November 10, 2021 | 12:00pm - 2:15pm | Virtual Meeting Only

Type of Meeting	Monthly eHealth Commission Meeting
Facilitator	Michelle Mills
Note Taker	Mark D. Spivey
Timekeeper	Natalie Neubert
Commission Attendees	Art Davidson; Kevin Stansbury; Kaakpema "KP" Yelpaala; Michael Archuleta; Mona Baset; Wes Williams; Michelle Mills, Chris Wells; Chris Underwood; Carrie Paykoc; Rachel Dixon; Annie Harrington (advisor); Jason Greer (advisor); Jason McRoy (advisor); Amy Bhikha (sitting in for OIT Commissioner)

Minutes

Call to Order
Michelle Mills, eHealth Commission Chair

- Roll call was taken; Quorum was reached
- Motion moved and seconded to approve the October Commission meeting minutes Motion passed and October minutes were approved
    - Kevin Stansbury made motion to approve minutes
    - Chris Wells seconded the motion
    - Minutes approved.
- Review of November Agenda
    - Colorado's Refreshed 2021 Roadmap Launch and Next Steps
        - Carrie Paykoc, Director, OeHI

    - Roadmap Project: Unifying Care Coordination Architecture Overview
        - Jason Greer, CEO, Colorado Community Managed Care Network (CCMCN)

    - Roadmap Project: Information Governance: Guidance Documents and State Data Strategy
        - Amy Bhikha, Chief Data Officer, Colorado Governor's Office of Information Technology (OIT)
        - Art Davidson, eHealth Commissioner, Co-Chair Statewide Health Information Governance
        - Carrie Paykoc, Director, OeHI
        - Stephanie Pugliese, State Health IT Coordinator, Deputy Director, OeHI

Opening Remarks
Dianne Primavera, Lieutenant Governor and Director of the Office of Saving People Money on Health Care (OSPMHC)

- Highlights from the State of Colorado's Governor's funding proposal
    - $530 million to support wage increases for caregiving workforce
    - $24 million for high quality care that is cost effective through alternative payment models

- $30 million for rural hospital and clinics
- $300,000 for pilot program to address patient financial toxicity, which is the negative impact medical expenses can have on patients in terms of their health related quality of life
- $50 million for behavioral health system support including expanding residential options for youth and increasing forensic beds at Colorado Meta Health Institute at Fort Logan
- Provides for expansion of OeHI's rural connectivity program to include more providers and include independent rural providers -- $11 million to invest in affordable and sustainable health information technology for rural providers

- Keys to long term health care stability
  - Prepare for immediate needs and future
  - Advancement of health initiatives within the Health IT Roadmap
  - Alignment with existing technology

Announcements
Carrie Paykoc, Director, Office of eHealth Innovation
- Rural Connectivity Program
  - 12/15/21 at 3:30 PM will be presenting plans for the work ahead
- Applications due for Reappointments for Commissioner 2nd Term
  - Existing due Friday
- eHealth Commission Opening for payer role; link to application
  - Michelle Mills is transitioning off. Submit applications to join the Commission.
- OeHI is Hiring Senior Health IT Project Managers/Program Managers
- JTC Presentation in December
- Broadband Advisory Board November 16th, Carrie is a member of the board and will be presenting with Stephanie Pugliese on OeHI's work with the Colorado Broadband Office and the $10,000 that were allocated in House Bill 1289 for telemedicine devices and increased connectivity for rural health care providers and their patients
- Plan for the creation of the Behavioral Health Administration (BHA) was released on November 1st
  - OeHI worked with Camille Harding and Colorado Department of Human Services (CDHS) on the BHA creation plan
- State Health IT Updates
  - Health IT Centers for Medicare/Medicaid Services (CMS) press release to support telehealth long term payment parity
- Commissioner Updates
  - Reviewed appointment of KP Yelpaala to position as new Vice Chair with David Mok-Lamme's departure. He will then ascend to the position of eHealth Commission Chair when Michelle Mills' term is up in February 2022.
- Additional News
  - Rachel Dixon announced information about the 9th Annual Prime Health Challenge. There are currently 6 digital finalists. $150K to be awarded to the winning provider contract. November 18th event. Open to the public. It's free. Spread the word to any provider organization wanting to do the work.

New Business
Colorado's Refreshed 2021 Roadmap Launch and Next Steps Discussion
Carrie Paykoc, Director, Office of eHealth Innovation
Sara Schmitt, Managing Director, Research, Evaluation and Consulting, Colorado Health Institute
Paul Presken, Senior Consultant, Colorado Health Institute

- Official Launch and Next Steps
  - Refreshed 2021 Colorado Health IT Roadmap- Approved by eHealth Commission on October 13th, 2021
  - Governor and Lt. Governor to sign and announce the release in late November
  - OeHI to host public-webinars in December on Refreshed 2021 Health IT Roadmap, more information coming soon
  - Roadmap celebration and networking opportunity in January 2022
  - Asking public to submit ideas for use cases, collaboration, projects, and policy here by December 15th, 2021
  - November/December Commission meetings to review Roadmap efforts to date
  - Commission planning group transition to implementation group; discuss workgroup, priorities, and funding strategies
  - January eHealth Commission meeting will be used to discuss and vote on Roadmap priorities
- Request for Information:
  - Have an idea or a use case to advance Roadmap efforts?
  - Does it align with Roadmap Core Values and Objectives?
    - Accountability, Alignment, Equity, Innovation, Reusability, Sustainability
  - Submit your ideas HERE
- Current Approach to Workgroups Discussion
  - OeHI and the Commission want to consider how to implement the work in the most agile way moving forward into 2022 with workgroups
  - OeHI has three primary goals under consideration:
    - Advancing Health Equity
    - Coordinated Services
    - Access to Information

- Future Adapted Agile Approach Discussion
  - Future state looking for information on how to best move forward with the Future Adapted Agile Approach
  - OeHI is wanting to advance consideration about health equity and considering how to best move forward with work groups and the Office of Behavioral Health (OBH) efforts for Care Coordination
  - Commissioner comments:
    - Camille Harding: the Care Coordination newly formed team for OBH and how it relates to the overall eHealth Commission and OeHI efforts for Care Coordination
    - Art Davidson: inquires as to how the eHealth Commission can coordinate with other agencies regarding health equity being part of all other groups (coordinated services and access to information)
    - KP Yelpaala: mentions the need to include stakeholders and the coordination and optimization of the various workgroups and the outputs from these groups

- OeHI Organizational Chart 2021 Presentation
  - OeHI Organizational Chart Review highlighting specific individuals
  - Staffing with OIT, term limited Senior Project Managers (PM)
  - OeHI is hoping to add additional PM's and a Project Coordinator to their staff

- ○ New recent additions-- Stephanie Pugliese, OeHI's State Health IT Coordinator is now also the OeHI Deputy Director and Melissa Hensley was hired as OeHI's new Interoperability Product Strategist
- OeHI led Health IT Roadmap Projects: Overall Project Statuses
  - ○ Project Statuses
    - Advancing HIE- Phase 2--Green/Completed
      - 2 phases: increasing depth of HIE (CORHIO & QHN)- OeHI has completed second round of projects
      - Last round of projects enables single sign on
    - COVID Response--Green/Completed
      - March and April there were projects prioritized by the eHealth Commission including telehealth, onboarding for HIEs, and data integration projects all completed
    - Identity Resolution--Green/Application Programmable Interface (API) development In progress
    - Care Coordination- Phase 2--Green/90% Complete scoping bridge contracts & next phase
      - Massive projects initially focused on clinical coordination, expanded based on what Committee members and community member said, moving focus to SDoH
      - Second phase: implementation of three regional and statewide projects
    - Rural Connectivity- Phase 1--Green/Complete, bridge contract, scoping next phase
      - OeHI has completed assessments of rural facilities and enabled them to set up analytics, initially focused on COVID-19, but now looking at integrating other data sets into those dashboards
      - Working toward connecting more providers to HIEs, in last 6 months have seen 22 more providers connect to HIEs
      - Goal is to get 84 providers connected to HIEs, and working with QHN and Contexture to do that
    - Information Governance--Green/Planning, Meeting Facilitation
      - Goal of roadmap was to facilitate statewide health committee, which didn't exist broadly across the community in partnership with the State Data Advisory board
    - Consent Management--Yellow/Planning, Meeting Facilitation
      - OeHI has $2 million to invest, and leaning on first use case which is behavioral health
      - Many policy recommendations coming out of committees led by Camille Harding
      - Engagement from Attorney General's Office
    - Project Management Office (PMO)--Yellow/Ongoing
      - Maximizing PMO to have capacity to move forward efficiently and effectively
- OeHI Funding and Financing
  - ○ Roadmap Funding Considerations
    - Roadmap 2018 Capital IT Appropriation- funds that remain to be invested that must be invested by June 30, 2024 - key buckets remain for consent; information governance; identity; care coordination

- Caveat to using these funds are that we have approximately $1 million in General Fund dollars in the ban, if we want to get these funds matched at federal funds level through Medicaid this takes approximately 3-6 months
  - OeHI has an ongoing General Fund to Support Operations, OeHI, and eHealth Commission- we can utilize those funds for staffing and other uses (roughly $3 million can be matched)
  - 2021 Rural Connectivity Capital IT Appropriation: $6.4 million
  - Home and Community Based Services and Supports (HCBS) - CMS funding opportunity in partnership with HCPF, OeHI is the Executive Sponsor. Funds equate to approximately $500 million
    - Incentivizing providers to use S-HIE (care coordination)
      - partnership with Medicaid and OBH
  - Role of OeHI and eHealth Commission is to align efforts with other state agencies
  - The following are roadmap funding considerations regarding state agency health information technology investments:
    - $40 million to be invested for care coordination and statutory directives for safety net providers by OBH/CDHS
    - $2 million to be invested for health care disparities by HCPF
    - $25 milion to be invested for Communicable Disease Surveillance CDPHE
      - Must all be invested byJune 30, 2024
  - Carrie opens the floor: Open Discussions and Reactions to OeHI Funding and Financing

Roadmap Project- Care Coordination: Unifying Care Coordination Architecture Overview
Jason Greer, CEO, Colorado Community Managed Care Network (CCMCN)
Dr. Mark Wallace, CEO and Chief Medical Officer, Northern Colorado Health Alliance

- This presentation will provide an overview of OeHI's work with CCMCN on SDoH (Social Determinants of Health and S-HIE (Social-Health Information Exchange) model
- CCMCN overview
  - CCMCN is a 25-year old nonprofit in Colorado, governed by federally qualified health centers in the state
  - Work is about applying innovative technology for community organizations to create efficiencies
  - Support CRHC
- CCMCN was funded to create a S-HIE ecosystem to provide care coordination
- Social health Information exchange (S-HIE): an interoperability and customizable infrastructure that allows multiple entities to screen and assess the needs of individuals and families, refer to clinical and nonclinical resources, and confirm whether services are accessed--optimizing whole person care coordination and improving health and wellbeing of Coloradoans
- Designing whole person care coordination infrastructure requires that complex ecosystem of players is aligned toward a specific goal
- Goal is to figure out how to connect Colorado's service providers to an integrated Care Coordination system designed to target specific improvements
- Lessons Learned:
  - Support Organization's business priorities

- - ■ External entity needs to have conversations with CBOs on how the system supports their existing business priorities
      - ● Examples:
        - ○ How can we improve their workflow efficiency?
        - ○ How can we decrease the burden on their staff?
        - ○ How do we help them in participation in programs like Hospital Transformation Program (HTP) or vaccination outreach?
        - ○ How do we increase their revenue as an organization?
    - ■ Managing whole person care, at individual and family level
      - ● This means must understand person's current needs so community can proactively respond to needs of individuals and households
      - ● Must create a process that responds to needs that are system generated or are self-generated
    - ■ Regarding Collective Impact on Improvements
      - ● Demonstrate successful intervention strategies at the person, neighborhood and community level
      - ● Support contracting for incentives and value based payments for all participating organizations
- ● What needs to be coordinated?
  - ○ Proactive care coordination within individual organizations
  - ○ Coordinated services between organizations
  - ○ Coordinate care teams
    - ■ Professional care team
    - ■ Personal care team (person, family, friends)
  - ○ Coordinated technologies, tools and data
  - ○ Coordinated programs and funding
    - ■ HCPF Prescriber Tool (Phase 2), Regional Accountability Entities (RAEs), HTP, OBH, Women, Infants, and Children Nutrition Program (WIC), Jails, HCBS
- ● Community Outcomes Architecture: unifying data, programs and strategies to support improvements in health equity and system efficiency
  - ○ What is needed to bring together all systems
  - ○ 5 main components of Architecture:
    - ■ Community collaboration support
    - ■ Improvement projects
    - ■ Data system and user tools
    - ■ Population and performance analysis
    - ■ Payment to participating organizations
  - ○ Community Outcomes Architecture Data Network / "the Honeycomb" → what this new structure would look like
    - ■ Data structure allows self-service capacity with customizable privacy restrictions
    - ■ The Honeycomb includes (green) private spaces for each individual organization; (yellow) data spaces are reference data (data elements collected on behalf of other organizations); (dark blue) data spaces are for organizations that have been given rights to access data across the network; (light blue) data spaces are for innovation
  - ○ All data spaces are designed to be interoperable

- Automated Workflow from Needs: Needs registry-- can learn needs through data systems or directly through individuals and families
- Assessment Interoperability steps:
  - Collecting assessment results from any source
  - Standardizing results to Gravity and other common standards available
  - Sharing assessments
- Person Facing Tools: access to health, social and cost information; self-reported needs; access to online self-referrals; proactive patient outreach
  - Who already does this?
    - Community Health Cloud
    - findhelp
    - InOn health
    - Visible Network Labs
- Analytics is big part of network-- analysis to inform interventions, pacers public health and policy; performance and impact of each intervention; population cohort level clinical, social and cost analysis
  - InOn health = Leader in this space

- **Q&A**
  - **Camille Harding**: Coordinating with OBH. What does bringing this statewide mean for state agencies, and procurement?
  - **Jason Greer**: how do we align all initiatives together as we think about a statewide strategy. Best of CCMCN and QHN pulling together existent relevant tools. Next thing is to have a very technical deep dive to carve out the details.
  - **Chris Underwood:** Procurement issues with sustainability for state agencies to work with CCMCN need to be adderses prior to move forward, as well as what Medicaid dollars are available for this.
  - **Michelle Mills:** eHealth Commision not ready for a vote yet; divide to discuss in greater detail and bring back to Commission prior to approving statewide strategy. No motion to approve strategy at this time.

Roadmap Project: Information Governance: Guidance Documents and State Data Strategy
Amy Bhikha, Chief Data Officer, Colorado Governor's Office of Information Technology (OIT)
Art Davidson, eHealth Commissioner, Co-Chair Statewide Health Information Governance
Carrie Paykoc, Director, Office of eHealth Innovation (OeHI)
Stephanie Pugliese, State Health IT Coordinator, Deputy Director, OeHI

- Information Governance Presentation Highlights
  - How to best align Government Data Advisory Board (GDAB) with Care Coordination efforts
  - Board is being restructured and OeHI is seeking nominees to oversee governance of data
  - Looking at data domains to change
  - Looking for people to sit on the various sub committees
  - Each different agency has been doing integration on their own. Need to become interoperable and share data.

- ○ Amy wants to do Proof of Concept with Amazon Web Services (AWS). She also wants to see how it looks to interface with other state agencies. Looking to select a specific POC, possibly with OBH or other agencies.
    - Camille would be interested in seeing how they could work together.

- Information Governance Ecosystem
    - ○ Review of Schematic on How Committees and Workgroups relate
        - Pictorial view of how each Associated Product related to each work group including:
            - Care Coordination Workgroup
            - Statewide Health Information Governance Committee
            - eHealth Commission Consent Workgroup
            - Care Coordination Information Governance Task Force
            - Quality Reporting Information Governance Task Force
            - Policy Sub-Workgroup

Stephanie Pugliese, Deputy Director and State Health IT Coordinator, OeHI
- Information Governance: Guidebook
    - ○ OeHI is asking Commission for input and approval
        - Goal is to map out information governance ecosystem and consider laws
    - ○ The Guidebook detailed best practices and remaining work for the following data sharing use cases:
        - Physical Health Provider sharing with Behavioral Health Provider (March)
        - Behavioral Health Provider sharing with Physical Health Provider (April-June)
        - Health Care Provider sharing with Social Service Provider (JuneAugust)
        - Social Service Provider sharing with Health Care Provider (JuneAugust)
        - Data Use in Crisis (June-August)

- Information Governance Q&A
    - ○ **Keivn Stansbury:** With the age of consent being so low in Colorado for behavioral and mental health services, has the Committee given any thought to a 12 or 15 year old understanding what consent means, and what the implications are of granting or withholding consent? Also specifically interested in the sharing of information between a physical and mental health provider.
    - ○ **Art Davidson:** We have not strategized by age in our analysis so far, that is something we should consider doing in future.
    - ○ **Camille Harding:** There is a lot of gray area around best practices and what is allowable. Best practice is to engage with a caregiver, so there is a lot of opportunity to develop consent for youth.

Michelle Mills: Vote to approve guidebook
- Call for motion to approve the guidebook.
- Michelle Mills asks if there Is a motion to approve the Guidebook?
- Motion to approve Guidebook is raised by Mona Baset.
- Is there a second?
- Kevin Stansberry 2nd the Motion.
- Any Discussion?
- No discussion.

- **Guidebook approved.**

Amy Bhikha, Chief Data Officer, Colorado Governor's Office of Information Technology (OIT)
- GDAB: Government Data Advisory Board
  - New operating model for creation, implementation and oversight of the state's data management goals/focuses:
    - Data Governance
    - Data Sharing
    - Data Inventory
  - Looking at domains of data, rather than being so agency focused, data will be focused into various categories
    - Regulatory Affairs; Education; Public Safety; Workforce & Economy; Environment and renewable energy; health
  - Voting representation - 9 members, including:
    - Attorney General
    - Secretary of State
    - Office of the Governor
- Aiming to get first meeting in by December 2021
- GDAB Committee Model: Government Data Advisory Board
  - Data Governance Committee
  - Data Sharing Committee
  - Data Inventory Committee
- How does this turn into action?
  - Proposal: GDAB- reorganized by data domains and 3 subcommittees
    - Operationally support data initiatives OIT/CDO has capability in Data Services including integrations/APIs, Analytics, but minimal data warehousing guidance and support
    - Agencies are left to working in silos using disparate technologies, vendors, support models and various maturity in governance
    - Health Interoperability represented in 2021 Health IT Roadmap is a key focus area - proposing a Proof of Concept (POC) using AWS to achieve the following:
      - (1) Establish a vision of data warehousing and corresponding architecture services
      - (2) Establish a Service Model to align to the vision, including engagement with agencies, to be provided by CDO and OIT
      - (3) Select a POC to demonstrate capabilities and requires resources
  - Subcommittees are partially formed, some folks have been assigned, but hoping to get more input to get more people in each individual committee
    - At subcommittee level, have more leeway to engage with non-state employees
    - Subcommittees are non-voting bodies

Michelle Mills, eHealth Commission Chair
Vote
- Is there a motion to approve OeHI funding and resources to store with OIT to develop a data warehouse proof of concept?
  - Art Davidson: Motioned
  - Chris Underwood: Seconded
- eHealth Commission approves

Joint Agency Interoperability's Documented Quote Opportunity
Sarah Dawson, Director of Operations at the Office of Community Partnerships in the Colorado Department of Human Services (DHS)
- Update on documented quote opportunity, that should get posted to CDHS procurement system today
    - Hope is to learn about opportunity to share it far and wide
- Interoperability Domain Architecture: State's responsibility to get data in place where it can be shared appropriately with other systems
- Challenges:
    - Disparate systems
    - Data quality
    - Absence of one standard Interoperability program across the U.S.
    - Inconsistent business processes
    - Legal, compliance and ethical complexities
    - Overwhelming number of opportunities to increase inefficiencies to create interoperability
- Documented Quote is trying to take all functionality needs that counties have not previously had (document storage; workflow capabilities; etc), and get a neutral third party to evaluate and give a neutral third party recommendation and what would be the best functionality statewide
    - Easy burden of direct care workers
    - Serve clients better, efficiently, faster

Public Comment Period
- Orchestrated by Michelle Mills
- No comments posted or made

Carrie Paykoc, Director, Office of eHealth Innovation
- Next meeting on December 8th, 12-2:30pm
- Review of December Agenda: Roadmap project review and discussion including Advancing HIE and Identity

Motion to Adjourn
Michelle, Mills, eHealth Commission Chair
- Michelle requests motion to adjourn
- Art Davidson motions
- Mona Baset: seconded
- Meeting adjourned at 2:10 PM MST