

eHealth Commission

June 8, 2016 | 9:00am to 3:00pm | HCPF Conf Rm 7BC

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, Greg Reicks, Chris Underwood, Chris Wells, Herb Wilson, Kendall Alexander, Dana Moore

Minutes

Call to Order

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

Approval of Minutes

- Quorum not established; unable to vote

Review and Discuss Use Case for Master Data Management

Carol Robinson, CedarBridge Group

- Providing an overview of the briefs that were provided to the Commission in advance of the meeting (available on the OeHI website)

Master Provider Directory

- Master Data Management strategy - Continuing to think of the Master Provider Directory and Master Patient Index as one master data management structure
- Demographic data in a Provider Directory has several uses / value propositions
 - o Can also have identifying data elements to allow attribution
 - o Can potentially be provided to patients
 - o Can provide useful information for analytics
- Provider directory architectures
 - o Centralized - all provider information goes into a single directory
 - o Federated - consumer goes to provider directory, which goes to an orchestrator, which queries other provider directories and sends an aggregate response to all directories
- Data quality - several complex factors to be considered
 - o Policy levers - from handshake to legislation - to determine data structure, data elements, adherence to standards, etc.

Master Client Index

- Pulls information from several sources to create a single data source for client information
- Master Key relationship with the Provider Directory is where you get the real value
- Architecture (see slide) includes many types of stakeholders - how do we get them to submit data?
 - o Regulations are not necessarily the (best) answer, need all stakeholders to have a win
- Data quality is the biggest concern
 - o Accuracy, integrity, communication

Review and Discuss Use Case for Personal Health Record

Personal Health Record

- Intended to promote client involvement in their healthcare
- Tethered vs. Untethered
 - o Tethered - accounts/records provided to patients by their providers, insurers, etc.
 - o Untethered - accounts/records where patients can access data from multiple providers, insurers, etc.
- TEFT (CMS Testing Evaluation Functional Tool) - Grant awarded to CO to support consumer tools for elderly, blind, disabled, and supported living services-enrolled clients
 - o A PHR is one of four tools supported by TEFT
- Architecture
 - o PHR aggregates clinical data from HIEs, Medicaid data warehouses, and non-clinical systems into a single interface for patients

Public Comment

No public comment

Group Activity - Facilitated Discussion

The North Highland Consulting group led the Commission Members through a series of facilitated conversations focused on these questions:

1. What are your concerns about moving forward with Master Provider Directory, Master Patient Index, and Personal Health Record for the next 2 years?
2. As a Commission, what are we trying to achieve?
3. For each of the 3 priorities, what are the top 2-3 success factors that need to be considered/fulfilled? (What do each of the solutions need to DO and why?)
4. What is the appropriate workgroup structure needed to achieve success for the top 3 priorities?

Public Comment

No public comment



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