

## eHealth Commission

September 12, 2018 | 12:00pm to 2:00pm | 303 E 17<sup>th</sup> St. Rm 11ABC

Type of Meeting	Monthly Commission Meeting
Facilitator	Chair Michelle Mills
Note Taker	Veronica Menard
Timekeeper	
Commission Attendees	Michele Lueck, Marc Lassaux, Michelle Mills, Mary Anne Leach, Chris Underwood, Wes Williams, Adam Brown, Ann Boyer, Tania Ziegler, Jason Greer, Chris Wells Dana Moore, Sarah Nelson, Carrie Paykoc

### Minutes

#### Call to Order

- Michelle Mills called the meeting to order as Chair of the eHealth Commission

#### Approval of Minutes

- Meeting minutes were approved for July and August.

#### Review of Agenda

- Michelle Mills, Chair

#### Announcements

#### OeHI Updates

- OeHI Updates - Mary Anne Leach
  - Budget: Capital budget was approved, operating budget is pending approval. Also awaiting CMS approval on the 90% within the IAPD.
- SHEIC Update - Carrie Paykoc
  - SHEIC is focused on the patient centered data home.
  - Dick Thompson was honored at SHEIC this year as the founding member.
  - The SHEIC conference was a great opportunity to learn more about HIEs and the work being done.
- Care Coordination Workgroup Update - Carrie Paykoc
  - Jason Greer, Anne Boyer, and Cindy Wilbur are working on the strategy for this workgroup.
  - Will be working with HTS on an environmental scan to determine the needs for different groups. Will bring this data to the commission in the coming months.
- HIE Workgroup Survey Request
  - The survey is open until Friday.
  - The survey will help prioritize different projects and efforts related to the advancement of HIEs.
  - So far, there are about 100 respondents.
  - Will be able to bring back survey results next month and work to bring project requests in November or December.

#### Commission Updates

- Quality Health Network Summit - Marc Lassaux
  - The event was successful with a lot of eastern slope representation.
  - Kim Bimestefer gave a great keynote address.
- Data Summit - Carrie Paykoc



- The Data Summit will be held on November 8. Jon Gottsegen has been working to create a forum to discuss the different data sharing efforts across the state and would like the Commission to attend if possible.
- Colorado Rural Health Center Conference - Michelle Mills
  - The conference will be October 18 and 19 in Colorado Springs.

### New Business

#### Master Provider Directory - Steve Holloway, Branch Chief, Prevention Services Division: Health Equity and Access, CDPHE

- Working to enable an Application Programming Interface (API) to help the Workforce Database to be able to connect with other resources.
- Would like to see if the eHealth Commission would support this new API component within the database.
- To enable the API, there would be a total cost of \$66,480.
- Ongoing costs will be around \$12,000 per year.
- The value proposition is that the gathering and distribution of data aligns with the Health IT Roadmap and will help with the implementation and administration of a Master Provider Directory. This will be built upon an AZURE platform, and data can be consumed as a web service or HL7.
- Will the eHealth Commission support roadmap funding for this work?
- Mary Anne: there will be a funding discussion upcoming in the agenda. Funding has not been released yet, but it is important to see that there is a shovel-ready project that would align with the roadmap.
- Jason: We find the data valuable and like the ability to match data. Would the match be based upon the NPI?
- Steve: yes. APIs would be set up based upon what the data points needed will be.
- Jason: APIs are the way that connections are moving, as opposed to within a batch, so this is a good direction.
- Marc: what costs are needed for this work?
- Steve: This is only for the connection of the API.
- Marc: will the API be exposed so that it can be shared?
- Steve: likely, it will not be exposed.
- Wes: Are there API interoperability standards that apply to providers? Does this design adhere to those standards?
- Steve: It does. The developers can create the database according to the standards that the users would want.
- Wes: Where does this fit into the state's Mulesoft API development roadmap? This should be connected.
- Steve: This discussion came from the state's plan to have the state BUS move to Mulesoft.
- Wes: Should use Mulesoft to build this API, not build an API to interface with the rest of the system.
- Steve: Working on a Microsoft Azure platform. This would build into the bridge. In order to automate the process would need to build the other end of the bridge. In order to automate the connection, this is the step that would need to be taken.
- Carrie: Ako has been working on an API that works with FHIR. Mulesoft is designed to create APIs to share broadly, and Steve may be more comfortable building the API and sharing it with Mulesoft. Ako may be able to help explain more.
- Wes: Does doing the work this way undermine the Mulesoft initiative at the state level, especially exposing a non-Mulesoft API externally to other people?
- Ako Quammie, OIT: Since this is the first use of this technology, it's a good first step to see how it works. The State isn't using Mulesoft for this capacity just yet, but eventually the project should transition to Mulesoft. This may not be the most efficient way of doing, with



the state having two different mechanisms to obtain the same data, but this doesn't mean the state can't or shouldn't get started.

- Dana: Often we say that we will do something, but there are so many things happening that we never end up going back to clean it up. What is the roadmap for Mulesoft? With the costs associated with pursuing this item over the next three years, I feel like we're missing a piece of information.
- Mary Anne: There are a few questions on the table, one of which is about the architect through Mulesoft and not pursuing two paths. There may be a use case in which someone needs access to the information and doesn't have access to the Mulesoft platform.
- Wes: We should work to reduce technical debt and not increase it.
- Marc: Maybe the question is with this project, how do we make the Mulesoft project aware of this work? If the data is sitting inside CDPHE, we need a mechanism to reach in and pull out that data. If we have an API or other mechanism, how do we then publish that through Mulesoft in a standardized way? At a high level, standards are very important, and making sure that something like FHIR can be done, maybe by thinking about that scope a little differently to make sure it happens. Then, how is this system that is supposed to be an API publishing mechanism going to leverage this to make sure that this data is available? In the Mulesoft presentation, they talked about system level APIs that take the data, process level APIs that do scheduling, and user interfaces. That took things like scheduling and accounting, then the user interfaces which are down at the lowest level. Mulesoft can go in and take the data from that point.
- Wes: Systems can be at both ends of the data, they can be at the bottom, getting the data out of Azure, and also at the top where you can plug your data warehouse into it. Doesn't have to be one side or the other.
- Carrie: For the state, with the JAI strategy, the idea is to leverage Mulesoft to create the APIs to share data internal as well as external. But I think the question is, is how the roadmap funds and supports this, and back to Dana's point, what is the initial cost vs. long term.
- Jason: There is a lacking readiness component. I was expecting Mulesoft to be ready closer to now. Should we be spending funding in other places? What we're hearing is that there's a timing component where this wasn't ready.
- Ako: The API is configured based on the extract that CDPHE has delivered. The only thing left is to connect this to something outside of CDPHE.
- Chris U: Don't we have the same sort of issue with other systems? We have to program on our side how to talk to Mulesoft for each system. We don't use Mulesoft to create the API in other systems.
- Ako: If Mulesoft has access to the back-end infrastructure, will be able to connect. The question is how this will work and how to pay for it long term.
- Wes: As a state, you can dictate that this is the structure?
- Chris: I'm concerned about holding CDPHE to a higher standard than we hold other contractors.
- Dana: It sounds like there is a statewide strategy to use Mulesoft, but it also sounds as though it's an optional system. If it's not the absolute strategy of the state, I can't support.
- Wes: I agree. The cost that will be incurred to enable the XML interface would be duplicative of what Mulesoft is doing.
- Chris Wells: This is correct. Mulesoft can ingest many different data sources, either directly or through APIs.
- Wes: If the API already existed, why are we doing this?
- Ako: The platform already exists, but the source is the difference. Whether the connection is to a database or through an API.
- Tania: Have we clearly articulated the Mulesoft strategy? It seems that there is still a debate.
- Mary Anne: I believe it's OIT's intention to move forward with Mulesoft.
- Deanna Towne, OIT: There is an enterprise published and adopted standard. Agencies are required to follow this. The more that we can point people to what already exists would be



beneficial.

- Mary Anne: I suggest to review the financial and technical ask in light of this discussion to further develop the proposal and re-present in the future.

### **Funding Philosophy - Mary Anne Leach, Director, Office of eHealth Innovation**

- As the advisory and leadership board, we want the Commission's input and alignment for funding strategy.
- As we start to get requests for funding, we want to assure that we have a process to accept requests. We want to bring these to the commission as they are shovel-ready and need funding instead of waiting until the end when everything is specked and planned then fund everything at once.
- Only have about 3 years to spend the HITECH 90/10 funding as invoices need to be committed by September 2021 and will want to have a process to spend the money as quickly as possible.
- Jason: Is the intent that as shovel ready projects arise, they are come in to present and champion their project?
- Mary Anne: Yes, and it's about how we will start to spend the money against the roadmap initiatives.
- Carrie: We are currently working to spec out some of the larger buckets, such as HIE and Care Coordination, now.
- Mary Anne: One risk is that we start to chip away at these projects and a project comes along with a larger cost than we have funding for. This is why we are trying to spec out larger projects now. We can go back to CMS and the state for funding but should release funds as people are ready to spend.
- Michele L.: What is the prioritization process going to look like with the scale and complexity of the roadmap?
- Mary Anne: The initiatives are the funding threads and this is how we budgeted. Priorities should be brought to the Commission through the working groups.
- Michele L.: You don't anticipate that the prioritization will be another risk?
- Mary Anne: It could be another risk, as a decision between priorities and funding, however it
- Wes: The approach speeds things up and embraces uncertainty. It also introduces a competitive component, which will encourage people to become shovel ready.
- Mary Anne: Need these projects planned out so that they are ready to go. Gives a sense of urgency around scoping out these projects.
- Dana: if we're doing this, we will start seeing results and mitigate the risk of seeking additional funding. If we need to request more money, we will have progress to show.
- Mary Anne: Yes. This is how we would like to proceed.
- Chris W.: Will want to show results in the next three years.
- Jason: Will this be somewhat of a shark tank sort of process, where companies will come to the eHealth Commission directly to pitch their ideas?
- Mary Anne: We will want to work through the working groups as much as we can before moving up to the commission. They will recommend projects that should move on for Commission funding.
- Jason: Is there a group that will come up to the commission directly?
- Mary Anne: The workgroups will be the first contact, and the Commission will be the accepting body of the project.
- Michelle M.: What if there is a request that doesn't have a workgroup?
- Mary Anne: They should first come to the office, then the office will bring it to a workgroup.

### **Care Coordination and Social Determinants of Health: Continued Discussion - Lauren Ambrozic, Executive Director, Colorado Prevention Alliance; Rachel Hutson, Director, Children and Youth Branch, CDPHE; Cara Bradbury, Program Officer, Zoma Foundation**

- Mary Anne: at the last meeting, there was a lively discussion on this topic, and we have



invited the group back to continue the conversation.

- Lauren: This discussion will be more of a refresher on the conversation.
- Rachel: we were excited that there was such interest in the discussion at the last meeting.
- Review of the presentation:
  - There is a use case for a Social Health Information Exchange.
  - There are two phases and six core components to complete this exchange.
- Mary Anne: Are you envisioning that the phases are sequential or overlapping?
- Rachel: These phases will likely be overlapping.
- Wes: Can you give an example of a screening protocol?
- Katherine: There are several different standards that are available. In Colorado, need to have some commonalities with how the screeners are set up. Want to make sure that the screening is evidence based and somewhat standardized.
- Mary Anne: Potentially, as we create these standards, may make recommendations upstream about the use of these standards?
- Katherine: I'm hesitant to agree, as making a change to the EHR may not be acceptable to many providers. Across the state this is the right time to have the conversation so that people can be prepared for changing their EHR.
- Wes: This may also change how things are done within the practice as well. This could impact what the state chooses to pay for.
- Michelle Mills: I'm wondering what the state will do with the regional connectors now.
- Carrie: Is this an opportunity for technical expertise and assistance? Through SIM with help from CHI, this work is being done through people. Even with knowing where the data is, how do we leverage this person in the community?
- Michelle L.: This is an individual and an organization making these connections happen. The original concept of regional health connectors was to help doctors know of resources in the community. Can see this model working because it is established within institutions and a track record of this working.
- Katherine: Can see this working throughout the state.
- Rachel: The offer and ask is the same as last month, public and private funding opportunities, alignment of effort with 90/10 funding, leveraging the technical expertise of the eHealth Commission, and to be ready for action.
- Cara: There was a great connection with the white paper presented at the last meeting, may serve as a vision for where we could go for the Social Health Information Exchange
  - Want to make sure that we are talking about this SHIE.
  - Want to be sure to leverage the investments that have already been made.
  - Public and private funding is likely needed to get this moving forward.
  - Next steps - would like to refine the white paper, but also have it adopted by the commission to guide the Care Coordination Workgroup.
  - Would like someone who drafted to be involved in the Care Coordination workgroup.
  - Would like to have a short-term sub-workgroup to help draft a funding plan to leverage available funding.
  - Although the white paper puts forth the vision, want to explore the barriers that impede the vision. One item that is known is data sharing - would like to be able to support or be informed of progress. Other items include governance and change management. There will likely be a need for technical assistance to help organizations onboard or change their processes and technology.
- Mary Anne: does this body of work align with the current workgroup?
- Jason: the presenters have touched on all of the points of the care coordination workgroup. The first step for the screening protocol is to get the questions down to a smaller number. Also want to get into who is on the care team, who the patients are, what the problems are, then what action or referrals were taken. Need to run through all of the phases to assure that the work is done. This aligns with where the discussion is going and the framework is how it needs to happen, but need to look at the phased approach to see if it can be done in a smaller



phase.

- Mary Anne: There is an architecture question as well to see where this would sit.
- Cara: This is what we would like to discuss as well, and there is a lot of learning from other states. Need to have a regional approach but need to move to scale quickly to avoid multiple different tools. Partners are already moving toward specific vendors, which may create a burden on progress.
- Michelle L: May push back on the definition of care coordination. It means different things to different people, and there may need to be a lot of coordination to assure that terms are aligned. Also need to discuss the scale and the ask for this work and determine if the infrastructure is in place for the referrals to systems that may be made. Want to be able to quantify the impact of this.
- Lauren: These have been some of the things that have been discussed, and this is something that we would like to work with you on. Also looking at the financial models and looking at what the costs may be.
- Dana: This is looking to be mostly in the hospital space. What we come up with will need to be aligned with what EPIC is doing to assure that there is alignment with the market. Also, in relation to the public private partnership and funding, how do we pull this all together so that if we are doing something, it advances the problem being explored across entities so that we're solving the problem for all.
- Lauren: This has been part of the discussion, and everyone is eager to do this work on a broad scale to assure alignment across entities. There have been different discussions on how to roll this out both incrementally and statewide. Have also been working with EPIC on how SDoH is being rolled out within the EHR and shared among other instances of EPIC.
- Dana: Is the ask that the eHealth Commission takes this work on?
- Lauren: Yes.
- Dana: To date, there have been proposals to move things forward, but there has not been anyone to take ownership of this work. Which agency will own this work?
- Michelle L.: The eHealth Commission isn't the stewardship group. In an analogous project, there are other groups involved that handle different aspects of an ask. This group can provide a technical perspective but may need to look at a stewardship group to move this project forward.
- Michelle M.: Agree that this isn't a stewardship group. Also, want to be mindful that some rural clinics will not have EPIC. Things that work in Denver may not work in rural areas.
- Rachel: adopting the white paper is more of a conceptual ask. For the funding, want to assure that we're working with OeHI.
- Mary Anne: Would be good to determine OeHI's role in this project. Based on discussion, may be another commission with other stakeholders that would need to be convened. Should determine what this group can help with and how the workgroup on care coordination can support.
- Marc: Identification of care team is crucial to the work. Need to incorporate the components of health information exchange early. Still need to have all of the clinical organizations connected to the HIE to help this work move forward. The work of the commission is likely along the lines of metrics, standards and governance. We are not going to get everyone on one system or getting information sent from EHRs.
- Wes: Agree with the notion that we not approach this in two separate phases but look at things more vertically. Also, what can be learned from SIM, which provided technical assistance tied to value based payments, why would people participate if there are not value based payments?
- Cara: There are people who want to focus on one issue, however community-based organizations do not focus on one priority issue. If you only focus on one issue, you may not see the full benefit of SDoH to the health system. It is feasible to start with a regional approach. There was an effort called Help Me Grow a few years ago, and it was difficult to get over the hurdle of the sustainable financing question. Would like to bring in others to help better understand this.



## Meeting Minutes

- Lauren: Working to gather support but would be easier to have something to react to for funders. Part of the ask is to have help thinking about what can be done.
- Tania: Back to the conversation of who owns this, would like to know the charter of the Care Coordination group, and want to see what can be leveraged in terms of governance, standards, and other things, which should be well aligned with the work of the commission.
- Jason: First worked on the definition of care coordination, which centered on public health. Still trying to figure out the best way to distill this project. The concern is that we pilot this through different regions and create competition instead of being more directive.
- Dana: Have to get to a place where this is built within the workflow regardless of system.
- Carrie: The funding pathway and how we come up with public-private partnership, a next step is to look at the current landscape of projects in Colorado to understand what is being done across the state. Will bring this back to the commission and discuss where there may be shared funding possibilities.
- Rachel: To keep the momentum going, can there be a meeting with OeHI and Chris U to discuss?
- Anne: Need to determine where we're going with this work fairly quickly to assure that efforts align sooner rather than later.
- Sarah: Would like to propose the Joint Agency Interoperability model within the context of this work and fill in the gaps that exist to move forward.
- Dana: Would rather invest in a solution that solves the issue for a larger scale than just one entity.
- Mary Anne: Would behoove us to determine the standards sooner rather than later as well.

### Public Comment Period

- No public comment.

### Closing Remarks

- New Action Items:
  - Steve Holloway will provide costs/benefits for API development with the state's instance of Mulesoft and bringing it back to the eHealth Commission with his proposal
  - Continued discussions with Zoma Foundation and Prevention Alliance
  - HIE Workgroup priorities.
- Meeting Adjourned.