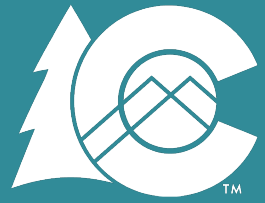# EHEALTH COMMISSION MEETING

VIRTUAL CONFERENCE

March 13, 2024

OeHI
Office of eHealth Innovation

NOTE:

NEW ZOOM WEBINAR LINK

DIAL IN BY PHONE:

US: +1 719 359 4580

OR: +1 669 900 6833

WEBINAR ID: 834 3429 8716

IF YOU ARE EXPERIENCING AUDIO OR PRESENTATION DIFFICULTIES DURING THIS MEETING,

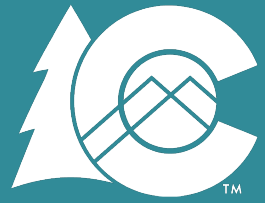PLEASE TEXT ISSUES TO

Amanda Malloy: 440-796-8957

March Agenda

Title	Start	Duration
Call to Order • Roll Call and Introductions • Approval of January and February Meeting Minutes • March Agenda and Objectives *Kaakpema "KP" Yelpaala, Chair*	12:00	5 mins
Announcements • OeHI Updates-eHealth Commission Updates • Decision Items & Action Items *Stephanie Pugliese, Director, Office of eHealth Innovation (OeHI)* *eHealth Commission Members*	12:05	5 mins
Information Governance Program Update *Karen Haneke, Senior Project Manager, OeHI* *Sophia Gin, eHealth Commissioner*	12:10	1 hour
Ashley's Corner: Telehealth Project Updates *Ashley Heathfield, Senior Project Manager, OeHI*	1:10	30 mins
Public Comment Period	1:40	5 mins
Closing Items • Closing Remarks • Open Discussion • Recap Action Items • Adjourn Public Meeting *Dianne Primavera, Lt. Governor and Director of the Office of Saving People Money on Health Care* *Kaakpema "KP" Yelpaala, Chair*	1:45	10 mins

Announcements

OeHI and eHealth Commission Updates

- OeHI Team Updates
- Commissioner Updates?

Note: If you are experiencing audio or presentation difficulties during this meeting, please text 440-796-8957

Presentation Overview

01 Why are we discussing this today?

02 State of Colorado Information Governance

03 Information Governance Defined

04 OeHI Accomplishments

05 Where should we go next?

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Feedback Needed:

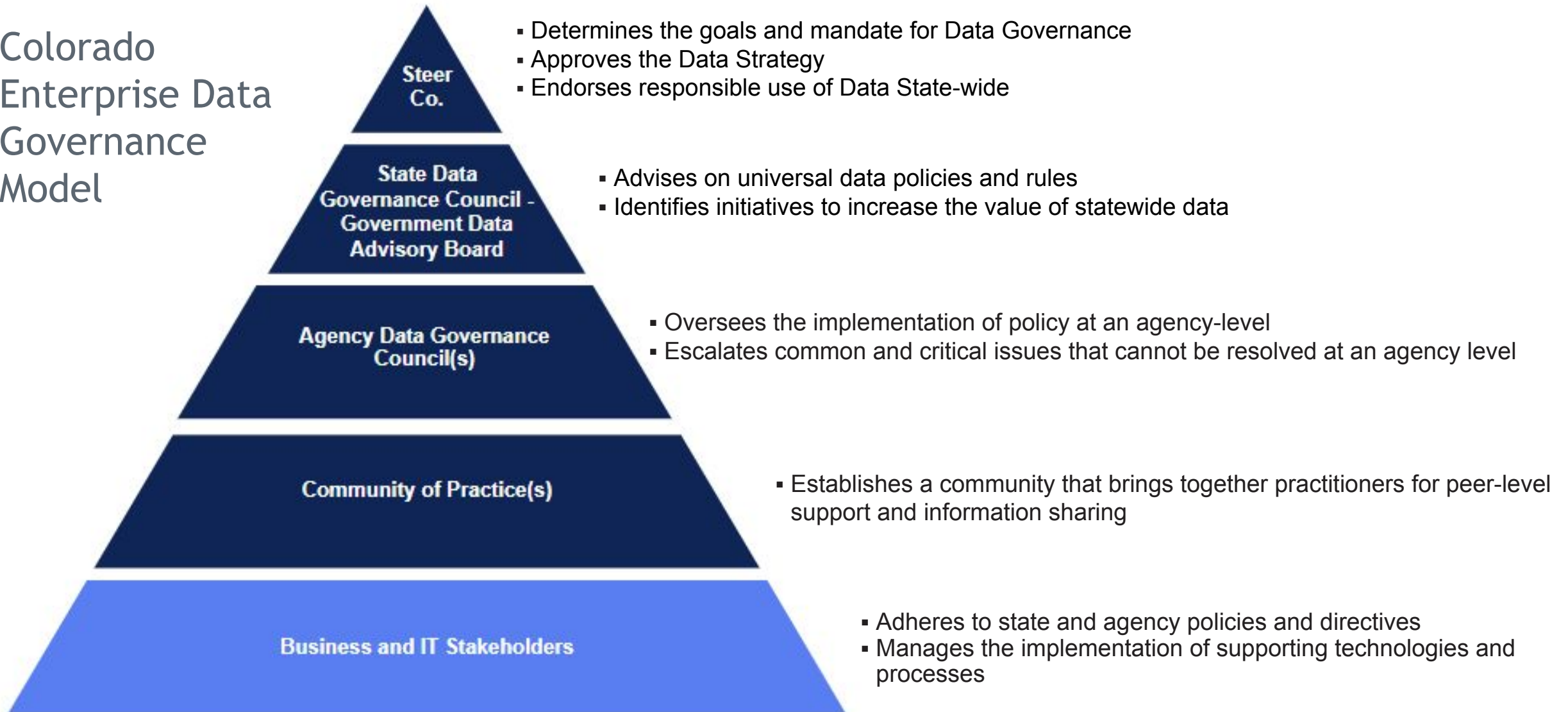*Is OeHI doing enough as an Information Governance data steward?*

- Information Governance is one of the five pillars in the Colorado Health IT Roadmap.

- OeHI is generally not the creator of information governance, but the *steward* of its use.

- OeHI has made progress, but we need some fresh perspectives on where to go next.

State of Colorado Info Governance

Colorado
Enterprise Data
Governance
Model

Steer Co.
- Determines the goals and mandate for Data Governance
- Approves the Data Strategy
- Endorses responsible use of Data State-wide

State Data Governance Council - Government Data Advisory Board
- Advises on universal data policies and rules
- Identifies initiatives to increase the value of statewide data

Agency Data Governance Council(s)
- Oversees the implementation of policy at an agency-level
- Escalates common and critical issues that cannot be resolved at an agency level

Community of Practice(s)
- Establishes a community that brings together practitioners for peer-level support and information sharing

Business and IT Stakeholders
- Adheres to state and agency policies and directives
- Manages the implementation of supporting technologies and processes

Information Governance Defined

Framing Information Governance for OeHI and the eHealth Commission

- The purpose of health information governance is to develop and implement policies, common processes, standards, and procedures to improve the accuracy and interoperability of health information.

- OeHI focused its efforts to ensuring that information governance promotes interoperability.

What OeHI Governance includes:

- Serving as STEWARDS of Information Governance
- Develop shared governance models for the community
- Robust participation in state agency and local government governance efforts
- Assist community partners to understand governance policies and their roles in enforcing them

What OeHI is NOT responsible for:

- State Data Governance
- State Security Procedures

OeHI Accomplishments

## What has OeHI done in its stewardship role, to date?

- Shared governance models for the community
  - Developed the Colorado Health Information Governance Guidebook (Sept. 2021)

- Robust participation in state agency and local government governance efforts
  - Serves on the GDAB and its Workgroups
  - Collaborates with the Joint Agency Interoperability (JAI) project
  - Works collaboratively with HCPF on agency governance policies

- Assist community partners to understand governance policies and their roles in enforcing them
  - Previously convened the Information Governance Workgroup, which drove the development of the Colorado Health information Guidebook.

Where Should OeHI Go Next?

- **Shared governance models for the community**
  - Is there new guidance that we should develop?
  - Are there policies we should be recommending?

Dogs of Data Governance

- **Robust participation in state agency and local government governance efforts**
  - Are there other groups that we should add to our list? (Beyond GDAB, JAI, agency governance)

- **Assist community partners to understand governance policies and their roles in enforcing them**
  - We recently formed an internal SHIE Info Governance Committee but we do not have a work group that includes the greater healthcare and social health community.
  - Do we need to reinstate an eHealth Commission Information Governance Workgroup? If so, what would be the mission?
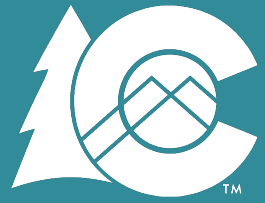
Telehealth Project Updates

Ashley Heathfield, Senior Project Manager, OeHI

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Objective

Improved equity in telehealth access for Coloradans, and support to community providers in offering telehealth services

Project updates

- CHIRP
- Telehealth Payment Parity Project
- Telehealth Equity Analysis
- Sexual & Reproductive Chatbot
- Library Telehealth Pilot

Where Should OeHI Go Next?
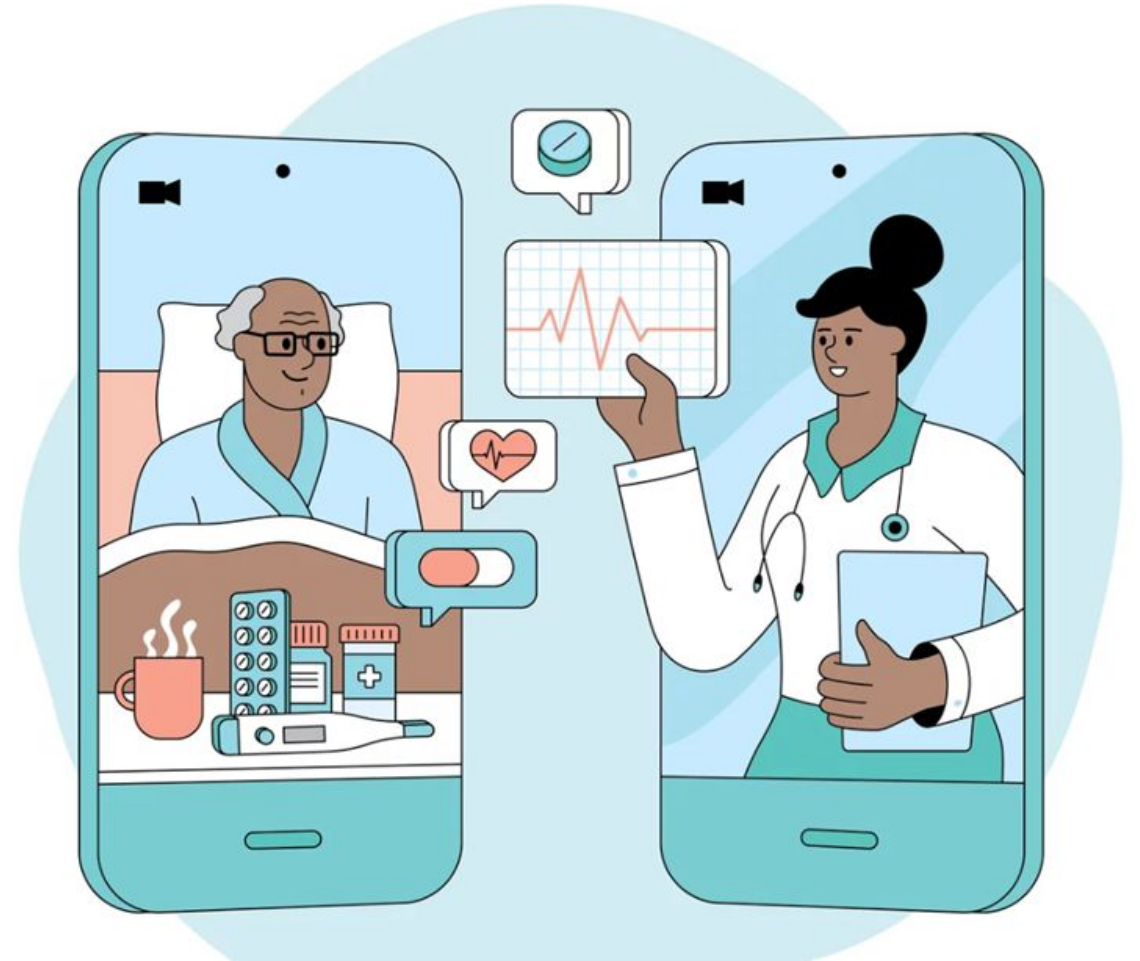
Reactions, ideas, feedback on these projects?

What needs or opportunities haven't been explored yet?

Suggestions for additional projects in the telehealth realm?

Provider Barriers to Telehealth

- Regional Telemed Learning Collaboratives (RTLCs) with Prime Health and HCPF: Western Slope, NE CO, and NE Denver
- Colorado Provider Telehealth Survey

- Confusing, duplicative, ineffective training
- Outdated EMRs
- Vendor challenges
- **Complexities, challenges, and claims denials when billing for telehealth, particularly with commercial payers**

Leverage the CO APCD to:

1. Explore payment parity and denials parity to confirm or rule out wide-scale issues with telehealth reimbursement

   ⟶ **Telehealth Payment Parity Project**

2. Understand telehealth utilization disparities at a more granular level, and explore if there are social factors that impact utilization

   ⟶ **Telehealth Equity Dashboard**

Overview of Methodology

- Payment Parity
  - CO APCD claims data with service dates of March 2020 - December 2021
    - 70 CPT codes analyzed
- Denials Parity
  - DOI partnership
  - Data from 4 major commercial payers
  - Analyzed denials and denial reasons
  - Non-adjudicated claims to gain insight into the submission and determination process

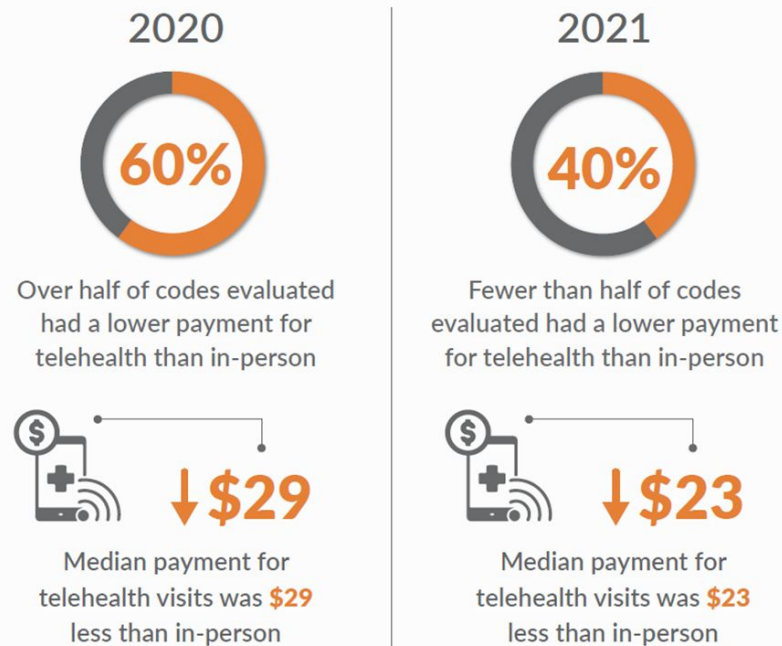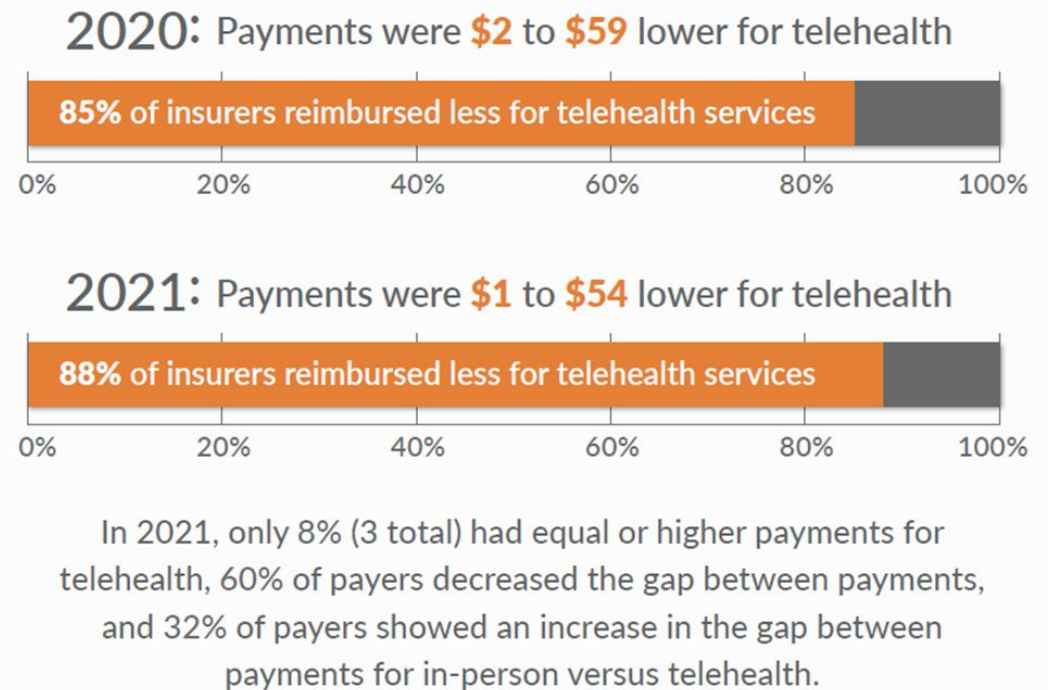| Service |
| --- |
| Office or Other Outpatient E&M Visits - Established Patient |
| Psychiatry Services and Procedures |
| Office or Other Outpatient E&M Visits - New Patient |
| Preventative Medicine Services |
| Health and Behavior Assessment/Intervention |
| Education and Training for Patient Self-Management |
| Medical Nutrition Therapy |
| Consultation Services |
| Prolonged Services |

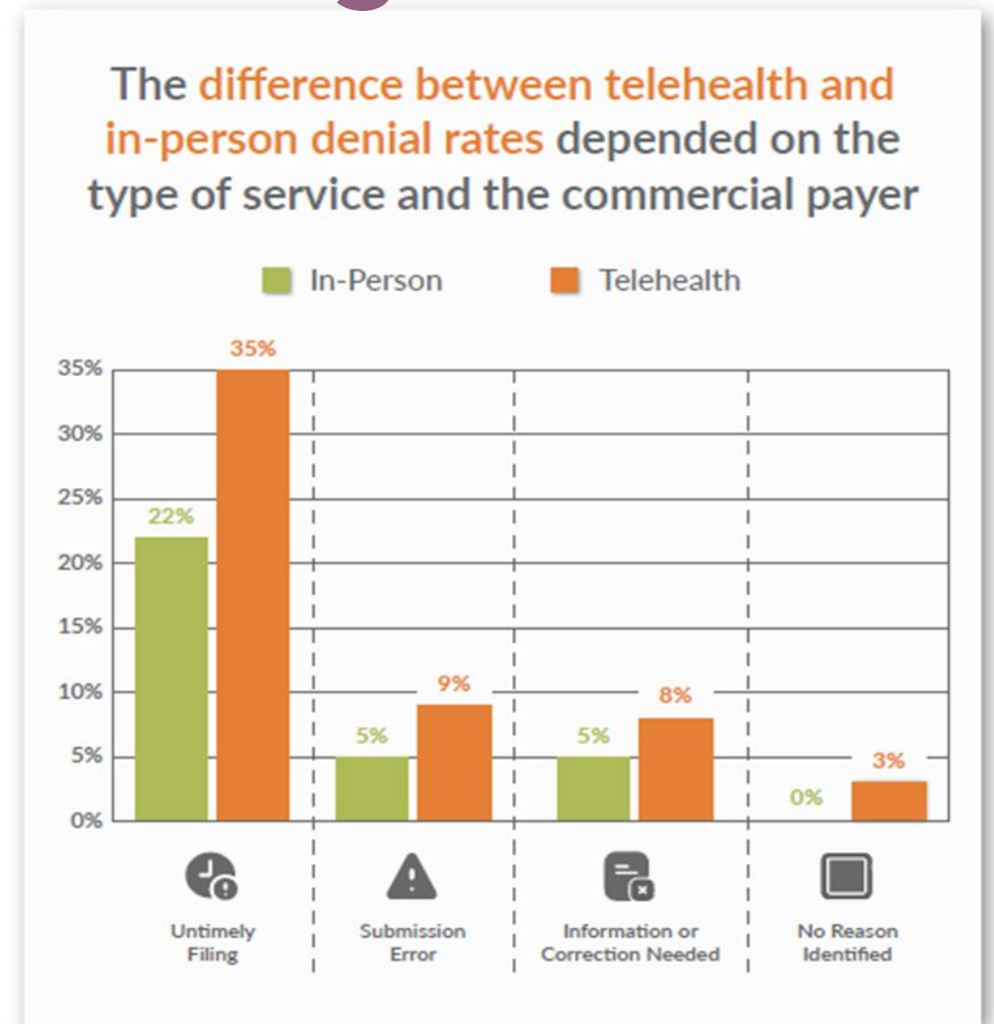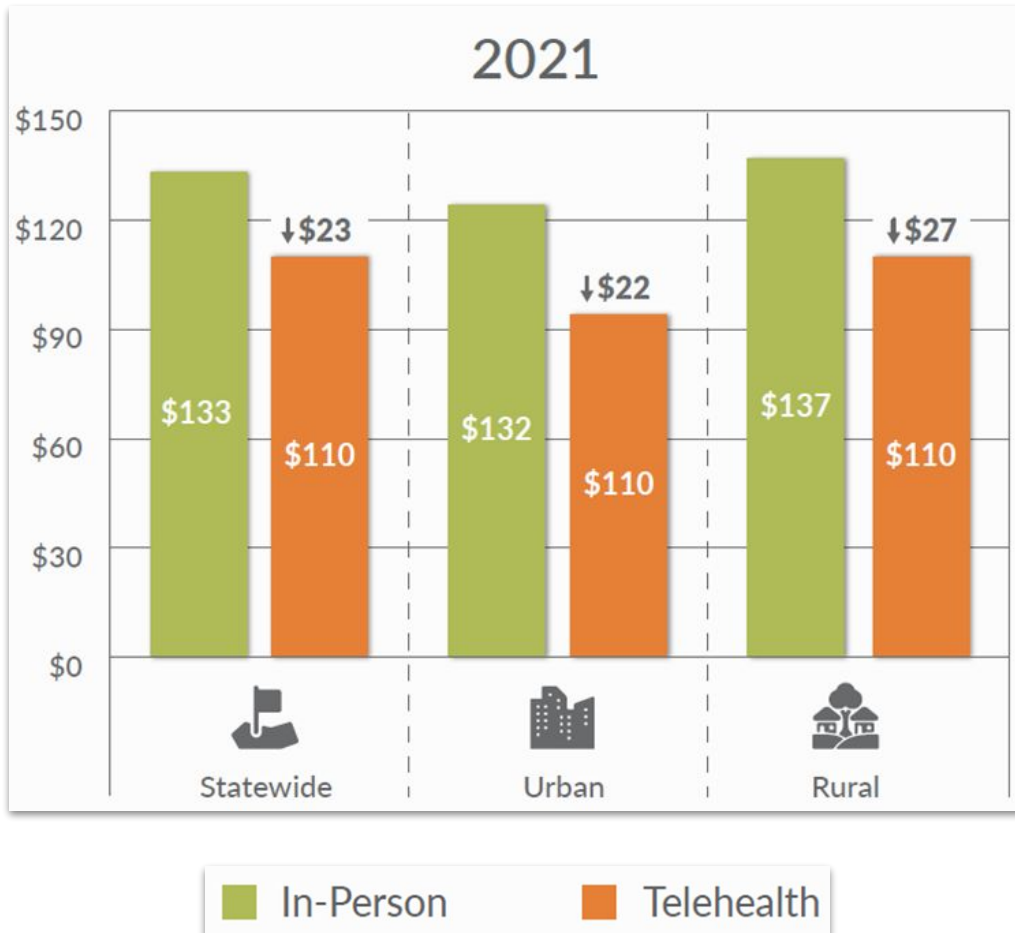**OeHI**
Office of eHealth Innovation

Insights and Findings

Statewide **payments for telehealth** were lower than some in-person visits in 2020 and 2021, although the gap is closing

2020

60%

Over half of codes evaluated had a lower payment for telehealth than in-person

↓**$29**

Median payment for telehealth visits was **$29** less than in-person

2021

40%

Fewer than half of codes evaluated had a lower payment for telehealth than in-person

↓**$23**

Median payment for telehealth visits was **$23** less than in-person

By individual commercial payer, **payment variation** was also different

2020: Payments were **$2** to **$59** lower for telehealth

85% of insurers reimbursed less for telehealth services

0%   20%   40%   60%   80%   100%

2021: Payments were **$1** to **$54** lower for telehealth

88% of insurers reimbursed less for telehealth services

0%   20%   40%   60%   80%   100%

In 2021, only 8% (3 total) had equal or higher payments for telehealth, 60% of payers decreased the gap between payments, and 32% of payers showed an increase in the gap between payments for in-person versus telehealth.

Insights and Findings

2021

	Statewide	Urban	Rural
In-Person	$133	$132	$137
Telehealth	$110 (↓$23)	$110 (↓$22)	$110 (↓$27)

The **difference between telehealth and in-person denial rates** depended on the type of service and the commercial payer

	Untimely Filing	Submission Error	Information or Correction Needed	No Reason Identified
In-Person	22%	5%	5%	0%
Telehealth	35%	9%	8%	3%

Overview of Methodology

Goal: Show the relationship between social factors in U.S. Census data and use of telehealth visits and in-person visits that *could* have been delivered via telehealth using information in the CO APCD.

Use Cases:

- Understand how telehealth and in-person visits differ across the state and by neighborhood
- Investigate if there are social factors have a relationship to high or low use of in-person or telehealth services
- Develop programs or initiatives to support increased access to telehealth or in-person services

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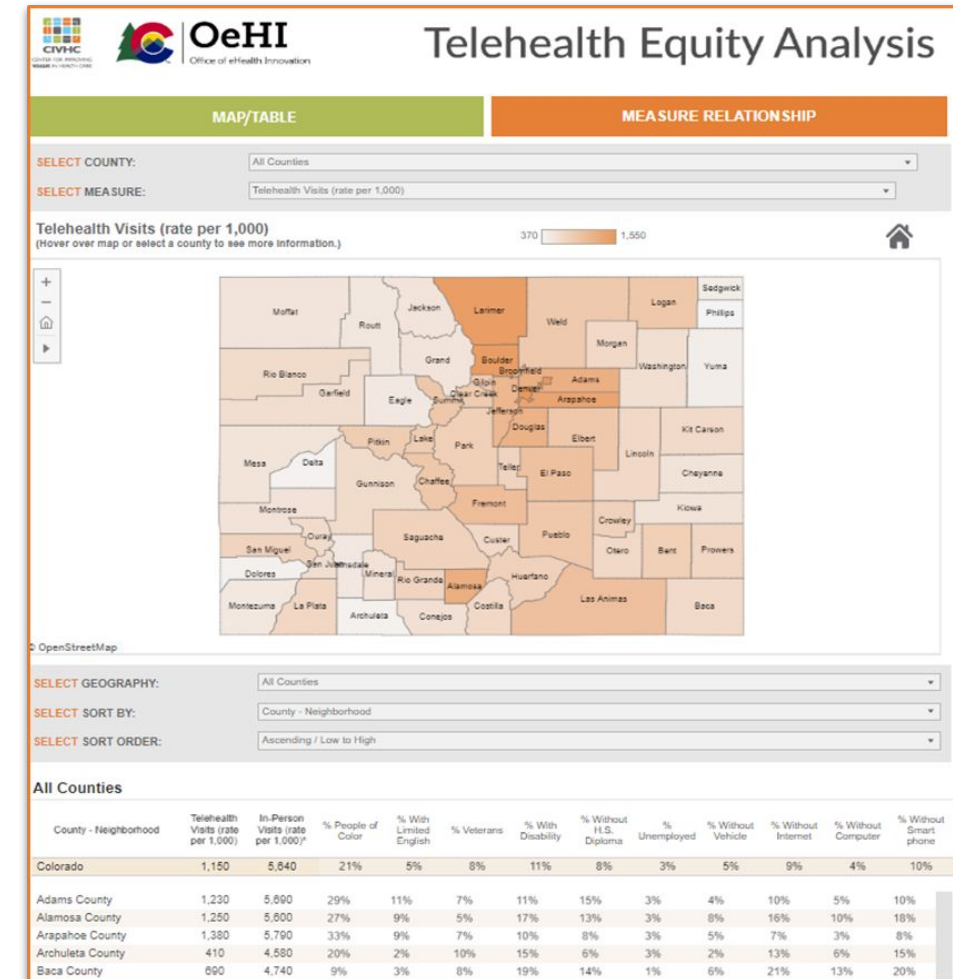
Insights and Findings

- Most of the top 20 counties with the **highest** telehealth utilization rate were urban
- Compared to statewide, these counties have a lower percentage of individuals or households:
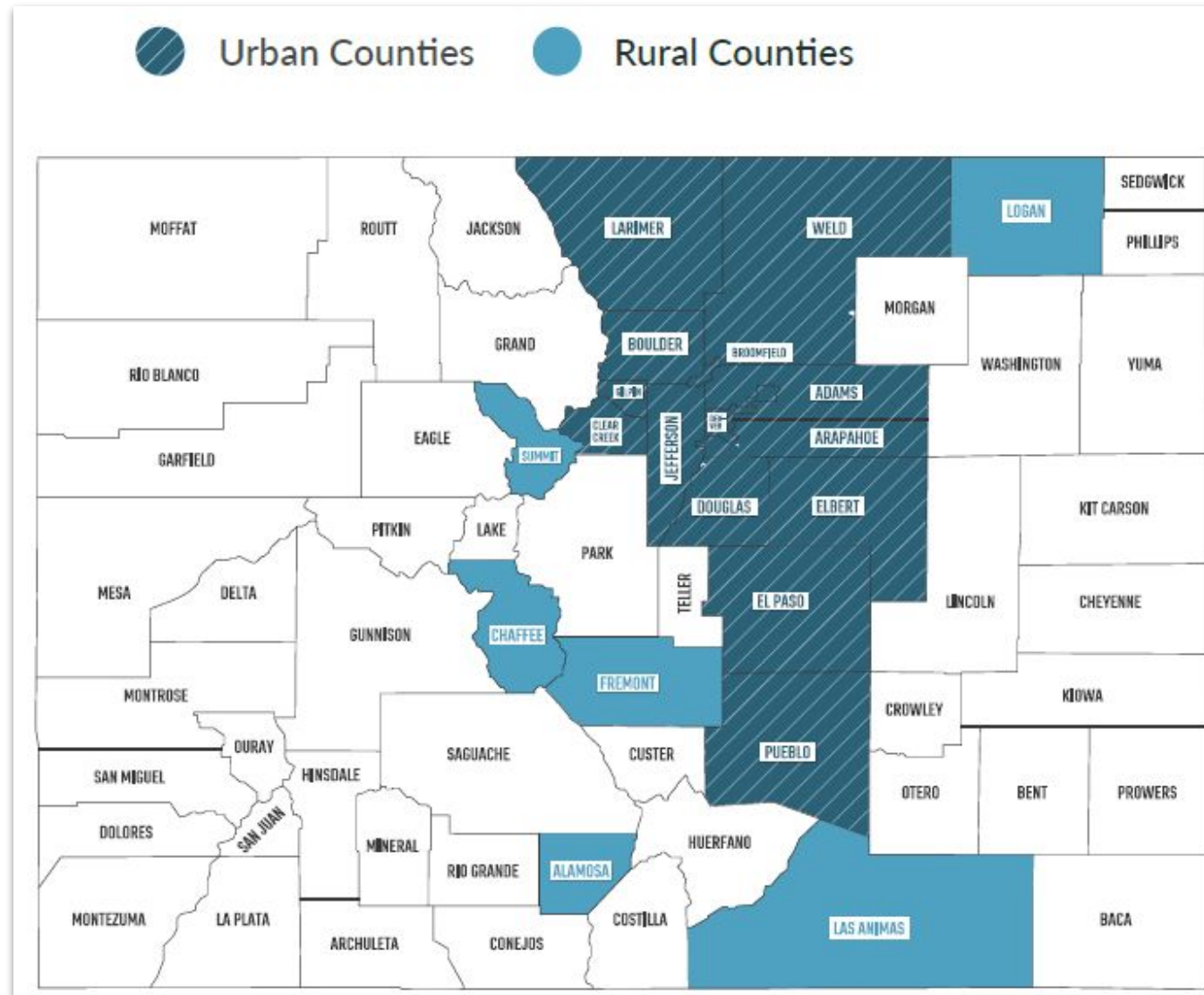

With **People of Color** | Without a **Vehicle** | With Limited **English**

Urban Counties ● Rural Counties ●

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Insights and Findings

- Most of the top 20 counties with the **lowest** telehealth utilization rate were rural
- Compared to statewide, these counties have a higher percentage of individuals or households:

Without a **Computer** | Without a **Smartphone** | Without **Internet** | With **Disabilities**

☆ Indicates counties with less than 20% of total locations considered served (access to 100/20 Mbps)

☺ Indicates counties with public libraries in the Library Telehealth Pilot

Urban Counties   Rural Counties
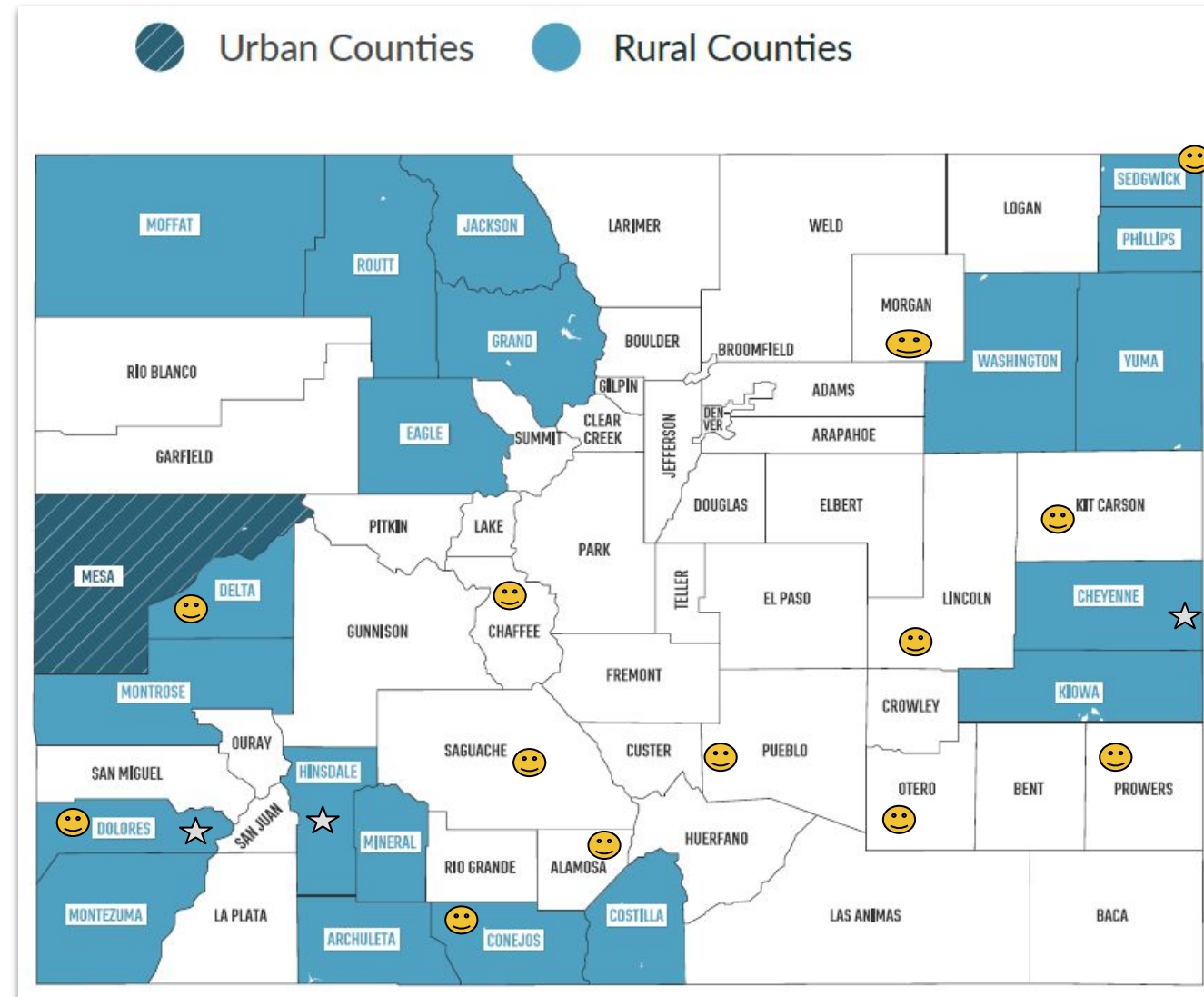
Looking Ahead

- Refresh the payment parity analysis to understand if trends in telehealth reimbursement disparities are continuing, and what the financial impact of these disparities are on providers
  - Pull in revenue cycle teams to provide input/identify gaps
  - Work with DOI on next steps if disparities are continuing
- Conduct research in Colorado communities with the lowest telehealth utilization (based on the Telehealth Equity Dashboard) on perceptions and barriers to telehealth

Telehealth Initiatives: S&R Chatbot

Overview: Clinic Chat collaborated with Boulder Valley Health Center and Colorado Black Health Collaborative to launch chatbots on sexual and reproductive health on their websites.
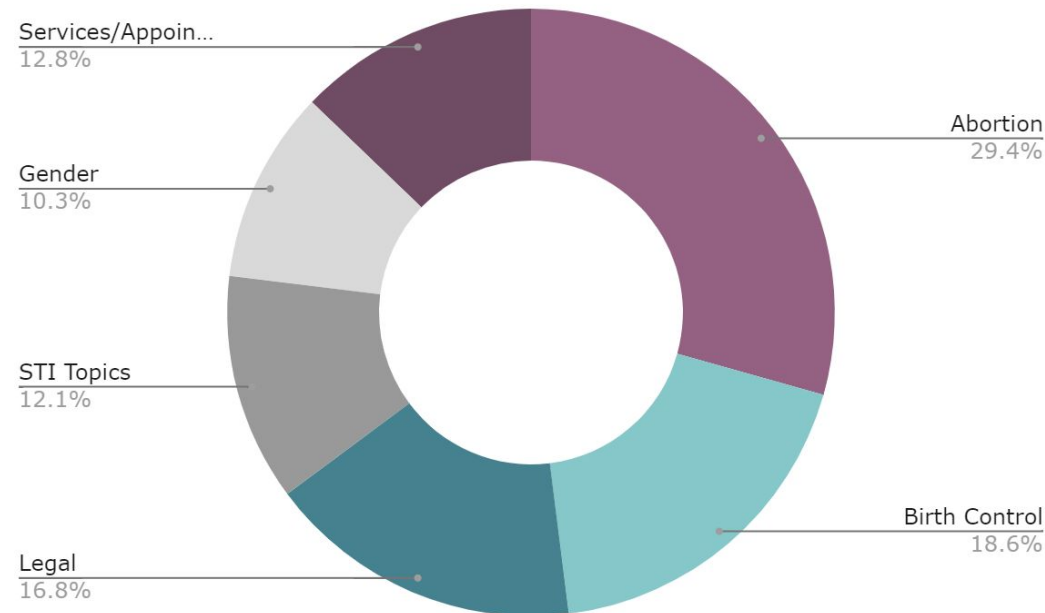
The chatbot can provide information on:

- STIs
- Contraception
- Laws and access to care
- Therapeutic abortion
- Gender - affirming care
- Healthy menstruation
- Prenatal care

Results as of March 2024

- **409** unique users
- **1,702** questions
- **35-45** weekly users
- **34** appointment clicks

- Abortion 29.4%
- Birth Control 18.6%
- Legal 16.8%
- STI Topics 12.1%
- Gender 10.3%
- Services/Appoin... 12.8%

Next Steps

- Maintain the chatbots with BVHC and CBHC
- Launch chatbot with the Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
- Outreach to other clinics in CO

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Overview: The Colorado State Library and the Office of eHealth Innovation have partnered to fund 27 rural libraries to implement initiatives to increase telehealth access for their communities. The goal of this project is to increase access to telehealth for rural communities.
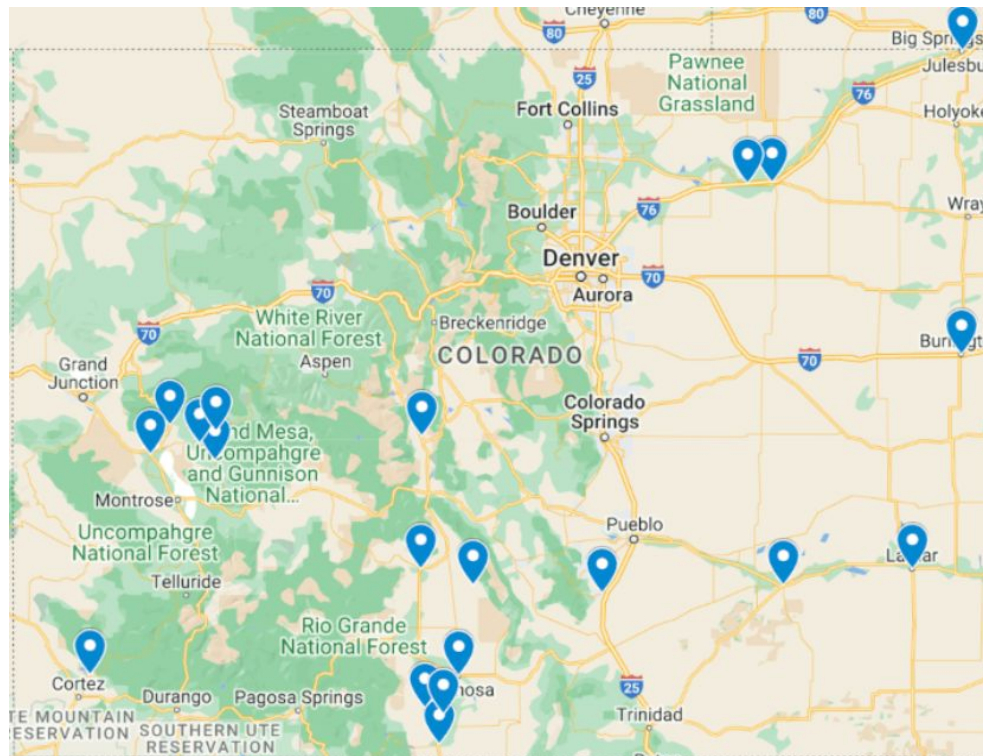
Why libraries?

Libraries already bring information and information technology to their communities by providing:

- Internet connectivity
- Web-enabled devices
- Assistance with using equipment

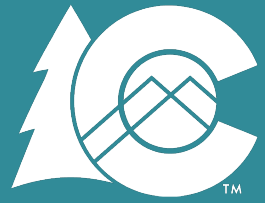## Participating Public Libraries

Next Steps

There are several surveys and data points libraries are collecting to measure the impact of this project - OeHI and CSL plan to have a project report in fall 2024.

Where Should OeHI Go Next?

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Reactions, ideas, feedback on these projects?

- Telehealth Payment Parity Project
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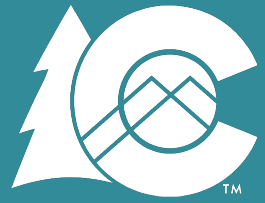## What needs or opportunities haven't been explored yet?

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Public Comment Period