

BITS & BYTES

A monthly workshop where stakeholders can connect directly with MiHIN solutions' designers and managers.



BITS & BYTES



Patient Choices Initiative

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Product Marketing Manager, MiHIN*





Advance Directive Query & Retrieve

Advance Directive Query & Retrieve

Advance care planning and the advance directive document empowers Michiganders with the choice of care and a choice of an advocate for care when they've lost their medical decision-making abilities, thus reducing the risk of being provided with unwanted care while increasing quality outcomes, decreasing unnecessary health care spend, and increasing patient satisfaction.

Benefits



Leverages Active Care Relationship Service to reduce lag time between care transitions



Advance Directives information viewable in MIGateway along with other relevant and timely clinical information



Links to MyDirectives.com, a patient-facing application



Identifies patients that do not have or have not updated their Advance Directives

Features

- HITRUST Certified Advance Directive Repository
- Provider-facing portal for manual submission of Advance Directives to MiHIN
- Advance Directive-related notifications through ACRS and MIGateway
- Additional Workflow Tools through ADVault:
 - API-enabled for Query and Retrieve
 - Epic and Cerner App Store Integrations
 - White-label messaging services for Advance Directive creation and reminders



Viewable along with Care Team, Care Summaries, Documents, and Consent



Information is timely and enables enhanced clinical decision making

AD Repository – Register / Find Existing Patient

MyDirectives[®]

MOCA ? ☰

Account Login

Username

mihinadmin

Password

••••••••

Forgot Password?

Cancel

Submit

James Reed

Gender: Male Date of Birth: 10/31/1971

Sign ⌂ 📄 ⇌

Patient Confirmation

Welcome to MyDirectives!

A new user account is being created today for **James Reed**

The email address to reach this individual is: **pmcneff@advaultinc.com**

If the name or email address shown above is not correct, you may edit them on the Edit Account page.

In order to continue, please click on the **Continue** button below:

CONTINUE

MiHIN DocSubmitter | MiHIN MOCA ? ☰

Add Patient Account

First Name

James

×

Last Name

Rose

×

Date of Birth

03-14-1950

×

Gender

Male

▼

Mobile Phone

Email

Address 1

321 West Main Street

×

Address 2

City

Grand Prairie

×

State

TX

▼

Zip Code

75050

×

Country

USA

▼

Add

Possible Existing Patients

James rose

Male 03/14/1950

321 w main st

grand prairie, TX 75050

+ Create New Patient

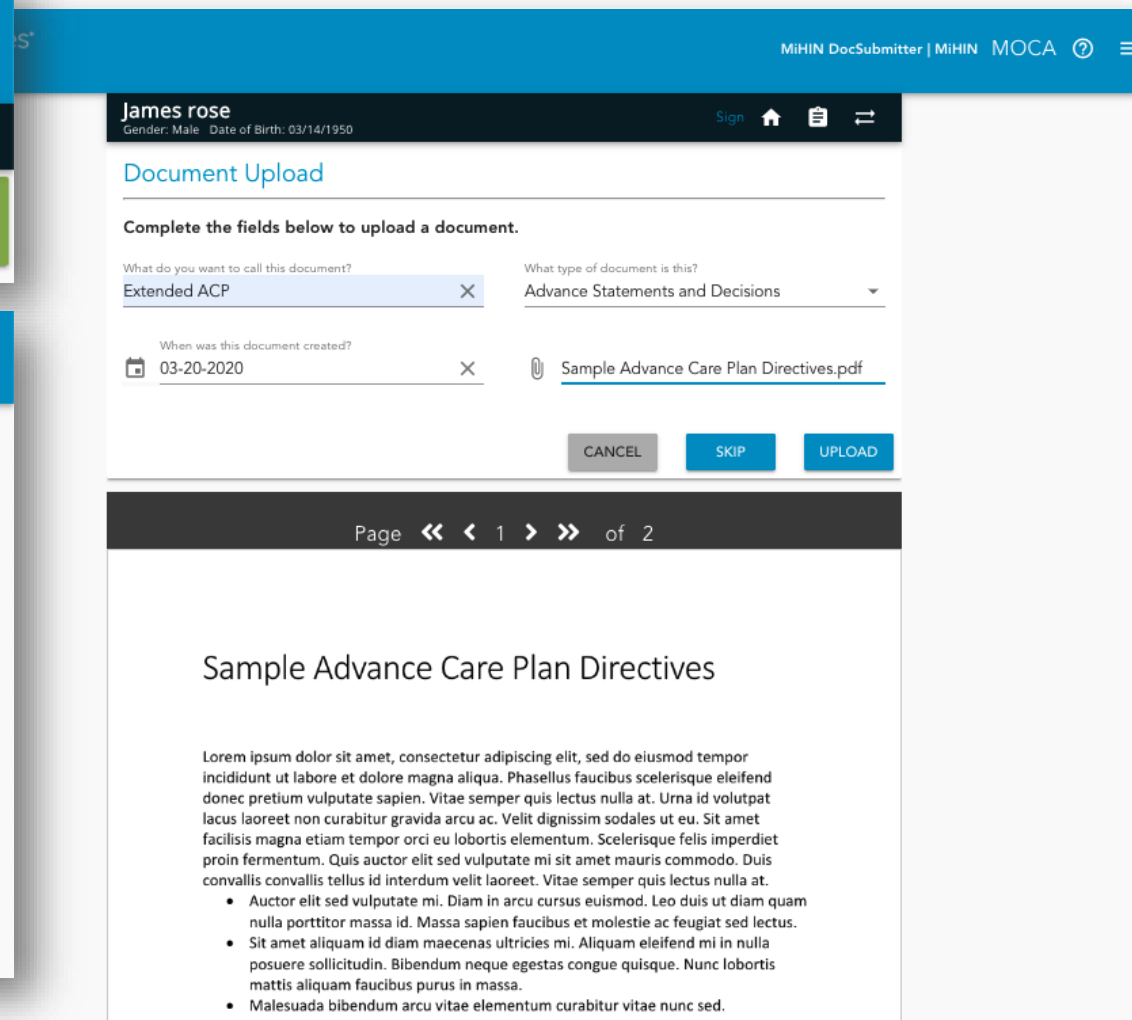
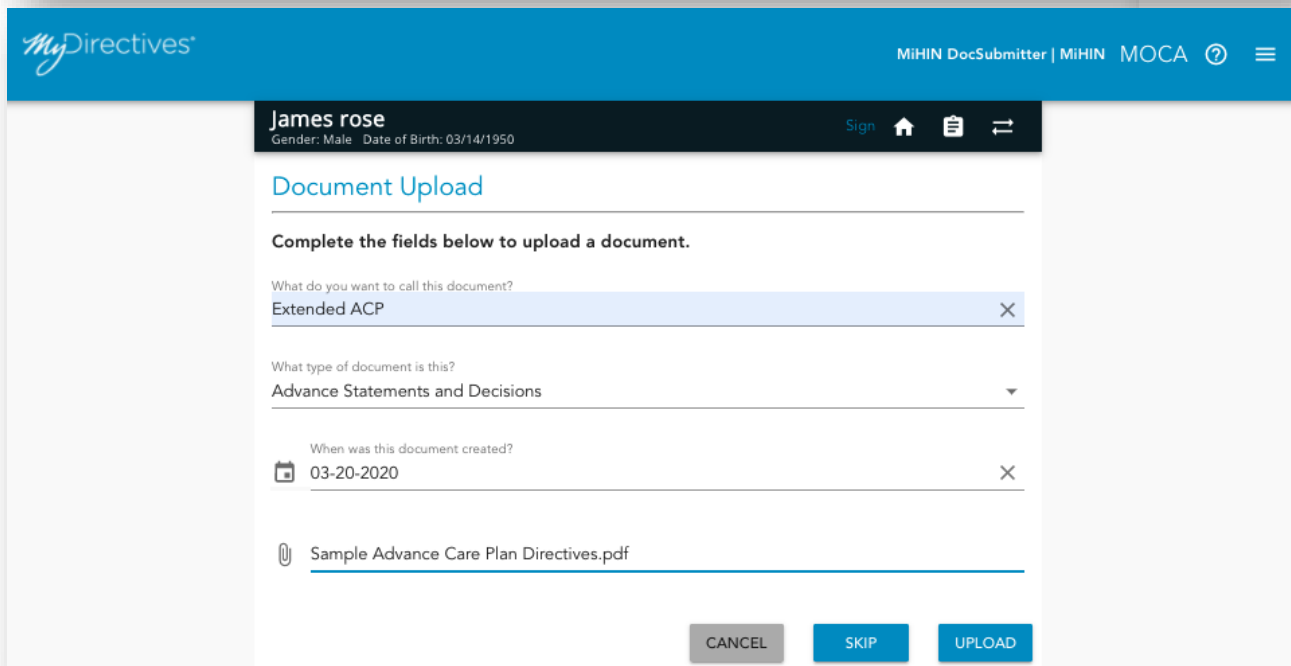
New Search

BITS & BYTES

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MiHIN
MICHIGAN HEALTH INFORMATION NETWORK
IMPROVED SERVICES

AD Repository – Upload Advance Directives to MiHIN



MIGateway – Patient Summary

Patient Viewer - Affiliated Health Providers

GUTMANN, DARWIN

Birth	Address Line 1	Address Line 2	Primary Phone	Social Needs
09/01/1987	983 FOREST LANE		745-149-1967	Identified
Gender	City	State	Zip	Secondary Phone
M	GREILICKVILLE	MI	48936	

Care Team

Patient Summarization

Documents

Consent

C-CDA Information

Copyright ©2020 Michigan Health Information Network Shared Services

Patient Viewer | legacy-preprod v2.3.18

Close

MIGateway – Care Team

Patient Viewer - Affiliated Health Providers

GUTMANN, DARWIN

Birth	Address Line 1	Address Line 2	Primary Phone	Social Needs
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Care Team

Patient Summarization

Documents

Consent

Care Team Member	Practice	Managing Organization	Patient Address	Status
Barton, Maegan NPI: 2295458333 Type: Not Available Specialties: Not Available Direct Address: Not	TRINITAS REGIONAL MEDICAL CENTER OID: 2.16.840.1.113883.3.5788 Type: Practice/Clinic Phone: 854-837-6542 Address: 1720 UNIVERSITY BLVD. SUITE	BLAZE GLOBAL HEALTH SYSTEM OID: 1.2.3.4.5.9.99.999.9999.1262 Type: PO Phone: 989-555-3511 Address: 472 W PECAN COURT	983 FOREST LANE GREILICKVILLE, MI 48936	Provider Status Declared Consumer Status

Close

MIGateway – Documents

Patient Viewer - Affiliated Health Providers

GUTMANN, DARWIN

Birth	Address Line 1	Address Line 2	Primary Phone	Social Needs
09/01/1987	983 FOREST LANE		745-149-1967	Identified
Gender	City	State	Zip	Secondary Phone
M	GREILICKVILLE	MI	48936	

Care TeamPatient Summarization**Documents**Consent

Document Name	Document Type	Document Date	Document Source	Actions
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Patient Viewer | legacy-preprod v2.3.18

Close

IN DEVELOPMENT
Summer/Fall '22

MIGateway – Consent

Patient Viewer - Affiliated Health Providers

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Birth	Address Line 1	Address Line 2	Primary Phone	Social Needs
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Gender	City	State	Zip	Secondary Phone
M	GREILICKVILLE	MI	48936	

Care TeamPatient SummarizationDocuments**Consent**

Active

Form Name	Active Until Date	Provider	Practice	Action

Inactive

Close

IN DEVELOPMENT
Summer/Fall '22



Patient Choice Notification and Electronic Consent Management (SPI-Related)

Patient Choice and eCMS (Pilot)

The eConsent product provides a standard method to manage consent forms used to capture a consumer's preference to share or withhold Sensitive Protected Information (SPI) in a health information exchange (HIE) environment. This includes electronically storing, updating, finding, revoking, or deleting a consent preference related to SPI when expired. These consent preferences can be used by the Health Information Network electronically, as well as by the providers themselves should they need to verify consent exists to send a message manually.

Benefits



Leverages Active Care Relationship Service to reduce lag time between care transitions



Consent information viewable and downloadable in MIGateway



Provides patients with an electronic means to capture the MDHHS-5515 form

Features

- Integration with MIGateway for ease-of-access
- eCMS User-interface and prompts to complete the MDHHS-5515 consent to share 42 CFR, Part 2 protected information
- SPI-ADT encounter messages routed to consented MiHIN participating providers and organizations
- Patients revoke or update consents to keep them up-to-date
- FHIR-API enabled to share consents between valid 3rd party vendors, such as: PCE and Streamline



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Reports generated across ACRS population

eCMS – Prepare the Form for Patients

Getting Your Client Started

Search by Client's name on file.

* First Name

= *

* Last Name

= *

* Gender

--Gender--

▼

* Date of Birth

mm/dd/yyyy

📅

* ACRS File

SUNNYSIDE

▼

Search

OR

Sign a client up.

Sign Up

Client Search

Account Set Up

MI

Last Name

--

mm/dd/yyyy

📅

Last 4 SSN

Address Line 1

Address Line 2

City

-- State/Region/Province --

Postal/Zip Code

Phone Number

E-Mail Address

Add Client

eCMS – Securely Send to Patient to Complete

< Back to Client Search

Bruce Campbell

Address: 123 Cabin
Flint, MI 49930

DOB: 01/01/1950

Gender: Male

Phone: 517-898-8741

E-Mail: grant.smith@mihin.org

[Update Client Contact Information](#)

Select Provider and Practice Related to Form

Provider:

Practice:

Select Consent Form Population Option

Choose only one option:

- ☐ Client to use personal mobile device
- ☐ Client to use office handheld device
- ☐ Client consents office staff to fill out form for them
- ☐ Client to fill out form via their client portal

[Continue](#)

This form is used to share information about your:
Diagnosis, referral, and treatment for alcohol or substance use disorder. This will be referred to as "substance use disorder" throughout the form.

This information will be shared to help diagnose, treat, manage and pay for your health needs.

By filling out the electronic form I am giving permission to share treatment/medical information in regards to Substance Use Disorder records maintained by my providers (including but not limited to, medication and doses, lab test results, clinic visits, diagnostic information, etc.)

Begin the Form

To begin filling out the Consent to share Behavioral Health Information for Care Coordination form, please scan the provided QR code with your mobile device. If you do not have a mobile device or prefer to fill out the form at another time and location, please let the office staff know so they can coordinate with you so that you can access the form from your client portal.

