**TO:** The Office of the National Coordinator

**FROM:** The Michigan Health Information Technology Commission, Dept. of Community Health

**DATE:** April 3, 2015

**SUBJECT:** Comments onConnecting Health and Care for the Nation: A Shared Nationwide

Interoperability Roadmap Draft Version 1.0

The Michigan Legislature created the Michigan Health Information Technology Commission HIT Commission) “…to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in the State as well as the purpose of the HIT Commission is to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in this state.” Michigan has made significant progress towards the development of an interoperable health care information infrastructure. Health care providers across the state have adopted and begun to utilize Electronic Health Records to coordinate and improve the delivery of supports and services. The Michigan Department of Community Health, the Michigan Health Information Network Shared Services, and other participating organizations have successfully established a common infrastructure to support data sharing across the Michigan health care system. Now that the technical infrastructure for data sharing has been built, the Commission has spent the last year investigating (1) how to encourage organization to participate in the statewide electronic data sharing infrastructure and (2) how to support transformation efforts and initiatives within the healthcare system.

On March 19, 2015 Hunt Blair and John Rancourt from the ONC, presented the Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0 to the HIT Commission and encouraged the group to formulate comments based on their knowledge of the current HIT-HIE landscape in Michigan. The following are the Commission’s final comments:

* According to Measurement and Evaluation Proposed Framework section of the Roadmap, how success is measured and defined for interoperable health IT will evolve over time. Will benchmarks (beginning state) and a desired target state (end state) be more clearly defined early on in the process for comparison? The ONC IT Dashboard didn’t seem to clearly indicate these metrics. Without these elements present in the roadmap, it may hard to measure progress in a meaningful way.
* Safety net systems (like CMHs) have provider networks that need to be considered carefully in terms of interoperability. True health care improvement cannot happen with vulnerable populations until these types of non-traditional providers are identifiable, and until HIE’s welcome them into HIE efforts, and make their systems work for providers that don’t resemble typical providers (RN, Physician, etc.).
* Behavioral Health has been disadvantaged for years by not having any incentive money for EHR adoption. They are critical parts of the system.