



OeHI

Office of eHealth Innovation

# EHEALTH COMMISSION MEETING

WEB-CONFERENCE ONLY

MAY 13, 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

# MAY AGENDA

<b>Call to Order</b>	
<ul style="list-style-type: none"> <li>Roll Call and Introductions</li> <li>Approval of April Minutes</li> <li>May Agenda and Objectives <i>Michelle Mills, Chair</i></li> </ul>	12:00
<b>Announcements</b>	
<ul style="list-style-type: none"> <li>OeHI Updates</li> <li>Innovation Task Force Update</li> <li>Commissioner Announcements</li> <li>Action Items <i>Carrie Paykoc, Director, OeHI</i> <i>eHealth Commissioners</i></li> </ul>	12:10
<b>New Business</b>	
<p>Agile Project Governance <i>Kellie Isaac, Director, OIT</i> <i>Brad Barfield, OeHI Program Manager</i></p>	12:25
<p>Public Health Emergency Response Strategy and Architecture <i>Alex Pettit, Chief Technology Officer, OIT</i> <i>Casey Carlson, Chief Enterprise Architect, OIT</i> <i>Sarah Tuneberg, Innovation Response Team Director (IRT) &amp;</i> <i>Senior Policy Advisor for COVID Testing and Containment</i> <i>Christen Lara, Health Information System Branch Manager, CDPHE</i></p>	12:50
<p>Open Discussion on Future of Public Health Infrastructure <i>Carrie Paykoc, Director of OeHI, IRT Telemedicine Chair</i></p>	1:30
<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>June Agenda</li> <li>Adjourn <i>Michelle Mills, Chair</i></li> </ul>	1:25

## OeHI UPDATES

- Welcome!!
  - Stephanie Bennett, State Health IT Coordinator
  - Mike Weir and Andrew Bondi, OeHI Senior Project Managers
  - Executive Assistant to OeHI Application Review
- CMS Emergency COVID Funding Approved
- State Budget Reductions- Impact to OeHI General Fund (Operations/M&O)

## INNOVATION RESPONSE TEAM TELEMED UPDATE

- Kinsa Pilot and Remote Monitoring Learning Collaborative Kicked Off
- Submit projects [here](#) for telemed grant funding consideration by Friday, May 15th

## EHEALTH COMMISSION UPDATES

- Virtual Meetings at least through September
- Prime Health Innovation Summit

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

Project	Amount
<b>Telemedicine Innovations:</b> Projects, Provider Education and Technical Assistance, and Evaluation to inform Policy	\$ 4,400,000- up to \$2,000,000 in telemedicine grants for projects/pilots
<b>Technical Connectivity/ Technical Assistance:</b> Connecting Health Providers to Colorado HIEs	\$ 2,100,000
<b>COVID Reporting/Notifications/Analytics</b>	\$1,400,000
<b>Safety Net Provider Surveillance</b>	\$740,000

# 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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# AGILE PROJECT GOVERNANCE

*KELLIE ISAAC, DIRECTOR, OIT*  
*BRAD BARFIELD, OEHI PROGRAM*  
*MANAGER*



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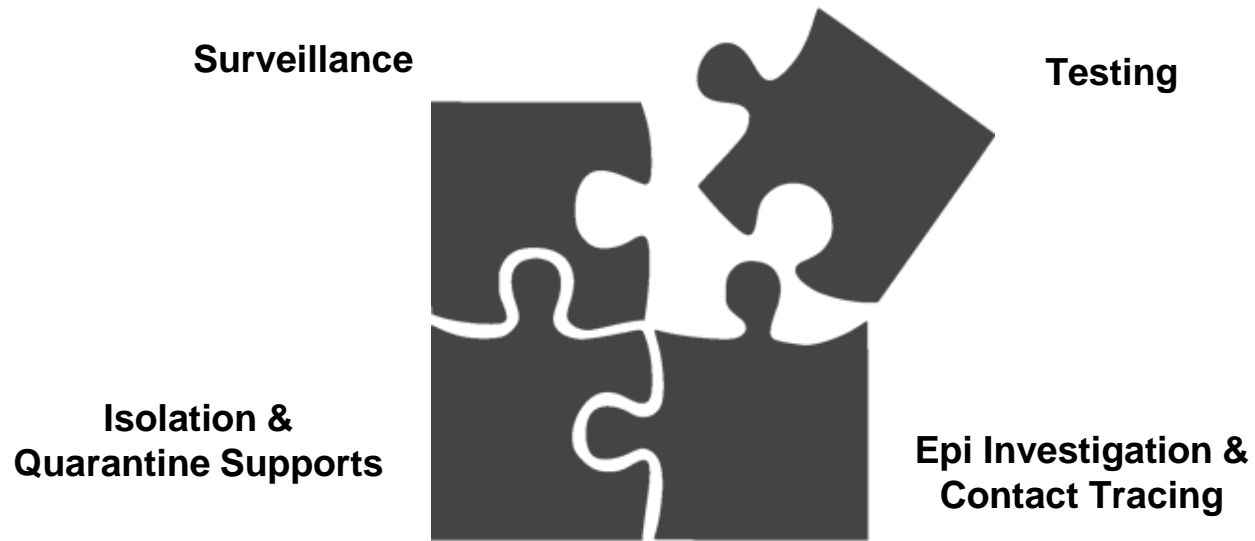
# PUBLIC HEALTH EMERGENCY RESPONSE STRATEGY AND ARCHITECTURE

*SARAH TUNEBOG, INNOVATION RESPONSE TEAM DIRECTOR (IRT) &  
SENIOR POLICY ADVISOR FOR COVID TESTING AND CONTAINMENT  
CHRISTEN LARA, HEALTH INFORMATION SYSTEM BRANCH MANAGER,  
CDPHE*

*ALEX PETTIT, CHIEF TECHNOLOGY OFFICER, OIT  
CASEY CARLSON, CHIEF ENTERPRISE ARCHITECT, OIT*



# A Holistic Strategy for COVID-19 Suppression



# Strategy WIGs

- Testing: Achieve and maintain a 1 positive to 10 negative test ratio over a rolling 7 day period
- All 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 risk dependent) 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.

# Unprecedented Requirements

- 500 COVID+ tests= 5,000 new contact per day, on a cumulative rolling basis  
= **70,000 daily touch points**
- 70,000 daily touch points @ average 20 min per = **3,000 staff**
- 3,000 staff x \$24 per hour = **\$150M annually**

**“Technology’s primary effect is to amplify human forces,”**

- Kentaro Toyama



# Tech Enablement

- Electronic contact survey → reduce initial Epi call length by 60%
- SMS/Robocall daily check-in → reduce daily manual dial call burden by 80%
- Load balancing test referral → reduce average testing distance by 50%
- CRM solution for contact tracing → increase contact tracing from ~10% to 80% statewide, increase resource referral from 1 per 10 calls to 1 per 2 calls.
- AI/ML cluster detection

# Through Tech Enablement- Moving the Needle

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. **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.**



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# OPEN DISCUSSION

*CARRIE PAYKOC*

*OEHI DIRECTOR*

*IRT TELEMED CHAIR*



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# PUBLIC COMMENTS





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# CLOSING REMARKS

*MICHELLE MILLS, CHAIR*