

STATEMENT OF
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COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION
U.S. HOUSE OF REPRESENTATIVES

ON

“CLOSING THE DATA GAP: IMPROVING INTEROPERABILITY BETWEEN VA AND
COMMUNITY PROVIDERS”

March 24th, 2025

Thank you for the opportunity to testify today about the vital role that Health Information Exchanges (HIEs) play in the interoperability of our overall healthcare infrastructure. Today, I will concentrate my testimony on the over 10 million residents of Michigan, with over 461,000 veterans of our military services.

Michigan Health Information Network (MiHIN) is our statewide HIE. MiHIN was formed in 2010 as a public/private partnership with the Health Information Technology Commission housed in the Department of Health and Human Services. MiHIN was designed to play a pivotal role in advancing healthcare interoperability by facilitating seamless information sharing across Michigan's healthcare ecosystem.

Since MiHIN's inception in 2010, we have interfaced with nearly eighty individual Electronic Health Record systems (EHRs) and two national networks that only represent a limited number of use cases. A use case is a unique instance of sharing specific information regarding patients and their health. MiHIN, however, operates over fifty use cases for our clients, ranging from hospitals, primary care facilities, payors, community mental health facilities, skilled nursing facilities, and local city and county health departments, to name a few. From the 5,300+ healthcare facilities connected to MiHIN, we have routed over 8.3 billion messages to enhance care coordination and vital data delivery across the state. For example, ninety-seven percent of all state admission, discharge, and transfer summaries pass through MiHIN today.

MiHIN's direct interfaces with local healthcare facilities' EHRs provide instantaneous record submissions immediately following an encounter with a patient. In less than four minutes, that information is received, verified, and routed to our portal, where the patient's longitudinal record is updated with their latest information. Our most recent use case is collaborating with a mobile technology company to route real-time data from ambulances en route to emergency rooms. Emergency Medical Technicians en route will have access to a patient's electronic medical records while also transmitting current vitals to the receiving emergency department. Alerts sent to the ED will notify them of the patient en route so they can access that patient's longitudinal record from MiHIN. The best quality healthcare is not only local, but it is in near real-time.

For security and privacy considerations, MiHIN, as a business associate to the largest health and government systems in Michigan, provides security and privacy of healthcare data while ensuring it is interoperable and accessible. MiHIN and our major technology vendors are certified under HITRUST's r2 certification. This industry-leading certification requires external penetration testing, security in operations, and security during the development of custom applications, ultimately ensuring best practices across all our systems and services. MiHIN designed our Active Care Relationship Service (ACRS) model, which allows the real-time association of patients with their providers using the information found in the data ingested by MiHIN. This service restricts patient data access to only those providers that actively care for that patient.

With all this in mind, let's consider a veteran's healthcare journey. If a veteran goes to their primary care doctor who uses one EHR but also goes to a community mental health facility that uses a different EHR and also sees a specialist on a third EHR, without an HIE like MiHIN, these providers wouldn't be able to access critical patient information from those other encounters. Because of MiHIN's broad network of connectivity, MiHIN has all interactions from all three facilities available in that patient's longitudinal record to improve overall care coordination. Today, however, in Michigan, the VA and DOD are a blind spot to a veteran's overall healthcare. The Michigan VA does not only not submit data through the network but cannot access its patients' records from encounters outside the VA.

From a provider perspective, HIEs bring critical value. A 2024 Survey of Primary Care Physicians found that:

- 81% spend less time with their patients than they'd like.
- 57% write prescriptions or refer patients out due to time constraints.
- 46% report a lack of adequate time with patients as a top stressor, and
- Almost two-thirds feel their work is more transactional than relational.

Accessing patient information within an HIE's longitudinal record has shown that a provider can save up to fifteen minutes per patient per visit, while the cost of this access is nominal.

Today, the VA does not comprehensively see interactions outside of its facilities. And—like the patient journey example I gave you—community care facilities cannot see veterans' interactions with the VA hospital either. There is no such thing as a lifetime record of a veteran's healthcare residing in one EHR system. It simply does not exist. There's also no such thing as a national exchange with a handful of EHRs that can replace the infrastructure we have spent the last fourteen years perfecting.

We can—and must—do better to provide higher-quality care to our veterans in Michigan. There is always potential for improvement, and I believe we can achieve it with the right strategies, support, and collaboration.

Thank you for your time and attention to this important issue. Your support and understanding are greatly appreciated.