

## **Vermont Health Care Innovation Project HIE/HIT Work Group Meeting Minutes**

### **Pending Work Group Approval**

**Date of meeting:** Friday, November 18, 2015, 9:00am-11:00am, Calvin Coolidge Conference Room, National Life Building, Montpelier.

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Introductions</b>	Brian Otley called the meeting to order at 9:05am. A roll call attendance was taken and a quorum was present.	
<b>2. Review and Acceptance of October 21<sup>st</sup> Meeting Minutes</b>	Brian Otley entertained a motion to approve the October 21 <sup>st</sup> meeting minutes. Leah Fullem moved to approve the minutes by exception. Heather Skeels seconded. The minutes were approved, with Trinka Kerr and Mary Alice Bisbee abstaining.	
<b>3. VITL – ACO Gap Remediation Presentation</b>	<p>Brian Otley introduced the Gap Remediation items. VITL responded to questions from Work Group leadership and members after the October 21<sup>st</sup> meeting. Georgia Maheras invited additional questions, follow-up, or discussion.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• Richard Slusky requested clarification on what has been achieved to date on Round 1 of Gap Remediation. He noted that VITL is already on track to meet some deliverables (or has achieved/surpassed them) but is not on track for others, and that VITL’s goals have changed for some areas. Kristina Choquette spoke to VITL’s process for goal setting, noting that balancing organizational size and readiness are key factors for focusing efforts. As VITL works to meet these goals, they’re working with a large universe of possible connections and working to prioritize strategically to meet goals. Brian commented that the original goals were not absolute numbers and may have been optimistic – they depended on significant provider readiness that may not have borne out in the provider community. Kristina characterized the likelihood of connecting to UVMHC and CVMC as medium to high, with discussions in process to make these connections happen. John Evans agreed, and noted that the technical connection is possible, but it’s a matter of prioritizing connection at the provider organization and the EHR vendor level. Kristina also noted that VITL will be utilizing ONC’s vendor complaint process if necessary, and added that this complaint process has been a great tool to get vendors to the table.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Brian Isham asked for more information on vendor blocking, and noted that exorbitant provider-side costs are a significant issue. Kristina clarified that high pricing can qualify on data blocking. John commented that VITL is funded to do this work, decreasing cost to providers. In addition, VITL has a small amount of money every year that goes to small practices to reimburse for connection costs.</li> <li>• Dale Hackett asked whether in Year 3, we'll have useful data, or whether this may not come until 2017 or 2018. John responded that this project's timeline focuses on getting to 80% in 2016, though the work won't be totally done at that point.</li> </ul> <p>Paul Harrington moved to provide support for Phase 2 of the Gap Remediation Extension Project as outlined in Page 2 of Attachment 3a of today's materials, with a vote by exception. Leah Fullem seconded. The motion carried with Ken Gingras, Mike Gagnon, and Leah Fullem abstaining.</p>	
<b>4. VITL – VCN Gap Remediation Presentation</b>	<p>Brian invited comments or questions about the VCN Gap Remediation proposal (also discussed in Attachments 3a and 3b). There were no additional comments or questions.</p> <p>Dale Hackett moved to approve this proposal by exception. Leah Fullem seconded. The motion carried with Ken Gingras abstaining.</p>	
<b>5. SCÜP Update</b>	<p>Larry Sandage provided an update on the SCÜP Project (Attachment 5).</p> <ul style="list-style-type: none"> <li>• Technical proposal nearly finalized, currently undergoing review and will be released soon.</li> <li>• At their October meeting, the Core Team approved a budget of \$1.15 million for the SCÜP and Event Notification System projects. This will likely result in ~\$400,000 available for SCÜP, but ENS is still being negotiated so this amount is not final.</li> <li>• Mike Gagnon asked if we've thought about how the Universal Transfer Protocol form will come back into the patient's record. Larry responded that this will be further discussed in the recommendation, but that the project did not fully explore whether or how this information would be integrated back into the patient record.</li> <li>• Brian Isham asked how this is different from current work with Medicity and VITL. Georgia and Larry will have an offline conversation with Brian and AHS. Richard Slusky asked that Georgia's response to AHS be brought back to the group in the interest of transparency.</li> <li>• Dale Hackett noted that this is an important first exploratory step, but that it's hard to be prescriptive about how providers communicate with one another. Erin Flynn responded that this isn't intended to be prescriptive, it's trying to create a tool to support this communication in a way that providers want. Dale agreed that this project is unique and fills a gap.</li> <li>• Leah Fullem clarified that OneCare doesn't yet have a scope for the ACO Care Management Solution and hasn't executed a contract with a vendor – it's impossible to say that the scope will accommodate the SCP requirements at this point. Larry noted that all of the possible solutions are still in pre-implementation stages – OneCare has been a helpful and open partner in these conversations, and the SCÜP team will continue to talk with other solution providers.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Mary Alice Bisbee asked for a quick description of MMIS Care and PatientPing. Larry responded that MMIS Care is the Medicaid care management system being developed by the Department of Vermont Health Access. PatientPing is an Event Notification System vendor already working with VITL and the state.</li> <li>• Julie Wasserman asked how the ACO Care Management system would work for people not attributed to an ACO; Larry responded yes. Julie noted that the ACO total cost of care is focused on hospital and physician services, and asked whether the Care Management solution would have a broader view; Larry responded that it would. Leah added that the intent is to provide a care management solution to all organizations involved in a patient’s care, including community agencies and other affiliated participants.</li> <li>• Dale Hackett asked whether DVHA has planned changes in reimbursement rates that will affect this. Georgia responded that this is not applicable to this conversation – Georgia is not sure whether FY 2016 budget issues will impact MMIS Care.</li> <li>• Stefani Hartsfield commented that this needs to be closely aligned with the Integrated Communities Care Management Learning Collaborative or communities will create their own tools. Erin noted that St. Johnsbury and Rutland were two of the communities from which the SCÜP team gathered information.</li> <li>• Mike Gagnon expressed concern about the size of this project, which was supposed to start as a pilot. He commented that this group needs to see the architecture of a solution before we can move ahead. Mike moved to table this for now, pending additional information on architecture and pilot scope.</li> <li>• Georgia responded that the use of the word recommendations was perhaps the wrong term and that was intended to meet a deadline of having recommendations at this meeting. The information is more of an update about the project. The information provided shows that more discovery is needed and that they are consistent with Mike’s suggestion for further information gathering. There is no funding requested from this group today. She suggested that Work Group members review the Technical Proposal when it is released and provide comment. Susan Aranoff noted that this is still a pilot, and that this is a great petri dish to learn from.</li> <li>• Georgia clarified that the funds allocated to this project are not specifically allocated to discovery or a solution.</li> </ul> <p>Brian commented that he does not think we need a vote on this today. We need additional information on architecture and cost on this project before a vote, and in the meantime, we can continue a limited staff investment in further information gathering.</p> <ul style="list-style-type: none"> <li>• Richard noted that there are some pieces of the total amount (\$1.15 million) that are allocated – ENS, specifically – and asked whether slowing SCÜP would slow ENS. Georgia replied that ~\$400,000 of the total is held for SCÜP, but we are not waiting for SCÜP to move forward on ENS.</li> <li>• Brian suggested we split ENS, UTP, and SCP for the future. Larry agreed, and noted that we’ll be proposing solutions for these as three separate projects, and will be reporting on this as three separate projects in the future.</li> <li>• Mike revoked his motion.</li> </ul>	

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<p><b>6. DLTSS Technology Assessment and Next Steps</b></p>	<p>Susan Aranoff presented on high-level findings and proposed next steps from the DLTSS Technology Assessment Report. (Attachment 6 – the full report is available <a href="#">here</a> on the VHCIP website.)</p> <ul style="list-style-type: none"> <li>• Sue asked that participants review the report and invited readers to contact her if they discover information in the report that is now out of date.</li> <li>• This is a proposal to allocate money, similar to the telehealth proposal last year, to support increased connection for Home Health Agencies and Area Agencies on Aging with specific projects to be defined later. Sue noted that Home Health data exchange and measurement capabilities will be increasingly important for future payment and care delivery models.</li> </ul> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• Trinka Kerr commented that she supports this proposal due to the need for better electronic access among non-acute providers.</li> <li>• Sue added that it is late in the SIM timeline to put out additional RFPs – we could pursue this work by expanding the scope of another SIM contract with VITL. That discussion will happen if funds are approved.</li> <li>• Paul Harrington commented that billing capacity is less important than integration and communication capacity, and that capital investment is important but implementation and uptake are necessary to ensure adoption. Sue noted that readiness varies across agencies, but that VITL provides some support for uptake. Sue suggested that new laws and rules will require providers to gain comfort with this.</li> <li>• Mary Alice Bisbee commented that a recent experience with home health showed a lack of coordination and need for increased communication.</li> <li>• Amy Cooper commented that Healthfirst has reached out specifically to Skilled Nursing Facilities to improve communication, but this is a challenge without capabilities on the home health side. Leah Fullem seconded this comment.</li> <li>• Julie Wasserman noted that no SIM money has been put toward HHAs yet.</li> <li>• John Evans noted that some HHAs are already pushing information to the VHIE – primarily admissions, discharges, and transfers, though one is sharing CCDs – and that this has been funded through VITL’s core agreement with DVHA. John noted that VITLAccess onboarding is not particularly expensive and would allow organizations to access VHIE data, but that interface development is significantly more expensive. Sue responded that it would be good to flesh out the proposal if this group chooses to move a proposal along to the Steering Committee and Core Team.</li> <li>• Dale Hackett expressed support for this proposal. He also noted that HHAs are being continually asked to do more with fewer dollars, and commented that he wants to see quality and other results for HHAs.</li> <li>• Stefani Hartsfield expressed support for the goals of this proposal. She suggested that the UTP and SCP projects could also provide some of the necessary care coordination support, and asked the group to keep that in mind as we plan next steps.</li> </ul> <p>Brian Otley entertained a motion, noting that there is clearly strong support for investment in this area, but that this</p>	<p><b>Send feedback on DLTSS Technology Assessment Report to Susan Aranoff</b>  <a href="mailto:susan.aranoff@vermont.gov">(<a href="mailto:susan.aranoff@vermont.gov">susan.aranoff@vermont.gov</a>)</a>.</p>

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	<p>proposal does not include a clear ask. He suggested a motion recommending an investment, and proposing to set aside funds to be made available to support more specific proposals in the coming months with the requirement that proposed activities can be accomplished within the grant period.</p> <p>Dale Hackett moved to recommend that HHAs and AAAs receive money to support health information exchange through VITL, dependent on resources the Core Team has to allocate. Brian suggested adding that more specific proposals will be forthcoming. Heather Skeels suggested adding language recognizing that this request is in response to a change in the landscape. Mary Alice Bisbee made a friendly amendment to include “strongly recommend or prioritize” with this request. Amy Putnam recommended adding that the DLSS Technology Assessment Report indicates this is an area of priority.</p> <p>Final motion, moved by Dale Hackett, for approval by exception: Dale Hackett moved to strongly recommend that HHAs and AAAs receive money to support health information exchange through VITL, dependent on resources the Core Team has to allocate, recognizing that this request is responsive to a change in the landscape and the results of the DLSS Technology Assessment Report, and that more specific proposals will be forthcoming to address previously limited investment in this area. Mary Alice Bisbee seconded. The motion carried with Chris Smith abstaining.</p> <ul style="list-style-type: none"> <li>• Staff will work with VITL to scope a more specific proposal, ideally before the Core Team meeting on 12/9.</li> </ul>	
<b>7. Data Utility/Data Governance</b>	<p>Brian Otley proposed tabling this item for our next meeting, and requested participants review materials and send any comments to Sarah Kinsler (<a href="mailto:sarah.kinsler@vermont.gov">sarah.kinsler@vermont.gov</a>); they will be included in the materials for the next meeting.</p>	<p><b>Send comments to Sarah Kinsler (<a href="mailto:sarah.kinsler@vermont.gov">sarah.kinsler@vermont.gov</a>) by 12/1.</b></p>
<b>8. ACO Presentation</b>	<p>Leah Fullem noted that representatives of all three ACOs, the Blueprint, and VITL are here to present this proposal today. This proposal is not up for a vote today; this is an opportunity for group members to provide feedback and comments.</p> <ul style="list-style-type: none"> <li>• The proposed solution seeks to create a “single source of truth” for the ACOs about attributed individuals.</li> <li>• Solution would allow each ACO to access data about their attributed populations, as well as to look at aggregate information across the three ACOs. This would provide CHAC and Healthfirst with more analytic capabilities than they currently have.</li> <li>• Collaboration with the Blueprint: How to work with patients that use ACO providers but aren’t attributed?</li> <li>• Timeline for implementation is aggressive, but Leah believes this is realistic given that OneCare has already been able to do much of this work.</li> <li>• Proposal will go to the Core Team with \$1.8 million budget on 12/9. Most of this would go to technical integration for CHAC and Healthfirst (\$1.4 million); \$75,000 will go to legal work across all three ACOs; \$205,000 to staff time across all three ACOs; and \$150,000 to project management across all three ACOs. Amy Cooper noted that CHAC and Healthfirst haven’t been able to build foundational IT infrastructure to</li> </ul>	<p><b>Share feedback with Georgia Maheras (<a href="mailto:georgia.maheras@vermont.gov">georgia.maheras@vermont.gov</a>) by 12/1.</b></p>

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	<p>the same extent that OneCare has, and commented that timing is ideal because it builds on historical collaboration and workflow development across ACOs.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• Kelly Lange noted that BCBS has confidentiality concerns, and would want input into any part that requires changes on BCBS’s end. Leah commented that each ACO has a DUA with BCBS.</li> <li>• Sue Aranoff asked how necessary this proposal would be if the ACOs don’t merge, noting there are significant legal barriers to merger. Leah responded that this architecture separates data from each ACO; if the ACOs don’t merge, OCV will act like a vendor to CHAC and HF at a lower cost than a private vendor.</li> <li>• Paul Harrington noted that he would like to hear from someone at the Governor’s Administration about the Administration’s overall health care reform agenda to give the group some context about how this all fits together and advances a larger vision. Paul noted that from his perspective, the All-Payer Waiver seems like the highest priority; if that’s correct, this project is consistent with that vision and should be prioritized. If that is not the case, that’s important to know as well as this group reviews this and similar proposals. Richard commented that the Steering Committee has criteria to guide decision-making, and that it might be worth revisiting those criteria.</li> <li>• Georgia clarified that this proposal is not planning on going to the Steering Committee – it is a proposal that has been requested by the Core Team. Susan Aranoff asked that it be brought to the Steering Committee on 12/2. Georgia and Sarah will work together to fit this onto the agenda.</li> </ul> <p>Brian requested that participants share any feedback with Georgia (<a href="mailto:georgia.maheras@vermont.gov">georgia.maheras@vermont.gov</a>) no later than December 1<sup>st</sup>; feedback will be shared with the Core Team prior to their 12/9 meeting. Feedback shared before Thanksgiving will also be shared with the Steering Committee.</p>	
<p><b>9. Public Comment, Next Steps, Wrap-Up, and Future Meeting Schedules</b></p>	<p><b>Next Meeting:</b> Wednesday, December 16, 2015, 9:00-11:00, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.</p>	

VHCIP Health Data Infrastructure Work Group  
 Roll Call 11/18/2015

*Leah Fullem 10  
 Hear for Streetsgo  
 Motion carried; 1 abstention*  
*Paul Harrington 10  
 Leah Fullem 20  
 Motion carried; 3 abstentions*  
*Dale Hackett 10  
 Leah Fullem 20  
 Motion carried; 1 abstention*  
*N/A*  
*Dale Hackett 10  
 Mary Alice Bishop 20  
 Motion carried; 1 abstention*

Member		Member Alternate		Minutes	ACO Gap Remediation	VCN Gap Remediation	Vote Phase II	DLTSS Next Steps	Organization	Health Data Infrastructure
First Name	Last Name	First Name	Last Name							
Susan	Aranoff ✓	Gabe	Epstein						AHS - DAIL	M
Joel	Benware ✓	Dennis	Boucher						Northwestern Medical Center	M
		Jodi	Frei						Northwestern Medical Center	MA
		Chris	Giroux						Northwestern Medical Center	MA
Peggy	Brozicevic								AHS - VDH	M
Amy	Cooper ✓								HealthFirst/Accountable Care Coalition of th	M
Steven	Cummings ✓								Brattleboro Memorial Hospital	M
Mike	DelTrecco								Vermont Association of Hospital and Health	M
Chris	Dussault ✓	Angela	Smith-Dieng						V4A	M
Leah	Fullem ✓	Greg	Robinson ✓						OneCare Vermont	M
Michael	Gagnon ✓	Kristina	Choquete ✓	<del>AA</del>	AA				Vermont Information Technology Leaders	M
Ken	Gingras ✓			<del>AA</del>	AA	A			Vermont Care Partners	M
Eileen	Girling								AHS - DVHA	M
Dale	Hackett ✓								Consumer Representative	M
Emma	Harrigan	Tyler	Blouin ✓						AHS - DMH	M
		Kathleen	Hentcy ✓						AHS - DMH	MA
		Brian	Isham ✓						AHS - DMH	MA
Paul	Harrington ✓								Vermont Medical Society	M
Stefani	Hartsfield ✓	Molly	Dugan						Cathedral Square	M
		Kim	Fitzgerald						Cathedral Square and SASH Program	MA
Kaili	Kuiper	Trinka	Kerr ✓	A					VLA/Health Care Advocate Project	M
Nancy	Marinelli								AHS - DAIL	M

				Minutes	ACO	VCN	N/A	DLTSS		
MaryKate	Mohlman ✓								AHS - DVHA - Blueprint	M
Brian	Otley ✓								Green Mountain Power	C/M
Kate	Pierce								North Country Hospital	M
Amy	Putnam	Todd	Bauman						DA - Northwest Counseling and Support Ser	M
		Kim	McClellan						DA - Northwest Counseling and Support Ser	MA
Amy	Putnam								VCP - Northwest Counseling and Support Se	M
Sandy	Rousse								Central Vermont Home Health and Hospice	M
Simone	Rueschemeyer ✓								Vermont Care Network	C/M
Julia	Shaw ✓	Lila	Richardson						VLA/Health Care Advocate Project	M
Heather	Skeels ✓	Kate	Simmons						Bi-State Primary Care	M
Richard	Slusky ✓	Kelly	Macnee ✓						GMCB	M
		Spenser	Weppler ✓						GMCB	MA
Chris	Smith ✓	Lou	McLaren						MVP Health Care	M
Russ	Stratton								VCP - HowardCenter for Mental Health	M
Eileen	Underwood ✓								AHS - VDH	M?
????	????	Mike	Hall						Champlain Valley Area Agency on Aging / Co	MA
????	????	Arsi	Namdar						VNA of Chittenden and Grand Isle Counties	MA
										39

Darin Prail / Diane Cummings ✓

Mary Alice Bisbee ✓ ✱

30

Q ✓

AHS-Central Office  
Consumer



# VHCIP Health Data Infrastructure Work Group

## Attendance Sheet

11/18/2015

	First Name	Last Name		Organization	Health Data Infrastructure
1	Diane	Cummings	here	AHS - Central Office	S
2	Darin	Prail		AHS - Central Office	X
3	Julie	Wasserman	here	AHS - Central Office	S
4	Becky-Jo	Cyr		AHS - Central Office - IFS	X
1	Susan	Aranoff	here	AHS - DAIL	M
2	Gabe	Epstein	here	AHS - DAIL	MA
3	Nancy	Marinelli		AHS - DAIL	M
4	Tela	Torrey		AHS - DAIL	X
5	<del>Beth</del>	Rowley		AHS - DCF	X
6	Tyler	Blouin		AHS - DMH	MA
7	Emma	Harrigan		AHS - DMH	M
8	Kathleen	Hentcy		AHS - DMH	MA
9	Brian	Isham	here	AHS - DMH	MA
10	Lucas	Herring		AHS - DOC	X
11	Amy	Coonradt		AHS - DVHA	S
12	Jennifer	Egelhof	here	AHS - DVHA	X
13	Erin	Flynn	phone	AHS - DVHA	S
14	Eileen	Girling		AHS - DVHA	M
15	Sarah	Kinsler	here	AHS - DVHA	S
16	Carole	Magoffin		AHS - DVHA	S
17	Steven	Maier	here	AHS - DVHA	S
18	Jessica	Mendizabal		AHS - DVHA	S
19	Larry	Sandage	phone	AHS - DVHA	S
20	James	Westrich	here	AHS - DVHA	S
21	Bradley	Wilhelm		AHS - DVHA	S
22	Cecelia	Wu		AHS - DVHA	S
23	Craig	Jones		AHS - DVHA - Blueprint	X
24	MaryKate	Mohlman	here	AHS - DVHA - Blueprint	M
25	Miki	Olszewski		AHS - DVHA - Blueprint	X

26	Peggy	Brozicevic		AHS - VDH	M
27	Eileen	Underwood	here	AHS - VDH	M
28	Georgia	Maheras	here	AOA	S
29	Bob	West		BCBSVT	X
30	Charlie	Leadbetter		BerryDunn	X
31	Heather	Skeels	here	Bi-State Primary Care	M
32	Joyce	Gallimore		Bi-State Primary Care/CHAC	X
33	Kate	Simmons		Bi-State Primary Care/CHAC	MA
34	Kendall	West		Bi-State Primary Care/CHAC	X
35	Daniel	Galdenzi		Blue Cross Blue Shield of Vermont	X
36	Kelly	Lange		Blue Cross Blue Shield of Vermont	X
37	James	Mauro		Blue Cross Blue Shield of Vermont	X
38	Steven	Cummings		Brattleboro Memorial Hospital	M
39	Stefani	Hartsfield	here	Cathedral Square	M
40	Molly	Dugan		Cathedral Square and SASH Program	MA
41	Kim	Fitzgerald		Cathedral Square and SASH Program	MA
42	Paul	Forlenza		Centerboard Consulting, LLC	X
43	Sandy	Rousse		Central Vermont Home Health and Hospice	M
44	Mike	Hall		Champlain Valley Area Agency on Aging / C	MA
45	Kevin	Kelley		CHSLV	X
46	Jonathan	Bowley		Community Health Center of Burlington	X
47	Dale	Hackett	here	Consumer Representative	M
48	Bob	Thorn		DA - Counseling Services of Addison County	X
49	Todd	Bauman		DA - Northwest Counseling and Support Se	MA
50	Kim	McClellan		DA - Northwest Counseling and Support Se	MA
51	Amy	Putnam		DA - Northwest Counseling and Support Se	M
52	Nick	Emlen		DA - Vermont Council of Developmental an	X
53	Richard	Boes		DII	X
54	Lucie	Garand		Downs Rachlin Martin PLLC	X
55	Ena	Backus		GMCB	X
56	Susan	Barrett	here	GMCB	X
57	Jamie	Fisher		GMCB	X
58	Christine	Geiler		GMCB	S
59	Al	Gobeille		GMCB	X
60	Pat	Jones		GMCB	S
61	Kelly	Macnee	here	GMCB	MA
62	Stacey	Murdock		GMCB	X
63	Annie	Paumgarten		GMCB	S

64	David	Regan		GMCB	X
65	Richard	Slusky		GMCB	M
66	Spenser	Weppler	here	GMCB	MA
67	Brian	Otley	here	Green Mountain Power	C/M
68	Amy	Cooper	here	HealthFirst/Accountable Care Coalition of t	M
69	Paul	Reiss		HealthFirst/Accountable Care Coalition of t	X
70	Jon	Brown	phone	HSE Program	X
71	Richard	Terricciano	here	HSE Program	X
72	Jay	Hughes		Medicity	X
73	Lou	McLaren		MVP Health Care	MA
74	Chris	Smith	phone	MVP Health Care	M
75	David	Wennberg		New England Accountable Care Collaborati	X
76	Kate	Pierce		North Country Hospital	M?
77	Matt	Tryhorne		Northern Tier Center for Health	X
78	Joel	Benware	phone	Northwestern Medical Center	M
79	Dennis	Boucher		Northwestern Medical Center	MA
80	Jodi	Frei		Northwestern Medical Center	MA
81	Chris	Giroux		Northwestern Medical Center	MA
82	Leah	Fuller	here	OneCare Vermont	M
83	Todd	Moore		OneCare Vermont	X
84	Laurie	Riley-Hayes		OneCare Vermont	A
85	Greg	Robinson	phone	OneCare Vermont	MA
86	Tawnya	Safer		OneCare Vermont	X
87	Karl	Finison		OnPoint	X
88	Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	X
89	Joelle	Judge	here	UMASS	S
90	Richard	Wasserman, MD, MPH		University of Vermont - College of Medicine	X
91	Chris	Dussault	phone	V4A	M
92	Angela	Smith-Dieng		V4A	MA
93	Russ	Stratton		VCP - HowardCenter for Mental Health	M
94	Amy	Putnam		VCP - Northwest Counseling and Support S	M
95	Julie	Tessler		VCP - Vermont Council of Developmental a	X
96	Martha	Buck		Vermont Association of Hospital and Health	A
97	Mike	DelTreceo		Vermont Association of Hospital and Health	M
98	Gary	Zigmann		Vermont Association of Hospital and Health	X
99	Simone	Rueschemeyer	here phone	Vermont Care Network	C/M
100	Ken	Gingras	here	Vermont Care Partners	M
101	Shelia	Burnham		Vermont Health Care Association	X

102	Kristina	Choquete	here	Vermont Information Technology Leaders	MA
103	Michael	Gagnon	here	Vermont Information Technology Leaders	M
104	Paul	Harrington	here	Vermont Medical Society	M
105	Trinka	Kerr	here	VLA/Health Care Advocate Project	MA
106	Kaili	Kuiper		VLA/Health Care Advocate Project	M
107	Lila	Richardson		VLA/Health Care Advocate Project	MA
108	Julia	Shaw	here	VLA/Health Care Advocate Project	M
109	Arsi	Namdar		VNA of Chittenden and Grand Isle Counties	MA
110	Peter	Cobb		VNAs of Vermont	X
111	Stuart	Graves		WCMHS	X
112	Joanne	Arey		White River Family Practice	A
113	Mark	Nunlist		White River Family Practice	X
114	<del>Sean</del>	<del>Uiterwyk</del>		White River Family Practice	X
115	Narath	Carlile			X
116	Mike	Maslack			X
117	Win	Turner			X
					<b>121</b>

Laura Kolkman  
Bob Brown

Mosaica Partners  
Mosaica Partners