August 8th, 2018 | 12:00pm to 2:00pm | 303 E 17th St. Rm 11ABC

Type of Meeting	Monthly Commission Meeting
Facilitator	Chair Michelle Mills
Note Taker	Jessica Yan
Timekeeper	
Commission Attendees	Michele Lueck, Marc Lassaux, Sarah Nelson, Carrie Paykoc, Michelle Mills, Mary Anne Leach, Chris Underwood, Justin Wheeler, Wes Williams, Adam Brown, Ann Boyer, Morgan Honea, Jon Gottsegen

Minutes

Call to Order

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

Approval of Minutes
- Attendance does constitute quorum; thus, July Minutes are not reviewed.

Review of Agenda
- Michelle Mills, Chair

Announcements

OeHI Updates
- OeHI Updates – Mary Anne Leach
    - eHealth Commissioners are eligible for a second term. Have five term limits coming up for renewal of February 1st in 2019. If you want to renew, reapply via the link in this month's eHealth commissioner email.
    - HIE Workgroup was set up and shaping projects for advance HIE and Data sharing initiative. Been funded for state for 10% and consumer engagement strategy was funded from the state 100%, waiting on CMS funding in 2-3 weeks. Sharing survey with commission and other groups to help us prioritize our projects.
    - Budget: Capital is 40 million dollars spread out over 3 years. At end of 2021, HITECH 90/10 match goes away. Waiting for CMS response. Operating budget has been submitted and asking for 3.7 million for operating for OEHI office to fund projects.
    - Created a one-page flyer, as well as a PowerPoint template to help update teams.
- Care Coordination Workgroup Updates – Carrie Paykoc
    - Group hasn't launched yet, but Anne Boyer and Jason Greer are cochairing it. Trying to narrow scope. Because we have a consumer initiative, our initial focus will be on the safety net and whole person care.
    - Ann Boyer: Want to figure out a few projects to kick off and ensure technology can be broadened to larger projects.
    - Carrie: Looking for input from commission for direction. Does a whole person care and safety net focus make sense for this workgroup?
    - Michele: That's a fine focus, but it's a crowded field. There is tons of stuff happening with care coordination now. I caution against starting another pilot before thinking about what is already out there, because there are initiatives within each health system even. It will take us time to figure out how to bring value to what is happening.
    - Mary Ann: We need to survey this, and see where we fit, if at all. We'd love to focus

on PCPs, which could be a niche project; less of a technology initiative, and more of an education campaign.

- o Michele: We should create an asset map to see what is being funded.
- o Marc: We need to think broader about what everyone needs across this space. There isn't one technical system that will fix all of that. Could focus on PCPs, accessing data for eligibility through CBMS, etc. I worry if we think about just a technical solution, it won't work.
- o Chris: I thought that maybe we had addressed this with our presentations, and our focus of the workgroup would be focusing on the landscape, and exchanging elements, versus creating a platform.
- o Carrie: We aren't looking at solutions right now. But wanted to make sure the group would be okay with including communities, since small community-based organizations have difficulties with sharing data.
- o Wes: I know we are saying that it is too early to have a technology solution, but at the ONC forum, we saw a presentation of the two-tiered framework for shared care plans within the CCD architecture. The presenter can present to the Medicaid office.
- o Carrie: Great point. We should connect with Wes for the ONC forum. Our next actionable act is the asset map and figuring out key people to pull into the workgroup. If there are key individuals (1-2) from the commission, recommend them.
- o Mary Anne: We need to do the assessment first to figure out the gaps.
- o Morgan: The jails and mental health center work also has tons of materials.
- Other Updates
  - o Marc: QHN Summit on September 6th. Discussing care coordination. Great speakers and many opportunities to network with others.
  - o Michele: Come to the Hot Issues in Health Conference, sponsored by the CHI. Includes legislative sneak peek, speaker Molly Ball, and Gubernatorial.

New Business

Consumer Engagement & Empowerment- *Laura Kolkman, President, Mosaica Partners*
- Laura: This was supposed to be kickoff, but contract still in the works. This will be a high-level preview of project. Kickoff will be held with workgroup later.
- Presentation:
  - o Purpose: Support Consumer engagement, empowerment, and health literacy.
  - o Scope: Deliver requirements for tools and services, and approaches to health literacy, choice, engagement, empowerment. Recommending, not buying.
  - o Anticipated Projected Timeline: Begin as soon as contract is signed. Plan to submit completed report in January 2019, for review by Donna Lynne.
- Morgan: Does this project include patient generated data?
  - o Laura: Yes.
  - o Mary Anne: Yes, lots of consumers want to contribute/correct their health data.
- Looking ahead: Process based on process for roadmap, with a few tweaks. Start with interviews, focus groups, survey to understand priorities, research to get current state analysis, capabilities workshop, and gap analysis
  - o Interviews- 20 or so. Need input as to who should be in these interviews. If you know someone specific, let Mary Anne know.
    - ▪ Mary Anne: There are organizations as well, not just individuals.
    - ▪ Michelle: How do we know that this will represent all of CO?
    - ▪ Laura: It will, we will have people from rural areas and all demographics.
    - ▪ Michelle: Make sure its 30% rural communities.
  - o Focus groups: Who will be included? What organizations can help us recruit people to come to these?
    - ▪ Mary Anne: Would we organize these focus groups geographically, but have

- people from a diversity of demographics?
  - Laura: Absolutely.
  - Justin: Since this is consumer focused, do you have experience conducting those focus groups in Spanish?
  - Laura: Yes, we do.
  - Mary Anne: We should have interpreters available.
  - Justin: We host patient voice sessions on a monthly basis. The structure of Spanish speaking sessions is different, with nuance in the environment and facilitator.
  - Laura: That's great. Mary Anne, I'd like to pick Justin's brain. Please set us up.
  - Marc: We had a couple parts of our roadmap where there were some vocal people. We should track them down and get them involved.
  - Marc: The Colorado Consumer Health Initiative is a good one.
  - Morgan: So is the Center for Health Progress.
  - o Michele: This a field where there is much work occurring. There's a coalition of foundations tackling health literacy, available on CHI website. Would be interested to see what we are asking of these consumers before using resources on these focus groups. Are they different than what has been asked with SIM work groups, Medicaid, consumer advocacy groups? Do we need to hear from consumers in 20 different markets, or capitalize on what has already been created?
    - Laura: We weren't aware of those resources. Would you let Mary Anne know about those?
    - Mary Anne: We want to utilize the research that has been done to refine the scope a little bit. If we were to create a CO Consumer Health Portal, we'd want to know if people would use it.
    - Michele: There are organizations like Kaiser that do work with Consumer portals. Can we capitalize on knowledge already generated?
    - Laura: We don't want to reinvent the wheel, just make it better.
    - Wes: This isn't about health literacy broadly, but its intersection with IT.
    - Michele: Maybe what's missing is the development of the actual survey tool. Perhaps we should think about the instrument and discussion guide based on key research questions.
    - Bob: The survey isn't a broad-based question on wants and needs, rather specific objectives of focus groups.
    - Michele: What will we ask in these focus groups?
    - Bob: That isn't the work of the commission, but of the workgroup.
    - Mary Anne: True, but we want the commission engaged throughout the project.
  - o Laura: We have more details to share but want to walk fine line between kickoff and preview. When distributing the survey for the Roadmap, we had great return. Are there organizations in your communities that would do this survey?
    - Marc: We can use this commission to distribute.
    - Michelle: Gary from 9Health can also help us distribute.
    - Mary Anne: We talked about potential of using 9News website to broadcast.
- Lauren: Research- Looking for input, help us understand what types of tools state agencies can provide. Create more overlaps in recommendations.
  - o Carrie: I will start a list, and other commissioners can help.
- Next steps include Forming workgroup, kick off.
  - o Mary Anne: If you or your org wants to participate, and if you have an interest or expertise, we'd like to have you.
- Morgan: Is this where we are crafting the PHR conversation?
  - o Mary Anne: No, this is different.
- Michele: A good role for the commission is to review the questions and outline for the focus groups before going into the field.

- o Laura: We can do that, but we are very tight on time. May need a remote call or review, may not be at next commission meeting.
- o Mary Anne: Can email for this.

Social-Health Information Exchange - *Lauren Ambrozic, Executive Director, Colorado Prevention Alliance, Cara Bradbury, Program Officer, ZOMA Foundation, and Rachel Hutson, Director, Children and Youth Branch, CDPHE*

- Lauren: The Prevention Alliance is a group of stakeholders of the public and insurers, academics, and state agencies who are interested in chronic disease prevention. We looked at food/social needs to integrate into healthcare, and have an army of ready partners, and pilot organizations.
  - o Why- Opportunity to align with Health IT roadmap. Sense of urgency because people are already doing this, want to prevent creation of too many EHRs. Many risks and challenges, it's a huge system and needs interoperability. Lots of interest in state in regard to care coordination.
- Cara: Use Case and System
  - o Use Case: look at common social determinants of health data for families and referring to organizations. Starting at universal screening for SDOH. How do providers know about what resources are available, and where can we refer them in the community?
  - o Michele: Where is the universal screen occurring?
    - Cara: Not sure, but a primary care setting could be a great place.
  - o Michele: There are so many people doing this already to build this system, in house, or contracting with others. We want to leverage this work and bring this together.
    - Lauren: We are aware of BoulderConnect as well.
    - Mary Anne: EHRs are still playing catch up, but they are working on building in these screens into the workflows, helping us with the exchange.
  - o Cara: We're heard from stakeholders that the focus is interoperability, reducing duplication, linking systems effectively. If I use the word platform, I'm referring to interoperability, to look at both health and social data. We can use a regional approach and a cohort model to expand this statewide.
    - Wes: How much overhead, do we as the eHealth commission, want for you to take on to ensure adherence for national interoperability standards, as opposed to just getting stuff up and running? There is a threshold for this. I think about small organizations and their limited technology.
      - Lauren: This is a conundrum we have. Some organizations just want it up and running, but there's standards that we want to adhere to.
      - Mary Anne: That is a great role for the commission to make standards for interoperability.
      - Marc: Balance of new and existing standards is key. When I started at QHN, CCD was just emerging, but it still isn't ready today. It takes a long time for these standards to kick in.
      - Cara: I worry about the capacity of these community-based organizations to serve. There are a lot of ongoing pilots, and they are partnering with community-based organizations. Organizations are being asked to link into a variety of systems. If we want to honor their service model, we need to think about their workflows, and what incentivizes them to participate.
- Rachel: The Social Health Information Exchange is the future. HIES are key to this. Has 6 components, and two phases.
  - o First phase = unidirectional. Screening protocol built into workflow.
    - Accurate, shared Resource Directory
    - Pathways to resource directory- Accessible by individuals, coordinators or EHRs.
      - Michele: Is this directory similar to 211?
        - o Rachel: It would be more integrated and robust than 211.

- o Cara: There are many ways to think about a resource directory. We don't have the answer to it now.
        - o Morgan: What do you think is the best approach? We've talked about a marketplace concept, where providers are incentivized to be part of the marketplace by providing updated information.
        - o Cara: There may be a transitional period where people move into the system. That's the prevailing idea of how to do this with the least amount of effort and time.
    - o Phase 2: Bidirectional interoperability- How can we have a platform where there is social health information, referral system. Information exchange and interoperability. Have lists of everything that is out there, pilots, etc.
        - ▪ Wes: Important distinction between a referral system and an ongoing plan of care. Outcomes of referrals is scheduling appointments. Ongoing plan of care is meeting needs in the long term.
        - ▪ Rachel: We'd love to get to the shared plan of care model.
    - o Rachel: Offer and an Ask- We want the Health IT Roadmap to succeed, to align efforts with technology, and have many levers to pull. We ask that the commission to use their governance levers and technology expertise.
- Michele: How does the pilot in Grand Junction regarding the Accountable Health Communities inform your work?
    - o Rachel: Kathryn Jantz is part of the group and wrote the white paper. She is engaged in the conversation and connected us with the eHealth Commission.
    - o Lauren: Marc, anything to add?
    - o Marc: We are dealing with the issue of the resource directory and lists and will be discussing this at our QHN Summit.
    - o Lauren: While there are many solutions and questions, there is a Learning Collaborative meeting to learn about this. Kathryn Jantz and AJ (Coordinator for DCOG) work together with Accountable Care Initiative. Children's Hospital has also been wonderful with sharing and integrating into Epic, etc.
- Michele: Aren't the AHCs pre-prescribed?
    - o Marc: They were too prescribed, since they didn't have flexibility for interoperability.
    - o Carrie: Federally funded grants with CMMI had restraints to what communities can do. Denver just launched this grant process and got access to survey and landscape and see how this feels to the commission and see how we can move forward with care coordination efforts.
- Cara: The huge lift is the change management process- getting organizations up to speed, incentivizing them to participate. While technology is key, scaling rapidly is the big question.
    - o Morgan: So patient generated data becomes very important, because if we have a patient engagement platform, it will become another silo to unravel. COHRIO wants to look at this from an infrastructure perspective to empower communities. Blockchain could be useful in this. Want to consider PHRs and engagement tools, but they always run the risk for making new silos.
- Justin: There is a huge push to spread screening tools and partner with EHRs from Community Health Centers. We were created to address social determinants of health. This is really akin to integrating behavioral health into medicine. We just passed our test by getting information back from the Diabetes Prevention Programs, which was all embedded in health record, and patients could easily be enrolled into DPP classes via EHR system. I applaud you taking on this approach that puts all of these concepts together.
    - o Morgan: We've been working with CRISPeR, and it is amazing for managing the referral process. Now the question is how do we keep this going financially?
    - o Lauren: That is where we're stuck, how to finance and scale it.
    - o Justin: It's amazing when you can transform the time the care team spends, not searching for a resource, but being able to accurately assess someone's engagement, find a resource quickly, and seamlessly connect them to that resource. Tech can help

with that and allow the care team to have more time to do what technology can't do: Connecting with patients with trust and continuity.

- o Mary Anne: Let's think about how we should pursue this tactically next time.
- Michele: Moving from roadmap to implementation- How do we focus our gaze? We need to focus on the task of looking at the implications for care coordination here. I worry with these workgroups, that we are way too broad, and we can go on these focus group tours, and have nothing substantial. This is one lens to shape our work, and how consumers purchase our work. Let's think about our next steps.
    - o Ann: We don't want to try to tackle the whole thing but to find a focus.
    - o Carrie: We wanted to see whether we want to pursue this.
    - o Morgan: Michele, these are all the same conversations. If we think about incorporating that state side of the equation, to look at a resource directory and eligibility information, we can tap into what people are eligible for.
    - o Lauren: We had this conversation with CDPHE. We'd want an eligibility and enrollment piece; if you have eligibility, you will be connected to services. Connect to other community programs like DPP and mental health.

Public Comment

1) Public Comments – none.
2) Closing Remarks – none.
3) Meeting adjourned.