

Health Information Technology Commission
Minutes

Date: Wednesday May 13, 2009
1 – 3:30pm

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

Commissioners Present:

Greg Forzley, M.D. – Chair
Joseph Hohner
Larry Wagenknecht, R.Ph.
Mark Notman
Janet Olszewski
Jeanne Strickland
Ken Theis
Kimberly Ross – Jessup
Toshiki Masaki – Vice Chair

Commissioners Absent:

Robert Paul
Tom Lauzon
R. Taylor Scott, D.O
Robin Cole

Staff:

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

Guests:

John Hazewinkel – MSU
Amy Smith - MSU
Jeff Shaw – MPHI
Mindy Richards – ChangeScape
Bill Heil
Tim Ryan - Ciber
Vicki Hickman – Ciber
Lou LaBrecque - Ciber
Hank Mayers – ReluaTech Consluting
Nancy Walker – MHIMA
Ali Bazzi – My1HIE
Nathan Gerrish - MPA
Judy Oake - MAG
Samer Noser – Dewpoint

Jennifer Tomaszczk – MSU
Bryce Wiegand
Sharon Leenhouts - MiHIA
Cynthia Edwards - MDCH
Laura Rappleye – MDCH
Gary Newell – WMHIE
Denise Holmes – MSU
Scot Ellsworth - MDIT
Matt Monroe – Altarum
Helen Hill – SEMHIE
Gerald Borsand
Johathan Borsand
Sue Syoen
Kelly Amalfitano
Valerie Glesnes-Anderson - CARHIO
Cary Linderoth
Sharon Emery – Rossman Group

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Wednesday May 13, 2009 at 1:00 p.m., at the Michigan Department of Community Health, Capital View Building with 9 Commissioners including the Chairman present.

A. Welcome

B. Review and Approval of 4-16-09 meeting minutes

- Minutes of the 4-16-09 meeting were approved and will be posted to the HIT Commission website following this meeting.

C. Commissioner Updates

- Mark Notman provided an update on the Michigan Osteopathic Association meeting in Dearborn this week. There will be several sessions on Health Information Technology (HIT).
- Mark Notman provided an update on a fellowship program on health policy that he participates in and was able to meet with several of Michigan's Congressional delegation on HIT. Notman reported that those he met with were very aware of Michigan's HIT efforts.
- Janet Olszewski provided a letter in the Commissioner's packets that is being circulated to providers regarding the American Recovery and Reinvestment Act Medicaid and Medicare provider incentives.
- Janet Olszewski provided an update on the State of Michigan budgetary status. An Executive Order was issued in early May which made a significant reduction in the Michigan Department of Community Health's (MDCH) general fund allocation. This cut includes the HIT appropriation. Olszewski described the challenges that Michigan will face with a structural deficit in the coming years

D. Update on MiHIN Technical Architecture, Business Architecture and Project Management procurement

- Beth Nagel provided an overview of the procurement of technical resources for the MiHIN Backbone project.

E. Opportunity for Input on the "MiHIN Backbone: Directional Considerations"

- The Commission heard the following public testimony regarding the document titled: "MiHIN Backbone: Directional Considerations"
 - Written testimony in support of centralization from Jim Wright from Medplus was reviewed.
 - Helen Hill representing Southeast Michigan Health Information Exchange (SEMHIE): read from written testimony that discussed the need for a governance model, business plan and other key decisions and that SEMHIE cannot endorse the directional considerations.
 - Valerie Glesnes-Anderson representing Capital Area Regional Health Information Organization (CARHIO) stated that CARHIO has signed a contract with an HIE vendor and moving forward.
 - Mindy Richards representing South West Michigan Health Information Exchange (SWMHIE) stated that SWMHIE is continuing to move forward with activities to connect stakeholders regionally and statewide.

- Nancy Walker representing Michigan chapter of the Health Information Management Association stated that centralization would help to maintain privacy and security. Decentralized privacy and security will be a risk because of differing policies within the state and between states. Walker noted that our technology and policies need to be designed using national standards.

F. Commission Action on “MiHIN Backbone: Directional Considerations”

- Discussion of the Commission after hearing the public input noted that this document is not a final plan, nor is it complete. The Commission noted that the Directional Considerations need to be updated by integrating the Commission’s earlier work on defining the HIE activities.
- Discussion of the Commission included the recommendation that the Regional Advisory Board continue to engage in the process by adding input on the definitions and activities.
- The HIT Commission considered the following motion: The Michigan HIT Commission recommends that MDCH continue to update this document utilizing the previous work of the Commission and the input of the Regional Advisory Board. The Michigan HIT Commission recommends that the Michigan Department of Community Health utilize this document as a guide for the resources that will be charged with planning for the MiHIN Backbone and view this document as a “living” document that will be modified as needed.

Action by the HIT Commission

VOTE: The Michigan HIT Commission recommends that the Michigan Department of Community Health continue to update this document utilizing the previous work of the Commission and the input of the Regional Advisory Board. The Michigan HIT Commission recommends that the Michigan Department of Community Health utilize this document as a guide for the resources that will be charged with planning for the MiHIN Backbone and view this document as a “living” document that will be modified as needed

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

G. Discussion of Need for User Groups for the MiHIN Backbone

- Based on the briefing provided to Commissioners the following recommendations were put forward:
 - Consider adding labs and pharmacy

- Consider adding providers from different venues (i.e. home health care)
- Consider adding public health disease surveillance
- Consider adding a group that focuses on health care quality and improved outcomes.
- Consider adding consumer or Michigan citizen representation
- Clearly defining the scope of the user groups
- Start small and work up to more providers and additional groups

H. MiHIN Governance Model

- Janet Olszewski discussed the need for a governance model put in place to support the on-going work of the MiHIN Backbone. Olszewski requested the Commission's advice to MDCH and MDIT on adopting a governance model, consistent with the HIT Commission's role as an advisory body to MDCH.
- The findings from the report from National Governors Association called "*Report to the State Alliance for e-Health: Public Governance Models for a Sustainable Health Information Exchange Industry* - February 2009" were presented to the Commission as a starting point for the Conversation.
- The Commission decided that the process of recommending a governance model begin with reviewing the goals of the MiHIN and conduct research on which model, or variation of a model, best meets the goals. Further review and discussion will occur at future meetings.

I. Public Input

- John Hazewinkel offered that Commissioners should read the entire *Report to the State Alliance for e-Health: Public Governance Models for a Sustainable Health Information Exchange Industry* February 2009, which is available at the following link:
<http://www.nga.org/Files/pdf/0902EHEALTHHIEREPORT.PDF>

J. The meeting adjourned at 3:16pm