EHEALTH COMMISSION MEETING

JULY 10, 2019
# JULY AGENDA

## Call to Order
- Roll Call and Introductions
- Approval of June Minutes
- July Agenda and Objectives  
  *Michelle Mills, Chair*

## Announcements
- OeHI Announcements and Updates
- Workgroup Announcements and Updates
- Commissioner Announcements and Updates  
  *Carrie Paykoc, Interim Director, OeHI eHealth Commissioners*

## New Business
**Affordability Roadmap Alignment - Follow up discussion**  
*Kim Bimestefer, Executive Director, Health Care Policy and Financing  
Carrie Paykoc, Interim Director, Office of eHealth Innovation*

## Care Coordination Workgroup Report Out  
*Carrie Paykoc, Interim Director, Office of eHealth Innovation  
Jason Greer, CEO, Colorado Community Managed Care Network  
Cara Bradbury, Program Officer, ZOMA Foundation  
Jeffrey Nathanson, President, 10.10.10 Xgenesis*

## Consumer Engagement Workgroup Report Out  
*Carrie Paykoc, Interim Director, Office of eHealth Innovation  
Gary Drews, President/CEO, 9Health  
Laura Kolkman, President, Mosaica Partners  
Bob Brown, VP Professional Services, Mosaica Partners*

## Public Comment Period
- Open Discussion

## Closing Remarks
- Recap Action Items
- August Agenda
- Adjourn  
  *Michelle Mills, Chair*
OeHI UPDATES

- Welcome new commissioners: Art Davidson and Rachel Dixon!
- Funding Update - Submitted Letter of Support from LG
- OeHI/OIT IA fully executed
- FCC vote and funding for telehealth

COMMISSION UPDATES

- Others?
Request: Align OeHI Priorities and Funding with State Affordability Priority

- Prescriber Tool
- EMR insights/integration
- Inter-Operability
- End of Life Planning
- TeleHealth/TeleMedicine
HEALTH IT ECOSYSTEM


Health IT Infrastructure: HIEs, Identity, Data Standards, Architecture, ESB
Prescriber Rx Tool
- OeHI met with project team to begin initial discussions
- eHealth Commission and OeHI reps involved in negotiation meetings August/Sept

End of Life Planning- SB 19-073
- EHealth Commissioner, Chris Wells CDPHE- leading efforts
- OeHI to be part of steering committee
- OeHI prioritizing Health IT Roadmap investments to accelerate work

Interoperability
- eHealth Commission and OeHI to be on leadership committee

Broadband
- OeHI meeting set with Office of Broadband for July 11th
- OeHI drafted FCC letter of support for upcoming July 10th public meeting
- OeHI coordinating input on proposed rulemaking for coordinated communities FCC pilot.
Telehealth/Telemedicine

New eHealth Commissioner, Rachel Dixon appointed with telehealth and digital health expertise to lead eHealth Commission workgroup to inform state plans.

OeHI leveraging Roadmap funds to contribute to the development of a state telehealth plan.
CARE COORDINATION WORKGROUP REPORT OUT

CARRIE PAYKOC, INTERIM DIR, OEHI
JASON GREER, CEO, CCMCN
CARA BRADBURY, PROGRAM OFFICER, ZOMA FOUNDATION
JEFFREY NATHANSON, PRESIDENT, 10.10.10 XGENESIS
CARE COORDINATION WG UPDATE AND DISCUSSION

• OeHI & ZOMA System Mapping
• Initial Prioritization of Projects
• Timeline
• Next Steps
OeHI & ZOMA Systems Mapping Workshop

[Activities & Outcomes]
Workshop Goal

Identify, understand, and prioritize leverage points that can be addressed by a variety of solutions designed to support whole person care by facilitating the connection of individuals to needed resources across Colorado Communities using health IT infrastructure and data sharing.
DAY 1

Visioning

Review of Systems Themes from Calls

Intro to Causal Loop Mapping Language

Fixes that Backfire

Mapping the System
VISION STATEMENT

1. Access to health and social services is timely and appropriate for all Coloradans.
2. Active communication and collaboration across diverse organizations and communities support the health of patients and residents.
3. Public and private resources are reinvested in IT projects that support data sharing and interoperability.
4. Data sharing, interoperability, and automation are ubiquitous, and allow for closed loop referrals, data analysis, and advocacy.
5. Equity issues are visible and actively addressed through the design and implementation of health IT systems.
6. Patients and residents have full access to, and control over, their health data and can derive actionable insights from it.
THEMES FROM MAPPING PHONE CALLS

1. Conversation Can Open or Close Doors:
   Network engagement can catalyze collaboration but can also lead to shutdown

2. Complexity Overload:
   Successful technology developers get overwhelmed by breadth of scope

3. Provider Overload:
   Successful coordination can overwhelm community service providers

4. Complicated Regulation:
   Regulations ensure privacy but create confusion, fear, and silos

5. Need for Human Discernment:
   Human discernment increases burden of work but personalizes service

6. Risk of Marginalization:
   Technology helps care coordination but can marginalize some communities

7. Incompatible Tech Solutions:
   Need to coordinate can lead to variation in standards, reducing effectiveness of coordination

8. Uncompensated Value Creation:
   Benefits can accrue to stakeholders who are not required to pay for them
CAUSAL LOOP MAPPING TRAINING
Fixes that Backfire

Diagrams
SYSTEM MAPPING
DAY 2

Systems Storytelling
Identifying Leverage Points
Prototyping
Strategy Options Matrix
THE SYSTEMS MAP
A holistic understanding of the system.
### PRIMARY TENSIONS

<table>
<thead>
<tr>
<th></th>
<th>Growing Actions</th>
<th>Limiting Forces</th>
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<tbody>
<tr>
<td>Governance</td>
<td>Opening Doors</td>
<td>Closing Doors</td>
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<tr>
<td></td>
<td></td>
<td><strong>Complicated Regulation</strong></td>
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<td>Heightening Regulation Risk</td>
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<td>Competition Limiting</td>
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<td>Building Silos</td>
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<td>Maintaining Silos</td>
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<td></td>
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<td>Growing Burden of Work</td>
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<tr>
<td>Financing</td>
<td><strong>Shared Savings</strong></td>
<td>Funding Care</td>
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<td></td>
<td><strong>Funding SDoH</strong></td>
<td>User Fee Generation</td>
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<td></td>
<td><strong>Increasing Reimbursement</strong></td>
<td>Provider Pushback</td>
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<td></td>
<td><strong>Time for Preventive Care</strong></td>
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<tr>
<td></td>
<td><strong>User Fee Generation</strong></td>
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<tr>
<td>Strategy</td>
<td>Complexity Overload</td>
<td><strong>Focusing on Early Adopters</strong></td>
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<td></td>
<td>Prioritizing Demand</td>
<td><strong>Focusing on Common Use Cases</strong></td>
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<td></td>
<td><strong>Improving Effectiveness</strong></td>
<td>Avoiding Discomfort</td>
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<td></td>
<td></td>
<td>Serving Late Adopters/Early Adopters</td>
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</tbody>
</table>
LEVERAGE POINTS

1. Increasing SDoH Capacity & Funding
2. Building Funding for Shared Systems through Success
3. Proactively Managing Regulation
4. Focusing Early Solution Efforts
5. Improving Care Coordination Effectiveness & Success Metrics
6. Improving Change Management & Workflow
SOLUTION IDEATION

Five Solution Prototypes
1. CBO Ecosystem Incubator
2. SHIE-RO
3. Citizen Data Control & Sharing Guidelines
4. Community Data Sharing & Governance
5. Collaboration Process
FOLLOWUP: Initial Project Prioritization & Criteria
1. SDOH CAPACITY & FUNDING TO AVOID PROVIDER OVERLOAD

**CRITERIA**

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Capacity Tracking</strong></td>
<td>Determine CBO capacity and appropriate adjustments to best use it</td>
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<tr>
<td><strong>Referral Limiting</strong></td>
<td>Establish screening and referral criteria to make the best use of limited CBO resources</td>
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<tr>
<td><strong>Closed Loop</strong></td>
<td>Track referred patient resource use and follow up to urge them to use if they haven’t</td>
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<tr>
<td><strong>Low Price to CBOs</strong></td>
<td>Funding starved CBOs able to participate in shared system for very little/no cost to avoid further limiting capacity</td>
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**POTENTIAL PROJECTS**

**Make Best Use of Limited CBO Capacity**
- Develop/enhance a **complete database of all CBOs** in the state
- Develop a **tool/process to analyze capacity and need** for use by a region
- Develop an **approved list of vendor of screening tools** to standardize data collection across the state
- Develop **approved referral requirements** that limit referral of patients

**Encourage Increases in CBO Capacity**
- **Host shark tank event** to develop more effective CBOs
- Identify **best practices for CBO capacity/ROI** and spread throughout the state
- Develop ability to evaluate common and consistent care coordination ROI that appeals to various players,
- **Advocate for other agencies and funders to facilitate the expansion of funding for CBOs** (including workflow efficiency, technology, and capacity)
2. BUILDING FUNDING FOR SHARED SYSTEMS THROUGH SUCCESS

Prior to having real success data, this might include preliminary work to estimate potential benefits and return on investment to the public (and other potential payers).

- Develop relevant success measures and methods to gather for care coordination solution to sell success AND allow for improvements in care coordination effectiveness.
- Develop a communication plan to reach the public (and other potential funders).

CRITERIA

<table>
<thead>
<tr>
<th>Success Measurement</th>
<th>ability to estimate a wide array of benefits (cost savings, health improvements) that accrue from care coordination success to facilitate case for funding of CBOs and Shared Systems</th>
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<tbody>
<tr>
<td>Attribution</td>
<td>ability to attribute return to a specific payer</td>
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<tr>
<td>Buy In</td>
<td>Up front buy in for the ROI plan from potential funders.</td>
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## ADDITIONAL PROJECTS

<table>
<thead>
<tr>
<th>LEVERAGE POINT</th>
<th>3. Managing Regulation to Facilitate Data Sharing</th>
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<tr>
<td></td>
<td>• Develop <strong>authoritative use-case guidance</strong> for sensitive data sharing (See national resources)</td>
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<td></td>
<td>• Convene government and data sharing entities to <strong>discuss how to modify regulation</strong></td>
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<td></td>
<td>• Develop a legislative data sharing mandate</td>
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<tr>
<th>LEVERAGE POINT</th>
<th>6. Improving Change Management &amp; Workflow for CBOs and Clinical Users</th>
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<td></td>
<td>• <strong>Establish a learning collaborative</strong> to explore change management</td>
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<td>• Develop a <strong>community readiness assessment</strong></td>
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<td>• Develop an <strong>innovation lab</strong></td>
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<td>• <strong>Tech version of the Practice Transformation Organization for CHITA.</strong></td>
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<th>LEVERAGE POINT</th>
<th>4. Proactively Focusing Early Solution Efforts</th>
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<td>• Convene working group to <strong>identify focus criteria (beyond the above)</strong> for focusing early solution efforts.</td>
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<td>• Establish a statewide entity to develop a <strong>standardized data model</strong></td>
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<td>• Develop a <strong>centralized statewide repository of data</strong> with a master person index.</td>
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<td>• Support existing care coordination effort(s).</td>
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<tr>
<td>LEVERAGE</td>
<td>CRITERIA</td>
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<tr>
<td>3. Managing Regulation</td>
<td>Multiple Screening Methods</td>
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<td>Consumer Data Ownership</td>
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<td>5. Improving Effectiveness &amp; Success Metrics</td>
<td>Evaluation Metrics</td>
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<td>Improvement Plan</td>
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<td>Domain Scalability</td>
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<td>Geographic Scalability</td>
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<td>Customizability</td>
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<td>Inclusion of Most At Risk Populations</td>
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<td>Attention to Domains w/ Excess Capacity</td>
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TOP 6 PROJECTS

1. Develop relevant success measures and methods
2. Develop authoritative use-case guidance for sensitive data sharing
3. Develop a centralized statewide repository of data with a master person index
4. Convene a working group to identify criteria for focusing early solution efforts
5. Develop a tool that regions can use to perform an analysis of CBO capacity and need
6. Identify best practices for CBO capacity/ROI and spread throughout the state.
**KEY QUESTIONS**

### GOVERNANCE
- Here are the projects the working group prioritized. React.
- What is the state’s role in the governance process?
- What is OeHI’s role in the governance process?
- How might we develop shared systems that have the best of local control (innovation and buy-in) and central control (effective resource use and less duplication)?
- Should shared data be stored locally or centrally or mix?
- How can we limit the number of competing systems by balancing local with central control? How many systems should we support?
- How should we thwart data blocking and encourage data sharing (hands off, prohibition in state contracts, ownership of data, legislation to require sharing, other)?
- Who should be included in the network map? What is its purpose?
- How do we focus on regional projects while maintaining an eye towards state-wide rollout?

### FINANCING
- What funding sources should we consider beyond the current funds and matches?
- What should the system cost be to CBOs?
- Should we work toward shared savings models? If so, who are the best targets (business, Medicaid, Medicare, commercial insurers, hospitals, other)?
- Should we advocate for change from Fee for Service to value-based payment?
- Should we advocate for SDoH Reimbursement?
- How should we act to encourage increases in SDoH capacity to support care coordination referrals?

### ENGAGEMENT
- Who do we want to engage and why?
- Who is best situated to proselytize our map and strategy and get the word out?

### STRATEGY
- How many communities/organizations do we want to initially target? What is the timeline for achieving statewide implementation?
- Which/what type of communities do we want to initially target?
- How many different systems do we want to support/develop?
- Which constituency do we want to target (all disadvantaged, Medicaid, Medicare, other)?
- How many and which SDoH domains are the best to begin with? Why?
- How do we want to focus referrals to most effectively use limited CBO capacity?
- Which projects and pilots do we want to support in the near term?
- Which system criteria are critical to success?

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**eHealth Commission:**

*Are there any key questions missing?*
Whole Person Care Coordination Project Roadmap: 2019

**Milestones**

- **Sustain/Enable**
  - S-HIE Requirements and Approach Reviewed with eHealth Commission
  - CC WW Finalizes Criteria for S-HIE Projects August 30, 2019
  - Secure Federal Fund Match for Statewide Implementation: 04/24/19

- **Build Foundation**
  - Leverage SIM Data Governance Model
  - Leverage 10.10.10 Process XGenesis complex system mapping

- **Growth**
  - OeHI Contracts for Data Governance: eCQM Governance, Care Coordination
  - OeHI Develops Requirements for Data Governance Contract

**Q1 - 2019**

- Completion of 10.10.10 XGenesis P.O. June 30, 2019

**Q2 - 2019**

- OeHI Contracts for Data Governance: eCQM Governance, Care Coordination

**Q3 - 2019**

- OeHI RFI for Social HIE Projects
- OeHI Drafts Requirements/Approach for Social HIE Infrastructure
- OeHI Contracting for S-HIE Projects

**Q4 - 2019**

- OeHI Contracting for S-HIE
- S-HIE Contracting Begins - Q4
CONSUMER ENGAGEMENT WORKGROUP REPORT OUT

CARRIE PAYKOC, INTERIM DIR, OEHI
GARY DREWS, PRESIDENT/CEO, 9HEALTH
LAURA KOLKMAN, PRESIDENT, MOSAICA PARTNERS
BOB BROWN, VP PROFESSIONAL SERVICES, MOSAICA PARTNERS
Health IT Roadmap Initiative #2
Promote and Enable Consumer Engagement, Empowerment, and Health Literacy Project

Recap of Discover Phase

Presented by:
Gary Drews, 9Health
and
Mosaica Partners
July 10, 2019
Agenda

➢ Initiative Purpose, Scope, and Structure
➢ Gathering Stakeholder Input
➢ Assessing the Current State
➢ Identifying Gaps
➢ Recommendations
➢ Suggested Next Steps
➢ Discussion
Initiative Purpose & Discover Phase Objectives
The purpose of the “Promote and Enable Consumer Engagement, Empowerment, and Health Literacy” initiative is to provide tools which support consumers becoming more knowledgeable and proactive regarding their health and well-being.

These tools will support achieving one’s optimum level of wellness by leveraging the power of consumerism while effectively managing costs.
There are three phases of this initiative. They are Discover, Plan, and Implement. This project addressed the Discover phase.

The purpose of the Discover phase was to:

1. Understand what health-related information, tools, and services Colorado residents want and need to become more informed about, empowered, and engaged in their health and well-being.

2. Develop and document an inventory of health-related capabilities and resources, both locally and nationally, that are currently available to Coloradans.

3. Identify gaps in making health-related resources available to consumers.

4. Provide high-level recommendations and suggested approaches to fill the gaps.

During this phase the project team accomplished each of the above objectives.
Project Team & Project Timeline
The Discovery Phase was Supported by a Core Team and an Advisory Workgroup

**Project Core Team**

Carrie Paykoc, Project Executive  
Interim Director  
Office of eHealth Innovation and Health IT Coordinator

Kristie La Barge  
State Agency Coordinator  
Office of eHealth Innovation

John Foster  
Intern, Office of eHealth Innovation

Laura Kolkman, Project Lead  
President  
Mosaica Partners

Bob Brown  
VP, Professional Services  
Mosaica Partners

**Project Workgroup**

Gary Drews, Co-Chair  
President & CEO, 9Health

Tania Zeigler, Co-Chair  
Director, Enterprise Digital Performance  
Digital Experience Center, Kaiser-Permanente

Adella Flores-Brennan  
Executive Director, Colorado Consumer Health Initiative

Leah Spielberg  
Grants Director  
Health Care Policy and Financing

Antoinette Taranto  
Chief Customer Office, Dept of Health Care Policy and Financing

Mary Anne Leach  
(former) Dir. Office of eHealth Innovation

Dr. Cara Beatty  
President and Chief Medical Officer  
SCL Physicians, for SCL Health

Micah Jones  
Health IT Coordinator  
Dept. of Health Care Policy and Financing

Cindy Wilbur  
Director Community Resource Network  
Quality Health Network

Michele Lueck  
President and CEO  
Colorado Health Institute

Evon Holladay  
Consumer and Innovator

Sarah Eaton  
Health Care Policy and Financing

Heather Culwell  
State Health Initiatives  
CORHIO

Shi Lynn Coleman  
Workforce & Population Health  
Program Manager at Colorado State Innovation Model
Discover Phase Activities Were Completed in 8 Months and On Budget

- November: Co-chair Briefing
- December: Project Kick-off
- January: Conduct Interviews
- February: Hold Focus Groups
- March: Conduct Survey
- April: Identify Gaps
- May: Develop Requirements
- June: Create Draft Report, Deliver Final Report

Conduct Current State Research
Stakeholder Input
Stakeholder Input Was Gathered Through Interviews, Focus Groups, and an Online Survey

**Interviews**
- Representative key stakeholders were identified
- 22 telephone interviews were conducted by Mosaica Partners
- Issues and Barriers were Identified
- Suggestions to Improve were documented

**Consumer Focus Groups**
- Five focus group meetings were facilitated by Mosaica Partners
- The Objective was to understand Coloradans’ wants and needs for health-related information, tools, and services

**Stakeholder Online Survey**
- Designed and Distributed to Understand relative importance of Coloradans’ wants and needs
- Available in both English and Spanish
Coloradans’ Highest Importance
Health-Related Information Needs Were Identified

#1. Understand my insurance options and costs.

#2. Understand all my costs for a health-related service before it’s delivered.

#3. Understand the value and risks to me of a particular health-related service or decision.

#4. Understand what and why I’ve been billed for certain health-related services.

#5. (Understand how I can) Attain / Maintain a healthy lifestyle.

#23
Assessment of Current State
Relevant Health-Related Information Statutes and Regulations were Identified

- Colorado House Bills and Statutes
- Colorado Senate Bills and Statutes
- Federal Regulations and Initiatives

A Health Information Availability Tool was Developed and Populated

- Colorado specific health-related information, tools, and services were identified and input.
- Information, tools, and services available in other states and nationally were identified and input.

A Health Information Availability Reference Model was Developed and Documented

Based on Classical Supply/Demand Model

- Demand Side: Represents Coloradans’ reasons for wanting or needing health-related information, tools, and services.
- Supply Side: Represents health-related information, tools, and services – and organizations that provide them – that are available to Coloradans.
Identification of Gaps
Gaps in meeting Coloradans’ Highest Importance Health-Related Information Needs Were Identified

Lack of ability to easily…

#1. Understand my insurance options and costs.
#2. Understand all my costs for a health-related service before it’s delivered.
#3. Understand the value and risks to me of a particular health-related service or decision.
#4. Understand what and why I’ve been billed for certain health-related services.
#5. (Understand how I can) Attain / Maintain a healthy lifestyle.

Informational Gaps
- Awareness of Health-Related Information, Tools, and Services
- Easy Search Capability
- Locate Trustworthy Health Information
- Quality Comparison

Systemic Gaps
- Connection Tool
- Consumer-Focused
- Enhanced Data Collection Capability

Governance & Policy Gaps
- Role of State in Health-Related Information Resources
- Curated List of Coloradans’ Health-Related Information Resource Needs
- Curated List of Health-Related Information, Tools, and Services
- Correlate Consumer Needs with Available Resources
Recommendations and Suggested Approaches
Recommended Approaches to Address Coloradans Highest Importance Needs Were Developed

- Provide Capability for Consumers to Easily Understand Their Insurance Options and Costs
- Provide Resource so that Consumers Can Understand All Their Costs for a Health-Related Service Before It’s Delivered
- Assist Consumers to Understand the Value and Risks to them of a Particular Health-Related Service or Decision
- Assist Consumers to Understand What and Why They’ve Been Billed for Certain Health-Related Services
- Consumers to Understand How They Can Attain / Maintain a Healthy Lifestyle
Recommended Approaches to Address Other Identified Needs Were Developed

- Raise Awareness of Health-Related Information, Tools, and Services Available to Consumers
- Provide Tools to Help Consumers Compare Quality and Outcomes Across Providers
- Provide Readily Accessible Sources for Trustworthy Health Information
- Provide Consumers with the Capability to Easily Search for Relevant Health-Related Resources
- Enhance the Data Collection Tool
- Create a Consumer-Focused, Personalized Search Capability
- Develop a Curated List of Coloradans’ Health-Related Information Resource Needs
- Maintain the Curated List of Health-Related Resources
- Develop a Process to Correlate Consumer Needs with Available Resources
- Determine the Role of State in Health-Related Information Resources
Recommended Tracks of Activity for the Next Phase were Developed

**Track #1**
Health-Related Information Demand

6. Develop initial COVID resident communication strategies
8. Engage and advise of connection capability and initial resources
11. Update engagement strategy, and continue to add and refine resources

**Track #2**
Health-Related Information Supply

3. Evaluate and document high priority and secondary resources
9. While engaging with suppliers, continue to add and refine health-related resources

**Track #3**
Connection Capability

5. Determine, develop, and implement a short term connection strategy
10. Determine, develop, and implement a long term connection strategy

**Track #4**
Policy and Governance

1. Determine State’s role
2. Define project governance & staffing
4. Designate and empower both governing and delivery entities
7. Support operating and governance entities with up to date research and sensitive issue resolution

OeHI
Office of eHealth Innovation

MOSAICA PARTNERS

![OeHI Logo](image)
![MOSAICA Partners Logo](image)
Suggested Next Steps
Recommended Next Steps for the “Plan” Phase were Developed

1. Develop and Implement an Overall Plan to Coordinate Health-Related Information, Tools, and Services Activities
2. Develop a Means to Further Prioritize the Efforts that will be Undertaken in the Plan and Implement Phases
3. Further Define the Outcomes that the Solution Approaches Should Achieve
4. Address Key Questions for Engaging and Empowering Consumers in Their Health and Wellness.
Summary – By the Numbers
## The “Discover” Phase – By The Numbers

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<tr>
<th>Number</th>
<th>Description</th>
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<td>5</td>
<td>Members of Core Project Team</td>
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<tr>
<td>14</td>
<td>Members of Project Advisory Workgroup</td>
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<tr>
<td>22</td>
<td>Interviews of Key Stakeholders</td>
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<td>Focus Groups</td>
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<td>Participants at Focus Groups</td>
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<td>Reasons for Wanting or Needing Health-Related Information Identified</td>
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<tr>
<td>42</td>
<td>Organizations assisted in deploying the Online Survey</td>
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<td>Versions of Online Survey Distributed – English &amp; Spanish</td>
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<tr>
<td>3700+</td>
<td>Responses to Online Survey</td>
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<td>62</td>
<td>Number of Colorado’s 64 counties represented in Online Survey</td>
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<td>23</td>
<td>Reasons for Wanting or Needing Health-Related Information Prioritized</td>
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<tr>
<td>1</td>
<td>Health Information Availability Tool developed and populated</td>
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<tr>
<td>300+</td>
<td>Organizations and the health-related information, tools, and services they provide were identified</td>
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<tr>
<td>1</td>
<td>Health Information Availability Model Developed and Participants Categorized</td>
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<td>4</td>
<td>Categories of Gaps Identified</td>
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<tr>
<td>5</td>
<td>High Importance Needs Identified and Recommended Approaches Developed</td>
</tr>
<tr>
<td>10</td>
<td>Other Needs Identified and Recommended Approaches Developed</td>
</tr>
<tr>
<td>4</td>
<td>Tracks of Activity Recommended for next Phase of the initiative</td>
</tr>
<tr>
<td>5</td>
<td>Recommended Next Steps to Address High Priority Needs Developed</td>
</tr>
<tr>
<td>8</td>
<td>Months Project Duration from Start to Finish</td>
</tr>
</tbody>
</table>
Discussion

State of Colorado

Consumer Health Engagement Project
Discover Phase

Final Report

Prepared by
Mosaica Partners
June 27, 2019

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Appendices A through E

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