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Office of eHealth Innovation

# EHEALTH COMMISSION MEETING

MAY 11, 2016

# AGENDA



<b>Call to Order and Welcome</b> Michelle Mills	1:00
<b>Old Business</b> Approve April Minutes Review April Breakout discussions	1:05
<b>New Business</b> Two Approaches to Statewide Provider and Patient Directories Michigan Health Information Network, Tim Pletcher, PhD Rhode Island Institute for Healthcare Quality, Elaine Fontaine	1:15
One Approach to a Statewide Personal Health Record Alexandra Cohen, New York eHealth Collaborative	2:05
-- Break --	2:30
Health IT Infrastructure Needs to Support Population Health Improvements in Colorado Art Davidson, MD, Denver Health	2:40
Discussion: What Did You Learn, What Else Do You Want to Learn?	3:05
Preparing for June 8 <sup>th</sup> Commission meeting	3:30
<b>Public Comment</b>	3:50
<b>Closing Remarks and Adjourn, Michelle Mills</b>	3:55

## APRIL COMMISSION MEETING: BARRIERS IDENTIFIED AND RECOMMENDATIONS PROVIDED

Barriers	Recommendations	Commission Role
<ul style="list-style-type: none"> <li>• Many models of value-based payments; not clearly defined</li> <li>• Insufficient analytics and insufficient standards for data systems</li> <li>• Disincentives exist to data sharing</li> <li>• Patient attribution is difficult</li> <li>• Provider attribution model does not match delivery models</li> <li>• Workforce shortages</li> <li>• Several stand alone solutions</li> <li>• No alignment of patients, providers, payers, programs/payments</li> </ul>	<ul style="list-style-type: none"> <li>• Increase capabilities in analytics and improve standardization of data systems for better interoperability</li> <li>• Leverage EHRs / HIEs to provide services for providers participating in value-based payment models</li> <li>• Need for state directed policies with incentives and/or mandates</li> <li>• Leverage 90/10 funding to build; but have the bigger picture in mind. The churn of Medicaid population requires attention to wider range of patients</li> <li>• Better tools and data for coordination of care are needed</li> <li>• An inventory of state Health IT assets should be done (or updated)</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate incentives and measurements for using data exchange for care coordination</li> <li>• Recommend direction of funding/resources</li> <li>• Recommend standards for data systems procured with state/federal funds</li> <li>• Recommend / direct the development of guidance documents and education tools</li> <li>• Evaluate barriers to data sharing and develop strategies for eliminating barriers</li> </ul>

## APRIL COMMISSION MEETING: BARRIERS IDENTIFIED AND RECOMMENDATIONS PROVIDED

Barriers	Recommendations	Commission Role
<ul style="list-style-type: none"> <li>• Many levels of health literacy / multitude of languages and education levels</li> <li>• Don't have a clear engagement approach: What is engagement and what drives it?</li> <li>• Lack of tools to engage patients - need more accessibility, usability, ease</li> <li>• Limited availability and usefulness of data</li> <li>• Concerns for data rights and security</li> <li>• Lack of incentives for providers beyond Meaningful Use</li> <li>• Care coordination limitations</li> <li>• Resource limitations</li> <li>• Lack of Health IT coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Incentives for patients and providers</li> <li>• Coordinated education and outreach strategies</li> <li>• Define / study patient engagement</li> <li>• Leverage data: HIE clinical and demographic data, CIVHC claims data, state population data</li> <li>• Ensure protections for patient data rights</li> <li>• Ensure strong security standards</li> <li>• Promote consistent models for data sharing</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate incentives for patients to engage</li> <li>• Recommend a client needs assessment to inform decisions</li> <li>• Develop a vision for statewide linkage of patient portals (network of network for patient access to data)</li> <li>• Recommend standards</li> <li>• Suggest policies for investments that are tied to architecture standards</li> </ul>

- Michigan Health Information Network 15 mins
  - *Tim Pletcher, PhD*
  
- Rhode Island Institute for Healthcare Quality 15 mins
  - *Elaine Fontaine*
  
- Joint Q&A 20 mins

# ONE APPROACH TO A STATEWIDE PERSONAL HEALTH RECORD



- New York eHealth Collaborative 15 mins
  - *Alexandra Cohen*
  
- Q&A 10 mins



- Denver Health 15 mins
  - *Art Davidson, MD*
  
- Q&A 10 mins

- What Did you Learn?  
What Else Do You Want to Learn?
  - *Matt Benson, North Highland*

25 mins

## JUNE MEETING PREPARATION

### Commission Goal

- Provide input on the initial CMS-funded Health IT systems to serve Colorado's Medicaid population

### Process

- By June 1st, Commission members will receive two briefs:
  - Medicaid Master Data Management (Provider Directory and Client Index)
  - Medicaid PHR and online patient engagement
- Commission members should review briefs and come to June 8th meeting prepared to provide feedback on potential value propositions and extensibility of Health IT systems beyond Colorado's Medicaid population

## JUNE MEETING PREPARATION

### Commission Goal

- Develop a tactical approach for ongoing Commission engagement to guide technology planning

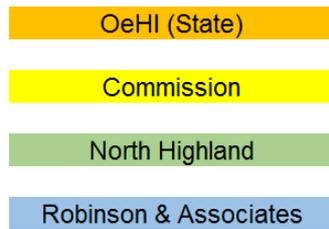
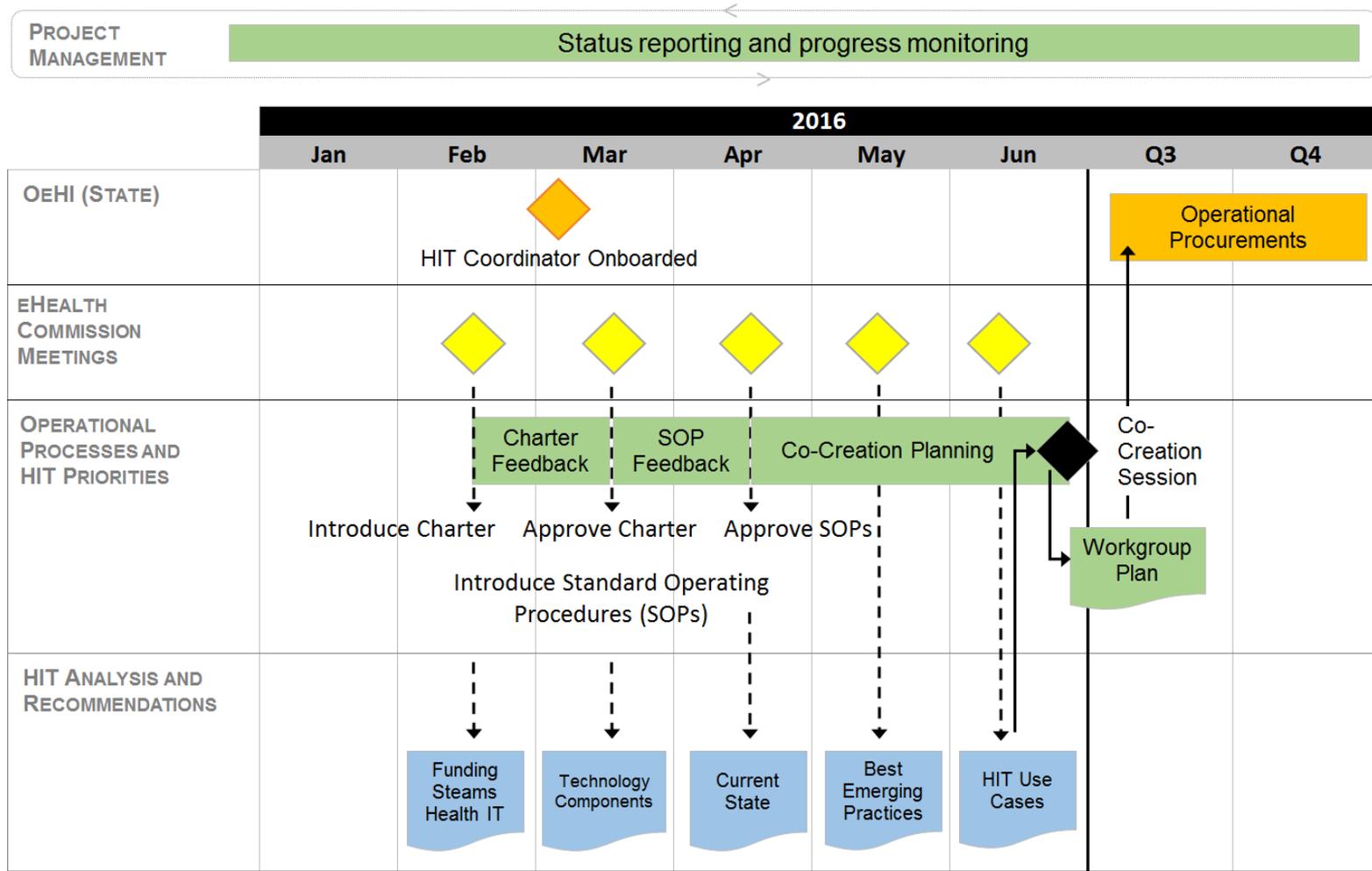
### Process

- Commission will receive a summary of current and previous workgroups/committees/task forces for Health IT planning
  - Discuss workgroup(s) needed to guide planning for CMS-funded technologies
    - Analyze duplicative efforts or gaps in existing Health IT planning efforts
  - Recommend workgroup structure to support Commission
  - Recommend a process for aligning existing workgroups with Commission

### Commission Discussion

- Discuss timeline for development of the Commission's Strategic Plan

# OeHI TIMELINE





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# PUBLIC COMMENT



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