OeHI
Office of eHealth Innovation

Meeting Minutes

eHealth Commission

November 9, 2022 | 12:00pm - 2:00pm | Virtual Meeting Only

Type of Meeting	Monthly eHealth Commission Meeting
Facilitator	KP Yelpaala, *eHealth Commission Chair*
Note Taker	Cierra Childs
Time Keeper	Cierra Childs
Commission Attendees	Michael Archuleta, Amy Bhikha, Micah Jones, Arthur Davidson, Misgana Tesfaye, Chris Wells, Jason Greer, Jackie Sievers, Parrish Steinbrecher, Rachel Dixon, Toni Baruti, Wes Williams, KP Yelpaala, Sophia Gin, Mona Baset, Toni Baruti
Absent	Patrick Gordon, Kevin Stansbury

Call to Order

Kaakpema "KP" Yelpaala, eHealth Commission Chair

- Roll call was taken. 14 present.
- Art Davidson motions to approve
- Mona Baset seconds motion
- Corrections: None
- In favor of approving: All
- Opposed: None

OeHI Updates-eHealth Commission Updates - Stephanie Pugliese

Stephanie Pugliese

- We are trying out a new feature in commission this month by doing two commissioner spotlights to see some of the work that is happening outside OeHI's direct sphere.
- The Dollars to Digitize Grant is still open, with the Intent to Apply form due 11/18.
- The Social Health Information Exchange (SHIE) Invitation to Negotiate (ITN) is still on track, currently in review with CMS since we are requesting a federal fund match. We will post that procurement opportunity in December.
- OeHI is updating the website with fresh content, so please review the eHealth Commission page and let us know if there are any suggestions and if you are happy with your bio and picture.

Commissioner Spotlight: Amy Bhikha

Amy Bhikha

- I'm going to talk about data strategy and the Government Data Advisory Board (GDAB) and how that ties into the work at the Commission.
- Why?
  - Information travels through systems.
  - Imagine a world without interstate highways, or GPS. When the highway system was created, we started with a road inventory. Did we have dirt roads, maintained roads? Then we moved on to cleaning and maintaining roads. And today we have a large, connected highway system on all scales, opening up possibilities, access, and adventure.
  - There is governance and best practices to this system, as well as delays, constant maintenance, expense, politics. In the end, the interstate system connects us all.
  - As long as we have GPS, we can find our way anywhere. When we apply this analogy to data, we can imagine a world with traveling information.
- To start, we have a data inventory. We ask what data do we have, is it maintained, is it used? We have similar governance, upkeep, delays, best practices, risk, expense, and politics. But

still, data connects us and even legacy systems eventually connect us all to the rest of the systems as long as we have that data inventory.

- Data Vision and GDAB
  - GDAB came from the HB 21-1236 mandate but has been around for around a decade. As of a year and a half ago, it didn't have a lot of deliverables of where it was headed. With this house bill, we now have 11 deliverables.
  - The mission is to improve the efficiency and effectiveness of state government, Coloradan service delivery and policymaking by providing guidance and recommendations on how the state should govern and manage data and data management systems.
- There are voting members from every agency including people from this Commission. We look at centralizing state data around these domains.
- We've been making much use of three GDAB subcommittees: Data Governance committee, Data Sharing committee, and Data Inventory committee.
  - These have done most of the work that gets voted upon.
- Deliverables
  - We completed a high-level data inventory for the entire state
  - It lists every system and data classifications (PII, etc.) but has been a manual effort including the identification of data stewards.
    - Now we want to get a system built around that.
  - In the data sharing space, the highlight is a statewide data sharing agreement. The focus for next year will be partnering state agencies and non-state agencies. Additionally within this space is a list of data sharing risks and mediations, as well as a lifecycle.
- The GDAB meetings are open to the public, recently happening every other week but typically monthly.
- The data sharing risks and mediation document goes over all concerns with data sharing as well as possible solutions within given constraints. Many rely on a sharing agreement, the template for which will go a long way.
- The data lifecycle document contains a graphic that explains the data lifecycle. When we talk about roles in the data space, we can use this language.
- CDO Vision
  - The Chief Data Office (CDO), the operational side at OIT, helps agencies leverage the state's data assets to deliver secure, impactful, constituent-centric services and enable data-driven policy decisions.
- Achieving the CDO Vision
  - Four policies:
    - Developing clear policies, standards, frameworks for the implementation of data governance, data inventory, data sharing, data architecture, and data delivery services. This is the "make-it-happen" side where we can operationalize.
    - Design standard data models for high priority data domains to ease sharing and integration. That's looking at, for example, education as an ecosystem or health as an ecosystem.
    - Develop a value proposition for services that encourages utilization. This is about making sure people actually use those services.
    - Clearly communicate data services to stakeholders throughout the state so they know what is available and what we can offer.
- I have 10 new positions coming onboard next July and those will be focused on data governance and management. We will have a data sharing lead to help facilitate data sharing agreements.
- We currently have the integrations and analytics and data architecture, so we are now focusing on the build side. A big component is the Identity Resolution (IDXR) project. This is where we identify a person in two different data sets (or more) and figure out how to combine them and have an identifier for individuals so that we can combine data sets.
- Focus on Health IT Roadmap
  - We need to make sure we have the right information on the right individuals at the right time
  - We also focus on sharing information to local public health agencies and that there is

equitable use of that information.
    - Supporting digital transformation includes the identity and consent frameworks, working with OeHI on their initiatives in those spaces such as IDXR
    - We are also working on a data model for the new Department of Early Childhood, and working with the Joint Agency Interoperability (JAI) project, which is working to identify and align auxiliary services which enable Care Coordination across care networks and make them less disparate by county.
    - We work with air and water quality data at Colorado Department of Public Health and Environment (CDPHE) and also providing architect support for Disease Reporting Modernization in the Disease Control and Public Health Response Division (DCPHR)
- This work is a journey, but we achieve a lot together with our relationship with OeHI and at the eHealth Commission.
- **KP Yelpaala:** Regarding how stakeholders can access information to support analysis around equity, considering our first roadmap objective and the need for non-governmental agencies to have access to data for equity reasons, how do you see the opportunities and challenges in unlocking this data?
    - **Amy Bhikha:** We do have a data scientist coming on board and we find in that space once we start de-identifying the data and looking at metrics without PII, we are seeing a lot of opportunity. I also meet monthly with the CDOs in every state and that topic is coming up a lot. We are looking at what kind of governance we can provide in that space.
- **Sophia Gin:** As the state agencies start to share data, is consent already assumed? What are the protections around that and what are the ideas around consent?
    - **Amy Bhikha:** There are risks to data sharing of course and there are a lot of places where we have to be very specific about how data is shared or even not share it at all. When we get into IDXR, consent comes up a lot. We need to be careful and considerate and not overstep, and find a balance in using the rich data for good intent but stay within consent parameters. We are working on a report to the Joint Technology Committee based on House Bill (HB21-1111) about what it would take to take all the PII and put it in one place in the state. It's led to great conversation about why that would not be possible.
    - **Misgana Tesfaye:** The agencies also have privacy officers that monitor that kind of PII and make sure we are following HIPAA regulations when we share data. We do have an internal position that monitors these data sharing agreements and activities for compliance with all federal laws and regulations regarding privacy.
    - **Amy Bhikha:** One of the recommendations coming out is having a chief privacy officer position for the state to supplement the agency level positions.
- **Jason Greer:** I wanted to express my appreciation for the work done by the state agencies in this area. I'm looking forward to when this data becomes available for other state programs such as the HIEs and others who are trying to support these initiatives.
- **KP Yelpaala:** In terms of state government IT infrastructure and interoperability, obviously you have to deal with legacy systems but how do you think about leapfrog interoperability opportunities such as blockchain, moving past traditional API models?
    - **Amy Bhikha:** Everything and all. We do have a lot of legacy that we need to work with, and trying to modernize has to be done carefully. There's a lot we could be incorporating but we can't leave things too far behind. SIDMOD (State Identification Module), for example, is a state identifier that is on a 40 year old mainframe that we are modernizing right now. Blockchain has come up as an option, but we ask if that is going too far forward. What are the receiving systems, where do all those integrations occur and what modernizations would be required?
    - **KP Yelpaala:** Are there any states that are progressing or trying to lead the way on that?
    - **Amy Bhikha:** Yes actually. Indiana and Washington have made a lot of progress so we are sitting down with them next week to see what we can learn. We just got a license for login.gov and can use it at the state level to run as a proof of concept.

Commissioner Spotlight: Rachel Dixon

Rachel Dixon

- Our mission at Prime Health is to advance health justice, equity, access, quality and cost through innovation, collaboration, and community building. We focus on sustainability, impact, and cutting through the noise.
- We think of ourselves as building bridges of innovation and collaboration between planet health and planet tech, with an emphasis on driving innovation to where it is needed most. We focus on solutions that work, are sustainable and scalable, and aligned with safety net healthcare, Medicaid, and public health.
- We work on the healthcare side with organizations and providers, payers and community based organizations, government agencies, and anyone delivering care in Colorado, especially safety net populations.
- On the tech side, we work with digital health entrepreneurs, investors, and nationally with the Together Health community which is an ecosystem of ecosystems.
- Some foundational concepts at Prime Health are:
    - Making it count, emphasizing sustainability, accessibility, inclusivity, and impact
    - Focusing on solving the problem, shifting from finding solutions and new technology to more identification of the problems that are suited for innovation and sustainable solutions.
    - Working together for the common good. We believe community is a powerful tool and Colorado has one of the leading health innovation communities in the country.
    - Leading, sharing and supporting everyone working to make an impact in this space.
- The Colorado Health Innovation Challenge
    - We have been doing this program for 9 years. It is a nationally leading and unique program. It's a five-month program focused on driving innovation and identifying solutions that have an impact on health equity, access, quality, and cost in underserved communities in Colorado and, as of this year, California as well. We have gained a lot of insight in comparing the differences between two states.
    - We have clarified common shared barriers and priorities, found solutions and validated those through a robust, three-part judging process and rubric developed in collaboration with safety net providers and judged by numerous and diverse judges.
    - Through this process, we also provide companies with a mandatory boot camp. Many of you may have worked with solutions where there is a question of how to implement, and sometimes founders don't know some details that will help understand the needs of the market and customers, priorities, what types of solutions are we looking for, and what are key equity and inclusivity factors.
    - We also amplify diverse and impact-driven founders.
- To date, the Challenge has vetted and validated more than 400 health innovation solutions, implemented and funded more than 45 innovation pilots and partnerships, and awarded nearly $1.5M in prize funding. Past challenge winners in Colorado include CirrusMD and Redox.
- This year we have six solutions including:
    - Dentriage: Teledentristy solution developed by a primary health provider and dentist in Colorado. They identified a dentistry shortage and lack of access to care. The solution is focused on teledentistry and works very well in rural communities. Some parts of the state such as the Northeastern region only has two Medicaid dentist options
    - Determined Health: Helps organizations build a network of volunteers and community partners to address social isolation and connection for seniors and people in rural areas to help address social determinants.
    - Rhaeos: Wearable and diagnostic device for hospital settings to address hydrocephalus.
    - Origin Healthcare: In-home hospital-level care. They partner with hospitals and payers and have three different options. You can use their technology to augment your team or use their entire provider team if you have a workforce shortage.
    - Samaritan: A solution focused on homelessness that leverages national leadership in microfinance and microvending combined with care coordination and management and housing to address helping people achieve housing. In a six-month pilot, 52 individuals

achieved housing goals in six months with this solution.
    - Welfie: Focuses on pediatric health, health education access and literacy for the whole family by creating access points in schools and pediatric offices.
- You can get involved in this program, our final event is on December 1st at 4PM. It's virtual, free, and interactive. The top six solutions will pitch live and Colorado healthcare leaders vote on who should win and then $150k is awarded live at the end. If you are with a Colorado safety-net organization, we would love your help in who should be awarded and voting on the top three winners. Tickets at primehealthco.com/challenge
- The Colorado Health Innovation Community
    - This was established in 2019 in a partnership with Prime Health and the Center for Care Innovation based out of California intended to develop an innovation community to better address the needs of Coloradans.
    - This program focuses on four key areas:
        - Health equity and human-centered design thinking training and skills building. We start with level-setting before going through a six-month training program where they identify disparities and then engage with patients and communities to better understand those challenges. They then co-design and develop solutions and pilots. This program then funds those pilots and throughout the process they get exposed to different technology, share results and next steps, and build the overall ecosystem.
    - To date we have 19 participating organizations. This is our second cohort (first 2019-2020), with the previous cohort now serving as mentors and guides. The 2022 cohort is just finishing pilot proposals to be implemented in 2023. The last step of this process is bringing in payors, policy makers, and foundations to hear those proposals, speak during the design phase to help give insight about where they can align, look at additional sustainability and funding, and make it successful post-pilot.
- **KP Yelpaala:** Looking at the evolution of the ecosystem, I'm curious about (relating to Colorado Health IT Roadmap Goal 3), how do you see our progress as it relates to bringing in trusted and diverse vendors to the ecosystem in Colorado? What is going well, where do we need to be doing better?
    - **Rachel Dixon:** Prior to this role I ran Access Care for Colorado Access, which is a virtual mental health practice serving many Medicaid members, and I was the buyer. I was looking for digital health solutions and would talk to hundreds of solutions that didn't know our population, didn't understand the Medicaid population and the people who deliver care to those populations. Over the last four years we've been working to cut through that noise and work with founders that are committed to inclusivity, accessibility, value, access, looking at health disparities and making an impact and making sustainable improvements. This challenge was developed with and by safety net providers, which is nationally unique. Every year we are looking at the state priorities, HIT roadmap, and recruit solutions based on that with an emphasis on diverse founders. This year, of our six solutions, three founders are male and three are female, and five of six are BIPOC. Lived experience, impact-driven founders, and equity-driven founders create solutions that we can use and are meaningful for our population. In 9 years of doing this program, especially the last 4, we have a near 100% success rate of companies who win the challenge implementing pilots that convert into lasting partnerships. Those are also very short timelines to develop those partnerships, at around six months.
- **KP Yelpaala:** Can you explain the context of the partnership in California?
    - **Rachel Dixon:** Prime Health is one of the only organizations focused on safety-net health innovation, especially Medicaid. One of the other leading organizations in this space is Center for Care Innovation (CCI, California-based). Where Prime focuses more on tech and sustainability, CCI focuses more on human-centered design, skills-building, and research. We have been close partners, seeing ourselves as sister organizations for the last four years and have been co-developing programs in Colorado especially as a test bed for models, programs, and innovations that can then be shared nationally. They're at careinnovation.org.

Public Comment Period

- **David Aylward:** There is a lot of work around the country and the state regarding permissions for sharing information. Will there be a single registry where a given family can give permission for sharing among their care management team or some other solution?
    - **Stephanie Pugliese:** We are working on developing a proof of concept and pilot for a consent solution. We recently talked about the great work from the consent workgroup about policies and legal regulations and other high level restrictions to sharing, and we are at the point of testing out technology, so we expect that in 2023 as a starting point for the state.
- **Elizabeth Baskett:** What role will this agency [OIT] play in creating interoperability across agencies like HCPF and DHS? Is there an update on projects such as a master patient index and overlaying Medicaid and SNAP data?
    - **Amy Bhikha:** OIT plays a huge role in creating interoperability across the agencies through GDAB for governance and data sharing, and then our technical team builds out the tech for integration. The agencies always own that data in those use cases, and we act as a facilitator.

Open Discussion

- **Stephanie Pugliese:** We have gotten a few requests to talk about OeHI's funding efforts. Our largest efforts right now are focused on the ARPA funds including the Dollars to Digitize opportunity, and also that ARPA money ties into our SHIE efforts and procurement. We do have other initiatives moving along on track. Ashley Heathfield is planning digital equity work with community engagement as well.
- **Parrish Steinbrecher:** Regarding data sharing among the state agencies and whether consent is assumed: it's important that everyone knows that we want to share our data and work regularly with our privacy officers. There are different HIPAA and other privacy issues to be mindful of, so it isn't that easy, but we are all working together.
    - **Sophia Gin:** The data is so rich and coming from all the agencies, so if it is used for improving health and the HIPAA guidelines are so broad, we have no conditioned data. Is this more of a peripheral, demographic, economic-scale rural vs. urban, household income, socioeconomic sort of data, rather than a broad stroke of health data to address health inequity?
    - **Parrish Steinbrecher:** We have a process at HCPF where we can evaluate the data in those common-sense sort of ways and usually there is a way to get the data that is needed to find solutions. There is not one type of data that is harder or easier to share from a Medicaid/HCPF perspective.
    - **Sophia Gin:** It's a tricky topic because we all want to use the data for good reasons, but to do that effectively you do need some broad strokes of health data. If you're restricted by HIPAA, is there an intended value you are planning, for example monitoring drug use? In your approach to sharing data, do you have already planned questions you are trying to answer, or are you at the beginning, just seeing what data people have?
    - **Parrish Steinbrecher:** Knowing exactly what you want the data for is the first question you get asked, so we do know that before any sharing happens.
    - **Art Davidson:** There are several use cases here. Some of this is de-identified data to evaluate programs broadly and some is very identifiable data to take action to improve the health of individuals. Amy and Parrish are looking at the need to address both without knowing the exact use case yet.
    - **KP Yelpaala:** Ultimately this comes down to some futuristic things about the ownership of data. There is a lot of movement when it comes to the right of individuals to own their data and then give permission to release their data for certain uses. That's very much in Europe and in the U.S. we are still working to figure it out, but this is the heart of it. It takes very few data points to be able to identify who an individual is, so it becomes very difficult to anonymize data. So the data we get that is anonymized is very broad stroke information. While Amy and her team are looking at bridge strategies for

this future state, something may happen soon around personal data and consent, so that's an intersecting issue there.
    - **Sophia Gin:** That this is happening at the state level also brings up questions. The line between state and private will intertwine at some point, so in my mind I was asking about state data specifically from a consent standpoint. It's thinking about, with where things are going, what does that mean for the state level and for citizens of the state?
    - **KP Yelpaala:** As we build technology like the SHIE, we need to think about the future so we can expect those changes so we don't have to start all over again.

Action Items
KP Yelpaala
- *Next meeting December 14, 2022. It will be in-person for all who can, so details will come for that shortly.*

eHealth Commission Meeting Closing Remarks
- Open Discussion

Motion to Adjourn
KP Yelpaala
- KP Yelpaala requests motion to adjourn
- Parrish Steinbrecher motions to adjourn
- Amy Bhikha seconds the motion
- Meeting adjourned at 1:07 PM MST