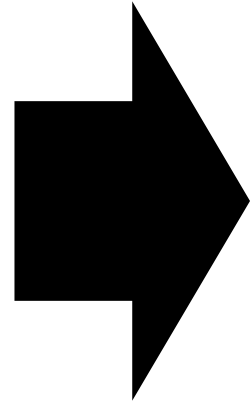
### 2021 5-Year State HIT Roadmap

*Aligned priorities*

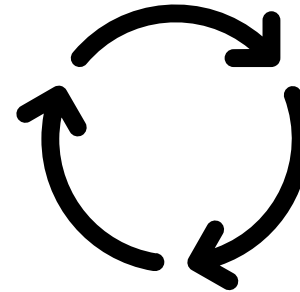
*Assessed capabilities*

*Plan for regulations*

*New partnerships*



## LONG-TERM



*Ensure continued maturity*

*Establish process for iterative updates*

*Effective use of scarce funding*

*Continually assess outcomes*



# MICHIGAN 5-YEAR HEALTH IT ROADMAP

Created by CedarBridge Group on  
behalf of MDHHS



# THE PROCESS

## Environmental Scan

Define stakeholders and domains

Gather input through stakeholder meeting and surveys

## Analyze & Synthesize Data

## Validate Findings

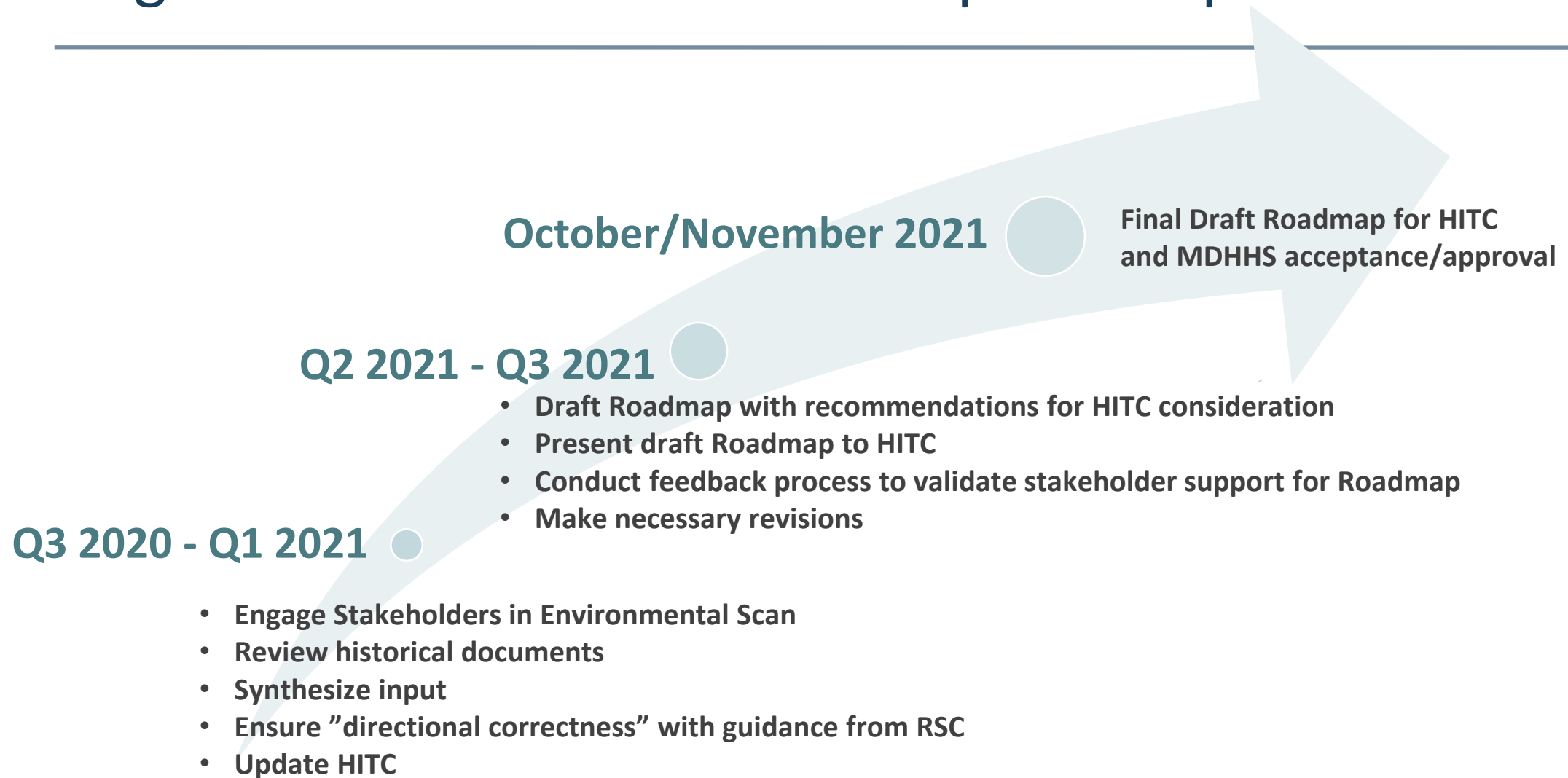
## Create Recommendations

## Prioritize Recommendations & Determine Next-steps



# High Level Timeline for Roadmap Development Process

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# THE STAKEHOLDERS

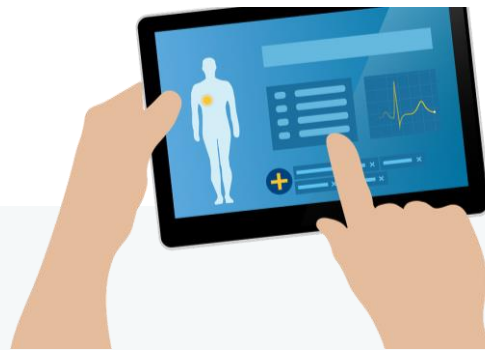


- Hospital and Health Systems
- Ambulatory Providers
- Behavioral Health Providers
- Social Services Organizations
- EMS Providers
- Public Health Organizations
- Long Term and Post Acute Care Organizations
- Health Plans
- Consumers

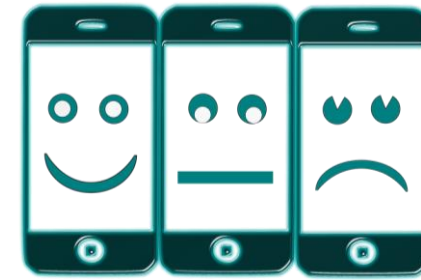
# FINDINGS – CURRENT STATE



Technology *capabilities vary widely* depending on the size and type of provider, as do competencies, system functionality, and technical support resources



Most *hospitals, health systems* and professionals have *taken advantage of EHR incentive* programs



Access to *mobile devices* and *reliable high-speed internet* connections varies based on size, type, and location of organization, resulting in a “digital divide”



*Larger, well-resourced organizations exchange more data*, and more data types, than smaller organizations and data they receive has *greater integration with their clinical systems*

# RECOMMENDATIONS 1 & 2



## Identify Champions and Empower Leaders...

...from within MDHHS with the skills, passion, and authorities to drive implementation of the Roadmap and future initiatives involving health IT.



## Adopt standards for SDoH...

...to identify an individual's needs and their health risks related to housing, food security, transportation, childcare, and other social and environmental factors.

# RECOMMENDATIONS 3 & 4



...with state investments to make affordable high-speed broadband service available in all census tracts of the state.



...to protect population health by establishing a public health gateway at MiHIN to support bidirectional exchange of data with the major MDHHS public health data systems.

# RECOMMENDATIONS 5 & 6



## Develop an HIE Onboarding and Technical Assistance Program...

...to support several types of healthcare provider and social services organizations in Michigan with HIE connections and technical assistance services.



## Build on previous work done by MDHHS and MiHIN...

...by drafting a business case that includes a cost/benefit analysis for the development of Statewide Identity Information and Authorization Services.





- Stakeholder Feedback
- Recommendation  
Prioritization
- Implementation

# QUESTIONS ABOUT THE ROADMAP?

## CONTACTS -

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## ADDITIONAL RESOURCES –

Michigan Health Information Technology Commission Website:  
[https://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_5460\\_44257---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71551_5460_44257---,00.html)

**Keyword: Peach**