Meeting Minutes

May 16th, 2018 | 12:00pm to 2:00pm | HCPF Conf Rm ABC

Type of Meeting  Monthly Commission Meeting
Facilitator  Co-Chair Jason Greer
Note Taker  Brendan Soane
Timekeeper  Commission Attendees  Jason Greer, Mary Anne Leach, Chris Underwood, Morgan Honea, Justin Wheeler, Jon Gottsegen, Adam Brown, Dana Moore, Chris Wells, Marc Lassaux, Ann Boyer, Carrie Paykoc, Wes Williams (on phone).

Minutes

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

Approval of Minutes
- Quorum present, February and March minutes approved.

Review of Agenda  -Michelle Mills, Chair

Announcements

OeHI Updates
Mary Anne Leach, Director Office of eHealth Innovation
- CHIMSS Advocacy Day - April 26th from 8:00 to 5:00 PM at the Capitol.
- Prime Health/OeHI Innovation Summit, May 10th from 8:00 to 5:00 PM at the Infinity Park Event Center in Glendale.
- 10.10.10 Health in Cities May 7th-17th.
Carrie Paykoc, State Health IT Coordinator
- State Health IT Conference - a number of us presented
  o Carris presented on Roadmap with ONC, interesting to other states, including Hawaii. Commission members should organize a trip!
  o In his presentation, Chris Underwood discussed data sharing.
  o KIM something talked about something
- Many of us recently met with Mulesoft to discuss the broader OIT Mulesoft strategy and how we facilitate coordination between state health systems and community and county systems.
  o Jon - the conversation was excellent. Now how do we actually start this work with HIEs?
    ▪ Marc - it’s not necessarily about the specific technology, but HIEs are trying to incorporate an API-centered approach. QHN would love it if Mulesoft would help to create more standardized data to share between APIs. There is much hard work ahead.
    ▪ Morgan - this was an incredibly exciting discussion.
    ▪ Mary Anne Leach - these are standards to which we aspire. Also, the presentation Mulesoft made on the VA was interesting.

Policy Updates
Michelle Lueck, President and CEO, Colorado Health Institute
- At CHI, we track health policy, and so are currently keeping an eye on opioid-related bills, which can be divided into three discrete categories - prevention and provider behavior, treatment, and harm reduction. By in large, bills in the first two categories are progressing
well, but the harm reduction bills typically fail on party lines. Five opioid bills are still passing through the Capitol, as well as two late entrants focusing on pharmacies.

- One of these bills would require physicians to e-prescribe opioids, but CHI is predicting moderate to doubtful passage of that bill.
  - Mary Anne - this bill would have to do with our PDMP (Prescription Drug Monitoring Program) database to integrate data into workflow.
  - Chris Underwood - when will Medicaid get access to PDMP?

Other Updates

- Morgan Honea, CEO, CORHIO - On the topic of integrating community data into HIEs, CORHIO, in conjunction with Boulder County, has developed Boulder County Connect - a system that integrates human services and health data.
  - We have been working with Boulder County for 18 months to figure out how to scale this project, so as we continue to think about alignment between healthcare systems and benefits, how do we unlock data silos?
  - We would like to push the idea forward of improving data across state systems for people in the community who are working to provide benefits. As a state, I think we need a clear strategy and pathway for unlocking these data assets.
  - From the eHealth Commission, I am requesting support to drive a statewide conversation for how we access data silos, which is interesting to think about after the Mulesoft conversation.
  - I am making a motion to the Commission to develop a workgroup or process to focus on how we develop policy to improve coordination between state services and county benefits managers.

  - Michelle Lueck - should this be one of the Commission’s top priorities?
  - Morgan - this is important for the progress of the state.
  - Marc - could this be a subset of the care coordination group?
  - Mary Anne - I don’t think so. Morgan’s proposal is broader.
  - Sarah - other counties have brought this to our department (Human Services) - if we do not do hard work for permissions, than it will not work. Technology can do many things, but we cannot outsource our thinking regarding how we are using data. This is a high priority for DHS in terms of continuity of care and social determinants of health.
  - Mary Anne - maybe we could talk about this next meeting.
  - Morgan - I would be happy to develop a charter to bring to the next meeting.
  - Carrie - how does this relate to JAI (Joint Agency Interoperability) project? We could potentially steer this for a bit.
  - Jon - as a clarification, Morgan is talking about systems within the state as well as state government systems, which is an additional layer. This group would bring urgency and use cases to discussions we have been having. It would be helpful to have an external perspective on why this is important.
  - Michelle Lueck - how is this different than the charge of this group?
  - Morgan - the charge would be to support the state and others to create a common data sharing agreement for state data use in communities. For example, there is no framework to extend the Boulder County agreement. Conversely, as an HIE we have a common data use agreement, which can easily accommodate new providers.
  - Carrie - we have been working on a common data sharing agreement. The GDAB (Government Data Advisory Board) needs your help, as they are aware that there are no structured understandings between the state and counties. This might be a first win for the commission.
  - Morgan - if there were already bodies in place to connect the state and counties, then I would vote to extend, but there are not any.
  - Carrie - I would like to connect to commission to GDAB.
  - Jon - I don’t have a specific model in mind, but I think the more hands working on this problem, the better. At GDAB, there is specific work going on to deal with data sharing questions. How can we find a standard way for agencies to
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respond to data sharing requests?
- Morgan - maybe my request is to invite a few commission members to present an external perspective at GDAB.
- Michelle Mills - next month, Morgan can update the commission.
- Chris Underwood - many of the RCCOs are asking us the same things - where do we see out points of data integration?

New Business

Care Coordination Panel Discussion
Moderator, Mary Anne Leach, Director, OeHI
Sheri Filak-Taylor, Regional Area Administrator, Clinical Population Health, Kaiser Permanente
Luci Hunter, ACO Program Manager, Clinica
Cindy Wilbur RN, Director, Community Resource Network

- Mary Anne - the purpose of this discussion is to guide the commission in where we should focus the care coordination working group. How big should this group be? We want panelists to help guide us. What are the barriers and challenges? Help us focus on fixing problems.
  - Sheri - At Kaiser, we have a whole-person approach - right time, right provider, right venue. We also focus on social determinants of health and partner with agencies and community organizations. The challenge for is being statewide, which means that we insure patients in Southern and Northern Colorado, but we are not their providers. This can make it difficult to obtain all of the information we need. Also in our clinic to community practices, we don’t know how to measure outcomes.
  - Luci - I rollout workflows and programs that will help us to reach clinical quality measures - creating care coordination. We have an integrated model and a big variety in providers. We can designate care coordination functions across roles. Having the right information at the right time and right place is very important. The information ranges from sophisticated to archaic, so managing workflows can be difficult.
  - Cindy - We have done a good job of connecting providers, but have had a harder time connecting social services agencies.

- Mary Anne - talk to us more about social services - what would help?
  - Sheri - it would be helpful to be able to go into a system and know if someone is qualified for SNAP, for example - the biggest challenge though is where we would go with referrals if we even had that data.
  - Mary Anne - maybe we would have role-based access in terms of what social services a client qualifies for.
  - Sheri - there is a lot of redundancy - we don’t know what is happening from the social services side.
  - Luci - having information in one central place regarding social determinants of health is key. We want that information at our fingertips when the patient presents.
  - Morgan - in my space, we are familiar with EHRs, so please discuss more about the tools you use.
  - Cindy - there is not a great electronic infrastructure to connect with social services. If all of us had a clear and standard understanding of HIPAA and 42 CFR Part 2, then it would be easier to communicate with other organizations.
  - Mary Anne - this makes sense in terms of what we can and cannot share at a state level. It would be good to have a clear understanding of what is shareable.
  - Sheri - When you talk about data from a population health perspective, we often have to retrieve the data manually.
  - Mary Anne - we want to onboard the state in CORHIQ and QHN
  - Adam - at Anthem, getting correct contact information is difficult.
  - Luci - matching names can also be a real challenge. School systems are another key piece. They work under different privacy laws.

- Mary Anne - are there community-wide plans of care?
  - Luci - there is a challenge in these communities. Someone in the PEAKS community -
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she capitalized on the opportunity to develop a community-wide care plan. The ability to have the right information at the right time is very important.

- Sheri - for the emergency department, which is very expensive, it would be helpful if we could target so care coordinators knew when their patient went to the ED. We would then be able to provide them with better care.
- Cindy - the social service agency will try and find all the services that an individual qualifies for. A care coordinator does the same, so there is a lot of redundancy.
- Luci - patients are always having to tell their story.
- Morgan - from a smaller system - tools available in small communities were better known. The work done though, is not always understood by the IT department. At CORHIO we use EMR, but there is data that we need. On the medical side of things, we are looking in to a one to many reporting process. Is there an appetite for a central tool that we would use?
- Cindy - you access QHN through a single sign on platform. There are challenges when we try and standardize care plans. They are too long and physicians won’t read them.
- Marc - we are working on integrating back to systems - we know that not everybody will use the system.
- Morgan - for care management, the ability to read is more important than the ability to write.
  - Cindy - I wanted my design team to be able to read care plans.
- Chris Underwood - this sounds like we want HIEs just for care plans and social determinants of health.
- Justin - would we use that? There will not be a universal system - there will be primary tools. For example, we go to CORHIO first, then we look further. There isn’t anything that resides on the social determinants side we can use as a primary tool. We need one primary tool for social services - finite enough in number that people will use them. We have to be able to write back eventually, or else it will become stagnant. In regards to having a doctor as an expert in housing and food security, maybe primary care providers should be held to a higher standard. They govern the health of an individual. Who is responsible? The primary care provider should be able to connect the patient to these resources. I should know whether to pull in a nutritionist, a pharmacist, or a care coordinator. Now I am thinking outside of my four walls and outside of my discipline. The PCMP, PCP of system around the provider are driving this. We need to be visible across all of these systems if we are going to include other non-medical providers.
- Mary Anne - how quickly are the EHR providers catching up to this? How do HIEs catch up to this?
- Morgan - I have a challenge thinking that we care going to do that from the inside of the healthcare system rather than preventing people from entering the health system in the first place. What is more important? Data moving from the health community to social services, or data moving from social services from the health community?
- Mary Anne - I would like to propose that we form a working group on care coordination. If you want to nominate someone, please let me know. We want to get a good cross-section of the stakeholder community.
  - Michelle Lueck - what is the selection process and when will this start?
  - Mary Anne - maybe we can bring in a list to the next meeting and have the commission discuss members.
  - Michelle Lueck - how prescriptive do we want to be in the charge of working groups? I would prefer to have well-articulated goals and tasks of working groups. Where is this thinking going to get done?
  - Mary Anne - I was thinking the working group would come back with some ideas - maybe 3 or 4 big problems.
  - Michelle Mills - we need to have a solid starting point.
  - Marc - we want to have a working group but also high-level tasks to be solved.
  - Justin - we have broken down walls with behavioral health. I am confident we can be in a better place surrounding social determinants of health than we are today.
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- Morgan - if we can connect these two conversations - what data sharing is the most important?
- Justin - maybe we have a window of opportunity to curtail the involvement of too many EHRs.

Health IT Roadmap Funding
Mary Anne Leach and Carrie Paykoc, Office of eHealth Innovation

- We are through most of the state funding loops for the 10% match. Very pleased with our results so far. CMS 90% will come through the IAPD. Think about each of these projects as potential seed money for innovation in these areas.
  - Health IT Portfolio management - we are already looking into hiring someone.
- 40 million dollars over 4 years - we might not be able to spend all of this, but we have a significant opportunity to make a dent in Roadmap priorities. Dana did not think this would be enough to scale across the state. We must start out with a sustainability model. Every project needs a model at the outset.
- As the eHealth Commission, you are the steering committee.
- Chris Underwood - I want to congratulate OeHI for doing so well in developing the Roadmap and securing funding.
- Mary Anne - the real challenge is ahead.
  - Morgan - I agree and I challenge us to think about how to un-bloat the health system so that our community-based systems are empowered. This is about health and not always healthcare.
  - Mary Anne - we must keep the patient at the center. We want more informed patients and consumers.

IAPD Update
Kim Allen Davis, HealthTech Solutions

- We have an advanced planning document (APD), but are focusing on implementation APD (IAPD) today. Under high-tech funding is 100% federal funding for Medicaid Providers for incentive payments to adopt, implement, upgrade, and meaningful use of certified EHR.
- 90/10 funding can be available for system costs, communication and outreach, business processes and human capital. When you are thinking about funding, 90/10 is useful.
- We have secured funding for a fair amount of current health initiatives.
- We are going to be looking at ways of advancing care coordination infrastructure. We have a lot of different initiatives and projects to be working on simultaneously.
- Morgan - what is a system integrator?
  - Chris Underwood - they could be a person or a firm. They will need a suite of tools to help them.
  - Mary Anne - if we were to leverage Mulesoft, that could be a part of systems integration.
- Marc - why is it laid out like this?
  - Mary Anne - this makes it easier to present to CMS.
- Marc - terminology services are also important to us at HIEs.
- Morgan - MPI is important for infrastructure, but the costs of these things to do, so putting a revenue model around them is no small feat.
- Mary Anne - there may be some projects where we will not be able to scale. Some of these will be important and will be scalable, we just need to figure that out.
- Morgan - we need to make sure to sustain these things so they keep going.
- Carrie - there are good models in other states like Michigan and Oregon - a health IT commons. Hospital systems came together to fund a collaborative - something they would fund on an ongoing basis. Can we bring in other state examples to talk through a sustainability model?
  - Michelle Lueck - when we have rural hospital operating in the red, this will not be particularly popular.
- Morgan - it’s a challenge when it’s on us to sell the benefit.
- Kim - this is an iterative process.
- Veronica Menard, Health IT Project Manager, HCPF - We have a cycle of updates to align with state and federal fiscal years. September through June is the whole process. State Medicaid Health IT Plan is how all of these are tied together.
- Mary Anne - we can’t start spending 10% until we get 90% match.

**HIE Strategic Planning**
Mary Anne Leach, Director, OeHI

- Mary Anne - We will try and meet monthly for some period of time. What can we pull out of strategic planning work?
- Morgan - the purpose of this is to fund and build meaningful tools to improve multiple facets of the system. This is valuable.

**Public Comment**

- Lawrence Miller - 90/10 funding goes through 9/30/2021, so this is urgent.
- For next month:
  - Mary Anne and Carrie - we will come back with a list of potential care coordination working group members.
  - Morgan - I will discuss data sharing at GDAB next week. What kind of governance will we propose?
- Michelle Mills - forum meeting next week for rural health communities.