Meeting Minutes

February 14, 2018 | 12:00pm to 2:00pm | HCPF Conf Rm ABC

Type of Meeting: Monthly Commission Meeting

Facilitator: Michelle Mills, Chair

Note Taker: Brendan Soane

Timekeeper: Michelle Mills, Chair

Commission Attendees: Ann Boyer, Adam Brown (on phone), Jon Gottsegen, Jason Greer, Marc Lassaux, Mary Anne Leach, Michelle Mills, Dana Moore, Carrie Paykoc, Chris Underwood, Chris Wells, Wesley Williams, William Wheeler, Tania Ziegler

Minutes

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

Roll Call and Introductions
- Michelle introduces new Commission members Wesley Williams and William Wheeler.

Approval of Minutes
- January minutes approved

Review of Agenda - Michelle Mills, Chair

Announcements

OeHI Updates
Mary Anne Leach, Director Office of eHealth Innovation
- OeHI recently presented at the Joint Technology Committee (JTC) and is awaiting approval of a new budget.
- Prime Health/OeHI Innovation Summit, May 10

Carrie Paykoc, State Health IT Coordinator
- Master Patient Index (MPI) survey conducted. The RFP is set for this fall.
- Morgan requests an executive summary of analysis of MPI strategies.
- Mary Anne explains that the MPI will provide an opportunity for a resolution of matching/merging issues.
- Roadmap Launch Event with CHIMSS and CHIMA March 14 from 5:30 to 7:30 at the Alliance Center. Information was sent on February 16.
- CHIMSS Advocacy Day at the Capitol in April, date TBD

Policy Updates
Chris Wells, Director of the Office of eHealth and Data, CDPHE
- House Bill 18-1006 would update and revamp the newborn screening program rules and statutes
- Expands the number of metabolic screenings which will involve expanding the existing system
- It will require health departments to follow up on newborns that are missed
- CDPHE is authorized to assess a fee for newborn screening and necessary follow-up services.

Kate Horle, COO, CORHIO
- House Bill 18-1032 would require CDPHE to provide individualized patient information from the department’s EMS agency patient care database to HIE’s and other health organizations to enhance patient care, only for HIPAA allowed uses.
New Business

TEFCA Proposed Rule
Carrie Paykoc and Kate Horle
- Section 4003 of the 21st Century Cares Act directs ONC to develop a trusted exchange framework including a common agreement among health information networks nationally.
- TEFCA includes a Recognized Coordinating Entity (RCE), Core Interoperability Data, a Trusted Exchange Framework and a Common Agreement.
- RCE governs qualified HINs (QHINs), which connect to each other via connectivity brokers. QHINs represent a variety of networks and participants including individuals.
- Existing HIE’s can not become QHINs, this prohibition is not in any of the major documents but has been conveyed to Kate Horle.
- Use cases: broadcast query, directed query to specific participants, population level data query.
- Marc: There will be maybe 5-10 QHINs which will not be HIEs. Why not HIEs?
- ONC’s answer is that they don’t believe query can be done with the number of HIEs that exist.
- TEFCA does not identify funding, has aggressive timeline, impacts existing success, only query and retrieve.
- We can’t charge QHINs for access to the data, so no money for the work and you cannot charge for the work.
- RCE will require careful consideration as it will be powerful.
- In this model there is no normalization layer for the data being shared.

Comments
- Michelle: why so many extra layers of connectivity?
- Kate: There are too many networks involved without layers.
- Chris Wells: Why not contract out to one entity?
- Michelle: This will make everything so expensive, especially if no one can charge for data.
- Dana: Why wouldn’t we (Children’s Hospital) just connect to the QHIN rather than CORHIO or QHN?
- Morgan: This might help rural states with little health IT infrastructure, but it drags down places that already have systems in place.
- Morgan: For Colorado, this is a step backwards because TEFCA would only be query and receive, not push and pull.
- Wesley: At least query and receive could be done in a 42 CFR Part 2 compliant manner.
- Michelle: Can we engage our senators?
- Morgan: eventually being TEFCA non-compliant will be punished through withholding federal dollars.
- Jason: This system doesn’t include person identification. Without a universal identifier how will this work?
- Kate: This will force CORHIO to renegotiate all participant agreements.
- Jason: Does transaction have to be free?
- Morgan (to Dana): does EPIC have a position on this?

Carrie submitted OeHI’s recommendations to ONC using the eHealth Commission’s input on February 20th.

Colorado Health IT Roadmap
Mary Anne Leach and Carrie Paykoc
- Advancing Health Information Exchange: strategic planning upcoming, we will be evaluating TEFCA impact and considering policy opportunities.
- SIM and eCQM work continues.
- Care Coordination survey conducted with over 300 respondents and a broad range of
Meeting Minutes

- Mary Anne: one of the biggest concerns was lack of ability to communicate electronically and coordinate resources across systems.
- Mary Anne (to commission): If you have care coordinators, other stakeholders, we would like to interview them.
- William Wheeler: What are we trying to accomplish with care coordination? Reduce cost? Care coordination is resource dependent. One of the biggest challenges is a deep distrust of how data is gathered and then displayed.
- Marc: We don’t want to shut down efforts that have already started. This would be a good place for small working groups to flesh out care coordination philosophy.
- Michelle: Roadmap outlines provision of help to communities who are implementing their own tools.
- Marc: We need to gather information about organizations already implementing care coordination.
- William: Patient input on care coordination - reduce provider AND patient burden.
- Mary Anne: please send in names of people or organizations with which to discuss care coordination. Over the next couple of weeks email us suggestions on who should be part of the workgroup.
- Mary Anne: We are still looking for high level guiding philosophies.

OIT Mulesoft Strategy
Jon Gottsegen, Chief Data Officer, Colorado Governor’s Office of IT
- Currently: Many point-to-point data integrations, data silos, vendor-specific data integrations leading to vendor support lock in scenarios, lack of transparency, data governance, performance monitoring.
- Must revamp data strategy with standardized data governance. Create data once, use many times.
- Vision: Promote data sharing and interoperability across agencies using APIs, maximize reuse of work to provide access to systems and data. Create one interface. Govern data sharing and interoperability on continuous basis. Minimize cost and effort of data sharing over time.
- Benefits: faster delivery, scalability, efficiency, cohesive architecture.
- Enterprise API/EAP Architecture Highlights: Increased speed by leveraging reusable patterns/assets. Compliant deployment zones ensuring data privacy. Centralized management of all integrations and APIs. Automated CI/CD leveraging State’s approved toolset.
- Many projects already live.
- OIT led to strong demand from multiple agencies.
- Mary Anne: maybe OeHI can come up with some use cases to help fund licenses for Mulesoft.
- William: is one of the goals of data integration to ensure users of data have less interruption of data?

Additional Comments
- Laura (on phone): Its okay to have bold comments on TEFCA like take that section out
- Bob from Mosaica (on phone): for care coordination, the biggest use case is patient-appointed care coordinator who informs all parties regarding person with many different comorbidities across many systems.
- Bob: Regarding TEFCA -it is an abomination! Maybe it benefits large provider organizations, but I do not like it!
For next month:
OeHI will begin forming a care coordination work group
Add update on MPI to next month’s agenda - OeHI
Sarah Nelson will present on Joint Interoperability