Call to Order  
Roll Call and Introductions  
Approval of September Minutes  
October 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 Health IT Coordinator  
  Commission Members  

New Business  
Colorado Health IT Roadmap Steering Committee  
  Laura Kolkman and Bob Brown, Mosaica Partners  
Master Data Management Requirements Review  
  Jim Youkin, CedarBridge Group  
Patient-Centered Data Home and Admit, Discharge, and Transfer Message Exchange  
  Morgan Honea, CORHIO  

Public Comment Period  

Closing Remarks  
Open Discussion, November Agenda, Adjourn  
  Michelle Mills
WHAT ARE WE TRYING TO ACHIEVE TODAY?

- As the Steering Committee for the Colorado Health IT Roadmap, provide direction & feedback on the proposed Roadmap Objectives

- Understand the current requirements for Master Data Management in Colorado

- Understand the work being performed within the Patient Centered Data Home Project as it relates to ADT Messaging
ANNUONCMENTS

▪ OeHI Updates
  Chris Underwood, OeHI Interim Director

▪ SIM HIT Updates
  Carrie Paykoc, State HIT Coordinator

▪ Grant Opportunities, Workgroup Updates, Announcements
  Commission Members
COLORADO HEALTH IT ROADMAP
STEERING COMMITTEE

LAURA KOLKMAN AND BOB BROWN,
MOSAICA PARTNERS
STEERING COMMITTEE AGENDA

- Workshops: Follow-Up and Feedback
- Principles: Review
- Objectives: Discussion (handout)
- Survey: Distribution
- Next Steps
ENVISIONING WORKSHOPS
ENVISIONING WORKSHOP ATTENDANCE

5 Workshops – 65 attendees

- 9/9 Grand Junction
- 9/12 Alamosa
- 9/15 Colorado Springs
- 9/16 Denver (HCPF)
- 9/19 Denver (Prime Health)
FEEDBACK FROM WORKSHOPS

“Definitely worth my time, ... feel privileged to be involved with the planning process for our state”

“...good brainstorming session ... IT infrastructure means many things to many people”

“...enjoyed the conversation very much”

“...the workshop was visionary and enjoyable, fun, yet professional”

“...did a great job of facilitating diverse stakeholder engagement”

“...use of guided facilitation, small group discussion was good”

“...useful ... look forward to further discussion”
VISION AND PRINCIPLES
GUIDING THE DEVELOPMENT OF THE
COLORADO HEALTH IT ROADMAP
“Our VISION is a future where health and well-being are as much a part of Colorado’s way of life as our mountains, clear skies, and pristine environment.”

Source:
“The State of Health”
Colorado’s Commitment to Become the Healthiest State
Office of the Governor, April 2013
Supports Colorado’s health care transformation efforts
- Use an open and transparent process
- Ensure broad stakeholder participation, support, and acceptance
- Broad geographic and demographic considerations
- Leverage existing capabilities, where possible
- Roadmap should be achievable, actionable, and practical

Health information technology supports the patients, persons, and providers in their pursuit of the Triple Aim
- The value of health IT and health information exchange is real and recognized
- Technology promotes patient/provider interaction
- Includes social determinates of health
- Focus on the “person” not the “patient”
- Provides guidance for priority setting
DISCUSSION OF PROPOSED OBJECTIVES
PROCESS OF DEVELOPING THE OBJECTIVES

- Reviewed many relevant documents
- Conducted 25 key stakeholder interviews
- Met with other key stakeholders and organizations
- Facilitated 5 Envisioning Workshops
- Applied knowledge of national direction as well as what other states are doing
- Held Colorado Health IT Roadmap project team discussions
Purpose
- Relative importance of objectives of Colorado’s Health IT Roadmap

Distribution process
- Master Stakeholder List
- Steering Committee
- Colorado stakeholders - BROAD distribution

Distribution channels
- Steering Committee input
NEXT STEPS

- Finalize Objectives
- Develop and conduct survey
- Publish prioritized objectives
### Key Project Events

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<th>Key Project Events</th>
<th>2016</th>
<th>2017</th>
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<tr>
<td></td>
<td>July</td>
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<td>Stakeholder Interviews August 2016</td>
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<td>Stakeholder Survey October 2016</td>
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<td>Capabilities Workshop January 2017</td>
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<td>Enablers Workshop February 2017</td>
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<tr>
<td>Public/Stakeholder Updates March – April 2017</td>
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<tr>
<td>Develop Future State Description May – June 2017</td>
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<tr>
<td>Define Initiatives July – Aug 2017</td>
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<tr>
<td>Develop Roadmap Sept – Oct 2017</td>
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<tr>
<td>Deliver Roadmap to State Leadership Early Nov 2017</td>
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THANK YOU

Laura Kolkman RN, MS, F HIMSS
President
Mosaica Partners
LKolkman@MosaicaPartners.com
www.MosaicaPartners.com
727-570-8100
MASTER DATA MANAGEMENT REQUIREMENTS REVIEW

JIM YOUNKIN, CEDARBRIDGE GROUP
CEDARBRIDGE TEAM

Carol Robinson – Project Oversight

Kate Kiefert – Senior Consultant

Jim Younkin – Subject Matter Expert

Pam Russell – Subject Matter Expert
OVERVIEW

- Acknowledgements
- Background
- Business Requirements
- Use Cases
- Functional Requirements
- Data Sources
- Data Elements
- Glossary
## ACKNOWLEDGEMENTS

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name(s)</th>
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<tr>
<td>Governor’s Office of eHealth Innovation (OeHI)</td>
<td>Carrie Paykoc</td>
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<td>Department of Public Health &amp; Environment (CDPHE)</td>
<td>Steve Holloway</td>
</tr>
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<td>Office of Information Technology (OIT)</td>
<td>Bill Stevens</td>
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<tr>
<td>Department of Health Care Policy and Financing (HCPF)</td>
<td>Chris Underwood, Joel Dalzell, Micah Jones, Nathan Culkin</td>
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<td>Colorado Regional Health Information Organization (CORHIO)</td>
<td>Morgan Honea, Kate Horle</td>
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<tr>
<td>Quality Health Networks (QHN)</td>
<td>Marc Lassaux</td>
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<tr>
<td>Colorado Community Managed Care Network (CCMCN)</td>
<td>Jason Greer, Chloe Bailey</td>
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<tr>
<td>Center for Improving Value in Health Care (CIVHC)</td>
<td>Dave Abernethy, Jonathan Mathieu, Tracey Campbell, Ana English</td>
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BACKGROUND

- Guiding Principles
- Phasing
- Objectives
- References
GENERAL OBJECTIVES

*Increase/Improve:*
- information availability and interoperability within the State
- Information agility
- Information security

*Decrease:*
- Costs and redundancy
GUIDING PRINCIPLES

Begin with MPI/MPD

Leverage existing systems, where those are meeting best practices

Focus first on Medicaid & priority SIM populations

Use national standards
PROJECT PHASING

Phase 1
- Medicaid
- SIM

Phase 2
- DORA
- CDPHE

Phase 3
- External Partners
REFERENCES

Provider Directory Brief for the Colorado eHealth Commission

Colorado Implementation Advanced Planning Document (IAPD) Update

Master Patient Index Brief for the Colorado eHealth Commission

Comprehensive State Health Information Management Strategy

Provider directory work products of the Clinician Data Consortium
BUSINESS REQUIREMENTS SAMPLES

- Aggregate for analysis/reporting
- Support care coordination
- Link provider licensure information
- Identify and differentiate billing provider from servicing provider

- Reduce duplicate data capture
- Improve patient attribution
- Maintain source of data
- Improve patient matching rates

- Role-based access
- Improve quality / efficiency of data for program evaluation
- Link claims and clinical data
- Geo-mapping solution to identify workforce shortages

- Increase data reliability and integrity
- Support consistent eCQMs across programs
- Improve data quality from sources
- One stop source of comprehensive provider information
### USE CASE SAMPLES

| Connecting Medical Homes and Neighborhoods | Practice integration between behavioral health & primary care | Quality measurement where “metric follows the client” | Emergency Preparedness: Disaster assessment, response and recovery |
| Connect clients with non-health provider community | Manage client enrollment | Link providers to various networks (practices, health systems, ACOs, payers, etc.) | Improve linkage between CDPHE providers and MMIS data |
| Improve patient/client attributions across systems | Providers to enter and maintain their information in one place | Link 80+ data sources connected (or in process) to BIDM | Central source of truth for provider updates (i.e. Addresses, Panel size, Office hours, Languages, etc.) |
| Medicaid and Non-Medicaid Provider communications | Provider data maintenance | Evaluate utilization variances | Link public health registries to MMIS to provide actionable health information |

**Phase 1**

**Phase 2**

**Phase 3**
FUNCTIONAL REQUIREMENT SAMPLES

- Data must be searchable, query-able, and integratable with other data sources
- System must be secure, scalable, reliable and sustainable
- Record quality must be easy to review / verify against a generated reliability score
- Ability to share MPI and store identifiers from other systems
- Unique identification information in the form of a “golden record”
- MPD must support one-to-many linkages
- Systems should be agile and support a modular architecture
- Ability to accept data from disparate data sources
- Highly accurate, configurable matching engine to ensure matching accuracy
- Ability to interface with existing and future systems
- Capability to audit activity across entire system
- Digital certificate / public key discoverability
- Entity Level and Individual Level Provider Directory
- Store individual encounter information at the MPI level
- Support an enterprise “common key” as well as separate, multiple MRNs
- Ability to notify all systems when new patients are added
- Ability to notify all systems when new patients are added
## POTENTIAL DATA SOURCES

### Phase One

Medicaid Systems
- **COMMIT:**
  - MMIS, BIDM, PBMS, Online Provider Enrollment
- Regional Care Collaborative Organizations (RCCOs) Systems

**SIM:** Potential Data Sources
- Primary Care Practice EHRs
- Community Mental Health EHRs
- Other provider systems
- Hospital EHRs
- HIEs and Other Data Sharing Networks
- University of Colorado (QMRT)
- Analytic Tools: Stratus, Prime, etc.
- Claims data sources: CIVHC/APCD
- Health Plans: Commercial, Medicaid, Medicare, State Employee Plans

### Phase Two

Public Health Systems (CDPHE)
- Birth Registry (NEST)
- Vital Information Systems (COVIS)
- Immunization Information System (CIIS)
- Colorado Electronic Disease Reporting System (CEDRS)
- Cancer Registry
- Performance of Routine Information System Management (PRISM)
- AIDS Regional Information and Evaluation System (ARIES)
- Public Health Lab System (LMIS)
- National Plan and Provider Enumeration System (NPPES)

State Systems (OIT/CDPHE/CDHS/HCPF):
- Colorado Benefit Management System (CBMS)
- Child Protective Services System (CPS)

Dept. of Regulatory Agencies (DORA)
- Licensure Data

### Phase Three

Additional Human Service Systems
- Colorado State Mental Health Institutes
- Colorado TRAILS
- Refugee Management System
- Veterans’ Nursing Homes
- Others, as determined

Medicare Provider Enrollment, Chain, and Ownership (PECOS) System

Dept. of Corrections
- Encounter EHR System
- DOC e-Prescribing

Other Data Sources:
- Credentialing databases, local and national (e.g. CAQH)
- AMA provider files
- Commercial labs
- Other multi-payer participants
# DATA ELEMENT SAMPLES

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<th>Data Element(s)</th>
<th>Provider Directory Information</th>
<th>Organization Identifiers:</th>
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<td>• Provider Name*</td>
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<td>• Title</td>
<td>• Address 2 (Apt / P.O. Box)</td>
<td>• Alternative/Billing Address</td>
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“Interoperability describes the extent to which systems and devices can exchange data, and interpret that shared data. For two systems to be interoperable, they must be able to exchange data and subsequently present that data such that it can be understood by a user.”*

“Interoperability: Ability of a system or a product to work with other systems or products without special effort on the part of the customer. Interoperability is made possible by the implementation of standards.”**


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WWW.CEDARBRIDGEGROUP.COM
WE LOOK FORWARD TO YOUR PUBLIC COMMENT!


- Click on “Documents for Public Comment” near the bottom of the page.

- Click on the “Master Data Management Requirements” document and download a copy (Word and PDF versions available).

- Make comments within the Word document, or within an Excel document with reference to the requirement number.

- Submit your comments to RFPQuestions@state.co.us.
PATIENT-CENTERED DATA HOME AND ADMIT, DISCHARGE, AND TRANSFER MESSAGE EXCHANGE

MORGAN HONEA, CORHIO
PUBLIC COMMENT
CLOSING REMARKS, NOVEMBER AGENDA, AND ADJOURN

MICHELLE MILLS
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Announcements
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Proposed New Business
   Colorado Health IT Roadmap Steering Committee
      Laura Kolkman and Bob Brown, Mosaica

Other Items?

Public Comment Period

Open Discussion, December Agenda, Closing Remarks, and Adjourn
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<th>Topic</th>
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