OeHI
Office of eHealth Innovation
eHealth Commission

Meeting Minutes

June 8, 2022 | 12:00pm - 2:00pm | Virtual Meeting Only

Type of Meeting	Monthly eHealth Commission Meeting
Facilitator	Kaakpema "KP" Yelpaala, ***eHealth Commission Chair***
Note Taker	Cierra Childs
Time Keeper	Monique Berry
Commission Attendees	Wes Williams, Chris Wells, Jason Greer, Jackie Sievers, KP Yelpaala, Rachel Dixon, Amy Bhikha, Toni Baruti, Micah Jones, Arthur Davidson, Kevin Stansbury, Misgana Tesfaye, Michael Archuleta, Parrish Steinbrecher Absent: Sophia Gin

Minutes

Call to Order

Kaakpema "KP" Yelpaala, *eHealth Commission Chair*

- Roll call was taken. 14 present. Quorum reached
- Kevin Stansbury motions to approve the May 2022 eHealth Commission meeting minutes
- Michael Archuleta seconds the motion
- Corrections: None
- In favor of approving: Unanimous Aye
- Opposed: None

Announcements

Melissa Hensley

- There is a new eHealth Commissioner joining this month, Misgana Tesfaye.
- Misgana Tesfaye introduces himself
  - Joined CDHS 4 months ago as Director of Business Innovation, Technology, and Security Division.
- Reminder that we are hiring and that commissioners are encouraged to share the application link for the Deputy Director position at OeHI
- KP Yelpaala: Welcome Misgana, great to have you on board.

Rural Health IT Steering Committee Updates

Kevin Stansbury

- First, we are working to increase and approve Health Information Exchange (HIE) connectivity amongst rural hospitals and clinics
- We are also working on a new funding strategy for new approved funding to improve HIE connectivity system upgrades.
  - To operationalize that, we are seeking input from providers in rural areas to better understand their needs
- These efforts are linked to the refreshed Roadmap
  - By increasing the HIE connectivity, we increase access to rural and remote patients which bolsters equitable access to information
  - We also increase access to health services through technology by bolstering telehealth and broadband in rural communities, as well as access to patient portals and more sophisticated electronic health records so that patients can access their health records digitally
  - We improve health equity through connectivity by improving digital accessibility for rural patients and helping those in rural communities
- Focusing on health equity in the workgroup, rural communities typically experience higher rates of poverty, so by increasing access to health IT for rural providers, we can improve accessibility and reduce costs

Michael Archuleta:

- All the rural analytics contracts are executed for FY22 and almost done for FY23, and an implementation plan by CCMCN is scheduled for release Fall 2022.
- The HIE connectivity strategy to connect the remaining CAHs and RHCs has been finalized
- What we are looking at doing in terms of rural connectivity is using the 11 million in one-time match funding already approved to work with those broadly defined independent providers which aren't eligible for other federal funding. We have funding for about 60 facilities
- Some of the overall goals are increasing overall HIE connectivity among rural hospitals
- We've evaluated the Rural Connectivity program and seen a 39% rate of no response among providers. So we need to start again with that provider outreach and understand where these systems currently stand. There were a lot of specific items that weren't being submitted to tell us what these rural facilities even have.
- In order for us to develop a strong process, we need to understand what the bandwidth and integration possibilities even are for a given organization, what systems they have, what redundancy they have in these systems, and some things have been left out with the overall environmental scan
- At the end of the day, we know rural communities have higher burdens of poverty and worse health outcomes, so increasing access to health IT can help us really improve care delivery, but we must determine what the specific facilities have, and we need better return back from these facilities so we can come up with a strategic plan for this funding
- Kevin Stansbury: To drive that point home, rural providers often get distracted by just day-to-day operations, and what Michael is talking about is reaching out in a personal way and talking to them about where they are out with their digital footprint and getting meaningful feedback beyond the survey, so it really is important to reach out personally and help them understand the value of this work
- KP Yelpaala: On the rural analytics, what exactly are we thinking about? I see good momentum, but the analytics seem a little ambiguous?
    - Gabby Elzinga: CCMCN has built a dashboard for rural providers, which currently pulls in HIE data especially for COVID patients, and we are looking to expand that tool out beyond COVID. We worked the first quarter of this year to understand the priorities of those rural providers and one major priority is to integrate claims data into analytics. The other is to look at diabetes and cardiovascular to understand chronic disease burden on these clinics
- KP Yelpaala: What are your top priorities as you're thinking about the next elements? Tactically, how can we as a commission be supportive?
    - Kevin Stansbury: What we've really been trying to get to is to drill beneath the data and further engage the most remote providers in the state and understand how they are capturing data in the first place. A lot of CAHs and RHCs, and others, are running on very rudimentary electronic health records and aren't capturing much data or are doing it manually and getting incomplete or unreliable data. We want to engage those providers on a personal level and leverage existing relationships across the state and use the connections to improve the dialogue with those providers and understand where they really are on their digital footprint.
    - KP Yelpaala: Is that already in our plans, or something new?
        - Kevin Stansbury: I think it's new. We always talked about gathering the data, but this may be a new tactic to do that.
            - Gabby Elzinga: I think that's exactly right. This new funding request is the first one that speaks directly to system upgrades to facilities. For existing folks already connected, we don't necessarily know what the quality of the data is, and that will be a huge focus for the next year or two and may be something we need the commission to weigh in on. We need to ensure analytics are even feasible at these facilities.
        - Michael Archuleta: One of the important areas is creating that focus group, those listening sessions in those coming months about how we are pulling up information. The environmental scan was not responded to by 39% of facilities,

so this really does not allow us to get the information needed to develop a strategy to enhance connectivity, and even by facilities that answered, many things were not answered relating to whether they have the capacity or IT personnel to make these advancements a reality. This committee is really focused on trying to identify the current systems in place. Do these facilities have technology in place, and if so, what are these upgrades going to take? There are a lot of facilities that had very low rates of broadband connectivity, so as a member of the IT steering Committee, when we are developing technology and promoting this, how do we bring better ways of enhancing the redundancy of the broadband connectivity that's in place. We have a lot of legacy processes and technology in place, and yet we are many years behind the curve compared to other industries. We should be on the cutting edge. We have to reach out to the experts to design a strategy moving forward.

- Kevin Stansbury: Most rural hospitals need just more awareness to begin with
- KP Yelpaala: What is the gap that you think led to people not filling out the survey?
    - Michael Archuleta: I personally think it was personnel. Who was completing the survey? Sometimes these smaller facilities don't have the personnel for a technology team, and a lot of facilities see IT as a cost center rather as a strategic revenue source. Many throw in an individual to make them in charge of IT
- Parrish Steinbrecher: You mentioned redundancy. How were your systems redundant?
    - Michael Archuleta: We are utilizing two different internet service providers (ISPs) on different fiber layouts. If one specific ISP goes down, we still have full redundancy on the second ISP, so there's no droppage in the facility itself.
- Art Davidson: We have talked about creating a dashboard or some sort of report that would allow us to look geographically at what state health facilities are in regarding connectivity, whether bandwidth is an issue or if there's a second ISP. Is there a way for us to see that relatively quickly and see if there are these gaps?
    - Michael Archuleta: That's an excellent question. I wish we would have obtained more intel from the overall environmental scan, but a lot was left blank, for example connectivity or ISP.
        - Art Davidson: Our state has a broadband initiative, so how are we doing? Not just from the healthcare side.
            - KP Yelpaala: So you're talking about broadband mapping, where do we have coverage and gaps?
    - Kevin Stansbury: Where my attention is is even if we had the best infrastructure across the state, we still have huge gaps in provider ability to connect to this network, so until we understand provider capabilities, we aren't going to make any progress.
    - Rachel Dixon: We did a statewide rural health listening tour in 2019 and one of the major findings was that most rural facilities don't have the budget for an in-house grant writer, a contractor, or anyone to be managing grants, so there's also concern about equitable distribution of funding to facilities that aren't as capable to apply. A lot of times, the funding isn't reaching where it needs to go. We are also working to do the next statewide provider survey focused on telehealth, so if there are questions you wish had been asked or should be asked, there may be opportunity for collaboration there.

Lieutenant Governor Dianne Primavera Remarks

- LG thanks commissioners for their work, highlights HB 21-1289, Project Broadband Grant RFA, HB22-1302, HB22-1281, HB22-1243, SB22-147, HB22-1303.

Care Coordination Workgroup Updates

Melissa Hensley

- We have unmet social needs such as food, housing, transportation, and safety, which significantly affect health and prevent people from being active in their communities, while also increasing risk of chronic illness. Black, Latino, and Indigenous populations experience unmet social needs at higher rates, and these disparities have been exacerbated during crises like the pandemic.
- Gabby Elzinga: The current workgroup builds on all the previous work done and picks up from the work done by the 2021 workgroup. The purpose of the workgroup is to strengthen community connections to develop meaningful insights in support of equitable access to quality care and services for all Coloradans. Emphasis is on connections and relationships, as well as data. We have a lot of data, but lack of insights we can use to improve client lives. We need to bridge the gap between data and how we put it into practice. In terms of roadmap objectives, our workgroup is focused on alignment, equity, and innovation across the board. We focus on community-driven infrastructure development and incorporating the voices of all Coloradans, especially those not historically listened to. Our goals include developing S-HIE "branding" to be clear and strategic so that it is distinctly OeHI and making it clear how everything fits together, and prioritizing use cases for S-HIE so we can identify what issues are most important to the community we serve and work within the bounds of funding. Also, developing an action plan for data governance, which is crucial for S-HIE implementation, a proposal for which OeHI will bring to the next meeting, and finally strategizing integration of identity management and consent into S-HIE.
    - Reference timeline highlighted. Main goal is to launch an RFP for statewide and regional SHIE infrastructure in Fall 2022.
    - Amy Bhikha: On the identity management piece, is there any OIT representation there? There is federal-level management, so is there any opportunity for alignment there?
        - Gabby Elzinga: Yes there is, and that could be one of the strike forces to focus specifically on integrating identity.
            - Amy Bhikha: I'd love to be involved in that
        - Melissa Hensley: To reiterate, we really hope the OeHI and state investments in this area and core services drive the integration statewide.
    - Wes Williams: It's important what the role is of OeHI in S-HIE and how we distinguish that from smaller, regional groups. It's exciting to build out a statewide HIE framework, which is very different from private companies currently delivering all of this. Is there a national-level piece that we are also working with? How does Colorado's solution to social determinants of health fit into the nationwide efforts? How can Colorado's voice be heard loudly?
        - Melissa Hensley: At a federal level, Gabby and I and others have been active in the Office of the National Coordinator (ONC) social determinants of health workgroups, and have done much research to identify a model from "How to Build Connected Communities of Care" book which we can scale and adapt to Colorado. We are also very interested to see how the initiatives, for example Metro Denver [Partnership for Health] and Collaborative Community Response (CCR) and how we bring that together and leverage that work. We want to stay aligned with what our federal partners are doing with the social determinants of health.
            - Gabby Elzinga: We have been talking with Find Help and Unite Us from a strategic level to understand their consent models and data sharing to help us fit into the landscape, which we will continue to do.
        - Patrick Gordon: We need both, national policy engagement, great models, and good tech. Our part is to curate networks of local resources and build systems to sustain the data. That's that hard part. That works at the level of community engagement and trust and motivation. The front end policy and tech layer is

important, but my perspective is that we need to invest time in building community engagement along the lines of your blueprint.
        - Jason Greer: I agree with Patrick, and when it comes to the different areas of alignment, we have a lot happening in the state and nationally, and we have active discussions to collaborate regional efforts and understand community priorities and thread the S-HIE model. We are threading that needle through every community in the state, and I've been presenting to other states and our model seems to resonate as we are all trying to do the same thing. We are very involved in all those discussions. We are spending a lot of time making sure we are aligning with all those initiatives.
    - David Aylward: Can you describe the difference in your planning between 1) IT supporting full-person family care coordination of teams from different sectors, and 2) transactional S-HIE, mostly closed-loop referral for medical entities. OeHI is funding pilots of the first, the latter is being offered commercially.
        - Jason Greer: OeHI is funding both of those, whole-person care coordination, as well as the nuts and bolts of referral exchange and data exchange. OeHI has been thoughtful in their approach to make sure both are equally covered.
        - Gabby Elzinga: This approach is meant to focus on both things, the full ecosystems, community infrastructure/relationships, as well as simple data sharing for referrals. The goal is for a holistic approach.
    - KP Yelpaala: In terms of the private sector, how are you guys seeing how some of that could support our work or how we could approach public/private partnerships?
        - Melissa Hensley: I haven't made much progress down that path except in the research, there has been great success before us in sustainability when they are able to find a foundation of private partnership to help. Private partnerships are going to be instrumental to success.
        - Gabby Elzinga: The way we are using this model allows for some innovation and flexibility, so we want to design a strategy that's compatible with the private sector innovation that we expect to come down the pipe in the future.
    - Ashley Brown: Can you please define regional POC?
        - KP Yelpaala: Proof of concept.

Public Comment Period

- Comments from previous discussions:
    - David Aylward: The NTIA will be issuing coverage maps later this year and Colorado will be submitting its plan for spending $700 million on broadband.
    - Art Davidson: Do you know how we will be able to quickly summarize these maps to understand gaps and successes in broadband for rural providers and patients?
    - Michael Archuleta: We are also needing to look into federal funding like the Healthcare Connect Fund.
- Art Davidson: We received a document with news highlights. Is there someone in OeHI that could comment on this?
    - Stephanie Pugliese: The news highlights are just an FYI for commissioners on what's going on throughout the nation. If it would be helpful to make it more Colorado-centric or OeHI-centric, we can do that. It is meant to be informational and good content for discussion.
        - Art Davidson: Just a little context about understanding for Colorado would be wonderful, even if there's no status that you know of.

Action Items

KP Yelpaala

- Care Coordination Workgroup and Rural IT Steering Committee return with follow-up

eHealth Commission Meeting Closing Remarks

- Open Discussion

Motion to Adjourn

Kaakpema "KP" Yelpaala, *eHe*alth *Commission Chair*

- Kaakpema “KP” Yelpaala requests motion to adjourn
- Kevin Stansbury motions to adjourn
- Michael Archuleta seconds the motion
- Meeting adjourned at 01:29 PM MST