OeHI
Office of eHealth Innovation

Meeting Minutes

eHealth Commission

March 8, 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	Michelle Mills, Chair
Commission Attendees	Kendall Alexander, Anne Boyer, Adam Brown, Jon Gottsegen, Jason Greer, Morgan Honea, Marc Lassaux, Mary Anne Leach, Michele Lueck, Michelle Mills, Dana Moore, Greg Reicks, Chris Underwood, Chris Wells, Herb Wilson, Tania Zeigler

Minutes

Call to Order

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

Approval of Minutes
- February minutes approved

Review of Agenda – Michelle Mills, Chair

Colorado Health IT Roadmap Steering Committee

Laura Kolkman and Bob Brown, Mosaica Partners
- Brief recap of the enablers workshop:
  - Held on February 8th
  - 23 participants- thank you to those who attended.
  - Identified the things we need in place for the capabilities to exist so that the objectives can be achieved.
  - Formed a list of 31 enablers.
- Developing the Desired Future State Description
  - Anticipate that the next commission meeting that the draft will come before the commission members for approval.
  - Master Stakeholder list- in development. This lists includes identified stakeholders involved in health IT.
  - Master Project list- in development. This list includes health IT projects of state agencies, along with other health IT projects throughout the state.
  - Acts, Events and Occurrence List- in development. This list provides insight into the history of regulations and agreements within Colorado. It helps to identify if there are any acts, events, or occurrences that should be considered when defining the initiatives.

    - Communication plan- initial plan established and as we move forward with initiatives we need to determine how best to communicate and engage the public and our stakeholders.
    - Each initiative in the plan will outline potential resource funding and plans.
    - Will need an implementation plan to make sure this is brought to action.
    - How do we overcome the challenges? Procurement process- facilitate the eHealth commissions engagement in this process.
- Mary Anne Process to Approve the Roadmap
    - Planning workgroup will bring it all together.
    - eHealth Commission- July- initial list of initiatives with draft plan approval near September.
    - Public Meetings sometime this fall to receive input from stakeholders.
    - Roadmap will be delivered to Lt. Governor for approval by October 31st, 2017.
    - eHealth Commission will ensure the Office is accountable for developing and delivering on the Roadmap.
- Moving forward discussion of enablers:
    - Think about how bold, imaginative, innovative and creative do you want to be in this plan to be.
    - Consent Management Engine- #24 on enablers list. Highest rated importance, lowest in performance.
        - As we go through the exchange, and state to state, is this as important as its linked to the objectives. Do this need to be a higher priority?
        - Marc- questioned what does a state-wide consent engine entail?
        - Morgan- Consent management is where it belongs- it is a challenge. When you say “engine” it goes to another place. Similar to the MPI vs. identity management conversation. Are we talking about consent or the engine?
        - Mary Anne- needs to be a model not necessarily technology.
        - Carrie- Change wording from engine to process- need to advance efforts- get consumers engaged.
        - Herb- Strategy, policy, procedures, and tools needed to support the process. It is of high priority and is critical to the roadmap.
        - Opportunity to engage consumer side while formulizing the plan.
        - Morgan- Consent is growing as a core component. Technology is going to grow rapidly around consent within the next few years as it emerges. We need to future proof the strategy.
    - Tools that support care coordination- low importance but something we do very well. #1 on the objectives survey.
        - Could be technology, policies, standards, or standards of care.
        - Think of it as approaches and infrastructure.
        - Facilitate the technologies that allows us to go forward with approaches and alignment.
        - How well are systems trying to improve the coordination of care? How are we performing now?
    - Statewide infrastructure that supports the fully connected participate- rated low importance and low in performance.
        - Participant should be the focus, how can we maximize, the infrastructure piece to make it fully connected?
        - How are we preparing for all the incoming data to coordinate care?

        - What is it that we want to manage as a state?
        - Anticipate connecting people, members, providers, etc.
        - We need trusted consumer data to make decisions.
        - Start to connect and integrate data differently.
        - This supports care coordination.
        - Feels more like a vision, add to future state.
        - Marc-Need to take out statewide- it should be assumed.
    - Health and health related data governance- important but don't do it much or well.
        - Until we have the data we trust it is hard to launch.
        - Build on what's already there.
        - How are we going to align with federal government?
        - Aligning measures and efforts throughout the state.
        - What types of data do we want to share statewide?
        - Launch an effort with short term and long term goals.
    - Next month expect a draft of the future state for commission approval

Qualified Bidder-Public Comments

Carrie Paykoc, State Health IT Coordinator

- In the process for creating a state MPI/MPD along with functional business requirements.
- Comments received on the qualified bidder requirements:
    - 31 questions, 16 general comments/recommendations, 9 new requirement recommendations, 8 revision requested, 24- in scope for qualified bidder qualifications.
    - RFP- released early fall.
    - New Master Health IT Consultant - will look at the draft RFP before posting.
    - Themes- privacy/content, miscellaneous request for revision, financial, federal requirements, contract specification, and bidder requirements.
    - Looking for vision and focus- specific micro use case.
    - General Questions- specific data tables we should use to how is it important to advance care instead of focusing on data element.
    - Efficiency is key.
    - Planning contains governance in structured RFP.
    - Questions-creating golden record- project is not focused on creating but can help move closer.
    - Revisions- make sure that those who apply or bid have partnerships with other organizations it is in writing.
    - MDM was vague- need to work on detailing that information.
    - New requirements
        - Successful implementation
        - Experience with training of technical and non-technical stakeholders.
        - More definition on data standards.
- Public comment is closed, submit to Carrie personally with any additional comments.
- RFP in development.

- Need to dive into the use cases to see the problems we are trying to solve around the MPI/MPD.

Security and Privacy Update

Steve Watson, VTO Labs Founder/Partner

- Steve Watson is an industry leader on data security and forensics.
    - IT and Information security for 20 years.
    - Sits on government and chair committees.
    - Enterprise architect, cybersecurity incidence response manager.
    - Got into the health aspect 12 years ago, at the old Children's Hospital ICU, saw a network port on the wall. Set up webcam and could watch what was happening—can't do that now. Was being used as a malicious purpose.
- ONC partnered with NIST-watch closely.
- 6.2 billion dollars are spent on hospital breaches.
- Critical national infrastructure. If destroyed it would affect the economic and public health security for the country.
- Issue of national security.
- Health identity information and identity records costs drop since 2014.
- Ransomware- encrypt data- until ransom is paid. Hackers are getting paid quicker.
- Hackers look at other areas to get in and breach.
- Why do they do it?
- Muddy Waters- dumped stock to make money on the short sale before the vulnerability hit.
- Debate on whether the hacks are legitimate.
- Merlin @ Home system- what was the risk? Home device connected to St. Jude's. Deploying technologies that we do not know how to protect. Within 10 minutes' hackers can see the communication and get enough data to compromise it.
- Data was not encrypted.
- Devices are secure after the update, need to educate patients on allowing updates to be completed.
- Ransomware is targeting hospitals- 20-50% trust facilities have been hit with ransomware.
- NHS has a position that they will not pay, period.
- What would be our recommendation to providers and organizations to response when this happens?
- Department of Homeland Security, FDA, NIST and more can help.
- Where do we go from here? What is state role to be prepared for such challenges? How can the state be a guiding factor?
- Opportunities- training, networks, leadership and preparedness.

Quality Health Network (QHN) Strategy Update

Dick Thompson, QHN CEO

- 13 years ago, a group of people came together to create connectivity and launch QHN.
- Need to share data across communities, it need to be clinical and claims in its origin and basis to support delivery and payment systems.
- Objective in 2004 were the definition of soon to be Triple Aim.
- Infrastructure build started 13 years ago to collaborate to bring data together regionally.
- Started with legal consent and governance.
- Added system for providers and people to create health information exchange and create longitudinal exchange of data.
- Bring social components of health, behavioral and physical health of an individual together so they don't enter the system in the wrong way.
- QHN clinical data distributed by zip code.
- Patient center data Home-September 2015-
    - Use case of 2014- Physician brought family to Colorado for vacation, son was injured while bike riding, while patient was moved around information was not.
    - Current federal queries have a problem because they don't know who to query.
    - Where do you need to go to query?
    - When do you query?
    - Patient centered data home is the answer to those three questions.
    - What is the infrastructure we need to make this work?
- SHIEC's role helps link and deliver alerts to care team members of an event occurred and when someone needs to know what happened.
- The ADT is commonly used and is routed back to patient's home.
- Creates longitudinal record no matter where the patient is and has been.
- Delivers information in real time.
- Don't have to have a nationwide master patient index or consent models for this to work.
- Each HIE gains economies of scale without losing their autonomy.
- Leverages shared national standards.
- Ideal source for patient centered data, it is about the patient.
- Honors local governance and privacy laws.
- SHIEC put map together of data of individuals from out of their density population.
- Based on data, not based on I think and I hope, but we know.
- Patient from CO enters ER in Oklahoma, does real time admission, checks ADT and checks zip code, information is then routed to QHN. MPI number from OK synchronizes with QHN. If QHN knows information on individual routed to them, they send back the MPI QHN has and syncs it with OK's MPI number with the acknowledgment. Any follow up knows where to query and MPI number to match. All data on that patient is recorded back to QHN and is aggregated.
- Cross border traffic from Arizona to Colorado. Creates and expands surveillance and monitoring across state lines.
- Technical challenges
    - Ensure ADTs consistently have hospital identifying information.

  - Notification outside of HIE's
  - Automatic query's
  - Process for identifying.
  - Improves workflow
- Regional Hub Pilot
  - Basic routing, engaged in point to point network. Routes the queries.
  - Heartland PCDH- exchange ADT's
  - QHN creates an interoperable infrastructure.
- Puts patient at the center of care by sharing information timely creating coordinated care.
- Mary Anne- Could this model be adapted for some use cases, and use patient center data home and follow patients across different state agencies? Can it be adopted for integration?
  - Can this model work outside the HIE's?
  - Key issue that isn't well understood, MPI is all about the work it takes within the local area to make the identification work.
  - Takes a community to make it happen.
  - Need to examine different methodologies and work upstream to clean up MPI's.

Commission Discussion on Presentations

Facilitated by Mary Anne Leach, OeHI Director

- No further discussion.

Public Comment

- More information on data security.

Discussion on April Agenda and Closing Remarks

Blockchain/Bitcoin, federal legislation, charter and guiding principles, procurement process, roadmap, CERNER update on state implementation.

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	In progress
Health IT Planning Working Group – sub-working group of the Commission	OeHI Director	Winter/ Spring	In progress
Create a Privacy and Security sub-working group or join existing OIT group	OeHI Direc-tor/ State	Spring	Open

	Health IT Coordinator		
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	April Update by CB