

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

**Wednesday, February 18, 2015; 9:00 – 11:00am
Fourth Floor Conference Room, Pavilion Building, 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 January 21 st Meeting Minutes	Simone Rueschemeyer & Brian Otley	Attachment 2: HIE Work Group Minutes	Approval of minutes
3	9:10-9:25	Brief review of Year 2 Work Plan	Larry Sandage & Co-chairs		
4	9:25-10:25	Review of Vermont Health Information Technology Plan Project	Steve Maier & Mosaica (vendor)	Slides to be distributed later	
5	10:20-10:50	Review of the Telehealth Project	JBS (telehealth vendor)	Attachment 3: VT Telehealth Strategy	
6	10:50-10:55	Public Comment	Simone Rueschemeyer & Brian Otley		
7	10:55-11:00	Next Steps, Wrap-Up and Future Meeting Schedule	Simone Rueschemeyer & Brian Otley		



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

Pending Work Group Approval

Date of meeting: Wednesday, January 21; 1:00-3:00 pm, DVHA 312 Hurricane Lane, Large Conference Room, Williston

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions	Brian Otley called the meeting to order at 1:04 pm. A roll call attendance was taken and a quorum was present.	
2. Approval of December 17th minutes	Eileen Underwood moved to approve the December 2014 minutes, Leah Fullem seconded. A vote in the form of an exception was taken and the motion passed unanimously. The agenda was rearranged.	
3. Review of 42 CFR Part 2	Steve Maier reviewed the 42 CFR Part 2 presentations (attachment 5a). Attachment 5b is a report that relates to what other states are working on in this area. The group discussed the following: <ul style="list-style-type: none"> - Definition of locations that “hold themselves out” - is this available? ADAP keeps this list of facilities. - With the results of this project, Brad Wilhelm is assisting in the renegotiation of the Part 2 policy as it relates to the ACOs. - Are there liabilities for providers who share this information if they are not considered a Part 2 provider? This is a legal issue and is under debate depending on the level of provider engagement. This topic can become complicated when non-Part 2 providers receive information from Part 2 providers. - Tobacco/Nicotine is not considered an addiction under Part 2. - Cultural issues vs. technology as well as legal. Can work be done in the community to propel the culture to move forward? Segmentation is a technology issue, but other tech issues could be addressed today. 	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> - Cultural issue- that there is a stigma around substance abuse understanding there are reasons why people do not want this data to be shared. - Education plans to discuss these issues outside of the work group meeting? Possibly to lay-people? This is happening on some level with VITL. - Related to mental health data, Vermont has patient privilege statutory protections in addition to federal HIPAA requirements, but there are differences of opinions among lawyers about whether and how these provisions exceed HIPAA. 	
4. Review of Learning Collaboratives	<p>Pat Jones reviewed the attachment 4 presentation on the Learning Collaboratives.</p> <ul style="list-style-type: none"> - “Hotspotting”- Camden has set up an HIE in their hospital and found they have areas in the community that have a higher propensity to end up in the Emergency Department. - Challenges about how to share care plans is under discussion. It has been difficult in the past to figure out how to share the information electronically. - Concerns about sharing the findings so not to develop different systems in different counties. - Questions around who is responsible for ensuring the care plans are shared? - Overarching accountability for this project- Core Team funding to procure faculty and QI facilitators to ensure the elements of the learning collaborative take place. - Need to identify a lead care coordinator- leaning toward having this be a family based approach. - Unified Community Health Systems- ACOs and Blueprint will develop working groups to support the integration of these systems. - The Care Models planning group has high interest in the ACTT Universal Transfer Protocol project. - Suggested focus for the HIE work group: getting non-traditional providers connected to some type of electronic health system. 	
5. Review of Year 2 Work Plan	<p>The group decided to review the work plan in depth at the next meeting. Larry Sandage gave an update on the Universal Transfer Protocol project (UTP).</p> <ul style="list-style-type: none"> - IM21 is the vendor working on this project and has conducted several interviews in the following communities: Bennington, St. Johnsbury, - Preliminary findings: wanting to connect providers with shared vocabulary and processes. - Priorities of communities will drive the sequence of the roll-out. Each UTP may look different for each community. - The final outcome of this particular project is a Charter for the next phase of this project. - Final recommendation in early February and a Charter by the end of February. This will outline in detail the recommendations. The HIE work group will look at next steps based on recommendations. 	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> - There are concerns about timelines and Commissioner Susan Wehry has asked to amend the IM21 contract to include the time in order to have IM21 continue to perform the design work. The contract currently ends on February 28, 2015. - Understanding that there are many different parts that interlock together which will create the overall transfer protocol. This could start out as a pilot. - The contract was structured specifically to require check points and control the funding for the overall ACTT project. - The leadership team will meet offline to discuss how to mitigate a gap between planning and design in order to evaluate what has been done to date and see how we want to move forward. 	
6. Public Comment	No further comments were offered.	
7. Next Steps, Wrap Up and Future Meeting Schedule	Next Meeting: Wednesday, February 18 th 9:00 am – 11:00 am, EXE - 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier	

VERMONT'S TELEHEALTH STRATEGY

HIE Work Group
February 18, 2015
Montpelier, Vermont

Karen M Bell, MD, MSS • JBS International, Inc.
Kbell@jbsinterantional.com • 781-801-4145



Agenda

1. Project Goals
2. Deliverables
3. Timelines
4. Today's Objectives

Project Goals

1. Develop a statewide strategy for a telehealth program in the state of Vermont that takes into account barriers and enablers of successful deployment.
2. Make recommendations on technologies that could be used when implementing the strategy.
3. Develop an RFP for pilot projects found to be appropriate for deployment of the strategy.

Deliverables

1. Develop, and conduct meetings of, a Telehealth Steering Committee that makes recommendations to the HIE Work Group, which will then make recommendations to Core Team on strategy, technologies, and the RFP.
2. A statewide assessment of current telehealth technologies – their use, value, and limitations.
3. Inventory of national telehealth programs, innovations, barriers with summary document.

Deliverables

4. National inventory of telehealth data systems and options.
5. Database that collates above information and can be updated.
6. PowerPoint presentation on the proposed VT Telehealth Strategy.
7. SOW for pilot projects, along with scoring tool, for RFP.

Timeline

- Steering Committee invitations: Week of February 23
- Statewide assessment: First week of contract
- National inventory and review of telehealth data options: Mid-March
- Draft strategy to HIE Work Group for feedback: April 22
- Feedback from Core Team: June 1
- Final Recommendations to DVHA: July 1
- SOW for pilot projects: July 31
- Pilot project awards: September
- Final reports: December 18, 2015 (or before)

Today's Objectives

Specific feedback on scope of a statewide telehealth program:

- Provider-to-provider consultation (with patient present or asynchronously)
- Patient access to virtual care (secure messaging /mhealth)
- Provision of educational programs (CME)
- Care coordination for specific patient(s)
- Engagement/education of patients and consumers
- Other

Recommendations on Steering Committee participants
Recommendations on Key Informants