Vermont Health Care Innovation Project
HIE Work Group Meeting Agenda

Friday, January 10, 2014
9:00-11:30am
Pavilion 4th Floor Conference Room
Call-In Number: *1-877-273-4202*; Passcode *2252454*

Item #	Time Frame	Topic	Relevant Attachments:
1	9:00-9:05	Welcome and Introductions from Co-Chairs	
2	9:05-9:10	Review and Acceptance of Nov 20 Minutes	Att #1: HIE Work Group Minutes 11.20.13
3	9:10-9:30	Review of HIE Work Plan	Att #2: HIE Work Plan draft 1.10.14.doc
4	9:30-10:00	Group Break-Out Sessions for First Three Goal Areas: Teams to discuss, identify measures of success, offer general responses, request clarifications.	Discussion.
5	10:00-10:30	Break-Out Groups Report back to larger Work Group	Discussion.
6	10:30-11:10	ACO Presentation	Att #3: (Document to be forwarded under separate cover.)
7	11:10-11:15	Conflict of Interest policy	Att #4: COI Policy
8	11:15-11:25	Public Comment	
9	11:25-11:30	Next Steps, Wrap-Up and Future Meeting Schedule	Next meeting Feb 14, 2014 9am – 11:30

VT Health Care Innovation Project
HIE Work Group Meeting Minutes

Date of meeting: ***Wednesday Nov 20, 2013 9 am -10:30 @ AHS Training Rm, 208 Hurricane Lane, Williston, VT***

Attendees: Co-Chairs Brian Otley and Simone Rueschemeyer. Members: Alicia Cooper; Anna Reeves; Steven Maier; Brendan Hoga; Jennifer Egelhof; Mike Del Trecco; Nick Emlen; Leah Fullem; Michael Gagnon; Pat Jones; Marybeth McCaffrey; Todd Moore; Jennifer Moran; Arsi Namdar; Chuck Podesta; Amy Putnam; Larry Sandage; Heather Skeels; Bob Thorn; Eileen Underwood; Spenser Weppler; Stephen West-Fisher; Georgia Maheras; Nelson LaMothe; George Sales. Telephone: Sean Yiterwyk; Stacey Murdoch; Jay Hughes; James Mauro; Sheila Burnham.

Agenda Item	Discussion	Next Steps
1 Welcome and Introductions	Brian Otley and Simone Rueschemeyer opened the meeting with a welcome and introductions around the room.	
2 Presentation about SAFTINet	Heather Skeels provided a brief overview and presentation on Bi-State and the SAFTINet Project. The project's mission is to promote access to effective and affordable primary care and preventive services for everyone, with an emphasis on underserved populations in Vermont and New Hampshire. The presentation, as Heather pointed out, was to emphasize what the project was meant to accomplish, and to note what it was not meant to do. It aggregates and provides actionable, meaningful data through ROSITA, but is not meant to be 'live' data to be analyzed in real-time. The system, as Heather described, is a 'data aggregator' rather than a tool to be used for 'risk stratification' or immediate care tool. Note that her talking points follow the handout that she provided ("A Brief Overview of Bi-State and the SAFTINet Project", Heather Skeels).	
3 Presentation about HIE / VITL	Mike Gagnon of VITL provided a brief over view and status of VITL. He illustrated the background of the five (5) different HER Systems and their 'go-live' dates, as well as those of VAHHA members. The goal is not to combine them, but rather to identify the vendor and determine qualitatively the data that they send. He also provided an illustration of the primary care EHR installations in Vermont, and described how some vendors are better than others in providing specialized services. These vendors are evaluated based on the government's recommendation, and	

Agenda Item	Discussion	Next Steps
	emphasized that 'interoperability' is one of the key factors. Mike also discussed the progress-to-date of hospital interface from January 2013 to November 2013, illustrating the activities that have commenced, mostly in Medication History and Immunization, and completed activities such as ADT and Lab Test Results. His briefing follows the presentation handout that he provided, ("Update on the Status of VITL", SIM HIE Workgroup, November 20, 2013).	
4 WG Update and Discussion	Brian Otley and Simone Rueschemeyer provided a brief update on the Working Group, and is heeding the 'call to action' that the group is facing. The core team meets every week, and although they admit to lacking 'shared consensus', the group is working diligently to get a framework together to make actionable decisions soon.	
5 Next Steps, Wrap-Up and Future Meeting Schedule	As the group is still finalizing the Work Plan, Brian and Simone will identify inputs for the Work Plan, provide feedback in the next meeting.	

Work Plan for VHCIP/HIE Work Group

Overall VHCIP Project Strategy: Vermont's strategy for health system innovation emphasizes several key operational components of high-performing health systems: integration within and between provider organizations, movement away from fee-for-service payment methods toward population-based models, and payment based on quality performance. We are implementing this strategy in a comprehensive manner – across acute and long-term care providers, across mental and physical health and across public and private payers. Our project is aimed at assuring a health care system that is affordable and sustainable through coordinated efforts to lower overall costs and improve health and health care for Vermonters, throughout their lives (excerpt from VHCIP Operational Plan).

Overall Goal of VHCIP/ HIE Projects: To ensure the availability of **clinical** health data or information necessary to support the care delivery and payment models being tested in the VHCIP Project, including those associated with the Shared Savings/ ACO, Episode of Care, Pay-for-Performance, and Care Delivery models.

How to Use this Work Plan: This plan is intended to provide focus to the VHCIP/HIE Work Group by beginning with the broad, conceptual State of Vermont HIE goals. These goals are not necessarily the goals of the VHCIP Grant, though many do align. Working from left to right, this plan lays out HIE Goals, VHCIP/HIE Objectives, and then 'Suggested Supporting Activities'. The plan starts out broadly and moves to more specific detail, flowing from left to right. In later versions, it will include information regarding Measures of Success and a schedule, among other information.

HIE Goals	VHCIP/HIE Work Group Objectives	Suggested Supporting Activities
To improve the utilization, functionality & interoperability of the source systems providing data for the exchange of health information	• Explore and, as appropriate, invest in technologies that improve the integration of health care services and enhanced communication among providers • Identify core requirements for source systems to meet SOV HIE standards	• Evaluate EHR capabilities and interoperability • Evaluate and recommend technologies (such as APIs and SSOs) that would improve the integration of disparate EHR systems. • Identify vendors that meet SOV HIE standards. • Develop recommendations to improve the SOV HIE infrastructure through procurements such as: o Integration Repository o Provider Portal (Single Sign-on)
To improve data quality and accuracy for the exchange of health information	• Increase resources to facilitate improved EHR utilization at the provider practice level • Identify and resolve gaps in EHR usage, lab result, ADT, and immunization reporting, and transmission of useable CCDs. • Improve consistency in data gathering and entry • Support the Development of advanced analytics and reporting systems as needed	• Expand health information and HIT facilitators (such as VITL e-Health Specialists) to provide direct assistance, data quality workflow recommendations, and technical assistance to providers • Evaluate and implement solutions to bridge gaps in CCD/ADT/VXU and other message standards consistent with identified needs • Facilitate the implementation of workflow solutions necessary to clean and normalize data to improve clinical services and practice efficiency • Improve or develop analytic capabilities such as: o Predictive modeling o Reporting portals and dashboards • Suggest criteria to be incorporated into RFPs for HIE grants or contracts such as the Clinical Registry, VITL Grant, etc.
To improve the ability of all health and human services professionals to exchange health information	• Facilitate connectivity to the HIE for ACOs and their participating providers and affiliates • Standardize technical connectivity requirements to participating provider entities • Facilitate EHR adoption to current non-adopters • Facilitate connectivity to providers who are not yet connected to the HIE regardless of ACO participation	• Develop and implement strategic recommendations for identification and transmission of EHR information including the data elements for ACO measures • Identify and develop data requirements to meet critical health and human services data measures • Develop strategic and operational recommendations and technical assistance necessary to connect all health care and community based providers to the HIE • Identify barriers and develop strategies for accommodating privacy and security requirements
To align and integrate Vermont's electronic health information systems, both public and private, to enable the	• Expand Connectivity to other state data and technology resources	• Develop recommendations for HIE connectivity to: o Public Health o DMH and DAIL Data Systems o Survey/Assessment Data

HIE Goals	VHCIP/HIE Work Group Objectives	Suggested Supporting Activities
comprehensive and secure exchange of personal health and human services records		o VHCURES o MMIS o Eligibility Systems o Social Determinant Systems o Labor, employment and economic data o Analytics vendors o Others
To improve the ability of consumers to engage in their own health and health care through the use of technology	• Identify, review, and recommend programs and technology options for providing health information to consumers	• Research patient portal use and effectiveness • Identify and review innovative programs or technologies, such as mobile apps, patient portals, etc. • Make strategic recommendations for broad statewide advancement in providing health information directly to consumers • Provide information on privacy and security
To participate in the development of policies, rules, procedures, and legislation, when necessary, in support of improved statewide HIE standards and EHR use	• Create an HIE governance structure to ensure the development of common HIE strategies, coordination of programs, and efficient use of resources • Review existing policies/legislation and the challenges they currently present • Recommend and support new policies, rules, regulations, laws to help the state's HIE be more effective and efficient • Provide input into the Vermont Health Information Strategic Plan (VHISP)	• Review and comment on any proposed revisions to the Consent Policy • Review and comment on the VHISP, including suggested revisions to the HIT Plan • Develop recommendations to support the exchange of sensitive health information, including especially from federally regulated substance abuse treatment (42 CFR Part 2) programs

CONFLICT OF INTEREST POLICY

For

VERMONT HEALTH CARE INNOVATION PROJECT (VHCIP) CORE TEAM, STEERING COMMITTEE AND WORK GROUPS

I. PURPOSE

The purpose of this Conflict of Interest Policy is to ensure the independence and impartiality of the VHCIP Governance Structure, including the Core Team, Steering Committee and Work Groups ("the Committee") when it is contemplating entering into a transaction or arrangement that might benefit the private interest of any Core Team, Steering Committee or work group member. Nothing in this policy shall relieve any person from compliance with additional conflict of interest policies such as the Executive Code of Ethics, state personnel policies, and Agency of Administration bulletins, including but not limited to Bulletin 3.5, Contracting Procedures.

II. DEFINITIONS

1. Interested person: Any member or subcommittee member or other individual in a position to exercise influence over the affairs of the Committee who has a direct or indirect interest, as defined below, is an "interested person."

2. Interest: A person has an "interest" if the person has, directly or indirectly, through business, investment, or family:

    a. An ownership or investment interest in any entity with which the Committee has an transaction or arrangement or is negotiating a transaction or arrangement, or

    b. A compensation or other pecuniary arrangement with the Committee or with any entity or individual with which the Committee has a transaction or arrangement or is negotiating a transaction or arrangement, or

    c. A potential ownership or investment interest in, or compensation or pecuniary arrangement with any entity or individual with which the Committee is negotiating a transaction or arrangement, or

    d. Any other relationship that the person determines may compromise his or her ability to render impartial service or advice to the Committee.

Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.

An interest is not necessarily a conflict of interest and a conflict of interest does not arise where an individual's interest is no greater than that of other persons generally affected by the outcome of the matter.

III. PROCEDURES

1. Duty to Disclose: Any interested person must disclose the existence of his or her interest to the Committee and shall be given the opportunity to disclose all material facts to the Committee.

2. Duty to Voice Concerns: In the event any member becomes concerned that an interested person has an undisclosed interest or is exerting inappropriate influence related to an interest, this concern shall be raised with the Chair of the Core Team and the VHCIP Project Director.

3. Determining Whether a Conflict of Interest Exists: After disclosure of the interest and all material facts, and after any necessary discussion with the interested person, the Core Team shall determine whether the person has a conflict of interest that requires the interested person to remove him or herself from the matter under consideration. In no event shall an interested person participate in the deliberation and/or determination of any matter in which he or she will receive any compensation from the Committee for employment, professional contract, or otherwise.

4. Restriction on Participation: It shall be the responsibility of the Project Director to instruct an interested person on any restriction on his or her participation in any consideration of the subject matter of the conflict of interest, and it shall be the responsibility of the Project Director and all non-interested members of the Committee to enforce such restrictions.

5. Procedures for Addressing the Conflict of Interest:

    a. An interested person shall leave any Committee meeting during discussion of, and the vote on, any transaction or arrangement that involves a conflict of interest and shall otherwise not participate in the matter in any way.

    b. If necessary, the Chair of the Core Team shall appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

    c. After exercising due diligence, including consideration of independent comparability data, valuations, estimates, or appraisals, the Committee shall determine whether the Committee can obtain a more advantageous transaction or arrangement with reasonable effort from a person or entity that would not give rise to a conflict of interest.

    d. If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Core Team shall determine by majority vote (or quorum) of all of the disinterested members (regardless of the number present at the meeting): (1) whether the transaction or arrangement is in the public's best interest, (2) whether the transaction or arrangement is fair and reasonable to the Committee, and (3) whether to enter into the transaction or arrangement consistent with such determinations.

6. Records of Proceedings: The minutes of the Committee or affected sub-committee shall contain:

    a. The names of the persons who disclosed or otherwise were found to have an interest in connection with an actual or possible conflict of interest.

    b. The names of the persons who were present for the discussion and votes relating to the transaction or arrangement, the content of the discussion, including a summary of any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the discussion.

7. Violations of the Conflict of Interest Policy:

    a. If the Committee has reasonable cause to believe that an interested person has failed to disclose actual or possible conflicts of interest, it, through the Co-Chairs, shall inform the Core Team and the Core Team shall afford him or her an opportunity to explain the alleged failure to disclose.

    b. If, after hearing the response of the person and making such further investigation as may be warranted under the circumstances, the Core Team determines that he or she has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate action.

IV. ANNUAL STATEMENTS

a. Each Committee member shall annually sign a statement which affirms that he or she has received a copy of this Conflict of Interest Policy, has read and understands the Policy, and has agreed to comply with the Policy (Attachment A).

V. COMPLIANCE AND PERIODIC REVIEWS:

The Core Team shall make periodic reviews of compliance with this policy.

Adopted by the VHCIP Core Team

Date: 12.9.13

Attachment A:

CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT

I, _____, a participant in the Vermont Health Care Innovation Project (VHCIP) Grant governance process, acknowledge having received, read, and understood the VHCIP Grant Conflict of Interest Policy dated _____, and agree to adhere to it.

Date: _____ Signature: _____

Name: (print) _____