## Vermont Health Care Innovation Project Year 2 Health Data Infrastructure Work Group Work Plan DRAFT 10/8/2015



	Objective/Milestone	Supporting Activities	Target Date	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
	Expand Connectivity to HIE			·			
1	Gap Analyses  Perform gap analyses related to quality measures for each payment program, as appropriate; perform baseline gap analyses to understand connectivity of non-Meaningful Use providers.	Perform technical assessment of LTSS providers.  Produce final report.	October 2015	Coordinate on DA/SSA data quality project (DLTSS Work Group; DLTSS providers; VITL).		Draft report produced.	• Report distributed.
2	Gap Remediation  Remediate data gaps that support new payment and care models, as well as quality	Provide data quality technical support to ACO member organizations (ACO Gap Analysis and Remediation project).	November 2015	Coordinate on Gap Analysis and Remediation project (VITL; ACOs).		Remediation work is ongoing.	• 50% of gaps for SSP quality measures filled.
3	measurement needed to support those models, as identified in gap analyses (ACO and LTSS Gap Analyses).	Develop data remediation plan for gaps identified in LTSS technical assessment. Launch Data Gap Remediation for non-MU providers, including LTSS providers.	December 2015			Plan in development.	<ul> <li>Plan created.</li> <li>Remediation work launched.</li> </ul>
4	Data Extracts from HIE  Completed development of ACO Gateways with OneCare Vermont (OCV) and Community Health Accountable Care (CHAC) to support transmission of data extracts from the HIE.	Provide efficient connections to the ACOs (ACO Gateway project).	December 2015	Coordinate on ACO Gateway project (VITL; ACOs; QPM and Payment Models WGs).	Steering Committee	<ul> <li>OCV gateway complete.</li> <li>CHAC gateway nearly complete.</li> <li>No gateway being built for Healthfirst.</li> </ul>	Completed gateways for two ACOs.
	Improve Quality of Data Flowing					T	
5	Engage in work flow improvement activities at provider practices to improve the quality of the data flowing into the VHIE. These will be identified in gap analyses and analytics, including the LTSS gap analysis.	Provide data quality workflow support to ACO member organizations. Improve data quality by providing data mapping and code set remediation. Improve quality of data sent to the ACOs (ACO Project Terminology Services).	December 2015	Coordinate on DA/SSA data quality project (VCN; DAs/SSAs; VITL).	Steering Committee	<ul> <li>Data quality being improved.</li> <li>Terminology Services pending contract approval.</li> </ul>	<ul> <li>Data quality workflow improved at DAs/SSAs.</li> <li>Data quality workflow improved at ACO member organizations.</li> <li>Data quality workflow improvements begun</li> </ul>

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6	Data quality initiatives with the DAs/SSAs.	Conduct data quality improvement meetings with the DAs/SSAs to focus on the analysis of the current state assessments for each agency.	December 2015	Coordinate on Gap Analysis and Remediation project (VITL; ACOs).	Steering Committee	In final contract negotiations and approval.	for providers of disability and long-term services and supports.
	Telehealth						
7	Telehealth Implementation  Launch a fully accessible telehealth program as defined in Telehealth Strategic Plan.	Release telehealth RFP, select pilot projects, launch 12-month pilot period.	September 2015		Steering Committee	• RFP released	<ul> <li>Contracts for pilot program executed.</li> </ul>
	EMR Expansion						
8	Implement EMRs for non-MU providers; explore non-EMR solutions for providers without EMRs, including non-MU providers of disability long term services and supports.	Assist in implementation of an electronic health record (EHR) solution for five developmental disability agencies.	December 2015	Coordinate to procure DA/SSA EHR (VCN; DAs/SSAs; VITL).	Steering Committee	Procurement underway.	• Procurement complete.
	Data Warehousing						
9	Research data warehousing needs; develop cohesive strategy for warehousing solutions supporting practices in	DA/SSA Data Repository: Improve integration of the DA/SSA data (ACTT DA/SSA Data Repository project).	December 2015	Coordinate on DA/SSA Data Repository project (VCN; DAs/SSAs; VITL).	Steering Committee	<ul><li>Data dictionary complete.</li><li>Vendor procured.</li></ul>	Phase 1 of DA/SSA data repository complete.
10	care transformation; identify solutions for data registry and	Data Warehouse: Develop a cohesive strategy for warehousing solutions.	December 2015		Steering Committee	Planning begun	Strategy proposed
11	warehousing needs; implement solutions approved by the HIE/HIT Work Group according to timelines developed in design phase.	Clinical Registry: Procure solution.	December 2015		Steering Committee	Contract approval pending.	Clinical registry solution procured.
	Care Management Tools						
12	Engage in discovery, design and testing of shared care plan IT solutions, an event notification	Shared Care Plan: Gather business and technical requirements and, if appropriate, procure and implement an electronic solution to create and maintain shared care plans across community providers.	December 2015	Coordinate with Shared Care Plan Project and ENS Project (VITL; ACOs; providers).	Steering Committee	Gathering requirements.	<ul> <li>Business and technical requirements gathered and, if appropriate, an electronic solution selected and implemented.</li> </ul>
13	implement as appropriate, following SOV procedure for IT development.	Event Notification System: Improve communication in the transition of care process among providers. Provide information on clinical events such as hospitalizations or discharges to providers.	December 2015	Coordinate with Shared Care Plan and Universal Transfer Protocol Projects (VITL; ACOs; providers).	Steering Committee	• In progress.	<ul> <li>Acquisition of ENS solution and plan for deployment.</li> </ul>

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	General Health Data								
14	Data Inventory	Conduct health data inventory.	December 2015		Steering Committee	• Draft inventory completed.	Data inventory conducted.		
15	HIE Planning Identify HIE connectivity targets; provide input into HIT Plan.	Develop recommendations for support of a state "data utility."	December 2015	Coordinate on strategic direction for state "data utility" (AHS, DII, VITL, providers, ACOs, providers of long-term services and supports).	Steering Committee	• Proposed.	<ul> <li>Recommendations to support a state "data utility" developed.</li> <li>Information and feedback provided to relevant stakeholders.</li> </ul>		
16		Develop recommendations for a Statewide HIE Governance structure.	December 2015	Coordination with GMCB, DVHA, VITL.	Steering Committee	• Proposed.	Report on Statewide HIE Governance.		
17		Provide comment on HIT Plan	Ongoing				Comment provided at least two times.		
18		Review connectivity targets for 2016	December 2015				Connectivity targets identified by 12/31/15.		
	Ongoing Updates, Education, and	Collaboration							
19	Overview of Year 3 milestones		December 2015						
20	Review and approve 2016 Health Data Infrastructure Work Plan	Draft Workplan.	Dec 2015- Jan 2016	N/A			Updated workplan adopted.		
21	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	Coordinate to identify activities of interest and establish regular communication (Other VHCIP Work Groups).		Mechanisms     established for     monthly co-     chair meetings     and work	Well-coordinated and aligned activities among work groups.		
22		Provide updates to other work groups on Health Data Infrastructure Work Group activities.	Ongoing	N/A	N/A	group reports to Steering Committee.			
23		Obtain regular updates from other work groups.	Monthly starting Oct 2015	Obtain regular updates on progress as appropriate.					
24	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.  Update Steering Committee, Core Team, and other VHCIP groups and stakeholders as appropriate.	Ongoing	N/A			Well-coordinated and aligned activities across VHCIP.		