

## eHealth Commission

April 12, 2017 | 12:00pm to 3:00pm | HCPF Conf Rm ABC

Type of Meeting	Monthly Commission Meeting
Facilitator	Michelle Mills, Chair
Note Taker	Emily Giebel
Timekeeper	Michelle Mills, Chair
Commission Attendees	Michelle Mills, Mary Anne Leach, Carrie Paykoc, Chris Underwood, Michele Lueck, Jason Greer, Anne Boyer, Chris Wells, Herb Wilson, Jon Gottsegen, Adam Brown, Tania Zeigler, Greg Reicks, Kendall Alexander.

## Minutes

### Call to Order

- Michelle Mills called the meeting to order as Chair of the eHealth Commission

### Approval of Minutes

- March minutes approved

### Review of Agenda - Michelle Mills, Chair

### OeHI/SIM Update

#### OeHI Update

Mary Anne Leach, Director Office of eHealth Innovation

- Master Health IT Consultant, Health Tech Solutions-contracting right now.
- Assigned before Mid-May, part of the contracting processes.
- Guiding Principles for the eHealth Commission- take home and bring back with comments and suggestions.
- FCC letter has been sent-regarding broadband funding.
- ONC challenge- award dollars.
- FBI warning security in specifics to physician practices.
- Newsletter was sent out this morning.
- CHIMSS advocacy day- Colorado HIMSS chapter hosting at the capitol-eHealth Commission panel. April 20<sup>th</sup>.
- Prime Health/OeHI Innovation Summit-May 4<sup>th</sup>.
- QHN Summit-Grand Junction-April 28<sup>th</sup>.

#### State Agency Updates

- HCPF-MMIS Go-live update.
- Processed almost 6 million claims, 861 million dollars.
- The smaller providers are the biggest hurdle.

- New and Flexible.
- Could take 4-6 months for system to stabilize.
- 30%-60% of claims being paid currently, looking to reach 80%.

## SIM Health IT Update

Carrie Paykoc, State Health IT Coordinator

- SIM HIT Roadmap and Role of eHealth Commission
- “Shared Care” report Pilot
  - o Have received great feedback.
  - o Aligning the spirit of SIM
- Over 200 Applications for Cohort 2.
  - o Working with 400 primary care practices.
  - o Value based payment in the state.
  - o Lessons learned on provider and payer side.
  - o Application just closed.
  - o Proud of Colorado and understanding the value of SIM’s work and bring concept into action.
- How can we leverage infrastructure and data sharing?
- CORHIO and QHN to create a statewide report.
- Completed contract with the Stratus tool, better access to information across all payer types.
- Finalizing telehealth strategy- need eHealth Commission help.
- Long term solution- SIM and eHealth to partner.

## Grants/Funding, Working Updates, Announcements - Commission Members

- Grants for telehealth due May 15<sup>th</sup>,
- CHIME challenge-44 finalist.
- ONC challenge-award dollars.

## Colorado Health IT Roadmap Steering Committee

Laura Kolkman and Bob Brown, Mosaica Partners

- Recommendation for modifying one of the objectives.
  - o Rational for the modification: this objective, encompasses not only telehealth, but also other potential technologies and care delivery channels. It still includes telehealth, but is boarder, more far-reaching, and forward thinking.
  - o Does this objective focus on technology or care?
  - o Needs to focus on technology.
  - o Telehealth language seems dated and constraint.
  - o Let’s evolve to something contemporary and not limited.
  - o Modify telehealth to care delivery.
  - o Change location to mode.
  - o Telehealth is an important aspect of the state and need to keep it involved.
    - Telehealth is a part of capabilities and enablers - not taking it out of roadmap.



- Add qualifiers and examples.
- Change the word appropriate- need to be more specific.
  - Change to effective.
- Need to define and state the obvious.
- Key words are in the original objective; secure, viable point-of-care choice.
- What is the most valuable?
- Draft desired future state
  - Setting the stage and the context.
  - Done a lot of stakeholder engagement and surveys.
  - Pulling results together to talk about future state.
  - When the Colorado Health IT Roadmap objectives are achieved:
    - Coloradans are engaged, active and accountable participants in their health care and wellness.
    - Health and health-related information is securely available, accessible, and usable at the time and place needed by authorized individuals.
    - Care is coordinated and delivered through the most appropriate, cost effective, means in location convenient to the consumer/patient as well as the provider.
    - Innovation accelerates improved health care and wellness outcomes.
    - Colorado's triple aim objectives are realized and Coloradans are the healthiest citizens in the nation.
  - Is this the kind of things we want to deliver?
  - Michelle L. - What makes the health IT roadmap distinctive?
  - Need to add a technology and digital health spin to the vision.
  - Be more precise in the language.
  - Need to emphasize on consumer engagement and community engagement.
  - Easily communicate with a broader audience.
  - What will things look like from the roadmap prospective after this is put in place?
  - Make multiple initiatives aligned in our state- not currently reflected in the current state.
  - Access is a critical component-technology can enhance the inclusiveness.
  - Our list is missing the accessibility to technology in certain populations.
  - How does technology enable the goals in health care?
  - Technological determinants of health- what will impact certain populations?
  - Making care more available and accessible with a two sided approach.
  - Add equitable concepts.
  - Help with future emerging issues- ex) Michigan water crisis- use technology to be proactive.
  - Safety and environmental health is not currently applied to the roadmap. Need to think about how to include safety; whether in a specific section of roadmap or expand the scope of the roadmap.
  - How can technology reduce the cost of care - accessibility issues? Where is this being covered?



- Bob Brown- This is not a process that is going solve the triple aim - need to go back to original objectives in order to achieve the future state.
- Common themes that are relevant for desired future state. Need to incorporate an opening paragraph.
- Nest steps in the progress
  - Master project list- and initiatives- that are going on to understand the major systems.
  - Acts, events, and occurrence- key things that have happened that set the context for the plan going forward.
  - Communication plan- important as we start to move into the future state and develop the initiatives.
  - Beginning to develop a resource and implementation plan.
- Timeline
  - Continuing on the future state and start working on the documents.
  - July- the initial list of initiatives should be brought to the commission.

### Federal Legislative Update

#### Carol Robinson, CedarBridge

- Resources for the future.
- Numerous groups
- HIMSS
  - Policy principles have an expanded focus on equity and access to health care services.
  - Key issues- HIE, privacy and security, telehealth, CMS quality payments program and value based payments (MACRA).
- CHIME
  - Policy priorities- focuses on cyber security a lot more than any other group. Also focus on patient identification, quality measurement, meaningful use program, telehealth interoperability and MACRA.
  - Looking at ways to reduce the punitive nature of the breach penalties that are a part of the HITECH act.
  - CHIME challenge.
  - Issue around technology and processing.
  - CHIME regulatory brief request to HHS.
  - Quality measure reporting.
- 21<sup>st</sup> Century Cures Act-key definitions.
  - Passed the House and Senate in December 2016.
  - Interoperability
  - Information blocking- pointing at technology developers and define what it really is and what it is doing for access and exchange.
    - Penalties enforced for health IT developers, health information exchanges and networks and health care providers.



- Are there policies where provider or vendors are blocking that the eHealth Commission can work on?
- Can it be susceptible to change like the ACA?
- Passed overwhelming by congress.
- Takes away FDA power.
- Hoping innovation comes from the cures act.
- Trusted framework for health information network.
- Develop reporting criteria for EHR reporting program.
- Provide reimbursement recommendations for telehealth services.
- Publish list of health information networks that adopt common agreements.
- Establish provider digital contact index.
- Provider directory.
  - Within 3 years of enactment- digital contact directory needs to be implemented.
  - Questions around how do you keep it clean and up to date.
  - Use cases-know who is in network.
- Helping families in mental health crisis
  - Support the integration of primary care services.
  - Narrowing the gaps and barriers.
  - Opportunity for Colorado to support incentives around behavioral health providers.
- Patient Engagement and Empowerment
  - Access to HIT.
- Research
  - Consent really figures in to the Health IT aspect of research.
  - The ability to revoke consent to participate in research projects.
  - This was not well liked around patient advocates.
- Opioid Epidemic/ PDMP
- Patient matching issues evaluating CEHRT methods and improvements.
  - Agreeing to set of elements that need to be collected for exchange.
- State initiatives- starting in Connecticut- how to hold accountability to the Cures Act.
- Potential Future Policies- enhancing sustainability of HIE's.
  - Colorado is well represented on the lists.
- Enhancing sustainability of HIE's
  - Incentives and penalties.
  - Require reporting through the HIE.
- Recent legislative Activity in Colorado- 2015 telehealth parity law amended- requiring health plans to reimburse for telehealth services.

## MPI/MPD Public Comments

### Carrie Paykoc, State Health IT Coordinator

- 2<sup>nd</sup> round of comments on MPI/MPD
- Functional and Business requirements.
- 90 total comments- 7 different organizations.
- Comment categories- revisions requested, not actionable, questions, and new functionality suggested.
- Most comments requested revision around use cases and initiatives.
- Defining what the use case is at the state level.
- Work between state agencies- how can we connect.
- Technical- regarding to standards, incorporating into the RFP.
- More conversation around use case refinement.
- New functionality- creating patient index's based on identifiers
- Identify matching.
- Define security requirements - don't inhibit data sharing.
- Rule configurations.
- Need more detail and definition- specify tactical use cases in order to have a conversation on what makes sense for the state.
- Final document is still in the works. Contracted with CedarBridge through April.
- Project manager to determine specific timeline.
- Release RFP late summer-early fall.

## CERNER Implementation and Governance Presentation

### Melissa Hensley, Cerner

- Colorado's first EHR implementation.
- Health IT platform and partnership
  - o eHealth Commission can help with resources and where they are needed.
  - o Commissions role is to help advance- oversee the implementation.
- Where are we now?
  - o CDHS BEHR-
    - Target Go-Live date is June 1, 2017
    - Clinical components are solid.
    - Risk: Issue List
    - A lot of barriers to break through with conversion.
    - Refresher training may require additional resources.
    - Need additional resources and project management for mitigation and resolution of complex issues in project's critical path.
  - o CDPHE EHR Project-
    - Initial phase
    - Current state review for LPHA's scheduled weeks 4/17 and 4/24.

- Look at standard model system.
- Need additional resources to support implementation and system sustainability.
- Governance and structure
  - CDHS, CDPHE, OIT are joining with CERNER to advance integration and improve health outcomes of all citizens in Colorado.
  - Will involve medical, financial, dental and nutrition.
  - Add ambulatory module- initial rollout with 7 different agencies.
  - Governance structure is a work in progress, currently has leadership and workgroups.
  - Communication is key.
  - Joint governance structure of the shared domain.
- A lot of barriers to break through with conversion.
- Refresher training may require additional resources.
- Need additional resources and project management for mitigation and resolution of complex issues in project's critical path.
- No intention on locking data down for needs of the state, just discipline in levels of security.
- BEHR plan- change management is afraid but enthusiastic clinically. Retraining is needed as the timeline is extended.
- Methodical approach- engagement and help with getting folks into system and doing knowledge transfers.
- End user support and coaching.
- How is it going to be used in departmental settings- mental health institutes, different from clinical implementation?
- Focused on family planning, sexual health, women's health, and immunizations. Focus on day in the life of the nurse and general operations within these agencies.
- Did not hit the September Go-Live date due to constraints on resources.
- Confident on future dates for the projects.
- Continue to refine and update after the go live date.
- Herb W-How did you tackle critical issues, what is your wisdom?
  - Headed in the right direction analyzing what is critical for go live.
  - Need resources and get them up to speed, spreading the load.
  - Do not comprise.
  - Focused effort on training and communications in change management.
  - Know your risks- failure modes that could occur.

## Commission Discussion on Presentations

Facilitated by Mary Anne Leach, OeHI Director

- Discussion was done during presentations.

## Public Comment

- CedarBridge thanks everyone for working with them throughout their contract.

## Discussion on April Agenda and Closing Remarks

### Next Steps and Action Items

Action Item	Owner	Timeframe	Status
Formulate ideas for Project Principles for Health IT Roadmap project	Commission Members	September Commission Meeting	Completed
Draft a letter to the FCC requesting attention to the issue of technology/connectivity in rural areas to support data sharing and thus a Healthier Colorado	State HIT Coordinator/ Commission	January/ February	Completed
Health IT Innovation in Colorado - sub-working group of the Commission	OeHI Director	Winter/ Spring	Open
Health IT Planning Working Group - sub-working group of the Commission	OeHI Director	Winter/ Spring	Open
Create a broadband working group -sub-working group of the Commission	OeHI Director	Winter/ Spring	Open
Track and report federal and local legislative changes	OeHI Director	Winter/ Spring	Ongoing