

Health Information Technology Commission
Meeting Information & Agenda

Date: Wednesday, March 4, 2009
1 – 3:30pm

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

Commissioners Present:

Joseph Hohner
Toshiki Masaki – Vice Chair
Larry Wagenknecht, R.Ph.
R. Taylor Scott, D.O
Mark Notman
Kimberly Ross - Jessup
Tom Lauzon
Greg Forzley, M.D. – Chair
Robert Paul

Commissioners Absent:

Robin Cole
Janet Olszewski
Jeanne Strickland
Ken Theis

Staff:

Kurt Krause– MDCH
Beth Nagel – MDCH
George Boersma – MDIT

Guests:

John Hazewinkel – MSU
Amy Smith - MSU
Jeff Shaw – MPHI
Mindy Richards – ChangeScape
Larry LaCombe – ChangeScape
Tim Pletcher – MiHIA
John Christensen – Altarum
Robert Jackson, MD, - SEMHIE
Nancy Walker – MHIMA
Mary Anne Ford
Jim Lee, MHA
Marcus Cheatham – Ingham Co.
Sharon Leenhouts, MiHIA
Jennifer Tomaszczk – MSU

Paul Hodge, OD – MOA
Jim Valentine
Dawn Lenderman
Paula Smith – Oakwood, SEMHIE
Brian McPherson – Covisint
Deb Masher
Jeff Weihl – MPHI
Dean DeAngelis – ChangeScape
Laura Korten – MPHI
Bea Salada - MDCH
Ed Dore – Dykema
Julie Kusey – MDCH
Rebecca Blake – MSMS
Valerie Anderson - CAHA

Agenda & Minutes:

A. Welcome

- Dr. Greg Forzley, Chair, provided a welcome to the Commission, staff and the guests.

B. Review of 2-19-09 meeting minutes

- Minutes were approved without discussion and will be posted on the HIT Commission website

C. Accept clarification on 2-19-09 public oral and written input

- The guests offered no clarifications.
- Commissioners received all information that was sent to Beth Nagel via email.

D. Discussion of MiHIN Backbone proposal

- Dr. Greg Forzley provided an overview of the MiHIN Backbone proposal by going through the slides that were handed out to the Commissioners and to the guests.
- Bob Paul reminded the Commission that these slides should be viewed as a guideline instead of strict rule. Paul added that in the long run we may need to make changes on who does what and where things are housed.
- Toshiki Masaki stated that one of the first things that we need to do is to start clearly defining what we mean by every one of these items listed in the diagrams in the handout.
- The Commission offered an opportunity for public input on the proposed guidelines for moving forward. This is a summary of that input:
 - Nancy Walker, Beaumont Hospital and MHIMA, Our organization is very interested in seeing the efficiencies gained by HIE. MHIMA supports the opportunity that the Commission has stepped forward to make this a faster implementation, which is the benefit we see of this centralization plan. As an organization, we are well versed in training HIM professionals on changes that need to be made. We applaud the Commission's focus on a centralized and collaborative model.
 - Rob Jackson, MD, SEMHIE – We conceptually support the Commission's proposed framework. We need to have the “how” and the “what”, so we need to continually engage the regional stakeholders. How do we move forward during the transition? Will

funding be available? We would like to add to these centralized functions to the backbone:

- Provider identification and credentialing
 - Rx Hub, MCIR, other database access
 - Medicaid transaction tracking
- Helen Hill, SEMHIE, HIMSS – recommend a report from the state E-health alliance that gives out guidance for governance. There are three models found.
- Larry Wagenknecht asked the guests if the further explanation given in today’s meeting handouts alleviated some of the concerns that people expressed at the last meeting?
 - Helen Hill: stated that her group still has concerns and will need to work together collaboratively to resolve them. Hill stated that we want to be sure that whatever we do we have united success and move forward with directions from the federal government.
 - Jim Lee, MHA stated that he echoed what Helen Hill stated. He also stated that we need to make sure we have the appropriate governance to decide how we make these decisions.
 - Valerie Glesnes Anderson stated that we need to further clarify what “business plan” means in this document. Valerie suggested that we could look at the state to be a major broker to get special rates from vendors.
 - Mindy Richards, SWMHIE, stated that we need to have “public/private” partnership and sustain the conversations that have happened in the regions. Richards said that the business planning needs to happen with the Commission, MDCH, MDIT, and then it happens locally with businesses, hospitals, and local providers.

E. Discussion and Commission Action of next steps

- Bob Paul said that he would be in support of forming an advisory council that is made up of stakeholders in each region that could utilize a collaborative online environment to support the necessary work. Bob Paul made a motion to form an Advisory Council made up of a single representative from each of the RHIOs to serve as a council for the HIT Commission. A member of the Commission will be able to report to the whole commission. Two or three Commissioners need to be available on a bi-weekly basis to hold these meetings in person or via phone.
- There was input from the guests that more than one member on the Advisory Council would be preferable. This thought was weighed against having too

many people in the room hinders expediency. Toshiki Masaki pointed out that the near term object is to decide upon enough details to put together a coherent grant application. Masaki stated that we need to start this process by looking at the big picture and then drill down to the details and that we can always expand in sub-committees if and when we need that structure.

- There was discussion with the Commission and the guests as to whether or not each specific stakeholder is adequately represented by the Commission. Specifically:
 - Helen Hill stated that health systems represent a lot of the automation and need more of a voice. Hill stated that health systems are major stakeholders and we want it to succeed, so we need to offer our expertise and ensure that we are adequately represented.
- Larry Wagenknecht added an amendment to Bob Paul’s motion that each current MiHIN region will have one vote on the advisory council, but they can bring experts with them to the meetings to help advise.

Action by the HIT Commission

VOTE: for MDCH to form an Advisory Council made up of a single representative from each of the current MiHIN regions to serve as a council for the HIT Commission. Each representative can invite other experts to attend to help advise the process, but each region will only have one vote Two Commissioners be attend these meetings and will report back to the whole commission. These meetings will be on a bi-weekly basis with a pre-published schedule and can be in person or via phone.

RESULT: (9 Commissioners Present) **9 votes in favor, 0 opposed**

Action by the HIT Commission

VOTE: for MDCH to contract with project management and technical experts to form a ‘core team’ to lead the process of responding to federal funding opportunities and to support the HIT Commission, Advisory Council and MDCH and MDIT staff.

RESULT: (9 Commissioners Present) **9 votes in favor, 0 opposed**

Action by the HIT Commission

VOTE: for MDCH to utilize an online collaboration site where information about this process is freely disseminated and gathered. The HIT Commission will test out the site for a period of time and then if found valuable, the HIT Commission will ask for MDCH to enroll stakeholders to join this site.

RESULT: (9 Commissioners Present) **9 votes in favor, 0 opposed**

F. Commission Action on MiHIN Backbone proposal

- Joe Hohner made a motion to adopt the “Michigan HIE Backbone” as outlined in the Commission handouts with the understanding that this information is a set of guidelines.
- Taylor Scott added that the handout needs to be modified the slide to say MiHIN Backbone Proposal “for health improvement”
- Joe Hohner added that we should include one slide about desired outcomes.
- Mindy Richards asked that the Commission develop a communication that the regional stakeholders can use to explain this new focus shift and outline the timelines.
- Joe Hohner added that funding has always been an issue with Health Information Exchange. Hohner added that he realized there is some skepticism and they are very real concerns and the HIT Commission understands these concerns. Hohner stated that the Commission’s hope is to reduce the funding burden and to attract new funding. Hohner noted that Michigan’s ability to get funding for a decentralized RHIO with the stimulus seems low, as does our ability to get statewide entities to pay for this. Hohner went on to add that Blue Cross Blue Shield of Michigan is challenged by the redundancy of requests for funding from decentralized RHIOs. The discussions within BCBSM have been much more favorable in becoming more involved in funding aspects of a more centralized framework.
- Larry Wagenknecht stated that each stakeholder has an opportunity to speak to your representatives and senators to get the funding for MiHIN in the next year budget.

Action by the HIT Commission

VOTE: to adopt the handouts (attached to meeting minutes) as a guideline for the direction for MiHIN. The handouts must be modified to include a slide including expected outcomes and quality improvement goals.

RESULT: (9 Commissioners Present) **9 votes in favor, 0 opposed**

G. Public Input

- Helen Hill: Announcement on HIMSS Annual Conference in Chicago April 4-8, which is Saturday - Wednesday.

H. Adjourn – 3:22pm