EHEALTH COMMISSION MEETING

MAY 10, 2017

OeHI UPDATES

- Master Health IT Consultant Update
- Prime Health/OeHI Innovation Summit- Recap

STATE AGENCY UPDATES

- CDHS/HCPF/CDPHE/OIT

SIM UPDATES

- Deloitte to present SIM HIT Roadmap Overview
- Kyle Knierim to present on Practice Transformation

ACTION ITEMS

FOLLOW UP ON ACTION ITEMS FROM PREVIOUS MEETING

Action Item	Owner	Timeframe	Status
Draft letter to FCC	OeHI Director/ Commission	January/February	Completed
Health IT Innovation sub-working group	OeHI Director	Winter/Spring	In progress
Roadmap Planning sub-working group	OeHI Director	Winter/Spring	In progress
Broadband sub-working group	OeHI Director	Winter/Spring	Open
Privacy and Security sub-working group	OeHI Director/Health IT Coordinator	Spring	Open
Track and report federal and local legislation	OeHI Director/ Health IT Coordinator	Winter/Spring	Ongoing

SIM HIT ROADMAP

MEGAN COMIER, DELOITTE
CARRIE PAYKOC, STATE HEALTH IT COORDINATOR

MAY 10, 2017

Deloitte.

SIM | State Innovation Model

Colorado SIM HIT
Implementation
Strategy and
Roadmap
Development Project

Project Goals and Scope Overview

Colorado eHealth Commission May Meeting

May 10, 2017

Project Background

Foundational work completed by HIT Workgroup will now be driven down to tactical level with the end product including a set of recommendations on business and functional requirements needed to collect and extract eCQMs

- Goal of the $65M Colorado State Innovation Model grant is to provide 80% of Colorado citizens with access to integrated physical and behavioral health in coordinated systems, with value-based payment structures by 2019

- SIM HIT stakeholders have identified several technology initiatives in which it will invest in order to achieve the state's goal by 2019, but also support a pathway for sustainability beyond 2019

Telehealth expansion   *Aggregation of clinical and behavioral health data*

Reporting of CQMs   *Integration of claims data into clinical & behavioral health data*

Creation of Shared Practice Improvement Tool (SPLIT)   *Creation of analytical reporting capabilities to support health information needs*

- Next step is the development of an ***Implementation Strategy and Roadmap*** related specifically to the reporting and extraction of eCQMs through expanded HIT infrastructure

- Deloitte Consulting has been engaged to develop the strategy and roadmap based on national expertise in HIT planning, technology and implementations and vendor relationship with the State of Colorado, including HCPF

- Report is due to CO SIM Office by July 24, procurement for technology/tools will begin in Q3 2017

Scope of Implementation Strategy and Roadmap

Report will provide detailed and tactical plan for investing in and launching HIT initiatives that will achieve eCQM reporting and extraction through expanded HIT infrastructure - leveraging SIM funding, yet be sustainable post 2019

Broad Content Areas

- Analysis of existing technologies, methodologies, and best practices currently leveraged by the State
- Input from stakeholders reflecting the perspective of health care payers and providers as to the value and challenges collecting and reporting eCMQs
- Timelines and milestones for procuring HIT solutions and tools
- High-level business and functional eCQM requirements to inform RFP process

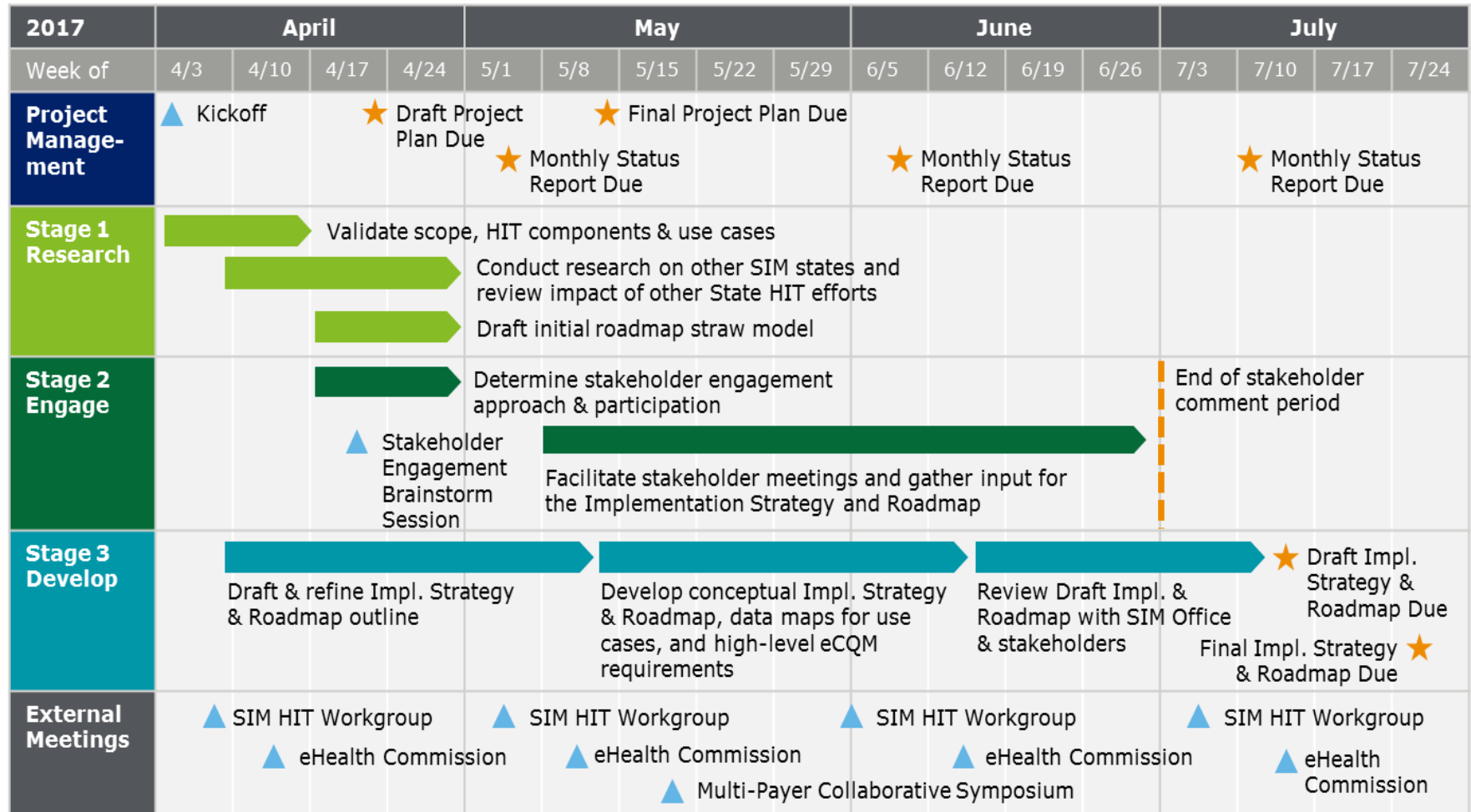## Principles Used in its Development

Furthermore, Deloitte will adhere to the following principles in the development of the Implementation Strategy and Roadmap:

- Leverage innovations and promising practices used in other SIM states based on vendor experience and expertise;
- Be action-oriented, tactical and detailed enough so that the Colorado SIM Office can build technology requirements based on recommendations;
- Consider original SIM plan vision and stakeholder input, yet outline practical recommendations with a realistic timeline reflecting Colorado payers and providers' current operating environment, their willingness and capabilities to adopt and use HIT;
- Be synchronized with other State of Colorado HIT planning efforts as well as reflect Federal policy and funding imperatives; and
- Utilize advances in technology solutions that can fulfill the objectives of the prioritized use cases.

Project Approach and Schedule

Stakeholder input will be collected throughout May and early June with report drafting occurring in June and early July

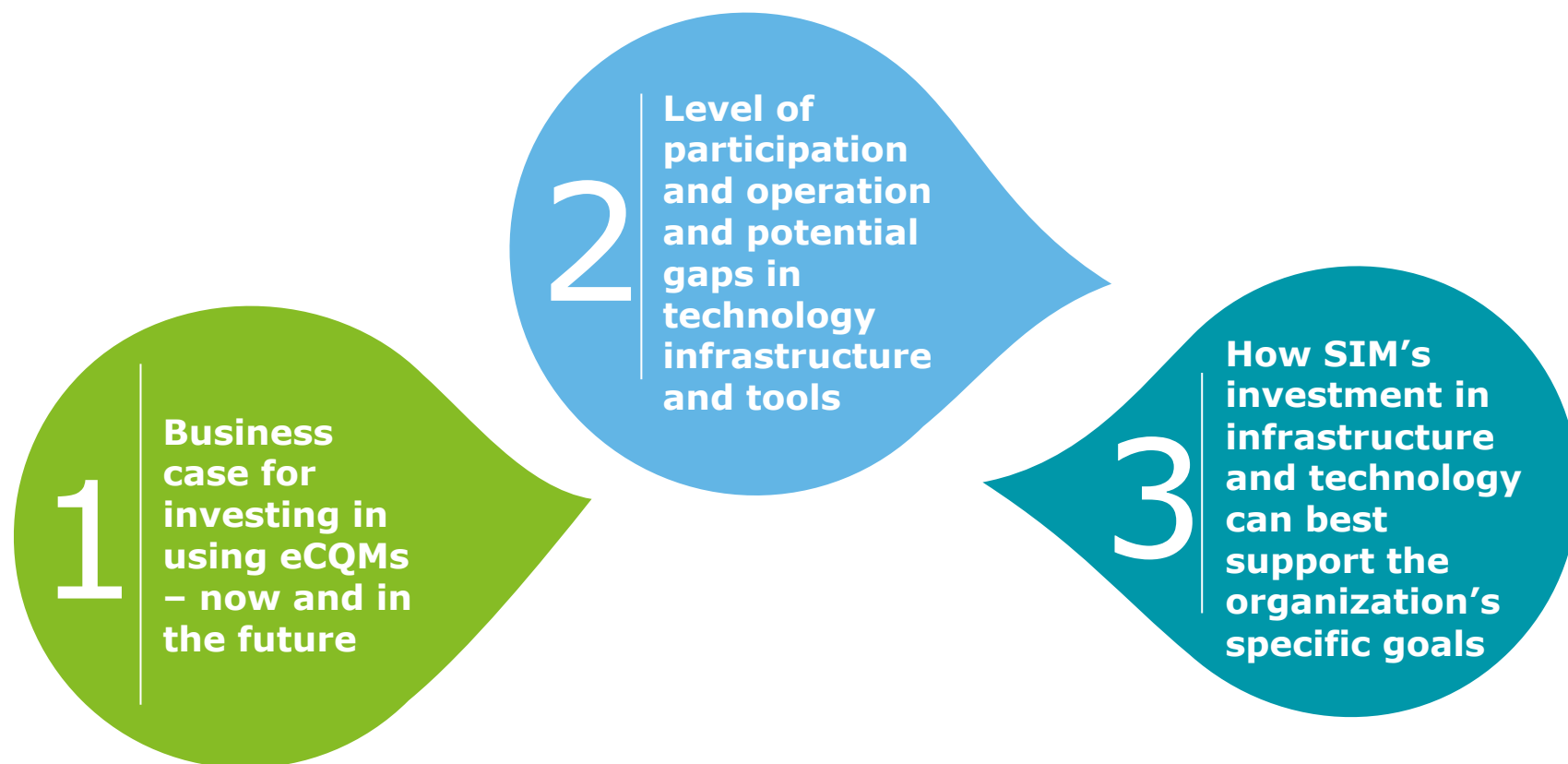| 2017	April				May					June				July			
Week of	4/3	4/10	4/17	4/24	5/1	5/8	5/15	5/22	5/29	6/5	6/12	6/19	6/26	7/3	7/10	7/17	7/24
Project Management	▲ Kickoff		★ Draft Project Plan Due			★ Final Project Plan Due											
					★ Monthly Status Report Due					★ Monthly Status Report Due				★ Monthly Status Report Due			
Stage 1 Research	Validate scope, HIT components & use cases																
		Conduct research on other SIM states and review impact of other State HIT efforts															
		Draft initial roadmap straw model															
Stage 2 Engage		Determine stakeholder engagement approach & participation											End of stakeholder comment period				
	▲ Stakeholder Engagement Brainstorm Session			Facilitate stakeholder meetings and gather input for the Implementation Strategy and Roadmap													
Stage 3 Develop	Draft & refine Impl. Strategy & Roadmap outline				Develop conceptual Impl. Strategy & Roadmap, data maps for use cases, and high-level eCQM requirements					Review Draft Impl. & Roadmap with SIM Office & stakeholders				★ Draft Impl. Strategy & Roadmap Due			
														Final Impl. Strategy & Roadmap Due ★			
External Meetings	▲ SIM HIT Workgroup				▲ SIM HIT Workgroup					▲ SIM HIT Workgroup				▲ SIM HIT Workgroup			
		▲ eHealth Commission				▲ eHealth Commission					▲ eHealth Commission				▲ eHealth Commission		
							▲ Multi-Payer Collaborative Symposium										

Activity ▶ ▲ Meetings ★ Deliverable

Stakeholder Insight Gathering Focused on Payers, Providers
Goals are to understand provider and payer perspectives around three areas

2 Level of participation and operation and potential gaps in technology infrastructure and tools

1 Business case for investing in using eCQMs – now and in the future

3 How SIM's investment in infrastructure and technology can best support the organization's specific goals

Efforts Also Include Understanding Colorado's HIT Landscape and Future Roadmap In Order to Align SIM Investment

Deloitte also working to understand the State's current and future state technology assets and infrastructure capabilities so a practical and realistic solution can be recommended

Meetings are occurring with partners* such as:

Partner	Focus
Mosaica Partners	*State HIT Roadmap alignment*
MMIS and BIDM staff	*Claims infrastructure, etc.*
CIVHC	*All Payer Claims Database*
CORHIO and QHN	*HIE infrastructure*
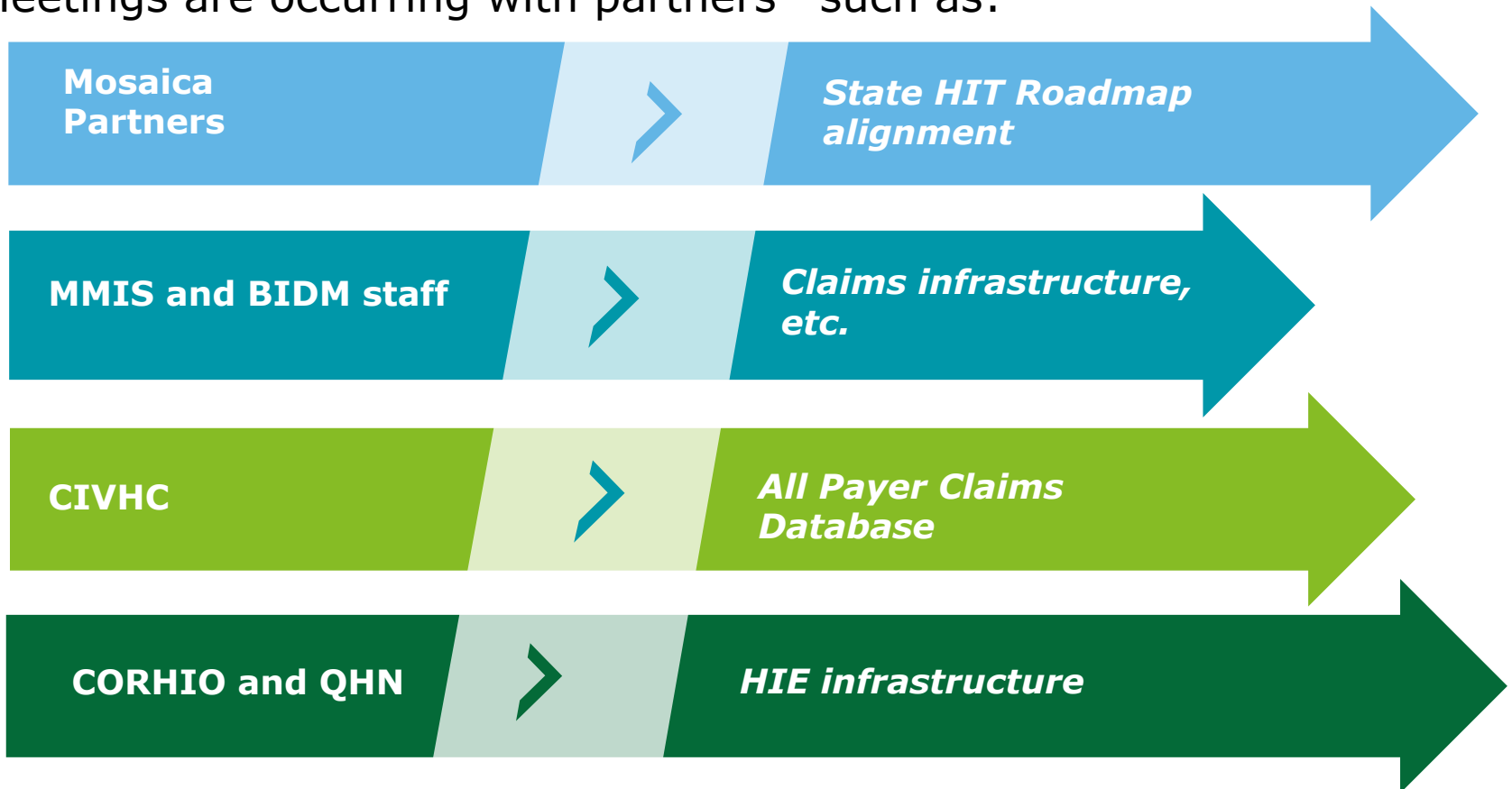
*Not an all inclusive list of partners with which we may meet

Questions?

COLORADO HEALTH IT ROADMAP

STEERING COMMITTEE MEETING
MOSAICA PARTNERS

LAURA KOLKMAN
BOB BROWN

MAY 10, 2017

STEERING COMMITTEE AGENDA

➢ Modified Objective - Approval

➢ Draft Desired Future State Update

➢ Framework of the Roadmap Initiatives (Handout)

➢ Project Calendar

Care Delivery:

Care is delivered when and where needed through the most efficient, effective means.

Rationale for modification: This objective, encompasses not only telehealth, but also other potential technologies and care delivery channels. It still includes telehealth, but is broader, more far-reaching, and more forward-thinking

When the Colorado Health IT Roadmap objectives are achieved:

Care is fully inclusive, coordinated and delivered through the most appropriate, cost-effective means in a location and manner convenient to the consumer/patient as well as the provider.

Coloradans are engaged and active participants in their health care and wellness through readily accessible technology.

Technology equalizes access to care and improves trust in Colorado's health and health care ecosystem

Health and health-related information is securely available, accessible, and usable at the time and place needed

Health information innovation accelerates improved health care and wellness outcomes for all Coloradans.

Health information infrastructure in Colorado supports current and emerging capabilities such as personalized, precision medicine.

Colorado's Triple Aim's objectives are realized (best health; best care; best value), and Coloradan's are the healthiest in the nation

OeHI
Office of eHealth Innovation

Colorado's Health IT Roadmap

November 2017
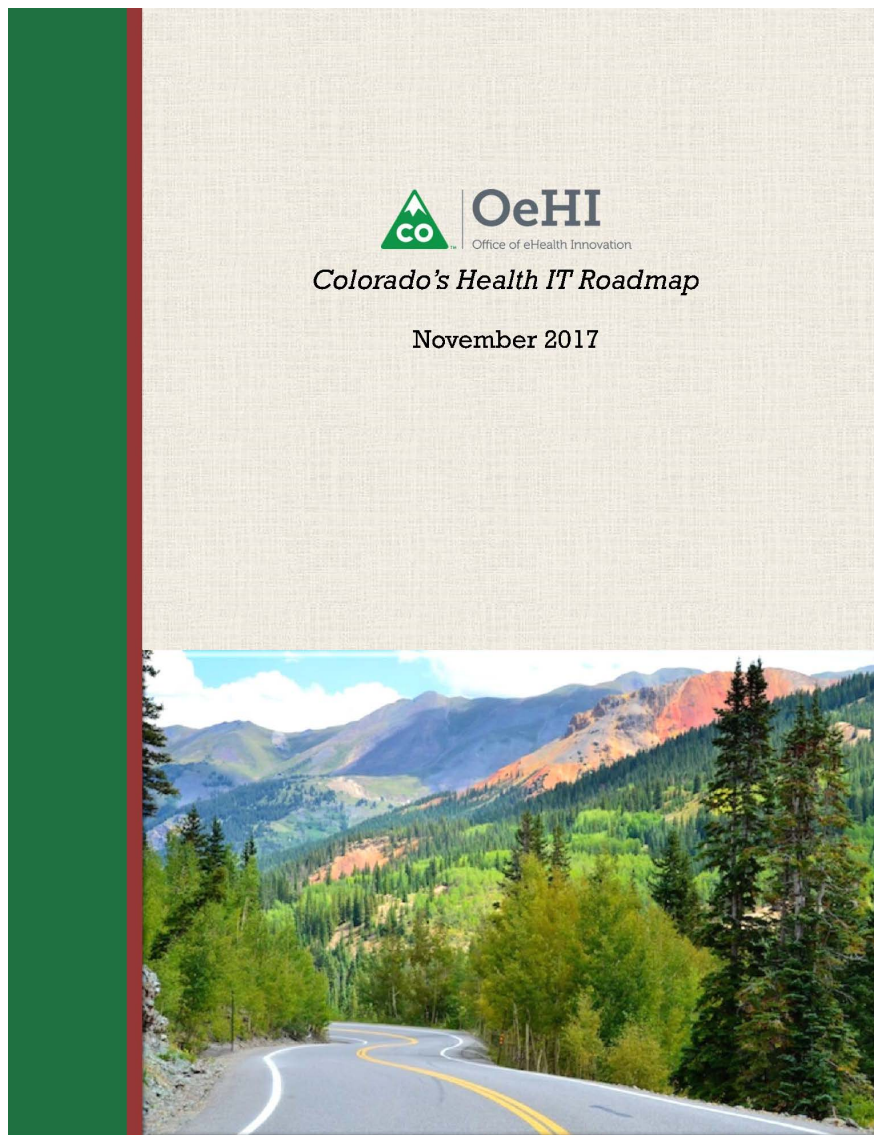
Discussion

Framework for describing the initiatives

PROJECT CALENDAR

Key Project Events	2016						2017										
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov
Project Kick-Off July 2016	★																
Steering Committee Meetings	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★		
HIT Planning Workgroup Meetings							★★	★★	★★	★★	★★	★★	★★	★★	★★	★★	
Stakeholder Interviews August 2016		▬															
Envisioning Workshops Mid-September 2016			▬														
Stakeholder Survey November 2016					▬												
Capabilities Workshop January 2017							★										
Enablers Workshop February 2017								★									
Public/Stakeholder Updates On-going							▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬										
Develop Future State Description March – June 2017									▬▬▬▬								
Define Initiatives July – Aug 2017													▬▬				
Develop Roadmap Aug – Oct 2017														▬▬▬			
Deliver Roadmap to State Leadership Early Nov 2017																	★

We are here

MOSAICA
PARTNERS ℠

Laura Kolkman

President

LKolkman@MosaicaPartners.com

Bob Brown

VP, Professional Services

BBrown@MosaicaPartners.com

www.MosaicaPartners.com

727-570-8100

QUICK BREAK

OUTLINE

- Review clinical HIT advising services offered to SIM practices

- Baseline HIT capacity of the practices and progress over the first year
  - Data Quality Assessment results over 12 months
  - Relevant baseline Milestone inventory results
  - Baseline and 10 month practice improvement plan results
  - Clinical quality measure (CQM) results

- Take home points on SIM practices' HIT performance and barriers

- Discuss potential solutions and next steps

COHORT 1 PRACTICE SUPPORT

Grants to Practices
Each practice can apply for competitive small grants of up to $40,000 to offset initial costs of integration.

Practice Participation Payments
Each practice participating in SIM is eligible to receive $5,000 in participation payments, over a two-year period, for attending collaborative learning session, participation in evaluation, and reporting on clinical quality measures.

Alternative Payment Models
Each practice will be supported with value-based payments from at least one of the seven payers that signed the SIM MOU.

SIM Primary Care Practices

RHC   CHITA   PF

Regional Health Connectors
Each SIM practice will be matched with a Regional Health Connector, who will serve as a dedicated resource for connecting the practice to relevant local resources.

Practice Facilitators and CHITAs
Each SIM practices is matched with an approved Practice Transformation Organization that provides them with a Practice Facilitator (PF) and /or Clinical Health Information Technology Advisor (CHITA), as well as other technical assistance.

Business Consultation
MGMA provides resources and assistance to help practices improve business processes and accept alternative payment models

SUMMARY OF COHORT 1 PRACTICE SUPPORT

Practice Participation Payments
Each practice participating in SIM is eligible to receive $5,000 in participation payments, over a two-year period, for attending collaborative learning session, participation in evaluation, and reporting on clinical quality measures.

Grants to Practices
Each practice can apply for competitive small grants of up to $40,000 to offset initial costs of integration.

Alternative Payment Models
Each practice will be supported with value-based payments from at least one of the seven payers that signed the SIM MOU.

SIM Primary Care Practices

RHC   CHITA   PF

Regional Health Connectors
Each SIM practice will be matched with a Regional Health Connector, who will serve as a dedicated resource for connecting the practice to relevant local resources.

Business Consultation
MGMA provides resources and assistance to help practices improve business processes and accept alternative payment models

Practice Facilitators and CHITAs
Each SIM practices is matched with an approved Practice Transformation Organization that provides them with a Practice Facilitator (PF) and /or Clinical Health Information Technology Advisor (CHITA), as well as other technical assistance.

Will be focusing our discussion here

SUMMARY OF COHORT 1 PRACTICE SUPPORT

CLINICAL HIT ADVISOR (CHITA)

- Supports practice data capacity
    - Assists practices with assessment of data capacity, development of a data quality improvement plan
    - Assists with developing and managing workflow for data collection, reporting, and analysis
    - Helps with CQM reporting for SIM
    - Links practices with other technical assistance resources as needed and available

- Funded for about 1 contact with a practice a month

- Networking UC DFM and SIM office host 1-3 phone calls a month for training and networking among CHITAs and PFs; UC DFM starting quarterly 1:1 meetings with PTO's

WHO ARE THE SIM PRACTICES AND WHAT ARE THEY DOING AROUND HIT?

- 100 practices engaged initially (92 active today)

- Original Practice Types
  - Rural: 33
  - Pediatrics only: 21
    - Pediatrician on site: 9
  - Private: 50
  - Hospital/System owned 24
  - FQHC's or lookalike: 21
  - Residency: 6
  - School-based clinics 3
  - CPC Classic: 32

- Full list of practices can be found on the Colorado SIM website
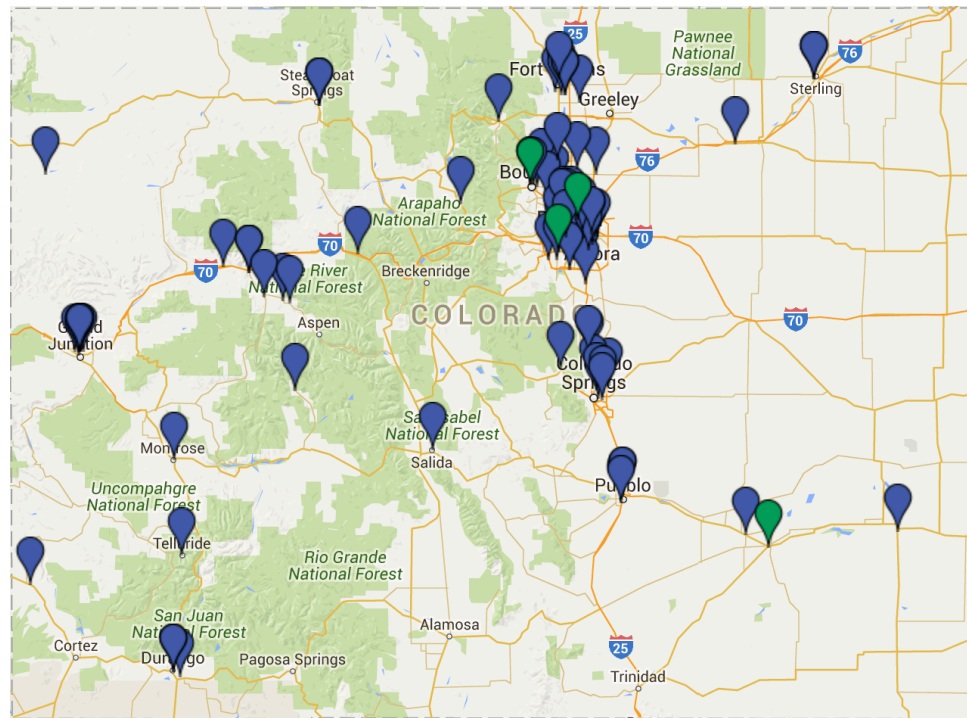
HIT ADOPTION OVER TIME IN SIM PRIMARY CARE PRACTICES

	Baseline (n=100)	12 months* (n=92)	Change over time*
Asynchronous communications to patients through portals, secure email, texts, etc.	91%	92%	+1%
24/7 access to Medical records	92%	91%	-1%
24/7 access to behavioral health records	53%	74%	+19%
Using at least 1 registry to track populations	68%	89%	+21%
Using registry focused on behavioral health management activities	31%	55%	+24%

From Milestone Inventory administered April-May 2016 (Baseline) and Feb-Mar 2017 (12 months).
*12 month analyses are preliminary

DATA QUALITY: ENTRY OF SIM DATA ELEMENTS IN EHR

OeHI Office of eHealth Innovation

QUALITY OF DATA CAPTURE OVER TIME

Practices are capturing essential data elements in discreet fields more accurately and consistently

- ■ Data elements captured accurately and consistently
- ■ Data elements with concern
- ■ Data elements not captured
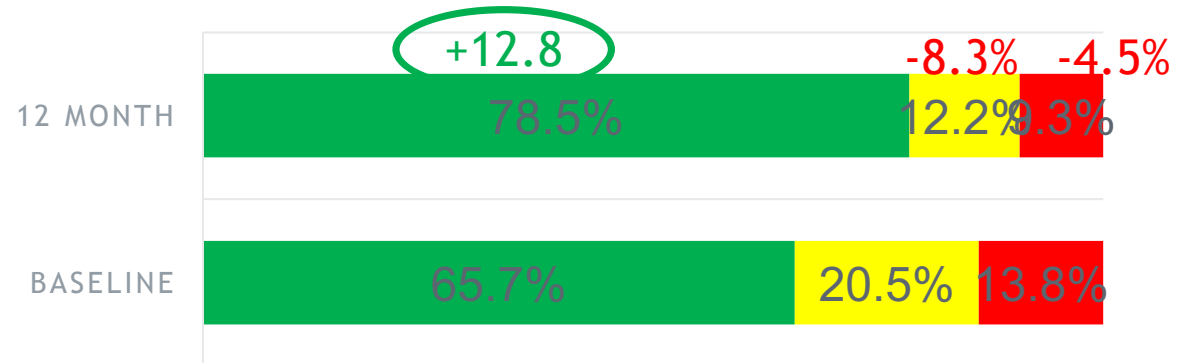
From SIM's Rapid Cycle Feedback & Quarterly Report
July – September 2016 and DQA 2017 preliminary analyses

12 MONTH +12.8 78.5% 12.2% 9.3% -8.3% -4.5%

BASELINE 65.7% 20.5% 13.8%

DATA QUALITY: CQM REPORTS

OeHI | Office of eHealth Innovation

ABILITY TO REPORT SIM CQM's

- 🟩 Accurate and trusted reports
- 🟨 Concerns with report
- 🟥 Report not built
- ⬛ No possibility to report

Practices are able to produce more accurate and trusted reports.

12 month
- 57.0%
- 20.4%
- 14.5%
- 8.1%

Baseline
- 36.10%
- 28.50%
- 29.9%
- 5.40%
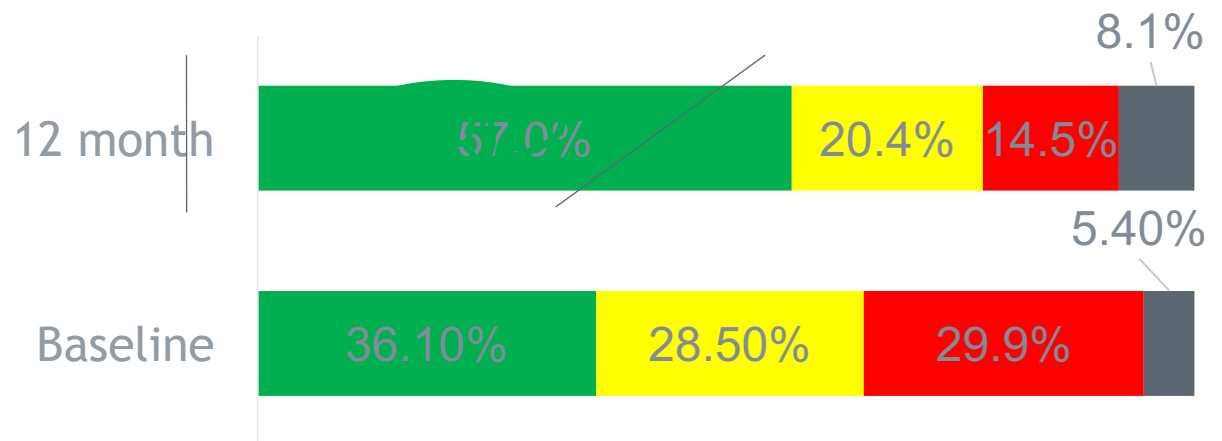
From SIM's Rapid Cycle Feedback & Quarterly Report
July – September 2016

PROGRESS ON PRACTICE GOALS

- At baseline practices documented at least one goal in three categories: Practice Transformation, HIT, and BH integration

- At 10 months they were asked to report the status of work on these goals

- 100% (92) of active practices responded
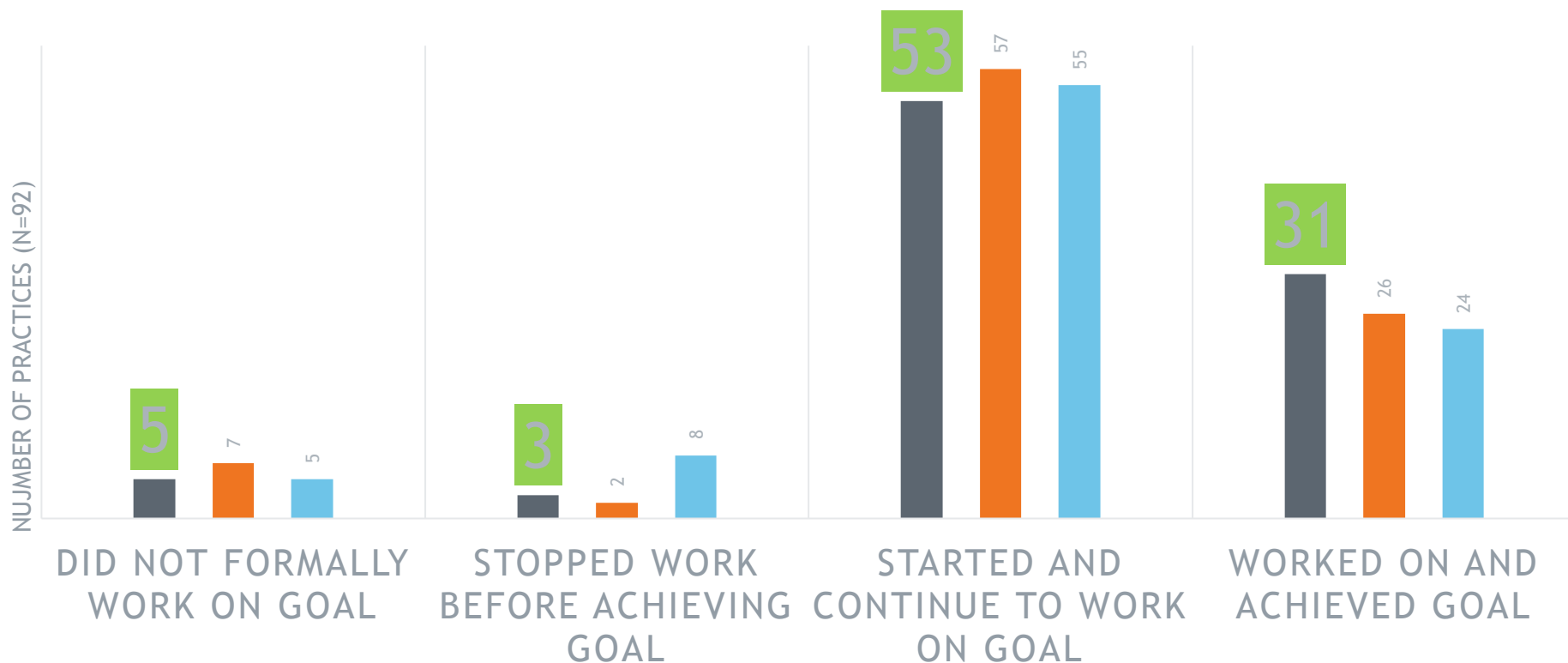
HIT GOALS THAT WERE ACHIEVED INVOLVED:

OeHI
Office of eHealth Innovation

➤ **Improve clinical and documentation workflows**

- ▪ *"Implement automated screening tool within Phreesia Clinical: By 8-1-16, create the screening tool within Phreesia Clinical tablet. Map Phreesia results to discreet data field in electronic health record. Train reception staff how to initiate screening tool mance reports on Asking, Advising and Referring."*

➤ **Increase access to data**

- ▪ *"By June 1, 2016, Business Intelligence provides 100% of Pediatric providers with a Peds specific SIM provider scorecard that includes peds UDS measures and SIM NQF peds measures."*

- ▪ *"Ensure all QI teams are able to run CQM and other reports out of AZARA and eCW on their own"*

➤ **Meet SIM Reporting requirements**

- • *"Over the first 90 days of program implementation, work with internal IT department and CHITA to extract baseline data needed for SIM."*

PRIMARY GOALS NOT ACHIEVED INVOLVED:

- Specific, detailed goals (e.g., by X date, X% of patients between ages 10 and 20 will have been screened for obesity)

- Patient empanelment goals with set deadlines

- Large scale goals (e.g., screen all patients for behavioral health needs)

- Building new registries to track specific populations

- Implementing new EHR systems or correcting existing EHR issues

OeHI
Office of eHealth Innovation

Clinical Quality Measures

- Practices are asked to submit clinical quality measures quarterly

- CQM's are captured in SPLIT and displayed through DARTNet Institute's Practice Performance Registry for practices and PTO's to track and compare progress over time

- Most practices are meeting SIM reporting requirements through Q4 2016 (below). Some drop seen after planned tightening of requirements.

Active Practices Reporting CQMs

	93.0%	98.0%		99.0%
	94.0%	98.0%		80.0%
69.0%				
64.0%				

Q1 (optional) Q2 Q3 Q4

— 1 or more CMQs
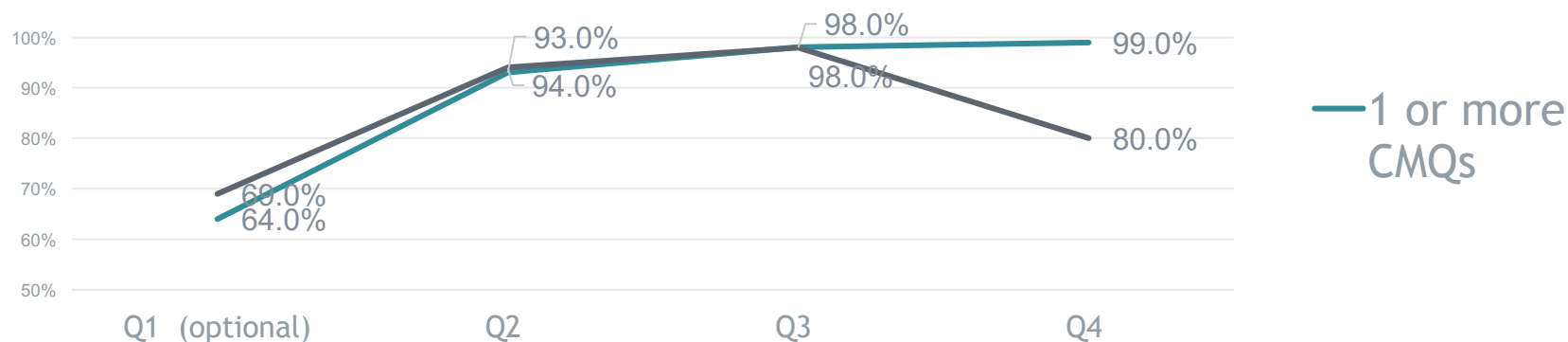
SIM primary care practice sites that reported on each CQM in Q4
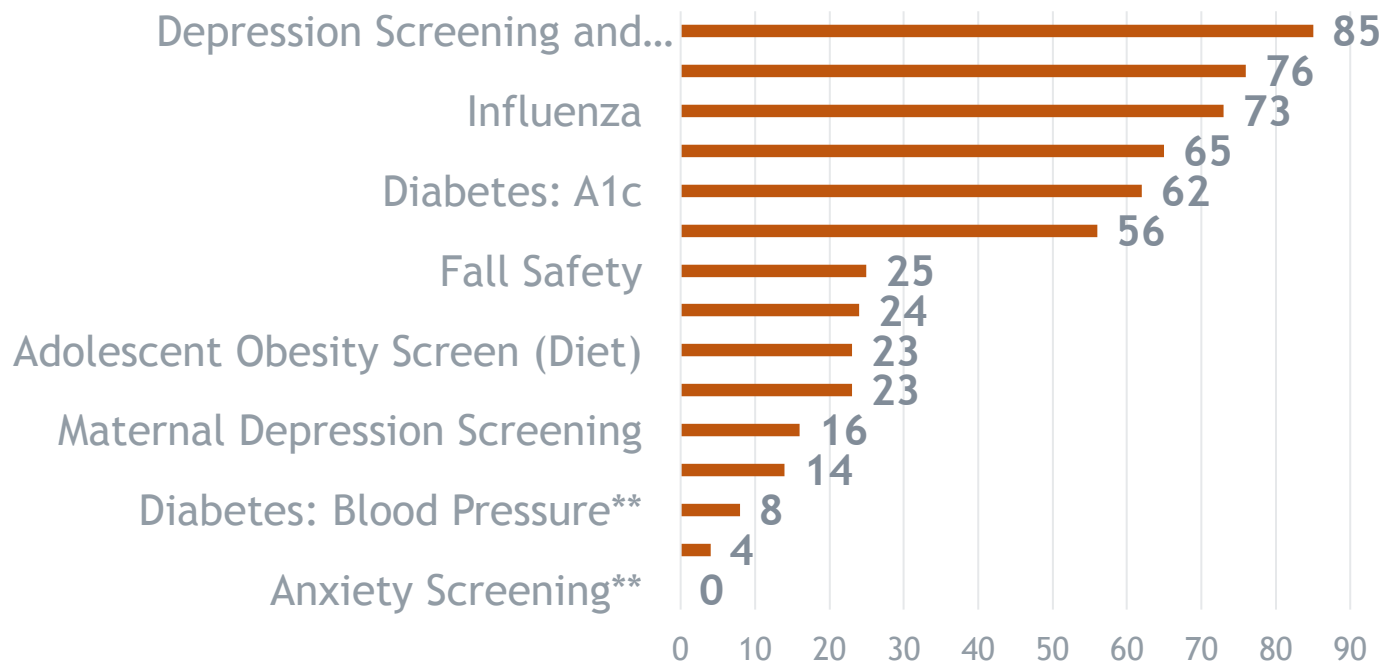
Some measures were more readily reported than others.

Measure	Value
Depression Screening and...	85
	76
Influenza	73
	65
Diabetes: A1c	62
	56
Fall Safety	25
	24
Adolescent Obesity Screen (Diet)	23
	23
Maternal Depression Screening	16
	14
Diabetes: Blood Pressure**	8
	4
Anxiety Screening**	0

**Practice sites were asked not to report these measures, as specifications were still under development and some were removed or replaced for future reporting periods.
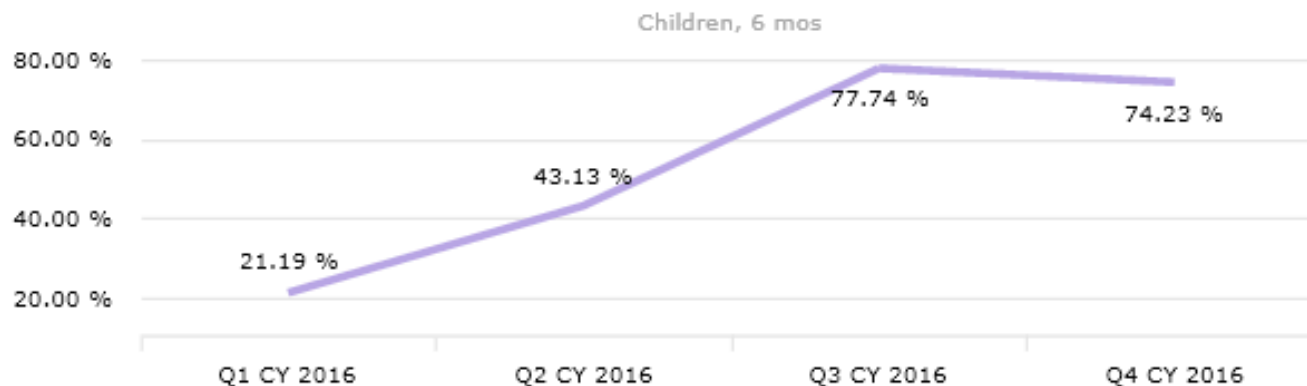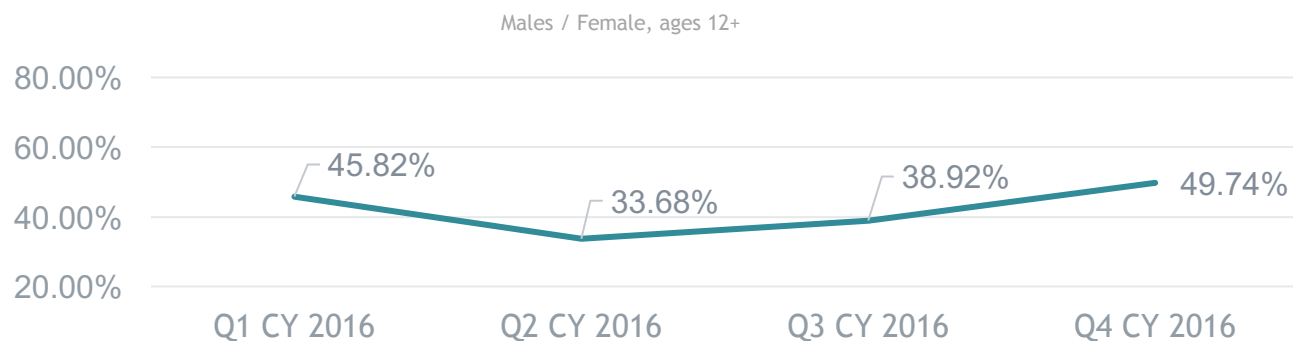
Adult and Adolescent Obesity Measures Shown Together
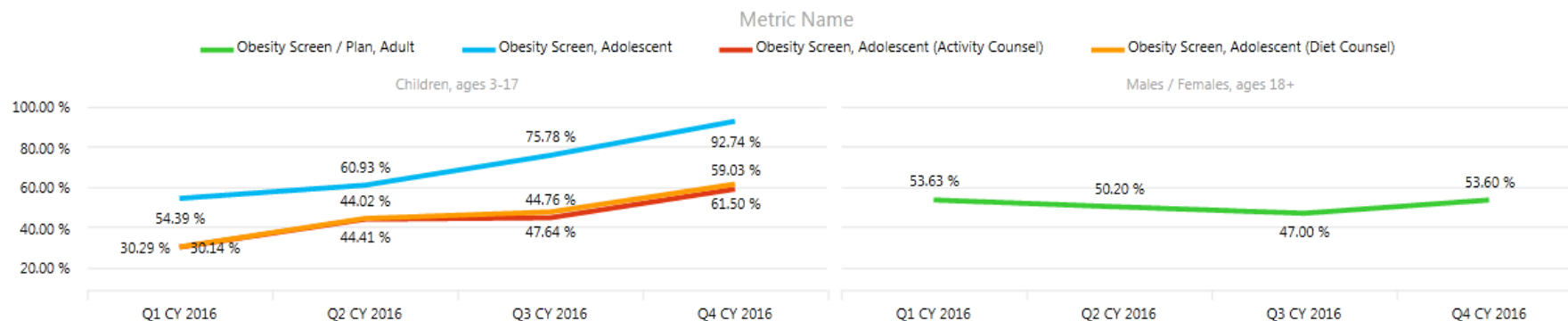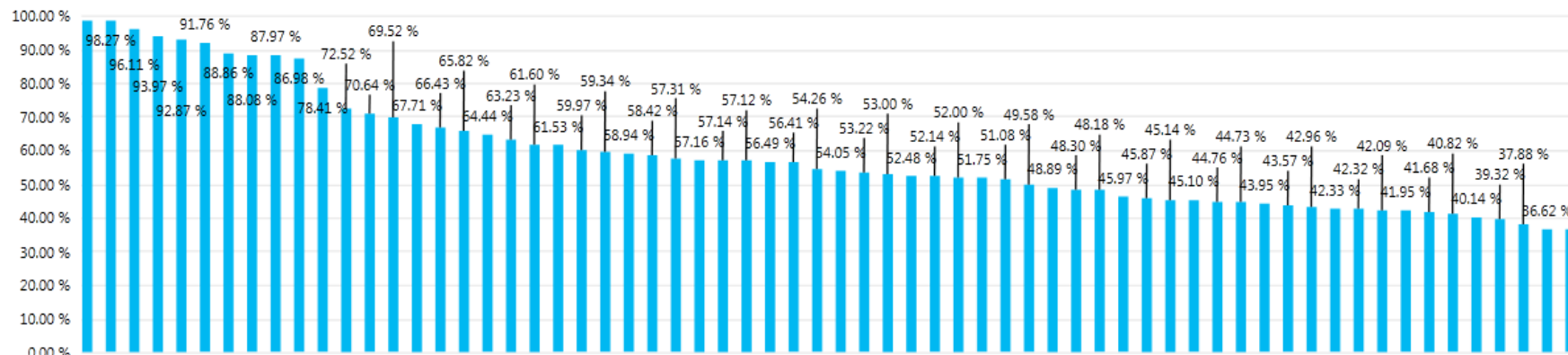
Developmental Screening in the first 3 years of life *(using preliminary s...*
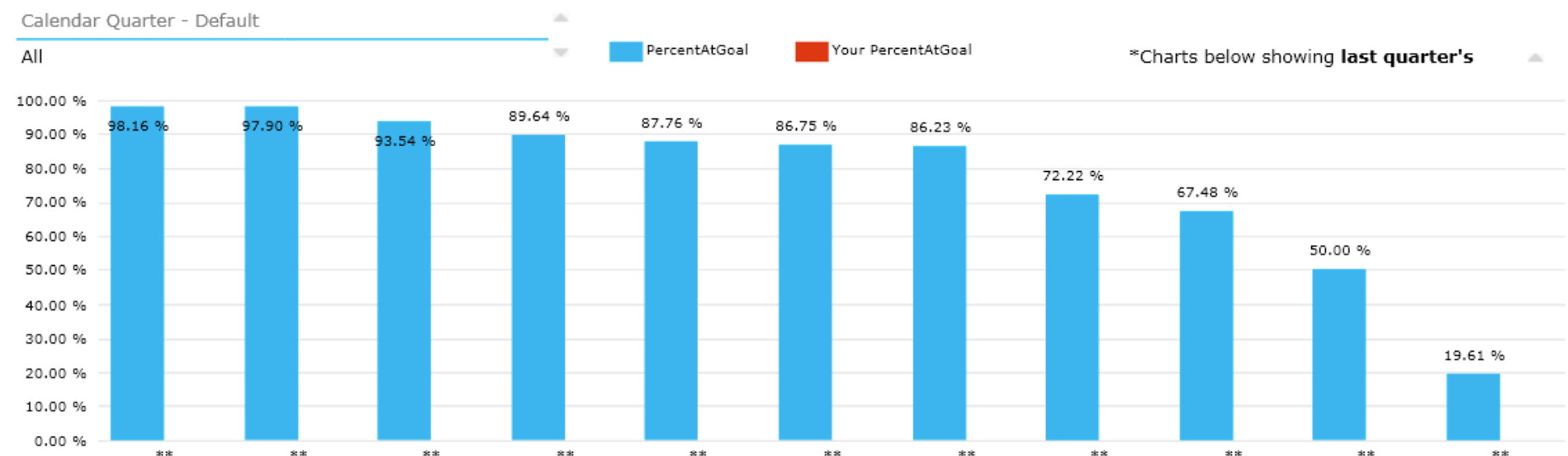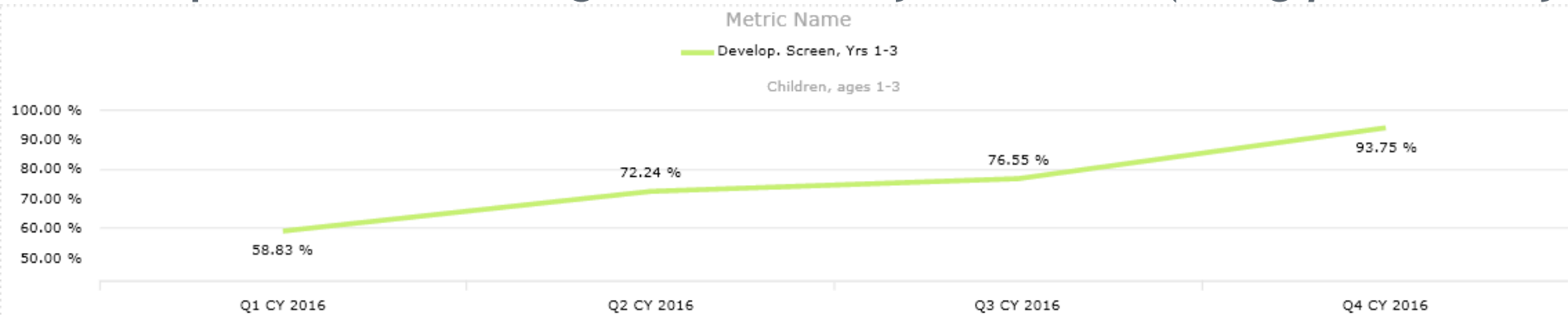
PRACTICE SATISFACTION SURVEY

- Solicited feedback from participating SIM Cohort 1 primary care practices related to their level of satisfaction with both the overall SIM Initiative, as well as with the support they receive from PFs and CHITAs

- Emails sent to key practice representatives at all 92 SIM practices

- A total of 114 responses were received across 71 (77%) of the 92 SIM practices.

PRACTICE SATISFACTION SURVEY

- **The Positives**
  - **PF**: 98.2% of respondents agreed or strongly agreed that their **PF** assisted in accomplishing practice goals (item 1).
  - **CHITA**: 82.4% respondents agreed or strongly agreed that their **CHITA** assisted in accomplishing practice goals (item 3).
  - **SIM overall**: 87% of respondents stated that they would recommend participation in SIM to a colleague and/or other practice (item 11).

- **Constructive feedback**
  - 14 (13% of respondents) stated that they would not recommend participation in SIM, citing the following reasons (item 12):
    - CQM reporting burden (1 respondent)
    - Time commitment required is too much (2)
    - The burden of participating in multiple practice transformation initiatives (3)
    - Payment was not what was expected (3)
    - Inadequate support from the PF and/or CHITA (5)

BARRIERS TO PROGRESS ON HIT ACTIVITIES AT SIM PRACTICES

BARRIERS TO PRACTICE GOALS:

OeHI
Office of eHealth Innovation

- Lack of sufficient time to complete tasks
- Lack of funds or resources to complete goals
- Staffing shortages
- EHR issues
- Initial goals were unrealistic or too large
- Lack of effective workflow to accomplish goals
- Difficulty identifying or hiring BH team member
- Time needed to train staff

From 12 month Practice Improvement Plan open text comments

BARRIERS TO DATA QUALITY AND DATA CAPTURE

- Lack of time to do screenings
- Time to document decreases patient face time
- Trouble modifying EHR interface (Vendor and System barriers)
- Standardizing clinical and documentation workflows
- Challenges related to transition to new EHR
- Time to map elements to new HIE or registry tool

From Preliminary analyses of 2017 Data Quality Assessment

BARRIERS TO CQM REPORTING

- EHR does not have the measure
- Unable to change reporting periods (i.e. calendar YTD)
- Project has changed measures midstream
- Transition to new EHR, all measures must be rebuilt
- Mapping data elements to new CQM reports (report validation)
- Lack of local knowledge of reporting tool functions
- Cost of add on EHR tools or registry systems
- Cost to access data at individual practice level
- Effort needed to align CQM reporting across multiple initiatives (i.e. MU, QPP, etc.) and practice and systems

From Preliminary analyses of 2017 Data Quality Assessment

WHAT'S NEXT?

NEXT STEPS FOR SIM HIT PRACTICE SUPPORT

- Steps underway:
  - Reduce reporting burden *(i.e. fewer CQMs, streamlined assessments)*
  - Availability to new data *(i.e. Stratus, Cost and Utilization reports, SPLIT version 2.0)*
  - Networking among SIM practices and PTO's *(i.e. EHR user groups, CHES quarterly meetings, PTO learning tracks at collaborative learning sessions)*
  - Building out CHITA workforce in independent and system-based PTO's
  - More time for CHITA's to spend with practices for both cohort 1 and 2

OPPORTUNITIES TO SUPPORT PRACTICE HIT WORK

- EHR vendor conversations to develop out useful dashboards in Colorado (eCW and EvidenceNOW example)

- Policy work to reduce and align measures across local and national initiatives

- Develop CHITA and Practice Facilitation to support future initiatives (caveat: CHITA need was underestimated for SIM)

- Measure development: a more robust effort is needed to develop any new measures before rolling them out

- Understand other HIT pain points for practices, patients, and payers: we need to know what else they actually want and need

HOW CAN WE WORK TOGETHER TO ADDRESS POTENTIAL HEADWINDS OF COLORADO'S HIT EFFORTS?

- EHR's can be slow and expensive to change

- Unclear how Alternative Payment Models will offset practices' costs related to workforce training, infrastructure investments and workflow redesign.

- Unintended consequences – new requirements may be decreasing time our teams spend with patients and their families

- Engaging patients and their families in this work is challenging

PUBLIC COMMENT

DRAFT JUNE AGENDA

Call to Order

    Roll Call and Introductions, Approval of April Minutes,   12:00
    May Agenda and Objectives

Announcements   12:10

    OeHI Updates
    State Agency and SIM HIT Updates
    Grant Opportunities, Workgroup Updates, Announcements

New Business

    Colorado Health IT Roadmap Steering Committee   12:25

    Blockchain-Morgan Honea, CORHIO   1:25

    Guest Presentation- TBD   1:40

    Guest Presentation- TBD   2:05

           2:45

Public Comment Period

Closing Remarks   2:50

    Open Discussion, June Agenda, Adjourn

Suggestions for future topics welcome!