

HIE Work Group Meeting

Agenda 8-19-15

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

**Wednesday, August 19, 2015; 9:00 – 10:00am
Call-In Number ONLY: 1-877-273-4202; Passcode 2252454**

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action Needed
1	9:00-9:05	Welcome, Introductions, & Roll Call	Brian Otley		Roll Call
2	9:05-9:10	Review and Acceptance of June 6 th Meeting Minutes	Brian Otley	Attachment 2: HIE Work Group Minutes	Approval of minutes
3	9:10-9:30	A. Review and Approval of Telehealth Strategy B. Review and Approval of Telehealth Statement of Work (SOW)	Sarah Kinsler	Attachment 3a: Telehealth Strategy (.ppt) Attachment 3b: Draft Telehealth SOW 8.19.15	Approval of Strategy Approval of Scope of Work
4	9:30-9:50	Review and Approval of SCÜP Status	Larry Sandage	Attachment 4: SCÜP Project Update 081915	Approval of request
5	9:50-9:55	Public Comment	Brian Otley		
6	9:55-10:00	Next Steps, Wrap-Up and Future Meeting Schedule	Brian Otley		

Attachment 2

June Minutes



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

Pending Work Group Approval

Date of meeting: Wednesday, June 24, 2015 9:00 – 11:00 am, Vermont State College, Montpelier, VT

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions	Brian Otley called the meeting to order at 9:03 am. A roll call attendance was taken and a quorum was present.	
2. Review and Approval of the May 20th minutes	Kali Kuiper moved to approve the minutes by exception and Sue Aranoff seconded. A vote in the form of an exception was made and the motion passed unanimously.	
3. Telehealth Strategic Plan	<p>Karen Bell from JBS presented an update on the Telehealth Strategic Plan (Attachments 3a&b).</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> - Regarding slide 6: Payers are required to pay in Vermont for Store and Forward and patient consent is required. The slide will be updated with that information. - Stationary bridge equipment needs to be in a healthcare setting and is expensive to maintain. - Access issues can refer to: personal needs which limit access such as transportation; geographic location of physicians (such as Dermatologists concentrated in Burlington) and a limited number of providers in the State (other than PCPs). - Mandate to cover e-visits in residential settings- recently passed. Lack of Reimbursement was previously an issue. - Need clarification on how Vermont will need to interpret the Federal and State Laws (Bill S139) to discuss 	RFP language will be distributed to the group before the July meeting and the group will vote on the RFP in July.

Agenda Item	Discussion	Next Steps
	<p>what is meant by “residential setting”.</p> <ul style="list-style-type: none"> - There is a bill in the Senate related to physicians becoming board certified to offer this practice. - Colorado has in-state oversight; Georgia has a free standing jurisdiction. Many States rely on their academic medical centers to oversee the change. - In many states telehealth practices are funded by the State- but the funding strategies do vary by State. - Emphasis on coordination with health care delivery efforts throughout the state, even if it is a free standing entity. - This exercise is meant to inform the HIE work group so we can make an intentional investment with SIM dollars over the next 18 months which will be aligned with the all-payer waiver approach. - It was noted that the group should keep the idea of telemedicine broad and making sure it includes telemonitoring, which does fall in line with the idea of prospective payments. - RFP currently in development soliciting for pilot participants which is open to any Vermont-based organization that aligns with the criteria on slide 21. - Continua- certification process for telehealth. - Recommendation to fund groups that are already engaged in this work. Those groups will likely submit proposals through the RFP process. 	
<p>4. DLTSS Assessment report review</p>	<p>Beth Waldman from Bailit Health Purchasing presented the LTSS Information Technology Assessment (Attachment 4).</p> <ul style="list-style-type: none"> - A subset of home health agencies were interviewed as there are over 200 in the State. - Is there interest with the Adult Day Centers and the like who do not have access to an EHR to implement a low cost option that is similar to an EHR? Will follow up with HIS regarding this question in the coming months. - Feedback from the DLTSS work group was supportive of this initiative. Some concerns over this being interoperable and accurate information intended for appropriate uses. - Next steps: recommendations to use the information gathered in this project but given the new federal guidelines we are being held to, we need to set expectations with the understanding that we have to focus on projects directly relate to our milestones (such as enrolling 80% of Vermonters into an alternative payment model). - Concerns that DLTSS systems may not get the resources they need given the goals of the VHCIP. The SCUP project will aid in addressing some of this. <ul style="list-style-type: none"> o The cost will only increase over time if we wait to address the gaps, but the monetary resources necessary outweigh the funding available through SIM. 	<p>Participant feedback is welcome on the report. Gaps in the report are being addressed and have been noted in footnotes.</p>

Agenda Item	Discussion	Next Steps
5. Public Comment, Next Steps, Wrap Up and Future Meeting Schedule	Next Meeting: Wednesday, July 22 2015; 1:00-3:00 pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.	

VHCIP HIE Work Group Member List

Roll Call: **6/24/2015**

*Passed by
exception
1^o Kaili
2^o Sue A.*

Member		Member Alternate		Minutes	Tele-health	
First Name	Last Name	First Name	Last Name			Organization
Susan	Aranoff ✓	Tela	Torrey			AHS - DAIL
Joel	Benware ✓					Northwestern Medical Center
Richard	Boes					DII
Jonathan	Bowley ✓	Jack	Donnelly			Community Health Center of Burlington
Shelia	Burnham ✓					Vermont Health Care Association
Mike	DelTrecco ✓					Vermont Association of Hospital and Health Systems
Ken	Gingras ✓	Julie	Tessler			Vermont Care Network
Leah	Fullem ✓	Greg	Robinson			OneCare Vermont
Michael	Gagnon ✓	Kristina	Choquette			Vermont Information Technology Leaders
Daniel	Galdenzi	Kelly	Lange			Blue Cross Blue Shield of Vermont
Joyce	Gallimore	Kate	Simmons			CHAC
Emma	Harrigan ✓	Kathleen	Hentcy			AHS - DMH
Paul	Harrington ✓					Vermont Medical Society
Lucas	Herring ✓					AHS - DOC
Kevin	Kelley					CHSLV
Kaili	Kuiper ✓	Julia	Shaw			VLA/Health Care Advocate Project
Steven	Maier ✓	Jennifer	Egelhof ✓			AHS - DVHA
Arsi	Namdar					Visiting Nurse Association of Chittenden and Grand Isle Counties
Brian	Otley ✓					Green Mountain Power
Darin	Prail <i>arr. 29th</i> ✓	Dan	Smith			AHS - Central Office
Amy	Putnam ✓					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			Vermont Care Network
Heather	Skeels ✓	Kate	Simmons			Bi-State Primary Care
Richard	Slusky ✓	Pat	Jones			GMCB
Chris	Smith ✓	Lou	McLaren ✓			MVP Health Care
Sean	Uiterwyk ✓	Mark	Nunlist			White River Family Practice
Eileen	Underwood ✓					AHS - VDH
	29		17			

Q ✓

VHCIP HIE Work Group Participant List

Attendance:

6/24/2015

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	AHS - DAIL	S/M
Joanne	Arey	White River Family Practice	A
Ena	Backus	GMCB	X
Susan	Barrett	GMCB	X
Joel	Benware	Northwestern Medical Center	M
Richard	Boes	DII	M
Jonathan	Bowley	Community Health Center of Burlington	M
Jon	Brown		X
Martha	Buck	Vermont Association of Hospital and Health Systems	A
Shelia	Burnham	Vermont Health Care Association	M
Narath	Carlile		X
Kristina	Choquette	Vermont Information Technology Leaders	MA
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	DelTrecco	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 Services	M
Gabe	Epstein	AHS - DAIL	S

Karl	Finison		OnPoint	X
Jaime	Fisher		GMCB	X
Erin	Flynn		AHS - DVHA	S
Paul	Forlenza		Centerboard Consultingt, LLC	X
Leah	Fullem		OneCare Vermont	M
Michael	Gagnon		Vermont Information Technology Leaders	M
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	✓	Vermont Care Network	MA
Mike	Hall		COVE	X
Emma	Harrigan		AHS - DMH	M
Paul	Harrington		Vermont Medical Society	M
Kathleen	Hentcy		AHS - DMH	MA
Lucas	Herring		AHS - DOC	M
Jay	Hughes		Medicity	X
Craig	Jones		AHS - DVHA - Blueprint	X
Pat	Jones		GMCB	S/MA
Joelle	Judge		UMASS	S
Kevin	Kelley		CHSLV	M
Sarah	Kinsler	SK		S
Kaili	Kuiper	KMK	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		AHS - DVHA	S/M
Nancy	Marinelli		AHS - DAIL	X
Mike	Maslack			X
James	Mauro		Blue Cross Blue Shield of Vermont	X
Lee	McKenna		OneCare Vermont	
Lou	McLaren		MVP Health Care	MA
Jessica	Mendizabal		AHS - DVHA	S
Todd	Moore		OneCare Vermont	X
Stacey	Murdock		GMCB	X
Arsi	Namdar		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	<i>NOY</i>	Green Mountain Power	C/M
Annie	Paumgarten		GMCB	S
Kate	Pierce		North Country Hospital	X
Luann	Poirer		AHS - DVHA	S
Darin	Prail		AHS - Central Office	M
Amy	Putnam		DA - Northwest Counseling and Support Services	M
David	Regan		GMCB	X
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M
Greg	Robinson		OneCare Vermont	MA
Sandy	Rousse		Central Vermont Home Health and Hospice	M
Beth	Rowley		AHS - DCF	X
Simone	Rueschemeyer		Vermont Care Network	C/M
Tawnya	Safer		OneCare Vermont	
Larry	Sandage	<i>LS</i>	AHS - DVHA	S
Julia	Shaw		VLA/Health Care Advocate Project	MA
Kate	Simmons		Bi-State Primary Care/CHAC	MA
Heather	Skeels	<i>HSB</i>	Bi-State Primary Care	M
Richard	Slusky		GMCB	S/M
Chris	Smith		MVP Health Care	M
Angela	Smith-Dieng		VT Association of Area Agencies on Aging	X
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		White River Family Practice	M
Eileen	Underwood	<i>EBU</i>	AHS - VDH	M
Beth	Waldman	<i>FW</i>	SOV Consultant - Bailit-Health Purchasing	S
Julie	Wasserman		AHS - Central Office	S
Richard	Wasserman, MD, MPH		University of Vermont - College of Medicine	X
David	Wennberg		New England Accountable Care Collaborative	X
Spenser	Weppler		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
				99

Karen Bell CEO JBS International

Attachment 3a

Telehealth Strategy

Telehealth Strategy

Sarah Kinsler, DVHA

August 19, 2015

Today's Objective

Approval of Strategy based on feedback received-
THANK YOU!

Principles/Goals of the Strategy

- Patient-centeredness such that telehealth meets the needs of patients wherever and whenever the needs arise for care, health, and well-being;
- Improved access to care where access may be limited by geography, service limitations, and personal limitations;
- Measurable outcomes that will demonstrate improvements in patient engagement, quality of care, and costs;
- Interoperability such that the clinical data generated through telehealth encounters can be exchanged and ingested by other types of health information technologies;
- Alignment with currently active telehealth programs including but not limited to interactive audiovisual programs in support of teleconsultation with patients and between clinicians, any store and forward efforts currently underway, existing remote monitoring programs, and e-visits; and
- Alignment with other statewide provider initiatives related to value based payment reform.

Strategy Elements

- Creation or designation of a coordination body to support expansion of telehealth services that promote patient-centered care and health care reform.
- State policies align telehealth initiatives and planning with the goals of health reform and maintain a patient-centered approach to care.
- Telehealth technologies can be used easily and incorporate interoperability and security standards such that data and information can flow through Vermont's health information exchange either directly or through provider electronic medical record systems throughout the state.
- Resources are available to engage clinician interest in and adoption of telehealth products and services, and to provide ongoing support for the effective and efficient implementation of those products and services to the benefit of patients.

Attachment 3b

Telehealth SOW

State of Vermont Request for Proposals: Vermont Health Care Innovation Project Telehealth Pilot Projects

The Department of Vermont Health Access (hereafter referred to as DVHA) invites the submission of proposals for telehealth pilot projects that improve care integration and coordination; increase individuals' access to and engagement in their care; expand system capacity; and achieve efficiencies in health care delivery. Proposed projects should be innovative, scalable, replicable, align with Vermont's State Innovation Model (SIM) grant purposes, and support the Triple Aim of better health, better care, and lower costs.

Background

Vermont's health reform reimbursement strategy is designed to reward providers for the value of care rather than the volume of services rendered as its multiple payers move to these alternative to fee-for-service payment approaches. In order to enable telehealth support for this transition, DVHA directed the formation of a Telehealth Steering Committee, reporting to the HIE/HIT Work Group, to guide the development of a coordinated state-wide telehealth strategy that aligns with the state-wide reimbursement strategy and the subsequent funding of pilot projects to implement part of that strategy.

In this context, telehealth is defined as the HIPAA-compliant use of health information communicated from one site to another electronically to provide care and/or improve a person's health and well-being. As such, telehealth refers to a broad application of technologies to facilitate health care delivery and health management as well as improve access to care and patient health. In addition to telehealth technologies that are used for educational and administrative purposes, telehealth products and services include applications that collect and transmit patient information, clinical services that provide health care remotely through means such as secure video conferencing, and patient engagement tools such as remote monitoring devices.

Specific components and types of telehealth use that have been identified include:

- Interactive real time audio-visual technologies that can be used outside health system facilities, with an emphasis on interoperability of data and information;
- Store and forward technologies;
- Tele-monitoring, also known as remote monitoring, using devices that assess multiple physiological parameters; and
- Technologies that support tele-education through interactive case/problem presentations involving multiple participants.

DVHA seeks pilot projects that can address a variety of geographical areas, telehealth approaches and settings, and patient populations over a 12-month time period. We are specifically seeking organizations that can provide coordination of telehealth strategies that comport with Vermont's payment and delivery system reform goals. This RFP's primary purpose is to explore ways in which a coordinated and efficient telehealth system can support value-based care reimbursement throughout the state of Vermont. Successful proposals must demonstrate how they align with the health reform efforts currently being implemented as part of the SIM Grant process. As such they must describe how the project will coordinate its telehealth efforts with providers who are moving towards value based reimbursement and with other telehealth initiatives in order to leverage technology investment, align telehealth services at the provider level, monitor a consistent set of outcomes measures, and assure that any health data generated can be shared through the state's health information exchange.

Overall goals of these projects include:

- Coordinated telehealth programs and initiatives that align with the evolving landscape of value based reimbursement and can scale statewide;
- Better access to care and services and better care experiences for patients, especially those with higher risk of poor health outcomes;
- Better health outcomes; and
- Lower costs.

Eligible Applicants

This opportunity is open broadly to proposals from Vermont-based organizations with the capacity and ability to perform the tasks outlined. Applicants may be not-for-profit, or for profit. Technology vendors are not eligible to apply. Preference will be given to proposals that pilot infrastructure, technology, coordination, and approaches beyond expansion of existing programs to a wider audience. Projects that only focus on upgrading existing equipment will not be considered.

Project Period

DVHA anticipates awarding Telehealth Pilot Program grant funds to one or more projects. The project period is 12 months, starting November 1, 2015, and ending October 31, 2016. Grantees will then have two months to compile their final evaluation report (due December 31, 2016).

Grantee Requirements

Grantees will be required to:

- Take part in periodic telephone and on-site meetings with DVHA representatives and other grantees, if applicable;
- Report quarterly on agreed upon indicators using a DVHA-developed template;

- Compile qualitative and quantitative project results for a final evaluation report, which will be publically available;
- Provide budget and spending reports at the request of DVHA; and
- Create a presentation on their project and present to the Vermont Health Care Innovation Project HIE/HIT Work Group, Steering Committee, and other VHCIP groups during the project period and following the close of the project period as requested.

Statement of Work

I. Executive Summary

Provide a brief summary of the proposed project that includes the following

- A. The goals of the proposed project.
- B. The proposed project intervention.
- C. The proposed population that will be served.
- D. The actual users of the telehealth technology.
- E. How the proposed project aligns with Vermont's value based payment reform efforts.
- F. Why your organization is particularly qualified to conduct the project.

II. Project Tasks/Requirements

In order to expedite both the crafting of the pilot project proposals and DVHA's evaluation, we are presenting a series of requirements in outline format. Please complete all responses using this outline.

A. Project alignment with the elements of Vermont's statewide telehealth strategy. Please describe how the proposed pilot would align with the following telehealth strategy elements:

1. Coordination with other telehealth programs and projects across the state;
2. Migration to or use of cloud based or wireless technologies;
3. Support for Vermont's health and payment reform efforts and programs;
4. Informational support for statewide policy with respect to telehealth.

B. Project alignment with strategy principles. The Vermont Telehealth Strategy includes a set of principles to guide the development of the pilot projects. Please describe how the proposed pilot meets the intent of the following principles:

1. Patient-centeredness such that telehealth meets the needs of patients wherever and whenever the needs arise for care, health, and well-being;
2. Improved access to care where access may be limited by geography, service limitations, and personal limitations;
3. Measurable outcomes that will demonstrate improvements in patient engagement, quality of care, and costs;
4. Interoperability such that the clinical data generated through telehealth encounters can be exchanged and ingested by other types of health information technologies;
5. Alignment with currently active telehealth programs including but not limited to interactive audiovisual programs in support of teleconsultation with patients and between clinicians, any store and forward efforts currently underway, existing remote monitoring programs, and e-visits; and
6. Alignment with other statewide provider initiatives related to value based payment reform.

C. User engagement. There are a number of challenges that telehealth programs must face related to both provider and patient/consumer engagement. Please describe how you intend to meet the following challenges:

1. Recruiting primary care clinicians;
2. Recruiting specialty care clinicians;
3. Recruiting patients for whom the intervention is appropriate;
4. Identification of accepted guidelines for the use of telehealth and assurance that they are followed;
5. Incorporation of telehealth approaches into the workflow of busy clinicians;
6. Identification of organizations with whom partnering conserves resources in this area; and
7. Development of an incentive plan for clinicians who engage in telehealth in lieu of revenue generated by face to face encounters.

D. Procurement and implementation of scalable telehealth technology (if applicable). Depending on the scope of the proposed project, the bidder will leverage existing technology or procure new technology, and implement the telehealth technology where it is currently not in use or available. Please describe any proposed telehealth technology procurement and implementation:

1. Describe the type of technology that will support the pilot (e.g., stationary or cloud based interactive A-V, store and forward, remote monitoring, wearables, etc.);
2. Identify any technology in existing programs that will be used in the proposed pilot;
3. Describe how you intend to proceed with resource conservative procurement;
4. Describe how you will assure that the data generated by the technology used in the pilot can be shared/exchanged securely with other types of HIT such that it is as available as data generated from face to face encounters; and
5. Describe the extent to which the proposed technology is scalable across the state (and beyond).

E. Project management. Bidders must demonstrate the ability to manage the pilot project they are proposing with respect to available human resources and experience.

F. Project Evaluation. Please describe the proposed pilot's evaluation plan.

G. Sustainability and scalability. Funding from your project may come from sources other than this grant. If your funding is 100% grant dependent, you will need to develop a plan for sustainability after the funding has ended. The plan must take into account how the project can scale across Vermont.

Attachment 4

SCÜP Update

SCÜP Status Report & Checkpoint

(Shared Care Plans &
Universal Transfer Protocol)

August 19, 2015

SCÜP Project Status

Overview:

This project will provide a technological solution that supports Vermont's providers and caregivers in successfully navigating transitions between care settings.

Project Accomplishments:

- The project team has completed business requirements gathering sessions with three communities (Bennington, Rutland, & St. Johnsbury).
- The project team is close to finalization of the business requirements and is currently validating these requirements with the three participating communities.
- Review of the requirements of the MMIS Care Management implementation is in progress and nearing completion.
- The timeline has been necessarily condensed due to time lost on the availability of the Enterprise Architect & Business Analyst resources.
- **The project continues to be on-track for scope, schedule, and budget. Some milestones have been adjusted due to resource constraints.**

SCÜP Project Budget & Risk Status

Budget Update:

All work to date has been completed by current State and State affiliated resources. A professional business analyst has been hired and is funded through the Health Services Enterprise. No additional resource is being requested at this time.

Risks:

RISK: The highest priority project risk at this time is the lack of Enterprise Architect resource availability. The project team has mitigated the risk by re-structuring and overlapping tasks and due dates as much as possible, while still being able to hit the target of completing the project by the first week of November. The Enterprise Architect is scheduled to be available in the coming weeks pending DII's approval.

RISK: The State and national technical assessment work has not seen the anticipated progress due to the technical resource's availability. The project team has reduced the scope of the technology assessments to ensure that there is adequate time to complete them and include recommendations in the technology proposal.

SCÜP Project Timeline Status

The SCÜP Project team will provide an additional checkpoint on October 21st. The Work Group will review and provide any approvals of the project:

1. **Identify SCÜP Project Team & Initial Outreach:** April, 2015 - **Complete**
2. **Develop Business Requirements:** May – July, 2015 - **In Progress**
 - **Project Kickoff - Complete**
 - **Extract business req. from UTP final report - Complete**
 - **Requirements gathering: 3 regions - Complete**
 - **Compile/refine requirements for 3 regions - Complete**
 - **Business requirements draft Complete**
 - **Validate draft w/ appropriate regions - In Progress - (8/27/15)**
 - **Business requirements finalized - In Progress - (9/1/15)**
3. **Develop Technical Requirements:** May – September, 2015 – **In Progress (Delayed)**
 - **Conduct National research on SCP & UTP - In Progress**
 - **Conduct State assessment of tech capabilities - In Progress (9/7/15)**
 - **Build tech reqs from business requirements – In Progress (9/8/15)**
 - **Tech requirements draft (9/16/15)**
 - **Validate draft w/ appropriate regions (9/30/15)**
 - **Tech requirements finalized (10/8/15)**
4. **Technology Proposal:** August – October, 2015
 - **Integrate technology assessment with business & technology requirements (10/15/15)**
 - **Technology proposal draft (10/23/15)**
 - **Validate draft w/ appropriate regions (10/30/15)**
 - **Technology proposal finalized (11/6/15)**

Questions and Approval to Proceed?