eHealth Commission

July 13, 2016 | 1:00pm to 3:00pm | HCPF Conf Rm 11AB

Type of Meeting	Monthly Commission Meeting
Facilitator	Kate Kiefert, Carol Robinson, Matt Benson, Marc Chouinard
Note Taker	Jacqueline Giordano
Timekeeper	Jacqueline Giordano
Commission Attendees	Morgan Honea, Jim Holder, Marc Lassaux, Michelle Mills, Chris Underwood, Herb Wilson, Kendall Alexander, Alexis Sgouros, Jason Greer, Bill Stevens, Greg Reicks

Minutes

Call to Order

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

Approval of Minutes
- Quorum established mid-way through the meeting; May and June minutes approved

Review of Meeting Objectives
- Discuss outcomes from June Commission meeting; determine follow ups
- Discuss the Colorado Health IT Roadmap; what to expect
- Continue dialogue on Commission's role and future priorities
- Provide feedback on value propositions

Summary of June Commission Meeting

- North Highland reviewed the output from the June Commission meeting, summarizing (1) the purpose of each of the conversations, (2) what the Commission said, and (3) what we learned and future considerations.

Open Conversation with the Commission on Decision Making

Michelle, Marc, Jason

- What is the Commission's role? How are we going to accomplish "Making a Healthier Colorado?"
  - o Jason: What is our strategy for aligning resources across the state, which then informs the roadmap, which then informs our investments? Let's start at the highest level. We

feel like we missed the conversation about the problems we are trying to solve with the solutions that are being discussed.

- o Morgan: This year's IAPD was ahead of the Commission, but we'd like to have an active role in determining what goes into each year's IAPD. For example, what is happening at OIT, DHS, etc. that we can help push forward. What do we want to accomplish?
- o Herb: What would have the greatest influence on the objective of, "Making Colorado Healthier?" What are 3 unmet needs? Are our current initiatives aligned with those needs? As a Commission, we need to support, encourage, or set direction for these initiatives.
- o Alexis: I want to solve the issues, but there are also so many other groups already working on solving those problems. How much of that strategy do we need to be aware of versus how much of our role is coordination across the multiple efforts? It's a balancing act.
- o Chris U: Want to remind everyone that we were set up in order to move initiatives forward, with limited funding for the first several months because the Commission was funded via the IAPD. The 90/10 funding only lasts for 2 years, so we really need to focus on sustainability for all the initiatives that we are working on. We do have the 3 projects for a reason because there is funding and they are Medicaid priorities, but now as a Commission, we have an opportunity to determine what's next.
- o Bill: Looking at MPD and MPI, wondering how does OIT support these? Security is a major concern. But what I'm thinking is more about communication with consumers. Are there problems we can fix just by communicating with consumers more effectively? Are there things we can do to show consumers that we are making progress and "Making Colorado Healthier?"
- o Greg: The 'e' in our 'eHealth Commission' title is critical. I don't see our role as setting health goals for the state, but supporting them through means of electronic/technology solutions. I don't think our role is to determine HOW to make a healthier CO, I think we need to support the initiatives that are determined by others.
- o Kendall: The reason I applied to be on the Commission was due to the difficulty I've seen trying to integrate behavioral health and primary care data and outcomes. Run reports and measure outcomes and cost effectiveness and efficiencies. I don't see our role as determining healthcare initiatives, but who is our audience? Who are we trying to serve?
- o Marc: Herb said something I think was very important, not necessarily our role to determine what will make Colorado healthier, but if we understand what those initiatives are, then we can help push them forward. Our role is to prioritize and categorize what is going on.
- o Jason: First, I want to come up with a process for how we make decisions, and I have a proposal. Let's have the experts help us figure out what are the priorities and decide how we are going to tackle those. But let's figure out how we are going to operate.
- o Michelle: I think we just pull the Governor's priorities and figure out what technology needs to be put in place to achieve those goals.
- o We don't want the existing efforts to be stopped, but we want them to be aligned, and we can do that. How can we achieve integration and innovation?
- o We believe the HIT Roadmap will be a great exercise for this group. We were brought around this table because of our expertise in certain areas. We bring an incredibly well-informed perspective to the table. What is the decision making process that allows us to
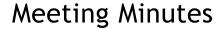
bring that expertise around the table? How do we make sure we talk about the things that concern us to the point where an informed decision is made?

- o Putting a strategy in front of the funding opportunities and have the funding opportunities serve our needs instead of the other way around is important
- o Should we refer to the Governor's State of Health? Or the OeHI Charter? We should certainly have them in front of us when we start the HIT Roadmap exercise in August
- o Maybe we should start gathering all the major initiatives/priorities and then start figuring out how we can help support them; we also can't stop the things that are already moving and the things that are already funded. Let's start to understand what are the priorities and then decide as a commission what we can help with, and what we are going to focus on
- o Also want to keep in mind how to help all of the areas of Colorado, how we can expand our impact to help the rural areas
- o Figure out a way to make the Commission aware of the current events, projects, and announcements that impact our work

Overview of HIT/HIE Roadmap Efforts

Laura Kolkman, Mosaica

- Mosaica was founded to improve health outcomes – better care, better health
- Laura is an RN with a computer science degree, Bob has a technology background as strategy consultant at IBM
- Co-authors of "The Health Information Exchange Formation Guide"
- Why have a roadmap?
    - o According to the Governor's Executive Order, the purpose of the Commission is to strategically align health IT projects and initiatives throughout the state
    - o One of the reasons is to understand the gaps and overlaps (today); support innovation (tomorrow) and meet emerging needs, have a vision of how technology informs healthcare reform
- Roadmap will provide actionable direction for the next 3-5 years; it is statewide, which means more than just state agencies, and includes anyone who will share data "outside of their doors"
- Will contain: recommended initiatives, what funding is needed, timeline, and next steps
- Discussion of how the roadmap will be built
    - o Objectives to be accomplished
    - o Capabilities needed to meet objectives
    - o Enablers required to support capabilities
    - o Initiatives/projects to get enablers in place
- Project timeline – although the roadmap will not be officially published until November, it does not mean we have to wait or hold up current projects from moving forward
- Next Steps – the Commission voted to become the official Steering Committee of the HIT/HIE Roadmap project; the kickoff will be held at the August eHealth Commission meeting

Review of Requested Deliverables

<u>Carol Robinson, CedarBridge Group</u>

- In the June meeting, there was a request to summarize the value props for MDM and under-stand how MPD and MPI will work and benefit in Colorado
- While MPD and MPI are going to happen for Medicaid, we have an opportunity to shape how these are implemented to benefit all of Colorado
- Going back to the May meeting, during Art Davidson's presentation, he stated that the biggest problem in statewide Health IT is identity management, and that "identity management is a team sport"
- MDM will provide value far beyond Medicaid and, by providing a strong identity management backbone, will support future Health IT initiatives for years to come
- Question: What will be our role in RFP review/selection, etc?
  - o Draft SOP for OeHI includes process for procurement and decision making – the State HIT Coordinator will ensure all of the State health agencies are following similar processes and working more as a single front

Public Comment

Marty Esquibel, CDHS, as rep of SIM
If MPI is being discussed, how do we make sure that's communicated and the public is aware of the how and why. We want to learn from recent experience and avoid blow back similar to that which was experienced with the Department of Education's Golden Record.

Jeffrey Nathanson, CEO of Prime Health
Colorado has some of the highest health costs and some of the worst health outcomes. There is an existing network of healthcare innovators and the only way Colorado can be-come the best is if we are all working as one. The Colorado Health Foundation is holding statewide workgroups to identify priorities – suggest the Commission take them into consid-eration. Would love to provide an analysis of what is going on in healthcare innovation in the state. Prime Health has identified critical path needs in our healthcare ecosystem, qualified over 100 entities, and would love the opportunity to work together.

Discussion on August Agenda and Closing Remarks

Future Agenda Proposed items
- Would like to come back to discussing the Charter. Specifically, the goals and objectives that are laid out and the Commission's role in coordinating/decision making

Next Steps and Action Items

#	Action Item	Owner	Timeframe	Status
1	CedarBridge Group will be reaching out to each of the Commission members to gain an understanding of how their organizations fit into the interests of the Office as well as their current state and strategic priorities. The primary focus of these conversations will be on Personal Health Records, Master Patient Index, and Master Provider Directory (mainly because this is where there is existing CMS funding).	CedarBridge Group; Commission Members	Prior to March Commission meeting	Completed
2	Review Organizational Charter; send feedback or comments to Matthew.Benson@northhighland.com or Veronica.Menard@hcpf.state.co.us	Commission Members	Prior to March Commission meeting	Completed
3	Provide background information and additional reading materials on the Health IT topics, including Person Identification	CedarBridge Group	Prior to March Commission Meeting	
4	Vote to approve Organizational Charter	Commission Members	At March Commission meeting	Completed
5	Consider nominations for Chair and Vice-Chair of the Commission; send nominations to Christopher.Underwood@hcpf.state.co.us	Commission Members	Prior to April Commission meeting	Completed
6	Review SOPs; send feedback or comments to Matthew.Benson@northhighland.com or Veronica.Menard@hcpf.state.co.us	Commission Members	Prior to April Commission Meeting	Completed
7	Describe some of the thinking that brought the Office to the identification of the 3 priorities presented.	Office of eHealth Innovation	April Commission Meeting	Completed