

## eHealth Commission

February 8, 2017 | 12:00pm to 3:00pm | HCPF Conf Rm ABC

Type of Meeting	Monthly Commission Meeting
Facilitator	Jason Greer, Co-Chair
Note Taker	Emily Giebel
Timekeeper	Jason Greer, Co-Chair
Commission Attendees	Adam Brown, Mary Anne Leach, Chris Underwood, Herb Wilson, Chris Wells, Carrie Paykoc, Dr. Greg Reicks, Marc Lassaux, Jason Greer, Bill Stevens, Morgan Honea, Dana Moore, John Gottsegen, Ann Boyer

## Minutes

### Call to Order

- Jason Greer called the meeting to order as Chair of the eHealth Commission

### Approval of Minutes

- January minutes approved

### Review of Agenda - Jason Greer, Co-Chair

- Colorado Health IT Roadmap Steering Committee

### OeHI/SIM Update

#### OeHI Update

Mary Anne Leach, Director Office of eHealth Innovation

- Master Health IT consultant in the process of evaluation of proposal that have come in. Decision to be made mid-to-late February.
- FCC letter in support to broadband is being readdressed. Targeting it to the right audience at the FCC.
- Writing a draft of guiding principles for the Office of eHealth Innovation and eHealth Commission.
- Working with policy folks to anticipate the changes coming.
- Seek to propose what comes out of the eHealth Commission.

#### SIM Health IT Update

Carrie Paykoc, State Health IT Coordinator

- Partnering to make sure we have proper alignment to be sustainable.
- New project manager
- The ask for the Commission- How can we help SIM advance in the state?
- Data is a vital part of the SIM project and how the practices are advancing.

- What data is coming in and where is it going?
- Applications available to work with the SIM project.
- SPLIT- manual entry of data quality.
- HIE/ what can CORHIO and QHN advance for the SIM practices such as a care coordination report.

## Grants/Funding, Working Updates, Announcements - Commission Members

- Follow up on action items.
- Presentation in April on high level trends from Cedarbridge.

## Colorado Health IT Roadmap Steering Committee

### Laura Kolkman and Bob Brown, Mosaica Partners

- Capabilities identify those things that we must do in Colorado to be able to achieve the 14 objectives.
- Results from the Capabilities workshop:
  - o Rated by importance and performance which indicate the priorities for the state of Colorado.
  - o Information from the ranking is then plotted to give direction to the process.
  - o 4 quadrants- focus on/additional effort needed, continue/optimize, reexamine/justify, and divest/scale back.
- Review of Capabilities: Pick 3 and examine where they fall on scatter plot.
  - o #13- Agree on high volume data to be collected for required recording.
    - How can we make it simpler and more meaningful for the state of Colorado?
    - Fell within top/left quadrant- focus on/ additional effort needed.
    - High priority- but we are not doing well.
  - o #24- Identify opportunities for health and health related projects.
    - Expect to see enablers and initiatives that help support the adoption and integration. Translating it into work.
    - Thoughts around innovation and health IT- how important of a role that will play in roadmap.
      - Innovation is risk. How bold do we want to be in the Roadmap?
      - Critical role as long as it's under the context of what are we solving or wanting to accomplish. High priority problems.
      - Innovation has many different definitions.
      - What is the risk model appropriate for innovation vs. needs?
      - As a state we are good at finding new forms of innovation but implementing and sustaining is something we struggle with.
  - o #19- Influence the priority of spending in Colorado.
    - High level of importance and we are performing well.
    - Needs a definition of who is spending and where they are spending the HIT spending? How are people reading the capability?
    - What kind of spending and what kind of influence do you think needs to happen?

- Enabler's Workshop:
  - o What do we need to have in place for those capabilities to exist?
  - o Care coordination tools.
- Health IT Planning Workgroup:
  - o Simulate the output created from workshop and team projects into a draft set of initiatives.
  - o SMHP due in August but need info from roadmap to submit to CMS by July.
  - o First group meeting is February 8<sup>th</sup>, 2017.
- Next steps of the roadmap process:
  - o Need to lay groundwork for development of the initiatives.
  - o This is where the roadmap work can make a difference.
  - o Where are there gaps and overlaps?
  - o Continue to work with key stakeholders in order to get desired input.

## Master Provider Directory and Master Patient Index Requirements

### Qualified Bidder alignment with OeHI Operations Plan

#### Carrie Paykoc, OeHI

- Update in the process- state designated entity to help identify patient identity management.
- Working with Cedarbridge consultants on what initial requirements are needed for functional business requirements.
- First draft received 368 comments which have been incorporated to the latest version.
- 2<sup>nd</sup> draft is being released for public comment on February 8<sup>th</sup>, 2017.
- First phase is to focus on Medicaid-preparing for COMMIT Go Live.
- Plans and suggested ideas to expand to other state agencies and state entities.
- Comments:
  - o Various MPI across the state, we need to assess to see if there is something we can leverage to adapt.
  - o Help us finish the technical requirements to meet the need before we buy or get another one.
  - o Whatever we design for Medicaid needs to be designed for everyone.
  - o Other states are working on this as well, we are not alone.
  - o Is there a comprehensive landscape of current MPI out there?
  - o Evaluate the MPI/MPD and how they map against our requirements.
- MPI/MPD- Public Comment open until March 2, 2017.
- OeHI has a charge to find qualified bidders for Health IT projects across the state.
- Commission requested more information on requirements.
- How do they match up with charter?
  - o Process of roles and responsibilities of the office is to serve as a central point, establish criteria, hold organizations accountable, ensure qualifications for sustainability plans, while keeping visibility in the process.
  - o Examine the requirements, charter, and the executive order helps to demonstrate collaboration, steward tax payer funds, leverage funds and contract provisions.
  - o Next phase of effectively leveraging funding and sources.

- Office shall evaluate the State's Health IT and public funds for Coloradoans.
- Office will not own or operate technical infrastructure.
- Commission will have an opportunity to determine in which way the RFP is going to go.
- At what point do we address how the guiding principles will be applied and how the dollars get allocated.
  - Sub-committee of the commission in the evaluation process.
  - Making a process for the commission to be evolved and share their expertise.
- Advise commission members to provide comments and feedback.

## Health Information Exchange Overview

### Morgan Lassaux-QHN and Morgan Honea-CORHIO

- History of QHN- western slope of Colorado, founded in 2004 community based non-profit.
- Built because patients moving around but data was not.
- Support quality improvement and quality care in western Colorado.
- Beginning to work with social organizations.
- QHN and CORHIO and the HIE in Colorado have come from collaboration collectively identifying problems to solve and processes to solve the problem.
- CORHIO began in 2009 by Governor Ritter.
- Similar organizational structures- foundation is moving clinical data across systems, then how do you make sure they have the capacity and knowledge to implement and utilize the information technology, lastly approach innovation organically that things are aligned with state efforts.
- CORHIO and QHN footprints overlap.
- Combined HIE participation statewide by 76 hospitals, 5,190 providers, 55 behavioral health/community services, 11 payers/ACO, 4.7 million patients, 189 SNF/LTC/Hospice, 7 Public health organization, 9 Labs.
- Relationships are important in a community to develop trust to have data flow and be shared.
- Care coordination through longitudinal health record, alerts and notifications, secure messaging, social determinants of health.
- Example of community coordination and data sharing
  - Close to continental divide- some go to Denver others to the valley.
  - Community wants to better coordinate care for individuals in that community.
  - Establish care coordinators to help track the patients across the systems.
  - CORHIO and QHN can help by giving longitudinal access to coordinators and send out alerts and notifications about a given patient of value to them.
- Seamless access for care coordinators- retrieving data from CORHIO and QHN.
- Organizations do not always use the same data source, CORHIO and QHN's job is to make a single view, easy readable form.
- Changes critical components of the infrastructure.
- Enables platforms with ecosystem of data, this will make an impact on population health.
- Gold standard attempt to get better with exchanging data.
- State to state efforts.

- Population health management tool.
- CAI grant expands ambulatory, home health and helping exchange behavioral health through the HIE's.
- SIM- multiply payer effort that QHN and CORHIO are helping extract data from specific practices. Using data to do quality measurement.
- TEFT-PHR system, patient engagement tool.
- 2009-2017 there has been significant improvement.
- Discrete data element services.
- Program coming up for the PDMP.
- CORHIO MPI goes live next week.
  - o NextGate imbedded in the infrastructure.
- Don't have the ability to separate data, but are sharing the CCD with patient consent due to 42CFR. Currently working on this in the Colorado Advanced Interoperability Grant.
- Future state getting more than just clinical data into the HIE, creating access to the data that may exist in any other system.
- If we can decide as a state and agree on standards and the way we are going about technology we can do amazing things.
- Block chain has tremendous opportunity.
- Series of contracts between organizations and patients.
- Takes a virtual transaction and puts a ledger with it.
- Application in health care- download a bitcoin wallet- apply contracts to existing HIE and aggregate own personal record.
- Next steps: Dick Thompson to talk about where we are and where we are going. Updates and trends from SHIEC.
- Questions about aggregating claims and clinical data. Is this scalable or is this a pilot concept. Need a specific use case.
- Give practice a picture of patients and compare how they are doing with quality measures.
- Define at a state level what the use cases are and how we can aggregate the information.

## Commission Discussion on Presentations

Facilitated by Mary Anne Leach, OeHI Director

- Discussions took place during presentations.
- Biggest challenge will be education and communication.

## HIMSS Conference Assignments and Coordination

- Block chain
- Dick presenting
- Meetings with ONC and CMS.
- Dana attending the CIO forum.
- Interoperability Symposium on Sunday
- Mobile App you can filter by government and see all the different ONC and policy updates on the agenda.
- Align with what's going on with ONC and CMS.
- Where can we influence them?

## Public Comment

- No public comments were made.

## Discussion on February Agenda and Closing Remarks

### Next Steps and Action Items

Action Item	Owner	Timeframe	Status
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	Open
Health IT Innovation in Colorado - sub-working group of the Commission	OeHI Director	Winter/ Spring	Kick-off meeting March 7th
Health IT Planning Working Group - sub-working group of the Commission	OeHI Director	Winter/ Spring	In progress
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	Open