Office of eHealth Innovation

eHealth Commission Meeting
February 17, 2016
<table>
<thead>
<tr>
<th>Topic</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call to Order</td>
<td>5 mins</td>
</tr>
<tr>
<td>Chris Underwood, <em>Interim Director, OeHI</em></td>
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<tr>
<td>Opening Remarks</td>
<td>15 mins</td>
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<tr>
<td>Scott Wasserman, <em>Chief of Staff to Lt. Gov. Joe Garcia and Deputy Chief of Staff to Gov. John Hickenlooper</em></td>
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<tr>
<td>Chris Underwood</td>
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<tr>
<td>eHealth Commission Member Introductions</td>
<td>10 mins</td>
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<tr>
<td>Commission Members</td>
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<tr>
<td>eHealth Commission Timeline and Organizational Charter</td>
<td>40 mins</td>
</tr>
<tr>
<td>North Highland</td>
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<tr>
<td>Federal Funding Streams for Health IT</td>
<td>45 mins</td>
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<tr>
<td>Robinson &amp; Associates</td>
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<tr>
<td>Closing Remarks</td>
<td>5 mins</td>
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<tr>
<td>Chris Underwood</td>
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<tr>
<td>Matt Benson</td>
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</table>
Who is North Highland?

North Highland has been hired to support the launch of the Office of eHealth Innovation by providing project management and facilitation expertise.

Core Team

Matt Benson, Project Lead and Facilitator
Jacqui Giordano, Project and Facilitation Support

Additional Support

Rick Zelznack, Health and Human Services SME
Heide Cassidy, Public Sector West Region Lead
Launch Timeline
# eHealth Commission Launch Timeline

<table>
<thead>
<tr>
<th>STATUS REPORTING AND PROGRESS MONITORING</th>
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## 2016

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Q3</th>
<th>Q4</th>
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<tbody>
<tr>
<td><strong>OeHI (State)</strong></td>
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<tr>
<td>HIT Coordinator Onboarded</td>
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## eHealth Commission Meetings

- Charter Feedback
- SOP Feedback
- Co-Creation Planning
- Operation Procurements

## Operational Processes and HIT Priorities

- Introduce Charter
- Approve Charter
- Approve SOPs
- HIT Coordinator Onboarded
- Operational Procurements

## HIT Analysis and Recommendations

- Funding
- Technology Components
- Current State
- Best Emerging Practices
- HIT Use Cases

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**OeHI (State)**

- North Highland

**Commission**

- Robinson & Associates

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*Proprietary & Confidential*
OeHI Organizational Charter
Purpose of the Charter

Provide an overview of the organization’s mission, historical context, membership structure, governance, and objectives.

Specifically, the Charter serves several distinct purposes:

• Purpose of the organization
• Identifies the organizational roles and responsibilities
• Makes visible the membership selection process
• Serves as the primary onboarding document for new organizational members
• Outlines the organizational governance and decision-making process
• Defines the outcomes the organization is intending to deliver
• Recaps the initial funding sources
Background and Historical Context

The OeHI was created to provide an open and transparent statewide collaborative effort to develop the common policies, procedures, and technical approaches needed to advance Colorado’s Health IT network and transformational health programs.

- In 2009, CORHIO was designated as the State Designated Entity (SDE) to expand health information across Colorado
- CORHIO formed the SDE Action Committee to evaluate and propose a new organizational structure for the SDE function
- “Office of eHealth Innovation” (OeHI) was created to be a new independent body to provide leadership and alignment across public and private sector organizations
- The OeHI was formally created via the Office of the Governor’s Executive Order B 2015-008
- OeHI will provide the SDE function for Colorado, which includes administration, use and designation of federal and state funds enabling Health IT
The Governor’s State of Health

Colorado’s commitment to become the healthiest state

Invest in Health Information Technology
Ensure most Coloradans are served by providers with Electronic Health Records and connected to Health Information Exchange
Organizational Purpose

Vision
Accelerate technology-driven health transformation by aligning public and private initiatives to support Colorado’s commitment to become the healthiest state in the nation.

Mission
To promote the expanded use of Health IT in Colorado, the Office of eHealth Innovation will identify priorities to:

- Establish an open and transparent statewide collaborative effort to develop common policies, procedures, and technology approaches that will enhance Colorado’s Health IT network;
- Promote and advance data sharing by reducing or removing barriers to effective information sharing;
- Support health innovation and transformation by enhancing Colorado health information infrastructure; and
- Improve health in Colorado by promoting the meaningful use of Health IT.

Goals
The tactical goals and objectives for the Office of eHealth Innovation for the first 18 months are as follows:

1. Collaborate with key leaders throughout Colorado to advance the adoption and integration of technology to improve health.
2. Identify strategies that will promote data sharing and removing barriers to health information sharing.
3. Serve as a central point to coordinate and distribute funding for Colorado’s Health IT priorities.
Collaborate with key leaders throughout Colorado to advance the adoption and integration of technology to improve health.

- The Office of eHealth Innovation will establish an Organizational Charter which will include a communications plan and rules of engagement for the Office in early 2016.
- The eHealth Commission will be established in early 2016.
- The Office of eHealth Innovation will provide information to the eHealth Commission on the current-state of Health IT services and concept of Shared Technology Services in Colorado in early 2016.
- The eHealth Commission will establish guidelines on necessary workgroups to advise the eHealth Commission including how stakeholders can participate on those workgroups in early 2016.
  - Stakeholders representing consumers will be included on workgroups, as appropriate.
- The Office of eHealth Innovation will define the rules of engagement for organizations that will provide common technical services for use by entities throughout Colorado by September 2016.
Organizational Purpose – Goal #2

Identify strategies that will promote data sharing and remove barriers to health information sharing.

• The Office of eHealth Innovation will define a strategic support model related to the operations of the Office through contractors to assist with project management, strategic planning, solicitation development, and Health IT consulting by September 2016.

• Develop a Health IT Strategic Plan for the Office of eHealth Innovation that aligns with the strategic initiatives established by State Agencies, Colorado State Innovation Model (SIM), the Colorado HIE Network, and other related initiatives by December 2016.
  › The Health IT Strategic Plan will include strategies and regulations that Colorado could adopt to remove barriers to effective health information sharing.
  › The Health IT Strategic Plan will include options for metrics on how technology-driven health transformation support Colorado’s commitment to become the healthiest state in the nation.

• Develop a Health IT Roadmap for the Office of eHealth Innovation by June 2017.
  › The Health IT Roadmap will provide options for metrics on how initiatives defined in the Health IT Roadmap promote data sharing.
Organizational Purpose – Goal #2 (cont.)

Identify strategies that will promote data sharing and remove barriers to health information sharing.

The HIT Strategic Plan should support the SIM goal of providing access to integrated primary care and behavioral health services in coordinated community systems with value-based payment structures.

- **Metric:** By **2018**, 80% of state residents whose data resides in an electronic health record connected to the state’s integrated health information exchange will be connected to administrative claims data to facilitate the generation of statewide quality metrics.

- **Metric:** By **2018**, 80% of Medicaid clients in the Department of Health Care Policy and Financing will be connected to at least two data elements within electronic health information available through the state’s integrated health information exchange.

- **Metric:** By **2018**, 80% of licensed health care providers in Colorado will be uniquely identified across the state’s integrated health information exchange, All Payers Claims Database, and state provider licensing databases.
Organizational Purpose – Goal #3

Serve as a central point to coordinate and distribute funding for Colorado’s Health IT priorities.

- By leveraging existing funding provided through ARRA HITECH, the Office of eHealth Innovation will maximize federal funding by selecting qualified organizations to implement projects already defined to meet federal funding criteria by September 2016 to implement those projects by September 2017.

- By leveraging existing funding provided through SIM, the Office of eHealth Innovation will maximize federal funding by selecting qualified organizations to implement projects already defined through the grant by December 2016 to implement those projects by December 2017.

- The Office of eHealth Innovation will establish the process for solicitations and contracts for Health IT projects by June 2016.

- To leverage future funding, the Office of eHealth Innovation will begin to identity potential funding sources for projects on the HIT Roadmap by March 2017.

- **Metric**: To maximize federal funds provided through ARRA HITECH, SIM, and other federal grants, the Office of eHealth Innovation will target 90% of the awarded money to consist of federal funds.
Organizational Diagram

- Workgroups
- Workgroups
- Workgroups

**eHealth Commission**

- Up to 15 public and private sector stakeholders.

**Office of eHealth Innovation**

- Two FTE (Staff) Members: Director and Coordinator

**Operational Support**

- Fiscal Administrator - HCPF
- Contracts Manager - HCPF
- HIT Technical Advisor
- Program Partners, Consultants, Vendors

**Governor’s State of Health**

**COLORADO Office of the Governor Gov. John Hickenlooper**
Organizational Functions

<table>
<thead>
<tr>
<th>Strategy/Governance</th>
<th>Administrative</th>
<th>Technology</th>
<th>Fiscal Admin (HCPF)</th>
<th>Operational Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop common HIT Strategy and long-term goals.</td>
<td>Streamline procurement process.</td>
<td>Establish common technology framework*.</td>
<td>Serve as fiscal intermediary by executing funding recommendations</td>
<td>Communicate and publish findings, recommendations, criteria, processes, reports and other outputs.</td>
</tr>
<tr>
<td>Ensure technology roadmap aligns to strategic goals.</td>
<td>Establish criteria for qualified organizations.</td>
<td>Communicate HIT data quality and integration standards</td>
<td>Administer and track distribution of funds.</td>
<td></td>
</tr>
<tr>
<td>Encourage alignment and collaboration across state health agencies.</td>
<td>Provide financial oversight.</td>
<td>Identify use case priorities.</td>
<td>Report out on funds available, committed, and disbursed.</td>
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<tr>
<td>Establish culture of innovation.</td>
<td>Manage provider contracts.</td>
<td>Build technology roadmap</td>
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<tr>
<td></td>
<td>Enable accountability mechanisms for fund recipients.</td>
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<tr>
<td></td>
<td>Create HIT ecosystem policy and incentives</td>
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*The Office will NOT build IT infrastructure.
Roles, Responsibilities, and Accountability

Full time staff, the commission, and workgroups will interact together to achieve the goals of the office.

- OeHI staff are formally accountable for decision-making and outcomes
- The Commission will be consulted on / advise the OeHI on identified tasks

For a full inventory of OeHI tasks and responsibilities, refer to the table on Page 11 of the Organizational Charter

- HCPF is the fiscal administrative function
- Governor’s Health Cabinet may provide feedback
- Selection of qualified organizations and the contract management process will provide the governance for Health IT projects
Membership

A member in good standing should adhere to behavioral guidelines identified in the membership commitment.

As a direct or indirect member of the Office of eHealth Innovation, I am committed to interacting in the following manner:

1. Considering the opinion of others, along with my own
2. Working with colleagues in a collaborative manner
3. Relating to others with an open mind by assuming good intent
4. Consensus-building; making decisions with others
5. Jointly responsible for completing tasks
6. Reacting calmly when in disagreement
7. Engaging respectfully to resolve conflict
8. Engaging in creative problem solving; assuming that there is more than one “right” way of moving forward
9. Co-creating solutions
10. Completing the onboarding package, using innovation techniques, and upholding the ways of working
## Meetings

The organization has the ability to adjust meeting types and frequency as needed to meet the goals of the Office of eHealth Innovation.

<table>
<thead>
<tr>
<th></th>
<th>Governor’s Meeting</th>
<th>Office Planning Meeting</th>
<th>Commission Meeting</th>
<th>Workgroup Sessions</th>
</tr>
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<tbody>
<tr>
<td><strong>Frequency:</strong></td>
<td>Quarterly (formal)</td>
<td>Weekly or Bi-weekly</td>
<td>Monthly</td>
<td>Monthly (or as needed)</td>
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<tr>
<td></td>
<td>As needed (informal)</td>
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<tr>
<td><strong>Purpose:</strong></td>
<td>To provide HIT recommendations.</td>
<td>To connect strategy to critical tasks.</td>
<td>To ensure community-based planning, ideation, standards building and problem-solving.</td>
<td>To advise on specific topics, analysis, and questions.</td>
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<tr>
<td></td>
<td>To connect on strategic progress and next steps.</td>
<td>To advise Governor’s office on strategic HIT decisions.</td>
<td>To review workgroup input (e.g., funding recommendations) and advise Office.</td>
<td>To brainstorm, vet options, consider alternatives.</td>
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<tr>
<td></td>
<td>To advise on cross-agency challenges and decisions with long-term impacts.</td>
<td>To select members, allocate funds, facilitate transparency, remove barriers and track results.</td>
<td>To focus on implementation needs and co-create key outputs.</td>
<td>To collect and consider a wide-range of input</td>
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<tr>
<td></td>
<td>To account for budget.</td>
<td>To maintain 6-18 month purview</td>
<td></td>
<td>To narrow consideration set to be shared with the Commission.</td>
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</table>

**Facilitator**

- Office Director
- Office Director or Designee

**Attendees:**

- Governor’s Liaison
- Office Director
- Governor’s Health Cabinet
- Governor’s Policy Office
- Other ECs as needed
- Office Director
- Fiscal Administrator
- Contracts Manager
- Communications Coordinator
- Strategic Technology Lead
- Other Core Team members
- Partners (as needed)
- Standing Members – (4 state, 5 public/private, 2 other).
- Floating Advisory Member
- User / Consumer Representative
- Guest
- Facilitator
- Large number of optional attendees.
- Office Designee
- Commission Designee
- Guest
- Facilitator

**Key Planning / Progress Reporting Tools:**

- State Vision
- Office Scorecard
- Technology Roadmap
- Semi-Annual Report
- Office Strategy
- Milestone-based Glide Path
- Fund Management Report
- ONC Roadmap / Advisors
- Office Strategy / Charter
- Milestone-based Glide Path
- Use Case Prioritization
- Technology Roadmap
- Office Strategy / Charter
- Workgroup
- Workgroup Purpose / Key Questions
Organizational Charter Discussion
Robinson & Associates
Federal Funding Streams for Health IT
FEDERAL FUNDING STREAMS FOR HEALTH IT

Colorado eHealth Commission
February 17, 2016

Prepared by: Robinson & Associates Consulting LLC
Background

Robinson & Associates Consulting LLC (soon to be CedarBridge Group LLC) has been retained to provide subject matter expertise and strategic support to Office of eHealth and eHealth Commission.

Team:

- Carol Robinson, Principal
- Kate Lonborg, Policy Director
- Kate Kiefert will be joining as a subcontractor in March
Today’s objectives:

• Discuss federal financing for health IT

• Create context for future discussions

• Begin building toward consensus
GOALS AND APPROACH

GOAL:
Over the course of the next five months, the eHealth Commission will prioritize the implementation of health IT components to enable transformation in alignment with the Governor’s State of Health.

APPROACH:

February: Shared understanding of federal financing
March: Shared understanding of technology components
April: Assess the current state
May: Strategically prioritize implementation
June: [Space for next steps or strategies]
FEDERAL FINANCIAL PARTICIPATION

There are two primary federal funding streams for state health information technology initiatives.

These funds are administered through the Centers for Medicare and Medicaid Services (CMS) and are designed to support health transformation initiatives and improvements to state Medicaid programs.

1. ARRA HITECH Act* funding relates to meaningful use and is available through 2021

2. Medicaid Enterprise funding relates to the Medicaid program and is available in perpetuity

* ARRA is the American Recovery and Reinvestment Act of 2009. The Health Information Technology for Clinical and Economic Health (HITECH) Act is a section of ARRA.
The ARRA HITECH Act provides 90-10 funding for state health IT development for:

- Administration of Medicaid Electronic Health Record (EHR) Incentive Program
- HIE activities that support EHR adoption and meaningful use, such as
  - Health Information Exchange (HIE) onboarding
  - IT infrastructure necessary to support health transformation
There are unique requirements to the HITECH Act 90-10 funding, designed to support health information exchange across stakeholder sectors.

- **Sustainability Plan**
- Design, development and implementation only
- “Fair share” – when non-Medicaid users benefit from HIE services, they must contribute financially
Medicaid Enterprise funding supports the Medicaid program; funding rates depend on the type of activity.

90/10 funding for Design, Development and Implementation

Cost allocation for non-Medicaid uses

75/25 funding for ongoing operations and maintenance
CMS sets expectations for information technology procurements for the Medicaid Enterprise:

**Seven Conditions and Standards**

- Modularity Standard
- MITA Condition
- Leverage Condition
- Industry Standards Condition
- Business Results Condition
- Reporting Condition
- Interoperability Condition
COMPARING ARRA HITECH AND MEDICAID ENTERPRISE FUNDING

Medicaid Enterprise, unlike HITECH, is an ongoing funding stream.

Medicaid Enterprise, unlike HITECH, allows support for operations and maintenance.
FURTHER CONSIDERATIONS

CMS Requirements

Approval of Implementation Advanced Planning Document (IAPD)

Timing:
CMS’s review and approval of funding requests extend timelines

Contract oversight:
CMS must pre-approve RFPs and contracts

Alignment of investments:
Feds do not want to pay for the same thing twice
Colorado has submitted an ARRA HITECH funding request (HIE IAPD)

<table>
<thead>
<tr>
<th>Date submitted to CMS</th>
<th>January 15, 2016</th>
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<tbody>
<tr>
<td>Informal feedback received from CMS</td>
<td>Week of February 8</td>
</tr>
<tr>
<td>CMS approval of IAPD</td>
<td>Pending</td>
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</tbody>
</table>
COLORADO’S HIE IAPD UNDER REVIEW

As the State Designated Entity for overseeing and prioritizing health IT investments, the Colorado Office of eHealth Innovation provides statewide coordination to enable current and future health transformation initiatives and ensures federal funding is leveraged effectively.
NEXT STEPS: COMING IN MARCH

Discussion will focus on key technology components, including use cases and value propositions.

- Personal Health Record
- Master Patient Index
- Master Provider Directory
Next Steps
Next Steps for Commission Members

In preparation for the March eHealth Commission meeting:

• Review Organizational Charter and submit points of feedback
• Be prepared to vote at the eHealth Commission meeting in March to approve the Charter
• Begin thinking about nominations for Chair and Vice-Chair