

**HEALTH INFORMATION TECHNOLOGY COMMISSION**

**Minutes for April 2014 Meeting**

**Date:** Thursday, April 17, 2014  
1:00 pm – 4:00 pm

**Location:** MDCH  
1<sup>st</sup> Floor Capitol View Building  
Conference Room B & C  
201 Townsend Street  
Lansing, Michigan 48913

**Commissioners Present:**

Gregory Forzley, M.D., Chair  
Thomas Lauzon  
Patricia Rinvelt  
Irita Matthews  
Nick Lyon  
Larry Wagenknecht, R.Ph.  
Orest Sowirka, D.O. (Phone)  
Jim Lee  
Michael Chrissos, M.D. (Phone)  
Robert Milewski

**Commissioners Absent:**

Michael Gardner  
Mark Notman, Ph.D.  
Rodney Davenport, CTO

**Staff:**

Meghan Vanderstelt  
Phillip Kurdunowicz  
Kimberly Bachelder

**Guests:**

Philip Vigas  
Tim Pletcher  
Shannon Stotenburg-Wing  
Laurie Prange  
Paul Groll

Tairus Taylor  
Cynthia Green-Edwards  
Umbrin Attequi  
George Bosujak  
Linda Pung

Angela Vanker  
Patti Hought  
Carmen Redwine  
Bruce Maki

**Minutes:** The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, March 20, 2014 at the Michigan Department of Community Health with 12 Commissioners present.

## **A. Welcome and Introductions**

1. Chair Dr. Forzley called the meeting to order at 1:06 p.m.
2. Chair Dr. Forzley asked for a roll call to be taken. 8 commissioners were present at the meeting, and 2 commissioners participated by conference call. 3 commissioners were unable to attend the meeting.

## **B. Review and Approval of 3/20/2014 Meeting Minutes**

1. Commissioners reviewed the minutes from the March 20, 2014 meeting.
  - a. Commissioner Matthews moved that the minutes be approved.
  - b. Commissioner Dr. Sowirka seconded that motion.
  - c. The motion carried, and the minutes were approved at 1:09 p.m.

## **C. HIT/HIE Update**

1. Mrs. Meghan Vanderstelt provided an update to the Health Information Technology (HIT) Commission on important events and trends in the HIT landscape since the last meeting. The slides for the PowerPoint presentation will be posted to the HIT Commission website after the meeting.
2. Dashboard
  - a. Michigan Health Information Network (MiHIN)
    - i. Mrs. Vanderstelt noted that registration for the upcoming Connecting Michigan conference on June 6 is open and that Lieutenant Governor Brian Calley would be delivering the opening remarks at the conference.
    - ii. Mrs. Vanderstelt also noted that MiHIN has approved the Michiana Health Information Network as a new Qualified Organization, which would allow Michiana to connect to MiHIN and share health information through its network.
    - iii. Mrs. Vanderstelt highlighted the MiHIN's work on the Clinical Quality Measurement Recovery and Repository (CQMRR) project, also known as "Skimmer."
      - a. The CQMRR technology may be useful to providers in the future with collecting, reporting, and evaluating electronic Clinical Quality Measures (eCQM).
      - b. The technology may also be helpful to providers with the attestation process under the Meaningful Use (MU) program.
    - iv. Finally, Mrs. Vanderstelt noted that the Henry Ford Health System is now submitting Admit, Discharge, and Transfer (ADT) notifications to MiHIN, and the total number of ADT messages being sent through the MiHIN network continues to climb rapidly.
  - b. Michigan Department of Community Health (MDCH) Data Hub
    - i. Mrs. Vanderstelt noted that the Data Hub team continues to work on developing the Master Person Index (MPI) and would be conducting training sessions starting in mid-May to acquaint stakeholders with the purpose and function of the MPI.
    - ii. Mrs. Vanderstelt also highlighted the work being done by the Data Hub team on the Michigan Identity, Credential, and Access Management (MICAM) system.
      - a. She explained further that MICAM would act as the Single Sign On solution for the state government and would be a critical component of the Governor's MiPage initiative and other consumer facing applications.



- ii. Commissioner Rinvelt also approved of how the Executive Summary frames the document well.
  - b. Mrs. Vanderstelt asked if the commission would like to make a motion to approve the annual report and send it to the Michigan Legislature.
    - i. Commissioner Wagenknecht made the motion to send the report as written to the Legislature. Commissioner Dr. Sowirka seconded that motion.
    - ii. The commission approved the motion to move the final draft to the Legislature at 1:21 p.m.
- 4. House Bill 5136
  - a. Mrs. Vanderstelt noted that the Michigan Senate is considering legislation that would require MDCH to adopt a common consent form for Michigan that all non-exempted providers, agencies, and organizations would be required to accept. She also explained that the common consent form draft that the HIT Commission recently recommended to MDCH could help guide the department's work on developing a common consent form.
  - b. Mrs. Vanderstelt explained that the Senate was currently in recess and would take up the House approved version after its return in April.
- 5. Association of State and Territorial Health Officials (ASTHO) Public Health-Medicaid Collaboration Award
  - a. Mrs. Vanderstelt noted that MDCH submitted a proposal for this award based on the department's efforts to support public health reporting through its Medicaid data sharing infrastructure.
  - b. Mrs. Vanderstelt further noted that ASTHO had named Michigan as one of the finalists in the competition. She explained that the finalists would give a presentation during an upcoming webinar, and the participants in the webinar would have an opportunity to vote and determine the winner for the competition.
- 6. Michiana Health Information Network Qualified Organization (QO) Application
  - a. Mrs. Vanderstelt asked Mr. Tim Pletcher of MiHIN to present on MiHIN's recent approval of Michiana to become a QO in its network.
  - b. Mr. Pletcher noted that Michiana was the first organization to apply to become a QO since the HIT Commission had charged MiHIN with publishing its QO application.
  - c. Mr. Pletcher explained that Michiana serves providers in several border counties in Michigan and Indiana and that providers in the Michiana network wanted to participate in the ADT, Immunization, and MU use cases.
  - d. Mr. Pletcher emphasized to the commission that Michiana received a perfect score on the application.
    - i. Mr. Pletcher further explained that the Michiana organization is willing to comply with all of the requirements for participating in the MiHIN network.
    - ii. Mr. Pletcher noted that the MiHIN board had unanimously approved Michiana's application and that Michiana only had to complete a Qualified Data Sharing Organization Agreement now.
  - e. Mr. Pletcher also shared that two new organizations had inquired about the MiHIN QO application.
  - f. Commissioner Lyon asked about the type of Health Information Exchange (HIE) model Indiana has.
    - i. Mr. Pletcher explained that Indiana is one of the "grandfather" of HIE and that the state has 4 or 5 private HIEs and one state-based HIE (Indiana Health Insurance Exchange). Mr. Pletcher also noted that the state

government of Indiana has a very weak role and that the private HIEs are not required to work together.

- ii. Commissioner Lyon asked whether Michigan was potentially becoming involved in Indiana politics by accepting Michiana as a QO. Mr. Pletcher responded that MiHIN would only be interacting with Michigan patients and providers through its connection with Michiana.
- iii. Chair Dr. Forzley inquired about what impact would MiHIN accepting Michiana as a QO would have on the Michigan network.
  - a. Mr. Pletcher explained that Michiana can participate in the same use cases as other QOs and can also participate in the MOAC Working Groups.
  - b. Chair Dr. Forzley noted that it would not be unusual for a patient to have a Michigan primary care provider but be served in an Indiana hospital. He also noted that there might be some cross-border regulatory issues involved.
  - c. Mr. Pletcher responded that the cross-border issues are minimal for Indiana and Ohio but are more complex for Wisconsin and Illinois.
  - d. Commissioner Milewski asked about how accepting Michiana as a QO impacts the cross-border issue.
  - e. Mr. Pletcher noted that the sharing of health information is already occurring between Arizona, Florida, and Michigan and how the Healthway Exchange enables these exchanges between states.
  - f. Commissioner Milewski asked about where the Healthway Exchange is located, and Mr. Pletcher responded that it is physically located outside of DC.
  - g. Mr. Pletcher expounded further on the pilots that MiHIN had done with other states on Direct including one between Michigan, Florida, and SureScripts. He noted that most providers in Michigan are not currently very keen on using Direct but the meaningful use requirements would be driving movement towards it.
  - h. Mr. Pletcher also explained how the National Association for Trusted Exchange (NATE) is attempting to improve the legal structure for HIE and create assurances for secure data sharing.

#### 7. ADT Follow Up

- a. Mr. Pletcher also provided an update on the privacy and security discussions surrounding the ADT use case. Mr. Pletcher explained that MiHIN had received an 8 page list of questions regarding the ADT use case from the Michigan Health and Hospital Association, and MiHIN was working through a response. He explained further that the questions were mostly related to the chain of trust for the use case, the right to opt-out, liability issues, and matching issues.
- b. Mr. Pletcher also noted that the technical and legal issues surrounding ADT messaging are part of an ongoing national conversation as different states try to figure out this use case.

#### 8. ASTHO Public Health-Medicaid Collaboration Award

- a. Mrs. Vanderstelt noted again that there would be an upcoming webinar for presentations on public-health- Medicaid collaborations and that Michigan would be competing with the other finalists for an award. Mrs. Vanderstelt encouraged the

meeting attendees to participate in the webinar and vote for Michigan. She noted that she would send out the webinar link after the meeting.

#### **D. Meaningful Use Discussion**

1. Mrs. Vanderstelt introduced Bruce Maki and Laura Rappleye from the Michigan Center for Effective Information Technology Adoption (M-CEITA). Mr. Maki and Mrs. Rappleye jointly presented on the requirements for Stage 2 Meaningful Use, the impact of upcoming audits and payment adjustments, and the challenge of achieving interoperability. The PowerPoint slides from their presentation will be made available on the HIT Commission website after the meeting.
  - a. Mr. Maki noted that all providers must upgrade their EHRs to the 2014 certification standards regardless of the provider's current stage in the program. Mr. Maki also explained that vendors are struggling to secure 2014 certification for their products and roll them out to providers in time.
    - i. Commissioner Rinvelt asked whether the back-up was on the program registration side or the vendor certification side. Mr. Maki responded that both sides were encountering obstacles.
    - ii. Commissioner Dr. Sowirka asked about whether the cost for upgrades is being borne by providers or vendors. Mr. Maki stated that vendors were likely experiencing higher costs and passing some of these costs onto providers.
  - b. Mr. Maki noted that CMS has created a special reporting period for 2014 and that providers will only have to submit 3 months of data instead of a full year. Mr. Maki also noted that all providers must attest by February 28, 2015.
    - i. Commissioner Rinvelt asked for clarification on the attestation and submission requirements for providers in 2014. Mr. Maki clarified that providers will have the option to submit eQMs as part of the attestation process for the Medicaid incentive program but will be required to submit eQMs if they participate in the Medicare incentive program.
    - ii. Commissioner Lyon asked if there is a penalty for Medicaid providers who do not attest this year. Mr. Maki clarified that the Medicaid program will not impose a penalty for providers receiving a Medicaid incentive but the Medicare program will reduce reimbursement for providers receiving a Medicare incentive.
    - iii. Commissioner Lyon asked if hospitals had been struggling with meaningful use. Commissioner Lee replied that hospitals are struggling and are encouraging CMS to delay Stage 2.
  - c. Mr. Maki presented on the core and menu measures under Stage 2.
    - i. Commissioner Lyon inquired about what the greatest challenge for providers under Stage 2 is.
      - a. Mr. Maki stated that the greatest challenge so far appeared to be creating the View, Download, and Transmit (VDT) capability for patients and that providers in Stage 1 and 2 are required to provide this capability.
      - b. Commissioner Lee expanded on Mr. Maki's point by noting that part of the challenge of meeting the Stage 2 meaningful use requirement is having a sufficient number of patients use the capability. Mr. Maki confirmed that providers needed to meet this requirement for Stage 2 but not Stage 1.

- c. Chair Dr. Forzley inquired about whether physicians need to have a message from the patient in order to demonstrate that the patient is using the VDT capability. Mr. Maki explained that the portals keep track of patient log-ins.
- d. Commissioner Lyon asked about the number of different EHR programs that are being used by physicians. Mr. Maki estimated that providers may be using up to 700 different programs, but most 75% of providers are using the top 3 software programs.
- e. Commissioner Lyon also asked about whether the VDT requirement would lead to providers creating multiple portals in order for each provider to meet the requirement and receive the MU credit. Mr. Maki confirmed that this was a real concern.
- f. Commissioner Matthew asked for more details about the types of challenges providers may face with the VDT requirement. Mr. Maki noted that providers must confront technical issues as well as implementation issues such as marketing and sign-up.
- g. Commissioner Chrissos drew attention to the methodology used for calculating the numerator and denominator for the VDT measure. Mr. Maki noted the metric is based upon the number of unique active patients seen during the reporting period.
- h. Commissioner Lyon noted that the State government is looking at data sharing and standardization initiatives and wondered if there is a better way to help providers meet the VDT requirement.
- i. Mr. Maki volunteered the idea of MiHIN creating a patient portal. Mr. Pletcher noted that MiHIN is trying to build the infrastructure to support routing information between portals. Commissioner Lyon wondered about whether providers could be given credit for the information flow regardless of what portal the patient accessed.
- ii. Commissioners Rinvelt and Lyon asked about whether Stage 2 MU incorporates requirements to participate in public health related activities.
  - a. Mr. Maki noted that the public health related requirements are optional.
  - b. Commissioner Wagenknecht asked about how many different public health registries currently exist. Commissioner Lyon replied that the State possesses a number of registries including the Michigan Care Improvement Registry. Mrs. Rappleye expanded the list to include the Michigan Disease Surveillance System, Michigan Syndromic Surveillance System, and Michigan Cancer Registry. She also noted that the state is currently working on preparing a birth defects registry to align with meaningful use requirements.
- iii. Mr. Maki also noted that providers have to demonstrate the ability to send eCQMs during Stage 2.
  - a. Commissioner Lee inquired about whether providers are ready to deliver eCQMs electronically. Mr. Maki noted that most providers are not ready currently and are working with the previous attestation system.
  - b. Commissioner Lee noted that hospitals are confronting an issue with HER products not being certified to deliver on all of the eCQM

measures. Mr. Maki noted that the requirement only states that providers have to submit information on 9 measures, so most vendors are opting to provide capabilities for 9 measures instead of the entire set. Commissioner Malewski voiced several concerns regarding vendors not enabling providers to send eQMs on all of the metrics.

- c. Chair Dr. Forzley and Mr. Maki both noted another issue with vendors only focusing on hospital and primary care EHRs and leaving specialists twisting in the wind.
  - d. Mr. Pletcher noted that providers may be able to leverage CQMRR to manage and send eQMs. He also emphasized the importance of CMS and commercial health plans finding alignment on what eQMs they will require.
  - e. Commissioner Milewski noted the issue of more metrics being developed and piled on top of existing requirements.
  - f. Commissioner Chrissos noted that subspecialty providers are struggling with eQMs because these metrics do not align with their business practices and services.
  - g. Chair Dr. Forzley noted that the health plans and the State government have tried to find alignment on quality metrics previously and the issue is not just a technological solution.
  - h. Commissioner Lauzon noted that most health plans do not determine what metrics to use and mostly adopt the metrics that are required by CMS.
  - i. Mrs. Vanderstelt noted that the state government is trying to incorporate the needs of specialty areas into its roadmap even though the meaningful use program may not extend to these areas.
  - j. Mr. Pletcher noted that an eQM workshop will be held on June 6 at the Connecting Michigan conference.
- iv. Mr. Maki presented on the approaching Medicare payment audits and adjustments for providers participating in MU. He noted that providers must successfully attest to avoid readjustments, and adjustments start at 1% in 2015 and may increase up to 5%.
- a. Commissioner Lee noted that providers can receive a penalty and incentive payment at the same time due to the time lag between payments and adjustments. Mr. Maki confirmed this assessment.
  - b. Mr. Maki noted that eligible providers can potentially receive a hardship exemption. Commissioner Lee asked whether MCEITA would assist providers with the hardship exemption process. Mr. Maki noted that MCEITA would assist in this endeavor if requested. Commissioner Lee noted that some hospitals have contemplated seeking an exemption but none have embarked on the process of securing one. Commissioner Rinvelt inquired about the length of the exemption. Mr. Maki confirmed it would be a one year exemption.
  - c. Mr. Maki noted that it would behoove providers to retain documents that may be pertinent to their audits for 6 years.

- d. Commissioner Lee inquired about the number of providers that have currently failed their audit. Mr. Maki stated that he could not provide an assessment at this time.
- v. Mrs. Rappleye presented on the challenge of interoperability for Electronic Health Records and the Meaningful Use program.
  - a. Mrs. Rappleye noted that CMS is using the definition of interoperability from the Institute for Electrical and Electronics Engineers and is looking to integrate interoperability requirements into the meaningful use program.
  - b. She noted that providers have an option for Stage 2 to either use their EHRs in a limited fashion by sticking to hand entry and manual sharing of information or to pursue true electronic interoperability.
  - c. Mrs. Vanderstelt inquired about how often providers are choosing the manual process over the interoperable process. Mrs. Rappleye noted that a large portion of providers are pursuing the manual route in Stage 1.
  - d. Mrs. Rappleye identified the lack of knowledge about what HIE capabilities are available through a QO as a major challenge for providers achieving interoperability with their EHRs.
  - e. Commissioner Lyon asked about what the easiest transport mechanism for providers through a QO would be. Mrs. Rappleye stated that direct would be the easiest mechanism for providers.
  - f. Mrs. Rappleye also noted that EHR vendors had a chance at the February Connectathon to meet and work on exchanging health information electronically. The vendors were successful in exchanging a care summary.

## 2. HITC Discussion

- a. Commissioner Lyon inquired about what the recommendations for the HIT Commission are regarding ways to promote HIE interoperability in Michigan.
  - i. Mrs. Rappleye and Mr. Pletcher noted the difficulties with aligning transport mechanisms between EHR vendors and HIE vendors.
  - ii. Commissioner Lyon asked about incentive payments could help encourage alignment. Mr. Pletcher noted that incentive payments could help encourage compliance from vendors.
  - iii. Commissioner Lee noted that the wide array of transport mechanisms and interfaces create problems for persuading vendors and providers to adopt a common approach.
  - iv. Chair Dr. Forzley also noted that the commission was only discussing the transmission of information and not the usability as well, which would be another factor. He also noted the need for a federal definition of a care summary.
  - v. Mrs. Rappleye and Mr. Pletcher noted the issue with current EHRs not being able to show if a message is successfully delivered and opened, which creates issues for care coordination.
  - vi. Mrs. Rappleye identified a number of questions for HIEs in Michigan including why providers would benefit from joining an HIE, what services can an HIE offer that would help enable meaningful use, and how much do these services cost.

vii. Mr. Pletcher noted that the Michigan State Medical Society is attempting to work with QOs to create a list of services and costs.

viii. Commissioner Milewski wondered whether the creation of a cross-QO list of services and prices is an initiative the HIT Commission could support.

b. The HIT Commission approved the following motion at 2:59 P.M: **RESOLVED: The Health Information Technology Commission recommends that the Michigan Health Information Network collect and publish information on the types and costs of services provided by Qualified Organizations that would facilitate participation of Michigan providers in the Medicaid and Medicare Electronic Health Record Incentive Program. The HIT Commission encourages providers to leverage Michigan's HIE infrastructure as part of their strategy in obtaining meaningful use credit.**

i. Commissioner Milewski made the initial motion, and Commissioner Matthews seconded the motion.

a. During the discussion of the motion, Mr. Pletcher noted that MiHIN will focus on activities related to meaningful use compliance.

b. The Commissioners also discussed what types of information would be proprietary and may not be able to be included.

ii. Chair Dr. Forzley asked if there was any opposition. Seeing none, Chair Dr. Forzley confirmed that the motion carried.

3. Public Comment

#### **E. HITC Next Steps**

1. Co-Chair Nominations

a. Chair Dr. Forzley noted three individuals had been nominated for the co-chair positions, and the commission will consider the nominations at the next meeting.

b. Commissioner Lyon noted that the HIT Office is still reviewing the actual election process for co-chairs and will be able to provide more information at the next meeting.

c. Commissioner Wagenknecht noted that LARA has several boards and that the HIT Office may be able to review the processes they use to determine co-chairs.

d. Chair Dr. Forzley noted that he would be absent at the next meeting and that Commissioner Lyon would be leading the meeting in his stead.

2. Summer Schedule

a. Chair Dr. Forzley asked the Commissioners to notify the HIT Office if they had any pending schedule conflicts for summer HIT Commission meetings.

b. Mrs. Vanderstelt noted that the HIT Commission can potentially cancel a meeting in the summer if a number of commissioners will be absent.

#### **F. Public Comment**

1. Chair Dr. Forzley opened the floor up for public comment.

2. Attendees introduced themselves but did not make any comments related to HIT Commission business.

**G. Adjourn** – The meeting was adjourned at 3:05 p.m.