GDAHC Telehealth Webinar
April 30, 2020
**Today’s Agenda**

12:00 p.m.  Welcome  
Kate Kohn-Parrott, GDAHC President and CEO

12:05 p.m.  “Translating Evidence-based Care into Telehealth: Best Practices”  
Dr. Jennifer Severe, Clinical Assistant Professor, Department of Psychiatry, University of Michigan

12:25 p.m.  “Telehealth: The way forward. Supporting patients, the care team and our Healthcare Ecosystem”  
Mary Graham, Manager, MiHIN  
Kim Bachelder, Senior Product Marketing Manager, MiHIN

12:45 p.m.  Q & A
GDAHC is a non-profit, membership organization that leads collaborative efforts to address health and health care challenges

GDAHC is a Regional Healthcare Improvement Collaborative, serving as the trusted health and health care convener for Michigan’s Prosperity Region 10.

Healthy people. Healthy community. Healthy economy.
GDAHC partners with those who get care, give care and pay for care to improve health outcomes across southeast Michigan

GDAHC: Bringing together the health care community by facilitating connections and delivering results

Reducing Infant and Material Mortality and Morbidity
Tackling Health Disparities and Implicit Bias
Reporting publicly on provider performance and health outcomes
Facilitating a Community Response to Substance Use Disorders

Ensuring Care is Delivered at the Right Time and Place; Encouraging Appropriate ED Use
Providing Education and Conversation: Choosing Wisely, Healthy Living, Hot Topics

GDAHC: Southeast Michigan’s Trusted Health Care Convener

Providers: Physicians, Hospitals, Others
Payers, Health Plans, Insurers
Purchasers, Employers
Patients
Through strong partnerships, GDAHC has a solid grasp on issues around COVID facing the health care sector.
Through strong partnerships, GDAHC has a solid grasp on issues around COVID facing the health care sector

Coordinated the delivery of 100,000 KN95 masks
- 55,000: FQHCs across Michigan
- 22,000: physician associations and practices
- 15,000: emergency medicine doctors
- 4,500: mental health and substance use disorders providers
- 2,500: Skilled Nursing Facilities
- 1,000: Funeral Homes

Increased our focus on solving disparities

Connected University Physician Group with Ford Motor Company, which donated five vehicles to support “Drive To” COVID-19 testing

Launched fundraisers (Go-Fund Me and FB) to help pay for masks

Hosting educational sessions, such as this webinar
Guest Speaker

Translating Evidence-based Care into Telehealth: Best Practices

Dr. Jennifer Severe, Clinical Assistant Professor, Department of Psychiatry, University of Michigan
Translating Evidence-based Care into Telehealth: Best Practices

Jennifer Severe, MD
Clinical Assistant Professor, Department of Psychiatry, University of Michigan
Consultant, Council on International Psychiatry, American Psychiatric Association
severej@med.umich.edu
Objectives

- Describe benefits and unintended consequences of Telehealth
- Identify best practices for successful use of Telehealth
- List clinical recommendations and helpful tips
Outline

- Telehealth and COVID-19 - Telehealth Definition
- Empirically Supported Benefits of Telehealth and Lessons to Learn
- Clinical recommendations and Helpful Tips (Attachment provided)
• With the urgent need to address the COVID-19 spread, a transformation of care delivery is underway

• Significant and important changes are happening and will remain after the crisis

• With increase in Telehealth use comes positive changes or pleasant surprises (benefits) as well as possible negative changes or unintended consequences (lessons to learn)

Michigan Medicine went from conducting 444 video visits in February of this year to completed over 6,800 in March
**Telehealth Definition - World Health Organization**

**Broad definition**

No distinction between telehealth and telemedicine

Telehealth is defined as health care and services delivered remotely by means of a telecommunication.

**Several branches for several specialties**

Teleradiology, teledermatology, telepathology, telepsychology, and more...
Empirically Supported Benefits of Telehealth (Patients & Providers)

**Decrease**
- Cost
  - Travel time and expenses (rural and remote areas)
  - Missed appointments
  - Waiting times between visits
  - Re-admissions

**Improve**
- Health outcomes
  - Health services quality
  - Access to care (groups)
  - Medication adherence
  - Good modality for education

**Increase**
- Communication
- Patient-awareness
- Patient engagement in their health conditions
Top 5 Benefits of Telehealth Identified by Patients

The patient's voice is as a powerful quality indicator

- Improved outcomes: 20%
- Ease of use: 10%
- Low cost: 8%
- Improved communication: 8%
- Decrease Travel time: 7%

44 articles reported patient satisfaction and views on effectiveness.
Telehealth Lessons to Learn - Clinical care

- Clinical eligibility - Treating unfamiliar patients
- Lack of privacy (e.g.: video visit at work)
- Patients crossing state lines for their visits (E.g.: Students)
- Doctor-patient relationship
- Increased access leading to a problem of over-reach
- Patient dependency on telehealth
- Issues with false alarms (call dropped) and false positives (EPS - Pain)
- Miscommunication (visual or hearing impairment, distance from the microphone, the wrong amount of light etc.)

Helpful Tips
See list of Clinical Recommendations and Helpful Tips
Telehealth Unintended Consequences - Social Disparity

- The people who are the most in need may not be able to use telehealth due to:
  - Lack of access to technology
  - Poor reach of networks
  - Lack of minutes on phone
  - Issues with electricity

- Major discrepancies between the high- and low-income countries:
  - Internet penetration 82% vs 35%
  - Mobile broadband access 87% vs 39%
  - Mobile phone penetration 121% vs 92%

Helpful Tips

- Constant awareness of the disparity and address it when planning and implementing telehealth
- Consider Collaborative care
- Closing the social need gaps (housing, mobile phone...)

NB: See list of Clinical Recommendations and Helpful Tips
Telehealth Unintended Consequences - Technology and Administrative

Documentation
- Document as usual
- Add patient’s location at the time of the visit

Technological literacy & obstacles
- Personalized learning for providers and patients
- Take into account the reality of the users
- Avoid dependence on one device or software

Legal & Ethical Considerations
- Video visits contain sensitive information that are recorded and archived
- Could be a source of potential litigation, especially in case of medical error

NB: See list of Clinical Recommendations and Helpful Tips
Clinical Recommendations and Tips

1. **Getting ready for the visit:** With time, you will get familiar with the process.
   - Keep instructions for the usage of technology for video visits handy
   - Use a phone to talk to the patient in case you get the video with no sound
   - Consider other options for the virtual visits such as phone visits in case you run into issues
   - At home: ensure the environment is private and appropriate. Dress professionally.
   - Check if you need an interpreter for non-English speaking patients
   - Check if your administrative staff can guide patients on how to access video visit
Clinical Recommendations and Tips

✓ Have a check list of things you wish to remember to ask or tell patients during the visit:

i) Current location at the time of care in case of an emergency and for billing purposes;

ii) Who else is present in the home or nearby (in the advent of a crisis);

iii) Inform you may mute the session to communicate with the clinic staff
    (could help in the advent of a crisis situation)

iv) Check medications boxes or pill box for adherence to treatment

v) Share guidelines of who and when to call between visits.
2. **Initial interaction:** Providers and patients may feel uncomfortable and have difficulty building rapport during the first couple visits.

- Adopt a sentence to break the ice and warm up. You could say something like this: "Is this your first time using video visit? What do you think? How does it feel?" and/or "Do you have enough privacy right now to talk?"

- Ask about any visual or auditory impairment impacting the smoothness of the visit

- Encourage patients to focus on you and not on your surroundings. Do the same.

- It may be wise to stop the video visit if patients are under the influence of a substance, driving during the session, exhibiting inappropriate behaviors or located in inappropriate areas.
Clinical Recommendations and Tips

3. **Patient clinical eligibility:** May vary based on how the situation unfolds with the spread of COVID-19 pandemic

- Prioritize patients’ preference but also try to understand reluctance to video visit.

- Stable patients can wait and be seen later or be seen less frequently (during the pandemic)

- It may be helpful to conduct a video visit with a patient first to determine suitability for this.

- Gauge whether patients are cognitively impaired, have visual or auditory impairment, whether they can adjust to this type of visit or get help from a relative.

- Assess patient’s level of comfort with video visit and whether it is impacting treatment outcome. Consider augmenting with in-person visit if needed.

- Other reasons to augment video visit with an in-person visit (2 – 1 ratio could be considered):
  A. Patients chronically unstable.
  B. Patients deemed medically or psychiatrically complex.
  C. Patients at high-risk to self-harm or harm to others

- Patients recently discharged from an inpatient psychiatric unit can be seen via video visit but if they no show, ensure you or care management do a check-in by phone.

- Patients with active substance use can be managed via video visits. You could ask for random Urine toxicology between visits if deemed necessary.
4. **Measurement-based care:** Not intended to be a substitute for clinical judgment. A comparable paradigm would be measuring blood pressure while treating hypertension.

Encourage use of diagnostic and monitoring scales as a framework to accurately assess longitudinal changes and enhance treatment decision.

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**Opioid Risk Tool**

This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management. A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse.

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<td>Rx drugs</td>
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<td>Personal history of substance abuse</td>
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<td>Depression</td>
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**Scoring totals**

Clinical Recommendations and Tips

5. **Managing safety:** Refer to your institution Emergency plan for video visits.

   A few things to keep in mind for certain cases:

   ✓ Discuss firearm ownership: Be prepared to negotiate with patients over firearms disposition and, consider involvement of patients’ families as appropriate.

   ✓ You could consider getting verbal permission to have a family member or friend join the visit and be part of a safety plan.

   ✓ You could consider asking permission to momentarily mute your session to communicate with someone during an emergency situation (Calling 911) – Have the right address handy.
The main take away of this material to recall every clinician that diagnostic evaluation, treatment recommendation, safety determination, measures-based care integration as well as the level of confidence and professional and ethical discipline do not differ much between an in-person office visit and video visit. However, some nuances exist and certain aspects of video visit will vary on an individual basis.


Guest Speakers

Telehealth: The way forward. Supporting patients, the care team and our Healthcare Ecosystem

Mary Graham
Manager, MiHIN

Kim Bachelder
Senior Product Marketing Manager, MiHIN
Telehealth: The way forward.
Supporting patients, the care team and our Healthcare Ecosystem.
Michigan Health Information Network Shared Services (MiHIN)

MiHIN is Michigan’s state-designated entity to continuously improve healthcare quality, efficiency, and patient safety by promoting secure, electronic exchange of health information. MiHIN represents a growing network of public and private organizations working to overcome data sharing barriers, reduce costs, and ultimately advance the health of Michigan’s population.
<table>
<thead>
<tr>
<th>Conceptual</th>
<th>Planning &amp; Development</th>
<th>Implementation</th>
<th>Mature Production</th>
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<td>Health Risk Assessments</td>
<td>Computable Knowledge/KGRID</td>
<td>Common Key Service</td>
<td>ADT Notifications (Senders)</td>
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<td>Chronic Disease Notifications</td>
<td>Death Notifications Michigan Opioid Poisoning Surveillance System</td>
<td>Active Care Relationship Service</td>
<td>Discharge Medication Reconciliation (Senders)</td>
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<td>Birth Notifications</td>
<td>Interstate Immunizations</td>
<td>Health Directory</td>
<td>Health Information for State: Immunizations &amp; Syndromic Surveillance</td>
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<td>Psychiatric Facility &amp; Treatment Center ADTs</td>
<td>Single-Sign-On</td>
<td>Lab Orders-Results: Disease Surveillance</td>
<td>Care Plan-ICBR</td>
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<td>Immunizations for Care Team</td>
<td>Electronic Referrals: Tobacco Referral</td>
<td>Admission, Discharge, Transfer (ADT) Notifications (Receivers)</td>
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<td>Enhanced Care Collaboration Connectivity</td>
<td>Electronic Case Reporting</td>
<td>Discharge Medication Reconciliation (Receivers)</td>
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<td>Longitudinal Health Record</td>
<td>Newborn Screening-Hearing Test Results</td>
<td>Quality Measure Information: Commercial Payers (PPQC): APS</td>
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<td>Closed Loop Referrals</td>
<td>Find Patient Data</td>
<td>Quality Measure Information: State Medicaid Meaningful Use</td>
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<td>Diagnostic Imaging</td>
<td>Consumer Consent: eConsent</td>
<td>Newborn Screening- Bloodspot</td>
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<td>Advanced Directives</td>
<td>Consumer Preference Management</td>
<td>Lab-Orders-Results: Blood Lead</td>
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<td>Lab-Orders-Results: Newborn Screening-CCHD</td>
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<td>Quality Measure Information: Commercial Payers (PPQC): Gaps in Care</td>
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<td>System for Opioid Overdose Surveillance</td>
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<td>Social Determinants of Health</td>
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Use Case Factory

Adoption
• Critical mass

Continuous improvement. ...Bringing us back to...

Conceptual
• Define purpose
• Evaluation

Idea with champion/sponsor

Implement
• Production status
• Metrics

Mass marketing & outreach
Successful adoption

Plan & Develop
• Technical planning
• Pilot and refine

Functional data-sharing widget
...on to the MiHIN Board
Telehealth
Telehealth: Use Case

Kim Bachelder,
Senior Product Marketing Manager
MiHIN
MiHIN Telehealth Design

• Health Information Exchange plan and infrastructure to support:
  • Care Coordination
  • Transitions of Care
  • Improved Outcomes
  • Communities of Care
  • Public Health
  • Provider initiatives and needs
• HIE now includes Telemedicine modality
Telehealth: The Use Case

• Purpose:
  • Incorporate telehealth providers and telehealth modalities into Michigan’s healthcare delivery ecosystem by utilizing the state’s health information network shared services.
  • Drive access; care coordination; increase patient engagement: transition of care; coordinate and align patient-initiated virtual visit requests; and support public health priorities
  • Enable telehealth platforms to more fully support and participate in:
    • Care coordination
    • Patient engagement
    • Sending virtual visit information to EHR
    • HIE statewide use cases
    • Statewide Telehealth Registry
    • Promote public health efforts and mandates
Telehealth (TH) landscape
Telehealth has been around since the telephone

• Pre-Covid-19
  • Various service types (phone, chat, video, etc) and vendors
  • Adoption has been slow in most places
  • In-person care is the standard: TH is seen as option or add-on
  • Payment and regulation vary state-to-state
  • Competitive and disorganized

• During and After Covid-19
  • Video is the default, all types are being used
  • Rapid and broad adoption to meet the need
  • Telehealth is part of the New Normal
  • Payment less restricted, regulation that were eased partially returned
  • Working toward TH embedded in PCMH and Community
COVID and consumer communication applications used for telehealth

• In response to the COVID-19 public health crisis, the HHS’ Office for Civil Rights (OCR) has temporarily relaxed HIPAA enforcement of noncompliance with certain provisions related to telehealth services.

• A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. This applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

• Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

• The HIPAA notification does not extend to 42 CFR Part 2, the HHS regulation that protects the confidentiality of substance use disorder patient records.

• See Consumer communication applications if used for telehealth (here)
Rapid deployment of telehealth across PGIP

• To support rapid expanded access to telehealth services during the COVID-19 public health emergency, Blue Cross Blue Shield of Michigan announced in mid-March that we would allow covered health care providers to use popular applications that allow for video chats for **a limited time until May 31, 2020 (subject to change)**.
  – Provide physician organizations and practices additional time to purchase and onboard to telehealth platforms
  – Support providers facing financial and other challenges due to cancelation of doctors visits and procedures
  – Help reduce the spread of coronavirus at doctors' offices and to ease the burden on hospitals and physician practices
  – Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.
  – Blue Cross does not formally evaluate and endorse any telehealth solutions.

**HIPAA Compliant**: Traditional telehealth platforms (i.e. Amwell, Care Convene, eVisit, MDLive, Teladoc) or other HIPAA-compliant applications such as Skype for Business (Microsoft Teams), Updox, Zoom for Healthcare, Doxy.me

**Acceptable until May 31, 2020**: Apple FaceTime, Facebook Messenger video chat, Google G Suite Hangouts, Skype, Zoom Meeting (recommend that providers do not use personal mobile devices)

**Not Acceptable at all**: Facebook Live, Twitch, TikTok, other public facing communication applications

**Zoom, Microsoft Teams, and Google solutions such as Hangouts can be considered HIPAA-compliant products with a HIPAA BAA. However, certain elements are not compliant and it is entirely up to the user to understand and enable/disable the appropriate services to make the platforms secure.**
Telehealth: Care Convene

Mary Graham, Manager
MiHIN
Rules and Resources

HHSgov


Upper Midwest Telehealth Resource Center (UMTRC):

- General:
  - https://www.umtrc.org/resources/getting-started-guides/

- Michigan Covid-19:
  - https://www.umtrc.org/resources/covid-19/michigan-covid-19-resources/?back=resources

- Michigan Telehealth billable:
  - https://www.umtrc.org/resources/reimbursement/umtrc-michigan-telehealth-reimbursement-summary/?back=resources
Service vs Use Case

• Care Convene is:
  • A Service, not a Use Case. (VIPR and Bridge will also be services)
  • A transactional service (place to conduct business)
  • New space for us! It is a provider and patient-facing app.
  • Support will be for both Patient and Provider
  • Testing grounds operational improvements in Legal and Registration processes.
Provider / Practice Access: Web and/or Phone

- Provider Tracking Board
- Care Team Viewer
- Provider Web Portal

HIPAA Compliant
Virtual Practice Based Clinic Model
Allows for greater access to quality care for more patients via a secure platform

Support of PCMH and PDCM
- Closing Gaps in Care
- Patient Self-Management
- Empowers Care Team
- Care Management & Coordination
- Social Determinates of Health Reporting

Optimize Health Information Exchange
- Use real-time ADT/CCDA/Results (Problems/Diagnoses/Meds) to support longitudinal care and risk stratification
- Chronic Care management, care coordination for high risk
- Post discharge follow-up

Support Greater Patient Health Literacy & Access
- Complex Chronic Symptom Management.
- Patient Engagement using condition specific tools
- Targeted Patient Education

Platform Benefits
- HIE Enabled
- EMR interoperable
- Longitudinal and Episodic Care
- REST API and FHIR Ready
- No upfront platform, license, support, application or maintenance fees
Patient – BH with Social Worker

Reason for Visit
- MIHIN Internal Medicine
- Glen Arbor, MD

Additional Details
- RFV - Anxiety & Depression
  - In the past 2 weeks, have you felt nervous, anxious or on edge?
  - Not at all
  - Several days
  - More than half the days
  - Nearly every day

- In the past 2 weeks, have you not been able to stop or control your worrying?
  - Not at all
  - Several days
  - More than half the days

Waiting Room
- Glen Arbor, MD
- MIHIN Internal Medicine

Update Care Record
- While you are waiting, please update your record to help your doctor treat your problem more effectively.
- Meds
- Allergies
- Problems

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Patient – Chronic Condition Management with Case Manager
Patient – On Demand with COVID Symptoms
# CareConvene Product Tiers:

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<tbody>
<tr>
<td>Patient &amp; Provider Access (iOS/Android/Browser)</td>
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<tr>
<td>On Demand Virtual Visits (chat, phone &amp; video)</td>
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<td>Text-a-Visit (Provider initiated)</td>
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<td>iOS &amp; Android App (patient initiated)</td>
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General Support

- MiHIN Telehealth website: mihin.org/careconvene
  - Care Convene Overview
- MiHIN Telehealth Phone: 1-866-577-3450
- MiHIN Telehealth Technical Assistance: telehealth@mihin.org
- General Telehealth Assistance or Questions: mary.graham@mihin.org
- MiHIN Telehealth Use Case Contact:
  - Kim Bachelder: kimberly.bachelder@mihin.org
Sales Contacts

- Sales team:
  - Chris Ford: christopher.ford@mihin.org
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