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Office of eHealth Innovation

# eHealth Commission Meeting

VIRTUAL CONFERENCE

July 10, 2024

# July Agenda



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Title	Start	Duration
<b>Call to Order</b> <ul style="list-style-type: none"><li>Roll Call and Introductions</li><li>Approval of June Meeting Minutes</li><li>July Agenda and Objectives</li></ul> <i>Kaakpema “KP” Yelapaala, Chair</i>	12:00	5 mins
<b>Announcements</b> <ul style="list-style-type: none"><li>OeHI Updates-eHealth Commission Updates</li><li>Decision Items &amp; Action Items</li></ul> <i>Dianne Primavera, Lt. Governor and Director of the Office of Saving People Money on Health Care</i> <i>Stephanie Pugliese, Director, Office of eHealth Innovation (OeHI)</i> <i>eHealth Commission Members</i>	12:05	5 mins
<b>Rural Connectivity Initiative Update and Discussion</b> <i>John Kennedy, Rural Connectivity Lead, OeHI</i>	12:10	35 mins
<b>Colorado Health IT Roadmap Refresh Status</b> <b>Digital Health Initiative Update and Discussion</b> <i>Ashley Heathfield, Digital Health Lead, OeHI</i> <i>Stephanie Pugliese, Director, OeHI</i>	12:45	35 mins
<b>Public Comment Period</b>	1:20	5 mins
<b>Closing Items</b> <ul style="list-style-type: none"><li>Closing Remarks</li><li>Open Discussion</li><li>Recap Action Items</li><li>Adjourn Public Meeting</li></ul> <i>Kaakpema “KP” Yelapaala, Chair</i>	1:25	5 mins



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# Opening Remarks

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

## OeHI and eHealth Commission Updates

- eHealth Commission Updates
  - HYBRID August meeting: Please join us in person!
- OeHI is hiring! Please help spread the word!
  - [Operations and Special Projects Coordinator](#) (closes 7/17)
  - [Technical Project Coordinator](#)



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# Rural Connectivity Program Updates

*John Kennedy, Rural Connectivity Lead, OeHI*

- **Provider Sustainability Payments Timeline**
  - 1st payments were sent out on 3/1
  - Next annual payments will be 8/1/24
  - Update on Account Receivable Recoupment
- **Right Sizing the Capital Construction Budget we have been utilizing for the first phase of the project**
- **Future Maintenance and Operations Budget**

- Solutions for ease of reporting to remove the burden of reporting from the rural providers
  - Environmental Scan
- Second Phase of Rural Providers
  - Identifying those outliers who service the rural population and should be part of the Program
- Enhanced/Upgraded Network Security
  - Rural facilities are vulnerable to ransomware attacks
- EHR/EMR Sustainability
  - Ongoing costs are an issue
- [Rural HIT Steering Committee Brainstorm Mural](#) (Outlined in following slides)



## Solutions for Ease of Reporting

Technical Assistance for Providers Aligned with Central Reporting Entity & Various Reporting Requirements

terminology services are needed to untangle-- data standards will continue to lag behind consensus/governance

Reporting tool that takes information out of the EMR that the state pays for

Understanding which data sources are needed to solve this reporting burden and which participating entities hold/have access to that data.

Subcommittee on opportunities to centralize reporting?

Understanding the scope of data for reporting

Milestone payments or other funding to facilities to make crosswalks and other technical assistance changes. Outside entities can help, the facilities need internal resources.

Resource with all required reports outlined for rural providers (CMS, HTP, beds, Individual payer reporting requirements etc.)

Understand mandated reporting metrics by RHCs/CAHs

Data validation efforts-staff to support

Data elements needed for reports



## Identifying Rural Outliers

Phased approach with targeted providers types so we aren't trying to build everything for everyone all at the same time.



healthcare adjacent CBOs (AHEC, harm reduction, senior resource centers, Medicaid enrollment centers, public library - telehealth clinics)

Delta  
Montrose  
Vail and  
Valley View

Independent  
rural  
hospitals

St. Luis  
Valley

Rural BH entities not already included should be considered for the 2nd phase.

Public  
Health  
Departments

independent  
PCPs, GYN,  
Peds, in  
person  
counseling

Home  
Healthcare  
and BH



Physical  
therapy

pharmacy

free clinics

hospice

## Enhanced Network Security

Establish Data Security Committee for Rural (share best practices, exchange notes on vendor solutions, etc.)  
FQs have success stories from this WG.

Contexture security team can offer assistance

CRHC offers several programs around Cybersecurity for rural

Use grant proportions of the budget for network security

## EHR/EMR Sustainability

Technical assistance

Shared EHR Systems  
(OCHIN, OSIS)

Funding to move away from an EHR that isn't meeting needs

Advocacy to federal government to understand EHRs are not one-time costs.

- **Rural Communities**
  - How can we further help rural communities through the Rural Analytics Program?
- How can the State assist our rural facilities' network security?
- **EHR/EMR Sustainability**
  - How can the State Assist Rural Facilities who need to move off of their EHR?
  - What sustainable EHR/EMR options currently exist?



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# Colorado Health IT Roadmap Refresh

*Ashley Heathfield, Digital Health Lead, OeHI*

*Stephanie Pugliese, Director, OeHI*



# Timeline

April -  
August  
2024

Conduct  
Listening  
Sessions

August  
- Sept  
2024

Develop Goals  
and  
Objectives

Oct -  
Dec  
2024

Draft  
Roadmap  
Language

Januar  
y 2025

Release for  
Review and  
Public  
Comment

March  
2025

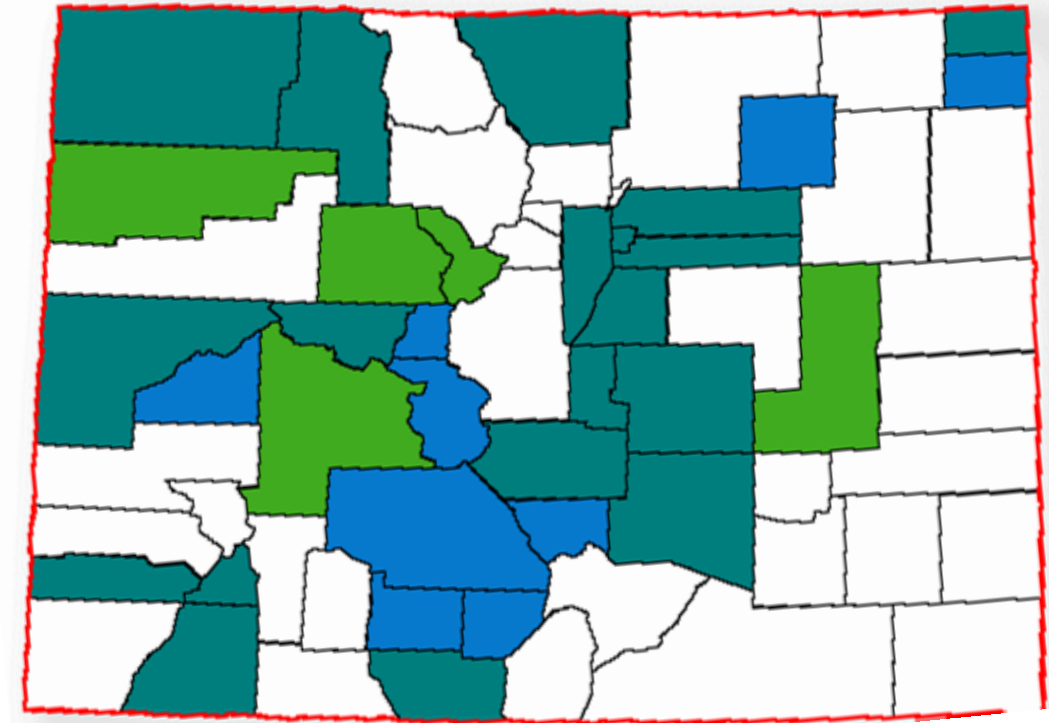
Publish Health  
IT Roadmap

# Roadshow Updates: OeHI Visits So Far

**22** Hospitals, behavioral health groups, health clinics, and libraries

**~\$6,000**  
Spent in local communities

**32** Total healthcare staff engaged



Dark Green = where listening sessions have been held  
Blue Green = where OeHI has already visited  
Green = where OeHI is confirmed to go

\*Note that there is overlap between where OeHI has been and where listening sessions took place



# Roadshow Updates: Listening Sessions

**22** Community-based organizations that hosted listening sessions

**332** Total people reached

**\$126,000**

Funding to community-based organizations

**198** Community members participated

**88** Healthcare staff participated

**8** Languages hosted listening sessions

**46** CBO staff participated

Organizations offered participants incentives such as \$75 gift cards, meals, childcare, etc.



## What we are hearing so far:

- Medicare Advantage is a huge problem for rural providers, and reimbursement from commercial payers
- One of the biggest barriers in adopting health IT is cost of technology and keeping existing technology up to date/running
- Federal and state reporting requirements is a huge burden



## Next Steps

- Start analyzing the data gathered through the listening sessions into themes to inform the Health IT Roadmap update
- Continue conducting OeHI site visits across the state

**Do you have hospital or clinic contacts in these regions? If so, let us know!**

- Pikes Peak region (El Paso and Teller)
- North Central region (Morgan, Weld, Washington, Logan)
- Southeast region (Crowley, Bent, Otero, Prowers)



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# Digital Health Program Updates

*Ashley Heathfield, Digital Health Lead, OeHI*

## What we did

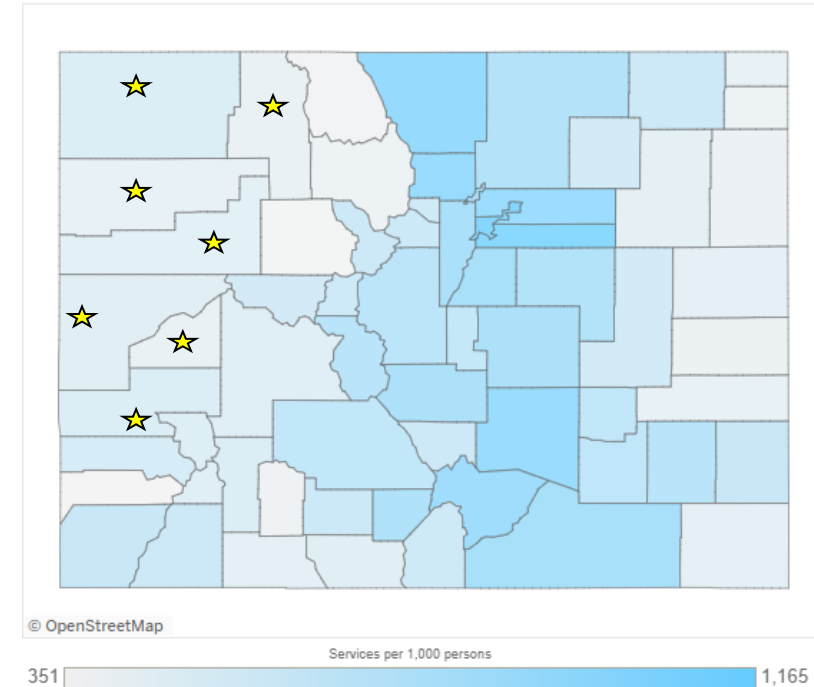
Phone survey of 800 adults in Northwest/Western Colorado to examine:

- How Coloradans in this part of the state are using telehealth services
- The barriers to using those services, and
- What benefits and concerns would be most effective in messaging

## Why

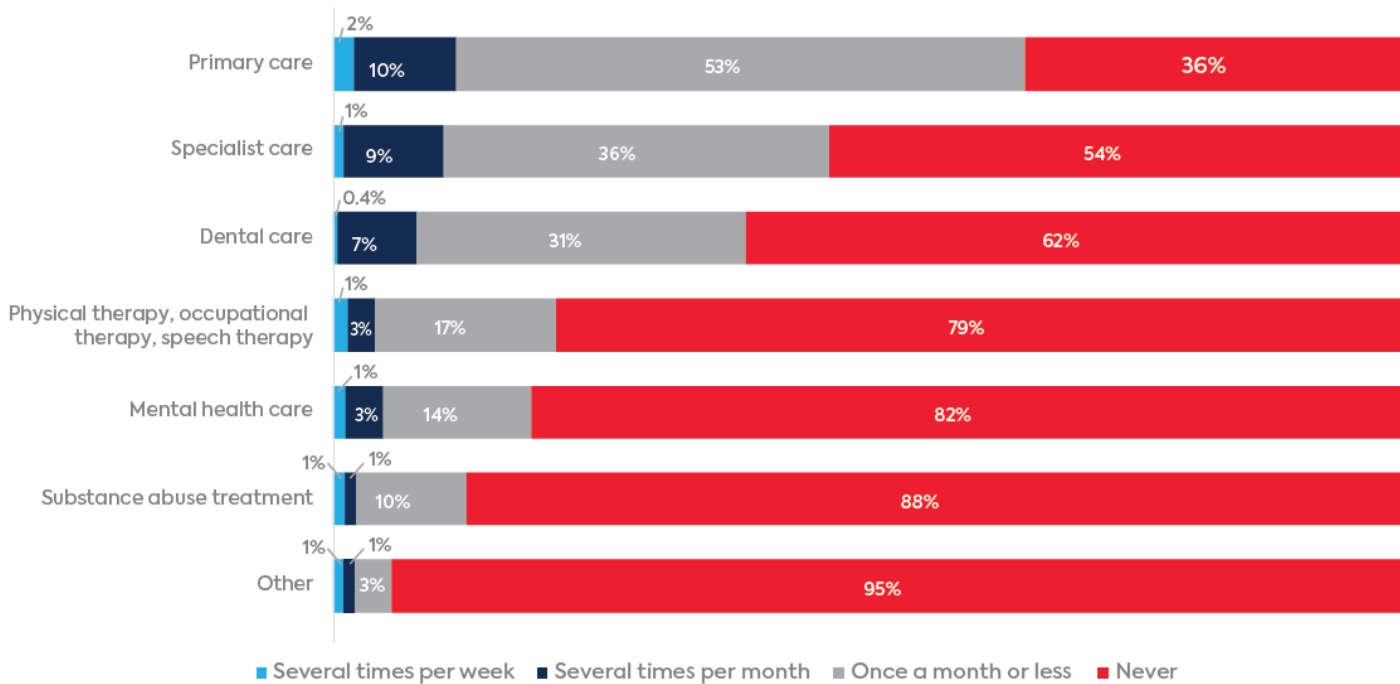
- Northwest/Western Colorado sees lower telehealth utilization
  - 22% vs 34.7%
- Current statewide data doesn't allow for drilling down to uncover perceptions/barriers at a local level
- Local knowledge could drive local change

Where do patients receiving telehealth live?  
Click on any county to filter by geography.



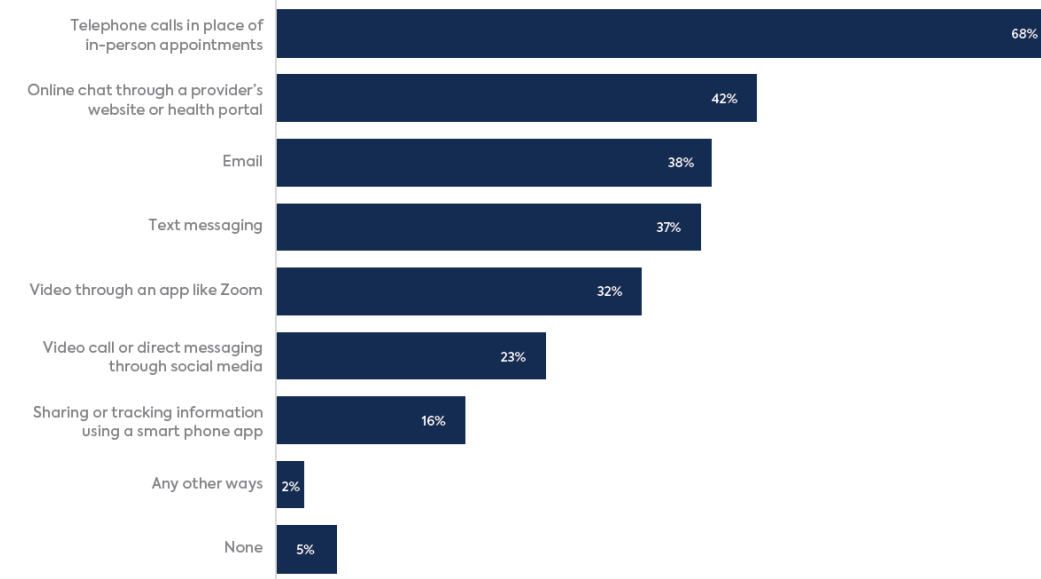
## Telehealth Use

Figure 9. Online Interactions with Health Care Providers



- 28% of respondents were unaware that their provider offers an online portal that they can access
- 38% said they have used Remote Patient Monitoring (RPM) or similar services

Figure 14. Modalities of Online Interactions with Health Care Providers



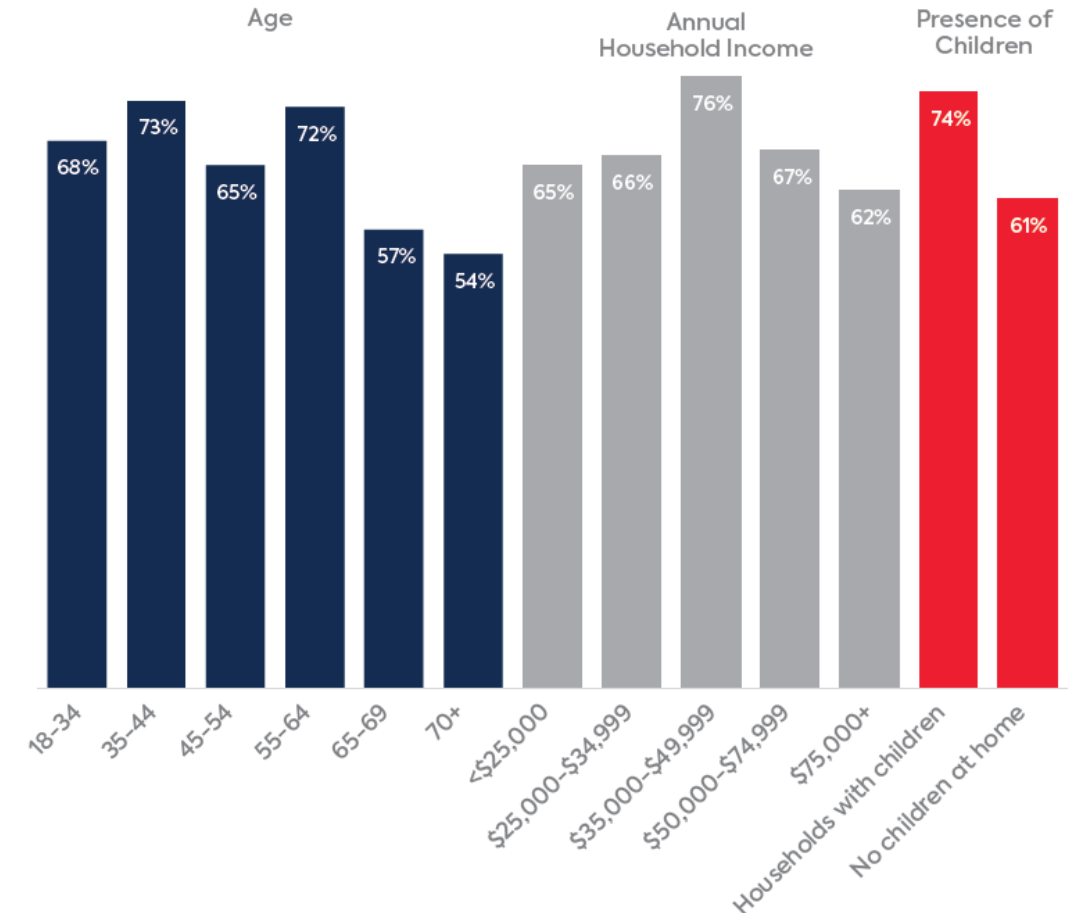
## Benefits of telehealth

Figure 16. Respondents' Perceptions about Telehealth Interactions



Respondents aged 70+ and those making less than \$25k/year less likely to agree with any of these, particularly that telehealth prevented a trip to the doctor

Figure 21. Telehealth Users Who Say Telehealth Has Prevented Trips to a Doctor or Health Care Provider





## Non-telehealth users

More than 1 in 4 respondents (28%) do not use telehealth services. 21% say their provider doesn't offer them, but they'd be willing to use them if offered.

Figure 8. Respondents Who Do Not Use Telehealth

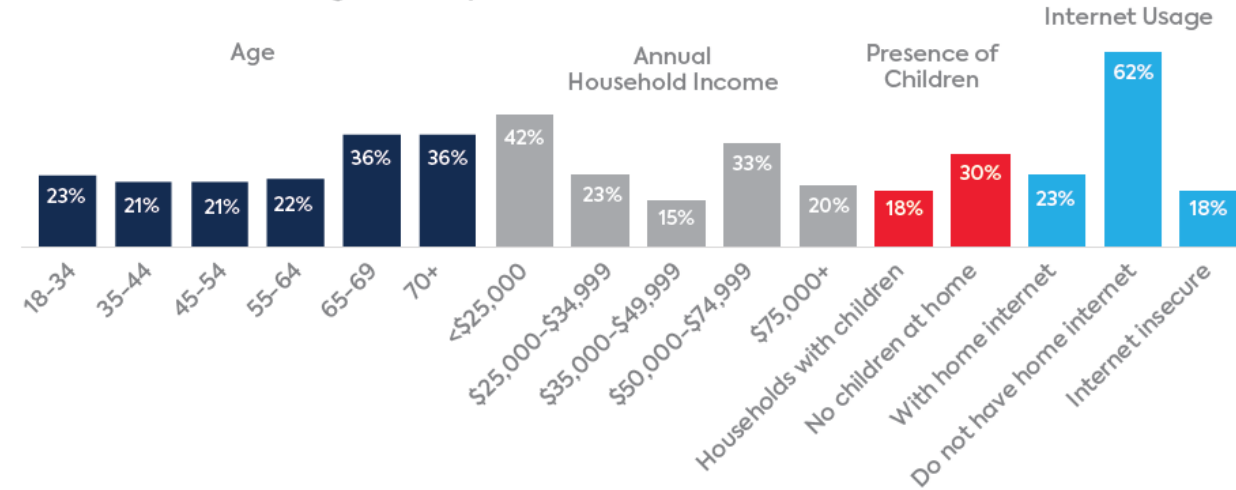


Figure 24. Telehealth Benefits and Their Impact on Patient Decisions

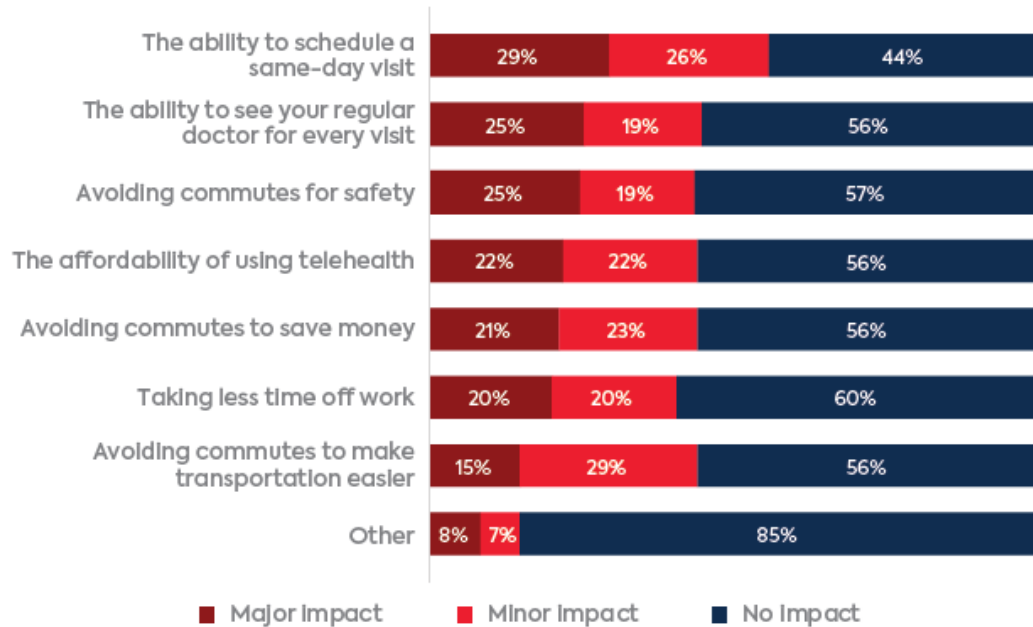
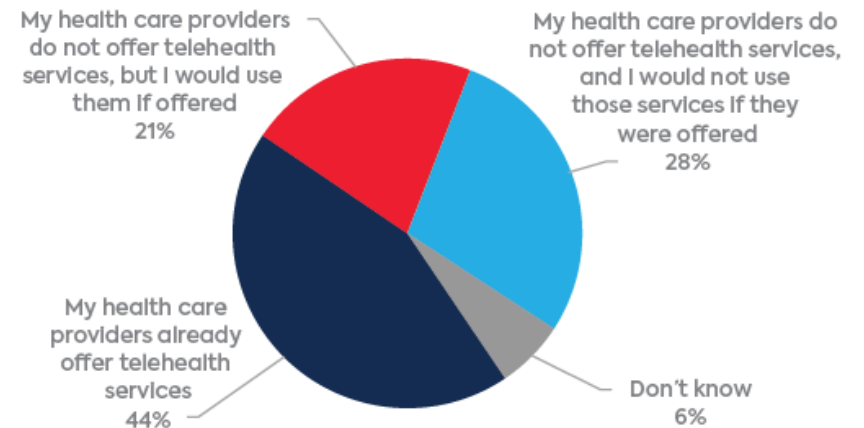


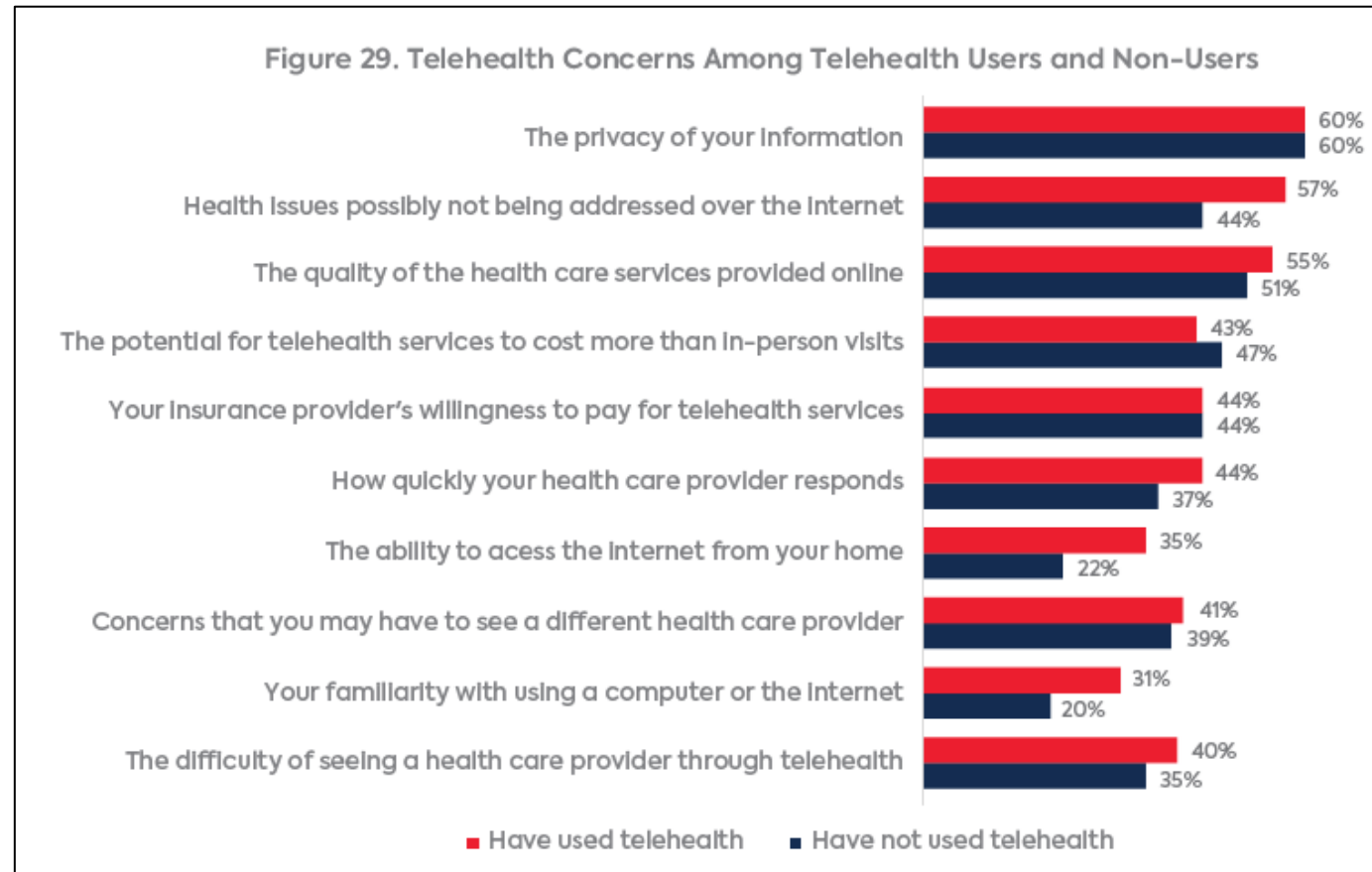
Figure 22. Interest in Using Telehealth Services Among Non-Telehealth Users



## Next Steps

- Use information gleaned from this survey to inform a public awareness campaign in northwest Colorado
- Work with local providers to create targeted messaging that addresses the concerns, barriers, and perceived benefits
- Use Connected Nation’s Communication Recommendations to guide this work
  - Estimated budget: \$70,000

Figure 29. Telehealth Concerns Among Telehealth Users and Non-Users





**Do you have hospital or clinic contacts in these regions? If so, let us know!**

- Pikes Peak region (El Paso and Teller)
- North Central region (Morgan, Weld, Washington, Logan)
- Southeast region (Crowley, Bent, Otero, Prowers)

## **Reactions to the NW CO Telehealth Study**

- Thoughts on this approach?
- Reactions to the data?
- Reactions to next steps?
- Vendor suggested additional data collection in other parts of the state - thoughts on this?



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# Public Comment Period



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# Closing Remarks