

**Michigan Health Information Technology (HIT) Commission  
Meeting Minutes**

**Date** Tuesday, May 28, 2019, 1:00 p.m. – 3:05 p.m.

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

**Commissioners**

**Present:**

Thomas Simmer, M.D., Co-Chair  
Norman Beauchamp, M.D.  
Nicholas D’Isa  
Jack Harris  
Rozelle Hegeman-Dingle, PharmD  
Jonathan Kufahl  
Sarah Esty  
Patricia Rinvelt  
Heather Somand, PharmD  
James VanderMey

**Absent:**

Michael Chrissos, M.D.  
Randall Ritter  
Orest Sowirka, D.O.

**Michigan Department of Health and Human Services (MDHHS) Staff:**

Kimberly Bachelder, Erin Mobley, Meghan Vanderstelt, Trevor Youngquist

**Guests:**

Umbrin Ateequi, Kevin Brooks, Brianne Carpenter, Jeff Coughlin (Phone), Helen Hill, Jim Kamp, Sharon Kim, Bruce Maki, Jerry Morin, Jeff Morse, Drew Murray, Forrest White, Valerie Rogers (Phone), Angela Vanker, Lynda Zeller

**Minutes:** The regular Health Information Technology (HIT) Commission meeting was held on May 28, 2019 with ten (10) commissioners in attendance.

**A. Welcome and Introductions**

- 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. Co-Chair Simmer introduced the new commissioner.
  - i. Sarah Esty, Senior Deputy Director for Policy and Planning, representing MDHHS
- d. MDHHS Division Director of Policy and Innovation Meghan Vanderstelt introduced MDHHS staff present.

**B. Commission Business**

- a. **Review of the 2/26/2019 Minutes**
  - i. Co-Chair Simmer asked commissioners to review and consider approving the minutes from the February 26, 2019 meeting.

## HIT Commission May 2019 Meeting Minutes

- ii. Commissioner Pat Rinvelt made a motion to approve the minutes, which was seconded by Commissioner Nicholas D’Isa.
  - 1. Co-Chair Simmer asked if there was any objection to approving the minutes. Seeing none, he noted the minutes had been approved unanimously.

### b. Co-Chair Nomination

- i. Co-Chair Simmer stated that there was a vacancy for co-chair on the commission. He stated that there was one nomination received for the position.
- ii. Co-Chair Simmer asked Ms. Vanderstelt to confirm that there was an application for co-chair. She confirmed that Commissioner D’Isa was nominated.
- iii. Co-chair Simmer asked Commissioner D’Isa if he would be willing to serve as co-chair. Commissioner D’Isa accepted the nomination.
- iv. Co-Chair Simmer made a motion to accept Commissioner D’Isa as co-chair, which was seconded by Commissioner Norman Beauchamp.

### C. HIT/Health Information Exchange (HIE) Update

- i. Ms. Vanderstelt asked the commissioners to review the April 2019 HIT Commission Update.
- ii. Ms. Vanderstelt asked the commissioners if there were any questions regarding the dashboard update. Seeing none, she proceeded to introduce the new MDHHS representation on the commission.

### b. MDHHS Leadership Update

- i. Ms. Vanderstelt welcomed Commissioner Esty and provided a brief overview of her work experience.

### c. Update on Resolutions

- i. Ms. Vanderstelt provided a status on the resolution from the February 2019 commission meeting. The resolution reads:
  - “Throughout the course of 2019, the Michigan Health Information Technology Commission (HITC) will work to create a 5-year strategy roadmap for which the HITC will use to guide activities and functions. The process will include analyzing the current IT framework, making necessary changes to reach milestones that are important to the Commission. The HITC will develop guiding principles from which the vision, initiative, tactics and timelines will be drawn. The purpose if this process is to overcome barriers between behavioral and physical health and to connect care coordination at all points.”
- ii. Ms. Vanderstelt stated that this resolution provided an update to the existing charter for the commission.
  - 1. She mentioned that this charter was last updated during the planning for Conduit to Care.
  - 2. She explained how this resolution provides the commission an opportunity to engage in strategic conversations pertaining to emerging topics in interoperability and HIE regulatory framework.

## HIT Commission May 2019 Meeting Minutes

- iii. Ms. Vanderstelt stated that MDHHS, the commission and partners, such as the Healthcare Information and Management Systems Society (HIMSS), will continue to engage in strategic conversations related to the development of a HIT road map.
- iv. Ms. Vanderstelt asked if the commission had any questions related to the development of a strategic roadmap from this resolution. Seeing no questions or comments, Co-Chair Simmer proceeded to the next agenda item.

### D. HIMSS Update

#### a. Interoperability Strategy

- i. Co-Chair Simmer introduced Valerie Rogers, MPH, HIMSS Director of State Government Affairs, and Jeff Coughlin, MPP, HIMSS Senior Director of Federal and State Affairs. Both Ms. Rogers and Mr. Coughlin attended the meeting over the phone.
- ii. Mr. Coughlin introduced his presentation, entitled "Trusted Exchange Framework and Common Agreement, Draft 2."
  - 1. He explained the Trusted Exchange Framework and Common Agreement (TEFCA) in context of the current healthcare environment.
  - 2. He mentioned the timeliness of TEFCA and that it is introduced into the healthcare technology community at an opportune time.
  - 3. He stated that the guidance presented by the federal Health and Human Services' (HHS) National Coordinator of Health Information Technology (ONC) is voluntary.
    - a. However, he stated that, as organizations someday begin to adhere to the guidance of TEFCA, others will be compelled to comply.
  - 4. He detailed how ONC is introducing TEFCA with the intentions of:
    - a. Building trust in the health IT field
    - b. Fostering nationwide scalability of health IT services
  - 5. He provided a summary of the activities described by TEFCA, including:
    - a. Types of exchange modalities
    - b. Entities involved in the national framework
    - c. Purposes for the electronic health information (EHI) exchange
    - d. The technical framework and its required conditions
    - e. Allowable fees in the common agreement framework
  - 6. He described information blocking and some noted exceptions in TEFCA.
  - 7. In the interest of time, Mr. Coughlin proceeded to Ms. Rogers' presentation without taking questions or comments.
- iii. Ms. Rogers introduced her presentation, entitled "HIMSS State Government Affairs Update."
  - 1. She described the strategic advocacy framework of HIMSS.

## HIT Commission May 2019 Meeting Minutes

2. She overviewed states' implementation of emerging technology solutions, including:
  - a. Linking of the state Medicaid enterprise to opioid technology tools
    - i. She described available Centers for Disease Control (CDC) grants to address the opioid crisis and the technology solutions recommended in the grant.
    - ii. She outlined legislation related to e-prescribing and monitoring of controlled substances.
  - b. Utilization and importance of telehealth
    - i. She recommended that the commission could act as an advocate for furthering the advancements and integration of healthcare in Michigan's healthcare ecosystem.
  - c. Integration of social determinants of health (SDoH)
    - i. She provided details of legislation in other states pertaining to SDoH.

### **b. Connecting MI Proposals**

- i. Ms. Rogers concluded her presentation by describing the Connecting Michigan for Health conference.
  1. She presented information on topics up for discussion at the conference.
  2. She invited the commission to attend and encouraged their participation in the conferences' discussions.
- ii. Ms. Rogers asked for questions or comments from the commissioners on the HIMSS presentation or pertaining to the conference.
  1. Commissioner Rinvelt asked Mr. Coughlin about the public comment period for TEFCA. Commissioner Rinvelt asked if HIMSS submitted any comments.
    - a. Mr. Coughlin described that the current draft of TEFCA is the second. The public comment period for the second draft of TEFCA ended June 17, 2019.
    - b. He stated that HIMSS submitted a comment pertaining to TEFCA's potential disruption to current business models of healthcare organizations.
    - c. He mentioned additional topics in TEFCA needing further clarification, including:
      - i. How will existing HIE network entities form into Qualified Health Information Networks (QHINs)?
      - ii. How will QHINs be implemented?
      - iii. What other incentives are possible for organizations that adopt TEFCA?
    - d. Overall, he considered the second draft of TEFCA to be headed in the right direction.

## HIT Commission May 2019 Meeting Minutes

2. Commissioner Beauchamp suggested that the emphasis in TEFCA should be catered towards the potential for innovation and job creation.
  - a. He asked how the potential for innovation that leads to new development would be accounted for in the rollout of TEFCA.
  - b. Mr. Coughlin agreed that innovative practices would result from TEFCA. He also suggested that duplicative product testing would cut down on organizations' cost under the implementation of a national framework for exchange.
    - i. He also mentioned that TEFCA would give patients more control over their EHI.
  - c. Ms. Rogers explained some of the other emphases in TEFCA have been:
    - i. Better informed policy making,
    - ii. And opportunities for public health surveillance.
3. Co-Chair Simmer mentioned the opportunities for federal funding of IT development. He asked if there are plans published by states describing activities related to obtaining this funding.
  - a. Ms. Vanderstelt described the Advanced Planning Document (APD) process.
  - b. She mentioned that APDs are completed by each state and maintained by HHS' Centers for Medicare and Medicaid Services (CMS).
  - c. She stated that CMS may be able to provide more information on how other states utilize APDs.
4. Co-Chair Simmer asked if there were benchmarks for APDs and technology requirements for pursuing CDC grant funding.
  - a. Ms. Rogers mentioned examples in Arizona and Ohio, where a key concern was having adaptable data systems and technology that is interoperable. She stated that CDC addressed this discrepancy.

### **E. Proposed HIT Commission HIT/HIE Strategy**

- a. Co-Chair Simmer described a framework for statewide health IT strategy.
  - i. He suggested that, as a baseline, a commission strategy should understand how HIE is currently done in the state. He suggested that:
    1. HIE should provide a legal chain of trust that allows for otherwise disparate organizations to share data under Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance.
    2. HIT infrastructure should connect all points in care.
    3. The state EHI network should allow a user to get data from all points in the network to any other point.

## HIT Commission May 2019 Meeting Minutes

4. Right-to-know and adequate consent management should be essential components
    - a. He suggested that consent management be resident in the HIE network.
  5. Opioid surveillance should be integral to the network and its abilities, and allow access to:
    - a. Medical examiners
    - b. Emergency departments
    - c. Emergency medical services
  6. The network should support the sharing of SDoH information.
  7. The network should share behavioral health information.
    - a. Michigan has unique factors in the space of behavioral health data sharing.
    - b. Interstate behavioral health data sharing should be modified to a standard.
- b. Co-Chair Simmer invited other commissioners to comment on his proposals or to suggest their own in addition.
- i. Commissioner Esty asked what the commission's role should be in implementing a statewide strategy and acting as a steering entity.
    1. Co-Chair Simmer explained that the commission could act as an entity to understand the statewide health IT's diagram-level activities, vet policy and programs relevant to statewide discipline, and ensure that the network functions in an interoperable fashion.
  - ii. Commissioner Esty invited Co-Chair Simmer to expound on his explanation of the role of the commission as a policy entity. She asked if the commission existed more as an advocate for health IT or as a decider.
    1. Commissioner James VanderMey stated that there is a lot of noise in the health IT realm related to different technology solutions and priorities. He invited Co-Chair Simmer to describe how the commission could work to prioritize and vision-cast for the state.
    2. Co-Chair Simmer inquired about health IT metrics in place.
      - a. He questioned whether the current metrics describing HIE use case adoption offers the best description for the state of HIT in Michigan.
      - b. He wondered how metrics could account for the integration of HIE data into provider workflow.
      - c. He explained that the current metrics that describe adoption rates may not be all-encompassing and describing the whole story.
  - iii. Commissioner Esty stated that there needs to be evaluation of the HIE infrastructure already in place. She was curious to understand more about the total use of existing use cases and technologies.

## HIT Commission May 2019 Meeting Minutes

1. She described how a statewide roadmap could include a toolkit to level up participants in the HIE network.
- iv. Commissioner VanderMey inquired what an additional adoption or usability metric could be for the MiHIN Common Key Service (CKS).
  1. He suggested that a metric could assess the CKS' usability in in-patient services.
  2. He explored the possibility of a metric for CKS adoption related to matching of Continuity of Care Documents, following patient discharge.
- v. Co-Chair Simmer suggested that the commission does best as a sounding board for health IT policy.
  1. He suggested that the role of the commission is to ensure that HIE is functioning in Michigan the best it can.
  2. He challenged the commission to set new benchmarks and metrics for the integration and utilization of technology already in place, such as in the HIE network.
  3. Commissioner D'Isa agreed with these propositions.
    - a. He stated that the commission could act as an affirmatory body to put a stamp of approval on prevailing health IT in the state.
    - b. He encouraged the other commissioners to challenge one another on affecting change and adopting priorities.
    - c. Commissioner Beauchamp affirmed that the commission should act in this capacity. He suggested that the commission should also work to advance priorities of the state's HIE and emerging health IT.
- vi. Commissioner D'Isa reiterated Co-Chair Simmer's point about behavioral health having different data sharing standards.
  1. He acknowledged ongoing efforts to address this challenge.
  2. He stated that the commission should also look to enhance protections and data sharing of other types of EHI.
- c. Co-Chair Simmer urged the commission to continue in its efforts to better understand its role to achieve maximum impact and effect on state HIT and HIE. He suggested that the commission continue to evaluate this role in future meetings.

### **F. MiHIN Shared Services: "Advancing Interoperability"**

- a. Due to time constraints, Co-Chair Simmer announced that this presentation would be moved to the next meeting.
- b. No further comments or questions were directed to MiHIN representation.

### **G. HIT Commission Next Steps**

- a. Co-Chair Simmer reiterated the need for the commission to further define and understand its role.

### **H. Public Comment**

- a. Helen Hill thanked the commission for inviting HIMSS.
- b. Lynda Zeller stated that, while the role of the commission can be overwhelming, they serve an important purpose. She also stated that there

## HIT Commission May 2019 Meeting Minutes

are many public-private partnership opportunities available, such as with the Michigan Health Endowment Fund, that can work to continue innovation.

- c. Sharon Kim stated that there are many current efforts underway to evaluate how to adopt, implement and incentivize HIT innovations.
- d. Kevin Brooks stated that HIT has a significant impact on patient care.
- e. Bruce Maki explained his role working with clinicians. He discussed challenges in implementing EHR technologies.
- f. Jim Kamp expressed interest in Co-Chair Simmer's proposed plan.
- g. Drew Murray explained MiHIN's role in partnering with the commission to implement HIE solutions.

### **I. Adjourn**

- a. Co-Chair Simmer adjourned the meeting at 3:05 p.m.