OeHI
Office of eHealth Innovation
eHealth Commission

Meeting Minutes

December 14th, 2022 | 12:00pm - 2:00pm | Virtual and in person meeting

Type of Meeting	Monthly eHealth Commission Meeting
Facilitator	KP Yelpaala, *eHealth Commission Chair*
Note Taker	Cierra Childs
Time Keeper	Cierra Childs
Commission Attendees	Amy Bhikha, Micah Jones, Arthur Davidson, Misgana Tesfaye, Chris Wells, Jason Greer, Jackie Sievers, Parrish Steinbrecher, Rachel Dixon, Wes Williams, KP Yelpaala, Sophia Gin, Mona Baset, Patrick Gordon, Kevin Stansbury
Absent	Michael Archuleta, Toni Baruti

Call to Order

Kaakpema "KP" Yelpaala, eHealth Commission Chair

- Roll call was taken. 12 present.
- Art Davidson motions to approve
- Mona Baset seconds motion
- Corrections: None
- In favor of approving: All
- Opposed: None

OeHI Updates-eHealth Commission Updates - Stephanie Pugliese

- Our "Dollars to Digitize" grant opportunity for home and community based services and behavioral health providers is still open and is an opportunity for these providers to upgrade their electronic health records, telehealth systems, and connect to the health information exchange. We've had 300+ Intent to Apply forms submitted.
- The Social Health Information Exchange (SHIE) Invitation to Negotiate (ITN) is open and live on the state procurement website. That closes January 27th and hopefully mid-2023, we'll have a SHIE contract.
- We have opportunities to comment on proposed federal rules, and we are interested in the Substance Abuse and Mental Health Services Administration (SAMHSA) regulation. SAMHSA has announced proposed updates to regulations to increase care coordination. This is a huge opportunity for the state and OeHI to weigh in with support (comments due at the end of January). We will have a draft for commissioners in early January.
- There is also a proposed rule from Center for Medicare and Medicaid Services regarding interoperability and prior authorizations which intends to improve the electronic exchange of healthcare data and streamline processes related to prior authorizations. OeHI just became aware of this and comments are due mid-March.
    - I know eHealth Commissioners have a lot of experience in this space, so please feel free to share your thoughts.
    - **Wes Williams:** There have been questions in the behavioral health provider community regarding the Dollars to Digitize Grant Opportunity - some providers are under the impression that if you have received meaningful use dollars, then you are ineligible for the grant. There may be questions coming in requesting clarification.
    - **Amanda Smith:** The ARPA 6.06 grant program is meant to invest in the technology where behavioral health and home and community-based service providers have been left behind in meaningful use. Therefore those who have received meaningful use are ineligible because they were not left behind with meaningful use.

    - **Wes Williams:** How is a provider defined? Behavioral health providers could have applied for meaningful use individually and then attribute funding back to an organization.
    - **Amanda Smith:** We have a provider extract based on the National Provider Index (NPI) for individual providers who received meaningful use funds where the organizations themselves did not receive funds. The Federally Qualified Health Centers (FQHCs) for example, have been removed from eligibility while we cannot currently validate them, but we hope to open it up to them in the summer period. The providers themselves that have received meaningful use funds would be excluded, but the provider organizations themselves would be eligible.
    - **Wes Williams:** So, community mental health centers (CMHCs) that have been approved would be eligible?
    - **Amanda Smith:** That is correct. We have received Intent to Apply forms from all CMHCs in Colorado.
- **Wes Williams:** I don't yet have any opinion to offer on the proposed rules as we are still researching them. At this point, these rules don't negate the need for a technology solution and we aren't going to solve privacy problems solely with policy.
- **Stephanie Pugliese:** I agree, and we are going to move forward in the technology space, with policy alignment being helpful in doing so.
- **Micah Jones:** Contexture is also still reviewing the proposed rules. One interesting aspect is the general designation consent. Contexture is considering making a comment.
- **Stephanie Pugliese:** Regarding the Dollars to Digitize questions, we have an FAQ section on the website where we can make this information publicly available. (Link to FAQ)

Colorado Health IT Roadmap Progress - Stephanie Pugliese

Goal 1: Access to Information

- The first goal of our roadmap, broadly, is "Access to Information". Over the past year, in partnership with Amy Bhikha and her team at the Office of Information Technology (OIT) as well as the government data advisory board (GDAB), we have developed a State Agency Data Sharing Agreement which has been approved by the board.
- Our Identity Cross-Resolution Roadmap has been developed and we have a backlog of systems to onboard. A number of state partners are interested in joining and collaborating.
- We are in discussions with OIT and the Behavioral Health Administration (BHA) for developing a "front door" for a provider directory. Rather than put all the existing directories together. We hope to see movement on this in 2023.
- We have a standardized consent form developed in English and in Spanish, and we are currently planning our next moves for putting this into a digital form.
- In partnership with Colorado Community Managed Care Network (CCMCN), we are conducting interviews with Local Public Health Agencies to establish a data strategy for system improvements.
- We have also worked to fund a chatbot to promote access to women's healthcare in Colorado. We have focused on privacy implications to make sure it is a trusted source that is directing people to resources that are up to date and supportive.
- **Sophia Gin:** Regarding the provider directory "front door", would consumers be able to access a state-sponsored website?
    - **Gabby Elzinga:** We don't know yet. The thought is to have a central database, but the front door is really related to helping providers update their data.
    - **Sophia Gin:** Would the directory say, for example, the given specialty of a provider, whether they are taking new patients, and what insurance they take?
    - **Gabby Elzinga:** Yes, our current directory does take in insurance data the quality of which we cannot control, but we do also have very accurate Medicaid/Medicare data.
    - **Micah Jones:** Do you know how providers will use this to update their data?
    - **Gabby Elzinga:** It will be attached to the CDPHE system but not owned by it. There would likely be a notification that records do not match and give providers a choice whether to update their data.
    - **Micah Jones:** Are you considering leveraging something like Epi Info for consumer-facing data?

    - **Gabby Elzinga:** We are in the exploratory phase, but we are thinking about starting with one use case, OwnPath, and trying to normalize their data with the CDPHE data and trying to start aligning with that BH provider licensing system since that is particular to the BHA that needs to be worked out, and then expanding after that.
- **Jason Greer:** Chatbots are certainly a big thing these days and I'm wondering if you could share more about the interface of that?
    - **Ashley Heathfield:** They are called ClinicChat, run by Dr. Sheana Bull and her team at the University of Colorado. They started with a chatbot to work on vaccine hesitancy. We are working with them to develop a chatbot for people who need reproductive health services. It is intended to provide information about protecting their information online and connecting them with reproductive health services around the state. They are working on building out their content library, and then we will be reaching out to Planned Parenthood and other providers to start highlighting this chatbot into the community and translating into Spanish, as well as making it accessible to people. Things are just kicking off and we will keep people in the loop.
    - **KP Yelpaala:** Part of the innovation there is that they did some good work on using Spanish and English in an effective way rather than just direct Spanish translation. This spun out as a resource to connect Spanish-speaking populations to Covid-19 resources.
    - **Ashley Heathfield:** That's exactly correct and we focus strongly on making sure we get to the resources that people most need and working with CDPHE to make the content library very full so that people get directed to the right resources.
- **Micah Jones:** Regarding your interviews with local public health agencies, are you talking about the public health system or technical systems?
    - **Jason Greer:** We contracted to do interviews with the idea of understanding their current capacity for data management, pain points, and what the current landscape is so we could review and see how we can help.

Goal 2: Coordinated Services

- In 2022, we worked closely with the Colorado Broadband Office to release about $4M in connectivity for telehealth, with about $3M to support telebehavioral health services.
- We also have worked on Community Resource Inventory mapping and recommendations regarding all of the various community resource inventories. We are working on our recommendations and will share those at some point.
- Our Social Health Information Exchange requirements were completed this year and we beat our deadline of December 15th to release the ITN.
- We have been working with the Division of Insurance and the Center for Improving Value in Healthcare to conduct a telehealth payment parity and denials analysis, the results of which we expect to see at the end of January.
- **Sophia Gin:** Some time this year, there will be a specific hotline number (988) for behavioral health. In the $4M, was there anything there regarding a hotline?
    - **Stephanie Pugliese:** The 988 effort is within the Department of Human Services and it is up and running.
    - **Wes Williams:** I have heard that if you are a resident in Colorado but have a mobile number with an area code outside Colorado, callers are being directed to a national call center rather than Colorado services. I think we definitely need to figure that out, as a state.
    - **Misgana Tesfaye:** Would this be a BHA effort?
    - **Stephanie Pugliese:** It may be, and maybe we can get someone in to talk about this.
    - **Wes Williams:** Yes, in practice we are still giving out the ten-digit crisis line because at the moment we don't know we can trust this to get the same result.
    - **Ashley Heathfield:** Within the $4M, there isn't anything for the crisis line. It's mostly focused on supporting providers by purchasing devices for telehealth, loaning out to patients, and other things. It's also intended to help improve connectivity for facilities.

Goal 3: Digital Health Equity

- In 2022, we have pivoted from the name "Colorado Innovation Resource Center" to "Colorado Health Innovation Resource Platform". We are currently in our requirements gathering phase.
- We are working on our contracts with the HIE's as well as CCMCN for the demographic data

baseline and we are excited to get that data next year.
- We were approved as the first government collaborator with the In Full Health initiative.
- We have reached 98% of our Critical Access Hospitals and Rural Health Facilities being connected to HIE networks.
- Also, in the rural space, the Rural Community Analytics Platform is in development.
- We have worked on technology upgrades for behavioral health and home and community-based services providers with the Dollars to Digitize opportunity.
- OeHI in partnership with the Colorado Department of Labor and Employment as well as the Colorado Broadband Office has been awarded ~$900K to create a State Digital Equity Plan. That will be coming next year and there will be a significant amount of community and stakeholder engagement.
- **Kevin Stansbury:** The support of OeHI in getting rural facilities connected to the HIE has created a big difference in the care we can provide and I want to extend my gratitude.
    - **KP Yelpaala:** Sometimes this work gets abstracted and thank you for driving home that this does have a real impact on people's lives. Additionally, Stephanie attended a training program with the Groundwater Institute and the American Medical Association (AMA) on health equity and she's leading with intention and I want to thank her for that as well.
- **Rachel Dixon:** Can you tell us more about the digital equity plan and next steps on that?
    - **Ashley Heathfield:** The first pot of money was a formula funded grant so all states, territories, and tribal nations were eligible for funding. Colorado is getting $900K and the plan is to make a plan for digital equity. Right now we are in the phase of understanding the processes for getting money out of the door and developing committees. If anyone is interested in joining, please let me know as we are interested in getting many diverse perspectives from different communities. We want to get data and learn where the gaps are so we can start thinking about potential solutions. After the plan, we may receive around $21M to actually implement the plan.
- **Art Davidson:** Regarding the demographic data baseline, what is the first use of that? Or how are we planning to use that?
    - **KP Yelpaala:** One thing I talk about a lot is that when it comes to equity, you can't change what you can't measure. When we think about inequities, we need to measure it to find solutions. So, we need to develop a baseline. How much race, ethnicity, gender data do we have, and what are the gaps? When we have the baseline, we can set a goal on where we want to go. There is a lot of movement at CMS around value-based care and incentivizing providers to reduce disparities. At some point, money is going to move and it'll prioritize states that are ready to implement solutions and show what the state of things is.
    - **Art Davidson:** How do we understand accuracy? How do we assess that?
    - **KP Yelpaala:** This is an issue around the country - the data is not good. I'm hoping we can avoid a situation where there's too little data to do anything. So, we want not perfect data, but good data.
    - **Jason Greer:** I think the "phase 2" will be data quality, and phase 1 is missing data, which is where we are now. What we are going to do first is measure the availability of data and then work with technical assistance to facilities that are collecting data to fill gaps, then we can work on data quality to ensure it is accurate.
    - **KP Yelpaala:** You can imagine that there becomes a question of "data standard".
    - **Rachel Dixon:** Are we also planning on collecting provider demographic data?
    - **Stephanie Pugliese:** Not yet, but I like the idea.
    - **Rachel Dixon:** It's been shown that outcomes improve when cultural competency, cultural awareness, race and ethnicity, language, and things like that are taken into consideration in treatment. We do not have good provider demographic data. When we did the 2021 telehealth provider survey, we had 1400 respondents, a third of which self-identified as transgender, gender non-binary, or two-spirit, which was inconsistent/new data for us, and highlights as an example the need for provider demographic data.
    - **KP Yelpaala:** I think that's spot on. Anything that we can do to improve this type of data

based on the baseline we are at now, the interface is the provider. When we think about the next step of getting better data, the provider is the interface and this is just the first step in a bigger process.
    - **Wes Williams:** There are two places where the state and OeHI can help in this. For example, when someone comes in for regular outpatient treatment, it is straightforward to collect demographic data. It is more difficult in crisis situations, for example walk-in clinics and other community response type things. There is an opportunity for bi-directional data exchange. When we have a master patient index, then we can say a specific person is already known to the state of Colorado healthcare system. That way we don't necessarily need to collect all this information during a crisis by getting data from what other providers have. Additionally, a lot of staff demographic information is collected to be only used for equal employment purposes and it can't be distributed the same way. That's where a state provider directory could come in, where individual providers may not have the liberty to use the information we collect for the purposes we are talking about here.
    - **Jason Greer:** The problem Art mentioned, of the data being poor quality, is worth thinking about. What's our forum for bringing people together and figuring out how to solve the data quality problem?
    - **KP Yelpaala:** There will probably be a sub-committee on this because it's complicated and there's a lack of trust; it isn't easy to get this data. People lie on forms or don't want to share this data, and it gets very complex. From my view, I don't want to put much more forward yet.
    - **Sophia Gin:** When we get to that point, it would be good to get a group together to brainstorm what of all the possible things we want to focus on. Because you can't do it all, and you have to prioritize because quality is going to depend on which question you are asking.
    - **KP Yelpaala:** This is also driven by money. There are things coming legislatively that are very specific, so at the end of the day we need to know how this gets funded. That may drive strongly what we focus on.
    - **Parrish Steinbrecher:** CMS has a requirement for a file from us to keep our funding. There's a federal reporting aspect to this.
    - **KP Yelpaala:** That came up in a meeting I attended. That's going to be a wise approach, seeing where we are today from a bottom-up perspective, and then seeing where funding is coming. When you think about legislation and what motivates legislation, we know where there could be funding and what legislative move might unlock it, so that's the triangulation I'm thinking about.
    - **Parrish Steinbrecher:** It would be good to get involved with the decision-making on what those files can be since we are required to stay current and accurate in order to keep our funding.

Workgroup Successes

- Our Care Coordination workgroup has reconfigured their membership to balance state agency and subject matter experts, as well as developed and approved the Social Health Information Exchange Strategy.
- Our Rural Health Steering Committee has reached 98% connectivity of our rural safety net providers to the Health Information Exchanges, and OeHI and the eHealth Commission leaders have completed rural provider outreach to really understand the needs out there and how we can be helpful.
- Going forward, we will continue to expand focused strike forces and, in the rural space, move on to Phase 2 of the Community Analytics Platform as well as work to address roadblocks in the rural community.
    - **John Kennedy:** We have received approval for our enhanced federal funding match by CMS today.
- **Micah Jones:** What does data monetization refer to on this slide?
    - **John Kennedy:** There's some concern in the community about their data coming to systems where somebody in a metropolitan area could use it to make a report and make money, so that's a hurdle to buying into connecting to our infrastructure.

    - **Jason Greer:** That's a very real concern with EHR records, that does happen.
- **Sophia Gin:** So this is already happening, the problem is that they want to see some of that come back to them?
- **John Kennedy:** Yes.
- **Misgana Tesfaye:** Just because data is flowing and people are charging for services, doesn't mean that it's bad.
- **Micah Jones:** Are there any specific examples of this negative data monetization?
- **John Kennedy:** Their main concerns revolve around EHRs and the idea that, if someone is profiting from my data, I want a piece of that pie.
- **Jason Greer:** So this is a contracting conversation, more than anything. A lot of us who do this kind of contracting understand you put in provisions about what data can and cannot be used for. There's also a conversation about can a provider monetize data, because there is a lot of cost revolving around making data flow. Providers are also concerned about privacy as well as liability and monetization, but it starts with contracting.
- **Micah Jones:** This is definitely something we will have to work through especially as we get more third party apps that are trying to knock on the door of big networks and EHR networks.
- **Parrish Steinbrecher:** What do you think of the buyer process and how that fits into everybody sharing something and everybody seeing data in the same format?
- **Micah Jones:** I believe CMS is looking for a specific dataset of items that can be shared. My personal opinion is that we are still a ways off from where the federal government wants to be. It's my understanding that the interoperability rules don't have a ton of downstream restrictions, if any, on third party vendors receiving information. For example, if you are trying to use the Apple Health App to retrieve your data, it is not the health information network's place to deny that connection if they have the capability. A lot of what CMS is doing is putting it on the community to build the trust for this data sharing to actually work.
- **Rachel Dixon:** For the HIE and S-HIE, thinking about data monetization, how do you also balance the consumer perspective?
- **Misgana Tesfaye:** We do have to abide by HIPAA, we have data privacy officers on staff, and those efforts start at the onset of collecting the data from an agency perspective. There are some safeguards in place, but I don't honestly know how that works from a provider perspective.
- **Sophia Gin:** I think the consumer dynamics are also changing. I don't think that we will be looking at the state responsibility to govern the use of data. All of our personal data is already shared, and what used to be sacred about somebody's health records is changing. If so much personal data is monetized, it brings up the question about why health data is so much more private or protected.
- **Micah Jones:** Just for the record, HIEs are limited in our abilities to sell data and that doesn't happen outside authorized purposes. Regarding the consumer and their access to data, you can think of business-to-consumer and business-to-business, and the consumer thinks about those differently. A consumer could be engaged and have the choice; for example if a consumer tries to pull their own records in an app, they can receive a disclaimer that the third party doing so is potentially able to monetize their data. When you go into business-to-business and have other downstream businesses, then you run into a lot of risk with consumers being very angry that their data is being monetized downstream. Consumers are a lot more cautious than they were in the past.
- **KP Yelpaala:** This is generational also and there has definitely been a shift.

Public Comment Period

- **Jason Greer:** I just want to say we have come a long way and we are having much more innovative conversations.
- **KP Yelpaala:** Going into 2023, are there any topics, issues, or recommendations?
    - **Rachel Dixon:** I'm really excited about the digital equity plan for next year and we have completed our 2022 provider telehealth survey. Digital literacy, digital equity, the digital divide, has been identified as the number one barrier, so this digital equity plan couldn't be coming at a better time. In terms of what I want to see in 2023, I'm excited to see us

focusing on the digital divide.
- **Patrick Gordon:** The public health emergency unwind and the Medicaid redetermination process are going to be a big event for our stakeholders and should be a focus for 2023.
- **Wes Williams:** 2023 will be my sixth and final year on the commission and I am really excited about the progress OeHI has made on consent, and I hope we can make substantive progress on that in 2023.
- **Rachel Dixon:** HCPF's Accountable Care Communities 3.0, thinking about what that looks like and how it will address telehealth, health IT, reimbursement changes, and more will really be influential in our work.

Action Items
KP Yelpaala
- *Next meeting will be February 8th, 2023.*

eHealth Commission Meeting Closing Remarks
- Open Discussion

Motion to Adjourn
KP Yelpaala
- KP Yelpaala requests motion to adjourn
- Rachel Dixon motions to adjourn
- Art Davidson seconds the motion
- Meeting adjourned at 1:24 PM MST