



OeHI

Office of eHealth Innovation

EHEALTH COMMISSION MEETING

WEB-CONFERENCE ONLY

May 11, 2022



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Office of eHealth Innovation

NOTE:

NEW ZOOM WEBINAR [LINK](#)

PASSCODE: ehealth

DIAL IN BY PHONE:

US: +1 346 248 7799

OR: +1 669 900 6833

WEBINAR ID: 843 6179 7953

IF YOU ARE EXPERIENCING AUDIO OR PRESENTATION DIFFICULTIES DURING THIS MEETING,

PLEASE TEXT ISSUES TO

Monique Berry at 720-862-7733

Title	Start	Duration
Call to Order <ul style="list-style-type: none"> • Roll Call and Introductions • Approval of February Minutes • March Agenda and Objectives <i>Kaakpema "KP" Yelapaala, Chair</i>	12:00	5 mins
Announcements <ul style="list-style-type: none"> • Lt. Governor Remarks • OeHI Updates-eHealth Commission Updates • Decision Items & Action Items <i>Dianne Primavera, Lt. Governor and Director of the O\$PMOHC</i> <i>Stephanie Pugliese, Director, Office of eHealth Innovation (OeHI)</i> <i>eHealth Commission Members</i>	12:05	10 mins
New Business		
In Full Health Presentation, Q&A <i>Chris Gibbons, MD, MPH - AMA External Equity and Innovation Advisor</i>	12:15	50 mins
Workgroup Updates <i>Michael Archuleta, Rural Health IT Steering Committee</i> <i>Toni Baruti, Care Coordination Workgroup</i>	1:05	10 mins
Public Comment Period	1:15	5 mins
eHealth Commission Meeting Closing Remarks <ul style="list-style-type: none"> • Open Discussion • Recap Action Items • Future Agenda Items • Adjourn Public Meeting <i>Kaakpema "KP" Yelapaala, Chair</i>	1:20	10 mins

OeHI and eHealth Commission Updates

- State Health IT Updates
- Commissioner Updates

Note: If you are experiencing audio or presentation difficulties during this meeting, please text 720-862-7733



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Remarks from Lt. Governor Dianne Primavera

Lt. Governor Dianne Primavera, Director of the Office of Saving People Money on Health Care



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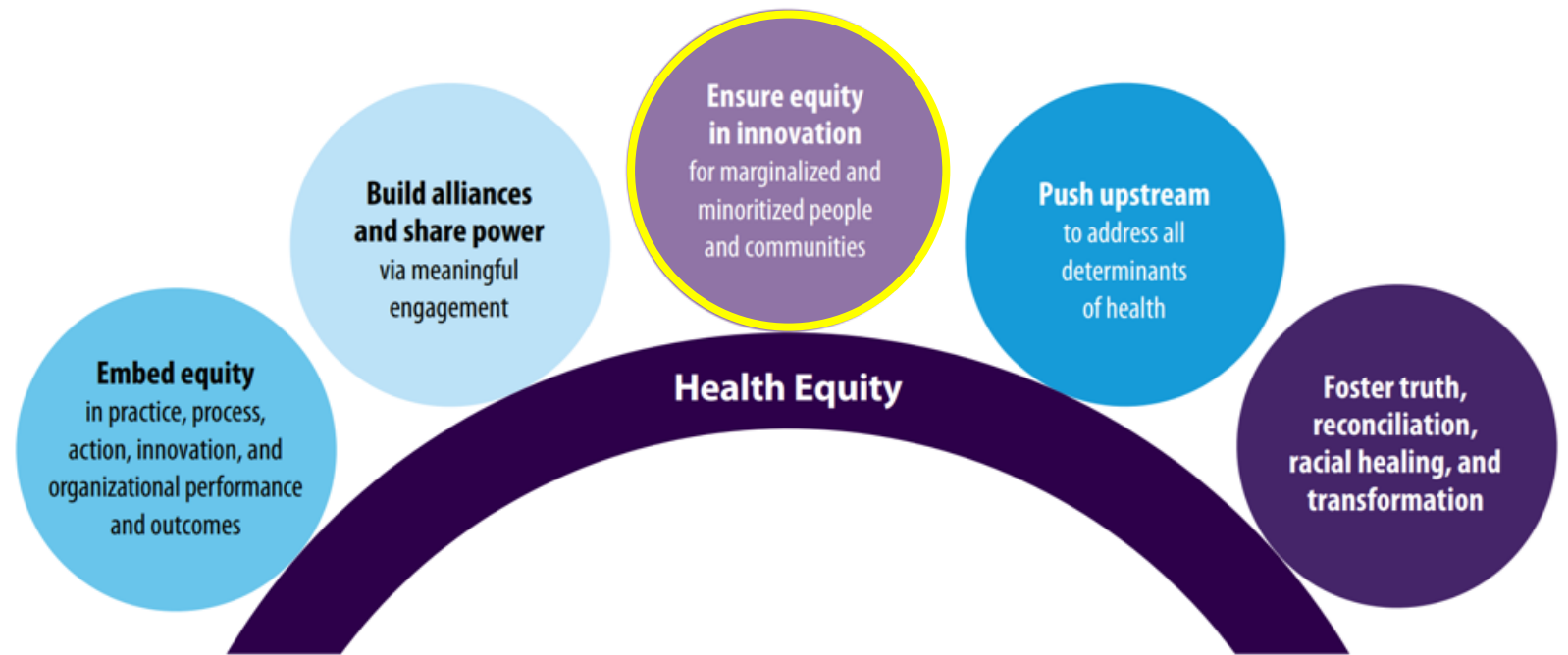
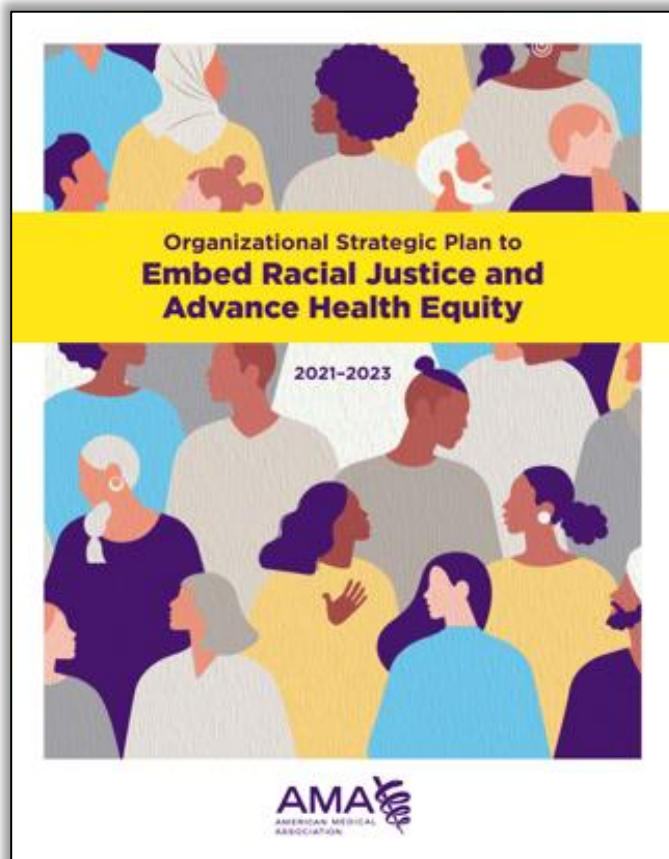
In Full Health Presentation Q&A

Chris Gibbons, MD, MPH
AMA External Equity and Innovation Advisor



Introducing *In Full Health*: A Learning & Action Community to Advance Equitable Health Innovation

March 2022

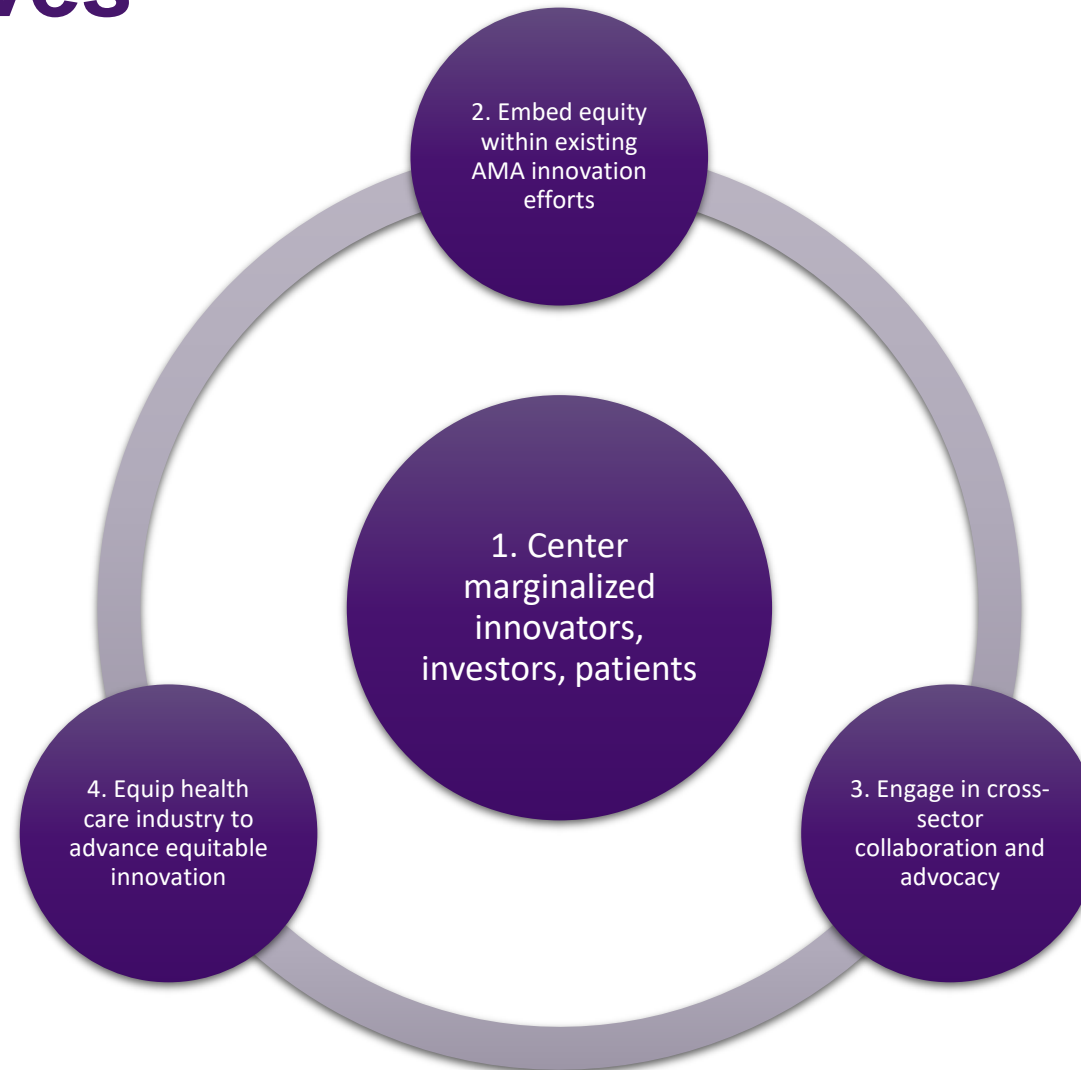


Vision for U.S. health innovation sector:

1. Prioritizes resource allocation to launch and scale solutions that are meaningfully advancing health equity
2. Race, ethnicity, sexual orientation and gender identity, ability status, and other demographics of health care investors and innovators mirror our nation, in representation and resource allocation

Ensure Equity in Innovation Approach

Four Objectives



AMA Equity & Innovation External Advisory Group



Ivelyse Andino



Shantanu Nundy,
MD, MBA



Nathalie Molina Niño



Abner Mason



Sandee Kastrul



Ivor Braden Horn,
MD, MPH



Chris Gibbons, MD,
MPH



Lisa Fitzpatrick, MD,
MPA, MPH



Monique Smith, MD,
MSc



Katie Drasser



Urmimala Sarkar,
MD, MPH



Courtney D.
Cogburn, PhD



Michael Penn, MD,
PhD



Andrey Ostrovsky,
MD

Learn more: [AMA Equity & Innovation External Advisory Group](#)

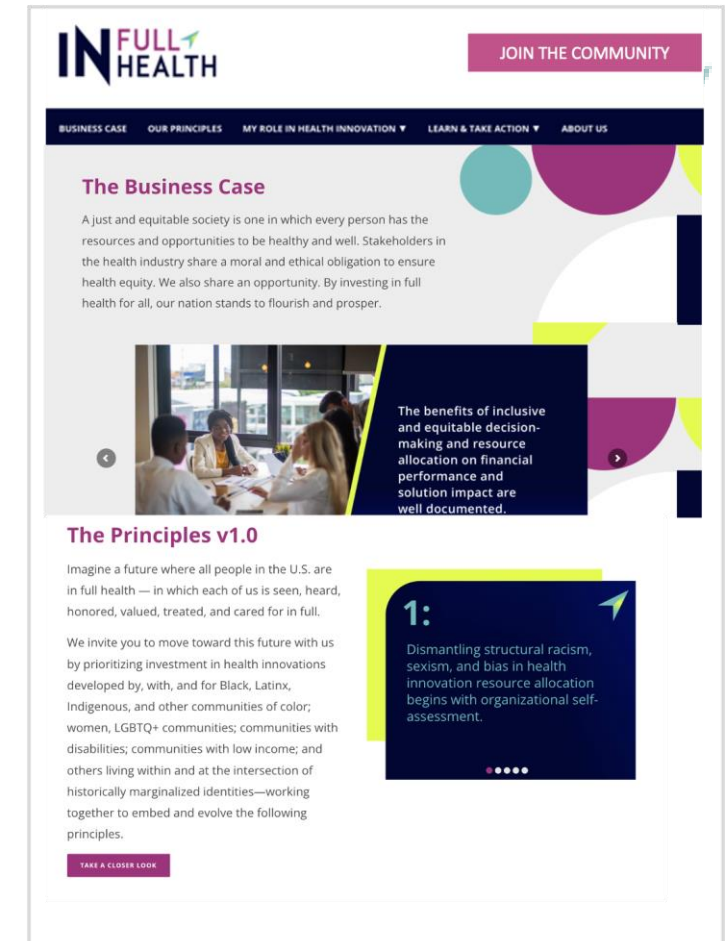
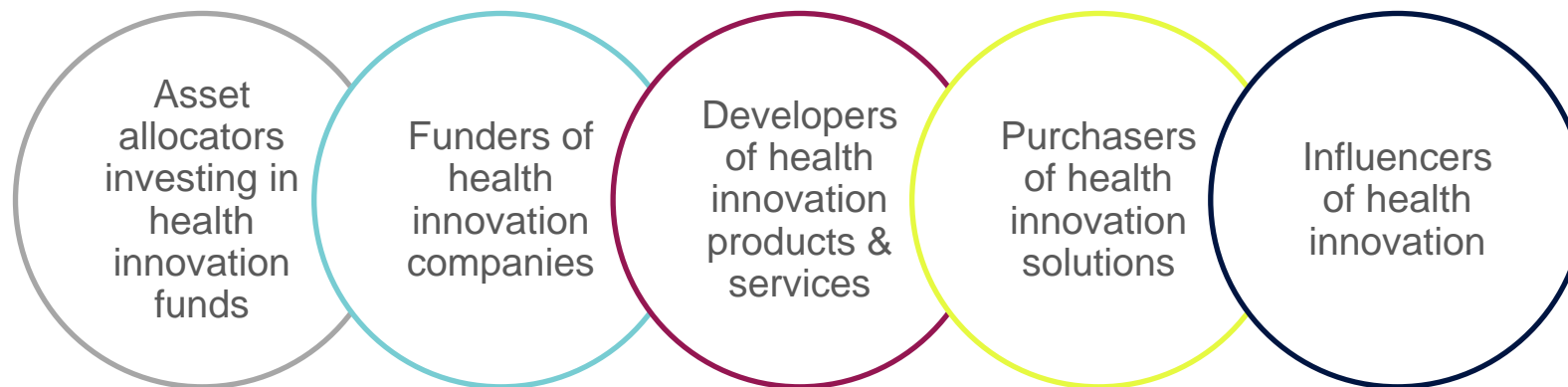
Introducing *In Full Health*



What is *In Full Health*?

The *In Full Health* initiative seeks to provide a **framework** for shared understanding and a **community** for stakeholders committed to **learning and action** to center equity within their health innovation investment, development, and purchasing efforts.

Who is invited to join the *In Full Health* Learning & Action Community?



In Full Health Founding Collaborators



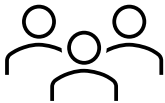
"A Public/Private Partnership for a Healthier America"

In Full Health Community Support



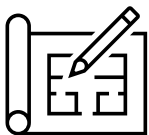
Content & Publications

- Amplify relevant subject matter expertise, data, and case studies, demonstrating the impact of shifts in resource allocation on health equity



Conversations & Events

- Facilitate community conversations to support each other in taking meaningful action to advance equitable health innovation



Resources & Tools

- Help community members learn and identify ways to bring the Principles to life within their work and organizations



Business Case & Principles

- Support shared understanding and common language around current state and drivers of inequities in health innovation and an ideal future state



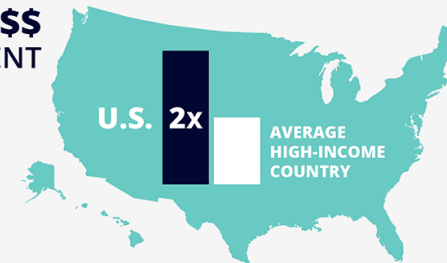
Business Case for Investment in Equitable Health Innovation

Despite decades of increasing investment in health innovation, the U.S. continues to experience worse health than other high-income nations and persistent inequity.

U.S. HEALTH INNOVATION INVESTMENT HAS INCREASED OVER THE PAST 3 DECADES



\$\$\$ SPENT



YET, WE STILL HAVE THE LOWEST ROI ON HEALTH EXPENDITURE

WHERE WE ARE:



35.8%

OF HEALTH CARE PAYMENTS
WERE TIED TO VALUE IN 2018
- A HISTORICAL HIGH

WHERE WE'RE GOING:



91%

OF PAYERS ANTICIPATED
CONTINUED GROWTH IN
VALUE-BASED PAYMENT

As the country continues to shift to value-based payment, the business imperative to advance equity in population health grows stronger.

The exclusion of the majority of the U.S. population from health innovation resourcing is preventing meaningful progress in national health improvement.

BLACK, LATINx, INDIGENOUS, PEOPLE OF COLOR, AND WOMEN COLLECTIVELY:



COMPRISE 70%
OF THE U.S. POPULATION



RECEIVE <10%
OF NEW VENTURE FUNDS



MANAGE 1.3%
OF INVESTMENT DOLLARS



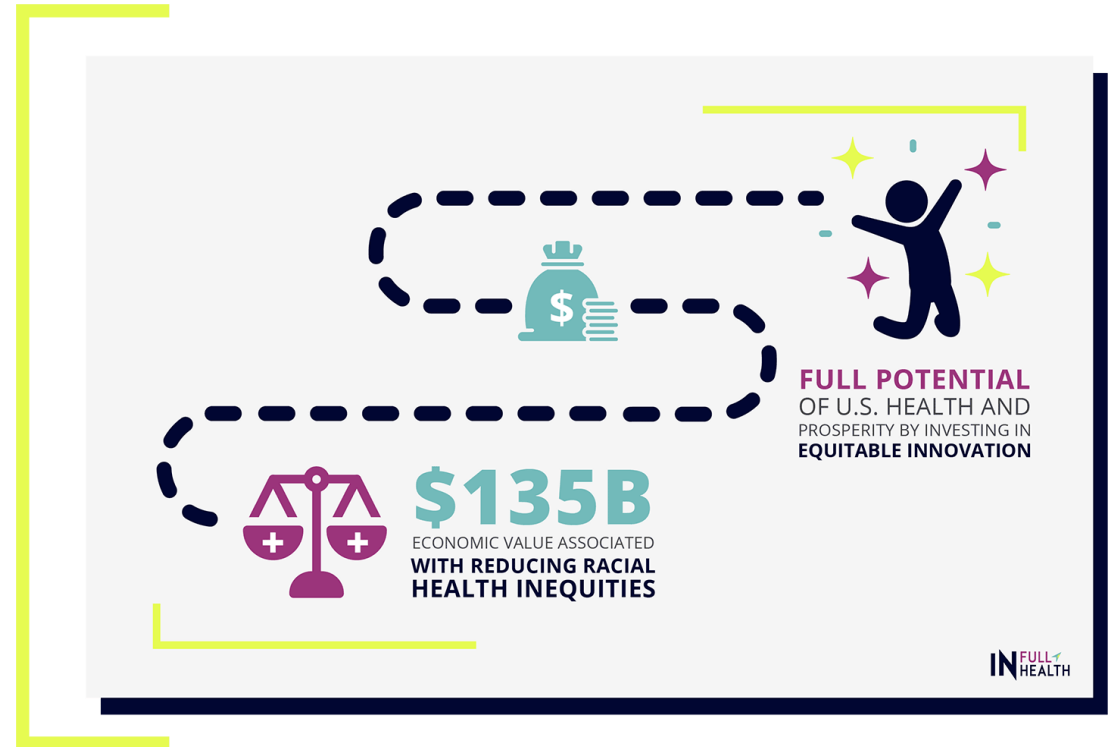
TEAMS WITH GREATER DIVERSITY =
19% HIGHER REVENUE
9% HIGHER MARGINS
33% HIGHER QUALITY PATIENT CARE

TOTAL ESTIMATED VALUE ASSOCIATED
 WITH **EQUITABLE DISTRIBUTION OF
 ECONOMIC OPPORTUNITIES**
 ACROSS THE U.S. = **\$22.9T**



The benefits of inclusive and equitable decision-making and resource allocation on financial performance and solution impact are well documented.

By investing in solutions created for, with, and by communities who have been sidelined from health innovation resourcing, including Black, Indigenous, People of Color, women, LGBTQ+ people, people with disabilities, people with low income, and those living at the intersection of historically marginalized communities, the U.S. stands to make measurable progress in national health and economic prosperity.





Principles for Equitable Health Innovation v1.0



Dismantling structural racism, sexism, and bias in health innovation resource allocation begins with organizational self-assessment.



Impact on *health equity* is a fundamental metric that should be used in assessing the value created by all health innovations.



Greater investment is needed in health innovations developed specifically to improve health in and/or eliminate inequities experienced by historically marginalized communities, with resources and support prioritized for innovators designing from within these communities.

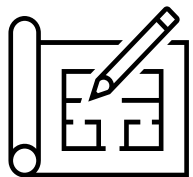


More health innovation investment models should support asset ownership and wealth development within historically marginalized communities.



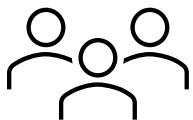
While health innovation funders, solution developers, and customers have a significant opportunity for impact at the organizational level, we need industry influencers to engage in addressing systems-level barriers and needs.

Join the *In Full Health* Community



CONTENT & TOOLS

Access to experts, resources, case studies and tools



EVENTS & SUPPORT

Invitations to facilitated, equity-focused conversations and events



InFullHealth.org



Physicians' powerful ally in patient care



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Workgroup Updates

Michael Archuleta, Rural Health IT Steering Committee
Toni Baruti, Care Coordination Workgroup

- Streamline Structure
- Improve Efficiency
- Link to Refreshed Roadmap Objectives
- Clear goals, outputs
- Will be convened incrementally- based on needs of OeHI team, priority initiatives
- Leverage the continuity of previous existing workgroup work
- Meetings will be focused upon cross-agency and community collaboration



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PUBLIC COMMENT PERIOD



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CLOSING REMARKS