OeHI Organizational Charter

Organizational Charter

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Document Information

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Charter Approval

Approvals

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Table of Contents

DOCUMENT INFORMATION 1
REVISION HISTORY 1
CHARTER APPROVAL 1
Table of Contents 3
1. Document Purpose 4
2. Organizational Background and Historical Context 5
3. Organizational Purpose 6
Vision 6
Mission 6
Goals and Objectives 6
4. Organizational Structure 9
Organizational Diagram 10
Organizational Functions 10
Roles, Responsibilities and Accountability 11
5. Membership 13
Membership Selection to Organizational Groups 13
Member in Good Standing 14
6. Meetings 15
Appendix A: Colorado State of Health Goals 17
Appendix B: Executive Order Creating the Office of eHealth Innovation 18
Appendix C: Vision and Mission drafted during SDE Action Committee efforts in 2015 22
Appendix D: 2016 Inaugural eHealth Commission Appointees 23

1. Document Purpose

The purpose of the Organizational Charter is to provide an overview of the organization's mission, historical context, membership structure, governance, and objectives. As referenced in this document, "the organization" includes both the Office of eHealth Innovation (OeHI) and the eHealth commission. This document is intended for public and private sector stakeholders enabling Colorado's Health Information Technology initiatives, and open to anyone who wants to learn more about OeHI and its eHealth commission.

Specifically, the Charter serves several distinct purposes:

i. Provides a clear statement of the purpose of the organization.

ii. Identifies the organizational roles and responsibilities, as well as, collaboration intended between the Office and commission.

iii. Makes visible the membership selection process and approach that will be used to manage the organization.

iv. Serves as the primary onboarding document for new organizational members. Lists other key reference documents for new organizational members.

v. Outlines the organizational governance and decision-making process.

vi. Defines the outcomes the organization is intending to deliver.

vii. Identifies relevant risks, assumptions and/or dependencies related to achieving outcomes.

viii. Recaps the initial funding sources.

ix. Describes the desired collaboration between public and private sector.

2. Organizational Background and Historical Context

The Governor's office has a vision to make Colorado the healthiest state in the nation (see goals in Appendix A) through public/private partnerships. At the same time, the Office of the National Coordinator (ONC) and Affordable Care Act are key federal factors driving transformation in healthcare policies, funding opportunities and patient care regulations.

As we kick off 2016, Colorado has exceeded Health Information Technology (Health IT) program goals of federal grants received and thereby, created one of the most sustainable health information exchange (HIE) networks in the nation. The infrastructure for the Colorado Health Information Exchange Network (Colorado HIE Network) was created through Colorado Regional Health Information Organization (CORHIO) and Quality Health Network (QHN), with the goal of achieving financial viability and sustainability by 2015. The Colorado HIE Network has exceeded this goal as originally established in their grant funding and the State Medicaid HIT Plan (SMHP). Currently, more than 4 million Colorado residents are being served by healthcare providers connected to an integrated HIE. Further, Colorado has widespread adoption and meaningful use of electronic health records (EHR) with more than 5,000 providers participating in one of the EHR Incentive Programs.

In order to further expand Colorado's Health IT infrastructure and accelerate interoperability across the state, broaden the use of actionable meaningful health information, design new value-based payments, and advance quality-based health outcomes a new independent body was established to provide leadership and alignment across public and private sector organizations, in addition to support Health IT initiatives already in progress. This new body, known as the Office of eHealth Innovation (OeHI), was created as a result of a recommendation from the State Designated Entity (SDE) Action Committee, which was formed by CORHIO to evaluate and propose a new organizational structure for the SDE function. Going forward, the OeHI will provide the SDE functions for Colorado, which includes administration, use and designation of federal and state funds enabling Health IT.

The OeHI is funded through existing resources, including:

i. American Recovery and Reinvestment Act (ARRA) Health Information Technology for Economic and Clinical Health (HITECH)

ii. Previously secured state appropriations related to ARRA HITECH projects

iii. Future grant awards and partnerships

In short, the Office of eHealth Innovation (OeHI) and the associated eHealth Commission were created in October 2015 through the office of the Governor in Executive Order B 2015-008 (Appendix B). It was created to provide an open and transparent statewide collaborative effort to develop the common policies, procedures, and technical approaches needed to advance Colorado's Health IT network and transformational health programs. It is intended to help reduce barriers for effective information sharing and interoperability. At the same time it should help enable innovation of the state's Health IT infrastructure.

3. Organizational Purpose

Vision

Accelerate technology-driven health transformation by aligning public and private initiatives to support Colorado's commitment to become the healthiest state in the nation.

Mission

To promote the expanded use of Health IT in Colorado, the Office of eHealth Innovation will identify priorities to:

- Establish an open and transparent statewide collaborative effort to develop common policies, procedures, and technology approaches that will enhance Colorado's Health IT network;
- Promote and advance data sharing by reducing or removing barriers to effective information sharing;
- Support health innovation and transformation by enhancing Colorado health information infrastructure; and
- Improve health in Colorado by promoting the meaningful use of Health IT.

Goals and Objectives

The tactical goals and objectives for the Office of eHealth Innovation for the first 18 months are as follows:

1. Collaborate with key leaders throughout Colorado to advance the adoption and integration of technology to improve health.
    - The Office of eHealth Innovation will establish an Organizational Charter, which will include a communications plan and rules of engagement for the Office in early 2016.
    - The eHealth Commission will be established in early 2016.
    - The Office of eHealth Innovation will provide information to the eHealth Commission on the current-state of Health IT services and concept of Shared Technology Services in Colorado in early 2016.
    - The eHealth Commission will establish guidelines on necessary workgroups to advise the eHealth Commission, including how stakeholders can participate on those workgroups in early 2016.
        - Stakeholders representing consumers will be included on workgroups, as appropriate.

- The Office of eHealth Innovation will define the rules of engagement for organizations that will provide common technical services for use by entities throughout Colorado by September 2016.

2. Identify strategies that will promote data sharing and remove barriers to health information sharing.
   - The Office of eHealth Innovation will define a strategic support model related to the operations of the Office through contractors to assist with project management, strategic planning, solicitation development, and Health IT consulting by September 2016.
   - Develop a Health IT Strategic Plan for the Office of eHealth Innovation that aligns with the strategic initiatives established by State Agencies, Colorado State Innovation Model (SIM), the Colorado HIE Network, and other related initiatives by December 2016.
     - The Health IT Strategic Plan will include strategies and regulations that Colorado could adopt to remove barriers to effective health information sharing.
     - The Health IT Strategic Plan will include options for metrics on how technology-driven health transformation support Colorado's commitment to become the healthiest state in the nation.
     - The Health IT Strategic Plan should support the SIM goal of providing access to integrated primary care and behavioral health services in coordinated community systems, with value-based payment structures. The Health IT Strategic Plan should include a metric that by 2018, through initiatives funded by the Office of eHealth Innovation, 80% of state residents whose data resides in an electronic health record connected to the Colorado HIE Network will be connected to administrative claims data to facilitate the generation of statewide quality metrics.
     - The Health IT Strategic Plan should support Department of Health Care Policy and Financing's goal to used advanced analytics to increase quality-based health outcomes. The Health IT Strategic Plan should include a metric that by 2018, through initiatives funded by the Office of eHealth Innovation, at least two data elements within electronic health information available through the Colorado HIE Network will be accessible for 80% of Medicaid clients.
     - The Health IT Strategic Plan should support the development of statewide quality metrics across health care providers and payers. The HIT Strategic Plan should include a metric that by 2018, through initiatives funded by the Office of eHealth Innovation, 80% of licensed health care providers in Colorado will be uniquely identified across the Colorado HIE Network, All Payers Claims Database, and state provider licensing databases.
   - Develop a Health IT Roadmap for the Office of eHealth Innovation by June 2017.
     - The Health IT Roadmap will provide options for metrics on how initiatives defined in the Health IT Roadmap promote data sharing.

3. Serve as a central point to coordinate and distribute funding for Colorado's Health IT priorities.
    - To maximize federal funds provided through ARRA HITECH, SIM, and other federal grants, the Office of eHealth Innovation will target 90% of the awarded money to consist of federal funds.
    - By leveraging existing funding provided through ARRA HITECH, the Office of eHealth Innovation will maximize federal funding by selecting qualified organizations to implement projects already defined to meet federal funding criteria by September 2016 to implement those projects by September 2017.
    - By leveraging existing funding provided through SIM, the Office of eHealth Innovation will maximize federal funding by selecting qualified organizations to implement projects already defined through the grant by December 2016, and begin implementing those projects by December 2017.
    - The Office of eHealth Innovation will establish the process for solicitations and contracts for Health IT projects by June 2016.
        - All contracts to selected qualified organizations will contain provisions to ensure the timely implementation and operations of Health IT projects.
        - All contracts to selected qualified organizations will contain provisions to ensure the sustainability of Health IT projects.
    - To leverage future funding, the Office of eHealth Innovation will begin to identity potential funding sources for projects on the Health IT Roadmap by March 2017.

4. Organizational Structure

The organization consists of three major groups.

First, the full time staff of the Office of eHealth Innovation consists of a Director and Coordinator, directed by the Governor's office in the spirit of achieving the Governor's State of Health goals. The office is supported by HCPF serving as the fiscal administrator, providing financial management of federal and state funds. HCPF will process funding awards in the state of Colorado, and provide contract management services for dissemination to partners, vendors and qualified entities.

Second, the eHealth Commission will be made up of nine to 15 volunteers appointed by the Governor including those with experience and knowledge in:

i. primary health care delivery

ii. behavioral health care delivery

iii. health insurance

iv. non-profit Health IT-related community organizations

v. interoperability and data exchange

vi. consumer engagement in health care

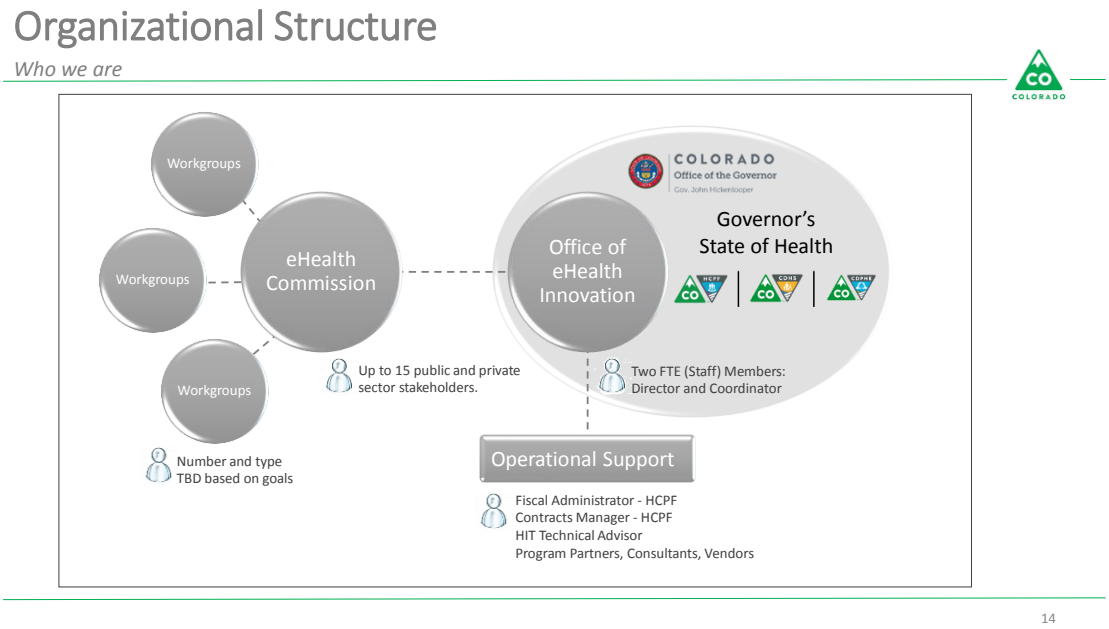
vii. health care quality measures

The eHealth Commission will include private sector and consumer representation along with the public sector ensuring a holistic approach to the future of Health IT in Colorado. The Commission will advise and provide recommendations to the Office. For the list of 2016 eHealth Commission appointees, see Appendix D.

Lastly, the office and commission (together "the organization") have the ability to identify Workgroups, as needed, to advance the goals of the OeHI. They are intended to provide input, facilitate information sharing, share expertise, generate ideas, vet feasibility of new approaches, and enable community stakeholders to participate in state-wide policy decisions.

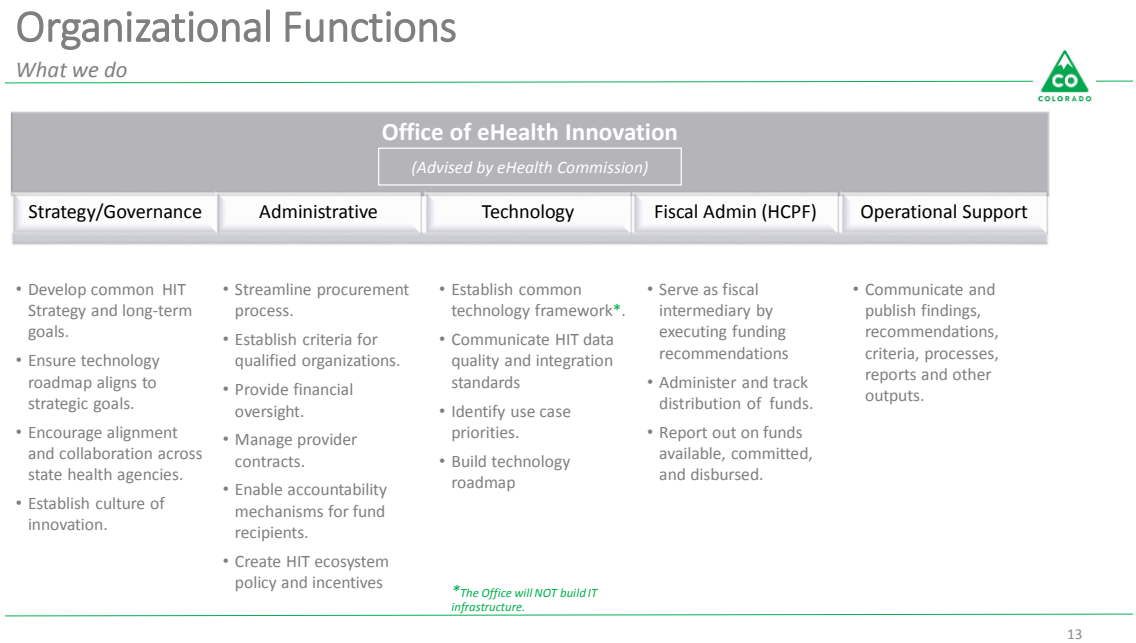
Organizational Diagram

Interaction between the organization's groups is as follows:



Organizational Functions

In order to advance the state's Health IT initiatives, the Office of eHealth Innovation will perform the following functions: 1) provide a shared state-wide Health IT strategy, 2) administer the fund designation process, 3) advise on common technology (Health IT) standards, 4) ensure sound fiscal and contracts management, and 5) use operational support to facilitate transparency via ongoing communications. As depicted in meetings with the SDE Action Committee in 2015, the OeHI will provide the functions outlined in the following section.



Roles, Responsibilities and Accountability

While full time staff members in the Office of eHealth Information (OeHI) are formally accountable for decision-making and outcomes, the Commission will be consulted on / advise the OeHI on the tasks identified below.

HCPF has been chosen to serve as the fiscal administrative function for OeHI through the Executive Order. This is primarily because HCPF is already planning significant Health IT investments as part of Medicaid's HITECH Implementation Advanced Planning Document, so economies of scale exist at HCPF to support the OeHI. In addition, HCPF has the necessary grant and contract management experience required to support the grants awarded through the OeHI and the internal budget, accounting, and procurement resources available to allocate to support the OeHI. Further, HCPF already has the experience managing similar initiatives and providing fiscal administrative functions to other large federal grants.

While HCPF will serve as the fiscal administrator of grants and contract management, the eHealth Commission will have visibility into these processes along the way. Additionally, the selection of qualified organizations and the contract management process will provide the governance for Health IT projects funded through the OeHI necessary to:

- Establish criteria for qualified organizations who can administer Health IT projects;
- Provide the appropriate level of visibility on progress in developing and operating Health IT projects;
- Hold selected qualified organizations accountable for their solutions and vendors who are implementing Health IT projects; and,
- Ensure selected qualified organizations have long-term sustainability plans for the operations of Health IT projects.

	Tasks Within OeHI Organizational Functions	eHealth Commission will Provide Recommendations to Assist OeHI
	Strategy and Governance	
1	Develop Health IT Strategic Plan and Long-Term goals for OeHI	✓
2	Align with state agencies' Health IT Strategic Priorities	✓
3	Co-creation of Health IT Strategic Projects through the Health IT Roadmap	✓
4	Identify budget plan/sources of funding for Health IT Projects	✓
5	Serve as Community Point of Contact for Health IT Strategic Plan	
6	Facilitate cross-organization feedback	✓
7	Engage public and private sector stakeholders	✓
8	Lead Office, eHealth Commission, and Workgroup Meetings	
9	Identify workgroup members	✓
10	Foster a culture of innovation, collaboration and transparency	✓
11	Report to Governor's Office	
12	Set goals for State Health IT Coordinator and OeHI Director	

	Tasks Within OeHI Organizational Functions	eHealth Commission will Provide Recommendations to Assist OeHI
	Administrative / Fiscal Administrative	
13	Create Health IT Policies and Incentives	✓
14	Define Qualified Organizations criteria (when applicable)	✓
15	Define and enable accountability mechanisms for fund recipients	✓
16	Administer OeHI Solicitation and Contract Process	
17	Administer procurement process	
18	Craft solicitation documents (e.g., RFP, RFI)	
19	Review requests for grants and solicitation responses	✓
20	Evaluate contractors and grant awardees	✓
21	Select contractors and grant awardees	
22	Communicate grant awards	
23	Manage contractors and grant awards	
24	Provide Financial Oversight for OeHI and Health IT Projects	
25	Administer and track distribution of funds	
26	Report out on funds available committed and disbursed	
	Technology	
27	Establish Common Technology Framework (i.e., “rules of engagement”)	✓
28	Create common Health IT data quality and integration standards	✓
29	Build Common Health IT Roadmap	✓
30	Identify shared use case priorities	✓
31	The OeHI will not Directly Build Health IT Infrastructure	
	Operational Support	
32	Provide Communication Support	
33	Communicate and publish findings, recommendations, criteria, processes, reports, and other outputs	
34	Provide design, content management and web master support for web site, public relations and other communications	
35	Provide Project Management Support for OeHI	
36	Provide meeting management support	
37	Provide facilitation support for OeHI, Commission and Workgroup meetings	

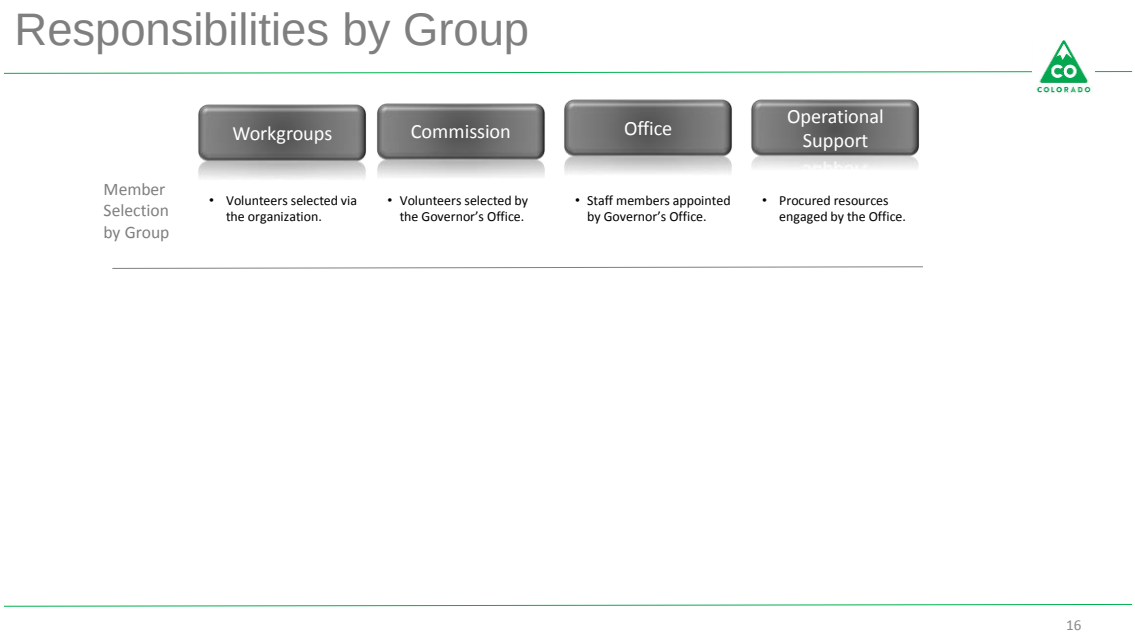
5. Membership

This section is comprised of member selection, while ongoing membership management details are located in the Standard Operating Procedures documents.

Membership Selection to Organizational Groups

While the Office of eHealth Innovation consists of two full time staff members that may engage state partners or hire outside resources for operational support, both the Commission and Workgroups consist of volunteer members donating their time for the advancement of state Health IT initiatives. As indicated in the Executive Order, the Commission consist of five members from the state and four to 10 non-state members.

Member selection by group varies as shown below:



Please note, as highlighted in the Executive Order, the commission members can choose a chairperson of their group.

Member in Good Standing

Whether full time staff member or volunteer participant in the Commission/Workgroup, a member in good standing should adhere to behavioral guidelines identified in the membership commitment below. The membership commitment was first reviewed by the SDE Action Committee in 2015 and can be adjusted by the organization at any time.

Member Agreement

As a direct or indirect member of the Office of eHealth Innovation, I am committed to interacting in the following manner:

1. Considering the opinion of others, along with my own.
2. Working with colleagues in a collaborative manner.
3. Relating to others with an open mind by assuming good intent.
4. Consensus-building; making decisions with others.
5. Jointly responsible for completing tasks.
6. Reacting calmly when in disagreement.
7. Engaging respectfully to resolve conflict.
8. Engaging in creative problem solving; assuming that there is more than one “right” way of moving forward.
9. Co-creating solutions.
10. Completing the onboarding package, using innovation techniques, and upholding the ways of working.

21

6. Meetings

The organization has the ability to adjust meeting types and frequency as needed to meet the goals of the Office of eHealth Innovation. As a starting point, the office can choose to adopt the below meeting structure first presented during the SDE Action Committee meetings in 2015.

Meeting Structure

Type and frequency of governance meetings

	Governor's Meeting	Office Planning Meeting	Commission Meeting	Workgroup Sessions
Frequency:	Quarterly (formal) As needed (informal)	Weekly or Bi-weekly	Monthly	Monthly (or as needed)
Purpose:	• To provide HIT recommendations. • To connect on strategic progress and next steps. • To advise on cross-agency challenges and decisions with long-term impacts. • To account for budget.	• To connect strategy to critical tasks. • To advise Governor's office on strategic HIT decisions. • To select members, allocate funds, facilitate transparency, remove barriers and track results. • To maintain 6-18 month purview	• To ensure community-based planning, ideation, standards-building and problem-solving. • To review workgroup input (e.g., funding recommendations) and advise Office. • To focus on implementation needs and co-create key outputs.	• To advise on specific topics, analysis, and questions. • To brainstorm, vet options, consider alternatives. • To collect and consider a wide-range of input • To narrow consideration set to be shared with the Commission.
Facilitator[1]:	Office Director	Office Director	Office Director or Designee	Office Director or Designee
Attendees:	• Governor's Liaison • Office Director • Governor's Health Cabinet • Governor's Policy Office • Other ECs as needed	• Office Director • Fiscal Administrator • Contracts Manager • Communications Coordinator • Strategic Technology Lead • Other Core Team members • Partners (as needed)	• Standing Members – (4 state, 5 public/private, 2 other). • Floating Advisory Member • User / Consumer Representative • Guest • Facilitator	• Large number of optional attendees. • Office Designee • Commission Designee • Guest • Facilitator
Key Planning / Progress Reporting Tools:	• State Vision • Office Scorecard • Technology Roadmap • Semi-Annual Report	• Office Strategy • Milestone-based Glide Path • Fund Management Report • ONC Roadmap / Advisors	• Office Strategy / Charter • Milestone-based Glide Path • Use Case Prioritization • Technology Roadmap	• Office Strategy / Charter • Workgroup • Workgroup Purpose / Key Questions

[1]Facilitator is a servant leader for the group. For more on servant leadership, go to: http://www.inc.com/peter-economy/7-secrets-of-servant-leadership-that-will-lead-you-to-success.html

18

Appendix

Appendix A: Colorado State of Health Goals

Promoting Prevention & Wellness *helping individuals stay healthy or become healthier*	**Expanding Coverage, Access & Capacity** *ensuring individuals can access care at the right time and the right place*
Tackle Obesity Among Youth and Adults - *Prevent nearly 150,000 Coloradans from becoming obese, improve support for bicycling, and grow Pedal The Plains* **Support Improved Mental Health** - *Improve behavioral health data collection* **Support Reductions in Substance Abuse** - *Prevent 92,000 from misusing prescription drugs* **Improve Oral Health of Coloradans** - *Ensure 7,500 Colorado children visit a dentist before age one and increase fluoridation* **Encourage Wellness Among State Employees** - *Engage 50 percent of state employees in health risk assessments and encourage chronic disease prevention and management programs*	**Expand Public and Private Health Insurance Coverage** - *Reduce uninsured by expanding public and private insurance coverage to 520,000* **Strengthen Colorado's Health Workforce** - *Modernize our workforce and prepare for future needs* **Close Gaps in Access to Primary Care and Other Health Services** - *Recruit and retain 148 additional providers and provide broadband network access to 400 rural and urban hospitals*
Improving Health System Integration & Quality *eliminating barriers to better care and improving our ability to work effectively within and across systems to ensure person-centered care*	**Enhancing Value & Strengthening Sustainability** *redesigning financial incentives and infrastructure to focus on quality and value, not volume*
Expand Use of Patient-Centered Medical Homes - *Connect 555,000 to a patient-centered medical home* **Support Access to State Information and Services** - *Facilitate data-sharing agreements between state agencies and nongovernmental partners* **Support Better Behavioral Health Through Integration** - *Integrate physical and behavioral health systems* **Improve Access to Community-Based Long-Term Services and Supports** - *Transition 500 individuals from long-term care institutions to community settings of their choice*	**Achieve Cost Containment in Medicaid** - *Reduce Medicaid costs by $280 million* **Advance Payment Reform in the Public and Private Sectors** - *Develop payment reform pathways* **Invest in Health Information Technology** - *Ensure most Coloradans are served by providers with Electronic Health Records and connected to Health Information Exchange*

Appendix B: Executive Order Creating the Office of eHealth Innovation

STATE OF COLORADO

OFFICE OF THE GOVERNOR
136 State Capitol
Denver, Colorado 80203
Phone (303) 866-2471
Fax (303) 866-2003

John W. Hickenlooper
Governor

B 2015-008

EXECUTIVE ORDER

Creating the Office of eHealth Innovation and the eHealth Commission

Pursuant to the authority vested in the Governor of the State of Colorado and, in particular, pursuant to Article IV, Section 2 of the Colorado Constitution, I, John W. Hickenlooper, Governor of the State of Colorado, hereby issue this Executive Order creating the Office of eHealth Innovation and the eHealth Innovation Advisory Commission, and rescinding Executive Order 008-09.

I. Background, Need, and Purpose

Health information technology ("Health IT") is revolutionizing health care in Colorado. Health IT enables patients to access their medical records electronically and allows health care providers to more effectively communicate regarding a patient's medical care. The adoption and meaningful use of Health IT and collaboration among communities and across the health care industry, has helped develop key technical services, and strengthen the quality and value of health care in the state.

Colorado is uniquely positioned to achieve significant advances in Health IT and support transformational health programs throughout the state. Already, Colorado has successfully connected dozens of hospitals, thousands of providers, and millions of patients, allowing them to exchange patient information, coordinate care, and improve patient health. With that foundation, the state is positioned to combine clinical information with other health-related information and enhance diagnostic and treatment capabilities thereby further improving the quality of care our citizens receive.

To promote the expanded use of Health IT in Colorado, the state will:

1. Establish an open and transparent statewide collaborative effort to develop common policies, procedures, and technical approaches that will enhance the state's Health IT network;
2. Promote and advance data sharing by reducing or removing barriers to effective information sharing;
3. Support health innovation and transformation by enhancing Colorado's health information infrastructure; and
4. Improve health in Colorado by promoting the meaningful use of Health IT.

The next phase of effectively leveraging Health IT resources from the public and private sectors will require a new coordinated effort that facilitates the development of best practices and innovative approaches that improve patient health.

II. Directives and Declarations

A. Creation of The Office of eHealth Innovation

This executive order hereby creates the Office of eHealth Innovation (the "Office") within the Governor's office. The Office shall promote and advance the secure, efficient, and effective use of health information, and help to inform, incentivize, and influence future Health IT initiatives.

Pursuant to the Health Information Technology for Economic and Clinical Health (HITECH) Act, the Office is hereby designated as Colorado's Designated Entity to participate in the programs of the Office of the National Coordinator for Health Information Technology and other Health IT programs established by certain federal agencies.

The Office shall be led by a Director to be selected by the Governor and comprised of staff necessary to carry out the Office's mission. Staff shall be supported by funding from grants or state health programs. The Director shall report to the Governor or the Governor's designee. The Department of Health Care Policy and Financing shall serve as the administrative and fiscal agent for the Office.

The Office shall evaluate the state's Health IT needs and facilitate the use of public funds to enable all Coloradans to benefit from Health IT and health information exchange efforts. The Office shall coordinate relevant public and private stakeholders and Health IT programs across

state agencies and between state and federal projects. The Office shall evaluate functions to advance Health IT systems in Colorado and create transparency and accountability. The Office will not own or operate any technical infrastructure but will define the minimum criteria for qualified organizations that will provide state-level, common technical services supporting advanced health information interoperability.

The Director, in consultation with the eHealth Commission, shall advise and recommend policy and regulatory changes that will accelerate Health IT innovation in Colorado.

B. Creation of the eHealth Commission

There is hereby created, under the office of the Governor, the eHealth Commission (the "Commission"), to provide advice and guidance to the Office of eHealth Innovation on advancing Health IT in Colorado. The Commission shall support the implementation of the state's Health IT strategy and interoperability objectives by setting goals for Health IT programs and creating a process for developing common policies and technical solutions.

The Commission shall establish policies and procedures it deems appropriate for conducting its meetings. The Commission shall not be subject to the State Administrative Procedures act, C.R.S 24-4-101, *et seq.,* but shall be subject to the Colorado Open Records Act, 24-72-201, e*t seq.,* and the Colorado Open Meetings Law, 24-6-401, *et seq*.

The Commission shall consist of no fewer than nine and no more than 15 members, appointed by the Governor, with statewide representation from urban and rural communities. Members shall serve three year terms. The members of the Commission shall include:

1. Between four and 10 representatives, who are not state employees, that collectively have experience and knowledge of as many of the following areas as practical:
    - primary health care delivery
    - behavioral health care delivery
    - health care facilities
    - health insurance
    - non-profit, Health IT-related community organizations
    - interoperability and data exchange
    - digital health technology
    - consumer engagement in health care
    - health care quality measures
2. The Director of the Office of eHealth Innovation;

3. The Executive Director of the Department of Public Health and Environment or his or her designee;
4. The Executive Director of the Department of Health Care Policy and Financing or his or her designee;
5. The Executive Director of the Department of Human Services or his or her designee;
6. The Executive Director of the Governor's Office of Information Technology or his or her designee.

Members of the commission shall choose one representative to serve as the chair person.

The Director, with the advice of the Commission, may create work groups to advise the Commission and the Office on issues related to its mission. The Director and the Commission shall also coordinate with, and utilize the work of, other health transformation efforts.

III. Duration

Executive order 008-09 is hereby rescinded. This Executive Order shall remain in force until modified or rescinded by future Executive Order of the Governor.

GIVEN under my hand and the Executive Seal of the State of Colorado this sixth day of October, 2015.

John W. Hickenlooper
Governor

Appendix C: Vision and Mission drafted during SDE Action Committee efforts in 2015

DRAFT

Vision

Inspirational view of what the organization will achieve in the next 3-5 years

Accelerate technology-driven health transformation by aligning organizational efforts across Colorado.

10

DRAFT

Mission

What we are responsible for

To provide a **coordinated, health IT framework, align health programs, unify technology investments,** and **advance data integration** among state agencies, and public/private health partners.

The Office of eHealth Innovation will:

- Serve as a central point of contact, advising and coordinating HIT governance at the state level.
- Encourage HIT innovation through collaborative strategy execution, incentives and technology investments.
- Strengthen sustainability of the health system by advancing adoption of a common technology framework.
- Advocate for policies that support secure and appropriate access to health data across Colorado.

*See next page

11

Appendix D: 2016 Inaugural eHealth Commission Appointees

The following members were appointed to the eHealth Commission in 2016.

- Kendall Paul Alexander of Greeley, to serve as a representative of behavioral health
- Jason Greer of Boulder, to serve as a member with expertise in health care quality measures
- James Reed Holder of Englewood, to serve as a representative of health insurance providers
- Morgan Gray Honea of Colorado Springs, to serve as a member with expertise in operability and data exchange
- Marc Lassaux of Clifton, to serve as a representative of non-profit, health IT related community organization
- Mary Anne Leach of Castle Rock, to serve as a member with expertise in digital health
- Dana Eugene Moore of Greenwood Village, to serve as a representative of health care facilities
- Michelle Mills of Parker, to serve as a representative of primary health care providers
- Gregory Charles Reicks of Grand Junction, to serve as a representative of primary health care provider
- Alexis Sgouros of Greenwood Village, to serve as a consumer engaged in health care
- William Frank Stevens of Littleton, to serve as the designee of the Governor's Office of Information Technology
- Chris Underwood of Evergreen, to serve as the designee of the Department of Health Care Policy and Finance
- Christopher Stewart Wells of Denver, to serve as the designee of the Department of Public Health and Environment
- Herb Wilson of Westminster, to serve as the designee of the Department of Human Services