Michigan Health Information Technology Commission
Minutes for the November 2018 Meeting

Date: Tuesday, November 27, 2018
1:00 p.m. – 2:57 p.m.

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

Commissioners Present:

Thomas Simmer, M.D., Co-Chair
Michael Chrissos, M.D. (Phone)
Nicholas D'Isa
Jack Harris
Rozelle Hegeman-Dingle
Jonathan Kufahl
Patricia Rinvelt
Randall Ritter (Phone)
Heather Somand, PharmD
James VanderMey

Commissioners Absent:

Norman Beauchamp, M.D.
Karen Parker
Orest Sowirka, D.O.

Staff:

Meghan Vanderstelt
Erin Mobley

Attendees:

Bruce Maki	George Bosnjak	Forest White
Patrick Murphy	Kris Tuinier	Ryan Koden
Megan Brodie	Alyssa Jones	Megan Piotrowski
Zach Corben	Anya Day	Helen Hill
James Bell, II	Kevin Brooks	Shreya Patel
Rosalyn Beene -Harris	Jeremy Maney	Umbrin Ateequi
Brandon Elliott	Drew Murray	Ed Worthington
Sallie Sims	Robin Heppinger	Lee Marana
Janey Joffee	Jon Vismara	Joshua Hull
Jaki Leary		

Minutes: The regular meeting of the Michigan Health Information Technology Commission was held on Tuesday, November 27, 2018, at the South Grand Building with 10 Commissioners participating in person or by phone.

A. Welcome and Introductions
1. Co-Chair Thomas Simmer called the meeting to order at 1:00 p.m.
2. Co-Chair Simmer welcomed the newly appointed commissioners and asked all commissioners to introduce themselves and share any updates since the last time the commission convened.
3. Division Director Meghan Vanderstelt introduced MDHHS office staff.

B. Commission Business
1. Co-Chair Simmer asked commissioners to review and consider approving the minutes from the May 22, 2018 meeting. Commissioner Patricia Rinvelt made a motion to approve the minutes, which was seconded by Commissioner Jonathan Kufahl.
   a. Co-Chair Simmer asked if there was any objection to approving the minutes. Seeing none, he noted the minutes had been approved unanimously.

C. HIT/HIE Update
1. HIT Commission Dashboard. Ms. Vanderstelt asked the commissioners to review the November 2018 HIT Commission Update. The PowerPoint slides for this presentation will be made available on the website after the meeting.
   a. Ms. Vanderstelt informed the department is creating a transition packet of important information and key initiatives for the Governor elect to consider within the first 30 days in office. She also informed that the State Legislature has significantly changed in both the House and Senate.
   b. Ms. Vanderstelt updated on organizational changes within the Department related to health information technology and health information exchange. She also stated the Department is going through a prioritization process related to IT projects due to a general fund IT shortage.

D. Update on Health Information Exchanges in Michigan
1. The PowerPoint slides for this presentation will be made available on the website after the meeting.
2. **Upper Peninsula Health Information Exchange (UPHIE) – Janey Joffee and Lee Marana**
   a. Janey Joffee informed Upper Peninsula Health Care Solutions (UPHCS) is a corporation of health care organizations formed to facilitate access to high-quality health care. UPHCS is a non-profit hospital network and their mission is to improve the quality, delivery and efficiency of health care for patients in the region through the collaborative use of information technology and clinical data exchange. She stated UPHIE serves 18 hospitals, over 22 clinics and 12 health departments.
   b. Lee Marana described UPHIE's infrastructure, capabilities, and the various use cases in practice. He stated UPHIE offers options available for integration with information exchange regardless of the technology used by the health care organization. He provided information on their future goals and stated they are working on collaboration with bordering

clinics and hospitals in Wisconsin and in northern Lower Peninsula to help facilitate interoperability and quality of care in their region and state-wide.

 i. Commissioner Kufahl asked if UPHIE provides the same services in states such as Wisconsin. Mr. Marana stated not as of yet, however, looking to work with the CIO of Wisconsin Health Information Network (WISHIN) to get interfaces up and running.

3. **Great Lakes Health Connect (GLHC) – George Bosnjak**
   a. George Bosnjak informed GLHC is a collaboration of health systems in west Michigan; their mission is to provide data information at the point of care for those taking care of patients across the state. He informed GLHC is a member of Strategic Health Information Exchange Collaborative (SHIEC). He stated GLHC offers smart data delivery and exchange in VIPR (Virtual Integrated Patient Record) with over 200 hospitals, ambulatory offices, and other organizations across Michigan and 13 states contributing clinical information and patient care documents to VIPR.
      i. A brief question and answer period followed regarding next steps for GLHC and their role with other organizations. Mr. Bosnjak stated they are working on providing more tailored information to providers. He stated he recently met with UPHIE and does not foresee any barrier in VIPR data being sourced into UPHIE.

4. **Northern Physicians Organization (NPO) – Ed Worthington**
   a. Ed Worthington stated NPO is owned by practicing physicians in northern Michigan; primarily in Manistee, Traverse City, and Petoskey, with over 350 members. He stated NPO does not have direct HIE work with hospitals. He identified the types of services they provide to physicians and the use cases in production. Mr. Worthington stated NPO developed a social determinates of health (SDoH) screening tool used in Northern CHIR (Community Health Innovation Region) for SIM (State Innovation Model). He identified two pilot programs; TriCities Project with Great Lakes Organized System of Care (GLOSC) and generating CCDAs out of the SDoH tool for PCMH (patient-centered medical home) practices.
      i. Commissioner Rinvelt inquired about patient portal assistance and tracking SDoH information. Mr. Worthington explained patients are able to receive login assistance in the office and also receive step-by-step instructions to take with them for reference.
      ii. Ms. Vanderstelt provided information regarding NPO's involvement with Northern CHIR and explained the relationship with SIM and the SDoH component. She suggested SDoH and next steps be considered as a future HIT Commission agenda item.

5. **Ingenium – John Vismara**
   a. John Vismara informed Ingenium was established in 2008 and is physician based. Providers have a single connection point and have enhanced communication tools that provide physicians with the clinical information they need to make the best decisions for their patients. He used PPQC (payer provider quality collaborative) as an example of collaboration between physicians and payers with better reporting information and alignment of goals through a convening between MiHIN and MSMS. The group focused on identifying core sent of measures, common method for sending/receiving quality data, and using the data and closing gaps in care.

E. **Update on Michigan Health Information Network Shared Services (MiHIN) – Marty Woodruff**
   1. Marty Woodruff provided a brief history of the establishment of MiHIN and the benefits of a statewide network. He stated all data that flows through MiHIN is pushed to the state's data hub with a single point of entry in to and out of the state. MiHIN reduces the state's burden in managing many firewalls, interoperability, and workflow improvements. MiHIN aligns standards, improves data sharing among different organizations, and aligns health plan incentives.
   2. Mr. Woodruff stated MiHIN is working on a draft opioid surveillance project with MDHHS. He stated he was provided with ICD 10 Codes for opioid related admissions from MDHHS and the data can be extracted for mapping. He noted that this information is kept for 90 days.
      a. Commissioner James VanderMey inquired how can models be created with a 90-day window when trying to show trending patterns. Co-Chair Simmer clarified the differences between MiHIN and HIEs as MiHIN does not have a large data storage whereas other HIEs tend to have data sets that are large and longitudinal.
   3. Mr. Woodruff announced that MiHIN is involved with several draft projects for 2019 and invited presenters to provide updates on the projects.
      a. **Draft Readmission Dashboard - Jim Lee, Michigan Health and Hospital Association**. Mr. Lee informed creating dashboards to allow hospitals to look at readmissions real-time will assist clinicians and hospitals in figuring out how to prevent readmissions.
      b. **Matching Patients to Providers Active Care Relationships (ACRS) – Marty Woodruff**. Mr. Woodruff informed MiHIN is enhancing the ACRS by adding enriched linkages to ADT messages.
      c. **Coordinating the Care Coordinators – Drew Murray**. Mr. Murray stated he is working with MDHHS to define what is meant by coordination of care; how messages are shared. He stated MiHIN has one solution to seamlessly manage multiple reporting systems

connected directly to Michigan's statewide health information network, MIDIGATE (Multiple Shared Services Collected in One Location).

- d. **Michigan's Unified Electronic Case Report (eCR) – Brandon Elliott, M.D.** Dr. Elliott informed eCR is an automated generation and transmission of case reports from the electronic health record (EHR) to public health agencies for review and action.
- e. **Electronic Consent Management Services (eCMS) – Shreya Patel.** Ms. Patel informed eCMS ensures that a patient's 42 CFR Part 2 consent is appropriately applied during the exchange of specially protected health information. She stated eCMS will improve care coordination efforts and eCMS framework can be integrated into all of MiHIN's existing use cases.
- f. **Psychiatric Facility and Treatment Center ADTs – Shreya Patel.** Ms. Patel informed aligning physical and behavioral health through the statewide network will take on a three-phase approach. She stated Phase One will establish a real-time online dashboard for the facility to view statewide available bed counts.
4. Co-Chair Simmer thanked Ms. Patel for her presentation; however, due to time restraints he suggested this topic continue at a future HIT Commission meeting. He also asked the assembly to recognize the presenters for an absolutely tremendous job with their presentations.

F.   HIT Commission Next Steps
1. Ms. Vanderstelt informed the Policy and Innovation Division will send commissioners a Doodle Poll for possible further educational opportunities.
2. The 2018 HIT Commission Annual Report will be distributed to the commissioners in December for review and approval at the next HIT Commission meeting.
3. Ms. Vanderstelt stated it is worthy to note that states, as well as federal partners recognize Michigan for its great work in the health information technology field. She reaffirmed the importance and value that this work adds going forward.
4. The next meeting will be held on Tuesday, February 26, 2019 at 1:00 p.m. The meeting will be held in the South Grand Conference Room.

G.   Public Comment
None

H.   Adjourn
Co-Chair Simmer adjourned the meeting at 3:04 p.m.