AGENDA

Call to Order
Roll Call and Introductions, Approval of November Minutes, December Agenda and Objectives
Michelle Mills, Chair

Announcements
OeHI Updates
SIM HIT Updates
Grant Opportunities, Workgroup Updates, Announcements
Chris Underwood, OeHI Interim Director
Carrie Paykoc, State HIT Coordinator
Commission Members

New Business
Colorado Health IT Roadmap Steering Committee
Laura Kolkman and Bob Brown, Mosaica Partners

Public Comments on Master Data Management Requirements
Carol Robinson, CedarBridge Group

Post-Presentation Commission Discussion
Facilitated by North Highland

CDPHE Provider Directory
Steve Holloway, CDPHE

Post-Presentation Commission Discussion
Facilitated by North Highland

Public Comment Period

Closing Remarks
Open Discussion, January Agenda, Adjourn
Michelle Mills
ANNOUNCEMENTS

OeHI UPDATES

▪ Welcome aboard Mary Anne Leach!
▪ MDM/MPI Update
▪ Master Health IT Consultant Update
▪ Communications Update

SIM UPDATES

▪ Telehealth Strategy-Spark Policy
▪ CORHIO/QHN presentation to SIM Advisory Board
COLORADO HEALTH IT ROADMAP
STEERING COMMITTEE

LAURA KOLKMAN AND BOB BROWN,
MOSAICA PARTNERS
STEERING COMMITTEE AGENDA

- Survey Results
- Objectives Discussion
- Capabilities Workshop – January 13, 2017
- Roadmap Process Review
- Project Timeline and Next Steps
SURVEY RESULTS
In September of 2016, a series of workshops were held around the state to understand the wants and needs of individuals working with health information on a daily basis.

Based on those workshops, plus other input, a list of 14 objectives was developed for the Colorado Health IT Roadmap.

The 14 objectives will be the focus of the initiatives developed for the Colorado Health IT Roadmap.
The purpose of the survey was to obtain input from across a broad range of stakeholders on their perspective of the relative importance of the 14 objectives that had been developed.

Respondents were asked to rate the importance of the objectives to them. They were asked to select 5 objectives as Most important, 4 as Medium importance, and 5 as Least important.

The results of the survey showed the relative priority order of the objectives. This information will be used in Roadmap creation process to ultimately determine the priority of the initiatives that will be included in the Colorado Health IT Roadmap.
Overwhelmingly the responses came from those who had received a direct email invitation.

376 respondents requested to be kept informed or volunteered to participate in the project.

208 respondents provided comments.

This shows both a high level of interest by Coloradans in this project as well as the effectiveness of individual contact for obtaining survey participation.

Twenty-seven (27) Colorado organizations assisted in the survey distribution.

As a “thank you” to the distributing organizations, Mosaica will provide each with results of the overall survey and a subset of the results showing how those responding to their specific invitation ranked the objectives.
ORGANIZATIONS THAT HELPED DISTRIBUTE THE SURVEY

Aspen Valley Hospital  
Banner Health  
Center for Improving Value in Health Care  
Children’s Hospital Colorado  
Colorado Department of Human Services  
Colorado Department of Public Health  
Colorado Health Foundation  
Colorado Health Institute  
Colorado HIT Workgroup  
Colorado Hospital Association  
Colorado Rural Health Center  
Colorado Telehealth Network  
CORHIO  
HCPF  
Mental Health Center of Denver  
Mesa County Physicians IPA  
North Range Behavioral Health  
OeHI Website/Newsletter  
Office of Information Technology - UC PDMP Consortium  
PRIME Health  
Quality Health Network  
Rocky Mountain Health Plans  
University of Colorado Denver
INFORMATION ABOUT SURVEY RESPONDENTS

Occupation

- There was excellent representation from the health care sector.
- Over 50% of the respondents were in health care-related occupations.
- There was also a wide variety of representatives from occupations outside of health care.

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<tr>
<th>Occupation Category</th>
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<tbody>
<tr>
<td>Office/Administration</td>
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<tr>
<td>Healthcare Provider/Physician</td>
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<td>Healthcare Executive</td>
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<tr>
<td>Nurse</td>
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<tr>
<td>Healthcare Support Personnel</td>
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<tr>
<td>IT/Informatics Professional</td>
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<tr>
<td>Government Employee</td>
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<td>Consumers</td>
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<tr>
<td>Pharmacist/Pharmacy</td>
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</table>
Survey respondents represented wide statewide coverage

47 of Colorado’s 64 counties were represented
As mentioned earlier, 205 survey respondents took the time to provide their comments.

Many reflected on how difficult it was to rank the objectives. Others on how interconnected and interdependent the objectives are.

We view this a positive indication of the thoroughness with which people considered their responses. It is hard to decide between objectives.

Other comments reflect a broad awareness that health information technology, while important to health care reform is only a part of the broader effort.
Colorado’s response rate to this survey was outstanding.

Because of the high response rate, there is high confidence level that the results are a good representation of the importance that Coloradans place on the objectives.

The amount of comments received within the survey, coupled with the number of respondents who requested additional information on or involvement with the Health IT Roadmap effort, is an indication of the high level of interest and engagement that Coloradans have in health care reform in general and Health IT in particular.

Thank you to the organizations that distributed the survey and everyone that took the time to participate.
OBJECTIVES DISCUSSION
1. **Care Coordination:** Health care and health-related information needed for effective coordination of care across community services is easily accessible and usable throughout Colorado.

2. **Access to Information:** Coloradans (and their authorized individuals and providers) can easily, appropriately, and securely access health care and health-related information.

3. **Data Integration and Availability:** Physical health, behavioral health, social services, payment, and cost information is integrated and readily available and usable.

4. **Cost of Health IT:** All providers have access to cost effective, health IT support and services that are aligned and realistic with their budgets and the value proposition of those services is clear and transparent.

5. **Quality Reporting:** State required quality measures are relevant to achieving Colorado’s State of Health Triple Aim - Best Health, Best Care, and Best Value - and they are aligned across programs and settings, standardized, and easy to report.

6. **Broadband:** High speed, reliable broadband is available throughout Colorado to support Colorado’s State of Health Triple Aim – Best Health, Best Care, and Best Value.

7. **Governance & Policy:** Colorado’s policies, regulations, and investments are aligned to promote the secure sharing of health information required to achieve Colorado’s State of Health Triple Aim – Best Health, Best Care, and Best Value.

8. **Analytics:** There is widespread access to, and use of, health data analytics.

9. **Data Governance:** There is consistent, broad, open, and transparent governance of health care and health-related data, and the sharing of that data.

10. **Telehealth:** The use of telehealth is a routine, secure, viable point-of-care choice.

11. **Innovation:** Colorado is a recognized leader in supporting and adopting innovative technical approaches and solutions in support of Colorado’s Triple Aim.

12. **Governance & Policy:** There is an agreed upon approach for uniquely identifying participants (e.g. providers, patients, payers, persons) in Colorado’s health care ecosystem.

13. **Consent Management:** Coloradans have easy to use, clear and concise pathways to manage (to the extent allowed by law) their individual consent to the sharing of their health care information.

14. **Governance & Policy:** Health care information privacy policies and regulations are consistently understood and consistently applied across Colorado’s health care ecosystem.
CAPABILITIES WORKSHOP

Identify those things that we must be able to do in Colorado if we are going to be able to achieve the 14 objectives.

Workshop Output:
The output will be a list of statements describing the capabilities that must be present for Colorado and Coloradans to be able to do to achieve the 14 objectives.
ROADMAP PROCESS REVIEW
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

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PROJECT TIMELINE

Next Steps
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<th>Key Project Events</th>
<th>2016</th>
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**By invitation only:

- Conduct Capabilities Workshop (January 13, 2017)
- Conduct Enablers Workshop (February 7, 2017)

Steering Committee members are invited to attend either or both workshops as an observer
PUBLIC COMMENTS ON MASTER DATA MANAGEMENT REQUIREMENTS

CAROL ROBINSON, CEDARBRIDGE GROUP
368 Unique Comments Received

- Additional Data Elements
- Vendor Solution Offered
- Comments Only
- New Requirements
- Future Work
- Revisions
- Clarifications
- Suggestions/Concerns

368 Unique Comments Received
368 Unique Comments Received

SAMPLE COMMENTS:

- Data governance
- Rules-based engine complexity and cost
- Aggregator not a distributor
- Probabilistic and deterministic matching algorithms
- Conflicts with the overall goal to have accurate system in place in Year 1
- Overall document needs a clear separation of near-term MPI/MPD needs/goals and solutions vs. and overarching long term MDM strategy
SAMPLE COMMENTS:

Define...
- network adequacy
- patient data integrity
- performance outcome metrics

Clarify...
- scope of requirement
- scope of MDM audit activity
- inclusion of ESB and/or messaging system
- current tools used for authentication
- expectations regarding single sign-on (SSO)
- project timings as articulated by SIM and Advance Planning Document

Describe...
- whether system can be accessed only by web portal
- what interface engine (and application adapters) capabilities should be included
368 Unique Comments Received

- Additional Data Elements
- Vendor Solution Offered
- Comments Only
- New Requirements
- Future Work
- Revisions
- Clarifications
- Suggestions/Concerns

SAMPLE COMMENTS:
- Combine similar requirements into one
- Move Business requirement to Functional requirement section
- Identify which functionality is directly supported by MDM (i.e., patient matching) vs. indirectly supported by MDM infrastructure (i.e., quality of care measures)
- Revise phasing (earlier/later)
- Expand the vision to all Coloradans (initial language stated Medicaid)
- Add Functional requirement for ease/cost of maintenance and operations of the system(s)
368 Unique Comments Received

FUTURE WORK

SAMPLE COMMENTS:
- List of sensitive data elements
- Success criterion to meet requirement
- Data format definitions
- Define role-based access and access rules
- List of reports needed
- Data standards needed for source systems
- Data capture rules needed
- Service Level Agreements needed
- Define level of downtime
NEW REQUIREMENTS

368 Unique Comments Received

Comment Categories

- New Requirements
- Future Work
- Revisions
- Clarifications
- Vendor Solution Offered
- Comments Only

SAMPLE COMMENTS:

- Data quality tools
- Auditing data back to source system
- Data decay metrics
- Functional requirement for data integrity
- Patient/record locator service
- Web-based interface for users to view MDM information
- Mobile access to provider directory info
- Introduce/use reference data sets
368 Unique Comments Received

Comment Categories

- Vendor Solution Offered
- Comments Only
- New Requirements
- Future Work
- Revisions
- Clarifications
- Suggestions/Concerns

Sample Comments:
- “Here’s how our solution handles that”
- “See details on our website and/or attached documentation”
368 Unique Comments Received

Comment Categories
- Vendor Solution Offered
- Comments Only
- New Requirements
- Revisions
- Clarifications
- Suggestions/Concerns

Vendor Solution Offered
Comments Only
New Requirements
Revisions
Clarifications
Suggestions/Concerns

ADDITIONAL DATA ELEMENTS

SAMPLE COMMENTS:
- Home, cell, work, emergency and “other” phone data
- “Multiple” or “Dual-Eligible” indicator in the Insurance(s)
- Include Country, Country Code, and Province
- Add "date of death" and "family association"
- Sibling data
STATES MOVING FORWARD WITH SHARED DATA SERVICES

- Oregon
  - Recently awarded contract for statewide Common Credentialing System
  - Currently reviewing RFP responses for two shared (master) data services
    - Statewide Provider Directory, linked to statewide Common Credentialing System
    - Clinical Quality Metrics System

- Rhode Island
  - Currently planning RFPs for two shared (master) data services
    - eCQM Measurement and Reporting System
    - Statewide Provider Directory

- Michigan
  - Currently operating three statewide shared (master) data services
    - Statewide Provider Directory
    - Statewide Consumer Directory
    - Active Care Relationship Service (ACRS)
  - Currently planning for Electronic Consent Management System

- Vermont
  - RFI currently open for statewide Electronic Consent Management System
MDM NEXT STEPS

- Identify Qualified Entities to build the MDM
  - Public comment period

- Incorporate QE into the MDM requirements
  - Public comment period

- RFP development
CONTACT INFORMATION

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JIM@CEDARBRIDGEGROUP.COM

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DEBRIEF:
MASTER DATA MANAGEMENT REQUIREMENTS

THERESA BRANDORFF AND JACQUELINE GIORDANO, NORTH HIGHLAND
What feedback struck you the most?

What are some ideas for incorporating this feedback?
CDPHE PROVIDER DIRECTORY

STEVE HOLLOWAY, CDPHE
DEBRIEF:
CDPHE PROVIDER DIRECTORY

THERESA BRANDORFF AND JACQUELINE GIORDANO, NORTH HIGHLAND
How might we leverage CDPHE's Provider Directory efforts into our Master Data Management efforts?

What are some best practices or lessons learned from CDPHE that we should consider?
PUBLIC COMMENT
CLOSING REMARKS, DECEMBER AGENDA, AND ADJOURN

MICHELLE MILLS
Call to Order
   Roll Call and Introductions
   Approval of December Minutes
   January Agenda and Objectives

Announcements
   OeHI Updates
   SIM HIT Updates
   Grant Opportunities, Workgroup Updates, Announcements

Proposed New Business
   Colorado Health IT Roadmap Steering Committee
      Laura Kolkman and Bob Brown, Mosaica
   Qualified Entities to Bid on MDM RFP
      Carol Robinson, CedarBridge Group
   CIVHC Analytic Tools
      Jonathan Mathieu, CIVHC

Public Comment Period

Open Discussion, February Agenda, Closing Remarks, and Adjourn
FUTURE TOPICS

<table>
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<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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Suggestions for future topics welcome!