



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



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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.



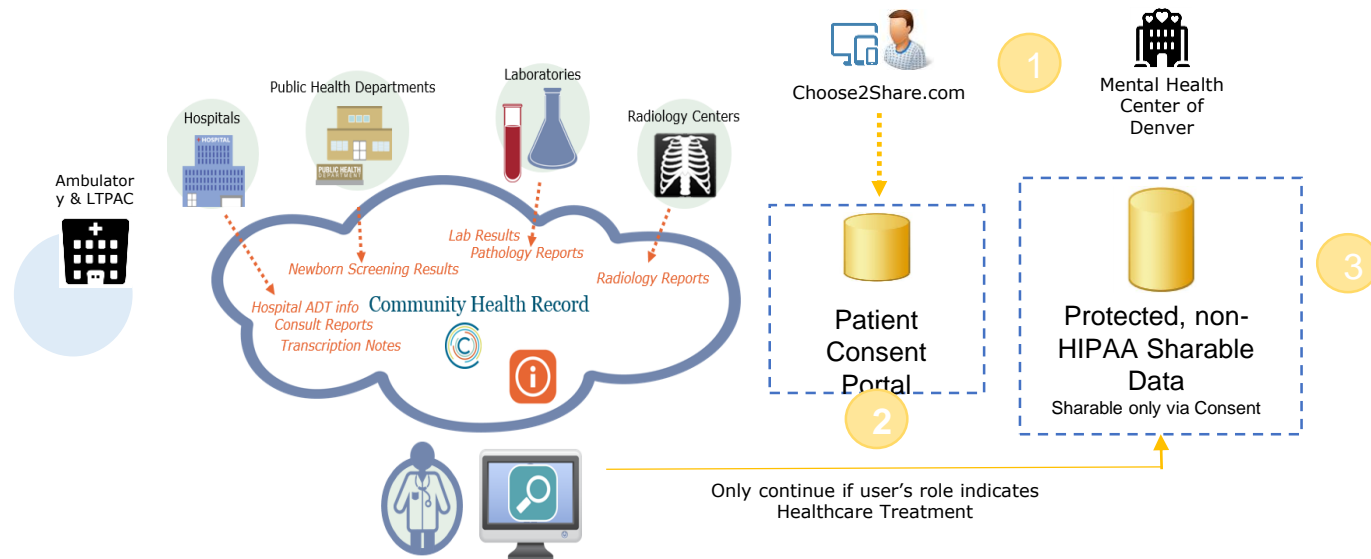
QHN Behavioral Health Pilot



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™
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FOR LIFE'S JOURNEY



Co-Responder Program

Denver's Crisis Intervention Response Unit (CIRU)

- 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 wwilliams

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

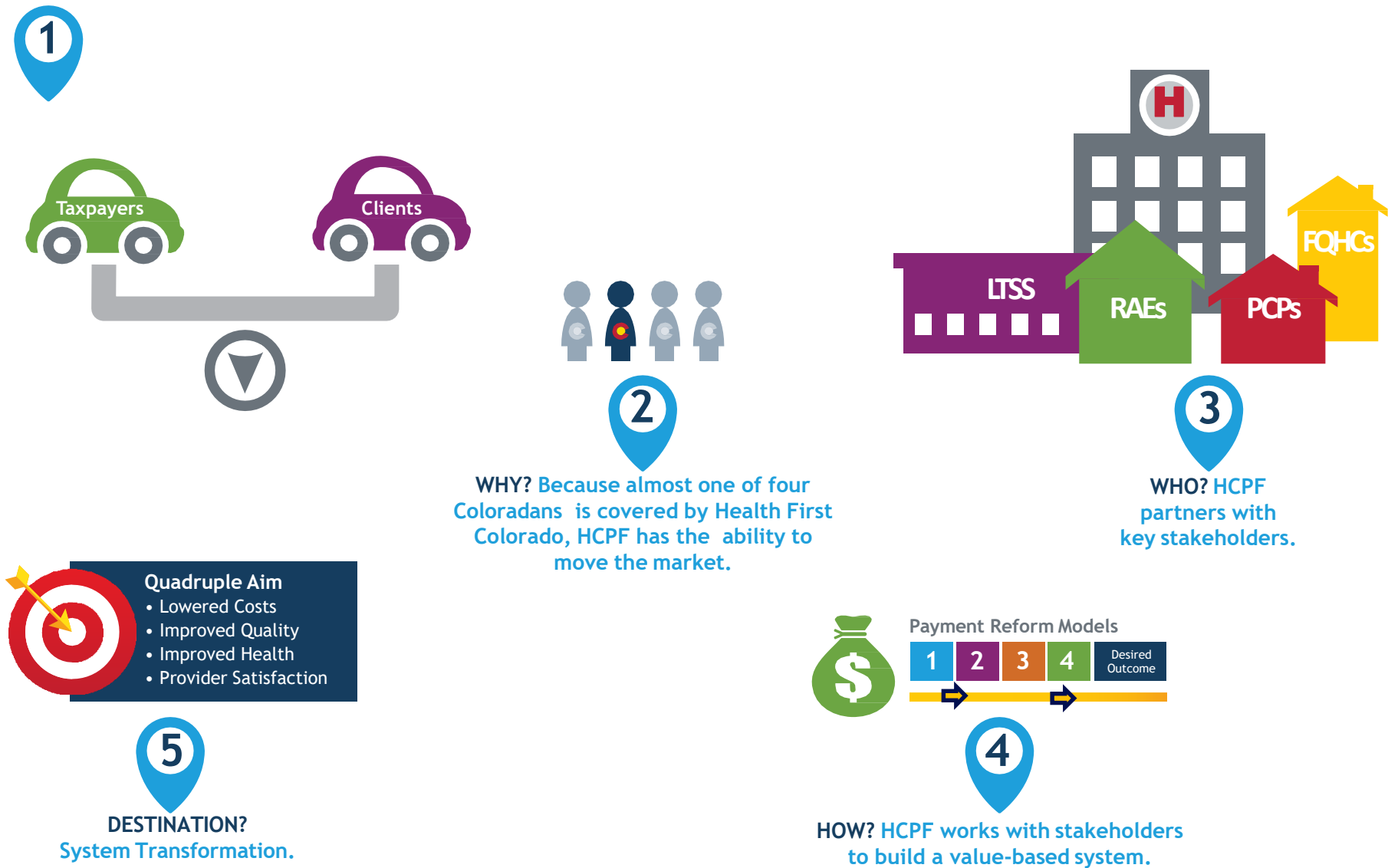


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On the Road to Better Health

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



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.

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*

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?

Glide Path



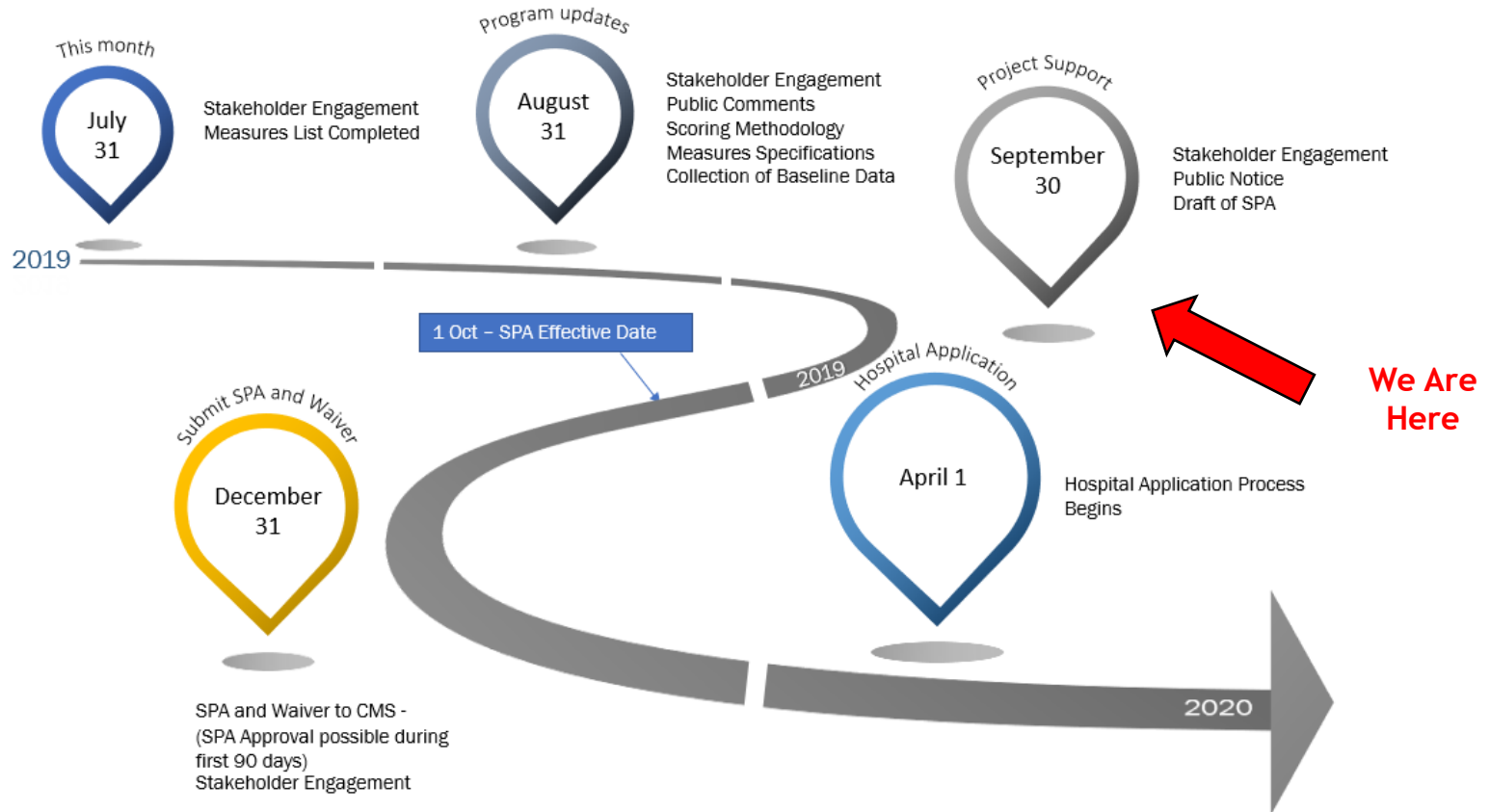
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Program Development Process

- 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 | ✓ | ✓ | ✓ | |



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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

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



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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?

Thank You

Much more to come!

Matt Haynes
Special Finance Projects Manager
Department of Health Care Policy & Financing
Matt.Haynes@state.co.us



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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