




# Office of eHealth Innovation

eHealth Commission Meeting  
March 9<sup>th</sup>, 2016

# Agenda



<b>Topic</b>	<b>Time</b>
<b>Call to Order</b> Chris Underwood, <i>Interim Director, OeHI</i>	<b>5 mins</b>
<b>Approval of Minutes and Organizational Charter</b> Commission Members	<b>5 mins</b>
<b>eHealth Commission Member Elaborated Introductions</b> Commission Members	<b>10 mins</b>
<b>eHealth Commission Standard Operating Procedures</b> North Highland	<b>10 mins</b>
<b>Health IT Components</b> Robinson & Associates	<b>85 mins</b>
<b>Closing Remarks</b> Chris Underwood	<b>5 mins</b>

# North Highland

## Standard Operating Procedures

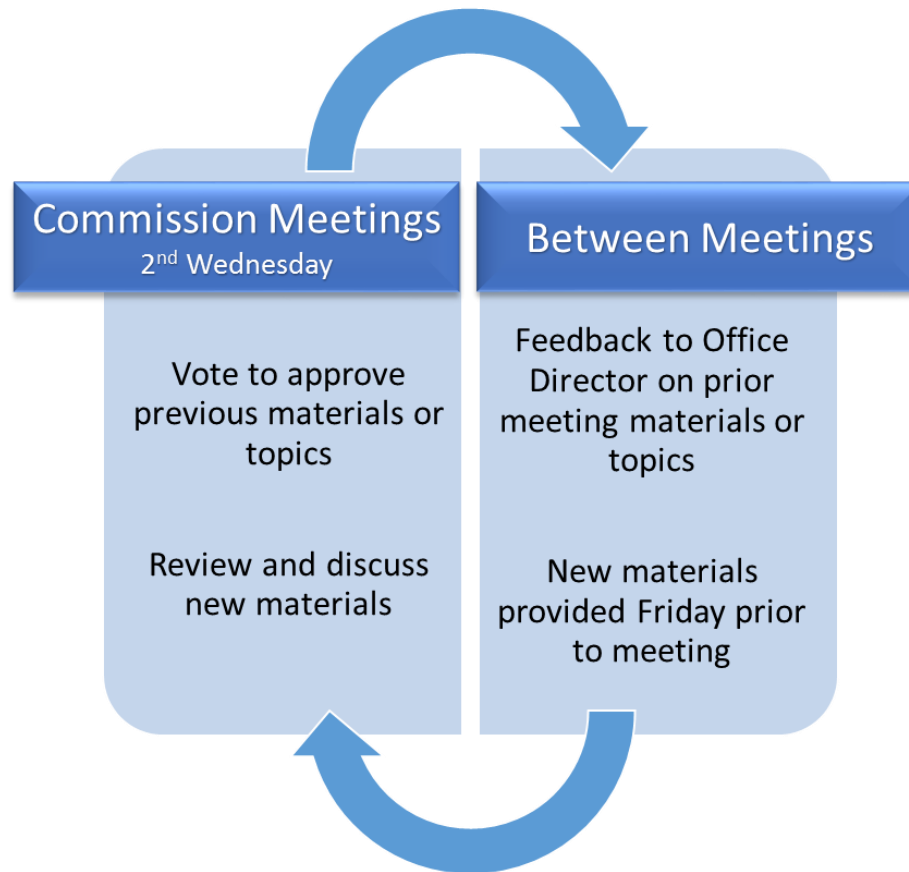
# Purpose of the Standard Operating Procedures

Provide operating guidelines for planned activities performed by the eHealth Commission.

- Standard Operating Procedures will be captured in a document maintained by OeHI staff.
- Discussion today focuses on these areas:
  - Meetings
  - Chairs
  - Voting
  - Work Groups
- Additional standard operating procedures for the Office will be developed to support other functions.

# Commission Activity Cadence

The commission will, in general, follow a monthly cycle of activities that revolve around a monthly meeting schedule.



# Commission and Work Group Meetings

Commission and work group meetings will adhere to the following guidelines.

- The chair or vice-chair shall preside over the meetings.
- Meetings shall be conducted generally in keeping with Robert's Rules of Order, but shall be as informal as circumstances permit.
- All commission meetings shall be recorded and be retained in appropriate minutes, which shall be considered unofficial until approved by the commission at the following meeting.
- Meetings of the commission and its work groups will be open to the public and comply with the provision of Colorado's Open Meetings laws.

## **Colorado Sunshine Law Guide:**

<http://coloradofoic.org/files/2015/05/SunshineGuide2015.pdf>

# Commission Chairs

Officers of the Commission shall consist of a Chair and Vice Chair or Co-Chairs selected from members of the Commission.

- Nominations can be submitted by any member of the commission and must be sent to the Director of the Office of eHealth Innovation at least one week in advance of elections.
- Candidates are eligible for election when they have been nominated by a commission member and they have confirmed to the Director that they accept the nomination.
- Officers of the commission shall be selected by consensus or by a majority vote and serve for a one-year term of office beginning on the date they are elected.
- The chair or co-chairs shall preside over the meetings, including coordination of meeting agendas with the State's designated staff.

# Voting

eHealth Commission members are expected to vote on key decisions as requested by the Office.

- 80% of the appointed commission members must be present at the meeting in person or by teleconference to represent a quorum before the commission can vote on an issue within its authority.
- The commission will strive for consensus, but will adopt a decision-making process that requires a resolution or other formal action to be passed by at least 80% of appointed commission members, excluding vacancies.
- In the event of an absence, an absentee vote may be submitted to the chair in advance of the meeting.
- In the event of a conflict of interest, a member may abstain his or her vote. In such case, the required approval is 80% of the appointed commission members, excluding abstaining voters.



# Work Groups

Work Groups can be established to support the Commission's need for additional help.

- Work groups may be established only by vote of the commission.
- Work group members shall be appointed by the chair.
- Work groups established:
  - › Shall act in an advisory capacity to the commission.
  - › Shall elect a chair by majority vote.
  - › Shall fix times and places of meetings.
  - › Shall follow the guidelines outlined in these Operating Procedures.

# Robinson & Associates

Health IT Components

# COMPONENTS OF STATEWIDE SHARED SERVICES

Colorado eHealth Commission  
March 9, 2016

# REMINDER: GOALS AND APPROACH

## GOAL:

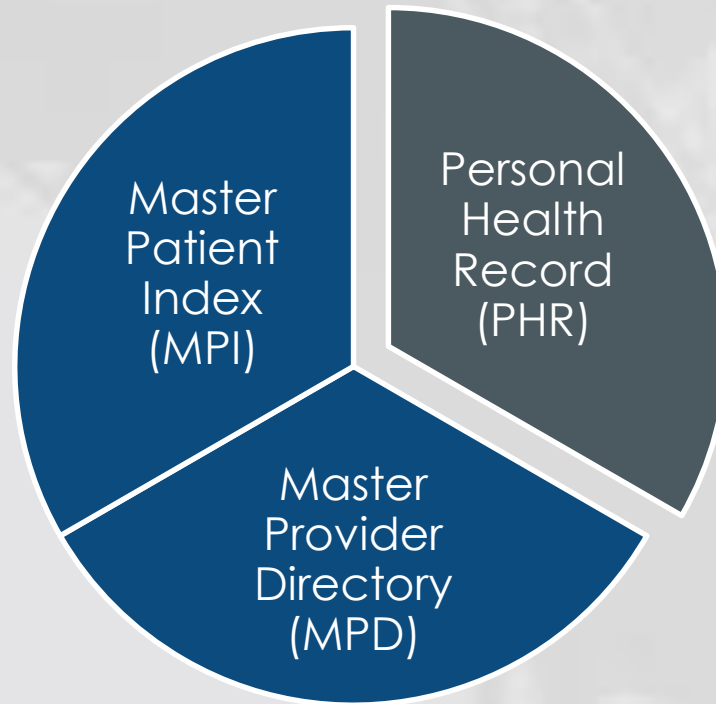
Over the course of the next five months, the eHealth Commission will prioritize the implementation of health IT components to enable transformation in alignment with the Governor's State of Health.

## APPROACH:



# MEETING OBJECTIVES

**Today's objective:** Build a shared understanding of three health IT components.



# PERSONAL HEALTH RECORD (PHR)

A PHR as a statewide shared service allows a patient to access personal health information in one place



# PHR FUNCTIONS

The PHR allows convenient access for a patient to manage personal health information

Information is aggregated from multiple EHRs

Patient can add information (e.g., home blood pressure test results)

Patient can authorize access for family members or other caregivers

Patient can exchange messages with providers

# PHR USE CASES

Patient relies on family member for help with transportation to medical appointments, picking up prescriptions, etc.

With authorized access to PHR, family member becomes more informed and effective caregiver

Patient needs unplanned care while on an out-of-state trip

By accessing PHR, patient has information to share with providers

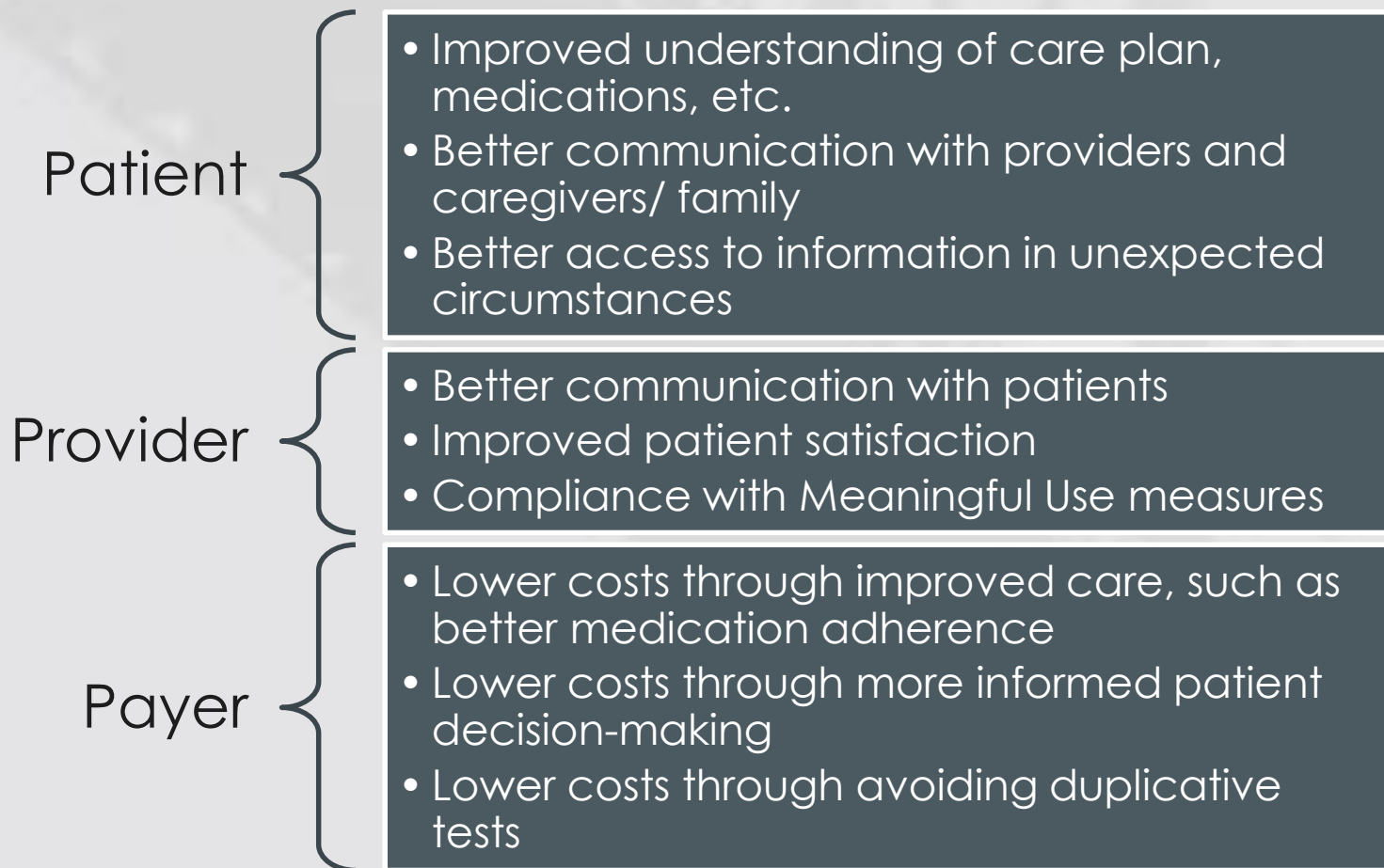
Patient does not understand a test result

Patient messages provider for clarification



# PHR VALUE PROPOSITIONS

A PHR can provide many benefits



# PHR COMPONENTS

A PHR can be designed to connect with multiple systems

## Web portal for patient access

- Accessible from Internet-connected computer or mobile device
- Connected to online education and shared decision-making tool

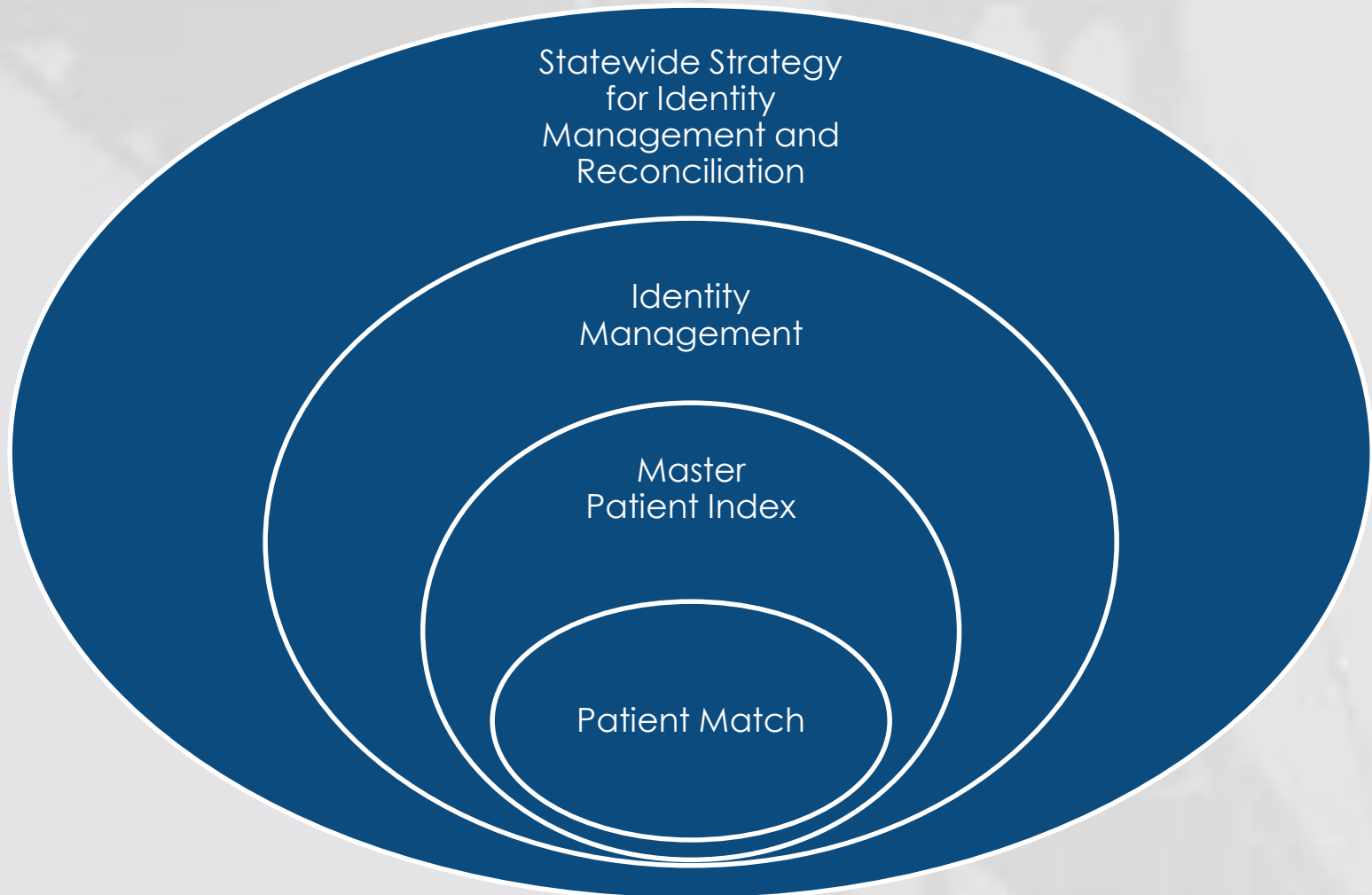
## Hosted within HIE network

- Interoperable with multiple EHRs
- Ready to expand to additional populations over time

## Connected to other systems

- Medicaid Management Information System (MMIS)
- Colorado Benefits Management System (CBMS)

# IDENTITY MANAGEMENT ARCHITECTURE CONCEPT



# MASTER PATIENT INDEX USE CASES

Patient presents in new care setting

MPI is used to support locating other records

Patient receives care for which more than one payer may be billed

MPI is used to support coordinating benefits

Patient is seen in an emergency department

Patient can be identified, supporting notifications / alerts to care team

Patient sees multiple providers, each reporting to a registry

Patient's data is matched, improving patient registry

# MPI VALUE PROPOSITIONS

By linking a patient's data across systems, an MPI provides multiple benefits

Patient

- Increased safety
- Reduced duplicative, unnecessary tests and procedures
- Less burden to provide the same information multiple times

Provider

- More clinical data available for care
- Improved patient safety
- Increased efficiencies

Payer

- Reduced costs
- Increased accuracy in billing and payment; fraud prevention

# MPI COMPONENTS

An MPI enables linking data on a specific individual collected in one place with data about that individual collected in another place.

## Approaches

- Probabilistic or deterministic matching
- Behind-the-scenes identifier linking multiple medical record numbers, etc.

## Technology

- Metadata repositories/warehouses
- Enterprise MPI
- Patient matching algorithms
- Data normalization services

# MASTER PROVIDER DIRECTORY USE CASES

Enable secure email (Direct) communications; support query end point look up

Support consumer queries (i.e., providers in plans, hours of operation, special areas of expertise, etc.)

Support credentialing and verification

Support referrals to specialists and other providers

Provide information on relationships among providers (for example, primary care provider to care coordinators)

# MPD VALUE PROPOSITIONS

As an authoritative source of provider information, a Master Provider Directory can offer multiple benefits

Patient

- Easier access to accurate provider info
- Better access to pool of providers
- Better coordinated care

Provider

- Simplified routing for messages, transitions of care, etc.
- Better coordinated care
- Streamlined workflow for referrals

Payer

- More efficient contracting and payment processes
- Better information for member services
- Documentation of network adequacy



# MPD COMPONENTS

A Provider Directory supports management of information about healthcare providers – individuals and organizations – in a directory structure.

## Provider information

- Demographics
- Address and contact information
- Credential and specialty information
- Electronic endpoint to facilitate trusted communications

## Relationships

- Health Information Exchange (HIE) and members
- Integrated Delivery Networks and care delivery members
- Hospitals and their practitioners
- Hospital sub-organizations

# MASTER DATA MANAGEMENT

MPI and MPD can be linked to provide a complete picture.

Suite of data records and services to link and synchronize member, provider, and organization data to multiple disparate sources



A single, trusted authoritative data source for provider and client information

- Different degrees of centralization or federation are possible

# MASTER DATA MANAGEMENT USE CASES

Using the MPI and MPD together creates additional value.

Attribution of patients to providers and organizations



Better analytics



Better quality measurement

# STATEWIDE SHARED SERVICES

Advantages accrue from developing services at a statewide level.

Critical mass of  
information

Economies of  
scale

Support for  
statewide  
transformation  
initiatives

Expandable to  
additional  
services and  
organizations

# INITIAL MEDICAID FOCUS

In rolling out these statewide shared services, starting with the Medicaid population provides benefits

Maximize federal 90-10 funding for design, development and implementation

Support Colorado Medicaid providers in achieving Meaningful Use

Demonstrate value to potential users and other stakeholders

Plan for sustainability with non-Medicaid users contributing fair share



QUESTIONS?

# Next Steps & Closing Remarks