# MAY AGENDA

## Call to Order
- Roll Call and Introductions
- Approval of April Minutes
- May 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, OeHI and eHealth Commission Members*

## New Business
### Introduction and Briefing on Legal Framework Approach for Data Sharing
*Lisa Neal-Graves, Chief Information Officer, AG Office*

### Joint Agency Interoperability Governance Discussion
*Sarah Nelson, Director of Business Technology, Colorado Dept. of Human Services*

### State Health Information Technology Architecture
*Jason Webster, Health IT Architect, Health Tech Solutions*

### Electronic Clinical Quality Measurement (eCQM) Transition Plan
- Carrie Paykoc, Interim Director, Office of eHealth Innovation
- Sanjai Natesan, Health IT Model Program Manager, State Innovation Model
- Paul Presken, Senior Consultant, Colorado Health Institute
- Jed Ziegenhagen, Payment Policy Analyst, Health Care Policy and Financing

## Public Comment Period
- Open Discussion

## Closing Remarks
- Recap Action Items
- June Agenda
- Adjourn  
  *Michelle Mills, Chair*
ANNOUNCEMENTS

OeHI UPDATES

- Commissioner renewals and openings
- Funding Update- Request for eHealth Commission Letter of Support
- eHealth Commission Overview- April Meeting Clarification
- ONC and CMS Proposed Comments Extended to June 03
- TEFCA Version 2 Comments Due June 17th

COMMISSION UPDATES

- Others?
## ACTION ITEMS

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Owner</th>
<th>Timeframe</th>
<th>Status</th>
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<tr>
<td>Annual eHealth Commission Training</td>
<td>OeHI Interim Director/ State Health IT Coordinator</td>
<td>Q1 2019</td>
<td>April Commission Meeting- Follow Up Questions</td>
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INTRODUCTION AND BRIEFING ON LEGAL FRAMEWORK APPROACH FOR DATA SHARING

LISA NEAL-GRAVES
CHIEF INNOVATION OFFICER
ATTORNEY GENERAL’S OFFICE
ELECTRONIC CLINICAL QUALITY MEASUREMENT (ECQM) TRANSITION PLAN

CARRIE PAYKOC, INTERIM DIRECTOR, OEH
SANJAI NATESAN, HEALTH IT MODEL PROGRAM MGR, SIM
PAUL PRESKEN, SENIOR CONSULTANT, CHI
JED ZIEGENHAGEN, PAYMENT POLICY ANALYST, HCPF
Initiative #13

“This initiative provides technology support to ease the capture, aggregation, and reporting of agreed upon, quality reporting measures.”

Purpose / Objective

The purpose of this initiative is to ease the burden on providers for submitting quality measures. This initiative should provide tools that streamline the processes used.

Project Scope – Phase 1

This multi-year effort is focused on leveraging investments from the State Innovation Model (SIM) to advance the automatic reporting of electronic clinical quality measure reports. This project is focused on evaluating and scaling technical infrastructure investments and continuing data governance.
State Innovation Model Efforts to Improve Electronic Clinical Quality Measurement Reporting
Current SIM eCQM Measures

- **Adult**
  - CMS 2: Screening for Depression and Follow Up Plan
  - CMS 69: Body Mass Index (BMI) Screening and Follow Up Plan
  - CMS 122: Hemoglobin A1C (HBA1C) Poor Control (>9%)
  - CMS 138: Tobacco Use; Screening and Cessation Intervention
  - CMS 165: Controlling High Blood Pressure

- **Pediatric**
  - CMS 2: Screening for Depression and Follow Up Plan
  - CMS 82: Maternal Depression Screening
  - CMS 155: Weight Assessment and Counseling
    - CMS 155w: Assessment of BMI
    - CMS 155n: Nutritional Counseling
    - CMS 155p: Counseling for Physical Activity
  - CMS n/a: Medication Management for People with Asthma (under development)
  - CMS n/a: Developmental Screen First 3 years of Life (under development)
  - CMS 117: *Childhood Immunization Status

* Will begin reporting this measure with next submission in April of 2019
Quarterly Measure Validation Process Flow

1. **Practice Validation**
   - Data Validation
   - Pass
   - Fail
   - Stop

2. **HDCo Partner**
   - Measure Validation
   - Pass
   - Fail (time allowing)
   - Practice Validation Sign-off
   - Signed-Off
   - Stop

3. **HDCo Shared Solution**
   - Confirmation of Transmitted Measures (HDCo to Shared Solution)
   - Pass
   - Fail

4. **University**
   - Confirmation of Transmitted Measures (Shared Solution to SPLIT)
   - Pass
   - Fail

5. **SPLIT**
   - Confirmation of Transmitted Measures (Shared Solution to SPLIT)
   - Pass
   - Fail

**Note:** Each measure for a practice goes through this process independently each quarter.
SUCCESES

- Practices appreciate validation work being done by the HDCo partner and review of outcomes
- Practices appreciate ability to validate EHR generated reports
- HDCO has the ability to report on CQMs that EHRs can not
- Practice excitement for usable data
GOVERNANCE, USE CASES, TRANSITION AND SUSTAINABILITY
GUIDING PRINCIPLES

▪ Build and establish trust with stakeholders for establishing and using measures
▪ Promote transparency and buy-in
▪ Provide a feedback loop for communications
▪ Reduce practice burden
▪ Establish a rigorous validation process
TIMELINE & MAJOR ACCOMPLISHMENTS

Phase 1 - May 2018 - July 2018
- Identify governance policies & procedures for extracting, validating & reporting eCQM measures
- Ensure processes & resources are in place for supporting practices that are ready to participate

Phase 2 - August 2018 - April 2019
- Develop measure validation framework & evaluate quality of Q4 2018 measure submission
- Evaluate & recommend new eCQM use cases for Medicaid APM & Medicare QPP

Phase 3 - May 2019 - July 2019
- Continue refinement of measure validation framework
- Evaluate quality of Q1 2019 measure submission
- Engage in the process for transferring Committee oversight to the Office for eHealth Innovation
ECQM MEASURE VALIDATION FRAMEWORK

1. Data Validation
2. Measure Validation
3. Practice Validation Sign-Off
4. Confirmation of Transmitted Measures
5. Confirmation of Transmitted Measures

HDCo Process Review
Practice Peer Review
USE CASE EVALUATION PROCESS

Initial Evaluation:

➢ Anyone can bring forth a new use case proposal

➢ Data Governance Committee (DGC) initially evaluates each new use case & hands off to Workgroup for investigation

➢ DGC decides if use case proceeds or not: Green/Yellow/Red

➢ DGC decides Workgroup composition, resources & priorities
USE CASE EVALUATION PROCESS

Full Evaluation:

➢ Workgroup presents full evaluation findings to DGC who then decides if use case should be implemented

➢ Evaluation should be documented succinctly (1 to 3 pages)

➢ Full evaluation should include the following considerations:
  ✓ Alignment with state & national priorities
  ✓ Practice alignment & support
  ✓ Estimate of number of practices/providers impacted
  ✓ Technical feasibility
  ✓ Staffing, resourcing & financial sustainability
  ✓ Legal & HIPAA considerations
MEDICAID APM USE CASE RECOMMENDATION

- **eCQM submission timeline:**
  - 2018 Measures - Pay for Reporting
  - 2019 Measures - Baseline Year
  - 2020 Measures - First Performance Year
  - 2021 - Reimbursement Changes Based on Performance

- **Primary Care Practices Impacted:**
  - FQHCs - 21 FQs (representing 207 practices)
  - Non-FQHCs - 85 practices now - estimated 175 by 2020

- **Implementation Next Steps:**
  - Practice engagement & measure selection
  - Technical assistance & support for onboarding practices
MEDICARE QPP USE CASE RECOMMENDATION

- **eCQM submission timeline:**
  - **2018 Measures** - Practices have already chosen their vendor/method for submission and have already submitted their measures
  - **2019 Measures** - Practices have just started the process of choosing submission vendor/method, so there is an opportunity for eCQM to be their submitting platform

- **Primary Care & Specialty Practices Impacted:**
  - **Large Practices** (16+ providers) - 2,700 statewide
  - **Small Practices** (1-15 providers) - 1,100 statewide

- **Implementation Next Steps:**
  - Proactive communication of eCQM reporting availability
  - Articulation of value proposition
<table>
<thead>
<tr>
<th>Governance</th>
<th>Operations</th>
<th>Practice Engagement</th>
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**Transition and Sustainability**
GOVERNANCE

▪ Activities
  ➢ Ensure data are trusted, valid, consistent, and useable
  ➢ Protection and security
  ➢ Dispute and appeal guidelines

▪ Expand clinician representation and include patient voice.

▪ Leadership with OEHI, continue neutral party convening and facilitation.
OPERATIONS

- Solution must provide a trusted, cost-effective mechanism to participate in Medicaid and Medicare alternative payment models

- Resources for sustaining the solution long-term still under discussion
PRACTICE ENGAGEMENT

▪ Led by technical partners and payers

▪ Interest in peer review depending upon structure and leadership
STATE MEDICAID FUNDING
SIM & MEDICAID

- SIM’s work is foundational
  - Automated eCQM extraction
  - Extract once, report many
  - Medicaid APM use case is primary

- Medicaid & the Office of eHealth Innovation will scale this work
  - Onboarding Medicaid Provider
  - Onboarding other Providers
WHY AUTOMATED EXTRACTION?

• Expedite move to value-based payments
• Increase value in health care
• Further Care Coordination efforts
• Contain costs while maintaining quality & accessibility
• Colorado’s Funding philosophy
  • Re-use of existing technology
  • Leverage Multiple Funding Streams
Re-Use: Evaluation of Existing Solutions

FUNDING PHILOSOPHY

- Scalable
- Adaptable
- Interoperable
- Financially Sustainable
- Viable
- Encourage the growth of HIE*
Funding Streams

FUNDING PHILOSOPHY

- Federal Grants
- Federal Funding
- HITECH for DDI
- State Funds (HCPF)
- State Funds (OeHI)
- Cost Allocation
90 PERCENT HITECH MATCH

- Provider Onboarding Program
- Statewide Data Governance
  - eCQM Data Governance Committee
  - Expanded Use Cases & perspectives
  - Transparency/trust, guiding principles, core values
  - Develop policies and procedures
  - Transition planning from SIM to OeHI
FUTURE FEDERAL FUNDING REQUEST

• Current HITECH APD will be submitted to CMS within the next two weeks

• For Federal Fiscal Year 2020, the state is requesting
  • Additional money for increased Onboarding activities
  • Start up administration
  • Data Quality & Technical Assistance for practices
  • Clinical Staff validation of eCQMs
  • Global Development of eCQMs
  • Data visualization of clinical gaps
  • FTE/Contractor
ECQM INFRASTRUCTURE AND DATA GOVERNANCE TRANSITION TO OFFICE OF EHEALTH INNOVATION
### TRANSITION HIGH-LEVEL PROJECT PLAN

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<tr>
<th>PHASE</th>
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<tr>
<td>1</td>
<td>Project Conception and Initiation</td>
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<tr>
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<td>- OeHI WG Charter and Launch</td>
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<td>- eHealth Commission Overview</td>
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<td>2</td>
<td>eCQM Transition</td>
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<td>- Scope and Goal Setting: HCOO</td>
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<td>- Scope and Goal Setting: Governance</td>
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<td></td>
<td>- Budget Available Funds</td>
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<td>- Request Federal Match for eCQM infrastructure and APM</td>
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<td>- Contracting HCOO</td>
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<td>- Contracting Governance</td>
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<td>- Communication Plan</td>
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<td>- Risk Management</td>
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<td>3</td>
<td>Project Launch &amp; Execution</td>
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<td>- Master WPS pending review/approval</td>
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<td>- Hire Project Manager(s)</td>
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<td>- Status and Tracking</td>
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<td>- KPIs</td>
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<td>- Quality</td>
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<td>- Forecasts</td>
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<td>- Objective Execution</td>
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- **eCQM Data Governance Budget: 450K- approved by CMS pending contracting**
- **eCQM Infrastructure Budget: 4.5 Million- pending CMS Approval, 500K Operations Funds for HIE to be used to sustain and grow SIM investment with Health Data Colorado**
NEXT PHASE OF ECQM WORK

- New eHealth Commission Workgroup on electronic clinical quality measurement to replace SIM’s Health IT WG to support the transition and plan for future use case
  - Need eHealth Commission Chair
  - Recommendations for Workgroup

- Data Governance Committee to continue with the Office of eHeath Innovation.

- Communications strategy in development for practice engagement and transition
JOINT AGENCY INTEROPERABILITY GOVERNANCE DISCUSSION

SARAH NELSON
BUSINESS TECHNOLOGY DIRECTOR
COLORADO DEPT OF HUMAN SERVICES
STATE HEALTH INFORMATION TECHNOLOGY ARCHITECTURE MAPPING PROJECT

JASON WEBSTER
ENTERPRISE ARCHITECT
HEALTH TECH SOLUTIONS
JASON@HEALTHTECHSOLUTIONS.COM
DIAGRAM GOALS

Identify and visually represent:

- Interpretation of data systems
- Information system interdependencies
- Relationships of how and what data moves between systems
- Currency of systems (expected changes and upgrades)
PROJECT BACKGROUND

- Illustration of connections among the various Colorado systems
- Initially focused on State Agencies
- Reflective of Medicaid Enterprise System Components
- Added organizations involved in care coordination for whole person care
- Interviews conducted with 26+ organizations
- Included additional offline research of individual agencies
<table>
<thead>
<tr>
<th>SYSTEMS INCLUDED</th>
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<tbody>
<tr>
<td>• Connect for Health Colorado</td>
<td>• Pharmacy Benefits Manager (PBM)</td>
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<td>• PEAK</td>
<td>• Prescription Drug Monitoring Program (PDMP)</td>
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<tr>
<td>• Trails</td>
<td>• Colorado Immunization Management Information Management System (CIIS)</td>
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<tr>
<td>• Colorado Benefits Management System (CBMS)</td>
<td>• Automated Child Support Enforcement System (ACSES)</td>
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<tr>
<td>• Medicaid Management Information System (MMIS)</td>
<td>• Provider Directory</td>
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<td>• State Lab</td>
<td>• Colorado Central Cancer Registry (CCCR)</td>
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<td>• Child Care Automated Tracking System (CHATS)</td>
<td>• Reportable Diseases</td>
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<td>• Ariel</td>
<td>• Department of Regulatory Agencies (DORA)</td>
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<tr>
<td>• Business Intelligence Data Management (BIDM)</td>
<td>• Medicaid Utilization Management (UM)</td>
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<tr>
<td>• CIVHC</td>
<td>• Third Party Liability (TPL)</td>
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<tr>
<td>• ICON/Eclipse Databases</td>
<td>• Vital Statistics</td>
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<td>• DRCOG</td>
<td>• Colorado Health Observation Regional Data Service (CHORDS)</td>
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ARCHITECTURAL DIAGRAM LEGENDS

Key
System Backgrounds
- New System
- Operational System
- Sunset System

SDOH
- CRISPer project involvement
- Community Resource Network project involvement
- SDOH Flows

Other
- eCQM project involvement
  - Labs
  - Cancer
  - Immunizations
  - Clinical Data Exchange
  - Accountable Health Community Model (DRCOG)
  - Accountable Health Community Model (RMHP/RAE1)
  - Additional process and architectural drawings exist
- HRSN
  - Health Related Social Needs (an assessment tool used in AHCM for determining SDOH needs)
ARCHITECTURAL DIAGRAM REVIEW
OBSERVATIONS

▪ There is a disconnect between Health and Human Service Agency systems and workflows, and the rest of the landscape. These agencies are often in direct contact with vulnerable people and are potential sources of SDoH data collection, intervention, referral, and case management services.

▪ CORHIO, CCMCN, and QHN play a vital role in the exchange of health information. They offer a wide range of technical services directly and indirectly through technical support of a number of initiatives.

▪ SDoH needs a common screening framework for data exchange

▪ There is strong engagement and high interest in data exchange among all parties
RECOMMENDATIONS

- Continue close coordination with state entities (CDPHE, HCPF, OBH, & DHS) and community partners through regular meetings and communication

- Establish a quarterly review process to keep the diagrams and other information regarding the Colorado HIT landscape current, accurate, and communicated

- Support the HIEs, CCMCN, and other data sharing organizations

- Start building a library of existing and prospective use cases

- Explore coordinated use cases that include social work organizations such as child protective services, prison exits, foster care age-outs, aging services, and others

- Develop a data model for communicating Social Determinants of Health (SDoH) information

- Establish/expand electronic referral capabilities

- Expand the use of the Provider Directory to serve as a definitive source of provider information and services sufficient to support care coordination applications
DIAGRAM USES

Current:

- MMIS Certification
  - Illustrate an understanding of the Colorado landscape
  - Supported MMIS system efforts

- Benefits Management Executive Committee
  - Illustrate complexity and integration of systems

Potential:

- Impact analysis for strategic planning
- Identification and prioritization of system connectivity and investment
- Provide basis for long-term strategic IT planning and governance
- Indicate sources of potential collaboration and shared goals
- Offer insight into funding requirements
DISCUSSION

▪ Are the right organizations reflected?

▪ Are the data flows logical in how data is being shared - or not being shared?

▪ What additional information would be needed to support the recommendations?
# JUNE DRAFT AGENDA

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

*Michelle Mills, Chair*

**12:00**

## 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*

**12:05**

## New Business
- eCQM Deep Dive
  - TBD

**1:05**

## Public Comment Period
- Open Discussion

**1:50**

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

*Michelle Mills, Chair*

**1:55**
# POTENTIAL FUTURE AGENDA TOPICS

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<th>Presenter</th>
<th>Focus</th>
<th>Scheduled</th>
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<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>
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<tr>
<td>Julota- Connected Community</td>
<td>Rick Pionkowski, CEO</td>
<td>Social health information exchange</td>
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<tr>
<td>Health Data Co</td>
<td>Health Data Co Partners- QHN, CORHIO, CCMCN</td>
<td>Future of eCQMs efforts</td>
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