

**VT Health Care Innovation Project  
Core Team Meeting Agenda**

**September 21, 2016 2:00pm-3:30pm**  
**4<sup>th</sup> Floor Conference Room, 109 State Street, Montpelier**  
**Call-In Number: 1-877-273-4202; Passcode: 8155970**

Item #	Time Frame	Topic	Presenter	Relevant Attachments
1	2:00-2:10	Welcome and Chair's Report a. Sustainability Planning	Lawrence Miller	<i>Update.</i> Attachment 1: Sustainability Update from Myers and Stauffer
<b>Core Team Processes and Procedures:</b>				
2	2:10-2:15	Approval of meeting minutes	Lawrence Miller	Attachment 2: August 8, 2016 meeting minutes. <i>Decision needed.</i>
<b>Core Team Updates:</b>				
3	2:15-2:25	Financial Update: Budget to Actuals	Georgia Maheras and Diane Cummings	Attachment 3: All Performance Periods Budget to Actuals <i>Update.</i>
<b>Financial Decisions:</b>				
4	2:25-2:55	Financial Request: a. Additional Funds: <ul style="list-style-type: none"> <li>• Wakely Actuarial: \$250,000</li> <li>• Vermont Development Disabilities Council: \$11,844</li> </ul> b. New Request: <ul style="list-style-type: none"> <li>• VITL: Terminology Services Phase 2: \$148,400</li> </ul>	Georgia Maheras	Attachment 4a: Financial Request Attachment 4b: Terminology Services Handout <i>Decision needed</i>

5	2:55-3:05	<i>Public Comment</i>	Lawrence Miller	
6	3:05-3:10	Next Steps, Wrap-Up and Future Meeting Schedule: October 10, 2016 from 1pm-3pm, location TBD	Lawrence Miller	

Attachment 1 -  
Sustainability Update  
from Myers and Stauffer

**State of Vermont State Innovation Model (SIM)  
Development of Final Sustainability Plan  
Myers and Stauffer LC Monthly Progress Report to Vermont SIM Core Team**

**Progress Summary- July and August 2016**

Myers and Stauffer LC (MSLC) has been contracted by the State of Vermont to assist in developing a Sustainability Plan for the Vermont State Innovation Model (SIM) Testing Grant. Our contract began on July 1, 2016. One of our responsibilities as the Sustainability Plan contractor, is to provide monthly updates the State's SIM Core Team. Below you will find a summary of work performed in July and August for the assigned deliverables as well as dates when key future deliverables are due.

**Kick-Off Meeting**

On July 11, MSLC staff held our first call with the state to discuss the contract including upcoming deliverables. MSLC staff and state staff agreed to hold an on-site kick-off meeting on August 1. During the kick-off meeting, the MSLC team met with staff from the Green Mountain Care Board, Department of Vermont Health Access and Agency of Administration. These were productive meetings in which the workplan was reviewed and project milestones were discussed.

**Work Plan**

The work plan for this project was due on 07/31/2016 and submitted to the state on July 29, 2016. The work plan contains four areas of focus: Project Management, Research and Analysis, Stakeholder Engagement and the SIM Sustainability Plan. Additionally, the workplan contains a risk log which documents identified risks that can occur at any time during the timeframe of a project. Myers and Stauffer and Vermont will discuss likelihood of risk occurrence and severity level of the risk during the course of the project. Myers and Stauffer will work with Vermont on the creation of risk mitigation strategies and risk contingency plans as required.

**Survey Tool**

MSLC deployed an on-line survey via SurveyMonkey on 08/01/2016. The link to the survey is: <https://www.surveymonkey.com/r/6QLCNWG>. The purpose of the survey was to solicit input from a broad base of stakeholders on the sustainability of the projects the Work Groups have worked diligently to develop to improve the health of Vermont's population. The survey consists of eight questions with respondents having the ability to complete the survey anonymously. During August, we had 44 surveys completed. Currently, this survey remains open for additional stakeholder input. We received helpful information from the initial respondents which was summarized and sent to the state on 8/25/2016.

**Key Informant Interviews**

MSLC completed 10 key informant interviews during August. Six of these 10 interviews were conducted in-person during the first week of August, while the remaining four were telephone interviews. Two interviews remain and are scheduled to be completed in September. These interviews did not occur in August due to scheduling conflicts. Additionally, MSLC met with Jon Snow Inc. (JSI), the Evaluation contractor for the State, to gain an understanding of their role as the SIM Evaluator and benefit from their insight on the project. MSLC and JSI have agreed to continue to meet to share findings and provide updates on our respective deliverables.

### **Research**

MSLC conducted a significant amount of research during July-August to gain an understanding of the Vermont SIM project and the goals achieved. Documentation reviewed included, but has not been limited to: operational plans, quarterly progress reports, Core Team, Steering Committee, workgroup proceedings, findings from Self-Evaluation and Monitoring/Evaluation activities. This research has provided us with valuable data from the implementation of the projects to their current status. Our research continues to be on-going and will be defined by the project needs.

### **Sustainability Sub-Group Meeting**

The first August Sustainability Sub-Group meeting will occur on September 2, 2016. This meeting will be chaired by Lawrence Miller with a diverse group of members who have worked on the SIM initiative. Myers and Stauffer will develop the agenda and materials required for the meeting, conduct meetings in collaboration with the State and take minutes and distribute to the State's Sustainability Work Group and Core Team members no later than 5 business days after the conclusion of the meeting. The topic will be Payment Reform and Model Implementation. The second September Sub-Group meeting is scheduled for September 13, 2016 where the topic will be Practice Transformation. We will report on these meetings in next month's update. Additional Sub-Group meetings will occur in October and November.

### **Future Deliverables**

#### **Sustainability Plan Outline**

The draft outline's due date is September 15, 2016. MSLC has worked diligently on the outline over the past month and will not have an issue meeting this deadline. We are encouraged with the information we have collected and interviews we have had that the outline will be a detailed preview to the Sustainability Plan. After the outline is submitted to the state we will incorporate state feedback and that feedback will shape the sustainability plan.

#### **Template to Incorporate Implementation Plans into Sustainability Plans**

A template that incorporates implementation plans from individual projects into the Sustainability Plan is due on October 31, 2016. MSLC has begun early conversations with the state on this deliverable which has supported our internal strategic planning for this deliverable. An initial draft template is currently under development.

#### **First Draft of the Sustainability Plan**

MSLC will deliver the first draft of the SIM Sustainability Plan which will include preliminary recommendations for the general governance, communication, and evaluation structure following the SIM transition on or by November 15, 2016. The draft will include individual project sustainability plan drafts as well. MSLC will begin work on drafting the Plan after the outline is complete.

**Second Draft of the Sustainability Plan**

MSLC will deliver the second draft of the SIM Sustainability Plan on or by March 31, 2017. The draft will be based on feedback on the first draft from the SIM Core Team and Sustainability Work Group.

**Final Version of Sustainability Plan**

MSLC will deliver the final version of the SIM Sustainability Plan on or by June 15, 2017.

Attachment 2 -  
8-08-16 CT Meeting  
Minutes

## **Vermont Health Care Innovation Project Core Team Meeting Minutes**

### **Pending Core Team Approval**

**Date of meeting:** Monday, August 8, 2016, 1:00-3:00pm, 4<sup>th</sup> Floor Conference Room, 109 State Street, Montpelier.

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Chair's Report</b>	<p>Lawrence Miller called the meeting to order at 1:02pm. A roll-call attendance was taken and a quorum was present.</p> <p><i>Chair's Report:</i> Lawrence Miller provided an update on the SIM sustainability. The contractor, Myers and Stauffer, has started work and the stakeholder group will be convened at the end of the month or early September. Lawrence extended appreciation to Paul and Steve for their participation in this group. Lawrence also welcomed three new SIM staff: Kate O'Neill (Program Evaluator at the GMCB); Julie Corwin (Sr. Policy Analyst at DVHA); and Jess Moore (Workforce data analyst at VDH).</p>	
<b>2. Approval of Meeting Minutes</b>	<p>Paul Bengtson moved to approve the June 13<sup>th</sup> meeting minutes. Robin Lunge seconded. A roll call vote was taken and the motion carried unanimously.</p>	
<b>3. Core Team Update: Financial Update- Performance Period 2 Carryover</b>	<p>Georgia Maheras provided an overview of the pending Carryover request for Performance Period 2. This will be submitted to CMMI at the end of the week (please see Attachment 2 for more detail on the request).</p> <p>Paul Bengtson asked if we were overspending or underspending. Georgia responded that we underspent slightly, approximately \$300,000 in Performance Period 1, and are on track to meet budget projections for Performance Period 2 as long as the Carryover is approved. Georgia noted that the Performance Period 3 actuals are in line with the budget previously approved and there is an amount allocated for Sustainability that the Core Team needs to define in early Fall.</p> <p>Hal Cohen asked if there is the opportunity for a no-cost extension. Georgia responded that there is a planned no-cost extension to support close-out activities like financial true-ups and evaluation between July 1, 2017- October 31, 2017. Lawrence added that the specific no-cost extension relates to the budget and actuals incurred against that budget.</p>	



Agenda Item	Discussion	Next Steps
<b>4. Financial Decisions</b>	<p>Georgia provided a brief financial update requesting \$30,000 in additional resources for the Burns &amp; Associates contract. The need for additional resources is because we have asked the contractor to do some additional analyses that were not expected.</p> <p>Paul asked what specifically we are doing. Georgia said that they are doing an additional set of Medicaid Pathway analyses and additional project management for the All-Payer Model. The request originated at DVHA.</p> <p>Monica Hutt asked if the Medicaid Pathway work was still focused on the DAs. Georgia replied yes.</p> <p>Paul moved to approve. This was seconded by Steve Voigt. All members voted in favor except for Steven Costantino who abstained from this discussion.</p>	
<b>5. Public Comment</b>	<p>Paul commented that he is not clear on where all of the information we are gathering will get us and perhaps it will all be part of sustainability. Lawrence responded that this is the heart of the sustainability exercise and for example, there is a lot of discussion that will occur around the best place(s) for the technical infrastructure moving forward. There is a role in this for government and the private sector and covers numerous state agencies including DFR, AHS, and the GMCB.</p> <p>On a final note, Georgia reminded the Core Team of the evaluation and sustainability interviews that are ongoing and asked Core Team members to alert her if they have any concerns with the sequencing of these.</p>	
<b>6. Next Steps, Wrap Up and Future Meeting Schedule</b>	<b>Next Meeting:</b> Monday, September 12, 2016, 1:00-3:00pm, 4 <sup>th</sup> Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.	

# VHCIP Core Team Member List

Roll Call:

8/8/2016

Member		June Minutes	Burns Proposal	Organization
First Name	Last Name			
Paul	Bengston ✓	✓	✓	Northeastern Vermont Regional Hospital
Hal	Cohen ✓	✓	✓	AHS -CO
Steven	Costantino ✓	✓	✓	AHS - DVHA
Al	Gobeille ✓	✓	✓	GMCB
Monica	Hutt ✓	✓	✓	AHS - DAIL
Robin	Lunge ✓	✓	✓	AOA - Director of Health Care Reform
Lawrence	Miller ✓	✓	✓	AOA - Chief of Health Care Reform
Steve	Voigt ✓	✓	✓	ReThink Health

1<sup>o</sup> Paul  
2<sup>o</sup> Robin  
1<sup>o</sup> Paul  
2<sup>o</sup> Stovel

# VHCIP Core Team Participant List

**Attendance:** **8/8/2016**

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

First Name	Last Name	Organization
Susan	Aranoff	AHS - DAIL
Ena	Backus	GMCB
Susan	Barrett	GMCB
Paul	Bengston	Northeastern Vermont Regional Hospital
Beverly	Boget	VNAs of Vermont
Harry	Chen	AHS - VDH
Hal	Cohen	AHS-CO
Amy	Coonradt	AHS - DVHA
Alicia	Cooper	AHS - DVHA
Steven	Costantino	AHS - DVHA, Commissioner
Mark	Craig	
Diane	Cummings	AHS - Central Office
John	Evans	VITL
Jaime	Fisher	GMCB

*assigned here*

*Cummings*

Erin	Flynn		AHS - DVHA	
Lucie	Garand		Downs Rachlin Martin PLLC	
Christine	Geiler		GMCB	
Martita	Giard		OneCare Vermont	
Al	Gobeille	<i>ab / re</i>	GMCB	
Sarah	Gregorek		AHS - DVHA	
Mike	Hall		V4A	
Carrie	Hathaway		AHS - DVHA	
Selina	Hickman		AHS - Central Office	
Monica	Hutt	<i>MCB</i>	AHS - DAIL	
Kate	Jones		AHS - DVHA	
Pat	Jones		GMCB	
Joelle	Judge		UMASS	
Sarah	Kinsler		AHS - DVHA	
Heidi	Klein		AHS - VDH	
Leah	Korce		AHS - DVHA	
Kelly	Lange		Blue Cross Blue Shield of Vermont	
Robin	Lunge	<i>MCB</i>	AOA	
Carole	Magoffin	<i>MCB</i>	AHS - DVHA	
Georgia	Maheras	<i>MCB</i>	AOA	
Lawrence	Miller		AOA - Chief of Health Care Reform	
Meg	O'Donnell		UVM Medical Center	
Kate	O'Neill		GMCB	
Luann	Poirer		AHS - DVHA	
Frank	Reed		AHS - DMH	
Lila	Richardson		VLA/Health Care Advocate Project	
Larry	Sandage		AHS - DVHA	
Suzanne	Santarcangelo		PHPG	
Julia	Shaw	<i>phone</i>	VLA/Health Care Advocate Project	
Kate	Simmons		Bi-State Primary Care	
Holly	Stone		UMASS	
Steve	Voigt		ReThink Health	
Julie	Wasserman	<i>here</i>	AHS - Central Office	

*Kate*  
*Karen*  
*Carole*

*O'Neill*  
*Signor*  
*Magoffin*

*here*  
*here*  
*phone*  
*phone*

Kendall	West		Bi-State Primary Care
James	Westrich		AHS - DVHA
Katie	Whitney		AHS - Central Office
Jason	Williams		UVM Medical Center
Sharon	Winn		Bi-State Primary Care



Attachment 3 - Budget to  
Actuals PP1-PP3

---

# Budget to Actuals: PP1-PP3

September 12, 2016

Georgia Maheras, JD

Project Director

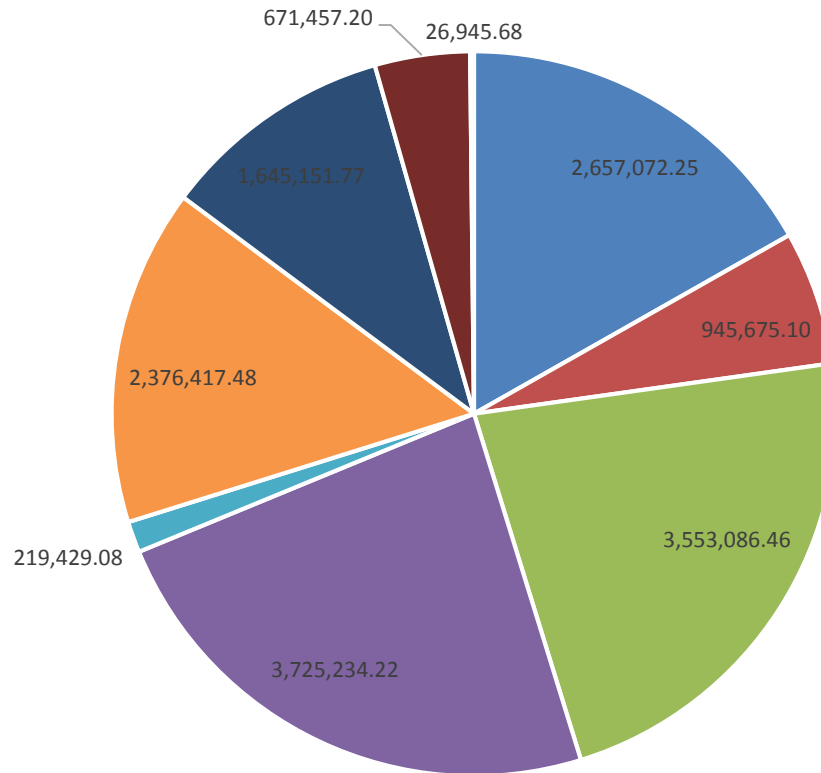


# PP1: Actuals (period is closed out)

Vermont Health Care Innovation Project				
Year 1 Budget				
October 1, 2013 - December 31, 2015				
BUDGET CATEGORY	BUDGET-YEAR 1	FINAL EXPENSES	CONTRACTUAL OBLIGATIONS (less paid & unpaid invoices)	REMAINING UNOBLIGATED BALANCE
Personnel/Benefits	\$ 2,657,072.25	\$ 2,657,072.25	\$ -	\$ -
Operating (includes Indirect)	\$ 945,675.10	\$ 945,675.10	\$ -	\$ 0.00
Contractual:				
HEALTH DATA INFRASTRUCTURE-TOTAL	\$ 3,631,455.14	\$ 3,553,086.46	\$ 78,368.68	
PAYMENT MODELS-TOTAL	\$ 3,898,088.35	\$ 3,725,234.22	\$ 172,854.13	
CARE MODELS-TOTAL	\$ 242,754.13	\$ 219,429.08	\$ 23,325.05	
CARE MODELS-SUB GRANT PROGRAM-TOTAL	\$ 2,385,707.27	\$ 2,376,417.48	\$ 9,289.79	
EVALUATION-TOTAL	\$ 1,656,538.42	\$ 1,645,151.77	\$ 11,386.65	
GENERAL-TOTAL	\$ 680,068.17	\$ 671,457.20	\$ 8,610.97	
CMMI Required: Population Health Plan-TOTAL	\$ 26,945.68	\$ 26,945.68	\$ -	
Contractual Total	\$ 12,521,557.16	\$ 12,217,721.89	\$ 303,835.27	\$ 0.00
<b>TOTAL YEAR 1 BUDGET</b>	<b>\$ 16,124,304.51</b>	<b>\$ 15,820,469.24</b>	<b>\$ 303,835.27</b>	<b>\$ 0.00</b>

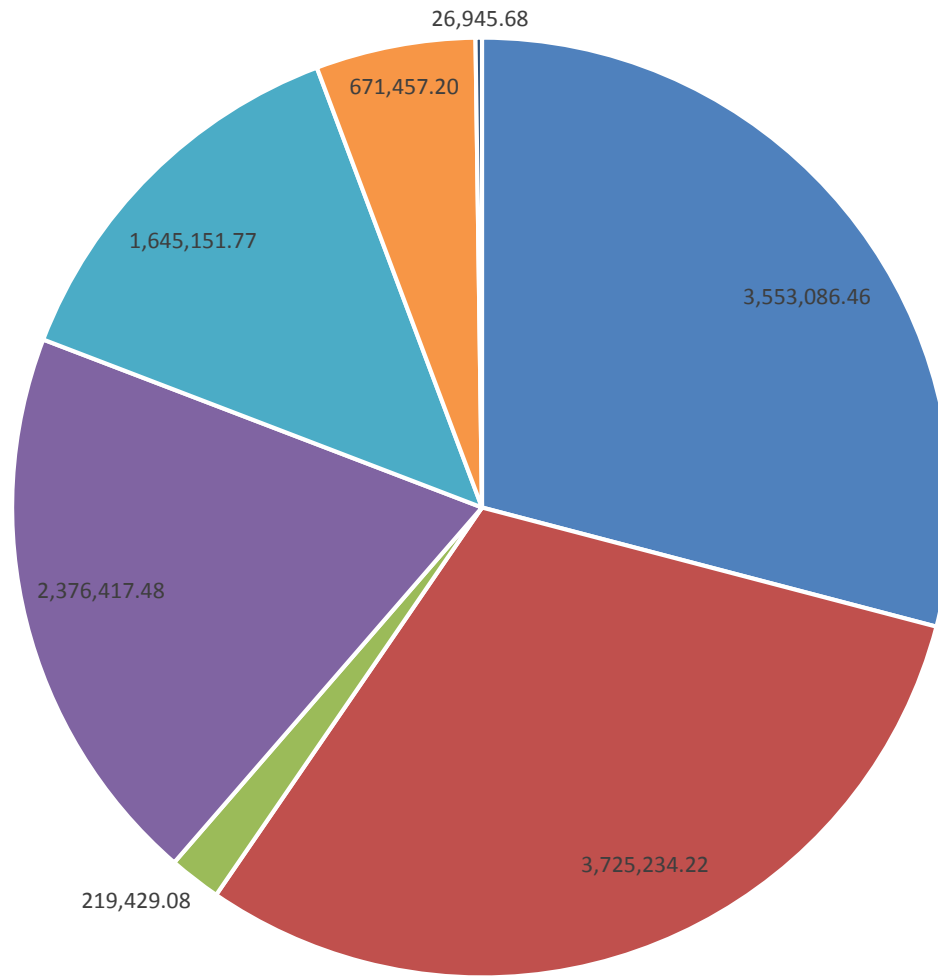
# PP1: All Actuals (period is closed out)

YEAR 1 FINAL EXPENSES



- Personnel/Benefits
- PAYMENT MODELS-TOTAL
- EVALUATION-TOTAL
- Operating (includes Indirect)
- CARE MODELS-TOTAL
- GENERAL-TOTAL
- HEALTH DATA INFRASTRUCTURE-TOTAL
- CARE MODELS-SUB GRANT PROGRAM-TOTAL
- CMMI Required: Population Health Plan-TOTAL

# PP1: Contract Actuals (period is closed out)



- HEALTH DATA INFRASTRUCTURE-TOTAL
- PAYMENT MODELS-TOTAL
- CARE MODELS-TOTAL
- CARE MODELS-SUB GRANT PROGRAM-TOTAL
- EVALUATION-TOTAL
- GENERAL-TOTAL
- CMMI Required: Population Health Plan-TOTAL

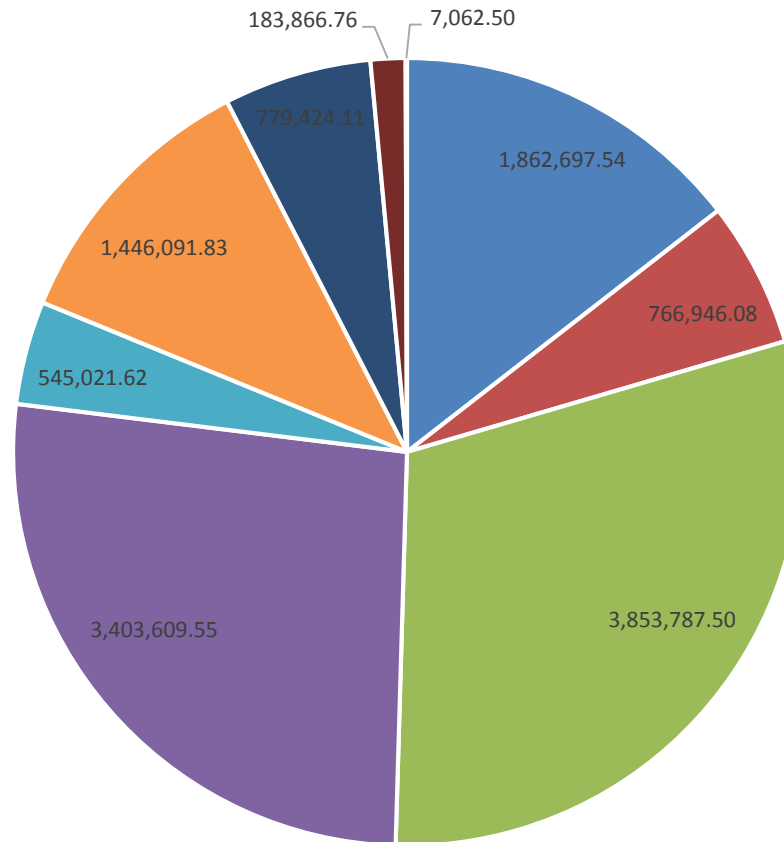


# PP2: Budget to Actuals

Year 2 Budget -CMS/CMMI Approved				
January 1, 2015 - June 30, 2016				
BUDGET CATEGORY	BUDGET-YEAR 2	ACTUALS and Unpaid Contract Invoices to 09/6/16	CONTRACTUAL OBLIGATIONS (less paid & unpaid invoices)	REMAINING UNOBLIGATED BALANCE
Personnel/Benefits	\$ 1,942,124.00	\$ 1,862,697.54		\$ 79,426.46
Operating (includes Indirect)	\$ 1,006,238.00	\$ 766,946.08		\$ 239,291.92
Contractual:				
HEALTH DATA INFRASTRUCTURE-TOTAL	\$ 5,306,212.50	\$ 3,853,787.50	\$ 1,452,425.00	
PAYMENT MODELS-TOTAL	\$ 4,473,695.35	\$ 3,403,609.55	\$ 1,070,085.81	
CARE MODELS-TOTAL	\$ 1,285,427.17	\$ 545,021.62	\$ 740,405.55	
CARE MODELS-SUB GRANT PROGRAM-TOTAL	\$ 2,303,637.23	\$ 1,446,091.83	\$ 857,545.40	
EVALUATION-TOTAL	\$ 961,096.50	\$ 779,424.11	\$ 181,672.39	
GENERAL-TOTAL	\$ 161,625.16	\$ 183,866.76	\$ (22,241.60)	
CMMI Required: Population Health Plan-TOTAL	\$ 7,000.00	\$ 7,062.50	\$ (62.50)	
Contractual Total	\$ 14,498,693.91	\$ 10,218,863.86	\$ 4,279,830.05	\$ -
<b>TOTAL YEAR 2 BUDGET</b>	<b>\$ 17,447,055.91</b>	<b>\$ 12,848,507.48</b>	<b>\$ 4,279,830.05</b>	<b>\$ 318,718.38</b>

# PP2: All Budget to Actuals

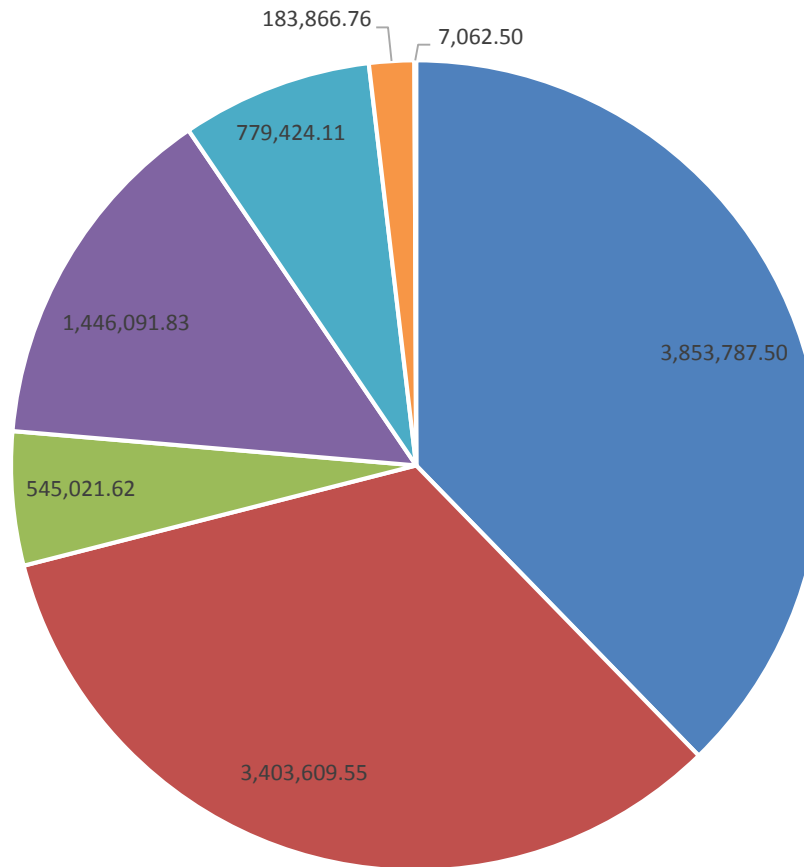
YEAR 2 Expenses to 09/06/2016



- Personnel/Benefits
- Operating (includes Indirect)
- HEALTH DATA INFRASTRUCTURE-TOTAL
- PAYMENT MODELS-TOTAL
- CARE MODELS-TOTAL
- CARE MODELS-SUB GRANT PROGRAM-TOTAL
- EVALUATION-TOTAL
- GENERAL-TOTAL
- CMMI Required: Population Health Plan-TOTAL

# PP2: Contracts Budget to Actuals

YEAR 2 CONTRACTUAL (to 9/6/16)



- HEALTH DATA INFRASTRUCTURE-TOTAL
- PAYMENT MODELS-TOTAL
- CARE MODELS-TOTAL
- CARE MODELS-SUB GRANT PROGRAM-TOTAL
- EVALUATION-TOTAL
- GENERAL-TOTAL
- CMMI Required: Population Health Plan-TOTAL

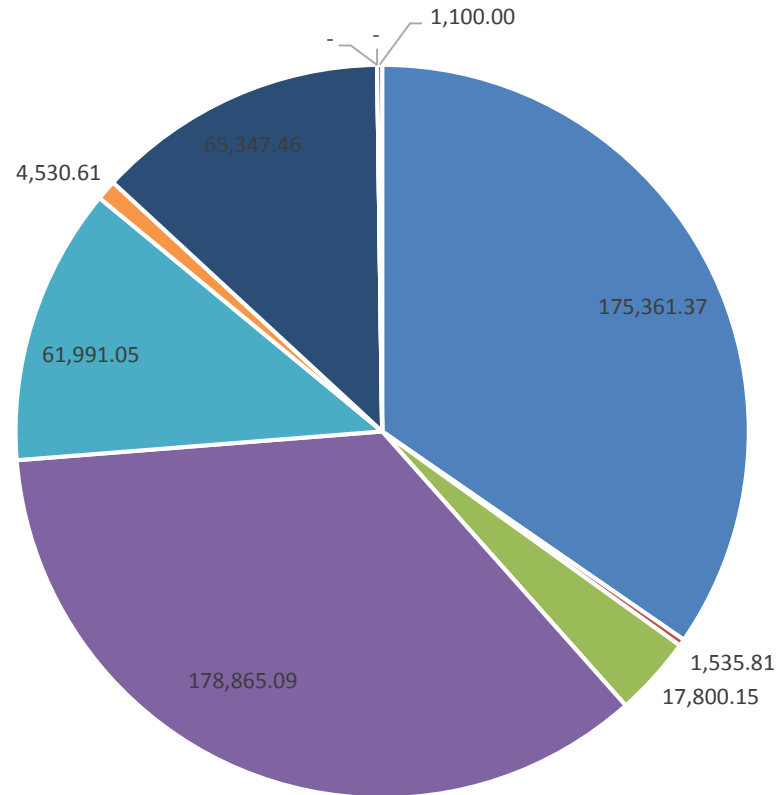


# PP3: Budget to Actuals

Year 3 Budget - CMS/CMMI Approved				
July 1, 2016 - June 30, 2017				
BUDGET CATEGORY	BUDGET-YEAR 3	ACTUALS and Unpaid Contract Invoices to 09/6/16	CONTRACTUAL OBLIGATIONS (less paid & unpaid invoices)	REMAINING UNOBLIGATED BALANCE
Personnel/Benefits	\$ 1,552,759.00	\$ 175,361.37		\$ 1,377,397.63
Operating (includes Indirect*except 9/30/16)	\$ 659,604.57	\$ 1,535.81		\$ 658,068.76
Contractual:				
HEALTH DATA INFRASTRUCTURE-TOTAL	\$ 2,117,124.00	\$ 17,800.15	\$ 2,099,323.85	
PAYMENT MODELS-TOTAL	\$ 2,980,439.05	\$ 178,865.09	\$ 2,801,573.96	
CARE MODELS-TOTAL	\$ 593,503.60	\$ 61,991.05	\$ 531,512.55	
CARE MODELS-SUB GRANT PROGRAM-TOTAL	\$ 47,238.00	\$ 4,530.61	\$ 42,707.39	
EVALUATION-TOTAL	\$ 1,450,543.71	\$ 65,347.46	\$ 1,385,196.25	
GENERAL-TOTAL	\$ 281,851.00	\$ -	\$ 281,851.00	
SUSTAINABILITY-TOTAL	\$ 1,715,056.65	\$ -	\$ 1,715,056.65	
CMMI Required: Population Health Plan-TOTAL	\$ 40,000.00	\$ 1,100.00	\$ 38,900.00	
Contractual Total	\$ 9,225,756.01	\$ 329,634.36	\$ 8,896,121.65	\$ -
<b>TOTAL YEAR 3 BUDGET</b>	<b>\$ 11,438,119.58</b>	<b>\$ 506,531.54</b>	<b>\$ 8,896,121.65</b>	<b>\$ 2,035,466.39</b>

# PP3: All Budget to Actuals

YEAR 3 Expenses to 09/06/2016



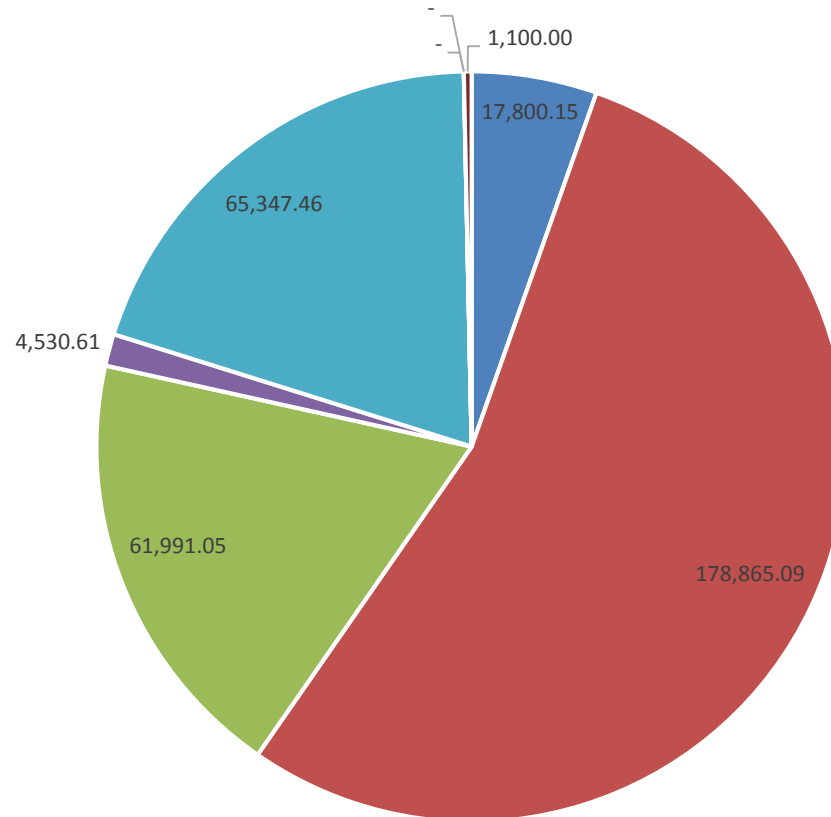
- Personnel/Benefits
- PAYOUT MODELS-TOTAL
- EVALUATION-TOTAL
- CMMI Required: Population Health Plan-TOTAL
- Operating (includes Indirect)
- CARE MODELS-TOTAL
- SUSTAINABILITY-TOTAL
- HEALTH DATA INFRASTRUCTURE-TOTAL
- CARE MODELS-SUB GRANT PROGRAM-TOTAL
- GENERAL-TOTAL





# PP3: Contracts Budget to Actuals

YEAR 3 CONTRACTUAL (to 9/6/16)



- HEALTH DATA INFRASTRUCTURE-TOTAL
- CARE MODELS-SUB GRANT PROGRAM-TOTAL
- GENERAL-TOTAL
- PAYMENT MODELS-TOTAL
- EVALUATION-TOTAL
- CMMI Required: Population Health Plan-TOTAL
- CARE MODELS-TOTAL
- SUSTAINABILITY-TOTAL





# Attachment 4a - Financial Proposal

---

# Financial Proposal

September 12, 2016

Georgia Maheras, JD

Project Director

# AGENDA

---

- Additional Funds:
  - Wakely Actuarial: \$250,000
  - Vermont Development Disabilities Council: \$11,844
- New Request:
  - VITL: Terminology Services Phase 2: \$148,400

# Additional Request: Wakely Actuarial

- **Background:** Existing contract to provide actuarial support for various VHCIP activities.
- **Rationale:** Increased work related to all-payer model.
  - Impact of enrollment redetermination process on the trend studies and base data.
  - Key tasks are: historic data calculations in total and ACO-specific assignment of risk scores; summary and detailed cost and utilization exhibits; CY2017 capitation estimates; review assumptions with GMCB actuary.
- **Amount requested:** \$250,000 (includes travel) increase
- **Budget Line Item:** Technical Assistance to Providers Implementing Payment Reform; All-Payer Model

## Additional Request: VT DDC

- **Background:** Existing contract to provide core competency training.
- **Rationale:** Increased work related to fourth cohort.
- **Amount requested:** \$11,844 increase
- **Budget Line Item:** Learning Collaboratives

# New Request: Terminology Services

- **Background:** Core Team previously approved phase 1.
- **Scope of Work:**
  - Expansion to additional data sets we can normalize in future phases (future budget request):
    - Procedures (CPT, SNOMED, HCPCS)
    - Diagnoses (ICD-9 & 10)
    - Problem Lists
    - Allergies
    - Radiology (RadLex)
    - Vaccines
    - Ethnicity, Race, Gender, Patient Types, Locations (IP, OP, Ambulatory)
- **Request:** \$148,400-- Funds VITL staff and a sub-contract.
- **Budget Line Item:** HIE Design and Testing



# Attachment 4b - Terminology Services



# Terminology Services Plan, Phase 2

## Understanding Data Quality

Most, if not all, computerized systems in use today by medical providers utilize non-standard terms and codes for describing lab tests, procedures, medications, problem lists, etc. In order to compare and analyze data across provider organizations these non-standard terms must be translated in order for other systems to understand them. VITL's terminology service will standardize terms so that population health management projects such as the Vermont Blueprint for Health and Accountable Care Organizations can be successful.

## Description of Terminology Services

VITL's terminology services will consist of two major components:

- 1) Software: A terminology engine to store VHIE clients' terminology code sets and provide translations from them to other code sets (national standards and other VHIE clients for analytical purposes).
- 2) Subject Matter Expertise: VITL's terminology vendor will provide subject matter experts to assist VITL's clients with the initial mapping of their terminologies to national and state standards as well as with ongoing updates.

## Terminology Costs

The request approved in January was \$135,900 for funds for the first 4 items below. At that time, we also described that to fully implement the technology we would need an additional \$148,400. Phase 1 was completed on time by June 30, 2016. This additional funding will allow us to implement data normalization for up to three terminology data sets for 5-7 organizations. Examples of the possible data sets are shown below. We will work with OneCare and the Blueprint to determine which data sets are most useful for their analysis.

Item	Costs
Hardware	\$12,900
Terminology Subscription	\$63,000
System Implementation	\$45,000
Staff Time for Implementation	\$15,000
<b>Phase 1</b>	<b>\$135,900</b>
Item	Costs
Translation Consulting	\$120,000
Staff Time for Term Mapping	\$28,400
<b>Phase 2</b>	<b>\$148,400</b>

- **Additional data sets we can normalize in future phases:**
  - Procedures (CPT, SNOMED, HCPCS)
  - Diagnoses (ICD-9 & 10)
  - Problem Lists
  - Allergies
  - Labs (LOINC)
  - Meds (RxNorm)
  - Radiology (RadLex)
  - Vaccines
  - Ethnicity, Race, Gender, Patient Types, Locations (IP, OP, Ambulatory)
  - Plus cross mapping between code sets (CPT – SNOMED, etc.)