



OeHI

Office of eHealth Innovation

EHEALTH COMMISSION MEETING

OCTOBER 10TH, 2018

OCTOBER AGENDA



<p>Call to Order Roll Call and Introductions Approval of August Minutes October Agenda and Objectives <i>Michelle Mills, Chair</i></p>	<p>12:00</p>
<p>Announcements OeHI Updates Updates, Grant Opportunities, Workgroup Updates, Announcements, Action Items <i>Mary Anne Leach, Director, Office of eHealth Innovation</i> <i>Carrie Paykoc, State Health IT Coordinator</i> <i>Commission Members</i></p>	<p>12:05</p>
<p>New Business</p>	
<p>Advancing HIE Initiative: Survey Results and Setting Priorities Marc Lassaux, Chief Technical Officer, Quality Health Network,</p>	<p>12:15</p>
<p>SIM Update eCQM Project <i>Nathan Drashner, Data & Evaluation Manager, SIM</i> Shanna Bryant, Project Manager, CORHIO <i>Sara Schmitt, Director of Community Health, CHI</i></p>	<p>1:05</p>
<p>Emerging State IT Standards- API, Cloud Environments, et. Casey Carlson, Chief Enterprise Architect, OIT</p>	<p>1:40</p>
<p>Public Comment Period</p>	<p>1:50</p>
<p>Closing Remarks Open Discussion Recap Action Items October Agenda Adjourn <i>Michelle Mills, Co-Chair</i></p>	<p>1:55</p>

OeHI UPDATES

- Commission Renewal Reminder
- Update from Care Coordination Workgroup
- Update on Consumer Engagement Workgroup
- Budget Update

COMMISSION UPDATES

- State Data Summit Nov 8th- eHealth Commission Participation Requested
- Others?

Action Item	Owner	Timeframe	Status
Define Project Funding Proposal Process	OeHI Director/ State Health IT Coordinator	Nov 2018	In progress
Update quorum bylaws	OeHI Director	Feb 2018	Pending best practices
Track and report federal and local legislation	OeHI Director/ State Health IT Coordinator	2018	Ongoing
Letter to Lab Corps and Quest	OeHI Director/ Govs Office/ Morgan	2017	In progress



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ADVANCING HIE INITIATIVE: SETTING PRIORITIES

MARC LASSAUX, CHIEF TECHNICAL OFFICER, QHN

ADVANCE HIE AND DATA SHARING WORKGROUP



ROADMAP INITIATIVE

3. HARMONIZE AND ADVANCE DATA SHARING AND HEALTH INFORMATION EXCHANGE CAPABILITIES ACROSS COLORADO

DOMAIN	Governance
DESCRIPTION	This initiative develops and implements approaches to harmonize data sharing capabilities, increase the rate of health information sharing, and advance health information exchange across Colorado.

WORKGROUP

- Workgroup members
 - Kelly Joines CORHIO Co-Chair, Marc Lassaux QHN Co-Chair, Micah Jones HCPF, Kate Horle CORHIO, Mary Anne Leach OeHI, Carrie Paykoc OeHI, Ako Quammie OIT, Deanna Towne OIT
- Developed initiatives based on participant input, board input, State transformation efforts, SIM, Legislation
- Long list... rolled it into 10

SURVEY DISTRIBUTION

- Survey sent to:
 - N=775
 - +Twitter+SIM+websites
- Received 106 responses
- Breakdown
 - 76 Eastern Slope
 - 17 Western Slope
 - 13 Out of Area



PRIORITIZE INITIATIVES SURVEY RESULTS

1	Broaden and Deepen Data Availability	Ensuring that there is continued inclusion of encounter information from sources currently not connected to the HIEs to more effectively coordinate care for a person, includes integration of behavioral health
2	Expand Event Notification Services	Provide access to key information for comprehensive care coordination, such as ADTs and Notifications
3	EHR Workflow Integration	Continue to improve integration of HIE information and services into provider EHR workflow
4	Expanded Medication Services	Provide a longitudinal view of filled medications, including schedule 2 drugs. This does not include reconciliation activities.
5	Data Standardization	Continue to standardize, normalize, and de-duplicate data from disparate sources to provide a common format for improved aggregation and analytics capabilities
6	Social Determinants and Integration	Provide key Social Determinant information as part of HIE services to ensure a complete picture of the person is available
7	Data Visualization	Provide meaningful visual context of data for extracting key patterns, trends, and correlations, such as reporting for gaps in care, shared care, population health, public health, etc.
8	Patient access	Provide patients with access to their longitudinal data without impacting the patient-provider relationship
9	Integration of Claims data	Incorporate claims with clinical data to enhance clinical history data available in HIE and for meaningful analytics on the continuum of care
10	Image Exchange	Provide secure image exchange capabilities

TOP PRIORITY DETAILS



Broaden and Deepen Data Connections	Expand Notification Services	EHR Workflow Integrations	Data Standardization
Directed Exchange (Pull, API, FHIR)	Shared Care Reports	Single Sign On	Statewide Identity Management*
Medication Hx	Enhanced with Care Summaries	Immunization Registry Access	Data Quality for Measures, Analytics, Visualization, Notifications
PDMP	Additional Triggers	Medication Hx	Terminology Services
Pt Access (Bi-Directional Exchange)	Gaps in Care Notifications	PDMP	SDOH
Data Access between QHN/CORHIO	Pre-Visit Planning Notifications (Current eCQM Status)	Notifications	
Claims Data for Cost/Savings Analytics		Directed Exchange	
Care Coordination*		SDOH (EHR Capture and HIE Integration)*	
BH, LTPACS, Dentists, Physical Therapists, Community Resources, Pts			

THEMES FROM SURVEY RESPONSES

- Integration: Workflow, API, EHR, Public Health, Rural and Underserved
- Costs: Participant cost reduction, passing on to patients
- HIE: Require participation, One for Colorado, Invest in both to establish sustainability, go beyond healthcare

THEMES FROM SURVEY RESPONSES

- Data: Standardization, transparency, segmentation, analytics, accuracy
- Consumers: Empowerment, patients data, people centric vs EHR centric
- IT/Software: Practice support, EPIC for small hospitals, cloud based “task-list”, bandwidth

- Are the results expected?
- Are there any surprises?
- Are any items in the feedback standing out?
- What are we missing?

CAPITAL BUDGET



Subset of Capital Funding - Supporting HIE Efforts					
	Item	Current Year FY 2018-19	Request Year FY 2019-20	FY 2020-21	FY 2021-22
	eCQM Reporting Tools and Registry				
	Technical Assitance Phase 1	\$1,450,000	\$1,450,000	\$0	\$0
	Technology DDI Phase 1	\$400,000	\$400,000	\$0	\$0
	Technical Assitance Phase 2	\$0	\$2,000,000	\$0	\$0
	Technology DDI Phase 2	0	\$1,200,000	\$0	\$0
	Total	\$1,850,000	\$5,050,000	\$0	\$0
	Master Data Management (MPI/MPD)				
	Software Licensing	\$1,950,000	\$0	\$0	\$0
	Implimentation	\$0	\$1,500,000	\$0	\$0
	Total	\$1,950,000	\$1,500,000	\$0	\$0
	Data Governance Tools and Processes				
	Consulting and Advising	\$500,000	\$0	\$0	\$0
	Software Licensing	\$0	\$1,000,000	\$1,000,000	\$0
	Implimentation	\$0	\$0	\$1,200,000	\$0
	Total	\$500,000	\$1,000,000	\$2,200,000	\$0
	Automated and Integrated Consent				
	Planning	\$250,000	\$0	\$0	\$0
	Software Licensing	\$0	\$1,000,000	\$0	\$0
	Implimentation	\$0	\$0	\$750,000	\$0
	Total	\$250,000	\$1,000,000	\$750,000	\$0
	Advancing Colorado's State HIE Infrastructure				
	Investment	\$1,125,000	\$1,125,000	\$0	\$0
	Total	\$1,125,000	\$1,125,000	\$0	\$0
	Technology Infrastructure for Care Coordination				
	Consulting and Advising	\$550,000	\$0	\$0	\$0
	Software Licensing	\$0	\$1,500,000	\$0	\$0
	Implimentation	\$0	\$0	\$1,500,000	\$0
	Total	\$550,000	\$1,500,000	\$1,500,000	\$0



OPERATING BUDGET

Related Subset of Operating Funds Available				
Row	Item	FY 19-20	FY 20-21	FY 21-22
Ongoing Operating Budget to Support Capital Construction Projects				
	eCQM Reporting Tools and Registry	0	\$ 675,000	\$ 675,000
	Master Data Management (MPI/MPD)	\$0	\$ 763,692	\$ 763,692
	Data Governance Tools and Processes	\$0	\$1,300,000	\$ 1,300,000
	Automated and Integrated Consent	\$0	\$ 450,000	\$ 450,000
	Advancing Colorado's State HIE Infrastructure	\$500,000	\$ 500,000	\$ 500,000
	Technology Infrastructure for Care Coordination	\$0	\$ 450,000	\$ 450,000
	Total Request	\$500,000	\$3,463,692	\$ 3,463,692

Operating funding assumes a limited period of operation, pending a longer-term sustainability model



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SIM UPDATE ECQM PROJECT

NATHAN DRASHNER, DATA & EVALUATION MANAGER, SIM

SHANNA BRYANT, PROJECT MANAGER, CORHIO

SARA SCHMITT, DIRECTOR OF COMMUNITY HEALTH, CHI

AUTOMATED eCQM EXTRACTION SOLUTION

COLORADO STATE INNOVATION MODEL (SIM)

NATHAN DRASHNER

HEALTH DATA COLORADO
SHANNA BRYANT, CORHIO

Health Data Colorado (HDCO)

- CORHIO
- Quality Health Network (QHN)
- Colorado Community Managed Care Network

WHAT ARE CQMs?



Clinical quality measures (CQMs) help measure and track the quality of health care services that eligible professionals (EPs), eligible hospitals and critical access hospitals provide. Measuring and reporting CQMs helps to ensure that the health care system is delivering effective, safe, efficient, patient-centered, equitable and timely care. CQMs measure many aspects of patient care, including:

- Patient and family engagement
- Patient safety
- Care coordination
- Population/public health
- Efficient use of health care resources
- Clinical process/effectiveness

MEASURES AND PRACTICES



Measures

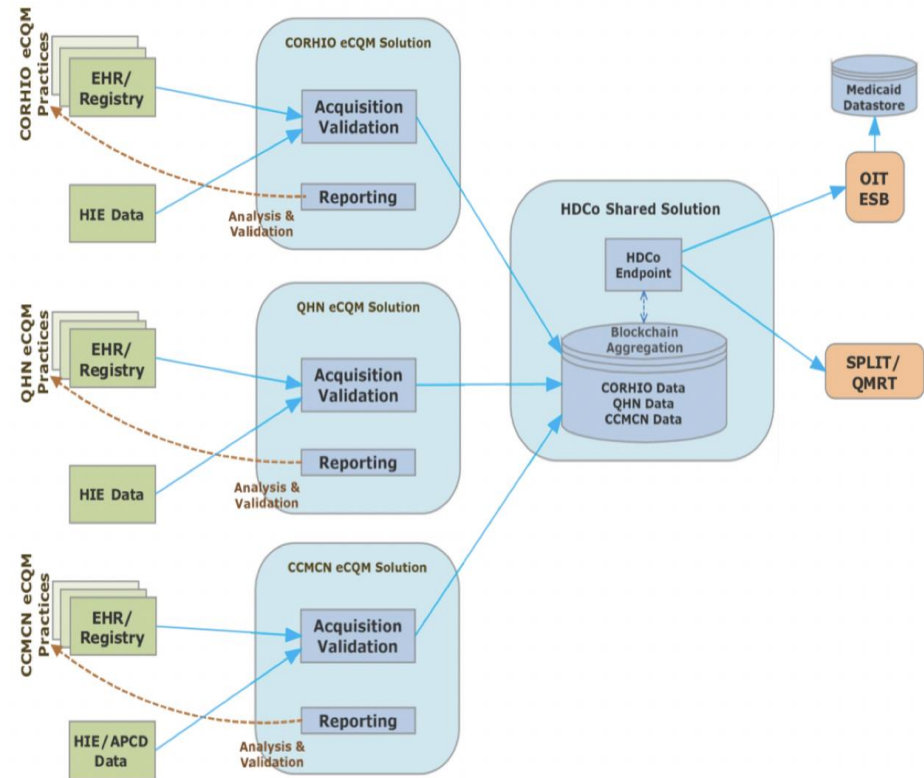
- *Depression Screen
- *Diabetes A1C
- *Hypertension
- Body Mass Index - BMI
- Maternal Depression
- Obesity Adolescent
- Substance Use Disorder:Tobacco
- Developmental Screen
- Asthma

Practices

- Phase 1 - 10 Practices
- Phase 2 - 190 Practices

OPERATIONAL STEPS

- Data Acquisition
- Data Processing
- Shared Solution
- eCQM Export



Onboarding

- Level of effort
 - Practice size
 - Systemwide integration
- Questions that need to be answered
- Practice EHR
- Practice participation

- **Phase Two**

- **August - December 2018**

- Evaluate elements of the governance structure from Phase One.
- Adopt necessary additions and changes to support the expanded scope of extraction and reporting of nine quality metrics from practices via their electronic health record vendors (EHRs) to the SPLIT.
- Develop governance framework for the HCPF use case.
- Identify process for addressing questions and issues concerning new use cases for the eCQM solution including certification and measure enrichment.

- **Phase Three**

- **January - July 2019**

- Evaluate elements of the governance structure.
- Adopt necessary additions and changes to support additional use cases.
- Identify the process for transferring committee oversight to the Office of eHealth Innovation.

- Why does it matter?
- Colorado Health Institute, a non-partisan organization founded in 2002.
- What happens at the end of SIM to governance?

The following principles reflect the core values that guide the Data Governance Committee's work.

- Build and establish trust with stakeholders for establishing and using quality measures.
- Understand and communicate how data will be used.
- Promote transparency and buy-in across payers and practices.
- Promote scalability and continually communicate about the Colorado Health IT Road Map.
- Provide an appeals process for practices that may not agree on the measures.
- Promote knowledge transfer and how to use measures.
- Give stakeholders an opportunity to understand data uses and limitations.
- Create and update use cases as eCQM evolves.
- Share minimum necessary information to meet eCQM objectives.
- Reduce practice burden and increase trust of the measures by the recipient.
- Establish a rigorous validation process for measures across practices, payers, and recipients.
- Promote "public utility"/ services.
- Ensure the governance model is iterative.
- Provide a feedback loop for communications.

- Um, this is HARD
- 10 practices
- CCD and custom extracts
- Blockchain!
- Three partners
- The long view—change for good.

learning is
NOT
a spectator
sport.

so let's
PLAY!

Based on your clinical and community experience what is the true value proposition for CQMs?

GOVERNANCE
SARA SCHMITT, COLORADO HEALTH
INSTITUTE

Why Governance Matters



- Ensures clear, consistent communication and expectations
- Creates opportunity for dialogue
- Establishes protocols and processes

PRINCIPLES THAT GUIDE THE WORK



- Build and establish trust with stakeholders for establishing and using measures
- Promote transparency and buy-in
- Provide a feedback loop for communications
- Reduce practice burden
- Establish a rigorous validation process

- Voluntary participation
- Statewide representation
- Primary care, mental health, public health, public and private payers, state agencies, technical partners

Purpose and Goals



- Purpose:

To guide and develop policies for the extraction and reporting of eQMs to the SPLIT tool.

- Goals:

- (1) Establish a foundational governance structure for eQm reporting
- (2) Ensure transparent, trustworthy, and efficient (minimal burden) processes for practice participation
- (3) Uphold privacy and security of patient data
- (4) Facilitate the development of new use cases by July 31, 2019

Role of the Data Governance Committee



The committee WILL...	The committee will <u>NOT</u> ...
Set a floor for governance	Be responsible for governance in all phases of the eCQM system
Ensure an adequate IT solution is in place	Develop the IT solution directly
Ensure that processes are in place to assist practices and create value	Work with practices directly on practice transformation or technical assistance
Guide and provide feedback on implementation efforts	Be involved in implementing the eCQM solution
Determine additional use cases	Implement those use cases.

- I. Purpose, scope, and guiding principles
- II. Definitions and participants
- III. Decision-making processes
- IV. System access and use
- V. Data quality and validation
- VI. Privacy and security

Short term Use Cases

- SIM providers to report electronic quality measure data to SPLIT.
- No changes in how SIM performance measures are viewed and used.

Long term Use Cases

- Providers to report electronic quality measure data to payers.
- Data may be viewed and used differently.

GOVERNANCE PHASES



May - July 2018

August -
December 2018

January -
July 2019

August 2019 - ?

Phase 1

- Measures: Three
- Use case: SIM



Phase 2

- Measures: Nine
- Use cases: SIM, HCPF



Phase 3

- New measures and uses
- OeHI leadership



Phase 4

- Implement new use cases
- Add payers, providers



THANK YOU!



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EMERGING STATE IT STANDARDS API, CLOUD ENVIRONMENTS, ET.

CASEY CARLSON, CHIEF ENTERPRISE ARCHITECT, OIT



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CLOSING REMARKS, NOVEMBER AGENDA, AND ADJOURN

MICHELLE MILLS, CHAIR

NOVEMBER DRAFT AGENDA



<p>Call to Order Roll Call and Introductions Approval of August Minutes November Agenda and Objectives <i>Michelle Mills, Chair</i></p>	<p>12:00</p>
<p>Announcements OeHI Updates Updates, Grant Opportunities, Workgroup Updates, Announcements, Action Items <i>Mary Anne Leach, Director, Office of eHealth Innovation</i> <i>Carrie Paykoc, State Health IT Coordinator</i> Commission Members</p>	<p>12:05</p>
<p>New Business</p>	
<p>Master Provider Directory Funding Request <i>Steve Holloway, Branch Chief, Prevention Services Division: Health Equity and Access, CDPHE</i></p>	<p>12:15</p>
<p>Project Funding Request Process Mary Anne Leach, Director, Office of eHealth Innovation Carrie Paykoc, State Health IT Coordinator</p>	<p>1:05</p>
<p>HIE Advancement Initiative Project Proposal</p>	<p>1:40</p>
<p>Public Comment Period</p>	<p>1:50</p>
<p>Closing Remarks Open Discussion Recap Action Items December Agenda Adjourn <i>Michelle Mills, Co-Chair</i></p>	<p>1:55</p>

POTENTIAL FUTURE AGENDA TOPICS



Topic	Presenter	Focus	Scheduled
Shared Practice Improvement Learning Tool (SPLIT) Update	Kyle Knierim, Associate Director of Practice Transformation at the UC Department of Family Medicine	Sustainability post SIM	
Julota- Connected Community	Rick Pionkowski, CEO	Social health information exchange	