

Vermont Health Care Innovation Project HDI Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Wednesday, June 22, 2016, 9:00am-11:00am, Ash Conference Room, Waterbury State Office Complex, 280 State Drive, Waterbury.

Agenda Item	Discussion	Next Steps
1. Welcome and	Simone Rueschemeyer called the meeting to order at 9:05am. A roll call attendance was taken and a quorum was	
Introductions;	not present.	
Minutes Approval		
2. Project Updates	VHITP Update: The VHITP has come before the Green Mountain Care Board but not yet been approved. GMCB is	
	entering the season for rate review, Certificate of Need, and hospital budget hearings, so it is not clear when the	
	Home Health Agency Gap Remediation Project Update: Susan Aranoff provided an update. This is a three-phase project. In the first phase, ending on June 30, a first wave (4 agencies) of Home Health Agencies was on-boarded to VITLAccess. Agencies are experiencing some challenges in initial implementation. For the second two cohorts, VITL and project staff are working to provide HHAs with additional information about the project and the benefits of participation. Larry Sandage added that VITL has been very helpful; Holly Stone is the project manager on the State side. VITLAccess	
3. Data Quality	Judith Franz and Mike Gagnon (VITL) provided an update on the Data Quality project (Attachment 3).	
Project Update	• Two project components: work to improve ACO data quality through workflow improvements and technology to normalize data; and work to improve data quality for Vermont Care Partners member agencies (DAs and SSAs) through workflow improvements.	
	 The group discussed the following: How does VITL deal with collecting data from multiple locations? For example, vaccinations can occur at an office visit or at a pharmacy. Mike responded that VITL is open to any organization contributing data, but has focused on the largest data volume first (hospitals). 	

Discussion	Next Steps
 How will the recent DVHA RFP impact ACO data marts? Mike responded that generally the data marts are a service to feed into analytics and data quality tools. Georgia Maheras noted that we cannot speak specifically to the DVHA RFP because it is in active procurement. What types of providers or organizations are using VITLAccess the most? Judith replied that this information is tracked, and she would follow up to find the answer to this question. Generally, the organizations that use VITLAccess most are those that are involved in care integration and care transitions. 	
Sara Barry and Maura Crandall (OneCare Vermont) provided an update on implementation of the Care Navigator	
 OneCare identified a need for a tool to coordinate and manage care for complex patients, both to optimize patient outcomes and to control cost growth. Selected Blueprint Health IT Care Navigator tool. 	
• Care Navigator includes a web-based hub. Later rollouts will include a secure mobile app for providers, caregivers, and patients. Pulls from both claims and clinical data.	
 Other possible participation in pilot work through a group made up of the VNA, CVAA, and one other participant. 	
 SASH has also indicated that they are interested in participating. Care Navigator Demo – 	
 Portal (hub) is dynamic and allows for personalized care team, including both providers and non- providers, with varied permissions. 	
 Can include documents like advanced directives, crisis plans, etc. Care coordination log will allow future data analysis on care coordination "dosage" and possible link to outcomes 	
 Work informed by Integrated Communities Care Management Learning Collaborative and NCQA care coordination standards. 	
The group discussed the following:	
 Does Care Navigator have the ability to analyze and report across the ACO or within health service areas (for example, shared care plan root causes)? Yes, and OneCare will be able to drill down within different parts of the tool. 	
 How will this interface with PatientPing? Claims are updated monthly, but care team members can update diagnoses and other data more frequently to inform timely decision-making. 	
 OneCare is just starting to explore what other assessments and fields could be captured, and thinking about whether data should be aggregated within this system or elsewhere. There will be an evaluation of this implementation that will include the SF-12 and other assessments. Heather Skeels suggested she and Sara connect on the PREPARE tool. Stephani Hartsfield suggested initial assessments/screening questions 	
	 How will the recent DVHA RFP impact ACO data marts? Mike responded that generally the data marts are a service to feed into analytics and data quality tools. Georgia Maheras noted that we cannot speak specifically to the DVHA RFP because it is in active procurement. What types of providers or organizations are using VITLAccess the most? Judith replied that this information is tracked, and she would follow up to find the answer to this question. Generally, the organizations that use VITLAccess most are those that are involved in care integration and care transitions. Sara Barry and Maura Crandall (OneCare Vermont) provided an update on implementation of the Care Navigator care management tool. OneCare identified a need for a tool to coordinate and manage care for complex patients, both to optimize patient outcomes and to control cost growth. Selected Blueprint Health IT Care Navigator tool. Care Navigator includes a web-based hub. Later rollouts will include a secure mobile app for providers, caregivers, and patients. Pulls from both claims and clinical data. Other possible participation in pilot work through a group made up of the VNA, CVAA, and one other participant. SASH has also indicated that they are interested in participating. Care Navigator Demo – Portal (hub) is dynamic and allows for personalized care team, including both providers and non-providers, with varied permissions. Can include documents like advanced directives, crisis plans, etc. Care coordination log will allow future data analysis on care coordination "dosage" and possible link to outcomes. No substance abuse or mental health data included. Work informed by Integrated Communities Care Management Learning Collaborative and NCQA care coordination standards. The group discussed the following:

Agenda Item	Discussion	Next Steps
	 within Care Navigator. Care Navigator does include some initial pediatric assessment tools as requested by focus groups. Can patients opt out of the Care Navigator system? Sara responded that patients can opt out of data sharing with the ACO entirely. For patients that don't entirely opt out, the first step is care team onboarding; the next step is to engage patients to receive and review information, to give access to some components to key members of their care teams (whether providers, social service organizations, or family members/friends/caregivers). Patients cannot opt out of providers using Care Navigator to discuss their care. OneCare is exploring how best to engage patients in this tool. Can minors limit what information their parents can see under HIPAA rules? Not yet sure. Working with colleagues at UVMMC to learn more about concerns specific to pediatric populations. Other systems and areas of the country that are rolling out this software or similar software are also sharing challenges and lessons learned. How is OneCare learning from the Integrated Communities Care Management Learning Collaborative? Starting slowly with just a few patients in a few communities, learning slowly and ramping up from there. A population-level focus going forward – will eventually be looking at a proportion of patients, rather than a count per community. Not yet setting long-term targets, will need to get an initial sense of scope. Prioritizing flexibility and customization within communities, learning from Learning Collaborative experience and care teams. 	
5. Public	There was no additional comment.	
Comment, Next		
Steps, Wrap-Up,	Next Meeting: Wednesday, July 20, 2016, 9:00-11:00am, Ash Conference Room (2 nd floor above main entrance),	
and Future	Waterbury State Office Complex, 280 State Drive, Waterbury.	
Meeting Schedules		
	August meeting is cancelled.	

Member		Member Alt	ernate	List N°O	June 22,2016
First Name	Last Name	First Name	Last Name		Organization
Susan	Aranoff V	Gabe-	Epstein		AHS - DAIL
		Nancy	Marinelli		AHS - DAIL
oel	Benware	Dennis	Boucher		Northwestern Medical Center
		Jodi	Frei		Northwestern Medical Center
		Chris	Giroux		Northwestern Medical Center
	- 12 J 7 7 5 - 11	1			
Peggy	Brozicevic	Eileen	Underwood		AHS - VDH
Amy	Cooper				HealthFirst/Accountable Care Coalition of the Green Mountains
1997 S. 1998		1. A			
Steven	Cummings				Brattleboro Memorial Hopsital
Mike	DelTrecco				Vermont Association of Hospital and Health Systems
Chris	Dussault	Angela	Smith-Dieng		V4A
		Mike	Hall	· · · · ·	Champlain Valley Area Agency on Aging / COVE
Leah	Fullem	Sava	Barry /		OneCare Vermont
	/				
Michael	Gagnon V	Kristina	Choquette		Vermont Information Technology Leaders
Ken	Gingras				Vermont Care Partners
Eileen	Girling	MaryKate	Mohlman		AHS - DVHA
Jennifer	Egleholt	indi yitute	HIGHING	1	
Dale	Hackett				Consumer Representative
mma	Harrigan	Kathleen	Hentcy	And the second second	AHS - DMH
	Thurngun	Brian	Isham		AHS - DMH
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Paul	Harrington			dia anna anna anna an	Vermont Medical Society
Stefani	Hartsfield	Molly	Dugan		Cathedral Square
		Kim	Fitzgerald		Cathedral Square and SASH Program
	Kuinon	Trinko	Korr		VLA/Health Care Advocate Project
Kaili	Kuiper V	Trinka	Kerr		
Celly	Lange	James	Mauro		Blue Cross Blue Shield of Vermont

VHCIP Health Data Infrastructure Work Group Member List

Member		Member Alt	ernate	
First Name	Last Name	First Name	Last Name	Organization
Kim	McClellan	Randy	Connelly	DA - Northwest Counseling and Support Services
		Chris	Kelly	
Arsi	Namdar			Central Vermont Home Health and Hospice
Brian	Otley 🗸			Green Mountain Power
Kate	Pierce			North Country Hospital
Darin	Prail	Diane	Cummings	AHS - Central Office
Simone	Rueschemeyer			Vermont Care Network
Julia	Shaw	Lila	Richardson	VLA/Health Care Advocate Project
Heather	Skeels	Kate	Simmons	Bi-State Primary Care
Richard	Słusky	Roger	Tubby	GMCB
Chris	Smith	Lou-	McLaren-	MVP Health Care
Russ	Stratton			VCP - HowardCenter for Mental Health
	28		23	

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200	Meeting Name:		VHCIP HDI Work Group Meeting
	Date of Meeting:		June 22, 2016
1. A.	First Name	Last Name	
1	Susan	Aranoff	DINONE
2	Joanne	Arey	
3	Ena	Backus	
4	Susan	Barrett	4
5	Jed	Batchelder	
9	Joel	Benware	
7	Richard	Boes	
8	Brian	Borowski	
6	Dennis	Boucher	
10	Jonathan	Bowley	
11	lon	Brown	
12	Peggy	Brozicevic	
13	Martha	Buck	
14	Shelia	Burnham	
15	Wendy	Campbell	
16	Narath	Carlile	
17	Kristina	Choquette	
18	Peter	Cobb	
19	Randy	Connelly	
20	Amy	Cooper	
21	Alicia	Cooper	
22	Steven	Cummings	
23	Diane	Cummings	
24	Becky-Jo	Cyr	
25	Mike	DelTrecco	
26	Molly	Dugan	
27	Chris	Dussault	
28	Jennifer	Egelhof	W
29	Nick	Emlen	
30	Gabe	Epstein	
31	Karl	Finison	
32	KIm	Fitzgerald	
33	Erin	Flynn	here
34	Paul	Forlenza	

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CS	Jodi	Frei	
36	Leah	Fullem	(Www
37	Michael	Gagnon	1 Neve
38	Daniel	Galdenzi	
[,] 39	Joyce	Gallimore	
40	Lucie	Garand	5
41	Christine	Geiler	here
42	Ken	Gingras	
43	Eileen	Girling	
44	Chris	Giroux	
45	Stuart	Graves	
46	Dale	Hackett	Nure
47	Mike	Hall	
48	Emma	Harrigan	
49	Paul	Harrington	
50	Stefani	Hartsfield	
51	Kathleen	Hentcy	
52	Lucas	Herring	
53	Jay	Hughes	
54	Brian	Isham	
55	Craig	Jones	
56	Pat	Jones	
57	Joelle	Judge	heve
58	Kevin	Kelley	
59	Chris	Kelly	
60	Trinka	Kerr	
61	Sarah	Kinsler	Neve
62	Kaili	Kuiper	nuc
63	Andrew	Laing	0
64	Kelly	Lange	
65	Charlie	Leadbetter	
66	Carole	Magoffin	
67	Georgia	Maheras	here
68	Nancy	Marinelli	1.
69	James	Mauro	
70	Kim	McClellan	
71	Lou	McLaren	

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MaryKate	Arsi	Mark	Miki	Brian	Annie	Kate	Luann	Darin	David	Paul	Lila	Simone	Tawnya	Larry	Suzanne	Julia	Kate	Heather	Richard	Chris	Angela	Holly	Russ	Richard	Julie	Bob	Tela	Matt	Roger	Win	Eileen	Beth	Julie	Richard	Ben	David
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Kendall	James	Bradley	Gary	Stew	Julta					
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