

## eHealth Commission

June 14, 2017 | 12:00pm to 3:00pm | HCPF Conf Rm ABC

Type of Meeting	Monthly Commission Meeting
Facilitator	Michelle Mills, Chair
Note Taker	Emily Giebel
Timekeeper	Michelle Mills, Co-Chair
Commission Attendees	Carrie Paykoc, Herb Wilson, Chris Wells, Greg Reicks, Marc Lassaux, Anne Boyer, Michelle Mills, Mary Anne Leach, Chris Underwood, Morgan Honea, Jason Greer, Tanie Zeigler, Dana Moore, Jon Gottsegen,

## Minutes

### Call to Order

- Michelle Mills called the meeting to order as Chair of the eHealth Commission

### Approval of Minutes

- April minutes approved
- May minutes approved

### Review of Agenda - Michelle Mills, Chair

### OeHI/SIM Update

#### OeHI Update

Mary Anne Leach, Director Office of eHealth Innovation

- Innovation Summit:
  - o The workgroup aligned governed dashboard in terms of goals and objectives.
  - o 5 key domains: Chronic disease management, integration of Behavioral Health and Substance Use Disorder, Transition from Fee for Service to Value Based Payments, Social Determinants of Health, and Information Sharing and Data Silos.
  - o We need to better define problems - pick 2 or 3 and do many summits.
  - o Communicate the challenges and opportunities.
  - o CORHIO announced with conjunction of 10.10.10, CIVHC, and HIQ, building out a test of data repository. Innovators can understand structure and content of health data.
  - o Policy and legislative opportunities.
  - o Goals and Objectives: align digital health innovators around top priorities. Take mindset and focus them on the priorities. Help connect stakeholders and markets.
- Innovation Workgroup
  - o Refine action plans that we can execute on.



- Master Health IT Consultant: Health Tech Solution - Kick off meeting held Tuesday 6/13/2017.
- Planning and Budgeting
  - o Aggregating in to an overarching plan to align funding. Identify gap funding - go through HCPF to make a budget request to help extend the program being defined now and future operations.

## State Agency Updates

- HCPF- Integration Interchange
- OeHI- Health IT projects across state agencies, what can we do to strategize for the roadmap to make it more streamline. Partnering with OIT to help leverage across the board to see what is working and what is not. Helps assure alignment across state agencies.

## SIM Health IT Update

Carrie Paykoc, State Health IT Coordinator

- Welcome new team members Kimo and Ako.
- Conversations about quality measure alignment. SIM has done great work aligning payment alignment. PowerPoint was sent out. Help to leverage SIM effort.
- Data Governance - help define solutions - will be discussed later in presentation.
- Would the eHealth Commission help define they're part in defining data governance solutions? Break it down into domains and address individually.
- Commission can be help gain traction in the community.

## Action Items:

- Quality Measures/EHR Vendor Letter.
- Health IT Innovation Sub-Working group.
- Roadmap Planning sub-working group.
- Broadband sub-working group.
- Privacy and Security working group.
- Track and report federal and local legislation.

## SIM HIT Roadmap Project Overview

Megan Comier, Deloitte

- Project Status:
  - o Completed stakeholder interviews.
  - o Done extensive interviews with payer and providers.
- Solution:
  - o Decision points: problem statement, data needs, data flow, data specs, capability inventory, and capability.
- Stakeholder findings:
  - o 25 meetings - where we are and where we are going with the solution.
  - o Large systems are already building this capability.
  - o Payers seem to be focused on claims based reporting.
  - o Medicaid has eCQM's in the measure set, starting to think of the architecture to report it.



- Provider reporting - report once. Think about architecture that supports the report once.
- Trust is an issue between payers and providers
- Data validation, consent management and MPI/MPD came up in almost every interview.
- Data use cases for eCQM extraction and reporting.
- Themes are aligning with initiatives.
- Key assumptions:
  - Understand where the stakeholders now, key assets and capabilities.
  - Idea that we need to start slow - focus on enabling small measures.
  - Enable other capabilities while aggregating clinical and claims data.
  - Integration of behavioral health data.
  - Require enhanced technical assistance.
  - Innovation and interoperability.
- Suggestions on phasing:
  - Need to get to phase 1 by 2019. SIM funding will be hinged on that piece.
- Future discussions around cost and resources.
- Last thing stakeholders want to do is invested in a new tool, this is why leveraging existing projects is so important.
- Architecture:
  - Technical assistance: important component - better the data of quality of data coming in to the system the better the data life cycle.
  - The data management: storage, validation, normalization. Making sure its accurate.
  - Business intelligence: analytics and reporting.
  - Reduces provider burden: Data extraction capability reduces the manual burden for providers to go back into the EHR system.
  - As complexity goes up so does the value proposition.
- Where do EMR vendors fit into the model? Currently an analysis going on.
- Next step is to layer in current capabilities that can fit into the model and fill in the gaps.
- Many of the assets already exist in Colorado.

## Colorado Health IT Roadmap Steering Committee

Laura Kolkman and Bob Brown, Mosaica Partners

- Modified Objective: Was around telehealth, wanted to expand it beyond telehealth, aiming towards evolving the care delivery model.
  - Commission approves.
- The workgroup helped to reword the objectives of the desired future state.
  - Commission approves.
- Roadmap Review:
  - Next month, Mosaica will present an initial list of initiatives.
  - Majority of time will be allotted to discussing the initiatives.
  - Then, come August, will ask for approval to move forward with initiatives.



- The draft outline of the roadmap will be brought to the commission in August.
- There will be public information meetings- tentative for August.
  - Idea is to spread the word of what's going on and receive input.
- In September, review and discuss the entire draft of the roadmap with possible public comments the following week.
- October 11<sup>th</sup>, the commission will review the roadmap then send to the Governor and Lt. Governor for review.
- On October 27<sup>th</sup>, webinar to receive final approval.
- Look at working on proxy approval or voting ahead of time.

## CHORDS Presentation

### Allie Morgan and Sara Schmitt, CHI

- The work is granted from Colorado Health Foundation.
- Vision that they are helping to steward.
- There is a who of CHORDS. Who have come together to do the work.
- There is a what of CHORDS. Technology of how it all works.
- This is not intended to facilitate direct patient care.
- CHORDS is to inform and create a better understanding of health care in Colorado.
- The CHORDS network - core pieces are the data users, data partners and the technical partners. It is overseen by the governance committee with 20 representatives. The series of workgroups dive deeper into certain aspects of the CHORDS work.
- Looking to form an executive committee.
- Further down the road there will be two advisory councils.
- CHI is at the center as they are to work as a convener between metro Denver public health agencies, University of Colorado Denver, CORHIO and health care and mental health partners.
- Distributed data network.
- Relies on open source technology
- Each data partner builds virtual data warehouse.
- Data pattern controlled - when and to whom they release data.
- The running of the query and initial results are behind the firewall.
- CHORDS cannot duplicate records - next evolution is MPI.
- Topics of focus: BMI/Obesity, Cardiovascular disease, diabetes, mental health opioids.
- Questions:
  - How much effort is it to bring in a new area focus? This work is done at University of Colorado and Public Health. It can be quick from writing to testing, to asking data partners. 17 tables within the warehouse - 5-10 are already loaded. Depends on capabilities.
  - What can we learn from this platform for the eCQM model?
  - What's next for CHORDS and sustainability? Make it a state-wide resources and find it a permanent home. How can we leverage the current work and move technology over?

- As we talk about data use, that becomes an area of opportunity. CORHIO is leveraging the MPI that is already populated to de-duplicate. A query to the network does not mean you need to accept the query.

## SB17-019

### Camille Harding, OBH

- History of SB17-19 came out of the mental illness and criminal justice task force.
- Introduced on testimony to oversight committee. It was drafted and went through the legislative cycle last session.
- There was a recommendation to standardize a formulary.
- Lots of information that when an individual is booked into jail they do not have access to their medications - then when they are discharged back out they may have had a break in medications causing recidivism.
- Standardization of formulary to be used in contracts and communicated to other entities.
- They have the opportunity to leverage state purchasing with getting medications at a cheaper rate.
- Development of a plan to standardize health information in specifics to medications, across systems.
- The jail has access to current prescriptions when someone is booked into jail.
- The role of OBH is to work with all the different entities to create a data sharing plan- due September of 2018.
- The first starting place is to hire a vendor to reach out to county jails and get their screening process, do you have a consent management process, who does your health care and do you have some other entity to provide the services?
- Helps to map out what the strategy needs to look like.
- OBH will submit a budget request to leverage.
- How involved does the Commission want to be?
- What's the expectation for administration of the formulary? Assuming capacity for jails to leverage and provide psychotropic medications.
- Consistency with medication maintenance will help save money.

### Commission Discussion on Presentations

#### Facilitated by Mary Anne Leach, OeHI Director

- Discussions were done throughout the presentations.

### Public Comment

- Morgan had the chance to attend 10.10.10, and noted that about half of the Entrepreneur CEOs were from (non-health care) industries; that we need to help them understand and navigate health care, as well as learn from their unique perspectives.

### Discussion on May Agenda and Closing Remarks

## Next Steps and Action Items

Action Item	Owner	Timeframe	Status
Formulate ideas for Project Principles for Health IT Roadmap project	Commission Members	September Commission Meeting	Completed
Draft a letter to the FCC requesting attention to the issue of technology/connectivity in rural areas to support data sharing and thus a Healthier Colorado	State HIT Coordinator/ OeHI Director/ Commission	January/ February	Completed
OIT Use of Salesforce Health Cloud - provide additional information or give presentation	State HIT Coordinator	Spring	Added to potential topics
Quality Measure/EHR Vendor Letter	State HIT Coordinator	Summer	Open
Health IT Innovation in Colorado - sub-working group of the Commission	OeHI Director	Winter/ Spring	In Progress
Health IT Planning Working Group - sub-working group of the Commission	OeHI Director	Winter/ Spring	In Progress
Create a broadband working group -sub-working group of the Commission	OeHI Director	Winter/ Spring	Open
Track and report federal and local legislative changes	OeHI Director	Winter/ Spring	Ongoing