



**Vermont Health Care Innovation Project  
Health Data Infrastructure Meeting Agenda**

**October 21, 2015, 9:00-10:30am**

*Pavilion Building, 4<sup>th</sup> Floor Conference Room, 109 State Street, Montpelier*

**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             | 9:00-9:15am       | Welcome and Introductions <ul style="list-style-type: none"> <li>• VHCIP Governance Changes</li> <li>• New Members</li> </ul> | Simone Rueschemeyer & Brian Otley   |  |                         |
| 2             | 9:15-9:20am       | Minutes Approval  | Simone Rueschemeyer & Brian Otley   | Attachment 2: Draft October 2, 2015, HIE/HIT Work Group Meeting Minutes          | Approval of Minutes     |
| 3             | 9:20-9:40am       | Review Health Data Infrastructure Workplan for Remainder of Year 2  | Simone Rueschemeyer & Larry Sandage | Attachment 3: Health Data Infrastructure Year 2 Work Group Workplan (as of 10/8) |                         |
| 4             | 9:40-10:05am      | VITL-ACO Gap Remediation Presentation   | John Evans                          | Attachment 4: ACO  | Vote on Gap Remediation |
| 5             | 10:05-10:20am     | VITL-VCN Gap Remediation Presentation   | John Evans                          | Attachment 5: VCN  | Vote on Gap Remediation |
| 7             | 10:20-10:25am     | Public Comment  | Simone Rueschemeyer & Brian Otley   |  |                         |
| 8             | 10:25-10:30am     | Next Steps, Wrap-Up and Future Meeting Schedule   | Simone Rueschemeyer & Brian Otley   | Next Meeting: Wednesday, November 18, 2015, 1:00-3:00pm, Williston               |                         |

Attachment 2: Draft October 2,  
2015, HIE/HIT Work Group  
Meeting Minutes

## **Vermont Health Care Innovation Project HIE/HIT Work Group Meeting Minutes**

### **Pending Work Group Approval**

**Date of meeting:** Friday, October 2, 2015, 11:00am-1:00pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.

| Agenda Item   | Discussion  | Next Steps |
|---|---|------------|
| <b>1. Welcome and Introductions</b>                       | Simone Rueschemeyer called the meeting to order at 11:02am. A roll call attendance was taken and a quorum was present.  |            |
| <b>2. Review and Acceptance of August Meeting Minutes</b> | Simone Rueschemeyer entertained a motion to approve the August meeting minutes. Ken Gingras moved to approve the minutes by exception. Mike Gagnon seconded. The minutes were approved with two abstentions.  |            |
| <b>3. VHCIP Reorganization</b>                            | <p>Georgia Maheras discussed the VHCIP Reorganization.</p> <ul style="list-style-type: none"> <li>• The Core Team voted to move forward with project reorganization at their August meeting. We have begun the transition by crafting new, combined workplans for each new work group, as well as soliciting membership for the new groups from current members. Workplans and participant list for new work groups are being reviewed by staff and co-chairs. The Core Team will receive these at their next meeting, in October. Project leadership is working hard to ensure full integration of the members and workplans of the Population Health and DLSS Work Groups.</li> <li>• This is the last meeting of this group as the HIE/HIT Work Group – the group will transition to the Health Data Infrastructure Work Group for its October 21<sup>st</sup> meeting.</li> <li>• The Core Team will also review and vote on draft Year 3 milestones in October, which will help us build Year 3 workplans. We hope to have a draft Year 3 workplan for every group in December for review.</li> <li>• Please reach out to Georgia with comments, questions, or concerns about the transition to the new governance structure.</li> </ul> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• Mike Gagnon asked whether we have a plan for completing the remaining deliverables. Georgia responded that our Year 2 Milestones remain mostly unchanged. Our 2016 milestones are up for discussion at the Core</li> </ul> |            |

| Agenda Item   | Discussion  | Next Steps |
|---|---|------------|
|   | <p>Team in October – but current drafts build on previous commitments and discussions, without any brand new projects. The reorganization realigns our governance with our milestones. Mike noted that our initial workplan included some items we haven't addressed yet, and asked what this group's role will be in proposing new projects and keeping up to date on existing projects. Georgia commented that sustainability of existing projects will be a big conversation project-wide in 2016. For projects that were overly ambitious or less well-defined in Vermont's initial application, we're revising milestones to ensure our goals are realistic for our remaining time period. Simone added that as we plan work group agendas, the Work Group's leadership team references the workplan to ensure we're not letting</p>   |            |
| <p><b>4. Brief Project Updates: Telehealth, SCÜP, DLSS Technical Assessment, Data Inventory</b></p> | <p><i>Telehealth (Sarah Kinsler):</i> RFP for telehealth pilots was released on September 18<sup>th</sup>; bid period closes on September 23<sup>rd</sup>. Total amount available is just over \$1 million; will fund one or more pilots. Bid review team is assembled.</p> <p><i>SCÜP (Larry Sandage):</i> Technical requirements are gathered. Project team is talking with solution providers in the coming weeks, including VITL, MMIS Care Management, and others. Technical proposal is about 50% complete; project is on track for early November.</p> <p><i>LTSS Assessment Report (Sarah Kinsler):</i> Draft report under review by SOV, is nearly complete. Hope to send to Georgia next week for finalization.</p> <p><i>Data Inventory (Sarah Kinsler):</i> Project re-launched in August. Contractor is working to complete second phase inventory of prioritized data sources and is developing findings and recommendations for final report.</p>  |            |
| <p><b>5. VITL/ACO Gap Remediation Status Update</b></p>   | <p>Kristina Choquette and Mike Gagnon presented on VITL's ACO Gap Remediation work. (Attachment 5)</p> <ul style="list-style-type: none"> <li>• Some vendors are more challenging to connect with than others – eClinicalWorks, for example. VITL is having increased success connecting with a few major vendors, including EPIC, and improving quality of information. ONC is also increasing scrutiny of vendors that are particularly hard to work with or engaging in information blocking (or price gauging) to push them to participate.</li> <li>• Data quality improvement “sprints” are decreasing the amount of missing data, but the VHIE is also normalizing data within HIE workflow – terminology services are critical for this and support downstream analytics.</li> <li>• ACO data is only part of total VHIE data.</li> <li>• Still need to improve: identity matching (may add Master Patient Index in addition to Medicity).</li> <li>• VITL has exceeded 2015 goals for the total number of organizations connected, though it has not yet met goals around the number of beneficiaries with data flowing. Connecting a few large organizations (UVMCC) with whose systems VITL has had challenges would significantly increase the number of beneficiaries with data flowing; also, organizations subject to 42 CFR Part 2.</li> <li>• ACO Gateways: Good progress toward CHAC gateway.</li> <li>• Increased transmission of Continuity of Care Documents (CCDs) significantly compared to 2014.</li> </ul> |            |

| Agenda Item  | Discussion   | Next Steps |
|--|--|------------|
|  | <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• Heather Skeels suggested leveraging the UCCs to support this work at the community and practice level. Kristina responded that VITL is working with the Blueprint to maximize opportunities to connect with providers and emphasize the benefits of participation in sprints.</li> </ul>  |            |
| <p><b>6. Vermont Health Information Technology Plan (VHITP) Briefing</b></p> | <p>Richard Terriciano and Mosaica Partners (Laura Kolkman) presented on the Vermont Health Information Technology Plan (VHITP) project. (Attachment 6)</p> <ul style="list-style-type: none"> <li>• VHITP provides direction for future HIT investments.</li> <li>• Significant stakeholder involvement: Project steering committee includes many HIE/HIT Work Group members; broader stakeholder group also provided input into plan visioning sessions. (Transparent and inclusive process is a key principle of VHITP.)</li> <li>• Interim project findings: Developed through visioning sessions, stakeholder interviews, and other stakeholder feedback mechanisms. Four areas of findings: health care; health information technology; connectivity/VITL; other.</li> <li>• Project status: Stakeholder input gathered (forums, interviews, surveys), with initial opportunities planned. Stakeholders will also have opportunities to review the draft plan before it is finalized.</li> </ul> <p>The group discussed the following:</p> <ul style="list-style-type: none"> <li>• The plan covers 3-5 years and will be updated annually, though some elements may not be complete at the end of 3-5 years. Laura noted that the plan needs a place to live to ensure it is updated and continues to be relevant. The plan is currently the statutory responsibility of the Agency of Administration, which has delegated this to responsibility to DVHA – the Green Mountain Care Board will have increasing involvement going forward. Mosaica will recommend a continued public-private advisory group going forward.</li> <li>• Mike Gagnon asked whether State systems like MMIS are included in the plan. Laura responded that the plan isn't specific to State projects – it highlights how systems work together.</li> <li>• The short timeline for the plan means initiatives will need to be prioritized. Laura responded that there is a process for prioritizing projects and initiatives based on stakeholder input, State priorities, and lessons from other states.</li> </ul> |            |
| <p><b>7. Public Comment</b></p>  | <p>There was no additional public comment.</p>   |            |
| <p><b>8. Next Steps, Wrap-Up, and Future Meeting Schedules</b></p>           | <p><b>Next Meeting:</b> Thursday, October 21, 2015, 9:00-11:00, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier.</p>  |            |

Ken Gingras 1<sup>o</sup>  
 Mike Gagnon 2<sup>o</sup>  
 - Motion to approve by exception  
 - Mtn carried - 2 abstentions

VHCIP HIE Work Group Member List

Roll Call: 10/2/2015

| Member     |                | Member Alternate |           | Minutes     | Telehealth | SCUP Request   |
|------------|----------------|------------------|-----------|-------------|------------|--|
| First Name | Last Name      | First Name       | Last Name |             |            | Organization   |
| Susan      | Aranoff ✓      | Tela             | Torrey    | joined late |            | AHS - DAIL   |
| Joel       | Benware        |                  |           |             |            | Northwestern Medical Center                                      |
| Richard    | Boes           |                  |           |             |            | DII  |
| Jonathan   | Bowley         |                  |           |             |            | Community Health Center of Burlington                            |
| Shelia     | Burnham        |                  |           |             |            | Vermont Health Care Association                                  |
| Mike       | DeiTrecco      |                  |           |             |            | Vermont Association of Hospital and Health Systems               |
| Ken        | Gingras ✓      | Julie            | Tessler   |             |            | Vermont Care Network   |
| Leah       | Fullem ✓       | Greg             | Robinson  |             |            | OneCare Vermont  |
| Michael    | Gagnon ✓       | Kristina         | Choquette |             |            | Vermont Information Technology Leaders                           |
| Daniel     | Galdenzi       | Kelly            | Lange     |             |            | Blue Cross Blue Shield of Vermont                                |
| Joyce      | Gallimore ✓    | Kate             | Simmons   | A           |            | CHAC   |
| Emma       | Harrigan ✓     | Kathleen         | Hentcy    |             |            | AHS - DMH  |
| Paul       | Harrington ✓   |                  |           |             |            | Vermont Medical Society  |
| 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      | Prail          | Dan              | Smith     |             |            | AHS - Central Office   |
| Amy        | Putnam         |                  |           |             |            | DA - Northwest Counseling and Support Services                   |
| Paul       | Reiss          |                  |           |             |            | Accountable Care Coalition of the Green Mountains                |
| Sandy      | Rousse ✓       | Peter            | Cobb      |             |            | Central Vermont Home Health and Hospice                          |
| Simone     | Rueschemeyer ✓ | Ken              | Gingras   |             |            | Vermont Care Network   |
| Heather    | Skeels ✓       | Kate             | Simmons   |             |            | Bi-State Primary Care  |
| Richard    | Slusky ✓       | Pat Kelly        | Jones     | Marked      | A          | GMCB   |
| Chris      | Smith ✓        | Lou              | McLaren   |             |            | MVP Health Care  |
| Eileen     | Underwood ✓    |                  |           |             |            | AHS - VDH  |
|            | 28             |                  | 16        |             |            |  |

#15 Q ✓

# VHCIP HIE Work Group Participant List

Attendance:

10/2/2015

|    |                        |
|----|------------------------|
| 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   | here | GMCB   | X    |
| Joel       | Benware   |      | Northwestern Medical Center                        | M    |
| Richard    | Boes      |      | DII  | M    |
| Jonathan   | Bowley    |      | Community Health Center of Burlington              | M    |
| Jon        | Brown     |      | HSE Program  | X    |
| Martha     | Buck      |      | Vermont Association of Hospital and Health Systems | A    |
| Shelia     | Burnham   |      | Vermont Health Care Association                    | M    |
| Narath     | Carlile   |      |  | X    |
| Kristina   | Choquette | here | Vermont Information Technology Leaders             | MA   |
| Peter      | Cobb      |      | 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    |
| Chris     | Dussault   |                | CVAA   | X    |
| Jennifer  | Egelhof    |                | AHS - DVHA   | MA   |
| Nick      | Emlen      |                | DA - Vermont Council of Developmental and Mental Health Serv | M    |
| Gabe      | Epstein    |                | AHS - DAIL   | S    |
| Karl      | Finison    |                | OnPoint  | X    |
| Jaime     | Fisher     |                | GMCB   | X    |
| Erin      | Flynn      |                | AHS - DVHA   | S    |
| Paul      | Forlenza   |                | Centerboard Consultingt, LLC                                 | X    |
| Leah      | Fuller     | phone<br>here  | OneCare Vermont  | M    |
| Michael   | Gagnon     |                | Vermont Information Technology Leaders                       | M    |
| Daniel    | Galdenzi   |                | Blue Cross Blue Shield of Vermont                            | M    |
| Joyce     | Gallimore  | phone          | 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   |
| Mike      | Hall       |                | COVE   | X    |
| Emma      | Harrigan   | phone<br>phone | AHS - DMH  | M    |
| Paul      | Harrington |                | Vermont Medical Society                                      | M    |
| Kathleen  | Hentcy     |                | AHS - DMH  | MA   |
| Lucas     | Herring    | phone          | 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           | AHS - DVHA   | S    |
| Kaili     | Kuiper     | here           | VLA/Health Care Advocate Project                             | M    |
| Kelly     | Lange      |                | Blue Cross Blue Shield of Vermont                            | MA   |
| Charlie   | Leadbetter |                | BerryDunn  | X    |
| Carole    | Magoffin   | phone          | AHS - DVHA   | S    |

|                 |                   |            |  |     |
|-----------------|-------------------|------------|--|-----|
| Georgia         | Maheras           | here       | AOA  | S   |
| Steven          | Maier             |            | AHS - DVHA   | S/M |
| Nancy           | Marinelli         |            | AHS - DAIL   | X   |
| Mike            | Maslack           |            |  | X   |
| James           | Mauro             |            | Blue Cross Blue Shield of Vermont                                | X   |
| Lee             | McKenna           |            | OneCare Vermont  |     |
| Lou             | McLaren           |            | 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             | phone here | Green Mountain Power   | C/M |
| Annie           | Paumgarten        |            | 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             |            | GMCB   | X   |
| Paul            | Reiss             |            | Accountable Care Coalition of the Green Mountains                | M   |
| Greg            | Robinson          |            | OneCare Vermont  | MA  |
| Sandy           | Rousse            | phone      | Central Vermont Home Health and Hospice                          | M   |
| <del>Beth</del> | <del>Rowley</del> |            | AHS - DCF  | X   |
| Simone          | Rueschemeyer      | here       | Vermont Care Network   | C/M |
| Tawnya          | Safer             |            | OneCare Vermont  |     |
| Larry           | Sandage           | phone here | AHS - DVHA   | S   |
| Julia           | Shaw              | phone here | VLA/Health Care Advocate Project                                 | MA  |
| Kate            | Simmons           |            | Bi-State Primary Care/CHAC                                       | MA  |
| Heather         | Skeels            | here       | Bi-State Primary Care  | M   |
| Richard         | Slusky            |            | GMCB   | S/M |
| Chris           | Smith             | phone here | MVP Health Care  | M   |
| Angela          | Smith-Dieng       | here       | VT Association of Area Agencies on Aging                         | X   |
| Richard         | Terricciano       |            | HSE Program  | X   |
| Julie           | Tessler           |            | DA - Vermont Council of Developmental and Mental Health Serv     | 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   |
| <del>Sean</del> | <del>Uiterwyk</del> |      | White River Family Practice                        | M   |
| Eileen          | Underwood           | here | 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         | Wepler              |      | GMCB   | S   |
| Kendall         | West                |      | Bi-State / CHAC                                    | X   |
| Bob             | West                |      | BCBSVT   | 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   |
|                 |                     |      |  | 100 |

Kelly Machee - GMCB - here



Attachment 3: Health Data  
Infrastructure Year 2 Work  
Group Workplan (as of 10/8)

**Vermont Health Care Innovation Project**  
**Year 2 Health Data Infrastructure Work Group Work Plan**  
**DRAFT 10/8/2015**



|   | Objective/Milestone   | Supporting Activities  | Target Date   | Endorsements/Dependencies  | Approving Entities | Status of Activity  | Measures of Success  |
|---|---|--|---------------|--|--------------------|---|--|
| <b>Expand Connectivity to HIE</b>               |   |  |               |  |                    |   |  |
| 1   | <i>Gap Analyses</i><br>Perform gap analyses related to quality measures for each payment program, as appropriate; perform baseline gap analyses to understand connectivity of non-Meaningful Use providers.         | Perform technical assessment of LTSS providers.<br><br>Produce final report.   | October 2015  | Coordinate on DA/SSA data quality project (DLTSS Work Group; DLTSS providers; VITL). |                    | <ul style="list-style-type: none"> <li>• Draft report produced.</li> </ul>  | <ul style="list-style-type: none"> <li>• Report distributed.</li> </ul>  |
| 2   | <i>Gap Remediation</i><br>Remediate data gaps that support new payment and care models, as well as quality measurement needed to support those models, as identified in gap analyses (ACO and LTSS Gap Analyses).   | Provide data quality technical support to ACO member organizations (ACO Gap Analysis and Remediation project).   | November 2015 | Coordinate on Gap Analysis and Remediation project (VITL; ACOs).                     |                    | <ul style="list-style-type: none"> <li>• Remediation work is ongoing.</li> </ul>  | <ul style="list-style-type: none"> <li>• 50% of gaps for SSP quality measures filled.</li> </ul>   |
| 3   |   | Develop data remediation plan for gaps identified in LTSS technical assessment.<br>Launch Data Gap Remediation for non-MU providers, including LTSS providers.   | December 2015 |  |                    | <ul style="list-style-type: none"> <li>• Plan in development.</li> </ul>  | <ul style="list-style-type: none"> <li>• Plan created.</li> <li>• Remediation work launched.</li> </ul>  |
| 4   | <i>Data Extracts from HIE</i><br>Completed development of ACO Gateways with OneCare Vermont (OCV) and Community Health Accountable Care (CHAC) to support transmission of data extracts from the HIE.               | Provide efficient connections to the ACOs (ACO Gateway project).   | December 2015 | Coordinate on ACO Gateway project (VITL; ACOs; QPM and Payment Models WGs).          | Steering Committee | <ul style="list-style-type: none"> <li>• OCV gateway complete.</li> <li>• CHAC gateway nearly complete.</li> <li>• No gateway being built for Healthfirst.</li> </ul> | <ul style="list-style-type: none"> <li>• Completed gateways for two ACOs.</li> </ul>   |
| <b>Improve Quality of Data Flowing into HIE</b> |   |  |               |  |                    |   |  |
| 5   | Engage in work flow improvement activities at provider practices to improve the quality of the data flowing into the VHIE. These will be identified in gap analyses and analytics, including the LTSS gap analysis. | Provide data quality workflow support to ACO member organizations. Improve data quality by providing data mapping and code set remediation. Improve quality of data sent to the ACOs (ACO Project Terminology Services). | December 2015 | Coordinate on DA/SSA data quality project (VCN; DAs/SSAs; VITL).                     | Steering Committee | <ul style="list-style-type: none"> <li>• Data quality being improved.</li> <li>• Terminology Services pending contract approval.</li> </ul>                           | <ul style="list-style-type: none"> <li>• Data quality workflow improved at DAs/SSAs.</li> <li>• Data quality workflow improved at ACO member organizations.</li> <li>• Data quality workflow improvements begun</li> </ul> |

|                              | Objective/Milestone  | Supporting Activities  | Target Date    | Endorsements/ Dependencies   | Approving Entities | Status of Activity  | Measures of Success  |
|------------------------------|--|--|----------------|--|--------------------|---|--|
| 6                            | Data quality initiatives with the DAs/SSAs.  | Conduct data quality improvement meetings with the DAs/SSAs to focus on the analysis of the current state assessments for each agency.   | December 2015  | Coordinate on Gap Analysis and Remediation project (VITL; ACOs).                                   | Steering Committee | In final contract negotiations and approval.  | for providers of disability and long-term services and supports.   |
| <b>Telehealth</b>            |  |  |                |  |                    |   |  |
| 7                            | <i>Telehealth Implementation</i><br>Launch a fully accessible telehealth program as defined in Telehealth Strategic Plan.  | Release telehealth RFP, select pilot projects, launch 12-month pilot period.   | September 2015 |  | Steering Committee | <ul style="list-style-type: none"> <li>• RFP released</li> </ul>  | <ul style="list-style-type: none"> <li>• Contracts for pilot program executed.</li> </ul>  |
| <b>EMR Expansion</b>         |  |  |                |  |                    |   |  |
| 8                            | Implement EMRs for non-MU providers; explore non-EMR solutions for providers without EMRs, including non-MU providers of disability long term services and supports.   | Assist in implementation of an electronic health record (EHR) solution for five developmental disability agencies.   | December 2015  | Coordinate to procure DA/SSA EHR (VCN; DAs/SSAs; VITL).  | Steering Committee | <ul style="list-style-type: none"> <li>• Procurement underway.</li> </ul>                                 | <ul style="list-style-type: none"> <li>• Procurement complete.</li> </ul>  |
| <b>Data Warehousing</b>      |  |  |                |  |                    |   |  |
| 9                            | Research data warehousing needs; develop cohesive strategy for warehousing solutions supporting practices in care transformation; identify solutions for data registry and warehousing needs; implement solutions approved by the HIE/HIT Work Group according to timelines developed in design phase. | <i>DA/SSA Data Repository:</i> Improve integration of the DA/SSA data (ACTT DA/SSA Data Repository project).   | December 2015  | Coordinate on DA/SSA Data Repository project (VCN; DAs/SSAs; VITL).                                | Steering Committee | <ul style="list-style-type: none"> <li>• Data dictionary complete.</li> <li>• Vendor procured.</li> </ul> | <ul style="list-style-type: none"> <li>• Phase 1 of DA/SSA data repository complete.</li> </ul>  |
| 10                           |  | <i>Data Warehouse:</i> Develop a cohesive strategy for warehousing solutions.  | December 2015  |  | Steering Committee | <ul style="list-style-type: none"> <li>• Planning begun</li> </ul>  | <ul style="list-style-type: none"> <li>• Strategy proposed</li> </ul>  |
| 11                           |  | <i>Clinical Registry:</i> Procure solution.  | December 2015  |  | Steering Committee | <ul style="list-style-type: none"> <li>• Contract approval pending.</li> </ul>                            | <ul style="list-style-type: none"> <li>• Clinical registry solution procured.</li> </ul>   |
| <b>Care Management Tools</b> |  |  |                |  |                    |   |  |
| 12                           | Engage in discovery, design and testing of shared care plan IT solutions, an event notification system, and uniform transfer protocol. Create project plans for each of these projects and implement as appropriate, following SOV procedure for IT development.                                       | <i>Shared Care Plan:</i> Gather business and technical requirements and, if appropriate, procure and implement an electronic solution to create and maintain shared care plans across community providers. | December 2015  | Coordinate with Shared Care Plan Project and ENS Project (VITL; ACOs; providers).                  | Steering Committee | <ul style="list-style-type: none"> <li>• Gathering requirements.</li> </ul>                               | <ul style="list-style-type: none"> <li>• Business and technical requirements gathered and, if appropriate, an electronic solution selected and implemented.</li> </ul> |
| 13                           |  | <i>Event Notification System:</i> Improve communication in the transition of care process among providers. Provide information on clinical events such as hospitalizations or discharges to providers.     | December 2015  | Coordinate with Shared Care Plan and Universal Transfer Protocol Projects (VITL; ACOs; providers). | Steering Committee | <ul style="list-style-type: none"> <li>• In progress.</li> </ul>  | <ul style="list-style-type: none"> <li>• Acquisition of ENS solution and plan for deployment.</li> </ul>   |

|  | Objective/Milestone  | Supporting Activities   | Target Date               | Endorsements/ Dependencies  | Approving Entities | Status of Activity   | Measures of Success   |
|--|--|---|---------------------------|---|--------------------|--|---|
| <b>General Health Data</b>                           |  |   |                           |   |                    |  |   |
| 14   | <i>Data Inventory</i>  | Conduct health data inventory.  | December 2015             |   | Steering Committee | • Draft inventory completed.   | • Data inventory conducted.   |
| 15   | <i>HIE Planning</i><br>Identify HIE connectivity targets; provide input into HIT Plan.   | Develop recommendations for support of a state “data utility.”  | December 2015             | Coordinate on strategic direction for state “data utility” (AHS, DII, VITL, providers, ACOs, providers of long-term services and supports). | Steering Committee | • Proposed.  | • Recommendations to support a state “data utility” developed.<br>• Information and feedback provided to relevant stakeholders. |
| 16   |  | Develop recommendations for a Statewide HIE Governance structure.   | December 2015             | Coordination with GMCB, DVHA, VITL.   | Steering Committee | • Proposed.  | Report on Statewide HIE Governance.   |
| 17   |  | Provide comment on HIT Plan   | Ongoing                   |   |                    |  | Comment provided at least two times.  |
| 18   |  | Review connectivity targets for 2016  | December 2015             |   |                    |  | Connectivity targets identified by 12/31/15.  |
| <b>Ongoing Updates, Education, and Collaboration</b> |  |   |                           |   |                    |  |   |
| 19   | Overview of Year 3 milestones  |   | December 2015             |   |                    |  |   |
| 20   | Review and approve 2016 Health Data Infrastructure Work Plan   | Draft Workplan.   | Dec 2015- Jan 2016        | N/A   |                    |  | Updated workplan adopted.   |
| 21   | 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                   | Coordinate to identify activities of interest and establish regular communication (Other VHCIP Work Groups).                                | N/A                | • Mechanisms established for monthly co-chair meetings and work group reports to Steering Committee. | Well-coordinated and aligned activities among work groups.  |
| 22   |  | Provide updates to other work groups on Health Data Infrastructure Work Group activities.                                   | Ongoing                   | N/A   |                    |  |   |
| 23   |  | Obtain regular updates from other work groups.  | Monthly starting Oct 2015 | Obtain regular updates on progress as appropriate.  |                    |  |   |
| 24   | 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                   | N/A   |                    |  |   |
|  |  | Update Steering Committee, Core Team, and other VHCIP groups and stakeholders as appropriate.                               |                           |   |                    |  |   |



# Attachment 4: ACO

# Gap Remediation Phase 2 Proposal

Proposal to the Health Data Infrastructure Work Group

*October 21, 2015*



OneCareVermont



Interfaces must **exist**

↪ Data must be **collected**

↪ Data must be **sent**

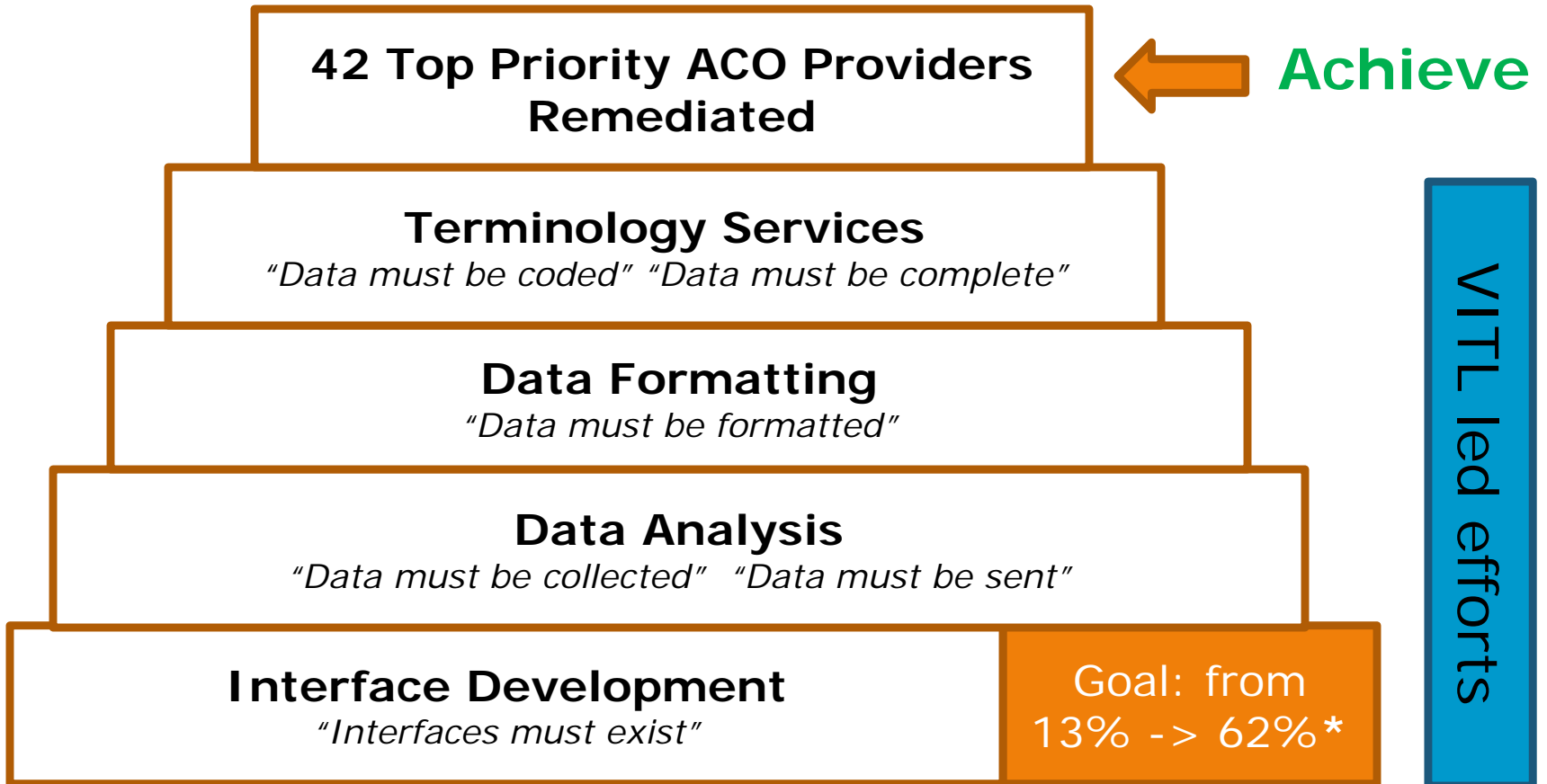
↪ Data must be **formatted** correctly

↪ Data must be **coded** or normalized

↪ Data must be **complete**, accurate and consistent

**Successful Remediation**

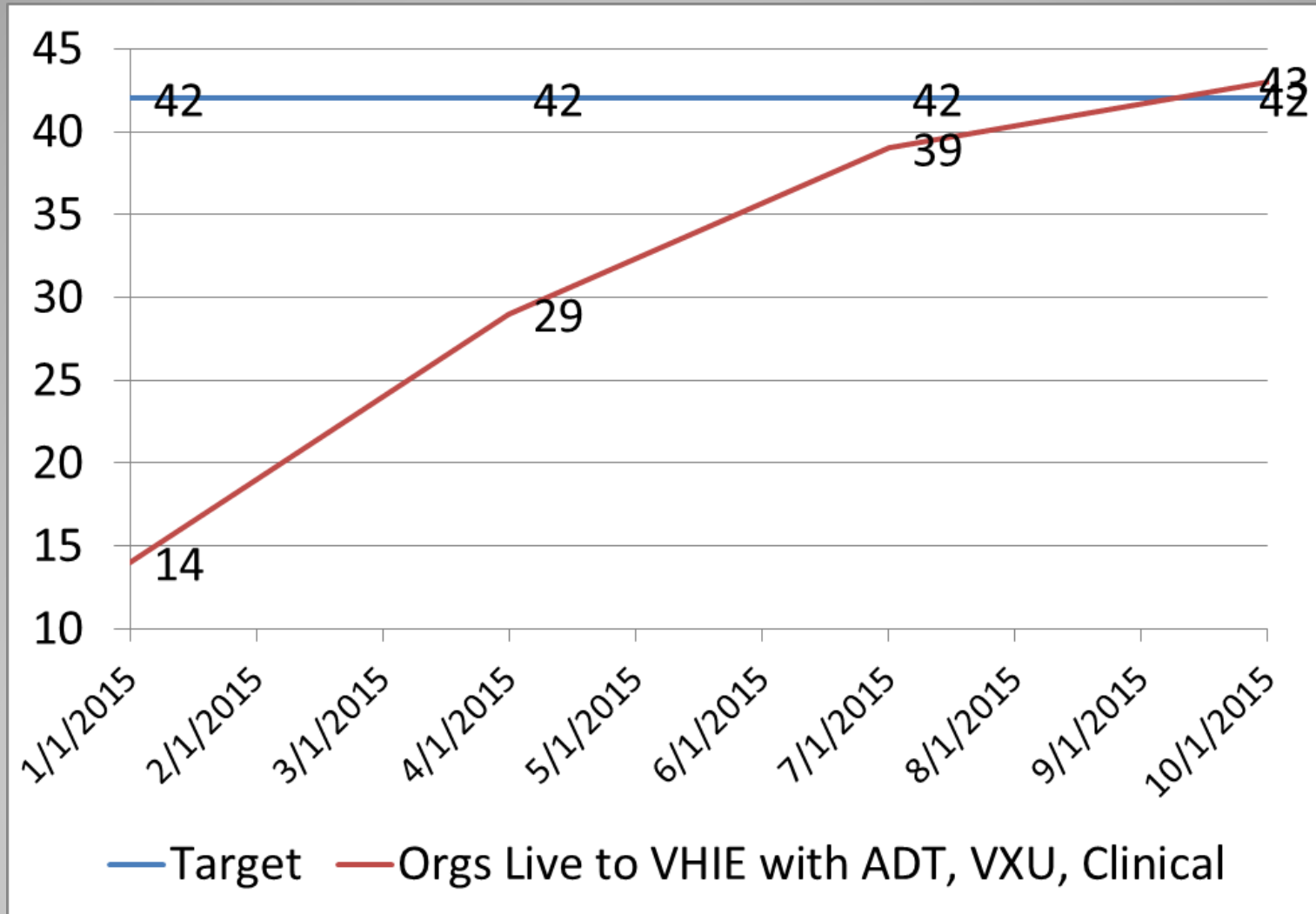
# State of Remediation for ACO Providers Based on Beneficiary Population Size



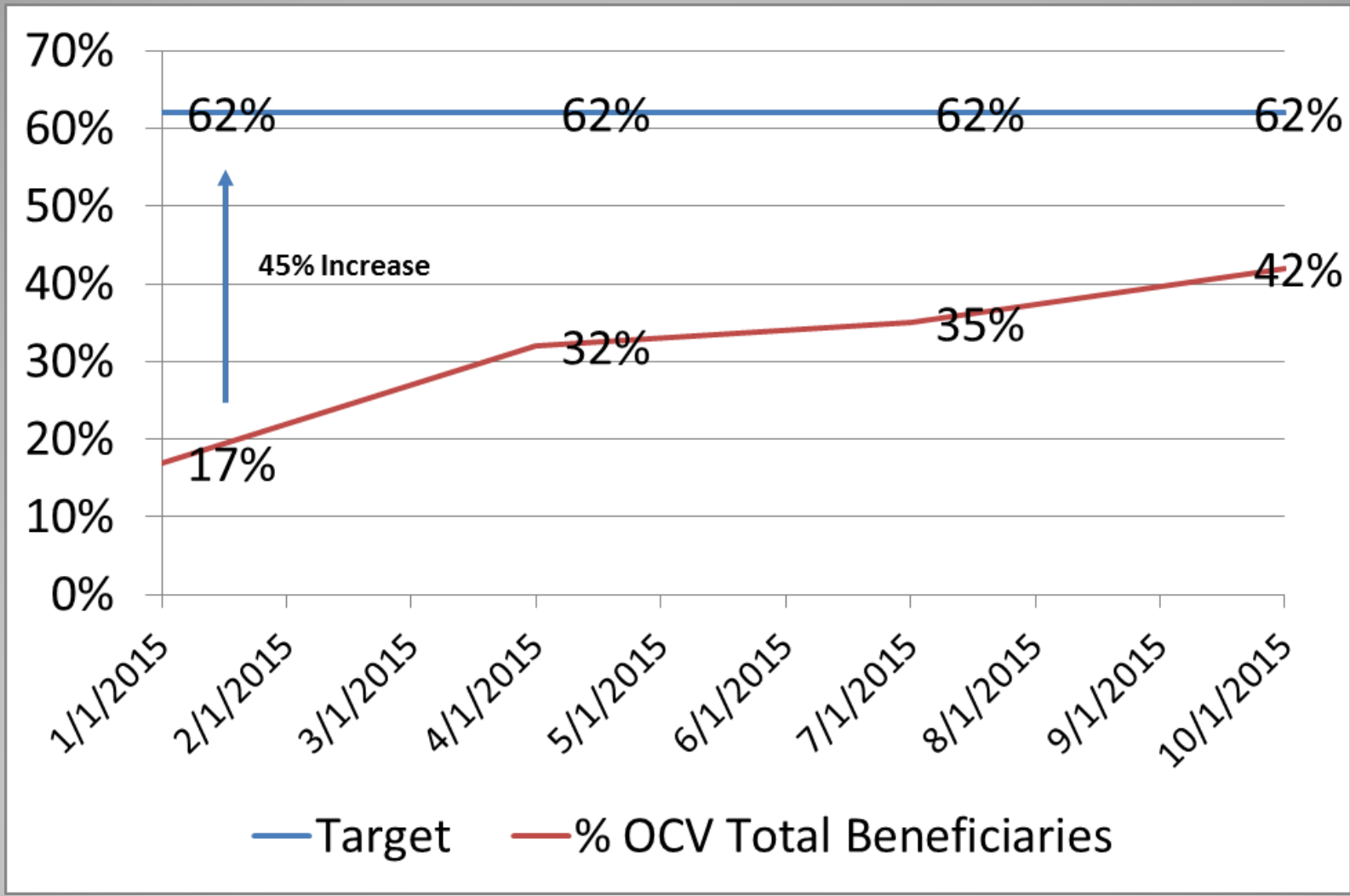
\*All ACOs have identified interface priorities. Expectation is to achieve 62% of beneficiary data for ACCGM and OCV top priority practices. CHAC beneficiary totals TBD.

- SIM Funds used to contract a dedicated interface development team (SET team) resulted in:
  - 42 CCD interfaces (versus 8 in FY14)
  - 50 VXU interfaces (versus 39 in FY14)
- Led to improved vendor collaboration and organization prioritization on connectivity and data remediation
  - CVMC/eCW
  - MFH/Medent
  - UVMMC/Epic
  - NCHC/GE

**Celebrate Phase 1 Success!**



## # of ACO Organizations Capable



# % Beneficiaries representing the HCOs Remediated to Date

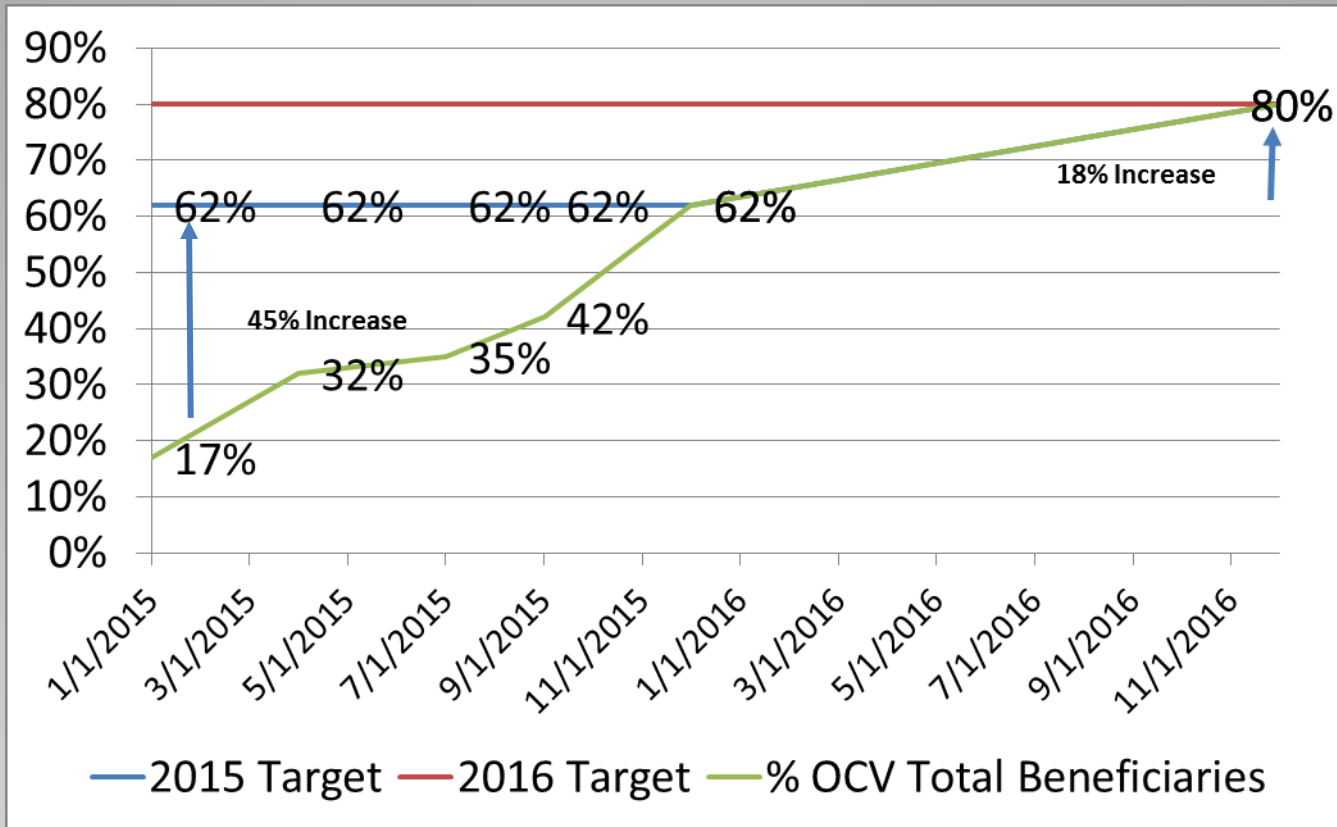
- Building interfaces to vendor EHRs varies greatly in complexity
- VITL has built most of the interfaces for organizations whose vendors are cooperative
- As we continue to add data to the VHIE the interfaces are getting harder
- Example: Epic (UVMMC and Dartmouth) and eClinical Works (11 practices) do not send care summaries to the VHIE

**Interfaces are becoming more complex**



- UVMMC (22%)
- CVMC (12%)
- CHCRR & SMCS (5.4%)
- GCH & GCFP (1.7%)
- NCHC
- NMC hospital
- Northern Tier Center for Health

**Interfaces (% Beneficiaries) in Queue**



# Target of % Beneficiaries Remediated

- Reduce ACO dependency on full chart manual extraction
- Understand and improve the health of highest risk patients
- Assess and improve performance prior to reporting to CMS
- Useful in comparing patient populations, providers, clinical groupings, etc.
- Identify patients of interest based on risk score, clinical conditions, etc.
- Complements the next phase of ACO analytics

***ACO success relies upon this work!***

- Clinically rich data in the VHIE provides:
  - up-to-date patient information in VITLAccess from multiple sources for viewing at the point of care
    - Supports clinical decision-making
    - Reduces redundancy in patient testing
    - Supports care management and coordination
- Leverages the ENS system since clinicians will be compelled to view clinical event information in the VHIE

***Vermont clinicians rely upon this work!***

## CCD Vital Sign Evaluation

### CCD Status

|          | HCO 1 | HCO 4 | HCO 5 | HCO 6 | HCO 8 | HCO 9 | HCO 2 | HCO 3 | HCO 7 | HCO 10 |
|----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| Not Live |       |       |       |       |       |       | ×     | ×     | ×     | ×      |
| Live     | ✓     | ✓     | ✓     | ✓     | ✓     | ✓     |       |       |       |        |

### Vitals Section

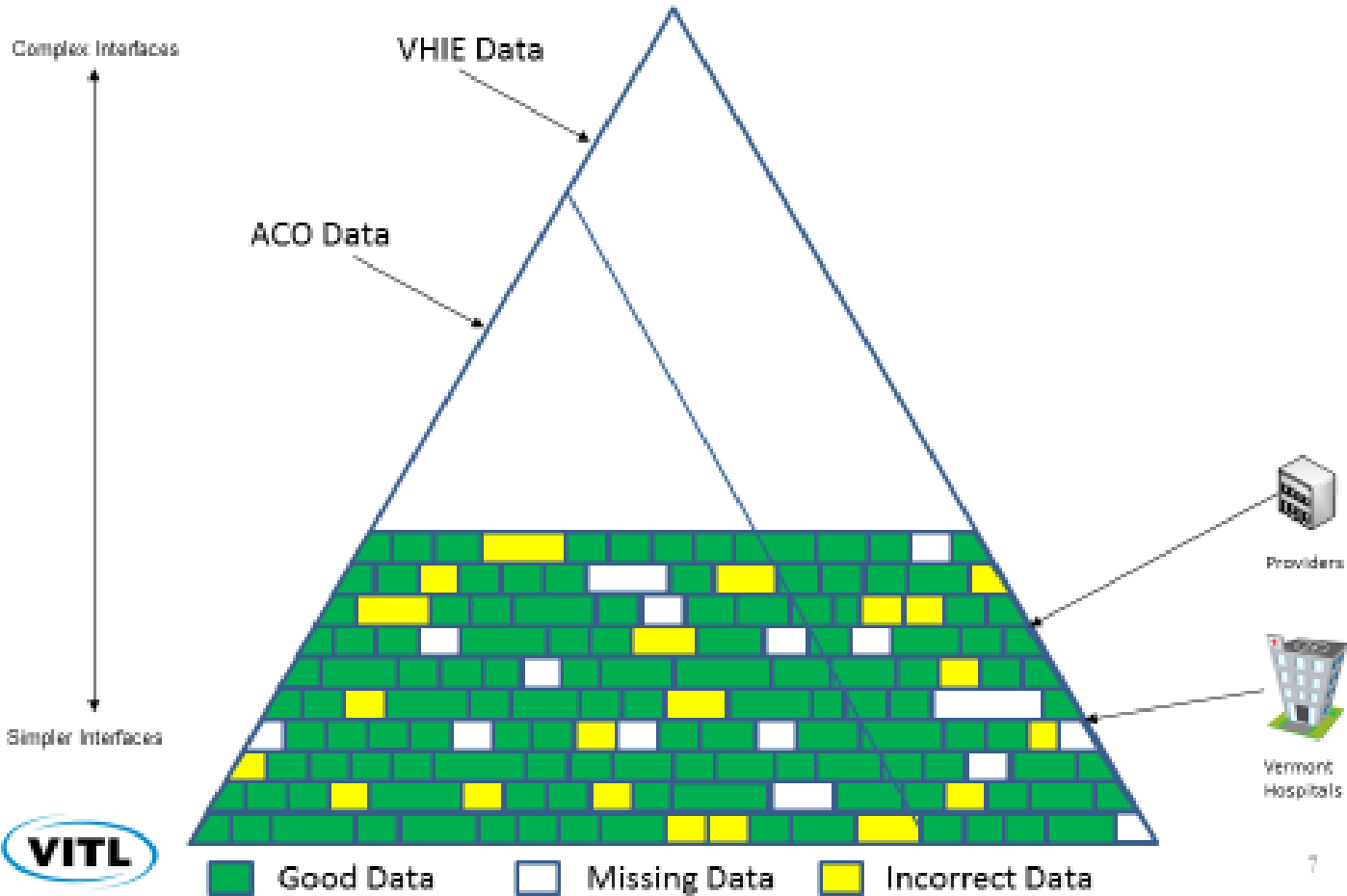
|                     | HCO 1  | HCO 4  | HCO 5   | HCO 6  | HCO 8   | HCO 9   |
|---------------------|--------|--------|---------|--------|---------|---------|
| No Structured Entry | 5.63%  | 3.32%  | 100.00% | 4.48%  | 100.00% | 100.00% |
| Temperature         | 5.82%  | 3.79%  |         | 18.88% |         |         |
| Blood Pressure      | 40.91% | 31.37% |         | 19.05% |         |         |
| Pulse               | 19.99% | 2.06%  |         | 6.47%  |         |         |
| Respiratory Rate    | 2.97%  | 0.61%  |         | 5.34%  |         |         |
| Oxygen Saturation   | 2.45%  | 0.60%  |         | 1.12%  |         |         |
| Height              | 6.21%  | 12.74% |         | 5.84%  |         |         |
| Weight              | 15.97% | 28.45% |         | 29.11% |         |         |
| Length              |        | 8.91%  |         | 4.68%  |         |         |
| Head Circumference  | 0.04%  | 8.17%  |         | 5.03%  |         |         |

### Weight Unit

|                     |         |         |         |        |         |         |
|---------------------|---------|---------|---------|--------|---------|---------|
| No Structured Entry |         |         | 100.00% |        | 100.00% | 100.00% |
| kg                  |         |         |         | 97.23% |         |         |
| lb                  | 100.00% | 100.00% |         | 2.77%  |         |         |

# Data Quality Remediation Reports

### 3 Steps of Data Remediation: ACO Data Remediation



## Accelerate Interface Development

- ☑ Continue to accelerate interface development. This is a Prerequisite for full data remediation.

## Data Analysis and Formatting

- ☑ Increases the percentage of data that can meet the ACO quality measures in an electronic reportable way and reduce the need for chart abstracts (aka chart “pulls”).

## Terminology Services

- ☑ Utilize the Infrastructure Technology investment (funded)
- ☑ Enhances clinical data quality

***Funding approval is needed so that we can help the ACOs meet their goals!***

# ACO and VITL Recommendation

| <i>Type of Cost</i>  | <i>Cost</i> |
|--|-------------|
| Interface Development and<br>Gap Remediation (missing data)<br>1 year<br><i>Prerequisite</i> | \$600,000   |
| Data Quality Reporting and Terminology<br>Services Implementation<br>1 Year                  | \$400,000   |
| <b>Remediation Proposal – Phase 2 Total</b>  | <b>\$1M</b> |

**Proposal**



**Questions?**



# Attachment 5: VCN

# VCN/VITL ACTT Data Quality Project with DAs & SSAs

Health Data Infrastructure  
Workgroup Meeting  
October 21<sup>st</sup>, 2015

Simone Rueschemeyer, Executive Director, VCN  
Judith A. Franz, VP Client Services, VITL



# Background

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- Goal was to implement the VCN data quality project with the 16 DAs & SSAs to enable them to have structured, reliable data (quality data)
- Three phases of the data quality project -
  - Phase One – ‘Current state’ assessment
  - Phase Two - Gap Analysis
    - Current state assessment
    - Desired state/data dictionary
    - Perform analysis & report findings
  - Phase Three - Remediation
    - Develop custom remediation & training plan

# Current Status

- 'Current state' assessments & report of assessment findings for the original 11 agencies:
  - For 8 agencies -
    - All 'current state' assessments have been completed
    - Two 'current state' assessment reports have been completed and six reports are in process
  - For 2 agencies –
    - 'Current state' assessments are just beginning
    - 'Current state' assessment reports for these two need to be written
  - For 1 agency -
    - Agency has not yet engaged in phase one; the 'current state' assessment process
- Introductory Meeting for the 5 ARIS SSAs will be held Oct 29<sup>th</sup>



# Scope Complexity

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- Increased amount of work – driven by number of sites at each agency and complexity of data collection at each site – requires additional funds
  - ‘Current State’ assessments increased to a total of approximately 100 assessments for the first 11 agencies’ sites (all agencies except for the 5 SSAs).
    - Conduct ‘current state’ assessment
    - Write report of ‘current state’ assessment findings

# Go-forward Plan

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- Finish 'current state' reports for agencies that have completed the assessment (workflows and narratives)
- Finish assessments with remaining agencies followed by the current state reports (workflows and narratives)
- Complete gap analyses for all agencies
- Develop report with best practice recommendations
- Collaborate with VCP leadership on best practice recommendations





# Go-forward Plan

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- Facilitate discussion for custom remediation plan development with each agency at follow-up meetings
- Fine tune the best practice recommendations to develop a custom remediation plan
- Develop additional data quality remediation and training tools
  - Generic tools for use with all agencies
  - Custom tools specific to each agency's needs
- Conduct 1 training per agency



# Need for additional funding

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- Remaining work for phases one and two
  - Estimate we'll need November through January to complete Current State and Gap Analyses based on agreed upon 'Desired State' definition
  - Required resources – 2 FTEs - same VITL team –
- Additional funding needed for phase three
  - Remediation phase to begin Feb 1, 2016
  - 2 FTEs for 6 months
  - Total funding required – \$150K



# Questions

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- Questions?