

HIE Work Group Meeting

Agenda 6-24-15

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

**Wednesday, June 24, 2015; 9:00 – 11:00am
Vermont State College, Conference Room 101, 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	Brian Otley		
2	9:05-9:10	Review and Acceptance of May 20 th Meeting Minutes	Brian Otley	Attachment 2: HIE Work Group Minutes	Approval of minutes
3	9:10-9:35	Telehealth Strategic Plan	Karen Bell/JBS	Materials to follow	Approval of request
4	9:35-10:20	DLTSS Assessment report review	Beth Waldman/Bailitt	Attachment 4 - LTSS Information Technology Assessment 6-24-15	
5	10:20-10:25	Public Comment	Brian Otley		
6	10:25-10:30	Next Steps, Wrap-Up and Future Meeting Schedule	Brian Otley		

Attachment 2

5-20-2015 HIE Minutes



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

Pending Work Group Approval

Date of meeting: Thursday, May 20, 2015 1:00 pm – 3:00 pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston, VT

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions	Simone Rueschemeyer called the meeting to order at 1:05 pm. A roll call attendance was taken and a quorum was present.	
2. Review and Approval of the April 30th minutes	Sue Aranoff moved to approve the minutes by exception and Eileen Underwood seconded. Heather Skeels abstained. The motion passed.	
3. SCÜP Project Resource Request	<p>Larry Sandage presented information on the Shared Care Plans & Universal Transfer Protocol (SCÜP) Project (Attachment 3).</p> <ul style="list-style-type: none"> - The goal of this phase is not to build anything brand new but to build on existing technology to complete the project. - Recommendation that the business requirement checkpoint should come before the funding checkpoint. - Request to see a member of the VITL team to be added to the project team. - Timeline is condensed for business requirements in order to have enough time to build the solution in the future. - St. Johnsbury and Bennington will be the first provider communities- then they will validate with additional provider communities. 	Project leads are Larry Sandage and Erin Flynn with VHCIP.

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> - Shared Care Plans and UTPs though different, will utilize similar data- the project team is focused on making sure these are aligned. - The project will recruit a Business Analyst through the Project Management Services with Agency of Human Services. - The Subject matter expert to be assigned is a clinician and has extensive experience with transitions of care in other States. - Work group members are welcome to volunteer to assist with gathering the business requirements. - Target date for recommendations will be August/September timeframe. - Concerns about adding more reporting requirements for providers. The goal is to create efficiencies when sharing data and plans of care. <p>Sue Aranoff moved to approve the request and Steve Maier seconded. It was noted that the work group has jurisdiction over funding remaining in the amount of \$4 million. A roll call vote was taken.</p> <p>Greg Robinson voted with a caveat that if the timeline is extended it would not increase the cost of the project.</p> <p>The motion passed unanimously.</p>	
4. DLSS Assessment report review	<p>This agenda item will be presented at the next meeting.</p>	
5. VITL – ACO Project	<p>Carolyn Stone from VITL presented the SIM ACO Project Status Summary (Attachment 5).</p> <ul style="list-style-type: none"> - The event notification system has encountered the following issues with their contractors working on this project: can't link to the Master Patient Index (MPI), can't do consent, did not have an interactive way of managing the lists. This has extended the timeline. - The pilot program is currently based on the ACOs beneficiary population. Eventually this is intended to be a State-wide system. - VITL has been working diligently with the ACOs to make sure all the information and requirements have been considered. - Three pilot sites have been identified which will help identify what data feeds to put alerts on. Sites are varied to see which work flows will work with the different practices. - The practice can decide how to receive the notifications as well as frequency- this can be based on type of 	

Agenda Item	Discussion	Next Steps
	<p>event.</p> <ul style="list-style-type: none"> - VXU refers to immunizations. - Gap remediation efforts are not directly related to VITL Access- this is data that is going to NNEACC. That data is being used for quality measure reporting. - “Organizations Capable” are those working with VITL on interface projects. 42 is the target # of organizations and the target date is the end of this calendar year. - ONC is taking a stance against data blocking and working with states to identify ways to increase interoperability with data vendors. <ul style="list-style-type: none"> o Work that has been done at the ACO level can be extrapolated to a larger scale across the State. 	<p>Mike Gagnon will share the data blocking article with the work group.</p>
<p>6. Year 2 Work plan review and Prioritization</p>	<p>The VCHIP Core Team is in the process of reviewing the year 2 milestones for the entire SIM grant which may affect the HIE work plan. The group agreed to discuss the work plan at the next meeting once there is more information on the overall year 2 milestones.</p>	
<p>6. Public Comment</p>	<p>Stone Environmental is still looking for feedback from the work group on their work which was presented at the April meeting. They are working on completing the final reports- if the group has any more feedback they should share as soon as possible.</p>	
<p>6. Public Comment, Next Steps, Wrap Up and Future Meeting Schedule</p>	<p>Next Meeting: Wednesday, June 24 2015; 9:00-11:00 am, Vermont State College, 575 Stonecutters Way, Conference Room 101, Montpelier.</p>	

VHCIP HIE Work Group Member List

Roll Call: **5/20/2015**

Motion to approve minutes by exception: sue Aruff 10 Eileen Underwood 20

sue Aruff 10 Steve Maier 20 motion to approve the SCIP resource request

Member		Member Alternate		Minutes	SCUP Request	Organization
First Name	Last Name	First Name	Last Name			
Susan	Aranoff ✓	Tela	Torrey		Y	AHS - DAIL
Joel	Benware					Northwestern Medical Center
Richard	Boes					DII
Jonathan	Bowley ✓	Jack	Donnelly			Community Health Center of Burlington
Shelia	Burnham ✓				Y	Vermont Health Care Association
Mike	DelTrecco					Vermont Association of Hospital and Health Systems
Ken	Gingras ✓	Julie	Tessler ✓		Y	Vermont Care Network
Leah	Fuller	Greg	Robinson ✓		Y	OneCare Vermont
Daniel	Galdenzi	Kelly	Lange ✓			Blue Cross Blue Shield of Vermont
Joyce	Gallimore	Kate	Simmons			CHAC
Paul	Harrington					Vermont Medical Society
Kathleen	Hentcy					AHS - DMH
Lucas	Herring ✓				Y	AHS - DOC
Kevin	Kelley					CHSLV
Kaili	Kuiper ✓	Julia	Shaw		Y	VLA/Health Care Advocate Project
Steven	Maier ✓	Jennifer	Egelhof		Y	AHS - DVHA
Arsi	Namdar ✓				Y	Visiting Nurse Association of Chittenden and Grand Isle Counties
Brian	Otley ✓				Y	Green Mountain Power
Darin	Prail ✓	Dan	Smith		Y	AHS - Central Office
Amy	Putnam ✓				Y	DA - Northwest Counseling and Support Services
Paul	Reiss					Accountable Care Coalition of the Green Mountains
Sandy	Rousse	Peter	Cobb			Central Vermont Home Health and Hospice
Simone	Rueschemeyer ✓	Ken	Gingras		Y	Vermont Care Network
Heather	Skeels ✓	Kate	Simmons	A	Y	Bi-State Primary Care
Richard	Slusky	Pat	Jones			GMCB
Chris	Smith	Lou	McLaren ✓		Y	MVP Health Care
Sean	Uiterwyk ✓	Mark	Nunlist		Y	White River Family Practice
Eileen	Underwood ✓				Y	AHS - VDH
	28		15			

VHCIP HIE Work Group Participant List

Attendance:

5/20/2015

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

First Name	Last Name		Organization	HIE
Susan	Aranoff	<i>hvc</i>	AHS - DAIL	S/M
Joanne	Arey		White River Family Practice	A
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Anna	Bassford		GMCB	A
Joel	Benware		Northwestern Medical Center	M
Richard	Boes		DII	M
Jonathan	Bowley		Community Health Center of Burlington	M
Jon	Brown	<i>hvc</i>		X
Martha	Buck		Vermont Association of Hospital and Health Systems	A
Shelia	Burnham	<i>phone</i>	Vermont Health Care Association	M
Narath	Carlile			X
Peter	Cobb		VNAs of Vermont	M
Amy	Coonradt		AHS - DVHA	S
Alicia	Cooper		AHS - DVHA	S
Diane	Cummings		AHS - Central Office	S/MA

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		AHS - DVHA	MA
Nick	Emlen		DA - Vermont Council of Developmental and Mental Health Serv	M
Gabe	Epstein	here	AHS - DAIL	S
Karl	Finison		OnPoint	X
Erin	Flynn		AHS - DVHA	S
Paul	Forlenza		Centerboard Consultingt, LLC	X
Leah	Fuller		OneCare Vermont	M
Michael	Gagnon	here	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	Gingras	phone	Vermont Care Network	MA
Bryan	Hallett		GMCB	S
Paul	Harrington		Vermont Medical Society	M
Kathleen	Hentcy		AHS - DMH	M
Lucas	Herring	phone	AHS - DOC	M
Jay	Hughes		Medicity	X
Craig	Jones		AHS - DVHA - Blueprint	X
Pat	Jones		GMCB	S/MA
Joelle	Judge	here	UMASS	S
Kevin	Kelley		CHSLV	M
Sarah	Kinsler			S
Kaili	Kuiper	phone	VLA/Health Care Advocate Project	M
Kelly	Lange		Blue Cross Blue Shield of Vermont	MA
Charlie	Leadbetter		BerryDunn	X
Georgia	Maheras		AOA	S
Steven	Maier	here	AHS - DVHA	S/M
Nancy	Marinelli	here	AHS - DAIL	X

Mike	Maslack			X
James	Mauro		Blue Cross Blue Shield of Vermont	X
Lee	McKenna		OneCare Vermont	
Lou	McLaren	here	MVP Health Care	MA
Jessica	Mendizabal	here	AHS - DVHA	S
Todd	Moore		OneCare Vermont	X
Stacey	Murdock		GMCB	X
Arsi	Namdar	phone	Visiting Nurse Association of Chittenden and Grand Isle Counties	M
Mark	Nunlist		White River Family Practice	MA
Miki	Olszewski		AHS - DVHA - Blueprint	X
Brian	Otley	here	Green Mountain Power	C/M
Annie	Paumgarten	here	GMCB	S
Kate	Pierce		North Country Hospital	X
Luann	Poirer		AHS - DVHA	S
Darin	Prail	phone	AHS - Central Office	M
Amy	Putnam	phone	DA - Northwest Counseling and Support Services	M
David	Regan		BerryDunn	X
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M
Greg	Robinson	phone	OneCare Vermont	MA
Sandy	Rousse		Central Vermont Home Health and Hospice	M
Beth	Rowley		AHS - DCF	X
Simone	Rueschemeyer	here	Vermont Care Network	C/M
Tawnya	Safer		OneCare Vermont	
Larry	Sandage	here	AHS - DVHA	S
Ken	Schatz		AHS - DCF	X
Julia	Shaw		VLA/Health Care Advocate Project	MA
Kate	Simmons		Bi-State Primary Care/CHAC	MA
Heather	Skeels	here	Bi-State Primary Care	M
Richard	Slusky		GMCB	S/M
Chris	Smith		MVP Health Care	M
Kara	Suter		AHS - DVHA	S
Richard	Terricciano			X
Julie	Tessler		DA - Vermont Council of Developmental and Mental Health Services	MA
Bob	Thorn		DA - Counseling Services of Addison County	X
Tela	Torrey		AHS - DAIL	MA

Matt	Tryhorne		Northern Tier Center for Health	X
Win	Turner			X
Sean	Uiterwyk	<i>phone</i>	White River Family Practice	M
Eileen	Underwood	<i>here</i>	AHS - VDH	M
Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	S
Julie	Wasserman	<i>here</i>	AHS - Central Office	S
Richard	Wasserman, MD, MPH		University of Vermont - College of Medicine	X
David	Wennberg		New England Accountable Care Collaborative	X
Spenser	Wepler	<i>here</i>	GMCB	S
Kendall	West			X
Bob	West			X
James	Westrich		AHS - DVHA	S
Bradley	Wilhelm		AHS - DVHA	S
Cecelia	Wu		AHS - DVHA	S
Gary	Zigmann		Vermont Association of Hospital and Health Systems	X
				98

Mike Hall - here

Carolyn Stone - VITL - here

Attachment 3

Telehealth Strategic Plan

Attachment 4
LTSS Health Data
Infrastructure Report

LTSS Information Technology Assessment

Findings and Recommendations

Presented by
Beth Waldman, Senior Consultant

Presentation Topics

- Project Focus
- IT Capacity Across LTSS Providers
- Ongoing Related Activities
- Opportunities
- Next Steps

Project Focus

- HIS conducted this study for the State
- Purpose of project was to:
 - Update 2012 LTSS Information Technology Assessment;
and
 - Review IT capacity at additional LTSS providers
 - Level of electronic collection and/or transfer of information

Types of LTSS Providers Interviewed

- HIS conducted over 100 interviews including:
 - Vermont Area Agencies on Aging (5)
 - Adult Day Providers (12),
 - Designated Agencies & Specialized Services Agencies(11),
 - Home Health Care Agencies (10),
 - Traumatic Brain Injury Providers (2),
 - Long Term Residential Care Providers (54), and
 - Long Term Residential Care Homes,
 - Nursing Homes,
 - Assisted Living Residences
 - Vermont Center for Independent Living.

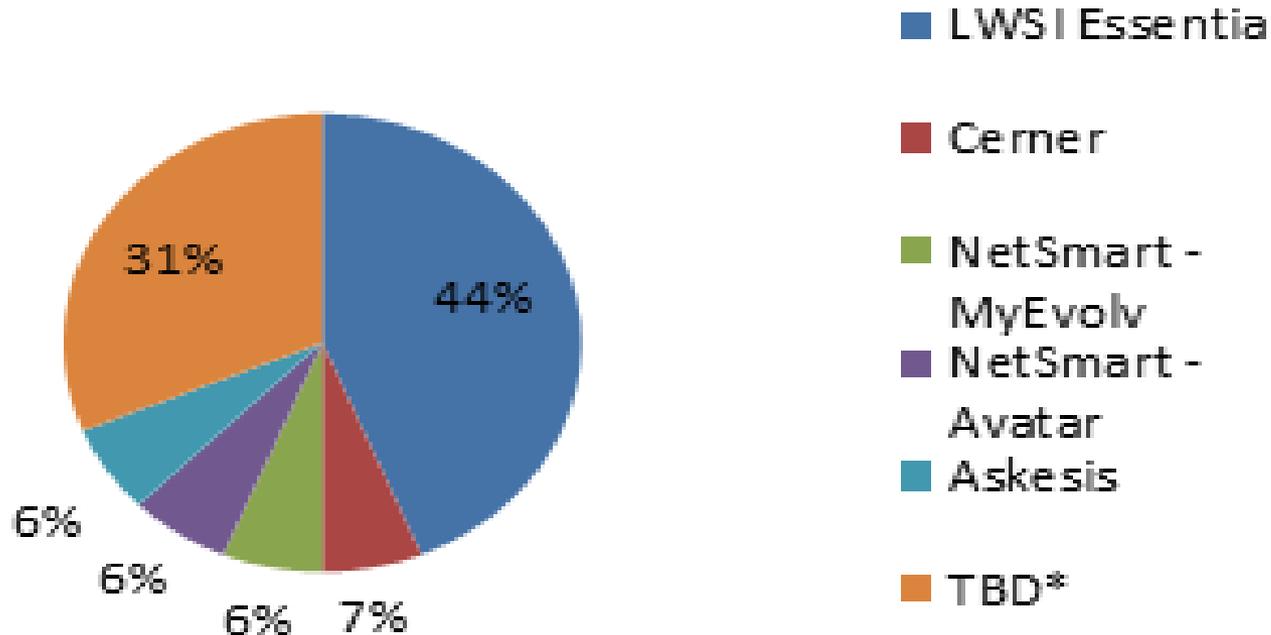
REPORT ON LTSS CAPACITY

Overview of Findings

Provider	IT Capacity
Designated Agencies and Specialized Services Agencies	Some capacity; working on joint procurement of EHR
Home Health Agencies	Many agencies have capacity
Long Term Residential Care Settings	Many have some electronic capacity – either full EHR or for Resident Management
Adult Day Centers	No EHR; heavy reliance on paper
Area Agencies on Aging	Use SAMS (CM and financial management)
Vermont Center of Independent Living	CIL Management Suite (case notes)
Support and Services at Home (SASH)	DocSite Clinical Registry
TBI Providers	No EHR; heavy reliance on paper

Designated Agencies and Specialized Services Agencies(1 of 2)

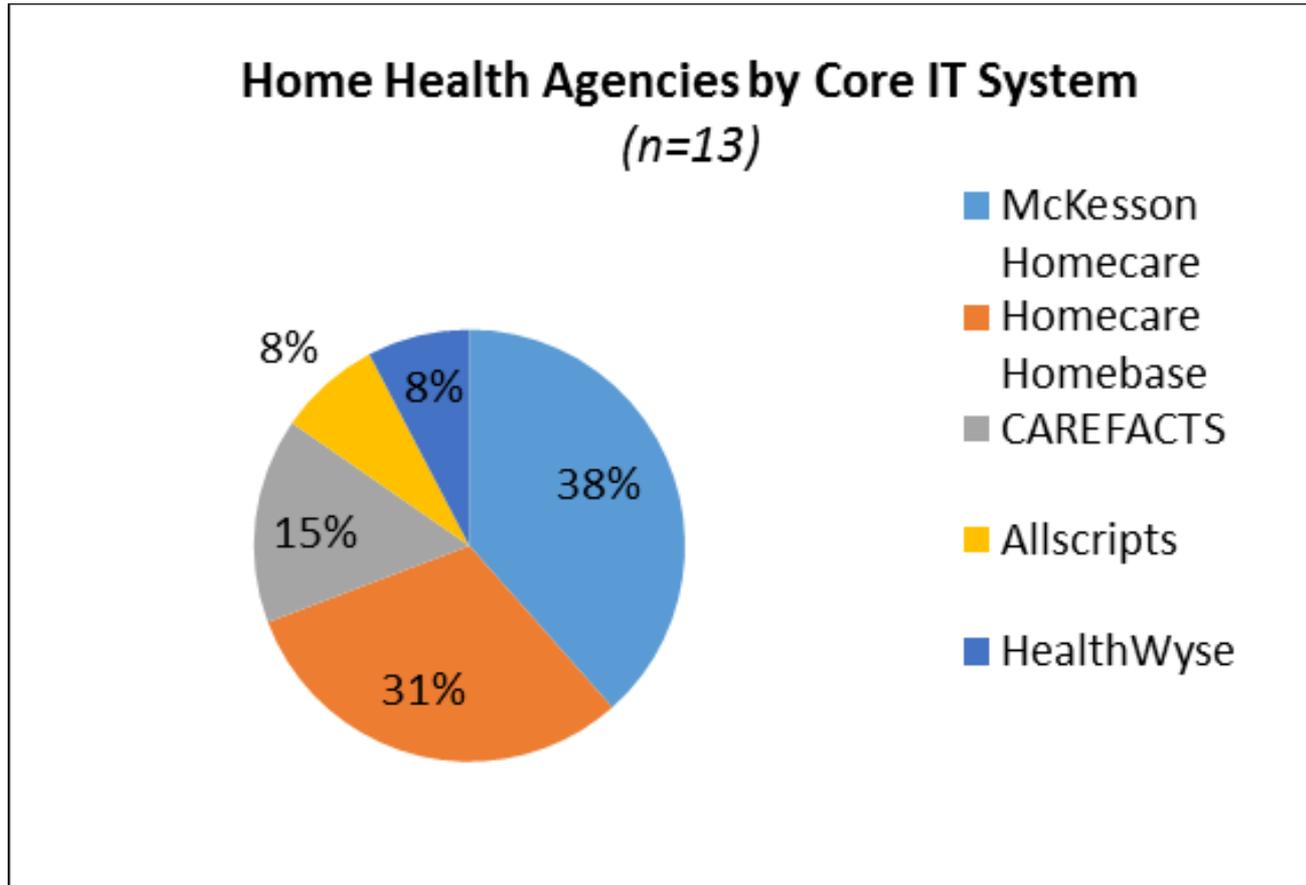
**Designated and Specialised Service Agencies
by Core System
(n=16)**



Designated Agencies and Specialized Services Agencies(2 of 2)

- All DAs have EHRs – working to expand to all programs.
 - Certified under 2011 and 2014 ONC Rules.
 - Significant work over last several years to improve functionality.
 - Two ongoing pilot projects on integrating data between DAs and primary care providers.

Home Health Agencies (1 of 2)

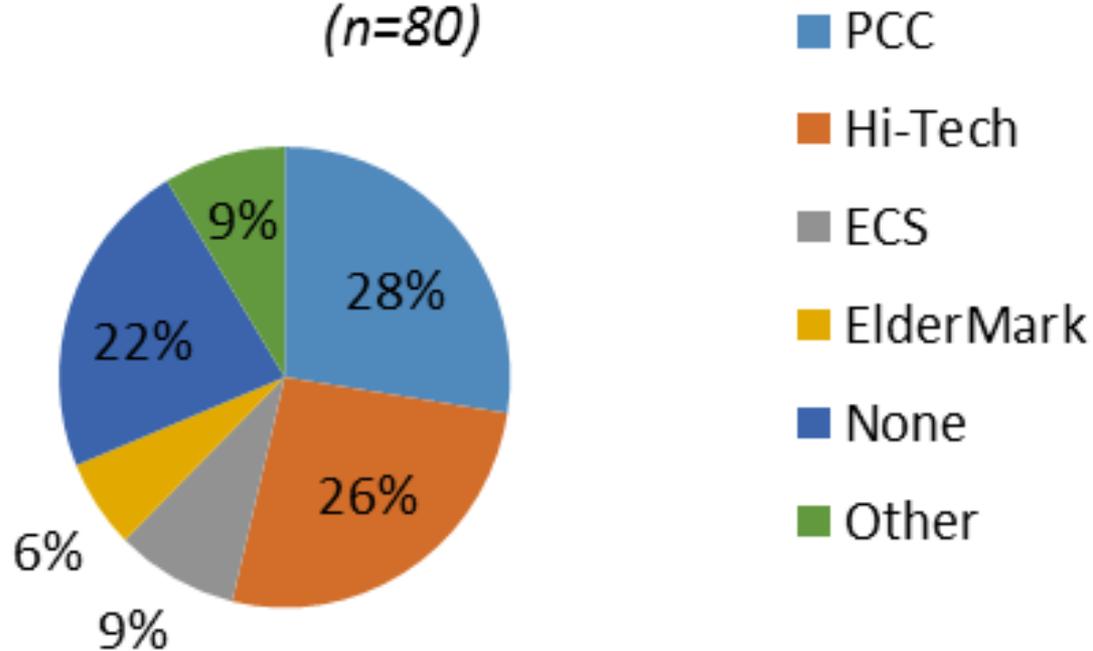


Home Health Agencies (2 of 2)

- Significant progress since 2012 report.
- Low user satisfaction with current EHRs.
- Some HHAs use VITLAccess with additional interfaces being planned.
- Continue to have difficulty with accessing information from referral sources and obtaining sufficient physician authorization.

Long Term Care Residential Facilities (1 of 2)

Long Term Residential Care Settings by Core IT System
(n=80)



Long Term Residential Care Facilities (2 of 2)

- Hi-Tech is being purchased by Wescom/PointClickCare.
 - Not being supported as of September 30, 2015.
 - Facilities using this need new solution.

Adult Day Centers

- Varying levels of technology depending on the size of their organization.
 - The larger agencies maintain participant, caregiver, volunteer, and donor computer records using standard tools like MS Access, Word and Excel.
 - Intake and assessment data is recorded on paper forms. Daily medical recordkeeping is performed using pre-printed forms for handwritten recording of vital signs, medication use and provider notes.
- No use of EHRs to store data in structured formats.
- No mechanism for information to be shared or exchanged electronically with others involved in the participant's care.

Areas Agencies on Aging

- Use the Harmony “Social Assistance Management System” (SAMS) system.
 - Primary case management and financial management database.
 - Also used to complete documentation required by Waiver programs and the Federal Older Americans Act.
 - Working to develop an electronic version of the Independent Living Assessment (ILA) form in SAMS.
 - SAMS licenses held by DAIL; and DAIL currently responsible for upkeep.
- Use a legacy reporting database(originally developed by the Champlain Valley AAA) to record client notes.

Vermont Center of Independent Living

- Uses the CIL Management Suite software from Q90 Corporation.
 - Tracks clients and services, including case notes and tracking progress towards goals.
 - Generates the federal 704 performance reporting required for recipients of Independent Living Center funding, including the independent living center (ILC) survey.
 - Web based solution -- does not interface to any other systems.

Support and Services at Home (SASH)

- Use a clinical registry (DocSite):
 - To perform assessments,;
 - Enter and monitor health information (medications, allergies; health team members);
 - Develop care plans; and
 - Make referrals.
- Not able to communicate electronically with other providers.
- DocSite system is also used by the Blueprint for Health (as a chronic care registry), and by Community Health Teams (to develop individualized health maintenance plans for patients seen in primary care settings.)

TBI Providers

- Documenting on paper forms.
- No use of EHR to store data in structured formats.
- No mechanism for information to be shared or exchanged electronically with others involved in the resident's care.

Quick Overview of Existing Projects

ONGOING RELATED ACTIVITIES

Acquisition and Implementation of a Medicaid Case Management System

- Functionality to support all AHS programs that provide care management services to Medicaid beneficiaries, including external partners.
- The Vermont Chronic Care Initiative will begin using the new system in 2015, with roll out to additional programs beginning in 2016.
- Additional planning and analysis is underway to determine the exact roll out approach, including potential replacement of existing systems (like SAMS, described below) used by LTSS providers for care management.

Vermont Care Networks (VCN) Data Quality and Data Repository Project

- Focused on collection, aggregating, and reporting of consistent, reliable and structured mental health data.
- Planned completion in 2016.

Migration of the Blueprint Clinical Registry System (DocSite)

- Migrating DocSite to VITL's infrastructure.
- SASH and other care teams will have the ability to access these services post-migration.

42 CFR Part 2 Compliant HIE

- Collaboration between DVHA and VITL.
- Looking for solution to allow health information protected by SAMHSA's 42 CFR Part 2 regulation to be transmitted and accessed with appropriate consent.

Shared Care Plans/Universal Transfer Protocol (SCÜP)

- First phase of project was completed in February.
- As next step, investigating the ability of diverse service providers to share information with each other electronically in a timely, standardized fashion across the continuum of care, using a common data set.

VITL Activity

- **VITLAccess:** assembles patient information received from health care organizations across Vermont and compiles the patient information into a single secure provider portal.
- **VITLDirect:** secure messaging service provided by VITL that can securely transmit a summary of care record for a single patient between providers. This function can be incorporated into any EHR that supports secure messaging.
- **VITLNotify:** a communication system being tested by VITL to proactively notify appropriate providers of a patient's clinical encounters.

Recommendations to the HIE/HIT Work Group (1 of 2)

- Work with Long Term Residential Care Homes to assist in selecting and contracting with new vendor through provision of TA in product review, developing cost analysis and developing implementation plan.
- Evaluate Adult Day Centers information-sharing technology and include as part of interoperability roadmap.
- Provide AAAs with proposal for hiring a dedicated resource to support use of SAMS.
- Continue to pursue a 42 CFR Part 2 compliant solution to enable information sharing for substance use.

Recommendations to the HIT/HIE Work Group(2 of 2)

- Continue to support provider interfaces with VHIE.
 - Demographic and clinical interfaces for HHAs,
 - Lab interfaces for BH Providers and Long Term Residential Care Facilities, and
 - Immunization registries.
- Continue to pursue the Shared Care Plan/Universal Protocol project.
- Encourage expansion of use of SAMS in read-only mode for LTSS providers to view patient information (assessment, care plans, notes and schedules).
- Explore use of BridgeGate MDS to CCD transformation services.

Next Steps

- Report currently being finalized.
- HIT/HIE Work Group to consider potential for supporting some projects based on this assessment.