

Michigan Health Information Technology Commission  
Minutes for the November 2017 Meeting

**Date:** Thursday, November 18, 2017  
1:17 p.m. – 3:07 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 (Phone)  
Irita Matthews  
Randall Ritter  
Thomas Simmer, M.D.  
Orest Sowirka, D.O. (Phone)  
Norman Beauchamp, M.D.

**Commissioners Absent:**

Jill Castiglione  
Michael Chrissos, M.D.  
Rod Davenport  
Karen Parker  
Meredith Harper

**Staff:**

Meghan Vanderstelt  
Phil Kurdunowicz

**Attendees:**

Drew Murray	Philip Vigas	Andrea Baucher
Forrest White	Beatrice Whitore	Shreya Patel
Chris Gillett	George Bosnjak	Janis Nowh
Larry Wagenknecht	Jeffrey Holm	Katie Commey
Kristina Dawkins	Karen Fuller	Max Monahan
Cynthia Green Edwards	Megan Brodie	Jason Werner
Rick Wilkening	Kevin Brooks	Michelle Fijedelem
Stephanie Johnson	Kim Bachelder	Helen Hill
Rosalyn Beene-Harris	Bruce Wiegand	Sharon Kim
Dana Barrera	Scott South	Stacey Thomas
Robin Hepfinger	Diane Nosdon	Michel Yaskanin
Cynthia Sessink	Taylor Flynn	Sommer Ort
Jeff Livesay	Rebecca Blake	Bruce Maki
Jennie Macy	Craig Donahue	Anya Day

**Minutes:** The regular meeting of the Michigan Health Information Technology Commission was held on Thursday, November 16, 2017, at the South Grand Building with 7 Commissioners participating in person or by phone.

**A. Welcome and Introductions**

1. Co-Chair Patricia Rinvelt called the meeting to order at 1:17 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 September 21, 2017 meeting.
2. Commissioner Thomas Simmer made a motion to approve the minutes, which was seconded by Commissioner Randall Ritter.
3. Co-Chair Rinvelt asked if there was any objection to approving the minutes. Seeing none, she noted the minutes were approved unanimously at 1:20 p.m.

**C. HIT/HIE Update**

1. Co-Chair Rinvelt invited Policy Division Director Meghan Vanderstelt 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.
  - a. Ms. Vanderstelt presented the updated version of the HIT Commission Dashboard and reminded the commission that the purpose of the dashboard is to provide a snapshot of HIT initiatives. She invited commissioners to share ideas for new ideas for the dashboard in anticipation of the new year.
  - b. Ms. Vanderstelt invited Mr. Phil Kurdunowicz of the Policy Division to provide an overview of the outline for the Annual Report.
    - i. Mr. Kurdunowicz presented the outline of the annual report to the HIT Commissioners and noted that the outline followed the same framework as the 2016 report.
    - ii. Mr. Kurdunowicz also provided a crosswalk to the commissioners to map the four proposed topics for 2017 (Population Health, Care Coordination, Consumer and Provider Engagement, and Privacy, Security, and Consent) and the associated agenda topics from the 2017 meetings. He noted that the HIT Commission had covered most of the 2017 topics except for consumer engagement.
    - iii. Ms. Vanderstelt invited the commissioners to provide ideas for next year's focus topics.
    - iv. Co-Chair Rinvelt suggested a deeper focus in 2018 on controlled substances and prescribing in light of the opioid epidemic.

**D. Update on Statewide Efforts to Improve the Reporting and Utilization of Quality Measurement Information**

1. **Overview of the Michigan State Medical Society Survey – Dana Barrera of the Michigan State Medical Society (MSMS)**
  - a. Ms. Barrera explained that MSMS had conducted a survey of individual practices and physician organizations in order to assess their perspectives

on current EHR reporting capability, usability, and satisfaction. She noted that MSMS conducted this survey in support of the Patient-Centered Medical Home (PCMH) initiative, which is focused on increasing the capacity of physician practices to coordinate and manage the care of their patients. She also indicated that the purpose of the survey was essentially to measure “how hard or how easy” gathering and reporting information from the EHR is for physicians.

- b. Ms. Barrera noted that MSMS received 60 responses from different individual practices and physician organizations.
- c. Ms. Barrera reported that a significant number of practices have EHRs that either (a) have difficulty with generating and sending a report or (b) do not have the capacity to generate and send a report.
- d. Ms. Barrera mentioned that MSMS is also exploring next steps on how their organization can help physicians make this data sharing easier.

## **2. Update on the Patient-Centered Medical Home Initiative – Katie Commey, Michigan Department of Health and Human Services (MDHHS)**

- a. Ms. Commey provided a brief overview of the PCMH initiative under the State Innovation Model.
  - i. She explained that there are over 2,100 primary care providers who are participating in the PCMH initiative.
  - ii. She also indicated that the SIM PCMH initiative has a strong focus on streamlining quality reporting and strengthening quality improvement activities. She also mentioned that the SIM PCMH initiative leverages 21 measures from the Payer Provider Quality Collaborative (PPQC) “Core Set” of 27 measures, which were derived based upon an analysis of common measures across different quality measurement sets.
- b. Ms. Commey stated the SIM PCMH initiative also leverages the QMI use case, which streamlines the reporting process by (1) helping translate physician reports into appropriate formats for quality reporting and (2) transmitting those reports to appropriate payers.
- c. The HIT Commissioners asked questions regarding (1) the timeline for onboarding providers onto use cases and (2) nudging EHR vendors to help defray costs for smaller providers.

## **3. Update on the Quality Measurement Information (QMI) Use Case – Rick Wilkening, Michigan Health Information Network (MiHIN)**

- a. Mr. Wilkening explained that the QMI use case establishes a common framework for aligning the measurement and reporting of quality information. He stated the goal of the QMI use case is enabling providers to “report once” and have the related quality information be accepted by multiple payers.
- b. Mr. Wilkening indicated the QMI use case streamlines reporting across multiple programs and payers, which includes Medicaid Meaningful Use, The Merit-Based Incentive Payment System, Comprehensive Primary Care

Plus, SIM, and Healthcare Effectiveness Data and Information Set (HEDIS) measures.

- c. Mr. Wilkening also mentioned that the QMI use case has moved into production and MiHIN is looking to increase adoption through (1) encouraging the creation of incentive programs to participate in the use case and (2) establishing policies that support legal and technical onboarding for the QMI use case.
- d. Mr. Wilkening identified next steps for QMI efforts, which included the following.
  - i. Continue collaboration with multiple partners across multiple quality programs to leverage “report once”
  - ii. Enable stakeholders from across Michigan to expand QMI participation to align quality programs and measures
  - iii. Support incentive programs to increase adoption of QMI
  - iv. Establish policies that result in Michigan health organizations onboarding legally and technically to QMI

#### **4. Update on HIE/EHR Incentives for the BCBSM Physician Group Incentive Program – Sharon Kim, Blue Cross Blue Shield of Michigan (BCBSM)**

- a. Ms. Kim explained that BCBSM established the Physician Group Incentive Program (PGIP) to provide financing, tools, and support to physicians to enable changes in health care service delivery. She noted that the PGIP includes specific incentives for participation in health information exchange (HIE).
- b. Ms. Kim stated that BCBSM has committed to implementing the MiHIN use cases because it is easier for BCBSM to work on HIE through a statewide shared infrastructure instead of multiple vendors.
  - i. She identified the specific use cases for physicians that are a current focus under PGIP.
  - ii. She also indicated that BCBSM has also established incentives for hospitals to participate in HIE use cases.
- c. Ms. Kim also explained that BCBSM’s 2018 goal is to leverage PGIP funds to engage information technology vendors on behalf of all PGIP physician organizations and practices. She explained further that the purpose of this effort is to facilitate participation in statewide use cases and move to reporting once and going through MiHIN.
- d. Co-chair Rinvelt asked what the HIT Commission can do to help encourage more collaboration moving forward. Ms. Kim, Ms. Vanderstelt, and the HIT Commission discussed this issue.
- e. Based upon this discussion, Commission Norman Beauchamp made the following motion, which was seconded by Commissioner Thomas Simmer. Co-Chair Rinvelt asked if there were any objections to the motion. Seeing none, Co-Chair Rinvelt noted that the HIT Commission had approved the recommendation.

*The HIT Commission recommends that the department develop a strategy for aligning different quality reporting and improvement efforts across the state. This strategy should be coordinated with the ongoing efforts of the Physician-Payer Quality Collaborative but should also encompass other initiatives across the state. The HIT Commission also encourages the department to include a representative from the commission as part of ongoing discussions about this strategy. Finally, the HIT Commission requests that the department provide an update on the aforementioned strategy at the first meeting in 2018.*

- f. Co-Chair Rinvelt also indicated that Commissioner Simmer will be the primary points of contact from the HIT Commission on implementing this recommendation.

**E. Overview of the “Coordinating the Care Coordinators” Report – Craig Donahue, Michigan Primary Care Consortium (MPCC) and Drew Murray, MiHIN**

1. Mr. Donahue stated the system is currently inundated with different types of care coordinators and the lack of coordination amongst the care coordinators is bewildering to individuals and contributes to fragmentation with health care service delivery. He also indicated that it is a national issue.
2. Mr. Murray explained that MiHIN and MPCC launched the Care Coordination Workshop series. Mr. Murray explained further that the workshop series focused on addressing several issues related to care coordination, which includes workflow, service delivery, reimbursement, regulation, and technology. Mr. Murray also explained that MPCC and MiHIN developed a white paper based upon the workshop discussions.
3. Mr. Donahue provided an overview of some of the recommendations:
  - a. Consider using this definition to support Public Act 559 that amended the Michigan Health Code.
  - b. Encourage those engaged in coordination of care to regularly declare active care relationships.
  - c. Aggressively promote use of ICD-10 codes related to social determinants of health across state systems.
  - d. Educate grant-funded coordinators on submitting \$0 claims.
  - e. Create taskforce to develop quality measures for social determinants of health.
4. Mr. Donahue recommended that the HIT Commission should consider the definition of care coordination to support the implementation of Public Act 559. She noted that there are multiple definitions of care coordination for specific programs, but she believed that this definition is a great start and that MDHHS could evaluate incorporating it into regulation across all programs.
5. Commissioner Simmer made the following motion, which was seconded by Commissioner Orest Sowirka. Co-Chair Rinvelt asked if there were any objections to the motion. Seeing none, she noted that the motion was approved.

*The HIT Commission expresses its support for the statewide efforts to develop a standard framework for care coordination as summarized in the "Building Michigan's Care Coordination Infrastructure" report. The HIT Commission also expresses its support for the definition of "care coordination" from the report and encourages the department to review and consider this definition. Finally, the HIT Commission requests that the department provide an update to the HIT Commission at the first meeting in 2018 on whether the definition could be adopted as a statewide standard. The department should address the following issues as part of the update:*

- 1. How does the definition from the report align with definitions for care coordination from other sources?*
- 2. Which policies and programs would be impacted by the adoption of a standard definition?*
- 3. What is the regulatory authority under which the department could adopt a standard definition?*

**F. HIT Commission Next Steps**

1. Co-Chair Rinvelt asked the commissioners to consider potential topics for upcoming meetings in 2018. She also suggested addressing 2017 topics that were not discussed in 2017 such as prescribing as related to opioids, quality measures, coordination of care, and consumer engagement.

**G. Public Comment**

1. Co-Chair Rinvelt offered meeting attendees an opportunity to introduce themselves and provide any comments. Attendees introduced themselves.
  - a. Helen Hill with Healthcare Information and Management Systems Society (HIMSS) noted that the Office of the National Coordination (ONC) Annual Meeting is coming up and that presentations will be published at [www.healthit.gov](http://www.healthit.gov).
2. Co-Chair Rinvelt noted she has been serving as co-chair for the last two years. She also noted that she believes that it is important to get on a two-year cadence for rotating chairs. She announced her intent to step down as co-chair in early 2018 and put out the call for interested commissioners to take on the position.

**H. Adjournment**

1. Co-Chair Rinvelt adjourned the meeting at 3:07 p.m.
2. The next HIT Commission meeting is scheduled for February 27, 2018 at 1:00 p.m. The meeting will be held in the South Grand Conference Room.