

HIE Work Group Meeting Agenda 12-17-2014

***VT Health Care Innovation Project
HIE Work Group Meeting Agenda***

**Wednesday, December 17, 2014; 10:00-12:30pm
DVHA Large Conference Room, 312 Hurricane Lane, Williston
Call-In Number: 1-877-273-4202; Passcode 2252454**

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action Needed
1	10:00-10:05	Welcome and Introductions	Simone Rueschemeyer & Brian Otley		
2	10:05-10:10	Review and Acceptance of November 19 th Meeting Minutes	Simone Rueschemeyer & Brian Otley	Attachment 2: HIE Work Group Minutes	Approval of minutes
3	10:10-10:30	Detailed update on ACTT Projects	Simone Rueschemeyer & Bradley Wilhelm	Attachment 3: ACTT Projects Update 121714	
4	10:30-11:15	Review of Year 1 Accomplishments and Year 2 Milestones	Simone Rueschemeyer & Larry Sandage	Attachment 4: Year 1 Review & Year 2 Milestones	
5	11:15-11:30	Update on Stone Proposal and Telehealth Proposal	Georgia Maheras		
6	11:30-11:35	Public Comment	Simone Rueschemeyer & Brian Otley		
7	11:35-11:40	Next Steps, Wrap-Up and Future Meeting Schedule	Simone Rueschemeyer & Brian Otley		

Attachment 2 - HIE Work Group Minutes 11-19-14



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

Date of meeting: Wednesday, November 19, 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 and a quorum was present.	
2. Approval of September 24th minutes	Heather Skeels moved to approve the September minutes, Kaili Kuiper seconded. A roll call vote was taken and the motion passed unanimously.	
3. Update on previously approved proposals	<p>A team from Vermont Information Technology Leaders (VITL) presented an update related to the work for the Population-Based ACO Gateway Proposal- Remediation request (attachment 3).</p> <ul style="list-style-type: none"> • “Interfaces” refers to the source systems and VHIE that need to transmit to the ACOs. • Regarding Data (slide 5): automated functions, source organization can map the codes, VITL can also perform this function as a resource in the background. Manual methods are more labor intensive at the beginning and the maintenance is less so. • Service plan data: as it comes through the clinical messages, VITL can interpret the data. This data is built into the EHRs. VITL works with vendor or organization performing the service to ensure the proper data is being collected. 	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> • This proposal is for standard data submissions (not specialized agencies)- from the ACO measures. • This work will reflect any changes to measures (such as Medicare for 2015). • Beneficiary populations are for Medicare and once there is data for the Medicaid and Commercial populations the analysis will include those ACOs as well. • This is only the clinical data- claims comes from VHCURES and survey data comes through a different track. • Non ACO interface development work is funding through a separate stream with DVHA and VITL. • ACOs have identified their priority organizations in order to provide on the greatest beneficiary population while preparing to collect the data for the other organizations. • The overall goal is to reduce the administrative burden for chart reviews and increase more electronically reported data. • Funding remaining from a previous contract with VITL is \$733,000 which was reverted back to the original budget for the HIE work group to decide where they want to apply the funding. • Plan to develop as many interfaces as they can, including using DVHA funding for non-ACO interface development. • VITL has been able to focus more on the ambulatory side. • Regarding cloud based EHRs- some providers have chosen not to pursue this because it doesn't have all the functionality they may need. Peripheral providers may choose to pursue this option. Common EHRs are not as important as the EHR having the technical specifications to transmit data to VITL. • VITL is only working with organizations that currently using interfaces and fill in the gaps where necessary. Aim is getting to the 62% of beneficiary coverage. <p>Steve Maier moved to approve the request Peter Cobb seconded.</p> <p>The group discussed the funding:</p> <ul style="list-style-type: none"> • Total amount 5.2 mil (which includes 733k mentioned above) – categories are: Technology and Infrastructure and Technical Assistance: Practice and Transformation. • Sustainability plan includes the DVHA funding which is negotiated each year. • Additional interfaces could potentially increase the costs to DVHA to maintain. ACOs are paying 	

Agenda Item	Discussion	Next Steps
	<p>support fees for maintenance to the systems. Request was made to hold off on a vote until the cost estimate for sustainability is developed with DVHA. Currently VITL is maintaining just over 500 interfaces, which are currently supported through the DVHA grant. The additions from this proposal are relatively modest when compared to the overall sustainability plan which Steve Maier is currently working on. Ongoing maintenance of the interfaces currently supported is about \$300,000.</p> <p>62% is the total Medicare beneficiary population given from the ACOs with accelerated interfaces.</p> <p>Next steps after they achieve the 62%: attempts to include the other 42% and those practices that are outside of the ACOs.</p> <p>A roll call vote was taken and the motion passed unanimously.</p>	
<p>4. VHCURES procurement update</p>	<p>Ena Backus and David Reagan from the Green Mountain Care Board presented the VHCURES Overview and Transition System (attachment 4).</p> <ul style="list-style-type: none"> • Insurance agencies with less than 200 Vermont covered lives are not required to report. • Tricare or other federal are not included in the database. • Not anticipated to change policies around releasing data. • Practices are working to integrate claims and clinical data- would like to see integration across practices at different levels and sharing the data. • Master person index: VHCURES vendor would manage this, outside organizations would not have access to this. • Specialized set of skills and GMCB would likely continue to go with a vendor to continually manage the VHCURES. • How will claims data help identify how practices can better serve patients that need care while reducing costs? • Lag of time with VHCURES- providers are considering this as a complimentary data set but data from the HIE is more timely. • VHCURES data governance council holds regular meetings open to the public to discuss the 	

Agenda Item	Discussion	Next Steps
	<p>VHCURES topics including transition to 2.0 and patient data. The meetings are posted to the GMCB website.</p> <ul style="list-style-type: none"> • Consider a patient consent process to release your data to go to your providers in an identified data. • Consider taking real time bills into the system- which wouldn't be adjudicated but this could be useful. • Pre-adjudicated data has been provided to the Blueprint in the past for this purpose. • Claims data is useful to point to population trends related to care. The GMCB uses this data to perform deeper dives to address certain issues. • Historically VHCURES data has been used to track utilization and perform expenditure analyses. 	
<p>5. Public comment</p>	<p>Marybeth McCaffrey shared that there is a new nationwide group convened by CMS, open to anyone focusing on standardization for health IT standards to help with quality measurement for long term care services and support.</p> <p>Joel Benware conveyed that the statewide patient portal grant application was not funded in the Provider Grant Program, Round 2. This and another proposal were referred back to the HIE work group and the proposals will be discussed in the coming months.</p>	<p>More information will be distributed to the group via email.</p>
<p>6. Next Steps, Wrap Up and Future Meeting Schedule</p>	<p>Next Meeting: Wednesday, December 17th 10:00 am – 12:30 pm, DVHA 312 Hurricane Lane, Large Conference Room, Williston</p>	

VHCIP HIE Work Group Participant List

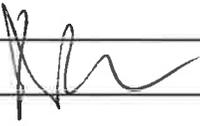
Attendance:

11/19/2014

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

First Name	Last Name		Organization	HIE
Susan	Aranoff		AHS-DAIL	X
Joanne	Arey		White River Family Practice	A
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Anna	Bassford		GMCB	A
Justin	Bell		Visiting Nurse Association & Hospice of VT & NH	X
Joel	Benware	<i>Joel Benware</i>	Northwestern Medical Center	M
Richard	Boes		DII	M
Jonathan	Bowley		Community Health Center of Burlington	M
Martha	Buck		Vermont Association of Hospital and Health Systems	A
Shelia	Burnham		Vermont Health Care Association	M
Narath	Carlile			X
Amanda	Ciecior		AHS - DVHA	S
Peter	Cobb	<i>Peter Cobb</i>	VNAs of Vermont	M
Amy	Coonradt		AHS - DVHA	X
Alicia	Cooper	<i>Alicia Cooper</i>	AHS - DVHA	S
Diane	Cummings	<i>Diane Cummings</i>	AHS - Central Office	X
Becky-Jo	Cyr		AHS - Central Office - IFS	X
Mike	DeiTrecco		Vermont Association of Hospital and Health Systems	M
Jack	Donnelly		Community Health Center of Burlington	MA
Jennifer	Egelhof	<i>Jennifer Egelhof</i>	AHS - DVHA	MA
Nick	Emlen		Vermont Council of Developmental and Mental Health Services	M
Karl	Finison		OnPoint	X

Erin	Flynn		AHS - DVHA	X
Paul	Forlenza		Centerboard Consulting, LLC	X
Leah	Fullem		OneCare Vermont	M
Michael	Gagnon	<i>M. G.</i>	Vermont Information Technology Leaders	X
Daniel	Galdenzi		Blue Cross Blue Shield of Vermont	M
Joyce	Gallimore		Bi-State Primary Care/CHAC	M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Al	Gobeille		GMCB	X
Stuart	Graves	<i>S. Graves</i>	WCMHS	X
Ken	Gringras			X
Janie	Hall		OneCare Vermont	A
Bryan	Hallett		GMCB	X
Paul	Harrington	<i>Paul Harrington</i>	Vermont Medical Society	M
Kathleen	Hentcy	<i>Kathleen Hentcy</i>	AHS - DMH	M
Lucas	Herring		Vermont Department of Corrections	M
Jay	Hughes		Medicity	X
Craig	Jones		AHS - DVHA - Blueprint	X
Pat	Jones		GMCB	MA
Joelle	Judge		UMASS	S
Hans	Kastensmith		American Home Health Care, Inc.	M
Kevin	Kelley		CHSLV	M
Kailli	Kuiper	<i>Kailli Kuiper</i>	VLA/Health Care Advocate Project	M
Kelly	Lange		Blue Cross Blue Shield of Vermont	MA
Charlie	Leadbetter		BerryDunn	X
Georgia	Maheras		AOA	S
Steven	Maier	<i>Steven B. Maier</i>	AHS - DVHA	S/M
Nancy	Marinelli		AHS - DAIL	M
Mike	Maslack			X
James	Mauro		Blue Cross Blue Shield of Vermont	X
Lou	McLaren	<i>Lou</i>	MVP Health Care	MA
Jessica	Mendizabal		AHS - DVHA	S
Charlie	Miceli		OneCare Vermont	MA

Todd	Moore		OneCare Vermont	X
Stacey	Murdock		GMCB	X
Arsi	Namdar		Visiting Nurse Association of Chittenden and Grand Isle Counties	M
Mark	Nunlist		White River Family Practice	M
Miki	Olszewski		AHS - DVHA - Blueprint	X
Brian	Otley		Green Mountain Power	C/M
Annie	Paumgarten		GMCB	X
Kate	Pierce		North Country Hospital	X
Chuck	Podesta		Fletcher Allen Health Care	M
Luann	Poirer		AHS - DVHA	X
Darin	Prail		AHS - Central Office	M
Amy	Putnam		Northwest Counseling and Support Services	M
David	Regan		BerryDunn	X
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M
Sandy	Rousse		Central Vermont Home Health and Hospice	M
Beth	Rowley		AHS - DCF	X
Simone	Rueschemeyer		Vermont Care Network	C/M
Larry	Sandage		AHS - DVHA	S
Ken	Schatz		AHS - DCF	X
Julia	Shaw		VLA/Health Care Advocate Project	MA
Kate	Simmons		Bi-State Primary Care/CHAC	MA
Heather	Skeels		Bi-State Primary Care	M
Richard	Slusky		GMCB	S/M
Chris	Smith		MVP Health Care	M
Kara	Suter		AHS - DVHA	X
Richard	Terricciano		AHS - DVHA	X
Julie	Tessler		Vermont Council of Developmental and Mental Health Services	MA
Bob	Thorn		Counseling Services of Addison County	M
Tela	Torrey		AHS - DAIL	X
Matt	Tryhorne		Northern Tier Center for Health	X
Win	Turner			X
Sean	Uiterwyk		MD	M
Eileen	Underwood		AHS - VDH	M

Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	S
Anya	Wallack		SIM Core Team Chair	X
Julie	Wasserman		AHS - Central Office	X
Richard	Wasserman, MD, MPH		University of Vermont - College of Medicine	X
David	Wennberg		New England Accountable Care Collaborative	X
Spenser	Weppler		GMCB	S
Kendall	West			X
Bob	West			X
Bradley	Wilhelm		AHS - DVHA	X
Cecelia	Wu		AHS - DVHA	X
Carolyn	Stone	<i>Ced Stone</i>	VITL	
Sandy	McDowen	<i>M. McDowen</i>	VITL	
Kristine	Chogutke	<i>K. Chogutke</i>	VITL	
John	Evans	<i>John Evans</i>	VITL	
Maribeth	McCaffrey	<i>M. McCaffrey</i>	DAIC	

VHCIP HIE Work Group Member List

Roll Call: 11/19/2014

*approved
2^o Kaili
1^o Heather Skeels
minutes / Steve Maier
2^o Peter Cobb
Remediation Request*

Member		Member Alternate				Organization
First Name	Last Name					
Joel	Benware ✓			✓	✓	Northwestern Medical Center
Richard	Boes ✓			✓	✓	DII
Jonathan	Bowley X	Jack	Donnelly	-		Community Health Center of Burlington
Shelia	Burnham ✓			-		Vermont Health Care Association
Peter	Cobb ✓			A	✓	VNAs of Vermont
Mike	DelTrecco ✓			X		Vermont Association of Hospital and Health Systems
Nick	Emlen ✓	Julie	Tessler	A	✓	Vermont Council of Developmental and Mental Health Services
Leah	Fuller ✓	Charlie	Morgan	✓	✓	OneCare Vermont
Daniel	Galdenzi X	Kelly	Lange	-		Blue Cross Blue Shield of Vermont
Joyce	Gallimore X	Kate	Simmons	-		Bi-State Primary Care/CHAC
Paul	Harrington ✓			✓	-	Vermont Medical Society
Kathleen	Hentcy ✓			✓	✓	AHS - DMH
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 ✓			✓	✓	AHS - DAIL
Arsi	Namdar X			-		Visiting Nurse Association of Chittenden and Grand Isle Counties
Mark	Nunlist ✓			A	A	White River Family Practice
Brian	Otley ✓			✓	✓	Green Mountain Power
Chuck	Podesto					Fletcher Allen Health Care
Darin	Prail ✓			-	✓	AHS - Central Office
Amy	Putnam X			-		Northwest Counseling and Support Services
Paul	Reiss X			-		Accountable Care Coalition of the Green Mountains
Sandy	Rousse X			-		Central Vermont Home Health and Hospice
Simone	Rueschemeyer ✓			✓	✓	Vermont Care Network
Heather	Skeels ✓			✓	✓	Bi-State Primary Care
Richard	Slusky X	Pat	Jones	-		GMCB
Chris	Smith -	Lou	McLaren ✓	✓	✓	MVP Health Care
Bob	Thorn X			-		Counseling Services of Addison County
Sean	Uiterwyk X			-		MD
Eileen	Underwood ✓			✓	✓	AHS - VDH

Attachment 3 - ACTT Projects Update

ACTT Project #1 (VCN Data Quality, Data Repository and SSA EHR)

- Agreements are being signed with DA/SSAs: BAA, QSOA and MOU for participation in the Data Quality and Data Repository Projects.
- Draft Data Dictionary is complete.
- VITL SOW for data quality work is being finalized.
- Business requirements for Data Repository are being defined.
- Interoperability review for SSA unified EHR is underway.

ACTT Project #2 (LTSS Data Planning)

- Initial discussion with state about DLTSS outcome measures is complete.
- Technology Assessment of DLTSS providers is underway.
 - Area Agencies on Aging
 - Adult Day Centers
 - Traumatic Brain Injury Providers
 - VCIL
 - SASH Program
- Prior Technology Assessments are being updated.
 - DA/SSAs
 - LTC facilities (both SNF & Residential Care)
 - Home Health Agencies

ACTT Project #3 (Universal Transfer Protocol)

- Interviews with providers and patients are ongoing in St Johnsbury and elsewhere
- An interim report detailing findings and recommendations from Bennington interviews is being reviewed.
- 17 transitions of care use cases have been drafted
- Selected “Request for Service” use case for pilot, proposed an initial set of data elements which is being reviewed with Bennington ADRC and SVCOA staff.
- Phase 1 ends in February 2015 and a charter for phase 2 (UTP Design) is the final phase 1 deliverable.

Attachment 4 - Year 1 Review & Year 2 Milestones

VHCIP HIE WORKGROUP

Year 1 Review & Year 2 Milestones

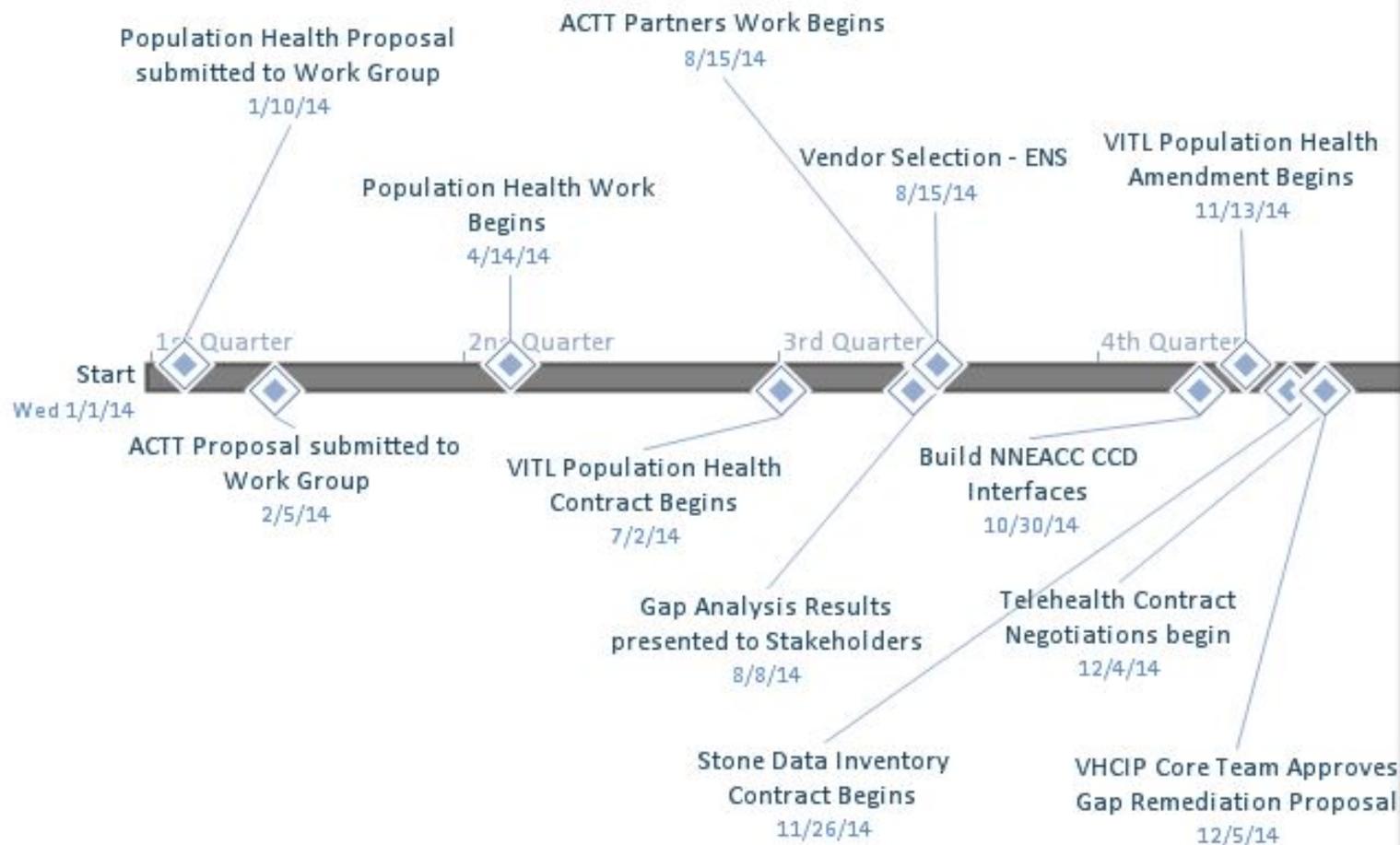
DECEMBER 2014

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.

Review of Year One

Milestone Recognition - 2014

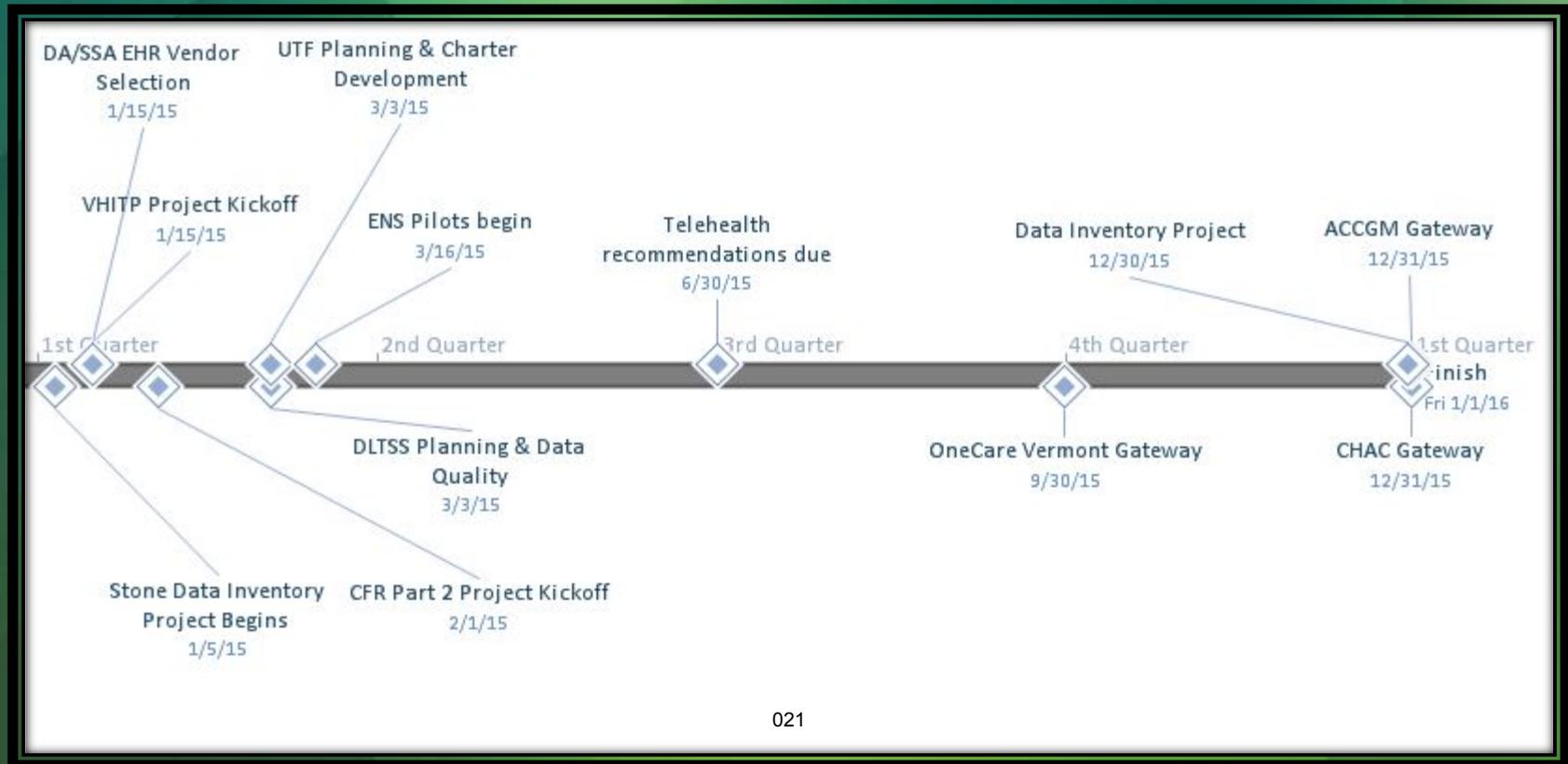


Primary Project Milestones

Year Two - 2015

Primary Projects:

- ACTT
- Population Health
- Stone Data Inventory Project
- Telehealth Project



Operational Goals

- To build something tangible
- To conduct market research on best practices and innovations in health care & related industries nationwide and worldwide
- To make recommendations toward a sustainability model in support of health care reform
 - To include document for educational purposes

Proposed Year Two Strategic Goals

In the context of limited funding and in support of improving core needs of HIE/HIT systems

- Data Quality

- Research and possibly pilot innovative methods other communities have used to improve data quality throughout the HIE process

- Interoperability

- Research methods and technologies for improved extraction of data elements
- Business & Policy recommendations in support of Privacy & Security concerns

Proposed Year Two Strategic Goals Cont'd

In the context of limited funding and in support of improving core needs of HIE/HIT systems

- Clinical Data Governance
 - Research and possibly pilot innovative methods other communities have used to improve data quality throughout the HIE process
- Sustainability
 - Continued support of the VHITP development
- Structure to support utility
 - Continued support and development toward a “data utility” to support State data needs