Meeting Name: Care Coordination Workgroup

Call In: Zoom Link: https://us02web.zoom.us/j/83040429627 (Panelists, please use your individual links sent to your email) Meeting ID: 830 4042 9627 ✆ Call In Number: +1 719 359 4580

Location: Virtual Only

Meeting Materials: Agenda | OeHI Slides | Mural Board *This meeting was not recorded.*

Meeting Date: 01/09/2023	**Meeting Time**: 11:00am - 12:00pm

Agenda Topic	**Time**
Welcome and Agenda Overview	5 mins
SHIE ITN Updates **Gabby Elzinga** ● Currently in open ITN period ● The ITN was posted on 12/13 ● Will remain open until 1/27 at 3pm when proposals are officially due ● Currently in Q&A period – all questions have been received; answers will be posted by EOD 1/11	5 mins

Workgroup Restructuring Brainstorm Session
Gabby Elzinga & Karen Shimamoto
 	
● Session Goal – create subgroups with specific action items related to SHIE
● Mural Board Link
● Overarching questions to be answered (if any broad topics are not covered in the below questions, let Gabby know and we can add them)
    a. How might we improve data sharing for housing and homelessness services programs?
    b. How might we optimize workflows for social needs screenings to avoid over and under screening?
    c. How might we build an equitable data governance model for SHIE infrastructure?
    d. How might we incorporate behavioral health providers into the SHIEcosystem?
    e. How might we incorporate the justice system into the SHIEcosystem?
 	
-After the individual brainstorming and sticky note generation, lots of input on the following:
● The need to standardize data fields and engage health systems to align on a standard screening tool. Is it possible to standardize screenings or do we crosswalk existing screenings?
    ○ Phuong Dinh- My view is that in the screening tools currently available, there are a lot of
	40 mins

common denominators in terms of questions asked and information gathered. For standardizing, we should have stakeholders come together to find common denominators so we can have an agreed upon tool that collects the necessary information. This is important for documentation purposes, coding, and for referrals if there is consistency in how we collect information.

- ■ Gabby Elzinga- Some folks in HCPF are also working on this, so maybe we should engage them on this

- The need for engagement and collaboration with stakeholders. How can we do this without creating additional burden? What should this workgroup be doing?
  - ○ No feedback on this question at this time.

- The need for clear data governance. If we implement a data stewards model, whose role is it to implement? The State? The SHIE vendor?
  - ○ Julius Bogdan- It's the state's role because it's dependent on the entities that are going to participate.
    - ■ Gabby Elzinga- Do you feel data stewards should come up with the data use agreements?
    - ■ Julian Bogdan- Yes
    - ■ Gabby Elzinga- We could set up a governance board that involves stewards
  - ○ Gabby Elzinga- How to structure something like this? Is one board able to serve all of these roles or do we need something justice-specific and housing-specific, etc.?
    - ■ Julius Bogdan- One board with representation from all key stakeholders. Too many boards makes it difficult to work things out
    - ■ Phuong Dinh- One board with SMEs, stakeholders from community, and diverse representation would be ideal
    - ■ Amanda Jacquecin- We wouldn't allow this kind of role to go to an external vendor. They could make recommendations but couldn't have power to make decisions.
      - ● Gabby Elzinga- What state agency should be the anchor?
        - ○ Amanda Jacquecin- Because it's SDoH, maybe OIT or Human Services. OeHI maybe? They cross all the Departments and focus on interoperability. Thinking CDLE, CDHS, BHA, HCPF, CDPHE are all vested groups that need a voice
        - ○ Andrea Alvarez- BHA is rewriting and coming up with a chapter for care coordination. RAEs also facilitate care coordination. I feel like there is a lot of care coordination but what is the anchor and who oversees it all? We risk redundancy in this process because there are so many working on this. We need something overarching for care coordination. BHA and RAE have policies written so far.
          - ■ Gabby Elzinga- We need to figure this out as a state, but I have added this as a question for us to further discuss. We do need an owner at the end of the day.

- Collaborating effectively with local parole and probation offices
  - ○ Andrea Alvarez- With the RAEs during early COVID, there was collaboration with people being discharged from correctional institutes. This is already happening at the RAE level and is coordinated through that.
  - ○ Taylor Kelley- I put this comment and was thinking about new supports for people reentering communities. It's now more of a whole-person approach and cross-sector between behavioral health and criminal justice systems.

○ Gabby Elzinga- I love that and I feel like there is a data use agreement that needs to happen and also more subject matter expertise to understand client experience and how all the pieces work together. Is the governance model where we have these convos or do we need another space to talk about delivering care to folks with more complex needs from a care delivery model lens rather than a governance model lens?
   ■ Brandon Ward- I think they are so related that they should stay together in design and conversations. There is a lot of overlap with privacy-related things with criminal justice and behavioral health. Those considerations are part of the care process related to stigma and privacy.
   ■ Phuong Dinh- I agree with Brandon. When we think about continuous improvement processes in the care delivery realm, it shows up in policies and procedures that we document and govern. The governance piece creates the standard processes that inform what happens in care delivery, so they are very intertwined.
○ Gabby Elzinga- How does consent interplay with this governance model? Are these addressed together or do we just need to tie consent into the ecosystem?
   ■ Brandon Ward- It seems there might be some unique challenges or requirements for SHIE that might not be quickly thought of or come to mind easily if your lens is strictly from a healthcare perspective. Ex: including community organizations that are not regulated under HIPAA or Part 2 regulations and how a SHIE consent model needs to be aware of what data is being exchanged and what legalities protect that data. I don't know what state agency is working on consent but there are unique things that the governance work in this group would want to lean in on for consent and incorporate these things.
      ● Craig Kim- I along with Melissa Hensley from OeHI are working on consent. Still working through the understanding of it but I'd be happy to obtain your feedback from this forum: craig.kim@state.co.us
   ■ Phuong Dinh- This is a very challenging piece. With information that goes through Contexture, it has to be approved by the patients. I'm sure there were a lot of conversations when Contexture formed about how information goes into the information exchange. Similarly, the same might need to happen for SHIE. A lot of data is being collected and shared. HCPF collects data from Health First applications that go to RAEs. Who else gets that data and do patients need to consent for that data to go to other sources?
 	
-If you have any additional thoughts or ideas after the meeting, please send to Gabby and Cassi	

Preview of February Meeting **Gabby Elzinga** ● February meeting will serve as time to run through ideas from today and propose a 2023 workgroup strategy ● We will also have updates on the Merritt+Grace SHIE communications strategy and hopefully ITN updates, as ITN negotiations will begin in early February	5 mins
Public Comment, Action Items, Closing **Gabby Elzinga** ● Phuong Dinh- I'd like to know more about Craig and Melissa's work on consent ○ Craig Kim - There is a consent form that we have shared with Wes Williams for review for SUD cases. Exploring avenues with different vendors. Eventually we want to offer granular consent with equity in mind. Working on a proof of concept for the state. ● Further follow up comments can be emailed to Gabby Elzinga	5 mins