

DISABILITY AND LONG TERM SERVICES AND SUPPORTS DATA GAP REMEDICATION PROJECT: NEXT STEPS - Connection of Home Health Agencies

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Project Background

- Goal: to increase the Health Information Technology capacity of Vermont's Disability and Long Term Services and Supports (DLTSS) Providers and other “non-meaningful use providers”
- Objective: Home Health Agencies and Area Agencies on Aging establish connections to VHIE to implement the Next Generation Medicare Shared Savings Program, and comply with the IMPACT Act.

Project Overview

- The VHCIP allocated nearly \$800,000 of SIM funds to connect the remaining HHAs and, when possible, AAAs to the VHIE.
- These Funds must be spent between 2/15/16-12/31/16.
- VITL is carrying out the project in 3 phases.

Project Overview

- Implement VITLAccess for Home Health Agencies including Bayada.
 - VITLAccess is a provider portal that allows access to health care providers to patient care information from other entities.
- Develop Interfaces from Home Health Agencies' EHRs to the VHIE .
 - An interface is the “connector” that allows information to flow from a provider’s electronic health record system to the Vermont Health Information Exchange (VHIE).

In Summary:

- **Allow the information to flow and be shared**
- **Provide access to the client’s health record**

Phased Approach

- For VITLAccess, Home Health agencies will be implemented in groups.
 - Phase One – February 15, 2016 to June 30, 2016
 - Phases Two and Three – July 1, 2016 to December 31, 2016
- For Interfaces:
 - Initial Discovery phase to determine vendor capability:
 - Total of 12 agencies using 5 different EHRs.
 - Phase One
 - Development by organization (based on Discovery):
 - Goal is to remediate a minimum of 50% of the number of needed Interfaces.
 - Phases Two and Three

VITLAccess Implementation

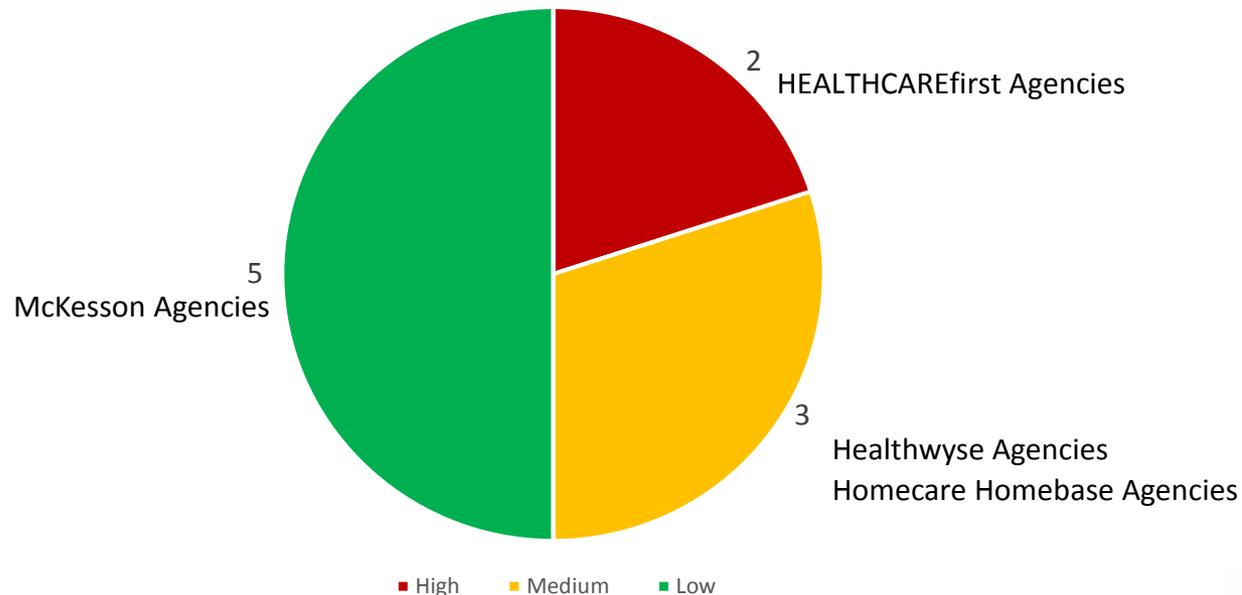
- Profile: Introductory meeting and role definition.
 - Client Organization Executive Leadership attendance
- Enroll: User designation and technical set up of users.
 - Client Organization Clinical Leadership involvement
- Launch: Training and Go-Live
 - Client Organization Clinical Leadership and staff

VITLAccess Implementation Phases

Phases	Agencies	Est. Users
1	Visiting Nurse Association of Chittenden & Grand Isle Counties (including the VT Respite House)	100
	Addison County Home Health & Hospice	40
	Bayada Home Health Care	140
	Lamoille Home Health & Hospice	25
	Total Users	305
2	Central Vermont Home Health & Hospice	50
	Visiting Nurse and Hospice for Vermont & New Hampshire	60
	Rutland Area Visiting Nurse Association & Hospice	60
	Total Users	170
3	Bennington Area Visiting Nurse Association & Hospice	25
	Caledonia Home Health Care & Hospice	30
	Franklin County Home Health Agency	40
	Manchester Health Services	10
	Orleans, Essex VNA & Hospice	20
	Total Users	125
Total users all 3 phases		600

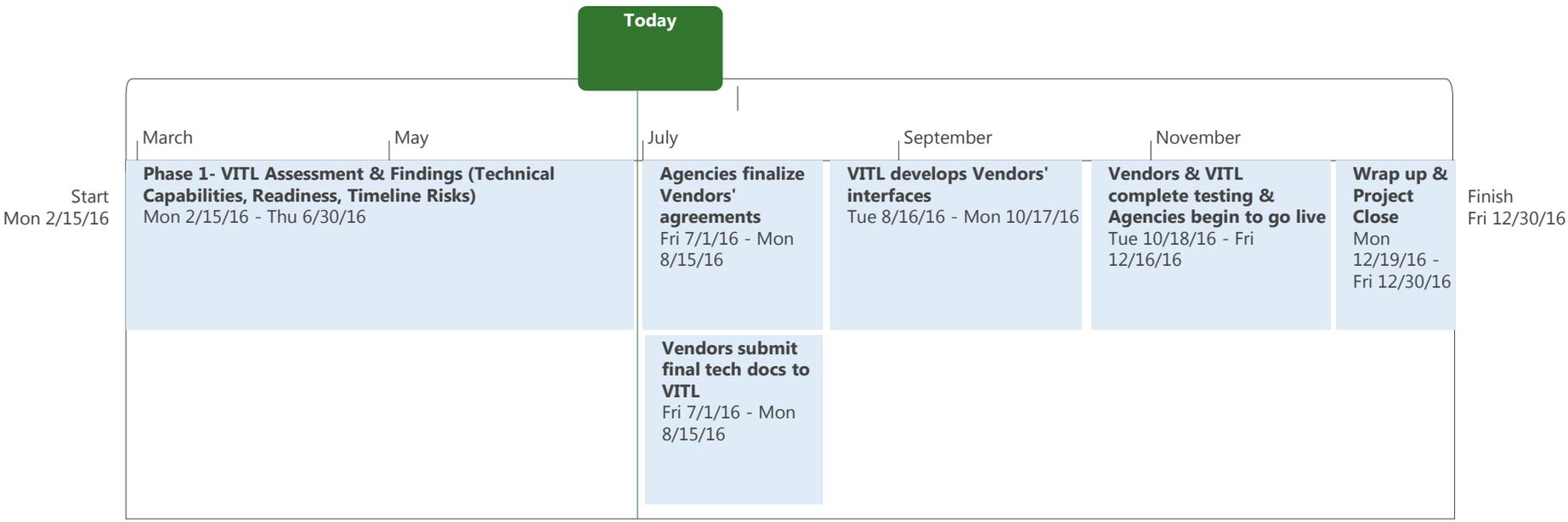
Interfaces: Phase 1 VITL Findings

- All Home Health EHR vendors vary in interoperability and interface implementation cost.
- Proceed with 9/10 agencies (completing at least 8 by end of year)*
- Agency project completion risk assessment based on current technical capability, readiness, and timeline constraints



*Allscripts' Agency is live; Addison Co Home Health & Hospice is selecting new vendor

High Level Phase 2 & 3 Timeline



Next Steps

- Monthly project status calls begin July 21
- Agency commitment to timeline (see above)
- Communications & agency scheduling with project contacts:
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