OeHI
Office of eHealth Innovation
eHealth Commission

Meeting Minutes

May 13, 2020 | 12:00pm to 2:00pm | Virtual Meeting Only

Type of Meeting	Monthly eHealth Commission Meeting
Facilitator	Michelle Mills
Note Taker	Mary Hoatam-Belnay
Timekeeper	Michelle Mills
Commission Attendees	Alex Pettit, Art Davidson, Ann Boyer, Christen Lara (filling in for Chris Wells) Dana Moore, Rachel Dixon, David Mok-Lamme, Morgan Honea, Marc Lassaux, Michele Lueck, Michelle Mills, Carrie Paykoc, David Moore, Wes Williams, Jason Greer

Minutes

Call to Order

Michelle Mills, Chair

- Roll call was taken.
- Motion moved and seconded to approve the April Commission meeting minutes. Motion passed and April minutes were approved.
- May agenda was reviewed.

Announcements

Carrie Paykoc, Director, Office of eHealth Innovation (OeHI), eHealth Commission Members

OeHI Updates

- OeHI welcomes its new State Health IT Coordinator, Stephanie Bennett, and two new Senior Project Managers, Michael Weir and Andrew Bondi to help advance roadmap initiatives.
- OeHI is actively reviewing applications to fill the Executive Assistant to OeHI position.
- OeHI's application for emergency COVID response funds was approved by Centers for Medicare and Medicaid Services (CMS)
- State Budget Reductions – Impact to OeHI General Fund (Operations/M&O) Year 3 Capitalized Construction has been approved for Data Governance, Care Coordination and Consent, no cuts have been made to that budget. For roadmap projects, Joint Budget Committee (JBC) has recommended Operations/M&O budget be frozen at $2M for fiscal year 2021 versus $6M. OeHI's rebuttal to JBC is in process.

Innovation Response Team (IRT) Telemed Update

- OeHI has kicked off the Kinsa Pilot focusing on the deployment of remote tele-thermometer technology to 3 areas (Aurora, Eagle, Montrose) with the goal of informing Local Public Health Agencies (LPHAs) and State agencies about potential COVID-19 hotspots and informing their response.

- A Remote Monitoring Learning Collaborative has kicked off, starting with Regional Accountable Entities (RAE) regions 3 and 5 to advance awareness and access to care virtually. There are also off-shoot efforts at play like tele-monitoring pilot led by Gretchen Hammer. Starting with the Health One Accountable Care Organization (ACO), this pilot is comprised of 83 practices in the Denver metro area with 45 participating patients. The pilot is leveraging Routinify remote monitoring devices (vitals, nutrition, hydration, activity levels and sleep routines). The goal being to support patients in the home who are COVID positive and need ongoing monitoring after hospital discharge.
- Emergency COVID telemedicine funds were secured from CMS for innovative projects. For those seeking grant funding, project details can be submitted for consideration here. The deadline for project submissions is Friday, May 15th. This opportunity is outlined on the OeHi website and was disseminated via the Office's list serve. For interested parties, there is also a webinar tomorrow outlining the program, process, and qualification requirements.

eHealth Commission Updates

- For now, all future eHealth Commission meetings will be virtual at least through September. This will be re-evaluated later this Summer.
- Given the COVID emergency, Prime Health's Innovation Summit will be shifted to November and will be combined with the Prime Health Challenge final event of the Big Pitch competition. This important event will showcase responses and success stories from around the state. Please reach out to Rachel Dixon (rachel@primehealthco.com) if you have anything to showcase.

CMS Emergency COVID Funding Approval – 4 buckets

Project	Amount
Telemedicine Innovations: Projects, Provider Education and Technical Assistance, and Evaluation to inform Policy (Colorado Health Institute (CHI) to evaluate landscape, leverage Colorado Health Observation Regional Data Service (CHORDS) to inform policy here)	$ 4,400,000- up to $2,000,000 in telemedicine grants for projects/pilots
Technical Connectivity/ Technical Assistance: Connecting Health Providers to Colorado Health Information Exchanges (HIEs)	$ 2,100,000
COVID Reporting/Notifications/Analytics: Series of projects with Colorado Regional Health Information Organization (CORHIO) and Quality Health Network (QHN) to provide lab results, analytics, dashboards, bed utilization, hot spots	$1,400,000
Safety Net Provider Surveillance: Issue was access to data, analytics, HIEs. Colorado Community Managed Care Network (CCMCN) project to provide Regional Health Centers (RHCs) and Federally Qualified Health Centers (FQHCs) with information before getting them connected to HIEs.	$740,000

Commissioner Questions and Observations

- One barrier is there is a lack to telehealth-ready equipment (smart phones). Work has been done with PCs for People to get around this. There will likely be a second wave of mental health issues associated with the COVID crisis. There is a desire to see a state-wide initiative to get equipment into the hands of

people who need it, much like Gov. Polis' education equipment request.
- Access to broadband (both urban and rural) continues to be an issue of significance. This is indicative of the need for statewide free wifi for those who cannot afford to pay for it.
- In this context, telephone access is therefore a key focus given its accessibility. It is therefore critical to get conversations going about public/private partnerships to bring broadband access/equipment to more people.

New Business

Agile Project Governance and Project Intake
Kellie Isaac, Director, Governor's Office of Information Technology (OIT)
Brad Barfield, OeHI Program Manager

- The creation of a system to align & manage projects and initiatives will help to:
  - Drive the Colorado Health IT Roadmap forward
  - Coordinate client-centered care
  - Ensure alignment across state domain and providers
  - Expedite End-to-End Processes
  - Deliver Value (applying resources in a coordinated and effective way)

- Process & Roles
  - Project governance occurs at the portfolio/program/delivery team levels, distilling Health IT roadmap objectives down to initiatives that we can deliver key results and services that directly benefit Coloradans
  - By implementing an agile methodology, OIT is equipped to pivot on short notice, allowing it to address urgent issues and respond to emergencies (i.e. COVID).

- Objectives & Key Results
  - By having anchor points and prioritized initiatives, teams can remain focused, reducing friction through clarity/traceability to objectives, and increasing speed of decision making (i.e. COVID-19)—all while continually assessing priorities.

- Approved eHealth Commission Funding Priorities continue to serve as a North Star for OeHI team
  - Priority 1 – Financial Sustainability of HIE Infrastructure
  - Priority 2 – Emergency Response Innovations
  - Priority 3 – Advance HIE & Public Health Infrastructure

- Project Governance Structure
  - Within 7 different roadmap-defined objective areas, there are initiatives that each generate key results (outcomes). These outcomes define what success looks like in each respective objective area.
  - This structure allows for informative roll-ups from key results into initiatives into objectives, ensuring clear traceability to the State's Health IT Roadmap throughout the hierarchy.

- Tools
  - OeHI partnered with Slalom to help OeHI/OIT come up with the Governance and Intake Policy. Interviews were conducted across the State with numerous stakeholders including Commissioners, OeHI team members, etc.
  - Additional information about the new policy and implementation progress will be coming in the June meeting.
  - To aid in initiative prioritization decisions, a "9 box Prioritization – Cost of Delay" rubric was developed that weighs urgency against value.
  - This basic methodology will be tested initially before additional refining elements such as cost, size, and uncertainty are added to the equation.
  - The group reviewed an example of a Portfolio Board Overview showing the Stakeholder Engagement objective with the Care Coordination initiative under it with three key results under that initiative. Key data elements included in the example include Percentage Complete, Value, Urgency, and the 9 box priority rating.

- Next Steps
  - Refine Objective Key Results (OKRs), aka goals and sub-goals, based on Commissioner feedback (how can we make the OKRs Specific, Measurable, Achievable, Relevant, Time-bound (SMART)?
  - Develop the OKR dashboard (allows for drill down views into the portfolio, progress, budget, etc.)
  - Exercise prioritization process with new requests, new sections of initiatives (i.e. the COVID response)
  - Continue to align objectives and initiatives across agencies: Department of Healthcare Policy and Financing (HCPF), Department of Human Services (CDHS), Department of Public Health and Environment (CDPHE), OeHI, & OIT to ensure work rolls up to the Administration's goals

Public Health Emergency Response Strategy and Architecture
Sarah Tuneberg - Innovation Response Team (IRT) Director & Senior Policy Advisor for COVID Testing and Containment

- Holistic Strategy for COVID-19 Suppression – Wildly Important Goals (WIG)
  - Testing: Achieve and maintain a 1 positive to 10 negative test ratio over a rolling 7 day period
  - All COVID positive (COVID+) cases are contacted and isolated within 24 hours of test result and all potentially exposed individuals are contacted within 48 hours.
  - All COVID+ cases and potentially exposed individuals receive routine contact (frequency of contact depends on risk) for the duration of their isolation/quarantine and are provided health, mental health, economic, and social supports to facilitate a safe and palatable isolation/quarantine.
  - In this context, isolation is the response when the individual is disease-positive and quarantine is the response when the individual might not be disease positive.

- Unprecedented Requirements of the COVID emergency
  - 500 COVID+ tests = 5,000 new contacts per day (based on 10 exposed

individuals per COVID+ person)
    - 70,000 daily touch points (cumulative rolling basis, based on 14-day course of making contact)
    - 70,000 daily touch points @ average 20 min per contact = 3,000 staff
    - 3,000 staff x $24 per hour = $150M annually (not counting tests and technology)

- What Tech Enablement In Action Could Look Like
    - Electronic contact surveys could reduce initial Epidemiology call length by 60%
    - SMS/Robocall daily check-ins could reduce daily manual dial call burden by 80%
    - Load balancing test referrals could reduce average testing distance by 50%
    - Customer Relationship Management (CRM) solution could increase contact tracing from ~10% to 80% statewide and increase resource referrals from 1 per 10 calls to 1 per 2 calls
    - Artificial Intelligence (AI) and Machine Learning (ML) could improve cluster detection in their "ember state" before they turn into hotspots

- Through Tech Enablement - Moving the Needle (strategy)

    - Testing: Achieve and maintain a 1 positive to 10 negative test ratio over a rolling 7-day period by July 1 and maintained through flu season
    - All COVID+ cases are contacted and isolated within 24 hours of test result and all potentially exposed individuals are contacted within 48 hours.
    - Contact Tracing: From ~10% completion state-wide to 80% by July 15
    - All COVID+ cases and potentially exposed individuals receive daily touchpoint for the duration of their isolation/quarantine and are provided health, mental health, economic, and social supports to facilitate a safe and palatable
    - Isolation/quarantine: From 1% completion state-wide to 80% by July 15.
    - Increase referrals from 1 per 10 calls to 1 per 2 calls by June 15.

- Commissioner Comments on Strategy
    - Testing success will not come from syndromic surveillance alone, it will come from adequate and rapid testing
    - LPHAs have jurisdiction to tackle outreach and contact tracing in a decentralized manner. The State wants to strive to use a common platform in that effort with the right data sharing agreements in place. Getting funding to LPHAs will be critical through the shifting of budgets.
    - In the event LPHAs are not resourced sufficiently, the goal would be to augment their existing staff with highly-trained volunteers, not displace the existing workforce.
    - When LPHAs can't handle the case load during cross-jurisdictional outbreaks, there needs to be agreement between CDPHE and the LPHAs where the former can step in with technical expertise and do the necessary work, functioning as a safety valve.
    - It will be critical to ensure measures are in place so we know when we are successful. We need to be able to recognize the achievement of key

milestones and celebrate them. Collectively, we have a common foe in COVID (focusing agent) for all of us to collaborate and work towards vanquishing. We're building the foundation from which future problems will be solved.

Data Governance and Data Sharing

Alex Pettit, Chief Technology Officer, OIT
Casey Carlson, Chief Enterprise Architect, OIT
Christen Lara, Health Information System Branch Manager, CDPHE

- High-level goals for data governance and data sharing
  - Improving data quality
  - Supporting data sovereignty
  - Helping to visualize data
  - Promote data sharing and interoperability
  - Maximize the reuse of data
  - Ensure compliance with sovereignty requirements
  - Monitor and audit use of data
  - Minimize the cost and promoting sustainability

- Technical Goals
  - The scale and velocity of the challenges we face require us to adopt technology as a force multiplier.
  - The group reviewed important projects such as the Symptom Tracker where data empowers state agencies to connect and support effective, real-time decision making
  - An example of pulling disparate data together is the CBMS Applications and UI Claims by Zip Code visualization that shows how data can be used to inform the delivery of additional state service and situational awareness when working with Coloradans thereby improving the velocity of outcomes we are striving for
  - Comprehensive and accurate data shared across resources will make a major difference

- Process and Data Ownership Gaps

  - The State has started conversations about data ownership and data process ownership, who are the stakeholders, how is certain data relevant, what are the things we need out of that data.
  - An example of success in this regard is we are now live with ability to exchange data between CORHIO and Colorado Electronic Disease Reporting Systems (CEDRS) on COVID positive case records, add greater fidelity, and enrich the data in CEDRS where decisions are being made.
  - If we are going to create force multipliers, we need to look at where responses are manual/ad hoc and then explore automations and data coordination to get to outcomes quicker. We need to identify process and data ownership gaps across state agencies and their service offerings that we need to be aware of and work to address.
  - We will success by continuing to build out a scalable, secure, flexible framework for data exchange, access to data, data storage standards, how we refer to data, stakeholder identification, and consistent data

sharing agreements.
    - It is important for the State to be very intentional about creating a flexible infrastructure that meets the changing needs of Colorado (people, process, technology—all three pieces working together is where we advance work we need like COVID-19).

Open Discussion of the future of Public Health Infrastructure
Carrie Paykoc, Director, OeHI

- Due to time constraints, Carrie has agreed to move her Open Discussion of the future of Public Health Infrastructure to the Commission's next meeting.

Public Comments

- None at this time

Action Items

- OeHI will bring back a status report on the Project Intake process and an update on Lifecycle of Project and Budget. The goal will be to provide ample time before the meeting for Commissioners to take a closer look at the new Agile Framework and give OeHI comments.
- Commissioners were asked to dive deep in their guidance formulation to ensure data sharing is done thoughtfully, that there are well thought out use cases, and that guardrails are put into place. This is necessary as there are real implications about decisions made on data use. Clarity of purpose is therefore incredibly important.
- Commissioners were asked to provide leadership and guidance on data sharing agreements
- Commissioners were asked to provide guidance on what data visualizations would help bring meaning to the data the State collects.

Motion to Adjourn

- So moved. Meeting adjourned at 1:53pm MST