

HIE Work Group Meeting Agenda 7-30-2014

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

**Wednesday, July 30, 2014; 9:00-11:30am
DVHA Large Conference Room, 312 Hurricane Lane, Williston, VT
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 July 2 nd Meeting Minutes	Simone Rueschemeyer & Brian Otley	Attachment 2: HIE Work Group Minutes 7.2.14	Approve minutes
3	9:10-9:25	Update on patient portal	Richard Slusky		
4	9:25-10:15	Proposal related to telehealth	Steve Maier	Attachment 4: Telehealth SOW	Potential vote
5	10:15-11:05	Review of Year One Milestones	Simone Rueschemeyer & Brian Otley	Attachment 5a: Year One Milestones Attachment 5b: HIE Work Plan	
6	11:05-11:20	Public Comment Next Steps, Wrap-Up and Future Meeting Schedule: Next Meeting: August 27 th 9:00 am-11:30 am Pavilion Building, Montpelier	Simone Rueschemeyer & Brian Otley		

Attachment 2 - HIE Work Group Minutes 7-02-14



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

Date of meeting: Wednesday, July 2, 2014; 9:00-11:30am Wednesday, July 2nd 9:00 – 11:30 am, EXE 4th floor Pavilion, Montpelier

Attendees: Simone Rueschemeyer, Brian Otley, Co-Chairs; Larry Sandage, Jennifer Egelhof, Alicia Cooper, Steve Maier, Jessica Mendizabal, Erin Flynn, Amanda Ciecior, DVHA; Joel Benware, NMC; Stuart Graves, WCMHS; Lou McLaren, MVP; Nick Emlen, VT Council of Dev. & MH; Jennifer Woodard, DAIL; Leah Fullem, OneCare; Sean Uiterwyk, Mark Nunlist, WRF; Lucas Herring, Dept. of Corrections; Heather Skeels, Bi-State; Stuart Graves, WCMHS; Paul Harrington, VMS; Kaili Kuiper, VT Legal Aid; Richard Slusky, Christine Geiler, Spenser Weppeler, GMCB, Eileen Underwood, VDH; Brendan Hogan, Bailit Health Purchasing; Mike Gagnon, VITL; Becky Cyr, IFS .

Agenda Item	Discussion	Next Steps
1. Welcome, roll call and agenda review	Simone Rueschemeyer called the meeting to order at 9:04 am.	
2. Approval of June 4th minutes	Lou McLaren noted MVP had an additional request regarding the Grant Program which was discussed at the end of the meeting. Richard noted a new phone system was installed. Heather Skeels moved to approve the minutes and Eileen Underwood seconded. The motion passed unanimously.	
3. Update on two approved proposals	Simone reviewed the PowerPoint presentation attachment 3. <ul style="list-style-type: none"> • HIS contract is being reviewed by CMS which is a standard review. 	

Agenda Item	Discussion	Next Steps
<p>(Population Based ACO Project & ACTT Projects).</p>	<ul style="list-style-type: none"> • BHN and VITL contracts are in negotiations with DVHA. <p>Mike Gagnon from VITL presented an overview of the ACO data gap analysis project. The group discussed the following:</p> <ul style="list-style-type: none"> • Immunizations: collect immunization data from practice EHR systems and feed to the Department of Health. Payers also send monthly batch files. HL7 messages will come from providers and hospitals, not the batch files. <ul style="list-style-type: none"> ○ Would be good to see if there is overlap with other work. VITL sends information in real time. ○ ACOs need different information from VHIE- for example, immunizations that claims are not filed for. • VITL collects clinical data and pushes to downstream population health based needs and Dept. of Health. • EHR data extraction is also being investigated as a way to collect clinical data. • FQHCs participating in safety net program- doing direct extractions which requires data validation. The process is costly but yields a much richer data source than the CCD. • Remediation steps to address the data gaps to be discussed next month. • Funding (through SIM and DVHA) to support this work is available through FY 2017. There is provider concern around future funding and costs to providers for this type of service. • VITL working on event notification (admission/discharge events etc.)- will have vendors install their product to test functionality over the next several months. Can alert via email or phone (no patient data is transferred, just the notification). Working on sending information to payers as well. • VITL is receiving ADTs from most hospitals in Vermont. • This is an ACO collaborative project- ACOs should be accountable to provide information to VITL. 	<p>Mike will send an overview of the Gap Analysis to the work group.</p>
<p>4. Proposal to contract: Stone Environmental, Inc.</p>	<p>Brian reviewed attachment 4. Stone Environmental is working with geospatial technologies and looking to apply expertise to health care and make recommendations to HIE work group for data comparisons, and apply geospatial methods.</p> <ul style="list-style-type: none"> • Example of geospatial application: taking claims data and mapping it to different areas in the State to see the emergence of chronic disease in certain geographic areas. 	<p>Staff and Co-Chairs will follow up with more details and see if there is anyone else doing this kind of</p>

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> • The ACTT Gap Analysis is very specific and the geospatial analysis is broader. • Suggestion to include their coordination with VITL be included in writing. • Stone Environmental has set up a practice level database for the Blueprint which has been successful. • The group wants to mitigate overlap and address ways to bring together the different data points as much as possible. • The Mental Health outcomes work group focusing on this effort. 	<p>assessment in the State and a post-assessment plan.</p>
<p>5. Telehealth Criteria Development</p>	<p>The group discussed the following areas:</p> <ol style="list-style-type: none"> 1. Possibility to fund either individual or entity to take the lead to analyze what is currently happening in Telehealth around the State, develop recommendations to strengthen Telehealth services, and to oversee Telehealth projects and initiatives. <ul style="list-style-type: none"> • Take a current inventory around the state (updating the inventory created a few years ago) • Obstacles: provider payment, cultural/practice patterns. • Need a lead to enable the technology to be used more broadly. • Legislative report on payment issue released in the past year. • Licensing between states can cause issues. • Suggestion for Stone Environmental to perform telemedicine inventory as well. 2. Review proposals and focus on what the criteria should be and where do we want to assign priority. <ul style="list-style-type: none"> • Connect with Doctor Robinowitz at Fletcher Allen Health Care who is heavily involved in telepsychiatry. • Current funding for telehealth is tied to operating within a health care facility. • Tertiary care centers should be brought into the conversation. Dr. Sara from Dartmouth working on the area of telehealth. 	<p>The group will discuss the possibility of a Steering Committee on this topic and who will staff the committee. Develop a scope of services, bring back to the group.</p>
<p>6. Discussion/Update of the Vermont Health Information</p>	<p>Steve Maier gave a brief update on the VHISP:</p> <ul style="list-style-type: none"> • 11 Consultant proposals have been received and reviewed to assist with the VHISP process and 	

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Strategic Plan (VHISP)	<p>the State hopes to make a selection within the next few weeks.</p> <ul style="list-style-type: none"> • The project will most likely kick off in September. 	
7. Patient Portal: Landscape and Brainstorm	<p>Joel Benware presented <i>Overview of Patient Portals</i> (the presentation will be distributed separately to the group after the meeting.)</p> <ul style="list-style-type: none"> • There are ways to implement portals to feed data back to patients. • Providers applying for meaningful use will have to invest in this software. • Much of the data is already being collected (from VITL) but need to devise a way to link back to other patient activities (bill pay etc.). • Meaningful use funding will run out in the next two years. • Who is responsible for funding when the grant funds end? Need to think about this in an overall concept. 	Joel will discuss with Mike offline to work on next steps including assessing the potential of state wide hospital participation.
8. Year Two Project Milestones	This topic will be reviewed at the next meeting.	
9. Public Comment, Next Steps, Wrap-Up and Future Meeting Schedule	<p>Grant Program Discussion: Lou McLaren suggested that if part of an applicant’s request includes a deliverable from a third party (such as a payer) then a letter of support should be sought. The letter should explicitly define the ability to meet the deliverable and the application should address the funding to produce it.</p> <p>Public Comment: The large portion of meaningful use funds have already been paid out. It is not clear to FQHCs that the providers are expected to participate in patient portals and not clear how they are expected to pay for it. FQHCs are using incentive funding to support a data entry scribe to deal with the amount of data submissions required.</p> <p>Next Meeting: Wednesday, July 30th 9:00 – 11:30 am, DVHA, Large Conference Room, 312 Hurricane Lane.</p>	

Agenda Item	Discussion	Next Steps
	Brian moved to adjourn the meeting, Heather Skeels seconded and the meeting adjourned.	

Attachment 4 - Telehealth SOW

Telehealth Innovation and Planning Assistance

Background: Telehealth is the delivery of health-related services and information via telecommunications technologies. There has been experience in Vermont and elsewhere with telehealth, including at least collecting patient health information, conducting patient care, conducting consultations, and providing professional training and development. Telehealth in Vermont has tended to be project or organization-specific and often in response to federal or research funding opportunities. There has not been to date a coordinated statewide telehealth strategy for Vermont.

Hypothesis: Broad and coordinated telehealth programs or initiatives would lead to better access to care and services, better care experiences for patients, better health outcomes, and lower costs, especially in rural areas.

Proposal: The VHCIP (SIM) offers the perfect opportunity to test the hypothesis stated above and seek innovative solutions. As such, the HIE Workgroup recommends that VHCIP:

1. Contract with one person/entity to take the lead in creating a coordinated strategy and future direction for telehealth in Vermont and to assist in the selection and oversight of projects designed to test the hypothesis. This would be a contract of limited duration, perhaps 12-18 months.

The scope of work would include:

- Conduct a statewide inventory of equipment and services (Dartmouth, Bi-State, Home Health, MH/SA, public & private providers and education/research). The scope will include: medical (traditional, mental health and substance abuse and more), human services, monitoring, distance learning. The goal will be to define the current landscape including the identification of barriers. The inventory needs to include what is happening currently around the state and innovation around the country and should be in a form that can be easily updated in future years.
- Investigate telehealth data systems, analyze options for a common statewide solution, and recommend steps (or perhaps phases) to implement such a solution over time.
- Develop a statewide telehealth/telemedicine strategy for Vermont that identifies goals and objectives, addresses barriers and issues (such as interstate licensing, payment, culture and practice patterns, security/privacy, and broadband), and makes recommendations for future projects and initiatives.
- Convene a telehealth/telemedicine steering committee to guide the development of statewide telehealth/telemedicine strategies and projects.

2. Develop an RFP for telehealth pilot projects that would test or further one or both of the following goals:
 - Broad and coordinated telehealth programs or initiatives should lead to better access to care and services, better care experiences for patients, better health outcomes for populations, and lower costs, especially in rural areas.
 - Common statewide telehealth solutions should lead to more efficient data sharing and more successful programs.

The HIE Workgroup will recommend criteria by September 2014 for VHCIP Core Team approval that will inform the selection of projects. The results of these projects will enable the Telehealth Steering Committee and VHCIP to make more informed and organized recommendations for future programs and initiatives.

Attachment 5a - Year one milestones as of 4-30-14

Planned Year One Activities	Vermont's Year One Metrics	Status as of April 30, 2014
Technology and Infrastructure		
Provide input to update of state HIT plan	Updated state HIT plan	The goal is to draft the phase 2 work of updating HIT, HIE, and privacy and security by June 30, 2014. The current goal is to also have a draft of the entire plan by December 31, 2014.
Expand provider connection to HIE infrastructure	Number of new interfaces built between provider organizations and HIE (goal = 18 additional hospital interfaces and 75 new interfaces to non-hospital healthcare organizations to include: at least 10 specialist practices; 4 home health agencies; and 4 designated mental health agencies)	<p>VITL will continue to work with providers to build on the interfaces established in 2013. The HIT/HIE Work Group will be discussing this as part of the work in 2014. We anticipate significant collaboration between and among providers on this issue.</p> <ol style="list-style-type: none"> 1. For Home Health Agencies, 3 VHIE agreements, 5 DSA agreements and 1 SRA agreement will be executed by June 2014. Interfaces for one home health agency will be established by June 2014. VITL executed 5 VHIE agreements with Home Health Agencies and 10 with DSA's. 2. For Mental Health Designated Agencies, 6 VHIE agreements, 2 DSA agreements, and 1 SRA agreement will be executed by June 2014. At least one Designated Agency will be identified for interface development by April 2014. 3. VITL built two interfaces with long term care entities and 21 interfaces with Specialist organizations. VITL is working with home health and Designated Agencies on interfaces.
Identify necessary enhancements to centralized clinical registry	Completed needs assessment for enhancements to	VHCIP is currently reviewing options for how best to continue to provide registry and reporting analytic

& reporting systems	centralized clinical registry and reporting systems	services.
Procure contractor to develop initial use cases for the integrated platform and reporting system	Contractor hired	VHCIP is currently working on use case identification and development and should complete the scope of this project for this project by August 2014.
Design the technical use cases and determine the components of the integrated platform that are required to implement these use cases	Contract for the development of 6 primary use cases for the integrated platform and reporting system	VHCIP is currently working on use case identification and development and should complete the scope of this project for this project by August 2014.
Develop criteria for telemedicine sub-grants	Number of telemedicine initiatives funded (goal = 1)	The HIT/HIE Work Group will develop these criteria in early Summer 2014.
Expand the scope of VHCURES to support the integration of both claims and clinical data and provide this capability to ACOs/providers and potentially payers	Number of providers approved for use of VHCURES data	The GMCB is releasing an RFP in 2014 for a new VHCURES warehousing contract that will expand the scope.
Begin to incorporate long term care, mental health, home care and specialist providers into the HIE infrastructure	Provide regional extension center (REC) like services to non-EHR providers to include long term care, mental health, home health and specialists and begin development of interfaces to the VHIE for these provider groups that currently have EHRs with the goal over three years of achieving 50 new interfaces.	The State of Vermont has a contract with VITL, the state's HIE contractor, to begin to incorporate these providers into the HIE infrastructure. Some VHCIP funds are being used for this purpose in Year One. The HIT/HIE Work Group will also make recommendations regarding incorporating these providers.

Attachment 5b - HIE Work Plan

Work Plan for VHCIP/HIE Work Group

Overall VHCIP Project Strategy: Vermont’s strategy for health system innovation emphasizes several key operational components of high-performing health systems: integration within and between provider organizations, movement away from fee-for-service payment methods toward population-based models, and payment based on quality performance. We are implementing this strategy in a comprehensive manner – across acute and long-term care providers, across mental and physical health and across public and private payers. Our project is aimed at assuring a health care system that is affordable and sustainable through coordinated efforts to lower overall costs and improve health and health care for Vermonters, throughout their lives (excerpt from VHCIP Operational Plan).

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.

How to Use this Work Plan: This plan is intended to provide focus to the VHCIP/HIE Work Group by beginning with the broad, conceptual State of Vermont HIE goals. These goals are not necessarily the goals of the VHCIP Grant, though many do align. Working from left to right, this plan lays out HIE Goals, VHCIP/HIE Objectives, and then Suggested Supporting Activities. The Plan starts out broadly and moves to more specific detail, flowing from left to right. In later versions, it will include information regarding Measures of Success and a schedule, among other information.

HIE Goals	VHCIP/HIE Work Group Objectives	Suggested Supporting Activities
To improve the utilization, functionality & interoperability of the source systems providing data for the exchange of health information	<ul style="list-style-type: none"> • Explore and, as appropriate, invest in technologies that improve the integration of health care services and enhanced communication among providers • Identify core requirements for source systems to meet SOV HIE standards 	<ul style="list-style-type: none"> • Evaluate EHR capabilities and interoperability • Evaluate and recommend technologies (such as APIs and SSOs) that would improve the integration of disparate EHR systems. • Identify vendors that meet SOV HIE standards. • Develop recommendations to improve the SOV HIE infrastructure through procurements such as: <ul style="list-style-type: none"> ○ Integration Repository ○ Provider Portal (Single Sign-on)
To improve data quality and accuracy for the exchange of health information	<ul style="list-style-type: none"> • Increase resources to facilitate improved EHR utilization at the provider practice level • Identify and resolve gaps in EHR usage, lab result, ADT, and immunization reporting, and transmission of useable CCDs. • Improve consistency in data gathering and entry • Support the Development of advanced analytics and reporting systems as needed 	<ul style="list-style-type: none"> • Expand health information and HIT facilitators (such as VITL e-Health Specialists) to provide direct assistance, data quality workflow recommendations, and technical assistance to providers • Evaluate and implement solutions to bridge gaps in CCD/ADT/VXU and other message standards consistent with identified needs • Facilitate the implementation of workflow solutions necessary to clean and normalize data to improve clinical services and practice efficiency • Improve or develop analytic capabilities such as: <ul style="list-style-type: none"> ○ Predictive modeling ○ Reporting portals and dashboards • Suggest criteria to be incorporated into RFPs for HIE grants or contracts such as the Clinical Registry, VITL Grant, etc.
To improve the ability of all health and human services professionals to exchange health information	<ul style="list-style-type: none"> • Facilitate connectivity to the HIE for ACOs and their participating providers and affiliates • Standardize technical connectivity requirements to participating provider entities • Facilitate EHR adoption to current non-adopters • Facilitate connectivity to providers who are not yet connected to the HIE regardless of ACO participation 	<ul style="list-style-type: none"> • Develop and implement strategic recommendations for identification and transmission of EHR information including the data elements for ACO measures • Identify and develop data requirements to meet critical health and human services data measures • Develop strategic and operational recommendations and technical assistance necessary to connect all health care and community based providers to the HIE • Identify barriers and develop strategies for accommodating privacy and security requirements
To align and integrate Vermont’s electronic health information systems, both public and private, to enable the	<ul style="list-style-type: none"> • Expand Connectivity to other state data and technology resources 	<ul style="list-style-type: none"> • Develop recommendations for HIE connectivity to: <ul style="list-style-type: none"> ○ Public Health ○ DMH and DAIL Data Systems ○ Survey/Assessment Data

HIE Goals	VHCIP/HIE Work Group Objectives	Suggested Supporting Activities
comprehensive and secure exchange of personal health and human services records		<ul style="list-style-type: none"> ○ VHCURES ○ MMIS ○ Eligibility Systems ○ Social Determinant Systems ○ Labor, employment and economic data ○ Analytics vendors ○ Others
To improve the ability of consumers to engage in their own health and health care through the use of technology	<ul style="list-style-type: none"> ● Identify, review, and recommend programs and technology options for providing health information to consumers 	<ul style="list-style-type: none"> ● Research patient portal use and effectiveness ● Identify and review innovative programs or technologies, such as mobile apps, patient portals, etc. ● Make strategic recommendations for broad statewide advancement in providing health information directly to consumers ● Provide information on privacy and security
To participate in the development of policies, rules, procedures, and legislation, when necessary, in support of improved statewide HIE standards and EHR use	<ul style="list-style-type: none"> ● Create an HIE governance structure to ensure the development of common HIE strategies, coordination of programs, and efficient use of resources ● Review existing policies/legislation and the challenges they currently present ● Recommend and support new policies, rules, regulations, laws to help the state's HIE be more effective and efficient ● Provide input into the Vermont Health Information Strategic Plan (VHISP) 	<ul style="list-style-type: none"> ● Review and comment on any proposed revisions to the Consent Policy ● Review and comment on the VHISP, including suggested revisions to the HIT Plan ● Develop recommendations to support the exchange of sensitive health information, including especially from federally regulated substance abuse treatment (42 CFR Part 2) programs