

HIE Work Group Meeting Agenda 7-02-2014

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

Wednesday, July 2, 2014; 9:00-11:30am

EXE - 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier

Call-In Number: 1-877-273-4202; Passcode 2252454

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	9:00-9:05	Welcome and Introductions	Simone Rueschemeyer & Brian Otley	
2	9:05-9:10	Review and Acceptance of June 4 th Meeting Minutes	Simone Rueschemeyer & Brian Otley	Attachment 2: HIE Work Group Minutes 6.4.14
3	9:10-9:20	Update on two approved proposals (Population Based ACO Project & ACTT Projects)	Simone Rueschemeyer & Brian Otley	Attachment 3: Update on Population-Based ACO Project and ACTT Projects (PowerPoint)
4	9:20-9:30	Proposal to contract: Stone Environmental, Inc.	Simone Rueschemeyer & Brian Otley	Attachment 4: Proposal to contract Stone Environmental, Inc.
5	9:30-10:00	Telehealth Criteria Development	Simone Rueschemeyer	
6	10:00-10:05	Discussion/Update of the Vermont Health Information Strategic Plan (VHISP)	Steve Maier	
7	10:05-10:35	Patient Portal: Landscape and Brainstorm	Richard Slusky & Joel Benware	Attachment 7 – Patient Portal Presentation
8	10:35-11:20	Year Two Project Milestones	Simone Rueschemeyer & Brian Otley	
9	11:20-11:30	Public Comment Next Steps, Wrap-Up and Future Meeting Schedule:	Simone Rueschemeyer & Brian Otley	

		Next Meeting: July 30 th 9:00 am-11:30 am Hurricane Lane, Williston		
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Attachment 2 - HIE Work
Group Minutes 6-04-14



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

Date of meeting: Wednesday, June 4, 2014; 9:00-11:30am DVHA Large Conference Room, 312 Hurricane Lane, Williston, VT

Attendees: Simone Rueschemeyer, Brian Otley, Co-Chairs; Georgia Maheras, AoA; Larry Sandage, Jennifer Egelhof, Alicia Cooper, Steve Maier, Erin Flynn, DVHA; Joel Benware, NMC; Lou McLaren, Chris Smith, MVP; Nick Emlen, VT Council of Dev. & MH; Nancy Marinelli, Jennifer Woodard, Tela Torrey, DAIL; Heather Skeels, Bi-State; Stuart Graves, WCMHS; Paul Harrington, VMS; Kaili Kuiper, VT Legal Aid; David Martini, DFR; Miki Olszewski, Blueprint; Darin Prail, AHS; Amy Putnam, NCSS; Stacey Murdock, Richard Slusky, Spenser Wepler, GMCB, Eileen Underwood, VDH; Johnathan Bowley, Community Health Ctr. Burlington; Brendan Hogan, Bailit Health Purchasing; Joyce Gallimore, CHAC; Becky Cyr, IFS; Mike DelTrecco, VT Assoc. of Home Health Systems; Jack Donnelly, Community Health Ctr. Burlington; Jessica Mendizabal, Nelson LaMothe, Project Management Team.

Agenda Item	Discussion	Next Steps
1. Welcome, roll call and agenda review	Simone called the meeting to order at 9:04 am.	
2. Approval of May 7th minutes	Nancy Marinelli moved to approve the minutes noting that she should be listed with DAIL and that VEHI is misspelled on page 5. Eileen Underwood noted she was in attendance at the last meeting. There was no further discussion and the motion passed unanimously pending the changes.	The minutes will be updated and posted to the website.
3. Update on two approved proposals (ACO & ACTT)	<ul style="list-style-type: none"> • The ACO Gateway project has commenced. Preliminary work on the gap analysis project has begun with more detailed research to begin soon. Timelines may be extended due to contracting processes. • ACCT proposal: working on contract language for CMS and meeting with consultants. DAs and SSAs are starting to plan and make sure the participants are prepared. 	

Agenda Item	Discussion	Next Steps
<p>4. Grant Program recommendations to the Steering Committee</p>	<p>Georgia reviewed the VHCIP Round Two Grant Award Background presentation (attachment 4):</p> <ul style="list-style-type: none"> • The Core Team has started reviewing the grant application instructions to make slight modifications. • They have asked for work group feedback to be discussed at their July meeting. • Paul Harrington asked if the grant program is consistent with GMCB pilot programs. Georgia responded that there is a link in the application to ACO specifications and there is a list of criteria that is available on the GMCB website. • The provider grant program is not specific to work groups. It involves care delivery, not State entities. <p>The group suggested the following criteria be addressed in the grant applications:</p> <ul style="list-style-type: none"> • Address more specifically the cost-to-gain ratio in the application and the sustainability of the project after the grant funding. • Clearly outline impact to other programs both positive and negative. • Address efforts to be consistent with the health care system that Vermont is trying to build for the future. • Address education and information sharing if programs are successful and if programs would be scalable throughout the state. • Applications that it should pertain to a certain population or geographic area could still potentially yield high cost savings. • Grant proposals should align with work group work plans, possibly add the work plans as an appendix to the application. • Data and data collection should have a common language across organizations for easy comparisons and analysis. <p>Brief additional comments are welcome again at the July meeting.</p>	

Agenda Item	Discussion	Next Steps
5. Overview of the Vermont Health Information Strategic Plan (VHISP)	<p>Steve Maier presented attachment 5a:</p> <ul style="list-style-type: none"> • Regarding the VHISP Components Slide: HIT focuses on clinical data and data repository. HSE relates to enterprise level program across state government for health information systems. • VHSIP Example Possible Sequence- Currently in Phase 1 and moving soon to Phase 2, VITL has a strong role to plan in the Phase 2. • Paul suggested the planning document should be at a high level. • Historically the VSHIP has been about the HIE which is largely about data systems (such as EHRs) that are separate from what the State owns or operates. In Phase 2 the goal is to be able to use and exchange data across public and private sectors. A main focus is to integrate clinical and claims data. • Regarding data ownership: this looked at more closely. More data will be made available to providers via VITL and the ACOs will make their tools available to use and share the data. • The State Medicaid HIT Plan (SMHP) primarily exists as a program and funding authorization document CMS requires to get funding and supports those types of requests. • Key point: all current plans don't necessarily support each other and significant new work continues in many areas. For example, the Integrated Eligibility RFP has been released and they will try to align in the future with this as well. • Individually recognize identities: need an integrated approach to identity management. Currently the existing public and private systems are moving ahead because there is not yet a common place to plug into to manage identities. • Questions on governance will be addressed in the coming months. • Joel Benware suggested that the state should develop a single patient portal. Currently each hospital has its own patient portal because there is no other option. • Richard noted the State had an opportunity several years ago to link to the Epic system but didn't participate. The opportunity may not be available again for another six to seven years due to investments in other systems. • Regarding patient portal issue: VMS asked to establish recommended standards on delay of releasing reports and will come up with a draft of recommended standards by August to be finalized in October. This applies to provider portals as well. 	

Agenda Item	Discussion	Next Steps
6. HIE/HIT Work Group Preview: June – November 2014	Georgia discussed attachment 6a: <ul style="list-style-type: none"> • QPM to determine the tech feasibility for ACO. Year two measures we have more time to have a more robust process. • The self-evaluation plan feeds into what the group is already discussing such as long term sustainability. • VHSIP will be an ongoing discussion but recommendations will be due to the core team (last slide). • The budget presented relates only to contracts and does not include personnel costs. 	
7. Public Comment	Paul Harrington asked about the total budget left in the SIM grant. Georgia responded that about a third of the budget has been spent and additional funding has been committed, but not spent. The Core Team will be getting a more detailed budget and expenditures at their July meeting. About 45% of the budget is not committed at this point (about \$20 million remaining).	
8. Next Steps, Wrap-Up and Future Meeting Schedule	Next Meeting: Wednesday, July 2 nd 9:00 – 11:30 am, EXE 4 th floor Pavilion, Montpelier.	

Attachment 3 - Update on Population- Based and ACTT Projects

Update: Population-Based ACO Project and ACTT Projects

July 2, 2014

POPULATION-BASED ACO PROJECT

Scope of Work

- **Gap Analysis**
 - Identify the gap among state-wide ACO data requirements and data capacity
- **ACO Gateway Build**
 - Build the technical architecture to support movement of data from source systems to analytics destinations (next slide)
- **Event Notification**
 - Install a system that improves quality and timeliness of transitions of care through real-time notification of important clinical encounters
- **Support**
 - Provide system and customer support
- **Gap Remediation**
 - Expand data capacity of the State for improved population management

Status

- **Gap Analysis**

- Work has been completed by VITL, subject to signoff by VHCIP

- **Population Management Gateway Build**

- OneCare Vermont
 - Lab interfaces live
 - ADT: projected completion August, 2014
 - CCD and immunization: projected completion September, 2014
- CHAC – start of project tbd
- ACCGM – start of project tbd

- **Event Notification**

- Complete vendor selection and signed contract: projected for October, 2014
- System implementation: projected for December, 2014
- ENS pilot: projected for January - March, 2015
- Full rollout: projected to start March, 2015

- **Support**

- Initiated for OneCare VT: January, 2014

ACTT PROJECTS

ACTT PROJECTS

- Project 1: DA/SSA Data Quality & Repository / Planning and Implementation
- Project 2: LTSS Data Planning/Provider IT Gap Analyses
- Project 3: Charter for Universal Transfer Form

ACTT ACTIVITIES

- PROJECT 1:
 - Develop data dictionary and conduct quality remediation
 - Plan, design and implement data warehouse
 - Assist in the procurement of a unified EHR for DS agencies
- PROJECT 2:
 - Update and/or conduct LTSS information technology gap analyses and develop remediation budget
 - Conduct analysis of LTSS data transmission and storage. Develop implementation plan and budget
- PROJECT 3:
 - Plan and develop project charter for universal transfer form

Status

- BHN Contract Pending
- VITL Contract Amendment Pending
- H.I.S. Contract Pending (overall project management)
- ARIS Contract Pending
- UTP- RFP: bids being reviewed

Attachment 4 - Stone Environment Proposal 6.26.14

State Innovation Model

109 State Street
Montpelier, VT 05609
www.gmcboard.vermont.gov/sim_grant

TO: HIE/HIT Work Group

FROM: Georgia Maheras

Date: 6/26/14

RE: Proposal to contract for services supporting the analysis of existing health data systems and development of a recommendation for a health information data structure to facilitate greater access to Vermont's health information.

This memo is a proposal to contract for services supporting the analysis of existing health data systems and development of a recommendation for a health information data structure to facilitate greater access to Vermont's health information. This request is to execute a sole source contract with Stone Environmental, Inc. (Stone). The anticipated amount of this contract is \$200,000. The anticipated term of the contract is one year.

Proposal:

Description of need: The HIE/HIT Work Group is responsible for providing funding and policy recommendations regarding the health information system and infrastructure necessary to support a high performing health care system. In order to support these recommendations, the work group needs dedicated subject matter expertise in the area of health information. This contractor will first provide a comprehensive health information data inventory that includes information from Vermont's disparate health information sources including formats and data collection methods. Then the contractor will provide a process through which the work group can make recommendations to move from disparate health information systems to a health information system that supports a high performing health care system.

Scope of Work:

The contractor will work with the HIE/HIT Work Group, Vermont State Agencies and Contractors to develop this inventory and recommendations. The contractor's recommendations will include a recommendation about development of a single health information portal (VHIP) from where data can be accessed. The contractor will perform the following tasks:



I. *Compile / Inventory Data Sources:*

The contractor will develop an inventory of health information data sources including the type of data, data collection methods, data formats and potential uses of the data in a high performing health system. The data will also be categorized by type and applicability. Below please find an initial list of data sources. This list will be adjusted as the contractor does this portion of the work to provide a comprehensive view:

- VHCURES Claims Database
- Department of Health Statistics and Surveys
- Department of Financial Regulation Surveys and Statistics
- Green Mountain Care Board's Expenditure Analysis
- Clinical data provided in the VHIE and other sources
- Department of Vermont Health Access Data, including Blueprint for Health
- Other National and State Databases including NIH, CDC, census, socio-economic data

II. *Development of a process through which the work group can create recommendations for the transition from disparate health information systems to a health information system that supports a high performing health care system.*

This phase will focus on ensuring Vermont's short term and long term health information goals are met and that there is a minimal amount of redundancy in these systems. Key parts of this phase include:

- Development of Standards for data collection and integration
- Ensuring provision of easy access to data, while respecting confidentiality rules
- Discussion of data storage
- Creation of derivative data products
- Development of usage agreements
- Creation of user groups
- Conduct education and training seminars

This phase will also determine how Vermont can achieve a health information portal. The contractor will work with all stakeholders, health information developers and custodians to draft a charter, structure, financial evaluation and timeline for this activity using a consensus decision-making process.

Benefits derived: *This contract is intended to provide information and background to support the work group's charge:*

State Innovation Model

109 State Street
Montpelier, VT 05609
www.gmcboard.vermont.gov/sim_grant

- Guide investments in the expansion and integration of health information technology, as described in the SIM proposal, including:
 - support for enhancements to EHRs and other source data systems
 - expansion of technology that supports integration of services and enhanced communication, including connectivity and data transmission from source systems such as mental health providers and long-term care providers
 - implementation of and/or enhancements to data repositories
 - implementation of and/or enhancements to data integration platform(s)
 - development of advanced analytics and reporting systems

Sole Source Justification:

Stone is a Vermont company that has been working in the spatial analysis field for over 25 years. In the field of spatial analysis, they are national experts. They have performed contracts for several Vermont agencies around health data spatial analyses including the GMCB, DVHA-Blueprint for Health and the Department of Health. In this work, Stone has developed an understanding of several key Vermont data systems and identified key integration challenges. In particular, Stone uses its significant expertise in spatial analysis to identify ways in which Vermont can improve its health information data sets. The team at Stone is comprised of data aggregators and analysts. Because of their experience across data sectors, Stone is able to use the best practices for all data and apply them to Vermont's health information. Key personnel for this work include David Healy, who has decades of experience with both Vermont and national data sets. One key attribute of Stone is that they are not currently serving as a vendor of any of Vermont's key health data sets and do not intend to pursue this work in the future and they can remain objective, which is critical to this project.



Attachment 7 - Patient Portal Presentation



Overview of Patient Portals

Joel Benware

Vice President of Information Systems
and Compliance

Northwestern Medical Center



Overview

patient portal

A **patient portal** is a secure online website that gives patients convenient 24-hour access to personal health information from anywhere with an Internet connection. Using a secure username and password, patients can view health information such as: Recent doctor visits, scheduling appointments, requesting refills on medications, looking at lab results and communicating with their providers in a confidential and secure manner.



The Rush to get Patient Portals live

Step 5: Achieve Meaningful Use Stage 2

Patient Ability To Electronically View, Download & Transmit (VDT) Health Information

Objective:

Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.

Measure:

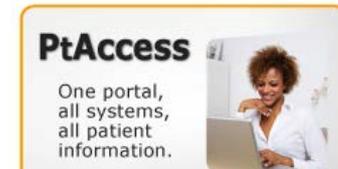
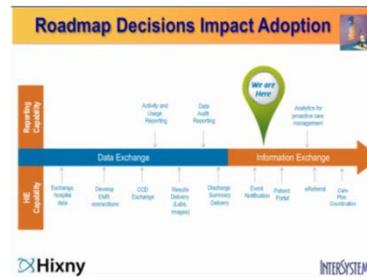
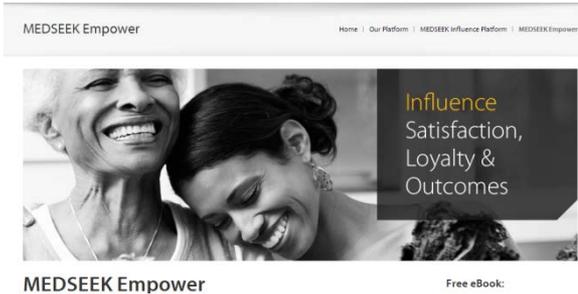
Measure 1 - More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information.

Measure 2 - More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.

The Rush to get Patient Portals live



EMR/EHR/HCIS vendors flooded the market with proprietary offerings



- 3rd party vendors also have products on the market that are not associated with specific EMRs.
- Pricing and interfaces can become a barrier to these solutions, may require a master patient index
- Both options can require significant lead time and require 6 months or more to install

Meaningful Use Incentives

In many ways Meaningful Use perpetuated a competitive environment within healthcare with misaligned incentives.



Copyright ©2012 R.J. Romero

"We received the guidelines on what we need to do to demonstrate Meaningful Use for the incentives, or as I like to call it: '50 shades of grey'."



Each Eligible Hospital (EH) and Eligible Provider (EP) are incentivized separately to meet MU requirements, at no point did Meaningful Use create incentives for regions or states to come together and work collaboratively for the greater good of the patient.

How many doctors (practices) does your family use?

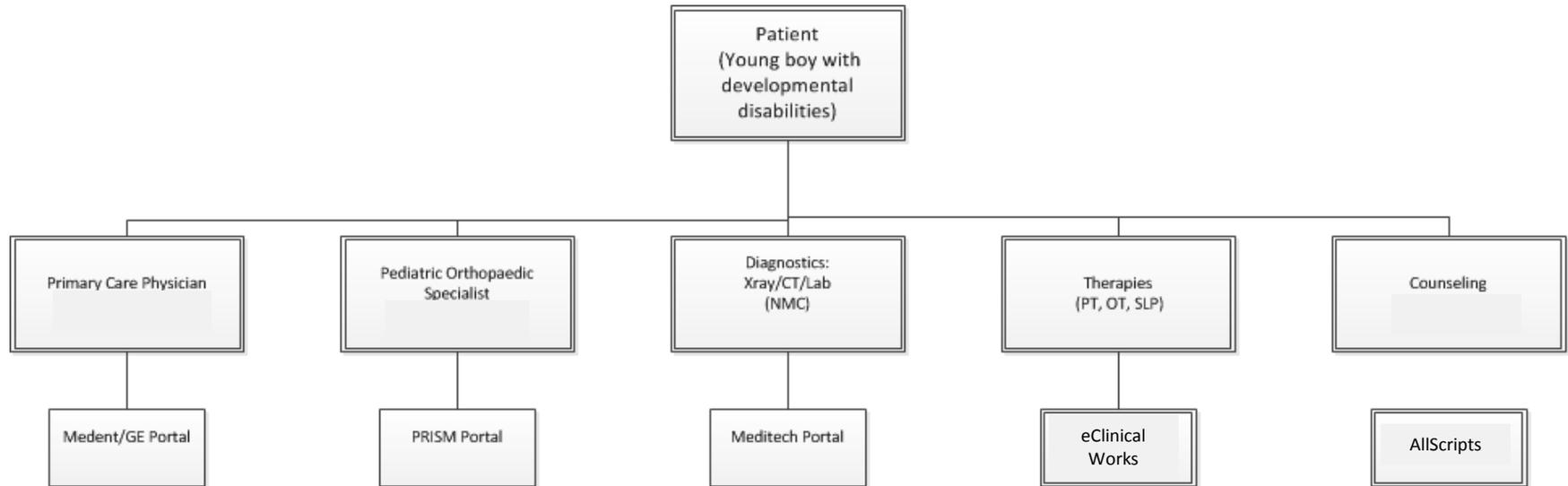
The need for care coordination.

The average Medicare patient
sees **2 primary care providers**
and **5 specialists.**²

Survey: Patients See 18.7 Different Doctors on Average

Practice Fusion surveys patients, highlights the inefficiency of paper records and the need for electronic medical records in the US.

Complexity of Patient Portal Access Across the Continuum of Care



Five Usernames, Five Passwords, One Patient



Statewide or Regional Patient Portal Options

VITL already has the majority of the data needed.

Secure Access to Patient Information

VITL securely aggregates and accurately
delivers patient medical information:

Demographics

Allergies

Problem Lists

Diagnoses

Medications

Lab Results

Encounters

Discharge Summaries

Emergency Department Reports

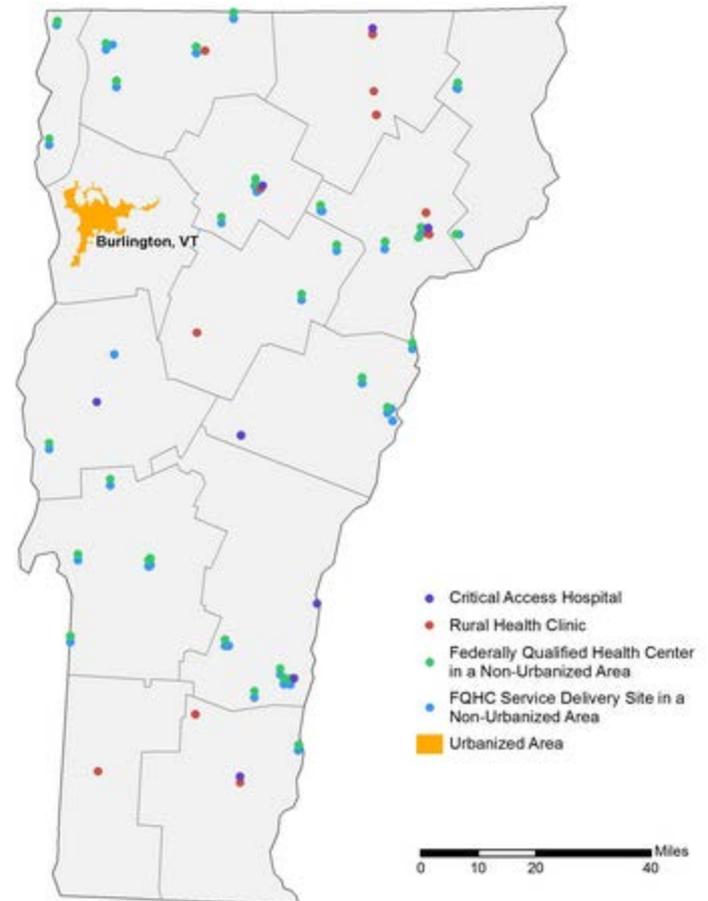
Image Reports

Immunizations

Clinical Documents / Transcribed Reports

Patient Consent

Procedures



Statewide Patient Portal Initiatives Around the Country

Delaware:

Future efforts include creation of a patient portal to enable patients to access their health information and see which physicians have accessed their records. The DHIN also will seek to make it easier for providers to submit

<http://www.commonwealthfund.org/publications/newsletters/states-in-action/2007/mar/march-april-2007/snapshots--short-takes-on-promising-programs/delaware-health-information-network--building-a-statewide-data-interchange>

OHIO:

Cleveland Clinic and University Hospitals join statewide electronic health records system

The next step, UH's Foley said, is determining if the statewide system can and should offer a portal to patients so they have access to their records. Foley said he is going to Columbus today to take part in discussions about that possibility.

Arkansas Office of Health Information Technology Selects Get Real Health as the Patient Portal Development Vendor for SHARE

Award-winning patient engagement solution, InstantPHR™ will be made available to healthcare organizations of all sizes throughout the state; innovative model reduces cost, speeds integration, enhances collaboration, and helps healthcare providers meet key Meaningful Use Stage 2 guidelines

LITTLE ROCK, ARK. July 30, 2013 –The Arkansas Office of Health Information Technology (OHIT) has partnered with Get Real Health and negotiated a new pricing model to provide Get Real Health's award-winning patient portal and personal health record (PHR) to Arkansas healthcare providers that participate in the statewide health information exchange (HIE) known as SHARE (State Health Alliance for Records Exchange). The decision makes it easy for Arkansas healthcare organizations of all sizes to meet key patient engagement criteria for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program "Meaningful Use" Stage 2 mandates.

North Carolina

North Carolina Statewide HIE STRATEGIC PLAN

prescribing tools will also be available with this developed link to Surescripts. Planning is also ongoing to have a patient portal available on Data Link within the next year.



IOWA

Statewide Health Information Exchange
Privacy and Security Framework
Overview of HIE Policies

What is available for patients?

As the statewide HIE matures, Iowa e-Health plans to implement a patient portal. Patients will be able to use the patient portal to access the same health information available to their providers. Until this

Kansas did it...



WELCOME TO THE MyHealth eRecord

Are you a **new** MyHealth eRecord user?

To create a **new** account, please complete the form below:

user name:

password: [?](#)

password strength:

retype password:

email address:

No email address? [Click here](#) to create a free email account.

I agree to the [terms and conditions](#)

CREATE ACCOUNT



powered by Symantec

Are you an **existing** MyHealth eRecord user?

If you have an **existing** or **temporary** NoMoreClipboard password, log in below:

username:

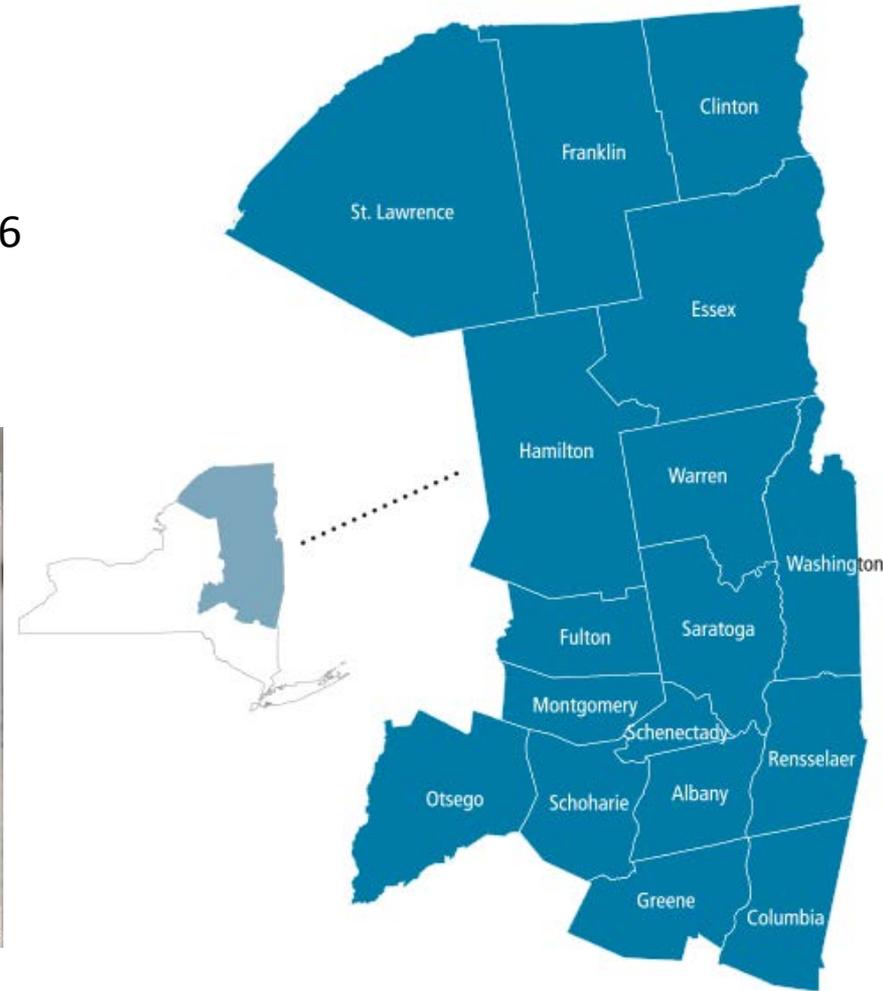
password:

[forgot username](#) / [reset password](#)

LOG ON

HIXNY Service Area

Hixny's population is larger than 12 states
(ID, HI, ME, NH, RI, MT, DE, SD, AK, ND, VT, WY)
Total patient records in Master Patient Index – 2.6 million
(1.55 with demographic and clinical data)



New York eHealth Collaborative

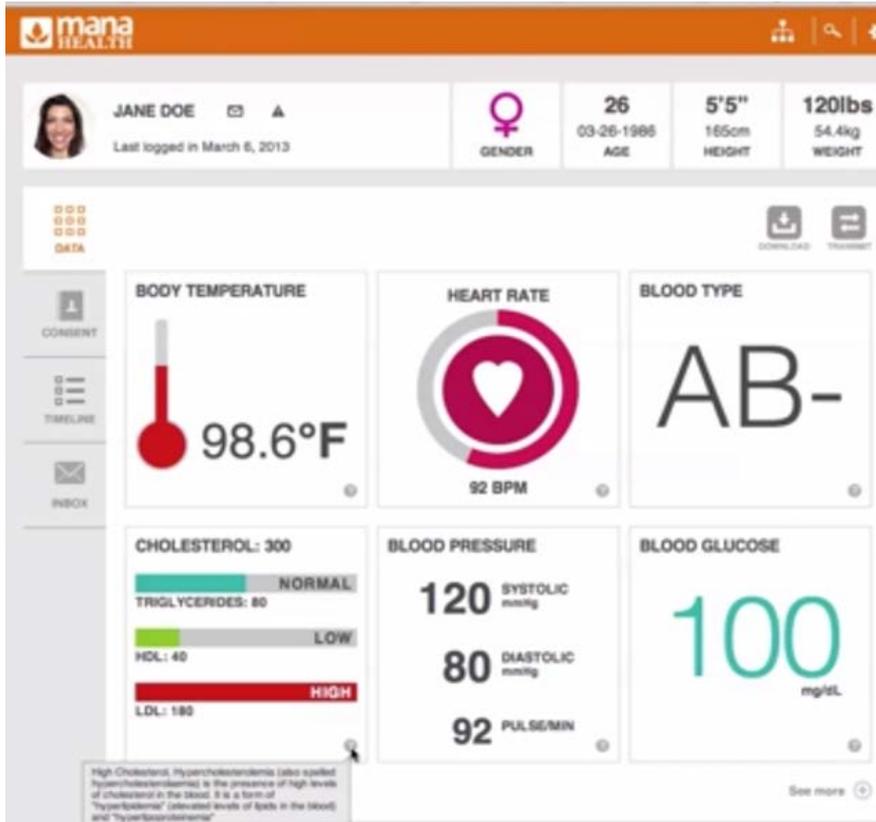
NYeC will now begin building the portal and coordinate its function on top of the Statewide Health Information Network of New York (SHIN-NY), a secure network for sharing clinical patient data across New York State via Regional Health Information Organizations.

“As New York moves forward with innovative projects to better integrate health information and medical records into patient care, it is essential that patients have access to their healthcare records so they can be engaged in managing their health. **This new portal will be user-friendly, secure, and easy to navigate, allowing New Yorkers to review and share their healthcare records and communicate with their healthcare providers.** The Department values its partnership with NYeC, which is an essential part of the effort to accelerate health IT innovation,” said New York State Health Commissioner Nirav R. Shah, M.D., M.P.H.

On May 15th, NYeC will released a Request for Proposals to identify a company to work with on the portal development. **The Patient Portal for New Yorkers will begin to be available to the public in 2014.**

New York State Patient Portal

<http://www.health2con.com/devchallenge/new-york-state-patient-portal-challenge/#winners>



Mana Health Awarded Contract to Build the Patient Portal for New Yorkers

Statewide Website Will Soon Allow New Yorkers Access to their Healthcare Records Online



<http://vimeo.com/63759671>

HIE Patient Portal Solution...



HIE patient portals may help providers meet Stage 2 MU

Author Name **Jennifer Bresnick** | Date **April 22, 2014** | Tagged [Health Information Exchange](#),

For providers looking to attest to Stage 2 of [Meaningful Use](#) in the coming months, one requirement above all others has prompted ongoing concern. The 5% patient engagement threshold, which requires patients to access an online portal to view or download their personal health information, seems like an impossibly high bar for some organizations, especially those with a high proportion of aging, low-income, or computer illiterate patients. **However, the Meaningful Use criteria include a secret weapon for healthcare organizations: a provision allowing a [health information exchange](#) (HIE) to help providers meet that patient engagement goal.** **Chris Bradley**, CEO of patient portal developer Mana Health, and **Kimberly Harris**, Director of Marketing and Business Development at Health Access San Antonio (HASA), a local HIE in Texas, sat down with *EHRintelligence* to discuss the challenges and rewards of implementing a patient portal on the regional level.”

<http://ehrintelligence.com/2014/04/22/hie-patient-portals-may-help-providers-meet-stage-2-mu/>

Now it's our chance...

One Patient, One Portal, All Access

"I thoroughly support one portal. One portal would definitely be more patient and family friendly..."

Andrea Lott
Vice President of Information Services
Northeastern Vermont Regional Health

I do support: one patient, one portal, all access!

Rebecca Woods, MHINF
Chief Information Officer
Porter Medical Center