OeHI | Office of eHealth Innovation

eHealth Commission

Type of Meeting	Monthly Commission Meeting
Facilitator	Michelle Mills, Chair
Note Taker	John Foster
Timekeeper	Michelle Mills
Commission Attendees	Ann Boyer, Jon Gottsegen, Jason Greer, Morgan Honea, Marc Lassaux, Michelle Mills, Dana Moore, Carrie Paykoc, Chris Wells, Justin Wheeler, Wes Williams, Tania Zeigler

Minutes

Call to Order

- Michelle Mills called the meeting to order as Chair of the eHealth Commission

Approval of Minutes
- March minutes are approved

Review of Agenda
- Michelle Mills, Chair

Announcements

Welcome Kacey Wulf, Deputy Chief of Staff and Senior Policy Advisor for Lt. Governor

OeHI Updates – Carrie Paykoc
- Still looking for two new commissioners
  - Dr. Justin Wheeler is rolling off, will be on for next few sessions
  - Adam Brown is rolling off, but will stay on until we find a new commissioner
  - Interested parties should apply through the States Boards and Commissions website, will also have link on OeHI website
    - Looking for innovators, someone with a rural perspective, a provider or a private payor, can't add any more state leadership due to how executive order is written
- Budget Updates
  - Almost done with the process for year two capital construction fund request and operating funds. The long bill was signed by the governor and appropriation is to be July 01.
  - OeHI is starting the process for next year's capital construction and operating funds starting tomorrow
  - The Governor's Office reduced OeHI's operating funds by $50,000
    - As we invest in current infrastructure, we're helping with additional
- Prime Health Innovation Summit (May 6th-7th)
  - May 6th – Web only and afternoon networking hub crawl at Catalyst
    - Telehealth, eConsult, innovations and trying to pull in rural communities
  - May 7th – in person at Denver University
    - Lt. Gov Dianna Primavera will be one of keynote speakers as well as some federal folks, have a panel with state leadership in the afternoon

Commission Updates

- Wes Williams
  - Mental Health Center of Denver has annual speaker's forum
    - Topic – wellbeing innovation in healthcare
    - Tuesday, April 30th – hosting speaker's forum event at Catalyst, starts with Experiential Reception
      - Highlighting different innovations from National Mental Health Innovation Center at Anschutz Medical Campus, some technology partners in Denver Digital Information Community, and practiced based innovation the Mental Health Center of Denver has worked on
    - Talk kicked off my Mike Biselli, Carl Clark (CEO of Mental Health Center of Denver) giving the keynote, and a panel with folks from AccessMobile, National Mental Health Innovation Center, and Carrie Paykoc representing OeHI
- Carrie Paykoc
  - Working on a few potential options with Lt. Gov about how office could be structured, progress is being made
- Roadmap Initiatives – Workgroup Updates
  - Consumer Engagement Initiative
    - Launched statewide survey this week, asking organizations to send it out
      - Helping us to inform the work that we're doing relating to the initiative
      - Have included questions about whether they have access to trusted information, where people are getting access to health and wellness information
      - Currently have 50 or so responses since releasing it yesterday, have a broad variety of counties and individuals that have responded
  - Care Coordination Workgroup
    - OeHI funding is in review and renewal process
    - Execution of a contract with 10.10.10 XGenesis
      - Working with organizations in community and members of the commission to understand what work we can start on today
    - Partners from CDCHE and Zoma that are showing what we can do
      - CDCHE has thrown in funds that need to be spent by September
    - Next steps from this group
      - Health information Exchanges (HIEs): looking at projects CORHIO and QHN have invested in
        - Boulder County Connect: determining current state and how it can be scaled
        - Care Resource Network
        - Looking at funding counties specifically, need to determine
        - How does giving money to the county help out rural hospitals and clinics who already have trouble connecting to HIEs?
          - Carrie P. – haven't determined all the details yet, more discussion on connecting rural practices to this and change management is critical
      - Jason – whatever we choose to fund, we need to make sure we have ways to measure progress and we need to make sure we're clear on what we're solving
  - Questions from Commissioners
    - Inconsistencies in how providers record social determinants data providing problems in the CHORDS program, could we use some of those funds to standardize this data entry?
      - Carrie P. – Yes

New Business

First Annual eHealth Commission Training – Kim Davis-Allen

- House Bill 18-1198
    - Review of roles and responsibilities of commission, bylaws overview, Commission Charter and Sunshine Laws
    - Passed last year, established best practices for state boards and commissions
        - Should have written policies and bylaws
            - Need to have defined roles and responsibilities for the commission – eHealth Commission responsible for providing advisory guidance and stakeholder insights for OeHI
            - Must provide accountability throughout the project lifetime
        - Voting Bylaws
            - Not a minimum number of commission members needed to have a meeting, minutes documented for each meeting
            - 80% of appointed commissioners excluding vacancies must be present to represent a quorum before voting on an issue
            - Approval of minutes just requires simple majority of commission members
            - Votes can be submitted in person or electronically, don't necessarily have to be done in context of an official meeting, but does have to be done in a public, announced forum and must be done with public notice (about 8 hours in advance)
                - Some grey areas regarding context in which commissioners can talk about commission business outside of a public forum, will be clarified with legal counsel
                - Need to clarify whether or not commission members can submit electronic votes when they can't be present for the discussion of the subject of the vote, as that could pose some issues
                - 80% of the commission must vote in favor, excluding abstaining votes
            - Commissioners have to determine whether or not they have a conflict of interest during votes, and if they do, they have to verbally state that they have a conflict of interest and abstain his/her vote
    - Sunshine Laws
        - Concerns any state or local governmental body and their discussion of public business and taking action in meetings that are open to the public
            - 2 or more Commission members discussing public business or taking formal action must occur in a meeting open to the public
        - eHealth Commission meeting is the place where these issues are to be voted upon
        - Public can request information on everything the group does
        - Tactical workgroups seem to be more of a place to prepare material to be used in the eHealth Commission meetings, more clarity necessary as to whether those should also be considered public meetings
    - Mission Charter Purpose
    - Is it required that, when things are put up for a vote, does there need to be a motion to approve and a motion to second?
        - Kim D. – that should be under the charter
        - Carrie – currently we're following Robert's rules to a degree, if commissioners want to go into more details about that, they can bring it up, but the current system seems to work well for all the commissioners

Health Tech Solutions – Michelle Mills (different than Michelle Mills on the Commission, listed as

Michelle M. (G))

- Two New Proposed Rules (CMS & ONC)
  - Overview was sent out with meeting materials
    - Rules are closely related, both notices of proposed rulemaking
      - Government's way of notifying the public of proposed rules, asking for comment in this phase, have to review all comments they receive and incorporate them into the rules as they compile it and address them
    - Content of rules is about patients and individuals being able to access their own health records
      - CMS has Blue Button Initiative, trying to expand that to providers beyond just Medicare
      - Trying to enable sharing of info through APIs to open up a constellation of 3rd party application developers that can build a mechanism through which patients can have access to API information and their providers on devices such as their phones (includes claims & provider directory information)
      - CMS wants to reduce provider burden, argument can be made that provider burden is reduced by improved interoperability
      - Issue of information blocking that has stood in the way of interoperability
        - Provisions that will require doctors to make steps connect to a larger entity that allows for information sharing with other providers
        - Definitions of information blocking is, what exceptions are, expectations for providers and proposed penalties that would be imposed in response to information blocking
  - Request for Information gives information about patient matching and identification and how that's legally been blocked in the past and other challenges around this issue
  - Looking for ideas from the public of how standardization of data points about patients across systems can improve patient matching
- Questions from the Commission
  - Morgan H.
    - Concerns about unintended consequences coming from this
      - HIE role in this is important, as they were called out as playing a big role in providing access to data to patients
        - Historically, HIEs have been 100% provider-facing
        - 5.8 million people requesting their health records all at once could be problematic due to requirement to provide that electronically within 24 hours of it being requested
      - Concerns about claims a lot of this will be done "for free", when it's not free
        - Important for state to consider implications of this, even with assistance from CMS
        - Intent is to break down silos that vendors have created in some instances, but unintended consequences could be there
      - Data Breach concerns
        - Are there scenarios in which HIEs be simultaneously be dinged for data breaches and blocking in the same disclosure?
          - Possibility of being fined by OCR and ONC, and ending up on both of their bad sides
      - ONC rule specifically calls out FHIR V4, not a good idea to put specific version of FHIR in the rule due to unforeseen future changes
  - Wes Williams

- Worried about data breach concerns on provider side
  - 3rd Party Developers put in the driver's seat
  - When provider organizations engage with electronic health record vendors, provider organizations are a covered entity. There are concerns about requirement to open up FHIR APIs to 3rd party software developers and data breaches
  - Part of rule about national standard is fine, but some risk may be put on providers by vendors
  - When a 3rd party Developer is handling the patient consent for data, what liability lies on the providers?
    - o Michelle Mills (G) – A good question, should be submitted as part of the eHealth Commission's public comment
- o Chris U.
  - CMS wants early adopters and tried to convince Chris U. and his organization that it was free, but refused to listen that he didn't even have credentialing for clients into the MMIS, now scoping out the cost that would come with doing that
  - Huge costs to states in this
  - Interesting that states are given deadline of July 2020, but give themselves Medicare Dual Eligible date of 2022
  - Hard to have groups successfully be early adopters without a federal rule behind them, because if they build something and it's not matching the rule when it comes out, it all has to be changed
  - Can FHIR V4 handle provider directory and claims submissions?
    - Kate - V4 doesn't exist yet, FHIR says it should be able to support these things but it won't come out until 2020 or 2021, idea is that a past version of FHIR could be used and FHIR V4 would become the standard once it does come out
    - Chris U. – what will prevent this from ending up like the HIPAA 50-10 technical guides?
- o Marc L.
  - FHIR should be backward compatible with other standards, but Marc has similar concerns as Chris
- o Carrie P.
  - On prior CMS comments, we've pulled together a letter from the commission, send comments to Carrie so that they can be included, will send out communication requesting additional comments
- o Morgan H.
  - Biggest issue for them is the role they play in the environment
  - Providers have stated they don't want HIEs to be in the patient relationship, just infrastructure behind the scenes
- Michelle Mills (G) Will be helping some of Carrie and Chris' staff to prepare comments to be submitted by the deadline (May 3rd)

Medication Consistency – Danielle Culp (Office of Behavioral Health)
- Work is based on Senate bill 17019, focused on prisoners transferring out of criminal justice systems
- Trying to decrease costs associated with medication purchasing and adopting a standardized formulary (a lot about psychotropic medication)
- Focuses
  - o Reducing recidivism rates
  - o Increasing reintegration into the community
    - Helping these patients understand what medications they need and how to receive it sustainably

- o Making sure their medication is available to them instead of making them rely on pharmacies
  - ▪ Some jails have large medical vendors that can help provide these, others don't have the necessary resources
- o Easing burden on jail staff
  - ▪ Don't have necessary medical information that they need to work effectively
- Working with CORHIO & QHN HIEs
- Focusing efforts on outreach and getting contracts in place
  - o Originally was planned to be pilot program with 5 sites, but now has evolved to 10 pilot sites throughout the state
    - ▪ 3-5 large jails, 2-3 small jails, the remainder being medium jails
  - o When visiting some of the rural jails, noticed importance of incorporating them due to lack of resources and broadband access
  - o Working collaboratively to identify how to best improve relationships with jails
    - ▪ Helps to understand what barriers are and where there is resistance to change
    - ▪ Hope to contract with these 10 jails in next couple of months to connect them to HIEs and start collection of data
  - o Information jails will have access to when they query
    - ▪ At least 5 will just have query function (enter name, get his clinical history, mostly focused on psychotropic medication that they need)
    - ▪ 5 other jails will have a more bidirectional flow of data (getting data and inputting their own data)
- Priorities
  - o Timely access to medical information
  - o Reaching out to jails and talking to sheriffs has shown lack of trust that takes place
    - ▪ Lots of transitions of patients between facilities, and medical information often doesn't follow them
  - o Security of information
    - ▪ Figuring out how to develop trust with jails and helping them understand only certain people will have access
  - o User Flexibility
    - ▪ Making platforms basic enough for easy training and usability
  - o Consent Agreements and improving care coordination for inmates with mental illness
    - ▪ Data collection has historically been poor, so trying to get better performance and outcome measures
    - ▪ Important because about 70% of inmates who leave have a form of mental illness
- Barriers
  - o Ensuring jails have capacity for interfaces and can exchange data in real time
  - o Ensuring that the project is spread out across Colorado
  - o Making sure they fit system requirements of the jails
    - ▪ Lots of issues regarding access
  - o Sustainability
    - ▪ If the pilot program is successful, how do we sustain and help move it to other jails
  - o Overcoming skepticism
- Primary goal is to connect to inmates and provide jails with resources they need to have certain amount of medications on hand
  - o Helping them get connected to groups that allow bulk purchasing
  - o Working with HCPF for formulary
  - o Using metrics gathered to determine where focus needs to be moving forward
- Contracting with CU School of Pharmacy to create a program like Skype for med

reconciliation with inmates
- Got off the ground last week, will hopefully be able to provide updates in coming months
- Other OBH Initiatives
  - Trying to streamline activities by working with a contractor to create an HIT alignment plan to help them determine what's going on with OBH and the sister agencies and other partners throughout Colorado
  - Have a report that's about to be finalized, they're happy to share it when it's complete
  - Used HIT Roadmap to guide their efforts and to ensure they were avoiding duplication
  - Priorities
    - Medication Consistency
    - Data Integration Initiative
    - Opioid Program
    - Crisis Intervention System
- Source of Medication information from the HIE: sourcing information from a pharmacy vendor
  - Able to see prescribed information, and will have information on filled prescriptions
  - Once a written prescription is filled through a pharmacy, it's available for a jail to use
- Sheriffs reluctant to have medication assisted therapies in their jails
- Initiatives like this have opportunities to increase medication assisted therapies in jails
  - This may be an impetus for a lot of the other work that's coming to address mental health issues in Colorado
- Gap concerning community health centers that will need to be addressed in the future

Public Comment
1) Commission Discussion – none.
2) Public Comments
   a) Is it just this section in which the public are invited to speak, or are there other ways of engagement between sessions?
      i) Carrie P. – feel free to reach out to Commissioners or OeHI between meetings
   b) Jefferey Nathanson – Grand Finale of 10.10.10 is tomorrow (April 11th), hope people can make it
   c) CORHIO sent information put together regarding SHIEC
3) Action items for May's meeting
   a) Kim Davis-Allen and Carrie will take a look at the comments made, will bring proposed edits to the charter for next meeting
   b) Please send comments for the proposed rules
   c) Please fill out and share the statewide survey, we will share some results next meeting
      i) A Spanish version will be released in the near future
4) Motion to adjourn
5) Meeting adjourned.