

Health Information Technology Commission
Minutes

Date: Thursday July 18, 2013
1:00pm – 4:00pm

Location: MDCH
1st floor Capital View Bldg
Conference Room B&C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:

Gregory Forzley M.D., Chair
Toshiki Masaki – Vice Chair
Irita Matthews
Mark Notman Ph.D.
Thomas Lauzon
Robert Milewski
Jim Lee
Nick Lyon
Orest Sowirka, D.O.-Phone

Commissioners Absent:

Michael Chrissos M.D.
David Behen
Larry Wagenknecht R.Ph.
Michael Gardner

Staff:

Meghan Vanderstelt
Kimberly Bachelder

Guests:

Suzina Orelli
Beth Speer
Chelsea Seesholtz
Jarrod Sandel
Cynthia Green Edwards
Tina Scott
Bill Riley
Jeff Shaw
Doug Copley
Jonathan Landsman
Cindy Swihart
Umbrin Ateequi

Patty Houghton
Cindy Buege
Kristy Tomasko
Tairus Taylor
Joel Wallace
May Al Kahafaji
Patrick Sheehan
Christina Benson
Tami Nykamp
Carrie Waggoner
Linda Pung
Jeff Livesay

Debbie Mires
Michael Taylor
Harry Levins
Bruce Wiegand
Doug Witten
Scott Larsen
Randy McCracken
Philip Vigas
Jason Werner
Lynn Draschil
Jeff Chang

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday July 18, 2013 at the Michigan Department of Community Health with nine Commissioners present.

A. Welcome & Introductions

1. Gregory Forzley M.D., Chair called the meeting to order and welcomed the HITC members.

B. Review and Approval of May 16, 2013 meeting minutes

1. Minutes of the May 16, 2013 meeting were approved and will be posted to the HIT Commission (HITC) website following the meeting.

C. Commissioner Updates

1. The Senate Finance Committee will hold its second hearing on HIT and Meaningful Use later this month, inviting providers and vendors to discuss the issues surrounding the meeting of EHR Incentive Program requirements.

D. HIT/HIE Update-Meghan Vanderstelt, HIT Manager for MI

1. Vanderstelt reviewed the July 2013 Dashboard and will post on the HIT Commission website following the meeting.
2. 2013 HITC Priorities Mid-Year Progress-Vanderstelt recapped the priorities covered thus far in the 2013 year.
 - a. Develop and Maintain Strategic Plan: ARRA fudged groups and sub-state HIEs presented throughout year on post-ARRA environment.
 - b. Increase Public Awareness: Consent Management is currently being introduced and Consumer Engagement is forthcoming at end of 2103 into 2014.
 - c. ID Critical Issues: Cyber Security has been a key theme throughout 2013 and will continue to be assessed and explored. ID Management has been incorporated into the Cyber Security discussions and the State of Michigan will be discussing how it will address this topic. Lastly, Workforce Needs were recently addressed via Vanderstelt attending the Michigan Health council Deans of Health Meeting in early July. She discussed Michigan's HIT/HIE landscape and asked what the Council's concerns were in this particular area.
 - Commissioner Masaki asked if the Deans of Health Council were aware of the HIT activity in Michigan. Vanderstelt replied that there was some high level awareness.
 - Commissioner Lee asked if the Council discussed the nuts and bolts of HIT/HIE for example ICD-10. Vanderstelt replied yes, and the Council also discussed the need for critical thinkers to analyze the data being collected.
 - Commissioner Mileswski stressed the importance of introducing HIE/HIT education to residency training since they are the future workforce. Many Commissioners agreed that introducing informatics to analyze outcomes to improve care is crucial in the near future.
 - d. Policies and Measures to Encourage Adoption of HIT- Regular reports and updates from the EHR Incentive Program and M-CEITA have been given to the HIT Commission and activities to engage non-EHR Incentive providers. In addition, new activities have been proposed to

CMS to encourage EHR adoption among specialists, that have not previously been acknowledged in the EHR Incentive Program.

3. Connecting Michigan for Health Conference- The annual conference was held on June 5-6th, 2013 and was a great success. “Connecting Patients, Providers and Payers” was the keynote given by John Halamka, M.D., Beth Israel Deaconess Medical Center. Other insightful topics included: Sub-State panel discussions, updates on HIE progress from other states, ADT overview, behavioral health exchange overview, legislature and HIE/HIT issues, patient matching achieving interoperability, cyber security panel, and the Learning Health System.
4. QO Query day- MiHIN recently held a meeting to create a forum of HIT/HIE stakeholder in MI to discuss technical solutions for supporting statewide query capability.
5. MDCH Medicaid Advanced Planning Document (APD)-Initial proposal for funding submitted to CMS and is currently under review. The proposed APD includes partnership activities with many of the ARRA funded groups.
6. Learning Health System (LHS) - Vanderstelt noted that the ONC Federal Health IT Strategic Plan aligns with the goals of a Learning Health System and the HIT Commission should investigate this topic further and consider Michigan as a Learning Health State.
 - Commissioner Mileswki commented that the LHS concept is very forward thinking and encourages HITC to investigate this concept further.

E. Follow Up from Cyber Security

1. Cyber Security HITC Survey-Vanderstelt briefly presented the answers to the HIT Commission survey. The HIT Commission will look into the answers further and decide next steps following the introduction of the new Cyber Security Council.
2. Michigan Healthcare Cyber Security Council- Doug Copley, Information Security Officer Beaumont Health System presented to the HIT Commission. Copley explained that the Council was formed as an action from the Governor Snyder’s Cyber Security Advisory Council. The Council is still in the infancy phase and trying to work out logistics. Membership is limited to healthcare entities committed to active participation and is mainly comprised of health systems. The council has formed three working group areas: Medical devices, common security framework comprised of standards, and incident management and notification best practices.
 - Commissioner Forzley commented that the new Council should consider physician or clinicians into its membership.

F. Michigan Identity Credentialing Access and Management (MICAM)

1. Tina Scott from the Michigan Department of Community Health Data Hub presented to the HIT Commission. MICAM is an enterprise solution that will enable the State of Michigan to establish, manage, and authenticate user identities on an individual or federated level. The State of Michigan will be able to use the enterprise solution for existing and future State applications as well as trusted third parties. The benefits of this solution will be the ability to

establish and manage user identity, a single source of truth for user identity authentications, and the ability to verify and validate the credentials for users who are requesting access to State systems. The next steps for the MICAM project will be to finalize the contract and work with MiHIN on the membership of the first Identity Exchange Hub (IEH) pilot.

- Commissioner Mileswki asked if there was a national model. Tina Scott and Paul Groll answered that the model is called ICAM or Identity Credentialing Access Management and is what the State is using as a reference or standard.
- It was also noted in the identity management discussion that the MICAM plan or concept can be potentially leveraged statewide.

G. Consent Management

1. Carrie Waggoner of MDCH and Bill Riley of the Behavioral Health CIO Forum, and both members of the MiHIN Operations Advisory Committee (MOAC) Privacy Work Group, presented to the HIT Commission. Integration of behavioral health and physical health in HIE makes the issue of consent an urgent priority. Policy guidance is needed for patient consent that meets the higher standard of the Michigan Mental Health Code and federal regulation 42 C.F.R. Part 2. The difficulty in sharing behavioral health data has become a national priority. As the State as adopted an opt-out approach to physical health, an opt-in approach is needed for substance abuse and mental health. Currently, every organization and or vendor is developing its own solution due to the lack of policy and standards within the area. This frustrates care coordination by preventing a consistent net flow of data, which then causes a patchwork of behavioral health silos and impedes behavioral health information exchange. The Privacy Working Group requests the HIT Commission to do the following: Charter the existing Privacy Work Group to develop standard scope of sharable mental health/substance use information, create standard consent language for behavioral health information exchange, and develop use case requirements for managing consent. The Work Group would also like the HIT Commission to review all work products as they become available and adopt, reject, request refinement, and provide Commission guidance of this work.

- Commissioner Lee asked if the consumers of consent paperwork understand that it is just for behavioral health or substance use and not physical health. Riley replied yes, a case worker is with them when they are presented paperwork to sign.
- Commissioners inquired about the need for a single consent form that is includes behavioral and physical health. Riley answered the Privacy Workgroup is working on this issue.
- The HIT commission gave conceptual support to the Privacy Workgroup. Therefore, the Workgroup will continue to develop a

standard and state-wide scope of sharable mental health/substance use information, create standard and state-wide consent language for behavioral health information exchange, and develop use case requirements for managing consent. The Privacy Workgroup will continue to update the HIT Commission on progress and eventually present final products for possible HIT Commission approval and formal recommendations to the Michigan Department of Community Health.

H. HITC Summer Schedule

1. Commissioner Forzley asked the Commission if there were any conflicts with quorum for August 2013 meeting. There were no noted conflicts.

I. Public Comment

1. No public comment

J. Adjourn

1. The meeting adjourned at 3:52 p.m.