

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

### Pending Work Group Approval

**Date of meeting:** Wednesday, July 20, 2016, 9:00am-11:00am, Ash Conference Room, Waterbury State Office Complex, 280 State Drive, Waterbury.

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Introductions; Minutes Approval</b>	<p>Simone Rueschemeyer called the meeting to order at 9:05am. A roll call attendance was taken and a quorum was present.</p> <p><i>May and June Meeting Minutes:</i> Nancy Marinelli noted that a sentence in the June meeting minutes is incomplete. Nancy Marinelli moved to approve the May and June meeting minutes by exception. The minutes were approved with four abstentions (Heather Skeels – May; Peggy Brozicevic – June; Randy Connelly – May and June).</p>	
<b>2. Project Updates</b>	<p>Sarah Kinsler provided project updates:</p> <ul style="list-style-type: none"> <li>• Our Performance Period 3 budget and activities were approved by our federal partners in late June. Performance Period 3 runs from July 1, 2016-June 30, 2017.</li> </ul>	
<b>3. Brief Sustainability Update</b>	<p>Sarah Kinsler provided a brief update on SIM Sustainability planning:</p> <ul style="list-style-type: none"> <li>• A contractor, Myers &amp; Stauffer, came on board in July to support our SIM sustainability planning, including convening this sub-group and gathering stakeholder input.</li> <li>• In August, we'll be convening a sub-group of private sector stakeholders to inform our SIM sustainability planning process. This group will pull from all of our SIM work groups and key constituencies. Interested parties should email Sarah (<a href="mailto:sarah.kinsler@vermont.gov">sarah.kinsler@vermont.gov</a>) or Georgia Maheras (<a href="mailto:georgia.maheras@vermont.gov">georgia.maheras@vermont.gov</a>) to volunteer.</li> <li>• Myers &amp; Stauffer will distribute a quick online survey to all SIM participants in early August to assess sustainability priorities.</li> </ul>	
<b>4. Connectivity Targets</b>	<p>Larry Sandage presented a proposal for Health Information Exchange Connectivity Criteria for Vermont (Attachment 4).</p> <ul style="list-style-type: none"> <li>• This proposal presents a methodology for identifying VHIE connectivity targets. The aim for this meeting is to validate this methodology.</li> </ul>	

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	<p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• Dale Hackett asked for an explanation of one-way vs. two-way connections. Larry clarified that some providers share information into the VHIE, while others gather information from the provider portal.</li> <li>• Brian Isham asked whether we’ve defined “connectivity” for the purpose of this project. Larry replied that his broad definition is that the EHR vendor has to be able to pass usable, meaningful, formatted information to the VHIE for use at the point of care and/or for population-level analyses.</li> <li>• Heather Skeels asked Larry to clarify a previous comment that there is currently minimal need to connect eye care providers. Larry replied that the vast majority of eye care providers don’t have the technical ability to connect or the resources to connect. Heather noted that this means that diabetic eye exam measures will be hard to meet. Jennifer Egelhof added that optometrists are becoming more advanced. Larry noted that the State encourages all providers to connect to the VHIE, but it takes significant resources and the State needs to be able to make a case for return on investment.</li> <li>• On Slide 5, “Count” is the cumulative number of connections. In some cases, this represents more than one connection per connected provider; there are about 300 providers connected to the VHIE now. Kate Pierce noted that there will eventually be a saturation point.</li> <li>• Heather Skeels commented that she’s seeing many providers switching EHRs, which requires VITL to redo existing connections, and asked how these are counted. Larry replied that we refer to these reconnections as “replacement interfaces” – either when providers switch EHRs, or when EHRs are very significantly updated. This constitutes 30-40% of VITL’s work annually. Slide 5 includes replacement interfaces; Slides 6 and forward include new interfaces only as replacement interfaces are challenging to estimate with the data available. On Slide 5, 902 is the count of existing interfaces, which may include replacement interfaces.</li> <li>• Kate Pierce asked whether these include both inbound and outbound interfaces. Larry replied that it does.</li> <li>• Dale Hackett asked about the cost of replacement interfaces, noting this is a significant amount of work. Larry agreed, and noted he would add estimated replacement interfaces to connectivity criteria going forward.</li> <li>• Brian Isham commented that it would be helpful to see VHIE utilization side-by-side with growth of interfaces to help tell this story. Larry replied that VITL’s annual report includes data on the number of messages exchanged annually, which is in the tens of millions. Brian suggested that including the trend here would demonstrate ROI. Brian Otley agreed and suggested this drill down to specialty/message type to show which connections are most valuable. Georgia Maheras added that we expect to have some of this data in the next few months and more in the next fiscal year.</li> <li>• Slide 8 – Kate Pierce asked whether this is relevant to sending data to the VHIE or receiving data from the VHIE. Larry clarified that this is about receiving data from the VHIE.</li> <li>• Dale Hackett noted that information can be entering the VHIE to support quality measurement, but not necessarily be supporting improvements at the point of care. Larry replied that this is out of the scope of</li> </ul>	

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	<p>this work, but that producing the CCD interfaces discussed on Slide 9 will mean significant progress in this area. The quality of the data the State and VITL receive is a different issue.</p> <ul style="list-style-type: none"> <li>• Leah Fullem noted that projects from 2019 forward for Nursing Homes and Specialty Care is 0 for CCDs, with a lot of interfaces for vaccinations and similar. She commented that clinical summaries are what we need most for these providers, and asked whether estimates are based on current connection types rather than additional data types. Larry thanked Leah for this comment noted that putting future emphasis on CCD interfaces, especially for new provider types, is a good goal for the State as we set targets. Nancy Marinelli added that ADT is a critical data type for LTSS providers; we should look at ROI and what different data types actually do for Vermonters and providers.</li> <li>• Larry encouraged work group members to share additional comments, specific use cases, and priorities with him or others on the HDI Work Group team.</li> <li>• Simone Rueschemeyer suggested noting that these are movable numbers – TBD for some data types after 2017, for example, instead of 0.</li> <li>• Kate Pierce noted that Slide 11 indicates no CCD interfaces for Specialty, but North Country is sending neurology and other specialty information from its practices. Larry suggested this information is categorized elsewhere. Georgia suggested that individuals should follow up with Larry with information like this.</li> </ul>	
<p><b>5. Home Health Agency VITLAccess Rollout and Interface Build</b></p>	<p>Larry Sandage, Susan Aranoff, and Holly Stone provided an update on the Home Health Agency VITLAccess rollout and interface build (Attachment 5).</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• Susan Aranoff commented that Simone Rueschemeyer was critical in making this work successful, as was Peter Cobb (who retired on June 30), Holly Stone (the SIM project manager on this project), and Arsi Namdar.</li> </ul>	
<p><b>6. Public Comment, Next Steps, Wrap-Up, and Future Meeting Schedules</b></p>	<p>Paul Forlenza noted that the VHITP was presented to the Green Mountain Care Board earlier this spring, and has been discussed by that group a number of times. He asked about next steps for the Plan. Georgia Maheras replied that the Board’s plate is very full in the summer; we have provided all information requested, but it’s not clear when or how they will take the plan back up again. For those interested in progress, the Green Mountain Care Board publishes detailed agendas every Wednesday; we will also provide subsequent updates to this group as we have them.</p> <p><b>August meeting is cancelled.</b></p> <p><b>Next Meeting:</b> Wednesday, September 21, 2016, 9:00-11:00am, Ash Conference Room (2<sup>nd</sup> floor above main entrance), Waterbury State Office Complex, 280 State Drive, Waterbury.</p>	

# VHCIP Health Data Infrastructure Work Group Member List

*May Nancy 10*  
*June Devin 20*

20-Jul-16

Member		Member Alternate		Minutes	
First Name	Last Name	First Name	Last Name		Organization
Susan	Aranoff ✓	Gabe	Epstein ✓	AHS	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 Hospital
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 ✓				OneCare Vermont
Michael	Gagnon	Kristina	Choquette		Vermont Information Technology Leaders
Ken	Gingras				Vermont Care Partners
Eileen	Girling ✓	MaryKate	Mohlman		AHS - DVHA
Dale	Hackett ✓	Jennifer	Eglehoff ✓		Consumer Representative
Emma	Harrigan	Kathleen	Hentcy ✓		AHS - DMH
		Brian	Isham ✓		AHS - DMH
Paul	Harrington ✓				Vermont Medical Society
Stefani	Hartsfield ✓	Molly	Dugan		Cathedral Square
		Kim	Fitzgerald	Cathedral Square and SASH Program	
Kaili	Kuiper			VLA/Health Care Advocate Project	
Kelly	Lange	James	Mauro	Blue Cross Blue Shield of Vermont	

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20-Jul-16

Member		Member Alternate		Minutes		
First Name	Last Name	First Name	Last Name			Organization
Kim	McClellan	Randy	Connelly ✓	A	X	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	A		Bi-State Primary Care
Roger	Tubby ✓					GMCB
Chris	Smith ✓					MVP Health Care
Russ	Stratton					VCP - HowardCenter for Mental Health
	28		20			

Q ✓

	Meeting Name:	VHCIP HDI Work Group Meeting	
	Date of Meeting:	July 20, 2016	
	First Name	Last Name	
1	Susan	Aranoff	None
2	Joanne	Arey	
3	Ena	Backus	
4	Susan	Barrett	
5	Jed	Batchelder	
6	Joel	Benware	
7	Richard	Boes	
8	Dennis	Boucher	
9	Jonathan	Bowley	
10	Jon	Brown	
11	Peggy	Brozicevic	None
12	Martha	Buck	
13	Shelia	Burnham	None
14	Wendy	Campbell	
15	Narath	Carlile	
16	Kristina	Choquette	
17	Peter	Cobb	
18	Randy	Connelly	None
19	Amy	Cooper	
20	Alicia	Cooper	
21	Steven	Cummings	
22	Diane	Cummings	
23	Becky-Jo	Cyr	
24	Mike	DelTrecco	

25	Molly	Dugan	
26	Chris	Dussault	phone
27	Jennifer	Egelhof	here
28	Nick	Emlen	
29	Karl	Finison	
30	Klm	Fitzgerald	
31	Erin	Flynn	here
32	Paul	Forlenza	phone
33	Jodi	Frei	
34	Leah	Fuller	phone
35	Michael	Gagnon	
36	Daniel	Galdenzi	
37	Lucie	Garand	
38	Christine	Geiler	
39	Ken	Gingras	
40	Eileen	Girling	
41	Chris	Giroux	
42	Stuart	Graves	
43	Dale	Hackett	
44	Mike	Hall	
45	Emma	Harrigan	
46	Paul	Harrington	phone
47	Stefani	Hartsfield	
48	Kathleen	Hentcy	
49	Lucas	Herring	
50	Jay	Hughes	
51	Brian	Isham	phone



52	Craig	Jones	
53	Pat	Jones	
54	Joelle	Judge	here
55	Kevin	Kelley	
56	Chris	Kelly	
57	Sarah	Kinsler	here
58	Kaili	Kuiper	
59	Andrew	Laing	
60	Kelly	Lange	
61	Charlie	Leadbetter	
62	Carole	Magoffin	
63	Georgia	Maheras	phone
64	Nancy	Marinelli	here
65	James	Mauro	
66	Kim	McClellan	
67	MaryKate	Mohlman	
68	Arsi	Namdar	
69	Mark	Nunlist	
70	Miki	Olszewski	
71	Brian	Otley	here
72	Kate	Pierce	phone
73	Luann	Poirer	
74	Darin	Prail	here
75	David	Regan	
76	Paul	Reiss	
77	Lila	Richardson	
78	Simone	Rueschemeyer	here



79	Tawnya	Safer	
80	Larry	Sandage	here
81	Suzanne	Santarcangelo	
82	Julia	Shaw	phone
83	Kate	Simmons	
84	Heather	Skeels	phone
85	Chris	Smith	phone
86	Holly	Stone	here
87	Russ	Stratton	
88	Richard	Terricciano	
89	Julie	Tessler	
90	Bob	Thorn	
91	Tela	Torrey	
92	Matt	Tryhorne	
93	Roger	Tubby	phone
94	Win	Turner	
95	Eileen	Underwood	phone
96	Beth	Waldman	
97	Julie	Wasserman	
98	Richard	Wasserman, MD, MPH	
99	Ben	Watts	here
100	David	Wennberg	
101	Kendall	West	
102	James	Westrich	here

Julie Corwin - DHA