OeHI
Office of eHealth Innovation
eHealth Commission

Meeting Minutes

September 9, 2020 | 12:00pm to 2:00pm | Virtual Meeting Only

Type of Meeting	Monthly eHealth Commission Meeting
Facilitator	Michelle Mills
Note Taker	Michael Weir
Timekeeper	Michelle Mills
Commission Attendees	Dan Santangelo (proxy for Alex Pettit), Sophia Ginn, Chris Underwood, Christen Lara (proxy for Chris Wells), Rachel Dixon, David Mok-Lamme, Morgan Honea, Marc Lassaux, Michele Lueck, Michelle Mills, Perry May, Carrie Paykoc, David Moore, Wes Williams, Jason Greer

Minutes

Call to Order

Michelle Mills, Chair

- Roll call was taken.
- Motion moved and seconded to approve the August Commission meeting minutes. Motion passed and August minutes were approved.
- September agenda was reviewed.

Announcements

Dianne Primavera, Lt. Governor and Director of OSPMOHC (Office of Saving People Money on Health Care)
Carrie Paykoc, Director, Office of eHealth Innovation

Remarks from the Lt. Governor

- Special thanks to Heather Warmuth, our guest speaker, stories like hers help to humanize the work of OeHI and the technical discussions we so often have
- Special thanks to Hal and Denise with HIMSS, guiding conversations about using technology and policy to address state priorities

OeHI Updates

- Next eHealth Commission meeting will be October 14th, 12-2pm virtual, with burrito delivery! Thanks Commissioners for your work.
- November meeting falls on Memorial day, potentially moved to 11/13, 10-noon, same week as Innovation Summit with Prime Health.
- Welcome to the eHealth Commission's newest member, Sophia Ginn who has an extensive background that will uniquely equip her to contribute as a Commissioner. Sophia takes over Ann Boyer's seat on the Commission and will be a great representative of the consumer voice.
- Health IT Roadmap update starting early next year likely, with a refresh to cover the next 3-5 years. OeHI will not be reinventing the Roadmap, just adjusting and refocusing based on the past several years' developments.
- 5 eHealth Commissioner terms renewing, reappointments to be completed by end of year. Want to increase health equity in Colorado by bringing in more

inclusive and diverse representation on the Commission

New Business

Kinsa Pilot & Family Story

Stephanie Bennett, State Health IT Coordinator, OeHI
Heather Warmuth, Edwards, CO

- Intro from Stephanie Bennett
  - 15k smart thermometers involved in Kinsa pilot, distributed to three communities: Aurora, Edwards, and Montrose
  - Lack of health data in key areas of pilot focus impacted ability to plan and implement responses to the epidemic
  - Thermometer activation and data inflow are increasing (https://healthweather.us/)
  - Heather and her husband lobbied for Spanish language materials to be distributed along with the thermometers.
- Heather Warmuth Family Story
  - Aware of dire need for thermometers in their county, which weren't available anywhere in the early COVID days.
  - Heather's family is deeply impacted by the circumstances of COVID, with parents living with them.
  - While lining up partners to receive thermometers, Heather downloaded the app, getting familiar with the functionality
  - Heather's daughter was not feeling well, complaining of stomach pain, fever developed that evening, then vomiting. They entered the symptoms into the app, which reaffirmed their decision to take her into urgent care. It guided them through each step of the process. Ultimate event was an emergency appendectomy procedure.
  - The app is very easy to use, proven a helpful and reliable tool in stressful circumstances.
  - This free program was very impactful in building community relationships while helping manage the COVID events.
  - Community paramedics helped distribute the thermometers
    - MIRA Bus was going into communities 3x a week to do health screenings, COVID testing. They were excited about the free thermometer tools.
    - Mountain Life Chapel distributed thermometers through school supply bags. This dovetailed with return to school requirements.
  - The Grizzly Creek Fire deeply impacted Heather's community and every member of the local fire team got a thermometer to help keep them safe while they are keeping the community safe from the Grizzly Creek Fire.
  - Word got out about the free thermometers and every teacher at Edwards Elementary School got a thermometer before going back to school.
  - Over 1,000 people benefitted from this program and they are immensely grateful to OeHI and the Commission's work.
  - eHealth Commission is making a HUGE impact through programs and projects like this one

Future of Health Information Exchange and Digital Health
Hal Wolff, CEO HIMSS
Denise Hines Chief Americas Officer, HIMSS

- Hal Wolff
  - Colorado chapter of HIMSS participated in development of Health IT Roadmap, and continues to evangelize it
  - Challenges are ever present in digital health - inconsistent access to reliable tools, broadband not available/reliable everywhere, clinicians are burning out with the sheer number of tools available or required, health data interoperability is always a headache
  - Response to pandemic required adoption of digital health at an unprecedented rate
  - HIEs are playing an important role in understanding how pandemic is spreading
  - Combine HIE data and S-HIE (social health information exchange) data to get a complete picture
  - Use HIEs for aggregated data to populate disease prevention maps
  - States should consider how HIEs use data to deliver equitable care to vulnerable populations
  - How can states sustain HIEs?
    - Think about them as public utilities
    - Strong mandates are needed
    - Interoperability is key
    - Penalties for those who hamper the work toward these goals
- Denise Hines
  - Role of HIEs have to be able to meet providers where they are to exchange data
  - Work of technology vendors to open up their systems to exchange data
  - Regional health information exchanges have surfaced over past years, in recent years though, consolidation among HIEs has been a growing trend
  - Can be expensive to maintain multiple HIEs in one state
  - Some states have designated their existing HIE as the official HIE for the State (mandated and incentivized)
  - Connectivity is key between HIEs, state agencies, and care providers
    - In GA, HIE worked with Dept of Education for access to health records by school nurses. Implemented telehealth system connected to state HIE to see information on students and able to contribute into the HIE system so others can benefit
    - Dept. of Corrections - work with inmates who needed Behavioral Health services. Providers used the HIE to access information on the inmate to route them to social services instead of prison time. The GA court systems identified that repeat offenders need behavioral health services, not more jail time.
    - HIE was able to provide alerting about foster kids who showed up at a hospital
    - Discharge records alert about changed health plans
  - Providing access to HIE for public health has become a necessity
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  - Alerting on specific diagnosis is huge

    - HIMSS advocates for policy that support these use cases
- Comments from Commissioners
    - **Wes:** Are there state-level consent models that work with 42-CFR (confidentiality of substance abuse records)?
        - **Denise:** In GA, they are opt-out by default until they are opted-in. Consent obtained at the provider's location and flows into HIE. HIE is connected to the state agency for Behavioral Health. Data that is shared cannot be revoked, just consent going forward.
    - **Carrie:** A number of rural providers are still not connected to HIEs. Any Commissioner comments?
        - **Dana:** There is an expense we as a state pay for having multiple HIEs. Commission should explore the benefits/drawbacks of having a single HIE versus multiple ones.
        - **Carrie:** This is a national discussion and question. Our next meeting will address the public utility approach to HIEs and we also need to see what the HIE sustainability committee recommends
    - **Morgan:** What do you think the national HIE landscape looks like in the next 5 - 10 years?
        - **Denise:** The consolidation will likely keep going, it's more difficult to maintain standards and connectivity when disintegrated. Regional consolidations may increase, to better manage data, technology, and provide critical services. This is the right time to present the value of the HIEs and entertain opportunities to lessen the burden.
        - **Hal:** Consolidation is inevitable. There's a firm recognition that data exchange has all the data to manage public health response. Many-to-one capabilities are where we are going so population-level data can inform individual guidance. Consolidation pressures will only continue to mount.
        - **Marc:** We need to keep speaking about what data makes the most sense to share, what are the best interoperability goals to pursue that ensure we service those who cross state boundaries.
        - **Hal:** State input is key to determine the right next steps
        - **Denise:** Pandemic data could be some of the low hanging fruit for interoperability.
        - **Marc:** Data quality happens at data entry, at the point of care. Perhaps this is an area to focus on to help the HIEs be more effective
        - **David:** HIEs are more diverse than simply delivering data channels. HIEs wear many hats and provide many services. We need to be cautious about how we move in that direction.
        - **Hal:** How do we secure the financial model of the HIEs? How to handle transactions on a cross-state model? Inevitably something will come along that will ensure financial viability while also ensuring innovation.
    - **Morgan:** PDMP infrastructure, what are best practices for this data set?
        - **Denise:** Very complex and highly regulated, vendors are working with state agencies, bypassing HIEs. Have seen other HIEs try to

get HIE to provide access to PDMP with minimal effort with a public health agency managing user roles. Really a challenge to manage.

Workgroup Updates and Highlights
eHealth Commission Workgroup Chairs

- Please review the eHealth Commission September 2020 Commission Chair Workgroup Updates here.

COVID-19 Project Review and Key Decisions
Carrie Paykoc, Director, Office of eHealth Innovation

- Sustaining the HIEs by expanding onboarding was a key strategy
- What could we do for analytics?
- What could be built for rural areas and those who are not connected? More HIE connectivity to share COVID data
- Approach was validated
- Dashboards were an area on investment
- Carrie referencing executive summary in the meeting materials detailing projects
- Increase number of providers connected to HIEs
- Future Considerations
  - API-based connectivity
  - Shared solutions and shared architecture
  - Patient access and impact on ONC/CMS interoperability rules
  - Agency collaboration
- Commissioner Feedback
  - **Jason:** It's been helpful to have a common foe (COVID) to focus work, shape progress in the state. S-HIE work is key. Let's keep traveling the road we have built together
  - **Chris:** Need to stay focused on patient access rules and interoperability. Without rural connections, we still have inequities in access
  - **Michelle:** Need to stay focused on onboarding, connecting, and helping our rural providers. Fiscal cliff coming for them.
  - **Dana:** Financial ripple effect coming next year, so timing will need to be carefully considered
  - **Wes:** Behavioral health centers get paid out differently so his concerns are different
  - **Michelle:** Dental practices are also impacted
  - **Jason:** Systems we are creating now will definitely inform how we proceed
  - **Morgan:** Would like to see this group challenged to find what we want from these systems, how can we lead the nation, how do we resource these initiatives? How do we get beyond the moving target of CMS funding? Incumbent on this group to find a way forward and a sustainable way to keep it going.

Closing Remarks

- Think about speakers for next meeting

- November meeting timing TBD

Public Comment Period

- If Amazon can help with design thinking around data analytics and care coordination, they are happy to help.
- The Commission will need to analyze and provide recommendations on data standards and on what can be shared.
- "Have there been any use cases with PCPs uploading their health information to the HIE and are they having to invest in this connectivity for uploading as an organization or is this subsidized by the hospital systems where more severe complications can occur with poor records? Because currently, I don't know how many PCPs have uploaded data to CORHIO vs just accessing the health information from hospitalizations and labs. If this isn't happening, it might be poorly incentivized for hospitals to solely pay (since PCPs may not pay for the uploading) to just load data onto CORHIO and not really have any new information to access unless multiple hospitals are used. I would think it would be more valuable for the hospitals to use if they had access to the patient's PCP records." Morgan and Marc offered to close the loop on this question. Michelle to put the commenter in touch with them.

Motion to Adjourn

Michelle Mills, Chair

- So moved. Meeting adjourned at 2:00pm MST