Meeting Minutes

Meeting

eHealth Commission

April 12, 2017 | 12:00pm to 3:00pm | HCPF Conf Rm ABC

<table>
<thead>
<tr>
<th>Type of Meeting</th>
<th>Monthly Commission Meeting</th>
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<tbody>
<tr>
<td>Facilitator</td>
<td>Michelle Mills, Chair</td>
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<tr>
<td>Note Taker</td>
<td>Emily Giebel</td>
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<tr>
<td>Timekeeper</td>
<td>Michelle Mills, Chair</td>
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<tr>
<td>Commission Attendees</td>
<td>Michelle Mills, Mary Anne Leach, Carrie Paykoc, Chris Underwood, Michele Lueck, Jason Greer, Anne Boyer, Chris Wells, Herb Wilson, Jon Gottsegen, Adam Brown, Tania Zeigler, Greg Reicks, Kendall Alexander.</td>
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Minutes

Call to Order

- Michelle Mills called the meeting to order as Chair of the eHealth Commission

Approval of Minutes

- March minutes approved

Review of Agenda - Michelle Mills, Chair

OeHI/SIM Update

OeHI Update
Mary Anne Leach, Director Office of eHealth Innovation

- Master Health IT Consultant, Health Tech Solutions-contracting right now.
- Assigned before Mid-May, part of the contracting processes.
- Guiding Principles for the eHealth Commission- take home and bring back with comments and suggestions.
- FCC letter has been sent-regarding broadband funding.
- ONC challenge- award dollars.
- FBI warning security in specifics to physician practices.
- Newsletter was sent out this morning.
- CHIMSS advocacy day- Colorado HIMSS chapter hosting at the capitol-eHealth Commission panel. April 20th.
- Prime Health/OeHI Innovation Summit-May 4th.
- QHN Summit-Grand Junction-April 28th.

State Agency Updates

- HCPF-MMIS Go-live update.
- Processed almost 6 million claims, 861 million dollars.
- The smaller providers are the biggest hurdle.
New and Flexible.
- Could take 4-6 months for system to stabilize.
- 30%-60% of claims being paid currently, looking to reach 80%.

**SIM Health IT Update**

Carrie Paykoc, State Health IT Coordinator

- **SIM HIT Roadmap and Role of eHealth Commission**
  - “Shared Care” report Pilot
    - Have received great feedback.
    - Aligning the spirit of SIM
  - Over 200 Applications for Cohort 2.
    - Working with 400 primary care practices.
    - Value based payment in the state.
    - Lessons learned on provider and payer side.
    - Application just closed.
    - Proud of Colorado and understanding the value of SIM’s work and bring concept into action.
- How can we leverage infrastructure and data sharing?
- CORHIO and QHN to create a statewide report.
- Completed contract with the Stratus tool, better access to information across all payer types.
- Finalizing telehealth strategy- need eHealth Commission help.
- Long term solution- SIM and eHealth to partner.

**Grants/Funding, Working Updates, Announcements** - Commission Members

- Grants for telehealth due May 15th,
- CHIME challenge-44 finalist.
- ONC challenge-award dollars.

**Colorado Health IT Roadmap Steering Committee**

Laura Kolkman and Bob Brown, Mosaica Partners

- Recommendation for modifying one of the objectives.
  - Rational for the modification: this objective, encompasses not only telehealth, but also other potential technologies and care delivery channels. It still includes telehealth, but is boarder, more far-reaching, and forward thinking.
  - Does this objective focus on technology or care?
  - Needs to focus on technology.
  - Telehealth language seems dated and constraint.
  - Let’s evolve to something contemporary and not limited.
  - Modify telehealth to care delivery.
  - Change location to mode.
  - Telehealth is an important aspect of the state and need to keep it involved.
    - Telehealth is a part of capabilities and enablers - not taking it out of roadmap.
- Add qualifiers and examples.
  - Change the word appropriate- need to be more specific.
    - Change to effective.
  - Need to define and state the obvious.
  - Key words are in the original objective; secure, viable point-of-care choice.
  - What is the most valuable?

- Draft desired future state
  - Setting the stage and the context.
  - Done a lot of stakeholder engagement and surveys.
  - Pulling results together to talk about future state.
  - When the Colorado Health IT Roadmap objectives are achieved:
    - Coloradans are engaged, active and accountable participants in their health care and wellness.
    - Health and health-related information is securely available, accessible, and usable at the time and place needed by authorized individuals.
    - Care is coordinated and delivered through the most appropriate, cost effective, means in location convenient to the consumer/patient as well as the provider.
    - Innovation accelerates improved health care and wellness outcomes.
    - Colorado’s triple aim objectives are realized and Coloradans are the healthiest citizens in the nation.

- Is this the kind of things we want to deliver?
- Michelle L. - What makes the health IT roadmap distinctive?
- Need to add a technology and digital health spin to the vision.
- Be more precise in the language.
- Need to emphasize on consumer engagement and community engagement.
- Easily communicate with a broader audience.
- What will things look like from the roadmap prospective after this is put in place?
- Make multiple initiatives aligned in our state- not currently reflected in the current state.
- Access is a critical component-technology can enhance the inclusiveness.
- Our list is missing the accessibility to technology in certain populations.
- How does technology enable the goals in health care?
- Technological determinants of health- what will impact certain populations?
- Making care more available and accessible with a two sided approach.
- Add equitable concepts.
- Help with future emerging issues- ex) Michigan water crisis- use technology to be proactive.
- Safety and environmental health is not currently applied to the roadmap. Need to think about how to include safety; whether in a specific section of roadmap or expand the scope of the roadmap.
- How can technology reduce the cost of care - accessibility issues? Where is this being covered?
- Bob Brown- This is not a process that is going solve the triple aim - need to go back to original objectives in order to achieve the future state.
- Common themes that are relevant for desired future state. Need to incorporate an opening paragraph.

  - Next steps in the progress
    - Master project list- and initiatives- that are going on to understand the major systems.
    - Acts, events, and occurrence- key things that have happened that set the context for the plan going forward.
    - Communication plan- important as we start to move into the future state and develop the initiatives.
    - Beginning to develop a resource and implementation plan.

  - Timeline
    - Continuing on the future state and start working on the documents.
    - July- the initial list of initiatives should be brought to the commission.

Federal Legislative Update
Carol Robinson, CedarBridge

- Resources for the future.
  - Numerous groups
    - HIMSS
      - Policy principles have an expanded focus on equity and access to health care services.
      - Key issues- HIE, privacy and security, telehealth, CMS quality payments program and value based payments (MACRA).
  - CHIME
    - Policy priorities- focuses on cyber security a lot more than any other group. Also focus on patient identification, quality measurement, meaningful use program, telehealth interoperability and MACRA.
    - Looking at ways to reduce the punitive nature of the breach penalties that are a part of the HITECH act.
    - CHIME challenge.
    - Issue around technology and processing.
    - CHIME regulatory brief request to HHS.
    - Quality measure reporting.

- 21st Century Cures Act-key definitions.
  - Passed the House and Senate in December 2016.
  - Interoperability
    - Information blocking- pointing at technology developers and define what it really is and what it is doing for access and exchange.
      - Penalties enforced for health IT developers, health information exchanges and networks and health care providers.
- Are there policies where provider or vendors are blocking that the eHealth Commission can work on?
- Can it be susceptible to change like the ACA?
- Passed overwhelming by congress.
- Takes away FDA power.
- Hoping innovation comes from the cures act.
- Trusted framework for health information network.
- Develop reporting criteria for EHR reporting program.
- Provide reimbursement recommendations for telehealth services.
- Publish list of health information networks that adopt common agreements.
- Establish provider digital contact index.
- 
  - Provider directory.
    - Within 3 years of enactment- digital contact directory needs to be implemented.
    - Questions around how do you keep it clean and up to date.
    - Use cases-know who is in network.
- Helping families in mental health crisis
  - Support the integration of primary care services.
  - Narrowing the gaps and barriers.
  - Opportunity for Colorado to support incentives around behavioral health providers.
- Patient Engagement and Empowerment
  - Access to HIT.
- Research
  - Consent really figures in to the Health IT aspect of research.
  - The ability to revoke consent to participate in research projects.
  - This was not well liked around patient advocates.
- Opioid Epidemic/ PDMP
  - Patient matching issues evaluating CEHRT methods and improvements.
    - Agreeing to set of elements that need to be collected for exchange.
- State initiatives- starting in Connecticut- how to hold accountability to the Cures Act.
  - Potential Future Policies- enhancing sustainability of HIE’s.
    - Colorado is well represented o the lists.
  - Enhancing sustainability of HIE’s
    - Incentives and penalties.
    - Require reporting through the HIE.
  - Recent legislative Activity in Colorado- 2015 telehealth parity law amended- requiring health plans to reimburse for telehealth services.
MPI/MPD Public Comments

Carrie Paykoc, State Health IT Coordinator
- 2nd round of comments on MPI/MPD
- Functional and Business requirements.
- 90 total comments- 7 different organizations.
- Comment categories- revisions requested, not actionable, questions, and new functionality suggested.
- Most comments requested revision around use cases and initiatives.
- Defining what the use case is at the state level.
- Work between state agencies- how can we connect.
- Technical- regarding to standards, incorporating into the RFP.
- More conversation around use case refinement.
- New functionality- creating patient index’s based on identifiers
- Identify matching.
- Define security requirements - don’t inhibit data sharing.
- Rule configurations.
- Need more detail and definition- specify tactical use cases in order to have a conversation on what makes sense for the state.
- Final document is still in the works. Contracted with CedarBridge through April.
- Project manager to determine specific timeline.
- Release RFP late summer-early fall.

CERNER Implementation and Governance Presentation

Melissa Hensley, Cerner
- Colorado’s first EHR implementation.
- Health IT platform and partnership
  - eHealth Commission can help with resources and where they are needed.
  - Commissions role is to help advance- oversee the implementation.
- Where are we now?
  - CDHS BEHR-
    - Target Go-Live date is June 1, 2017
    - Clinical components are solid.
    - Risk: Issue List
    - A lot of barriers to break through with conversion.
    - Refresher training may require additional resources.
    - Need additional resources and project management for mitigation and resolution of complex issues in project’s critical path.
  - CDPHE EHR Project-
    - Initial phase
    - Current state review for LPHA’s scheduled weeks 4/17 and 4/24.
- Look at standard model system.
- Need additional resources to support implementation and system sustainability.

- Governance and structure
  - CDHS, CDPHE, OIT are joining with CERNER to advance integration and improve health outcomes of all citizens in Colorado.
  - Will involve medical, financial, dental and nutrition.
  - Add ambulatory module- initial rollout with 7 different agencies.
  - Governance structure is a work in progress, currently has leadership and workgroups.
  - Communication is key.
  - Joint governance structure of the shared domain.

- A lot of barriers to break through with conversion.
- Refresher training may require additional resources.
- Need additional resources and project management for mitigation and resolution of complex issues in project’s critical path.
- No intention on locking data down for needs of the state, just discipline in levels of security.
- BEHR plan- change management is afraid but enthusiastic clinically. Retraining is needed as the timeline is extended.
- Methodical approach- engagement and help with getting folks into system and doing knowledge transfers.
- End user support and coaching.
- How is it going to be used in departmental settings- mental health institutes, different from clinical implementation?
- Focused on family planning, sexual health, women’s health, and immunizations. Focus on day in the life of the nurse and general operations within these agencies.
- Did not hit the September Go-Live date due to constraints on resources.
- Confident on future dates for the projects.
- Continue to refine and update after the go live date.
- Herb W-How did you tackle critical issues, what is your wisdom?
  - Headed in the right direction analyzing what is critical for go live.
  - Need resources and get them up to speed, spreading the load.
  - Do not comprise.
  - Focused effort on training and communications in change management.
  - Know your risks- failure modes that could occur.

Commission Discussion on Presentations
Facilitated by Mary Anne Leach, OeHI Director
- Discussion was done during presentations.
- CedarBridge thanks everyone for working with them throughout their contract.

Discussion on April Agenda and Closing Remarks

Next Steps and Action Items

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<tr>
<th>Action Item</th>
<th>Owner</th>
<th>Timeframe</th>
<th>Status</th>
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<tbody>
<tr>
<td>Formulate ideas for Project Principles for Health IT Roadmap project</td>
<td>Commission Members</td>
<td>September Commission Meeting</td>
<td>Completed</td>
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<tr>
<td>Draft a letter to the FCC requesting attention to the issue of technology/connectivity in rural areas to support data sharing and thus a Healthier Colorado</td>
<td>State HIT Coordinator/Commission</td>
<td>January/February</td>
<td>Completed</td>
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<tr>
<td>Health IT Innovation in Colorado - sub-working group of the Commission</td>
<td>OeHI Director</td>
<td>Winter/Spring</td>
<td>Open</td>
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<tr>
<td>Health IT Planning Working Group - sub-working group of the Commission</td>
<td>OeHI Director</td>
<td>Winter/Spring</td>
<td>Open</td>
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<tr>
<td>Create a broadband working group - sub-working group of the Commission</td>
<td>OeHI Director</td>
<td>Winter/Spring</td>
<td>Open</td>
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<tr>
<td>Track and report federal and local legislative changes</td>
<td>OeHI Director</td>
<td>Winter/Spring</td>
<td>Ongoing</td>
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