

January 13, 2021 | 12:00pm - 2:00pm | Virtual Meeting Only

Type of Meeting	Monthly eHealth Commission Meeting
Facilitator	Michelle Mills, Chair
Note Taker	Karen Haneke, OeHI
Timekeeper	Michelle Mills, Chair
Commission Attendees	Art Davidson, Rachel Dixon, Sophia Gin, Jason Greer, Morgan Honea, Marc Lassaux, Perry May, Michelle Mills, Dana Moore, Carrie Paykoc, Alex Pettit, Chris Underwood, Chris Wells, Wes Williams

## Minutes

### Open

#### Call to Order

Michelle Mills, Chair

- Roll Call and Introductions - Roll call was taken. Quorum was reached.
- Approval of December Minutes - Minutes were approved. Note that there is a redline at the end of the document that should be removed.
- Review of the January Agenda and Objectives

### Announcements

#### Lt. Governor Remarks

*Dianne Primavera, Lt. Governor and Director of the Office of Saving People Money on Health Care (OSPM\$OHC)*

- Lieutenant Governor Primavera thanked everyone for joining, and thanked Morgan Honea, Marc Lassaux, and Dana Moore for their contributions as founding members.
- Acknowledged the new Commissioners who will be officially joining in February (Mona Bassett, KP Yelapaala, Jason McRoy, Annie Harrington).
- Noted that boards are more essential than ever as we battle COVID.

#### OeHI Updates

##### Comments from outgoing Commissioners

- Morgan Honea, Marc Lassaux, and Dana Moore, whose Commission terms were ending, provided some parting comments. They acknowledged the progress that was made during their tenure on the Commission and mentioned that it had been an honor to serve. Carrie Paykoc encouraged them to remain involved.

*Carrie Paykoc, Director, Office of eHealth Innovation*

- eHealth Commission Appointments/Reappointments

Four new eHealth Commissioners officially start in February, 2021. They are:

- Mona Bassett of Denver is the VP of Digital Services at SCL Health.



- KP Yelapaala of Denver is the CEO and Founder of Access Mobile.
- Jason McRoy of Crested Butte is the Director of Analytics at QHN and will serve as an *ex officio* member.
- Annie Harrington of Denver is the Chief Legal Officer at CORHIO and will serve as an *ex officio* member.

Art Davidson and Wes Williams were reappointed for a second term.

There is one more seat to fill.

*Stephanie Bennett, Health IT Coordinator, Office of eHealth Innovation*

Stephanie Bennet thanked the Commissioners and others on the call who provided support and feedback to OeHI's Federal comments.

ONC Comments (OeHI's submission [here](#))

- Due to the COVID-19 pandemic, ONC extended compliance dates and timeframes for Information Blocking and the ONC Health IT Certification Program.
- OeHI wrote in support of this rule and extension.
- We illustrated a challenge between the deadline of April 5, 2021 for CMS API and core data requirements, in contrast to the December 31, 2022 deadline for health IT vendors to have updated Certified EHR systems.
- To address this disparity, we urged ONC and CMS to clarify that the provider may use the "Infeasibility" exception under the ONC Final Rule.
- Allowing health care providers to use this exception may apply pressure on their EHR vendors to update their systems.

CMS Comments (OeHI's submission [here](#))

- Center for Medicare & Medicaid Services (CMS) published the Notice of Proposed Rulemaking (NPRM) with a two-week public comment period.
- Contained 5 sets of proposals and 5 requests for information. The proposals would take effect January 1, 2023 if enacted.
- OeHI requested a minimum of 60 day comment period.
- We illustrated requests for federal support and opportunities for federal intervention, including:
  - Advocating for additional education for patients and providers regarding accessibility to health information,
  - Providing support for behavioral health providers to integrate into health information exchange,
  - And for direction from the federal level regarding standardization of questions and workflows for Social Determinants of Health data.
- We cautioned CMS against removing fax transmission as an accepted form of data exchange.

OeHI is planning to submit comments to the following two federal opportunities, and will be engaging the Commission prior to those submissions.

- The Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) proposed changes to the HIPAA Privacy Rule.
- COVID-19 TELEHEALTH PROGRAM APPLICATION EVALUATION METRICS Legislation provides an additional \$250 million for the FCC's COVID-19 Telehealth Program, created by the CARES Act. Another notice proposes a benefit program for qualifying individuals to receive \$50-\$75 monthly for broadband.

Upcoming Joint Technology Committee (JTC) Meeting Presentation



- OeHI is requesting \$6.4 million in funding for Rural Connectivity in the upcoming JTC meeting in 1-2 weeks.

### eHealth Commission Updates

#### eHealth Commission Members

- Wes Williams informed the Commission of the online mental health resource <https://www.youatyourbest.com/> powered by the Mental Health Center of Denver and encouraged everyone to check it out.
- Art Davidson asked for clarification on the CMS comments regarding the rationale for removing fax transmission as an acceptable form of data exchange, noting that in some cases it is the approved way to submit referrals. Stephanie clarified that CMS is asking how fax transmission could be phased out in information exchange. OeHI's comments cautioned against phasing out fax transmission and emphasized that providers need support if this mode of transmission is being phased out.

### New Business

#### Vaccine Distribution Data Sharing: Advancing HIE Workgroup Update

*Chris Wells, Division Director, Center for Health and Environmental Data, CDPHE*

*Marc Lassaux, Chief Technology Officer, Quality Health Network*

*Dana Moore, Chief Information Officer, Children's Hospital*

Chris Wells presented an update on the COVID-19 vaccine distribution status.

- Colorado is authorized to administer 2 vaccines, from Pfizer and Moderna. Both are 2 doses. Colorado started receiving vaccines on the 14th of December.
- The distribution strategy is focused on how we can save the most lives and how we can end the crisis as soon as possible.
- Described phases 1A and 1B:
  - 1A includes vaccinating 76,000 high risk health care workers and and 121,000 long term care residents and staff.
  - 1B includes vaccinating 125,000 moderate risk health care workers and first responders, and Colorado residents 70 years of age and older.
- 302,600 vaccines were received and 223,488 were administered to date in Phase 1A, which will be completed by Jan. 15.
- The roles and responsibilities for Phases 1A and 1B were divided between local public health agencies and providers to ensure a quick response.
- The overall time frame is dependent on a steady stream of doses from the Federal government.
- The goal is to vaccinate 70% of Coloradans 70 and older by February 28.
- Key takeaways:
  - wear masks
  - social distance
  - avoid social interactions
  - stay home as much as possible
  - wash hands frequently
  - The vaccine is free.
- More information can be found at the following websites and phone number:
  - <https://covid19.colorado.gov/vaccine>
  - <https://covid.cdc.gov/covid-data-tracker/#vaccinations>
  - 1-877-CO VAX CO (1-877-268-2926)

Questions following the presentation:

- What is the rate of folks opting out of the vaccine? What type of PSAs or other communications are in place to help people get on board? Chris Wells replied that they are working on establishing clear messaging giving as much information as possible and trying to direct people to their health care provider as a trusted source of information. He acknowledged that the opt-outs are a potential problem.



- When you say that the vaccine is free, one health care system is planning to charge an administration fee. Is that something the state wants to ban? Chris Wells was not aware of this occurring, and reiterated that there is not a charge to the individual for the vaccine itself. More conversation is needed to figure out what is going on.
- UC Health has indicated that if you haven't been seen in their system, you could still long in and get vaccinated. Will there be an overlap of patients in different systems? Will there be duplicate communications? Do people need to get their second shot from the same healthcare system? Vaccination information is tracked by the CIIS system, which is available to all healthcare systems. Reminders can be sent to individuals to arrange an appointment for the second shot.
- Some people are registering with as many sites as possible, hoping to get in for a vaccination appointment with one of the lists. It can cause confusion if they are on multiple lists. Can information be added on the FAQ page of the Colorado website? Chris Wells responded that this is a good point and will see if wording can be added to the FAQ page.
- Can vaccinations be provided through CDPHE? CDPHE plans to vaccinate their employees but will not be serving as a vaccination site for others.
- Once vaccinated, people should continue to follow public health rules. Clear communications are needed so that people are aware that the vaccine protects the vaccinated person from getting symptoms but does not stop the spread to others by that person.
- Are we monitoring inventory levels at specific locations? Chris replied that CDPHE is monitoring inventory so that vaccines can be distributed to address specific location needs.

Dana Moore presented an update from a clinical background. Children's Hospital has the lab tracking system in place and noted that many people are shopping for the first available appointment. He also mentioned that there are conspiracy theories spreading on Facebook, and that the mis-information needs to be counteracted in order to ensure that the vaccination rate is high enough to provide herd immunity.

Marc Lassaux highlighted the need to share vaccination information more broadly from CIIS and to include this data in the HIE structure to better coordinate information sharing.

#### Questions from the public:

- How has your administration's plan changed since the HHS communication to change the age from 70+ to 65? The plan is still to focus on the 70+ age group first. Individuals in the 65 to 69 age range are five times less likely to die from COVID than the 70+ group, which is the rationale for staying with the initial focus on the 70+ age group. Coloradans age 65 to 69 will be vaccinated in Phase 1B.
- I've heard from home care providers that they are having trouble locating a vaccination site. Since they're mostly not part of a larger system, they don't have a clear access point. Do you have other resources for them? Kaiser has taken some of these, but does not have a lot of availability. If they are in the tri county region, Broomfield, or El Paso County, they should reach out to these public health agencies to connect these home care providers with a vaccination site.

#### Governor Remarks

*Jared Polis, Governor*

Governor Polis thanked the outgoing members of the eHealth Commission (Morgan Honea, Marc Lassaux, and Dana Moore) for their service. He recognized the invaluable support and expertise they provided as founding members of the Commission. He also recognized their pivotal leadership in building relationships and infrastructure to ensure success.

*"As a testament to the importance of collaboration between public and private groups and your work in this area, we heard from Marc and Dana earlier, along with Chris Wells from CDPHE, regarding data sharing of vaccine records. The Commission has provided rapid and innovative direction to OeHI and the State throughout and beyond the COVID-19 pandemic response. The*



*variety of representation on the Commission in expertise and background contributes to a balanced and equitable response on behalf of the State, and I thank you again for your dedication.”*

With regard to the COVID response, Governor Polis mentioned that it is important to use our networks to encourage people to avoid social settings and continue precautions. Colorado is using risk-based criteria in vaccination distribution plans, and is working with many providers across the State.

### **Prescription Drug Monitoring Program (PDMP)-Update and Future State Discussion**

*Carrie Paykoc, Director, Office of eHealth Innovation*

*Dmitry Kunin, Program Director, Pharmacy and Prescription Drug Monitoring, DORA*

Carrie Paykoc presented an update and future state discussion of the PDMP.

- Support Act funding is available to develop recommendations for future state PDMP and to implement e-prescribing and clinical decision tools.
- The PDMP recommendations were introduced last month. Commissioners were encouraged to read those [recommendations](#). The first pages provide an executive summary. The plan calls for building toward a more affordable and scalable approach and policy changes are necessary.
  - Medicaid is unable to access PDMP data due to statute. Legislation was proposed in 2020 to HB20-1085 but postponed due to COVID. The bill specifies who has access.
  - HIE moving forward with legislative efforts for ALL medications to be added to the PDMP.
  - Stakeholders interested in expanding types of medications in PDMP such as medication assisted treatment (MAT).
  - PDMP Sunset Review Board and process separate from OeHI’s efforts but is aligned with OeHI on increasing the type and amount of medications available within the PDMP.
- The technology necessary for the future state includes:
  - Establishing recommendations for future state architecture and data flows. It is dependent on policy, funding, and contracting for PDMP.
  - Advancing clinical decision support tools and data sharing of opioid risk factors, medication management, and real time benefits check being implemented by HCPF for Medicaid and other payer providers.
  - Increasing HIE/EHR integrations, APIs, and enhancing analytics that are affordable and scalable
  - Leveraging multi-state data sharing hup, RxCheck, when audit capabilities exist.
- DORA is re-procuring PDMP in 2021, which offers an opportunity to leverage findings and recommendations from OeHI and the eHealth Commission.
- There are a number of licences available for the Prescriber Tool/Opisafe through Medicaid funding and in the future, it may include the opportunity to prescribe a social program.

### Questions/recommendations/comments:

- CORHIO is working to integrate OpiSafe into the HIE. One of the barriers involves the “Rx Check Connection”, which opens the access to the OpiSafe feature, and its functionality should be considered.
  - Carrie Paykoc responded that this is included in the recommendations.
  - Dmitry Kunin also added that the “Rx Check Connection” is the only vetted connection point with audit trails currently. New potential connection points are being developed but are not up to standard yet. Development efforts will continue until they reach the equivalency of the “Rx Check Connection.”
- An eHealth Commission sponsor is needed for the prescriber tool/PDMP effort. If one is not identified, the effort may be combined with Advancing HIE efforts.

### **Executive Session on Charter and Bylaws**



### *eHealth Commissioners*

*LeeAnn Morrill, First Assistant Attorney General & General Counsel to the AG*

*Carrie Paykoc, Director, Office of eHealth Innovation*

Michelle Mills called the eHealth Commissioners into a closed Executive Session to discuss updates to the Charter and Bylaws.

### **Charter and Bylaws Vote**

*Michelle Mills, CEO Colorado Rural Health Center, eHealth Commission Chair*

- Michelle Mills thanked all those who waited for the Commission to come back to the main session.
- There was a motion to approve the eHealth Commission Charter and Bylaws changes:
  - Language was added to ensure at least 80% participation in meetings by Commission members.
  - The chairperson structure was changed to include one Chair, and then First Vice Chair and Second Vice Chair as needed.
  - Delegates are only allowed if they've gone through the State vetting process.
  - A quorum requires at least 9 of the seated members.
  - A supermajority of  $\frac{2}{3}$  is needed for approval in voting.
- All were in favor. The changes were approved.

### **Public Comment Period**

- Does the Commission consider diversity and inclusion in its membership considerations? Carrie Paykoc replied that diversity and inclusion are a priority of the Commission and OeHI. The Committee is currently refreshing 3 new members, and considered race, gender, and geographic representation in the selections. Carrie Paykoc stated that OeHI will share its current efforts with projects and contracts to encourage diversity.
- OeHI has a Google form that can be used to submit comments for upcoming meetings. None have come through for today in this format.

### **Closing Remarks**

- The next meeting is extended to 2.5 hours in length. The February meeting will include an annual training on open records and open meetings, a demonstration of the state prescriber tool, and Health Information Technology (IT) Roadmap strategy planning for 2021.
- Adjourn  
*Michelle Mills, Chair*