

eHealth Commission

May 10, 2017 | 12:00pm to 3:00pm | HCPF Conf Rm ABC

Type of Meeting	Monthly Commission Meeting
Facilitator	Jason Greer, Co-Chair
Note Taker	Emily Giebel
Timekeeper	Marc Lassaux, Co-Chair
Commission Attendees	Mary Anne Leach, Carrie Paykoc, Chris Underwood, Michele Lueck, Jason Greer, Anne Boyer, Chris Wells, Herb Wilson, Jon Gottsegen, Adam Brown, Marc Lassaux, Greg Reicks, Morgan Honea

Minutes

Call to Order

- Jason Greer called the meeting to order as Co-Chair of the eHealth Commission

Approval of Minutes

- April minutes approved

Review of Agenda - Jason Greer, Co-Chair

OeHI/SIM Update

OeHI Update

Mary Anne Leach, Director Office of eHealth Innovation

- Master Health IT Consultant
 - o Final stages completing contract- CMS approved.
 - o Onboard new consultant in the next month or so.
- Innovation Summit
 - o 5 domain topics through 3 breakout sessions.
 - o A lot of great work, facilitators, great event and feedback!
 - o 350 engaged participants all part of the ehealth ecosystem.
 - o Aggregating the incite from breakout sessions - enthusiastic about the results.
- Budgets
 - o Aligned appropriately will bring topic to commission where we are at with the budget and the projects that we are allocated to, which ones are started and underway.
- Office of Broadband
 - o Tony Neal-Graves joined the state 7 weeks ago.

- Goal of the office is to get good quality broadband access to the rural parts of the state.
- Focus of the initiatives is to reach across state agencies to figure out solutions.
- Keep commission in mind to be a part of the broadband working group.
- Bill Pending in Legislation
 - Increase funding to allocate to address rural broadband.
 - High cost support mechanism-provide universal voice services- fee is collected and allocated to that.
 - Goal was to move 9 and a half million dollars, to partner with companies to provide services in rural areas.
 - A lot of noise in the system on how to solve this issue.
- Access to broadband is not entertainment, it's about education and health outcomes.

State Agency Updates

- CDHS/HCPF/CDPHE/OIT
- Medication Consistency Bill- SB17-019- sharing medication formularies across health systems with mental health illness. Request for specific funds.
- Data sharing- OeHI is moving forward with support from HCPF, CDPHE, CDHS for a data sharing agreement- consensus to streamline process. Hope is to move forward that we can start looking at data sharing with external agencies.
- Human Services implementing CERNER- decided to post pone from June 1 date. High defects. Still committed to project but they are going to work through the next few weeks and change the go live to date.
- CDPHE- Just finished 7 different cite visits and reviews across the state going to come back here and come up with plan. Go live target data is March 2018.
- HCPF- launching new system- 65% of claims paid would like to be up to 85% paid. We had good benchmarks- paying more than our averages than before go live.

SIM Health IT Update

Carrie Paykoc, State Health IT Coordinator

- Presentations during this meeting represent the SIM updates- and align with State Health IT Roadmap efforts.

SIM HIT Roadmap Project Overview

Megan Comier, Deloitte

- Specific to SIM- 1 use case.
- Impacts the State Health IT Roadmap.
- Information gather stage- stakeholder engagement interviews in the next few weeks.
- Focus on the extraction of ECQM.
- Scope is focused on what the HIT workgroup has done- making conceptual work practical. Aligning state efforts and funding.
- Reflecting different perspectives of stakeholders.



- Group within Deloitte - HIT policy focus - instill quality measures piece. How can the infrastructure support?
- Just kicked off- starting the research piece- looking at models across state to understand barriers and challenges.
- Engagement kicks off in the next few weeks with 25 different meetings.
- June start drafting conceptual framework- business and functional requirements.
- Done by July 24- timing aligns well with State Health IT Roadmap.
- The target goals are to understand the investment that providers are making, participation and how SIM can support.
- Staying targeted but understand that there are many other projects happening
- Marc L- need to align objectives with the SIM HIT workgroup.

Colorado Health IT Roadmap Steering Committee

Laura Kolkman and Bob Brown, Mosaica Partners

- Modified Objective: “Care is delivered when and where needed through the most efficient, effective means”
 - o Broader than telehealth - how, when, and where care is delivered.
 - o Concise
 - o Purposely left out telehealth as this is a high level initiative.
 - o Other initiatives will go into more definition.
 - o This is the end state objective for care delivery.
- Draft Desired State Update:
 - o These do not replace the objectives, but things that help convey the objectives- gives a more visual sense of what these objectives look like.
 - o Added- “Health information infrastructure in Colorado supports current and emerging capabilities such as personalized, precision medicine.”
 - o Inclusion of what’s moving forward and what’s to come.
 - o Moved objectives around in order- “Care is fully inclusive, coordinated and delivered through the most appropriate cost-effective means in a location and manner convenient to the consumer/patient as well as the provider. “
 - Moved to the top.
 - It is a little long- take out second half of sentence- as it is mentioned earlier.
 - Add convenient after appropriate.
 - o “Technology equalizes access to care and improves trust in Colorado’s health and health care ecosystem.”
 - Take out “and health care” → Colorado’s health ecosystem.
 - o “Health information innovation accelerates improved health care and wellness outcomes for all Coloradans.”
 - Innovation in health information technology
 - Take to working group and have them work on this one.
 - o These are important- appreciate the articulation - this is our vision and directional to the plan.

- Change patient engagement to patient empowerment.
- Change participation to activation.
- Framework of the Roadmap Initiatives:
 - Framework in which the initiatives will be constructed, delivered and communicated.
 - Table of Contents:
 - Gives idea of where we are going with this.
 - Forming context.
 - How this roadmap is developed?
 - Path forward- summary of initiatives - provide timeline.
 - Additional recommendations.
 - Funding approach
 - Transition plan- approved by the commission.
 - List of attendees- workshop attendees and Innovation Summit attendees.
 - Multiple times this commission will be able to edit and make revisions.
 - Michele L- Do we need a vision and problem statement? It could be broad “HIT is plays a critical role in making Colorado the healthiest state.” have a problem with alignment and coordination - needs to be added. Is there framework so we can take the initiatives and graphically depict them in some way? Needs to be more visual. Begins to make it real and provide context.
 - Make the initiatives of future state into 3 words- then add a descriptive sentence.
 - Name- description- background information - purpose (the why?) - outcomes - suggested approach - leadership recommendation (guidance) - timing (when should we start) - potential funding sources.
 - Helps an initiative to stand out on its own.
 - Make the roadmap actionable.
 - Michele L - Magnitude of an initiative- statewide data governance- initiative might deal with developing statewide health information data governance. Set standards. Here’s what it looks like and how it operates.
- Project Calendar:
 - Now in the process of getting more stakeholder input and developing the future state.
 - Goal to be approved during the November Meeting.

Practice Transformation Efforts

Kyle Knierim, University of Colorado

- What does SIM need help with and what are they doing well?
- Overview of Support SIM is providing - Small grants, alternative business models, CHITA’s, health connectors and payments.
- CHITA’s- support data capacity at a practice level.
- Assist in coming up with a plan to improve it.



- Improves workflows for quality data capture and reports are indicative of performance.
- Funded for 1 contact with a practice a month.
- SIM practices hit the original goal of 100 practices.
- High rates of asynchronous communications and 24/7 access to medical records.
- Lower rates of 24/7 access to behavioral health records.
- Start at the basics, getting quality data into the EHR's, and then get the quality outcomes.
- Are data elements being consistently tracked?
- Accurately reporting clinical quality measures.
- Asked practices to look at them and see which ones they could report at the start and then again at a year. More practices are able to report more in a way that they trust.
- Asked practices to set goals and had CHITA's help them achieve those goals. High level of status 1-year in. Three goals HIT goal status, PT goal status, and BH status.
- Goals that are achieved are clinical, documentation workflows, increase access to data, and Meet SIM requirements.
- What couldn't practices do and what were they not achieving first?
 - o Patient empanelment goals with set deadlines, large scale goals, building new registries, implementing new EHR systems or correcting existing EHR's.
- Clinical quality measures- being able to engage in the program enough to submit measures.
- Not all measures are created equal.
- It's extremely hard to develop a new measure.
- What's the vision? Problem trying to solve - practices will be held accountable.
- How do we want to use this moving forward?
- Aggregate clinical quality measures- many are close to topping out but follow up is not.
- Helps to track trends- see where practices are improving.
- Helps show the distribution of practices.
- Practices satisfaction surveys: PF 98.2%, CHITA 82% and SIM overall 87% recommend to their peers.
- Constructive feedback: 14 people wouldn't recommend- have looked into it deeper- inadequate support from SIM and payment was not what was expected.
- Barriers to goals: lack of time, lack of funds, staffing shortages, EHR issues initial goals were unrealistic or too large, lack of effective workflow.
- Barriers to data quality and data capture: lack of time to do screenings, time to document decreases patient face time, standardizing clinical document workflows, challenges related to transition, and time to map elements to new HIE or registry tools.
- Barriers to CQM reporting: EHR does not have the measure, charging a lot, unable to change reports already in there, unable to change reporting periods, cost of access to access data, and lack of local knowledge on reporting tools.
- What's next? Reduce reporting burden, add availability to data, networking among SIM practices and PTO's, building out CHITA workforce in independent and system based PTO's and more time for CHITA's to spend with practices both for cohort 1 and 2.
- Opportunities for collaboration:
 - o how do we build this into EHR on a state level or from vendor to vendor?
 - o Have consolidated data measurement set.
 - o Support for future initiatives.

- Measure development.
- Understand other HIT pain points for practices, patients and payers.

Procurement Process Engagement for Commission Members

Mary Anne Leach, Director, OeHI

- Follow up from previous discussion.
- Vendor selection process for future initiatives.
- There cannot be a conflict of interest.
- Form a small subcommittee with each procurement.
- The committees will help generate criteria.
- Input mechanism for eHealth Commission to be strong and vocal in the procurement process.
- Many things we need to acquire to achieve our initiatives- looking at vendors in the future.
- Welcome non- commission experts as resources as part of the evaluation committee.
- Group accepted the proposed process without changes.

Commission Discussion on Presentations

Facilitated by Mary Anne Leach, OeHI Director

- Discussion done during presentations.

Public Comment

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Discussion on May Agenda and Closing Remarks

Next Steps and Action Items

Action Item	Owner	Timeframe	Status
Quality Measures/EHR Vendor Letter	State HIT Coordinator	Summer	Open
Health IT Innovation in Colorado - sub-working group of the Commission	OeHI Director	Winter/ Spring	Open
Health IT Planning Working Group - sub-working group of the Commission	OeHI Director	Winter/ Spring	Open
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	Open