



# **2023 ANNUAL REPORT**

Michigan Health Information Technology (HIT)  
Commission

# Michigan Health Information Technology Commission 2023 Annual Report

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# Introduction

The Health Information Technology Commission (HITC, or “Commission”) was created in 2006 by Michigan Public Health Code Act 368. The HITC is housed in the Michigan Department of Health and Human Services (MDHHS) to “*facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in this state,*” and annually report outcomes of these efforts.

Since 2007, more than 50 governor-appointed Michigan health care leaders have served and provided 38 recommendations to MDHHS and the legislature.

The initial strategic plan began with the Conduit to Care report and focused on statewide adoption and meaningful use of electronic health records by hospitals and health care providers. Through the Electronic Health Record Incentive program established by the Centers for Medicare and Medicaid Services (CMS), and under the guidance of the HITC, Michigan has become a national leader in interoperability and in statewide use of the Health Information Exchange (HIE).

In June 2022, the HIT Commission adopted the Michigan Health Information Technology Roadmap – Bridge to Better Health (the “HIT Roadmap”). The HIT Roadmap captured two years of engagement with more than 300 organizations during a time of an unprecedented public health challenge, the COVID-19 pandemic.

The HIT Roadmap lays out a strategy building on the robust clinical infrastructure of existing resources while introducing initiatives to better incorporate public health and social drivers of health to address health disparities cast into relief by the pandemic.

Since the adoption of the Bridge to Better Health report, the HIT Commission has based its annual report and recommendations on six core initiatives:



This report summarizes the 2023 major activities and proposes recommendations to continue the work in 2024.

## 2023 Major Activities and Progress

The 2022 HITC Annual Report included six recommendations to guide the work of the Commission in implementing the Bridge to Better Health in 2023. The 2023 recommendations identify near-term goals for effectuating the six initiatives outlined in the HIT Roadmap and align with public and private organizations' efforts throughout the state to expand, promote, and refine HIT efforts.

1. **Expand and diversify the HIT Commission.** In 2023, the HIT Commission welcomed six new appointees representing a broader range from the community. While the number of commissioners remains 13, the new appointees represent more rural areas, social service providers, community-based organizations, and underrepresented populations. This diversity and expansion of leaders will shape the work of the commission for years to come.
2. **Create a Multi-payor HIE Incentive inventory.** The Michigan Multi-payor Group generously assumed the task of creating the first publicly available inventory of HIE incentives and are on track to have it on their website by the spring of 2024. They include not only Michigan health plan incentives but also CMS incentives through various programs. This guide will help all providers and organizations earn incentives that fund HIT efforts to continue contributing to the ecosystem to aid care coordination and services.
3. **Improve Data Quality and Conformance.** The Commission and MDHHS staff participated and contributed to the redesign of the Michigan Health Information Network (MiHIN) Operations and Advisory Committee (MOAC) charged with providing stakeholder insight and guidance to MiHIN operations. Many improvements to data quality and conformance have been brought about by the Conformance Task Force, a subgroup of MOAC, with robust participation by the Commission and MDHHS to ensure alignment with the broader statewide HIT strategy. Regular and consistent engagement have informed recommendations and strategies related to community information exchange (CIE) as well as increased awareness of MiHIN's operations and strategies.

The Conformance Task Force has included public health staff in meetings, presenting twice in 2023 to members on public health's use of ADTs for timely reporting and potential for syndromic surveillance of emerging and chronic conditions. This collaboration will improve hospital and provider organization's understanding of the importance of the collection and data inputs and inform development of future policies and standards related to data quality and conformance.

4. **Support for Broadband and Digital Equity.** In 2023, the newly created Michigan High Speed Internet (MIHI) Office developed their five-year plan with input and collaboration from the HITC and MDHHS. The HIT Roadmap is referenced and figures prominently in the strategy to expand affordable access to high-speed internet throughout Michigan.

- 5. Support for Technical Assistance and Training.** The HIT Commission and MDHHS have identified multiple opportunities to develop technical assistance and training projects. A concept paper for resuming Regional Extension Centers for Electronic Medical Record (EMR) implementation, previously known as the Michigan Center for Effective IT Adoption (MCEITA), was developed and submitted for grant consideration. While it was not chosen for an award in 2023, this shovel ready plan has been modified to include all health care providers, community-based organizations, schools, facilities in carceral settings, and other organizations that could better serve their population by accessing data flowing through the health information exchange.

Also of note, the Interoperability Institute, a subsidiary of MiHIN, received a grant from the Michigan Health Endowment Fund (MHEF) to form a collaborative of colleges and universities to create a standard open-source curriculum, synthetic data repository sandbox, and potentially a test server Electronic Health Records (EHRs) for Health Informatics Management (HIM) or clinical students. This will reduce costs to all Michigan post-secondary students, ensure educators are using consistent training methods and standards, and better prepare and develop the health care workforce.

- 6. Support for Surrogate Consent Legislation.** While surrogate consent legislation was not proposed in 2023, the HITC and MDHHS did much to advance efforts to provide guidance toward end-of-life care and advance directives. MiHIN convened a series of listening sessions with multiple partners to inform their program “Honoring Choices.” The program encompassed use cases, like electronic consent and advance directives, and included training for health care providers and support staff on facilitating patient conversations for completion of advance directive forms. With support from HITC and MDHHS, it released a white paper with recommendations on moving forward. MiHIN decided to discontinue the certification and education portion of “Honoring Choices” as other organizations are better positioned to provide that assistance to providers. It resolved to continue to support the Advance Directive Use Case as an option for hospitals and providers.

MDHHS has also updated the Michigan Physician Orders for Scope of Treatment (MI-POST) and provided translations of the form in Spanish and Arabic. MI-POST is an advance directive, signed by the patient or patient representative and their physician, nurse practitioner, or physician’s assistant. It is a physician order intended to provide direction to emergency medical providers and others outside of a health care facility. Its intended population are people with serious advance illness or frailty. The MDHHS MI-POST Advisory Committee, formed in 2022, developed educational materials for licensed health care facilities, clinicians and hospital care teams, patients, families, and caregivers to support the use of the MI-POST and improve usage of the MI-POST in the advance care planning process.

Additional activities of the HITC in 2023 focused on outreach and education about the HIT Roadmap initiatives, monitoring the status of HIE uptake and participation in the state, participating in the Community Information Exchange Task Force, and ensuring the Commission

is fully seated and oriented to its role in leading statewide HIT efforts. Specifically, in 2023 the HITC:

- Adopted the Community Information Exchange (CIE) Task Force final report and recommendations.
- Established the CIE Advisory Committee, the first advisory committee to the Commission in 10 years.
- Presented at the Michigan Chapter of Health Information Management Systems Society (HIMSS) Conference (five HIT commissioners on panel).
- Provided ongoing presentations to the Michigan Multi-payor Steering Committee meetings on the work of the Task Force and HITC.
- Increased engagement and attendance at quarterly HIT Meetings (see Summary of 2023 table below)

## 2024 Commission Recommendations

These recommendations are from the Health Information Technology Commission to the Michigan Department of Health and Human Services.

The recommendations connect back to the HIT Roadmap and build upon the previous years' recommendations. The recommendations reflect the impact of emerging health IT on consumers and are in alignment with the Commission statutory charge to *“facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in this state”*.

Recommendations align and complement federal legislation and rules. Federal oversight and guidance of health information technology and exchange through the U.S. Department of Health and Human Services are primarily through the Office of the National Coordinator for Health Information Technology. Relevant federal policies include:

- 21<sup>st</sup> Century Cures Act.
- Health Information Portability and Accountability Act (HIPAA).
- Health Information Technology for Economic and Clinical Health (HITECH) Act.
- Affordable Care Act (ACA).
- Medicare Access and CHIP Reauthorization Act (MACRA).

Where possible, to reduce administrative burden for providers and organization, the Commission also worked to align with accreditation standards and professional organizations including:

- The Joint Commission (TJC).
- Patient Centered Medical Home/Neighborhood Models (PCMH/N).
- CMS Conditions of Participation.
- American Health Information Management Association (AHIMA).
- Health Information Management Systems Society (HIMSS).

## Recommendation 1. Advance Social Care Data Standards and Governance

The Commission recommends the continued support of CIE work in the state and strongly advocates for implementation of the CIE Task Force final report recommendations. Specifically, the HITC expects CIE Advisory Committee recommendations on social care data standards and policies to guide providers and organizations in the collection and sharing of social care data, including Sexual Orientation, Gender Identity and Expression (SOGIE) and Race, Ethnicity, and Language (REaL) data.

The standards should align with professional and national standards such as the Office of Management and Budget, AHIMA, HL7, USCDI, and Gravity. It is further recommended the guidance include enough space to modify expected updates to HIPAA to include community-based organizations and other care providers not normally considered HIPAA-covered entities.

This recommendation aligns with the HIT Roadmap initiatives 1, 2, and 6. It is particularly aligned with the first initiative in identifying champions of health information exchange and giving a voice to leaders in social services and community-based organization leaders who normally would not be included discussions of health information technology.



## Recommendation 2. Promote HIE and CIE Incentives

The Commission recommends a statewide promotion and awareness campaign of all payor incentives and requirements for health care and social care providers related to interoperability and health information exchange, building on the efforts in 2023 to develop an inventory of incentives. This will ensure alignment with current standards and requirements and reduce the administrative burden health care and social care providers face answering to multiple payors to comply with rules or regulations and earn incentives. The Michigan Multi-payor Group created an inventory table made publicly available on their website in December 2023, at the request and recommendation from the HITC.

The campaign will help health care organizations, providers, and other data sectors in understanding the support available to onboard and implement data platforms, interfaces, and/or registries critical to improve health information exchange. Commissioners will provide guidance and support and inform on how to best design future policies and incentives to support all health care providers and community-based organizations.

Part of this education and promotion should include perspectives from patients who access their own medical records or health insurance information through their provider or health insurers' patient portals. This aligns with the 21<sup>st</sup> Century Cures Act in ensuring patients have access and control over their information.

This recommendation aligns with all the HIT Roadmap initiatives, but particularly with enhancing the health data utility. It recognizes that many initiatives require engaged participation by health care providers and facilities who rely on incentive payments to fund information technology implementation and optimization.



### Recommendation 3. Strengthen Statewide HIE Accountability

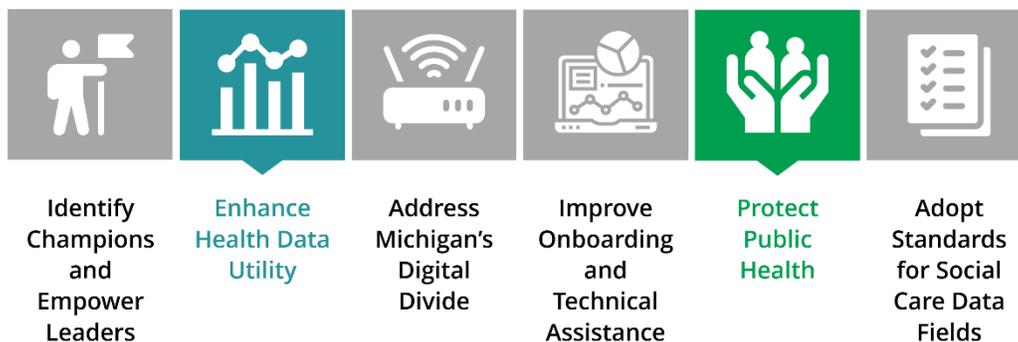
The Commission requires clear and consistent reporting from Michigan Health Information Network (MiHIN), Michigan’s statewide HIE, specifically on users and participation by use case<sup>1</sup>. This should include the “MiHIN Dashboard” developed for the state to provide insight into adoption and optimization of new and existing use cases. All reports or dashboards must be readily and publicly available to consumers as well as health care professionals.

MiHIN must ensure onboarding and implementation of new facilities and organizations is more streamlined and accessible. MiHIN has had several years to establish and refine processes, and organizations look to them as the experts in shepherding them through the interoperability journey. However, as new organization types like community-based organizations begin engaging with HIE, these processes need to be refined.

The Commission encourages MDHHS’ continued and increased engagement with MiHIN’s Operations and Advisory Committee (MOAC) and Conformance Task Force. MOAC and the Conformance Task Force are comprised of representatives from organizations that send and receive health care data, enabling collaborations between sectors of health care.

The work of the Conformance Task Force is integral to interoperability efforts and ensuring data exchanged is usable and actionable. Public health increasingly relies on data provided through Admission, Discharge, and Transfer (ADT) notifications sent from hospitals to MiHIN. As this reliance and expectation of timely and accurate diagnosis codes increases, so should the quality of the data.

This recommendation aligns with all the HIT Roadmap initiatives, particularly with enhancing the health data utility and protecting public health. It recognizes burdened health care providers and organizations rely on timely, actionable data to coordinate care of their patients.



<sup>1</sup> In 2010, the HIT Commission and MDHHS created MiHIN. The Health Information Technology for Economic and Clinical Health (HITECH) Act provided start-up funds to establish MiHIN incentivized health care providers and organizations to implement meaningful use and share data from Electronic Health Records (EHRs). MDHHS has continued to be the primary funder for MiHIN through several projects and services for the Medicaid programs and Public Health Administration.

MiHIN is a non-profit entity that operates independently of MDHHS, but their bylaws require three MDHHS representatives serve on the Board of Directors, including one HIT Commissioner. This representation is in place to ensure effective governance of the state’s HIE and protect the state’s significant investment in this core infrastructure.

## Recommendation 4. Expand Broadband Access

The Commission recommends continued support for efforts to increase the access and speed of broadband in the state, and to promote digital equity through device access, education, and training. The Michigan High Speed Internet Office (MIHI), established in the Department of Labor and Economic Opportunity (LEO) in 2022, in anticipation of the disbursement of funding for the Broadband Equity and Access Deployment (BEAD), has begun work to leverage federal funding to increase digital equity and address gaps in broadband access. Their efforts are supported by the Commission, which takes particular interest in the deployment of broadband to rural and underserved areas to increase access and utilization of telehealth services and to ensure the cost of equipment and services remains within reach of populations vulnerable to disparate health outcomes served by health and social services.

MIHI has included the HIT Roadmap in its BEAD Program Five-Year Action Plan and engaged HIT Commissioners and MDHHS in discussions to align efforts to promote digital equity. The Commission recommends MDHHS and LEO collaborate to build upon their shared concepts of sustainable digital navigators and coordinators through regional extension centers to support communities in building capacity for digital equity, community information exchange, and workforce development.

Included in the MIHI office efforts are increased awareness of existing programs, such as the Affordable Connectivity Program (ACP). BEAD funding distribution to internet service providers will be predicated on their participation with ACP, and the Commission recommends increased promotion and education of this program designed to assist households with obtaining internet eligible-devices and reduced pricing on high-speed internet access. In 2023, less than 45 percent of eligible households in the state of Michigan accessed these funds. The Commission recommends increased education efforts and awareness campaigns of this valuable program to continue to build basic infrastructure and access for all Michiganders.

This recommendation aligns with the HIT Roadmap initiatives 1, 3, 5 and 6. Specifically, the HIT commissioners will advocate for Broadband Access and Expansion within their organizations and communities to support statewide efforts to increase fast, affordable, and equitable broadband services for all Michiganders.



## Recommendation 5. Support Technical Assistance and Training

The Commission recommends continued alignment and engagement with state departments such as Labor and Economic Opportunity (LEO) (including, MiHI and Office of Rural Prosperity), Michigan Department of Education (MDE), and Licensing and Regulatory Affairs (LARA) to identify opportunities for workforce development and provide increased funding to assist providers and organizations with health and community information exchange.

Local health departments, long-term care facilities, behavioral health providers, emergency medical services, school-based clinics, facilities in carceral settings and community-based organizations were excluded from past programs that helped with costs associated with adoption, implementation, and training of electronic health records and interoperability.

These organizations serve a substantial portion of Medicaid beneficiaries and are best positioned to provide immediate assistance to those who have social needs. While social needs screenings are more common and, in most cases, required by payors or health systems, the use of the data is limited due to the inability of organizations to systematically ingest the data, collect it sensitively, and act upon it in the form of a closed-loop referral. Additionally, data exchange with community-based partners is inhibited by a lack of guidance on the ethical and legal use of data originating from the community.

The Commission is encouraged by the efforts of the department to utilize Advance Planning Documents (APD) to leverage federal funds to develop standards and guidelines for community information exchange and providing technical assistance and training through Regional Extension Centers (REC). Part of this education and training should include perspectives from patients who access their own medical records or health insurance information through their provider or health insurers' patient portals, in alignment with the 21<sup>st</sup> Century Cures Act.

This recommendation aligns with all the HIT Commission Roadmap Initiatives. While its alignment with the fifth initiative is clear, it touches on the second by connecting new organizations and providers to the health data utility. It will also bring new data sources in for analysis to help address the digital divide, leading to protecting and modernizing public health.



## **Recommendation 6. Advocate for Patients and Consumers**

The Commission recommends MDHHS continues to seek ways to educate patients and consumers on health information technology, health information exchange, and community information exchange developments, focusing on how HIT can be leveraged to improve individual health and that of their families and communities.

Consumers and patients are inundated with information related to their health and the multitude of ways to navigate the ever-changing landscape of health information technology. The administrative burdens of care coordination often fall on patients and their caregivers, who encounter barriers to care due to digital inequities, health care literacy, and patient burnout.

The HITC also recognizes providers and organizations are heavily regulated and constrained in what they can share with patients, other providers, and the state. The HITC continuously looks for ways to help communicate clearly and consistently about HIT and HIE for patients, consumers, and providers.

This recommendation includes two areas in particular need of advocacy:

### **End of Life Care**

For health IT to be used meaningfully, policy must first be clarified through legislation. The Michigan Commission on End-of-Life Care hasn't met since 2002 when they delivered recommendations related to proposed Death with Dignity legislation. Since that time, there has not been a coordinated effort by the state to inform or advise chronic disease care management, end of life, or palliative care policies.

As of 2022, 18 states have enacted statewide legislation to create palliative care education programs and end-of-life care guidance for providers incorporating health information technology. While Michigan has followed national initiatives for Physician Orders of Life Sustaining Treatments with MI-POST (see 2023 progress), a comprehensive approach to palliative care, end-of-life decisions, and promotion of advance directive tools would inform the state on how to best serve Michiganders and ensure quality and equity in all stages of the health care continuum.

The overall goal of this recommendation is to ensure every Michigander is aware of and has access to equitable, compassionate care management, end-of-life care options and advance directive tools, and has someone who can speak for them on their behalf.

### **Consumer Rights**

Currently, Michigan does not require data breach reporting to the state, causing delays in notification to the patients affected by data breaches and resulting in possible increases in identity theft.

The U.S. Department of Health and Human Services reported that data breaches among health care organizations more than doubled from 2019 to 2021. In 2022, at least 28.5 million health care records were breached nationwide.

While HIPAA regulations require organizations to report data breaches and hold health care organizations accountable, non-HIPAA covered entities like community-based organizations must ensure patient and consumer data is protected.

The Department of the Attorney General is responsible for consumer protections and provides education and guidance for consumers in the event of a data breach through the Michigan Consumer Protection Team. They also provide a recourse for consumers in reporting data breaches of all organizations handling consumer financial and health information. The HITC believes consumers must be aware of these mechanisms to address health care data breaches.

Additionally, the HITC believes legislation is needed to require that data breaches be reported to the Department of the Attorney General, as 70% of the rest of the country has already enacted such legislation. Michigan has long been at the forefront of HIT and HIE and must ensure patient and consumer data is secure and interoperable for years to come.

MDHHS needs to remain vigilant in centering consumer perspectives as new technology is leveraged and new guidance emerges on the use of that technology.



**These recommendations are made to MDHHS on behalf of the HIT Commission.**

**The HITC will endeavor to continue to promote and work toward their progress in 2024.**

# Appendices

## Appendix A: Summary of 2023 Commission Meetings

Date	Key Takeaways	Number of Commissioners Present 13 Seats
March 14, 2023	<ul style="list-style-type: none"> <li>• Election of Co-Chairs</li> <li>• Review HIT Roadmap Updates</li> <li>• MDHHS Presentation – Inventory and review process of internal data systems (Strategic Integration &amp; Alignment Section)</li> </ul>	<ul style="list-style-type: none"> <li>• Six (6) of Twelve (12) One Vacant Seat 50% Attendance</li> </ul>
June 27, 2023	<ul style="list-style-type: none"> <li>• Introduction of three newly appointed HIT Commissioners</li> <li>• Adoption of 2022 Annual Report and Recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Eight (8) of Twelve (12) One Vacant Seat 67% Attendance</li> </ul>
September 26, 2023	<ul style="list-style-type: none"> <li>• Introduction of one newly appointed HIT commissioner</li> <li>• Election of HIT Commissioner to MiHIN's Board (Janée Tyus)</li> <li>• Election of new Co-Chair (Renée Smiddy)</li> <li>• HIT Roadmap Quarterly Update</li> <li>• CIE Task Force final report and recommendations accepted and adopted</li> <li>• Creation of CIE Advisory Committee, appointed Chair (Janée Tyus)</li> </ul>	<ul style="list-style-type: none"> <li>• Eight (8) of Eleven (11) Two Vacant Seats 73% Attendance</li> </ul>
November 28, 2023	<ul style="list-style-type: none"> <li>• Introduction of two newly appointed HIT Commissioners</li> <li>• MiHIN Presentation</li> <li>• HIT Roadmap Quarterly Update</li> <li>• CIE Advisory Committee Members appointed</li> <li>• 2024 Recommendations Review</li> </ul>	<ul style="list-style-type: none"> <li>• Nine (9 ) of Twelve (12) 1 Vacant Seat 75% Attendance</li> </ul>

## Appendix B: The 2023 HIT Commission

The establishment of a collaborative governance model for health IT is an outcome of the 2006 Conduit to Care report. The HIT Commission’s purpose, membership and operations are governed by section 2503 of Public Act 137-2006. The Governor appoints members of the Commission.

The 13 members of the 2023 HIT Commission represented a diverse range of public and private sectors, with expertise in specific areas:

Required Area	Current Commissioner	Term Expires
The Director of the Department (MDHHS) or their designee	Elizabeth Nagel – MDHHS Senior Deputy Director for Policy, Planning, and Operational Support	Not applicable
The Director of the Department of Information Technology (Michigan Department of Technology, Management, and Budget or their designee	Jack Harris – DTMB Chief Technology Director	Not Applicable
One individual representing a nonprofit health care corporation	Janée Tyus, MPH, Greater Flint Health Coalition	August 3, 2027
One individual representing hospitals	Jeff Chin – Director of Data Collaboratives and Governance at Michigan Medicine	August 3, 2025
One individual representing Doctor of Medicine	<b>Michael Zaroukian</b> , M.D., Ph.D., M.A.C.P., F.H.I.M.S.S.*	August 3, 2027
One individual representing Doctor of Osteopathic Medicine and surgery	Walker Foland, D.O.	August 3, 2027
One individual representing purchasers or employers	<i>Camille Walker Banks</i> <i>Inactive in 2023</i> <i>Resigned October 2023</i>	August 3, 2025
One individual representing the pharmaceutical industry	Allison Brenner, PharmD	August 3, 2024
One individual representing schools of medicine in Michigan	Alison Arnold, Central Michigan University College of Medicine, Rural Health Equity Institute	August 3, 2025
One individual representing health information technology	Lee Marana, HIT Professional	August 3, 2026
One individual representing pharmacists	Hana Alawy, PharmD	August 3, 2026
One individual representing health plans or other third-party payers	Marissa Ebersole-Wood, PH. D – Blue Cross Blue Shield of Michigan Vice President of Regulatory Implementation and Data Governance	August 3, 2026
One individual representing consumers	<b>Renee Smiddy</b> , M.S.B.A*	August 3, 2027
<b>*Co-Chair</b>		



### **Elizabeth Nagel**

*MDHHS Senior Deputy Director for Policy, Planning, & Operational Support*  
Elizabeth Nagel has made significant contributions to the health care industry in Michigan over the past two decades. With a master's degree in Telecommunications Policy and a wealth of experience in various leadership roles at MDHHS, Nagel has excelled at increasing access to high-quality, low-cost health care services in underserved areas and promoting the use of health information technology throughout the state. In her most recent role as senior deputy director of Policy & Planning, Nagel was crucial in addressing the COVID-19 crisis, including efforts to expand testing in long-term care facilities and hospital capacity. Nagel's expertise and dedication have made a lasting impact on the health care system in Michigan.



### **Jack L. Harris**

*DTMB Chief Technology Officer*  
Jack Harris is an experienced and highly qualified technology leader with more four decades of experience in the field. He has gained a wealth of knowledge in a variety of areas, including business software design, database design and management, operating system management, transaction processing system design and management, network design and management, enterprise architecture development, and telecommunications management. In his current role as chief technology officer for the Department of Technology, Management & Budget (DTMB), Harris is responsible for overseeing the development and implementation of technology strategies for the state government. Prior to this role, he served as the director of Enterprise Architecture and Network Strategies at DTMB. Harris's extensive experience and expertise make him an asset to The Michigan HIT Commission.



### **Marissa L. Ebersole-Wood**

*Vice President of Regulatory Implementation and Data Governance at BCBSM*  
Marissa Ebersole-Wood is responsible for directing efforts to address new regulatory requirements, supporting strategic assessments of overall regulatory change, and leading the Data Governance function. After working at McKinsey & Company, she has been with BCBSM in various roles since 2010. Marissa holds a Ph.D. in Industrial Operations and Engineering from the University of Michigan and is currently chair of the Board for the Greening of Detroit.



**Michael Zaroukian, M.D., Ph.D., M.A.C.P., F.H.I.M.S.S.**

*Retired*

Dr. Michael Zaroukian recently retired as vice president and chief medical information officer (CMIO) at Sparrow Health System in Lansing. During his tenure, Sparrow received HIMSS Stage 7 validation (2014) and re-validation (2018), as well as a HIMSS Nicholas E. Davies Award of Excellence (2018).



**Allison Brenner, PharmD**

*Senior Director, Clinical Informatics Medical Outcomes Specialist at Pfizer*

Allison Brenner is a student in the HILS online MS program. She completed her undergraduate work and her PharmD at the University of Michigan, Ann Arbor, in 2005. She completed a residency at the West Palm Beach VA Medical Center and spent the next 12 years in ambulatory care clinical practice within the Department of Veterans Affairs. For six of those years, she held a joint position in clinical informatics within the Ann Arbor VA Medical Center. She now works for Pfizer within their clinical informatics group. In this role, she supports quality improvement and population health initiatives by partnering with large health systems across the United States.



**Renée Smiddy, M.S.B.A**

*Consultant*

Renée Smiddy currently serves as a research associate for the University of Michigan Medical School, focusing on health artificial intelligence and information systems. With extensive experience in health IT and policy, she previously held roles at the Michigan Health & Hospital Association (MHA), including senior director of Finance Policy, overseeing health finance policy initiatives at the state and federal level. Renée also served as director of Research and Performance Measurement at the MHA Keystone Center, leading data platform development for hospital quality improvement efforts. She holds a Master of Science in Business Analytics from the University of Michigan-Dearborn.



**Lee Marana, MBA**

*Health IT Professional*

Lee Marana (MBA, Michigan Technological University) is a health IT professional with over 15 years of experience in health information management, interoperability, cybersecurity, telehealth, and remote patient monitoring. He sits on the Health Information and Management Systems Society (HIMSS) Global Interoperability & Cybersecurity Committees, multiple university health informatics advisory and cybersecurity boards, adjunct professor in Health Informatics at the University of Denver and is the HIMSS Michigan Chapter immediate past-president. Marana is passionate about health care IT, including the security and interoperability of data to improve health care outcomes, costs, care coordination, accuracy, and efficiency.



**Janée A. Tyus, MPH**

*Senior Program Director, Greater Flint Health Coalition, Mid-Michigan Community Health Access Program (CHAP)*

Janée A. Tyus holds a Bachelor of Science degree from the University of Michigan-Ann Arbor and a Master of Public Health from Drexel University's School of Public Health. Janée also serves as an adjunct lecturer at the University of Michigan-Flint. She recently served as the co-chair of the MDHHS CIE Taskforce from 2022-2023. Janée was born and raised in Detroit, Michigan, and currently resides in Oakland County, Michigan, with her two Shorkie puppies.



**Walker Foland, D.O.**

*Emergency Department Physician, Covenant HealthCare*

Dr. Foland attended Michigan State University where he graduated Summa Cum Laude from Lyman Briggs College. Dr. Foland became board certified through the American Board of Emergency Medicine and pursued additional training in Tactical Medicine through the Department of Homeland Security's Counter Narcotics and Terrorism Operational Medical Support. He also completed special deputy training through the Saginaw County Sheriff's Department and then joined the Saginaw County Emergency Services Team (SWAT). Dr. Foland is a medical operator on the Saginaw SWAT team, an attending physician, and ER administrator at Covenant Emergency Department. In 2018, Dr. Foland was named Emergency Medicine Physician of the Year by the Michigan College of Emergency Physicians. He served a four-year term on the Michigan Board of Osteopathic Physicians from 2018 to 2022. Dr. Foland is a contributing author to multiple textbooks in tactical and emergency medicine and is a nationally recognized podcaster on ER CAST and Emergency Medicine Reviews and Perspectives.



### **Alison Arnold, Ed.D.**

*Executive Director*

Alison Arnold serves as executive director for the Rural Health Equity Institute at Central Michigan University. The institute allies closely with communities and pursues opportunities that improve access to services, expand telehealth capacity, advance data solutions and tools and deliver education and training that respond to local needs. The institute facilitates a portfolio of collaborative initiatives within the College of Medicine and across Central Michigan University, applying a rural lens to understand and measure rural population health disparities and the positive health impacts of programs, community solutions, and prevention activities. Current projects include a Telehealth Suicide Prevention Toolkit as part of an MDHHS CDC-funded initiatives for Prevention of Suicide in Michigan Men, as well as several telehealth initiatives funded through HRSA that are focused on expanding broadband capacity and equipping rural providers to support telemental health. Prior to this role, Dr. Arnold directed the Interdisciplinary Center for Community Health & Wellness at Central Michigan University. Dr. Arnold's experience cuts across education, business, and philanthropy. With more than 20 years in education administration, she has led community engagement initiatives, grants, and partnerships to support learning for P-12 and higher education institutions.



### **Jeffrey B. Chin**

*Director of Data Collaboratives and Governance at Michigan Medicine*

Jeffrey B. Chin has more than a decade of experience in the health informatics discipline specializing in the study and implementation of health care information technology products. In his role at Michigan Medicine, he helps to coordinate the strategic implementation of Health Information Exchange (HIE) activities, facilitates the implementation and operation of the health system's first enterprise-wide data governance program, and supports statewide data collaborations aimed at improving the health care of Michiganders with specific diseases or conditions through the Michigan Data Collaborative. In conjunction with his role at Michigan Medicine, he is a third-year doctoral candidate in the Department of Learning Health Sciences in the University of Michigan Medical School.



**Hana A. Alawy**

*Clinical Pharmacist at Ascension St John Hospital*

As a practicing clinician, Commissioner Hana Alawy works as a clinical pharmacist in the inpatient setting. She is a resident of southeast Michigan and attended Wayne State University for her undergraduate degree. She received her Doctor of Pharmacy from Eugene Applebaum College of Pharmacy and Health Sciences and completed a PGY1 pharmacotherapy residency at Ascension St. John Hospital in Detroit. She aims to use her practical knowledge of health care systems to help bridge the technological gaps that hinder safe and effective patient care.

## Appendix C: 2008 – 2022 HIT Commission Recommendations

Year Introduced	Recommendation	Implementation Stage
2023	The HIT Commission recommends continued efforts to improve data quality and conformance.	Ongoing
2023	The HIT Commission recommends support for surrogate legislation.	No
2023	The HIT Commission recommends support for technical assistance and training	Ongoing
2023	The HIT Commission recommends support BEAD efforts.	Ongoing
2023	The HIT Commission recommends development of a Multipayor HIE Incentive Inventory.	Yes
2023	The HIT Commission recommends MDHHS expand and diversify the HITC.	Yes
2020-2022	The HIT Commission developed and adopted the HIT Roadmap – Bridges to Better Health.	
2019	The HIT Commission recommends the reconvening of stakeholders to update the Conduit to Care report into a modern five-year strategy roadmap.	Yes
2017	The HIT Commission recommends the department develop a strategy for aligning different quality reporting and improvement efforts across the state.	In Progress
2017	The HIT Commission expresses its support for the statewide efforts to develop a standard framework for care coordination as summarized in the "Building Michigan's Care Coordination Infrastructure" report. The HIT Commission also expresses its support for the definition of "care coordination" from the report and encourages the department to review and consider this definition. Finally, the HIT Commission requests the department provide an update to the HIT Commission at the first meeting in 2018 on whether the definition could be adopted as a statewide standard.	In Progress
2017	The HIT Commission endorses the proposed updates to the standard consent form that was established under Public Act 129 of 2014. The commission also encourages MDHHS to analyze the tools that the department has at its disposal (including but not limited to CareConnect360) to enhance the sharing of physical health and behavioral health information.	Ongoing
2016	The Michigan Health Information Technology Commission recommends that the Michigan Prescription Drug and Opioid Abuse Commission and the Michigan HIT Commission establish a relationship that promotes coordination and collaboration in addressing and implementing the recommendations outlined in the Michigan Prescription Drug	Ongoing

Year Introduced	Recommendation	Implementation Stage
	and Opioid Abuse Task Force’s Report of Findings and Recommendations for Action.	
<b>2016</b>	The Michigan Health Information Technology Commission recommends a proposal for legislation to be enacted that addresses statewide adoption and use of Electronic Prescribing Controlled Substance (EPCS). The proposed legislation should be modeled after New York and Maine, which have enacted legislation to address the rising rates of prescription drug abuse by strengthening the controlled substance prescription monitoring program through mandatory electronic prescribing efforts.	<b>Yes (Public Acts 134, 135, and 136 of 2020)</b>
<b>2015</b>	The HIT Commission supports the utilization of the Active Care Relationship Service and Common Key statewide service to achieve the policy goals of the department. The HIT Commission also encourages Michigan health care stakeholders to participate in the following use cases: Active Care Relationship Service, Common Key Statewide Service, and Statewide Health Provider Directory. The HIT Commission recommends the use cases should be implemented in a manner that promotes usability and addresses workflow issues for providers. The HIT Commission also encourages stakeholders to work together to achieve consensus and resolve barriers that are related to implementation of the use cases.	<b>Ongoing</b>
<b>2014</b>	In 2013, the HIT Commission recommended the CIO Forum, Diversion Council, and MiHIN collaborate on producing a common form. The HIT Commission recommends the Department of Community Health adopt the work produced by the collaboration and use in response to PA 129 of 2014.	<b>Yes</b>
<b>2013</b>	The Michigan Health Information Technology Commission strongly encourages MiHIN (the Michigan Health Information Network) to complete the development of Qualified Data Sharing Organization criteria, to publicize and make known those criteria, and to encourage the appropriate organizations to participate in facilitating the exchange of health information throughout the State of Michigan.	<b>Yes</b>
<b>2013</b>	The HIT Commission recommends that the CIO Forum, Diversion Council, and MiHIN collaborate on producing a common form. This initiative will continue into 2014 activities, in which the HIT Commission will review the final product for	<b>Yes</b>

Year Introduced	Recommendation	Implementation Stage
	formal recommendation to the Department of Community Health.	
<b>2013</b>	The HIT Commission recommends partnering with the Michigan Healthcare Cybersecurity Council (MiHCC), a task force formed as an action from the Governor Snyder's Cyber Security Advisory Council, to review and potentially adopt cyber security recommendations in the Cyber Security White Paper.	<b>Yes</b>
<b>2012</b>	The HIT Commission recommends that as updates are made to the Michigan Public Health Code, the use of HIT and HIE should be acknowledged and encouraged. The way that health care is organized and administered is changing using technologies at the point of care, in the administration of care, and the exchange of clinical data. Michigan's governing law should be altered to reflect these changes and pave the way for continued innovation in HIT and HIE.	<b>No</b>
<b>2012</b>	For the 2012 report, the HIT Commission is recommending a member to be added to represent the behavioral health, nursing field or long-term care fields. Currently, there are no members on the HIT Commission that solely represent any of these important areas of health care in Michigan. The HIT Commission recommends that membership be capped at 15 members, and therefore only two new members should be added to the existing thirteen members.	<b>No</b>
<b>2011</b>	The HIT Commission recommends the need for consumer education about HIT be addressed through a consistent statewide campaign. Further, a resource should be identified to field questions and concerns from the public. The HIT Commission does not recommend whether this is a publicly or privately led initiative, only that the resources are clearly identified and available for consumers to provide privacy and security information.	<b>Ongoing</b>
<b>2011</b>	The HIT Commission recommends that as updates are made to the Michigan Public Health Code, the use of HIT should be acknowledged and encouraged. The way that health care is organized and administered is changing using technologies at the point of care, in the administration of care, and in payment. Michigan's governing law should be altered to reflect these changes and pave the way for continued innovation in HIT.	<b>No</b>

Year Introduced	Recommendation	Implementation Stage
2011	The HIT Commission recommends Michigan should continue to support the expansion of broadband to all areas of the state and that oversight is in place to ensure that it is affordable for clinician purchase.	No
2011	The HIT Commission is upholding the recommendation from 2010 and adding an additional request for a member to be added to represent either the behavioral health or long-term care fields. Currently, there are no members on the HIT Commission that solely represent either of these important areas of health care in Michigan. The HIT Commission recommends that membership be capped at 15 members, and therefore only two new members should be added to the existing 13 members.	No
2010	The HIT Commission recommended that a member from the MiHIN initiative should be added to the HIT Commission. This member would be responsible for considering the impact that proposed recommendations, policies, and program activities may have on the statewide exchange of health information.	No
2010	State of Michigan MiHIN Shared Services Strategic Plan – In lieu of a traditional 2010 Annual Report, the HIT Commission adopted the State of Michigan MiHIN Shared Services Strategic Plan that was submitted to answer the announcement of the Office of the National Coordinator (ONC) State Health Information Exchange Cooperative Agreement Program Award.	Yes
2009	The HIT Commission recommended to MDCH that a new MiHIN approach should centralize certain elements of HIE technology and administration at the statewide level to attain the optimal economy of scale and achieve the most efficient use of available resources.	Yes
2009	The HIT Commission recommended to MDCH that the overall goals of MiHIN should remain: 1.) Utilizing technology to improve health care outcomes and clinical workflow. This includes improving quality and safety, increasing fiscal responsibility, and increasing clinical and administrative efficiency; and 2.) Empower citizens with access to information about their own health.	Yes
2008	The HIT Commission recommends that a statewide infrastructure be developed to ensure that there is	Yes

Year Introduced	Recommendation	Implementation Stage
	communication between HIEs. The recommended infrastructure is called a Master Patient Index (MPI) and a Record Locator Service (RLS). The HIT Commission recommends that the State of Michigan develop and implement an MPI and RLS to facilitate the sharing of information statewide.	
2008	The HIT Commission recommends that Michigan establish “Informed Opt-out” as the method of consumer control for protected health information in an HIE.	<b>Yes (Under the State HIE Cooperative Agreement Program)</b>
2008	The Commission recommends Michigan identify a place in the Public Health Code to Define HIE and serve as an expandable section for future HIE legislation.	<b>No</b>
2008	Recognize in all State of Michigan activities the HIT Commission-adopted definition of Health Information Exchange (HIE).	<b>No</b>
2008	The HIT Commission recommends Michigan continue to provide grant funding for the MiHIN program to support a statewide infrastructure to ensure statewide exchange of health information.	<b>Yes</b>

## Appendix D: References and Resources

1. [An Intro to CMS's SDOH Measures](#), MediSolv
2. [All-Payer Claims Database Legislation by State](#), All Payer-Claims Database Council
3. [Associations Between Physician Practice Models and Health Information Exchange](#), American Journal of Managed Care
4. [Michigan Health Information Network Governance Model](#)
5. [Hospitals and Health Equity- Translating Measurement into Action](#), New England Journal of Medicine
6. [Improved EHR Usability Needed to Support Care Coordination](#), EHR Intelligence
7. [Streamlined Modular Certification Frequently Asked Questions \(FAQs\)](#), Centers for Medicare & Medicaid Services, MES Certification Repository
8. [MiCelerity User Guide](#), State of Michigan
9. [Michigan Multipayer Initiatives](#)
10. [Assessment of Public Health Data Modernization Needs](#), Healthcare Information and Management Systems Society (HIMSS)
11. [Michigan Value Collaborative, Data Users Guide](#)
12. [Realizing the Promise of All Payer Claims Databases: A Federal & State Action Plan](#)
13. [Social Determinants of Health: APCD and Hospital Discharge Data Standards and Collection Practices](#), National Association of Health Data Organizations
14. [Map: Palliative Care Advisory Task Forces](#), National Academy for State Health Policy
15. [Michigan Center for Effective IT Adoption](#)
16. [Michigan Commission on End-of-Life Care, Final Report](#), State of Michigan
17. [Michigan Commission on End-of-Life Care](#)
18. [Using EHR Data to Help Prevent Avoidable Hospital Transfers](#), EHR Intelligence
19. [Leveraging Partnerships Between Public Health and Medicaid to Strengthen the Healthcare Safety Net](#), Center for Health Care Strategies
20. [Portable Medical Orders for Life-Sustaining Treatments](#), HealthIT.gov
21. [The Data of Advance Care Planning Workshop Series Summary and Findings](#), Michigan Health Information Network
22. [H.R.34 - 114th Congress \(2015-2016\): 21st Century Cures Act | Congress.gov | Library of Congress](#)
23. [State Data Breach Notification Chart \(iapp.org\)](#)

## Appendix E: Glossary of Common Acronyms and Terms

### Common Acronyms used in Health Information Technology (HIT)

Acronym	Meaning	Additional Information
ACP	Advanced Care Planning	<a href="#">ACP Michigan   Home</a>
ACD	Advanced Care Documents	<a href="#">Advance Care Documents Use Case   MiHIN</a>
ACRS	Active Care Relationship System	<a href="#">Active Care Relationship Service Use Case   MiHIN</a>
ADT	Admission, Discharge, Transfer Notification	<a href="#">Admission, Discharge, Transfer Notifications Use Case   MiHIN</a>
APCD	All Payer Claims Database	<a href="#">All-Payer Claims Databases   Agency for Healthcare Research and Quality (ahrq.gov)</a>
APD	Advance Planning Document	<a href="#">Federal Register: State Systems Advance Planning Document (APD) Process</a>
API	Application Programming Interface	<a href="#">Application Programming Interfaces in Health IT - Health IT Buzz</a> <a href="#">Health IT Buzz</a>
APP	Advanced Practice Provider, i.e., Nurse Practitioner or Physician Assistant	<a href="#">Advanced Practice Provider Summary   MyMichigan Health</a>
ARPA	American Rescue Plan Act	<a href="#">American Rescue Plan   The White House</a>
BEAD	Broadband Equity, Access, and Deployment	<a href="#">Broadband Equity, Access, and Deployment Program   BroadbandUSA</a>
BH	Behavioral Health	
CAH	Critical Access Hospital	<a href="#">Critical Access Hospitals   MiCare Matters</a>
CBO	Community Based Organization	<a href="#">What is a CBO?   University of Michigan School of Public Health</a>
C-CDA	Clinical Consolidated Document Architecture	<a href="#">Clinical Consolidated Document Architecture Overview   HealthIT</a>
CDC	Center for Disease Control and Prevention	<a href="#">Center for Disease Control and Prevention Website</a>
CHIR	Community Health Innovation Region	<a href="#">CHIR_brochure_06272019.pdf (michigan.gov)</a>
CHW	Community Health Workers	<a href="#">Michigan Community Health Worker Alliance (MiCHWA) website</a>
CIE	Community Information Exchange	<a href="#">Community Information Exchange Task Force (michigan.gov)</a>
CKS	Common Key Service	<a href="#">Common Key Service Use Case   MiHIN</a>
CMS	Center for Medicare and Medicaid Services	<a href="#">Center for Medicare and Medicaid Services Website</a>
CQI	Collaborative Quality Initiatives	<a href="#">CQIs in Value Partnerships</a>
DME	Durable Medical Equipment	<a href="#">Durable Medical Equipment Center   CMS</a>
DTMB	Department of Technology Management and Budget	<a href="#">Department of Technology Management and Budget Website</a>
ED	Emergency Department	<a href="#">MEDIC</a>
EHR	Electronic Health Record	<a href="#">What are Electronic Health Records?   HealthIT</a>
EMR	Electronic Medical record	<a href="#">EMR vs EHR: What is the Difference?   Alleva</a>
FHIR	Fast Healthcare Interoperability Resources	<a href="#">Fast Healthcare Interoperability Resources   Electronic Clinical Quality Improvement</a>
FQHC	Federally Qualified Health Clinic	<a href="#">What is a FQHC?</a>
HDU	Health Data Utility	<a href="https://www.hcinnovationgroup.com/interoperability-hie/infrastructure/article/21278602/what-distinguishes-a-health-data-utility-from-an-hie">https://www.hcinnovationgroup.com/interoperability-hie/infrastructure/article/21278602/what-distinguishes-a-health-data-utility-from-an-hie</a>

<b>Acronym</b>	<b>Meaning</b>	<b>Additional Information</b>
HIE	Health Information Exchange	<a href="#">Health Information Exchange   MiHIN</a>
HIPAA	Health Insurance Portability and Accountability Act	<a href="#">HIPAA for Professionals   HHS</a>
HIT	Health Information Technology	<a href="#">Overview of Health IT and the Commission   MDHHS</a>
HITECH	Health Information Technology for Economic and Clinical Health Act	<a href="#">HITECH Act Enforcement Interim Final Rule   HHS.gov</a>
HL7	Health Level 7 International	<a href="#">Health Level 7 International Website</a>
HRSN	Health-Related Social Needs	<a href="#">The AHC Health-Related Social Needs Screening Tool (cms.gov)</a>
LEO	Labor and Economic Opportunity	<a href="#">Labor and Economic Opportunity   SoM</a>
LHD	Local Health Department	<a href="#">Local Health Department Maps   MDHHS</a>
MAPS	Michigan Automated Prescription System	<a href="#">Michigan Automated Prescription System   Licensing and Regulatory Affairs</a>
MCEITA	Michigan Center for Effective Information Technology Adoption	<a href="#">Michigan Center for Effective Information Technology Adoption   Altarum</a>
MDC	Michigan Data Collaborative	<a href="#">Michigan Data Collaborative Website</a>
MDE	Michigan Department of Education	<a href="#">Michigan Department of Education Website</a>
MDS	Minimum Data Set	<a href="#">Minimum Data Set (MDS) 3.0 for Nursing Homes and Swing Bed Providers   CMS</a>
MDHHS	Michigan Department of Health and Human Services	<a href="#">Michigan Department of Health and Human Services Website</a>
MICR	Michigan Immunization Clinical Record	<a href="#">Michigan Immunization Portal</a>
MiHI	Michigan High Speed Internet Office	<a href="#">Michigan High Speed Internet Office   Labor and Economic Opportunity</a>
MiHIN	Michigan Health Information Network	<a href="#">Michigan Health Information Network Website</a>
MMIS	Medicaid Management Information System	<a href="#">Medicaid Management Information System   Medicaid</a>
MOAC	MiHIN Operations and Advisory Committee	<a href="#">MiHIN Operations and Advisory Committee   MiHIN</a>
MPHI	Michigan Public Health Institute	<a href="#">Michigan Public Health Institute Website</a>
MPI	Master Person Index	<a href="#">IHS link</a>
MSW	Master Social Worker	<a href="#">Social Worker   Licensing and Regulatory Affairs</a>
MVC	Michigan Value Collaborative	<a href="#">Michigan Value Collaborative Website</a>
NIST	National Institute of Standards and Technology	<a href="#">NIST and Health IT   NIST</a>
ONC	Office of the National Coordinator for Health Information Technology	<a href="#">About ONC   HealthIT</a>
PCC	Point Click Care (SNF EMR)	<a href="#">Michigan Health Information Network Expands Its Network Throughout the State via Partnership with PointClickCare   MiHIN</a>
PCMH	Patient-Centered Medical Home	<a href="#">Patient-Centered Medical Home   The National Committee for Quality Assurance (NCQA)</a>
PCP	Primary Care Provider	<a href="#">Primary Care Provider   HealthCare.gov</a>
PGIP	Physician Group Incentive Payment (BCBSM program)	<a href="#">Physician Group Incentive Payment   The Physician Alliance</a>
PHI	Protected Health Information	<a href="#">HIPAA PHI: Definition of PHI and List of 18 Identifiers</a>

Acronym	Meaning	Additional Information
PIP	Partners in Performance (Priority Health program)	<a href="#">2022 PIP Manual Updates</a>
PO	Physician Organizations	<a href="https://michiganvalue.org">https://michiganvalue.org</a>
PQRS	Physician Quality Reporting System	<a href="#">PQRS Overview   CMS</a>
QPP	The Quality Payment Program	<a href="#">QPP Overview   CMS</a>
QRDA	Quality Reporting Document Architecture	<a href="#">QRDA   eCQI Resource Center</a>
REaL	Race, Ethnicity, and Language	<a href="#">Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement   Agency for Healthcare Research and Quality (ahrq.gov)</a>
RHC	Rural Health Clinic	<a href="#">Rural Health Clinic   Licensing and Regulatory Affairs</a>
ROBIN	Realizing Opportunities with Broadband Infrastructure Networks	<a href="#">ROBIN Fact</a>
RPM	Remote Patient Monitoring	<a href="#">Telehealth   MiHIN</a>
SDoH	Social Determinants of Health	<a href="#">Social Determinants of Health Use Case   MiHIN</a>
SIA	Strategic Integration Administration	<a href="#">Strategic Integration Administration Overview Fiscal Year 2020   MDHHS</a>
SIM	State Innovation Model	<a href="#">State Innovation Model   MDHHS</a>
SNF	Skilled Nursing Facility	<a href="#">Skilled Nursing Facility   CMS</a>
SOGIE	Sexual Orientation, Gender Identity and Expression	<a href="#">Sex? Sexual Orientation? Gender Identity? Gender Expression?   Learning for Justice</a>
SoM	State of Michigan	<a href="#">State of Michigan Website</a>
SUD	Substance Use Disorder	<a href="#">Substance Use Disorders (SUDs)   Disease or Condition of the Week   CDC</a>
TEFCA	Trusted Exchange Framework and Common Agreement	<a href="#">Interoperability   HealthIT.gov</a>
USCDI	United States Core Data for Interoperability	<a href="#">United States Core Data for Interoperability   HealthIT</a>

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