

## HEALTH INFORMATION TECHNOLOGY COMMISSION

### Minutes for August 2014 Meeting

**Date:** Thursday, August 21, 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  
Nick Lyon  
Rodney Davenport, CTO  
Irita Matthews  
Michael Chrissos, M.D. (Phone)  
Mark Notman, Ph.D.  
Robert Milewski  
Orest Sowirka, D.O. (Phone)  
Nick Smith  
Jim Lee (Phone)  
Patricia Rinvelt  
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#### **Commissioners Absent:**

Jill Castiglione

#### **Staff:**

Meghan Vanderstelt  
Phillip Kurdunowicz  
Kimberly Bachelder

#### **Guests:**

Kristy Tomasko	Amrutha Diwakar	Matthew Holtz
Amy Grasso	Shelley Mannino	Leah Corneail
Susan Nordyke	Stacey Hetiger	George Bosnjak
Jacob Julian	Desmond Kearsley	Clare Tanner
Traci Wightman	Doug Dietzman	Leslie Asman
Doug Copley	Cynthia Swihart	Kristy Brown
Jeff Livesay	Tina Scott	Scott Larsen
Brandi Briones	Megan Herbst	Cindy Schnetzler
Babette Levy	Umbrin Attequi	May Al-Khafaji
Rachel Brown	Michael Taylor	Bo Borgnakke
Dara Barrera	Jeremy Glasstetter	Tim Pletcher
Glenn Copeland	Helen Hill	

**Minutes:** The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, August 21, 2014 at the Michigan Department of Community Health with 11 Commissioners present.

#### **A. Welcome and Introductions**

1. Chair Dr. Gregory Forzley called the meeting to order at 1:04 p.m.
2. Chair Dr. Forzley noted that Commissioner Nick Smith had just joined the Health Information Technology Commission (HIT Commission) and asked the commissioners to introduce themselves to Commissioner Smith.

#### **B. Review and Approval of 6/18/2014 Meeting Minutes**

1. Chair Dr. Forzley presented the minutes from the June meeting to the commission and asked the commissioners to review them.
2. After the commission reviewed the minutes, Chair Dr. Forzley asked for a motion to approve the minutes.
  - a. Commissioner Patricia Rinvelt made a motion to approve the minutes, and Commissioner Dr. Sowirka seconded that motion.
  - b. Chair Dr. Forzley asked whether any commissioners had any objections to the motion. Seeing no objections, he confirmed that the minutes had been approved at 1:08 p.m.

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

1. Chair Dr. Forzley asked Ms. Meghan Vanderstelt to provide an update on notable Health Information Technology (HIT) events or occurrences in Michigan since the last meeting. The PowerPoint slides for this presentation will be made available on the HIT Commission website after the meeting.
2. Ms. Vanderstelt noted that the membership of the HIT Commission had changed since the last meeting.
  - a. Ms. Vanderstelt noted that Commissioner Gardner had resigned from the commission, and the commission currently does not have a representative for pharmaceutical manufacturers.
  - b. Ms. Vanderstelt also noted that Mr. Larry Wagenknecht and Mr. Tom Lauzon had finished their terms on the commission, and Governor Snyder appointed two new representatives to the commission:
    - i. Commissioner Jill Castiglione of Northville will be representing pharmacists.
    - ii. Commissioner Smith of Laingsburg will be representing health plans.
  - c. Chair Dr. Forzley inquired about whether a “thank you for your service” message had been sent to Mr. Wagenknecht and Mr. Lauzon. Ms. Vanderstelt confirmed that the Michigan Department of Community Health (MDCH or Department) had sent messages to both individuals.
  - d. Ms. Vanderstelt also congratulated Commissioner Irita Matthews and Commissioner Robert Milewski on being reappointed to the commission.
3. Ms. Vanderstelt reviewed the August Dashboard with the HIT Commission.
  - a. Michigan Health Information Network (MiHIN) – Ms. Vanderstelt noted that Dr. Tim Pletcher would be giving a presentation on MiHIN’s activities and use case process later during the meeting.
  - b. MDCH Data Hub – Ms. Vanderstelt noted that the format for the DCH Data Hub slide had been changed to focus on use cases.
  - c. Electronic Health Record (EHR) Incentive Program – Ms. Vanderstelt noted that the continued increase in payments and registrations for the EHR Incentive Program.
  - d. Michigan Center for Effective Information Technology Adoption (MCEITA) – Ms. Vanderstelt noted MCEITA’s work on the Million Hearts initiative.
4. Ms. Vanderstelt introduced Dr. Pletcher to provide an update on MiHIN’s activities.
  - a. Meaningful Use Pricing Request

- i. Dr. Pletcher noted that the HIT Commission had passed a resolution at its April meeting requesting that MiHIN collect information from Qualified Organizations about their Meaningful Use services and pricing for providers.
  - ii. Dr. Pletcher noted that MiHIN asked for all information on all services provided by Qualified Organizations and was planning to filter out information not related to Meaningful Use.
  - iii. Dr. Pletcher also emphasized that Qualified Organizations agreed to share pricing information with MiHIN as part of their data sharing agreements. He clarified that this pricing information is subject to confidentiality provisions but that MiHIN can share a “sanitized” version of this information with the commission.
  - iv. Dr. Pletcher reminded the commission that the purpose of this request was to provide some insight into the range of costs for Meaningful Use services.
  - v. Commissioner Rinvelt inquired about when MiHIN made the request to the Qualified Organizations. Dr. Pletcher noted that MiHIN made the request two weeks ago with the goal of having a document ready to share with the commission by today’s meeting.
  - vi. Ms. Vanderstelt clarified that the purpose of the request was to provide some transparency to the commission and providers about the types and costs of Meaningful Use related services in Michigan. Dr. Pletcher agreed and noted that some Qualified Organizations may not charge a variable cost for individual services and may instead charge a general cost to connect to the Qualified Organization.
  - vii. Chair Dr. Forzley asked Dr. Pletcher about whether he had brought the request to the board. Dr. Pletcher stated that he asked the Qualified Organizations for information first through the MiHIN Operations Advisory Committee and planned to bring the information to the board for review before distributing it publically.
- b. MiWay Consumer Directory – Dr. Pletcher provided a brief overview of MiHIN’s activities related to the MiWay Consumer Directory and noted that the purpose of the directory is to provide consumers with the ability to have some control over the sharing of their health information.
- c. New Qualified Organizations
- i. Dr. Pletcher noted that the Northern Physician Organization had submitted an application to MiHIN to become a Qualified Organization. He also noted that the board had reviewed this request but had not approved the application at this time. He stated that the board would be reviewing the application again at the next meeting.
  - ii. Dr. Pletcher also explained that the Prepaid Inpatient Health Plans in Michigan had been discussing applying to connect to MiHIN. He noted that the Prepaid Inpatient Health Plans are deliberating on whether to apply separately or band together as one Qualified Organization.
- d. Health Provider Directory – Dr. Pletcher also identified that MiHIN had been discussing opportunities to share MiHIN’s Health Provider Directory solution with other states.
- e. Commissioner Rinvelt asked about what percentage of the Michigan health care market is now sharing information through MiHIN.

- i. Dr. Pletcher noted that the percentage varies between use cases and that the value of use cases is just as important as the volume.
  - ii. Dr. Pletcher noted that providers are expressing interest in a number of use cases such as Admit-Discharge-Transfer notifications, care plans, and the Active Care Relationship Service. Dr. Pletcher stated that the message counts for MiHIN indicate that MiHIN services are going in the right direction.
  - iii. Dr. Pletcher mentioned that he would provide additional information during his presentation on the MiHIN Use Case Factory.
- f. Ms. Vanderstelt noted again that Mr. Wagenknecht finished his term on the HIT Commission and would no longer be able to serve as the commission representative on the MiHIN board. She stated further that the commission would need to identify a new representative in the near future.
  - i. Chair Dr. Forzley stated that the HIT Commission would wait until the next meeting to elect a permanent representative but suggested that the commission appoint Commissioner Lyon as representative in the interim.
  - ii. Commissioner Lyon noted that he would be willing to fulfill this role.
  - iii. Chair Milewski made the motion to confirm Commissioner Lyon as the interim representative for the commission to the MiHIN board, and Commissioner Matthews seconded it.
  - iv. Chair Dr. Forzley asked whether any commissioners had any objections to the motion. Seeing no objections, he confirmed that Commissioner Lyon had been appointed as the temporary representative for the MiHIN board at 1:27 p.m.
- g. Michigan Healthcare Cybersecurity Council – Ms. Vanderstelt noted that the commission would receive an update on the council’s activities from Mr. Doug Copley later in the meeting.
- h. Learning Health System Summit
  - i. Ms. Vanderstelt noted that the Center for Healthcare Research and Transformation at the University of Michigan had recently hosted a summit to discuss the development of a Learning Health System.
  - ii. Ms. Vanderstelt explained that the summit featured 7 themes and 85 participants and that she helped facilitate a session around the theme of consumer engagement.
- i. Interoperability Roadmap for the Office of the National Coordinator for HIT (ONC)
  - i. Ms. Vanderstelt thanked Commissioner Rinvelt for sharing the ONC roadmap with the commission.
  - ii. Ms. Vanderstelt explained that ONC is working on developing a 10-year vision for the development of health information technology and health information exchange.
  - iii. Ms. Vanderstelt encouraged HIT Commissioners to provide feedback to ONC regarding the plan.
  - iv. Ms. Vanderstelt also noted that she would be traveling to Washington, D.C. next week to participate in a state interoperability workgroup hosted by ONC. She explained that the workgroup meeting would serve as a good opportunity to surface issues and ideas from Michigan at the federal level.

- v. Commissioner Rinvelt asked whether some of the takeaways from the Learning Health System Summit could be shared with the workgroup. Ms. Vanderstelt agreed with this suggestion.
- j. MDCH Consent Form Workgroup
  - i. Ms. Vanderstelt introduced the Consent Form Workgroup process map to the HIT Commission and explained that the Consent Form Workgroup has created three smaller sub-workgroups to address particular issues related to this initiative, which are outlined below:
    - a. Governance Sub-Workgroup: Finalize the consent form and create a change process for future edits to the form
    - b. Stakeholder Engagement: Create guidance for individuals and providers and develop a communications strategy for implementing the form
    - c. Operations: Conduct an environmental scan of opportunities in Michigan to create an electronic process for managing consent
  - ii. Chair Dr. Forzley emphasized the need to include consumers and clinicians in the development of the form. Ms. Vanderstelt agreed and noted that the workgroup would take suggestions on stakeholders who should be involved in the project.
- k. Long Term Care Lean Project Introduction
  - i. Ms. Vanderstelt asked Mr. Phillip Kurdunowicz to give a brief introduction of the Long Term Care Lean Project.
  - ii. Mr. Kurdunowicz explained that MDCH, the Department of Licensing and Regulatory Affairs, and Department of Human Services are working together to improve the delivery of Long-Term Services and Supports (LTSS) to Michigan citizens. He also noted that one major component of the initiative is improving data sharing within the LTSS system.
  - iii. Mr. Kurdunowicz asked the commission to consider dedicating one of its future meetings to a discussion on how LTSS providers may fit into the broader data sharing ecosystem.
    - a. Commissioner Rinvelt supported this idea.
    - b. Commissioner Dr. Sowirka also voiced support for this idea and noted that the Michigan Medical Directors Association Conference would be another good opportunity to raise this issue.

#### **D. MiHIN Use Case Overview**

1. Ms. Vanderstelt invited Dr. Pletcher to begin his presentation on the MiHIN Use Case Process. The PowerPoint slides for this presentation will be made available on the HIT Commission website after the meeting.
  - a. Dr. Pletcher explained the value behind health information exchange and the MiHIN model for data sharing.
  - b. Dr. Pletcher also described the Use Case Factory concept, which is MiHIN's framework for developing and implementing new use cases.
  - c. Dr. Pletcher noted the importance of the use case agreement and implementation guide, which act as the foundational documents for new use cases.
  - d. Dr. Pletcher also emphasized the role of the scoring process for prioritizing work on potential use cases.
  - e. Dr. Pletcher also described the review process by stakeholders including the MiHIN board.

- f. Chair Dr. Forzley inquired about whether approval by the MiHIN board meant that approval to implement broadly or approval to pilot.
    - i. Dr. Pletcher stated that this typically meant approval to pilot but that these pilots might eventually be expanded statewide.
    - ii. Chair Dr. Forzley noted that it is not atypical for pilots to be the first stage of implementation and wondered whether MiHIN should use outcomes measurement to determine whether pilots should be expanded.
    - iii. Dr. Pletcher noted that the industry does not currently have metrics for evaluating use cases and that the board acts as a gatekeeper for full implementation.
  - g. Dr. Pletcher explained the process for the implementing the use case, moving it fully into production, and encouraging adoption on a large scale.
2. HIT Commission Discussion
- a. Commissioner Rinvelt asked about how many use cases have been fully implemented.
    - i. Dr. Pletcher explained that MiHIN currently did not have any use cases in full production. Some of the obstacles include funding, technical capacity of providers and EHR vendors, and the need for engagement.
    - ii. Commissioner Rinvelt inquired about how long this process typically takes.
    - iii. Dr. Pletcher was not able to give an exact figure for an average length of time but noted that the process is accelerating. He noted that the initial use cases took several years but the more recent ADT use case is being deployed rapidly.
  - b. Commissioner Notman noted that the system only has so much bandwidth for developing and implementing new use cases and inquired about what sorts of mechanisms need to be implemented in order to encourage widespread adoption.
    - i. Dr. Pletcher noted the importance of putting money behind the adoption of use cases through the Medicare and Medicaid program as well as health plan reimbursement.
    - ii. Dr. Pletcher also emphasized the importance of demonstrating productivity gains for providers through the implementation of use cases.
    - iii. Commissioner Milewski also noted the importance of use cases to customers such as the value of ADT information to the retiree group.
    - iv. Commissioner Notman inquired further about what the critical threshold for adoption of use cases is. Dr. Pletcher responded that each use case is unique and that the use case summary helps demonstrate the value of the investment.

**E. Update on the Michigan Healthcare Cybersecurity Council**

- 1. Ms. Vanderstelt noted that Mr. Copley of Beaumont Hospital had arrived and that he could now provide an update on the Michigan Healthcare Cybersecurity Council.
- 2. Mr. Copley noted the council has been meeting for 14 months and finalized its membership, rules, priorities, and governance.
- 3. Mr. Copley emphasized that the goal of the council is to advance cybersecurity preparedness and deliver guidance and solutions for the Michigan health care system.
- 4. Mr. Copley noted that the members of the council has been working well together and sharing information about potential threats and solutions. He also mentioned the value of having the State of Michigan government involved in the discussions.

5. Mr. Copley also mentioned that the council had initially been struggling to produce publishable materials but now has two graduate interns providing administrative support for discussions.
6. Mr. Copley noted that the next meeting of the council would be on August 22.
7. Mr. Copley also indicated that some discussions were taking place regarding expanding the work of the Michigan Cyber Range into the health care environment.
8. Mr. Copley introduced Mr. Scott Larsen, the security lead for Beaumont Hospital, who could provide additional details on the security framework.
9. Mr. Larsen noted that the council would align its work with the Michigan Cyber Disruption Response Strategy and cooperate with the State of Michigan on emergency preparedness and table top exercises.
10. Mr. Copley explained that the work of the council was being carried out by four committees, which include Incident Response, Security Frameworks, Medical Devices, and Vendor Security Risk Assessment.
11. Mr. Copley noted that the council had not identified any ideas that would need to be implemented legislatively yet but was exploring the work of the Texas government on HITRUST and the related legislation.

**F. Michigan Cancer Surveillance Program and Birth Defects Program-Supporting Meaningful Use**

1. Ms. Vanderstelt introduced Mr. Glenn Copeland, who would be presenting on the Michigan Cancer Surveillance Program and Birth Defects Program on behalf of MDCH. The PowerPoint slides for this presentation will be made available on the HIT Commission website after the meeting.
  - a. Mr. Copeland explained that MDCH had been working to streamline the reporting of public health information related to birth defects and cancer surveillance using health information exchange.
  - b. Mr. Copeland also noted that the reporting these measures electronically could help providers successfully attest under the Meaningful Use program: he explained further that reporting information to the cancer registry and a specialized registry such as the birth defects registry helps providers fulfill two separate requirements.
  - c. Mr. Copeland provided additional details on the operations and purpose of the birth defects and cancer surveillance programs and importance of electronic reporting.
    - i. Mr. Copeland noted that Michigan was working towards joining the ePath program, which would allow labs to electronically report positive cancer screenings.
    - ii. Mr. Copeland noted that a national standard does not currently exist for electronically reporting birth defects information. He explained further that Michigan was collaborating with 11 other states on developing a use case.
  - d. Mr. Copeland also mentioned that MDCH is looking for providers to assist with piloting these use cases.
2. HIT Commission Discussion
  - a. Commissioner Matthews inquired about how long the process for implementing these use cases took and whether MDCH is the champion for these use cases.
    - i. Mr. Copeland stated that the birth defects use case took about 18 months. He explained further that the cancer surveillance use case took far less time

because a standard for electronically reporting this information already existed.

- ii. Mr. Copeland noted further that the typical use case process takes about 1 year and is heavily impacted by the availability of funding.
  - iii. Dr. Pletcher added that hospitals and physicians might not be ready for reporting because they need the specifications for reporting before they can get a cost appraisal from their EHR vendor for upgrades.
- b. Commission Milewski inquired about why Michigan has not implemented the ePath program. Mr. Copeland noted that funding for implementation remained an obstacle.

#### **G. HIT Commission Next Steps**

1. Chair Dr. Forzley noted that the HIT Office is working on preparing the agenda for the next few meetings.
2. Ms. Vanderstelt asked the commissioners to notify her of any upcoming schedule conflicts for future meetings.
3. Chair Dr. Forzley noted that the commission would need to revisit the co-chair issue with the departure of Mr. Lauzon from the commission.

#### **H. Public Comment**

1. Chair Dr. Forzley opened the discussion to public comment.
2. Mr. Doug Dietzman of Great Lakes Health Connect noted that the Qualified Organizations are willing to submit information related to meaningful use charges.
  - a. Mr. Dietzman explained further that attaching pricing information to individual services is a difficult process. He noted that he would be willing to return to explain the process to the commission.
  - b. Ms. Vanderstelt noted that the HIT Commission would be interested in having the Qualified Organizations return to present on this issue.
3. Ms. Helen Hill of the Southeast Michigan Health Information Exchange noted that her organization would be glad to discuss pricing issues.
  - a. Ms. Hill also noted that the Michigan Health Information and Management System Society would be having their fall conference on the week of September 15<sup>th</sup>.
  - b. Ms. Hill also identified the focus of the conference as care transformation and consumer engagement.
  - c. Ms. Hill mentioned that National Health IT Week is coming up and that she would be representing Michigan during the national discussion in Washington, D.C.
4. Ms. Stacey Hettiger of the Michigan State Medical Society thanked the commission for encouraging the participation of clinicians in the common consent form project.
  - a. Ms. Hettiger also noted that her organization was an active participant in the group.
  - b. Ms. Hettiger also identified a number of initiatives in Michigan related to long term care and data sharing including BOOST and MI Star.
5. Ms. Tina Scott of MDCH recognized Mr. Bob Swanson and Mr. Copeland as champions for public health and electronic reporting and thanked them for their service. She also echoed the need for funding for these projects.

6. Mr. Jeff Livesay of MiHIN noted that Jay Greene from the Crain's Detroit Business had recently highlighted the recent developments of health information exchange in Michigan through two articles.
7. Ms. Rappleye of MCEITA noted the work that MCEITA had been conducting to support the electronic reporting of birth defects and cancer for meaningful use purposes.
8. Adjourn – Chair Dr. Forzley adjourned the meeting at 2:58 p.m.