



January 10, 2023 | 12pm | Virtual Meeting Only

Type of Meeting	Monthly eHealth Commission Meeting
Facilitator	KP Yelpaala, <i>eHealth Commission Chair</i>
Note Taker	Amanda Malloy
Time Keeper	Amanda Malloy
Commission Attendees	KP Yelpaala, Jackie Sievers, Parrish Steinbrecher, Michael Archuleta, Rachel Dixon, Art Davidson, Jason Greer, Sophia Gin, Micah Jones, Toni Baruti, Wes Williams, Krystal Morwood, Misgana Tesfaye, Patrick Gordon
	Absent: Amy Bhikha, Kevin Stansbury

Minutes

Call to Order

KP Yelpaala

- Roll call was taken. 9 voting members present. Quorum Met: YES
- Voting of Meeting Minutes: YES
- Corrections for December 2023 eHealth Commission meeting minutes?
- Corrections: NONE
- In favor of approving: YES
- Opposed: NONE

Announcements

Lieutenant Governor Dianne Primavera

- Good afternoon everybody and Happy New Year to you all. I'm Lieutenant Governor Diane Primavera. I'm happy to join you for the first ehealth Commission meeting of 2024. I'm in the car traveling back from Colorado Springs so that's why I'm off camera right now. First of all, I want to take the time to recognize that this, unfortunately, will be Art Davidson and Wes Williams' last meeting as eHealth Commissioners. Art has served on the Commission since 2019 and has provided leadership in the COVID-19 Public Health Response work group as well as the information governance steering committee. Art consistently challenges OeHI, the Commission, and the State to think and act boldly with inclusion at the forefront. Wes has served on the Commission since 2018 and chaired the Consent Work group since it began. His passionate advocacy for the consent initiative, and thoughtful engagement in support of OeHI throughout the years has been an invaluable contribution to where we are today. Art and Wes, thank you so much for your service. With all the hours you've devoted and your passion, you will be greatly missed. The 2024 legislation session kicked off this morning and we're looking forward to another busy, exciting, and productive session. We were privileged to be able to influence, develop, and implement policy to improve the quality of life for our family, our friends, and our neighbors. As the experts in your fields consider what hurdles or unnecessary burdens you encounter that policy or other levers available through OeHI and the Commission could potentially support. I'm looking forward to hearing the fantastic ideas that come out of not only this initial 2025 Health IT Roadmap brainstorming session but those that emerge throughout the next



year. So with that I'll hand it back over to OeHI's Director, Stephanie Pugliese.

Stephanie Pugliese

- We have no new updates from OeHI this month

Commissioner Updates

- Jackie Sievers: QHN has launched our new service called Collaborise. It is a convening, facilitation, collaboration service that we are offering. We are currently working on two projects in Colorado and would love to expand that out. Our goal is to help communities solve problems that they are interested in solving across a domain perspective. This isn't about technology but rather about achieving outcomes as a community. Our website is: <https://www.collaborise.org>
- Stephanie: We did want to recognize Art and Wes since this is their last commission meeting as commissioners although they are always welcome back. We appreciate your service and commitment to the commission over the past many years. If either of you would like to say something that would be great, otherwise we look forward to our last meeting together.
 - Art: I would like to thank the administration, the Governor, and the Lt. Governor for the opportunity to serve on the commission and for their recognition of how important Government is in solving this problem of Health For All. The challenges are great and achieving health equity is not going to be easy so I am thankful that the administration focuses on that. I would also like to thank my other fellow commissioners, both past and present, because I love learning from people. I also think there are many individuals outside of the commission that can contribute more who are successful. I really want to thank Stephanie and her team for all the leadership and vision and for making things happen. Things don't always happen that easily and they have a desire to get it right. It has been a privilege working with everybody. Thank you all.
 - Wes: Art, you are a class act and a hard person to follow. I really admire you. I really appreciate the opportunity to have served two terms on the commission. I want to call out the vision surrounding health equity and how the roadmap has evolved over the years. The other thing that I think is that this work takes a kind of optimism because when we start off with this stuff, it is not tangible and there are so many different ways it can go. It's great to have passionate folks who believe in and help shape that. I joined the commission before there was any money associated with it. It is really cool to see things actually turn into material once the money started to flow. I wish we were a little bit further along with consent, but at the same time I know it's coming. I really look forward to seeing the shape that it all takes.
 - KP: I just want to acknowledge that you have both been active and thoughtful contributors and people who have not been afraid to voice any issues or concerns that you've seen. That is what helps make a commission like this productive and impactful. You will be missed and it is noticed that you have contributed and we appreciate you both and we know that you will still be around. Now moving on to the next part of our agenda, Stephanie and Karen are going to talk through our Progress Review and Refresh Planning for the Health IT Roadmap.



- I am going to kick us off with the Roadmap progress and review and give you all a little bit of an idea of where we are. I know that the font on the slides are pretty small, but we will have the slides available on our website. In the meantime, I will walk us through this road that we have been on since 2021. As you can see, we started the journey back in 2021. At 25% completion of the roadmap we developed the State Agency Data Sharing Agreement, which was developed by GDAB (Government Data Advisory Board). We also got started on our Identity Cross Resolution (IDXR) and our provider directory “front door” project. We also have a backlog of systems onboard for IDXR which was also established. The backlog was also established in both English and Spanish. We also got recommendations from Local Public Health Agencies for system data improvement strategies. We have also established a Chatbot to help promote access to Women’s healthcare in Colorado.
- Moving onto Exit 2 on our roadmap or 50% of roadmap completion. The Care Coordination Team has awarded a competitive ITN solicitation for our Social Health Information Exchange (SHIE) to create a scalable data sharing platform. We have also spent about \$6 million to support connectivity for telehealth initiatives. This is all with Ashley Healthfield’s leadership in this telehealth space. We have completed a telehealth payment parity and denials analysis as well as community resource inventory and recommendations in partnership with the Colorado State Libraries. We are really excited that we have awarded 13 libraries with telehealth or telehealth kits and we hope to do some site visits within this next year. OeHI is also working with the Colorado Department of Labor and Employment (CDLE) and the Colorado Broadband Office to create a statewide digital equity plan. We want to take the opportunity to thank everyone for spreading this information through and to your networks.
- Moving onto Exit 3 or 75% of the roadmap completion. Ashley has been helping us complete Phase 1 of the Colorado Health Innovation Resource (CHIRP) platform as well as working on our safety net facilities and demographic data baseline project. John Kennedy has also been doing a lot of work in our rural spaces and helped us get to 98% of Critical Access Hospitals and Rural Health Facilities connected to our HIE (Health Information Exchange) networks. John is also helping us develop the Rural Community Analytics Platform (CAP) that has dashboards focused on COVID 19, Medicaid Attribution, hospitalizations and more. Now we are going to move along to another one of our ARPA projects that our Dollars to Digitize team has been working on. We are really excited that we have launched two rounds of grant opportunities and about \$26 million to help Behavioral Health with technology upgrades to help get them off paper.
- Moving onto Exit 4 or completion of the roadmap. We have identified the path forward for the CHIRP. We are supporting the implementation of the Colorado Digital Equity Plan with CDLE. We are really excited to have Karen Haneke onboard who is helping us develop a standardized process and data standards to collect health information as well as a policy framework for health information sharing. We are also developing recommendations for OeHI and the eHealth Commission legacy roles. Allie has been hard at work as our Project Manager for the consent initiative and has been working with Wes a lot on completing a proof-of-concept for consent management to progress toward centralized consent management. That is where we are at and now I am going to hand this over to Stephanie who will be talking about our plans to help us make it to 2025 and what that means for planning this 2025 Roadmap. You can see the full graphic [here](#).

Stephanie Pugliese - Director, Office of eHealth Innovation

- I would actually like to pause here to see if Commissioners have any questions about anything.



- Mona Baset: I wanted to thank you for putting together this great summary. I was just thinking about this the other day and thinking about how we talk about our work and what has been accomplished and this solves exactly what I was looking for. This is a really great view of our work so thank you for putting this together.
- Toni Baruti: Thank you for this roadmap, it is very concise and easy to read. The direction that you guys have gone is right on target. I really appreciate you and the rest of your team and all the great work that you have done. I see all the bits and pieces of implementation and have seen it all come into fruition. So I just wanted to give a kudos to you and your team for all of your hard work.
- Wes Williams: I just wanted to acknowledge the technology upgrades for behavioral health and the grant process there. It's really been helpful and meaningful that this funding has been available and intentionally targeted to providers who weren't able to participate in some of the hospital based federal programs for use. It makes a difference and I really appreciate it.
- Art Davidson: Thank you for the roadmap. How do you think the SHIE fits or was it not mentioned in the roadmap? I think you might get credit for including it somewhere.
 - Stephanie: On Exit 2, you can see the bullet point where it is located. The only reason it is only reflecting that we awarded the contract is because we are trying to hold ourselves accountable for what is complete. Our work is underway on the SHIE and as the year continues and we see measurable progress toward building the SHIE, that will be included in our Exit 4 as a measurable goal.
- Rachel Dixon: I would like to hear a little more about the latest and greatest on the Digital Equity Plan.
 - Ashley Heathfield: Thank you for asking. The digital access plan is out for public comment right now. We are really excited about that and we have some in-person public sessions happening across the state. We have had a couple of those already happen. Working with community based organizations - we are partnered with 17 this round to really hear from community members that may struggle with digital access so they can respond to the plan. We also created summaries in 11 different languages so there is language access involved for the summaries we are proposing. We have begun to get some public comments rolling in that are impacting changes we are going to make into the plan. We are finalizing this part of the process and will have a final plan at the end of March 2024. We probably won't get the federal funding until the Fall but in the meantime we are trying to do more community engagement - particularly how we should be structuring our RFA. We are looking at a very similar strategy once we get the implementation dollars. The link to the Digital Access Plan is: <https://cdle.colorado.gov/digital-access>
- Jason Greer: First of all, great job on the progress roadmap as it is really nice to see the list of our initiatives on a piece of paper. It would be really nice to do what Ashley just did for all the initiatives over the course of the four or five months so that we can all have an update on where they are and what is happening. Would love to keep the things at the top of mind for the commissioners so that we can help online and offline as much as possible.
- Rachel Dixon: I also wonder for some of these they might be fun things to bring to the commission with short exercises sometime. It could give us time to talk about what resources other commissioners might have or something like that.



- Stephanie: Now we are going to talk about how we developed the 2021 Health IT Roadmap which many of you were deeply involved in. Just a reminder that we did have over 50 stakeholder meetings throughout that year, so you will see virtual centric things partly because it was 2021. We did have in-person meetings in Haxtun and Trinidad so Kevin and Michael were kind enough to host us. We also had two public listening sessions which were intended to include anyone who was interested in learning about our work or contributing to the roadmap. We really tried to get the word out to our friends and neighbors, patient communities, etc. We also had an online survey so folks who wanted to contribute in a different way, they could. We were also at the Annual Innovation Summit with Prime Health in September of 2021 and hosted some listening sessions there. Six of our commissioners were on a steering committee for the health IT roadmap refresh and we collaborated with CHI (Colorado Health Institute) for about four months. The activities with CHI included: Project Management, Data Collection/Stakeholder engagement, Data synthesis and roadmap planning, and publication-ready roadmap. It was a really successful partnership. We really tried to focus on people first, and technology was certainly important, but we wanted to make this a more digestible roadmap for folks who didn't want to attend these meetings every month or who are not in this sphere. We want to continue this for this roadmap as well and to make it even better.
 - As we start thinking about our 2025 Roadmap, we are very intentionally starting this conversation now. I really want us to have as much of the year as possible for our team to be out and about on the road. We are planning to go around the state and really try to be in as many places as possible. We are lucky to have the best Lt. Governor who is willing and excited to join us as much as possible. The areas of emphasis I have here are very high level and broad. I would say that these areas are very similar to the areas we have in the 2021 roadmap. We did try to incorporate the policy recommendations, tangible outcomes for our initiatives, and a scan of what is happening throughout the nation and at the federal level. Those were very helpful for OeHI and we will continue that. We are also open to other areas of emphasis too. For the planning, I know that many of you have already let us know that you would host us at your various workplaces or places that you have connections to for listening sessions and we will be taking you up on that. We are still gathering those so if you haven't volunteered yet and would like to, or you just have suggestions, we will still take your recommendation. We are trying to think about how to engage previously unengaged audiences. Working with our fellow Lt. Governor office leads for people with disabilities and potentially partnering with our SERVE Colorado folks as they are out and about in the state a lot. We are trying to think differently and encourage the commission to do the same. These are just some broad ideas to get us started. I will pause here to see if there is any input from the commission.
 - Sophia Gin: What is your timeline in terms of having a draft for roadmap planning done from a time frame perspective?
 - Stephanie: I would say that due to the end of the year being the holidays as well as all of the final reviews that we have, let's aim for October. I would like to have a draft by the end of September, beginning of October. Then we can continue routing that for approvals. I think we would want to wrap up our roadshow by the end of July.
 - KP: What other things might you have of the commissioners to build off of that question of building over time. How can the commissioners be



helpful in the process?

- Stephanie: We are about to dive into a Mural board that will help us work through a few things. But as far as these areas, I think the more specific tasks are the bottom three on my slide under Roadshow planning (suggested stops/regions, planned events and conferences, and reaching previously unengaged audiences). We can send out to the commission things that we already have and know about and for now, assume that it is a blank slate.
- Art: Cassi provided a link to the Digital Access Plan and I was just scanning through it. How do they plan to engage with those covered populations?
 - Ashley: We have done it in a couple different ways. One would be the community-based organizations that we have worked with in gathering the data last summer. Those represented mostly the covered populations - we received 5700 responses. It was actually over represented for those covered populations. We also did in-person focus groups and those same community-based organizations hosted. We were able to make sure that we had context for the survey data that was coming in. We also have a couple of folks with lived experiences on our advisory group. Then for the public comment section period, we've taken the same approach. People were really excited to be able to be asked their opinion of some of these things.
 - Art: Our relationship with the Native American community is a bit hampered by the idea that we need to speak sovereignty to sovereignty when it's really about a person in a community. Not so much about sovereignty to sovereignty and these people are in the classes that are targeted for the Digital Access Plan. They may be living on reservations - how are they going to get these services from The Digital Access Plan or how can we learn from them for the roadmap.
 - Karen Haneke: The Tribes are a group that we realize the impact we can make by involving them. So we've been trying to connect with sources wherever we can to work out steps of engagement. We are in the process of putting together a one-pager for the Tribes. They are a little hesitant to engage because they want more information and they want to be heard. We are working on developing what our strategy is and how we can engage them on a project by project basis when they show interest with us.
 - Stephanie: Art, do you have another approach or solution in mind that you didn't hear from us today?
 - Art: I think there are parts of this that are really reservation based and others that are non-reservation based and they live within our community and not so much on reservations. I don't know what the right methods would be but I assume that we recognize how many of the characteristics that apply to the Digital Access Plan apply to our Native American communities. Hopefully we find a process for them and to be humble while doing so.
- Open Question: Lisa Blake: Is this a place open to Native American Medicine and Beliefs as respect to their culture and supporting equity and inclusion?



- Stephanie: If the place is OeHI and eHealth Commission, absolutely - we want to work in collaboration with the Tribes as the team described.
- Stephanie: In order to change it up a bit, we have an activity that we are going to do together. For those of you who haven't used Mural before, it is a collaboration software that you all should have access to. If you don't have a Mural account, you will join as a visitor and you will still be able to edit. This is meant to be a brainstorming activity.
 - In the top left, I have a category for challenges: What challenges is OeHI and the eHealth Commission uniquely positioned to address?
 - In the top right, I have a category for focus areas: Care Coordination, Rural Connectivity, and Digital Equity
 - Below Challenges, we have Aspirations: What does success look like?
 - Next is Outcomes: How will we measure success? (Measureable)
 - Then we have Activities: What can the Commission and/or OeHI do more of?
 - And, last is Parking Lot

The Mural Board can be found [HERE](#).

- Stephanie: I will make sure that this is sent out to Commissioners and Advisors following the meeting in case something strikes you later, you can add to it. We can also bucket these into specific categories so that it is easier to navigate later. I also don't want to just read these off to you, but I will go through a couple of them.
 - We will start with the challenges - one that is a big one is: Continuing to drive the importance of Health IT as a priority for the state. Another one is: State Department Agency and resource coordination for cohesive infrastructure. Another is: Funding Solutions
 - Sophia: I have a question about the sticky that says: Connecting state data and other systems to other data systems. Can someone give an example of the other data systems?
 - Jackie: I was thinking that OeHI is uniquely positioned to help state data intersect with other systems like with the HIE's and other CBO platforms - so creating that bridge between the state and the private sector.
 - Rachel: I wrote the one about continuing to drive the importance of Health IT as a priority for the state. I've had the opportunity to work with almost every state in the United States on this so I really think that it is so important in thinking about the role that OeHI has played over the course of the pandemic.
 - Next is Aspirations
 - Jackie: I noticed several with hearts and likes that seem to be about community focus and rural focus and I thought it was interesting that those were the two highest that were tagged. So I think we should focus on those while creating the roadmap and flagging those as important.
 - Let's move over to Outcomes:
 - Jason: In the beginning of the commission, the philosophy was that we were going to create a place to innovate. So the eHealth commission was really our place to focus resources on Colorado organizations that were really doing that important work and a lot of times, non-profit organizations would rely on investments from OeHI to really innovate together in different ways to move the state forward.



- For the interest of time, let's move over to Activities
 - Krystal Morwood: The one I added here was about the roadmap. I think that it is a very good map but I don't know that it needs an extensive overhaul. It probably just needs to be honed in and refocused such as what data we have in order to keep moving forward. I think we have not taken advantage of as many opportunities and it's hard to find, such as other state agencies, local public health agencies, community based organizations that are already doing work that pushes this roadmap forward.
- Stephanie: I really appreciate the engagement here. Thank you!
- KP: This has been really productive and a great way to kick off our first Commission meeting of the year. Not only with the update but this process is particularly good and getting everyone's input. I appreciate everyone's engagement in the process. And with that, we will move to our public comment period.

Public Comment Period

- N/A

Action Items

KP Yelpaala

- *Next meeting 2/14/24 - HYBRID*

eHealth Commission Meeting Closing Remarks

- Open Discussion
 - Jason: I just wanted to say thank you again to Art and Wes and we appreciate your guidance.

Motion to Adjourn

KP Yelpaala

- KP Yelpaala requests motion to adjourn
- Krystal Moorwood motions to adjourn
- Art seconds the motion
- Meeting adjourned at 1:38PM MST