2021

ANNUAL REPORT

MIHIN.ORG

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK
SHARED SERVICES

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Letter from our Executive Director

I hoped that as we wrote this year's Annual Report we would be stating something about how the pandemic was behind us. However, our world continues to face this virus head on, taking each day in stride and overcoming obstacles, big and small. With the ongoing COVID-19 pandemic, I would be remiss not to take the time to thank our frontline workers, first responders, those working behind the scenes to test and curate vaccinations, and so many other professions that are committed to public health. We ourselves are proud to support a number of efforts to mitigate the spread of COVID-19 by leveraging interoperability and large-scale health data sharing for improved care coordination.

Our work that began during the breakout of COVID-19 in March of 2020 only continues as we closed out the year and lead into 2021. The City of Detroit and our work to enable them to do more efficient tracking, reporting, and notifications with Michigan Department of Health and Human Services has continued. We were awarded grant funding from the U.S. Department of Health and Human Services' Office of the National Coordinator (ONC) for Health Information Technology as part of its Strengthening the Technical Advancement and Readiness of Public Health Agencies via Health Information Exchange Program (STAR HIE Program).

The STAR HIE Program supported innovative health information exchange services that benefit public health agencies and improve the health information exchange services available to support communities disproportionately impacted by the COVID-19 pandemic. This funding supported efforts to increase data sharing between jurisdictional Immunization Information Systems (IISs) and Health Information Exchanges (HIEs). I continue to be humbled by how staff have adapted, collaborated, and joined forces to face this pandemic together and continue to improve the landscape in which we are living in right now.

This year has brought tremendous growth while continuing to watch the landscape of HIEs continue to change. We have faced many challenges and it has become apparent that we need to address the need for a health data utility model, to which there would be a great deal of benefits if we leveraged and recognized a national system for public health surveillance, response, and research support.

During this time of change, we have also done a great deal of internal reflection. We implemented several specified taskforces last year that continue to do great work into 2021. Our COVID taskforce continued to keep our staff and colleague's safety at the forefront, meeting weekly to ensure the most practical, efficient, and safe protocols were in place.

Our Diversity, Equity, and Inclusion (DEI) team has done an astounding job at bringing our attention to ways in which we can lean into our core values and take a deeper look into both our biases and unconscious biases. The DEI team has provided wonderful content for our staff to dive into not only for themselves, but as a team and ultimately, as an organization where we can have those important conversations and influence how we conduct ourselves personally and professionally. Our Business Integrated Work Processes (BIWP) team has been critical to implementing a streamlined and efficient agile work process to continue to improve our development efforts and delivery of services to those we provide for.

MiHIN is only growing stronger thanks to our staff, thoughtful leadership, our daily commitment to our mission and core values, our stakeholders, and our ability to lean into the future of the health data utility. I continue to be grateful for the connections we've made, the strong relationships we've built, the network of stakeholders that we have established, and the trust that is placed within MiHIN.

- Dr. Tim Pletcher

"We are proud to support a number of efforts to mitigate the spread of COVID-19 by leveraging interoperability and large-scale health data sharing for improved care coordination."

Culture and Core Values

OFFICE OF CORPORATE CULTURE

The Office of Corporate Culture was formed to cultivate a positive and welcoming workplace for all. A pillar of this work is to provide reinforcements to the organization's deep-rooted values while acknowledging that fun and productivity are interconnected. Throughout this past year, staff have engaged in our newly establish Watercooler and Parenting Group; two chatroom style platforms that allow staff to cross the barrier of human connectedness created by the nature of virtual work. Regular team building activities have also become commonplace amongst our staff.

We are dedicated to this ever-evolving work as we recognize our company's culture has a pivotal impact to the success of our organization and ultimately the communities that we serve.

Passionate and Determined
*High Performing Focused Problem Solvers
Pursue Growth and Learning*

Inventive and Inspiring
*Drive Diversity of Thought
Be Curious, Adventurous and Have Fun*

Respectful and Humble
*Build a Positive Team Environment
Drive Integrity and Trust*

Diversity, Equity & Inclusion

At MiHIN, we recognize that our diversity is our greatest strength. We draw on the differences in who we are, what we've experienced, and how we think to best serve our stakeholders and our communities.

Because MiHIN serves everyone, we believe in including everyone. This means we strive to hire, develop, and retain qualified employees that are not only diverse in thinking, but are also diverse in race, gender, gender identity and/or gender expression, age, religion or belief, sexual orientation, physical, mental, or sensory disability, citizenship, family or partnership status, socio-economic upbringing, and more.

We know intentionality around diversity, equity, and inclusion are critical to the wellbeing of our staff and the success of our organization, which is why we are committed to constantly striving to improve.

SOME IMPACTS THIS YEAR

- Formation of a DEI Team with executive sponsorship and board support.
- Made diversity in leadership a strategic mission across all levels of formal and informal leadership
- Collection of data on staff experiences and perceptions of diversity, equity, and inclusion.
- Development of strategic goals for this year and next based on our completed needs analysis.
- Creation of over fifty unique DEI-related learning opportunities for our staff.
- Embedding of DEI-related learning and conversation into team practices.
- Addition of pronoun identification into our CRM tool, onboarding materials, and email signatures.
- Implementation of learning around inclusive practices and unconscious bias into our onboarding process.
- Align with more nationally acknowledged holidays and create avenues for staff to learn about and participate in them.

WHERE WE ASPIRE TO GROW

- To strive towards an even more diverse workforce by increasing diversity in our talent pipeline
- To foster a culture of learning, growth, and discussion
- To cultivate a work environment where everyone feels aligned with our core values

OUR CURRENT ENVIRONMENT

At MiHIN, we believe that everyone should be able to bring their full selves to work. That's why we are fostering a culture where our differences are valued and all staff feel a sense of belonging, even while working virtually. With this goal in mind, we aspire to create a workforce that's representative of the communities we serve, and while we are still on that journey, we commit to sharing where we are towards this goal.

The Unprecedented Continues: How we're working within our communities

With growing recognition in Michigan and nationally, that the opportunity exists to create systems of care with the capacity to eliminate inequities, invest appropriately in resources to increase health outcomes, and lower the cost of care provided, MiHIN Systems of Care Programs evolved in 2021.

Addressing disparities in health and health care is important not only from an equity standpoint, but also for advancing health more broadly by achieving improvements in overall quality of care and population health. Moreover, health disparities are costly. Analysis estimates that disparities amount to approximately $93 billion in excess medical care costs and $42 billion in lost productivity per year as well as economic losses due to premature deaths.

Data will be necessary at every step along this complex path, and obtaining, exchanging and making data available is what MiHIN does best.

SOCIAL DETERMINANTS OF HEALTH PROGRAM

Social determinants of health (SDOH) are the conditions in which people are born, grow, work, live, and age. These conditions represent a wider set of forces and systems that shape the conditions of daily life and drive upwards of 80 percent of health outcomes. How and if SDOH needs are met substantially influence health equity gaps.

Evolution of understanding and interest in data surrounding social care has exploded as an avenue to alter the landscape of health outcomes, inequity and spending. The complexity of this issue is vast and touches far more than health care with impact being felt across many aspects of civic life (ex. education, economy, criminal justice system). Because this data crosses many stakeholder groups, most functioning outside of healthcare and the reach of health care data laws (HIPAA), there is growing acknowledgement that data governance and guidelines is critical to the success and eventual impact on population health, health outcomes and the equitable use of health care resources. Data capture that is capable of representing the full spectrum of care is represented through the national Gravity Projects Conceptual Framework for Social Care and allows organizations to better understand where in this spectrum they fit and what knowledge, services and data can evolve from their work. MiHIN is proud to collaborate and have a member of the Gravity Committee serving as the SDOH Medical Director.

The SDOH team is working to quickly move beyond screening data capture and towards cross sector data exchange that aligns with evolving national standards. The program released version 3.0 of the SDOH Use Case in October 2021, removing barriers stakeholders identified and creating opportunity for greater participation regardless of what screening tool or questions used. Additionally, in 2021 dashboards were created with a baseline set of reporting functionality that will be deployed in 2022. This data availability will allow organizations to better understand what is happening in their own regions, provide data for quality improvement and stimulate additional collective reporting needs to be implemented. In early 2022 our team aims to demonstrate bidirectional screening data that stands to better inform care teams about what unmet social factors impact an individual's care.

Resolving unmet needs in communities is not solely a data exchange problem. Facilitation of solutions through interdisciplinary health and social care stakeholder teams allows care to evolve and as a result opens the capacity for data to flow in a more substantial way. This type of collaboration also enables care to evolve which is easier to deliver, preserves the health and social care workforce and accurately identifies barriers from which realistic solutions can emerge. Convening stakeholders to form a cross disciplinary data governance body and guidelines is a top priority for 2022. This work will begin with multi-sector stakeholder workgroups in January 2022 to rapidly level set about national and state level activities, socialize the conceptual framework of the Gravity Project and create alignment for the work ahead. From each of these stake holder workshops (Community Based Organizations, medical care teams, government entities), organizations will emerge with the capacity to represent the interests of sectors and engage in the development of data guidelines and governing bodies.

POPULATION HEALTH & PUBLIC HEALTH RESPONSE

This program will enable a more robust population health monitoring solution for our stakeholders to strengthen and enhance the population and public health services they conduct. Core to the development process will be gathering key insight from our stakeholder participants. We'll need to surface the governance and standards for sharing population health data to support confidence that the information sharing, storage, and use are appropriate and adhere to regulations and data security best practices. New use cases will be created that support reporting and querying of public health data and leverage ACRs service to capture population and SDoH ACRS attributes. A goal is to build new reporting capabilities to query relevant health indicators for distinct populations of patients. Public health agencies will then be able to monitor the health care utilization patterns in communities for the purposes of any future pandemic or public health crisis.

HEALTH EQUITY PROGRAM

This program focuses on the design, development, and implementation of new infrastructure that enables greater medical specialty insight into information designed to improve health equity for those at highest risk. This effort complements and builds off our enhanced data management, population health platform, and advanced active care relationship program activities by enabling the statewide Clinical Quality Improvement (CQI) model to support chronic disease management and ensure greater health equity. The Health Equity and Next Generation Quality Improvement Initiative seek to automate the population of disease registries that will include claims data for the first time that target those chronic conditions that most impact the at-risk population: Diabetes, Behavioral, Health, Chronic Kidney Disease, etc. This activity specifically seeks to harness advances in technology and progress toward interoperability to eliminate manual work, specifically medical abstraction to establish CQI disease registries for chronic conditions.

HEALTH INFORMATION EXCHANGE DEVELOPMENT

With the growing need of statewide data interoperability to support existing and new needs for the Medicaid Promoting Interoperability Program, MDHHS continues to support their partnership with MiHIN, the State Designated Entity for HIE in Michigan. Through this work, MiHIN worked with all health and social stakeholders in Michigan to develop and maintain crucial data needed to manage and excel the care of our MI citizens. Examples of work include: Expanding both MDOC and the Psychiatric Hospitals footprint in data sharing use cases, developed new use cases that enabled required information to be shared with state supported programs, and created new use cases to support the care coordination of the Medicaid beneficiary population.

ENTERPRISE DATA MANAGEMENT

MiHIN focused on enhancing the existing statewide infrastructure with the next generation of technology that supports a secure data infrastructure that continues to expand the useability and availability of the clinical data being routed through the statewide network. This improved Medicaid providers, payers, and other appropriate parties more discrete access to patient, provider, and organization level data. Specific areas of concertation included identifying, collecting, and providing access to near real-time useable data needed during a global pandemic for public health purposes, coordinating care during a crisis for emergency services, integrating clinical, social, and behavioral health data to support a person-centered care model, and ongoing efforts to improve the quality of the data being shared from all our stakeholders.

Our Milestones in FY2021

OCTOBER

First API demo of InterOp Station to BCBSM is conducted to demonstrate third-party application access to the Patient Access API.

MiHIN introduces tiered hospital pricing.

e-newsletter, The Interface, launched.

The Download, new stakeholder engagement meeting, launched and welcomed over 125 externals.

3rd Inaugural Employee Gala hosted virtually for over 250.

NOVEMBER

MiHIN Named Internship Employer of the Year by GVSU.

Conducted five API demos of InterOp.

Hosted annual Town Hall with a focus on Customer Success.

DECEMBER

Over 4.6 billion cumulative messages received as of Q4 2021.

JANUARY

MiHIN hosted Health IT Insights webinar, The Bioethics of Sharing Big Data.

FEBRUARY

MiHIN is awarded funding from the ONC as part of its Strengthening the Technical Advancement and Readiness of Public Health Agencies via Health Information Exchange Program.

MiHIN hosted Health IT Insights webinar, The Value of a Centralized Directory Service.

MARCH

Work beings on the following grants: Population Heath, Enhanced Data Management, and Health Equity.
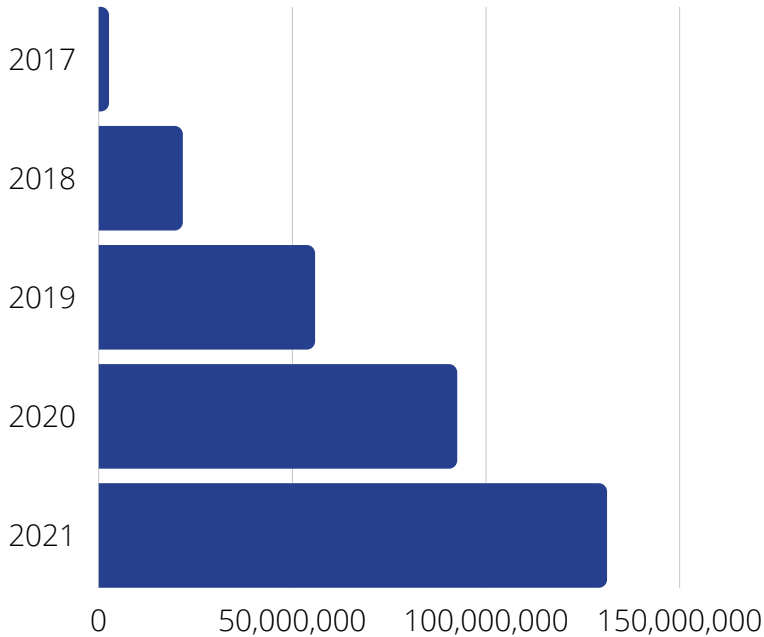
Connecting Michigan for Health & More Cornerstone event kick-off.

Convened key stakeholders for Imaging workshop with over 30 attendees from Health plans, Pos, HIEs and Hospitals.
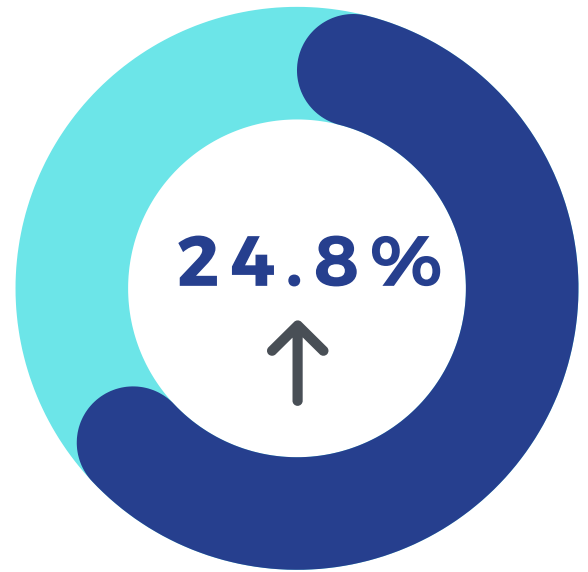
APRIL

SDOH Workshop for Connecting
Michigan for Health & More.

MiHIN announced new MIGateway
Conformance Module.

Rolled out Service Delivery Train
(Agile Methodology) to The
Constellation.

MAY

MiHIN hosts The Download,
a Michigan Stakeholder
gathering, Referrals Plus
training and reporting, PPQC,
and final Imaging Workshop for
whitepaper review.

JUNE

Virtual Care (Telehealth &
Patient Reported Outcomes)
Workshop for Connecting
Michigan for Health & More.

MiHIN is 100% cloud based.

JULY

Launched new internal
communication platform,
The Source.

AUGUST

MiHIN goes live with InterOp
Station to BCBSM.

MiHIN & BCBSM present at
Michigan HIMSS:
Infrastructure and Incentives:
Advancing HIE Innovation.

SEPTEMBER

Over 5.7 billion unique messages.

MiHIN announced new intern and new
hire learning program, Inquire.

MiHIN Grows in Michigan

GROWTH IN IMM/HF QUERIES TO MCIR

2017
2018
2019
2020
2021

0   50,000,000   100,000,000   150,000,000

24.8%

INCREASE IN ADT ACRS OUTBOUND RELATIONS

24.22%

MEDREC OUTBOUND GROWTH INCREASED TO 500,9593
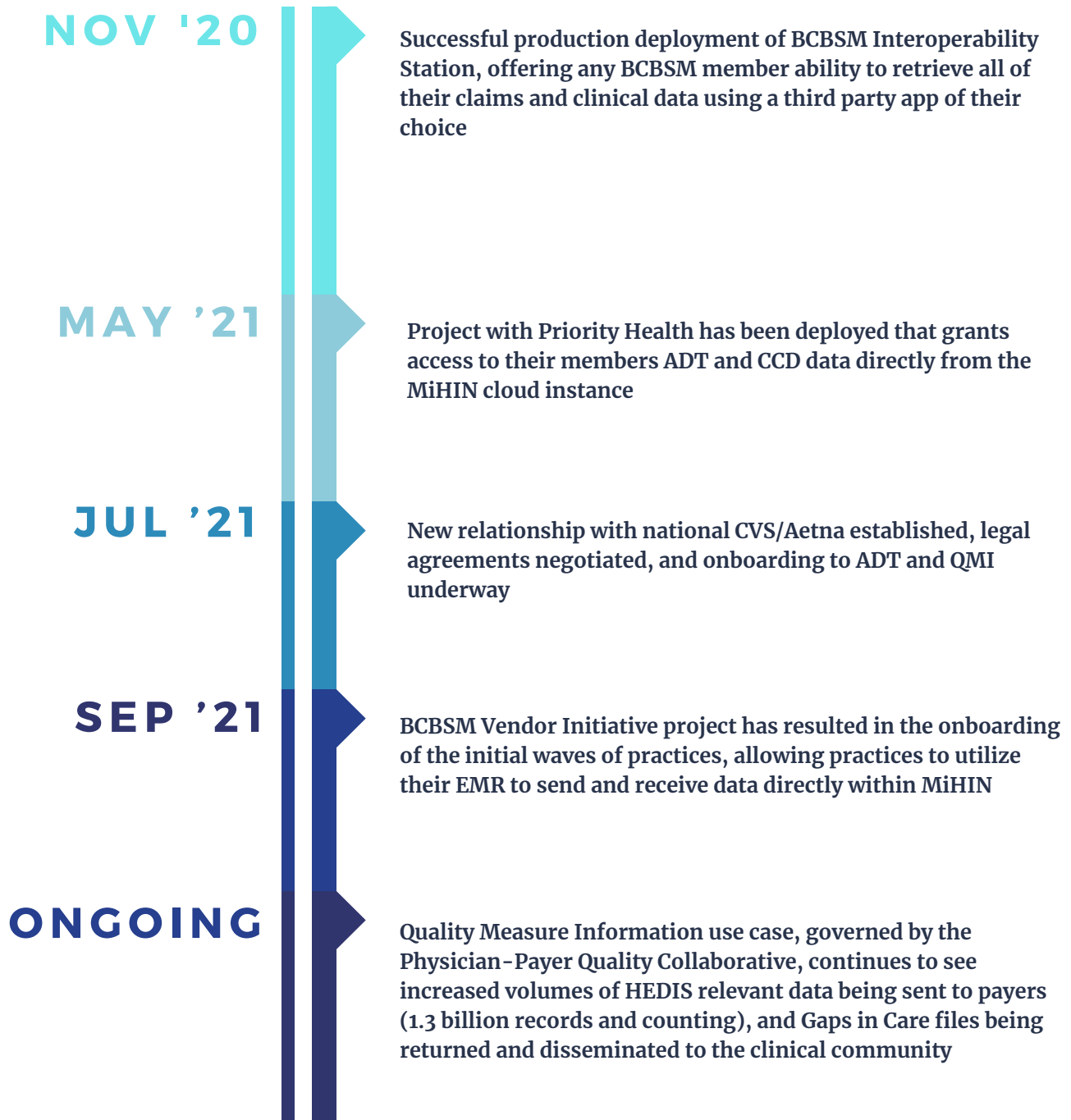
12%
Increase in ACRS Relationships

12.5M
Distinct Master Patient Index identities

138K
Unique Providers in statewide Health Directory®

Major Accomplishments with Payers

NOV '20

Successful production deployment of BCBSM Interoperability Station, offering any BCBSM member ability to retrieve all of their claims and clinical data using a third party app of their choice

MAY '21

Project with Priority Health has been deployed that grants access to their members ADT and CCD data directly from the MiHIN cloud instance

JUL '21

New relationship with national CVS/Aetna established, legal agreements negotiated, and onboarding to ADT and QMI underway

SEP '21

BCBSM Vendor Initiative project has resulted in the onboarding of the initial waves of practices, allowing practices to utilize their EMR to send and receive data directly within MiHIN

ONGOING

Quality Measure Information use case, governed by the Physician-Payer Quality Collaborative, continues to see increased volumes of HEDIS relevant data being sent to payers (1.3 billion records and counting), and Gaps in Care files being returned and disseminated to the clinical community

Use Case Factory Expansion

ADVANCE USE CASES:

MiHIN successfully promoted and supported data interoperability needs in fiscal year 21 by continually expanding the external (outside of MDHHS Data Hub) electronic capture and routine delivery of health care data to MCIR, MDSS, MSSS, Vital Records and other public health systems.

NEW USE CASES:

During FY21, MiHIN worked with a variety of state sponsors to create new use cases that leveraged the statewide infrastructure for sharing data. Examples of use cases/projects are: Michigan Breast and Cervical Cancer Screening, Psychiatric ADT participation, connecting The Michigan Department of Corrections EHR, Outbound Death Notifications, and Electronic Case Reporting for public health.

Staying Connected

CONNECTING MICHIGAN FOR HEALTH & MORE

The 2021 Connecting Michigan for Health and More was a first-of-its-kind for MIHIN, as we shifted to a completely virtual, year-long conference series. The series, a combination of two full-day conferences that bookended three half-day workshops, brought together leaders in healthcare, legal policy, interoperability, and more.

Our dynamic keynote speakers, Dr. Geeta Nayyar, SVP, Executive Medical Director at Salesforce, and Director Elizabeth Hertel of the Michigan Department of Health and Human Services, along with national subject matter experts, helped us explore the paradigm of Healthcare Technology 3.0 and its implications for the ongoing evolution of healthcare delivery, experience, cost, and outcomes at our conferences. Interactive workshops lead by thought leaders dove deeper into select relevant industry topics: social determinants of health, virtual care (telehealth & patient reported outcomes), and the future of electronic consent.

To view recordings and PowerPoint presentations from the series, visit **https://mihin.org/connecting-michigan-for-health-and-more/** .

Communication is Key

WE HELD 11 DOWNLOADS THIS YEAR

A monthly, Michigan-focused webinar series meant to inspire dialogue, educate, and share with our stakeholders audience and beyond.

WE SENT OUT 11 INTERFACES THIS YEAR

A monthly e-newsletter highlighting the many ways that our technology contributes to healthcare transformation.

WE HOSTED 5 HEALTHCARE IT INSIGHTS WEBINARS

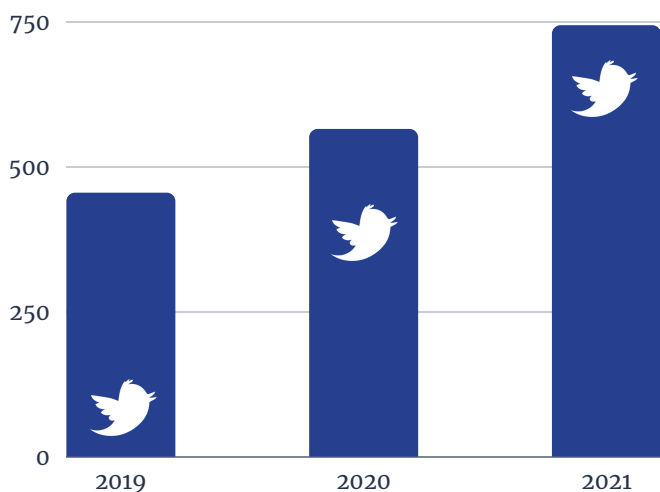Webinars hosted by MiHIN (or co-hosted) on key industry topics.

4

The number of MOAC meetings MiHIN hosted

10

The number of MiHIN Press Releases that went out

23

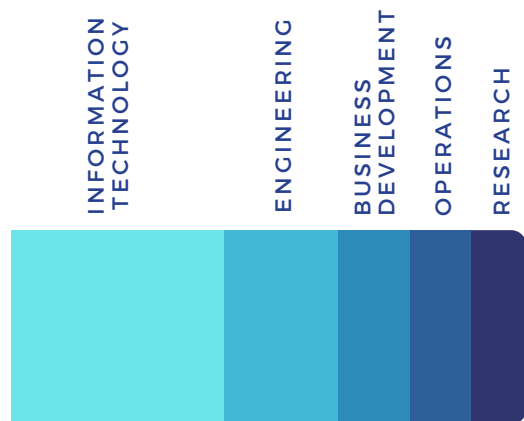The number of internal workshops MiHIN hosted

Social Media Statistics

SEPTEMBER 2020-SEPTEMBER 2021

179 TWITTER FOLLOWERS GAINED
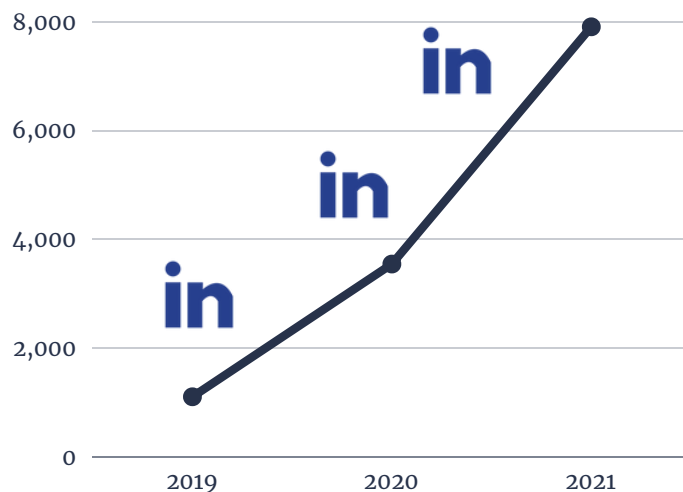
4,367 LINKEDIN FOLLOWERS GAINED

TOP 5 INDUSTRIES VISITING OUR LINKEDIN PAGE

INFORMATION TECHNOLOGY

ENGINEERING

BUSINESS DEVELOPMENT

OPERATIONS

RESEARCH

749
TOTAL FACEBOOK VIEWS

4K
Total *LinkedIn* Engagements

521
Total *Twitter* Posts

4.5%
Average *LinkedIn* Engagement Rate

MiHIN Board of Directors

DR. THOMAS SIMMER

Former Senior Vice President and Chief Medical Officer, (Retired) BCBM

SHARON THEUT

IT Director, United Health Plan

BRIAN KEISLING

Director, Bureau of Medicaid Operations and Actuarial Services, MDHHS

PAT RINVELT

Director, National Network of Depression Centers

DR. JEROME FINKEL

Chief Primary Health Officer, Henry Ford Health System

JOHN VISMARA

Senior Vice President, Ingenium

DENNIS SMITH

President and Chief Executive Officer, Retired UPHIE

DR. BRADLEY CLEGG

Doctor of Osteopathic Medicine, Metro Health U of M

DR. JOHN FOX

Vice President, Clinical Transformation, Spectrum Health

LARRY WAGENKNECHT

Former Chief Executive Officer, (Retired) Michigan Pharmacists Association

JIM LEE

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

AARON WOOTTON

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

DR. FAIYAZ SYED

Chief Medical Officer, Michigan Primary Care Association

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. GREG FORZLEY

Independent physician consultant in healthcare and HIT, Retired Trinity Health

DR. ANDREW ROSENBERG

Chief Information Officer, University of Michigan

MICHELLE ILITCH

Vice President, Provider Network Contracting and Development – East Region, Priority Health

ELIZABETH HERTEL

Director, Michigan Department of Health & Human Services

SONDRA PEDIGO

Vice President, Marketplace Regulatory Ops and Data Governance, Blue Cross Blue Shield of Michigan

About MiHIN

OUR MISSION & LEADERSHIP

Michigan Health Information Network Shared Services (MiHIN) is a public and private nonprofit collaboration dedicated to improving the healthcare experience, improving quality and decreasing cost for Michigan's people by supporting the statewide exchange of health information and making valuable data available at the point of care.

WE ASKED OUR BMT IF THEY COULD HAVE A SUPERPOWER, WOULD IT BE? HERE'S WHAT THEY SAID...
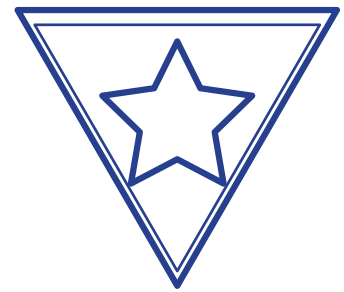
## MEET OUR BUSINESS MANAGEMENT TEAM

Jaki Porter, Chief Operating Officer, Velatura Public Benefit Corporation: My superpower would be X-ray vision. Through observation and simply slowing down enough to look around and assess what I see or the ability to step back and analyze a situation, x-ray vision would allow for pinpointing problems and issues and their solutions (hopefully early on).

Stephanie Schultz, Senior VP Business Financial Services & Procurement: My superpower would be to manipulate the weather. I'd love to rid the world of hurricanes, floods, droughts, and tornadoes. And on a more personal level, perfect vacation weather, no humidity-induced frizzy hair, or softball rainouts.

Ken Van Der Wende, Chief Commercial Officer: If I could have a superpower I might pick "healing". As I have fought stage iv cancer and walked with many others on a similar physical journey I would totally love to heal and give healing (think Deadpool or Wolverine). It would also play towards fulfilling our Constellation mission.

Mary Kratz, Executive Vice President, Interoperability Institute: My superpower is collaboration – aka getting people to do something they may not want/need to do, by helping a group recognize that if each contribute, the whole is greater than the sum of its parts.
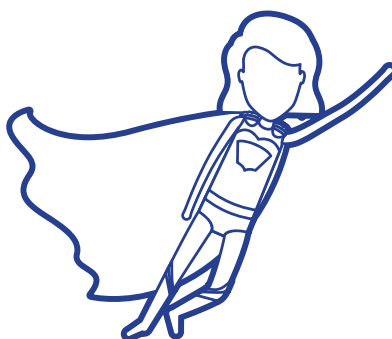
Courtney Baker, Director of Marketing & Communications: I would choose time travel—mostly to go back and be a part of my bonus sons' life from the beginning (and my now husband too!) and to go back and relive the earlier years with my children—if I could just squeeze those babies one more time....*bliss*...

Fred Keena, Human Resources Manager: If I had one superpower it would be...the ability to heal myself (like Wolverine). Strength is probably a close second.

Rich Fish, Chief Information Officer: My superpower would be – "The ability to manipulate probability".

Igor Voytsekhivskyy, Chief Financial Officer: I would like to have it travel in time. If I could do that, I would go in the future and see how my actions and decisions played out and come back to the present to adjust them to achieve optimal results. Even the best intentions or actions sometimes don't seem to result in the best good for all and having this foresight and ability to recalibrate will help in better outcomes.

Aly Hryciuk, Business Development Manager: Enhanced leap - after COVID would love to travel across the world, quickly!

Angie Bass, Executive Vice President, Velatura HIE Corp.: Superhuman strength and healing like Wolverine so I can warrior through battles tougher and protect others.

Bharat Gandhi, Chief Legal Counsel: Telepathy – to facilitate communications

Marty Woodruff, Chief Operating Officer: I would clone myself!

Shelley Mannino, Vice President of Operations: I'd like to be able to apparate, like in Harry Potter, so you can be anywhere you want in a moment

Shreya Patel, Chief Policy & Privacy Officer: I would pick photographic memory so I could retain knowledge and relive memories more vividly!

Doug Dietzman, Executive Vice President, USQIN: I'll go with Elasticity for no reason other than I thought Stretch Armstrong was a great toy as a kid...and I suppose it would be mean my joints wouldn't hurt when stressed.

Dennis Sherba, Director of Customer Integration Services: If I had a superpower, I would like to have the ability to read minds.

Jo Bonasso, Director of Patient Data Management: If I had a superpower I would have a way to evaluate pros and cons of decisions to understand the impact of decisions I make before I make them. Either that or the ability to only need to sleep 20-minutes a day and get the benefit of 10 hours of sleep....

Robert Lario, Enterprise Architect: If I had a superpower I'd want the ability to fold space and time while I sleep. That, or be invisible when no one is looking.

Sandra Marshall, Vice President of Service Delivery: The ability to read minds. If I had the ability to read minds, I could effortlessly get ahead of what is coming my way and anticipate the needs of clients.

Isabell Pacheco, Chief of Staff, IOI: If I had one superpower, it would be to cure mental health illnesses. I would love to have this superpower to heal people of the life debilitating symptoms that plague people with mental health illnesses so that they can live a happier, healthier life.