RESOURCES / FINANCIAL

7. ACCESSIBLE AND AFFORDABLE HEALTH IT AND INFORMATION SHARING

DOMAIN	Resources/Financial
DESCRIPTION	This initiative will develop and implement approaches that address the resources, policies, processes, programs, and technology involved in making health IT and information sharing capabilities accessible and affordable.
BACKGROUND & FINDINGS	Colorado has a high rate of health IT adoption and use. However, there are large disparities across the state when it comes to the level of access, availability, capabilities, and affordability of these systems.
PURPOSE	The purpose of this initiative is to remove the barriers (cost, time, talent, and other resources) providers face that prevent equitable access to health information in Colorado. A focus will be placed on those providers who are most in need such as rural providers, small independent practices, and those who were not eligible for meaningful use incentives.
OUTCOME(S)	For providers across Colorado, there is equitable access to health information – so that it is available when and where needed.

SUGGESTED APPROACH(ES)	**Plan**
	1. Consider developing a "think tank" where new and innovative approaches such as payment and procurement – can be aired and discussed.
	2. Conduct a scan of Colorado stakeholders to:
	    · Understand and prioritize their needs
	    · Obtain input on their suggested solutions.
	3. Build upon and expand programs for incenting providers to adopt and appropriately use EHRs or other tools and to actively utilize the data within the HIE.
	4. Consider recommending State policies and funding to assist providers/organizations not yet using EMRs and/or HIEs, such as:
	    · Continue and expand incentive program to support providers not previously eligible for MU incentives.
	    · Include independent psychologists, licensed counselors,

and social workers as well as designated agencies and long-term supports and services providers

Implement

5. Leverage expansion of allowable MU payments as described in SMD # 16-003.[61],[62]
6. Leverage current programs such as:
   · Programs similar to the Regional Extension Center[63] (REC) programs under HITECH
   · CORHIO's EMR selection and implementation services
   · Clinical Health Information Technology Advisors (CHITA)
   · Review other successful support models such as HealthARCH[64] working in conjunction with the University of Central Florida.
7. Collaborate with college and university programs throughout Colorado to prepare workforce talent for health informatics, analytics, program management, and change management.
8. Where policies are not aligned to remove barriers to the use of HIE, consider recommending updates. Coordinate with – and leverage – federal, state, payer, and private incentive programs.

SUGGESTED INITIATOR	Colorado Rural Health Center, Colorado Community Managed Care Network (CCMCN), HCPF
TIMING	Continue and accelerate ongoing efforts
INTERDEPENDENCIES	Initiative #3 Harmonize and Advance Data Sharing and Health Information Exchange Capabilities Across Colorado Initiative #5 Statewide Health Information Governance Initiative #16 Broadband and Virtual Care Access
POTENTIAL FUNDING SOURCE(S)	• ARRA HITECH 90/10 • Grants and Foundations • Public/Private partnerships

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[61] US Department of Health & Human Services memo to State Medicaid Directors, "Availability of HITECH Administrative Matching Funds to Help Professionals and Hospitals Eligible for Medicaid EHR Incentive Payments Connect to Other Medicaid Providers," February 29, 2016. Accessed October 2017 at https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16003.pdf

[62] CMS webinar presentation slides, "Expanded Support for Medicaid Health Information Exchanges", March 2016 . Accessed October 2017 at https://www.healthit.gov/sites/default/files/smd_presentation_for_learning_event_3-8-16.pdf

[63] HealthIT.gov website, Regional Extension Centers web page accessed October 2017 at https://www.healthit.gov/providers-professionals/regional-extension-centers-recs

[64] University of Central Florida website, HealthARCH web page accessed October 2017 at http://ucf-rec.org/

8.   ACCESSIBLE AND AFFORDABLE HEALTH ANALYTICS

DOMAIN	Resources/Financial
DESCRIPTION	This initiative will develop and implement approaches for making health analytics accessible and affordable.
BACKGROUND & FINDINGS	One key to successful health care reform is understanding the value and the effectiveness of the care and the services delivered. This requires a robust ability to measure and analyze both the outcomes of care and the associated cost(s) of that care. On a larger scale, understanding population level outcomes is necessary to both identify trends and areas for concern as well as to gauge the state's overall progress on health care reform. As the ability to capture, aggregate and analyze information increases, the health care system will mature in its ability to not only understand what happened – and why – but also to take actions to prevent or reduce untoward events. While there are multiple ongoing projects and activities in Colorado to provide analytics today, access to the tools necessary for even the basic level of analytics is out of reach of many provider organizations. As a result, there is wide disparity around the state in the ability of providers to access needed analytics capabilities.
PURPOSE	The purpose of this initiative is to ensure that a meaningful and affordable level of health analytics capability – with clinical, services, and payer information – is available to Colorado stakeholders.
OUTCOME(S)	There are affordable and accessible analytics and reporting capabilities – that support Colorado's Triple Aim – that meet the needs of multiple providers and stakeholders.
SUGGESTED APPROACH(ES)	**Discover** 1. Work with providers to understand their priority needs regarding access to analytics tools and reports. Needs may include answers to questions such as the following. 　　·　In what areas do I, as a provider, need improvement?

- How do my outcomes – and patient acuity – compare with other similar practices?
- What are the key health needs of the population that I serve?
- Which patients are attributed to my practice that we have never seen?
- Which patients have had visits elsewhere that provided the necessary follow up?

2. Identify the types of uses/categories for analytics such as:
   - Clinical research
   - Population health
   - Individual provider/practice performance
   - Costs of care
   - Quality reporting

3. Develop use cases for the areas of high priority need – as defined by providers and other key stakeholders.

Plan

4. Consider innovative ways of aggregating data sources.
5. Work with stakeholders to identify the high priority needs where there are gaps in analytics capability.
6. Develop use cases based upon these priority needs and select key capabilities to focus development and implementation.

Implement

7. Develop and implement tools to address the high priority use cases to provide (at least) a base set of statewide health analytics services.
8. Leverage the current tools and knowledge from organizations such as:
   - Center for Improving Value in Health Care (CIVHC)
   - Department of Public Health and Environment (CDPHE)
   - Colorado Dept. of Health Services (CDHS)
   - Colorado Longitudinal Study[65] (COLS)
   - Health information Exchanges (HIEs)
   - CMS Quality Improvement Organizations (QIOs)
   - Colorado Hospital Association
   - Colorado Rural Health Center
   - Colorado Health Institute
   - Colorado Universities
9. Leverage statewide resources such as:
   - Colorado registries
     - Electronic Birth Registration System

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[65] Colorado Longitudinal Study website, Home page accessed October 2017 at
http://www.coloradolongitudinalstudy.org/

- Electronic Death Registration System
- Birth Defects Registry
- Cancer Registry
- Medical Marijuana Registry
- Colorado Electronic Disease Reporting System
- Colorado Immunization Information System
- Trauma Registry
  - · Colorado's Business Intelligence & Data Management (BIDM) tool
10. Consider creating an advisory service to direct people to resources to address questions/needs such as:
    - · What are you going to do with the information?
    - · What changes do I need to make now that I have this information?
    - · We need help with the analysis and developing next action steps – glean insights and change how we do work.
    - · What do I do in response to all that information?
    - · Provide basic tools to a broad set of users.
    - · Develop/implement standard APIs to promote easier access to data.

Considerations
- Must provide timely access to results (reports).
- A one-size-fits-all approach is not recommended.
- Include use and integration of multiple data sources like claims and clinical data to maximize cost-effectiveness analyses.

Create an environment where analytics thrives.

SUGGESTED INITIATOR	CCMCN, CIVHC, CORHIO, QHN
TIMING	Begin Q3 2018
INTERDEPENDENCIES	Initiative #1 Support Care Coordination in Communities Statewide Initiative #4 Integrate Behavioral, Physical, Claims, Social, and Other Health Data Initiative #5 Statewide Health Information Governance Initiative #7 Accessible and Affordable Health IT and Information Sharing Initiative #9 Best Practices for Health Information Cybersecurity Threats and Incidents Initiative #10 Consent Management Initiative #11 Digital Health Innovation Initiative #12 Statewide Health Information Technical Architecture Initiative #13 Ease Quality Reporting Burden

POTENTIAL FUNDING SOURCE(S)	• ARRA/HITECH 90/10 • MMIS Maintenance & Operations (50/50 or 75/25) • User/service/subscription fees • State agencies • State budget • Foundations • Public/private partnerships