

EHEALTH COMMISSION MEETING

DECEMBER 14, 2016

AGENDA



Call to Order	
Roll Call and Introductions, Approval of November Minutes, December Agenda and Objectives	12:00
Michelle Mills, Chair	
Announcements	12:10
OeHI Updates	
SIM HIT Updates Grant Opportunities Workgroup Updates Appouncements	
Grant Opportunities, Workgroup Updates, Announcements Chris Underwood, OeHI Interim Director	
Carrie Paykoc, State HIT Coordinator Commission Members	
New Business	
Colorado Health IT Roadmap Steering Committee	12:25
Laura Kolkman and Bob Brown, Mosaica Partners	
Public Comments on Master Data Management Requirements	1:25
Carol Robinson, CedarBridge Group	
Post-Presentation Commission Discussion	1:50
Facilitated by North Highland	
CDPHE Provider Directory	2:05
Steve Holloway, CDPHE	
Post-Presentation Commission Discussion	2:30
Facilitated by North Highland	2.45
Public Comment Period	2:45
Closing Remarks	2:50
Open Discussion, January Agenda, Adjourn Michelle Mills	
MICHELLE MILLS	

ANNOUNCEMENTS



OeHI UPDATES

- Welcome aboard Mary Anne Leach!
- MDM/MPI Update
- Master Health IT Consultant Update
- Communications Update

SIM UPDATES

- Telehealth Strategy-Spark Policy
- CORHIO/QHN presentation to SIM Advisory Board



COLORADO HEALTH IT ROADMAP STEERING COMMITTEE

LAURA KOLKMAN AND BOB BROWN, MOSAICA PARTNERS

STEERING COMMITTEE AGENDA



- Survey Results
- Objectives Discussion
- Capabilities Workshop January 13, 2017
- Roadmap Process Review
- Project Timeline and Next Steps







SURVEY RESULTS

BACKGROUND



- In September of 2016, a series of workshops were held around the state to understand the wants and needs of individuals working with health information on a daily basis.
- Based on those workshops, plus other input, a list of 14 objectives was developed for the Colorado Health IT Roadmap.
- The 14 objectives will be the focus of the initiatives developed for the Colorado Health IT Roadmap.



PURPOSE OF THE SURVEY



- The purpose of the survey was to obtain input from across a broad range of stakeholders on their perspective of the relative importance of the 14 objectives that had been developed.
- Respondents were asked to rate the importance of the objectives to them. They were asked to select 5 objectives as Most important, 4 as Medium importance, and 5 as Least important.
- The results of the survey showed the relative priority order of the objectives. This information will be used in Roadmap creation process to ultimately determine the priority of the initiatives that will be included in the Colorado Health IT Roadmap



SURVEY DISTRIBUTION AND RESPONSE



850 INDIVIDUALS RESPONDED TO THE SURVEY

- Overwhelmingly the responses came from those who had received a direct email invitation.
- 376 respondents requested to be kept informed or volunteered to participate in the project.
- 208 respondents provided comments
- This shows both a high level of interest by Coloradans in this project as well as the effectiveness of individual contact for obtaining survey participation.
- Twenty-seven (27) Colorado organizations assisted in the survey distribution.
- As a "thank you" to the distributing organizations, Mosaica will provide each with results of the overall survey and a subset of the results showing how those responding to their specific invitation ranked the objectives.



ORGANIZATIONS THAT HELPED DISTRIBUTE THE SURVEY









CORHIO



Where hope begins.











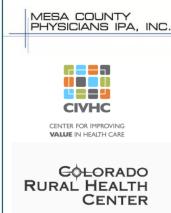








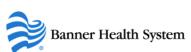
HCPF
Mental Health Center of Denver
Mesa County Physicians IPA
North Range Behavioral Health
OeHI Website/Newsletter
Office of Information Technology - UC
PDMP Consortium
PRIME Health
Quality Health Network
Rocky Mountain Health Plans
University of Colorado Denver





















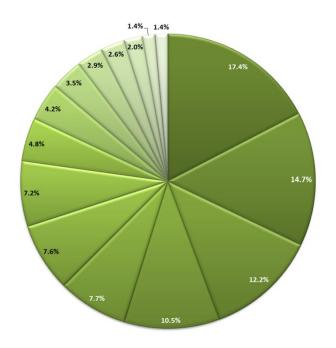


INFORMATION ABOUT SURVEY RESPONDENTS



Occupation

- There was excellent representation from the health care sector.
- Over 50% of the respondents were in health care-related occupations.
- There was also a wide variety of representatives from occupations outside of health care.



Occupation Category	%
Office/Administration	17.4%
Healthcare Provider/Physician	14.7%
Healthcare Executive	12.2%
Nurse	10.5%
Healthcare Support Personnel	7.7%
IT/Informatics Professional	7.6%
Government Employee	7.2%
Consultant/Business Analyst	4.8%
Consumers	4.2%
Academic	3.5%
Public Health	2.9%
Payer	2.6%
IT Vendor	2.0%
CIO	1.4%
Pharmacist/Pharmacy	1.4%

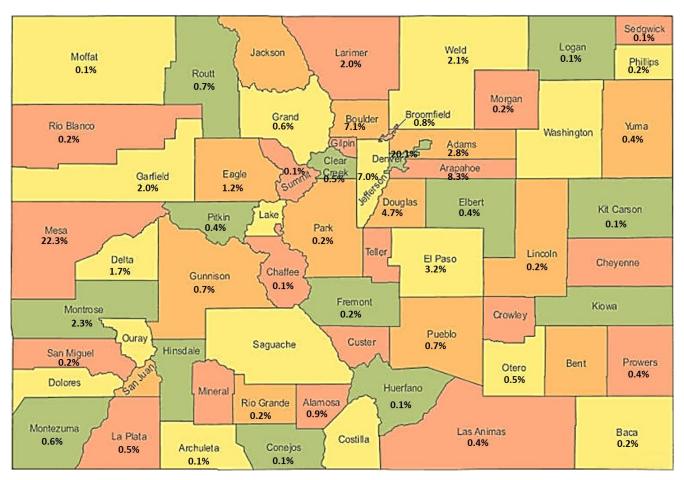


INFORMATION ABOUT SURVEY RESPONDENTS



Survey respondents represented wide statewide coverage

47 of Colorado's 64 counties were represented





SUMMARY OF SURVEY RESPONDENT COMMENTS



- As mentioned earlier, 205 survey respondents took the time to provide their comments.
- Many reflected on how difficult it was to rank the objectives. Others on how interconnected and interdependent the objectives are.
- We view this a positive indication of the thoroughness with which people considered their responses. It is hard to decide between objectives.
- Other comments reflect a broad awareness that health information technology, while important to health care reform is only a part of the broader effort.



SUMMARY



- Colorado's response rate to this survey was outstanding.
- Because of the high response rate, there is high confidence level that the results are a good representation of the importance that Coloradans place on the objectives.
- The amount of comments received within the survey, coupled with the number of respondents who requested additional information on or involvement with the Health IT Roadmap effort, is an indication of the high level of interest and engagement that Coloradans have in health care reform in general and Health IT in particular.
- Thank you to the organizations that distributed the survey and everyone that took the time to participate.





OBJECTIVES DISCUSSION

LIST OF OBJECTIVES IN PRIORITY ORDER – BASED ON SURVEY



- 1. **Care Coordination:** Health care and health-related information needed for effective coordination of care across community services is easily accessible and usable throughout Colorado.
- Access to Information: Coloradans (and their authorized individuals and providers) can easily, appropriately, and securely access health care and health-related information.
- Data Integration and Availability: Physical health, behavioral health, social services, payment, and cost information is integrated and readily available and usable.
- 4. **Cost of Health IT:** All providers have access to cost effective, health IT support and services that are aligned and realistic with their budgets and the value proposition of those services is clear and transparent.
- Quality Reporting: State required quality measures are relevant to achieving Colorado's State of Health Triple Aim - Best Health, Best Care, and Best Value - and they are aligned across programs and settings, standardized, and easy to report.
- 6. **Broadband:** High speed, reliable broadband is available throughout Colorado to support Colorado's State of Health Triple Aim Best Health, Best Care, and Best Value.
- Governance & Policy: Colorado's policies, regulations, and investments are aligned to promote the secure sharing of health information required to achieve Colorado's State of Health Triple Aim – Best Health, Best Care, and Best Value.

- 8. **Analytics:** There is widespread access to, and use of, health data analytics.
- Data Governance: There is consistent, broad, open, and transparent governance of health care and health-related data, and the sharing of that data.
- Telehealth: The use of telehealth is a routine, secure, viable point-ofcare choice.
- Innovation: Colorado is a recognized leader in supporting and adopting innovative technical approaches and solutions in support of Colorado's Triple Aim.
- Governance & Policy: There is an agreed upon approach for uniquely identifying participants (e.g. providers, patients, payers, persons) in Colorado's health care ecosystem.
- **13. Consent Management:** Coloradans have easy to use, clear and concise pathways to manage (to the extent allowed by law) their individual consent to the sharing of their health care information.
- 14. **Governance & Policy:** Health care information privacy policies and regulations are consistently understood and consistently applied across Colorado's health care ecosystem.





CAPABILITIES WORKSHOP

January 13, 2017

CAPABILITIES WORKSHOP



Identify those things that we must be able to do in Colorado if we are going to be able to achieve the 14 objectives.

Workshop Output:

The output will be a list of statements describing the capabilities that must be present for Colorado and Coloradans to be able to do to achieve the 14 objectives.





ROADMAP PROCESS REVIEW

DEVELOPING COLORADO'S ROADMAP





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PROJECT TIMELINE

Next Steps

PROJECT CALENDAR



Key Project	2016					2017											
Events	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov
Project Kick-Off July 2016	À																
Steering Committee Meetings	À	A	À	A	*	*	\Rightarrow	*	*	*	*	*	*	*	*	*	
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										<u> </u>							
Develop Future State Description May – June 2017																	
Define Initiatives July – Aug 2017																	
Develop Roadmap Sept – Oct 2017																\rightarrow	
Deliver Roadmap to State Leadership Early Nov 2017																,	*



NEXT STEPS



**By invitation only:

- Conduct Capabilities Workshop (January 13, 2017)
- Conduct Enablers Workshop (February 7, 2017)

Steering Committee members are invited to attend either or both workshops as an observer





Laura Kolkman

President

Bob Brown

VP, Professional Services

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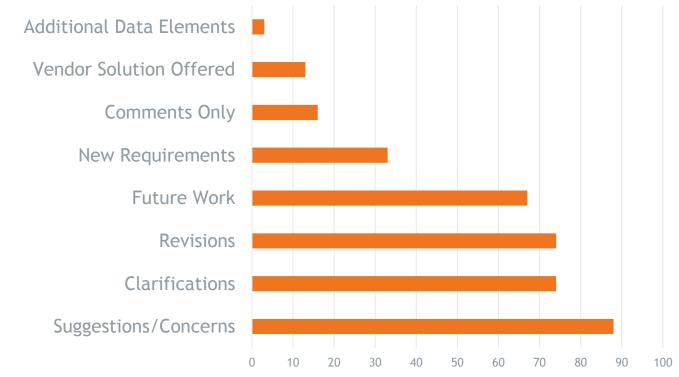
PUBLIC COMMENTS ON MASTER DATA MANAGEMENT REQUIREMENTS

CAROL ROBINSON, CEDARBRIDGE GROUP

MDM PUBLIC COMMENTS



368 Unique Comments Received

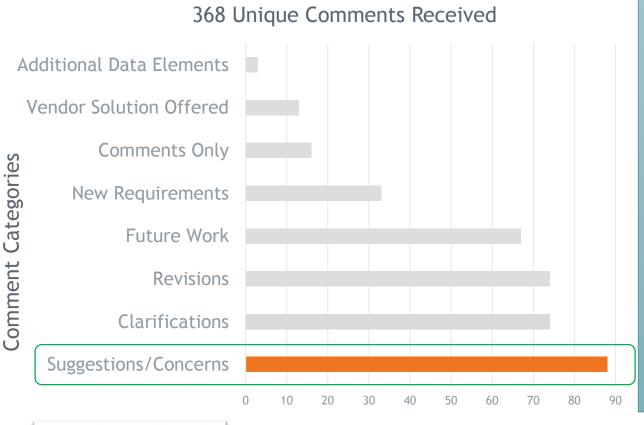




Comment Categories

SUGGESTIONS / CONCERNS



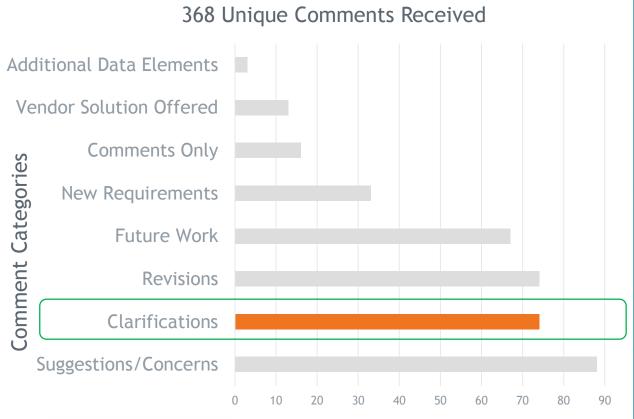


- Data governance
- Rules-based engine complexity and cost
- Aggregator not a distributor
- Probabilistic and deterministic matching algorithms
- Conflicts with the overall goal to have accurate system in place in Year 1
- Overall document needs a clear separation of near-term MPI/MPD needs/goals and solutions vs. and overarching long term MDM strategy



CLARIFICATIONS





SAMPLE COMMENTS:

Define...

- network adequacy
- patient data integrity
- performance outcome metrics

Clarify...

- scope of requirement
- scope of MDM audit activity
- inclusion of ESB and/or messaging system
- current tools used for authentication
- expectations regarding single sign-on (SSO)
- project timings as articulated by SIM and Advance Planning Document

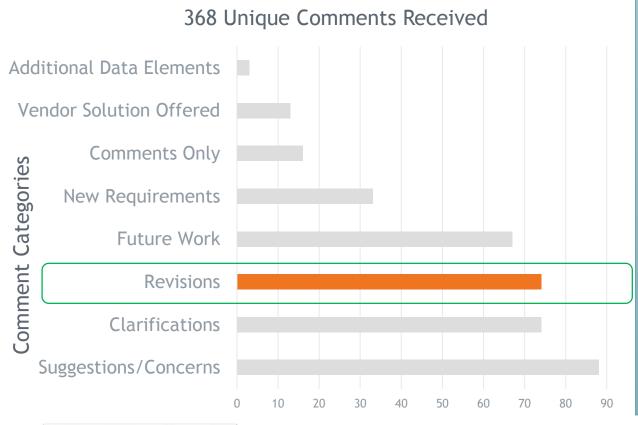
Describe...

- whether system can be accessed only by web portal
- what interface engine (and application adapters) capabilities should be included



REVISIONS



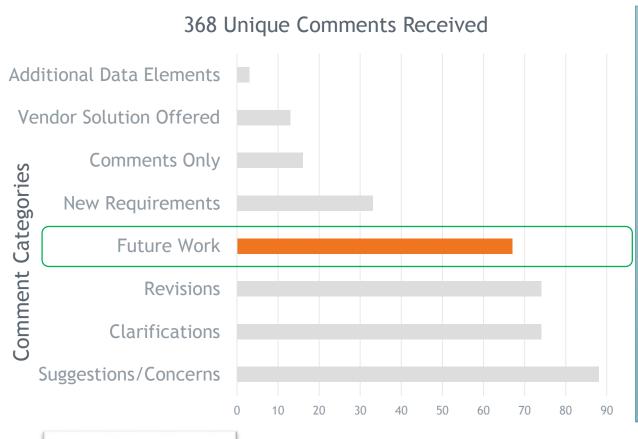


- Combine similar requirements into one
- Move Business requirement to Functional requirement section
- Identify which functionality is directly supported by MDM (i.e., patient matching) vs. indirectly supported by MDM infrastructure (i.e., quality of care measures)
- Revise phasing (earlier/later)
- Expand the vision to all Coloradans (initial language stated Medicaid)
- Add Functional requirement for ease/cost of maintenance and operations of the system(s)



FUTURE WORK



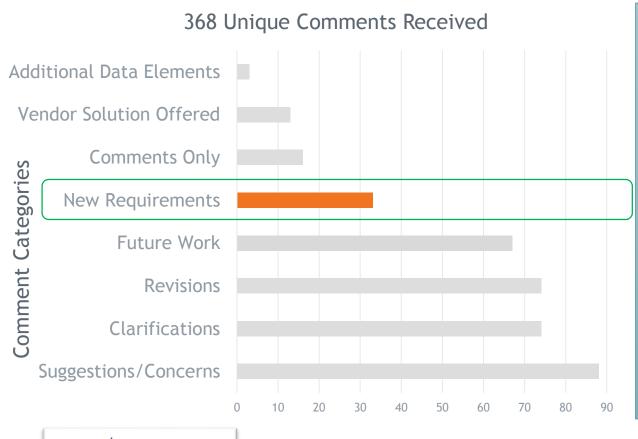


- List of sensitive data elements
- Success criterion to meet requirement
- Data format definitions
- Define role-based access and access rules
- List of reports needed
- Data standards needed for source systems
- Data capture rules needed
- Service Level Agreements needed
- Define level of downtime



NEW REQUIREMENTS



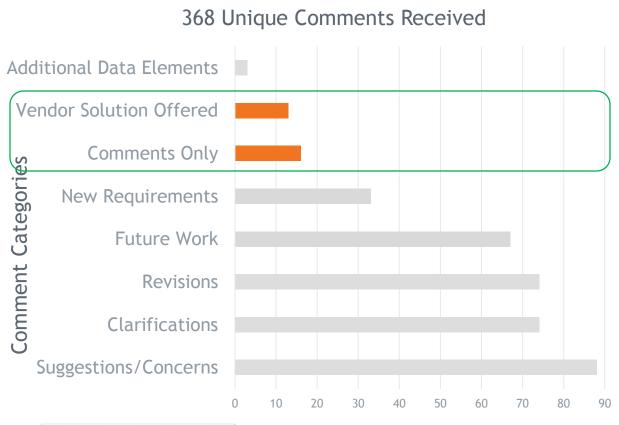


- Data quality tools
- Auditing data back to source system
- Data decay metrics
- Functional requirement for data integrity
- Patient/record locator service
- Web-based interface for users to view MDM information
- Mobile access to provider directory info
- Introduce/use reference data sets



COMMENTS / VENDOR SOLUTIONS





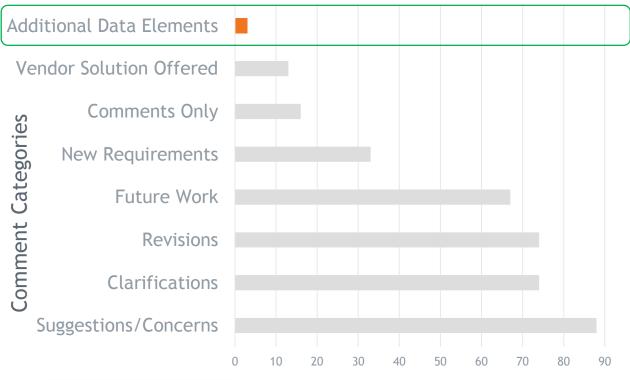
- "Here's how our solution handles that"
- "See details on our website and/or attached documentation"



ADDITIONAL DATA ELEMENTS







- Home, cell, work, emergency and "other" phone data
- "Multiple" or "Dual-Eligible" indicator in the Insurance(s)
- Include Country, Country Code, and Province
- Add "date of death" and "family association"
- Sibling data



STATES MOVING FORWARD WITH SHARED DATA SERVICES



Oregon

- Recently awarded contract for statewide Common Credentialing System
- Currently reviewing RFP responses for two shared (master) data services
 - Statewide Provider Directory, linked to statewide Common Credentialing System
 - Clinical Quality Metrics System

Rhode Island

- Currently planning RFPs for two shared (master) data services
 - eCQM Measurement and Reporting System
 - Statewide Provider Directory

Michigan

- Currently operating three statewide shared (master) data services
 - Statewide Provider Directory
 - Statewide Consumer Directory
 - Active Care Relationship Service (ACRS)
- Currently planning for Electronic Consent Management System

Vermont

o RFI currently open for statewide Electronic Consent Management System

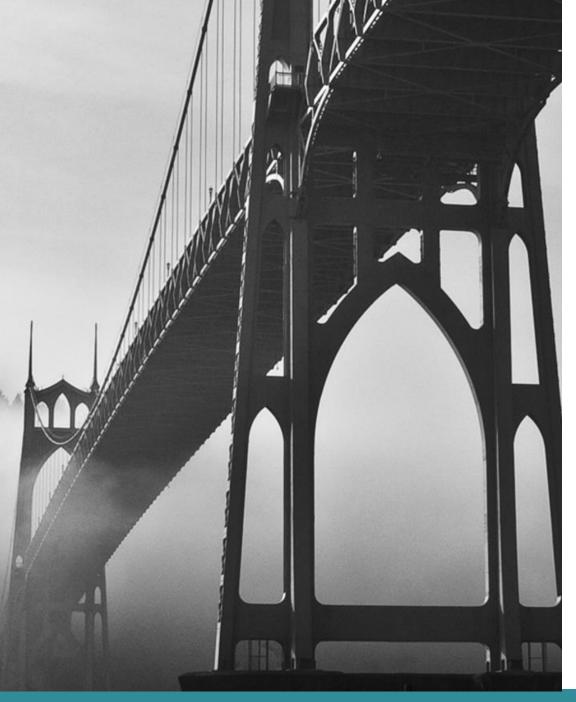


MDM NEXT STEPS



- Identify Qualified Entities to build the MDM
 - Public comment period
- Incorporate QE into the MDM requirements
 - Public comment period
- RFP development







CONTACT INFORMATION

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DEBRIEF: MASTER DATA MANAGEMENT REQUIREMENTS

THERESA BRANDORFF AND JACQUELINE GIORDANO, NORTH HIGHLAND

MDM REQUIREMENTS DEBRIEF



What feedback struck you the most?

What are some ideas for incorporating this feedback?



CDPHE PROVIDER DIRECTORY

STEVE HOLLOWAY, CDPHE



DEBRIEF: CDPHE PROVIDER DIRECTORY

THERESA BRANDORFF AND JACQUELINE GIORDANO, NORTH HIGHLAND

CDPHE PROVIDER DIRECTORY DEBRIEF



How might we leverage CDPHE's Provider Directory efforts into our Master Data Management efforts?

What are some best practices or lessons learned from CDPHE that we should consider?



PUBLIC COMMENT



CLOSING REMARKS, DECEMBER AGENDA, AND ADJOURN

MICHELLE MILLS

DRAFT JANUARY AGENDA



Call to Order Roll Call and Introductions Approval of December Minutes January Agenda and Objectives	12:00
Announcements OeHl Updates	
SIM HIT Updates	
Grant Opportunities, Workgroup Updates, Announcements	
Proposed New Business Colorado Health IT Roadmap Steering Committee Laura Kolkman and Bob Brown, Mosaica	12:25
Qualified Entities to Bid on MDM RFP Carol Robinson, CedarBridge Group	
CIVHC Analytic Tools Jonathan Mathieu, CIVHC	
Public Comment Period	2:45
Open Discussion, February Agenda, Closing Remarks, and Adjourn	

FUTURE TOPICS



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

Suggestions for future topics welcome!