



OeHI

Office of eHealth Innovation

# EHEALTH COMMISSION MEETING

WEB-CONFERENCE ONLY

JUNE 10, 2020



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NOTE:

NEW WEB-CONFERENCE [LINK](#) AND

#+16699009128,,385634097# US

IF YOU ARE EXPERIENCING AUDIO OR  
PRESENTATION DIFFICULTIES DURING THIS  
MEETING, PLEASE TEXT ISSUES TO

720-545-7779

# JUNE AGENDA

|   |       |
|---|-------|
| <b>Call to Order</b>  |       |
| <ul style="list-style-type: none"> <li>• Roll Call and Introductions</li> <li>• Approval of May Minutes</li> <li>• June Agenda and Objectives<br/><i>Michelle Mills, Chair</i></li> </ul>   | 12:00 |
| <b>Announcements</b>  |       |
| <ul style="list-style-type: none"> <li>• Lt. Governor Remarks</li> <li>• OeHI Updates</li> <li>• eHealth Commission WG Highlights and Decisions</li> <li>• Action Items<br/><i>Carrie Paykoc, Director, OeHI</i><br/><i>eHealth Commissioners</i></li> </ul>  | 12:10 |
| <b>New Business</b>   |       |
| <p>Advancing Health Information Exchange in Colorado<br/><i>Carrie Paykoc, Director, OeHI</i></p>   | 12:35 |
| <p><b>COVID Emergency Funding Contracting Update and Discussion</b><br/><i>Joel Dalzell, Health Information Officer Director, HCPF</i><br/><i>Carrie Paykoc, Director of OeHI</i></p>   | 1:15  |
| <b>Public Comment Period</b>  | 1:45  |
| <b>Closing Remarks</b>  |       |
| <ul style="list-style-type: none"> <li>• Open Discussion</li> <li>• Recap Action Items</li> <li>• July Agenda-<b>July Agenda</b>- Tentatively moved to July 29: PH Response and 2020 WIGs</li> <li>• August Agenda Items- Post HITECH Funding and Strategy</li> <li>• September- Strategy Discussion</li> <li>• Adjourn<br/><i>Michelle Mills, Chair</i></li> </ul> | 1:25  |

## OeHI UPDATES

- Staff Updates
- July Meeting Moved Tentatively to July 29th
- Wildly Important Goals to be discussed at July meeting
- IRT Telemed Transitioned to OeHI

## EHEALTH COMMISSION UPDATES

- eHealth Commissioner Roadmap WG Highlights and Decision Items
- eHealth Commissioner WG Sponsors- Next Slide
  
- July Meeting: 2019 Wildly Important Goals, Roadmap Project Status Report
- August Meeting: Post HITECH Funding Plans
- September: 2020 Wildly Important Goals and Roadmap Refresh

Note: If you are experiencing audio or presentation difficulties during this meeting, please text 720-545-7779.

# HEALTH IT ROADMAP INITIATIVES IN FLIGHT



| Health IT Roadmap Initiative                | eHealth Commissioner |
|---|----------------------|
| Care Coordination                           | Jason Greer          |
| Telehealth/Broadband                        | Rachel Dixon         |
| Harmonize Data Sharing and HIE Capabilities | Marc Lassaux         |
| Statewide Health Info/Data Governance       | Morgan Honea         |
| Consent Management                          | Wes Williams         |
| Unique Individual and Provider Identity     | Alex Pettit          |
| Public Health COVID Response                | Sponsor Needed       |
| PDMP Integrations and Plans                 | Sponsor Needed       |
| Rural Connectivity                          | Michelle Mills       |
| Health IT Portfolio Management              | Carrie Paykoc        |

# HEALTH IT ROADMAP INITIATIVES: LOWER PRIORITY

| Health IT Roadmap Initiative                                  | Strategy   |
|---|--|
| Integrate BH, Physical Health, Claims, Social, and Other Data | <ul style="list-style-type: none"><li>• Part of Care Coordinator Social HIE</li><li>• Part of Advance HIE</li><li>• PH COVID Response</li><li>• OeHI mapped Statewide Architecture</li><li>• Discussions Needed for Future State</li></ul> |
| Accessible and Affordable Health IT and Info Sharing          | <ul style="list-style-type: none"><li>• OeHI exploring funding options for HIE Fees, Post HITECH Sustainability</li><li>• Rural Connectivity Project</li><li>• Strategy and Funding Needed</li></ul>                                       |
| Accessible and Affordable Health Analytics                    | <ul style="list-style-type: none"><li>• COVID Response Analytics Funded</li><li>• State Led Analytics</li><li>• Discussion Need for Future State</li></ul>   |

# HEALTH IT ROADMAP INITIATIVES: ON HOLD

| Health IT Roadmap Initiative  | Strategy   |
|-------------------------------|--|
| Ease Quality Reporting Burden | <ul style="list-style-type: none"><li>• Funding HIE Sustainability</li><li>• Funding Rural Connectivity</li><li>• Determine Next Steps and Funding</li></ul>   |
| Consumer Engagement           | <ul style="list-style-type: none"><li>• Funding COVID Response</li><li>• Funding Telemed Projects/Planning</li><li>• Telemed Consumer Efforts</li><li>• Prime Health Challenge and Innovation Summit</li></ul> |

# EHEALTH COMMISSION VOTES

- February 2016- Vote to approve Commission Charter
- March 2016- Vote to approve Commission Charter
- April 19, 2016- Vote for Commission Chairs
- October 2017-Vote to adopt Roadmap.
- October 2017- Vote to draft letter to LabCorp and Quest
- January 2018- Vote to approve Roadmap priority initiatives
- March 2019- Vote to approve Qualification for HIE in Colorado
- April 2020- Vote to approve COVID funding priorities





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# ADVANCING HIE IN COLORADO

*CARRIE PAYKOC  
OEHI DIRECTOR*

# COLORADO HIE HISTORY

- 2004: Quality Health Network (QHN) Established
- 2005: Colorado Health Information Exchange (COHIE) formed
- 2007 - SB 07-196 established Health Information Technology Advisory Committee to create longer term plan
- 2009 - CORHIO Established as Successor to CORHIO
- 2010-Statewide HIE Strategic Plan released
- 2014 - Colorado State Innovation Model (SIM) program- \$65 Million Award, Neutral HIE/HIT Governance recommended and launched
- 2015 - Executive Order B2015-008, established the Office of eHealth Innovation and eHealth Commission
- 2018: eHealth Commission prioritized Harmonizing HIE capabilities as one of top two funded priorities
- 2019: eHealth Commission approved QHN and CORHIO as Qualified HIEs

# COLORADO HIE HISTORY- CURRENT STATE

- June 2019: Health Data Colorado (HDCo) completed successful demonstration project through State Innovation Model (SIM)
- 2019-202: OeHI Funded Bridge Contract with CORHIO to continue HDCO in prep for contract with HCPF for the Medicaid Alternative Payment Model (APM)- program to pay for value or outcomes versus fee for service.
- 2020: HDCo through CORHIO contract with HCPF established partnership for using HIE infrastructure for APM to reduce provider burden
- 2019-2020: OeHI Funded \$944K in Projects for Phase 1 of Advancing HIE Projects (Meat and Potatoes): Improved Interoperability and Data Availability
- April 2020: eHealth Commission Approved COVID Funding Priorities which included HIE Sustainability and COVID Data Analytics for Public Health Response

- [Health Information Technology ACT](#) (February 2009)
- Meaningful Use (October 2015): Stage 3, focused on using certified health technology to improve health outcomes
- Promoting Interoperability
  - Office of the National Coordinator
  - Centers for Medicare and Medicaid
- 21st Century Cures Act (December 2016): Aims to improve the flow and exchange of health information
  - [Trusted Exchange Framework and Common Agreement](#)
- Office of the National Coordinator [5 Yr Strategy Draft \(2020-2025\)](#)
- CARES ACT (March 2020): Expands access to telehealth and other connected health technology capabilities

# ADVANCING HIE: IN FLIGHT



| Project Name                                   | Description   | Purpose  | Percent Complete (based on deliverable submissions & approvals) | Paid to Date (based on completed deliverables)<br>NOTE: Most initial deliverables are at no-cost | Total Cost |
|--|---|--|---|--|------------|
| <b>Additional Notifications &amp; Triggers</b> | Identify & develop notifications that alert providers of test results or recent health encounters             | Improves responsiveness in patient care  | CORHIO: 50%   | \$0  | \$111,200  |
|  |   |  | QHN: 38%  | \$0  | \$27,800   |
| <b>Data Access Improvement</b>                 | Improve Cross-Community Access (XCA) & Zip Code Mapping (i.e., build Patient Centered Data Home capabilities) | Makes patient data accessible across both HIEs   | CORHIO: 75%   | \$10,000   | \$53,000   |
|  |   |  | QHN: 66%  | \$12,500   | \$20,000   |
| <b>Single Sign On</b>                          | Develop capabilities for practices to log on to the HIE using existing EHR log on credentials                 | Makes access to HIE data easier for providers  | CORHIO: 25%   | \$0  | \$97,800   |
|  |   |  | QHN: 25%  | \$0  | \$102,200  |
| <b>Terminology Services</b>                    | Implement data normalization to reduce "data throw out" from the HIE system                                   | Creates a more complete longitudinal health record   | CORHIO: 50%   | \$0  | \$60,000   |
|  |   |  | QHN: 17%  | \$0  | \$60,000   |
| <b>Medication History</b>                      | Evaluate solutions for integrating medication history data into the HIE                                       | Allows for the integration of medication history into the longitudinal health record in the future | CORHIO: 100%  | \$60,000   | \$60,000   |
| <b>Electronic Lab Reconciliation</b>           | Review needs related to electronic lab ordering & reconciliation via the HIE                                  | Allows for more complete lab results in the longitudinal health record in the future               | QHN: 25%<br>ON HOLD   | \$0  | \$60,000   |
| <b>Patient Access to Clinical Data</b>         | Identify the best approach for providing electronic, integrated healthcare data to patients                   | Expands patient access to clinical data  | QHN: 0%<br>ON HOLD  | \$0  | \$60,000   |

| Phase 2 HIE Project-FY21                        | QHN Investment | CORHIO Investment |
|---|----------------|-------------------|
| Continued Terminology Services                  | \$0            | \$1,300,00        |
| Continued Additional Notifications and Triggers | \$100,000      | \$810,500         |
| Planning for Increasing Medication Hx           | \$200,000      | \$0               |
| Continued Data Access Improvements              | \$50,000       | \$0               |
| Lab Reconciliation                              | \$248,000      | \$0               |
| Continued Single Sign On Onboarding             | \$115,000      | \$0               |
| Resource Directly Planning                      | \$75,000       | \$0               |
| Statewide ID MGMT                               | \$75,000       | \$0               |

# WHAT IS YOUR FUTURE VISION OF HEALTH INFORMATION EXCHANGE IN COLORADO?

*Coloradans, including care providers and the people seeking care, have accurate, timely, and secure info how when and where it is needed regardless of where that care occurred in the state or beyond.*

# WHAT IS YOUR FUTURE VISION OF HEALTH INFORMATION EXCHANGE IN COLORADO?

- Unified HIE that supports statewide HIT, population and public health, registry integrations, and transitions of care
- Limited Number- to focus resources, perhaps 1?
- Focus on data that supports chronic care (80/20 rule)
- State Funded Utility with standard HIPAA interpretations
- Comprehensive Info Exchange centered on the patient
  - Pt. Health info fully integrated into EHR
  - Social Care to facilitate referrals and care coordination
  - Complete and accessible longitude record with the ability for patient access/edit with health, social, environmental info
  - Connect to National HIE infrastructure
  - Public health and environmental info



# WHAT IS YOUR FUTURE VISION OF HEALTH INFORMATION EXCHANGE IN COLORADO?

Expanded uses cases and governance: rural and mental health

- Promote HIE innovation and use cases that originate in rural areas or that can be scaled to areas outside of the Denver-Metro area
- Expand HIE engagement across stakeholders through multiple "levels of HIE participation" and develop data governance and use cases that support access for different groups (behavioral health providers, care coordinators, social service organizations, and other state agencies)

Human-centered design: More provider input

Simplify Quality Reporting

- To provide tools and consolidated data analytics that improve the quality of care delivered and provide outcome-based metrics.

# WHAT IS THE ROLE OF THE STATE IN YOUR FUTURE VISION OF HEALTH INFORMATION EXCHANGE?

- The state should continue to push for and support (financially or otherwise) 100% participation of health care organizations and in the future social care/CBOs.
- The HIEs need help to incorporate behavioral health data and manage consent. The state could step in and provide a solution.
- The state should pay the data sources/providers to share their data on a state funded data exchange
- The state should be able to drive the use cases that would benefit the state overall. HIE should enable the states vision for a comprehensive state-wide HIT architecture.
- Funding and oversight of investments to verify that integration between the HIEs is occurring

# WHAT IS THE ROLE OF THE STATE IN YOUR FUTURE VISION OF HEALTH INFORMATION EXCHANGE?

- Build the grid
- Collaborator, information provider, and coordinator
- The State of Colorado can and should use its purchasing power and strategic input to guide the development of a unified or singular HIE.
- The state can also serve as a useful purpose in demonstrating the utility of HIEs not only for data transmission but also for program and service research and evaluation -- with an eye towards policy and regulatory decision making.
- Declaring only one HIE and directing any grant money to it. Also to help secure funding to convert other HIE to this infrastructure.

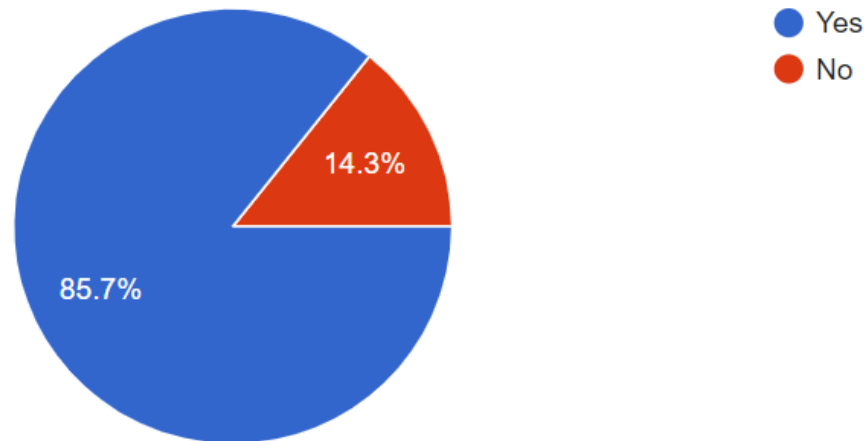
# WHAT HIE CAPABILITIES ARE MOST IMPORTANT? TO SUPPORT STATE PRIORITIES

- A curated CCD that is complete and usable by ALL health care providers
- Comprehensive lab and imaging information that is able to be reconciled back into EHRs for decision support and pop health (decreased duplicate ordering/unnecessary testing), 2) complete medication hx (currently we are all relying on Surescripts for prescription fill information), 3) Social HIE.
- ER, hospital, and crisis encounter ADT alerts; medication visibility; opioid/MAT information; and sharing suicidality information and harm reduction plans across providers
- Universal healthcare data availability under HIPAA rules. Data movement between two endpoints. Anything else is something other than a Health Information Exchange.

# DO YOU AGREE THAT OEHI IS FUNDING THE RIGHT PRIORITIES IN FY20?

Do you agree that OeHI is funding the right priorities and projects for Phase 2 of Advancing HIE Roadmap Projects to begin in FY20? Refer to the images below and slides 15, 16, 17 in the eHealth Commission Presentation.

14 responses



## OTHER COMMENTS

*The health information needs of the COVID pandemic illustrate the necessity of statewide interoperability for the purposes of public health reporting and transitions of care throughout our state. Further, as state and private dollars become increasingly limited, it's critical that we invest in a way that is most effective and efficient.*

*This is an area of strength for Colorado.*

Unsurprisingly, I wish behavioral health were on the roadmap for phase 2.

*The lists of funded activities seem about right. It is hard to criticize when there is no specific alternative from which to choose.*



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# COVID EMERGENCY FUNDING CONTRACTING UPDATE AND DISCUSSION

*JOEL DALZELL, HIO DIRECTOR, HCPF  
CARRIE PAYKOC, DIRECTOR OF OEHI*

# Funding Priorities

## Priority 1- Financial Sustainability of HIE Infrastructure

Start ASAP

Health information exchange infrastructure is essential to supporting the health of Coloradans. During the pandemic, health providers and health systems may not be able to afford fees or may not be connected. Supporting providers (financially in need) to access and technical assistance w/ the HIE infrastructure is #1 priority.

## Priority 2- Emergency Response Innovations

In Progress

To quickly respond to emergent needs, the Governor launched the innovation response team task force to accelerate screening, care coordination, telemedicine, and public health surveillance and reporting. New pilots and innovations are to be funded that support and align with this effort in the short term.

## Priority 3- Advance HIE & Public Health Infrastructure

Start within 4-6 months

Longer term advancements are needed to HIE/HIT infrastructure that include expanding connectivity and availability of HIE data, refining infrastructure established through the emergency response for ongoing use, and providing ongoing technical assistance to adopt these advancements.



| <b>New COVID-19 Response Proposal Criteria</b>   | <b>Requirements for Funding Consideration</b>  |
|--|--|
| OeHI and/or eHealth Commission workgroup informally discussed proposed concept prior to March 01, 2020.  | OR after March 01, 2020 proposed concept was vetted by Innovation Response Team Task Force- Project Leads. |
| Proposal immediately supports state COVID-19 priorities through telemedicine, Care Coordination, HIE Infrastructure or Public Health Surveillance or Reporting.  | Required   |
| Proposal meets the immediate needs of COVID emergency response efforts and aligns with HIT Roadmap strategies and efforts: telemedicine, care coordination, HIE infrastructure, data governance and public health surveillance and reporting | Required   |
| Proposal does not duplicate and adds value to the Innovation Response Team (IRT) Task Force efforts (near and longer term).  | Required   |
| eHealth Commission approves the funding approach and priorities  | Required   |

| Project  | Amount  | Status  | Vendors  |
|--|---|---|--|
| <p><b>Telemedicine Innovations:</b><br/>Projects, Provider Education and Technical Assistance, and Evaluation to inform Policy</p> | <p>\$ 4,400,000- up to \$2,000,000 in telemedicine grants for projects/pilots</p> | <ul style="list-style-type: none"> <li>• Grant proposals in final review</li> <li>• Working through contracts with vendors</li> </ul> | <ul style="list-style-type: none"> <li>❖ TBD for Grants (\$2.2 M)</li> <li>❖ CHI (~\$1.3 M)</li> <li>❖ Prime Health (~275K)</li> <li>❖ Project eCHO (~175K)</li> </ul> |
| <p><b>Technical Connectivity/ Technical Assistance:</b><br/>Connecting Health Providers to Colorado HIEs</p>                       | <p>\$ 2,100,000</p>   | <ul style="list-style-type: none"> <li>• Working through contracts to increase funding for HIE onboarding</li> </ul>                  | <ul style="list-style-type: none"> <li>❖ CORHIO (\$1.7 M)</li> <li>❖ QHN (400K)</li> </ul> <p>Due to budget cuts/HITECH restrictions not able to fund HIE</p>          |

| Project  | Amount      | Status   | Vendors   |
|--|-------------|--|---|
| <b>COVID Reporting/<br/>Notifications/<br/>Analytics</b> | \$1,400,000 | Working through contracts to for COVID specific alerts, analytics, data for COVID response | <ul style="list-style-type: none"> <li>❖ CORHIO (1.3 M)</li> <li>❖ QHN (263K)</li> </ul>                                    |
| <b>Safety Net Provider Surveillance</b>                  | \$741,082   | Working through contracts to for COVID specific alerts, analytics, data for COVID response | <ul style="list-style-type: none"> <li>❖ CCMCN (741K)</li> <li>❖ Longer term rural connectivity w/ CRHC (~3.3 M)</li> </ul> |



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# PUBLIC COMMENTS



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# CLOSING REMARKS

*MICHELLE MILLS, CHAIR*