Vermont Health Care Innovation Project
Health Data Infrastructure Meeting Agenda

July 20, 2016, 9:00-11:00am

Ash Conference Room (2nd floor above main entrance), Waterbury State Office Complex

Call-In Number: 1-877-273-4202; Passcode: 2252454

Item #	Time Frame	Topic	Presenter	Relevant Attachments	Action Needed?
1	9:00-9:05am	Welcome and Introductions; Minutes Approval	Simone Rueschemeyer & Brian Otley	Attachment 1: Draft June 22, 2016, Meeting Minutes	Approval of Minutes
2	9:05-9:10am	Project Updates	Georgia Maheras & Sarah Kinsler		
3	9:10-9:15am	Brief Sustainability Update	Georgia Maheras & Sarah Kinsler		
4	9:15-9:55am	Connectivity Targets	Larry Sandage	Attachment 4: Connectivity Criteria	
5	9:55-10:25am	Home Health Agency VITLAccess Rollout and Interface Build	Larry Sandage, Susan Aranoff, & Holly Stone	Attachment 5: DLTSS Data Gap Remediation Project	
6	10:25-10:30am	Public Comment Next Steps, Wrap-Up and Future Meeting Schedule	Simone Rueschemeyer & Brian Otley	**CANCELED:** August 17th HDI Work Group Meeting. **Next Meeting**: Wednesday, September 21, 2016, 9:00-11:00am, Ash Conference Room (2nd floor above main entrance), Waterbury State Office Complex	

Attachment 1: Draft June 22, 2016, Meeting Minutes

Vermont Health Care Innovation Project
HDI Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Wednesday, June 22, 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	Simone Rueschemeyer called the meeting to order at 9:05am. A roll call attendance was taken and a quorum was not present.	
2. Project Updates	*VHITP Update*: The VHITP has come before the Green Mountain Care Board but not yet been approved. GMCB is entering the season for rate review, Certificate of Need, and hospital budget hearings, so it is not clear when the *Home Health Agency Gap Remediation Project Update*: Susan Aranoff provided an update. This is a three-phase project. In the first phase, ending on June 30, a first wave (4 agencies) of Home Health Agencies was on-boarded to VITLAccess. Agencies are experiencing some challenges in initial implementation. For the second two cohorts, VITL and project staff are working to provide HHAs with additional information about the project and the benefits of participation. Larry Sandage added that VITL has been very helpful; Holly Stone is the project manager on the State side. VITLAccess	
3. Data Quality Project Update	Judith Franz and Mike Gagnon (VITL) provided an update on the Data Quality project (Attachment 3). • Two project components: work to improve ACO data quality through workflow improvements and technology to normalize data; and work to improve data quality for Vermont Care Partners member agencies (DAs and SSAs) through workflow improvements. The group discussed the following: • How does VITL deal with collecting data from multiple locations? For example, vaccinations can occur at an office visit or at a pharmacy. Mike responded that VITL is open to any organization contributing data, but has focused on the largest data volume first (hospitals).	

Agenda Item	Discussion	Next Steps
	• How will the recent DVHA RFP impact ACO data marts? Mike responded that generally the data marts are a service to feed into analytics and data quality tools. Georgia Maheras noted that we cannot speak specifically to the DVHA RFP because it is in active procurement. • What types of providers or organizations are using VITLAccess the most? Judith replied that this information is tracked, and she would follow up to find the answer to this question. Generally, the organizations that use VITLAccess most are those that are involved in care integration and care transitions.	
4. OneCare Vermont Care Navigator Update	Sara Barry and Maura Crandall (OneCare Vermont) provided an update on implementation of the Care Navigator care management tool. • OneCare identified a need for a tool to coordinate and manage care for complex patients, both to optimize patient outcomes and to control cost growth. Selected Blueprint Health IT Care Navigator tool. • Care Navigator includes a web-based hub. Later rollouts will include a secure mobile app for providers, caregivers, and patients. Pulls from both claims and clinical data. • Other possible participation in pilot work through a group made up of the VNA, CVAA, and one other participant. • SASH has also indicated that they are interested in participating. • Care Navigator Demo – o Portal (hub) is dynamic and allows for personalized care team, including both providers and non-providers, with varied permissions. o Can include documents like advanced directives, crisis plans, etc. o Care coordination log will allow future data analysis on care coordination "dosage" and possible link to outcomes. o No substance abuse or mental health data included. o Work informed by Integrated Communities Care Management Learning Collaborative and NCQA care coordination standards. The group discussed the following: • Does Care Navigator have the ability to analyze and report across the ACO or within health service areas (for example, shared care plan root causes)? Yes, and OneCare will be able to drill down within different parts of the tool. • How will this interface with PatientPing? Claims are updated monthly, but care team members can update diagnoses and other data more frequently to inform timely decision-making. • OneCare is just starting to explore what other assessments and fields could be captured, and thinking about whether data should be aggregated within this system or elsewhere. There will be an evaluation of this implementation that will include the SF-12 and other assessments. Heather Skeels suggested she and Sara connect on the PREPARE tool. Stephani Hartsfield suggested initial assessments/screening questions could seamlessly trigger additional assessments. This is a future possibility for using the branching logic	

Agenda Item	Discussion	Next Steps
	within Care Navigator. Care Navigator does include some initial pediatric assessment tools as requested by focus groups. • Can patients opt out of the Care Navigator system? Sara responded that patients can opt out of data sharing with the ACO entirely. For patients that don't entirely opt out, the first step is care team onboarding; the next step is to engage patients to receive and review information, to give access to some components to key members of their care teams (whether providers, social service organizations, or family members/friends/caregivers). Patients cannot opt out of providers using Care Navigator to discuss their care. OneCare is exploring how best to engage patients in this tool. • Can minors limit what information their parents can see under HIPAA rules? Not yet sure. Working with colleagues at UVMMC to learn more about concerns specific to pediatric populations. Other systems and areas of the country that are rolling out this software or similar software are also sharing challenges and lessons learned. • How is OneCare learning from the Integrated Communities Care Management Learning Collaborative? Starting slowly with just a few patients in a few communities, learning slowly and ramping up from there. A population-level focus going forward – will eventually be looking at a proportion of patients, rather than a count per community. Not yet setting long-term targets, will need to get an initial sense of scope. Prioritizing flexibility and customization within communities, learning from Learning Collaborative experience and care teams.	
5. Public Comment, Next Steps, Wrap-Up, and Future Meeting Schedules	There was no additional comment. **Next Meeting:** Wednesday, July 20, 2016, 9:00-11:00am, Ash Conference Room (2nd floor above main entrance), Waterbury State Office Complex, 280 State Drive, Waterbury. August meeting is cancelled.	

VHCIP Health Data Infrastructure Work Group Member List

No Quorum

Minutes June 22, 2016

Member		Member Alternate			
First Name	Last Name	First Name	Last Name		Organization
Susan	Aranoff ✓	~~Gabe~~	~~Epstein~~		AHS - DAIL
		Nancy	Marinelli		AHS - DAIL
Joel	Benware	Dennis	Boucher		Northwestern Medical Center
		Jodi	Frei		Northwestern Medical Center
		Chris	Giroux		Northwestern Medical Center
Peggy	Brozicevic	Eileen	Underwood ✓		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	Angela	Smith-Dieng		V4A
		Mike	Hall		Champlain Valley Area Agency on Aging / COVE
Leah	Fullem ✓	Sara	Barry ✓		OneCare Vermont
Michael	Gagnon ✓	Kristina	Choquette		Vermont Information Technology Leaders
Ken	Gingras				Vermont Care Partners
Eileen	Girling	MaryKate	Mohlman		AHS - DVHA
Jennifer	Eglehoff ✓				
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 ✓	Trinka	Kerr		VLA/Health Care Advocate Project
Kelly	Lange	James	Mauro		Blue Cross Blue Shield of Vermont

VHCIP Health Data Infrastructure Work Group Member List

Member		Member Alternate			
First Name	Last Name	First Name	Last Name		Organization
Kim	McClellan	Randy	Connelly		DA - Northwest Counseling and Support Services
		Chris	Kelly		
Arsi	Namdar ✓				Central Vermont Home Health and Hospice
Brian	Otley ✓				Green Mountain Power
Kate	Pierce ✓				North Country Hospital
Darin	Prail	Diane	Cummings		AHS - Central Office
Simone	Rueschemeyer ✓				Vermont Care Network
Julia	Shaw	Lila	Richardson		VLA/Health Care Advocate Project
Heather	Skeels ✓	Kate	Simmons		Bi-State Primary Care
~~Richard~~	~~Slusky~~	Roger	Tubby ✓		GMCB
Chris	Smith	~~Lou~~	~~McLaren~~		MVP Health Care
Russ	Stratton				VCP - HowardCenter for Mental Health
	28		23		

12
13 14

	Meeting Name:	VHCIP HDI Work Group Meeting	
	Date of Meeting:	June 22, 2016	
	First Name	Last Name	
1	Susan	Aranoff	phone
2	Joanne	Arey	
3	Ena	Backus	
4	Susan	Barrett	
5	Jed	Batchelder	
6	Joel	Benware	
7	Richard	Boes	
8	Brian	Borowski	
9	Dennis	Boucher	
10	Jonathan	Bowley	
11	Jon	Brown	
12	Peggy	Brozicevic	
13	Martha	Buck	
14	Shelia	Burnham	
15	Wendy	Campbell	
16	Narath	Carlile	
17	Kristina	Choquette	
18	Peter	Cobb	
19	Randy	Connelly	
20	Amy	Cooper	
21	Alicia	Cooper	
22	Steven	Cummings	
23	Diane	Cummings	
24	Becky-Jo	Cyr	
25	Mike	DelTrecco	
26	Molly	Dugan	
27	Chris	Dussault	
28	Jennifer	Egelhof	here
29	Nick	Emlen	
30	Gabe	~~Epstein~~	
31	Karl	Finison	
32	Kim	Fitzgerald	
33	Erin	Flynn	here
34	Paul	Forlenza	

35	Jodi	Frei	
36	Leah	Fullem	phone
37	Michael	Gagnon	here
38	Daniel	Galdenzi	
39	Joyce	Gallimore	
40	Lucie	Garand	
41	Christine	Geiler	here
42	Ken	Gingras	
43	Eileen	Girling	
44	Chris	Giroux	
45	Stuart	Graves	
46	Dale	Hackett	phone
47	Mike	Hall	
48	Emma	Harrigan	
49	Paul	Harrington	
50	Stefani	Hartsfield	
51	Kathleen	Hentcy	
52	Lucas	Herring	
53	Jay	Hughes	
54	Brian	Isham	
55	Craig	Jones	
56	Pat	Jones	
57	Joelle	Judge	here
58	Kevin	Kelley	
59	Chris	Kelly	
60	Trinka	Kerr	
61	Sarah	Kinsler	here
62	Kaili	Kuiper	here
63	Andrew	Laing	
64	Kelly	Lange	
65	Charlie	Leadbetter	
66	Carole	Magoffin	
67	Georgia	Maheras	here
68	Nancy	Marinelli	
69	James	Mauro	
70	Kim	McClellan	
71	Lou	McLaren	

72	MaryKate	Mohlman	
73	Arsi	Namdar	Phone
74	Mark	Nunlist	
75	Miki	Olszewski	
76	Brian	Otley	here
77	Annie	Paumgarten	here
78	Kate	Pierce	Phone
79	Luann	Poirer	
80	Darin	Prail	
81	David	Regan	
82	Paul	Reiss	
83	Lila	Richardson	
84	Simone	Rueschemeyer	here
85	Tawnya	Safer	
86	Larry	Sandage	here
87	Suzanne	Santarcangelo	
88	Julia	Shaw	
89	Kate	Simmons	
90	Heather	Skeels	here
91	Richard	~~Slusky~~	
92	Chris	Smith	
93	Angela	Smith-Dieng	
94	Holly	Stone	
95	Russ	Stratton	
96	Richard	Terricciano	
97	Julie	Tessler	
98	Bob	Thorn	
99	Tela	Torrey	
100	Matt	Tryhorne	
101	Roger	Tubby	phone
102	Win	Turner	
103	Eileen	Underwood	here
104	Beth	Waldman	
105	Julie	Wasserman	
106	Richard	Wasserman, MD, MPH	
107	Ben	Watts	here
108	David	Wennberg	

109	Kendall	West	
110	James	Westrich	here
111	Bradley	Wilhelm	
112	Gary	Zigmann	

Steve Kappel

Julia Sanders

Attachment 4: Connectivity Criteria

HEALTH INFORMATION EXCHANGE CONNECTIVITY CRITERIA PROPOSAL

Larry Sandage

July 20, 2016

Project Background

- Intent: *From 2016 HDI Workplan* – Discuss connectivity targets for 2016-2019 and make a recommendation to the Steering Committee and Core Team.

- During review, expanded projections to 5, 7, and 10 year outlook.

- The proposed criteria are targets and are not intended as milestones or requirements.

Statements & Assumptions

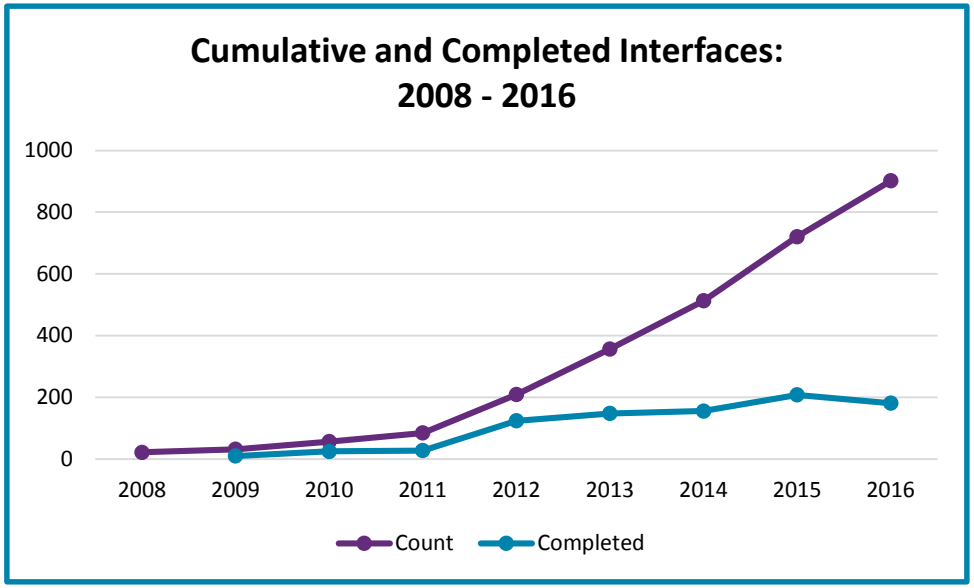
- All information for this proposal is based off of the "Health Care Organization Connectivity Report", submitted to the State by Vermont Information Technology Leaders (VITL) on July 13, 2016.
  - This report provided a comprehensive overview of VITL's progress to data in connecting providers to the VHIE.

Statements & Assumptions (Cont'd.)

- Proposed criteria is based on the following premises:
  - Certain provider sites will only require certain types of interfaces
  - For estimating purposes, each provider site requiring a type of interface will have only a maximum of one interface per type calculated.
  - The report provided by VITL provided a denominator for most provider types. Once a target reaches the denominator, the criteria goal will be assumed to have been met.
- All estimates are contingent on willing provider participation, resource, vendor capability, and funding.

Methodology

- Analysis begins by understanding what has been accomplished to date through the VITL Connectivity Report:



Date	Count	Completed
2008	22	
2009	32	10
2010	57	25
2011	85	28
2012	209	124
2013	357	148
2014	513	156
2015	721	208
2016	902	181

- Based on this progress, it is reasonable to assume that progress will continue at approximately the same rate until a critical mass is reached.

Methodology (Cont'd)

- The Connectivity Report provides in-depth information on the number and types of connections per provider types as well as a helpful estimate of the total number of providers for a given provider type. This proposal will focus on five provider types as a sample. These five provider types were chosen as a representative sample of some of the considerations with forecasting these criteria:

Live Interfaces per Site for five provider specialties

(Source: VITL 2016 Provider Connectivity Report)

Provider Type	BP-ADT	BP-Clin	CCD	ADT	IZ	MDM	ORD-Lab	RES-Lab	RES-Rad	RES-Trans	Total Live	Sites Live	Total Sites
Behavioral Health/Psych.								40	37	37	114	32	111
Family Practice	9	9	32	75	68	3	8	73	43	35	355	97	137
Nursing Home								1	1	1	3	1	77
Pediatrics			11	17	18		1	9	3	3	62	23	38
Specialty					10		5	21	11	11	58	23	154
Totals	**9**	**9**	**43**	**92**	**96**	**3**	**14**	**144**	**95**	**87**	**592**	**176**	**517**

Methodology (Cont'd)

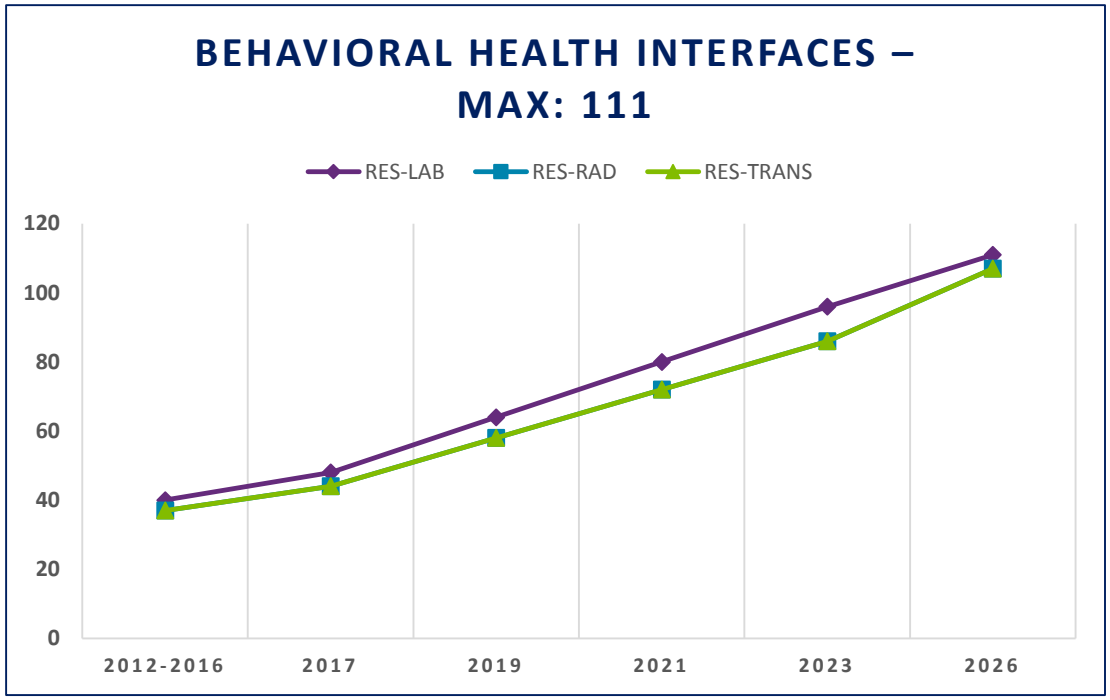
- As the criteria are developed, certain considerations must be made:
  - Type of provider
  - Technical and financial resource
  - Need (For instance, a Behavioral Health site may never need an Immunization interface)
  - Some types of providers may never have a need to connect (For instance, Eye Care)
  - Vendor capability

- Basic methodology for a given provider type:
  1. Average the progress with that provider type for a given interface type over the past five years
  2. Using those averages, project the connectivity targets for the next ten years.
  3. In many cases, new interfaces will not be possible or needed for a provider type. In these cases, focus increased effort on other provider types.

- Very Basic Example:
  - Provider Type X has had 40 ADT interfaces established over the past five years. In five years, an expected additional 40 would be established. However, there are only 60 Provider Type X sites, so within 3 years, resource for this provider type would be re-assigned to other provider types.

Proposed Criteria – Behavioral Health

Behavioral Health Interfaces - Max: 111							
Date	CCD	ADT	IZ	ORD-LAB	RES-LAB	RES-RAD	RES-TRANS
2012-2016	0	0	0	0	40	37	37
5 Year Avg.	0	0	0	0	8	7	7
2017	0	0	0	0	48	44	44
2019	0	0	0	0	64	58	58
2021	0	0	0	0	80	72	72
2023	0	0	0	0	96	86	86
2026	0	0	0	0	111	107	107

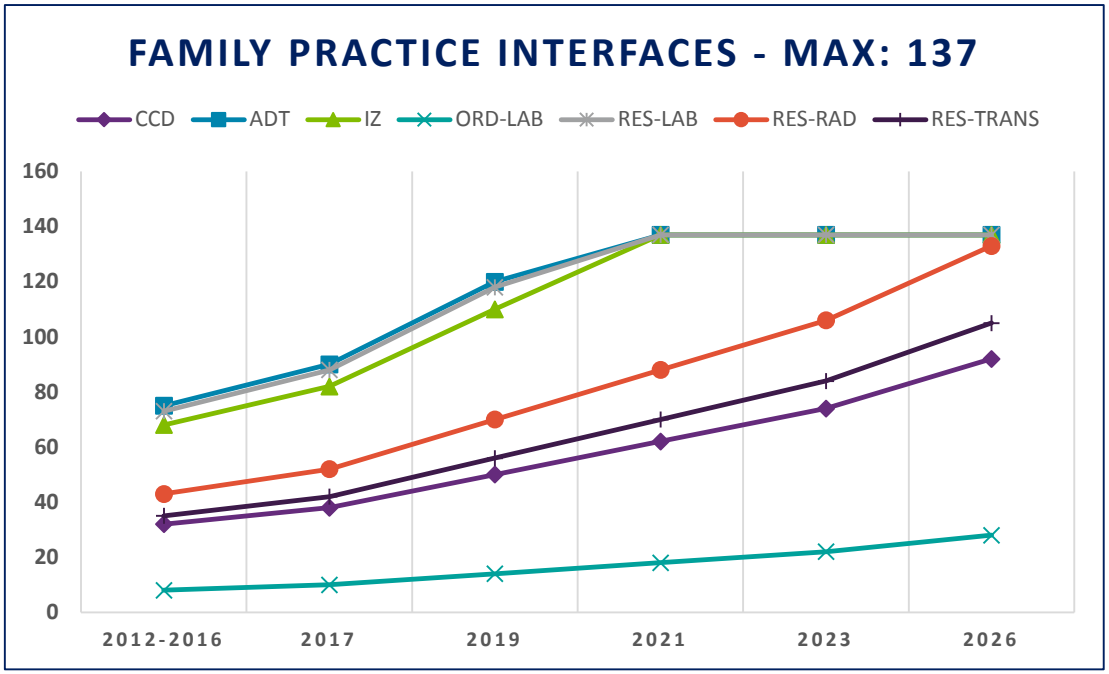


Behavioral Health Interface Notes:

- Results – Lab Interfaces will likely reach their maximum implementation within the 10 year time-frame.
- Results – Radiology and Results – Transcriptions will likely reach maximum implementation as well.

Proposed Criteria – Family Practice

Family Practice Interfaces - Max: 137							
Date	CCD	ADT	IZ	ORD-LAB	RES-LAB	RES-RAD	RES-TRANS
2012-2016	32	75	68	8	73	43	35
5 Year Avg.	6	15	14	2	15	9	7
2017	38	90	82	10	88	52	42
2019	50	120	110	14	118	70	56
2021	62	137	137	18	137	88	70
2023	74	137	137	22	137	106	84
2026	92	137	137	28	137	133	105

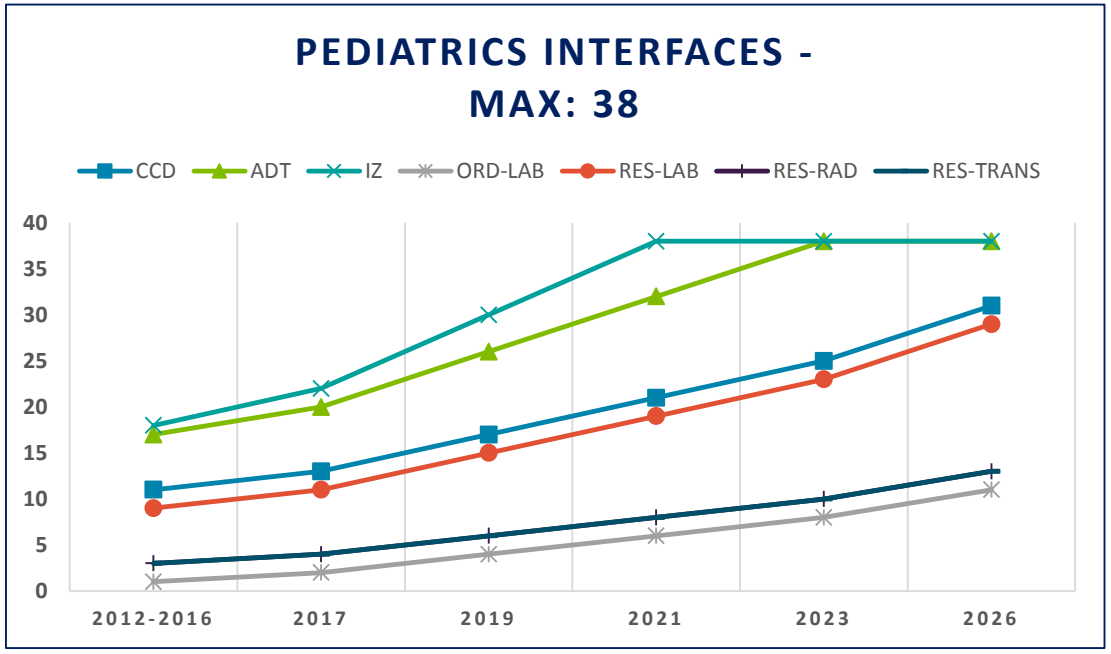


Family Practice Interface Notes:

- ADI, Immunization, and Results-Lab Interfaces will likely reach their maximum implementation within a 5 year time-frame.

Proposed Criteria – Pediatrics

Pediatrics Interfaces - Max: 38							
Date	CCD	ADT	IZ	ORD-LAB	RES-LAB	RES-RAD	RES-TRANS
2012-2016	11	17	18	1	9	3	3
5 Year Avg.	2	3	4	0	2	1	1
2017	13	20	22	2	11	4	4
2019	17	26	30	4	15	6	6
2021	21	32	38	6	19	8	8
2023	25	38	38	8	23	10	10
2026	31	38	38	11	29	13	13

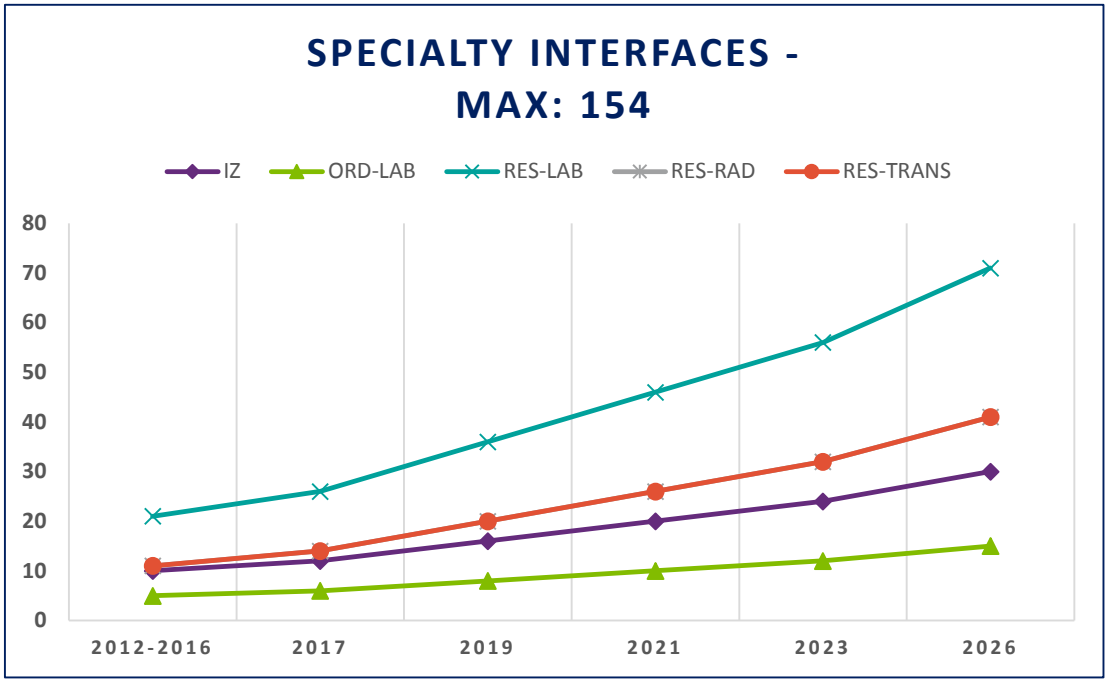


Pediatrics Interface Notes:

- ADT and Immunization Interfaces will likely reach their maximum implementation within a 5-7 year time-frame.

Proposed Criteria – Specialty

Specialty Interfaces - Max: 154							
Date	CCD	ADT	IZ	ORD-LAB	RES-LAB	RES-RAD	RES-TRANS
2012-2016			10	5	21	11	11
5 Year Avg.	0	0	2	1	5	3	3
2017	0	0	12	6	26	14	14
2019	0	0	16	8	36	20	20
2021	0	0	20	10	46	26	26
2023	0	0	24	12	56	32	32
2026	0	0	30	15	71	41	41

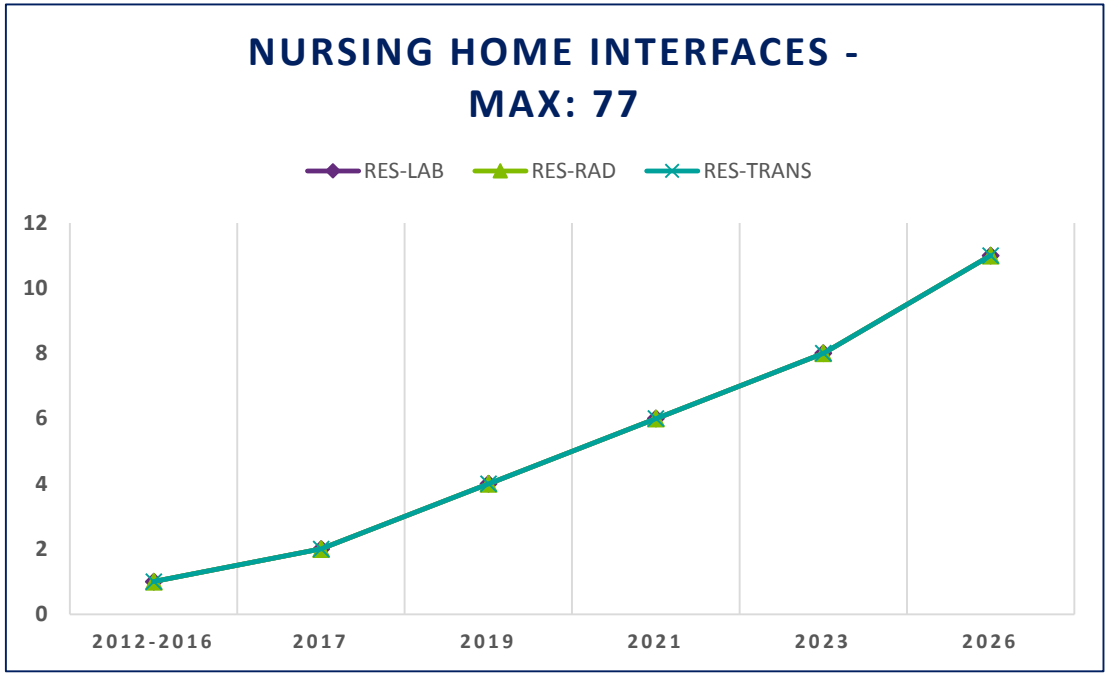


Specialty Interface Notes:

- Provider Types
  - Neurology
  - General Surgery
  - Orthopedic and Sports Medicine
  - Cardiology
  - Post Acute
  - Pathology
  - Urology
  - Oncology
  - Others

Proposed Criteria – Nursing Home

Nursing Home Interfaces - Max: 77							
Date	CCD	ADT	IZ	ORD-LAB	RES-LAB	RES-RAD	RES-TRANS
2012-2016	0	0	0	0	1	1	1
5 Year Avg.	0	0	0	0	1	1	1
2017	0	0	0	0	2	2	2
2019	0	0	0	0	4	4	4
2021	0	0	0	0	6	6	6
2023	0	0	0	0	8	8	8
2026	0	0	0	0	11	11	11



Nursing Home Interface Notes:

- Difficult to estimate.
- Difficult to on-board.
- Some do not have an EHR.
- Only connected Nursing Home is The Manor.

Next Steps

- HDI Project team will develop these criteria for all provider types and review with HDI Workgroup for recommendation to the Steering Committee and Core Team.
- Comments and feedback are welcome throughout the process.

Questions?

Attachment 5: DLTSS Data Gap Remediation Project

DISABILITY AND LONG TERM SERVICES AND SUPPORTS DATA GAP REMEDIATION PROJECT: NEXT STEPS - Connection of Home Health Agencies

Susan Aranoff, Esq.

Larry Sandage

Holly Stone

July 20, 2016

Project Background

- Goal: to increase the Health Information Technology capacity of Vermont's Disability and Long Term Services and Supports (DLTSS) Providers and other "non-meaningful use providers"

- Objective: Home Health Agencies and Area Agencies on Aging establish connections to VHIE to implement the Next Generation Medicare Shared Savings Program, and comply with the IMPACT Act.

Project Overview

- The VHCIP allocated nearly $800,000 of SIM funds to connect the remaining HHAs and, when possible, AAAs to the VHIE.
- These Funds must be spent between 2/15/16-12/31/16.
- VITL is carrying out the project in 3 phases.

Project Overview

- Implement VITLAccess for Home Health Agencies including Bayada.
  - VITLAccess is a provider portal that allows access to health care providers to patient care information from other entities.

- Develop Interfaces from Home Health Agencies' EHRs to the VHIE .
  - An interface is the "connector" that allows information to flow from a provider's electronic health record system to the Vermont Health Information Exchange (VHIE).

In Summary:

- **Allow the information to flow and be shared**
- **Provide access to the client's health record**

Phased Approach

- For VITLAccess, Home Health agencies will be implemented in groups.
  - Phase One – February 15, 2016 to June 30, 2016
  - Phases Two and Three – July 1, 2016 to December 31, 2016
- For Interfaces:
  - Initial Discovery phase to determine vendor capability:
    - Total of 12 agencies using 5 different EHRs.
    - Phase One
  - Development by organization (based on Discovery):
    - Goal is to remediate a minimum of 50% of the number of needed Interfaces.
    - Phases Two and Three

VITLAccess Implementation

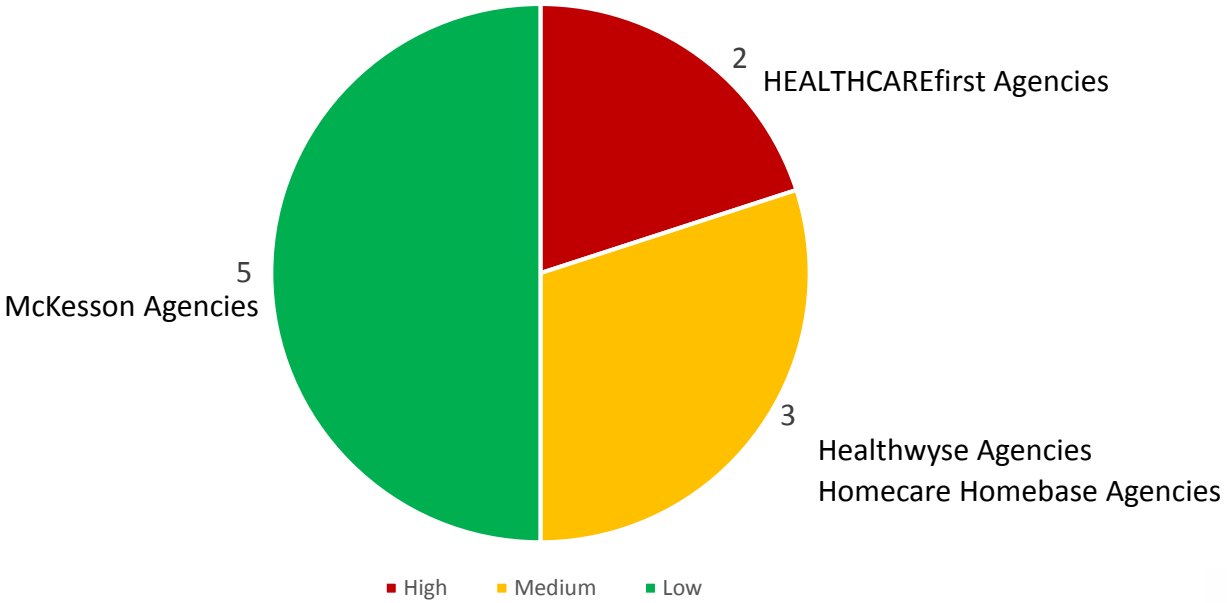
- Profile: Introductory meeting and role definition.
  - Client Organization Executive Leadership attendance
- Enroll: User designation and technical set up of users.
  - Client Organization Clinical Leadership involvement
- Launch: Training and Go-Live
  - Client Organization Clinical Leadership and staff

VITLAccess Implementation Phases

Phases	Agencies	Est. Users
1	Visiting Nurse Association of Chittenden & Grand Isle Counties (including the VT Respite House)	100
	Addison County Home Health & Hospice	40
	Bayada Home Health Care	140
	Lamoille Home Health & Hospice	25
	Total Users	**305**
2	Central Vermont Home Health & Hospice	50
	Visiting Nurse and Hospice for Vermont & New Hampshire	60
	Rutland Area Visiting Nurse Association & Hospice	60
	Total Users	**170**
3	Bennington Area Visiting Nurse Association & Hospice	25
	Caledonia Home Health Care & Hospice	30
	Franklin County Home Health Agency	40
	Manchester Health Services	10
	Orleans, Essex VNA & Hospice	20
	Total Users	**125**
	Total users all 3 phases	***600***

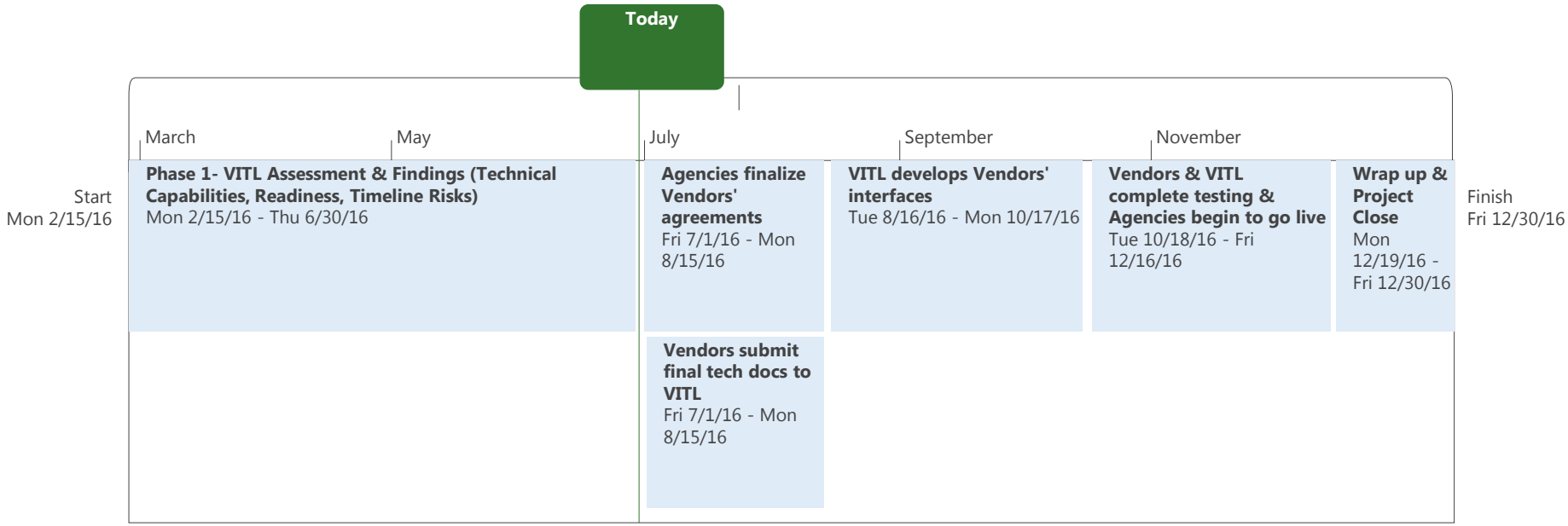
Interfaces: Phase 1 VITL Findings

- All Home Health EHR vendors vary in interoperability and interface implementation cost.
- Proceed with 9/10 agencies (completing at least 8 by end of year)*
- Agency project completion risk assessment based on current technical capability, readiness, and timeline constraints



*Allscripts' Agency is live; Addison Co Home Health & Hospice is selecting new vendor

High Level Phase 2 & 3 Timeline



Next Steps

- Monthly project status calls begin July 21
- Agency commitment to timeline (see above)
- Communications & agency scheduling with project contacts:
  - Jennifer Starling jstarling@vitl.net
  - Holly Stone holly.stone@partner.Vermont.gov
  - Susan Aranoff Susan.Aranoff@vermont.gov
  - Kristina Choquette kchoquette@vitl.net
  - Larry Sandage Larry.Sandage@partner.vermont.gov