



OeHI

Office of eHealth Innovation

# EHEALTH COMMISSION MEETING

WEB-CONFERENCE ONLY

OCTOBER 14, 2020



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Office of eHealth Innovation

NOTE:

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

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US: +1 253 215 8782

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WEBINAR ID: 838 7864 3457

PASSCODE: 541571

IF YOU ARE EXPERIENCING AUDIO OR PRESENTATION  
DIFFICULTIES DURING THIS MEETING, PLEASE TEXT ISSUES TO

720-545-7779

# OCTOBER AGENDA



**OeHI**  
Office of eHealth Innovation

Title	Start Time	Duration
<b>Call to Order</b> •Roll Call and Introductions •Approval of September Minutes •October Agenda and Objectives <i>Michelle Mills, Chair</i>	12:00	10 mins
<b>Announcements</b> <input type="checkbox"/> Remarks from Lt. Governor (3 minutes) <input type="checkbox"/> OeHI Updates <input type="checkbox"/> eHealth Commission Updates <input type="checkbox"/> Decision Items & Action Items <i>Dianne Primavera, Lt. Governor and Director of OSPMOHC</i> <i>Carrie Paykoc, Director, Office of eHealth Innovation</i> <i>eHealth Commission Members</i>	12:10	10 mins
<b>New Business</b>		
<b>CORHIO and AZ Current- Intent to Merge</b> <i>Morgan Honea, CEO CORHIO and eHealth Commissioner</i>	12:20	25 mins
<b>Telemedicine/Telehealth Analysis</b> <i>Paul Presken, Senior Consultant, Colorado Health Institute</i> <i>Spencer Bud, Policy Analyst, Colorado Health Institute</i> <i>Carrie Paykoc, Director OeHI</i>	12:45	30 mins
<b>Provider Perspective on Telemedicine/Telehealth</b> <i>Dr. Luke Casias, Medical Director, Axis Health System</i>	1:15	10 mins
<b>Behavioral Health Task Force Blue Print Recommendations</b> <i>Camille Harding, Division Director, Community Behavioral Health/ CDHS</i> <i>Summer Gathercole, Behavioral Health Task Force</i>	1:25	15 mins
<b>eHealth Commission Workgroup Updates- Telemedicine</b> <i>eHealth Commission Workgroup Chair, Rachel Dixon, CEO Prime Health</i>	1:40	10 mins
<b>Public Comment Period</b>	1:50	5 mins
<b>Closing Remarks</b> • Open Discussion • Recap Action Items • November Agenda- Meeting 11/13 at 10-12 PM Adjourn <i>Michelle Mills, Chair</i>	1:55	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

- Next eHealth Commission Meeting: November 13th, 10- 2 PM, Virtual
- New eHealth Commissioner Opportunity- Apply [here](#)
- Future State Recommendation for Prescription Drug Monitoring Program
- Roadmap Priority Discussion at November eHealth Commission Meeting
- FY20/21 eHealth Commission Progress- See next Slides

## EHEALTH COMMISSION UPDATES

- eHealth Commissioner Roadmap WG Highlights and Decision Items-
  - Discussion toward the end of the agenda

Note: If you are experiencing audio or presentation difficulties during this meeting, please text 720-545-7779.

# PROPOSED AGENDA FY20

- *November- Identity Focus*
  - OeHI Future State Identity Architecture
  - MyColorado Digital Identity
  - **Phase 1 of Project Complete**
- *December- Community Focus*
  - Care Coordination Strategy
  - CHORDS Project Update and Identity
  - **Phase 1 of Project Complete**
- *January- Strategy Focus*
  - OeHI 2019 Progress Report
  - Roadmap Priorities for 2020
  - Post HITECH Funding
  - **PMO Refinement, Post Planning HITECH IN Progress**
- *February- PDMP Focus*
  - Opioid Crisis- PDMP
  - Support Act Funding
  - **Future State Recommendations Drafted by OeHI 10/2020,**
  - **Medicaid RX Tool, Opiosafe Funded to be kicked off in FY21**
- *March-Infrastructure Focus*
  - Advance HIE Update and Priorities
  - **Phase 1 of Project Complete**
- *April- Digital Health Focus*
  - Emerging Technologies
  - Telehealth Update
  - **Telemedicine Efforts Accelerated due to COVID-19**
  - **eHealth Commission reprioritizes efforts for COVID response and rural connectivity**
  - Host meeting in Alamosa?- **Postponed**

Text in Blue indicates Progress to date

# PROPOSED AGENDA FY20

- *May- Consumer Focus*
  - Consumer Engagement Initiative Challenge-
  - Info provided to Prime Health for Challenge- Nov 13, 2020!
  - Blue Button for Medicaid-HCPF effort in progress
- *June-Strategy Focus*
  - OeHI 2020 6 Month Progress Report
- *July- Rural Focus*
  - Host meeting in Norwood-TBD
  - Broadband, Cellular Networks-TBD
  - Telehealth Report-
  - Evaluation completed, projects to be launched in FY21, additional planning through FY21 to support BH Task Force
  - Rural Connectivity SOW in final stages for next phase
- *August-Privacy and Security Focus-TBD FY21*
  - Trends in Privacy/Security
  - Consent Update- Workgroup Planning In Progress
- *Sept- End of HITECH*
  - Launch Roadmap Update-
  - SOW in Development
  - Roadmap Priorities for 2020
  - Post HITECH Funding-
  - HCPF Presented at August meeting/planning underway
- *Oct- Future of Health*
  - Visioning Session-  
HIE Sustainability Taskforce launched  
HIMSS presented at September Commission
  - Goals of 2021 and Beyond
    - November/December eHealth Commission
- *Nov- Policy Prep*
  - Federal and State Policy
- *Dec- Project Deep Dive*

Text in Blue indicates Progress to date

## EHEALTH COMMISSION TOPICS 20/21

- November: Roadmap Priorities in FY21, HIE Sustainability Task Force Recommendations
- December: Health IT Roadmap Refresh, OeHI Progress Report, and Sustainability Planning
- January- April: Health IT Roadmap Sustainability Refresh and Planning Discussions-Pending contract- May need to extend monthly meeting an hour
- March- Annual eHealth Commission Training/Charter Refresh
- Other Topics:
  - Interoperability Rules
  - Health Equity
  - Consent, Security, Info Governance, Privacy
  - Lessons Learned from Phase 1
  - Behavioral Health Task Force Blueprint
  - Evolving Innovations: Telemedicine
  - Rural Connectivity, Care Coordination
  - Health Information Exchange in 2021
  - Public Health Infrastructure Modernization

Yellow Highlight- OeHI Wildly Important Goals





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# CORHIO and AZ Current Intent to Merge

*MORGAN HONEA, CEO CORHIO AND EHEALTH COMMISSIONER*



# CORHIO and Health Current

Information for Office of eHealth  
Innovation

Morgan Honea  
CEO

# Summary

Health Current and CORHIO have signed a letter of intent to merge into a regional Health Information Exchange. This strategic partnership allows us to operate on a larger scale for our participants and their patients, and to more effectively participate in national interoperability.



For public-facing Frequently Asked Questions, see [www.corhio.org/about/merger](http://www.corhio.org/about/merger)

# Why merge?

- Improves our ability to compete in a regional and national marketplace, in face of imminent federal policy changes
- Better positions the organizations to provide regional services to shared clients such as payers and health systems
- Recognizes economies of scale and allows both organizations to fill in gaps in subject matter expertise
- Creates a governance and operating model that retains local governance and supports continued support of expansion into new geographies or service areas
- Improves the ability to serve our local communities at the state level and respond to community changes by leveraging skills, knowledge, expertise and efficiencies

# Key Drivers

## TEFCA - Regional and National HIE Expansion Opportunity

- Trusted Exchange Framework and Common Agreement
- Outlines a common set of principles, terms, & conditions designed to scale exchange nationwide
- Not a rule, but expect incentives/disincentives to drive participation
- Draft 2 released on April 19, 2019

# Key Drivers

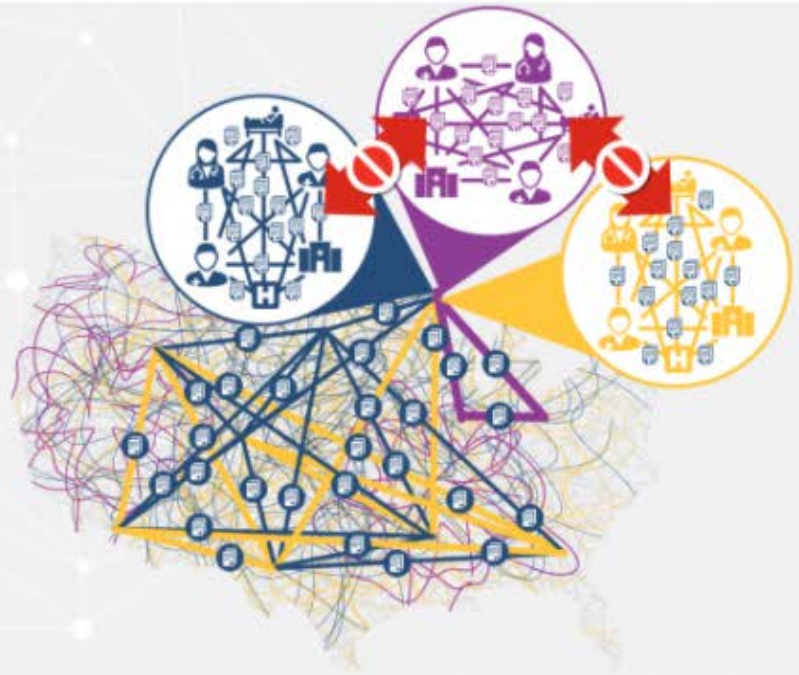
## TEFCA - Regional and National HIE Expansion Opportunity

### Current Proliferation of Agreements

Many organizations have to join multiple Health Information Networks (HINs), and the HINs do not share data with each other.

**Trusted exchange must be simplified in order to scale.**

*Each line color on the map represents a different network.  
There are well over 100 networks in the U.S.*



*Image credit to the ONC*

# How This Benefits Colorado

## Better Serve Our Communities

- A larger data set at a regional level provides multiple benefits:
  - Supports more robust community health, public health, population health and advanced payment model advancements
  - Allows for broader revenue opportunities, which translates into more opportunities for deeper community-level services and sustainability
- Larger and stronger relationship with State Medicaid and Public Health entities – brings more initiatives to all stakeholders across both states



# Consolidation Landscape

## Other HIE Mergers

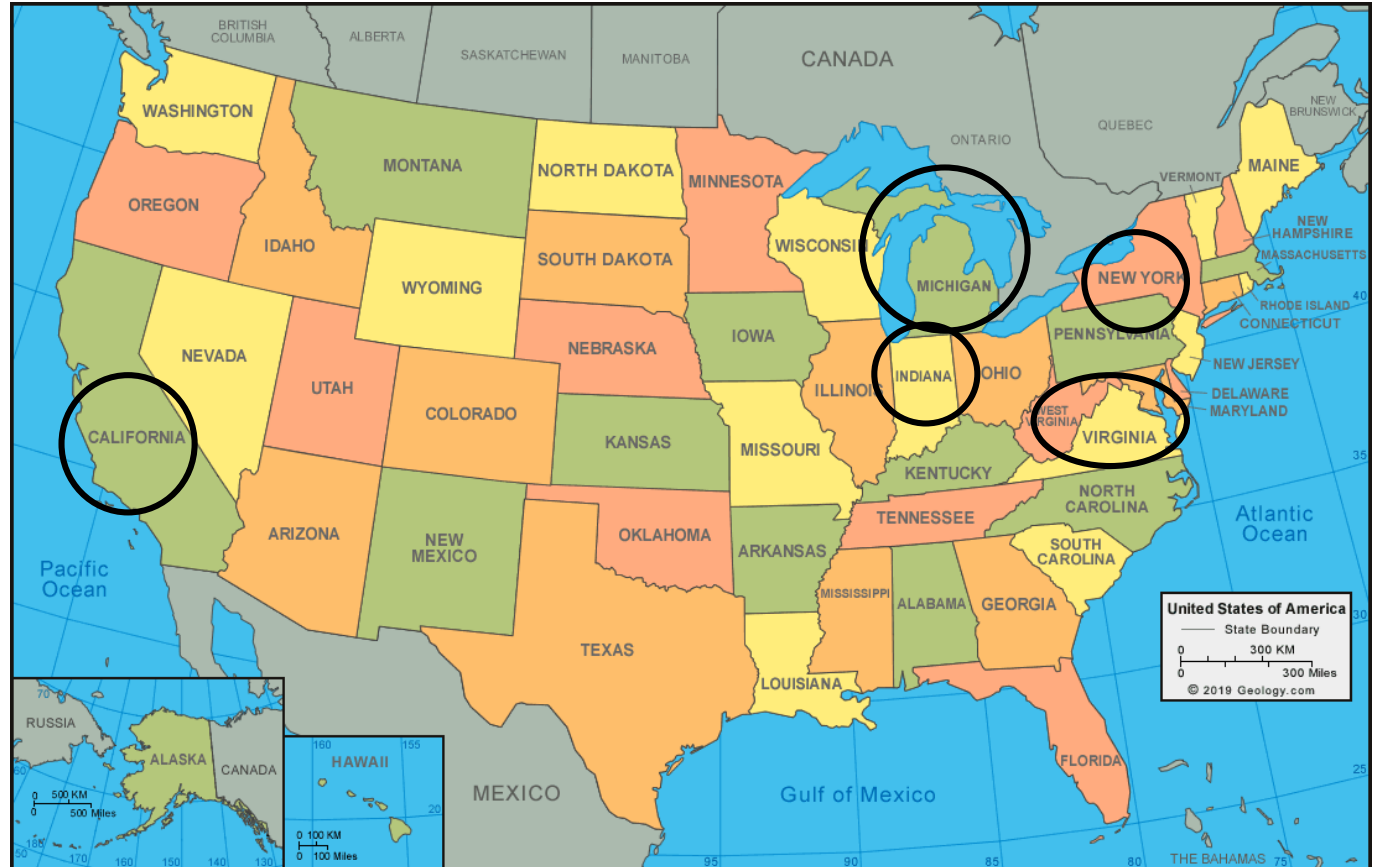
*California*

*Michigan*

*Indiana*

*New York*

*Maryland/DC  
(CRISP)/West  
Virginia*





# Consolidation Landscape

## Other HIE Mergers

*Maryland/DC (CRISP)/West Virginia – 2016*

*California - January 10, 2017*

- <https://www.prnewswire.com/news-releases/cal-index-and-inland-empire-hie-will-merge-to-form-californias-largest-health-information-exchange-former-white-house-technology-advisor-named-ceo-300388710.html>

*Michigan - November 7, 2019*

- <https://www.globenewswire.com/news-release/2019/11/07/1943198/0/en/Michigan-Health-Information-Network-Shared-Services-integrates-Great-Lakes-Health-Connect.html>

*Indiana - November 13, 2019*

- <https://www.businesswire.com/news/home/20191113005210/en/Indiana-HIEs-Unify-Meet-State%E2%80%99s-Healthcare-Community>

*New York - March 13, 2020*

- <https://www.healthix.org/mergerofficial/>

# Compatibility

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- We want to lead in the interoperability landscape, for the benefit of the communities we serve
- Both organizations have strong Medicaid and public health relationships, with significant opportunities to continue expanding and leading in this area
- Similarities in stakeholders and populations served, so there is natural alignment among both communities



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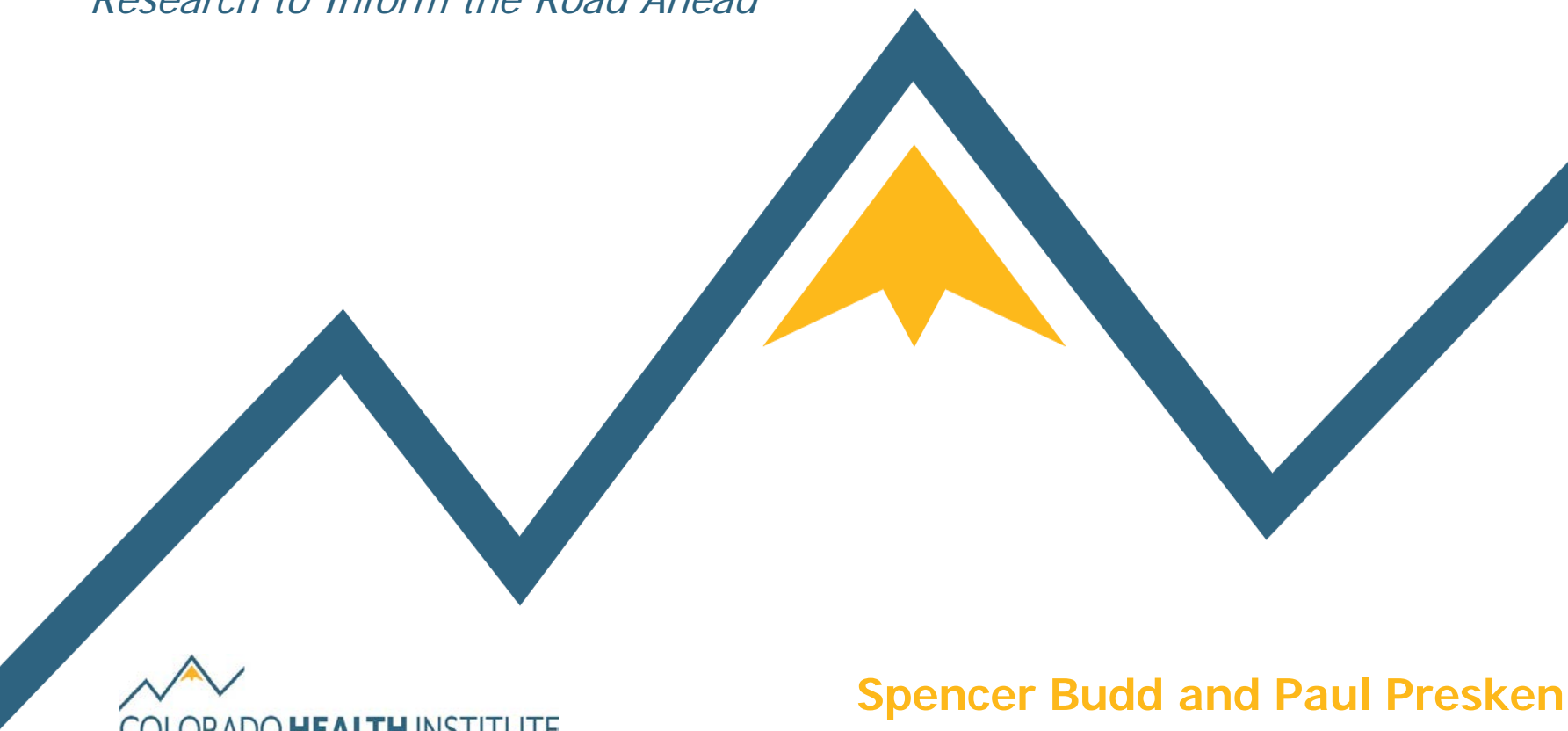
Office of eHealth Innovation

# Telemedicine/Telehealth Analysis

*PAUL PRESKEN, SENIOR CONSULTANT, COLORADO HEALTH INSTITUTE*  
*SPENCER BUD, POLICY ANALYST, COLORADO HEALTH INSTITUTE*  
*CARRIE PAYKOC, DIRECTOR OEHI*

# The Telemedicine Value Proposition

*Research to Inform the Road Ahead*



**Spencer Budd and Paul Presken**  
**Colorado Health Institute**

**eHealth Commission Meeting**

October 14, 2020

# Our Charge:

## Assessing The Value of Telemedicine

### Insights From Patients

Patient experience, benefits and barriers

### The Financial Impact on Providers and Payers

Provider preferences and barriers to adoption

### Insights From Patient Care Utilization

Modalities, types of care, who is using



# Key Takeaways

- Rapid pivot to telemedicine was **key to care delivery** during the pandemic
- **Behavioral health care** showed the **most significant** telemedicine use;
- Decreases in care for certain **chronic conditions highlight limitations**
- Most patients say they will **continue to use** telemedicine;
- Comfort and access depend on factors such as **age, primary language, and tech literacy**

# Data Sources

## Qualitative Data Collection

- 10 interviews with staff across three provider organizations
- 23 one-on-one interviews with patients across the state

## Colorado Health Observation Regional Data Service (CHORDS)

- Electronic medical record data from 14 providers
- Represents 27% of all Coloradans and 32% of Front Range residents
- Baseline Period: March 17 through July 6, 2019
- Analysis Period: March 15 through July 4, 2020
- A unique data source for Colorado because:
  - Data is very timely – available within a few weeks or months
  - Contains clinical information that is not typically available elsewhere

# Accessing Clinical Data

CHORDS data model update includes:

- Telemedicine encounters
- Telemedicine modalities (e.g. audio, video)
- COVID-19 lab test results

These five telemedicine queries were developed and executed:

- **Demographics** – Age, gender, race and ethnicity
- **Payer Category** – Groups of similar payer types (e.g. Medicare)
- **Geography** – Census Tract
- **Condition** – 10 diagnosis categories
- **Diagnostics** – Vitals, screenings, lab tests, wellness visits

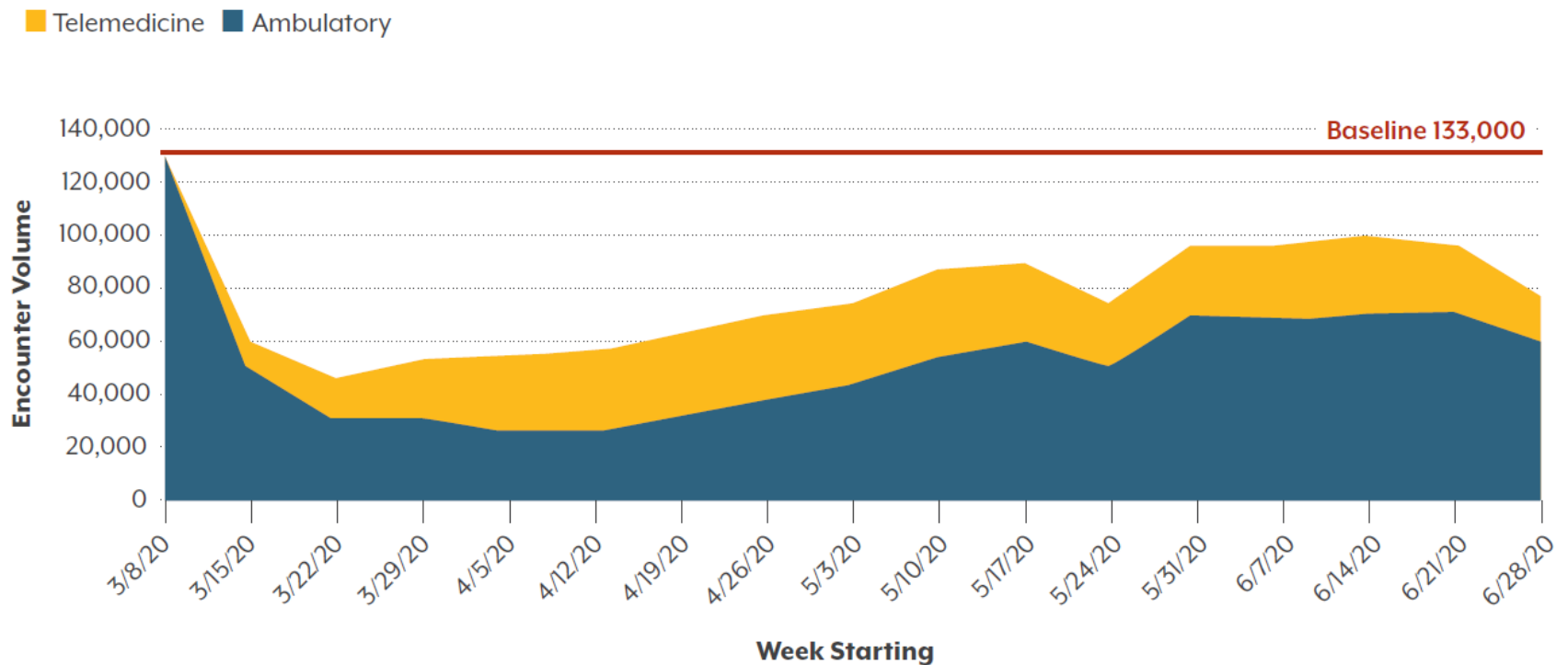




**Findings and Opportunities**

# Telemedicine Helped Mitigate the Drop-Off in Ambulatory Care

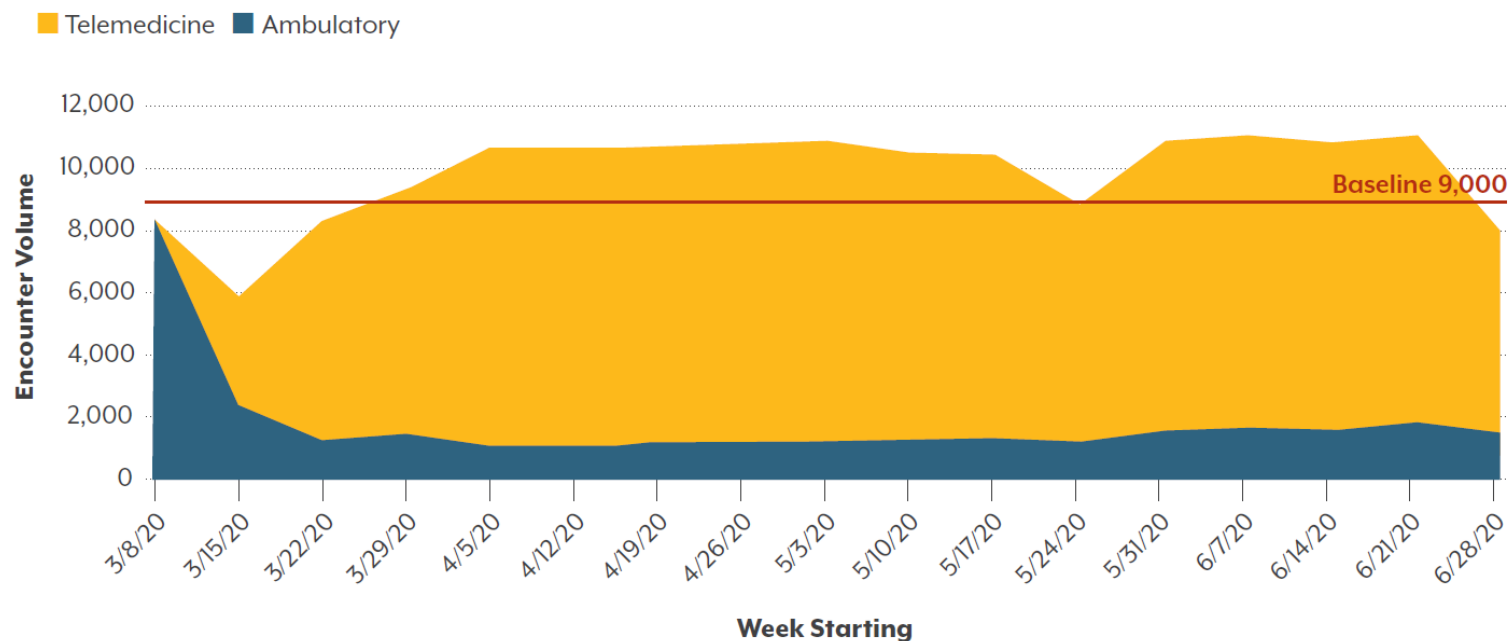
Ambulatory and Telemedicine Encounter Volume Over Time, March 8 Through July 4, 2020



Source: Colorado Health Observation Regional Data Service (CHORDS)

# Telemedicine is Becoming Standard for Most Care at CMHCs

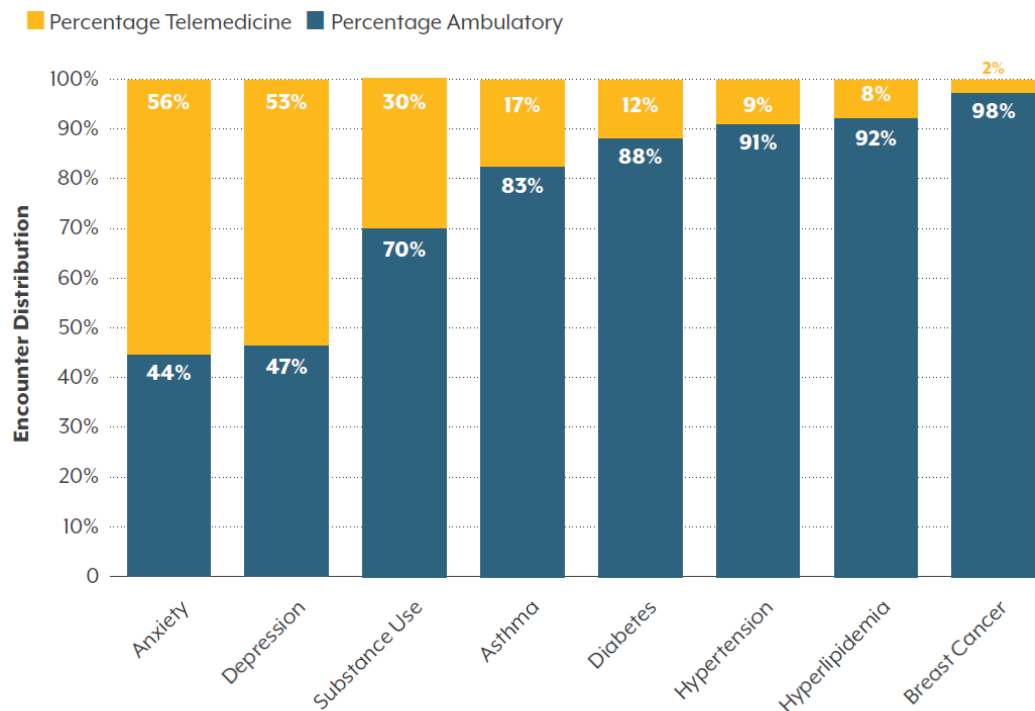
Community Mental Health Center (CMHC) Encounter Volume Over Time, Telemedicine and Ambulatory, March 8 Through July 4, 2020



Source: Colorado Health Observation Regional Data Service (CHORDS)

# Telemedicine is a Stronger Fit for Behavioral Health

**Ambulatory and Telemedicine Encounter Distribution by Condition, Analysis Period (March 15 Through July 4, 2020)**



Source: Colorado Health Observation Regional Data Service (CHORDS)

# Need to Establish Best Practices

- Telemedicine helps reach patients that have been hard to reach
- New questions around privacy and safety
- Telemedicine is not a fit for all patients and conditions
- How do we establish rules that avoid “widening the divide”?

# Diagnosis and Prevention of Disease Took a Major Hit

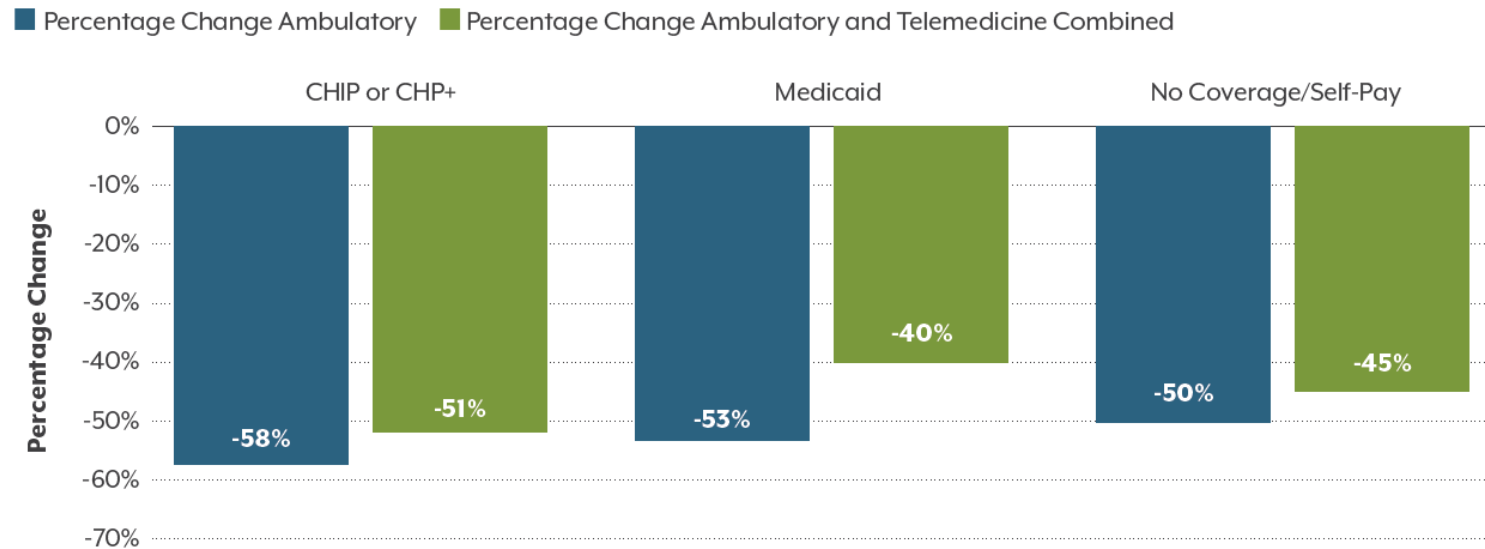
Change in Diagnostic Volume, Baseline Period (March 17 Through July 6, 2019) to Analysis Period (March 15 Through July 4, 2020)



Source: Colorado Health Observation Regional Data Service (CHORDS)

# Medicaid Encounters Dropped the Least

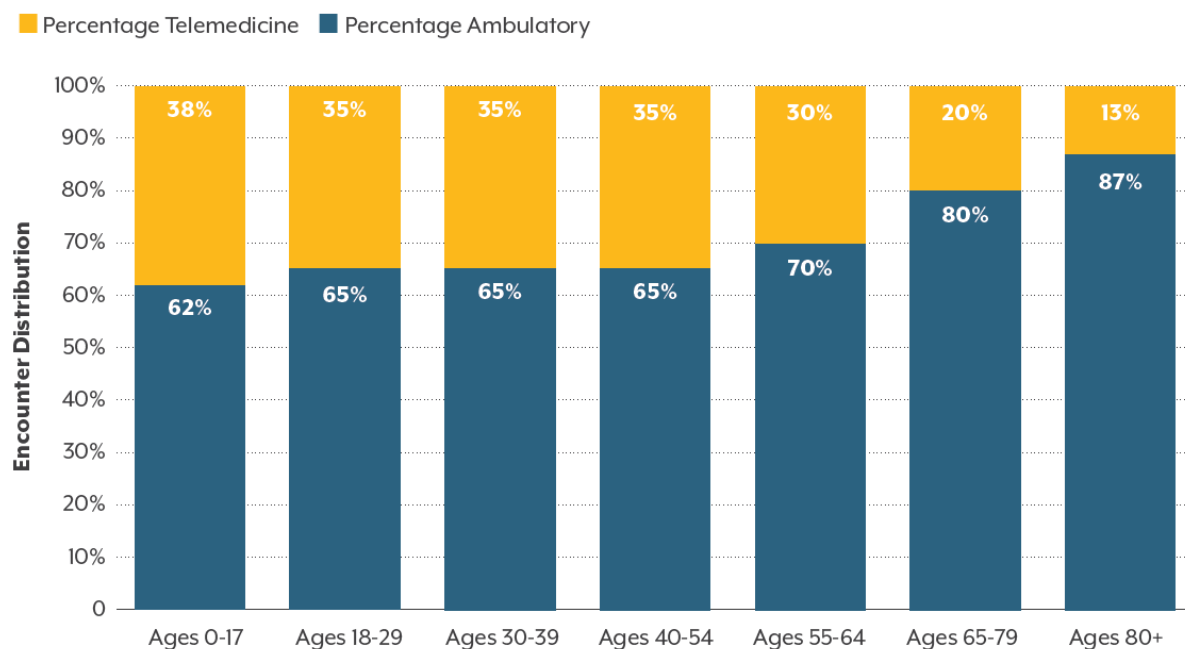
**Change in Ambulatory-Only Encounters and Combined Ambulatory/Telemedicine Encounters by Primary Payer, Baseline Period (March 17 Through July 6, 2019) to Analysis Period (March 15 Through July 4, 2020)**



Source: Colorado Health Observation Regional Data Service (CHORDS)

# Telemedicine Adoption Decreases as Age Increases

**Ambulatory and Telemedicine Encounter Distribution by Age Group, Analysis Period  
(March 15 Through July 4, 2020)**



Source: Colorado Health Observation Regional Data Service (CHORDS)



# Some Patients Are Less Comfortable Using Telemedicine

Demographic and social factors that influence a patient's access and comfort level using telebehavioral health:

- Age
- Primary language
- Technological literacy
- Patients living in crowded homes/who report lack of privacy

**When asked who they know who may be less comfortable using telemedicine services, patients interviewed reported:**

*I am an introvert. Introverts like myself strive for authenticity. I don't feel that telehealth is authentic.*

*People who don't work in professional settings where they have easy access to computers and wi-fi.*

*Teenagers are less comfortable using it. I can see my daughter losing focus because of all the distractions on her phone, so they are more prone to not listening to their provider.*

*People with schizophrenia have trust issues because they do not feel video calls are private.*

*Older folks who do not want to ask for help for fear of judgment.*

*People who are marginalized — jail, homeless, using IV drugs, lacking supports, unscheduled lifestyle — have access problems and mistrust of providers. Getting care via a mode that is really easy to record might bring out another layer of resistance or mistrust.*

*This is also cultural — people who are involved in immigration, undocumented, people who are at risk, people who are older who don't have the background on telehealth.*

Source: CHI Stakeholder Engagement

# Challenges Remain With Chronic Care Management

- **Medication management:**

"The downside of telehealth is that you cannot understand where the patient is today versus where they were yesterday; I've been on the same medication for six months, and I don't think it's working."

- **Pain management resources:**

"It has been difficult to get resources to help with pain management or nutrition."



**Next Steps**

## What's Next for This Research?

- Incorporate cost and claims data into clinical data analyses
- Take a deeper dive into specific conditions and service areas:
  - Behavioral Health
  - Emergency Departments
  - Chronic Conditions
  - Preventive Care
- Continue to leverage CHORDS data network

# Building on CHORDS

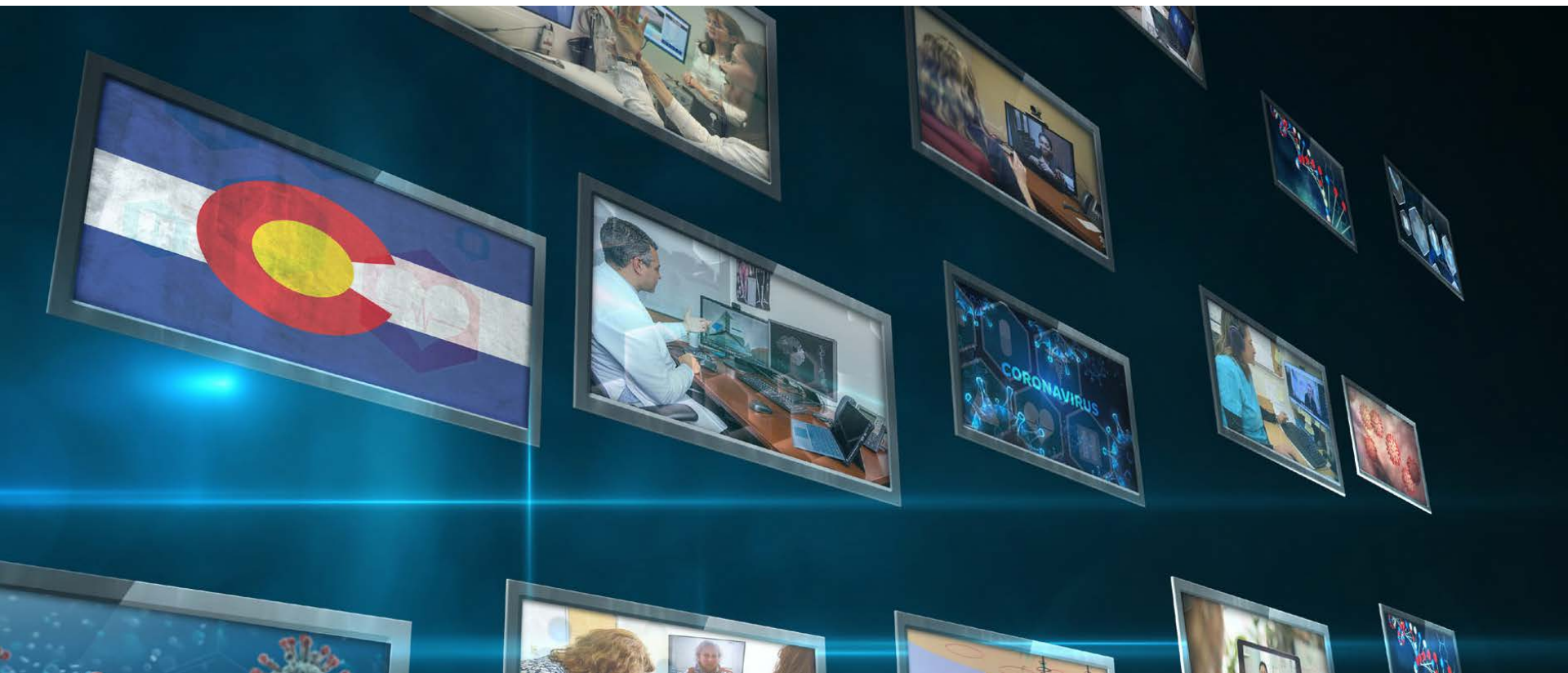
- Update data model to better capture telemedicine information
- Work with data partners to populate critical data fields
- Develop additional telemedicine queries to look at data (e.g. condition by age)
- Onboard new data partners to expand reach of data for behavioral health and geography

# Sustainability of CHORDS is in Question

- First phase of the telemedicine evaluation provided critical funding to sustain CHORDS through 2020
- Potential opportunities for supporting CHORDS:
  - Additional telemedicine research (e.g. behavioral health, CMHCs)
  - HCPF-sponsored projects
  - Public health projects (e.g. CDPHE, CDC)
  - Clinical research



**Questions and Discussion**



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**COLORADO HEALTH INSTITUTE**  
Informing Policy. Advancing Health.





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# TELEMEDICINE IN ACTION: A PROVIDER PERSPECTIVE

*Luke Casias, MD*

*Medical Director at Axis Health System*

*Family Physician at La Plata Integrated Healthcare*



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# Behavioral Health Task Force Blueprint Recommendations

*CAMILLE HARDING, DIVISION DIRECTOR, COMMUNITY  
BEHAVIORAL HEALTH/ CDHS*

*SUMMER GATHERCOLE, BEHAVIORAL HEALTH TASK FORCE*



# Colorado Behavioral Health Task Force COVID-19 Special Assignment Committee Tele-Behavioral Health Recommendations



**COLORADO**

Department of Human Services

# Behavioral Health Task Force

Governor Polis established the Task Force with the mission of the task force is to evaluate and set the roadmap to improve the current behavioral health system in the state.

**State Safety Net:** This subcommittee shall offer a roadmap to ensure that every Coloradan, regardless of acuity level, ability to pay, or co-occurring disabilities, can obtain appropriate behavioral health services in their community.

**Children's Behavioral Health:** This subcommittee should develop a plan to address how we deliver and manage children's behavioral health and improve outcomes.

**Long-Term Competency:** Consistent with a recent consent decree entered into by the Colorado Department of Human Services, this subcommittee should develop a comprehensive plan for individuals in the criminal justice system who have been found incompetent to proceed and future solutions to increase community interventions as a means to reduce demand on forensic solutions to mental health.

**COVID-19 Special Assignment Committee:** In May of 2020, Governor Polis directed the Behavioral Health Task Force to create a new Covid-19 Special Assignment Committee, co-chaired by the Colorado Department of Human Services and the Colorado Department of Public Health and Environment.



# Summary Recommendations

- CREATE A BEHAVIORAL HEALTH ADMINISTRATION
- IMPLEMENT CARE COORDINATION STRUCTURE
- TOP 19 RECOMMENDATIONS WITHIN THE 6 PILLARS
  - Access
  - Workforce
  - Affordability
  - Accountability
  - Consumer and local guidance
  - Whole person care



# HIT Recommendations



## **PRIORITIES:**

- Integrate disparate data to improve coordination of care for clients and improve ability to address disparities and social determinants of health.
- Improve capacity for analytics to report on Quality, Cost and Outcomes
- Connect and coordinate with crisis response systems- including mobile crisis and co-responder teams, e.g., behavioral health providers with law enforcement and paramedics.
- Connect behavioral health providers to health information exchange platforms to support compliant sharing of health records across providers and systems
- Identify strategies to make services accessible statewide, including telehealth, including in rural areas, without requiring individuals/families to drive hours for services.
- Reduce provider burden



# Tele-Behavioral Health Recommendations





- Making investments in broadband technology to ensure telehealth and other telemedicine options are available statewide and address rural access and workforce challenges.
- Considering public-private partnerships and foundation support to improve broadband capacity and pilot expansion of telehealth.
- Developing policies and rules, as appropriate, for provider training and CME credits that can be made available using online technology.
- Assessing payment strategies for telehealth services and make recommendations about methods and payments.

Maintaining and creating enhanced services using telehealth, with consideration of the following options:

- Law enforcement co-responder model using telehealth (could also help in areas where there is limited broadband).
- Home health providers connected to behavioral health providers, for example, psychiatrists for medication assistance.
- Video chat, and app based interventions for services- including crisis line services



## COVID Subcommittee Recommendations

- Review research studies and literature reviews, incorporating current efforts, to determine the quality and effectiveness of tele-behavioral health services (in areas reflective of the Colorado landscape) as an element of the behavioral health service array.
- Continue to study best practices to incorporate tele-behavioral health into the treatment continuum, and develop best practice guidelines on how to coordinate in-person and virtual care.
- Conduct additional analysis to identify outcomes and understand the effectiveness of tele-behavioral health when used with specific populations.
- Engage clients, caretakers, and families who are using tele-behavioral health for their input in how to improve and strengthen tele-behavioral health services.
- Determine how many people have access to tele-behavioral health services (i.e., understand broadband access, access to technology, etc.).
- Quantify cost savings from the payer, provider and patient perspective. Determine any increased cost to payers, if any.





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# eHealth Commission Workgroup Updates- Telemedicine

*EHEALTH COMMISSION WORKGROUP CHAIR,  
RACHEL DIXON, CEO PRIME HEALTH*

# **Regional Telehealth Learning Collaboratives**



PRIME HEALTH

# Seizing (and understanding) the opportunity

Telemedicine explosion! Amazing and *confusing*.

“Never let a crisis go to waste”

We know telehealth works. Patients like it. Providers like it.

We know that telehealth is often most powerful when addressing health equity issues and supporting vulnerable populations.

We know telehealth supports value-based care and reduces cost.

We know telemedicine is here to stay.

- One practice shared that after starting telehealth for Covid response and doing it for 3 months, they’ve committed to maintaining a minimum of 30% services provided by telehealth going forward



# RTLCL Goals



Understand, describe, and improve patient experience, access and cost



Design streamlined pathways (front door) for Coloradans to get connected with services



Identify and resolve gaps and barriers



Inform payment, policy, and infrastructure



# REGIONAL ACCOUNTABLE ENTITY

Virtual Care

HEALTH NEIGHBORHOOD



# Purpose

- To advance the adoption, coordination, and collaboration of telehealth technologies statewide
- Prepare the community in the event of a second surge or ongoing pandemic-related telehealth needs in 2020 and 2021
- Map the virtual layer of the Health Neighborhood
- Convene a forum for collaboration, information sharing and gathering, and peer learning and support
- Identify models and strategies for statewide infrastructure and program replication and scale
- Understand and inform challenges, needs, priorities, and barriers to telehealth adoption across stakeholders, identify root causes, and strategies for moving forward





# Topics and Focus Areas

Mapping and Coordinating Existing Programs and Efforts

Financial Sustainability

Broadband and Technology Infrastructure

Provider Resources and Workforce

Targeted Population Health Goals and Priorities

Equity and Patient Access and Experience

Advance and Align with Colorado's Health IT Roadmap

Region Specific Goals and Considerations



### Stakeholder Recruitment

- RAE
- State Agencies
- Providers
- Community Organizations



### RTL Goals and Priorities

- Regional objectives to support the coordination, advancement and sustainability of telehealth adoption



### Convening and Coordination

- Establish a forum for streamlined communication and peer learning
- Establish sub-working groups as appropriate
- Advise, guide, and support stakeholders



### Report and Recommendations

- Region-specific strategies for implementing statewide telehealth
- Lessons learned, common themes, key barriers
- Roadmap document and action plan



# Want to get involved?

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EMAIL [RACHEL@PRIMEHEALTHCO.COM](mailto:RACHEL@PRIMEHEALTHCO.COM)



PRIME HEALTH

# WORKGROUP UPDATES

Commissioner Name	Work Group	Decision Item
Jason Greer	Care Coordination	No current decision items.
Rachel Dixon	Telehealth	How can OeHI best support the BH Task Force expansion of telebehavioral health in FY21 beyond current efforts?
Marc Lassaux	Advancing HIE	Future consideration as it pertains to sustainability post HITECH and regional multi-state HIEs.
Dr. Art Davidson	COVID Public Health Response	Based on lessons learned presented at the September eHealth Commission are there efforts OeHI should consider focusing on during the next wave of the pandemic?
Alex Pettit	Identity for Individuals and Providers	Sustainability of identity resolution investments will need to be determined as OeHI funds are through Sept 2021 for HITECH financing. Potential to have this ongoing work funded through enterprise services in OIT and the Joint Agency Interoperability Project.
Carrie Paykoc	Prescription Drug Monitoring Program (PDMP) and Prescriber Tools	Review of the Future State PDMP recommendations. See eHealth Commission materials.

# WORKGROUP UPDATES

Commissioner Name	Work Group	Decision Item
Wes Williams	Consent Management	OeHI Director recommends expanding the focus beyond “consent” to better align with the needs of the Office of Behavioral Health. This is being discussed with the chair and workgroup
Morgan Honea	Data/Information Governance	How to best align consent efforts, in particular the SHIG development.  Decisions will need to be made on the ongoing sustainability of this work past September 2021.
Michelle Mills	Rural Connectivity	No current decision items.
Michelle Mills	eQCM	No current decision items.
Michele Leuck	Colorado's Health IT Roadmap	Should we extend eHealth Commission meetings in 2021 an hour to ensure adequate time for discussion?
Michele Leuck	Consumer Engagement	No current decision items.



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# PUBLIC COMMENT PERIOD



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# CLOSING REMARKS

*MICHELLE MILLS, CHAIR*