

Michigan Health Information Technology Commission
Minutes for the February 2017 Meeting

Date: Thursday, February 16, 2017
1:00 p.m. – 2:59 p.m.

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

Commissioners Present:

Patricia Rinvelt, Co-Chair
Michael Chrissos, M.D. (Phone)
Irita Matthews
Robert Milewski (Phone)
Randall Ritter
Peter Schonfeld (Phone)
Rozelle Hegeman-Dingle
Nick Smith

Commissioners Absent:

Jill Castiglione
Rod Davenport
Mark Notman, Ph.D.
Karen Parker
Orest Sowirka, D.O.

Staff:

Meghan Vanderstelt
Kim Bachelder
Phil Kurdunowicz

Attendees:

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|------------------------|----------------------|--------------------|
| Christine Spitzley | Laura Rappleye | Cynthia G. Edwards |
| Max Monahan | Scott D. Southrn | Kristy Brown |
| Shelley Mannino-Marosi | Ryan Koolen | Rick Keller |
| Bruce Maki | Forrest White | Greg Forzley, M.D. |
| Imen Alem | James Bell, III | Austin Roler |
| Keith Hoffman | Umbrin Ateequi | Shelbie Burns |
| Nazy Kazerani | Krystal Bresnaliam | Jonathan Clifford |
| James Nolan | Veronica Maxson | George Bosujat |
| Anya Day | Rosalyn Beene-Harris | Erin Vaquera |
| Tina R. Scott | Nell Newton | Kasey Nicholoff |
| Kevin Brooks | Mindy Pung | Heather Thalison |
| Philip Viges | Adarsh Bhattad | Michael Havens |
| Christina Leininger | Kristina Dawkins | Tesla Looper |

Minutes: The regular meeting of the Michigan Health Information Technology Commission was held on Thursday, February 16, 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 1:02 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 stated that she went to Capitol Hill this week and talked with Congressional leaders about mental health research funding, the Affordable Care Act, and other issues.

B. Commission Business

1. Co-Chair Rinvelt asked commissioners to review and consider approving the minutes from the October 20, 2016 meeting.
2. Commissioner Michael Chrissos made a motion to approve the minutes, which was seconded by Commissioner Irita Matthews.
3. Co-Chair Rinvelt asked if there was any objection to approving the minutes. Seeing none, she noted the minutes had been approved unanimously at 1:07 p.m.

C. 2016 Annual Report Approval

1. Co-Chair Rinvelt invited Ms. Meghan Vanderstelt, the Policy Division Director for the Michigan Department of Health and Human Services (MDHHS) to provide an overview of the revised version of the 2016 Annual Report.
 - a. Ms. Vanderstelt stated that the comments and edits that the Policy Division received are reflected in the most recent version of the 2016 Annual Report.
 - b. Ms. Vanderstelt also noted the same basic format was kept and is reflective of the 2016 work as well as a look back at prior years.
 - c. Ms. Vanderstelt also noted that resolutions and recommendations from the HIT Commission for 2016 and previous years were also included.
 - d. Ms. Vanderstelt asked for approval to send the 2016 Annual Report to the legislature but noted that she is still open to comments or edits.
2. Commissioner Matthews made a motion to approve the 2016 Annual Report as written, which was seconded by Commissioner Rozelle Hegeman-Dingle
3. Co-Chair Rinvelt asked if there was any objections. Seeing none, she noted that the 2016 Annual Report was approved unanimously.
4. Ms. Vanderstelt recognized Mr. Phil Kurdunowicz and Ms. Kim Bachelder for their assistance in assembling the 2016 Annual Report.

D. 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.
2. Ms. Vanderstelt provided an overview of the HIT Commission Dashboard. She noted that MiHIN had recently surpassed the 1 billion mark for messaging since going live.

3. Ms. Vanderstelt also provided an update on the resolutions from the October meeting.
 - a. Ms. Vanderstelt indicated that one of the resolutions strongly encouraged the MDHHS and Legislature to explore legislation related to electronic prescribing of controlled substances. She noted that the Policy Division is working with the Legislative Services area within the MDHHS to explore potential legislation.
 - b. Ms. Vanderstelt also stated that the second resolution called upon the HIT Commission to work with the Michigan Prescription Drug and Opioid Abuse Commission to address issues from the original task force report. She noted that she had reached out to the coordinators for the Opioid Commission and is looking for ways to collaborate.

E. MiHIN Update, Shelley Mannino-Marosi, Director, Government Projects, MiHIN

1. Co-Chair Rinvelt invited Ms. Shelley Mannino-Marosi, Director of Government Projects for the Michigan Health Information Network to provide an update on public health reporting in Michigan. The PowerPoint slides for this presentation will be made available on the website after the meeting.
2. Ms. Mannino-Marosi explained that MiHIN is a network that provides a shared infrastructure for sharing health information in Michigan.
 - a. She explained that organizations that are connected to MiHIN can share health information with other organizations that are connected to MiHIN, which allows for reduced duplication of effort, waste, and complexity.
 - b. She also noted that MiHIN provides a single point of contact with the State, which enables better security.
 - c. Commissioner Peter Schonfeld asked if some of these other services overlap and compete with the activities of the other Health Information Exchanges.
 - d. Ms. Mannino-Marosi stated that MiHIN's role is to curate that ecosystem by: (1) managing the statewide legal trust fabric, (2) convening and providing a governance model for all stakeholders, (3) encouraging the alignment of incentives and regulations to fairly share data, (4) promoting data standardization, (5) maintaining the statewide master data sharing infrastructure, and (6) convening groups to identify data sharing barriers, reduce provider burdens, engage consumers, and enable population health.
3. Ms. Mannino-Marosi noted that MiHIN had reached the 1 billion mark in terms of messages received.
 - a. Ms. Mannino-Marosi displayed a chart which identified the different types of messages flowing through the system.
 - b. Co-Chair Rinvelt asked what the different colors represented on the chart. Ms. Mannino-Marosi informed the different colors represent different types of messages for different use cases.
 - c. Commissioner Schonfeld stated it would be useful to collect information on how those messages are used in patient care or in public health

decision making. He noted that the raw number does not explain how the messaging affects health care in Michigan. Ms. Mannino-Marosi responded MiHIN has begun identifying metrics to quantify some of these effects.

4. Ms. Mannino-Marosi provided a brief history of MiHIN.
 - a. Ms. Mannino-Marosi stated MiHIN has gradually added more use cases and more HIEs to get where they are today.
 - b. Commissioner Randall Ritter asked if there is a connection to the Veterans Administration (VA). Ms. Mannino-Marosi stated there is a connection in place and have had conversations with the VA.
5. Ms. Mannino-Marosi provided an overview of the process for developing statewide use cases and highlighted the four stages for use cases: Conceptual stage, Planning and Development stage, Implementation stage, and Mature Production stage.
6. Ms. Mannino-Marosi noted that there are use cases that may provide opportunities for additional growth and revenue such as Death Notifications and Immunization History Forecast.
7. Ms. Mannino-Marosi also highlighted different use cases that could simplify the workflow process such as Newborn Screening.
8. Commissioner Matthews asked what accounts for the huge growth in organizations that have legal agreements with MiHIN.
 - a. Ms. Mannino-Marosi responded the State Innovation Model (SIM) program was a great motivator.
 - b. Dr. Greg Forzley, MiHIN Board Member, informed growth is also due to more qualified organizations as well.
9. Commissioner Matthews asked if each of the use cases are at various stages of implementation. Ms. Mannino-Marosi answered in the affirmative and noted that the dashboard helps provide an overview of where use cases are in the implementation process.
10. Ms. Vanderstelt stated that today's meeting is focused on public health and that the HIT Commission has an opportunity to provide feedback to MDHHS on how public health reporting should move ahead.
 - a. Ms. Vanderstelt suggested that the HIT Commission consider policy levers that could improve health information sharing across the state.
 - b. Ms. Mannino-Marosi responded that policy levers can help by providing incentives or providing enforcement of policy goals.

F. Care Coordination and Active Care Relationships, Tim Pletcher, Ph.D., MiHIN

1. Co-Chair Rinvelt invited Dr. Tim Pletcher of MiHIN to present on care coordination and the active care relationship service. The PowerPoint slides for this presentation will be made available on the website after the meeting.
2. Dr. Pletcher posed the question of where does public health care go next.
 - a. Dr. Pletcher provided an overview of the current state of care coordination between the patient and primary care providers and

- highlighted what is underway in Michigan's care coordination and active care relationships infrastructure.
- b. Dr. Pletcher noted the giant problem in health care is the fragmentation that the right hand does not know what the left hand is doing for the individual.
3. Dr. Pletcher explained they are looking at creating a mechanism in the infrastructure that makes it possible to identify where one can go to find the information without necessarily combining and collecting piles of medical record information about an individual.
 - a. Dr. Pletcher noted that MiHIN is about to kick off a new initiative to "Coordinate the Care Coordinators".
 - b. Dr. Pletcher noted the importance of identifying the "who" is providing services to an individual.
 - c. Dr. Pletcher noted that MiHIN is working towards establishing a 360° view of everyone involved with an individual from a referral and coordination perspective.
 4. Dr. Pletcher noted the importance of requesting clean and standardized data.
 - a. Dr. Pletcher noted that payers have increasingly incentivized organizations to clean and standardize Admit, Discharge, and Transfer (ADT) notification messages and are now moving towards standardizing other kinds of data in phases.
 - b. Dr. Pletcher stated that combining standardized data with Active Care Relationships that are linked to attributes of the patient can now enrich ADT messages and make ADT messages that much more actionable.
 - c. Dr. Pletcher noted that MiHIN can screen the standardized message to flag the data to send it to the proper destination once standardized care summaries are being sent.
 - d. Dr. Pletcher explained that MiHIN is piloting additional filters or screen processors to add special intervention alerts to the end of messages.
 - e. Dr. Pletcher noted that the community now needs to decide what kinds of screens and filters are appropriate and make the most sense. He highlighted the importance of identifying good ways to externally validate and standardize those screens.
 - f. Dr. Pletcher also highlighted the importance of being transparent and having effective governance, revision control, and management across the state.
 5. Commissioner Schonfeld indicated that several HIT system leaders have told him that incentives come into place, there is a pipeline as vendors do the work to make this flow effectively.
 - a. Commissioner Schonfeld inquired about whether MiHIN is including providers in discussions about filters for value-based care.
 - b. Dr. Pletcher responded that MiHIN changed the bylaws to include more direct physician leadership in 2014.
 - c. Dr. Pletcher also rhetorically asked about what a modernization process would look like to properly represent the voice of the consumer.

- d. Dr. Pletcher noted that MiHIN has been able to better plan ahead now that providers are involved. He also noted that hospitals and health systems are vital in our communities but may have different priorities than downstream providers. He emphasized the importance of continuing to work on alignment of priorities.

G. Altarum's Michigan Public Health Project Updates, Rick Keller, Altarum Institute

1. Co-Chair Rinvelt invited Rick Keller, the Director of the Center for Connected Health at Altarum Institute to provide a brief overview of the organization. The PowerPoint slides for this presentation will be made available on the website after the meeting.
2. Mr. Keller stated that Altarum is a non-profit health systems research and consulting organization headquartered in Ann Arbor, Michigan.
 - a. Mr. Keller noted that Altarum integrates independent research and consulting to create comprehensive, systems-based solutions that improve health.
 - b. Mr. Keller stated the projects that he is presenting today reside in the Health Innovation and Technical Assistance group at Altarum.
3. Mr. Keller provided an overview of Michigan Disease Surveillance System (MDSS) project and noted that this system helps support the work of infection control specialists.
4. Mr. Keller also provided an overview of Michigan Syndromic Surveillance System (MSSS) project.
 - a. Mr. Keller noted that Altarum has partnered with Division of Communicable Disease and has been working on MSSS since 2003.
 - b. Mr. Keller noted that the primary users of MSSS are state and regional epidemiologists and that MSSS receives data from over 100 hospitals and urgent care clinics in Michigan.
 - c. Mr. Keller explained that the system classifies each visit and identifies spikes in certain areas over certain time periods to determine where there is an emergent outbreak in a particular region.
5. Mr. Keller provided an overview of the NNDC Mood Outcomes Program.
 - a. Mr. Keller explained that this program focuses on improving patient care that is provided to those individuals who are suffering with mood disorders.
 - b. Mr. Keller also noted that Altarum has developed a patient-reported outcomes module as part of this project.
6. Mr. Keller also highlighted Altarum's work on public health reporting projects such as birth defect surveillance, cancer surveillance, disease surveillance, childhood lead poisoning prevention, and newborn screening.
7. Commissioner Ritter asked about whether Mr. Keller could share any success stories in terms of using MSSS or MDSS.
 - a. Mr. Keller stated when MSSS was put into production, it was done out of fears of intentional releases of disease (terrorism fears). He noted that there has not been such an event fortunately.

- b. Mr. Keller explained that MSSS is still used every day but also for situational awareness for things like the Super Bowl in Detroit in 2006 or heat outbreaks in the summer.
- c. Mr. Keller also highlighted some work that was done recently with MSSS on monitoring the effects of climate change on populations and noted that this project had led to the development of a new syndrome category to monitor specifically heat-related issues.

H. Michigan Caries Prevention Program, Imen Aleman, Altarum, 2:05 p.m.

1. Co-Chair Rinvelt invited Imen Alem of Altarum to present information regarding the Michigan Caries Prevention Program. The PowerPoint slides for this presentation will be made available on the website after the meeting.
2. Ms. Alem stated the program was established as a Health Care Innovation Award Grant that Altarum Institute was awarded through the Center for Medicare and Medicaid Innovation.
 - a. She explained that the objective of the grant is to reduce the burden of oral health disease amongst children in Michigan.
 - b. Ms. Alem highlighted Altarum's partnership with MDHHS, University of Michigan Health System (UMHS), and Delta Dental on this project.
3. Ms. Alem explained that the project team discovered that children see a primary care provider eight times before seeing a dentist.
 - a. Ms. Alem explained further that Altarum and the other grantees built an information technology system, known as the Michigan Dental Registry (MiDR), to provide resources for doctors to identify and refer children to dentists.
 - b. Ms. Alem explained that MiDR allows primary care providers to identify children in need of care and/or oral health screening and promotes evidence-based preventive care.
4. Ms. Alem also highlighted the providing training component of this initiative and noted that Altarum has partnered with UMHS to provide Continuing Medical Education credits and MOC Part IV quality improvement credits to participants.
5. Co-Chair Rinvelt inquired about the current status of implementation.
 - a. Ms. Alem stated the tool was deployed in Nov. 2016 and noted that Altarum is returning to trained clinics, adding providers, and visiting dental organizations to get dentists on board.
 - b. Co-Chair Rinvelt inquired about the geographic range.
 - c. Ms. Alem stated training is widely spread but is mostly in Metro Detroit.
 - d. Ms. Alem also noted that the goal is to have statewide outreach on this initiative.
6. Ms. Alem provided a demonstration of MiDR as accessed through MiLogin.
 - a. Co-Chair Rinvelt inquired what mechanism is used to submit data to MiHIN.
 - i. Ms. Alem noted that this mechanism has not been built out yet but clarified that Altarum has robust experience in connection to MiHIN.
 - ii. Ms. Alem noted that Altarum released specifications for the registry in the fall 2016.

- b. Co-Chair Rinvelt inquired about security and asked for clarification on who can get to what and what information is shared. Ms. Alem responded by highlighting some of the security controls and processes that have been implemented by Altarum.
- c. Ms. Vanderstelt asked if there is the opportunity to expand access to care coordinators. Ms. Alem noted that Altarum is working with Child Welfare Services and the Women, Infant, and Children nutrition program to try to onboard these workers into the system.
- d. Co-Chair Rinvelt asked about how does information persists as people move in and out of Medicaid.
 - i. Ms. Alem stated that is currently a limitation.
 - ii. Ms. Alem also noted that Altarum is also pursuing ways to identify patients in a secure manner without using a Medicaid ID.
- e. Co-Chair Rinvelt asked about the duration of funding.
 - i. Ms. Alem informed the commission that the grant lasts through August 2017 and noted that there are no cost extensions.
 - ii. Ms. Alem also noted that Altarum is working on a proof of concept of integrating MiDR into EHR applications and market the application to stakeholders in order to achieve long-term sustainability.

I. Michigan Care Improvement Registry (MCIR) HIT Activity, Tina Scott, Section Manager, MDHHS, 2:28p

- 1. Co-Chair Rinvelt invited Ms. Tina Scott of MDHHS to provide an update regarding the Michigan Care Improvement Registry (MCIR). The PowerPoint slides for this presentation will be made available on the website after the meeting.
- 2. Ms. Scott recognized Beaumont Hospital and Henry Ford for working closely with the MCIR system and noted that MDHHS had presented the MCIR Pioneer Awards to both of these organizations.
 - a. Ms. Scott stated that Beaumont Hospital was the first to send HIE HL7 public health reporting of vaccines to MCIR.
 - b. Ms. Scott also noted that Henry Ford Health System brought into production the first bi-directional query by parameter message in Michigan.
- 3. Ms. Scott noted that providers have increasingly migrated towards transmitting messages through HL7 since 2012.
 - a. Ms. Scott provided some updated statistics on immunization reporting transmissions.
 - b. Ms. Scott also noted that EHR vendors are now expanding beyond childhood vaccinations towards adult vaccinations and highlighted the example of shingle vaccinations.
- 4. Ms. Scott noted that the HL7 Viewer will be showcased at the Chicago AIRA National Conference in April. She stated providers can review HL7 message errors and fix them through this tool.
 - a. Co-Chair Rinvelt asked what an error message will typically display.

- b. Ms. Scott replied that the error message displays the patient's name and what the immunization message error is.
5. Ms. Scott noted that the Query-by-Parameter V1.5 went live in January 2017.
6. Commissioner Nick Smith inquired what is keeping immunization records from being publicly available.
 - a. Ms. Scott replied the barriers are mostly financial.
 - b. Ms. Scott noted that other states have secure PIN exchange. She stated it has been discussed if MCIR should expend resources to develop a portal or should MCIR leverage other portals that exist already.
 - c. Dr. Pletcher also highlighted barriers in terms of identity management and identify proofing to ensure that only appropriate individuals access records.
7. Co-Chair Rinvelt thanked Ms. Scott for sharing the MCIR Pioneer awards information and asked if the HIT Commission should make a formal resolution recognizing these winners. Ms. Vanderstelt advised the HIT Commission had presented similar awards over the years and that the Policy Division would be willing to facilitate resurrecting this process again.
8. Commissioner Matthews made a motion to recognize those individuals that helped with the implementation of MCIR-related messaging.
 - a. Commissioner Schonfeld seconded the motion.
 - b. Co-Chair Rinvelt asked if there was any objection to the motion. Seeing none, she noted the motion had been approved unanimously.

J. HIT Commission Next Steps

1. Co-Chair Rinvelt provided the dates for the 2017 HIT Commission meetings.
2. Ms. Vanderstelt introduced Chris Hanson as a new member of the Policy Team.

K. Public Comment

1. Co-Chair Rinvelt offered meeting attendees an opportunity to introduce themselves and provide any comments.
2. Attendees introduced themselves.

L. Adjournment

1. Co-Chair Rinvelt adjourned the meeting at 2:59 p.m.
2. The next meeting is May 18, 2017 at 1:00 p.m., South Grand Building, South Grand Conference Room, 333 S. Grand Avenue, Lansing, MI