Michigan Health Information Technology (HIT) Commission
Meeting Minutes

Date　　　　Thursday, June 25, 2020, 1:00 p.m. – 3:02 p.m.

Location　Virtual Meeting

Commissioner Attendance

Name	Representing	Attendance
Norman Beauchamp, M.D.	Schools of Medicine	Absent
Nicholas D'Isa, **co-chair**	Health Plans or Other Payers	Present
Sarah Esty	Department of Health and Human Services	Present
Jack Harris	Department of Technology, Mgmt., Budget	Present
Rozelle Hegeman-Dingle, PharmD	Pharmaceutical Industry	Present
Jonathon Kufahl	Hospitals	Present
Paul LaCasse, D.O.	Doctors of Osteopathic Med. and Surgery	Present
Pat Rinvelt	Purchasers or Employers	Present
Thomas Simmer, M.D., **co-chair**	Nonprofit Health Care Corporations	Present
Renée Smiddy, M.S.B.A.	Consumers	Present
Heather Somand, Pharm.D.	Pharmacists	Present
Jim VanderMey	HIT Field	Present
Michael Zaroukian, M.D., Ph,D.	Doctors of Medicine	Present

Michigan Department of Health and Human Services (MDHHS) Staff:
Chris Jackson, Erin Mobley, Trevor Youngquist

Guests:
Registration is not required to attend HIT Commission virtual public meetings. Due to open registration, we are currently not able to capture public attendance.

Minutes:　　The regular Health Information Technology (HIT) Commission meeting was held virtually on June 25, 2020 with twelve (12) commissioners in attendance.

A. **Welcome and Introductions**
   Presented by Trevor Youngquist, MDHHS Data Sharing Policy Analyst
   a. Co-chair Dr. Thomas Simmer called the meeting to order at 1:00 p.m.
   b. Trevor Youngquist provided an introduction and overview of the virtual meeting platform.
   c. He provided rules and procedures for virtual housekeeping and the public comment period.
B. **Commission Business**
   Presented by the commission chair
   a. Mr. Youngquist confirmed quorum for the meeting.
   b. **Review of the 2/25/2020 Minutes**
      i. Co-Chair Simmer presented a motion to approve the February 2020 meeting minutes.
         1. Co-chair Nicholas D'Isa seconded the motion.

      2. Commissioner Dr. Michael Zaroukian supported the motion.

      3. There was no discussion about the minutes

      4. The minutes were approved unanimously.

C. **MDHHS Update**

Presented by Trevor Youngquist, MDHHS Data Sharing Policy Analyst

    a. Mr. Youngquist provided an update on the MDHHS data strategy.

      i. There were no further details provided beyond what was presented at the February 2020 public meeting.

    b. He welcomed the CedarBridge Group, LLC ("CedarBridge"), the consulting group contracted on behalf of Michigan Health Endowment Fund grantmaking provided to update the state health IT roadmap.

    c. He welcomed additional thoughts on welcoming CedarBridge from the commission's Roadmap Steering Committee ("RSC")

      i. Commissioner Sarah Esty and commissioner Zaroukian recommended that additional feedback be provided during CedarBridge's presentation later in the meeting.

    d. Mr. Youngquist provided an update on the continuation of virtual convenings for the HIT Commission.

      i. Given the coronavirus pandemic and its effect on public health in Michigan, the convening of HIT Commission meetings will continue virtually into the future, pursuant to executive orders or any other directives pertaining to convening public meetings virtually.

    e. He welcomed comments or questions from commissioners.

      i. There were no comments or questions.

D. **May Update Overview**

    a. **Heath Information and Management Systems Society (HIMSS)**

Presented by Jeff Coughlin, Senior Director, Federal & State Affairs, HIMSS

      i. Jeff Coughlin presented a brief overview on emerging federal policy from the May 2020 Update Presentation, pertaining to the:

        1. Coronavirus Aid, Relief and Economic Security (CARES) Act

        2. The US Department of Health and Human Services' Center for Medicare and Medicaid Services (CMS) and Office of the National Coordinator for Health IT (ONC) rulemaking

      ii. He invited comments or questions from commissioners.

        1. Commissioner Zaroukian inquired about continued telehealth reimbursement models (enabled currently by the HHS public health emergency and the CARES Act) at the federal and state levels.

          a. Mr. Coughlin explained that HIMSS is actively advocating for an expansion of beneficial policies enabled by the public health emergency declaration

          b. He stated that HIMSS is developing a policy letter for Congress and CMS to advocate for continued telehealth policies that are benefitting providers and patients

2. Commissioner Zaroukian also inquired about the requirements for providers to implement ONC information blocking rulemaking.
    a. Mr. Coughlin reiterated the importance of clarity for information blocking rules and requirements for providers and vendors to implement
    b. He outlined the steps HIMSS is taking to communicate with stakeholders at HHS, CMS and the Office of Inspector General (OIG) to bring clarity on the topic
3. Commissioner Jim VanderMey inquired if there are examples from other states that can be incorporated into the state health IT roadmap to guide implementation of rulemaking
    a. Mr. Coughlin outlined some examples from other states
    b. He recommended a follow up with MDHHS to further explore the topic and report back to the commission at a future meeting
4. Commissioner Esty stated that CedarBridge has experience working with other states and could share their expertise in developing the Michigan strategy
    a. CedarBridge CEO Carol Robinson expressed that they would speak to this experience later in their presentation

b. **Jackson Community Medical Record (JCMR)**
Presented by Therese Roe, Director, Jackson Community Medical Record at Henry Ford Health System (HFHS)
    i. Therese presented a brief overview on the renamed "Community Health Technology Network (CHTN)" organization from the May 2020 Update Presentation. She described:
        1. The organization's electronic health record (EHR)
        2. Their efforts in quality reporting
        3. The organization's health information exchange (HIE) capabilities
    ii. She invited questions and comments from the commission.
        1. Co-chair Simmer inquired if CHTN was involved in the Michigan Health Information Network's (MiHIN) basic vendor initiative program
            a. Ms. Roe asked if this included the Super Consolidated Clinical Document Architecture (CCDA) project
            b. Co-chair Simmer clarified that vendor efforts to submit CCDA to MiHIN was included in the program
            c. Co-chair Simmer suggested that a future presentation for basic vendor initiative be presented at a commission public meeting
            d. MiHIN Senior Community Engagement Director Drew Murray welcomed the opportunity to present on this topic.

      e. MiHIN Chief Operating Officer Marty Woodruff added that the Super CCDA initiative presents many opportunities for statewide HIE

2. Ms. Roe asked the commission how MiHIN could support interoperability as part of CURES Act requirements. She described the challenges in this work, including the costly interfaces to meet compliance and efforts to consume electronic health information (EHI) more readily

      a. Mr. Woodruff further described the basic vendor initiative

      b. Ms. Roe explained how EHR are shared between the local health departments within the CHTN service area, which allows for streamlined care during the coronavirus pandemic. This integration allows for greater connectivity external to HFHS.

      c. Mr. Woodruff described the MiHIN Social Determinant of Health (SDoH) workgroup and the forthcoming executive summary to describe the workshop's findings

      d. Commissioner Esty described MDHHS' interest in SDoH screening and referral, expanding post-State Innovation Model (SIM) work in the state's Community Health Innovation Regions (CHIRs) and developing a consistent statewide approach. She shared the department's eagerness to continue discussions with stakeholders on this topic.

c. **Michigan Health Information Network (MiHIN)**
Presented by Drew Murray, Senior Community Engagement Director, MiHIN

    i. Drew Murray presented a brief overview on MiHIN activities from the May 2020 Update Presentation. He described:

      1. MiHIN's efforts to support its stakeholders in coronavirus pandemic response

        a. Improving routing for messaging, namely for coronavirus diagnoses

        b. Further development of the laboratory use case and Active Care Relationship Service (ACRS) attributions

        c. Increased tracking and reporting capabilities and development of daily reporting for the City of Detroit and hospital systems

      2. MiHIN's SDoH Workshop

    ii. Questions and comments were welcomed from the commission.

      1. Commissioner Renee Smiddy asked for clarification from Mr. Woodruff on the work of Center for Health and Research Transformation (CHRT) related to SDoH

        a. Marty described the work of CHRT to address SDoH and interest in aligning with MiHIN's efforts following its workshop

2. Commissioner Smiddy mentioned that hospital workgroups pertaining to coronavirus response and the work of Blue Cross Blue Shield of Michigan (BCBSM)
    a. Co-chair Simmer affirmed BCBSM's synergy with statewide efforts, such as SIM, in supporting SDoH efforts
    b. He praised leadership in Michigan related to coronavirus response
3. Commissioner Smiddy suggested that the commission partner with HFHS to explore how to better align health system data collection practices for race and ethnicity
    a. Mr. Woodruff explained MiHIN's interest in exploring this topic and the need for it
    b. He described the lack of standardization around this information across the state
    c. Commissioner Smiddy invited MDHHS to have a role in strategizing how to improve the collection of race and ethnicity data collection in clinical settings, especially to reduce "no response" rates
    d. Co-chair Simmer described continuous quality improvement (CQI) initiatives that have reported statistically significant figures related to care and SDoH (e.g. poverty) related to race and ethnicity. He offered to share this information.
    e. Commissioner Esty described the work of the MDHHS Office of Equity and Minority Health (OEMH)
    f. Mr. Woodruff inquired how to address this topic and further align statewide
        i. Commissioner Esty asked whether MiHIN already had a workgroup in place to address this topic
        ii. Mr. Woodruff stated that MiHIN does not, but that there are other data quality conversations related to certain use cases where this conversation could fit
        iii. Co-chair Simmer explained the importance for MDHHS to coordinate with CQIs and that they meet and discuss related to disparities
        iv. Commissioner Smiddy suggested that MDHHS connect with existing groups to collaborate and develop commission capacity to participate
        v. Commissioner Esty invited interested organizations, meetings or groups to send information to Trevor Youngquist (youngquistt1@michigan.gov) so that MDHHS can schedule to have representation at standing groups

E. **Update on HIT Roadmap**
   Presented by the CedarBridge Group
   a. Carol Robinson, Founder and CEO of the CedarBridge Group, LLC, provided an introduction to the CedarBridge Project Team
   b. Don Ross, CedarBridge Project Director, presented CedarBridge's progress to-date with the health IT roadmap
   c. He presented the Roadmap Steering Committee's recommendations for the commission's consideration and comment
   d. He presented a high-level timeline for the next 18 months of activities.
   e. He presented a draft timeline for stakeholder engagement and collaboration methods.
   f. He presented a preliminary potential list of association partners to engage throughout the roadmap process
   g. He invited questions and comments from the commission.
       i. Commissioner Esty discussed the effect of the coronavirus pandemic and how it highlights the importance of effective HIE, telemedicine and access to digital health resources
       ii. She described the prominence of consumer input and addressing racial disparities via HIE and digital health technology
       iii. She described the limitations to stakeholder engagement, due to the coronavirus pandemic
       iv. She invited commissioners to address:
           1. Reaffirming the need to pursue this work now
               a. Co-chair Simmer applauded the current work, and he emphasized the need for an environmental scan that considers that current state of HIE, given its complexities and ever-changing nature. He cautioned that stakeholder engagement should focus on where the state can go given the investments and advancements in the current state
                   i. Ms. Robinson affirmed this importance and discussed the project charter and scope
           2. Strategies to meaningfully engage stakeholders
               a. Commissioner Zaroukian described the introductory survey project and how to discover the effects of the coronavirus pandemic on care delivery and gaps
       v. Mr. Youngquist invited additional comments for the introductory survey project
           1. Co-chair Simmer had no comments
           2. Commissioner Zaroukian asked for the RSC develop the final survey content
           3. Ms. Robinson offered to collect and synthesize feedback
               a. Co-chair Simmer affirmed this approach
       vi. Mr. Youngquist asked for additional comments on the preliminary potential list of association partners

1. Ms. Robinson stated additional professional groups are included in the extended stakeholder list
2. She offered to partner with organizations who would like assistance with outreach to their constituents (e.g. via newsletters, blurbs, etc.)
3. She welcomed any organization willing to participate
4. Mr. Woodruff and Commissioner Zaroukian suggested additional stakeholders

F. **Public Comment**

To allow for accessible public comment, the meeting invited comments from public attendees via Zoom meeting audio, Zoom meeting chat and call-in. There were no public comments provided.

G. **Adjourn**
   a. Co-Chair Simmer made a motion to adjourn the meeting, which was seconded by Commissioner Smiddy. The motion was approved unanimously, and the meeting ended at 3:02 p.m.