eHealth Commission Meeting

VIRTUAL CONFERENCE

July 10, 2024

July Agenda

OeHI — Office of eHealth Innovation

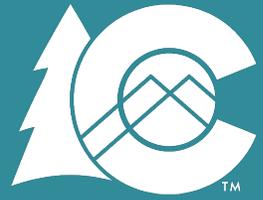| Title	Start	Duration
Call to Order • Roll Call and Introductions • Approval of June Meeting Minutes • July Agenda and Objectives *Kaakpema "KP" Yelpaala, Chair*	12:00	5 mins
Announcements • OeHI Updates-eHealth Commission Updates • Decision Items & Action Items *Dianne Primavera, Lt. Governor and Director of the Office of Saving People Money on Health Care* *Stephanie Pugliese, Director, Office of eHealth Innovation (OeHI)* *eHealth Commission Members*	12:05	5 mins
Rural Connectivity Initiative Update and Discussion *John Kennedy, Rural Connectivity Lead, OeHI*	12:10	35 mins
Colorado Health IT Roadmap Refresh Status **Digital Health Initiative Update and Discussion** *Ashley Heathfield, Digital Health Lead, OeHI* *Stephanie Pugliese, Director, OeHI*	12:45	35 mins
Public Comment Period	1:20	5 mins
Closing Items • Closing Remarks • Open Discussion • Recap Action Items • Adjourn Public Meeting *Kaakpema "KP" Yelpaala, Chair*	1:25	5 mins

OeHI and eHealth Commission Updates

- eHealth Commission Updates
  - **HYBRID** August meeting: Please join us in person!

- OeHI is hiring! Please help spread the word!
  - [Operations and Special Projects Coordinator](#) (closes 7/17)
  - [Technical Project Coordinator](#)

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- Provider Sustainability Payments Timeline

  - 1st payments were sent out on 3/1
  - Next annual payments will be 8/1/24
  - Update on Account Receivable Recoupment

- Right Sizing the Capital Construction Budget we have been utilizing for the first phase of the project

- Future Maintenance and Operations Budget

- Solutions for ease of reporting to remove the burden of reporting from the rural providers
  - Environmental Scan

- Second Phase of Rural Providers
  - Identifying those outliers who service the rural population and should be part of the Program

- Enhanced/Upgraded Network Security
  - Rural facilities are vulnerable to ransomware attacks

- EHR/EMR Sustainability
  - Ongoing costs are an issue

- [Rural HIT Steering Committee Brainstorm Mural](#) (Outlined in following slides)

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Solutions for Ease of Reporting

Subcommittee on opportunities to centralize reporting?

Technical Assistance for Providers Aligned with Central Reporting Entity & Various Reporting Requirements

terminology services are needed to untangle-- data standards will continue to lag behind consensus/governance

Reporting tool that takes information out of the EMR that the state pays for

Understanding which data sources are needed to solve this reporting burden and which participating entities hold/have access to that data.

Understanding the scope of data for reporting

Milestone payments or other funding to facilities to make crosswalks and other technical assistance changes. Outside entities can help, the facilities need internal resources.

Resource with all required reports outlined for rural providers (CMS, HTP, beds, individual payer reporting requirements etc.)

Understand mandated reporting metrics by RHCs/CAHs

Data validation efforts-staff to support

Data elements needed for reports

Identifying Rural Outliers

Phased approach with targeted providers types so we aren't trying to build everything for everyone all at the same time.

Delta Montrose Vail and Valley View

Independent rural hospitals

St. Luis Valley

Rural BH entities not already included should be considered for the 2nd phase.

healthcare adjacent CBOs (AHEC, harm reduction, senior resource centers,Medicaid enrollment centers, public library - telehealth clinics)

Public Health Departments

independent PCPs, GYN, Peds, in person counseling

Home Healthcare and BH

Physical therapy

pharmacy

free clinics

hospice

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Enhanced Network Security

Establish Data Security Committee for Rural (share best practices, exchange notes on vendor solutions, etc.) FQs have success stories from this WG.

Contexture security team can offer assistance

CRHC offers several programs around Cybersecurity for rural

Use grant proportions of the budget for network security

EHR/EMR Sustainability

Technical assistance

Shared EHR Systems (OCHIN, OSIS)

Funding to move away from an EHR that isn't meeting needs

Advocacy to federal government to understand EHRs are not one-time costs.

- **Rural Communities**

  - How can we further help rural communities through the Rural Analytics Program?

- How can the State assist our rural facilities' network security?

- **EHR/EMR Sustainability**

  - How can the State Assist Rural Facilities who need to move off of their EHR?

  - What sustainable EHR/EMR options currently exist?
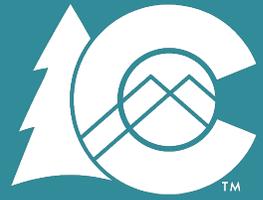
Timeline

April - August 2024

Conduct Listening Sessions

August - Sept 2024

Develop Goals and Objectives

Oct - Dec 2024

Draft Roadmap Language

January 2025

Release for Review and Public Comment

March 2025

Publish Health IT Roadmap

22 Hospitals, behavioral health groups, health clinics, and libraries

~$6,000
Spent in local communities

32 Total healthcare staff engaged
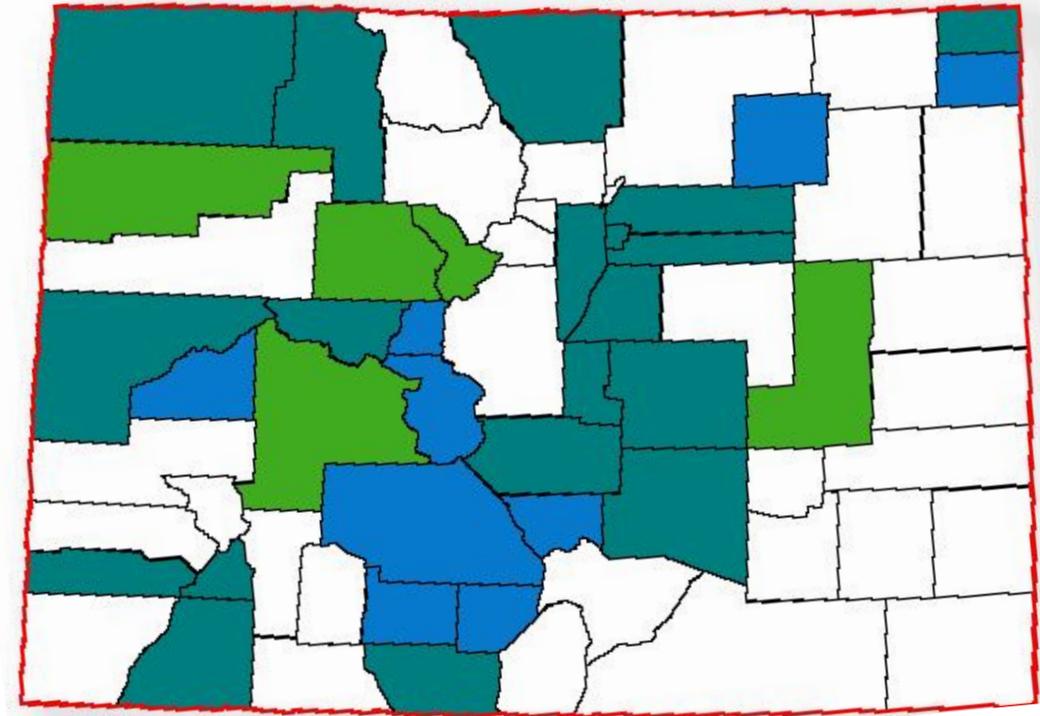
Dark Green = where listening sessions have been held
Blue = where OeHI has already visited
Green = where OeHI is confirmed to go

*Note that there is overlap between where OeHI has been and where listening sessions took place

Roadshow Updates: Listening Sessions

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22 Community-based organizations that hosted listening sessions

$126,000
Funding to community-based organizations

8 Languages hosted listening sessions

332 Total people reached

198 Community members participated

88 Healthcare staff participated

46 CBO staff participated

Organizations offered participants incentives such as $75 gift cards, meals, childcare, etc.

What we are hearing so far:
- Medicare Advantage is a huge problem for rural providers, and reimbursement from commercial payers
- One of the biggest barriers in adopting health IT is cost of technology and keeping existing technology up to date/running
- Federal and state reporting requirements is a huge burden

Roadshow Updates
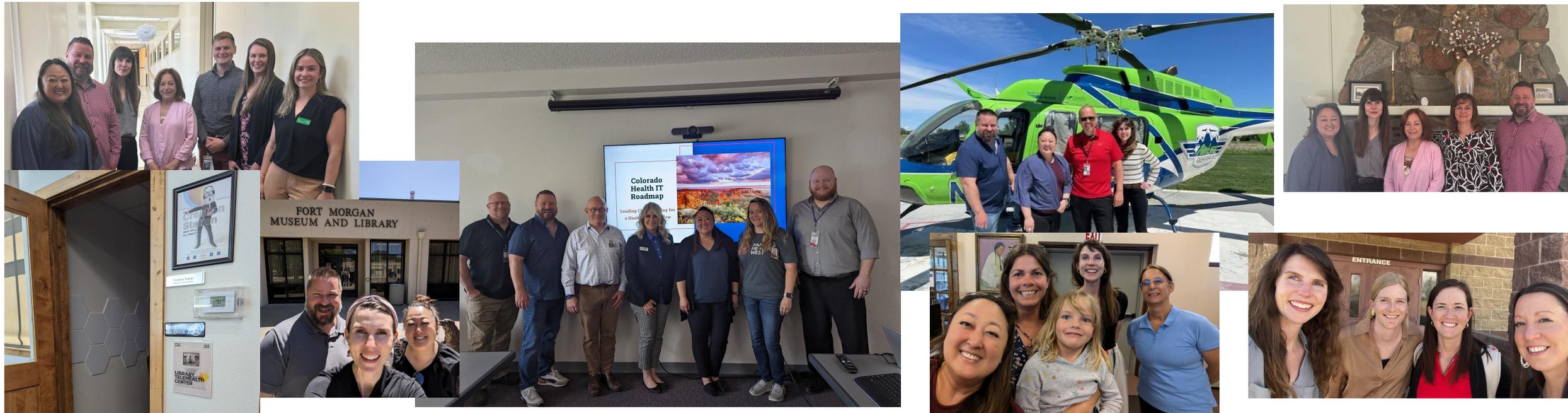
Next Steps

- Start analyzing the data gathered through the listening sessions into themes to inform the Health IT Roadmap update
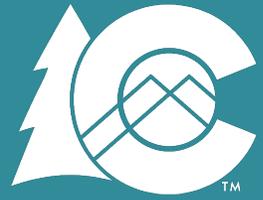- Continue conducting OeHI site visits across the state

Do you have hospital or clinic contacts in these regions? If so, let us know!

- Pikes Peak region (El Paso and Teller)
- North Central region (Morgan, Weld, Washington, Logan)
- Southeast region (Crowley, Bent, Otero, Prowers)

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What we did

Phone survey of 800 adults in Northwest/Western Colorado to examine:

- How Coloradans in this part of the state are using telehealth services
- The barriers to using those services, and
- What benefits and concerns would be most effective in messaging

Why

- Northwest/Western Colorado sees lower telehealth utilization
  - 22% vs 34.7%
- Current statewide data doesn't allow for drilling down to uncover perceptions/barriers at a local level
- Local knowledge could drive local change

Where do patients receiving telehealth live?
Click on any county to filter by geography.

© OpenStreetMap

Services per 1,000 persons

351 — 1,165

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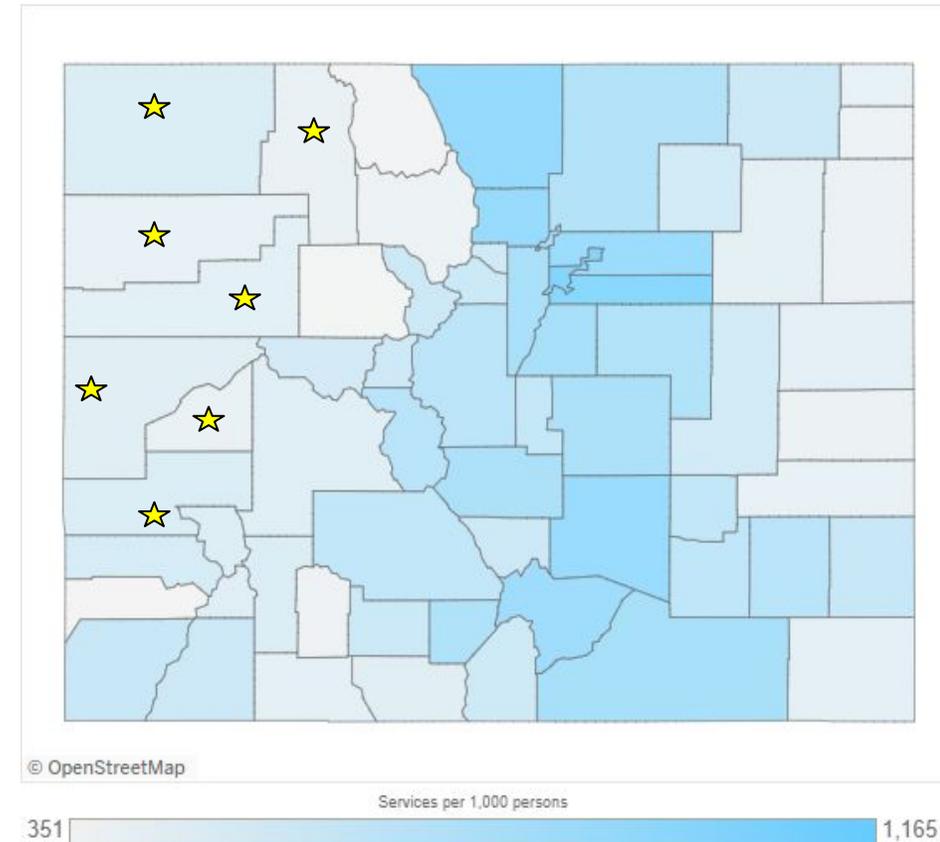
Telehealth Use

Figure 9. Online Interactions with Health Care Providers
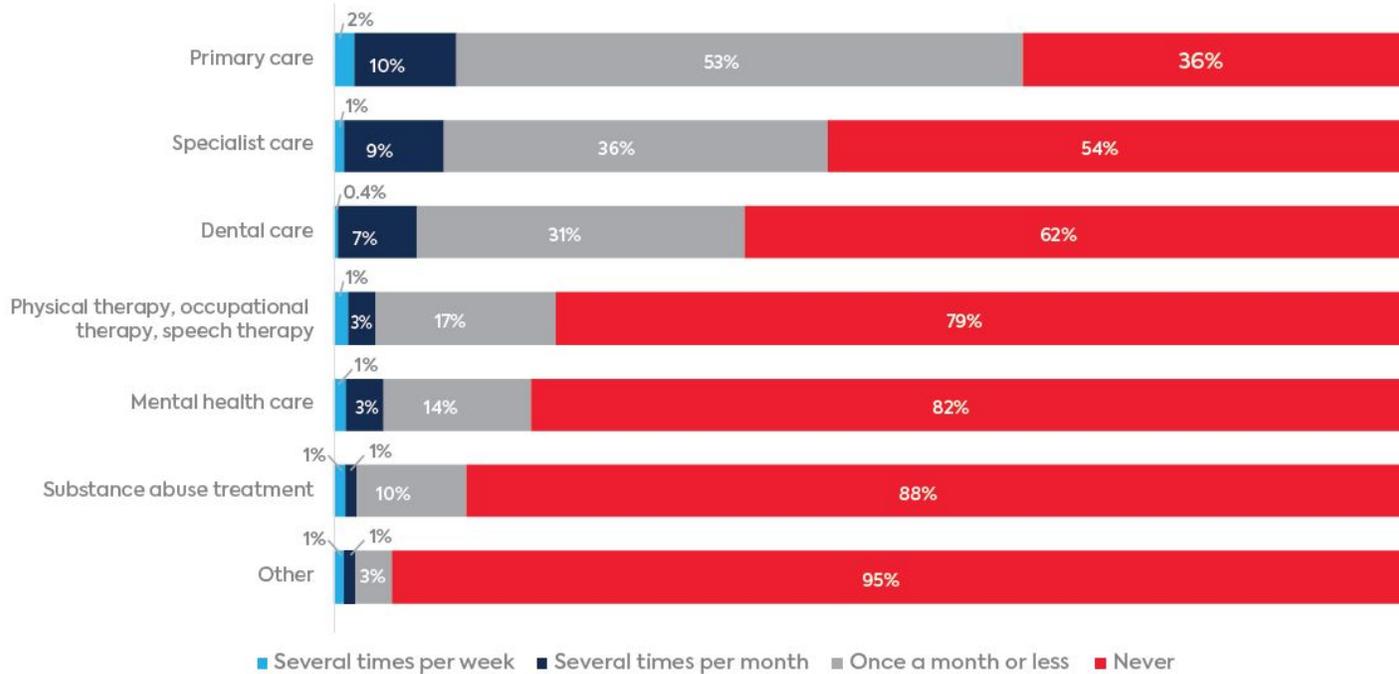
- 28% of respondents were unaware that their provider offers an online portal that they can access
- 38% said they have used Remote Patient Monitoring (RPM) or similar services

Figure 14. Modalities of Online Interactions with Health Care Providers
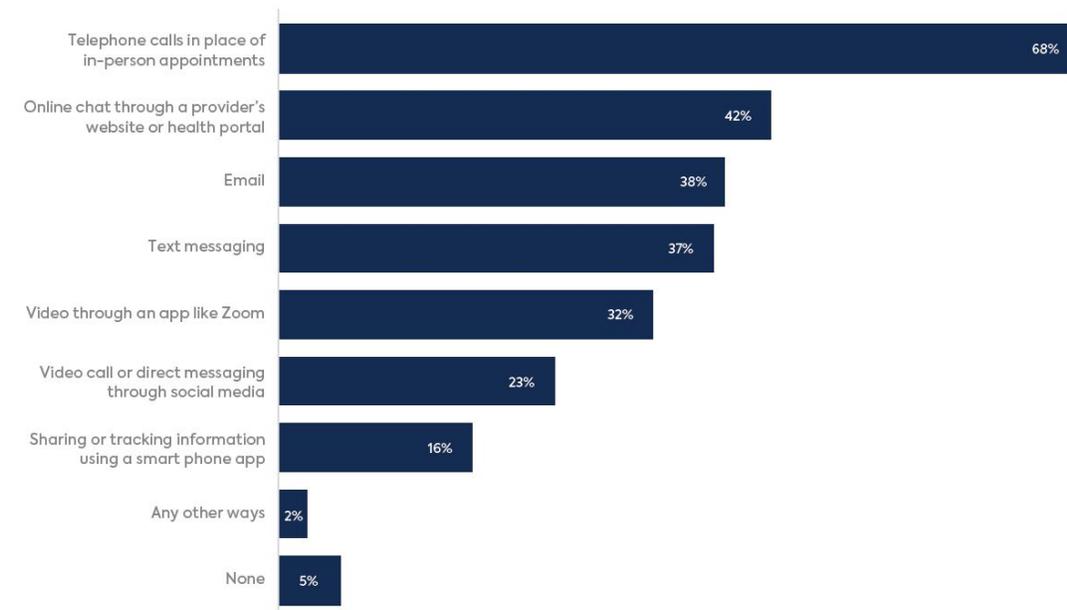
Benefits of telehealth

Figure 16. Respondents' Perceptions about Telehealth Interactions

Figure 21. Telehealth Users Who Say Telehealth Has Prevented Trips to a Doctor or Health Care Provider

Respondents aged 70+ and those making less than $25k/year less likely to agree with any of these, particularly that telehealth prevented a trip to the doctor

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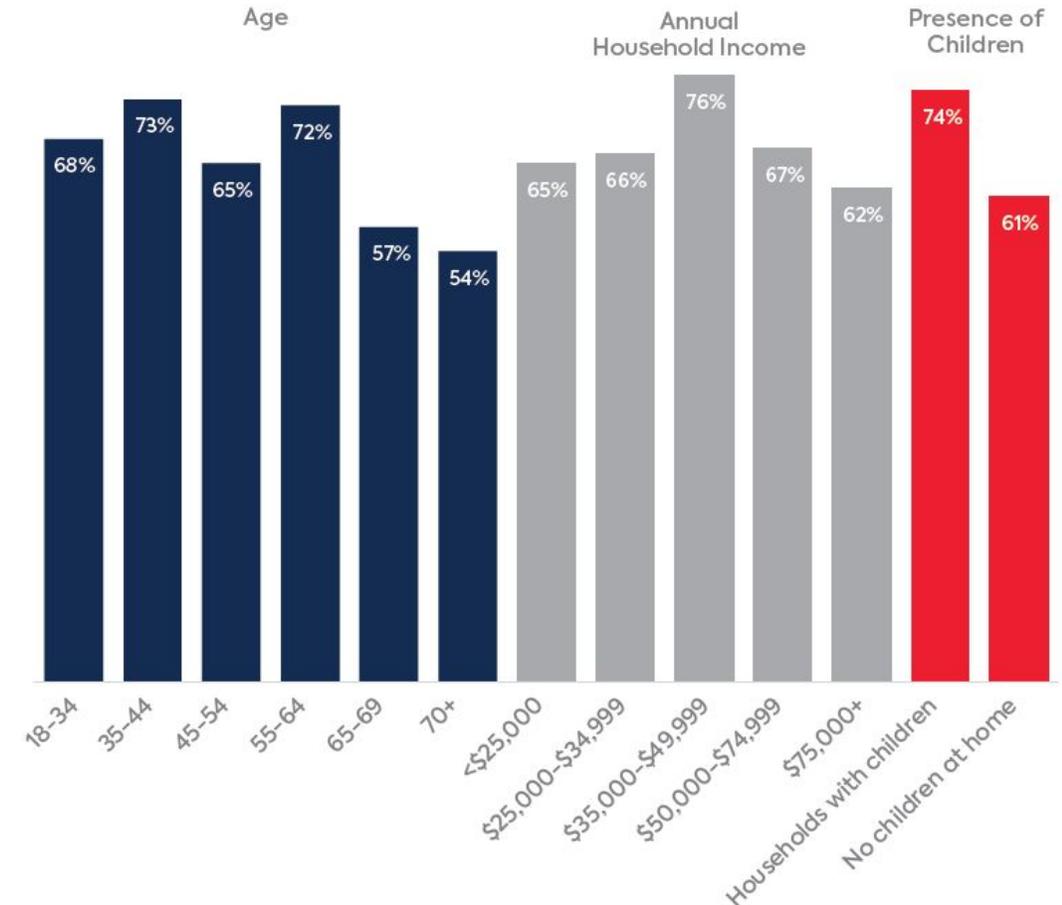
Non-telehealth users

More than 1 in 4 respondents (28%) do not use telehealth services. 21% say their provider doesn't offer them, but they'd be willing to use them if offered.

Figure 24. Telehealth Benefits and Their Impact on Patient Decisions

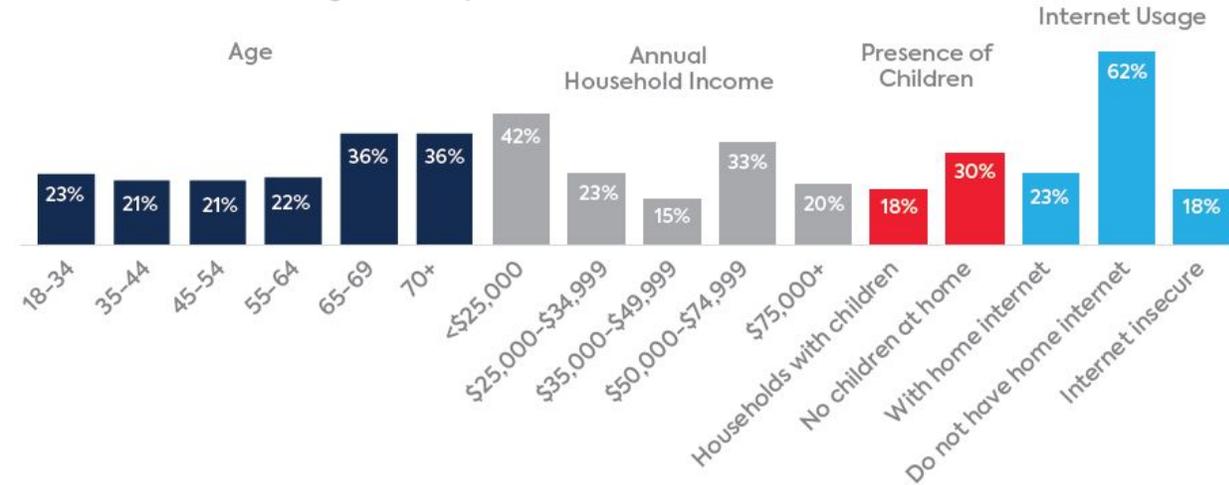| Benefit	Major Impact	Minor Impact	No Impact
The ability to schedule a same-day visit	29%	26%	44%
The ability to see your regular doctor for every visit	25%	19%	56%
Avoiding commutes for safety	25%	19%	57%
The affordability of using telehealth	22%	22%	56%
Avoiding commutes to save money	21%	23%	56%
Taking less time off work	20%	20%	60%
Avoiding commutes to make transportation easier	15%	29%	56%
Other	8%	7%	85%

■ Major Impact   ■ Minor Impact   ■ No Impact

Figure 8. Respondents Who Do Not Use Telehealth

Age | Annual Household Income | Presence of Children | Internet Usage

Category	%
18-34	23%
35-44	21%
45-54	21%
55-64	22%
65-69	36%
70+	36%
<$25,000	42%
$25,000-$34,999	23%
$35,000-$49,999	15%
$50,000-$74,999	33%
$75,000+	20%
Households with children	18%
No children at home	30%
With home internet	23%
Do not have home internet	62%
Internet insecure	18%

Figure 22. Interest in Using Telehealth Services Among Non-Telehealth Users

My health care providers do not offer telehealth services, but I would use them if offered 21%

My health care providers do not offer telehealth services, and I would not use those services if they were offered 28%

My health care providers already offer telehealth services 44%

Don't know 6%
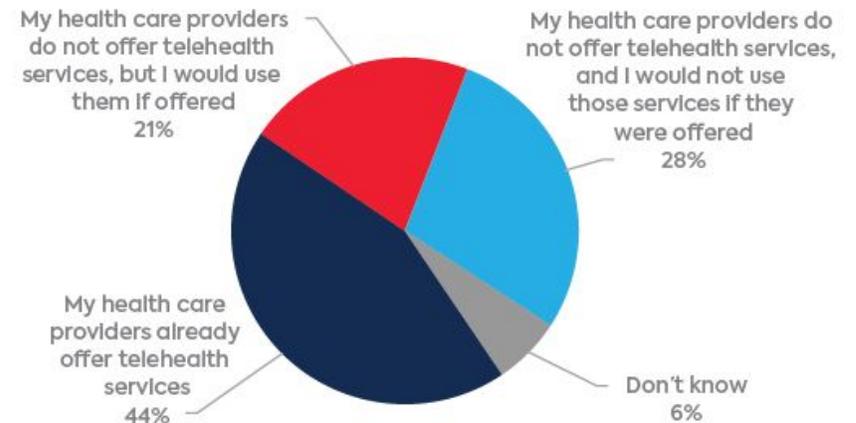
Next Steps

- Use information gleaned from this survey to inform a public awareness campaign in northwest/western Colorado
- Work with local providers to create targeted messaging that addresses the concerns, barriers, and perceived benefits
- Use Connected Nation's Communication Recommendations to guide this work
  - Estimated budget: $70,000

Figure 29. Telehealth Concerns Among Telehealth Users and Non-Users

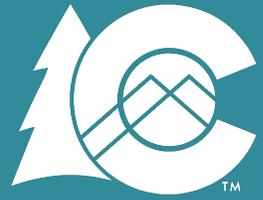| Concern	Have used telehealth	Have not used telehealth
The privacy of your information	60%	60%
Health issues possibly not being addressed over the Internet	57%	44%
The quality of the health care services provided online	55%	51%
The potential for telehealth services to cost more than in-person visits	43%	47%
Your insurance provider's willingness to pay for telehealth services	44%	44%
How quickly your health care provider responds	44%	37%
The ability to acess the internet from your home	35%	22%
Concerns that you may have to see a different health care provider	41%	39%
Your familiarity with using a computer or the internet	31%	20%
The difficulty of seeing a health care provider through telehealth	40%	35%

For Commission Input

Do you have hospital or clinic contacts in these regions? If so, let us know!

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- Southeast region (Crowley, Bent, Otero, Prowers)

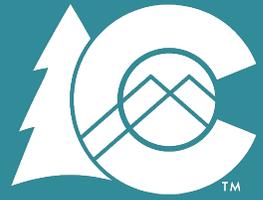**Reactions to the NW CO Telehealth Study**
- Thoughts on this approach?
- Reactions to the data?
- Reactions to next steps?
- Vendor suggested additional data collection in other parts of the state - thoughts on this?

Public Comment Period