

Michigan Health Information Technology Commission
Minutes for the May 2017 Meeting

Date: Thursday, May 18, 2017
1:07 p.m. – 3:18 p.m.

Location: Grand Conference Room
South Grand Building
333 South Grand Avenue
Lansing, Michigan 48933

Commissioners Present:

Patricia Rinvelt, Co-Chair
Rozelle Hegeman-Dingle
Irita Matthews
Robert Milewski
Mark Notman, Ph.D.
Karen Parker
Peter Schonfeld
Orest Sowirka, D.O. (Phone)

Commissioners Absent:

Jill Castiglione
Michael Chrissos, M.D.
Rod Davenport
Randall Ritter
Nick Smith

Staff:

Meghan Vanderstelt
Phil Kurdunowicz

Attendees:

James Edwards	Philip Vigas	Beth Courbier
Allison Repp	Paul Harmon	Mike Harding
Greg Forzley, M.D.	Jackie Sproat	Cynthia Ward
Jonathan Landsman	Jack	Umbrin Ateequi
George Bosnjak	Alan Gregory	Anya Day
Rosalyn Beene-Harris	Beth Jakin	Michelle Fejedelen
Joe Sedlock	Kevin Brooks	James Bell, III
Bruce Wiegand	Mike Yasiann	Veronica Maxson
Brad Barron	Jon Villasurda	Alexander Kunson
Cynthia Green Edwards	Rick Wilkening	Kristina Dawkins
Sam O'Lear		

Minutes: The regular meeting of the Michigan Health Information Technology Commission was held on Thursday, May 18, 2017, at the South Grand Building with 8 Commissioners participating in person or by phone.

A. Welcome and Introductions

1. Co-Chair Patricia Rinvelt called the meeting to order at 1:07 p.m.

2. Co-Chair Rinvelt asked commissioners to introduce themselves and share any updates since the last time the commission convened. The commissioners did not have any updates to share at this time.

B. Commission Business

1. Co-Chair Rinvelt asked commissioners to review and consider approving the minutes from the February 16, 2017 meeting.
2. Commissioner Peter Schonfeld made a motion to approve the minutes, which was seconded by Commissioner Rozelle Hegeman-Dingle.
3. Co-Chair Rinvelt asked if there was any objection to approving the minutes. Seeing none, she noted the minutes had been approved unanimously.
4. Ms. Meghan Vanderstelt, Policy Division Director, noted representatives from the National Governors Association (NGA) will be dialing in to today's meeting.

C. HIT/HIE Update

1. Co-Chair Rinvelt invited Ms. Vanderstelt to provide an update to the Commission on new developments in the HIT field since the last commission meeting. The PowerPoint slides for this presentation will be made available on the website after the meeting.
 - a. Ms. Vanderstelt noted that MiHIN hosted a Coordinating the Coordinators workshop with over 128 attendees. She indicated that more workshops are scheduled for the summer.
 - b. Ms. Vanderstelt informed the commission that the Michigan Center for Effective IT Adoption (M-CEITA) is still working with providers on procedures to exchange behavioral health information. She also noted that M-CEITA is helping to facilitate sharing health information between Washtenaw county jail and Washtenaw county children services.
 - c. Ms. Vanderstelt stated that the HIT-HIE Consumer Engagement team at MPHI will host a series of stakeholder forums during the summer to discuss obstacles to consumer engagement and ways to leverage HIT to improve processes for consumers and providers. She noted that commissioners should contact Mr. James Bell at MPHI for more information.
 - d. Ms. Vanderstelt informed the commission that the Policy Division has been working with partners at MDHHS and LARA on multiple activities to address the opioid epidemic. She stated the department is coordinating with LARA on the opioid-related resolutions from the HIT Commission and noted that she will keep the commission updated on the status of discussions.
 - e. Ms. Vanderstelt invited Ms. Cheryl Pezon, Deputy Director of Bureau of Professional Licensing (BPL), Licensing and Regulatory Affairs, to provide an update on the Michigan Automated Prescription System (MAPS).
 - i. Ms. Pezon noted that State law requires prescribers of medication (including veterinarians and pharmacies) to enter information on controlled substance prescriptions (Schedule II-V) into MAPS when dispensed. She also explained that health care providers are able to look up this information in advance of prescribing controlled substances to a patient.

- ii. Ms. Pezon informed the commission that MAPS was updated to a new system vendor (Apriss Health PMP AWAxE) on April 4, 2017. She stated this new system is user friendly and efficient.
- f. The commissioners asked several questions on the new MAPS platform.
 - i. Ms. Pezon clarified that MAPS allows the health care professionals the ability to obtain a particular patient's history regarding prescribed Schedule II-V drugs. She also noted that MAPS retains the last five years of a patient's drug prescription history. She also explained that the MAPS system was not currently connected with HIT; however, she did note that BPL is looking at pilot projects for integration into electronic health records.
 - ii. Ms. Vanderstelt noted that another important consideration before integration is consent. She indicated that many recent regulatory changes at the federal and state level have an impact on the ability to share prescription drug records that are related to substance use disorder treatment.
- g. Ms. Vanderstelt also provided an updated on the Integrated Service Delivery (ISD) project.
 - i. Ms. Vanderstelt noted that the MiBridges portal is in development and will be piloted in Muskegon County from September through December 2017.
 - ii. Ms. Vanderstelt noted that MDHHS had completed the process of identifying business requirements and functional standards for the Universal Case Load functionality. She also indicated that the technical development phase of the project will be completed soon.
 - iii. Ms. Vanderstelt also noted that the Contact Center Technology (Interactive Voice Response) is anticipated to be completed by the end of May.

D. Overview of Statewide Efforts to Align Privacy and Consent Requirements, Phil Kurdunowicz

1. Mr. Phil Kurdunowicz provided an overview of Michigan's efforts to address challenges related to different privacy requirements. The PowerPoint slides for this presentation will be made available on the website after the meeting.
2. Mr. Kurdunowicz stated there are many laws/regulations governing health data privacy and sharing. Mr. Kurdunowicz emphasized the challenges that the myriad of different requirements creates for health information sharing. He noted that the various confidentiality laws and regulations were developed under different frameworks by different authors at different times for different purposes. He also noted that stakeholders have different understandings of privacy requirements and therefore interpret them differently based upon their clinical and organizational contexts.
3. Mr. Kurdunowicz explained the difficulties that each health care organization has when interpreting what the privacy laws and regulations mean, which has a downstream impact on health care sharing in Michigan. Ms. Vanderstelt informed Michigan is not unique in this interpretation problem.

4. Mr. Kurdunowicz noted that the department is working with the National Governors Association (NGA) on improving health information sharing between providers and addressing privacy barriers through the Technical Assistance Program. He introduced NGA representatives Chelsea Kelleher and Lauren Block via conference call.
5. Mr. Kurdunowicz informed the commission that the NGA is working to develop a roadmap for states. He noted that Michigan has been featured prominently within that roadmap for the work on the consent form. He highlighted the proposal of Michigan's consent form as a potential HL7 standard.
6. However, Mr. Kurdunowicz also indicated that other states do not have as stringent of a mental health code as Michigan.
7. Ms. Block noted that NGA has focused on Michigan due to the unique privacy environment and many initiatives to better align integration goals.
8. The commissioners asked several questions about privacy and consent requirements. Mr. Kurdunowicz clarified that community-based providers consist of schools, correctional facilities, safety-net organizations and housing service agencies.

E. Overview of Statewide Physical Health and Behavioral Health Integration Initiatives, Phil Kurdunowicz, Allison Repp, Brad Barron, Jon Villasurda, and Jackie Sproat

1. Mr. Kurdunowicz provided an overview of the central challenge of physical health and behavioral health integration, highlighted several initiatives Michigan has been pursuing, and explained how these initiatives are related to health information sharing and privacy issues. The PowerPoint slides for this presentation will be made available on the website after the meeting.
 - a. Mr. Kurdunowicz stated many consumers have both physical and behavioral health needs that may span across multiple providers which has an impact on their health status. He asked how the department can make changes to financing policies and service delivery in order to service individuals with co-occurring needs more effectively.
2. **Allison Repp, Medical Services Administration**
 - a. Ms. Allison Repp informed the commission that the MI Health Link demonstration was initiated by CMS through the Financial Alignment Initiative. She stated that Michigan was one of 15 states granted money to integrate Medicare and Medicaid into one system for eligible beneficiaries. She provided an overview of participant requirements, participating organizations, and goals for the program. She noted challenges/barriers for the program are confidentiality/privacy regulations and the need to obtain written consent to share behavioral health information.
3. **Brad Barron, Medical Services Administration and Jon Villasurda, Behavioral Health and Developmental Disabilities Administration**
 - a. Jon Villasurda informed the commission that the MI Care Team (Health Home) was created by Section 2703 of the Affordable Care Act (ACA). He stated the Mental Health & Wellness Commission of 2013 made a recommendation to the legislature to appropriate funds to the Health Home

project. Mr. Villasurda stated the intent of Health Home is to treat people in an integrated and coordinated way and to enable the use of Medicaid funds for services that typically were not reimbursable through the Medicaid system. He provided an overview of requirements, eligible participants, and the benefit period.

- b. Brad Barron provided a brief overview of the State Plan Amendment requirement approved by CMS with the integration of Health Information Technology. He informed the commission that all MI Care Team providers must have EHR capabilities with meaningful use attainment.
 - i. Mr. Barron explained that provider-level access to CC360 is granted to utilize the tool for care coordination purposes. He stated that ADT messages have recently been added to CC360. Mr. Barron shared that they have similar challenges as MI Health Link in terms of privacy requirements and concerns about underutilization of the tools provided.
 - ii. Ms. Vanderstelt informed that the commission that CC360 is a web-based view that sits on top of the Enterprise Data Warehouse. She noted that the information in CC360 is mostly based on Medicaid claims data but also has some public health data. Ms. Vanderstelt also highlighted the potential for CC360 to provide a comprehensive view of the beneficiary population.

4. Jackie Sproat, Behavioral Health and Developmental Disabilities Administration

- a. Ms. Jackie Sproat provided an overview of the Medicaid Health Plan/PIHP Integration Performance Bonus Overview. She stated MHPs and PIHPs are jointly incentivized on the HEDIS measure “Follow-Up after Hospitalization” with mental illness within 30 days. Ms. Sproat explained that bonus payments are made jointly to MHP/PIHPs that meet national performance benchmarks.
- b. Ms. Sproat identified several issues related to health information sharing. Ms. Sproat informed the commission that information on inpatient psychiatric stays are not included in the ADT use case. She noted that the implementation of PA 559 will hopefully streamline information sharing between PIHPs and MHPs.
- c. Ms. Sproat noted that state and federal law are not aligned on the sharing of substance use disorder information, which impacts people with high ED utilization due to a substance use disorder. She noted that written consent is required to share information for individuals who are hospitalized for a reason related to substance use disorders.

5. Section 298 Initiative, Phillip Kurdunowicz

- a. Mr. Kurdunowicz explained that the legislature directed the department to create a workgroup which could make recommendations on the best strategies for integrating physical and behavioral health. He noted that the final report contains one overarching recommendation, 70 policy recommendations, and 6 financing recommendations. He identified the

policy recommendations on health information sharing. He also noted that downstream goals keep getting hung up on privacy laws and regulations.

- b. The HIT Commission asked several questions in regards to the new federal rule on sharing substance use disorder information, the sharing of inpatient psychiatric ADT notifications, and enabling clinical integration through financing mechanisms.

F. Panel Discussion on Barriers to Sharing Behavioral Health Information, Meghan Vanderstelt and Phil Kurdunowicz, MDHHS (Moderators); Jackie Sproat, MDHHS; Joseph Sedlock, Mid-State Health Network; Elizabeth Courbier, Priority Health; Mike Harding, WCCMH; Jim Edwards, MiHIN

1. Introductory Remarks from Panel Participants.
 - a. Panelists described how their organization has been working to improve the sharing of behavioral health information, what progress has been made with sharing behavioral health information over the last few years, and what some of the remaining barriers are to sharing behavioral health information on a statewide basis.
2. Open Discussion between the HIT Commission and the Panel.
 - a. Ms. Vanderstelt advised that some federal and state regulations were written in the early 1970s. She noted that PA 559 is a dramatic shift from the early 1970s. However, Ms. Vanderstelt also explained that more education is needed on what it means and what it does not mean. She asked that the Commission help the department with the engagement, education, especially to a broader audience. She noted that FAQs are being developed by MDHHS and this guidance could help encourage a common understanding of state and federal confidentiality requirements.
 - b. Mr. Kurdunowicz noted that there is still a statutory barrier to some sharing substance use disorder information. He also noted that the legislature might have to revisit PA 129 in order to develop a shared privacy framework, not just a standard consent form.
 - c. Commissioner Peter Schonfeld made a motion to approve the following resolution, which was seconded by Commissioner Robert Milewski:

The Michigan Health Information Technology Commission endorses the proposed updates to the standard consent form that was established under Public Act 129 of 2014. The Commission also encourages MDHHS to analyze the tools that the department has at its disposal (including but not limited to CareConnect360) to enhance the sharing of physical health and behavioral health information.

Co-Chair Rinvelt asked if there was any objection to approving the Resolution. Seeing none, she noted the resolution had been approved unanimously.

G. HIT Commission Next Steps

1. Co-Chair Rinvelt announced Connecting Michigan Conference is scheduled June 7-9, 2017, at the Lansing Center.
 - a. Co-Chair Rinvelt noted that MiHIN has provided complimentary passes for the conference to the HIT Commission.
 - b. She noted that the commissioners should follow-up with Ms. Vanderstelt for more information.

H. Public Comment

1. Co-Chair Rinvelt offered meeting attendees an opportunity to introduce themselves and provide any comments. Attendees introduced themselves. There were no comments.

I. Adjournment

1. Co-Chair Rinvelt adjourned the meeting at 3:18 p.m.
2. The next HIT Commission meeting is scheduled for September 21, 2017 at 1:00 p.m. The meeting will be held in the South Grand Building in South Grand Conference Rooms 1K and 1L.