



OeHI

Office of eHealth Innovation

Meeting Name: Rural Health IT Steering Committee
Call In:
Location: Virtual Only , Meeting ID: 857 2832 5931
Attendees: <ul style="list-style-type: none">● eHealth Commission: Michael Archuleta● OeHI: Stephanie Pugliese, Cierra Childs, John Kennedy● HCPF: Chris Underwood, Matt Haynes● Contexture: Matthew Isiogu, Alaina Desnoyers, Melissa Kotrys, Heather Culwell● QHN: Marc Lassaux, Rick Curtsinger● CCMCN: Andy Woster, Ashlee Cerda, Jason Greer, Michael Feldmiller, Demetria Flowers● CRHC: James Stephenson● EPHC: Alexandra Mannerings
Meeting purpose: Discuss Rural Connectivity strategy and current/future contracts for rural providers

Meeting Date: 6/21/2022	Meeting Time: 12:00 - 12:55 pm
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Agenda Topic	Speaker
Welcome! <ul style="list-style-type: none">● Gabby is out of office, John Kennedy will be taking over rural analytics;● Spending time recapping last meeting regarding funding;● Then discuss next steps, with input from everyone on the call;● Then quickly touch on the updates with the independent providers list;● Wrap-up action items, public comment.	John Kennedy
New Rural Connectivity Funding Strategy Discussion: <ul style="list-style-type: none">● \$11 million in one-time federally-matched funding to connect independent rural primary, behavioral, and social healthcare providers to analytics and HIE was approved by JTC for FY2023.<ul style="list-style-type: none">○ CRHC FY23 contract in approvals○ Contexture FY23 contract final draft upcoming○ Analytics<ul style="list-style-type: none">■ Use cases under development, trying to move past COVID and help shift focus to other issues like chronic illness● What is an independent provider-Methodology:<ul style="list-style-type: none">○ Benefits management data on current providers that accept medicaid○ Removed providers affiliated with FQHC, CAH, RHC, CMHC; Pharmacies; optical retail○ Categorized providers and facilities to remove duplicate facilities○ Caveats:<ul style="list-style-type: none">■ Not all providers actively practice in rural communities (tried to filter these out)■ Some practices have closed	John Kennedy



- Some providers have closed
- Some providers have multiple affiliations
- Nuances of provider claims data: provider vs. facility

Recap or previous next steps

- Identify who is already connected to HIE (OeHI and HIEs)
 - 4 independent hospitals connected to QHN
- Identify what Health IT tells these provider types need (steering committee)
- Develop a funding strategy and timeline (OeHI and eHealth Commissioners)
 - Finding availability for connectivity (with federal match): Late 2022
 - Project must be completed by June 30, 2025

Proposed Strategy

- **Outreach**-We think the best way to determine how to maximize our new funding is to go out to the various providers and ask what it is that we need.
- We want to take time to talk to the rural providers and get their thoughts. Who is best to speak with these providers? We took some time (John, Mike, Gabby and Kevin) to talk through how to spend the funds.
 - One thing we all agreed on was that we should reach out to these independent rural providers and figure out how to maximize our funds to these providers- What is it that they need? What can we do to best serve you?
 - Looking at who will be best to reach out to these rural independent providers? Should we have someone from a rural entity? One from one side of the slope and one from another, etc.?
 - Or is there a capacity for one vendor to do all this outreach?
 - Coordinate these efforts with the SHIE work to ensure we aren't doing multiple outreaches.
- With the information gathered from outreach we can then put together a specific funding plan that breaks out the funding for each system.
- Pause for any questions and thoughts on these ideas of reaching out to independent providers.
 - **Chris Underwood**- I'm a little concerned, this outreach (and maybe you didn't mean to describe it this way) but this outreach seems really broad. That is not the system that we sold to the JTC. We were very specific that we were connecting providers to the HIE. We were very specific: we had a rural analytical platform, and we had the technical help coming from the Rural Health Center.
 - I thought we actually had a defined product that we are selling to the rural folks. Maybe there's some tinkering on the edge that the HIEs can do-offer more benefits. Maybe there's pieces in the platform CCMCN can expand, maybe there's rural connectivity help. Within those parameters. Are you getting so much, you won't be able to condense the program the way it was funded?
 - **John Kennedy**- I appreciate that feedback, you are absolutely right that whatever is approved by the JTC is what we definitely want to be able to do within the scope. Working with Micheal and Kevin we definitely want to go out and reach out.



- **Micheal Archeleta**-With this overall proposed strategy of trying to reach out to the actual providers, I really feel like we are still missing a lot of the overall elements of rural connectivity process, of what we are trying to accomplish. I think after even looking at some of the environmental scans, and some of the intel that the Colorado Rural Health Center provided I know there were a lot of unanswered questions. Some of the concerns were, as a committee:
 - What are we actually providing to the providers?
 - Is this a federal and state overall projected budget that allows us to improve on bandwidth connectivity and allows us to look at some of the upgraded equipment?
 - The problem is we have to look at what is the current backbone in the current culture of these specific organizations.
 - Why are they not connecting to the HIE, what are some of their issues? We need to really look at how rural facilities work and how they receive funding. How can we really move into the digital age of healthcare, which is one of the critical factors out there.
 - The idea that IT is a cost-center instead of a revenue contributor needs to be changed. We need to reach out and determine where these organizations sit on a systems standpoint and culture standpoint and on a funding standpoint to determine what we can do to provide the best outcomes.
- **Chris Underwood**- My other issue is that since these funds are federally-matched there is a very little box with which we can spend it in. We can't be building up the IT infrastructure inside all the facilities. Once again, I am very concerned about our outreach efforts and our ability to fund their needs.
 - **John Kennedy**- There is a portion of this that is not federally-matched.
- **Micheal Archeleta**- do we have an overall breakdown of what is not federally matched?
 - Yes, I can provide you with this after the meeting.
- **Melissa Kotrys**- I was just going to provide some ideas to some of the initial questions you asked like who is best to speak with the providers. It would be helpful (although I realize this funding is limited to 60 providers) for the Center for Rural Health if they have connections to these providers to be engaged in the outreach and if it's possible for the technology networks (contexture, QHN, etc.) to be involved in those conversations.
 - Sometimes it is really helpful to hear feedback so that we can help brainstorm solutions that might be able to mitigate some of the concerns or maybe the community has concerns that don't exist anymore and we can address it on the spot and alleviate that.
 - I don't want it to be a hindrance (in the sense that people may hold back their feedback if the HIEs are in the room) but if there is an opportunity for us to have a collaborative



discussion and hear that feedback and be able to have open dialogue, I think that would be helpful.

- **Micheal Archeleta**- Have we additionally explored some of the initiatives especially on a federal funding and trying to theoretically create a package for rural facilities on a connectivity standpoint- have we looked at any of the healthcare connect funds that are available? I think if we could create a package thats going to be beneficial to the providers that we do reach out to. A lot of these providers (especially in the rural and frontier areas) some of their major problems are bandwidth and connectivity infrastructure layouts of the overall organization and trying to receive funding for these specific projects.
- **Jason Greer**- I think what Micheal is asking us to do is to have a holistic approach to the needs of rural providers and we need to have conversations with them about what their needs are both inside *and* outside this opportunity. What I hear Chris saying is lets be careful not to get outside of the scope of what this opportunity is about, and so with that lets not promise anything that we cant pay for. There is a natural tension between understanding what the needs of the providers are and making sure that we aren't over-promising and I totally understand that. Micheal is suggesting that we have braided funding opportunities where we can braid opportunities to meet the needs of the providers. I just wanted to point out that when I was an IT director within a rural health center on the Western slope for about 10 years, I understood where Micheal is coming from and my expectation from this contract is that it becomes foundational for building on top of everything else. So, let's build HIE connectivity, let's get the data moving, let's get analytics going across the entire rural community, and let's use that as the starting point to bring other layers into the conversation.
- **Micheal Archeleta**- Has everyone that's associated with this committee, have you reviewed the environmental scan results?
- **Chris Underwood**- I am a little concerned about combining this conversation with the SHIE work. The SHIE is more a caseworker, doctor kind of conversation where the HIE is more of a technical conversation. I worry about confusing the audience by having the conversation about two distinct projects.
 - **John Kennedy**- I definitely understand, our thought was a little column A and column B, where we want to make sure that we are not taking up so much time for these providers, trying to combine these efforts. To your point we will need to make sure we have the right people in the right room if we do that. We can make sure that its delineated and kept separate and then for those that are doing the outreach, by doing them together, they are only doing it once.
- **Rick Curtsinger**- What we have seen in terms of implementing CRN across the Western slope is that it is frequently a different set of folks. Then understanding that the level of information sharing and information exchange that can support care coordination is really



critical in those conversations so that we can plan towards what comes next in phases to make sure that we are not implementing something and then coming back in a year and feeding it with something completely different. By breaking it up into phases, we meet providers where they are. So, being able to outline the overall ecosystem and where we are all hoping to go does give those providers a better understanding of the path forward.

- **Matt Haynes**- Building on that Rick, I think that the HTP is a bit of a bridge there too. Having conversations with technical experts in terms of how I get connected, around our RAE notification measures. That is a technical piece, but it builds into if someone is trying to get connected, they want to see where that value is in terms of what they are doing with ACP which is actually a stepping stone in terms of HIE and all those things.
 - **John Kennedy**– We definitely want to make sure we have the right people in the right room when and if we do this.
- **Mark Lassaux**-I found an older JTC submission, thinking through the conversation here and in terms of just understanding. Can you share this? I would like to see the specific items that were proposed to fund.
 - **John Kennedy**-I will find this and share with the group
- **John Kennedy**- the outreach we would like to have completed by December 31st

Independent Provider List

- We received a list of 7,130 providers last week and are going to be beginning to go through the list to identify the small, independent providers traditionally not eligible for federal funding opportunities.
 - That number seems big but there are lots of duplicates.
- This will include Behavioral, Social, and Physical health providers that are not connected to the state's HIE network.
- We will have this list ready to present at the next Steering Committee Meeting
 - **Chris Underwood**- For EHR updates, even though you have outreach planned, are we starting to spend any of the funding in the EHR bucket? Are you waiting for outreach to be done?
 - **John Kennedy**- We are waiting for outreach to be done. While talking with Gabby and Kevin, we discussed how sometimes those EHRs do not necessarily fit for these types of independent providers and seeing if there is something we can do to help them with that.
 - **Chris Underwood**- But you aren't waiting on other contracts right? With Contexture, QHN, and CCMCN? Those are active and moving forward? We are connecting people to the HIE while the stakeholder meetings are going on.
 - **John Kennedy**- Correct
 - **Stephanie Pugliese**- Related to that too, I think what OeHI

John Kennedy



can do for the next meeting is clarify that there are a couple different buckets happening here that are all under the purview of rural connectivity. So, the work going on now is in support of the legislative request we had last year and that is the 6.4 million, and then this latest request that was just approved this past year the 11 million that is going to be focused on these small independent rural providers. We can clarify our plan for what we know will be federally matched vs. what won't be federally matched (including that outreach, the EHR upgrades) because those will have to be distinct.

- **Chris Underwood**- this is where I was getting confused, the outreach to critical access hospitals, rural hospitals, and rural health centers- I can define that for you. The outreach to the 7,000 independent providers, I don't know how to define that or how that would look.
- **Stephanie Pugliese**- Exactly, and I think that's where that distinction is important. We have surveyed and we already did this environmental scan. Are there holes and could we do more? Sure, but these are our known entities but these independent providers that John mentioned, are pretty unknown to us, and that is why there are so many. That's where that outreach will be key.
- **Jason Greer**- To restate everything, we have 11million dollars that is new money, that is available for connecting a whole bunch of independent providers across the state. The purpose of the money after that is still TBD but HIE connectivity, technical assistance, and making sure we understand what they need- that's what we are discussing?
 - **Stephanie Pugliese**- we still did kind of "sell a package" to the JCT that we are going to have to follow. So, that money where we can get a federal match, we will have to stick to those parameters. We have another bucket that could include outreach, EHR upgrades, etc.
 - **Melissa Kotrys**- Just to clarify, we are moving forward with QHN, CCMCN, CRHC, and Contexture with the rural health clinics and critical access hospitals but we will not move forward with this bucket of work until you understand better the scope of the activity, which will happen in the next 6 months. Is that correct?
 - **John Kennedy**- Correct.
 - **Melissa Kotrys**- I think those two contracts are just overlapping with one another. I just want to clarify that you want to do the outreach, get the input, and then scope out what exactly the organizations will provide to the community as opposed to starting the contract while you are doing the outreach at the same time?
 - **John Kennedy**-Correct.

- **Stephanie Pugliese**-OeHI Request for Applications for Telehealth and



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Broadband is reopened. This will close June 27th. <ul style="list-style-type: none">○ Info can be found on the OeHI website here!	
Wrap-Up and Action Items <ul style="list-style-type: none">● Public Comment Period<ul style="list-style-type: none">○ No public comment	John Kennedy

Follow Up:	Complete By:	Responsible:
Follow-up email to group: <ul style="list-style-type: none">● Include RFA Project Broadband Info in email● Environmental scan from CRHC in email● JCT info for 11 million funding in email● Minutes and slides for this meeting in email	6/22/2022	John Kennedy
Next Meeting will be July 19th	4/30/222	All

Parking Lot/Unresolved Issues:
None