Vermont Health Care Innovation Project
Health Data Infrastructure Meeting Agenda

November 18, 2016, 3:00-5:00pm
Mountain Ash Conference Room*, Waterbury State Office Complex*
Call-In Number: 1-877-273-4202; Passcode: 2252454

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action Needed?
1	3:00-3:10pm	Welcome and Introductions; Minutes Approval	Simone Rueschemeyer & Brian Otley	Attachment 1: Draft October 28, 2016, Meeting Minutes	Approval of Minutes
2	3:10-3:15pm	Project Updates	Georgia Maheras		
3	3:15-3:45pm	HDI Projects – Funding and Status	Georgia Maheras & Larry Sandage	Attachment 3a: HDI Focus Area Spending by Vendor by Budget Year Attachment 3b: VHCIP Status Reports for October 2016 – HDI Focus Area	
4	3:45pm-4:50	Sustainability Plan Review and Discussion	Georgia Maheras	Attachment 4: Presentation – Draft Sustainability Plan Full Draft Sustainability Plan available at: http://healthcareinnovation.vermont.gov/content/vermont-sim-sustainability-plan-draft-november-2016	
5	4:50-5:00pm	Public Comment Next Steps, Wrap-Up and Future Meeting Schedule	Simone Rueschemeyer & Brian Otley	**FINAL HDI Work Group Meeting – Wednesday, December 14, 9:00-11:00am, Ash Conference Room, Waterbury State Office Complex**	

Attachment 1: Draft October 28, 2016, Meeting Minutes

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.	

Agenda Item	Discussion	Next Steps
	• 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	

Agenda Item	Discussion	Next Steps
	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	

Agenda Item	Discussion	Next Steps
	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	

Agenda Item	Discussion	Next Steps
	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

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
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

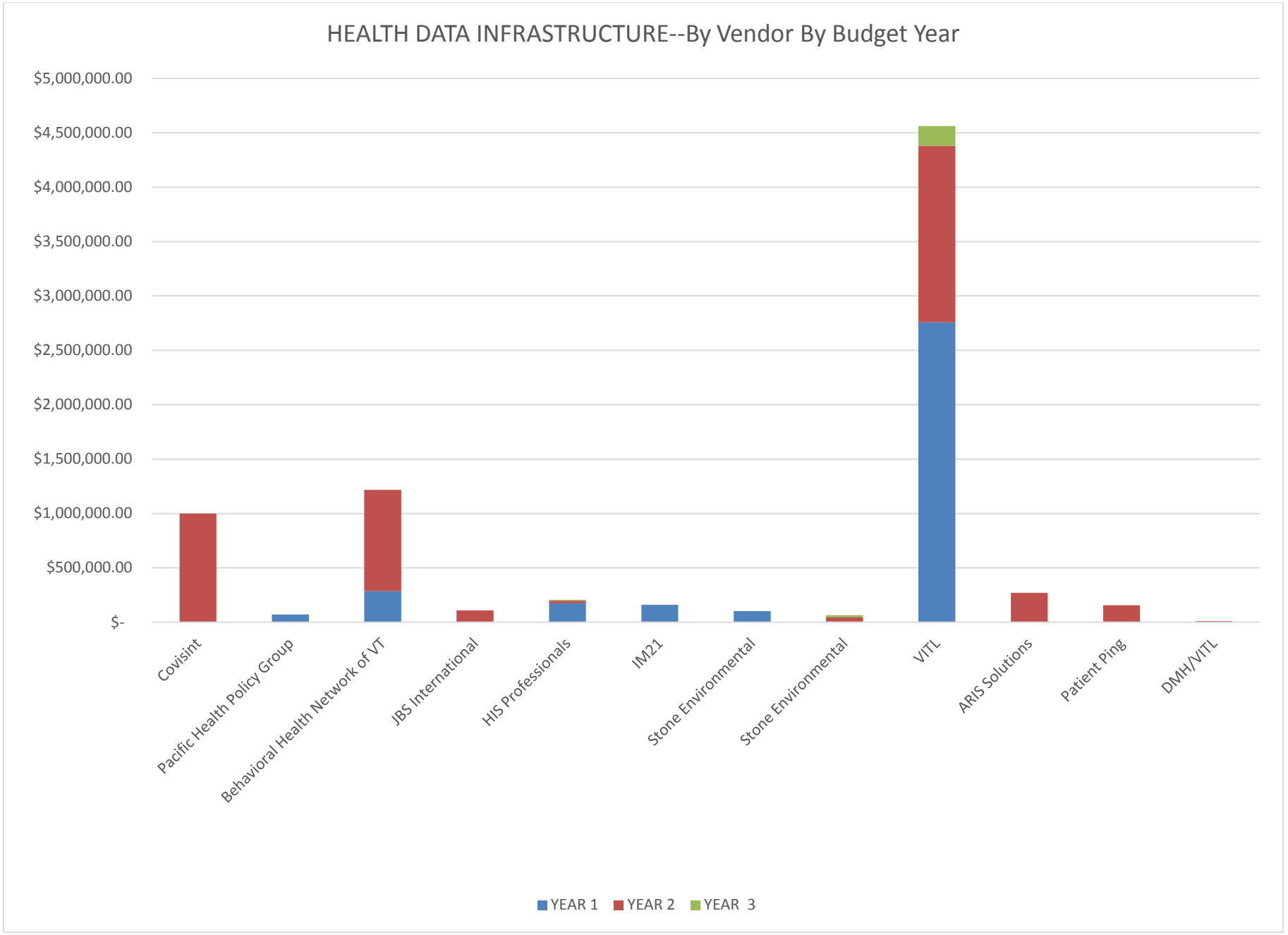
Nick	Emlen		DA - Vermont Council of Developmental an	X
Karl	Finison		OnPoint	X
Kim	Fitzgerald		Cathedral Square and SASH Program	MA
Erin	Flynn		AHS - DVHA	S
Jodi	Frei		Northwestern Medical Center	MA
Leah	Fullem	Phone	OneCare Vermont	M
Michael	Gagnon	Phone	Vermont Information Technology Leaders	M
Paul	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

Attachment 3a: HDI Focus Area Spending by Vendor by Budget Year


HEALTH DATA INFRASTRUCTURE--By Vendor By Budget Year
$5,000,000.00
$4,500,000.00
$4,000,000.00
$3,500,000.00
$3,000,000.00
$2,500,000.00
$2,000,000.00
$1,500,000.00
$1,000,000.00
$500,000.00
$-
Covisint
Pacific Health Policy Group
Behavioral Health Network of VT
JBS International
HIS Professionals
IM21
Stone Environmental
Stone Environmental
VITL
ARIS Solutions
Patient Ping
DMH/VITL
YEAR 1
YEAR 2
YEAR 3

HEALTH DATA INFRASTRUCTURE	YEAR 1	YEAR 2	YEAR 3	TOTAL
Covisint	$ -	$ 1,000,000.00	$ -	**$ 1,000,000.00**
Pacific Health Policy Group	$ 70,532.50	$ -	$ -	**$ 70,532.50**
Behavioral Health Network of VT	$ 287,710.00	$ 928,857.48	$ -	**$ 1,216,567.48**
JBS International	$ -	$ 107,747.60	$ -	**$ 107,747.60**
HIS Professionals	$ 174,828.16	$ 22,413.60	$ 7,965.00	**$ 205,206.76**
IM21	$ 160,000.00	$ -	$ -	**$ 160,000.00**
Stone Environmental	$ 101,539.30	$ -	$ -	**$ 101,539.30**
Stone Environmental	$ -	$ 43,404.70	$ 20,822.05	**$ 64,226.75**
VITL	$ 2,758,476.50	$ 1,622,576.64	$ 181,754.49	**$ 4,562,807.63**
ARIS Solutions	$ -	$ 269,790.00	$ -	**$ 269,790.00**
Patient Ping	$ -	$ 156,302.57	$ -	**$ 156,302.57**
DMH/VITL	$ -	$ 11,087.50	$ -	**$ 11,087.50**
TOTALS	**$ 3,553,086.46**	**$ 4,162,180.09**	**$ 210,541.54**	**$ 7,925,808.09**

Attachment 3b: VHCIP Status Reports for October 2016 – HDI Focus Area

VHCIP Project Status Reports
Health Data Infrastructure Focus Area
October 2016

Focus Area: Health Data Infrastructure

Focus Area: Health Data Infrastructure
Project: Expand Connectivity to HIE – Gap Analyses (Project Complete)

Project Summary: The Gap Analysis is an evaluation of the Electronic Health Record (EHR) system capability of health care organizations, interface ability of the EHR system, and the data transmitted within those interfaces. Conducting the ACO Gap Analysis created a baseline determination of the ability of health care organizations to produce Year 1 Medicare, Medicaid, and commercial Shared Savings ACO Program quality measure data. The Vermont Care Partners (VCP) Gap Analysis evaluated data quality among the 16 Designated and Specialized Service Agencies. Finally, the DLTSS Gap Analysis was conducted to review the technical capability of DLTSS providers statewide. This work stream is complete as of December 2015.

Project Timeline and Key Facts:

- January 2014 – VITL and ACO teams launched Gap Analysis of the ACO Program quality measures.
- July 2014 – Gap Analysis of the ACO Program quality measure data completed.
- September 2014 –DLTSS Information Technology Assessment work launched.
- January 2015 – Scope of Work for VCP Gap Analysis finalized.
- February 2015 – Work began for VCP Gap Analysis with introductory meeting with Designated Agencies.
- February 2015 – Draft DLTSS Information Technology Assessment Report completed.
- July 2015 – A total of 67 data quality meetings held with DAs & SSAs.
- November 2015 – DLTSS Information Technology Assessment Report completed.
- December 2015 – DLTSS Information Technology Assessment findings presented to HDI Work Group.

Status Update/Progress Toward Milestones and Goals:

- Gap Analysis of ACO Program data quality measures completed in January 2014.
- VITL has conducted numerous data quality interviews with the 16 Designated Mental Health and Specialized Service agencies (DAs and SSAs). VITL has also identified that a number of DA and SSA member agencies' structures are decentralized such that they operate as multiple independent agencies. VCP has confirmed the need for full assessments to be conducted at these agencies.
- DLTSS Information Technology Assessment Report completed with recommendations on next steps; report has been distributed to stakeholders and findings presented to the HDI Work Group.

Milestones:

Performance Period 1: Perform gap analyses related to quality measures for each payment program, as appropriate; perform baseline gap analyses to understand connectivity of non-Meaningful Use (MU) providers.

Performance Period 1 Carryover: Perform gap analyses related to quality measures for each payment program, as appropriate; perform baseline gap analyses to understand connectivity of non-Meaningful Use (MU) providers:

1. Complete DLTSS technical gap analysis by 9/30/15.
2. Conduct bimonthly SSP quality measure gap analyses for ACO providers.

Performance Period 2: N/A

Performance Period 3: N/A

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

Lives Impacted: TBD

Participating Providers: 400

Key Documents:

- ACO Gap Analysis (Fall 2014)
- DLTSS Information Technology Assessment Report (Fall 2015)

State of Vermont Lead(s): Georgia Maheras, Larry Sandage

Contractors Supporting: VITL; Vermont Care Partners; H.I.S. Professionals; Bailit.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: This project is complete.

Focus Area: Health Data Infrastructure

Project: Expand Connectivity to HIE – Gap Remediation

Project Summary: The Gap Remediation project addresses gaps in connectivity and clinical data quality of health care organizations to the Health Information Exchange. Gap remediation efforts are focused in three areas: ACO member organizations, Vermont's 16 Designated Mental Health and Specialized Service Agencies (DAs and SSAs), and Home Health Agencies.

- The ACO Gap Remediation component improves the connectivity for all Vermont Shared Savings Program measures among ACO member organizations. The project includes five deliverables: Interface and Electronic Health Record Installation, Data Analysis, Data Formatting, Terminology Services, and SET Team activities.
- The Vermont Care Partners (VCP) Gap Remediation improves the data quality for Vermont's DAs and SSAs.
- The DLTSS Gap Remediation effort seeks to increase connectivity and access to client information for Home Health Agencies. This project, approved in January 2016 based on the results of the DLTSS Information Technology Assessment, originally included Area Agencies on Aging in its scope; Area Agencies on Aging are currently excluded from this work due to legal data sharing issues.

Gap Remediation efforts for ACO member organizations and VCP dovetail with the data quality improvement efforts described under the "Improve Quality of Data Flowing into HIE" work stream. The VCP Data Quality and Terminology Services projects are now reported under that focus area.

Project Timeline and Key Facts:

- March 2015 – ACO Gap Remediation work begun by VITL and ACO member organizations; Terminology Services vendor identified by VITL.
- May 2015 – SET Team work completed by VITL and Medicity.
- July 2015 – Gap Remediation work continued, with 95 ADT, VXU, and CCD interfaces in progress.
- October 2015 – Phase II ACO Gap Remediation initially proposed; VCP Gap Remediation proposed.
- January 2016 – Phase I ACO Gap Remediation work completed; VCP Gap Remediation work begun; DLTSS Gap Remediation project to increase connectivity for Home Health Agencies and Area Agencies on Aging approved and planning process begun**.**
- June 2016 – Home Health Agency connectivity project Phase 1 completed.
- December 2016 – VCP Gap Remediation work to be completed.
- June 2017 – Home Health Agency connectivity project to be completed.

Status Update/Progress Toward Milestones and Goals:

- In December 2015, VITL increased the percentage of OneCare Vermont beneficiaries able to be represented in Quality Measure reporting to 64%.
- VITL and VCP proposed additional gap remediation work in Quarter 4 of 2015 for Performance Period 3 and the HDI Work Group approved proposals for gap remediation for the ACO and VCP projects in the November Work Group meeting.
- The HDI Work Group evaluated next steps based on the DLTSS Information Technology Assessment in November 2015, and recommended pursuing connections for Home Health Agencies and Area Agencies on Aging. A revised proposal limited to Home Health Agencies was approved by the Core Team in January 2016. Home Health Agency interface discovery work was completed as of June 2016. VITLAccess onboarding and interface development work has begun in collaboration with the HHAs, State staff, and VITL.

Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: N/A

Performance Period 2: Remediate data gaps that support payment model quality measures, as identified in gap analyses:

1. Remediate 50% of data gaps for SSP quality measures by 12/31/15.
2. Develop a remediation plan for gaps identified in LTSS technical gap analysis by 12/31/15.

Performance Period 3:

1. Remediate 65% of ACO SSP measures-related gaps as identified in Fall 2015/Spring 2016 by 6/30/17. (*Baseline as of December 2015:* 62%)
2. Remediate data gaps for LTSS providers according to remediation plan developed in Performance Period 2 by 6/30/17.

3. Incorporate Gap Remediation activities into Sustainability Plan by 6/30/17.
Metrics: CORE_Health Info Exchange_[VT]
Additional Goals: # Lives Impacted: TBD # Participating Providers: TBD
Key Documents:
State of Vermont Lead(s): Georgia Maheras, Larry Sandage
Contractors Supporting: VITL; Vermont Care Partners; H.I.S. Professionals; Pacific Health Policy Group. To view executed contracts, please visit the **VHCIP Contracts** page.
Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Health Data Infrastructure

Project: Expand Connectivity to HIE – Data Extracts from HIE (Project Complete)

Project Summary: This project provided a secure data connection from the VHIE to the ACOs analytics vendors for their attributed beneficiaries, and allowed ACOs direct access to timely data feeds for population health analytics. This work stream was completed as of July 2016.

Project Timeline and Key Facts:

- March 2014 – OneCare (OCV) Gateway build started.
- February 2015 – Community Health Accountable Care (CHAC) Gateway build started.
- December 2015 – OCV and CHAC Gateways completed.
- January 2016 – Contract with VITL to build Health*first* Gateway approved.
- July 2016 – Health*first* Gateway completed.

Status Update/Progress Toward Milestones and Goals:

- All three Gateways are completed.

Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: Completed development of ACO Gateways with OneCare Vermont (OCV) by 3/31/15 and Community Health Accountable Care (CHAC) by 12/31/15 to support transmission of data extracts from the HIE.

Performance Period 2: N/A

Performance Period 3: N/A

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

Lives Impacted: TBD

Participating Providers: TBD

Key Documents:

State of Vermont Lead(s): Georgia Maheras

Contractors Supporting: Vermont Information Technology Leaders.

To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: This project is complete.

Focus Area: Health Data Infrastructure

Project: Improve Quality of Data Flowing into HIE

Project Summary: The Data Quality Improvement Project initially focused on analyzing ACO members' data quality in reference to each of sixteen data elements. The ACO Data Quality efforts were later expanded to improve workflow and data entry in member Electronic Health Record systems, and to include efforts to improve data quality and usability for Designated Agencies (DAs) and Specialized Service Agencies (SSAs). To improve data quality, VITL works directly with providers to recommend data entry and data capture workflow improvements. VITL also performs comprehensive analyses to ensure data elements from each Health Care Organization (HCO) are formatted identically, and works with the HCOs to improve quality and usability through one or more of the following methods: (1) The HCO can change their method of data entry; (2) the HCO's vendor can change their format used to capture data; and (3) a third party could use a terminology service to transform the data. The Terminology Services project, originally initiated as part of the ACO Gap Remediation work, examines clinical data elements and translates those data elements into standardized code sets.

Project Timeline and Key Facts:

- March 2015 – VITL-ACO Data Quality work began by deploying VITL's eHealth Specialist teams to member organizations for review of Data Quality input and workflow.
- July 2015 – Significant progress made in data quality assessment and initial phases of gap remediation through an existing underlying contract approved in Performance Period 1; additional gap remediation progress in Performance Periods 2 & 3 pending Federal approval of contract amendment.
- January 2016 – Funds to support continued work on the Vermont Care Partners (VCP) Data Quality project approved by the VHCIP Core Team.
- February 2016 – Terminology Services work begun.
- April 2016 – Terminology Services hardware and software implementation complete.
- June 2016 – Terminology Services configuration and training completed.
- September 2016 – Terminology Services second phase approved by the VHCIP Core Team.
- December 2016 – VCP Data Quality work to be completed.

Status Update/Progress Toward Milestones and Goals:

- Data quantity and quality improvements resulted in addressing 64% of known data gaps for SSP quality measures.
- Work with VCP, DA/SSA member agencies, and VITL will continue through December 2016. VITL is working with DAs to implement the workflow improvements in each agency through the development of a toolkit that will provide the necessary documentation, workflows, and answers to specific questions as needed.
- The HDI Work Group approved additional data quality work for the ACO and VCP project in the November 2015 Work Group meeting. This request was approved by the Steering Committee and Core Team in December 2015 and January 2016, respectively.
- VITL is providing continued Data Quality services for the Designated Mental Health Agencies (VCP Data Quality project) through workflow support to enable DA staff to improve information collection and standardized data entry of required data elements. Analysis of the data will identify areas of improvement. Finally, the data sets will be formatted appropriately to meet standard data formats for development of consistent and accurate ADT and CCD interfaces.

Milestones:

Performance Period 1: Clinical Data:

1. Medication history and provider portal to query the VHIE by end of 2013.
2. State law requires statewide availability of Blueprint program and its IT infrastructure by October 2013.

Performance Period 1 Carryover:

1. 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: at least 4 meetings per month with DA/SSA leadership and 6 meetings per month with individual DAs/SSAs to review work flow.
2. Access to medication history to support care: 150 medication queries to the VHIE by Vermont providers by 12/31/15.

Performance Period 2:

1. Implement terminology services tool to normalize data elements within the VHIE by TBD.
2. Engage in workflow improvement activities at provider practices to improve the quality of the data flowing into the VHIE as identified in gap analyses. Start workflow improvement activities in 30% of ACO attributing practices by 6/30/16.

Performance Period 3: Engage in workflow improvement activities at designated mental health agencies (DAs) as identified in gap analyses. Start workflow improvement activities in all 16 DAs by 7/1/16 and complete workflow improvement by 12/31/16. Report on improvement over baseline by 6/30/17.

Metrics:
CORE_Health Info Exchange_[VT]

Additional Goals:
Lives Impacted: TBD
Participating Providers: 977

Key Documents:

State of Vermont Lead(s): Georgia Maheras, Larry Sandage

Contractors Supporting: Behavioral Health Network/Vermont Care Network; Bi-State Primary Care Association/Community Health Accountable Care; H.I.S. Professionals; UVM Medical Center/OneCare Vermont; Vermont Information Technology Leaders.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Health Data Infrastructure
Project: Telehealth – Strategic Plan (Project Complete)

Project Summary: Vermont contracted with JBS International to develop a Statewide Telehealth Strategy to guide future investments in this area. The Strategy, developed in collaboration with the State of Vermont and private sector stakeholders, includes four core elements: a coordinating body to support telehealth activities; alignment of state policies relevant to telehealth; telehealth technology investments that are secure, accessible, interoperable, cloud-based, and aligned with Vermont's HIT infrastructure; and clinician engagement. The Strategy also includes a Roadmap based on Vermont's transition from volume-based to value-based reimbursement methodologies to guide prioritization of telehealth projects and their alignment with new clinical processes adopted as payment reform evolves. This project is complete.

Project Timeline and Key Facts:

- February 2015 – Project launched.
- March-July 2015 – Vermont Telehealth Steering Committee convened in March 2015 to guide Telehealth Strategy development; the Steering Committee continued to meet through July.
- June 2015 – Contractor presented draft strategy elements to the HIE/HIT Work Group for comments.
- August 2015 – Final Strategy elements approved.
- June-September 2015 – Strategy review and editing.
- September 2015 – Final Strategy document approved by State of Vermont; final Strategy released. The project is complete.

Status Update/Progress Toward Milestones and Goals:

- JBS International convened the Vermont Telehealth Steering Committee in March 2015 to guide Telehealth Strategy development. Steering Committee members met biweekly via phone between March and July to come to consensus on a telehealth definition, identify guiding principles for the strategy, review key features on telehealth programs across the country, and develop strategy elements.
- A draft Statewide Telehealth Strategy was submitted to DVHA in June 2015; JBS worked with SOV staff to refine the Strategy between June and September 2015.
- The final strategy elements were approved by the HIE/HIT Work Group, Steering Committee, and Core Team in August 2015.
- The State of Vermont finalized the Strategy in September 2015 and released the final Strategy in mid-September.

Milestones:
Performance Period 1: N/A
Performance Period 1 Carryover: N/A
Performance Period 2: Develop Telehealth Strategic Plan by 9/15/15.
Performance Period 3: N/A

Metrics:
CORE_Health Info Exchange_[VT]

Additional Goals:
Lives Impacted: N/A
Participating Providers: N/A

Key Documents:

- A Statewide Telehealth Strategy for the State of Vermont

Lead(s): Sarah Kinsler

Contractors Supporting: JBS International.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: This project is complete.

Focus Area: Health Data Infrastructure
Project: Telehealth – Implementation

Project Summary: Vermont is funding pilot projects that can address a variety of geographical areas, telehealth approaches and settings, and patient populations. The primary purpose is to explore ways in which a coordinated and efficient telehealth system can support value-based care reimbursement throughout the State of Vermont. Projects were selected in part based on demonstration of alignment with the health reform efforts currently being implemented as part of Vermont's SIM project. Project summaries:

- The VNA of Chittenden and Grand Isle Counties is developing its telehealth infrastructure by building connections among providers and enabling the timely sharing of clinical information.
- The Howard Center, a major mental health and substance use disorder treatment provider in the state, is developing an opiate treatment pilot that uses novel technology to facilitate and monitor home-based opiate treatment for some clients.

Project Timeline and Key Facts:

- August 2015 – Approval of draft RFP scope.
- September 2015 – RFP released.
- November 2015 – Pilot projects selected.
- April and June 2016-January 2017 – Pilot project periods.
- December 2016-February 2017 – Pilot project wrap-up, evaluation, and reporting.

Status Update/Progress Toward Milestones and Goals:

- A draft RFP scope was developed by the State and JBS International, drawing on the telehealth definition, guiding principles, and key Telehealth Strategy elements. The draft RFP scope was approved by the HIE/HIT Work Group, Steering Committee, and Core Team in August 2015.
- The RFP was released on September 18, 2015; the bid period closed on October 23, 2015. Two pilots were selected in November.
- Contracts executed for two awardees in July 2016. Pilots began in April and June 2016.

Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: N/A

Performance Period 2:

1. Release telehealth program RFP by 9/30/15.
2. Award at least one contract to implement the scope of work in the telehealth program RFP by 1/15/16.

Performance Period 3:

1. Continue telehealth pilot implementation through contract end dates.
2. Incorporate Telehealth Program into Sustainability Plan by 6/30/17.

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

Lives Impacted: TBD
Participating Providers: TBD

Key Documents:

- A Statewide Telehealth Strategy for the State of Vermont

Lead(s): Jim Westrich

Contractors Supporting: Howard Center; VNA of Chittenden and Grand Isle Counties.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy:

- Delays in bidder selection and contract negotiations have resulted in delayed program launch.
  - The State has worked to limit the impact of this delay by negotiating condensed project timelines. The timeline above reflects delays.

Focus Area: Health Data Infrastructure
Project: EMR Expansion (Project Complete)

Project Summary: EMR Expansion focused on assisting in the procurement of EMR systems for non-Meaningful Use (MU) providers, focusing on EMR acquisition for five Specialized Service Agencies (SSAs) and Department of Mental Health/State Psychiatric Hospital. This project is complete.

Project Timeline and Key Facts:

- January 2015 – EMR acquisition project began with several contractors: VITL, VCP, and ARIS for five Specialized Service Agencies (SSAs).
- January-June 2015 – VITL assisted Vermont's Department of Mental Health in procuring new EMR solution for State Psychiatric Hospital.
- July 2015 – Vendor selected for SSA EMR acquisition and contract negotiations completed.
- August 2015 – Contract executed for SSA EMR acquisition. The project is complete.
- June 2016 – SSA EMR implementations complete.

Status Update/Progress Toward Milestones and Goals:

- EMR acquisition for five Specialized Service Agencies is complete.
- VITL provided technical assistance to the Department of Mental Health to support procurement of the EMR system for the State's new hospital.

Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: N/A

Performance Period 2:

1. Assist in procurement of EMR for non-MU providers: Vermont State Psychiatric Hospital (by 6/30/15) and ARIS (Developmental Disability Agencies) (by 6/30/16).
2. Explore non-EMR solutions for providers without EMRs: develop plan based on LTSS technical gap analysis.

Performance Period 3: N/A

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

Lives Impacted: TBD

Participating Providers: TBD

Key Documents:

State of Vermont Lead(s): Georgia Maheras, Larry Sandage

Contractors Supporting: VITL, Vermont Care Partners, ARIS.

To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: This project is complete.

Focus Area: Health Data Infrastructure
Project: Data Warehousing

Project Summary: The Data Warehousing work stream includes three independent projects: The Vermont Care Partners (VCP) Data Repository project, the Clinical Registry Migration project, and statewide planning to develop a cohesive data warehousing strategy.

- The VCN Data Repository allows the Designated Mental Health Agencies (DAs) and Specialized Service Agencies (SSAs) to send specific data to a centralized data repository. In addition to acting as a centralized repository for DA/SSA data, it is expected that this project will provide VCP members with advanced data analytic capabilities to improve the efficiency and effectiveness of their services, to demonstrate value, and to participate in payment and delivery system reforms.
- The Clinical Registry Migration project moved the Blueprint for Health Clinical Registry from its previous environment to be hosted with VITL's infrastructure.
- Statewide planning activities focus on developing a long-term strategy for data systems to support analytics.

Project Timeline and Key Facts:

- March 2015 – RFP released for the VCP Data Repository project.
- May 2015 – VCP Data Repository Selection Committee selected preferred vendor and begins contract negotiations.
- September 2015 – VCP Data Repository Vendor contract executed.
- June 2016 – Blueprint Clinical Registry Migration to VITL infrastructure complete.
- September 2016 – VCP Data Repository Phase 1 as defined in contract to be completed.

Status Update/Progress Toward Milestones and Goals:

- VCP Data Repository project work has developed a behavioral health-specific data repository for DAs and SSAs, which will aggregate, analyze, and improve the quality of the data stored within the repository and allow for sharing of data extracts with appropriate entities.
- As of May 2016, the VCP Data Repository project has received 100% of member agency data for CYs 2014 and 2105. The web portal for member agencies is nearly ready for functional testing. A prototype of a dashboard including a Key Performance Indicator (KPI) summary, demographic analyses, service delivery analyses, staff service delivery analyses, and crisis services analyses is ready for review and feedback. Implementation of this project began in late 2015 and will continue through the end of 2016.
- The Blueprint Clinical Registry Migration began in January 2016 with the acquisition of the clinical registry software. The system was migrated in Spring 2016 and successfully went live in June 2016.
- The VHCIP team has convened a team of State stakeholders to discuss strategies for developing data systems to support the State's analytic needs. Additional strategy meetings are ongoing through December 2016.

Milestones:

Performance Period 1: N/A

Performance Period 1 Carryover: Prepare to develop infrastructure to support the transmission, aggregation, and data capability of the DAs and SSAs data into a mental health and substance abuse compliant Data Warehouse:

1. Develop data dictionary by 3/31/15.
2. Release RFP by 4/1/15.
3. Execute contract for Data Warehouse by 10/15/15.
4. Design data warehousing solution so that the solution begins implementation by 12/31/15.

Performance Period 2:

1. Implement Phase 1 of DA/SSA data warehousing solution by 12/31/15 (implementation follows implementation project plan).
2. Procure clinical registry software by 3/31/16.
3. Develop a cohesive strategy for developing data systems to support analytics by 3/31/16.

Performance Period 3:

1. Implement Phase 2 of DA/SSA data warehousing solution by 12/31/16.
2. Obtain approval of cohesive strategy for developing data systems to support analytics by 10/31/16. Operationalize the approved cohesive strategy for developing data systems to support analytics by 12/31/16.

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:
Lives Impacted: 35,000
Participating Providers: 5,000

Key Documents:
- Data Repository RFP

State of Vermont Lead(s): Georgia Maheras

Contractors Supporting: Behavioral Health Network/Vermont Care Network; H.I.S. Professionals; Stone Environmental; Vermont Information Technology Leaders; TBD.
To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy:
- Work toward the cohesive data warehousing strategy component of the Performance Period 2 milestone has been delayed.
  - The State is currently working with key partners to develop a cohesive strategy; this work is expected to be completed during the first half of Performance Period 3.

Focus Area: Health Data Infrastructure

Project: Care Management Tools (Shared Care Plan Project)

Project Summary: The Shared Care Plan (SCP) project (formerly part of the SCÜP project) originally sought to provide a Shared Care Plan solution to Vermont's provider organizations. After electing not to pursue a technical Shared Care Plan solution, the project has refocused on reviewing and recommending revisions to consent policy and architecture to enable shared care planning in the future.

Project Timeline and Key Facts:

- April 2015 – Through the Integrated Communities Care Management Learning Collaborative, the need for a technical solution for Shared Care Plans was identified. Universal Transfer Protocol (UTP) and SCP projects are aligned under a single project named SCÜP.
- June 2015 – Discovery on aligned SCÜP project began.
- July-October 2015 – Requirements gathering sessions with multiple communities were performed and initial technical and business requirements drafted. Requirements validated with target communities. Technical Assessments of existing or proposed solutions meeting SCÜP use cases were reviewed for alignment.
- November 2015 – Technical proposal submitted to HDI Work Group by SCÜP team. SCÜP split into two projects (SCP and UTP) due to a difference in proposed solutions.
- December 2015-January 2016 – Continued discovery activities.
- March 2016 – Project staff recommended continued review of consent requirements for Shared Care Plans. A technical solution was not recommended.
- March 2016-December 2016 – Continued review of consent requirements and development of recommendations.

Status Update/Progress Toward Milestones and Goals:

- Integrated Care Management Learning Collaborative Cohort 1 communities requested shared care planning tools in April 2015.
- Final findings reviewed with HDI Work Group in November 2015 and March 2016. A technical solution was not recommended.
- A project plan to define consent requirements and for discovery work for a consent management system was presented to the HDI Work Group in October 2016. The HDI Work Group requested that additional detail be developed by a subgroup for December 2016.

Milestones (all Care Coordination Tools work streams):

Performance Period 1: N/A

Performance Period 1 Carryover:

1. Discovery project to support long- term care, mental health, home care and specialist providers through a Universal Transfer Protocol solution: Report due 4/15/15.
2. Engage in research and discovery to support selection of a vendor for event notification system in Vermont by 10/1/15.

Performance Period 2: Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development:

1. Event Notification System: Procure solution by 1/15/16 and implement according to project plan for phased roll out.
2. SCÜP (shared care plans and uniform transfer protocol): Create project plan for this project that includes business requirements gathering by 9/30/15; technical requirements by 10/31/15; and final proposal for review by 1/31/16.

Performance Period 3:

1. Event Notification System: Continue implementation of ENS according to contract with vendor through 12/31/16.
2. Shared Care Plan: Recommend revisions to the VHIE consent policy and architecture to better support shared care planning by 6/30/17.
3. Universal Transfer Protocol: Support workflow improvements at provider practices through existing contracts through 12/31/16.

4. Continue implementation of care management solutions, including VITLAccess, supporting Home Health Agencies and Area Agencies on Aging.
Metrics: CORE_Health Info Exchange_[VT]
Additional Goals: # Lives Impacted: TBD # Participating Providers: TBD
Key Documents: • Shared Care Plan and Universal Transfer Protocol Final Report (May 2016)
State of Vermont Lead(s): Georgia Maheras
Contractors Supporting: Bailit Health Purchasing; im21; Vermont Information Technology Leaders. To view executed contracts, please visit the **VHCIP Contracts** page.
Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Health Data Infrastructure

Project: Care Management Tools (Universal Transfer Protocol) (Project Complete)

Project Summary: The Universal Transfer Protocol (UTP) project (formerly part of the SCÜP project) sought to provide a Universal Transfer Protocol to Vermont's provider organizations to help providers across the care continuum to exchange critical data that would support a team-based, coordinated model of care, particularly during care transitions. After electing not to pursue a technical UTP solution, this work focused on transforming practice workflows to meet UTP goals in partnership with the Integrated Communities Care Management Learning Collaborative. This project is complete.

Project Timeline and Key Facts:

- September 2014 – Contractor im21 began UTP discovery.
- February 2015 – Draft UTP charter and final UTP report submitted.
- April 2015 – Through Learning Collaboratives, the need for a technical solution for Shared Care Plans was identified; UTP and SCP projects are aligned under a single project named SCÜP.
- June 2015 – Discovery on aligned SCÜP project began.
- July-October 2015 – Requirements gathering sessions with multiple communities performed and initial technical and business requirements drafted. Requirements validated with target communities. Technical Assessments of existing or proposed solutions meeting SCÜP use cases reviewed for alignment.
- November 2015 – Technical proposal submitted to HDI Work Group by SCÜP team. SCÜP split into two projects (SCP and UTP) due to a difference in proposed solutions.
- March 2016 – Project staff recommended that the UTP project work with the Learning Collaboratives to provide support services to transform practice workflows to support the UTP use case. A technical solution was not recommended.
- September 2016 – Integrated Communities Care Management Learning Collaborative learning session focused on transforming practice workflows to support care transitions and the UTP use case.

Status Update/Progress Toward Milestones and Goals:

- Final findings reviewed with HDI Work Group. Project staff recommended that the UTP project work with the Integrated Communities Care Management Learning Collaboratives to provide support services to transform practice workflows to support the UTP use case. The September 2016 learning session for Learning Collaborative communities focused on this topic.

Milestones (all Care Coordination Tools work streams):

Performance Period 1: N/A

Performance Period 1 Carryover:

1. Discovery project to support long- term care, mental health, home care and specialist providers through a Universal Transfer Protocol solution: Report due 4/15/15.
2. Engage in research and discovery to support selection of a vendor for event notification system in Vermont by 10/1/15.

Performance Period 2: Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development:

1. Event Notification System: Procure solution by 1/15/16 and implement according to project plan for phased roll out.
2. SCÜP (shared care plans and uniform transfer protocol): Create project plan for this project that includes business requirements gathering by 9/30/15; technical requirements by 10/31/15; and final proposal for review by 1/31/16.

Performance Period 3:

1. Event Notification System: Continue implementation of ENS according to contract with vendor through 12/31/16.
2. Shared Care Plan: Recommend revisions to the VHIE consent policy and architecture to better support shared care planning by 6/30/17.
3. Universal Transfer Protocol: Support workflow improvements at provider practices through existing contracts through 12/31/16.

4. Continue implementation of care management solutions, including VITLAccess, supporting Home Health Agencies and Area Agencies on Aging.
Metrics: CORE_Health Info Exchange_[VT]
Additional Goals: # Lives Impacted: TBD # Participating Providers: TBD
Key Documents: • Shared Care Plan and Universal Transfer Protocol Final Report (May 2016)
State of Vermont Lead(s): Georgia Maheras
Contractors Supporting: Bailit Health Purchasing; im21; Vermont Information Technology Leaders. To view executed contracts, please visit the **VHCIP Contracts** page.
Anticipated Risks and Mitigation Strategy: This project is complete.

Focus Area: Health Data Infrastructure

Project: Care Management Tools (Event Notification System)

Project Summary: The Event Notification System (ENS) project has implemented a system to proactively alert participating providers regarding their patient's medical service encounters. VITL and the Vermont ACOs worked with the State to perform discovery and design of proposed ENS solutions. The selected ENS solution provides admission, discharge, and transfer data to participating providers.

Project Timeline and Key Facts:

- July 2014 – VITL began ENS project.
- August 2014-January 2015 – Proof of concept, research, and discovery to support vendor selection.
- September 2015 – Vendor selected.
- March 2016 – Contract approved.
- April 2016 – Project launch.

Status Update/Progress Toward Milestones and Goals:

- State of Vermont worked with VITL to procure an Event Notification System.
- Vendor (PatientPing) and VITL have completed implementation of all 15 VITL feeds in PatientPing environment.
- As of September 2016, the ENS service is providing alerts for 60,260 lives, and is continuing to target expansion to all FQHC patients and the VNAs. Additional expansion work is targeted for the DAs/SSAs & SNFs.

Milestones (all Care Coordination Tools work streams):

Performance Period 1: N/A

Performance Period 1 Carryover:

1. Discovery project to support long- term care, mental health, home care and specialist providers through a Universal Transfer Protocol solution: Report due 4/15/15.
2. Engage in research and discovery to support selection of a vendor for event notification system in Vermont by 10/1/15.

Performance Period 2: Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development:

1. Event Notification System: Procure solution by 1/15/16 and implement according to project plan for phased roll out.
2. SCÜP (shared care plans and uniform transfer protocol): Create project plan for this project that includes business requirements gathering by 9/30/15; technical requirements by 10/31/15; and final proposal for review by 1/31/16.

Performance Period 3:

1. Event Notification System: Continue implementation of ENS according to contract with vendor through 12/31/16.
2. Shared Care Plan: Recommend revisions to the VHIE consent policy and architecture to better support shared care planning by 6/30/17.
3. Universal Transfer Protocol: Support workflow improvements at provider practices through existing contracts through 12/31/16.
4. Continue implementation of care management solutions, including VITLAccess, supporting Home Health Agencies and Area Agencies on Aging.

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

Lives Impacted: TBD

Participating Providers: TBD

Key Documents:

Lead(s): Georgia Maheras

Contractors Supporting: Vermont Information Technology Leaders.

To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: None at this time.

Focus Area: Health Data Infrastructure

Project: General Health Data – Data Inventory (Project Complete)

Project Summary: Vermont engaged a contractor, Stone Environmental, to complete a statewide health data inventory that will support future health data infrastructure planning. This project built a comprehensive list of health data sources in Vermont, gathered key information about each, and catalogued them in a web-accessible format. The resulting data inventory is a web-based tool that allows users (both within the State and external stakeholders) to find and review comprehensive information relating to the inventoried datasets. This project was completed as of December 2015.

Project Timeline and Key Facts:

- November 2014 – Contract executed.
- December 2014 – Project launched.
- January 2015 – Project convened Health Data Inventory Steering Committee to guide work.
- January-May 2015 – Dataset discovery and initial information collection; including key informant interviews.
- April-May 2015 – Dataset prioritization.
- September-November 2015 – Data collection on prioritized datasets, recommendations development.
- November 2015 – Draft report and recommendations submitted and shared with project leadership and HDI Work Group co-chairs for feedback.
- December 2015 – Final recommendations presented to Health Data Infrastructure Work Group; final report submitted to project leadership; final web-accessible inventory launched.

Status Update/Progress Toward Milestones and Goals:

- Contractor, working with SOV staff and key stakeholders, identified ~20 high priority datasets for deeper data collection; additional data collection on these prioritized datasets began in May 2015 and ended in September.
- Contractor engaged in research on possible portal framework options, and selected a solution already licensed by the State of Vermont.
- Draft report submitted to contract manager and shared with project leadership and HDI Work Group co-chairs in November 2015.
- Final report submitted and web-accessible inventory launched in December 2015.

Milestones:

Performance Period 1: Conduct data inventory.

Performance Period 1 Carryover: Complete data inventory:

1. Draft analysis of health care data sources that support payment and delivery system reforms by 4/15/15.
2. Final data inventory due by 10/31/15.

Performance Period 2: N/A

Performance Period 3: N/A

Metrics:

CORE_Health Info Exchange_[VT]

Additional Goals:

Lives Impacted: N/A

Participating Providers: N/A

Key Documents:

- Final Health Data Inventory Report
- Searchable Health Data Inventory

State of Vermont Lead(s): Sarah Kinsler

Contractors Supporting: Stone Environmental.

To view executed contracts, please visit the **VHCIP Contracts** page.

Anticipated Risks and Mitigation Strategy: This project is complete.

Focus Area: Health Data Infrastructure
Project: General Health Data – HIE Planning

Project Summary: The HIE Planning project resulted from a perceived gap in high-level planning and research in local and nationwide best practices for providing a robust, interoperable ability to transmit accurate and current health information throughout the Vermont health care landscape. This project is conducting further research on best practices around improving clinical health data quality and connectivity resulting in recommendations to the HDI Work Group. Additionally, the HDI Work Group has participated on multiple occasions in the 2015 revision of Vermont Health Information Technology Plan, which was released in January 2016.

Project Timeline and Key Facts:

- December 2014 – Contractor selected for HIE Planning project.
- April 2015-September 2015 – HIE Planning project contracting process put on hold pending Federal approval.
- October 2015 – HIE Planning work began.
- July 2016 – Connectivity Targets plan presented to HDI Workgroup.
- December 2016 – Connectivity Targets to be finalized.

Status Update/Progress Toward Milestones and Goals:

- Work is ongoing with contractor support.
- Vermont HIT Plan released in January 2016; the Plan is pending approval at the Green Mountain Care Board.
- Connectivity Targets presented in the October HDI Work Group meeting. Additional parameters were requested with revisions to be proposed in the December Work Group meeting.

Milestones:
Performance Period 1: Provide input to update of state HIT plan.
Performance Period 1 Carryover: N/A
Performance Period 2:

1. VHCIP will provide comment into the HIT Strategic Plan at least 4 times in 2015.
2. HDI Work Group will identify connectivity targets for 2016-2019 by 6/30/16.

Performance Period 3: Finalize connectivity targets for 2016-2019 by 12/31/16. Incorporate targets into Sustainability Plan by 6/30/17.

Metrics:
CORE_Health Info Exchange_[VT]

Additional Goals:
Lives Impacted: N/A
Participating Providers: N/A

Key Documents:

State of Vermont Lead(s): Georgia Maheras, Larry Sandage

Contractors Supporting: Stone Environmental.
To view executed contracts, please visit the **VHCIP Contracts** page.

Additional Supporting Information: None at this time.

Focus Area: Health Data Infrastructure Project: General Health Data – Expert Support
Project Summary: This is a companion project to all of the projects within the Health Data Infrastructure focus area. These projects require specific skills to support the State and stakeholders in decision-making and implementation, including IT Enterprise Architects, Business Analysts, and Subject-Matter Experts.
Project Timeline and Key Facts: • Accessed as necessary to support various Health Data Infrastructure projects.
Status Update/Progress Toward Milestones and Goals: • IT-specific support to be engaged as needed. • Enterprise Architect, Business Analyst and Subject Matter Experts identified.
Milestones: *Performance Period 1:* N/A *Performance Period 1 Carryover:* N/A *Performance Period 2:* Procure appropriate IT-specific support to further health data initiatives – depending on the design of projects described above, enterprise architects, business analysts, and others will be hired to support appropriate investments. *Performance Period 3*: Procure appropriate IT-specific support to further health data initiatives – depending on the design of projects described above, enterprise architects, business analysts, and others will be hired to support appropriate investments.
Metrics: CORE_Health Info Exchange_[VT]
Additional Goals: # Lives Impacted: N/A # Participating Providers: N/A
Key Documents:
State of Vermont Lead(s): Georgia Maheras
Contractors Supporting: Stone Environmental; TBD. To view executed contracts, please visit the **VHCIP Contracts** page.
Anticipated Risks and Mitigation Strategy: None at this time.

Attachment 4: Sustainability Plan Presentation

Vermont State Innovation Model (SIM) Draft Sustainability Plan

Georgia Maheras, Project Director,
Vermont Health Care Innovation Project
(SIM)

Vermont SIM Sustainability Plan Overview

Purpose of the Plan

- Identify and document the process for sustainability.
- Consider the lessons learned from the various SIM investments, and how they might contribute to program sustainability.
- Determine activities and investments to sustain.
- Determine lead entities and key partners.

Sustainability Defined

Sustainability is defined as an organization's ability to maintain a project over a defined period of time. Elements of sustainability include:

- Leadership support;
- Financial support;
- Legislative/regulatory/policy support;
- Provider-partner support;
- Stakeholder (community and advocacy) support;
- Data support;
- Health information technology (HIT) and health information exchange (HIE) system support;
- Project growth and change support;
- Administrative support; and
- Project management support.

(Program Susainability Assessment Tool, https://sustaintool.org/understand, 2016)

5

Plan Research and Development: Vermont SIM Research

Myers and Stauffer, a contractor with the State, used the following methods to assist in the development of the Sustainability Plan:

- Conducted research on Vermont's Medicaid program, legislature, government structure, geography, relevant legislation, policy, and political environment.
- Met with JSI, the SIM State-Led Evaluation contractor, and reviewed available evaluation materials.
- Deployment of an electronic stakeholder survey. Survey was sent to over 300 SIM participants to seek input on the sustainability priorities within each focus area; 47 responses received. A copy of this survey, including results, can be found in Appendix B of the Plan.

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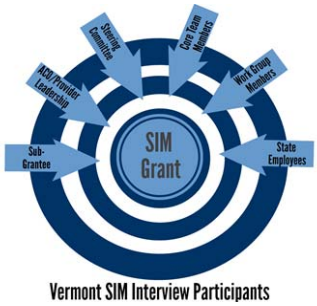
Plan Research and Development: Vermont SIM Research (cont.)

Myers and Stauffer also conducted key informant interviews:



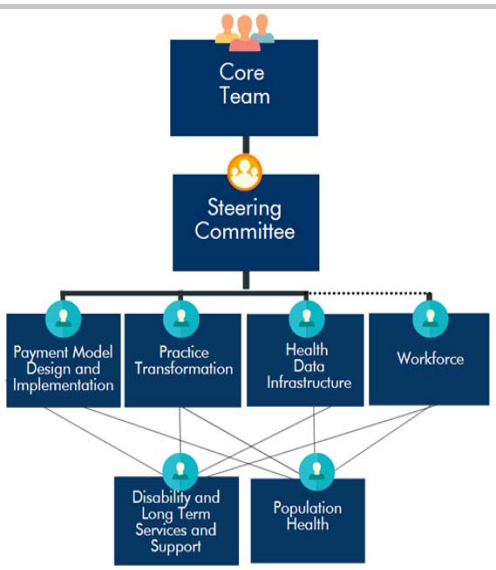
Vermont SIM Interview Participants

- 12 individuals from the private and public sector were interviewed.
- Interviews were performed to identify areas of successful SIM investment that should be sustained and barriers to sustainability.
- A comprehensive summary of the key informant interviews can be found in Appendix C of the Plan.

Plan Research and Development: Sustainability Sub-Group

- Lawrence Miller, Sub-Group Chair and Core Team Chair
- Paul Bengtson, Northeastern Vermont Regional Hospital (NVRH), Core Team Member
- Steve Voigt, ReThink Health, Core Team Member
- Cathy Fulton, VPQHC, Payment Model Design & Implementation Work Group Co-Chair
- Laural Ruggles, NVRH, Practice Transformation Work Group Co-Chair
- Simone Rueschemeyer, Vermont Care Network, Health Data Infrastructure Work Group Co-Chair
- Deborah Lisi-Baker, UVM, DLTSS Work Group Co-Chair
- Karen Hein, Population Health Work Group Co-Chair
- Mary Val Palumbo, Health Care Workforce Work Group Co-Chair
- Andrew Garland, BCBSVT, Payment Model Design and Implementation Work Group Co-Chair
- Lila Richardson, Office of the Health Care Advocate
- Vicki Loner, OneCare
- Kate Simmons, CHAC
- Holly Lane, Healthfirst
- Paul Harrington, Vermont Medical Society
- Dale Hackett, consumer, member of PMDI, PT, HDI, DLTSS, and PH Work Groups
- Stefani Hartsfield, Cathedral Square, HDI Work Group member
- Kim Fitzgerald, Cathedral Square, Steering Committee and PMDI Work Group member

SIM Governance



- Stakeholders have reported that the governance structure, particularly the Work Groups, are the cornerstone of Vermont's SIM experience and have served to bring about unprecedented collaboration, shared learning, and cross-program innovation.
- **The plan recommends that the functions of SIM governance be sustained, even if the SIM-specific governance structure is not continued.**

Sustainability Recommendations

Three Categories of Investment

The State views SIM investments in three categories with respect to sustainability:

- **One-time investments** to develop infrastructure or capacity, with limited ongoing costs;
- **New or ongoing activities** which will be supported by the State after the end of the Model Testing period; and
- **New or ongoing activities** which will be supported by private sector partners after the end of the Model Testing period.

Some projects remain ongoing at the time of the delivery of the initial draft report. In these cases, we have indicated sustainability status is pending the project's completion.

Lead Entities

Lead Entities – The organization recommended to assume ownership of a project once the SIM funding opportunity has ended.

A Lead Entity may be a public or private sector organization from the Vermont health care community. These entities may not have complete governance over a project, but they do have a significant leadership role and responsibility. This includes the responsibility to convene the Key Partners.

Lead Entities are likely to include, but are not limited to State Agencies, Departments, programs, and regulatory bodies, including:

VERMONT Agency of Administration

VERMONT AGENCY OF HUMAN SERVICES

VERMONT Blueprint for Health Smart choices. Powerful tools.

VERMONT GREEN MOUNTAIN CARE BOARD

It will also include the Vermont Care Organization (VCO).

Key Partners

Key Partners – A more comprehensive network of State partners, payers, providers, consumers, and other private-sector entities who will be critical partners in sustaining previously SIM-funded efforts.

Key Partners may be public or private sector entities within or outside of the Vermont health care community. These entities represent the broader community and overlapping concerns inherent in a project's mission and objectives.

Key Partners (cont'd)

Depending on the project, Key Partners may include those listed above as Lead Entities. Key Partners also are likely to include:

- Additional State Agencies and Departments, including the Vermont Department of Health (VDH), the Department of Labor (DOL), and the Department of Information and Innovation (DII);
- Payers, including commercial and public (Medicare and Medicaid)
- Providers and provider organizations;
- The Community Collaboratives active in each region of Vermont;
- Key statewide organizations and programs like the Vermont Program for Quality in Health Care, Inc. (VPQHC), Support and Services at Homes (SASH), and Vermont Information Technology Leaders (VITL); and
- Federal partners: CMS, the Center for Medicare & Medicaid Innovation (CMMI), and the Office of the National Coordinator for Health Information Technology (ONC).

Recommendations: Payment Model Design and Implementation

SIM Focus Areas and Work Streams	Investment Category: One-Time Investment	Ongoing Investments *State-Supported*	Ongoing Investment *Private Sector*
Payment Model Design and Implementation			
ACO Shared Savings Programs (SSPs)		●	●
Pay-for-Performance (Blueprint for Health)		●	●
Health Home (Hub & Spoke)		●	●
Accountable Communities for Health		●	●
Prospective Payment System – Home Health		●	●
Medicaid Pathway		●	●
All-Payer Model		●	●

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Recommendations: Payment Model Design and Implementation (cont'd)

SIM Focus Areas and Work Streams	On-Going Sustainability: Task Owner — Lead Entity *(Primary Owner)*	Key Partners	Special Notes
ACO Shared Savings Programs (SSPs)	GMCB	Payers (DVHA, BCBSVT, CMS), ACOs, VCO	Activity continued through transitional period.
Pay-for-Performance (Blueprint for Health)	VCO	AHS (DVHA-Blueprint) and GMCB	Note that both VCO and AHS will be engaged in subsequent P4P activities.
Health Home (Hub & Spoke)	AHS	DVHA-Blueprint	Anticipating additional Health Home initiatives for different services. Leverage Blueprint experience.
Accountable Communities for Health	Blueprint/VCO	VDH, AOA	Aligned with Regional Collaborations/CCs. (See Practice Transformation.) Additional information can be found in Vermont's Population Health Plan.
Prospective Payment System – Home Health	AHS/DAIL	VNAs of Vermont and New Hampshire, HHAs	Anticipate additional PPS for different services.
Medicaid Pathway	AHS	Provider Partners	A comprehensive list of key partners can be found here.
All-Payer Model	GMCB	AOA, AHS, ACOs, CMMI, Payers (DVHA, BCBSVT, CMS), providers	

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Payment Model Design and Implementation: ACO Shared Savings Programs (SSPs)

- Designed to align with the Medicare Shared Savings Program (SSP) Track 1, but will end after a transitional period.
- The State will implement a Medicare Next Generation ACO concept through the All-Payer Model framework.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** GMCB
  - **Recommended Key Partners:** DVHA, BCBSVT, CMS, ACOs, VCO

Payment Model Design and Implementation: Blueprint for Health (Pay-for-Performance)

- Provides performance payments to advanced primary care practices recognized as patient-centered medical homes (PCMHs).
- Provides multi-disciplinary support services in the form of community health teams (CHTs); a network of self-management support programs; comparative reporting from statewide data systems; and activities focused on continuous improvement.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** VCO
  - **Recommended Key Partners:** AHS, DVHA-Blueprint, and GMCB

Payment Model Design and Implementation: Health Home / Hub and Spoke

- Health Home initiative created under Section 2703 of the Affordable Care Act for Vermont Medicaid beneficiaries with opioid addiction.
- Integrates addictions care into general medical settings (Spokes) and links these settings to specialty addictions treatment programs (Hubs) in a unifying clinical framework.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** AHS
  - **Recommended Key Partners:** DVHA-Blueprint

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Payment Model Design and Implementation: Accountable Communities for Health

- Provides peer learning activities to support integration of community-wide prevention and public health efforts with integrated care efforts through a Peer Learning Laboratory.
- Peer learning activities and local facilitation to support communities in developing ACH competencies began in June 2016 and will continue through the conclusion of the Peer Learning Laboratory in January 2017.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** Blueprint/VCO
  - **Recommended Key Partners:** VDH, AOA

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Payment Model Design and Implementation: Medicaid Pathway

- Process designed to advance payment and delivery system reform for services not included in the initial implementation of Vermont's All-Payer Model.
- The goal is to support a more integrated system for all Vermonters; including integrated physical health, long-term services and supports, mental health, substance abuse treatment, developmental disabilities services, and children's service providers.
- **Sustainability Recommendation:** New activities and investments.
  - **Recommended Lead Entity:** AHS
  - **Recommended Key Partners:** Provider Partners

Payment Model Design and Implementation: All–Payer Model

- The All-Payer Model will build on Vermont's existing all-payer payment alternatives to better support and promote a more integrated system of care and a sustainable rate of overall health care cost growth.
- Through the legal authority of the Green Mountain Care Board (GMCB) and facilitated by an All-Payer Accountable Care Organization Model Agreement with CMMI, the state can enable the alignment of commercial payers, Medicaid, and Medicare in an Advanced Alternative Payment Model. Specifically, the State will apply the Next Generation ACO payment model, with modifications, and subsequently, a Vermont Medicare ACO Initiative model across all payers. The GMCB will set participating ACO rates on an all-payer basis to enable the model.
- **Sustainability Recommendation:** New activities and investments.
  - **Recommended Lead Entity:** GMCB
  - **Recommended Key Partners:** AOA, AHS, ACOs, CMMI, payers (DVHA, BCBSVT, CMS), and providers

Recommendations: Practice Transformation

Investment Category			
SIM Focus Areas and Work Streams	One-Time Investment	Ongoing Investments *State-Supported*	Ongoing Investment *Private Sector*
Practice Transformation			
Learning Collaboratives		●	●
Sub-Grant Program		●	●
Regional Collaborations		●	●
Workforce – Care Management Inventory	●		
Workforce – Demand Data Collection and Analysis	*Project Delayed*		
Workforce – Supply Data Collection and Analysis		●	

On-Going Sustainability: Task Owner			
SIM Focus Areas and Work Streams	Lead Entity *(Primary Owner)*	Key Partners	Special Notes
Learning Collaboratives	Blueprint/VCO	Community Collaboratives, VPQHC, SASH	This work stream also includes the Core Competency Training. Aligned with Regional Collaborations/CCs. Note there are contract obligations related to this in the DVHA-ACO program for 2017.
Sub-Grant Program	AHS	AOA	
Regional Collaborations	Blueprint/VCO	AHS, VDH	Aligned with Learning Collaboratives, Accountable Communities for Health.
Workforce – Care Management Inventory	One-time Investment		
Workforce – Demand Data Collection and Analysis	AOA	DOL, VDH, GMCB, provider education, private sector.	AOA to coordinate across DOL, VDH, provider education, private sector.
Workforce – Supply Data Collection and Analysis	AOA		

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Practice Transformation: Learning Collaboratives and Core Competency Training

- The Integrated Communities Care Management Learning Collaborative is a hospital service area-level rapid cycle quality improvement initiative.
- It is based on the Plan-Do-Study-Act (PDSA) quality improvement model, and features in-person learning sessions, webinars, implementation support, and testing of key interventions.
- The Core Competency Training series provides a comprehensive training curriculum to front line staff providing care coordination (including case managers, care coordinators, etc.) from a wide range of medical, social, and community service organizations in communities statewide.
- Core curriculum covers competencies related to care coordination and disability awareness.

- **Sustainability Recommendation:** On-going activities and investments.
  - **Recommended Lead Entity:** Blueprint/VCO
  - **Recommended Key Partners:** Community Collaboratives, VPQHC, and SASH

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Practice Transformation: Sub-Grant Program

- The VHCIP Provider Sub-Grant Program launched in 2014, has provided 14 awards to 12 provider and community-based organizations who are engaged in payment and delivery system transformation.
- Awards range from small grants to support employer-based wellness programs, to larger grants that support statewide clinical data collection and improvement programs. The overall investment in this program is nearly $5 million. The Core Competency Training series provides a comprehensive training curriculum to front line staff providing care coordination (including case managers, care coordinators, etc.) from a wide range of medical, social, and community service organizations in communities statewide.
- Sub-grantees performed a self-evaluation and some have engaged in sustainability planning.

- **Sustainability Recommendation:** Status is pending project's completion. Ongoing evaluations of individual sub-grant projects continue.
  - **Recommended Lead Entity:** AHS
  - **Recommended Key Partner:** AOA

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Practice Transformation: Sub-Grant Technical Assistance

- The Sub-Grant Technical Assistance program was designed to support the awardees of provider sub-grants in achieving their project goals.
- Direct technical assistance to sub-grant awardees has been valuable to the SIM experience, but will prove costly if sustained over a considerable period of time. Additionally, it will become less necessary as awardees get farther along in their programs. Sub-grantees performed a self-evaluation and some have engaged in sustainability planning.
- The State of Vermont will develop a contractor skills matrix as a resource for future awardees. Awardees would be responsible for selecting and securing contractor resources for technical assistance.

- **Sustainability Recommendation:** One-time Investment.

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Practice Transformation: Regional Collaborations

- Within each of Vermont's 14 hospital service areas (HSAs), Blueprint for Health and ACO leadership have merged their regional clinical work groups and chosen to collaborate with stakeholders using a single unified health system initiative.
- These groups focus on reviewing and improving the results of core ACO Shared Savings Program quality measures; supporting the introduction and extension of new service models; and providing guidance for medical home and Community Health Team operations.

- **Sustainability Recommendation:** On-going activities and investments.
  - **Recommended Lead Entity:** Blueprint/VCO
  - **Recommended Key Partners:** AHS and VDH

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Practice Transformation: Care Management Inventory

- Survey administered to provide insight into the current landscape of care management activities in Vermont.
- The survey aimed to better understand State-specific staffing levels and types of personnel engaged in care management, in addition to the populations being served.
- The project was completed as of February 2016.

- **Sustainability Recommendation:** One-time investment.

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Practice Transformation: Demand Data Collection and Analysis

- A "micro-simulation" demand model uses Vermont-specific data to identify future workforce needs for the State by inputting various assumptions about care delivery in a high-performing health care system.
- The selected vendor for this work will create a demand model that identifies ideal workforce needs for Vermont in the future, under various scenarios and parameters.
- This project is delayed.

- **Sustainability Recommendation:** Status is pending project completion.

Practice Transformation: Supply Data Collection and Analysis

- The Vermont Office of Professional Regulation (OPR) and Vermont Department of Health (VDH) work in tandem to assess current and future supply of providers in the State's health care workforce for health care work force planning purposes, through collection of licensure and re-licensure data and the administration of surveys to providers during the licensure/re-licensure process.
- Surveys include key demographic information for providers, and are used for workforce supply assessment and predicting supply trends.
- Infrastructure to support the continued use of this data exists, and it will continue to be supported by the State of Vermont, OPR and VDH.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** AOA
  - **Recommended Key Partners:** DOL, VDH, GMCB, provider education, and private sector

Recommendations: Health Data Infrastructure

SIM Focus Areas and Work Streams	Investment Category: One-Time Investment	Ongoing Investments *State-Supported*	Ongoing Investment *Private Sector*
Health Data Infrastructure			
Expand Connectivity to HIT – Gap Analysis	●		
Expand Connectivity to HIT – Gap Remediation		●	●
Expand Connectivity to HIT – Data Extracts from HIE	●		
Improve Quality of Data Flowing into HIE		●	●
Telehealth – Strategic Plan	●		
Telehealth - Implementation		●	●
Electronic Medical Record Expansion		●	●
Data Warehousing		●	●
Care Management Tools –Event Notification System			●
Care Management Tools – Shared Care Plan		●	●
Care Management Tools –Universal Transfer Protocol	●		
General Health Data – Data Inventory		●	
General Health Data – HIE Planning	●		
General Health Data – Expert Support	●		

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Recommendations: Health Data Infrastructure (cont'd)

SIM Focus Areas and Work Streams	On-Going Sustainability: Task Owner: Lead Entity *(Primary Owner)*	Key Partners	Special Notes
Expand Connectivity to HIT – Gap Analysis	One-Time Investment		
Expand Connectivity to HIT – Gap Remediation	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
Expand Connectivity to HIT – Data Extracts from HIE	One-Time Investment		
Improve Quality of Data Flowing into HIE	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
Telehealth – Strategic Plan	One-Time Investment		
Telehealth - Implementation	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
Electronic Medical Record Expansion	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
Data Warehousing	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
Care Management Tools –Event Notification System	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
Care Management Tools – Shared Care Plan	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
Care Management Tools –Universal Transfer Protocol	One-Time Investment		
General Health Data – Data Inventory	AOA*	VITL, AHS (and Departments); GMCB; providers across the continuum; ACOs; DII; HHS (CMS; ONC)	
General Health Data – HIE Planning	One-Time Investment		
General Health Data – Expert Support	One-Time Investment		

* AOA is the recommended lead entity, pending establishment of a coordinating entity as recommended in the HIT Plan.

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Health Data Infrastructure: Expand Connectivity to HIE – Gap Analysis

- The Gap Analysis is an evaluation of the EHR system capability of health care organizations, interface ability of the EHR system, and the data transmitted within those interfaces.
- Created a baseline determination of the ability of health care organizations to produce Year 1 Medicare, Medicaid, and commercial Shared Savings ACO Program quality measure data. Evaluated data quality among the 16 designated and specialized service agencies.
- Reviewed the technical capability of DLTSS providers statewide.

- **Sustainability Recommendation**: One-time investment.

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Health Data Infrastructure: Expand Connectivity to HIE – Gap Remediation

- The Gap Remediation project addresses gaps in connectivity and clinical data quality of health care organizations to the Health Information Exchange.
- The ACO Gap Remediation component improves the connectivity for all Vermont Shared Savings Program measures among ACO member organizations. The Vermont Care Partners (VCP) Gap Remediation improves the data quality for the 16 Designated Mental Health and Specialized Service agencies (DAs and SSAs). In addition, a DLTSS Gap Remediation effort to increase connectivity for Home Health Agencies was approved in January 2016 based on the results of the DLTSS Information Technology Assessment. Infrastructure to support the continued use of this data exists, and it will continue to be supported by the State of Vermont, OPR and VDH.
- Gap Remediation efforts for ACO member organizations and Vermont Care Partners dovetail with data quality improvement efforts.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** AOA*
  - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, and HHS (CMS, ONC)

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Health Data Infrastructure: Expand Connectivity to HIE – Data Extracts from HIE

- This project provides a secure data connection from the VHIE to the ACOs' analytics vendors for their attributed beneficiaries.
- Allows ACOs direct access to timely data feeds for population health analytics.
- **Sustainability Recommendation:** One-time investment.

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Health Data Infrastructure: Improve Quality of Data Flowing into the HIE

- The Data Quality Improvement Project is an analysis performed of ACO members' EHRs on each of 16 data elements. Allows ACOs direct access to timely data feeds for population health analytics.
- VITL engages providers and makes workflow recommendations to change data entry to ensure the data elements are captured. In addition, VITL performs comprehensive analyses to ensure that each data element from each health care organization (HCO) is formatted identically.
- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** AOA*
  - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, and HHS (CMS, ONC)

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Health Data Infrastructure: Telehealth

- *Strategic Plan* - The strategy includes four core elements and a road map based on the prioritization of telehealth projects and their alignment with new clinical processes adopted as payment reform evolves.
  - **Sustainability Recommendation:** One-time investment.
- *Implementation* - Vermont is funding two pilot projects that can address a variety of geographical areas, telehealth approaches and settings, and patient populations. The primary purpose is to explore ways in which a coordinated and efficient telehealth system can support value-based care reimbursement throughout Vermont. Projects were selected in part based on demonstration of alignment with the health reform efforts currently being implemented as part of the SIM Grant process.
  - **Sustainability Recommendation:** Ongoing activities and investments in the area of telehealth; not necessarily these two pilots.
    - **Recommended Lead Entity:** AOA*
    - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, and HHS (CMS, ONC)

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Health Data Infrastructure: Electronic Medical Record Expansion

- Electronic medical record (EMR) expansion focuses on assisting in the procurement of EMR systems for non-Meaningful Use (MU) providers.
- Includes technical assistance to identify appropriate solutions and exploration of alternative solutions.
- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** AOA*
  - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, and HHS (CMS, ONC)

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Health Data Infrastructure: Data Warehousing

- The Vermont Care Network (VCN) Data Repository will allow the Designated Mental Health Agencies and Specialized Service Agencies to send specific data to a centralized data repository.
- Long-term goals of the data repository include accommodating connectivity to the Vermont Health Information Exchange (VHIE), as well as Vermont State agencies, other stakeholders, and interested parties.
- It is expected that this project will provide VCN members with advanced data analytic capabilities to improve the efficiency and effectiveness of their services.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** AOA*
  - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, and HHS (CMS, ONC)

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Health Data Infrastructure: Care Management Tools

- *Shared Care Plan Project* - A planning activity that ensures that the components of a shared care plan are captured in a technical solution that allows providers across the care continuum to electronically exchange critical data and information as they work together in a team based, coordinated model of care.
  - **Sustainability Recommendation:** Ongoing activities and investments.
    - **Recommended Lead Entity:** AOA*
    - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, HHS (CMS, ONC).
- *Universal Transfer Protocol* - Sought to provide a Universal Transfer Protocol to Vermont's provider organizations. Pursued through provider workflow activities.
  - **Sustainability Recommendation:** One-time investment

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Health Data Infrastructure: Care Management Tools (cont.)

- *Event Notification System* – A system to proactively alert participating providers regarding their patient's medical service encounters.
  - **Sustainability Recommendation:** Ongoing activities and investments.
    - **Recommended Lead Entity:** AOA*
    - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, and HHS (CMS, ONC)

Health Data Infrastructure: General Health Data Inventory

- A health data inventory that will support future health data infrastructure planning.
- This project built a comprehensive list of health data sources in Vermont, gathered key information about each, and catalogued them in a web-accessible format.
- The resulting data inventory is a web-based tool that allows users (both within the State and external stakeholders) to find and review comprehensive information relating to the inventoried datasets.
- Periodic updates will be needed.

- **Sustainability Recommendation:** Ongoing activities and investments.
  - **Recommended Lead Entity:** AOA*
  - **Recommended Key Partners:** VITL, AHS (and Departments), GMCB, providers across the continuum, ACOs, DII, and HHS (CMS, ONC)

Health Data Infrastructure: HIE Planning

- The HIE planning project resulted from a perceived gap in high-level planning and research in local and nationwide best practices for providing a robust, interoperable ability to transmit accurate and current health information throughout the Vermont health care landscape.
- This project will conduct further research in best practices around improving clinical health data quality and connectivity resulting in recommendations to the HIE/HIT work group.
- Additionally, the HDI work group has participated on multiple occasions in the 2015 revision of Vermont HIT Plan.
- Plan is to finalize connectivity targets for 2016-2019 by December 31, 2016.

- **Sustainability Recommendation:** One-time investment.

Recommendations: Evaluation

Investment Category			
SIM Focus Areas and Work Streams	One-Time Investment	Ongoing Investments *State-Supported*	Ongoing Investment *Private Sector*
Evaluation			
Self-Evaluation Plan and Execution	One-Time Investment		
Surveys		●	●
Monitoring and Evaluation Activities within Payment Programs		●	●

On-Going Sustainability: Task Owner			
SIM Focus Areas and Work Streams	Lead Entity *(Primary Owner)*	Key Partners	Special Notes
Self-Evaluation Plan and Execution	One-Time Investment		
Surveys	VCO	Providers, AHS, Consumers, Office of the Health Care Advocate, GMCB	Patient experience surveys. Note that there are numerous patient experience surveys that are deployed annually in addition to the one used as part of the SSP.
Monitoring and Evaluation Activities within Payment Programs	AHS/GMCB	Payers, VCO, Office of the Health Care Advocate, AOA	Payers, State regulators, and VCO/providers will monitor and evaluate payment models. There are specific evaluation requirements for the GMCB and AHS as a result of the 1115 waiver and APM. Patient experience surveys are a tool for monitoring and evaluation.

Evaluation

- *Self-Evaluation Plan and Execution* - The State works with an independent contractor to perform a State-Led Evaluation of Vermont's SIM effort.
  - **Sustainability Recommendation:** One-time investment.
- *Surveys* - As part of broader payment model design and implementation and evaluation efforts, the State conducts annual patient experience surveys and other surveys as identified in payment model development. There are numerous patient experience surveys that are deployed annually, in addition to the one used as part of the SSP.
  - **Sustainability Recommendation:** Ongoing activities and investments.
    - **Recommended Lead Entity:** VCO
    - **Recommended Key Partners:** Providers, AHS, Consumers, OHCA, GMCB.

Evaluation

- *Monitoring and Evaluation Activities within Payment Programs* - The state conducts analyses as necessary to monitor and evaluate specific payment models. Monitoring occurs by payer and by program to support program modifications. Ongoing monitoring and evaluation by State of Vermont staff and contractors occurs as needed.
  - **Sustainability Recommendation:** Ongoing activities and investments.
    - **Recommended Lead Entity:** AHS/GMCB
    - **Recommended Key Partners:** Payers, VCO, OHCA, and AOA

Project Management

- Vermont SIM is managed through a combination of State personnel and outside vendors with project management expertise.
- The project management function under SIM considers both the program and administration functions of government such as soliciting public comment, ensuring appropriations, and managing resources; as well as managing the various projects, groups, and relationships that SIM initiated.
- As SIM projects transition from the demonstration phase to the program phase, project management functions will transition to program staff in Medicaid, or other partners.
- **Sustainability Recommendation:** Ongoing activities and investments.

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Plan Timeline

- November and December 2016 – First draft complete and under review by SIM Work Groups and Steering Committee. Core Team will review a revised draft in late December.
- Spring 2017 – Second draft of the SIM Sustainability Plan will be developed based on feedback from SIM Work Groups, Steering Committee, Core Team, and Sustainability Sub-Group.
- June 2017 – Following Core Team approval, final SIM Sustainability Plan will be submitted to CMMI. The Sustainability Plan is due June 30, 2017.

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The plan is currently in draft.
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