

eHealth Commission

December 14, 2016 | 1:00pm to 3:00pm | HCPF Conf Rm AB

Type of Meeting	Monthly Commission Meeting
Facilitator	Laura Kolkman, Bob Brown, Carol Robinson, Steve Holloway, Theresa Brandorff, Jacqueline Giordano
Note Taker	Jacqueline Giordano
Timekeeper	Michelle Mills
Commission Attendees	Michelle Mills, Alexis Sgouros, Mary Anne Leach, Chris Underwood, Herb Wilson, Chris Wells, Carrie Paykoc, Dr. Greg Reicks, Marc Lassaux, Jason Greer, Bill Stevens, Morgan Honea, Dana Moore

Minutes

Call to Order

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

Approval of Minutes

- November minutes approved with comment to update action items

Review of Agenda - Michelle Mills, Chair

- Colorado Health IT Roadmap Steering Committee
- Public Comments on Master Data Management Requirements
- CDPHE Provider Directory

OeHI/SIM Update

OeHI Update

Chris Underwood, Interim OeHI Director

- Mary Anne is officially on board as the new Director of the Office
- New ongoing time slot for Commission meeting is 12pm to 3pm with the intent of providing more time for discussion on presentation topics
- Other states are beginning to release RFPs for MDM, we are reviewing their documentation to incorporate ideas
- Master Health IT Consultant RFP has officially been released to contract ongoing OeHI and eHealth Commission support

Carrie Paykoc, State Health IT Coordinator

- OeHI / eHealth Commission website is being updated with Commission bios and other resources
 - o Quarterly Newsletters will begin next year, if Commission members would like to be featured, they can reach out to Carrie

- Health IT Roadmap objectives will be published

SIM Health IT Update

- Health IT Architect position for hire
 - Have received great candidates
 - Will report to the Governor's Office and will be funded by both SIM and OeHI
- One of the SIM use cases, regarding the ability to more broadly share data, is gaining momentum with input from CORHIO and QHN
- Spark Policy developing telehealth strategy. Executive summary shared with the eHealth Commission.

Grants/Funding, Working Updates, Announcements - Commission Members

- Morgan Honea: Working with Jeffrey Nathanson at Prime Health to discuss how to bring Health IT innovation into the Commission's purview. Suggest considering a Colorado Statewide Innovation Strategy for Health IT, possibly in conjunction with the ongoing Health IT Roadmap efforts
 - Mary Anne and Jason Greer provided comments supporting this suggestion - this could potentially become a Commission work group or sub-committee
- Bill Stevens: OIT is currently evaluating CBMS Peak application (a Salesforce based platform) for FedRAMP certification, which could provide opportunities for shared costs, leveraging the system beyond its current use, and potentially more rapid innovation.

Colorado Health IT Roadmap Steering Committee

Laura Kolkman, Mosaica Partners

- Series of workshops were held in September 2016, which resulted in a list of 14 objectives that will be the focus of the Colorado Health IT Roadmap
- Survey was conducted to gather input from broad range of stakeholders (850 responses) on the relative importance of the objectives, which will ultimately determine the priority of initiatives on the Roadmap
 - There was an overwhelming response to the survey, with several respondents interested in learning more or providing thoughtful comments - Colorado is extremely engaged!
 - There is a high confidence level that survey results are a good representation of the importance that Coloradans place on the objectives
 - 50% of respondents were from the healthcare industry
 - 47 of 64 counties in Colorado were represented
- Survey results - Objectives in priority order
 - Some biases are present due to the following reasons:
 - Respondents in Denver versus rural communications (e.g. Broadband)
 - Consider prioritizing broadband as a foundational need? Keep as a roadmap objective? At what priority? Separate urban versus rural objectives?
 - Unable to force respondents to select 5 High priority, 4 Medium, and 5 Low

Bob Brown, Mosaica Partners

- Capabilities Workshops coming in January
 - o The 14 Objectives will provide input to the next discussion around Capabilities, which will answer the question, “What must we be able to DO to achieve the objectives?”
 - Capabilities will be linked to Objectives - Every Objective will have related Capabilities and every Capability will tie to an Objective
- The Capabilities will then inform a discussion about Enablers in February

Review of Public Comments on Master Data Management Requirements

Carol Robinson, CedarBridge Group

- 368 unique comments from 14 organizations were received
- Comments were thoroughly reviewed and organized into 8 categories
 - o Suggestions/Concerns - suggestions, warnings, criticisms
 - o Clarifications - may be addressed via comment responses or changes to requirements
 - o Revisions - related to formatting/organization of requirements, requests for additional detail
 - o Future Work - potential future requirements/uses, data, reporting, SLAs
 - o New Requirements - further detailed requirements, suggestions for other requirements that have not been incorporated/considered to date
 - o Comments Only - additional details, references for more information
 - o Vendor Solution Offered - awareness of potential solutions
 - o Additional Data Elements - specific data for inclusion

Facilitated Discussion, North Highland

- Would like to see the comments organized into Provider Directory versus Patient Index. We’ve been treating these as one, under “Master Data Management,” because they need to work together, but it’s unclear which requirements (and which comments) are for Patient versus Provider systems.
- On the topic of aggregation versus centralization - let’s look at the trends that other states are following
- Innovation opportunity- what can we do with predictive analytics? Technology has evolved.
- There seem to be more questions than answers. It’s a struggle to hone in on functional requirements. The use cases require data beyond data management. We could use more conversation about what we are actually trying to do (functionally.) Who is the end user? What would we use this for? Am I a user? Contributor?
- Let’s make sure we keep focus on what the support model looks like. A good majority of costs are going to come after we implement. It’s easy to lose focus, support needs to be top mind.

- Can we try to align this work and the Health IT Roadmap? The MDM requirements feel like Roadmap Enablers to me.

CDPHE Provider Directory

Steve Holloway, CDPHE

- CDPHE had a need for clinician profile data to perform critical functions
 - o Assess communities for health clinician capacity
 - o Conduct research and policy development to support improved access
 - o Administer incentive programs for health practices in underserved communities
- Research was conducted on several commercial solutions, but they tended to be incomplete, unreliable, expensive, and/or too restrictive
- Instead, current data sources for public sector functions were leveraged
 - o More cost effective
 - o The state has better access to certain datasets than private sector alternatives
- For CDPHE, the value of the data is in the relationships, therefore, multiple data sources were integrated to tell a larger story
 - o Looking for best quality data from multiple sources, including CMS, DORA, Melissa Database, HCPF, CIVHC, multiple data sources within CDPHE
 - o Inferring data - researching how some data can be inferred. For example, can we infer hours based on claims?
 - o Future data sources - for example, CDLE employment/salary data may help CDPHE analyze income disparities and needs for incentive programs
- Source reliability
 - o “Gold Record Scoring”
 - o Algorithms running for data fields to determine highest integrity data
- CDPHE is currently planning to launch the solution in Summer 2017
- Could the data use agreements that CDPHE has in place could be leveraged for other solutions? Potentially! Worth researching.

Public Comment

- On Provider Directory: Recommend taking policy changes into account when assessing data use
- Ask to the Commission to aggregate all of the ongoing efforts in the State, to be the governing body of these efforts
- SIM’s Telehealth Vision document coming from Speak Policy includes a framework for statewide telehealth plans.

Discussion on January Agenda and Closing Remarks

January

- Health IT Innovation strategy (Morgan Honea)

- Master Data Management - how to align MDM requirements with existing Health IT Roadmap objectives

February

- Update on CBMS Peak application evaluation (Bill Stevens)

Next Steps and Action Items

Action Item	Owner	Timeframe	Status
Formulate ideas for Project Principles for Health IT Roadmap project	Commission Members	September Commission Meeting	Completed
Draft a letter requesting attention to the issue of technology/connectivity in rural areas to support data sharing and thus a Healthier Colorado	State HIT Coordinator/ Commission	January/ February	Open
OIT Use of Salesforce Health Cloud - provide additional information or give presentation	State HIT Coordinator	Spring	Open
Health IT Innovation in Colorado - sub-working group of the Commission	OeHI Director	Winter/ Spring	Open
Health IT Planning Working Group - sub-working group of the Commission	OeHI Director	Winter/ Spring	Open