VT Health Care Innovation Project
HIE Work Group Meeting Agenda

Friday, October 2, 2015; 11:00am – 1:00pm
Fourth Floor Conference Room, Pavilion Building, Montpelier
Call-In Number: *1-877-273-4202*; Passcode *2252454*

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action Needed
1	11:00-11:05	Welcome and Introductions	Simone Rueschemeyer & Brian Otley		
2	11:05-11:10	Review and Acceptance of May 20th Meeting Minutes	Simone Rueschemeyer & Brian Otley	Attachment 2: HIE Work Group Minutes	Approval of minutes
3	11:10-11:20	VHCIP Reorganization	Georgia Maheras		
4	11:20-11:40	Brief Project Updates: Telehealth, SCÜP, DLTSS Technical Assessment, Data Inventory	Staff		
5	11:40-12:20	VITL/ACO Gap Remediation Status Update	Kristina Choquette/VITL	Attachment 5 – VITL Gap Remediation Update	
6	12:20-12:50	Vermont Health Information Technology Plan (VHITP) Briefing	Steve Maier & Mosaica Partners	Attachment 6 - VHCIP HIE Work Group Briefing	
7	12:50-12:55	Public Comment	Simone Rueschemeyer & Brian Otley		
8	12:55-1:00	Next Steps, Wrap-Up and Future Meeting Schedule	Simone Rueschemeyer & Brian Otley		

Attachment 2: HIE Work Group Minutes

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

Pending Work Group Approval

Date of meeting: Wednesday, August 19, 2015 9:00 – 10:00 am, Conference Call Only

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions	Simone Rueschemeyer called the meeting to order at 9:00 am. A roll call attendance was taken and a quorum was present.	
2. Review and Approval of the June minutes	Heather Skeels moved to approve the minutes and Sue Aranoff seconded. A vote in the form of an exception was made and the motion passed unanimously.	
3. A. Review and Approval of Telehealth Strategy **B. Review and Approval of Telehealth Statement of Work (SOW)**	Sarah Kinsler gave a review of the Vermont Telehealth Strategy and Telehealth Statement of Work (SOW) as prepared by JBS international with input from the Telehealth Steering Committee (Attachments 3a&b). The group discussed some additions to the SOW: - Regarding VHIE interoperability – the way the SOW is currently written will not solicit the level of detail necessary to determine the type of interoperability. - The RFP is intentionally written to be flexible therefore the outcomes are less specific. - Sue Aranoff requested that proposals should address a plan for accessibility for those with disabilities. - Telemonitoring is also being considered in the RFP and is a part of the overall definition of Telehealth that has been presented in previous meetings. Sue Aranoff moved to approve the proposal for the Telehealth Strategy by exception. Eileen Underwood	Sarah Kinsler and Karen Bell will update the RFP scope to reflect changes discussed at the Work Group meeting: additional information on interoperability (to be developed with Mike Gagnon); and a specific question on

Agenda Item	Discussion	Next Steps
	seconded. The motion passed unanimously. The group agreed to add more details to the SOW before releasing it. The final RFP will include an additional spec document for bidders to respond to as well as a description of the bidding process, such as bidder demonstrations before final selections. Mike Gagnon moved to approve the Statement of Work contingent upon revisions to include interoperability specifications and accessibility language, as well as clarification on the steps of the selection process. Heather Skeels seconded. A vote in the form of an exception was made and the motion passed unanimously.	accessibility for people with disabilities.
4. Review and Approval SCÜP Status	Larry Sandage presented a review of the SCÜP project to date (Attachment 4). An additional update will be presented at the September meeting. Heather Skeels moved to approve the SCUP project at this check point. Sue Aranoff seconded. A vote in the form of an exception was made and the motion passed unanimously.	
5. Public Comment	No further comments were offered.	
5. Next Steps, Wrap Up and Future Meeting Schedule	**Next Meeting:** Wednesday, September 23, 2015; 1:00-3:00 pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.	

Minutes

Heather Skeels 1°

Sue Aranoff 2°

Motion carried by exception

Telehealth

Strategy -
Sue Aranoff 1°
Eileen Underwood 2°
motion carried by exception

RFP - Carried by exception
Mike Gagnon 1
- add specs and clarifying language to RFP + accessibility
Heather Skeels 2°

SCUP

Heather Skeels 1°

Sue Aranoff 2°
motion carried by exception
* Add check-in in September

VHCIP HIE Work Group Member List

Roll Call: 8/19/2015

Member		Member Alternate		Minutes	S Telehealth	RFP	SCUP Request	
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							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	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
Eileen	Underwood ✓							AHS - VDH
	28		16					

Quorum ✓

VHCIP HIE Work Group Participant List

Attendance: 8/19/2015

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	phone	AHS - DAIL	S/M
Joanne	Arey		White River Family Practice	A
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Joel	Benware	phone	Northwestern Medical Center	M
Richard	Boes		DII	M
Jonathan	Bowley		Community Health Center of Burlington	M
Jon	Brown	phone		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	phone	VNAs of Vermont	M
Amy	Coonradt		AHS - DVHA	S
Alicia	Cooper		AHS - DVHA	S
Diane	Cummings	phone	AHS - Central Office	S/MA

Becky-Jo	Cyr		AHS - Central Office - IFS	X
Mike	DelTrecco		Vermont Association of Hospital and Health Systems	M
Jennifer	Egelhof	phone	AHS - DVHA	MA
Nick	Emlen		DA - Vermont Council of Developmental and Mental Health Serv	M
Gabe	Epstein	phone	AHS - DAIL	S
Karl	Finison		OnPoint	X
Jaime	Fisher		GMCB	X
Erin	Flynn		AHS - DVHA	S
Paul	Forlenza		Centerboard Consultingt, LLC	X
Leah	Fullem	phone	OneCare Vermont	M
Michael	Gagnon	phone	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	phone	Vermont Care Network	MA
Mike	Hall		COVE	X
Emma	Harrigan	phone	AHS - DMH	M
Paul	Harrington		Vermont Medical Society	M
Kathleen	Hentcy		AHS - DMH	MA
Lucas	Herring	phone	AHS - DOC	M
Jay	Hughes		Medicity	X
Craig	Jones		AHS - DVHA - Blueprint	X
Pat	Jones	phone	GMCB	S/MA
Joelle	Judge	phone	UMASS	S
Kevin	Kelley		CHSLV	M
Sarah	Kinsler	phone		S
Kaili	Kuiper	phone	VLA/Health Care Advocate Project	M
Kelly	Lange		Blue Cross Blue Shield of Vermont	MA
Charlie	Leadbetter		BerryDunn	X
Carole	Magoffin	phone	AHS - DVHA	S
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	phone	AHS - DVHA	S
Todd	Moore		OneCare Vermont	X
Stacey	Murdock		GMCB	X
Arsi	Namdar	phone	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	phone	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	phone	DA - Northwest Counseling and Support Services	M
David	Regan		GMCB	X
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M
Greg	Robinson	phone	OneCare Vermont	MA
Sandy	Rousse		Central Vermont Home Health and Hospice	M
Beth	Rowley		AHS - DCF	X
Simone	Rueschemeyer	phone	Vermont Care Network	C/M
Tawnya	Safer		OneCare Vermont	
Larry	Sandage	phone	AHS - DVHA	S
Julia	Shaw		VLA/Health Care Advocate Project	MA
Kate	Simmons		Bi-State Primary Care/CHAC	MA
Heather	Skeels	phone	Bi-State Primary Care	M
Richard	Slusky		GMCB	S/M
Chris	Smith	phone	MVP Health Care	M
Angela	Smith-Dieng		VT Association of Area Agencies on Aging	X
Richard	Terricciano	phone		X
Julie	Tessler		DA - Vermont Council of Developmental and Mental Health Serv	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	phone	AHS - VDH	M
Beth	Waldman		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 - JBS

Attachment 5 – VITL Gap Remediation Update

VITL Gap Remediation Update

HIE Workgroup

October 2, 2015

Status of Remediating the Gap

- Collecting data from VHIE members for use in both patient care and for analytics involves three types of work
  1. Building interfaces
  2. Working with organizations and vendors when data is missing
  3. Translating data into standard codes and terminologies (semantic interoperability)

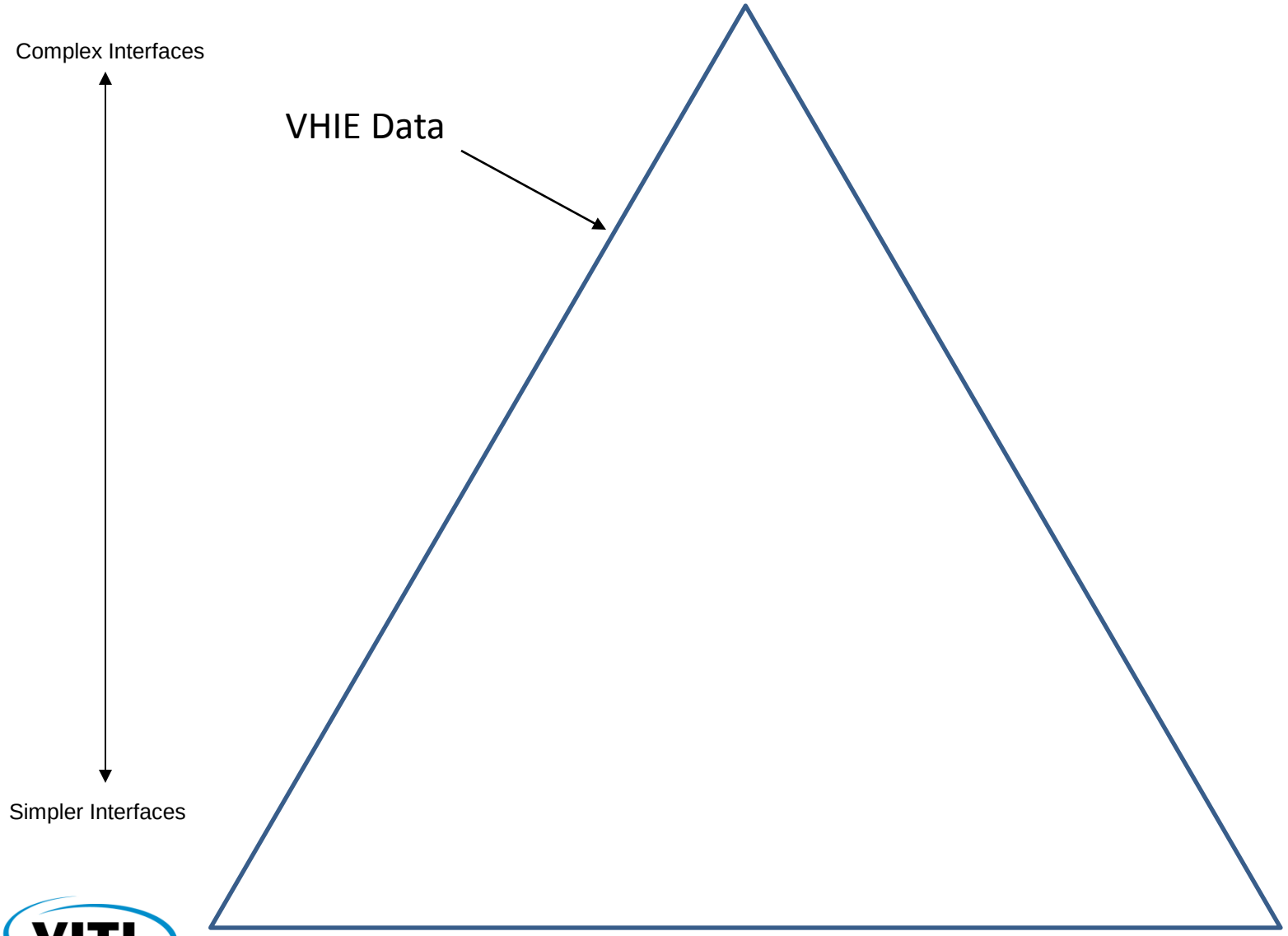
VITL

Step 1 - Building Interfaces

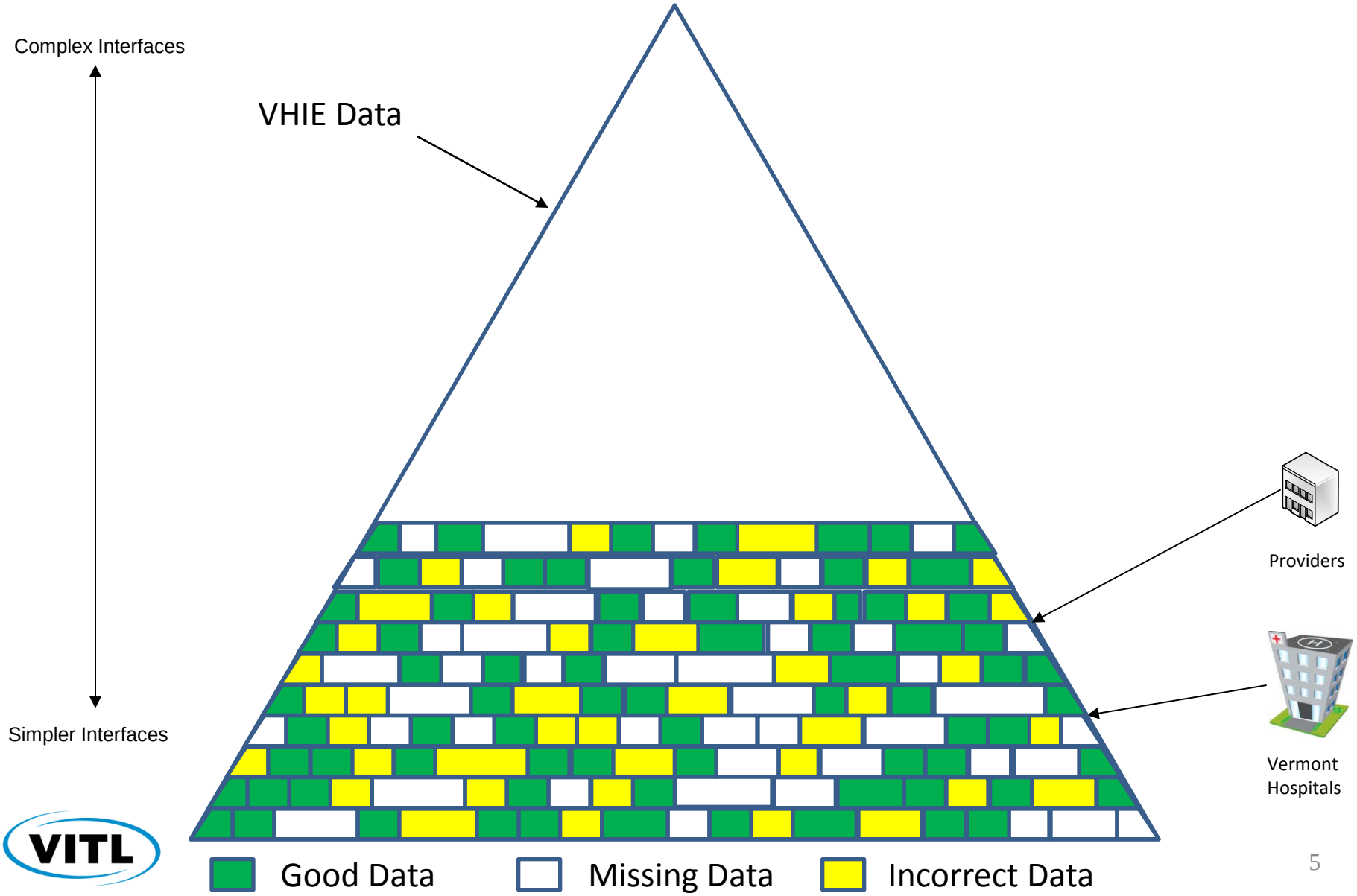
- Building interfaces to vendor EHRs varies greatly in complexity
- VITL has built most of the interfaces for organizations whose vendors are cooperative
- As we continue to add data to the VHIE the interfaces are getting harder
- Example: Epic (UVMMC and Dartmouth) and eClinical Works (11 practices) do not send care summaries to the VHIE

VITL

3 Steps of Data Remediation: Step 1 – Building Interfaces



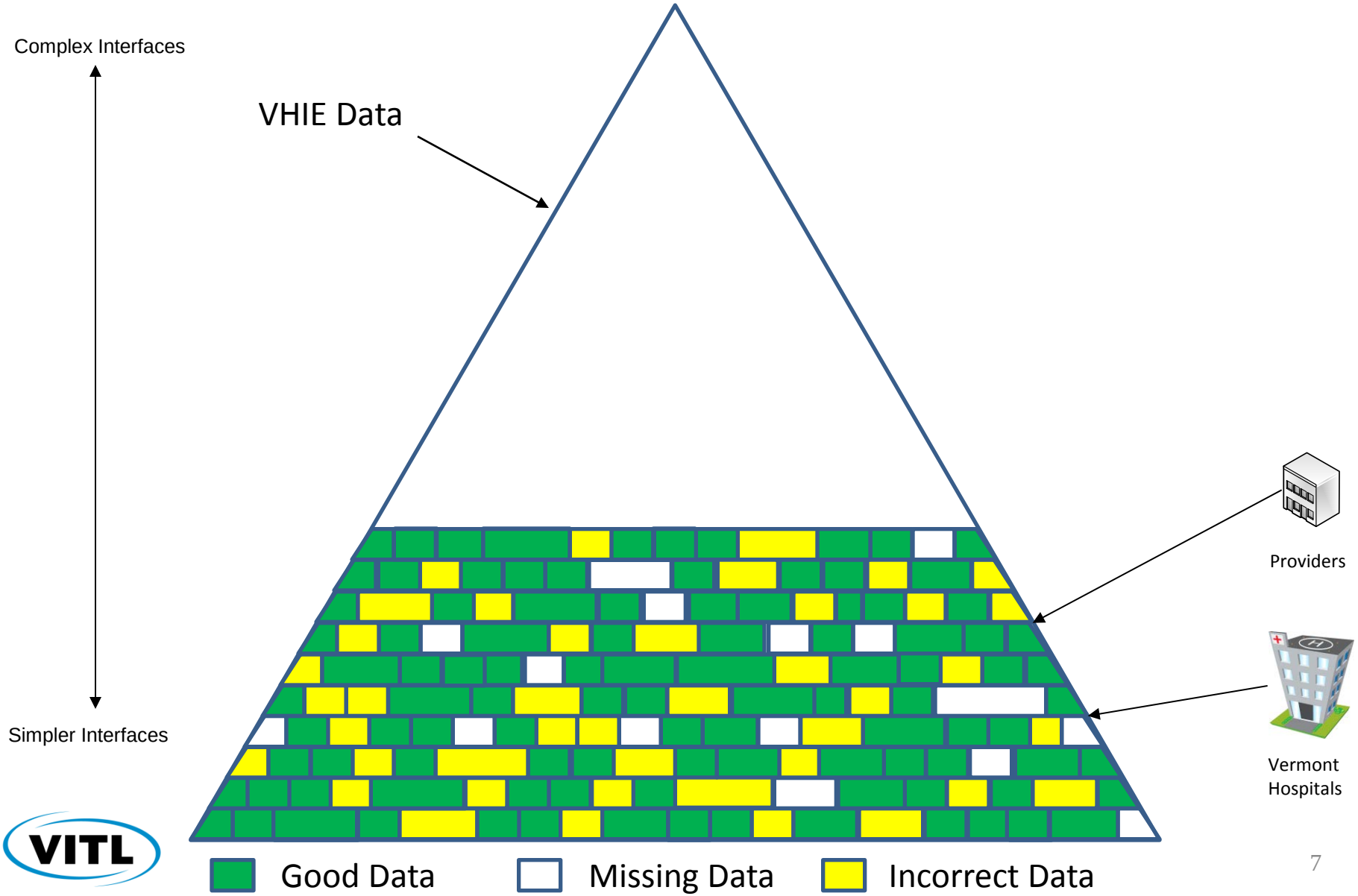
3 Steps of Data Remediation: Step 1 – Building Interfaces



Step 2 - Remediating Missing Data

- Why is data missing?
  - The practice does not enter it or enters it in the wrong field
  - The practice enters it but the vendor does not include it in the interfaces
  - The practice customizes the EHR for internal use that “breaks” the interface
- To scope the issues, it takes intensive analysis of both practice workflows and vendor capabilities
- To remediate, we must work with each practice and their vendor to resolve the issues

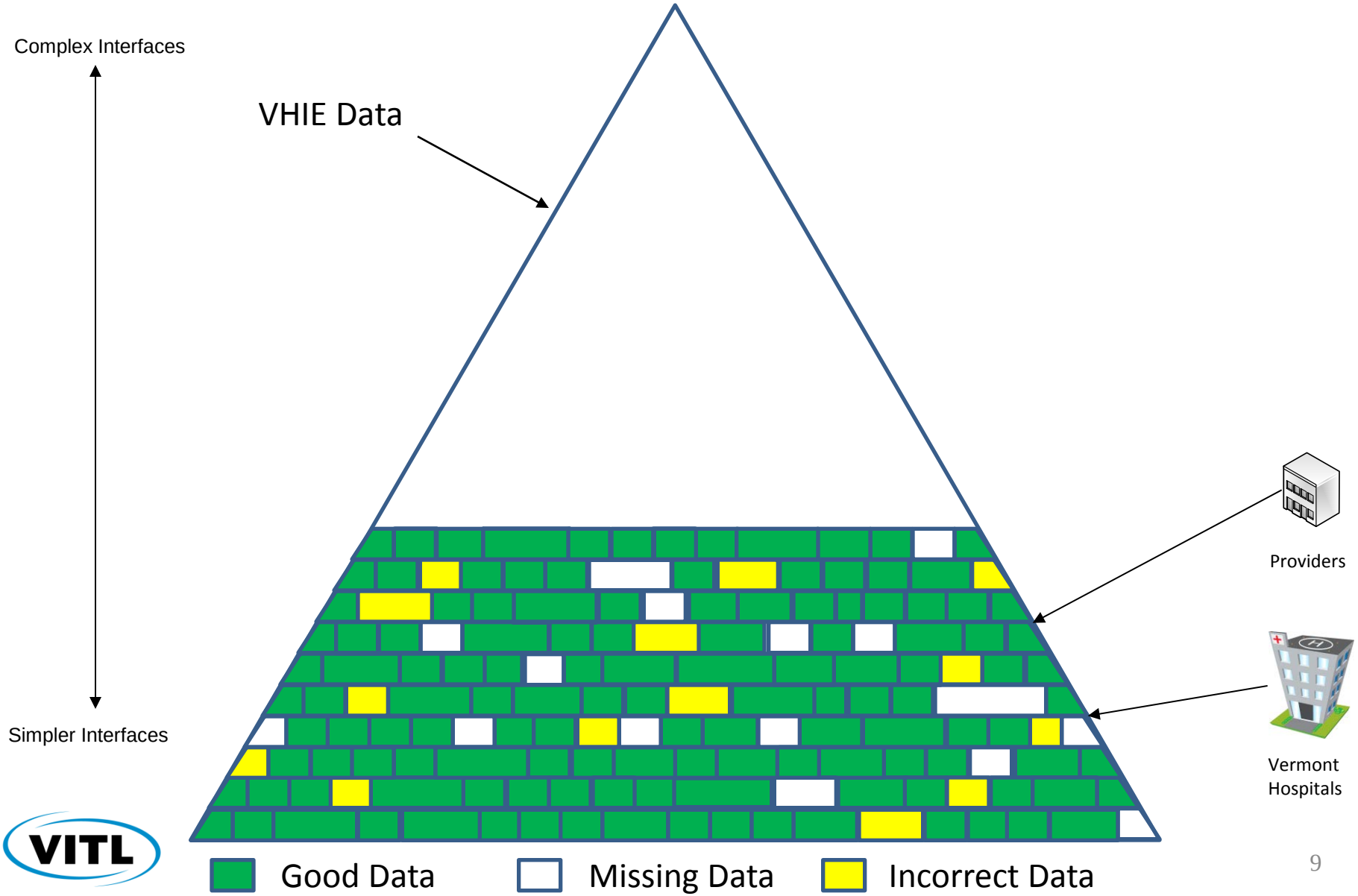
3 Steps of Data Remediation: Step 2 – Remediate Missing Data



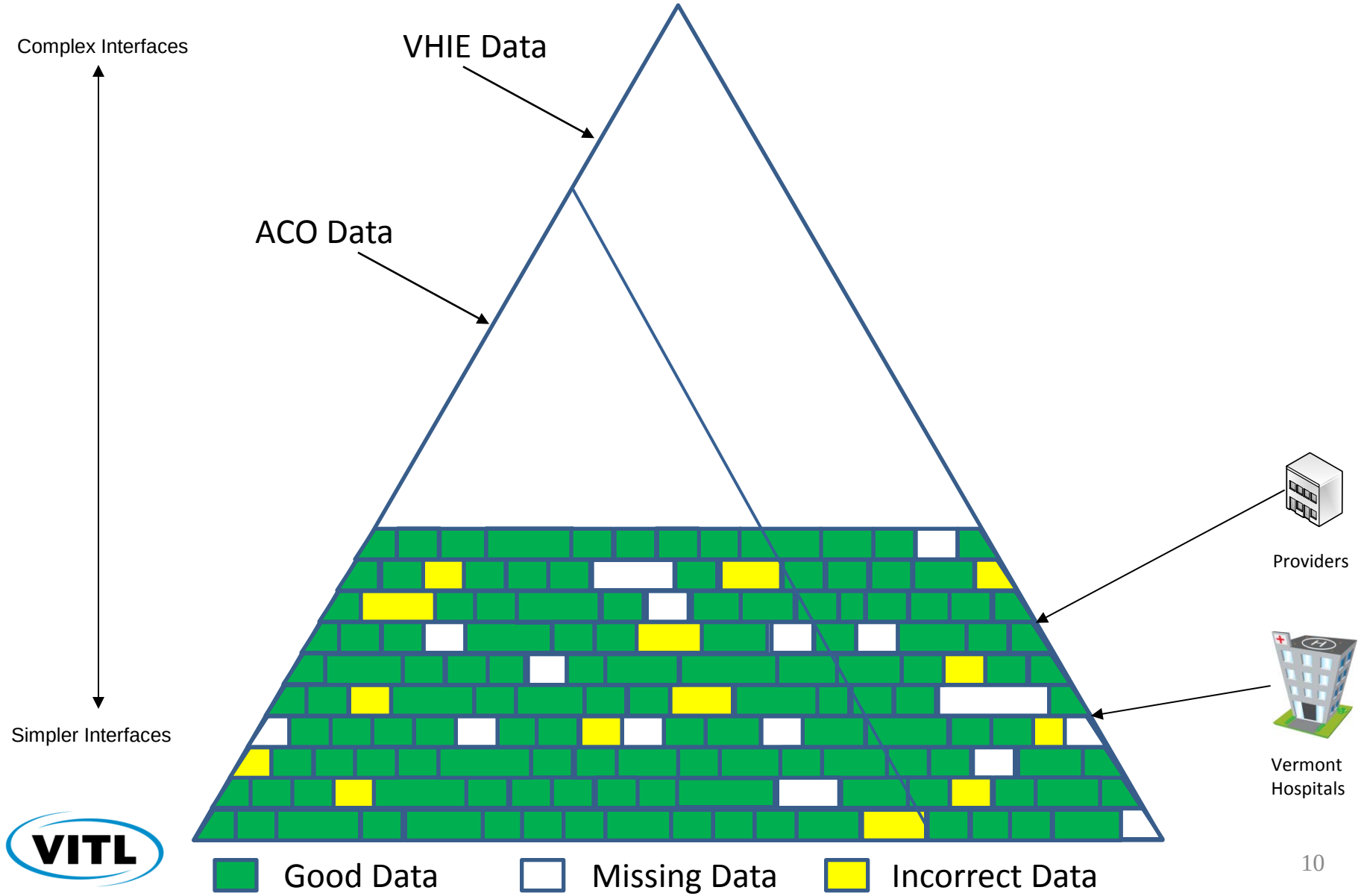
Normalizing Data to Standard Codes

- Data may be complete and accurate but might not be coded in a manner that allows comparison with other organizations' data
- Example: One lab might call a test "Glycated Hemoglobin" and another might call the same test "A1C."
- The common code for this test is 4548-4 using the LOINC standard terminology
  - However this is not very useful in a report
- Remediation in this case involves adding the LOINC code to the organizations local test name

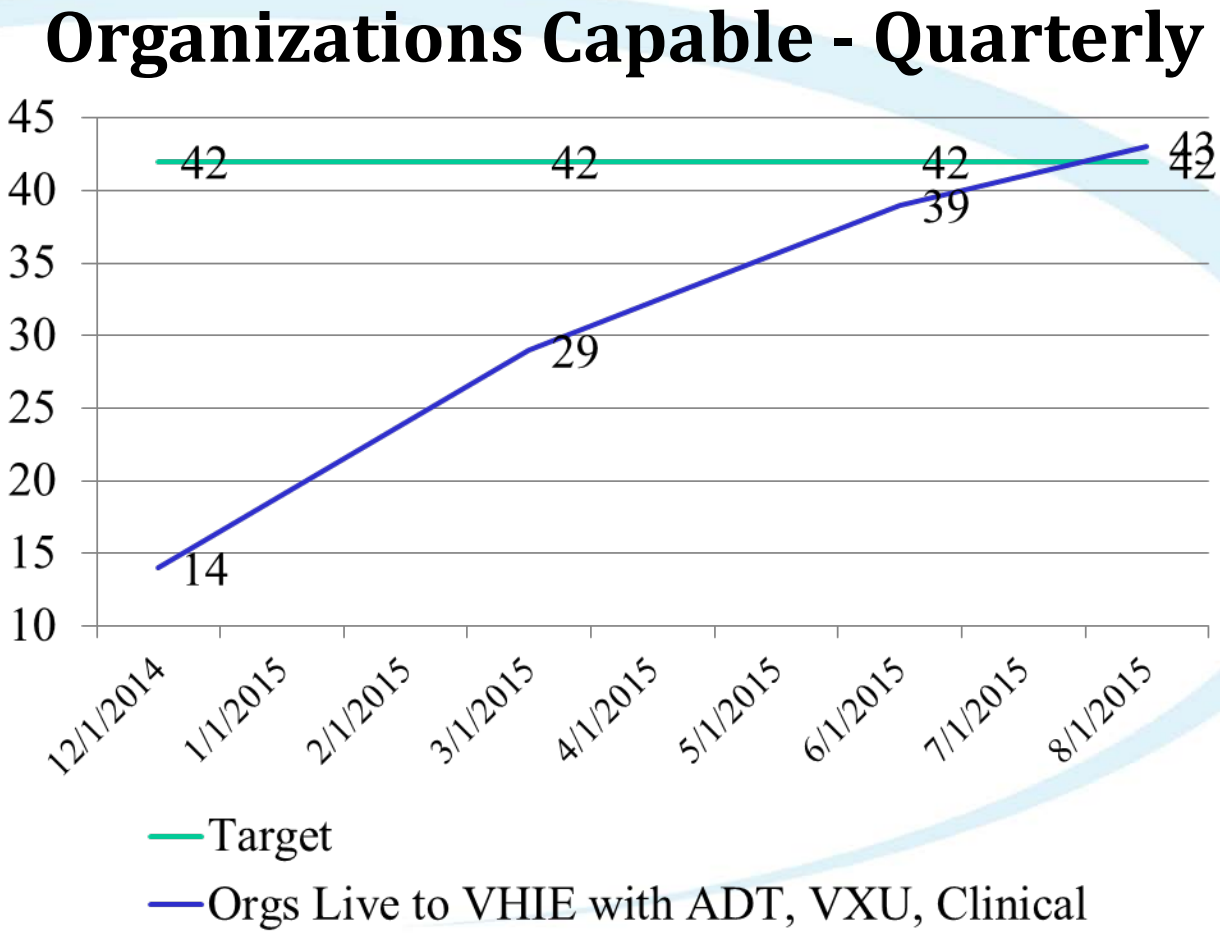
3 Steps of Data Remediation: Step 3 – Fixing Incorrect Data



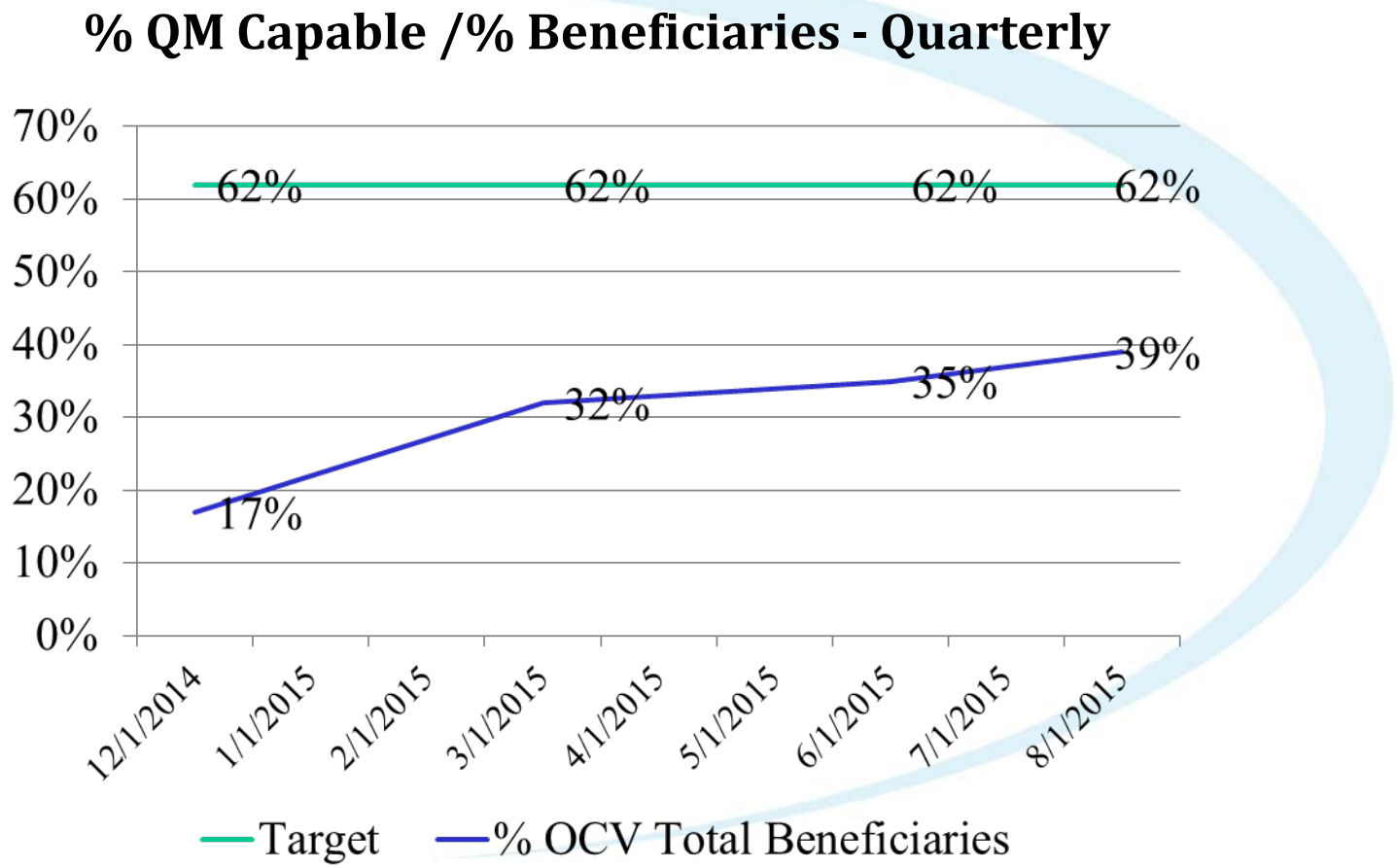
3 Steps of Data Remediation: ACO Data Remediation



The Number of HCOs Remediated to Date



The Percent of Beneficiaries representing the HCOs Remediated to Date



Achieving ACO Priorities

- Accelerating Connectivity to the VHIE
- Support transition and connectivity from the Gateway to HealthCatalyst
- Support CHAC and VCP in building a Gateway
- Support due diligence and piloting of Patient Ping as potential ENS

Support Accelerating interfaces

- SIM Funds used in FY15 to contract a dedicated interface development team (SET team) resulted in:
  - 42 CCD interfaces (versus 8 in FY14)
  - 50 VXU interfaces (versus 39 in FY14)
- Need to continue to accelerate this work with the more complex and challenging vendors
  - 112 ACO Practices are in various stages of ADT, VXU, and/or CCD on-boarding
  - 15 different EHR vendor systems/products

VITL

Vendor CCD Complexity

Complexity Level	CCD Complexity	# Practices affected
Highest	Unwilling Vendor/Possible Information Blocking	15*
High	Unfamiliar/Unengaged Vendor	13
High	CCD Auto-Triggering issue (requires solution)	9**
Medium	CCD Auto-Triggering issue (solution being identified)	10
Low	Leverage recent breakthroughs in vendor maturity or connectivity	23

* Includes 12% of the beneficiary population at CVMC
** includes 22% of the beneficiary population at UVMMC

VITL

Benefits of CCDs

- Contain the most clinically rich reportable data, yet are the most challenging interfaces to implement
- Reduce ACO dependency on full chart manual extraction
- Leverage the ENS system since clinicians will be prompted to view patient data in VITLAccess

Benefits of CCDs in VITLAccess

- Provide up-to-date patient information from multiple sources for viewing at the point of care
  - Supports clinical decision-making
  - Reduces redundancy in patient testing
  - Supports care management and coordination
- Implementation of ENS will drive clinicians to the VHIE for a patient-centric view

Questions?

Attachment 6 - VHCIP HIE Work Group Briefing

State of Vermont

Vermont Health Information Technology Plan (VHITP)

VHCIP HIE Work Group Briefing

October 2, 2015

Agenda

- Review of Project
- Vision & Principles
- Interim Project Findings
- Competed Activities
- Next Steps

Project Background

Vermont Statute: 18 V.S.A § 9351

The HIT Plan shall:

1) support the **effective, efficient, statewide use of electronic health information** in patient care, health care policymaking, clinical research, health care financing, and continuous quality improvements;
2) **educate** the general public and health care professionals about the value of an electronic health infrastructure for improving patient care;
3) ensure the **use of national standards** for the development of an interoperable system, which shall include provisions relating to security, privacy, data content, structures and format, vocabulary, and transmission protocols;
4) propose **strategic investments** in equipment and other infrastructure elements that will facilitate the ongoing development of a statewide infrastructure;
5) recommend funding mechanisms for **the ongoing development and maintenance** costs of a statewide health information system, including funding options and an implementation strategy for a loan and grant program;
6) **incorporate the existing health care information technology** initiatives to the extent feasible in order to avoid incompatible systems and duplicative efforts;
7) **integrate** the information technology components of the Blueprint for Health established in chapter 13 of this title, the Agency of Human Services' Enterprise Master Patient Index, and all other Medicaid management information systems being developed by the Department of Vermont Health Access, information technology components of the quality assurance system, the program to capitalize with loans and grants electronic medical record systems in primary care practices, and any other information technology initiatives coordinated by the Secretary of Administration pursuant to 3 V.S.A. § 2222a; and
8) address issues related to **data ownership, governance, and confidentiality and security of patient information**.

Purpose of the VHITP

- Set high-level strategy and roadmap for the statewide electronic collection, storage, and exchange of clinical or service data in support of improved patient care, improved health of Vermonters, and lower growth in health care costs – consistent with the Triple Aim
- Provide direction for future projects, initiatives, and funding
- Serve as a framework for regulatory authority such as GMCB review of IT projects within the Certificate of Need process or to support HIE connectivity/interoperability criteria

We're Not Starting from Scratch…

The 2010 version is the latest version – with minor revisions in 2012 and 2014 related to HIE consent

Significant Progress

- Adoption and Use of EHRs by providers
- Connections to and development of HIE by VITL
- Large and growing quantity of data in HIE
- Significant attention to data quality and reliability
- 2014 – beginnings of true exchange among providers – VITL Access
- Other services around the corner

VHITP Project Team

Vermont Team

- Steve Maier, HIT Coordinator
- Jon Brown
- Richard Terricciano
- Paula Chetti

Mosaica Partners Team

- Laura Kolkman, President
- Bob Brown
- Paul Forlenza
- Fran Rubino

Steve Maier (Chair)
HIT Coordinator,
Health Care Reform Manager
DVHA

Jed Batchelder
Independent Healthcare IT Consultant
North Country Hospital

Joel Benware
VP, IS and Compliance
Northwest Medical Center

Richard Boes
Commissioner,
DII-State of VT

John Evans
President/CEO
VITL

Bard Hill
Information & Data Director
Dept. of Disabilities, Aging and Ind. Living

Kelly Macnee
Health Policy Analyst
Green Mtn. Care Board

Georgia Maheras
Director
Vermont Health Care Innovation Project

Darin Prail
CIO
Agency of Human Services

Greg Robinson
VP, Finance & Informatics
One Care Vermont

Simone Rueschemeyer
Executive Director
Vermont Care Partners

Larry Sandage
Program Manager
VHIE

Heather Skeels
Project Manager
Bi-State Primary Care

Who Else is Involved in Project?

- ✓ Hospital Systems
- ✓ Providers
- ✓ Payers
- ✓ Mental Health and Substance Use
- ✓ Long Term Services & Supports (LTSS)
- ✓ Public Health
- ✓ VITL
- ✓ UVM Medical Center
- ✓ State Agencies
- ✓ ACOs
- ✓ Consumers
- ✓ Consumer Organizations
- ✓ Vermont Legislators
- ✓ Green Mountain Care Board
- ✓ Federal Agencies (CMS, ONC)

Vision & Principles

HIT Vision for Vermont

To ensure the well-being of all Vermonters,

Our Vision is

Health and human services information is available at the right time, right place, and in the right ways to support continuous improvements in individual health and wellness experiences, health status, and health care outcomes, and to lower costs.

HIT/HIE Principles for Vermont

- Health information technology will enable the improvement of Vermonters' health and the care they receive by making health information available where and when it is needed.
- Health data is secure, accurate, timely, and reliable.
- Vermonters will be confident that their health information is secure and private and only accessed appropriately.
- Shared health information that provides value to individuals, providers, and payers is a key component of an improved health care system.
- Vermont's health information technology infrastructure will be:
  - Based upon best practices and use industry standards
  - Interoperable
  - Resilient and flexible to accommodate and support emerging health reform and technology landscapes
  - Fiscally responsible and, whenever possible and prudent, leverage past investments
  - Built with the goal of on-going sustainability
  - Easy and cost effective for individuals and organizations to adopt and use
- Vermont will use an open, transparent, and inclusive approach in developing and implementing its health information technology and exchange (HIT/HIE) initiatives.
- Stakeholders responsible for the development and implementation of the health information technology infrastructure will act in a collaborative, cooperative fashion to advance steady progress towards the vision and these principles/core values.

Interim Project Findings

Interim Project Findings

Health Care

- Vermont has a good vision on evolving to a more efficient health care system

Health Information Technology

- Vermonters are engaged and passionate about using HIT to support health care reform
- Many HIT-related projects, but lack of evidence of overall coordination
- There are many health IT related efforts planned or in process
- Stakeholders are willing to be involved in the HIT Plan update process
- High level of stakeholder concern about Vermont's past/current investments in HIT/HIE with less than expected results
- Waning confidence in Vermont's ability to "do IT"
- There is great desire to see concrete progress

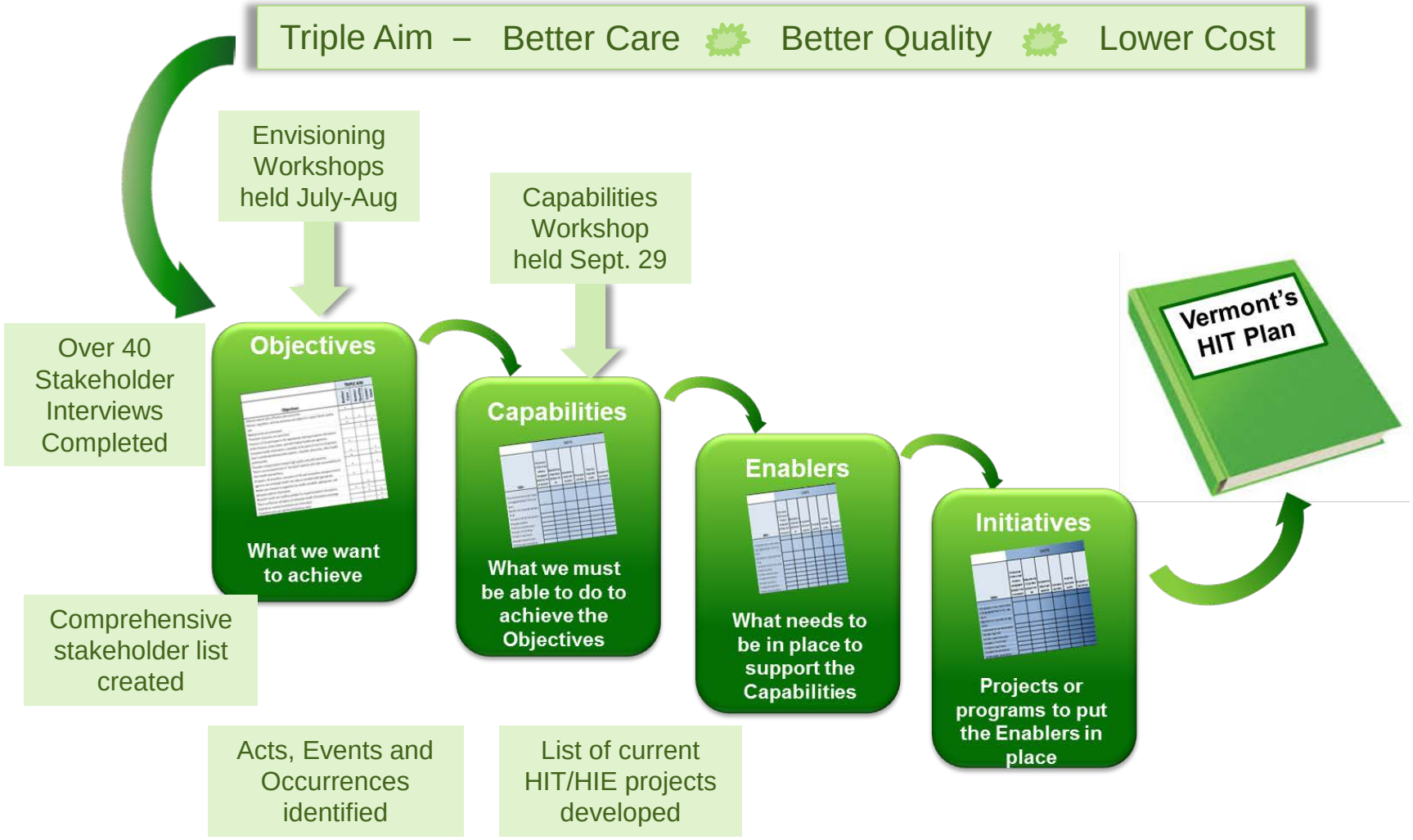
Connectivity / VITL

- All hospitals (not incl. mental health) and most primary care providers connected to the VHIE
- There is multi-state connectivity to VHIE
- Good progress being made
- Costs to providers remains a barrier
- Transition to sustainable funding for VITL and other HIT/ HIE initiatives is uncertain

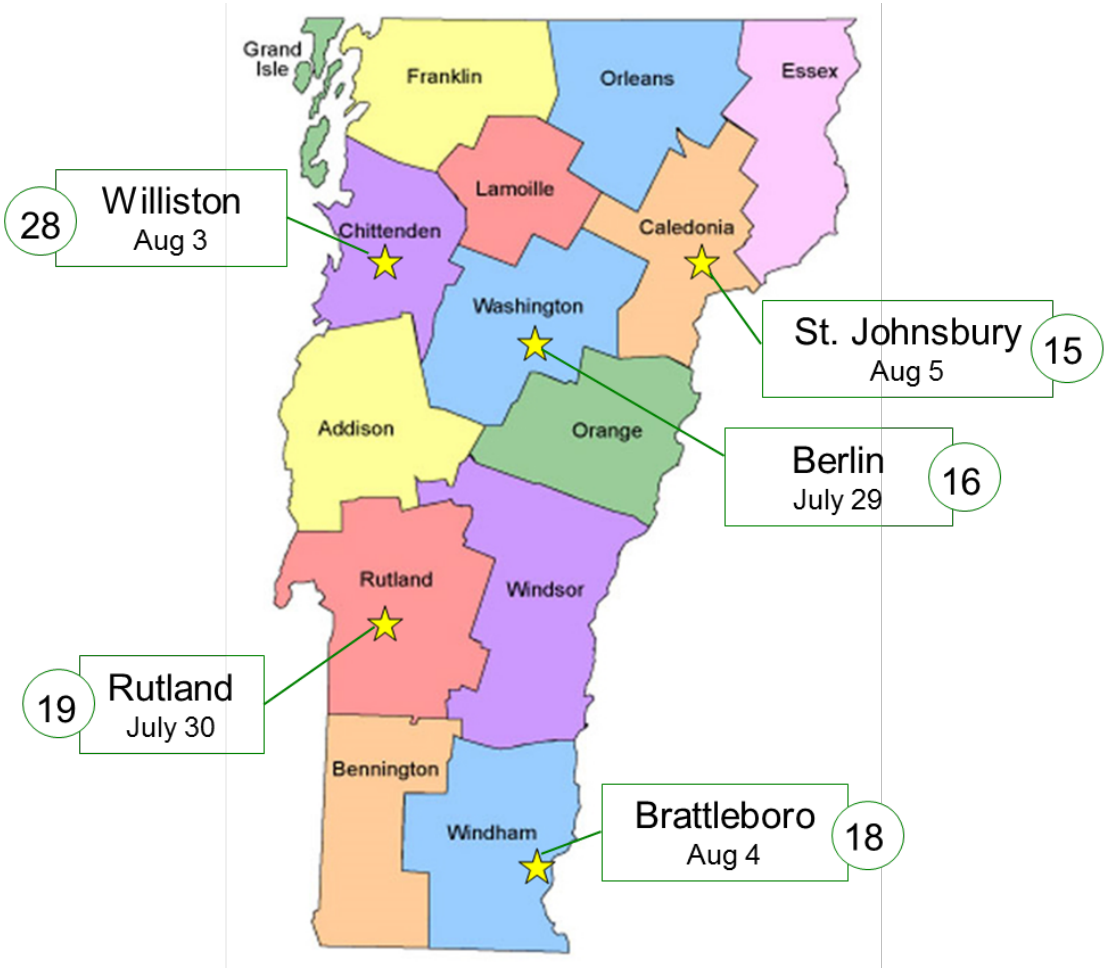
Other

- Need to consider a legislature that is "burnt out" on HIT
- There are many and diverse expectations for the outcome and use of the HIT Plan
- Vermont has had access to a large amount of federal funding to support its efforts

Project Status



Five Envisioning Workshops



Stakeholder input into Objectives

Envisioning Workshops

Rutland Workshop

Feedback from Envisioning Workshops

"...appreciated all the different representatives from various walks of the health care continuum."

"...pleased with the breadth of stakeholders..."

"...provided a productive structure..."

"...process used to create the plan is robust..."

"...inclusive and transparent..."

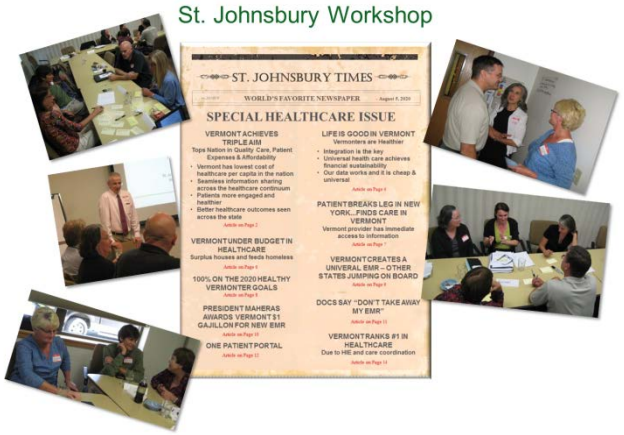
"...powerful as it drew in various regions from the entire state."

"...appreciate our being a part of the way forward."

Williston Workshop

Berlin Workshop

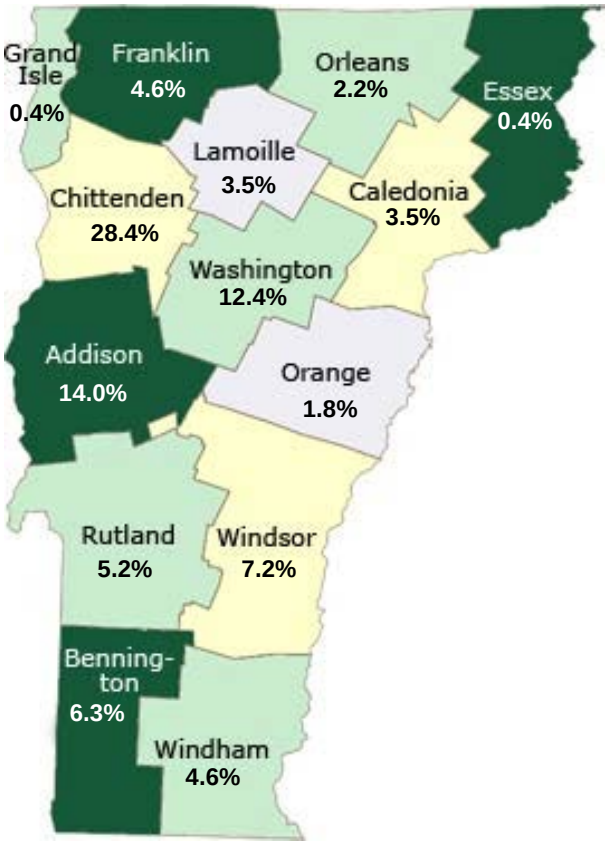
St. Johnsbury Workshop



Brattleboro Workshop

Community Stakeholders Survey – Objectives Importance

Broad Survey Representation

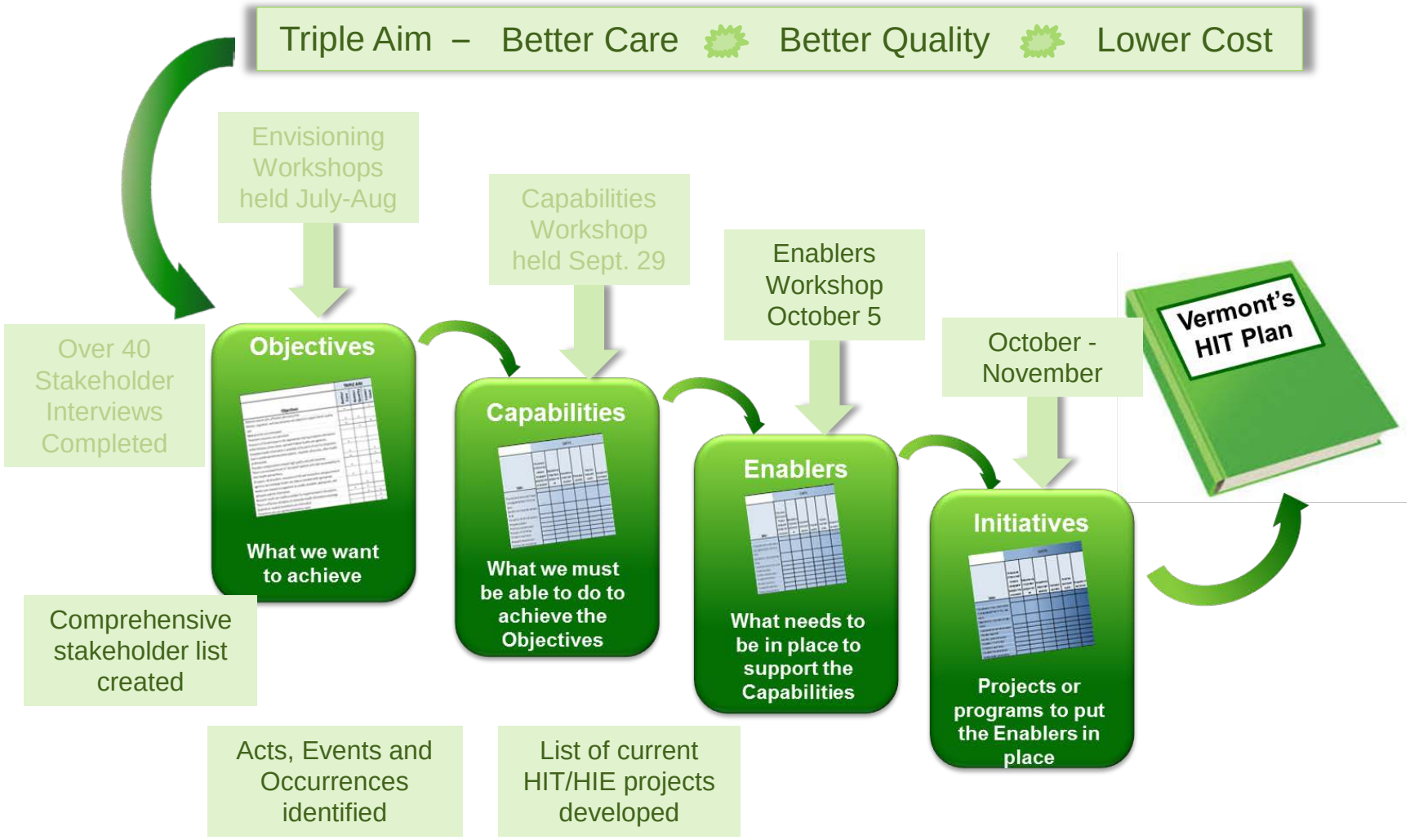


County	%	# Respondents
Addison	14.0%	76
Chittenden	28.4%	154
Bennington	6.3%	34
Caledonia	3.5%	19
Essex	0.4%	2
Franklin	4.6%	25
Grand Isle	0.4%	2
Lamoille	3.5%	19
Rutland	5.2%	28
Orange	1.8%	10
Orleans	2.2%	12
Washington	12.4%	67
Windham	4.6%	25
Windsor	7.2%	39
Outside of Vermont	5.0%	27
Did not answer	0.6%	3
		542

Vermont HIT Plan Objectives

1. People trust that health care data is secure, accurate, and current
2. Health care information can be appropriately and securely accessed by authorized people and providers
3. People have the information needed to make informed decisions about their care
4. Health care information is readily shareable across all provider organizations where people receive care
5. Integrated/Coordinated care is the norm
6. Consent for sharing physical health, mental health, substance use, and social services information is implemented consistently
7. High quality health care/services data are accessible and suitable for multiple uses
8. The cost of HIT/HIE is not a barrier to Vermont providers in implementing and using technology
9. Health information sharing in Vermont is sustainable
10. Reporting processes are streamlined to assist providers in complying with mandated reporting requirements
11. There is statewide transparency and coordination of all appropriate HIT/HIE projects
12. Health care and health services information collected and maintained by State agencies is easily shared
13. People have expanded access to health care services and providers through technology
14. People can manage the sharing of their health care information
15. There is active data governance in place for health care/services data
16. Vermont easily and appropriately shares health care information beyond its borders

Next Steps


Triple Aim – Better Care Better Quality Lower Cost
Envisioning Workshops held July-Aug
Capabilities Workshop held Sept. 29
Enablers Workshop October 5
October - November
Over 40 Stakeholder Interviews Completed
Objectives
What we want to achieve
Capabilities
What we must be able to do to achieve the Objectives
Enablers
What needs to be in place to support the Capabilities
Initiatives
Projects or programs to put the Enablers in place
Vermont's HIT Plan
Comprehensive stakeholder list created
Acts, Events and Occurrences identified
List of current HIT/HIE projects developed

Project Calendar

Thank You!

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