Office of eHealth Innovation

Meeting Minutes

eHealth Commission

March 9, 2016 | 10:00am

Type of Meeting eHealth Commission Meeting

Chair (Interim) Chris Underwood

Facilitator Matt Benson

Commission Members in Attendance: Jason Greer, Morgan Honea, Jim Holder, Marc Lassaux, Mary Anne Leach, Michelle Mills, Greg Reicks, Alexis Sgouros, Bill Stevens, Chris Underwood, Chris Wells, Herb Wilson, Dana Moore

Non-Commission Members in Attendance: Dave Abernethy, Kyle Brown, Beth Crane, Jacqueline Giordano, Micah Jones, Kate Lonborg, Katie McLoughlin, Veronica Menard, Tara Smith, Scott Wasserman

Call to Order

- Chris Underwood called the meeting to order as Interim Chair of the eHealth Commission and Interim Director of the Office of eHealth Innovation

Old Business

- Minutes were approved by unanimous vote
- Organizational Charter was approved by unanimous vote

Member Elaborated Introductions

- Commission member BIOs were presented
- Each member shared his/her reasons for becoming a member of the Commission, including how their personal/organizational interests are impacted by Health IT

eHealth Commission Standard Operating Procedures (SOPs)

SOP Review

- It was noted that the Commission SOPs will be a subset of the Office SOPs
- Meetings will run on a monthly cadence, to include development, review, and approval of materials
- Chair and Vice-Chair will be elected; nominations should be sent to Chris Underwood on or before April 6th, as voting will occur at the April Commission meeting
- The Commission will generally follow Roberts Rules, but will still allow for open discussion

- The Commission must follow Colorado's Open Meeting Laws; if possible, a representative from the Governor's Office will join one of our future meetings to provide an overview of these laws
- Voting / Decision-Making
    - 80% approval is suggested to pass a vote, as the Commission hopes to gain consensus or near consensus on all decisions
    - When voters have abstained, approval will require a vote from 80% of eligible voters
    - North Highland will help facilitate decision making and achieving consensus
      Question: Given the 80% rule, if a minimum of 80% of members are not present, can we still vote?
      Response: No. The intent is to include all members in decisions; if more than 20% of members are not present (and not abstaining), a vote will not be taken. Keep in mind, however, there will be cases where absentee voting is allowed.
- Workgroups – will be established as needed
    - North Highland will help facilitate the initial setup of workgroups
      Question: Will workgroups consist solely of Commission members?
      Response: No. In fact, we will welcome outside members but the workgroups should be led by a Commission member.

Components of Statewide Shared Services

- Carol Robinson reviewed the timeline, reminding the Commission that we discussed federal financing for Health IT in February, and plan to gain a shared understanding of Health IT technology components at today's meeting

Personal Health Record (PHR)

- PHRs are "untethered" to the patient portals that many organizations have created to meet CMS meaningful use standards
- The goal of a PHR is to pull Electronic Health Record (EHR) information into a single record that is accessed/managed by the patient
- Currently, the intent is to begin with the Medicaid population
- A discussion arose regarding the incentives for patients (and providers) to use a PHR, especially since several providers have their own. To date, patient engagement has been one of the most difficult hurdles to overcome in meeting the meaningful use standards.
  Question: How can we enable providers to support PHRs, as they can be cost prohibitive?
  Response: This will need to be discussed by the Commission and carefully considered in our overall strategy.

Question: Have we put the cart before the horse? It feels like we may be coming up with some Health IT solutions before we have a chance to prioritize what are the Health IT challenges?

Response: The IT components discussed today should not be viewed as 'solutions.' Although they are named technology components, we should view them more conceptually. The Commission will have the opportunity to help define what they mean and how they are used. In the Implementation Advanced Planning Document (IAPD) that was submitted to CMS, some very general ideas were used to describe the problem that Medicaid clients are experiencing by dealing with many providers and many portals. Specific solutions were not proposed.

- There was a short discussion around whether we should be talking about EHRs before PHRs, and the Master Patient Index (MPI) was recommended as the absolute first step, to properly identify patients
- Another short discussion about how to make sure everyone has the same access to Health Information Exchanges (HIEs), then how to make it useful, then what do we call it, who uses it, and how?
- Carol mentioned Mint.com as an example of a consumer driven aggregator in the financial industry, where banks are not necessarily 'active' participants; in fact, some banks have been resistant to the idea
- The value proposition of PHRs was reviewed for patients, providers, and payers – bottom line is lower cost for everyone

<u>Identity Management / Master Patient Index (MPI)</u>

- Patient matching is currently the biggest issue in managing patient data
- An MPI collects data in a single place
- MPI use cases were reviewed to talk about the types of problems MPIs can solve
- MPI value propositions were reviewed for patients, providers, and payers
- There may not be clinical information on the MPI, it could be solely for identity management and then linked to other HIEs
- People, process, policy will be the determinants of how successful this is, as it depends on the data that is provided into the system; general agreement amongst the group that the accuracy of information is a major challenge and will require processes/standards

<u>Master Provider Directory (MPD)</u>

- MPDs are always difficult to keep clean, accurate, and up to date
- There could be a lot of discussion around who is responsible for payments if a provider directory is not accurate
- The MPD does NOT replace individual provider directories
- The best way to truly keep directories accurate and up to date may be to link their quality with certain policies

- There is current discussion going on at the federal level to talk about how to enforce accuracy; perhaps it is best to allow brainstorming/solutions at the state level, to begin with
- MPD value propositions for patients, providers, payers were reviewed
- Components of an MPD include provider information and relationships (to HIE, members, providers)

Master Data Management

- Linking the MPD to the MPI can provide a more complete picture and the most potential to provide value and cost savings
- Varying degrees of centralization or federation are possible and will require discussion from this Commission

  Question: What is the advantage for providers? Many providers have already spent a lot of money doing this type of thing on their own. You would think they would want to keep it unique to their network to encourage patient loyalty, so to speak.

  Response: Ideally, this Commission could help come up with a way for providers to collaborate to get better quality measures and save more money, but still compete with each other.
- The topics of value and sustainability came up – this group will not only need to determine what is valuable enough for us to invest in, but how it will be sustainable. Will it pay for itself? Will we all pay for it? What good will it do for us long term and is it worth it?
- Carol posed question to the group: If you had better information coming to you, managed at a statewide level, could you do a better job of keeping your patients 'loyal' to you? Could you focus more on other priorities for your customers?

General Discussion

- Scott from the Governor's Office recommended considering what tools/levers are available to use when we encounter a problem and are brainstorming a solution; the advantage of having this Commission supported by the State is that we have policies, laws, funding, etc. available to support our solutions
- There was a discussion around whether to address BIG problems in BIG ways, or choose 1 or 2 priorities that impact everyone in the ecosystem and try to move the needle by solving those problems. Others agreed that changes will have to be incremental; there are some big picture, strategic concepts for this group to think about, and then there are changes that are realistic and incremental, that we will have to help grow into larger solutions
- A question was asked about whether a current bill in the state right now, pertaining to licensing providers for telehealth services, would this fit under the umbrella of this Commission.

- A recommendation was proposed to allow each Commission member to share their perspective and talk about what their current priorities are. (This should be addressed in Robinson & Associates' presentation of the Current State, currently scheduled for April.)

Public Comment

General agreement that one of the challenges will be to figure out what is already in progress and how we can leverage that to support where we are going.

Office of eHealth Innovation

Meeting Minutes

Next Steps and Action Items				
#	**Action Item**	**Owner**	**Timeframe**	**Status**
1	Robinson and Associates will be reaching out to each of the Commission members to gain an understanding of how their organizations fit into the interests of the Office as well as their current state and strategic priorities. The primary focus of these conversations will be on Personal Health Records, Master Patient Index, and Master Provider Directory (mainly because this is where there is existing CMS funding).	Robinson and Associates; Commission Members	Prior to March Commission meeting	In Progress
2	Review Organizational Charter; send feedback or comments to Matthew.Benson@northhighland.com or Veronica.Menard@state.co.us	Commission Members	Prior to March Commission meeting	Completed
3	Provide background information and additional reading materials on the Health IT topics, including Person Identification	Robinson and Associates	Prior to March Commission Meeting	
4	Vote to approve Organizational Charter	Commission Members	At March Commission meeting	Completed
5 NEW	Consider nominations for Chair and Vice-Chair of the Commission; send nominations to Chris.Underwood@state.co.us	Commission Members	Prior to April Commission meeting	
6 NEW	Review SOPs; send feedback or comments to Matthew.Benson@northhighland.com or Veronica.Menard@state.co.us	Commission Members	Prior to April Commission Meeting	
7 NEW	Describe some of the thinking that brought the Office to the identification of the 3 priorities presented.	Office of eHealth Innovation	April Commission Meeting	