

## HEALTH INFORMATION TECHNOLOGY COMMISSION

### Minutes for May 2014 Meeting

**Date:** Thursday, May 15, 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., Co-chair (Phone)  
Thomas Lauzon, Co-chair  
Patricia Rinvelt (Phone)  
Irita Matthews  
Larry Wagenknecht, R.Ph.  
Mark Notman, Ph.D.  
Jim Lee  
Michael Chrissos, M.D. (Phone)  
Robert Milewski (Phone)

#### **Commissioners Absent:**

Michael Gardner  
Orest Sowirka, D.O.  
Rodney Davenport, CTO  
Nick Lyon

#### **Staff:**

Meghan Vanderstelt  
Kimberly Bachelder  
Phillip Kurdunowicz

#### **Guests:**

Jeremy Glasstetter  
Jacqueline Fontaine  
Patty Houghton  
Jamie Jozmak  
Carmen Redwine  
Bruce Maki  
Tim Pletcher  
Mike Ayers  
Lynda Zeller

Philip Vigas  
Bo Borgnakke  
Tairus Taylor  
Paul Groll  
Cynthia Green-Edwards  
Jackie Rosenblatt  
Patrick Sheehan  
Peggy Losey  
John Donovan

KatyAnn Zimbelman  
Angela Vanker  
Nishi Singhal  
Harry Levins  
Umbrin Attequi  
Shannon Stotenburg-Wing  
George Bosujak  
Dara Barrera

**Minutes:** The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, May 15, 2014 at the Michigan Department of Community Health with 9 Commissioners present.

## **A. Welcome and Introductions**

1. Ms. Meghan Vanderstelt called the meeting to order at 1:02 p.m.
  - a. Chair Dr. Forzley apologized for not being able to be at the meeting and explained that he had just left finished presenting to the Michigan State Medical Society on the history of HIE.
  - b. Ms. Vanderstelt noted that Commissioner Lyon was originally going to chair the meeting but had a schedule conflict that prohibited him from attending.
2. Co-Chair Nominations
  - a. Ms. Vanderstelt opened the discussion on electing a co-chair for the commission.
    - i. Ms. Vanderstelt noted that the Commissioner Lauzon was the only commissioner who had been nominated for the co-chair position.
    - ii. Ms. Vanderstelt asked whether Commissioner Lauzon was willing to accept the nomination for co-chair, and Commissioner Lauzon confirmed that he would be willing to serve as co-chair.
    - iii. Chair Dr. Forzley moved that the commission should vote to confirm Commissioner Lauzon as the co-chair.
    - iv. The commission unanimously approved the motion to elect Commissioner Lauzon as the new co-chair at 1:04 p.m.
    - v. Co-Chair Lauzon assumed responsibility for leading the commission meeting.
3. Commissioner Updates
  - a. Commissioner Matthews inquired about the invitation that she had received for the "Learning Health System" summit.
  - b. Ms. Vanderstelt noted that the HIT Commission would be discussing this item later and that all of the commissioners are invited to the summit. She also noted that the summit would be held in downtown Lansing on July 11<sup>th</sup>.

## **B. Review and Approval of 4/17/2014 Meeting Minutes**

1. Co-Chair Lauzon asked that the commissioners review the minutes from the previous meeting and inquired whether the commissioners had any questions regarding the minutes.
2. The commissioners did not have any suggested edits or comments regarding the minutes, and Co-Chair Lauzon asked for a motion that the commission approve the draft minutes.
3. Commissioner Lee made the motion to approve the minutes, and Commissioner Matthews second the motion.
4. The commission unanimously approved the minutes at 1:06 p.m.

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

1. Ms. Vanderstelt provided an update to the commission on changes and developments in the HIT-HIE landscape since the previous commission meeting. The PowerPoint slides related to this presentation will be made available on the website after the meeting.
2. Dashboard
  - a. Michigan Health Information Network Shared Services (MiHIN)
    - i. Ms. Vanderstelt noted that MiHIN would be hosting the Connecting Michigan for Health conference next month and that Lieutenant Governor Brian Calley would be a keynote speaker at the conference.
    - ii. Ms. Vanderstelt also noted that Molina is working towards becoming another Payer-Qualified Organization participant in Admit, Discharge, and Transfer (ADT) Notification Service.

- iii. Ms. Vanderstelt also mentioned that the MiHIN board had approved a resolution to require all entities connecting to MiHIN to use a Health Information Service Provider (HISP) that has a DirectTrust accreditation.
    - iv. Finally, Ms. Vanderstelt noted that 6 other states are exploring ways to leverage MiHIN's Health Provider Directory (HPD) solution.
  - b. Michigan Department of Community Health (MDCH) Data Hub
    - i. Ms. Vanderstelt noted that the Data Hub team is continuing to work on implementing the Newborn Screening Use Case. She explained that this use case is being developed in response to a legislative requirement for hospitals to submit Pulse Oximetry data related to screening for Critical Congenital Heart Disease to MDCH.
    - ii. Ms. Vanderstelt also mentioned that the Data Hub team is hoping to operate a pilot for this use case in August.
  - c. Electronic Health Record (EHR) Incentive Program
    - i. Ms. Vanderstelt noted that the EHR Incentive Program was experiencing increased activity from Eligible Providers since last month.
    - ii. Ms. Vanderstelt also identified that 2 hospitals were now reporting under Meaningful Use for this year.
  - d. Michigan Center for Effective Information Technology Adoption (MCEITA)
    - i. Ms. Vanderstelt noted that MCEITA has been very successful in achieving their first two milestones and is continuing to make progress on achieving the third milestone.
    - ii. Ms. Vanderstelt also noted that a significant portion of MCEITA's ongoing work involves assisting specialists such as dentists and psychiatrists with EHR adoption and utilization.
- 3. Learning Health System Summit – Ms. Vanderstelt noted that an email had been sent to all of the commissioners regarding the upcoming summit on the Learning Health System.
- 4. House Bill 5136
  - a. Ms. Vanderstelt noted that the Michigan Legislature had recently approved House Bill 5136, which authorizes MDCH to develop a common statewide consent form for behavioral health information.
  - b. Ms. Vanderstelt explained further that MDCH will be forming a workgroup to assist the Department with adopting and implementing a common consent form.
- 5. ASTHO Public Health and Medicaid Collaboration Award
  - a. Ms. Vanderstelt recognized the MDCH Medicaid and public health teams for the award that they received for their collaboration on electronic public health reporting. She explained further that the Association of State and Territorial Health Officials had presented the award to Michigan for the State's success with electronically reporting public health messages such as vaccinations.
  - b. Commissioner Matthews inquired about how many states were finalists for the award. Ms. Vanderstelt responded that ASTHO had identified 2 other states besides Michigan as finalists.
- 6. MiHIN Update
  - a. HITC Resolution on Meaningful Use and QO Services
    - i. Ms. Vanderstelt noted that the commission had voted last month on a resolution to encourage MiHIN to collect and publish information on the types and costs of services provided by QOs that would facilitate

participation of providers in the Medicaid and Medicare EHR Incentive Program.

- ii. Commissioner Wagenknecht confirmed that the resolution had been communicated to the MiHIN board.
- b. ADT Follow Up
  - i. Ms. Vanderstelt indicated that MiHIN had responded to the Michigan Health and Hospital Association (MHA) regarding MHA's concerns about the ADT Statewide Service.
  - ii. Ms. Vanderstelt noted that MiHIN's response was included in the meeting packets for the commissioners.

#### **D. MiHIN Operation Advisory Committee – Privacy Workgroup**

##### **1. Privacy Whitepaper Priorities**

- a. Ms. Vanderstelt introduced Ms. KatyAnn Zimbelman and Mr. Brian Balow from MiHIN. Ms. Zimbelman and Mr. Balow presented on the MiHIN Privacy Workgroup recommendations and prioritization process for those recommendations. The slides for the PowerPoint presentation will be made available on the website after the meeting.
- b. Ms. Zimbelman explained the prioritization process for the recommendations and highlighted Section 6.1 as an essential priority identified by stakeholders.
  - i. Ms. Zimbelman noted the recommendation under Section 6.1 asked the HIT Commission to “Direct an entity designated by the State to determine the specific consent/authorization rules with respect to the transmission of [Protected Health Information].”
  - ii. Mr. Balow clarified that “Protected Health Information” (PHI) primarily refers to physical health information covered under the Health Insurance Portability and Accountability Act (HIPAA) statutes. He explained further that the definition of “Other Health Information” contained in the paper refers to information under federal regulations that have additional privacy requirements such as information related to substance use, Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS), and behavioral health.
  - iii. Ms. Zimbelman highlighted some scenarios that the recommendation under Section 6.1 is meant to address including how to handle a situation where an individual has submitted multiple consent forms.
  - iv. Mr. Balow indicated that the recommendation under Section 6.1 is pertinent for the implementation of HB 5136. He explained further that health care providers and organizations need additional guidance on how to administer the consent form and handle issues related to consent and Health Information Exchange (HIE).
- c. Commissioner Lee inquired about whether the consent form is just for behavioral health information. Ms. Zimbelman confirmed that the form is only required for the release of behavioral health information, and Mr. Balow further clarified that Michigan is an opt out state for physical health and therefore physical health information can be exchanged without this release form.
- d. Ms. Zimbelman explained that the next step for addressing the recommendation under Section 6.1 is convening a workgroup to investigate consent situations that require additional clarification. She informed the commission that the Privacy

Workgroup is looking for suggestions for stakeholders that should participate or situations that should be addressed.

2. HITC Discussion
  - a. Commissioner Lee noted that the consent issue is a major challenge for ADT exchange and exchange of behavioral health information. He noted further that guidance from the state on this issue would be helpful.
  - b. Ms. Vanderstelt reminded the commissioners that one of the articles included in their pre-meeting packets was a notice from the federal Substance Abuse and Mental Health Services Agency (SAMHSA).
    - i. She explained that SAMHSA is reviewing the regulations related to exchanging behavioral health information and looking for comments on how to revise them to support data sharing and care coordination.
    - ii. Mr. Balow explained further that the pertinent regulation covers federal funded substance abuse programs and that one of the main issues to be discussed is how to avoid making the process of obtaining written consent an impediment to accessing substance use disorder services.
  - c. Co-Chair Lauzon asked Commissioner Lee whether this issue is more expansive than just addressing ADT messaging and private pay issues at hospitals. Commissioner Lee confirmed that it was a larger issue.

#### **E. Medicaid Consumer Engagement**

1. Ms. Vanderstelt introduced Ms. Shannon Stotenbur-Wing, who presented on consumer engagement initiatives in the Michigan Medicaid program. The slides from the PowerPoint presentation will be made available on the website after the meeting.
2. Ms. Stotenbur-Wing explained the process that MDCH and the Michigan Public Health Institute had used to engage with stakeholders and solicit feedback on developing consumer engagement solutions. She also detailed the different concerns and considerations voiced by different stakeholder groups.
3. Ms. Stotenbur-Wing and Ms. Vanderstelt also spent some time describing the Mi Health Button application, a Medicaid consumer engagement tool.
  - a. Commissioner Lee inquired about whether the Mi Health Button application would include medical information. Ms. Vanderstelt noted that the application primarily focused on administration information.
  - b. Commissioner Matthews asked whether the application is active now. Ms. Stotenbur-Wing noted that the State government is currently piloting it with 3,000 people.
4. Co-Chair Lauzon asked whether MDCH had received feedback from the plans on Medicaid consumer engagement efforts. Ms. Stotenbur-Wing noted that the health plans were forerunners in this area and that MDCH is learning from them and continuing to engage them.
5. Co-Chair Lauzon also noted that patients are struggling with the number of care coordinators and wellness initiatives. Ms. Stotenbur-Wing and Ms. Cynthia Green Edwards responded that MDCH will be working on identifying ongoing initiatives and working on coordinating with them to avoid duplication of efforts.
6. Commissioner Lee raised the issue of the Meaningful Use program creating requirements for each provider to develop and maintain a patient portal, which may result in several portals being created for one patient. Ms. Green-Edwards noted that stakeholders were discussing the possibility of giving credit to providers who use a common portal and share data to populate it.

7. Ms. Patty Houghton noted that providers and patients in the Upper Peninsula are having difficulty with using Health Information Technology because they do not have broadband service. Co-Chair Lauzon inquired about the status of the state government's broadband initiative. Ms. Vanderstelt responded that the HIT Office would investigate the current status of the program.
8. Ms. Stotenbur-Wing explained some of the obstacles consumers were facing with engaging in their care as well as some of the resources that should be provided to promote their engagement.
9. Ms. Stotenbur-Wing presented a video that was created by MPHI to explain the statewide HIE infrastructure in Michigan to consumers.
10. Ms. Stotenbur-Wing concluded that the next steps for the Medicaid program are to reassemble stakeholders at a summit and develop a consumer engagement plan.
11. Ms. Stotenbur-Wing provided a link to the consumer engagement website, which is [www.MiEngagement.org](http://www.MiEngagement.org). Ms. Vanderstelt confirmed that the link would be included in the follow up email.
12. Commissioner Lauzon asked whether the video is available on the website. Ms. Stotenbur-Wing confirmed that it is.
13. Commissioner Wagenknecht inquired about whether the initiative would be exclusively focused on the Medicaid population. Ms. Stotenbur-Wing indicated that the initiative initially would be focusing on Medicaid due to the availability of funding. She did note that the lessons drawn from these initiatives could be expanded statewide.
14. Commissioner Wagenknecht asked about the target date for the summit. Ms. Stotenbur-Wing indicated that the summit would likely be held in the fall.

**F. HITC Next Steps**

1. The commission discussed when they should hold meetings during the summer and decided to plan to hold meetings every month and only cancel the meetings if there were no issues to address.
2. Ms. Vanderstelt asked the commissioners to send her information about any schedule conflicts with further meetings dates that they were anticipating.

**G. Public Comment**

1. Mr. Harry Levins noted that the rural health connectivity initiative mentioned earlier during the meeting involved 118 sites and that he could provide more information to Ms. Vanderstelt if requested.

**H. Adjourn** – The meeting was adjourned at 2:26 p.m.