

eHealth Commission

September 13, 2017 | 12:00pm to 3:00pm | HCPF Conf Rm ABC

Type of Meeting	Monthly Commission Meeting
Facilitator	Michelle Mills, Chair
Note Taker	Emily Giebel
Timekeeper	Jason Greer, Chair
Commission Attendees	Michelle Mills, Mary Anne Leach, Carrie Paykoc, Chris Underwood, Jason Greer, Marc Lassaux, Adam Brown, Jon Gottsegen, Chris Wells, Herb Wilson, Morgan Honea, Michelle Lueck, Ann Boyer, Dana Moore, Tania Zeigler, Kendall Alexander.

Minutes

Call to Order

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

Approval of Minutes

- August minutes approved

Review of Agenda -Michelle Mills, Chair

OeHI/SIM Update

OeHI Update

Mary Anne Leach, Director Office of eHealth Innovation

- 5 Public Forums and reached close to 200 people.
- Roadmap financial planning going through refinement and approval is ongoing.
- eHealth Commission Bylaws. Formerly introduce.
- Requested to consider proxy and proxy voting

State Agency Updates

- CDPHE - Cerner implementation was officially started on 8/28. Weekly configuration calls able to come up with a timeframe. Go live June 1st. Plan is to have implementation wave on 4 to 5 sites. On January 1, 2017 CDPHE went live with medical marijuana system, as of now 40-42 thousand have been registered. Executing contract with CORHIO for drug monitoring system.
- CDHS - Making progress on critical issues resolved with Cerner implementation. Joint agency interoperability looking at clients across data systems, currently in planning stage. Current state assessment is about complete but will be another 3-4 months on the planning work then request federal approval.



- HCPF- official 6-month update on go live for claims processing system for the pharmacy and medical claims next week.
- OIT - Developed the beginning of framework that all agencies can use for data governance. Interest of Governor's Office and Lt. Governor's Office on how to define better data process and policy. AISP efforts - working through integrated data service model for management and better share data throughout ourselves and community.
- SIM - ECQM solution. Working on requirements. Looking to have something by November. Working closely with the Roadmap and OeHI to ensure it is aligned with long term plan for the state.
- CHI - Next Tuesday and Wednesday releasing results from access survey. Challenges with access to care and challenges in the health care system. Data service for advocacy services, grants, and everything in between.

Remaining Commission Comments on Presentation

- For approval of meeting minutes 50% of commissioners need to be present for a quorum.
- For adopting plans, measures, policy recommendations, or other substantive recommendations 80% of members need to be present for a quorum.
- Count will be done at beginning of meeting
 - o consider changing this.
- Proxy voting - vote via email.
 - o Proxy counts for forum.
- Conflicts of interest- discussion or decision making need to self-declare
- Significant votes - is there an option for chair or co-chair to decide whether we can have a proxy vote or not.
 - o Add D: Proxy could be withheld by chair or co-chair.
- Voting can be established ahead of time.
- Michelle L - Proxy counting to quorum. Need representation in the room to proceed with a meeting. Were these based on parliamentary procedure, can we validate against a more formal source. When is our vote sustained? What percentage or number of commissioners need to be present for a vote to be passed?
- Dana - Most organizations should not use proxy voting - doesn't mean we can't.

Colorado Health IT Roadmap Steering Committee

Laura Kolkman and Bob Brown, Mosaica Partners

- Update in Tampa: 66% of Florida lost power. Over 3 dozen hospitals had to be evacuated due to damage or flooding. Some are back operational. Mt. Sinai hospital they built a safe core that is able to withstand 180 mph winds. Relaxed HIPPA regulations on information sharing.
- Public Forums
 - o 5 public forums - Grand Junction, Denver, Lamar, Alamosa and Greeley.
 - o At least 1 commissioner at each forum - Thank you!
 - o Pre-public forum with Prime Health and C4.
 - o Reached nearly 200 individuals in the public.
 - o All are engaged and interested in our process.
 - o No major initiatives missing.



- What resonated with attendees: cost, consent management and affordable health analytics.
- There was enthusiastic support for the MPI and PMO.
- Outline of Colorado Health IT Roadmap:
 - Reminder to give commission to look at full draft and partake in detailed discussion.
 - Added number 4 - background. Is the why are we here and why do we need these initiatives.
- Background:
 - Team has put together the documents - methodologies acts events and occurrences.
 - Health Reform in Colorado, Key initiatives, State and Federal legislation
 - What are the key components in these categories that we need to include?
 - Emphasize the great assets in Colorado that we are able to leverage?
 - Build strong case in this section - why this and why now?
 - Jason Greer - one thing you hear at every conference is the alignment of community. Other states do not have the alignment. Need to emphasize how Colorado is collaborative and progressive in Health IT across the state.
 - Chris Underwood- How we leverage 90/10 funding in creative ways in order to get approval. History and lessons learned in how to approach that. Rebuild the story of when this started.
 - Mary Anne - Relationship with ONC - testament to Chris and Team at HCPF's hard work.
 - Local Health Alliances.
 - OeHI has created a list of regulations that if anyone wants to look at the list to highlight and of significance.
 - Build timeline to show the pioneering of Health IT in Colorado.
 - Email any further discussions to Mary Anne Leach.
- Initiatives Discussion:
 - Look at description and purpose of each initiative.
 - Start thinking of what organizations or who would be good leaders in this effort.
 - What are other sources of funding?
 - Reiterate that the HIT planning workgroup will add more meetings to support this effort to bring the document for review and input.
- Calendar:
 - Schedule additional workgroup meetings.
 - May consider delay - stay tuned.
 - Full discussion on the 11th of October.
 - Consensus not a vote on the 11th before sending it to the Governor's Office.
 - Quorum needed for final approval on the 27th of October.

MPI/MPD Use Cases and Tech Requirements

Carrie Paykoc, State Health IT Coordinator

- Start work with HTS - master HIT partner.
- First task was to look at creating technical requirements for the MPI/MPD.



- Took the documents from Cedar Bridge and gap analysis and pulled together into one concise document.
- Read through the handout and provide back comments.
- Are there more use cases across the state that could be used?
- Public Forums we heard that counties and hospitals need better access to information and data.
- Highlight -
 - o Providers - update credentials through number of different places. Need to reduce provider burden.
 - o State - measuring what is the value and outcome of various programs. Need a unified process and identifier to do so.
 - o Partners in Community health system - paying staffers and outside vendors to see if their list are accurate and up to date.
- Next Steps:
 - o Will be listed on the OeHI eHealth Commission page.
 - o RFP draft for MPI and MPD.
 - o After Public Comment if all goes well release the RFP in January.
 - o Evaluate technical requirements.
- Comments:
 - o Struggle with non-state based solution concept. Makes sense when talking about identifying household clients across state programs. When it moves outside the state programs the list of data sources gets long. The expectation that the solution integrates with data sources and expectations that they integrate with solution. There will be ongoing maintenance for the solution.
 - o Before presented need to have the business value and sustainability.
 - o Integrating into sources and technology - not currently there.
 - o Not envisioned to connect all data sources unless there are compelling use cases to do so. We know we have an urgent need interstate agency. Should we offer this is a service to other state agencies.
 - o Funding coming from CMS and 90/10 - HCPF immediate needs is a provider list and identity matching with partners to do more advanced data matching.
 - o Proposing that IPD dollars are being used for this work. Do we have an implantation period? Build in sustainability model.
 - o IPD budget is done 2021 - need to plan and budget now.
 - o Align sustainability across state agencies. Understand how it is going to happen and how it will be sustained after the implementation.

Procurement Process and Qualified HIE Entities

- Developed in partnership with HCPF.
- When we get to a situation where we have issued the MPI RFP and getting vendors to submit proposals. Allows the commission to form a subcommittee.
- Would this still apply if we did a sole source solution? One of the things our office is working on is defining qualified entities.

- Asking what role the commission would like to play in the advisory capacity.
- Pertain to initiatives we are considering.
- Need to have the conversation for transparency.
- One of the goals of the commission is to coordinate across state departments. This focuses on 1 state department.
- Looking at total list of projects and where are there opportunities to leverage and scale, rather than duplicate any efforts.
- PMO- to look at projects across state agencies.
- Partnering with OIT - formalize the process. When is the right time to receive updates and supply guidance?
- How does the commission view this? Should there be a procurement and what is the scope? How do we contribute and inform?
- Look at the protocol - should we - what is the scope - and then the how?
- eHealth Commission should be involved in the conversation and supply the transparency to stray away from making the wrong decision.
- Role is to balance the procurement process and policies.
- Yes, eHealth Commission would like to be involved in the procurement process.

Remaining Commission Comments on Presentation

- No additional comments.

Public Comment

- No public comments.

Discussion on October Agenda and Closing Remarks

Next Steps and Action Items

Action Item	Owner	Timeframe	Status
Formulate ideas for Project Principles for Health IT Roadmap project	Commission Members	September Commission Meeting	Completed
Draft a letter to the FCC requesting attention to the issue of technology/connectivity in rural areas to support data sharing and thus a Healthier Colorado	State HIT Coordinator/ Commission	January/ February	Completed
Health IT Innovation in Colorado - sub-working group of the Commission	OeHI Director	Winter/ Spring	Open
Health IT Planning Working Group - sub-working group of the Commission	OeHI Director	Winter/ Spring	Open



Create a broadband working group -sub-working group of the Commission

OeHI
Director

Winter/
Spring

Open

Track and report federal and local legislative changes

OeHI
Director

Winter/
Spring

Ongoing