EHEALTH COMMISSION MEETING

JANUARY 11, 2017

OeHI UPDATES

- Health IT Planning/Innovation Workgroups
- eHealth Commission Member Renewal/Selection Update
- Master Health IT Consultant Update

SIM UPDATES

- Vendor to develop SIM HIT implementation plans
- Health IT Architect
- SPLIT/QMRT update

COLORADO HEALTH IT ROADMAP STEERING COMMITTEE

LAURA KOLKMAN AND BOB BROWN, MOSAICA PARTNERS

➤ Supplemental Survey Report

➤ Health IT Planning Workgroup

➤ Developing Colorado's Roadmap

➤ Capabilities Workshop

➤ Enablers Workshop

➤ Timeline

➤ Discussion

DEVELOPING COLORADO'S ROADMAP

The AIM: Best Care ✸ Best Health ✸ Best Value

Jan 13, 2017
Feb 7, 2017

Objectives
What we want to accomplish

Capabilities
What we must be able to do to achieve the Objectives

Enablers
What needs to be in place to support the Capabilities

Initiatives
Projects or programs to put the Enablers in place

Colorado Health IT Plan

MOSAICA PARTNERS℠

PURPOSE OF CAPABILITIES WORKSHOP

Friday, January 13, 2017

Identify and describe the capabilities that must be present in Colorado to be able to achieve the 14 objectives.
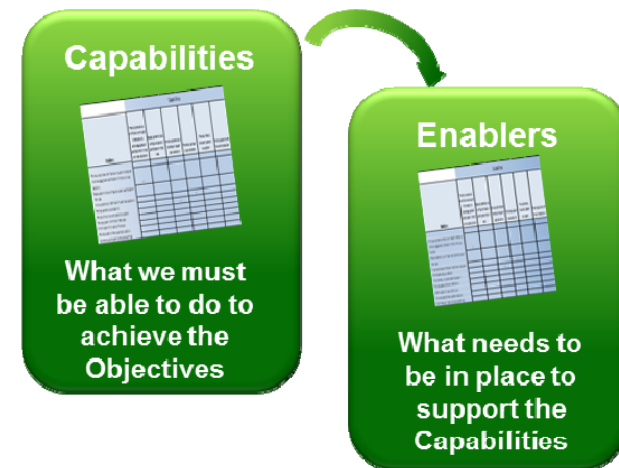
Output from Workshop:

A list of statements that describe the capabilities needed for Colorado to be able to achieve the 14 objectives.

Attendance at this workshop is by invitation only. However, all Steering Committee members are encouraged to participate as observers.

MOSAICA
PARTNERS℠

OeHI
Office of eHealth Innovation

Tuesday, February 7, 2017

Identify the elements that need to be present in the enabling infrastructure for the capabilities to exist.

Output from Workshop:

A list containing brief descriptions of elements of enabling infrastructure required to support the needed capabilities.

Attendance at this workshop is by invitation only. However, all Steering Committee members are encouraged to participate as observers.

MOSAICA
PARTNERS℠

Key Project Events	2016						2017										
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov
Project Kick-Off July 2016	★																
Steering Committee Meetings	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Stakeholder Interviews August 2016		▬															
Envisioning Workshops Mid-September 2016			▬														
Stakeholder Survey November 2016					▬												
Capabilities Workshop January 2017							★										
Enablers Workshop February 2017								★									
Public/Stakeholder Updates March – April 2017									▬								
Develop Future State Description May – June 2017											▬						
Define Initiatives July – Aug 2017													▬				
Develop Roadmap Sept – Oct 2017															▬		
Deliver Roadmap to State Leadership Early Nov 2017																	★

DISCUSSION

MOSAICA
PARTNERS℠

Laura Kolkman

President

LKolkman@MosaicaPartners.com

Bob Brown

VP, Professional Services

BBrown@MosaicaPartners.com

www.MosaicaPartners.com

727-570-8100

HISTORICAL CONTEXT:
MASTER PATIENT INDEX &
MASTER PROVIDER DIRECTORY SERVICES:
&
DRAFT QUALIFICATIONS FOR BIDDERS FOR MPI/MPD SERVICES

JIM YOUNKIN, CEDARBRIDGE GROUP AND CARRIE PAYKOC, STATE HEALTH IT COORDINATOR

Question from the December eHealth Commission meeting:

"What problem are we trying to solve?"

HCPF worked with OeHI to research and define an MDM strategy to ensure effective coordination and alignment of strategic efforts.

Implementing both a Master Patient Index (MPI) and Master Provider Directory (MPD) as the foundation for HCPF's MDM will:

- Achieve a unified view of Medicaid provider and member data across HIE networks
- Improve the quality of data'
- Improve collaboration between providers
- Reduce costs
- Create a suite of data records and services that will allow HCPF to link and synchronize Medicaid member, provider, and organization data to HIE sources

This effort will result in a single, trusted, authoritative data source.

The fully implemented MDM will include a Consents and Disclosures repository that will support sharing consents and disclosures across medical, behavioral, and substance abuse providers.

HISTORICAL PROBLEM STATEMENTS

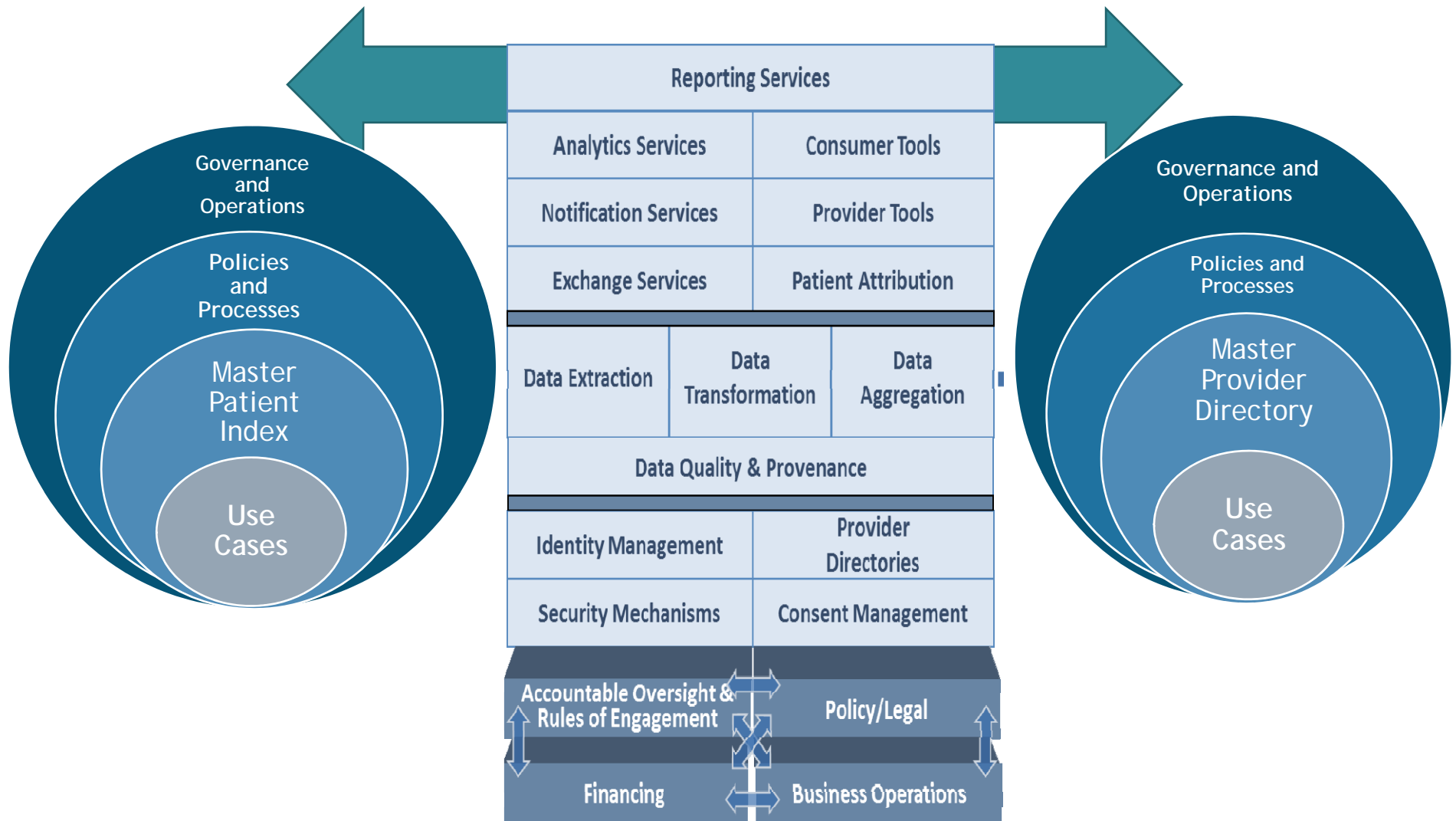| Patient Identification/ Patient Matching Problems/Needs	Provider Identification/ Provider Attribution Problems/Needs

▪ No consistent data elements in MPIs
 	
❑ Data quality issues
 	
❑ Lack of standards or recommended best practices (e.g., SSN#)
 	
❑ Missing populations
 	
❑ Patient churn
 	
❑ Sustainability
	No consistent data elements in provider directories
	
	Difficult to link and maintain accurate provider relationships to:
	   ▪ Facilities
	   ▪ Organizations
	   ▪ Payer networks, etc.
	
	Increasingly critical to include non-licensed health professionals
	
	Data quality issues
	
	Sustainability

Integrated Patient and Provider Data

➢ Lack of "standardized" patient attribution and empanelment across payers and providers
➢ Challenges with state/community-level clinical quality measurement and reporting

IDENTITY MANAGEMENT

Health IT Modular Functions

Governance and Operations
- Policies and Processes
- Master Patient Index
- Use Cases

Reporting Services

Analytics Services	Consumer Tools
Notification Services	Provider Tools
Exchange Services	Patient Attribution

Data Extraction	Data Transformation	Data Aggregation

Data Quality & Provenance

Identity Management	Provider Directories
Security Mechanisms	Consent Management

Accountable Oversight & Rules of Engagement — **Policy/Legal**

Financing — **Business Operations**

Governance and Operations
- Policies and Processes
- Master Provider Directory
- Use Cases

MPI/MPD SERVICES

DRAFT BIDDER QUALIFICATIONS

- The MPI and MPD will be contracted through a competitive Request for Proposal (RFP) process.

- The MPI/MPD services RFP will require bidding vendors to attest to a set of qualifications to ensure experienced organizations/vendors align to Colorado's collaborative vision.
  - Organizational requirements
  - Administrative overhead percentage limit
  - MPI/MPD solution experience
  - Understanding Colorado environment and MPI/MPD project requirements

| Organization | **Organizational Structure and Location:**

Open RFP for any type of organization to bid on (e.g., for profit, nonprofit, or benefit corporation), not limited by size.

Qualified bidders must be
• experienced
• financially sound
• legal business entities in good standing in Colorado and the United States. | • The organization will <u>not</u> be required to be an existing Colorado-based organization.

• The organization will <u>not</u> be required to be a MPI or MPD service provider to an existing health information exchange (HIE). |

OeHI
Office of eHealth Innovation

Bids	Cooperative bids:	Singular service bids:
	Qualified bidders may partner with other organizations to meet program and technical implementation requirements. Each named entity in a bid must meet the organizational and experience requirements for the proposed services. Cooperative bidders must submit: • A coordinated strategy • A technical integration plan • An operational plan explaining the partnership and technical approach	Organizations may bid on one modular service, such as MPI but not MPD, if the requisite experience is met. Singular bidders must demonstrate the ability to interoperate with core infrastructure and with other identity management services.

ORGANIZATION REQUIREMENTS (DRAFT)

Organization

Organization Staffing:

No specific requirements to maintain Key or Other Personnel in Colorado.

Organizational Operations Readiness:

- Fiscal management

- Processes to maintain data quality

- Privacy and security policies and procedures

- Project management

- Training and on-boarding materials

- Dissemination of training

Organizational Operations Readiness Cont:

- Business continuity planning

- Managing help desk staff

- Data-sharing policies

- Understanding Colorado's Health IT ecosystem

- Data stewardship programs

- Understanding federal and state regulations and programs

Limit on Overhead	**Administrative Overhead Percentage:** As a strong steward of the public funds it manages, the Department will impose a limit of 10% percent for administrative overhead costs on the contract(s) for MPI/MPD services.

OeHI
Office of eHealth Innovation

Contract performance	**Contract Performance:** Must be willing to accept payments under the contract that are <u>not</u> fixed monthly payments, and agree all payments will be based on deliverables and contractor performance measured through defined service level agreements. Qualified Bidders shall agree that payments will not be made to cover any upfront implementation costs.
Receipt of Additional Revenue	**Receipt of Additional Revenue:** Must be willing to accept revenue or service fees from entities outside of state government when such entities utilize the MPI/MPD services. The OeHI and HCPF are prohibited to serve as a pass-through entities.

In the last 5 years, 3 years MPI/MPD experience in the following areas:

- Operational Experience

- Implementation Experience

- Data Integration and Transformation Experience

- Planning and Implementation Experience

- Infrastructure Integration

Qualified bidders will be required to adhere to the following project operations requirements:

- Independent Verification and Validation

- Project Oversight and Collaboration

- Integration with Colorado Health IT Ecosystem

- Business Operations Policies and Procedures

- Data Use Agreements

- Performance Reporting/Monitoring

- Technical Requirements

- Participation in Workgroups

Engaging Stakeholders; Soliciting Input

Steps Prior to Issuing RFP for MPI/MPD Services	Timeline
CedarBridge meets with state agencies and stakeholders to collect input for Draft MPI/MPD use cases, business and functional requirement	September 2016
Department posts Draft MPI/MPD requirements for public comment	October 2016
CedarBridge presents feedback on Draft MPI/MPD requirements to Commission	December 2016
Department considers revisions to Draft MPI/MPD requirements CedarBridge presents Draft Qualifications to Bid on MPI/MPD services to Commission Department posts Draft Qualifications to Bid on MPI/MPD services for public comment	January 2017
Department posts revised Draft MPI/MPD requirements for 2nd public comment period CedarBridge presents feedback on Qualifications to Bid on MPI/MPD to Commission	February 2017
Department considers revisions to Qualifications to Bid on MPI/MPD services Department considers final revisions to MPI/MPD requirements	March 2017
CedarBridge presents final requirements for MPI/MPD services and final Qualifications to Bid to Commission	April 2017
Department posts competitive RFP for MPI/MPD services	TBD

CONTACT INFORMATION

CAROL ROBINSON, PRINCIPAL
CAROL@CEDARBRIDGEGROUP.COM

JIM YOUNKIN,
CHIEF TECHNOLOGY OFFICER
JIM@CEDARBRIDGEGROUP.COM

www.cedarbridgegroup.com

CIVHC PRESENTATION

JONATHAN MATHIEU, CIVHC

COLORADO DIGITAL HEALTH INNOVATION STRATEGY

LEVERAGING COLORADO'S OFFICE OF EHEALTH INNOVATION TO DEVELOP A STATEWIDE STRATEGY FOR DIGITAL HEALTH PUBLIC-PRIVATE PARTNERSHIPS

MORGAN HONEA, CORHIO

What is Digital Health?

Applying information and communications technologies to improve health.

"Digital technologies have transformed the way we work, shop, and socialize. Now health care providers are beginning to deploy digital tools to better understand and serve their patients. The prospect that digital technologies will make care more convenient, more coordinated, and more responsive to consumers' needs."

- http://www.commonwealthfund.org/publications/fund-reports/2014/oct/vision-digital-health-tech

- http://www.commonwealthfund.org/publications/fund-reports/2014/oct/taking-digital-health-next-level

What is a Public-Private Partnership (P3)?

"A relationship based upon agreements, reflecting mutual responsibilities in furtherance of shared interests." *Shaping the 21st Century: the contribution of development cooperation.*

Critical criterion for success:

- Legal and Regulatory Framework;

- Transparency and Accountability;

- Suitable Public Policies;

- Commitment to Public Good;

- Common Understanding;

- Sharing of Resources;

- Consumers and Community.

Why P3 focused on Digital Health Care?

"Recent focus on health sector reform has shined a spotlight on the role of the private sector, and especially on the qualities of innovation and efficiency that are generally seen as more common in private enterprises than in government bureaucracies. It is generally felt that the private sector, as a result of the competitive environment and the subsequent need to survive, is more able to respond to change and more able to deliver services at low cost when there is an appropriate stimulus to do so."

Public Private Partnerships in Health
Marc Mitchell, MD, MS, Harvard School of Public Health

Foundation

Colorado is and has been the beneficiary of multiple federal and state programs to accelerate innovation in healthcare delivery and payment.
Colorado has also seen a groundswell in private-sector digital health organizations seeking to make the state a national (and international) hub for this work.

Public

- Office of eHealth Innovation
- SIM
- COMMIT
- IAPD
- CPC+
- ARRA/HITECH
- Health Workforce Data Consortium

Private

- Prime Health
- 10.10.10
- Innovation Pavilion
- Catalyst HTI
- Colorado Technology Association
- Colorado Biosciences Association
- Rockies Venture Club

Why the Office of eHealth Innovation?

- Shared Vision;
- Shared Governance;
- Broad Representation;
- Accountable and Transparent;
- Ability to Develop and Drive Strategy;
- Unique View into Current Resources and Future Opportunities.

The Ask…..

- In coordination with its current activities, will the eHealth Commission:
- Establish a statewide Digital Health Innovations Workgroup to:
- Take on the development of a Statewide Digital Health Innovation Strategy;
- To explore the possibilities of expanding public-private partnership opportunities;
- To enhance the Digital Health Ecosystem;
- To reduce the friction of adopting new technologies;
- To integrate innovation faster;
- In order to make Colorado the #1 Digital Health Innovation Hub in the United States; and
- Improving the health and healthcare of all Coloradans.

PUBLIC COMMENT

DRAFT FEBRUARY AGENDA

Call to Order
    Roll Call and Introductions, Approval of January Minutes,   12:00
    February Agenda and Objectives

Announcements   12:10
    OeHI Updates
    SIM HIT Updates
    Grant Opportunities, Workgroup Updates, Announcements

New Business
    Colorado Health IT Roadmap Steering Committee   12:25

    MDM Update   1:25

    Guest Presentation 1 TBD

    Guest Presentation 2 TBD

    Commission Discussion and Presentations   2:30

      2:45
Public Comment Period

Closing Remarks   2:50
    Open Discussion, March Agenda, Adjourn

FUTURE TOPICS

Topic	Presenter	Potential upcoming meeting date
Interoperability and HIE	Kim Peterson (Children's)	TBD

Suggestions for future topics welcome!