



OeHI

Office of eHealth Innovation

EHEALTH COMMISSION MEETING

OCTOBER 9, 2019

OCTOBER AGENDA



Call to Order	
<ul style="list-style-type: none"> • Roll Call and Introductions • Approval of September Minutes • October Agenda and Objectives <i>Michelle Mills, Chair</i>	12:00
Announcements	
<ul style="list-style-type: none"> • Lt. Governor Remarks, Dianne Primavera • OeHI Announcements and Updates • Workgroup Announcements and Updates • Commissioner Announcements and Updates <i>Carrie Paykoc, Interim Director, OeHI</i> <i>eHealth Commissioners</i>	12:05
New Business	
Colorado’s Efforts to Share Mental Health Information with Consent <i>Wesley Williams, CIO, Mental Health Center of Denver</i> <i>Kate Horle, COO, Colorado Regional Health Information Organization</i>	12:30
Hospital Transformation Program and Medicaid Measure Alignment <i>Matt Haynes, Special Finance Projects Manager, Health Care Policy & Financing</i> <i>Nancy Dolson, Special Finance Division Director, Health Care Policy & Financing</i>	1:10
Public Comment Period	
<ul style="list-style-type: none"> • Open Discussion 	1:50
Closing Remarks	
<ul style="list-style-type: none"> • Recap Action Items • November Agenda • Adjourn <i>Michelle Mills, Chair</i>	1:55

OeHI UPDATES

- Care Coordination Initiative Funding & Approach
- Executed Contracts and Project Plans
- HHS 42 CFR Part 2 Proposed Rule
- Proposed Telehealth Workgroup Members
- Upcoming meetings: Rural Focus

COMMISSION UPDATES

- Advanced Directive Survey- Chris Wells

Note: If you are experiencing audio or presentation difficulties during this meeting, please use the Adobe Connect chat box function to alert us. Or please email Kristi.labarge@state.co.us. We are working to improve the audio let us know what you think.

DRAFT MEMBERSHIP LIST- NOV LAUNCH, CHAIR- RACHEL DIXON

Name	Organization
Kathy Osborn	Colorado Hospital Association
Elizabeth Baskett	Baskett, Formerly HCPF
John Savage	Care on Location
Sristi Sharma, MD	Physician-International
Jay Shore, MD, CMO	Physician-Psychiatry, AccessCare Services, Anschutz Proff, ATA Founder
Paul Murphy	Formerly HCA, Health Tech Leader
Teresa Ferguson	Office of Broadband
Alixandra Schmetterer	Health Care Policy and Financing
Jan Ground	Formerly at Kaiser Permanente

ACTION ITEMS

CO Health IT Roadmap	Follow Up	Status
eHealth Commissioner Opening	Accepting applications for rural community leaders and payer experts	Pending Gov Office review and selection
Launch Consent Initiative Efforts	Initial planning meetings with Commissioner Wes Williams and OeHI held	<ul style="list-style-type: none">• In progress
HTP Alignment	Initial discussions regarding alignment and input on measure	<ul style="list-style-type: none">• In progress

ACTION ITEMS



AFFORDABILITY ROADMAP

Affordability Roadmap	Status and Follow-Up
Prescriber Rx Tool	<ul style="list-style-type: none">• OeHI participating in procurement process and contract negotiations• OeHI adding criteria to SUPPORT ACT funding request to support provider adoption and reduce burden related to ALL prescription tools• OeHI discussing with HIEs potential projects to link efforts in 2020
Advanced Directive <u>SB 19-073</u>	<ul style="list-style-type: none">• Align/Prioritize Roadmap Initiatives- consent, identity, HIE• OeHI to release survey to clinicians on advanced care planning efforts in October• OeHI PMO to define success criteria and alignment with Roadmap efforts
Interoperability (JAI)	<ul style="list-style-type: none">• Align/Prioritize Roadmap Initiatives- OeHI Identity resolution pilots informing JAI investments- Pilot 1 complete, Pilot 2 kick-off 9/17• Marc Lassaux serving on leadership committee• OeHI reviewing goals, objective, and projects for JAI to ensure alignment between efforts
Broadband/Telehealth	<ul style="list-style-type: none">• Submitted letter of support and comments August 29th for connected care pilot funding opportunity• Recruiting and launching workgroup to develop state plan and refine pilots- chair Rachel Dixon. Plan to launch in October• Planning meeting held in September with Rachel.

Behavioral Health Information Sharing

Wes Williams, VP & CIO, Mental Health Center of Denver

Kate Horle, COO, CORHIO

October 9, 2019



Agenda

- Quick overview of **42 CFR Part 2**
- **Colorado Advanced Interoperability Initiative** and current state of Part 2-covered information sharing
- **Carequality**: query-based Part 2-compliant information sharing between Mental Health Center of Denver and Denver Health
- Denver's **Crisis Intervention and Response Unit** and a mobile app for behavioral health information lookup
- Opportunity: **first-responder lookup app** blending behavioral health and CORHIO information.

42 CFR Part 2

- Federal rule providing **protections to people** seeking treatment for **substance use disorders** (SUD).
- **Requires consent from patient** to share health care information
 - (In contrast to HIPAA, which allows sharing for treatment, payment, and operational purposes without consent).
- **Coverage is dictated** not by the data elements (e.g. SUD diagnostic code) but rather **by provider**.
 - Providers who hold themselves out as providing specialty SUD services are covered.
 - Part 2 rules may apply to the entire organization or to specific programs, depending on the organization's segmentation.
- In the event of an **emergency, information may be shared** without consent.

SAMHSA

Substance Abuse and Mental Health
Services Administration

Colorado Advanced Interoperability Initiative

- ONC program designed to further the interoperability roadmap
- Awarded to Colorado in 2015 for two years
- Colorado's program focused on three types of providers: Ambulatory, Behavioral Health and Long-Term Post-Acute Care providers.
 - Goals: 500 ambulatory providers are sending CCDs
 - 20 LTPAC sites are sending CCDs
 - 2 Behavioral health organizations are sending CCDs.
- Primary participants were HCPF, CORHIO and QHN along with a variety of sub-contractors.

Colorado Advanced Interoperability Initiative

- At close, we had approximately 200 ambulatory providers either delivering or about to deliver CCDs into CORHIO with visibility inside Medicity.
- We have 7 LTPAC sites delivering CCDs with 23 preparing to do deliver in early April (or sooner).
- Behavioral health: One entity will be testing deliver in mid to late March.



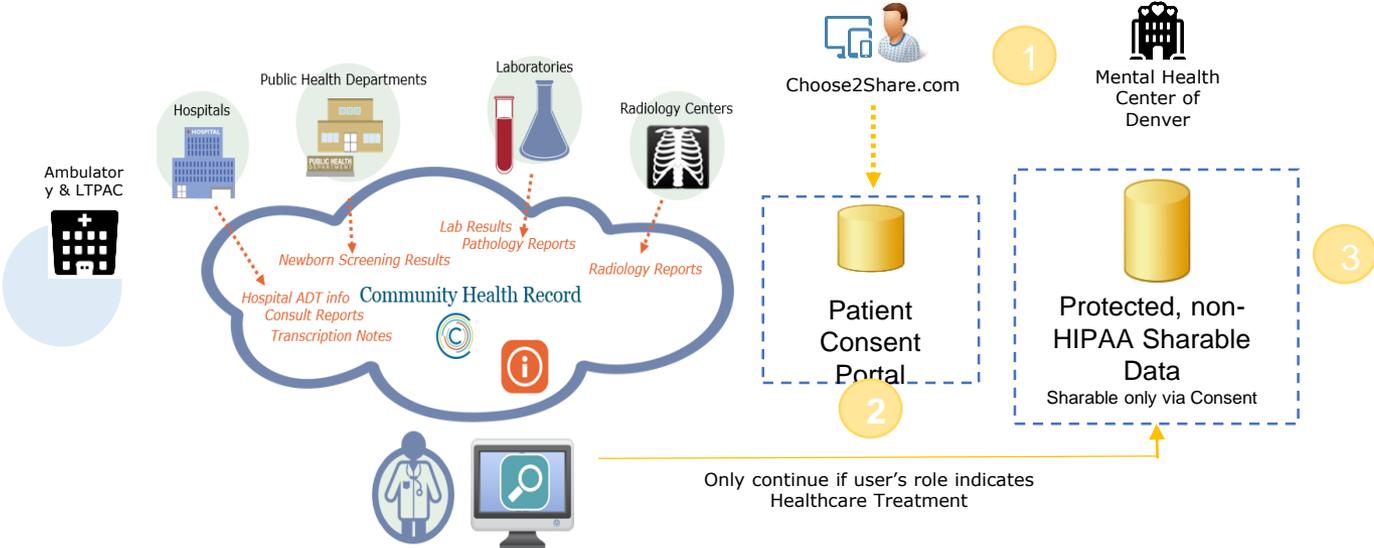
QHN Behavioral Health Pilot



Process:

- MSH updates patient consent in QHN to share data
- MSH sends report to HIE
- Report is pushed to authorized providers (EHRs)
 - Includes re-disclosure notice

CORHIO Behavioral Health Exchange Pilot



Lessons Learned

1. Start by automating existing workflows
2. Make it easy for CMHCs to share their 42 CFR Part 2 data no matter how they interpret the rule
3. Clients want to share with all their treating providers

carequality

Epic



- Query-based information sharing between providers
- Common agreement and master provider directory
- Allows for Part 2-compliant information sharing
- EHRs can be configured to only allow CCDs to be returned if consent is on file
- In past quarter, Mental Health Center of Denver sent 1857 CCDs in response to Denver Health queries



DENVER HEALTH™
— est. 1860 —
FOR LIFE'S JOURNEY



Denver's Crisis Intervention Response Unit (CIRU)

Co-Responder Program

- Licensed mental health clinicians embedded within Denver Police Department
- Partnership between Denver's Office of Behavioral Health Strategies, Denver Police Department, and Mental Health Center of Denver



MHCD Lookup

Name or ID

Name or ID
 DOB: YYYY-MM-DD
 Street Address

Search

Browse Caseload for williams

MHCD Lookup - PHI data refreshed daily

HIPAA Access Accepted

Search Results (Sorted by Active then by Last name)

Name or ID
 DOB: YYYY-MM-DD
 Street Address

Name or ID	Search
Poodletest,Ameliatest - 9999380 DOB: 1988-03-08 Sex: Female	>
-	Active? Yes
TESTING,CLIENTONE - 242731 DOB: 1900-01-01 Sex: Male	>
4141 E. Dickenson Pl, Denver CO	Active? Yes
TESTING,CLIENTTWO - 242740 DOB: 1990-01-03 Sex: Female	>
4141 E. Dickenson Pl, Denver CO	Active? Yes
HECTOR_TEST,DO_NOT_TOUCH - 999850 DOB: 1980-01-01 Sex: Male	>
456 tet Englewood CO	Active? Yes
HECTOR_TEST,DO_NOT_TOUCH - 999851 DOB: 1981-01-01 Sex: Male	>
132 tetr Englewood CO	Active? Yes

Data as of: 2019-10-02

Data Navigation

TESTING,CLIENTONE - 242731
 Active? Yes
 DOB: 1900-01-01 Sex: Male
[4141 E. Dickenson Pl, Denver CO](#)

- Person
- Heads Up
- Risk
- Diagnosis
- Episodes
- Services
- Appt
- Contacts
- Meds
- Auths
- Staff
- Allergy
- Notes

For Help Email or Call HD: [303-504-6572](#)
 TESTING,CLIENTONE - 242731: Data as of 2019-10-02

MHCD Lookup

Behavioral Health Information for First Responders



FHIR APIs



Data Navigation

TESTING, CLIENTONE - 242731
Active? Yes
DOB: 1900-01-01 Sex: Male
4141 E. Dickenson Pl. Denver CO

Person	Heads Up	Risk
Diagnosis	Episodes	Services
Appt	Contacts	Meds
Auths	Staff	Allergy
Notes		

For Help Email or Call HD: 303-504-6572
TESTING, CLIENTONE - 242731: Data as of 2019-10-02





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HOSPITAL TRANSFORMATION PROGRAM

PRESENTATION TO THE EHEALTH COMMISSION

OCTOBER, 2019

Nancy Dolson, Special Finance Division Director

Matt Haynes, Special Finance Projects Manager

Department of Health Care Policy & Financing

Hospital Transformation Program

Presentation to the eHealth Commission

October, 2019

Nancy Dolson, Special Finance Division Director

Matt Haynes, Special Finance Projects Manager

Department of Health Care Policy & Financing



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



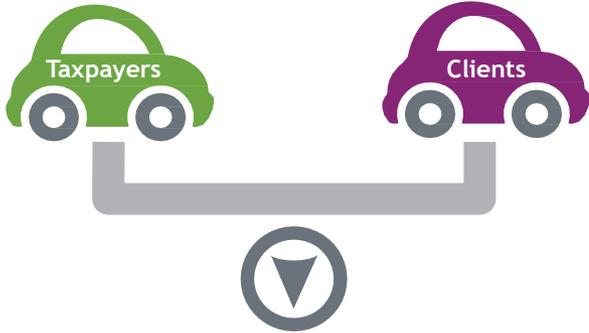
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On the Road to Better Health

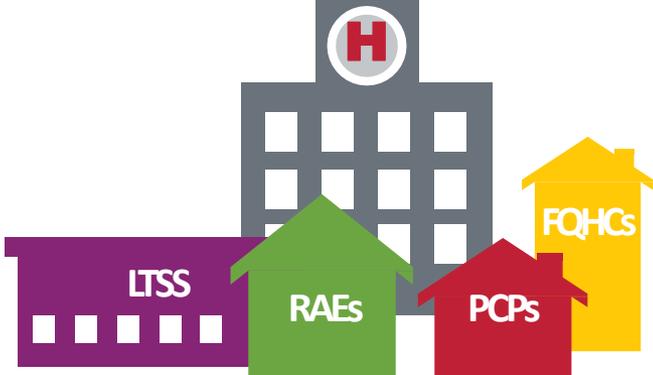
How the Department of Health Care Policy and Financing is Driving Improved Health Care Delivery and Payment Systems in Colorado

1



2

WHY? Because almost one of four Coloradans is covered by Health First Colorado, HCPF has the ability to move the market.



3

WHO? HCPF partners with key stakeholders.



Quadruple Aim
• Lowered Costs
• Improved Quality
• Improved Health
• Provider Satisfaction

5

DESTINATION?
System Transformation.



4

HOW? HCPF works with stakeholders to build a value-based system.

Hospital Transformation Program (HTP) Overview

- The Hospital Transformation Program (HTP) is a critical step toward adding value into the system over time.
- Delivery system transformation continues to be a central goal of HCPF.
- Tied to the existing supplemental payments
- Focus on interventions as well as measures
- Focus on Community Engagement.



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HTP Goals

- Improve patient outcomes through care redesign and integration of care across settings;
- Improve the patient experience in the delivery system by ensuring appropriate care in appropriate settings;
- Lower Health First Colorado (Colorado's Medicaid Program) costs through reductions in avoidable hospital utilization and increased effectiveness and efficiency in care delivery;
- Accelerate hospitals' organizational, operational, and systems readiness for value-based payment; and
- Increase collaboration between hospitals and other providers.



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HTP Priorities

The HTP envisions transforming care across the following six priority areas:

- *Care Coordination and Care Transitions*
- *Complex Care Management for Targeted Populations*
- *Behavioral Health and SUD Coordination*
- *Perinatal Care and Improved Birth Outcomes*
- *Recognizing & Addressing Social Determinants*
- *Reduce Total Cost of Care*



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HTP Focus Areas for Measures

- Reducing Avoidable Hospital Utilization
- Vulnerable Populations
- Behavioral Health Conditions and Substance Use Disorder
- Clinical and Operational Efficiencies
- Community Development Efforts to Address Population Health and Total Cost of Care

HTP Hospital Role

Colorado's hospitals have a critical role to play in the HTP, and will be asked to:

- *Engage with community partners*
- *Recognize and address the social determinants of health*
- *Prevent avoidable hospital utilization*
- *Ensure access to appropriate care and treatment*
- *Improve patient outcomes*
- *Ultimately reduce costs and contribute to reductions in total cost of care*



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4 Principles of Success

1. What is our measurable impact on meaningful metrics?
2. What actions/interventions/processes of care are affecting that impact?
3. What are our learning systems for continuous improvement and what are we learning from our activity and performance?
4. How are we building a culture of engagement and how are we engaging our communities in regard to what we measure, what interventions we do, and in our learning and feedback loops?



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Glide Path



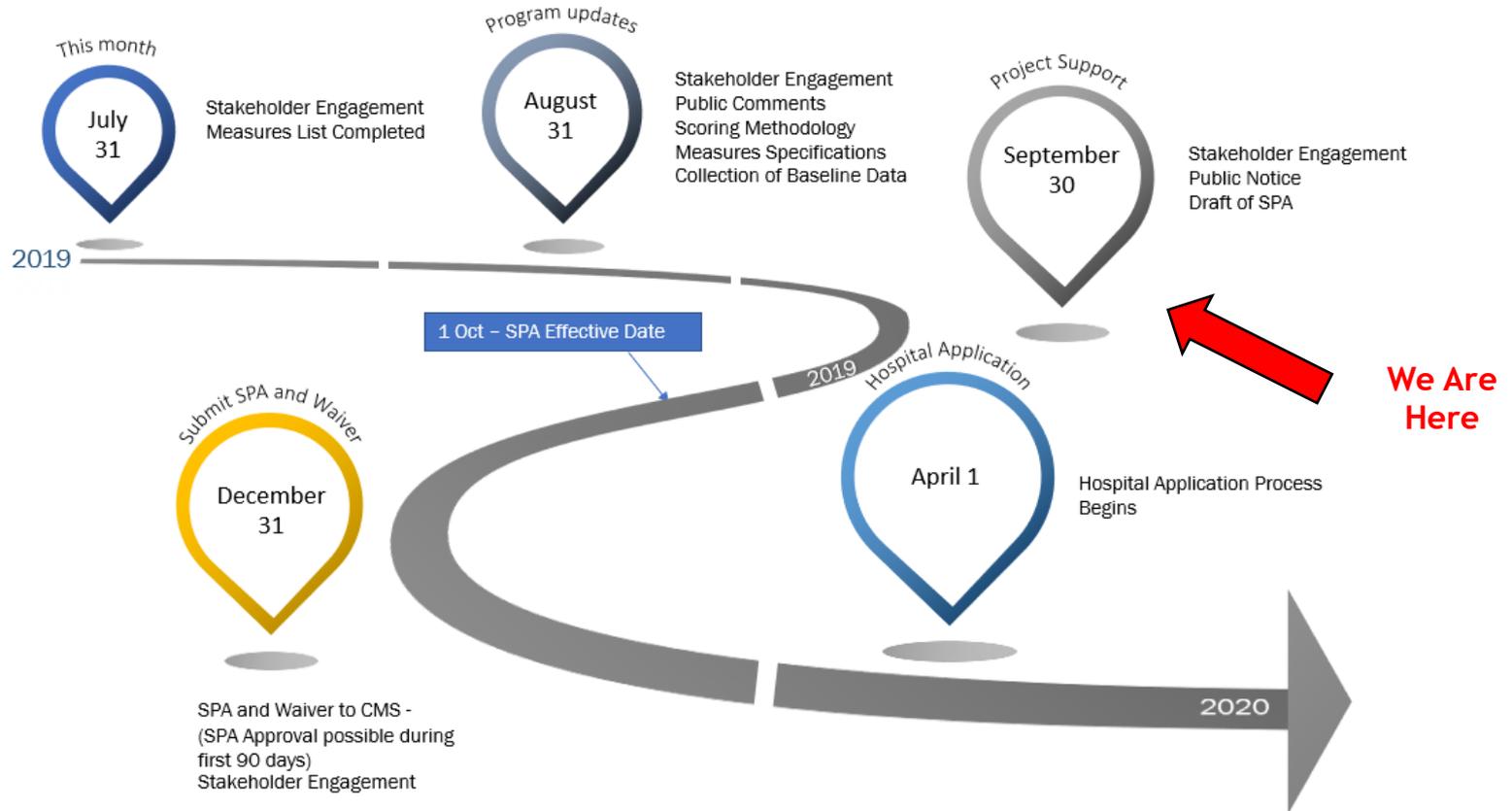
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Program Development Process

- Initial Development work began in 2016
- Intent to align with the state's priorities and to align with priorities that we hear from stakeholders
- Multiple levels of Outreach and Engagement

HTP Timelines



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Rural Support Fund

- Preliminary discussions regarding a supplementary component to HTP under the CHASE to provide additional resources for non-resort, critical access and frontier hospitals
- Funding is expected to be available each of five years through the HTP. The funding may be used for services that prepare the hospital for future value-based or alternative payment methodologies, including:
 - Technical capacity such as Health Information Exchange (HIE) connectivity fees
 - Transformation capital to operationalize strategic plan



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Data and Measures



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Measure Alignment

2020 Proposed APM Measure Alignment

Focus Area	APM	HTP	ACC KPI	ACC BHIP
Maternity	✓	✓	✓	
Chronic Care Management	✓	✓		
Dental Care	✓		✓	
Substance Use	✓	✓		✓
Mental Health	✓	✓	✓	✓
Wellness	✓	✓	✓	
Hospital Utilization	✓	✓	✓	✓
Specialty Care	✓	✓	✓	

Measures Development Process

- Measurement design process began with the Robert Wood Johnson, Buying Value Measurement Development tool.
- Measurement data sources included both national and Colorado specific measures
- Measures were evaluated based on the following key principles:
 - Evidenced-based and scientifically acceptable
 - Usable and relevant
 - Feasible to collect
 - Aligned with other measure sets
 - Presented and opportunity for quality improvement
 - Hospitals could impact
 - Representative of the array of services and diversity of patients seen by the program



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Measures Development Process

- Measure set included in the design:
 - CMMI Comprehensive Primary Care Plus (CPC+)
 - CMMI SIM Recommended Model Performance Metrics
 - CMS Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set)
 - CMS Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Medicaid Adult Core Set)
 - CMS Core Quality Measures Collaborative
 - CMS Electronic Clinical Quality Measures (eCQMs)
 - CMS Value Based Purchasing (VBP)
 - CMS Medicare Hospital Compare
 - Joint Commission Accountability Measure List
 - National Committee on Quality Assurance (NCQA) HEDIS
 - Colorado ACC Phase II



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Statewide Measures

At least one statewide measure is included in each of these five focus areas which the HTP seeks to address:

- Reducing avoidable hospital utilization
- Vulnerable populations
- Behavioral health and substance-use disorder
 - This focus area includes more than one measure
- Clinical and operational efficiencies
- Population health and total cost of care

Local Measures

- Hospitals will select from an array of local measures to comprise the remainder of their measurement score
- There is a local measures menu within each of the five focus areas
- The mix of local measure selections should reflect community needs identified in CHNE

HTP Web Page



COLORADO

**Department of Health Care
Policy & Financing**



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Measures Data and Scoring

- The program plan includes measures with data obtained from multiple sources, including
 - Medicaid claims data
 - Hospital data self-reported to HCPF
- Each measure has assigned points, and hospitals will work on measures that equal to 100 points
- The number, mix and points per measure will vary according to hospital size, defined by bed count or specialty type
- Hospitals will be providing self-reported data every 6 months

Measures Requirements

- 91 or more beds = 6 statewide and minimum 4 local measures
- 26-90 beds = 6 statewide and minimum 2 local measures
- 25 or fewer beds = minimum 6 measures from statewide and/or local list

eHealth Commission Ask

- How does the HTP program work fit into the Health IT Roadmap? Reduce Provider Burden for QM Reporting Initiative
 - PURPOSE The purpose of this initiative is to ease the burden on providers for submitting quality measures. This initiative should provide tools that streamline the processes used to report on quality measures.
 - OUTCOME(S) Reduced reporting workload for providers. Simplified and streamlined processes for reporting required measures. Affordable tools readily available to assist providers with the capture and reporting of their quality data.
 - How can we reduce provider burden?
 - What are the opportunities for collaboration?
 - How do you want to be involved?



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Thank You

Much more to come!

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- November- Identity Focus
 - CHORDS Project Update and Identity
 - OeHI Future State Identity Architecture
 - MyColorado Digital Identity
- December- Rural Focus
 - OeHI Project Management Office Overview
 - Healthy Communities
 - Host meeting on Western Slope?
- January- Strategy Focus
 - OeHI 2019 Progress Report
 - Roadmap Priorities for 2020
- February- Federal Lens
 - Carin Alliance & Gravity Project
 - Post HITECH Funding
- March-Rural Focus
 - Opioid Crisis
 - Host meeting in Alamosa?
- April- Digital Health Focus
 - Emerging Technologies
 - Telehealth Update
- May- Privacy and Security Focus
 - Trends in Privacy/Security
 - Consent Update
- June
 - OeHI 2020 6 Month Progress Report



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PUBLIC COMMENTS



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CLOSING REMARKS

MICHELLE MILLS, CHAIR