

Michigan Health Information Technology Commission  
Minutes for the September Meeting

**Date:** Thursday, September 21, 2017  
1:03 p.m. – 2:57 p.m.

**Location:** Conference Rooms K & L  
South Grand Building  
333 South Grand Avenue  
Lansing, Michigan 48933

**Commissioners Present:**

Patricia Rinvelt, Co-Chair  
Rod Davenport, Co-Chair  
Norman Beauchamp, M.D. (Phone)  
Jill Castiglione, R.Ph. (Phone)  
Michael Chrissos, M.D.  
Irita Matthews (Phone)  
Randall Ritter  
Rozelle Hegeman-Dingle  
Thomas Simmer, M.D.  
Orest Sowirka, D.O. (Phone)

**Commissioners Absent:**

Meredith Harper  
Karen Parker  
Nick Smith

**Staff:**

Meghan Vanderstelt  
Kim Bachelder  
Phil Kurdunowicz

**Attendees:**

George Bosnjak  
Kristy Brown  
Adrian Zek  
Peter Schonfeld  
Anya Day  
Mark Notman  
Samantha Madson-Olson  
Rosalyn Beene-Harris

Greg Forzley, M.D.  
Ryan Koolen  
Bo Borgnakke  
Kristina Dawkins  
Jeff Livesay  
Bruce Maki  
Forrest White

Dara Barrera  
Karen Fuller  
Julie Lowry  
Michelle Fejedelem  
Mike Yasiann  
Max Monahan  
Helen Hill

**Minutes:** The regular meeting of the Michigan Health Information Technology Commission was held on Thursday, September 21, 2017, at the South Grand Building with 10 Commissioners participating in person or by phone.

**A. Welcome and Introductions**

1. Co-Chair Patricia Rinvelt called the meeting to order at 1:03 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.
3. Co-Chair Rinvelt introduced new commissioners:
  - a. Thomas Simmer, M.D., representing nonprofit healthcare corporations
  - b. Norman Beauchamp, M.D., representing schools of medicine in Michigan
  - c. Meredith Harper (absent), representing hospitals

**B. Commission Business**

1. Co-Chair Rinvelt asked commissioners to review and consider approving the minutes from the May 18, 2017 meeting.
2. Commissioner Michael Crissos, M.D., 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. Co-Chair Rinvelt recognized the departing commissioners:
  - a. Co-Chair Rinvelt noted that Mark Notman, Ph.D., Peter Schonfeld, and Robert Milewski have served multiple terms on the HIT Commission.
  - b. Co-Chair Rinvelt highlighted some of their work as commissioners over the last few terms, which included the implementation of qualified data sharing organization criteria, establishment of Michigan Health Information Network Shared Services (MiHIN), and development of a standardized consent form for behavioral health data sharing.
  - c. All three commissioners were presented with a certificate of appreciation and letter of appreciation from MDHHS Director Nick Lyon.
5. Ms. Meghan Vanderstelt noted that Commissioner Nick Smith is also departing and was recognized for his service in absentia.
6. Ms. Meghan Vanderstelt also noted that Ms. Kimberly Bachelder of MDHHS is moving to the Business Integration Center from the policy area and recognized Ms. Bachelder for her contributions in health information technology expertise.

**C. HIT/HIE Update**

1. Co-Chair Rinvelt invited Meghan Vanderstelt and Phil Kurdunowicz to provide an update to the Commission on new developments in the HIT field since the last commission meeting.
  - a. Ms. Vanderstelt provided an overview of the HIT Commission Dashboard.
  - b. Mr. Kurdunowicz noted that the HIT Commission made a recommendation at its last meeting on exploring ways to improve behavioral health information sharing with a specific emphasis on updating the behavioral health consent form and leveraging current technologies within the Department.
    - i. He noted the Department is working on changes to the form and indicated that a new version of the form and guidance should be available in October.
    - ii. Mr. Kurdunowicz provided an update on efforts to enable the sharing of Admit-Discharge-Transfer notifications for inpatient psychiatric stays.

1. Mr. Kurdunowicz noted that the majority of physical health stays are currently captured and transmitted as part of the ADT use case.
2. Mr. Kurdunowicz explained that MDHHS has partnered with MiHIN, Michigan Health and Hospital Association (MHA), and the National Governors Association (NGA) to examine whether the recent changes in state law have enabled the sharing of ADT notifications for inpatient psychiatric stays.
3. Mr. Kurdunowicz highlighted the ongoing issue of the lack of a uniform definition of “coordination of care”: Mr. Kurdunowicz explained that the Mental Health Code allows for mental health records to be shared for payment, treatment, and coordination of care in accordance with HIPAA, but stakeholders cannot agree on a common definition for coordination of care, which makes it difficult to identify when mental health records can be appropriately exchanged.

**D. Update on Medicare Access and CHIP Reauthorization Act (MACRA) – Bruce Maki, Michigan Center for Effective IT Adoption (MCEITA)/Altarum**

1. Mr. Bruce Maki provided an overview of Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).
2. Mr. Maki stated MACRA is bipartisan legislation that replaced the Sustainable Growth Rate (SGR) formula by paying clinicians for the value and quality of care that they provide.
3. Mr. Maki explained that MACRA will increase the number of physicians participating in Alternative Payment Models (APMs) and will extend funding for Children’s Health Insurance Program (CHIP) for two years.
4. Mr. Maki stated the Quality Payment Program (QPP) is part of a broader effort from CMS to shift away from pure fee-for-service compensation and transition towards paying for value and quality.
  - a. Mr. Maki provided information on QPP’s strategic goals and also identified which practitioners can and cannot participate.
  - b. Mr. Maki also explained that the Merit-based Incentive Payment System (MIPS) combines multiple Medicare Part B programs into a single program.
  - c. Mr. Maki also noted MACRA does not alter or end the Medicaid EHR Incentive Program.
5. Mr. Maki also provided an overview of Alternative Payment Models (APMs).
  - a. Mr. Maki explained that APM is a generic term describing a payment model in which providers take responsibility for cost and quality performance and receive payments to support the services and activities designed to achieve high value.
  - b. Mr. Maki clarified that MACRA allows flexibility for the types of APMs that can be utilized by physicians.
  - c. Mr. Maki also outlined how QPP will affect Medicare payments and provided information where clinicians can obtain technical assistance.
6. The HIT Commissioners asked several questions regarding (1) Medicare and Medicaid eligible providers participation in both programs and (2) risk adjustments for providers that see more complicated patients and MIPS performance-based payments.

**E. Overview of MDHHS Payment Reform and Quality Improvement Strategies – Tom Curtis, Medicaid Managed Care Plan Division, MDHHS**

1. Tom Curtis provided an overview of MDHHS payment reform and quality improvement strategies.
2. Mr. Curtis described the federal regulatory requirements for quality improvement within MDHHS programs and explained how MDHHS is responding to CMS requirements.
  - a. Mr. Curtis noted that each of these programs have to create a Medicaid quality strategy with its own measures.
  - b. Mr. Curtis also explained that CMS wants one single quality strategy and is looking for consistency across all plans and programs. He explained further that consistency includes establishing common priorities and goals, setting minimum standards, and developing oversight processes.
3. Mr. Curtis informed the commission that a meeting will take place in October to engage major program areas to evaluate and review their quality strategies to ensure consistency.
4. Mr. Curtis explained further that this meeting will involve (1) developing a common understanding of regulatory requirements, (2) implementing the common quality strategy on a common timeline for all programs, and (3) collaborating with all administrations and programs to get appropriate stakeholder input.
5. Mr. Curtis also provided information on the Quality Measure Data Workgroup and the Alternative Payment Methodology (APM) initiative.
6. The HIT Commissioners asked several questions regarding (1) how the department will solicit stakeholder input for the implementation of the managed care rule and, (2) what information will be leveraged from the Data Warehouse (e.g. PPQC or MCIR Data).
7. Commissioner Rinvelt suggested that commissioners consider whether their organizations could provide input regarding managed care rule implementation.

**F. Update on the Physician Payer Quality Collaborative – Bo Borgnakke, MiHIN and Dara Barrera, MSMS**

1. Dara Barrera provided an overview of the Physician Payer Quality Collaborative (PPQC). She stated PPQC is an initiative between Michigan State Medical Society (MSMS) and MiHIN to reduce the administrative burden of quality measurement and reporting.
2. Ms. Barrera described why PPQC would be beneficial to physicians.
  - a. Ms. Barrera explained that physicians must comply with rigorous reporting requirements from a number of quality improvement incentive programs (i.e. HEDIS, PQRS, MU, eQMs).
  - b. Ms. Barrera explained further that the processes for collecting quality information varies across health plans.
3. Ms. Barrera defined the vision for PPQC as:
  - a. Physician organizations would only need to report quality measures one time to one location for all payers and all patients,

- b. The data files would contain all the information necessary, including supplemental clinical data to calculate all measures from established measure sets, and
    - c. All payers agree to channel new incentives to a core set of measures, with common performance thresholds, that are evaluated on an all-payer and all-patient basis.
  4. Ms. Barrera provided a few final thoughts on the PPQC initiative.
    - a. Ms. Barrera stated that change is hard but progress is being made.
    - b. Ms. Barrera also noted that “report once” will be a standard process for quality reporting in Michigan.
    - c. Ms. Barrera also noted that physicians do want to be accountable, but need less of an administrative burden to do so and to focus on patient care.
    - d. Ms. Barrera concluded by stating that there is a need to engage purchasers in a broader incentive discussion on the core measurement set.
  5. Mr. Bo Borgnakke of MiHIN provided an overview of how MiHIN will provide technical support to the PPQC initiative.
    - a. Mr. Borgnakke noted that MiHIN is exploring multiple ways to get quality measure data out of the EHRs to Medicare, Medicaid, and commercial health plans.
    - b. Mr. Borgnakke also explained that PPQC identified 27 Core Set Measures derived from surveys of payers.
    - c. Mr. Borgnakke also shared the PPQC qualify measure information goals to reduce burdens for physicians and health plans and utilize national standardized quality data sharing.
    - d. Mr. Jeff Livesay of MiHIN informed the commission that the siloed formats and submission mechanisms is not a unique problem to Michigan: he explained further that it is also a national problem.
      - i. Mr. Livesay also noted that EHR/EMR vendors are not quite ready for Quality Reporting Data Architecture format.
      - ii. Mr. Livesay also indicated that further alignment can be driven by incentives.
  6. The HIT Commissioner asked several questions regarding standardization of HER reporting. The HIT Commissioners also discussed the potential for using the PCMH initiative to connect MDHHS efforts with the PPQC efforts and identify these best practices.

**G. HIT Commission Next Steps**

1. Co-Chair Rinvelt announced that the HIT Commission will be moving its 2018 to the fourth Tuesday of the month.

**H. Public Comment**

1. Co-Chair Rinvelt offered meeting attendees an opportunity to introduce themselves and provide any comments. Attendees introduced themselves.
2. Helen Hill with HIMSS, reminded attendees about National Health IT week in October.
3. Dr. Greg Forzley noted that he will be presenting for HIMSS in Washington, D.C., during National Health IT week.

4. Ms. Kim Bachelder thanked the Commission for her experiences in working with them over the past several years.

**I. Adjournment**

1. Co-Chair Rinvelt adjourned the meeting at 2:57 p.m.
2. The next HIT Commission meeting is scheduled for November 16, 2017 at 1:00 p.m. The meeting will be held in the South Grand Conference Room.