

eHealth Commission

June 13, 2018 | 12:00pm to 2:00pm | HCPF Conf Rm ABC

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| Type of Meeting | Monthly Commission Meeting |
| Facilitator | Michelle Mills, Chair |
| Note Taker | Brendan Soane |
| Timekeeper | Michelle Mills, Chair |
| Commission Attendees | Ann Boyer, Jon Gottsegen, Jason Greer, Marc Lassaux, Mary Anne Leach, Michelle Lueck, Sarah Nelson, Carrie Paykoc, Chris Underwood, Chris Wells |

Minutes

Call to Order

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

Roll Call and Introductions

- Attendance does not constitute quorum.

Approval of Minutes

- April and May minutes cannot be confirmed.

Review of Agenda -Michelle Mills, Chair

Announcements

OeHI Updates

Mary Anne Leach, Director Office of eHealth Innovation

- IAPD submitted
- Consumer Engagement funding starting July 1- thinking about doing focus groups, a survey. Mosaica strategy and methodology might work here. Gap analysis and potential requirements. In dialogue with Mosaica. Commission?
 - o Commission is in favor.

Carrie Paykoc, State Health IT Coordinator

- Once through contracting, we would start by the end of July. There are a lot of state assets to leverage today. What do people want and what use will they be? Exploratory period wrapped by December, hopefully. Perhaps 20 focus groups and a variety of different things that people might want.
- Meeting with several commission members to develop strategy on HIE & Data Sharing, care coordination.
- Want to congratulate Ann Boyer on becoming the Chief Medical Information Officer at Denver Health.

Commission Updates

Marc Lassaux

- QHN has a summit September 6, Thursday - Western Slope regional summit - will focus on bringing together medical, behavioral, safety net sides of healthcare.

Michelle Mills

- August - safety net clinic week - we invite legislators to our offices in Aurora.



New Business

CORHIO & Verato (MPI Strategy)

Robert Denson, CIO, CORHIO

- We've evolved from replicating Medicity to developing a significant amount of our own infrastructure.
- As we continue to expand, we want to use data that we already have.
- I wanted my teams to focus on integrating - we don't necessarily have enough staff for manual patient-matching - I didn't want to be focusing too much on that.
- We moved forward with Verato - they already have demonstrated their effectiveness with other big clients.
- Mary Anne: it's interesting that they're working with providers, payers and HIEs.
- Verato uses a reference database - they purchase data from other sources (census, telecom, credit bureaus) to build a referential database. They leverage some proprietary algorithms as well.
- Previously, CORHIO used probabilistic and deterministic matching - referential matching like the type Verato uses is far more accurate with the size of their database.
- Verato is API, HIPAA compliant, HITRUST certified and scalable. We mixed Verato's auto-steward program (which actively validates our patient database).
- CORHIO-specific data is bounced against the Verato database, so it is mixed in with Verato's database.
- Potentially, state Mulesoft ESB API could connect with Verato API to use HIE data more effectively.
- What happens if CORHIO moves past Verato? Because it is an API integration, there isn't such a large need to alter workflows.

Comments

- Mary Anne: We essentially have a unique patient identifier across Colorado already.
 - Robert: With the API, there are a few opportunities. Verato could potentially enhance data already in state systems.
- Chris Underwood: Is your master patient ID the same as the one in Verato? Would you be willing to share and have state agencies store that ID also?
 - Robert: that is the intent. Verato takes into account legacy ID when they are integrating.
 - Chris Underwood: That makes sense. Some of my clients might have two legacy IDs.
- Mary Anne: This is why we would want to do an MPI cleanup first.
 - Robert: First we did a diagnosis and received feedback on how we could improve. It's interesting because we don't control the data points coming in. We cleaned out the MPI and started from 0.
- Chris Underwood: Can you walk me through the workflow? Suppose I am a provider connecting for the first time.
 - Robert: A new patient will be bounced against Verato.
- Michelle Lueck: Is this fully implemented? In the policy world, we think about who isn't using the services they need.
- Robert: From my perspective, as the state agencies start updating, then we could see what people are using the correct services.
- Michelle Lueck: What about people who are eligible for Medicaid but have not signed up?
 - Robert: We have had discussions about that and it makes a lot of sense in that case.
- Mary Anne: Maybe if we had access to financial data, that would help us to identify high-risk individuals.
- Marc: We still need the information coming in from groups from around Colorado.
- Marc: QHN also bounced its MPI against Verato. When we go and get an ID, we still have to have the idea that the ID can change. Verato is not necessarily 100%.
 - Robert: Minimizing the workload on the staff is very important.
- Michelle L: The Colorado Health Institute runs a large health survey - one of the significant costs in the survey is reaching people that you need to reach. What are the rules around reaching people in here?



- Kate Horle, CORHIO: There is a way to make this happen, but there are some HIPAA challenges.
- Robert: The use cases expand if you have one solid source of that universal ID.

9Health Consumer Survey

Gary Drews

- 9Health has started a Facebook Live show, a diabetes prevention plan, and we've changed health education.
- There was a disconnect between consumers and leadership - I want to figure out what people really want. Everyone thinks that health is just healthcare, to the exclusion of everything else.
- Respondents were 70% female, most over 50%. It was a web-based survey.
- 95% rated themselves as a 3 or better out of 5 in their health. People who go to health fairs are more involved in their healthcare overall, I find.
- Many people who go to the health fairs go to ask questions. We call back about 2000 people who need to address their health issues immediately.
- Most people talk to their PCP when they have a health issue, 7% still go to the ER.
- If people had a mobile app, most people would want quick access to their own data. Huge distrust of data loss and use. There are many people off the grid in Colorado.
- Money and time are the biggest things that challenge people in their health.
- We launched a nutrition app at food banks so people would know what to shop for.
- There is a growing fear of potential for bankruptcy and poverty in healthcare.
- Most popular answers for motivators for taking life action were staying healthy and preventing bad health.
- Almost everyone spoke to the issue of cost.
- 9Health has a big voice to address specific Colorado health issues. How do we get people to do screenings?
- 9Health tries to make healthcare as cheap as possible by using little technology. Is this kind of a survey valuable to people?

Comments

- Marc: Our providers love that the 9Health data goes into the HIEs.
- Mary Anne: Does HIPAA prevent you from doing outreach for those who should be targeted for their diabetes results?
 - o Gary: Yes. We need a special marketing form. Many of these people who are pre-diabetic go to health fairs.
- Michelle Mills: It would be interesting to parse data by rural counties.
- Mary Anne: I think this is very valuable to the Roadmap. We might want to do a few more targeted surveys. How can we get to some of the details?
- Jon: It seems you are capturing a certain segment of the population. I think about demographic segmentation. The advantage to that is determining your penetration in a certain set of the population.
- Mary Anne: It's a great question of how we access all demographics across Colorado. We will have to think about how we do that.
- Jon: It's funny that we in OIT always think that everyone in Colorado wants to access Colorado services through their phone.
- Jason: 3 areas that align easily - filling care gaps in the community, immediate contact with the consumer, it seems like having a media outlet is very advantageous.

Commission Work Groups

Mary Anne Leach, Director, OeHI

- HIE & Data Sharing Workgroup
 - o Spending some time figuring out how to start workgroups. Want to start with 6-10 people. Let's go back to the Roadmap to identify opportunities and projects to fund. This will look like the HIT planning workgroup.
 - o For HIE and data sharing, we have a number of people already selected. Potential to bring in Ako Quammie, now with OIT.



Comments

- Michelle Mills: It might be helpful to have someone who is a user of the HIEs.
- Sarah Nelson: These look like people who transact in data but aren't data owners. Would be helpful to add data owners, users of HIEs.

- Care Coordination Workgroup
 - o Jason and Ann have offered to start this workgroup.
 - o There is a lot of opportunity and need in this bucket.
 - o Michelle M: How are you going to pare down this list?

- Consumer Engagement Workgroup
 - o Same principle - diverse mix core group. Want to garner large-scale input from across the state.
 - o Consumer's Group on Health will start revealing hospital price data - we could have them talk with this group at some point.
 - o

For next month:

Marc: at a health IT director's group, they brought up EU's GDPR and were struggling with what it means for Colorado. Some of these hospital directors have patients from the EU, so what does that mean?

Mary Anne: NIST vs. HITRUST - what is the difference?