

HIE Work Group Meeting

Agenda 8-27-2014

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

**Wednesday, August 27, 2014; 9:00-11:30am
4th Floor Conference Room, 109 State Street, Montpelier, 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 30 th Meeting Minutes	Simone Rueschemeyer & Brian Otley	Attachment 2: HIE Work Group Minutes 7.30.14	Approve minutes
3	9:10-9:30	Update on patient portal	Richard Slusky		
4	9:30-9:55	Proposal related to Telehealth	Steve Maier	Attachment 4a: Telehealth SOW Attachment 4b: Telemed Timeline	Decision
5	9:55-10:40	Review of proposed year two milestones	Simone Rueschemeyer & Brian Otley	Attachment 5a: Proposed Year Two Milestones Attachment 5b: HIE Work Plan	
6	10:40-11:00	Proposal related to contract with Stone Environmental	Georgia Maheras	Attachment 6: Proposal related to Stone Environmental Contract	Decision
7	11:00-11:20	Public Comment Next Steps, Wrap-Up and Future Meeting Schedule:	Simone Rueschemeyer & Brian Otley		

		Next Meeting: September 24 th 9:00 am-11:30 am Pavilion Building, Montpelier			
--	--	---	--	--	--

Attachment 2 - HIE Work Group Minutes 7-30-14



***VT Health Care Innovation Project
HIE/HIT Work Group July 30, 2014 Meeting Minutes***

Date of meeting: Call in : 877-273-4202 Passcode 3380199

Attendees: Please reference attached sign-in sheet.

Agenda Item	Discussion	Next Steps
1 Welcome and Introductions	Co-chairs Simone Rueschemeyer and Brian Otley called the meeting to order at 10:03am.	
2 Review and Acceptance of July 2 Meeting Minutes	Steve Maier moved to accept the minutes of HIE's prior meeting of July 2, 2014. Heather Skeels 2 nd the motion. A roll-call vote taken by Georgia Maheras, motion passed with Michael DelTrecco abstaining.	
3 Update on patient portal	Joel Benware offered an update about efforts connect patient portals that are currently stand-alone systems. Michael Gagnon confirmed that VITL is actively working on inter-connectivity with several hospitals and that other providers are very welcome to participate.	Anyone wanting to participate in this planning should contact Joel Benware.
4 Proposal related to telehealth	Steve Maier reviewed the proposal to engage a contractor to take the lead in creating a coordinated strategy for telehealth in Vermont, and to develop an RFP for telehealth pilot projects. Discussion followed and group consensus was reached to pursue this approach enabling the Telehealth Steering Committee, and VHCIP to make more informed and organized recommendations for future programs and initiatives.	Steve Meier to develop scope of work for telehealth coordinated strategy RFP.
5 Review of Year One Milestones	Brian and Simone conducted a review of Year One Milestones reporting significant progress thus far and reasonable expectations to accomplish all stated goals on schedule.	A draft of Year Two Milestones will be provided to the work group at its next meeting.

Agenda Item	Discussion	Next Steps
6 Public Comment; Next Steps, Wrap up and Future Meeting Schedule: August 27th 9am- 11:30am, Pavillion Building, Montpelier	No public comment was offered; the next meeting of the HIE HIT Work Group is scheduled for August 27 th , 9am – 11:30am, 4 th Floor Conference Room Pavillion Building, Montpelier.	

VHCIP HIE Work Group Attendance Sheet 7-30-14

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

PLEASE SIGN IN!

	First Name	Last Name		Organization	HIE
1	Joanne	Arey		White River Family Practice	A
2	Eha	Backus		GMCB	X
3	Susan	Barrett		GMCB	X
4	Anna	Bassford		GMCB	A
5	Justin	Bell		Visiting Nurse Association & Hospice of VT & NH	X
6	Joel	Benware	<i>Joel Benware</i>	Northwestern Medical Center	M
7	Scott	Berry		Northern New England Accountable Care Collaborative	X
8	Richard	Boes		DII	M
9	Jonathan	Bowley		Community Health Center of Burlington	M
10	Martha	Buck		Vermont Association of Hospital and Health Systems	A
11	Shelia	Burnham	<i>Shelia Burnham</i>	Vermont Health Care Association	M
12	Narath	Carlile			X
13	Amanda	Cleclor	<i>Amanda Cleclor</i>	AHS - DVHA	S
14	Peter	Cobb		VNAs of Vermont	M

VHCIP HIE Work Group Attendance Sheet 7-30-14

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

	First Name	Last Name	Organization	HIE
15	Amy	Coonradt	AHS - DVHA	X
16	Alicia	Cooper	AHS - DVHA	S
17	Becky-jo	Cyr	AHS - Central Office - IFS	X
18	Mike	DeTrececo	Vermont Association of Hospital and Health Systems	M
19	Tracy	Dolan	AHS - VDH	X
20	Jack	Donnelly	Community Health Center of Burlington	MA
21	Jennifer	Egelhof	AHS - DVHA	MA
22	Nick	Emlen	Vermont Council of Developmental and Mental Health Services	M
23	Karl	Erinson	OnPoint	X
24	Erin	Flynn	AHS - DVHA	X
25	Paul	Forlenza	Centerboard Consultingt. LLC	X
26	Leah	Fullern	OneCare Vermont	M
27	Michael	Gagnon	Vermont Information Technology Leaders	X
28	Daniel	Galdenzi	Blue Cross Blue Shield of Vermont	M

Alicia Cooper

Mike DeTrececo

Jennifer Egelhof

Paul Forlenza

Leah Fullern

Michael Gagnon

VHCIP HIE Work Group Attendance Sheet 7-30-14

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

	First Name	Last Name		Organization	HIE
29	Joyce	Gallimore		Bi-State Primary Care/CHAC	M
30	Lucie	Garand		Downs Rachlin Martin PLLC	X
31	Christine	Geller		GMCB	S
32	Al	Gobelle		GMCB	X
33	Stuart	Graves		WCMHS	X
34	Janie	Hall		OneCare Vermont	A
35	Bryan	Hallett			X
36	Paul	Harrington	PCIT	Vermont Medical Society	M
37	Lucas	Herring		Vermont Department of Corrections	M
38	Brendan	Hogan	Baldin Hymn	Bailit-Health Purchasing	S
39	Jay	Hughes		Medicity	X
40	Craig	Jones		AHS - DVHA - Blueprint	X
41	Pat	Jones		GMCB	MA
42	Hans	Kastensmith		American Home Health Care, Inc.	M

VHCIP HIE Work Group Attendance Sheet 7-30-14

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

	First Name	Last Name		Organization	HIE
43	Kevin	Kelley		CHSLV	M
44	Kaiti	Kuiper	KMK	VLA/Health Care Advocate Project	M
45	Nelson	Lamothe		UMASS	S
46	Kelly	Lange		Blue Cross Blue Shield of Vermont	MA
47	Charlie	Leadbetter		BerryDunn	X
48	Diane	Lewis		AOA - DFR	A
49	Georgia	Maheras	SM	AOA	S
50	Steven	Maier		AHS - DVHA	S/M
51	Nancy	Marinelli	MM	AHS - DAIL	M
52	David	Martini		AOA - DFR	M
53	James	Mauro		Blue Cross Blue Shield of Vermont	X
54	Marybeth	McCaffrey		AHS - DAIL	MA
55	Lou	McLaren	LM	MVP Health Care	MA
56	Kimberly	McNeil		AHS - DVHA	X

VHCIP HIE Work Group Attendance Sheet 7-30-14

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

	First Name	Last Name	Organization	HIE
57	Jessica	Mendizabal	AHS - DVHA	S
58	Charlie	Miceli	OneCare Vermont	MA
59	Todd	Moore	OneCare Vermont	X
60	Stacey	Murdock	GMCB	X
61	Arsi	Nandar	Visiting Nurse Association of Chittenden and Grand Isle Counties	M
62	Mark	Nunlist	White River Family Practice	M
63	Miki	Olszewski	AHS - DVHA - Blueprint	X
64	Brian	Otley	Green Mountain Power	C/M
65	Annie	Paumgarten	GMCB	X
66	Kate	Pierce	North Country Hospital	X
67	Chuck	Podesta	Fletcher Allen Health Care	M
68	Luann	Poirer	AHS - DVHA	X
69	Darin	Prail	AHS - Central Office	M
70	Jean	Prater	Covisint	X

VHCIP HIE Work Group Attendance Sheet 7-30-14

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

	First Name	Last Name		Organization	HIE
71	Amy	Putnam		Northwest Counseling and Support Services	M
72	David	Regan		BerryDunn	X
73	Paul	Reiss		Accountable Care Coalition of the Green Mountains	M
74	Sandy	Rousse		Central Vermont Home Health and Hospice	M
75	Beth	Rowley		AHS - DCF	X
76	Simone	Rueschemeyer	<i>SMR</i>	Behavioral Health Network of Vermont	C/M
77	Larry	Sandage		AHS - DVHA	S
78	Julia	Shaw		VIA/Health Care Advocate Project	MA
79	Kate	Simmons		Bi-State Primary Care/CHAC	MA
80	Heather	Skeels	<i>HS</i>	Bi-State Primary Care	M
81	Richard	Slusky		GMCB	S/M
82	Chris	Smith		MVP Health Care	M
83	Kara	Suter		AHS - DVHA	X
84	Julie	Tessler		Vermont Council of Developmental and Mental Health Services	MA

VHCIP HIE Work Group Attendance Sheet 7-30-14

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternrate
A	Assistant
S	Staff
X	Interested Party

	First Name	Last Name		Organization	HIE
85	Bob	Thorn		Counseling Services of Addison County	M
86	Tela	Torrey		AHS - DAIL	X
87	Matt	Tryhorne		Northern Tier Center for Health	X
88	Win	Turner			X
89	Sean	Uiterwyk		MD	M
90	Eileen	Underwood	<i>Eileen Underwood</i>	AHS - VDH	M
91	Anya	Wallack		SIM Core Team Chair	X
92	Julie	Wasserman		AHS - Central Office	X
93	Richard	Wasserman, MD, MPH		University of Vermont - College of Medicine	X
94	Matthew	Watkins		MD	M
95	David	Wennberg		New England Accountable Care Collaborative	X
96	Spenser	Weppler	<i>Spenser Weppler</i>	GMCB	S
97	Steve	West-Fisher		Northern Counties Health Care	X
98	Bradley	Willhelm		AHS - DVHA	X

VHCIP HIE Work Group Attendance Sheet 7-30-14

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

	First Name	Last Name	Organization	HIE
99	Jennifer	Woodard	AHS - DAIL	X
100	Cecelia	Wu	AHS - DVHA	X
101	Gary	Zigmann	Vermont Association of Hospital and Health Systems	X
102	Dave	Yacovone	AHS - DCF	X
103	Bob	West	Blue Cross Blue Shield of Vermont	X

Jon

Brown

QAB

AHS - DVHA

5

Attachment 4a - 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:

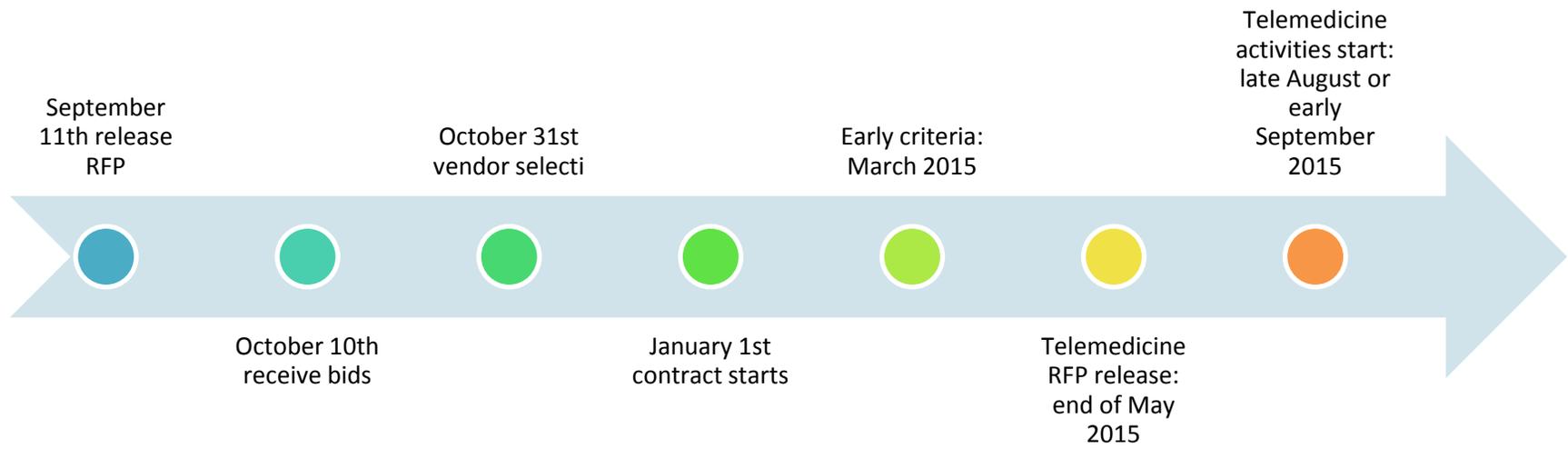
1. Contract with one person/entity to take the lead in creating a coordinated strategy and future direction for telehealth in Vermont and to assist in the selection and oversight of projects designed to test the hypothesis. This would be a contract of limited duration, perhaps 12-18 months.

The scope of work would include:

- Conduct a statewide inventory of equipment and services (Dartmouth, Bi-State, Home Health, MH/SA, public & private providers, payers, 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 if deemed appropriate, recommend steps (or perhaps phases) to implement such a solution over time.
- Develop a statewide telehealth/telemedicine strategy by 7/1/15 for Vermont that identifies goals and objectives, addresses barriers and issues (such as interstate licensing, payment, allowable originating sites, remote patient monitoring, 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.

Attachment 4b - Telemed Timeline



Attachment 5a -
Proposed Year Two
Milestones

Planned Year Two Activities	Vermont's Year Two Metrics	
Technology and Infrastructure		
Provide input to update of state HIT plan	<p>Solicit substantive input on at least two drafts from stakeholders.</p> <p>Updated state HIT plan.</p>	
Expand provider connection to HIE infrastructure: Connectivity	<p>Increase the number of new interfaces built between provider organizations and the HIE. Use the information provided in the two SIM-funded gap analyses.</p> <p>Work to ensure interfaces are turned on (I am trying to capture the fact that we have interfaces that are not 'live' because of EMR upgrades, etc...)</p>	For each of these we would highlight: number of patient lives impacted, number of providers impacted, lessons learned.
Expand provider connection to HIE infrastructure: Availability and Interoperability	<p>Expansion of VITL Access.</p> <p>Launch and expansion of Event Notification System.</p> <p>Development of the Uniform Transfer Protocol (this might be overstated).</p> <p>Development of Gateways between the HIE and each ACO.</p>	For each of these we would highlight: number of patient lives impacted, number of providers impacted, measures developed from health care data, & lessons learned.
Develop a plan for centralized data repository & reporting systems.	<p>Complete data system inventory.</p> <p>Develop proposal and solicit stakeholder input on proposal.</p> <p>Finalize proposal. The proposal will include data governance and management as core components.</p>	
Procure contractor to develop initial use cases for the integrated platform and reporting system.	Hire Contractor. Contractor will be responsible for assisting VHCIP in deciding the use cases.	This work begins in earnest after the item above and after VHCURES procurement is complete.
Consent Policy Updates	Provide input into any modifications to the HIE consent policy as appropriate.	

42 CFR Part 2 data integration	Provide input into any proposed processes developed by the State.	
Develop criteria for telemedicine sub-grants	<p>Develop RFP for telemedicine planning.</p> <p>Contract for telemedicine planning.</p> <p>Develop criteria for telemedicine sub-grants.</p> <p>Develop and release RFP for telemedicine sub-grants.</p> <p>Award at least one telemedicine sub-grant.</p>	
Patient portals	<p>Assess patient portals being used in Vermont.</p> <p>Develop plan for integration of patient portals with stakeholder input.</p>	
Ensure quality measures used in payment models are available electronically	Coordinate with the QPM Work Group to evaluate.	
Improve data quality	Engage in quality improvement initiatives for DAs, SSAs and LTSS 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

Attachment 6: Proposal
related to Stone
Environmental Contract

State Innovation Model

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

TO: HIE/HIT Work Group

FROM: Georgia Maheras

Date: 8/20/14

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

This memo is a proposal to contract for services supporting an inventory and 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 Phase 1 of this contract is \$120,000 and should be completed in less than one year. The goals of this project are to minimize time wasted by state staff, providers and vendors and enable the work group to make decisions so that there are better integrated data to support Vermont's payment and delivery system reforms. This work will identify the current state, which is not captured in one, easily web accessible system, and enable the work group to plan for a future system where there is a clean information exchange. This phase of work would result in an initial system which would serve as resource for the development of a future health information portal system. This transition will not be quick, but needs to be planned for in order to effectuate.

This request is for phase one only. Information about phase two is provided as background and is not part of this request. Phase two would only be proposed, discussed and voted on after the work group receives sufficient information.

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, content, usage, and data collection methods. The resulting data inventory needs to be in an easily



accessible format so that the work group and other users can find and review information when needed. 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 conduct this inventory develop a system to support the inventory, and make recommendations. The system developed should be scalable to support both the in initial phases of this work and future work toward an integrated health information system. 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:

Phase 1: Development of the Health Inventory

This phase of the work will result in a web-accessible, searchable repository of data relevant to Vermont's payment and delivery system. This system will allow anyone to get basic information about these data sets in an easy to access manner.

Task 1: Scoping and Initial Data Source Discovery:

The contractor will work with the HIE/HIT Work Group, Vermont State Agencies and Contractors on an initial data source discovery phase. This phase will result in a compilation of possible data sources, responsible agencies, organizations or individuals, and type of data. As the project progresses, this list may expand as additional data sources are identified.

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
- Data available from Vermont's commercial payers and Medicaid
- 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

The contractor will work with the HIE/HIT work group to specify the desired documentation of the inventory data. The data sources will encompass claims, clinical, survey and other data

including vital statistics. The general prioritization will start with claims, then clinical, and lastly survey data.

The contractor will develop a web-based inventory system that enables all users to search all the data source information collected. The system will also support the next phase and future phases of work. At the conclusion of this phase, the contractor will report back to the work group a complete list of data sources identified, including priorities, before proceeding with the more detailed data inventory.

Task 2: Detailed Inventory of Data Sources

Based on the prioritized data sources identified in Phase 1, the contractor will develop a detailed inventory of each of the health information data sources. Prior to conducting the inventory, the contractor will work with the work group to specify key items to include in the inventory. The data fields will include but are not limited to the following:

- name of organization and division collecting the data
- annual costs related to the collection and management of the data
- type of data
- primary purpose for the data
- data collection method
- data format
- potential uses of the data in a high performing health system
- who is accountable for the data
- where it is stored
- size of database
- years of availability
- accessibility
- governance related to those data
- data overlap or dependencies with other sources
- potential for consolidation or integration with another data set
- other items as determined useful by HIE/HIT Work Group.

Phase 2: Development of a process through which the work group can create recommendations for the transition from disparate health information systems to an integrated and accessible 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. The Contractor



will develop a rubric for determining if/when a specific data set is applicable to the State's and providers' payment and delivery system reform needs.

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 and geographic data, 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.