## OCTOBER AGENDA

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

### Announcements
- Lt. Governor Remarks, Dianne Primavera
- OeHI Announcements and Updates
- Workgroup Announcements and Updates
- Commissioner Announcements and Updates  
  *Carrie Paykoc, Interim Director, OeHI*

### eHealth Commissioners

### New Business
- Colorado’s Efforts to Share Mental Health Information with Consent  
  *Wesley Williams, CIO, Mental Health Center of Denver*
  *Kate Horle, COO, Colorado Regional Health Information Organization*

### Hospital Transformation Program and Medicaid Measure Alignment  
- Matt Haynes, Special Finance Projects Manager, Health Care Policy & Financing  
- Nancy Dolson, Special Finance Division Director, Health Care Policy & Financing

### Public Comment Period
- Open Discussion

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

OeHI UPDATES

- Care Coordination Initiative Funding & Approach
- Executed Contracts and Project Plans
- HHS 42 CFR Part 2 Proposed Rule
- Proposed Telehealth Workgroup Members
- Upcoming meetings: Rural Focus

COMMISSION UPDATES

- Advanced Directive Survey - Chris Wells

Note: If you are experiencing audio or presentation difficulties during this meeting, please use the Adobe Connect chat box function to alert us. Or please email Kristi.labarge@state.co.us. We are working to improve the audio let us know what you think.
### DRAFT MEMBERSHIP LIST - NOV LAUNCH, CHAIR- RACHEL DIXON

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathy Osborn</td>
<td>Colorado Hospital Association</td>
</tr>
<tr>
<td>Elizabeth Baskett</td>
<td>Baskett, Formerly HCPF</td>
</tr>
<tr>
<td>John Savage</td>
<td>Care on Location</td>
</tr>
<tr>
<td>Sristi Sharma, MD</td>
<td>Physician-International</td>
</tr>
<tr>
<td>Jay Shore, MD, CMO</td>
<td>Physician-Psychiatry, AccessCare Services, Anschutz Proff, ATA Founder</td>
</tr>
<tr>
<td>Paul Murphy</td>
<td>Formerly HCA, Health Tech Leader</td>
</tr>
<tr>
<td>Teresa Ferguson</td>
<td>Office of Broadband</td>
</tr>
<tr>
<td>Alixandra Schmetterer</td>
<td>Health Care Policy and Financing</td>
</tr>
<tr>
<td>Jan Ground</td>
<td>Formerly at Kaiser Permanente</td>
</tr>
<tr>
<td>CO Health IT Roadmap</td>
<td>Follow Up</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>eHealth Commissioner Opening</td>
<td>Accepting applications for rural community leaders and payer experts</td>
</tr>
<tr>
<td>Launch Consent Initiative Efforts</td>
<td>Initial planning meetings with Commissioner Wes Williams and OeHI held</td>
</tr>
<tr>
<td>HTP Alignment</td>
<td>Initial discussions regarding alignment and input on measure</td>
</tr>
</tbody>
</table>
# Affordability Roadmap

<table>
<thead>
<tr>
<th>Affordability Roadmap</th>
<th>Status and Follow-Up</th>
</tr>
</thead>
</table>
| Prescriber Rx Tool          | • OeHI participating in procurement process and contract negotiations  
                              • OeHI adding criteria to SUPPORT ACT funding request to support provider adoption and reduce burden related to ALL prescription tools  
                              • OeHI discussing with HIEs potential projects to link efforts in 2020                                                                                   |
| Advanced Directive SB 19-073| • Align/Prioritize Roadmap Initiatives- consent, identity, HIE  
                              • OeHI to release survey to clinicians on advanced care planning efforts in October  
                              • OeHI PMO to define success criteria and alignment with Roadmap efforts                                                                                |
| Interoperability (JAI)      | • Align/Prioritize Roadmap Initiatives- OeHI Identity resolution pilots informing JAI investments- Pilot 1 complete, Pilot 2 kick-off 9/17  
                              • Marc Lassaux serving on leadership committee  
                              • OeHI reviewing goals, objective, and projects for JAI to ensure alignment between efforts                                                                 |
| Broadband/Telehealth        | • Submitted letter of support and comments August 29th for connected care pilot funding opportunity  
                              • Recruiting and launching workgroup to develop state plan and refine pilots- chair Rachel Dixon. Plan to launch in October  
                              • Planning meeting held in September with Rachel.                                                                                                     |
Behavioral Health Information Sharing

Wes Williams, VP & CIO, Mental Health Center of Denver
Kate Horle, COO, CORHIO
October 9, 2019
Agenda

• Quick overview of **42 CFR Part 2**
• **Colorado Advanced Interoperability Initiative** and current state of Part 2-covered information sharing
• **Carequality**: query-based Part 2-compliant information sharing between Mental Health Center of Denver and Denver Health
• Denver’s **Crisis Intervention and Response Unit** and a mobile app for behavioral health information lookup
• Opportunity: **first-responder lookup app** blending behavioral health and CORHIO information.
• Federal rule providing protections to people seeking treatment for substance use disorders (SUD).

• Requires consent from patient to share health care information
  • (In contrast to HIPAA, which allows sharing for treatment, payment, and operational purposes without consent).

• Coverage is dictated not by the data elements (e.g. SUD diagnostic code) but rather by provider.
  • Providers who hold themselves out as providing specialty SUD services are covered.
  • Part 2 rules may apply to the entire organization or to specific programs, depending on the organization’s segmentation.

• In the event of an emergency, information may be shared without consent.
Colorado Advanced Interoperability Initiative

- ONC program designed to further the interoperability roadmap
- Awarded to Colorado in 2015 for two years
- Colorado’s program focused on three types of providers: Ambulatory, Behavioral Health and Long-Term Post-Acute Care providers.
  - Goals: 500 ambulatory providers are sending CCDs
  - 20 LTPAC sites are sending CCDs
  - 2 Behavioral health organizations are sending CCDs.
- Primary participants were HCPF, CORHIO and QHN along with a variety of sub-contractors.
• At close, we had approximately 200 ambulatory providers either delivering or about to deliver CCDs into CORHIO with visibility inside Medicity.
• We have 7 LTPAC sites delivering CCDs with 23 preparing to do deliver in early April (or sooner).
• Behavioral health: One entity will be testing deliver in mid to late March.
Mind Springs Health (MSH) Acquires Patient Consent

Process:
- MSH updates patient consent in QHN to share data
- MSH sends report to HIE
- Report is pushed to authorized providers (EHRs)
  - Includes re-disclosure notice
CORHIO Behavioral Health Exchange Pilot

1. Choose2Share.com
2. Mental Health Center of Denver
3. Protected, non-HIPAA Sharable Data

Only continue if user’s role indicates Healthcare Treatment
1. Start by automating existing workflows
2. Make it easy for CMHCs to share their 42 CFR Part 2 data no matter how they interpret the rule
3. Clients want to share with all their treating providers
• Query-based information sharing between providers

• Common agreement and master provider directory

• Allows for Part 2-compliant information sharing

• EHRs can be configured to only allow CCDs to be returned if consent is on file

• In past quarter, Mental Health Center of Denver sent 1857 CCDs in response to Denver Health queries
Denver’s Crisis Intervention • Response Unit (CIRU)

Co-Responder Program
- Licensed mental health clinicians embedded within Denver Police Department
- Partnership between Denver’s Office of Behavioral Health Strategies, Denver Police Department, and Mental Health Center of Denver
MHCD Lookup
Behavioral Health Information for First Responders

FHIR APIs
HOSPITAL TRANSFORMATION PROGRAM

PRESENTATION TO THE EHEALTH COMMISSION

OCTOBER, 2019

Nancy Dolson, Special Finance Division Director
Matt Haynes, Special Finance Projects Manager
Department of Health Care Policy & Financing
Hospital Transformation Program

Presentation to the eHealth Commission

October, 2019

Nancy Dolson, Special Finance Division Director
Matt Haynes, Special Finance Projects Manager
Department of Health Care Policy & Financing
Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources
On the Road to Better Health

How the Department of Health Care Policy and Financing is Driving Improved Health Care Delivery and Payment Systems in Colorado

1. Taxpayers
2. Clients
3. LTSS
4. PCPs
5. FQHCs

WHY? Because almost one of four Coloradans is covered by Health First Colorado, HCPF has the ability to move the market.

WHO? HCPF partners with key stakeholders.

HOW? HCPF works with stakeholders to build a value-based system.

Payment Reform Models

Quadruple Aim
- Lowered Costs
- Improved Quality
- Improved Health
- Provider Satisfaction

DESTINATION? System Transformation.
Hospital Transformation Program (HTP) Overview

- The Hospital Transformation Program (HTP) is a critical step toward adding value into the system over time.

- Delivery system transformation continues to be a central goal of HCPF.

- Tied to the existing supplemental payments

- Focus on interventions as well as measures

- Focus on Community Engagement.
HTP Goals

• Improve patient outcomes through care redesign and integration of care across settings;

• Improve the patient experience in the delivery system by ensuring appropriate care in appropriate settings;

• Lower Health First Colorado (Colorado’s Medicaid Program) costs through reductions in avoidable hospital utilization and increased effectiveness and efficiency in care delivery;

• Accelerate hospitals’ organizational, operational, and systems readiness for value-based payment; and

• Increase collaboration between hospitals and other providers.
**HTP Priorities**

The HTP envisions transforming care across the following six priority areas:

- *Care Coordination and Care Transitions*
- *Complex Care Management for Targeted Populations*
- *Behavioral Health and SUD Coordination*
- *Perinatal Care and Improved Birth Outcomes*
- *Recognizing & Addressing Social Determinants*
- *Reduce Total Cost of Care*
HTP Focus Areas for Measures

• Reducing Avoidable Hospital Utilization

• Vulnerable Populations

• Behavioral Health Conditions and Substance Use Disorder

• Clinical and Operational Efficiencies

• Community Development Efforts to Address Population Health and Total Cost of Care
HTP Hospital Role

Colorado’s hospitals have a critical role to play in the HTP, and will be asked to:

- Engage with community partners
- Recognize and address the social determinants of health
- Prevent avoidable hospital utilization
- Ensure access to appropriate care and treatment
- Improve patient outcomes
- Ultimately reduce costs and contribute to reductions in total cost of care
4 Principles of Success

1. What is our measurable impact on meaningful metrics?

2. What actions/interventions/processes of care are affecting that impact?

3. What are our learning systems for continuous improvement and what are we learning from our activity and performance?

4. How are we building a culture of engagement and how are we engaging our communities in regard to what we measure, what interventions we do, and in our learning and feedback loops?
Glide Path

Pay for Activity and Reporting

Pay for Milestones Achievement

Pay for Performance
Program Development Process

• Initial Development work began in 2016

• Intent to align with the state’s priorities and to align with priorities that we hear from stakeholders

• Multiple levels of Outreach and Engagement
Rural Support Fund

• Preliminary discussions regarding a supplementary component to HTP under the CHASE to provide additional resources for non-resort, critical access and frontier hospitals

• Funding is expected to be available each of five years through the HTP. The funding may be used for services that prepare the hospital for future value-based or alternative payment methodologies, including:
  
  • Technical capacity such as Health Information Exchange (HIE) connectivity fees
  
  • Transformation capital to operationalize strategic plan
Data and Measures
# Measure Alignment

## 2020 Proposed APM Measure Alignment

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>APM</th>
<th>HTP</th>
<th>ACC KPI</th>
<th>ACC BHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Chronic Care Management</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Care</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Substance Use</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Mental Health</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Wellness</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Hospital Utilization</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
Measures Development Process

• Measurement design process began with the Robert Wood Johnson, Buying Value Measurement Development tool.

• Measurement data sources included both national and Colorado specific measures

• Measures were evaluated based on the following key principles:
  • Evidenced-based and scientifically acceptable
  • Usable and relevant
  • Feasible to collect
  • Aligned with other measure sets
  • Presented and opportunity for quality improvement
  • Hospitals could impact
  • Representative of the array of services and diversity of patients seen by the program
Measures Development Process

- Measure set included in the design:
  - CMMI Comprehensive Primary Care Plus (CPC+)
  - CMMI SIM Recommended Model Performance Metrics
  - CMS Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set)
  - CMS Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Medicaid Adult Core Set)
  - CMS Core Quality Measures Collaborative
  - CMS Electronic Clinical Quality Measures (eCQMs)
  - CMS Value Based Purchasing (VBP)
  - CMS Medicare Hospital Compare
  - Joint Commission Accountability Measure List
  - National Committee on Quality Assurance (NCQA) HEDIS
  - Colorado ACC Phase II
Statewide Measures

At least one statewide measure is included in each of these five focus areas which the HTP seeks to address:

• Reducing avoidable hospital utilization

• Vulnerable populations

• Behavioral health and substance-use disorder
  o This focus area includes more than one measure

• Clinical and operational efficiencies

• Population health and total cost of care
Local Measures

- Hospitals will select from an array of local measures to comprise the remainder of their measurement score.

- There is a local measures menu within each of the five focus areas.

- The mix of local measure selections should reflect community needs identified in CHNE.
HTP Web Page

COLORADO
Department of Health Care Policy & Financing
Measures Data and Scoring

• The program plan includes measures with data obtained from multiple sources, including
  o Medicaid claims data
  o Hospital data self-reported to HCPF

• Each measure has assigned points, and hospitals will work on measures that equal to 100 points

• The number, mix and points per measure will vary according to hospital size, defined by bed count or specialty type

• Hospitals will be providing self-reported data every 6 months
Measures Requirements

- 91 or more beds = 6 statewide and minimum 4 local measures
- 26-90 beds = 6 statewide and minimum 2 local measures
- 25 or fewer beds = minimum 6 measures from statewide and/or local list
eHealth Commission Ask

• How does the HTP program work fit into the Health IT Roadmap? Reduce Provider Burden for QM Reporting Initiative
  
  • PURPOSE 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 to report on quality measures.
  
  • OUTCOME(S) Reduced reporting workload for providers. Simplified and streamlined processes for reporting required measures. Affordable tools readily available to assist providers with the capture and reporting of their quality data.
  
  • How can we reduce provider burden?
  
  • What are the opportunities for collaboration?
  
  • How do you want to be involved?
Thank You

Much more to come!

Matt Haynes
Special Finance Projects Manager
Department of Health Care Policy & Financing
Matt.Haynes@state.co.us
PROPOSED AGENDA FY20

November- Identity Focus
- CHORDS Project Update and Identity
- OeHI Future State Identity Architecture
- MyColorado Digital Identity

December- Rural Focus
- OeHI Project Management Office Overview
- Healthy Communities
- Host meeting on Western Slope?

January- Strategy Focus
- OeHI 2019 Progress Report
- Roadmap Priorities for 2020

February- Federal Lens
- Carin Alliance & Gravity Project
- Post HITECH Funding

March- Rural Focus
- Opioid Crisis
- Host meeting in Alamosa?

April- Digital Health Focus
- Emerging Technologies
- Telehealth Update

May- Privacy and Security Focus
- Trends in Privacy/Security
- Consent Update

June
- OeHI 2020 6 Month Progress Report
PUBLIC COMMENTS
CLOSING REMARKS

MICHELLE MILLS, CHAIR