

# 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**

<b>Item #</b>	<b>Time Frame</b>	<b>Topic</b>	<b>Presenter</b>	<b>Relevant Attachments</b>
1	9:00-9:05	Welcome and Introductions	Simone Rueschemeyer & Brian Otley	
2	9:05-9:10	Review and Acceptance of June 4 <sup>th</sup> 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	
8	10:35-11:20	Year Two Project Milestones	Simone Rueschemeyer & Brian Otley	Attachment 8: Proposed Year Two Project Milestones (to be distributed later)
9	11:20-11:30	Public Comment  Next Steps, Wrap-Up and Future Meeting Schedule:	Simone Rueschemeyer & Brian Otley	

		Next Meeting: July 30 <sup>th</sup> 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
<b>1. Welcome, roll call and agenda review</b>	Simone called the meeting to order at 9:04 am.	
<b>2. Approval of May 7<sup>th</sup> minutes</b>	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.	<b>The minutes will be updated and posted to the website.</b>
<b>3. Update on two approved proposals (ACO &amp; ACTT)</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>	

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

Agenda Item	Discussion	Next Steps
<b>5. Overview of the Vermont Health Information Strategic Plan (VHISP)</b>	<p>Steve Maier presented attachment 5a:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Paul suggested the planning document should be at a high level.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Questions on governance will be addressed in the coming months.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	

Agenda Item	Discussion	Next Steps
<b>6. HIE/HIT Work Group Preview: June – November 2014</b>	Georgia discussed attachment 6a: <ul style="list-style-type: none"> <li>• QPM to determine the tech feasibility for ACO. Year two measures we have more time to have a more robust process.</li> <li>• The self-evaluation plan feeds into what the group is already discussing such as long term sustainability.</li> <li>• VHSIP will be an ongoing discussion but recommendations will be due to the core team (last slide).</li> <li>• The budget presented relates only to contracts and does not include personnel costs.</li> </ul>	
<b>7. Public Comment</b>	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).	
<b>8. Next Steps, Wrap-Up and Future Meeting Schedule</b>	<b>Next Meeting:</b> Wednesday, July 2 <sup>nd</sup> 9:00 – 11:30 am, EXE 4 <sup>th</sup> floor Pavilion, Montpelier.	

# Attachment 3 - Update on Population- Based and ACTT Projects

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# Update: Population-Based ACO Project and ACTT Projects

July 2, 2014

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# 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

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# ACTT PROJECTS

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- 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

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- 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](http://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.

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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:*

- 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.