Social Determinants of Health (Social Needs Screening)
Implementation Guide

Version 9
July 29, 2024

Document History

Date	Version	Sections Revised	Description	Modifier
7/7/2023	6	All Sections	Update to reflect changes to routing SDOH data to receivers and migration to IHDU.	M. Allen
8/3/2023	6	1,2,3,4	Updated information based on reviews. Updated sections to better reflect proper verbiage, workflows, and spec references.	M. Allen, H. Burseth, J. Davis
8/3/2023	6	All sections	Branding & formatting	E. Mata
8/16/2023	6	Title, Introduction, any reference to SDOH	Updated to reflect focus on healthcare and updated language to reflect the type of data that is being generated within SDOH	M. Allen
9/7/2023	7	Sections 2.2.1 and 2.2.2	Updated legal document language	S. Patel, M. Allen
10/9/2023	8	Section 1.2	Updated "message content" to reflect Use Case Exhibit definitions	M. Allen
7/30/2024	9	All Sections	Reviewed from the perspective of 1st time on-boarders and for any changes to the data exchange solution	M. Allen, K. Traxel

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1. Introduction

1.1 Purpose of Data Exchange Solution

> *This data exchange solution begins documenting the social care process within healthcare with social needs screening data*

This data exchange solution begins documenting the social care process within healthcare with social needs screening data. Participating organizations screen individuals for health-related social needs. This data is submitted to the Health Information Network (HIN), integrated with Active Care Relationship Services (ACRS)™ to allow for accurate person-care team relationships to be identified. This creates individual social need observations which can be shared among care team members, and for a holistic understanding of the individual receiving care. Access to this data allows care teams to assess and intervene as driven by the individual.

Screening data is the beginning data set to enable effective solutions that address a person's health related social needs but does not represent a solution in itself. It is a first step in building that data sharing pathway between these disparate sectors of care.

By implementing the SDOH [Social Needs Screening] use case, healthcare providers and payers gain access to social needs screening data distributed through the HIN. Using a Hub and Spoke model, organizations connect once to the HIN, which facilitates connections to all other participating organizations across sectors of care. Additionally, the aggregation of screening data can support policy and program administrators' to better understand the prevalence of needs in communities. When changes are then applied, understanding if that change is having a positive, negative or neutral effect can allow change to happen in a control and directed way.

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1.2 Message Content

The Use Case Exhibit (UCE) for this data exchange solution defines message content as means all data as defined in the UCIG containing Social Determinants of Health (SDOH).

For this data exchange solution's implementation, Message Content means a .csv file containing social need screening and patient information. Based on MiHIN's social needs screening (SDOH) file specification.
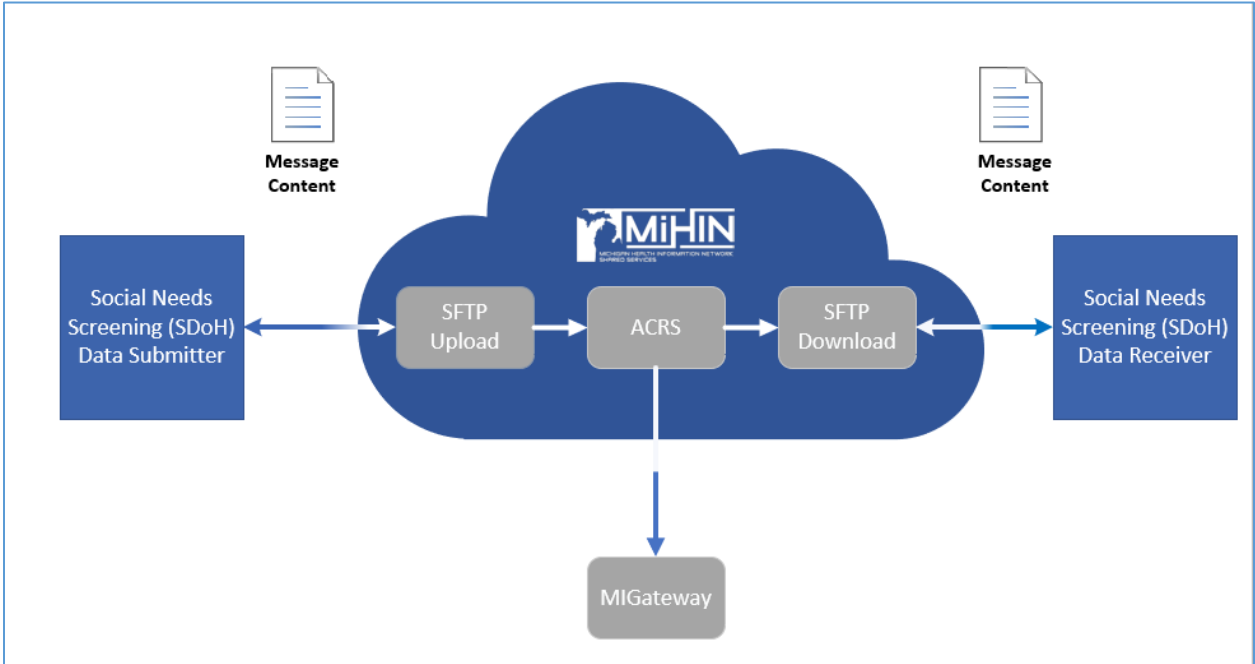
1.3 Data Flow

1.3.1 Functional Data Flow

Figure 1. Data flow to send and receive Social Needs Screening Data

1. The Organization submitting the social needs screening (SDOH) data sends a .CSV file to MiHIN via Secure File Transfer Protocol (SFTP). **Note:** Data submitters may also receive data and vice versa.

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2. MiHIN validates the file and triggers an email to the submitter detailing rows with errors.
3. MiHIN stores the data in the HIE SDOH Application Database
4. MiHIN filters the patient social needs screening (SDOH) data through ACRS and creates a list of ACRS populations that list the patient.
5. MiHIN sends an SDOH .csv file to organizations with at least 1 matching patient in their ACRS population

For more information about this data exchange solution, refer to the documents linked below.)

1.3.2 Actors

- **Actor:** Submitting Organization
  - *Role:* Provides social needs screening (SDOH), compiles screening data into a.csv file and submits via a Secure File Transfer Protocol (sFTP)
- **Actor:** HIN
  - *Role:* Receives and process social needs screening (SDOH) data .CSV file and ingests them into SDOH database. Filters patients through ACRS and finds matches within organization's ACRS patient populations. Compiles a .csv file of matched patients and routes to a Secure File Transfer Protocol (sFTP) folder for receive organization based on OID information.
- **Actor:** Receiving Organization
  - *Role:* Submits ACRS files to HIN list patients for which they are a care team and receives social needs screening (SDOH) data based on matches to their ACRS file.

You can contact MiHIN at www.mihin.org/requesthelp for more information.

2. Onboarding

2.1 Prerequisites

Participating organizations will need to complete two onboarding tracks, in the following order:

1. Obtain, review, and execute legal agreements, then
2. Establish technical transport and testing.

2.1.1 Universal Legal Prerequisites

The following legal documentation will need to be executed prior to Kick-off or any connectivity being established between MiHIN and participating organizations.

- Statement of Work (SOW)
- MiHIN's Exhibit A Agreement (Found on the MiHIN Legal Portal)
- Participant Agreement (Found on the MiHIN Legal Portal)
- Must select the appropriate data exchange solution on the MiHIN legal portal in addition to the above agreements.

To initiate the legal onboarding contact, email help@mihin.org.

2.1.2 Technical Requirements

The following data exchange solution implementations and technical requirements will need to be conducted for Social Needs Screening data exchange solution to function.

- ACRS Data Exchange Solution
- Health Directory
- Common Key Service Data Exchange Solution

2.2 Social Needs Screening (SDOH) Onboarding Processes

2.2.1 Social Needs Screening (SDOH) Data Sender Onboarding Process
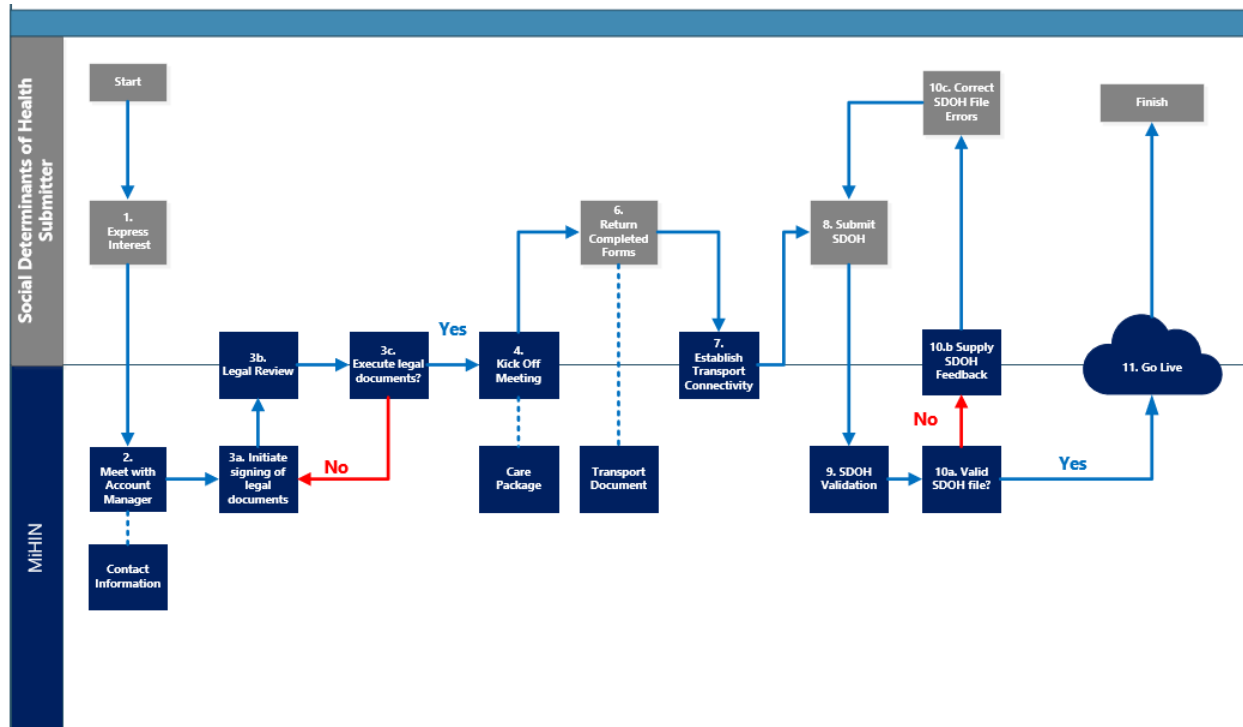
Figure 2. MiHIN Social Needs Screening (SDOH) Data Submitter Onboarding Workflow

For participating organizations submitting Social Determinants of Health csv files, onboarding steps are as follows:

- Express interest in participating in the data exchange solution
- Meet with Account Manager
  - Exchange contact information
- Initiate signing of legal documents
- Legal Review
- Execute legal documents
  - Participation Agreement
  - Exhibit A – Business Associate Agreement
  - SDOH for Healthcare Product Selection on Legal Portal (Inclusive of ACRS, CKS, HPD, and SDOH for Healthcare Data Exchange Solution)
- Onboarding Kick-Off Meeting
  - Distribute SDOH Care Package

- Exchange required documents.
  - Transport Document (SFTP Request Form)
  - OID Request Form (if needed)
  - Social Needs Screening (SDOH) data Spec Sheet
- Establish Transport Connectivity
- Submit Initial SDOH File
- SDOH File Validation
  - If valid, proceed to Go-Live
  - If invalid, MiHIN provides error feedback and submitter makes corrections and resubmits.
- Go-Live

2.2.2 Social Needs Screening (SDOH) Data Receiver Onboarding Process

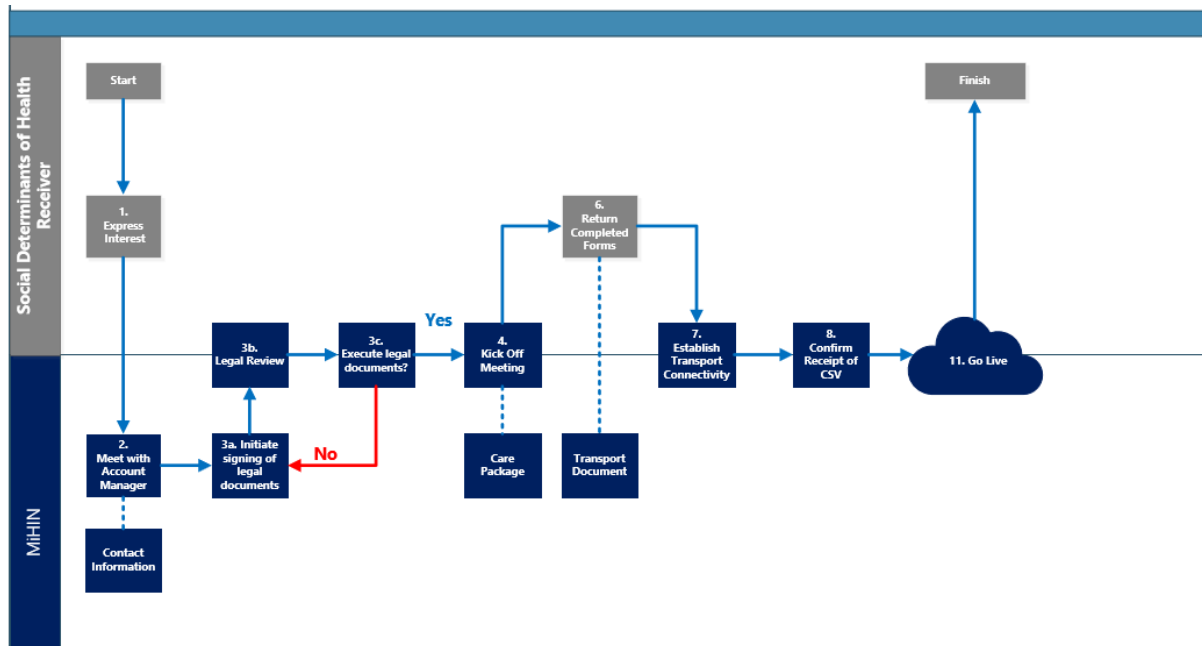**Figure 3. MiHIN Social Needs Screening (SDOH) Data Receiver Onboarding Workflow**

For participating organizations who will receiving Social Needs Screening csv files, onboarding steps are as follows:

- Express interest in participating in the data exchange solution
- Meet with Account Manager
  - Exchange contact information
- Initiate signing of legal documents
- Legal Review

- Execute legal documents
  - Participation Agreement
  - Exhibit A – Business Associate Agreement
  - SDOH for Healthcare Product Selection on Legal Portal (Inclusive of ACRS, CKS, HPD, and SDOH for Healthcare data exchange solutions)
- Onboarding Kick-Off Meeting
  - Distribute SDOH Care Package
- Exchange required documents.
  - Transport Document (SFTP Request Form)
  - OID Request Form (if needed)
  - Social Needs Screening (SDOH) Data Spec
- Establish Transport Connectivity
- Confirm receipt of Social Determinants of Health ACRS match .csv file
- Go-Live

2.3 Technical Connectivity Process

MiHIN considers itself "transport agnostic" and offers multiple options for organizations to establish technical connectivity to transport data to HIN. Organizations should select one or more connectivity methods for message transport based on their technical capabilities and should communicate the selection(s) to www.mihin.org/requesthelp early in the onboarding process. Currently the ONLY transport methods the HIN accepts are:

- **SFTP** – HIN-Hosted Secure File Transfer Protocol

The following steps describe the technical onboarding process. However, MiHIN typically conducts "onboarding kickoff" meetings with new organizations to go through each of these steps in detail and answer any questions.

1. The organization selects one or more supported transport methods and establishes connectivity with MiHIN. This step varies based on the method selected:

   a. SFTP – HIN-Hosted Secure File Transfer Protocol on the HIE Platform

2. All connectivity testing, regardless of whether it is for Social Needs Screening (SDOH) Data Submitters or Receiver data flows are accomplished through the transfer of files via SFTP folder and confirmation of receipt. Unless otherwise requested, all testing

communications can be done via email.

    a. In the case of submitters, test or production csv files are loaded to the Social Needs Screening (SDOH) Data submission folder, and the HIN confirms receipt and pickup of the file.

    b. In the case of receivers, test or production .csv files are uploaded to the organization SFTP folder, and the organization confirms receipt of those files.

3 Specifications

3.1 Overview

3.1.1 Environments

- MiHIN Pre-Production
- MiHIN Production

3.2 General Message Requirements

3.2.1 Message Trigger Events

Sending organizations will deliver message content to MiHIN at least monthly, with the goal of increasing the frequency of submissions.

3.2.2 File Information

For an example of what a properly formatted .csv should look like for this use case, refer to the Example_v4.0 tab on the file specification found on https://mihin.org/social-determinants-of-health-use-case/.

The following list shows examples of the type of information that will be received by MiHIN and sent to the State of Michigan.

- Participating Organization Name
- Participating Organization Unique ID (OID)
- Patent First Name
- Patient Last Name
- Patient Date of Birth
- Patient Gender
- Patient Address
- SDOH Screening Date
- SDOH Screening Practice Name
- SDOH Screening Practice Organization - Unique ID (OID)
- SDOH Screening Question Responses
- SDOH Screening Question Tracking Statuses

3.3 Specific Segment and Field Definitions

3.3.1 File Specification Information

Organizations must submit files that adhere to the current published specifications information. Changes between file specifications are documented on the latest version. Please refer to the MiHIN website for all current and accepted SDOH specifications: https://mihin.org/social-determinants-of-health-use-case/.

If you have questions about which specifications your organization should use, please contact the Help Desk: help@mihin.org.

4. Production Support

	Severity Levels			
	1	*2*	*3*	*4*
Description	*Critical Impact/ System Down:* Business critical software is down or critical interface has failed. The issue is impacting all production systems, causing all participating organizations' or other organizations' ability to function to be unusable.	*Significant Business Impact:* Software component severely restricted. Entire organization is unable to continue business functions, causing all communications and transfer of messages to be halted.	**Partial Failure or Downtime:** Program is useable and less significant features unavailable. The service is online, though may not working as intended or may not currently working as intended or may not currently be accessible, though other systems are currently available.	**Minimal Business:** A non-critical software component is malfunctioning, causing minimal impact, or a test system is down.
Example	All messages to and from MiHIN are unable to be sent and received, let alone tracked	MiHIN cannot communication (send or receive) messages between single or multiple participating organizations, but can still successfully communicate with other organizations.	Messages are lost in transit; messages can be received but not sent.	Additional feature requested.
Primary Initiation Method	*Phone:* (517) 336-1430	*Phone:* (517) 336-1430	Web form at http://mihin.org/ requesthelp	Web form at http://mihin.org/ requesthelp
Secondary Initiation Method	Web form at http://mihin.org/ requesthelp	Web form at http://mihin.org/ requesthelp	Email to help@mihin.org	Email to help@mihin.org
Tertiary Initiation Method	Email to help@mihin.org	Email to help@mihin.org	N/A	N/A
Initial Response	Within 2 hours	Within 2 hours	1 business day	1 business day
Resolution Goal	24 hours	24 hours	3 business days	7 business days

A list of common questions regarding the (Name of Data exchange solution) data exchange solution can be found at:

(Link to the MiHIN webpage that contains documentation supporting this data exchange solution)

If you have questions, please contact the MiHIN Help Desk:

- www.mihin.org/requesthelp
- Phone: (884) 454-2443
- Monday – Friday 8:00 AM – 5:00 PM (Eastern)

5. Legal Advisory Language

This reminder applies to all use cases covering the exchange of electronic health information:

The Data Sharing Agreement (DSA) establishes the legal framework under which participating organizations can exchange messages through the MiHIN Platform, and sets forth the following approved reasons for which messages may be exchanged:

a. By health care providers for Treatment, Payment and/or Health Care Operations consistent with the requirements set forth in HIPAA
b. Public health activities and reporting as permitted by HIPAA and other Applicable Laws and Standards
c. To facilitate the implementation of "Meaningful Use" criteria as specified in the American Recovery and Reinvestment Act of 2009 and as permitted by HIPAA
d. Uses and disclosures pursuant to an Authorization provided by the individual who is the subject of the Message or such individual's personal representative in accordance with HIPAA
e. By Data Sharing Organizations for any and all purposes, including but not limited to pilot programs and testing, provided that such purposes are consistent with Applicable Laws and Standards
f. For any additional purposes as specified in any use case, provided that such purposes are consistent with Applicable Laws and Standards

Under the DSA, "***Applicable Laws and Standards***" means all applicable federal, state, and local laws, statutes, acts, ordinances, rules, codes, standards, regulations and judicial or administrative decisions promulgated by any governmental or self-regulatory agency, including the State of Michigan, the Michigan Health Information Technology Commission, or the Michigan Health and Hospital Association, as any of the foregoing may be amended, modified, codified, reenacted, promulgated or published, in whole or in part, and in effect from time to time. "Applicable Laws and Standards" includes but is not limited to HIPAA; the federal Confidentiality of Alcohol and Drug Abuse Patient Records statute, section 543 of the Public Health Service Act, 42 U.S.C. 290dd-2, and its implementing regulation, 42 CFR Part 2; the Michigan Mental Health Code, at MCLA §§ 333.1748 and 333.1748a; and the Michigan Public Health Code, at MCL § 333.5131, 5114a.

It is each participating organization's obligation and responsibility to ensure that it is aware of Applicable Laws and Standards as they pertain to the content of each message sent, and that its delivery of each message complies with the Applicable Laws and Standards. This means, for example, that if a use case is directed to the exchange of physical health information that may be exchanged without patient authorization under HIPAA, the participating organization must not deliver any message containing health information for which an express patient authorization or consent is required (e.g., mental or behavioral health information).

Disclaimer: The information contained in this implementation guide was current as of the date of the latest revision in the Document History in this guide. However, Medicare and Medicaid policies are subject to change and do so frequently. HL7 versions and formatting are also subject to updates. Therefore, links to any source documents have been provided within this guide for reference. MiHIN applies its best efforts to keep all information in this guide up-to-date. It is ultimately the responsibility of the participating organization and sending facilities to be knowledgeable of changes outside of MiHIN's control.

6. Appendices

6.1 Appendix A – Message Examples

For an example of what a properly formatted .csv should look like for this data exchange solution, refer to the Example_v4.0 tab on the file specification found on https://mihin.org/social-determinants-of-health-use-case/.

7. Acronyms and Abbreviations Guide

ACK	HL7 Acknowledgment message
ACRS	Active Care Relationship Service
API	Application Programming Interface
CCHD	Critical Congenital Heart Disease
CMS	Centers for Medicare & Medicaid Services
DDE	Direct Data Entry
DQA	Data Quality Assurance
EHR	Electronic Health Record
FHIR	Fast Healthcare Interoperability Resources
HIE	Health Information Exchange
HIN	Health Information Network
HISP	Health Internet Service Provider
HL7	Health Level Seven
HPD	Health Provider Directory
MDHHS	Michigan Department of Health and Human Services
MIGateway	Medical Information Direct Gateway

MiHIN	Michigan Health Information Network Shared Services
MUCA	Master Use Case Agreement
NACK	Negative Acknowledgement
NBS	Newborn Screening
NwHIN	Nationwide Health Information Network
OID	Object Identifier
PO	Participating Organization
RAS	Registration and Attestation System
REST	Representational State Transfer
SAML	Security Assertion Markup Language
SMTP	Simple Mail Transfer Protocol
SOM	State of Michigan
TDSO	Trusted Data Sharing Organization
UCE	Use Case Exhibit
UCS	Use Case Summary
VPN	Virtual Private Network
XCA	Cross-Community Access
XDS	Cross-Enterprise Document Sharing

8. Definitions

Active Care Relationship (ACR). (a) For health providers, a patient who has been seen by a provider within the past 24 months, or is considered part of the health provider's active patient population they are responsible for managing, unless notice of termination of that treatment relationship has been provided to MiHIN; (b) for payers, an eligible member of a health plan;(c) an active relationship between a patient and a health provider for the purpose of treatment, payment and/or healthcare operations consistent with the requirements set forth in HIPAA; (d) a relationship with a health provider asserted by a consumer and approved by the health provider; or (e) any person or TDSO authorized to receive message content under an exhibit which specifies that an ACR may be generated by sending or receiving message content under that exhibit. ACR records are stored by MiHIN in the ACRS.

Active Care Relationship Service® (ACRS®). The MiHIN infrastructure service that contains records for those TDSOs, their participating organizations participants or any health providers who have an active care relationship with a patient.

Admission, Discharge, Transfer (ADT). An event that occurs when a patient is admitted to, discharged from, or transferred from one care setting to another care setting or to the patient's home. For example, an ADT event occurs when a patient is discharged from a hospital. An ADT event also occurs when a patient arrives in care setting such as a health clinic or hospital.

Applicable Laws and Standards. In addition to the definition set forth in the Data Sharing Agreement, the federal Confidentiality of Alcohol and Drug Abuse Patient Records statute, section 543 of the Public Health Service Act, 42 U.S.C. 290dd-2, and its implementing regulation, 42 CFR Part 2; the Michigan Mental Health Code, at MCLA §§ 333.1748 and 333.1748a; and the Michigan Public Health Code, at MCL § 333.5131, 5114a.

Attribution. The connection between a consumer and their health care providers. One definition of attribution is "assigning a provider or providers, who will be held accountable for a member based on an analysis of that member's claim data." The attributed provider is deemed responsible for the patient's cost and quality of care, regardless of which providers deliver the service.

Conforming Message. A message that is in a standard format that strictly adheres to the implementation guide for its applicable use case.

Critical Congenital Heart Disease (CCHD). A group of serious heart defects that are present from birth. These abnormalities result from problems with the formation of one or more parts of the heart during the early stages of embryonic development.

Data Sharing Agreement. Any data sharing organization agreement signed by both MiHIN and a participating organization. Data sharing organization agreements include but are not limited to: Qualified Data Sharing Organization Agreement, Virtual Qualified Data Sharing Organization Agreement, Consumer Qualified Data Sharing Agreement, Sponsored Shared Organization Agreement, State Sponsored Sharing Organization Agreement, Direct Data Sharing Organization Agreement, Simple Data Sharing Organization Agreement, or other data sharing organization agreements developed by MiHIN.

Electronic Address. A string that identifies the transport protocol and end point address for communicating electronically with a recipient. A recipient may be a person, organization or other entity that has designated the electronic address as the point at which it will receive electronic messages. Examples of an electronic address include a secure email address (Direct via secure SMTP) or secure URL (SOAP / XDR / REST / FHIR). Communication with an electronic address may require a digital certificate or participation in a trust bundle.

Electronic Medical Record or Electronic Health Record (EMR/EHR). A digital version of a patient's paper medical chart.

Electronic Service Information (ESI). All information reasonably necessary to define an electronic destination's ability to receive and use a specific type of information (e.g, discharge summary, patient summary, laboratory report, query for patient/provider/healthcare data). ESI may include the type of information (e.g. patient summary or query), the destination's electronic address, the messaging framework supported (e.g., SMTP, HTTP/SOAP, XDR, REST, FHIR), security information supported or required (e.g., digital certificate) and specific payload definitions (e.g., CCD C32 V2.5). In addition, ESI may include labels that help identify the type of recipient (e.g., medical records department).

End Point. An instance of an electronic address or ESI.

Exhibit. Collectively, a use case exhibit or a pilot activity exhibit.

FedSim. Simulators that are utilized in a testing environment to simulate testing with a federal partner e.g. SSA or VA

Health Directory. The statewide shared service established by MiHIN that contains contact information on health providers, electronic addresses, end points, and ESI, as a resource for authorized users to obtain contact information and to securely exchange health information.

Health Level 7 (HL7). An interface standard and specifications for clinical and administrative healthcare data developed by the Health Level Seven organization and approved by the American National Standards Institute (ANSI). HL7 provides a method for disparate systems to communicate clinical and administrative information in a normalized format with acknowledgement of receipt

Health Information. Any information, including genetic information, whether oral or recorded in any form or medium, that (a) is created or received by a health provider, public health authority, employer, life insurer, school or university, or healthcare clearinghouse; and (b) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Health Information Network (HIN). An organization or group of organizations responsible for coordinating the exchange of protected health information (PHI) in a region, state, or nationally.

Health Plan. An individual or group plan that provides, or pays the cost of medical care (as "group health plan" and "medical care" are defined in section 2791(a)(2) of the Public Health Service Act, 42 U.S.C. 300gg-91(a)(2)). Health plan further includes those entities defined as a health plan under HIPAA, 45 C.F.R 160.103.

Health Professional means (a) any individual licensed, registered, or certified under applicable Federal or State laws or regulations to provide healthcare services; (b) any person holding a nonclinical position within or associated with an organization that provides or coordinates healthcare or healthcare related services; and (c) people who contribute to the gathering, recording, processing, analysis or communication of health information. Examples include, but are not limited to, physicians, physician assistants, nurse practitioners, nurses, medical assistants, home health professionals, administrative assistants, care managers, care coordinators, receptionists and clerks.

Health Provider means facilities/hospitals, health professionals, health plans, caregivers, pharmacists/other qualified professionals, or any other person or organization involved in providing healthcare.

Information Source. Any organization that provides information that is added to a MiHIN infrastructure service.

Master Use Case Agreement (MUCA). Legal document covering expected rules of engagement across all use cases. Trusted data sharing organizations sign master use case agreement one time, then sign use case exhibits for participation in specific use cases.

Message. A mechanism for exchanging message content between the participating organization to MiHIN services, including query and retrieve.

Message Content. Information, as further defined in an Exhibit, which is sent, received, found or used by a participating organization to or from MiHIN services. Message content includes the message content header.

Message Header ("MSH") or Message Content Header. The MSH segment present in every HL7 message type that defines the Message's source, purpose, destination, and certain syntax specifics such as delimiters (separator characters) and character sets. It is always the first segment in the HL7 message, with the only exception being HL7 batch messages.

Michigan Health Information Network Shared Services. The health information network (HIN) for the State of Michigan.

MiHIN Infrastructure Service. Certain services that are shared by numerous use cases. MiHIN infrastructure services include, but are not limited to, Active Care Relationship Service (ACRS), Health Directory, Statewide Consumer Directory (SCD), and the Medical Information DIrect GATEway (MIGateway®).

MiHIN Services. The MiHIN infrastructure services and additional services and functionality provided by MiHIN that allows the participating organizations to send, receive, find, or use information to or from MiHIN as further set forth in an exhibit.

Negative Acknowledgment (NAK or NACK). "Not acknowledged" and is used to negatively acknowledge or to reject previously received message content or to indicate an error.

Newborn Screening. Screening to detect conditions such as critical congenital heart disease (CCHD) in newborns. The newborn screening is not limited to this test.

Notice. A message transmission that is not message content and which may include an acknowledgement of receipt or error response, such as an ACK or NACK.

Participation Agreement. Legal agreement which outlines and applies to the message content used in any of MiHIN's data exchange solutions and products.

Patient Data. Any data about a patient or a consumer that is electronically filed in a participating organization or participating organization participant's systems or repositories. The data may contain protected health information (PHI), personal credit information (PCI), and/or personally identifiable information (PII).

Person Record. Any record in a MiHIN infrastructure service that primarily relates to a person.

Pilot Activity. The activities set forth in the applicable exhibit and typically includes sharing message content through early trials of a new use case that is still being defined and is still under development and which may include participating organization feedback to MiHIN to assist in finalizing a use case and use case and use case exhibit upon conclusion of the pilot activity.

Principal. A person or a system utilizing a federated identity through a federated organization.

Promoting Interoperability. Using certified EHR technology to improve quality, safety and efficiency of healthcare, and to reduce health disparities as further contemplated by title XIII of the American Recovery and Reinvestment Act of 2009.

Provider Community. A healthcare provider with an active care relationship with the applicable patient.

Send / Receive / Find / Use (SRFU). Means sending, receiving, finding, or using message content. Sending involves the transport of message content. Receiving involves accepting and possibly consuming or storing message content. Finding means querying to locate message content. Using means any use of the message content other than sending, receiving and finding. Examples of use include consuming into workflow, reporting, storing, or analysis. Send/Receive/Find/Use (SRFU) activities must comply with Applicable Laws & Standards or State Administrative Code as that term is defined in this agreement and the data sharing agreement.

Service Interruption. A party is unable to send, receive or find message content for any reason, including the failure of network equipment or software,

scheduled or unscheduled maintenance, general Internet outages, and events of force majeure.

Social Determinants of Health (SDOH). The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. (https://health.gov/healthypeople/priority-areas/social-determinants-health)

Social Needs Screening A systematic process that gathers information about an individual's social circumstances to identify health inequalities.

Source System. A computer system, such as an electronic health record system, at the participating organization, that sends, receives, finds or uses message content or notices.

Statewide Consumer Directory (SCD). A MiHIN infrastructure service that helps organizations provide tools to consumers, which allow the consumers to manage how their personal Health Information can be shared and used. The Statewide Consumer Directory is essentially a Software Development Kit (SDK) with a robust set of APIs that can be used by consumer-facing applications that enable consumers to take an active role in viewing and editing their preferences for how their health information is shared.

Transactional Basis. The transmission of message content or a notice within a period of time of receiving message content or notice from a sending or receiving party as may be further set forth in a specific exhibit.

Transitions of Care. The movement of a patient from one setting of care (e.g. hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, rehabilitation facility) to another setting of care and can include transfers within a healthcare organization.

Trusted Data Sharing Organization (TDSO). An organization that has signed any form of agreement with MiHIN for data sharing.

Use Case. (a) A use case agreement previously executed by a participating organization; or (b) the use case summary, use case exhibit and a use case implementation guide that participating organization or TDSO must follow to share specific message content with the MiHIN.

Use Case Exhibit. The legal agreement attached as an exhibit to the master use case agreement that governs participation in any specific use case.

Use Case Implementation Guide (UCIG). The document providing technical specifications related to message content and transport of message content between participating organization, MiHIN, and other TDSOs. use case implementation guides are made available via URLs in exhibits.

Use Case Summary. The document providing the executive summary, business justification and value proposition of a use case. Use case summaries are provided by MiHIN upon request and via the MiHIN website at www.mihin.org.

View Download Transmit (VDT). A requirement for Meaningful Use with the objective to provide patients with the ability to view online, download and transmit their health information within a certain period of the information being available to an eligible professional.

XCA. The IHE (Integrating the Healthcare Enterprise®) standard for Cross-Community Access which provides specifications to query and retrieve patient relevant health information held by other communities.

XDS.b. The IHE (Integrating the Healthcare Enterprise®) standard for Cross-Enterprise Document Sharing revision b, which provides specifications to query and retrieve patient relevant healthcare data held within a community.