Vermont Health Care Innovation Project
HDI Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Wednesday, October 28, 2016, 3:00-5:00pm, Ash Conference Room, Waterbury State Office Complex, 280 State Drive, Waterbury.

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions; Minutes Approval	Georgia Maheras called the meeting to order at 3:02pm. A roll call attendance was taken and a quorum was present. *September Meeting Minutes:* Kaili Kuiper moved to approve the September meeting minutes by exception; Ken Gingras seconded. The minutes were approved with one abstention (Simone Rueschemeyer).	
2. Project Updates	Georgia Maheras provided project updates: • All-Payer Model Update: The All-Payer Model was approved by GMCB on Wednesday and signed by Gov. Shumlin, Sec. Cohen, and Chairman Gobeille yesterday. At a later meeting, we may discuss technology infrastructure we'll need to support the waiver. All waiver docs are available on the Administration and GMCB website. • Brief Sustainability Update: We received a first draft of the plan this week; it was reviewed by the Sustainability Sub-Group this morning, and released to all VHCIP participants a during the second week in November (about a week later than planned) following a first round of edits. The Plan framework is based on Section M of our Year 3 Operational Plan. The draft plan will be reviewed and discussed at all Work Groups in November, and will also be the subject of a webinar on 11/17. Written and verbal comments are also welcome; please send them to Georgia Maheras (georgia.maheras@vermont.gov) or Sarah Kinsler (sarah.kinsler@vermont.gov).	
3. Population Health Plan	Tracy Dolan and Sarah Kinsler presented the draft Population Health Plan, noting that the draft Plan (summarized in Attachment 3; full draft plan available here: Population Health Plan) is a draft; we hope and expect to have comments and feedback from a broad stakeholder group. • This is a critical framework to support population health improvement in Vermont. This is not a disease-specific plan, but complements our State Health Improvement Plan (SHIP), which identifies key goals based on data.	

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	• Tracy suggested three ideas to keep in mind: This plan looks longer (over time), earlier (in lifespan), and wider (in terms of determinants and populations). She provided an example: VDH has often been criticized for not including enough minority health representation on disease-specific initiatives; a better approach has been to ensure VDH has people of color in leadership and a minority health approach throughout. This plan tries to insert these three ideas systemically in our reform efforts. • Sarah noted is the culmination of two years of work from the Population Health Work Group. We would like folks to consider the following three questions as they review this document and provide feedback: 1. From your work group's point of view, how does this plan advance your work? 2. How well do the goals and recommendations of the plan align with yours for moving ahead? 3. What else would you want to see to get behind this plan? • Tracy recommended reviewing the Plan draft itself for more detail. • Sarah walked through the slides highlighting the key inputs into the plan. Feedback we have received to date include the need for more specificity around the recommendations. • We are soliciting additional comment through 11/2.	
4. Connectivity Targets	Larry Sandage presented on Connectivity Targets (Attachment 4). Larry reminded the group that we agreed on a methodology for identifying targets for VHIE connectivity this summer; staff used this methodology in developing these targets. • Slide 5 – Annual interface growth reflects average over past five years. Larry noted that we will eventually reach a saturation point where it is more challenging to connect with new organizations. Fluctuation and replacement interface impact is taken into account in annual targets. The group discussed the following: • Leah Fullem asked how these targets will function if they won't be contractual requirements for VITL. Larry replied that they're based on assumptions and won't be hard and fast – we expect the environment to shift over 10 years. • Leah agreed with Larry that developing new interfaces requires significant funding, participation, and cooperation from partners external to VITL (providers, for example). If we can't require VITL to meet these targets, why have them? Larry replied that this provides an outline for a plan and sets goals for us as a health care community. Kristina Choquette replied that it is her understanding that VITL and the State are required to provide this plan – if everything stays the same, where could we possibly get to and how should we prioritize connections? This document provides a starting point for a conversation. Leah agreed and supports these goals, but she would also like to use this to apply these targets and to get funding, create policies, or create project plans to support meeting these targets. • Dale Hackett commented that this functionality is critical to impacting outcomes and supporting measurement goals in the future. • Chris Smith asked why these targets shouldn't be binding. Georgia Maheras replied that this group makes recommendations. She noted that there are many dependencies here that this group can't own, like	

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	federal funding, for example. She suggested that this group can make consensus recommendations, noting concerns that this group can't enforce these targets. Other groups (GMCB, DVHA) can choose to take these recommendations further or to enable them. • Ken Gingras suggested identifying external barriers, some of which may be under the control of this group or their members. Kristina agreed. • Mike Gagnon commented that these targets provide a valuable view of where we're going, but suggested two issues over the next two years that will impact these goals: National factors (CommonWell, Sequoia, "network of networks"); vendors taking up new standards; and base grant funding, which is insufficient to fund replacement interfaces for organizations who update or change their EHR vendor. In 2016, 35% of interfaces VITL worked on were replacement or remediation. • Dale commented that he has seen documents around maintenance costs, which can be prohibitive to developing infrastructure at the levels proposed here. Mike agreed. Kristina noted that the budget for maintenance and operations is actually a budget for maintenance, operations, and replacement. • Dale noted that 90/10 federal match is critical, but also constrains how we use funds. Kristina commented that we want to maximize match funds. • Dale asked a question about privacy and security. As we connect more and more sites, how do connections with many systems/servers ensure security and validity of data? Georgia replied that we have a specific federal framework regarding roles and responsibilities related to data and sharing. Example: primary care clinician receives information from patients and inputs into EHR, now has primary responsibility for security. VITL is a Business Associate as a receiver of data. OneCare, as a re-user of the data, has an agreement with VITL and consent from the patient. The State, VITL, OneCare, and the provider all have specific requirements in the federal framework and in contracts. These entities – data originators and data receivers – spend a lot of time on security protocols, and EHR vendors also take it very seriously. • Simone Rueschemeyer asked for Slide 9 to identify how many organizations these existing interfaces reflect, especially for DAs. Also, rather than 0 for 2026, perhaps N/A with explanation related to Part 2. Georgia added that VITL presented a different look at connectivity to GMCB yesterday, and the Auditor has a different framework. Georgia suggested we could array these to look across all of these frameworks. Larry commented that we could also add number of messages moving across these interfaces. • Dale provided a takeaway from VITL's presentation yesterday: there is $1 billion for which we have no data on how it's being spent or results from that spending. Mike Gagnon replied that we have claims data, but not clinical data – we can't yet combine these, but they would give us more information on impact. • Arsi Namdar asked for more specificity on Home Health recommendations. Larry reminded Arsi that these connections are sites, not agencies. • Dale asked how these interfaces could support providers who don't participate in ACOs/the APM in participating in Medicare reporting that will be required after 2017. Georgia noted that this program (known as MIPS) is based on licensure for non-FQHC providers; most providers within most of these organizations will be included. The APM gives Vermont an affirmative obligation to support connectivity for	

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	providers – this is no longer just the State's issue, or VITL's issue, but an issue for everyone here. Ken Gingras added that looking at trend lines for connections over time, he would invite VITL to come back to this group to talk about process improvements in developing interfaces given the experience to date – he hopes new technology and tools can help accelerate this process. Kristina noted that funding is critical, and that connections are especially challenging for provider types with unknown EHRs. Georgia noted that this plan requires significant federal funds, which takes time and planning. She noted that a consensus today would also allow these targets to inform discussions at the Legislature this winter and spring. • Jennifer Egelhof noted that the DVHA Pharmacy Unit is meeting with VITL next week to talk about PBM Pharmacy Interfaces. Georgia noted that this is provider focused – it doesn't include State-to-HIE connections, but this is something we could add. • A consensus recommendation would go to the Steering Committee and Core Team for approval. • Dale asked how workforce could impact this – if workforce was adequate (primary care, for example), will there will more sites and hence more interfaces? Larry replied that this is based on current assumptions. Georgia added that we will revisit these recommendations every six months, but that the overall goal of 90% by 2026 is a very good goal. Simone asked whether we want to have a consensus recommendation, assuming some of the feedback from today's meeting. • Georgia clarified, in response to a comment from Kaili, that this is a realistic view of what the State needs, considering funding and VITL's perspective, but she suggested there will likely be changes going forward based on preparation for the All-Payer Model and other planned reforms. She suggested caveating any recommendations: this is a point in time but provides a framework for moving forward. • Kaili made a motion by exception to recommend these targets as a starting point that will be revisited in six months. Heather Skeels seconded. The motion was approved unanimously.	
5. HIE Consent Discussion	Georgia Maheras introduced this item: • Consent management has been an ongoing topic of conversation. These have focused on consent management at the HIE. Since establishing this agenda, we've become aware of other consent management issues outside of the VHIE. Rather than develop a VHIE-only strategy, we'd like to develop a system-wide strategy. Today's discussion will be around consent management within the VHIE as well as interacting with AHS, ACO, and more. • Larry Sandage will be convening a working group on this topic, and suggested VITL, the ACOs, and VCN would be valuable. • Our federal partners have indicated that they want an aligned strategy in this area. Larry introduced the draft Scope of Work (Attachment 5), and requested group feedback on this draft – it is very high level, and we understand there are many technical and privacy requirements that are not included here. Larry	

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	invited members to provide written feedback to himself (larry.sandage@partner.vermont.gov), Georgia (georgia.maheras@vermont.gov), or Sarah Kinsler (sarah.kinsler@vermont.gov) to be discussed at a future meeting. The group discussed the following: • Mike Gagnon commented that any solution needs to be able to manage consent within the HIE and also across HIEs. • Kate Pierce agreed, noting that Vermont providers see patients from neighboring states and Canada. • Chris Smith reiterated his emailed comments – we should take a wider view and take advantage of tools available in the industry to solve this issue. • Leah Fullem commented that we should expand beyond the HIE and have consistent mechanisms to record consent across systems and organizations. • Leah will participate in the sub-group on this issue. Darren Prail also volunteered. Larry will reach out to others who were volunteered to participate. • Ken Gingras suggested we include a consumer or consumer advocate on this group; Kaili Kuiper/the Office of the Health Care Advocate volunteered to participate. Susan Aranoff noted that consumer-friendly consent is critical. AHS Central Office/AHS departments will also be involved.	
6. Public Comment, Next Steps, Wrap-Up, and Future Meeting Schedules	**Next Meeting – DATE CHANGED:** Friday, November, 2016, 3:00-5:00pm, Montpelier.	

Kaili 1° Ken 2° Motion to approve minutes by exception Carried; 1 abstention

VHCIP Health Data Infrastructure Work Group Member List

Friday, October 28, 2016

Member		Member Alternate					
First Name	Last Name	First Name	Last Name	Sept Minutes	Connect. Targets	Consent Mgmt	Organization
Susan	Aranoff ✓	Nancy	Marinelli			NO VOTE	AHS - DAIL
Joel	Benware	Dennis	Boucher				Northwestern Medical Center
		Jodi	Frei				Northwestern Medical Center
		Chris	Giroux				Northwestern Medical Center
Peggy	Brozicevic						AHS - VDH
Amy	Cooper						HealthFirst/Accountable Care Coalition of the Green Mountains
Steven	Cummings						Brattleboro Memorial Hopsital
Mike	DelTrecco						Vermont Association of Hospital and Health Systems
Chris	Dussault	Mike	Hall				Champlain Valley Area Agency on Aging / COVE
Leah	Fullem ✓						OneCare Vermont
Michael	Gagnon	Kristina	Choquette ✓				Vermont Information Technology Leaders
Ken	Gingras ✓						Vermont Care Partners
Eileen	Girling	MaryKate	Mohlman ✓				AHS - DVHA
		Jennifer	Egelhof				AHS - DVHA
Dale	Hackett ✓						Consumer Representative
Emma	Harrigan	Kathleen	Hentcy				AHS - DMH
		Brian	Isham				AHS - DMH
Paul	Harrington						Vermont Medical Society
Stefani	Hartsfield	Molly	Dugan				Cathedral Square
		Kim	Fitzgerald				Cathedral Square and SASH Program
Kaili	Kuiper ✓						VLA/Health Care Advocate Project
James	Mauro						Blue Cross Blue Shield of Vermont
Kim	McClellan	Randy	Connelly				DA - Northwest Counseling and Support Services
		Chris	Kelly				
Arsi	Namdar ✓						Central Vermont Home Health and Hospice

Kaili 1° motion by exception to recommend Connectivity targets
Heather 2° Motion carried

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Member		Member Alternate					
First Name	Last Name	First Name	Last Name	Sept Minutes	Connect. Targets	Consent Mgmt	Organization
Brian	Otley ✓						Green Mountain Power
Kate	Pierce ✓						North Country Hospital
Darin	Prail ✓	Diane	Cummings				AHS - Central Office
Simone	Rueschemeyer ✓			A			Vermont Care Network
Julia	Shaw	Lila	Richardson				VLA/Health Care Advocate Project
Heather	Skeels ✓	Kate	Simmons				Bi-State Primary Care
Roger	Tubby	~~Kate~~	O'Neill ✓				GMCB
Chris	Smith ✓						MVP Health Care
Russ	Stratton						VCP - HowardCenter for Mental Health
	28		17				

Q ✓

VHCIP Health Data Infrastructure Work Group

Attendance List 10/28/2016

First Name	Last Name		Organization	Health Data Infrastructure
Susan	Aranoff	Phone	AHS - DAIL	S/M
Joanne	Arey		White River Family Practice	A
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Joel	Benware		Northwestern Medical Center	M
Richard	Boes		DII	X
Dennis	Boucher		Northwestern Medical Center	MA
Jonathan	Bowley		Community Health Center of Burlington	X
Peggy	Brozicevic		AHS - VDH	M
Martha	Buck		Vermont Association of Hospital and Health	A
Shelia	Burnham		Vermont Health Care Association	X
Wendy	Campbell			X
Kristina	Choquette	here	Vermont Information Technology Leaders	MA
Narath	Carlile			X
Randy	Connelly			MA
Amy	Cooper		HealthFirst/Accountable Care Coalition of t	M
Diane	Cummings		AHS - Central Office	S/MA
Steven	Cummings		Brattleboro Memorial Hopsital	M
Alicia	Cooper		AHS - DVHA	S
Julie	Corwin		AHS - DVHA	S
Mike	DelTrecco		Vermont Association of Hospital and Health	M
Molly	Dugan		Cathedral Square and SASH Program	MA
Chris	Dussault		V4A	M
Becky-Jo	Cyr		AHS - Central Office - IFS	X
Jennifer	Egelhof	here	AHS - DVHA	X

Nick	Emlen		DA - Vermont Council of Developmental an	X
Karl	Finison		OnPoint	X
Kim	Fitzgerald		Cathedral Square and SASH Program	MA
Erin	Flynn		AHS - DVHA	S
Jodi	Frei		Northwestern Medical Center	MA
Leah	Fullem	Phone	OneCare Vermont	M
Michael	Gagnon	Phone	Vermont Information Technology Leaders	M
Paul	Forlenza		Centerboard Consultingt, LLC	X
Daniel	Galdenzi		Blue Cross Blue Shield of Vermont	X
Lucie	Garand		Downs Rachlin Martin PLLC	X
Ken	Gingras	here	Vermont Care Partners	M
Eileen	Girling		AHS - DVHA	M
Chris	Giroux		Northwestern Medical Center	MA
Christine	Geiler		GMCB	S
Dale	Hackett	phone	Consumer Representative	M
Mike	Hall		Champlain Valley Area Agency on Aging / C	MA
Emma	Harrigan		AHS - DMH	M
Paul	Harrington		Vermont Medical Society	M
Stefani	Hartsfield		Cathedral Square	M
Kathleen	Hentcy		AHS - DMH	MA
Lucas	Herring		AHS - DOC	X
Brian	Isham		AHS - DMH	MA
Jay	Hughes		Medicity	X
Craig	Jones		AHS - DVHA - Blueprint	X
Pat	Jones		GMCB	S
Joelle	Judge	here	UMASS	S
Chris	Kelly			MA
Kevin	Kelley		CHSLV	X
Kaili	Kuiper	here	VLA/Health Care Advocate Project	M
Sarah	Kinsler	here	AHS - DVHA	S
Andrew	Laing			X
Charlie	Leadbetter		BerryDunn	X
Carole	Magoffin	phone	AHS - DVHA	S
Georgia	Maheras	here	AOA	S

Nancy	Marinelli		AHS - DAIL	MA
James	Mauro		Blue Cross Blue Shield of Vermont	MA
Kim	McClellan		DA - Northwest Counseling and Support Ser	M
MaryKate	Mohlman		AHS - DVHA - Blueprint	MA
Arsi	Namdar	Phone	VNA of Chittenden and Grand Isle Counties	M
Mark	Nunlist		White River Family Practice	X
Brian	Otley	here	Green Mountain Power	C/M
Miki	Hazard		AHS - DVHA - Blueprint	X
Kate	O'Neill		GMCB	S
Kate	Pierce	Phone	North Country Hospital	M
Luann	Poirer		AHS - DVHA	S
Darin	Prail	here	AHS - Central Office	M
Lila	Richardson		VLA/Health Care Advocate Project	MA
Paul	Reiss		HealthFirst/Accountable Care Coalition of t	X
Simone	Rueschemeyer	here	Vermont Care Network	C/M
Larry	Sandage	here	AHS - DVHA	S
Julia	Shaw		VLA/Health Care Advocate Project	M
Kate	Simmons		Bi-State Primary Care/CHAC	MA
Heather	Skeels	Phone	Bi-State Primary Care	M
Chris	Smith	Phone	MVP Health Care	M
Suzanne	Santarcangelo		Pacific Health Policy Group	X
Russ	Stratton		VCP - HowardCenter for Mental Health	M
Richard	Terricciano	here	HSE Program	X
Julie	Tessler		VCP - Vermont Council of Developmental a	X
Bob	Thorn		DA - Counseling Services of Addison County	X
Tela	Torrey		AHS - DAIL	X
Roger	Tubby		GMCB	M
Matt	Tryhorne		Northern Tier Center for Health	X
Win	Turner			X
Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	X
Julie	Wasserman		AHS - Central Office	S
Richard	Wasserman, MD, MPH		University of Vermont - College of Medicine	X
Ben	Watts	Phone	AHS - DOC	X
David	Wennberg		New England Accountable Care Collaborati	X

Kendall	West		Bi-State Primary Care/CHAC	X
James	Westrich	here	AHS - DVHA	S
	95			

Kate O'Neill - GMCB - here