



CONVERSATION WITH THE CONNECTICUT STATEWIDE HEALTH IT ADVISORY COUNSEL

January 27, 2016



INTELLIGENCE CONNECTED

Overview



Largest HIE in Michigan

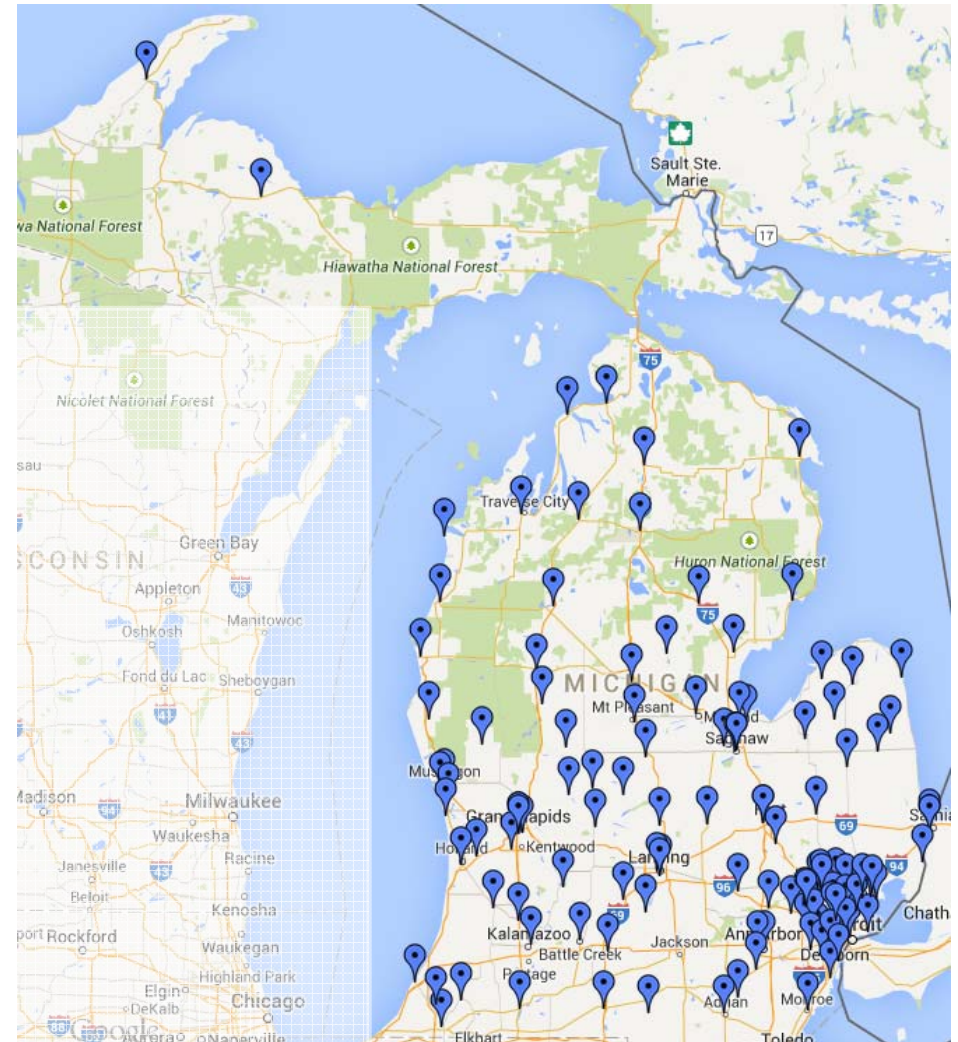
85% of acute care beds in MI

>4,000 connected physician & other participant offices

>18,000 providers

>6.5 million unique individuals

Both Push and Pull hybrid technology model



GLHC Focus



- Meaningfully tie all components of the local healthcare ecosystem together – physical, behavioral, social, public, private, payer
 - ...to support patient health management and care delivery
 - ...to support the digitization of the practice of medicine and the business of healthcare
 - ...to support improvement in the overall health of populations within communities, across the state

Background



- GLHC became an entity in July 2014 through the merger of 2 private HIEs in Michigan – Great Lakes Health Information Exchange and Michigan Health Connect
- MHC started in 2009 as an informal collaborative between competing health systems in W. Michigan and was incorporated in March 2010
- GLHIE started as a community effort around the state capital of Lansing in the 2007 timeframe and became operational in 2011

Background



- Private, non-profit 501(c)3 organization
- Not the SDE or REC
- No federal or state funding to start the organization nor sustain operations on an ongoing basis
- Participated in the creation of Michigan's SDE, MIHIN, and have a seat on its Board of Directors
- MIHIN created as a network-of-networks model to support HIE organizations in Michigan

Guiding Principles



- Build “care-connected communities” state-wide
- There is no need, or requirement, for GLHC to “do it all” – add discrete tangible value where there are gaps
- Complement and collaborate with, don’t duplicate, existing services and solutions
- Keep providers in their native systems if at all possible
- ‘Can be done’ focus rather why things ‘can’t be done’
- Become “Indispensable” and “Invisible”



IT Selection



- Medicity is GLHC's go-forward HIE platform
- Medicity was selected as the go-forward platform through a traditional selection process within the 6 month merger due-diligence activities in early 2014
- Original HIE funding came from the founding participants and not grants – also leveraged their previous HIE IT investments
- Have added other vendor partners over time as well to respond to specific market needs

HIE in Michigan



- Michigan's consent model is opt-out
- Few state legal structures created related to required HIE participation or data blocking
- Incentives: MU, Medicaid, BCBSM, changing risk models
- Legacy behavioral health consent laws as well as laws protecting certain special data continue to apply in evolving HIE environment
- State itself has been very active with their registries

Board Governance



- Director-based organization under corporate By-laws
- 15 person Board
 - 7 elected from each legacy organization
 - 1 jointly selected by new GLHC Board
- 5 person Board Executive Committee
- Representatives currently include physicians, CMH, and health system executives
- No pre-determined Board composition requirements

Board Governance



- Christopher Beal, D.O. FACOI, Chief Medical Information Officer, St. Johns Internal Medicine
- Bill Beekman, Secretary of the Board of Trustees, Michigan State University
- Tom Bres, Senior Vice President and Chief Administrative Officer, Sparrow Health System
- Brad Clegg, D.O., Chief Medical Information Officer, Metro Health Hospital
- Chuck Dougherty, Chief Information Officer, CEI Community Mental Health (Clinton, Eaton, Ingham)
- Doug Fenbert, TIS Division Director, CHE Trinity Health
- Greg Forzley, M.D., System Ambulatory Chief Medical Information Officer, CHE Trinity Health
- Janet Kummeth, Technology Director, MidMichigan Health
- Brian McCardel, M.D., East Lansing Orthopedic Association
- Patrick O'Hare, Senior Vice President and Chief Information Officer, Spectrum Health
- Chris Podges, Chief Information Officer and Vice President Outpatient and Retail Services, Munson Medical Center
- Sue Schade, Chief Information Officer - Medical Center Information Technology, University of Michigan Hospitals and Health Centers
- Ralph Tenney, Chief Information Officer, St. John Providence Health
- Dennis Thompson, M.D., Chief Medical Information Officer, Lakeland Healthcare



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Funding



- ~\$9 million non-profit organization – 33 FTEs
- Built the organization as a business vs. public utility
- ROI and value of solutions and services key consideration from day 1
- Focused on solving real business problems for participants that GLHC could do better/faster/cheaper and help them achieve their organizational goals – leveraged their existing investments

Business Model



- Core Participation Fee
 - ✓ Hospitals: Licensed beds
 - ✓ Health Plans: Per member per month
 - ✓ Community Mental Health: Medicaid population in service area
 - ✓ Post-acute Care: skilled nursing beds & assisted living beds
 - ✓ etc
- Project Fees (one-time)
- Solution/Service Fees (ongoing)
 - ✓ One all-in cost for unlimited number of transactions
 - ✓ Mimic same model as the core participation fee
 - ✓ Mirror vendor contract as much as possible
- No cost to independent community offices

INTELLIGENT COMPONENTS



Connect

Connect to the Network

Enable collaboration and coordination between care professionals through secure, intuitive tools for referral management, messaging, and transitions of care.

- Referral Mgmt
- Direct HISP
- Direct Inbox

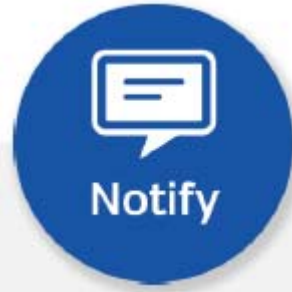


Exchange

Share Through the Network

Collaborate by seamlessly sharing patient data and streamlining lab & high-value orders, while integrating with 100s of unique EMRs and Health IT systems.

- Results Delivery
- Lab Orders
- Radiology Orders
- State Registries
- PACS Imaging



Notify

Drive Timely Engagement

Deliver intelligent, timely, automated clinical event notifications as they happen throughout the network.

- ADT Notifications



Focus

Organize for Population Health

Access community information with a longitudinal view into a given patient or population and identify opportunities for patient and population health management.

- Virtual Integrated Patient Record (VIPR)
- Advance Care Plans
- Care/Action Plans



Engage

Empower Patients

Go beyond the portal and actively engage patients in their health and well-being through secure messaging and sharing of clinical summaries.

- Direct Support of Patient Portals



Explore

Analyze Operational & Clinical Data

Explore possibilities for improvement by applying robust analysis tools to operational and clinical data.

- Operational Rptg
- Participant Analytics
- Community & Population Analytics



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Overall Statistics



- 42 million messages received monthly
- >900 million messages received since inception
- EMR interfaces – 47 different EMR vendor systems
 - 108 inbound hospital ADT & Results interfaces
 - 1,664 results interfaces across 510 ambulatory sites
- Direct
 - 783 sites, 7,115 addresses, 387,000 messages in 2015
- Registries
 - Immunizations: 1,161 sites, 4.5 million messages in 2015
 - Reportable Labs: 68 sites, 468,000 messages in 2015
 - Syndromic: 565 sites, 43 million messages in 2015
 - Newborn Screening: 1 site, 994 messages in 2015

CONNECT



Direct Clinical Messaging

- HISP XDR support
- Individual inbox

Closed Loop Referral Mgmt / Care Coordination

- 1,100 offices, 17,000/mo



Enable communication and coordination between care professionals through secure, intuitive tools for referral management, messaging, and transitions of care.

EXCHANGE

Results & CCD Delivery

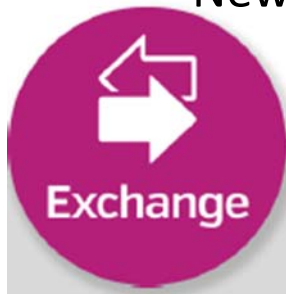
Data Enrichment Services

Meaningful Use Support

Image Exchange

State Registries

- Immunization submission & query
- Syndromic surveillance
- Reportable labs
- Newborn screening



Seamlessly share patient data and streamline lab & high-value orders, while integrating with 100s of unique EMRs and Health IT systems.



NOTIFY



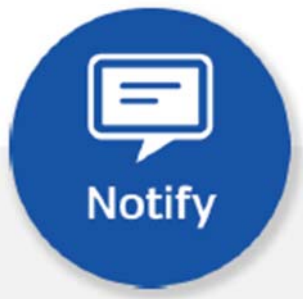
Admission, Discharge, Transfer Notifications

- Discrete data interfaces
- Formatted reports to Inbox
- Subscription alerts via Direct



Connectivity to BCBSM/MIHIN ADT Service

- ACRS submission & ADT delivery
- *165 million ADT messages sent in 2015*



Provide intelligent, timely, automated clinical event notifications as they happen throughout the network.

ORGANIZE



Virtual Integrated Patient Record (VIPR)

- Patient state-wide longitudinal health record
- Single-sign-on, patient context integration with EMRs

Advance Care Document Submission Service

Care/Action Plan Submission Service



Access community information with a longitudinal view into a given patient or population, and identify opportunities for enhanced health management.