

Michigan Health Information Technology Commission
– An Advisory Commission to the Michigan Department of Community Health -

2011 Annual Report

Fulfilling Michigan Public Act 137-2006 “The HIT Commission shall annually report and make recommendations.”

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Introduction & Overview

The Michigan Health Information Technology (HIT) Commission was created in May 2006 as an advisory commission to the Michigan Department of Community Health (MDCH) when the Michigan Legislature passed and the Governor signed Public Act (PA) 137-2006. The HIT Commission's purpose, membership, appointment process, frequency of meeting, scope of activities, and other all other specifics are detailed in PA 137-2006. See appendix A for a copy of PA 137-2006.

As outlined in PA 137-2006, the purpose of the HIT Commission is to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in this state as well as advance the adoption of health information technologies throughout the state's health care system.

Since the passage of PA 137 in 2006, the American Recovery and Reinvestment Act (ARRA) of 2009 made an unprecedented investment in HIT across the nation. Michigan received approximately \$250 million in HIT investment through the ARRA. The HIT Commission has become an integral part of monitoring the activity from the ARRA funding in Michigan and advising MDCH on action to ensure that the funding is being used most effectively and efficiently. Due to adherence to the Open Meetings Act, the HIT Commission has come to play a unique role in ensuring that all ARRA funded HIT programs in Michigan are operating transparently and in the best interest of the public. Much of the work of the HIT Commission in 2011 has focused on calling for information from and providing feedback to the ARRA HIT initiatives in Michigan.

The legislation creating the HIT Commission requires the distribution of an annual report to the Legislature detailing activities and providing recommendations for action. The report that follows fulfills this requirement.

HIT Commission 2011 Membership

The 13-member HIT Commission is appointed by the Governor as directed in the public act creating the HIT Commission. Commissioners serve four year terms or until a successor is appointed. Each Commissioner is appointed to represent a specific stakeholder group in one of the following groups:

1. The director of the department (of Community Health) or his or her designee
2. The director of the department of information technology or his or her designee
3. One individual representing a nonprofit health care corporation operating pursuant to the nonprofit health care corporation reform act, 1980 PA 350, MCL 550.1101 to 550.1703

4. One individual representing hospitals
5. One individual representing doctors of medicine
6. One individual representing doctors of osteopathic medicine and surgery
7. One individual representing purchasers or employers
8. One individual representing the pharmaceutical industry
9. One individual representing schools of medicine in Michigan
10. One individual representing the health information technology field
11. One individual representing pharmacists
12. One individual representing health plans or other third party payers
13. One individual representing consumers

In 2011, the following appointees served as members of the Michigan HIT Commission. Each individual is listed with their term expiration date and the representative stakeholder group.

Gregory Forzley, M.D., of Grand Rapids represents doctors of medicine for a term expiring August 3, 2015 and serves as the HIT Commission Chair.

Toshiki Masaki of Canton represents purchasers and employers for a term expiring August 3, 2013 and serves as the HIT Commission Vice-Chair.

Olga Dazzo of East Lansing, Director of the Michigan Department of Community Health, is appointed for a term expiring August 3, 2012.

David Behen, Designee of the Director of the Michigan Department of Technology Management and Budget, is appointed for a term expiring August 3, 2012.

Joseph Hohner of Canton represents nonprofit health care corporations for a term expiring August 3, 2014.

Mark Notman, Ph.D., of East Lansing represents schools of medicine in Michigan for a term expiring August 3, 2013.

Thomas Lauzon of Shelby Township represents health plans or other third party payers for a term expiring August 3, 2014.

Dennis Swan of Okemos represents hospitals for a term expiring August 3, 2013.

Larry Wagenknecht, R. Ph., of Haslett represents pharmacists for a term expiring August 3, 2014.

R. Taylor Scott, D.O., of Williamston represents doctors of osteopathic medicine and surgery for a term expiring August 3, 2011.

Kimberly G. Ross of Dewitt represents pharmaceutical manufacturers for a term expiring August 3, 2012 and resigned from the Commission in October 2011.

Robert Paul of Novi, represents members of the health information technology field for a term expiring August 3, 2014 and resigned from the Commission in October 2011.

Robin Cole of Detroit represents consumers for a term expiring August 3, 2011 and completed the term in October 2011.

Michael Chrissos of Ann Arbor, replaced Robin Cole in November 2011 to represent consumers for a term expiring August 3, 2015.

HIT Commission Schedule of 2011 Meetings

In Public Act 137-06 it states that the HIT Commission must meet at least quarterly. All meetings are open to the public and adhere to the Michigan Open Meetings Act. All meeting dates, times, and locations are posted on the MDCH website (www.michigan.gov/mdch) along with meeting agenda, minutes and materials.

In 2011, the HIT Commission held nine meetings. Below is the 2011 HIT Commission schedule of meetings that were held:

January 20, 2011

February 17, 2011

March 17, 2011

April 21, 2011

June 16, 2011

August 18, 2011

September 15, 2011

October 20, 2011

December 15, 2011

2011 Review of Activity

A brief overview of the activities that the HIT Commission worked on in 2011 is listed in this section. The activities for 2011 are broken out by the work done on each of the areas outlined in the Public Act that created the HIT Commission. The HIT Commission has kept track of activities broken out by the statutory roles of the Commission in order to plan for future activities and to be sure that all roles are being met. This matrix of all HIT Commission activities since 2006 and the roles outlined in PA 137-2006 can be found in Appendix B.

Develop and maintain a strategic plan

In April of 2010 the HIT Commission approved a Statewide Strategic and Operational Plan for Health Information Exchange (HIE) in Michigan and the intersection of all other critical HIT projects in Michigan. This Strategic and Operational plan outlined the critical function of the HIT Commission to monitor the progress on the numerous initiatives in Michigan.

In March of 2011 the HIT Commission questioned the progress and trajectory of the implementation of the Strategic and Operational Plans. The HIT Commission also requested more information on technology plans. Further, the HIT Commission questioned whether the full governance structure was being implemented, specifically with regard to the HIT Commission's role in monitoring activities. This discussion solidified questions that needed to be answered at the subsequent HIT Commission meeting.

At the April 2011 HIT Commission meeting the HIT Commission received input from the federal Office of the National Coordinator for HIT (ONC) that Michigan was headed in a direction that is similar to many other successful states. The ONC answered several concerns of the HIT Commission including governance trends in other states, the federal perspective for the Nation Wide Health Information Network (NWHIN), and the federal expectations for Michigan to utilize national HIT standards.

The HIT Commission went through a careful review of all of the Michigan Health Information Network (MiHIN) plans at the April 2011 meeting as facilitated by MDCH Director Olga Dazzo. The HIT Commission confirmed support for the implementation of the current Strategic and Operational plan, and expressed a clear understanding of the governing role of the HIT Commission to monitor the activities and provide feedback, input and recommendations to MDCH.

The HIT Commission will take a leading role in updating the strategic plan as necessary in 2012.

Identify critical issues affecting the adoption of HIT

MI HIT Dashboard

The HIT Commission noted that a significant issue affecting adoption is skepticism that federal programs will be successful. To remedy this issue, the HIT Commission recommended to MDCH that a “Michigan HIT Dashboard” should be created and posted publicly so that anyone could easily measure the progress that Michigan is making using the federal HIT funding in Michigan. Through the summer of 2011 the HIT Commission worked to refine a dashboard for public consumption. The dashboard was posted to the MDCH website in the fall of 2011 and is updated for every HIT Commission meeting. A recently updated version of the dashboard can be found in Appendix C.

Michigan Center for Effective IT Adoption

The HIT Commission is deeply involved in the activity of the Michigan Center for Effective IT Adoption (M-CEITA), a federally funded ARRA initiative to provide EHR implementation assistance to primary care providers that serve under-insured or uninsured patients. In March of 2011 the ONC directed M-CEITA to utilize the HIT Commission to focus all stakeholder input into the M-CEITA program. Officials from the ONC came to the March 2011 HIT Commission meeting to discuss the issues that lead to this decision and talk through some options. The HIT Commission worked with the ONC and M-CEITA to organize an input structure to get stakeholder feedback from all over the state. See Appendix D for the stakeholder input structure.

Two meetings of the Statewide Stakeholder Committee were held in 2011. This committee developed key points of feedback for the HIT Commission and presented these points to the HIT Commission. Through the feedback from this group, the HIT Commission was able to provide input to MDCH to further investigate the M-CEITA pricing structure, the plan for sustainability, the leadership structure, risks and mitigation strategies, and provider barriers for implementation.

The HIT Commission also called for presentations from the direct service contractors for M-CEITA so they could understand the mechanisms to uphold consistency in the program. The purpose of the presentations from the direct service providers helped to ensure transparency in the program, to allow the HIT Commission to hear success stories, and identify barriers to success from different areas of the state.

HIT Workforce

Four Michigan community colleges received federal funding from ARRA to develop a curriculum to train HIT professionals to support the increasing demand for a knowledgeable HIT workforce. The four community colleges – Lansing Community College, Delta College, Wayne County Community College, Macomb County Community College, are part of a larger consortium of Midwest

community colleges. The HIT Commission called for two updates from these community colleges in 2011.

Through presentations from the four Michigan community colleges the HIT Commission was able to recommend outreach strategies to gain more students, networking opportunities for recent graduates and internship options with other Michigan HIT initiatives, like M-CEITA or other health information technology initiatives throughout the state.

The HIT Commission recognized that meeting the demand of health IT professionals is key to successful, swift adoption of health IT for Michigan's healthcare community, especially in provider offices. As such, the HIT Commission will stay active in the training efforts after the federally funded program has ended.

Medicaid EHR Incentives

The largest HIT program of the ARRA is the incentive program for Medicare and Medicaid providers that adopt EHR technology and use the technology according to a specific set of criteria called Meaningful Use. While the federal government is tasked with implementing the Medicare EHR incentives, states are implementing the Medicaid EHR incentive program. In Michigan, this is expected to bring our state more than \$250 million in federal funding for HIT adoption in the next three years. The HIT Commission spent considerable time in 2011 exploring this program and providing feedback to MDCH on the administration and implementation of the program.

The HIT Commission recognized that the Medicaid EHR program had the potential to greatly increase the adoption of EHRs in provider offices and hospitals throughout Michigan. The HIT Commission received regular updates on the number of providers and hospitals that had signed up for the program. Once the program started to send the incentive funding to providers, the HIT Commission regularly received updates on the number of providers and hospitals that received funding as well as the total amount of incentive funding expended. In 2011 the HIT Commission focused on the outreach strategies for this program and provided recommendations on how to effectively promote the incentives.

The HIT Commission will continue to monitor and provide input to this program in 2012.

Increase the public's understanding of HIT

HIT Commission Leadership and Innovation Awards

In 2010, the HIT Commission began a program called the Michigan HIT Commission Leadership and Innovation Awards. This program provided individuals and organizations that had demonstrated leadership or implemented

an innovation to receive a symbol of recognition and raise awareness of their contributions to the field. The 2010 program was extremely successful.

In 2011 the HIT Commission planned for and started the execution of the program. Unfortunately, the number of nominations received did not support the full execution of the program. Though the HIT Commission would have preferred a successful 2011 program, the outcome allowed the HIT Commission to reconsider the approach, process and promotion of the awards program. The HIT Commission expects to significantly revise the program for success in 2012.

Wiring Michigan Conference

For the fourth year in a row, the Michigan State University Institute for Healthcare Studies held the Wiring Michigan for Health Information Exchange conference. The 2011 conference was held in May 2011. This conference is well attended by health care professionals from all over the state. The goal of the conference is to highlight Michigan's HIT activities, network with HIT professionals and vendors, hear from national speakers and gain a better understand for the progress and opportunity to expand HIT in Michigan.

The HIT Commission provided input to the 2011 conference planners based on feedback from the previous conferences. The HIT Commission also promoted the 2011 conference both at the HIT Commission meetings and through the HIT Commission email list. Two HIT Commissioners presented at the 2011 Wiring Michigan conference and several others were on hand to answer questions and engage in the discussion sessions.

Promote Health Information Exchange

Michigan Health Information Network

The Michigan Health Information Network (MiHIN) is the federally funded ARRA initiative to connect all of Michigan's HIE initiatives together for a statewide exchange of health information. The goal is to ensure that a patient's correct information is provided securely to the right provider at the right time regardless of the location of the patient. The HIT Commission has been foundational in guiding the concept for the MiHIN, the planning in 2010, and now, in 2011, the implementation. The HIT Commission is involved in the governance of the MiHIN, and has a designated spot on the governing board of the MiHIN. At every HIT Commission meeting in 2011 the HIT Commission requested and received information about the MiHIN.

In early 2011, the HIT Commission worked with the MiHIN governance board to provide input on establishing the operations of the organization. This input included the specifications for hiring an executive director, establishing offices, procuring administrative support and developing organizational policies. The HIT

Commission was kept up to date on all progress on these activities and provided input to make certain that the MiHIN has a strong organizational foundation.

In March and April of 2011 the HIT Commission took an extensive look at the technology plan being implemented in phases by the MiHIN and ended up affirming support for the phased plan. The HIT Commission reviewed the governance structure, the organizational structure, the strategy for procuring technology, were kept up to date on the status of the sub-state HIEs and fully briefed on funding proposals from MiHIN to expand sub-state HIE capacity. The HIT Commission provided input to MiHIN on a process for developing the Request For Proposals for the first phase technical solution. The HIT Commission engaged ONC officials in both April and August 2011 and confirmed that Michigan was meeting federal expectations.

In June 2011, the HIT Commission met with the newly hired MiHIN Executive Director to hear about the process for releasing and reviewing the Request for Proposals for the first phase of the technical solution. At this time the process for providing funding for sub-state HIE activities was preliminarily outlined.

In August and September 2011, the HIT Commission provided input on the details of the technical vendor proposal review process that the MiHIN was undertaking. The HIT Commission was also presented with an overview of each sub-state HIE that was requesting approval from the ONC for program funding. The HIT Commission recommended that MiHIN utilize a system of milestone based payments and that each organization must show progress before receiving additional payments. The MiHIN implemented this recommendation into the program process.

In October 2011 the HIT Commission reviewed the process for ensuring data privacy and security in the MiHIN network by finding out more about the federal standards. The HIT Commission also heard about the strategies for determining future use cases for MiHIN which is closely linked to the long-term sustainability.

The HIT Commission will remain active in monitoring and providing input to the MiHIN as it moves through implementation to operations.

Southeast Michigan Beacon Community Collaborative

The Southeast Michigan Beacon Community Collaborative (SEMBCC) is a federally funded ARRA program that charges a specific geographic community with using clinical and technology interventions to improve chronic disease rates. This initiative is utilizing multiple technologies to reach providers and patients to coordinate care, as well as implementing clinical interventions to help patients navigate the healthcare system. A major component of the technology plan is a community HIE service.

The HIT Commission has engaged SEMBCC several times in 2011 to understand the scope, goal, and strategy for completing the objective of the program. The HIT Commission has monitored the progress of SEMBCC and has provided input on coordinating with M-CEITA and the community college HIT workforce programs to make certain that all federal resources are being leveraged most efficiently. The HIT Commission plans to stay active in this initiative in 2012.

Identify strategies to monitor community health status

Public Health HIE Integration

The MDCH and the Department of Technology Management and Budget (DTMB) have been working closely together to integrate Michigan's public health systems to enable the bidirectional exchange of data with providers and hospitals all over the state. Specifically, this project is focused on integrating the Michigan Care Improvement Registry (MCIR – the state's immunization registry), the Michigan Disease Surveillance System (MDSS) and the Michigan Syndromic Surveillance System with the MiHIN. The goal of this project is for providers to seamlessly submit necessary data to the state systems while using their EHR. This will result in real-time data regarding disease outbreaks, immunization status and other important public health indicators.

The HIT Commission participated in the initial design of this project in 2010 and stayed close to monitoring the progress in 2011. The HIT Commission encouraged this project to move swiftly to implement the bidirectional data feature since it was identified as a high need for Michigan's providers. The HIT Commission will continue to provide feedback to this project in 2012.

Long Term Goals

In June 2011, the HIT Commission recognized the need to monitor the impact of HIT in Michigan. The HIT Commission decided to look at long term goals that are simple, measurable and broadly aimed. The HIT Commission noted the need to leverage measures that are already collected and are routinely reported by either statewide or nationwide organizations. The HIT Commission called for a sub-committee to compile metrics with a special focus on those that would indicate improved health outcomes, decreased costs and improved quality of healthcare in Michigan.

A sub-committee was convened through HIT Commission nominations for membership. The sub-committee discussed potential measures that could be leveraged to indicate the impact of health IT in Michigan such as eprescribing data, measures from the Michigan Quality Improvement Consortium, and statewide healthcare spending per capita. The sub-committee also noted that a wider array of individuals should be included in the sub-committee. This sub-committee, with a larger membership, is expected to meet again in early 2012 and present the HIT Commission with recommended metrics to track.

MDCH Strategic Goals

In September 2011, the HIT Commission requested a presentation from MDCH Director, Olga Dazzo, to better understand the Department's strategic goals and to discern how the HIT Commission may be helpful in meeting these goals. Director Dazzo provided information on MDCH goals relating to the health and wellness, access, healthcare reform and improved governance. Specifically, Dazzo noted the focus on reducing obesity and improving infant mortality rates statewide. Dazzo presented the MDCH dashboard showing Michigan's current status in multiple health metrics.

The HIT Commission discussed the need to understand MDCH's priorities so that as deliberations on all topics progress they can be cognizant of how various programs or policy recommendations may impact these goals.

HIT Commission Recommendations

The public act that created the HIT Commission requires that this annual report include recommendations that are delivered to the Michigan Legislature. Throughout the activities of the HIT Commission in 2011 the following recommendations emerged for consideration by the Michigan Legislature. The HIT Commission is committed to working with MDCH and Michigan Legislature to assist in defining the specific details of these recommendations by participating in further dialog.

Add to HIT Commission Membership

In the 2010 HIT Commission annual report, the HIT Commission recommended that a member from the MiHIN initiative should be added to the HIT Commission. This member would be responsible for considering the impact of proposed recommendations, policies and program activities may have on the statewide exchange of health information.

For the 2012 report, the HIT Commission is upholding the recommendation from 2010 and adding an additional request for a member to be added to represent either the behavioral health or long term care fields. Currently, there are no members on the HIT Commission that solely represent either of these important areas of healthcare in Michigan.

The HIT Commission recommends that membership be capped at 15 members, and therefore only two new members should be added to the existing 13 members.

Expand Affordable Broadband

Broadband expansion is a key to healthcare communications in the state of Michigan. Enabling real-time exchange of patient data will only be effective if there is adequate infrastructure in place to meet this demand. Further, in areas where patients may be under-served, it is critical that telemedicine is enabled to allow patients expanded access to specialists or other critical services that may not be geographically available. As home health supports are expanded to include reliance on home monitoring tools, it will be imperative that reliable broadband options are available to residents to use these types of HIT tools.

Michigan has made many strides in expanding broadband through the use of federal programs and other funding. The HIT Commission recommends that Michigan should continue to support the expansion of broadband to all areas of the state and that oversight is in place to ensure that it is affordable for clinician purchase.

Include HIT in the MI Public Health Code

The HIT Commission recommends that as updates are made to the Michigan Public Health Code, the use of HIT should be acknowledged and encouraged. The way that healthcare is organized and administered is changing through the

use of technologies at the point of care, in the administration of care, and in payment. Michigan's governing law should be altered to reflect these changes and pave the way for continued innovation in HIT.

Address the Need for Consumer HIT Education

As HIT becomes more commonplace throughout Michigan's healthcare system, patients will likely have questions and concerns about the safety of using EHRs and HIE to capture and exchange health data. Currently the burden is on the healthcare facility or office to answer questions or provide education on the use of HIT privacy and security. Often this is accomplished through a Notice of Privacy Practices that meets specific legal requirements, but may not be easily understood by the general public especially those consumers with impairments or literacy challenges. To encourage consumer buy-in of HIT, the benefits of HIT and the risks of HIT must be presented clearly and in a straightforward manner. This will need to include specific information on the privacy and security protections in place to safeguard patient data.

The HIT Commission recommends that the need for consumer education about HIT be addressed through a consistent statewide campaign. Further, a resource should be identified to field questions and concerns from the public. The HIT Commission does not recommend whether this is a publicly or privately led initiative, only that the resources are clearly identified and available for consumers to provide privacy and security information.

Forecast of 2012 Activity

In 2012 the HIT Commission plans to tackle several important issues in addition continuing to provide feedback and monitor the ARRA programs and activities as described in the “2011 Review of Activities” section of this report. This includes the more formal roles by continuing to serve as the stakeholder point of input for M-CEITA and serving as a governance member of MiHIN. The HIT Commission will also continue the work to form long-term goals to measure the impact of health IT in Michigan.

The 2012 forecasted activities are listed by the roles outlined in the public act that created the HIT Commission.

Identify critical issues affecting adoption of HIT

Unique Identifiers

Through a presentation by a federal official, the HIT Commission discovered that federal policymakers will not likely tackle a strategy for nationwide patient identification. HIT Commissioners noted that having each organization – hospital, payer, physician’s office, sub-state HIE, state government – develop a system for uniquely identifying patients is redundant and inefficient. Moreover, having each state develop a strategy will also be redundant when the vision for health information exchange is nationwide. In the absence of federal policy, the HIT Commission plans to explore what, if any, action the state should employ to ensure patient safety and efficient use of HIT through the ability to uniquely identify a patient.

HIT Public Forum

The HIT Commission plans to hold a public forum to specifically ask for input on what barriers exist to HIT adoption. The goal of a public forum would be to better understand the needs of Michigan’s healthcare community as it relates to HIT, and then be better equipped to make recommendations to MDCH to mitigate the barriers.

MI Health Marketplace

With the national healthcare reform legislation – the Affordable Care Act – being implemented in Michigan, the HIT Commission would like to devote time in 2012 to exploring the MI Health Marketplace – Michigan’s Health Insurance Exchange initiative. The Commission specifically would like to understand the plans and needs of the MI Health Marketplace and then determine if any of HIT or HIE work in Michigan can be leveraged to benefit this initiative and vice versa.

Increase the public's understanding of HIT

HIT Recognition Program

The HIT Commission will take the lessons learned from the past two years of initiating an awards program, and will hold a 2012 recognition program for outstanding HIT work in Michigan. The HIT Commission will spend time planning for this program and will accomplish this using existing venues to allow for the most efficient use of MDCH resources.

Explore Consumer Focused HIT

Nationally, there is a clear trend of consumer focused HIT products which are sometimes called patient healthcare portals to Personal Health Records (PHR). The purpose of this technology is to provide the health data that is used by clinicians electronically to patients. The goal is to empower patients to know more about their care and take responsibility for personal health. The availability of patient portals is also an element of federal meaningful use requirements. In 2012, the HIT Commission will explore these initiatives to understand what policy recommendations may be necessary to assist MDCH in addressing consumer focused HIT products.

Reorganize HIT Commission Meetings

The HIT Commission plans to restructure their meetings in 2012 to allow for more public feedback throughout the entire meeting. This will allow the HIT Commission to have more direct input in order to better understand concerns, issues and needs of those involved in HIT in Michigan.

Appendix A: Public Act 137-2006

Act No. 137

Public Acts of 2006

Approved by the Governor

May 10, 2006

Filed with the Secretary of State

May 12, 2006

EFFECTIVE DATE: May 12, 2006

STATE OF MICHIGAN

93RD LEGISLATURE

REGULAR SESSION OF 2006

Introduced by Reps. Newell, Farhat, Vander Veen, Meyer, Moore, Kooiman, Taub, Emmons, Kahn, Huizenga, Walker, Moolenaar, Casperson, David Law, Pearce, Jones, Steil, Wenke, Booher, Hansen, Stewart, Marleau, Caswell, Hildenbrand, Stakoe, Ward, Mortimer, Acciavatti, Ball, LaJoy, Nitz, Baxter, Proos, Caul, Green, Shaffer, Nofs, Sheen, Wojno and Accavitti

ENROLLED HOUSE BILL No. 5336

AN ACT to amend 1978 PA 368, entitled "An act to protect and promote the public health; to codify, revise, consolidate, classify, and add to the laws relating to public health; to provide for the prevention and control of diseases and disabilities; to provide for the classification, administration, regulation, financing, and maintenance of personal, environmental, and other health services and activities; to create or continue, and prescribe the powers and duties of, departments, boards, commissions, councils, committees, task forces, and other agencies; to prescribe the powers and duties of governmental entities and officials; to regulate occupations, facilities, and agencies affecting the public health; to regulate health maintenance organizations and certain third party administrators and insurers; to provide for the imposition of a regulatory fee; to provide for the levy of taxes against certain health facilities or agencies; to promote the efficient and economical delivery of health care services, to provide for the appropriate utilization of health care facilities and services, and to provide for the closure of hospitals or consolidation of hospitals or services; to provide for the collection and use of data and information; to provide for the transfer of property; to provide certain immunity from liability; to regulate and prohibit the sale and offering for sale of drug paraphernalia under certain circumstances; to provide for the implementation of federal law; to provide for penalties and remedies; to provide for sanctions for violations of this act and local ordinances; to provide for an appropriation and supplements; to repeal certain acts and parts of acts; to repeal certain parts of this act; and to repeal certain parts of this act on specific dates," (MCL 333.1101 to 333.25211) by adding part 25.

The People of the State of Michigan enact:

PART 25. HEALTH INFORMATION TECHNOLOGY

Sec. 2501. As used in this part:

- (a) "Commission" means the health information technology commission created under section 2503.
- (b) "Department" means the department of community health.

Sec. 2503. (1) The health information technology commission is created within the department to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in this state. The commission shall consist of 13 members appointed by the governor in accordance with subsection (2) as follows:

- (a) The director of the department or his or her designee.
- (b) The director of the department of information technology or his or her designee.
- (c) One individual representing a nonprofit health care corporation operating pursuant to the nonprofit health care corporation reform act, 1980 PA 350, MCL 550.1101 to 550.1703.
- (d) One individual representing hospitals.
- (e) One individual representing doctors of medicine.
- (f) One individual representing doctors of osteopathic medicine and surgery.
- (g) One individual representing purchasers or employers.
- (h) One individual representing the pharmaceutical industry.
- (i) One individual representing schools of medicine in Michigan.
- (j) One individual representing the health information technology field.
- (k) One individual representing pharmacists.
- (l) One individual representing health plans or other third party payers.
- (m) One individual representing consumers.

(2) Of the members appointed under subsection (1), there shall be representatives from both the public and private sectors. In order to be appointed to the commission, each individual shall have experience and expertise in at least 1 of the following areas and each of the following areas shall be represented on the commission:

- (a) Health information technology.
- (b) Administration of health systems.

- (c) Research of health information.
- (d) Health finance, reimbursement, and economics.
- (e) Health plans and integrated delivery systems.
- (f) Privacy of health care information.
- (g) Medical records.
- (h) Patient care.
- (i) Data systems management.
- (j) Mental health.

(3) A member of the commission shall serve for a term of 4 years or until a successor is appointed. Of the members first appointed after the effective date of the amendatory act that added this part, 3 shall be appointed for a term of 1 year, 3 shall be appointed for a term of 2 years, 3 shall be appointed for a term of 3 years, and 4 shall be appointed for a term of 4 years. If a vacancy occurs on the commission, the governor shall make an appointment for the unexpired term in the same manner as the original appointment. The governor may remove a member of the commission for incompetency, dereliction of duty, malfeasance, misfeasance, or nonfeasance in office, or any other good cause.

(4) At the first meeting of the commission, a majority of the members shall elect from its members a chairperson and other officers as it considers necessary or appropriate. After the first meeting, the commission shall meet at least quarterly, or more frequently at the call of the chairperson or if requested by a majority of the members. A majority of the members of the commission appointed and serving constitute a quorum for the transaction of business at a meeting of the commission.

(5) Any business that the commission may perform shall be conducted at a public meeting held in compliance with the open meetings act, 1976 PA 267, MCL 15.261 to 15.275. The commission shall give public notice of the time, date, and place of the meeting in the manner required by the open meetings act, 1976 PA 267, MCL 15.261 to 15.275.

(6) The commission shall make available a writing prepared, owned, used, in the possession of, or retained by the commission in the performance of an official function as the commission to the public in compliance with the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

(7) The commission shall ensure adequate opportunity for the participation of health care professionals and outside advisors with expertise in health information privacy, health information security, health care quality and patient safety, data exchange, delivery of health care, development of health information technology standards, or development of new health information technology by appointing advisory committees, including, but not limited to, advisory committees to address the following:

- (a) Interoperability, functionality, and connectivity, including, but not limited to, uniform technical standards, common policies, and common vocabulary and messaging standards.
- (b) Security and reliability.
- (c) Certification process.

- (d) Electronic health records.
- (e) Consumer safety, privacy, and quality of care.
- (8) Members of the commission shall serve without compensation.

Sec. 2505. (1) The commission shall do each of the following:

- (a) Develop and maintain a strategic plan in accordance with subsection (2) to guide the implementation of an interoperable health information technology system that will reduce medical errors, improve quality of care, and produce greater value for health care expenditures.
- (b) Identify critical technical, scientific, economic, and other critical issues affecting the public and private adoption of health information technology.
- (c) Provide recommendations on policies and measures necessary to achieve widespread adoption of health information technology.
- (d) Increase the public's understanding of health information technology.
- (e) Promote more efficient and effective communication among multiple health care providers, including, but not limited to, hospitals, physicians, payers, employers, pharmacies, laboratories, and any other health care entity.
- (f) Identify strategies to improve the ability to monitor community health status.
- (g) Develop or design any other initiatives in furtherance of the commission's purpose.
- (h) Annually, report and make recommendations to the chairpersons of the standing committees of the house of representatives and senate with jurisdiction over issues pertaining to community health and information technology, the house of representatives and senate appropriations subcommittees on community health and information technology, and the senate and house fiscal agencies.
- (i) Perform any and all other activities in furtherance of the above or as directed by the department or the department of information technology, or both.

(2) The strategic plan developed pursuant to subsection (1)(a) shall include, at a minimum, each of the following:

- (a) The development or adoption of health care information technology standards and strategies.
- (b) The ability to base medical decisions on the availability of information at the time and place of care.
- (c) The use of evidence-based medical care.
- (d) Measures to protect the privacy and security of personal health information.
- (e) Measures to prevent unauthorized access to health information.
- (f) Measures to ensure accurate patient identification.
- (g) Methods to facilitate secure patient access to health information.

(h) Measures to reduce health care costs by addressing inefficiencies, redundancy in data capture and storage, medical errors, inappropriate care, incomplete information, and administrative, billing, and data collection costs.

(i) Incorporating health information technology into the provision of care and the organization of the health care workplace.

(j) The ability to identify priority areas in which health information technology can provide benefits to consumers and a recommended timeline for implementation.

(k) Measurable outcomes.

Sec. 2507. The commission or a member of the commission shall not be personally liable for any action at law for damages sustained by a person because of an action performed or done by the commission or a member of the commission in the performance of their respective duties in the administration and implementation of this part.

This act is ordered to take immediate effect.

Clerk of the House of Representatives

Secretary of the Senate

Approved

Governor

Appendix B: Activity Matrix

[See Next Page]

Michigan HIT Commission: Activities & Accomplishments Matrix

Year	Activity	Activity in Statute							
		Develop and maintain a strategic plan	Identify critical technical, scientific, economic, & other critical issues affecting the adoption of HIT.	Provide recommendations on policies and measures necessary to achieve widespread adoption of HIT	Increase the public's understanding of HIT	Promote more efficient and effective communication among multiple health care providers	Identify strategies to improve the ability to monitor community health status	Develop or design any other initiatives in furtherance of the commission's purpose.	Annually, make recommendations to the Legislature
2006	MiHIN Conduit to Care adopted as Strategic Plan	X							
2007	Held four MiHIN Education Sessions				X				
2007	Developed Planning and Implementation HIE Grant Program criteria					X	X	X	
2007	monitored progress of awarded grants		X						
2007	Developed Statement of Work for the MiHIN Resource Center			X				X	
2007	Advised MDCH on responding to Health Information Security and Privacy Collaborative Grant			X				X	
2007	Advised MDCH on responding to FCC Broadband opportunity			X				X	
2007	Advised MDCH on responding to Medicaid Transformation Grants								
2007	Annual Report to the Legislature			X				X	X
2008	Recommended Continued funding for HIE Grant Program & Resource Center			X					X
2008	Worked with stakeholders to define HIE in Michigan		X		X	X	X		X
2008	Recommended recognition of HIE in public health code			X					X
2008	Held stakeholder workgroup on Privacy & Security		X		X			X	

Michigan HIT Commission: Activities & Accomplishments Matrix

Year	Activity	Activity in Statute							
		Develop and maintain a strategic plan	Identify critical technical, scientific, economic, & other critical issues affecting the adoption of HIT.	Provide recommendations on policies and measures necessary to achieve widespread adoption of HIT	Increase the public's understanding of HIT	Promote more efficient and effective communication among multiple health care providers	Identify strategies to improve the ability to monitor community health status	Develop or design any other initiatives in furtherance of the commission's purpose.	Annually, make recommendations to the Legislature
2008	Recommended that MDCH adopt an "Opt-out" approach			X					X
2008	Recommended that MDCH pursue a statewide architecture to connect all regional HIEs		X	X		X	X		X
	Annual Report to the Legislature								X
2009	Held public hearings on Michigan approach			X	X				
2009	Recommended a statewide HIE focus instead of regional		X	X		X	X		
2009	Recommended action on responding to ARRA opportunities			X		X		X	
2009	Created a "Regional Advisory Board" to assist in ARRA responses		X					X	
2009	Recommended an Early Adopter Analysis		X	X	X	X			
2009	Annual Report to the Legislature								X
2010	Advised MDCH in developing a stakeholder input to the Strategic & Operational plans		X	X					
2010	Provided feedback into development of the Strategic & Operational Plans	X	X	X					
2010	Recommended adoption of the Final Strategic & Operational Plans	X							X

Michigan HIT Commission: Activities & Accomplishments Matrix

Year	Activity	Activity in Statute							
		Develop and maintain a strategic plan	Identify critical technical, scientific, economic, & other critical issues affecting the adoption of HIT.	Provide recommendations on policies and measures necessary to achieve widespread adoption of HIT	Increase the public's understanding of HIT	Promote more efficient and effective communication among multiple health care providers	Identify strategies to improve the ability to monitor community health status	Develop or design any other initiatives in furtherance of the commission's purpose.	Annually, make recommendations to the Legislature
2010	Created the 1st HIT Commission Innovation & Leadership Awards program				X				
2010	Monitored the development of M-CEITA, Beacon, Public Health Integration, MiHIN, of the State Medicaid HIT Plan & EHR Incentive Program		X	X			X		
2010	Provided input into the MiHIN SS Governance implementation		X	X					
2010	Recommended the first seating of the MiHIN SS Board		X	X					
2010	Recommended appropriation of the federal MiHIN funding to the Michigan Legislature								X
2010	Annual Report to the Legislature								X
2011	Monitored progress on all HITECH programs		X	X		X			
2011	Affirmed MiHIN Shared Services phasing		X	X					
2011	Recommended M-CEITA stakeholder advisory structure		X	X					

Appendix C: MI HIT Dashboard

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2011 Michigan HIT Dashboard

Milestones or Measures depending on program type

Date: December 9, 2011

Michigan Health Information Network (MiHIN)		
Milestone	Status	Notes
Governance Created & Implemented	Green	Complete: creation and implementation complete and is fully operational
Technology Purchased and Implemented	Green	First phase procurement finalized and implementation kick off held October 27 with continued progress in scheduling first steps.
Integration with State of Michigan HIE (SOMHIE)	Green	Technical kickoff in October, continued progress on first steps and MiHIN participation in SOMHIE planning
Connect Sub-State HIEs to MiHIN Shared Services	Green	Dependent on Implementation and sub-state HIE progress
Statewide HIE Available to Every MI Provider	Green	Funding for 4 sub-state HIEs has been approved by the ONC and ONC is reviewing one other proposal
Planning for Second Phase of Technology	Green	Planning underway
Financial Sustainability Identified & Implemented	Green	Initial planning process identified and underway

State of Michigan (SOM) HIE		Updated 12/09/11 - monthly				Notes	Trend
Measure	Previous	Current	Goal	Status			
# of Eligible Professionals meeting MU for Public Health	422	537	29,302*	Green	Includes Immunization and Syndromic Surveillance	↑	
# of Eligible Hospitals meeting MU for Public Health	46	56	174*	Green	Includes Immunization and Syndromic Surveillance. Denominator: approximately 174	↑	
Data sharing through a connection with MiHIN Shared Services				Green	Connectivity planning is underway and hinges on MiHIN implementation		

Sub-State HIEs		Updated 9/30/11 - quarterly				Notes	Trend
Measure	Previous	Current	Goal	Status			
# of MI providers utilizing sub-state HIEs services	4195	4295	29,302*	Green		↑	
# of hospital laboratories connected (providing data) to a sub-state HIE	26	26	138	Green	Sub-state HIE funding program is meant to address raising this measure. The program begins in October.	↔	
# of providers meeting HIE specific MU criteria by utilizing sub-state HIE capabilities.	169	216	4295	Green	Sub-state HIE funding program is meant to address raising this measure. The program begins in October.	↑	
# of hospitals/health systems meeting HIE specific MU by utilizing sub-state HIE capabilities:	24	24	174*	Green	Sub-state HIE funding program is meant to address raising this measure. The program begins in October.	↔	

Medicaid EHR Incentive Program		Updated 12/09/11 - monthly				
Measure	Previous	Current	Goal	Status	Notes	Trend
# of Eligible Professionals receiving Medicaid Incentives	286	417	2,300	Green	started 8/11	↑
# of Eligible Hospitals receiving Medicaid Incentives	13	54	130	Green	started 9/1/11	↑
Amount of Federal Medicaid Incentive Funding Expended	\$19,047,196	\$55,301,023	\$40 million	Green		↑

Michigan Center for Effective IT Adoption (M-CEITA)		Updated 12/09/11 - monthly				
Measure	Previous	Current	Goal	Status	Notes	Trend
# of Providers Signed Up to Use M-CEITA Services	2,786	3,821	2,979	Green	Goal is from December 2012 Biennial Evaluation criteria set by ONC, Internal goal is still to reach 3,724 by 12.31.2011	↑
# of Providers Go-Live on EHRs	859	1,324	1,303	Green	Goal is from December 2012 Biennial Evaluation criteria set by ONC, Internal goal is to reach approximately 1,700 M2s by 12.31.2011	↑
# of Providers Reaching Meaningful Use	12	84	37	Green	Goal is from December 2012 Biennial Evaluation criteria set by ONC. We do not anticipate significant numbers of M3s until the first reporting period of 2012.	↑

Beacon Community Collaborative			
Milestone	Status	Notes	Trend
Clinical Transformation	Green	Activities include: 48 practice sites (36 min required), approx 120 PCPs, 13,491 diabetic patients (4000 min), 183,208 total patients affiliated with Beacon practices for CT intervention engaged to date; patient navigators for patient engagement (roll-out of 5 PHNs w/226 patients to date; target of 300 patients by year end); mobile health soft launch late November with public launch January 2012, and ED intervention to launch in Q1 2012. Pharmacy initiative (both ambulatory and IP-OP care transition) in planning process.	↑
Information Technology	Yellow	Activities include: HIE procurement process, contracting, data sharing agreements, P&P, interfaces, pilots and operational HIE	↔
Evaluation & Measurement	Green	Activities include: deploying measures and survey tools, reporting quarterly, building environment for data housing	↑
Communications & Outreach	Green	Activities include: implementing communications plan, value propositions, and website	↑
Scalability, Sustainability and Research	Green	Activities include: workgroup, sustainability plan, identify and pursue funding opportunities, develop scalability plan	↑

Midwest Community College HIT Consortium						
Updated 12/09/11 - monthly						
Measure	Previous	Current	Goal	Status	Notes	Trend
Lansing Community College students enrolled	86	83	200	Green	48 successfully completed, 35 currently enrolled	↓
Lansing Community College students placed in related jobs or current job expanded	6	6		Green	Voluntary reporting from students	
Macomb Community College students enrolled	203	288	300	Green		↑
Macomb Community College students placed in related jobs or current job expanded	19	27		Green	Voluntary reporting from students	
Delta College students enrolled	256	256	300	Green	29 Students withdrew from the program	↔
Delta College students placed in related jobs or current job expanded	4	4		Green	Voluntary reporting from students	
Wayne Community College students enrolled	307		300	Green		↑
Wayne Community College students placed in related jobs or current job expanded	7			Green	Voluntary reporting from students	

KEY:	Green: Progress Being Made, On Target, No Significant Barriers
	Yellow: Moderate Progress, Behind Target, Barriers With Mitigation Strategy Identified & Implementing Corrective Action Successfully
	Red: No Progress, Significantly Behind Target, Barriers Without Mitigation Strategy, Unsuccessful Corrective Action

references:

* # of providers: [2009 MDCH Survey of Physicians - MDs & DOs only providing active care](#)

* # of hospitals: [Licensing and Regulatory Affairs - includes all acute care, CAH, LTC Hospitals](#)

* # of independent reference & hospital laboratories - [CLIA 7,100 total labs in state](#)***needs further work to refine #***

Appendix D: M-CEITA Stakeholder Input Structure

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M-CEITA Advisory Activities
FINAL - as approved by the MI HIT Commission on June 16, 2011

Federal Objective (from Funding Opportunity Announcement):

“The regional centers will offer technical assistance, guidance, and information on best practices to support and accelerate health care providers’ efforts to become meaningful users of Electronic Health Records (EHRs).”

Mission and Vision:

By the following Mission and Vision the Michigan HIT Commission will support and evaluate program performance:

- Mission: “M-CEITA’s mission is to partner with Michigan’s healthcare providers to accelerate the selection, adoption and meaningful use of health information technology (HIT) to improve the quality and efficiency of care delivered in our state.”
- Vision: “M-CEITA’s vision is to serve as a trusted agent on behalf of primary care providers. By 2012, the expectation is to assist nearly 4,000 of those providers and their patients – imparting broad community benefit throughout the state. Further, M-CEITA will remain a provider resource for years to come through dedication to program sustainability and proven value.”

Guiding Principles:

As the M-CEITA program carries out its mission, it will remain fully dedicated to adhering to the following principles:

1. Transparency. M-CEITA operations will meet the objectives of the HIT Extension Program in a transparent, objective and efficient manner. M-CEITA will proactively engage a diverse set of stakeholders supportive of its core mission and will make information and opportunities for participation public.
2. Objectivity. M-CEITA will provide unbiased advice on the systems and services best suited to enable providers to become meaningful users of EHRs. M-CEITA will avoid actual or apparent conflicts of interest, to act solely in the best interests of the providers we serve.
3. End Use Service Orientation. M-CEITA will assist Michigan’s diverse primary care provider population to make informed HIT-related decisions by exploring options based on their wide-ranging individual needs and preferences, using a “high-touch” approach to achieving results.
4. Innovation. M-CEITA will serve as Michigan’s central entity for evidence-based HIT knowledge transfer as it builds on the experience of state and national experts.
5. Collaboration. M-CEITA will coordinate its activities with State of Michigan health information exchange initiatives, HIT workforce development and educational programs, HIT research and development efforts, and other relevant initiatives as appropriate.
6. Accountability. M-CEITA will meet the intent of present and future federal guidelines and legislation, beginning with the HIT Extension Program and its goal of assisting providers to become meaningful users of certified EHRs, to ultimately improve the quality of health care delivery.

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ONC Directive, March 2, 2011

“As of February 1, 2011, the Michigan REC has recruited 1,152 priority providers, leaving 2,572 additional providers to be recruited by February 2012. This is a significant and challenging target.”

“... directing Altarum to consolidate stakeholder advisory activities under the State of Michigan’s Health Information Technology Commission (HIT Commission). As the HIT Commission is housed within the Michigan Department of Community Health (MDCH) and is staffed by the State’s HIT Coordinator, this will address transparency concerns and capitalize on statutorily defined authorities and accountabilities.”

“... authority vested in each state’s HIT Coordinator by ONC to oversee all Recovery Act-funded HIT work to ensure effective coordination across programs and support programmatic success. I have discussed this change with several entities in Michigan, including MDCH and expect this will increase the likelihood of statewide success for the REC program, improve coordination of Federal HIT investments in the state, and support more efficient use of Federal dollars by consolidating program progress reporting.

“Altarum remains fully responsible to ONC for the financial and programmatic performance of the Michigan REC program. I expect this change to improve program execution and better focus efforts on accelerating the meaningful use of technology in Michigan.”

For the duration of the REC program (currently through February 7, 2012), responsibilities of the HIT Commission and Altarum are as follows:

1. HIT Commission Responsibilities:

- a. Support, promote and advise on the direction and activity of the program.
- b. Review financial and operational reports to advise on program direction for meeting the M-CEITA goals.
- c. Serve as a liaison function to other organizations that also promote the adoption of HIT.
- d. Advise on courses of action to expand and extend the M-CEITA program to result in a sustainable program of assistance for Michigan providers in HIT adoption.
- e. Consider input from committees, stakeholder groups and the general public in making recommendations and advice to M-CEITA.
- f. Escalate issues, points of interest or inquiries to the Office of the National Coordinator through the Michigan Department of Community Health (MDCH), as necessary.

2. Altarum Responsibilities:

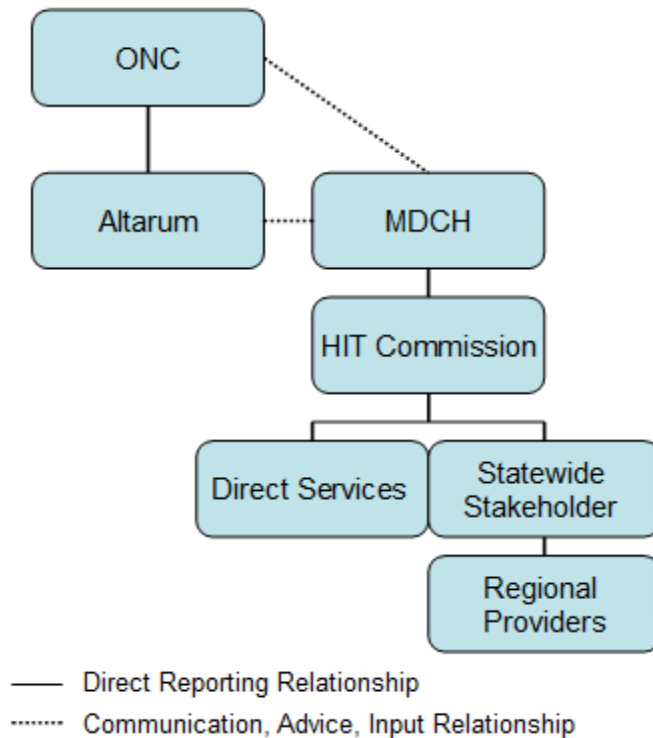
- a. Provide MDCH and the HIT Commission with financial and operational reports to allow the Department and Commission to provide functional advice. Information will be provided up to the level of detail provided to ONC and publically available. To facilitate transparency, reports will be made quarterly at a minimum and sooner upon request by MDCH HIT Coordinator. The reports will include information on:

M-CEITA Advisory Activities
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1. **Milestones** – achieved against planned for overall program and for each subcontractor
 2. **Finances** – reimbursements from ONC for overall program and for each subcontractor; accounting of all other funding sources including total received / remaining funds, and for individual subcontracts and purchase orders; provider payments for services
 3. **Current Activities & Key Decisions** – major program deliverables, changes, and key decisions / influencers
 4. **Upcoming Activities & Key Decisions** – upcoming program deliverables, changes and decisions
- b. Provide other documentation deemed relevant or reasonably requested in writing by the MDCH HIT Coordinator.
 - c. Support MDCH in developing standing and timely agenda items for the Commission and relevant committees, including follow-up on advise and direction provided by the HIT Commission through MDCH.

Stakeholder Advisory Structure:

The Michigan HIT Commission has been asked by the ONC to be the focal point for stakeholder advisory activities. This change is prompted by ineffective stakeholder input structures that among other critical issues, did not appropriately manage conflicts of interest. Trust, transparency and collaboration are essential to making M-CEITA successful in Michigan and should therefore be the foundation of the stakeholder input structure. As such, the following structure is proposed:



M-CEITA Advisory Activities

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In this structure the ONC continues to hold Altarum, M-CEITA's prime contractor, responsible for the financial and programmatic performance of the program. ONC has a direct communication link with MDCH. Altarum has a direct communication link to MDCH which will receive the recommendations of the HIT Commission. The HIT Commission will have three sub-committees that will report to the HIT Commission and will provide recommendations and input. In all cases, each group, organization and individual participating in this structure are expected to respect the communication paths defined above, and provide requests, suggestions, input and the like in written formats for consideration to enable consistent documentation and transparency.

Committees:

1. **The Direct Services committee** will be made up of organizations that are direct assistance sub-contractors to Altarum tasked with performing M-CEITA services in defined regions throughout the state. This committee is created to remedy the issues of conflict of interest in the stakeholder groups by grouping all entities that have inherent conflicts of interest yet also have valuable insight into the success, challenges and potential issues of the program. **This committee is responsible for reporting overall program progress against the stated M-CEITA goals.** This group will report the defined M-CEITA metrics and measures to the HIT Commission in a consistent format. This committee will bring policy or performance issues to the HIT Commission for their input and recommendation on a remedial course of action to Altarum. A rotating presenter from the four organizations (or as otherwise requested by MDCH / HIT Commission) will report back to the HIT Commission on program progress and challenges.
 - a. Members: Altarum, MPRO, MPHI, UPHCN and relevant sub-contractors
 - b. Deliverables: Consistent reporting to HIT Commission on program progress and challenges in a format that is approved by the HIT Commission.

2. **The statewide stakeholder committee** will be made up of the associations that represent the stakeholders that are impacted by the services of M-CEITA. Michigan's healthcare stakeholders must trust the M-CEITA program and statewide trade associations can facilitate this trust by transparently sharing relevant information with the HIT Commission. This committee is responsible for a two-way communication between the stakeholders they serve and the Michigan HIT Commission. **The statewide stakeholder committee will report to the HIT Commission the input of Michigan's healthcare stakeholders on the service offerings, experience working with, perceptions of, and the general impact of M-CEITA services.** This committee will formulate recommendations to the HIT Commission based on the feedback from their respective stakeholders. If members of the statewide stakeholder committee become contractors or sub-contractors then they will move to the direct services committee.
 - a. Members: MSMS, MHA, MOA, ACOG-MI, AAP-MI, MAFP, MPCA, and others
 - b. Deliverables: Updates to the HIT Commission based on stakeholder feedback.

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3. **The regional providers** committees are essential component of reflecting the unique opportunities and challenges in local healthcare markets as they relate to M-CEITA services. The regional providers committees will be adopted based on the former “M-CEITA steering committee” structure and the early 2011 M-CEITA decisions to localize the former “steering committee” input functions. **The regional providers committees will report back to the HIT Commission with insights, progress, and challenges based on the M-CEITA services being offered in their respective communities.**
 - a. Members: members recruited locally.
 - b. Deliverables: Provide regionalized feedback and input to the HIT Commission.