

10/09/2024 | 12pm | Virtual Meeting Only

Facilitator KP Yelapaala, *eHealth Commission Chair*

Commission Attendees Amy Bhikha, Kaakpema 'KP' Yelapaala, Micah Jones, Michael J. Archuleta, Mona Baset, Misgana Tesfaye, Krystal Morwood, Michael Feldmiller, Toni Baruti, Rachel Dixon, Parrish Steinbrecher

Absent: Cory Hussain, Sophia Gin, Jackie Sievers, Kevin Stansbury, Patrick Gordon

Minutes

Call to Order

KP Yelapaala

- Quorum Met: Yes
- Voting of Meeting Minutes: A motion to approve the September meeting minutes was made by Commissioner Morwood, seconded by Commissioner Tesfaye.
- Corrections for May 2024 eHealth Commission meeting minutes: None

Announcements

- None

New Business

- **Colorado Social Health Information Exchange (CoSHIE) Update and Request for Applications (RFA)**
 - **October eHealth Commission Slides.pdf**

Detailed Summary:

- Stephanie Pugliese provided an update on the CoSHIE project, highlighting the completion of the first phase, which included the development of various components like the data mesh, developer portal, API sandbox, data lake, CoSHIE portal, consent management proof of concept, identity resolution and MPI, and the CoSHIE dashboard. Matt Arment, CoSHIE Project Manager, added that user acceptance testing was finalized and the project received its Authority to Operate (ATO) from the Office of Information Technology (OIT). The upcoming launch of the Options Counselor referral system on November 12th was also announced, which will integrate data from three referral sources: Minimum Data Set (MDS), Pre-Admission Screening and Resident Review Level 2 (PASSAR), and the Medicaid Transition to Community request form.

Arment reviewed the CoSHIE integration approach, emphasizing its hub-and-spoke architecture that allows for connections with shared data systems and regional hubs. This architecture promotes improved security, standardized data, and increased efficiency. Regional hubs have the flexibility to choose platforms and data relevant to their needs while maintaining the ability to share data with other hubs through CoSHIE, contingent on data sharing agreements.

Melissa Gillespie, Social Determinants of Health Business Analyst at HCPF, discussed the regional hubs and the RFA. She emphasized the focus on initial proof-of-concept projects



centered around specific use cases to support Medicaid members. Priority areas for these use cases include:

- Building community partnerships to support individuals with disabilities.
- Connecting individuals to safe, affordable housing.
- Reducing barriers to care for individuals navigating substance use disorder.
- Reconnecting individuals exiting incarceration to their communities.
- Gillespie also outlined the RFA timeline, including key dates for inquiries, application submission, grantee selection, and the agreement term.
- **Key Points:**
 - CoSHIE's first phase is complete.
 - The Options Counselor referral system will launch on November 12th.
 - CoSHIE uses a hub-and-spoke architecture for data exchange.
 - Regional hubs have flexibility in platform and data selection.
 - The RFA focuses on priority use cases to support Medicaid members.

Comments and Questions:

- **Rachel Dixon:** Inquired about ideal use cases or service areas and offered assistance in promoting the RFA.
- **Melissa Gillespie:** Responded that applications from across the state are desired to ensure diverse representation, and that the RFA is intentionally broad to encourage applications that reflect the variety of work already being done in communities.
- **Stephanie Pugliese:** Reiterated the RFA's intentional breadth and the goal of supporting existing initiatives.
- **Matt Arment:** Clarified that the RFA's broadness is intended to avoid restricting applicants and encourage a wide range of applications.
- **Rachel Dixon:** Asked how CoSHIE is promoting the RFA to diverse communities and audiences.
- **Stephanie Pugliese:** Acknowledged the importance of reaching diverse audiences and welcomed suggestions for expanding outreach efforts.
- **Rachel Dixon:** Inquired about outreach to counties and other public service agencies.
- **Matt Arment:** Confirmed that counties have not been specifically contacted but that the RFA is mentioned in meetings with various organizations and counties.
- **KP Yelapaala:** Asked about the types of activities that can be funded through the RFA.
- **Matt Arment:** Stated that funding can be used for both use cases and technological aspects, but did not have detailed specifics readily available.
- **Gabby Burke:** Confirmed that details about funding are available on the CoSHIE website.
- **Melissa Gillespie:** Provided clarification on the role of options counselors in assisting individuals transitioning from institutional settings back into the community.
- **Stephanie Pugliese:** Provided additional information on the types of costs that can be covered by the funding, including data sharing infrastructure, data use agreements, governance, care coordination workflow optimization, and technology startup costs.
- **Gabby Burke:** Clarified that the startup costs funding can be used for expenses like subscription fees and implementation fees related to new technology.



Health IT Roadmap Refresh Commission Session ([Link to Mural](#))

Detailed Summary:

- Stephanie Pugliese introduced the Health IT Roadmap Refresh session, reminding the commission of the ongoing statewide listening tour conducted to gather input for updating the roadmap. The goal is to publish the updated roadmap in the first quarter of 2025. The commission then participated in an interactive Mural board session, designed to mirror the format used in the listening sessions.
Six key questions were posed to the commission:
 - What are your biggest barriers in adopting health information technology (health IT)?
 - What's working well?
 - From a health IT perspective, what resources would you find helpful or are missing?
 - Do you have information/guidance you need to make informed decisions on the use of AI in health data?
 - Are there any other health IT-related projects or initiatives that you think OeHI could be working on?
 - If you could wave a magic wand, what would you do to be able to implement health IT solutions effectively?
- Commissioners provided their input through virtual sticky notes on the Mural board and engaged in discussions around the key themes that emerged.

Key Points from Mural Board Session:

- **Barriers to Adopting Health IT:** Lack of funding (specifically funding for the full scope of implementation, including staffing and ongoing costs), complex grant processes, difficulty in developing ROI/business cases, interoperability challenges, and insufficient inclusion of consumer and patient voices.
- **What's Working Well:** Strong governance structures, identification of clear use cases, the CoSHIE project and team, growing recognition of consumerism in health IT, and the availability of effective technology solutions.
- **Helpful or Missing Resources:** Guidance on security, interoperability, data sharing, consent management, EHR integration, and incorporating patient perspectives and preferences.
- **AI in Health Data:** Concerns were raised about data privacy and responsible AI implementation. Some commissioners highlighted the existence of robust AI governance structures within their organizations.
- **Other Potential Projects/Initiatives:** Suggestions included developing sensitive data sharing guidance and addressing the patchwork of laws and regulations related to data privacy.
- **Implementing Health IT Solutions Effectively:** The need for data governance, agreement on priorities, and alignment between OeHI's priorities and those of other agencies and payers was emphasized.

Comments and Questions

- **KP Yelapaala:** Asked for clarification on the "lack of funding" barrier and how it is experienced by organizations.



- **Rachel Dixon:** Elaborated on the funding issue, highlighting the need for funding to cover the full cost of implementation, including staffing, and the challenges posed by complex grant proposal requirements.
- **Toni Baruti:** Agreed with Rachel Dixon's points and added the challenge of balancing funding needs for clinical staff versus administrative staff who support technology implementation.
- **Stephanie Pugliese:** Initiated a discussion on the differing perspectives on consumerism in health IT, contrasting the view that consumer needs are understood with the concern that consumer voices are not sufficiently centered in product development.
- **Rachel Dixon:** Emphasized the importance of incorporating patient voices throughout the design and implementation of health IT solutions, and cautioned against attributing issues to patient digital literacy without adequately assessing the usability and accessibility of the technology itself.
- **KP Yelapaala:** Sought clarification on how the input from the Mural board session would be used to inform the roadmap refresh and the strategic priorities for OeHI.
- **Stephanie Pugliese:** Explained that the input from the session, along with the data gathered from the listening sessions, would be used to validate and refine OeHI's understanding of the priorities, gaps, and successes in health IT, ultimately shaping the updated roadmap.

Public Comment Period

- **Community member:** The question I had was regarding the earlier point where you talked about your 1st interaction, the assessments with the nursing home assessments for transitions to home. That was going to be one of the initial parts of the CoSHIE integrating that. Most often, case management agencies are the entities that are generally receiving those inquiries or those assessments and then they're coordinating with the folks who are gonna go out and do the options counseling. How does that fit within the scope of RFA?
- **Gabby Burke:** As you know, housing is one of our primary areas of focus, as far as which social determinants of health are most impactful to the way that folks are receiving care coordination in Colorado. That's where that use case became sort of percolated and became important. The reason we have not integrated case management agencies just yet is because of all the transitions happening related to the current case management application. I'm wanting to get that more stable before we go forward with integrating with the ccm, which is our plan for the future. As far as how that ties into the RFA, I would say there is a use case related to serving folks who have disabilities and that is intentionally, really vague. So you can cover the different elements of care that might go into care, coordination for folks with disabilities, and that could definitely include case management agencies, or other agencies like that that help to serve across that continuum of care. So that is one of the priority use cases. Housing insecurity is another use case. So I think between those 2 things, that sort of home and community based service. Population is sort of covered by those 2 different elements. And that would be kind of where that RFA application could potentially fit.
- **Melissa Gillespie:** A lot of the work with transitions, like Gabby was saying, is getting people access to a variety of social determinants of health supports as they move out into the community. They'll need access to a lot of different things. It also is a process where there are a number of case management agencies or just players that are involved. And so with CoSHIE being a care coordination tool, that was another reason why we were looking at that use case to try to help the care coordinators kind of all stay on the same page with supporting the individual.

Action Items

- *Next meeting: The next meeting will be a hybrid meeting, held on Wednesday, November 13th. More information on in-person details will be sent prior to the meeting.*

Motion to Adjourn

KP Yelapaala

- Motion to adjourn was approved by Commissioner Bhikha.
- Seconded by Commissioner Dixon.