

Michigan Health Information Technology Commission
Minutes for the February 2018 Meeting

Date: Tuesday, February 17, 2018
1:00 p.m. – 3:05 p.m.

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

Commissioners Present:

Patricia Rinvelt, Co-Chair
Rod Davenport, Co-Chair
Norman Beauchamp, M.D.
Michael Chrissos, M.D.
Meredith Harper
Rozelle Hegeman-Dingle (Phone)
Irita Matthews
Karen Parker
Randall Ritter
Thomas Simmer, M.D.

Commissioners Absent:

Jill Castiglione
Orest Sowirka, D.O.

Staff:

Meghan Vanderstelt
Phil Kurdunowicz
Erin Mobley

Attendees:

Julie Lowry
Danny Zyrd
Forest White
Kayla Staley
Jen Stokely
Kevin Brooks
Zach Corben
Helen Hill

Diane Nardon
Dave Schneider
Sandy McKenna
Umbrin Aterqui
Jackie Sproat
Jeff Chang
Karen Fuller

Yasir Bakko
Bruce Maki
Jane Pilditch
Cynthia Ward
Matt Seager
Taylor Flynn
George Bosnjak

Minutes: The regular meeting of the Michigan Health Information Technology Commission was held on Tuesday, February 27, 2018, 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 1:00 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 November 18, 2017 meeting.
 - a. Commissioner Thomas Simmer made a motion to approve the minutes, which was seconded by Commissioner Irita Matthews.
 - b. Co-Chair Rinvelt asked if there was any objection to approving the minutes. Seeing none, she noted the minutes had been approved unanimously.
2. Review of the 2017 Annual Report. Meghan Vanderstelt, Policy Division Director, informed per statute the report is required to be submitted to the Legislature on an annual basis. Motion made by Commissioner Randall Ritter, seconded by Commissioner Matthews to accept the 2017 Annual Report. All in favor, motion approved.
3. Co-Chair Nominations. Co-Chair Rinvelt stated discussion was held at the last meeting regarding rotating the Co-Chair position on an annual basis. She stated there was one nomination received for the position; she asked if there were any other nominations, hearing none she asked Commissioner Simmer if he would be willing to serve. Commissioner Simmer accepted the nomination. Motion made by Commissioner Norman Beauchamp, seconded by Commissioner Matthews. All in favor, motion carried.
 - a. Ms. Vanderstelt expressed gratitude to Commissioner Rinvelt for her leadership and guidance throughout the years.

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 introduced new Policy Division staff member Erin Mobley.
 - b. Ms. Vanderstelt pointed out that 205 Skilled Nursing Facilities (SNF) are currently sending ADT notification to the MiHIN network, which represents 50% of SNFs in Michigan.
 - c. Ms. Vanderstelt provided an update on the HIT Commission's 2017 Resolutions.
 - i. Resolution #1 – 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 Care Connect360) to enhance the sharing of physical health and behavioral health information.
 1. MDHHS published Version 4.1 of the standard consent form on February 16, 2018.

2. MDHHS implemented a wide variety of changes into the updated version of the form and related guidance in order to address new requirements under the Michigan Mental Health Code and new final rule for 42 CFR Part 2.
 3. MDHHS will be reconvening the Consent Form Workgroup in March to begin development of Version 5.0. Invitation is open to stakeholders.
- ii. Resolution #2 – 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 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.
1. Ms. Vanderstelt gave a brief overview of the ONC SIM Conference in Washington, DC, that she and other colleagues attended in February. She stated she and Tom Curtis of Medicaid Services have discussed alignment opportunities in value-based strategies and use SIM as a vehicle. She stated there will be more discussion in the future.
- iii. Resolution #3 – The HIT Commission expresses its support for the statewide efforts to develop a standard framework for coordination of care as summarized in the “Building Michigan’s Care Coordination Infrastructure” report. The HIT Commission encourages the department to review and consider this definition. Finally, the IT 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:
- How does the definition presented to the HIT Commission align with definitions for coordination of care from other sources?
 - Which policies and programs would be impacted by the adoption of a standard definition?
 - What is the regulatory authority under which the department could adopt a standard definition?
1. Ms. Vanderstelt informed the HIT Commission that the Policy Division convened an interagency meeting to review the HIT Commission recommendation and related definition and consider its impact on MDHHS policies and programs. She noted that the definition aligns well with primary care service delivery models, but may not align well with other systems of care. She also noted that some definitions cannot be changed due to federal governance. She

stated MDHHS is open and willing to investigate further and she will provide an update at the next meeting.

D. Update on Physical Health and Behavioral Health Integration Initiatives – Jane Pilditch , MPH, and Dave Schneider, MDHHS

1. The PowerPoint slides for this presentation will be made available on the website after the meeting.
2. Ms. Pilditch provided an overview of the current system. She stated the team is looking to integrate health care, maximize efficiencies and reduce cost. She provided an overview of the legislative language that authorized the department to implement the pilots and demonstration project.
3. Mr. Schneider provided an overview of the implementation of the pilots and demonstration project.
 - a. He informed the HIT Commission that the demonstration project is being led by the Community Mental Health Service Program (CMHSP) in Kent County.
 - b. He also indicated that the University of Michigan will evaluate the pilot projects and demonstration project against several comparison sites.
 - c. He noted the pilots must operate for at least two years.
 - d. He also indicated that the pilots offer an opportunity to address remaining challenges with sharing behavioral health information.
4. A brief question and answer period was held regarding time line, continued synergies with other initiatives, and selection bias for the evaluation.

E. Overview of the Michigan Inpatient Psychiatric Admission Discussion – Lynda Zeller, MDHHS Senior Deputy Director, Behavioral Health and Developmental Disabilities Administration

1. The PowerPoint slides for this presentation will be made available on the website after the meeting.
2. Ms. Zeller stated the number of inpatient psychiatric beds at community hospitals and state hospitals has fallen sharply in the last two decades, and the resulting shortage of beds has led to significant waiting lists for inpatient psychiatric care. She stated the most common reason for inpatient admission denial was at capacity.
3. Ms. Zeller identified the four types of individuals who are most likely to be denied admission for inpatient psychiatric services: (1) Adults whom need psychiatric inpatient treatment with developmental disability; (2) Children whom need psychiatric inpatient treatment with developmental disability; (3) Children and adults with a psychiatric need and medical co-morbidities; and (4) Older adults with psychiatric and geriatric needs. Ms. Zeller noted that denial in some cases is due to lack of specialized staffing.
4. Ms. Zeller stated MDHHS has taken several actions to address admission denials. She stated they are expanding the workforce and looking at compensation and overtime issues; improving state loan repayment; expanding the use of telemedicine; and developing a replacement facility at Caro.

5. Ms. Zeller informed DHHS is making upgrades to its EMR system at the state hospitals, which includes developing the capacity to submit ADT notifications to MiHIN and submit encounter data to the MDHHS Data Warehouse.
6. Ms. Zeller also indicated that MDHHS has also been working with stakeholders to implement the recommendations from the MIPAD (Michigan Inpatient Psychiatric Access Discussion) Initiative, which included 19 short-term recommendations.
 - a. A brief question and answer session was held regarding staffing shortages, denial of care due to out of network, and telemedicine.

F. Update on Privacy and Consent Projects – Phil Kurdunowicz, MDHHS

1. The PowerPoint slides for this presentation will be made available on the website after the meeting.
2. Mr. Kurdunowicz stated the goal of sharing behavioral health information is to achieve better health outcomes for individuals with physical health and behavioral health needs. He informed there are several privacy related barriers that inhibit health information sharing and prevent care coordination as a result: HIPAA, 42 CFR Part 2, Part 2, and the Michigan Mental Health Code.
3. Mr. Kurdunowicz informed MDHHS has been working with stakeholders to identify next steps for improving the sharing of behavioral health information through the NGA Technical Assistance Program, Section 298 Initiative, and MIPAD Initiative.
 - a. A brief question and answer session was held regarding health information exchange difficulties due to knowing all providers connected to patient, Public Act 559 education within the medical school setting, and challenges on reading level for the consent form.

G. HIT Commission Next Steps

1. Ms. Vanderstelt stated there appears to be some commissioner interest in having student presentations on various topics related to HIT and HIE. The Policy Division invites the HIT Commissioners to suggest potential agenda topics.

H. Public Comment

1. Co Chair Rinvelt offered meeting attendees an opportunity to introduce themselves and provide any comments. Attendees introduced themselves.
 - a. Question regarding if the consent form is being integrated into EHRs? Jeff Chang referred to “grass roots” initiatives to include consent management.
 - b. Helen Hill announced upcoming MiHIN Conference.

I. Adjourn

1. Co-Chair Rinvelt adjourned the meeting at 3:05 p.m.
2. The next HIT Commission meeting is scheduled for April 10, 2018 at 1:00 p.m. the meeting will be held in the South Grand Conference Room.