



OeHI

Office of eHealth Innovation

# EHEALTH COMMISSION MEETING

WEB-CONFERENCE ONLY

November 13, 2020

10:00 AM - 12:00 PM MST



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Office of eHealth Innovation

NOTE:

NEW ZOOM WEBINAR [LINK](#)  
PASSCODE: 33W1FQ

DIAL IN BY PHONE:  
US: +1 253 215 8782  
OR: +1 346 248 7799  
WEBINAR ID: 838 7864 3457  
PASSCODE: 541571

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DURING THIS MEETING, PLEASE TEXT ISSUES TO

203-521-5910

# NOVEMBER AGENDA



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Title	Start Time	Duration
<b>Call to Order</b> <ul style="list-style-type: none"> <li>Roll Call and Introductions</li> <li>Approval of October Minutes</li> <li>November Agenda and Objectives</li> </ul> <i>Michelle Mills, Chair</i>	10:00 AM	10 mins
<b>Announcements</b> <ul style="list-style-type: none"> <li>Remarks from Lt. Governor</li> <li>OeHI Updates</li> <li>eHealth Commission Updates</li> <li>Decision Items &amp; Action Items</li> </ul> <i>Dianne Primavera, Lt. Governor and Director of OSPMOHC</i> <i>Carrie Paykoc, Director, Office of eHealth Innovation</i> <i>eHealth Commission Members</i>	10:10	20 mins
<b>New Business</b>		
<b>Thornton Fire Department's Telemedicine Story</b> <i>Steve Kelley, Deputy Fire Chief, Thornton Fire Dept.</i> <i>Theo Gonzales, EMS Captain, Thornton Fire Dept.</i> <i>Holly Marquardt, EMS Coordinator, Thornton Fire Dept.</i>	10:30 AM	10 mins
<a href="#">eHealth Commission Charter Discussion</a> and Vote on Update <i>Carrie Paykoc, Director, Office of eHealth Innovation</i>	10:40 AM	20 mins
<b>Health IT Roadmap Update and Sustainability Discussion</b> <i>Carrie Paykoc, Director, Office of eHealth Innovation</i> <i>Joel Dalzell, Director, Health Information Office, HCPF</i>	11:00 AM	30 mins
<b>HIE Sustainability Task Force Update</b> <i>Kate Keifert, National Governors Association</i> <i>Lauren Block, National Governors Association</i> <i>Carrie Paykoc, Director, Office of eHealth Innovation</i>	11:30 AM	20 mins
<b>Public Comment Period</b>	11:50 AM	5 mins
<b>Closing Remarks</b> <ul style="list-style-type: none"> <li>Open Discussion</li> <li>Recap Action Items, <a href="#">link</a> to ALL OeHI led-Health IT Roadmap Updates</li> <li>December Agenda: <a href="#">PDMP Future State</a> and Strategy Continued</li> </ul>	11:55 AM	5 mins



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# REMARKS FROM DIANNE PRIMAVERA

*LIEUTENANT GOVERNOR AND  
DIRECTOR OF THE OFFICE OF SAVING  
PEOPLE MONEY ON HEALTH CARE*

## OeHI UPDATES

### Governor's Budget- November 2020:

- OeHI- Rural Connectivity \$6.4 Million
- OeHI- Broadband/Devices to Support Telemed in Rural Communities \$20 Million
- Office of the National Coordinator Interoperability Rule-Comments and Extended Deadlines
- eHealth Commission Appointments/Reappointments
- Health IT Project Managers - OeHI/OIT Hiring

## EHEALTH COMMISSION UPDATES

Note: If you are experiencing audio or presentation difficulties during this meeting, please text 203-521-5910.



# ADD YOUR PHONE TO FIGHT COVID

## HELP COLORADO STOP THE SPREAD

- Available for Apple and Google (IOS)
- Devices share anonymous tokens via Bluetooth
- No personal info or location data is shared

Check out Colorado Department of Public Health and Environment's [website](#) for more information



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# Thornton Fire Department's Telemedicine Story

*Steve Kelley, Deputy Fire Chief, Thornton Fire Dept.*

*Theo Gonzales, EMS Captain, Thornton Fire Dept.*

*Holly Marquardt, EMS Coordinator, Thornton Fire Dept.*

4010011



# Thornton Fire Telemedicine

PROJECT WITH THE OFFICE OF  
EHEALTH INNOVATION &  
CORHIO





# Department Mission ~ Vision ~ Values



## Mission Statement

*“We exist to quickly mitigate the emergent needs of our citizens”*

## Vision Statement

*“We envision delivery of Fire and EMS services to every citizen in the City of Thornton in a period of time that can make an impact on their emergency”*

## Values

*Family – Integrity – Courage – Pride – Humor*

# Telemedicine Mission ~ Vision ~ Values



- *Mitigate the current COVID-19 pandemic by leveraging telemedicine to deliver care in the safety of our citizen's homes.*
  - ❖ *Telepresentation and the use of connected devices to aid in diagnosis.*
  - ❖ *Availability of in home point of care testing by point of care antigen testing and follow up RT-PCR via in home specimen collection.*
  - ❖ *Telemonitoring via connection to pulse oximetry equipment for at risk populations identified through risk stratification tools.*
- *Deliver a sustainable telehealth program to all of our citizens who may benefit from care in place for any low acuity medical conditions.*
- *Reduce the overall strain on local emergency departments by diversion of low acuity patients to more appropriate levels of care such as telemedicine.*
- *Reduce the overall cost of system healthcare by providing more efficient cost effective care modalities.*



# Estimated Telehealth Volume

10

Eligible Telehealth  
Patients  
Per Day

1200 Patients During  
Grant Performance Period

6

Average COVID-19  
Related Patients  
Per Day.

# Project Overview:



- ✓ *Provide Telehealth Services to Thornton visitors and residents in partnership with CarePoint Physicians through Zoom for Healthcare.*
- ✓ *Deploy connected Ipads in every response apparatus.*
- ✓ *Activate Advanced Scope Paramedics.*
- ✓ *Utilize peripheral devices to enhance ability to conduct assessments and clinically diagnose and treat patients.*
- ✓ *Mitigate COVID-19 Pandemic with testing capabilities.*
- ✓ *Integrate Julota to connect all software platforms across our care network to communicate and coordinate bi-directional communication with partner providers, entities and facilities.*

# Project Overview ~ Workflows



- Workflows will follow a layered approach to allow for the most utilization and efficiency.*
- All units will be capable of facilitating a telemedicine visit. One single resource unit will have advanced capabilities which will include advanced medical training, diagnostic testing, and connected instruments to facilitate a telepresentation visit.*
- These visits will follow distinct workflows which can be overlapped as required to provide for the most appropriate care.*

***The following workflows are already developed and approved by our Medical Director:***

***General Telehealth Consultation  
Non-Transport Checklist  
COVID-19 Non-Transport Guidelines  
Behavioral Health  
Respiratory***

# Project Overview ~ Layered Approach



## Telemedicine

Physician  
Consultation

Medical Assessment  
& Treatment Plan



## Telepresentation

Physician & Trained  
Provider

Medical Assessment  
& Diagnostics



## Telemonitoring

Physician

Connected Diagnostic  
Devices

*Limited to very low acuity conditions as the assessment is limited to patient self assessment and physician questioning.*

*Involves an Advanced Paramedic Provider to act as an extension of the physician allowing for improved medical assessment and diagnostic capabilities.*

*Specifically for at risk COVID-19 patients. Connected pulse oximetry and diagnostic devices to send information to a physician to aid in early detection of complications.*



# Internal Quality Control

Thornton Fire Department will use existing patient safety and quality care mechanisms to ensure the highest standards of care are met. Utilization of the departments Continuous Quality Improvement (CQI) program will be used to monitor safety and quality of care standards for patients who chose diversion to an appropriate Telehealth program.

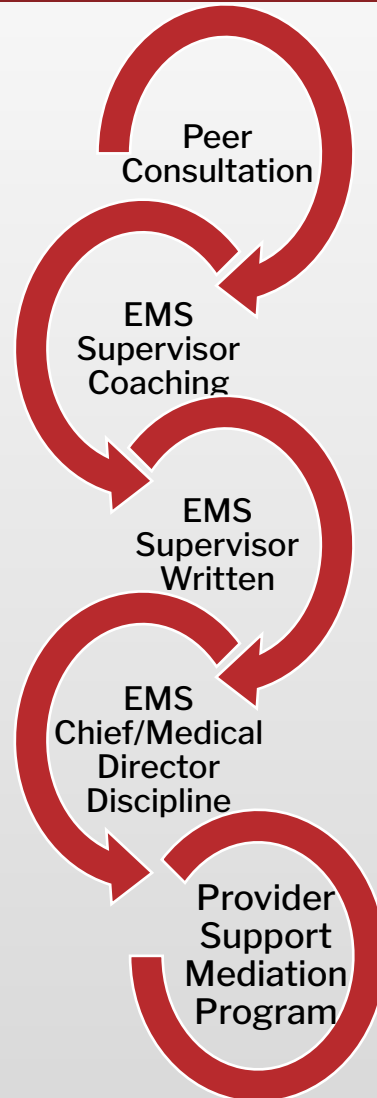
The following strategy will be used:

- **Prospective Component** – Crews will receive extensive training on deploying telehealth options including all associated protocols, triage algorithms, patient consent and triage criteria's.
- **Concurrent Component:** EMS Supervisors/Company Officers will be trained to provide real time monitoring and compliance while on scene and provide feedback to EMS Captain and EMS Coordinator for end of project deliverables.
- **Retrospective Component:** Total Quality Management (TQM) Committee which consists of peer level providers, the EMS Medical Director, EMS Supervisors and the EMS Chief will conduct review of all Patient Care Reports (PCR's) that employed Telehealth.

# Internal Mediation



*Diversion to Telehealth that are deemed inappropriate will be mediated by the existing Thornton Fire Department TQM directive.*



*Any identified problem both globally or localized will be reported to CORHIO and OeHI and Thornton Fire will discuss suggestions or issues and incorporate guidance from CORHIO and/or OeHI.*



# Changes Since Application Submittal:



*Promotion of an EMS Captain and EMS Coordinator to support and oversee telehealth projects and COVID-19 response under the creation of a new mobile integrated health and EMS division (MIEH).*

*Addition of a department laboratory for in house specimen collection and processing.*

*Contract with CarePoint Physicians Group completed ~ Began weekly kick off meetings including workflow development, software integration and billing practices.*

*Initiated Implementation with Julota.*

*Purchase of all department funded equipment to initiate telehealth program*

*BD Veritor Antigen Analyzer*

*COVID-19 Swabs*

*Cepheid Machine X 2*

*Strep A Tests*

*Influenza Tests*

*COVID-19 Cartridges*

*RSV Tests*

*Aircards*



# What We Know ~ What We Learn:

## WHAT WE KNOW:

- Telehealth is the direction of healthcare and more specifically for emergency medical services, it is the future care model moving forward.

## WHAT WE CAN LEARN:

- ☐ Will the pandemic overload telehealth capabilities? What adjustments will be made to continue to meet the needs of the citizens?



# Project Sustainability Plan

- Thornton Fire Department recognizes that long-term sustainability depends largely on the successful implementation and adoption of telehealth services.
- Evaluation activities such as data collection, patient satisfaction surveys and continued community needs assessments will be used to ensure that the program has had a measurable impact on the lives of people served by the program and the overall community.
- Participation in the ET3 Pilot will extend the telehealth project period into the 5-year pilot program.
- Continue building partnerships with payers to expand coverage for telehealth services



**Contact Information:**

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**Theo Gonzales – EMS Captain**

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**Holly Marquardt – EMS Coordinator**

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# eHealth Commission Charter Discussion and Vote on Update

*Carrie Paykoc, Director, Office of eHealth Innovation*

- **Updated Commission Member Approval Title**
  - “to eHealth Commission Leadership”
  - Added State Health IT Coordinator, Stephanie Bennett
  - eHealth Commission Chair- Marc Lassaux term ending
- **Updated membership to include;**
  - “the following areas as practical” and “health care facilities”- explicitly stated in Executive Order
  - Added “digital health, telemedicine, and evolving technologies, and health equity” to reflect priorities
- **Updated Tasks and Responsibilities to include:**
  - In alignment with state priorities
  - Provide recommendations for the **sustainability** and evolution of Health IT Roadmap efforts led by OeHI and other entities
- **Added Appendix:**
  - Executive Order and Commission Terms

- Is the Commission supportive of a new chair?
  - Supportive of other changes?
  - Other changes?
- 
- [Link](#) to the draft



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# Health IT Roadmap Update and Sustainability Discussion

*Carrie Paykoc, Director, Office of eHealth Innovation  
Joel Dalzell, Director, Health Information Office, HCPF*



## Summary of The Initiatives led by OeHI

### STAKEHOLDER ENGAGEMENT & PARTICIPATION

- ★ 1. Support care coordination in communities statewide
- 2. Promote and enable consumer engagement, empowerment, and health literacy- Funding leveraged for COVID-19 response ★

### GOVERNANCE

- ★ 3. Harmonize and advance data sharing and health information exchange capabilities across Colorado
- ★ 4. Integrate behavioral health, physical health, claims, social data, and other health data.
- ★ 5. Statewide Health Information and Data Governance
- ★ 6. Health IT Portfolio/Program Management

### RESOURCES/FINANCIAL

- ★ 7. Accessible and Affordable Health IT and Information Sharing
- ★ 8. Accessible and Affordable Health Analytics

### PRIVACY & SECURITY

- 9. Best Practices for Health Information Cybersecurity Threats and Incidents
- ★ 10. Consent Management

### INNOVATION

- 11. Digital Health Innovation- #16, #10, #1,

### TECHNOLOGY

- ★ 12. Statewide Health Information Architecture
- ★ 13. Ease Quality Reporting Burden- Defunded
- ★ 14. Uniquely Identify a Person Across Systems
- ★ 15. Unique Provider Identification and Organizational Affiliations
- ★ 16. Broadband and Telehealth Access

- ★ State Funding Appropriated & Federal Match (90/10)

- ★ New Focus in 2020/2021

# OeHI Expenditures- Health IT Roadmap

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Funds	Capital IT Appropriation	Total Capital IT Expenditures to Date	Total Remaining
FY18/19	\$6,605,000	\$6,157,524 (Through Oct. 2020) \$4,105,469 (Reported at Sept budget meeting)	\$447,476
FY19/20	\$11,408,333	\$0  *\$3,000,000 approved invoices to be paid, plus 650K in review and \$10,150,900 to be encumbered by end of 2020*	\$11,408,333
FY20/21	\$4,450,000	\$0  (*1,350,000 to be encumbered for info gov)	\$4,450,000  (450K annually Info Governance thru 2023)
Totals	\$22,458,333	\$6,157,524	\$16,300,809

# HITECH Transition Update

October/ November 2020	OeHI Director consulting with National Governors Association and eHealth Commissioners on approach	OeHI Project team meeting with HCPF to cross walk projects and funding requirements.
November 2020	HIE Sustainability Task Force to provide high-level recommendations to eHealth Commission on future goals and priorities for health information exchange	Medicaid outcomes-based metrics submitted to CMS for review for pending certification of HIE ADT notifications
December 2020	OeHI to launch Health IT Roadmap refresh with sustainability focus- pending internal clearance and CMS review	Conversations with CMS on HIE certification
Spring 2021		Formal submission to CMS for any Roadmap projects that qualify and continue after 9/21
July/Aug 2021		Anticipated CMS certification for ongoing 75/25 match
<b>September 30, 2021 - End of HITECH funding</b>		
October 2021		OeHI Projects financed at 90/10 through MMIS/MES fund match or other financing/funding will continue



## Colorado's Health IT Roadmap

*December 2019*



Aligning with New Federal Policy  
and Funding Opportunities

Advancing state priorities through  
coordination and focused projects  
and investments

Evolving Health IT Ecosystem  
(locally/nationally)

What is the Commission's vision  
for the next Roadmap?

[Link to Jamboard](#)



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# HIE Sustainability Task Force Update

*Kate Keifert, National Governors Association*

*Lauren Block, National Governors Association*

*Carrie Paykoc, Director, Office of eHealth Innovation*



Task Force started convening in July to provide recommendations to OeHI/eHealth Commission on recommendations for future of HIE in Colorado as the HITECH program comes to an end

Representation from eHealth Commissioners, State leaders (CDPHE, HCPF, CDHS, OIT), and Community leaders across Colorado

-Facilitation support from National Governors Association

**Task Force Goals and Priorities** for Health Information Exchange in Colorado include increasing comprehensive data available and increased participation with advancement of key use cases such as behavioral health care coordination

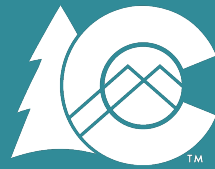
- See recommended update to Health IT Roadmap



### Colorado's Health IT Roadmap Initiative:

#### Harmonize and Advance Data Sharing and Health Information Exchange Across Colorado

<b>Description</b>	<p>This initiative develops and implements approaches to <u>advance harmonize interoperable and equitable data and information sharing capabilities, increase participation in Colorado's Health Information Exchange Networks the rate of health information sharing, and increase advance access the depth of health information available in the HIE networks that includes but is not limited to behavioral health and social information exchange across Colorado.</u></p>
<b>Background &amp; Findings</b>	<p>Success in achieving Colorado's Triple Aim for health care reform requires that all appropriate providers have access to relevant, current, accurate information about those for whom they provide care and that consumers have access to their own information.</p> <p>Colorado has two (2) major health information exchange organizations – Colorado Regional Health Information Organization (CORHIO) and Quality Health Network (QHN) – as well as other regional and health systems-specific data exchange activities. However, not all providers and residents have access to the same capabilities, services, or service levels.</p> <p><u>*As HIEs merge, additional consideration must be made for cross-state information sharing and funding*</u></p>
<b>Purpose</b>	<p>The purpose of this initiative is to harmonize and expand health information sharing capabilities to serve Coloradans.</p> <p>This will support improved care coordination <u>for both physical and behavioral health</u>, enhanced clinical outcomes, and better management of costs.</p>



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# PUBLIC COMMENT PERIOD





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# CLOSING REMARKS

*MICHELLE MILLS, CHAIR*