

eHealth Commission

August 9, 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	Jason Greer, Chair
Commission Attendees	Michelle Mills, Mary Anne Leach, Carrie Paykoc, Chris Underwood, Michele Lueck, Anne Boyer, Chris Wells, Herb Wilson, Jon Gottsegen, Adam Brown, Tania Zeigler, Greg Reicks, Marc Lassaux, Dana Moore.

Minutes

Call to Order

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

Approval of Minutes

- July minutes approved

Review of Agenda -Michelle Mills, Chair

OeHI/SIM Update

OeHI Update

Mary Anne Leach, Director Office of eHealth Innovation

- HTS Project Update working on the SMHP.
- Refining the technical requirements for the MPI.
- RFP for the MPI/MPD by November and release early 2018.
- Public Forums - have announced 5 across the state. Take our draft initiatives and get feedback from the public.
- Pre-public forums - Colorado CIO group, Prime health group, and other internal meetings.
- Budget update: working with financial colleagues to support initiatives and roadmap.
- Start funding 2019 and beyond.
- Make sure we are taking advantage of 90/10 match until 2021.
- Newsletter will be sent out next Wednesday.
- Let us know if you would like anything added to the newsletter.

State Agency Updates

- Jon Gottsegen - Governor's Office of Information Technology
 - o We have a government advisory board and they develop an interagency data protocol. They are working on standardizing data governance and sharing across the state enterprise.
 - o New project through marijuana cash funds. There is an analyst who analyzes the marijuana impact on youth health. Helping the process of data integration.
 - o CIM - Colorado Information Marketplace - open data portal. State transparency data, how do we make the data across the state more discoverable.
- Herb Wilson - making a transition from Human Services to Governor's Office of Information technology as the CBMS Director.
- HCPF- 5 months into the claims processing being launched. 21 million claims have been processed.
- Steve Holloway - CDPHE
 - o Data integration project - A lot of success and is planning for a long-term project. Computing needs of the system are beyond the current capacity of state servers. We are in the process of moving the project to Microsoft. Completed a 5-year development contract. Start processing 2 million rows of data a month. Start to generate complete reports, get a better idea of people and plans across the state.
 - o Use Cases - assessing system capacity and how systems and providers meet the need of populations. Populations that are low in come and geographically isolated are the focus. Use cases for emergency preparedness.
 - o Engaging in conversation with CIVHC and support their analysis. Interesting approach is to evaluate the continuum of care and travel times for care. Public plans vs. Private plans along with demographic data from those claims. Create a better insight of which communities are in need of more resources.

Action Items:

- Kyle Knierim - CHITA focus group and survey results. Helps to create insight and feedback on measures align with the initiatives in the Roadmap.
- Request to draft a letter to the EHR vendors.

Colorado Health IT Roadmap Steering Committee

Laura Kolkman and Bob Brown, Mosaica Partners

- HIT Roadmap Initiatives Discussion:
 - o Talked about the objective of roadmap was to give the state a direction to go to relative to the health IT and HIE.
 - o Divided into 6 domains - think of them as activity and competency, not outcomes.
 - o Directionality -
 - o Stakeholder engagement and participation:
 - #1 - Develop and enhance technical strategies to support care coordination in communities statewide.
 - Support Care coordination in communities statewide.



- To enhance care coordination and emphasize that communities define their own processes and share across the state.
- Each coordination is unique to communities, this helps to enable the communities to easily coordinate care through technology in the community and outside of the community.
- Envision relatively soon where the commission appoints a working group on care coordination.
- Need to define work and find out the opportunities and what we can go after.
- Technical approaches - we have data governance issues right now, we need reporting on common data elements and approaches. How effective is care coordination? Share between and across communities.
- Every health system is looking at care coordination. Do not reinvent the wheel but leverage the work they are doing and help jump the work.
- Healthy Transitions Colorado - Care coordination group.
- Alliances need to be identified across Colorado.
- Identify current statewide activities and assess starting points.
- Gathering feedback most folks are using a use case and identify the gaps.
- Talk at a higher level.

- #2 - Develop and implement approaches that promote consumer engagement, empowerment, and health literacy.
- Consumer engagement, empowerment and health literacy.
- Developing and implementing tools that engage consumers in their health and wellbeing.
- Support consumers in being knowledgeable and proactive in their health and health care so that the power of consumerism is leveraged and properly managed.
- Idea here is to be open to a variety of approaches.
- Need to know the resources available in the community. You have identified the need how can we help address and solve.
- Give them the tools to navigate.
- Governance - Harmonize
 - #3 - Harmonize and advance data sharing and health information exchange capabilities across Colorado.
 - Expand the information sharing capabilities and to enhance care coordination.
 - Continue to fund and advance our capabilities.
 - Look at data sharing as one component. Are people educated on policies and procedures of data sharing?
 - #4 - Define and implement a holistic approach to integrate behavioral health, physical health, claims and social data, and other health data.



- Building and leveraging capabilities to share. #4 is more specific as we called out the need to look at the whole person. Strongly dependent on policy work and getting standards in place to do so, as well as information governance.
- 4 needs clarification. What is it that we are enabling?
- Add clarity as we want to support patient care as well as analytics of population health.
- Pulling in work we could jumpstart efforts rather than work off of a blank sheet of paper.
- Only initiative relating to behavioral health. (Look at care coordination)
- It will be important for HIE's to figure out a way to make it accessible.

- #5 - Mature and align statewide health information governance.
- Information governance is a super set.
- We see two different yet related projects moving forward. Put a governance structure to support the sharing and use of data.
- Make sense of the data, share it and use it.
- Build on the work that is already being done in order to manage the process that so that the data can be shared and used.
- Data governance and data stewardship. Higher level governance.
- Take this initiative to the working group.
- Stewardship implies the role that everyone plays in regards to data.

- #6 - Create a health IT PMO to ensure the Roadmap initiatives are implemented and other related state efforts are aligned.
- State level program management function so that it helps the coordination and implementation.
- Help to execute the Roadmap.
- Resources and Finance
 - #7 - Develop and implement approaches that make health IT and information sharing affordable and sustainable.
 - Takes a look at developing and implementing skills as well as programs and technology.
 - Remove the financial barriers.
 - Perhaps can be solved in the private sector as they are willing to provide services in rural communities.
 - 90/10 dollars will help to fund.

 - #8 - Develop an approach for making health analytics accessible and affordable.
 - Emphasize the approaches for making analytics accessible and affordable. So that providers have access to meaningful analytics.
 - There are folks that do not have access to the level of analytics needed for their practice.
- Privacy and Security

- #9 - Develop and coordinate statewide policies and programs to prevent and address cybersecurity threats and incidents.
- Raise the level of security.

- #10 - Develop statewide consent management approach.
- Provide baseline consent across the state to promote data sharing and to make secure sharing of data broader.
- Innovation
 - #11 - Develop an approach that harnesses the power of innovation in health and health care.
 - Facilitate programs and processes that foster health related information and to engage the innovation community.
 - Which direction are we going in?
 - Person centeredness - alignment with community partners. These are our priorities and which ones we can get our traction.
- Technology
 - #12 - Develop and leverage a statewide health information architecture that supports health, wellness, and prevention.
 - Common rules of the road.
 - Be strategic on the enterprise architecture.
 - What do we want to get across the other initiatives before we can start number 12?

 - #13 - Develop and implement approaches that ease providers' burden in reporting quality measures.
 - #14 - Develop and implement an approach that will uniquely identify a person across systems.
 - #15 - Develop and implement an approach for unique provider identification and affiliations.
 - Pulling it together and keeping it accurate.
 - Knowing the providers and where they practice.
 - These feel very tactical.
 - Do they stand alone or are they approaches to other initiatives?
 - Take this initiative to the working group.
 - Colorado has an opportunity to move ahead to make information available in one inquiry. Not only to identify but consolidate information.
 - What rises to the level of being an initiative?
 - 14 and 15 are very tactical and heavy lifts. These can be tucked under number 12 or 7 - help the accessibility and affordability.
 - Add unique person - under number 4. Fear of combining the two is that it is foundational to the rest of these.
 - Foundational to the initiatives but it needs to be there and highlighted.
 - Acknowledge that it is tactical but it is foundational.
 - Change the domain to foundation not technology.



- #16 - Broadband and telehealth access.
 - Initially it was taken off and now brought back.
 - Telehealth and broadband to moving towards value based care.
 - Put back on for commission consideration and give guidance as if this should be called out.
 - Certainly recommend this work continues and take advantage of work going on.
 - Will lose rural communities respect if this is not included.
 - Broadband is fundamental.
 - Creates a lot of opportunity.
 - Telehealth is becoming an older term, look at using the term virtual care.
- Be sensitive to how many initiatives we can do and which ones are the most impactful.
- Budget Request for Initiatives:
 - Look at the slides and give feedback in regards to the budget proposal for the initiatives. Take advantage of the HITECH funding until 2021.
 - Not all initiatives are on this list.
 - No formal RFP/RFI have been completed.
 - Once the roadmap is done and start to launch initiatives, dollars will be moved.
 - Start on a preliminary roadmap, a lot of refinement left to do.
 - Operating for #2 is light.
 - Lump of 14 and 15 is not enough. The unique person could cost that much alone.
 - We do not know what is going to happen in the next few years for funding.
 - The ability to have the initiatives and be directional we know which funds we need and can chase the appropriate funds.
 - Be realistic of what we are asking for.
 - Be sensitive to the fact that if we see cuts to Medicaid funding.
- Outline of Colorado Health IT Roadmap:
 - Context of it all will be brought to the commission next meeting.
 - Talk about process used and steering committee.
 - Path forward is a high-level summary of the initiatives.
 - Additional recommendations.
 - Funding approach - talk about other potential options.
 - Transition and next steps get delivered in October. What do we do Nov. 1?
 - Appendix are unknown now.
 - Which initiatives are tied to which objectives.
 - Layout the interdependencies.
- HIT Roadmap Calendar:
 - Public Forums within the next month.
 - September the commission will review the roadmap draft.



- Make changes then return in October for the final okay.
- Send to Governor's office for approval.
- Webinar on the 27th to get back the revised roadmap with Governor's comments.

SIM eCQM Update

Carrie Paykoc, OeHI

- Refine their focus for HIT work.
- Picking up speed.
- Deloitte has sent out their final comments and recommendations for SIM and the State to move forward eCQM reporting.
- Alignment with roadmap is essential.
- Quality measurement initiative.
- Formalize governance for the project.
- Establish a PMO or leverage an existing PMO.
- Further refine the business requirements for recording.
- Latest report was brought to the C4 group last week.
- Good sign that we are bring value to the community.
- State wide solution and collaboration.
- Initially the first years of SIM focused on the use cases.
- Currently today practice is using the split tool and data is being sent for evaluation.
- The second step is to automate the data results.
- Pull data out automate and calculate, then we will be able to report results.
- Organization that are already doing this type of work in the state.
- Lab data, hospital data and other data going to entities in the state. We want the eCQM program to hook into the EHR and extract data and calculated then normalize and report to HCPF, CMS, etc.
- Post SIM - we want to be able to send data to the state and they can then deliver it internally and externally.
- Needs to work both ways.
- Focus on phase 1.

Remaining Commission Comments on Presentation

- Virtual care will be okay if it is called out and related to telehealth.
- Reflect on contemporary capabilities.
- Of significance on policy front, there are a number of bills that have been released around data sharing.

Public Comment

- No public comments were made.

Discussion on September Agenda and Closing Remarks

- Changes to initiatives.
- Budget request vs. current budget.
- Dependency of objectives and initiatives.
- SIM and CHITA reporting.
- EHR vendor letter.
- Virtual Meeting in October.

Next Steps and Action Items

Action Item	Owner	Timeframe	Status
Quality Measures/EHR Vendor Letter	State HIT Coordinator	Summer	In progress
Health IT Innovation sub-working group	OeHI Director	Winter/Fall	In progress
Roadmap Planning sub-working group	OeHI Director	Winter/Fall	In progress
Update quorum bylaws	OeHI Director	Summer	In progress
Broadband sub-working group	OeHI Director	Summer	Open
Privacy and Security sub-working group	OeHI Director	Summer	Open
Track and report federal and local legislation	OeHI Director/ State HIT Coordinator	2017	Ongoing