September 21, 2022 | 12:00pm - 2:00pm | Virtual Meeting Only

Type of Meeting	Monthly eHealth Commission Meeting
Facilitator	KP Yelpaala, *eHealth Commission Chair*
Note Taker	Cierra Childs
Time Keeper	Jenna Randolph
Commission Attendees	Micah Jones, Arthur Davidson, Misgana Tesfaye,Jason Greer, Jackie Sievers, Kevin Stansbury, Parrish Steinbrecher, Toni Baruti, Wes Williams, KP Yelpaala, Lt. Governor Primavera Absent: Chris Wells, Michael Archeleta, Rachel Dixon, Sophia Gin

Minutes

Call to Order
KP Yelpaala
- Roll call was taken. 7 voting members present. We do not have Quorum
- Nothing to vote on today but we can still meet
- Corrections for August 2022 eHealth Commission meeting minutes?
- Corrections: None
- Add August Meeting Minutes to Next Meeting in October
- In favor of approving: N/A
- Opposed: N/A

Announcements
Lieutenant Governor Dianne Primavera
- LG shares her gratitude for the commission offering wisdom and expertise.
- Updates on Rural and Care coordination meeting today, this is integral to equity for all and getting our community connected to the resources they need.

Stephanie Pugliese
- OeHI has hired a new deputy director- Karen Shimamoto
  - Karen Shimamoto: I come from the CU Anschutz Campus and worked previously for the ECHO Program, very excited to join everyone.
- Currently looking for a Budget and Contracts Manager. We would appreciate commissioners sharing this posting.
- Working with Prime Health on the 2022 [Provider Survey](#).
- Micah Jones: On October 25th- our [first annual Colorado HIE summit](#). This is the first time we are doing this, it's a one day summit and we'd love to see you all there.

KP Yelpaala
- Today we have updates from working groups.
- We are starting to transition to honing in on work and OeHI priorities and pushing these forward.

Rural Connectivity
John Kennedy
- A reminder of our goals:
  - Increase HIE connectivity amongst Rural hospitals and clinics
  - Our funding strategy focuses on HIE connectivity, system upgrades for Rural

Providers, and technical assistance
- Accomplishments to date include:
  - As for technical assistance, our data vault connectivity, workflow and data mapping, quality improvement, and HIE connectivity is going well and our contracts for that work are in place.
  - Our data vault access is at 81%, data in the system at 35%
  - Workflow completed for 1 Hospital Transformation Program (HTP) measure is at 26%
  - Only 7 Critical Access Hospitals (CAHs) and Rural Health Centers (RHCs) remaining to be connected to HIEs
- Outreach is our next big step
  - We are reaching out to the different health alliances and consortiums
  - The goals of this outreach are to connect rural providers to Colorado's HIEs which have yet to be connected, meet with rural providers to adopt health information, data sharing, and analytics through implementation support, identify any roadblocks, and identify what has been going well and what could be improved
- Kevin Stansbury: Some of our partners in rural areas need to update their EHRs to bring about connectivity. Our partners in Contexture have worked hard to improve the service and enhance the value of connectivity especially in the Eastern Plains.
- Question from Art Davidson: When you say "update the systems", are they just going to a new version within the same EHR, or are they swapping out EHRs?
  - Kevin Stansbury: There are a couple of systems currently installed in the state we are having difficulty with. Hospitals know they need to upgrade those systems, and currently being connected to the HIE has been in name only. We are collecting data to make that connection more valuable, and it seems the only way to make that more valuable is to update the EHR the provider is using.
  - Art Davidson: Are there any other roadblocks so far?
    - Kevin Stansbury: THe functionality of the EHR is probably the biggest roadblock, whether it is actually functioning as intended. In many areas of the state, the EHR is basically a giant file cabinet. We want to upgrade that to the point we are really collecting data and working towards interoperability.
    - John Kennedy: There are some other problems, including in the remaining holdouts. They may not necessarily want data to be in the network, and that's where I want to work with this outreach money. What really is the reason we can't get you connected and how can we get past that?
    - Stephanie Pugliese: Those of you who have been here for a few years may remember we did outreach a couple of years ago, and we did not get a 100% response rate. We want to make sure we are meaningfully connecting to these providers and understanding what the barriers really are. Living in Denver and just emailing providers is not always the most meaningful way to connect. When we learn the other roadblocks, we can report back further.

Care Coordination
Gabby Elzinga
- Reminder that our workgroup purpose is to "Strengthen community connections to develop meaningful insights in support of equitable access to quality care and services for all Coloradans. We focus on the meaningful insights and equitable access chunks of

- this as our specific focus.
- The goals and objectives coming in the next couple months include redeveloping Social Health Information Exchange (SHIE) branding. A lot of folks use SHIE language very broadly for many different efforts, and it has become a little confusing when talking with partners across the state and country. We are working with a partner in strategic communication and planning to develop some new language and branding to communicate OeHI-specific priorities.
- We also want to prioritize use cases for SHIE and explain them well.
- We are developing an action plan for data governance. This is a huge part of SHIE implementation
- We are also strategizing integration of identity management and consent.
- News: Our Request for Proposals (RFP) has shifted to an Invitation to Negotiate (ITN). RFP is solution-specific, where ITN is more flexible in solution implementation. We have specific wants, but there's flexibility in how we implement that. RFPs are frontloaded and have a scope of work, where ITN we can negotiate the scope of work with vendors, for which we have many contracts in progress.
- Progress and next steps:
  - We are getting this off the ground, currently in final procurement review. This needs Centers for Medicare and Medicaid (CMS) approval before we can post it. Internal review is complete and we are aiming for submission to CMS by mid-October. Latest CMS approval would then be by December 15.
- Procuring the SHIEcosystem:
  - Some components included in the ITN: Statewide SHIE infrastructure and regional SHIE hubs. That is not the be-all-end-all in terms of SHIE.
  - Consent management, identity resolution (through IDXR), community resource inventory, and provider directory are not part of the ITN and are outside it.
- We are currently in the building phase, thinking about use cases and priority leads and partners, understanding the regional and statewide landscape of work that has already been done so we don't do duplicative work.
- Commission requests:
  - Let us know if you have outreach suggestions. If communities are doing care coordination work we should know about or people with lived experience, let us know.
  - We will ask you to review and approve our SHIE rebranding, product strategy, and interoperability roadmaps for Provider Directories and Community Resource Inventories.
- Question from Wes Williams: It sounds like you want to talk to people who do care coordination work in real life rather than SHIE care coordination. Is that right? This is around what the boots on the ground experience around care coordination is and how we can translate that to SHIE?
  - Gabby Elzinga: Yes, but really we want to speak to everyone involved in all the capacities we can. Now that we are getting to this juncture, it would be great to speak to people who have experience navigating these platforms. We welcome input from the tech side and lived experience side.
- Comment from Toni Baruti: I really appreciate the work being done in this workgroup and the different speakers that have been brought in. With this work, showing how it is working in other areas through our speakers, this really helps us see how we can utilize this experience in the framework we have and how we can align it to what we do here. It is nice to see everything coming together.
- Comment from Art Davidson: Where are we in the process of the components outside of the ITN procurement?

- ○ Gabby Elzigna: For community resource inventory, we are doing what amounts to market research, working with regional partners to see what inventories and data connections currently exist. We have a group of students helping us understand how other states are working with this so we can develop a framework for data standards. For the provider directory, we are starting with what is within the state sphere. WIth Health Care Policy and Financing (HCPF), the Behavioral Health Administration (BHA), and others, we are working to understand the current directories and seeing how we can connect those and make them interoperable before we introduce other data sources including private data sources.
  - ○ Stephanie Pugliese: Identity resolution is further along than consent. Identity resolution right now is focused on the Medicaid population and is onboarding more systems from the state to increase that population. We are building this out as a proof of concept into a real project, and since OeHI is not to own technology, we will transition that to the Office of Information Technology (OIT) longer term. For consent management, we have been in discussion about regulations and what we CANNOT do. We are now planning for an RFA to understand what consent management solutions are out there and what can work for the state. Wes Williams is leading this from the Commissionand as OeHI is making progress in the tech side, we may need another workgroup which will come to the Commission in a few months. SAMHSA Part 2 regulations are up for review potentially, and could be huge if true.
- ● Comment from Toni Baruti: We have had some great speakers about interoperability and health equity, and I am hoping that the folks that are hearing these presentations are taking what they are learning back to their organizations to see where the gaps in our data are re: demographics and SHIE. We want to align with what the state is trying to do with SHIE. Operationalizing this will help move the work along.
- ● We are doing a quick poll survey to make sure we are on the right track with the workgroup or need to reconsider membership or focus.

Public Comment Period
- ● **Questions in chat already addressed.**

Action Items
KP Yelpaala
- ● *Next meeting* `Oct 12, 2022`

eHealth Commission Meeting Closing Remarks
- ● Open Discussion
Motion to Adjourn
KP Yelpaala
- ● KP Yelpaala requests motion to adjourn
- ● Art Davidson motions to adjourn
- ● Toni Baruti seconds the motion
- ● Meeting adjourned at 12:48 PM MST