<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00</td>
<td>Call to Order&lt;br&gt;• Roll Call and Introductions&lt;br&gt;• Approval of March Minutes&lt;br&gt;• April Agenda and Objectives</td>
</tr>
<tr>
<td>12:05</td>
<td>Announcements&lt;br&gt;• OeHI Updates&lt;br&gt;Announcements, Funding and Contracting Updates&lt;br&gt;• Commission Updates&lt;br&gt;• Discussion of Written WG Updates, Commissioner Announcements</td>
</tr>
<tr>
<td>12:50</td>
<td>New Business&lt;br&gt;• Annual eHealth Commission Training&lt;br&gt;Kim Davis-Allen, Sr. Consultant, Health Tech Solutions&lt;br&gt;Carrrie Paykoc, Interim Director, Office of eHealth Innovation&lt;br&gt;• ONC Proposed Rule Discussion&lt;br&gt;Carrrie Paykoc, Interim Director, Office of eHealth Innovation&lt;br&gt;• Medication Consistency Program Efforts: SB 17-019&lt;br&gt;Danielle Culp, Criminal Health Information Exchange Coordinator, Office of Behavioral Health&lt;br&gt;• Care Coordination Workgroup Update: 10.10.10 and Prototype Phases&lt;br&gt;Jason Greer, CEO Colorado Community Managed Care Network&lt;br&gt;Ann Boyer, MD Chief Medical Information Officer, Denver Health&lt;br&gt;Cindy Wilbur, Director, Care Resource Network, QHN&lt;br&gt;Carrrie Paykoc, Interim Director, Office of eHealth Innovation</td>
</tr>
<tr>
<td>1:50</td>
<td>Public Comment Period&lt;br&gt;• Open Discussion</td>
</tr>
<tr>
<td>1:55</td>
<td>Closing Remarks&lt;br&gt;• Recap Action Items&lt;br&gt;• May Agenda&lt;br&gt;• Adjourn</td>
</tr>
</tbody>
</table>

Michelle Mills, Chair
ANNOUNCEMENTS

OeHI UPDATES

▪ Commissioner
▪ Budget Update
▪ 10.10.10 Finale April 11th
▪ Prime Health Innovation Summit: May 6\textsuperscript{th} and 7th

COMMISSION UPDATES

▪ Others?
<table>
<thead>
<tr>
<th>Action Item</th>
<th>Owner</th>
<th>Timeframe</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define Project Funding Proposal Process</td>
<td>OeHI Director/State Health IT Coordinator</td>
<td>Nov 2018</td>
<td>High-level presentation Jan 2019 - Request for more assumptions</td>
</tr>
<tr>
<td>Annual eHealth Commission Training</td>
<td>OeHI Interim Director/State Health IT Coordinator</td>
<td>Q1 2019</td>
<td>April Commission Meeting</td>
</tr>
<tr>
<td>Crosswalk of Affordability Roadmap and Health IT Roadmap</td>
<td>OeHI Interim Director/State Health IT Coordinator</td>
<td>March 2019</td>
<td>March: OeHI met with HCPF on approach</td>
</tr>
<tr>
<td>Review of HCPF RX Tool Proposal</td>
<td>eHealth Commission Volunteers</td>
<td>March 2019</td>
<td>In progress</td>
</tr>
</tbody>
</table>
EHEALTH COMMISSION
ANNUAL TRAINING

KIM DAVIS-ALLEN, SR. CONSULTANT HEALTH TECH SOLUTIONS
CARRIE PAYKOC, INTERIM DIRECTOR OEH
DATE: APRIL 10, 2019
AGENDA

- House Bill 18-1198 Overview
- Roles and Responsibilities of the Commission
- Voting and Bylaws Overview
- Commission Charter
- Sunshine Laws Overview
The House Bill establishes best practices for State Boards and Commissions.

- State boards and commissions in Colorado shall implement written policies/bylaws and obtain annual training:
  - Understanding and operating within the limits of Statutory directives, etc.
  - Definition of Role/responsibility of Commission
  - Understanding goals of the programs overseen
  - And others
The purpose of the eHealth Commission is to provide advisory guidance and stakeholder oversight for the Office, and to lead the advancement of Health IT and transformation across Colorado.

Our primary role is to serve as “champions” and “sponsors” for identified projects, guiding them through engagement, planning, design, and implementation.
In addition, we also serve to:

▪ Identify key priorities

▪ Encourage “best practices”

▪ Encourage, and help foster, coordination among agencies, stakeholders, vendor partners, communities, and others

▪ Provide subject matter expertise

▪ Assist with outreach, communications, promotion of state plans, strategies, initiatives, and benefits realized

▪ Review high level project plans and deliverables to ensure that the Office is achieving stated goals and objectives

▪ Provide an accountability mechanism throughout the project lifecycle
VOTING AND BYLAWS
VOTING AND BYLAWS

- There is not a minimum number of Commission members that must be in attendance to conduct and/or host the meeting.

- Minutes will be documented for each meeting

- Member voting may be conducted via voice voting, electronic voting, email voting, or show of hands
QUORUM TO CONDUCT A VOTE

- “80 percent of the appointed Commission members (excluding vacancies) must be present (in person, by telephone (considered in person), or by submission of an electronic vote) to represent a quorum before the Commission can vote on any issue”
  - “To determine if a quorum is present, the members will be counted within the first 15 minutes of the meeting start. If members leave or arrive late it could impact whether a quorum is present and therefore the ability to vote on issues.”
  - “To count an electronic vote for establishing a quorum, the matter(s) to be voted on at the meeting must have been formally submitted for an electronic vote and electronic votes received prior to the start of the meeting.”
  - “For meeting minutes, approval can be given by simple majority (no minimum percentage required).”

- eHealth Commission Charter and Bylaws
APPROVAL OF A MATTER

- For any matter other than meeting minutes, 80 percent of Commission members must approve the matter.
  - Votes can be given either in person or electronically. Electronically is defined as email or survey tool.
  - To count an electronic vote for approving a matter, the matter must have been formally submitted for an electronic vote and electronic votes received prior to the start of the meeting.
CONFLICT OF INTEREST

An actual or potential conflict of interest is based on a direct economic benefit on a business or other undertaking in which the member has a direct or substantial financial interest. This includes a directorship or an officership in a foundation or other non-profit organization.

OeHI Commission’s Procedure:

- In the event of a conflict of interest, a member will verbally state the conflict and abstain his or her vote.
  - The required approval is 80 percent of the appointed Commission members excluding abstaining voters
SUNSHINE LAWS AND COMMISSION CHARTER
SUNSHINE LAW

- Sunshine Law generally requires any state or local governmental body to discuss public business or to take formal action in meetings that are open to the public.
- eHealth Commission meetings are considered a State public body
- Must be open meetings of 2 or more members at which public business is to be discussed or at which formal action may be taken
- Minutes must be taken at all meetings and promptly recorded. Minutes are open to public inspection.
- Executive Sessions are limited to matters that must be kept confidential according to state and federal laws.
Section 1. Document Purpose

Section 2. Overview

Section 3. Membership
  ▪ Meeting Schedule

Section 4. Tasks and Responsibilities

Section 5. Voting and Bylaws
  ▪ Quorum to Conduct a Vote
  ▪ Approval of a Matter
  ▪ Conflict of Interest

Section 6. Appendix
The eHealth Commission’s Charter’s purpose is to provide an overview of the organization’s mission, historical context, membership structure, governance, and objectives.

- Background of organization (eHealth Commission)
  - Formed through Executive Order B 2015-008
  - Guiding body for the implementation of Colorado’s Health IT Roadmap

- Defines organizational structure
  - Nine to 15 volunteers appointed by the Governor

- Aligns Roadmap initiatives with State goals, objectives, vision, and mission

- Outlines tasks, responsibilities, and accountability

- eHealth Commission approved their Charter and Bylaws during the February 2019 eHealth Commission meeting along with criteria for funding health information exchange organizations.
Medication Consistency

“Improving health outcomes in county jails through enhanced health information sharing, cooperative purchasing and medication consistency”
Overview

1. History of SB-17-019
2. What is Medication Consistency & Benefits?
3. CORHIO and QHN
4. Outreach to Jails and Contracting
5. Health Information Exchange in Jails/ Immediate Priorities
6. What is Query-based HIE?
7. Priority Considerations
7. Q & A
• In 2017, the Colorado General Assembly passed Senate Bill (SB) 17-019 to improve access to effective medications for people who transfer in and out of criminal justice facilities, including jails and prisons.

• The state can help ensure medication consistency and decrease overall state costs through a medication formulary and cooperative purchasing.

• Increasing information sharing and the use of a formulary and cooperative purchasing will result in long-term benefits for the state and for individuals.
• Reduced recidivism rate
• Strengthen re-entry into community
• Ensures all patients have access to medication they need
• Ensures that facilities purchase the medication necessary at the lowest cost possible to allow for better access and availability for inmates with mental illness
• Save costs related to staff time spent searching for records or calling providers for health history/data
• Ease the burden on jail staff to allow for more efficient data access and improved delivery of care
Why exchange health information in jails?

How will CORHIO and QHN create this implementation?

CORHIO Team - overview of HIE implementation plan (high level)

QHN team - Western Slope plans and progress
Where has OBH been focusing efforts on outreach to jails?

Who will lead the efforts in the jails?

Plan for continued outreach up to 10 jails

Will the HIE’s contract with the jails?

Do all jails selected have to have an EHR?
The ability to *electronically* exchange *client* health information including:

- ✓ Lab/pathology results
- ✓ Imaging/radiology reports
- ✓ ADTs and Transcribed notes
- ✓ Medication History
- ✓ Encounter Data
- ✓ Web Direct Secure Messaging
- ✓ Continuity of Care Documents (CCDs)
- ✓ *...when it’s needed for client care.*
How Query-Based HIE Works
• Timely access to clinical and medical information

• Security of Information

• User Flexibility (jail medical staff)

• Consent agreements

• Improved care coordination for inmates with mental illness (through medication consistency)
Vision of Data Sharing Process
Barriers we can anticipate

• Capacity to build interfaces and exchange data in a reasonable amount of time

• Implementation of training to all jails (geographic location, availability, etc.)

• Jail system requirements and ability to change internal processes to align with the pilot program structure

• Jail oversight and dedication to pilot program

• Sustainability for ongoing medication consistency programming

• Skepticism or apprehension by jail community to adopt new system or approach
• Improved health outcomes for inmates while in jail and as they transition
• Improved efficiencies within the jail as meaningful data (medications) will result in better treatment planning
• Increased productivity of jail staff / less burden on staff to search for data by fax, phone or other means
• Better coordination of care for inmates
• Enhanced transparency through outcome and performance measures for each jail pilot site
• Individualized assessment of current state of technology for each jail pilot site to create a roadmap for success
• Improved relationships with medical providers as the inmate transitions into the community
• Reduced cost for psychotropic medications (bulk purchasing)
• Access to Medication Formulary to allow for a more standardized approach to prescribing psychotropic medications in jail settings
• Jail staff training / technical assistance to enhance health information technology understanding
• Calculation of performance metrics to evaluate and utilize for future programming
Telehealth and Pharmacy

**Who:** University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences

  - **Pharmacy student:** Sandy Le
  - **Faculty pharmacist preceptor:** Ashley Huntsberry, PharmD, BCACP

**What:** Establish a process for virtual medication reconciliation of each inmate booked into the county jail

**When:** Currently working on first jail pilot

**Where:** Baca County Jail
Purpose

To ensure medication consistency among inmates to foster improved treatment of those individuals with mental illness who often transition in and out of correctional facilities and reduce recidivism (with a strong emphasis on psychotropic medications).
Pharmacy Deliverables

• Establish access to available technologies to obtain medication and medical histories for inmates.

• Establish a process to virtually examine all medications brought in by the inmate to ensure consistency between what is reported by the inmate’s medical records and what is being reported by the inmate.

• Develop a medication documentation form to document current medications, their respective reason for use, the time at which each medication should be given, and any administration guidelines for internal use by the jail.
Pharmacy Deliverables

• Utilize and encourage the use of the medication formulary provided by OBH for all county jails.

• Utilize the medication documentation form to perform medication reconciliation on each inmate booked into the county jail site within 2 business days.

• Develop standardized medication information sheets for high-risk or commonly used medications to inform both jail personnel and inmates on reasons for use, adherence, and self-monitoring parameters.

• Develop information guidelines on psychotropic agents commonly abused by inmates to minimize abuse or diversion.

• Provide support to jail staff responsible for medication administration on the reconciliation process and how best to serve the inmate as a patient advocate throughout transitions of care.
Other HIT Initiatives for OBH

- Audacious Inquiry: OBH HIT Plan recommendations
- Future planning and collaboration
Questions?
OBH Contact Information

Danielle Culp
Criminal Justice Health Information Exchange Coordinator, Medication Consistency Program

Email: danielle.culp@state.co.us

Phone # 303-866-7110

Thank you!
ONC AND CMS PROPOSED RULE DISCUSSION

MICHELLE MILLS, CONSULTANT HEALTH TECH SOLUTIONS
CARRIE PAYKOC, INTERIM DIRECTOR OEHII
DATE: APRIL 10, 2019
CARE COORDINATION
WORKGROUP: 10.10.10 AND
PROTOTYPE PHASES

JASON GREER, CEO COLORADO COMMUNITY MANAGED CARE NETWORK
ANN BOYER, MD CHIEF MEDICAL INFORMATION OFFICER, DENVER HEALTH
CINDY WILBUR, DIRECTOR, CARE RESOURCE NETWORK, QHN
e-Health Commission
Care Coordination Workgroup
Demonstration Projects
Agenda:

• Process used
• Philosophy for Social Health Information Exchange (S-HIE)
• Phased approach
• Criteria for demonstration project selection for Phase 1
• Discussion
Process
Summary of Workgroup Process and Accomplishments

✓ Charter
✓ Workgroup structure
✓ Social Health Information Exchange White Paper
✓ Environmental Scan
✓ Technical Architecture Mapping
✓ 10.10.10 Innovation Collaboratory (April 2019)
Philosophy
The Care Coordination Workgroup Philosophy of S-HIE involves six components:

1. Screening Protocol
2. Resource Directory
4. Individual Data on Social Health
5. Referral System
6. Information Exchange & Interoperability
In addition to the six components there are three anchor areas:

- **DATA GOVERNANCE**
- **TECHNOLOGY INFRASTRUCTURE**
- **INNOVATION**

Technology – Change Management – Sustainable Financing

Note: Funding is also available for data governance and technology infrastructure from other sources.
Phased Approach
Phased S-HIE Roadmap Approach

1. Phase 1: Fall 2019. Fund existing projects (which meet the six components) with available $150K
   • Metrics and outcomes-based co-developed demonstration projects
   • Capture learnings and best practices

2. Phase 2: (informed by 10.10.10 innovative approaches)
   • Use seed funding
   • Consider competitive grants approach
   • Focus on and address legal issues around data sharing

3. Phase 3:
   • Expand the model: Cities ➔ Counties ➔ Statewide
Whole Person Care Coordination Project Roadmap: 2019

Q1 - 2019

- Complete Care Coordination Architecture Mapping (OeHI OPs Funds)
- Leverage XGenesis/10.10.10 Process
- Establish Demonstration Project Criteria
- Support Social HIE System Demonstration Project(s)
- Hire State Data Scientist- COLAB (DU)
- Plan and Design Statewide Social HIE Infrastructure (OeHI OPs Funds)

Q2 - 2019

- Leverage SIM (eCQM) Governance Model for Community Data Governance (IAPD funds)
- Secure Funding for Statewide Implementation of Social HIE
- Leverage COLAB Efforts (DU)
- OeHI Contracts for SIM (eCQM) and Community Data Governance
- OeHI Contracts for Legal Framework

Q3 - 2019

- Planning for Implementation of Care Coordination and Social HIE Projects
- Fund State Data Scientist and Expand COLAB for Community Data Access
- OeHI/Prime Health Summit May 7, 2019

Q4 - 2019

- Implement Care Coordination and Social HIE Projects

Milestones

- Finalize CC Scan Recommendations January 4, 2019
- Submit Request for Federal Funds March 2019
- OeHI/Prime Health Summit May 7, 2019

LEGEND

External Funding and/or Management
Care Coordination Work Group Project
OeHI Operations/Management
Criteria for Demonstration Project Selection
Demonstration Project Selection Criteria for Phase 1:

• Existing project versus new project
• Meets the six components necessary for S-HIE
• Participation with the HIEs (CORHIO and QHN)
• Capable and able to work within our timelines
• Able to collaborate to define mutually aggregable metrics that are Specific, Measurable, Achievable, Relevant/Realistic and Timely
Discussion
OPEN DISCUSSION
CLOSING REMARKS, MAY AGENDA, AND ADJOURN

MICHELLE MILLS, CHAIR
## MAY DRAFT AGENDA

### Call to Order
- Roll Call and Introductions
- Approval of March Minutes
- March Agenda and Objectives

*Michelle Mills, Chair*

### Announcements
- OeHI Updates
- Announcements, Funding and Contracting Updates
- Commission Updates
- Discussion of Written WG Updates, Commissioner Announcements

*Carrie Paykoc, Interim Director, Office of eHealth Innovation*

*eHealth Commission Members*

### New Business

1:05

### Public Comment Period
- Open Discussion

1:50

### Closing Remarks
- Recap Action Items
- May Agenda
- Adjourn

1:55

*Michelle Mills, Chair*
<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
<th>Focus</th>
<th>Scheduled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared Practice Improvement Learning Tool (SPLIT) Update</td>
<td>Kyle Knierim, Associate Director of Practice Transformation at the UC Department of Family Medicine</td>
<td>Sustainability post SIM</td>
<td></td>
</tr>
<tr>
<td>Julota- Connected Community</td>
<td>Rick Pionkowski, CEO</td>
<td>Social health information exchange</td>
<td></td>
</tr>
<tr>
<td>Health Data Co</td>
<td>Health Data Co Partners- QHN, CORHIO, CCMCN</td>
<td>Future of eCQMs efforts</td>
<td></td>
</tr>
</tbody>
</table>