EHEALTH COMMISSION MEETING

MARCH 14, 2018
## FEBRUARY AGENDA

<table>
<thead>
<tr>
<th>Call to Order</th>
<th>Roll Call and Introductions, Approval of February minutes, and March Agenda and Objectives</th>
<th>12:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Announcements</td>
<td>OeHI Updates&lt;br&gt;State Agency, Community Partner, and SIM HIT Updates&lt;br&gt;Opportunities and Workgroup Updates</td>
<td>12:05</td>
</tr>
<tr>
<td>New Business</td>
<td>SIM eCQM Update&lt;br&gt;&lt;i&gt;Ako Quammie, SIM HIT Program Manager&lt;/i&gt;</td>
<td>12:20</td>
</tr>
<tr>
<td></td>
<td>Colorado Health IT Roadmap Steering Committee&lt;br&gt;&lt;i&gt;Priority Area Spotlight: MPI - Uniquely identifying individuals&lt;/i&gt;&lt;br&gt;Mary Anne Leach, Office of eHealth Innovation Director&lt;br&gt;Carrie Paykoc, State Health IT Coordinator</td>
<td>12:50</td>
</tr>
<tr>
<td></td>
<td>Joint Agency Interoperability (JAI) Project&lt;br&gt;&lt;i&gt;Sarah Nelson, CDHS Business Technology Director&lt;/i&gt;</td>
<td>1:15</td>
</tr>
<tr>
<td></td>
<td>10.10.10&lt;br&gt;&lt;i&gt;Jeffrey Nathanson, 10.10.10. CEO&lt;/i&gt;</td>
<td>1:40</td>
</tr>
<tr>
<td>Public Comment Period</td>
<td>1:50</td>
<td></td>
</tr>
<tr>
<td>Closing Remarks</td>
<td>Open Discussion&lt;br&gt;Recap Action Items&lt;br&gt;February Agenda&lt;br&gt;Adjourn&lt;br&gt;&lt;i&gt;Michelle Mills, Chair&lt;/i&gt;</td>
<td>1:55</td>
</tr>
</tbody>
</table>
OeHI UPDATES

- Roadmap Launch Event - March 14th hosted with CHIMSS and CHIMA
- Innovation Summit - May 10th hosted with Prime Health
- CHIMSS Advocacy Day April 26th
- TEFCA Comments
- Care Coordination

COMMISSION UPDATES

TBD
## ACTION ITEMS

### FOLLOW UP ON ACTION ITEMS FROM PREVIOUS MEETING

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Owner</th>
<th>Timeframe</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update quorum bylaws</td>
<td>OeHI Director</td>
<td>Feb 2018</td>
<td>In progress</td>
</tr>
<tr>
<td>Track and report federal and local legislation</td>
<td>OeHI Director/ State Health IT Coordinator</td>
<td>2018</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Letter to Lab Corps and Quest</td>
<td>OeHI Director/ Govs Office/ Morgan</td>
<td>2017</td>
<td>In progress</td>
</tr>
<tr>
<td>Joint Agency Interoperability Project and ESB Update</td>
<td>State Health IT Coordinator</td>
<td>Feb 2018</td>
<td>In progress</td>
</tr>
<tr>
<td>Roadmap Communication Packet</td>
<td>OeHI Director/ State Health IT Coordinator</td>
<td>Feb 2018</td>
<td>In progress</td>
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</table>
Statement of Work with HIE partners

Project Management with OIT and HTS

eCQM Data Governance Committee
Indicate the reporting status for the following Clinical Quality Measures (CQMs):

<table>
<thead>
<tr>
<th>Measure</th>
<th>&lt;10%</th>
<th>10-20%</th>
<th>20-30%</th>
<th>30-40%</th>
<th>40-50%</th>
<th>50-60%</th>
<th>60-70%</th>
<th>70-80%</th>
<th>80-90%</th>
<th>90-100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity Adolescent</td>
<td>9%</td>
<td>12%</td>
<td></td>
<td>64%</td>
<td></td>
<td>3%</td>
<td>12%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development Screening</td>
<td>46%</td>
<td>8%</td>
<td>22%</td>
<td>10%</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal Depression</td>
<td>43%</td>
<td>53%</td>
<td>21%</td>
<td>15%</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall Safety Screening</td>
<td>16%</td>
<td>33%</td>
<td>26%</td>
<td>1%</td>
<td>21%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma Management</td>
<td>37%</td>
<td>15%</td>
<td>36%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Substance Use</td>
<td>45%</td>
<td></td>
<td>26%</td>
<td>8%</td>
<td>12%</td>
<td>9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Substance Use</td>
<td>11%</td>
<td>12%</td>
<td></td>
<td>70%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use Disorder</td>
<td>35%</td>
<td></td>
<td></td>
<td></td>
<td>41%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity Adult</td>
<td>10%</td>
<td>11%</td>
<td></td>
<td>62%</td>
<td></td>
<td>1%</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>5%</td>
<td>8%</td>
<td></td>
<td>72%</td>
<td></td>
<td>1%</td>
<td>14%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Hemoglobin A1C</td>
<td>5%</td>
<td>14%</td>
<td></td>
<td>71%</td>
<td></td>
<td>1%</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression (CPC+)</td>
<td>13%</td>
<td></td>
<td>35%</td>
<td></td>
<td></td>
<td>20%</td>
<td>61%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression (SIM/QPP)</td>
<td>8%</td>
<td>28%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39%</td>
</tr>
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</table>

Legend:
- Red: Practice site does not have the report, but is able to build or get it
- Green: Practice site has the report and trusts the accuracy of the data
- Yellow: Practice site has the report, but does not fully trust the accuracy of the data
- Blue: Practice site is unable to build or get the report from the system/vendor
- Black: Measure is not applicable to the practice site patient population
Indicate if the practice site has access to and uses a registry to manage patients with the following:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Registry Not Available</th>
<th>Registry Available &amp; Not Used</th>
<th>Registry Available &amp; Regularly Used</th>
<th>Not Applicable (Condition not seen at Practice Site)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>31%</td>
<td>25%</td>
<td>45%</td>
<td>0</td>
</tr>
<tr>
<td>Maternal Depression</td>
<td>59%</td>
<td>21%</td>
<td>6%</td>
<td>13%</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>23%</td>
<td>61%</td>
<td>30%</td>
<td>4% 5%</td>
</tr>
<tr>
<td>Tobacco Use Disorder</td>
<td>63%</td>
<td>42%</td>
<td>31%</td>
<td>5%</td>
</tr>
<tr>
<td>Other Drug Dependence</td>
<td>28%</td>
<td>63%</td>
<td>46%</td>
<td>9%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>16%</td>
<td>29%</td>
<td>46%</td>
<td>9%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>17%</td>
<td>21%</td>
<td>54%</td>
<td>8%</td>
</tr>
<tr>
<td>Patients at Risk of Falls</td>
<td>47%</td>
<td>26%</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>Asthma</td>
<td>20%</td>
<td>49%</td>
<td>31%</td>
<td>0</td>
</tr>
<tr>
<td>Obesity</td>
<td>31%</td>
<td>42%</td>
<td>27%</td>
<td>0</td>
</tr>
<tr>
<td>Children with Suspected or Confirmed Development Delays</td>
<td>56%</td>
<td>25%</td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>
**Indicate software tools and/or registries used in addition to the EHR to produce CQM data or reports:**

<table>
<thead>
<tr>
<th>Software/Registry</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIME</td>
<td>15</td>
</tr>
<tr>
<td>Azara</td>
<td>32</td>
</tr>
<tr>
<td>i2i</td>
<td>0</td>
</tr>
<tr>
<td>PopHealth</td>
<td>5</td>
</tr>
<tr>
<td>DARTNet</td>
<td>1</td>
</tr>
<tr>
<td>Syndromic Surveillance</td>
<td>0</td>
</tr>
<tr>
<td>Immunization Registry</td>
<td>23</td>
</tr>
<tr>
<td>Other Tool or Registry (Specify)</td>
<td>57</td>
</tr>
<tr>
<td>No Additional Tool or Registry Used</td>
<td>48</td>
</tr>
</tbody>
</table>
Would this practice site or the system/multi-site organization be interested in joining eCQM project?
Can EHR import/export QRDA or C-CDA formats?

- **C-CDA**
  - Import/Export: 97
  - Import Only: 4
  - Export Only: 20
  - Unable to Import/Export: 10
  - Unknown: 24

- **QRDA**
  - Import/Export: 55
  - Import Only: 2
  - Export Only: 27
  - Unable to Import/Export: 26
  - Unknown: 45
Indicate the EHR incentive programs the practice site participates in?
Indicate the Health Information Exchanges (HIEs) the practice site is connected to:
Select most applicable response regarding support to integrate HIE services into clinical workflows:

- Practice site needs additional support to integrate HIE services into clinical workflows. 42%
- Practice site already has established clinical workflows that integrate HIE Services. 46%
- Currently unknown if the practice site needs support to integrate HIE services into clinical workflows. 12%
SIM will fund automated extraction of field level data from SIM practices’ electronic health records (EHRs) for eCQM calculation and validation.

This investment will:
- Synthesize data feeds from other sources to ensure accurate calculation of eCQM numerators and denominators
- Provide technical assistance and data validation expertise to SIM practices
- Report data to participating payers (Medicare and Medicaid) to help providers meet quality targets and succeed in value-based payment

What is needed?
- Data governance to ensure that data is trusted, accurate and used for accepted purposes only
Automated Electronic Clinical Quality Measure (eCQM) Data Flow Model
SLIDE TITLE

DATA GOVERNANCE

- Use Case Owner/Entity
- OeHi / OIT / Medicaid
- SIM & SIM Steering Committee
- Data Governance Committee
- Payers / Providers
- SME’s (iterative engagement)
- Patients / Citizens
- eCQM Technical Infrastructure

- New Use Case Stakeholder
- Collaborative
- Use Case Owner/Entity
- Informed
- Accountable
STEPS ECQM GOVERNANCE COMMITTEE

▪ Application closes 3-15-2018
  ▪ Key roles to be included
  ▪ Commit monthly meetings plus materials review
▪ Governance committee kick-off April-May 2018
  ▪ Interim governance structure
  ▪ Core guiding documents
  ▪ Input HIEs
  ▪ Guardrails and rules of engagement
▪ Goal: Trusted and accurate data is validated and shared amongst key partners
COLORADO’S
HEALTH IT ROADMAP

PRIORITY AREAS

MARY ANNE LEACH,
DIRECTOR, OFFICE OF EHEALTH INNOVATION
▪ RFI Released November 2017 for the second round of public comment, draft reflected earlier recommendations and requirements

▪ Additional user interviews and research conducted to refine requirements

▪ Interviews conducted from 10+ end users to understand:
  ▪ Current system capabilities
  ▪ Gaps in system functionalities
  ▪ Issues with patient duplications
  ▪ How an eMPI could enhance day-to-day operations
INTERVIEW HIGHLIGHTS:

- SIDMOD, IRIS, and CBMS three primary systems of initial eligibility and identification process
- On average, SIDMOD generates 16K new IDs each month
- 100 duplicates per month are reported to OIT and it can take up to 5 days to resolve the duplication
- Incorrect information received by CHATS (Child Care Automated Tracking System) results in denial of service
- Entities such as Connect for Health (Colorado’s Health insurance and subsidies marketplace) has created its own unique identifier
- For many systems, there is not an established, automated flow of information between entities to decrease duplication
NEXT STEPS:

- Recommendation to move forward with procurement of an eMPI solution to enhance the current state identification process and eventually replace SIDMOD

- Strategy is to be further vetted with leadership at CDHS and HCPF

- Instead of replacing current identifiers, the solution could assign a “Common Key” or “Algorithm” that is assigned after using multiple techniques to accurately match patients with their records, including:

- The common key is stored and attached to the patient record in the master person index and shared with all systems that exchange information about that patient
JOINT AGENCY INTEROPERABILITY (JAI) PROJECT

SARAH NELSON, CDHS BUSINESS TECHNOLOGY DIRECTOR
Interoperability partners
Interoperability seeks to...

make data available to
- the right person
- at the right time
- for the right reason...

without...
- permanently removing the data from the source
- or creating a stored linked client identity record...

for the purposes of ...
- a singular view of our clients receiving services through multiple programs using different IT systems and providing decision supports based on that view
- creating an analytics platform for better outcomes for our clients
- more efficient and effective service delivery
What does CDHS do?

Direct Services
- 2 Mental Health Institutes
- 3 Regional Centers with 49 Group Homes
- 5 Veterans Community Living Centers
- 12 Youth Correctional Facilities
- Disability Determination
- Veterans Cemetery
- Regulatory Oversight

Community Programs
- County Programs
- Community Behavioral Health Providers
- Refugee Services
- Domestic Violence Programs
- Early Childhood Councils
- Area Agencies on Aging
- Tony Grampsas Youth Services
- 66 Boards and Commissions
Who is CDHS serving?

- Children
- Patients
- Parents
- Families
- People with Disabilities
- New Mothers
How are we doing this work?

- 5,000 Staff
  - Child Care Providers
  - Community Providers
- 6,000 County Staff
- Community Centered Boards
- 64 Counties
Which systems are we using?

- Salesforce
- Electronic Health Records (EHRs)
- Trails
- Colorado Benefits Management System (CBMS)
- State and private systems
- Provider Systems
2013 State
Integrations

- 500+ interfaces
- 95+ systems
- 28+ methodologies
**Interoperability Timeline**

- **2013** - Planning (Interoperability Roadmap for 2014-2019)
- **2014** - Capital Budget Request for State 10% funding
- **2015** - Planning Advanced Planning Document (P-APD) submitted to Centers for Medicare and Medicaid Services (CMS) for 90%
- **2016** - CMS Approves P-APD and funding for planning
- **2017** - CDHS, OIT and HCPF draft Implementation Advanced Planning Document (I-APD) for CMS funding
- **2018** - Additional CMS and State funding approval; procurements; implement!
  - Joint Technology Committee prioritizes as #1 IT project
  - HCPF submitting request to CMS
  - Commence build upon federal approval
- **2019** - Continue implementation and expansion
Interoperability Components

- Data Management
  - Data discovery
  - Data quality management
  - Metadata management
  - Data governance

- Integrations
  - Reusable APIs
  - Increased security
  - Near real-time 2-way exchange

- User Identity Management
  - Password sync
  - Auto provision/deprovision
  - Role based access

- Client Identity Resolution
  - Client matching
  - Reduce duplicate records
  - Improve contact info

Future Development

- Rules Engine/Decision Support
  - Easier for Workers
  - Faster Service for Clients
  - Better Decision Making

- Analytics Platform
  - Better Data
  - More Effective Service Delivery
  - Fraud Reduction
  - Improved Continuity of Care
Conceptual Future State

Enterprise Access and Identity Management

Enterprise Service Bus

Identity Resolution

HIEs

Views

Connectivity

Analytics
Questions?

Contact Information:
Sarah Nelson, MPA
CDHS Business Technology Director
Email: sarah.nelson@state.co.us
Phone: 303.866.4063
Agenda

Welcome & Introductions

10.10.10 Overview

Potential Wicked Problems

Wrap-up & next steps
10 Wicked Problems
10 Prospective CEOs
10 Days
Goal:
Create a for profit venture addressing one or more of the Wicked Problems
What makes 10.10.10.10 unique in the startup space?
Most startup innovation support focuses on what happens *after* new venture creation.
10.10.10 is about what happens \textit{before} new venture creation.
From Wicked Problem to Solution

1. Explore the research

- Domain Briefs: Water
- 10 Wicked Problem Statements
- Wicked Problem Research Briefs
- Linked Research

2. Consult experts:

- Ask questions
- More research

Talk with Validators associated with Wicked Problem(s)

3. Solution Idea - Design Sprint (5 days)

- Solution addresses problem
- Founder-opportunity fit (taps into personal passion)
- Market opportunity

12 months to launch venture

Example: Microlyze

- Water
- 10 Wicked Problem Statements
- Interested in Water Contamination and Declining Quality
- Trends, research and articles linked in Water Contamination and Declining Quality Research Brief

2. Consult experts:

- Ask questions
- More research

Talk with Validators associated with Wicked Problem(s)

- Gates Family Foundation
- Israel Colorado Innovation Fund
- J. Salzman
- Business for Water Stewardship
- Hydro Venture Partners

- Denver Water
- AWWA
- Water for People
- Water Foundry
- Walton Family Foundation

- CO Foundation for Water Education
- J. Heinemann
- Nature Conservancy
- Environmental Defense Fund

3. Solution Idea - Design Sprint (5 days)

- On-demand water test- identifies water contaminants
- Founder passionate about idea
- Clear market (consumers and water utilities)

12 months to launch venture
Wicked Problems

Persist in complex, adaptive systems
Have multiple stakeholders
Emergent results
Defy technical or simple solution
Wicked Problem Ideas
Who should Validate these?

• Lack of data liquidity in health care

• Lack of timely interventions to address behavioral health issues

• Substance abuse disorders

• Health disparities at the point of care

• Misaligned incentives: pay for care not for health (fee-for-service, medical malpractice/defensive medicine and lack of payment for prevention)

• Health care is uncoordinated and complicated
CLOSING REMARKS, MARCH AGENDA, AND ADJOURN

MICHELLE MILLS, CHAIR
## DRAFT APRIL AGENDA

**Call to Order**
- Roll Call and Introductions, Approval of March Minutes, April Agenda and Objectives  

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
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<tbody>
<tr>
<td>12:00</td>
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</table>

**Announcements**
- OeHI Updates
- State Agency and SIM HIT Updates
- Grant Opportunities, Workgroup Updates, Announcements

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<tbody>
<tr>
<td>12:10</td>
<td>Announcements</td>
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**New Business**
- Health IT Roadmap Transition and Planning Progress

<table>
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<th>Time</th>
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<tr>
<td>12:35</td>
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<tr>
<td>1:05</td>
<td>TBD</td>
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<tr>
<th>Time</th>
<th>Item</th>
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<tr>
<td>1:30</td>
<td>Other topics?</td>
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**Remaining Commission Comments**

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**Public Comment Period**

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<td>1:50</td>
<td>Public Comment Period</td>
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**Closing Remarks**
- Open Discussion, May Agenda, Adjourn

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
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<tbody>
<tr>
<td>1:55</td>
<td>Closing Remarks</td>
</tr>
</tbody>
</table>
Suggestions for future topics welcome!