ANNOUNCEMENTS

OeHI UPDATES

- Health IT Planning/Innovation Workgroups
- eHealth Commission Member Renewal/Selection Update
- Master Health IT Consultant Update

SIM UPDATES

- Vendor to develop SIM HIT implementation plans
- Health IT Architect
- SPLIT/QMRT update
COLORADO HEALTH IT ROADMAP
STEERING COMMITTEE

LAURA KOLKMAN AND BOB BROWN,
MOSAICA PARTNERS
STEERING COMMITTEE AGENDA

- Supplemental Survey Report
- Health IT Planning Workgroup
- Developing Colorado’s Roadmap
- Capabilities Workshop
- Enablers Workshop
- Timeline
- Discussion
Colorado Health IT Roadmap

Objectives Survey Results

Rural Analysis

January 2017
HEALTH IT PLANNING WORKGROUP
DEVELOPING COLORADO’S ROADMAP

The AIM: Best Care ☀ Best Health ☀ Best Value

Objectives
What we want to accomplish

Capabilities
What we must be able to do to achieve the Objectives

Enablers
What needs to be in place to support the Capabilities

Initiatives
Projects or programs to put the Enablers in place

Jan 13, 2017
Feb 7, 2017

Colorado Health IT Plan

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PURPOSE OF CAPABILITIES WORKSHOP

Friday, January 13, 2017

Identify and describe the capabilities that must be present in Colorado to be able to achieve the 14 objectives.

Output from Workshop:

A list of statements that describe the capabilities needed for Colorado to be able to achieve the 14 objectives.

Attendance at this workshop is by invitation only. However, all Steering Committee members are encouraged to participate as observers.
PURPOSE OF ENABLERS WORKSHOP

Identify the elements that need to be present in the enabling infrastructure for the capabilities to exist.

Output from Workshop:

A list containing brief descriptions of elements of enabling infrastructure required to support the needed capabilities.

Attendance at this workshop is by invitation only. However, all Steering Committee members are encouraged to participate as observers.
# PROJECT CALENDAR

<table>
<thead>
<tr>
<th>Key Project Events</th>
<th>2016</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>July</td>
<td>Aug</td>
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<tr>
<td>Project Kick-Off</td>
<td>⭐️⭐️</td>
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<td>July 2016</td>
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<td>⭐️⭐️</td>
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<tr>
<td>Steering Committee Meetings</td>
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<tr>
<td>Stakeholder Interviews</td>
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<tr>
<td>August 2016</td>
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<tr>
<td>Envisioning Workshops</td>
<td></td>
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<tr>
<td>Mid-September 2016</td>
<td></td>
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<tr>
<td>Stakeholder Survey</td>
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<tr>
<td>November 2016</td>
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<tr>
<td>Capabilities Workshop</td>
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<tr>
<td>January 2017</td>
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<tr>
<td>Enablers Workshop</td>
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<tr>
<td>February 2017</td>
<td></td>
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<tr>
<td>Public/Stakeholder Updates</td>
<td></td>
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<tr>
<td>March – April 2017</td>
<td></td>
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<tr>
<td>Develop Future State Description</td>
<td></td>
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<td>May – June 2017</td>
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<tr>
<td>Define Initiatives</td>
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<tr>
<td>July – Aug 2017</td>
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<tr>
<td>Define Initiatives</td>
<td></td>
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<tr>
<td>July – Aug 2017</td>
<td></td>
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<tr>
<td>Develop Roadmap</td>
<td></td>
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<tr>
<td>Sept – Oct 2017</td>
<td></td>
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<tr>
<td>Deliver Roadmap to State Leadership</td>
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<tr>
<td>Early Nov 2017</td>
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</tbody>
</table>
HISTORICAL CONTEXT:
MASTER PATIENT INDEX & MASTER PROVIDER DIRECTORY SERVICES:
&
DRAFT QUALIFICATIONS FOR BIDDERS FOR MPI/MPD SERVICES

JIM YOUNKIN, CEDARBRIDGE GROUP AND CARRIE PAYKOC, STATE HEALTH IT COORDINATOR
Question from the December eHealth Commission meeting:

“What problem are we trying to solve?”
HCPF worked with OeHI to research and define an MDM strategy to ensure effective coordination and alignment of strategic efforts.

Implementing both a Master Patient Index (MPI) and Master Provider Directory (MPD) as the foundation for HCPF’s MDM will:

- Achieve a unified view of Medicaid provider and member data across HIE networks
- Improve the quality of data
- Improve collaboration between providers
- Reduce costs
- Create a suite of data records and services that will allow HCPF to link and synchronize Medicaid member, provider, and organization data to HIE sources

This effort will result in a single, trusted, authoritative data source.

The fully implemented MDM will include a Consents and Disclosures repository that will support sharing consents and disclosures across medical, behavioral, and substance abuse providers.
HISTORICAL PROBLEM STATEMENTS

Patient Identification/ Patient Matching Problems/Needs

- No consistent data elements in MPIs
- Data quality issues
- Lack of standards or recommended best practices (e.g., SSN#)
- Missing populations
- Patient churn
- Sustainability

Provider Identification/ Provider Attribution Problems/Needs

- No consistent data elements in provider directories
- Difficult to link and maintain accurate provider relationships to:
  - Facilities
  - Organizations
  - Payer networks, etc.
- Increasingly critical to include non-licensed health professionals
- Data quality issues
- Sustainability

Integrated Patient and Provider Data

- Lack of “standardized” patient attribution and empanelment across payers and providers
- Challenges with state/community-level clinical quality measurement and reporting
IDENTITY MANAGEMENT

Health IT Modular Functions

Governance and Operations

Policies and Processes

Master Patient Index

Use Cases

Identity Management

Provider Directories

Consent Management

Security Mechanisms

Exchange Services

Patient Attribution

Notification Services

Provider Tools

Analytics Services

Consumer Tools

Data Extraction

Data Transformation

Data Aggregation

Data Quality & Provenance

Accountable Oversight & Rules of Engagement

Policy/Legal

Financing

Business Operations
MPI/MPD SERVICES

DRAFT BIDDER QUALIFICATIONS
The MPI and MPD will be contracted through a competitive Request for Proposal (RFP) process.

The MPI/MPD services RFP will require bidding vendors to attest to a set of qualifications to ensure experienced organizations/vendors align to Colorado’s collaborative vision.

- Organizational requirements
- Administrative overhead percentage limit
- MPI/MPD solution experience
- Understanding Colorado environment and MPI/MPD project requirements
## Organization Requirements (Draft)

<table>
<thead>
<tr>
<th>Organizational Structure and Location:</th>
<th>Organizational Operations Readiness:</th>
</tr>
</thead>
</table>
| Open RFP for any type of organization to bid on (e.g., for profit, nonprofit, or benefit corporation), not limited by size. No specific requirements to maintain Key or Other Personnel in Colorado. Qualified bidders must be  
  • experienced  
  • financially sound  
  • legal business entities in good standing in Colorado and the United States. |  
  • Fiscal management  
  • Processes to maintain data quality  
  • Privacy and security policies and procedures  
  • Project management  
  • Training and on-boarding materials  
  • Dissemination of training  
  • Business continuity planning  
  • Managing help desk staff  
  • Data-sharing policies  
  • Understanding Colorado’s Health IT ecosystem  
  • Data stewardship programs  
  • Understanding federal and state regulations and programs |
### Bids

<table>
<thead>
<tr>
<th>Cooperative bids:</th>
<th>Singular service bids:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified bidders may partner with other organizations to meet program and technical implementation requirements.</td>
<td>Organizations may bid on one modular service, such as MPI but not MPD, if the requisite experience is met.</td>
</tr>
<tr>
<td>Each named entity in a bid must meet the organizational and experience requirements for the proposed services.</td>
<td>Singular bidders must demonstrate the ability to interoperate with core infrastructure and with other identity management services.</td>
</tr>
<tr>
<td>Cooperative bidders must submit:</td>
<td></td>
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<tr>
<td>• A coordinated strategy</td>
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<tr>
<td>• A technical integration plan</td>
<td></td>
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<tr>
<td>• An operational plan explaining the partnership and technical approach</td>
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<tr>
<td>Administrative Overhead Percentage:</td>
<td></td>
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<td>-------------------------------------</td>
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<tr>
<td>As a strong steward of the public funds it manages, the Department will impose a limit of 10% percent for administrative overhead costs on the contract(s) for MPI/MPD services.</td>
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</tbody>
</table>
Experience performing MPI and/or MPD services for one or more of the following types of organizations:

- Health information exchange(s)
- Health care providers
- Governmental agencies
- Large health insurance companies

Experience performing MPI, MPD, and/or integrated MPI/MPD services:

- For comparable population volumes to the Colorado Medicaid program
- Transitioning data from multiple sources into a new system
- Meeting minimum business requirements for current and future priority use cases defined by the Health IT Roadmap
- Demonstrating flexibility and extensibility
Qualified bidders will be required to adhere to the following project operations requirements:

**Independent Verification and Validation (IV&V)**

The Department’s IV&V contractor will provide objective assessments through the development of the MPI/MPD solution(s):

- Facilitating early detection and correction of errors
- Enhancing management insight into risks
- Ensuring compliance with project performance, schedule, and budget requirements

**MPI/MPD Project Oversight and Collaboration**

The Department will perform overall program management oversight

Bidders should demonstrate ability to work collaboratively
### Steps Prior to Issuing RFP for MPI/MPD Services

<table>
<thead>
<tr>
<th>Step</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>CedarBridge meets with state agencies and stakeholders to collect input for Draft MPI/MPD use cases, business and functional requirement</td>
<td>September 2016</td>
</tr>
<tr>
<td>Department posts Draft MPI/MPD requirements for public comment</td>
<td>October 2016</td>
</tr>
<tr>
<td>CedarBridge presents feedback on Draft MPI/MPD requirements to Commission</td>
<td>December 2016</td>
</tr>
<tr>
<td>Department considers revisions to Draft MPI/MPD requirements</td>
<td>January 2017</td>
</tr>
<tr>
<td>CedarBridge presents Draft Qualifications to Bid on MPI/MPD services to Commission</td>
<td></td>
</tr>
<tr>
<td>Department posts Draft Qualifications to Bid on MPI/MPD services for public comment</td>
<td></td>
</tr>
<tr>
<td>Department posts revised Draft MPI/MPD requirements for 2nd public comment period</td>
<td>February 2017</td>
</tr>
<tr>
<td>CedarBridge presents feedback on Qualifications to Bid on MPI/MPD to Commission</td>
<td></td>
</tr>
<tr>
<td>Department considers revisions to Qualifications to Bid on MPI/MPD services</td>
<td>March 2017</td>
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<tr>
<td>Department considers final revisions to MPI/MPD requirements</td>
<td></td>
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<tr>
<td>CedarBridge presents final requirements for MPI/MPD services and final Qualifications to Bid to Commission</td>
<td>April 2017</td>
</tr>
<tr>
<td>Department posts competitive RFP for MPI/MPD services</td>
<td>TBD</td>
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</tbody>
</table>
CONTACT INFORMATION

CAROL ROBINSON, PRINCIPAL
CAROL@CEDARBRIDGEGROUP.COM

JIM YOUNKIN,
CHIEF TECHNOLOGY OFFICER
JIM@CEDARBRIDGEGROUP.COM

www.cedarbridgegroup.com
CIVHC PRESENTATION

JONATHAN MATHIEU, CIVHC
COLORADO DIGITAL HEALTH INNOVATION STRATEGY
LEVERAGING COLORADO’S OFFICE OF EHEALTH INNOVATION TO DEVELOP A STATEWIDE STRATEGY FOR DIGITAL HEALTH PUBLIC-PRIVATE PARTNERSHIPS

MORGAN HONEA, CORHIO
What is Digital Health?

Applying information and communications technologies to improve health.

“Digital technologies have transformed the way we work, shop, and socialize. Now health care providers are beginning to deploy digital tools to better understand and serve their patients. The prospect that digital technologies will make care more convenient, more coordinated, and more responsive to consumers' needs.”


What is a Public-Private Partnership (P3)?

“A relationship based upon agreements, reflecting mutual responsibilities in furtherance of shared interests.” *Shaping the 21st Century: the contribution of development cooperation.*

Critical criterion for success:
- Legal and Regulatory Framework;
- Transparency and Accountability;
- Suitable Public Policies;
- Commitment to Public Good;
- Common Understanding;
- Sharing of Resources;
- Consumers and Community.
Why P3 focused on Digital Health Care?

“Recent focus on health sector reform has shined a spotlight on the role of the private sector, and especially on the qualities of innovation and efficiency that are generally seen as more common in private enterprises than in government bureaucracies. It is generally felt that the private sector, as a result of the competitive environment and the subsequent need to survive, is more able to respond to change and more able to deliver services at low cost when there is an appropriate stimulus to do so.”

Public Private Partnerships in Health
Marc Mitchell, MD, MS, Harvard School of Public Health
Foundation

Colorado is and has been the beneficiary of multiple federal and state programs to accelerate innovation in healthcare delivery and payment. Colorado has also seen a groundswell in private-sector digital health organizations seeking to make the state a national (and international) hub for this work.

<table>
<thead>
<tr>
<th>Public</th>
<th>Private</th>
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<tbody>
<tr>
<td>• Office of eHealth Innovation</td>
<td>• Prime Health</td>
</tr>
<tr>
<td>• SIM</td>
<td>• 10.10.10</td>
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<tr>
<td>• COMMIT</td>
<td>• Innovation Pavilion</td>
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<td>• IAPD</td>
<td>• Catalyst HTI</td>
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<tr>
<td>• CPC+</td>
<td>• Colorado Technology Association</td>
</tr>
<tr>
<td>• ARRA/HITECH</td>
<td>• Colorado Biosciences Association</td>
</tr>
<tr>
<td>• Health Workforce Data</td>
<td>• Rockies Venture Club</td>
</tr>
<tr>
<td>Consortium</td>
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</table>
Why the Office of eHealth Innovation?

• Shared Vision;
• Shared Governance;
• Broad Representation;
• Accountable and Transparent;
• Ability to Develop and Drive Strategy;
• Unique View into Current Resources and Future Opportunities.
The Ask.....

• In coordination with its current activities, will the eHealth Commission:
• Establish a statewide Digital Health Innovations Workgroup to:
• Take on the development of a Statewide Digital Health Innovation Strategy;
• To explore the possibilities of expanding public-private partnership opportunities;
• To enhance the Digital Health Ecosystem;
• To reduce the friction of adopting new technologies;
• To integrate innovation faster;
• In order to make Colorado the #1 Digital Health Innovation Hub in the United States; and
• Improving the health and healthcare of all Coloradans.
COMMISSION DISCUSSION ON PRESENTATIONS

MARY ANNE LEACH, OEHII DIRECTOR
PUBLIC COMMENT
CLOSING REMARKS,
FEBRUARY AGENDA, AND
ADJOURN

MARC LASSAUX
# DRAFT FEBRUARY AGENDA

## Call to Order
- Roll Call and Introductions, Approval of January Minutes, February Agenda and Objectives  
  
## Announcements
- 12:10
- OeHI Updates
- SIM HIT Updates
- Grant Opportunities, Workgroup Updates, Announcements

## New Business
- 12:25
- Colorado Health IT Roadmap Steering Committee

## MDM Update
- 1:25

## Guest Presentation 1 TBD

## Guest Presentation 2 TBD

## Commission Discussion and Presentations
- 2:30

## Public Comment Period
- 2:45

## Closing Remarks
- 2:50
- Open Discussion, March Agenda, Adjourn
### FUTURE TOPICS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
<th>Potential upcoming meeting date</th>
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<tbody>
<tr>
<td>Interoperability and HIE</td>
<td>Kim Peterson (Children's)</td>
<td>TBD</td>
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</tbody>
</table>

Suggestions for future topics welcome!