

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

Minutes for the June 2015 Meeting

Date: Thursday, June 4th, 2015
12:14 pm – 1:02 pm

Location: Connecting Michigan Conference
Lansing Center
333 E. Michigan Avenue
Lansing, Michigan 48933

Commissioners Present:

Gregory Forzley, M.D., Co-Chair
Patricia Rinvelt, Co-Chair
Tim Becker
Robert Milewski
Peter Schonfeld
Mark Notman, Ph.D.
Irita Matthews
Rozelle Hegeman-Dingle, PharmD
Nick Smith
Michael Chrissos, M.D.
Orest Sowirka, D.O.

Commissioners Absent:

Jill Castiglione, RPh
Rodney Davenport, CTO

Staff:

Meghan Vanderstelt
Kimberly Bachelder
Phillip Kurdunowicz

Attendees: Based on attendance figures for the second day of the Connecting Michigan conference, the Michigan Department of Health and Human Services estimates that 300 individuals attended the June HIT Commission meeting.

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, June 4th, 2015 at the Connecting Michigan conference with 11 Commissioners present.

A. Welcome and Introductions

1. Co-Chair Dr. Gregory Forzley called the meeting to order at 12:14 p.m.
2. Co-Chair Dr. Forzley introduced the audience to the HIT Commission and reviewed the purpose of the commission as defined by Public Act 137 of 2006.
3. Co-Chair Dr. Forzley invited the members of the commission to introduce themselves.

B. Review and Approval of the 5/21/2015 Meeting Minutes

1. Co-Chair Dr. Forzley asked the commissioners to review and consider approving the minutes from the May 2015 meeting.
2. Co-Chair Patricia Rinvelt made a motion to approve the minutes, and Commissioner Rozelle Hegeman-Dingle second the motion.
3. Co-Chair Dr. Forzley asked if there was any objection to approving the minutes. Seeing none, he noted that the minutes had been approved at 12:18 p.m.

C. HIT Commission 2015 Goals and Objectives

1. Co-Chair Dr. Forzley invited Ms. Meghan Vanderstelt of the Michigan Department of Health and Human Services (MDHHS) to provide an overview of the commission's annual report as well as the structure of today's meeting. The 2014 Annual Report is available for review of the Department's website.

- a. Ms. Vanderstelt noted that the 2014 Annual Report had been submitted to the Legislature and that the report included six domains as outlined below:
 - i. Stakeholder and Consumer Engagement
 - ii. Care Coordination
 - iii. Governance, Policy, Planning, and Innovation
 - iv. Person-Centered Planning
 - v. Privacy and Security
 - vi. Population Health and Data Analytics
 - b. Ms. Vanderstelt asked the commission to use the discussion time today to review these domains and recommend strategies for achieving the goals of the report.
 2. Ms. Vanderstelt invited Commissioner Tim Becker, Deputy Director of MDHHS, to provide perspective on the Department's strategic direction and to identify some of the related data sharing needs.
 - a. Commissioner Becker noted that the Department's overarching goal is to deliver services in a smarter way with less fragmentation and a greater focus on the needs of the person.
 - b. Commissioner Becker emphasized that information technology (IT) could play a role in transforming the service delivery system and mentioned that MDHHS is looking for ways to connect the Department's various IT systems.
 - c. Commissioner Becker also noted that the Department is looking to collaborate with stakeholders across the health care system to improve how services are delivered to the individual. He highlighted the development of the standard consent form as an example of this type of collaboration.
 - d. Commissioner Becker highlighted how the Department is integrating its information sharing approach into the re-bid for the Medicaid Health Plan contracts. He noted how information sharing plays a role in all four "pillars" of the re-bid:
 - a. Population Health Management
 - b. Value-Focused Payment
 - c. Integration of Care
 - d. Structural Transformation
 - e. Commissioner Becker also noted that the Department is participating in the Enterprise Information Management initiative and is working on improving interoperability with different state agencies.
 - f. Commissioner Becker asked the commission to explore how the Department can partner with external stakeholders to improve data sharing and the delivery of health care services in Michigan.
 3. Co-Chair Dr. Forzley opened the floor to the commissioners and asked them for their ideas on how to implement the goals outlined in the annual report.
 - a. Commissioner Robert Milewski emphasized the need for cross-sector collaboration on data sharing issues.
 - i. Commissioner Milewski particularly highlighted the importance of improving care coordination and noted that the Medication Reconciliation use case would be a good opportunity to advance this goal.
 - ii. Commissioner Milewski also emphasized the need to explore ways to leverage health information technology (HIT) to address chronic disease.
 - b. Commissioner Peter Schonfeld stated his support for the pillars as outlined under the Medicaid re-bid.

- i. Commissioner Schonfeld also noted the importance of leveraging HIT to paying for value and improving the use of quality measures.
 - ii. Ms. Vanderstelt agreed with Commissioner Schonfeld and mentioned that the HIT Commission can work on incorporating quality measurement into several domains.
- c. Co-Chair Rinvelt emphasized the importance of improving coordination of mental health services with physical health services and noted that Lt. Governor Brian Calley had mentioned this issue this morning.
- d. Commissioner Orest Sowirka advocated for reviewing HIT challenges with the Long-Term Care (LTC) system, which a specific emphasis on transitions of care.
 - i. Commissioner Sowirka highlighted some of the work being done by the Upper Peninsula Health Information Exchange (UPHIE) with LTC facilities.
 - ii. Commissioner Sowirka lauded the work that has been done with the Peace of Mind registry and inquired about what further efforts could be taken to encourage more people to use it.
 - iii. Ms. Vanderstelt noted that the Peace of Mind registry has officially been launched for consumers and that MDHHS is working with Gift of Life to expand access to providers.
- e. Commissioner Milewski advocated for improving the coordination of funding for HIT initiatives. He specifically noted the importance of providing ongoing funding to sustain initiatives as well as reducing duplication of efforts across the system.
- f. Co-Chair Dr. Forzley noted that the commission plays a critical role with advising the Department on HIT issues.
 - i. Co-Chair Dr. Forzley mentioned the paradigm shift in the health care community from treating data as a competitive advantage towards sharing data across the system.
 - ii. Co-Chair Dr. Forzley also noted the importance of consumer engagement and enhancing the person-centered delivery of services.
 - iii. Co-Chair Dr. Forzley also advocated for including faith-based organizations in statewide health information exchange (HIE) efforts due to their close connections with communities.
- g. Commissioner Schonfeld indicated the need to find communities who are succeeding with sharing data across the system and learn from them.
 - i. Commissioner Schonfeld highlighted interoperability efforts in Grand Rapids.
 - ii. Commissioner Schonfeld also emphasized the importance of revising the payment system to support the use of HIT with the delivery of care.
- h. Co-Chair Dr. Forzley suggested exploring how HIT can support the movement towards a “Learning Health System” and noted the importance of ongoing collaboration across the system.
 - i. Co-Chair Dr. Forzley highlighted the example of the standard consent form as one type of collaboration.
 - ii. Ms. Vanderstelt echoed this comment and mentioned that the challenge for the standard consent form is increasing adoption and utilization.
- i. Commissioner Milewski encouraged the commission to explore ways to connect consumers to health care services through the use of apps and smartphones.

- j. Commissioner Schonfeld emphasized the need to address privacy and security issues, and Ms. Vanderstelt supported this idea and advocated for continuing to work with the Michigan Healthcare Cybersecurity Council on these issues.
- k. Commissioner Irita Matthews noted the importance of increasing consumer participation of Health Information Technology. She specifically emphasized the need to explain to consumers what happens with their health care data.
- l. Co-Chair Rinvelt noted that making consumer apps usable and demonstrating the value of the apps is important to increasing adoption by consumers.
- m. Commissioner Rozelle Hegeman-Dingle mentioned the challenge that consumers face with dealing with multiple portals and noted that FHIR might play a role in addressing this issue. She also noted that there are some security and privacy issues to resolve with the use of FHIR.
- n. Co-Chair Dr. Forzley also highlighted the importance of addressing internet connectivity issues in terms of extending HIT to all parts of the state.
- o. Ms. Vanderstelt also encouraged the commission to explore currently existing forums or initiatives that could be leveraged to advance HIE in Michigan.
- p. Commissioner Nick Smith noted that consumerism is not a new concept outside of the health care world, and he encouraged the commission to explore ways to connect consumers to technologies to compare and contrast different providers.
- q. Commissioner Milewski emphasized the importance of educating consumers about privacy and security considerations for HIT and HIE. He clarified that consumers want to understand why they currently cannot access their information everywhere but also want to know what protections exist for the use of health information.
- r. Commissioner Dr. Mark Notman encouraged the commission to take a system-level perspective with consumer engagement efforts and to focus on ways to help consumers transition between providers.
- s. Commissioner Hegeman-Dingle advocated for considering how telehealth technologies might fit into the data sharing ecosystem. Ms. Vanderstelt agreed with that suggestion and noted that there are policy elements to that question as well as technological ones.
- t. Co-Chair Dr. Forzley noted that the health care system is a pioneer with data sharing in certain ways including sharing data between different providers and making information available to consumers.
 - i. Commissioner Dr. Michael Chrissos noted that the health care system might be able to learn lessons from the credit card companies in terms of data sharing.
 - ii. Co-Chair Dr. Forzley mentioned that one credit card company might not know if one of their customers is also using another credit card, and he contrasted that situation with where health care providers are expected to share information and coordinate services across the system.
- u. Commissioner Dr. Chrissos encouraged the commission to find “low-hanging fruit” in terms of consumer engagement initiatives and explore ways to help consumers become involved with these initiatives.

D. HIT Commission Next Steps

1. Ms. Vanderstelt noted that the Office of Health Information Technology would take this information from the HIT Commission discussion and turn it into an “action plan” for the upcoming year.

2. Ms. Vanderstelt also invited the audience to present ideas on how to achieve the goals outlined in the annual report during public comment.

E. Public Comment

1. Co-Chair Dr. Forzley opened the meeting to public comment.
2. Dr. Tim Pletcher of the Michigan Health Information Network (MiHIN) asked the commission to identify actions that the HIT community could take to support the annual report goals?
 - a. Commission Dr. Chrissos encouraged stakeholders to involve the commission in initiatives to help resolve difficulties at an early stage. He provided the example of the multiple conflicting quality initiatives that providers are trying to address.
 - b. Commissioner Milewski asked stakeholders to focus less on competition and more on collaboration on HIE issues.
 - c. Co-Chair Dr. Forzley voiced the need for a review of patient safety efforts in Michigan and exploration of how HIT could help address safety issues.
 - d. Commissioner Matthews encouraged stakeholders to teach the commission about the demographics of the populations that they serve, which could help inform the policy-making process.
 - e. Commissioner Hegeman-Dingle advocated for exploring ways to break down barriers and inefficiencies in the health care system such as duplicative testing.
 - f. Commissioner Dr. Notman noted that implementation of HIT on the ground is also an important part of the process and encouraged stakeholders to identify areas where the commission could focus its efforts and improve implementation.
 - g. Commissioner Schonfeld also emphasized the importance of identifying where HIE can assist organizations with achieving operational efficiencies. He provided the example of hospitals understanding how they can ensure that their employees are immunized against different diseases.

F. Adjourn

1. Ms. Vanderstelt thanked MiHIN for providing the commission with a great forum for today's meeting.
2. Co-Chair Dr. Forzley adjourned the meeting at 1:02 pm.