

# Michigan Health Alert Network (MIHAN)

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# In the Beginning.....

- **There was E-mail**
  - Simple, people were used to receiving
  - No requirements to change way of doing business
  - Could compose detailed messages include attachments
- **Problems**
  - Maintenance of E-mail addresses for hundreds of groups
  - No change in the way of being notified of important information i.e. what is important enough to wake me up in the middle of the night
  - Duplication of E-mails to the same person annoying and mitigates against considering E-mail alerts as truly important

# Selecting a Vendor

- **Employ a skilled consultant with experience in working with vendors**
  - Ferret out which companies have the ability to produce results
  - Negotiate with vendor to achieve the best possible deal
  - Create the contract and do the leg work required to navigate the State approval process

# Selecting a Vendor

- **Determine your priorities**
  - **Timeliness**
    - Off-the-shelf solution; quick set up meets most needs
    - Custom solution; may take years to implement
  - **Cost**
    - Off-the-shelf may seem more expensive but custom solutions can easily run into major cost overruns during development

# Designing the Directory

- **Three levels of geography**
  - Statewide
  - Regional- 8 emergency preparedness regions
  - Counties within the regions
- **Consistency in roles across all 3 levels of geography**
  - Generic role names, e.g. Health Services rather than Health Services Director
  - Confusion between job titles and functions or roles

# Determining Who Can Alert Whom

- **General, identical local and regional roles can alert their counterparts in all 3 levels of geography**
- **Ability to send alerts to any role in the system provided to state level roles, regional hospital MIHAN coordinators, local health department health officers and MIHAN coordinators**

# Distributed Directory Administration

- **Four regional MIHAN support specialists, support 2 of the 8 regions**
  - Each region has a hospital MIHAN coordinator and each local health department has a MIHAN coordinator
  - The regional and local coordinators manage the users and roles for their part of the system with the assistance of their regional support specialist
- **Distributed administration creates ownership at the regional and local level**

# Maintaining Directory Information

- Person who is licensed to participate keeps their own contact information up to date
- Each person maintains their own profiles on how they wish to be contacted for low, medium and high alerts
- Different profiles can be set-up for when you are on vacation, on call or for other special purposes

# Experience to Date

- **Over 1,900 participants currently in MIHAN, from 3 State Departments, 180 hospitals and 45 local health departments**
  - **Planned expansion to all EMS (ambulance) and rural health clinics**
  - **Along with the benefits of local ownership of the system comes pressure to include more roles like pharmacists, local police and fire, political officials and everyone else who has a stake in emergency preparedness**
  - **Tension between expansion and manageability/utility**

# Experience to Date

- On Saturday, March 13 at 9 PM a medium level alert was sent out by the Michigan Department of Community Health's Public Information Officer from his home computer
- A flight into Detroit Metro Airport had a passenger who exposed the passengers to infectious measles
  - An analysis of this alert determined that within 2 – 4 hours of initiation, 70% of local health departments had confirmed receipt and that within 24 hours 95% of local health departments had confirmed receipt