



# Digital Technology Tools: Considerations for Achieving the Colorado “North Stars”

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**COLORADO**  
Department of Health Care  
Policy & Financing



**COLORADO**  
Behavioral Health  
Administration



# Learning Objectives

**Upon completion of this module, you will be able to:**

- Categorically define products designed to address WPC and improve patient outcomes
- Highlight current industry initiatives and how digital tools can assist organizations in both care delivery and operations
- Provide essential guidance to consider when assessing technology for analytics, outcome tracking and APMs
- Provide proven methods of digital governance inclusive of change management to increase staff efficiencies, reduce administrative burden and improve metric integrity

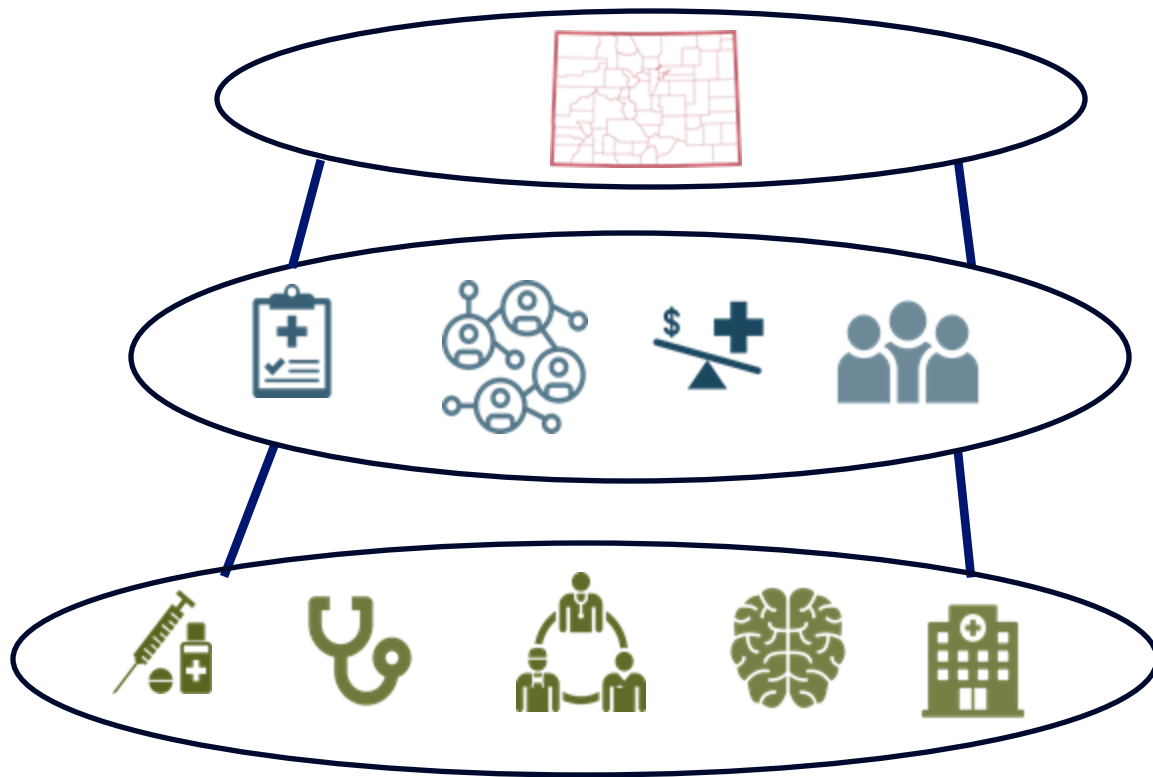
# Acronyms

## Acronyms Used In This Presentation

HIE	Health Information Exchange
CIE	Community Information Exchange
EHR	Electronic Health Record
Ai	Artificial/Augmented Intelligence
APM	Alternative Payment Model
SDOH	Social Determinants of Health
HRSN	Health Related Social Needs
DTx	Digital Therapeutics
MBC	Measurement Based Care
I/DD	Individuals with Developmental Disabilities
SUD	Substance Use Disorder
API	Application Program Interface
HIPPA	Health Insurance Portability & Accountability Act
MA	Medical Assistant
CWH	Community Health Worker
BH	Behavioral Health
WPC	Whole Person Care



# Context - State, Intermediaries (RAEs / BHASOs), Providers



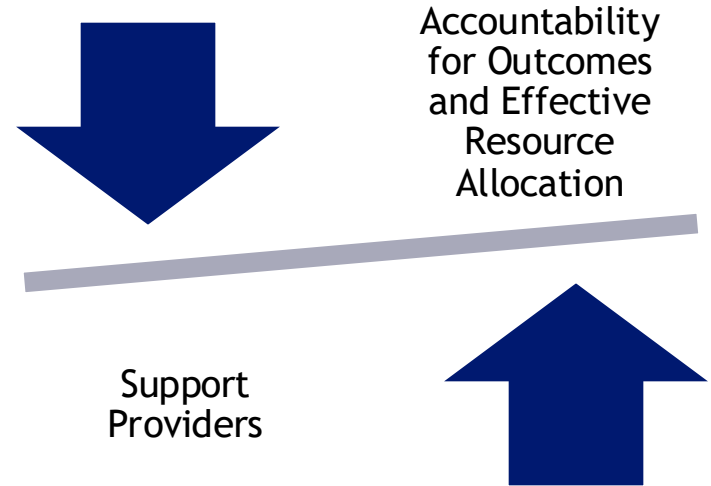
**State:** Sets priorities, policies, requirements, and regulatory framework and oversees intermediary. States need to follow Federal regulations and requirements for intermediaries.

**Intermediary:** Creates provider network, contracts with and pays providers, manages costs and monitors public funds, convenes community partners and provides administrative functions.

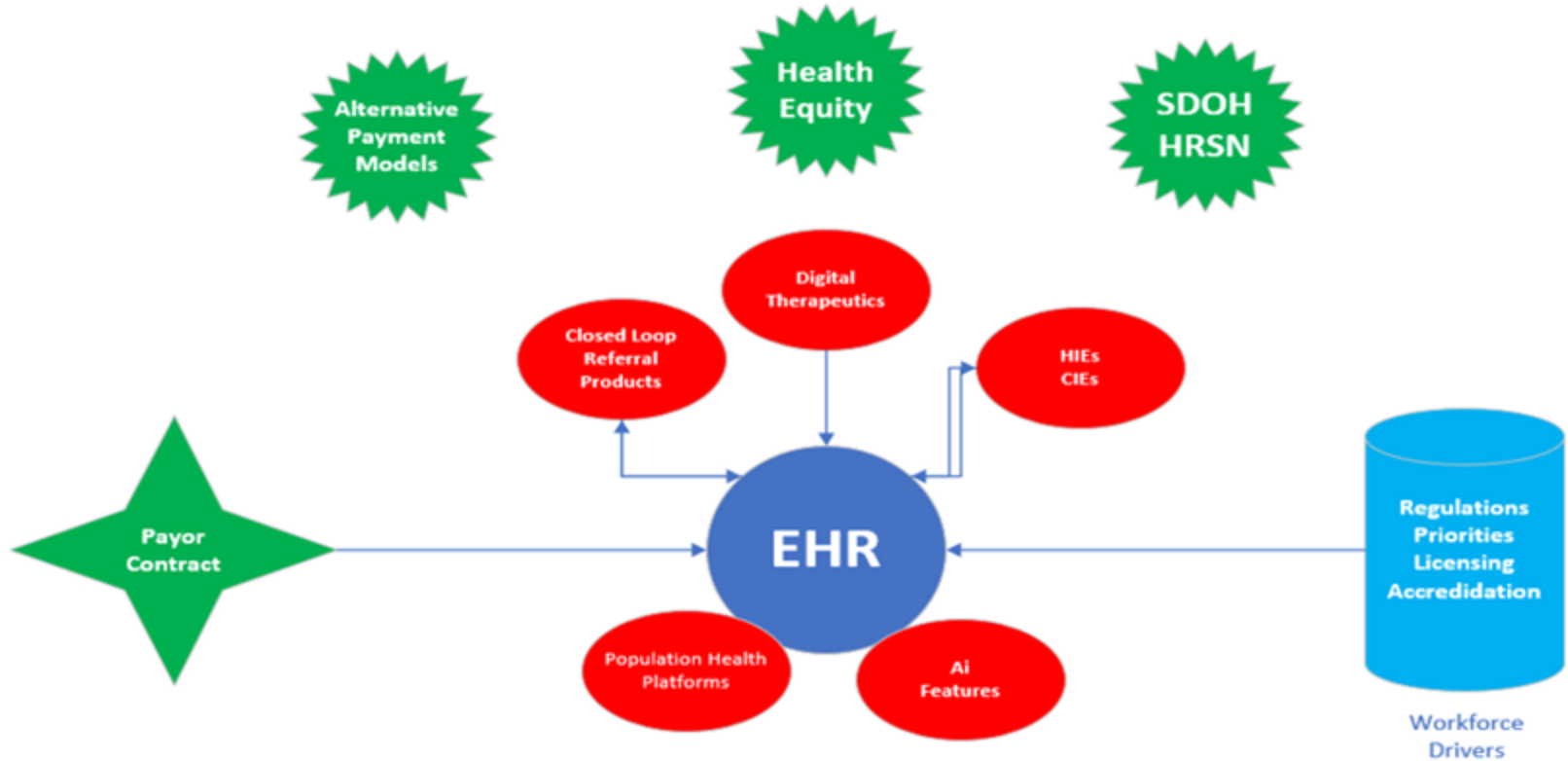
**Providers:** Deliver services and report financial and programmatic data to the intermediary. Innovate clinical care.

# Context: Intermediary Role with Providers

- Intermediaries have a central role in support, advocacy and technical assistance with providers.
- Technology and infrastructure are additional supports intermediaries offer providers (e.g., claims/encounter processing, care coordination platforms, and data analytics).
- Intermediaries also provide oversight of quality and need to hold providers accountable for service delivery and quality outcomes.



# Framing the Discussion

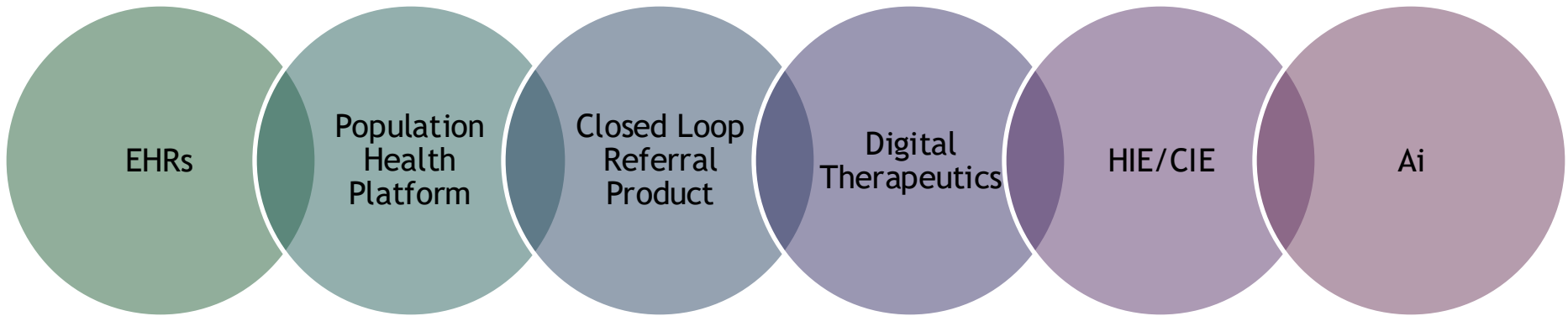


# Electronic Tools and Features - Categorically

- EHRs - Electronic Health Records
- Population Health Platforms
  - Digital tools for grouping data in predefined categories
- Closed Loop Referral Product/Platform
  - Individual data sent to organization for addressing SDOH/HRSN; returns status
- Digital Therapeutics (DTx)
  - Mobile apps, sensors for vital monitoring
- HIE/CIE – Health or Community Information Exchange
  - Allows for secure access and sharing of an individual’s data
- Ai – Artificial Intelligence or Augmented Intelligence

# Exercise #1

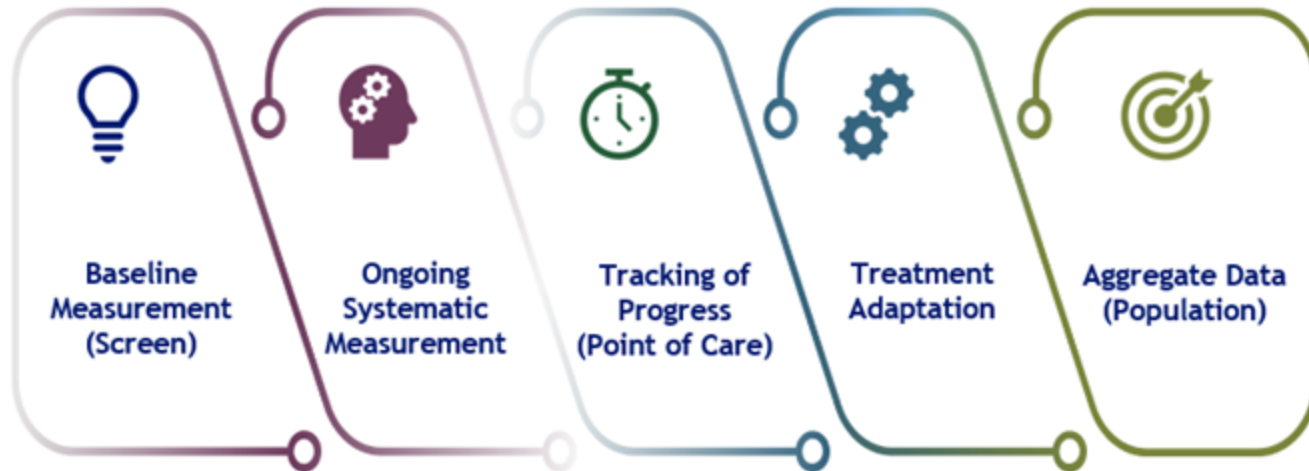
- List each Digital Tool from Slide 6
- Using a scale of 0-5: score effectiveness/usefulness of the Tool today in your organization
  - If tool is not in use: score as Zero





# Measurement Based Care is the Future

- Systematic administration of validated symptom rating scales to track improvement and more importantly lack of improvement
- MBC is foremost a clinical process not a quality improvement process
- Maximizes treatment to get to enhanced outcomes
- Supports individual engagement in care and recovery



# Electronic Health Records

## Core Content

- Assessments, Plans, Notes, Scheduling

## Additional Features - may/may not be core

- E-Scribe, E-Labs, Patient Portals, Alerts, Reminders

## Whole Person Care - Population features may be add-ons

- BH (Care Levels), SUD (MAT), Primary Care

## Program Focus - often not part of core content

- Child Welfare/Foster, I/DD
- Crisis Services: call center, mobile dispatch, continuous record for episode of care



# Data Sharing: Interoperability via APIs

- API – Application Program Interface
- Connective tissue between platforms
- Allows for secure data exchange between external systems
- Application refers to any software with a distinct function
- Interface can be thought of as a contract of service between two applications
  - EHRs data sharing with Population Health or Closed Loop Platforms
  - EHRs data sharing with HIEs or CIEs

# Population Health Platforms



Digital tools for grouping data in predefined categories



Can be an Add-On for EHR Core Content



Stand Alone Platforms



Individual or Aggregate Level

- Data intended to trigger a response or action
- Essential to share data at the user-level



Visual displays for ease of use and decision making



Use of quality improvement

# Closed Loop Referral Products: Addressing SDOH/HRSN

Accessing Community Based Supports through Electronic Interfaces

Coordinate referrals and connect participants to providers using a single platform

- One direction v. Bi-directional

Closed Loop Vendors

- UniteUs - since 2013
- findhelp - since 2011

Stand Alone Platform

Integration with EHRs via an API



# Digital Therapeutics (DTx)



Applications that help treat, prevent, or manage an illness or disease



Delivers medical intervention or therapy is delivered through a software algorithm



Often accessed through a smartphone/tablet



Can be used independently or in concert with other treatments



Intended to have a proven clinical benefit; evidenced based practice

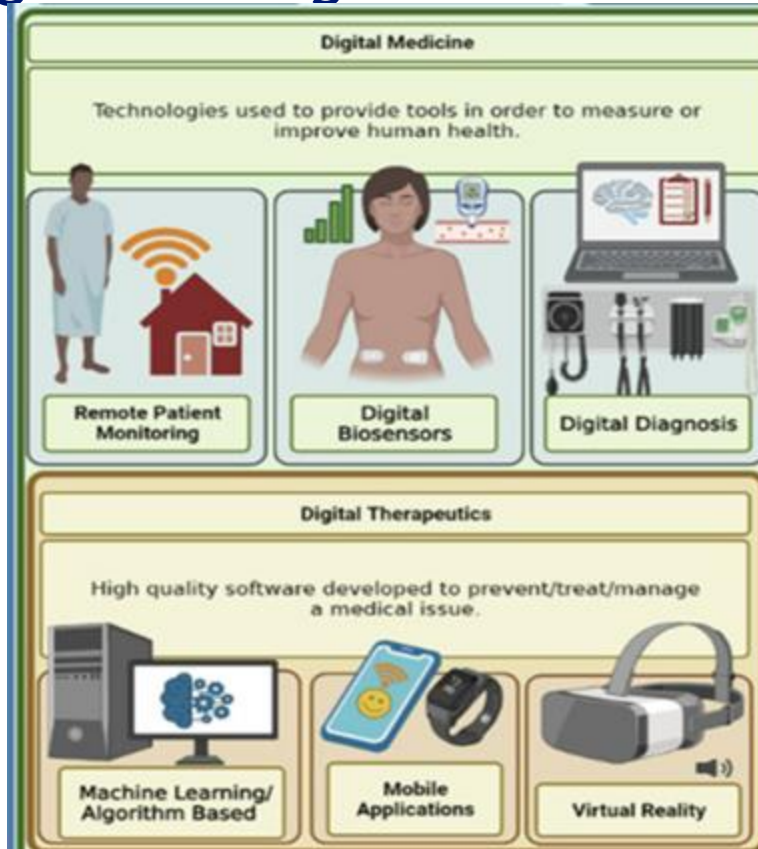


Requires FDA approval\*

*\*FDA does NOT approve most of 1000's of apps on the market  
(Health education, Support wellness and Fitness)*



# Comparing DTx to Digital Medicine



# Interoperability: HIEs and CIEs

HIEs - mobilizes healthcare data across organizations

- Bound by privacy rules

CIEs - collaborative partners using data to connect people to supports or services

- Use of a user-facing technology HUB
- Data examples can include:
  - Justice-related information
  - Housing-related information

Individual Consent for HIEs

- HIPAA
- 42 CFR Part 2





# Artificial/Augmented Intelligence - Ai

## Relieving Administrative Burden

- Converting conversations into patient notes (talk to text)

## Treatment Progress Monitoring

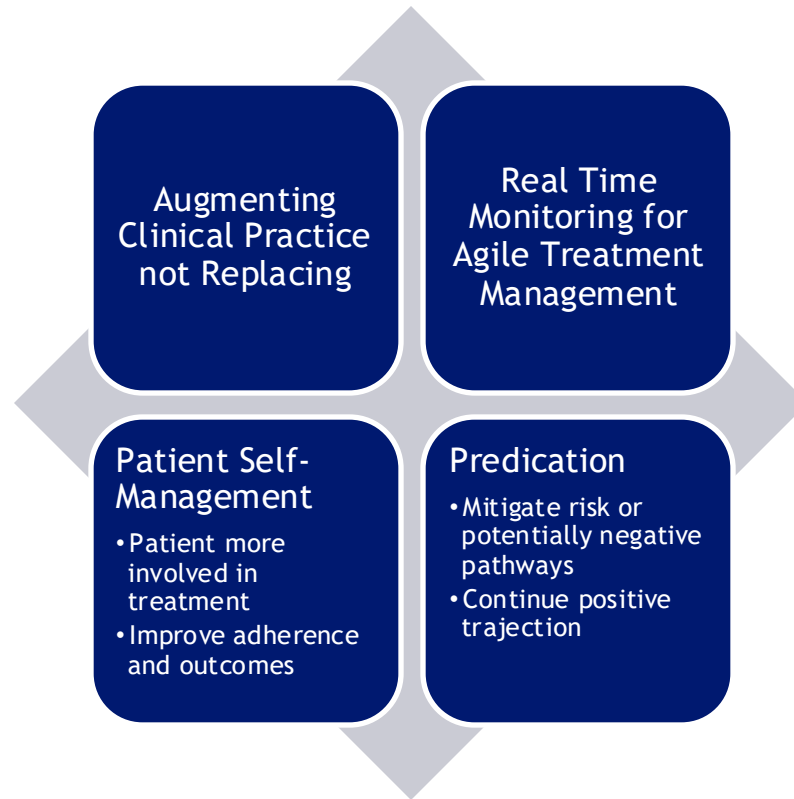
- Patient self-checkin
- Vitals, body monitoring

## Predication

- Forecasts outcomes based on past and future data expectations
- Tracking entries over time to identify patterns, trends, deviations from progress

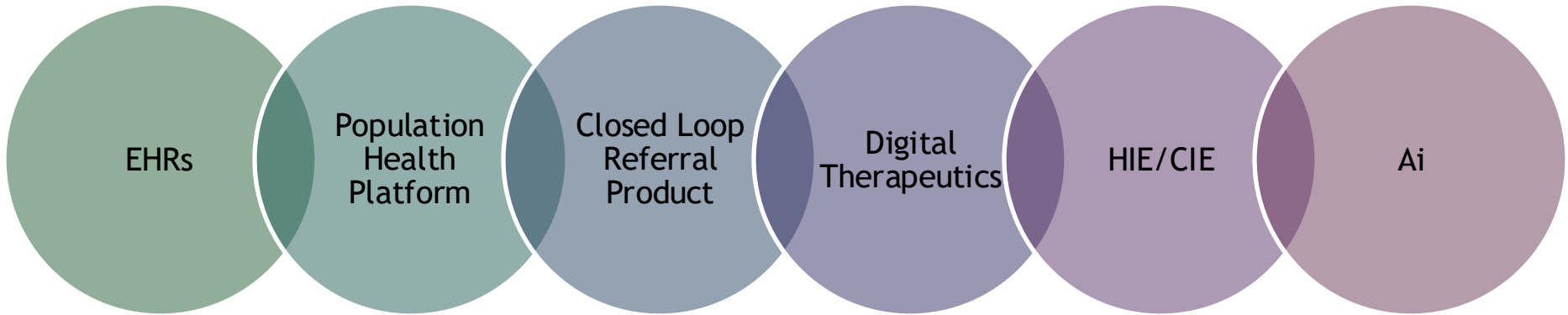


# Ai Benefits



## Exercise #2

- List each Digital Tool from Slide 6
- Using a scale of 0-5: score effectiveness/usefulness of the Tool today in your Org
  - If tool is not in use: score as Zero
- Using a scale of 0-5: how important is each tool in achieving CO's healthcare goals
  - If tool is not important in any way: score as a Zero

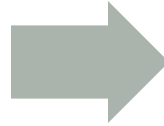


# CO SB24-205 Consumer Protections for Artificial Intelligence

Imposes significant requirements on developers and deployers of “high risk” AI and arms the Attorney General with oversight authority

May 17, 2024

Governor Polis signed SB205 into law



February 1, 2026

Proposed Effective Date

## Deployer

- Implement a risk management program, regularly reviewed and updated over the lifecycle of the high-risk AI system.
- Provide customer certain notices and disclosures and potential right to opt-out.
- Post disclosures regarding high-risk AI system use on website.
- Use “reasonable care” to protect consumers from Ai Discrimination

## Developer

- Disclose training data, reasonably foreseeable risks of AI discrimination, purpose of system, how system was evaluated for discrimination, data governance, etc.
- Post on website or public use case inventory certain information regarding the AI system; update 90 days after substantial modifications
- Use “reasonable care” to protect consumers from Ai Discrimination

## Exceptions/Carve Outs

- Small scale - exempt
- Other exempt developer/deployers:
  - Entity develops or deploys high-risk AI system that has been “approved authorized, certified, cleared, developed, or granted by a federal agency” and/or “compliance with standards” established by federal agency
  - HIPPA-covered entity providing certain types of recommendations
  - AI systems acquired by or for the federal government are exempt unless it is a high-risk system used to make, or is a substantial factor in making, a consequential decision concerning employment or housing.

Source (linked in header):  
<https://leg.colorado.gov/bills/sb24-205>



# Assessing Digital Tools for Organization Use

- How will the use of digital tools align or achieve goals of the organization and state?
  - Equity in access and outcomes
  - Person-centered
    - Trauma informed care
    - Integrated, wholistic care between primary care and behavioral health
- Do existing tools support programs (Crisis Services, ACT, PATH, Jail re-entry, etc...)
- How will a tool improve care coordination or care management?
- Are tools in place that allow for ease of data sharing or interoperability?
- Are there metric gathering means within existing tools or configurable to do so?
  - Dashboards, KPIs
  - Addressing needs for alternative payment models (APMs)?

# Assessing Digital Tools for Organization Use continued

**Which Tool(s) are needed for which staff in the organization?**

Physician

Nurses

Medical Assistants (MA)

Peers, Community Health Workers  
(CHW)

Counselors, Therapists

Case Managers, Care Coordinators

Qualified Behavioral Health  
Assistants (QBHA)



# Selecting Measurement Tools

Use only validated tools

Many screening tools are also measurement tools

Ensure that in addition to screening, the tool is validated for measurement

Select for population

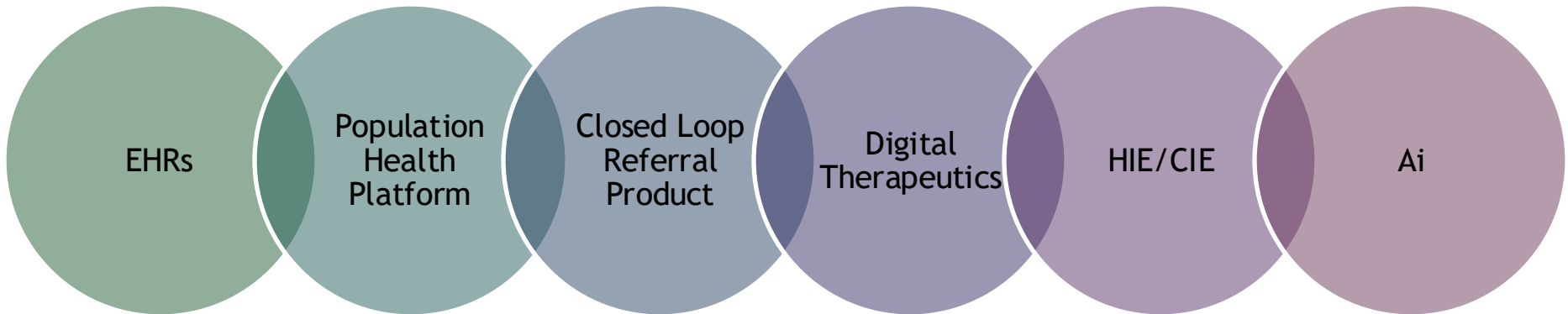
Select for Core Symptoms & Challenges

Consider universal tools and specific tools



## Exercise #3

- List each Digital Tool from Slide 6
- Using a scale of 0-5: score effectiveness/usefulness of the Tool today in your Org
  - If tool is not in use: score as Zero
- Using a scale of 0-5: how important is each tool in achieving CO's healthcare goals
  - If tool is not important in any way: score as a Zero
- Using a scale of 0-5: how important is each tool in addressing the organizations needs and goals?
  - All tools should be scored whether in use or not today





## Technology implementations

- Focus on use and “go live?”
- Limited focus on sustainability, on-going management and data integrity

## Data integrity is impacted by technology complexity

- Lack of business process mapping when new tools are introduced

# Challenges to Database Integrity

## Industry Changes and Requirements



### Rapid pace of change

Metrics  
APM  
Integrated Health  
Justice Re-Entry/Reach-In  
Z- Codes

## Clinical and Business Needs



### Multi-purpose functionality

New Programs  
Role-based difference  
Downstream impacts of changes

## Staff Training and Turnover



Constant need to ensure product competency  
Incorrect usage;  
Staff dissatisfaction

## Vendor Management



Managing the technology  
Understanding product features;  
Vendor Updates

Source: NatCon24



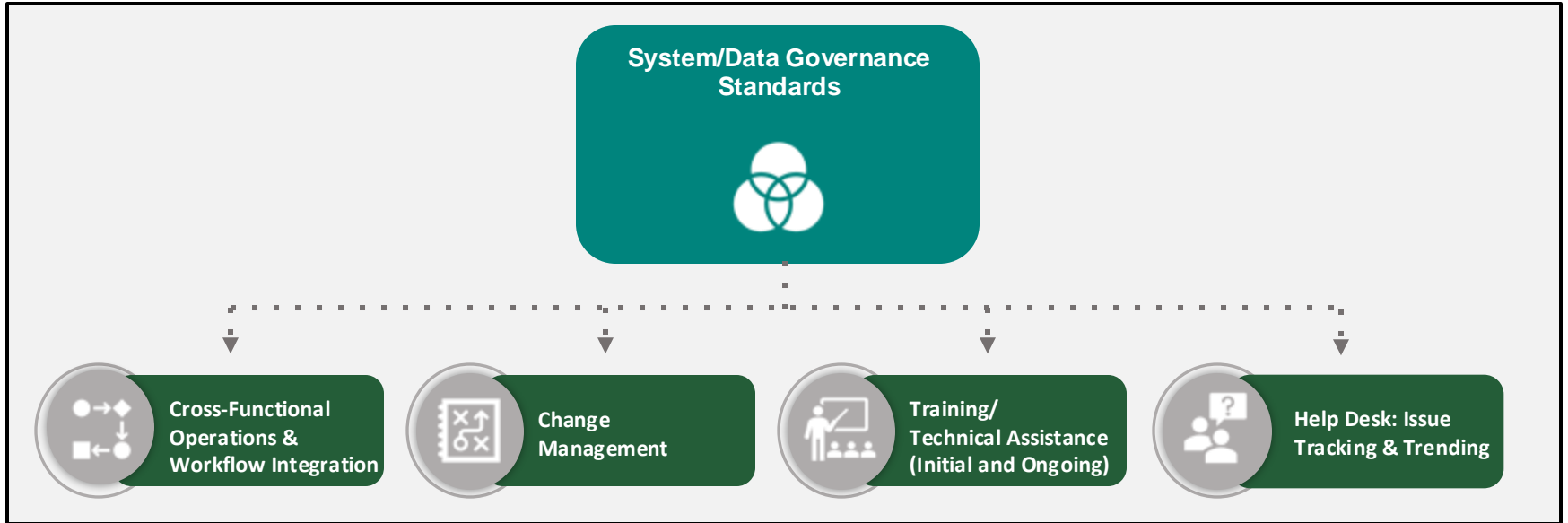
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HEALTH MANAGEMENT ASSOCIATES

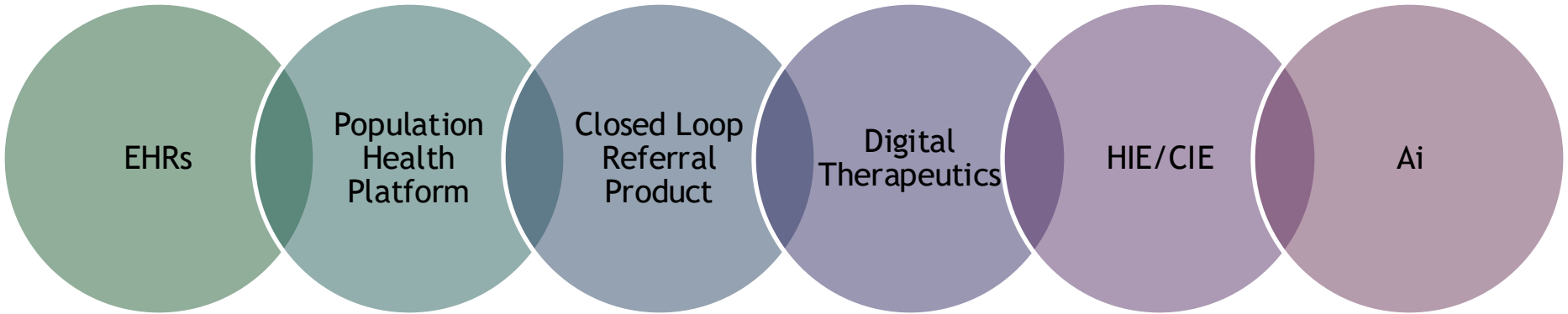
# Governance Standards



Source: NatCon24

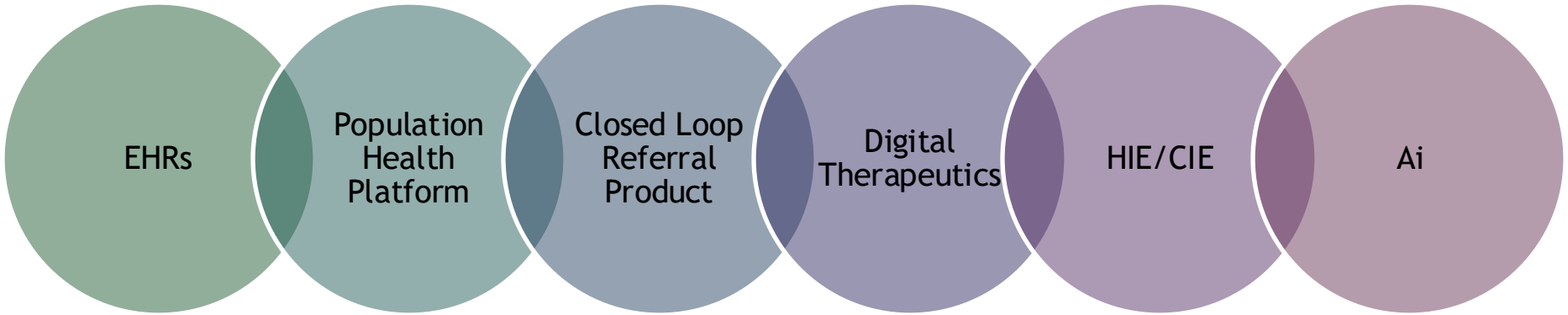
# Exercise #4

- List each Digital Tool from Slide 6
- Using a scale of 0-5: score effectiveness/usefulness of the Tool today in your Org
  - If tool is not in use: score as Zero
- Using a scale of 0-5: how important is each tool in achieving CO's healthcare goals
  - If tool is not important in any way: score as a Zero
- Using a scale of 0-5: how important is each tool in addressing the organizations needs and goals?
- All tools should be scored whether in use or not today
- Using a scale of 0-5: how effective is your current organizational governance as it relates to each of the tools?
  - If the tool is not in use: score as Zero



# Next Steps for Consideration

- Were there any identified needs or caps with current technology in use?
- Are there specific data gathering priorities that are associated with technology use?
- Are their technology enhancements your organization may need to consider?
- Are there any immediate steps to consider in improving current data governance within your organization?
- What additional assistance might be needed to address any of the above responses?



# Objective Review



Categorically define products designed to address whole WPC and improve patient outcomes



Highlight current industry initiatives and how digital tools can assist organizations in both care delivery and operations



Provide essential guidance to consider when assessing technology for analytics, outcomes and alternative APM



Provide proven methods of digital governance and change management to improve staff efficiencies, reduce administrative burden and improve both staff satisfaction and metric integrity

To better inform our future trainings and request topics for office hours, please complete this short survey. Use the QR code or short URL to access it. Your feedback is important. Thank you!



<https://bit.ly/bhprovidertrainingsurvey>

# Appendix A: Additional Resources



## Office Hours

Office Hours are offered on the last Friday of every month (through September 2024) at noon MT! Please visit the [HCPF Safety Net Landing Page](#) for details & registration information.



## Listserv

Join the Listserv to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities: [Register Here](#)



## HCPF Safety Net Provider Website

Visit the website for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more: <https://hcpf.colorado.gov/safetynetproviders>



## TTA Request Form and E-Mail

Request TTA support or share your ideas, questions and concerns about this effort using the [TTA Request Form](#) or e-mail questions and comments to: [info@safetynetproviders.com](mailto:info@safetynetproviders.com)

