



***VT Health Care Innovation Project
Health Information Exchange Work Group Meeting Minutes***

Date of meeting: Wednesday, July 2, 2014; 9:00-11:30am Wednesday, July 2nd 9:00 – 11:30 am, EXE 4th floor Pavilion, Montpelier

Attendees: Simone Rueschemeyer, Brian Otley, Co-Chairs; Larry Sandage, Jennifer Egelhof, Alicia Cooper, Steve Maier, Jessica Mendizabal, Erin Flynn, Amanda Ciecior, DVHA; Joel Benware, NMC; Stuart Graves, WCMHS; Lou McLaren, MVP; Nick Emlen, VT Council of Dev. & MH; Jennifer Woodard, DAIL; Leah Fullem, OneCare; Sean Uiterwyk, Mark Nunlist, WRFPP; Lucas Herring, Dept. of Corrections; Heather Skeels, Bi-State; Stuart Graves, WCMHS; Paul Harrington, VMS; Kaili Kuiper, VT Legal Aid; Richard Slusky, Christine Geiler, Spenser Weppler, GMCB, Eileen Underwood, VDH; Brendan Hogan, Bailit Health Purchasing; Mike Gagnon, VITL; Becky Cyr, IFS .

Agenda Item	Discussion	Next Steps
1. Welcome, roll call and agenda review	Simone Rueschemeyer called the meeting to order at 9:04 am.	
2. Approval of June 4th minutes	<p>Lou McLaren noted MVP had an additional request regarding the Grant Program which was discussed at the end of the meeting.</p> <p>Richard noted a new phone system was installed.</p> <p>Heather Skeels moved to approve the minutes and Eileen Underwood seconded. The motion passed unanimously.</p>	
3. Update on two approved proposals (Population Based ACO Project & ACTT	<p>Simone reviewed the PowerPoint presentation attachment 3.</p> <ul style="list-style-type: none"> • HIS contract is being reviewed by CMS which is a standard review. • BHN and VITL contracts are in negotiations with DVHA. 	

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Projects).	<p>Mike Gagnon from VITL presented an overview of the ACO data gap analysis project. The group discussed the following:</p> <ul style="list-style-type: none"> • Immunizations: collect immunization data from practice EHR systems and feed to the Department of Health. Payers also send monthly batch files. HL7 messages will come from providers and hospitals, not the batch files. <ul style="list-style-type: none"> ○ Would be good to see if there is overlap with other work. VITL sends information in real time. ○ ACOs need different information from VHIE- for example, immunizations that claims are not filed for. • VITL collects clinical data and pushes to downstream population health based needs and Dept. of Health. • EHR data extraction is also being investigated as a way to collect clinical data. • FQHCs participating in safety net program- doing direct extractions which requires data validation. The process is costly but yields a much richer data source than the CCD. • Remediation steps to address the data gaps to be discussed next month. • Funding (through SIM and DVHA) to support this work is available through FY 2017. There is provider concern around future funding and costs to providers for this type of service. • VITL working on event notification (admission/discharge events etc.)- will have vendors install their product to test functionality over the next several months. Can alert via email or phone (no patient data is transferred, just the notification). Working on sending information to payers as well. • VITL is receiving ADTs from most hospitals in Vermont. • This is an ACO collaborative project- ACOs should be accountable to provide information to VITL. 	<p>Mike will send an overview of the Gap Analysis to the work group.</p>
4. Proposal to contract: Stone Environmental, Inc.	<p>Brian reviewed attachment 4. Stone Environmental is working with geospatial technologies and looking to apply expertise to health care and make recommendations to HIE work group for data comparisons, and apply geospatial methods.</p> <ul style="list-style-type: none"> • Example of geospatial application: taking claims data and mapping it to different areas in the State to see the emergence of chronic disease in certain geographic areas. • The ACTT Gap Analysis is very specific and the geospatial analysis is broader. 	<p>Staff and Co-Chairs will follow up with more details and see if there is anyone else doing this kind of assessment in the</p>

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	<ul style="list-style-type: none"> • Suggestion to include their coordination with VITL be included in writing. • Stone Environmental has set up a practice level database for the Blueprint which has been successful. • The group wants to mitigate overlap and address ways to bring together the different data points as much as possible. • The Mental Health outcomes work group focusing on this effort. 	<p>State and a post-assessment plan.</p>
<p>5. Telehealth Criteria Development</p>	<p>The group discussed the following areas:</p> <ol style="list-style-type: none"> 1. Possibility to fund either individual or entity to take the lead to analyze what is currently happening in Telehealth around the State, develop recommendations to strengthen Telehealth services, and to oversee Telehealth projects and initiatives. . <ul style="list-style-type: none"> • Take a current inventory around the state (updating the inventory created a few years ago) • Obstacles: provider payment, cultural/practice patterns. • Need a lead to enable the technology to be used more broadly. • Legislative report on payment issue released in the past year. • Licensing between states can cause issues. • Suggestion for Stone Environmental to perform telemedicine inventory as well. 2. Review proposals and focus on what the criteria should be and where do we want to assign priority. <ul style="list-style-type: none"> • Connect with Doctor Robinowitz at Fletcher Allen Health Care who is heavily involved in telepsychiatry. • Current funding for telehealth is tied to operating within a health care facility. • Tertiary care centers should be brought into the conversation. Dr. Sara from Dartmouth working on the area of telehealth. 	<p>The group will discuss the possibility of a Steering Committee on this topic and who will staff the committee. Develop a scope of services, bring back to the group.</p>
<p>6. Discussion/Update of the Vermont Health Information Strategic Plan</p>	<p>Steve Maier gave a brief update on the VHISP:</p> <ul style="list-style-type: none"> • 11 Consultant proposals have been received and reviewed to assist with the VHISP process and the State hopes to make a selection within the next few weeks. 	

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(VHISP)	<ul style="list-style-type: none"> The project will most likely kick off in September. 	
7. Patient Portal: Landscape and Brainstorm	<p>Joel Benware presented <i>Overview of Patient Portals</i> (the presentation will be distributed separately to the group after the meeting.)</p> <ul style="list-style-type: none"> There are ways to implement portals to feed data back to patients. Providers applying for meaningful use will have to invest in this software. Much of the data is already being collected (from VITL) but need to devise a way to link back to other patient activities (bill pay etc.). Meaningful use funding will run out in the next two years. Who is responsible for funding when the grant funds end? Need to think about this in an overall concept. 	Joel will discuss with Mike offline to work on next steps including assessing the potential of state wide hospital participation.
8. Year Two Project Milestones	This topic will be reviewed at the next meeting.	
9. Public Comment, Next Steps, Wrap-Up and Future Meeting Schedule	<p>Grant Program Discussion: Lou McLaren suggested that if part of an applicant’s request includes a deliverable from a third party (such as a payer) then a letter of support should be sought. The letter should explicitly define the ability to meet the deliverable and the application should address the funding to produce it.</p> <p>Public Comment: The large portion of meaningful use funds have already been paid out. It is not clear to FQHCs that the providers are expected to participate in patient portals and not clear how they are expected to pay for it. FQHCs are using incentive funding to support a data entry scribe to deal with the amount of data submissions required.</p> <p>Next Meeting: Wednesday, July 30th 9:00 – 11:30 am, DVHA, Large Conference Room, 312 Hurricane Lane.</p> <p>Brian moved to adjourn the meeting, Heather Skeels seconded and the meeting adjourned.</p>	

Agenda Item	Discussion	Next Steps