EHEALTH COMMISSION MEETING

JULY 10, 2019

JULY AGENDA

Call to Order	
• Roll Call and Introductions • Approval of June Minutes • July Agenda and Objectives *Michelle Mills, Chair*	12:00
Announcements	
• OeHI Announcements and Updates • Workgroup Announcements and Updates • Commissioner Announcements and Updates *Carrie Paykoc, Interim Director, OeHI* *eHealth Commissioners*	12:05
New Business	
Affordability Roadmap Alignment – Follow up discussion *Kim Bimestefer, Executive Director, Health Care Policy and Financing* *Carrie Paykoc, Interim Director, Office of eHealth Innovation*	12:15
Care Coordination Workgroup Report Out *Carrie Paykoc, Interim Director, Office of eHealth Innovation* *Jason Greer, CEO, Colorado Community Managed Care Network* *Cara Bradbury, Program Officer, ZOMA Foundation* *Jeffrey Nathanson, President, 10.10.10 Xgenesis*	12:45
Consumer Engagement Workgroup Report Out *Carrie Paykoc, Interim Director, Office of eHealth Innovation* *Gary Drews, President/CEO, 9Health* *Laura Kolkman, President, Mosaica Partners* *Bob Brown, VP Professional Services, Mosaica Partners*	1:15
Public Comment Period	
• Open Discussion	1:45
Closing Remarks	
• Recap Action Items • August Agenda • Adjourn *Michelle Mills, Chair*	1:50

OeHI UPDATES

- Welcome new commissioners: Art Davidson and Rachel Dixon!
- Funding Update- Submitted Letter of Support from LG
- OeHI/OIT IA fully executed
- FCC vote and funding for telehealth

COMMISSION UPDATES

- Others?

OeHI
Office of eHealth Innovation
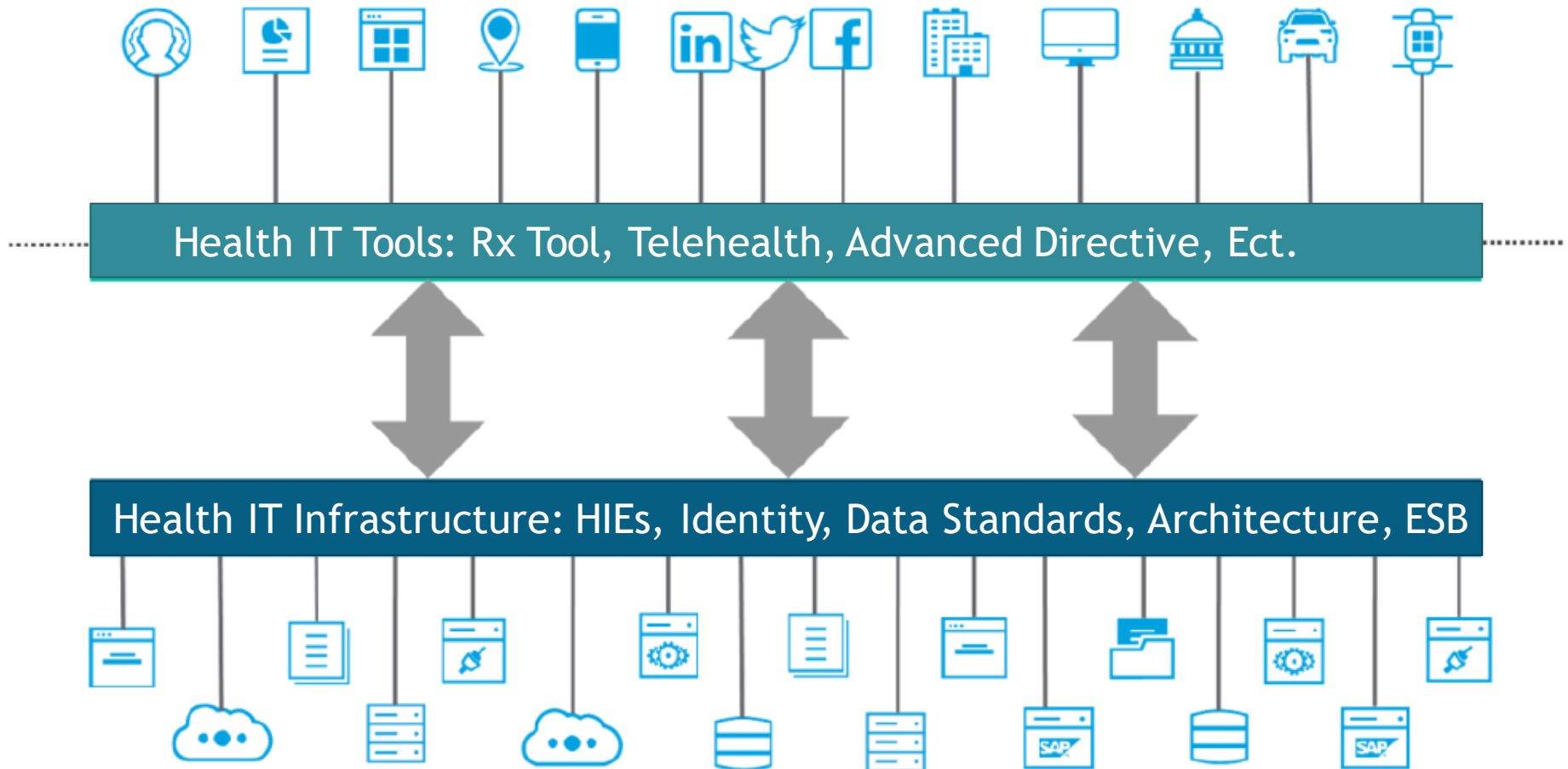
Request: Align OeHI Priorities and Funding with State Affordability Priority

- Prescriber Tool
  - EMR insights/integration

- Inter-Operability

- End of Life Planning

- TeleHealth/TeleMedicine

HEALTH IT ECOSYSTEM

Health IT Tools: Rx Tool, Telehealth, Advanced Directive, Ect.

Health IT Infrastructure: HIEs, Identity, Data Standards, Architecture, ESB

- Prescriber Rx Tool
  - OeHI met with project team to begin initial discussions
  - eHealth Commission and OeHI reps involved in negotiation meetings August/Sept

- End of Life Planning-SB 19-073
  - EHealth Commissioner, Chris Wells CDPHE- leading efforts
  - OeHI to be part of steering committee
  - OeHI prioritizing Health IT Roadmap investments to accelerate work

- Interoperability
  - eHealth Commission and OeHI to be on leadership committee

- Broadband
  - OeHI meeting set with Office of Broadband for July 11th
  - OeHI drafted FCC letter of support for upcoming July 10th public meeting
  - OeHI coordinating input on proposed rulemaking for coordinated communities FCC pilot.

AFFORDABILITY ROADMAP ALIGNMENT

- Telehealth/Telemedicine
  - New eHealth Commissioner, Rachel Dixon appointed with telehealth and digital health expertise to lead eHealth Commission workgroup to inform state plans
  - OeHI leveraging Roadmap funds to contribute to the development of a state telehealth plan

CARE COORDINATION WORKGROUP REPORT OUT

CARRIE PAYKOC, INTERIM DIR, OEHI

JASON GREER, CEO, CCMCN

CARA BRADBURY, PROGRAM OFFICER, ZOMA FOUNDATION

JEFFREY NATHANSON, PRESIDENT, 10.10.10 XGENESIS

CARE COORDINATION WG UPDATE AND DISCUSSION

- OeHI & ZOMA System Mapping
- Initial Prioritization of Projects
- Timeline
- Next Steps

OeHI & ZOMA Systems Mapping Workshop

[Activities & Outcomes]

Workshop Goal

Identify, understand, and prioritize leverage points
that can be addressed by a variety of solutions
designed to support whole person care by
facilitating the connection of individuals to needed
resources across Colorado Communities using
health IT infrastructure and data sharing.

DAY 1

Visioning

Review of Systems Themes from Calls

Intro to Causal Loop Mapping Language

Fixes that Backfire

Mapping the System

VISION STATEMENT

1. **Access** to health and social services is timely and appropriate for all Coloradans.
2. Active **communication and collaboration** across diverse organizations and communities support the health of patients and residents.
3. Public and private **resources are reinvested** in IT projects that support data sharing and interoperability.
4. **Data sharing, interoperability, and automation** are ubiquitous, and allow for closed loop referrals, data analysis, and advocacy.
5. **Equity** issues are visible and actively addressed through the design and implementation of health IT systems.
6. Patients and residents have full **access to, and control over**, their health data and can derive actionable insights from it.

THEMES FROM MAPPING PHONE CALLS

1. **Conversation Can Open or Close Doors:**
Network engagement can catalyze collaboration but can also lead to shutdown

2. **Complexity Overload:**
Successful technology developers get overwhelmed by breadth of scope

3. **Provider Overload:**
Successful coordination can overwhelm community service providers

4. **Complicated Regulation:**
Regulations ensure privacy but create confusion, fear, and silos

5. **Need for Human Discernment:**
Human discernment increases burden of work but personalizes service

6. **Risk of Marginalization:**
Technology helps care coordination but can marginalize some communities

7. **Incompatible Tech Solutions:**
Need to coordinate can lead to variation in standards, reducing effectiveness of coordination

8. **Uncompensated Value Creation:**
Benefits can accrue to stakeholders who are not required to pay for them
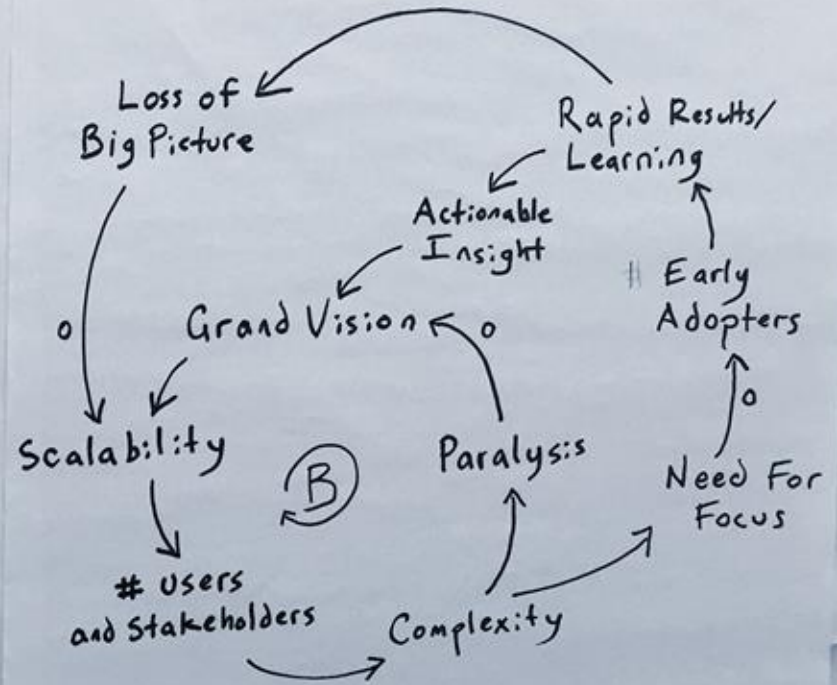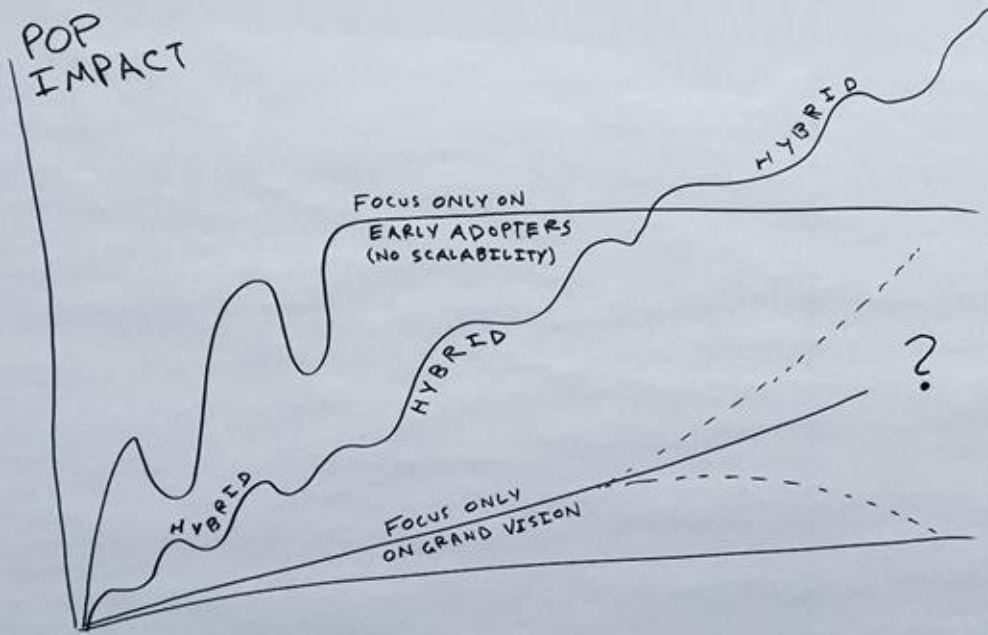
CAUSAL LOOP MAPPING TRAINING

Fixes that Backfire
Diagrams

SYSTEM MAPPING

DAY 2

Systems Storytelling

Identifying Leverage Points

Prototyping

Strategy Options Matrix

THE SYSTEMS MAP
A holistic understanding of the system.
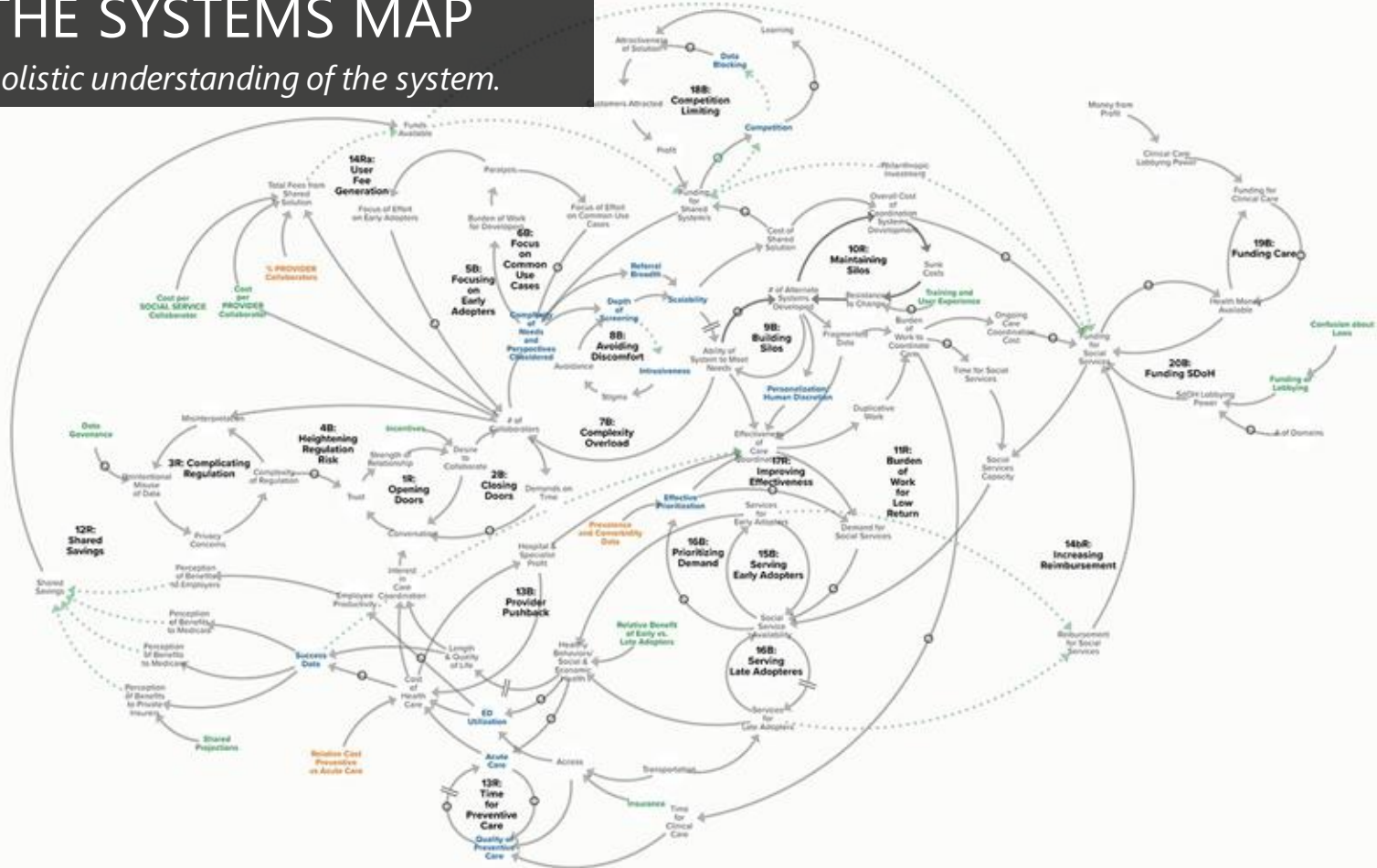
PRIMARY TENSIONS

	Growing Actions	Limiting Forces
Governance	Opening Doors	Closing Doors **Complicated Regulation** Heightening Regulation Risk Competition Limiting Building Silos Maintaining Silos Growing Burden of Work
Financing	**Shared Savings** **Funding SDoH** Increasing Reimbursement Time for Preventive Care User Fee Generation	Funding Care User Fee Generation Provider Pushback
Strategy	Complexity Overload Prioritizing Demand **Improving Effectiveness**	**Focusing on Early Adopters** **Focusing on Common Use Cases** Avoiding Discomfort Serving Late Adopters/Early Adopters

LEVERAGE POINTS

1. **Increasing SDoH Capacity & Funding**

2. **Building Funding for Shared Systems through Success**

3. **Proactively Managing Regulation**

4. **Focusing Early Solution Efforts**

5. **Improving Care Coordination Effectiveness & Success Metrics**

6. **Improving Change Management & Workflow**
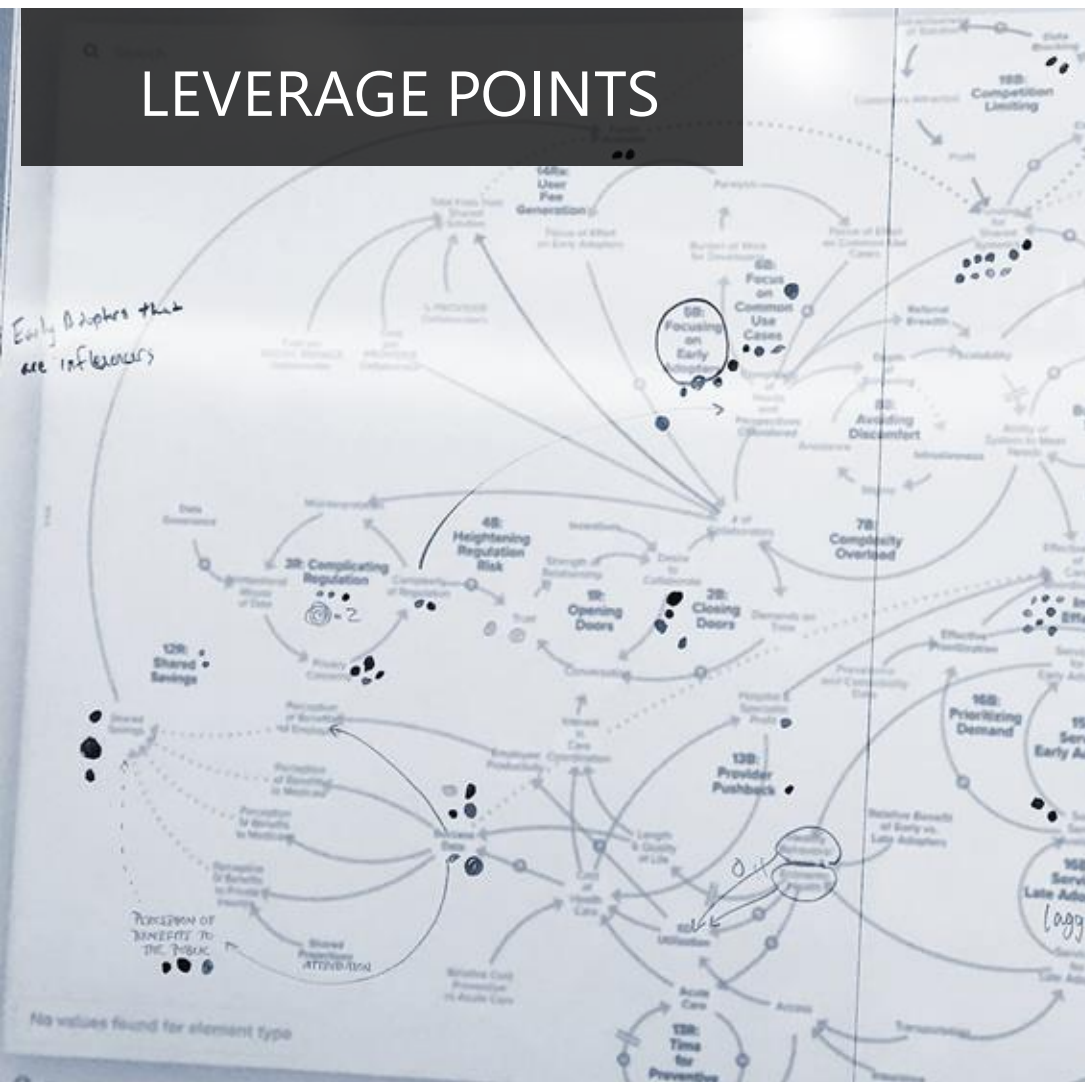
SOLUTION IDEATION

Five Solution Prototypes

OeHI

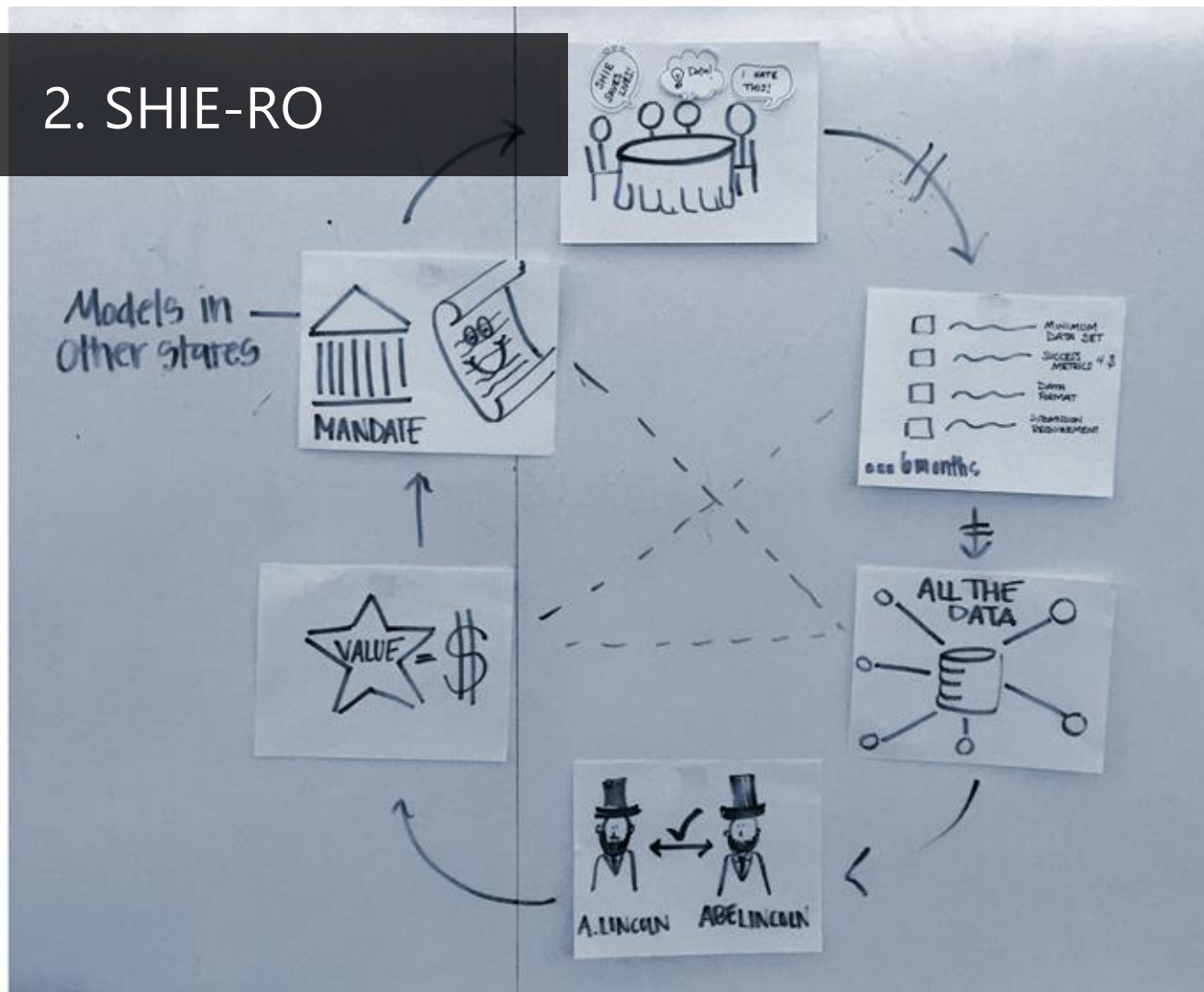Office of eHealth Innovation

1. CBO Ecosystem Incubator
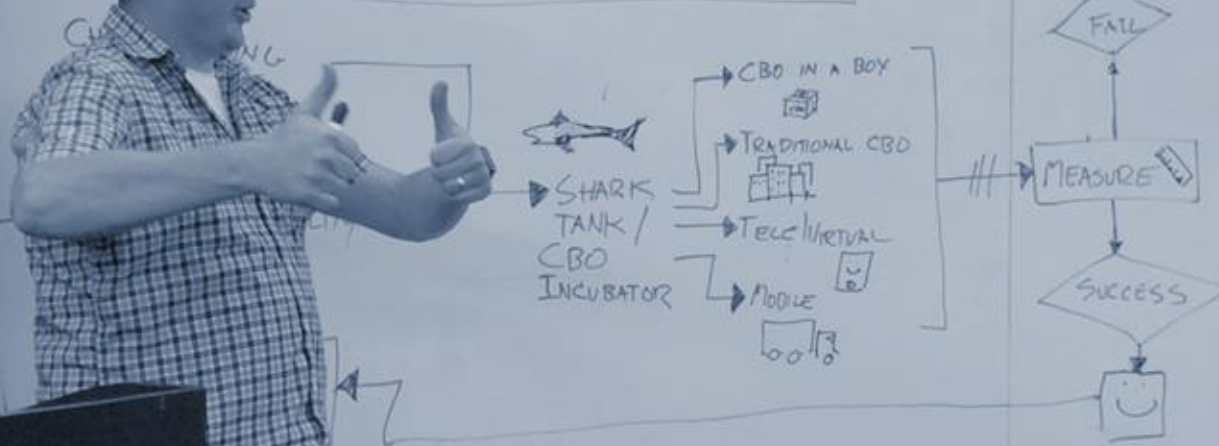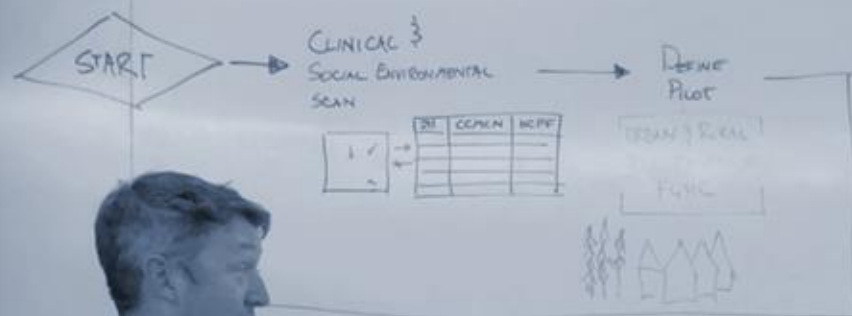
3. Citizen Data Control & Sharing Guidelines
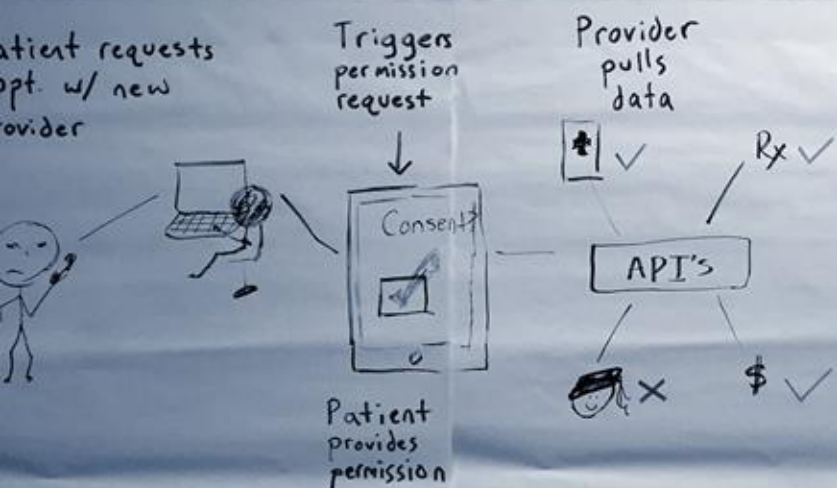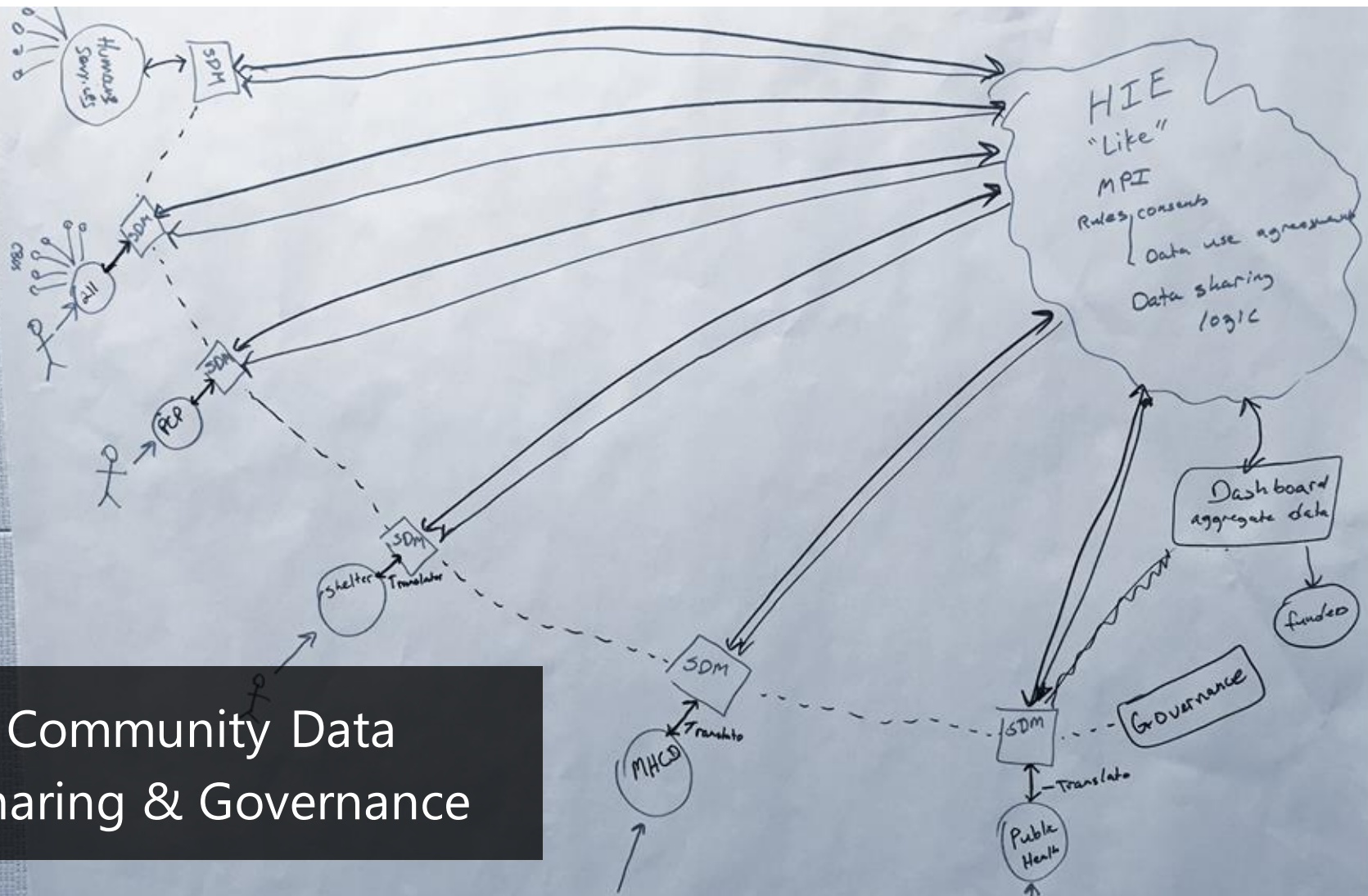
4. Community Data Sharing & Governance

5. Collaboration Process

FOLLOWUP:
Initial Project Prioritization
& Criteria
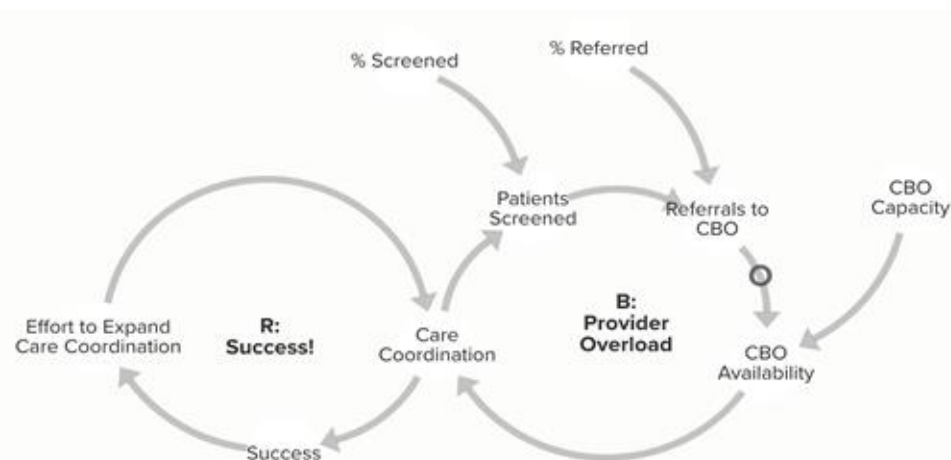
CRITERIA	
Capacity Tracking	Determine CBO capacity and appropriate adjustments to best use it
Referral Limiting	Establish screening and referral criteria to make the best use of limited CBO resources
Closed Loop	Track referred patient resource use and follow up to urge them to use if they haven't
Low Price to CBOs	Funding starved CBOs able to participate in shared system for very little/no cost to avoid further limiting capacity

POTENTIAL PROJECTS

Make Best Use of Limited CBO Capacity	• Develop/enhance a **complete database of all CBOs** in the state • Develop a **tool/process to analyze capacity and need** for use by a region • Develop an **approved list of vendor of screening tool**s to standardize data collection across the state • Develop **approved referral requirements** that limit referral of patients
Encourage Increases in CBO Capacity	• Host **shark tank event** to develop more effective CBOs • Identify **best practices for CBO capacity/ROI** and spread throughout the state • Develop ability to evaluate common and consistent care coordination ROI that appeals to various players, • **Advocate for other agencies and funders to facilitate the expansion of funding for CBOs** (including workflow efficiency, technology, and capacity)
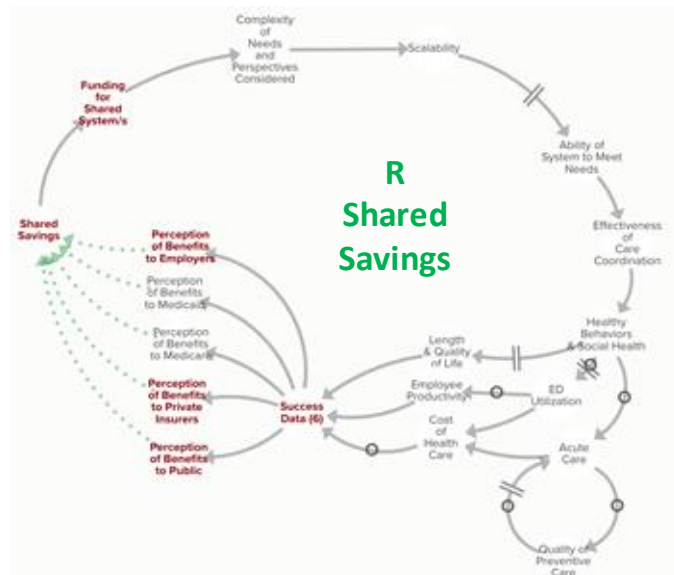
CRITERIA	
Success Measurement	ability to estimate a wide array of benefits (cost savings, health improvements) that accrue from care coordination success to facilitate case for funding of CBOs and Shared Systems
Attribution	ability to attribute return to a specific payer
Buy In	Up front buy in for the ROI plan from potential funders.

- Prior to having real success data, this might include preliminary work to **estimate potential benefits and return on investment to the public (and other potential payers).**
- Develop relevant **success measures and methods** to gather for care coordination solution to sell success AND allow for improvements in care coordination effectiveness.
- Develop a **communication plan** to reach the public (and other potential funders)

ADDITIONAL PROJECTS

LEVERAGE POINT	
3. Managing Regulation to Facilitate Data Sharing	• Develop **authoritative use-case guidance** for sensitive data sharing (See national resources) • Convene government and data sharing entities to **discuss how to modify regulation** • **Develop a legislative data sharing mandate**
6. Improving Change Management & Workflow for CBOs and Clinical Users	• **Establish a learning collaborative t**o explore change management • **Develop a community readiness assessment** • **Develop an innovation lab** • **Tech version of the Practice Transformation Organization for CHITA.**
4. Proactively Focusing Early Solution Efforts	• Convene working group to **identify focus criteria (beyond the above)** for focusing early solution efforts. • Establish a statewide entity to develop a **standardized data model** • Develop a **centralized statewide repository of data** with a master person index. • **Support existing care coordination effort(s).**

ADDITIONAL CRITERIA

LEVERAGE	CRITERIA	
3. Managing Regulation	**Multiple Screening Methods**	Allow for many methods of capturing screening information (e.g. PCP capture, ED follow up call capture, consumer self screening, caregiver screening)
	Consumer Data Ownership	Provide way for consumer to access and modify their own data and provide rights for others to access it for screening and referral purposes.
5. Improving Effectiveness & Success Metrics	**Evaluation Metrics**	Identify and track reasonable metrics with clear goals.
	Improvement Plan	Clear plan to evaluate success and make adjustments to improve care coordination effectiveness based upon divergence from goals.
4. Focusing Early Solution Efforts	**Domain Scalability**	ability to be scaled across various CBO domains such that full range of support can be provided to patients.
	Geographic Scalability	ability to expand to include other geographic regions such that entire state can be covered.
	Customizability	ability to override decisions or allow for a more personal touch when identified as needed by users.
	Inclusion of Most At Risk Populations	Including most at risk populations in the region to avoid using up limited resources before served.
	Attention to Domains w/ Excess Capacity	Initial focus on domains that have excess capacity to address the new demand

Rank order the following possible projects from most important to least important to the Colorado shared care coordination systems project.

Respond at **PollEv.com/rethinkhealth**

Answers to this poll are anonymous

BUILD FUNDING FOR SHARED SERVICES: Develop relevant success measures/methods for gathering for care coordination solution

MANAGE REGULATION: Develop authoritative use-case guidance for sensitive data sharing

FOCUS EARLY SOLUTION EFFORTS: Develop a centralized statewide repository of data with a master person index

FOCUS EARLY SOLUTION EFFORTS: Convene a working group to identify criteria for focusing early solution efforts

BEST USE OF LIMITED CBO CAPACITY: Develop tool to perform an analysis of capacity and need in a region.

ENCOURAGE CBO CAPACITY INCREASE: Identify best practices for CBO capacity/ROI and spread throughout the state

FOCUS EARLY SOLUTION EFFORTS: Establish a statewide entity to develop a standardized data model

IMPROVE CHANGE MGMT: Establish a learning collaborative to explore change management

BEST USE OF LIMITED CBO CAPACITY: Develop approved screening tool to standardize data collection across the state

MANAGE REGULATION: Develop legislative data sharing mandate

BUILD FUNDING FOR SHARED SERVICES: Prior to having real success data, preliminary work to estimate potential benefits and return on investment to the public

ENCOURAGE CBO CAPACITY INCREASE: Advocate for other agencies/funders to facilitate expansion of CBO funding

BUILD FUNDING FOR SHARED SERVICES: Develop marketing plan to reach the public (and other potential payers) to share the success.

IMPROVE CHANGE MGMT: Develop a community readiness assessment

OTHER: Summarize potential ROI metrics and interested payers and funders

MANAGE REGULATION: Convene government and data sharing entities to discuss and implement modified regulation

BEST USE OF LIMITED CBO CAPACITY: Develop complete database of all CBOs in the region.

MANAGE REGULATION: Establish requirement that citizens have control of their data

IMPROVE CHANGE MGMT: Develop an innovation lab

OTHER: Tech version of the PTO for CHITA.

ENCOURAGE INCREASE IN CBO CAPACITY: Host shark tank event to develop more effective CBOs

BEST USE OF LIMITED CBO CAPACITY: Develop referral requirements that limit referral of patients

TOP 6 PROJECTS

1. Develop relevant success measures and methods
2. Develop authoritative use-case guidance for sensitive data sharing
3. Develop a centralized statewide repository of data with a master person index
4. Convene a working group to identify criteria for focusing early solution efforts
5. Develop a tool that regions can use to perform an analysis of CBO capacity and need
6. Identify best practices for CBO capacity/ROI and spread throughout the state.

Total Results: 9

KEY QUESTIONS

eHealth Commission:
Are there any key questions missing?

GOVERNANCE	• **Here are the projects the working group prioritized. React.** • **What is the state's role in the governance process?** • What is OeHI's role in the governance process? • **How might we develop shared systems that have the best of local control (innovation and buy-in) and central control (effective resource use and less duplication)?** • **Should shared data be stored locally or centrally or mix?** • How can we limit the number of competing systems by balancing local with central control? How many systems should we support? • How should we thwart data blocking and encourage data sharing (hands off, prohibition in state contracts, ownership of data, legislation to require sharing, other?) • Who should be included in the network map? What is its purpose? • How do we focus on regional projects while maintaining an eye towards state-wide rollout?
FINANCING	• **What funding sources should we consider beyond the current funds and matches?** • **What should the system cost be to CBOs?** • Should we work toward shared savings models? If so, who are the best targets (business, Medicaid, Medicare, commercial insurers, hospitals, other)? • Should we advocate for change from Fee for Service to value-based payment? • Should we advocate for SDoH Reimbursement? • How should we act to encourage increases in SDoH capacity to support care coordination referrals?
ENGAGEMENT	• Who do we want to engage and why? • **Who is best situated to proselytize our map and strategy and get the word out?**
STRATEGY	• How many communities/organizations do we want to initially target? What is the timeline for achieving statewide implementation? • Which/what type of communities do we want to initially target? • How many different systems do we want to support/develop? • Which constituency do we want to target (all disadvantaged, Medicaid, Medicare, other)? • How many and which SDoH domains are the best to begin with? Why? • How do we want to focus referrals to most effectively use limited CBO capacity? • **Which projects and pilots do we want to support in the near term?** • Which system criteria are critical to success?

Q1 - 2019	Q2 - 2019	Q3 - 2019	Q4 - 2019

Whole Person Care Coordination Project Roadmap: 2019

Build Foundation

XGenesis complex system mapping

Social HIE System Demonstration Project(s): CDPHE, ZOMA, OeHI

OeHI- RFI for Social HIE Projects

OeHI Drafts Requirements/Approach for Social HIE Infrastructure

Sustain/Enable

Leverage SIM Data Governance Model

OeHI Contracting for S-HIE

Secure Federal Fund Match for Statewide Implementation: 04/24/19 submission

Growth

Leverage 10.10.10 Process

OeHI Contracts for Data Governance: eCQM Governance, Care Coordination

OeHI Develops Requirements for Data Governance Contract

Milestones

Completion of 10.10.10 XGenesis P.O. June 30, 2019

CC WW Finalizes Criteria for S-HIE Projects August 30, 2019

S-HIE Requirements and Approach Reviewed with eHealth Commission

S-HIE Contracting Begins- Q4

CONSUMER ENGAGEMENT WORKGROUP REPORT OUT

CARRIE PAYKOC, INTERIM DIR, OEHI

GARY DREWS, PRESIDENT/CEO, 9HEALTH
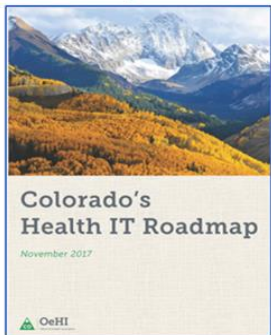
LAURA KOLKMAN, PRESIDENT, MOSAICA PARTNERS

BOB BROWN, VP PROFESSIONAL SERVICES, MOSAICA PARTNERS

Health IT Roadmap Initiative #2

Promote and Enable Consumer Engagement, Empowerment, and Health Literacy Project

Recap of Discover Phase

Presented by:

Gary Drews, 9Health
and
Mosaica Partners

July 10, 2019

Agenda

- ➢ Initiative Purpose, Scope, and Structure

- ➢ Gathering Stakeholder Input

- ➢ Assessing the Current State

- ➢ Identifying Gaps

- ➢ Recommendations

- ➢ Suggested Next Steps

- ➢ Discussion

Initiative Purpose & Discover Phase Objectives

Consumer Engagement Initiative Purpose

The purpose of the "***Promote and Enable Consumer Engagement, Empowerment, and Health Literacy***" initiative is to provide tools which support consumers becoming more knowledgeable and proactive regarding their health and well-being.

These tools will support achieving one's optimum level of wellness by leveraging the power of consumerism while effectively managing costs.

Discover Phase Objectives

There are three phases of this initiative. They are Discover, Plan, and Implement. This project addressed the Discover phase.

The purpose of the Discover phase was to:

1. Understand what health-related information, tools, and services Colorado residents want and need to become more informed about, empowered, and engaged in their health and well-being.

2. Develop and document an inventory of health-related capabilities and resources, both locally and nationally, that are currently available to Coloradans.

3. Identify gaps in making health-related resources available to consumers.

4. Provide high-level recommendations and suggested approaches to fill the gaps.

During this phase the project team accomplished each of the above objectives.

Project Team & Project Timeline

The Discovery Phase was Supported by a Core Team and an Advisory Workgroup

Project Core Team

Carrie Paykoc, Project Executive
Interim Director
Office of eHealth Innovation and
Health IT Coordinator

Kristie La Barge
State Agency Coordinator
Office of eHealth Innovation

John Foster
Intern, Office of eHealth Innovation

Laura Kolkman, Project Lead
President
Mosaica Partners

Bob Brown
VP, Professional Services
Mosaica Partners

Project Workgroup

Gary Drews, Co-Chair
President & CEO, 9Health

Adella Flores-Brennan
Executive Director, Colorado Consumer
Health Initiative

Antoinette Taranto
Chief Customer Office, Dept of Health Care
Policy and Financing

Dr. Cara Beatty
President and Chief Medical Officer
SCL Physicians, for SCL Health

Cindy Wilbur
Director Community Resource Network
Quality Health Network

Evon Holladay
Consumer and Innovator

Heather Culwell
State Health Initiatives
CORHIO

Tania Zeigler, Co-Chair
Director, Enterprise Digital Performa
Digital Experience Center, Kaiser-
Permanente

Leah Spielberg
Grants Director
Health Care Policy and Financing

Mary Anne Leach
(former) Dir. Office of eHealth
Innovation

Micah Jones
Health IT Coordinator
Dept. of Health Care Policy and
Financing

Michele Lueck
President and CEO
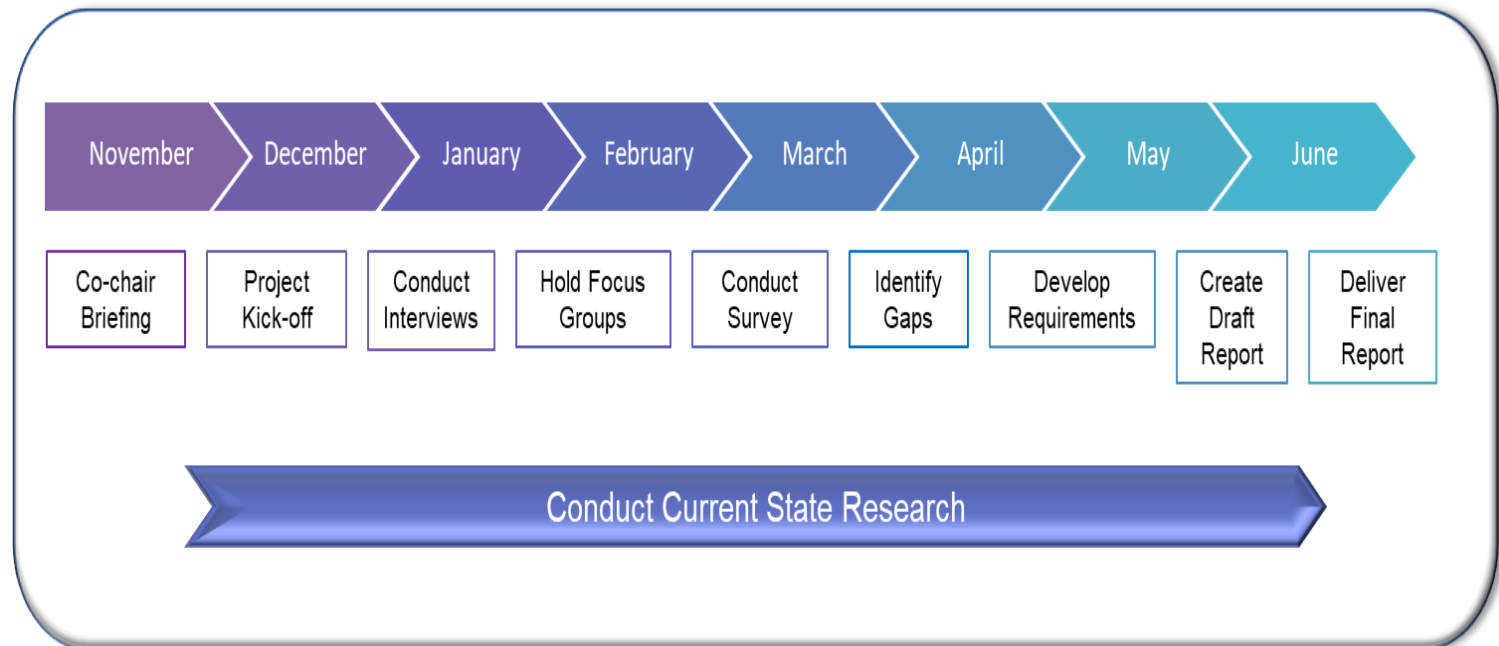*Colorado Health Institute*

Sarah Eaton
Health Care Policy and Financing

Shi Lynn Coleman
Workforce & Population Health
Program Manager at Colorado Sta
Innovation Model

OeHI
Office of eHealth Innovation

MOSAICA
PARTNERS℠

Discover Phase Activities Were Completed in 8 Months and On Budget

November	December	January	February	March	April	May	June

| Co-chair Briefing | Project Kick-off | Conduct Interviews | Hold Focus Groups | Conduct Survey | Identify Gaps | Develop Requirements | Create Draft Report | Deliver Final Report |

Conduct Current State Research

Stakeholder Input

Stakeholder Input Was Gathered Through Interviews, Focus Groups, and an Online Survey

Interviews

- Representative key stakeholders were identified

- 22 telephone interviews were conducted by Mosaica Partners

- Issues and Barriers were Identified

- Suggestions to Improve were documented
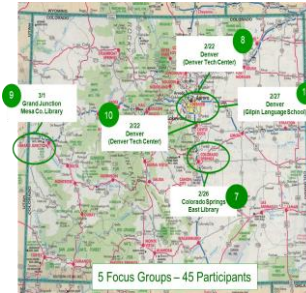
Consumer Focus Groups

- Five focus group meetings were facilitated by Mosaica Partners

- The Objective was to understand Coloradans' wants and needs for health-related information, tools, and services

Stakeholder Online Survey

- Designed and Distributed to Understand relative importance of Coloradans' wants and needs

- Available in both English and Spanish

5 Focus Groups – 45 Participants

Comparison of Results

Coloradans' Highest Importance Health-Related Information Needs Were Identified

#1. Understand my insurance options and costs.

#2. Understand all my costs for a health-related service before it's delivered.

#3. Understand the value and risks to me of a particular health-related service or decision.

#4. Understand what and why I've been billed for certain health-related services.

#5. (Understand how I can) Attain / Maintain a healthy lifestyle.

#23.

Assessment of Current State

The Current State was Assessed to Establish a Baseline

Relevant Health-Related Information Statutes and Regulations were Identified

- Colorado House Bills and Statutes
- Colorado Senate Bills and Statutes
- Federal Regulations and Initiatives

A Health Information Availability Tool was Developed and Populated

- Colorado specific health-related information, tools, and services were identified and input.
- Information, tools, and services available in other states and nationally were identified and input.

A Health Information Availability Reference Model was Developed and Documented

Based on Classical Supply/Demand Model

- Demand Side: Represents Coloradans' reasons for wanting or needing health-related information, tools, and services.
- Supply Side: Represents health-related information, tools, and services – and organizations that provide them – that are available to Coloradans.

Health Information Availability Reference Model

OeHI
Office of eHealth Innovation

MOSAICA
PARTNERS℠
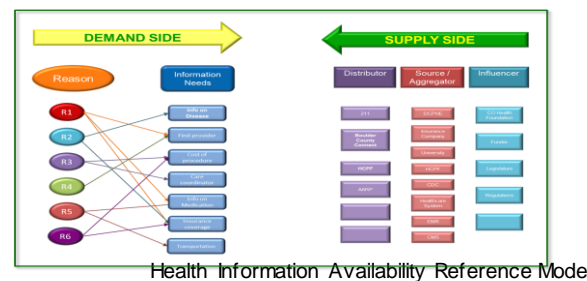
Identification of Gaps

Health-Related Information Gaps were Identified

Gaps in meeting Coloradans' Highest Importance Health-Related Information Needs Were Identified

Lack of ability to easily…

#1. Understand my insurance options and costs.

#2. Understand all my costs for a health-related service before it's delivered.

#3. Understand the value and risks to me of a particular health-related service or decision.

#4. Understand what and why I've been billed for certain health-related services.

#5. (Understand how I can) Attain / Maintain a healthy lifestyle.

Informational Gaps

- Awareness of Health-Related Information, Tools, and Services
- Easy Search Capability
- Locate Trustworthy Health Information
- Quality Comparison

Systemic Gaps

- Connection Tool
- Consumer-Focused
- Enhanced Data Collection Capability

Governance & Policy Gaps

- Role of State in Health-Related Information Resources
- Curated List of Coloradans' Health-Related Information Resource Needs
- Curated List of Health-Related Information, Tools, and Services
- Correlate Consumer Needs with Available Resources

OeHI
Office of eHealth Innovation

MOSAICA
PARTNERS ℠

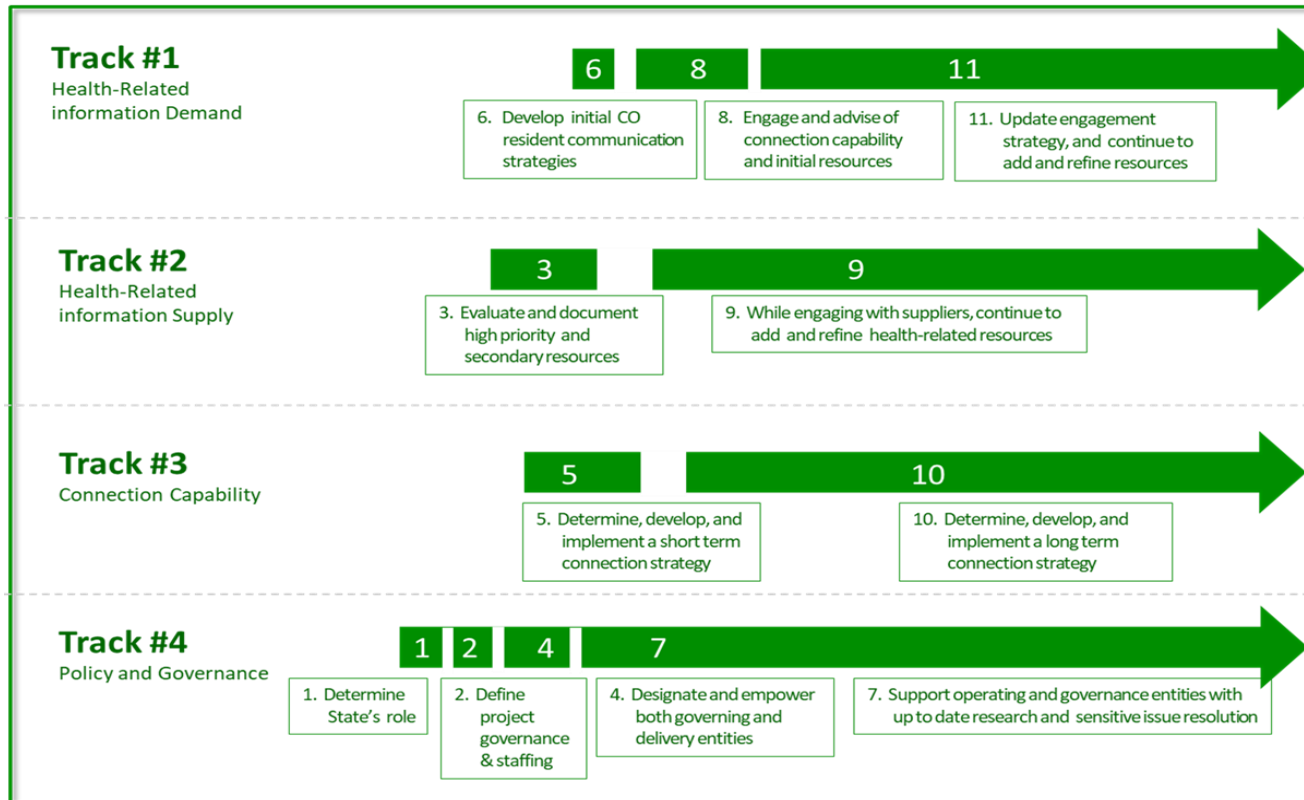# Recommendations and Suggested Approaches

Recommended Approaches to Address Coloradans Highest Importance Needs Were Developed

- Provide Capability for Consumers to Easily Understand Their Insurance Options and Costs

- Provide Resource so that Consumers Can Understand All Their Costs for a Health-Related Service Before It's Delivered

- Assist Consumers to Understand the Value and Risks to them of a Particular Health-Related Service or Decision

- Assist Consumers to Understand What and Why They've Been Billed for Certain Health-Related Services

- Consumers to Understand How They Can Attain / Maintain a Healthy Lifestyle

Recommended Approaches to Address Other Identified Needs Were Developed

- Raise Awareness of Health-Related Information, Tools, and Services Available to Consumers

- Provide Tools to Help Consumers Compare Quality and Outcomes Across Providers

- Provide Readily Accessible Sources for Trustworthy Health Information

- Provide Consumers with the Capability to Easily Search for Relevant Health-Related Resources

- Enhance the Data Collection Tool

- Create a Consumer-Focused, Personalized Search Capability

- Develop a Curated List of Coloradans' Health-Related Information Resource Needs

- Maintain the Curated List of Health-Related Resources

- Develop a Process to Correlate Consumer Needs with Available Resources

- Determine the Role of State in Health-Related Information Resources

Recommended Tracks of Activity for the Next Phase were Developed

Track #1
Health-Related information Demand

6 | 8 | 11

6. Develop initial CO resident communication strategies
8. Engage and advise of connection capability and initial resources
11. Update engagement strategy, and continue to add and refine resources

Track #2
Health-Related information Supply

3 | 9

3. Evaluate and document high priority and secondary resources
9. While engaging with suppliers, continue to add and refine health-related resources

Track #3
Connection Capability

5 | 10

5. Determine, develop, and implement a short term connection strategy
10. Determine, develop, and implement a long term connection strategy

Track #4
Policy and Governance

1 | 2 | 4 | 7

1. Determine State's role
2. Define project governance & staffing
4. Designate and empower both governing and delivery entities
7. Support operating and governance entities with up to date research and sensitive issue resolution

OeHI
Office of eHealth Innovation

MOSAICA
PARTNERS℠

Suggested Next Steps

Recommended Next Steps
# for the "Plan" Phase were Developed

1. Develop and Implement an Overall Plan to Coordinate Health-Related Information, Tools, and Services Activities

2. Develop a Means to Further Prioritize the Efforts that will be Undertaken in the Plan and Implement Phases

3. Further Define the Outcomes that the Solution Approaches Should Achieve

4. Address Key Questions for Engaging and Empowering Consumers in Their Health and Wellness.

5. Consider Developing a Journey Map of the Consumer's Journey Through Various Health-Related Events Across a Lifespan.

Summary – By the Numbers

The "Discover" Phase – By The Numbers

5	Members of Core Project Team
14	Members of Project Advisory Workgroup
22	Interviews of Key Stakeholders
5	Focus Groups
45	Participants at Focus Groups
23	Reasons for Wanting or Needing Health-Related Information Identified
42	Organizations assisted in deploying the Online Survey
2	Versions of Online Survey Distributed – English & Spanish
3700+	Responses to Online Survey
62	Number of Colorado's 64 counties represented in Online Survey
23	Reasons for Wanting or Needing Health-Related Information Prioritized
1	Health Information Availability Tool developed and populated
300+	Organizations and the health-related information, tools, and services they provide were identified
1	Health Information Availability Model Developed and Participants Categorized
4	Categories of Gaps Identified
5	High Importance Needs Identified and Recommended Approaches Developed
10	Other Needs Identified and Recommended Approaches Developed
4	Tracks of Activity Recommended for next Phase of the initiative
5	Recommended Next Steps to Address High Priority Needs Developed
8	Months Project Duration from Start to Finish
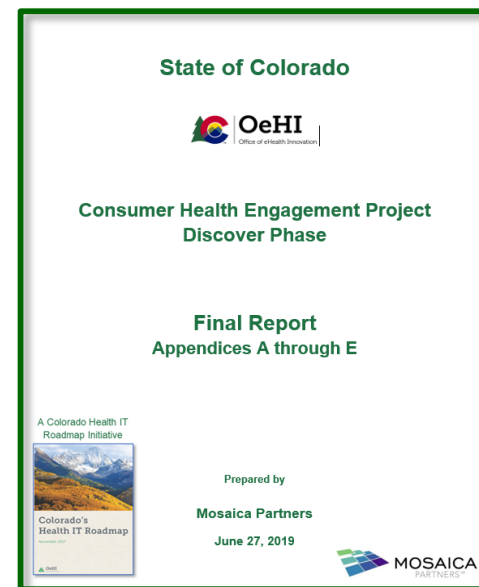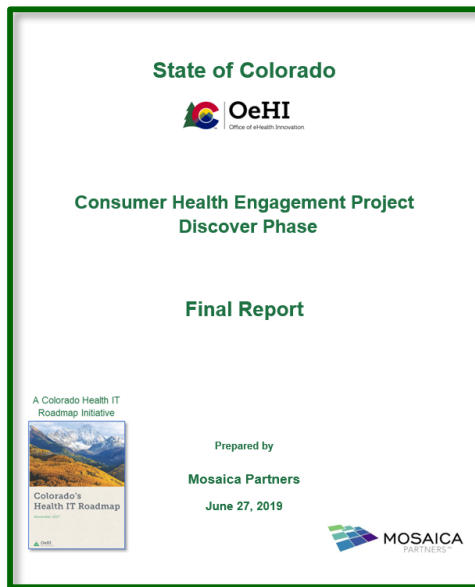
Discussion

CLOSING REMARKS

MICHELLE MILLS, CHAIR