

July 29, 2020 | 12:00pm to 2:00pm | Virtual Meeting Only

**Type of Meeting** Monthly eHealth Commission

**Facilitator/Chair** Michelle Mills

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**Note Taker** Natalie Neubert

**Timekeeper** Michelle Mills

**Commission**

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**Attendees**

Carrie Paykoc, Director, Office of eHealth Innovation (OeHI)

Michele Lueck, President & CEO, Colorado Health Institute (CHI)

Marc Lassaux, Chief Technical Officer, Quality Health Network (QHN)

Michelle Mills, CEO, Colorado Rural Health Center (CRHC)

Dr. Art Davidson, MD, MPH, Denver Health

Chris Wells, Director of the Center for Health and Environmental Data,  
Department of Public Health and Environment (CDPHE)

Perry May, Deputy Executive Director of Health Facilities, Department of  
Human Services (CDHS)

Jason Greer, CEO, Colorado Community Managed Care Network (CCMCN)

Rachel Dixon, President and Executive Director, Prime Health

David Mok-Lamme, Colorado Department of Human Services, Rocky  
Mountain Health Plans

Wes Williams, Vice President & CIO, Mental Health Center of Denver  
(MHCD)

Alex Pettit, Chief Technology Officer, Office of Information Technology  
(OIT)

Chris Underwood, Deputy Chief of Staff, Department of Health Care Policy  
and Financing (HCPF)

Morgan Honea, CEO, Colorado Regional Health Information Organization  
(CORHIO)

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

Minutes

## Call to Order

Skipped roll call- meeting recorded.

**June Meeting Minutes approved.**

Agenda reviewed.

## Announcements

- *Remarks from Lt. Governor Dianne Primavera*



- Time to discuss Wildly Important Goals, WIGs, and huge accomplishments made over past 12 months by Office of Saving People \$\$ on Healthcare (OSP\$HC), OeHI, and Health Cabinet
- July is National Minority Mental Health Awareness Month and Black, Indigenous, and People of Color (BIPOC) Mental Health Month → importance of bringing awareness to the struggles of underrepresented groups faced in our systems surrounding mental health in the United States and in Colorado
- Equity Diversity and Inclusion (EDI): how can we promote related initiatives in all departments throughout the state?
- ***OeHI Updates***
  - The September eHealth Commission meeting will be virtual, as will all meetings for the rest of the year. Request for Commission input for how long to keep meetings virtual.
    - Wes Williams: keep meetings virtual until there is a vaccine that is widely available
  - Better webinar Zoom format for next meeting in September
  - There is now an opening in the eHealth Commission for a Commissioner with a consumer focus to replace Dr. Anne Boyer. OeHI encourages current Commissioners to find potential candidates that can support Roadmap initiatives and follow in Lt. Gov's footsteps of being more inclusive
- ***Telehealth updates, Stephanie Bennett***
  - OeHI kicking off first grant with Colorado Coalition for the Homeless who will be using the grant money to purchase mobile telemedicine backpacks to meet their clients where they are
    - OeHI partnering with CORHIO and QHN to roll out the rest of the 37 grants
  - Rachel Dixon with Prime Health is involved in the grant process and will be leading learning collaborative with grantees to capture lessons and recommendations in telehealth and telemedicine moving forward
- ***eHealth Commissioner Work Group (WG) Highlights and Decision Items + Updates***
  - Rachel Dixon, Telehealth WG Update:
    - Prime Health able to successfully identify telehealth grantee finalists
    - Michelle Lueck, CHI: putting together reports and CHORDS data and registry
    - Kicking off this month: Telehealth Learning Collaboratives: meeting in partnership with OeHI (Carrie) + collaborating with HCPF and their telemedicine stakeholder group to accomplish as much alignment as possible
      - Starting in Regions 3 & 5
      - Hoping to develop learning collaboratives in additional 2 RAEs
    - If interested in this work and would like to know more, or participate as a stakeholder, reach out to Rachel to get connected



- Jason Greer, Care Coordination WG Update:
  - Care Coordination Work Group has been meeting for 2-3 years doing environmental scans to dig into network mapping
  - Successes: contracts that started with CORHIO, CCMCN, and QHN that are 4-month contracts through September 30th of this year; 2021 goal to start new contracts beginning in October
  - Challenges: Delays getting workgroup documents finalized due to COVID-19 including screening protocols, data sharing framework, white paper update, and SOH evaluations
- Mark Lassaux, Advancing HIE Workgroup and State HIT Roadmap WG Update
  - CORHIO has completed all 2020 initiatives, beginning additional ones including Care Coordination and making progress
  - Additional work doing for COVID response, both CORHIO and QHN, to get the data shared
  - Starting to map out additional Advancing HIE and State Roadmap items will be for the next round, working with OeHI on this
- Dr. Art Davidson, COVID Public Health Response WG Update:
  - HIEs working to share data at state level to provide information about utilization, testing, and results
  - Evaluation and Contract led for final vendor to support Contact Tracing software that will be used statewide
  - *Further comments in this section made by Christen Lara at CDPHE:*
    - Went through an innovative proof of concept process with 4 vendors with contact tracing solutions in other parts of US; through this process, they identified a vendor to best meet needs in CO (Dimagi) with a solution called Comm-Care
    - Fully executed contract with Dimagi as of last week (July 13)
    - Over next 4 weeks: hope to have version one and onboarding onto new system
    - Mid-end to September: robust system implemented and used by public health agencies
    - Advancing COVID containment and testing activities as rapidly as possible → Maximizing amount of flexibility we can exercise in terms of information-sharing across CO that is responsible in terms of individual Coloradans' information in alignment with regulations + enabling local public health agencies to do the best job possible
      - In-depth quality review with CHI
- Alex Pettit, Identity for Individuals and Providers WG Update
  - A lot of work being done on Identity is creating a way of identifying or coordinating the same person across different databases
    - Identity and access management, ensuring that the right information is getting to the right people, is extremely important
  - OIT's Chief Technology Office (CTO) team, along with OeHI, is researching how many duplicate records/ID's we have of people within and across datasets like CBMS, ASCES, CHATS, and TRAILS--with the next



- steps of constructing a framework and a data flow diagram to normalize this information across systems.
- Carrie Paykoc, Director of OeHI: Prescription Drug Monitoring Program (PDMP) and Prescriber Tools
    - Prescriber Tool:
      - Milestones: Medicaid/HCPF have awarded contract for the Prescriber Tool → multiple tools, first of many, that will help to better manage and coordinate care for those on opioids
      - Contract awarded in partnership with OeHI's work on the Prescription Drug Monitoring Program (PDMP)
    - OeHI Project Management Team + HealthTech Solutions Team is working to provide recommendations on future PDMP strategy and integrations
      - Continuing to refine these recommendations; in next few months great thing to bring back to Commission for input
  - Wes Williams, Consent management WG Update:
    - Technical solutions have been delayed until notice of proposed rules have come out (should be in next 1-2 months)
    - Status of 3 different workstreams:
      - Building up membership in the Consent workgroup to have more of a policy focus
      - Developing a Colorado-specific State Health Information Guidance (SHIG) be one of outputs of project
        - Looking at California model: built up 21 use cases to synthesize federal and state privacy laws to provide guidance to providers as to what is allowable in terms of sharing behavioral health information
      - Spans policy and technology: dig into specifics of consent management
        - With a particular focus on identity: need to know *who* is consenting to *what*
  - Morgan Honea, Data and Information Governance WG Update:
    - ESQM's COVID Mental Health and SDOH- paused to address the COVID-19 Response. Therefore, changed ESQM's WG to better address the COVID response and data info. governance
      - One Decision Item for future eHealth Commission meeting is gathering input on future and access and use of Health Information as the JAI and Public Health COVID Response involved
  - Michelle Mills, Rural Connectivity WG Update:
    - Continuing to work through contracting process for Rural Interoperability Program with anticipated start date of October 1st
    - Challenges: COVID-19 and limited funds available for new interoperability program and longer 3-year approach
      - What can we do with the state budget cuts? What is sustainable? What is helpful to rural communities in these difficult times?
  - Michelle Mills, eCQM WG Update:



- eCQM is currently on hold because those funds were reallocated to COVID-19 response
- Michelle Lueck, Consumer Engagement WG Update:
  - Also on hold due to reallocation of resources to COVID-19, looking forward to re-engaging when time is right

### New Business

#### *HITECH Sustainability Presentation (1:02:25)*

*Joel Dalzell, Health Information Office Director, HCPF*

*Micah Jones, Medicaid Health IT Project Coordinator, HCPF*

- Colorado Medicaid's efforts to sustain our roadmap and Health Information Exchange (HIE) initiatives after the HITECH program sunsets in September of 2021
  - Majority of roadmap initiatives, large chunk of funding comes from federal funds
  - HITECH funding is part of funding HIE advancements
- HITECH first enacted in 2009 as part of Recovery Act
  - HITECH is a funding mechanism, in order to access these funds, the State must submit an Implementation Advance Planning Document (IAPD)
- Federal HITECH Dollars for projects:
  - IAPD projects for OeHI are based on Colorado's Health IT Roadmap
  - Projects/activities can be either for planning or design, development and implementation (DDI)
  - Does not pay for maintenance and operation (M&O) → so we need to think about how we maintain projects
  - **\*\*Any time a program receives Medicaid funding, it has to be certified to the Medicaid Enterprise System**
    - This means that the technology must help Medicaid business operations
  - Must support a provider's achievement of Meaningful Use
  - Legislatively expires September 30, 2021
- Federal Financial Participation (FFP)
  - **Implementation (Design Development & Implementation, DDI): 90/10**
    - These projects are eligible for a 90/10 → for every \$1 spent, federal gov't pays 90 cents
    - ALL Roadmap activities are in this phase
  - **Enhanced Operations: 75/25:** 75 cents for every \$1 paid by federal gov't → don't get as much \$\$ back from federal gov't when we move into operations
    - Need to consider this long-term and over next 18-24 months as projects move from implementation phase to operations phase
  - **Medicaid Operations: 50/50**
- Funding Splits
  - Implementation
    - Technical connectivity: onboarding in the state → rebranding (between provider EHRs and HIE systems)
    - PDMP Infrastructure
    - Medicaid Blue Button



- Provider Directory
- Patient Identity
- Care Coordination
- HIE Infrastructure (New ADT triggers) → new HIE services
- eCQM Reporting
- Operations
  - HIE Subscription Fees
  - HIE Infrastructure\* (Maintenance of services that support HCPF business processes)
  - Improved eCQM Reporting/ Medicaid APM eCQM Operations
- Three Main Considerations for Transition of Funding:
  - Has DDI been completed for the project?
  - Does the project support Medicaid operations?
  - Can the project satisfy outcomes-based certification?
    - Collection and reporting of metrics for 6 months?
- Planning for Transition:
  - Micah expecting many projects to still be in implementation phase after September 30, 2021
  - Then the question becomes: how are we tying each project to Medicaid Business Operations in order to get 90% match?
- Outcomes-Based Certification
  - Federal Requirement for enhanced match for operations (Operations-IAPD)
  - Goal: OBC ensures that Medicaid systems are focused on achieving outcomes to improve Medicaid programs
    - As eHealth Commission thinks through this, must think about benefits to Medicaid program
- Role of eHealth Commission\*\*\*
  - Need the Commission to vet concepts and ideas
  - Refresh Colorado's Health IT Roadmap Initiatives & Strategies
  - Think outside the HITECH box
    - HITECH, MMIS Medicaid Funding is only one funding stream, and these streams come with their restrictions intended to go in a certain direction
    - To have a complete and faceted HIE network, need to leverage multiple funding streams whenever possible
- *Art Davidson*: Question on Outcome-based measures: colleagues in other state agencies similar to HCPF that have proposed and received approval for outcomes-based measures focused on the SHIE?
  - Micah: Maryland probably farthest along on HITECH Sustainability, Colorado probably in second-- Colorado may be the trailblazer...
- *Jason Greer*: In the 75/25 model is it necessary to know where the 25 is coming from to receive the 75? Micah suggested the 25 does not need to come from Medicaid, is it possible to cost-share the 25 to receive the 75 for operating costs?
  - Joel: Currently looking into this-- would love to be able to help providers with their subscription fees long term but need federal approval to be able to do that.



### *Wildly Important Goals (WIGs), Carrie Paykoc*

- Purpose of WIGs is to laser focus on a few things as an office to execute and accomplish
- OeHI Director WIGs FY20:
  - (1) Maximize our Roadmap investments
  - (2) Staff up the office to ensure OEHI had capacity to execute goals
- OeHI's WIGs for FY20:
  - (1) Increase eHealth Commission meeting engagement and satisfaction by 20% by January 1, 2020
    - Hit this one out of the park
    - OeHI has improved audio and visual components of the meeting, now with complaints at close to 0.
  - (2) Fund innovation, technology and technical assistance in communities to support whole person care by June 2020
    - Huge accomplishments working with partners in our communities and throughout the State.
    - OeHI Office is still working on state data sharing with external partners.
  - (3) Define strategy to fund tools, information, and programs to consumers to save money on healthcare by June 2020
    - Progress made
  - (4) Begin planning for a consent framework for the Advanced Directive Bill that can be used for other use cases by June 2020
    - Most difficult goal of the OeHI Office last year
    - Likelihood of consent being endorsed by September, which will give Stat ability to share information broadly with counties and other need with external partners such as HIEs and Social HIEs
  - Conclusion: four goals seemed like too many, so in future we will focus on three goals
- OeHI Director WIGs FY21:
  - (1) Maximize our Roadmap investments and develop sustainability plan
  - (2) Meet Office and Team WIGs by 80%
- OeHI's WIGs for FY21:
  - (1) Telemedicine-providers (2-year WIGs): Expand ability and utilization of telebehavioral health in safety net providers by June 30, 2022.
  - (2) Telemedicine-patients (2-year WIGs): Support telemedicine/telehealth patient utilization and expansion in policy and practice, based on cost savings, economic impact, and health outcomes.
    - Especially in the times of the COVID-19 pandemic, we want to put additional effort into making innovative health technology more available and affordable to providers and Coloradans.
    - Perry May: we must also ensure we are paying attention to decreasing overall healthcare costs across the board
  - (3) Health Equity: Promote diversity in eHealth Commission representation, increase equitable access to healthcare through health IT and digital health



innovations, and adopt contracting practices to advance health equity.

- Want to be as inclusive as possible in the work that OeHI does
- *Lt. Governor*: telehealth and behavioral health work is great, but do not want to lose quality of services in our work and also need to increase public confidence in telehealth.

### Public Comment

- *Crestina Martinez, LG Office*:
  - Looking to hire Senior Health Policy Advisor for the Office of Saving People Money on Healthcare (OSP\$HC) → Kacey Wulff is now leading COVID Response Effort within the Governor's office, and they need to fill her role ASAP. This application period closed on August 6th.
  - Other positions that are open in the Governor's Office:
    - Deputy Community Engagement Director- application period closes in mid-August.
    - Speechwriter- application period closes in mid-August.

No other public comments given at this time.

### Closing Remarks

- Reminder for eHealth Commissioners that there is no August meeting
- September agenda coming soon
- Recap Action Items
  - Virtual meetings until a vaccine is produced or there is a safe contact-tracing/testing methodology available so no one is put at risk
- Adjourn - Michelle Mills, Chair - 2:00 pm