

# Bits & Bytes

A monthly workshop where stakeholders can connect directly with MiHIN's solutions' designers & managers



# Today's Agenda

01

## **Welcome**

Joanne Jarvi

02

## **Emergency Department Optimization**

Nancy Sehy, Clinical Solutions Lead with Collective Medical Technologies, a PointClickCare Company

03

## **Dynamic Discussion**

All !!!



**Michigan Health Information Network Shared Services (MiHIN) is a collaboratively governed, non-profit organization providing the technology and services to connect disparate care sectors, our stakeholders, to securely, legally and technically share health information.**

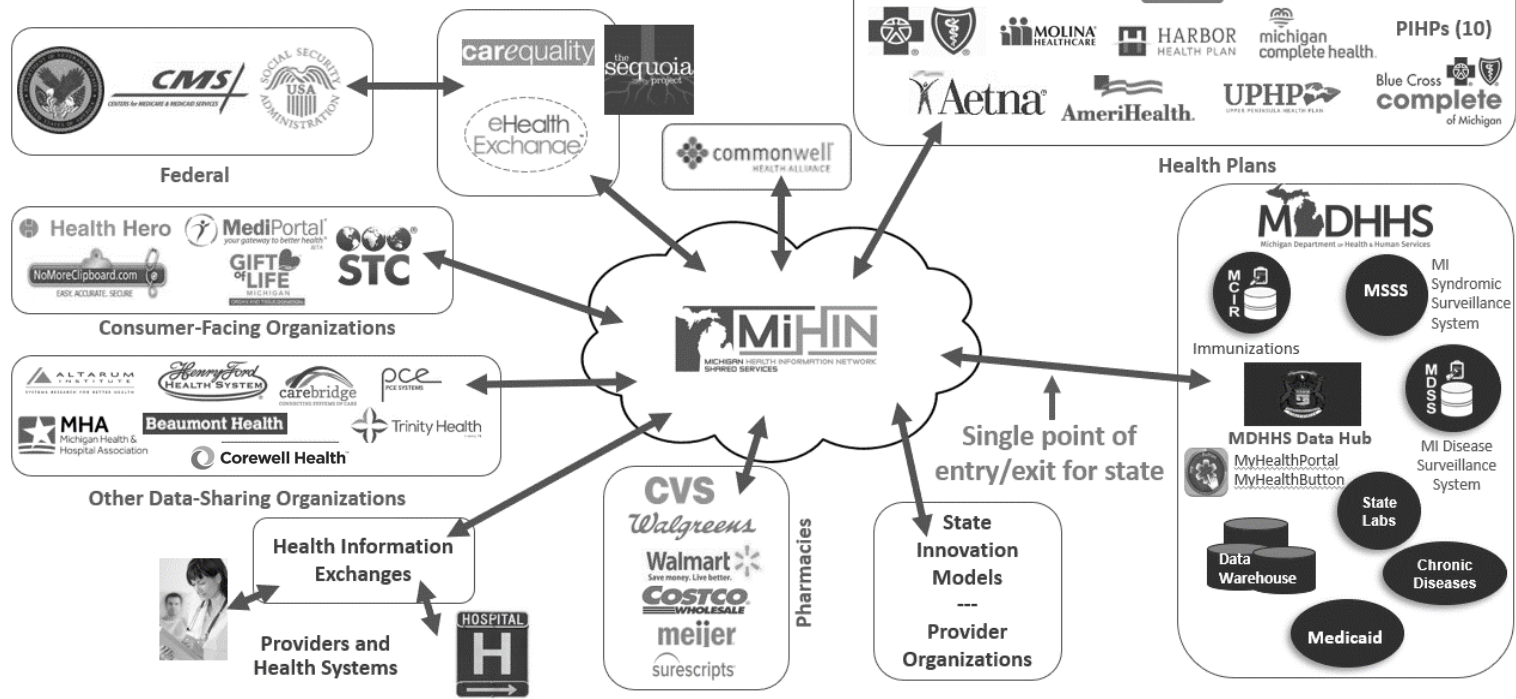
**An unbiased data trustee, MiHIN does not provide health care services, produce health care data or compete in the marketplace.**

**Instead, we convene to share vital health information to advance care, better outcomes and lower costs.**



Copyright 2023

## A Neutral Network of Networks



***Technology is a tool;  
humans are the energy!***

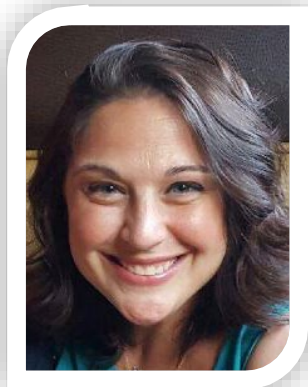
***Technology is meant to support the  
human ability to connect,  
communicate, collaborate and make  
informed decisions.***



[mihin.org](http://mihin.org)



[help@mihin.org](mailto:help@mihin.org)



**Joanne B. Jarvi**

*Senior Director of Outreach and  
Market Communications*  
MiHIN

Joanne.Jarvi@mihin.org

Technological  
Infrastructure + Human  
Infrastructure

Real impact will move at the  
speed of trust.

Communication, the  
*successful* conveying or  
sharing of ideas, is more  
critical than ever.

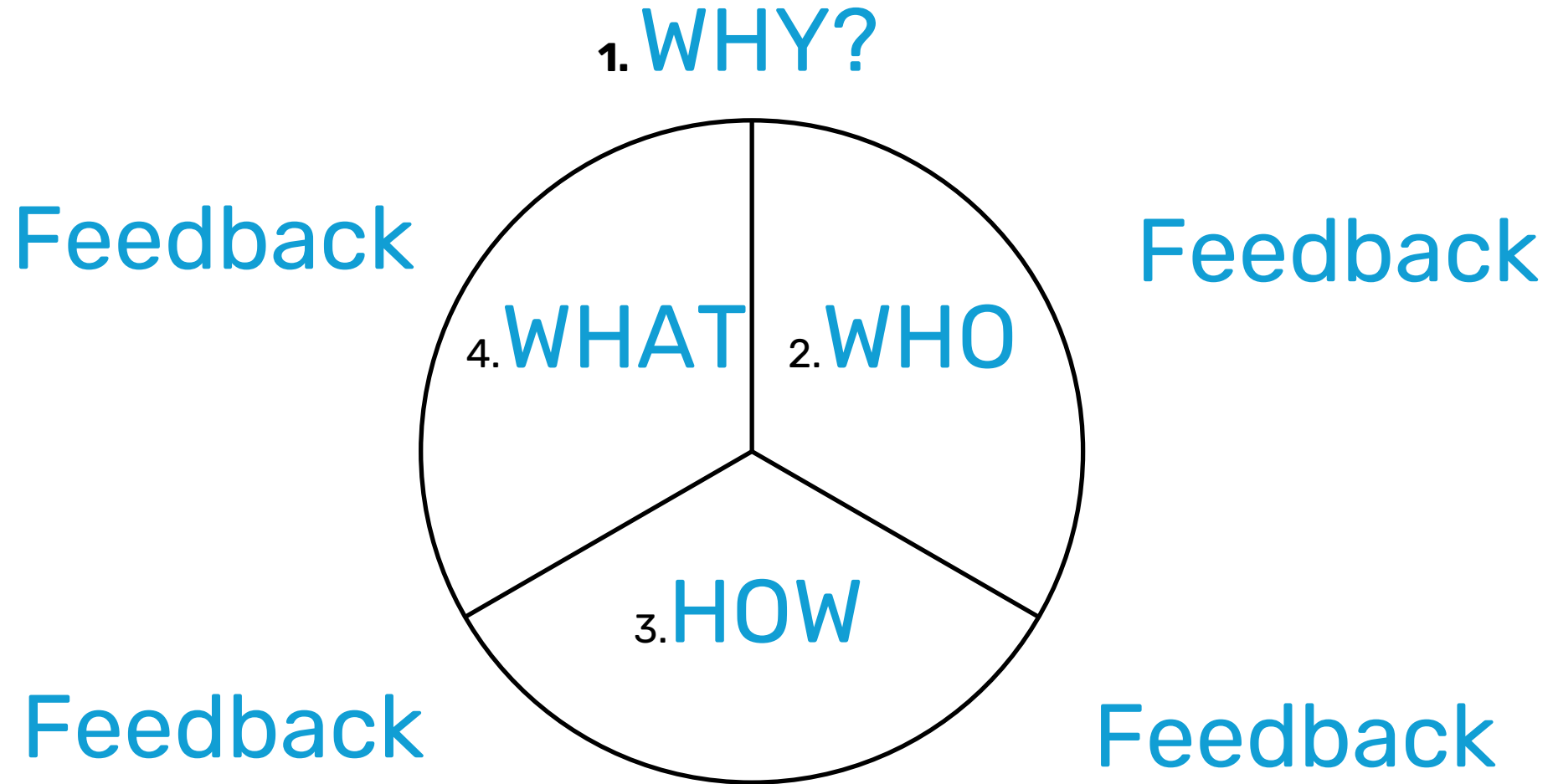
Every communication  
involves (at least) one  
sender, a message and a  
recipient.

**FOR ANY DATA  
EXCHANGE: WHAT ARE WE  
TRYING TO COMMUNICATE  
AND WHY?**

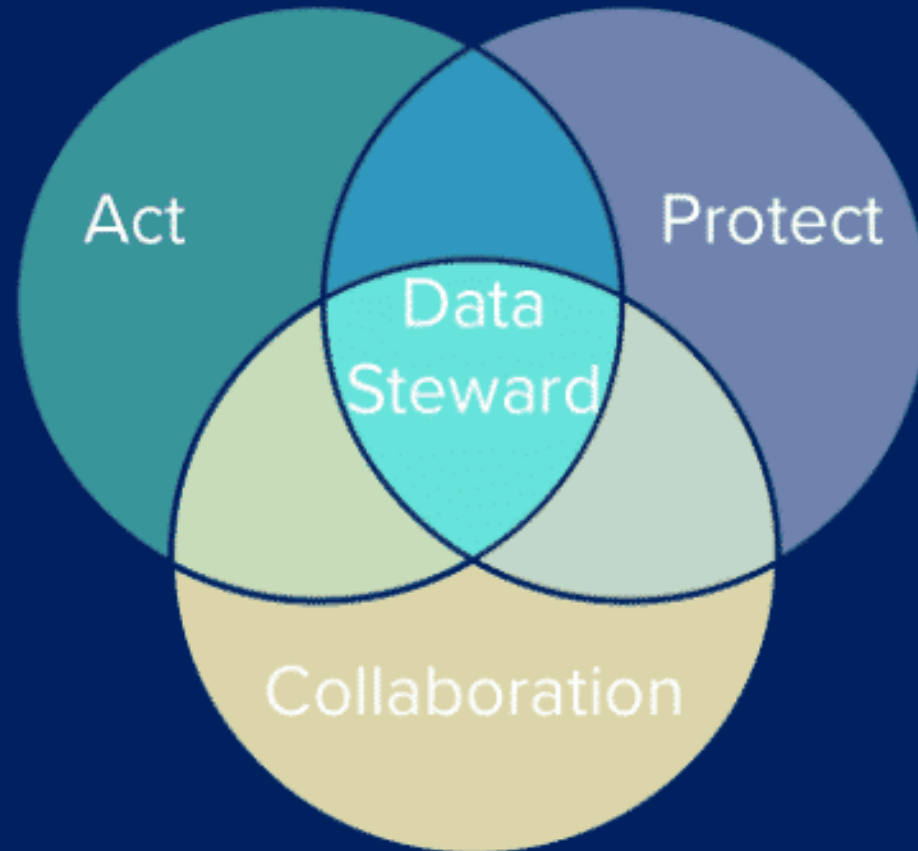
- **Joanne Jarvi** (Facilitator)
- **Carlye Maher** (Webex Chat Moderator)

# The Group Development Model

*(with special thanks to MHEF and MPHI)*

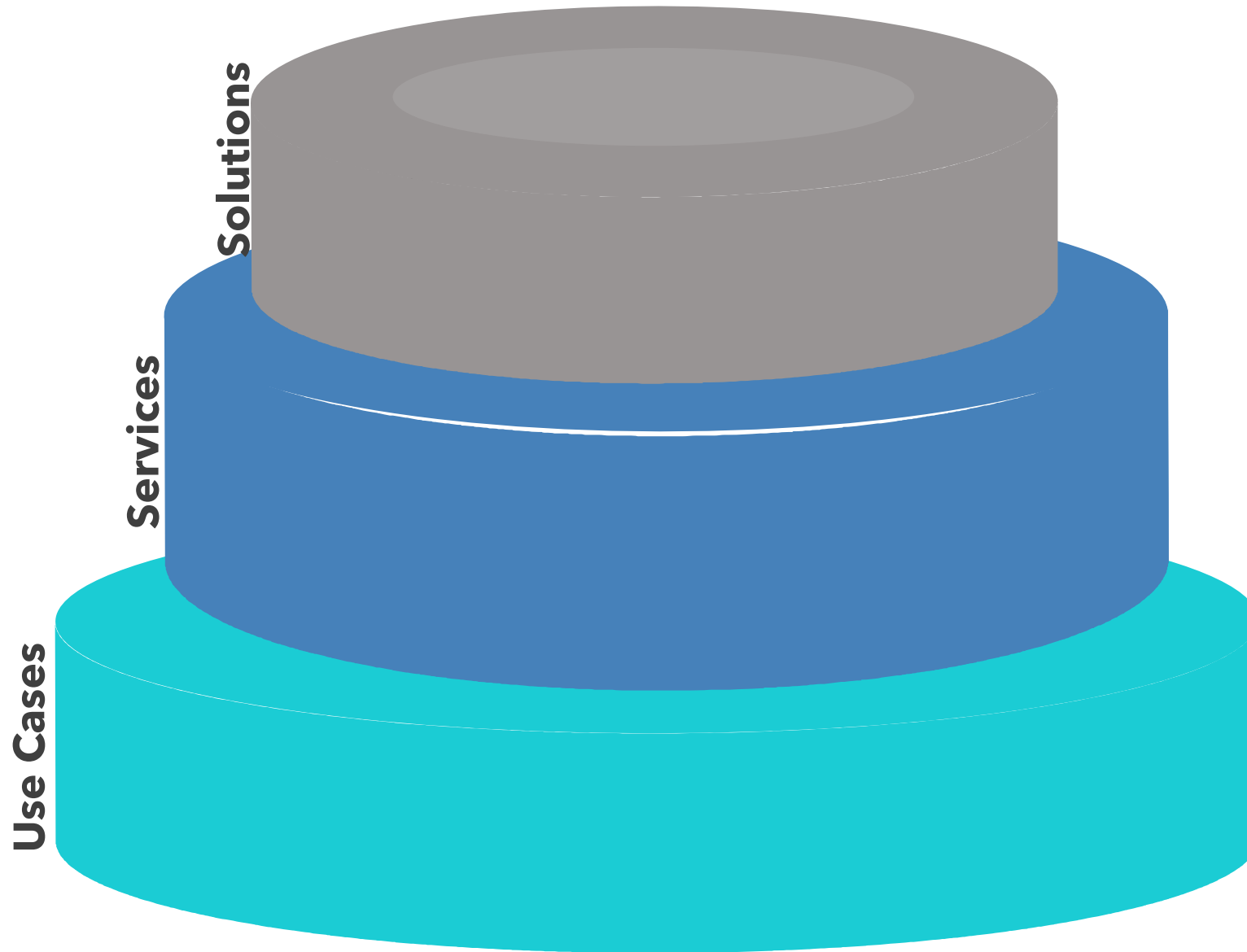


# Data for Good



# The WHAT:

The Use Case determines the Service which can be operationalized by the Solution





# Nancy Sehy, BSN, RN, CHPCA

## Clinical Solutions Lead



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Nancy Sehy, Clinical Solutions Lead with Collective Medical Technologies, a PointClickCare Company, is a Registered Nurse with over 27 years of experience in healthcare and leadership. She also has an interest in education, serving on the Board of Directors for the Illinois Hospice and Palliative Care Organization for over 9 years.

Her broad background in long term care, acute care, and home care drives her desire to work with customers to help create smooth care transitions for patients. Nancy developed and implemented a palliative care program in her health system, with a focus on patients at high risk, and a goal of improving patients' ability to manage their health successfully in the community setting. As a result, there was an 80% reduction in ED visits and a 60% reduction in hospital readmissions.

In her current role, Nancy is using her healthcare background to help support and strengthen the use of Collective and PointClickCare's innovative care collaboration platforms, which are designed to enhance communication and collaboration, driving meaningful care and quality outcomes for both patients and providers.



[mihin.org](http://mihin.org)





**PointClickCare®**

# How does the PointClickCare platform improve care collaboration for the ED?

What risk just walked  
in the front door?



## Risk Identification

Real-time analytics identify high-risk encounters and populations.

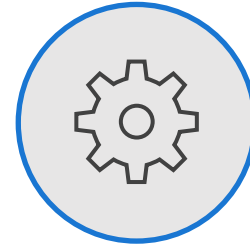
How can I quickly learn  
what I need to know?



## Intelligent Notifications

Risk-based alerts, curated into a consumable format and delivered into existing workflow.

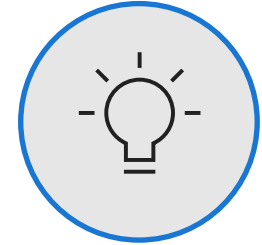
How / where can I get  
the support I need?



## Activate the Care Team

Dynamically understand who is on the patient's broader care team that needs to be engaged to support the patient.

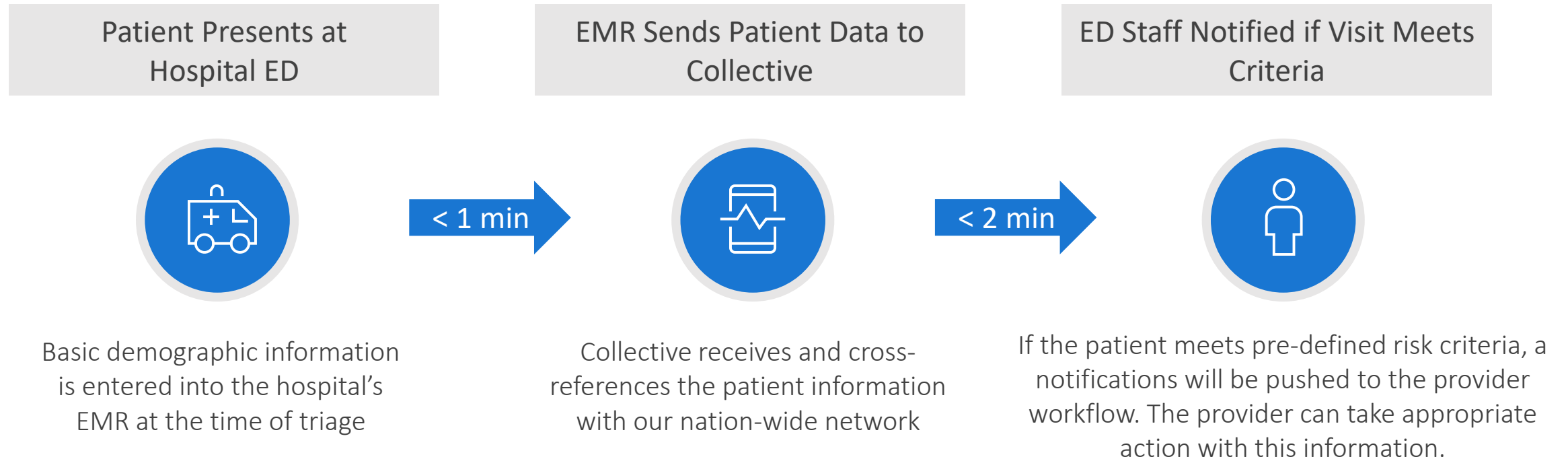
Who knows what  
about this patient?



## Share Insights

Connected care team shares unique patient specific insights via shared, virtual collaboration environment; insights follow the patient going forward.

# Workflow Integration – ED Example



# EDO Criteria for MI and Notifications

## Standard ED Notification Criteria

5+ ED Visits in 12 months

3+ ED Locations in 90 days

Care Insights

Safety & Security Events

## Readmission Risk Criteria

ED Visit Post IP d/c at This Facility- 30 days

ED Visit Post SNF d/c- 30 days

## Impacts:

- More informed decisions
- Improve the quality of care for the patient
- Increase the throughput of the ED and maximize profitability.

**COLLECTIVE NOTIFICATION 09/09/2020 16:31 Patient, Sample MRN: 1122334455**

Criteria Met

- History of Suicide or Self Harm (12 Mo.)
- 5+ ED Visits in 12 Months

Security and Safety

Date	Location	Type	Specifics
6/11/20 6:47 AM	Albuquerque Hospital	Verbal	• Patient was verbally abusive towards care providers, staff or patient.
11/13/19 9:37 AM	Cottonwood Clinic	Self-Harm	• Details: Pt threatened self-harm if she did not receive narcotics.

Security Events (18 Mo.) Count

Self-Harm	1
Verbal	1
<b>Total</b>	<b>2</b>

ED Care Guidelines from New Mexico Hospital  
Last Updated: 6/21/20 10:11 PM

Care Recommendation:

- Pt presents often with disorientation and early signs of dementia and is not consistent when providing history.
- Triage and treat emergent medical needs and instruct patient to seek services at PCP (extended hours).

Pain Management:

- Defer to PCP for pain management - avoid opioid pain medications in ED unless medically necessary.
- Review PDMP for up to date information
- Hx of med seeking and opioid abuse

These are guidelines and the provider should exercise clinical judgment when providing care.

E.D. Visit Count (12 mo.)

Facility

New Mexico Hospital  
Albuquerque Hospital  
Southwest Medical Center

**Total**  
Note: Visits indicate total known visits.

Recent Emergency Department Visit Summary

Date	Facility	City	State	Type	Diagnoses or Chief Complaint
Jul 12, 2020	Albuquerque H.	Albuq.	NM	Emergency	• Unspecified fall, subsequent encounter
Jun 21, 2020	New Mexico H.	Albuq.	NM	Emergency	• Pain in left hip • Pain in left shoulder
Jun 11, 2020	Albuquerque H.	Albuq.	NM	Emergency	• Generalized abdominal pain
Jun 2, 2020	New Mexico H.	Albuq.	NM	Emergency	• Disorientation, unspecified • Dehydration
May 27, 2020	Southwest M.C.	Santa.	NM	Emergency	• Strain of unspecified muscle, fascia and tendon at shoulder and upper arm, initial encounter • Insomnia, unspecified • Unspecified fall, initial encounter
Apr 22, 2020	New Mexico H.	Albuq.	NM	Emergency	• Chest pain, unspecified
Jan 6, 2020	New Mexico H.	Albuq.	NM	Emergency	• Unspecified fall, initial encounter • Pain in right shoulder • Unspecified injury of right shoulder and upper arm, initial encounter
Nov 12, 2019	Southwest M.C.	Santa.	NM	Emergency	• Procedure and treatment not carried out due to patient leaving prior to completion • Chest pain, unspecified

**collectivemedical**

Information regarding a patient meeting Notification Criteria is available on the Collective portal.

To view the patient's encounter information, please visit:

<https://secure.collectivemedical.com/notify/7cf57304-bf41-425e-ad06-7553a7a5f215>

This message is intended for the use of the individual and entity to whom it is addressed. If you believe you have received this email in error, or are no longer an authorized recipient, please contact [support@collectivemedical.com](mailto:support@collectivemedical.com) for more information.

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7:41

< >

1 (410) 200-505 >

Text Message  
Today 6:27 PM

1 of 5  
FRM: [notify@collectivemedicaltech.com](mailto:notify@collectivemedicaltech.com)  
SUBJ: Collective/EDie Notification  
MSG: ALL ED Visits. Login for details.

## Additional Criteria Bundle Included for MiHIN - Readmission Risk

- ❖ ED Visit Post IP Discharge at any facility - 30 days
- ❖ ED Visit Post SNF Discharge - 30 days
- ED providers and care coordinator/discharge planners can have immediate insight into the patient's recent encounters that could affect the risk for readmission.
- ED providers are aware if a patient had an admission at a SNF within the past 30 days or a recent inpatient admission to help prevent a readmission after discharge from this visit.
- ED can contact the correct provider, review exact records needed, and can evaluate the patient with a different lens to determine the appropriate treatment plan.



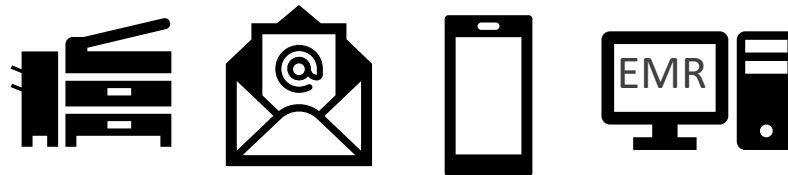
# The PointClickCare Network – Accessing Shared Information

Information from each of these sources can be accessed by care team members in one of two ways:



## **Real-time PointClickCare notifications, delivered directly to providers at the point of care**

- ER Providers and Staff review the notification within workflow
- Do not login to or document in portal on routine basis



## **Logging into the web-based PointClickCare platform**

- Case managers, social workers, and/or community partners receive a notification within workflow (text, email, printer, or EHR)
- Login to the portal for patient information, documentation and updated care insights
- Information shared on network and shared on the notification that is surfaced to the providers at the point of care

# Example of a Collective Notification

## COLLECTIVE NOTIFICATION 04/10/2019 14:12 TYLER, BILL MRN: 202589839

You are being notified because this patient has a **Security and Safety Event, Insights, and >5 ED Encounters in 12 Months**

### Security and Safety

Date	Location	Type	Specifics	Security Events (18 mo)	Count
3/12/2019 14:32	Sisters of Mercy	Physical	• Details: Patient struck case manager with hands and feet	Physical	1
				Total	1

Last Updated: 3/1/19 10:34

### ED Care Insights from New Horizons BH Clinic

- Provide a low stim environment in the ED; does not respond well to hallway treatment
- Consider an involuntary psych hold; has never admitted psych inpatient voluntarily
- Seroquel dispensed daily at ACT facility; ACT team travels to pt's homeless camp to dispense meds if pt no shows
- Reasonable and redirectable when medication-compliant, with only intermittent mild psychotic features
  - Decompensates quickly after missing meds
  - Severe psychotic episodes have included paranoia, pressured speech, anxious, auditory hallucinations, labile mood—known to have physically aggressive behavior towards staff
- Escalates in response to security/police; advise having security out-of-view
- ED can D/C pt to ACT team; if no psychosis. ACT will admit to NHBHC transitional housing unit (2-week respite bed providing meds onsite until further stabilized)

### Care Coordination

1. Enrolled w/ the VBHC Assertive Community Treatment (ACT) team for SPMI
2. Please call the 24/7 crisis line—503-555-6666
3. ACT is available for real time telephonic coordination and can also travel to the ED to help with D/C
4. ACT can help assess for psych admission vs D/C

These are guidelines and the provider should exercise clinical judgment when providing care.

### Care History

#### Substance Use / Overdose

- 12/6/2018 New Horizons BHC
- Intermittent alcohol abuse; typically leads to missing meds and further decompensation

#### Behavioral

- 2/15/19 New Horizons BHC
- Dx of Schizoaffective Disorder
  - 6 prior psych admissions in the past 3 years; has required an involuntary psych hold
  - Frequently verbalizes assaultive ideation, primarily in response to paranoid delusions

#### Social

- 1/2/19 New Horizons BHC
- Homeless since age 14
  - No family supports: parents also have SUD; older brother is incarcerated
  - Lives alone in a homeless camp in the city park; refuses to stay in shelters d/t paranoia
  - Has been trying to apply for disability benefits but has been denied on first application; pt is a SNAP beneficiary

### Prescription Drug Report

#### Rx Details (12 mo)

Fill Date	Drug Description	Qty.	Prescriber	CS	MED	Rx Summary (12 mo.)	Count
2019-04-22	ALPRAZOLAM 2	30	Erin Shah MD	3	60.0	CS II-V Rx	5
2019-03-25	ALPRAZOLAM 2	30	Erin Shah MD	3	60.0	CS-II Rx	0
2019-02-28	ALPRAZOLAM 2	30	Erin Shah MD	3	60.0	Quantity Dispensed	120
2019-01-28	ALPRAZOLAM 2	30	Erin Shah MD	3	60.0	Unique Prescribers	1

### Recent Encounters

Date	Facility	City, State	Type	Diagnoses or Chief Complaint
3/12/2019	Sisters of Mercy	San Jose, CA	Emergency	• Headache
2/23/2019	Sisters of Mercy	San Jose, CA	Emergency	• Lower Back Pain
2/25/2019	Ruby Valley	Palo Alto, CA	Emergency	• Headache
1/18/2019	Covington Hospital	Coyote, CA	Inpatient	• Generalized Abdominal Pain

### E.D. Encounter Count (12 mo)

Encounters
Sisters of Mercy 8
Covington Hospital 3
Ruby Valley Medical Center 2
Total 13

### Care Team

Provider	Type	Phone	Fax
Erin Shah, MD	Psychiatry	(206) 555-1213	(206) 555-1212
David Smith, LCSW	Counselor	(206) 231-3125	(206) 231-3126
Laura Kowalski	Act Team	(534) 555-9513	(734) 555-2121

### Collective Portal

For more information visit: <https://demo.edicareplan.com/patient/355>

The above information is provided for the sole purpose of patient treatment. Use of this information beyond the terms of Data Sharing Memorandum of Understanding and License Agreement is prohibited. In certain cases, not all visits may be represented. Consult the aforementioned facilities for additional information.

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### Notification ALERT:

- At the top of a Notification will be an alert for the patient who triggered the Notification. This alert will include the visit date and time, patient's name, and Medical Record Number.
- Key risk factors are highlighted at the top, namely Security and Safety Events

### SECURITY AND SAFETY EVENTS:

- A list of any security issues involving the patient at any participating hospitals in the nationwide Collective Network.
- This section includes the date, location, type (i.e., verbal, physical, etc.), and any specifics added to the event. The table to the right will provide an 18-month summation of security events by type.

### ED CARE INSIGHTS:

- Care Guidelines eliminate duplicative case management resource expenditure by clearly enabling a single lead case manager to “quarterback” the patient's care management activities, which leads to a common care guideline across stakeholders
- Enables more informed decision making with easy to consume, summarized Care Histories, including medical and surgical, infections, chronic conditions, substance use, behavioral, social, and radiation

### RECENT ENCOUNTERS:

- This section will show a patient's detailed encounter history for a select period.
- Included in this visit summary are the **Visit Date**, the **Location** of the visit, encounter type and any available **Diagnoses** information.

### ED ENCOUNTER COUNT:

- This is where you will see a total count, by facilities visited, of known ED visits by the patient within a 12-month period.

### CARE TEAM:

- This is where you will find a listing of a patient's care providers—including Primary Care Provider information—if that information is available in the Collective Network.
- If available, the Provider's name, Provider type, phone number and service dates will be listed.

# Collective Systems Integration

EDie Alert Types		<a href="#">ED Notification</a> <a href="#">AD</a> <a href="#">COLIST/AD</a> <a href="#">Pain Agreement</a> <a href="#">EKG</a> <a href="#">SNF</a> <a href="#">Recent Discharge</a> <a href="#">Precautions</a> <a href="#">Security Alert</a>					
Bed	Patient	Age	Gender	Complaint	Alerts	BP	Disposition
ADULT B34	Young, Patricia	69	F	Fall		42/60	Room B34
ADULT A09	Croxtan, Sally	30	F	Nausea		109/56	Room A09
ADULT A10	Tyler, Bill	19	M	Allergic Reaction		92 109/56	Room A10

EDO  
Notification

## ED Track Board Integration

### COLLECTIVE NOTIFICATION 2/24/2021 12:53 Walters, Noel MRN: 34340371

#### Criteria Met

- 5+ ED Visits in 12 Months
- Security and Safety
- Care Guidelines
- Insights
- History of Housing Insecurity

#### Security and Safety

Date	Location	Type	Specifics	Security Events (18 Mo.)	Count
5/5/20 1:51 AM	County Community Hospital	Physical	<ul style="list-style-type: none"> <li>• Patient physically assaulted a care provider, staff or patient.</li> <li>• <b>Details:</b> Assaulted a physician, hit, slapped, and bit. Combative when she doesn't get her way.</li> </ul>	Physical	1
<b>Total</b>					<b>1</b>

#### Care Insights - Usual State of Health

Last Updated: 7/14/2022 6:40 PM Sutter - Eden Medical Center

- Patient suffered from a CVA in 2020 that left him with residual left sided weakness. Patient is typically alert and oriented x 3. Patient typically presents with altered mental status in the setting of an acute UTI. Patient straight cath's at home.
- Patient has a history of ESRD. Patient is scheduled for hemodialysis on MWF, but frequently misses appointments. Pt is a dialysis patient at US Renal Care - Downtown location. Dialysis SW is xxxx xxxx and can be reached at xxx-xxx-xxxx

#### Care Insights - Medical/Surgical History

Last Updated: 7/14/2022 6:40 PM Sutter - Eden Medical Center

- Patient has a history of atrial fibrillation and is taking warfarin 3 mg daily (last updated 1/10/2022). If patient suffers a fall with suspected head injury, please call 911 or take patient to the emergency department.
- Patient experiences prolonged QT intervals when administered Haloperidol. Please avoid if patient experiences acute delirium.

# PCC Systems Integration



Email Address

Password

[Forgot password?](#)

Sign In

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2019-02-28	ALPRAZOLAM 2	30	Erin Shah MD	3	60.0	Quantity Dispensed		120
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# PointClickCare®

# Emergency Department Optimization (EDO) Demonstration

**PointClickCare®**



# Questions/Next Steps

## Success Stories

- St. Anthony achieved a 50% reduction in unnecessary ED encounters from patients identified as frequent users of the ED within six months, a 66% reduction in LWBS rates within 18 months, and \$200,000 in cost savings within the program's first year.
- Legacy Salmon Creek Medical Center achieved an 81% reduction in the ED encounter rate by high utilizers within 18 months, and a reduction in ED encounters by patients with high ED utilization from 3,081 per year to 573.
- In the first year of the program for the State of Washington, Medicaid ED costs fell by nearly \$34 million through a reduction in ED visits. ED visits by Medicaid patients declined by nearly 10%, with rates of visits by high utilizers (5+ visits/year) declining by approximately 11%. For less serious conditions, the visit rate decreased by more than 14% over the year. Finally, visits resulting in the prescription of controlled substances fell by 25% for the Medicaid population.

# Appendix

# Embedded Workflow - Collective Integration via SMART on FHIR

- Direct integration of the Collective Platform within the EMR for content contribution and notification
- Documentation of Security Events, Care Guidelines and Insights from within the EMR is auto-invoked into the Collective Portal
- Role based access – expands the scope of users and engagement for increased coordination of care
- Easier auditability of user interaction and notifications

The image displays three screenshots of the Collective Medical platform integrated into an EMR interface. The top screenshot shows the 'Collective Medical' report within the EMR, featuring a sidebar with navigation options like 'Family Care Path', 'Collective Medical', 'BH Works', 'SMART App Validator DSTU2', 'Histories', 'Medication List', 'Clinical Notes', 'Document Viewing', 'Flowchart', 'Intake and Output', 'Patient Information', and 'Diagnoses and Problems'. The main content area is titled 'Collective Report' and includes sections for 'Security and Safety', 'Flags', and 'Care Guidelines'. A green arrow points from the 'Collective Medical' sidebar item to the 'Collective Report' title.

The bottom-left screenshot shows a 'Collective Report' for a patient named SMART, TIMMY, with a date of 05/04/2020. It includes sections for 'Security and Safety', 'ED Care Guidelines', 'Care Team', 'Recent Emergency Department Visit Summary', 'E.D. Visit Count (12 mo.)', and 'Recent Inpatient Visit Summary'. A green arrow points from the 'Share Safety & Security' button in the 'Security and Safety' section to the 'Share Safety & Security' dialog box.

The bottom-right screenshot shows a 'Collective Report' for a patient named SMART, TIMMY, with a date of 05/04/2020. It includes sections for 'Security and Safety', 'ED Care Guidelines', 'Care Team', 'Recent Emergency Department Visit Summary', 'E.D. Visit Count (12 mo.)', and 'Recent Inpatient Visit Summary'. A green arrow points from the 'Share Care Insights' button in the 'Care Team' section to the 'Share Care Insights' dialog box.

Examples of Documentation within the EMR



# FEEDBACK?!? DYNAMIC DISCUSSION?!?

**Interested in working with MiHIN?**

The first step is to **identify a use case** with a manageable scope that can grow incrementally.

**Does my organization have health data that other members of the care team would find valuable or vice versa?**

## **Why do I want to share the data?**

**What is the data going to be used for?**

**From there, let's work together to identify policy or governance challenges and figure out how to create a technology solution to enable that data sharing.**

**What use cases has my organization onboarded to? How is it working for us? What is the value?**





# Upcoming Engagements

## The Data of Advance Care Planning Workshop Series

### Workshop #1 – Environmental Scan & Historical Roles

**Thursday, March 16, 2023**

**3:00-5:00 PM EST**

The Michigan Health Information Network Shared Service (MiHIN), as the state designated entity for health information exchange and a lead entity in our state's 5- year HIT Plan, is responsible for understanding the current state of information flow to support end of life care.

Join the workshops to level set on:

- Who is MiHIN, and what role has MiHIN played in ACP to date?
- Historical development of ACP in Michigan and nationally
- Current literature on ACP outcomes
- Difference between ACP as a process and ACP data movement

The goal of these workshops are to understand, from care teams, nurses, doctors, payers and hospital perspectives, what data/documents are important to make available to clinicians, along with when, how and why.