EHEALTH COMMISSION MEETING

SEPTEMBER 11, 2019
# SEPTEMBER AGENDA

## Call to Order
- Roll Call and Introductions
- Approval of August Minutes
- September Agenda and Objectives

*Michelle Mills, Chair*

12:00

## 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*

12:05

## New Business
### Public Safety Access Point (PSAP) & Crisis Services Collaboration
- Peggy Heil, Office of Research and Statistics, Colorado Division of Criminal Justice
- Camille Harding, Division Director, Community Behavioral Health

12:15

### Individual Identity Roadmap Initiative - Pilots and Next Steps
- Tracy Miller, Nutrition Services Branch Chief, CDPHE
- Christine Willoughby, Analyst, Office of Economic Security, CDHS
- Micah Jones, Health IT Coordinator, Health Care Policy and Financing
- Sanjai Natasen, Senior Project Manager, Office of eHealth Innovation
- Sarah Nelson, Director Business Technology, CDHS, eHealth Commissioner

12:45

### Health IT Roadmap Implementation Strategy Discussion - Reducing Provider Burden
- Carrie Paykoc, Interim Director, Office of eHealth Innovation

1:15

## Public Comment Period
- Open Discussion

1:45

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

*Michelle Mills, Chair*

1:50
OeHI UPDATES

▪ FCC Comments and Letter of Support Submitted for Connected Care Pilot August 29th
▪ Health IT Roadmap event hosted by Colorado Health Information System Society (CHIMSS) on September 26 5-7 PM at Catalyst
▪ Request for Information on Service/Systems Integrator for OeHI and HCPF to be posted for comment in September

COMMISSION UPDATES

▪ Others?

Note: If you are experiencing audio or presentation difficulties during this meeting, please use the Adobe Connect chat box function to alert us.
<table>
<thead>
<tr>
<th>CO Health IT Roadmap</th>
<th>Follow Up</th>
<th>Status</th>
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<tbody>
<tr>
<td>eHealth Commissioner Opening</td>
<td>Accepting applications for rural community leaders and payer experts</td>
<td>Pending Gov Office review and selection</td>
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### ACTION ITEMS

#### AFFORDABILITY ROADMAP

<table>
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<tr>
<th>Affordability Roadmap</th>
<th>Status and Follow-Up</th>
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| **Prescriber Rx Tool**      | • Dr. Art Davidson, OeHI, and Dr. CT Lin met project team to inform project approach. eHealth Commission available, as requested by HCPF.  
                                 • OeHI participating in procurement process- Kickoff Sept 13th  
                                 • OeHI adding criteria to SUPPORT ACT funding request to support provider adoption and reduce burden related to ALL prescription tools |
| **Advanced Directive SB 19-073** | • Align/Prioritize Roadmap Initiatives- consent, identity, HIE  
                                 • Project kicked off Aug 2nd with regular meetings set up  
                                 • Alignment and technical mapping sessions in September  
                                 • Chris Wells leading effort |
| **Interoperability (JAI)**  | • Align/Prioritize Roadmap Initiatives- OeHI Identity resolution pilots informing JAI investments- Pilot 1 complete, Pilot 2 kick-off 9/17  
                                 • Technical mapping of county and state efforts, data sharing legal barriers highlighted as roadblock- 08/30/19.  
                                 • Marc Lassaux serving on leadership committee |
| **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 September. |
PUBLIC SAFETY ACCESS POINT & CRISIS SERVICES COLLABORATION

PEGGY HEIL, OFFICE OF RESEARCH AND STATISTICS, COLORADO DIVISION OF CRIMINAL JUSTICE
PSAP & Crisis Services Collaboration

MHDCJS Data Sharing Subcommittee facilitated Initiative
Colorado Crisis Services Regions 2019

Source: Office of Behavioral Health, 2019
Hotline

- CRISIS LINE 1-844-493-8255, including Text and Chat
- 24/7/365 support for anyone dealing with a self-defined mental health, substance use, or emotional crisis. All calls are connected to a mental health professional who provides immediate support.
- Text is available 24/7/365 by texting TALK to 38255. English only at this time.
- Chat is available via the website 7 days a week from 4 p.m. to midnight. English only at this time.
Mobile Response

• Mobile response dependent on risk factors

• ASO and Hotline establish a triage protocol for mobile response criteria for dispatch

• Mobile team shall update the Crisis Line with the outcome of their visit within 24 hours

• Telephonic follow with patients within two days for those individuals that did not go to a higher level of care
Criminalization of Mental Illness

Does Colorado follow National Trends?

<table>
<thead>
<tr>
<th>Institution</th>
<th>Colorado</th>
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<tbody>
<tr>
<td>Designated Private Psychiatric Treatment Beds</td>
<td>1,236¹</td>
</tr>
<tr>
<td>Colorado Mental Health Institute Civil Commitment Beds</td>
<td></td>
</tr>
<tr>
<td>Jail Detainees with Mental Health Disorders</td>
<td>2,500 to 5,070²</td>
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<tr>
<td>Prison Inmates with Mental Health Disorders</td>
<td>6,916³</td>
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1) Colorado Department of Public Health and Environment email communication to Peggy Heil on 8-22-19
2) Estimated from 20% to 40% prevalence in surveyed jails
Contributing Factors

- Colorado Mental Health Institute consent decree = Fewer civil commitment beds available

- Assaults on First Responders increasing:
  - 29% increase in court filings from 2012 to 2017\(^1\)
  - Approximately 60% of NAMI’s Law Line calls involve welfare checks that resulted in assault on first responder charges\(^2\)
  - The rate of individuals requiring competency evaluations who have assaults on first responders increased by 577% over the past ten years\(^3\)

- Substance Abuse arrests increasing:
  - 39% from 2012 to 2017\(^1\)

- Coloradans are more familiar with 9-1-1 than Colorado Crisis Services
What can reverse these trends?

Colorado Secretary of State’s Office
Lean Process Mapping
9-1-1 Process

9-1-1 call takers must Dispatch a first responder resource within the first 30 seconds of the call:
PSAP & Crisis Services Collaboration

- Training for PSAP call takers and dispatchers
- Training for Crisis Services call takers
- Training for first responders and mobile crisis and co-responder units
- Staffing needs and costs to resource the statewide Crisis hotline to accept transferred PSAP calls or be conferenced into calls involving behavioral health crisis and assist in dispatching the most appropriate type of first responder resource
- Best practice behavioral health protocols for PSAPs
- Stress inoculation training for dispatch and crisis services staff and staff retention training for PSAP and crisis services administrators
- Legal information sharing protocols
- Potential liability barriers and solutions
- Systems to track incidence, need and outcome data
- Systems to inform treatment providers when clients are involved in a behavioral health crisis.
Why is this relevant to the eHealth Commission and OeHI?

How can this initiative build on existing initiatives, resources and technology systems to accomplish integrated responses to 9-1-1 calls involving behavioral health crises?

- How can PSAPs quickly triage calls to involve Colorado Crisis Services resources?
- How can treatment providers be notified for follow-up services?
- What information can be legally be shared with call takers/dispatchers and first responders?
- How can psychiatric advance directives inform responses?
Coordination with other efforts

<table>
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<tr>
<th>PSAP &amp; Crisis Services planning objectives</th>
<th>Coordination with other efforts</th>
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</table>
| How can PSAPs quickly triage calls to involve Colorado Crisis Services resources? | Colorado Crisis Hot Line  
• Co-responder programs  
• Mobile Crisis Units  
• Crisis Intervention Team (CIT) |
| How can treatment providers be notified for follow-up services |  
• CBI wants & warrants check  
• OBH – RMCP & HIE notification development |
| What information can be legally be shared with call takers/dispatchers and first responders |  
• OIT Broadband office - Colorado Public Safety Data Sharing Project grant  
• OeHI electronic consent module development |
| How can psychiatric advance directives inform responses? |  
• Mental Health Colorado focus groups on HB19-1044 implementation |
Overlapping Initiatives

Onboarding Behavioral Health Providers to increase use of HIE’s

Jail access to HIE

Compass data collection

Bed Capacity Tracking-
INDIVIDUAL IDENTITY ROADMAP INITIATIVE - PILOTS AND NEXT STEPS

TRACY MILLER, NUTRITION SERVICES BRANCH CHIEF, CDPHE
CHRISTINE WILLOUGHBY, ANALYST, OFFICE OF ECONOMIC SECURITY, CDHS
MICAH JONES, HEALTH IT COORDINATOR, HEALTH CARE POLICY AND FINANCING
SANJAI NATASEN, SENIOR PROJECT MANAGER, OFFICE OF EHEALTH INNOVATION
Uniquely Identify a Person Across Systems

Health IT Roadmap Initiative #14
Health IT Roadmap Initiative #14

This initiative develops and implements a comprehensive approach – that includes both health and social services information – that will be used across Colorado to uniquely identify a person across multiple systems and points of care.
Health IT Roadmap Identity Initiative #14

2008
- Master Patient Index highlighted in State strategies as potential solution for care coordination use case

2016-2017
- OeHI/HCPF developed Statewide Master Data Management (MPI/MPD) RFP and released for comments

2017
- eHealth Commission redirected OeHI efforts to state agency identity use case.

2018
- OeHI secured funding for identity efforts and defined current state individual identity requirements

2019

2019-2020
- OeHI defining future state with State partners, CORHIO, & MyColorado. Plan to fund next phase in Q4.
Medicaid Vision and Alignment

- What HCPF Hopes to Learn
  - Can a unique identifier be created across programs
  - Can Verato successfully identify duplications?
  - Can CORHIO and Verato generate and accurate report of WIC/SNAP members eligible for Medicaid but who are not enrolled
  - The best way/process to share the data with Member care team (i.e., RAEs, PCMPs)
Medicaid Vision and Alignment

- How to use the data and use case development
- Possible Use Cases
  - Use the data and results to inform policy, outreach, and programs
  - Identifying members with Social Determinant of Health-related risks for targeted intervention
  - Connect Medicaid members that are eligible for SNAP or WIC but are not enrolled to those services
Medicaid Vision and Alignment

- Were we are
  - Review of applicable WIC & SNAP privacy laws and limits of sharing
  - Early stages of initial use case development (impacted by sharing regs)
  - Ongoing research for additional Use Case proposals

- Challenges ahead
  - Privacy regulations allow for narrow use of data, particularly SNAP
  - Use cases will require extensive work to figure out privacy rules related to data access and data use
Colorado Blueprint to End Hunger
Overview Hunger in Colorado

FOOD = IMPROVED HEALTH AND INCREASED WELL-BEING
Introduction to Colorado WIC (COWIC)

Colorado Supplemental Nutrition Program for Women, Infants, and Children (COWIC) provides:

- Healthy food
- Nutrition Education
- Breastfeeding Support
- Referrals

To low-income pregnant & breastfeeding moms and families with children under 5.
However, many families miss out on COWIC services.

Percent Eligible Enrolled in Colorado by Year

- **Colorado WIC 2020 Goal: 60%**
- 53% in 2013, 51% in 2014, 51% in 2015, 53% in 2016, 53% in 2017

14,534 more participants needed to reach 2020 goal.
COWIC and Medicaid Test Match

All children under the age of 5 enrolled on Medicaid are eligible for WIC

How many Medicaid members under the age of 5 are not on WIC?

Why is this question hard to answer?

WIC does not share a common unique identifier with Medicaid

The WIC population often changes addresses and/or phone numbers reducing the fidelity of traditional matching methods.
Utilization of test data match to improve COWIC enrollment

**Import missing Medicaid IDs** to improve COWIC participants’ ability to stay on the program by reducing the need to prove income

**Understand the demographics or locations** of Medicaid members enrolled or not enrolled in WIC

**Understand how quickly this file ages** to plan pilot outreach and evaluation plans related to COWIC outreach to eligible Medicaid members
Overlap of COWIC and Medicaid Members

132,156 Medicaid Members 5 or younger

35% enrolled in WIC  
65% not enrolled in WIC

August 2019 Med/WIC Match
Import Medicaid IDs to improve COWIC participants’ ability to stay on the program by reducing the need to prove income

11,252

Medicaid members under 5 have an active Medicaid ID that was not in the WIC system

August 2019 Med/WIC Match
Understand the demographics or locations of Medicaid members enrolled or not enrolled in WIC

The percentage of Medicaid children under 5 not enrolled on WIC increases with age

- Babies: 45%
- 1-year-olds: 58%
- 2-year-olds: 69%
- 3-year-olds: 73%
- 4-year-olds: 76%

August 2019 Med/WIC Match
Understand how quickly this file ages to plan pilot outreach and evaluation plans related to COWIC outreach to eligible Medicaid members.

5,500 (8%)

Of four-year-old Medicaid members not enrolled WIC turn 5 each month

These Medicaid members are no longer eligible for WIC

August 2019 Med/WIC Match
Next Steps - SNAP/WIC/Medicaid

- Tri-agency Match between WIC/SNAP/Medicaid through SOW2.
- Find funding (OeHI funding available initially)
- Shared outreach plan between SNAP, Medicaid, and WIC
Supplemental Nutrition Assistance Program (SNAP)

- US Department of Agriculture (USDA) Food and Nutrition Services (FNS) program
- Means-tested entitlement program that provides benefits to low-income individuals and families and provides economic benefits to communities
- Federal government pays the full cost of SNAP benefits and splits the cost of administering the program with the states, which operate the program
- SNAP is the largest program in the domestic hunger safety net
Who is participating in SNAP?

<table>
<thead>
<tr>
<th>COLORADO</th>
<th>NATIONALLY</th>
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<tbody>
<tr>
<td>almost 74%</td>
<td>more than 68%</td>
<td></td>
</tr>
<tr>
<td>of SNAP participants are in families with children</td>
<td>of SNAP participants are in families with children</td>
<td></td>
</tr>
<tr>
<td>almost 25%</td>
<td>more than 30%</td>
<td></td>
</tr>
<tr>
<td>are in families with members who are elderly or have disabilities</td>
<td>are in families with members who are elderly or have disabilities</td>
<td></td>
</tr>
<tr>
<td>almost 48%</td>
<td>more than 44%</td>
<td></td>
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<tr>
<td>are in working families</td>
<td>are in working families</td>
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**Most SNAP Participants in Colorado Are Poor**

Share of participants by household income, FY 2015

- Income between 51-100% of poverty: 15%
- Income at or below 50% of poverty: 43%
- Income above 100% of poverty: 42%

Source: CBPP
Who are we missing?

- Colorado ranks 44th in the nation in program access
  - Based on the official participation measure, as many as 40% of Coloradans eligible for SNAP are not participating in the program
- SNAP participants that are pregnant, postpartum and children aged 0-5 are categorically eligible for WIC
  - Only 30% of WIC participants self report participating in SNAP
  - The State does not presently know the actual % cross-enrollment between the programs
- Studies suggest that 68% of Medicaid clients are jointly eligible for SNAP
SOW2 Outcomes Objectives

- Determine actual cross enrollment percentages among programs
- Inform collective outreach strategies
- Provide foundation for predictive eligibility modeling
- Research opportunities
Where do we go from here

- OeHI recognizes the need to continue this work
- OeHI partnering with JAI to define future state architecture with state partners and CORHIO
Identity Resolution in Joint Agency Interoperability Phase 2

- JAI Phase 1 connected four state IT systems that happen to have the State ID in common
- To add new systems will require a new approach for client matching
- Today’s approach results in numerous duplicate IDs and delay or loss of service for clients
ECQM INITIATIVE

THIS INITIATIVE PROVIDES TECHNOLOGY SUPPORT TO EASE THE CAPTURE, AGGREGATION, AND REPORTING OF AGREED UPON, QUALITY REPORTING MEASURES.

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.
ECQM INITIATIVE

- Overview of Budgets/Funding
  - 5 Million Capital IT Funding Approved
  - 500K General Fund (SFY19/20)
  - 675K General Fund (SFY 20-22)

- Contracting
  - Bridge Contract with HDCO (447K)- Executed
  - Data Governance for eCQM in Clearance

- Workgroup to vet and provide recommendations for 5 million investments
FUNDING STRATEGY

- Technical = Technology
- Gaps in Care Reports
- Manual and QRDA3 Reporting
DRAFT MEMBERSHIP LIST

- Kim Brown - Rocky Mountain Health Plans
- Dr. Kyle Knierim - AF Williams
- Ben Schmadlach - Clinica Family Health
- Christopher McKinney - Mental Health Center of Denver
- Dr. David Keller - Children's
- Cheryl Mason - Wolters Kluwer Health

- Sara Grassmeyer - CDPHE
- Melissa Hensley - OIT
- Jed Ziegenhagen - HCPF
- Andrew Bienstock - UCDFM
- Emma Flores - QHN
- Michael Feldmiller - CCMCN
- Erin Dormaier - CORHIO
CLOSING REMARKS

MICHELLE MILLS, CHAIR