

PUBLIC COMMENT-2022-24 HS Chronic Disease Reporting

COMMENTOR AND ORGANIZATION	PUBLIC HEARING OR WRITTEN	RULE NUMBER	COMMENT	DHHS RESPONSE
Jerome Finkel, Senior Vice President and Chief Primary Health Officer Henry Ford Health	Written	General Comment	<p>The Michigan Department of Health and Human Services (Department) indicates that the costs for the implementation of these rules will be minimal for healthcare providers. We feel this may be an misestimation of the burden that these reporting requirements will put on providers, particularly as it is not clear the quantity of chronic disease types that providers may be expected to report once the board and the Department determine which diseases will be reportable. Disease reporting, even if it is through electronic health reporting, still requires staff time to ensure that information is being properly documented and submitted. This staff time also includes training for employees on new requirements to ensure they are reporting compliantly. It also requires a build out on the health information technology (HIT) side, which comes with infrastructure and staff time costs. Health information technology is not always simple to reconfigure and interconnect. The costs in staff time and HIT infrastructure will be more than “minimal,” and these costs will be ongoing as we will need to make new technology and training adjustments each time there is a new chronic disease added to the list.</p>	<p>There are no additional costs anticipated for compliance with the rules if a healthcare facility is reporting the required information electronically through a health information exchange. There should be no changes required of the facility's IT system to comply with the reporting requirements. For businesses that are required to report the required information manually, it is estimated that somewhere between 1 and 2 hours of staff time per month will be necessary to gather and report the required information to MDHHS. This estimation may be more or less depending on the number of patients with a given condition that the site serves. MDHHS staff will work with facilities to ensure data quality and to assist in minimizing time needed for reporting and training of new staff.</p>
Jerome Finkel, Senior Vice President and Chief Primary Health Officer Henry Ford Health	Written	General Comment	<p>Henry Ford Health also believes that the implementation of this chronic disease registry—while well intentioned—may create more concerns around patient privacy. There is a clear reason for providers to report communicable diseases to their local public health department, as is required by the Michigan Public Health Code. Communicable diseases have a clearly identifiable cause (a pathogen) and as evidenced by the name, the potential to spread to others in the community. This reasoning is not as clear for chronic diseases, which can be caused by multiple factors over a patients’ lifetime and are not likely to spread from person to person. Providers would now be required to report private information about their patients, without a clear public health justification. This issue is exacerbated by the fact that the required reporting information in the proposed rules exceeds the required information for communicable disease reporting or syndromic surveillance, which do not require a patient’s social security number; medication list; or narrative accounting of the patient’s symptoms, diagnostic tests, and clinical outcomes. Henry Ford Health is committed to data security for its patients, and we want patients to know that their conversations with their healthcare provider and diagnosis and treatment plans are private. We foresee difficulty explaining to patients why and how their private information was reported to the state for their hypertension, cancer, or diabetes, when the overriding benefit to public health is not clear.</p>	<p>The proposed rules will improve chronic disease surveillance capacity and the data collected under this ruleset will inform evidence-based practices that reduce health disparities within Michigan. Public health has a duty to address the chronic disease burden in Michigan, which continues to be the leading cause of death and disability. While most chronic diseases are not the result of a pathogenic community exposure, they are determined by community influences and environmental determinants of health that can exacerbate individual risk factors or behaviors. The availability of timely and detailed clinical data will benefit public health agencies, local governments, healthcare providers, and community-based organizations through improved tailoring of programs and services provided to the communities they serve. MDHHS is committed to maintaining patient privacy and is in compliance with HIPAA regulations. MDHHS staff will only have access to the minimum information necessary to complete their jobs. The data collected under the proposed rules is protected by system security and role defined access. Access to the information will be closely monitored and users of the data will continue to be bound by confidentiality rules. Collection of social security number under the reporting requirements is specific for the purpose of accurate patient matching and deduplication. The information collected under the proposed rules is stored in way that will not allow users to access or display social security number. The reporting requirements may exceed those for communicable disease and syndromic surveillance but this is due to differences in disease monitoring of chronic conditions. To effectively monitor conditions that persist over time, information on whether the condition is in control and the severity or progression of disease is important and necessitates the reporting of prescribed medications or a narrative of the patient's symptoms.</p>



January 19, 2024

Michigan Department of Health and Human Services  
Attn: Mary E. Brennan/Beth Anderson  
333 South Grand Avenue, 2nd Floor  
Lansing, MI 48933

Re: Proposed Changes for Chronic Disease Reporting (Rule Set 2022-24 HS)

**Submitted via email to [MDHHS-AdminRules@michigan.gov](mailto:MDHHS-AdminRules@michigan.gov)**

Dear Ms. Brennan and Ms. Anderson:

On behalf of Henry Ford Health, I would like to thank you for the opportunity to comment on the proposed changes for “Chronic Disease Reporting” (Rule Set 2022-24 HS).

Henry Ford Health is a Michigan-based, not-for-profit corporation and one of the nation’s largest integrated healthcare systems. Headquartered in Detroit, we have been committed to improving the health and wellbeing of the community for over 100 years. Henry Ford Health offers healthcare services across the continuum through a diverse network of facilities in Southeast Michigan (Metro Detroit) and South Central Michigan (Jackson). The system has over 33,000 employees and five acute care hospitals, including our flagship Henry Ford Hospital, a large academic safety net hospital located within the city of Detroit. The system also includes the Henry Ford Medical Group (HFMG), with 1,900 physicians and researchers in more than 40 specialties. The HFMG provides our physicians with a strong system of administrative support and a streamlined delivery of care. The Henry Ford Physician Network (HFPN), established in 2010, is a physician-led subsidiary of Henry Ford Health that comprises more than 2,200 HFMG, hospital-employed, and private practice physicians. The network focuses on delivering high-quality care while reducing medical costs through collaborative best practices, evidence-based medicine, and improved efficiency.

Across our hospitals and medical centers, Henry Ford Health cares for thousands of patients a day, with over 3.7 million visits a year in outpatient services alone. We are well aware of the prevalence of chronic disease throughout our patient population, and the population of the United States more generally, where it is estimated that nearly half of the population has at least one chronic disease like hypertension, heart disease, diabetes, or arthritis. Through our primary and specialty care service lines we diagnose, treat, and manage these conditions across our patients’ life span. In addition to our clinical service lines, Henry Ford has invested in prevention and community health access programs to increase education around chronic diseases and empower community members to take steps to prevent chronic diseases where possible or learn to manage their conditions. These programs include the Generation With Promise, which promotes health and wellness in Detroit along with Wayne and Macomb Counties. This program has reached over 190,000 students since its inception. Henry Ford also operates diabetes prevention and education programs, the Henry Ford Macomb Faith Community Nursing Network, and several school-based health centers, intended to meet patients where they are at and provide early education and treatment surrounding health issues.

Henry Ford Health understands the positive intentions of the proposed chronic disease registry and chronic disease registry advisory board. We appreciate the intention of using electronic health reporting to reduce the administrative burden on providers. However, this proposed rule raises several concerns for Henry Ford Health regarding its impact on clinical outcomes, administrative burden and cost, patient privacy, and data utility.

The Michigan Department of Health and Human Services (Department) indicates that the costs for the implementation of these rules will be minimal for healthcare providers. We feel this may be an misestimation of the burden that these reporting requirements will put on providers, particularly as it is not clear the quantity of chronic disease types that providers may be expected to report once the board and the Department determine which diseases will be reportable. Disease reporting, even if it is through electronic health reporting, still requires staff time to ensure that information is being properly documented and submitted. This staff time also includes training for employees on new requirements to ensure they are reporting compliantly. It also requires a build out on the health information technology (HIT) side, which comes with infrastructure and staff time costs. Health information technology is not always simple to reconfigure and interconnect. The costs in staff time and HIT infrastructure will be more than “minimal,” and these costs will be ongoing as we will need to make new technology and training adjustments each time there is a new chronic disease added to the list.

For our physicians, advanced practice providers, nurses, medical assistants, and other support staff, even a few minutes a day spent reporting is time spent away from focusing on patient care. This adds up over each day and week, leading to significant administrative burden. Multiple studies have found that electronic health records and administrative burden are key factors in physician burnout. Physicians who report high levels of administrative burden report not being able to deliver as high quality of care, lower levels of careers satisfaction, and consider seeing fewer patients.<sup>1</sup> The United States is already experiencing a shortage of physicians, nurses, and support staff, so increasing burden presents an issue for our ability to comply under already overburdened conditions, and for recruitment of new workers to the healthcare sector.

Henry Ford Health also believes that the implementation of this chronic disease registry—while well intentioned—may create more concerns around patient privacy. There is a clear reason for providers to report communicable diseases to their local public health department, as is required by the Michigan Public Health Code. Communicable diseases have a clearly identifiable cause (a pathogen) and as evidenced by the name, the potential to spread to others in the community. This reasoning is not as clear for chronic diseases, which can be caused by multiple factors over a patients’ lifetime and are not likely to spread from person to person. Providers would now be required to report private information about their patients, without a clear public health justification. This issue is exacerbated by the fact that the required reporting information in the proposed rules exceeds the required information for communicable disease reporting or syndromic surveillance, which do not require a patient’s social

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<sup>1</sup> Rao, Sandhya K. MD; Kimball, Alexa B. MD, MPH; Lehrhoff, Sara R. MS; Hidrue, Michael K. PhD; Colton, Deborah G. MSW; Ferris, Timothy G. MD, MPH; Torchiana, David F. MD. The Impact of Administrative Burden on Academic Physicians: Results of a Hospital-Wide Physician Survey. *Academic Medicine* 92(2):p 237-243, February 2017.

security number; medication list; or narrative accounting of the patient's symptoms, diagnostic tests, and clinical outcomes. Henry Ford Health is committed to data security for its patients, and we want patients to know that their conversations with their healthcare provider and diagnosis and treatment plans are private. We foresee difficulty explaining to patients why and how their private information was reported to the state for their hypertension, cancer, or diabetes, when the overriding benefit to public health is not clear.

Henry Ford Health asks the Department to reconsider this proposal given the additional reporting requirements, the subsequent administrative burden for providers, and our concerns of patient privacy.

We appreciate the opportunity to provide comments on this proposed rule.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerome Finkel". The signature is fluid and cursive, with a large initial "J" and "F".

Jerome Finkel, MD FACP  
Senior Vice President and Chief Primary Health Officer  
Henry Ford Health