



# Michigan Health Information Technology Commission

September 22, 2020

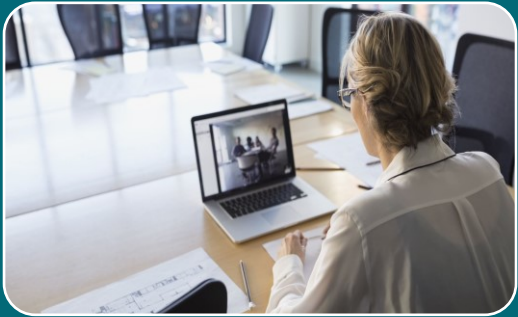
The Michigan Health Information Technology Commission is an advisory Commission to the Michigan Department of Health and Human Services and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275

# Virtual “Housekeeping” Guidelines



## Access

- **This meeting is being recorded.**
- For members calling into the meeting and unable to use web-based meeting features, an open comment period will be offered at the end of the meeting.
- **If at any time you have accessibility or technical issues during the meeting,** please contact [youngquistt1@michigan.gov](mailto:youngquistt1@michigan.gov) or [jacksonc47@michigan.gov](mailto:jacksonc47@michigan.gov)



## Interacting

- **Web cam video display is reserved for commissioners and presenters.**
- **The group chat will be monitored and utilized throughout the meeting.** Any questions or comments raised in the group chat will be read aloud.
- Unless otherwise specified, **all attendees (besides the presenter) will be muted during a presentation.** This rule will reduce background noise or “feedback.”



## Public Participation

- Except for the public comment period, **public participants should remain muted unless invited to speak by the commission.**
- Per the Michigan Open Meetings Act, disclosing your identity in this meeting is not required.
- The public comment period will be accessible for multiple modalities at the end of the meeting.

# September 2020 Meeting Agenda

Item	Presenter(s)	Time
1. Welcome and Introductions A. Introduce New Commissioner	Chair	5 minutes
2. Commission Business A. Review of 6/25/2020 Minutes	Chair	5 minutes
3. MDHHS Update	Trevor Youngquist (MDHHS)	5 minutes
4. Blue Cross Blue Shield of Michigan (BCBSM) “Electronic Health Record (EHR) Vendor Initiative” Overview	Danny Zajac (BCBSM)	45 minutes
5. Update on Health IT Roadmap A. Project Update B. Roadmap Steering Committee (RSC) Update	CedarBridge Group, RSC	45 minutes
6. Public Comment		
7. Adjourn		

# 1. Welcome and Introductions

Chair

# Welcome!

Effective August 4, 2020, Governor Gretchen Whitmer appointed one new commissioner:

**Allison Brenner, PharmD**, is the Senior Director for Clinical Informatics Medical Outcomes Specialists at Pfizer. She represents the pharmaceutical industry.



## 2. Commission Business

Chair

# 3. MDHHS Update

Trevor Youngquist (MDHHS)

# MDHHS Update

Beginning in late August, the MDHHS Policy and Planning Administration sent [an introductory message](#) to 650+ stakeholders, inviting them to participate in engagement for the health IT roadmap.







# MDHHS Update

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- On **October 14**, the Michigan Public Health Institute (MPHI) is hosting a Consumer Engagement Stakeholder Forum focusing on Health Technology During COVID-19. Key features of this Forum include:
  - An emphasis on how healthcare professionals are responding to the challenges posed by switching to virtual care due to COVID-19 to ensure care for their patients
  - Facilitated conversations on barriers and successes of health technology and virtual care with a focus on access to technology, access to resources, and health and digital literacy
  - Individual brainstorming, breakout rooms, and large group discussions
- To learn more about the forum and how to register, please email [gmiedema@mphi.org](mailto:gmiedema@mphi.org)

Beginning 2021, in alignment with feedback from roadmap stakeholder engagement, Health IT Commission committees will convene.

Responsibilities of attendees include:

- Participate in 1-2 virtual meetings per month
- Bring your expertise and experience to the table
- Support collection of relevant information and generation of recommendations for commission

### Health IT Commission Committees:

- Adoption and Expansion
- Ideation
- Governance

Interested public participants should send a letter of intent, with a listing of relevant experience, to [youngquistt1@michigan.gov](mailto:youngquistt1@michigan.gov)

# MDHHS Update

## Convening committees



## Advisory Committee #1:

### *Adoption and Expansion*

Develop strategies for incrementally improving current HIE service infrastructure and increasing adoption

2 commissioners interested

*Esty, Simmer*

3 members of the public interested

## Advisory Committee #2:

### *Ideation*

Explore new horizons in HIT and identify what the next innovations could be

5 commissioners interested

*Esty, Kufahl, LaCasse, Rinvelt,  
Zaroukian*

2 members of the public interested

## Advisory Committee #3:

### *Governance*

Provide input on future governance and oversight mechanisms for use cases and strategy

5 commissioners interested

*Beauchamp, Esty, Harris,  
Smiddy, VanderMey*

2 members of the public interested

## Steering Committee for HIT Roadmap:

Support the HIT Commission in:

- Providing general oversight of the strategic planning process for the HIT roadmap
- *Provide strategic guidance, resolve issues and mitigate risk*
- *Be change agents, acting as point of contact for commission on issues related to communication, milestone completion, policy and legislation*
- *Ensure inclusion of necessary stakeholders*
- *Recommend changes to scope or deliverables to broader HITC*

4 commissioners participating – *Esty, Smiddy, VanderMey, Zaroukian*

# **4. Blue Cross Blue Shield of Michigan Electronic Health Record (EHR) Vendor Initiative Overview**



# Health Information Exchange

## Electronic Health Record Vendor Initiative

September 22, 2020

**Sharon Kim, Healthcare Manager, Value Partnerships**  
**Danny Zajac, Health Care Analyst, Value Partnerships**  
**Blue Cross Blue Shield of Michigan**

# Agenda

Statewide Data-Sharing

Vendor Initiative – Strategy

Vendor Initiative - Program Goals

Vendor Initiative – Engaged Vendors



# Building a statewide data-sharing infrastructure

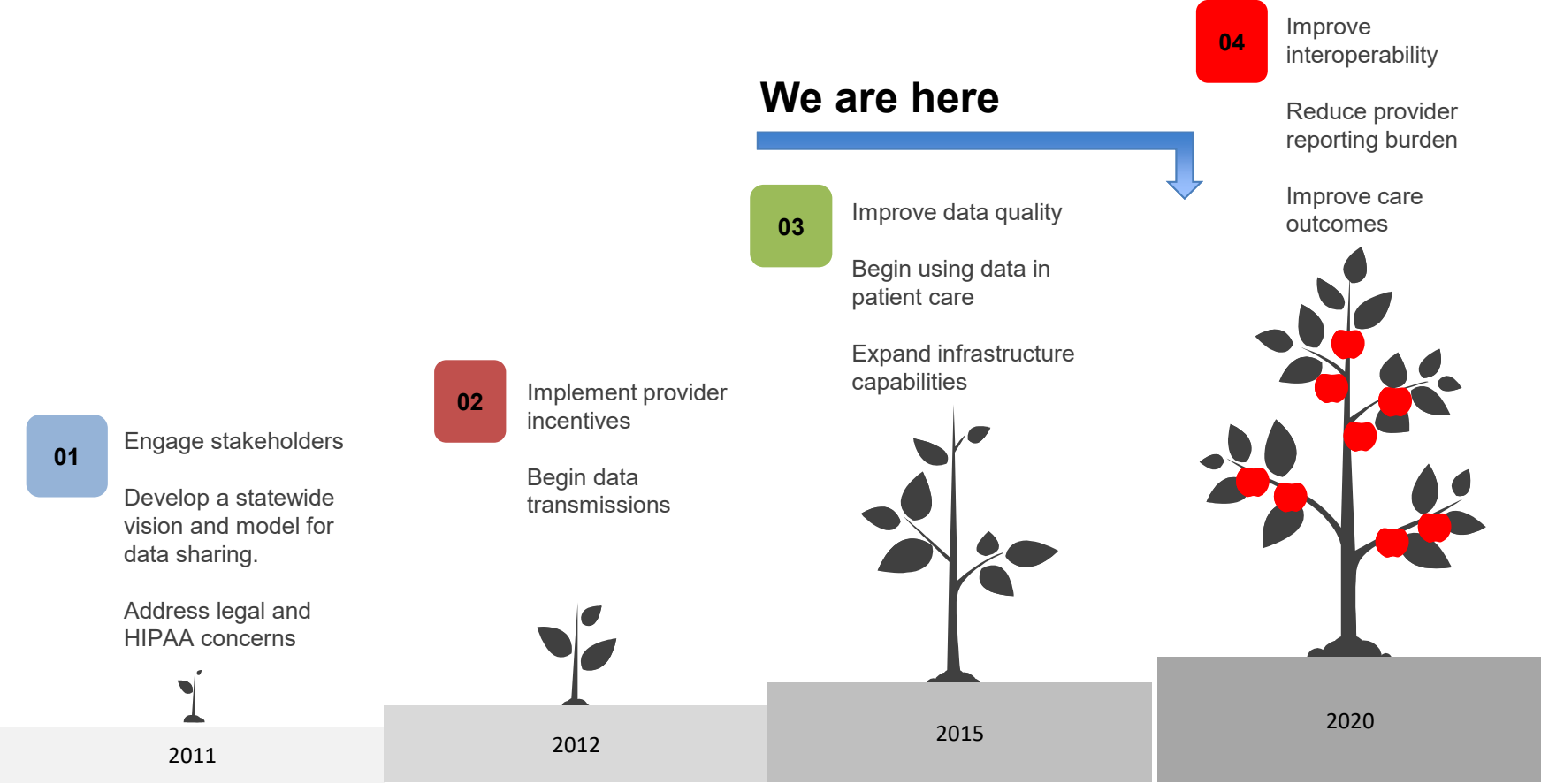


Partnering with the Michigan Health Information Exchange (MiHIN) to build the nation's leading health information exchange.

- Efficient: A “one-connection” hub-and spoke model
- Comprehensive: Links providers (and payers) across the state, regardless of EMR
- Affordable: Eliminates needs for a multitude of individual interfaces
- Effective: Continuously improving data quality
- Innovative: Enables flexibility for creative and advanced uses of the data to improve care
- Forward-thinking: Positions providers to more easily meet developing national standards



# Statewide data sharing





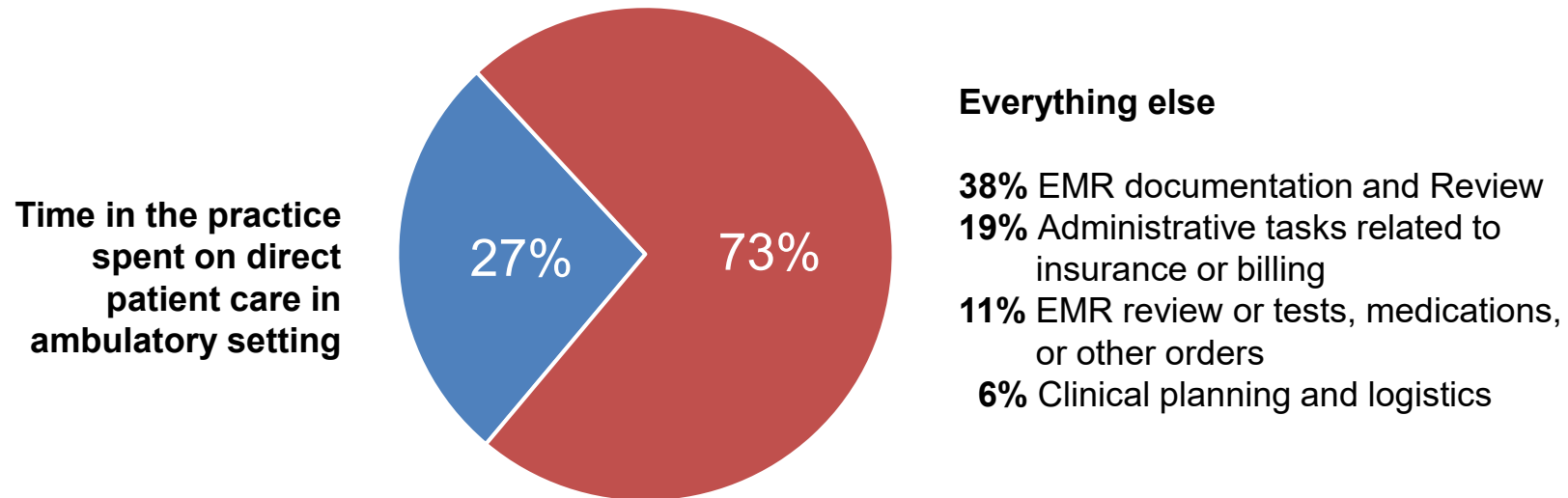
# EMR Adoption

Intended Benefits	Challenges
Powerful Data Collection	Increased Screen Time
Clinical Decision Support	Untapped Data
Improved Quality Outcomes	Navigating multiple IT systems, platforms
Empower patients with easier access to health records	Physician burnout



# Physicians Spend the Minority of Work Hours with Patients

## Fatigue and Administrative Burden Tightly Linked



### Plus:

- Self-reported 1 to 2 hours of evening time spent on administrative tasks
- 39% of “patient-facing” time spent documenting in the EMR

Source: Sinsky, Christine, MD, Lacey Colligan, MD, Ling Li, PhD, Sam Reynolds, Lindsey Goeders, Johanna Westbrook, PhD, Michael Tutty, PhD, and George Blise, MD. "Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties." *Annals of Internal Medicine* 165.11: 753-60. 6 Dec. 2016. Web. 21 Feb. 2018: Gist Healthcare analysis.

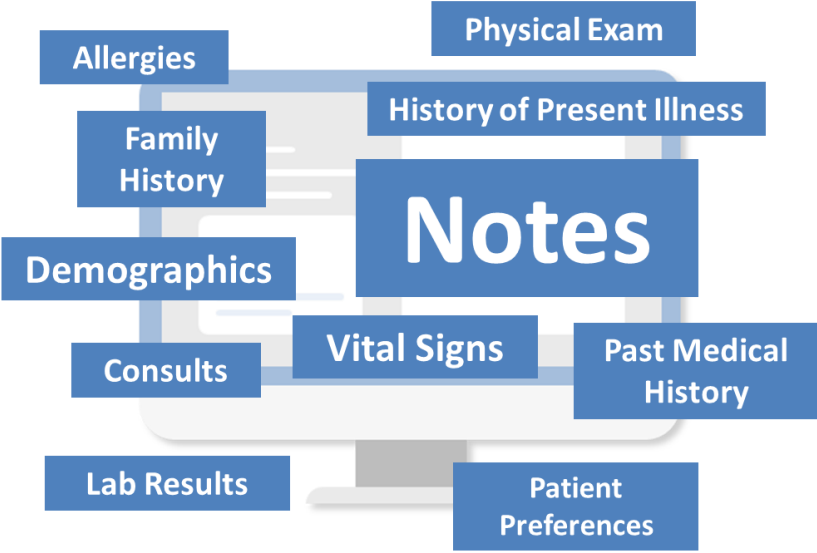


# Provider View vs EMR View of the Patient



**Holistic, whole view of the patient**

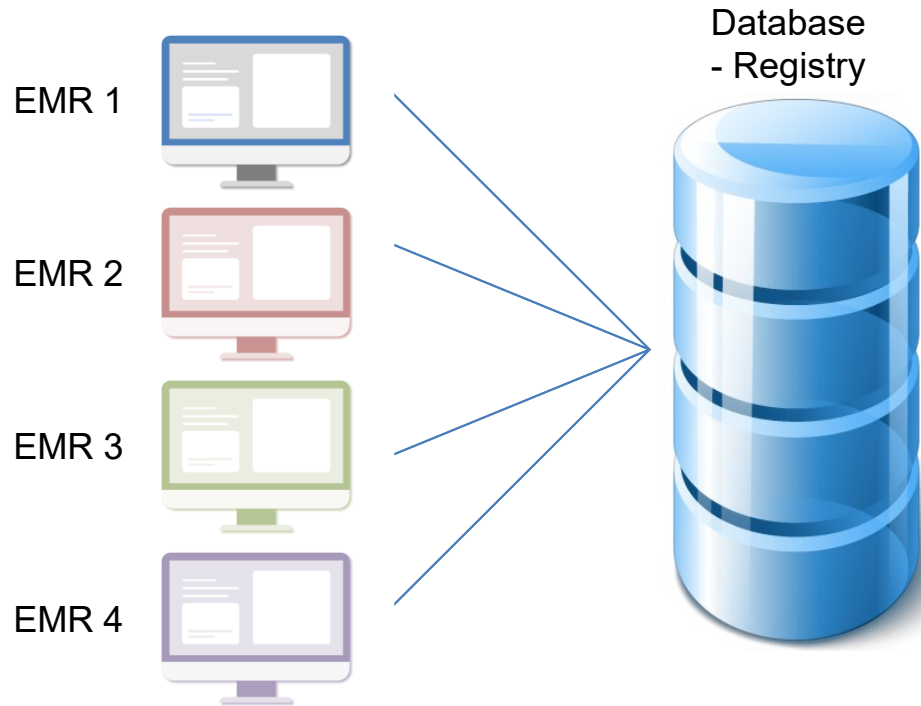
VS



**Siloed, partial view of the patient**



# Physician Organization Support of Data Sharing, Population Health, Quality Reporting



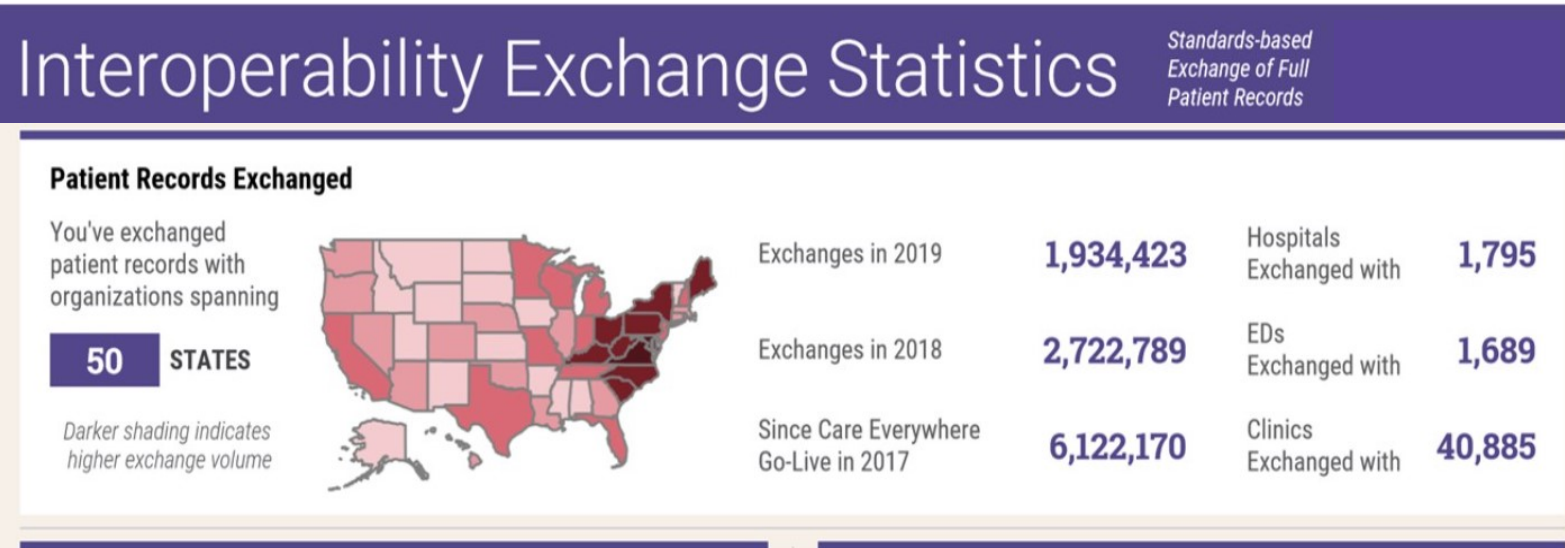
**Seems simple, but there are significant challenges:**

- Cost of interfaces
- Maintenance
- Privacy & Security
- Data Quality (Clean up, normalization, mapping)
- Lack of data standards
- Number and variation in reporting requirements
- 40% of time working with EMR vendors



# Conflicting Ideas of Interoperability

## The numbers can be deceiving



HIMSS 20



# BCBSM HIE Vendor Initiative - Program Goals

Leverages the Physician Group Incentive Program to engage EHR vendors on behalf of all PGIP physician organizations and practices

- Take a collaborative approach to minimize duplicative efforts to enable scalable, comprehensive data sharing
- Facilitate participation in statewide data sharing use cases
- Achieve clinical data transmission through MiHIN to numerous destinations, including physician organizations, providers, payers, and potentially members
- Reduce administrative and financial burden due to increased reporting and quality improvement requirements



# BCBSM HIE Vendor Initiative - Program Goals

## Improve data sharing processes

- MiHIN's Active Care Relationship Service (ACRS) and Common Key for statewide data sharing and enhanced patient matching
- Facilitating use of Direct Secure Messaging
- Engage vendor FHIR readiness to expand capabilities in alignment with national roadmap

## Expand performance data reporting while reducing provider burden

- Payers and providers have agreed on a single all-payer supplemental file format
  - Vendors will natively generate and submit to MiHIN
- Quality Reporting Data Architecture (QRDA) files (Cat I and III)

## Develop or demonstrate CCDA capabilities in practice EHR systems

- Generate and send CCDA to MiHIN after an encounter
- Improve import functionality: Allergies, Medications, Problem List, Labs
- Facilitate CCDA delivery to Physician Organizations



# Currently Engaged Vendors

EHR Vendor	Fully Executed Agreements	Pilot Data Transmission Testing	Actively Engaged
Allscripts	X	X	
athenahealth	X	X	
eMDs (Aprima)			X
Flatiron (OncoEMR)			X
ModuleMD			X
NexGen	X	X	
Office Practicum			X
Practice Fusion			X
Quantum EHR (Quest Diagnostics)			X
TRIARQ	X	X	
<b>Specialty based EHR vendor outreach has begun</b>			





# Additional Vendor Information

## Epic/Cerner Ambulatory CCDAs

- Obtain data via P4P health system incentives
- Working directly with hospitals to improve data quality at the source
- Future discussions with Physician Organizations to identify ways in which we can work with Epic and Cerner to help support practices

## eClinicalWorks

- We are approaching engagement from multiple angles
  - MiHIN - CommonWell Health Alliance
  - Payer/Provider community
  - Held ONC conversation outlining our program and efforts to engage eCW
  - BCBSM/eCW leadership discussion



# MiHIN Support for Vendor Initiative

- Automated transfer of Active Care Relationship Services (ACRS) and All-Payer Supplemental (APS) quality files between secure file transfer protocol (sFTP) submission folders, processing, and sFTP output folders
- Fully automated validation and processing of APS files
- Fully automated validation of Health Level Seven Object Identifiers (HL7 OIDs) present in both ACRS and APS files
  - OIDs are utilized for data routing
- Dynamic “Master Table” to maintain accurate affiliations necessary for backend routing
- Legal arrangement where Physician Organization and MiHIN share responsibility, negating need for individual practices to sign MiHIN legal stack



# Core Capabilities – Phase I and II

Category	Core Capability-Phase I and II
Reporting	Patient demographics-ACRS™ 2.0 and patient lists for CAHPS (NRC and Press Ganey formats)
Reporting	Practice-generated All-Payer Supplemental files (PPQC layout)
Reporting	Automated send QRDA-Cat III via Direct Secure Messaging or Web Services
Reporting	Automated send QRDA-Cat I via Direct Secure Messaging or Web Services
CCDA	Automated CCDA send to MiHIN via Direct Secure Messaging or Web Services
CCDA	CCDA Import via Direct Secure Messaging or Web Services and Import Functionality-Allergies
CCDA	CCDA Import via Direct Secure Messaging or Web Services and Import Functionality-Medications
CCDA	CCDA Import via Direct Secure Messaging or Web Services and Import Functionality-Problem List
CCDA	CCDA Import via Direct Secure Messaging or Web Services and Import Functionality-Labs
Directory	Import and Export Direct Secure Messaging addresses to EMR Directory
Common Key	Import Common Key attribute and send as part of CCDA, ACRS, and PPQC files



# Core Capabilities - FHIR

Category – Core Capabilities	
FHIR	Register vendor's FHIR® server(s) with MiHIN
FHIR	Attest that the vendor conforms at a minimum to the Argonaut Data Query IG data element query of the ONC Common Clinical Data Set (CCDS) ( <a href="http://www.fhir.org/guides/argonaut/r2/">http://www.fhir.org/guides/argonaut/r2/</a> ); and will comply with the regulatory FHIR guidelines as set forth in the legislation.
FHIR	Support the SMART on FHIR launch protocol
FHIR	Participate in interoperability testing of FHIR resources with MiHIN
FHIR	Participation in a minimum of two mutually agreed upon multivendor integrations of a SMART on FHIR pilot program. Participation includes a SMART on FHIR application integration within their EHR that is focused on a DaVinci use case (at least one in each level). Examples include, but are not limited to:
	<b>Level I:</b> <ul style="list-style-type: none"> <li>• Hierarchical Condition Category (HCC) Coding</li> <li>• Gaps in Care</li> <li>• Clinical Decision Support (CDS) Hooks integration</li> <li>• Coverage Requirements Discovery</li> </ul>
	<b>Level II:</b> <ul style="list-style-type: none"> <li>• Data Exchange for Quality Measures: Medication Reconciliation Post-Discharge</li> <li>• ADT Notifications: Transitions of Care, ER Admit/Discharge</li> <li>• Prior-Authorization Support</li> </ul>



# Questions



Sharon Kim  
skim@bcbsm.com

Danny Zajac  
dzajac@bcbsm.com



# 5. Update on HIT Roadmap



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GROUP

# Michigan Five-Year Health IT Roadmap

*September 2020 Health IT Commission Meeting*



September 22, 2020

## Our next 45 minutes with you....

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- Review and Status of planning activities for 5-Year Health IT Roadmap
  - Environmental scan/stakeholder engagement methods and timeline
  - Pre-Engagement 2 question survey results
  - RSC-recommended list of Key Informants for Interviews
  - Going forward – timeline and schedule

Discussion/feedback



# Review of Health IT Roadmap Planning Status of Activity



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# Current Status of Activity

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## Surveys

- Prepared stakeholder surveys with general and targeted questions for:
  - Behavioral health entities
  - EMS entities
  - Hospitals
  - Public Health entities
  - Long-Term and Post-Acute Care entities
  - Provider Groups
  - Social Services providers
- Expected distribution this week

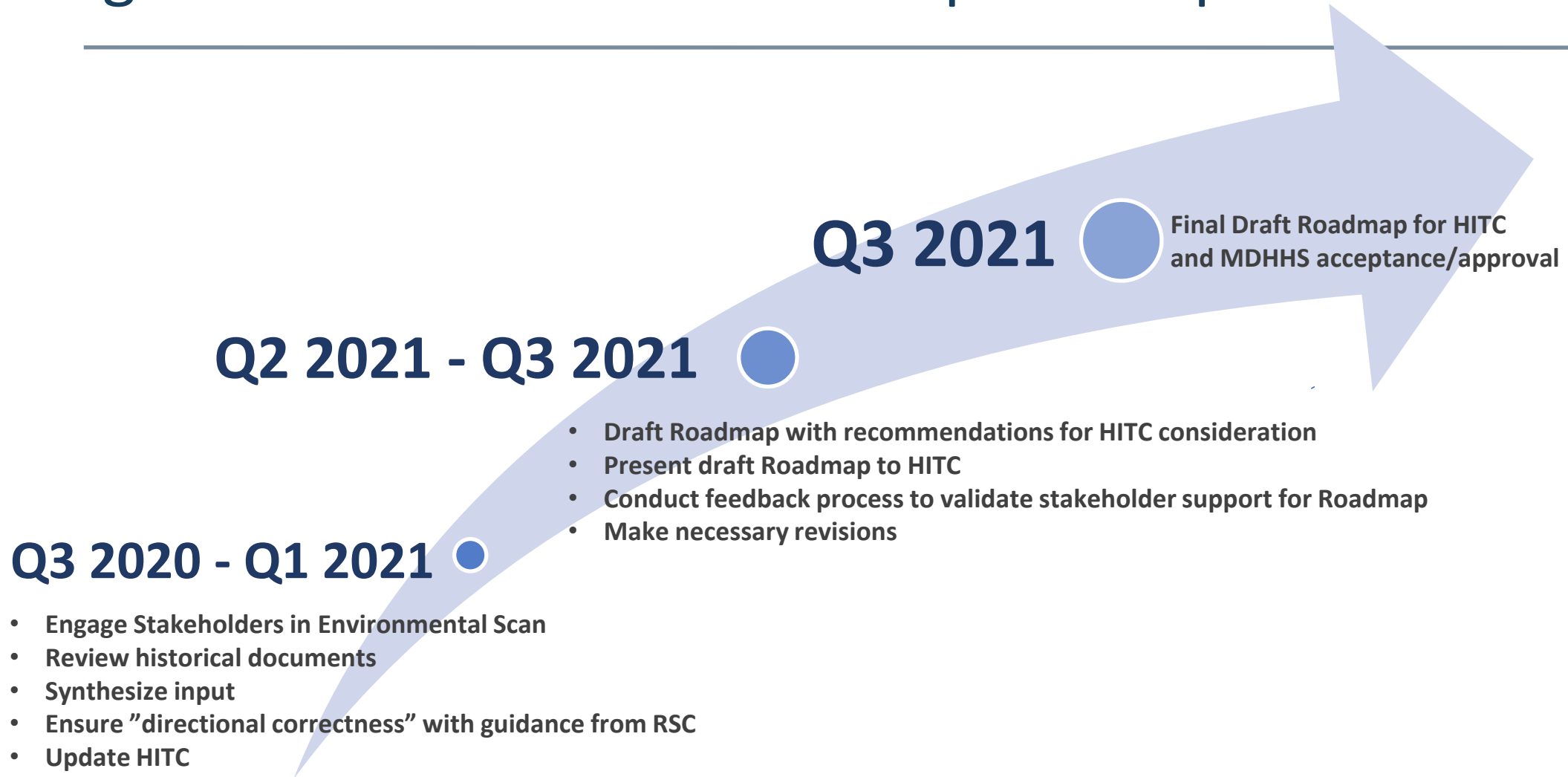
## Current Status of Activity – cont.

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- Finalized list of association partners to facilitate stakeholder participation
- Outreach communications sent to stakeholder partners from MDHHS and CedarBridge
- Information posted to MDHHS website and social media
- Administered pre-survey (results later in today's presentation)
- Stakeholder forums began September 15
- Drafted key informant list
  - Ready for HIT Commission Input & Approval (today)

# High Level Timeline for Roadmap Development Process

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# Virtual Stakeholder Forums: Process

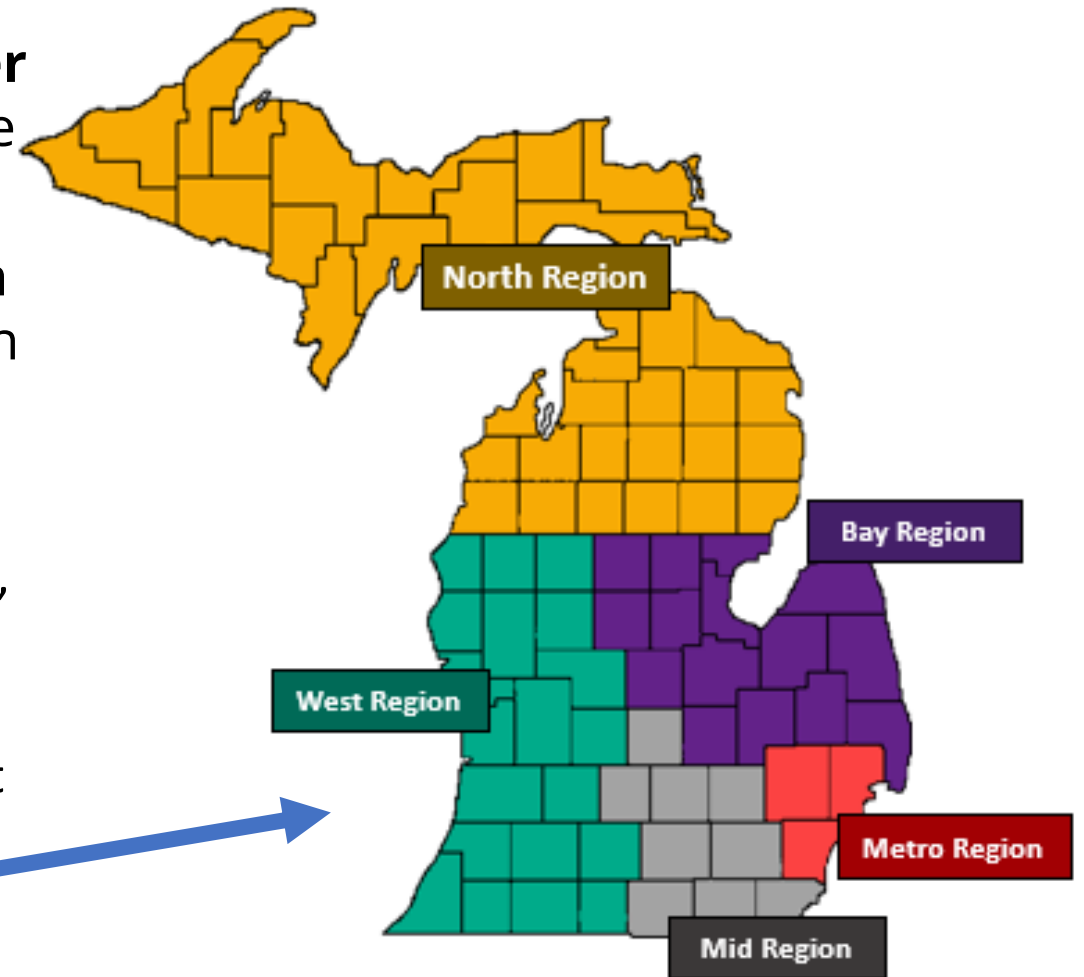
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**16 online forums will be held between September 15th – November 4<sup>th</sup>** to inform the next Statewide Health Information Technology Roadmap

Hosted by Michigan Department of Health & Human Services (MDHHS) and Michigan Health Information Technology Commission (HITC)

Two forums will be focused on each of eight themes

- First forum for each theme will focus on data needs, data gaps, and “current state” for health IT
- Second forum for each theme will focus on regional opportunities and challenges, with virtual break-out sessions for each of the five regions on this map (consolidated from [MI Prosperity Regions](#))



# Remaining Stakeholder Forums & Dates

Register at: <https://bit.ly/32uM6gJ>

Title	Discovery Forum	Regional Forum
<b>Reflections on Public Health During a Global Pandemic:</b> <i>Information Technology Needs and Gaps for Public Health</i>	<b>September 15, 2020</b> <b>1:00 – 3:00 PM Eastern</b>	<b>October 20, 2020</b> <b>1:00 – 3:00 PM Eastern</b>  <b>Registration:</b> <a href="https://zoom.us/webinar/register/WN_RYzYkP5eSIWL-vYK00wBeA">https://zoom.us/webinar/register/WN_RYzYkP5eSIWL-vYK00wBeA</a>
<b>Coordinating During Crisis:</b> <i>Information Technology Needs and Gaps for Emergency Services</i>	<b>September 16, 2020</b> <b>1:00 PM – 3:00 PM Eastern</b>	<b>October 21, 2020</b> <b>1:00 PM – 3:00 PM Eastern</b>  <b>Registration:</b> <a href="https://zoom.us/webinar/register/WN_--jwiMggTIS9WWnb3_IZUg">https://zoom.us/webinar/register/WN_--jwiMggTIS9WWnb3_IZUg</a>
<b>Connecting All Points of Care:</b> <i>Information Technology Needs and Gaps for Behavioral Health Services</i>	<b>September 17, 2020</b> <b>1:00 PM – 3:00 PM Eastern</b>  <b>Registration:</b> <a href="https://zoom.us/webinar/register/WN_-m7jRYpTEeGtWXWPovB0g">https://zoom.us/webinar/register/WN_-m7jRYpTEeGtWXWPovB0g</a>	<b>October 22, 2020</b> <b>1:00 PM – 3:00 PM Eastern</b>  <b>Registration:</b> <a href="https://zoom.us/webinar/register/WN_WACjTlaZQLGdBO3YT3_Qtg">https://zoom.us/webinar/register/WN_WACjTlaZQLGdBO3YT3_Qtg</a>
<b>Using Data to Drive Outcomes:</b> <i>Information Technology Needs and Gaps for Quality Improvement Efforts</i>	<b>September 21, 2020</b> <b>1:00 PM – 3:00 PM Eastern</b>  <b>Registration:</b> <a href="https://zoom.us/webinar/register/WN_SQgWCZYgQ0iAUuCchjx0kg">https://zoom.us/webinar/register/WN_SQgWCZYgQ0iAUuCchjx0kg</a>	<b>October 27, 2020</b> <b>1:00 PM – 3:00 PM Eastern</b>  <b>Registration:</b> <a href="https://zoom.us/webinar/register/WN_LU9KtX7fTP6RaQgQ1PW1qA">https://zoom.us/webinar/register/WN_LU9KtX7fTP6RaQgQ1PW1qA</a>

# Remaining Stakeholder Forums & Dates

Register at: <https://bit.ly/32uM6gJ>

Title	Discovery Forum	Regional Forum
<p><b>Bridging the Digital Divide:</b> <i>Information Technology Needs and Gaps to address Racial Disparities and Social Determinants of Health</i></p>	<p><b>September 23, 2020</b>  <b>1:00 PM – 3:00 PM Eastern</b></p> <p><b>Registration:</b>  <a href="https://zoom.us/webinar/register/WN_vPDHRHM2Q7249zlgW5Buxg">https://zoom.us/webinar/register/WN_vPDHRHM2Q7249zlgW5Buxg</a></p>	<p><b>October 28, 2020</b>  <b>1:00 PM – 3:00 PM Eastern</b></p> <p><b>Registration:</b>  <a href="https://zoom.us/webinar/register/WN_1Ku_2f31QgK6bjXUYc5pzg">https://zoom.us/webinar/register/WN_1Ku_2f31QgK6bjXUYc5pzg</a></p>
<p><b>Resident and Advocate Perspectives on Health IT for Person-Centered Care:</b> <i>Consumer perspectives on Health IT, Digital Health Solutions and patient access to data.</i></p>	<p><b>September 24, 2020</b>  <b>1:00 PM – 3:00 PM Eastern</b></p> <p><b>Registration:</b>  <a href="https://zoom.us/webinar/register/WN_86PMKNCIR0WF1KzqL4wWbg">https://zoom.us/webinar/register/WN_86PMKNCIR0WF1KzqL4wWbg</a></p>	<p><b>October 29, 2020</b>  <b>1:00 PM – 3:00 PM Eastern</b></p> <p><b>Registration:</b>  <a href="https://zoom.us/webinar/register/WN_3fAw2R9Q-cSJ1j3yQ3TA">https://zoom.us/webinar/register/WN_3fAw2R9Q-cSJ1j3yQ3TA</a></p>
<p><b>Coordinating Care for the Vulnerable:</b> <i>Information Technology Needs and Gaps for Aging and Disability Services</i></p>	<p><b>September 29, 2020</b>  <b>1:00 PM – 3:00 PM Eastern</b></p> <p><b>Registration:</b>  <a href="https://zoom.us/webinar/register/WN_NGvV8SIsS52JyIXzMBHQow">https://zoom.us/webinar/register/WN_NGvV8SIsS52JyIXzMBHQow</a></p>	<p><b>November 2, 2020</b>  <b>1:00 PM – 3:00 PM Eastern</b></p> <p><b>Registration:</b>  <a href="https://zoom.us/webinar/register/WN_AtAJ-TsgQgaMzR9kdP7fcg">https://zoom.us/webinar/register/WN_AtAJ-TsgQgaMzR9kdP7fcg</a></p>
<p><b>Give All Kids a Healthy Start:</b> <i>Information Technology Needs and Gaps for Maternal, Infant and Children’s Services</i></p>	<p><b>September 30, 2020</b>  <b>1:00 PM – 3:00 PM Eastern</b></p> <p><b>Registration:</b>  <a href="https://zoom.us/webinar/register/WN_q92IvyPcQtuVlV5c2eRDA">https://zoom.us/webinar/register/WN_q92IvyPcQtuVlV5c2eRDA</a></p>	<p><b>November 4, 2020</b>  <b>1:00 PM – 3:00 PM Eastern</b></p> <p><b>Registration:</b>  <a href="https://zoom.us/webinar/register/WN_ggK1Osu1TSqwZ2BlvtNEpg">https://zoom.us/webinar/register/WN_ggK1Osu1TSqwZ2BlvtNEpg</a></p>

# Results from Pre-Engagement Survey; Two Key Questions

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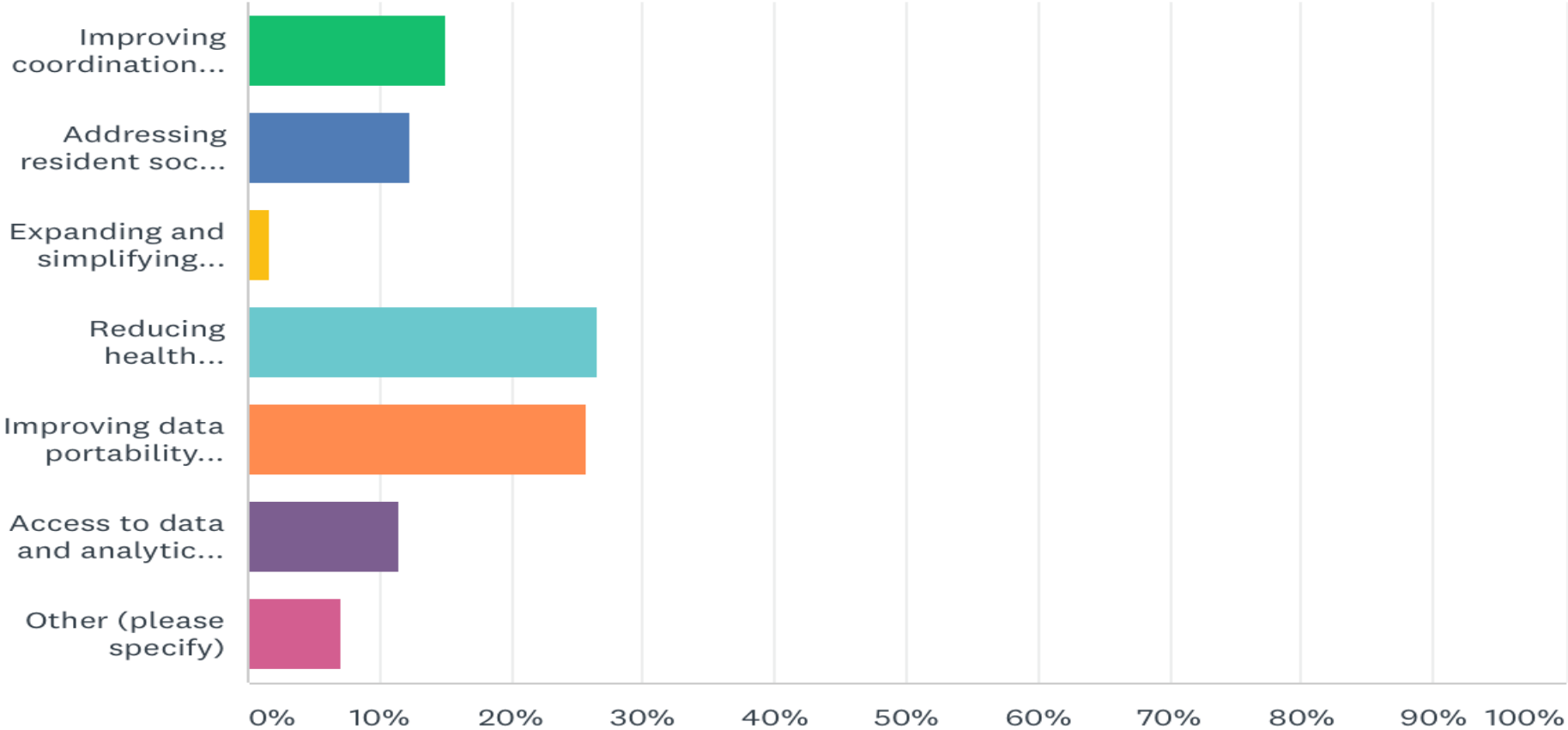
## Question #1

Michigan's strategic plan for health information technology (i.e., "roadmap") has not been updated in over a decade. In 2020, our nation and state has persevered through many challenges, but it has also witnessed many opportunities for meaningful change. If an updated health IT roadmap for Michigan could address one thing, what do you think the greatest opportunity is?



# Results, Question #1 (graphical):

Answered: 113 Skipped: 0



## Results, Question #1 (percentages):

ANSWER CHOICES	RESPONSES	
Improving coordination between transitions in care	15.04%	17
Addressing resident social determinants of health and equity	12.39%	14
Expanding and simplifying alert notifications (e.g. ADT messages)	1.77%	2
Reducing health disparities (e.g. increasing access to broadband/digital health tools, addressing racial disparities, maternal-infant health)	26.55%	30
Improving data portability (e.g. through increased patient access, interoperability, standardization)	25.66%	29
Access to data and analytic decision-making tools	11.50%	13
Other (please specify)	Responses	7.08% 8
<b>TOTAL</b>		<b>113</b>

# Results from Pre-Engagement Survey; Two Key Questions

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## Question #2

In retrospect from the current time (August 2020), What investments in health information technology, data services, and/or policies would have assisted your organization in addressing the coronavirus pandemic?

## Sample results from Question #2

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- Recognizing the impact of **disparities**
- **Interoperability** – incompatibilities between our EHR and HIE that slows workflows down
- Foundational assessments for the development of **smart homes**
- Community **access to internet services** and other products
- Support **telemedicine**
- Investments in the **Michigan Disease Surveillance System**
- **Access to coronavirus testing results**
- Supporting a **robust health IT infrastructure**
- Having a network to address, at regional levels, linkages between health care orgs and community orgs for alleviating disparities
- **Artificial Intelligence and Machine Learning software and applications**
- **Seamless data sharing** between organizations... with minimal friction
- Investment in **remote devices**

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## Presentation of Key Informants List

**Does the commission have any modifications to this list? Can interviews proceed in October with these informants?**

*Draft list of key informants available on the MDHHS Health IT Commission web page for review*

# Discussion



**CEDARBRIDGE**  
GROUP

# Thank you!

For more information, please contact

Don Ross

(503) 351-6490

[donald.ross@cedarbridgegroup.com](mailto:donald.ross@cedarbridgegroup.com)

Carol Robinson

(503) 329-2317

[carol@cedarbridgegroup.com](mailto:carol@cedarbridgegroup.com)



**CEDARBRIDGE**  
GROUP

# 6. Public Comment



# Public Comment Guidelines

Public comment will be conducted in three ways. Please note, pursuant to the Michigan Open Meetings Act, at no point during public comment are you obligated to disclose your name or organization.

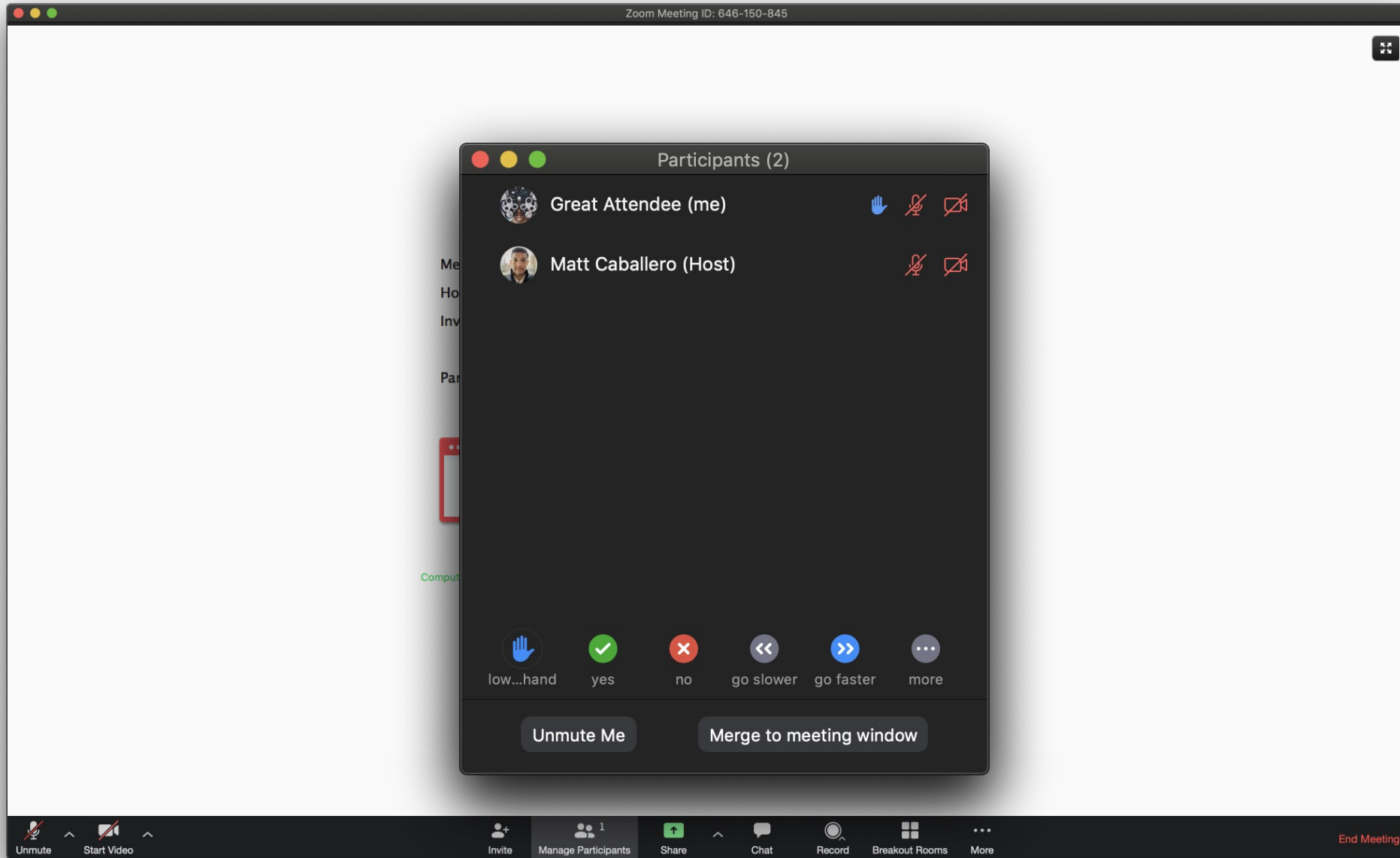
**Hand raising:** Zoom meeting attendees wanting to verbally share comments will raise “their hand” (directions on next slide). The host will call on each attendee with a hand raised, at which point they will share their comment.



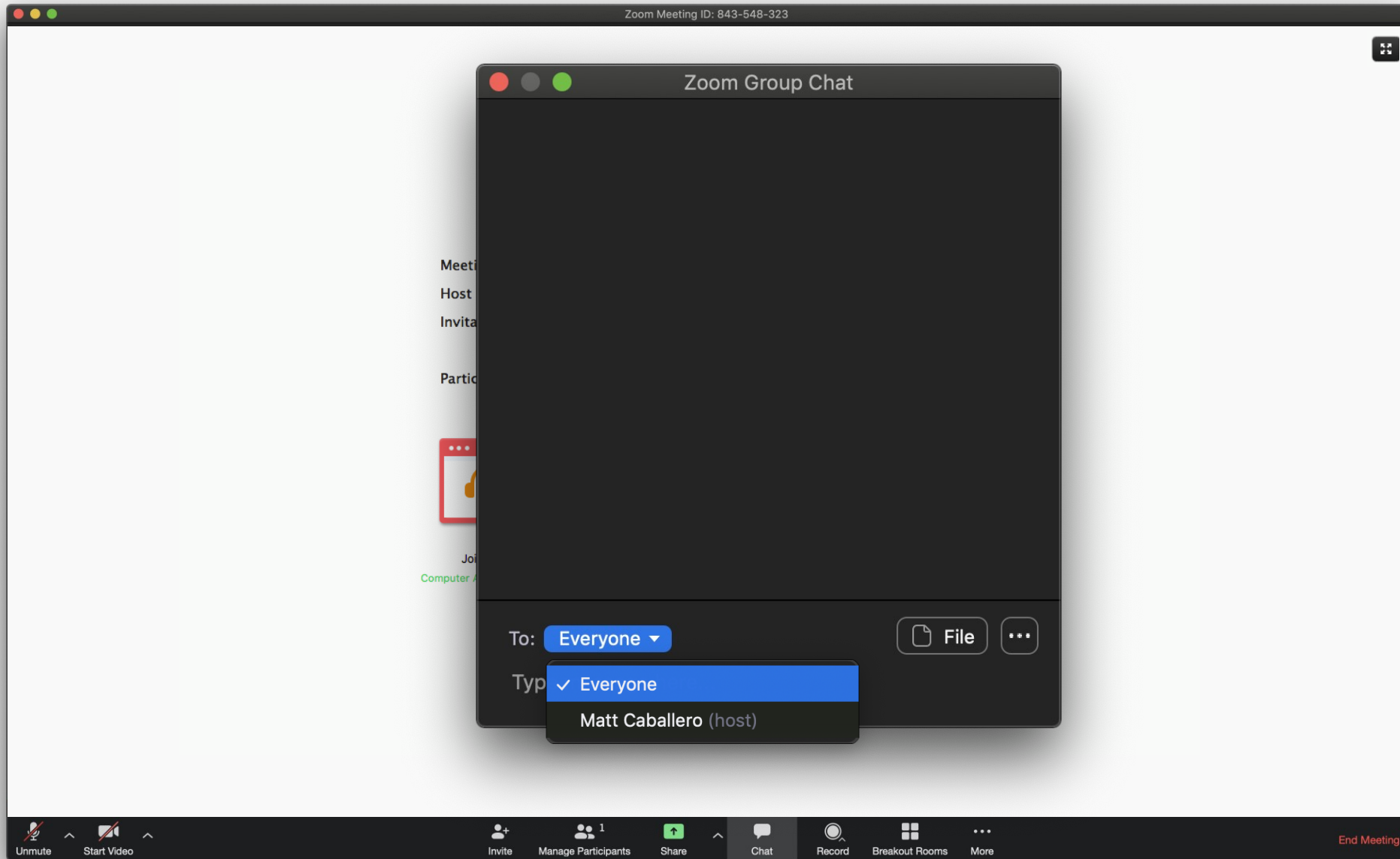
**Group chat:** Zoom meeting attendees wanting to share a comment in the meeting group chat (directions on a later slide) will have their comments read aloud by the host at a designated time.



**Open comment:** Any remaining attendees unable to participate in the previous methods will be invited to share during a final open comment period



Please “raise your hand” at this time if you would like to comment  
The host will call on you when it is your turn to speak



Please leave a comment in the group chat now  
The host will read them aloud for the commission to hear

# Open Comment Period

Please share a comment at this time if you have not had the opportunity already

If you would like to submit any other comments to be shared with the commission, please send a message to [youngquistt1@Michigan.gov](mailto:youngquistt1@Michigan.gov)



## 7. Adjourn

### **Next Meeting:**

Tuesday, November 17, 2020  
1:00 p.m. – 3:00 p.m.

Virtual Meeting

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Please check the HIT Commission web page as the meeting approaches for information on meeting details

