# MEDICATION MANAGEMENT INTEROPERABILITY IN MICHIGAN

## SUMMARY OF FINDINGS

Published August 2024 by the

*Michigan Health Information Network Shared Services*

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK
SHARED SERVICES

# Contents

# Abstract

Michigan Health Information Network Shared Services (MiHIN)—as the state-designated entity for health information exchange and a lead entity in Michigan's five-year Health Information Technology (HIT) Plan — is taking the lead in understanding the current obstacles impeding the sharing of an accurate list of patients' medications between care providers, and comprehensive, timely medication reconciliation. This report details what MiHIN learned over the past year while exploring the potential for health information exchange (HIE) to enable medication interoperability processes for all providers and patients throughout Michigan.[1]

Following several months of assessment and planning, MiHIN hosted a three-part workshop series. Between January and April 2024, a diverse and changing array of stakeholders were engaged three times to produce a landscape analysis of the major challenges impeding timely medication reconciliation today and identify the priority needs of Michigan healthcare professionals for more timely and accessible medication information. This workshop series provided a platform for the community, health consultants, pharmacists, providers, and leaders from hospital systems, skilled nursing facilities, the payer community, and others to share their professional perspectives on capturing, accessing, and utilizing patient medication information.


This document contains the following:

- A statement outlining MiHIN's role in the State of Michigan
- Necessary context around medication reconciliation, its purpose, and challenges that impede it
- An outline of the MiHIN workshop series' goals and a related list of participating organizations
- A compilation of the key workshop series takeaways
- A list of identified potential solutions that could facilitate medication reconciliation
- MiHIN's hope is that the Michigan Department of Health and Human Services (MDHHS) and the HIT Commission utilize these findings and consider support for the potential solutions in their ongoing efforts to improve Michigan's Health Information Technology landscape.

## Author Attributes

The primary authors of this document include the following professionals:

| Name | Organization | Title |
|---|---|---|
| Isabell Pacheco, DSc, FACHE | MiHIN | Chief Administrative Officer |
| Shelby Denhof, PMASI | MiHIN | Business Development Specialist |
| Allen Flynn, PhD, PharmD | University of Michigan | Director of the Master of Health Informatics Degree Program, School of Information |

[1]*Michigan Department of Health and Human Services. (2022, June). Michigan Health IT Roadmap "Bridge to Better Health" Report. Health Information Technology Commission.* *https://www.michigan.gov/mdhhs/doing-business/commissions-boards/hitcomm*

| James Stevenson, PharmD | University of Michigan | Former Chief Pharmacy Officer, University of Michigan Health System; Professor Emeritus, University of Michigan School of Pharmacy |
|---|---|---|
| Eric Roath, PharmD, MBA | Michigan Pharmacists Assocation | Director of Governmental Affairs |

This document conveys many important ideas shared by workshop series participants. See Appendix A for a complete list of participants in the workshop series.

## Overview of the Michigan Health Information Network Shared Services (MiHIN)

MiHIN is Michigan's non-profit, statewide entity that legally, technically, and securely provides critical and comprehensive patient information to its network of care providers. This network comprises doctors, clinics, federally qualified health centers, hospitals, pharmacies, health insurance providers, public health, and more. MiHIN serves its network of participants by providing an interoperable digital fabric designed to facilitate statewide connectivity between all the entities responsible for the health and wellness of their patients, clients, and members.

In short, MiHIN builds the technical and legal infrastructure—a critical foundation needed for a Health Data Utility— that ensures the availability of data and information where and when needed to improve care coordination and inform clinical decision-making at the patient and population levels.

MiHIN's stakeholders find value in the meaningful exchange of health data at every level of the healthcare ecosystem. This is because clinical needs drive MiHIN's developed technology. To understand the landscape around particular health topics, MiHIN convenes relevant stakeholders to share their perspectives. MiHIN uses community and clinical insights to shape future technologies that will meet care team needs and allow equitable, high-quality care to flourish.

## Alignment

Increasing Interoperability for better medication management— and especially to facilitate accurate and timely medication reconciliation— directly supports the Michigan Health IT Roadmap. Under the umbrella of enhancing health data utility, initiative 2C-2 states, "Prioritize use cases that protect patient safety (advance directives, timely medication information, ID management)." [2] MiHIN presented a summary of its medication management interoperability findings, challenges, potential solutions to the Michigan Health Information IT Commission on May 14th, 2024.

There is a clear and longstanding consensus among healthcare organizations and regulatory bodies regarding the importance of effective medication reconciliation in promoting patient safety and quality of care. The following organizations have issued policy statements calling for improvements in medication reconciliation: the American Medical Association, the American College of Emergency Physicians, the Institute for Healthcare Improvement, the American Society for Health-System

---

[2] Michigan Department of Health and Human Services. (2022). CY2022 Bridge to Better Health Report. Retrieved from https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Doing-Business-with-MDHHS/Boards-and-Commissions/Health-Information-Technology-Commission/CY2022-Bridge-to-Better-Health-Report_Adopted_Final-Aug22.pdf?rev=4dd6bf50a4d24d71a049c15f7032b524

Pharmacists, the Centers for Medicare and Medicaid Services, the Joint Commission, the World Health Organization, the Agency for Healthcare Research and Quality, and others.

# Medication Reconciliation: Context

## Definition

One of the most challenging aspects of ensuring safety while improving health outcomes with medications is ensuring that accurate information about a patient's medication use is available across the healthcare continuum. Maintaining an accurate and up-to-date list of the medications every patient actually uses is essential to providing optimal care, as medication regimen changes occur regularly. So that care plans are properly informed, the medication reconciliation process has been developed to identify the most accurate list of medications each patient takes at a given moment in time.

**Medication reconciliation** involves listing, validating, evaluating, and documenting a comprehensive list of medications a patient currently takes, including prescribed and over-the-counter (OTC) medications, nutritional supplements, and other remedies.

## Purpose

Medication reconciliation surfaces and clarifies each person's full spectrum of medication use for the purpose of providing the critical information needed to avoid common medication errors, especially duplicative drug therapies, incorrect dosages, drug interactions, and failure to restart intended medication therapies after procedures or hospitalizations.

Improved medication reconciliation can enhance care quality and reduce healthcare costs:

- A 2023 study, approximately 94% of patients had at least one medication history error identified and resolved by pharmacy staff; approximately 1 in 4 of the reported errors could have resulted in serious of life-threatening patient harm.[3]
- A study to minimize medication history errors in high-risk patients demonstrated 7.4 history errors on average per patient.[4]
- A 2021 study shows that 16% of hospital readmissions within 30 days of discharge are medication-related, of which 40% are potentially preventable.[5]
- Systematic reviews indicate that by minimizing discrepancies in medication records and ensuring accurate medication lists, healthcare providers can decrease the likelihood of adverse events and subsequent healthcare utilization, resulting in cost savings.[6]

[3] Tu, T., Stephens, S., Bajorek, S., Leang, D., Nguyen, D., & Shane, R. (2023). Preventing medication history errors in high-risk patients: Impact of California Senate Bill 1254. American journal of health-system pharmacy : AJHP: official journal of the American Society of Health-System Pharmacists, 80(9), e104–e110. https://doi.org/10.1093/ajhp/zxad038

[4] Pevnick, J. M., Nguyen, C., Jackevicius, C. A., Palmer, K. A., Shane, R., Cook-Wiens, G., Rogatko, A., Bear, M., Rosen, O., Seki, D., Doyle, B., Desai, A., & Bell, D. S. (2018). Improving admission medication reconciliation with pharmacists or pharmacy technicians in the emergency department: a randomised controlled trial. BMJ quality & safety, 27(7), 512–520. https://doi.org/10.1136/bmjqs-2017-006761

[5] Uitvlugt, E. B., Janssen, M. J. A., Siegert, C. E. H., Kneepkens, E. L., van den Bemt, B. J. F., van den Bemt, P. M. L. A., & Karapinar-Çarkit, F. (2021). Medication-Related Hospital Readmissions Within 30 Days of Discharge: Prevalence, Preventability, Type of Medication Errors and Risk Factors. Frontiers in pharmacology, 12, 567424. https://doi.org/10.3389/fphar.2021.567424

[6] Mueller, S. K., Sponsler, K. C., Kripalani, S., et al. (2012). Impact of medication reconciliation and review on clinical outcomes. Annals of Pharmacotherapy, 46(12), 1746-1755.

## National Trends

Performing medication reconciliation effectively is very difficult and time-consuming because of the fragmented U.S. healthcare system. Sources of information about patient medication use exist in many places, including e-prescribing systems, clinic and hospital EHRs, physician office records, and pharmacies. Unfortunately, none of these sources are consistently complete or accurate. Instead, each source generally has limited information about patient medication use. Patients often see many different providers, but each provider may only have records of what they prescribe. Further, patients often obtain medications from multiple pharmacies, but most pharmacies only have records of the prescriptions they receive and drug products they subsequently dispense.

Another challenge is that patients can be unreliable reporters of their own medication use due to cognitive impairment, the complexity of their drug regimens, or medication name confusion. Moreover, the use of OTC medications and supplements is often missed during medication reconciliation, especially when too little time is spent in direct dialog with patients or their home caregivers. Besides OTCs, sometimes low-cost prescription medications may also not be identified and listed during medication reconciliation if patients pay in cash and insurance claims are not generated. Additionally, Federally Qualified Health Centers and Veterans Affairs utilize systems that don't interact with common e-prescribing systems.

## HIE and Medication Reconciliation

Currently, Nebraska may make the best use an HIE on a statewide basis to improve safety and medication use outcomes via medication reconciliation. The Nebraska Prescription Drug Monitoring Program (PDMP) operates under the authority of Nebraska Revised Statutes §§ 71-2454 through 71-2455.[7] Uniquely, Nebraska's PDMP collects all prescription drug product dispensation data from every Nebraska pharmacy, not just the dispensation of controlled substances. Jointly administered by the Nebraska Department of Health and Human Services (DHHS) and CyncHealth (Nebraska's Health Data Utility), the Nebraska PDMP offers a medication query functionality accessible to all prescribers and dispensers in the state without cost to providers.[8]

On May 8th, 2024, MiHIN staff interviewed Craig Reha, PharmD, BCPS at Nebraska Medicine, to learn more about Nebraska's comprehensive dispensed medication information. According to Reha, most Nebraska pharmacists and other providers access the PDMP portal through CyncHealth. He noted that compiling medication dispensation information does make medication reconciliation easier. Currently, the Nebraska PDMP includes the medication dispensed, the date of dispensing, and the quantity dispensed. Nebraska is working to improve the quality of the medication dispensation data coming from its pharmacies so that all records will also include the instructions for use associated with each prescription.

[7] Nebraska Legislature. (n.d.). Nebraska Revised Statute 71-2454. Retrieved from
https://nebraskalegislature.gov/laws/statutes.php?statute=71-2454
[8] Nebraska Department of Health and Human Services. (n.d.). PDMP Submitter User Guide [PDF file]. Retrieved from
https://dhhs.ne.gov/DOP%20document%20library/PDMP-Submitter-User-Guide.pdf

In summary, what makes Nebraska unique is that the state passed legislation to collect all dispensation data for all medications from pharmacies throughout the state, and Nebraska is utilizing its HIE to make this dispensation record for each patient accessible to care team members and facilitates the process of accessing an accurate medication list.

Here in Michigan, MiHIN is strategically positioned with its technical and legal infrastructure to support the collection of medication prescription and dispensation data, and the additional provider information needs are identified in MiHIN's medication reconciliation workshop series (see below).

# Workshop Series Overview

## Goals and Objectives

Over the course of four months—and in partnership with the University of Michigan and Michigan Pharmacists Association-- MiHIN convened a wide and diverse range of stakeholders across Michigan in a series of three six-hour workshops to understand the current, complicated landscape of medication reconciliation and work to develop possible solutions. The objectives of these workshops were the following:

- Summarize the current obstacles to compiling, accessing, and sharing information detailing patient medication use
- Identify possible tools and solutions to make the medication reconciliation process more complete, efficient, timely, and effective for all providers and the patients they serve

## Workshop Dates and Locations

- January 24th, 2024 | Lansing, Michigan
- February 22nd, 2024 | Detroit, Michigan
- April 18th, 2024 | Lansing, Michigan

## Participating Organizations

60 individual professionals participated in the workshop series. Excluding MiHIN staff, 18 professionals attended at least two of the three workshops. Participants provided insight from the following sectors and organizations. See Appendix A for a complete list of participants.

- Michigan Pharmacists Association
- MDHHS
- Community Pharmacists
- Health-System Pharmacists
- Consultant Pharmacists
- Pharmaceutical Manufacturers
- Physican Organizations
- Health Information Technology Commission

- Commercial Health Plans
- Health Information Networks
- Technology Vendors
- Skilled Nursing Facilities
- Emergency Services
- Hospital Systems
- Healthcare Providers

# Key Workshop Takeaways

## Major Challenges

Through this workshop series, pharmacists, physician organizations, payers, technology vendors, and others across Michigan's healthcare ecosystem identified common themes related to medication reconciliation challenges.

Michigan stakeholders confirm that medication reconciliation is currently not as efficient, comprehensive, or effective as it could be at preventing errors due to many obstacles, including:

- **There is no single source of truth for medication use information.** Rather, as noted above, information about a patient's medication use is fragmented and exists in many places.
- **Medication use changes are frequent and many**. Maintaining an accurate, up-to-date list of each patient's medications requires the ability to keep up with new prescription and dispensation transactions every day.
- **Medication reconciliation is complex and time-consuming,** yet in some cases, providers and pharmacists are not financially incentivized to prioritize this process, and in other cases, providers are unaware of billing codes that could be documented to compensate them for time spent doing this process.
- **No one person or entity is responsible for medication reconciliation.** Rather, all providers are expected to do medication reconciliation in the absence of sufficient information. A lack of clearly defined roles can cause overlaps or gaps within a patient's care team.
- **The results of performing medication reconciliation are not accessible to all care team members.**
  - For example, individual hospitals may incorporate medication reconciliation into workflows to improve safety and reduce readmissions, but the results of the process are accessible only to hospital staff.
  - Pharmacists increasingly provide insured outpatients with Medication Therapy Management (MTM) services that incorporate the medication reconciliation process, but the results and recommendations from pharmacists are not shared in a seamless, accessible manner. This frequently results in the products of these services never being integrated by the patient's primary care team.
- The results of performing medication reconciliation often include questions needing to be answered and issues needing to be addressed.
  - Because medication reconciliation can and does surface potential problems with medication use, workshop participants emphasized that the results of medication reconciliation are often interim results that come with a list of pending questions and issues still to be sorted out and finally resolved.

## Key Needs

In addition to the clear challenges above, there was also consensus from stakeholders working with patients around some shared needs:

- Providers need an **accessible platform for care team members to view prescribed and dispensed medications from myriad sources.** Such a platform would enable providers to establish more comprehensive patient medication lists. This platform should be well integrated within the workflow of various healthcare practitioners to facilitate the use of the information.
- **Pharmacists need access to patient medical records.** Very few community pharmacists can access institutional EHRs or patient longitudinal medical records. As a result, community pharmacists practice without access to essential information on diagnoses and indications for medication use, relevant lab results, treatment goals, etc. Pharmacists communicated that accessing relevant information in each patient's healthcare record would help them provide the best possible care.
- **Bi-directional electronic communication** between providers, pharmacists, and payers is needed to streamline care delivery, medication prescription review, and medication dispensing.
- Healthcare professionals are seeking **financial incentives** to help prioritize this time-consuming task. If financial incentives already exist, **further dissemination**, **communication, and education around current billing codes for this work** is needed.

## Ranking of Potential Solutions

During the third workshop in the series, MiHIN staff presented the participants with six potential solutions brought forth from the earlier two workshops. The goal of the third workshop was for participants to rank the possible solutions from highest value to lowest value. After reviewing and discussing the six potential solutions as a group, participants engaged in two rounds of individual voting, ranking the potential solutions by importance and perceived feasibility.

### Potential Solutions in Brief

| | |
|---|---|
| #1 Highest Priority | A platform for viewing all known dispensations of prescription drug products from community pharmacies |
| #2 Priority | A platform for viewing all electronic prescriptions for prescription drug products |
| #3 Priority | A log of recent medication reconciliation procedures done with direct patient (or caregiver/family) involvement |
| #4 Priority | A log of the most recent medication-related treatment plans produced by care providers, including pharmacists, nurses, and providers |
| #5 Priority | A solution that shares relevant lab results with community pharmacists |
| #6 Lowest Priority | A solution that links current payer formulary, related drug product coverage, and copay information to current patient-level prescription drug insurance plan identifiers |

# Highest Priority Solution: The Med Rx Hub

The 'Med Rx Hub' is an informal shorthand name given to the two highest-ranked potential solutions for increasing the interoperability of medication information to facilitate medication reconciliation Conceptually, the Med Rx Hub is a platform that acts as a "single source of truth" where authorized care team members can view all prescribed and dispensed medications from myriad sources in Michigan for any given patient. Using the Med Rx Hub, more highly accurate and comprehensive lists of medications actually being used by patients can be established. MiHIN is uniquely positioned with the infrastructure and network needed to support the creation of the Med Rx Hub.

With this stakeholder feedback, MiHIN aims to create a Med Rx Hub for all Michigan providers connected to the MiHIN network. This service will maintain a running list of all known electronic medication prescriptions and all known community pharmacy instances of dispensed drug products to patients. Relying on e-prescribing data alone is flawed because some prescriptions that are written are never filled. The consensus from the workshop that the best source of information on dispensed prescriptions would need to come from the dispensing pharmacies. The Med Rx Hub will require broad submission of electronic prescription data from provider EHRs and pharmacy dispensation records from pharmacies. This platform would be viewable by MiHIN network participants.

## Benefits

Having a centralized service such as the Med Rx Hub that collects and presents information about all prescribed and dispensed medications for patients from nearly every provider offers several benefits:

- **More Highly Comprehensive Medical Histories:** It would provide a nearly complete overview of a patient's medication regimen, helping healthcare providers make more informed decisions and avoid potential drug interactions or duplications.
- **Improved Coordination of Care:** Different healthcare providers often prescribe medications independently, leading to fragmented care. A centralized service could facilitate better coordination among providers by ensuring they have access to the same medication information.
- **Enhanced Patient Safety:** By reducing the risk of medication errors and adverse drug reactions through better oversight, such a service could improve patient safety and outcomes.
- **Increased Efficiency in Healthcare Delivery:** Streamlining medication management can save patients and healthcare providers time, leading to more efficient healthcare delivery and reduced costs. Having a nearly complete list will greatly improve the efficiency of the medication reconciliation process and make it more likely that healthcare practitioners will complete it.
- **More Data for Research and Analysis:** Aggregated medication data could be anonymized and used for research purposes, such as studying medication adherence patterns or evaluating the effectiveness of specific treatments.

# Identified Dependencies and Considerations

Workshop participants identified the following topics are items to consider when designing the Med Rx Hub Use Case:

- It will be a challenge to connect all relevant entities. As examples, Federally Qualified Health Centers and Veterans Affairs utilize systems that generally don't interact with other e-prescription management systems.
- This solution will not capture over-the-counter medications or medications obtained through patient assistance programs unless there is a mechanism for providers to manually enter these to the Med Rx Hub.
- MiHIN's Med Rx Hub should display the dispensation timeframe.
- It would be advantageous for MiHIN's Med Rx Hub to display the last time a medication was confirmed by a patient or provider
- Switches (entities that route claims from the pharmacy to the plan/payer) may be a strong source of information.
- This use case will be of most use to providers and pharmacists if medications include directions such as use, quantity, days supply, refills, prescriber, fill data, and picked up data, including prescriptions delivered to the home.

# Initial Steps for the Med Rx Hub

If MiHIN is able to secure funding to pursue an initial medication management interoperability solution along the lines of the Med Rx Hub, the initial steps towards realizing it include the following:

- Design, pilot, and implement a Med Rx Hub Use Case that supports receiving prescription and dispensation data from providers and pharmacies
- Design a solution for stakeholders to view patient prescription and dispensation data from the Med Rx Hub Use Case
- Enact outreach, communication, and education to providers and pharmacies broadly on connection to MiHIN via the Med Rx Hub Use Case

## Additional Opportunities for Medication Management Interoperability

During the third and final workshop, participants indicated that the following services would enhance the baseline information access provided by Med Rx Hub. MiHIN aims to explore these opportunities further, but only after the initial Med Rx Hub Use Case and viewable platform are created and in use.

- **Patient-Confirmed Medications Service**—For the purpose of sharing the results of medication reconciliation with all of a patient's care team members, this service logs the facts and results of the following provider activities: medication history taking, Comprehensive Medication Reviews (CMRs), Medication Therapy Management (MTM) sessions, or other medication reconciliation procedures completed with direct patient or caregiver involvement (up to 5 most recent).

- **Provider Medication Therapy Plan Service**—This service documents the most recent medication-related treatment plans or plan updates produced by care providers, including pharmacists, nurses, and physicians (up to 5 most recent), to share care plans involving medication therapies with all care team members for a patient.
- **Share Relevant Labs Service**—To protect patients from harm and optimize the benefits of high-risk medications, this service leverages FDA-mandated Risk Evaluation and Mitigation Strategies (REMS) to define required lab results that must be checked and monitored for all drug products subject to REMS. The defined lab results are then consistently shared with community pharmacists and others so that they may better serve Michigan patients.
- **Enhanced Medication Formulary Service**—To help prescribers make prescribing decisions informed by patient insurance coverage and anticipated out-of-pocket costs, this service links current payer formulary, related drug product coverage, and copay information to current patient-level prescription drug insurance plan identifiers.

Medication reconciliation is a complex, multi-faceted challenge. Some combination of the items above may be needed to support and facilitate it.

## Next Steps

MiHIN is eager to work alongside MDHHS and the Michigan Health IT Commission to create interoperability solutions that further the state's Health IT Roadmap goal of prioritizing use cases that enable timely medication information delivery to protect patient safety. MiHIN is excited at the opportunity of further partnership with MDHHS and the Michigan Health IT Commission to be one of the first states in the county working on statewide medication management interoperability solutions.
To further these initiatives, MiHIN is seeking funding sources and potential partners to develop a proof of concept.

## Conclusion

MiHIN's stakeholder convenings provide insight and advice from professionals across the healthcare ecosystem. Stakeholders who participate in MiHIN workshops and other events share their perspectives and information needs, ultimately guiding technology solutions that improve health outcomes, increase efficiencies, and decrease healthcare costs. In this case, 60 professionals representing 37 diverse organizations attended one or more of the three medication reconciliation workshops in this series hosted by MiHIN during Winter – Spring 2024. This document outlines several solutions and describes one high-priority solution for improving the medication reconciliation process and making patient medication information more widely and easily accessible to Michigan's healthcare professionals.

MiHIN requests that MDHHS and the HIT Commission consider these findings in their mission to advance Michigan's Health IT landscape. MiHIN's initiative aligns directly with the state's goal of enhancing community health and wellness by providing vital resources and support to Michigan residents. We request funding support to amplify our efforts and ensure a broader, more impactful reach across the state.

## Appendix A: List of Workshop Participants

| Individual | Organization Name | Job Title |
|---|---|---|
| Paul Dobry | Ascension | Clinical Pharmacist |
| John Hillary | Avocare | Chief Financial Officer |
| Natalie Garcia-Foster | Avocare | Chief Operating Officer |
| Rp Garcia | Avocare | |
| Jacob Cooper | Bamboo Health | Senior Director, State Account Management |
| Jennifer Spear | Bamboo Health | Senior Channel Manager, External Affairs |
| Brad Whittle | BCBSM | Manager, HIE |
| Heather Stamat | BCBSM | Medical Director, Clinical Partnerships |
| Betty Chaffee | BetterMyMeds | Owner |
| Alyse Esquivel | Corewell Health | Medication History Technician |
| Ashley Blanchette | Corewell Health | Medication History Supervisor |
| Todd Raehtz | Indispensable Health | Pharmacist, CEO |
| Daniel Lane | Henry Ford Health System | Pharmacist |
| Julie A Lowry | JCMR doing business as CHTN and Henry Ford Health System | HIE Manager |
| Haley Winans | LARA - MI Automated Prescription System | Specialist |
| Kareen Knappins | McKenzie Health | RN Educator/Clinical IT Specialist |
| Andrea Phillips | McLaren | Care Coordination Director |
| Molly Welch Marahar | MDHHS | State Administrative Manager |
| Brian Brazda | Medical Advantage | SVP of Sales |
| Shelly Straw | Medical Advantage (PMC) | Practice Consultant |
| Andrew Kurecka | Medical Network One | Director of Innovation |
| Erica Ross | Medical Network One | Care Management Strategist |

| Mark Lazar | Medical Network One | Care Management Strategist |
|---|---|---|
| Ian Nagy | Meijer | Manager, Third Party Government Programs |
| Doug Miller | Wayne State University College of Pharmacy | Professor Emeritus |
| Cynthia Ochs | Michigan Medical Directors Association (MiMDA) | Physician, Medical Director for LTC/SNF |
| Eric Roath | Michigan Pharmacists Association | Director of Government Affairs |
| Dara Barrera | Michigan State Medical Society | Director, Health Quality, Equity and Technology |
| Helen Hill | MiHIN Board | Chairperson |
| Cheryl Huckins | MiMDA | President |
| Kimberley Diener | Munson Healthcare | Clinical Pharmacist |
| Sara Posey | Munson Healthcare | Systems Architect |
| Chelsie Methner | Northern Michigan Care Partners | PHO Sr System Analyst |
| Annaliese Brindley | Oakland Southfield Physicians | Director of Clinical Programs |
| Allison Brenner | Pfizer | Clinical Pharmacist |
| Mike Brenner | Pfizer | Medical Outcomes and Analytics |
| Hamad Husainy | PointClickCare | Chief Medical Officer |
| Pooja Babbrah | Point-of-Care Partners | Pharmacy and PBM Practice Lead |
| Loraine Stewart | Professional Medical Corporation | Practice Consultant |
| David Bach | Retired | Retired |
| Larry Wagenknecht | Retired | MiHIN Chairman of the Board |
| Jennifer Tucker | Shiawassee Health & Wellness | Behavioral Health Data Analyst |
| Grant Brown | Southwest Michigan Behavioral Health | Pharmacist & Advisor |
| Amy Ellis | Spartan Nash | Director of Pharmacy |
| Lisa Bade | Spartan Nash | Pharmacy Clinical Care Coordinator |
| Amy Pouillon | Spectrum Health | Clinical Specialist - Informatics |
| Belinda Dokic | Trinity Health | CIN manager and POC for MIHIN |
| Devin Schmidt | Trinity Health Alliance of Michigan | Clinical Pharmacist |
| Tori Marchwinski | Trinity Health Alliance of Michigan | Clinical Pharmacist |
| Joselyn Foster | Trinity Health IHA Medical Group | Lead EHR Analyst |

| | | |
|---|---|---|
| Megan Whitaker | University of Michigan | Graduate Program, Health Informatics |
| Allen Flynn | University of Michigan College of Pharmacy | Asst. Professor, Dept. of Learning Health Sciences |
| James Stevenson | University of Michigan College of Pharmacy | Professor Emeritus |
| Mike Dorsh | University of Michigan College of Pharmacy | Associate Professor, College of Pharmacy |
| Amy Thompson | University of Michigan Health | Director, Population Health Pharmacy |
| Hae Mi Choe | University of Michigan Health | Chief Population Health Officer |
| Vaishali Shah | VillageMD | Clinical Pharmacist |
| Eric Briggs | Walgreens | Healthcare Supervisor |
| Joshua Ericksen | Walgreens | Agile Healthcare Pharmacist |
| Tonino Michienzi | Walgreens | MTM Pharmacist |
| Angie Michienzi | Walgreens Boots Alliance | Pharmacist |