

eHealth Commission

October 11, 2017 | 12:00pm to 3:00pm | HCPF Conf Rm ABC

Type of Meeting	Monthly Commission Meeting
Facilitator	Michelle Mills, Chair
Note Taker	Emily Giebel
Timekeeper	Michelle Mills, Chair
Commission Attendees	Michelle Mills, Mary Anne Leach, Carrie Paykoc, Jason Greer, Herb Wilson, Morgan Honea, Ann Boyer, Kendall Alexander, Tania Zeigler, Chris Wells, Marc Lassaux, Jon Gottsegen, Greg Reicks, Adam Brown.

Minutes

Call to Order

- Michelle Mills called the meeting to order as Chair of the eHealth Commission

Approval of Minutes

- September minutes approved

Review of Agenda -Michelle Mills, Chair

OeHI/SIM Update-

OeHI Update

Mary Anne Leach, Director Office of eHealth Innovation

- Determined that Bylaws need work.
- Approve and advance roadmap to the Governor's Office.
- October 27th - special eHealth Commission meeting. Dial in available. VOTES NEEDED.
- eHealth Commission terms for renewal starting February 1st. Reapply and reappointment allowed.
- MPI development still underway. We do not have a version to release yet but will keep all informed.
- Vendor self-service site where the state releases RFP announcements draft.

State Agency Updates

- Jon Gottsegen: Agreed with Carrie to give updated on Joint Interoperability Project. Initial plan was a current state and future state proposal. Received deliverables on both of those and broken down on requirements of interoperability layers in terms of 6 areas. Deloitte to come in and do a more in depth presentation. Process of reviewing and the architecture.



- Herb Wilson: Intended to put the infrastructures, governance and data management underneath the system to create a one-time view in order to better supply services. Output will be put into an IPD for CMS for approval to actually implement early next year.
 - o Former position is now Sarah Nelson.
 - o Colorado Benefits Management System - PEAK.
 - o CBMS transformation project - replatform CBMS. We've done an assessment of sales force that it would be technically liable and then in July-Sept we got federal partner approval and the nutrition services have been approved. Will be funded by 90/10 funding.
 - o User experience will be in salesforce.
- Chris Wells: Make sure Shared HER Executive Oversight Committee is accountable and managing risk across the way. Responsibilities are to create and maintain strategic roadmap. Cross agency control issues and maintain communications to public and Governor's Office. Next steps, is to confirming membership of committee, organization details, develop the charter.

State Reference Labs

- Lab Corps and Quest, lab results vendors, are "filtering" lab results that come into Colorado's HIEs, such that only labs are viewable if the lab result is from a provider is an HIE "participant"...vs. being more "patient centered", and having ALL the labs available, about that patient, flowing into the HIEs (which is what we want). CORHIO has tried to remedy this with Lab Corps and Quest, but to no avail. These vendors also seem to operate differently, in different states...so we know it's possible. We just aren't getting their cooperation. This kind of "data blocking" is now against the law under the new 21st Century Cures Act.
- This kind of vendor behavior affects patient care (lack of complete information), and increases costs (ordering duplicative lab procedures - which, of course, helps these vendors' revenue, as they process most of the lab procedures in the state).
- Policy is misaligned creating hazardous gaps in care and reimbursements.
- Today LabCorp Plus are participants but they maintain policies specific to Colorado but limit data into HIE.
- Creating gaps in patient record.
- What we would like to do is open the filter so all is visible to the HIE.
- Why is it different in Colorado? They can't even explain that.
- They are agreeing to share the information that they are sharing with the patients.
- Do we have the authority to endorse or make a motion to help QHN and CORHIO to respond? Great issue to bring to the commission and now decide how to respond.
- Beneficial to get on CHA and C4 radars.
- Make a motion and demand for all lab information be released.
- Impact on behavioral health?
- What is the incentive to filter the data, what is the reason? Additional testing.
- What are the downsides to making the motion? They could stop participation in HIE.
- This fits under data blocking in the 21st century cures act.
- Motion approved to move forward.

Procedure to Adopt Roadmap

Mary Anne Leach, OeHI

- Majority Voting: Half plus 1 of the quorum (at least 13 commissioners in attendance) to move the plan to the Governor's Office.
- Motion that commission can advance simple majority of commissioner's present assuming a quorum is met.
- 80% of commissioners present to implement and adopt.

Colorado Health IT Roadmap

- Leadership Recommendations:
 - o Who is responsible for getting the initiative off the ground?
 - o What is a good definition for leadership?
 - o Kicking it off, championing, and completion.
 - o Candidates for driving the initiatives.
 - o Thought to form committees for each initiative.
 - o What needs to be considered in order to move this forward - keep it broad and inclusive.
- Initiatives Discussion:
 - o 1: Support Care Coordination in Communities Statewide
 - Selected approach: Add clinically integrated network under care coordination.
 - o 2: Promote and Enable Consumer Engagement, Empowerment, and Health Literacy.
 - Jon: When I read this I didn't see any role for a practitioner to assist in that education. Is that appropriate? As a consumer if I had a provider who was leading me down the road in patient engagement that would be helpful.
 - Bob: Patients don't know what they don't know.
 - Mary Anne: Tools for providers to better engage and educate patients.
 - o 3: Harmonize and Advance Data Sharing and Health Information Exchange Capabilities Across Colorado.
 - Mary Anne: Background and Findings spell out CORHIO and QHN.
 - Carrie: Do not see AISP.
 - Michelle: Under purpose need to expand and change across Colorado to service to Coloradans.
 - Carrie: Do we want to mention GDAB and enterprise service bus.
 - Jon: GDAB will move forward to more data sharing polices in the future.
 - Chris: Change language - leverage services such as;
 - Carrie: Need to reference SIM.
 - o 4: Integrate Behavioral, Physical, Claims, Social and other Health Data.
 - Mary Anne: Need to reference or list BIDM and or CIVHC.
 - Kendall: Under organizations we need to mentioned the MSO's.
 - Jason: We do not want data integrated everywhere need to centralize functions. What's the definition of suggested approaches?



- Dana: Every one of the organizations have some type of use case around data sharing. See what they are as a starting point and what can we leverage?
- Carrie: Determine priorities in data assets and best utility of those assets.
- 5: Statewide Health Information and Data Governance
 - Information governance is business and data governance is technical.
 - Dana: Take out the word integrity or the sentence as a whole.
 - Jon: One way to think about it is to look is the context that business brings to get into information governance. Data governance vs. data stewardship.
 - Mary Anne: Don't try to boil an ocean.
 - Mary Anne: Capitalize State.
 - Laura: Develop what we want to know and what to focus on.
 - Dana: Create the rules of the road for when we need to connect we have the framework and quality measures.
 - Jon: We do not have an idea of what the state. How do we begin to govern and what is the risk?
 - Jon: Look at subsets of data.
 - Chris: Develop a policy that governs the risk. Inventory would be a nice outcome. Initially that's how we need to go about sharing data.
 - Carrie: Education and communication around what it is. Opportunity to say what data governance is and how to leverage and assess.
 - Marc: What are the needs not who has it. Under information - all feel medical might want to add stuff on social services.
 - Take this to the working group to find a more focused approach.
- 6: Health IT Portfolio/Program Management
 - No Comments.
- 7: Accessible and Affordable Health IT and Information Sharing
 - Look at suggested approach #1. Innovative approach.
 - Mary Anne: Needs to be affordable - identify the areas of greatest needs.
 - Jon: Is there an innovative contract or group purchasing that can be done?
 - Herb: Procurement strategies.
 - Carrie: Don't see physician or clinicians mentioned in here. What can we leverage and cost out better?
- 8: Accessible and Affordable Health Analytics
 - When we talk analytics we are looking at a big population side and small provider side.
 - Making sure that folks have access to capabilities that they need to improve health and health care.
 - Mary Anne: Under discover - change "as provided by providers" to providers and key stakeholders.
 - Michelle: Not addressing key groups such as CHA, Colorado Rural Health, and CHI.
 - Jason: Under Plan #5 we need to change from CIVHC to CORHIO and QHN.
 - Chris: Under #10 what is the resource there? Chris to email list of registries.
 - Herb: under #10 acronym is wrong for BIDM.



- Workgroup needs to understand the capability.
- 9: Best Practices for Health Information Cybersecurity Threats and Incidents
 - All health organization have access to resources in order to implement.
 - Dana: is it resources or capabilities?
 - Mary Anne: purpose is to promote best practices.
 - Tania: Doesn't feel like its talking about ensuring the best practices are implied? Is there a way of measuring and monitoring?
 - Tania: Not as much about accountability but making it easier to apply practices. Find and address the barriers to application.
 - Marc: is there room to help incentives and making sure that the contractual obligations are being met?
 - Dana: What are the minimal standards for participation?
 - Jon: #7 under plan the House Bill isn't a resource.
- 10: Consent Management:
 - Is there a way to harmonize consent across the state?
 - Mary Anne: Under implement - help advocate for policy changes that would help facilitate consent and information sharing.
- 11: Digital Health Innovation:
 - Dana: When we call out 10.10.10 and others out - do we need to call them all out or none?
 - Need to had State of Health.
 - Tania: Any desire to position Colorado as a destination for innovators or a leader in hath innovation.
 - Mary Anne: We want to attract talent, resources and capital.
- 12: Statewide Health Information Technical Architecture:
 - Dana: Under purpose in the last sentence does that fall here or under #5?
 - Mary Anne: Meant to be higher level architecture?
 - Mary Anne: CMS requirements that we have a system integrator we may want to leverage to help us in the architecture.
 - Herb: Do we want to reference the interoperability project specifically? Yes.
 - Tania: Under plan part 3 need a better way to say how the pieces fit together. Don't understand what that means?
- 13: Ease Quality Reporting Burden
 - Mary Anne: Need to reference SIM.
- 14: Uniquely identify a Person Across Systems
 - Mary Anne: Really close on the MPI RFP and close to releasing it for public comment.
 - Put the MPI under discover - work done to date.
- 15: Unique Provider Identification and Organizational Affiliations
 - Mary Anne: put under the outcomes and purpose that eventually the MPI could be available as a service.
- 16: Broadband and Virtual Care Access
 - The VA is changing the rules as we speak and may have implications for Colorado. Medicaid does cover telehealth services. The provider and patient

have to both be in the same state right now and the VA is saying this will no longer be a barrier anymore.

- Carrie: Recent House Bills that we need to reference.
- Jason: Down the line we need to think about drawing the line between broadband and telehealth?
- Herb: Agree that there is two major themes here but are we going to duplicating other work?
- Mary Anne: There is a lot of related work between these two.
- Take this to the working group.
- Today was the final review of the initiatives, if there is something else that is important to add in here please communicate to Mary Anne and Laura.
- Plan is to get the final version to the commission in the next couple weeks.
- October 27th is a chance to talk about that we haven't had the opportunity to talk about but want the full approval to take to the Governor's Office.
- November 8th final approval roadmap after the Governor's review.
- November 15th submit final roadmap to the State.
- The commission and OeHI are invited to make a decision on how to disseminate the plan.

Remaining Commission Comments on Presentation

- Thank the commission members who have participated in the journey for your contributions in the plan!

Public Comment

- Colorado Telehealth Network partnership with Century Link. Government subsidies - usack - fund that can be added to this they can be a resources for the plan.
- Prime Health Challenge Thursday next week!
- Horle - if you have questions about the lab discussion reach out to CORHIO and QHN.

Discussion on November Agenda and Closing Remarks

- Updated Bylaws
- SIM update on demographics and HIT/HIE assessment.
- Celebration for the Roadmap.

Next Steps and Action Items

Action Item	Owner	Timeframe	Status
Update quorum bylaws	OeHI Director	Summer	In progress
Privacy and Security sub-working group	OeHI Director/State Health IT Coordinator	Summer	Open



Create a broadband working group -sub-working group of the Commission

OeHI Director

Winter/
Spring

Open

Track and report federal and local legislative changes

OeHI Director

Winter/
Spring

Ongoing

Letter to Lab Corps and Quest-filtering lab results

OeHI
Director/
Govs Office

2017

In progress