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Office of eHealth Innovation

EHEALTH COMMISSION MEETING

DECEMBER 11, 2019

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NOTE:

IF YOU ARE EXPERIENCING AUDIO OR PRESENTATION DIFFICULTIES DURING THIS MEETING, PLEASE TEXT ISSUES TO

720-545-7779

DECEMBER AGENDA

Call to Order	
• Roll Call and Introductions • Approval of November Minutes • December Agenda and Objectives *Jason Greer, CO-Chair*	12:00
Announcements	
• Lt. Governor Remarks, Dianne Primavera • OeHI Announcements and Updates • Workgroup Announcements and Updates • Commissioner Announcements and Updates *Carrie Paykoc, Interim Director, OeHI* *eHealth Commissioners*	12:05
New Business	
Public Good Projects Joe Smyser, PHD, CEO	12:30
Care Coordination Roadmap Initiative-Strategy and Next Steps *Cara Bradbury, Project Lead, OeHI* *Carrie Paykoc, Interim Director, OeHI*	1:10
Public Comment Period	
• Open Discussion	1:50
Closing Remarks	
• Recap Action Items • January 2020 Agenda • Adjourn *Jason Greer, CO-Chair*	1:55

ANNOUNCEMENTS

OeHI UPDATES

- Projects and Funding Strategy
  - Deep dive at January eHealth Commission
  - Project Chairs to present at February eHealth Commission
- State Policy
  - Wildly Important Goals- OeHI to bring in January
  - Hospital Transformation Program Public Comments
- Engagement Needed
  - Joint Technology Presentation Dec 19th- 9 AM, Room 352 at Capitol
  - eHealth Commissioner Renewals/Applications
  - Workgroup Updates/Asks (one page)

COMMISSION UPDATES

Note: If you are experiencing audio or presentation difficulties during this meeting, please text 720-545-7779.

ACTION ITEMS

CO Health IT Roadmap	Follow Up	Status
eHealth Commissioner Opening	Accepting applications for rural community leaders and payer experts	Pending Gov Office review and selection
Launching Consent Initiative Efforts	Wes Williams and Sarah Nelson to chair workgroup	• Planning meeting scheduled for Dec 13th to discuss approach and next steps
Hospital Transformation	Input from eHealth Commission on measures and efforts	• Met with HDCO and OeHI on 10/21/19 • OeHI developing recommendations to share at Dec Commission

ACTION ITEMS

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AFFORDABILITY ROADMAP

Affordability Roadmap	Status and Follow-Up
Prescriber Rx Tool	• OeHI participating in procurement process as subject matter experts • OeHI meeting on regular basis with Tom Leahy on project details • OeHI added criteria to SUPPORT ACT funding request to support provider adoption and reduce burden related to ALL prescription tools and support the integration of the tool/data. **Funding request in final clearance to be submitted to CMS first week of Dec.**
Advanced Directive SB 19-073	• Align/Prioritize Roadmap Initiatives- consent, identity, HIE • Project kicked off Aug 2nd with regular meetings set up • Alignment and technical mapping sessions in September • Chris Wells leading effort • Survey released in November to inform requirements
Interoperability (JAI)	• Align/Prioritize Roadmap Initiatives- Identity resolution in review by OIT, advance HIE projects kicking off for phase 1, scoping phase 2 • Nov- OeHI mapping county investments to better coordinate services/care • Boulder County Connect and Care Resource Network accepted as projects • Marc Lassaux and Carrie Paykoc serving on leadership committee
Broadband/Telehealth	• Submitted letter of support and comments August 29th for connected care pilot funding opportunity • Launched workgroup on November 01, 2019. Goal to develop state plans for policy and funding by June 2020. • Chaired by Rachel Dixon, eHealth Commissioner, President of Prime Health

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PUBLIC GOOD PROJECTS

JOE SMYSER, PHD, MSPH
CEO, THE PUBLIC GOOD PROJECTS

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CARE COORDINATION

CARRIE PAYKOC, OEHI
CARA BRADBURY, OEHI

GOAL STATEMENT

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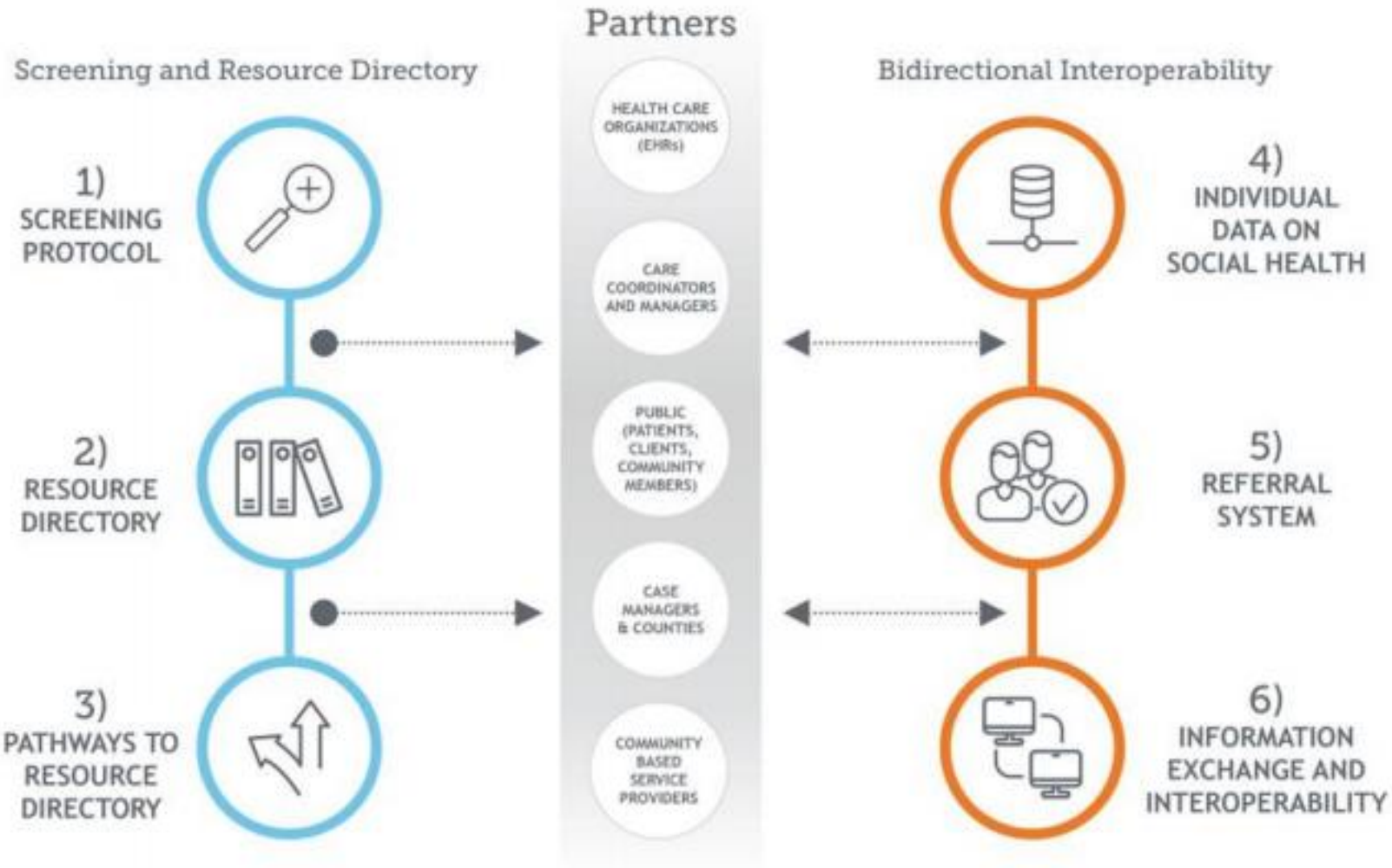
IDENTIFY, UNDERSTAND, AND PRIORITIZE LEVERAGE POINTS THAT CAN BE ADDRESSED BY A VARIETY OF SOLUTIONS DESIGNED TO SUPPORT WHOLE PERSON CARE BY FACILITATING THE CONNECTION OF INDIVIDUALS TO NEEDED RESOURCES ACROSS COLORADO COMMUNITIES USING HEALTH IT INFRASTRUCTURE AND DATA SHARING.

Social-Health Information Exchange



WHAT WE HEARD FROM YOU

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- $3M is not enough funding
- Need more clarity on the funding strategy
- Need to minimize duplicative efforts
- Success will be inhibited by community-based organization capacity
- Alignment with problems the State is focused on for more affordable, accessible, and efficient care.

FUNDING STRATEGY

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- Increase Care Coordination Funding to $5-6 Million
- Investment Areas
  1. Technology Infrastructure (Core Components)
  2. Community Practice
  3. Change Management
  4. Incentive Payments (Community-based Services) – Currently UNFUNDED
  5. Data Governance
- Timeline
  - Design phase (4-6 Months)
    - Application Design
    - CMS Review Period
    - Application Period
    - Review Period
  - Grant Period (2 Years)

TECHNOLOGY COMPONENTS

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Funding for core components will target the enhancement of existing technology tools and infrastructure

Screening and Assessment	Referral Pathways	Care Coordination
• SDOH screening protocols and tools • SDOH screening integration into workflows	• Community resource inventory • Closed loop eReferrals	• Case management platform(s) • Data sharing with consent management

Information Exchange and Interoperability

- Data exchange schema and standards (HTP, JAI, eCQM)
- Data warehousing and security
- Data analytics
- HIE Connection(s)

NON-TECH COMPONENTS

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Community Practices

- On-going Convening
- Project management
- Tracking and evaluation
- Development of MOUs/ data sharing agreements/ ROIs
- Consumer engagement activities

Change Management

- Documentation of lessons learned
- Guidance documents, webinars, technical assistance
- Cross-site convening
- Financial modeling and planning

Data Governance

- Legal framework(s)
- Coordination of local communities efforts and state efforts
- Technical assistance

Incentive Payments - Unfunded

- Community-based services

FUNDING ALLOCATIONS

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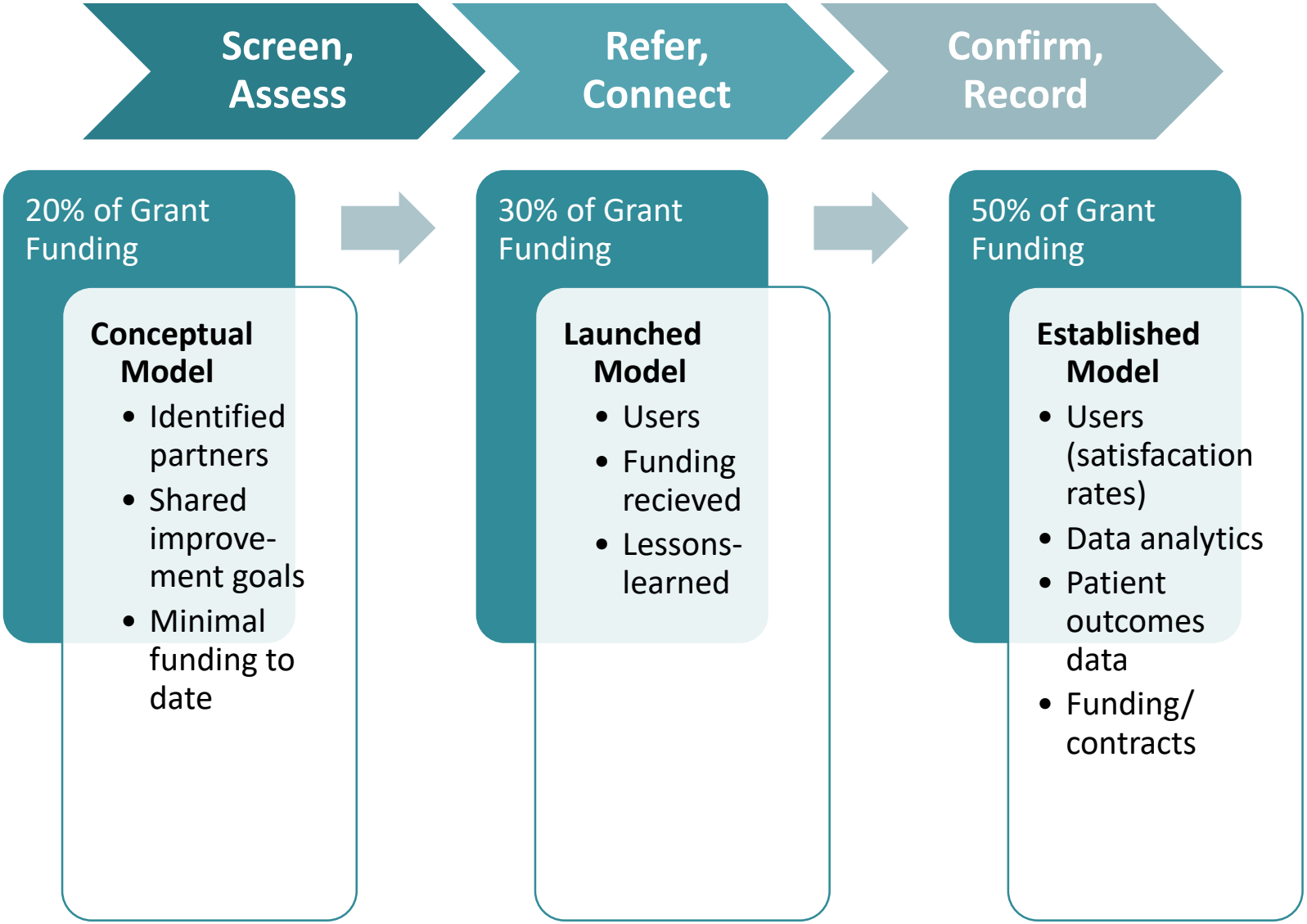
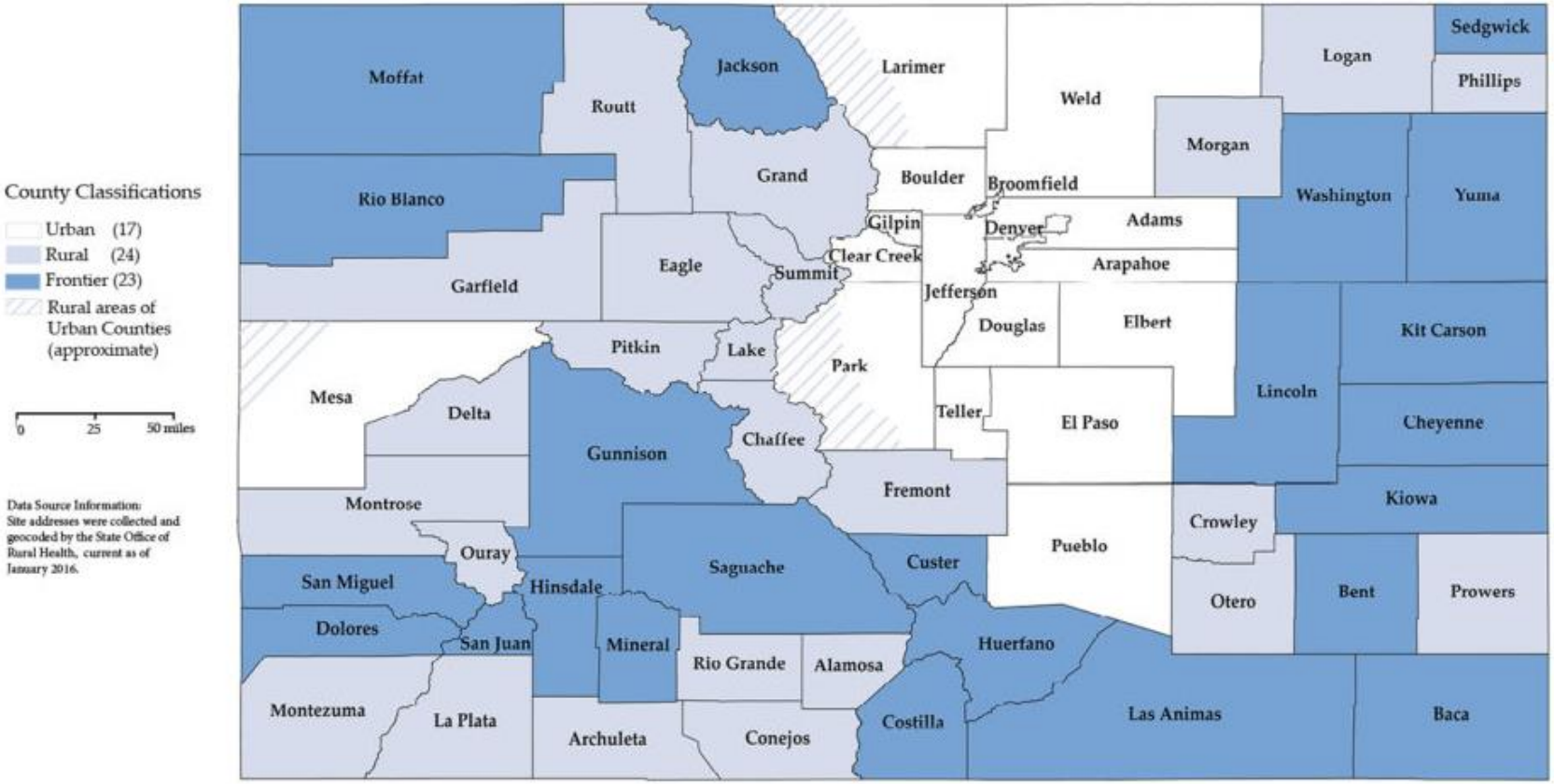


FUNDING ALLOCATIONS

- 40-50% of funding will be allocated to urban
- 50-60% of funding will be allocated to rural/frontier



Map Source: Colorado Rural Health Center https://coruralhealth.org/resources/maps-resource

FUNDING ALLOCATIONS

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Target Improvement Areas	
Tier 1	• Improved maternal/child health outcomes • Coordination for mental health services/ suicide prevention • Increased food security
Tier 2	• Decreased homelessness/ housing instability • Coordination for aging services and planning • Reduced recidivism rates in criminal justice system • Opioid Abuse Prevention
Tier 3	• Other state priority

FUNDING ALLOCATIONS

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- **Interoperability Requirement** - OeHI will limit the allocation of funds to projects that can demonstrated data sharing with state Health Information Exchanges and align with JAI efforts. Data sharing must meaningfully contribute to the overall ability for effective reporting and data analysis of care coordination activities.

- **Ideal Types of Lead Organizations** - OeHI will limit the allocation of funds to applicants that meet HITECH requirements. Lead organizations will be responsible for grant reporting and must demonstrate strong local partnerships and experience with successful community engagement and technology projects.

SUSTAINABILITY

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- State Infrastructure - State funding will support HIE components and interoperability. MMIS funding will be evaluated to sustain information exchange and interoperability functionality across communities.
- Local Infrastructure – Grant funding is intended to help communities adopt core SHIE components and demonstrate value that leads to new, diverse sources of funding.

Q & A

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PUBLIC COMMENTS

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CLOSING REMARKS

JASON GREER, CO-CHAIR