EHEALTH COMMISSION MEETING

WEB-CONFERENCE ONLY

December 08, 2021

NOTE:

NEW ZOOM WEBINAR LINK

PASSCODE: 33W1FQ

DIAL IN BY PHONE:

US: +1 253 215 8782

OR: +1 346 248 7799

WEBINAR ID: 838 7864 3457

PASSCODE: 541571

IF YOU ARE EXPERIENCING AUDIO OR PRESENTATION DIFFICULTIES DURING THIS MEETING,
PLEASE TEXT ISSUES TO
203-521-5910

Remarks from Lt. Governor Dianne Primavera

Lt. Governor Dianne Primavera, Director of the Office of Saving People Money on Health Care

December Agenda

Title	Start	Duration
Open		
Call to Order • Roll Call and Introductions • Approval of November Minutes • December Agenda and Objectives *Michelle Mills, Chair*	12:00	5 mins

Announcements
•   OeHI Updates-eHealth Commission Updates
•   Decision Items & Action Items
   Lt. Governor Dianne Primavera, Director of the OSPMOHC
   Carrie Paykoc, Director, Office of eHealth Innovation (OeHI)
   eHealth Commission Members
	12:05	15 mins

New Business		
Health IT Roadmap Strategy Session & Transition Discussion *Carrie Paykoc, Director, OeHI* *Stephanie Pugliese, Deputy Director & State Health IT Coordinator, OeHI*	12:20	40 mins
Roadmap Project: Identity for Individuals & Providers *Andrew Bondi, Sr. Project Manager, OeHI* *Heather Culwell, State Health Initiatives Director, Colorado Regional Health Information Organization (CORHIO)* *Stephen Holloway, Branch Chief, Health Access Branch at Colorado Department of Public Health and Environment*	1:00	30 mins
Roadmap Project: Advancing HIE & Data Sharing *Heather Culwell, State Health Initiatives Director, CORHIO* *Jason McRoy, Director of Analytics, Quality Health Network (QHN)* *Ako Quammie, Vice President of Data Management and Quality, CORHIO*	1:30	30 mins
Public Comment Period	2:00	5 mins
eHealth Commission Meeting Closing Remarks • Open Discussion • Recap Action Items • January Agenda • Adjourn Public Meeting *Michelle Mills, Chair*	2:05	10 mins

OeHI and eHealth Commission Updates

- Rural Connectivity Program

- eHealth Commission Reappointments and New Appointments- In Review

- OeHI is Hiring-
    - OeHI Director
    - Senior Health IT Project Managers

- JTC Presentation in December 15, 3:30PM

- State Health IT Updates

- Commissioner Updates?

Note: If you are experiencing audio or presentation difficulties during this meeting, please text 203-521-5910.
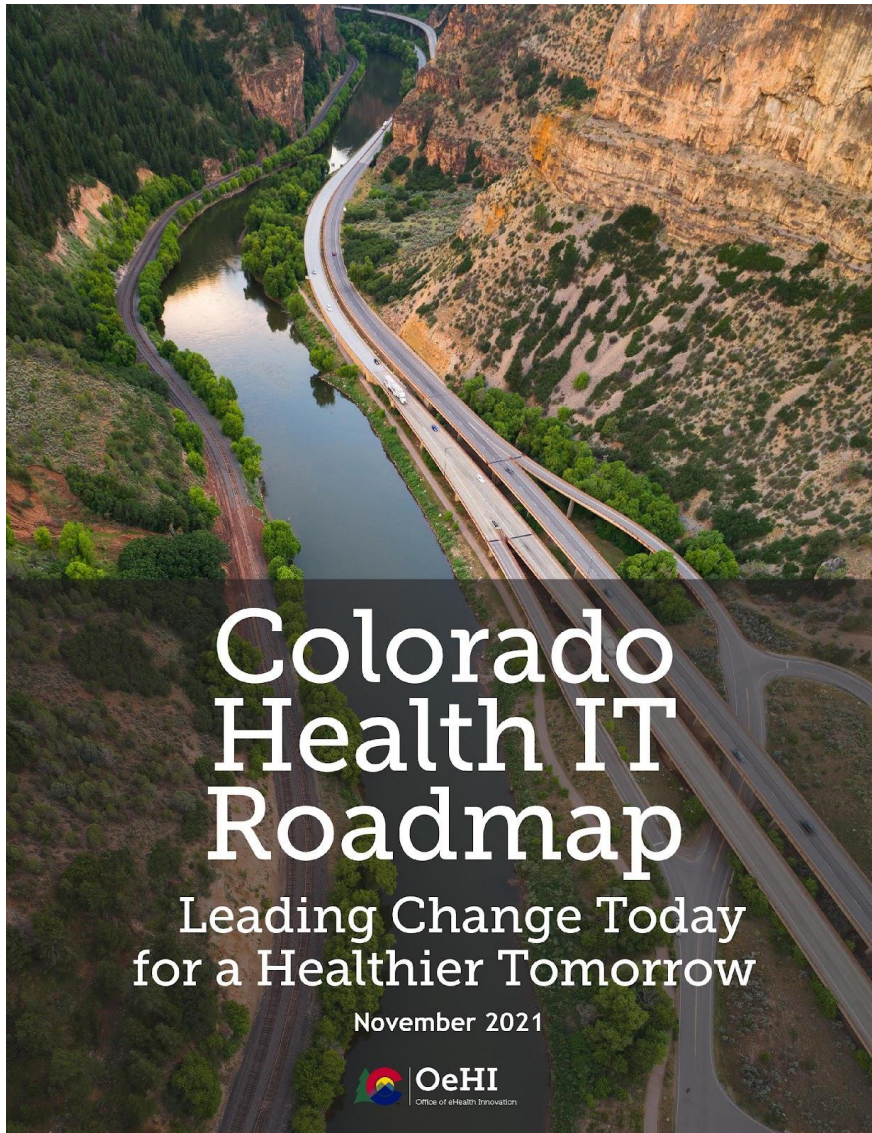
Colorado's Refreshed 2021 Roadmap Strategy Session & Transition

Carrie Paykoc, Director, OeHI
Stephanie Pugliese, Deputy Director & State Health IT Coordinator, OeHI

OeHI
Office of eHealth Innovation

Colorado
Health IT
Roadmap
Leading Change Today
for a Healthier Tomorrow
November 2021
OeHI
Office of eHealth Innovation

Congratulations eHealth Commissioners!

- [Official Press Release](#)

- [Full 2021 Colorado Health IT Roadmap](#)

- [Executive Summary in English](#)

- [Executive Summary in Spanish](#)

Please share with your organizations, communities, and networks.

Colorado 2021 Roadmap

Official Launch and Next Steps

✓ Refreshed 2021 Colorado Health IT Roadmap- Approved by eHealth Commission, October 13th 2021

✓ Governor and Lt. Governor to sign and press release: **November 30th**

❑ OeHI to host public-webinars in December on Refreshed 2021 Health IT Roadmap: December 10th and January TBD

❑ Roadmap celebration and networking opportunity- TBD 2022

❑ November/December Commission meetings to review Roadmap efforts to date

❑ OeHI execute contract with CHI to support implementation of Roadmap strategy- December 31, 2021

❑ eHealth Commission Planning Committee to transition to Implementation Committee by January 2021

❑ January/February eHealth Commission to discuss and vote on Roadmap priorities
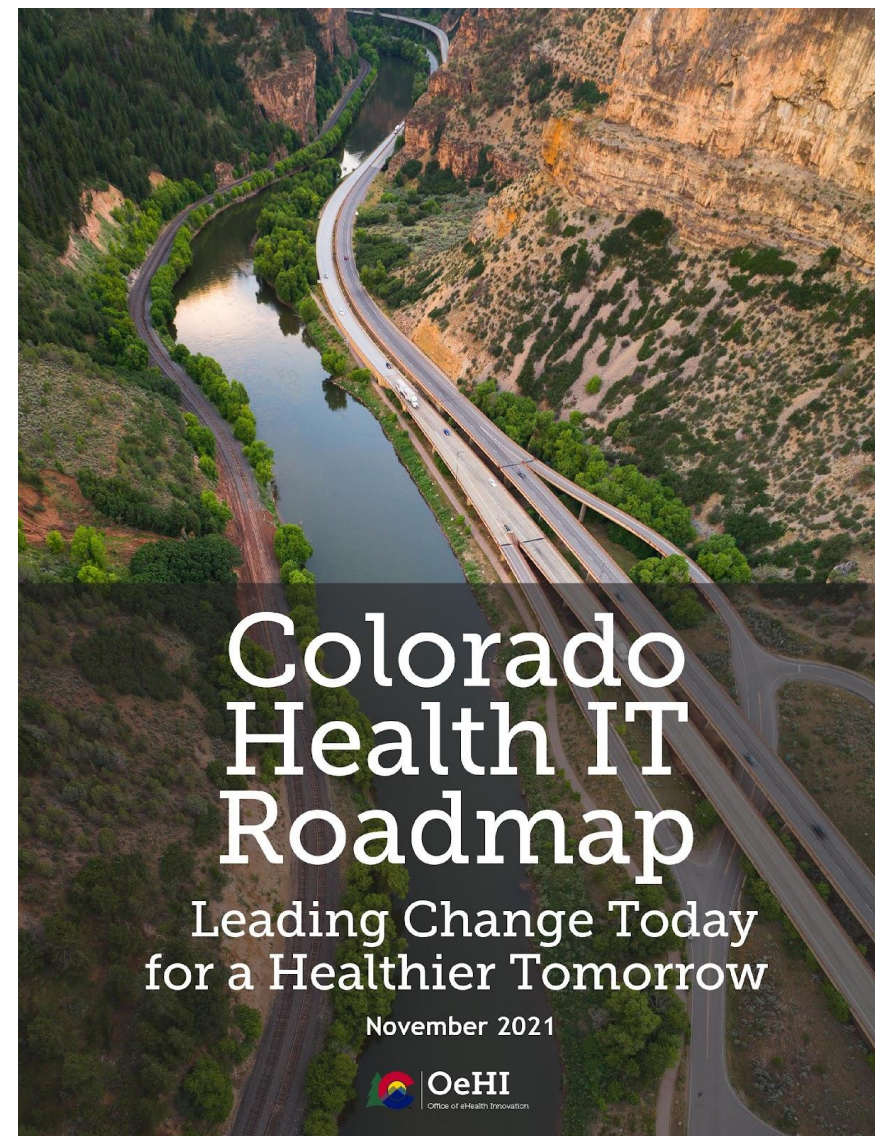
Request for Information!

Have an idea or a use case to advance Roadmap efforts?

Does it align with Roadmap Core Values and Objectives?

- *Accountability, Alignment, Equity, Innovation, Reusability, Sustainability*

- Submit your ideas HERE

OeHI
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What recommendations stand-out as proirity?

Where should the planning/implementation group focus First? Second? Third?

Colorado Health IT Roadmap

Leading Change Today for a Healthier Tomorrow

November 2021

OeHI
Office of eHealth Innovation

Follow-up Conversation

Feedback/Comments/Questions on presentations and details shared at the November Commission meeting?

- Care Coordination/ Social Health HIE
- Information Governance
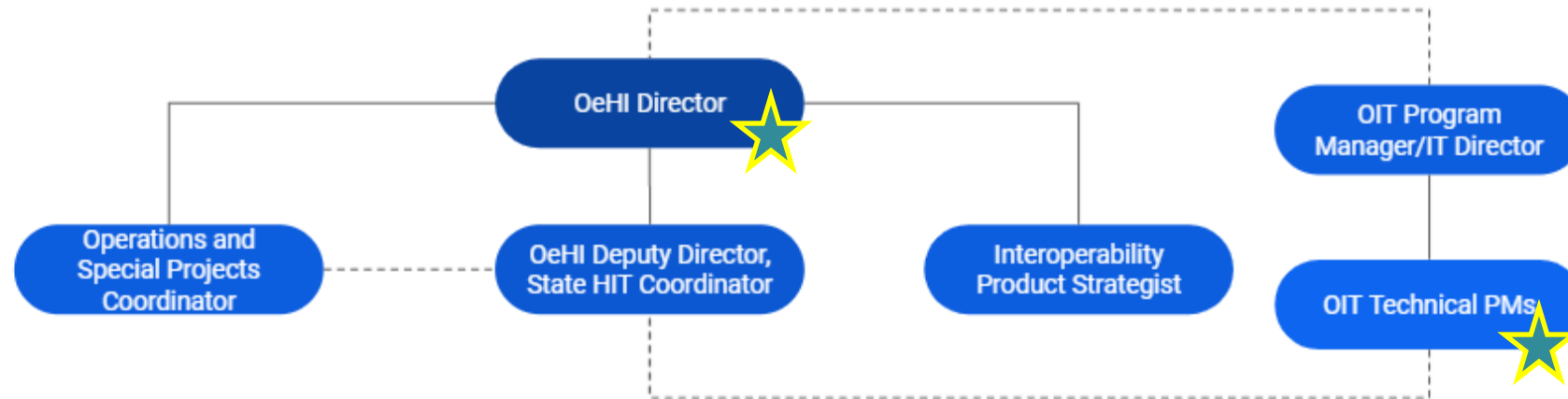- OeHI Operations/Metrics/Funding

OeHI Director Transition

Carrie Paykoc, Director, OeHI

OeHI Organizational Chart 2021

Star= Hiring, Reappointment, and Appointment Opportunities

OeHI — Office of eHealth Innovation

Office of eHealth Innovation

Office of eHealth Innovation

eHealth Commission Meeting

March 9th, 2016

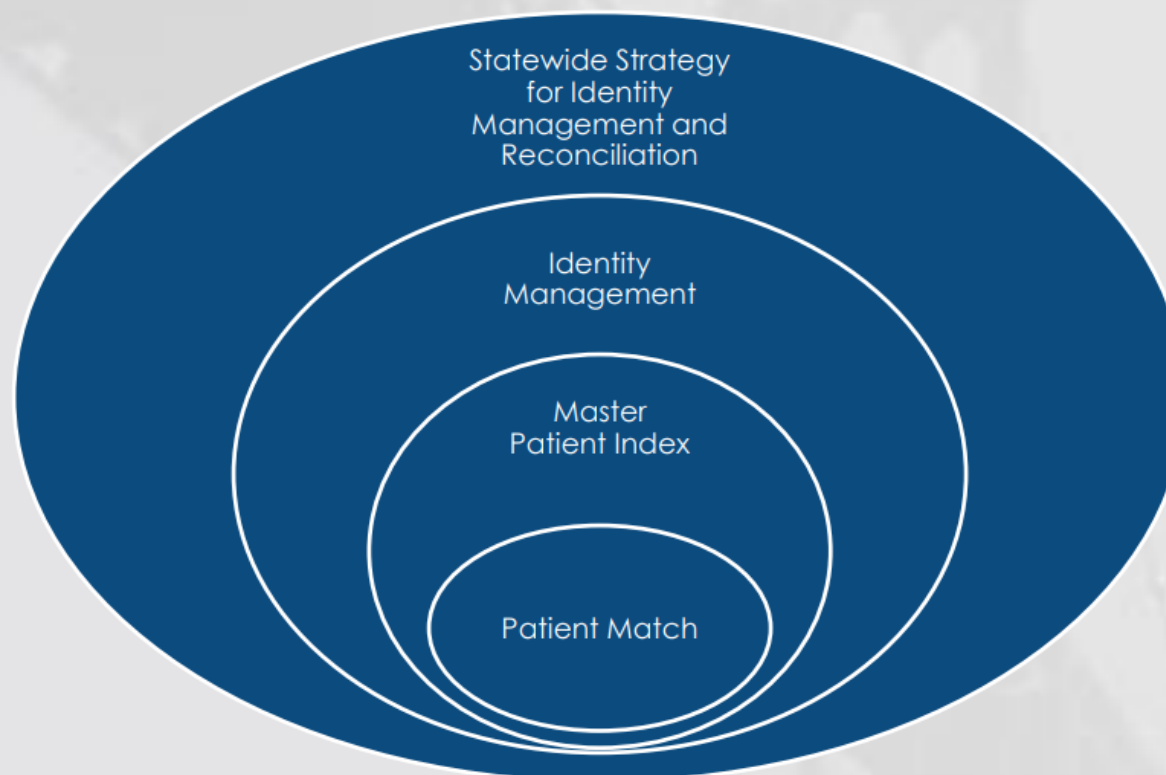Office of eHealth Innovation

Meeting Agenda

eHealth Commission

March 9, 2016 | 10:00am

Type of Meeting   eHealth Commission Meeting
Chair (Interim)   Chris Underwood
Facilitator   Matt Benson

Commission Members: Kendall Alexander, Jason Greer, Morgan Honea, James Holder, Marc Lassaux, Mary Anne Leach, Michelle Mills, Dana Moore, Gregory Reicks, Alexis Sgouros, Bill Stevens, Chris Underwood, Chris Wells, Herb Wilson

Topic	Time
Call to Order and Roll Call Chris Underwood, *Interim Director, Office of eHealth Innovation*	5 mins
Old Business	
Approval of Minutes & Charter Commission Members	5 mins
New Business	
eHealth Commission Member Elaborated Introductions Commission Members	10 mins
eHealth Commission Standard Operating Procedures North Highland	10 mins
Health IT Components Robinson & Associates	85 mins
Closing Remarks Chris Underwood	5 mins

IDENTITY MANAGEMENT ARCHITECTURE CONCEPT

Statewide Strategy for Identity Management and Reconciliation

Identity Management

Master Patient Index

Patient Match

PERSONAL HEALTH RECORD (PHR)

A PHR as a statewide shared service allows a patient to access personal health information in one place
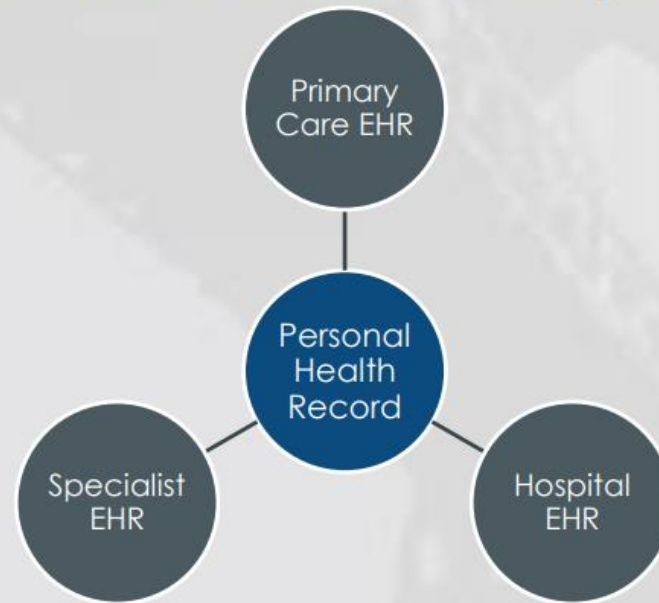
OeHI Office of eHealth Innovation

December 2016 eHealth Commission

December 14, 2016 | 12:00 to 3:00pm | 303 E. 17th Ave, Room 11AB

Agenda Items

Title	Start	Duration
Call to Order	12:00	10 mins
Roll Call and Introductions		
Approval of November Minutes		
December Agenda and Objectives		
Michelle Mills		
Announcements	12:10	15 mins
OeHI Updates		
SIM HIT Updates		
Grant Opportunities, Workgroup Updates, Announcements		
Chris Underwood, Office eHealth Innovation Interim Director		
Carrie Paykoc, State HIT Coordinator		
Commission Members		
New Business		
Colorado Health IT Roadmap Steering Committee	12:25	60 mins
Laura Kolkman and Bob Brown, Mosaica Partners		
Public Comments on Master Data Management Requirements	1:25	25 mins
Carol Robinson, CedarBridge Group		
Post-Presentation Commission Discussion	1:50	15 mins
Facilitated by NorthHighland		
CDPHE Provider Directory	2:05	25 mins
Steve Holloway, CDPHE		
Post-Presentation Commission Discussion	2:30	15 mins
Facilitated by NorthHighland		
Public Comment Period	2:45	5 mins
Closing Remarks	2:50	10 mins
Open Discussion		
January Agenda		
Adjourn		
Michelle Mills		

SIM State Innovation Model

SPARK POLICY INSTITUTE
igniting public policy and community change

Telehealth:
Colorado Current State & Vision

CURRENT STATE REPORT

In November 2016, Spark Policy Institute delivered a report entitled "Colorado Telehealth Status and Best Practices." The purpose of this report is to advance the understanding of the current state of telehealth in Colorado and expose gaps that need to be bridged in order for telehealth to truly support the SIM goal. The report centered on the current state of telehealth in four areas:

- **Stakeholders:** describes the needs of consumers, providers, facilities, health systems and payers. It includes needs such as building trust for consumers, and return on investment models for providers.

- **Implementation:** includes the different aspects needed to implement telehealth, including planning, training, organizational policies and procedures, and the process to get there.

- **Infrastructure:** describes the infrastructure needed to support telehealth, ranging from technology needs to workflow.

- **Sustainability:** includes everything from payment of services to policies and even metrics to measure success. Each item is needed for telehealth to grow into an integral part of the health care system in the long run.

Reflections- 2.4 Years Ago

Q1 - 2019	Q2 - 2019	Q3 - 2019	Q4 - 2019

Whole Person Care Coordination Project Roadmap: 2019

Build Foundation

XGenesis complex system mapping

Social HIE System Demonstration Project(s): CDPHE, ZOMA, OeHI

OeHI- RFI for Social HIE Projects

OeHI Drafts Requirements/Approach for Social HIE Infrastructure

Sustain/Enable

Leverage SIM Data Governance Model

OeHI Contracting for S-HIE Projects

Secure Federal Fund Match for Statewide Implementation: 04/24/19 submission

Growth

Leverage 10.10.10 Process

OeHI Contracts for Data Governance: eCQM Governance, Care Coordination

OeHI Develops Requirements for Data Governance Contract

Milestones

Completion of 10.10.10 XGenesis P.O. June 30, 2019

CC WW Finalizes Criteria for S-HIE Projects August 30, 2019

S-HIE Requirements and Approach Reviewed with eHealth Commission

S-HIE Contracting Begins- Q4

OeHI Office of eHealth Innovation

OeHI Office of eHealth Innovation

December Meeting Agenda

eHealth Commission

December 9, 2020 | 12:00 to 2:00 PM| Zoom link, Passcode: 33W1fQ and call in: US:
+16699009128,,88375604434# or +12532158782,,88375604434#, Webinar ID: 883 7560 4434, Passcode: 216922
please use your unique panelist link received via email

Agenda Items

Title	Start	Duration
Open		
Call to Order • Roll Call and Introductions • Approval of November Minutes • December Agenda and Objectives *Michelle Mills, Chair*	12:00	10 mins
Announcements • Lt. Governor Remarks • OeHI Updates-Charter and Bylaws Vote, Reappointments/Appointments • eHealth Commission Updates • Decision Items & Action Items *Dianne Primavera, Lt. Governor and Director of the OSPMOHC* *Carrie Paykoc, Director, Office of eHealth Innovation* *eHealth Commission Members*	12:10	5 mins
New Business		
State Prescription Drug and Medicaid Priorities for 2021 *Kim Bimestefer, Executive Director Health Care Policy and Financing (HCPF)*	12:15	30 mins
State Plan for COVID-19 Vaccine Distribution *Carrie Paykoc, OeHI Director* *Chris Wells, Division Director, CHED, CDPHE* *Heather Roth, Immunization Branch Chief, CDPHE*	12:45	30 mins
Prescription Drug Monitoring Program and Rx Tools-Update and Future State *Carrie Paykoc, OeHI Director* *Dmitry Kunin, Program Director- PDMP, DORA* *Maria Butler, Prescription Drug Epidemiologist CDPHE* *Tom Leahy, Director of Pharmacy Office, HCPF*	1:15	30 mins
Public Comment Period	1:45	5 mins
Closing Remarks • Open Discussion • Recap Action Items • January Agenda- Vaccine Distribution? Adjourn *Michelle Mills, Chair*	1:50	10 mins

Lt. Gov Dianne Primavera
Office of Saving People Money on Health Care
Work is through the Health Cabinet

"A Colorado for All...A Colorado that Works for All"

- Governor Polis's Agenda for **Equity, Diversity and Inclusion**

- People of Color, LGBTQ, Age, Individuals with Disabilities, Rural / Urban, Native American / Alaskan Native - **ALL.**

- Massive collaboration across Departments to help **ALL** State employees thrive – *setting example for other employers*

- Governor's Executive Order: State example for employer EDI

The flag includes black and brown stripes to represent marginalized LGBT communities of color, along with the colors pink, light blue and white, which are used on the Transgender Pride Flag.

Roadmap Project: Identity for Individuals & Providers

Andrew Bondi, Sr. Project Manager, OeHI
Heather Culwell, State Health Initiatives Director, Colorado Regional Health Information Organization (CORHIO)
Stephen Holloway, Branch Chief, Health Access Branch at Colorado Department of Public Health and Environment

State-Wide Identity Management

Dec 8th, 2021

Project Vision

The State of Colorado highlighted the need for improved identity management as a key component of care coordination and payment reform over 15 years ago.

Through Colorado's Health IT Roadmap efforts led by OeHI and steered by the eHealth Commission, the state established a statewide initiative to improve identity management, using technology where appropriate.

This project is designed to improve identity resolution between individuals who receive state health & human services benefits to increase and support data quality for care coordination, patient notifications, consent management, patient access to health care data, and eCQM reporting for Medicaid members.

OeHI | Office of eHealth Innovation

What We've Accomplished

Over the past two years, OeHI has:

- Defined a core Member dataset to perform Identity Resolution
- Developed an identity data sharing framework for use by State Agencies with the State of Colorado
  - Actively being extended to include third parties outside of the State
- Established business and technical processes for the management of member populations from multiple source systems
  - Actively managing the Medicaid and Immunization populations (5,528,221 records)
  - Analysed 12,862,642 eligibility records, serious data quality and duplicate concerns
- Developed file-based and API connectivity with CORHIO for consuming the Verato Identity Resolution service enabling of a linking identifier
- Created a Cross-Reference Lookup capability between source system member populations
- Transferred 9 months of weekly COVID-19 Vaccine record files for the Medicaid member population from CDPHE to HCPF (1,408,001 records)

OeHI
Office of eHealth Innovation

What We've Built
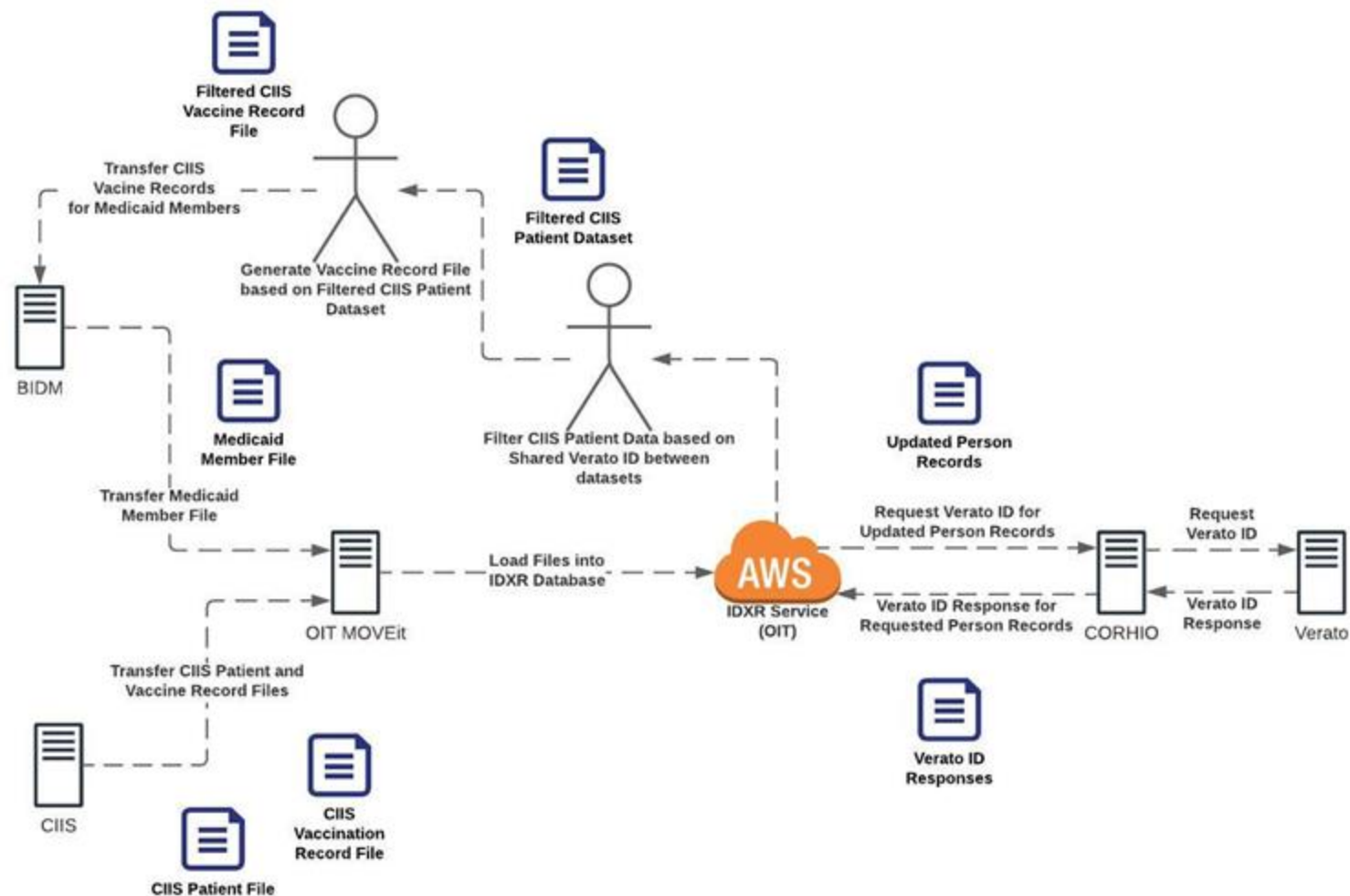
Where We're Going

3 to 6 Months:

- Eliminating any remaining manual processing and reducing file based transfers
- Establishing reusable standard API endpoints for third party consumption
- Incorporating Verato Enrichment capabilities into the IDXR system
- Onboarding of CORHIO, QHN, CCMCN, and Colorado Electronic Disease Reporting System (CEDRS) member populations
- Enhance Vaccine & Disease data transfer with CDPHE, HCPF, and partners

6 to 12 Months:

- Developing an onboarding/lookup directory for use by the Office of Behavioral Health and Eligibility and Enrollment systems in Human Services
- Establishing an internal Colorado Common Identifier (CCID)
- Integrations with the Colorado Digital ID - myColorado

1 to 2 Years:

- Solidifying IDXR as a core enterprise service within OIT for usage by all State Agencies and their third party partners

OeHI
Office of eHealth Innovation
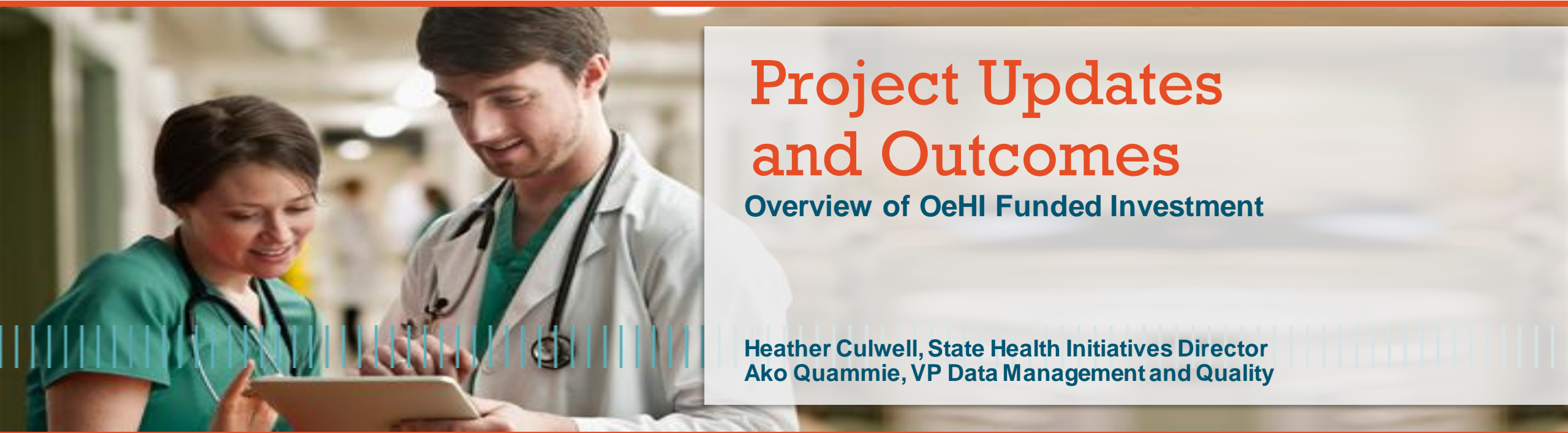
Project Updates and Outcomes

Overview of OeHI Funded Investment

Heather Culwell, State Health Initiatives Director
Ako Quammie, VP Data Management and Quality

About CORHIO

- CORHIO recently celebrated our 10th Anniversary!

- We provide HIE and Healthcare Quality Improvement Services throughout the Front Range and rural Colorado.

- CORHIO recently affiliated with the statewide HIE in Arizona, Health Current, to form Contexture, a regional, non-profit, health data organization.
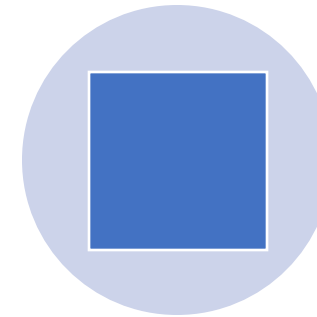
CORHIO's HIE Network

8,300,000+ Unique Patients

7,698+ Providers

76 Hospitals   21,879+ HIE Users

Salt Lake City

UTAH

Albuquerque

contexture℠
Creating connections. Improving lives.

CORHIO™ | health current

CORHIO empowers people, providers, and communities by providing the information they need to improve health.

Patient Matching Background
Verato Referential Matching

Utilizes a reference database of the entire U.S. population

- Each reference identity contains a complete profile of demographic data spanning the past 30 years — including nicknames, aliases, maiden names, past phone numbers, and old addresses
- Sourced from multiple commercially available sources, like telco records, government and legal records, and credit header data from credit agencies, and curated by a dedicated data science team

Verato uses sophisticated algorithms and rules to overcome common data errors like typos, default data values (e.g. 01/01/01), phonetic similarities, nicknames, etc.

In tandem, the reference data + sophisticated algorithms allow Verato to offer unparalleled accuracy.

CORHIO

Patient Matching Background
Referential Matching

- CORHIO can now match **traditionally unmatchable** patients (due to outdated phone numbers, default/limited SSNs, twin issues, etc.) because Verato doesn't rely solely on the patient demographic data provided by CORHIO, it uses additional historic data such as previous addresses, aliases, etc.

- Additionally, each new contributed data source strengthens the matching capability.

Patient Matching Example
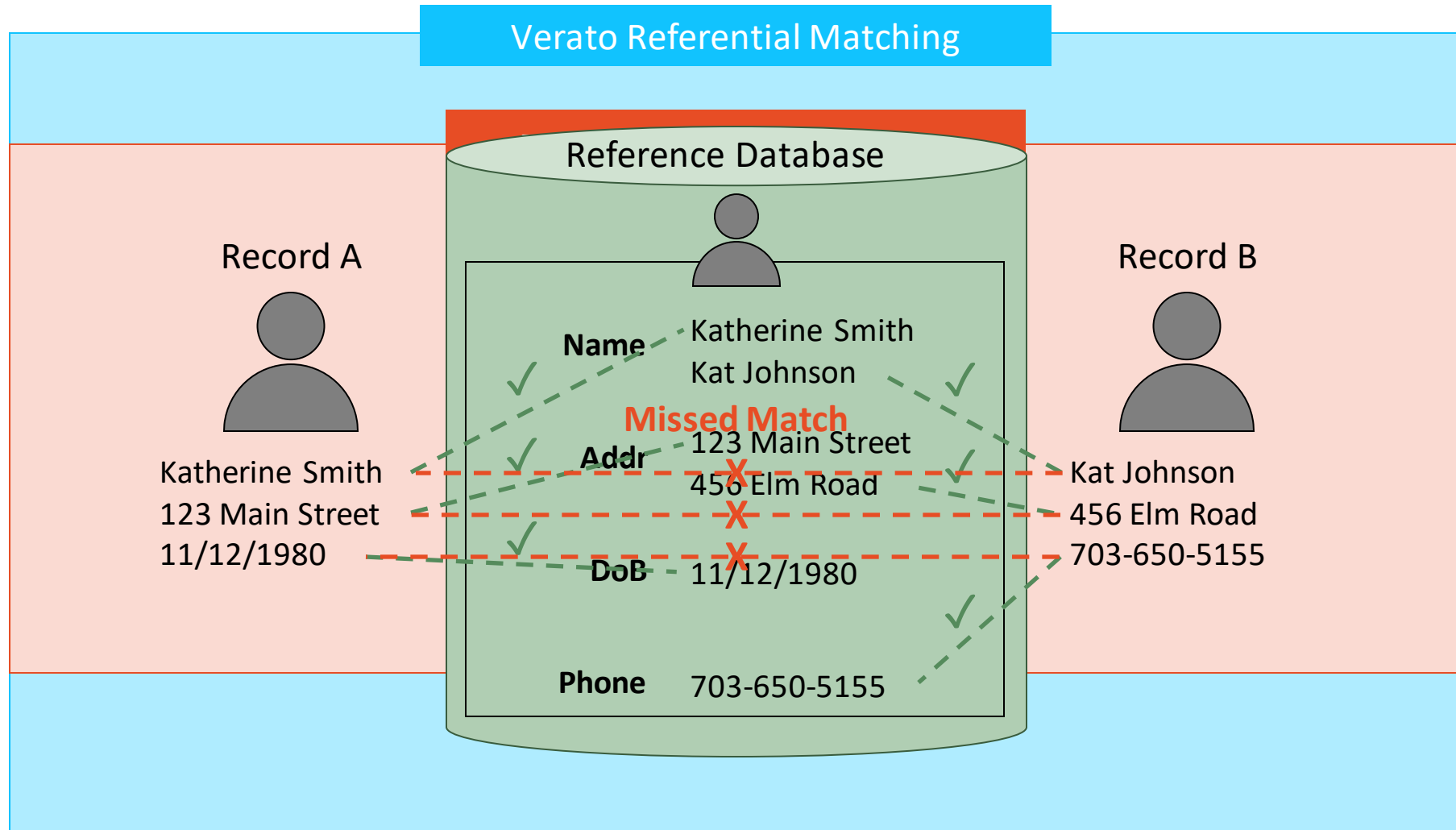
Patient Matching Successes

Attributes Used by Verato

Attribute Cluster	Attribute
Local Identifier	Data Source Name
	Data Source Identifier (e.g. MRN)
Name	First Name
	Middle Name
	Last Name
	Suffix
Address	Street Line 1
	Street Line 2
	City
	State
	Postal Code
Birth Date	Birth Date
SSN	SSN
Gender	Gender
Phone Number	Country Code
	Area Code
	Number
	Extension
Email Address	Email Address

Verato uses common demographic data attributes to perform its matching. Not all attributes are required, and Verato is unique in its ability to make matches even when a patient's record is missing key attributes like birthday or SSN.

Verato's referential matching algorithms do not require extensive tuning or custom weighting. Because of Verato's nationwide reference data, Verato's algorithms have been pre-tuned and pre-weighted to best meet the needs of all of its customers.

Patient Matching Successes

Immediate Improvement

Identities In The HIE

5,675,356

■ Number of Source Records   ■ Number of Unique Identities
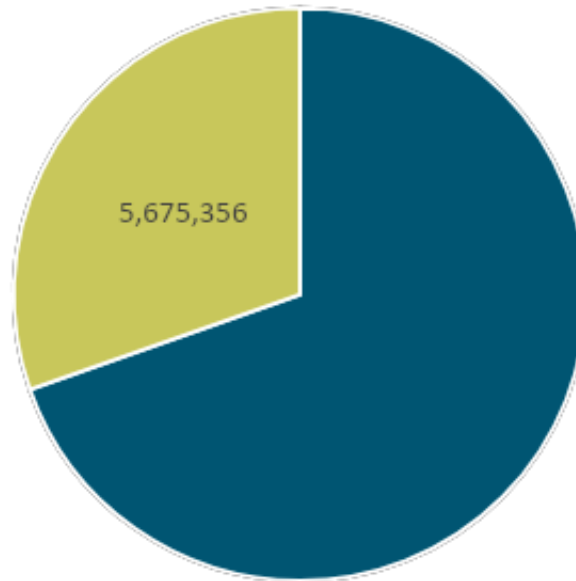
1.74M new patient matches identified

Matching uplift improved data for 13% of patients

Patient Matching Successes
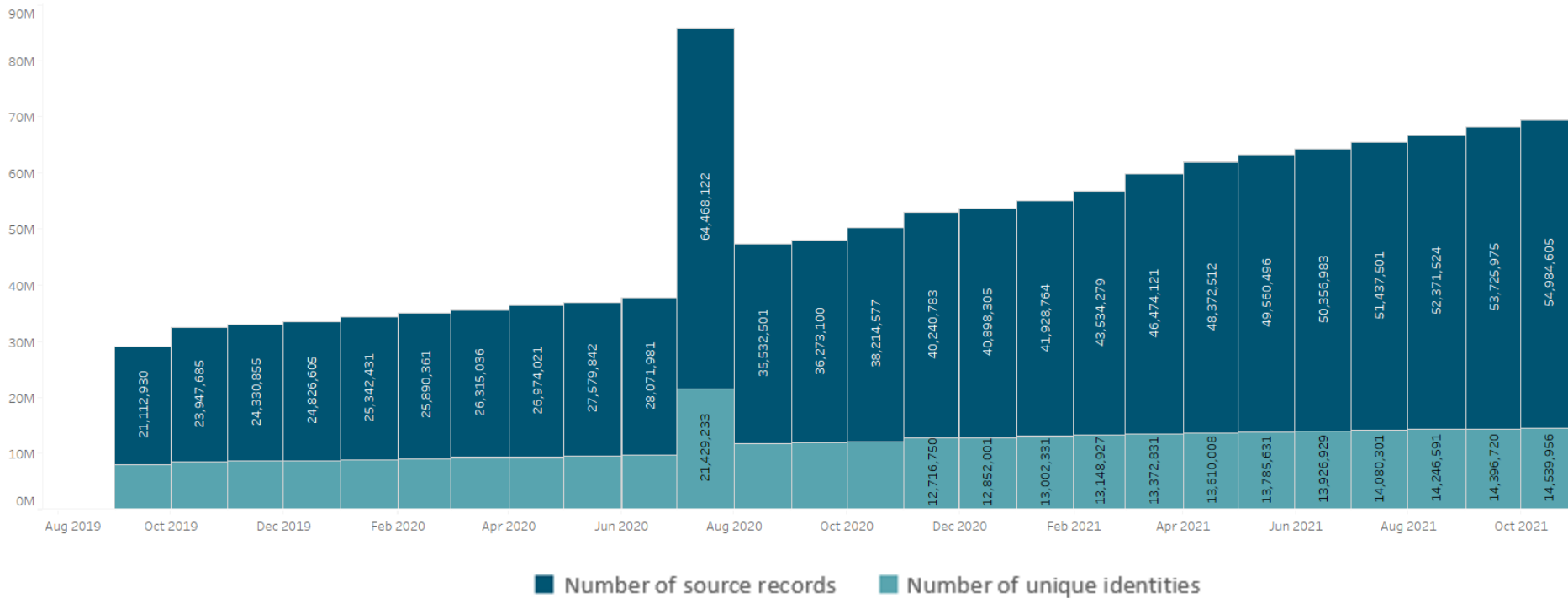
1. There has been a significant growth of records since CORHIO adopted Verato – more CORHIO Colorado data adds to the ability to identify a patient

2. Yet there has been a minimal growth in net-new patients, as expected with the improved matching that comes with Referential Matching

Statewide Identity Purpose
Understanding the Landscape

Disparate state systems

Legacy identity system

Difficulty in understanding humans across systems

CORHIO

Statewide Identity Use Cases
What Problems Were We Solving?

|	
Define	The objective was to define current and future state, leverage existing health information technology infrastructure when feasible, and modernize state process and infrastructure.
Use	Use Case No. 1: Improve insight into identities of individuals receiving services across state programs
Use	Use Case No. 2: Understanding eligibility overlaps and gaps for specific state programs

CORHIO

Data Flow

Value Add of HIE
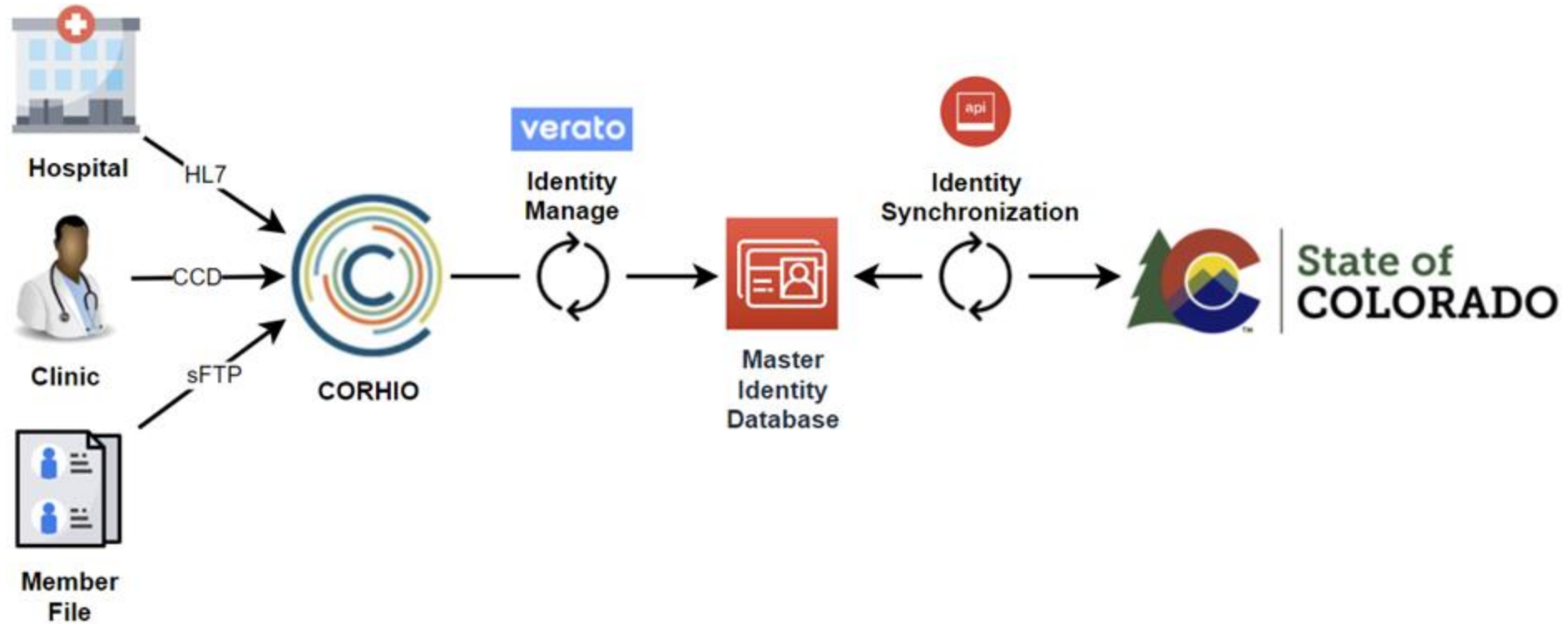
Overcoming Data Governance Challenges

- CORHIO used data onboarding processes and experience to ensure successful migration of state data sources into UMPI.

- CORHIO provides data standardization - the ability to consume non-standard data for consistent routing to Verato.

Activities included:

  - Assessing the quality of the data sources
  - Evaluating match rates during test loads
 - Specifying UMPI configuration needs such as default value settings

Value Add of HIE

Quality Assurance Monitoring

- CORHIO provides dedicated Quality Assurance Team with extensive experience.

- CORHIO manages the Verato portal and the data stewardship model allows for investigation of matches/non-matches.

- CORHIO monitors UMPI operations for the state data sources, just as we monitor our existing data sources

These activities use:

  - Standard Verato tools (such as monthly reports)
  - CORHIO value-added tools (such as ZIP code reports or overlay detection reports)
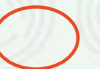
Definitions
Overlays and Thin Singletons

- **Overlay**- occurs when two different identities share the same local member ID
- **Thin Singleton**- identify created from a thin demographic record that will never be able to match into an existing identify due to the lack of demographic information available

Actual Analysis
State of CO Sample Report

Verato Overlay and Thin Singleton Monitoring

An analysis of the total count of overlays and thin singleton records with the ability to view counts by source system

Overlay and Thin Singleton Totals
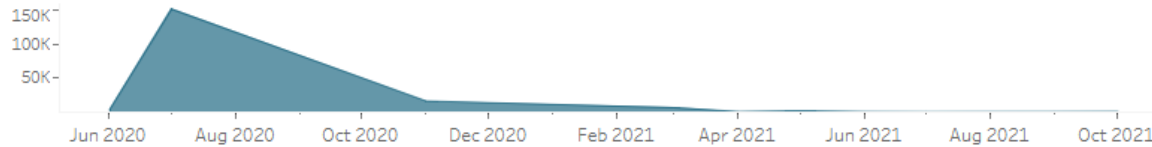
Source: COSTATE

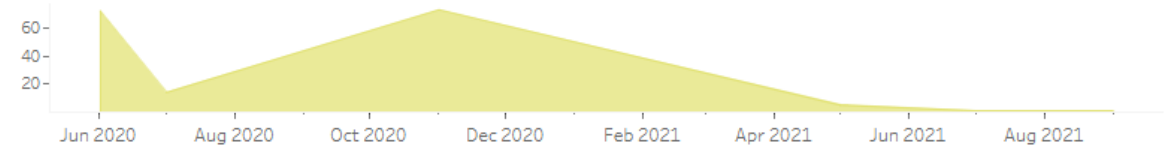| Sum of Total Overlays	Sum of Total Thin Singletons
185,414	166

Overlays from COSTATE

Thin Singletons from COSTATE

Analysis Findings
Statewide Identity Findings

CORHIO's approach - we would always rather route on two individuals that are actually one human than commingled data and route two different people's data into a single ID.

In our analysis of the state data, we found over 100,000 instances where two different identities (as determined by the CORHIO/Verato process) were placed under the same state member ID and we consider two different humans.

Significant improvements over time which show the continued value in the partnership.

High volume from state files of overlays, meaning situations where a single member ID has been applied to individuals with different identities. As identity management and unique identities have been provided, we have seen that volume decrease.

Low volume of singletons where an identity is not provided with enough demographic information for us to ever comfortably match them with another identity.

Use Case 2: Eligibility Analysis

Eligible but not enrolled- EBNE Project

Programs Included

- SNAP- Food Assistance
- WIC- Women, Infants and Children
- Medicaid

Program Overlaps

- If on Medicaid and pregnant or < 5 = eligible for WIC
- If on SNAP and pregnant or <5= eligible for WIC
- If on WIC = eligible for Medicaid

Use Case 2: Eligibility Analysis

What Did We Find?

1,234,587 unique records

Shared patients on SNAP, WIC, and HCPF
- 37,546 unique records

WIC only unique records
- 26,705 unique records

Shared patients on SNAP and WIC (but not HCPF)
- 2,090 unique records

Shared patients on WIC and HCPF (but not SNAP)
- 34,057 unique records

Roadmap Project: Advancing HIE & Data Sharing

Heather Culwell, State Health Initiatives Director, CORHIO
Jason McRoy, Director of Analytics, Quality Health Network (QHN)
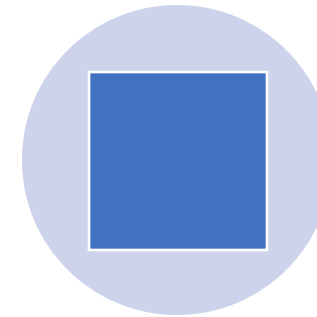*Ako Quammie, Vice President of Data Management and Quality, CORHIO*

Agenda

Key Project Overview

TERMINOLOGY SERVICES

NOTIFICATIONS ENHANCEMENTS
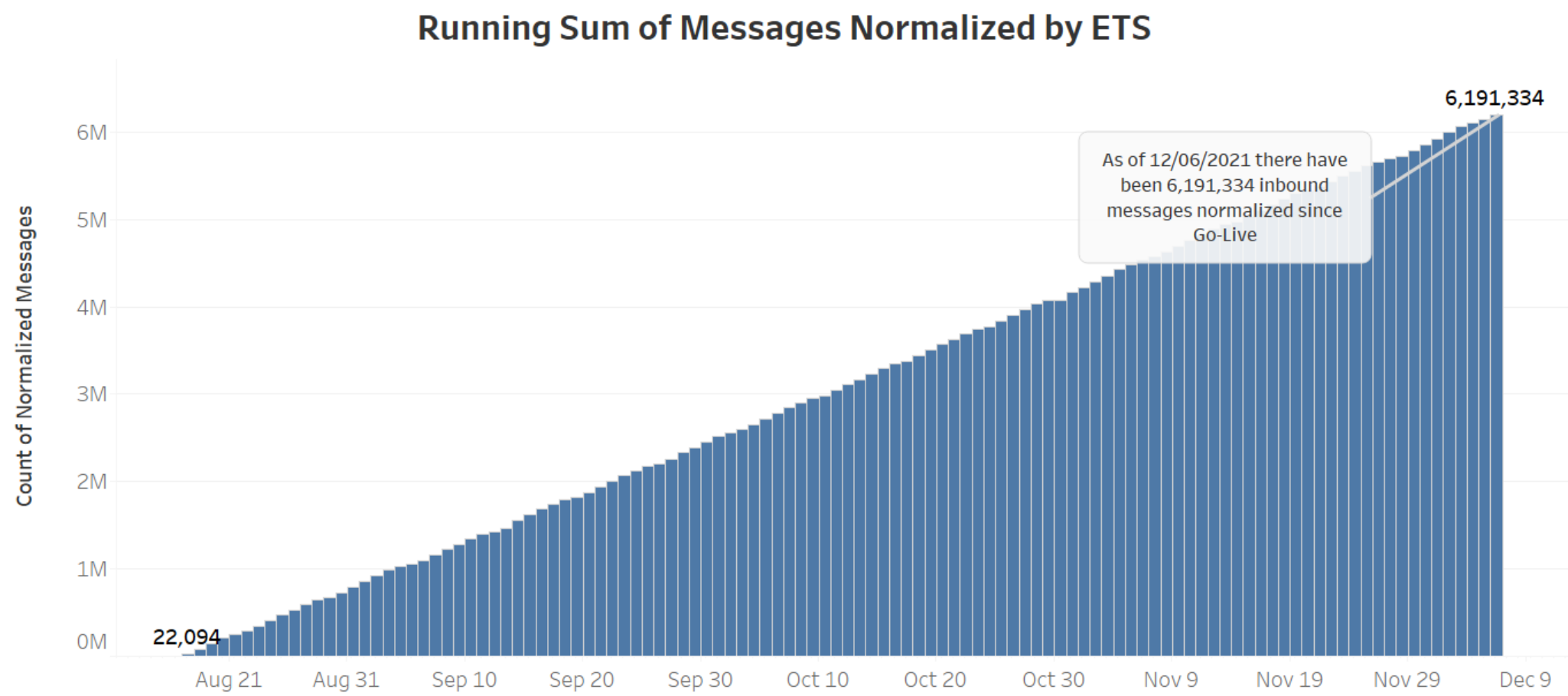
STATEWIDE IDENTITY PROJECT

Terminology Services

Project Overview

Background: CORHIO previously focused solely on LOINC and used a database of terms that required manual updates
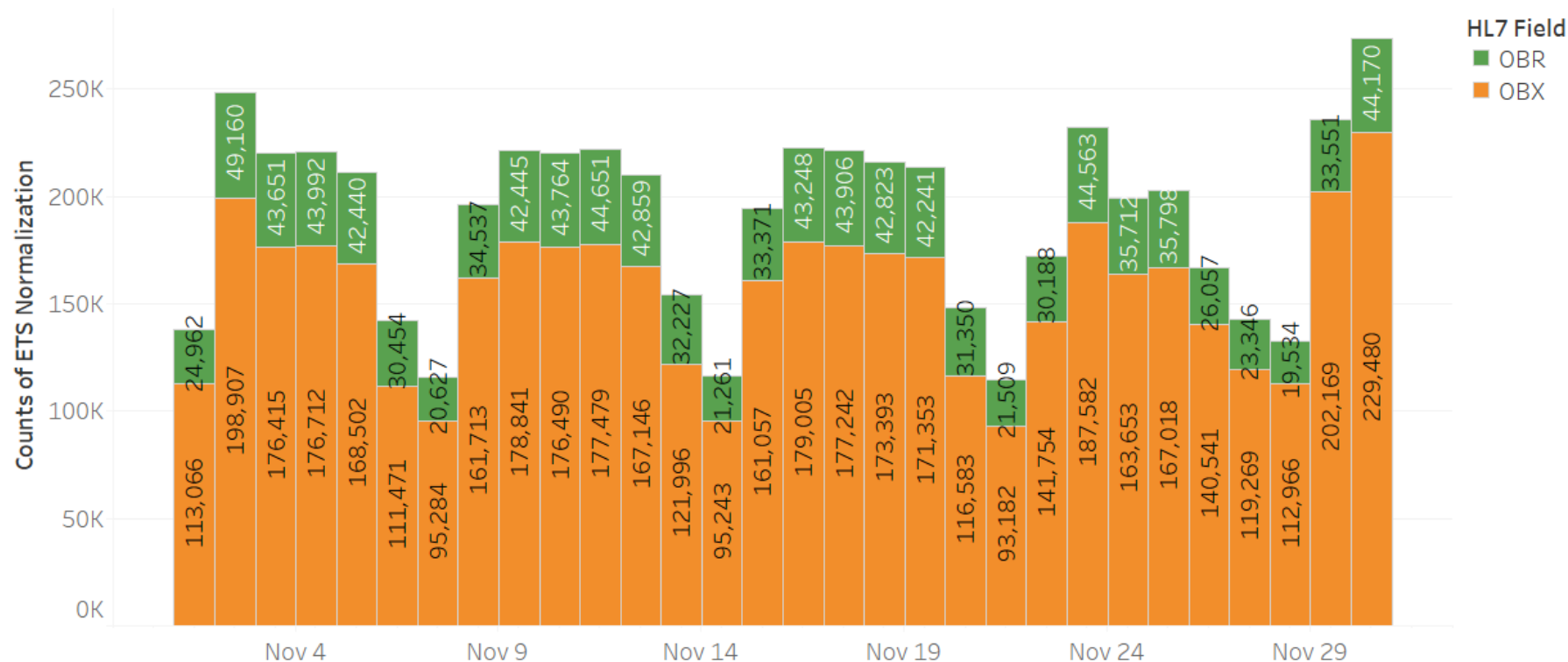
Scope and Purpose of Project: Shift to real-time application of terminology services and expand beyond LOINC to other data types

CORHIO empowers people, providers, and communities by providing the information they need to improve health.

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Outcome Based Metrics

Running Sum of Messages Normalized by ETS

As of 12/06/2021 there have been 6,191,334 inbound messages normalized since Go-Live
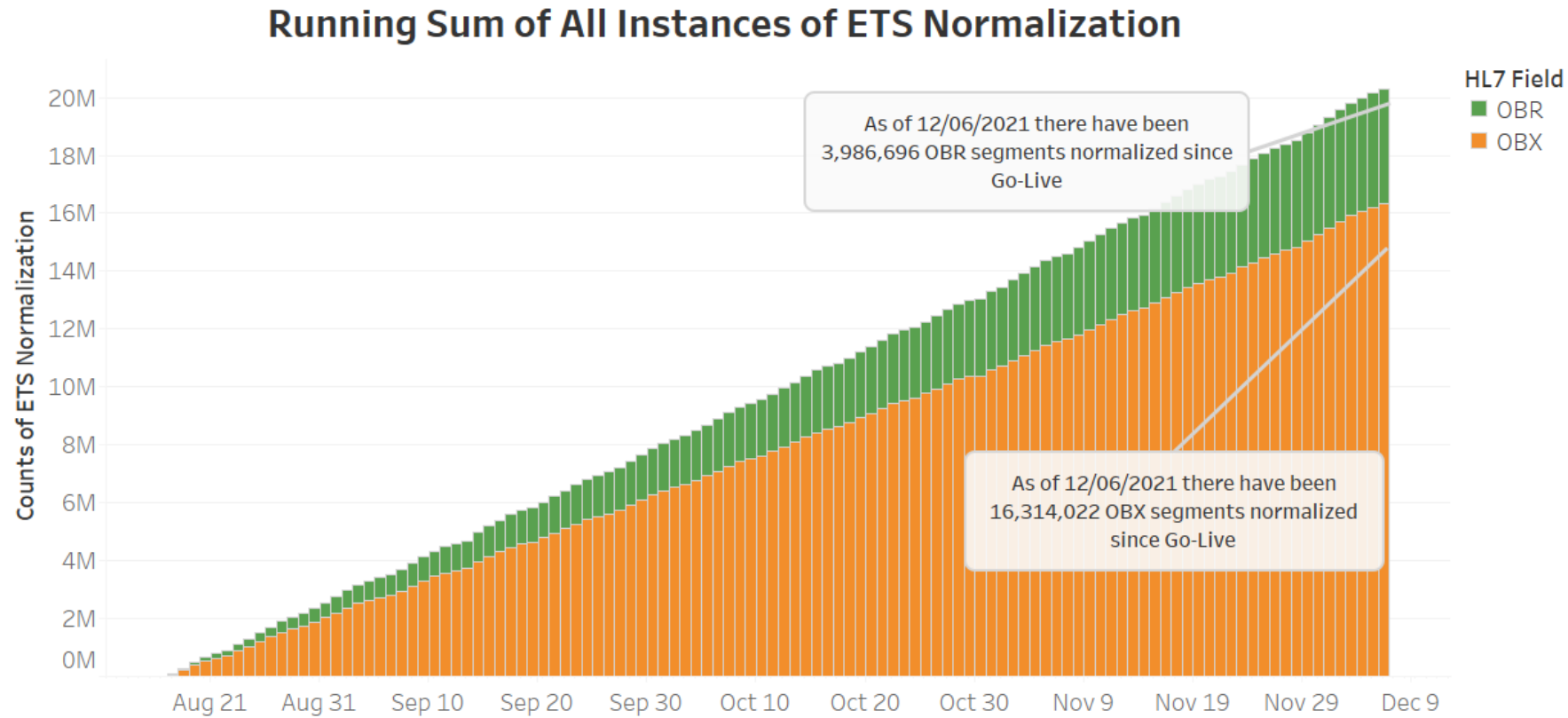
6,191,334

22,094

This visualization shows the running sum of the total inbound messages that have been normalized by the new ETS process from the Go-Live date of 08/17/2021 to 12/06/2021.

CORHIO empowers people, providers, and communities by providing the information they need to improve health.

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Outcome Based Metrics

Instances of ETS Normalization in November

This visualization shows the counts by day of all instances of ETS normalization on inbound messages within the month of November. Instances of ETS normalization includes normalization of both OBR and OBX segments. During the ETS process, each OBR and OBX segment within a message is evaluated for ETS normalization, and each segment therefore is individually normalized.

CORHIO empowers people, providers, and communities by providing the information they need to improve health.

Outcome Based Metrics

Running Sum of All Instances of ETS Normalization

As of 12/06/2021 there have been 3,986,696 OBR segments normalized since Go-Live

As of 12/06/2021 there have been 16,314,022 OBX segments normalized since Go-Live

HL7 Field
- OBR
- OBX

This visualization shows the running sum of all instance of ETS normalization on inbound messages. Instances of ETS normalization includes normalization of both OBR and OBX segments. During the ETS process, each OBR and OBX segment within a message is evaluated for ETS normalization, and each segment therefore is individually normalized.

ETS Next Steps

⊞	Normalization of data at rest sent outbound in the form of Consolidated Care Summaries (CCS)	This added functionality will allow for normalization of historical data that is sent outbound from an at rest state.
🔬	Normalization of Pathology and Radiology messages	In addition to normalization of the laboratory, microbiology and blood bank messages, we can implement functionality to normalize pathology and radiology messages for LOINC as well.
⌐	Additional Coding Systems	This would allow for functionality to normalize to additional coding systems like, CPT, Snomed or ICD10 in addition to LOINC
✓	Further enhance logging functionality	

CORHIO empowers people, providers, and communities by providing the information they need to improve health.

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Notifications Enhancements

Project Overview

- CORHIO heard from the HIE Community that it would be clinically beneficial to include additional test results in our Targeted Notification Products
- That feedback was gathered and reviewed with the CORHIO Clinical Standards Advisor to identify the test names and LOINC values that should be included
- Development was completed to add those additional test results to the Targeted Notification Products

CORHIO empowers people, providers, and communities by providing the information they need to improve health.

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New Notifications

1. COVID-10 SARS CoV-2: alert providers when patients have completed any CDC approved molecular and antigen diagnostics tests for the virus that causes COVID-19 disease.

2. Glucose Management: alert providers when patients have completed lab testing for fasting glucose results.

3. Cholesterol: alert providers when lab testing for all lipid panels have been completed.

4. Hepatitis: alert providers when patients have a result beyond Hepatitis A testing - including Hepatic Function as well as Hepatitis B and C test results.

CORHIO empowers people, providers, and communities by providing the information they need to improve health.

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Other Enhancements

The enhanced notification types work with the new Notifications platform which additionally provides:

- Improved database management for our team so we can troubleshoot faster;
- Enhanced member file ingestion process so we can deliver results faster, based on new member files;
- Better reporting capabilities on member files, including active members, member adds and other metrics;
- Increased overall scalability and flexibility so Notifications can grow to meet your needs;
- Revamped Reports including standardized population of facility long name on CSV reports – you'll now see the full sending hospital name, for example.

What's Next for Notifications?

CORHIO is committed to continuing to build upon the investments made by OeHI, and other partners, to ensure current and future community needs are met regarding data exchange. The value of the Health Information Exchange continues to evolve, and the organization remains committed to ensuring that stakeholder input and needs drive next phases of focus and development.

OeHI Funded HIE Projects 2021

E-Health Commission Presentation
Wednesday, December 8, 2021

QHN HIE Landscape

Legend:
- ● Number of Connected Providers
- ▲ Hospice
- ⬡ Home Care/Health, DME & Rehab
- ■ Long-term Care; Assisted Living
- ◆ Skilled Nursing Facility
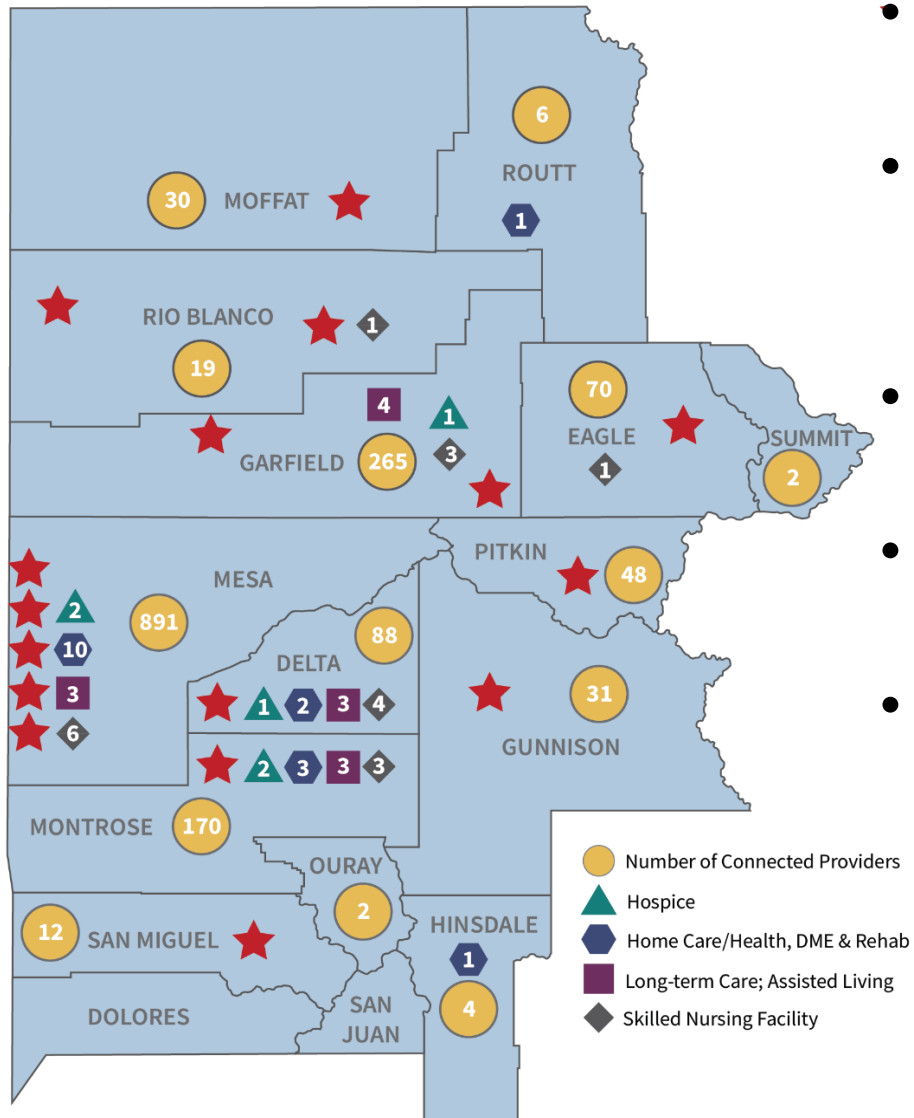
- Focused on provider and community partnerships on the Western Slope
- 90% of Providers and 100% of Hospitals covered with a strong relationship with rural and small providers
- Connected to behavioral health (CMHCs and Behavioral Health Hospitals)
- Connected for HIE Services with Hospice, LTC Facilities and Jails
- Building a network of non-traditional health partners by expanding Community Resource Network services to include SDOH providers
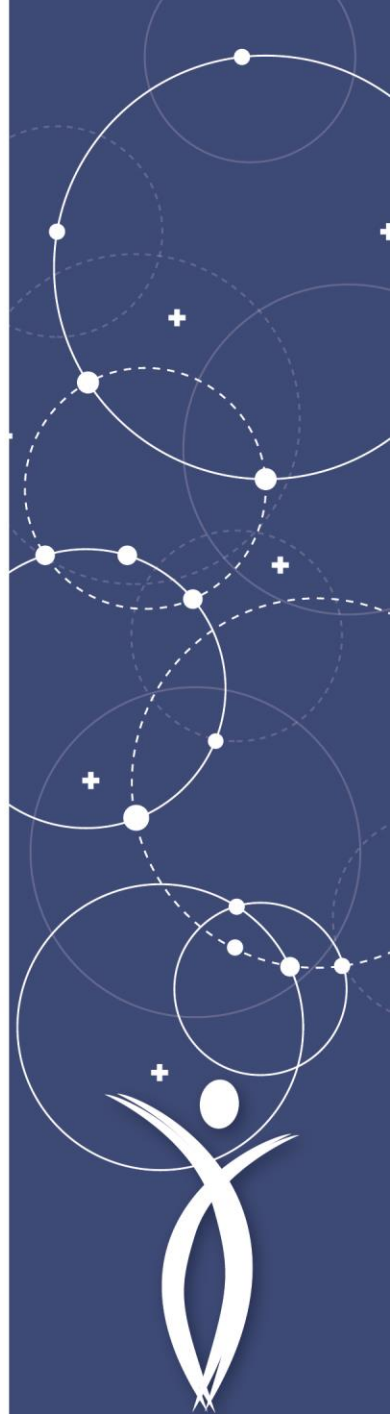
Project Themes

Explore Innovative Strategies to:

- Enhance HIE capabilities for QHN providers and partners

- Explore ways to leverage new capabilities being developed by the State

- Support expanded use of cross-domain coordination technologies across the QHN region

Improve Services

Expand Network

Build for the Future
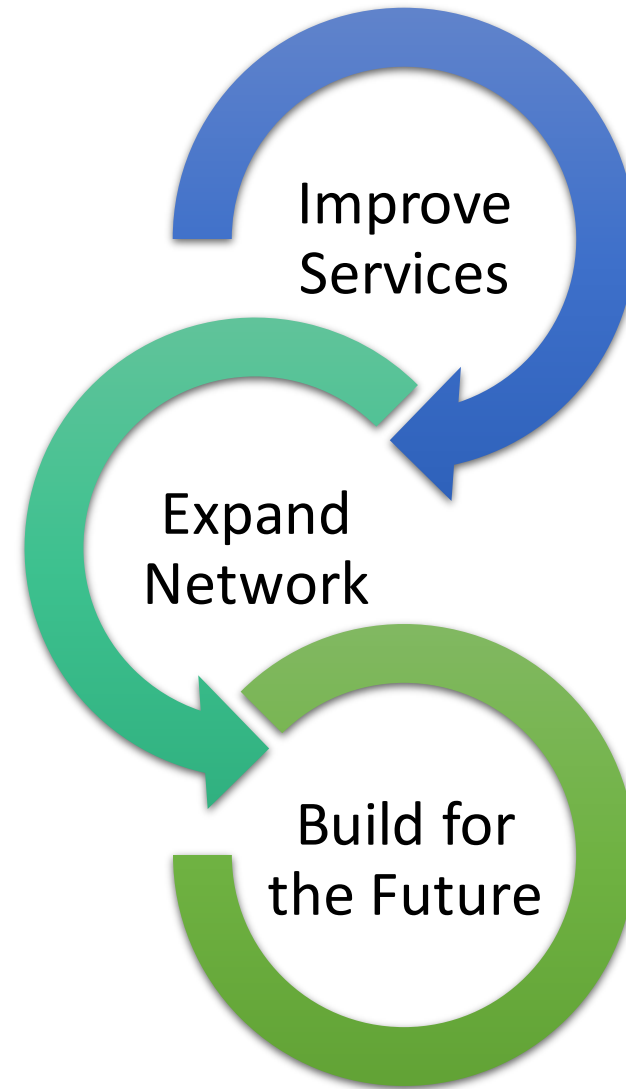
Enhancing capabilities of the QHN HIE

◆ **Expanding beyond Traditional Event Notifications and Triggers**
- Admits, Discharges, Transfers
- Observation patient
- Jail incarceration and release notifications of subscribed patients
- Advanced Care Planning (ACP) documents
- Telehealth visit
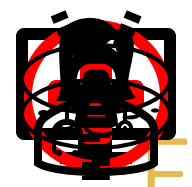- Deceased
- Hospice
- Mental Health
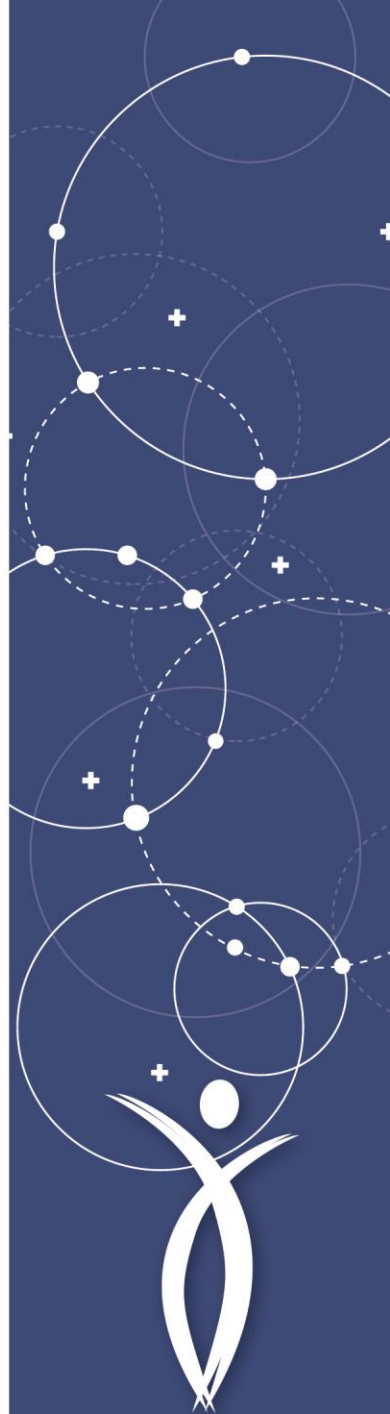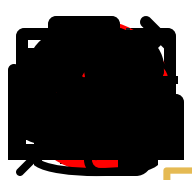
Enhancing capabilities of the QHN HIE

◆ Single Sign On (SSO)

◆ Data Access to CORHIO through HIE-to-HIE query (XCA)

◆ Terminology Services
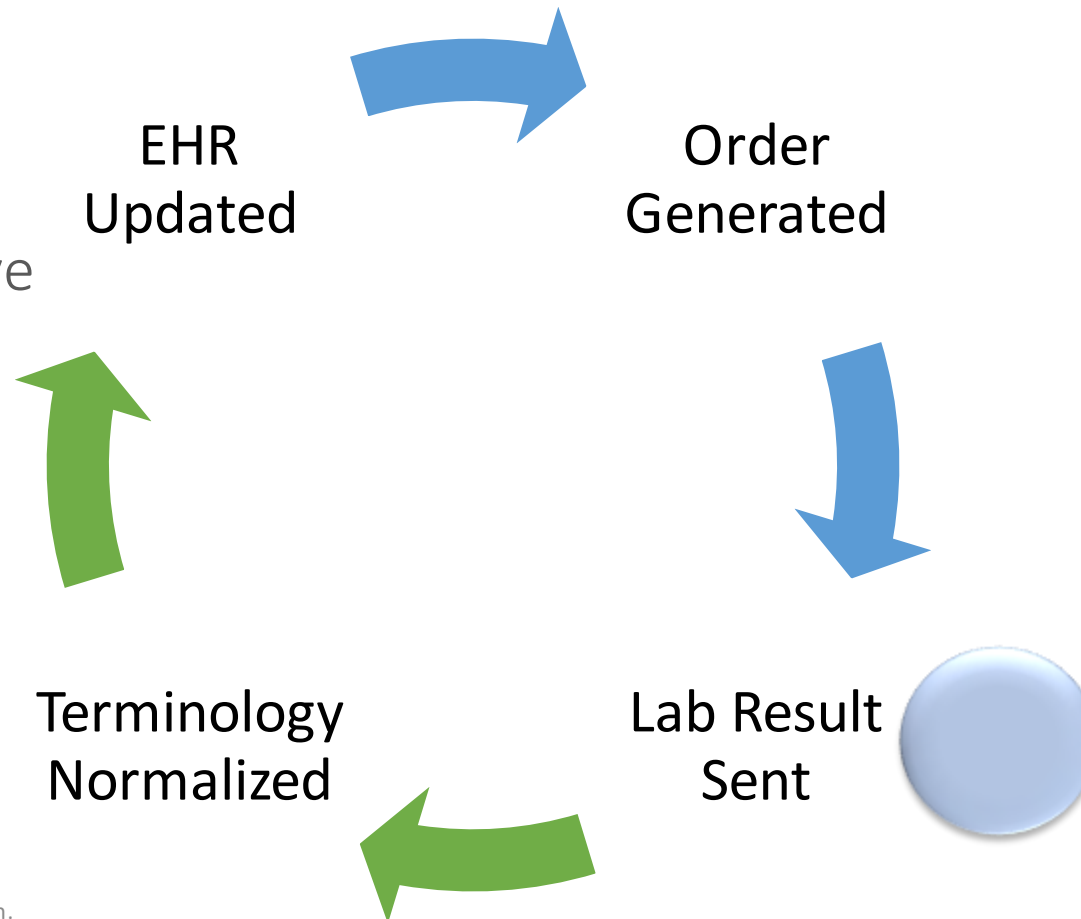
◆ Medication History
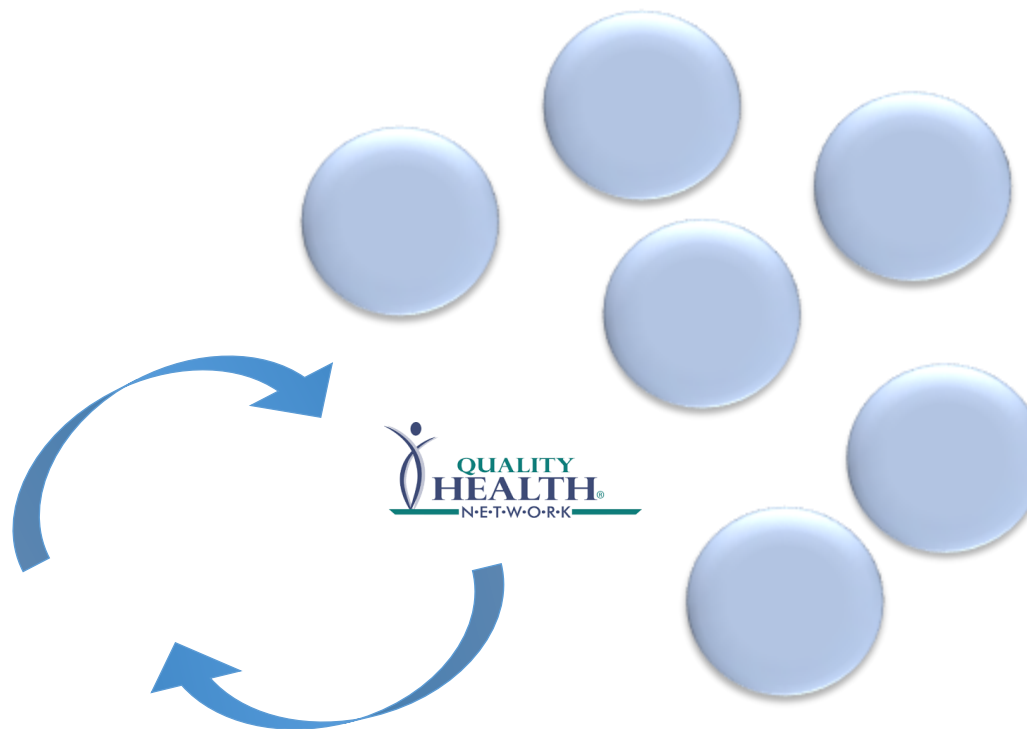
Enhancing capabilities in the QHN HIE

Electronic Lab Reconciliation

- Developed the interfaces and normalization process.
- Tested with a pilot practice; have run 1200 orders
- Rolling out to new practices.

EHR Updated

Order Generated

Lab Result Sent

Terminology Normalized

Planning and Testing State Capabilities
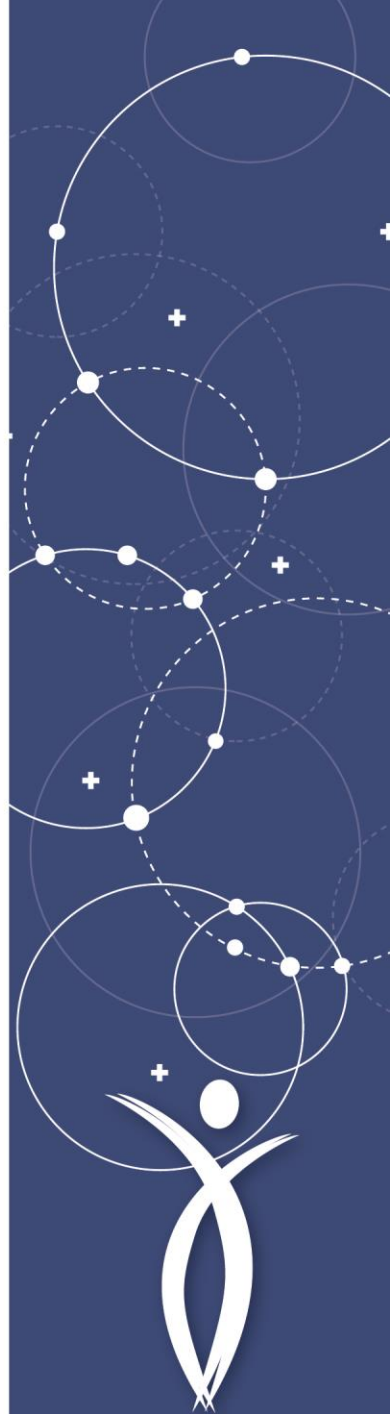
◆ Patient Access to Data

- Evaluated options to expose HIE based data to external applications using FHIR based services

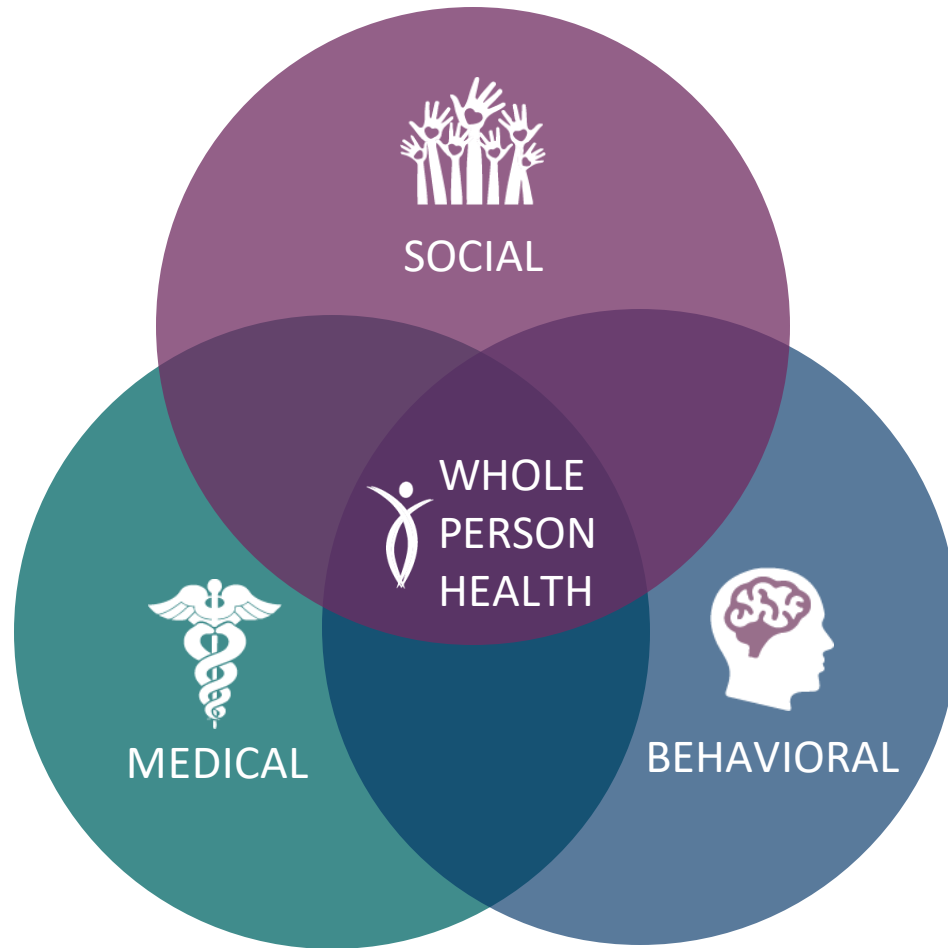◆ Statewide Patient ID Management

- Looked at use cases and scenarios to leverage statewide patient identity services

◆ Statewide Workforce Directory

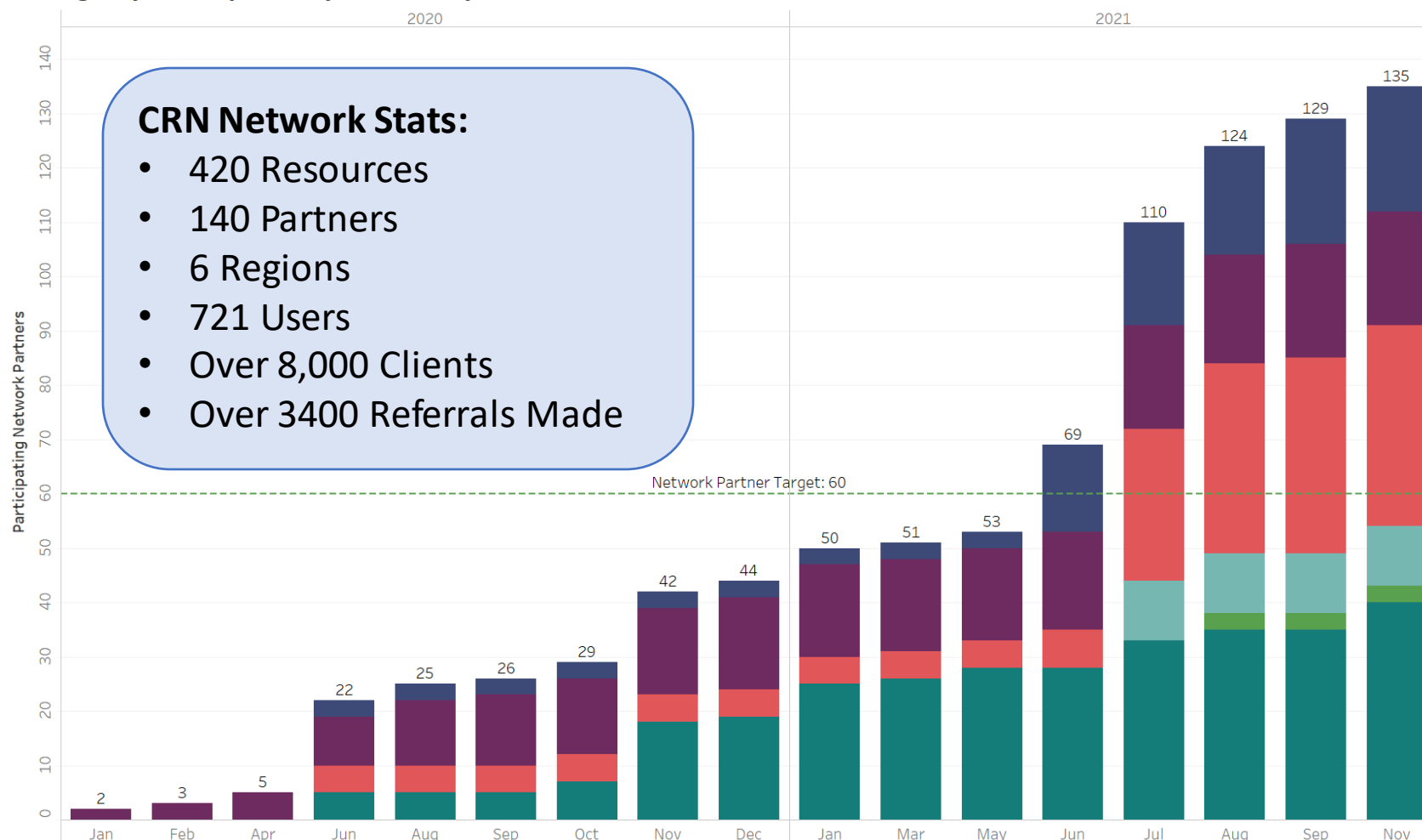- Tested web service connectivity to provider directory services

Cross-Domain Coordination

CRN Network Expansion

CRN Agency Participation by Community Network

CRN Network Stats:
- 420 Resources
- 140 Partners
- 6 Regions
- 721 Users
- Over 8,000 Clients
- Over 3400 Referrals Made

Follow-up Conversation

Feedback/Comments/Questions on presentations today

- Advancing HIE
- Identity for Individuals and Providers
- Roadmap Strategy and Transition
- Other?

CLOSING REMARKS