



# Building The Bridges to Better Health

MiHIN's Role in Improving Data Interoperability,  
Access, Quality, and Cost in Michigan

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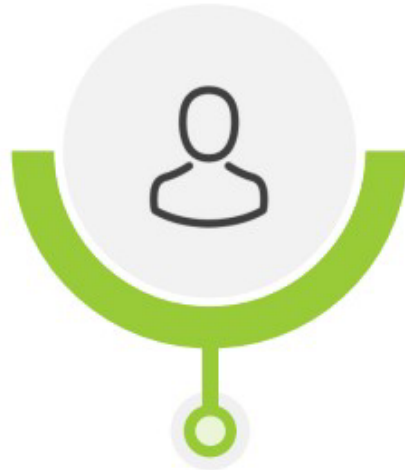
Board Director, MiHIN & Board Director Interoperability Institute

Board Director, Public Policy / Advocacy, Michigan HIMSS

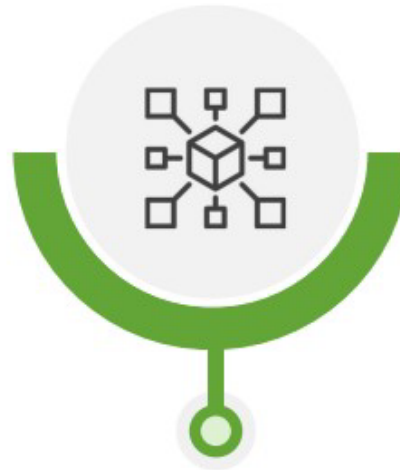
Columbia, South Carolina, May 17, 2023

# Connecting Michiganders to Their Health Information

In 2006, Governor Jennifer Granholm sponsored a collaborative effort which developed a statewide strategy for health IT. This strategy, called the "[Conduit to Care Report](#)," included principles such as:



Focusing on Michigan citizens, and putting them at the center of health information sharing, to improve patient care and population health



Leveraging existing investments and centrally connect health information sharing in a statewide network



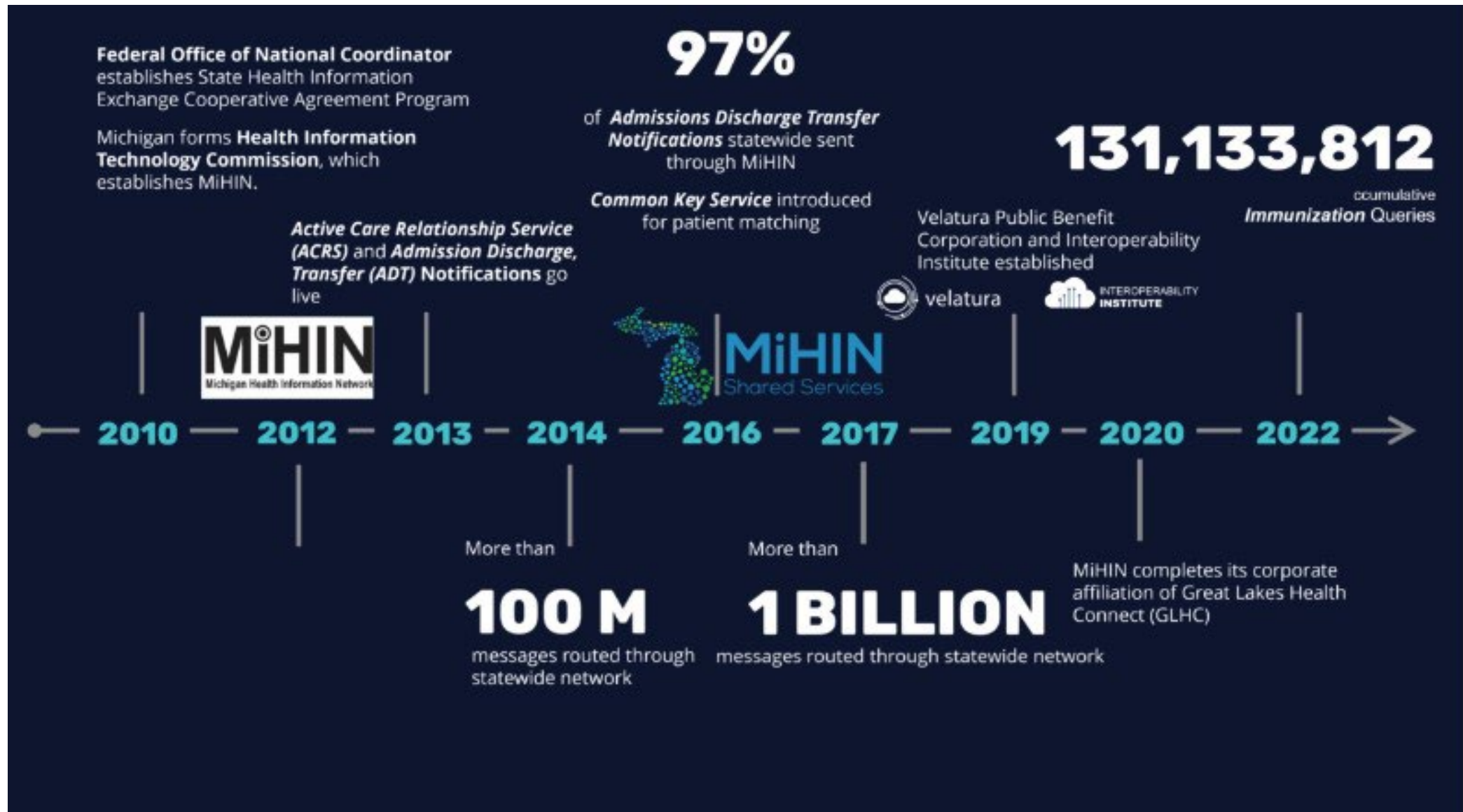
Collaborating with multi-sector stakeholders to implement achievable and measurable initiatives for connecting Michigan health insurance payers, health providers and patients

# Creation of the Michigan HIT Commission - 2006

- The Michigan Health Information Technology ("Health IT") Commission was created by [Public Act 137 of 2006](#). The Health IT Commission is housed within the Michigan Department of Health and Human Services (MDHHS).
- The Commission's mission is to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in Michigan.
- In 2005, Governor Jennifer Granholm charged the Michigan Department of Community Health (MDCH) and the Michigan Department of Information Technology (MDIT) with exploring the role of IT in healthcare transformation and improving care outcomes.
- In 2006, MDCH and MDIT convened over 200+ stakeholders to develop a health IT strategic plan, called the [Conduit to Care report](#). That same year, the Michigan Legislature enacted [Public Act 137 of 2006](#), which establishes the Health IT Commission. After extensive stakeholder collaboration, MDCH, MDIT and the Health IT Commission oversaw the launch of the [Michigan Health Information Network \(MiHIN\)](#) in 2010.
- The thirteen (13) member Health IT Commission is governor-appointed.

Source: *michiganhealthit.org*

# MiHIN's Evolution 2010 - 2023



Source: [mihin.org](http://mihin.org)

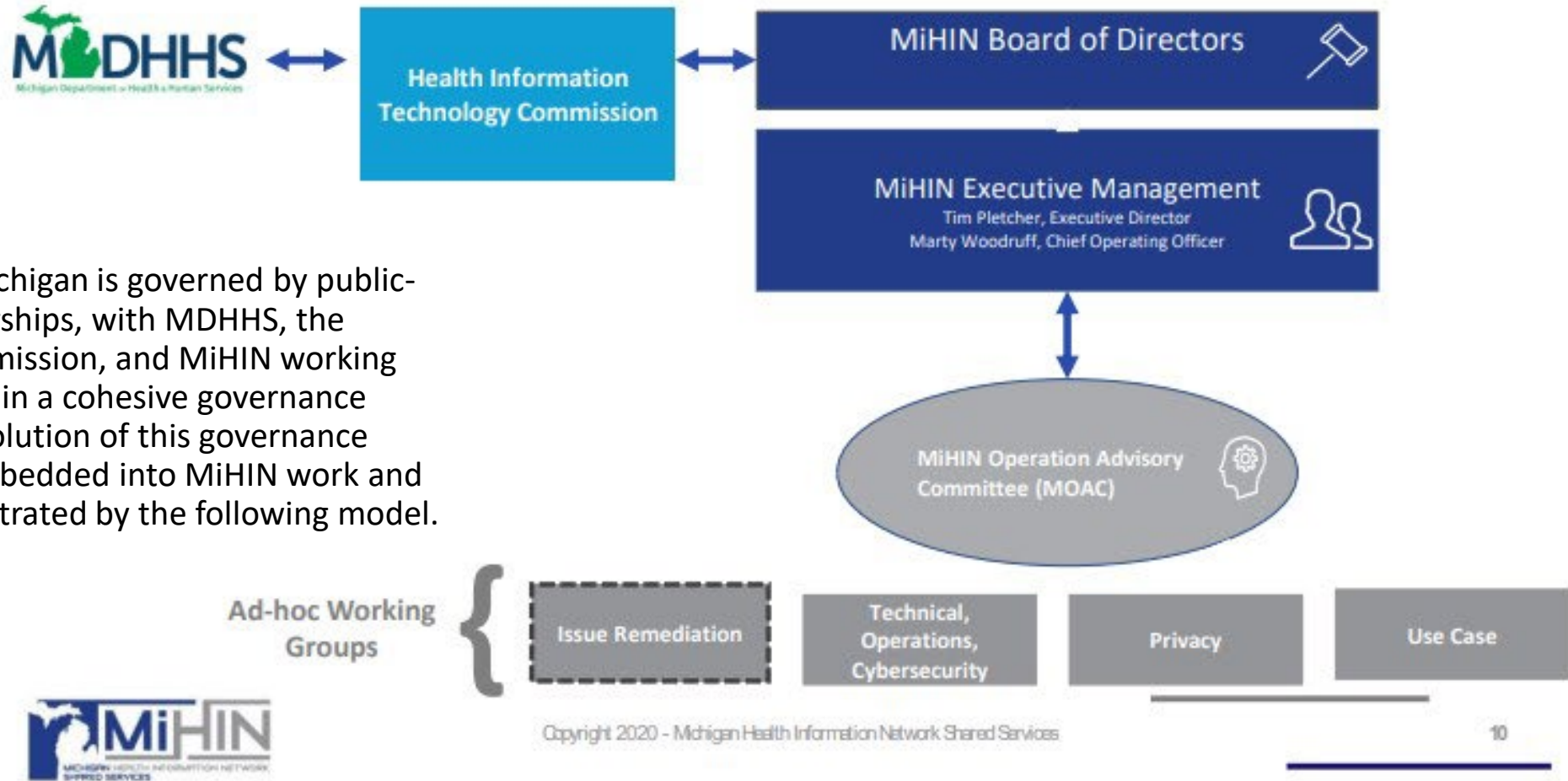


# MiHIN Governance

- Michigan's Health Information Exchange organizations all participate in MiHIN, and provide services across the entire state, including the Upper Peninsula region.
- The HIE governance structure for Michigan began pursuant to Michigan Public Act 137 of 2006, when the Michigan Legislature created the Governor's Health Information Technology (HIT) Commission for the following purpose: "...to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in the State."
- Subsequently the HIT Commission created an operational plan calling for the creation of the Michigan Health Information Network shared services (MiHIN) to operationalize HIT Commission policies including the statewide sharing of health information.
- Michigan employs a public-private model, instead of complete state control, that streamlines and aligns public health and meaningful use reporting requirements into a consistent approach.
- MiHIN functions as a separate nonprofit organization and is the State Designated Entity (SDE) tasked with the responsibility of exchanging health information statewide. Thus, MiHIN is not an HIE, however it does engage in HIE by connecting the many HIEs that serve Michigan with the State with payers and other data sharing organizations.

Source: [Microsoft Word - SMHP 2019 Version 1.0 JW 2019 07 15 \(michiganhealthit.org\)](#)

# MiHIN Governance Model



Health IT in Michigan is governed by public-private partnerships, with MDHHS, the Health IT Commission, and MiHIN working collaboratively in a cohesive governance model. The evolution of this governance structure is embedded into MiHIN work and culture, as illustrated by the following model.

The following stakeholders represent a sample of additional organizations that are working closely with MiHIN and Michigan Medicaid to help advance HIT in 2021. There are currently about 70 organizations from across the state of Michigan participating in MOAC.

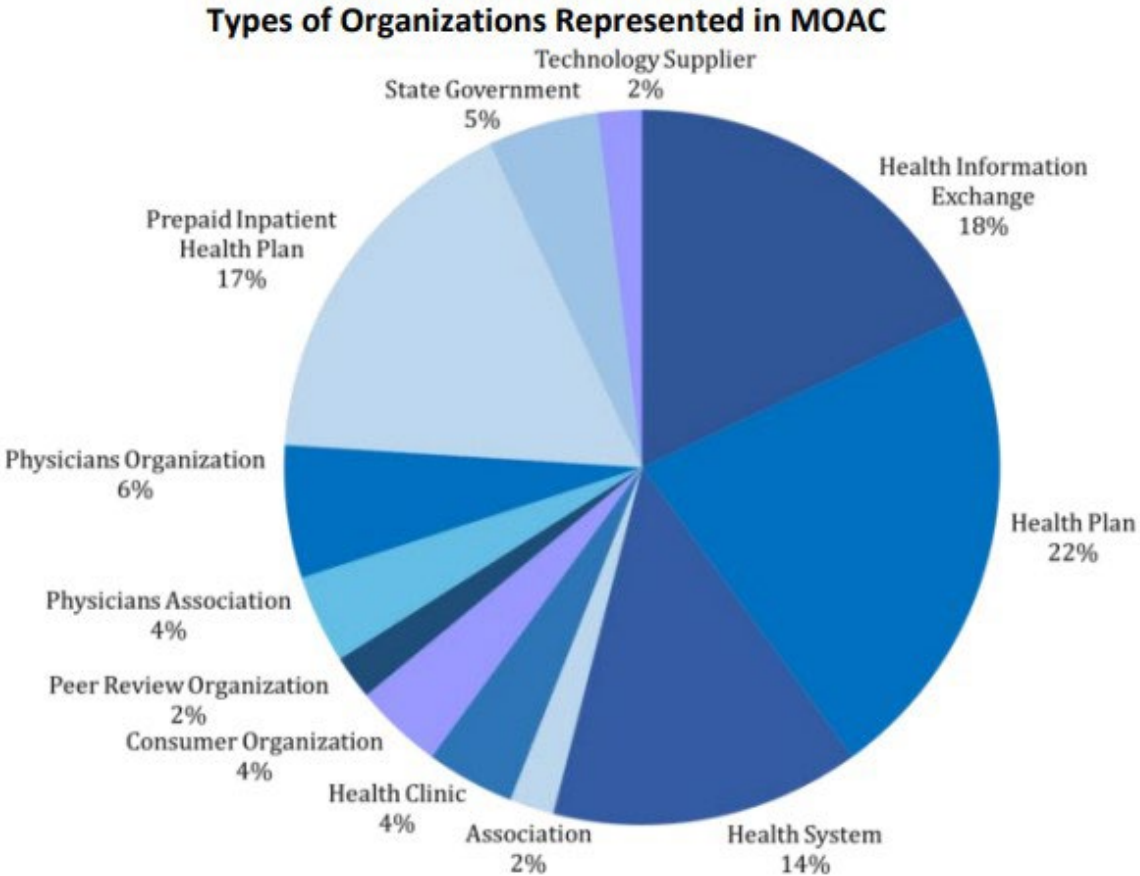
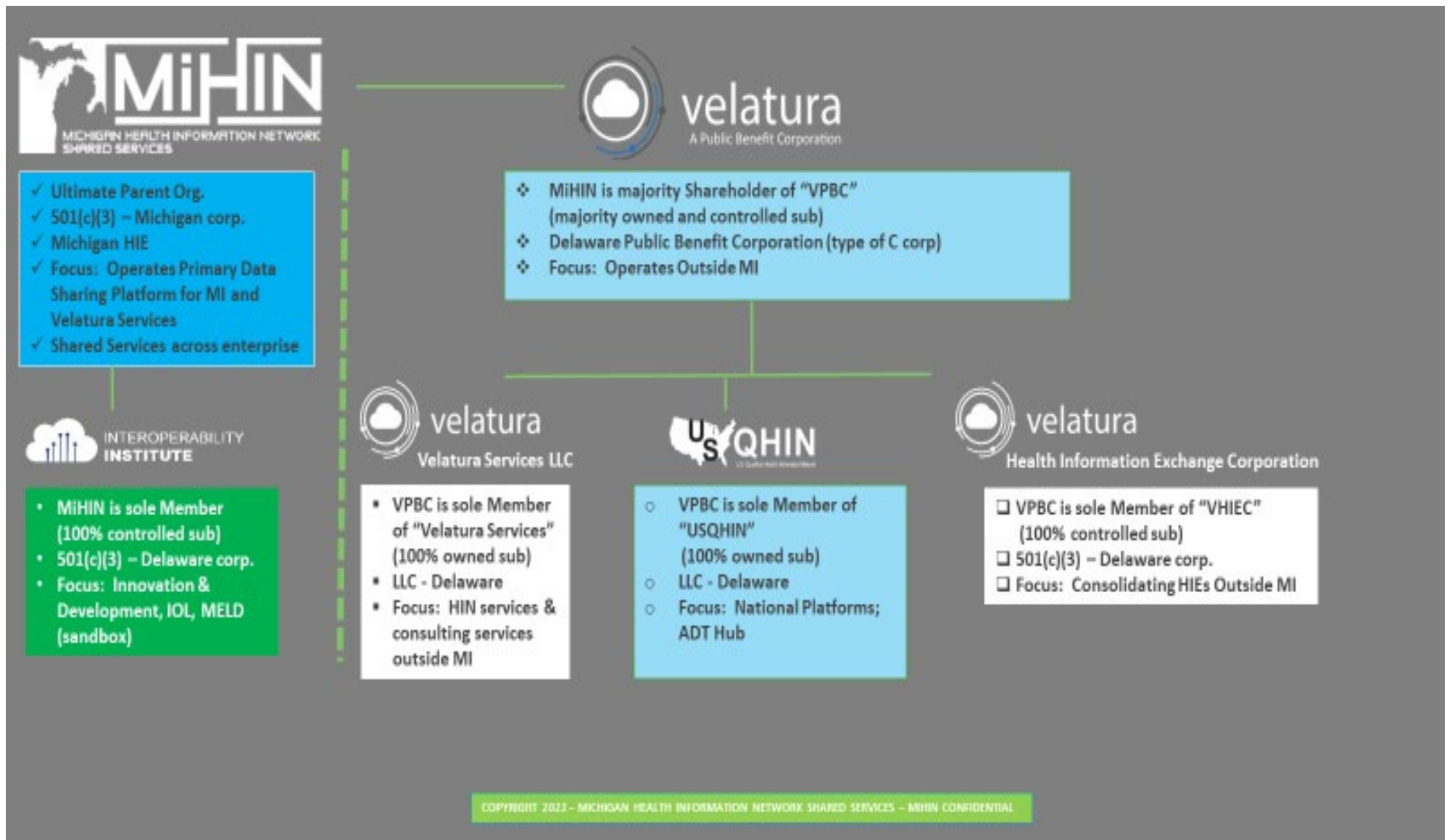


Figure 4: Types of Organizations Represented in MOAC

Source: [Microsoft Word - SMHP 2019 Version 1.0 JW 2019 07 15 \(michiganhealthit.org\)](#)

# MiHIN Family of Companies





# Michigan Health Information Network (MiHIN)

- Michigan Health Information Network (MiHIN) is a leading health data infrastructure and interoperability services organization focused on improving healthcare, simplifying work, and lowering costs. Founded in 2010, MiHIN has grown to connect thousands of Michigan's care entities serving over 13 million patients. MiHIN's core infrastructure is an essential digital health asset in the state, especially during the COVID-19 pandemic, when it demonstrated its value to the community as a nascent Health Data Utility (HDU).
- To accomplish this vision and become a national leader, MiHIN has strategically formed subsidiary companies to provide technology, services, and resources to enable scalability, cost savings, and revenue generation for its long-term sustainability. Each serves its own purpose, but all come together to support the success of MiHIN and improve its ability to advance and extend its services to advance cross-sector and state-specific priorities that improve care, lower costs, and advance health equity.

# MiHIN Services

## Care Coordination



- Admission, Discharge, Transfer Notifications
- Exchange Consolidated Clinical Document Architecture UCE
- Imaging
- Longitudinal Record
- Advanced Care Documents
- Statewide Telehealth
- Referrals
- Interoperable Referrals
- Social Determinants of Health (Social Care Screening)

## Public Health



- Health Information for State UCE
- Death Notifications
- Electronic Case Reporting
- Immunization History Forecast
- Syndromic Surveillance
- Electronic Consent Management Services

## Results Delivery



- Lab Orders-Results
- Radiology Studies
- Transcribed Document Delivery

## Quality Information and Administration



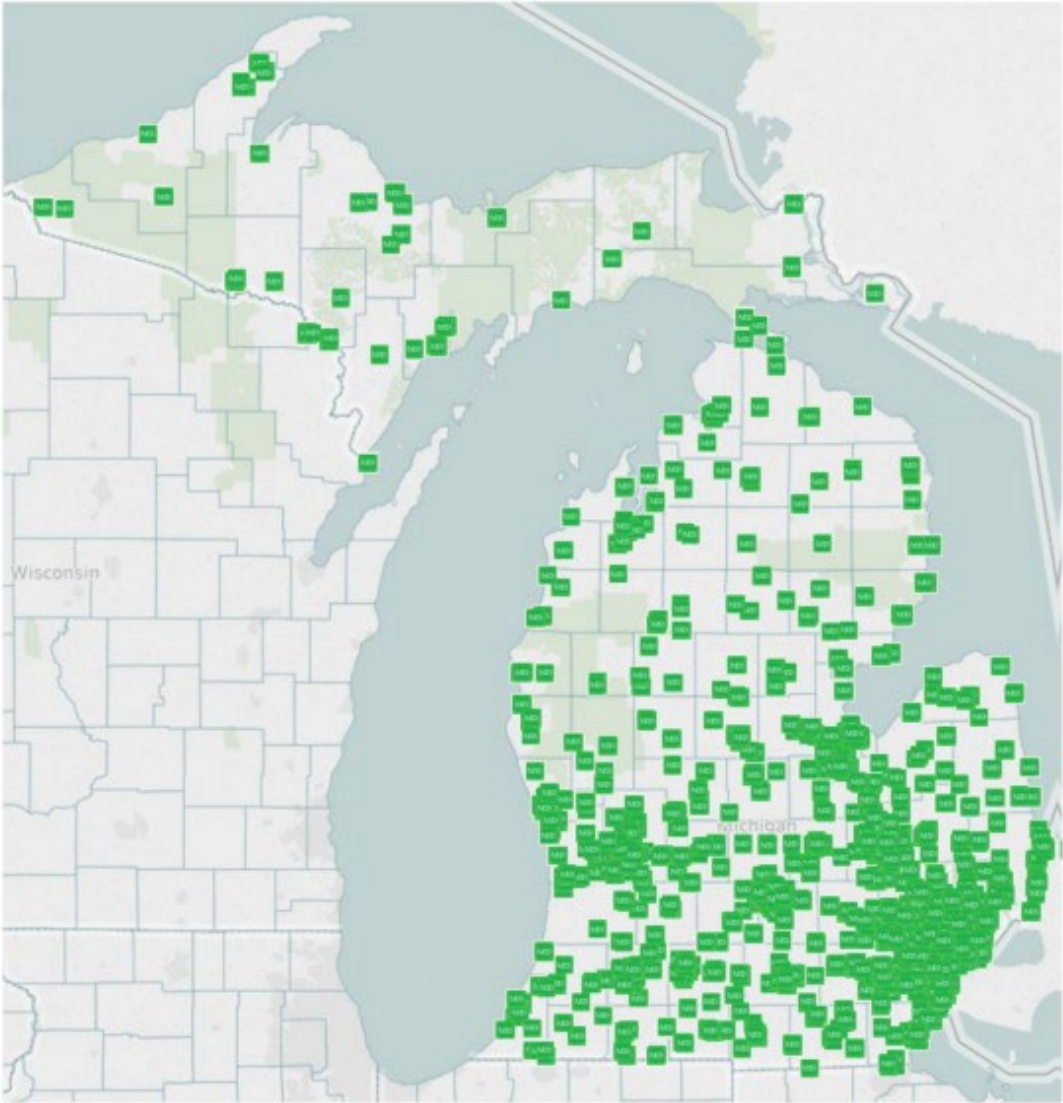
- Quality Measure Information (QMI)

## Network Infrastructure



- Common Key Service
- Active Care Relationship Service
- Health Directory

Figure 6: Providers/Organizations with Active Care Relationships in Michigan



Source: [Microsoft Word - SMHP 2019 Version 1.0 JW 2019 07 15 \(michiganhealthit.org\)](https://michiganhealthit.org)

# Active Care Relationship Service (ACRS)

- The Use Case to Submit Active Care Relationships (ACR) enables organizations to record the active care relationships attributing a patient with health professionals at that organization. These attributions are then utilized to accurately route information for a patient to all members of their care team (e.g., ADT messages, Medication Reconciliations, etc.).
- Operating as a service, ACRS enables authorized persons and organizations to search for care providers who have an active care relationship with a patient. Searches can be made from provider/physician organizations, other health care facilities/organizations, and payers.
- Provider organizations contribute information about patients and their attributed health professionals including, but not limited to, patient name, patient date of birth, patient address, patient phone, health professional name, health professional identification number, health professional contact information, health professional organizations, and other associated information as appropriate.
- In addition, ACRS can be used to establish relationships between patients and attributes assigned to those patients by payers, providers, physician organizations, or through various predictive models.
- These attributes can then be added to ADTs to enrich those messages with additional information that can be used to by providers to create a situational awareness of their patients.
- Attributes for a patient can include high utilizer status, if the patient has a chronic disease, their risk scores for mortality or readmission, and even potential exposure to an event that may negatively impact their health.



# Interoperability Institute

- Interoperability Institute (IOI) was created to provide the products, services, workforce, and leadership to bring advanced interoperability solutions to MiHIN and its family of companies as well as the national market. It serves as a health IT innovation incubator, solution provider, testing ground, and business enabler for adoption and standardization of emerging technologies.
- IOI helps to further strengthen MiHIN's competitive advantage through its innovation pipeline, its growing community of private and public sector partners, and its workforce program that's developing the next generation of health IT professionals.
- IOI offers testing environments, synthetic data packs and personas, InterOpathons, Interop. learning labs and course packs, and its workforce development program to Michigan and the national market.
- IOI also created InterOp.Community which serves as a technology incubator to advance interoperable health solutions across the health care industry.
- IOI was recently added as one of AWS's Virtual Innovation Centers in the United States.
- IOI developed Interoperability Land™ (IOL) to offer customers with a secure cloud hosted environment that simulates the challenges of data sharing and helps to accelerate the development, integration, acceptance, and testing of products, services, and open standards including HL7® FHIR®.
- IOL recently developed an open-source version of this environment, called Meld, which is populated with fully synthetic FHIR® data that's available in FHIR® DSTU2, FHIR® STU3, and FHIR® R4 formats. This offering also provides a safe space for developers to create, test, and validate their healthcare applications and APIs.

# Velatura LLC Timeline

- 2010:** MiHIN is established as Michigan's state designated HIE and quickly becomes a national leader in interoperability solutions
- 2016:** Velatura LLC is established to extend MiHIN's offerings outside of Michigan
- 2018:** Velatura Public Benefit Corporation is launched to reflect Velatura's mission beyond profit and commit the organization to high standards of purpose, accountability, and transparency
- 2020:** Velatura Public Benefit Corporation expands to incorporate two distinct subsidiaries – The United States (US) Qualified Health Information Network (QHIN) and Velatura Services LLC
- 2021:** Velatura announces the formation of the Velatura HIE Corporation, a not-for-profit organization that will offer affiliation and integration opportunities across the country

# Velatura Public Benefit Corporation

- **2018:** Velatura Public Benefit Corporation is launched to reflect Velatura's mission beyond profit and commit the organization to high standards of purpose, accountability, and transparency
- **2020:** Velatura Public Benefit Corporation expands to incorporate two distinct subsidiaries – The United States (US) Qualified Health Information Network (QHIN) and Velatura Services LLC
- Velatura serves a diverse and growing range of clients across the country, including work in Connecticut, Florida, Georgia, New Jersey, Missouri and Wisconsin.
- Velatura is partnering and collaborating with many different kinds of organizations.

# Velatura Public Benefit Corporate Structure





# Velatura Services

- Velatura Services is a national leader in helping both public and private sector organizations streamline and scale the secure exchange of clinical, administrative, and person-level data across organizational boundaries and state lines. Our team is comprised of industry leaders, subject matter experts, project managers, and analysts who together bring deep passion and experience in this work.
- We offer a continuum of services to our customers ranging from deploying information exchange platforms or delivering modular technology solutions to providing operational support and advisory consulting. We understand it requires a combination of technology, people, and process to solve for the interoperability and data exchange challenges in all industries, especially healthcare, and we are dedicated to meeting our Customers where they are at to help them find and follow their path to success.

*Velatura is a subsidiary of Michigan Health Information Network Shared Services and the exclusive reseller for MiHIN products and services.*

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# Velatura HIE Corporation

- Velatura HIE Corporation is a not-for-profit organization offering affiliation, collaboration, and integration opportunities to health information exchanges (HIEs) across the country.
- Velatura HIE is a consolidation of HIEs, community-based organizations, and health information networks that have formally affiliated to achieve national economies of scale while maintaining localized stakeholder alignment and focus.
- VHIEC offers a variety of collaborative partnership options to HIE organizations:
  - **Integration Model** – Stakeholder fully affiliates and integrates with VHIEC, transitioning operations employees and responsibility for sustainability into greater Velatura organization
  - **Franchise Model** – Stakeholder operates independently under the Velatura brand utilizing some or all services, products, and technology, while maintaining responsibility for day-to-day operations and sustainability
  - **Administration Model** – Central contracting / Procurement (i.e., state contracts, grants, health plan)
  - **Collaboration Model** – A la carte or custom model to meet the needs

# USQHIN

- The United States QHIN (USQHIN) is an alternative nationwide health information network, focused on rationalizing interstate data exchange at national scale.
- USQHIN engages public and private stakeholders and advances emerging use cases in support of urgent public health needs and federal interoperability goals.
- USQHIN is part of The Constellation, including Velatura Public Benefit Corporation, the Interoperability Institute and the Michigan Health Information Network Shared Services.
- The organizations offer a comprehensive interoperability strategy and a product and services portfolio that continues to transform healthcare and health information exchange in Michigan and across the nation For more information, visit: <https://usqhin.org>.
- The National ADT Hub Network is USQHIN's first use case and aims to foster collaboration between vendors, health information exchanges, health systems, government agencies, and health insurers. By working together, participating "Gateway Partners" demonstrate their commitment to addressing individual patient well-being, critical national public health needs, and the greater good.

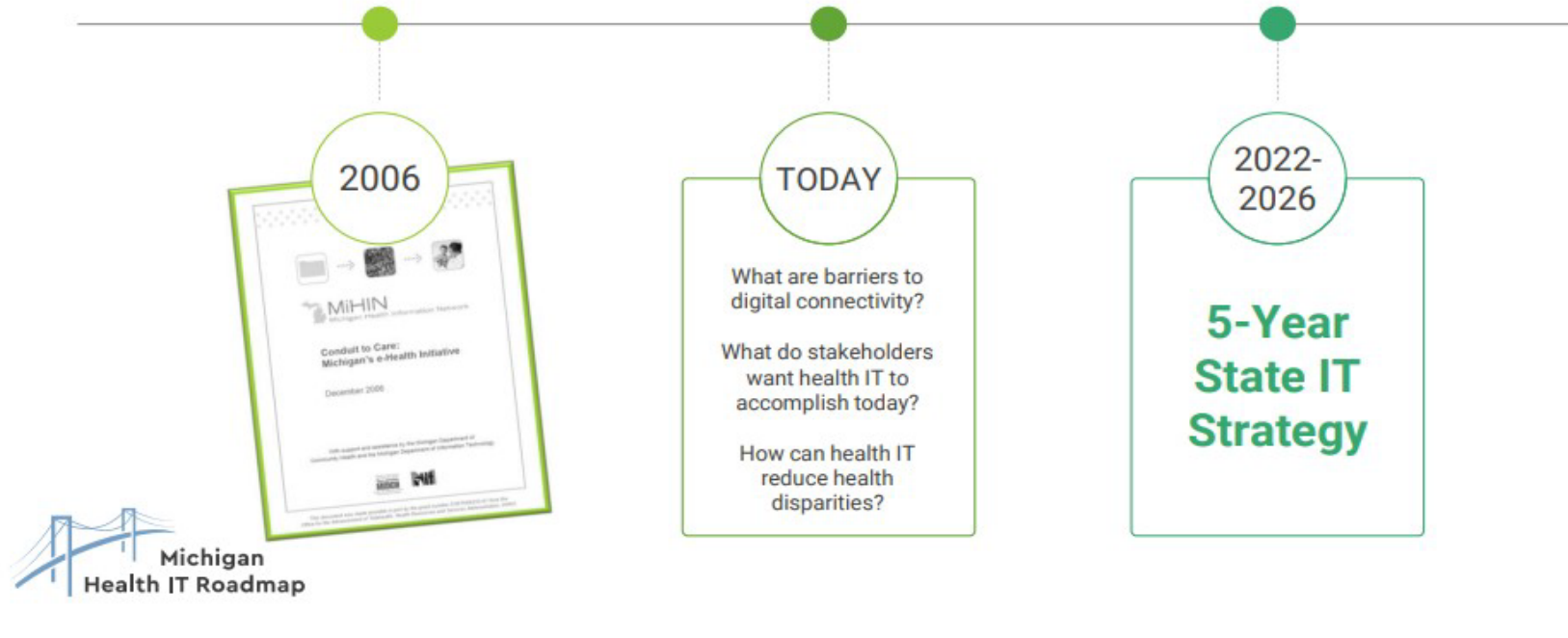
# Building the Bridge To Better Health: Michigan's State HIE/HIE 5-Year Roadmap

- The new State HIT/HIE Roadmap, like its corresponding Public Health and Medicaid IT 5-Year Roadmaps, depends on public-private collaboration across all sectors of the State.
- It builds on the long history of collaboration in the state to improve cross-sector interoperability, access, data quality, and cost-effectiveness of healthcare services



# Bringing Modern Insight to the Health IT Strategy

In 2019, the governor-appointed Michigan Health IT Commission adopted a plan to update the 2006 statewide strategy for health IT. The kickoff for this strategy “refresh” began in March 2020.



# Foundational principles for a health IT strategy



Develop a strategy that is inclusive of all stakeholders



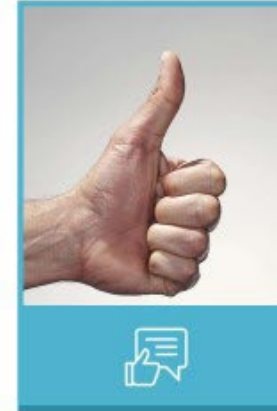
Implement a project plan with oversight by the Michigan Health IT Commission



Align the strategy with State of Michigan and MiHIN priorities



Maximize local community utilization of, and benefit from, existing health IT investments



Validate stakeholder feedback through solicitation of public comment

# Q1 Calendar Year 2023

## Building the Bridge to Better Health

Tracking Michigan's 5-year Health IT Roadmap





# Tracking progress: Identifying champions and empowering leaders

INITIATIVE: Identify champions and empower leaders	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
1A-1: Track, monitor, evaluate roadmap	MDHHS					
1B-1: Refresh state Health IT governance	HIT Commission / MDHHS					





## Tracking progress: Identifying champions and empowering leaders

Exigent Milestones	Summary	Status	Next Steps
<b>HIT Roadmap Implementation Plan</b>	Documents to track progress on HIT Roadmap objectives and identify opportunities to innovate	In progress	Ongoing – materials updated and reported out quarterly
<b>Community Information Exchange (CIE) Task Force</b>	Task force of CBOs and others convened around social care data which will become a subcommittee of HITC, bringing more perspectives from community-based settings	In progress	Expected to become a subcommittee of HITC in June 2023



### What you can do:

- Participate in quarterly [HIT Commission meetings](#) and share your thoughts
- Become a champion in your network







## Tracking progress: Enhance health data utility

INITIATIVE: Enhance health data utility	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
<b>2A-1:</b> Leverage existing investments - MDHHS Enterprise (MiCAL, CCWIS, MPI)	MDHHS	→				
<b>2A-1:</b> Leverage existing investments - Inventory and Assessment of current MiHIN Use Cases and Users	MiHIN	→				
<b>2A-2:</b> Promote and improve core HIN infrastructure (Admission, Discharge, Transfer, identity management, web-based longitudinal records, etc.)	MiHIN / MDHHS	→				
<b>2A-3:</b> Enhance interoperable clinical documentation	MiHIN	→				
<b>2B-1:</b> Promote privacy and security (legal infrastructure, cybersecurity)	MiHIN	→				



## Tracking progress: Enhance health data utility

INITIATIVE: Enhance health data utility	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
<b>2B-2:</b> Implement data standards that align with best practice	MiHIN / MDHHS	→				
<b>2C-1:</b> Implement electronic consent management	MiHIN	→				
<b>2C-2:</b> Prioritize use cases that protect patient safety (advanced directives, timely medication information, ID management)	MiHIN	→				
<b>2C-3:</b> Connect all dots in care ecosystem (behavioral health, children, justice involved)	MiHIN / MDHHS	→				
<b>2C-4:</b> Promote and simplify consumer applications	MDHHS/MiHIN	→				



## Tracking progress: 2. Enhance health data utility

Exigent Milestones	Summary	Status	Next Steps
<b>E-consent</b>	MiHIN has e-consent pilot with select PIHPs	Ongoing	Continue pilots, reporting out
<b>USCDI Version 3</b>	MiHIN is updating their use case standards to align with USCDI version 3	Ongoing, V3 released 7/2022	Continue to monitor
<b>Advance Care Directives</b>	Advance Care Planning is an ongoing discussion between a provider and patient, where documents are stored and accessible, and updated is under discussion.	Ongoing	MiHIN conducting stakeholder engagement/feedback forums
<b>Inventory and Assessment of MiHIN Use Cases (Dashboard)</b>	Understand MiHIN utilizers, inventory of current use cases, # of facilities signed on and using, user roles, to develop a baseline for use case prioritization	Phase 1 complete	Evaluate, working on Phase 2
<b>ONC - CMS Inpatient Prospective Payment System Final Rules re Health Equity</b>	SDoH Screening for hospital inpatient voluntary in 2023, required in 2024.	Starting in 2023	Continue to monitor, # 6 continue
<b>School Based Clinics/Behavioral Health</b>	MI Department of Education and MiHIN piloting cross-sector data sharing, leveraging MiHIN infrastructure for School Based Clinics usage	Pilots with 4 ISDs starting in 2023	Track progress, support efforts



### What you can do

- Understand Advance Care planning, documents used to support, and options
- Act on data quality now, engage in conformance efforts





## Tracking progress: Addressing the digital divide

INITIATIVE: Addressing the digital divide	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
<b>3A-1:</b> Leverage existing work	MIHI/MDHHS	➔				
<b>3B-1:</b> Advocate for funding to increase broadband access for underserved communities	MDHHS / HIT Commission	➔				





## Tracking progress: 3. Addressing the digital divide

Exigent Milestones	Summary	Status	Next Steps
<b>Capital projects fund ROBIN</b>	\$250 million ARPA funding for broadband infrastructure grants	Applications for funds open	Must be expended by the end of 2026
<b>Broadband Equity Access Deployment (BEAD) Program planning</b>	\$5 million planning grant over one year, in preparation for application for \$1.5-1.7 billion in funding for infrastructure grants over 5 years	MIHI Office created, Map challenged, MIHI conducting statewide, regional forums/outreach for input	Planning continues, first round of grants likely Feb. 2024





## Tracking progress: 3. Addressing the digital divide

Exigent Milestones	Summary	Status	Next Steps
<b>Digital Equity Act Planning</b>	\$1.3 m planning grant over one year in preparation for application for \$30-40m over 5 years to support device access and digital literacy	Planning started end of September 2023	Continue to track
<b>Sync for Social Needs – Benefit Data Trust</b>	<a href="#">BDT</a> will publish a toolkit to help eligible college students enroll in programs like Medicaid and the <a href="#">Affordable Connectivity Program</a>	Started	Look for the guide in 2023

### What you can do:

- Sign up for communication from [MiHI Office to stay informed](#)
- Spread the word about the [Affordable Connectivity Program](#)
- [Submit feedback](#) on the accuracy of the maps



## Tracking progress: 4. Improving onboarding and technical assistance

INITIATIVE: Improving onboarding and technical assistance	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
4A-1: Support statewide TA programs	MDHHS					
4B-1: Promote continued implementation of telemedicine	MDHHS / HITC					



# Tracking progress:

## 4. Improving onboarding and technical assistance

Exigent Milestones	Summary	Status	Next Steps
<b>Medicaid Telemedicine Policy Public Comment</b>	COVID-era telemedicine policies have been reviewed and revised, with most expansions preserved.	Policy effective May 12, 2023	<a href="#">Review, support efforts</a>
<b>Expansion of ADT sending facilities</b>	MiHIN agreement with PointClickCare should increase SNF ADT engagement from 230 SNFs to over 400 by the end of 2023.	MiHIN/HIEs onboarding SNFs	Reports from MiHIN CY2023
<b>BCBSM Hospital P4P and Vendor Initiative Ambulatory CCDAs</b>	MiHIN receives hospital CCDAs from 95% of hospitals and their ambulatory providers, now beginning to receive from practice units and POs.	Implementation, continued vendor engagement	MiHIN working on filtering, developing capabilities
<b>Conformance Task Force</b>	A sub-group of MOAC, Hospital, and PO User Group focused on data standards and development of best practices for data sharing.	Ongoing, bi-monthly meetings	MDHHS continues to engage and participate, educate regarding Public Health use of ADTs
<b>Funding for Technical Assistance</b>	Seeking funding to for onboarding and technical assistance - <a href="#">MITAHIE</a>	Ongoing	Define scope, developing concepts, looking for funding



### What you can do:

- Continued encouragement of ADT, CCDAs/Med Rec Use case participation for SNFs and Ambulatory/Outpatient providers
- Provide feedback on organizations who need assistance with implementation and onboarding







## Tracking progress: 5. Protect public health

INITIATIVE: Protect public health	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
5A-1: Immunizations, death notifications, Electronic Case Reporting	MDHHS PHA / MiHIN	→				
5A-2: Registries and analytics	MDHHS PHA / MiHIN	→				
5B-1: Enhance data services, workforce	MDHHS/PHA	→				
5B-2: Improve data quality	MDHHS/MiHIN	→				
5C-1: Training and education	MDHHS/PHA	→				
5C-2: Modernize public health systems	MDHHS/PHA	→				



## Tracking progress: 5. Protect public health

Exigent Milestones	Summary	Status	Next Steps
<b>Review of MDHHS PH Enterprise</b>	Assessment of MDHHS PH data systems	Completed end of 2022	Present to HIT Commission March 2023, inform PHA's planning efforts
<b>Data Modernization Initiative</b>	5-year PH data modernization plan With 3 Tiers Tier 1 –5 year workforce development and DM plan Tier 2 – Electronic case reporting, moving forward with Covid, MPox and Orthopox, through MiHIN Tier 3 – Modernizing Vital Records with FHIR	Tier 1: Plan Completed Tier 2: 3 conditions reporting Tier 3 : 3 hospitals testing with birth records	Implementation, outreach, onboarding more facilities to implement eCR, expand conditions

### What you can do:

- Look for opportunities to engage with the MDHHS Public Health Administration around workforce enhancements and infrastructure investments







## Tracking progress: 6. Social care data standards

INITIATIVE: Improving onboarding and technical assistance	Lead	Status				
		Plan	Build	Implement	Evaluate	Improve
6A-1: Charter a workgroup to develop standards for social care data	MDHHS					
6B-1: Advance social and health care data transfer	MDHHS / MiHIN					
6B-2: Support interoperability and integration	MDHHS / MiHIN					
6B-3: Leverage aggregate data opportunities for analytics	MDHHS / MiHIN					

Legend:

= Not started

1 = Early stage

2 = Advanced stage

= Complete

! = At risk



# Tracking progress:

## 6. Social care data standards

Exigent Milestones	Summary	Status	Next Steps
<b>Community Information Exchange (CIE) Task Force</b>	MDHHS convened a 15-person task force comprised of stakeholders with an interest in CIE, with a focus on participation by social service and community-based organizations	Interim Report in March 2023, Webinar held, 2023	Task Force will meet through June 2023
<b>MiHIN Social Care Data Hub</b>	MiHIN convened vendors in social care data around a shared vision and commitment to interoperability	Ongoing, looking at pilots	The group meets weekly and sharing processes for consents and referrals
<b>ONC – CMS Inpatient Prospective Payment System Final Rules re Health Equity</b>	<a href="#">Screening for SDoH for Inpatients</a> . Voluntary in 2023, required in 2024- how will the data be used and is the HIE ready to receive	Started	Continue to monitor
<b>Great Lakes Inter-Tribal Epidemiology Commission (GLITEC), MiHIN</b>	Opportunity for Michigan Tribes to connect tribal clinics and promote interoperability with other states and public health through MiHIN and GLITEC	Started	Continue to support, monitor

### What you can do:

- [Sign up for SDoH Newsletter here](#)
- [Read the most recent newsletter here](#)



# Payor-Provider Industry Collaboration Examples

- PGIP is a BCBSM Physician Group Incentive Program that has been in place since 2005 and connects physician organizations across Michigan with the goal of improving the health care system in Michigan. This is done via collaboration, sharing of best practices and data collection to increase the value of care while reducing costs.
- There are approximately 20,000 PCPs and Specialist physicians in Michigan involved in quality improvement efforts through the Value Partnership Program.
- In an effort to bring Physician Organization's (PO's) together in a value-based environment, leveraging technology and years of collaborative work, BCBSM Value Partnerships began sponsoring an annual practice conference focusing on HIE. 2023 marks the second year of the conference. It is put on by the Practice Transformation Institute (PTI).
  - PTI is Michigan's leading provider of CME and IACET-accredited experiential learning programs for the PCMH and other primary care transformation initiatives. This PTI conference is accredited by MSMS to provide continuing medical education for physicians.
    - 2022 Conference From Concept to Reality: Springing into Action: HIE is one of the core elements of care coordination among health care professionals and care team members. HIE has helped community behavioral health organizations adopt new tools and technology to streamline communication and processes to improve healthcare quality and outcomes.

# Payor-Provider Industry Collaboration Examples (2)

- Michigan Physician Organizations are key to Michigan roadmap to HIE and are leveraging statewide educational forums on best practices and opportunities to transform workflows demonstrating through change management how sharing clinical and administrative data across the healthcare system contributes to improving patient safety, overall quality of care, public health and health care.
- Educational forums share strategies and experiences of how HIE impacts specific initiatives.
- The 2022 educational content included:
  - Integrating Remote Patient Monitoring in the Community
  - Using Data to Improve Care Management
  - Improving Medication Adherence through Health Information Exchange
  - Integrating Primary Care into a Certified Behavioral Health Clinic
  - How to Develop a HIE Infrastructure
  - Leveraging HIE to identify Patients at High Risk
  - Bridging the Gap Between Behavioral and Physical Health – How to Work Better Together for Shared Patients
  - Future of SDOH in the Age of Technology

Questions?

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