# FEBRUARY AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Details</th>
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<tbody>
<tr>
<td>12:00</td>
<td>Call to Order</td>
<td>Roll Call and Introductions, Approval of November minutes, and January Agenda and Objectives</td>
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<tr>
<td>12:05</td>
<td>Announcements</td>
<td>OeHI Updates, State Agency, Community Partner, and SIM HIT Updates, Opportunities and Workgroup Updates</td>
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<td><strong>New Business</strong></td>
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<td><strong>TEFCA Proposed Rule</strong></td>
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<td>12:20</td>
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<td>Carrie Paykoc, State Health IT Coordinator, Kate Horle, CORHIO Chief Operating Officer</td>
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<td><strong>Colorado Health IT Roadmap Steering Committee</strong></td>
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<td>12:50</td>
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<td>Priority Area Spotlight: Care Coordination, Health Information Exchange, Mary Anne Leach, Office of eHealth Innovation</td>
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<td>1:15</td>
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<td><strong>OIT Mulesoft Strategy</strong></td>
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<td>Jon Gottsegen, OIT Chief Data Officer</td>
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<td>1:45</td>
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<td><strong>Public Comment Period</strong></td>
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<td><strong>Closing Remarks</strong></td>
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<td>Open Discussion, Recap Action Items, February Agenda, Adjourn, Michelle Mills, Chair</td>
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ANNOUNCEMENTS

OeHI UPDATES
- Welcome New Commissioners
- JTC Presentation and Next Steps
- MPI Research and User Stories
- Roadmap Launch Event
- Policy Update
- Prime/OeHI Innovation Summit - May 10th

COMMISSION UPDATES
- State Agencies
- Community Partners

SIM UPDATES
- Data Governance
### FOLLOW UP ON ACTION ITEMS FROM PREVIOUS MEETING

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Owner</th>
<th>Timeframe</th>
<th>Status</th>
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<tbody>
<tr>
<td>Update quorum bylaws</td>
<td>OeHI Director</td>
<td>Feb 2018</td>
<td>In progress</td>
</tr>
<tr>
<td>Track and report federal and local legislation</td>
<td>OeHI Director/ State Health IT Coordinator</td>
<td>2018</td>
<td>Ongoing</td>
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<tr>
<td>Letter to Lab Corps and Quest</td>
<td>OeHI Director/ Govs Office/ Morgan</td>
<td>2017</td>
<td>In progress</td>
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<tr>
<td>Joint Agency Interoperability Project and ESB Update</td>
<td>State Health IT Coordinator</td>
<td>Feb 2018</td>
<td>In progress</td>
</tr>
<tr>
<td>Prioritization of initiatives</td>
<td>eHealth Commission</td>
<td>Jan 2018</td>
<td>Complete</td>
</tr>
<tr>
<td>Roadmap Communication Packet</td>
<td>OeHI Director/ State Health IT Coordinator</td>
<td>Feb 2018</td>
<td>In progress</td>
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TRUSTED EXCHANGE FRAMEWORK AND COMMON AGREEMENT (TEFCA)

CARRIE PAYKOC OEHI, STATE HEALTH IT COORDINATOR
AND
KATE HORLE CORHIO, COO
In Section 4003, Congress directed the Office of the National Coordinator (ONC) to “develop or support a trusted exchange framework, including a common agreement among health information networks nationally” which may include:

- Common method for authenticating trusted health information network participants
- Common set of rules for trusted exchange;
- Organizational and operational policies to enable the exchange of health information among networks, including minimum conditions for such exchange to occur; and
- a process for filing and adjudicating noncompliance with the terms of the common agreement
21ST CENTURY CURES ACT

- Congress required ONC to work with public and private stakeholders in developing the TEFCA and to hold a series of three public meetings to gather stakeholder feedback.

- Department of Health and Human Services released the Draft Trusted Exchange Framework for public comment on January 5th. Comments to be submitted by February 20th.
WHAT IS TEFCA

- Recognized Coordinating Entity
- US Core Data for Interoperability
- Trusted Exchange Framework
- Common Agreement
TEFCA

RCE provides oversight and governance for Qualified HINS.

Qualified HINs connect directly to each other to serve as the core for nationwide interoperability.

QHINs connect via connectivity brokers.

Each Qualified HIN represents a variety of networks and participants that they connect together, serving a wide range of end users.

READ MORE: QHINs in Part B, Section 2

READ MORE: Connectivity Broker Capabilities in Part B, Section 3
Goals of the Draft Trusted Exchange Framework

**GOAL 1**
Build on and extend existing work done by the industry

The Draft Trusted Exchange Framework recognizes and builds upon the significant work done by the industry over the last few years to broaden the exchange of data, build trust frameworks, and develop participation agreements that enable providers to exchange data across organizational boundaries.

**GOAL 2**
Provide a single “on-ramp” to interoperability for all

The Draft Trusted Exchange Framework provides a single “on-ramp” to allow all types of healthcare stakeholders to join any health information network they choose and be able to participate in nationwide exchange regardless of what health IT developer they use, health information exchange or network they contract with, where the patients’ records are located.

**GOAL 3**
Be scalable to support the entire nation

The Draft Trusted Exchange Framework aims to scale interoperability nationwide both technologically and procedurally, by defining a floor, which will enable stakeholders to access, exchange, and use relevant electronic health information across disparate networks and sharing arrangements.

**GOAL 4**
Build a competitive market allowing to compete on data services

Easing the flow of information will allow new and innovative technologies to enter the market, build competitive, invaluable services, and make use of the data.
WHAT IS A HEALTH INFORMATION NETWORK

- Health Information Network (HIN): means an individual or entity that

  a) determines, oversees, or administers policies or agreements that define business, operational, technical, or other conditions or requirements for enabling or facilitating access, exchange, or use of Electronic Health Information between or among two or more unaffiliated individuals or entities;

  b) provides, manages, or controls any technology or service that enables or facilitates the exchange of Electronic Health Information between or among two or more unaffiliated individuals or entities; or

  c) exercises substantial influence or control with respect to the access, exchange, or use of Electronic Health Information between or among two or more unaffiliated individuals or entities.
WHAT IS A QUALIFIED HEALTH INFORMATION NETWORK (QHIN)

- A HIN that meets the following requirements and has signed the Common Agreement:
  a) Be able to locate and transmit ePHI between multiple persons and/or entities electronically;
  b) Have mechanisms in place to impose required flow down requirements on Participants and to audit Participants’ compliance;
  c) Controls and utilizes a Connectivity Broker service
  d) Be participant neutral; and
  e) Have Participants that are actively exchanging the data included in the USCDI in a live clinical environment
TEFCA

MODEL EXAMPLE

QHIN

CONNECTIVITY BROKER

PARTICIPANTS

END USERS
USE CASES

Broadcast Query
One query for a patient’s health information that goes out to all QHINs which then return data from any participants that have it.

Directed Query
Sending a targeted query for a patient’s health information to specific organizations.

Population Level Data
Querying and retrieving health information about multiple patients in a single query.
OTHER KEY DETAILS

▪ Permitted Uses
  ▪ Treatment, Payment, and Operations
  ▪ Public Health, Benefits Determination, and Individual Access

▪ Identity Proofing and Authentication
  ▪ NIST Authentication AAL2 and FAL2 or FAL3

▪ Fees
  ▪ QHINs may charge a fee for attributable service costs to other QHINs but the fee must be reasonable and non-discriminatory.
  ▪ QHINs must provide ONC with and keep up-to-date a schedule of fees that are charged to other QHINs and/or Participants for covered services.
## TIMELINE

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>January 5, 2018</td>
<td>Draft TEFCA released for public comment</td>
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<tr>
<td>February 20, 2018</td>
<td>Public comment closes</td>
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<tr>
<td>April 2018</td>
<td>ONC NPRM that should include TEFCA attestation process, information blocking, conditions of certification, and pediatric CEHRT criteria.</td>
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<tr>
<td>April/May 2018</td>
<td>Release of Recognized Coordinating Entity (RCE) FOA</td>
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<tr>
<td>August 2018</td>
<td>RCE selected</td>
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<tr>
<td>Late 2018</td>
<td>Release of Final TEFCA</td>
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THE LONG AND THE SHORT

- Patient Engagement: More governance means patients are further from their data.

- Unfunded mandate: TEFCA defines participation without identifying any support or funding.

- Impacts to existing success: Contractual relationships will need to be changed and that takes time and effort - significant complexity.

- Timelines are aggressive: Implementation does not allow plenty of time - expansion in usages will take time, agreements take time, new specs take time.
THE LONG AND THE SHORT

- Query and retrieve only: Old model of sharing data- our HIE’s currently support giving data to providers when and where they need it- subscriptions and notifications/data delivery

- RCE considerations: Will require careful consideration as a governing entity. Cannot be a competitor. Should facilitate existing networks.

- QHINs: Very few will exist and they will control query and retrieve nationwide.

- Limited public input: ONC gathering comments now and then plans to publish later this year.
RECOMMENDATIONS

▪ Patient access to data should be a no wrong door approach, ensuring patients HIPAA-protected access from any location including web services

▪ Costs: ONC should lobby Congress for appropriation to cover the cost of compliance similar to 90/10 funding structures

▪ Existing contracts should be grandfathered to allow time to change, and a phased approach to be taken for both new minimum data set and implementation

▪ Query and retrieve: Consider the value of existing networks and functionality that is well beyond simple query and retrieve

▪ RCE should be an organization with expertise in data governance and a capacity to act as a neutral broker across regions and partners

▪ QHIN- HIE’s should be eligible because of experience and expertise to exchange across multiple parties.

▪ Allow more time and another round for public input
• TEFCA Impacts on our Advancing HIEs Initiative?
COLORADO’S HEALTH IT ROADMAP

PRIORITY AREAS

MARY ANNE LEACH,
DIRECTOR, OFFICE OF EHEALTH INNOVATION
ADVANCING HEALTH INFORMATION EXCHANGE

- Upcoming strategic planning
- Evaluating impact of TEFCA
- SIM and eCQM work continues
- Considering policy opportunities

- What areas would the Commission like us to focus on?
CARE COORDINATION

▪ Research and preliminary planning effort
  ▪ Care Coordination Organizations
  ▪ Current systems and capabilities to leverage
  ▪ Identify gaps and opportunities

▪ Care Coordination Survey Results
  ▪ Over 300 respondents
  ▪ Broad-range of stakeholders
  ▪ Over 100 stakeholders interested in contributing to Roadmap

▪ What areas would the Commission like us to focus on?
SURVEY RESULTS

DEMOGRAPHICS

326 Respondents!

Provider Organizations

Type of Organization Responding

Role of Respondent
SURVEY RESULTS

Does your organization use an EHR?

- Yes: 157 (48.16%)
- No: 38
- No Response: 131 (40.18%)

Which EHR vendor?

- Other: 21.79%
- Epic: 12.18%
- Athena: 9.62%
- Meditech: 9.62%
- eClinical Works: 8.33%
- Allscripts: 2.56%
- Cerner: 2.56%
- Netsmart: 33.33%
### PROCESS

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<thead>
<tr>
<th>What’s Working?</th>
<th>What’s NOT Working?</th>
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<tr>
<td>▪ Care Coordinators</td>
<td>▪ Program Issues</td>
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<td>▪ Transitions of Care</td>
<td>▪ Lack of Direction</td>
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<td>▪ Target Populations</td>
<td>▪ Lack of BH and SUD Info</td>
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<td>▪ Community Awareness</td>
<td>▪ Lack of Funding</td>
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<td>▪ Patient Satisfaction</td>
<td>▪ Community Partnerships</td>
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<td>▪ Collaboration</td>
<td>▪ Lack of Clinical Engagement</td>
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<td>▪ Workflows</td>
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<td>▪ Information Sharing</td>
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From a technology perspective, what is and what is not working well, in support of your care coordination efforts? Select all that apply:
A FEW SUGGESTIONS

- Sharing on information amongst RCCOs (or RAEs)
- Education and tutorials
- An easier to use system
- Just make mental health access and coverage a priority
- More collaboration with rural and frontier communities
- More accessibility to patient information
- Encourage sharing and implementation of best practices
- Provider education concerning care coordination
- More Spanish speakers
- Cheaper access to QHN/CORHIO
- Agree upon care coordination philosophy

What areas would the Commission like us to focus on?
GUIDING PHILOSOPHIES (DRAFT)

- Leverage and advance existing infrastructure and capabilities
- Foster participation and collaboration
- Pursue innovation
OIT MULESOFT STRATEGY

JON GOTTSEGEN,
OIT CHIEF DATA OFFICER
CLOSING REMARKS, MARCH AGENDA, AND ADJOURN

MICHELLE MILLS, CHAIR
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<td>Health IT Roadmap Transition and Planning Progress</td>
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<td>Other topics?</td>
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Suggestions for future topics welcome!