

**Health Information Technology Commission**  
**Minutes**

**Date:** Thursday September 20, 2012  
1:00pm – 4:00pm

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

**Commissioners Present:**

Greg Forzley, M.D. – Chair  
Toshiki Masaki – Vice Chair  
James Haveman  
Michael Chrissos-Phone  
Dennis Swan  
Mark Notman, Ph.D.  
Larry Wagenknecht, R.Ph.  
Orest Sowirka, D.O.  
David Behen  
Michael Gardner  
Robert Milewski

**Commissioners Absent:**

Tom Lauzon

**Staff:**

Meghan Vanderstelt

**Guests:**

Jeff Shaw  
Cynthia Green Edwards  
Judy Varela  
Terina Clark  
Jeff Allison  
Patrick Sheehan  
Megan Petzko-Sweet  
Linda Pung  
Nancy Short  
Randy McCracken  
Darrell Dantje  
Jason Werner

Chris Buskulic  
Tina Scott  
Bruce Wiegand  
Paul Groll  
Nishi Singhal  
Jackie Anderson  
Andrea Walrath  
James Gartung  
Cindy Schnetzler  
Suzina Orelli  
Dara Barrera  
Joel Wallace

Jeff Livesay  
Tairus Taylor  
May Alkhafaji  
Tim Pletcher  
Angela Vanker  
Jackie Rosenblatt  
Patty Houghton  
Helen Hill  
Danny Olmstradod  
Kim Bachelder

**Minutes:** The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, September 20, 2012 at the Michigan Department of Community Health with eleven Commissioners present including the Chair and Vice Chair.

#### **A. Welcome & Introductions**

1. The HIT Commission welcomed new Commissioner Director James Haveman, representing MDCH, Michael Gardner, representing pharmaceutical manufactures, and Robert Milewski representing non-profit healthcare corporations.
2. Director Haveman informed the Commission that he and the Governor understand the importance of IT systems and health IT to the administration. Haveman also stressed accessibility to the executive office for all HIT Commission activities.

#### **B. Review and Approval of 9-20-12 meeting minutes**

1. Minutes of the 9-20-12 meeting were approved and will be posted to the HIT Commission website following the meeting.

#### **C. Dashboard for MI HIT Initiatives**

1. **Updated Dashboard:** Meghan Vanderstelt gave an overview of changes made to the MI HIT Dashboard based on the updates provided by the organizations within the Dashboard.
2. **Discussion:** The HIT Commission reviewed and agreed with Director Haveman that the dashboard was too green and needed more color. It was suggested that there be a separate meeting to discuss new metrics, measures, and other HIT initiatives that could be included on the dashboard.
  - **Task:** To reformat the HIT Dashboard for 2013
  - **Task:** Dennis Swan would like more information on the individual sub-state HIEs, specifically UPHIE.

#### **D. Commissioner Updates**

1. The Commission was reminded that the 2012 Michigan HIMSS conference will be held on September 25 and 26 in Novi.
2. Toshiki Masaki informed the Commission that he attended a White House conference, jointly sponsored by HHS, regarding Beacon Communities. Masaki reported that the exchange of information regarding common challenges encountered by most of Beacon Communities was most helpful. Masaki expects similar conferences to be scheduled in the future.
3. On behalf of the HIT Commission, MiHIN and MDCH, Dr. Forzley recognized Beth Nagel with a plaque for her dedication and time spent on advancing HIT in Michigan.

#### **E. HIT Commission Schedule and Draft 2012 Work Plan**

1. 2012 Annual Report preparations: Forzley reminded the HIT Commission that the report is a great source of communication and resource to the Legislature on HIT activities. Forzley asked the Commission for ideas and input on the content of the annual report. Input is to be sent to Meghan Vanderstelt. A draft of the 2012 annual report will be available for review and discussion during the October 18, 2012 meeting.

- **Task:** Define HIT Commission recommendations and important HIT activities in Michigan for the 2012 annual report and send to Meghan Vanderstelt.
2. **Remainder of 2012 meetings:** The HIT Commission reviewed the 2012 draft schedule and focused attention to the planning of the 2013 schedule.
    - **Task:** 2013 planning:
      - How does the Commission define success of HIT initiatives in 2013? Establish a benchmark for the State of Michigan HIT progress versus the national level and other states
      - Define and communicate 2013 dashboard expectations
      - Define and communicate expectations to all the individual HIT initiatives in Michigan through sub groups or individual meetings
      - Gather ideas on how to open the HIT meetings to a broader audience
      - Focus on the statewide Master Person/Patient Index (MPI)
      - Explore possibility of adding members from different health fields to broaden HIT scope

#### **F. Medicaid EHR Incentive Program Update and State of Michigan HIE**

1. **Progress:** Cynthia Green-Edwards, Director Office of Medicaid HIT, provided an update on the Electronic Health Record (EHR) incentive program. Edwards reported on payments made to providers in Michigan, as of 9/5/12: \$27,646,262 worth of payments was made to eligible providers and \$62,196,233 was made to eligible hospitals. Edwards announced that the CHAMPS Stage 1 MU Registrations for EPs and Medicaid only Hospitals went live on 4/20/2012. The majority of program denials was due to the lack of knowledge related to national and state level registration. Edwards offered details on survey results related to registration. Nearly 60% of EPs are associated with M-CEITA and 20% plan to send public health reporting to state. EPs opined that the low percentage rate for public health reporting was associated with difficulties related to measure implementation. Other difficult measures included the use of CPOE for medications, labs, radiology/imaging, and referrals. Edwards also provided an update to the HIT Commission on the status of the State of MI HIE (SoM HIE). SoM HIE is now connected to MiHIN and has begun executing the MCIR use case of sending immunizations to the State. In addition, SoM HIE has also begun the MDSS use case of sending reportable labs to the State disease surveillance system. SoM HIE has also completed the first phase (batch process) of the MPI project and is continuing with real time integration. Edwards explained the future outlook for SoM HIE in which the State of Michigan will be able to work across State departments to identify households and track behavioral trends and identify needs for services.
2. **Discussion of Commission Input:** The HIT Commission asked how the future of SoM HIE can assist with federal initiatives such as patient centered medical homes, ACOs etc. Edwards explained that this model could assist by providing the data needed for these initiatives. The audience had concerns on

the security of the data being exchanged. Edwards answered this concern by explaining the legal documents needed in place in order for all entities to exchange information, and how the State of Michigan complies with all point to point audits.

- **Task:** Look toward meaningful use and other HIT initiatives that would require policy recommendations and assist MDCH with establishing these policies.

## G. MiHIN Shared Services Update

1. **Progress and Forecast of Activity:** Tim Pletcher, the Executive Director of the MiHIN Shared Services began with an update of MiHIN's progress which included going into production with public health reporting, the first annual HIE forum in June, the cyber security workshop, launching DIRECT, continued progress on ADT and MTM use cases, significant progress with sub-state HIEs going into production, HISP to HISP exchange with VA and Indiana, and an early HPD demonstration. Pletcher introduced the MiHIN Monday Metrics to the HIT Commission and will provide the update at each meeting. Pletcher proceeded to give an overview of MiHIN's mission and relationship with the HIT Commission and a reminder of the state-wide HIE plan. Pletcher introduced new language used for sub-state HIEs that have fully executed legal agreements to share data. These organizations or sub-state HIEs are now called Qualified Data Sharing Organizations (QOs) or Virtual Qualified Data Sharing Organizations (VQOs). Pletcher offered an overview of the MiHIN infrastructure. Pletcher reiterated the importance of the HPD and how it will be used. The HPD will confirm permission to share data among providers, determine where to send an electronic message, and establish additional redistribution if necessary. Pletcher also provided a roadmap of current projects on the last slide of his presentation.
2. **Discussion of Commission Input:** The HIT Commission recommended that MiHIN look into the CQH's universal provider directory. CQH is a national gold standard for HPD and is currently working with CMS. Commissioner Milewski will provide Pletcher with a contact for CQH. Commissioner Swan asked Pletcher a timeline for when data will be exchanged between sub-states and MiHIN. Pletcher answered that the HPD and standardization are key to being able to perform this kind of exchange. The Commission will investigate the standardization and vendor issues by filling the HIT field representative gap on the HIT Commission. Pletcher will provide more information on vendor/standardization during the next meeting. Sowirka brought attention to the Traverse City initiative for advanced directives. Pletcher will give an update on the consumer piece of HIE during the next meeting.
  - **Task:** HIT Commission will investigate patient facing services and security for further discussion
  - **Task:** HIT Commission will investigate gap between vendor and provider needs.

- **Task:** HIT Commission will investigate gap between providers and sub-state HIEs and the incentives driving the two parties in different directions.
3. **Public Comment Program Specific:** Cynthia Green Edwards from the State of MI commented that the HPD being discussed during the MiHIN presentation will be leveraged between the State of Michigan and MiHIN. Helen Hill from SEMHIE commented that ONC has challenged vendors with stage 2 Meaningful Use by focusing on implementing standards. Bruce Weigand from Beacon commented that the Beacon is currently working with vendors to fill standardization gap.

#### H. M-CEITA

1. **Update on Progress:** Andrea Walrath from Altarum provided an update on the M-CEITA program. Walrath reported on the program milestones and current finances through March 2012. Walrath then updated the HIT Commission on current activities which include focusing on Milestone 2 (EHR Go Live), Milestone 3 (Meaningful Use), Outreach and Education, HIE training for field staff, Subcontractor audit, and sustainability. M-CEITA is currently investigating REC2.0 workgroups, grant funding, and fee for service options for sustainability. Walrath then introduced Judy Varela, RHIA M-CEITA Regional Manager who presented on Stage 2 Meaningful Use. Meaningful Use regulations were released in late August 2012 from CMS. References were provided at the end of the presentation for more information on Stage 2 updates.
2. **Discussion:** The HIT Commission thanked the M-CEITA for the update.
3. **Public Comment Program Specific:** No public comment provided.

#### I. Public Comment

1. No Public Comment Provided

#### J. Adjourn

1. Meeting Adjourned at 4:01 p.m.