HOW THE STATE OF MICHIGAN IS PREPARING FOR A STATE-WIDE AND REGIONAL HEALTH INFORMATION NETWORK

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Background

- Statewide planning process in Michigan with a diverse set of stakeholders (over 200)
- Joint effort of the Michigan Department of Community Health (MDCH) and the Michigan Department of Information Technology (MDIT) recommended a regional approach to health information exchange (HIE)
- Support from the Governor and the Legislature
  - Created Michigan's first Health Information Technology (HIT) Commission
  - Appropriated $5 million to fund regional HIE projects in FY 2007

Timeline

- Summer 2005   Stakeholder Forums
- December 2005   HIT Kickoff Conference
- April 2006   Launch MiHIN (Mich. Health Information Network)
- May 2006   HIT Commission Law enacted
- October 2006   HIT Commission Convened
- December 2006   Report Released Publicly
- December 2006   RFPs issued to fund HIEs and Resource Center

MiHIN Constituents

- 6 workgroups (Legal, Clinical, Technology, Governance, Financial and Regional) conducted meetings to address specific issues, foster statewide involvement and provide recommendations for the report
- Steering Committee reviewed draft report and provided input to report for recommendation to the Governor
- The final report, *The MiHIN Conduit to Care Report,* released in December, 2006 which can be found at www.michigan.gov/mihin

HIT COMMISSION

- Public Act 137 of 2006 created an advisory commission of 13 members appointed by the Governor

- Purpose: "to *facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure*"

- Meets monthly in 2007

- All meetings are open to the public

- Meeting minutes, meeting location and time information, and other information is available at: www.michigan.gov/mdch

Guiding Principles

- Agreement on two principles nearly unanimous in Public Sector Consultant Surveys:
    1. Patient-Centered
        - Patient access to and ownership of information should be at the center of health IT policy
        - Health care quality improvement should drive health IT initiatives
    2. Collaborative
        - An interoperable health IT system that allows appropriate, privacy-protected access to data in a common format

Report Findings

- Report focused on HIE vs. health information network (HIN)

- HIE Defined: An infrastructure to enable movement of health care information electronically across organizations within a region or community. It must also have agreed upon business relationships and processes to facilitate information sharing across organizational boundaries

- Recognition that federal leadership and national standards are necessary, however, in order to build the model, health care is local and leadership is important at the state, regional and community levels

- Collaboration and development of consensus on vision and planning required among multiple stakeholders at the state and regional level in order to accomplish of goal of HIE

Report: The Regional Approach
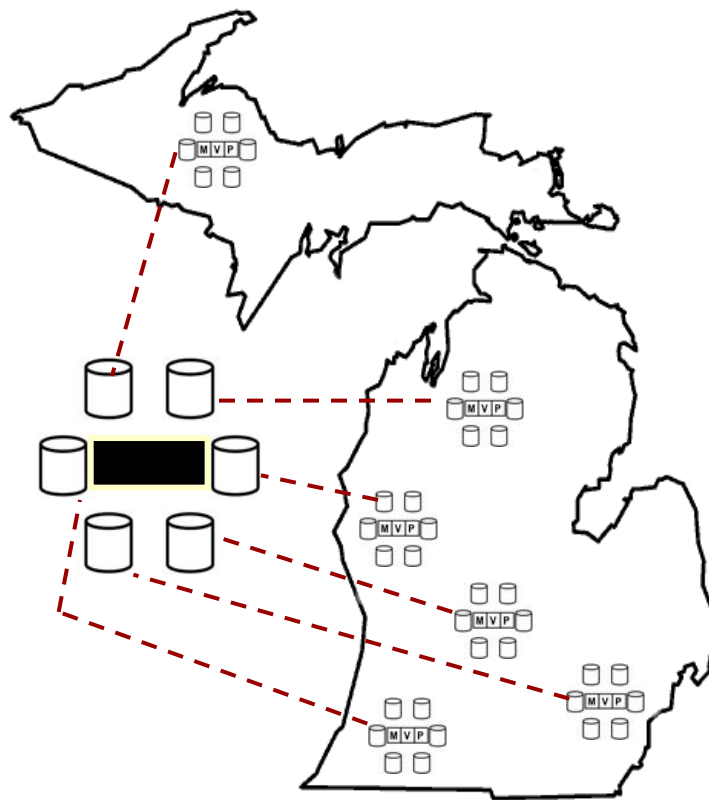
Michigan: 8th largest state

Health care is local hence the regional emphasis.

Multiple Regional HIE initiatives to be planned based on demographics and regional care structures.

Prospectively, a state-level organization can facilitate the exchange of data between the Regional HIEs.

Why Regional?

- The number of stakeholders necessary to participate in order to gain a critical mass are too numerous at the state level

- Analysis performed after review of Medicaid claims and site of service to develop natural boundaries for regions within Michigan called Medical Trading Areas [MTAs]

- Michigan is comprised of multiple regional HIE initiatives that may have different architectures and capabilities

- RFPs requested planning or implementation of regional efforts defined around the MTAs

MiHIN Report: 4 Principles

- Consumer privacy, security and confidentiality are paramount

- Clinical data will only be utilized for the clinical care process

- Multi-stakeholder collaboration is needed to implement achievable and measurable initiatives in order to show early progress and value

- The delivery of health care is local; therefore, health information initiatives at the regional level are critical

MiHIN Recommendations:
An Incremental Approach

Phase A	Phase B	Phase C
Making Data Available	**Aggregating Data for Quality & Patient Safety**	**Empowering Michigan Citizens**
Tomorrow: Move healthcare data out of distributed "silos" to authorized users and exchange patient healthcare data in a systematic way	**Future:** Assembling patient records from multiple sources for viewing patient history	**Goal:** "My personal health record." PHR is part of the overall network of information resources

Phase A: Making the Patient Data Available

Phase A
Making the Patient's
Data Available

Tomorrow:
Move healthcare data
out of distributed "silos"
to authorized users and
exchange patient healthcare
data in a systematic way

- A regional health information exchange (HIE) will be formed to provide new results delivery service
- The regional HIE maintains a comprehensive directory of customers, authorizations, and delivery instructions
- Clinical providers work with staff from the HIE to direct their results and report transactions to the regional HIE for delivery
- Physicians can decide how they want the results delivered – to a fax, printer, computer or other methods
- As the HIE evolves, it can provide interfaces for physician practice EMR or other HIT applications.

Phase B: Aggregating Each Patient's Data

Phase B

Aggregating Each Patient's Data for Care, Quality & Patient Safety
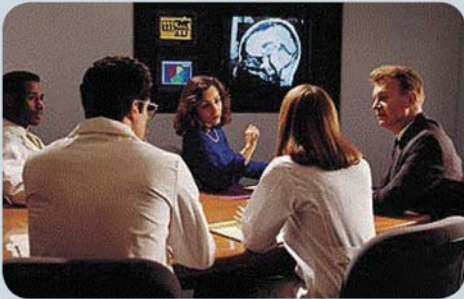
Future:
Assembling patient records from multiple sources for viewing patient history

- Building on Phase A, data would then be standardized to facilitate retrieval at the point of care
- Standards include vocabulary, master patient index, and master provider index
- The regional HIE would receive clinical transactions and integrate with patient index to match records.
- The HIE would transform data to the standards and add to the patient's clinical summary record
- Regional HIE works with members to make data storage decision
- Authorized physicians can access a patient's clinical summary in order to make patient care decisions

Phase C: Empowering Michigan Citizens

Phase C
Empowering Michigan Citizens

Goal:
"My personal health record." PHR is part of the overall network of information resources

- With Phases A & B in places, the requisite infrastructure is available to export patient data to a personal health record (PHR)

- A PHR is a software application, which individuals can use to maintain and manage their health information in a private, secure and confidential environment

- A PHR may be offered by an insurer, employer or other authorized care provider

- The individual consumer is the primary user of the PHR and may allow access to all or part of the PHR to anyone – doctor, family, summer camp or insurance company

Michigan State Funding 2007

MDCH FY 07 Budget contains $5 million to support regional HIE efforts: Two Requests For Proposals (RFP) were released in December 2006

1. Statewide HIE Resource Center: Funding to serve as a resource for HIEs in the planning or implementation stage

*2. a. Planning Grant: Funding for planning efforts **of** an HIE that will follow certain standards and objectives to improve the quality of care*

b. Implementation Grant: Funding for creating a regionally based HIE with documented measurable outcomes, a high level of stakeholder involvement, and a solid plan for long-term sustainability

Parallel Tracks-Legal Issues

- Michigan received federal funding to complete the Health Information Security and Privacy Collaboration (HISPC) work

- HISPC project to identify barriers and solutions to security and privacy of health information exchange

- The Legal Workgroup of MiHIN will work with Michigan HISPC's efforts

Legal Issues

Ownership of Data: Patient vs. Provider
   What does state law provide?

Vendor Contracts: Use of licensed software vs. participation
   in an HIE

Secondary Uses of Data

Consent Issues

Privacy & Security: HIPAA vs. State Law
- Role based access
- Authentication: Access to data; eSignatures for Rx
- Identification: use of correct data; patient identifiers
- Data Integrity
- Protection of Data: Security Breach Implications

Legal Issues

Regulatory Limitations: Incentives

- Fraud and abuse
  - Stark Exception For Donated Technology
  - Anti-Kickback Statute (AKS) Safe Harbor For Donated Technology
  - State Law that may be inconsistent with Stark and AKS

- Tax Exempt Status and Concerns
  - Donating technology at below FMV
  - Excess benefit transaction exposure
  - Community and private benefit
  - 1099 issues

Legal Issues

Patient Access/Rights

- Consent: HIPAA vs. More restrictive federal law and state law
- Sharing for treatment vs. payment and operations
- 42 CFR Part 2
- State laws on sensitive data
- Control

Remedies

- Private rights of action for misconduct/negligence
- Civil Liability
    - Professional Liability/Malpractice
    - Wrongful Access
    - Breach of Access / Use and Sanctions
- Criminal Liability
    - Breach of Access / Use and Sanctions
    - Sale of Medical Information