

HIE Work Group Meeting

Agenda 3-25-15

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

**Wednesday, March 25, 2015; 1:00 – 3:00pm
DVHA Large Conference Room, 312 Hurricane Lane, Williston, VT
Call-In Number: 1-877-273-4202; Passcode 2252454**

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action Needed
1	1:00-1:05	Welcome and Introductions	Simone Rueschemeyer & Brian Otley		
2	1:05-1:10	Review and Acceptance of February 18 th Meeting Minutes	Simone Rueschemeyer & Brian Otley	Attachment 2: HIE Work Group Minutes	Approval of minutes
3	1:10-2:10	Review of Year 2 Work Plan	Larry Sandage & Co-chairs	Attachment 3: HIE Year 2 Workplan 3 6 2015.pdf	
4	2:10-2:20	ACTT Update – review of DLTSS Project	Simone Rueschemeyer		
5	2:30-2:40	ACTT Update – review of UTP Project & next steps	Larry Sandage	Attachment 5: UTP Next Steps Review	
6	2:40-2:50	Funding Opportunity Announcement (FOA) Briefing	Georgia Maheras		
6	2:50-2:55	Public Comment	Simone Rueschemeyer & Brian Otley		
7	2:55-3:00	Next Steps, Wrap-Up and Future Meeting Schedule	Simone Rueschemeyer & Brian Otley		

Attachment 2

February Minutes



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

Pending Work Group Approval

Date of meeting: Wednesday, February 18; 9:00-11:00 am, EXE - 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions	<p>Brian Otley called the meeting to order at 9:00 am. A roll call attendance was taken and a quorum was present.</p> <p>The agenda was updated to include section 5a- a presentation on the ACO Gateway Population Health project.</p>	
2. Approval of January 21st minutes	<p>Nancy Marinelli moved to approve the January 2015 minutes, Kaili Kuiper seconded. A vote in the form of an exception was taken and the motion passed unanimously.</p>	
3. Brief Review of Year 2 Work Plan	<p>Larry Sandage gave a brief overview of the Year 2 work plan. The HIE work group leadership team has worked to revise the plan to make it more of an operational document. The revised work plan will be distributed to the group within the next few weeks to HIE work group participants and content oriented feedback is welcome. The work plan will be reviewed in depth during the March meeting.</p>	
4. Review of Vermont Information Technology Project Plan	<p>Steve Maier presented the Vermont Information Technology Project Plan (VHITP).</p> <p>Mosaica Partners is a consultant on this project and representative Laura Kolkman introduced herself to the group.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> - Changes to past plans compared to the future plan with the understanding that this plan was originally 	<p>Steve Maier will send a link to the group for the ONC interoperability plan.</p>

Agenda Item	Discussion	Next Steps
	<p>meant to be a broader vision. The new plan is a change of initial focus in order to comply with the statutory obligations in order to achieve goals within a shorter timeframe.</p> <ul style="list-style-type: none"> - The VHCIP HIE work group work plan is a subset of the VHITP. - Concerns around the final completion date for the plan, considering the current plan is already five years old. The current goal is to have a more operational plan alongside the master plan. - The GMCB will have final approval over the plan (see slide 12). - Laura Kolkman continued the presentation to discuss the stakeholder engagement process and plan development. <ul style="list-style-type: none"> o ACOs should be included as key stakeholders. o Patient populations will also be represented. o Focus on specific providers and not representative groups. o Privacy standards will be considered but may not necessarily be revised in the new plan. o Planning for beyond the three year time period: strategically the State is looking into the future but this plan is focused on goals that are actionable. 	<p>Work group participants that would like to be considered for an interview should email Steve Maier: steve.maier@state.vt.us.</p> <p>The link to the new website will be sent gr the group on Friday Feb 20th after the VHITP kickoff meeting.</p>
<p>5. Review of the Telehealth Project</p>	<p>Karen Bell, lead contractor for JBS International presented an overview for Vermont’s Telehealth Strategy (attachment 3).</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> - Survey will include the following: what technology is used, the frequency, to what degree, barriers, and evaluation measures. - If you’ve identified barriers around reimbursement or licensure, will this inhibit pilot programs? - JBS will make recommendations to overcome the barriers. - Would telehealth be used as a means to connect patients who are suffering with the same illnesses? JBS will look at ways this is working in different parts of the country and they will report on this and solicit feedback from the work group and Telehealth Steering Committee. - Virtual health- patients can receive diagnostic and clinical advice regardless to their setting via text and secure online video connections. Research will include legal barriers to this type of care. - Vermont’s law does require that the patient needs to be in a clinical setting but part of this program is to pilot other options. - People with disabilities would greatly benefit from access to telehealth but may have limited abilities to 	<p>JBS is looking for recommendations from the work group on Telehealth Steering Committee participants as well as informants for current telehealth practice throughout the State.</p> <p>Work group participants should email Simone Rueschemeyer with recommendations</p>

Agenda Item	Discussion	Next Steps
	<p>utilize the tools in which participate. JBS will include this topic as part of their research.</p> <ul style="list-style-type: none"> - Confirming whether independent software has integration with electronic health records. 	<p>for the above: Simone@vermontcarepartners.org.</p>
<p>5a. SIM ACO Status Update</p>	<p>Sandy McDowell presented an update on the ACO Gateway Population project (slides were not distributed prior to the meeting but will be sent out to the group via email).</p> <ul style="list-style-type: none"> - Medicare measures are being sent to NNEACC who are performing the analytics. - ACOs are collecting the data and reporting performance based on a sample of patients but this is for Medicare, Medicaid and Commercial. - Regarding the event notification system: no limitation on the amount of patients you want to follow. This is set up to notify clinicians individually. - Pilot sites will be decided by the ACOs through a volunteer process. - Providers only need to identify the patient and their medical record number in order to participate- no other electronic health record system is necessary. - After a thorough review process VITL has selected Medicity to operate the notification system. <p>Regarding the ACTT project: VITL is not currently working on the Universal Transfer Protocol project as phase 1 of the project is development of the protocol.</p>	<p>The presentation will be emailed to the work group.</p>
<p>6. Public Comment</p>	<p>No further comments were offered.</p>	
<p>7. Next Steps, Wrap Up and Future Meeting Schedule</p>	<p>Next Meeting: Wednesday, March 25, 2015 1:00 pm – 3:00 pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston</p>	

VHCIP HIE Work Group Member List

Roll Call: **2/18/2015**

*- Nancy Marshall
Kaili Kuiper 20
Approved
minutes, motion
to approve by
exception.*

- No exceptions heard

Member		Member Alternate		Minutes	
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
Peter	Cobb				VNAs of Vermont
Mike	DelTrecco				Vermont Association of Hospital and Health Systems
Nick ✓	Emmen <i>Gingras 5/</i> ✓	Julie	Tessler		DA - Vermont Council of Developmental and Mental Health Services
Leah	Fullem ✓	Greg	Robinson		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 ✓				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 ✓	Diane	Cummings		AHS - Central Office
Amy	Putnam ✓				DA - Northwest Counseling and Support Services
Paul	Reiss				Accountable Care Coalition of the Green Mountains
Sandy	Rousse				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		14		

Attachment 3

HIE Work Plan

**Vermont Health Care Innovation Project
Year 2 HIE/HIT Work Group Workplan
3/6/2015**



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: The VHCIP/HIE Work Group has committed the majority of its allocated funding. In Years 2 & 3, the VHCIP/HIE Work Group will further focus its activities to identify processes and methodologies to further support improving the CORE needs of the HIE/HIT systems, including continued support of VITL and other key HIE partners. 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.

	Objectives	Supporting Activities	Target Date	Responsible Parties	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
Improve Source System Utilization, Functionality, and Interoperability								
1	Explore and, as appropriate, invest in technologies that improve the integration of health care services and enhance communication among providers.	Conduct research on industry and cross-industry best practices for improving the interoperability of data in source systems.	December 2015	Staff; consultant; co-chairs.	HIE/HIT Work Group.	Steering Committee	• Proposed.	• Interoperability best practices research conducted.
2		Draft report on industry and cross-industry best practices for improving the interoperability of data in source systems; submit to HIE/HIT Work Group.	December 2015	Staff; consultant; co-chairs.	HIE/HIT Work Group.		• Proposed.	• Report submitted to HIE/HIT WG
3		Investigate the existing or emerging opportunities in the State to develop an integrated Transitions of Care solution. If feasible, develop requirements and an RFP for solutions. Leverage lessons and knowledge gained in UTP and ENS projects.	December 2016	Staff; consultant; co-chairs.	HIE/HIT Work Group. Coordinate with UTP Project and ENS Project.		• Proposed.	• Opportunities for integrated Transitions of Care solution identified and RFP released, if feasible
4		Improve integration of the DA/SSA data (ACTT DA/SSA Data Repository project).	December 2016	ACTT team; staff; consultant; co-chairs.	Coordinate on DA/SSA Data Repository project (VCN; DAs/SSAs; VITL).		• In progress.	• DA/SSA data integration improved
5		Implementation of an electronic health record (EHR) solution for five developmental disability agencies (ACTT DA/SSA EHR Procurement project).	December 2015	ACTT team; staff; consultant; co-chairs	Coordinate to procure DA/SSA EHR (VCN; DAs/SSAs; VITL).		• In progress.	• EHR solution deployed at five DAs/SSAs.
6		Improve communication in the transition of care process among providers (Event Notification System).	September 2015	Staff; consultant; contractors; co-chairs.	Coordinate on ENS (VITL; ACOs; providers).		• In progress.	• Communications during care transitions improved through ENS.
7		Develop a statewide telehealth/telemedicine strategy.	July 2015	Staff; consultant; contractors; co-chairs.			• In progress	• Statewide telehealth strategy created.
Improve Data Quality and Accuracy for Exchange of Health Information								
8	Increase resources to facilitate improved EHR utilization and consistency of data entry at the provider practice	Provide data quality workflow support to the DAs and SSAs (ACTT DA/SSA Data Quality project).	December 2016	Staff; consultant; contractors; co-chairs.	Coordinate on DA/SSA data quality project (VCN; DAs/SSAs; VITL).	Steering Committee	• In progress.	• Data quality workflow improved at DAs/SSAs.
9		Provide data quality workflow support to ACO member organizations (ACO Gap Analysis and Remediation project).	January 2016	Staff; consultant; contractors; co-chairs.	Coordinate on Gap Analysis and Remediation project (VITL; ACOs).		• In final contract negotiations and approval.	• Data quality workflow improved at ACO member organizations.

	Objectives	Supporting Activities	Target Date	Responsible Parties	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
10	level.	Perform data quality workflow analysis of DLTSS Providers (ACTT DLTSS Data Quality project).	February 2015	Staff; consultant; contractors; co-chairs.	Coordinate on DA/SSA data quality project (DLTSS Work Group; DLTSS providers; VITL).		• In progress.	• DLTSS provider data quality analysis completed.
11	Identify and resolve gaps in EHR usage, lab result, ADT, and immunization reporting, and transmission of useable CCDs.	Research innovative methods other communities have used to improve data quality throughout the HIE process.	December 2015	Staff; consultant; co-chairs.	Coordinate with providers and practice facilitation experts such as VITL.	Steering Committee	• Proposed. • May request CMMI TA on this topic.	• Data quality improvement research conducted. Report submitted to HIE/HIT WG. • Quality of clinical data elements improved for providers, including but not limited to DAs/SSAs and ACO member organizations. • DLTSS provider data quality analysis completed.
12		Provide data quality technical support to the DAs and SSAs (ACTT DA/SSA Data Quality project).	December 2016	Staff; consultant; contractors; co-chairs.	Coordinate on DA/SSA data quality project (VCN; DAs/SSAs; VITL).		• In progress.	
13		Improve data quality with data analytics and data governance for the DAs and SSAs (ACTT DA/SSA Data Repository project).	December 2016	Staff; consultant; contractors; co-chairs.	Coordinate on DA/SSA Data Repository project (VCN; DAs/SSAs; VITL).		• In progress.	
14		Improve data quality by providing data mapping and code set remediation (ACO Project Terminology Services).	February 2017	Staff; consultant; contractors; co-chairs.	Coordinate on ACO Project Terminology Services (VITL; ACOs).		• In progress.	
15		Provide data quality technical support to ACO member organizations (ACO Gap Analysis and Remediation project).	January 2016	Staff; consultant; contractors; co-chairs.	Coordinate on Gap Analysis and Remediation project (VITL; ACOs).		• In final contract negotiations and approval	
16		Perform a data quality technical assessment of DLTSS Providers (ACTT DLTSS Data Quality project).	February 2015	Staff; consultant; contractors; co-chairs.	Coordinate on DA/SSA data quality project (DLTSS Work Group; DLTSS providers; VITL).		• In progress.	
17	Support the development of advanced analytics and data systems as needed.	Leverage existing technologies to analyze data quality and recommend improvements in its exchange and aggregation.	December 2015	Staff; consultant; co-chairs.	Coordinate with data quality experts such as the Blueprint, VITL, the ACOs, and the QPM Work Group.	Steering Committee	• Proposed.	• Data quality research complete; exchange and aggregation improvements recommended. Report submitted to HIE/HIT WG. • Data analytics and data governance developed for DAs/SSAs provided.
18		Provide data analytics and data governance for the DAs and SSAs (ACTT DA/SSA Data Repository project).	December 2016	Staff; consultant; contractors; co-chairs.	Coordinate on DA/SSA Data Repository project (VCN; DAs/SSAs; VITL).		• In progress.	
Improve the Ability of Health and Human Services Professionals to Exchange Health Information								
19	Facilitate connectivity to Vermont's Health Information Exchange (VHIE) for ACOs and their participating providers and affiliates.	Provide efficient connections to the ACOs (ACO Gateway project).	December 2015	Staff; consultant; contractors; co-chairs.	Coordinate on ACO Gateway project (VITL; ACOs; QPM and Payment Models WGs).	Steering Committee	• In progress.	• ACOs and ACO member organizations connected to VHIE. • ACO data quality improved. • ACO members receive information on clinical events through ENS.
20		Improve the quality of the data sent to the ACOs (ACO Gap Analysis and Remediation project).	January 2016	Staff; consultant; contractors; co-chairs.	Coordinate on Gap Analysis and Remediation project (VITL; ACOs; QPM WG).		• In final contract negotiations and approval	
21		Provide information on clinical events such as hospitalizations or discharges to the ACO members (Event Notification implementation).	March 2015	Staff; consultant; contractors; co-chairs.	Coordinate on ENS (VITL; ACOs; providers).		• In progress.	
22	Facilitate EHR adoption to current non-adopters.	Assist any non-adopting ACO members with EHR implementation (ACO Gap Analysis and Remediation project).	January 2016	Staff; consultant; contractors; co-chairs.	Coordinate on Gap Analysis and Remediation project (VITL; ACOs).	Steering Committee	• In progress.	• Increased EHR adoption among ACO member organizations, • EHR adoption for 5 DAs/SSAs. • DLTSS provider data quality analysis completed to support future EHR adoption where appropriate.
23		Implementation of an electronic health record (EHR) solution for five developmental disability agencies (ACTT DA/SSA EHR Procurement project).	December 2015	Staff; consultant; contractors; co-chairs.	Coordinate to procure DA/SSA EHR (VCN; DAs/SSAs; VITL).		• In progress.	
24		Perform a technical assessment of DLTSS Providers to prepare for possible EHR adoption, where appropriate, in the future (ACTT DLTSS Data Quality project).	February 2015	Staff; consultant; contractors; co-chairs.	Coordinate on ACTT DLTSS project (DLTSS Work Group; DAIL; DLTSS providers; VITL).		• In progress.	

	Objectives	Supporting Activities	Target Date	Responsible Parties	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
25	Facilitate connectivity to providers who are not yet connected to the HIE regardless of ACO participation.	Research methods and technologies for improved extraction of data elements.	December 2015	Staff; consultant; co-chairs.	Coordinate with existing data extraction SMEs such as VITL, the Blueprint, the ACOs.	Steering Committee	<ul style="list-style-type: none"> Proposed. May request CMMI TA on this topic. 	<ul style="list-style-type: none"> Data element extractions methods recommended. Report submitted to HIE/HIT WG.
26		Increase the percentage of connectivity of ACO providers (ACO Gap Analysis and Remediation project).	January 2016	Staff; consultant; contractors; co-chairs.	Coordinate on Gap Analysis and Remediation project (VITL; ACOs).		<ul style="list-style-type: none"> In final contract negotiations and approval 	<ul style="list-style-type: none"> Increased connectivity of ACO providers.
27		Following the Implementation of an electronic health record (EHR) solution for five developmental disability agencies, facilitate the connection to the HIE (ACTT DA/SSA EHR Procurement project).	December 2015	Staff; consultant; contractors; co-chairs.	Coordinate to procure DA/SSA EHR (VCN; DAs/SSAs; VITL).		<ul style="list-style-type: none"> In progress. 	<ul style="list-style-type: none"> Connection of deployed EHR solution for DAs/SSAs to the HIE.
28	Identify technical and IT needs to support new payment and delivery models.	Collaborate with DLTSS, Payment Models, and QPM Work Groups to recommend technical and IT needs to support: new payment and care models for integrated care, beneficiary portals, accessibility and universal design.	April-December 2015	Work group members; staff; consultant; other VHCIP Work Groups.	Collaborate to identify technical and IT needs (DLTSS, Payment Models, and QPM Work Groups).	N/A		Receive recommendations from DLTSS, Payment Models, and QPM Work Groups.
Align and Integrate Vermont's Electronic Health Information Systems to Enable Comprehensive and Secure Exchange of Personal Health and Human Services Records								
29	Expand connectivity to other state data and technology resources.	Develop recommendations for support of a state "data utility."	December 2016	Staff; consultant; co-chairs; work group members.	Coordinate on strategic direction for state "data utility" (AHS, DII, VITL, providers, ACOs).	Steering Committee	<ul style="list-style-type: none"> Proposed. 	<ul style="list-style-type: none"> Recommendations to support a state "data utility" developed. Information and feedback provided to relevant stakeholders.
Increase Consumer Engagement through Technology								
30	Identify, review, and recommend programs for technology options for providing health information to consumers.	In-depth investigation of solutions to provide patients the ability to view their health care data in an integrated Patient Portal.	December 2015	Staff; consultant; contractors; co-chairs.	Coordinate on with AHS-IT, hospitals, a patient focus group, and vendor (possibly VITL).		<ul style="list-style-type: none"> Pending. 	<ul style="list-style-type: none"> Integrated Patient Portal solutions reviewed. Stakeholder input provided to Part 2 project expanded.
31		Provide support and input to expand the ability of the VHIE to appropriately transmit, store, and provide access to the data protected by 42 CFR Part 2 (DVHA core grant funding).	February 2015 (Kickoff); September 2015 (RFP release)	Staff; consultant; co-chairs; AHS agencies.	Support AHS work on 42 CFR Part 2 project (DVHA).	Steering Committee, Health Services Enterprise Steering Committee	<ul style="list-style-type: none"> Pending. 	
32		Collaborate with DLTSS Work Group to discuss a) Informed Consent and general confidentiality issues and b) Federal rules contained in 42 CFR Part 2 Confidentiality Protections; solicit recommendations.	Q3 2015	Work group members; staff; consultant; DLTSS Work Group, VITL.	Collaborate to discuss informed consent and confidentiality (DLTSS Work Group).	N/A		
Policies, Rules, Procedures, and Legislation								
33	Create an HIE governance structure to ensure the development of common HIE strategies, coordination of programs, and efficient use of resources.	Develop recommendations for a Statewide HIE Governance structure.	December 2016	Staff; consultant; co-chairs; AHS agencies, VITL, GMCB.	Coordination with GMCB, DVHA, VITL.	Steering Committee	<ul style="list-style-type: none"> Proposed. 	Report on Statewide HIE Governance.

	Objectives	Supporting Activities	Target Date	Responsible Parties	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
34	Recommend and support new policies, rules, regulations, laws to help the state's HIE be more effective and efficient.	Provide Business & Policy recommendations in support of Privacy & Security concerns.	December 2016	Staff; consultant; co-chairs; AHS agencies, DII.	Coordination with AHS-IT, DII, VITL.		• Proposed.	Report on Statewide HIE Privacy & Security.
35	Provide input into the Vermont Health Information Strategic Plan (VHISP).	HIT/HIE Work Group participation in the VHISP.	December 2015	Staff; consultant; co-chairs; AHS agencies, DII.	Coordination with AHS-IT, DII, VITL.	Part 2 Steering Committee	• Pending.	VHITP release.
Ongoing Updates, Education, and Collaboration								
36	Review HIE/HIT Work Group Workplan.	Draft Workplan.	February-March 2015	Staff.	N/A		• In Process.	Updated workplan adopted.
37	Coordinate and collaborate with other VHCIP Work Groups on other activities of interest.	Identify activities of interest and establish mechanisms for regular coordination and communication with other work groups.	Ongoing	Staff; consultant; co-chairs; work group members; other work groups.	Coordinate to identify activities of interest and establish regular communication (Other VHCIP Work Groups).	N/A	• In Process.	Well-coordinated and aligned activities among work groups.
38		Provide updates to other work groups on HIE/HIT Work Group activities, including the ACTT project.	Ongoing	Staff; co-chairs; work group members; other work groups.	N/A			
39		Provide input to Population Health Work Group.	<ul style="list-style-type: none"> Review draft Population Health Plan outline developed by Population Health Work Group. Receive presentation on "population health" definition and Population Health 101 materials developed by Population Health Work Group. 	Q3 2015 and Q1 2015	Staff; co-chairs; work group members; Population Health Work Group.		<ul style="list-style-type: none"> Receive PHP outline (Population Health Work Group). Receive definition and materials (Population Health Work Group). 	
40								
41								
42		Coordinate with QPM Work Group on clinical data collection, the VHISP, and gap remediation.	Ongoing	Staff; co-chairs; work group members; QPM Work Group.	Coordinate on clinical data collection, the VHISP, and gap remediation (QPM Work Group).			
43		Provide update to Workforce Work Group on HIE data interoperability.	Q4 2015	Staff.	Present interoperability update (Workforce Work Group).			
44		Obtain regular updates on relevant sub-grantee projects.	Ongoing	Staff; co-chairs; work group members; sub-grantees.	Obtain regular updates on relevant sub-grantee projects (Sub-Grantees).			
45								
46	Periodic and consistent review of the resources available through CMMI's Technical Assistance.	Connect work group staff with CMMI Technical Assistance and provide work group with updates on resources. Leverage resources whenever available.	Ongoing	Staff; consultant; co-chairs	N/A		• In Process.	Well informed knowledge of resources available through CMMI TA.
47	Coordinate with, update, and receive education from VHCIP Core Team, Steering Committee, other VHCIP leadership and stakeholders, and AHS agencies as appropriate.	Overall VHCIP project status updates.	Ongoing	Staff; co-chairs; work group members; VHCIP leadership.	N/A			Well-coordinated and aligned activities across VHCIP.

Attachment 5

UTP Next Phase Review

Uniform Transfer Protocol: Next Steps Proposal

Larry Sandage
March 25, 2015

What is the Uniform Transfer Protocol?

- Goal: To extend the ability of diverse service providers to share information electronically, using a common data set, with each other in a timely, standardized fashion across the continuum of care.

Uniform Transfer Protocol (UTP) Phases*:

- Discovery
 - Design
 - Implement
 - Sustain
-
- *note that each phase must be completed before approval for next phase.

UTP Discovery: The Charter

UTP Charter was proposed with the following recommended steps for Phase 2:

- Finalize a comprehensive LTSS/HCBS data element set
- Engage Additional Care/Service Sectors to extend UTP: BH, HOB, LTPAC
- Apply UTP Phase One data development processes to identify an initial data set to support high value activities for each sector.
- Determine an approach to enabling the electronic exchange of data elements.
- Test the exchange of harmonized data elements using HIT solutions.
- Measure benefits of UTP

Additional documents provided ‘what providers need and want’

UTP Discovery: The Charter

The proposed charter recommended additional discovery work. HIE/HIT Leadership recommends:

- Discovery continue through to completion
- Parallel work begin in the design phase to determine:
 - Solution feasibility
 - Business and workflow requirements
 - Design of a technical solution to support community requirements

UTP Design: (step being proposed here)

- Things to keep in mind during this phase:
 - Sign-on fatigue
 - Need to leverage other investments and connect with existing data sources
 - Permissions/Consent
 - Build to solutions
 - Provider need must drive the solution

UTP Design: (step being proposed here)

- Determine if the paper form works for more than one community
- Gather business & workflow requirements
- Develop technical requirements based on the business & workflow needs
- Determine necessary pre-conditions for implementation
- Determine implementation structure: pilots/phases?
It can not happen all at once. Meet providers where they are.

UTP Design: (step being proposed here)

- How will this phase be structured?
 - Create a new UTP leadership team to focus on this project.
 - Provider engagement: VHCIP staff will interact with providers for business requirements gathering and to ensure connecting with their need.
 - Assess some potential electronic IT solutions
 - Subject matter expertise: engage with subject matter experts:
 - National clinical expert in this work
 - Technical expert
 - Frequent updates to HIE/HIT Work Group