



Michigan HIMSS Fall Conference

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Director, State Government
Affairs**

October 03, 2019

HIMSS

transforming health through information and technology™

HIMSS is a non-profit global voice, advisor and thought leader for the reformation of health through **information and technology**.

With a unique breadth and depth of expertise and capabilities, we work to improve the quality, safety, and efficiency of health, healthcare and care outcomes.



With more than 350 employees,
HIMSS has operations in:

North America | Asia Pacific | Europe | The Middle East | United Kingdom

Our Vision

To realize the full health potential of every human, everywhere.

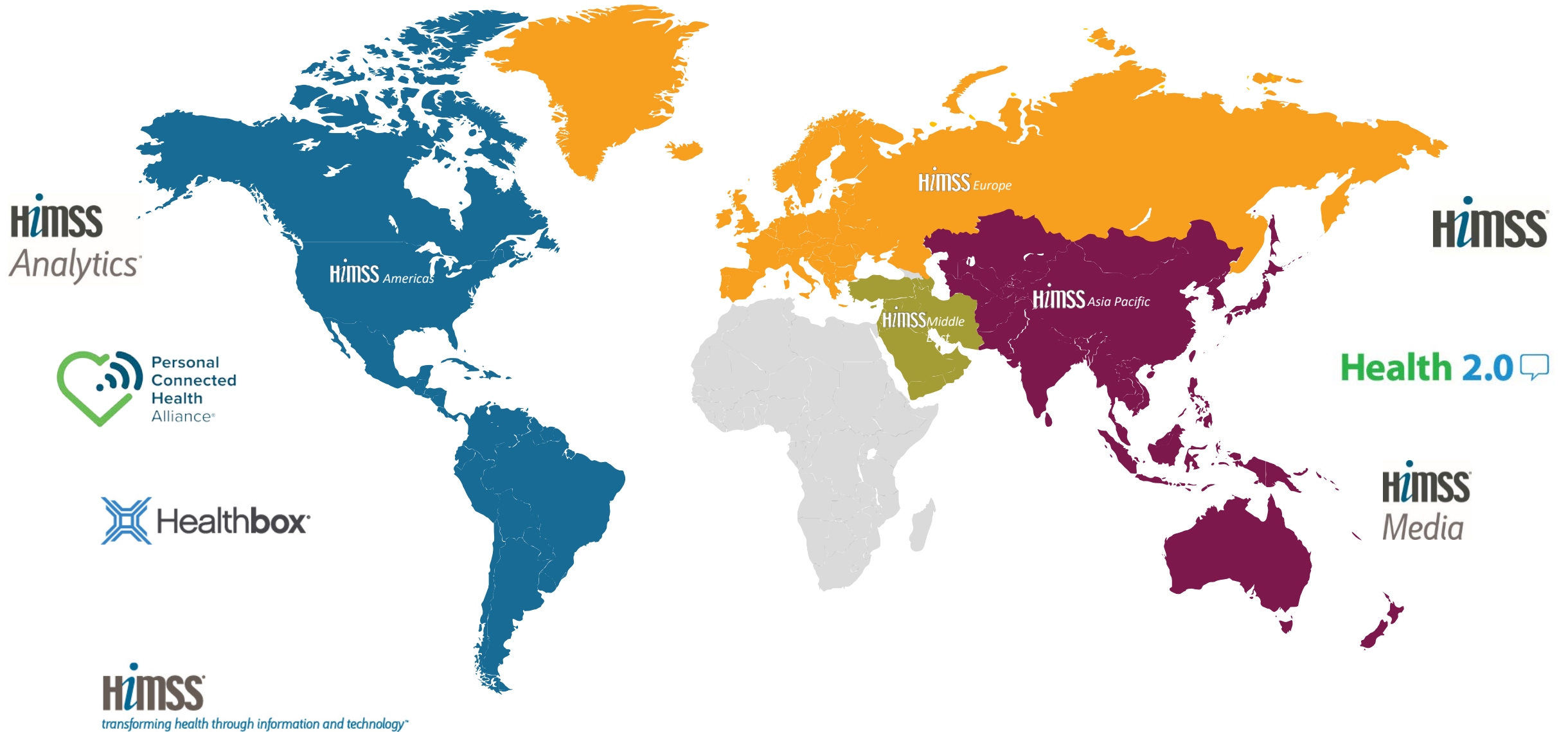
Our Mission

To reform health globally through information AND technology.



transforming health through information and technology™

Global HIMSS



HIMSS
Analytics



HIMSS
transforming health through information and technology

HIMSS Americas

HIMSS Europe

HIMSS Middle East

HIMSS Asia Pacific

HIMSS

Health 2.0

HIMSS
Media

Engagement

Coming together to serve the greater good

78,000+

Individual Members

20,000

Health 2.0 Individual
Members

75,000

Event Attendees

20,000

Volunteers

650

Corporate
Members

600,000

Hours of Online
Learning

453,000

Social Media Followers

100,000

Virtual Learning
Subscribers

470

Non-Profit Partner
Members

475

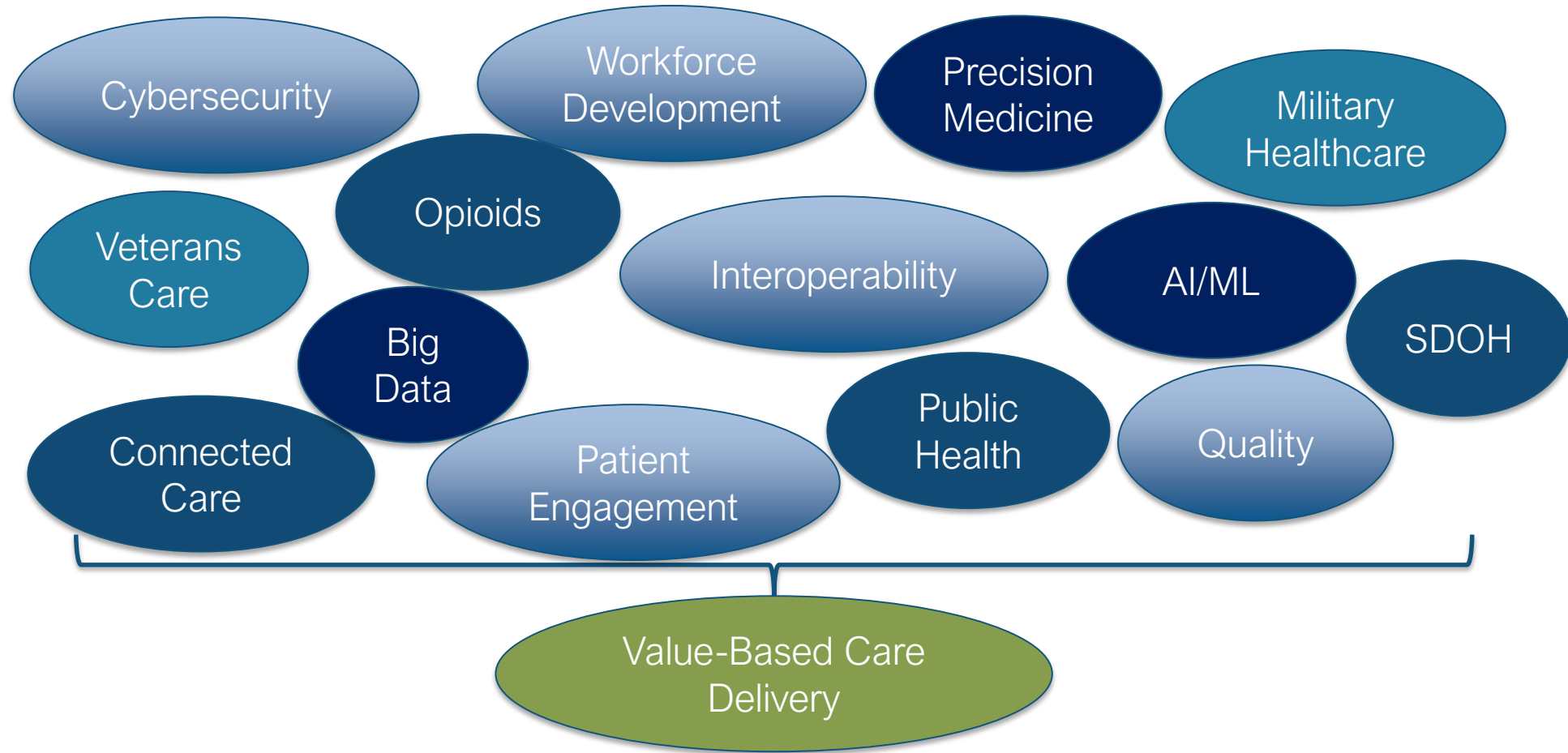
Organizational
Affiliate Clients

Nearly 1.5 Million Touchpoints and Counting!



transforming health through information and technology™

Value-Based Care is Foundational to Our Efforts



HIMSS Public Policy Principles on the Value of Health Information and Technology



Care Transformation



Access to High Quality Care



Economic Opportunity



Healthier Communities

Build Impact and Effect Change

Key Opportunities: HIMSS Chapter Engagement and Health IT Roadmaps



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HIMSS Bridges Clinical Health IT and Public Health Informatics

From

To

Focus on Technology

→ ***Support of Common Capabilities***

Focus on Medical Needs

→ ***Focus on Healthier Residents***

Focus on Provider

→ ***Focus on Needs of Whole Person***



Transform data into knowledge/insights, and Knowledge/Insights into action

Health IT Policy Levers for Advancing Health Information & Technology

Coordinating Bodies

Governor's Office/Taskforce
State HIT Coordinator
Local Health Department
State Health Department
State Medicaid Department
State Legislative Taskforce
Mayor's Office/Taskforce
State Health Information Exchange

HIMSS Chapters!!!

State Policy Levers

State Health IT Roadmap
State Medicaid IT Plan
State Plan Amendments (Medicaid)
State HIE Plans
State Innovation Plan
State Health Improvement Plan
State Emergency Preparedness Plan



Healthcare/Population Health Impact

Opioid Crisis/Substance Abuse
Behavioral Health
Broadband
Social Determinants
Access to Care
Chronic Disease Management
Medicaid & Medicare
Emergency response and Disaster Preparedness
Public Health/Prevention

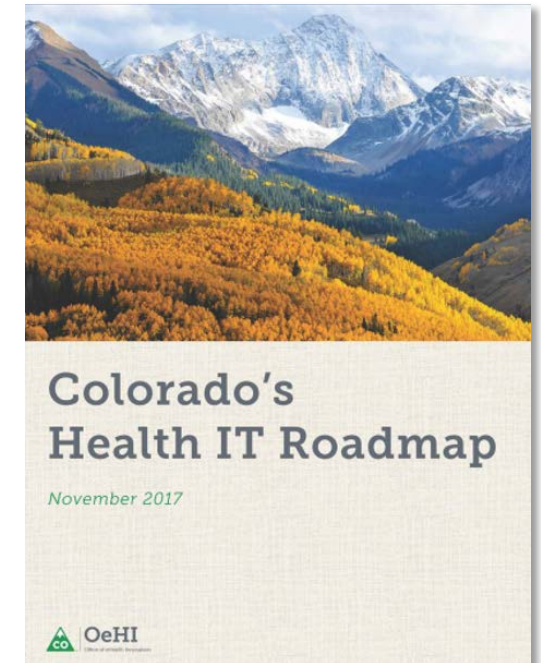
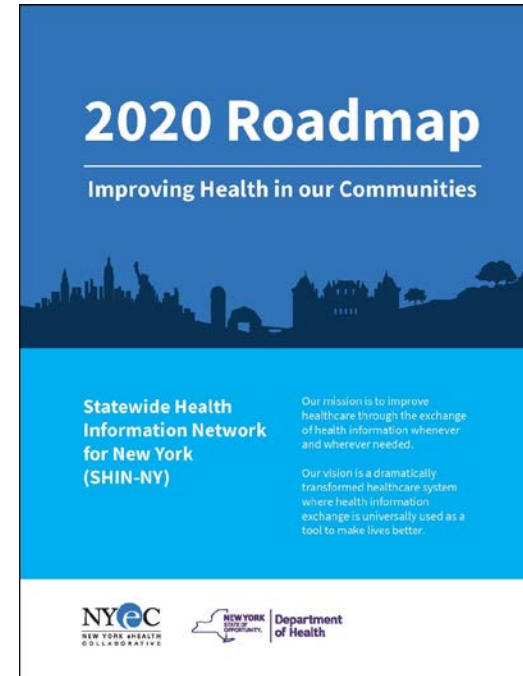
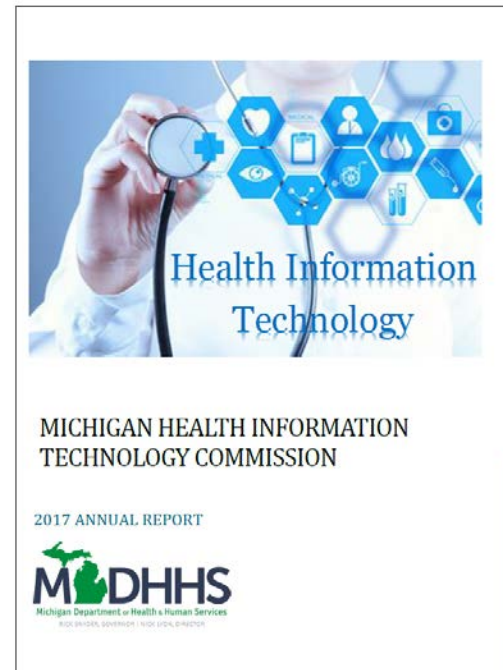
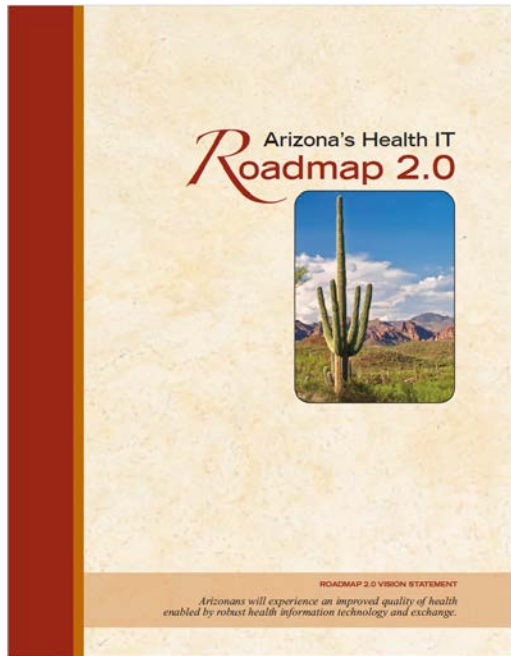
Modernization is the Name of the Game!

HIMSS is collaborating with all its chapter advocates, and state/local partners to empower policy leaders to provide critical analyses and input on the array of vital health I&T legislative and policy areas including:

- Medicaid modernization
- Infrastructure – Smart cities/states/health communities, broadband and healthcare IoT
- Cross sector data exchange – HHS system integration
- Public health surveillance infrastructure
- Emergency preparedness and response
- Training and workforce
- Social determinants of Health
- Cybersecurity



Explore Model Practices: Existing State Health IT Roadmaps & Reports



7 Factors Influencing U.S. State and Local Governmental Health I&T Efforts

1. Health reform and achieving the **Triple/Quadruple Aim**
2. Increased emphasis on **consumer engagement** in their health care
3. Need for integration of **health related social needs**
4. Need for **common, coordinated, tools** and services
5. Focus on **broad interoperability** and **information sharing**
6. The need to **reduce gaps and overlaps** in governmental health information tools and services.
7. Desire for plans that reflect real world situation and are **implementable**



Looking Towards the Future

- Artificial Intelligence (AI)
- Chat bots
- Expanded remote patient monitoring capabilities
- Hospital at home
- Moving beyond the direct to consumer model
- Greater utilization of connected devices
- Deeper integration amongst delivery platforms
- Asynchronous telehealth communications
- 5G mobile cellular phone technologies
- Expanded broadband



Take Part in the Virtual March!

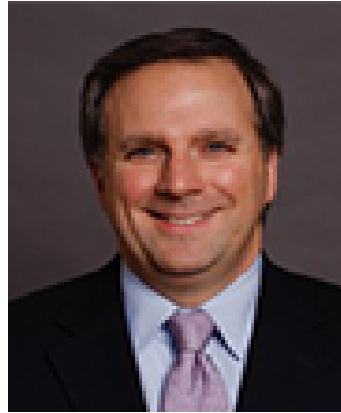
We Need Your Voice to Build 21st Century
Public Health Data Infrastructure

Ask Your Members of Congress to Modernize
the Nation's Public Health Data Systems

**Scan the QR code on the right. Takes
1 minute!**

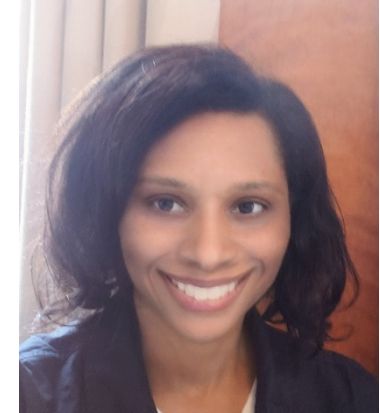


HIMSS State Government Affairs Team



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Building the data strategy for DHHS and Michigan

Michigan HIMSS Summit
October 3, 2019

Sarah Esty
Senior Deputy Director, Policy and Planning
Michigan Department of Health and Human Services

Elements of a Statewide HIT infrastructure



1

DHHS internal data strategy

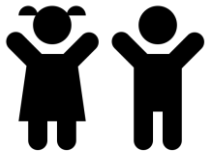
2

Statewide HIT strategy

3

HIT Commission

1 Data strategy supporting DHHS strategic priorities



Give all kids a healthy start

- Improve maternal-infant health and reduce outcome disparities
- Reduce lead exposure for children
- Reduce maltreatment and improve permanency in foster care



Provide families with stability to stay out of poverty

- Expand and simplify safety net access
- Protect the gains of the Healthy Michigan Plan



Serve the whole person

- Address food and nutrition, housing, and other social determinants of health
- Integrate services, including physical and behavioral health, and medical care with long-term support services
- Reduce opioid and drug-related deaths



Use data to drive outcomes

- Ensure all administrations are managing to outcomes and investing in evidence-based solutions

1 Development of the DHHS Internal Data Strategy

Components of the strategy

- Improved data governance structure for the department
- Process to identify, aggregate, and prioritize data-related projects from across program areas
- Proposal for increased data science capacity
 - Maximizing use of existing resources
 - Coordination across programs
 - Design for data center of excellence

Process to develop the strategy

- Evaluate current state of data sharing and use of analytics in the department, and data governance processes
- Conduct needs assessment for data-sharing, basic, and advanced analytics support
- Inventory existing analytics assets
- Identify gaps and prioritize needs
- Develop recommendations for future state of data governance, capacity-building, and prioritized project list for FY20 and beyond

2 Laying the Foundation for a Statewide HIT Plan

What would a statewide plan do?

- Provide consensus-driven decision-making to statewide HIT funding and development
- Develop baseline understanding of capabilities and barriers (e.g. barriers to interoperability, consent, infrastructure, workflow impediments, etc.)
- Provide business drivers for improving existing HIE statewide services, for improving workflow related to EHI, and for building out HIT to further enhance clinical decision-making
- Establish of a shared vision for what the next era of HIT will be
- Provide prioritization of use cases and other HIE services
- Transform statewide HIT governance
- Guide future funding and planning

How will the plan be developed?

- Consider needs and plans identified in DHHS internal strategy
- Conduct broad stakeholder engagement to assess the baseline capacities, barriers, visions, and needs
- Engage experts for technical assistance and draw on national best practices
- Partner with other state stakeholders developing elements of the strategy
- Receive guidance and input from the HIT Commission

2 Plan for Stakeholder Engagement

Collaboration on a statewide plan for HIT must be sector-inclusive:

- Area agencies on aging
- Behavioral health providers
- Correction
- EMS
- FQHCs/PCMHs
- HIT/HIE entities (e.g. vendors, HINs)
- Home and community-based care providers
- Hospitals
- Long term care providers
- Medical schools
- Patient advocacy groups
- Payers
- Pharmacists
- Primary care providers
- Public health experts
- Public safety organizations
- Quality improvement entities
- Rural health centers
- State agencies (e.g. DHHS, LARA, MDE, etc.)
- Safety net services
- School nurse programs
- Specialists

HIT Commission will engage their constituencies to provide input, and advise on the overall strategy

Origins of Michigan's HIT Strategic plan and HIT Commission

- 2005: Governor Jennifer M. Granholm charged MDCH and MDIT with exploring HIT/HIE
- 2006: 200 stakeholders convened to develop the Michigan Health Information Network Conduit of Care
 - First iteration of Strategic Plan for HIE in Michigan
 - Appropriated \$10 million from State general funds for growth of sub-state HIEs
 - Explore federal funding opportunities for the creation of MiHIN

Conduit of Care Guiding Principles



Michigan citizens are at the center of MiHIN goals to improve patient care and population health



The MiHIN will leverage existing and planned information technology



Multi-stakeholder collaboration is needed to implement achievable and measurable initiatives



The MiHIN will conform to applicable federal guidelines



Those that benefit should participate in paying the cost

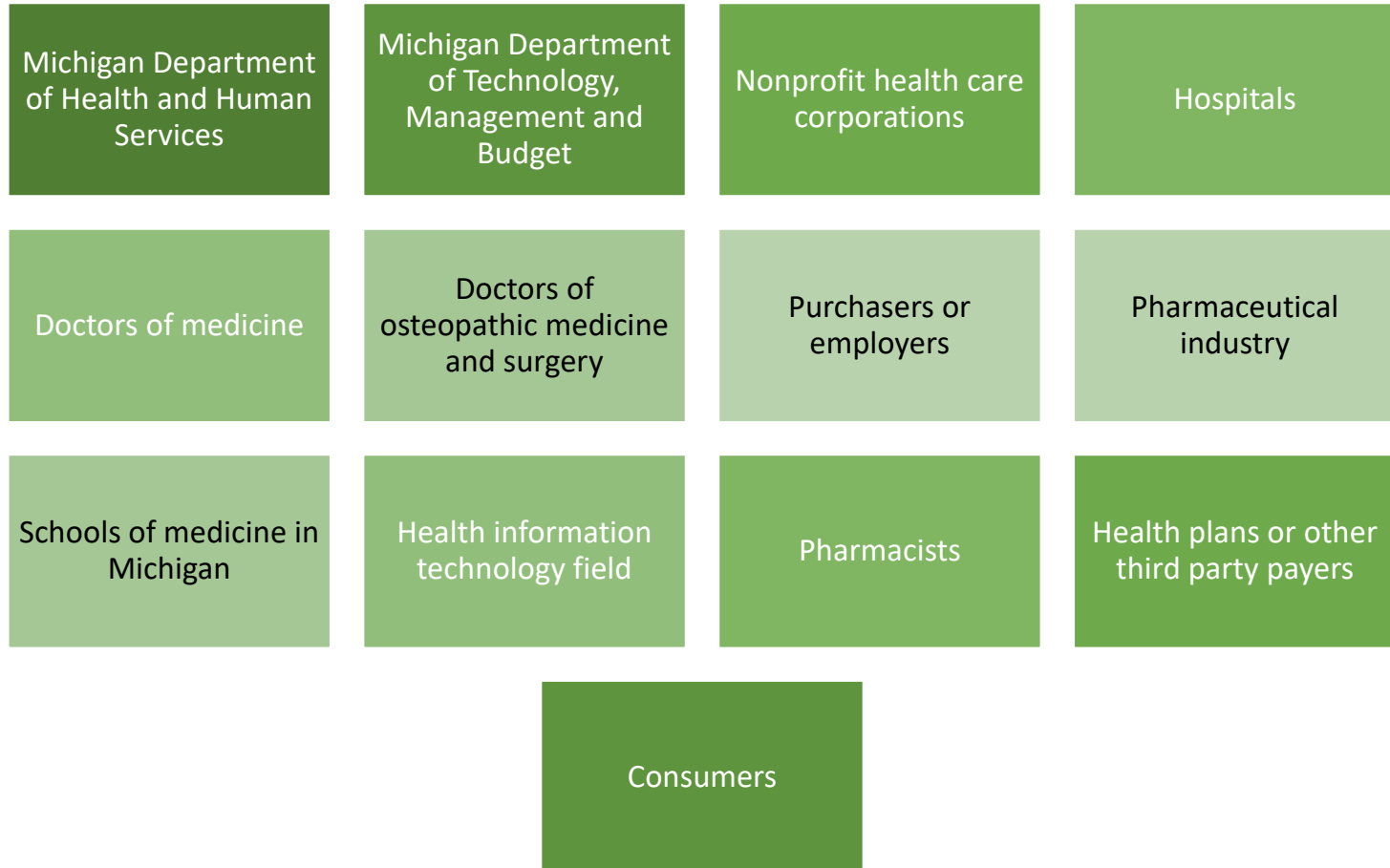


Adoption and use of the MiHIN is critical to the success of the HIT/HIE strategy for Michigan

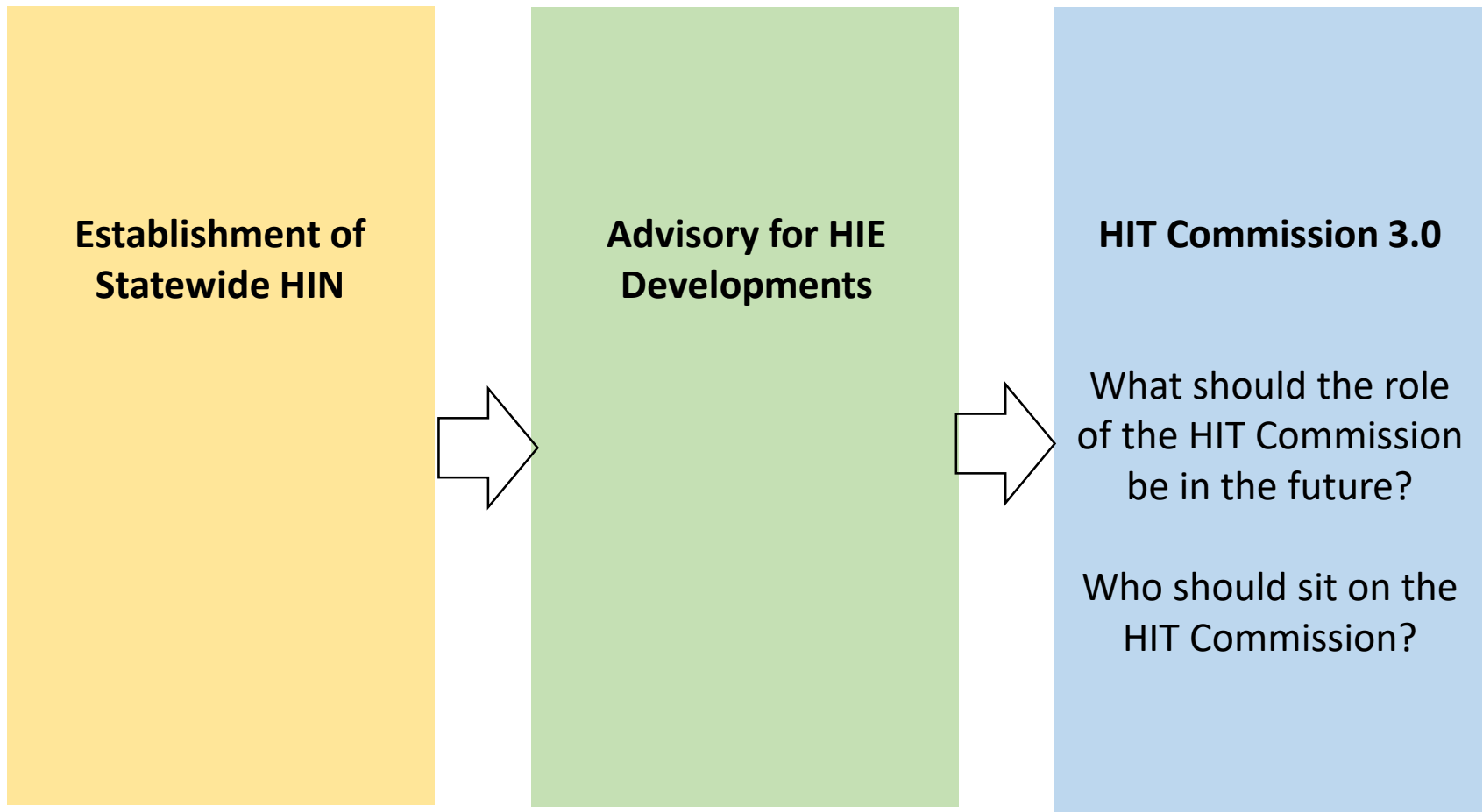
Health Information Technology Commission

- The Michigan HIT Commission was created in 2006 (Public Act 137 - 06)
- Charged with facilitating and promoting the design, implementation, operation and maintenance of an interoperable health care information infrastructure and advancing the adoption of health information technologies throughout the state's health care system
- 13 members, appointed by the Governor, each representing segments of the healthcare ecosystem
- Serves as an advisory body to MDHHS
- Provides recommendations and an annual report to the Michigan Legislature

HIT Commission Membership



Evolution of the HIT Commission



Michigan's Road to Health Equity and Access

Colorado's Health IT Roadmap
Michigan Chapter

HIMSS Event

October 3, 2019



A Quick Introduction

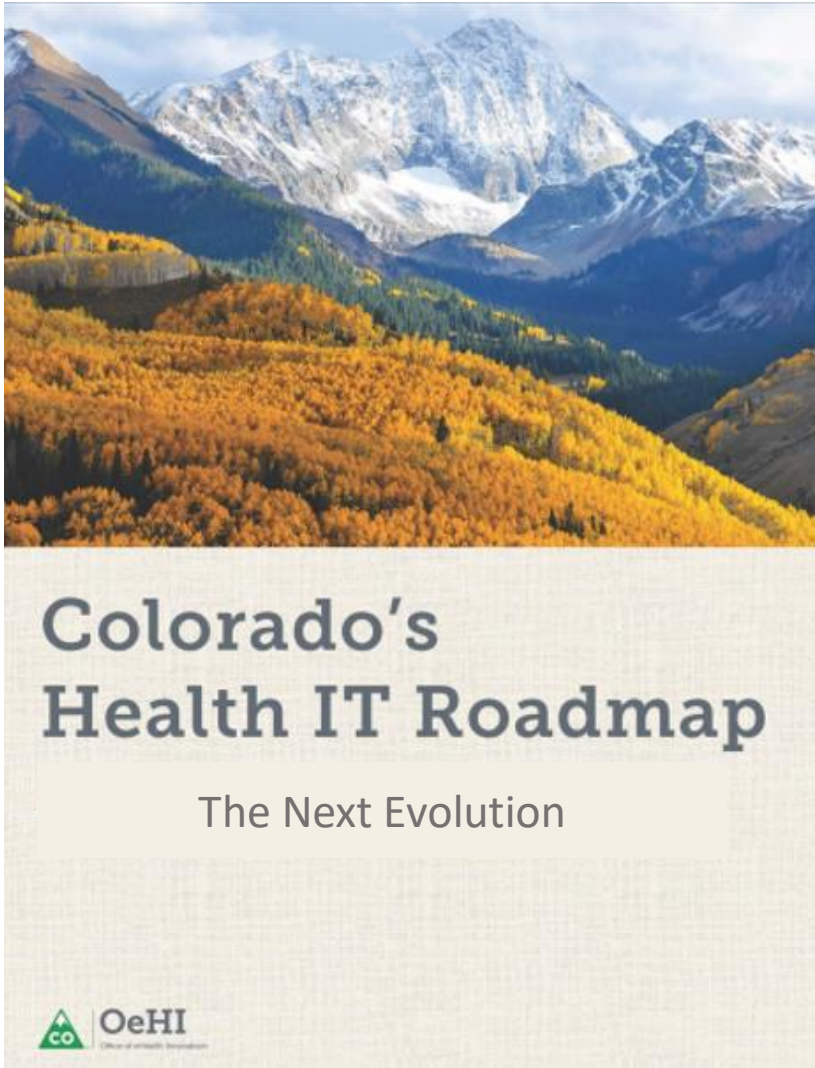
History

- Health IT Advisory Committee in 2007
- Executive Order in 2015 formed Office of eHealth Innovation (OeHI) and eHealth Commission
- OeHI and State Leadership- Director, and State HIT Coordinator

Current State

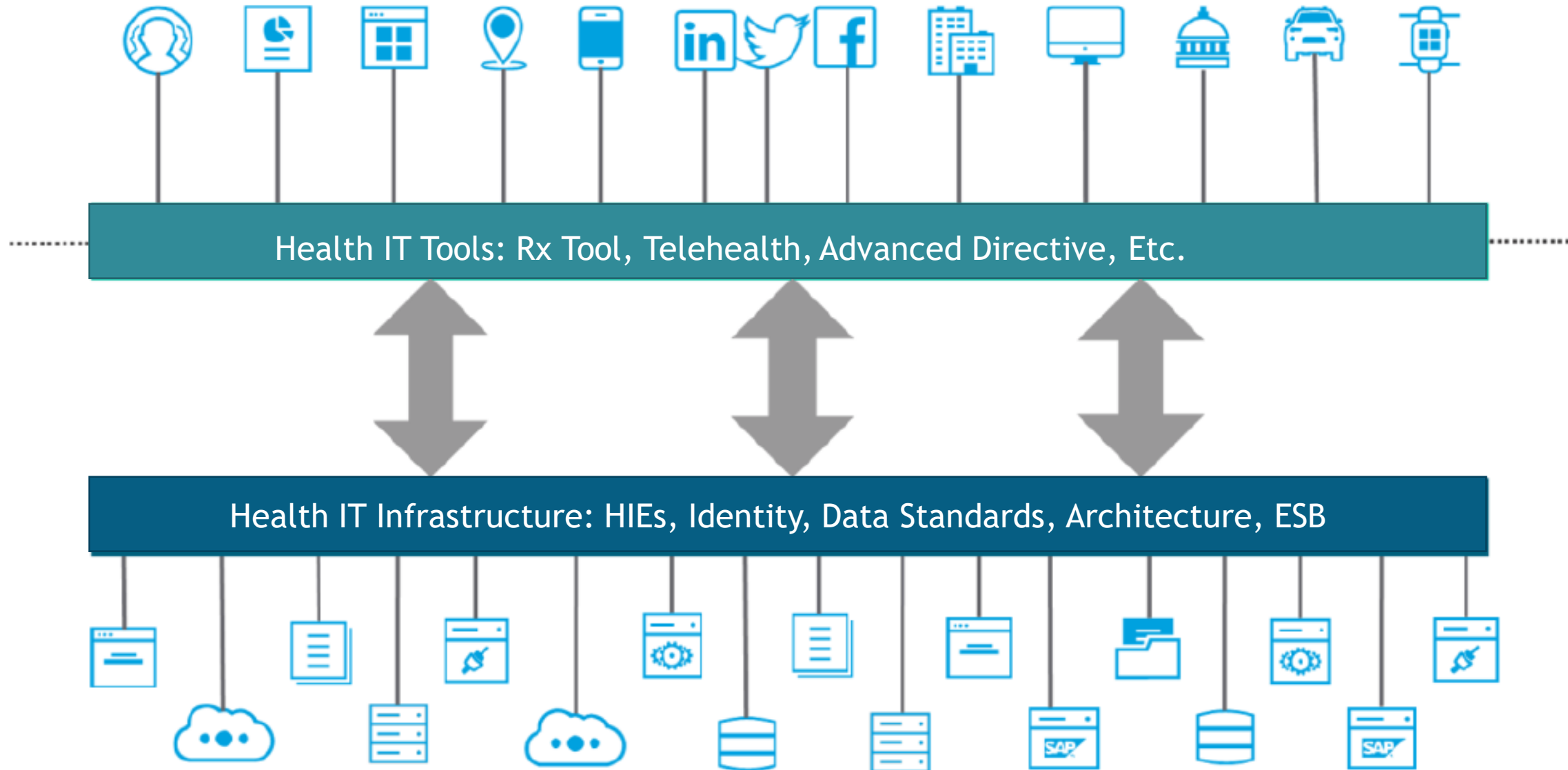
- Office of eHealth Innovation
- eHealth Commission
- Commission's Working Groups
 - Health Information Exchange and Data Sharing WG
 - Innovation Workgroup
 - Care Coordination Workgroup
 - Consumer Engagement Workgroup

The Colorado Health IT Roadmap 2.0



- Aligned with Polis and Primavera efforts to reduce costs and improve health for Coloradans
 - Re-energized focus on policy, governance, innovation, to improve care and reduce costs.
- Alignment with Affordability Roadmap
 - Telehealth/Telemedicine
 - Broadband
 - Advanced Directive
 - Interoperability
 - Digital Health

HEALTH IT ECOSYSTEM



Summary of The Initiatives

STAKEHOLDER ENGAGEMENT & PARTICIPATION

- ★ 1. Support care coordination in communities statewide
- ★ 2. Promote and enable consumer engagement, empowerment, and health literacy

GOVERNANCE

- ★ 3. Harmonize and advance data sharing and health information exchange capabilities across Colorado
- ★ 4. Integrate behavioral health, physical health, claims, social data, and other health data.
- ★ 5. Statewide Health Information and Data Governance
- ★ 6. Health IT Portfolio/Program Management

RESOURCES/FINANCIAL

- 7. Accessible and Affordable Health IT and Information Sharing
- 8. Accessible and Affordable Health Analytics

PRIVACY & SECURITY

- 9. Best Practices for Health Information Cybersecurity Threats and Incidents
- ★ 10. Consent Management

INNOVATION

- 11. Digital Health Innovation

TECHNOLOGY

- ★ 12. Statewide Health Information Architecture
- ★ 13. Ease Quality Reporting Burden
- ★ 14. Uniquely Identify a Person Across Systems
- ★ 15. Unique Provider Identification and Organizational Affiliations
- ★ 16. Broadband and Telehealth Access

★ State Funding Appropriated & Federal Match (90/10)

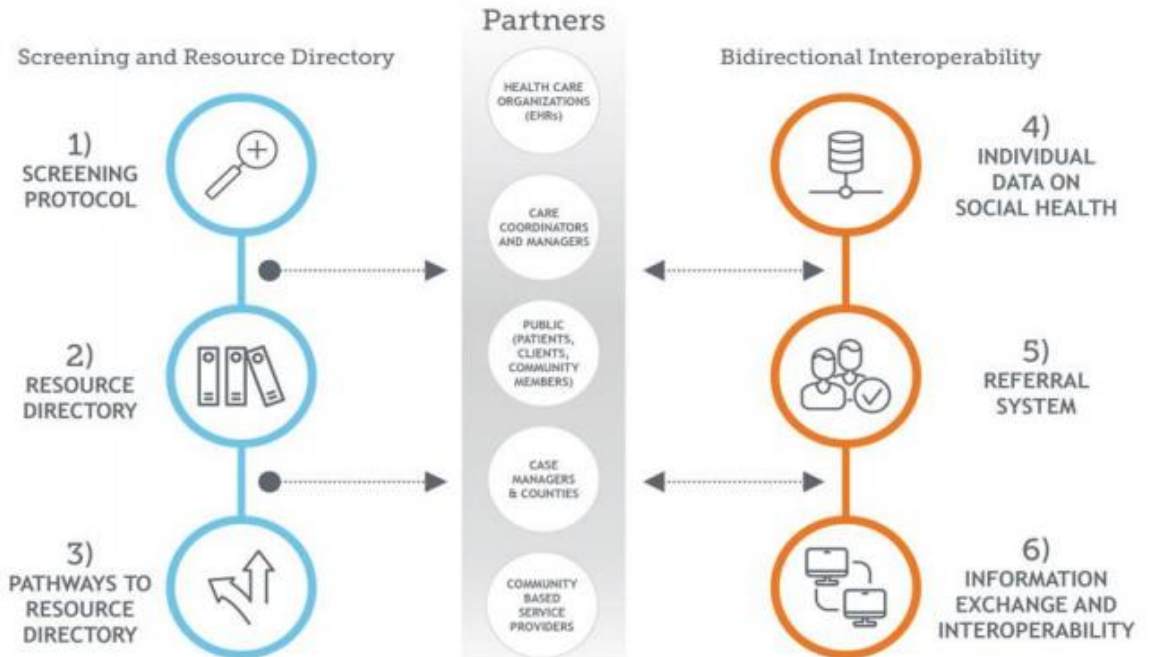
★ State Only Appropriation

★ New Focus- Funding Prioritized for Planning

Support Care Coordination in our Communities

*“Connecting
Health Care with
Services for SDOH”*

Social-Health Information Exchange



- Community Grants in Development FY20
- Social Health Information Exchange Interoperability
 - \$3 Million FY20-FY21

Advancing Health Information Exchange

*“Connecting
the Pipes”*



- \$1.1 Million in Projects FY20
- \$1.3 Million in Projects FY21

Reducing Provider Burden for Reporting

*“Submit once
report to many”*



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- \$5 Million in Projects FY20-21

Consumer Engagement & Empowerment

*“How much do I
really need to pay
and what are my
options?”*

1. Understand my insurance options and costs.
2. Understand all my costs for a health-related service before it's delivered.
3. Understand the value and risks to me of a particular health-related service or decision.
4. Understand what and why I've been billed for certain health-related services.
5. (Understand how I can) Attain / Maintain a healthy lifestyle.
 - \$1.3 Million in Projects FY19-20

Get Involved

Contact Us



Website: www.Colorado.gov/OeHI

Twitter: [@OEHI_Colorado](https://twitter.com/OEHI_Colorado)

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