eHealth Commission

October 10th, 2018 | 12:00pm to 2:00pm | 303 E 17th St. Rm 11ABC

Type of Meeting	Monthly Commission Meeting
Facilitator	Chair Michelle Mills
Note Taker	Lauren West
Timekeeper	
Commission Attendees	Michele Lueck, Marc Lassaux, Sarah Nelson, Carrie Paykoc, Michelle Mills, Mary Anne Leach, Chris Underwood, Justin Wheeler, Wes Williams, Adam Brown, Ann Boyer, Morgan Honea, Jon Gottsegen

Minutes

Call to Order

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

Approval of Minutes
- Attendance does not constitute a quorum; thus, September Minutes are not approved.

Review of Agenda
- Michelle Mills, Chair

Announcements

OeHI Updates
- OeHI Updates – Mary Anne Leach
    - eHealth Commissioners are eligible for a second term. Have five term limits coming up for renewal of February 1st in 2019. If you are not interested in renewing send us an email. If there are any open spots
    - Budget: The operating for State Fiscal Year 2019 is approved. We are working on getting the funds released. The 90% match is in the que for review by CMS
- Workgroup Updates – Carrie Paykoc
    - Care Coordination Workgroup: Started a Care Coordination Environmental Scan that is launching in the coming month.
    - Consumer Engagement Workgroup: On hold until the PO with Mosaica is executed
- Other Updates
    - Carrie: This week is National Health IT Week
    - Jon: We are holding a Data Summit that is focused on program and business people in organizations, the people who own the data. We want to think about data as a strategic asset. Eight different efforts will be presented, 15 minutes each.
    - Prime Health Challenge is tomorrow – 455 participants registered, 500 expected

New Business

Advancing HIE Initiative: Survey Results and Setting Priorities- *Marc Lassaux, Chief Technical Officer, Quality Health Network*
- Marc: The workgroup has been working to identify opportunities for investment. We need the commissioners help identifying projects and prioritizing them.
    - Why is this important: Patients move around the state, but their data doesn't follow them. To pull of the data together an HIE is needed. This is a major direction in

Colorado's Medicaid Plan.
   o We came up with a list of 10 major topics
- To identify initiatives underneath this goal we conducted a survey. We asked participants to rank the 10 topics based on priority
   o Some of the respondents were vendors, I recognized some of the responses with in the responses
   o We gathered all of the general comments and spent quite a while going over them.
- Survey Results
   1. Who is connected? Who needs to be connected? How do we make it sustainable? Mental Health providers came up several times.
   2. Letting more people know about the exception
   3. How do we make it easier for people to access the HIE data?
   4. People would like a good history of medication longitudinally across data exchanges
   5. Happy to see this so high on the list, it is imperative to everything else on the list
   6. Think about whole person health and moving the data into the infrastructure
   7. I was surprised this is so low on the list. Maybe we need all of these other elements before we can really provide analytics
   8. This is a priority with ONC and the 21st Century Cures Act
   9. This could feed into several different elements and other items on the list
   10. Sharing Radiology Reports
   o Thoughts:
      ▪ Seems to be focused on Meat and Potatoes – lets get the basics really well done
      ▪ Morgan: ADT data, Is there an issue with its quality and standardization?
      ▪ Marc: Every source does it a little bit differently. We are trying to work with them on standardization.
      ▪ Morgan: Michigan withheld some incentive payments unless they complied with standard ADT data form.
      ▪ Should the standardization occur at the point of entry or midstream? CORHIO does a midstream standardization.
      ▪ The challenge with standardizing at the point of entry it that the people entering the data are the lowest paid with highest turnover
- The workgroup took the top 4 topics from the survey and listed possible initiatives under each topic.
   o Medication Hx: The medication data available is 1.5 million per week. It is potentially worth a conversation, technologically we have the capability. We need to fix PDMP because we cannot use the data
      ▪ Chris: We are exploring how we can better integrate PDMP across the state. Currently DORA is the statutory administrator of the PDMP system
   o Mary Anne: Don't look at initiatives only through the idea of operations. We have about 2 years of money before we need to look at new sustainability models
   o Maybe we should need an initiative to dig into why some don't currently use our systems
   o Data Standardization: We need to think about use cases. Maybe we should create a focus group to tease this out
- One theme from the survey response was issues raised by Colorado having 2 HIE's
   o Mary Anne: OeHI's official position is that we want to support and integrate existing infrastructure. Should we invest in making the experience seamless for the user instead of an expensive project to merge the 2 HIE's?
   o QHN and CORHIO have different designs for things like behavioral health consent. Having a vendor support different models increases the cost for vendors who pass it on to providers. If they aren't interoperable they increase cost which can lower adoption.

- Discussion
  - o Mary Anne: What are the top policy asks related to this? We have a list of policy initiatives and now is the time to get these teed up for the next legislative session.
  - o Chris: Can we relate any to incentives recommendations for Medicaid payment.
  - o Should we map the survey results to the States plan?
  - o It is not to early to look at 2021 when the eHR payments will stop. Do we want to continue the them like some states have?
  - o We should also consider timeframe. Do we need to grab some low hanging fruit for some quick successes?
  - o Budget: We have 2.5 million over the next 2 years. There could be other funding buckets that can be tapped
  - o Action Items
    - ▪ Take the top 4 topics and have the workgroup look at budget, timeframe, and other details.
    - ▪ This will be on the agenda each month until we have formally chartered the work
    - ▪ Next month – do we think it is useful to carve out some of the budget for longer term projects. Projects that aren't the highest priority but if we don't start now it won't get done.

SIM Update for eCQM Project- *Nathan Drashner, Data & Evaluation Manager, SIM, Shanna Bryant, Project Manager, CORHIO, Sara Schmitt, Director of Community Health, CHI*

- Nathan: A couple of months ago we finished phase 1
- Shanna: The primary use case for auto-extraction is making reporting to SIM faster for providers.
  - o Currently we have 47 applications for participation in phase 2
  - o Lessoned learned
    - ▪ Different practices sizes have different nuances
    - ▪ Mary Anne: Is there one tool set that works better? Will you do a comparison of the different solutions
    - ▪ Shanna: Yes, as we move forward
    - ▪ Mary Anne: the eHealth Commission would be interested in scaling up a solution/set of tools.
    - ▪ After one is in the system it is easier to roll out to other practices in the system
    - ▪ We really want to push early practice participation
    - ▪ Michelle: Are there any Rural practices or only FQs
    - ▪ Shanna: There are 2 rural practices from outside of the Grand Junction area
  - o For the Phase 2 and Phase 3 we are pushing marketing, getting the practices excited
  - o Currently working on testing and validation, getting ready for Phase 3. Focusing on the quality of data submission
  - o Questions: We want to get practices to articulate how it is valuable to them. Does it save time, money?
    - ▪ What data is available to pay quality measures on? Only a bit of that data comes from claims. This level of clinical data gives us a deeper insight
    - ▪ How to equate the value for a CFO, for example reduced staff time
    - ▪ There is some overhead so there is little value when participating doesn't come attached to value-based payments.
      - • Medicaid is attaching payments t clinical quality measures – 4% withholding
    - ▪ This is helpful to prepare for value-based payments. How can we help practices with the technical onramp in preparation of switching to value-based payments?
    - ▪ We should start to capture some stories on how this does and doesn't work.

- Sara: We want to provide space to ask and answer difficult questions while keeping in mind all of the different partners. We will be talking about governance to practices at the collaborative learning session
  - It is important that ongoing evaluation is part of this process
  - The Data Governance Committee has produced a Governance Report that will be updated quarterly
    - An updated version will be available on Monday Oct 15.
    - Right now, there is little in the report because we are just getting started with block chain
  - January is when we want to start thinking about the transition from SIM governance to eHealth Commission governance. End result will be a transition plan
- Questions:
  - Jason: CHI does a great job navigating the conversations. I think we should continue to use them as a vendor.
  - Morgan: Second that. Keep up the good work.

State of Colorado Data Integration Strategy- *Casey Carlson, Chief Enterprise Architect, Colorado Office of Technology*

- Casey: This will be a quick overview as we are short on time. API's cover a lot of other data integration conversations occurring across the state. MuleSoft is a platform and program that address sharing across all state systems
  - Abstract the people who consume the data from the data itself
  - API's are very granular about who has access to data and when
- Solutions that seem simple and less costly can have a low cost upfront but become very cumbersome over time or obscure if the person who set up the systems leaves.
- MuleSoft is an open source platform that is very engineering based and is working very closely with us on building in-house
  - MC: MuleSoft was purchased by SalesForce. What affect will that have
  - Casey: Its pretty clear that SalesForce want MuleSoft to be a separate company. SalesForces is just looking to provide funding.
  - MC: Where are we at, are we building custom extracts?
  - Casey: Yes and no, it depends on the cost. Our approach is to look at implementing an API first. We prefer enterprise services but sometimes we have to scale back
- We are working on governance of the data in the API. What is the decision process for giving someone access to the API? The process will be digital instead of a paper trail.
- API solutions can be costly upfront. The first adopters will bear the highest cost.
  - Is the way the State is charging for API solutions preventing adoption?
  - Chris: I think it is more about how slowly the State systems move. It will take 3 – 5 years to change the major systems to MuleSoft
  - Why aren't all new builds going through MuleSoft
  - Casey: All new builds should be going through MuleSoft
- Mary Anne: We need to follow these standards for funding requests in the Roadmap

Public Comment
1) Public Comments – none.
2) Closing Remarks – none.
3) Meeting adjourned.