



OeHI
Office of eHealth Innovation

EHEALTH COMMISSION MEETING

WEB-CONFERENCE ONLY

November 10, 2021



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Office of eHealth Innovation

NOTE:

NEW ZOOM WEBINAR [LINK](#)

PASSCODE: 33W1FQ

DIAL IN BY PHONE:

US: +1 253 215 8782

OR: +1 346 248 7799

WEBINAR ID: 838 7864 3457

PASSCODE: 541571

IF YOU ARE EXPERIENCING AUDIO OR PRESENTATION DIFFICULTIES DURING THIS MEETING,
PLEASE TEXT ISSUES TO
203-521-5910

November Agenda			
Title	Start	Duration	
Open			
Call to Order <ul style="list-style-type: none"> Roll Call and Introductions Approval of October Minutes November Agenda and Objectives <i>Michelle Mills, Chair</i>	12:00	5 mins	
Announcements <ul style="list-style-type: none"> OeHI Updates-eHealth Commission Updates Decision Items & Action Items <i>Lt. Governor Dianne Primavera, Director of the O\$PMOHC</i> <i>Carrie Paykoc, Director, Office of eHealth Innovation (OeHI)</i> <i>eHealth Commission Members</i>	12:05	15 mins	
New Business			
Colorado’s Refreshed 2021 Roadmap Launch and Next Steps <i>Carrie Paykoc, Director, OeHI</i>	12:20	30 mins	
Roadmap Project: Unifying Care Coordination Architecture Overview <i>Jason Greer, CEO, Colorado Community Managed Care Network (CCMCN)</i>	12:50	40 mins	
Roadmap Project: Information Governance: Guidance Documents and State Data Strategy <i>Amy Bhikha, Chief Data Officer, Colorado Governor's Office of Information Technology (OIT)</i> <i>Art Davidson, eHealth Commissioner, Co-Chair Statewide Health Information Governance</i> <i>Carrie Paykoc, Director, OeHI</i> <i>Stephanie Pugliese, State Health IT Coordinator, Deputy Director, OeHI</i>	1:30	35 mins	
Joint Agency Interoperability Documented Quote Opportunity <i>Sarah Dawson, Director of Operations, Office of Community Partnerships, Colorado Department of Human Services (CDHS)</i>	2:05	10 mins	
Public Comment Period	2:15	5 mins	
eHealth Commission Meeting Closing Remarks <ul style="list-style-type: none"> Open Discussion Recap Action Items December Agenda Adjourn Public Meeting <i>Michelle Mills, Chair</i>	2:20	10 mins	

OeHI and eHealth Commission Updates

- Rural Connectivity Program
- Applications due for Reappointments for Commissioner 2nd Term
- eHealth Commission Opening for payer role; [link](#) to application
- OeHI is Hiring- Coming soon!
 - Senior Health IT Project Managers
- JTC Presentation in December
- Broadband Advisory Board November 16th
- [Plan for Creation of the Behavioral Health Administration \(BHA\)](#) released
- State Health IT Updates
- Commissioner Updates?

Note: If you are experiencing audio or presentation difficulties during this meeting, please text 203-521-5910.



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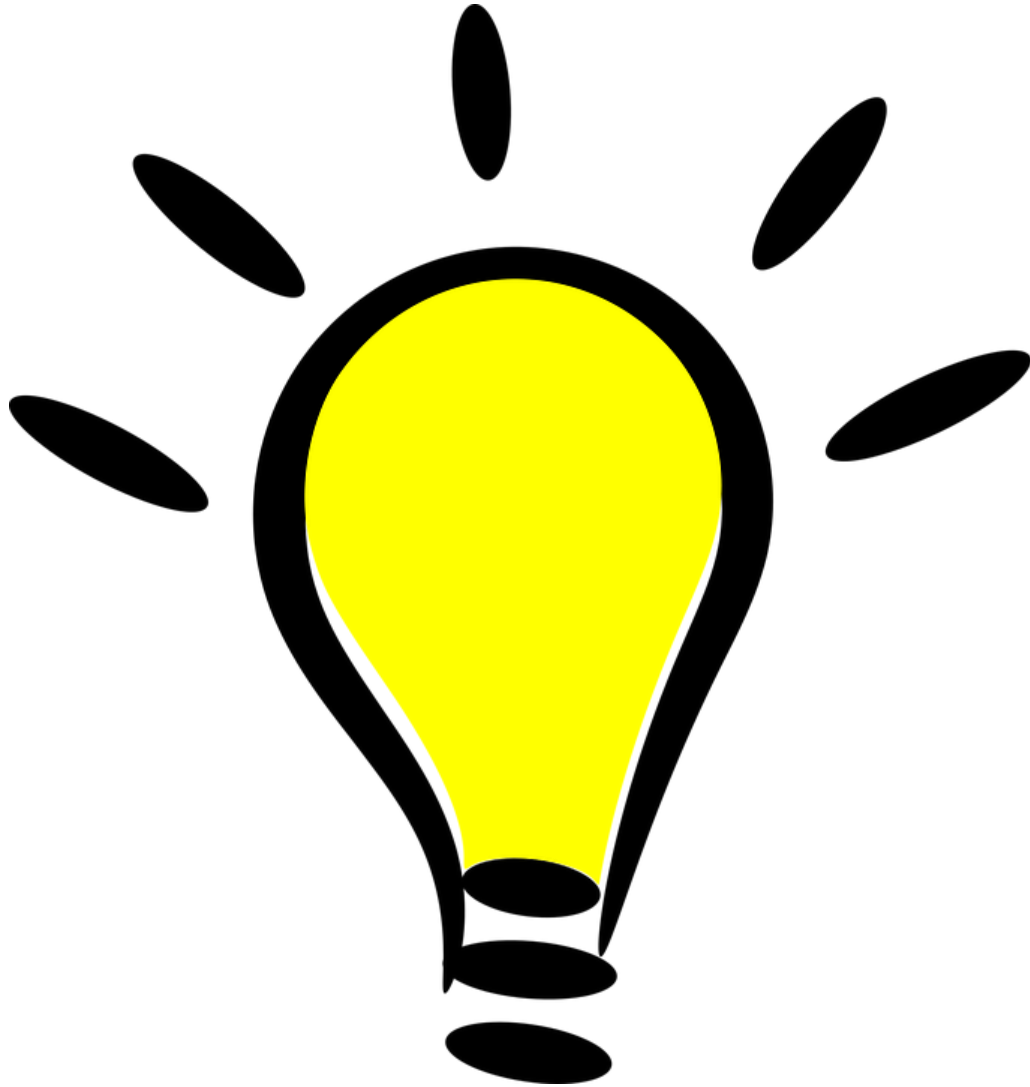
Office of eHealth Innovation

Colorado's Refreshed 2021 Roadmap Launch and Next Steps

Carrie Paykoc, Director, OeHI

Official Launch and Next Steps

- ☑ Refreshed 2021 Colorado Health IT Roadmap- Approved by eHealth Commission, October 13th 2021
- ☐ Governor and Lt. Governor to sign and announce the release- **November 22**
- ☐ OeHI to host public-webinars in December on Refreshed 2021 Health IT Roadmap
- ☐ Roadmap celebration and networking opportunity- January 2022
- ☐ Submit ideas for use cases, collaboration, projects, and policy [here](#) by **December 15th, 2021**
- ☐ November / December Commission meetings to review Roadmap efforts to date
- ☐ Commission planning group transition to implementation group; discuss workgroup, priorities, and funding strategies
- ☐ January eHealth Commission to discuss and vote on Roadmap priorities

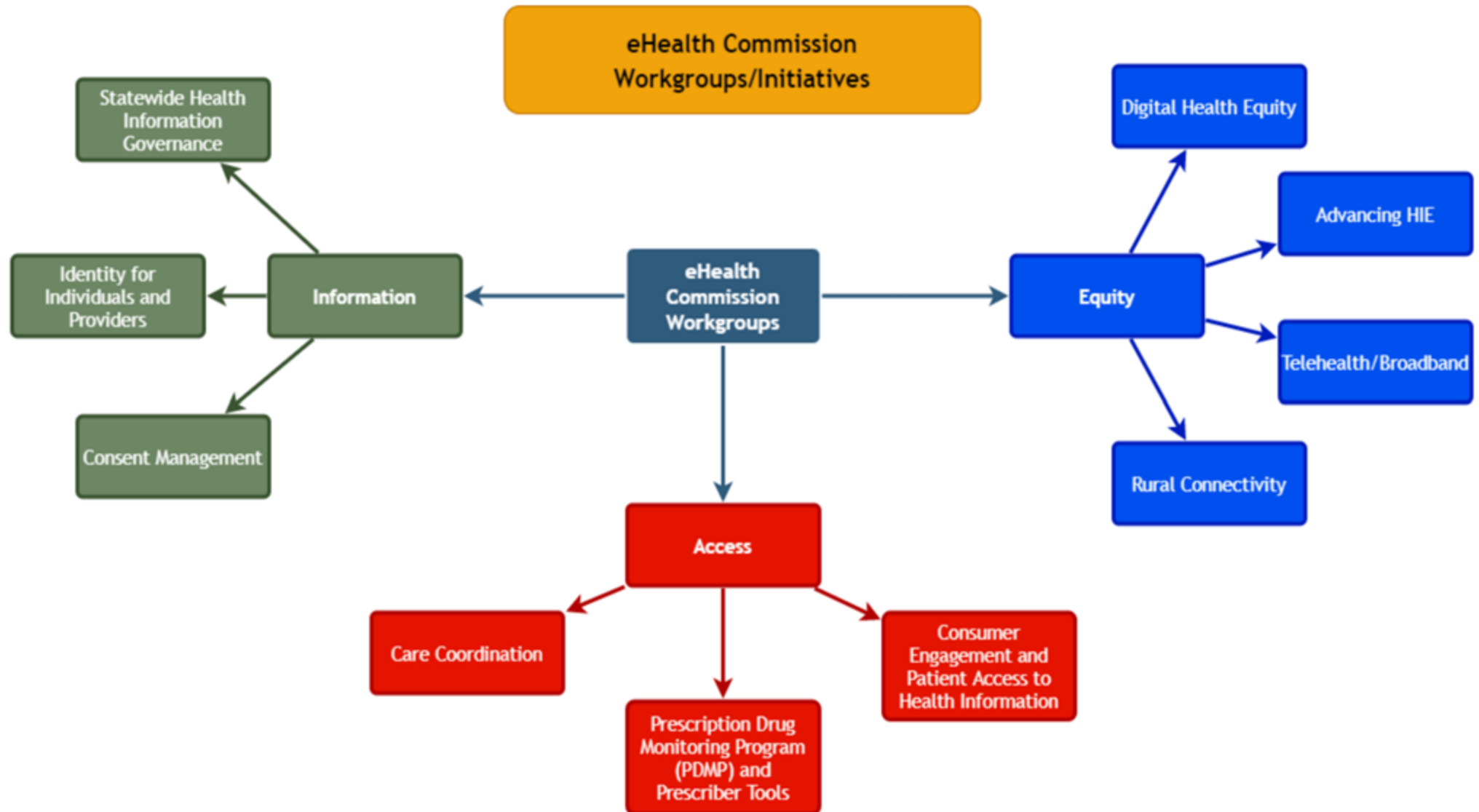


Have an idea or a use case to advance Roadmap efforts?

Does it align with Roadmap Core Values and Objectives?

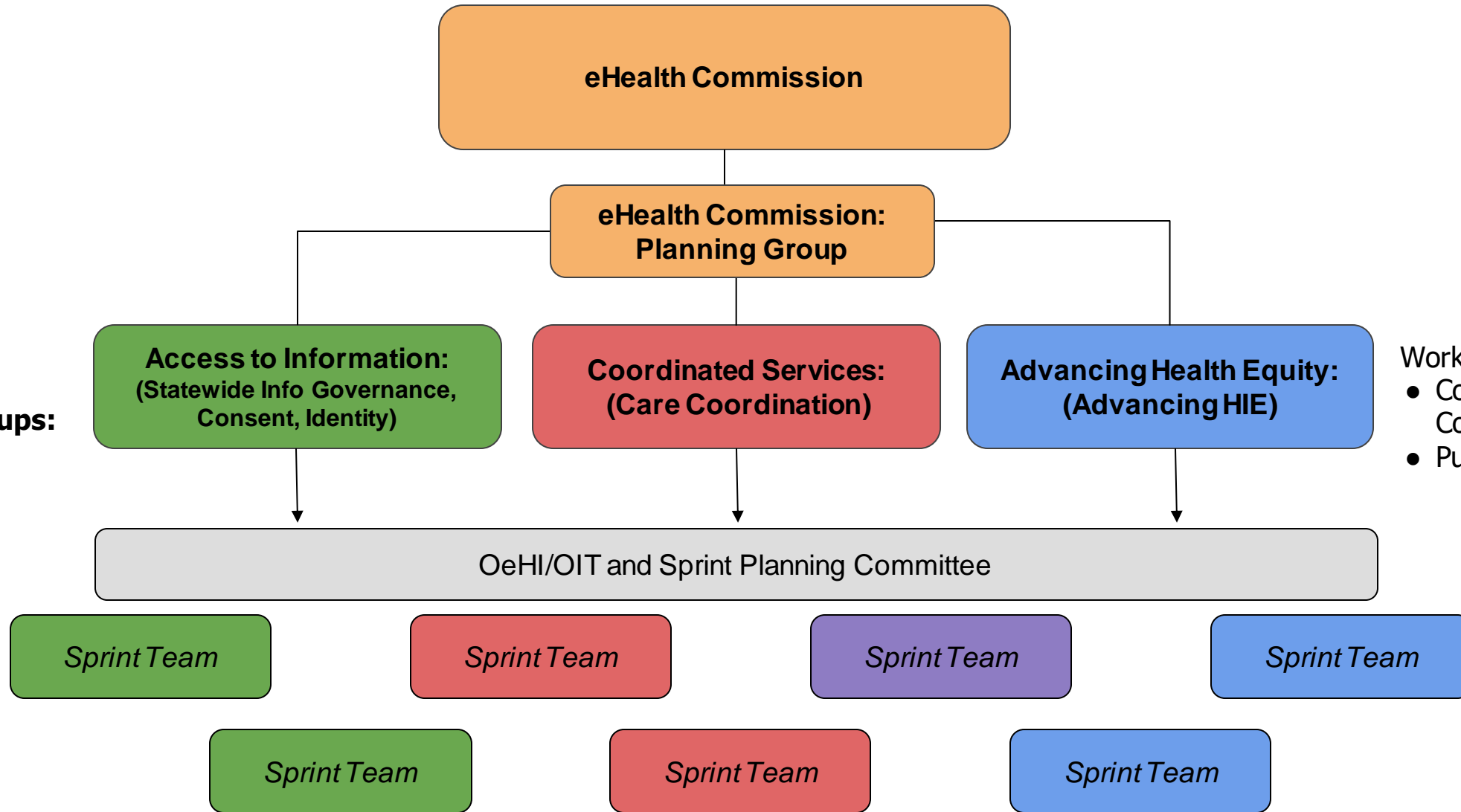
- *Accountability, Alignment, Equity, Innovation, Reusability, Sustainability*
- Submit your ideas [HERE](#)

Current Approach to Workgroups



Future Adapted Agile Approach

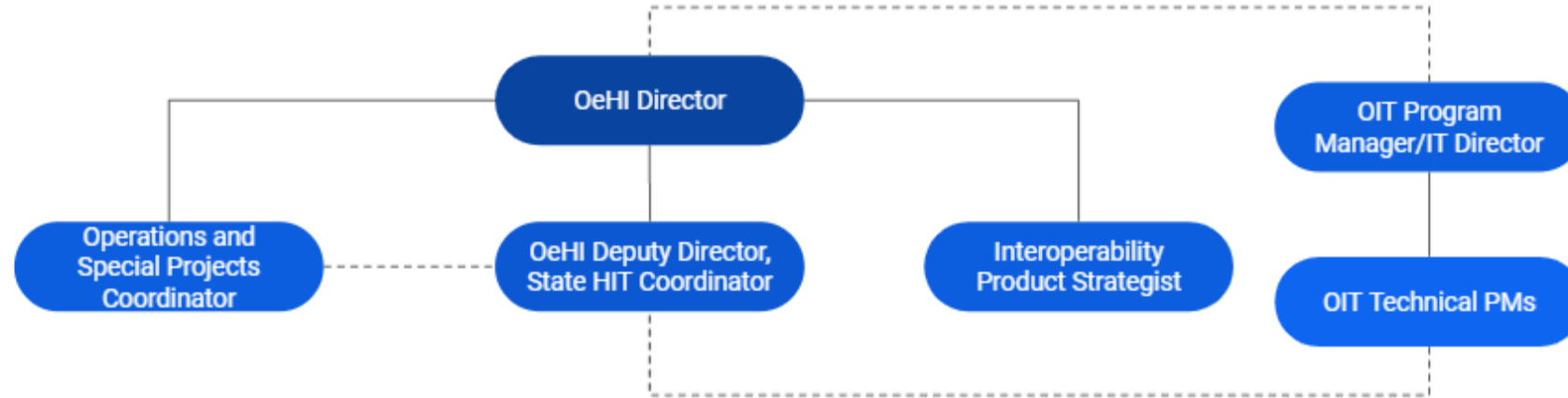
Three Standing Workgroups:



- Workgroup co-chairs:
- Commissioner/ Non-Commissioner
 - Public/Private

Quarterly sprint teams focused on specific use case or deliverable

OeHI Organizational Chart 2021













eHealth Commission: Advisory and Steering Committee









Health Care Policy and Financing: Fiscal Agent

Office of the Lt Governor: Office Oversight

OeHI led Health IT Roadmap Projects: Overall Project Status

Project Name	Status	Current Contract Progress	Current Project Stage	Project Highlights
Advancing HIE- Phase 2			Complete	Increased HIE capacity, terminology services, single-sign on
COVID Response			Complete	Accelerated telehealth; increased HIE Onboarding; data integration
Identity Resolution			API development In progress	Immunization outreach enabled, successful solution available in OIT in partnership with CORHIO
Telehealth Projects			Complete, scoping next phase	34 projects completed, regional learning telemedicine collaborative and plan,
Care Coordination-Phase 2			Implementation 90% complete, scoping bridge contracts & next phase	Advanced S-HIE across Colorado, foundation for interoperable and flexible model; advanced data standards, white papers published

OeHI led Health IT Roadmap Projects: Overall Project Status

Project Name	Status	Current Contract Progress	Current Project Stage	Project Highlights
Rural Connectivity- Phase 1			Complete, bridge contract, scoping next phase	64 out of 84 rural facilities now connected to HIEs; 63 out of 84 rural facilities with analytics/data vault
Information Governance			Planning, Meeting Facilitation	Drafted Colorado's Shared Health Information Governance Guidebook; accelerated sharing of information with local public health agencies and CDPHE
Consent Management			Planning. Meeting Facilitation	Mental Health Center of Denver and MyColorado Pilot; Engagement of Attorney General's Office
PMO			Ongoing	Executed scoped Roadmap projects

Roadmap Funding Considerations

- Roadmap 2018 Capital IT Appropriation
- OeHI General Fund to Support Operations
- 2021 Rural Connectivity Capital IT Appropriation
- HCBS Digital Transformation and Electronic Health Record Funds
- Coordinating Other State Agency Funds

Roadmap Funding Considerations

Roadmap 2018 Capital IT Appropriation

- Projects must align with legislative appropriation
- \$1,033,537.03 state general funds remain to be invested
- Must be invested by June 30, 2024
- CMS Federal fund match through CMS; 3-6 months to vet, draft, and obtain approvals
- Contracts being scoped and federal fund match in queue for submission to CMS

Roadmap Funding Considerations FY22

OeHI General Fund to Support Operations

- Projects must align with legislative appropriation
- \$3 million annual appropriation to fund operations; est \$2 million remaining
- Must be spent by June 30th each year
- OeHI staff costs for 3 FTE: \$300K estimate with benefits
- OeHI Project Management Office: 5 OIT Project Managers, Data Scientist, Interoperability Product Strategist, Contract Manager; \$1,528,00 estimate
- CMS Federal fund match requested for staff focused on projects to support Medicaid business priorities 90-75% matches

Roadmap Funding Considerations

2021 Rural Connectivity Capital IT Appropriation

- Projects must align with legislative appropriation
- \$6.4 million to be invested, scoping for contracts underway
- Must be invested by June 30, 2024- 3 yrs to spend capital IT
- CMS Federal fund match for implementation efforts in queue to submit to CMS, 60 days for review and approval once submitted
- Does not include \$11 million mentioned in Governor's budget- this is in addition and must be approved by Joint Technology Committee

Roadmap Funding Considerations

HCBS Digital Transformation and Electronic Health Record Funds- *OeHI Directed*

- Projects must align with spending plan
- \$15 million to be invested for Digital Transformation
- \$6 million to be invested for Provider EHR System Upgrades
- \$15.4 million to be invested for Care Coordination Infrastructure
- Must be invested by June 30, 2024

Roadmap Funding Considerations

State Agency Health Information Technology Investments

- \$40 million to be invested for care coordination and statutory directives for safety net providers by OBH/CDHS
- \$21 million to be invested for health care disparities by HCPF
- \$25 million to be invested for Communicable Disease Surveillance CDPHE
- Must be invested by June 30, 2024

Thoughts?

Reactions?





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Roadmap Project- Care Coordination: Unifying Care Coordination Architecture Overview

*Jason Greer, CEO, Colorado Community Managed Care
Network (CCMCN)*



Community Outcomes Architecture

Creating System Efficiencies and Whole Person
Care through Technology Enabled Care
Coordination and Community Collaborations

About CCMCN



Colorado Community Managed Care Network (CCMCN) is a Colorado non-profit organization governed by Colorado's Federally Qualified Health Centers (FQHCs).

CCMCN's vision is to help create healthy Colorado communities that are unified through innovative solutions.

CCMCN is funded by the state to develop a flexible and interoperable Social Health Information Exchange (SHIE) ecosystem that is accountable for person and family centered care coordination for Colorado.

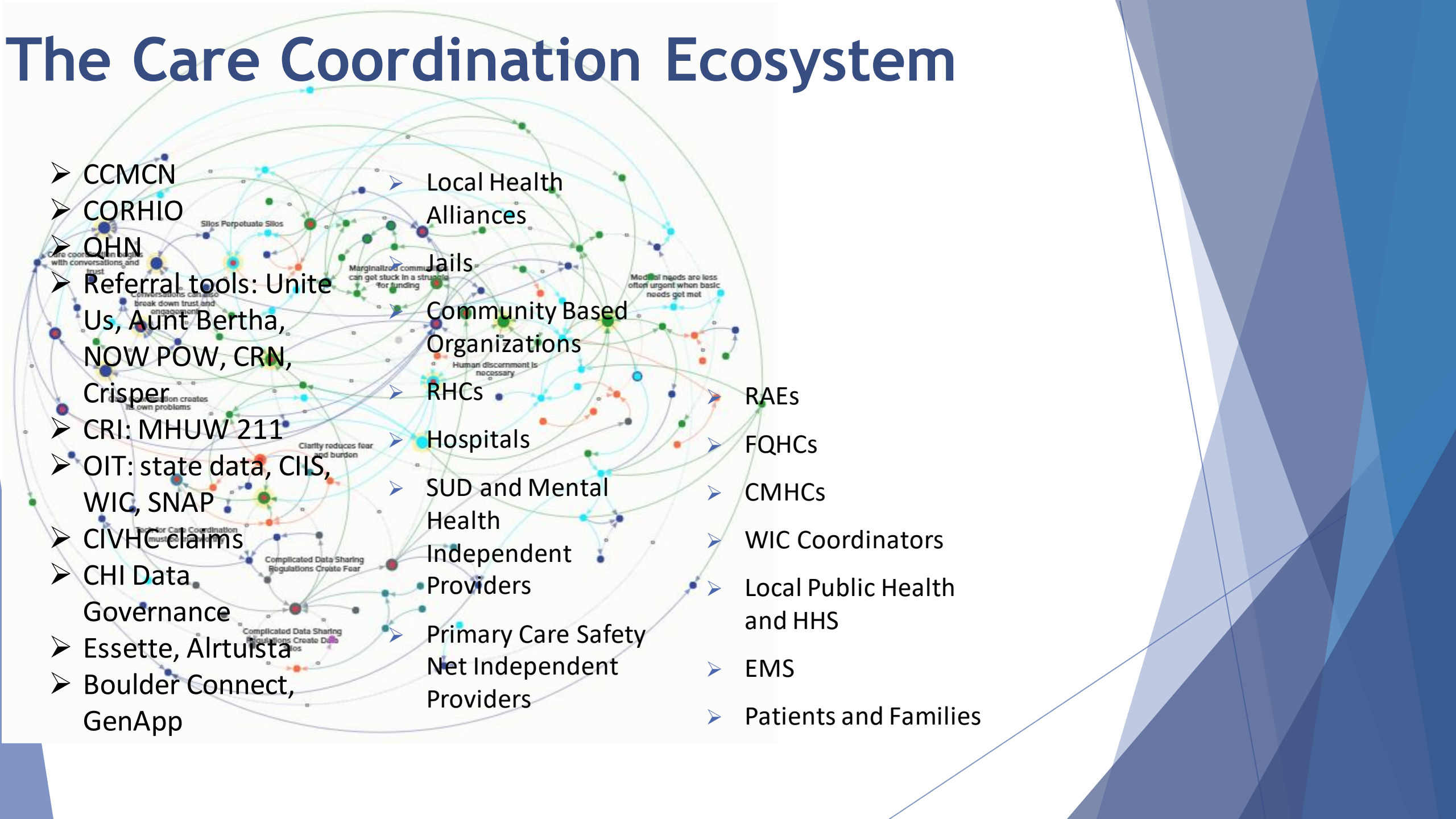
Social Health Information Exchange

An interoperable and customizable *infrastructure* that allows multiple entities to screen and **assess the needs of individuals** and families, **refer to** clinical and non-clinical **resources**, and confirm whether **services are accessed** – optimizing **whole-person care coordination** across clinical and non-clinical teams with the goal of **improving health and wellbeing** of Coloradans.



The Care Coordination Ecosystem

- CCMCN
- CORHIO
- QHN
- Referral tools: Unite Us, Aunt Bertha, NOW POW, CRN, Crisper
- CRI: MHUW 211
- OIT: state data, CHS, WIC, SNAP
- CIVHC claims
- CHI Data Governance
- Essette, Alrtuista
- Boulder Connect, GenApp
- Local Health Alliances
- Jails
- Community Based Organizations
- RHCs
- Hospitals
- SUD and Mental Health
- Independent Providers
- Primary Care Safety Net Independent Providers
- RAEs
- FQHCs
- CMHCs
- WIC Coordinators
- Local Public Health and HHS
- EMS
- Patients and Families



- # The Care Coordination Ecosystem
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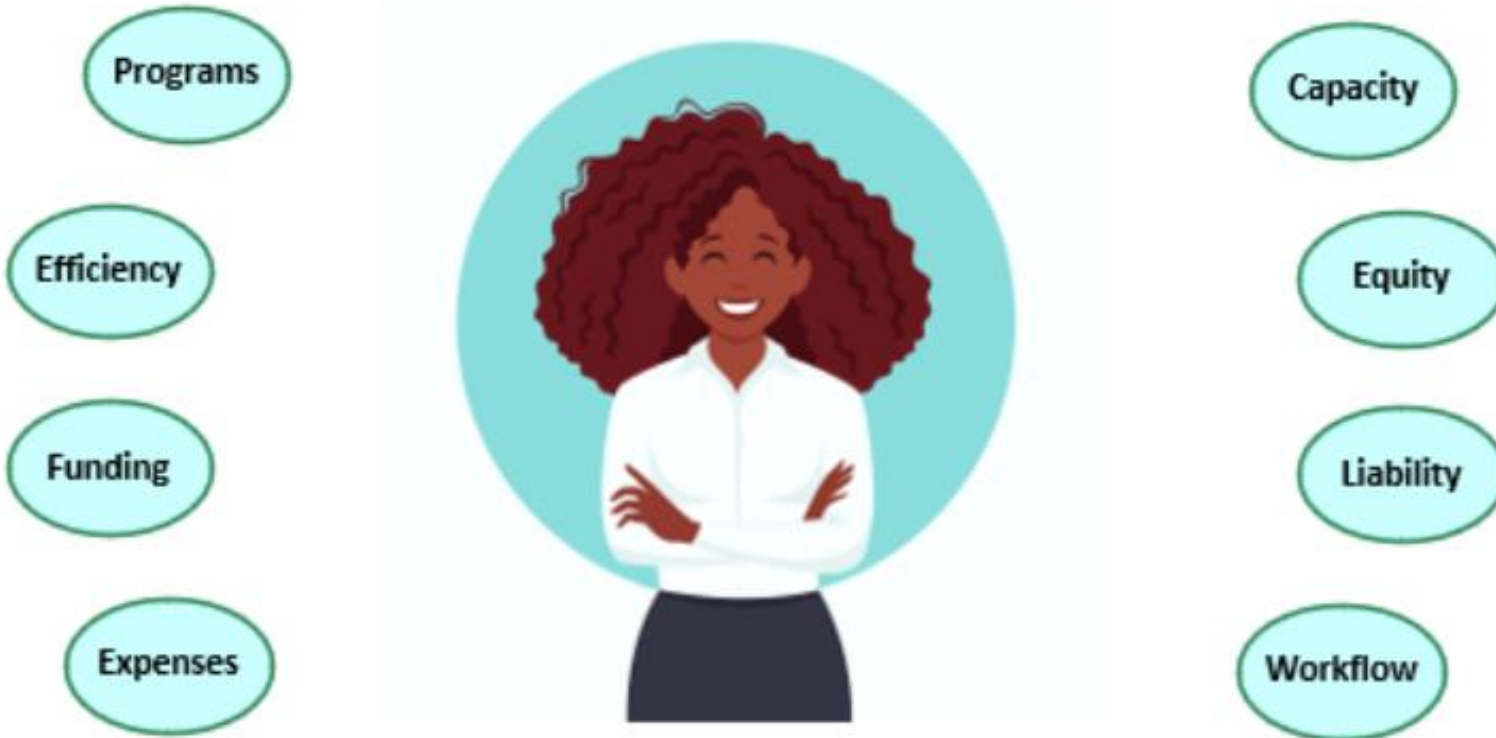
CCMCN's Community Care Coordination Goal

Connect Colorado's service providers to an integrated Care Coordination system designed to target improvements in system efficiency, person experience, health equity and the cost of care.

CCMCN's Strategy for Coordinating Communities

1. Support Organization's Business Priorities
2. Proactively Respond to the Needs of People, Families and Households
3. Reward Collective Impact on Improvements

Business Needs of Organizations



Needs of People, Families and Households

System Reported

Program
Eligibility

Social
Determinants
Assessments

Immediate
Health Needs

eQm and
KPI Gaps in
Care



Social Needs

Mental
Health

Physical
Health

Other
Self-Reported
Needs

Self Reported

Rewarding Collective Impact on Improvements

1. Demonstrate successful intervention strategies at the person, neighborhood and community level
2. Support contracting for incentives and value based payments for all participating organizations

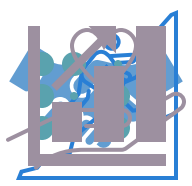
What needs to be coordinated?

- **Proactive care coordination** within individual organizations
- **Coordinated services** between organizations
- **Coordinated care teams**
 - Professional care team
 - Personal care team (person, family, friends)
- **Coordinated technologies, tools and data**
- **Coordinated programs and funding**
 - HCPF Prescriber Tool (Phase 2), RAEs, HTP, OBH, WIC, Jails, HCBS

Community Outcomes Architecture

Unifying data, programs and strategies to support improvements in health equity and system efficiency





Community Outcomes Architecture Components

Community Collaboration Support

Improvement Projects

Data System and User Tools

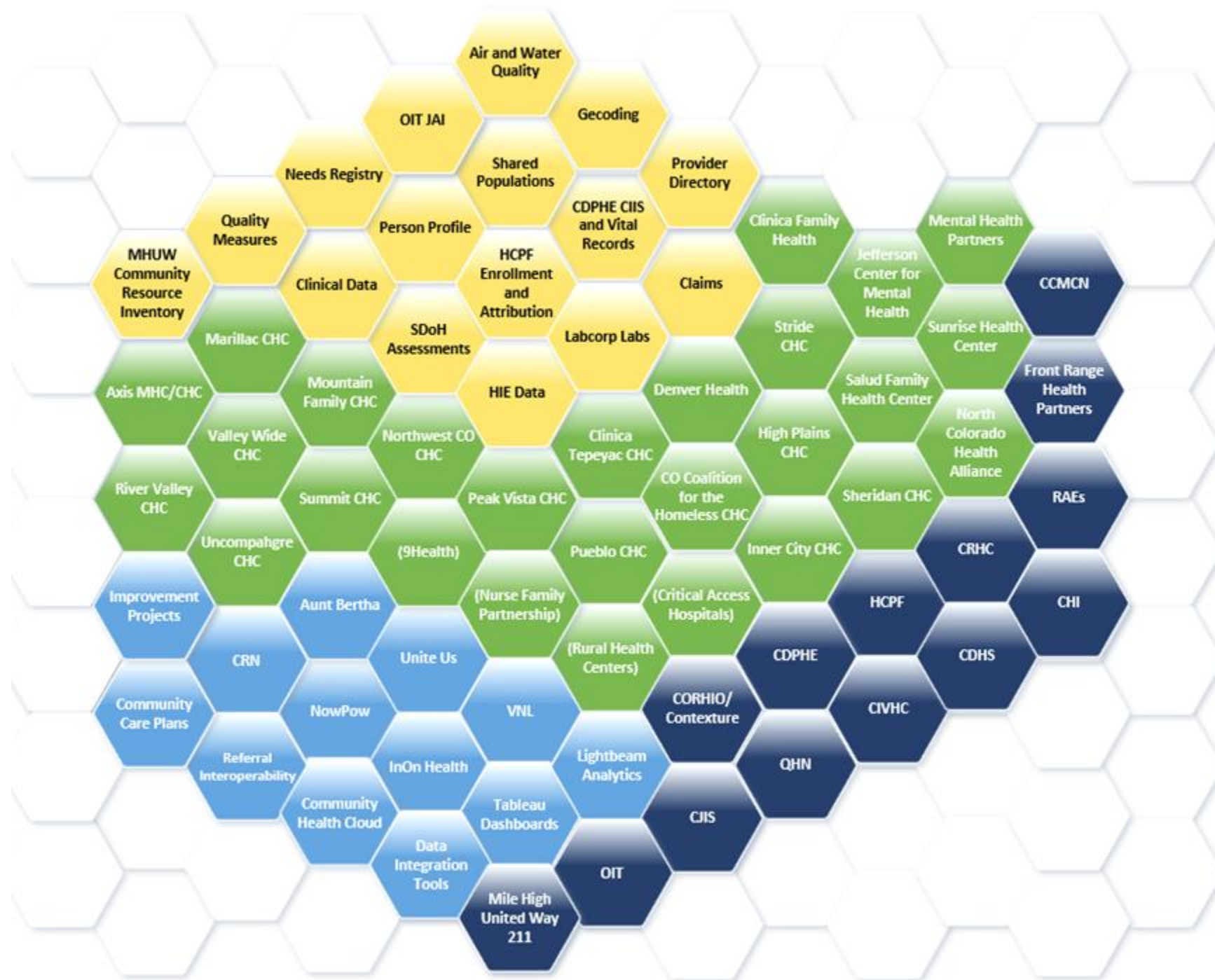
Population and Performance Analysis

Payment to Participating Organizations

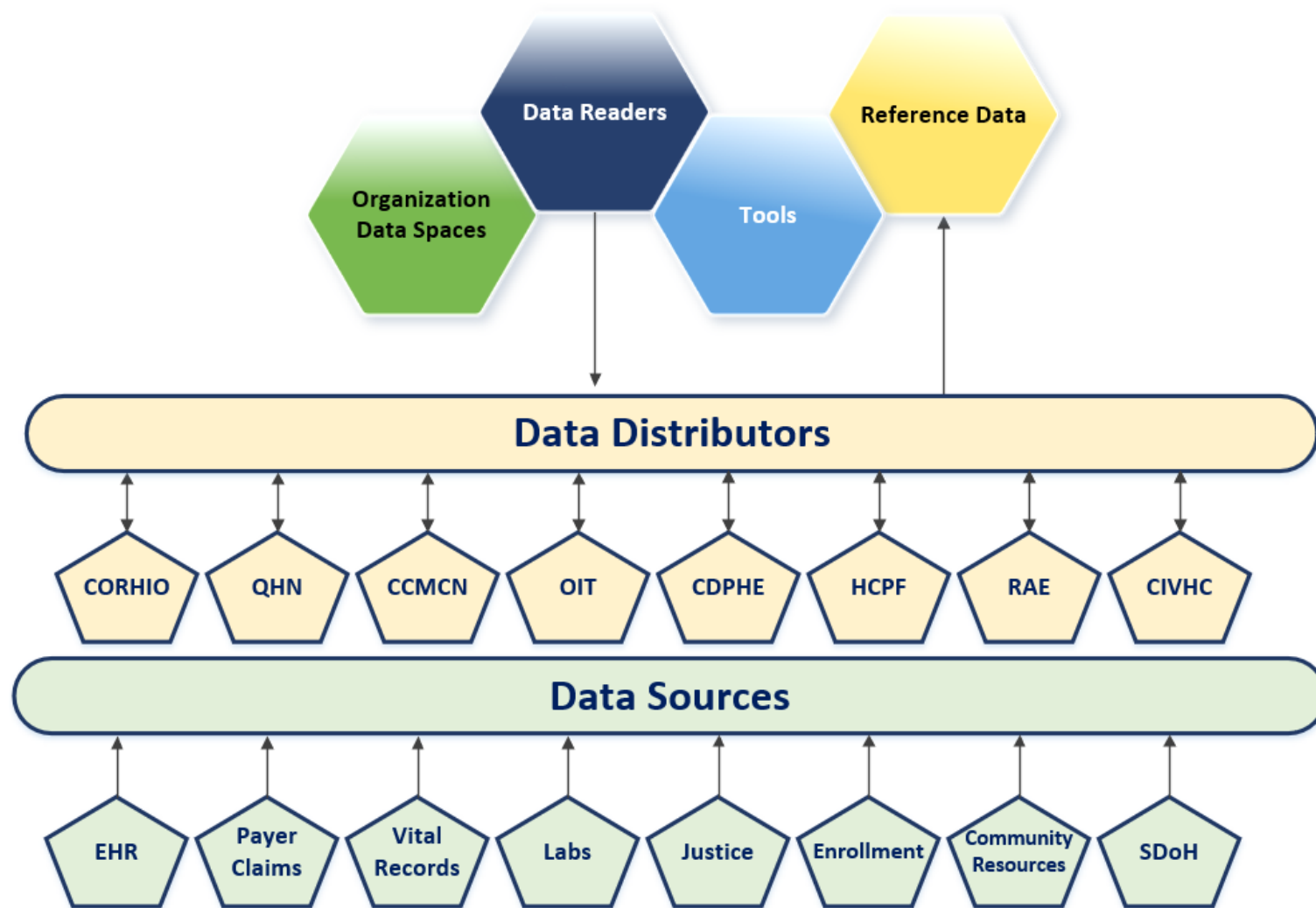
Current Improvement Projects

1. Support Clients and Providers by **Integrating Care Coordination** for Primary Care, Behavioral Health, Substance Use Disorder and Criminal Justice by aligning HCPF Prescriber Tool (Phase 2), RAEs, eCQMs, HTP, OBH, WIC, CJIS and HCBS
2. **Increase Vaccinations** among Black, Indigenous, and People of Color and Children
3. Increase **WIC and SNAP** Program Enrollment for Pregnant Women
4. Decrease Healthcare Related Bankruptcy and Medical Debt by Addressing **Medicaid Coverage** Disruptions (during and after the public health emergency)
5. **Decrease Medicaid Costs** by Providing Extended Care Coordination Among Complex Members
6. Improve Whole Person Care by Providing **Proactive Response to People's Needs** so that No One Falls Through the Cracks

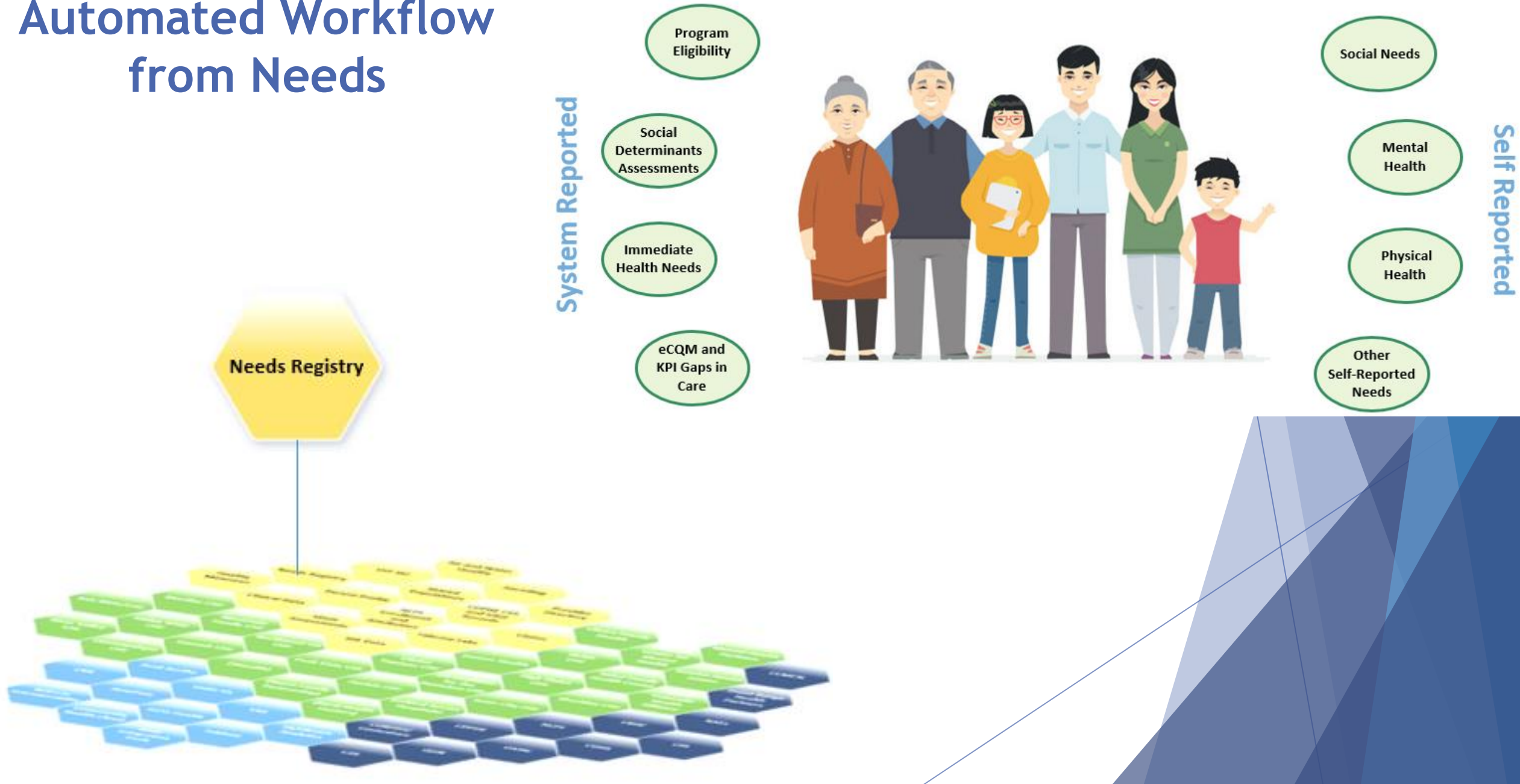
“the Honeycomb”



Data Availability in the Honeycomb



Automated Workflow from Needs





Health Cloud Community Care Coordination Application

- Available for any organization
- Automated workflows
- Unlimited data
- Unlimited populations
- Unlimited assessments
- Integrated applications
- Developed to support business and public health priorities



Creating a Statewide Care Coordination Network

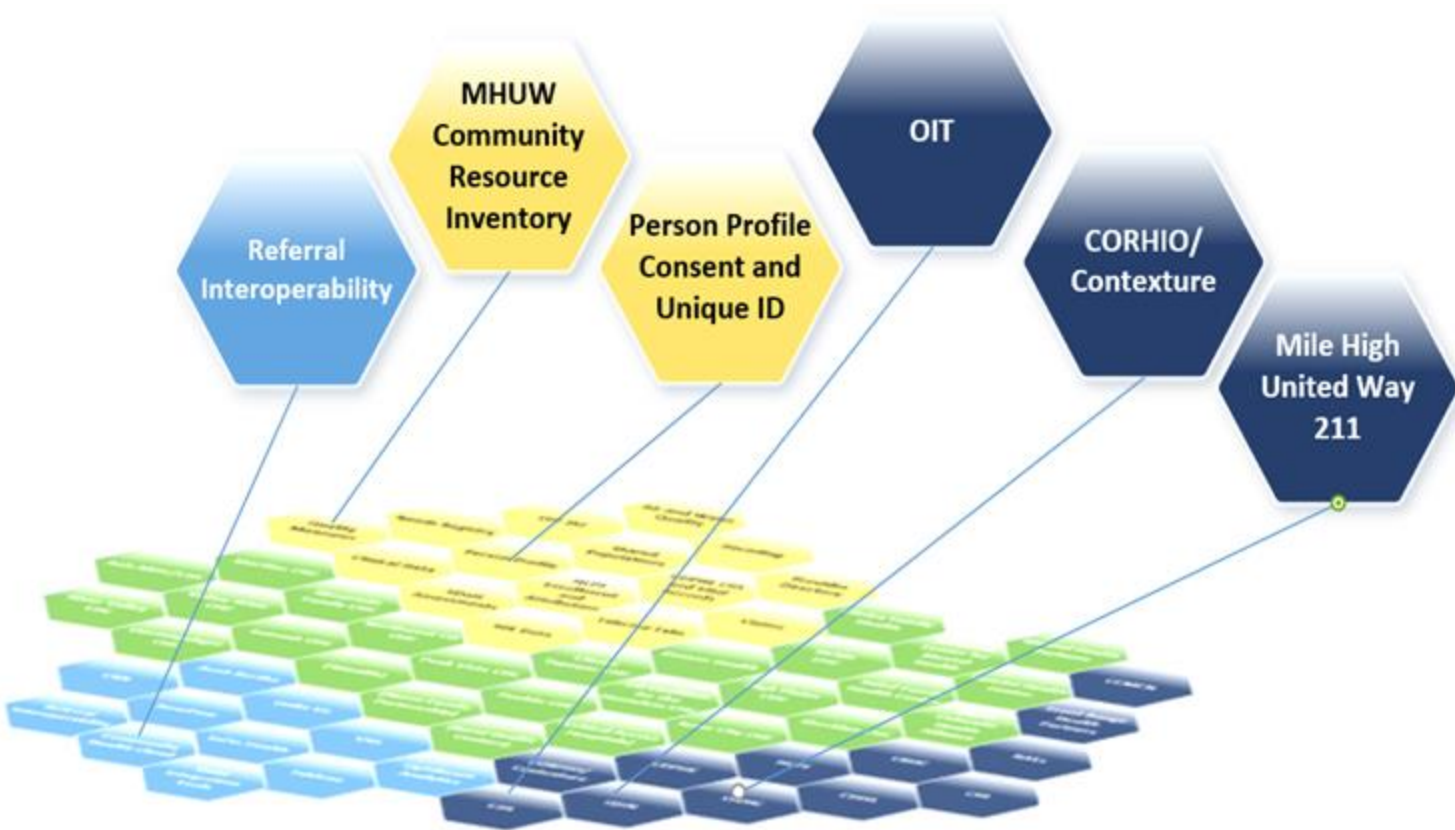




Interoperability

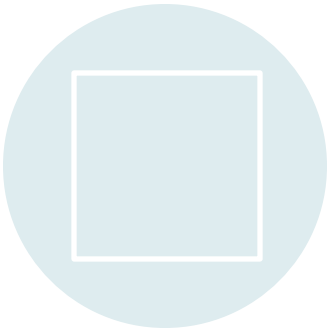
Referral Tool Interoperability

- Removing closed referral network barriers
- Enabling communities to choose the tools that are best for them
- Enabling community-wide e-referral networks

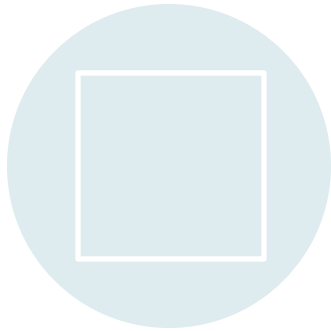




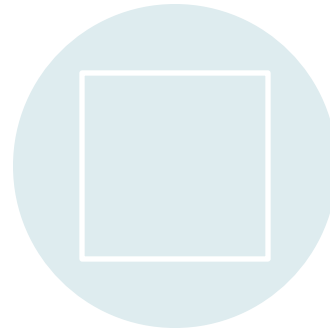
Assessment Interoperability



COLLECTING ASSESSMENT
RESULTS FROM MANY
SOURCE



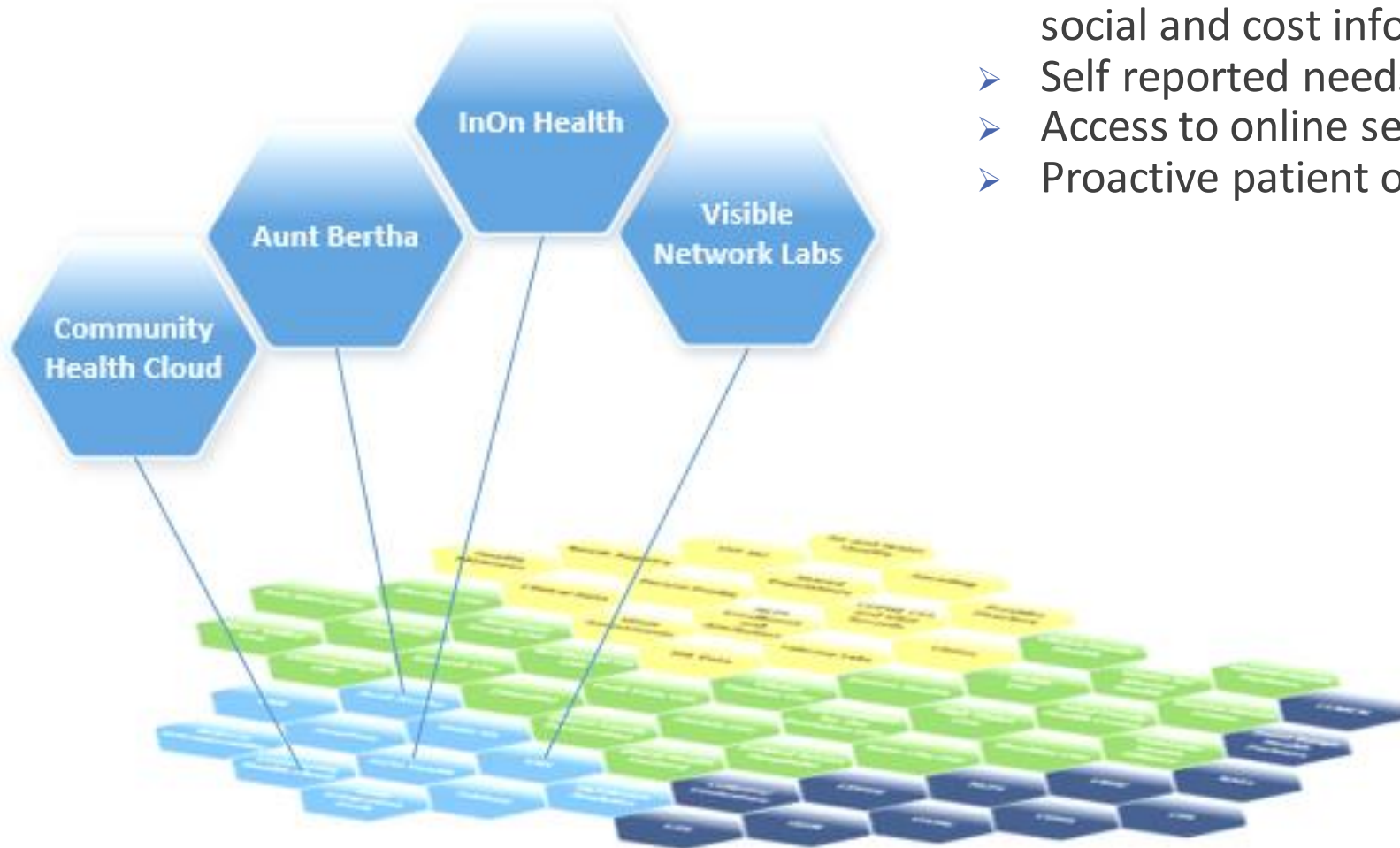
STANDARDIZING RESULTS
TO GRAVITY AND OTHER
COMMON STANDARDS IF
AVAILABLE



SHARING ASSESSMENT
RESULTS AS ALLOWABLE

Person Facing Tools

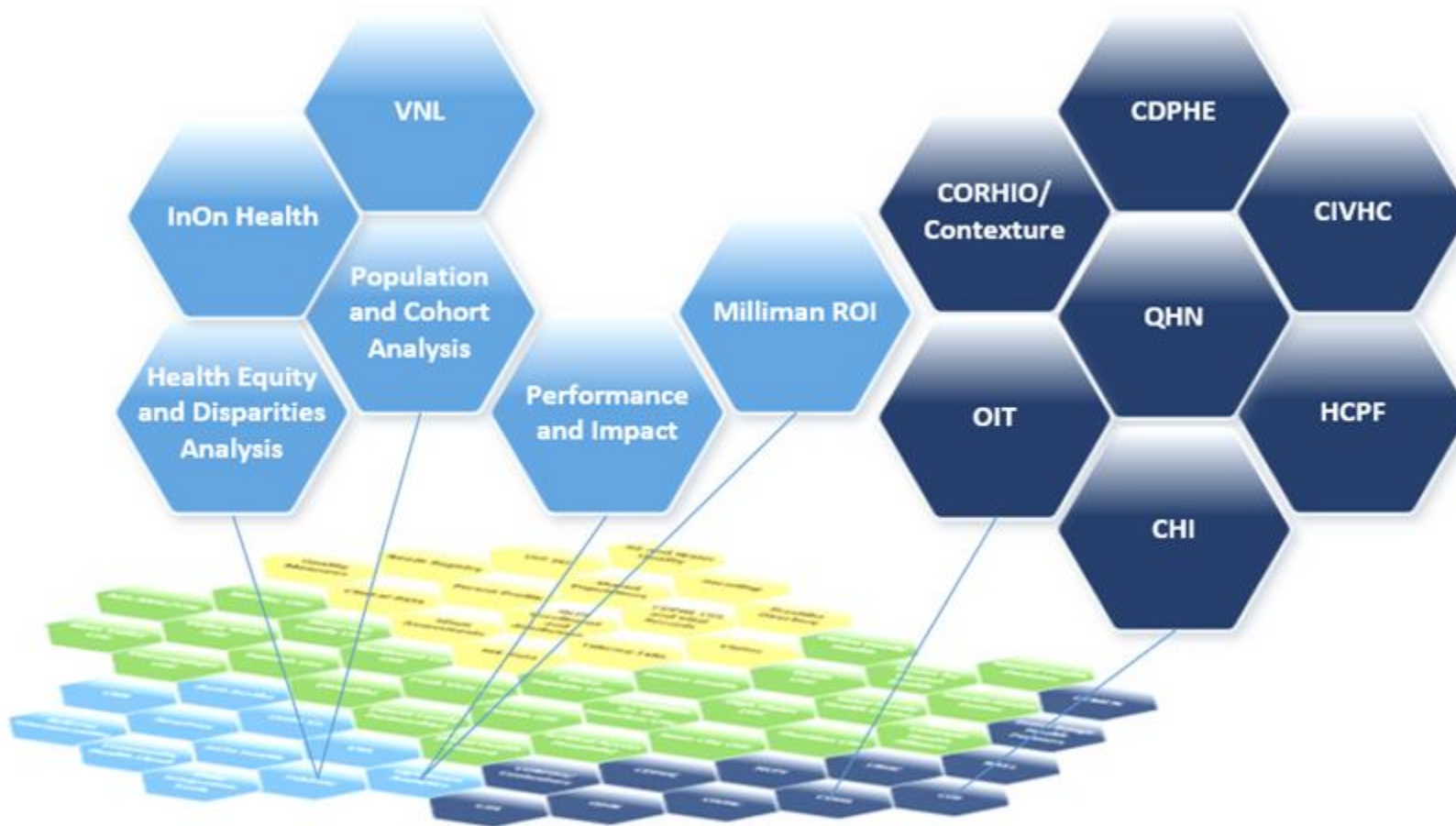
- Person access to health, social and cost information
- Self reported needs
- Access to online self-referrals
- Proactive patient outreach



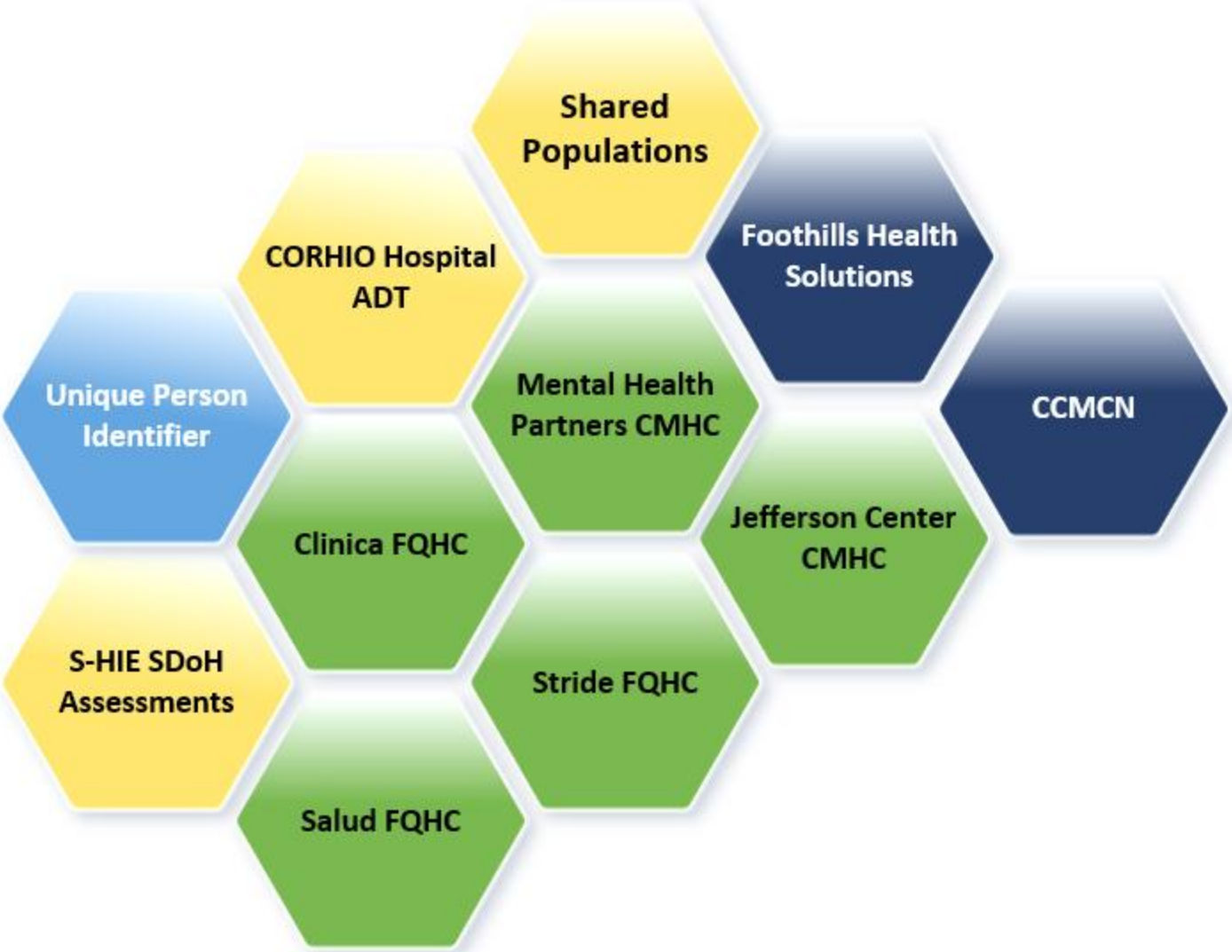


Analytics

- Analysis to inform interventions, payers, public health and policy
- Performance and impact of each intervention
- Population and cohort level clinical, social and cost analysis



Example Use Case: *Improve awareness of the health and social profile of shared patients to support data sharing and care coordination between organizations.*



Shared Patient Populations

MHP Population= 12,078

Clinic	Overlap Population
Clinica	3,587
Salud	2,106
STRIDE	199
JCMH	165

JCMH Population= 23,419

Clinic	Overlap Population
Clinica	718
Salud	377
STRIDE	5,102
MHP	165

Demographics

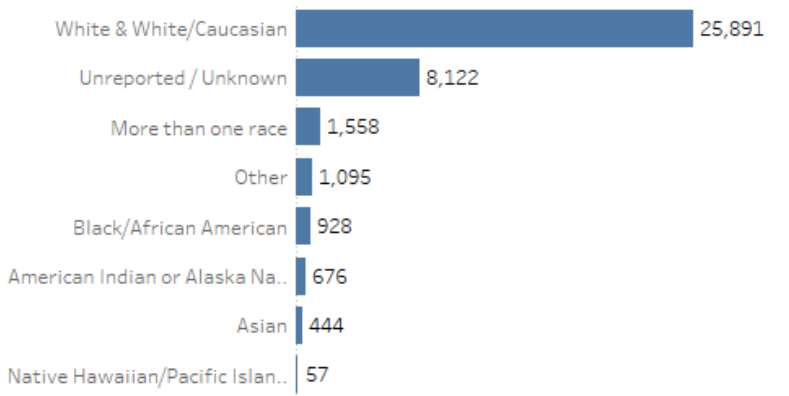
Main Clinic

Clinica Family Health Center	4252
Jefferson Center for Mental Health	23419
Mental Health Partners	12078
Salud Family Health Center	2466
STRIDE	5263

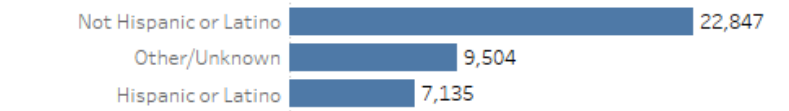
Overlap

Clinica Family Health Center	4252
Jefferson Center for Mental Health	23419
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STRIDE	5263

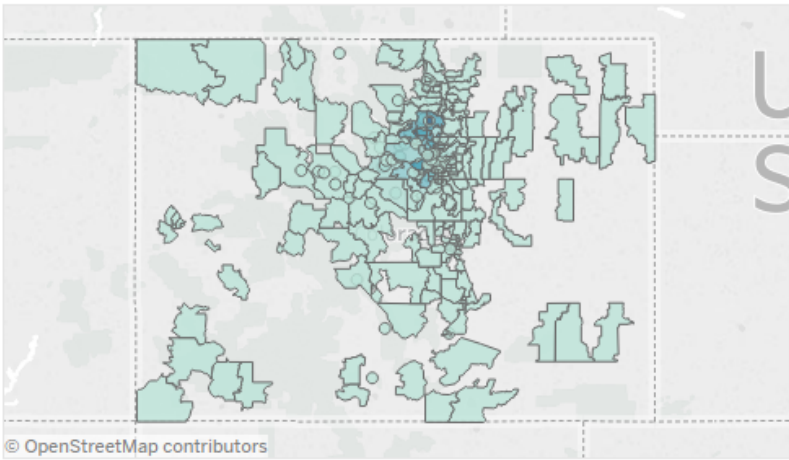
Race



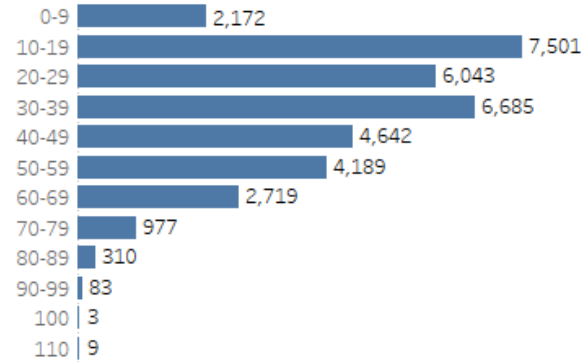
Ethnicity



Distribution of Patients



Age



Gender



SDoH Overview of Shared Medicaid Clients

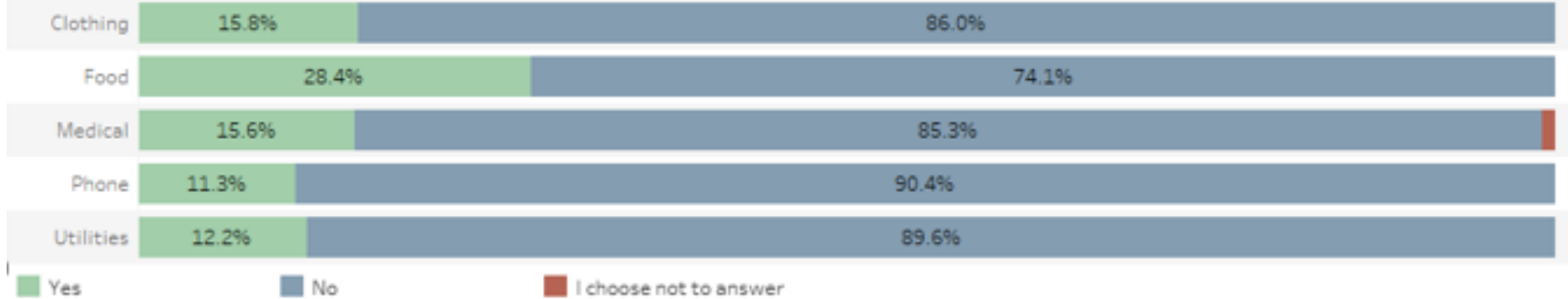
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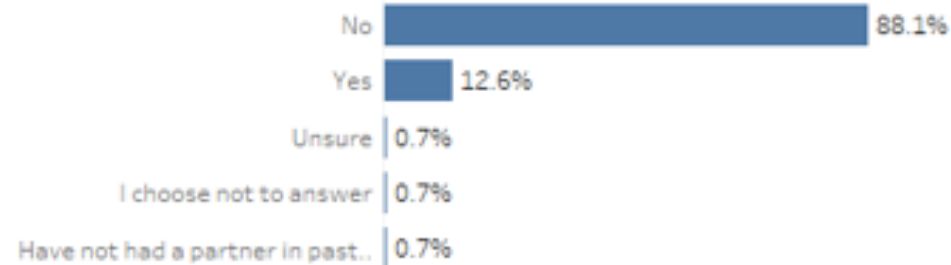
Overlap

Clinica Family Health Center	3587
Jefferson Center for Mental Health	165
Mental Health Partners	12078
Salud Family Health Center	2106
STRIDE	199

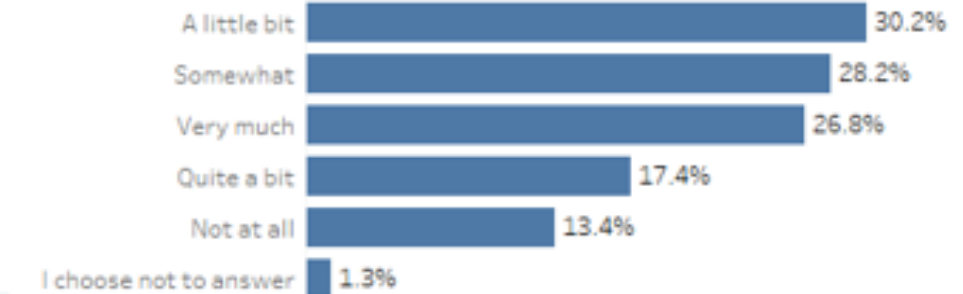
Responses by Concern (select a concern to filter)



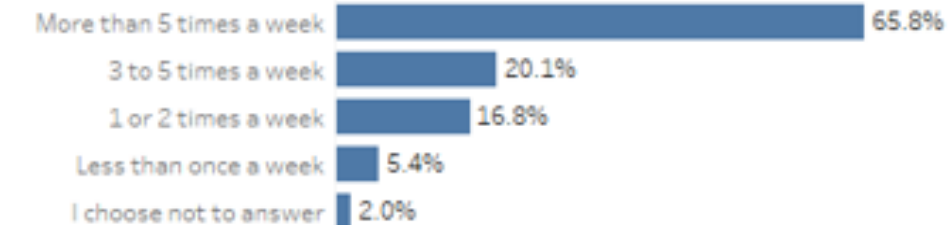
Domestic Violence



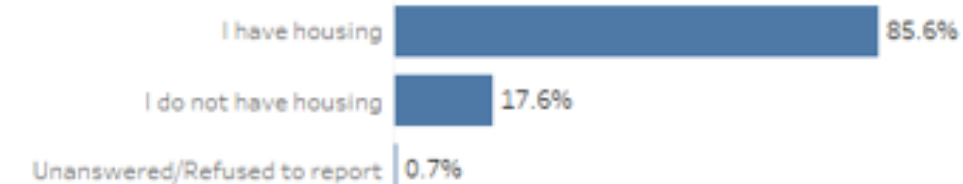
Stress Level



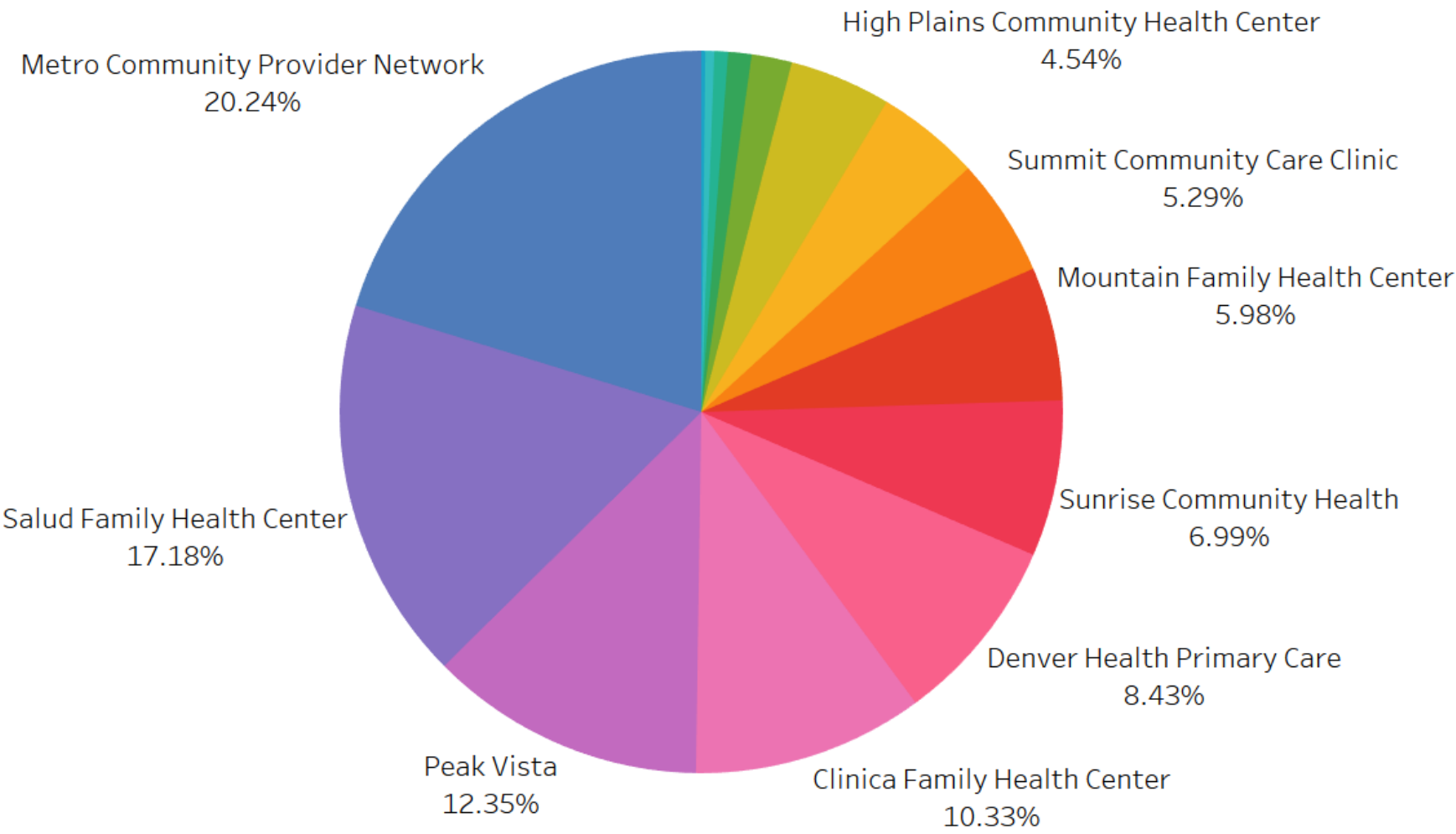
Social Integration



Housing



9Health and FQHC Shared Populations



Payment to Participating Organizations



Incentive
Calculations

Calculate incentive payments to participating organizations to support:

- Business Alignment
- Service Capacity
- Accountability



Please contact me for more
information and to get connected!

Jason Greer
CEO
Jason@CCMCN.com

Does the Commission approve this strategy?



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Office of eHealth Innovation

Roadmap Project: Information Governance: Guidance Documents and State Data Strategy

*Amy Bhikha, Chief Data Officer, Colorado Governor's Office of
Information Technology (OIT)*

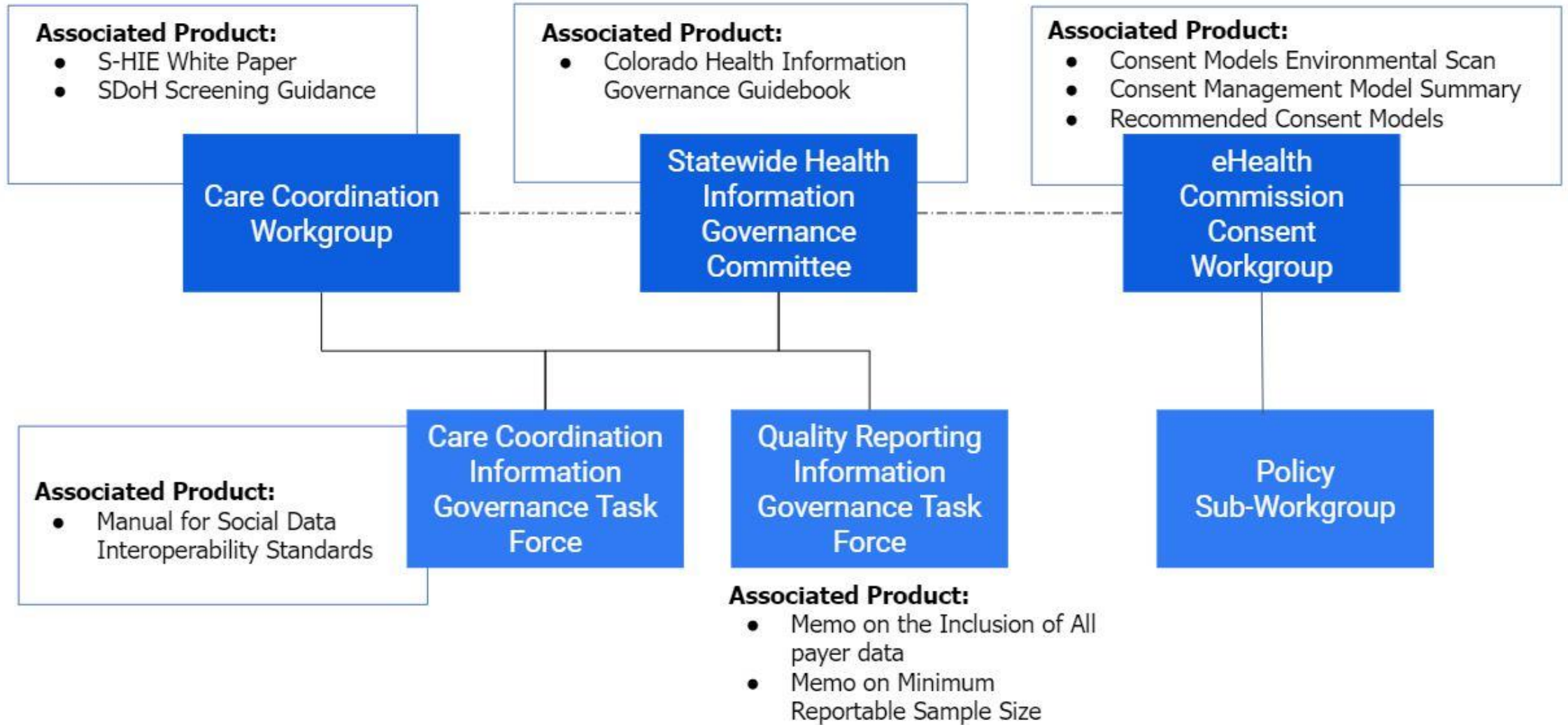
*Art Davidson, eHealth Commissioner, Co-Chair
Statewide Health Information Governance*

*Carrie Paykoc, Director, Office of eHealth Innovation (OeHI)
Stephanie Pugliese, State Health IT Coordinator, Deputy Director, OeHI*

Roadmap Initiative - Statewide Health Information Governance: Put in place a governance structure to support statewide health information sharing and use. This governance structure includes statewide health data governance.

Project Funding	Project Milestones	Status
<u>Total Budget (Capital IT)</u> \$3,700,000 <u>Total Spent</u> \$1,948,113.73 *note 500K State Innovation Model Funds/Contracts <u>Remaining Capital IT</u> \$1,751,886.27 <u>Upcoming Contacts</u> \$495,000	<p>Draft of the Information Governance Guidebook of structure and initial two data sharing scenarios: primary care to BH, BH to primary care</p> <p>Work group support for quality reporting, care coordination, statewide health committee</p> <p>Attorney General Office and GDAB is engaged in building legal framework for data sharing</p>	<p>DRAFT Complete, review and approval from eHealth Commission</p> <p>Continue facilitation efforts for Statewide Health Information Governance work with CHI, pending CMS review /approval. Anticipate contract execution 12/01/21</p> <p>Continued efforts to support Behavioral Health Administration for FY22, OeHI Wildly Important Goal for FY22</p>

Information Governance Ecosystem



The Guidebook detailed best practices and remaining work for the following data sharing use cases:

- ✓ Physical Health Provider sharing with Behavioral Health Provider (*March*)
- ✓ Behavioral Health Provider sharing with Physical Health Provider (*April-June*)
- ✓ Health Care Provider sharing with Social Service Provider (*June-August*)
- ✓ Social Service Provider sharing with Health Care Provider (*June-August*)
- ✓ Data Use in Crisis (*June-August*)

Does the Commission approve the Guidebook?

GDAB Objectives



- **Government Data Advisory Board (GDAB):** New operating model for creation, implementation and oversight of the state's data management goals
 - *Data Governance*
 - *Data Sharing*
 - *Data Inventory*

Voting Members

CIO Designee:
CDO

Voting Representation – 9 Members

Attorney
General

Secretary
of State

Office of
Governor

Regulatory Affairs

- Dept of Personnel & Admin
- Dept of Regulatory Agencies
- Dept of Revenue

Education

- Dept of Education
- Dept of Higher Education
- School District Representation

Public Safety

- Dept of Corrections
- Dept of Military and Veterans Affairs
- Dept of Public Safety

Workforce & Economy

- Dept of Labor and Employment
- Dept of Local Affairs
- Office of Economic Dev

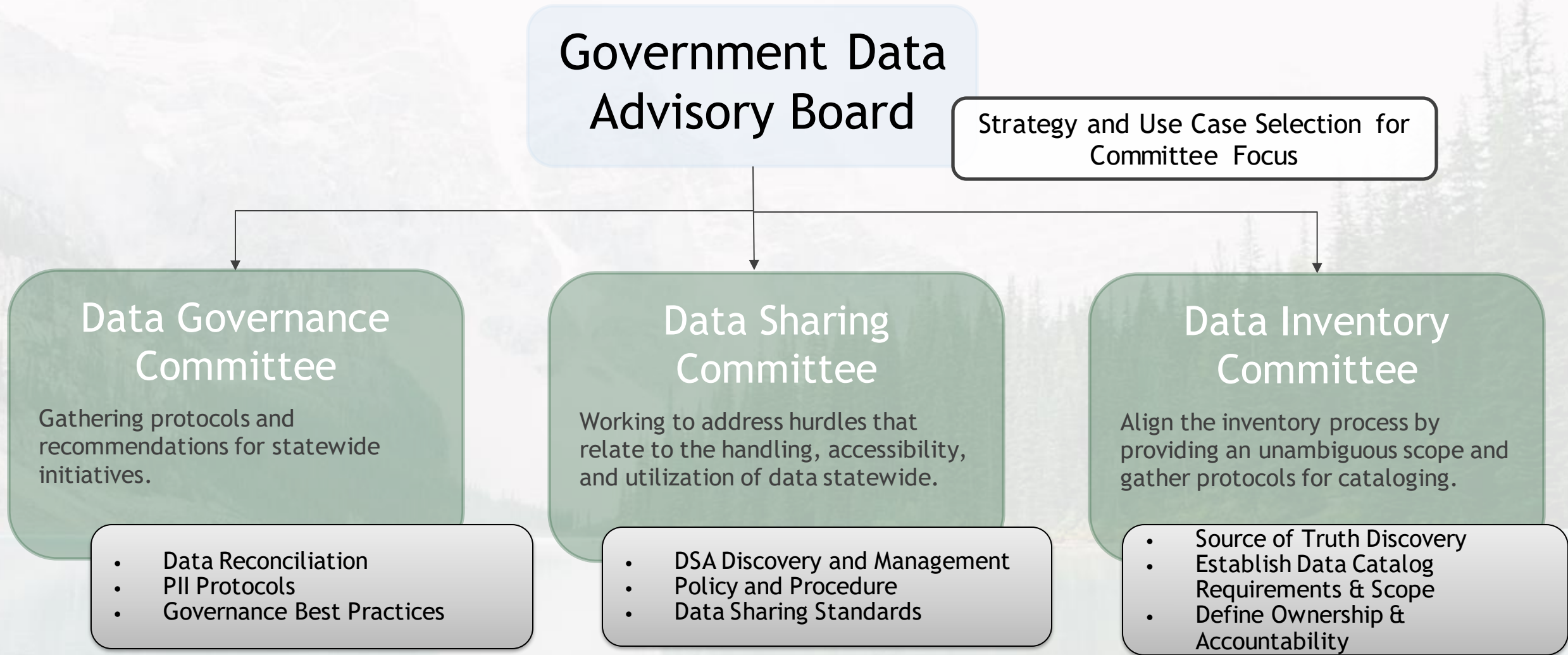
Environment & Renewable Energy

- Dept of Agriculture
- Dept of Natural Resources
- Dept of Public Health & Environment
- Dept of Trans
- CO Energy Office

Health

- Health Care Policy & Financing
- Dept of Human Services
- Dept of Public Health & Environment

GDAB Committee Model



- GDAB - Reorganized by Data Domains and 3 Subcommittees (Data Gov, Data Sharing and Data Inventory)
- Operationally to support data initiatives OIT/CDO has capabilities in Data Services including Integrations/APIs, Analytics but minimal Data Warehousing guidance/support.
- Agencies are left to working in silos, using disparate technologies vendors, support models and various maturity in governance. Opportunity for alignment.

- Health Interoperability represented in 2021 Health IT Roadmap is a key focus area - proposing a POC (Proof of Concept) using AWS to achieve the following:
- Establish vision of data warehousing and corresponding architectures services
- Establish a Service Model to align to the vision, including engagement with agencies, to be provided by CDO and OIT
- Select a POC to demonstrate capabilities and required resources

Does the Commission approve funding this proof of concept?



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Joint Agency Interoperability Documented Quote Opportunity

Sarah Dawson, Director of Operations, Office of Community Partnerships, Colorado Department of Human Services (CDHS)



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PUBLIC COMMENT PERIOD



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CLOSING REMARKS