

HIE Steering Committee

May 1, 2019



Agenda

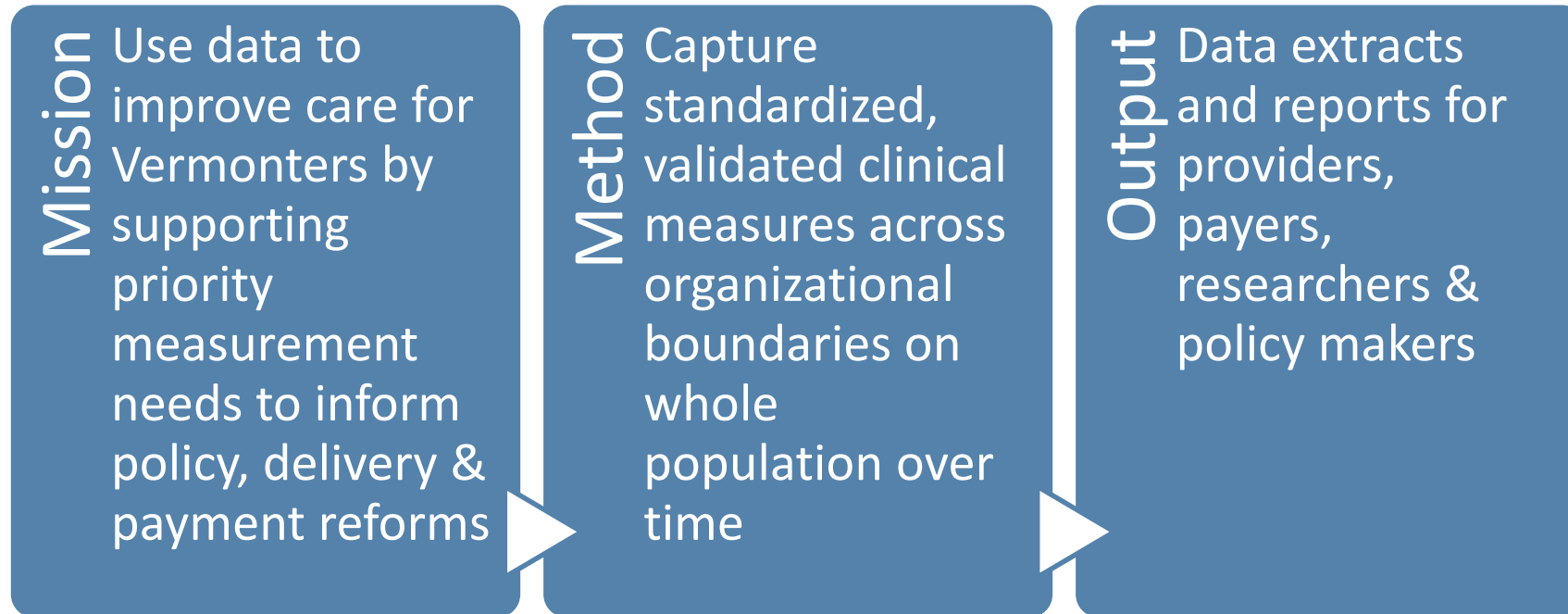
Topic	Schedule
Welcome & Vote on Charter	10:30 – 10:40
Beth Tanzman, Vermont Clinical Registry & Shared Technology Project	10:40 – 11:10
Sarah Kinsler & Sarah Lindberg, VHCURES & Other GMCB HIE Efforts	11:10 – 11:40
Lantana/Velatura, Project Introduction & Stakeholder Engagement Plan Review	11:45 – 12:25
Wrap Up	12:25 – 12:30

Vermont Clinical Registry

Health Information Exchange Steering Committee

May 1, 2019

Vermont Clinical Registry



Clinical registries are comprised of modules, conditions, or disease-specific sets of data elements designed to describe processes of care and clinical outcomes. Underlying registries is the integration of guidelines and performance measures using a standardized, clinical lexicon.

Uses of Clinical Registries

Quality Improvement <ul style="list-style-type: none">▪ Assess adherence to guidelines based care▪ Benchmarking▪ Understand variation in care and outcomes▪ Measure reporting	Value Based Payment <ul style="list-style-type: none">▪ Measure clinical outcomes & performance▪ MIPS quality data reporting▪ Develop & adjust payment rates
Clinical Research <ul style="list-style-type: none">▪ Assess performance of a device or procedure▪ Compare effectiveness of different treatments over time	Safety <ul style="list-style-type: none">▪ Post market surveillance studies (e.g. Left Atrial Appendage Occlusion Registry)▪ CMS coverage –with-evidence decisions

The Difference between the VCR and the VHIE

Why we need both platforms

- The Vermont Health Information Exchange is designed to **collect** (aggregate) and **share** (exchange) health care information in support of care delivery to patients. This includes labs, immunizations, admission, discharge & transfer (ADT) and clinical continuity documents (CCDs).
- The Vermont Clinical Registry is designed to compile **core measure results**, produce extracts for integration with other data sets and create reports for analysis. It will also provide a **secure environment for clinically sensitive data** (such as 42 CFR Part 2 information).

What's In the Vermont Clinical Registry?

Measure Groups

Conditions & Health Maintenance	Health Status Measures
Attention Deficit Disorder	Assessments & screening results
Asthma	Referrals for non-medical care
Coronary Artery Disease	Disease control (H A1c, HTN)
Depression	Tests, procedures, diagnosis
Diabetes	Diagnoses and problem List
Heart Failure	Patient Demographics
Hypertension	Medications*
Ischemic Vascular Disease	Lifestyle, exercise & nutrition*
Opioid Use Disorder	Social Determinants of Health*
Adult & Pediatric Age and Gender Health Maintenance	Treatment Patterns

* Measures proposed for development

People and Core Measures Populated in VCR

Individuals with Data In VCR 2018	#	%
Total number of unique individuals with record of activity in the year	342,129	
# with adequate demographic information for matching (first, last, DOB, zip code)	329,812	96%
# with adequate blood pressure information (at least 1 measure of Sys & Dias)	318,480	93%
# with adequate obesity information (at least 1 BMI or ability to calculate 1 BMI)	291,881	85%
# with adequate HDL lab data (at least 1 measure result)	67,663	20%
# with adequate LDL lab data (at least 1 measure result)	68,695	20%
Individuals with diagnosis of diabetes	20,166	6%
Individuals with diabetes & HbA1c (at least 1 measure result)	9,596	48%

Sites With Data In VCR	2017	2018
Total number of BP PCMH sites	139	139
# with adequate demographic information for matching (first, last, DOB, zip code)	84 (60%)	96 (69%)
# with adequate blood pressure information (at least 1 measure of Sys & Dias)	78 (56%)	89 (64%)
# with adequate obesity information (at least 1 BMI or ability to calculate 1 BMI)	78 (56%)	89 (64%)
# with adequate HDL lab data (at least 1 measure result)	78 (56%)	89 (64%)
# with adequate LDL lab data (at least 1 measure result)	78 (56%)	89 (64%)

Goal 1: Connect following sites ▪ 43 Blueprint Primary Care Practices ▪ 5 Hub programs ▪ 30 Women's Health Specialty Practices ▪ 14 Hospitals

Goal 2: Full reporting of minimum core measure set across all sites

Current Use of Vermont Clinical Registry

Community Profile: Burlington

Period: Jan. 2017 - Dec. 2017 Profile Type: Adults (18+ Years)

Diabetes: HbA1c Not in Control (Core-17, MSSP-27, NQF #0059)

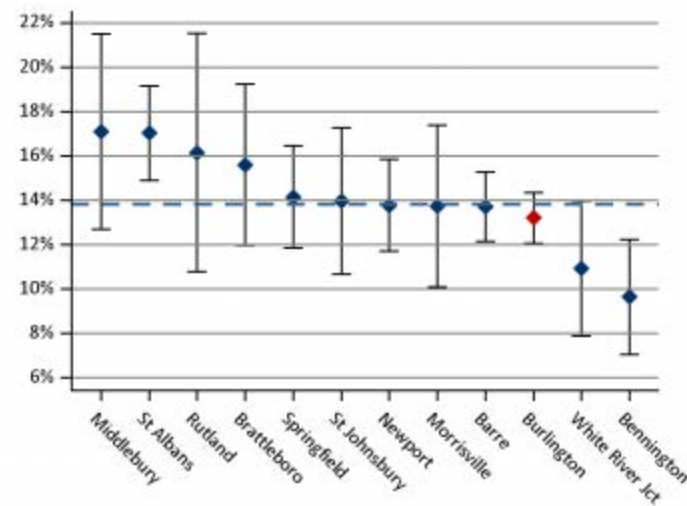


Figure 10: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded hemoglobin A1c test in the Blueprint clinical data registry was in poor control (>9%). Members with diabetes were identified using claims data. The denominator was then restricted to those with clinical results for at least one hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.

Screening for Clinical Depression* (NQF #0418)

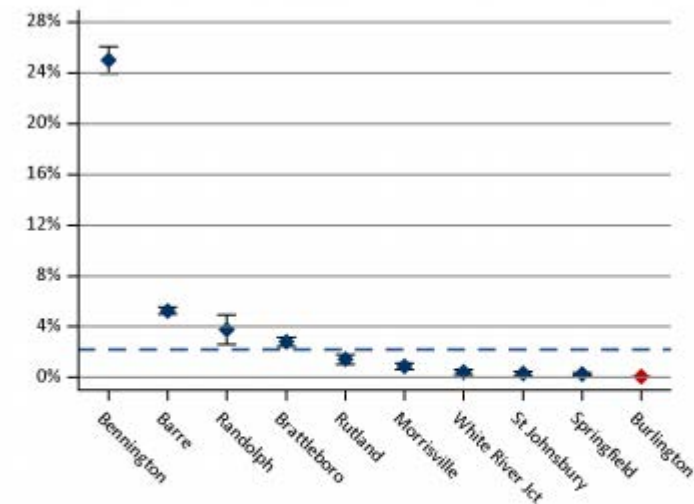
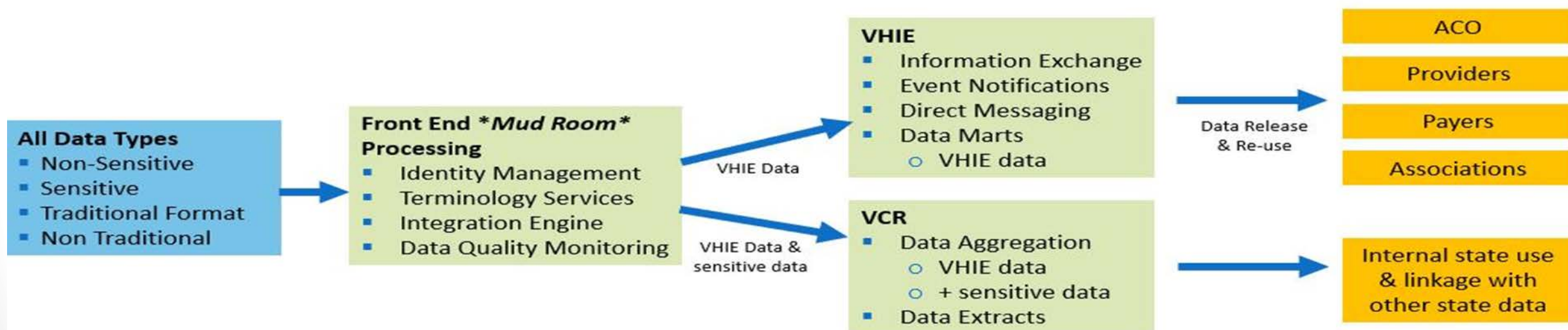


Figure 15: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that were screened for clinical depression on the date of encounter using an age-appropriate standardized depression screening tool. This figure includes only practices providing clinical data to the Vermont Clinical Registry. The blue dashed line indicates the statewide average.

Clinical Data Architecture for Vermont

High Level Data Architecture for Vermont *Shared infrastructure & efficiencies*



Shared Front End Operations

- Shared capabilities
- Co-joint operations

Federated Data Management Operations

- Supports different priorities & use cases
- Protects re-use of sensitive data

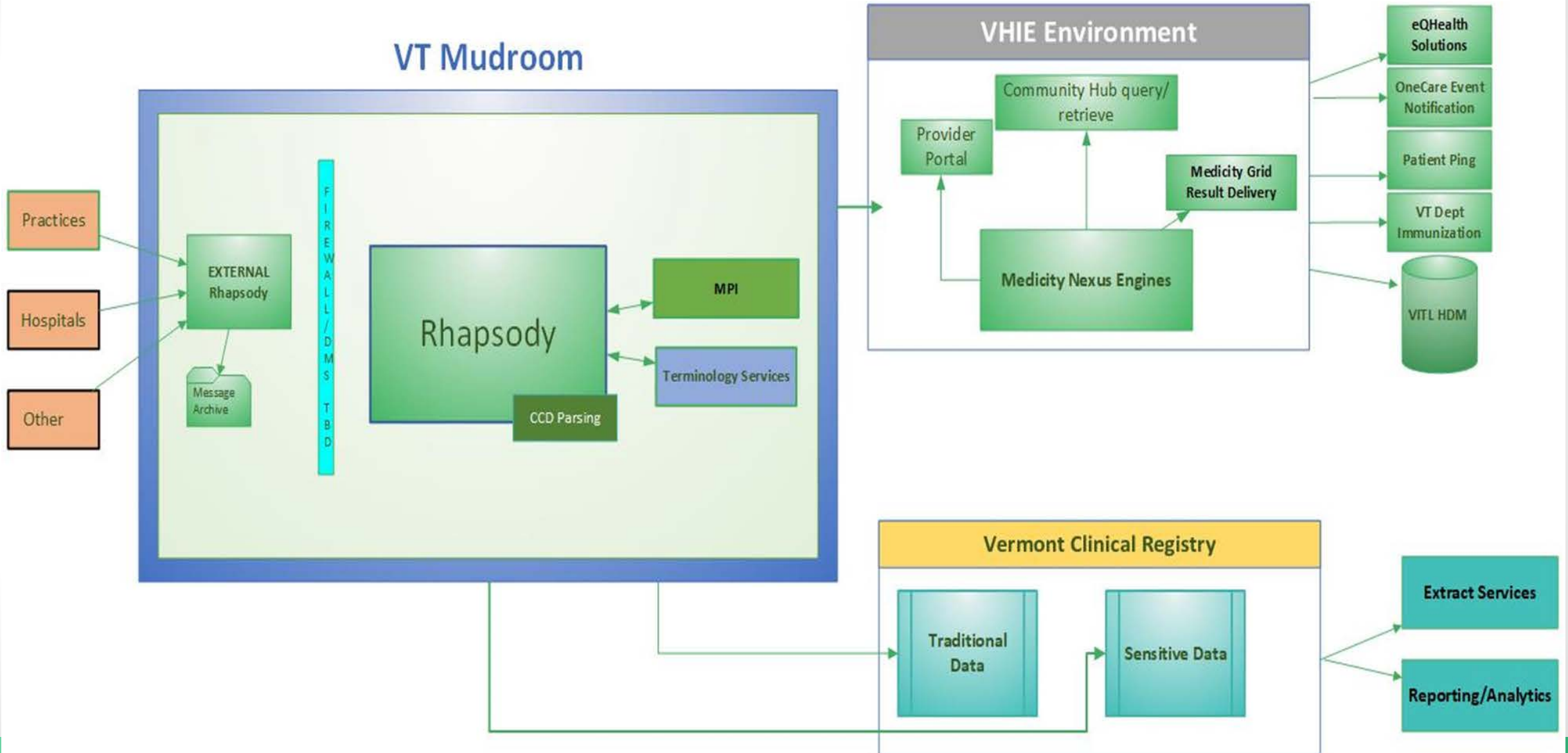
Federated Data Use

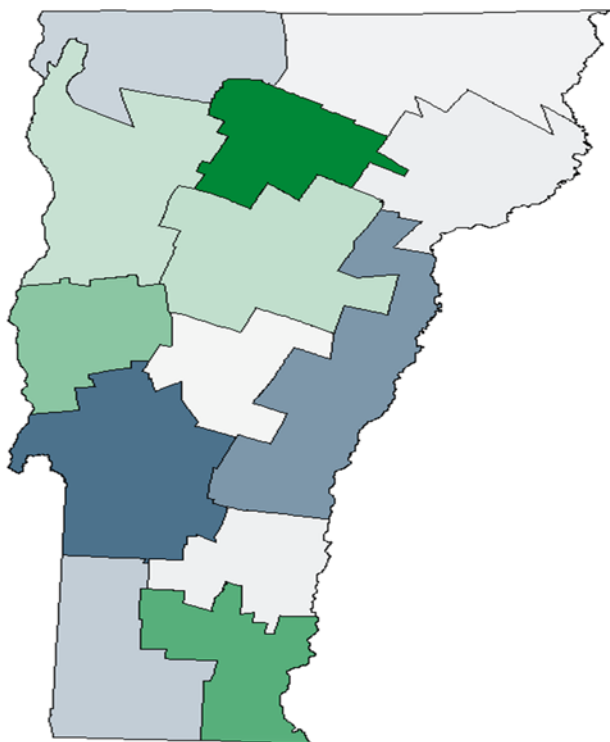
- Stakeholder specific
- Supports operations

VT Shared Services Architectural Design

POTENTIAL – All Data through the front door, Rhapsody external and internal.

VT Mudroom





GMCB and HIE

May 1, 2019

Sarah Kinsler
Sarah Lindberg

GMCB Roles in HIE

GMCB has dual roles with respect to HIE:

Policy: Required to consider and approve/reject/modify the HIT/HIE Plan and VHIE Connectivity Criteria; annually reviews and approves VITL's budget





Data Steward: GMCB oversees and administers two large health care datasets, the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES, Vermont's all-payer claims database) and the Vermont Uniform Hospital Discharge Data Set (VUHDDS, managed in partnership with VDH)

		Where care delivered	
		Vermont	Outside Vermont
Where person lives	Vermont	VHCURES (most insured residents)	
	Outside Vermont		

		Where care delivered	
		Vermont	Outside Vermont
Where person lives	Vermont	VUHDDS (facility discharges from 14 community hospitals)	NH, NY, MA (discharges for VT residents)
	Outside Vermont		

GMCB Regulatory Framework for Data Governance and Stewardship

Green Mountain Care Board

-  Regulation H-2008-01
-  Proposed Rule re: Data Submission
-   Proposed Rule re: Data Release
- Data Governance and Stewardship Charter

Data Governance Council

A committee of the Board

-  Data Stewardship Principles and Policies
-  Data Use and Disclosure Procedures Guide
-  Submission and Release Schedule

GMCB Staff

Operations

-  Data Use Application and Agreement

VHCURES Contractor

Onpoint Health Data

-  Data Submission Guide

GMCB Data Governance Council and Stewardship Program

The Data Governance Council

- Committee of the GMCB
- Composed of seven voting members
- Meets approximately every other month in an open, public meeting.

The Council, under delegation authority of the GMCB, is responsible for a broad set of data management concerns in these four areas:

Risk Management

Implementing and enforcing the most appropriate data privacy and security standards and practices.

Data Quality

Establishing data stewardship to promote the highest possible quality of GMCB's data resources.

Program Sustainability

Evaluating opportunities to optimize sustainability and revenue for GMCB's data stewardship program.

Data Release

Supporting clear processes for the evaluation of data requests and the release of data to Vermont State Agencies and Instrumentalities, and to non-State entities.

Principles & Policies that Guide Council Decision-Making

Principle 1: Implementing and enforcing the most appropriate data privacy and security standards and practices.

Policy 1.1: The highest priority for GMCB data governance is the protection of individuals' privacy and their protected health information.

Principle 2: Establishing data stewardship to promote the highest possible quality of GMCB's data resources.

Policy 2.1: GMCB data will be maintained in a manner that maximizes transparency.

Policy 2.2: Data quality will be monitored and continuously improved.

Policy 2.3: GMCB data will support timely, consistent, and actionable analyses.

Principle 3: Evaluating opportunities to optimize sustainability and revenue for GMCB's data stewardship program.

Policy 3.1: GMCB will strive for sustainability, relevance, and accessibility of its data resources.

Principle 4: Supporting clear processes for the evaluation of data requests and the release of data to Vermont State Agencies and Instrumentalities, and to non-State entities.

Policy 4.1: The use of GMCB data resources will support GMCB's mission and mandates and comply with established conditions of release.

Policy 4.2: GMCB data resources are used to support the study of health and health services that serves the public interest and benefits Vermonters.

VUHDDS

Vermont Uniform Hospital Discharge Data Set

- One of the most stable and longstanding health care data resources in the state (since the early 1980s) that is comparable across states (see [Healthcare Cost and Utilization Project](#))
- The data are provided by hospitals for each discharge, which simplifies some of the challenges associated with claims-based analyses
- VAHHS-NSO contracts with GMCB to collect data from hospitals
- Includes diagnoses, procedures, revenue codes, charge amounts, and patient demographics, as well as derived information (e.g. readmission, clinical classification groupers)

VUHDDS



GOOD FOR

- ✓ Provider-based regulation
 - Hospital Budgets
- ✓ Utilization analyses
 - Patient origin
 - In-out migration
- ✓ Episodes of inpatient care
 - Longitudinal patterns
 - Agnostic to payment delivery reform

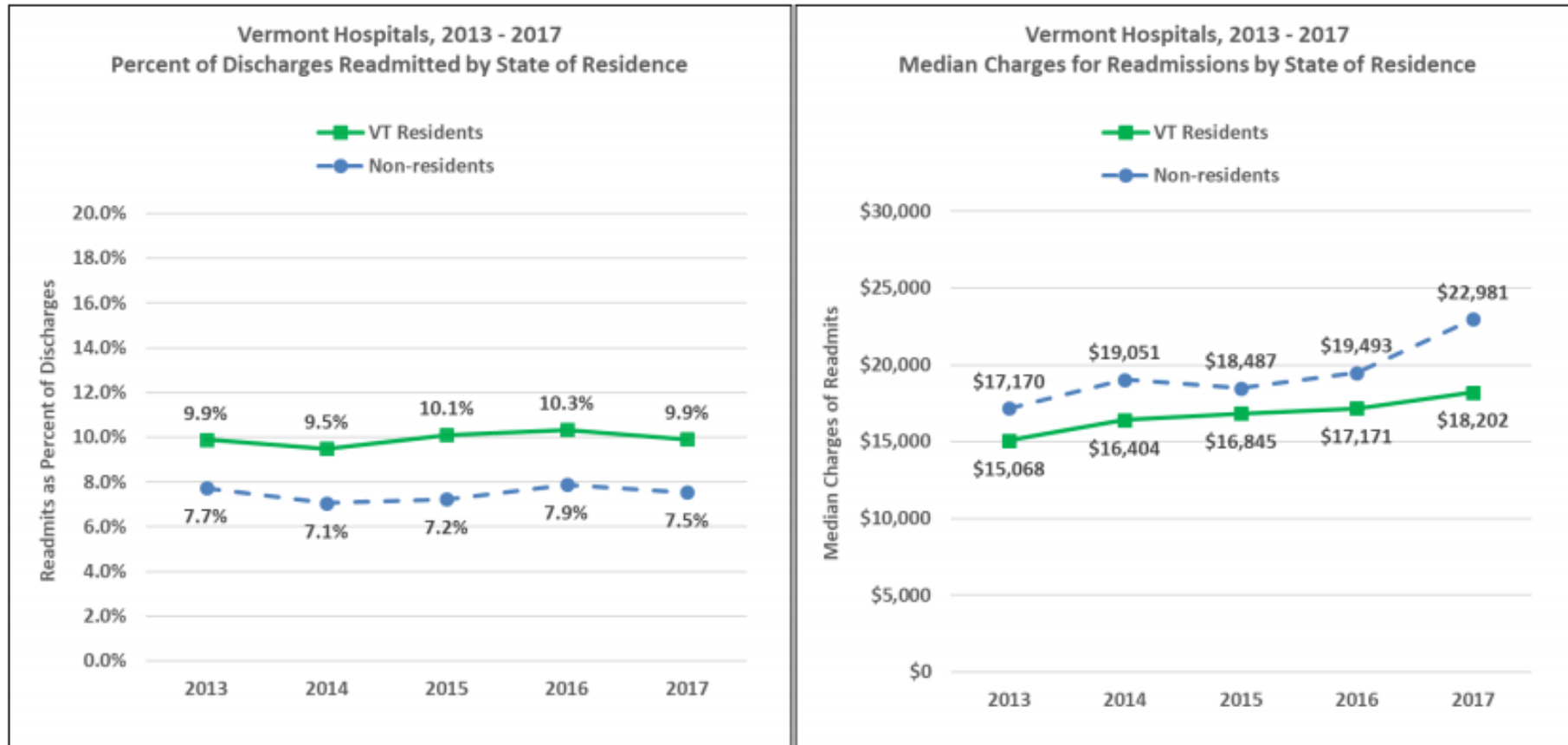


NOT GOOD FOR

- ✓ Population rates
 - *No meaningful denominators*
- ✓ Financial analyses
 - *Charged amounts drifting from what is actually paid*
- ✓ Coordination of care
 - *Care shifting to professional settings*

VUHDDS

- Detailed [public use files, documentation, and reports](#)



VUHDDS

Current Efforts

- Improve data sharing with neighboring states
- Recruit additional submitters
- Potentially provide more frequent public use data sets
- Promote it!

VHCURES

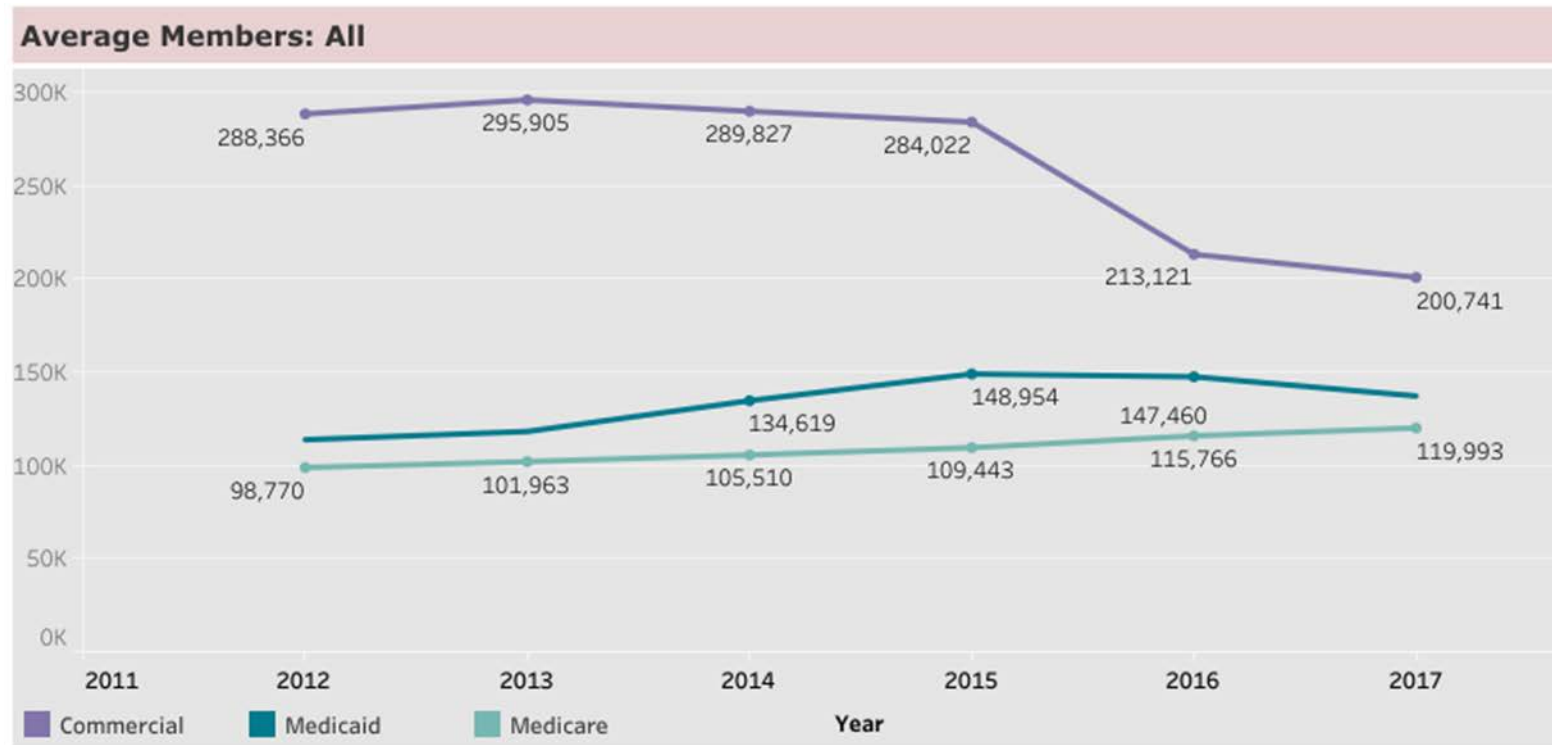
Vermont Health Care Uniform Reporting and Evaluation System

- Detailed information provided by payers of medical and pharmaceutical claims
- Attempts to map different payers and types of claims to a uniform format
- Onpoint Health Data contracts with GMCB to collect data from payers
- *Excludes:*
 - *Uninsured*
 - *Federal Employees*
 - *Military plans*
 - *Non-health insurers (e.g. workers' compensation)*

VHCURES

Gobeille v. Liberty Mutual

- The US Supreme Court ruled that states cannot compel most self-funded groups to submit claims to VHCURES (March 2016)



VHCURES

Examples of Current Use at GMCB

- [GMCB Expenditure Analysis](#)
 - [Interactive version](#)
- All-Payer Accountable Care Organization (ACO) Model Agreement
 - [Financial targets for Total Cost of Care Growth](#)
 - Claims-based HEDIS® measures (e.g. initiation and engagement of alcohol and other drug dependence treatment)
- [Enrollment Trends](#)

VHCURES

Other Examples of Current Use

VHURES is also used by outside organizations:

- VT Dept of Tax – health care claims tax auditing
- VT Dept of Labor – workers’ compensation fee schedule revision
- Blueprint for Health (e.g. [Community Health Profiles](#))
- Research (e.g. [Vermont Child Health Improvement Program](#))

VHCURES

Current Challenges



Identity Management

Data are currently submitted in a deidentified format, which makes tracking people across payers and over time difficult.

RULE CHANGE

to allow deidentification post submission to improve matching.



Payment Reform

Many value-based payment reforms occur outside claims payment systems.

CHANGE DATA COLLECTED

to supplement claims and better reflect changes.



Provider Data

Provider data are messy and difficult to aggregate into meaningful groups (e.g. practices).

SHARE DATA AND ALGORITHMS

across user groups to crowdsource rosters and other solutions.



Data Accessibility

Due to the complexity of the database, many content experts cannot leverage the information it contains.

REPORTING AND NEW FILE FORMATS

are being developed to extend the availability and utility of GCMCB's health care database.

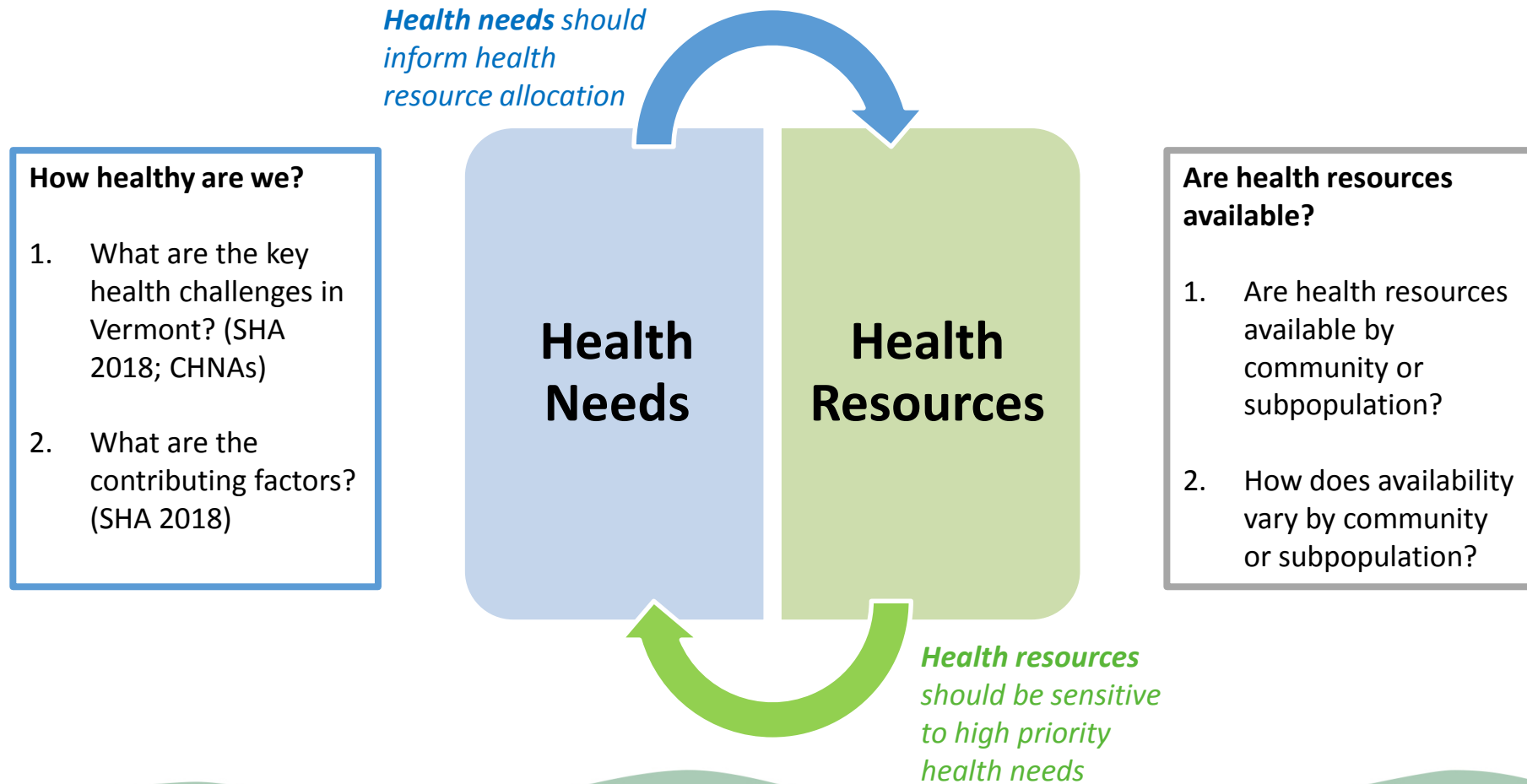
VHCURES

Longer Term Goals

- Reconcile with VUHDDS
- Improved validation with payers *and* providers
- Consider mechanisms for incorporating missing information
 - Synthetic claims
 - Weighting
- Extending integration with clinical data

HRAP

Health Resources Allocation Plan



HRAP 2020 Deliverables



Inventory of health resources



Profile of health needs & priorities



Gap analysis between resources and priorities



Utilization trends, including “over and under” utilization



Cost estimates of filling gaps

Other Analyses and Data Uses

- Upcoming data projects include:
 - Topical “data briefs” (e.g. [office visits over time](#))
 - Interactive visualization related to hospital budgets
 - Health insurance coverage over time for full population
 - Claims-based spending distribution within and across Hospital Service Areas
 - Utilization trends by payer type and type of provider:
 - Primary care visits
 - Specialist encounters
 - Mental health and substance abuse visits

State of Vermont, HIE Steering Committee HIE Technical Roadmap Project

Project Introduction & Stakeholder Engagement Phase 1

Liora Alschuler, Lantana Consulting Group
May 1, 2019 HIE SC Meeting, Waterbury

Agenda

- The Team
- Scope of Work
- High-Level Timeline
- Stakeholder Engagement Plan
- Next Steps & Wrap Up

Lantana Team

- Liora Alschuler, Project Executive & HIT Strategist
 - Email: liora.alschuler@lantanagroup.com
- Courtney Panaia-Rodi, Project Manager
 - Email: courtney.panaia-rodilantanagroup.com
- KP Sethi, Project Lead & Technical Lead: Information Architecture
 - Email: kp.sethi@lantanagroup.com
- Subject Matter Expert (SME) Pool, as needed
 - Rick Geimer, HIT Landscape & Interoperability
 - Marla Throckmorton, Clinical Implementation
 - Terry Bequette, HIT, Interoperability, VT Landscape
 - Rick Wilkening, HIE Landscape & Policy
 - Tim Pletcher, HIE Landscape
 - Shreya Patel, Policy & eConsent
- Additional Project Support – Technical Writer & Project Coordinator

Task 1: Project Planning and Management

- Kickoff and launch
- Project planning, oversight, and reporting

Task 2: Stakeholder Engagement and Management

- Participate in HIE Steering Committee meetings
- Work with the HIE Steering Committee to conduct stakeholder identification and analysis
- Develop and execute a Stakeholder Engagement Plan
- Develop guiding principles for the HIE Technical Roadmap
- Using stakeholder input and feedback, draft 2020 HIE Technical Roadmap objectives
- Engage stakeholders to gather feedback on HIE Technical Roadmap objectives

Task 3: Write the HIE Technical Roadmap

- Develop an outline for Technical Roadmap
- Write a beta draft of the Technical Roadmap
- Iteratively review and revise the Technical Roadmap with Department of Vermont Health Access (DVHA) and the HIE Steering Committee
- Interview stakeholders to collect feedback on Technical Roadmap objectives
- Prepare presentation for the Green Mountain Care Board (GMCB) (option to present)
- Finalize and integrate the Technical Roadmap into the 2020 HIE Plan

High-Level Timeline Tied to Steering Committee Meetings

Timeline

Lantana Milestones/Topics (SC Meetings in bold)	
4/3-5/1	<ul style="list-style-type: none">• Project Launch; project plan developed, approved• Draft stakeholder engagement plan, review with HIE PD
5/1 5/1-5/3	Present to SC: Introduction of the Project and Draft Stakeholder Engagement Plan; Feedback focus on Phase 1 Final window for Stakeholder Phase I SC Feedback
5/1-5/15	<ul style="list-style-type: none">• Initiate contact with stakeholders, focus on “key” stakeholders, appointments for Phase 1 face to face engagement• Review background materials• Drafting Guiding Principles, Goals, initial Roadmap Outline
5/15	Present to SC: <ul style="list-style-type: none">• Final Phase 1 Stakeholder Engagement Plan• Draft Guiding Principles and Goals for 2020• Draft Roadmap Outline
5/14-5/16	Conduct Phase 1 face-to-face stakeholder meetings
5/15-6/11	<ul style="list-style-type: none">• Incorporate feedback into Guiding Principles, Goals, initial Roadmap Outline, review with HIE PD• Conduct Phase 1 virtual stakeholder meetings• Analyze Phase 1 stakeholder findings and summarize results

High-Level Timeline Tied to Steering Committee Meetings, continued

Timeline

LantaLantana Milestones/Topics (SC Meetings in bold)	
6/12	Present to SC: <ul style="list-style-type: none">• Revised Guiding Principles and Goals for 2020• Revised Roadmap Outline• Summary Stakeholder Findings
6/12-7/9	<ul style="list-style-type: none">• Finalize Phase 2 Stakeholder Engagement Plan, review with HIE PD• Develop beta draft of Roadmap
7/10	Present to SC: <ul style="list-style-type: none">• Initial Roadmap Draft• Revised Stakeholder Engagement Plan – Phase 2
7/11-8/6	<ul style="list-style-type: none">• Schedule Phase 2 face-to-face stakeholder meetings• Conduct Phase 2 virtual stakeholder meetings• Summarize Phase 2 stakeholder engagement findings• Iterative updates to Roadmap based on feedback
7/30-8/1	<ul style="list-style-type: none">• Conduct Phase 2 face-to-face stakeholder meetings
8/7	Present to SC: <ul style="list-style-type: none">• Iterative Roadmap Updates• Summary of findings form Phase 2 stakeholder engagement
8/7-8/21	Developed expanded Roadmap draft, review with HIE PD

High-Level Timeline Tied to Steering Committee Meetings, continued

Timeline

Lantana Milestones/Topics (SC Meetings in bold)	
8/21	Present to SC: <ul style="list-style-type: none">• Expanded Roadmap Draft
8/21-9/4	<ul style="list-style-type: none">• Update Roadmap and prepare draft for external review• Review Roadmap with HIE PD
9/4	Present to SC: <ul style="list-style-type: none">• Roadmap Draft for External Review
9/4-9/18	Incorporate feedback into Roadmap, review with HIE PD
9/18	Present to SC: <ul style="list-style-type: none">• Roadmap Revisions
9/18-10/1	Integrate Roadmap into HIE Plan, make final revisions, review with HIE PD
10/2	Present to SC: <ul style="list-style-type: none">• Integration of HIE Plan• Final Roadmap Revisions
10/2-10/16	Iterative Roadmap updates as needed
10/16	Present to SC: <ul style="list-style-type: none">• Roadmap Updates, if applicable



Stakeholder Engagement

Stakeholder Engagement Plan

- Goals for Stakeholder Engagement
- Approach
- Categorization of Stakeholders
- Timeline of Activities
- Proposed List of Stakeholders for Phase 1

Feedback Requested

- Validation of Approach and Goals
- Feedback on phase 1 stakeholder list

Background Materials

Next Steps

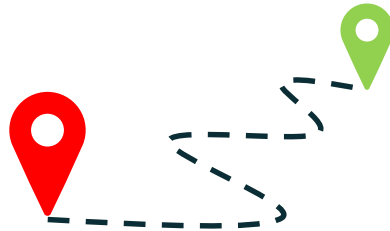
Goals for Stakeholder Engagement



1. Confirm Current State of Health IT Infrastructure (Background)



2. Identify Requirements for desired Future State



3. Develop Roadmap (objectives, action plan) based on Findings



4. Drive Consensus on Roadmap Objectives and Actions

Two Phase Approach to Stakeholder Engagement

Background Research

- Review documentation to understand the current state and progress in implementation of Health IT infrastructure
- Ensure efficient use of stakeholder time

Phase 1: Confirm current state and gather requirements for future state

- Fill gaps in understanding of the current state and establish the requirements for the desired future state

Analysis

- Summarize key takeaways, incorporate learnings into Roadmap activities and revise Stakeholder Engagement Plan for Phase 2

Phase 2: Gather feedback and drive consensus (*planning finalized in July*)

- Close gaps in understanding, drive consensus on objectives, and relevant actions to support objectives

To address different needs, perspectives, topics of discussion

Grouped into 3 categories, according to role:

- **Health IT Implementers**—Responsible or accountable for oversight, development and implementation of Health IT in Vermont
- **Health IT Consumers**—End users of Health IT infrastructure, such as providers, payers, and patients
- **Health IT Legislators**—Policy and legislative stakeholders that impact Health IT development in Vermont

Note: Most organizations fulfill more than one role

Goals for Engagement with Stakeholder Groups

Goals for Implementers

Phase 1	<ul style="list-style-type: none">• Any gaps in understanding after review of background materials• Challenges faced in the implementation of technical infrastructure• Known strengths and limitations of current technical infrastructure• Areas where the Health IT Roadmap should focus to achieve goals
Phase 2	Input and consensus on objectives and action plan of Health IT Roadmap

Goals for Consumers

Phase 1	<ul style="list-style-type: none">• Any gaps in understanding after review of background materials• Strengths and limitations in using technology and health information• Areas where the Health IT Roadmap should focus to achieve goals
Phase 2	Input and consensus on objectives and action plan of Health IT Roadmap

Goals for Legislators

Phase 1	Alignment to current and future policy and regulatory landscape
Phase 2	Input and consensus on objectives and action plan of Health IT Roadmap

Validation of Approach and Goals of Stakeholder Engagement Feedback on List of Proposed Stakeholders for Phase 1

- Gaps in coverage?
- Prioritization for Phase 1 Face to Face meeting
- Identification of Technical Reps, Consumer Reps, others

Confirmation of overall Timeline and Face to Face meetings

Required preliminary to stakeholder engagement activities

- Avoid repetition of previously shared information
- Establish trust based on efficient use of time

Background materials from Implementers:

- Technical documentation
- Current and planned systems
- Information and data workflows
- Progress updates, short and long-term objectives, etc.

Background materials from Consumers:

- Relevant stakeholder input, position papers or white papers that explain stakeholders' viewpoints or requirements of Health IT

Background materials from Legislators:

- Key policy, position papers

Timeline of Stakeholder Engagement: Phase 1

Week	Activity
4/18 – 4/30	<ul style="list-style-type: none">• Draft the Phase 1 Stakeholder Engagement Plan and Review with HIE PD
5/1 – 5/3	<ul style="list-style-type: none">• Review with HIE SC<ul style="list-style-type: none">• Identify ~6-8 key stakeholders in Phase 1 for face-to-face interviews• Identify Technical Reps for Steering Committee stakeholders• Identify additional organizations for Phase 1 stakeholder engagement
5/6 – 5/13	<ul style="list-style-type: none">• Request background materials from key stakeholders• Set up Face to Face and virtual interviews for Phase 1
5/13 – 5/17	<ul style="list-style-type: none">• Review Final Phase 1 Stakeholder Engagement Plan with Steering Committee• Initiate Phase 1 virtual meetings
5/20 – 5/24	<ul style="list-style-type: none">• Continue Phase 1 virtual meetings• Summarize findings from prior week meetings (iterative)
5/27 – 5/31	<ul style="list-style-type: none">• Finalize Phase 1 virtual meetings• Summarize findings from prior week meetings (iterative)
6/3 – 6/7	<ul style="list-style-type: none">• Analyze findings and draft key takeaways from Phase 1
6/10 – 6/14	<ul style="list-style-type: none">• Review findings and takeaways with HIE PD & HIE SC

List of Proposed Stakeholders for Phase 1

Organization	Stakeholder Group	Name, Title, Role on HIE SC (if applicable)	Domains/Topics to Cover with Stakeholder (To be filled in iteratively as background information is obtained)
Vermont Department of Health	Health IT Implementer, Consumer	Tracy Dolan, Deputy Commissioner of Public Health, Public Health Lead for HIE SC	Registries – effectiveness, planning, future requirements, roadblocks Analytics – what kind, data problems, data quality, aggregation tools etc. Prescription drug program – challenges, legislative landscape issues. Sharing of data between Blueprint, Vermont Care Partners, VHIE, OneCare etc.
		Karen Clark, Technical Representative	
		Murali Athuluri, Informatics Consultant to VDH	
Vermont Care Network/ Vermont Care Partners	Health IT Implementer, Consumer	Simone Rueschemeyer, Executive Director, Mental Health & Substance Use Representative	Extraction/Aggregation – mental health data, data problems, data quality, aggregation tools etc. Legislative landscape , 42 CFR Part 2, Vermont Care Network – data extracts? Does it connect to VHIE, how? Roadblocks, problems? Duplication of data? Prescription Drug Program - Sharing of data between Blueprint, Vermont Care Partners, VHIE, One care etc.
		Ken Gingras, Technical Representative	
Bi-State Primary Care Association	Health IT Implementer, Consumer	Georgia Maheras, Vice President, Policy and Programs. Primary Care Representative	Data quality initiatives with VITL, data quality remediation model Analytics, data visualization – what purposes, needs, how has it helped the MOI effort with FQHCs
		Heather Skeels, Technical Representative	
Vermont Association of Hospitals and Health Systems	Health IT Implementer, Consumer	Emma Harrigan, Director of Policy, Analysis and Development. Hospital Care Representative	VHIE – integration into EHRs and hospital systems Mandated reporting in the state and provider burden Use of registries and data – quality of analytics, aggregation, ease of extraction. Statewide programs , alignment of requirements Use of standards for data exchange and reuse
		Maybe tech/CTO from 1 or more hospitals? UVMHC, regional & FQHC hospitals?	

List of Proposed Stakeholders for Phase 1

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Blue Cross Blue Shield of Vermont	Health IT Consumer, Implementer	Jimmy Mauro, Payer Representative Technical Representative	All Payer Claims Database, FHIR standards Response to technical landscape shifting on Federal and State level
OneCare Vermont	Health IT Implementer, Consumer	Tyler Gauthier, Manager, Quality, Innovation & Analytics. Accountable Care Organization Representative Norm Ward, Family Physician, CMO of OneCare Katie Muir, Technical Representative	Data requirements for ACO reporting , sustainability, ease of reporting , data quality , data aggregation , effectiveness of data feeds from VHIE, Sharing of data between Blueprint, Vermont Care Partners, VHIE, One care etc.
The Blueprint for Health Program	Health IT Implementer, Consumer	Beth Tanzman, Executive Director. Practice Innovation Lead Katie McGee, Capital Health Associates.	SUD data registry, aggregation, legislative landscape around Substance Abuse data. Sharing of data between Blueprint, Vermont Care Partners, VHIE, OneCare etc. Effectiveness of Blueprint Sprint process to support data quality
Green Mountain Care Board	Health IT Legislator, Consumer & Implementer	Sara Kinsler, Director of Strategy and Operations	VHCURES – Data sets stored? Master Patient Index for VHCURES – overlap with others in the state?
Agency of Digital Services at State of VT	Health IT Implementer	Andrew Laing, Chief Data Officer. Technologist	Enterprise Architecture recommendation? Status? Do we need to fit into this architecture? If so, how?
Department of Vermont Health Access; Vermont Health Information Exchange Program	Health IT Implementer, Consumer	Emily Richards, Program Director. Operation Support Representative Jenney Samuelson, Deputy Commissioner	Health Care Reform Current & future policy, regulatory landscape

List of Proposed Stakeholders for Phase 1

Organization	Stakeholder Group	Name, Title, Role on HIE SC (if applicable)	Domains/Topics to Cover with Stakeholder (to be filled in iteratively as background information is obtained)
Vermont Information Technology Leaders	Health IT Implementer	Michael Smith, Interim President & CEO. Frank Harris	Master Patient Index, overlap with VHCURES. Overlap of aggregation of data and data quality initiatives with Blueprint, OneCare, etc. Consent Usage of HIE data in provider sites Interoperability – Standards use, shifting landscape of federal requirements, Connectivity Criteria NPRM (CMS/ONC), impact of TEFCA
Additional (Non-HIE SC) Stakeholders			
Vermont Medical Society	Health IT Consumer, Implementer	Jessa Barnard, Executive Director	Suggested alternatives: Norm Ward (OneCare), James Ulager (UVMHC); Also GNCB Primary Care Advisory Group, General Advisory Committee
University of Vermont Health Network / University of Vermont Medical Center	Health IT Consumer	James Ulager, Director of Primary Care Leah Fullem, VP, Enterprise Information Management and Analytics, VITL Board of Directors	
Self-insured Payer	Health IT Consumer		
Northwest Medical Center	Health IT Implementer	Joel Benware, VP of Information Systems and Compliance, VITL Board of Directors	

List of Proposed Stakeholders for Phase 1

Organization	Stakeholder Group	Name, Title, Role on HIE SC (if applicable)	Domains/Topics to Cover with Stakeholder (to be filled in iteratively as background information is obtained)
Individual Patients and Providers	Health IT Consumers	Linda Leu, Former director of Medical Services. Representing a person who engages with the health care system	HIE SC
		Terry Holden, Patient Advocate	
		Steve Kappel, Policy Integrity	Claims and clinical data based for both policy needs and in direct support of providers in the areas of population health management and clinical quality improvement
		Andrew Miller, Pharmacist, Owner of Brattleboro Pharmacy	
		David Sichel, Private Citizen	
		Eli Lesser-Goldsmith, Citizen	
Little Rivers Healthcare (FQHC)	Health IT Consumer	Gail Auclair, CEO, MSN, RN	
Rutland Regional Medical Center	Health IT Consumer	Jeffrey McKee, Psy.D. VP, Community and Behavioral Health	

Gather feedback through Friday, May 3

- Finalize list of Stakeholders for Phase 1
- Finalize Stakeholder Engagement Plan based on Feedback

Request background materials

Set up Face to Face meetings with key stakeholders for May

Set up virtual meetings with remaining stakeholders

Questions?

Wrap-Up

At the next meeting we will:

- Hear from Jimmy Mauro on the payer's perspective on HIE
- Continue the IT Roadmap development process
 - **Homework: Provide feedback on the stakeholder list by Friday, April 3**
- Discuss the Steering Committee's data governance model/role
 - **Homework: Review the draft data governance language in preparation for discussion at the next meeting**