



**Vermont Health Care Innovation Project
HDI Work Group Meeting Minutes**

Pending Work Group Approval

Date of meeting: Wednesday, May 18, 2016, 9:00am-11:00am, Ash Conference Room, Waterbury State Office Complex, 280 State Drive, Waterbury.

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions; Minutes Approval	<p>Simone Rueschemeyer called the meeting to order at 9:05am. A roll call attendance was taken and a quorum was present.</p> <p>Stefani Hartsfield moved to approve the March minutes by exception. Ken Gingras seconded. The minutes were approved, with two abstentions (Eileen Underwood and Brian Isham).</p>	
2. Project Updates	<p>Georgia Maheras provided an update on the submission of our Year 3 Operational Plan, which was submitted on April 28. Our CMMI project officer and other federal partners visited on May 2 and 3 for a very successful site visit. The compiled Operational Plan is available on the VHCIP website. Performance Period 3 begins on July 1, 2016. Sustainability is a significant focus of the plan, and will be a focus of Performance Period 3 activities. Please contact Georgia if you're interested in participating in a sub-group focused on sustainability.</p> <p>Legislative Update: Not much to impact this group's work. The Green Mountain Care Board will be discussing the HIT Strategic Plan tomorrow.</p>	
3. Event Notification System Update and Demonstration	<p>Jay Desai of PatientPing provided an update on Event Notification System (ENS) rollout and progress.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> • How does the Emergency Department or other providers who receive "pings" (alerts) access PatientPing? There is a web portal, and PatientPing is working with a number of EMRs to develop interfaces within the EMR. Standards are emerging to allow development of "apps" within EMRs to avoid clinicians having to sign in to multiple environments. The need to sign into multiple portals is a significant workflow issue for providers; participants noted that connections with EMRs are a critical. 	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> • Patient Privacy: PatientPing gets a regular feed from VITL of patients who have opted out through the VHIE consent process and blacklists those individuals' information within PatientPing. Mike Gagnon noted that data covered by 42 CFR Part 2 is not included in the VHIE. • PatientPing has focused on creating a simple tool to support collaboration and data sharing. • PatientPing is helping to connect providers with hospitals and post-acute facilities outside of their usual service areas. Pings are now occurring across the country and across state lines – providers in Michigan and Massachusetts have received pings as patients have been admitted to Vermont hospitals. • How can providers get more information to follow-up on pings? Providers need to follow up through EMR or VITLAccess to get a fuller medical record. • How would pings work for DOC? DOC is a covered entity and could receive and initiate pings. This is something VITL will work with DOC to set up. • Providers can include standing notes for their patients with instructions, or flag patients as high-risk. • Some individuals will appear on multiple rosters if they're served by multiple organizations. PatientPing takes responsibility for merging patient rosters, and pings can show all of the providers/organizations touching a patient. Reconciliation occurs monthly. • What is PatientPing's experience with hospitals, especially EDs, actually looking at and using pings? This is context dependent. Payment models that incentivize community-based care and dis-incentivize hospital-based care make PatientPing a very valuable resource for providers; areas with value-based payment models have seen much greater uptake. Day-to-day use of pings requires a cultural shift at institutions, but once this is part of the workflow, PatientPing sees very high uptake. Note: Pings go <i>out</i> without provider action based on VITL feeds. • How does PatientPing push adoption and measure change? PatientPing has targeted strategies for different provider types and use cases to help providers learn about potential benefits to their organization. PatientPing sees very high engagement in receiving pings, but has had more challenges at the point of care. PatientPing does track engagement. • ROI: In the value-based reimbursement model, ROI is reduced total cost of care along with improved quality. Some quality measures (follow-up after ED visit, for example) are dependent on technology. In addition, post-acute care costs could be decreased by reducing length of stay and supporting improved home- and community-based care. This also supports providers in preventing readmissions and ensuring follow-up visits after ED visit. There is a case for patients to encourage providers to sign up for PatientPing and actively use pings to support increased coordination. • Pharmacy: This isn't yet part of PatientPing. • Does PatientPing cover episodic events within hospitals? PatientPing does cover transfers (ED to observation status to admission, for example). Mike Gagnon noted that providers assume that they understand patients' utilization patterns and can catch all interactions by connecting just to the local hospital, but this is often not the case. 	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> How far back does ADT history go? VITL is sharing all ADT data they have with PatientPing, including historical data. This sharing is limited by same consent process described earlier for patients who opt out. 	
4. VCN Data Repository Update	<p>Ken Gingras provided an update on the VCN data repository project.</p> <ul style="list-style-type: none"> The goal of this project is to collect information from VCN member agencies (DAs and SSAs) and compile it, but not exchange it. In the long-term, ideally this information could be shared within the VHIE. The repository is a good interim step and resource for member agencies, as well as an “on-ramp” to increased health reform participation. <p>The group discussed the following:</p> <ul style="list-style-type: none"> VCN has worked with a contractor (NORC, the National Opinion Research Center) to create a “secure environment within a secure environment” to store and segregate data. Phase I MSR Data: Prototypes are now complete (update from slides). Prototypes are tableau dashboards: an interactive reporting system. This allows VCN members to get significant benefit from minimal additional effort. This also helps track data quality progress. Member agencies can customize as well. Could Work Group members get a list of dashboards? Interested members should reach out to Ken. There is a sub-group of DAs working on outcomes. VCN has collected a list of outcome measures from various State departments and programs as well as the master grant; this list drives the outcomes. 	
5. Public Comment, Next Steps, Wrap-Up, and Future Meeting Schedules	<p>There was no additional comment.</p> <p>Next Meeting: Wednesday, June 22, 2016, 9:00-11:00am, Ash Conference Room (2nd floor above main entrance), Waterbury State Office Complex, 280 State Drive, Waterbury.</p>	