



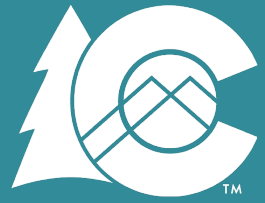
OeHI

Office of eHealth Innovation

eHealth Commission Meeting

VIRTUAL CONFERENCE

May 8, 2024



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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

May Agenda



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Title	Start	Duration
Call to Order <ul style="list-style-type: none">• Roll Call and Introductions• Approval of April Meeting Minutes• May Agenda and Objectives <i>Kaakpema “KP” Yelpaala, Chair</i>	12:00	5 mins
Announcements <ul style="list-style-type: none">• OeHI Updates-eHealth Commission Updates• Decision Items & Action Items	12:05	5 mins
Social Health Information Exchange (SHIE) Updates <i>Gabby Burke, SHIE Lead, OeHI</i> <i>Colin Stauffer, HHS Practice Lead, Resultant</i>	12:10	90 mins
Public Comment Period	1:40	5 mins
Closing Items <ul style="list-style-type: none">• Closing Remarks• Open Discussion• Recap Action Items• Adjourn Public Meeting <i>Kaakpema “KP” Yelpaala, Chair</i>	1:45	10 mins

OeHI and eHealth Commission Updates

- Colorado Health IT Roadmap Refresh Opportunities
- News Updates for Commission Discussion
 - Federal Health IT Strategy
 - OMB Updates SPD 15, Race and Ethnicity Data Standards

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



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Social Health Information Exchange (SHIE) Updates

Gabby Burke, SHIE Lead, OeHI

Colin Stauffer, HHS Practice Lead, Resultant



Reminder: Why SHIE?

Social determinants of health account for over half of a person's health outcomes

- Factors like affordable housing, safe transportation, and the built environment have twice as much of an impact on a person's well-being as clinical care

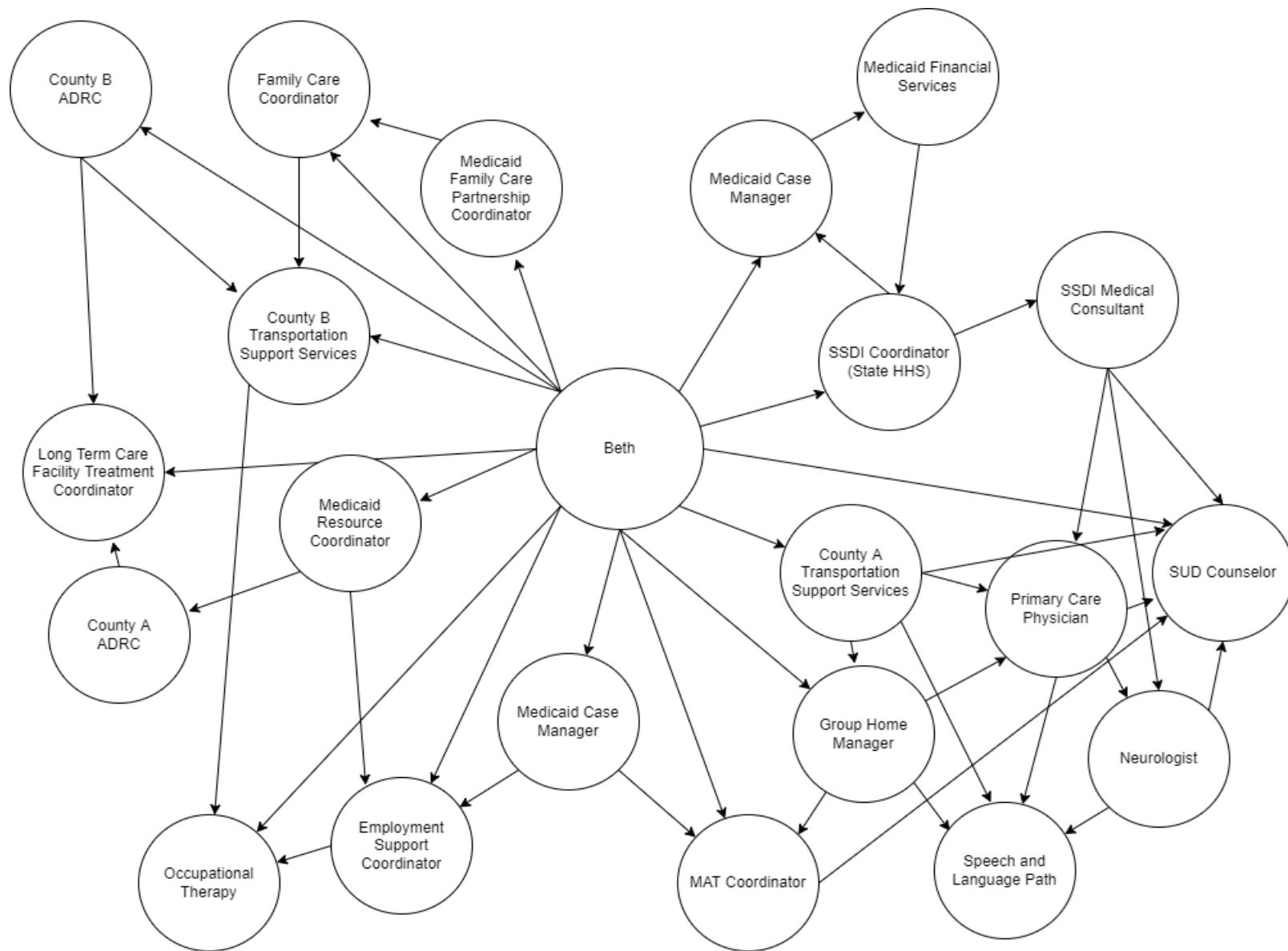
Current social care delivery is fragmented

- Data systems are siloed and providers rarely have the information they need in one system to make informed decisions about a client's holistic health

The burden of social care today lies on the person

- People have to recall traumatic experiences repeatedly, coordinate their own care, and repeat information to multiple providers
- Providers might issue duplicative referrals or unknowingly send clients on a wild goose chase

Reminder: Living Pre-SHIEcosystem



Data silos
disempower
providers and
people.

Two-Pronged Approach:

Statewide Unifying Architecture

- Aka CoSHIE: Colorado SHIE
- Build a network with a focus on interoperability and data governance, built upon existing regional successes
 - Contract with Resultant executed 11/14/2023

Regional SHIE Hubs

- Fund regional infrastructure and partnerships that are customizable to the priorities of the region



For providers:

- Keep providers in their preferred system of record
- Reduce administrative burden → Less data entry, less duplication
- Improve access to resource information and overall, make it easier to deliver social care

For clients:

- Reduce duplicative screenings that can be traumatic and erode trust
- Reduce time spent on own care coordination
- Improve access to care

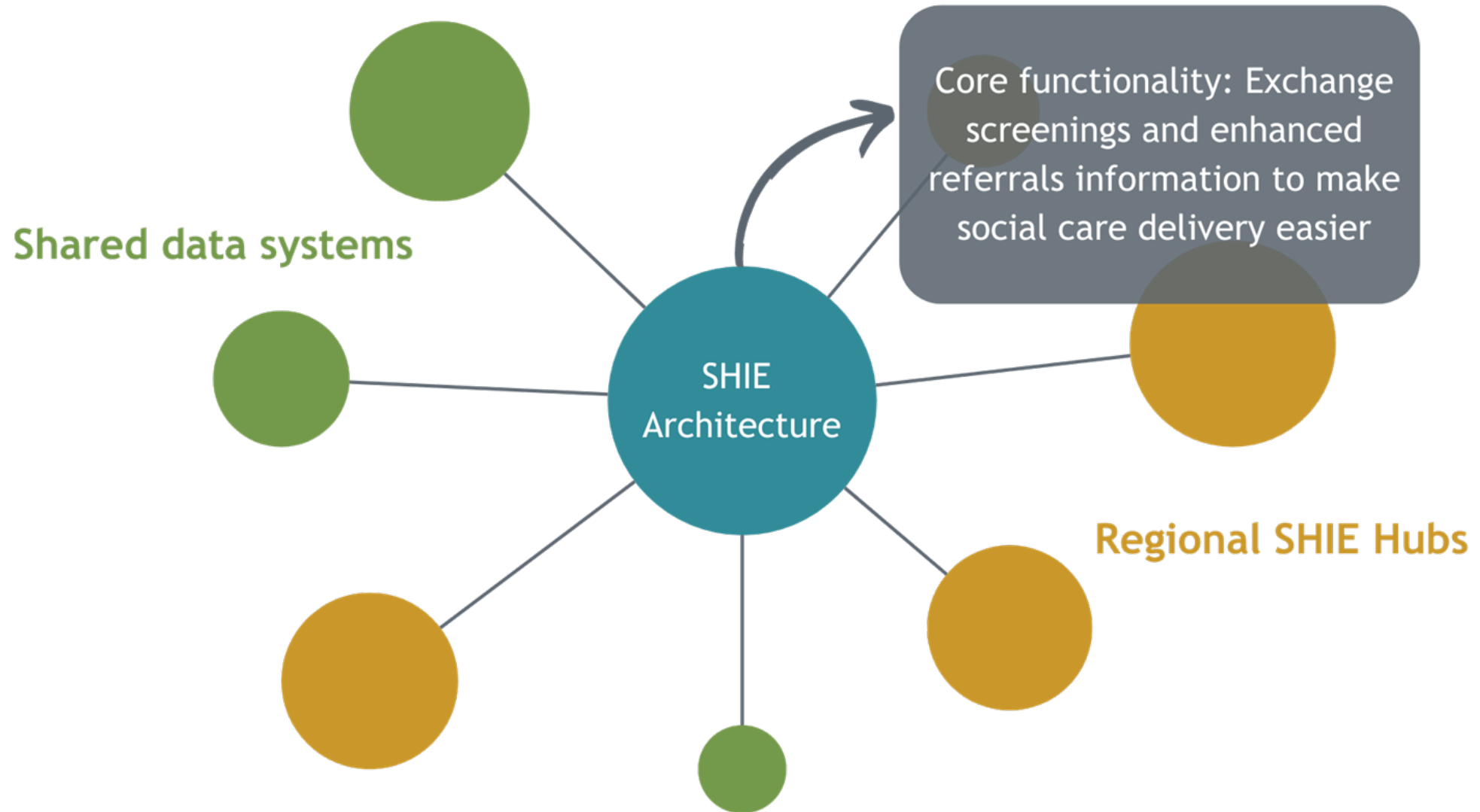
For Colorado:

- Streamline our networks
- Integrate state-owned systems
- **Move from analysis to action!**

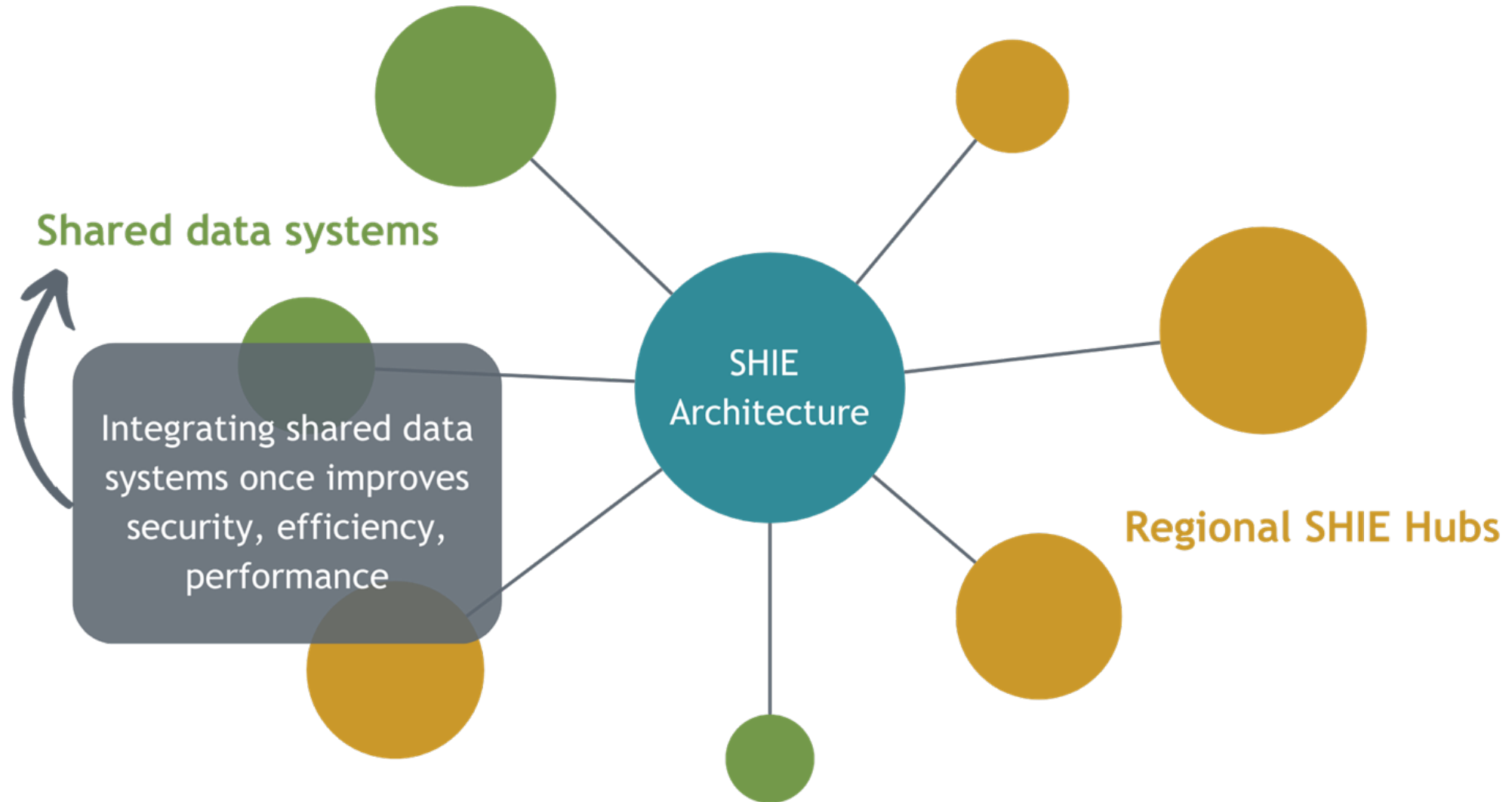


SHIE Architecture

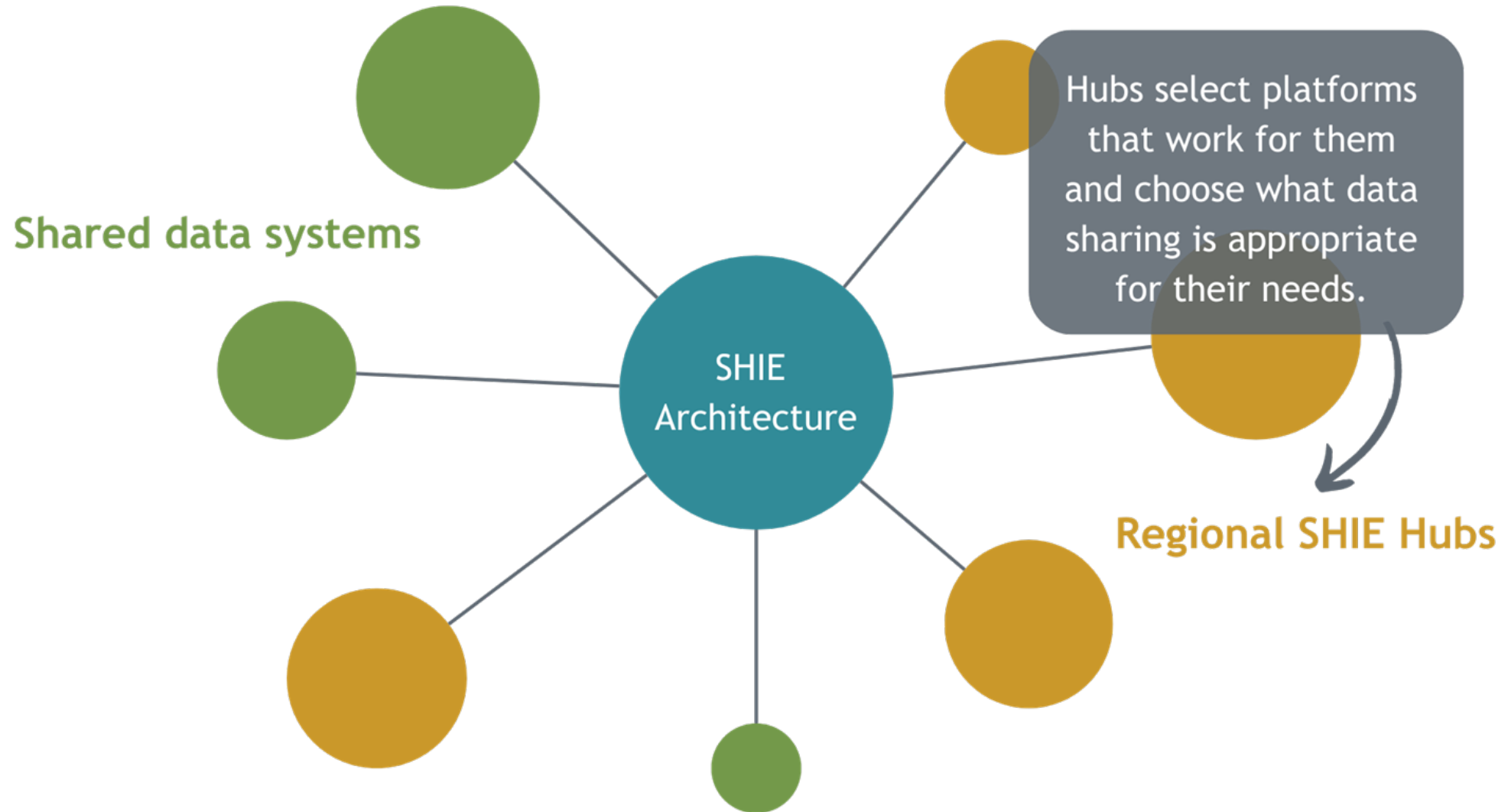
Okay, but what does it do?



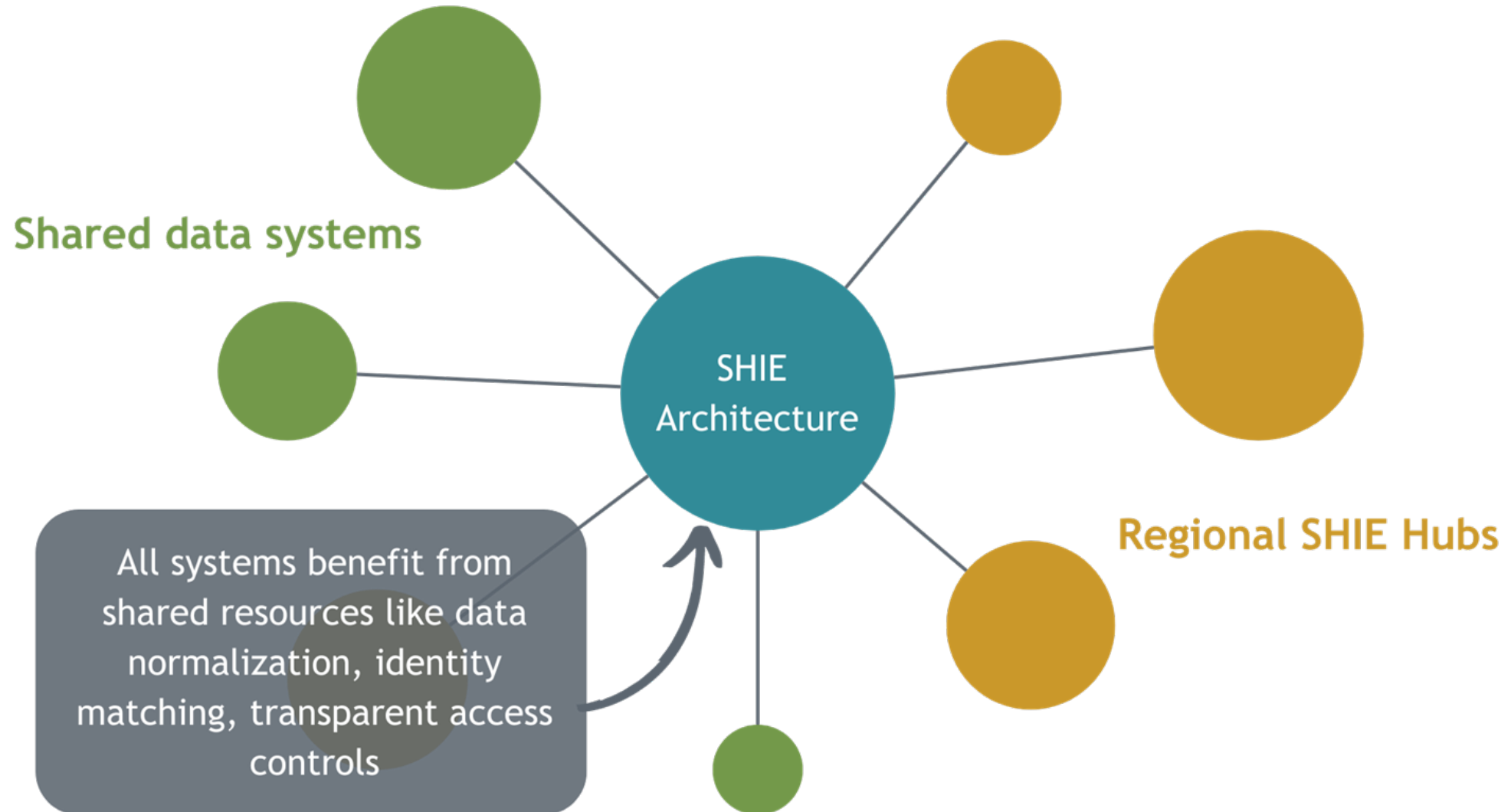
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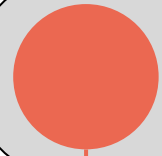
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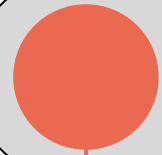


What CoSHIE is not:



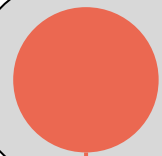
A closed loop referrals platform

SHIE is not a replacement for a referrals platform → it's a data architecture that helps closed loop referrals platforms (and other systems) exchange data



A surveillance or research tool

SHIE is designed to understand and improve people's experience navigating the care ecosystem and store the minimum necessary data



A replacement or competitor to other HIT solutions

SHIE is a complementary data architecture

What CoSHIE is:



Customizable and flexible

SHIE is not a one-size-fits-all solution and integrations are customizable to accommodate as many types of systems as possible



A ten-year development!

SHIE will be deployed in waves from 9/30/24 through 6/30/34



Vendor agnostic, modular, and modern

SHIE is designed to grow and change as the tech landscape evolves

Use Case Phases

Wave 1

- Core architecture development
- Accelerating Home & Community Based Services transitions referrals
- Sharing individuals' housing needs with their care team

Fall 2024

Wave 2

- SHIE portal
- Sharing housing voucher status
- Integrating 211 community resource inventory (CRI) data
- Sharing Medicaid enrollment with care team
- Continuing integration of housing needs data with care teams
- Begin integrating the SHIE Regional Hubs

Spring 2025

Wave 3

- Informing care team of Medicaid member incarceration transitions
- Collate referral data from commercial closed loop referral platforms
- Continue integrating the SHIE Regional Hubs (ongoing)
- Exchanging Homelessness Risk Assessment Information
- Sharing referrals to support justice involved individuals with mental health needs

Summer 2025

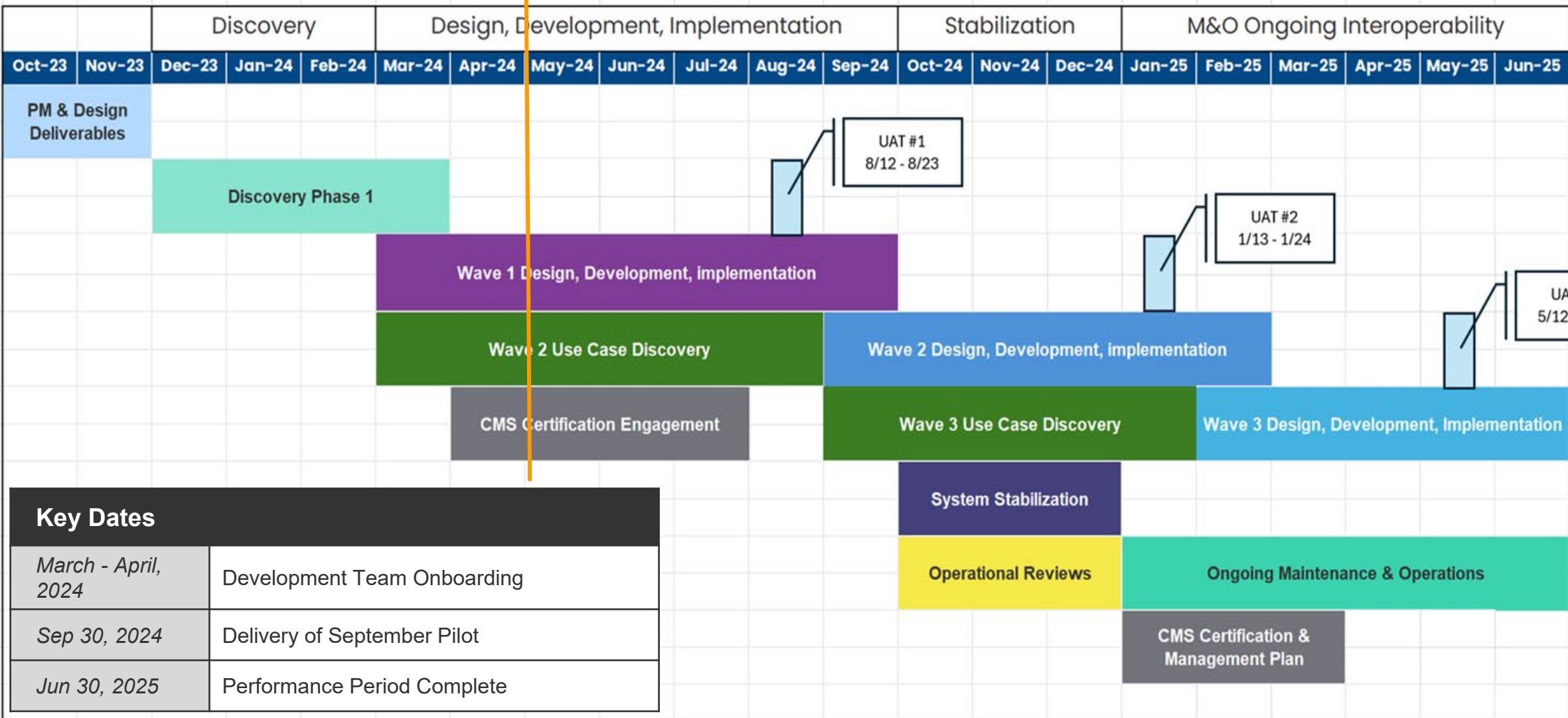
Wave 4

- Sharing social care referrals across platforms
- Continue integrating the SHIE Regional Hubs (ongoing)

Fall 2025

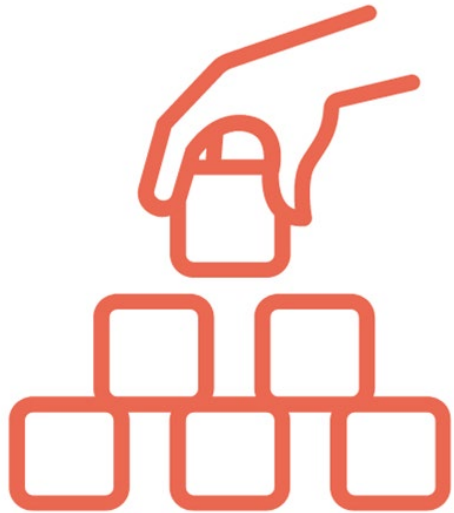
SHIE Architecture Timeline

We are here





Regional SHIE Hubs



Build upon existing
community
networks



Equity-first &
person-centered



Engage community
members in
development

What is a Regional SHIE Hub?

- Networks of organizations that share data through the SHIE Architecture to improve the delivery of coordinated care
 - Focus on clients enrolled in or eligible for Health First Colorado
- Anchor organization + partner organizations

What is a region?

- Geography that makes sense for the way your clients receive care → Regions will vary and could be a city, county, etc.
 - Not required to mirror other regional efforts such as the RAEs or BHASOs

Hubs will be centered around an initial proof of concept to build data sharing infrastructure.

- Building Community Partnerships to Support Individuals with Disabilities
- Connecting Individuals to Safe, Affordable Housing
- Reducing Barriers to Care for Individuals Navigating Substance Use Disorder
- Reconnecting Individuals Exiting Incarceration to their Communities



Most organization types are eligible to be an anchor organization for their proposed Regional SHIE Hub

- **Exclusions:** For-profit organizations, including technology vendors
- Regional SHIE Hub members may include these entities in their hub structure, but they may not be the primary applicant
 - Core value of SHIE is to ensure Regional SHIE Hub development is **community-driven**

OeHI has earmarked funds for Tribal Governments and Urban Indian Health Programs to build Regional SHIE Hubs separately from the RFA process

- Separate contracting mechanisms are available to ensure Tribal Data Sovereignty is respected

Proof of Concept Funding (OeHI/HCPF)

- Award max of \$2,000,000 per hub over 3 year period
- **Goals:** Shared data sharing infrastructure, data use agreements/governance, care coordination workflow optimization

Supplemental Funds for Technology Start-Up Costs (CDPHE)

- Supplemental funding max of \$250,000 per hub over 3 year period
- Separate track of funding (opt in during RFA process) → same Grant Agreement
- **Goals:** Reduce barriers to entry for organizations by offsetting costs of technology upgrades and implementation for individual orgs

More information about allowable and non-allowable expenses will be shared in Summer 2024

Regional SHIE Hubs RFA Timeline



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Activity	Target Date	Status
RFA Drafting	4/30/2024	Completed
Kickoff Webinar	5/1/2024	Completed
RFI Posting	5/13/2024	On track
Federal Reviews	Mid-summer 2024	On track
RFA Posting	Late summer 2024	On track
RFA Reviews	Early fall 2024	On track
RFA Notice of Awards and PoC project kickoffs	Late fall 2024	On track



Parallel Initiatives

Vision: Interoperable Resource Inventories

- Improve resource accuracy
- Ensure referrals can be accurately exchanged across systems

Current State

- Partnering with Mile High United Way to ingest 211 CRI data into CoSHIE
- Developing an initial pilot to use AI/NLP to normalize resource inventory databases
- Following BHA lead on OwnPath Profile to start work on normalizing provider directories



Mile High United Way



Consent & Governance



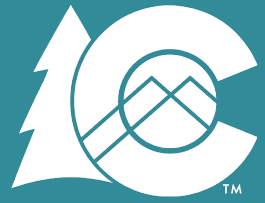
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As we approach 6 months of development:

- Hundreds of hours of discovery
- Engagement from 50+ external orgs
- New governance model, 8 new contracts, new RFA, new BAAs, new partnerships with other state agencies
- 33 use cases (and counting) in backlog



You're making SHIE happen.
Thank you!



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Public Comment Period



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Closing Remarks