

February 15, 2023

# THE Download

A monthly webinar diving  
into the intersection of  
healthcare and technology



# Today's Agenda

01

## Welcome

Joanne Jarvi

02

## MiHIN's THE USE CASE FACTORY®

Joanne Jarvi

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.**

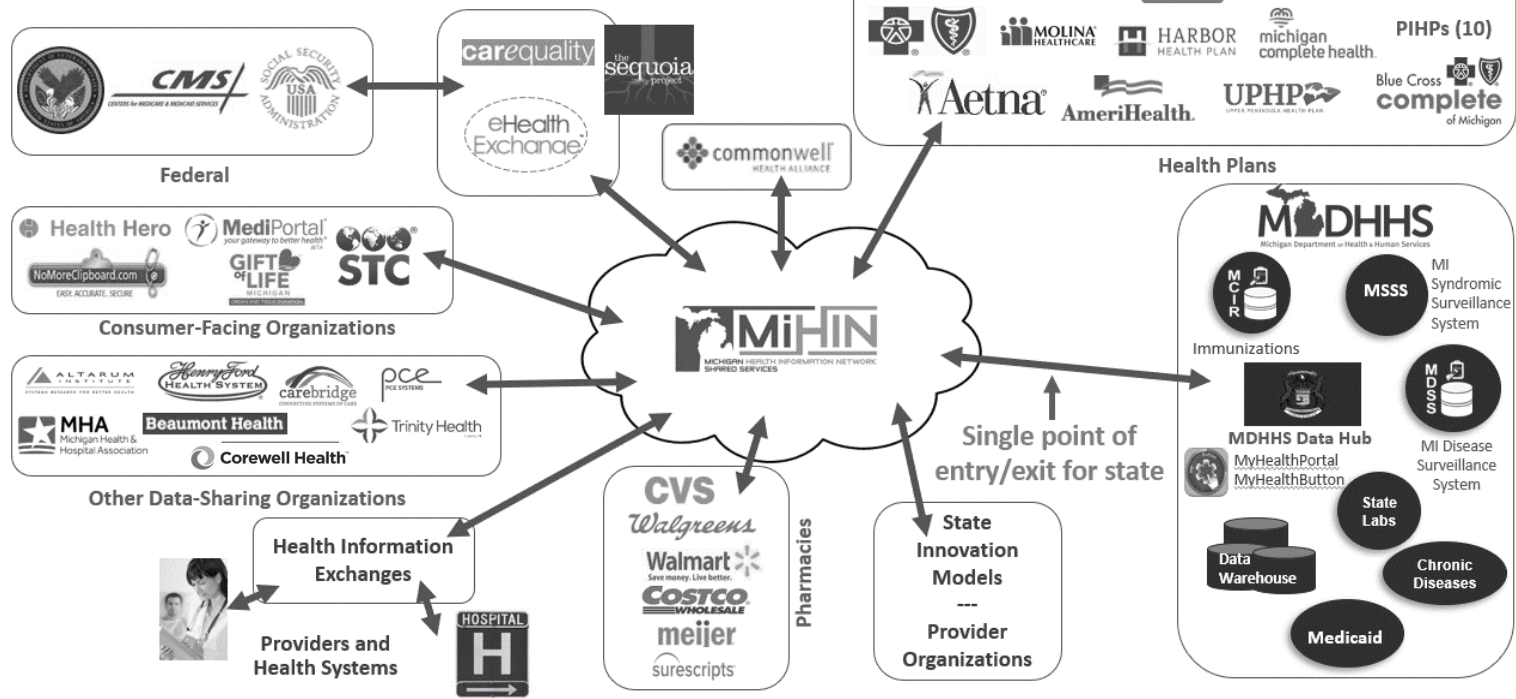
**An unbiased data trustee, MiHIN does not provide health care services, produce health care data or compete in the marketplace.**

**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!***

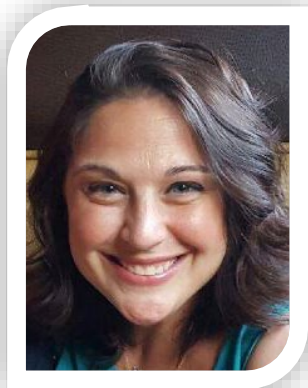
***Technology is meant to support the  
human ability to connect,  
communicate, collaborate and make  
informed decisions.***



[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.

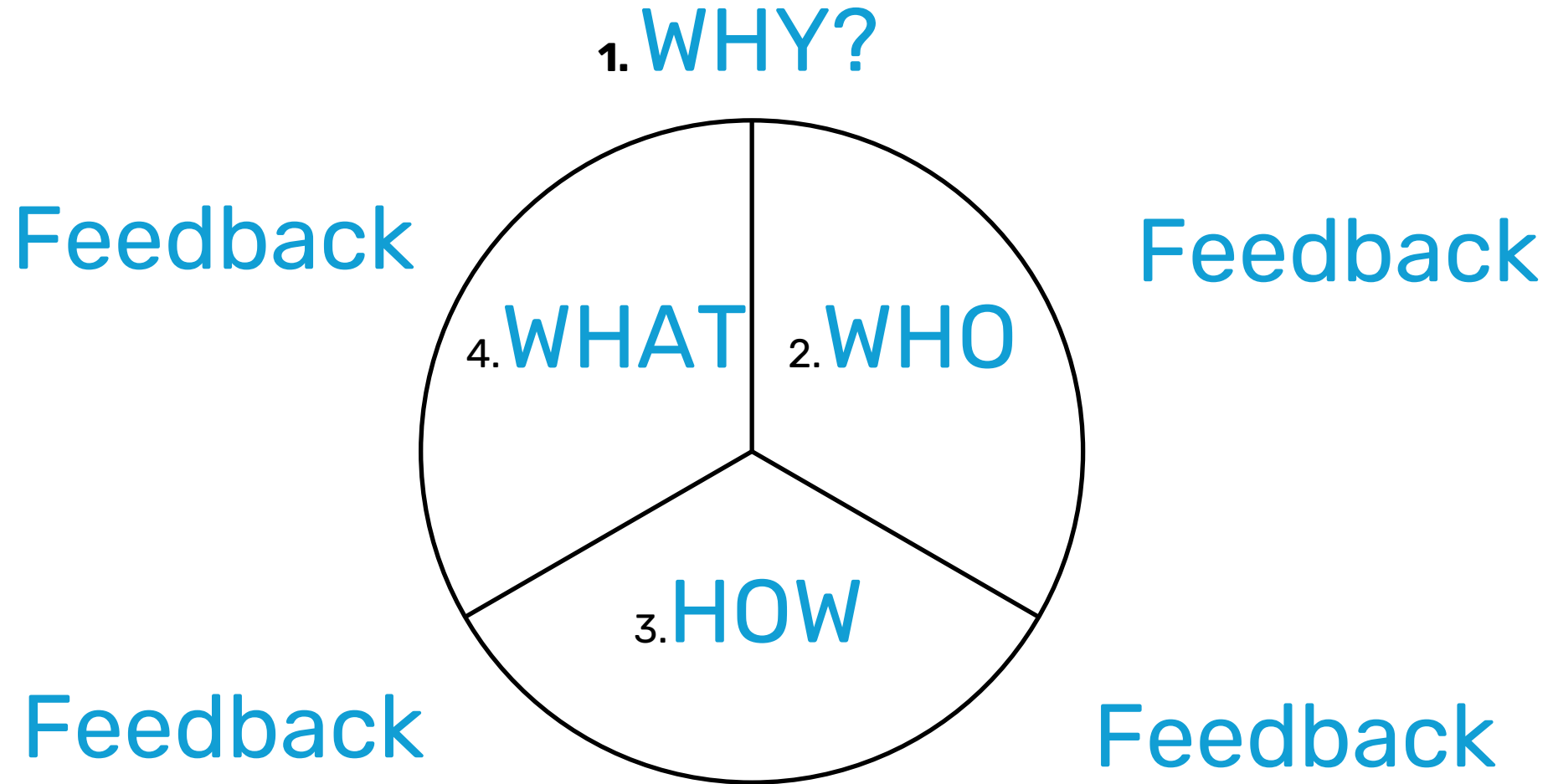
Every communication  
involves (at least) one  
sender, a message and a  
recipient.

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

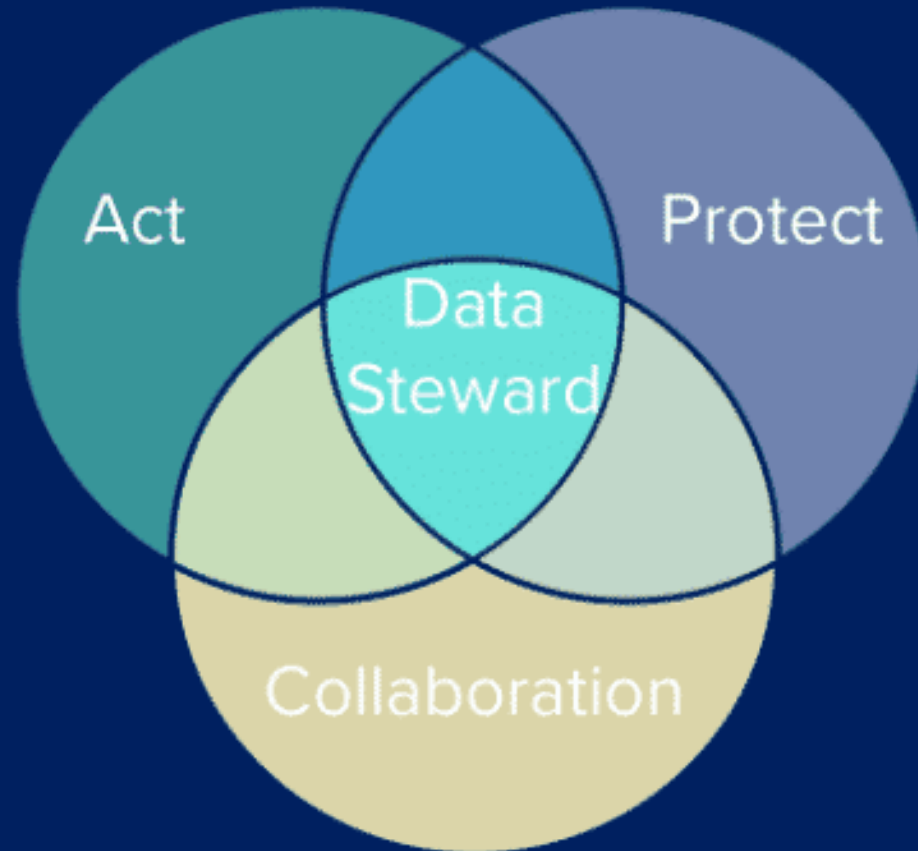
- **Joanne Jarvi** (Facilitator)
- **Katelyn Lewis** (Webex Chat Moderator)

# The Group Development Model

*(with special thanks to MHEF and MPHI)*



# Data for Good



# Use Case

**One or more scenarios to share specific information**



*Each use case has its own:*

- Purpose
- Type of information exchanged
- Description of interactions between people/systems
- Business framework for sharing the data
- Technical framework for sharing the data
- Legal framework for sharing the data



*Each use case may have different:*

- Participants/interested parties
- Scenarios for information-sharing
- Rules for using the information
- Technical requirements
- Access restrictions
- Cost recovery fees or charges

**Anyone can suggest a use case at <https://mihin.org/submit-use-case-idea/>**

# WHY the Use Case Approach?

## Reduces Complexity

Manageable chunks so competitive or confidentiality concerns can be addressed without “boiling the ocean”

## Consistent Pattern

Standardized mechanism for scoping purpose, technical requirements, costs, and limits on how data is used

## Modular (like LEGO® blocks)

Use Cases can be combined to create more extensive stories for data sharing

## Aligns Priorities

Incentives, regulations or policies can target specific Use Cases to foster or accelerate adoption

## Transparent

Constituents can understand expected use of their data and follow common chain of trust across organizations

## Measureable

Aids focused monitoring and measurement of progress

## Faster & Cost Effective

Reduces variability and enables scalability

# WHY and WITH/FOR WHOM? The Use Case Factory®

To be able to  
exchange Health  
Information at  
**SCALE** (*the  
required size to  
solve a problem*)

*In 2023, WE WILL  
LIKELY HIT A  
CUMULATIVE TOTAL  
OF 10 BILLION  
MESSAGES*

Federal Gov't  
State Gov't  
Health Department  
Health Payers  
Health Systems  
PIHPs



Hospitals  
Clinics  
Practices  
CMHs  
Hospices  
FQHCs  
Pharmacies  
Physician Orgs  
Physician Hospital Orgs

Doctors  
Nurses  
Clinicians  
Care Managers  
Social Workers  
Dentists  
Pharmacists  
CARE SEEKERS!



*A YEARLY  
AVERAGE OF  
ABOUT 7.5M  
Admit, Discharge,  
Transfer  
Notifications IN &  
11.5M OUT*

*2 MILLION LABS  
FLOWING  
INBOUND TO  
MIHIN*

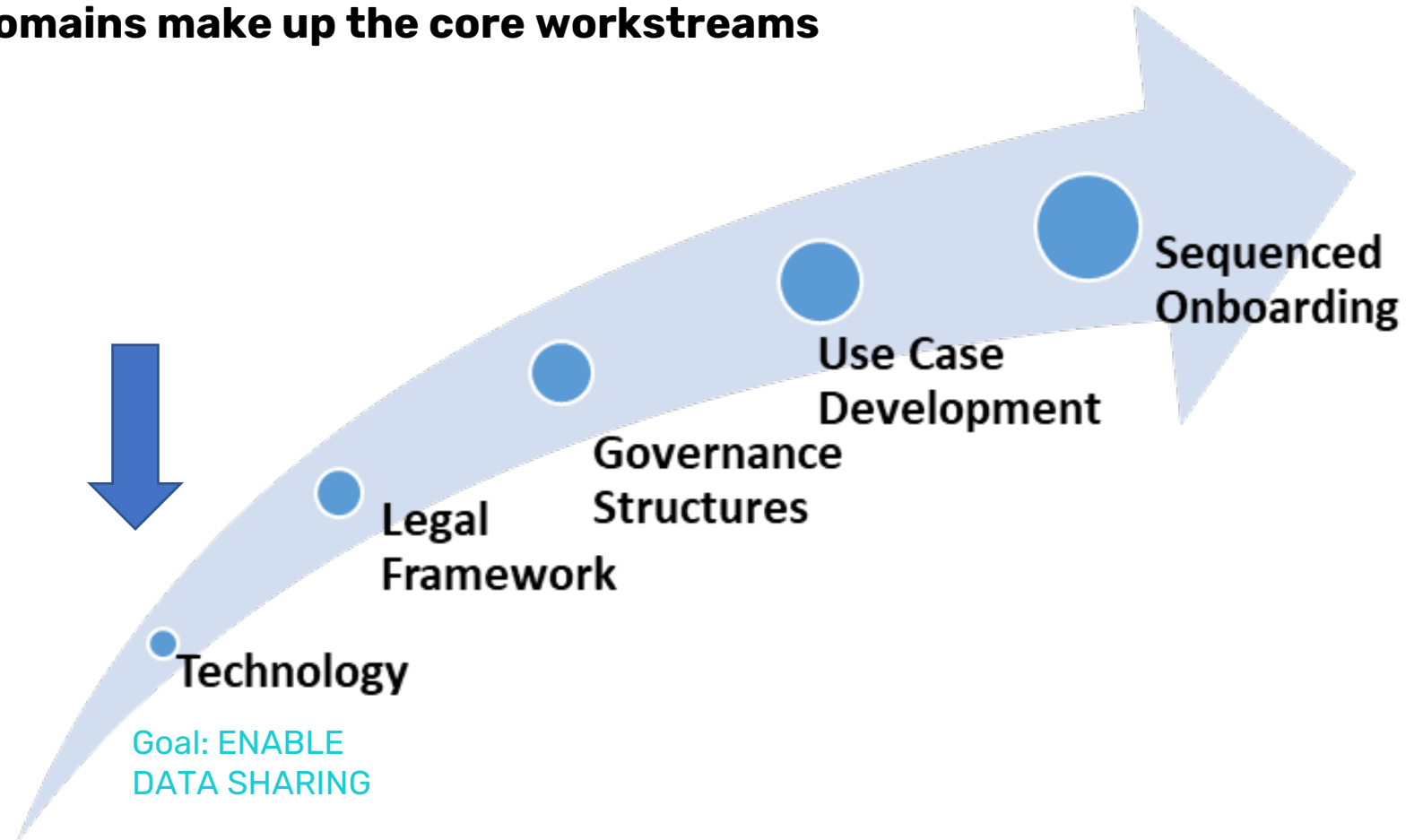
# HOW: The Use Case Factory ®

five domains make up the core workstreams



*The set of activities to enable scalable electronic health information (EHI) exchange.*

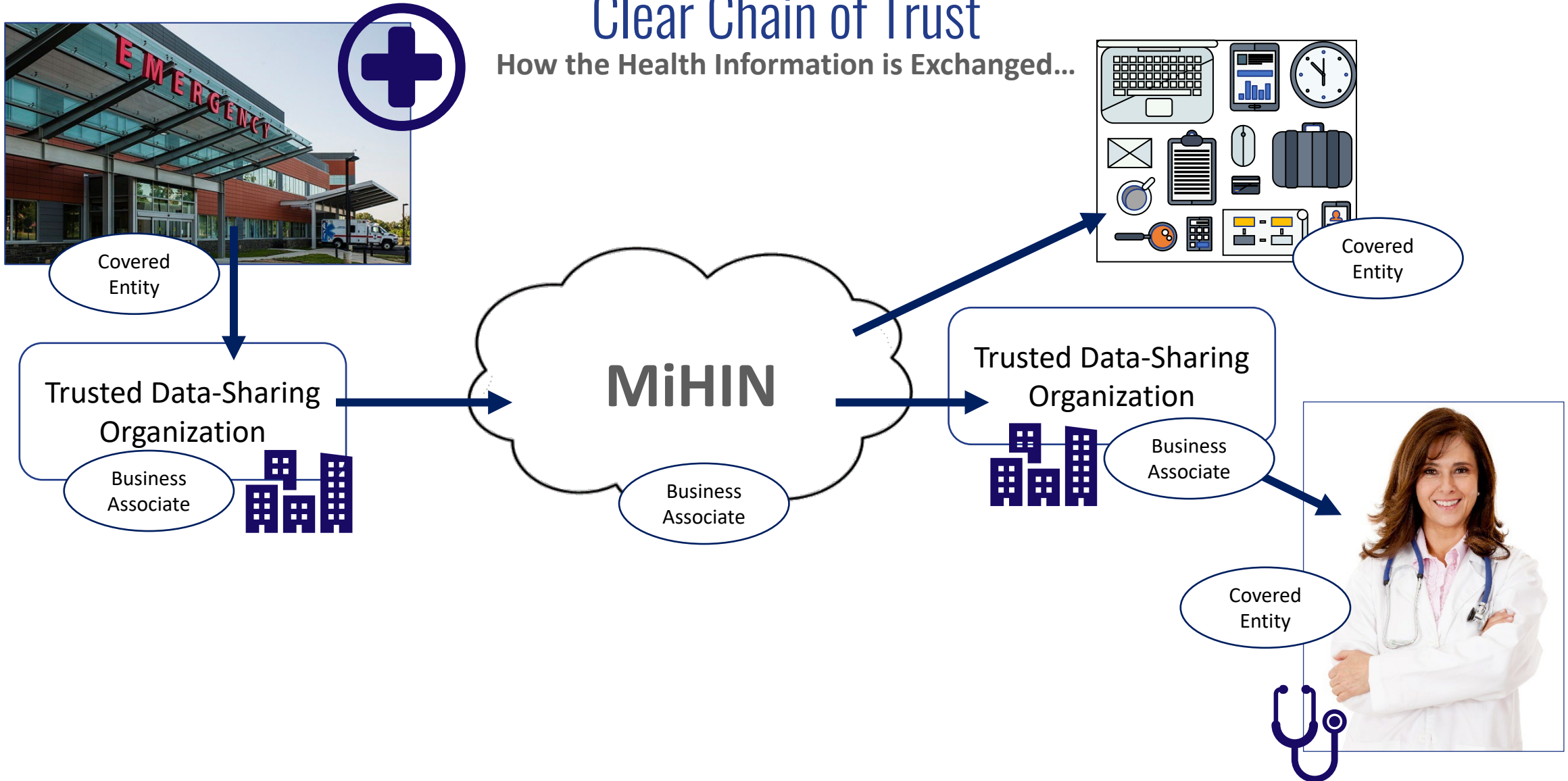
- This framework provides MiHIN's roadmap to be able to



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# Clear Chain of Trust

How the Health Information is Exchanged...



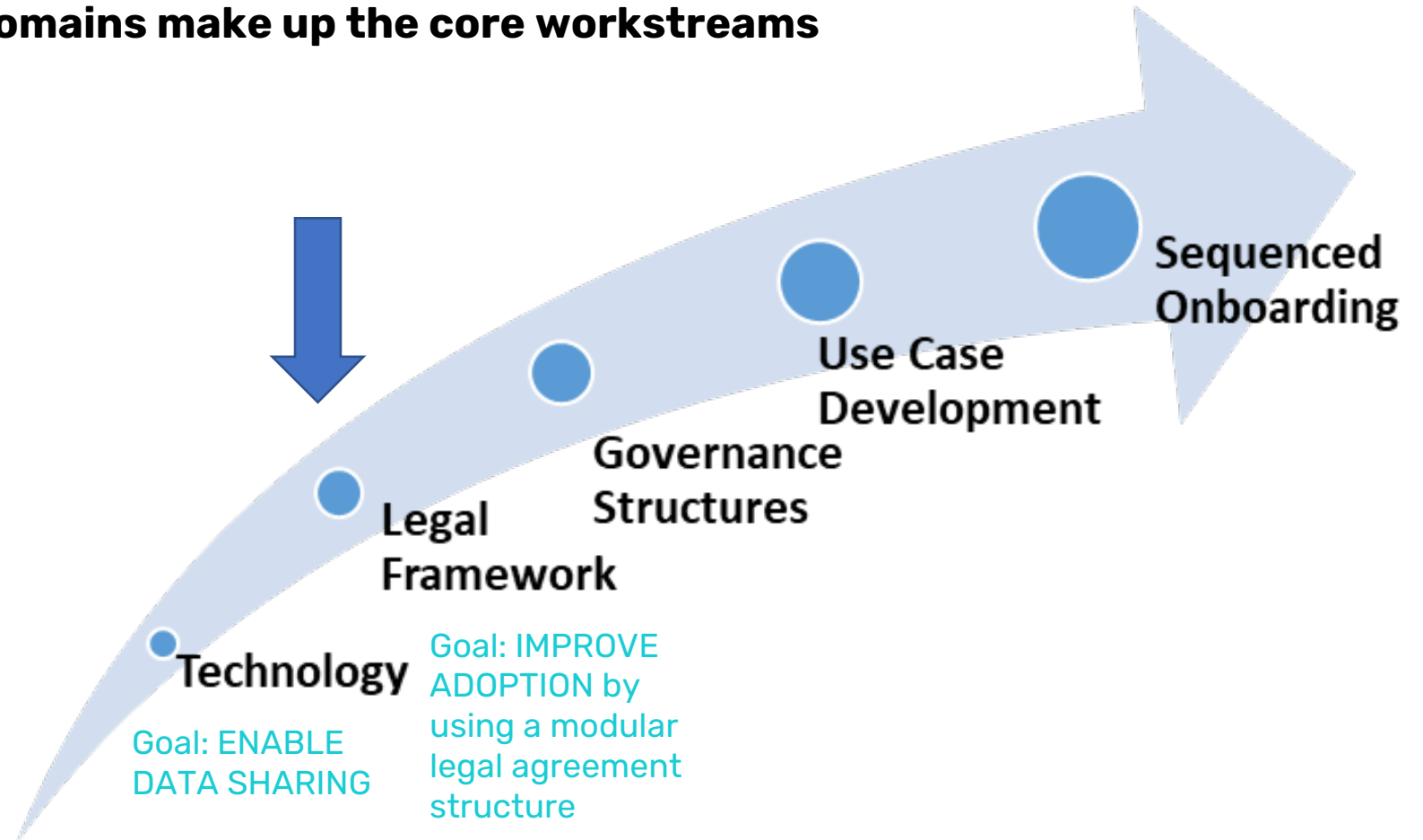
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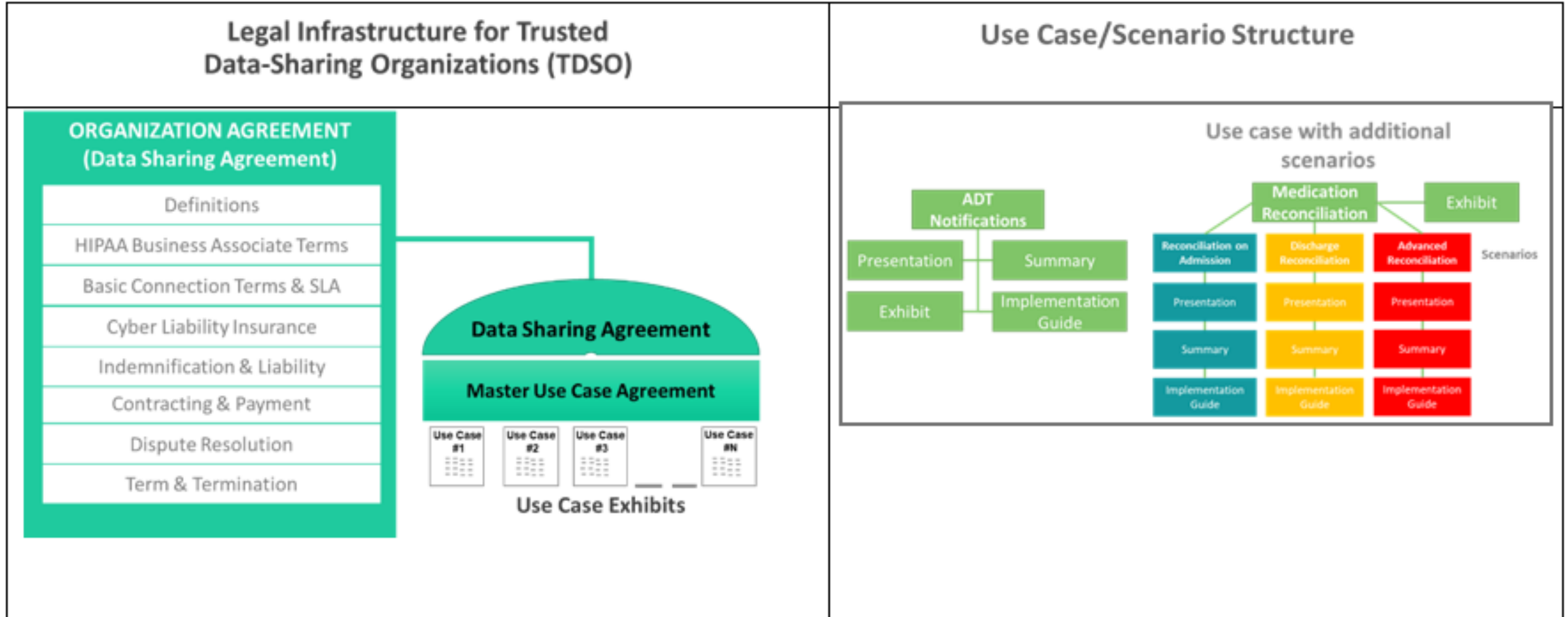
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# Legal Framework



**Use case with additional scenarios**

**ADT Notifications**

**Medication Reconciliation**

**Exhibit**

**Scenarios**

|                             |                          |                         |
|-----------------------------|--------------------------|-------------------------|
| Reconciliation on Admission | Discharge Reconciliation | Advanced Reconciliation |
| Presentation                | Presentation             | Presentation            |
| Summary                     | Summary                  | Summary                 |
| Implementation Guide        | Implementation Guide     | Implementation Guide    |

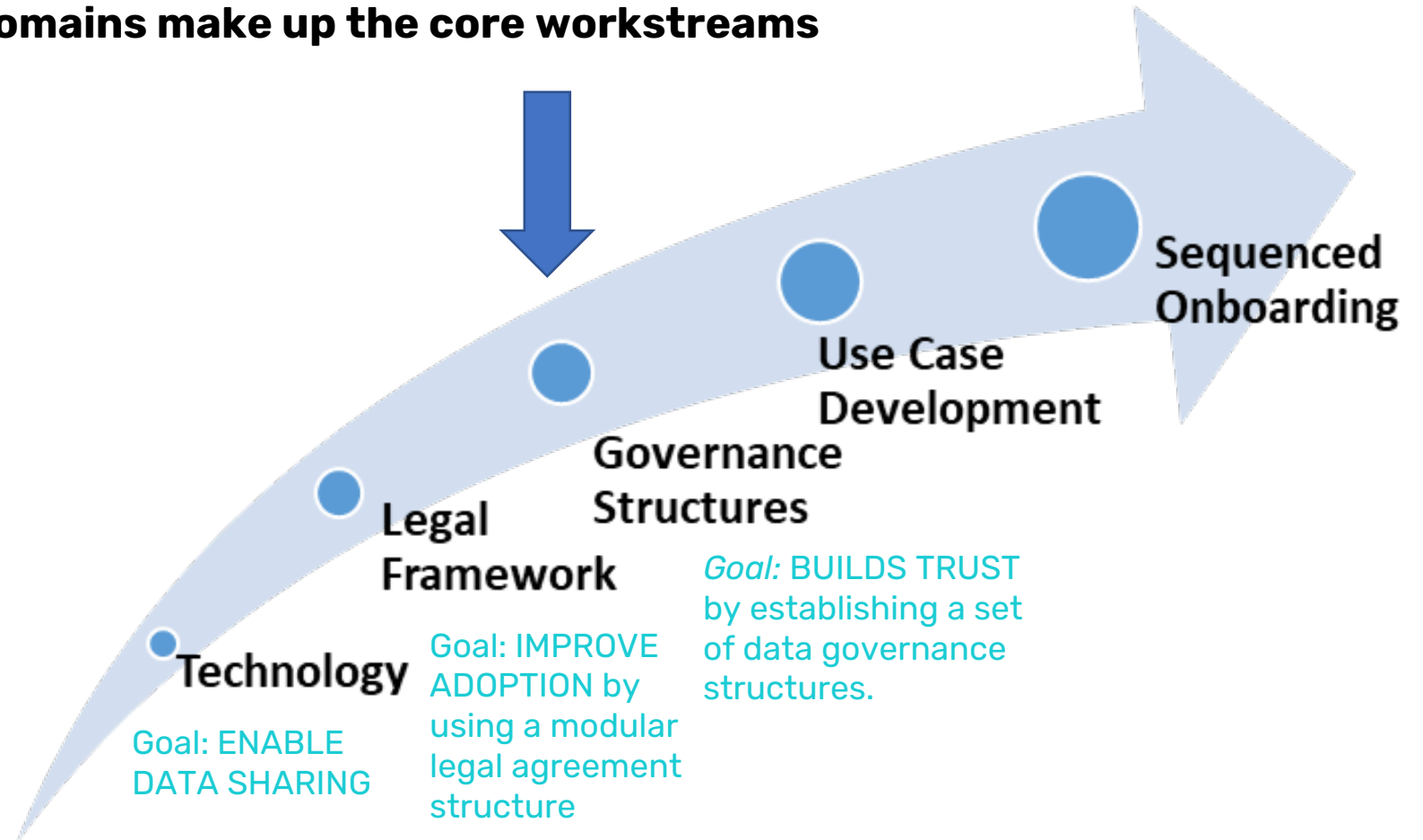
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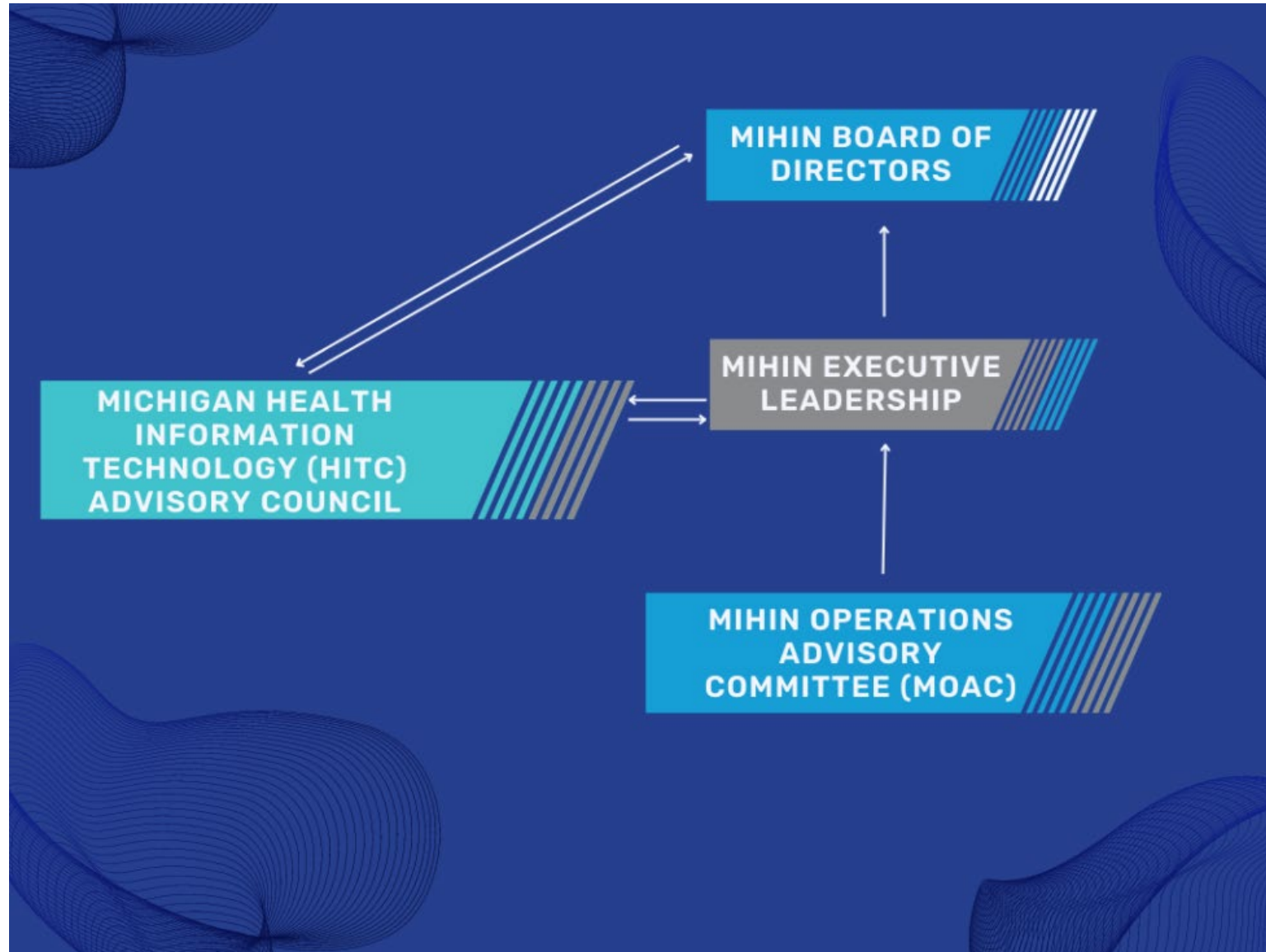
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# MiHIN Governance Model



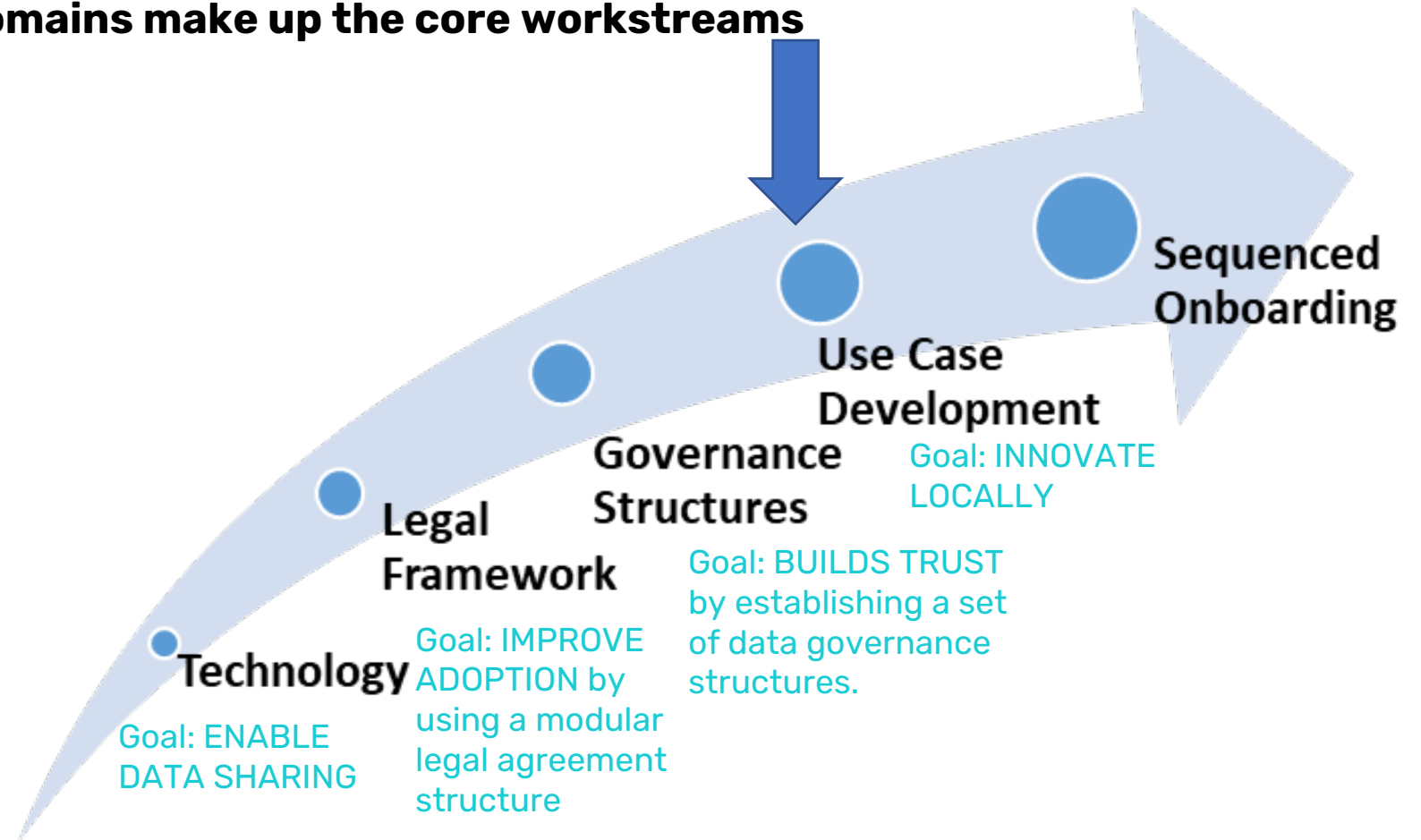
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# Use Case Development

How does it work?

## **Adoption**

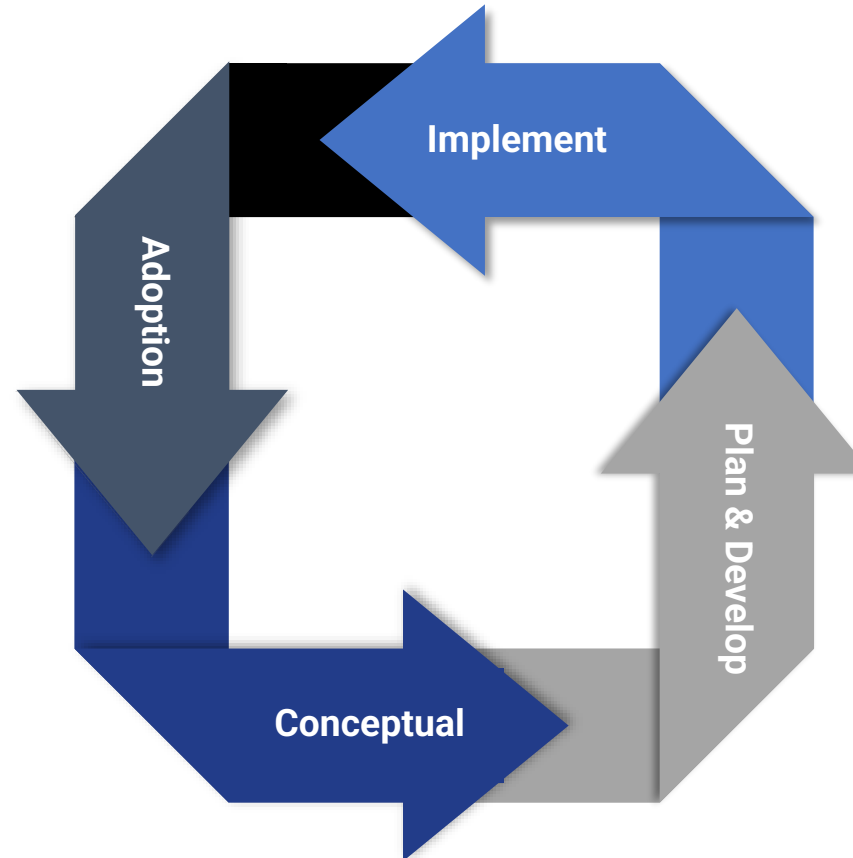
- *Critical Mass*

*Continuous Improvement.  
...Bringing us back to...*

## **Conceptual**

- *Define purpose*
- *Evaluation*

*Idea with Sponsor*



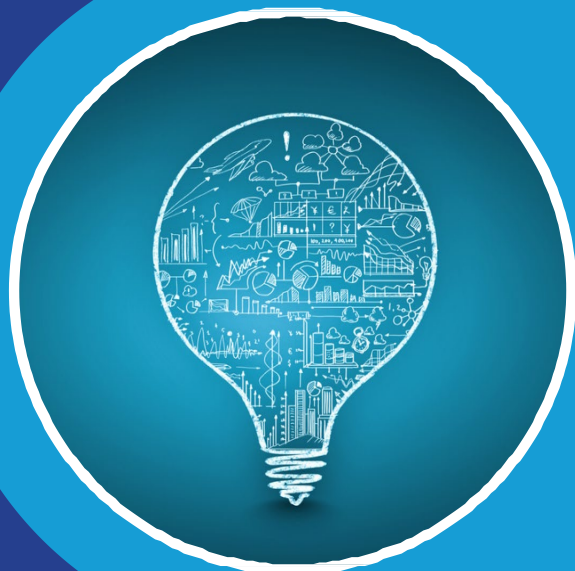
## **Implement**

- *Production Status*
- *Metrics*

*Mass Marketing &  
Outreach  
Successful Adoption*

## **Plan and Develop**

- *Technical Planning*
- *Pilot and Refine*



Phase 1

# CONCEPTUAL

An Idea with a Sponsor



Workshops



White Paper



Personas



Pilot Identification

Activities



Phase 1

# CONCEPTUAL

## An Idea with a Sponsor

### Current Developing Use Cases

- [\*Alert & Query\*](#)
- [\*Personalized Medicine\*](#)
- [\*Intelligent Query Broker\*](#)

### •Use Case Scenarios or Activities

- *Exchanging Lab Orders (technology not there yet)*
- *Piloting with State Bureau of Labs on orders and results Consumer Choices*
- *ACRS AWARE*
- *ADT Privacy Tagging*



Phase 2

# PLANNING & DEVELOPMENT

Developing the Project



Design Session &  
Working Group



Demonstration &  
Evaluation



Implementation  
Guide



Use Case  
Exhibit

**Activities**



Phase 2

# PLANNING & DEVELOPMENT

## Developing the Project

### **Current Use Cases Supporting Care Coordination**

- [\*Imaging\*](#)
- [\*Advanced Care Documents\*](#)
- [\*Statewide Telehealth\*](#)
- [\*Interoperable Referrals\*](#)

### **Current Use Cases Supporting Public Health**

- [\*Death Notifications \(for hospitals\)\*](#)
- [\*Electronic Consent Management Solution \(ECMS or Econsent\)\*](#)

### **Current Use Cases Supporting Quality Information and Administration**

- [\*Health Claims\*](#)

### **•Use Case Scenarios or Activities**

- *Out of State ADT's*
- *Cross Sector Data Sharing: First Responders*

Phase 3



# IMPLEMENTATION

Ensuring Successful Adoption

## Activities



Incentives &  
Policy Levers



Onboarding  
Package



Conformance  
Reporting



Value  
Assessment



Phase 3

# IMPLEMENTATION

## Ensuring Successful Adoption

### **Current Use Cases Supporting Care Coordination**

- [\*Referrals\*](#)
- [\*Social Determinants of Health\*](#)

### **Current Use Cases Supporting Public Health**

- [\*Electronic Case Reporting \(eCR\)\*](#)



Phase 4

# ADOPTION

Utilization, Demand, and Sustainability



Cost Recovery  
Mechanism



Utilization  
Reports



Trend  
Analysis



Ongoing  
Evaluation

Activities



Phase 4

# ADOPTION

## Utilization, Demand, and Sustainability

### **Current Use Cases Supporting Care Coordination**

- [\*Admission, Discharge, Transfer Notifications\*](#)
- [\*Exchange Consolidated Clinical Document Architecture\*](#)
- [\*Longitudinal Record\*](#)

### **Current Use Cases Supporting Public Health**

- [\*Health Information for State\*](#)
- [\*Immunization History Forecast\*](#)
- [\*Syndromic Surveillance\*](#)

### **Current Use Cases Supporting Results Delivery**

- [\*Lab Orders-Results \(Cancer Notifications, Cancer Pathology, Newborn Screenings, Reportable Labs, Blood Lead, Disease Surveillance\)\*](#)
- [\*Radiology Studies\*](#)
- [\*Transcribed Document Delivery\*](#)

### **Current Use Cases Supporting Quality Information and Administration**

- [\*Physician Payer Quality Collaborative \(QMI\)\*](#)

### **Current Use Cases Supporting Network Infrastructure**

- [\*Common Key Service\*](#)
- [\*Active Care Relationship Service\*](#)
- [\*Health Directory\*](#)

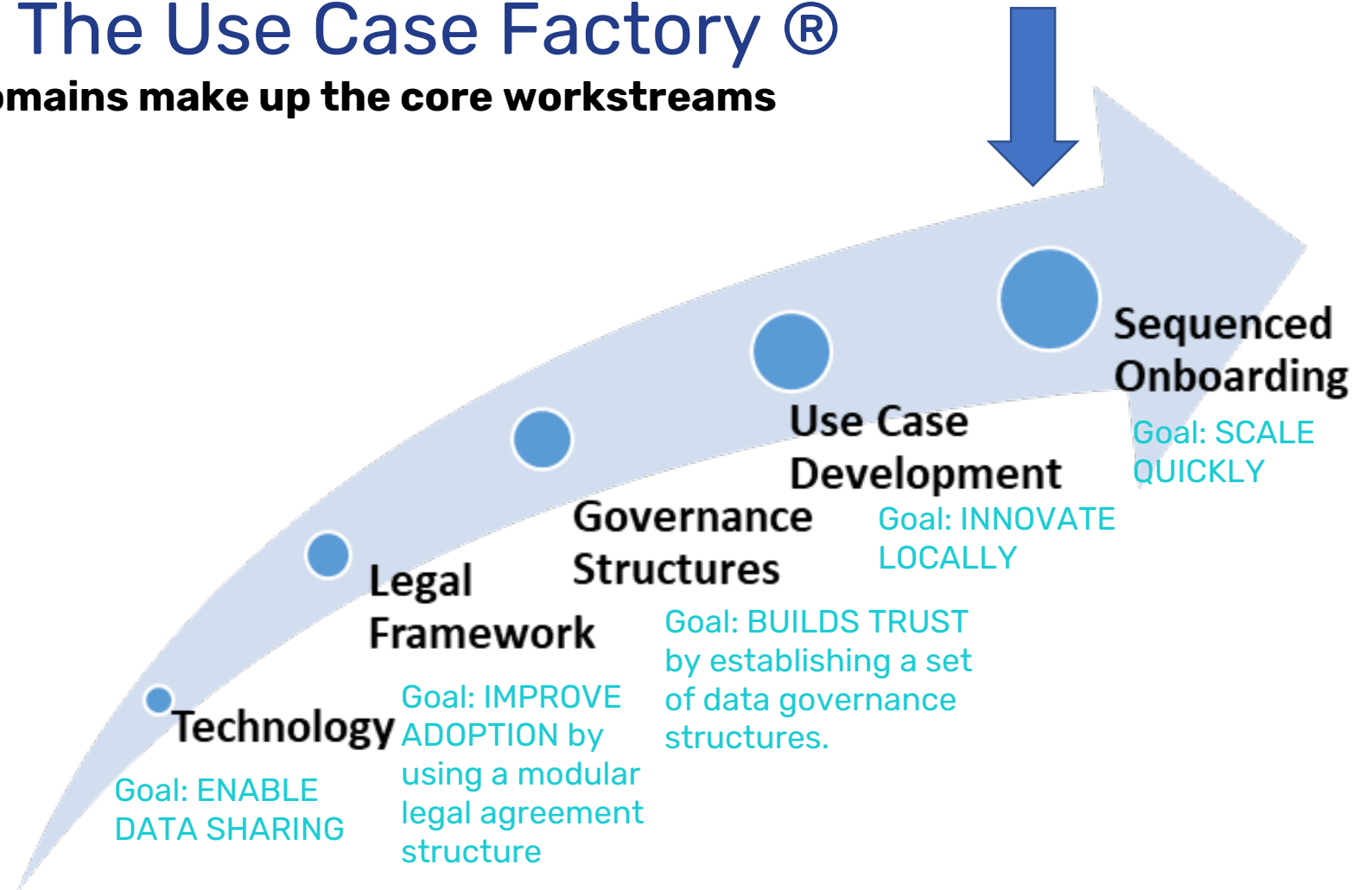
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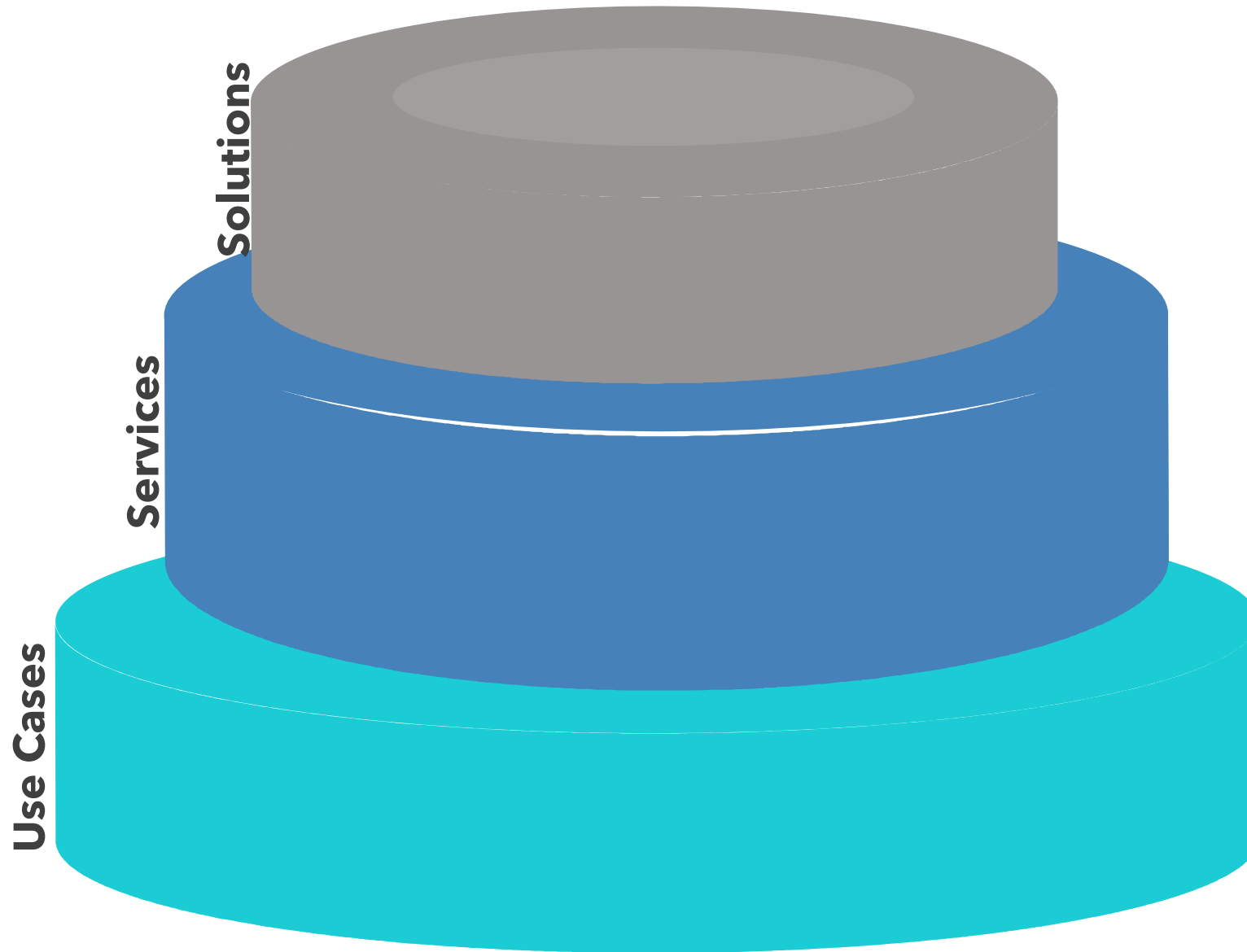
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# The WHAT:

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





# 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

## Bits & Bytes

**Wednesday, February 22, 2023**

**2:00-3:00 PM EST**

### **Emergency Department Optimization and the value of an “alert and query” use case within the ER setting**

MiHIN and partner, PointClickCare, are calling upon hospitals and clinicians delivering care to complex and vulnerable patient cohorts (such as those experiencing health inequities, those that are being transitioned from post-acute facilities, and those impacted by the opioid crisis) to attend. Let's explore what care journeys look like when harnessing alert notifications to trigger a query to a care facility - in order to gather and present the most actionable prior information to the ED.

What information do Emergency Room staff need to have? When? What critical information do other providers and clinicians think the emergency room staff needs to know? When?

Learn how PointClickCare's Emergency Department Optimization tool can help ED's gain insight on behavioral health patients, design readmission algorithms, and create unified care guidelines utilizing an interdisciplinary team consisting of care managers, social workers, nurses and physicians - while decreasing ED utilization by as much as 81%.