



OeHI

Office of eHealth Innovation

EHEALTH COMMISSION MEETING

WEB-CONFERENCE ONLY

JULY 14, 2021



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Office of eHealth Innovation

NOTE:

NEW ZOOM WEBINAR [LINK](#)

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203-521-5910

JULY AGENDA



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Title	Start	Duration
Open		
Call to Order <ul style="list-style-type: none">Roll Call and IntroductionsApproval of June MinutesJuly Agenda and Objectives <i>Michelle Mills, Chair</i>	12:00	5 mins
Announcements <ul style="list-style-type: none">OeHI Updates-eHealth Commission UpdatesDecision Items & Action Items <i>Lt. Governor Dianne Primavera, Director of the O\$PMOHC</i> <i>Carrie Paykoc, Director, Office of eHealth Innovation (OeHI)</i> <i>eHealth Commission Members</i>	12:05	15 mins
New Business		
Colorado's Telehealth Report Findings and Discussion <i>Rachel Dixon, Executive Director and CEO Prime Health, eHealth Commission Telehealth Chair</i> <i>Carrie Paykoc, Director, OeHI</i>	12:20	40 mins
Colorado's Health IT Roadmap Refresh Strategy Discussion <i>Carrie Paykoc, Director, OeHI</i> <i>Sara Schmitt, Managing Director, Research, Evaluation, and Consulting, Colorado Health Institute</i> <i>Paul Presken, Senior Consultant, Colorado Health Institute</i>	1:00	60 mins
Public Comment Period	2:00	5 mins
eHealth Commission Meeting Closing Remarks <ul style="list-style-type: none">Open DiscussionRecap Action ItemsAugust AgendaAdjourn Public Meeting <i>Michelle Mills, Chair</i>	2:05	10 mins



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

OeHI and eHealth Commission Updates

- Post-HITECH Transition Planning, OeHI Sustainability for Roadmap Projects
- Rural Connectivity Decision Item, \$6.4 million appropriated on July 01, 2021, pending federal funding match and project scoping and contracting
- Welcome Mark Spivey, OeHI Senior Health IT Project Manager
- State Health IT Policy/Leg Updates
- Commissioner Updates?

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



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COLORADO'S TELEHEALTH REPORT FINDINGS AND DISCUSSION

*RACHEL DIXON, EXECUTIVE DIRECTOR AND CEO, PRIME HEALTH,
EHEALTH COMMISSION TELEHEALTH CHAIR
CARRIE PAYKOC, DIRECTOR, OEHI*

Regional Telehealth Learning Collaboratives

Summary of Findings and Recommendations



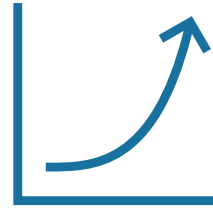
The Why

Telehealth explosion!

Amazing, but also confusing & somewhat duplicative.

Telehealth works.

Patients like it.
Providers like it.



3000% increase

According to a study published in Becker's Hospital Review, telehealth utilization increased 3000% nationwide in response to the public health emergency. In Colorado, for telebehavioral health as an example, use increased by 600%.



Patients like & prefer telehealth

In various national surveys, patients report between 86% - 98% satisfaction. 70% of patients in one survey said they would prefer telehealth visits over in-person visits for the majority of care to save time and costs

Telehealth is often most powerful when addressing health equity issues and supporting vulnerable populations.
Effective telehealth/health IT supports certain aspects of value-based care and cost reduction.
Telehealth and health IT supports improved outcomes, access to care, and care coordination.

...But there's a learning curve



Multiple patient surveys report: the majority of patients are unaware of telehealth options available to them, how to access, and the cost of accessing services this way



Provider trends are similar

Across numerous surveys and studies, providers report that while they clearly see the benefits of telehealth, there are barriers in terms of cost, reimbursement, workflow changes, and learning/implementing new technologies

Currently a Gap:

No community forum for cross-sector stakeholders to collaborate.

Key Objectives



Convene a **diverse group of cross-sector and industry stakeholders** representing different and important perspectives relevant to the development of a statewide strategy for sustainable telehealth adoption.



Streamline communication, coordination, and information sharing by establishing a community forum to maximize efforts, avoid duplication, and build better, faster.



Support the **coordination, adoption, and use of telehealth technologies**, and to inform the development of a statewide telehealth infrastructure roadmap.



Explore **strategies for system integration**. Both of health IT systems and of human systems.

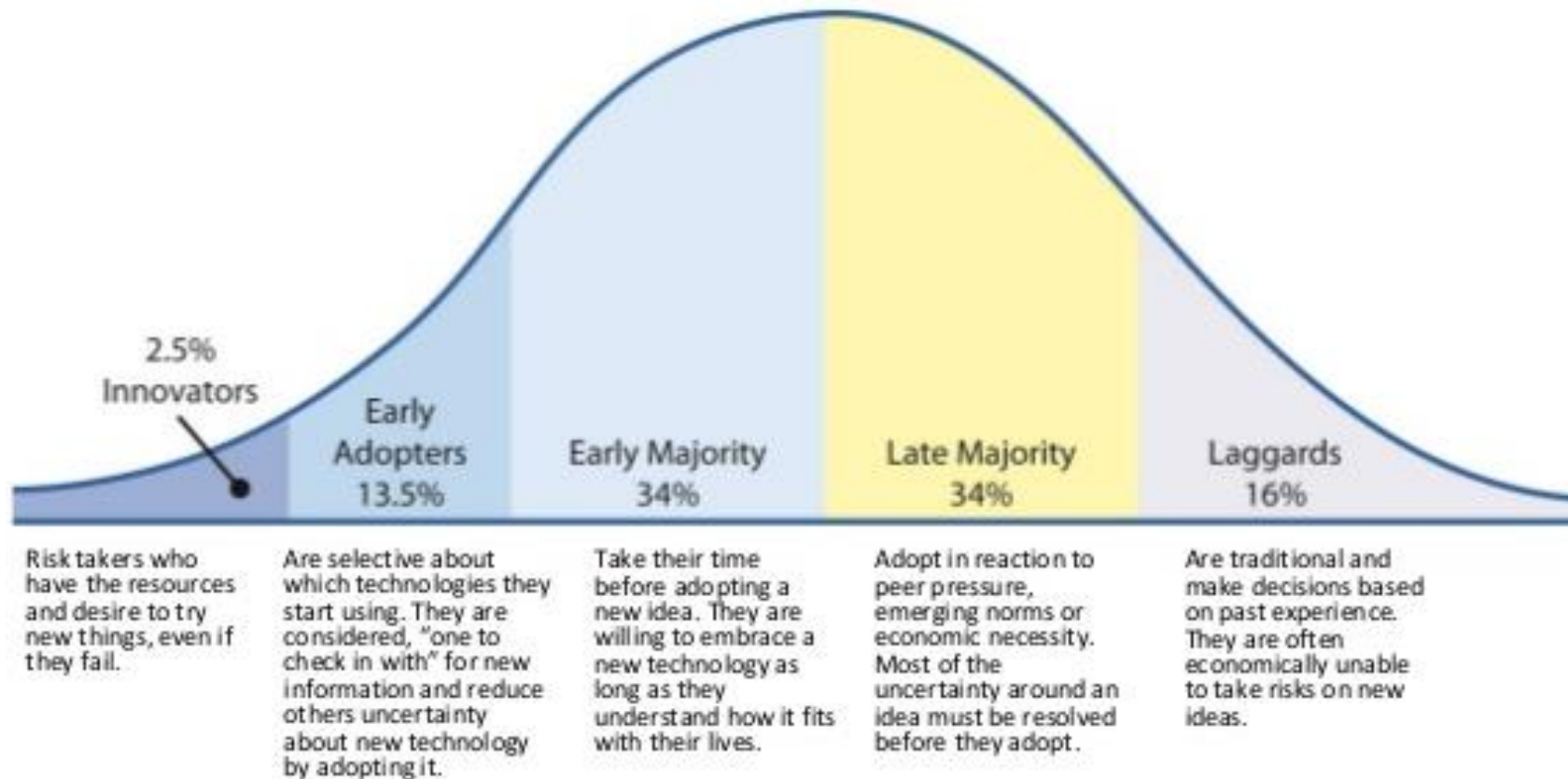


Identify common themes and feedback consistent across all regions, shared priorities and challenges, and other information applicable to statewide strategies while also being able to provide more detailed information on region-specific considerations.



Establish a forum for **peer learning, peer support, and knowledge sharing**.

Technology Adoption Curve



Popularized by Everett Rogers in the book *Diffusion of Innovations*, people tend to adopt new technologies at varying rates.

Their relative speed adoption follows a bell curve, with the primary difference being individuals' psychological disposition to new ideas.

Health neighborhoods

Represent the various clinical-community partnerships and medical, behavioral, and social supports necessary to enhance health

Patient Centered Medical Home

Patient's primary "hub"

Coordinator of health care delivery

Regional Accountable Entities & Accountable Care Collaboratives

Support and develop strong health neighborhoods for Coloradans.

RTLCs mapped the virtual layer of the health neighborhood, identified opportunities to:

- streamline patient workflows
- streamline provider workflows
- leverage HIT infrastructure
- strengthen coordination across partners



Topics and Focus Areas



Mapping and Coordinating
Existing Programs and Efforts



Targeted Population Health
Goals and Priorities



Provider Resources and Workforce



Equity and Patient Access and Experience



Financial Sustainability



Broadband and Technology Infrastructure



Advance and Align with
Colorado's Health Initiatives



Region Specific Goals and Considerations



Mapping and Coordinating Existing Programs and Efforts

- **86.5%** of Colorado providers began doing telehealth for the first time in the past 18 months
- **71%** of Colorado providers agree or strongly agree that they are personally motivated to increase use of telehealth in their practice
- Conversely, some organizations have been doing telehealth for 10 or more years in some cases
- Beautiful examples of innovation, creativity, and dedication everywhere we looked
- Numerous statewide and national telehealth initiatives
- All three participating RAEs have unique telehealth solutions
 - Colorado Access | AccessCare Services
 - Rocky Mountain Health Plan | Essette/CirrusMD
 - Northeast Health Partners | Care on Location

Significant need for more coordination – this project was a massive leap in the right direction. Let's keep it going! Thank you to all who participated and collaborated.



Provider Resources and Workforce

Challenges

Staff recruitment and retention

Outdated technology (EMRs, equipment, even building wiring) and lack of funding to upgrade/modernize

Training and experience

Internal resources and capacity

Lack of access to specialists

Opportunities

Telehealth to enable remote work, recruit from other states, retain retirees, and other strategies

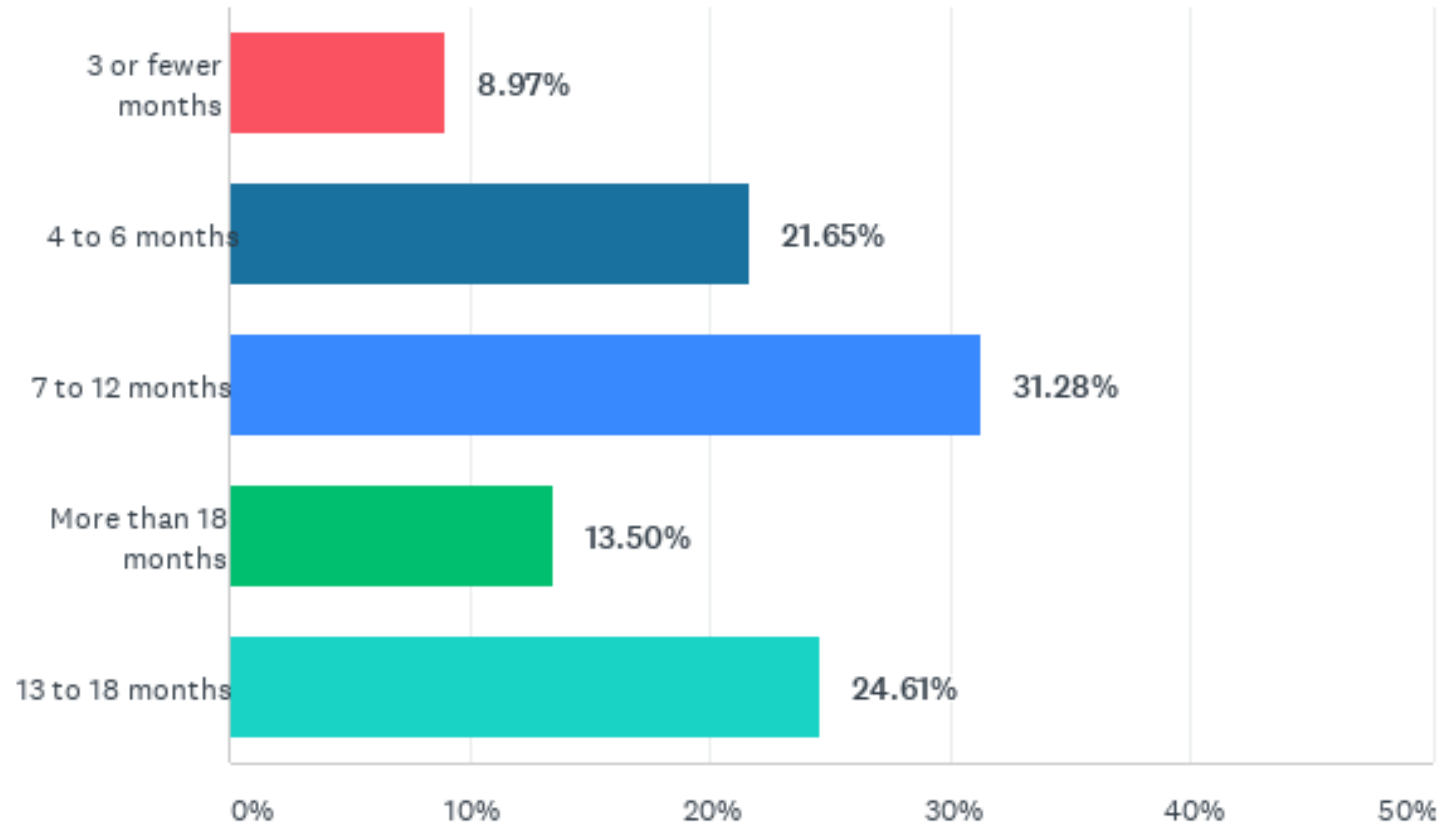
Digital transformation, HTP rural fund, additional funding specific to modernization and upgrades

Establish a Colorado Innovation Resource Center to centralize, coordinate, and robustly expand resources, information, and support for providers while leveraging existing resources (practice transformation, regional health connectors, training organizations)

Providers report a desire for hands-on help, and best practices indicate the need for an in-house champion - provide funding to support providers in staffing a telehealth-specific role dedicated to these efforts

Expand eConsult services, including for telepsychiatry specializations

Q12 How long have you been using telehealth?



*This does not account for volume pre-pandemic. Majority of providers using telehealth pre-pandemic report very low volume or telehealth use in one specific service line only.

Providers agreed or strongly agreed that telehealth enables them to provide quality care in these areas:

- 70% | COVID-19 related care
- 60% | Mental/behavioral health
- 54% | Chronic disease management
- 57% | Care coordination
- 55% | Preventive care
- 60% | Acute care
- 54% | Hospital/ED follow-up
- 46% | Perioperative/procedures
- 50% Medication Reconciliation



Financial Sustainability

Challenges

Lack of clarity/awareness of policy changes and trust of permanency

Concerns that reduced reimbursement for telehealth services and sense that that will disincentivize telehealth, even if in the best interest of the patient

Confusion and inconsistency reported by providers related to claims reimbursement by commercial payers (and Medicaid to a lesser degree)

Behavioral health providers unable to see expand services to Medicaid patients due to contracting barriers

Opportunities

Continue to improve communication, awareness, and clarification of policy changes at both state and federal levels

Maintain telehealth parity for all current services, including audio-only, until at least 2023 while evaluating and then explore payment reform

Support and collaborate with DOI efforts to clarify guidance and expectations of telehealth parity with payers and providers

Simplify and expand contracting and reimbursement for telebehavioral health providers interested in serving Medicaid, Indian Health Services, and Child Health Plan *Plus* populations



Advance and Align Colorado Health Initiatives

- **Polis/Primavera Administration**
 - Lower Health Insurance Premiums and Out of Pocket Costs
 - Increase Health Care Industry Transparency
 - Invest in Preventative Strategies
 - Increase Access to Care
- **SB21-1097: Behavioral Health Administration**
 - Based on the Behavioral Health Task Force findings
 - Identifies telehealth as a critical tool and strategy for addressing and improving behavioral health statewide
- **Office of eHealth Innovation**
 - Colorado Health IT Roadmap
 - Social Health Information Exchange
 - Consent Workgroup
 - Health Equity in Innovation
 - Telehealth and Broadband
- **HCPF eConsult Efforts and Telehealth Initiatives**
- **CDPHE Chronic Disease Remote Patient Monitoring**
- **PEAK System Upgrades**



Broadband and Technology Infrastructure

Challenges

Internet access is a significant barrier with many intersecting issues: higher cost/lower quality in rural areas, unregulated ISPs, poor service even in urban areas, limited state control of internet

Patient technology access, literacy, hesitancy, and connectivity cited widely as top barrier but requires further exploration and understanding

Vendors: choosing/vetting a vendor, contract negotiations, cost, data and integration variances

Data and record sharing with telehealth vendors

Opportunities

Consider internet as a public utility, advocate at the federal level to start regulating ISPs, explore alternatives like municipality-driven internet, Starlink, and other options

Conduct a consumer engagement campaign to understand consumer perspectives, barriers, experiences, and wants related to digital health, technology access, and consumer supports

Establish Colorado standards, guidelines, and best practices for health technology vendors, including expectations for interoperability, integration, and data ownership

Enable and require telehealth vendors practicing in Colorado to participate in Health Information Exchanges to share information with providers and medical homes



Patient Equity, Access and Experience

- Telehealth is recognized as a valuable and powerful tool for improving patient access, quality, cost, and experience
- While it can be leveraged to impact health disparities and target specific populations, additional thought and collaboration with consumers and advocates is required to ensure that new systems are designed equitably and inclusively
 - Language considerations
 - Hearing and vision impairments
 - Internet and technology access
 - Stigma and privacy considerations (both positive and negative)
 - Community access points
 - Peer navigation, promotoras, peer support
 - Rural health
 - Care coordination
 - Patient steering and patient choice

One of the strongest recommendations to arise out of the RTLC process overall is that before we invest effort, time, energy, and resources into designing new systems on behalf of consumers, we must first **engage and collaborate with consumers and leverage human centered design and shared decision making best practices.**



Patient Equity, Access and Experience

Improved Access and Reduced Barriers	Telehealth reduces barriers to care such as: need for childcare, missed work, transportation, distance and geography, increased availability of providers, reduced wait times for appointments, or interpretive services
Reduced Cost	By offering more convenient, efficient, and accessible services, healthcare also becomes more affordable for patients. Telehealth allows patients to save on costs related to childcare, transportation, and missed work.
Care Coordination	Telehealth facilitates improved care coordination and patient navigation services, enabling stronger care teams and innovative models for high impact care
Treatment Adherence	Telehealth correlates to a reduction in no-show visits while also enabling easier in-home care, follow up, and remote patient monitoring – all leading to higher touch care for patients and studies showing improved treatment adherence and outcomes
Patient Choice	By increasing access, networks, and options available to patients, telehealth also empowers patients to find the best provider for them rather than being restricted by geography. This is especially important for patients with specialized conditions or health needs, or those seeking providers with specific training or cultural perspectives



Population Health Goals and Priorities – Behavioral Health

Persistent and prevalent need that is worsening – identified as one of the highest priority areas in Colorado

Behavioral health services and needs present in all healthcare settings and all populations:

- Primary care, hospitals, jails, schools and school-based health centers, and, of course, community mental health centers
- Identifying a common thread of shared services allows for a starting point to build from that connects all services.

Telebehavioral health is widely recognized as easiest starting point when learning telehealth – both for patients and providers

Best practices suggest that starting with one, achievable, clear, and focused goal allows for greater success rather than focusing on multiple/all priorities all at once. Starting with Colorado's most pressing and urgent need – which also happens to be the easiest starting point for organizations, providers, and patients new to telehealth, lays a foundation that, once established, can be rapidly and more easily expanded upon.

One of the top goals for the new Behavioral Health Administrations will be to increase telebehavioral health services

Key Findings

Start with telebehavioral health services

Engage consumers in understanding and addressing access barriers collaboratively

Establish a Colorado Innovation Resource Center

Wifi as a public utility and start regulating Internet Service Providers at the federal level

Care coordination and data interoperability is a top priority

Reimburse telehealth services at the same rate as in-person services and reevaluate in 2023

Simplify and expand contracting and reimbursement for telebehavioral health providers interested in serving Medicaid, Indian Health Services, and Child Health Plan *Plus* populations

Establish reimbursement pathways for econsults, including telepsychiatry

Evaluate existing quality measures, guidelines, standards, and other literature available before implementing Colorado-specific changes to minimize duplication and meet or exceed national best practices

Identify, fund, scale, and support cohorts of safety net innovation success case studies and early adopter cohorts to pilot, test, and evaluate new models

Support and engage with DOI efforts to offer guidance and clarification of telehealth parity expectations and best practices for payers and providers

Where do we go from here?

Share your feedback and tell us what you think! Email Rachel@primehealthco.com.

Stay engaged with the Office of eHealth Innovation, eHealth Commission, and Prime Health initiatives – as well as numerous other opportunities around the state. Reach out for more info on how to get involved in your area of interest. We need you!

Attend the Colorado Health Innovation Summit on September 15th and 16th (virtual and in-person)

Thank you!



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COLORADO'S HEALTH IT ROADMAP REFRESH STRATEGY DISCUSSION

CARRIE PAYKOC, DIRECTOR, OFFICE OF EHEALTH INNOVATION

*SARA SCHMITT, MANAGING DIRECTOR, RESEARCH, EVALUATION, AND
CONSULTING, COLORADO HEALTH INSTITUTE*

PAUL PRESKEN, SENIOR CONSULTANT, COLORADO HEALTH INSTITUTE

Colorado Health Information Technology (IT) Roadmap Refresh



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Informing Policy. Advancing Health.

eHealth Commission Meeting

July 14, 2021



Goals for the Health IT Roadmap Refresh

- Guide Colorado's Health IT strategy for the next 3-5 years.
- Highlight progress made, areas of alignment, and needed changes.
- Refine foundational principles and establish a framework for achieving them.

OeHI Sustainability, Strategy, and Business Planning

- Sustainability Taskforce 2020, facilitated by National Governor's Association-[link](#) to overview draft
- Consultant work 2021 with Jeffrey Nathanson
 - [Sustainability](#) and Agile Business Plan
 - Health Utility Grid Concept- to be further explored
- Roadmap Refresh Process- Colorado's *North Star* Strategy
 - Continue conversations
 - Define strategies and objectives
 - Simply messaging

Structuring the Roadmap

- The Opportunity
- Goals
- Core Values
- Achieving the Goals: Policy, Technology/Services, Funding
- Stewarding the Work: Defining Roles and Responsibilities
- Evolving to Meet Future Needs

Core Values to Guide the Work

- Accountability
- Alignment
- Equity
- Innovation
- Sustainability
- Value

Achieving the Goals: Policy Ideas

- Specific consent forms and processes for exchanging behavioral health and social determinants of health (SDOH) data.
- Use of specific data standards for exchanging behavioral health, physical health, and SDOH data.
- Providers (practices, pharmacies, hospitals) must submit their data through at least one health information exchange (HIE).
- Codifying OeHI and the eHealth Commission and their relationships with state agencies, HIEs, and other stakeholders.
- Require all state value-based reporting programs to use the health utility grid to collect comprehensive data and report clinical quality metrics.

Achieving the Goals: Services Ideas

- All exchange of physical health, behavioral health, public health, SDOH, and health agency program data in Colorado should pass through and be handled by a single health utility grid.
- The grid would use nationally recognized, non-proprietary software and standards for exchange of information (e.g. FHIR, HL7, CCDs)
- Select universal core services would be developed, maintained, and utilized as part of the grid, including:
 - Master Patient Index
 - Master Provider Directory
 - Community Resources Inventory
 - Patient Consent Management
 - Data-Sharing Agreement Management

Achieving the Goals: Funding Ideas

- Require state agencies to contribute some of their federal resources to the initial development of the health utility grid.
- Require annual state health IT funding be committed for the ongoing growth and maintenance of the health utility grid.
- Charge a utilization fee for transactions passing through the health utility grid to fund ongoing sustainability.

Discussion

- Reactions to these ideas?
- What questions come to mind?
- What concerns do you have?
- What would you add or change?



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PUBLIC COMMENT PERIOD



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CLOSING REMARKS