Michigan Health Information Technology (HIT) Commission
Meeting Minutes

Date   Tuesday, February 25, 2020, 1:00 p.m. – 3:06 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	Absent
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:
Erin Mobley, Trevor Youngquist

Guests:
Umbrin Ateequi, Chris, Bailey, Olivia Barth, Kristina Dawkins, Cynthia Green Edwards, Helen Hill, Sarah Hiltner, Janey Joffee, Jim Kamp, Sharon Kim, Ryan Koolean, Julie Lowry, Brian Mack, Lee Marana, Greg Miedena, Rebecca Miller, Drew Murray, Xavier Owens, Sarah Rosenblum, David VanderKlok, Phil Viges, Lindsey Weeks, Forrest White, Marty Woodruff

Minutes: The regular Health Information Technology (HIT) Commission meeting was held on February 25, 2020 with twelve (12) 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 Data Sharing Policy Analyst Trevor Youngquist introduced MDHHS staff present.
B. **Commission Business**
   Presented by the commission chair
   a. **Review of the 11/26/2019 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 Pat Rinvelt. The minutes were approved unanimously with no edits.

b. **Review of 2019 Annual Report**

      i. Co-Chair Simmer asked commissioners to provide any comments on the proposed 2019 annual report. Co-Chair Nicholas D'Isa commended the thorough and well-constructed presentation in the report, and he compelled commissioners to approve the report.

      ii. Mr. Youngquist added that, following this year's effort to update the state HIT strategic plan, subsequent annual reports could be refreshed versions of the roadmap. He stated that this format would allow for stakeholder feedback in recommendations made to the legislature in the annual report.

      iii. Co-Chair D'Isa agreed with the proposition and made a motion to adopt the 2019 annual report as submitted, which was seconded by Commissioner Michael Zaroukian. The 2019 annual report was adopted unanimously with no edits.

      Please note: The 2019 HIT Commission Annual Report will be made available for public access on the MDHHS commission web page.

C. **MDHHS Update**

   Presented by Trevor Youngquist, MDHHS Data Sharing Policy Analyst

a. **Update on MDHHS Data Strategy**

      i. As an update to Commissioner Sarah Esty's presentation at the September 2019 meeting about a MDHHS data strategy, Mr. Youngquist provided details about the other strategies being considered as part of it, including:

           1. [The US Department of Health and Human Services (HHS) 2018 "Data Strategy: Enhancing the HHS Evidence-Based Portfolio"](#)

           2. [The HHS Office of the National Coordinator (ONC) 2020-2025 Federal Health IT Strategic Plan](#)

           3. [The Proposed State of Michigan Strategic Plan, presented by the Executive Office of the Governor](#)

      ii. He described the common themes between all three strategies, such as using data to drive outcomes, providing evidence-based decision-making and promoting a culture of data accessibility for program design.

      iii. He stated that, as the department further develops its data strategy, it will voice these priorities during the HIT strategy refresh.

      iv. He concluded by briefly overviewing the contents of the ONC 2020-2025 strategic plan. He stated that the public comment period for the ONC 2020-2025 strategic plan ends March 18, 2020.

        1. Commissioner Rinvelt asked whether the commission or MDHHS would submit comments for the ONC 2020-2025 strategic plan.
        2. Commissioner Esty encouraged commissioners to submit comments to compile for a submission, if there is interest.

b. **Update on HIT Strategy Kickoff**
   i. Mr. Youngquist described the progress on updating the HIT strategic plan since the November 2019 meeting.
      1. The HIT Roadmap Steering Committee held its first meeting.
        a. The following commissioners are participants in the steering committee:
           i. Sarah Esty
           ii. Reneé Smiddy
           iii. Jim VanderMey
           iv. Michael Zaroukian
        b. In the initial meeting, the steering committee recommended its role, frequency of meetings and involvement with the consultants. The steering committee affirmed its role as an advisory body of the commission, and that it would present decisions needing consideration at public commission meetings.
      2. ONC conducted its initial engagement campaign with commissioners and HIEs as part of the HIT strategy refresh.
        a. Commissioner Rinvelt asked how many responses ONC received.
           i. Mr. Youngquist stated that 6 commissioners and 5 HIEs responded.
           ii. He said that a deadline was set to ensure any feedback needing to be presented at the February 2020 meeting was available, and that the opportunity to share feedback with ONC will be ongoing.
      3. By the end of March 2020, MDHHS expects all planning for the HIT strategy refresh to be complete. MDHHS expects stakeholder engagement roundtables to begin mid-April and last through June 2020.

c. **Recap of ONC Annual Meeting**
   i. Mr. Youngquist presented an overview of the topics presented at the ONC Annual Meeting, held in Washington, DC from January 27-29, 2020.
      1. ONC stated that the US Office of Management and Budget was reviewing proposed interoperability rulemaking, including the Trusted Exchange Framework and Common Agreement (TEFCA) and information blocking regulations.
      2. The opening keynote included a panel discussion about unique patient identifiers.

3. A common theme in many of the sessions included recommendations and anecdotes for addressing social determinants of health (SDoH) and improving long term support services using HIT.
   a. Commissioner Renée Smiddy asked whether MDHHS had defined certain areas and domains for addressing SDoH?
      i. Commissioner Esty stated that MDHHS will release its SDoH strategy in the coming weeks.
      ii. She said that the MDHHS SDoH strategy reflects the priorities of the Governor's strategic plan, and that the domains it identifies aligns with key partners' strategies, such as at the Michigan Health Information Network (MiHIN) and Blue Cross Blue Shield of Michigan.
   b. Commissioner Zaroukian asked whether the plan accounts for the SDoH data already in many EHR systems in the state?
      i. Commissioner Esty stated that the MDHHS SDoH strategy does consider he role of EHRs, and that the plan considers a myriad of data sources (including within the department's data warehouse) from which SDoH can be gleaned, where appropriate.
      ii. She described efforts internally to identify SDoH data sets within the department's data systems and how they can be leveraged to benefit care coordination efforts and referrals.
   ii. Mr. Youngquist described ONC's recently released final report on "Reducing Regulatory and Administrative Burden Relating to Use of Health IT and EHRs." He stated that the report was required of ONC as part of the 21st Century Cures Act.
D. **Trends in Innovative HIT and Cybersecurity**
   a. **Preview of HIMSS Digital Health Index**
      Presented by Justin Gernot, Vice President of Healthbox, a Health Information and Management Systems Society (HIMSS) solution
      i. Mr. Gernot described what digital health is and how it helps to define overall measures of patient health and wellness, interoperability and organizational outcomes.
      ii. He presented maturity models for digital systems in healthcare organizations, which can help to ensure system accountability and sustainability.
      iii. He stated that a digital health index (DHI) will allow for global and regional health system ranking.
      iv. He invited questions or comments from commissioners.

1. Commissioner Zaroukian asked about organizational metrics that can be related to a high DHI score.
2. Mr. Gernot explained that organizations will have a greater ability to drive outcomes and predict outcomes in the future. He described how DHI scores could help to provide information on burnout and interoperability.

b. **Telehealth Overview**
   Presented by Chris Bailey, MiHIN Director of National Engagement and Consumer Health Strategy
   i. Mr. Bailey explained telehealth growth projects and increasing demand for virtual health solutions.
   ii. He stated that telehealth can work to improve health outcomes and lower costs, especially for patients with complex symptoms seeking frictionless interaction.
   iii. He described how integrated practice-based telehealth can allow providers for real-time access and interventions, such as alerts for when a patient is admitted to the ER.
   iv. He described how telehealth could be used by primary care physician (PCP) offices to reduce hospital readmissions through a statewide MiHIN use case, with seamless integrations into existing systems.
   v. He invited questions or comments from commissioners.
      1. Co-Chair Simmer asked whether the telehealth solution would be synchronous with other systems already in place in a PCP.
         a. Mr. Bailey stated that the MiHIN telehealth use case would work to turn a virtual encounter into a complete practice-based encounter, such as including the whole care team where appropriate.
      2. Commissioner Rinvelt asked about out-of-state telehealth visits.
         a. Mr. Bailey stated that MiHIN does not advise utilizing telehealth with a provider unless there is an existing relationship.
      3. Commissioner Zaroukian asked about elements that could be added to the service that would constitute a telehealth encounter being a "visit."
         a. Mr. Bailey stated that the telehealth use case would include capabilities for e-prescribing.
      4. Commissioner VanderMey described how the addition of a telehealth platform may be a burden on providers who already use existing technologies in their workflow. He asked how MiHIN will engage with providers to ensure that the telehealth platform can be integrated into existing technology and workflow.
         a. Mr. Bailey explained that the normal provider-patient engagement is currently not efficient and that patients are leaving practices due to these inefficiencies.

  b. Commissioner Zaroukian stated that the conversation should be continued to ensure that provider burden is not an issue when implementing this use case.

E. **Update on HIT Commission Committees**
  Presented by Trevor Youngquist, MDHHS Data Sharing Policy Analyst
  a. Mr. Youngquist provided an update on the interest by commissioners and expert members of the public in establishing commission committees.
  b. Co-Chair Simmer stated that all participants on committees will be expected to declare conflict of interest when participating.
  c. Mr. Youngquist suggested that the commission adopt official bylaws to codify rules and procedures, especially in operationalizing committees.
  d. **HIT Roadmap Steering Committee**
    i. Mr. Youngquist stated that Commissioners Esty, Smiddy, VanderMey and Zaroukian had discussed roles and responsibilities for the steering committee.
      1. Commissioner Rinvelt asked about the relationship between MDHHS and the consultant group CedarBridge.
      2. Commissioner Esty stated that MDHHS will direct the day-to-day work of CedarBridge, with commissioners having the duty of questioning scope of work and deliverables as they are created. She also stated that the steering committee will review draft documentation and findings by CedarBridge, with decision-making being deferred to quarterly public commission meetings.
    ii. Mr. Youngquist presented a draft charter for the steering committee, composed with recommendations by steering committee members.
      1. Mr. Youngquist read the charter aloud.
      2. Co-Chair Simmer made a motion to adopt the proposed charter for the steering committee, which was seconded by Commissioner Rinvelt. The charter was adopted unanimously.
  e. **Nomination Process and Charters**
    i. Mr. Youngquist presented two options for approving requests for public nomination to committees. The second example, describing a process whereby chairpersons of committees would select public nominees, was adapted from the MDHHS Certificate of Need (CON) Commission, also facilitated by a bureau in the MDHHS Policy and Planning Administration.
    ii. Co-Chair Simmer made a motion to adopt the second option for approving requests for public nomination, which was seconded by Commissioner Zaroukian. The motion was adopted unanimously.
    iii. Co-Chair Simmer also recommended that the commission draft official bylaws to codify rules and procedures.

F. **Health Information Exchange (HIE) Update**
  a. **Upper Peninsula Health Information Exchange (UPHIE)**
    Presented by Janey Joffee, Assistant Director of Upper Peninsula Health Care Solutions, and Lee Marana, UPHIE Security Administrator

      i. Ms. Joffee described the service area of UPHIE and its interactions with many different electronic health record (EHR) systems across health networks

      ii. She described UPHIE's 2020 priorities, including:

          1. Rollout of alternate payment model, including the submission of Admission, Discharge and Transfer (ADT) messages, lab results and Continuity of Care Documents (CCD) to MiHIN.

          2. Promote the MiHIN Active Care Relationship Service (ACRS), CCD, ADT alert system and the MiHIN Common Key Service (CKS)

      iii. Mr. Marana described barriers affecting the UPHIE network, including:

          1. Out-of-state health systems adjacent to the upper peninsula not utilizing Michigan's HIE infrastructure

          2. Lack of EHR vendor cooperation

          3. Uncertainty about final CMS Interoperability and Patient Access rulemaking

          4. Conciseness of ACRS files

          5. Alert fatigue by providers

      iv. Mr. Marana stated that a future goal for UPHIE would be an integration of platforms into a centralized patient portal

      v. Co-Chair Simmer commended UPHIE on their work with rural health providers and connecting them to the statewide MiHIN infrastructure.

b. **Michigan Health Information Network (MiHIN)**
Presented by Drew Murray, MiHIN Senior Community Engagement Director, and Rebecca Miller, MiHIN Community Engagement Manager

      i. Ms. Miller provided an update on its stakeholder engagement as part of the MiHIN Advancing Interoperability initiative.

      ii. She described priorities expressed by members of the MiHIN Operations Advisory Committee.

      iii. She invited questions or comments from commissioners.

          1. Commissioner Smiddy asked whether a MiHIN goal is to move patient information from portal to portal more seamlessly.

             a. Ms. Miller affirmed that this proposition was a MiHIN priority for 2020.

          2. Commissioner Zaroukian asked whether CCDs could be made more searchable by a MiHIN solution.

             a. Ms. Miller stated that MiHIN would investigate that solution further and report back to the commission.

          3. Co-Chair Simmer stated that all additional use cases should include ACRS and CKS as foundational elements.

          4. Commissioner Rinvelt stated that it is beneficial for MiHIN to consider e-consent as a priority.

          5. Marty Woodruff, MiHIN Chief Operating Officer, stated that MiHIN will have the ability to store longitudinal records, following the affiliation with Great Lakes Health Connect (GLHC) on December 31, 2019.

6. Commissioner Zaroukian asked about the role of Advanced Directive documents in MiHIN priorities.
   a. Mr. Murray stated that, with MiHIN's affiliation with Making Choices Michigan via GLHC, Advanced Directive documents will become a statewide service
   iv. Mr. Murray provided an update on MiHIN's affiliation with GLHC.

G. **Public Comment**
   a. Helen Hill mentioned the upcoming HIMSS 2020 Global Conference.
   b. 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 made a motion to adjourn the meeting, which was seconded by Commissioner Smiddy. The motion was approved unanimously, and the meeting ended at 3:05 p.m.