OeHI
Office of eHealth Innovation
eHealth Commission

Meeting Minutes

October 14, 2020 | 12:00pm to 2:00pm | Virtual Meeting Only

Type of Meeting	Monthly eHealth Commission Meeting
Facilitator	Michelle Mills
Note Taker	Natalie Neubert
Timekeeper	Michelle Mills
Commission Attendees	Michelle Mills, Carrie Paykoc, Michele Lueck, Alex Pettit, Dr. Art Davidson, Chris Wells, Jason Greer, Jason McRoy, Morgan Honea, Perry May, Wes Williams, David Mok-Lamme, Rachel Dixon,

Minutes

Call to Order

Michelle Mills, Chair

- Roll call was taken. Quorum was reached.
- Motion moved and seconded to approve the September Commission meeting minutes. Motion passed and September minutes were approved.
- October agenda was reviewed.

Announcements

Dianne Primavera, Lt. Governor and Director of OSP$OHC (Office of Saving People Money on Health Care)
Carrie Paykoc, Director, Office of eHealth Innovation

Remarks from the Lt. Governor

- Special thanks to Dr. Casias [who will be speaking later during this meeting], for sharing his perspective on telemedicine in rural communities in Colorado-- very important to bring stories like this to the eHealth Commission
- Our administration is focused on saving people money on healthcare, and realize this works differently in urban vs. rural communities and appreciate the efforts the Office of eHealth Innovation is taking to address this.
- Behavioral Health Task Force (BHTF) just released their blueprint and recommendations to improve care coordination and increase access and use of tele-behavioral health in new innovative ways

OeHI Updates, Carrie Paykoc

- Rescheduled November meeting to Friday, November 13th from 10 - 12:00 pm
- 3 eHealth Commissioners are finishing their terms, so in search of individuals to fill those spots
- Hiring Senior Health IT Project Managers at OeHI
- November eHealth Commission Meeting:
  - Discussions will be more aligned with vision and where we heat next
  - Future state recommendations for State Prescription Drug Monitoring Program (PDMP)

New Business

CORHIO

Morgan Honea, CORHIO

- Intro
  - CORHIO and Health Current are two of the largest HIEs, both are successful and sustainable HIEs
  - 18 months ago: CORHIO team began looking into what is happening in HIE industry across the country and looking into how they can ensure meeting the needs of their stakeholders and continue to be successful in a constantly changing policy environment
- Why merge?
  - CORHIO was looking for an organization similar to their own in terms of size and scope and with a similar capability in terms of technology
  - Model focused on leveraging economies of scale, compete in a national marketplace and creating autonomy at the local level
- Key Drivers
  - TEFCA: Regional and National HIE Expansion Opportunity
  - Trusted Exchange Framework and Common Agreement
  - In Arizona, they have had a very successful implementation of their Behavioral health Information Exchange, so CORHIO is hoping that by leveraging this partnership they can bring those lessons into our space in Colorado
- How This Benefits Colorado
  - Health Current and CORHIO are very similar in terms of products, services, size, and scope
    - both have approximately 70 hospitals sending data to the HIE
    - both working on different ways to support advanced payment methodologies
    - both at critical mass in terms of local markets
  - CORHIO hopes this partnership will help them expand and foster their relationships with other health organizations
- Morgan opens the floor for questions:
  - **Daid Mok-Lamme:** How data governance will work, and patients will be able to control their data post-merger, or is it too early for this conversation?
  - **Morgan Honea**: Too early for that conversation. High-level: Arizona and Colorado HIEs operate under a HIPAA PTO Model, only exchange data for the purposes of payment treatment and operations, so the foundational privacy policies won't change. From a governance perspective, CORHIO will continue to follow the model we still have in terms of representative governance.
  - **Sophia Gin**: With increasing data exchange with this merger, will there be any cost for the healthcare consumers so they get to understand healthcare literacy a bit better? From a consumer perspective, is there a workplace surrounding that?
  - **Morgan Honea**: Personal opinion is since we have robust HIEs up and operating and longitudinal health information, we are in a great position to provide access to personal health information through the HIE.
  - **Wes Williams**: What is the time frame for this merger, how quickly might the Arizona solution be ported over to Colorado for exchanging behavioral health data?
  - **Morgan Honea**: We are planning the due diligence process to take 5-6 months, so our goal is to have this completed by the end of March.
  - **Michele Lueck:** Importance of scale- must be part of the sustainability plan for any non-profit HIE anywhere in the country. If we could do this with Arizona, why can we not do this here in Colorado?
  - **Morgan Honea**: Working to develop a model that is the first of many. We would love to see the model expanded and engage additional HIEs, there are so many

similarities between Health Current and CORHIO,
that getting to a place of shared strategy was quick, which is not always the case. CORHIO's goal is to develop a model that will encourage other folks to come be a part of it, while recognizing that everyone is in charge of their own organizations.

- **Wes Williams**: How are you thinking about return on investment around these mergers?
- **Morgan Honea**: 18-24 month ROI anticipated. CORHIO spends a lot of money hiring and training folks to do what they do; the ability to bring their staff together to double staff to support priorities is a huge opportunity.
- **Dr. Art Davidson**: Is there any HIE that is controlled in that semi-public-utility-commission model, and how do you think that would pay out in the merge in this inter-state obligation?
- **Morgan Honea**: We are seeing some HIEs evolve into the model that you described, the first model being Nebraska. Nebraska HIE passed legislation this year that places them in that utility-governance model and role in the HIE ecosystem. They are first to execute against a governance model. So much of what is coming out of CMS is coming out of regional and national interoperability throughout regional frameworks-- there is a growing need from policy side to work towards regional functionality because operating on a state-basis does not make you competitive and can create compliance challenges.

The Telemedicine Value Proposition
Paul Presken and Spencer Budd, CHI

Carrie Paykoc introduces Paul and Spencer from CHI

- OeHI funded research and evaluation project with the Colorado health Institute (CHI) to look at clinical data about how and what is being documented in individual systems
  - CHI also conducted interviews with patients and providers to get their perspective to key up where the state can go next
- Phase 1 of some phases of work that OeHI plans to move forward in the next year...

Spencer Budd

- Scope of Research
  - What is the value of telemedicine to the state of Colorado?
  - Three upcoming publications
    - Insights from Patients: Patient experience, benefits and barriers
    - The Financial Impact on Providers and Payers: Provider preferences and barriers to adoption
    - Insights from Patient Care Utilization: modalities, types of care, who is using
- Key Takeaways
  - Rapid pivot to telemedicine → key to care delivery during pandemic
  - Behavioral healthcare showed the most significant telemedicine use
  - Decreases in care for certain chronic conditions highlight limitations
  - Most patients say they plan to continue to utilize telemedicine
  - Comfort and access depend on factors such as age, primary language, and tech literacy

Data Sources

- CHI analyzed the period of March 15-July 24 2020 as their analysis period, and compared the utilization changes that they saw there against the baseline data
- 1 interview with staff across 3 provider organizations
- 23 1-1 interviews with patients across the state

Accessing Clinical Data

- CHORDS data model was updated in order to answer some of these important questions
  - Now includes: telemedicine encounters; telemedicine modalities (audio, visual, etc); COVID-19 lab test results

- Questions:
  - **David Mok-Lamme:** Geography of studies?
  - **Spencer Budd:** CHI tried to use a brought set of geography, most patients came from the front range so similar geographic area to CHORDS service area.
  - **Carrie Paykoc:** sample size for the quantitative is pretty small, giving us a sense of opinions, but does not definitely say what the attitudes and perceptions are statewide.

Paul Presken, CHI

- Findings they were able to pull out of CHORDS: CHORDS data is very unique to Colorado
- CHORDS network has been growing
- Ambulatory (in person) vs. telemedicine (audio or video) visits
  - March 8 - July 4, 2020
  - March 8th they are considering week before the pandemic started in CO
  - As pandemic unfolded, there was a dramatic drop in in-person ambulatory visits, and at same time a rapid growth in telemedicine
  - telemedicine represents an important part of providing access to patients
- Telemedicine is becoming standard for most care at CMHCs
  - Community Mental Health Center (CMHC) encounter volume over time, telemedicine and ambulatory visits
    - Telemedicine has transformed care that is being provided
- Telemedicine adoption
  - Telemedicine is a stronger fit for behavioral health (anxiety, depression, substance use)
  - Telemedicine became a huge part of the treatment for individual with the above conditions
- Need to establish best practices
  - a lot of questions arose around privacy and safety
  - telemedicine is not a fit for all patients and conditions
- Diagnosis and prevention of disease took a major hit
  - Seeing dramatic drop in diagnostic procedures and screenings, as well as a huge drop in wellness exams (offices did not offer, or patients postponed during the pandemic)
  - They noticed a lot of concerning trends, and are looking to see how these changes as time goes on
- Medicaid encounters dropped the least: ambulatory care was down by 53%, if you factor in that telemedicine was still able to reach many of those patients, then the drop in visits was only 40% during the pandemic. Telemedicine is helping to bridge the gap in access to care.
- Telemedicine adoption decreases as age increases
  - Ages 0-17 were highest adoption of telemedicine during the pandemic
  - As patient age increased, adoption of telemedicine decreased

Paul turns it back to Spencer Budd.

Spencer Budd

- Some patients are less comfortable using telemedicine
- Demographic and social factors influence patients' comfort level using telemedicine
- Challenges remain with chronic care management

Paul Presken

- Next Steps:
  - Incorporate cost and claims data into clinical data analyses
  - Take a deeper dive into specific conditions and service areas: Behavioral health, emergency departments, chronic conditions, preventive care
  - Continue to leverage CHORDS data network
- Building on CHORDS

- Update data model to better capture telemedicine information
- Work with data partners to populate critical data fields
- Develop additional telemedicine queries to look at data
- Onboard new data partners to expand reach of data for behavioral health and geography

Michelle introduces Dr. Luke Casias who is giving the provider perspective.

Telemedicine in Action: A Provider Perspective
Dr. Luke Casias, MD, Chief Medical Officer, Axis Health System

- Axis' patient encounter mimics the CHORDS' data almost exactly
- shifted almost 50% of their patient encounters to telemedicine
  - Mostly phone use
- Axis used a platform called Luma
- Personal story: 18-year-old college student called, was afraid to come into clinic so they did a telemedicine appointment
- Limitations they ran into utilizing telehealth
  - New to patients and providers: structure that most providers were trained was not incorporating telemedicine but instead was the opposite, stressing the need to see patients in an ambulatory setting
  - Broadband issues in rural communities
  - In-person testing: there is a need for more devices that give accurate results and can be used at home
  - Interaction and training that needs to go into technology and how it is interfaced with all of our patients → organizations will need funding for this and develop trainings for staffers to teach patients how to utilize telehealth devices

Michelle asks for questions.
There are none.
Michelle introduces Camille Harding and Summer Gathercole

Behavioral Health Task Force Blueprint Recommendations
Camille Harding, Division Director, Community Behavioral Health
Summer Gathercole, Behavioral Health Task Force

- High level recommendations from the Behavioral Health Task Force
- Gov. Polis established the Task Force with the mission being to evaluate and set the roadmap to improve the current behavioral health system.
- Summary Recommendations from this work:
  - Create behavioral health administration
  - Implement care coordination structure
  - Top 19 recommendations within the 6 pillars → prioritized to be implemented in phase II:
    - Access, workforce, affordability, accountability, consumer and local guidance, whole person care
- Health IT Recommendations:
  - Priorities:
    - Integrate disparate data to improve coordination of care for clients and improve ability to address disparities and social determinants of health
    - Improve capacity for analytics to report Quality, Cost and Outcomes
    - Connect and coordinate with crisis response systems
    - Connect behavioral health providers to HIE platforms to support compliant sharing of health records across providers and systems
    - Identify strategies to make services accessible statewide including telehealth and including rural areas
    - Reduce provider burden: not making providers report to 3-5 different state agencies in different ways, cleaning up rules and regulations to make sure they align with workflow at the provider level, and looking at redundancies and how we

can consolidate those in the system
    - Telebehavioral Health Recommendations:
        - Making investments in broadband technology to address some of the rural access issues
        - Workforce challenges: how do we put together multidisciplinary chains that are collaborative
        - Public Private Partnerships and foundation support to improve broadband capacity and pilot expansion of telehealth
        - Developing policies and rules for provider training
        - Assessing payment strategies for telehealth services and make recommendations about methods and payments
        - Maintaining and creating enhanced services using telehealth
- **Carrie Paykoc:** OeHI is committed to working with the Office of Behavioral Health to defining at least a few priorities that we can support based on our existing roadmap efforts
- OeHI is:
    - Helping BHTF develop high level requirements
    - Looking at all existing roadmap investments and Medicaid infrastructure and HIE infrastructure
    - Leveraging consent workgroup to look at shard legal framework and sharing behavioral health information
    - Funding 16 different telebehavioral health projects
- https://www.colorado.gov/pacific/cdhs/colorado-behavioral-health-task-force

Workgroup Updates and Highlights
Rachel Dixon, Prime Health

- Prime Health and OeHI Annual Innovation Summit is November 12-13th virtually
- Regional Telehealth Learning Collaboratives:
    - This project is a partnership between OeHI and Prime Health to establish three regional telehealth learning collaboratives to map and understand what is happening in that region from a telehealth perspective
    - Where did this come from?
        - Seizing and understanding the opportunity: what do communities need and where are those gaps, needs, barriers, opportunities, etc in telehealth in Colorado?
    - Became clear that there needs to be a forum for learning and collaboration from people from different industry sectors can come together and learn about what everyone is working on, where is support needed, barriers, success stories that can be replicated, and more.
    - Regional Accountability: point of these learning collaboratives is to have a set of locally and regionally-driven strategies in building towards the broader HIE roadmap
    - Purpose: to advance the adoption, coordination, and collaboration of telehealth technologies
    - Topic and Focus Areas that initial group has identified:
        - Mapping and coordinating existing programs and efforts
        - Financial sustainability
        - Broadband and technology infrastructure
        - Provider resources and workforce
        - Targeted population health goals and priorities
        - Equity and patient access and experience
        - Advance and align with Colorado's Health IT Roadmap
        - Region specific goals and considerations
    - Three RAEs established:
        - Region 1: Colorado Access
        - Region 2: Northeast Health Partners
        - Region 3: Rocky Mountain Health Plans
    - If you want to get involved, reach out to Rachel Dixon at any time.

Back to Michelle Mills, onto public comment.

Public Comment Period

- Carrie brings up questions in the chat from earlier that were not answered:
- **Stephen Day:** Any discussion on how this may impact relationships with QHN? Possible merger?
- **Wes Williams:** CHORDS is interested in expanding its network coverage, and is currently actively pursuing more behavioral health involvement. As we bring on board health systems that have coverage across the state, there is the opportunity to move it from a front range health observation system to one that has better coverage across the state.
- **Art Davidson:** It is easy to add sites, but another way to easily add sites is through the work of CCMCN, as they already have seven sites contributing on the Western slope. This may be another way to rapidly expand-- through CCMCN-- rather than the clinics having to do the heavy lifting.
- **Jason Greer:** CCMCN could do all 20 of the health centers quickly if they needed to.

Final comments from Michelle

- Reminder change in date to next meeting from Wednesday to Friday, November 13th: 10:00 am- 12:00 pm
- **Carrie Paykoc**: spread the word for requests for eHealth Commission applications and OeHI is hiring…
    - Please take time to digest materials and discussions from the meeting today, as next meeting will focus on strategy on where we are headed next

Motion to Adjourn

Michelle Mills, Chair

- So moved. Meeting adjourned at 2:01pm MST