Call to Order

- Chris Underwood called the meeting to order as Interim Chair of the eHealth Commission and Interim Director of the Office of eHealth Innovation.
- Scott Wasserman spoke to the importance of Health IT to the Governor’s State of Health. Health IT is the backbone for health innovation that will take place in the coming years.
- Jason Greer spoke briefly about the history of the Colorado State Designated Entity (SDE) and how the Office of eHealth Innovation was formed.
  o In 2009, Colorado established an SDE to determine how to align Health IT initiatives and resources and create a roadmap for the state to support the Health Information Exchange (HIE), so the SDE was formed by Colorado Regional Health Information Organization (CORHIO).
  o An SDE Action Committee was formed to review governance structures and fiscal models of other states and determined that the Office of eHealth Innovation should be established, with the Colorado Department of Healthcare Policy and Financing (HCPF) as the fiscal agent for Health IT efforts.

eHealth Commission Timeline and Organizational Charter

- Matt Benson introduced the team from North Highland, who has been hired to provide Project Management and Facilitation support for the launch of the Office of eHealth Innovation.

Timeline review

- Leading up to the summer, the monthly eHealth Commission meetings will mainly be focused on (1) onboarding and establishing the charter and standard operating
Charter review
- The Organizational Charter represents much of the work that was done by the SDE Action Committee leading up to the formation of the Office of eHealth Innovation.
- Kyle Brown, Senior Health Policy Advisor, Office of the Governor, described how the Office of eHealth Innovation fits into the Governor’s State of Health goals.
  - A key part of making Colorado the healthiest state is to ensure we have the right Health IT efforts in place. The Office and the Commission will be essential for determining how to build the infrastructure for the future of Health IT.

Organizational Purpose – Vision, Mission, Goals, Objectives
- The Mission is adapted directly from the Governor’s Executive Order B 2015-008.
- The current goals and objectives listed in the Charter represent the short-term, tactical activities that the Commission will accomplish, with the understanding that these goals can be revisited and revised with a more strategic focus once the Office of eHealth Innovation and the eHealth Commission become established and have identified Health IT priorities. Robinson and Associates will help develop use cases to articulate the importance of the goals, objectives, and metrics listed.
- Comments on Goal #1
  - Chris Underwood noted that we have no representatives of consumers on the commission because there were no applicants. However, it will be important to identify and recruit consumer participants on workgroups.
- Comments on Goal #2
  - The objectives were recommended and reviewed by the Governor’s Health Cabinet and are not intended to derail similar efforts performed under SIM; instead, the Office should align its efforts with the goals of SIM and the outcomes they have already achieved.
  - The Commission will advise how best to establish a Provider Directory (federated vs. centralized).
- Comments on Goal #3
  - Contractors/consultants will be hired to perform research, conduct analyses, and implement projects. The Office will coordinate this work via contracts in place.

Organizational Structure
- The Commission should think carefully about establishing workgroups, whether project-based or functionally aligned. The intent is not to create unnecessary workgroups that do not have the tools or support to be successful.
- The office will not establish or own any technology/infrastructure but will instead provide standards, policies, procedures, and priorities that will guide the technology.

### Federal Funding Streams for Health IT

- Carol Robinson introduced the team from Robinson & Associates (whose name will change to CedarBridge Group), who has been hired to provide subject matter expertise and strategic support to Office of eHealth and eHealth Commission.
- The goal over the next several months is to create a shared understanding of the Health IT landscape in order to begin prioritizing Health IT initiatives in Colorado.

**Federal Funding Streams that support Health IT**

- ARRA HITECH relates to meaningful use and is for the design, development, and implementation of infrastructure components. It is available through 2021.
- Medicaid Enterprise funding is an ongoing stream for Medicaid programs where funding rates depend on the type of activity and can be used for ongoing operations and maintenance. CMS uses the Medicaid Information Technology Architecture (MITA) model to determine the maturity of systems based on 7 conditions.

**Funding Request Process**

- Colorado submitted its ARRA HITECH Health Information Exchange (HIE) Implementation Advanced Planning Document (IAPD) in January 2016 and has already received informal feedback from CMS.
- Colorado is considered a great example for Health IT efforts, having a Governor appointed Office responsible for coordinating Health IT efforts because it demonstrates support from the Governor.

**Leveraging Funding Across Transformation Initiatives**

- Although there are other existing governance structures in Colorado (e.g. SIM), the intent is that any effort that involves some aspect of Health IT will have the Office of eHealth Innovation involved to work alongside them. The Commission may advise on sustainable, fundable solutions to projects while the Office may provide oversight and contract management.
- Several projects may already exist with a clear objective and existing funding but the Commission may provide guidelines on how best to implement to align with Health IT priorities. Any new funding should be aligned with current funding for ongoing projects.
### Next Steps and Action Items

<table>
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<tr>
<th>#</th>
<th>Action Item</th>
<th>Owner</th>
<th>Timeframe</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Robinson &amp; Associates will be reaching out to each of the Commission members to gain an understanding of how their organizations fit into the interests of the Office as well as their current state and strategic priorities. The primary focus of these conversations will be on Personal Health Records, Master Patient Index, and Master Provider Directory (mainly because this is where there is existing CMS funding).</td>
<td>Robinson &amp; Associates; Commission Members</td>
<td>Prior to March Commission meeting</td>
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<tr>
<td>2</td>
<td>Review Organizational Charter; send feedback or comments to <a href="mailto:Matthew.Benson@northhighland.com">Matthew.Benson@northhighland.com</a> or <a href="mailto:Veronica.Menard@state.co.us">Veronica.Menard@state.co.us</a></td>
<td>Commission Members</td>
<td>Prior to March Commission meeting</td>
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<td>3</td>
<td>Provide background information and additional reading materials on the Health IT topics, including Person Identification</td>
<td>Robinson and Associates</td>
<td>Prior to March Commission Meeting</td>
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<td>4</td>
<td>Vote to approve Organizational Charter</td>
<td>Commission Members</td>
<td>At March Commission meeting</td>
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<tr>
<td>5</td>
<td>Consider nominations for Chair and Vice-Chair of the Commission</td>
<td>Commission Members</td>
<td>Prior to April Commission meeting</td>
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