

EHEALTH COMMISSION MEETING

WEB-CONFERENCE ONLY JANUARY 13, 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

JANUARY AGENDA



Title	Start	Duration
Open: Call to Order Roll Call and Introductions Approval of December Minutes January Agenda and Objectives Michelle Mills, Chair	12:00	5 mins
Announcements Lt. Governor Remarks OeHI Updates- Commissioner Appointments/Reappointments Recognition of Dana Moore, Marc Lassaux, and Morgan Honea Health Commission Updates Decision Items & Action Items Dianne Primavera, Lt. Governor and Director of the O\$PMOHC Carrie Paykoc, Director, Office of eHealth Innovation Health Commission Members	12:05	20 mins
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	12:25	20 mins
Remarks from Colorado Governor Jared Polis Governor Jared Polis	12:45	5 mins
Prescription Drug Monitoring Program-Update and Future State Discussion Carrie Paykoc, Executive Director, Office of eHealth Innovation Dmitry Kunin, Program Director, Pharmacy and Prescription Drug Monitoring, DORA RXTools to be discussed at February meeting	12:50	10 mins
Executive Session on Charter and Bylaws (Separate Zoom Link) eHealth Commissioner Members LeeAnn Morrill, First Assistant Attorney General & General Counsel to the AG Carrie Paykoc, Executive Director, Office of eHealth Innovation	1:00	40 mins
Charter and Bylaws Vote Michelle Mills, CEO, Colorado Rural Health Center, eHealth Commission Chair	1:40	5 mins
Public Comment Period	1:45	5 mins
 Closing Remarks Open Discussion Recap Action Items February Agenda- RxTool Demo and Discussion, Annual Commission Training on Open Records and Open Meetings-Sunshine Laws, Strategy for 2021 Adjourn Michelle Mills, Chair 	1:50	10 mins



REMARKS FROM DIANNE PRIMAVERA, LT. GOVERNOR AND DIRECTOR OF THE OFFICE OF SAVING PEOPLE MONEY ON HEALTH CARE

ANNOUNCEMENTS



OeHI and eHealth Commission Updates

- eHealth Commission Appointments/Reappointments
- New eHealth Commissioners to officially start February 2021: Mona Bassett, KP Yapalla, Jason McRoy, and Annie Harrington
- Reappointments: Art Davidson and Wes Williams
- Thank you Morgan Honea, Marc Lassaux, and Dana Moore for your service as eHealth Commissioners

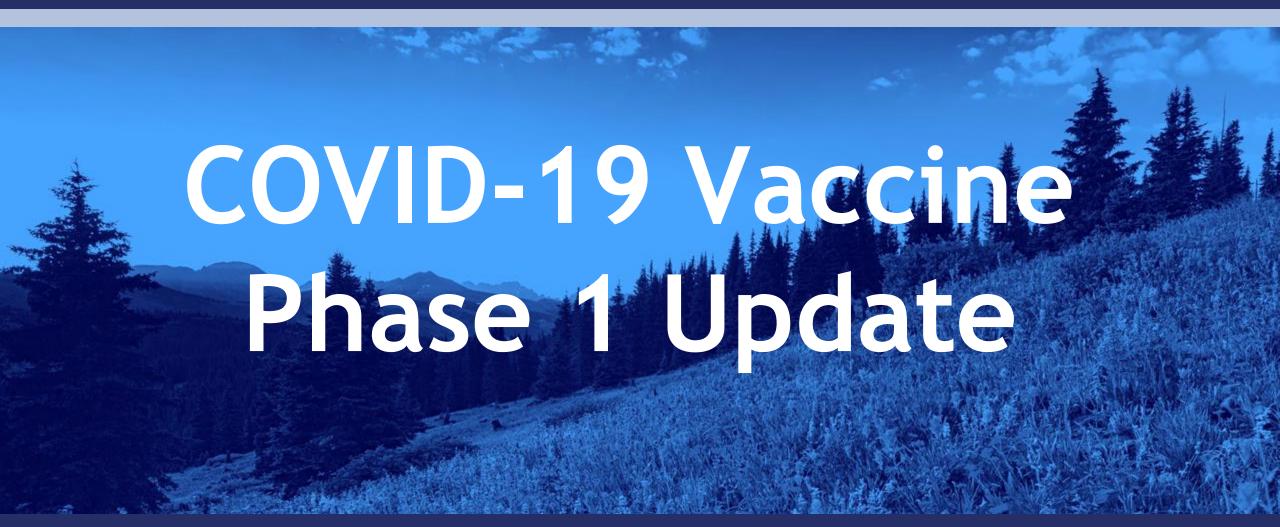
- ONC/CMS Interoperability Comments Submitted
 - Final Comments CMS Proposed Rules and RFIs
 - Final ONC Proposed Rules Comments
- Upcoming Joint Technology Committee
 Presentation: OeHI Rural Connectivity Funding
 Request 6.4 Million- Date TBD
- February Meeting: Annual Training on Open Records and Open Meetings, Demo of State Prescriber Tool, and Health IT Roadmap strategy planning for 2021
- *Time extended 30 mins for strategy discussions in 2021*
- Other Commissioner Updates?

Note: If you are experiencing audio or presentation difficulties during this meeting, please text 203-521-5910.



VACCINE DISTRIBUTION DATA SHARING: ADVANCING HIE WORKGROUP UPDATE

CHRIS WELLS, DIVISION DIRECTOR, CENTER FOR HEALTH AND
ENVIRONMENTAL DATA, CDPHE
MARC LASSAUX, CHIEF TECHNOLOGY OFFICER, QHN
DANA MOORE, CHIEF INFORMATION OFFICER, CHILDREN'S HOSPITAL





Currently Authorized COVID-19 Vaccines



- 2 doses (21d)
- Efficacy: 95%
- EUA issued December 11
- Started arriving December 14



- 2 doses (28d)
- Efficacy: 94.5%
- EUA issued December 18
- Started arriving December 21

These vaccines are more effective than the flu vaccine and comparable to the efficacy rate of the measles component of the MMR vaccine.



Prioritization Philosophy

Our focus in determining vaccine prioritization has been based on:

- 1 How we can save the most lives.
- 2 Ending the crisis that has been brought on by the pandemic as quickly as possible.



COVID-19 VACCINE DISTRIBUTION

PHASE 1 Winter







PHASE 3





The general public:

Anyone age 16-59.

1A

Highest-risk health care workers and individuals:

- · People who have direct contact with COVID-19 patients for 15 minutes or more over a 24-hour period.
- · Long-term care facility staff and residents.

1B

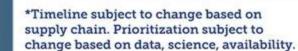
Coloradans age 70+, moderate-risk health care workers, first responders, frontline essential workers, and continuity of state government:

- · Health care workers with less direct contact with COVID-19 patients (e.g. home health, hospice, pharmacy, dental, etc.) and EMS.
- · Firefighters, police, COVID-19 response personnel, correctional workers, and funeral services.
- · People age 70 and older.
- · Frontline essential workers in education. food and agriculture, manufacturing, U.S. postal service, public transit and specialized transportation staff, grocery, public health, frontline essential human service workers. and direct care providers for Coloradans experiencing homelessness.
- · Essential officials from executive, legislative and judicial branches of state government.
- · Essential frontline journalists.



Higher-risk individuals and other essential workers:

- People age 60-69.
- · People age 16-59 with obesity, diabetes, chronic lung disease, significant heart disease, chronic kidney disease, cancer, or are immunocompromised.
- · Other essential workers and continuity of local government.
- · Adults who received a placebo during a COVID-19 vaccine clinical trial.















Revised date: 12/30/2020



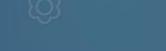


















































Phase 1A: Estimated # of Coloradans





Phase 1B: Estimated # of Coloradans

Moderate Risk All people 70+ Frontline **ESTIMATES** (not including Health Care Total essential 14,000 in skilled Workers & EMS workers Responders nursing centers) 1,315,000 125,000 562,000 628,000



Phase 1: COVID-19 Vaccines Update

VACCINES RECEIVED TO DATE

VACCINES ADMINISTERED TO DATE (as of 1/10/21)

EXPECTED PHASE 1A COMPLETION

302,600

223,488

JAN 15

- When the majority of highest risk healthcare workers will have received both doses or at least one
- When the majority of skilled nursing facilities will receive their first dose



Phase 1A/1B Roles & Responsibilities

In order to achieve our goal of saving lives and ending this health care crisis as soon as possible, as well as get vaccines into arms as efficiently as possible, we are dividing up the responsibilities for vaccine administration between Local Public Health Agencies and Providers.

Local Public Health

Outstanding highest risk, unaffiliated health care workers in Phase 1A

Moderate risk health care workers

First responders in Phase 1B

Providers

(hospitals, health systems, pharmacies and safety net clinics)

People 70 years or older

(unless the hospital is vaccinating current staff)

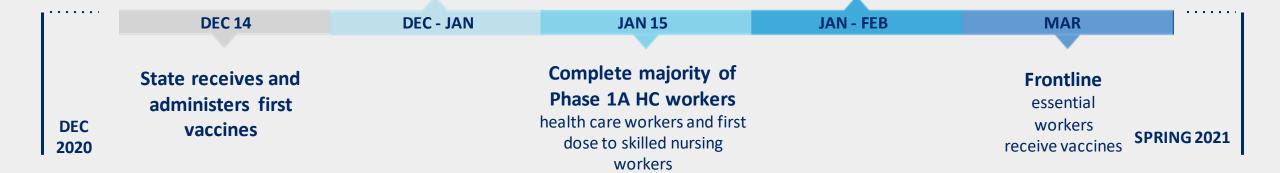


Phase 1 Timeline

Phase 1A vaccines administered

Phase 1B begins & 1A finalizes

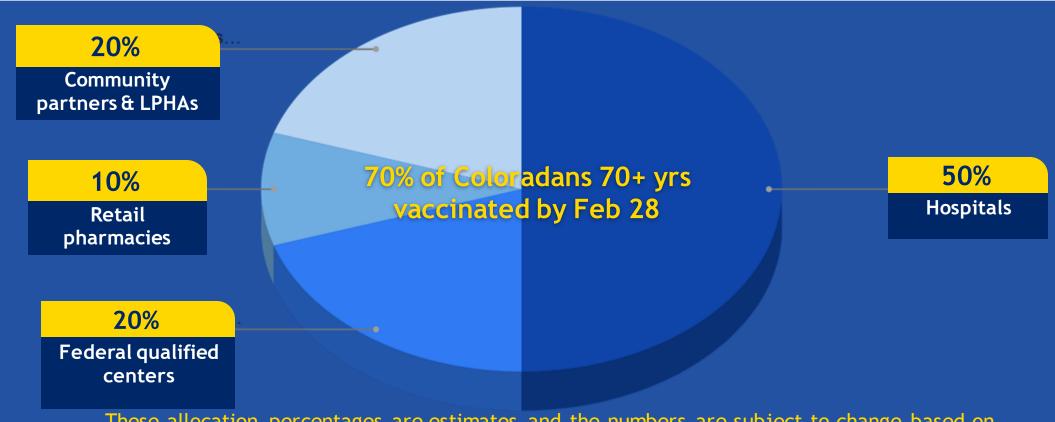
Moderate risk health care workers, first responders, and 70+ Coloradans



This timeline is dependent on receiving a steady supply of doses from the Federal government, and steady administration by healthcare providers and Local Public Health Agencies.



GOAL: 70% of Coloradans 70+ vaccinated by Feb 28



These allocation percentages are estimates and the numbers are subject to change based on vaccine availability, local planning and demand from the previous week.



Key Takeaways

To be as safe as possible until the vaccine is widely available, we will all need to continue to follow critical public health protocols. Wear a mask in public, maintain at least 6 feet of distance from others, avoid in-person interactions with people outside your household, wash your hands often, and stay home when you are sick.

Getting a COVID-19 vaccine will be free. A vaccine provider may not turn you away because of an inability to pay or your medical coverage status.

It's okay if you're not sure about whether you would get the vaccine. We want to empower Coloradans to make informed decisions about their health with the help of their health care providers.



Where to get more information

CALL COHELP

1-877-462-2911

Monday - Friday, 9 a.m. - 10 p.m. Saturday & Sunday, 9 a.m. - 5 p.m.

Answers available in multiple languages.

VISIT

COVID19.COLORADO.GOV/VACCINE

COVID19.COLORADO.GOV/VACUNA

Includes the most up-to-date information about vaccine availability and information in Colorado.

Information available in Spanish, Vietnamese, Simplified Chinese, Somali, Arabic, and Nepali.









IMMUNIZATION ANALYTICS



Colorado COVID-19 Vaccination Data

Data is updated daily by about 4 p.m. and includes data reported through the previous day. All data, for days past and present, is recalculated daily from the Colorado Immunization Information System. Vaccine administration data often has a reporting lag, and counts may not reflect all doses administered on a given day.





COLORADO

Department of Public Health & Environment

Colorado is in Phase 1A & 1B

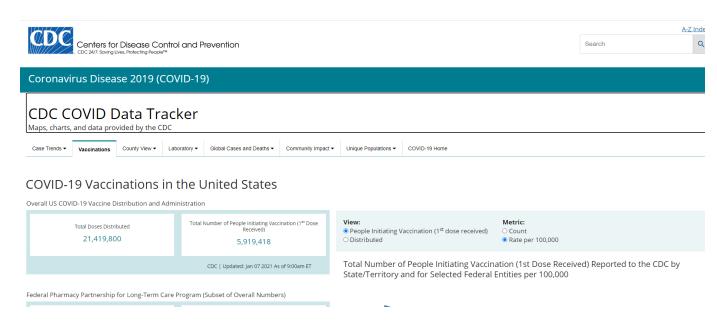
296
Total Vaccine Providers

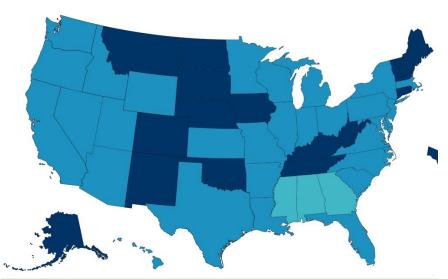
138,607 People Immunized with One Dose 5,527
People Immunized with
Two Doses

https://covid19.colorado.gov/vaccine

IMMUNIZATION ANALYTICS







https://covid.cdc.gov/covid-data-tracker/#vaccinations



REMARKS FROM GOVERNOR JARED POLIS



PRESCRIPTION DRUG MONITORING PROGRAM-UPDATE AND FUTURE STATE DISCUSSION

CARRIE PAYKOC, EXECUTIVE DIRECTOR, OEHI
DMITRY KUNIN, PROGRAM DIRECTOR FOR PHARMACY AND
PDMP AT COLORADO MONITORING, DORA

RXTOOLS TO BE DISCUSSED AT FEBRUARY MEETING

MULTI-AGENCY PDMP/RX EFFORT



- SUPPORT Act funding to develop recommendations for future state PDMP and to implement eprescribing and clinical decision support tools.
- Link to recommendations
- Multi-agency effort led by OeHI in collaboration with state agency and community partners.

FUTURE STATE PDMP



POLICY

- Medicaid unable to access PDMP data due to statute. Legislation was proposed in 2020 to HB20-1085 but postponed due to COVID. This bill specifies who has access.
- HIE moving forward with legislative efforts for ALL meds 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 aligned on increasing the type and amount of meds available within the PDMP

FUTURE STATE PDMP

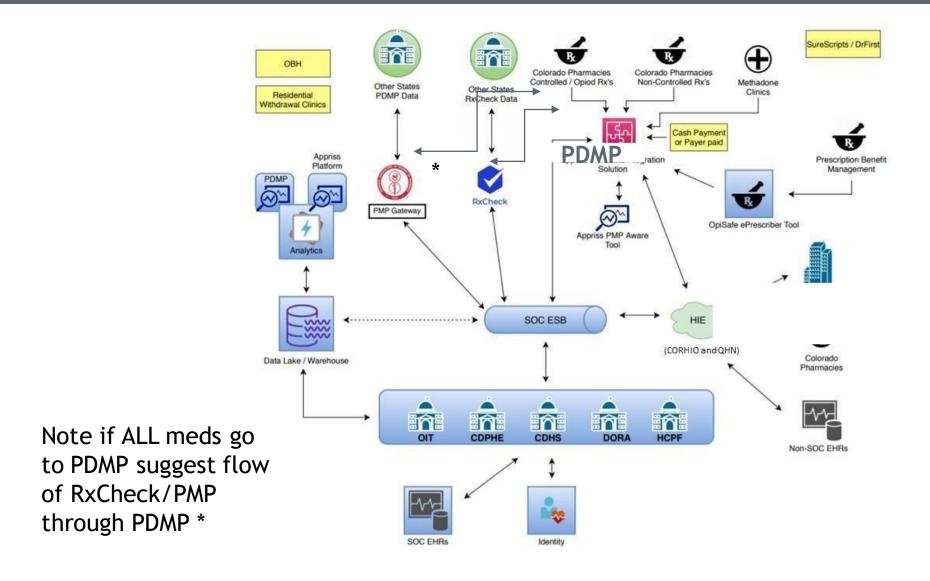


TECH

- Establish recommendations for future state architecture and data flows. Dependent on policy, funding, and contracting for PDMP.
- Advance 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
- Increase HIE/EHR Integrations, APIs, and enhance analytics that are affordable and scalable
- Leverage multi-state data sharing hub, RxCheck when audit capabilities exist
- DORA to re-procure PDMP in 2021- opportunity to leverage findings and recommendations from OeHI and eHealth Commission

Draft Future State Recommendations





DPO PARTICIPATION IN OEHI



- PDMP Regulatory Structure
- Leveraging of PDMP Program's SME and Technical Expertise
 - Inter-state data sharing and integration
 - Reporting capabilities
 - Interoperability consideration
 - Future RFP



Goals

- Reduce prescription drug expenditures
- Improve quality of care and member health outcomes
- Reduce administrative burdens for providers
- Create a platform appealing to all payers

Strategy

- Implement a multi-functional platform (aka the Prescriber Tool) which:
 - Provides real-time patient-specific information to prescribers at the point of care
 - Is accessible via an EHR
 - Can be easily integrated into existing prescriber workflows



Phase I

Opioid Risk Mitigation Module

- OpiSafe will administer an opioid risk module to help prevent the misuse and abuse of opioids and benzodiazepines
- On track to be operational in January 2021

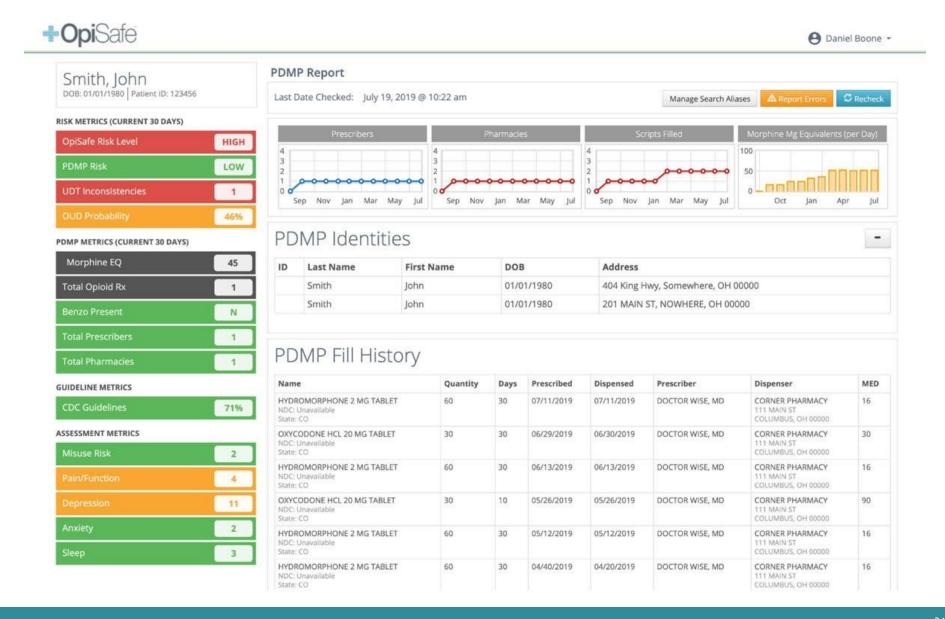
The module provides:

- · Easy access to Prescription Drug Monitoring Program (PDMP) data
- Identification of Opioid Use Disorders (OUD)
- Educational tools with access to evidence-based treatment
- Tools for overdose prevention

License Program

- Each user will need to purchase an individual license to access the module
- HCPF is awarding a limited number of subsidized licenses free of charge to providers
- HCPF/OpiSafe collaborating to identify and outreach high impact prescribers
 - Large hospital systems
 - High impact practices/clinics/prescribers
 - Colorado Pain Society
 - Colorado Hospital Association
- Any Medicaid prescriber/practice will be able to request a subsidized license through an online request app starting in January 2021
- User licenses will provide access to data for non-Medicaid patients too







Real Time Benefit Check (RTBC) Module

- The RTBC module will provide prescribers with the following information/functionalities:
 - Medicaid drug formulary information (e.g., preferred drugs)
 - Covered therapeutic alternatives
 - Patient copay
 - Drug cost to Medicaid
 - Utilization management policies (e.g., prior authorization requirements)
 - Electronic prescription transmission to pharmacies
 - Electronic prior authorization request submission
- Notice of intent to award to Magellan Health was posted in November 2020
- Anticipated go-live is Summer 2021
- Integration with opioid risk mitigation module is TBD



Phase II

- Prescriber Tool interfaces with additional systems/HIEs
 - Expand scope of patient-specific information available to prescribers via Prescriber Tool
 - Provide access to health improvement program information or social services
 - Prescribe a program vs a pill
 - Timeline is TBD



EXECUTIVE SESSION DISCUSSING EHEALTH COMMISSION CHARTER AND BYLAWS

SEPARATE LINK PROVIDED TO EHEALTH COMMISSIONERS

COMMISSIONERS WILL RETURN TO WEBINAR AT 1:40
TO VOTE AND RESUME EHEALTH COMMISSION



EHEALTH COMMISSION MEETING WILL RESUME AT 1:40 PM



EHEALTH COMMISSION CHARTER AND BYLAWS DISCUSSION

CARRIE PAYKOC, DIRECTOR, OFFICE OF EHEALTH INNOVATION

SUMMARY OF CHANGES



- Electronic Vote- Removed
- Chairs: Changed to one chair and vice chairs 1 and 2
- Cleaned up language in the document
- Aligned language with legal requirements and guidance from the AGs Office
- State Agency Designees and Office Director only able to send delegate
- Simplified voting and participation requirements
- Link to current draft

 Executive Session to be scheduled with eHealth Commission and legal counsel in 2021 for annual training/education and to address questions



CHARTER AND BYLAWS VOTE

MICHELLE MILLS, CEO, COLORADO RURAL HEALTH CENTER, EHEALTH COMMISSION CHAIR



PUBLIC COMMENT PERIOD



CLOSING REMARKS