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EHEALTH COMMISSION MEETING

APRIL 19TH, 2016

AGENDA

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Topic	Time
Call to Order Chris Underwood, Interim Director, Office of eHealth Innovation	5 mins
Old Business	
Approval of Minutes and SOPs Commission Members	5 mins
Vote for Chairs Commission Members	15 mins
New Business	
Colorado Health IT Governance History Kate Kiefert, CedarBridge Group	20 mins
Federal Priorities and Context, Themes from Interviews, (First) Problems to Solve Carol Robinson, CedarBridge Group	40 mins
Break	10 mins
Group ACTIVITY Matt Benson, North Highland	70 mins
Public Comment	10 mins
Closing Remarks Chris Underwood	5 mins

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COLORADO HEALTH IT GOVERNANCE: BACKGROUND AND HISTORY

KATE KIEFERT
SENIOR CONSULTANT, CONTRACTOR
CEDARBRIDGE GROUP

COLORADO HIT BACKGROUND (2009)

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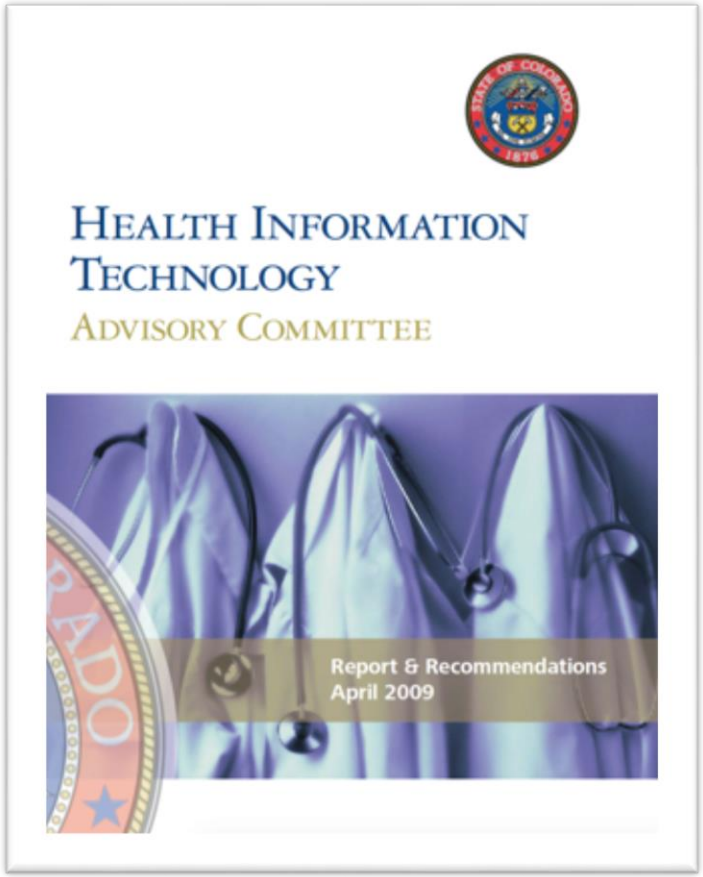

Investments in HIT need to be made for improved health care across the continuum of health care interactions:

- A critical mass of providers needs to shift to electronic record systems.
- An interoperable HIE needs to be in place for systemized and confidential exchange of information.
- Providers require technical capacity to create efficiencies and improved health care decision making.
- Providers and payers need to change incentives and reimbursement systems to **reward value and innovation in health care delivery**. Widespread recognition of the negative incentives created by the current reimbursement system which rewards volume and does not take into account patient outcomes helps to create a dysfunctional system.

See Colorado HIT Plan

COLORADO HIT ROADMAP (2009)

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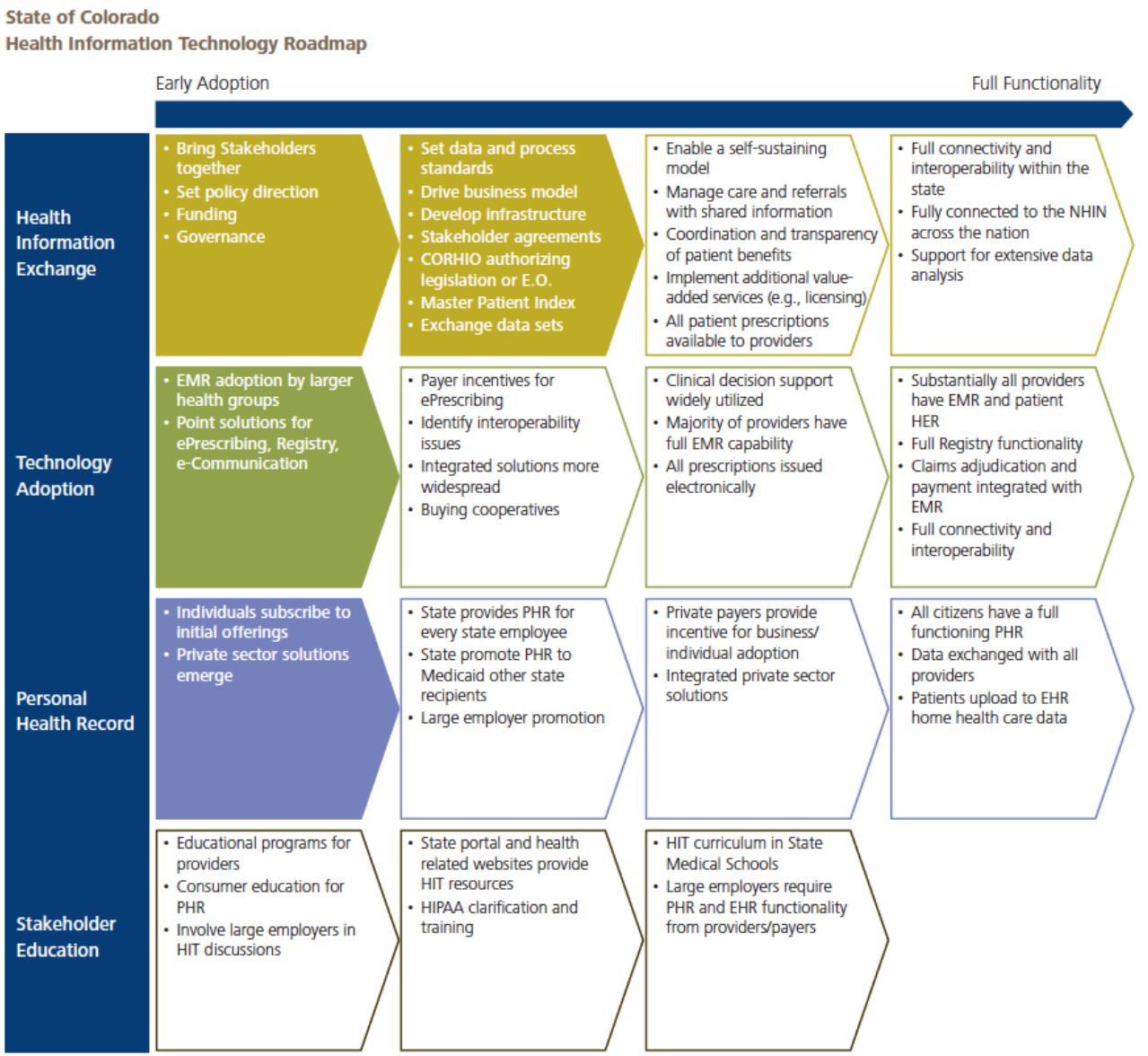

NATIONAL HIT BACKGROUND (2009)

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Context - The American Recovery and Reinvestment Act (ARRA) Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009 to promote the adoption and meaningful use of health information technology and secure exchange and use of electronic health information, but as a means to improving health and health care through:

"a more effective marketplace, greater competition with increased consumer choice, and improved outcomes in health care services"

See Public Health Service Act § 3001(b)(10), 42 U.S.C. § 300jj–11(b)(10)

COLORADO ARRA HITECH PROGRESS (2009 – 2014)

Colorado was awarded more than $60 million in ARRA HITECH Act program funds to support adoption of EHR technology, advancement of health information exchange, workforce training, and additional programs supporting state Health IT strategic objectives*

**** Figure does not represent all ARRA HITECH funds distribute to Colorado organizations. Additionally, ARRA HITECH is not the only federal funding for HIT. Other funders include CMS, ONC, CDC, FDA, SAMHSA, AHRQ, etc.***

NATIONAL HIT BACKGROUND (2009)

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To meet HITECH Act federal funding requirements, Colorado executed the Executive Order 008-09 aligning with the State's Health IT Advisory Committee's 2009 State Health IT Plan, and designated Colorado Regional Health Information Organization (CORHIO) as the State Designated Entity for Health IT and exchange. Per the State Health IT Plan, CORHIO's role as SDE was to:

- Lead and support collaborative work,
- Raise awareness of Health IT benefits among all stakeholders,
- Develop effective methods for stakeholder input and participation,
- Eliminate counter-productive competitiveness among stakeholders, yet encourage friendly competition among alternative approaches,
- Create credible processes and transparency,
- Provide a low cost structure, and
- Design a sustainable model for Health IT and HIE in Colorado.

CORHIO AS COLORADO'S ORIGINAL "STATE DESIGNATED ENTITY"

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CORHIO:

- Successfully completed all federal grant programmatic goals for State HIE Cooperative Agreement
- Successfully managed Colorado's Regional Extension Center
- Successfully managed the Long Term and Post Acute Care Challenge Grant
- Established a technical HIE platform securing connectivity by more than 50 hospitals, 160+ skilled nursing facilities, and early stages of reporting health information to state and local public health agencies
- Successfully established HIE Policy Committee, Public Health HIE Policy Committee, Behavioral Health Information Exchange workgroup, and Health IT Policy Forum*

CURRENT HEALTH IT PROGRAMS AND INVESTMENTS ACTIVITIES: $75-80 MILLION

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Current HIT Programs	Description	Funding amount	Need for neutral oversight
HCPF HIE Maximization (FY 14-15 R-5 Budget Decision)	Program supporting onboarding clinical practices to HIE, building HIE infrastructure capacity through shared services, advancing public health reporting supporting Meaningful Use requirements and supporting other Meaningful Use objectives such as Clinical Quality Measure reporting	approximately $40 million over 4 years $1 million General fund (GF) and $9 million Federal funds (FF)	• Needs program oversight, contract management for funding distribution, performance metrics, and accountability for CMS requirements • Needs common technical infrastructure investment
State Innovation Model	Integrating Physical Health and Behavioral Health in primary care and mental health settings supporting the following paths to health transformation • Population Health Plan • Practice Transformation Plan • Technology and Measures Plan • Path to Value Based Payment Reform Plan	SIM – approximately $65.5 million, HIT portion $14 million	• Needs HIT program oversight, coordination of HIT sub-contractors, convener and coordinator of stakeholders • Responsible for SIM HIT performance metrics, reporting • Accountability to SIM Office and Advisory Board
Transforming Clinical Practices Initiatives	Funding opportunity announcement to coordinate consortium of practice transformation organizations providing practice transformation assistance to 5,000-10,000 clinical practices, administrative oversight of the TCPI Cooperative Agreement, and alignment with state and CMS health transformation programs	$11 million	• Needs program oversight, coordinator and convener of practice transformation consortium, funding distribution, contract management for funding distribution, performance metrics, and accountability for CMS requirements
ONC Advanced Interoperability of Health IT	Funding opportunity announcement for advancing secure information sharing among medical settings including long-term care, behavioral health, ambulatory in preparation for widespread information sharing to improve health and reduce costs.	$2.74 million	• Needs program oversight, coordination of HIT sub-contractors, funding distribution, contract management, performance metrics, and accountability for ONC requirements
State agency HIT integration	DHS, DOC, CDPHE have received funding supporting health IT platform adoption and integration with the HIE. Statewide information sharing with no duplication of interfaces to state systems.	Approximate state funding $6-12 million	• Needs program oversight for (5+) projects, funding distribution, contract management, performance metrics, and accountability to state agencies, JTC, and JBC.

[1] Noted in Colorado Advanced Planning Document maintained by CORHIO, submitted by HCPF, and approved by CMS

COLORADO STATE OF HEALTH GOALS

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Promoting Prevention & Wellness
helping individuals stay healthy or become healthier

Tackle Obesity Among Youth and Adults
- *Prevent nearly 150,000 Coloradans from becoming obese, improve support for bicycling, and grow Pedal The Plains*

Support Improved Mental Health
- *Improve behavioral health data collection*

Support Reductions in Substance Abuse
- *Prevent 92,000 from misusing prescription drugs*

Improve Oral Health of Coloradans
- *Ensure 7,500 Colorado children visit a dentist before age one and increase fluoridation*

Encourage Wellness Among State Employees
- *Engage 50 percent of state employees in health risk assessments and encourage chronic disease prevention and management programs*

Expanding Coverage, Access & Capacity
ensuring individuals can access care at the right time and the right place

Expand Public and Private Health Insurance Coverage
- *Reduce uninsured by expanding public and private insurance coverage to 520,000*

Strengthen Colorado's Health Workforce
- *Modernize our workforce and prepare for future needs*

Close Gaps in Access to Primary Care and Other Health Services
- *Recruit and retain 148 additional providers and provide broadband network access to 400 rural and urban hospitals*

Improving Health System Integration & Quality
eliminating barriers to better care and improving our ability to work effectively within and across systems to ensure person-centered care

Expand Use of Patient-Centered Medical Homes
- *Connect 555,000 to a patient-centered medical home*

Support Access to State Information and Services
- *Facilitate data-sharing agreements between state agencies and nongovernmental partners*

Support Better Behavioral Health Through Integration
- *Integrate physical and behavioral health systems*

Improve Access to Community-Based Long-Term Services and Supports
- *Transition 500 individuals from long-term care institutions to community settings of their choice*

Enhancing Value & Strengthening Sustainability
redesigning financial incentives and infrastructure to focus on quality and value, not volume

Achieve Cost Containment in Medicaid
- *Reduce Medicaid costs by $280 million*

Advance Payment Reform in the Public and Private Sectors
- *Develop payment reform pathways*

Invest in Health Information Technology
- *Ensure most Coloradans are served by providers with Electronic Health Records and connected to Health Information Exchange*

GOVERNANCE NEEDS

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TO MEET THE NEEDS OF THESE PROGRAMS, THE FOLLOWING GOVERNANCE NEEDS MUST BE ADDRESSED:

- A transparent and accountable structure to support the shift in funding sources from grants to public (state and federal) funding sources;
- Additional technical capabilities and coordination of stakeholders to support expanding information, information sources, and information users beyond the clinical care delivery settings leveraging existing Health IT investments whenever possible;
- Clarity for recommended “rules of the road” for secure, effective sharing and use of health information and technology to improve health, quality, and reduce costs;
- Reduce or remove of barriers for effective information sharing due to lack of coordination among providers and entities; and
- Build and strengthen technical infrastructure in Colorado.

PROBLEM STATEMENT

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As Health IT evolved in Colorado, stakeholders and state leaders identified a lack of core definitions and standards, clear rules of engagement, and support structures for increasing data sources will not support the long-term vision for **"enhancing value and strengthening sustainability through the use of Health IT to improve health in Colorado"**

Advisory	Administrative	Technical
• No clear, central entity advising the stakeholders on health IT information beyond HIE • Multiple technical organizations with no clearly defined common policies, standards • No common Health IT roadmap based on use cases • No central entity researching emerging technologies that may compliment the Health IT infrastructure ecosystem beyond clinical data sources • No public, private stakeholder advisory group for Health IT	• No independent program oversight for statewide projects advancing Health IT that cross organizations • No independent entity advising on funding proposal, funding distribution, organizational criteria for participation, or performance oversight • No widespread, statewide communication of best practices	• No statewide enabling infrastructure tying organizations and the state together • No common, gateway to state data systems • No statewide interoperability of health information

HEALTH IT SDE ACTION COMMITTEE FORMED

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The Health IT SDE Action Committee formed, tasked with making a formal recommendation to the Governor's Health Care Workgroup in order for the state to move forward with a Health IT SDE Action Committee:

- Reviewed definitions and functions from successful State Designated Entities models
- Received guidance from former State Health IT Coordinators and facilitation from ONC Health IT Resource Center as part of SIM technical assistance
- Reviewed all potential governance models and functions to identify the preferred attributes needed for a successful SDE and narrowed down the options to two models for deeper discussion
- Evaluated two specific state governance models, Michigan and Pennsylvania, and determined which functions would be implemented in Colorado
- Expanded current governance functions with desired functions to set the framework for the broadened Health IT governance model

COLORADO HEALTH IT GOVERNANCE GAP ANALYSIS

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State	Colorado	Michigan	Pennsylvania
Governance (Oversight/Coordination)		+	
Organizational Structure		-	
Mission		+	
Functions		-	
Stakeholders		+	
Regulatory Requirements			
Standards (recommendations/req'ts)			
Technical Infrastructure			
Legal/business policies			
Revenue stream/funding mechanisms			

SCREENSHOT OF GAP ANALYSIS MATRIX

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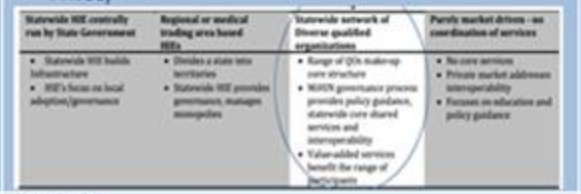
Current CO HIT Governance – Gap Analysis

	Colorado (current state)	Shared Services	eHealth Authority
Governance (Oversight/ Coordination)	• HIT Advisory Committee – legislatively established in 2009 with time limit of2012 • Gov's Office Executive Order designated CORHIO as HIT and HIE SDE (April 2009) • HCPF contract for SDE services – quarterly reports for payment delivery • Board of Directors • Advisory Groups – - HIE Policy Committee - *HIT Policy Quarterly Forum* - PH-HIE Committee - BHIE Committee - C4 – Hospital CIO technical advisory group - HIT Strategy Planning Committee *(HCPF contract)*	Legislative established HIT Commission - Governor appointed MiHIN Board of Directors – provides monthly MiHIN status report to HIT Commission Advisory Groups/ Working Committees - each QO has rep in workgroups Operations/Production Support Integration and Architecture Security Issue Remediation Use Case Privacy 	Legislative established Authority – annual report to Governor and legislative committee Gov appointed public/private Board of Directors – quarterly report Board Committees: Audit and Finance Working Committees: P3N Operations Committee – technical experts HIE Trust Community Committee HISP Trust Community Committee Privacy, Security, and Standards Committee Communications & Outreach Committee Safety Net Provider (SNP) Committee
Structure	Non-Profit Public/Private Partnership	Non-Profit Public/Private Partnership	Pennsylvania eHealth Partnership Authority as an independent agency P3N – Pennsylvania Patient & Provider Network
Mission	To facilitate health information exchange to improve care for all Coloradans.	Overcome data sharing barriers, reduce costs, and ultimately advance the health of a State	To establish a statewide interoperable system for participating organizations to electronically move health information in a manner that ensures the secure and authorized exchange of health information to provide and improve care to patients.
Functions	• HIE for Front Range (Direct, Query, Results Delivery, ADT alerts) • Public health reporting (immunizations, ELR, cancer registry) • Coordinating/convening committees • CO-REC services and administration • Medicaid EHR Meaningful Use Incentive Program	• "Not an HIE – Network of Networks" - Driven by use cases • Provide transparency • Leverage public health code and meaningful use • Public-private model vs. state controlled • Provide network for sharing data across Qualified Organizations (QOs)	HIO certification HISP certification Privacy Security Governance Transparent Inclusive Collaboration Align and adapt Interoperability Efficiency Technology platform Incremental Incentives Operations Administered grants to certified HIOs and HISPs
Stakeholders	• State agencies (HCPF, CDPHE, *CDHS, DORA, DOC*) • Hospitals • Providers • CMHCs	• HIE Qualified Organizations - Meets the QO requirements - Plans to participate in at least 2/3 of Use Cases - Voice in the MiHIN Advisory Committee (MOAC)	The Authority has in the past offered a number of grants to HIOs, HISPs, or other organizations to help accelerate the development of the health IT and eHIE infrastructure in Pennsylvania.

NEW GOVERNANCE GOALS

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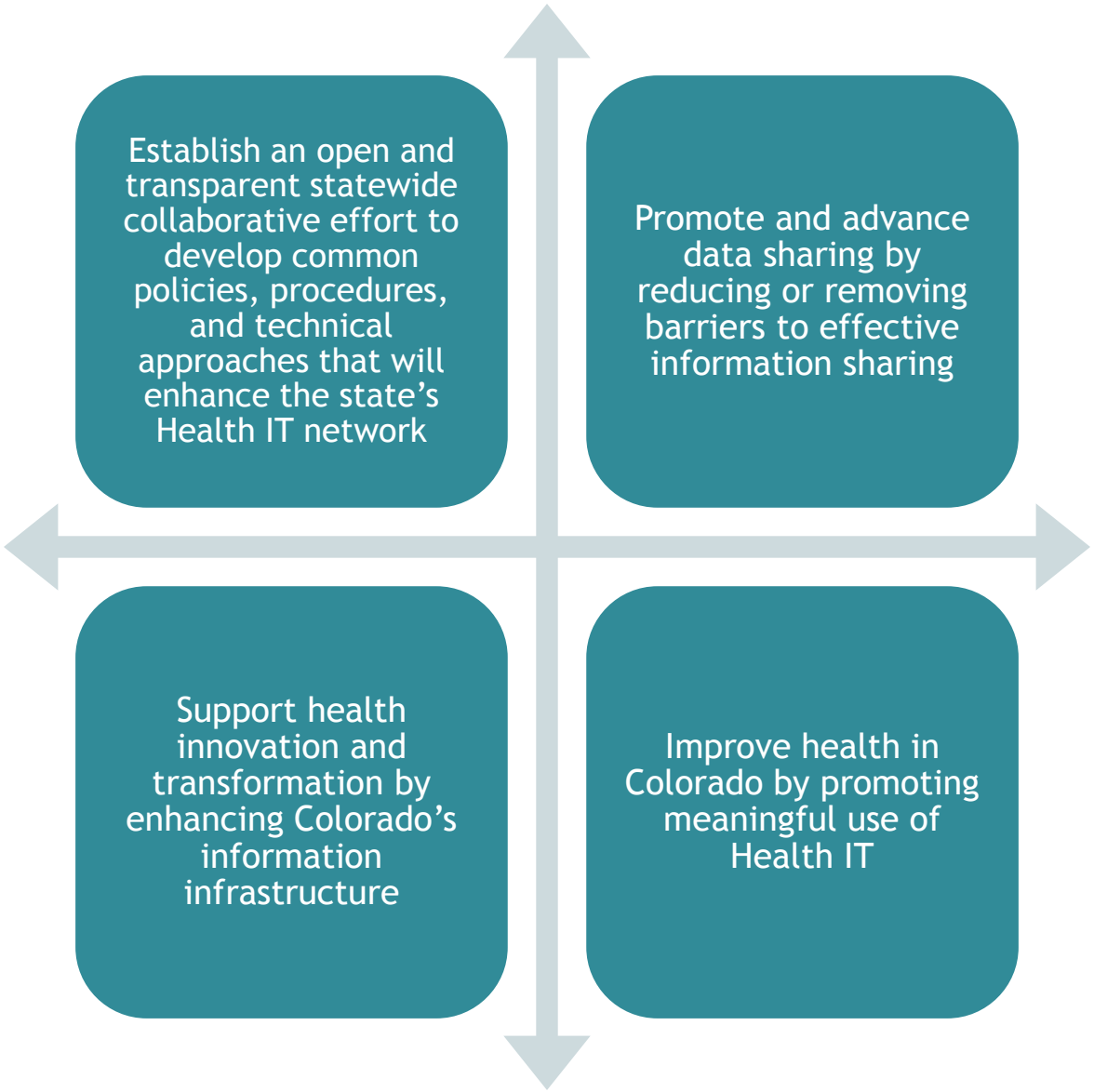
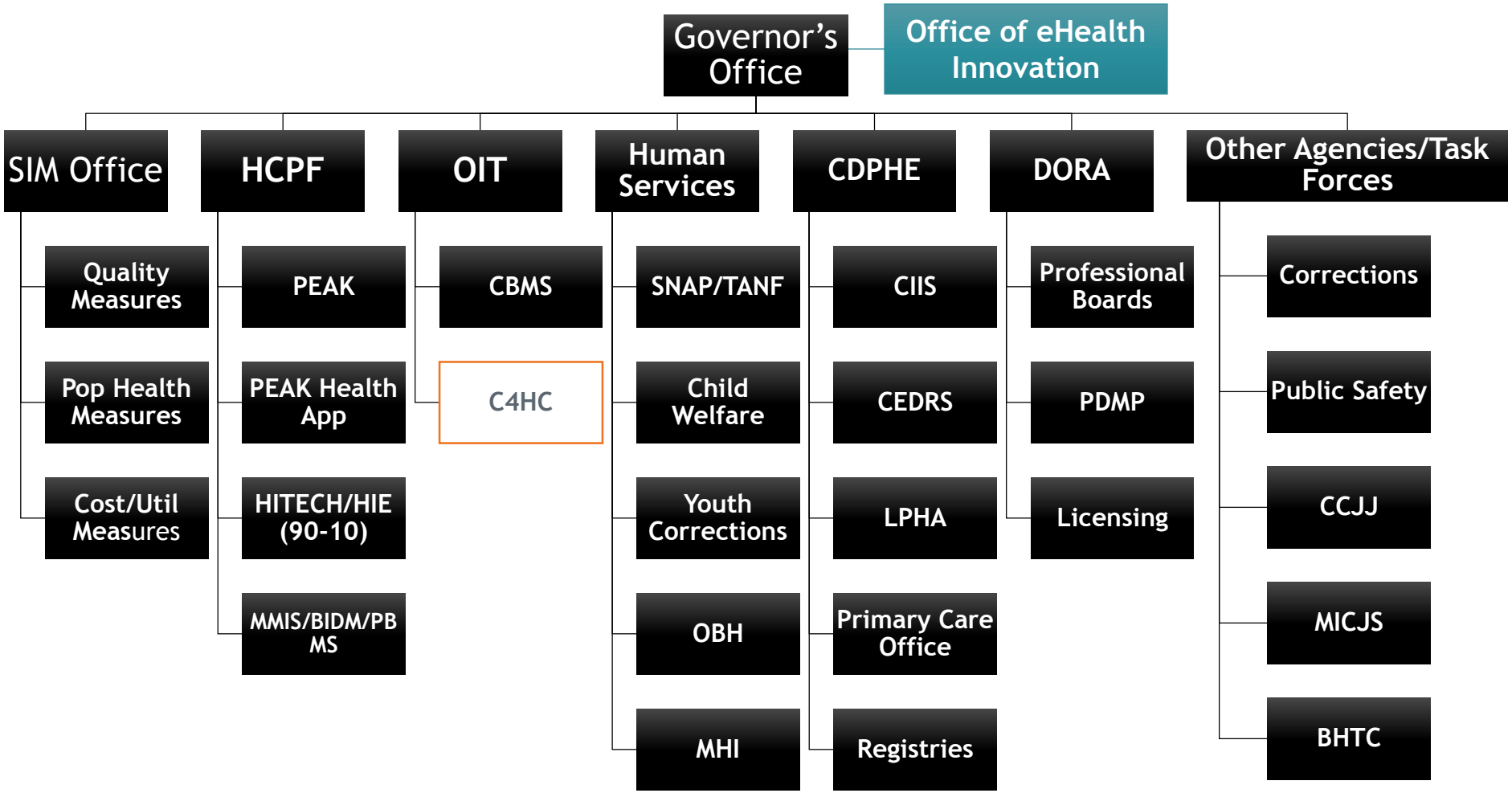


COLORADO STATE AGENCIES HEALTH IT EFFORTS



❖ *This graphic is not all-inclusive of statewide Colorado HIT initiatives. It does not include private HIT efforts.*

EXECUTIVE ORDER B 2015-008

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Created the **Governor's Office of eHealth Innovation** and the **eHealth Commission,** with fiscal administrative support from the Department of Health Care Policy and Financing (Medicaid)

- Establish an open and transparent statewide collaborative effort to develop common policies, procedures, and technical approaches that will enhance the state's Health IT network
- Promote and advance data sharing by reducing or removing barriers to effective information sharing
- Support health innovation and transformation by enhancing Colorado's information infrastructure
- Improve health in Colorado by promoting meaningful use of Health IT

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ADVISORY RESOURCE

Advise and recommend the use of industry standards to improve data quality, standardization, and interoperability of health information

- Improve quality of care
- Don't inhibit business processes

Identify and recommend industry standards to set "rules of the road" for minimum standards for interacting with the statewide Health IT ecosystem

- Create guidelines for engagement
- Policy levers and/or regulatory requirements to accelerate Health IT adoption and interoperability
- Support future health information technology needing central advisory guidance

ADMINISTRATIVE AND OPERATIONS FUNCTIONS

Convene and coordinate operational support for the governance bodies, commissions and workgroups, to maintain wide stakeholder engagement

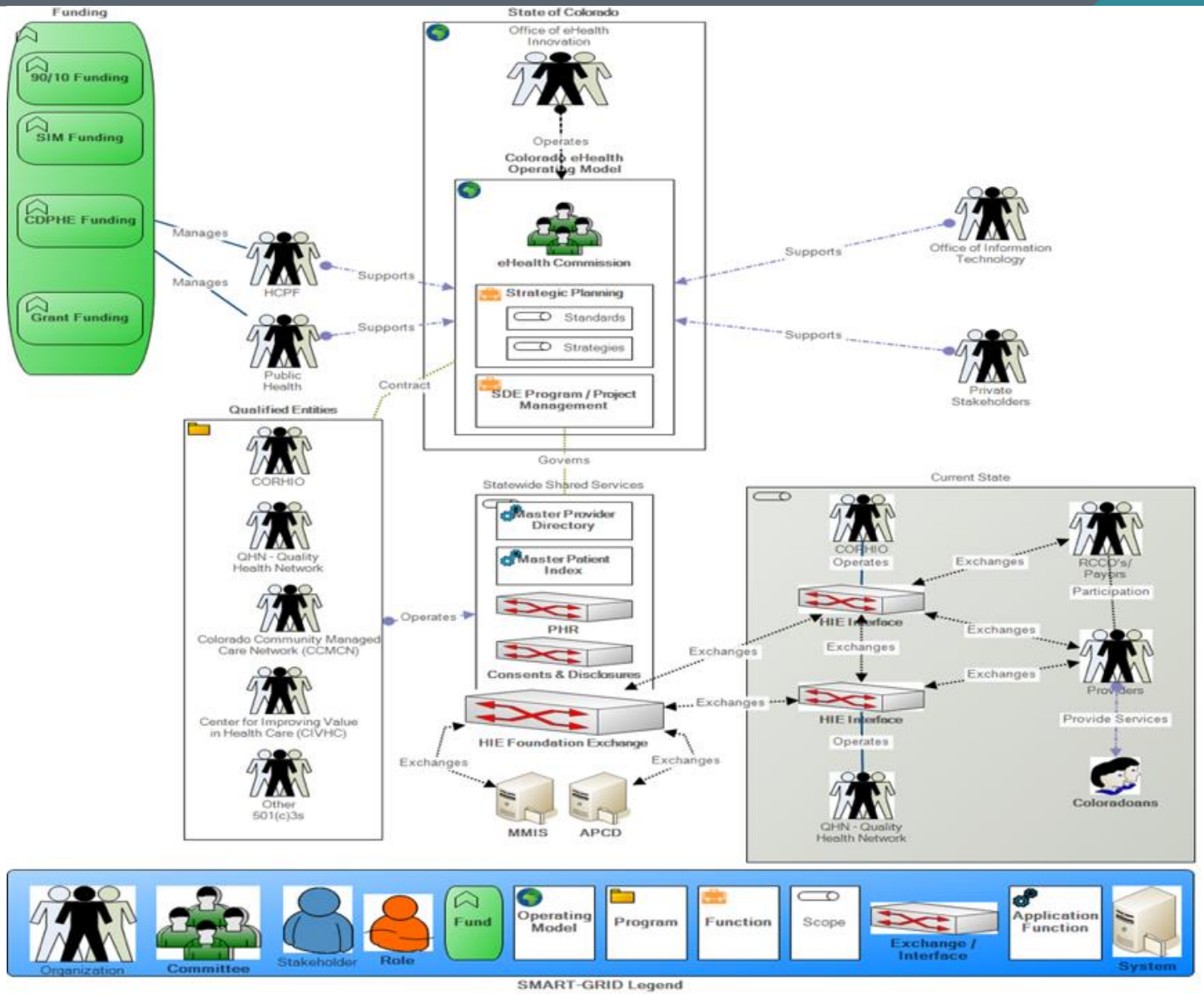
Communicate the State Health IT initiatives and provide administrative oversight for finance distribution, program performance metrics, or statewide, cross-organization initiatives

- Financial oversight of public Health IT funds
- Program oversight and coordination
- Coordinated stakeholder advisory governance
- Workgroup coordination

TECHNICAL INFRASTRUCTURE

Support a "Network of networks" using the current HIE infrastructure and investments and identify common technical services needed to advance **statewide** health information interoperability among organizations and geographic services areas

- Examples of common technical services include master patient index (MPI), Provider Directory, and a single gateway to state systems.
  - Governance entity will not maintain or build technical services
  - Use current investments
  - Assess and expand Colorado's Health IT ecosystem to support state health transformation goals
  - Do no harm


Funding
90/10 Funding
SIM Funding
CDPHE Funding
Grant Funding
Manages
Manages
HCPF
Public Health
Supports
Supports
State of Colorado
Office of eHealth Innovation
Operates
Colorado eHealth Operating Model
eHealth Commission
Strategic Planning
Standards
Strategies
SDE Program / Project Management
Supports
Supports
Office of Information Technology
Private Stakeholders
Contract
Qualified Entities
CORHIO
QHN - Quality Health Network
Colorado Community Managed Care Network (CCMCN)
Center for Improving Value in Health Care (CIVHC)
Other 501(c)3s
Operates
Governs
Statewide Shared Services
Master Provider Directory
Master Patient Index
PHR
Consents & Disclosures
HIE Foundation Exchange
Exchanges
Exchanges
MMIS
APCD
Current State
CORHIO
Operates
Exchanges
RCCO's/ Payers
Participation
HIE Interface
Exchanges
Exchanges
Exchanges
Exchanges
Providers
HIE Interface
Provide Services
Operates
QHN - Quality Health Network
Coloradoans
Organization
Committee
Stakeholder
Role
Fund
Operating Model
Program
Function
Scope
Exchange / Interface
Application Function
System
SMART-GRID Legend

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FEDERAL PRIORITIES AND CONTEXT, THEMES FROM INTERVIEWS, (FIRST) PROBLEMS TO SOLVE

CAROL ROBINSON
PRINCIPAL
CEDARBRIDGE GROUP

INVESTMENTS IN INFRASTRUCTURE (FEDERAL HIGHWAY ACT OF 1956)

President Eisenhower signed the Federal-Aid Highway Act on June 29, 1956. authorized the building of the interstate highway system in the United States.

It was the largest public works project in the nations history, providing $25 billion for the construction of 41,000 miles of roads over a period of 20 years

Under the new law, the federal government was to pay for 90% of the highway construction costs while the states would be responsible for only 10%.

INFRASTRUCTURE SUPPORTS INNOVATION

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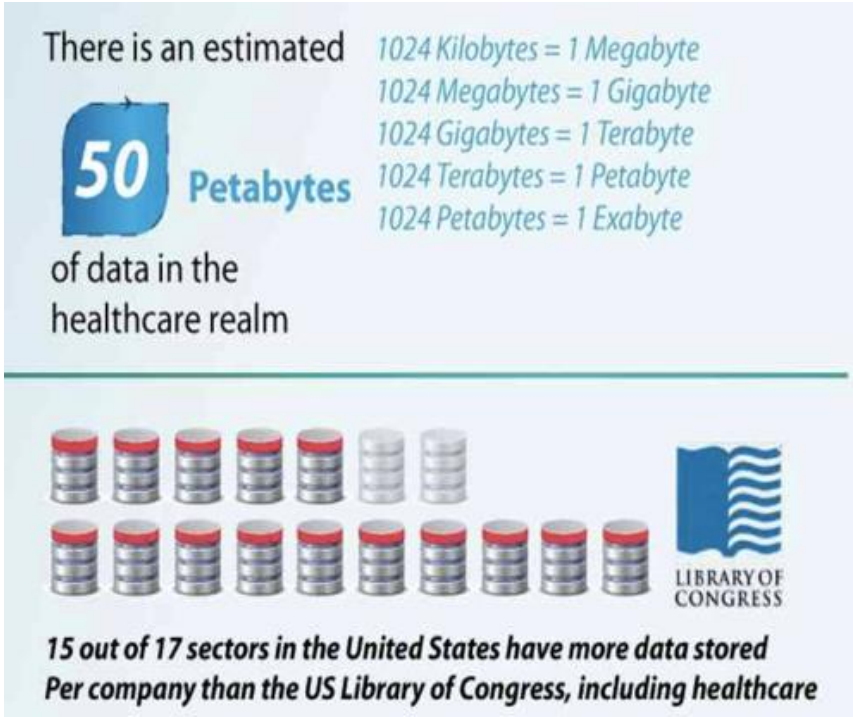
STANDARDS AND POLICIES ARE ESSENTIAL

AND, STANDARDS EVOLVE
(FOR CLARITY, FOR SAFETY, FOR INTEROPERABILITY)

Operation & Innovation



HEALTHCARE IS TRANSFORMING

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HHS DELIVERY SYSTEM REFORM GOALS

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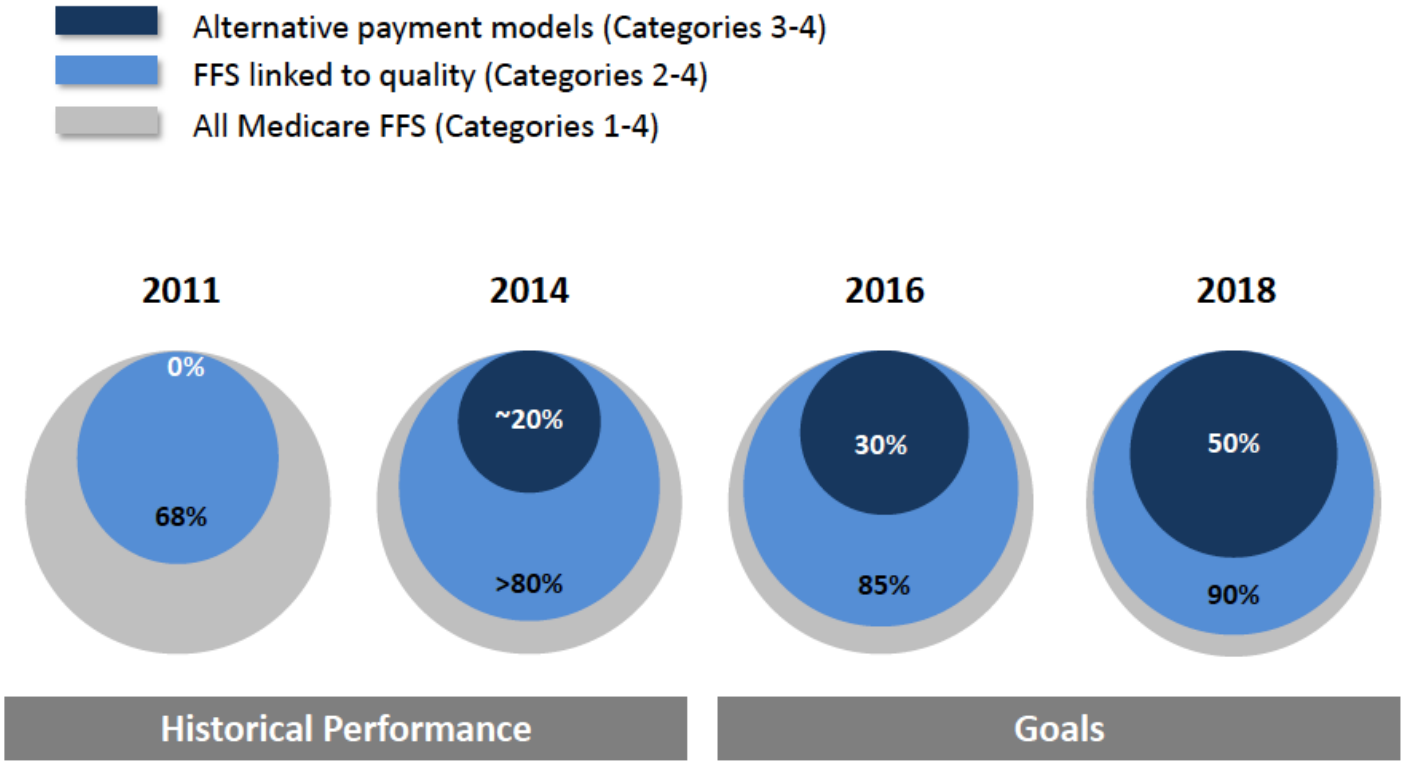
Target percentage of payments in 'FFS linked to quality' and 'alternative payment models' by 2016 and 2018



DELIVERY SYSTEM REFORM: FOCUS AREAS

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"IMPROVING THE WAY PROVIDERS ARE INCENTIVIZED, THE WAY CARE IS DELIVERED, AND THE WAY INFORMATION IS DISTRIBUTED WILL HELP PROVIDE BETTER CARE AT LOWER COST ACROSS THE HEALTH CARE SYSTEM…"

Pay Providers

- Promote value-based payment systems
  - Test new alternative payment models
  - Increase linkage of Medicaid, Medicare FFS, and other payments to value
- Bring proven payment models to scale

Deliver Care

- Encourage the integration and coordination of clinical care services
- Improve population health
- Promote patient engagement through shared decision making

Distribute Information

- Create transparency on cost and quality information
- Bring electronic health information to the point of care for meaningful use

Source: Burwell SM. Setting Value-Based Payment Goals – HHS Efforts to Improve U.S. Health Care. NEJM 2015 Jan 26; published online first.

FOUNDATIONS FOR DELIVERY SYSTEM REFORM

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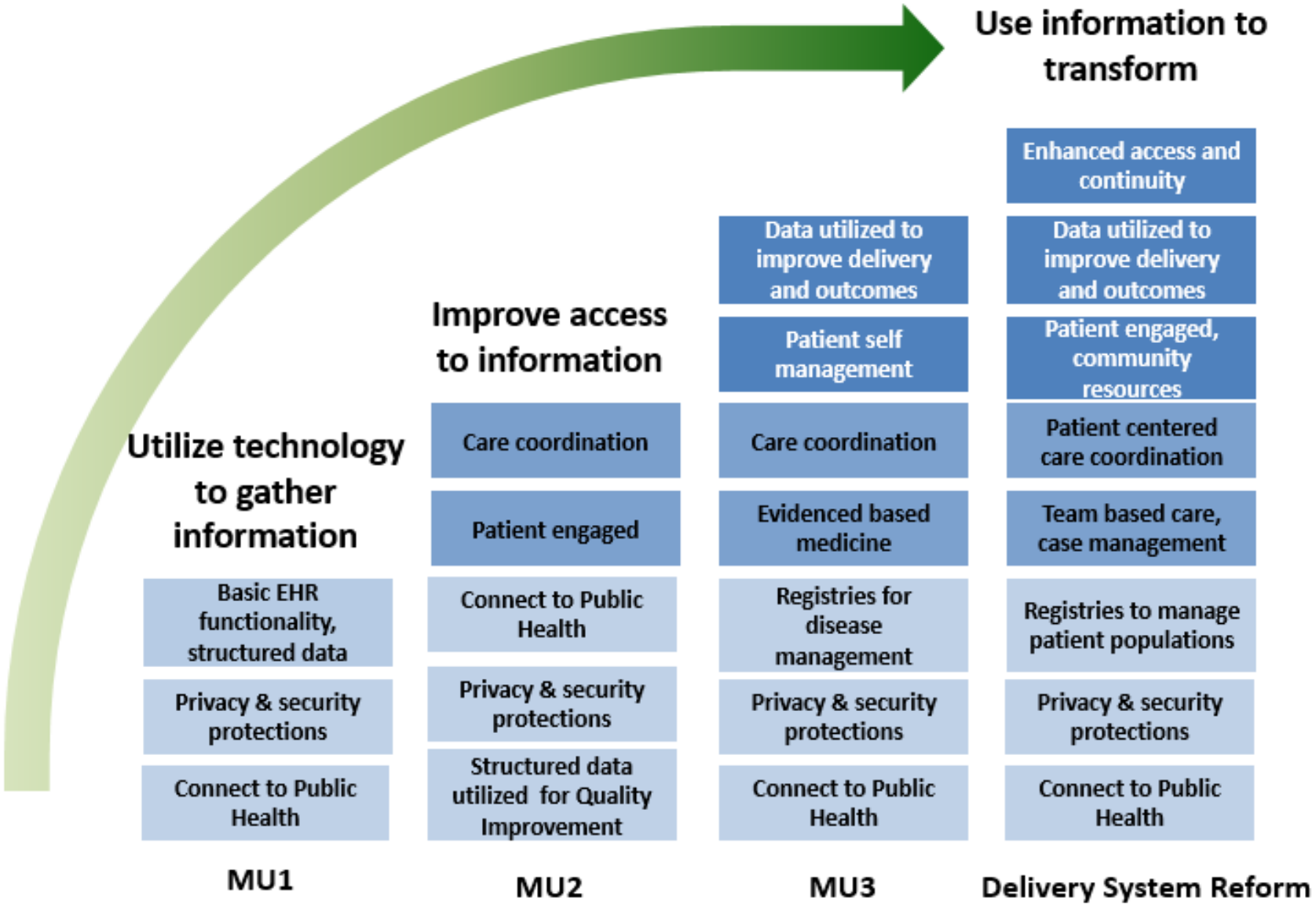
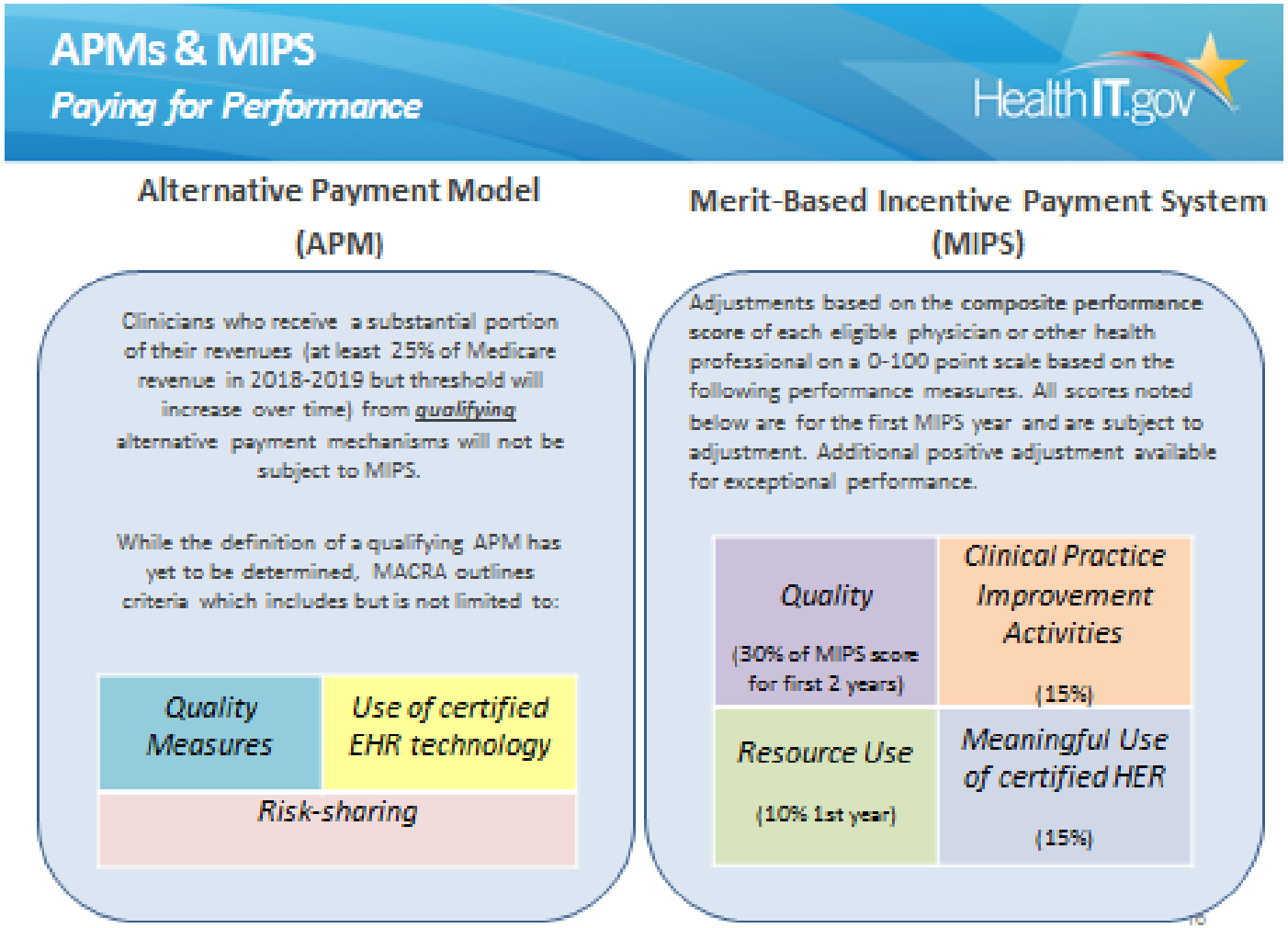


NATIONAL PRIORITIES – MU → HIE → MACRA/APM/MIPS



WHEN DID YOU GET YOUR FIRST MOBILE PHONE?

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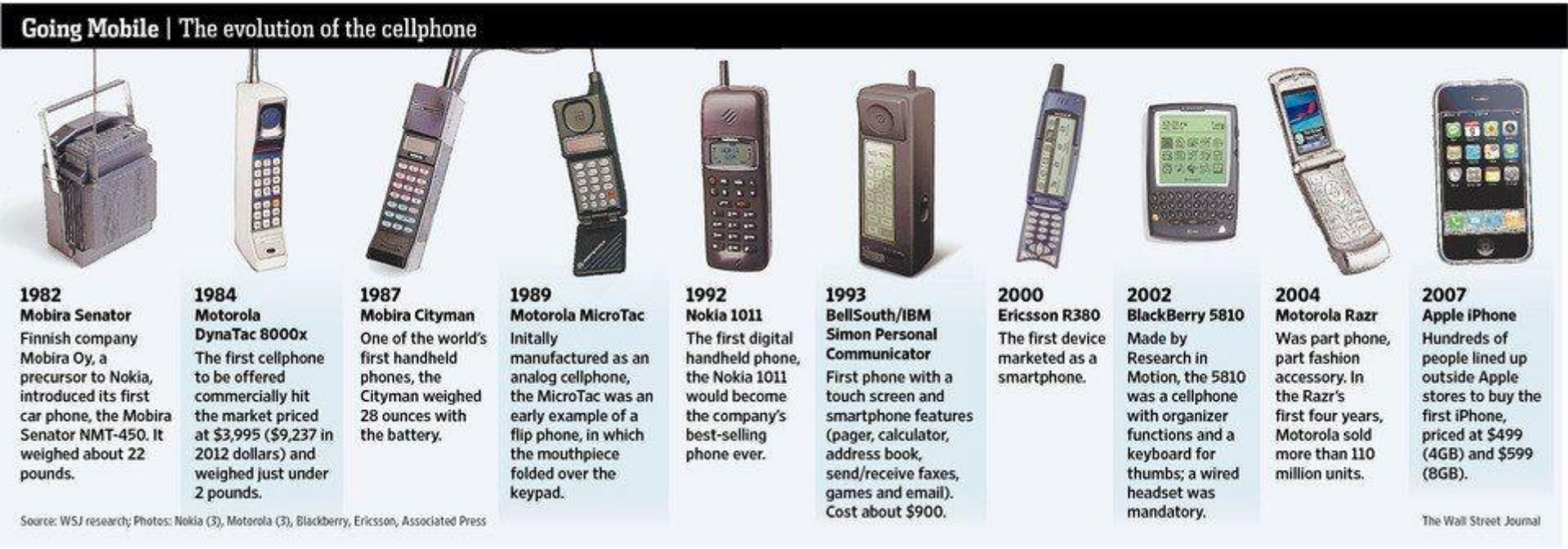

THEMES FROM INTERVIEWS WITH COMMISSION MEMBERS

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Requests

- Would like to know more about how other states are approaching problems
- Would like to set common goals and guiding principles for Commission to guide decisions

*Want to better understand Commission's role and scope

Pain points include:

- Accurate identification of patients (aka: clients, consumers)
- Accurate tracking of providers (in some cases)
- Patient engagement (low use of patient portals, where offered)
- Many initiatives occurring; difficult to prioritize resources

Strengths include:

- Collaborative culture of Coloradoans
- Successes of CORHIO and QHN in supporting data exchange
- Support from Governor and Legislature, with funding approved

* Final Charter should provide clarity

"WHAT PROBLEM(S) ARE WE TRYING TO SOLVE?"

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OeHI (Medicaid) Problem: Value-based payment models for the Medicaid program require additional Health IT services (beyond current capabilities) to improve care coordination, measure health outcomes, and reward quality of care

OeHI Driver(s): State Innovation Model (SIM), Transforming Clinical Practices Initiative (TCPI), others

Needs:

- Processes, policies, and tools to link and synchronize member, provider, and organization data across multiple disparate sources
- A unified view of Medicaid provider and member data will help to achieve the Department's vision of enhancing care coordination and HIE Network usage by improving the quality and completeness of data, collaboration, and reducing associated costs.
- Quality Measurement and Reporting capability for collection and aggregation of clinical and behavioral health data (SIM) and of various measure sets (TCPI and other value-based payment initiatives)

ONC HEALTH IT MODULAR FUNCTIONS TO SUPPORT VALUE BASED PAYMENT MODELS

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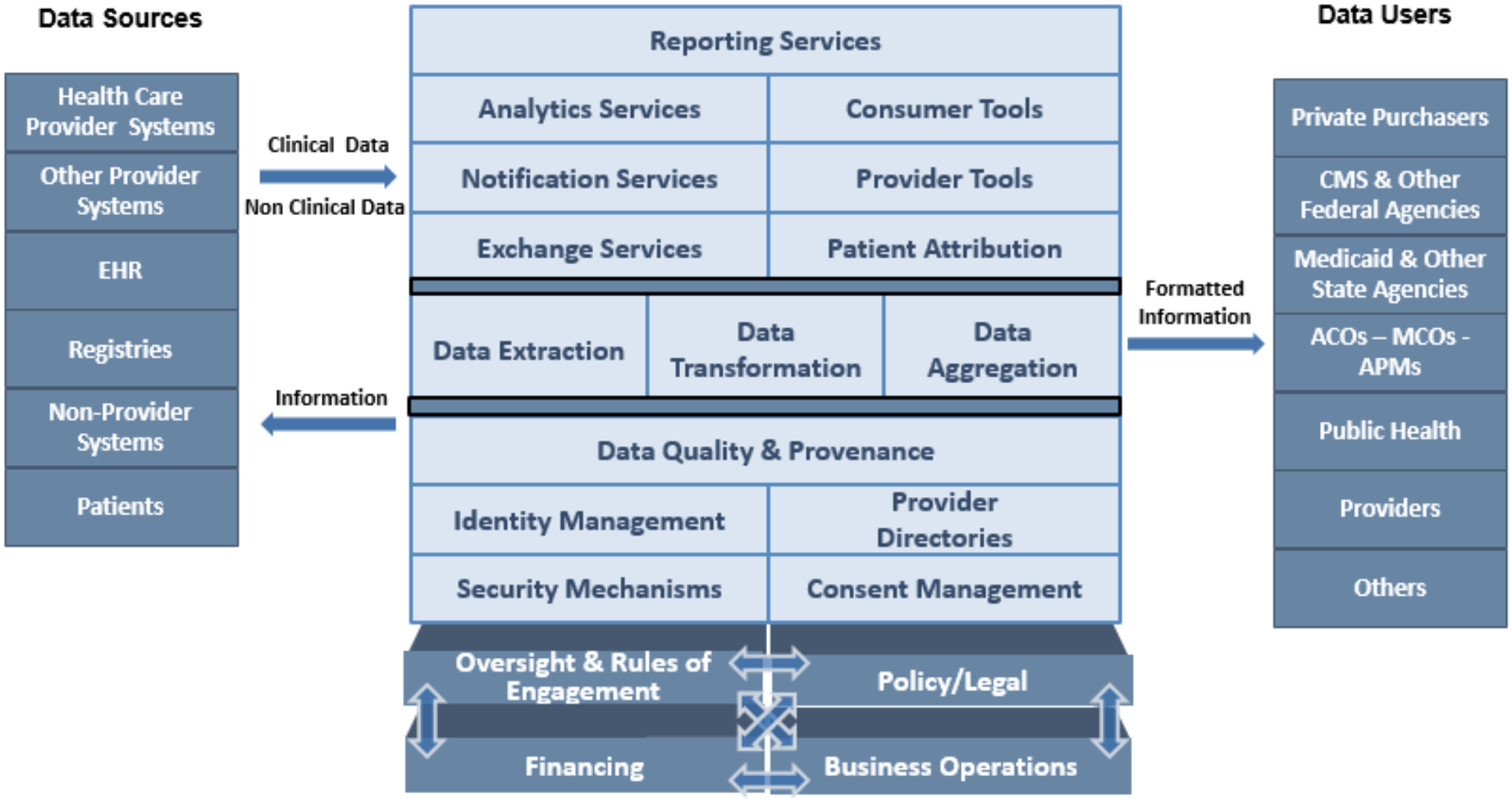

"WHAT PROBLEM(S) ARE WE TRYING TO SOLVE?"

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OeHI (Medicaid) Problem: Patient Engagement is needed to improve health and reduce spending in the Medicaid population

OeHI Driver: Testing Experience and Functional Assessment Tools (TEFT)

Needs:

- Engage patients as active participants in health care
- Enable provider/patient/care-giver shared access to electronic health information (e.g., standard, electronic care plan)
- Online patient education and shared decision-making tools to support more informed choices related to cost and quality of care

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FACILITATED SMALL GROUP ACTIVITY

MATT BENSON AND JACQUI GIORDANO
CONSULTANTS
NORTHHIGHLAND

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PUBLIC COMMENT

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CLOSING REMARKS

CHRIS UNDERWOOD
INTERIM DIRECTOR
OFFICE OF EHEALTH INNOVATION