# MAY AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00</td>
<td>Call to Order</td>
<td>Roll Call and Introductions, Approval of February and March minutes, and April Agenda and Objectives</td>
</tr>
<tr>
<td>12:05</td>
<td>Announcements</td>
<td>OeHI Updates, State Agency, Community Partner, and SIM HIT Updates, Opportunities and Workgroup Updates</td>
</tr>
<tr>
<td>12:20</td>
<td>New Business</td>
<td>CORHIO and Verato - MPI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Robert Denson, CIO, CORHIO</td>
</tr>
<tr>
<td>1:00</td>
<td>9Health Consumer Survey</td>
<td>Gary Drews, CEO, 9Health, Carrie Paykoc, State Health IT Coordinator</td>
</tr>
<tr>
<td>1:40</td>
<td>Commission Workgroups</td>
<td>Mary Anne Leach, Director, OeHI</td>
</tr>
<tr>
<td>1:55</td>
<td>Public Comment Period</td>
<td></td>
</tr>
<tr>
<td>2:00</td>
<td>Closing Remarks</td>
<td>Open Discussion, Recap Action Items, June Agenda, Adjourn, Jason Greer, Co-Chair</td>
</tr>
</tbody>
</table>

**Annie News**

- OeHI Updates
- State Agency, Community Partner, and SIM HIT Updates
- Opportunities and Workgroup Updates

**New Business**

- CORHIO and Verato - MPI
  - Robert Denson, CIO, CORHIO

- 9Health Consumer Survey
  - Gary Drews, CEO, 9Health
  - Carrie Paykoc, State Health IT Coordinator

**Commission Workgroups**

- Mary Anne Leach, Director, OeHI

**Public Comment Period**

- 1:55

**Closing Remarks**

- Open Discussion
- Recap Action Items
- June Agenda
- Adjourn
- Jason Greer, Co-Chair
OeHI UPDATES

▪ Community Reference Guide now online
▪ IAPD Submitted
▪ Care Coordination WG Strategy
▪ HIE & Data Sharing WG
▪ Consumer Engagement WG

COMMISSION UPDATES

▪ Roadmap Initiative Planning
▪ TBD
<table>
<thead>
<tr>
<th>Action Item</th>
<th>Owner</th>
<th>Timeframe</th>
<th>Status</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td>Letter to Lab Corps and Quest</td>
<td>OeHI Director/ Govs Office/ Morgan</td>
<td>2017</td>
<td>In progress</td>
</tr>
<tr>
<td>Roadmap Communication Packet</td>
<td>OeHI Director/ State Health IT Coordinator</td>
<td>Feb 2018</td>
<td>In progress</td>
</tr>
</tbody>
</table>
CORHIO & VERATO - MPI

ROBERT DENSON, CIO CORHIO
CORHIO Person Matching

13 June 2018
Agenda

• Overview of Identity Management Solution
• CORHIO Architecture
• Expanded Architecture
CORHIO Architecture
Verato has singular focus and deep expertise

<table>
<thead>
<tr>
<th>70+</th>
<th>150K+</th>
<th>2B+</th>
<th>45%+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person-years of experience with MDM/MPI</td>
<td>Person-hours of development &amp; data science</td>
<td>Identity queries resolved</td>
<td>Of U.S. population matched</td>
</tr>
</tbody>
</table>

Select Customers

- UPMC
- Intermountain Healthcare
- Mission Health
- Methodist Le Bonheur Healthcare
- NYEC New York Health Collaborative
- CRISP
- CORHIO
- KHIE
- San Diego Health Connect
- UnitedHealthcare
- Healthx
- OPTUM
- Progressive
- U.S. Department of Veterans Affairs

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Verato Difference

Verato is the next-generation solution to the patient/citizen matching problem

<table>
<thead>
<tr>
<th>Data-driven</th>
<th>Referential Matching</th>
<th>Cloud-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our reference database</td>
<td>Match against an answer key</td>
<td>Just plug in</td>
</tr>
</tbody>
</table>

- Comprehensive nationwide database of demographics acts as an “answer key.”
- More accurate. No tuning.
- Deploy in weeks. No more upgrade projects. Easy to maintain.

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The foundation of our approach is a comprehensive database of US identities.

Data Sources

- CREDIT
- TELCO
- GOV’T / LEGAL

Billions of Records

Over 300M identities, 30 years of historical data, 60M updates per month.

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Referential Data Base Advantage

Referential Matching makes matches that traditional probabilistic algorithms can never make

<table>
<thead>
<tr>
<th>Traditional Probabilistic Matching</th>
<th>Referential Matching</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Diagram" /></td>
<td><img src="image2.png" alt="Diagram" /></td>
</tr>
</tbody>
</table>

- **Traditional Probabilistic Matching**
  - A
  - B
  - EHR, MPI, or MDM
  - No Match

- **Referential Matching**
  - A
  - B
  - Match
  - Verato Reference Database
Verato solutions are SaaS-based – so they are fast, simple, secure, and scalable

**FAST & EASY TO IMPLEMENT**

*Weeks or months, not years.*
*1 person, not 4.*

**SIMPLE**

Accessed using modern APIs.

**SECURE**

HIPAA compliant. PCI, SO2 Type 2, and HITRUST certified.

**SCALABLE**

Hundreds of millions of identities, sub-second response times.
1. Verato creates a private MPI tenant in our cloud infrastructure
2. Customer and Verato instantiate MPI instance with patient/citizen data
3. Referential matching organizes and links customer identities
4. Unique Verato IDs are transmitted to customer
5. Virtual Private MPI is surrounded by services and integration methods
Verato uMPI in Concert with CORHIO

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Add/Updates routed to Verato as well as CORHIO (postIdentity Web Service calls)</td>
</tr>
<tr>
<td>2</td>
<td>Verato Assigns LINK IDs using referential matching process</td>
</tr>
<tr>
<td>3</td>
<td>Verato publishes LINK IDs to CORHIO</td>
</tr>
<tr>
<td>4</td>
<td>CORHIO matching includes the use of Verato LINK ID to force links.</td>
</tr>
<tr>
<td>5</td>
<td>Changes made to CORHIO can be sent to Verato (linkIdentity Web Service calls) to keep them in sync</td>
</tr>
<tr>
<td>6</td>
<td>Future Integration</td>
</tr>
<tr>
<td>7</td>
<td>Existing INTEGRATION Services remain pointed to CORHIO</td>
</tr>
<tr>
<td>n/a</td>
<td>Integration technology components used but not pictured</td>
</tr>
</tbody>
</table>

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Draft Recommendation- What’s Possible

UMPI/Validate for the State of Colorado Data Flow

Verato system integration patterns

1. Post of add/update data for Verato ID Assignment (AKA “passive integration”)
2. Real-time identity query for patient/citizen (Search API equivalent AKA “active integration”)

Statewide Person Matching Option

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9HEALTH CONSUMER SURVEY

GARY DREWS, CEO, 9HEALTH
CARRIE PAYKOC, STATE HEALTH IT COORDINATOR
Survey Goals

- Discover on-the-ground 1st person, health consumer circumstances and health-related needs for user-designed digital health services
- Identify cultural and demographic impacts on health ownership, digital interfaces, and social trust
- Suggest public, environmental and social determinant opportunities for improvement across Colorado
- Inform CO Health IT Roadmap
- Inform 9Health’s Strategic Direction
9Health Focus

9Health

Educate
- Alert calls
- Website
- 9Health Happens
- Volunteers
- More to come!

Screen
- 9Health Fairs
- More to come?

Inspire
- 9Health Happens
- 9News
- Volunteers
- More to come!

Prevent
- Alert calls
- 9Health eTools
- 9Health Happens
- Volunteers
- More to come!
Survey Details

- Questions sourced from 9Health staff, OeHi, Prime Health
- Distribution:
  - 9Health FB (4k), 9News FB 850k), 9News Homepage (100k), 9Health Newsletters (80k), Connect 4 Health (150k), LinkedIn (1k+), OeHi, Prime, & more
- 472 Respondents, 4/24-6/3
- 43 of 64 Colorado Counties represented, skews toward front range metro area

Q1 What is your gender?
Answered: 472  Skipped: 1

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>70.55%</td>
</tr>
<tr>
<td></td>
<td>333</td>
</tr>
<tr>
<td>Male</td>
<td>29.45%</td>
</tr>
<tr>
<td></td>
<td>139</td>
</tr>
<tr>
<td>TOTAL</td>
<td>472</td>
</tr>
</tbody>
</table>

Q2 Age
Answered: 471  Skipped: 2

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-40</td>
<td>10.83%</td>
</tr>
<tr>
<td></td>
<td>51</td>
</tr>
<tr>
<td>41-50</td>
<td>12.53%</td>
</tr>
<tr>
<td></td>
<td>59</td>
</tr>
<tr>
<td>51-65</td>
<td>41.61%</td>
</tr>
<tr>
<td></td>
<td>196</td>
</tr>
<tr>
<td>Over 65</td>
<td>35.03%</td>
</tr>
<tr>
<td></td>
<td>165</td>
</tr>
</tbody>
</table>

Total Respondents: 471
11% uninsured among respondents

82% with a PCP, but what exactly does a PCP means to Coloradans over time?
95% of respondents rate their health as a 3 or better out of 5

- Implies a healthy population
- Correlates highly to 9News’ surveys of health fair attendees

### Q6 How would you rate your overall health on a scale of 1 to 5 with 1 being the lowest and 5 the highest?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>131</td>
<td>27.75%</td>
</tr>
<tr>
<td>4</td>
<td>234</td>
<td>49.58%</td>
</tr>
<tr>
<td>3</td>
<td>83</td>
<td>17.58%</td>
</tr>
<tr>
<td>2</td>
<td>22</td>
<td>4.66%</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>0.42%</td>
</tr>
</tbody>
</table>

Total: 472
Weighted Average: 2.00
80%+ review their health screening results w/PCP

Many commented:
- No doctor nearby
- Out of pocket expense for seeing a DR.
- Results used as a self-comparison
- Self-interpreting results
- Multiple comments: provider does not accept external results or is not interested in them

46% consulted 9Health website, videos or nurse lines for information

Most utilized Screenings (besides labs): Blood Pressure, Vision, Hearing, Bone density, Stress
Q10 When you have a health issue, what do you typically do? (check all that apply)

Answered: 399   Skipped: 74

➢ ‘Health Issue’ was left to interpretation
➢ As expected, most talk with their PCP
➢ Almost 60% do their own research
➢ 7% go the ER
➢ “Other” is the most descriptive; themes include:
   ➢ Visit doc
   ➢ Doing nothing – ‘pray’, wait it out, suffer
   ➢ Talk to alternative providers, incl. pharmacist, nutritionist, etc.
Implications

- Access and integration to personal Data
- Access to info to self-diagnose
- Access to care
- Significant opportunity to ‘drill down’ on this question

Contextual Themes

- 40 of 72 comments indicate no smartphone, cell service
- Distrust of data loss and use, would never put data on an app
- Transparency: cost comparison of docs
**Implications**

- Combined, money and time are the top challenges
- Motivation and readiness for personal change is a Big obstacle (the health fairs discover this, too)
- Relatedly, 8% fear knowing about their health
- 3% indicated living needs’ issues

**Contextual Themes**

- WIDE variety of comments – more analysis needed here
- One to watch: several notes of mis-trusts, poor communication, and poor access of/to providers
- Insurance and drug expense issues
- Fear: Potential for bankruptcy
- Literacy - understanding
- Transparency, of course
Implications
- Family role important to bringing issues to light and attention
- 1 in 4 motivated by a NG diagnosis
- And only 20% are motivated by their looks, hmmm....
- Next round: Drill down on ‘Feeling healthy’ and ‘Avoiding health issue’ to uncover

Contextual Themes
- Stress
- Disease avoidance or recurrence
- ‘Stay out of the Healthcare System’
- Fear of painful death, poverty, hospitals,
- Several indicated positive results from weight loss, activity, exercise
9Health Intersections

"02 - Promote and Enable Consumer Engagement, Empowerment, and Health Literacy Develop and implement tools to educate, engage, and empower consumers in their health and well-being"

Potential 9Health Intersections:
1. Years of 50K population health data in CORHIO
2. Health, insurance and 'Health System' literacy efforts, 1M+ media reach
3. Public Health Educational ‘Interventions’
4. Identify specific community health needs
5. Make prevention tools ubiquitous and no/low cost
6. Identify unique community needs and gaps in care coordination through outreach, surveys
7. Convene a consumer advisory board to provide ongoing input.
Value in conducting periodic ‘pulse’ trend surveys?
  - If so, frequency at pace of ‘health consumer’ pressure changes

What needs to be drilled down on to make the survey ‘actionable’?

What specific information would further inform the Roadmap?

Special thanks to OeHI, Prime Health and 9News!
COMMISSION WORKGROUPS

MARY ANNE LEACH, DIRECTOR, OEHII
HIE & DATA SHARING INITIATIVE WORKGROUP

MARY ANNE LEACH, DIRECTOR, OEHI
# DRAFT HIE & DATA SHARING WORKGROUP

<table>
<thead>
<tr>
<th>WG Member</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelly Joines</td>
<td>Chief Strategy Officer</td>
<td>CORHIO</td>
</tr>
<tr>
<td>Marc Lassaux</td>
<td>Chief Technical Officer</td>
<td>QHN</td>
</tr>
<tr>
<td>Micah Jones</td>
<td>Medicaid Health IT Coordinator</td>
<td>HCPF</td>
</tr>
<tr>
<td>Carrie Paykoc</td>
<td>State Health IT Coordinator</td>
<td>OeHI</td>
</tr>
<tr>
<td>Mary Anne Leach</td>
<td>Director</td>
<td>OeHI</td>
</tr>
<tr>
<td>Deanna Towne</td>
<td>Director of Information Technology</td>
<td>Governor's Office of Information Technology</td>
</tr>
<tr>
<td>Jon Gottsegen</td>
<td>Chief Data Officer</td>
<td>Governor's Office of Information Technology</td>
</tr>
<tr>
<td>Ad Hoc Members as Determined</td>
<td>N/A</td>
<td>CDHS, CDPHE, DOC, OBH, other</td>
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CLOSING REMARKS, MARCH AGENDA, AND ADJOURN

MICHELLE MILLS, CO-CHAIR
# DRAFT JULY AGENDA

## Call to Order
- Roll Call and Introductions, Approval of June Minutes, July Agenda and Objectives  
  - 12:00

## Announcements
- OeHI Updates  
- State Agency and SIM HIT Updates  
- Grant Opportunities, Workgroup Updates, Announcements  
  - 12:10

## New Business
- Health IT Roadmap Initiatives  
  - 12:35
- Prevention Alliance

- TBD  
  - 1:05

- Other topics?  
  - 1:30

## Remaining Commission Comments  
  - 1:45

## Public Comment Period  
  - 1:50

## Closing Remarks
- Open Discussion, August Agenda, Adjourn  
  - 1:55