

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: VHCURES procurement update	
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



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	<p>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.</p> <p>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.</p> <p>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</p>	

Agenda Item	Discussion	Next Steps
	<p>management will be working on this over the next several months.</p> <p>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.</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> i. The contractor will begin by looking at different use cases and what the transfer is by different settings. 	
<p>5. Update on Quality Measures</p>	<p>Alicia Cooper and Pat Jones presented attachment 5, the Recommended Measures Sets currently with the Core Team for review.</p> <ul style="list-style-type: none"> • 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. 	
<p>6. Update on Stone Proposal and Telehealth Proposal and Patient Portal</p>	<ol style="list-style-type: none"> 1. Georgia Maheras gave the following update: <ol style="list-style-type: none"> 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	<p>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.</p> <p>Next Meeting: Wednesday, October 15th 9:00 – 11:30 am, EXE - 4th Floor Conf. Room, Pavilion Building, Montpelier.</p>	

32 members

minutes 1^o Richard
2^o Joyce

VHCIP - HIE WG Roll Calls 9-24-14

Member		Member Alternate			Organization
First Name	Last Name	First Name	Last Name		
Joel	Benware			✓	Northwestern Medical Center
Richard	Boes			X	DII
Jonathan	Bowley	Jack	Donnelly		Community Health Center of Burlington
Shelia	Burnham			X	Vermont Health Care Association
Peter	Cobb			X	VNAs of Vermont
Mike	DelTreceo			✓	Vermont Association of Hospital and Health Systems
Nick	Emlen	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	Martini			X	AOA - DFR
Arsi	Namdar			X	Visiting Nurse Association of Chittenden and Grand Isle Counties
Mark	Nunlist			X	White River Family Practice
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			✓	Central Vermont Home Health and Hospice

minutes

n/a

vacant for now

Alternate for Sean U.

n/a

VHCIP - HIE WG Roll Calls 9-24-14

Member		Member Alternate			Organization
First Name	Last Name	First Name	Last Name		
Simone	Rueschemeyer	✓		✓	Behavioral Health Network of Vermont
Heather	Skeels	✓		✓	Bi-State Primary Care
Richard	Slusky	✓	Pat	✓	GMCB
Chris	Smith	✓	Lou	✓	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	<i>J Benware</i>	VP Information Systems & Compliance	Northwestern Medical Center	M
Richard	Boes			DII	M
Jonathan	Bowley			Community Health Center of Burlington	M
Martha	Buck			Vermont Association of Hospital and Health	A
Shelia	Burnham			Vermont Health Care Association	M
Narath	Carlile				X
Amanda	Ciecior	<i>AC</i>	Health Policy Analyst	AHS - DVHA	S
Peter	Cobb		Executive Director	VNAs of Vermont	M
Amy	Coonradt		Health Policy Analyst	AHS - DVHA	X
Alicia	Cooper	<i>X Alicia Cooper</i>	Quality Oversight Analyst	AHS - DVHA	S
Diane	Cummings	<i>DC</i>	Financial Manager II	AHS - Central Office	X
Becky-Jo	Cyr		Information Tech Manager I	AHS - Central Office - IFS	X
Mike	DelTrececo	<i>phone</i>		Vermont Association of Hospital and Health	M
Jack	Donnelly			Community Health Center of Burlington	MA
Jennifer	Egelhof	<i>JE</i>		AHS - DVHA	MA
Nick	Emlen		Mental Health Services Coordinator	Vermont Council of Developmental and Mental	M
Karl	Finison			OnPoint	X
Erin	Flynn		Health Policy Analyst	AHS - DVHA	X
Paul	Forlenza	<i>PF</i>	Principal	Centerboard Consulting, LLC	X
Leah	Fullem	<i>phone</i>		OneCare Vermont	M
Michael	Gagnon	<i>MG</i>		Vermont Information Technology Leaders	X
Daniel	Galdenzi		VP Business Technology and CIO	Blue Cross Blue Shield of Vermont	M
Joyce	Gallimore	<i>JG</i>	Director, Community Health Payment	Bi-State Primary Care/CHAC	M
Lucie	Garand		Senior Government Relations Special	Downs Rachlin Martin PLLC	X

Jay Callmore

CHAC, Director

Christine	Geiler		Grant Manager & Stakeholder Coord	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	PLIT	President	Vermont Medical Society	M
Lucas	Herring		IT Manager	Vermont Department of Corrections	M
Brendan	Hogan	Brian Hogan	Consultant	Bailit-Health Purchasing	S
Jay	Hughes			Medicity	X
Craig	Jones		Director	AHS - DVHA - Blueprint	X
Pat	Jones	Pat Jones		GMCB	MA
Hans	Kastensmith			American Home Health Care, Inc.	M
Kevin	Kelley		CEO	CHSLV	M
Kaili	Kuiper	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	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	Stacey Murdock		GMCB	X
Arsi	Namdar			Visiting Nurse Association of Chittenden	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	Annie Paumgarten	Eveluation Director	GMCB	X
Kate	Pierce			North Country Hospital	X
Chuck	Podesta			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 Services	M
David	Regan			BerryDunn	X
Paul	Reiss		Executive Director,	Accountable Care Coalition of the Green Mountains	M
Sandy	Rousse	<i>Sandy Rousse</i>	<i>CEO</i>	Central Vermont Home Health and Hospice	M
Beth	Rowley			AHS - DCF	X
Simone	Rueschemeyer	<i>SR</i>	Director	Behavioral Health Network of Vermont	C/M
Larry	Sandage	<i>LS</i>		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	<i>HS</i>	Project Manager	Bi-State Primary Care	M
Richard	Slusky	<i>RS</i>	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 Disabilities	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	<i>phone</i>		MD	M
Eileen	Underwood	<i>EBU</i>		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 Medicine	X
David	Wennberg			New England Accountable Care Collaborative	X
Spenser	Weppler			GMCB	S
Bob	West				X
Kendall	West				X
Bradley	Wilhelm	<i>WB</i>	Senior Policy Advisor	AHS - DVHA	X
Cecelia	Wu		Healthcare Project Director	AHS - DVHA	X
Gary	Zigmann			Vermont Association of Hospital and Health Care	X
JAMES	WESTRICH	<i>James Westrich</i>	<i>DV</i>	<i>AHS-DVHA</i>	<i>S</i>
ERIN	Flynn	<i>Erin Flynn</i>		<i> </i>	
KATHY	HENRY	<i>Kathy Henry</i>	<i>DMH - MHE</i>	<i>HC INTEGR DIR</i>	
REN	GIVONIS	<i>Ren Givonis</i>	<i>BHN IT</i>	<i>HIT DIRECTOR</i>	<i>X</i>

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

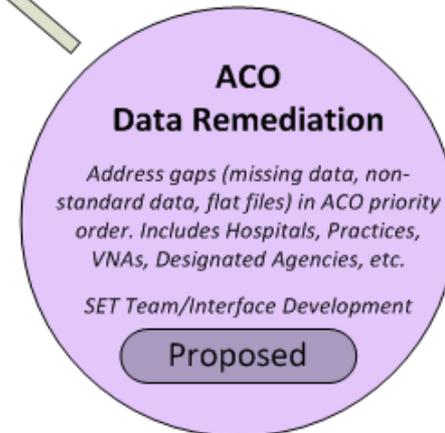
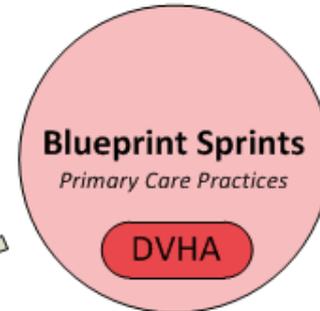
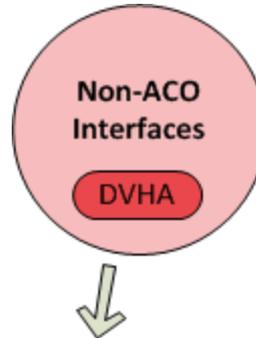
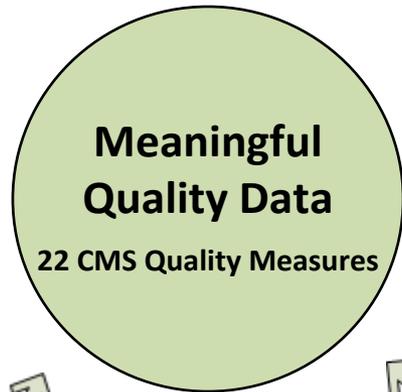
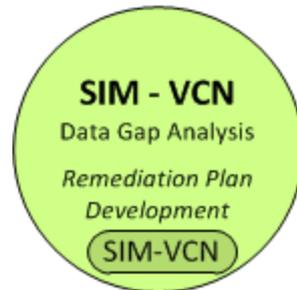
Funding Sources:

DVHA – Core \$4.8M

SIM – Population Health \$3M

SIM – Vermont Care Network \$200K

Proposed – Gap Remediation \$1.3M



Overview

Interfaces must **exist**

↪ Data must be **collected**

↪ Data must be **sent**

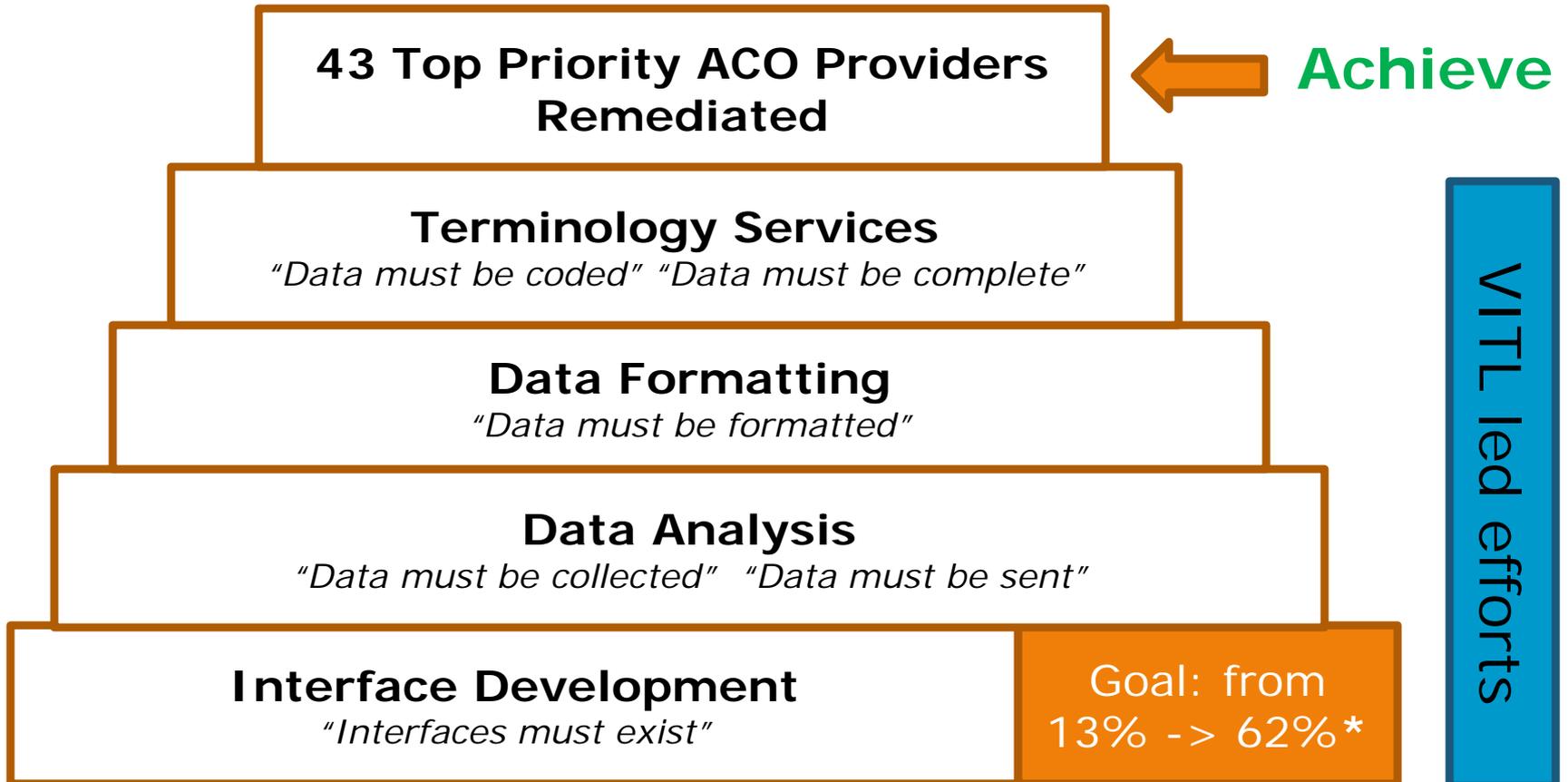
↪ Data must be **formatted** correctly

↪ 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



*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

ACO and VITL Recommendation

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

- 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

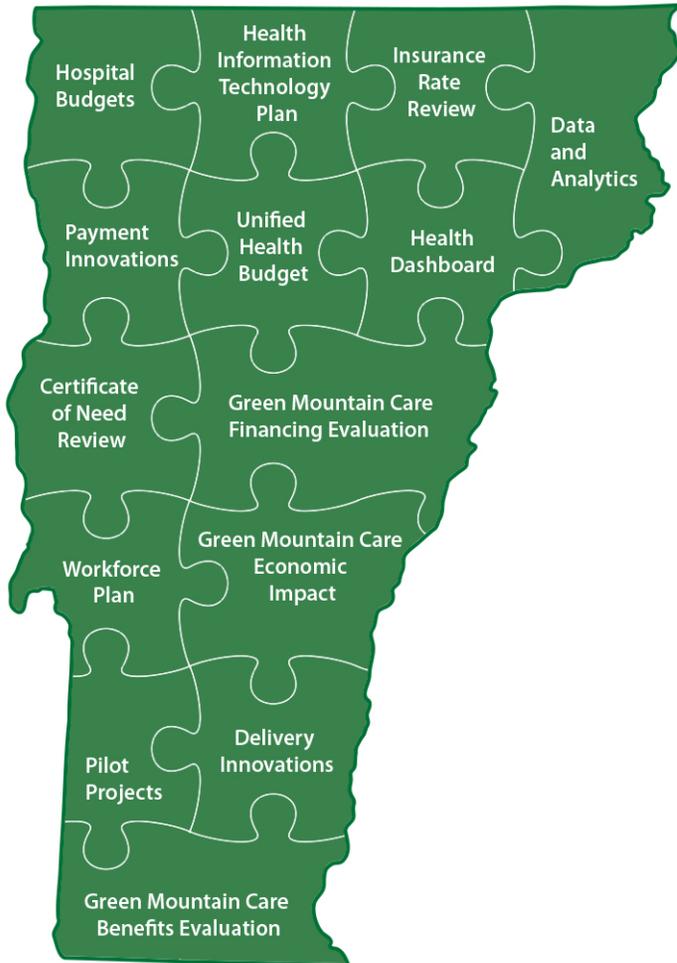
- ☑ Enhances clinical data quality

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

Summary

Questions?

Attachment 4 - VHCURES procurement update



VHCURES Overview and System Transition

**Update to HIE / HIT Work Group
Nov 19, 2014**



Brief VHCURES History

- 2008
 - 18 V.S.A. § 9410. Health care database
 - BISCHA Regulation H-2008-01
- 2009
 - Contract 16420 with Onpoint Health Data
- 2011
 - Contract 20229 with Onpoint Health Data
 - Green Mountain Care Board established
- 2013
 - Management of VHCURES moves from the Department of Financial Regulation to the Green Mountain Care Board

Data in VHCURES

- Data submitters generally submit three files:
 - Eligibility, medical claims, pharmacy claims
- Data submitters include
 - Comprehensive major medical health benefit plans
 - Administrative services only
 - Medicare supplemental (primarily eligibility only)
 - Medicare Part C – “Medicare advantage”
 - Medicare Part D – Drug coverage
 - Pharmacy benefit management services

Data in VHCURES

- Approximately 70 data feeds
 - 42 monthly submitters including Medicaid and subset of Medicare files
 - 12 quarterly submitters
 - 11 annual commercial submitters plus Medicare annual files
- Current warehouse specifications (approx.)
 - 5 years of data, 500GB, 550M records, 12 tables
- Capture
 - Over 90% of total Vermont population
 - 87% of commercially insured
 - 30% of commercially insured are self-insured
 - 25% of self-insured are active and retired state employees

Current VHCURES Data Access

- VHCURES data is refreshed quarterly
- Refreshes are transmitted to the State of Vermont on encrypted hard drives which contain the most recent five years of data
 - Agency of Human Services (loads data for DVHA, VDH, DMH, DAIL)
 - State contractors (Policy Integrity, Truven, Wakely)
 - DOL (1 time extract for study)
- Medicare data access is limited to State Agencies and entities performing state-directed work that is partially funded by the state.

Partial Inventory of VHCURES Users

	Basic Description of Known Uses
Truven / Brandeis	Annual health expenditure analysis
Policy Integrity	Advisor on analytic contracts
VT Blueprint for Health	Practice profile reports, used in value-based payment reform
Lewin Group	Analytics on ACO performance against cost and quality targets
IMPAQ	Quarterly evaluation of SIM activities starting in 2015 (Does not yet have VHCURES data)
VT Dpt. of Health	Ad hoc analyses, often legislatively related; analyses pertaining to monitoring chronic and targeted conditions and populations
VT Medicaid	Variety of analytics with contractors
Joint Fiscal Office	Spending analyses, possibly not ongoing
Agency of Admin.	Spending analyses, possibly not ongoing
VT Dpt. Of Labor	One time research project to support update of workers compensation fee schedule.

VHCURES 2.0 Improvements

- Master person index
 - Direct identifiers are currently hashed by data submitters *prior* to submittal
 - VHCURES MPI will act as an interim data processing step and increase record attribution to unique individuals
 - Subsequently obfuscates identity, impedes tracking
- Data hosting
 - New solution will utilize a vendor-managed data center
 - Role-based access, greatly facilitating management of DUAs
- Analytics
 - Business intelligence solutions were requested as part of the RFP

VHCURES 2.0 Request for Proposals

RFP Milestone / Event	Date
RFP Posted	5/28/14
Bidder's Initial Questions Due	6/9/14
Bidders Conference	6/18/14
Proposals Due	8/6/14
Finalist Demonstrations	10/13/14 to 10/17/14
Selection Notification	10/24/14
Independent Review & Contract Development	Ongoing

VHCURES 2.0 Independent Review

- Per State statute, the Department of Information and Innovation requires agencies working on large IT projects to hire an independent reviewer
- Northeast Computer Services
 - Proposed costs
 - Technical architecture
 - Proposed implementation plan
 - Organizational readiness
 - State
 - Vendor
- Primary objective is to identify risks and issues that may impact the success of the GMCB's system selection and implementation

Upcoming VHCURES 2.0 Implementation Milestones

Implementation Milestone / Event
New contract and VHCURES 1.0 extension
VHCURES 2.0 implementation start
VHCURES rule revision
VHCURES 2.0 data warehouse build
VHCURES 2.0 data available