

HIE Steering Committee

May 15, 2019



Upcoming Steering Committee Meetings:

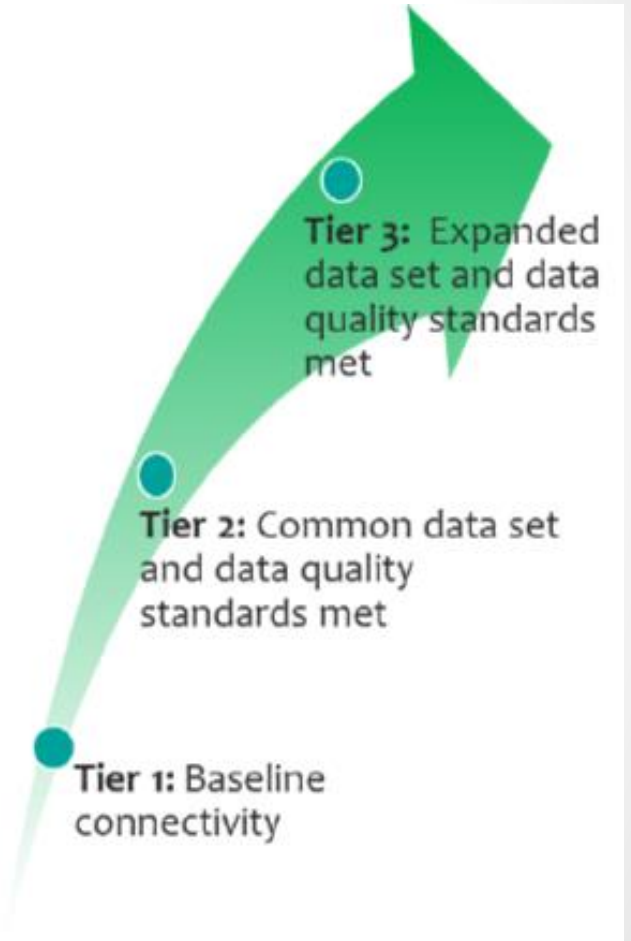
- June 12 & June 26
- July 10 & July 24
- August 7 & August 21

Agenda

Topic	Schedule
Welcome	10:30 – 10:35
Connectivity Criteria – Stakeholder Engagement Process	10:35 – 10:45
Jimmy Mauro and Joshua Plavin, BCBS Perspective on HIE	10:45 – 11:15
Lantana/Velatura, IT Roadmap Planning and Stakeholder Engagement Process Review	11:20 – 12:05
Data Governance Discussion	12:05 – 12:25

Connectivity Criteria – How Would You Like to Be Involved?

- **18 V.S.A. § 9352:** *VITL, in consultation with health care providers and health care facilities, shall establish criteria for creating or maintaining connectivity to the State's health information exchange network. VITL shall provide the criteria annually on or before March 1 to the Green Mountain Care Board*
- The current version of the Connectivity Criteria was submitted in this year's HIE Plan.
- VITL is responsible for updating the Criteria annually and relies on stakeholders to do so – *would you like to be part of the process?*



HIE Steering Committee



Overview

Joshua Plavin, MD, Vice President and Chief Medical Officer
Jimmy Mauro, Director, Reimbursement and Analytics

Our Vision

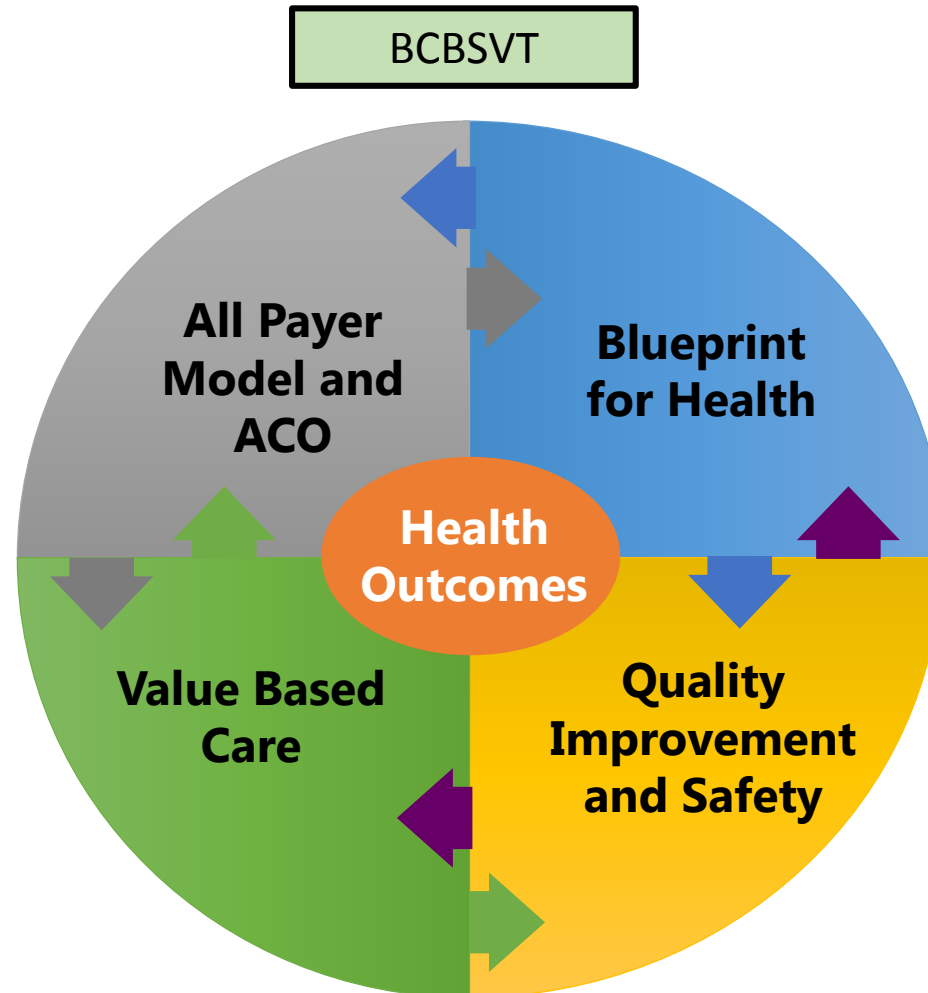
A transformed health care system in which every Vermonter has health care coverage, and receives timely, effective, affordable care.

Our Mission

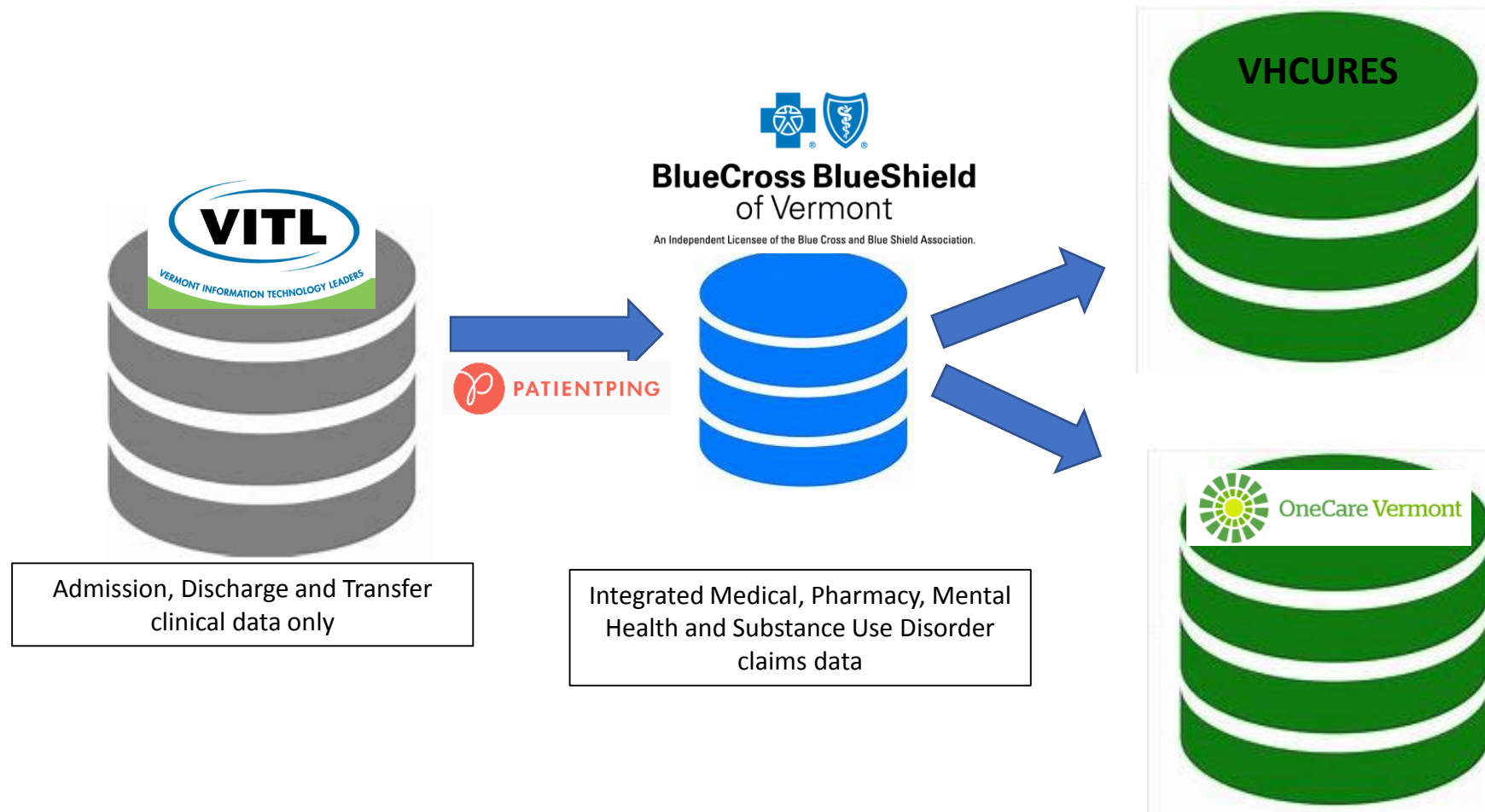
We are committed to the health of Vermonters, outstanding member experiences and responsible cost management for all of the people whose lives we touch.

- Local, non-profit Vermont company
 - Vermont-based mission and customer support
- Vermonters serving Vermonters
 - About 400 employees in Berlin, VT serving over 200,000 members
- Customer and community focused
- Committed to outstanding member experiences
 - World class service & support
- Supporting Vermont's health care reforms
- Board of Directors in Vermont, about Vermont

How does BCBSVT's work relate to the overarching goals of HIE in Vermont?

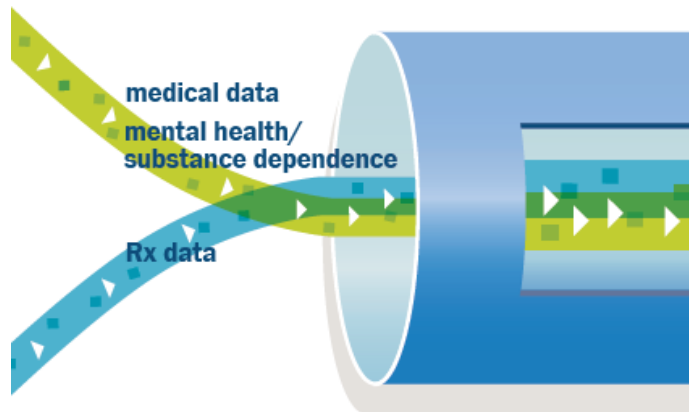


BCBSVT and HIE



Integration and “whole person” approach

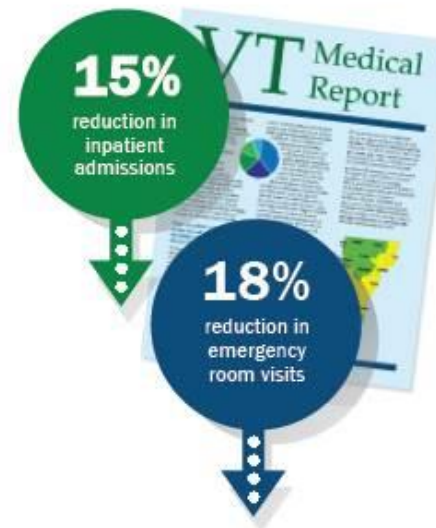
You get better clinical and financial results with the integration of data, programs, and people.



Integration enables better clinical decision making and improves member safety, engagement and experience.

Joining medical management, mental health/substance dependence, and Rx data in real time enables a range of powerful interventions that improves care and lowers costs

Over 100 safety alerts sent to providers each week



Vermont employers that integrate medical and pharmacy benefits experience **reductions in inpatient, outpatient, and ER rates.**

Improving Standard of Care Results

- **Cervical Cancer Screening**

(46,847 members, 8,231 with a gap)

- **Moved from 50th to the 90th percentile**
- Projects:
 - Joint Payer Project
 - Rutland Care Opportunities Pilot
 - Employer Group Mailings

- **Colorectal Cancer Screening**

(54,323 members, 13,733 with a gap)

- **Moved from 75th to the 90th percentile**
- Projects:
 - Joint Payer Project
 - Rutland Care Opportunities Pilot
 - Employer Group Mailings

- **Adolescent Well-Visits**

(20,483 members, 8,912 with a gap)

- **Maintained a rate in the 75th percentile**
- **Increased adherence rate by 6 percentage points in 4 years**
- Projects:
 - AYAH-COIIIN
 - OneCare collaboration

Proactive and Collaborative Approach to Chart Retrieval To Improve Results

6,000 Charts Collected Directly in 2018

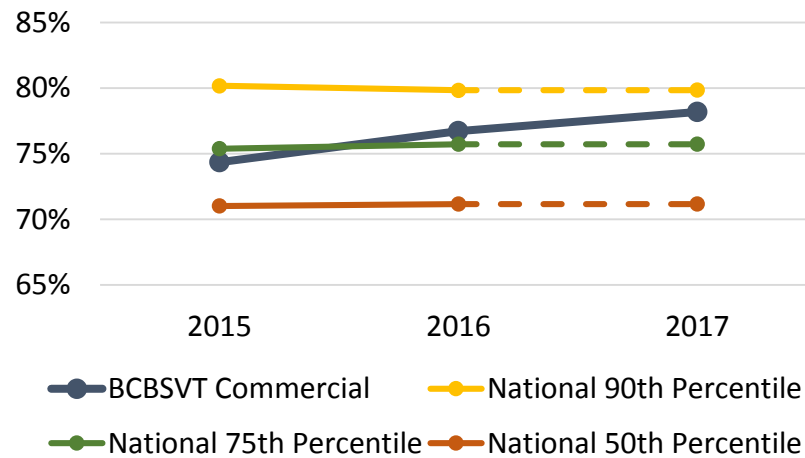
- ✓ Proactive outreach
- ✓ Earlier start
- ✓ Remote access to EMRs at UVM, DHMC, CVMC

Improving Member Health

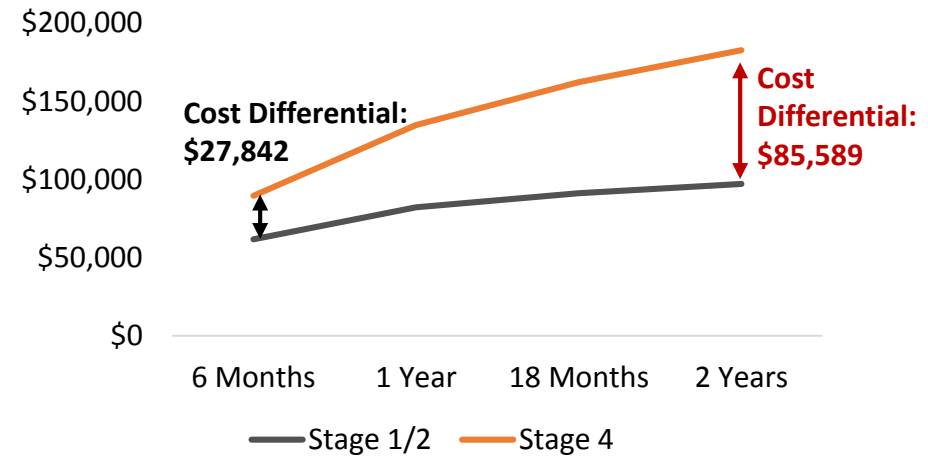
- **Breast Cancer Screening**
(26,086 members, 6,239 w/ a gap)
 - Moved from **50th** to the **75th** percentile band
- Why is this important?
 - Improved clinical outcomes for members
 - Diagnose cancer at an earlier stage

BCBSVT Projects	
Monthly Reminder Card	Wellness/ Client Mailings
Joint Payer Project	Rutland Care Opportunity Pilot

Percentage of Women Appropriately Screened for Breast Cancer



Cost of Cancer Treatment over Time Based on Stage at Diagnosis

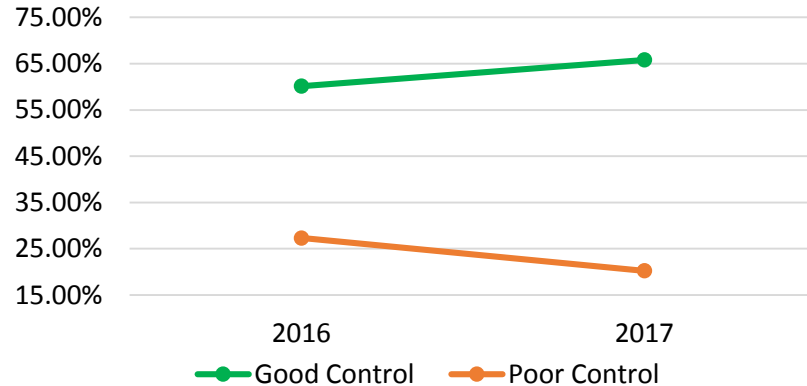


Impacting Members with Diabetes

- **Comprehensive Diabetes Care**
(6,951 Members, 1,773 with a gap)
 - **Moved from 50th to the 75th percentile**
- **Why is this important?**
 - Improved clinical outcomes for members
 - Improved adherence leads to better control

BCBSVT Projects	
OneCare Collaboration	Wellness/ Client Mailings
Targeted Member Mailing	Rutland Care Opportunity Pilot
Collaborative Member Outreach with VSP	

BCBSVT Diabetes Control



392 Additional members in good control in 2017

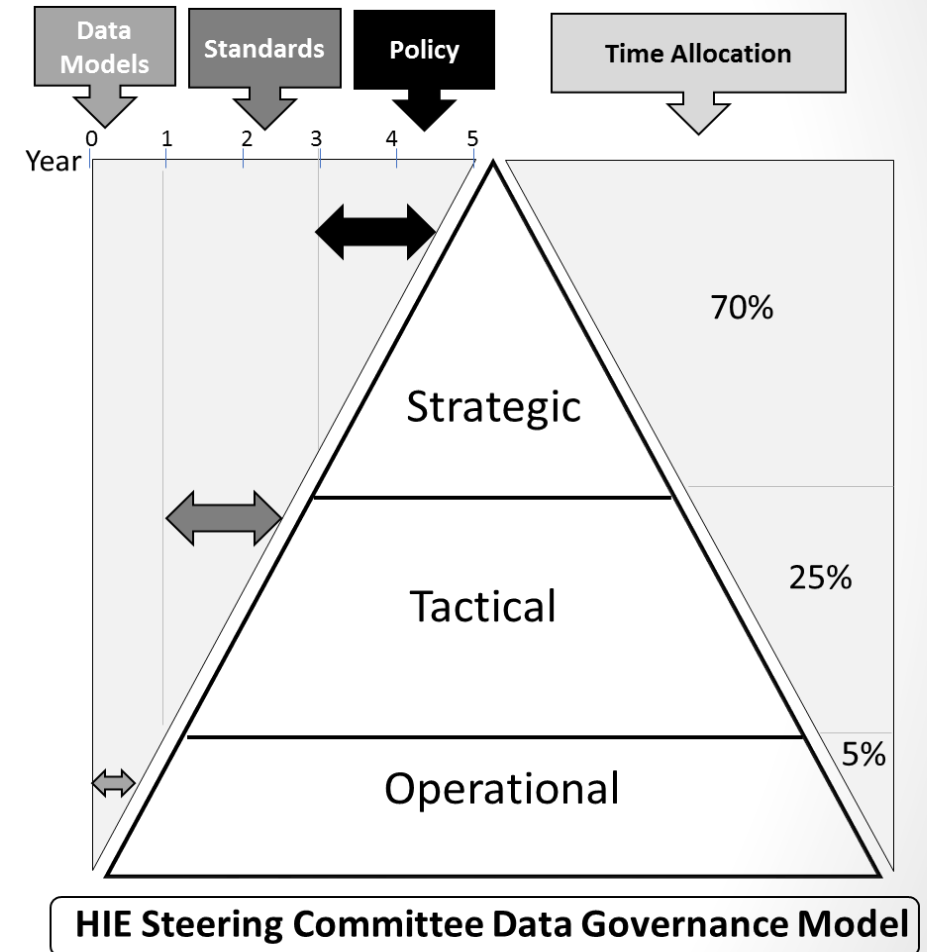
Potentially Avoidable ER Utilization Costs

- A review of 3 years of BCBSVT claim data showed that members in good control have lower ER utilization and costs than those in poor control
- If the **392** members had utilized the ER at the rate/cost of members in poor control, they would have added up to \$83,075 in ER claims:

\$83,075 potentially avoided costs

Data Governance

- Focus on the 2020 HIE Plan as it relates to data governance –
 - I. Build on the 2019 HIE Plan reference to data governance as a tool to enhance data quality
 - II. Reinforce the value of data governance and the reasons why the Steering Committee is considering the concept
 - III. Describe the Steering Committee's discussion of the topic
 - IV. Propose a general data governance model
 - V. Identify data governance activities for 2020 (*To be developed as a result of the IT Roadmap creation process*)



How do we execute data governance activities?

- Ad hoc committee?
- Third-party vendor developing meeting pre-identified needs for standards, policies, business agreements, etc.?
- Permanent HIE Steering Comm. data governance committee?