HIE Work Group Meeting

Agenda 4-30-15

VT Health Care Innovation Project
HIE Work Group Meeting Agenda

Thursday, April 30, 2015; 2:00 – 4:00pm
Fourth Floor Conference Room, Pavilion Building, Montpelier
Call-In Number: *1-877-273-4202*; Passcode *2252454*

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action Needed
1	2:00-2:05	Welcome, Introductions, & Review and Acceptance of March 25th Meeting Minutes	Simone Rueschemeyer & Brian Otley	Attachment 2: HIE Work Group Minutes	Approval of minutes, explanation of change of public comment for this meeting
2	2:05-2:10	Funding Opportunity Announcement (FOA) Update	Steve Maier		
3	2:10-2:50	Health Data Inventory Presentation	Stone Environmental (Consultant)	Attachment 3: Vermont Health Data Inventory Update April 2015	
4	2:50-3:15	Update on Telehealth/Telemedicine Project	JBS Team (Consultant)	Attachment 4: Vermont's Telehealth Strategy April 30	
5	3:15-3:35	ACTT Update	Georgia Maheras & Larry Sandage	Attachment 5: ACTT Program Update April 30	
6	3:35-3:55	Work Plan Update & Prioritization	Simone Rueschemeyer, Brian Otley, & Larry Sandage	Attachment 6: To be distributed	
7	3:55-4:00	Next Steps, Wrap-Up and Future Meeting Schedule	Simone Rueschemeyer & Brian Otley		

Attachment 2

3-25-2015 HIE Minutes

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

Pending Work Group Approval

Date of meeting: Wednesday, March 24, 2015; 1:00-3:00 pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions	Simone Rueschemeyer called the meeting to order at 1:05 pm. A roll call attendance was taken and a quorum was present.	
2. Approval of February 18th minutes	Eileen Underwood moved to approve the February 2015 minutes by exception Leah Fullem seconded. A vote in the form of an exception was taken. Mike Gagnon suggested the following modification to the minutes: VITL has selected Medicity to pilot the system. The motion passed unanimously pending the modification.	The minutes will be revised and updated on the VHCIP website.
3. Review of Year 2 Work Plan	Larry Sandage reviewed the changes to the HIE/HIT Work Group work plan (attachment 3). New proposed items include: • Research on interoperability • Data quality improvements • Research on patient portal solutions • Recommendations on transitions of care, data utility, 42CFR Part 2, governance, privacy/security, HIT plan • Increased collaboration with Population Health, Work Force, and DLTSS work groups •	This document will include an appendix with the definitions of the acronyms and a funding key.

Agenda Item	Discussion	Next Steps
	Clarifications: • Status: Pending means it's in progress but not approved. Proposed means proposed by the leadership team and want to make sure any proposed activities. In progress activities are funded, proposed are not funded, pending may be funded depending on the activity. Most research work will fall to the State's collaborative resources. • Vermont Health Information Technology Plan is a subset of the Vermont Health Information State Plan (a larger plan to coordinate health information throughout the State). Work Group Participant Feedback: • General concerns about building more connections between this work group and other work groups. The new work plans intentionally make more effort to illustrate those connections. • Concerns about activities that are in progress but past the target date. This work plan should document any target dates that are missed. • Need to discuss how we are defining connectivity and reflect the objectives on the work plan. • Work group members are encouraged to reach out to the leadership team to be more involved in the individual projects. • Note activity interdependencies within the work plan. • Measures of success could be better defined. • Overall project timeline for all work groups is forthcoming. HIE work plan is more high level than other work groups but it is a flexible document meant to help participants plan activities. Request to see the Care Management and Care Model work plan and QPM. • Need to coordinate all the data quality efforts and any other like efforts.	
4. ACTT Update – review of DLTSS Project	Simone presented an update to project 2 of the ACTT Project which is the DLTSS project. HIS Professionals vendor Elise Ames will provide reports by the end of this month to be reviewed and recommendations will be discussed potentially at the next work group meeting. Simone discussed an overview of the findings.	
5. ACTT Update – review of UTP Project & next steps	Larry Sandage gave an update to Attachment 5, the Universal Transfer Protocol (UTP)- project 3 of the ACTT project. • The leadership team is working with other organizations in the State so we do not duplicate efforts in this area.	**Acronym glossary is needed for the charter.**

Agenda Item	Discussion	Next Steps

	• Shared plans of care- concept the learning collaborative is using can be shared with the HIE work group.
	  ○ Need to keep in mind how the solution can be uploaded into EHRs in a usable way.
	  ○ HL7 clinical architecture is the output the solution needs to be compatible with- but this project is about more than just a technical solution. Information will need to be shared regardless of the solution.
	• The UTP will be taken out of the ACTT project and be managed as a singular project going forward.
	• Suggestion to keep moving forward and try some innovative ideas quickly. While it's important to keep the larger picture in mind- this grant is meant to fund innovation so we need to test our ideas.	

6. Funding Opportunity Announcement (FOA) Briefing	The State is considering applying for a new grant from the Office of the National Coordinator. The State is working in collaboration with VITL to apply. Application: Advance Interoperable Health Information Technology Services to Support Health Information Exchange Program Link on HealthIT.gov http://healthit.gov/newsroom/advance-interoperable-health-information-technology-services-support-health-information. The application is due April 6 and award notification date is June 12, 2015. The budget and sustainability plan have not been finalized but the maximum amount available is $3 million which needs to be matched with $1 million in State funding. This grant is not meant to support new technology development, but more so technology deployment. More information will be forthcoming if the application is submitted and if Vermont is selected (only 10 states will be selected).	
7. Public Comment	42 CFR Part II- there is no update at this time.	
8. Next Steps, Wrap Up and Future Meeting Schedule	**Next Meeting:** Thursday, April 30, 2015 2:00 pm – 4:00 pm, 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier	

One minutes
~~exceptions~~ / consent =
- 'Pilot' the Notification System

1° Eileen Underwood
2° Leah Fullem

- Motion to approve minutes by exception.
- No exceptions heard

VHCIP HIE Work Group Member List

Roll Call: 3/25/2015

Member		Member Alternate		Minutes		
First Name	Last Name	First Name	Last Name			Organization
Susan	Aranoff ✓	Tela	Torrey			AHS - DAIL
Joel	Benware ✓					Northwestern Medical Center
Richard	Boes					DII
Jonathan	Bowley	Jack	Donnelly			Community Health Center of Burlington
Shelia	Burnham ✓					Vermont Health Care Association
Peter	Cobb					VNAs of Vermont
Mike	DelTrecco ✓					Vermont Association of Hospital and Health Systems
Ken	Gingras ✓	Julie	Tessler			Vermont Care Network
Leah	Fullem ✓	Greg	Robinson			OneCare Vermont
Daniel	Galdenzi	Kelly	Lange			Blue Cross Blue Shield of Vermont
Joyce	Gallimore ✓	Kate	Simmons			CHAC
Paul	Harrington					Vermont Medical Society
Kathleen	Hentcy					AHS - DMH
Lucas	Herring					AHS - DOC
Kevin	Kelley					CHSLV
Kaili	Kuiper ✓	Julia	Shaw			VLA/Health Care Advocate Project
Steven	Maier	Jennifer	Egelhof ✓			AHS - DVHA
Arsi	Namdar					Visiting Nurse Association of Chittenden and Grand Isle Counties
Brian	Otley ✓					Green Mountain Power
Darin	Prail ✓	~~Diane~~ Dan	~~Cummings~~ ✓ Smith			AHS - Central Office
Amy	Putnam ✓					DA - Northwest Counseling and Support Services
Paul	Reiss					Accountable Care Coalition of the Green Mountains
Sandy	Rousse					Central Vermont Home Health and Hospice
Simone	Rueschemeyer ✓	Ken	Gingras			Vermont Care Network
Heather	Skeels ✓	Kate	Simmons ✓			Bi-State Primary Care
Richard	Slusky ✓	Pat	Jones ✓			GMCB
Chris	Smith ✓	Lou ✓	McLaren ✓			MVP Health Care
Sean	Uiterwyk ✓	Mark	Nunlist			White River Family Practice
Eileen	Underwood ✓					AHS - VDH
	29		14			

VHCIP HIE Work Group Participant List

Attendance: 3/25/2015

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	VHCIP Staff/Consultant
X	Interested Party

First Name	Last Name		Organization	HIE
Susan	Aranoff	here	AHS - DAIL	S/M
Joanne	Arey		White River Family Practice	A
Ena	Backus		GMCB	X
Susan	Barrett		GMCB	X
Anna	Bassford		GMCB	A
Joel	Benware	Phone	Northwestern Medical Center	M
Richard	Boes		DII	M
Jonathan	Bowley		Community Health Center of Burlington	M
Jon	Brown	here		X
Martha	Buck		Vermont Association of Hospital and Health Systems	A
Shelia	Burnham	Phone	Vermont Health Care Association	M
Narath	Carlile			X
Peter	Cobb		VNAs of Vermont	M
Amy	Coonradt		AHS - DVHA	S
Alicia	Cooper	here	AHS - DVHA	S
Diane	Cummings	here	AHS - Central Office	S/MA

Becky-Jo	Cyr		AHS - Central Office - IFS	X
Mike	DelTrecco		Vermont Association of Hospital and Health Systems	M
Jack	Donnelly		Community Health Center of Burlington	MA
Jennifer	Egelhof	here	AHS - DVHA	MA
Nick	Emlen		DA - Vermont Council of Developmental and Mental Health Serv	M
Karl	Finison		OnPoint	X
Erin	Flynn	here	AHS - DVHA	S
Paul	Forlenza	Phone	Centerboard Consultingt, LLC	X
Leah	Fullem	here	OneCare Vermont	M
Michael	Gagnon	here	Vermont Information Technology Leaders	X
Daniel	Galdenzi		Blue Cross Blue Shield of Vermont	M
Joyce	Gallimore	phone	Bi-State Primary Care/CHAC	M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Al	Gobeille		GMCB	X
Stuart	Graves		WCMHS	X
Ken	Gingras	here	Vermont Care Network	MA
~~Janie~~	~~Hall~~		OneCare Vermont	A
Bryan	Hallett		GMCB	S
Paul	Harrington		Vermont Medical Society	M
Kathleen	Hentcy		AHS - DMH	M
Lucas	Herring		AHS - DOC	M
Jay	Hughes		Medicity	X
Craig	Jones		AHS - DVHA - Blueprint	X
Pat	Jones	Phone	GMCB	S/MA
Joelle	Judge	here	UMASS	S
Kevin	Kelley		CHSLV	M
Sarah	Kinsler	here		S
Kaili	Kuiper	here	VLA/Health Care Advocate Project	M
Kelly	Lange		Blue Cross Blue Shield of Vermont	MA
Charlie	Leadbetter		BerryDunn	X
Georgia	Maheras		AOA	S
Steven	Maier		AHS - DVHA	S/M
Nancy	Marinelli		AHS - DAIL	X

Mike	Maslack			X
James	Mauro		Blue Cross Blue Shield of Vermont	X
Lou	McLaren	here	MVP Health Care	MA
Jessica	Mendizabal	here	AHS - DVHA	S
Todd	Moore		OneCare Vermont	X
Stacey	Murdock		GMCB	X
Arsi	Namdar		Visiting Nurse Association of Chittenden and Grand Isle Counties	M
Mark	Nunlist		White River Family Practice	MA
Miki	Olszewski		AHS - DVHA - Blueprint	X
Brian	Otley	here	Green Mountain Power	C/M
Annie	Paumgarten		GMCB	S
Kate	Pierce		North Country Hospital	X
Luann	Poirer		AHS - DVHA	S
Darin	Prail		AHS - Central Office	M
Amy	Putnam	here	DA - Northwest Counseling and Support Services	M
David	Regan		BerryDunn	X
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M
Greg	Robinson		OneCare Vermont	MA
Sandy	Rousse		Central Vermont Home Health and Hospice	M
Beth	Rowley		AHS - DCF	X
Simone	Rueschemeyer	here	Vermont Care Network	C/M
Larry	Sandage	here	AHS - DVHA	S
~~Ken~~	~~Schatz~~		AHS - DCF	X
Julia	Shaw		VLA/Health Care Advocate Project	MA
Kate	Simmons		Bi-State Primary Care/CHAC	MA
Heather	Skeels	here	Bi-State Primary Care	M
Richard	Slusky	here	GMCB	S/M
Chris	Smith	here	MVP Health Care	M
Kara	Suter		AHS - DVHA	S
Richard	Terricciano	here		X
Julie	Tessler		DA - Vermont Council of Developmental and Mental Health Serv	MA
Bob	Thorn		DA - Counseling Services of Addison County	X
Tela	Torrey		AHS - DAIL	MA
Matt	Tryhorne		Northern Tier Center for Health	X
Win	Turner			X

Sean	Uiterwyk	Phone	White River Family Practice	M
Eileen	Underwood	here	AHS - VDH	M
Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	S
Julie	Wasserman	here	AHS - Central Office	S
Richard	Wasserman, MD, MPH		University of Vermont - College of Medicine	X
David	Wennberg		New England Accountable Care Collaborative	X
Spenser	Weppler		GMCB	S
Kendall	West			X
Bob	West			X
James	Westrich		AHS - DVHA	S
Bradley	Wilhelm		AHS - DVHA	S
Cecelia	Wu		AHS - DVHA	S
Gary	Zigmann		Vermont Association of Hospital and Health Systems	X
				98

Dan Smith AHS here
Barb Patterson Stone Environmental

Attachment 3

Vermont Health Data Inventory Update

STONE ENVIRONMENTAL

Vermont Health Data Inventory
Presentation to VHCIP HIE Work Group

April 30, 2015

Presented by Barbara Patterson

Project Goals

To provide the HIE/HIT Workgroup with a comprehensive health data inventory that includes information from Vermont's disparate health data sources.

To identify the highest priority data sources in terms of payment reform and conduct an in-depth inventory of these data sources.

End Product: A web accessible inventory that can be used by the workgroup and others to access and review information when needed.

Process

Developed high level list of organizations: Who has data?

Developed an on-line database for cataloguing information

Inventoried data accessible via web-searching

Interviewed steering committee members and other data stewards regarding sources of data

Coordinated efforts with other data inventory projects

Developed criteria for prioritizing data sets

Prioritized data sets using criteria to identify those most important to payment reform

Status

Cataloguing and syncing data with other inventory efforts is wrapping up

289 Data sets / data systems are entered into the catalogue from 50 different organizations / agencies (or agency Divisions)

Identified 30 potential priority datasets from the 289

Applied criteria to the top 30 to come up with a top 10 list (ok, it's actually 11!)

Criteria for Selecting Priority Datasets

Is it available: Can we get to it, or is it proprietary / restricted/ confidential?

Content: Raw data / record level vs refined/processed/reports. Want to maximize flexibility for analysis

Type of data: Need clinical/payment/population data. One of the three at least for payment reform

Focus: Broad focus is better than disease specific

Comprehensive: Want to represent all VT residents and VT providers as opposed to a subset

Time series: Longer a time series or ongoing collection

Metadata: Is the data or system well-documented?

Highest Priority Datasets

Organization/Agency	Dataset name	Category: Financial, Clinical, Workforce, Determinant, Population
AHS/DVHA - Blueprint for Health Program	Blueprint for Health Analytics Dataset	CFW
AHS/DVHA - Blueprint for Health Program	Blueprint for Health Practice and Provider Database (Portal)	W
Department of Financial Regulation	Household Health Insurance Survey (VHHIS)	D,p
Department of Health (AHS)	Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior	CD
Department of Health (AHS)	Vermont Uniform Hospital Discharge Data Set (VUHDDS) Public Use Files	C
Department of Health (AHS)	Health Care Provider Surveys	W
Department of Health (AHS)	Vital Records	C
Green Mountain Care Board (GMCB)	Expenditure Analysis	F
Green Mountain Care Board (GMCB)	Hospital Budget Data	F
Green Mountain Care Board (GMCB)	VHCURES	CFp
VITL - VT HIE Network	VHIE/Medicity	C

Your Input is Needed

Do we have the right priority datasets?

Which of these datasets do we know the least about that you want to know the most about?

What do we want to know about these datasets?

- Funding
- How the data is used
- Sources / reports generated
- Overlaps with other programs
- Detailed metadata and field level information
- Other?

Next Steps

Develop a list of data elements to capture for priority datasets

Conduct detailed inventory of priority datasets

Make the web inventory available in a web accessible, searchable format

Provide recommendations to the State regarding how to maintain this inventory once this contract has ended

Thank you.

Contact / bpatterson@stone-env.com

Attachment 4

Vermont's Telehealth Strategy Update

VERMONT'S TELEHEALTH STRATEGY

Discussion for the HIE/HIT Work Group
April 30, 2015

Karen M Bell, MD, MSS • JBS International, Inc.
Kbell@jbsinterantional.com • 781-801-4145

JBS INTERNATIONAL

Objective

1. Validate Definition of Telehealth, Approach, and Principles of Strategy

2. Review Current Landscape: State and National

3. Outline Barriers to Telehealth Expansion

4. Feedback on Draft Recommendations and Pilots

Definition

Telehealth is the HIPAA compliant use of health information exchanged from one site to another via electronic communications to improve a person's health and wellbeing. Telehealth includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology

Approach to Strategy Development

- Work collaboratively with multiple stakeholders
- Conduct state and national environmental scans – current technologies, programs, uses, evaluation metrics, barriers, and opportunities
- Identify opportunities in VT and national programs that could complement current infrastructure
- Develop recommendations for pilot projects
- Roadmap priorities consistent with evolving policy, reimbursement, technology maturity

Strategy Development Elements

A. PRINCIPLES
B. INTERVIEW LOCAL STAKEHOLDERS
C. DEFINE CURRENT LANDSCAPE
D. SURVEY OTHER STATES
E. REVIEW TELEHEALTH TECHNOLOGIES
F. OUTLINE BARRIERS AND WAYS TO ADDRESS
G. IDENTIFY OPTIONS
H. DEVELOP RECOMMENDATIONS
I. SOLICIT FEEDBACK
J. ROADMAP CONSISTENT WITH POLICY CHANGES AND EDUCATIONAL EFFORTS
K. REFINE
L. FINAL REPORT

JBS INTERNATIONAL

Principles

- **Patient centered** – patients' full suite of needs are met: care that is needed when and where it is needed to improve health and outcomes of treatment
- Addresses service shortages – areas with **limited clinical access** – geographic or chronologic (wait times). At 115/100K VT has highest number of active PCPs per person in the nation – median 81.5. Has less then median in dermatology, geriatrics, and GI – and less than a total of 10 in several other specialties (allergy/immunology, neurosurgery)
- Builds on and **aligns with existing programs** and efforts
- **Aligns with health reform** programs and initiatives (e.g., the accountable care environment)
- Establishes a set of **consistent outcome measures** (across multiple programs)
- Considers **short and long term** improvements in outcomes
- **Standardization** allowing data and information to be exchanged more readily

Telehealth in VT: Overview

- No overarching planning body at state level
- Little evaluation (multiple reasons)
- Significant investment in primarily “bridge” equipment -- hospitals, federally qualified health centers (FQHCs), Designated Agencies (DAs), State
- Significant capacity for increased use
- Supports administrative efficiency and educational opportunities
- Patient use primarily for behavioral health (specifically, telepsychiatry)
- Strong remote monitoring program through Visiting Nurse Association (VNA)
- A number of small pilots conducted or planned
  - Telederm with American Academy of Dermatology app (UVM)
  - Telecheck (Vermont Care Partners)
  - Remote monitoring for congestive heart failure patients
  - Remote monitoring in FQHCs

National Survey Overview

- Commonalities
  - Driven by access issues
  - Same barriers
  - Mostly AV interactive with patient or clinician to clinician
  - Some combo of T1, broadband fiberoptic 4G, microtechnology connectivity
- Few/unique approaches to evaluation
- Diverse array of populations served
- Moving away from bridge connections
- Expanding interest -- spurred by threshold phenomenon, policy changes, and national growth

Barriers

- Clinician Engagement/Interest
- Lack of Reimbursement
- Licensure Across State Lines
- Broadband Access
- Privacy and Security
- Education Resources

Options for Expansion and Pilots

Goals of a Telehealth Strategy

- Increase access to needed care when it is needed and where it is needed
- Based on data re: population's needs
- Demonstrate effectiveness through statewide pilots
- Include multiple approaches that may magnify effectiveness
- Take into account how challenges may be met
- Include implementation strategies

Options for Statewide Pilots

1. Increase use of current interactive AV network
    - Builds on current investments
    - Reimbursable under current law (expansion needed)
    - Would require significant commitment, program development, and coordination at “Hub” level (UVM, Dartmouth, UVM and Dartmouth together, UVM with another partner conducting research with outcomes)
    - Would require clarity on high priority clinical access issues in state
    - Would require a statewide educational effort at both the clinician- and patient-level
    - Could also include upgrading Vermont’s Cisco bridge to connect large nursing homes with emergency departments (parity expansion needed)

Options for Statewide Pilots

2. Reimburse a Store and Forward pilot using the downloadable American Academy of Dermatology app

- Current pilot decreases wait times from 6 months to one week
- Has a current physician “champion”
- Need to engage and work with select patient-centered medical home (PCMH) practices around the state
- Need to engage dermatologist(s) for specific FTE at UVM
- Can be done with multi-payer commitment
- May include reimbursement in next iteration of telehealth parity bill
- Harbinger of the future

Options for Statewide Pilots

3. Pilot e-Visits

- Secure, downloadable, HIPAA compliant software available for use on multiple platforms (iPad, computer, mobile phone)
- Can start with patients who are aggregated in specific settings (e.g., those in the Support and Services At Home/SASH program), those receiving behavioral health services through state programs, or in selected practices where transportation to care is problematic
- Need agreement among payers to reimburse during pilot phase. Medicare patients may be covered if Medicare restrictions are lifted as a result of new federal legislation and accountable care organization (ACO) proposals in time to participate.
- Will need education program for both providers and patients
- Will have to consider implications of direct to consumer telehealth if modifying VT legislation.

Options for Statewide Pilots

4. Implement an ECHO (Extension for Community Health Outcomes) project

- Expands access through web-based learning and information sharing activities
- Supports “coordinated” care coordination
- Aligns with VT’s focus and commitment to PCMHs
- Works with more mobile technology (Vidyo and Zoom) than the more limiting (and more expensive) classic interactive AV bridges
- Interoperates with current Meaningful Use (MU) EHRs
- Requires significant workflow/training support
- Requires a “home” organization to manage the project

Options for Statewide Pilots

5. Expand remote monitoring

- Strong programs already in effect through Home Health Agencies and FQHC's
- Reimbursement limited to federal funding (home health benefit and new care coordination payment to primary care) or one small Medicaid (CHF) pilot with limited number of participants
- Demonstrated efficacy in coordinating care and decreasing hospital re-admissions

Draft Recommendations

1. Identify priority areas for expansion or introduction that will test program effectiveness and inform new legislation. Possible areas include:
    - Store and forward pilot
    - ECHO program
    - E-Visits

2. Form a multi-stakeholder commission or authority to oversee and refine strategy rollout, track progress on pilots and programs, develop a menu of evaluation measures, and make ongoing recommendations as the environment evolves.

3. Develop RFPs for pilot projects that can demonstrate how they align with strategy principles and build on existing infrastructure

4. DVHA to fund and conduct project management of pilot contracts

Your Feedback and Ideas

Thank you!

Attachment 5

ACTT Program Update

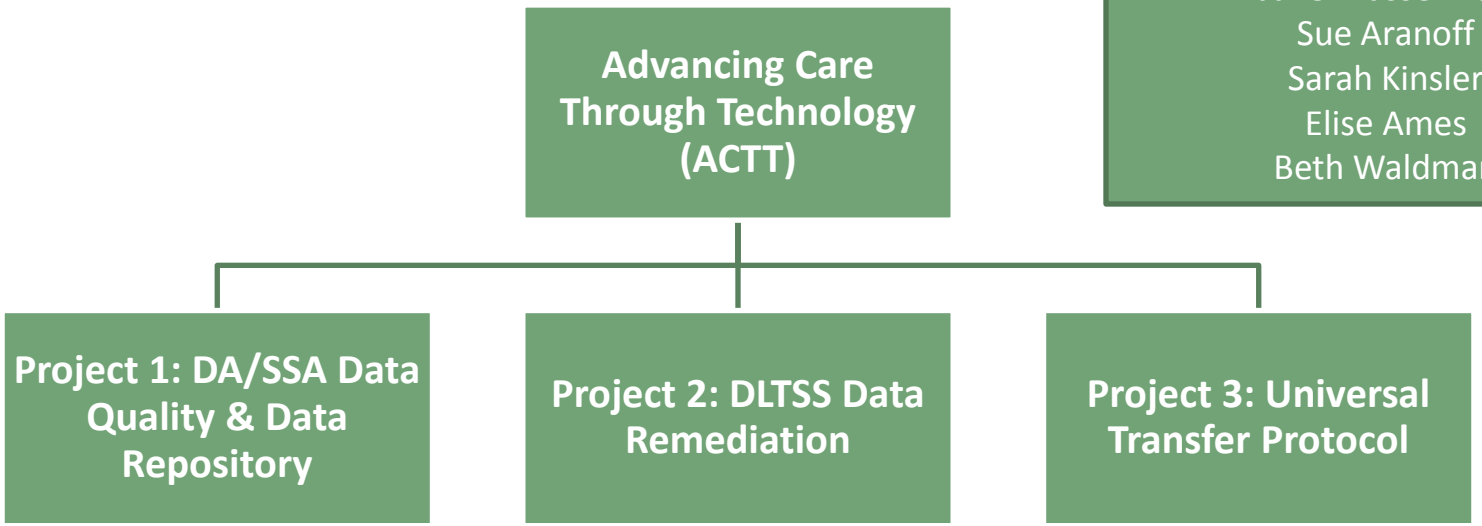
Advancing Care Through Technology (ACTT) Program Update

HIE/HIT Work Group

April 30, 2015

Former ACTT Leadership Structure

ACTT Leadership Team
Georgia Maheras
Simone Rueschemeyer
Larry Sandage
Brad Wilhelm
Julie Wasserman
Sue Aranoff
Sarah Kinsler
Elise Ames
Beth Waldman



New Leadership Structure

- Three ACTT Projects will split to move forward separately; ACTT Program will be defunct but work will continue.
- **SOV Sponsor for all three projects: Georgia Maheras**

Project #1 – DA/SSA Data Quality and Data Repository

DATA QUALITY PROJECT

- Through a partnership with Vermont Information Technology Leaders (VITL), Vermont Care Networks (VCN) is focusing on data quality at all member agencies.
- Advisory Team has been established.
- Meetings are being held with stakeholders.
- Initial Data Dictionary is complete.
- Agreements are signed with DA/SSAs: Business Associate Agreement (BAA), Qualified Service Organization Agreement (QSOA), and Memorandum of Understanding (MOU).

Project #1 – DA/SSA Data Quality and Data Repository

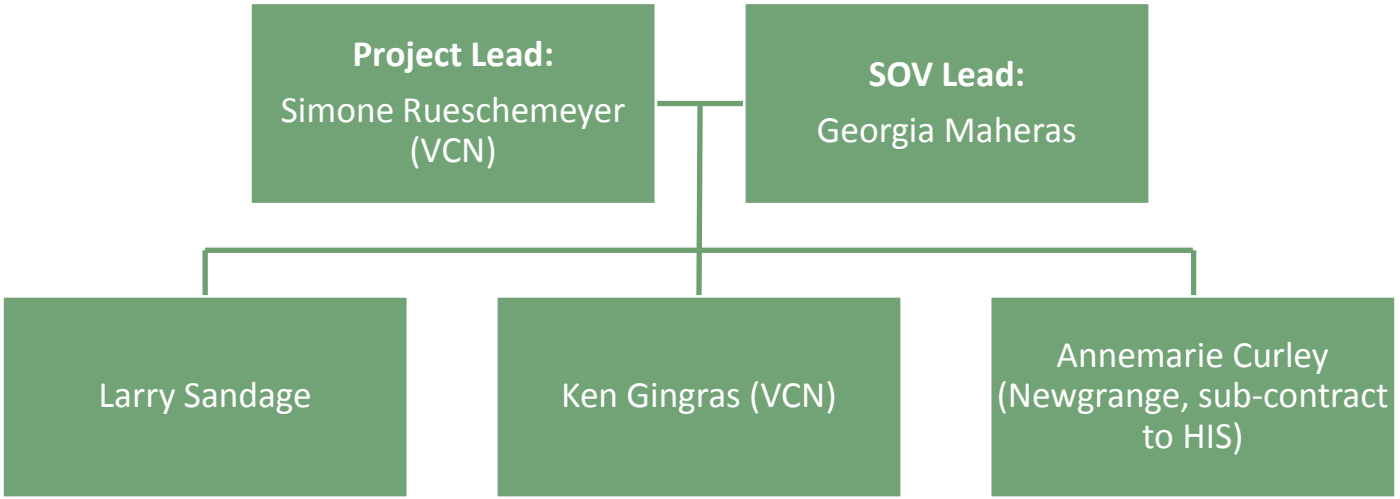
DATA REPOSITORY PROJECT

- Create a single location for DA/SSA data.
- Decrease the number of interfaces required to interact with: SOV, other funders, partners, the VHIE etc.
- Provide analytics for DA/SSA system of care for service quality improvement and population health improvement.
- Allow for 42 CFR Part 2 compliant data collection.
- RFP has been released & proposals are in review.

- Interoperability review for SSA unified EHR is complete.

New Project Team, Project 1: DA/SSA Data Quality & Data Repository

- Leads:
  - Simone Rueschemeyer (VCN; project leadership; subject matter expertise, HIT/HIE and behavioral health)
  - Georgia Maheras (SOV lead)
- Project Team:
  - Larry Sandage (contractor; subject matter expertise, HIT/HIE; project management)
  - Ken Gingras (VCN; subject matter expertise, HIT/HIE and behavioral health)
  - Annemarie Curley (Newgrange, sub-contractor to HIS; project management)



Project #2 – DLTSS Data Remediation Project

PHASE 1 IN PROGRESS:

Goals:

- Assess HIT/HIE capabilities of DLTSS providers (Area Agencies on Aging, Adult Day Centers, Traumatic Brain Injury providers, Support and Services and Home [SASH]).
- Update prior HIT assessments of long term care facilities (June 2013), home health and hospice agencies (October 2012), and behavioral health (DAs and SSAs) (February 2012).
- Perform new assessments for long-term care facilities not previously assessed. (12 Nursing Homes and 67 Residential Care facilities)

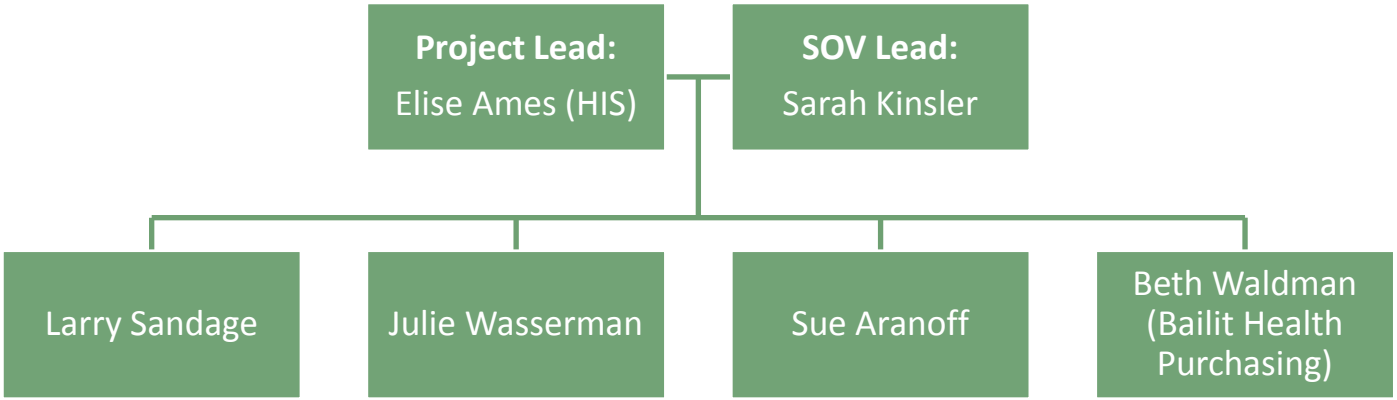
Deliverable Submitted: DLTSS Assessment Report

NEXT STEPS:

- Due in May: Phase 2 proposed budget to address the recommendations identified in the DLTSS Assessment Report.
- The project team is reviewing the report results.
- The Project team to propose scope for the next phase of the project.

New Project Team, Project 2: DLTSS Data Remediation Project

- Leads:
  - Elise Ames (HIS; project management and subject matter expertise)
  - Sarah Kinsler (SOV lead)
- Project Team:
  - Larry Sandage (contractor; subject matter expertise, HIT/HIE)
  - Julie Wasserman (SOV; subject matter expertise, DLTSS)
  - Sue Aranoff (SOV; subject matter expertise, DLTSS)
  - Beth Waldman (Bailit Health Purchasing; subject matter expertise, DLTSS; project management)



Project #3 – Shared Care Plans/ Universal Transfer Protocol

PHASE 1 COMPLETED:

Goals:

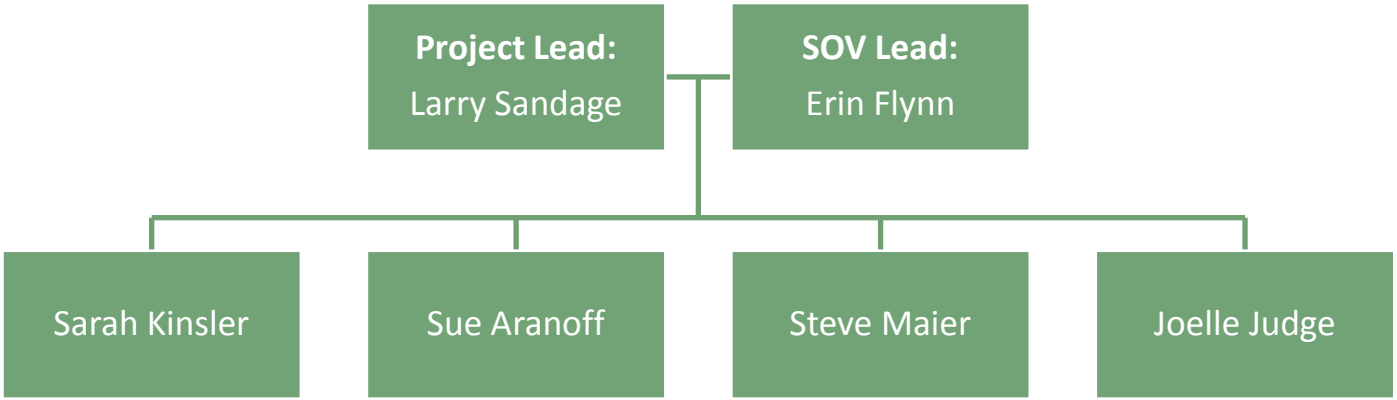
- Discovery process and business requirements gathering effort.
- Investigate the ability of diverse service providers to share information with each other electronically in a timely, standardized fashion across the continuum of care, using a common data set.
- Final Deliverable Submitted: UTP Charter & Final Report

NEXT STEPS:

- The UTP Project team has identified that the scope of the UTP Project aligns with work on Shared Care Plans currently underway through the Integrated Communities Care Management Learning Collaborative (VHCIP CMCM Work Group). The project teams are in the process of aligning staff and workplans and informing stakeholders.
- The Project team is developing a high-level project plan.

New Project Team, Project 3: Shared Care Plans/Universal Transfer Protocol

- Leads:
  - Larry Sandage (contractor; subject matter expertise, HIT/HIE)
  - Erin Flynn (SOV lead; subject matter expertise, care models)
- Project Team:
  - Sarah Kinsler (SOV; contract management; project support)
  - Sue Aranoff (SOV; subject matter expert, DTLSS)
  - Steve Maier (SOV; subject matter expert, HIT/HIE)
  - Joelle Judge (contractor; project management)
  - Project team will consult with numerous provider representatives including: Laural Ruggles and Heather Johnson



Attachment 6

Work Plan Update