

eHealth Commission

March 13th, 2019 | 12:00pm to 2:00pm | 303 E 17th St. Rm 11ABC

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| Type of Meeting | Monthly Commission Meeting |
| Facilitator | Michelle Mills, Chair |
| Note Taker | John Foster |
| Timekeeper | Michelle Mills |
| Commission Attendees | Ann Boyer, Adam Brown, Jon Gottsegen, Jason Greer, Marc Lassaux, Michelle Lueck, Michelle Mills, Dana Moore, Sarah Nelson, Carrie Paykoc, Chris Underwood, 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

- February minutes are approved unanimously

Review of Agenda

- Michelle Mills, Chair

Announcements

OeHI Updates - Carrie Paykoc

- Have officially launched the Health Cabinet
- Launched Office of Saving People Money
 - Look forward on working alongside them to reach goals
- Commissioner news
 - All of the commissioner renewals went through
 - Adam Brown - has moved on, but will stay on the commission until we find a replacement
 - If anyone is interested in or has recommendations for this role, please feel free to make submissions
- Joint Technology Committee - our fiscal year 19-20 capital funds were categorized as top priority
 - Expect to see those released to us coming July 1
 - Joint Budget committee has also approved our operations request funding
- Updates from 3 different workgroups (Care Coordination, Consumer Engagement, Advanced HIE)
- Not escalated questions or needs for the commission
- No questions or concerns about any of the updates from the commission
- Action Items
 - Annual training for commission and board
 - Will happen Q1 2019, will include information related to Sunshine Laws
 - Call for a vote among commissioners to approve eHealth Commission's charter & bylaws
 - Chris Underwood made motion to approve the eHealth commission's charter and bylaws, seconded by Jon Gottsegen



- No Discussion occurred
- Motion passes
- Colorado's HIE Organization Qualifications
 - Coming out in April
 - Wasn't a firm HIE architecture prior to this

Commission Updates - Carrie Paycoc

- Proposed Rules
 - Request for public comment on these two rules
 - 1st Rule: Center for Medicare & Medicaid Services (CMS)
 - Making sure from payment side that patients have access to claims to have increased transparency of costs
 - Important for commissioners to think of how this aligns with our work
 - 2nd Rule: Office of National Coordinator (ONC)
 - Patient access to electronic health information, items relating to information-blocking that we need to weigh in on
 - Making sure that people have the right information at the right time
 - Commission should look at writing a letter or responding jointly with OeHI
 - Review the briefing with the Roadmap context in mind and individual organizational perspectives (positive or negative)
 - Some issues have been noticed by some of the commissioners
 - Marc L. - when is the response for both of these rules due by?
 - Carrie P. - May 3rd
 - Chris U. - best way to gather information (read the whole 700 pages, do an overview, etc.)?
 - Carrie P. - go through the briefing and take notes on what each person is strongly for or against, these comments will later be pooled and discussed by the commission
 - Michelle L. - looks like it could have some concerns related to rural communities, so commission should take a stance on it
- Roadmap Initiatives - Workgroup Updates
 - There are some areas in each of the initiatives that need to be viewed by commissioners, important for questions to be brought up now since Workgroup chairs are on the phone and can provide additional clarification
 - Sharing capabilities - shift in prioritization of projects due to nuances of currently approved and upcoming funds coming from CMS, so OeHI and Healthcare Policy & Financing are working on details with Workgroup to make sure they're accounted for
 - Start Date: October 1st, Pending CMS approval
 - Sharing of medication information of those with mental illnesses - ensuring that HIE have that info broadly available for commissions to ensure that they're consistently receiving the proper medications, some initial planning work going into this
 - Wes W. - is that work that's happening off in a separate Workgroup?
 - Carrie P. - Office of Behavioral Health tasked to do that work and have received state funds to get matched to enhance medication, we've been working collaboratively with them on that, and other work is through Medication Consistency Workgroup
 - Currently have some initial pilots through jails, are piloting work with leveraging pharmacy students with reconciliation via Telehealth (Zoom)
 - E.g. doctors of inmates can call and ask "are my patients taking the right medication and for what?"



- Support Care Coordination in Communities Initiative
 - Been trying to understand environments and work that we can do, trying to map complexities in the community and prioritizing those efforts
 - Trying to leverage 10.10.10 X Genesis
 - Wes W. - had more questions about 10.10.10 involvement in this work, given their events end in April
 - Carrie will get back to everyone about nuances of coordination with 10.10.10
- Promote & Enable Consumer Engagement, Empowerment & Health Literacy
 - Aiming towards doing a state-wide survey in determining those needs, trying to figure out how to best distribute that survey
 - Trying to get survey out by 1st week of April
- For last 2 initiatives (Unique Identity for Individuals & Providers; Easing Quality Reporting Burden for Clinicians)
 - Been working internally with state agencies, trying to understand what is going on in the community, some organizations use technical infrastructure to modernize state systems
 - One thing we're missing for these Workgroups is having a specific Commission sponsor
 - Any commissioners passionate about this area and that have knowledge about this should contact Carrie about that
- Ask from Lieutenant Governor's office about how we're helping the immigrant population
 - Something that will take some teasing out due to how ubiquitous health info is, commissioners should tell Carrie how they're helping immigrant communities so commission can make statement on that topic
- Commissioner Updates
 - Michelle L. - Forum Conference for Rural Health Clinics (April 3-5 in Stapleton)
 - Wes W. - Mental Health Center of Denver devoting Speaker Forum this year to Healthcare Innovation (First event - Evening of April 30th, located at Catalyst)
 - Jon G. - Work with Attorney General Office on Data Sharing
 - Good connection made with Chief information officer in attorney office for getting more consistent legal advice on laws and statutes impacting data sharing
 - We also have funding for telecommunications and information administration to develop legal framework
 - Focused on behavioral health data shared for public safety purposes, but think it can be generally applicable or updated to be used for more general considerations

Action Items - Carrie Paykoc

- Prescription drug monitoring program
 - OeHI has started Multiagency Working Group to help doctors better integrate this into their workflow
 - There is a funding request coming out, the group is looking into applying and to where the state is headed with that, will bring it to the commission as more details come together
- Criteria to be classified as an HIE organization
 - Criteria has been updated since last month, so if someone feels they qualify to be a state-recognized HIE, they can ask to be one
 - Designation of HIE is to ensure that HIEs are getting HIE-designated funds
 - Reiterates philosophy for the roadmap to leverage existing infrastructure and investments for health information exchange



- Also considering leveraging CORHIO's identity infrastructure
- Added to criteria - if organizations think they fit criteria and aren't already classified (only ones now are QHN and CORHIO), OeHI will help them through application process
- Onboarding of eligible providers for HCPF a separate but aligned process
- Jason G. - only thing that is still somewhat confusing is how sharing data between EHRs and other ancillary things that HIEs can do are described
 - It starts to blur the definition a bit
 - Carrie P. - important for the commission to consider having a conversation about stuff such as supporting rural communities when Morgan H. is available
- Call for motion for criteria HIE to be approved
 - Chris U. calls for motion to approve, Jason G. seconds
 - Discussion
 - None
 - Abstentions
 - Marc L.

New Business

Digital Innovations in Rural Communities - *Michael Archuleta, CIO MT San Rafael Hospital Bridgecare Health Network*

- What is Digital Transformation?
 - A foundational change in how an organization delivers values to its patients
 - How can organizations expect to be successful without building asynchronous tools that are helpful to patients inside and out of the organization?
- Data driven strategy
 - Believe that we all have a “new CEO” (the patient)
 - Every patient is your “new CEO”, to continue to gain their loyalty, you have to earn their trust
 - Strategic sessions of patient-centric technology: utilizing needs for what we need to develop as an organization
 - Helping move rural healthcare community forward instead of backward
- Importance of culture
 - Critical to digital transformation
 - Usually, we put technology as a centerpoint of what we do, followed by processes and then people, which is wrong
 - Instead, people should come first, then processes, then technology (leverage the people aspect)
- Transformation of Mt San Rafael Hospital
 - Before (a few examples)
 - Lack of standardization, centralization, cybersecurity focus, etc.
 - 59% uptime
 - After - what a good culture looks like (examples)
 - 99% uptime
 - 99% server virtualized
 - Full automated backup systems onsite & offsite
 - Sign-ons with patients helped a lot with avoiding duplicitous medical records
- Bridgecare Health Network
 - Consists of 5 hospitals in South Colorado area
 - Trying to create an aspect of how they're sharing info successfully between organizations
- Become a Data Visionary to unleash your data's full potential
 - We are data-driven organizations, it's a necessity to use data to improve outcomes in



- an organization and to improve outcomes of health vocations
- Become someone who thinks outside the box and uses data to improve patient lives
- Important for this commission moving forward to ensure that agenda fits rural healthcare markets, given the differences between urban healthcare and rural healthcare
 - Rural organizations have problems bringing in smaller facilities
- Questions/Comments
 - Theresa Szczurek - how long between the before & after?
 - Michael A. - 1 year, organization's initiative had to go live by a specific timeframe or would be faced with penalties, only had a 20% chance of succeeding and did succeed
 - Theresa S. - in your community and the neighboring hospitals, do you have sufficient broadband to do what's necessary?
 - Michael A. - part of CTN group providing encrypted broadband, looking into specific providers to help with that

Public Comment

- 1) Commission Discussion - none.
- 2) Public Comments
 - a) Privacy related to sharing of prescription data across state lines, not sure if it should apply to drugs more than just a few opioids and controlled substances beyond state lines
 - i) Carrie Paykoc - Currently, this is focused on opioid use case and the specific security requirements in alignment with National Board of Pharmacy, for the Senate build related to medication consistency and where we're looking at enhancing medication within our HIEs, it's still in discussions and we'll take those comments into consideration
 - b) Jeffrey Nathanson with 10.10.10 - we are focused on priorities for OeHI with care coordination and some others, so we're developing a new process in order to help with the issues of getting the contracts underway
 - i) Marc L. - trying to figure out to do something like a 10.10.10 on the Western slope sometime
 - (1) Jeffrey N. - would be happy to explore that
- 3) Action items for April's meeting
 - a) Set up preliminary meeting relating to healthcare policy and financing affordability roadmap
 - b) Commissioners to review proposed rulings, talk about things they like/don't like and bring overall impressions
 - c) Commissioners should review workgroup updates
 - d) Looking for more recommendations for people to fill Adam Brown's role on the eHealth Commission
- 4) Closing Remarks - none.
- 5) Meeting adjourned.