EHEALTH COMMISSION MEETING

SEPTEMBER 11, 2019

OeHI
Office of eHealth Innovation

Call to Order	
• Roll Call and Introductions • Approval of August Minutes • September Agenda and Objectives *Michelle Mills, Chair*	12:00
Announcements	
• Lt. Governor Remarks, Dianne Primavera • OeHI Announcements and Updates • Workgroup Announcements and Updates • Commissioner Announcements and Updates *Carrie Paykoc, Interim Director, OeHI* *eHealth Commissioners*	12:05
New Business	
Public Safety Access Point (PSAP) & Crisis Services Collaboration Peggy Heil, Office of Research and Statistics, Colorado Division of Criminal Justice Camille Harding, Division Director, Community Behavioral Health	12:15
Individual Identity Roadmap Initiative- Pilots and Next Steps Tracy Miller, Nutrition Services Branch Chief, CDPHE Christine Willoughby, Analyst, Office of Economic Security, CDHS Micah Jones, Health IT Coordinator, Health Care Policy and Financing Sanjai Natasen, Senior Project Manager, Office of eHealth Innovation Sarah Nelson, Director Business Technology, CDHS, eHealth Commissioner	12:45
Health IT Roadmap Implementation Strategy Discussion- Reducing Provider Burden Carrie Paykoc, Interim Director, Office of eHealth Innovation	1:15
Public Comment Period	
• Open Discussion	1:45
Closing Remarks	
• Recap Action Items • October Agenda • Adjourn *Michelle Mills, Chair*	1:50

ANNOUNCEMENTS

OeHI UPDATES

- FCC Comments and Letter of Support Submitted for Connected Care Pilot August 29th

- Health IT Roadmap event hosted by Colorado Health Information System Society (CHIMSS) on September 26 5-7 PM at Catalyst

- Request for Information on Service/Systems Integrator for OeHI and HCPF to be posted for comment in September

COMMISSION UPDATES

- Others?

Note: If you are experiencing audio or presentation difficulties during this meeting, please use the Adobe Connect chat box function to alert us.

ACTION ITEMS

CO Health IT Roadmap	Follow Up	Status
eHealth Commissioner Opening	Accepting applications for rural community leaders and payer experts	Pending Gov Office review and selection

ACTION ITEMS
AFFORDABILITY ROADMAP

| Affordability Roadmap	Status and Follow-Up
Prescriber Rx Tool	• Dr. Art Davidson, OeHI, and Dr. CT Lin met project team to inform project approach. eHealth Commission available, as requested by HCPF. • OeHI participating in procurement process- Kickoff Sept 13th • OeHI adding criteria to SUPPORT ACT funding request to support provider adoption and reduce burden related to ALL prescription tools
Advanced Directive SB 19-073	• Align/Prioritize Roadmap Initiatives- consent, identity, HIE • Project kicked off Aug 2nd with regular meetings set up • Alignment and technical mapping sessions in September • Chris Wells leading effort
Interoperability (JAI)	• Align/Prioritize Roadmap Initiatives- OeHI Identity resolution pilots informing JAI investments- Pilot 1 complete, Pilot 2 kick-off 9/17 • Technical mapping of county and state efforts, data sharing legal barriers highlighted as roadblock- 08/30/19. • Marc Lassaux serving on leadership committee
Broadband/Telehealth	• Submitted letter of support and comments August 29th for connected care pilot funding opportunity • Recruiting and launching workgroup to develop state plan and refine pilots- chair Rachel Dixon. Plan to launch in September.

PUBLIC SAFETY ACCESS POINT & CRISIS SERVICES COLLABORATION

PEGGY HEIL, OFFICE OF RESEARCH AND STATISTICS, COLORADO DIVISION OF CRIMINAL JUSTICE
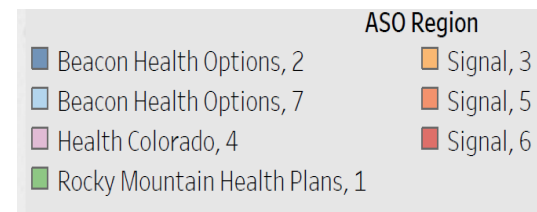
PSAP & Crisis Services Collaboration

MHDCJS Data Sharing Subcommittee facilitated Initiative

Colorado Crisis Services Regions 2019
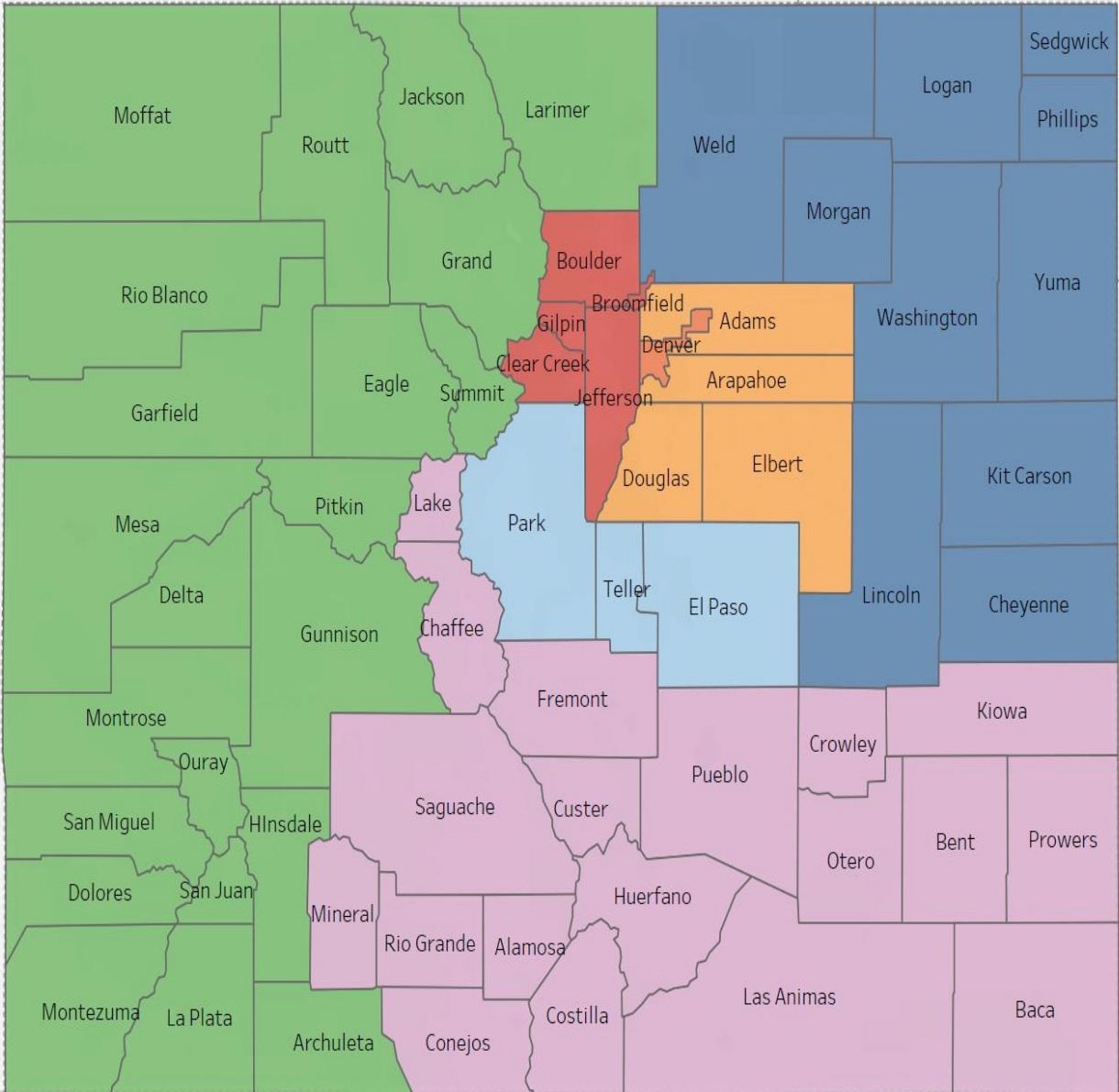
Source: Office of Behavioral Health, 2019

Hotline

- CRISIS LINE 1-844-493-8255, including Text and Chat

- 24/7/365 support for anyone dealing with a self-defined mental health, substance use, or emotional crisis. All calls are connected to a mental health professional who provides immediate support.

- Text is available 24/7/365 by texting TALK to 38255. English only at this time.

- Chat is available via the website 7 days a week from 4 p.m. to midnight. English only at this time.

Mobile Response

- Mobile response dependent on risk factors

- ASO and Hotline establish a triage protocol for mobile response criteria for dispatch

- Mobile team shall update the Crisis Line with the outcome of their visit within 24 hours

- Telephonic follow with patients within two days for those individuals that did not go to a higher level of care

Criminalization of Mental Illness
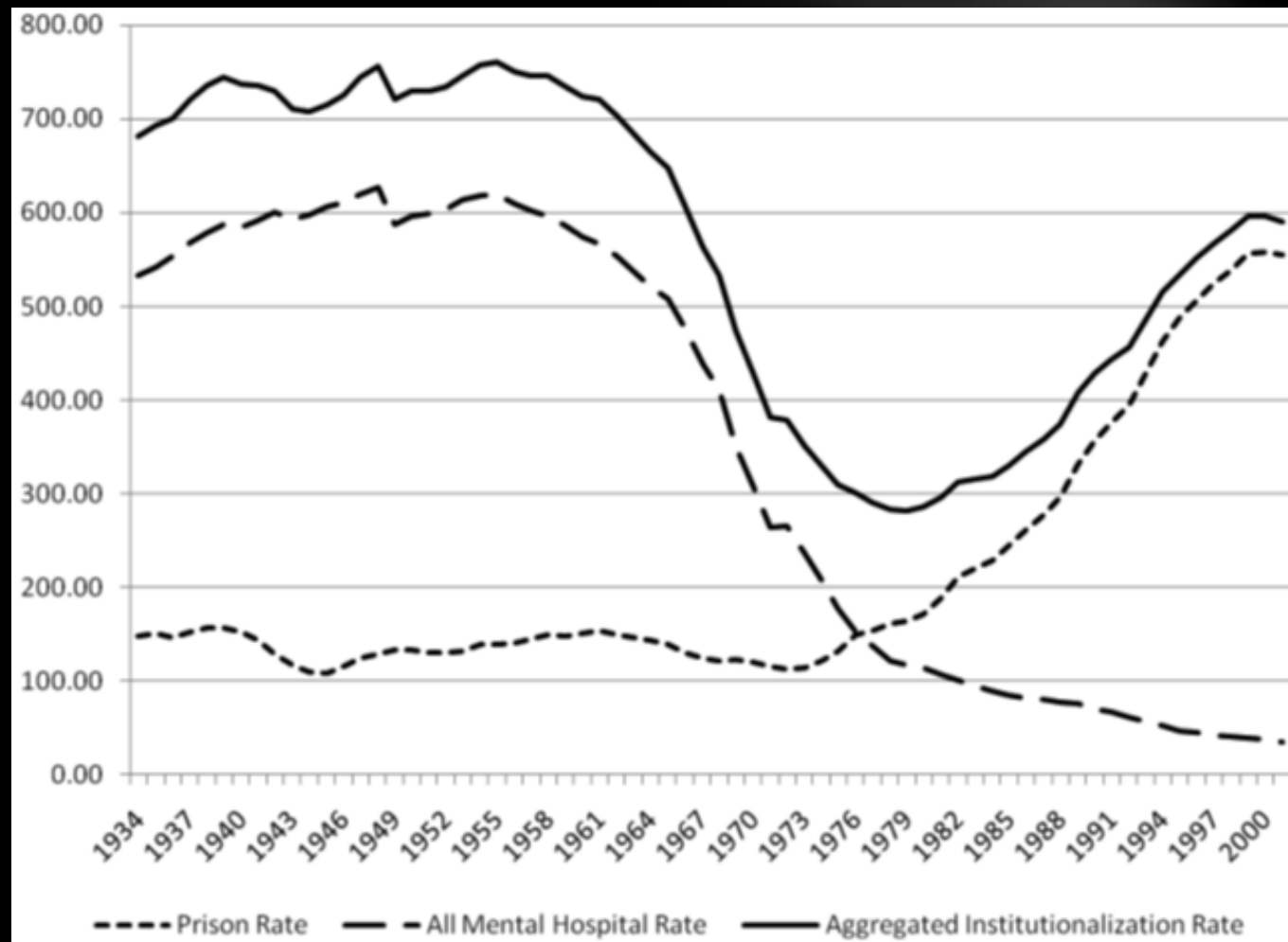
Source: Harcourt, B.E. (2011). An institutionalization effect: The impact of mental hospitalization and imprisonment on homicide in the United States, 1934-2001. *The Journal of Legal Studies*, 40(1), 39-83.
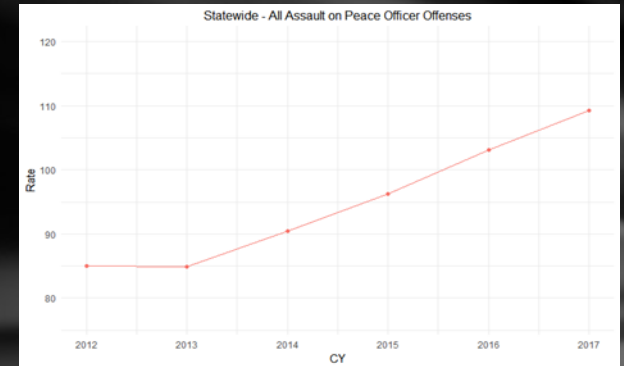
Does Colorado follow National Trends?

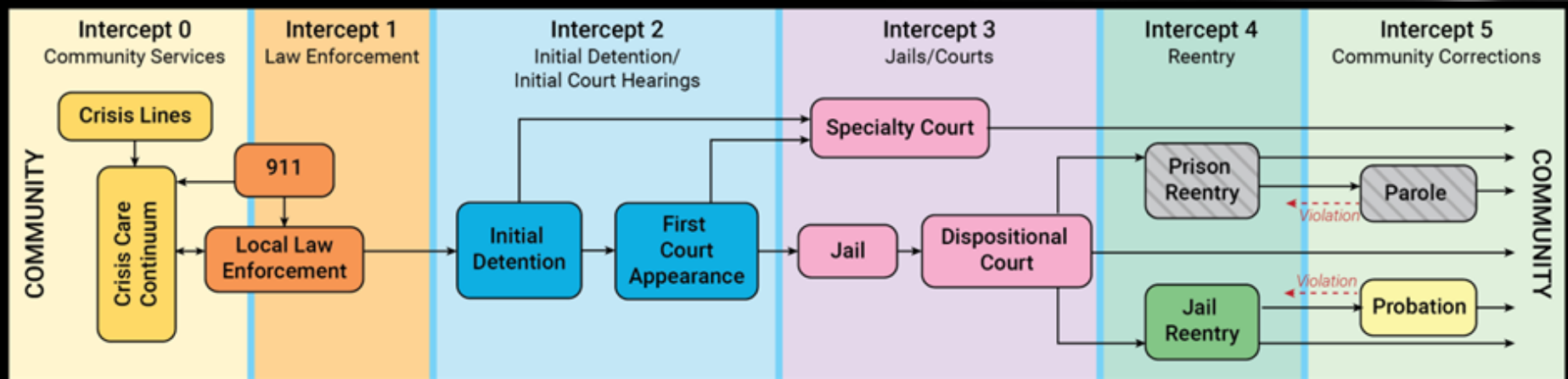| Institution	Colorado
Designated Private Psychiatric Treatment Beds	1,236[1]
Colorado Mental Health Institute Civil Commitment Beds	
Jail Detainees with Mental Health Disorders	2,500 to 5,070[2]
Prison Inmates with Mental Health Disorders	6,916[3]

1) Colorado Department of Public Health and Environment email communication to Peggy Heil on 8-22-19
2) Estimated from 20% to 40% prevalence in surveyed jails
3) DOC Dashboards https://www.colorado.gov/pacific/cdoc/departmental-reports-and-statistics

Contributing Factors

- Colorado Mental Health Institute consent decree = Fewer civil commitment beds available

Statewide - All Assault on Peace Officer Offenses

- Assaults on First Responders increasing:
  - 29% increase in court filings from 2012 to 2017[1]
  - Approximately 60% of NAMI's Law Line calls involve welfare checks that resulted in assault on first responder charges[2]
  - The rate of individuals requiring competency evaluations who have assaults on first responders increased by 577% over the past ten years[3]

- Substance Abuse arrests increasing:
  - 39% from 2012 to 2017[1]

- Coloradans are more familiar with 9-1-1 than Colorado Crisis Services

What can reverse these trends?

The Sequential Intercept Model Source: Policy Research Associates, Inc., https://www.prainc.com/sim/

Colorado Secretary of State's Office Lean Process Mapping

9-1-1 Process

9-1-1 call takers must Dispatch a first responder resource within the first 30 seconds of the call:
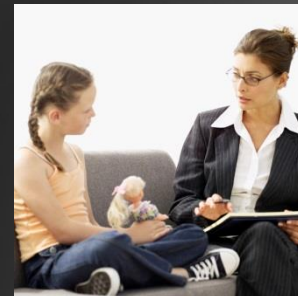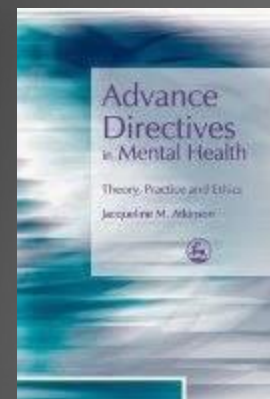
PSAP & Crisis Services Collaboration

- Training for PSAP call takers and dispatchers

- Training for Crisis Services call takers

- Training for first responders and mobile crisis and co-responder units

- Staffing needs and costs to resource the statewide Crisis hotline to accept transferred PSAP calls or be conferenced into calls involving behavioral health crisis and assist in dispatching the most appropriate type of first responder resource

- Best practice behavioral health protocols for PSAPs

- Stress inoculation training for dispatch and crisis services staff and staff retention training for PSAP and crisis services administrators

- Legal information sharing protocols

- Potential liability barriers and solutions

- Systems to track incidence, need and outcome data

- Systems to inform treatment providers when clients are involved in a behavioral health crisis.

Why is this relevant to the eHealth Commission and OeHI?

How can this initiative build on existing initiatives, resources and technology systems to accomplish integrated responses to 9-1-1 calls involving behavioral health crises?

- How can PSAPs quickly triage calls to involve Colorado Crisis Services resources?

- How can treatment providers be notified for follow-up services

- What information can be legally be shared with call takers/dispatchers and first responders

- How can psychiatric advance directives inform responses?

Advance Directives in Mental Health
Theory, Practice and Ethics
Jacqueline M. Atkinson

Coordination with other efforts

PSAP & Crisis Services planning objectives	Coordination with other efforts
How can PSAPs quickly triage calls to involve Colorado Crisis Services resources?	Colorado Crisis Hot Line • Co-responder programs • Mobile Crisis Units • Crisis Intervention Team (CIT)
How can treatment providers be notified for follow-up services	• CBI wants & warrants check • OBH – RMCP & HIE notification development
What information can be legally be shared with call takers/dispatchers and first responders	• OIT Broadband office - Colorado Public Safety Data Sharing Project grant • OeHI electronic consent module development
How can psychiatric advance directives inform responses?	• Mental Health Colorado focus groups on HB19-1044 implementation

Overlapping Initiatives

Onboarding Behavioral Health Providers to increase use of HIE's

Jail access to HIE

Compass data collection

Bed Capacity Tracking-

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INDIVIDUAL IDENTITY ROADMAP INITIATIVE- PILOTS AND NEXT STEPS

TRACY MILLER, NUTRITION SERVICES BRANCH CHIEF, CDPHE

CHRISTINE WILLOUGHBY, ANALYST, OFFICE OF ECONOMIC SECURITY, CDHS

MICAH JONES, HEALTH IT COORDINATOR, HEALTH CARE POLICY AND FINANCING

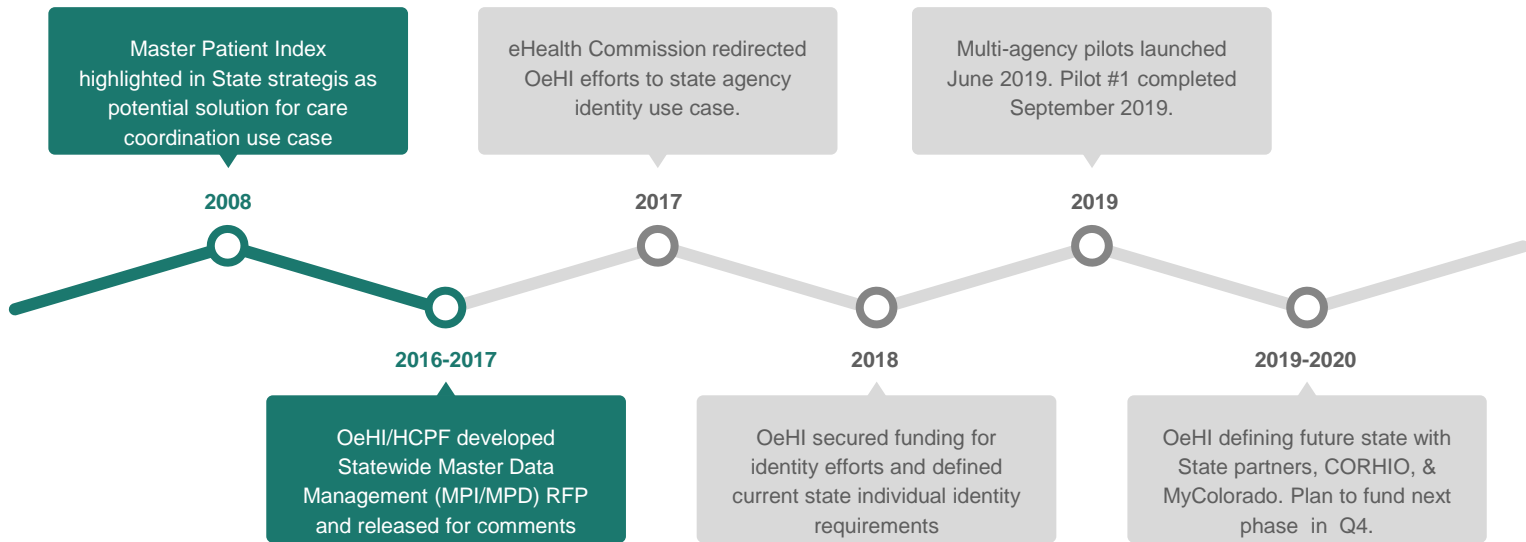*SANJAI NATASEN, SENIOR PROJECT MANAGER, OFFICE OF EHEALTH INNOVATION*

Uniquely Identify a Person Across Systems

Health IT Roadmap Initiative #14

Health IT Roadmap Initiative #14

This initiative develops and implements a comprehensive approach – that includes both health and social services information – that will be used across Colorado to uniquely identify a person **across multiple systems** and **points of care**.

Health IT Roadmap Identity Initiative #14

Master Patient Index highlighted in State strategis as potential solution for care coordination use case

2008

eHealth Commission redirected OeHI efforts to state agency identity use case.

2017

Multi-agency pilots launched June 2019. Pilot #1 completed September 2019.

2019

2016-2017

OeHI/HCPF developed Statewide Master Data Management (MPI/MPD) RFP and released for comments

2018

OeHI secured funding for identity efforts and defined current state individual identity requirements

2019-2020

OeHI defining future state with State partners, CORHIO, & MyColorado. Plan to fund next phase in Q4.

Medicaid Vision and Alignment

- What HCPF Hopes to Learn

    - Can a unique identifier be created across programs

    - Can Verato successfully identify duplications?

    - Can CORHIO and Verato generate and accurate report of WIC/SNAP members eligible for Medicaid but who are not enrolled

    - The best way/process to share the data with Member care team (i.e., RAEs, PCMPs)

Medicaid Vision and Alignment

- How to use the data and use case development
- Possible Use Cases
    - Use the data and results to inform policy, outreach, and programs
    - Identifying members with Social Determinant of Health-related risks for targeted intervention
    - Connect Medicaid members that are eligible for SNAP or WIC but are not enrolled to those services

Medicaid Vision and Alignment

- Were we are
    - Review of applicable WIC & SNAP privacy laws and limits of sharing
    - Early stages of initial use case development (impacted by sharing regs)
    - Ongoing research for additional Use Case proposals

- Challenges ahead
    - Privacy regulations allow for narrow use of data, particularly SNAP
    - Use cases will require extensive work to figure out privacy rules related to data access and data use

Colorado Blueprint to End Hunger
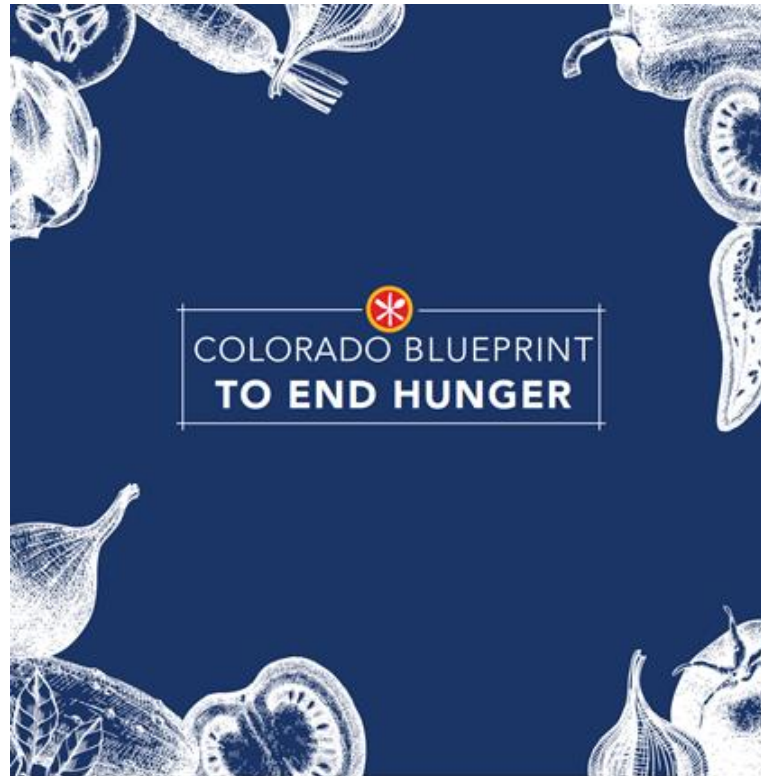
Overview Hunger in Colorado

1 in 6 Kids is Hungry

1 in 10 Seniors is Hungry

10.3% of Coloradans are Hungry
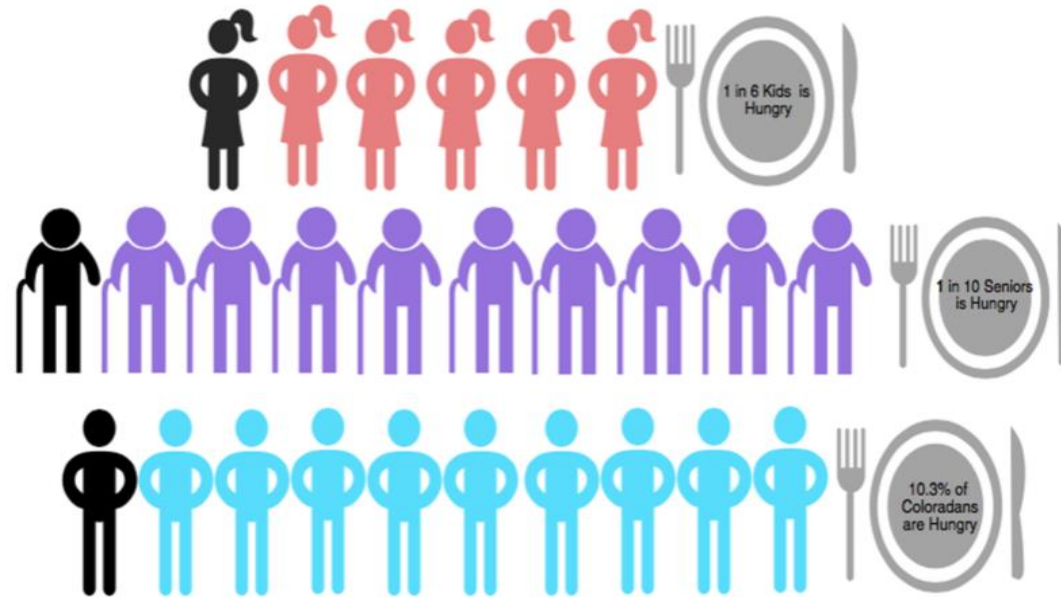
FOOD = IMPROVED HEALTH AND INCREASED WELL-BEING

Introduction to Colorado WIC (COWIC)

Colorado Supplemental Nutrition Program for Women, Infants, and Children (COWIC) provides:

- Healthy food
- Nutrition Education
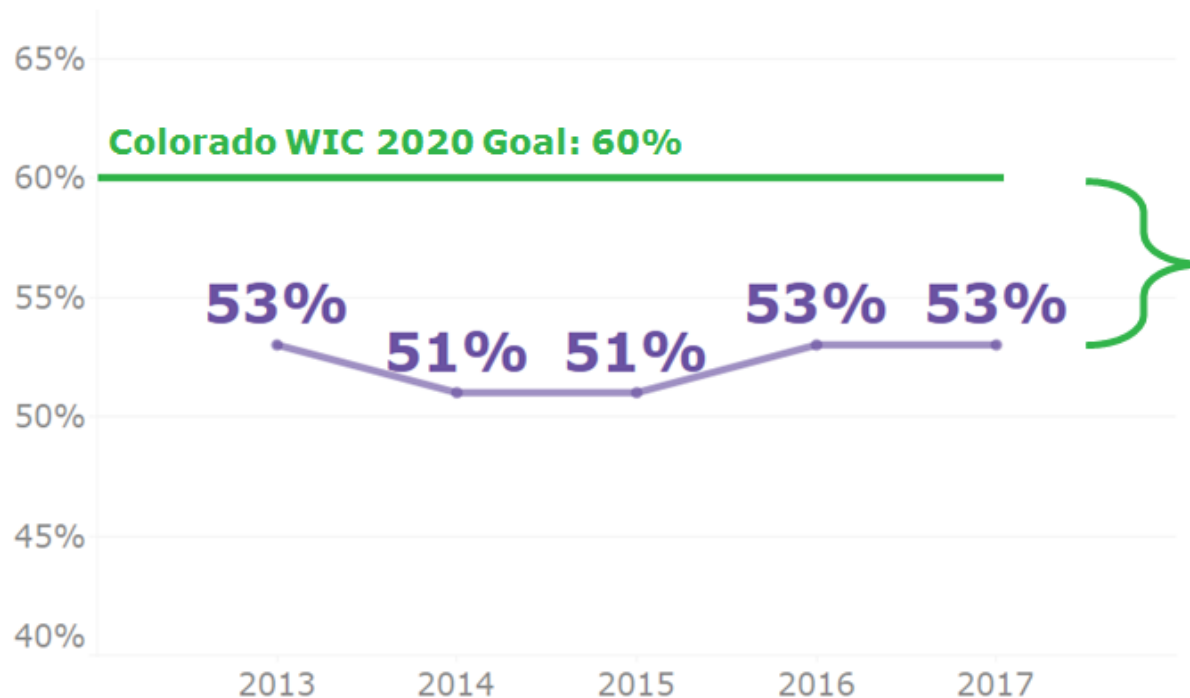- Breastfeeding Support
- Referrals

To low-income pregnant & breastfeeding moms and families with children under 5.

Most Colorado families with one person earning minimum wage can qualify for WIC.

However, many families miss out on COWIC services

Percent Eligible Enrolled in Colorado by Year

Colorado WIC 2020 Goal: 60%

14,534

more participants
needed to reach
2020 goal

COWIC and Medicaid Test Match

All children under the age of 5 enrolled on Medicaid are eligible for WIC

How many Medicaid members under the age of 5 are not on WIC?

Why is this question hard to answer?

WIC does not share a common unique identifier with Medicaid

The WIC population often changes addresses and/or phone numbers reducing the fidelity of traditional matching methods

Utilization of test data match to improve COWIC enrollment

Import missing Medicaid IDs to improve COWIC participants' ability to stay on the program by reducing the need to prove income

Understand the demographics or locations of Medicaid members enrolled or not enrolled in WIC

Understand how quickly this file ages to plan pilot outreach and evaluation plans related to COWIC outreach to eligible Medicaid members

Overlap of COWIC and Medicaid Members

132,156 Medicaid
Members 5 or younger

| 35% enrolled in WIC | 65% not enrolled in WIC |

August 2019 Med/WIC Match

Import Medicaid IDs to improve COWIC participants' ability to stay on the program by reducing the need to prove income

11,252

Medicaid members under 5 have an active Medicaid ID that was not in the WIC system

August 2019 Med/WIC Match

Understand the demographics or locations of Medicaid members enrolled or not enrolled in WIC

The percentage of Medicaid children under 5 **not enrolled** on WIC **increases with age**

Age	Percentage
Babies	45%
1-year-olds	58%
2-year-olds	69%
3-year-olds	73%
4-year-olds	76%
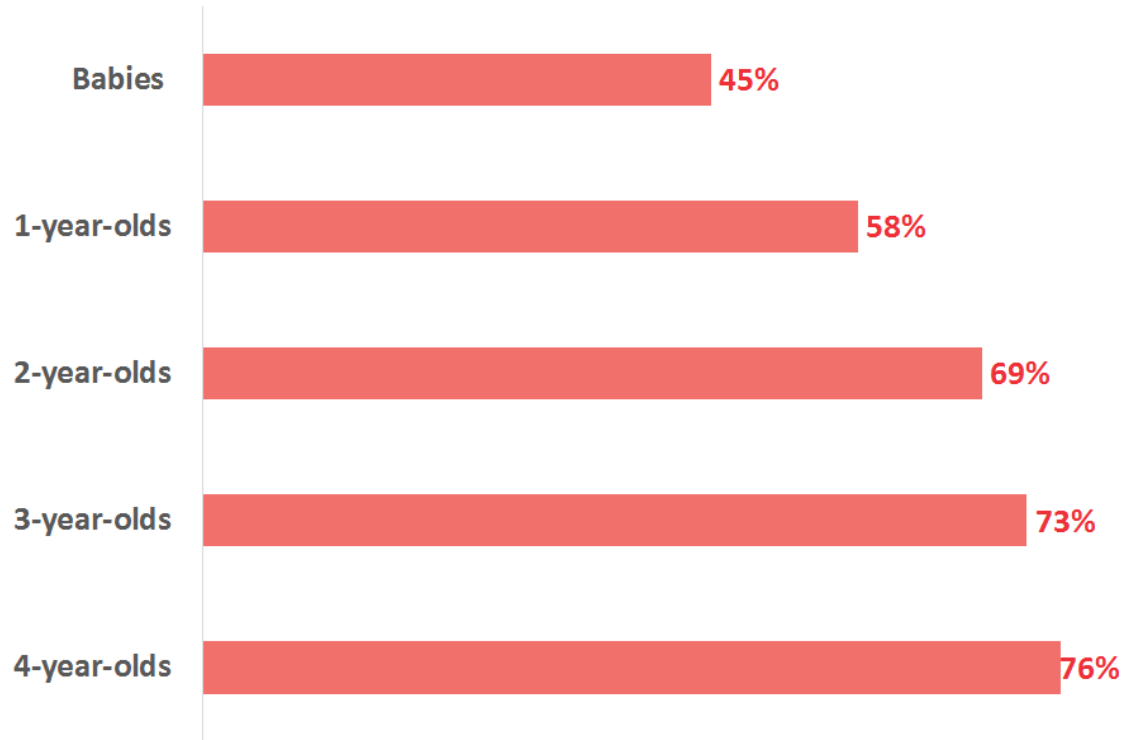
August 2019 Med/WIC Match

Understand how quickly this file ages to plan pilot outreach and evaluation plans related to COWIC outreach to eligible Medicaid members

5,500 (8%)

Of four-year-old Medicaid members not enrolled WIC turn 5 **each month**

These Medicaid members are no longer eligible for WIC

August 2019 Med/WIC Match

Next Steps - SNAP/WIC/Medicaid

- Tri-agency Match between WIC/SNAP/Medicaid through SOW2.
- Find funding (OeHI funding available initially)
- Shared outreach plan between SNAP, Medicaid, and WIC

STRONG, HEALTHY, AND HAPPY.

Supplemental Nutrition Assistance Program (SNAP)

- US Department of Agriculture (USDA) Food and Nutrition Services (FNS) program
- Means-tested entitlement program that provides benefits to low-income individuals and families and provides economic benefits to communities
- Federal government pays the full cost of SNAP benefits and splits the cost of administering the program with the states, which operate the program
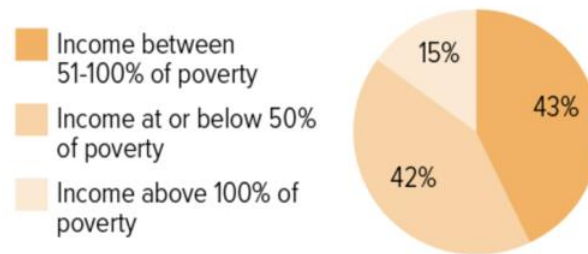- SNAP is the largest program in the domestic hunger safety net

Who is participating in SNAP?

COLORADO	almost **74%** of SNAP participants are in families with children	almost **25%** are in families with members who are elderly or have disabilities	almost **48%** are in working families
NATIONALLY	more than **68%** of SNAP participants are in families with children	more than **30%** are in families with members who are elderly or have disabilities	more than **44%** are in working families

Most SNAP Participants in Colorado Are Poor

Share of participants by household income, FY 2015

Income between 51-100% of poverty

Income at or below 50% of poverty

Income above 100% of poverty

15%

43%

42%

Source: CBPP

Who are we missing?

- Colorado ranks 44th in the nation in program access
  - Based on the official participation measure, as many as 40% of Coloradans eligible for SNAP are not participating in the program
- SNAP participants that are pregnant, postpartum and children aged 0-5 are categorically eligible for WIC
  - Only 30% of WIC participants self report participating in SNAP
  - The State does not presently know the actual % cross-enrollment between the programs
- Studies suggest that 68% of Medicaid clients are jointly eligible for SNAP

SOW2 Outcomes Objectives

- Determine actual cross enrollment percentages among programs
- Inform collective outreach strategies
- Provide foundation for predictive eligibility modeling
- Research opportunities

Where do we go from here

- OeHI recognizes the need to continue this work
- OeHI partnering with JAI to define future state architecture with state partners and CORHIO

Identity Resolution in Joint Agency Interoperability Phase 2

- JAI Phase 1 connected four state IT systems that happen to have the State ID in common
- To add new systems will require a new approach for client matching
- Today's approach results in numerous duplicate IDs and delay or loss of service for clients

ECQM INITIATIVE

THIS INITIATIVE PROVIDES TECHNOLOGY SUPPORT TO EASE THE CAPTURE, AGGREGATION, AND REPORTING OF AGREED UPON, QUALITY REPORTING MEASURES.

THE PURPOSE OF THIS INITIATIVE IS TO EASE THE BURDEN ON PROVIDERS FOR SUBMITTING QUALITY MEASURES. THIS INITIATIVE SHOULD PROVIDE TOOLS THAT STREAMLINE THE PROCESSES USED TO REPORT ON QUALITY MEASURES.

ECQM INITIATIVE

- Overview of Budgets/Funding
  - 5 Million Capital IT Funding Approved
  - 500K General Fund (SFY19/20)
  - 675K General Fund (SFY 20-22)

  - Contracting
    - Bridge Contract with HDCO (447K)- Executed
    - Data Governance for eCQM in Clearence

  - Workgroup to vet and provide recommendations for 5 million investments

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Initiative 13: Ease Quality Reporting Burden	Bridge eCQM Contract to continue services provided under SIM (CORHIO)	In Progress	Contract Extension				
	Expanded eCQM Scope to add APM and technical assistance	In Progress	Define contract SOW and requirements		SIPA MPRO	Start-up	
	Establish eCQM Workgroup	In Planning		Start-up			

- Technical = Technology

- Gaps in Care Reports

- Manual and QRDA3 Reporting

Legend

	Project Planning, SOW, and Requirements Development
	Project Contracting
	Start-up
	Established Project or Support

TECHNICAL WORKGROUP

DRAFT MEMBERSHIP LIST

- Kim Brown – Rocky Mountain Health Plans

- Dr. Kyle Knierim – AF Williams

- Ben Schmadlach – Clinica Family Health

- Christopher McKinney – Mental Health Center of Denver

- Dr. David Keller – Children's

- Cheryl Mason - Wolters Kluwer Health

- Sara Grassmeyer - CDPHE

- Melissa Hensley – OIT

- Jed Ziegenhagen – HCPF

- Andrew Bienstock – UCDFM

- Emma Flores – QHN

- Michael Feldmiller – CCMCN

- Erin Dormaier – CORHIO