

# HIE Work Group Meeting Agenda 9-24-2014

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

**Wednesday, September 24, 2014; 9:00-11:30am  
Fourth Floor Conference Room, Pavilion Building, 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>	<b>Action Needed</b>
1	9:00-9:05	Welcome and Introductions	Simone Rueschemeyer & Brian Otley		
2	9:05-9:10	Review and Acceptance of August 27 <sup>th</sup> Meeting Minutes	Simone Rueschemeyer & Brian Otley	Attachment 2: HIE Work Group Minutes	Approval of minutes
3	9:10-9:20	HIT Plan Update	Steve Maier		
4	9:20-10:20	Update on two approved proposals: a. Population-Based ACO Gateway Proposal b. ACTT Proposals	a. VITL and representatives for each of the ACOs b. Simone Rueschemeyer	Attachment 4a: <i>Handout to be distributed at a later date.</i> Attachment 4b: ACTT Update	
5	10:20-10:40	Update on Quality Measures	Pat Jones and Alicia Cooper	Attachment 5: Recommended Measure Set	
6	10:40-10:50	a. Update on Stone Proposal and Telehealth Proposal	a. Georgia Maheras		

		b. Update on Patient Portal Proposal	b. Richard Slusky		
7	10:50-11:00	Work Group Survey	Annie Paumgarten		
8	11:00-11:10	Public Comment	Simone Rueschemeyer & Brian Otley		
7	11:00-11:05	Next Steps, Wrap-Up and Future Meeting Schedule	Simone Rueschemeyer & Brian Otley		



Attachment 2 - HIE Work  
Group Minutes 8-27-14



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

**Date of meeting:** Wednesday, August 27, 2014; 9:00-11:30am, EXE - 4th Floor Conf Room, Pavilion Building, Montpelier

Agenda Item	Discussion	Next Steps
<b>1. Welcome, roll call and agenda review</b>	<p>Simone Rueschemeyer called the meeting to order at 9:01 am.</p> <p>The agenda was revised and the Stone Environmental proposal was reviewed after the approval of the meeting minutes.</p>	
<b>2. Approval of July 30<sup>th</sup> minutes</b>	<p>The July 30<sup>th</sup> minutes were approved with one abstention.</p>	
<b>3. Proposal related to contract with Stone Environmental</b>	<p>Georgia Maheras reviewed the proposal from Stone Environmental. Approval from the work group is for Phase I only.</p> <p>Background: Stone Environment performed a project for Blueprint for Health and based on that experience they offered a proposal help organize data as it relates to the SIM project and maximize health data resources and minimize burdens associated with it.</p> <p>The proposal can support the data needs of the HIE work group and Stone is an outside agency which doesn't actually manage the data sets.</p> <p>Recommendations from the group:</p> <ul style="list-style-type: none"> <li>- Organize data by subject</li> </ul>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>- Referencing Medicare in the list of data sets</li> <li>- Explicitly state that the Contractor will hold discussion with private sector interested parties.</li> </ul> <p>Stone will assess types of data, who is responsible and uses. They will research best practices for ways users can access the data and ways to address data sharing issues. Standard geography codes are not consistent so this would something to look at.</p> <p>Paul Harrington moved to recommend the proposal related to the Stone Environmental Contract for Steering committee support. Heather Skeels seconded. The motion passed unanimously.</p>	
<p><b>4. Update on patient portal</b></p>	<p>Richard Slusky gave a brief update on the patient portal project: Joel Benware has been meeting with Mike Gagnon with VITL regarding the patient portal with interested organizations in pursuing the statewide patient portal. They are working on developing a VHCIP provider grant application to start up this initiative. The group is working on edits to the proposal.</p>	
<p><b>5. Proposal related to Telehealth</b></p>	<p>The revised Telehealth Timeline was been presented to the group (attachment 4b).</p> <p>The group discussed the Telehealth Statement of Work (attachment 4a).</p> <p>Recommendations from the group:</p> <ul style="list-style-type: none"> <li>- Expand the definition of what it means to investigate telehealth systems.</li> <li>- Amend contract language in paragraph 1 on page one to say “this would be a contract for up to 18 months”</li> <li>- Define telehealth and telemedicine (are they covered benefits, are there state mandates, etc.). ATA has national definitions that are being used. Define this in the RFP.</li> <li>- Revise bullets so they are more connected.</li> <li>- Involve the Steering committee to help develop the strategy.</li> <li>- Put #3 as a sub-bullet under #4.</li> </ul>	

Agenda Item	Discussion	Next Steps
	<p>Funding for this project will come out of HIE work group funding for Telemedicine. There is \$1,250,000 for telehealth in the VHCIP budget.</p> <p>Paul Harrington moved to recommend the Telehealth Statement of Work to the Steering committee with the understanding that the suggestions made will be reflected. Jennifer Egelhof seconded. The motion passed unanimously.</p>	
<p><b>6. Review of proposed year two milestones</b></p>	<p>The copy of the work plan has been distributed (attachment 5b) and milestones discussed for year two will be added in.</p> <p>Simone reviewed the revised document Proposed Year Two Milestones (attachment 5a). The editorial language is for discussion purposes and will be removed before the document is finalized.</p> <p>Recommendations from the group:</p> <ul style="list-style-type: none"> <li>- Define data repository and integrated platform. Data repository considers all data that would be useful to a provider that is meant to deliver care. Would there be two repositories for identified and de-identified data? Add more clarity around the language for the different tasks.</li> <li>- Identify contractors or proposals in the milestones.</li> <li>- Procure contractor- use cases needs additional clarification.</li> <li>- This document should be understandable to those outside the work group.</li> </ul> <p>VHCIP staff is researching more about strategic planning and talking with BHN, VITL and providers to see what it is the State will need and what would be the most helpful. More information will be presented to the work group in the September/October timeframe. VHCURES bids are being reviewed and a vendor is scheduled to be selected in late October. The group does not wish to slow the identification of the data repository contractor based on that timeframe.</p> <p>42 CFR part 2- State sent comments to feds, working to get SAMSA toward a more integrated model- expect at least six months before final changes. VHCIP staff will perform more research on this topic.</p>	

Agenda Item	Discussion	Next Steps
	<p>QPM work group plans to hear from HIE on gap analyses in October.</p> <p>Steve will give an update on the HIT work plan at the October HIE work group meeting. The State has selected a vendor and the scope of work is being developed. The group asked for an opportunity to review and comment on the HIE work plan with sufficient time to have the comments considered by the State.</p>	
<p><b>7. Public comment Next Steps, Wrap-Up and Future Meeting Schedule</b></p>	<p>Joel Benware further discussed the Patient Portal proposal intended to be submitted to the VHCIP provider grant program. At this time the information is privileged for work group attendees only. Georgia Maheras and Annie Paumgarten recused themselves from the meeting due to their roles in the grant program proposal review.</p> <p>Northeast Telehealth Resource Center is holding a conference on October 1, 2014 in Burlington. More information is available here: <a href="http://netrc.org/events/netrc-regional-conference-leveraging-telehealth-to-achieve-the-triple-aim/">http://netrc.org/events/netrc-regional-conference-leveraging-telehealth-to-achieve-the-triple-aim/</a>.</p> <p><b>Next Meeting:</b> Wednesday, September 24<sup>th</sup> 9:00 – 11:30 am, EXE - 4th Floor Conf. Room, Pavilion Building, Montpelier.</p>	

# VHCIP HIE Work Group Attendance Sheet 8-27-14

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

First Name	Last Name	Organization	HIE
Joanne	Arey	White River Family Practice	A
Ena	Backus	GMCB	X
Susan	Barrett	GMCB	X
Anna	Bassford	GMCB	A
Justin	Bell	Visiting Nurse Association & Hospice of VT & NH	X
Joel	Benware	Northwestern Medical Center	M
Scott	Berry	Northern New England Accountable Care Collabo	X
Richard	Boes	DII	M
Jonathan	Bowley	Community Health Center of Burlington	M

Martha	Buck			Vermont Association of Hospital and Health Systems	A
Shelia	Burnham			Vermont Health Care Association	M
Narath	Carlile				X
Amanda	Ciecior			AHS - DVHA	S
Peter	Cobb			VNAs of Vermont	M
Amy	Coonradt			AHS - DVHA	X
Alicia	Cooper		<i>ac</i>	AHS - DVHA	S
Diane	Cummings		<i>hac</i>	AHS - Central Office	X
Becky-Jo	Cyr			AHS - Central Office - IFS	X
Mike	DeITrecco			Vermont Association of Hospital and Health Systems	M
Jack	Donnelly			Community Health Center of Burlington	MA
Jennifer	Egelhof		<i>JE</i>	AHS - DVHA	MA
Nick	Emlen		<i>NRe</i>	Vermont Council of Developmental and Mental Health	M
Karl	Finison			OnPoint	X
Erin	Flynn		<i>Erin Flynn</i>	AHS - DVHA	X
Paul	Forlenza		<i>PF</i>	Centerboard Consulting, LLC	X
Leah	Fullem			OneCare Vermont	M

Michael	Gagnon			Vermont Information Technology Leaders	X
Daniel	Galdenzi			Blue Cross Blue Shield of Vermont	M
Joyce	Gallimore			Bi-State Primary Care/CHAC	M
Lucie	Garand			Downs Rachlin Martin PLLC	X
Christine	Geiler			GMCB	S
Al	Gobeille			GMCB	X
Stuart	Graves			WCMHS	X
Ken	Gringras			BHNV	X
Janie	Hall			OneCare Vermont	A
Bryan	Hallett				X
Paul	Harrington	PH		Vermont Medical Society	M
Lucas	Herring			Vermont Department of Corrections	M
Brendan	Hogan	B.H.		Bailit-Health Purchasing	S
Jay	Hughes			Medicity	X
Craig	Jones			AHS - DVHA - Blueprint	X
Pat	Jones			GMCB	MA
Hans	Kastensmith			American Home Health Care, Inc.	M

Kevin	Kelley			CHSLV		M
Kaili	Kuiper			VLA/Health Care Advocate Project		M
Kelly	Lange			Blue Cross Blue Shield of Vermont		MA
Charlie	Leadbetter			BerryDunn		X
Diane	Lewis			AOA - DFR		A
Georgia	Maheras		<i>here</i>	AOA		S
Steven	Maier			AHS - DVHA		S/M
Nancy	Marinelli			AHS - DAIL		M
David	Martini			AOA - DFR		M
Mike	Maslack					X
James	Mauro			Blue Cross Blue Shield of Vermont		X
Marybeth	McCaffrey			AHS - DAIL		MA
Lou	McLaren		<i>phone</i>	MVP Health Care		MA
Kimberly	McNeil			AHS - DVHA		X
Jessica	Mendizabal			AHS - DVHA		S
Charlie	Miceli			OneCare Vermont		MA
Todd	Moore			OneCare Vermont		X

Stacey	Murdock			GMCB		X
Arsi	Namdar			Visiting Nurse Association of Chittenden and Gra		M
Mark	Nunlist			White River Family Practice		M
Miki	Olszewski			AHS - DVHA - Blueprint		X
Brian	Otley			Green Mountain Power		C/M
Annie	Paumgarten		<i>Anne Paumgarten</i>	GMCB		X
Kate	Pierce			North Country Hospital		X
Chuck	Podesta			Fletcher Allen Health Care		M
Luann	Poirer			AHS - DVHA		X
Darin	Prail			AHS - Central Office		M
Jean	Prater			Covisint		X
Amy	Putnam		<i>Amy Putnam</i>	Northwest Counseling and Support Services		M
David	Regan			BerryDunn		X
Paul	Reiss			Accountable Care Coalition of the Green Mounta		M
Sandy	Rousse			Central Vermont Home Health and Hospice		M
Beth	Rowley			AHS - DCF		X
Simone	Rueschemeyer		<i>S. Rueschemeyer</i>	Behavioral Health Network of Vermont		C/M

Larry	Sandage			AHS - DVHA		S
Julia	Shaw			VLA/Health Care Advocate Project		MA
Kate	Simmons			Bi-State Primary Care/CHAC		MA
Heather	Skeels			Bi-State Primary Care		M
Richard	Slusky			GMCB		S/M
Chris	Smith		<i>phone</i>	MVP Health Care		M
Kara	Suter			AHS - DVHA		X
Julie	Tessler			Vermont Council of Developmental and Mental H		MA
Bob	Thorn			Counseling Services of Addison County		M
Tela	Torrey			AHS - DAIL		X
Matt	Tryhorne			Northern Tier Center for Health		X
Win	Turner		<i>phone</i>			X
Sean	Uiterwyk			MD		M
Eileen	Underwood			AHS - VDH		M
Anyia	Wallack			SIM Core Team Chair		X
Julie	Wasserman			AHS - Central Office		X
Richard	Wasserman, MD, MPH			University of Vermont - College of Medicine		X

Matthew	Watkins		MD	M
David	Wennberg		New England Accountable Care Collaborative	X
Spenser	Weppler	<i>SW</i>	GMCB	S
Bob	West	<i>phone</i>		X
Steve	West-Fisher		Northern Counties Health Care	X
Bradley	Wilhelm		AHS - DVHA	X
Jennifer	Woodard		AHS - DAIL	X
Cecelia	Wu		AHS - DVHA	X
Dave	Yacovone		AHS - DCF	X
Gary	Zigmann		Vermont Association of Hospital and Health Systems	X
<i>David</i>	<i>Hertz</i>		<i>Ston Environmental</i>	
<i>Burb</i>	<i>Patterson</i>		<i>Ston Environmental</i>	
<i>Kendall</i>	<i>West</i>		<i>CHAC</i>	



8/27/14

minutes  
 1° Joyce  
 2° Eileen

### VHCIP HIE Work Group Member List Roll Call

C	Chair
M	Member
MA	Member Alternate

First Name	Last Name	Organization	HIE
<del>Paul</del>	<del>Reiss</del>	Accountable Care Coalition of the Green Mountains	M
<del>Darin</del>	<del>Prail</del>	AHS - Central Office	M
<del>Nancy</del>	<del>Martineti</del>	AHS - DAIL	M
<del>Marybeth</del>	<del>McCaffrey</del>	AHS - DAIL	MA
Jennifer	here - ugo	AHS - DVHA	MA
<del>Steven</del>	<del>Maier</del>	AHS - DVHA	S/M
Eileen	here - ugo	AHS - VDH	M
<del>Hans</del>	<del>Kostensmith</del>	American Home Health Care, Inc.	M
<del>David</del>	<del>Martini</del>	AOA - DFR	M
Simone	here - ugo	Behavioral Health Network of Vermont	C/M
Heather	here - ugo	Bi-State Primary Care	M

Joyce	Gallimore				here - 1/80		Bi-State Primary Care/CHAC		M
<del>Kate</del>	<del>Simmons</del>						Bi-State Primary Care/CHAC		MA
<del>Daniel</del>	<del>Gardenzi</del>						Blue Cross Blue Shield of Vermont		M
Bob Kelly	West <del>Leunge</del>				here - 1/80		Blue Cross Blue Shield of Vermont		MA
Sandy	Rousse						Central Vermont Home Health and Hospice		M
Kevin	Kelley						CHSLV		M
Jonathan	Bowley						Community Health Center of Burlington		M
Jack	Donnelly						Community Health Center of Burlington		MA
Bob	Thorn						Counseling Services of Addison County		M
Richard	Boes						DII		M
Chuck	Podesta						Fletcher Allen Health Care		M
<del>Pat</del>	<del>Jones</del>						GMCB		MA
Richard	Slusky				here - 1/80		GMCB		S/M
<del>Brian</del>	<del>Otley</del>						Green Mountain Power		C/M
Sean	Uiterwyk				here - 1/80		MD		M
Matthew	Watkins						MD		M
<del>Lou</del>	<del>McLaren</del>						MVP Health Care		MA

Chris	Smith		here - yes	MVP Health Care		M
Amy	Putnam		here - <del>abstain</del>	Northwest Counseling and Support Services		M
Joel	Benware			Northwestern Medical Center		M
Leah	Fuller			OneCare Vermont		M
Charlie	Miceli			OneCare Vermont		MA
Mike	DeTrececo			Vermont Association of Hospital and Health Systems		M
Nick	Emlen		here - yes	Vermont Council of Developmental and Mental Health		M
Julie	<del>Fesster</del>			Vermont Council of Developmental and Mental Health		MA
Lucas	Herring			Vermont Department of Corrections		M
Shelia	Burnham		here - yes	Vermont Health Care Association		M
Paul	Harrington		here - yes	Vermont Medical Society		M
Arsi	Namdar			Visiting Nurse Association of Chittenden and Grand Isle		M
Kaili	Kuiper			VLA/Health Care Advocate Project		M
Julia	Shaw			VLA/Health Care Advocate Project		MA
Peter	Cobb			VNAs of Vermont		M
Mark	Nunlist			White River Family Practice		M

Richard Graves

8/27/14

Stone  
Notion: Proposal  
move to  
S.C.

1<sup>o</sup> Paul  
2<sup>o</sup> Heather

### VHCIP HIE Work Group Member List Roll Call

C	Chair
M	Member
MA	Member Alternate

First Name	Last Name	Organization	HIE
<del>Paul</del>	<del>Reiss</del>	Accountable Care Coalition of the Green Mountains	M
<del>Darin</del>	<del>Pratt</del>	AHS - Central Office	M
<del>Nancy</del>	<del>Marinelli</del>	AHS - DAIL	M
<del>Marybeth</del>	<del>McCaffrey</del>	AHS - DAIL	MA
Jennifer	ugs	AHS - DVHA	MA
<del>Steven</del>	<del>Maier</del>	AHS - DVHA	S/M
Eileen	ugs	AHS - VDH	M
<del>Hans</del>	<del>Kastensmith</del>	American Home Health Care, Inc.	M
<del>David</del>	<del>Martini</del>	AOA - DFR	M
Simone	ugs	Behavioral Health Network of Vermont	C/M
Heather	ugs	Bi-State Primary Care	M

Joyce	Gallimore				Bi-State Primary Care/CHAC	M
<del>Kate</del>	<del>Simmons</del>				Bi-State Primary Care/CHAC	MA
Daniel	<del>Galdenzi</del>				Blue Cross Blue Shield of Vermont	M
<del>Bobo Kelly</del>	<del>west Lange</del>		yes		Blue Cross Blue Shield of Vermont	MA
Sandy	<del>Rousse</del>				Central Vermont Home Health and Hospice	M
Kevin	<del>Kelley</del>				CHSLV	M
Jonathan	<del>Bowley</del>				Community Health Center of Burlington	M
Jack	<del>Donnelly</del>				Community Health Center of Burlington	MA
Bob	<del>Thorn</del>				Counseling Services of Addison County	M
Richard	<del>Boes</del>				DII	M
Chuck	<del>Podesta</del>				Fletcher Allen Health Care	M
Pat	<del>Jones</del>				GMCB	MA
Richard	Slusky		yes		GMCB	S/M
Brian	<del>Otley</del>				Green Mountain Power	C/M
Sean	Uiterwyk		yes		MD	M
Matthew	<del>Watkins</del>				MD	M
Tom	<del>McLaren</del>				MVP Health Care	MA

Chris	Smith		yes	MVP Health Care	M
Amy	Putnam		yes	Northwest Counseling and Support Services	M
<del>Joel</del>	<del>Benware</del>			Northwestern Medical Center	M
<del>Leah</del>	<del>Fullem</del>			OneCare Vermont	M
<del>Charlie</del>	<del>Miech</del>			OneCare Vermont	MA
<del>Mike</del>	<del>DeTrececo</del>			Vermont Association of Hospital and Health Systems	M
Nick	Emlen		yes	Vermont Council of Developmental and Mental Health	M
<del>Julie</del>	<del>Tessler</del>			Vermont Council of Developmental and Mental Health	MA
<del>Lucas</del>	<del>Herring</del>			Vermont Department of Corrections	M
Shelia	Burnham		n/here	Vermont Health Care Association	M
Paul	Harrington		yes	Vermont Medical Society	M
<del>Arsi</del>	<del>Namdar</del>			Visiting Nurse Association of Chittenden and Grand Isle	M
<del>Kaiti</del>	<del>Kuiper</del>		yes	VLA/Health Care Advocate Project	M
<del>Julia</del>	<del>Shaw</del>			VLA/Health Care Advocate Project	MA
<del>Peter</del>	<del>Cobb</del>			VNAs of Vermont	M
<del>Mark</del>	<del>Nunnist</del>			White River Family Practice	M

8/27/14

Telemed RFP  
 rec. to S.C.  
 concept w/ 10 Paul  
 support and.

Motion:

### VHCIP HIE Work Group Member List Roll Call

further and. 20 Jennifer  
 that sugg. made at this meeting in S.C.'s  
 reflected version

C	Chair
M	Member
MA	Member Alternate

First Name	Last Name	Organization	HIE
<del>Paul</del>	Reiss	Accountable Care Coalition of the Green Mountains	M
<del>Darin</del>	Pratt	AHS - Central Office	M
<del>Nancy</del>	Martineff	AHS - DAIL	M
<del>Marybeth</del>	McCaffrey	AHS - DAIL	MA
Jennifer	Egelhof	AHS - DVHA	MA
<del>Steven</del>	Maier	AHS - DVHA	S/M
Eileen	Underwood	AHS - VDH	M
<del>Hans</del>	Kastensmith	American Home Health Care, Inc.	M
<del>David</del>	Martini	AOA - DFR	M
Simone	Rueschemeyer	Behavioral Health Network of Vermont	C/M
Heather	Skeels	Bi-State Primary Care	M

Joyce	Gallimore		✓	Bi-State Primary Care/CHAC	M
Kate	<del>Simmons</del>			Bi-State Primary Care/CHAC	MA
Daniel	<del>Galdenzi</del>			Blue Cross Blue Shield of Vermont	M
<del>Bob Kelly</del>	<del>West</del> tange		✓	Blue Cross Blue Shield of Vermont	MA
Sandy	<del>Rousse</del>			Central Vermont Home Health and Hospice	M
Kevin	Kelley			CHSLV	M
Jonathan	Bowley			Community Health Center of Burlington	M
Jack	<del>Donnelly</del>			Community Health Center of Burlington	MA
Bob	<del>Thorn</del>			Counseling Services of Addison County	M
Richard	<del>Boes</del>			DII	M
Chuck	<del>Podesta</del>			Fletcher Allen Health Care	M
Pat	<del>Jones</del>			GMCB	MA
Richard	Slusky		✓	GMCB	S/M
Brian	<del>Otley</del>			Green Mountain Power	C/M
Sean	Uiterwyk		✓	MD	M
Matthew	<del>Watkins</del>			MD	M
Lou	<del>McLaren</del>			MVP Health Care	MA

Chris	Smith		✓	MVP Health Care	M
Amy	Putnam		✓	Northwest Counseling and Support Services	M
<del>Joel</del>	<del>Benware</del>	<del>arr. @ 9:44 am during telemed disc</del>	✓	Northwestern Medical Center	M
<del>Leah</del>	<del>Fellert</del>			OneCare Vermont	M
<del>Charlie</del>	<del>Miceli</del>			OneCare Vermont	MA
<del>Mike</del>	<del>DeIrecco</del>			Vermont Association of Hospital and Health Systems	M
<del>Nick</del>	<del>Emlen</del>		✓	Vermont Council of Developmental and Mental Health	M
<del>Julie</del>	<del>Tessler</del>			Vermont Council of Developmental and Mental Health	MA
<del>Lucas</del>	<del>Herring</del>			Vermont Department of Corrections	M
<del>Shelia</del>	<del>Burnham</del>			Vermont Health Care Association	M
<del>Paul</del>	<del>Harrington</del>		✓	Vermont Medical Society	M
<del>Arsi</del>	<del>Nemdar</del>			Visiting Nurse Association of Chittenden and Grand Isle	M
<del>Kaili</del>	<del>Kuiper</del>		✓	VLA/Health Care Advocate Project	M
<del>Julia</del>	<del>Shaw</del>			VLA/Health Care Advocate Project	MA
<del>Peter</del>	<del>Cobb</del>			VNAs of Vermont	M
<del>Mark</del>	<del>Namist</del>			White River Family Practice	M

# Attachment 4b - ACTT Update

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# ACTT Project Update

September 24, 2014

# ACTT Program: Overview

**The ACTT Partnership is supporting three primary projects:**

- 1) DA/SSA Data Quality and Repository
- 2) DLTSS Data Planning Project
- 3) Universal Transfer Protocol and Form

**Program Overview:**

- Schedule Kickoff meeting
- Assigned Roles & Responsibilities
- Most vendor contracts still being approved

# Project 1: DA/SSA Data Quality and Repository

## DA/SSA Data Repository:

- Hired BHN HIT Director
- Core Group within BHN Provider Network has been developed.
  - Decision making process involves all EDs, IT Directors, Outcomes Workgroup, Compliance Officers.
- Some Next Steps:
  - Finalize business requirements around desired solution
  - Meet to discuss architectural design possibilities within VITL
  - Choose platform and specifications and develop plan and proposal for Core Team

# Project 1: DA/SSA Data Quality and Repository

## DA/SSA Data Quality:

- Working with Council Outcomes Workgroup
- Developing Outcomes/M Measurement Spreadsheets
- Posting position for BHN Quality Manager (funded by a separate grant that will benefit this project)
- Some Next Steps:
  - “Identify” data and reporting needs
  - Create data dictionary
  - Develop toolkit to help member agencies

## EHR Procurement:

- Contracts need to be finalized with ARIS and VITL prior to moving forward. BHN HIT Director is now involved in that process as well

# Project 2: DLTSS Data Planning Project

## DLTSS Data Planning Project:

- Contracts being finalized
- Roles & Responsibilities defined
- High level project and resource planning completed
- Some Next Steps:
  - Review current status existing non-claims data sets in LTSS systems
  - Meet with DLTSS workgroup representatives and others to review DLTSS measures that could potentially be used in future data and IT capacity
  - Meet with QPM workgroup representatives and others to review the process for recommending future measures
  - Planning for the LTSS provider technology assessment

# Project 3: Universal Transfer Protocol and Form

## Universal Transfer Protocol and Form:

- Contracts being finalized
- Roles & Responsibilities defined
- High level project and resource planning completed
- Some Next Steps:
  - Review examples of other unified transfer information data sets and workflows provided by the State
  - Review best practices and lessons learned in other states
  - Define targeted pilot stakeholder groups. Create a communication and outreach strategy for engagement.



# Attachment 5 - Recommended Measure Set

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# **Vermont ACO Shared Savings Program Quality Measures: Recommendations for Year 2 Measures from the VHCIP Quality and Performance Measures (QPM) Work Group**

August 18, 2014

# ACO SSP Measure Categories

Payment measures are collected at the ACO level. ACO responsible for collecting clinical data-based measures. How ACO performs influences amount of shared savings.

## PAYMENT

Reporting measures are collected at the ACO level. ACO responsible for collecting clinical data-based measures. How the ACO performs does NOT influence the amount of shared savings.

## REPORTING

Monitoring measures are collected at the State or Health Plan levels; cost/utilization measures at the ACO level. ACO not responsible for collecting these measures. How the ACO performs does NOT influence the amount of shared savings.

## MONITORING & EVAL

Pending measures are considered to be of interest, but are not currently collected.

## PENDING

# QPM WG Year 2 Measure Review Process

- **Goals were to adhere to transparent process and obtain ongoing input from WG members and other interested parties**
- **March-June**
  - Interested parties and other VHCIP Work Groups presented Year 2 measure changes for consideration
  - WG reviewed and finalized criteria to be used in evaluating overall measure set and payment measures
  - WG reviewed and discussed proposed measure changes
- **June-July**
  - Co-Chairs/Staff/Consultant scored each recommended measure against approved criteria on 0-1-2 point scale and developed proposals for Year 2 measure changes for the WG's consideration
  - WG reviewed and discussed proposals
- **July**
  - WG voted on measures during July 29<sup>th</sup> meeting

# Summary of Year 2 Recommended Changes

- QPM Work Group voted to:
  - Re-classify **9 existing** measures
    - 3 to Payment
    - 4 to Reporting
    - 2 to M&E
  - Add **2 new** measures
    - 1 to Reporting (Patient Experience Survey)
    - 1 to M&E

# Re-classify Three Year 1 Reporting Measures to Payment

Year 1

Year 2

Payment

Reporting

Pending

Monitoring & Evaluation

Payment

3

- Rate of Hospitalization for Ambulatory Care Sensitive Conditions: Composite
- Diabetes Care: HbA1c Poor Control
- Pediatric Weight Assessment and Counseling

# Re-classify Three Year 1 Pending Measures and One Year 1 M&E Measure to Reporting

Year 1

Year 2

Payment

Reporting

Pending

Monitoring & Evaluation

- Cervical Cancer Screening
- Tobacco Use: Screening and Cessation Intervention
- Developmental Screening in the First Three Years of Life (*Commercial*)

3

1

- Avoidable ED Visits (NYU Algorithm)

Reporting

# Re-classify One Year 1 Reporting Measure and One Year 1 Pending Measure to M&E

Year 1

Year 2

Payment

Reporting

Pending

Monitoring & Evaluation

- Breast Cancer Screening

- SBIRT

1

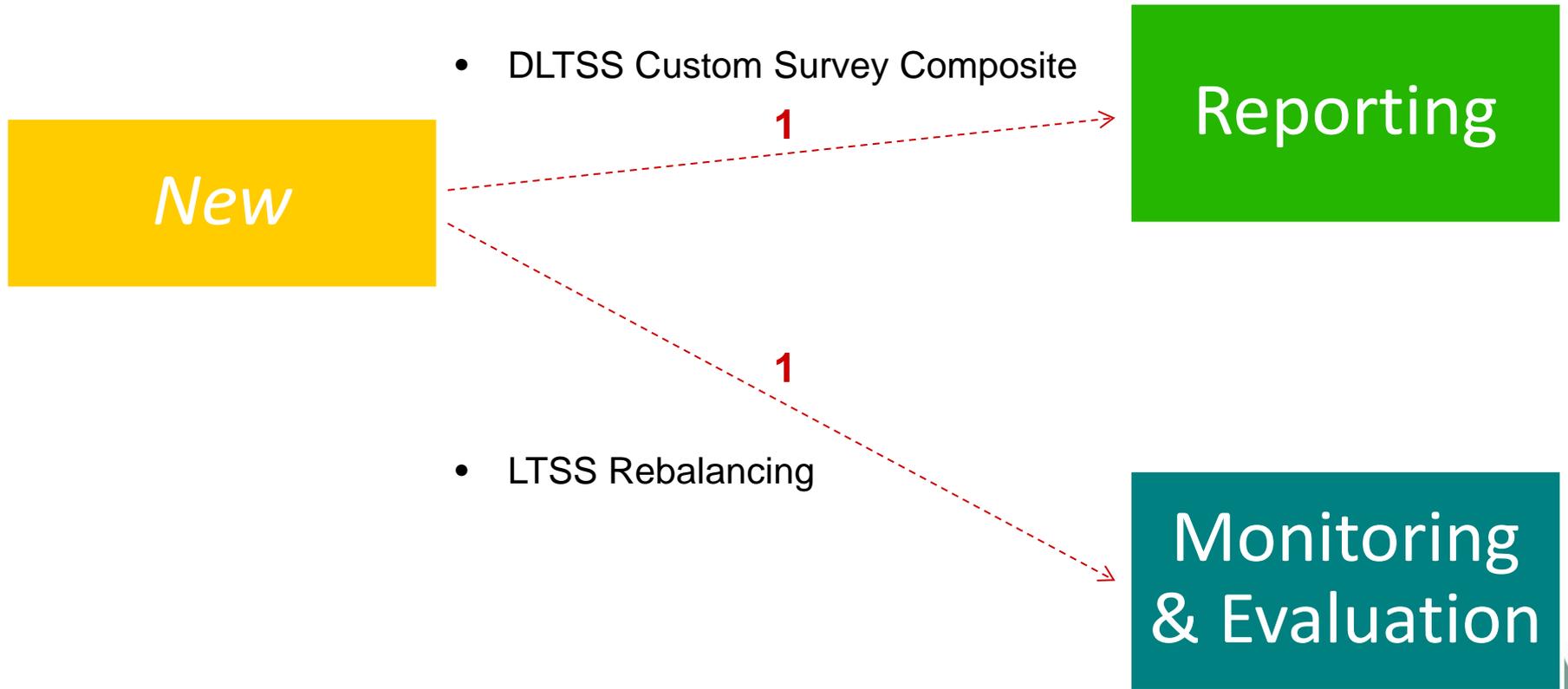
1

Monitoring & Evaluation

# Add Two New Measures (One to Reporting and One to M&E)

Year 1

Year 2



# Number of Measures by Category: Year 1 and Proposed Year 2 Measures

## Current Year 1

Payment  
(7 Commercial/  
8 Medicaid)

Reporting (24)\*

Monitoring & Evaluation  
(22 Commercial/  
23 Medicaid)

## Proposed Year 2

Payment  
(10 Commercial/  
11 Medicaid)

Reporting  
(25 Commercial/  
24 Medicaid)\*

Monitoring & Evaluation  
(24 Commercial/  
25 Medicaid)

**\*Reporting category counts Diabetes Composite as 5 measures because each sub-measure is counted as 1 measure. If this measure was only counted as 1 measure, the Reporting numbers would decrease by 4 in Y1 and Y2.**

# Other Proposed Measures

- QPM Co-Chairs/Staff/Consultant recommended considering these measures for promotion
- QPM work group members voted to retain Year 1 status

Year 1 Measure Category	Year 2 Suggested Measure Category	Measure	QPM Vote
Pending	Reporting	Prenatal and Postpartum Care  (Clinical Data)	<b>5</b> in favor of promotion  <b>9</b> opposed to promotion
Pending	Reporting	Influenza Immunization  (Clinical Data)	<b>7</b> in favor of promotion  <b>7</b> opposed to promotion

# Other Proposed Measures

- QPM Co-Chairs/Staff/Consultant DID NOT recommend considering this measure for promotion
- Work group members requested additional consideration for use as Reporting in Year 2
- QPM work group members voted to retain Year 1 status

Year 1 Measure Category	Year 2 Suggested Measure Category	Measure	QPM Vote
Pending	Pending	Screening for High Blood Pressure and Follow-Up Plan Documented  (Clinical Data)	<b>2</b> in favor of promotion to Reporting  <b>11</b> opposed to promotion

# Other Proposed Measures

- QPM Co-Chairs/Staff/Consultant DID NOT recommend considering these measures for promotion
- QPM work group members did not vote on these measures at the July 29, 2014 work group meeting

Year 1 Measure Category	Year 2 Suggested Measure Category	Measure
Reporting	Reporting	Optimal Diabetes Care (D5 – Composite)
Reporting	Reporting	Rate of Hospitalization for ACSCs (COPD/Asthma in Older Adults)
Reporting	Reporting	Screening for Clinical Depression & Follow-Up
Reporting	Reporting	Adult BMI Assessment
Pending	Pending	Controlling High Blood Pressure
Pending	Pending	Care Transition Record Transmitted to Health Care Professional
Pending	Pending	Transition Record with Specified Elements Received by Discharged Patients
Pending	Pending	Percentage of Patients with Self-Management Plans

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# APPENDIX:

## YEAR ONE MEASURE SET WITH RECOMMENDED YEAR 2 CHANGES

# Recommended Year 2 Payment Measures – Claims Data

Commercial &  
Medicaid

- All-Cause Readmission
- Adolescent Well-Care Visits
- Follow-Up After Hospitalization for Mental Illness (7-day)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis
- Chlamydia Screening in Women
- Cholesterol Management for Patients with Cardiovascular Disease (LDL Screening)\*
- **Rate of Hospitalization for Ambulatory Care Sensitive Conditions: Composite** (*10-5 vote of QPM WG; move from Reporting*)

Medicaid-Only

- Developmental Screening in the First Three Years of Life

*\*Medicare Shared Savings Program measure*

# Recommended Year 2 Payment Measures – Clinical Data

Commercial  
& Medicaid

- **Diabetes Care: HbA1c Poor Control (>9.0%)\*** *(10-5 vote of QPM WG; move from Reporting)*
- **Pediatric Weight Assessment and Counseling** *(10-5 vote of QPM WG; move from Reporting)*

*\*Medicare Shared Savings Program measure*

# Recommended Year 2 Reporting Measures – Claims Data

## Commercial & Medicaid

- Ambulatory Care-Sensitive Conditions Admissions: COPD\*
- ~~Breast Cancer Screening\*~~
- ~~Rate of Hospitalization for Ambulatory Care-Sensitive Conditions: Composite~~
- Appropriate Testing for Children with Pharyngitis
- **Avoidable ED Visits** *(9-6 vote of QPM WG; move from M&E)*

## Commercial- Only

- **Developmental Screening in the First Three Years of Life** *(10-4 vote of QPM WG; already in Y1 Payment Measure Set for Medicaid SSP)*

*\*Medicare Shared Savings Program measure*

# Recommended Year 2 Reporting Measures – Clinical Data

Commercial &  
Medicaid

- Adult BMI Screening and Follow-Up\*
- Screening for Clinical Depression and Follow-Up Plan\*
- Colorectal Cancer Screening\*
- Diabetes Composite
  - *HbA1c control\**
  - *LDL control\**
  - *High blood pressure control\**
  - *Tobacco non-use\**
  - *Daily aspirin or anti-platelet medication\**
- ~~Diabetes HbA1c Poor Control\*~~
- Childhood Immunization Status
- ~~Pediatric Weight Assessment and Counseling~~
- **Cervical Cancer Screening** (*Unanimous vote of QPM WG, move from Pending*)
- **Tobacco Use: Screening & Cessation Intervention\*** (*Unanimous vote of QPM WG, move from Pending*)

*\*Medicare Shared Savings Program measure*

# Recommended Year 2 Reporting Measures – Patient Experience Survey Data

Commercial  
& Medicaid

- Access to Care
- Communication
- Shared Decision-Making
- Self-Management Support
- Comprehensiveness
- Office Staff
- Information
- Coordination of Care
- Specialist Care
- **Provider Knowledge of DLTSS Services and Help from Case Manager/Service Coordinator**  
*(11-3 vote of QPM WG; NEW)*

# Recommended Year 2 Monitoring & Evaluation Measures

## PLAN-LEVEL MONITORING

- Appropriate Medications for People with Asthma
- Comprehensive Diabetes Care: Eye Exams for Diabetics
- Comprehensive Diabetes Care: Medical Attention for Nephropathy
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Follow-up Care for Children Prescribed ADHD Medication
- Antidepressant Medication Management
- **Breast Cancer Screening** (*Unanimous vote of QPM WG; moved from Reporting*)

## STATE-LEVEL MONITORING

- Family Evaluation of Hospice Care Survey
- School Completion Rate
- Unemployment Rate
- **LTSS Rebalancing** (*Medicaid-only; state and county level; unanimous vote of QPM WG; NEW*)
- **SBIRT** (*for pilot sites; unanimous vote of QPM WG; move from Pending*)

## UTILIZATION & COST

- Total Cost of Care
  - Resource Utilization Index
  - Ambulatory surgery/1000
  - Average # of prescriptions PMPM
  - ~~Avoidable ED visits- NYU algorithm~~
  - Ambulatory Care (ED rate only)
  - ED Utilization for Ambulatory Care-Sensitive Conditions
  - Generic dispensing rate
  - High-end imaging/1000
  - Inpatient Utilization - General Hospital/Acute Care
  - Primary care visits/1000
  - SNF Days/1000
  - Specialty visits/1000
- Annual Dental Visit

# Recommended Year 2 Pending Measures

- Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control (<100 mg/dL)\*
- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic\*
- Influenza Immunization\*
- ~~Tobacco Use Assessment and Tobacco Cessation Intervention\*~~
- Coronary Artery Disease (CAD) Composite\*
- Hypertension (HTN): Controlling High Blood Pressure\*
- Screening for High Blood Pressure and Follow-up Plan\*
- ~~Cervical Cancer Screening~~
- Care Transition-Transition Record Transmittal to Health Care Professional
- Percentage of Patients with Self-Management Plans

- How's Your Health?
- Patient Activation Measure
- Frequency of Ongoing Prenatal Care
- Elective delivery before 39 weeks
- Prenatal and Postpartum Care
- ~~Screening, Brief Intervention, and Referral to Treatment~~
- Trauma Screen Measure
- Falls: Screening for Future Fall Risk\*
- Pneumococcal Vaccination for Patients 65 Years and Older\*
- Use of High Risk Medications in the Elderly
- Persistent Indicators of Dementia without a Diagnosis
- Proportion not admitted to hospice (cancer patients)
- ~~Developmental Screening in the First Three Years of Life (commercial)~~

*\*Medicare Shared Savings Program measure*