

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

Minutes for the March 2014 Meeting

Date: Thursday, March 19, 2015
1:00 pm – 3:00 pm

Location: MDCH
1st Floor Capitol View Building
Conference Room B & C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:

Patricia Rinvelt, Co-Chair
Robert Milewski (Phone)
Peter Schonfeld
Mark Notman, Ph.D.
Irita Matthews
Rozelle Hegeman-Dingle, PharmD
Orest Sowirka, D.O.
Rodney Davenport, CTO
Nick Smith

Commissioners Absent:

Gregory Forzley, M.D., Co-Chair
Tim Becker
Jill Castiglione, RPh
Michael Chrissos, M.D.

Staff:

Meghan Vanderstelt
Phillip Kurdunowicz
Kimberly Bachelder

Guests (In Person):

Laura Rappleye
Clare Tanner
Angela Vanker
Anya Day
Tina Scott
Ahmed Alsabahi
Sylvia Spencer
Erin Bruder
Bruce Maki
Ryan Koolen
A. Dennis Olmstead, D.O.

Allison Purtell
Patrick Sheehan
James Nolan
Cynthia Green-Edwards
Tim Pletcher, PhD
Meghan Spiroff
Michael Taylor
Scott Larsen
Travena Green
May Al-Khafaji

Shannon Stotenbur-Wing
Philip Vigas
Wayne Kuipers
Umbrin Attequi
Abdulla Alkwmaili
Tairus Taylor
Joshua Rubin
Cindy Schnetzer
Kevin Brooks
Traci Wightman

Guests (Over the Phone):

Hunt Blair
Amy Olszewski
Eric Sircus
Kristy Brown
Patricia MacTaggart
Susan Nordyke

John Rancourt
Andrew Mason
George Farmer
Lee Marana
Paula Hedlund

Amy Grasso
Dan Boyle
Jeff Livesay
Mick Talley
Sue Kish

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, March 19, 2015 at the Michigan Department of Community Health with 9 Commissioners present.

A. Welcome and Introductions

1. Chair Patricia Rinvelt called the meeting to order at 1:08 p.m.
2. Chair Rinvelt noted that the Governor had recently appointed a new commissioner member to the Health Information Technology Commission (Commission).
 - a. Chair Rinvelt invited Commissioner Peter Schonfeld to introduce himself.
 - b. Commissioner Schonfeld introduced himself as the Senior Vice President for the Michigan Health and Hospital Association and noted that he would be representing hospitals on the Commission.
 - c. The other commissioners introduced themselves as well.
3. Chair Rinvelt opened the floor to updates from the Commissioners.
 - a. Chair Rinvelt noted that the June meeting would be held at the Connecting Michigan Conference on June 4th during lunch. She also mentioned that logistical details for the meeting would be shared with the commissioners in the near future.
 - b. Chair Rinvelt also noted that several students from her graduate classes at Eastern Michigan University were at the Commission meeting.

B. Review and Approval of the 2/19/2014 Meeting Minutes

1. Chair Rinvelt presented the draft minutes from the last meeting to the Commission.
2. Ms. Meghan Vanderstelt asked for an amendment to the meeting minutes in order to address an issue related to 90 day reporting period for Meaningful Use. She explained that the Notice of Proposed Rulemaking (NPRM) had not been issued yet and that the 90 day reporting period would not be official until the NPRM was approved.
3. Commissioner Irita Matthews made a motion to approve the minutes with the suggested edit, and Commissioner Nick Smith seconded that motion.
4. Chair Rinvelt asked if there were any objections to approving the minutes. Seeing none, Chair Rinvelt noted that the minutes had been approved at 1:14 p.m.

C. Health Information Technology/Health Information Exchange Update

1. Chair Dr. Forzley asked Ms. Vanderstelt to provide an update on recent developments in the field of health information technology (HIT) and health information exchange (HIE) in Michigan. The PowerPoint slides for this presentation will be posted to the Commission website after the meeting.
2. Commission Dashboard
 - a. Ms. Vanderstelt highlighted the two new sections of the dashboard and asked the commissioners for their feedback on the new sections:
 - i. myHealthButton/myHealthPortal
 - ii. Consumer Engagement
 - b. Commissioner Mark Notman appreciated the new sections and noted how they were timely due to the Commission's new focus on the strategic domains.
 - c. Ms. Vanderstelt also suggested that future dashboard presentations should only cover the major highlights of the dashboard as opposed to an in depth review of each section. The Commissioners agreed with this suggestion.
3. Peace of Mind Registry

- a. Ms. Vanderstelt provided an update on the Peace of Mind Registry and noted that the website had been launched on March 9th.
 - b. Ms. Vanderstelt explained that the Peace of Mind Registry would act as a statewide repository for advanced directives.
 - c. Ms. Vanderstelt noted that the registry was established in response to two pieces of state legislation: one public act charged the Gift of Life organization with creating the registry, and the other public act required the Michigan Department of Community Health to offer all Health Michigan Plan enrollees a chance to submit an advance directive to the registry.
 - d. Ms. Vanderstelt noted that the Department was also working with its Health Information Exchange (HIE) partners to explore the possibility of submitting advanced directives through myHealthButton/myHealthPortal to the registry.
4. 2014 Annual Report
- a. Ms. Vanderstelt noted that the Office of Health Information Technology (HIT Office) had integrated the Commission's edits into the revised version of the report. She explained further that the HIT Office had added a new appendix to the report to highlight legislative requests.
 - b. Chair Rinvelt requested that the recommendation for the standard consent form also be added to the new appendix. The other commissioners concurred with this request, and Ms. Vanderstelt confirmed that the HIT Office would add it to the report.
 - c. Chair Rinvelt made a motion to approve the annual report with the previously mentioned edit, and Commissioner Matthews seconded the motion. Chair Rinvelt asked if there were any objections to approving the annual report. Seeing none, Chair Rinvelt noted that the minutes had been approved at 1:22 p.m.

5. Public Comment

D. Michigan Blueprint for Health

- 1. Commissioner Rinvelt introduced Ms. Clare Tanner of the Michigan Public Health Institute and asked her to give a presentation on Michigan's Blueprint for Health initiative. The PowerPoint slides for this presentation will be posted on the website after the meeting.
 - a. Ms. Tanner provided some background information on the history of the project and noted that the federal government approved Michigan's proposal in January 2015 for a targeted start date of February 1, 2015.
 - b. Ms. Tanner also explained that Michigan is a Round 2 Test Stage and would be joining several other states in testing different models of health care reform.
 - c. Ms. Tanner noted that the State Innovation Model initiative is linked to the effort of CMS to link payments to quality, which includes a goal of linking 85 percent of FFS payments to quality by 2016 and 90 percent of payments by 2018.
 - d. Ms. Tanner noted that Michigan's initiative would start rolling out the model to Wave 1 regions in 2016 and would expand the model to Wave 2 regions in 2017.
 - e. Ms. Tanner explained that the initiative would focus on three populations:

- i. “Super-utilizers” (Individuals who have 8 or more emergency department visits)
 - ii. Healthy Babies
 - iii. Multiple chronic conditions
- f. Ms. Tanner highlighted the different elements of the model:
 - i. Patient Centered Medical Homes
 - a. Ms. Tanner explained that Michigan would be building upon previous initiatives involving Patient Centered Medical Homes and health homes.
 - b. Ms. Tanner noted that goals for this part of the model would include integrating primary care and behavioral health services, coordinating clinical practices with community resources, and using Health Information Technology resources effectively.
 - ii. Accountable Systems of Care
 - a. Ms. Tanner mentioned the importance of integrating services across settings and organizations and noted that Michigan would be leveraging existing delivery systems such as physician organizations, Medicaid Health Plans, and other health systems.
 - b. Ms. Tanner explained that the challenge for this part of the model would be coordinating complex care across different delivery systems and effectively integrating health information technology and health information exchange capabilities.
 - iii. Community Health Innovation Regions – Ms. Tanner noted that Michigan would build on existing collaborative bodies and health improvement organizations with the challenge of creating sustainable funding and community partnerships for public health efforts.
 - iv. Payment reform
 - a. Ms. Tanner noted that Michigan would be following the trend of tying payments towards population level performance and moving away from Fee For Service.
 - b. Ms. Tanner also noted that the model is multi-payer and that Michigan would be working to align payments across payers.
 - c. Ms. Tanner clarified that the model would involve two types of payment structures: a Level 1 model focused on shared savings and a Level 2 model focused on capitation.
- g. Ms. Tanner highlighted some of the mechanisms that Michigan would use to assist test regions with implementing the model.
- h. Ms. Tanner noted that Michigan is still in the pre-implementation phase and is currently working on engaging stakeholders, establishing advisory bodies for the project, identifying necessary HIT-HIE components, working on payment models, and exploring issues related to health care quality.

- i. Ms. Tanner noted that the project team was currently looking for feedback on the draft requirements for participation and would welcome input from the commission. Ms. Tanner also highlighted the importance of developing policies that encourage participation in statewide data sharing efforts and noted the key role of the commission in this area.

2. HIT Commission Discussion

- a. Commissioner Mathews asked for clarification on the difference between round 1 and round 2 model test states.
 - i. Ms. Tanner explained that the federal government understood that not all states were ready to implement test models in 2012 and that some states might need additional time.
 - ii. Ms. Tanner also noted the difference between planning and implementation grants and explained that Michigan received a planning grant to develop the Blueprint for Health model and a implementation grant to test the model.
- b. Commissioner Notman asked about what the timeline for HIT Commission input would be and whether regions would be selected based on certain HIT attributes.
 - i. Ms. Tanner noted that she was in communication with the HIT Office and that there would be several opportunities in the next year.
 - ii. Ms. Tanner also noted that the Accountable System of Care Assessment draft had recently been released for comment.
 - a. Ms. Vanderstelt noted the importance of public review of the assessments to see if Michigan is asking the right questions in terms of HIT and HIE. She also mentioned that Michigan would be working to leverage the HIT infrastructure during the initiative.
- c. Commissioner Notman inquired about what the role of the assessment would be in selecting regions.
 - i. Ms. Tanner noted that the combination of the ASC survey and Community Health Innovation Region would be used to select regions. She also noted that the assessments would be used to determine whether regions would be part of Wave 1 (2016) or Wave 2 (2017).
 - ii. Ms. Tanner noted that input on the ASC assessment is due on April 2, 2015.
- d. Commissioner Schonfeld noted that finding providers who are ready to electronically transfer information on care management and quality metrics would be an important part of the demonstration.
 - i. Ms. Vanderstelt agreed and mentioned the value of building off of current data sharing initiatives in Michigan.
 - ii. Commissioner Schonfeld also noted the challenge of interoperability and the gap between the number of entities that are sending ADT messages and highlighted the number of entities that are receiving them.
 - iii. Ms. Vanderstelt emphasized that the Blueprint would seek to expand on current interoperability efforts.

- e. Chair Rinvelt asked about the composition of the Steering Committee for the project, and Ms. Tanner noted that it would be composed of partners within the test regions such as provider organizations, payers, and other community entities.

3. Public Comment

E. Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap

1. Chair Rinvelt invited Ms. Erica Galvez of the Office of the National Coordinator for Health Information Technology (ONC) to present on ONC's nationwide roadmap for interoperability. Mr. John Rancourt and Mr. Hunt Blair (also of ONC) introduced themselves and noted that they would be presenting on behalf of Ms. Galvez. The PowerPoint slides for this presentation will be posted to the Commission website after the meeting.
 - a. Mr. Rancourt defined interoperability as "...the ability of a system to exchange electronic health information with and use electronic health information from other systems without special effort on the part of the user." He noted that the US health care system is currently struggling with the interoperability issue and that ONC developed the roadmap to outline a path to improving interoperability.
 - b. Mr. Rancourt outlined the principles and timeline within the roadmap.
 - i. Mr. Rancourt noted that the overall goal of the roadmap is to develop the data sharing capabilities to support "Learning Health System."
 - ii. Mr. Rancourt emphasized the importance of the roadmap to identifying interdependencies between technologies, standards, and initiatives.
 - iii. Mr. Rancourt explained that the roadmap is broken into three phases:
 - a. Developing the ability to send, receive, and use a common data set on a nationwide basis (2015 to 2017)
 - b. Expanding interoperability to include other types of data and users (2018 to 2020)
 - c. Broad-scale Learning Health System (2021 to 2024)
 - c. Mr. Rancourt also provided some perspective on the 10 principles of the roadmap.
 - i. Mr. Rancourt noted that an interoperable health system will include and must accommodate the needs of many different types of people and uses.
 - ii. Mr. Rancourt also mentioned the challenges for addressing tensions between the different principles of the roadmap.
 - d. Mr. Rancourt also highlighted some of the critical near-term actions that need to be completed based on the building blocks.
 - i. Mr. Rancourt emphasized the importance of developing core technical standards and specifications.
 - a. Mr. Rancourt noted that ONC would focus on identifying the "best available standards" for stakeholders to use on a nationwide basis, which would include a set of standards for a core clinical data set.
 - b. Mr. Rancourt also praised the work of MiHIN and other Michigan stakeholders with driving the discussion on the adoption of common standards forward.

- ii. Mr. Rancourt also mentioned that ONC will continue its certification activities to support adoption and optimization of HIT products and services.
- iii. Mr. Rancourt indicated that ONC would also work with stakeholders to improve the privacy and security of HIT and HIT across the nation.
- iv. Mr. Rancourt also highlighted the importance of supportive business, clinical, cultural, and regulatory environments to improving interoperability.
 - a. Mr. Rancourt emphasized the value of aligning policy and funding levers to encourage the adoption of HIT and HIE according to national standards.
 - b. Mr. Rancourt noted that the components of Michigan's Blueprint for Health such as Accountable Systems of Care and Community Health Innovation Regions support this goal.
 - c. Mr. Rancourt highlighted the importance of state action on promoting adoption of HIT and HIE and noted that ONC is issuing a "Call to Action" for states. He noted that the roadmap includes a timeline of different actions that states can take to promote interoperability, which includes actions related to insurance regulations, licensing, and payment models.
 - d. Mr. Blair indicated that ONC is taking a similar approach at the federal level in terms of working to align policy levers.
 - i. Mr. Blair highlighted the importance of ONC's "Strategies and Principles for Accelerating Health Information Exchange" towards setting the groundwork for federal action on supporting interoperability through policy levers.
 - ii. Mr. Blair noted that Kelly Cronin of the Office of Care Transformation within ONC has spent the last year working with different federal partners to outline actions that can be taken to support interoperability and health information exchange at the nationwide level.
 - iii. Mr. Blair also highlighted the recent announcement by the Department of Health and Human Services that Medicare would increasingly be shifting away from a Fee For Service model and towards a Pay For Value model: Mr. Blair indicated that this shift would create incentives for participation in HIE.
- v. Mr. Rancourt also noted that ONC would be working to define metrics to measure progress on advancing interoperability.
 - a. Mr. Rancourt highlighted the work of Dr. Julia Adler-Milstein from the University of Michigan on measuring interoperability.
 - b. Mr. Rancourt also stated that ONC would be working to leverage existing data sources and develop new ones to measure

interoperability. He provided some examples of data sources such as the Meaningful Use reporting system and ONC surveys.

- e. Mr. Rancourt noted that the roadmap will be open for public comment under Friday, April 3, 2015, and he asked the commission to review the roadmap and provide their feedback.

2. HIT Commission Discussion and Public Comment

- a. Chair Rinvelt asked for a copy of the “Call to Action” timeline for states.
- b. Mr. Rancourt noted that the timeline is included on Page 43 of the roadmap, and Ms. Vanderstelt noted that the HIT Office would extract the timeline and share it with the commission.
- c. Mr. Jeff Livesay asked about the position of the roadmap on the Argonaut project, Fast Healthcare Interoperability Resources (FHIR), and Open Application Programming Interfaces (APIs).
 - i. Mr. Blair noted that the Argonaut project is not explicitly mentioned, but he noted that the roadmap mentions developing strategies based on APIs.
 - ii. Mr. Blair also highlighted the importance of governance to supporting the adoption of business and technical requirements. He emphasized that ONC sees the discussion about how APIs could interoperability as an importance component of the roadmap. Mr. Blair also noted that ONC hopes to facilitate a broad discussion on APIs that incorporates the needs of all stakeholders and not just EHR vendors.
 - iii. Mr. Rancourt noted that the FHIR initiative is mentioned on page 82 of the roadmap.
- d. Ms. Vanderstelt asked about what types of actions should Michigan consider taking based on the state’s current progress with HIE as well as ongoing health care transformation initiatives.
 - i. Mr. Rancourt noted that Michigan is a very exciting state due to its participation in SIM and emphasized that the advancement of interoperability is dependent on the advancement of health care system in general. He also highlighted the importance of aligning Medicaid initiatives with the efforts of payers and providers.
 - ii. Mr. Blair also emphasized the importance of Michigan’s use of Medicaid initiatives to support HIE work. He also noted the importance of governance structures to facilitating collective action on statewide HIE and mentioned that the Use Case Factory under MiHIN is a good model that could be leveraged to promote common use cases.
- e. Commissioner Schonfeld asked about what policy levers could be used during the rebidding of Michigan’s contracts for Medicaid Health Plans to support HIE.
 - i. Mr. Rancourt noted that this is one kind of policy lever that ONC supports and indicated that requiring providers within the plan network to be connected to a HIE is one activity that could be done through a rebid.

- ii. Mr. Blair mentioned that including requirements in state contracts to adhere to certain HIE standards is another example of a potential policy lever. He noted that certain standards such as the ones under Meaningful Use are more mature and ready to be integrated while other standards such as standards for behavioral health and long-term supports and services may need more time to develop.
 - iii. Mr. Rancourt noted that ONC is working on defining the best available standards through its standards advisory committee.
- f. Chair Rinvelt asked if the commissioners would like to submit comments on the roadmap as a group or individuals.
 - i. Ms. Vanderstelt noted that the HIT Office could help aggregate comments from commissioners into a common document. Chair Rinvelt supported this idea and noted that individual commissioners could choose to submit comments to Meghan for the group document or submit them to ONC on an individual basis.
 - ii. Ms. Vanderstelt noted the short time frame for submitting feedback and asked the commissioners to send her their comments within the next week.
 - iii. Mr. Rancourt noted that ONC is not using a formal rule process for the roadmap and that ONC will be looking to continue to engage stakeholders in an ongoing dialogue even after the roadmap is finalized.

F. HIT Commission Next Steps

- a. Chair Rinvelt asked the commissioners to consider their plans for meeting over the next quarter.
 - i. Chair Rinvelt proposed that the commission not meet in April and that the HIT Office prepare an email update for the commission instead.
 - ii. Chair Rinvelt also asked what the commissioners would like to do about the May meeting since it would be close to the date of June meeting.
 - a. Commissioner Matthews stated that it would be ok to meet in May if there was sufficient content to be discussed.
 - b. Ms. Vanderstelt and Chair Rinvelt noted that the May meeting could be used to prepare for the June meeting.
 - c. The commissioners concurred with that idea.
 - iii. Chair Rinvelt noted that the June meeting would be held at the Connecting Michigan conference on June 4 from 12:30 to 1:30 pm.
- b. Ms. Vanderstelt also asked the commissioners to start sending information to the HIT Office on their summer plans and noted that the commission has historically taken a hiatus during at least one of the months in the third quarter of the year.

G. Public Comment

- 1. Chair Rinvelt opened the floor to public comment.
- 2. Attendees introduced themselves but did not submit any public comments.

H. Adjourn – Chair Rinvelt adjourned the meeting at 2:53 pm.