# Michigan Health Information Technology Commission
## Meeting Minutes

**Date**      Tuesday, November 17, 2020, 1:00 p.m. – 3:00 p.m.

**Location**   Virtual Meeting

### Commissioner Attendance

| Name | Representing | Attendance |
|---|---|---|
| Norman Beauchamp, M.D. | Schools of Medicine | Present |
| Nicholas D'Isa, **co-chair** | Health Plans or Other Payers | Present |
| Sarah Esty | Department of Health and Human Services | Present |
| Jack Harris | Department of Technology, Mgmt., Budget | Present |
| Allison Brenner, 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 | Health IT 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 Health IT Commission virtual public meetings. Due to open registration, we are currently not able to capture public attendance.*

**Minutes:**      The regular Health Information Technology Commission meeting was held virtually on September 22, 2020 with thirteen (13) commissioners in attendance.

1. **Welcome and Introductions**
   *Presented by commission chair*
   i. Co-Chair Nicholas D'Isa called the meeting to order at 1:00 p.m.
   ii. Trevor Youngquist, MDHHS Data Sharing Policy Analyst, provided virtual "housekeeping" guidelines
2. **Commission Business**
   *Presented by the commission chair*
   i. Co-Chair D'Isa invited commissioners to provide an introduction.
   A. **Review of the 9/22/2020 Minutes**
      i. Co-Chair D'Isa presented a motion to approve the September 2020 meeting minutes.
         1. Commissioner Pat Rinvelt seconded the motion
         2. There were no objections from the commission and the motion passed unanimously.
3. **MDHHS Update**

*Presented by Trevor Youngquist, MDHHS Data Sharing Policy Analyst*

        i. Mr. Youngquist provided a draft bylaws document for the commission to consider.
1. Co-Chair D'Isa opened a discussion on whether to adopt bylaws.
2. Commissioners Michael Zaroukian, Rinvelt, Paul LaCasse and Norman Beauchamp expressed support
3. Co-Chair D'Isa presented a motion to approve the bylaws
   a. Commissioner Heather Somand seconded the motion
   b. There were no objections from the commission and the bylaws were adopted unanimously.

        ii. Mr. Youngquist and Co-Chair D'Isa presented a congratulations to Co-Chair Thomas Simmer on his retirement at the end of the year

        iii. Mr. Youngquist provided an update on committees
1. Initial meetings would begin amongst interested commissioners beginning November 2020
2. Full committee meetings, with public participants, would begin in early 2021

4. **Michigan Health Information Network (MiHIN) Update**
   *Presented by Drew Murray, MiHIN Senior Community Engagement Director; Carol Robinson, MiHIN Community Engagement Organizer; Shreya Patel, Chief Privacy and Policy Officer; and Bo Borgnakke, MiHIN Corporate Account Executive*

        i. Carol Robinson provided an update on MiHIN's work with advanced care planning (ACP).
1. She described the ACP process and MiHIN's goals
2. She and Amy Bailey-Sheets, MidMichigan Health Social Worker and ACP Specialist, described challenges in the witnessing process
3. She recommended changes to the ACP process and applicable statute (e.g. Estates and Protected Individuals Code [EPIC] Act)
4. Shreya Patel described how ACP process challenges affect stakeholders
5. Ms. Robinson presented requests to the commission:
   a. Consider changes to the 1998 EPIC Act
   b. Advocate for eSignature option in ACP processes
   c. Allow for video witnessing technology in ACP processes
   d. Advocate for these changes in the commission annual report
6. Ms. Robinson invited questions from the commission
   a. Co-Chair D'Isa inquired whether MiHIN had drafted any statutory changes that could be reviewed and advanced
   b. Drew Murray stated that there were none drafted yet, and that the presentation was intended for informational purposes and to determine next steps

  c. Commissioner Zaroukian inquired whether electronic medical orders would extend to life-sustaining treatments

  d. Ms. Robinson stated that the electronic medical orders extended to durable power of attorney, treatment preferences form, and to the out-of-hospital/do-not-resuscitate form

  e. Commissioner Zaroukian implored how to make the orders dynamically adjustable in a statewide registry

  f. Ms. Robinson described how solutions can be integrated into the Epic electronic health record and CareEverywhere. She described a framework for a community tool.

  g. Mr. Murray added that ACP documents can be loaded to the MiHIN longitudinal record. He described that the MiHIN board is exploring how to extend this capability to other health providers through various mechanisms.

  h. Mr. Youngquist read a comment from the meeting chat related to independent physicians.

  i. Commissioner Beauchamp asked if there are any downsides that should be considered in these proposed changes.

  j. Co-Chair Simmer stated that there are some concerns among some providers that similar solutions could be a potential detraction from palliative care measures. He reiterated that the current state of these documents are static, wherein they should be dynamic in an ideal state.

  k. Ms. Robinson restated the importance of the patient advocate in these conversations about end of life.

  l. Commissioner Beauchamp inquired what strategies could be pursued to move forward in this space.

  m. Co-Chair Simmer described a workgroup about palliative care and how to align these efforts in the future.

  n. Mr. Youngquist stated that this topic will be included in the commission's 2020 annual report.

 ii. Ms. Patel described federal interoperability rules.

  1. She described US Department of Health and Human Services authority for the rulemaking (e.g. 21st Century Cures Act, executive orders, etc.)

  2. She provided an overview of the rulemaking (e.g. for patient access, payer-to-payer exchange, etc.)

  3. She presented MiHIN's efforts to support stakeholders in understanding federal Conditions of Participation (COP)

 iii. Bo Borgnakke detailed strategic considerations in implementing federal rulemaking in Michigan

1. He described the timeline, policy, and technical considerations in the rulemaking
2. He overviewed MiHIN's modular InterOp Station, its data mapping and compliance services
3. He provided details on how this interface interacts with 3<sup>rd</sup> party applications, pursuant to rulemaking requirements, e.g. for consumer access
4. He presented the benefits of this platform
5. He and Ms. Patel invited questions from the commission
   a. Commissioner Rinvelt inquired what format will be used to send data from the platform
   b. Mr. Borgnakke described the FHIR R4 format that will be used
   c. Commissioner Rinvelt asked if there will be other competing formats
   d. Mr. Bognakke stated that the FHIR R4 format is a requirement in federal rulemaking
   e. Co-Chair D'Isa asked if MiHIN has a target for adoption of the platform
   f. Mr. Borgnakke stated that the platform is offered to payers as a service to meet compliance, inevitably to assist with payer-to-payer exchange
   g. Commissioner Rinvelt implored what the dates for compliance are
   h. Mr. Borgnakke stated that the payer-to-payer requirement for exchange is currently set for January 2022
   i. Commissioner Jim VanderMey asked how MiHIN can assist with consumer education on using mobile applications to access health information
   j. Mr. Borgnakke noted the comment and he reiterated that a requirement in the rulemaking is to ensure vendor neutrality in the exchange required for compliance
   k. Ms. Patel described the importance of maintaining HIPPA protections in mobile applications
   l. Commissioner VanderMey described the role of application developers and consumers in this exchange
   m. Co-Chair Simmer provided a comment from the meeting chat about payer participation
   n. Mr. Borgnakke described the quick timeline for payers to implement solutions to meet this requirement and how interoperability will evolve
   o. Co-Chair Simmer inquired about payer participation in the InterOp Station
   p. Mr. Borgnakke stated that several payers inside and outside Michigan will be leveraging the InterOp Station

  q. Commissioner Zaroukian inquired about data provenance

  r. Mr. Borgnakke stated that it is the responsibility of a payer to provide data provenance

  s. Co-Chair D'Isa described Physician Health Plan's efforts to meet compliance and the importance of payer-to-payer exchange in advancing interoperability

 iv. Mr. Murray provided an update on MiHIN's integration with Great Lakes Health Connect and MiHIN's 2021 "Connecting Michigan for Health" conference series

5. **Update on Health IT Roadmap**
   *Presented by Donald Ross, CedarBridge Group Project Director*
    **A. Project Update**
     i. Donald Ross provided an update on electronic surveys
      1. Commissioner Rinvelt read a comment from the meeting chat asking whether physician organizations received a survey
      2. Dawn Bonder, CedarBridge Group Managing Director, stated that, in coordination with the Michigan State Medical Society, a specialized set of questions was being sent to physician organizations
      3. Commissioner Rinvelt inquired how long the surveys take to complete and if there are incomplete responses pending return
      4. Mr. Ross stated that the average survey likely takes 20-30 minutes to complete
      5. Ms. Bonder estimated that there are likely many surveys started but not yet completed
      6. She described efforts to coordinate with the Michigan Health and Hospital Association to increase engagement
      7. She detailed contingency plans to engage with organizations in other ways, given the constraints of the pandemic
      8. Carol Robinson, CEO and Founder of the CedarBridge Group, stated that, since the creation of this presentation, some response rates have increased
     ii. Mr. Ross provided additional strategies to increase response rates
     iii. He provided a recap of the virtual stakeholder forums and described preliminary findings
     iv. He described the timeline for and format of key informant interviews.
     v. He outlined other coordination activities.
     vi. He presented the current project timeline.
     vii. He invited questions from the commission
      1. Co-Chair D'Isa inquired whether the timeline is still feasible
      2. Mr. Ross stated that the pandemic still presents challenges, but there is confidence that the present timeline is accurate
      3. Mr. Youngquist reiterated support from the Michigan Health Endowment Fund in extending and being flexible with the project timeline

4. Mr. Youngquist implored if the commission had any recommendations for increasing engagement
5. Ms. Robinson invited any organizations interested in receiving a presentation about the roadmap effort to contact the CedarBridge Group
6. Co-Chair D'Isa encouraged commissioners to remain advocates in their associations and groups about the roadmap effort

## A. 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.

i. Sharon Kim asked the commission to consider disrupters and information gaps when engaging with stakeholders.
ii. Ewa Matuszewski implored the commission to consider the importance of primary care in roadmap efforts
iii. Helen Hill described the efforts of Health Information and Management Systems Society (HIMSS) Global to discuss patient identification with Congress, and an effort called Patient ID Now. She invited advocacy from the commission
iv. Paul Werner inquired if the CedarBridge Group was considering perspectives from outside Michigan in the roadmap creation
v. Ms. Robinson (CedarBridge Group) described CedarBridge's work nationally related to health IT policy and strategy

## B. Adjourn

i. Co-Chair D'Isa made a motion to adjourn the meeting, which was seconded by Commissioner Rinvelt. The motion was approved unanimously, and the meeting ended at 3:00 p.m.