The purpose of this document is to outline the three tracks we will explore on May 30 – 31, 2019 at the MiHIN Connectathon. These track descriptors and objectives will be shared with anyone wishing to participate in order to guide them through the sessions.

# Description of event

***Interoperability Land™ Comes to Detroit May 30th***

On Thursday May 30, 2019 the nation’s first combined healthcare & finance Connectathon will begin in Detroit, Michigan. For two days, developers from the Healthcare and Finance industry will be challenged to organize teams to demonstrate and test their skills as programmers and innovators in Interoperability Land™ (IOL). IOL is a multi-organization digital sandbox populated with realistic synthetic data and reusable personas designed to showcase new technology, promote standards (e.g. HL7 FHIR), and accelerate interoperability.

At the Detroit Connectathon developers can build and demonstrate solutions, explore parallels and synergies between the finance and healthcare industries, and create innovative new solutions to unsolved problems. Attendees of the 2019 MiHIN Connectathon will be asked to brainstorm problems within finance, healthcare or both that fit within one of the three tracks. Forming self-organized teams, attendees will be invited to develop and test applications to solve these problems using the multiple various APIs that will be available. Attendees will have the opportunity to showcase the best of the track creations based on a peer vote.

The Michigan Health Information Network Shared Services (MiHIN) is hosting the Detroit Connectathon as the launch event for the annual Connecting Michigan for Health 2019.  MiHIN is actively ***seeking technical participation*** from healthcare and the financial services developers interested to act as track co-leads and help refine the tracks. The tracks envisioned include:

1. ***Track One***- Embracing open business models to create dynamic ecosystems of value between healthcare and finance
2. ***Track Two***-Exploring the value and opportunity of cross-industry digital identity networks
3. ***Track Three***-Employing healthcare patient matching technology to create unified customer experiences in financial services

Because MiHIN hopes to reach a broad base of Michigan technical talent and beyond, there will be ***no cost*** to participate in the Detroit Connectathon.

## Requirements:

1. A self-provided laptop to participate in hands-on testing
   1. MiHIN will bring the cloud-based testing environment (FHIR-PIT)
2. MiHIN Terms of Service agreement completed via [mihin.org/Connectathon](file:///C:\Users\Kasey%20Nicholoff\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\E8O6C362\mihin.org\connectathon)
   1. Upon completion, MiHIN will send you credentials via the email address you provide for access into the environment
3. Familiarize yourself with this document and the tracks that will be presented

## Contact information

* For questions related to *logistics*, please contact Nazy Kazerani at [nazanin.kazerani@mihin.org](mailto:nazanin.kazerani@mihin.org)
* For questions related to *tracks*, please contact Wendy Couturier at [wendy.couturier@mihin.org](mailto:wendy.couturier@mihin.org)

Track One: Embracing open business models to create dynamic ecosystems of value between healthcare and finance

### Track Overview

Financial services firms and healthcare organizations are unlocking value from individual and population-level data sets more than ever before through the use of Application Programming Interfaces (APIs).

One of the most promising uses of APIs in healthcare sphere involves the bulk capture of population level-clinical data to report Clinical Quality Measures (CQMs). CQMs are a critical piece of evolving healthcare payment models because they allow health insurers and the Centers for Medicare and Medicaid (CMS) to quantify how well a healthcare provider and healthcare organization is following evidence-based recommendations in care delivery. Much like consumer credit scores, CQM performance is calculated using multiple data points that are spread across various repositories.

CQMs are generated using clinical information that is recorded in Electronic Health Record (EHR) systems; such as diagnoses, procedures, lab results, vital signs, prescriptions, etc. Traditionally, finding clinically relevant test data that is not Protected Health Information (PHI) can be quite difficult. However, participants of this track will be provided with access to MiHIN’s Quality Ring of FHIR which is an interconnected grid of FHIR-enabled sandboxes that represent a synthetic clinical network of providers, practices, payers, and hospitals. Each sandbox (or FHIR-Pit) is populated with 1000s of patients; all created by PatientGen™, a FHIR-compatible test data generator that produces realistic patient histories involving clinically relevant patient encounters.

The FHIR-Pits for this track have been specifically configured to respond to bulk queries and posts of population level clinical information. These types of cross-network queries are made possible through an API-accessible tool called the FHIR station. This concierge query mechanism allows developers to cut through the messy work of trying to find the same populations across the clinical network, so they can jump right in to the meaningful work of consuming clinical quality information into their systems, so they can produce valuable insights more rapidly.

### Track Purpose

#### The goal of this track is two-fold. 1) Provide participants from health plans and provider organizations with a plug-and-play environment for implementing bulk CQM query into their systems, 2) To expose participants to other 3rd party APIs and capabilities that spark innovation and self-organized collaboration that examines how finance and healthcare can learn from each other in this space.

### Example Roles:

MiHIN is encouraging representation from organizations that can fulfill the following roles:

* Electronic Health Records & Other HIE Vendors
* Provider Organizations
* Health Plan Systems
* Claims/Benefit Management Systems
* Clinical Decision Support Vendors
* Peer to Peer Financial Systems
* CMS Claims System

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## Track Two: Exploring the value of opportunity of cross-industrial digital identity networks

### Track Overview

Reliable, high assurance and frictionless digital identify verification is fundamental to the digital delivery of products and services in the finance and healthcare space in compliance with regulatory and risk requirements.

The financial services industry is constantly evolving to create new apps and use customer data for insights to improve the user experience. Fragmentation of customer information and the inability to link customer attributes and identities across multiple systems are stumbling blocks for this kind of innovation. Customers bear the brunt of this experience, often having to repeat the same demographic information multiple times as they navigate through seemingly connected systems.

Patients acutely experience those same pain points as they struggle to remember login credentials to multiple idiosyncratic health portals in order to import/export clinical data between those systems.

Advancements in Master Person Indexes (MPIs), remote identity proofing, authentication protocols, consent/provenance resources, trust standards, etc. offer a promising opportunity to improve user experience and data portability for both industries.

### Track Purpose

This track is aimed at cross-industry solutioning of shared challenges. Participants will have the simulated environments and endpoints necessary to explore how identity proofing/authentication protocols (currently used in healthcare), could be applied to financial industry problems.

Example: a loan applicant is asked to sign on to their online banking account to import their assets into a mortgage application.

This track is also meant to encourage collaborative innovation between financial and healthcare participants to develop small, compelling, proof-of-concepts for how financial and healthcare systems can work together to better federate identity across systems.

Example: a customer wants to have their identity federated across their personal banking application and their patient portal. The banking application stores an address for the customer that is different from what the customer has in their patient portal. The customer may want to make decisions about what demographic information can/can’t be shared between their banking and healthcare apps.

### Example Roles

Because this is a self-organized event and there are many protocols and tools that can be linked together to solve the problems described in this track, MiHIN is encouraging representation from organizations that can fulfill the following roles:

* Commercial and Consumer Finance Applications/Portals
* Consumer-Facing Health Applications/Portals
* Authorization Server
  + Resource Server
* Consent/Delegated Authorization Owner
* Authentication Server
* Biometric/Facial Recognition Vendors
* Identity/Identity Federation Provider
* Patient Matching Technology/Master Person Index

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## Track Three: Employing healthcare patient matching technology to create unified customer experiences in financial services

### Track Overview

Data is driving key decisions about both customers and patients in the finance and healthcare spaces. Creating a 360-degree view of customers and patients is critical to providing highly personalized and relevant experiences.

In healthcare, incongruous demographics for the same patient across multiple sites of care, can often lead to missed linkages that impact a healthcare provider’s ability to receive the right information at the right time. Commonly shared demographics and idiosyncrasies in data collection (using a nickname, not updating an old address, skipping a social security number, etc.) introduce points of failure to reliably identifying the same patient across multiple points of care.

Michigan introduced a solution to this problem by improving patient matching across organizations through the Common Key Service (CKS). The CKS connects with a MPI and uses proven matching criteria to ensure that patient details (such as last name, date of birth, and phone number) positively and accurately identify the patient. The CKS also assigns a unique key that is stored and attached to the patient in the MPI and shared with all systems exchanging information about that patient. Each system can link their respective medical record number to the same common key and then include the common key when exchanging information about the patient.

### Track Purpose

#### This track will provide participants with a playground filled with MiHIN-enabled infrastructure (i.e. CKS) and 3rd party APIs that assist in solving sticky person matching problems. Participants will explore which elements of existing patient matching solutions can be applied to deliver more personalized informed experiences to finance customers.

### Example Roles

* Commercial and Consumer Finance Applications/Portals
* Common Key Service (MiHIN)
* Patient Matching Technologies
* Data Cleansing Services
* Master Person Indexes

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