



5/14/2025 | 12pm | Hybrid Meeting

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

Minutes

Call to Order

KP Yelapaala

- Quorum Met: Yes
- Voting of Meeting Minutes: Meeting minutes for both March and April were approved

Announcements

Stephanie Pugliese, Director, Office of eHealth Innovation

- Stephanie Pugliese reminded everyone to sign up for the Colorado Health IT Roadmap launch event on May 28th.
- Lieutenant Governor Dianne Primavera and Stephanie Pugliese will participate in a live Health Information Management Systems Society (HIMSS) webinar on May 20th.
- The June meeting will include a review of the implementation plan for the Health IT Roadmap and an update to the eHealth Commission charter.
- The Assistant Secretary for Technology Policy (formerly ONC) will publish a Request for Information (RFI) on May 16th, with only one month to provide input. Stephanie Pugliese opened the floor for discussion on whether the Commission would like to participate in a response and if individual commissioners would like to weigh in.
 - Ellen Sarcone inquired if the RFI could be passed by interoperability teams at institutions for input. Stephanie Pugliese confirmed this was possible and suggested setting a deadline for Commission review.
 - Micah Jones noted the RFI is broad, covering consumer engagement, interoperability, and digital apps, aiming to understand the patient-facing app ecosystem for future standards and rulemaking. He highlighted the reopening of discussion on payer-to-payer, payer-to-provider, and provider-to-patient APIs, and mentions of equity.
 - Ashlie Brown expressed interest in collaborating on a coordinated Colorado response, particularly regarding the potential influence on future interoperability regulations.



- Stephanie Pugliese stated OeHI would follow up via email with initial thoughts and likely work with consultants due to the one-month input period.

New Business

Chair and Vice Chair Elections

- Stephanie Pugliese opened nominations for the role of Chair.
 - Amy Bhikha nominated Kevin Stansbury.
 - Toni Baruti nominated Krystal Morwood.
- A vote was held for Kevin Stansbury as Chair. Ten commissioners voted in favor. Kevin Stansbury accepted the role. He will assume the role at the June meeting.
- Nominations for Vice Chair were opened.
 - Toni Baruti nominated Krystal Morwood.
 - Krystal Morwood accepted the nomination.
- A vote was held for Krystal Morwood as Vice Chair. Eleven votes were cast in favor. Krystal Morwood will assume the role at the June meeting.

Contexture Presentation: [Updates from the Colorado Health Information Exchange](#)

Summary:

Marc Lassaux and Melissa Kotrys from Contexture provided updates on their technology integration, the "One Platform" initiative, and its implications for Colorado providers. They discussed integrated physical and behavioral health information sharing, including 42 CFR Part 2 data (Part 2), the Community Resource Network (CRN) for social determinants of health (SDOH), advanced directives, and national interoperability developments like the Trusted Exchange Framework and Common Agreement (TEFCA) and the evolution to Health Data Utilities (HDUs).

One Platform Updates:

- Melissa Kotrys framed the discussion by level-setting what Contexture is and what they do. She explained that:
 - Contexture is a non-profit, mission-oriented HIE, covering Arizona and Colorado, and is the largest Health Information Exchange (HIE) in the Western region.
 - Their core business is health information exchange, but they also work in quality improvement, data analytics, social determinants of health, advanced directives, public health, and Medicaid.
 - Contexture manages significant data flows with hundreds of data centers, over a thousand in Colorado, and tens of millions of monthly transactions.
- Next, Melissa outlined the "one platform" initiative, which, as she explained, aims to improve capabilities, enhance security (maintaining HITRUST certification), boost system performance, and simplify user experience.
 - The transition involves migrating three legacy systems and close to 2,500 organizations over two years, expected to wrap up by the end of 2025.



- Participants are moving to a single combined data sharing agreement and new fee models, required by federal regulations.
- Go-live is scheduled for Q4 2025, with front-range Colorado participants first, followed by QHN participants by the end of Q4.
- New agreements and fees will be effective by January 2026.
- Benefits of the new platform include:
 - integrated physical and behavioral health data exchange aligned with 42 CFR Part 2 rules
 - an upgraded portal with a "quick results" function
 - new notification types
 - and standard/custom reports.
- All interfaces will be built to an "HIE gold standard" for high data quality, consistency, and standardization.
- Contexture will have an open comment period for proposed 2027 hospital pricing in the coming weeks, with final pricing released in Q3 2025.
- Contexture anticipates good commitment from hospital data centers to continue sending data, with 96-97% of hospitals by bed count on track.
- State agencies like CDPHE will transition their portal access and data feeds (e.g., immunization reporting) to the new system in Q4.
- Regarding potential technical impacts to the State's identity resolution program due to the Q4 upgrade, Melissa Kortys stated there are no plans or discussions about delays and that their IT team is closely coordinating details. She offered to follow up with their tech team for specific reassurances.

Substance Use Disorder (SUD) Information and Part 2 Data Sharing:

- Melissa prefaced this section with explaining that SUD/Part 2 data is all part of One Platform, but acknowledged that this data is, particularly, a topic of interest to the eHealth Commission and some of the different OeHI workgroups.
- Next, she explained how this data is handled.
 - Contexture employs multi-layered governance including participation agreements, business associate agreements (BAA), HIE policies, patient opt-out rates, and privacy/security controls.
 - Part 2 data (substance use disorder treatment information from covered programs) is tagged and handled with necessary consent requirements, appropriate access rules, and patient consent management.
 - Patients can opt-out of their information being shared, which means no clinical data access, even in a medical emergency.
 - An affirmative patient/treatment payment operations (TPO) consent form is required for



Part 2 data to be accessible.

- Regarding how patients opt-in, Micah Jones explained that behavioral health providers currently gather Part 2 consent, and a process for loading the form (paper or electronic) will be rolled out. The form will be standard, and providers can upload it or send it via other mechanisms like Admission, Discharge, Transfer (ADT) notifications.
- The opt-in is broad, covering treating providers and health plans for care coordination. More granular consent models are evolving, but Contexture is aligning with current Part 2 allowances.
- Other participant types, aside from healthcare providers and health plans, cannot access Part 2 information.
- Medical emergency access ("break the glass") for Part 2 information requires the patient not to be opted out, the user to have an appropriate role, and the user to attest to a medical emergency. Downstream reporting and auditing are required.

Community Resource Network (CRN):

- Melissa explained that CRN is Contexture's social determinants of health (SDOH) initiative, originating in Western Colorado with Quality Health Network (QHN), offering screening and electronic closed-loop referrals connecting patients to social and community-based organizations.
- CRN has expanded from the Western Slope to Denver County, Pueblo County, and the State of Wyoming, working with the Wyoming 211 program.
- Key metrics include over 36 clients, over 320 users, over 2,700 consents, over 19,000 referrals, and over 520 care team invites.
- Over 180,000 SDOH screenings have been obtained from residents in 22 counties, with 24% of screeners positive for a food need.
- Jackie Sievers, Vice President of Social Determinants of Health, Contexture explained a dashboard combining SDOH and clinical data using the HIE's master person index, showing emergency room (ER) visits before and after referral, and also usable for A1C levels, demonstrating the intersection of SDOH factors and clinical outcomes.

Quality Improvement and Data Analytics:

- Melissa explained how Contexture emphasizes leveraging aggregated HIE information for calculations and analytics beyond core data exchange.
- She explained that they calculate electronic clinical quality measures (eCQMs) and provide technical assistance to practices, demonstrating improved performance through data and workflow enhancements.
- Significant identity matching support is provided for the State of Colorado, using a robust master person index algorithm to reconcile identities across disparate systems (e.g., medical records, immunization registries, DMV).
- Melissa noted that Contexture is evolving from an HIE to a Health Data Utility (HDU), aiming for a



comprehensive and reliable data platform.

- Their modern data platform will include clinical, claims, social, and advanced directives data, supporting high-quality reporting, visualization, and flexible analytics.
- The modern data platform's clinical data, consent information, identity management, and reference data sets will go live with one platform in Q4 2025. Value set monitoring will be available by Q1 2026, and claims data integration will occur in Phase 3.

Advanced Directives:

- Melissa introduced Advanced Directives into the conversation by prefacing that Contexture operates the Statewide Advanced Directives Registry in Arizona through statute, storing confirmed advanced directives. The platform is flexible for various document types and would align with Colorado statute if implemented.
- Users include individuals, healthcare providers, legal/financial organizations, and community-based organizations.
- The system tracks chronological order and active/inactive documents, with the goal of being the source of truth for recent directives.
- Implementation in Colorado would require reviewing Arizona's functionality against Colorado's needs, analyzing statutory requirements for alignment, and confirming sustainable funding.

National Interoperability Updates:

- Next, Melissa provided a national interoperability update.
 - TEFCA Update:
 - TEFCA is an infrastructure designed to build upon existing systems, articulated in the 21st Century Cures Act.
 - The Sequoia Project holds the recognized coordinating entity contract.
 - TEFCA facilitates query-based exchange, allowing a single on-ramp to query multiple networks across the country for available information.
 - It is a contractual and operational framework, a network of networks, not a standards body or technology platform.
 - TEFCA is currently optional and not legally mandated, but encouraged through certain programs. The current administration's view on TEFCA is unknown.
 - HIEs can participate in TEFCA and serve as an on-ramp for participants.
 - Melissa Kotrys noted that TEFCA is a federated data model.

Evolution to Health Data Utility (HDU):

- Melissa dove into the evolution of HDUs.
- HDUs are an evolution of HIEs, expanding beyond clinical data exchange to include public health, population health, and SDOH, built on community-governed organizations like Contexture.
- This approach combines national interoperability with local governance, ensuring community needs are met.



- HDU capabilities include connectivity with Medicaid, public health, and clinical providers; data standardization; facilitating research and population health; integrating siloed data; and de-identification for privacy.
- Contexture already meets many HDU capabilities due to its extensive experience in Colorado and Arizona.

Alignment between HDUs and National Networks:

- Melissa explained that most HIEs, including Contexture, plan to participate in TECCA after their one-platform go-live. She elaborated on the following:
 - HDUs can still serve as trusted data stewards, maintaining important state relationships and performing functions that TECCA currently does not.
 - Limitations of TECCA: not connected to many small and rural providers; only required to respond for TECCA-defined treatment purposes (not care coordination or public health); only query-based, no proactive alerts; lacks community governance and accountability; and challenges with Part 2 data exchange.
 - Contexture provides additional services beyond query and retrieve, such as proactive notifications and supporting state-level programs.

Open Discussion

- Kevin Stansbury asked if the program for critical access hospitals (previously "free forever") would continue.
 - Melissa Kotrys confirmed it would continue, renamed as the "critical access program," and would align closely with current services, with potential additional fees for new services in the future. It will expand to Western Slope hospitals in 2026.
- An attendee asked where public health agencies might fit within the Contextures transition to One Platform rollout.
 - Melissa Kotrys explained that everything will be transitioned to go live in quarter 4 (Q4), including public health agencies.
- Karen Haneke asked where and how the opt-in portion of consent regarding Part 2 data would take place, clarifying whether this will happen at the medical provider's place, inserted into their standard consents.
 - Melissa Kotrys and Micah Jones, Vice President and Legal Counsel, Contexture explained that generally, at the point of care, behavioral health providers are gathering Part 2 consent from the patient and from there, there is a process of loading that form. There will be flexibility regarding the format (meaning electronic, paper, etc.) of the forms depending on individual organizational capabilities and discretion. Melissa further explained that Contexture is working on a rollout plan, this quarter, to educate their participants on what is required of them, how to operate in compliance, and what Contexture will be about to accommodate in terms of electronic forms, paper forms, etc.



- Ashlie Brown asked about the granularity of the patient's consent regarding Part 2 data (eg. sharing information only with certain providers).
 - Melissa Kortys explained that it is a more broad consent that will ask patients whether they are comfortable with all of their treating providers and health plans that are involved in the coordination of their care having access to their information to include substance use treatment information. If patients are not okay with all involved in their care coordination, they ought not sign.
- Toni Baruti asked about the process for patients revoking SUD/Part 2 consent.
 - Micah Jones stated patients can revoke Part 2 consent at any time by contacting the healthcare provider they submitted the form to, but a technical capability for direct revocation (e.g., via an app) is not yet available. Melissa Kotrys added that future roadmap items include patient access to their information, but identity management remains a challenge.
- Toni Baruti asked about if and how behavioral health data is being collected and where it is coming from.
 - Melissa Kotrys responded that behavioral health data is collected, mostly from providers, and some Medicaid claims data is received in Arizona (used for separate dashboards, not absorbed into the HIE). Behavioral health data connections are an area of expansion in Colorado.
- KP Yelapaala inquired about Contexture's near-term plans for artificial intelligence (AI), acknowledging the rapid pace of AI evolution.
 - Melissa Kotrys mentioned that the speed of AI adoption in healthcare is unprecedented. She stated Contexture needs to ensure AI use aligns with community comfort as a data trustee. They plan to explore possibilities after the "one platform" foundation is established by year-end.
- KP Yelapaala highlighted the appointment of a Chief AI Officer for Health and Human Services (HHS) and anticipated aggressive AI innovation from HHS. He discussed the potential disruption of the HIE model, the value of aggregated data for unique insights, and federated data models where AI algorithms go to the data to maintain data sovereignty. He also noted that demands for consent might shift rapidly due to discomfort with AI
- Ellen Sarcone asked (via chat) if hospitals/providers with Contexture access would also have access to overall data sets.
 - Melissa Kotrys clarified that only data fed into the HIE platform (clinical data) is available through their solutions. Claims data comes into Contexture but does not flow through the portal, although future integration options are being explored.
- Nancy Lush inquired about plans to support other types of sensitive data (e.g., behavioral health) with granular choices, similar to substance use disorder data.



- Melissa Kotrys stated their policy aligns with federal and state requirements, and any additional layers would need community input.
- Krystal Morwood asked if data shared from state labs to Contexture would also be shared over the TECCA network.
 - Melissa Kotrys explained that data centers like CDPHE would need to affirmatively permit Contexture to be their on-ramp to TECCA for that data to be shared, to avoid duplication and ensure consent.
- Krystal Morwood then asked if Contexture would connect with a certain Qualified Health Information Network (QHIN) or multiple QHINs.
 - Melissa Kotrys stated that when participating in TECCA, an entity connects with only one QHIN to avoid duplication. Contexture intends to participate through the eHealth Exchange QHIN, aligning with existing connections, after their one-platform go-live. While data is sent from one QHIN, participants can initiate queries from multiple places.
- Amy Bhikha asked whether there will be impacts with the Q4 upgrade to programs that are dependent on Contexture's services and data.
 - Melissa Kotrys explained that Contexture is designing their go live to be a "big bang", meaning that the system will be implemented immediately and current users will instantly transition. They are doing this to ensure that there are no impacts or delays to their current contracts. At this time, Melissa is not aware of any State contracts in which Contexture would not be able to continue to meet obligations.
- Ashlie Brown asked for thoughts on what should remain HDU-only versus what TECCA should eventually encompass.
 - Melissa Kotrys opined that national networks will likely struggle to meet the specific needs of 50 states and their diverse programs, suggesting some functions will always be difficult for a national program. Public health, while an area of interest for TECCA, may still rely on local infrastructure due to its complexity and funding challenges at the national level. She noted that policy would need to evolve for comprehensive data sharing for non-treatment purposes through national networks. She also mentioned state-level variations in regulations (e.g., opt-out requirements) that hinder participation in national networks.
- John Kennedy expressed concern that some QHINs claim they can act as a national HIE, potentially sidelining existing HIEs. He asked if there are plans to ensure Contexture remains the primary HIE for Colorado.
 - Melissa Kotrys acknowledged this messaging and believes it's not true, stating that HIEs are needed to connect the "last mile" and provide services national networks cannot. She emphasized the need for better articulation of their value and consideration of policy solutions.



Public Comment Period

- No new comments

Action Items

- *Next meeting: Wednesday, June 11, 2025* [Virtual Meeting](#)

Motion to Adjourn

Kaakpema (KP) Yelpaala

- Motion to adjourn this meeting was approved by Commissioner Ashlie Brown
- Seconded by Commissioner Krystal Morwood