

# HIE Work Group Meeting

Agenda 5-20-15

***VT Health Care Innovation Project  
HIE Work Group Meeting Agenda***

**Wednesday, May 20, 2015; 1:00 – 3:00pm  
DVHA Large Conference Room, 312 Hurricane Lane, Williston, VT  
Call-In Number: 1-877-273-4202; Passcode 2252454**

<b>Item #</b>	<b>Time Frame</b>	<b>Topic</b>	<b>Presenter</b>	<b>Relevant Attachments</b>	<b>Action Needed</b>
1	1:00-1:05	Welcome and Introductions	Simone Rueschemeyer & Brian Otley		
2	1:05-1:10	Review and Acceptance of April 30 <sup>th</sup> Meeting Minutes	Simone Rueschemeyer & Brian Otley	Attachment 2: HIE Work Group Minutes	Approval of minutes
3	1:10-1:30	SCÜP Project Resource Request	Georgia Maheras	Attachment 3: SCÜP Resource Request	Approval of request
4	1:30-2:05	DLTSS Assessment report review	Georgia Maheras	Attachment 4: LTSS Health Data Infrastructure Report	
5	2:05-2:30	VITL – ACO Project	VITL	Attachment 5: VITL ACO Project Status Summary	
6	2:30-2:50	Year 2 Work plan review and prioritization	Simone Rueschemeyer & Larry Sandage	Attachment 6: Workplan Review	
6	2:50-2:55	Public Comment	Simone Rueschemeyer & Brian Otley		
7	2:55-3:00	Next Steps, Wrap-Up and Future Meeting Schedule	Simone Rueschemeyer & Brian Otley		

# Attachment 2

4-30-2015 HIE Minutes



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

## **Pending Work Group Approval**

Date of meeting: Thursday, April 30, 2015 2:00 pm – 4:00 pm, 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Introductions and Approval of the March 25<sup>th</sup> minutes</b>	<p>Simone Rueschemeyer called the meeting to order at 2:06 pm. A roll call attendance was taken and a quorum was present.</p> <p>Simone noted a change in the agenda that the Work Plan Update will be postponed until the May meeting.</p> <p>Sue Aarnoff moved to approve the minutes by exception and Nancy Marinelli seconded. Kate Simmons and Peter Cobb abstained. The motion passed.</p>	
<b>2. Funding Opportunity Announcement (FOA) Update</b>	<p>Steve Maier gave the following update:</p> <p>Last month the group discussed the possibility of applying for the Office of the National Coordinator grant to “Advance Interoperable Health Information Technology Services to Support Health Information Exchange”. The funding was anticipated to be between \$1 and \$3 million but more information revealed it was likely to be about \$1 million. The reporting requirements will also be more significant than in the past with similar grants. As a result the leadership team decided not to pursue the opportunity because the size of the proposed project seemed larger than what might be covered under the potential award.</p> <p>The leadership team may continue to develop the scope of work and seek other funding opportunities in the future which will continue to be discussed in the HIE work group.</p>	

Agenda Item	Discussion	Next Steps
<b>3. Health Data Inventory Presentation</b>	<p>Barb Patterson and David Healy from Stone Environmental presented an update on the Health Data Inventory project (Attachment 3).</p> <ul style="list-style-type: none"> <li>• The criteria was approved by the HIE work group Project Team and then presented to the HIT Steering Committee.</li> <li>• Data is being prioritized to help inform decision making in order to complete the project in a timely manner. Data sets on the prioritization list are those that would most benefit the group to know more about.</li> <li>• Group would like to see the full list of the data that was identified in order to assess the priority datasets.</li> <li>• The maximum amount for the priority list is 20 datasets.</li> <li>• The full dataset list also includes reports, however the prioritized list will include mainly source data and not secondary reports.</li> <li>• Data format refers to the record level, whether it's available in the aggregate, if it's a report, and the format that the data is available in (excel, word etc.)</li> <li>• Would also like to see the future of the data source (like DocSite) and whether it will be available in the future and to what extent which will be an ongoing focus for this work group.</li> <li>• Board of Medical Practice at the health department should be included in the datasets.</li> <li>• Important to note if the sharing of the data is restricted in any way.</li> <li>• HIT Steering Committee to discuss how these datasets become available when updating the HIT Plan.</li> <li>• Connections will be made with the HIT Plan consultants, Mosaica.</li> <li>• Who are the intended users- and how will we make this available to them? Recommendations on this will be forthcoming.</li> <li>• Was provider organization data considered, such as Fletcher Allen Health Care? Currently we are looking at the datasets that are available through State means, not private means. It would be helpful to have this cataloged, even if it wasn't detailed inventory.</li> <li>• Recommendation to clean up the names of the agencies.</li> </ul>	<p><b>A revised slide for the Highest Priority Datasets was distributed in hard copy. This will be emailed to the work group.</b></p> <p><b>Participants can provide further feedback to Stone or SIM staff working on the project regarding the types of information they would like to know about the datasets.</b></p> <p><b>Stone will make the complete list available for participants to review.</b></p>
<b>4. Update on Telehealth/ Telemedicine Project</b>	<p>Karen Bell from JBS gave a presentation on the Vermont Telehealth and Telemedicine Project (Attachment 4).</p> <ul style="list-style-type: none"> <li>• The definition of Telehealth was created through Telehealth Steering Committee.</li> <li>• AV services refer to Audio Visual services around telepsychiatry at UVM or Dartmouth connecting to another clinical setting.</li> <li>• Recommendation to contact Vermont Interactive Technologies regarding experience with AV services.</li> </ul>	<p><b>Additional materials will be redistributed to the work group via email.</b></p>

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>• Pilot programs will be funded with SIM dollars through the funding allocated to the HIE work group.</li> <li>• Pilot programs are being suggested for the work group to consider on what might be worth pursuing.</li> <li>• Regarding store and forward with dermatology: does the data suggest that those programs are more efficient at diagnosing and reducing needs for follow up procedures? It has been proven to reduce dermatology visits for less urgent skin issues such as rashes.</li> <li>• Recommendation to pursue building upon current investments and find out what the barriers are and what might be ways to overcome them.</li> </ul>	
<b>5. ACTT Update</b>	Simone Rueschemeyer gave an update on the ACTT program (Attachment 5).	
<b>6. Public Comment, Next Steps, Wrap Up and Future Meeting Schedule</b>	<b>Next Meeting:</b> Wednesday, May 20, 2015; 1:00-3:00 pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston	

# VHCIP HIE Work Group Member List

Roll Call: **4/30/2015**

*Sue Brandt 1<sup>o</sup>  
Nancy Marnelli 2<sup>o</sup>*

*Motion to approve minutes  
by exception*

Member		Member Alternate		Minutes		Organization
First Name	Last Name	First Name	Last Name			
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 ✓ <i>act for Sandy Rousse</i>				<i>H</i>	VNAs of Vermont
Mike	DelTrecco					Vermont Association of Hospital and Health Systems
Ken	Gingras ✓	Julie	Tessler			Vermont Care Network
Leah	Fuller ✓	Greg	Robinson			OneCare Vermont
Daniel	Galdenzi	Kelly	Lange			Blue Cross Blue Shield of Vermont
Joyce	Gallimore	Kate	Simmons ✓		<i>H</i>	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	Praill	<i>Diane Dan</i>	<i>Cummings Smith</i>			AHS - Central Office
Amy	Putnam	<i>Randy</i>	<i>Connelly</i> ✓			DA - Northwest Counseling and Support Services
Paul	Reiss					Accountable Care Coalition of the Green Mountains
Sandy	Rousse	<i>Peter</i>	<i>Cobb</i>			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			

*15*

*mtm carried; 2 abstentions*

# VHCIP HIE Work Group Participant List

Attendance:

4/30/215

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	Phere	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		Vermont Health Care Association	M
Narath	Carlile			X
Peter	Cobb	here	VNAs of Vermont	M
Amy	Coonradt		AHS - DVHA	S
Alicia	Cooper		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		AHS - DVHA	MA
Nick	Emlen		DA - Vermont Council of Developmental and Mental Health Serv	M
Gabe	Epstein	here	AHS - DAIL	S
Karl	Finison		OnPoint	X
Erin	Flynn	here	AHS - DVHA	S
Paul	Forlenza		Centerboard Consultingt, LLC	X
Leah	Fuller	phone	OneCare Vermont	M
Michael	Gagnon	here	Vermont Information Technology Leaders	X
Daniel	Galdenzi		Blue Cross Blue Shield of Vermont	M
Joyce	Gallimore		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
Bryan	Hallett	here	GMCB	S
Paul	Harrington	phone	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		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	here	AOA	S
Steven	Maier	here	AHS - DVHA	S/M
Nancy	Marinelli	here	AHS - DAIL	X

Mike	Maslack			X
James	Mauro		Blue Cross Blue Shield of Vermont	X
Lee	McKenna		OneCare Vermont	
Lou	McLaren	UTA here	MVP Health Care	MA
Jessica	Mendizabal		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	new here	Green Mountain Power	C/M
Annie	Paumgarten	here phone	GMCB	S
Kate	Pierce		North Country Hospital	X
Luann	Poirer		AHS - DVHA	S
Darin	Prail		AHS - Central Office	M
Amy	Putnam		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
Tawnya	Safer		OneCare Vermont	
Larry	Sandage	here	AHS - DVHA	S
Ken	Schatz		AHS - DCF	X
Julia	Shaw		VLA/Health Care Advocate Project	MA
Kate	Simmons	phone	Bi-State Primary Care/CHAC	MA
Heather	Skeels		Bi-State Primary Care	M
Richard	Slusky	new	GMCB	S/M
Chris	Smith		MVP Health Care	M
Kara	Suter		AHS - DVHA	S
Richard	Terricciano			X
Julie	Tessler		DA - Vermont Council of Developmental and Mental Health Services	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 here	White River Family Practice	M
Eileen	Underwood		AHS - VDH	M
Beth	Waldman		SOV Consultant - Bailit-Health Purchasing	S
Julie	Wasserman		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	here	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

Randy Connelly Northern Counties  
 Paul Forlenza  
 Steve Kappel Consultant  
 Karen Bell Consultant  
 Barbara Patterson - Stone Environmental  
 David Healy - Stone Environmental

# Attachment 3

## SCÜP Resource Request

# **SCÜP Project Plan & Resource Request**

**(Shared Care Plans &  
Universal Transfer Protocol)**

**May 20, 2015**

# Review: SCÜP Project Overview

## VISION:

This project will provide a technological solution that supports Vermont's providers and caregivers in successfully navigating transitions between care settings.

### **This solution will support:**

- Coordinating and managing patient care through transitions from one care setting to another
- Maintaining an up to date person-directed care plan that captures:
  - key elements of a person's clinical and non-clinical goals
  - primary functions of different members of their care team

**This project will make every effort to be solution agnostic as it works towards a Technology Proposal, but the project team is committed to identifying existing solutions to support the vision of the project.**

# Review: Project Timeline

1. **Identify SCÜP Project Team & Initial Outreach:** April, 2015 - COMPLETED
  - Project Plan Development
  - Resource Plan Development
2. **Develop Business Requirements:** May – July, 2015
  - Project Kickoff
  - Extract business req. from UTP final report
  - Requirements gathering: 3-4 regions
  - Compile/refine requirements for 3-4 regions
  - Business requirements draft
  - Validate draft w/ appropriate regions
  - Business requirements finalized
3. **Develop Technical Requirements:** May – September, 2015
  - Conduct National research on SCP & UTP
  - Conduct State assessment of tech capabilities
  - Build tech reqs from business requirements
  - Tech requirements draft
  - Validate draft w/ appropriate regions
  - Tech requirements finalized
4. **Technology Proposal:** August – October, 2015
  - Integrate technology assessment with business & technology requirements
  - Technology proposal draft
  - Validate draft w/ appropriate regions
  - Technology proposal & RFP finalized & submitted

# Project Timeline (Cont.)

The SCÜP Project team will provide a checkpoint update every two months to the HIE/HIT Work Group. The Work Group will review and provide any approvals for on-going funding of the project.

## Abbreviated Project Timeline

Project Phase	April	May	June	July	August	September	October
Identify SCÜP Project Team & Initial Outreach							
Develop Business Requirements							
Checkpoint: HIE WG Update (July 22)							
Develop Technical Requirements							
Checkpoint: HIE WG Update (September 23)							
Technology Proposal							
Final Checkpoint: HIE WG Update (October 21)							

Please see Slide 6 for additional details



# SCÜP Resource Request

The majority of the work effort will be completed by current State and State affiliated resources. A professional business analyst and additional subject matter expertise are requested to assist the team with the requirements gathering and development of the technology proposal.

Additional resource requests will be provided to the Work Group at each checkpoint.

## Resource Request to July Checkpoint:

Resource	Hours	Rate	Total
Business Analyst	200	\$145.00	\$29,000.00
Subject Matter Expert	50	\$150.00	\$7,500.00
Total			\$36,500.00



Attachment 4  
LTSS Health Data  
Infrastructure Report

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# Health Data Infrastructure Report: LTSS Providers

May 20, 2015

# Process with the Work Group

- Overview of the report: answers to questions
- Discuss the gaps (don't jump to solutions!)
- There are some recommendations, but there are more out there- what does the Work Group think?
  - Report does not assume EMRs will solve every data sharing challenge for every provider.

# Why did we ask for this report?

- “Landscape analysis”
- Need to know what LTSS providers do, and do not, have for IT solutions.
- Builds on previous work, but adds new provider types.
- Tells the HIE/HIT Work Group who has what to assist in decision-making.

# What does this report tell us?

- Great progress in some areas: DAs/SSAs/Home Health.
- Mixed level of IT solutions for LTSS providers:
  - Excel, EMR, Paper
- Has some recommendations, but not definitive.
- *We need suggestions from HIE/HIT Work Group Members!*

# Attachment 5

## VITL ACO Project Status





# VITL SIM ACO Status Update

Presentation to VHCIP HIE Work Group





May 20, 2015






# SIM ACO Project Status Summary



## OneCare - Medicare

### Key:

-  Work Done
-  Project on schedule
-  Project delayed
-  Project stopped

Status	Work	VITL Go-Live	NNEACC Go-Live
	OCV Beneficiary File – Live to VITL	6/12/14	N/A
	Labs – Live to NNEACC	6/12/14	6/12/14
	ADT– Live to NNEACC	3/5/15	4/30/15
	Clinical Flat File– Live to NNEACC	4/1/15	5/7/15
	VXU – Ready to send data	3/5/15	TBD



# SIM ACO Project Status Summary

**Key:**

- ✓ Work Done
- Project on schedule
- Project delayed
- Project stopped

## OneCare - Medicaid

Status	Work	VITL Go-Live	NNEACC Go-Live
✓	OCV Beneficiary File – Live to VITL	4/1/15	N/A
✓	OCV Site Filtering – Live to NNEACC	3/31/15	N/A
✓	Gateway Build – Live to NNEACC	3/31/15	TBD





## OneCare - BCBS

Status	Work	VITL GO-Live	NNEACC Go-Live
✓	OCV Beneficiary File – Live to VITL	4/1/15	N/A
✓	OCV Site Filtering – Live to NNEACC	3/31/15	N/A
✓	Gateway Build – Live to NNEACC	3/31/15	TBD




# SIM ACO Project Status Summary

**Key:**

-  Work Done
-  Project on schedule
-  Project delayed
-  Project stopped

## CHAC - Gateway

Status	Data Type	Work	VITL Go-Live	Reporting Vendor ??
	CHAC Beneficiary File	Awaiting beneficiary file		N/A
	CHAC Site Filtering	Not Started		N/A
	Gateway Build	Not Started		

## Healthfirst – Gateway



- ACCGM out, unsure if VCP wants to build Gateway.
- Amy at VCP bringing new proposal to SIM for another way to get reporting data.



# SIM ACO Project Status Summary

- Key:**
- ✓ Work Done
  - Project on schedule
  - Project delayed
  - Project stopped

 **Event Notification System**

Status	Phase	Work	VITL Target End Date
	Vendor Contract Negotiated / SOW in place	In Progress still, negotiations taking longer than expected.	5/31/15
	Pilot Sites Recruited	3 sites confirmed.	3/30/15
	Product Installed		TBD once SOW signed
	Product Configured		TBD once SOW signed
	Pilot Rollout/Training		TBD once SOW signed
	Pilot Period		3 months
	Project Close Activities		1 month
	Report Conclusions to SIM Workgroup		TBD



# SIM ACO Project Status Summary

**Key:**

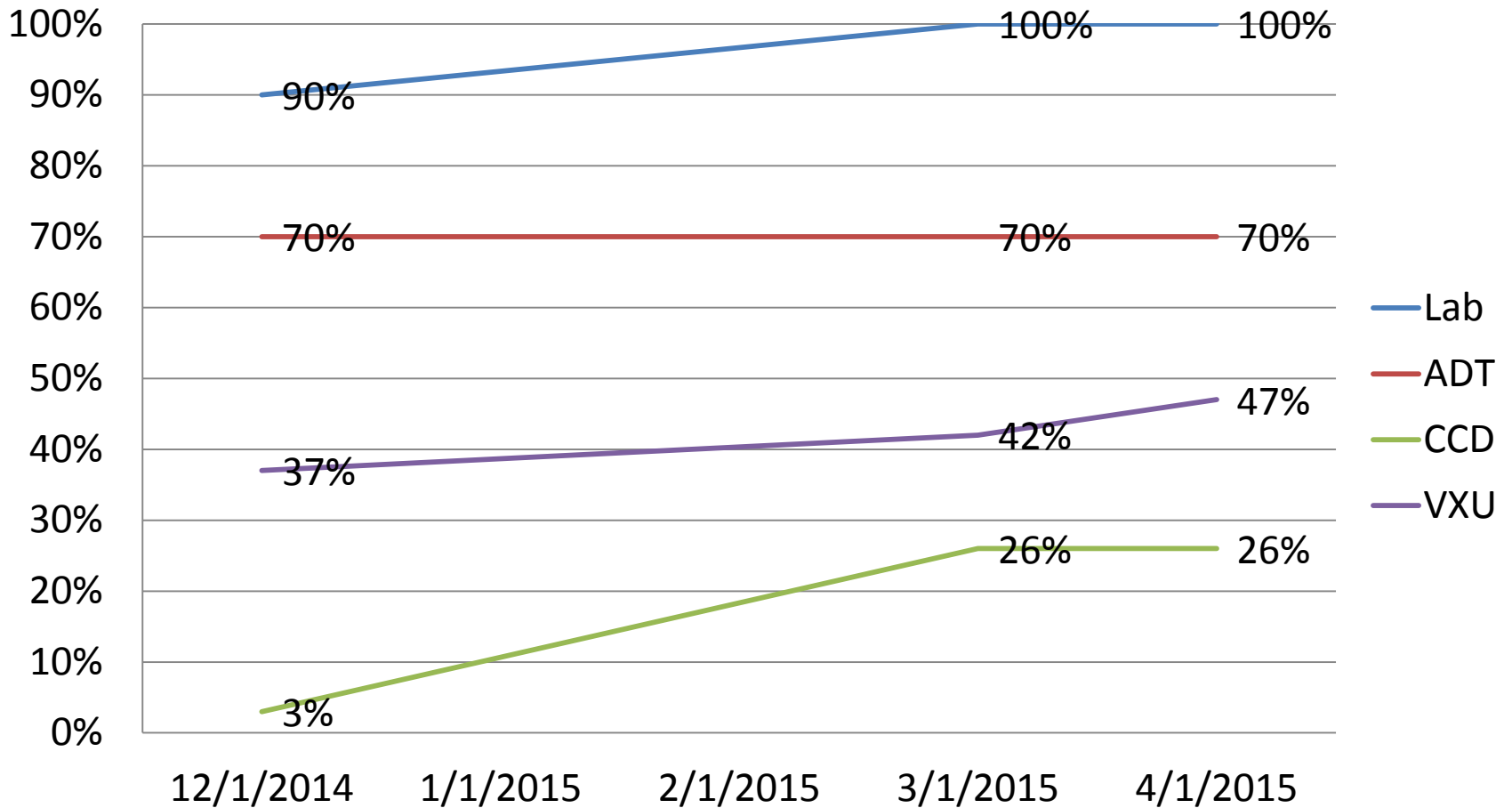
- ✓ Work Done
- Project on schedule
- Project delayed
- Project stopped

**Gap Remediation**

Status	Phase	Work Status	Completion Date
●	New VXU interfaces needed	12 new VXU interfaces completed in April. 3 New VXU interfaces started.	12/31/15
●	New Clinical Data Interfaces	Ongoing project to look at eClinical Works options, 4 large organizations in testing phase.	12/31/15
●	Lab Codes	1 Site live, working on last 2 sites.	6/30/15
●	ADT EVN Segment	All sites completed!	4/30/15
●	Clinical Data Remediation	Ongoing work with sites and Sprints to identify and capture missing elements	12/31/15



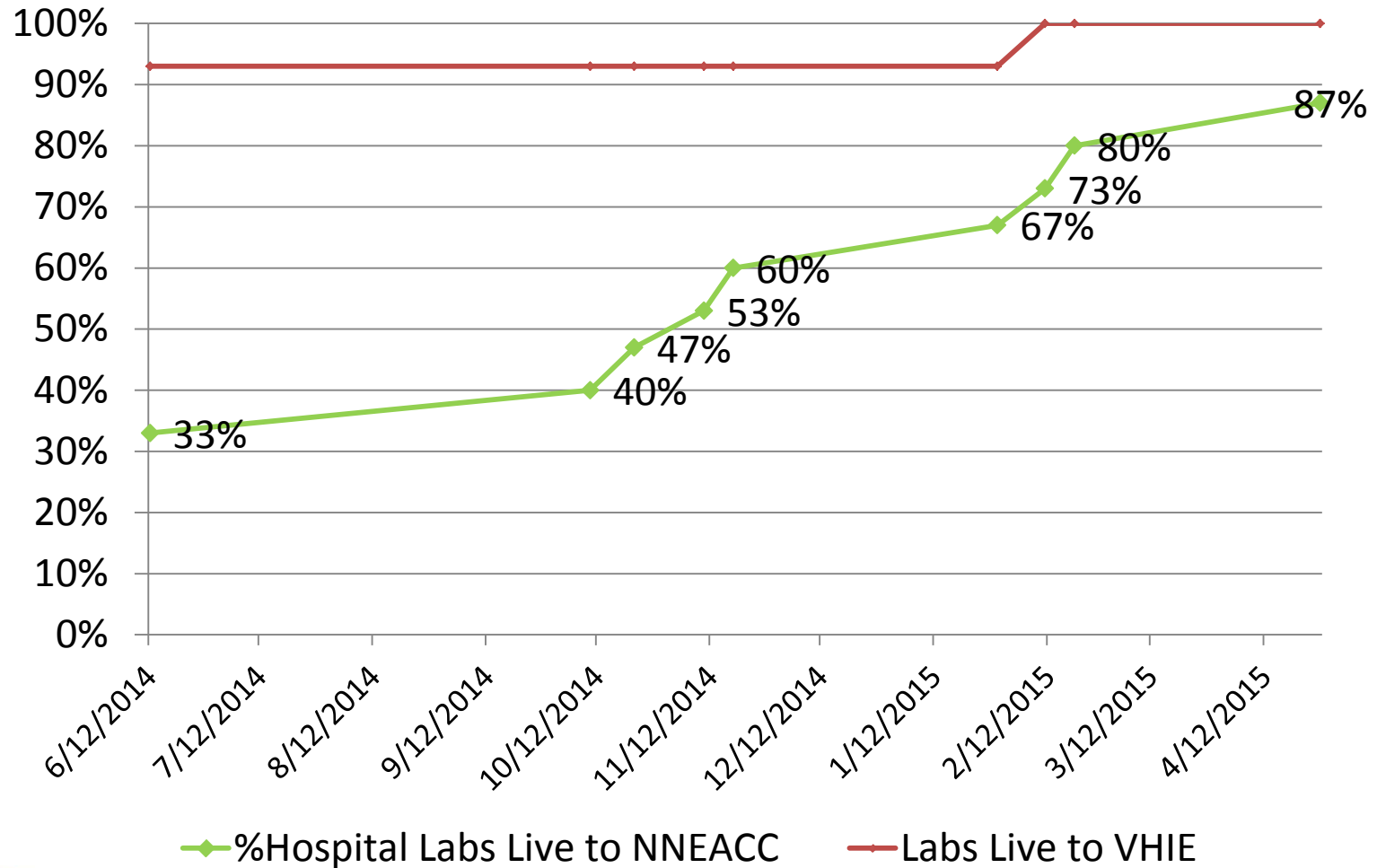
## Interface Progress



\* % is calculated from the # of OneCare Vermont attributed lives in Medicare, Medicaid and BCBS covered by live interfaces.



# Lab Remediation Progress

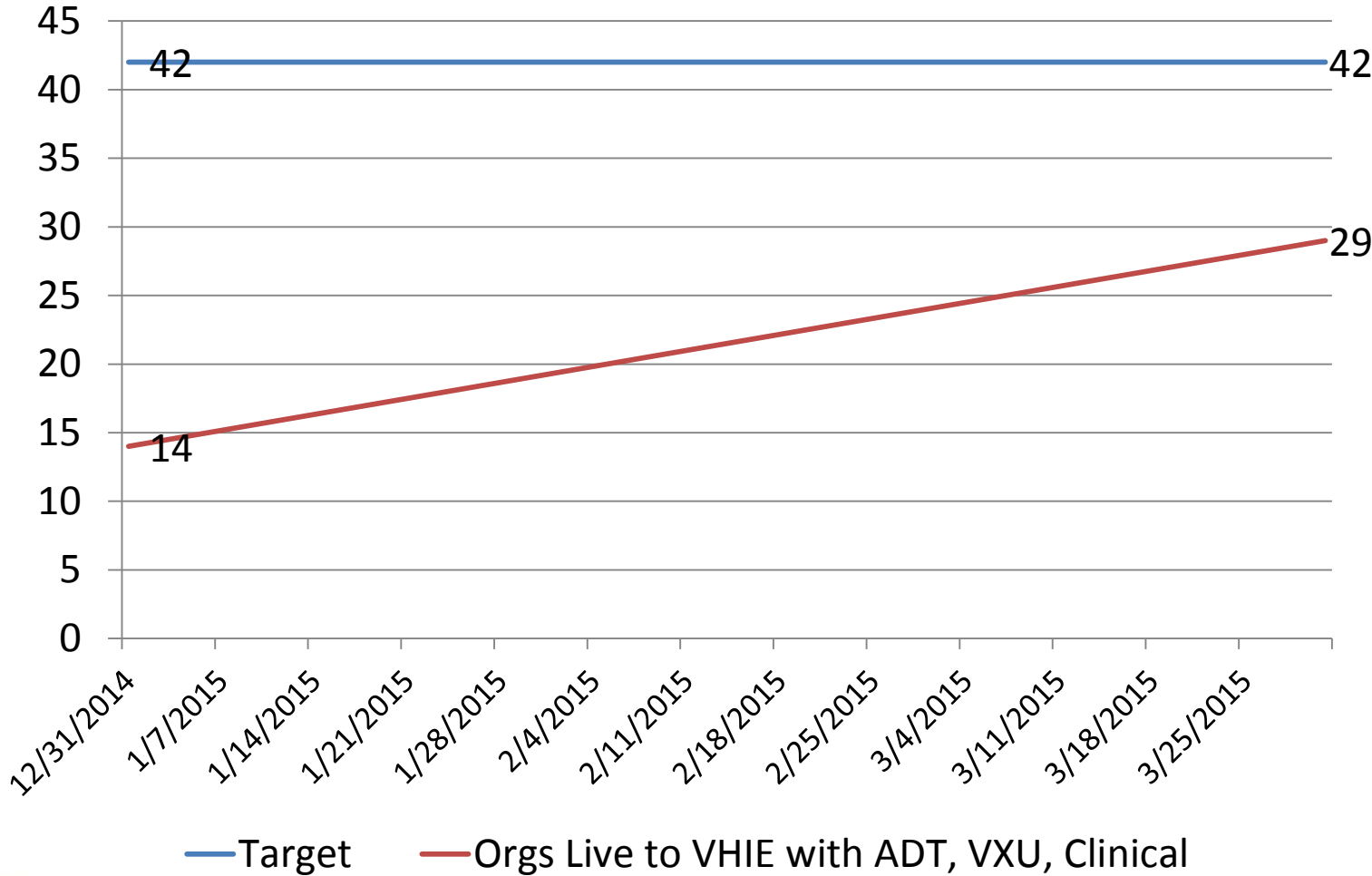


Includes: UVMCMC, CVMC, NMC, NCH, Gifford, DHMC, Porter, Copley, NVRH, SVMC, SFH, RRMCC  
Only Remaining sites: Grace Cottage, Mt. Ascutney

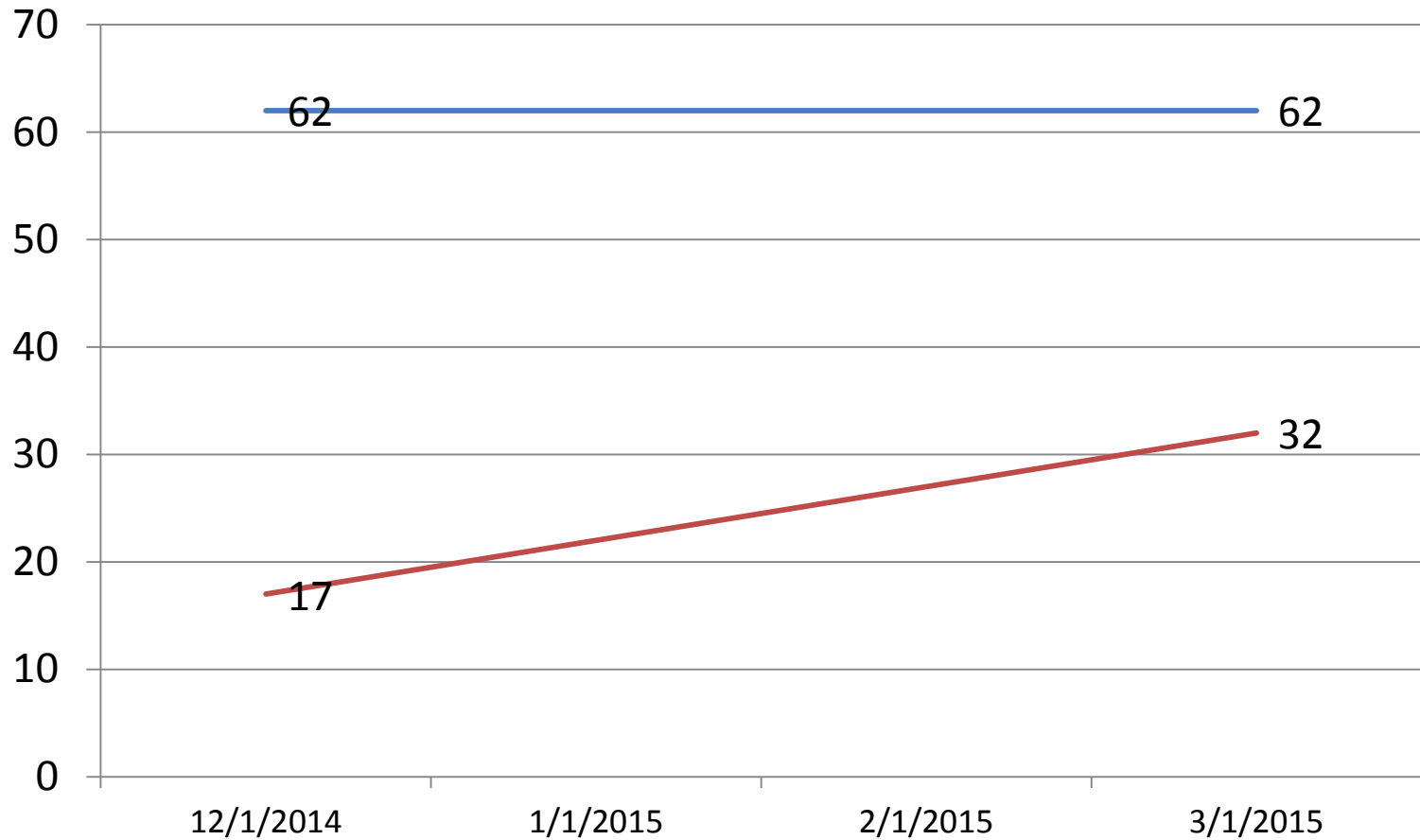




# Organizations Capable



# % Beneficiaries Capable



— Target    — % OCV Medicare Beneficiaries



# Questions?

# Glossary

<b>Term</b>	<b>Description</b>
ACCGM	Accountable Care Coalition of the Green Mountains, part of Healthfirst
ADT	Admission, Discharge and Transfer HL7 messages that carry demographic data
CHAC	Community Health Accountable Care
Gateway	Software that can take in beneficiary files, perform patient matching, enrich messages based on the matching, and apply filter logic for message routing based on the information.
HL7	Health Level Seven - set of international standards for transfer of clinical and administrative data between software applications.
NNEACC	Northern New England Accountable Care Collaborative. Analytics reporting vendor for OneCare Vermont.
OCV	OneCare Vermont Accountable Care Organization
VCP	Vermont Collaborative Physicians, part of Healthfirst
VXU	Immunization HL7 messages

# Attachment 6

## Workplan Review

# **Work Plan Update & Prioritization of Activities**

**HIE/HIT Work Group**

**May 20, 2015**



# Review of Proposed Activities & Timing

## Proposed Completion: End of Year 2

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- Conduct research on industry and cross-industry best practices for improving the interoperability of data in source systems.
- Draft report on industry and cross-industry best practices for improving the interoperability of data in source systems; submit to HIE/HIT Work Group.
- Research innovative methods other communities have used to improve data quality throughout the HIE process.
- Leverage existing technologies to analyze data quality and recommend improvements in its exchange and aggregation.
- Research methods and technologies for improved extraction of data elements.

# Review of Proposed Activities & Timing

## Proposed Completion: End of Year 3

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- Investigate the existing or emerging opportunities in the State to develop an integrated Transitions of Care solution. If feasible, develop requirements and a RFP for solutions. Leverage lessons and knowledge gained in Universal Transfer Protocol (UTP) and Event Notification System (ENS) projects.
- Develop recommendations for support of a state “data utility.”
- Develop recommendations for a Statewide HIE Governance structure.
- Provide Business & Policy recommendations in support of Privacy & Security concerns.



**Vermont Health Care Innovation Project  
Year 2 HIE/HIT Work Group Workplan  
Revised 5/13/2015**



**Overall VHCIP Project Strategy:** Vermont’s strategy for health system innovation emphasizes several key operational components of high-performing health systems: integration within and between provider organizations, movement away from fee-for-service payment methods toward population-based models, and payment based on quality performance. We are implementing this strategy in a comprehensive manner – across acute and long-term care providers, across mental and physical health and across public and private payers. Our project is aimed at assuring a health care system that is affordable and sustainable through coordinated efforts to lower overall costs and improve health and health care for Vermonters, throughout their lives (excerpt from VHCIP Operational Plan).

**Overall Goal of VHCIP/HIE Projects:** To ensure the availability of **clinical** health data or information necessary to support the care delivery and payment models being tested in the VHCIP Project, including those associated with the Shared Savings/ ACO, Episode of Care, Pay-for-Performance, and Care Delivery models.

**How to Use this Work Plan:** The VHCIP/HIE Work Group has committed the majority of its allocated funding. In Years 2 & 3, the VHCIP/HIE Work Group will further focus its activities to identify processes and methodologies to further support improving the CORE needs of the HIE/HIT systems, including continued support of Vermont Information Technology Leaders (VITL) and other key HIE partners. This plan is intended to provide focus to the VHCIP/HIE Work Group by beginning with the broad, conceptual State of Vermont HIE goals. These goals are not necessarily the goals of the VHCIP Grant, though many do align.

	Objectives	Supporting Activities	Target Date	Responsible Parties	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
<b>Improve Source System Utilization, Functionality, and Interoperability</b>								
1	Explore and, as appropriate, invest in technologies that improve the integration of health care services and enhance communication among providers.	Conduct research on industry and cross-industry best practices for improving the interoperability of data in source systems.	December 2015	Staff; consultant; co-chairs.	HIE/HIT Work Group.	Steering Committee	• Proposed.	• Interoperability best practices research conducted.
2		Draft report on industry and cross-industry best practices for improving the interoperability of data in source systems; submit to HIE/HIT Work Group.	December 2015	Staff; consultant; co-chairs.	HIE/HIT Work Group.		• Proposed.	• Report submitted to HIE/HIT WG
3		Investigate the existing or emerging opportunities in the State to develop an integrated Transitions of Care solution. If feasible, develop requirements and an RFP for solutions. Leverage lessons and knowledge gained in Universal Transfer Protocol (UTP) and Event Notification System (ENS) projects.	December 2016	Staff; consultant; co-chairs.	HIE/HIT Work Group. Coordinate with SCÜP Project and ENS Project.		• Proposed.	• Opportunities for integrated Transitions of Care solution identified and RFP released, if feasible
4		Improve integration of the Designated Agency (DA)/Specialized Service Agency (SSA) data (DA/SSA Data Repository project).	December 2016	DA/SSA Data Repository Project team; staff; consultant; co-chairs.	Coordinate on DA/SSA Data Repository project (Vermont Care Network [VCN]; DAs/SSAs; VITL).		• In progress.	• DA/SSA data integration improved
5		Implementation of an electronic health record (EHR) solution for five developmental disability agencies (DA/SSA EHR Procurement project).	December 2015	DA/SSA EHR Procurement team; staff; consultant; co-chairs.	Coordinate to procure DA/SSA EHR (VCN; DAs/SSAs; VITL).		• In progress.	• EHR solution deployed at five DAs/SSAs.
6		Improve communication in the transition of care process among providers (Event Notification System).	September 2015	Staff; consultant; contractors; co-chairs.	Coordinate on ENS (VITL; ACOs; providers).		• In progress.	• Communications during care transitions improved through ENS.
7		Develop a statewide telehealth/telemedicine strategy.	July 2015	Staff; consultant; contractors; co-chairs.			• In progress.	• Statewide telehealth strategy created.
<b>Improve Data Quality and Accuracy for Exchange of Health Information</b>								
8	Increase resources to facilitate improved EHR utilization and consistency of data entry at the provider practice	Provide data quality workflow support to the DAs and SSAs (DA/SSA Data Quality project).	December 2016	Staff; consultant; contractors; co-chairs.	Coordinate on DA/SSA Data Quality project (VCN; DAs/SSAs; VITL).	Steering Committee	• In progress.	• Data quality workflow improved at DAs/SSAs.
9		Provide data quality workflow support to accountable care organization (ACO) member organizations (ACO Gap Analysis and Remediation project).	January 2016	Staff; consultant; contractors; co-chairs.	Coordinate on Gap Analysis and Remediation project (VITL; ACOs).		• In final contract negotiations and approval.	• Data quality workflow improved at ACO member organizations.

	Objectives	Supporting Activities	Target Date	Responsible Parties	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
10	level.	Perform data quality workflow analysis of Disability and Long-Term Services and Supports (DLTSS) Providers (DLTSS Data Quality project).	February 2015	Staff; consultant; contractors; co-chairs.	Coordinate on DA/SSA Data Quality project (DLTSS Work Group; DLTSS providers; VITL).		• In progress.	• DLTSS provider data quality analysis completed.
11	Identify and resolve gaps in EHR usage, lab result, ADT, and immunization reporting, and transmission of useable CCDs.	Research innovative methods other communities have used to improve data quality throughout the HIE process.	December 2015	Staff; consultant; co-chairs.	Coordinate with providers and practice facilitation experts such as VITL.	Steering Committee	• Proposed. • May request CMMI TA on this topic.	• Data quality improvement research conducted. Report submitted to HIE/HIT WG. • Quality of clinical data elements improved for providers, including but not limited to DAs/SSAs and ACO member organizations. • DLTSS provider data quality analysis completed.
12		Provide data quality technical support to the DAs and SSAs (DA/SSA Data Quality project).	December 2016	Staff; consultant; contractors; co-chairs.	Coordinate on DA/SSA Data Quality project (VCN; DAs/SSAs; VITL).		• In progress.	
13		Improve data quality with data analytics and data governance for the DAs and SSAs (DA/SSA Data Repository project).	December 2016	Staff; consultant; contractors; co-chairs.	Coordinate on DA/SSA Data Repository project (VCN; DAs/SSAs; VITL).		• In progress.	
14		Improve data quality by providing data mapping and code set remediation (ACO Project Terminology Services).	February 2017	Staff; consultant; contractors; co-chairs.	Coordinate on ACO Project Terminology Services (VITL; ACOs).		• In progress.	
15		Provide data quality technical support to ACO member organizations (ACO Gap Analysis and Remediation project).	January 2016	Staff; consultant; contractors; co-chairs.	Coordinate on Gap Analysis and Remediation project (VITL; ACOs).		• In final contract negotiations and approval	
16		Perform a data quality technical assessment of DLTSS Providers (DLTSS Data Quality project).	February 2015	Staff; consultant; contractors; co-chairs.	Coordinate on DA/SSA Data Quality project (DLTSS Work Group; DLTSS providers; VITL).		• In progress.	
17	Support the development of advanced analytics and data systems as needed.	Leverage existing technologies to analyze data quality and recommend improvements in its exchange and aggregation.	December 2015	Staff; consultant; co-chairs.	Coordinate with data quality experts such as the Blueprint, VITL, the ACOs, and the Quality and Performance Measures (QPM) Work Group.	Steering Committee	• Proposed.	• Data quality research complete; exchange and aggregation improvements recommended. Report submitted to HIE/HIT WG. • Data analytics and data governance developed for DAs/SSAs provided.
18		Provide data analytics and data governance for the DAs and SSAs (DA/SSA Data Repository project).	December 2016	Staff; consultant; contractors; co-chairs.	Coordinate on DA/SSA Data Repository project (VCN; DAs/SSAs; VITL).		• In progress.	
<b>Improve the Ability of Health and Human Services Professionals to Exchange Health Information</b>								
19	Facilitate connectivity to Vermont's Health Information Exchange (VHIE) for ACOs and their participating providers and affiliates.	Provide efficient connections to the ACOs (ACO Gateway project).	December 2015	Staff; consultant; contractors; co-chairs.	Coordinate on ACO Gateway project (VITL; ACOs; QPM and Payment Models Work Groups).	Steering Committee	• In progress.	• ACOs and ACO member organizations connected to VHIE. • ACO data quality improved. • ACO members receive information on clinical events through ENS.
20		Improve the quality of the data sent to the ACOs (ACO Gap Analysis and Remediation project).	January 2016	Staff; consultant; contractors; co-chairs.	Coordinate on Gap Analysis and Remediation project (VITL; ACOs; QPM Work Group).		• In final contract negotiations and approval	
21		Provide information on clinical events such as hospitalizations or discharges to the ACO members (Event Notification System implementation).	March 2015	Staff; consultant; contractors; co-chairs.	Coordinate on ENS (VITL; ACOs; providers).		• In progress.	
22	Facilitate EHR adoption to current non-adopters.	Assist any non-adopting ACO members with EHR implementation (ACO Gap Analysis and Remediation project).	January 2016	Staff; consultant; contractors; co-chairs.	Coordinate on Gap Analysis and Remediation project (VITL; ACOs).	Steering Committee	• In progress.	• Increased EHR adoption among ACO member organizations, • EHR adoption for 5 DAs/SSAs. • DLTSS provider data quality analysis completed to support future EHR adoption where appropriate.
23		Implementation of an EHR solution for five developmental disability agencies (DA/SSA EHR Procurement project).	December 2015	Staff; consultant; contractors; co-chairs.	Coordinate to procure DA/SSA EHR (VCN; DAs/SSAs; VITL).		• In progress.	
24		Perform a technical assessment of DLTSS Providers to prepare for possible EHR adoption, where appropriate, in the future (DLTSS Data Quality project).	February 2015	Staff; consultant; contractors; co-chairs.	Coordinate on DLTSS Data Quality project (DLTSS Work Group; Department of Disabilities, Aging, and Independent Living; DLTSS providers;		• In progress.	

	Objectives	Supporting Activities	Target Date	Responsible Parties	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
					VITL).			
25	Facilitate connectivity to providers who are not yet connected to the HIE regardless of ACO participation.	Research methods and technologies for improved extraction of data elements.	December 2015	Staff; consultant; co-chairs.	Coordinate with existing data extraction SMEs such as VITL, the Blueprint, ACOs.	Steering Committee	<ul style="list-style-type: none"> <li>Proposed.</li> <li>May request CMMI TA on this topic.</li> </ul>	<ul style="list-style-type: none"> <li>Data element extractions methods recommended. Report submitted to HIE/HIT Work Group.</li> </ul>
26		Increase the percentage of connectivity of ACO providers (ACO Gap Analysis and Remediation project).	January 2016	Staff; consultant; contractors; co-chairs.	Coordinate on Gap Analysis and Remediation project (VITL; ACOs).		<ul style="list-style-type: none"> <li>In final contract negotiations and approval</li> </ul>	<ul style="list-style-type: none"> <li>Increased connectivity of ACO providers and non-ACO providers.</li> </ul>
27		Following the implementation of an EHR solution for five developmental disability agencies, facilitate the connection to the HIE (DA/SSA EHR Procurement project).	December 2015	Staff; consultant; contractors; co-chairs.	Coordinate to procure DA/SSA EHR (VCN; DAs/SSAs; VITL).		<ul style="list-style-type: none"> <li>In progress.</li> </ul>	<ul style="list-style-type: none"> <li>Connection of deployed EHR solution for DAs/SSAs to the HIE.</li> </ul>
28	Identify technical and IT needs to support new payment and delivery models.	Collaborate with DLTSS, Payment Models, and QPM Work Groups to recommend technical and IT needs to support: new payment and care models for integrated care, beneficiary portals, accessibility and universal design.	April-December 2015	Work group members; staff; consultant; other VHCIP Work Groups.	Collaborate to identify technical and IT needs (DLTSS, Payment Models, and QPM Work Groups).	N/A		Receive recommendations from DLTSS, Payment Models, and QPM Work Groups.
<b>Align and Integrate Vermont's Electronic Health Information Systems to Enable Comprehensive and Secure Exchange of Personal Health and Human Services Records</b>								
29	Expand connectivity to other state data and technology resources.	Develop recommendations for support of a state "data utility."	December 2016	Staff; consultant; co-chairs; work group members.	Coordinate on strategic direction for state "data utility" (Agency of Human Services [AHS], Department of Information and Innovation (DII), VITL, providers, ACOs).	Steering Committee	<ul style="list-style-type: none"> <li>Proposed.</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations to support a state "data utility" developed.</li> <li>Information and feedback provided to relevant stakeholders.</li> </ul>
<b>Increase Consumer Engagement through Technology</b>								
30	Identify, review, and recommend programs for technology options for providing health information to consumers.	In-depth investigation of solutions to provide patients the ability to view their health care data in an integrated Patient Portal.	December 2015	Staff; consultant; contractors; co-chairs.	Coordinate on with AHS-IT, hospitals, a patient focus group, and vendor (possibly VITL).		<ul style="list-style-type: none"> <li>Pending.</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Patient Portal solutions reviewed.</li> <li>Stakeholder input provided to Part 2 project expanded.</li> </ul>
31		Provide support and input to expand the ability of the VHIE to appropriately transmit, store, and provide access to the data protected by 42 CFR Part 2 (Department of Vermont Health Access [DVHA] core grant funding).	February 2015 (Kickoff); September 2015 (RFP release)	Staff; consultant; co-chairs; AHS agencies.	Support AHS work on 42 CFR Part 2 project (DVHA).	Steering Committee, Health Services Enterprise Steering Committee	<ul style="list-style-type: none"> <li>Pending.</li> </ul>	
32		Collaborate with DLTSS Work Group to discuss a) Informed Consent and general confidentiality issues and b) Federal rules contained in 42 CFR Part 2 Confidentiality Protections; solicit recommendations.	Q3 2015	Work group members; staff; consultant; DLTSS Work Group, VITL.	Collaborate to discuss informed consent and confidentiality (DLTSS Work Group).	N/A		
<b>Policies, Rules, Procedures, and Legislation</b>								
33	Create an HIE governance structure to ensure the development of common HIE strategies, coordination of programs, and efficient use of resources.	Develop recommendations for a Statewide HIE Governance structure.	December 2016	Staff; consultant; co-chairs; AHS agencies, VITL, GMCB.	Coordination with GMCB, DVHA, VITL.	Steering Committee	<ul style="list-style-type: none"> <li>Proposed.</li> </ul>	Report on Statewide HIE Governance.

	Objectives	Supporting Activities	Target Date	Responsible Parties	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
34	Recommend and support new policies, rules, regulations, laws to help the state's HIE be more effective and efficient.	Provide Business & Policy recommendations in support of Privacy & Security concerns.	December 2016	Staff; consultant; co-chairs; AHS agencies, DII.	Coordination with AHS-IT, DII, VITL.		• Proposed.	Report on Statewide HIE Privacy & Security.
35	Provide input into the Vermont Health Information Strategic Plan (VHISP).	HIT/HIE Work Group participation in the VHITP.	December 2015	Staff; consultant; co-chairs; AHS agencies, DII.	Coordination with AHS-IT, DII, VITL.	Part 2 Steering Committee	• Pending.	VHITP release.
<b>Ongoing Updates, Education, and Collaboration</b>								
36	Review HIE/HIT Work Group Workplan.	Draft Workplan.	February-March 2015	Staff.	N/A		• In Process.	Updated workplan adopted.
37	Coordinate and collaborate with other VHCIP Work Groups on other activities of interest.	Identify activities of interest and establish mechanisms for regular coordination and communication with other work groups.	Ongoing	Staff; consultant; co-chairs; work group members; other work groups.	Coordinate to identify activities of interest and establish regular communication (Other VHCIP Work Groups).	N/A	• In Process.	Well-coordinated and aligned activities among work groups.
38		Provide updates to other work groups on HIE/HIT Work Group activities.	Ongoing	Staff; co-chairs; work group members; other work groups.	N/A			
39		Provide input to Population Health Work Group. • Review draft Population Health Plan outline developed by Population Health Work Group. • Receive presentation on "population health" definition and Population Health 101 materials developed by Population Health Work Group.	Q3 2015 and Q1 2015	Staff; co-chairs; work group members; Population Health Work Group.	• Receive PHP outline (Population Health Work Group). • Receive definition and materials (Population Health Work Group).			
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43		Coordinate with QPM Work Group on clinical data collection, the VHISP, and gap remediation; provide twice yearly updates on gap analyses.	Ongoing	Staff; co-chairs; work group members; QPM Work Group.	Coordinate on clinical data collection, the VHISP, and gap remediation (QPM Work Group).			
44		Provide update to Workforce Work Group on HIE data interoperability.	Q4 2015	Staff.	Present interoperability update (Workforce Work Group).			
45	Obtain regular updates on relevant sub-grantee projects.	Ongoing	Staff; co-chairs; work group members; sub-grantees.	Obtain regular updates on relevant sub-grantee projects (Sub-Grantees).				
46	Periodic and consistent review of the resources available through CMMI's Technical Assistance.	Connect work group staff with Centers for Medicare and Medicaid Innovation (CMMI) Technical Assistance and provide work group with updates on resources. Leverage resources whenever available.	Ongoing	Staff; consultant; co-chairs	N/A		• In Process.	Well informed knowledge of resources available through CMMI TA.
47	Coordinate with, update, and receive education from VHCIP Core Team, Steering Committee, other VHCIP leadership and stakeholders, and AHS agencies as appropriate.	Overall VHCIP project status updates.	Ongoing	Staff; co-chairs; work group members; VHCIP leadership.	N/A			Well-coordinated and aligned activities across VHCIP.