STAKEHOLDER ENGAGEMENT & PARTICIPATION

1. SUPPORT CARE COORDINATION IN COMMUNITIES STATEWIDE

DOMAIN	Stakeholder Engagement & Participation
DESCRIPTION	This initiative will develop, support, and enhance technical approaches that can be used to easily share care coordination information – within and across – communities. The initiative recognizes that approaches to care coordination may be unique to individual communities.
BACKGROUND & FINDINGS	Colorado's health care reform goals require care coordination across the continuum of care. As Colorado implements emerging models of value-based care and payment methods, the need for tools to support care coordination across communities, consumers, providers, and services, will continue to grow. Fortunately, in Colorado, there are already multiple communities and organizations providing care coordination. These efforts must continue to be supported and enhanced.
PURPOSE	The purpose of this initiative is to support communities in implementing their own care coordination processes and to provide the tools and support for individuals whose care coordination needs may extend beyond their local community.
OUTCOME(S)	Strengthened statewide approach to care coordination. Timely, appropriate, and easily accessible information is available at the point of care/care coordination – within and across communities – that supports optimal clinical, service, and cost outcomes. Criteria to measure care coordination capability and effectiveness by community is available and used.

SUGGESTED APPROACH(ES)	**Discover**
	1. Identify and leverage existing care coordination activities and alliances in Colorado such as:
	    · Health Care Systems
	    · Clinically Integrated Networks (CINs)
	    · Healthy Transitions Colorado[32]
	    · Accountable Care Organizations (ACOs)
	    · Regional Accountable Entities (RAEs)
	    · Health Information Exchanges (HIEs)
	    · Patient Centered Medical Homes (PCMHs)
	2. Identify best practices and tools for care coordination.
	
	Plan
	3. Keep the care coordination person (patient) centric.
	4. Identify unique community needs and gaps in care coordination.
	5. Develop a prioritization method to determine high priority persons/population segments to address.
	6. Coordinate the project(s) with existing care teams (and care team projects) to prevent duplication.
	7. Ensure integration with statewide health information technical architecture.
	8. Provide incentives to promote the adoption and use of care coordination tools among all participants in Colorado's health care ecosystem.
	9. Consider additional incentives to promote the sharing of health and health-related information.
	10. Include access to, and integration of, disease and other types of registries.
	11. Provide tools and incentives to engage patients, their families, and their proxies in helping to coordinate their own care.
	12. Leverage the training criteria for care coordinators/patient navigators with organizations such as the Patient Navigator, Colorado Community Health Worker & Promotor de Salud Alliance curricula.
	
	Implement
	13. Implement a standard approach to develop and use statewide care coordination tools.
	14. Provide education and communication programs that meet the needs of stakeholders involved in health IT aspects of health care transformation.

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[32] Healthy Transitions Colorado Website accessed October 2017 at http://healthy-transitions-colorado.org

SUGGESTED INITIATOR	OeHI and HCPF to form eHealth Commission Working Group
TIMING	Begin as soon as possible. Q4 2017
INTERDEPENDENCIES	Initiative #2 Promote and Enable Consumer Engagement, Empowerment, and Health Literacy Initiative #3 Harmonize and Advance Data Sharing and Health Information Exchange Capabilities Across Colorado Initiative #4 Integrate Behavioral, Physical, Claims, Social, and Other Health Data Initiative #6 Health IT Portfolio/Program Management Initiative #7 Accessible and Affordable Health IT and Information Sharing Initiative #10 Consent Management Initiative #11 Digital Health Innovation Initiative #12 Statewide Health Information Technical Architecture Initiative #14 Uniquely Identify a Person Across Systems Initiative #16 Broadband and Virtual Care Access
POTENTIAL FUNDING SOURCE(S)	- ARRA HITECH 90/10 funding (10% State Match) - Foundations - Public/private partnerships - Innovators and private equity - Commercial payers

2.	**PROMOTE AND ENABLE CONSUMER ENGAGEMENT, EMPOWERMENT, AND HEALTH LITERACY**
DOMAIN	Stakeholder Engagement & Participation
DESCRIPTION	This initiative develops and implements tools to educate, engage, and empower consumers in their health and well-being.
BACKGROUND & FINDINGS	Colorado has a long and successful history of engagement and collaboration with its residents. Colorado's goal to become the healthiest state will require leveraging and continuing to build stakeholder empowerment as consumers become more engaged in actively pursuing better health and well-being.
PURPOSE	The purpose of this initiative is to provide tools which support consumers becoming more knowledgeable and proactive regarding their health and well-being. These tools will support achieving one's optimum level of wellness by leveraging the power of consumerism while effectively managing costs.
OUTCOME(S)	Consumers have available and accessible resources – and use them effectively – to support their knowledge of and proactive engagement in their health and well-being.
SUGGESTED APPROACH(ES)	**Discover** 1. Understand what tools, information, and services consumers want and need to become more informed about, empowered and engaged in their health and well-being. 2. Develop an inventory of capabilities and resources currently available, both locally and nationally. 3. Identify gaps. **Plan** 4. Develop and implement education and communication programs that meet the needs of consumers/stakeholders involved in health IT aspects of health care transformation.

5. Consider approaches for safety net and other populations such as:
   - Translation services for patients for whom English is not their native language.
   - Study and share community-driven solutions to providing increased access to care in underserved communities
6. Convene a consumer advisory board to provide ongoing input.
   - Consider coordinating with existing health care consumer advisory boards and forums and identify gaps in representation.

Implement

7. Provide tools, such as consumer apps, that aggregate data and present it in secure, relevant, and user-friendly ways to:
   - Support longitudinal (cross-provider and cross-payer) health and health-related information
   - Support personal digital device-generated information
   - Provide easy to use tools to locate and access the resources such as a consumer self-service portal
   - Include access to a person's complete longitudinal information across payers and providers.
   - Enable consumers to shop on cost, service, and quality.
8. Provide tools for providers to help engage patients in their health
9. Resources to consider include the following:
   - PEAK[33] - Colorado's Medicaid eligibility platform
   - Center for Improving Value in Health Care (CIVHC)[34]
   - Connect for Health Colorado[35] - Colorado's Health Insurance Exchange
   - HEDIS[36] - Payer measures which make it possible to compare health plans on an equal footing
   - Healthgrades[37]
   - Consumer education sites
   - HIE longitudinal patient record
   - Patient advocacy activities to promote literacy and empowerment
10. Engage the innovation community to develop tools to improve consumer engagement, empowerment, and health literacy.

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[33] PEAK website, Apply for Benefits page accessed October 2017 at http://coloradopeak.force.com/ABWEL
[34] CIVHC website, Home Page accessed October 2017 at http://www.civhc.org/
[35] Connect for Health Colorado, Home Page accessed October 2017 at http://connectforhealthco.com/
[36] National Committee for Quality Assurance (NCQA) website. "What is HEDIS." Accessed October 2017 at http://www.ncqa.org/hedis-quality-measurement/what-is-hedis
[37] Healthgrades website, Home Page accessed October 2017 at www.healthgrades.com

SUGGESTED INITIATOR	OeHI and other state agencies such as HCPF and CDPHE, as well as consumer advocacy groups
TIMING	Begin Q4 2017
INTERDEPENDENCIES	Initiative #4 Integrate Behavioral, Physical, Claims, Social, and Other Health Data Initiative #5 Statewide Health Information Governance Initiative #11 Digital Health Innovation Initiative #12 Statewide Health Information Technical Architecture Initiative #16 Broadband and Virtual Care Access
POTENTIAL FUNDING SOURCE(S)	• State budget • Public/private partnerships • Foundation funding • ARRA/HITECH 90/10 funding