



6/11/2025 | 12pm | Virtual Meeting

<u>Type of Meeting</u>	Monthly eHealth Commission Meeting
<u>Facilitator</u>	Kevin Stansbury and Krystal Morwood
<u>Commission</u>	Toni Baruti, Mona Baset, Ashlie Brown, Katherine Hochevar (Representative for Amy Bhikha), Patrick Gordon, Micah Jones, Krystal Morwood, Alex Reed, Ellen Sarcone, Kevin Stansbury, Parrish Steinbrecher, Misgana Tesfaye
<u>Attendees</u>	Absent: Jon Cohee (prior notice), Sophia Gin (prior notice), Michael Feldmiller (prior notice), Jackie Sievers (prior notice), Kaakpema 'KP' Yelapaala (prior notice)

Minutes

Call to Order

Kevin Stansbury, Chair

- Quorum Met: Yes
- Voting of Meeting Minutes: Meeting minutes for May were approved.

Announcements

Stephanie Pugliese, Director, Office of eHealth Innovation

- **CMS Medicaid and ONC Request for Information (RFI) Response:** Stephanie announced that Deputy Director Karen Scott has led the state's coordinated response to the request for information (RFI) from the Centers for Medicare and Medicaid Services (CMS) and the Assistant Secretary for Technology and Policy (formerly ONC). A draft response will be sent to the Commission this afternoon for review, with comments requested by noon on Friday, June 13 to allow for submission on Monday, June 16.
- **Quarterly Commissioner Check-ins:** Stephanie reminded Commissioners and advisors who have not yet responded to Bianca Melancon's outreach to schedule their quarterly check-ins.
- **The Universal Service Administrative Company (USAC) Grant Denials for Rural Hospitals:** Kevin raised an awareness issue regarding the denial of many USAC grant applications for small critical access hospitals in Colorado. He sought suggestions from the Commission on how to better understand the reasons for the denials and if a collective appeal to decision-makers was possible, as these grants are crucial for maintaining IT infrastructure in rural hospitals. Kevin explained that USAC funding comes from Federal Communications Commission (FCC) fees and is delegated to an independent agency, USAC, to award funding. He noted that a Supreme Court case is pending regarding the appropriateness of this process, but it appears unrelated to the current



denials, as some grants were approved. Grants approved in the past are now being denied without sufficient explanation. Stephanie asked that if anyone else had heard of similar issues from other facilities or throughout the State or had ideas on how to leverage the Commission to advocate for this work, reach out to herself or Kevin.

New Business

2025 Health IT Roadmap Implementation Plan Presentation

Stephanie Pugliese, Director, Office of eHealth Innovation

Summary: Stephanie presented the implementation plan for the 2025 Colorado Health IT Roadmap, developed in response to feedback that the roadmap lacked actionability. The plan provides detailed actions, timelines, and responsibilities for implementing the roadmap's goals. The goals are broadly categorized into community, data, and innovation, and the metrics are intended to track progress for the upcoming state fiscal year (July 1st to June 30th). The metrics are not exhaustive of all related work within the State or OeHI, but are specifically tied to the key activities and goals outlined in the roadmap.

- Detailed Notes:
 - Community-Focused Goals (Goals 1 & 3):
 - Continuous Improvement Framework: The metric is to develop and enact a continuous improvement framework for OeHI, with Commission review and approval.
 - OeHI Project Dashboard: Develop a dashboard for Commission review and publish it on the OeHI website to ensure accountability and transparency regarding OeHI's projects, funding, and status.
 - Colorado Social Health Information Exchange (CoSHIE) Advisory Councils: Establish advisory councils or panels to support the four CoSHIE proof of concept projects starting July 1st. The goal is to ensure a governance structure built and run by the projects themselves, with support from OeHI.
 - Community/Patient Representatives in Workgroups: Add two or more community members or patient representatives to each relevant OeHI workgroup. This has already begun with the Health IT Data Governance Workgroup, which now includes six patient representatives.
 - Ashlie Brown suggested removing "when relevant" from the objective to add patients to groups, advocating for it to be the exception rather than the rule, ensuring patient representation in all relevant discussions. Stephanie agreed to take this feedback and update the implementation plan for final review.
 - Data-Focused Goals (Goals 2 & 3):
 - Data Mapping Strategy: OeHI has started working on recommendations for data



mapping and improvement. Findings from the rural data mapping analysis will be presented to the Rural Steering Committee, who will then present a prioritized strategy to the eHealth Commission. Concurrently, a State agency working group will be developed to apply these recommendations to internal state systems to address concerns about organizations submitting the same data in different formats to various agencies.

- **Health IT Standards Subgroup:** The proposal is to utilize the existing Health IT Data Governance Workgroup, sponsored by Sophia Gin and led by Karen Haneke and Kim Taylor, to focus on data standards for Colorado. A landscape analysis of relevant standards will be completed for the workgroup's consideration.
 - Ellen Sarcone inquired about the scope of "data standards," asking if it referred to submission methods or standardized definitions. Stephanie acknowledged the vagueness in the roadmap and indicated that the Commission would define the focus.
 - Patrick Gordon sought clarification on whether the Standards Workgroup would focus on leveraging federal standards and then creating Colorado-specific standards to fill gaps or add granularity. Stephanie agreed that this was the idea and that OeHI would gather additional context from listening session notes to provide a clearer mission for the workgroup.
 - Patrick further stressed that federal standards are slow to develop, and for many high-value use cases, there isn't enough granularity, suggesting the State could set its own standards and enforce against data blocking.
- **Artificial Intelligence (AI) Community of Practice:** Explore partnerships to leverage existing frameworks for a Colorado AI community of practice. The first step is to propose details for such a partnership to the Commission for review and approval.
- **Innovation-Focused Goals (Goals 2 & 3):**
 - **Impact and Implications Framework:** Develop a framework for the impact and implications of building and implementing health IT in communities, for Commission review and approval, and then enact it for OeHI. This framework will build upon existing research and published articles.
 - **OeHI Project and Funding Framework:** Develop a framework for future OeHI projects and funding, focusing on local innovation and under-resourced partners. This framework will be presented to the Commission for review and approval and then published on the OeHI website. A decision workflow based on this framework will also be developed and enacted.
 - **Training and Resources (Cybersecurity):** Prioritize adding cybersecurity protocols and resources to the OeHI website's new resource page. The Commission will be



responsible for prioritizing quarterly training opportunities, with discussion on the format and content of these trainings.

- Ellen Sarcone highlighted the difficulty for organizations to offer extensive cybersecurity training and suggested centralized online training with simulated questions to prevent attacks. Stephanie agreed and emphasized leveraging existing free resources and potentially purchasing licenses for training.
- Ashlie suggested plugging into the Health Information Sharing and Analysis Center (ISAC's) community of practice and building a local Colorado community of practice for cybersecurity. She proposed that membership to such an organization could be a valuable investment.
- Patrick emphasized leveraging the Commission's role in policy and standard-setting to promote adherence to contemporary audit standards for better security, especially with the build-out of a statewide network. He highlighted that the cost of a breach is incalculable compared to the cost of achieving high trust adherence. He also noted that OIT (Office of Information Technology) is moving in this direction, and state contracts could be standardized.

○ **Key Points:**

- The implementation plan aims to make the high-level Health IT Roadmap more actionable and transparent.
- Metrics are specific to the upcoming state fiscal year (July 1st to June 30th).
- Commission review and approval are integral to the development and enactment of frameworks and plans.
- Community engagement and representation, especially from patients, are key focuses across all goals.
- Addressing data standardization and interoperability, particularly concerning state agency data submission, is a significant objective.
- Cybersecurity is a critical area of need for organizations, and OeHI aims to provide resources and facilitate training.

2025 Health IT Roadmap Implementation Plan Presentation

Stephanie Pugliese, Director, Office of eHealth Innovation

Summary: Stephanie presented proposed updates to the eHealth Commission Charter, noting that many changes were minor date updates. The main discussion points centered on the number of Vice Chairs, the listing of Commission leadership, the wording regarding goal setting, the areas of expertise for Commissioners, and the possibility of an annual in-person meeting.

● **Detailed Notes:**

- **Number of Vice Chairs:** The current charter lists a Vice Chair, Second Vice Chair, and Third Vice Chair, but in practice, only one Vice Chair has been needed. Alex Reed, Krystal Morwood, and Toni Baruti all agreed that only one Vice Chair is necessary, as the role is primarily to fill in for the Chair when absent. The Commission agreed to amend the charter to reflect one Vice Chair.



- **Listing Commission Leadership:** Kevin suggested listing chairs of eHealth Commission-sponsored workgroups as Commission leadership in the charter. Krystal suggested that instead of listing specific positions in the charter, which would require frequent updates, a link to the website where current leadership and workgroup sponsors are listed could be included. Alex expressed approval of this approach. The Commission agreed to this proposal.
- **"Setting Goals" vs. "Approving Goals":** The charter currently states the Commission "sets goals," but Stephanie suggested changing this to "approving goals" as the goals originate from the roadmap, which the Commission itself developed. Micah Jones asked if OeHI could proceed with goals even if the Commission didn't approve them. Stephanie clarified that the Commission is OeHI's advisory body, and if goals are not approved, OeHI would work with the Commission to find mutually agreeable goals. Krystal and Toni supported amending the language to state that the Commission "sets goals that are outlined in the health IT roadmap". This approach provides clarity and acknowledges the Commission's role in the roadmap's development.
- **Areas of Expertise for Commissioners:** Kevin suggested adding "rural health" and "safety net providers" to the listed areas of coverage for the Commission, as they were not explicitly included in the original founding Executive Order.
 - Krystal suggested adding "social determinants of health," or at least considering if "health equity" adequately covers it. Ashlie agreed, stating it's a distinct area of expertise.
 - Ashlie also proposed adding "cybersecurity" as a specific area, potentially combining it with "interoperability and data exchange and security".
 - Alex advocated for including "integrated behavioral health" alongside "behavioral health care delivery" to reflect the State's work on integration.
 - Ashlie suggested updating "nonprofit health IT-related community organizations" to "CoSHIE community organizations" to align with the roadmap's relevance.
 - Toni expressed concern about the list becoming too long and suggested a more encompassing statement that covers all areas of health entities (physical, behavioral, etc.). Stephanie proposed a flexible approach, similar to the leadership listing, where priorities for expertise could be agreed upon annually in the implementation plan or charter update. Krystal supported this, as it allows for flexibility and maintaining a shorter charter. The Commission generally agreed to this approach.
- **Annual In-Person Meeting:** Kevin proposed requiring one in-person Commission meeting per year, noting the value of in-person interaction and that rural Commissioners are often willing to travel, especially if the meeting is longer and more interactive.
 - Krystal acknowledged the potential burden on rural Commissioners but relayed Kevin's perspective that rural individuals generally don't mind traveling for valuable meetings.
 - Parrish Steinbrecher agreed with holding an in-person meeting for strategic presentations.
 - Ashlie suggested considering locations outside Metro Denver or conducting a geolocation



analysis of Commissioners to ensure fairness.

- Alex suggested holding the in-person meeting on a Friday to allow Commissioners to combine it with a weekend stay.
- Ellen suggested avoiding summer and winter for in-person meetings due to vacations and travel issues.
- No one expressed strong opposition to the annual in-person meeting requirement.
- **Chair and Vice Chair Term Lengths:** The current charter specifies a 2-year term for the Chair and a 1-year term for the Vice Chair, which can be confusing if elected simultaneously. The proposal is to align the terms so both Chair and Vice Chair serve 2-year terms.
 - Ashlie supported this, as it allows for a natural transition from Vice Chair to Chair.
 - There was no disagreement.

Open Discussion

- Due to the nature of the content, discussion is incorporated throughout the notes.

Public Comment Period

- No new comments

Action Items

- *Next meeting: Wednesday, July 9, 2025* [Virtual Meeting](#)

Motion to Adjourn

Krystal Morwood, Vice Chair

- Motion to adjourn this meeting was approved by Commissioner Ellen Sarcone
- Seconded by Commissioner Ashlie Brown