MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

Minutes for the June 2016 Meeting

Date: Thursday, June 16th, 2016   **Location:**   Conference Rooms A and B
1:00 pm – 3:00 pm   Capitol Commons Center
400 South Pine
Lansing, Michigan 48909

Commissioners Present: **Commissioners Absent:**

Patricia Rinvelt, Co-Chair   Jill Castiglione, RPh
Karen Parker
Nick Smith
Mark Notman, Ph.D.
Peter Schonfeld   **Staff:**
Rozelle Hegeman-Dingle, PharmD
Rodney Davenport, Co-Chair (Phone)   Meghan Vanderstelt
Irita Matthews (Phone)   Kim Bachelder
Robert Milewski (Phone)   Phil Kurdunowicz
Michael Chrissos, M.D (Phone)
Orest Sowirka, D.O. (Phone)
Randall Ritter (Phone)

Attendees:

Bruce Maki	Xiaomeng Du	Courtney Delgoffe
Chase Bresnahan	Ryan Koolen	Laura Houdeshell
Deana M. Newman	Rick Wilkening	Branden Ladner
Brooke Pearcy	Cynthia Green-Edwards	Lauren Kosowski
Scott Larsen	Philip Viges	Amy Allen
Marquilla Chedester	Kristy Brown	Umbrin Attequi
James Bell III		

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, July 16th, 2016 at the Capitol Commons Building with 12 Commissioners participating in person or by phone.

A. Welcome and Introductions
1. Co-Chair Patricia Rinvelt called the meeting to order at 1:01 p.m.
2. Co-Chair Rinvelt asked the other commissioners to introduce themselves and to share any updates since the last time that the commission convened. The other commissioners did not have any updates to share at this time.
3. Co-Chair Rinvelt noted that the Connecting Michigan Conference was held last week.
   a. Co-Chair Rinvelt noted that the Office of National Coordinator for Health Information Technology (ONC), Michigan Health Information Network (MiHIN), and Healthcare Information and Management Systems Society (HIMSS) orchestrated several workshops to explore opportunities to leverage health information technology to improve the capacity of public health departments to response to disasters.
   b. Co-Chair Rinvelt mentioned that the ONC and HIMSS would be collaborating on developing a white paper on this issue that would be based on the feedback from the Connecting Michigan conference as well as other forums.

B. Commission Business
1. Chair Rinvelt asked the commissioners to review and consider approving the minutes from the January 2016 meeting.
2. Commissioner Peter Schonfeld made a motion to approve the minutes, and Commissioner Rozelle Hegeman-Dingle seconded the motion.
3. Chair Rinvelt asked if there was any objection to approving the minutes. Seeing none, she noted that the minutes had been approved at 1:06 p.m.

C. HIT/HIE Update
1. Co-Chair Rinvelt invited Ms. Meghan Vanderstelt from the Michigan Department of Health and Human Services (MDHHS) to provide an update on new developments in the health information technology (HIT) field since the last commission meeting. The PowerPoint slides for this presentation will be made available on the website after the meeting.
2. Ms. Vanderstelt noted that the HIT Office had moved from the Capitol View Building to the South Grand Building and that future meetings would be held at the South Grand Building.
3. Ms. Vanderstelt also indicated that the Office of Health Information Technology had been reorganized into the Division of Policy within the Policy, Planning, and Legislative Services Administration. She also remarked that the new Division of Policy would continue to work on health information sharing issues and support the work of the HIT Commission.
4. Ms. Vanderstelt also highlighted different aspects of the HIT Commission Dashboard.
   a. Ms. Vanderstelt mentioned that MiHIN has 61 Trusted Data Sharing Organizations connected to the network.
   b. Ms. Vanderstelt also highlighted how MiHIN was transitioning its legal framework towards the use of a Master Use Case Agreement with smaller Use Case Exhibits, which should reduce the legal review burden for qualified organizations.
   c. Ms. Vanderstelt also drew attention to the shifting of the MDHHS Data Hub into the MDHHS Business Integration Center, which would be described later in the meeting.
   d. Ms. Vanderstelt showcased the work of the Michigan Center for Effective IT Adoption (MCEITA) with the Great Lakes Practice Transformation Network (GLPTN).
      i. Ms. Vanderstelt explained that GLPTN is a multi-state effort that seeks to transform physician practices and help them prepare for payment reform.
      ii. Ms. Vanderstelt noted that the GLTPN had already exceeded the initial enrollment targets for the demonstration.

D. Introduction to the MDHHS Business Integration Center
1. Co-Chair Rinvelt invited Ms. Amy Allen from MDHHS to provide an introduction on the MDHHS Business Integration Center (BIC). The PowerPoint slides for this presentation will be made available on the website after the meeting.
    a. Ms. Allen explained that BIC is primarily focused on coordinating the Department's information technology projects but also assists with coordinating business projects.
    b. Ms. Allen highlighted the three key functions for BIC: strategic alignment, project management, and business integration.
    c. Ms. Allen depicted the role of BIC in supporting the merger of the Department of Community Health and Department of Human Services into the new MDHHS.
        i. Ms. Allen explained that BIC helped with cataloguing all of the different programs and information technology system within the two Departments.
        ii. Ms. Allen noted that the environmental scan results were used by MDHHS to develop the Department's long-term information technology strategy.
    d. Ms. Allen described the challenges of coordinating the various agencies within MDHHS and establishing a global view of all MDHHS programs and information technology systems.
        i. Ms. Allen noted that the Strategic Alignment Team, which is composed of the Department's deputy directors, is instrumental in providing this high-level coordination.
        ii. The Strategic Alignment Team's role in improving coordination across agencies and building a global view of the MDHHS enterprise.
        iii. Ms. Allen also explained that the Strategic Alignment Team defines the strategic priorities for MDHHS and identifies opportunity for collaboration across agencies on large initiatives or information technology projects.
    e. Ms. Allen explained the role of BIC in reviewing new "work requests" for developing information technology systems.
        i. Ms. Allen noted that the BIC reviews every new request and determines whether resources exist for implementing new systems and whether MDHHS has existing systems that could be leveraged to meet the new business need.
        ii. Ms. Allen emphasized that this systematic review process helps reduce duplication and encourages the "build once, use multiple times" approach.
    f. Ms. Allen described the Program Management Offices (PMO) within BIC.
        i. Ms. Allen noted each PMO is an individual team that coordinates the implementation of a specific portfolio of projects that are similar in nature.
        ii. Ms. Allen also described the roles of different individuals within each PMO such as the Technical Delivery Owner, Business Delivery Liaison, Business Owner, and Project Management Expert.
        iii. Ms. Allen explained that there are several different PMOs that cover the various aspects of the Department's operations.
        iv. Ms. Allen also walked through the process of defining new work requests, scoping those work requests, and prioritizing work.
2. Commissioner Nick Smith inquired about the process for prioritizing work requests.
    a. Ms. Allen explained that prioritization of projects occurs within the PMO and is based on discussions with the respective business areas about what projects needs to get done when.

      b. Commissioner Karen Parker explained further that prioritization issues that cannot be resolved at the PMO level are elevated to the Strategic Alignment Team.

      c. Commissioner Hegeman-Dingle asked whether the Strategic Alignment Team has been forced to resolve a prioritization issue yet, and Commissioner Karen Parker confirmed that the resolution process had not been used yet.

3. Commissioner Schonfeld inquired about whether any opportunities for improvement had been identified.

      a. Commissioner Schonfeld expressed particular interest in identifying opportunities to improve access to services or expedite different processes for consumers.

      b. Commissioner Parker replied that the Department is still working through the process of defining these opportunities.

4. Commissioner Rinvelt inquired about the number of staff and teams within BIC.

      a. Ms. Allen noted that BIC has 275 staff as well as an assortment of contractors.

      b. Ms. Allen also mentioned that BIC currently has 9 PMOs.

5. Commissioner Dr. Mark Notman asked about how MiHIN fits into this model and how different issues related to the state's partnership with MiHIN are handled.

      a. Ms. Vanderstelt emphasized the importance of the question and noted that the Department is still figuring out how MiHIN fits into this model.

      b. Ms. Allen noted that BIC was officially launched in October 2015 and is still in a transitional phase of defining the process for coordinating MiHIN-related projects.

      c. Ms. Allen also indicated that MiHIN initiatives could fall across multiple PMOs but that the larger BIC structure will enable more effective coordination on MiHIN-related projects across the MDHHS enterprise.

6. Commissioner Schonfeld inquired about how BIC coordinates the various funding sources for MDHHS information technology projects such as State Innovation Model funding, General Fund, and Medicaid 90-10 funding. Commissioner Parker noted that BIC does have a Funding Sources team to evaluate different funding streams for projects and identify the best strategy for leveraging different funding sources.

7. Ms. Vanderstelt noted the importance of the environmental scan in identifying all of the different programs and systems within MDHHS and being the impetus for the development of BIC and the Strategic Alignment Team.

E. Introduction to the MDHHS Strategic Alignment Team

1. Co-Chair Rinvelt invited Mr. Phillip Bergquist of MDHHS to provide an overview of the MDHHS Strategic Alignment Team. The PowerPoint slides for this presentation will be made available on the website after the meeting.

      a. Mr. Bergquist explained that the Strategic Alignment Team was established in response to the merger of the developments and resulting need for greater alignment across programs.

          i. Mr. Bergquist stated that the Strategic Alignment Team acts as a single governing body that develops and supports the implementation of the short-term and long-term vision and strategy.

          ii. Mr. Bergquist also indicated the Strategic Alignment Team is the vision and strategy complement to the operational, implementation, and project management resources within BIC.

      b. Mr. Bergquist explained that the Strategic Alignment Team is composed of the MDHHS Director, Chief Deputy Director, and Senior Deputy Directors.

      i.   Mr. Bergquist also highlight the role of "Supporting Leaders" who act as extensions of Strategic Alignment Team members.

     ii.   Mr. Bergquist noted that Supporting Leaders analyze various options and provide context to the Strategic Alignment Team members in order to support strategic decision-making.

c. Mr. Bergquist summarized the core functions of the Strategic Alignment Team

      i.   Service Integration: Mr. Bergquist highlighted the role of the Strategic Alignment Team of creating a common vision and encouraging alignment of all 340 programs within MDHHS.

     ii.   Executive Steering: Mr. Bergquist also noted that the Strategic Alignment Team functions like a Steering Committee that oversees all of the Department's programs.

    iii.   Accountability: Mr. Bergquist also highlighted the role of the team in monitoring effectiveness through the use of metrics and dashboards.

    iv.   Internal Coordination and Engagement: Mr. Bergquist emphasized the role that the team plays in coordinating the work of the various agencies within the Department.

     v.   Organizational Change Management: Mr. Bergquist noted the role of the team in communicating and sustaining major changes for the Department.

d. Mr. Bergquist also provided an overview of the ways that the Strategic Alignment Team implements these core purpose into practice.

      i.   The members of the Strategic Alignment Team provide updates and insight into the work of their individual administrations.

     ii.   The Strategic Alignment Team also reviews and provides feedback and approval for work requests when needed.

    iii.   The Strategic Alignment Team also monitors the Department's operations and effectiveness through the Department's dashboard.

    iv.   The Strategic Alignment Team also provides briefings to the Department Director and Chief Deputy Director.

     v.   The Strategic Alignment Team also analyzes different initiatives, determines whether they are aligned with the Department's strategic objectives, and identifies areas of overinvestment or underinvestment.

    vi.   Finally, the Strategic Alignment Team supports the strategic planning and vision development process.

e. Co-Chair Rinvelt asked if Mr. Bergquist could provide examples of measurements and metrics that the Strategic Alignment Team uses.

      i.   Mr. Bergquist pointed to the Health and Wellness Dashboard on the Open Michigan Website as an example.

     ii.   Mr. Bergquist noted that the metrics on the Dashboard measure whether the individual administrations are meeting their strategic priorities and also noted that these measures are updated on an annual basis.

f. Commissioner Dr. Notman inquired about whether the Strategic Alignment can change budgets and make financial decisions when setting strategic priorities.

      i.   Mr. Bergquist noted that the strategic alignment discussions help inform and drive the budget process forward.

     ii.   Mr. Bergquist also mentioned that the Strategic Alignment Team also reviews funding requests, looks for opportunities to leverage existing resources, and also identifies needs for supplemental funding.

g. Mr. Bergquist also outlined the strategic elements of the Integrated Service Delivery model and noted that the combination of these elements will help the Department with moving closer to the overall strategic vision.
    i. Mr. Bergquist emphasized that the Department was moving from a program-focused delivery system to a more person-centered focus.
    ii. Mr. Bergquist also noted that the Department was shifting towards evaluating a person's needs on a proactive, holistic basis.
h. Mr. Bergquist also highlighted five strategic concepts for operationalizing the Integrated Service Delivery model, which are (1) Strategic Alignment, (2) Holistic Assessment, (3) Common Connector and Plan, (4) Robust Self-Service; and (5) Streamlined Renewal.
i. Mr. Bergquist also identified five key infrastructure priorities for operationalizing the Integrated Service Delivery model: (1) Partner Integration; (2) Statewide Resource Index; (3) Universal Case Management; (4) Process Improvement; and (5) Consent Management.
j. Mr. Bergquist finally outlined how the five strategic concepts and infrastructure priorities would be combined to form the five key Integrated Service Delivery components: (1) Integrated Service Delivery Portal; (2) Person-Centric Services Modules; (3) Universal Caseload Management; (4) Contact Center Development; and (5) Technology Infrastructure Modernization.

2. Commissioner Questions
    a. Commissioner Hegeman-Dingle inquired about how many years would be needed for the State of Michigan to achieve this vision.
        i. Mr. Bergquist noted that many functionalities could be operationalized within 2 years. He explained that a significant amount of work would occur within the next year and subsequent pieces would be subsequent rolled out.
        ii. Ms. Vanderstelt clarified further that the Integrated Service Delivery model builds upon the statewide infrastructure that was previously built with the assistance of the HIT Commission.
    b. Commissioner Dr. Notman asked about how the technology architects interface with the business owners to ensure that the final products meet business needs.
        i. Mr. Bergquist emphasized the role of the Strategic Alignment Team and Business Integration Center in ensuring that the connection between the technology architects and business experts.
        ii. Mr. Bergquist noted that the Strategic Alignment Team and Business Integration Center are still growing and developing but also emphasized that early returns give cause for excitement in work products.

F. Overview of the Office of Civil Rights HIPAA Guidance
    1. Co-Chair Rinvelt invited Dr. Tim Pletcher of MiHIN to provide an overview of the most recent HIPAA Guidance from the Office of Civil Rights. The PowerPoint slides for this presentation will be available on the website after the meeting.
        a. Dr. Pletcher provided a quick introduction to Direct Secure eMail.
            i. Dr. Pletcher noted that Direct functions like email but has a security wrapper that makes it HIPAA-compliant.
            ii. Dr. Pletcher also mentioned that Direct is supported by the Office of the National Coordinator for Health Information Technology and is baked into the HIT certification and meaningful use requirements.

      iii.   Dr. Pletcher also mentioned that Direct adoption has increased substantially in the last few years because Direct is relatively cheap to implement and familiar for providers.

      iv.   Dr. Pletcher also noted the potential for attaching a DICOM image or HL7 message to the Direct message in order to deliver additional specific content to the recipient.

b. Dr. Pletcher emphasized the importance of a recent ruling from Office of Civil Rights (OCR) that expands the rights of consumers to access their own health records.

      i.   Dr. Pletcher explained further that consumers can request that their health records be delivered to them electronically if the information is in an electronic form within a certified Electronic Health Record.

      ii.   Dr. Pletcher noted that organizations such as the National Association for Trusted Exchange (NATE) are working to rally providers in order to help them prepare to share health information with consumers.

      iii.   Dr. Pletcher concluded that the new guidance appears to require that individual providers who are using Certified Electronic Health Record Technology (CEHRT) must be able to share a health record with a consumer if the consumer provides a Direct address and requests that his or her information be sent with this method.

      iv.   Dr. Pletcher also noted that providers who are not able to meet this requirement while using CEHRT may be deemed to be participating in information blocking.

c. Dr. Pletcher provided perspective on the growth of Direct messaging within the U.S. health care system and noted that 1 million physicians have Direct addresses.

      i.   Dr. Pletcher also mentioned that Microsoft Healthvault and other personal health record vendors are working to connect consumers with Direct addresses as well.

2. Commissioner Questions

a. Co-Chair Rinvelt inquired about what NATE or other organizations are doing to raise awareness about this issue.

      i.   Dr. Pletcher clarified that NATE and other organizations were not currently campaigning on this issue but noted that the Michigan health care community should start to pay attention to this issue.

      ii.   Commissioner Hegeman-Dingle noted that the Office of Civil Rights had published videos on its webpage to specifically educate consumers about their right to access health information.

      iii.   Dr. Pletcher agreed that consumers are learning about their rights but also noted that physicians are not aware that consumers are being told and may soon demand access to their health record electronically.

      iv.   Commissioner Hegeman-Dingle identified technical issues as likely barriers to physicians participating in information sharing.

      v.   Dr. Pletcher noted that physicians are potentially at risk of complaints and actions by the Office of Civil Rights for not sharing health records with consumers.

      vi.   Dr. Pletcher mentioned that MiHIN is trying to work with stakeholders around the state to identify whether the Statewide Consumer Directory can be used to automate the collection of electronic service information from consumers in order to expedite information sharing.

b. Commissioner Dr. Notman inquired about whether the physician community has taken any action to inform patients about their rights to electronically access their health information.
    i. Dr. Pletcher noted that the physician community and HIT community share responsibility for informing consumers about their rights.
    ii. Dr. Pletcher also noted that MiHIN has advocated for using Direct messaging because it can also be used by care coordinators and health plans.
    iii. Ms. Vanderstelt noted that the Meaningful Use program and Electronic Health Record incentive programs have also encouraged the use of Direct messaging through policy.
    iv. Dr. Pletcher agreed and noted that Electronic Health Records must be Direct-capable in order to be certified.
c. Commissioner Dr. Notman noted that the health care community has been discussing consumer-directed health care for a while and that this is an opportunity to "make it real".
    i. Dr. Pletcher noted that most of the large Electronic Health Record vendors are Direct-capable but that the question is whether providers are prepared for consumers who request it.
    ii. Dr. Pletcher asked Commissioner Schonfeld about how hospitals are currently addressing this issue.
    iii. Commissioner Schonfeld responded that he was not certain how hospitals are currently addressing this issue and indicated that he would ask hospital representatives about it.
    iv. Dr. Pletcher noted that Direct messaging is an opportunity to "kill the fax machine" for communication with patients and health plans too.
d. Mr. Bruce Maki noted that one of the biggest issues is who is issuing Direct addresses and explained that some organizations may issues certificates that are not recognized by other organizations.
    i. Mr. Maki asked what solutions are being developed to address this issue.
    ii. Dr. Pletcher noted that organizations should not have this issue as long as they are part of the Direct Trust Bundle.
e. Commissioner Rozelle Hegeman-Dingle inquired about whether portals can be used to address the issue of consumer access.
    i. Dr. Pletcher noted that many organizations have invested in portals but indicated that portals are an imperfect solution. He mentioned that organizations have incentives to set up portals and drive patients there.
    ii. Commissioner Dr. Notman noted that the information that is available through portals may not be fully updated or accurate.
    iii. Dr. Pletcher noted that the Statewide Consumer Directory can help address this issue by identifying where messages can be sent on a statewide basis.

G. HIT Commission Next Steps
1. Ms. Vanderstelt noted that the HIT Commission still needed to identify the dates of the remaining HIT Commission meetings for 2016. She mentioned that Mr. Phil Kurdunowicz would be sending out a survey to evaluate the availability of HIT Commissioners for potential upcoming meeting dates.
2. Co-Chair Rinvelt also indicated that the HIT Commission would need to select topics for the upcoming meetings.

a. Ms. Vanderstelt suggested that the Division of Policy could include a list of potential topics as part of the survey.
b. Ms. Vanderstelt indicated that the list of potential topics could be drawn from the domains that are included in the Annual Report.
c. Commissioner Smith agreed with this suggestion.

H. Public Comment
1. Co-Chair Rinvelt invited the attendees to introduce themselves and offer public comment.
2. Mr. Scott Larsen of the Healthcare Cybersecurity Council provided an update on the recent work of the council.
    a. Mr. Larsen noted that the Healthcare Cybersecurity Council sent the "True North" report to the Governor.
        i. Mr. Larsen explained that the True North report outlined the progress of the council in improving the preparedness of the Michigan health care system.
        ii. Mr. Larsen also mentioned that Mr. David Behen of the Department of Technology, Management, and Budget was very pleased with the report.
    b. Mr. Larsen also mentioned that the council had created several active sub-groups to tackle specific cyber security issues such as Third Party Risk, Medical Device Cybersecurity, Training and Awareness, and Incident Management Response.
    c. Mr. Larsen highlighted the efforts of Deloitte in supporting the "Cybersimulation Workshop" on behalf of the council.
    d. Mr. Larsen stated that he would continue to come to HIT Commission meetings and provide quarterly updates.
3. Ms. Cynthia Green-Edwards noted that she also sits on that council. She also emphasized the progress that the council has been making in idea sharing.

I. Adjourn
1. Co-Chair Rinvelt asked if there was a motion to adjourn the meeting.
2. Commissioner Dr. Notman made a motion to adjourn the meeting, and Commissioner Hegeman-Dingle seconded the motion.
3. Chair Rinvelt asked if there was any objection to adjourning the meeting. Seeing none, she noted that the meeting was adjourned at 2:45 pm.