Michigan Health Information Technology (HIT) Commission
Meeting Minutes

Date   Tuesday, November 26, 2019, 1:00 p.m. – 3:00 p.m.

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

Commissioner Attendance

Name	Representing	Attendance
Norman Beauchamp, M.D.	Schools of Medicine	Present
Nicholas D'Isa, **co-chair**	Health Plans or Other Payers	Present
Sarah Esty	Department of Health and Human Services	Present
Jack Harris	Department of Technology, Mgmt., Budget	Present
Rozelle Hegeman-Dingle, PharmD	Pharmaceutical Industry	Present
Jonathon Kufahl	Hospitals	Present
Paul LaCasse, D.O.	Doctors of Osteopathic Med. and Surgery	Present
Pat Rinvelt	Purchasers or Employers	Present
Thomas Simmer, M.D., **co-chair**	Nonprofit Health Care Corporations	Present
Renée Smiddy, M.S.B.A.	Consumers	Present
Heather Somand, Pharm.D.	Pharmacists	Present
Jim VanderMey	HIT Field	Present
Michael Zaroukian, M.D., Ph,D.	Doctors of Medicine	Present

Michigan Department of Health and Human Services (MDHHS) Staff:
Kimberly Bachelder, Christopher Jackson, Erin Mobley, Meghan Vanderstelt, Trevor Youngquist

Guests:
Justin Allen, Umbrin Ateequi, Olivia Barth, Rosalyn Beene-Harris, Kevin Brooks, Diana Bundschuh, Kristina Dawkins, Doug Dietzman, Cynthia Green Edwards, Helen Hill, Sharon Kim, Jim Kamp, Ryan Koolean, Tesia Looper, Julie Lowry, Brian Mack, Bruce Maki, Greg Miedena, Drew Murray, Adrienne Nickles, Sue O'Brien, Laura Rappleye, David VanderKlok, Phil Viges, Lindsey Weeks, Jason Werner, Forrest White, Marty Woodruff, Mike Yaskanin, Danny Zajac

Minutes: The regular Health Information Technology (HIT) Commission meeting was held on November 26, 2019 with thirteen (13) commissioners in attendance.

A. Welcome and Introductions
Presented by the commission chair
   a. Co-Chair Thomas Simmer called the meeting to order at 1:00 p.m.
   b. Co-Chair Simmer asked all commissioners to introduce themselves and share any updates since the last time the commission convened. The commissioners did not have any updates
   c. MDHHS Division Director for Policy and Innovation Meghan Vanderstelt introduced MDHHS staff present.
B. Commission Business

Presented by the commission chair
　　a. **Review of the 9/24/2019 Minutes**
　　　　i. Co-Chair Simmer asked commissioners to review and consider approving the minutes from the September 2019 meeting.
　　　　ii. Co-Chair Simmer made a motion to approve the minutes, which was seconded by Commissioner Jack Kufahl. There was one correction to the minutes, but it was approved unanimously.

C. MDHHS Update
Presented by Meghan Vanderstelt, DHHS Director for Policy and Innovation
　　a. **Update on Resolutions**
　　　　i. Ms. Vanderstelt updated the commission on the standing resolution to "work to create a 5-year roadmap for which the HITC will use to guide activities and functions."
　　　　ii. Ms. Vanderstelt noted that department received approval from the Michigan Health Endowment Fund for an award of $500,000, as part of the 2019 Special Projects and Emerging Ideas grant.[1] Ms. Vanderstelt explained that the Health Fund grant will expand the department's capacity to facilitate an update to the state's HIT strategic plan.

D. Planning for the State HIT Strategy
Presented by Trevor Youngquist, DHHS Data Sharing Policy Analyst
　　a. Trevor Youngquist, Kim Bachelder and Erin Mobley introduced themselves as the DHHS Data Sharing Policy Section. This section within the DHHS Policy and Innovation Division serves as the program area facilitator of the HIT Commission and as a department-wide coordinator for HIT.
　　b. Mr. Youngquist explained that the content of department's Health Fund grant application provides the framework for the presentation.
　　c. He provided an overview of why an updated HIT strategy would be advantageous for the state, its stakeholders and citizens.
　　d. He provided explanation of the principles and context of the state's last HIT strategic plan, called the Conduit to Care report.[2]
　　e. He discussed the short-term and long-term benefits of updating the state's HIT strategy.
　　f. Leveraging the presentation provided by the Office of the National Coordinator for HIT (ONC) at the September 2019 commission meeting, he explained how the state will partner with the federal government.
　　g. He invited commissioner's initial questions on the scope of this activity
　　　　i. Commissioner Kufahl inquired about whether HIT and health information exchange (HIE) would be considered as separate or the same technology in the new strategy.
　　　　　　1. Commissioner Michael Zaroukian suggested that discussions about HIT and HIE need to overlap

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[1] The Michigan Health Endowment Fund works to improve the health and wellness of Michigan residents and reduce the cost of healthcare, with a special focus on children and older adults. The foundation has five annual grant programs. For more information about the Health Fund and its grantmaking, visit mihealthfund.org.
[2] Access to the report: https://www.michigan.gov/documents/mihin/MiHIN_Report_Compress_v2_180321_7.pdf

2. Commissioner Renée Smiddy explained that there is a need to address broader issues in both HIT and HIE
     a. She suggested that conversations about how HIE data is being used would be beneficial
     b. She reminded the commission that the Michigan Health and Hospital Association (MHA) convenes groups that could help explore these issues during the strategy update
h. Mr. Youngquist continued by explaining roles and responsibilities in the HIT strategy refresh
     i. He proposed that the HIT Commission serve as project sponsor
     ii. He described that the project would be facilitated by two groups
          1. Proceeds from Health Fund grant would provide the process with a third-party neutral consultant group to facilitate the overall process and create deliverables
          2. ONC would provide technical assistance
i. He provided additional details on the proposed role of project sponsor for the commission
     i. As project sponsor, the commission would have overall accountability for the project
     ii. The commission would also have the responsibility of ensuring that project deliverables meet the necessary business benefits
j. He described the Health Fund-approved workplan for completing the strategy refresh
k. He stated that the main deliverable for this project would be an updated HIT roadmap, with an accompanying process to annually update the roadmap. Annual updates to the roadmap would serve as the report required for the legislature each spring.
l. He explained that, in addition to a 5+ year HIT roadmap, a deliverable for this project would include new statewide success metrics for HIE.
m. He invited questions about the workplan
     i. Commissioner Paul LaCasse asked whether there would be a document to educate stakeholders on the current state of HIT
          1. Mr. Youngquist explained that the consultant group facilitators would conduct an environment scan and gap analysis as part of the strategy refresh. This deliverable would be shared as part of the broader roadmap document.
     ii. Commissioner LaCasse inquired about the proposed accountability required for the commission to act as project sponsor. He asked other commissioners to consider a dedicated advisory group to oversee project implementation.
          1. Commissioner Sarah Esty invited the prospect of a project steering committee and how it could be incorporated into her proposal for new commissioner advisory committees.
     iii. Co-chair Simmer stated that, as part of this project, there is a need to develop plans for integration and scalability of HIE. He also invited

other commissioners to explore interest in a project steering committee.

      iv. Commissioner Zaroukian proposed that ONC, as part of their interviews, inventory commissioner skills and provide recommendations for who would be best suited to serve on committees

           1. Mr. Youngquist and Ms. Vanderstelt stated that these recommendations would be shared with ONC

      v. Co-chair Simmer explained that there is a need to explore how centralized decision-making could positively impact HIE development.

           1. Commissioner Esty affirmed that that collective action questions could lead future prioritization of HIE project planning, and that this decision-making should be rooted in the consensus documented in future HIT roadmaps

           2. She suggested that the commission act as a neutral central entity to sort through various organizations' prioritization of HIT projects

n. Mr. Youngquist reviewed the cumulative list of stakeholders with the commission. He invited the commission to identify individuals or groups to represent each group.

o. He presented a proposed method, as recommended by Commissioner Smiddy, for convening stakeholders during broader engagement in 2020

      i. First, conduct an initial outreach campaign to educate stakeholders on the project

      ii. Second, convene stakeholders by sector

      iii. Third, conduct cross-cutting convenings by region

p. He invited the commission to explore how to best educate stakeholders at the onset of the project, such as how to develop:

      i. Common language

      ii. Innovative methods for engagement (e.g. crowdsourcing)

      iii. Plans for commissioners to lead project tasks

q. He invited questions about stakeholder engagement.

      i. Commissioner Norman Beauchamp inquired about a crosswalk for relating identified stakeholder groups to a commissioner's representation.

           1. He asked about best practices from other states in engaging stakeholders for a HIT strategy

               a. Mr. Youngquist explained that the facilitation consultants will have expertise in these best practices.

r. Mr. Youngquist concluded with sharing a proposed timeline for the 2020 HIT strategy refresh project.

s. He invited any remaining questions.

      i. Commissioner Kufahl reiterated that a steering committee would help to guide consultants in their work and ensure that the commission is kept in-the-know as the project is implemented

           1. Co-chair Simmer affirmed this need.

  ii.   Commissioner Smiddy recommended that there be vignettes developed for stakeholders to understand why the strategy refresh is relevant for them

  iii.   Commissioner Jim VanderMey stated the importance of identifying how to engage stakeholders in forums that they already meet.

  iv.   Commissioner Beauchamp suggested that extension locations, such as those operated by universities, could serve as valuable locations for stakeholders to gather.

 t.   Ms. Vanderstelt asked whether the commission would formally adopt the workplan and affirm their role as project sponsor.

  i.   In response to this question, Co-chair Simmer made a motion to approve the follow resolution, which was seconded by Commissioner Zaroukian.

   The Health Information Technology Commission adopts the workplan submitted to and approved by the Michigan Health Endowment Fund, and the commission affirms its role as project sponsor for the HIT strategy update.

  ii.   Co-chair Simmer asked if there was any objection to approving the resolution. Seeing none, he noted that the resolution had been approved unanimously.

  iii.   Commissioner Zaroukian noted that the strategy update needs to put its focus on the role of people, process and technology in healthcare.

E.   Recommendation for Advisory Committees
Presented by Commissioner Sarah Esty, representing DHHS, and Commissioner Jim VanderMey, representing the HIT field

 a.   Commissioner Esty presented the framework for four new committees.

  i.   Adoption and Expansion Advisory Committee

  ii.   HIT Ideation Advisory Committee

  iii.   Governance Advisory Committee

  iv.   Project Steering Committee for HIT Roadmap

 b.   She presented proposed terms for participation and responsibilities for committee members.

 c.   She proposed that interest in committee participation be submitted to DHHS by early December.

 d.   She invited any questions from commissioners.

  i.   Commissioner Beauchamp invited the commission to consider how to reconcile any recommendations identified by committees with what DHHS or the MiHIN Operations Advisory Committee (MOAC) prioritize

  ii.   Co-chair Nicholas D'Isa stated that these committees would be paramount in exploring the overall role of governance over HIT in the state

  iii.   Commissioner Esty added that the committees could also explore the ideal role of DHHS in HIT governance

          iv. Co-chair Simmer invited DHHS to provide an update on proposed committee members and charters at the next meeting in February 2020

F. HIE Update
- a. Ms. Vanderstelt announced that, starting October 7, 2019, the Oakland Community Health Network (OCHN) began submitted Admission, Discharges and Transfer (ADT) messages to MiHIN.
- b. She described how OCHN is the first community mental health network to send ADTs to MiHIN and how it begins a new frontier in care coordinator for behavioral health.

"MiHIN-GLHC: Better Together:"
Presented by Marty Woodruff, MiHIN Chief Operating Officer, and Doug Dietzman, Chief Executive Officer of Great Lakes Health Connect (GLHC)
- c. Marty Woodruff and Doug Dietzman provided information on the forthcoming affiliation of MiHIN and GLHC.
  - i. Mr. Woodruff described the growing family of MiHIN organizations.
  - ii. Mr. Woodruff explained the benefits of the merger for the State of Michigan.
  - iii. Mr. Woodruff and Mr. Dietzman stated that there are plans to merge the organizations into 2020.
- d. Mr. Woodruff provided an overview of the accomplishments of MiHIN in 2019.
  - i. He described new projects to expand the capabilities of HIE to benefit drug surveillance, access to child immunization records and move the state's HIT enterprise towards greater interoperability.
  - ii. He explained how MiHIN is implementing systems for coordinating care coordinators, manage patient consent and provide accessible tools for statewide HIE services.
- e. Mr. Dietzman provided an overview of the accomplishments of GLHC in 2019.
  - i. He described the widespread adoption of GLHC services
  - ii. He explained how the GLHC Virtual Integrated Patient Record (VIPR) is integrated across the state in various entities.
  - iii. He provided an overview of GLHC's role in supporting the State Innovation Model.
- f. Mr. Woodruff and Mr. Dietzman invited commissioner comments or questions.
  - i. Commissioner Zaroukian expressed concern over competition of the new affiliated MiHIN-GLHC entity with other HIEs in the state.
    1. Mr. Woodruff stated that ongoing collaboration with HIEs will ensure continued alignment and benefit
  - ii. Commissioner Kufahl inquired about disaster recovery practices for the new affiliated entity.
    1. Mr. Woodruff described some of the security practices for the MiHIN infrastructure
  - iii. Commissioner Esty asked whether the new MiHIN-GLHC affiliation would lead to a conduit or repository model.

1. Mr. Woodruff estimated that MiHIN will preserve both and will implement practices like other state networks, such as the Chesapeake Regional Information System for our Patients (CRISP)

G. Public Comment
   a. Cynthia Green-Edwards recalled her role in helping to create the Conduit to Care report.
   b. Julie Lowry described how the Jackson County Medical Record system uses a longitudinal data model.
   c. Helen Hill described her experience with the committees and advisory needed to create the Conduit to Care report.
   d. Diana Bundschuh provided additional details on OCHN sending ADTs to MiHIN. She also described the benefit of someday integrating the GLHC VIPR service with the MiHIN electronic consent management service.
   e. David VanderKlok expressed concerns over patient privacy and consent to share EHI, and he recommended that the commission develop more educational material for the public related to HIE and disclosure.

H. Adjourn
   a. Co-Chair Simmer adjourned the meeting at 3:00 p.m