HIE Work Group Meeting
Agenda 11-19-2014

VT Health Care Innovation Project
HIE Work Group Meeting Agenda

Wednesday, November 19, 2014; 9:00-11:30am
Fourth Floor Conference Room, Pavilion Building, Montpelier
Call-In Number: *1-877-273-4202*; Passcode *2252454*

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action Needed
1	9:00-9:05	Welcome and Introductions	Simone Rueschemeyer & Brian Otley		
2	9:05-9:10	Review and Acceptance of September 2014 minutes	Simone Rueschemeyer & Brian Otley	Attachment 2: HIE Work Group Minutes	Approval of minutes
3	9:10-9:40	Update on previously approved proposals: a. Population-Based ACO Gateway Proposal-Remediation request	VITL	Attachment 3: ACO Gap Remediation	Decision regarding request
4	9:40-10:40	VHCURES procurement update	Ena Backus and David Regan	Attachment 4: *Handout to be distributed at a later date*	
5	10:40-10:50	Public Comment	Simone Rueschemeyer & Brian Otley		
6	10:50-11:00	Next Steps, Wrap-Up and Future Meeting Schedule	Simone Rueschemeyer & Brian Otley		

Attachment 2 - HIE Work Group Minutes 9-24-14

Vermont Health Care Innovation Project

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

Date of meeting: Wednesday, September 24, 2014; 9:00-11:30am, EXE - 4th Floor Conf Room, Pavilion Building, Montpelier

Agenda Item	Discussion	Next Steps
1. Welcome, roll call and agenda review	Simone Rueschemeyer called the meeting to order at 9:05 am. A roll call attendance was taken.	
2. Approval of August 27th minutes	A quorum was not present at the time of the minute's approval so the vote was initially postponed. At 9:26 a quorum was present and Richard Slusky moved to approve the minutes. Joyce Gallimore seconded. A roll call vote was taken and the motion passed unanimously.	
3. HIT Plan Update	Steve Maier gave an update on the State's HIT Plan. Centerboard, LLC has been selected as the vendor. The contract is currently being reviewed by CMS since it is a federally funded contract. They have 60 days to perform the review. The hope is to execute the contract by the next HIE meeting and an estimated timeline will be presented at that time. The approval process goes first through the Secretary of Administration and GMCB has the final approval authority. The deliverable will be an updated revised and adopted strategic plan. In the past the plan has focused primarily on clinical data. There is a broader view of what we're trying to develop around technology in the State and this plan will account for those additional systems. Stakeholder involvement: will the HIE work group have an opportunity to comment on the plan? Yes- the plan includes an upfront stakeholder engagement process, including interviews one on one and smaller groups. Members from the HIE work group will be asked to participate. The group will have an	

Agenda Item	Discussion	Next Steps
	opportunity to review plan drafts and provide comments. This will be defined in the scope of work, which can be shared with the HIE work group. VITL has been outlined as a principal stakeholder and serve as a leadership oversight. The plan will coordinate with other efforts at a strategic level, such as MMIS.	
4. Update on two approved proposals	1. Population-Based ACO Gateway Proposal. Mike Gagnon from VITL presented attachment 4a (distributed at the beginning of the meeting). • One vendor will be chosen before the pilots begin. They will need more input from ACOs before one vendor will be selected. • Alerts will be sent on any type of care or service- the capability is unlimited and will need to be further refined. • Event notification from Dartmouth for WRFP- this is useful but it is up to the practice to put processes in place to successfully deal with the information. • Gap remediation around data is anticipated but this is the nature of the work. 2. ACTT Proposals. Larry Sandage, Simone Rueschemeyer and Brendan Hogan presented the status of the different projects under the ACTT proposal (attachment 4b). • Kickoff meeting for all three projects under the proposal scheduled for early October, 2014. • The number 16 represents all of the mental health and disability service agencies. • There are different EHR vendors across the network for different agencies. • The information will be standardized within the data repository even if it's come from different sources. • Asking providers to update information they've submitted previously in order to perform a complete assessment. • Technology bases applications for personal devices etc.- what is the best way to direct these concepts? Please forward to Larry Sandage. VITL will also work on an app store concept in the future. VITL is already doing preliminary work on this including establishing standards for practices and back-end standards. i. Stakeholder engagement for those outside of State to discuss how to integrate their needs into new technology developments. SIM leadership and AHS project	**Shared learning discussion around best practices once an event notification is received.** **Potential work group to be developed around this.**

Agenda Item	Discussion	Next Steps
	management will be working on this over the next several months. ii. The State needs to be cognizant of vendor relations during this stage of development and business process rules when engaging them on different subjects. • Universal Transfer Protocol has a much broader reach throughout the State across providers. The contract is for 6 months and pilot demonstrations would take place in phase 2, once the final report is generated at the end of 6 months. i. The contractor will begin by looking at different use cases and what the transfer is by different settings.	
5. Update on Quality Measures	Alicia Cooper and Pat Jones presented attachment 5, the Recommended Measures Sets currently with the Core Team for review. • The 11-12 sites that are part of SBIRT will be monitored. Slide 19 describes all measures in the Monitoring and Evaluation set. • Slide 8- DLTSS Custom Survey Composite: questions will be added to the existing SIM ACO patient experience survey. • VITL is looking at Medicaid, Medicare and Commercial measure sets. • There has been no reporting on Year 1 measures. The ACOs are collecting the data and preliminary reporting is expected part way through year 2. The group focused more on reclassification of measures instead of adding new measures for this reason.	
6. Update on Stone Proposal and Telehealth Proposal and Patient Portal	1. Georgia Maheras gave the following update: a. Stone Environmental: Core Team requested additional information in particular around sustainability on the website. b. Telehealth RFP has been released and there is a good amount of interest. Bids are due Friday October 10th. 2. Joel Benware gave an update on the Patient Portal proposal for the VHCIP provider grant program. This information is considered confidential for the work group at this time. Georgia Maheras excused herself from the room due to her role in the application review process.	

Agenda Item	Discussion	Next Steps
7. Work Group Survey	Annie Paumgarten, VHCIP Director of Program Evaluation, distributed a hard copy work group survey to participants in the room and a weblink will be distributed to the participants the group via email.	
7. Public comment Next Steps, Wrap-Up and Future Meeting Schedule	Paul Harrington raised concern about membership given changes to staffing and positions with current members. This will be reviewed by VHCIP program staff in October to confirm the memberships of all the work groups. **Next Meeting:** Wednesday, October 15th 9:00 – 11:30 am, EXE - 4th Floor Conf. Room, Pavilion Building, Montpelier.	

32 members

minutes 1° Richard
2° Joyce

VHCIP - HIE WG Roll Calls 9-24-14

Member		Member Alternate		minutes	
First Name	Last Name	First Name	Last Name		Organization
Joel	Benware ✓			✓	Northwestern Medical Center
Richard	Boes X				DII
Jonathan	Bowley X	Jack	Donnelly		Community Health Center of Burlington
Shelia	Burnham X				Vermont Health Care Association
Peter	Cobb X				VNAs of Vermont
Mike	DelTrecco ✓			n/A	Vermont Association of Hospital and Health Systems
Nick	Emlen X	Julie	Tessler		Vermont Council of Developmental and Mental Health Services
Leah	Fullem ✓	Charlie	Miceli	✓	OneCare Vermont
Daniel	Galdenzi	Kelly	Lange ✓	✓	Blue Cross Blue Shield of Vermont
Joyce	Gallimore ✓	Kate	Simmons	✓	Bi-State Primary Care/CHAC
Paul	Harrington ✓			✓	Vermont Medical Society
Lucas	Herring X				Vermont Department of Corrections
Hans	Kastensmith X				American Home Health Care, Inc.
Kevin	Kelley X				CHSLV
Kaili	Kuiper ✓	Julia	Shaw	✓	VLA/Health Care Advocate Project
Steven	Maier ✓	Jennifer	Egelhof	✓	AHS - DVHA
Nancy	Marinelli X				AHS - DAIL
~~David~~ vacant for now	~~Martini~~ X				AOA - DFR
Arsi	Namdar X				Visiting Nurse Association of Chittenden and Grand Isle Counties
~~Mark~~	~~Nunlist~~ X				~~White River Family Practice~~ Alternate for Sean U.
Brian	Otley ✓			✓	Green Mountain Power
~~Chuck~~	~~Podesta~~				Fletcher Allen Health Care
Darin	Prail X				AHS - Central Office
Amy	Putnam X				Northwest Counseling and Support Services
Paul	Reiss X				Accountable Care Coalition of the Green Mountains
Sandy	Rousse ✓			n/A	Central Vermont Home Health and Hospice

VHCIP - HIE WG Roll Calls 9-24-14

Member			Member Alternate			
First Name	Last Name		First Name	Last Name		Organization
Simone	Rueschemeyer	✓			✓	Behavioral Health Network of Vermont
Heather	Skeels	✓			✓	Bi-State Primary Care
Richard	Slusky	✓	Pat	Jones	✓	GMCB
Chris	Smith	✓	Lou	McLaren	✓	MVP Health Care
Bob	Thorn	X				Counseling Services of Addison County
Sean	Uiterwyk	✓			✓	MD
Eileen	Underwood	✓			✓	AHS - VDH

VHCIP - HIE WG Attendance List 9-24-14

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	Staff
X	Interested Party

First Name	Last Name		Title	Organization	HIE
Joanne	Arey			White River Family Practice	A
Ena	Backus			GMCB	X
Susan	Barrett		Executive Director	GMCB	X
Anna	Bassford			GMCB	A
Justin	Bell			Visiting Nurse Association & Hospice of V	X
Joel	Benware		VP Information Systems & Complianc	Northwestern Medical Center	M
Richard	Boes			DII	M
Jonathan	Bowley			Community Health Center of Burlington	M
Martha	Buck			Vermont Association of Hospital and Hea	A
Shelia	Burnham			Vermont Health Care Association	M
Narath	Carlile				X
Amanda	Ciecior		Health Policy Analyst	AHS - DVHA	S
Peter	Cobb		Executive Director	VNAs of Vermont	M
Amy	Coonradt		Health Policy Analyst	AHS - DVHA	X
Alicia	Cooper	Alicia Cooper	Quality Oversight Analyst	AHS - DVHA	S
Diane	Cummings		Financial Manager II	AHS - Central Office	X
Becky-Jo	Cyr		Information Tech Manager I	AHS - Central Office - IFS	X
Mike	DelTrecco	phone		Vermont Association of Hospital and Hea	M
Jack	Donnelly			Community Health Center of Burlington	MA
Jennifer	Egelhof			AHS - DVHA	MA
Nick	Emlen		Mental Health Services Coordinator	Vermont Council of Developmental and M	M
Karl	Finison			OnPoint	X
Erin	Flynn		Health Policy Analyst	AHS - DVHA	X
Paul	Forlenza		Principal	Centerboard Consultingt, LLC	X
Leah	Fullem	phone		OneCare Vermont	M
Michael	Gagnon			Vermont Information Technology Leaders	X
Daniel	Galdenzi		VP Business Technology and CIO	Blue Cross Blue Shield of Vermont	M
Joyce	Gallimore		Director, Community Health Payment	Bi-State Primary Care/CHAC	M
Lucie	Garand		Senior Government Relations Special	Downs Rachlin Martin PLLC	X

Joyce Gallimore CHAC, Director

Christine	Geiler		Grant Manager & Stakeholder Coordi	GMCB	S
Al	Gobeille		Chair	GMCB	X
Stuart	Graves			WCMHS	X
Ken	Gringras				X
Janie	Hall		Corporate Assistant	OneCare Vermont	A
Bryan	Hallett				X
Paul	Harrington	PCIT	President	Vermont Medical Society	M
Lucas	Herring		IT Manager	Vermont Department of Corrections	M
Brendan	Hogan		Consultant	Bailit-Health Purchasing	S
Jay	Hughes			Medicity	X
Craig	Jones		Director	AHS - DVHA - Blueprint	X
Pat	Jones			GMCB	MA
Hans	Kastensmith			American Home Health Care, Inc.	M
Kevin	Kelley		CEO	CHSLV	M
Kaili	Kuiper		Attorney	VLA/Health Care Advocate Project	M
Kelly	Lange	phone	Director of Provider Contracting	Blue Cross Blue Shield of Vermont	MA
Charlie	Leadbetter			BerryDunn	X
Diane	Lewis			AOA - DFR	A
Georgia	Maheras			AOA	S
Steven	Maier		HCR-HIT Integration Manager	AHS - DVHA	S/M
Nancy	Marinelli		Senior Planner	AHS - DAIL	M
David	Martini			AOA - DFR	M
Mike	Maslack				X
James	Mauro			Blue Cross Blue Shield of Vermont	X
Lou	McLaren	Lou		MVP Health Care	MA
Kimberly	McNeil		Payment Reform Policy Intern	AHS - DVHA	X
Jessica	Mendizabal	here		AHS - DVHA	S
Charlie	Miceli			OneCare Vermont	MA
Todd	Moore		CEO	OneCare Vermont	X
Stacey	Murdock			GMCB	X
Arsi	Namdar			Visiting Nurse Association of Chittenden a	M
Mark	Nunlist			White River Family Practice	M
Miki	Olszewski		Assistant Director of Blueprint for He	AHS - DVHA - Blueprint	X
Brian	Otley		COO	Green Mountain Power	C/M
Annie	Paumgarten		Eveluation Director	GMCB	X
Kate	Pierce			North Country Hospital	X
~~Chuck~~	~~Pedesta~~			Fletcher Allen Health Care	M

Luann	Poirer		Administrative Services Manager I	AHS - DVHA	X
Darin	Prail			AHS - Central Office	M
Amy	Putnam		Director of Finance & Administration	Northwest Counseling and Support Servic	M
David	Regan			BerryDunn	X
Paul	Reiss		Executive Director,	Accountable Care Coalition of the Green	M
Sandy	Rousse	Sandy Rousse	CEO	Central Vermont Home Health and Hospi	M
Beth	Rowley			AHS - DCF	X
Simone	Rueschemeyer		Director	Behavioral Health Network of Vermont	C/M
Larry	Sandage			AHS - DVHA	S
Ken	Schatz			AHS - DCF	X
Julia	Shaw		Health Care Policy Analyst	VLA/Health Care Advocate Project	MA
Kate	Simmons		Director, VT Operations	Bi-State Primary Care/CHAC	MA
Heather	Skeels		Project Manager	Bi-State Primary Care	M
Richard	Slusky		Payment Reform Director	GMCB	S/M
Chris	Smith			MVP Health Care	M
Kara	Suter		Reimbursement Director	AHS - DVHA	X
Julie	Tessler		Executive Director	Vermont Council of Developmental and M	MA
Bob	Thorn		Executive Director	Counseling Services of Addison County	M
Tela	Torrey		IT Project Manager	AHS - DAIL	X
Matt	Tryhorne			Northern Tier Center for Health	X
Win	Turner				X
Sean	Uiterwyk	phone		MD	M
Eileen	Underwood			AHS - VDH	M
Anya	Wallack		Chair	SIM Core Team Chair	X
Julie	Wasserman		VT Dual Eligible Project Director	AHS - Central Office	X
Richard	Wasserman, MD, MPH		Professor of Pediatrics	University of Vermont - College of Medici	X
David	Wennberg			New England Accountable Care Collabora	X
Spenser	Weppler			GMCB	S
Bob	West				X
Kendall	West				X
Bradley	Wilhelm		Senior Policy Advisor	AHS - DVHA	X
Cecelia	Wu		Healthcare Project Director	AHS - DVHA	X
Gary	Zigmann			Vermont Association of Hospital and Hea	X
JAMES	WETMICH		DV	AHS-DVHA	S
Erin	Flynn			" "	
KATHY	HENTCY		DMH - MH&	HC INTEG DIR	
KEN	GINOMAS		BMN IT	HIT DIRECTOR	X

Attachment 3 - ACO Gap Remediation Proposal

Gap Remediation Proposal

Proposal to the VHCIP HIE/HIT Work Group

November 19, 2014

OneCareVermont

Achieve accurate, comprehensive performance data utilizing electronic health records (EHRs) and the Vermont Health Information Exchange (VHIE)

- ✓ Interfaces
- ✓ Data Analysis and Formatting
- ✓ Terminology Services

Key Components of Remediation

Funding Sources:

- DVHA – Core $4.8M
- SIM – Population Health $3M
- SIM – Vermont Care Network $200K
- Proposed – Gap Remediation $1.3M

Non-ACO Interfaces

DVHA

Blueprint Sprints

Primary Care Practices

DVHA

Meaningful Quality Data

22 CMS Quality Measures

SIM - Population Health

ACO Gateway Architecture

Event Notification System (ENS)

Year 1 - Customer Service/Support

ACO Gap Analysis

SIM

SIM - VCN

Data Gap Analysis

Remediation Plan Development

SIM-VCN

ACO Data Remediation

Address gaps (missing data, non-standard data, flat files) in ACO priority order. Includes Hospitals, Practices, VNAs, Designated Agencies, etc.

SET Team/Interface Development

Proposed

Overview

Interfaces must **exist**

- Data must be **collected**
- Data must be **sent**
- Data must be **formatted** correctly
- Data must be **coded** or normalized
- Data must be **complete**, accurate and consistent

Successful Remediation

State of Remediation for ACO Providers Based on Beneficiary Population Size

43 Top Priority ACO Providers Remediated ← **Achieve**

Terminology Services
"Data must be coded" "Data must be complete"

Data Formatting
"Data must be formatted"

Data Analysis
"Data must be collected" "Data must be sent"

Interface Development
"Interfaces must exist"

Goal: from 13% -> 62%*

VITL led efforts

*All ACOs have identified interface priorities. Expectation is to achieve 62% of beneficiary data for ACCGM and OCV top priority practices.
CHAC beneficiary totals TBD.

SET Team –

- Medicity resources dedicated to VT-only interface development for a six month period.
- Approved as part of previous SIM funding to accelerate interface development
- Purposely delayed by VITL because Medicity was not done with previous work on VITLAccess

SET Team approval *required* as a prerequisite to other remediation work

Set Team

ACO and VITL Recommendation

Type of Cost	*Cost*
SET Team/New Interface Development (6 months) ***Prerequisite***	$650,000
Gap Remediation (1 Year)	$367,500
Terminology Service (2 years)	$284,000
Remediation Proposal Total	**$1,301,500**

Budget

- Quarterly gap analysis reviews
- Monthly status reports regarding remediation progress
- Develop progress metrics
- Just in Time communication of roadblocks, obstacles, issues, etc.

Progress Management

SET Team / New Interface Development

- ☑ Accelerates interface development. This is a Prerequisite for full data remediation.

Data Analysis and Formatting

- ☑ Increases the percentage of data that can meet the ACO quality measures in an electronic reportable way and reduce the need for chart abstracts (aka chart "pulls").

Terminology Services

- ☑ Enhances clinical data quality

Funding approval is needed so that we can help the ACOs meet their goals in a timely manner

Summary

Questions?

025