

HIE Steering Committee

April 17, 2019



Today's Agenda

Topic	Schedule
Welcome	10:30
Consent Policy Update	10:30 – 10:35
Andrew Laing and Emily Richards, Data Governance	10:35 – 11:25
Tyler Gauthier, OneCare Vermont's Health IT Efforts in Support of the All-Payer Model	11:30 – 12:00
Georgia Maheras & Heather Skeels, Bi-State Primary Care Association Model for Improvement	12:00 – 12:30

What's Coming Up?

- May 1
 - Presentations from Beth and Sarah
 - Introductions to the HIE Roadmap Consultants & Stakeholder Engagement Planning
 - Finalize the Charter (vote)
 - Receive draft data governance language for review
- May 15
 - Presentation from Jimmy
 - Finalize data governance language
 - HIE Roadmap: Review Draft 2020 Goals and Final Stakeholder Engagement Plan

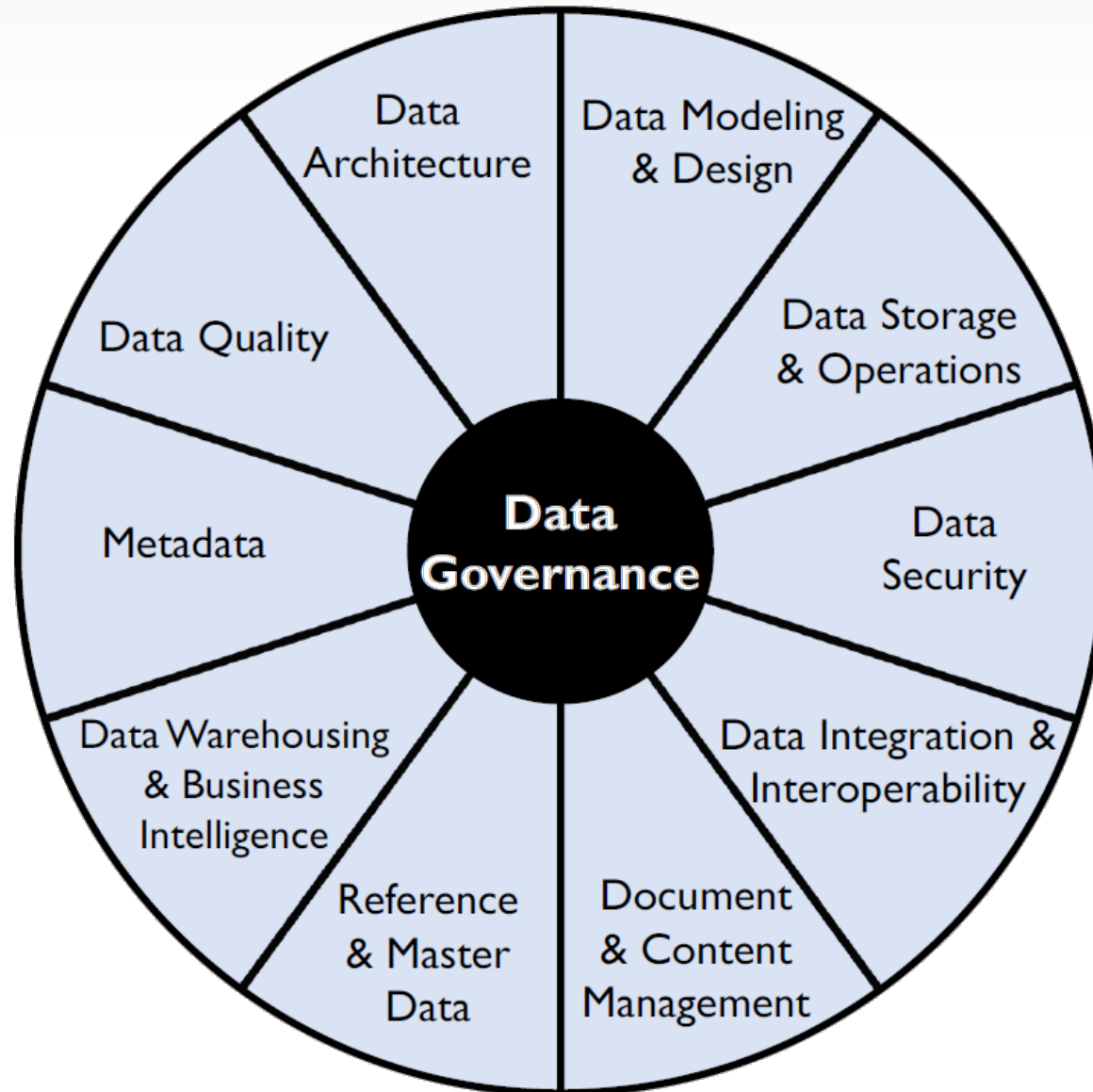
Data Governance



Data Governance

Data Governance is exercise of authority and control including planning, monitoring and enforcement over the management of data assets and associated processes and practices.

Data Management

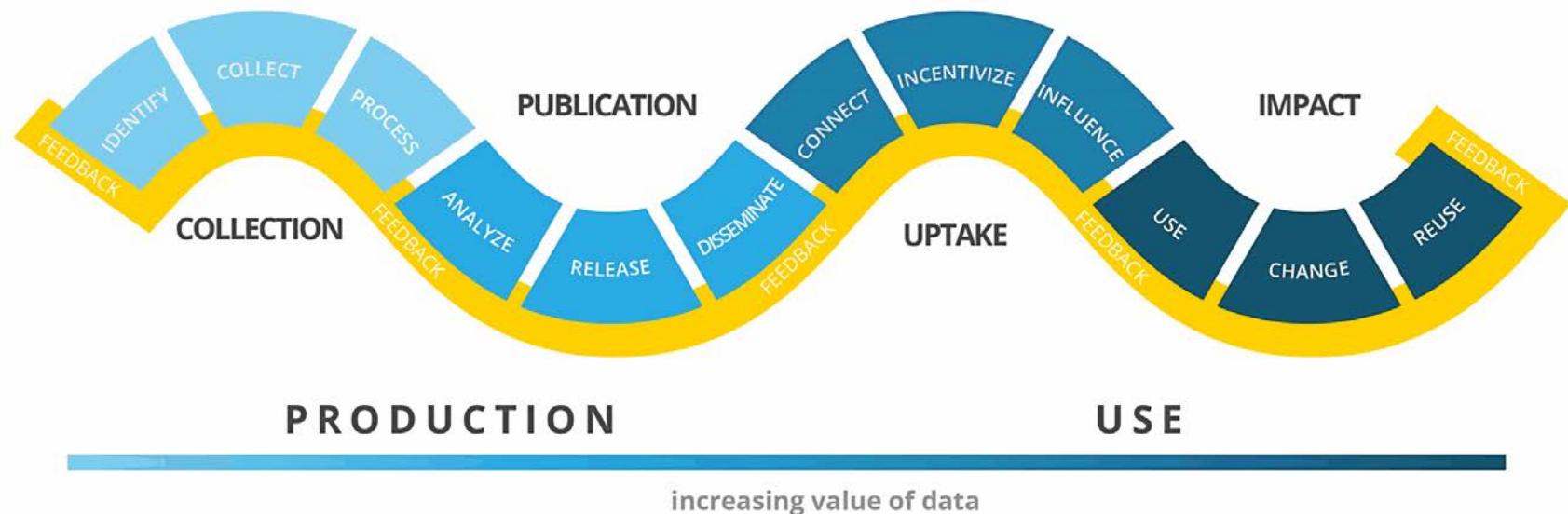


Functions of Data Governance

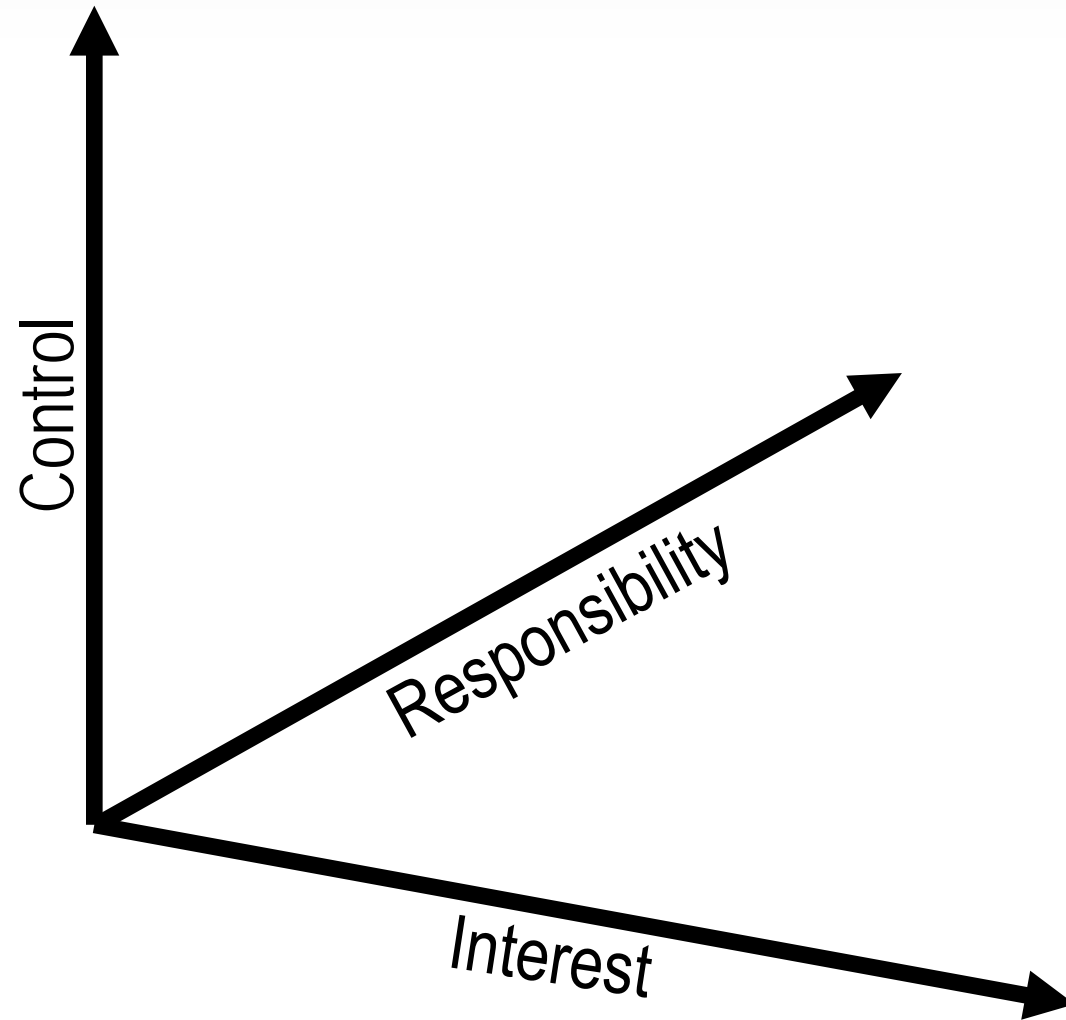
- **Strategy**
 - Define communicate and drive execution of Data Strategy and Data Governance Strategy.
- **Policy**
 - Set and enforce policy related to data management, access, use, security, and quality.
- **Standards**
 - Set and enforce data quality and data architecture standards.
- **Oversight and Compliance**
 - Provide audit for quality, policy, and data management.
- **Issue Management**
 - Identify, define, escalate, and resolve issues related to data management.
- **Data Management Projects**
 - Sponsor efforts to improve data management practice.
- **Data Asset Valuation**
 - Set standards and process to consistently define the business value of data assets.

Data Governance Value

1. Increase effectiveness and efficiency of operations
2. Facilitate oversight
3. Promote transparency in work to improve outcomes for Vermonters.



Data Ownership



Existing Data Governance Functions

- State of Vermont
 - Public Records
- Agency of Digital Services
 - Data Management Division
- Green Mountain Care Board
 - Data Governance Council
- Agency of Human Services
 - Data Governance Council
- AoE Data Governance
- Open Data Portal, VCGI, Data.gov

HIE Steering Committee Data Governance

- What are the Data Governance responsibilities and functions that the HIE Steering Committee should take on?
- What Data Governance responsibilities and functions should HIE Steering Committee require or encourage from its partners and stakeholders?
- How does HIE understand stakeholder interests and responsibilities and facilitate appropriate communication and collaboration for best shared interests?

The future of healthcare reform



OneCare is
reimagining
how health
care is
delivered.

OUR PURPOSE

Create meaning and insights
from large quantities
of complex data.



Advanced Analytics Accelerate Healthcare Reform

- Provide timely, useful reports
- Use data to drive change and improve quality of care
- Provide insights into individual and population health needs
- Access to information about care received anywhere
- Share data to reduce duplication of services and address gaps in care
- Evaluate the impact of interventions and investments



Improving Health Outcomes through Analytics

Provide

population trend reports and comparative data to inform clinical improvement activities

Assess

quality performance and identify best practices to transform care delivery

Highlight

variations in treatment patterns, costs, and outcomes

Innovate

by evaluating new approaches to population health management



Improving **Financial** Outcomes through Analytics

Evaluate

historical healthcare cost and utilization trends in support of a transition to value-based care

Design

financial strategies, models and reimbursement methods to move away from fee-for-service payments

Monitor

cost and utilization reports, evaluate performance, and manage risk

Identify

improvement activities that can yield positive financial and quality outcomes





Challenges

Vermont has a closely regulated healthcare reform environment

The ACO does not receive Mental Health and Substance Abuse data

Payer willingness and ability to share data varies

Data not standardized & requires work to make it meaningful

Key stakeholders needs and expectations vary

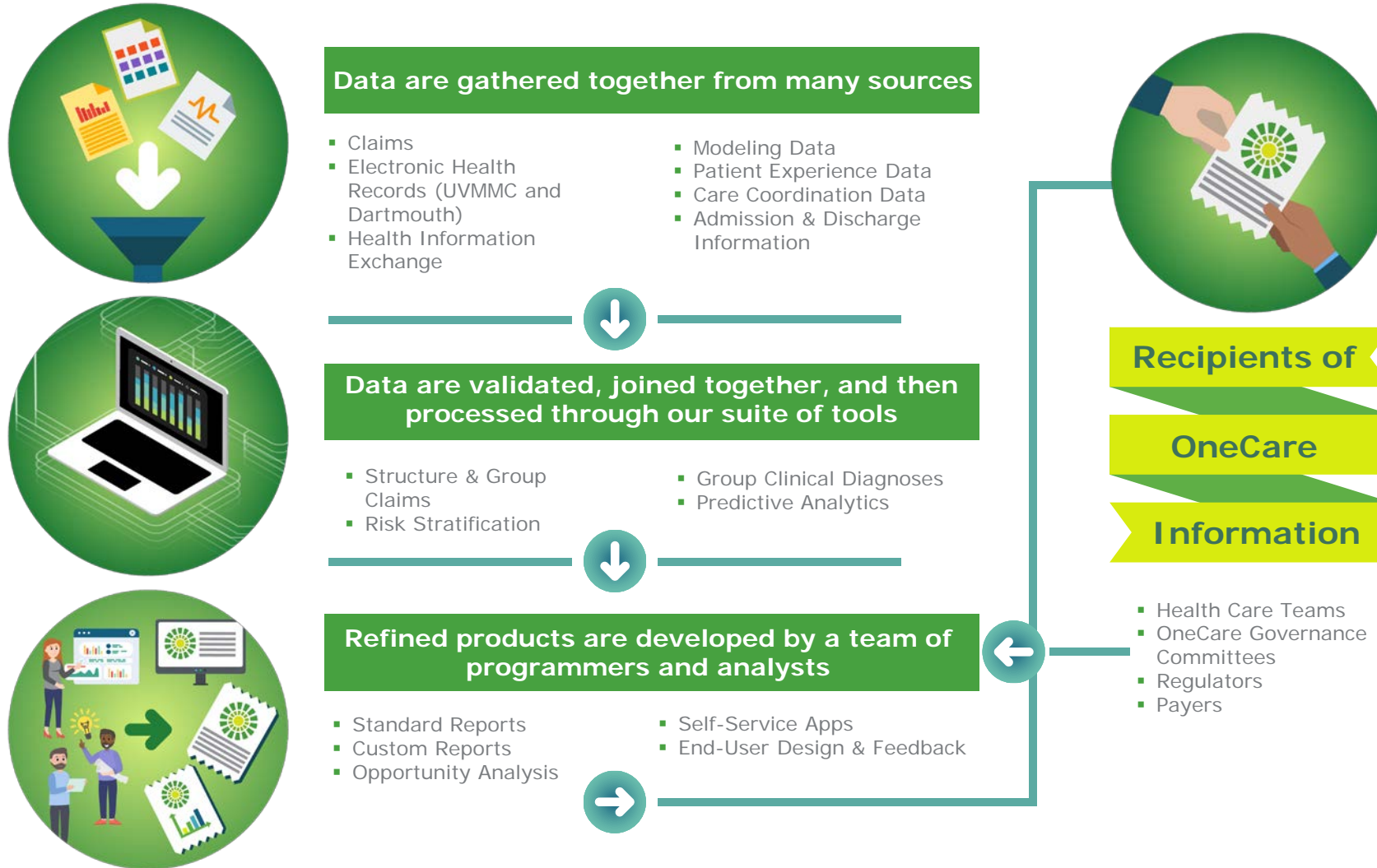
As the ACO grows, more training is needed in reading and interpreting data

Disparate medical records and frequent vendor changes require flexibility to adapt to changing systems



OneCare Data Flow Process:

Turns data into actionable information



OneCare Moves Value-Based Care Forward with Vermont Health Information Exchange Data

Current State

- Connects OneCare to clinical data from electronic health records
- Provides OneCare with standardized data sets from diverse vendors
- Shares real-time Admission, Discharge, and Transfer (ADT) messages
- Facilitates patient matching to accurately connect data
- Supports quality improvement initiatives
- Provides historical clinical data for new ACO participants

Future State

- Serve as Master Patient Index (MPI) resource to connect ACO clinical and claims data
- Leverage data to meet ACO Quality Measures to reduce administrative burden
- Serve as a rich data source for predictive modeling
- Provide standardized set of clinical data
- Inform population health initiative and investments
- Disseminate clinical assessment data



Bi-State Programs and the HIE

Georgia J. Maheras, Esq.
& Heather E. Skeels

April 17, 2019



Bi-State Primary Care Association

Who is Bi-State?

Bi-State Primary Care Association was established in 1986 to serve Vermont and New Hampshire. Bi-State is a nonprofit, 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in New Hampshire and Vermont. Bi-State has served as a catalyst for diverse groups, with varying interests, to organize around a shared vision of access to health care for all.

Bi-State members include federally qualified health centers (FQHCs), rural health clinics (RHCs), hospital-supported primary care practices, area health education centers (AHECs), clinics for the uninsured, Planned Parenthood, and health center controlled networks.

What does Bi-State do?

Bi-State works with federal, state, and regional health policy organizations, foundations, and payers to develop strategies, policies, and programs that provide and support community-based primary health care services in medically underserved areas.

Bi-State's nonprofit recruitment center provides workforce assistance and candidate referrals to FQHCs, RHCs, and private and hospital-sponsored physician practices throughout Vermont and New Hampshire. The Recruitment Center focuses on recruiting and retaining primary care providers including physicians, dentists, nurse practitioners, and physician assistants.

Vermont Rural Health Alliance (VRHA)

Who is VRHA?

- A program of Bi-State Primary Care Association
- A Health Center Controlled Network (HCCN)
- Members of VRHA are the 11 FQHCs in Vermont
- VRHA regularly collaborates with 2 other HCCN entities CHAN (NH) and Breakwater (MN)

What does VRHA do?

- A vehicle for health care initiatives; a mechanism to get information back directly to policymakers and state leadership - “Policy into Practice”
- Direct connection to environmental drivers
- Alignment of health care initiatives at national and state level; deep understanding of components and how all of the initiatives interlock
- Work is directed by the FQHC participants and responds to needs of the FQHCs
- Respond to the FQHC regulatory environment
- Support HRSA (funder and regulator) goals for FQHCs

Connection to the HIE Strategic Plan

Supporting the HIE Strategic Plan and Overarching Goals

Goal 2: Improved Efficiency of Health Care Delivery Operations

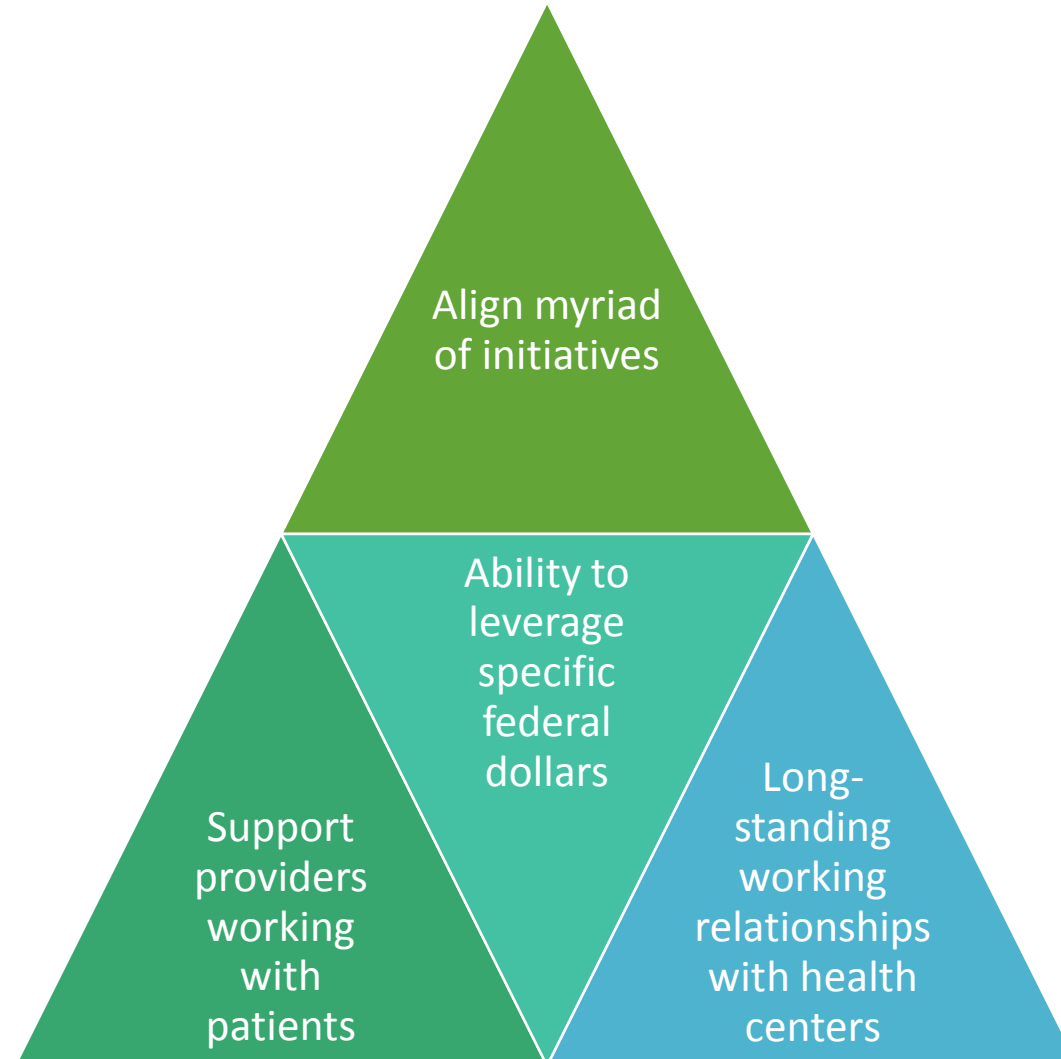
- VRHA is well situated to assist with defining priority elements required to support health system reporting and analysis
- VRHA provides health care organizations with data to support measurement for QI, reporting needs, and decision making

Goal 3: Data-Informed Investment

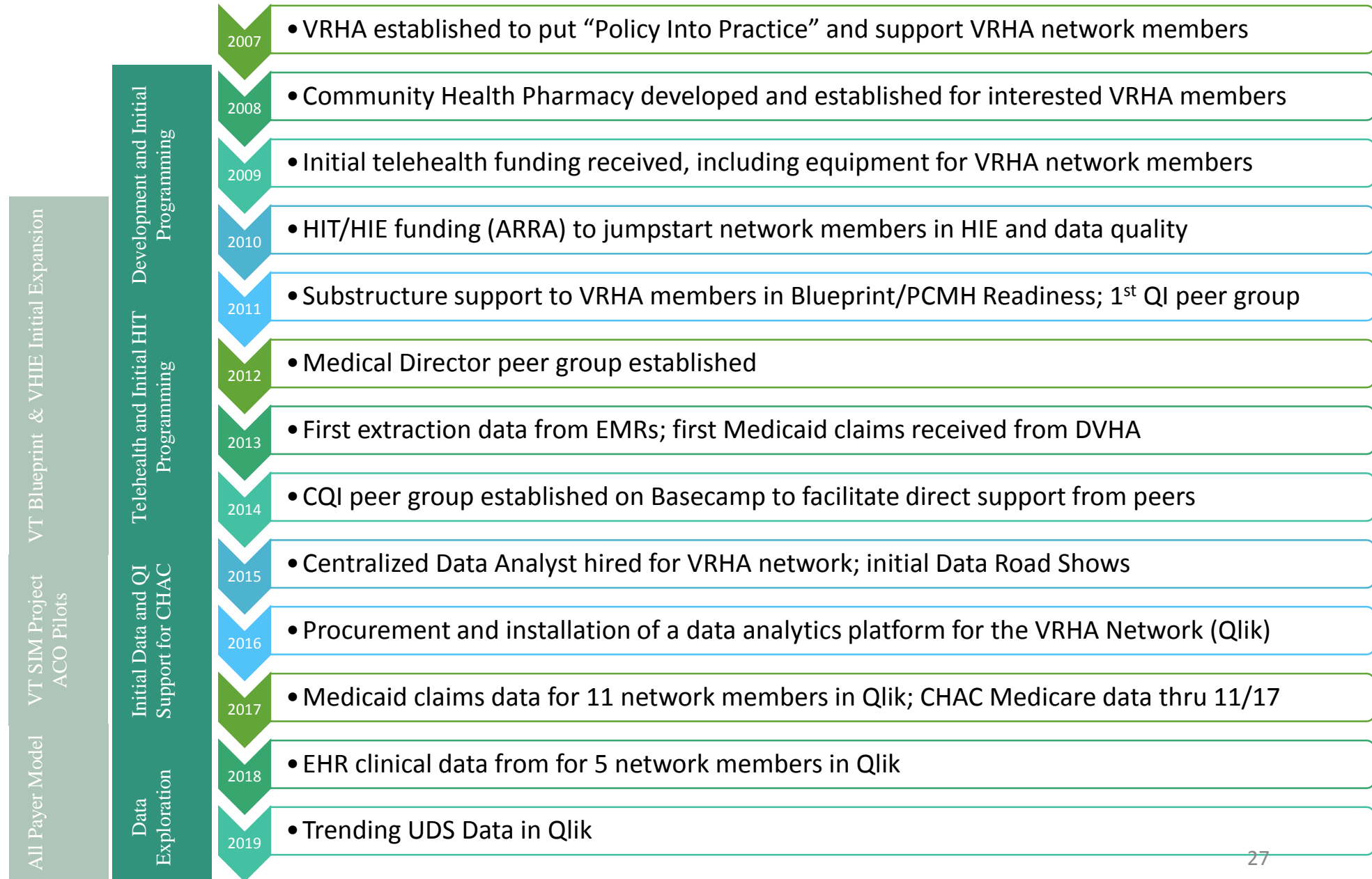
- VRHA can provide aggregate data to support evaluation and program decision making
- VRHA supports health centers with data to inform investment decisions that maximize use of resources and promote positive health outcomes

VRHA Background

HCCN Structure Advantages



VRHA evolves to meet changing health care landscape and needs of health centers



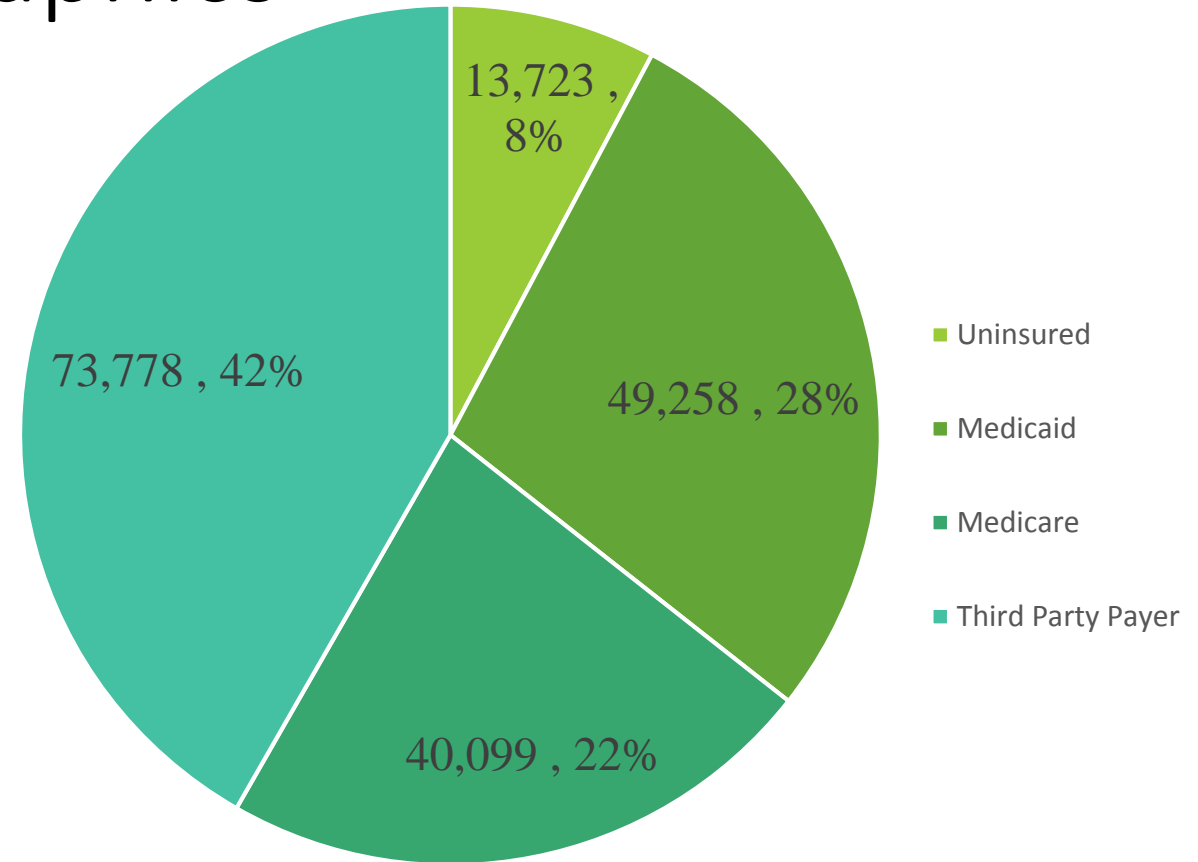
Vermont FQHC Demographics

VT FQHC Patient Population

- Vermont's FQHCs saw **176,858** patients in 2017
- Patients to Vermont's FQHCs made **704,463** visits

Special Populations

- Patients below 200% FPL **33,718**
- Patients who are homeless **2,832**
- Patients who are Veterans **7,097**



FQHC Patients by Insurance Status

EHR Vendors

EHR Vendors for FQHCs		
	GE Centricity 2	Medent 2
	NextGen 1	Allscripts 1
eClinicalWorks 5		

2019 UDS Clinical & Health Outcome Measures

Early Entry into Prenatal
Care

Childhood Immunization
Status (Combo 10)
CMS117v7

Cervical Cancer Screening
CMS124v7

Weight Assessment and
Counseling for Nutrition
and Physical Activity for
Children and Adolescents
CMS155v7

Body Mass Index (BMI)
Screening and Follow-Up
Plan
CMS69v7

Tobacco Use Screening
and Cessation
Intervention
CMS138v7

Use of Appropriate
Medications for Asthma
CMS126v5

Statin Therapy for the
Prevention and Treatment
of CVD
CMS347v2

Ischemic Vascular Disease
(IVD): Use of Aspirin or
Another Antiplatelet
CMS164V7

Colorectal Care Screening
CMS130v7

Screening for Clinical
Depression and Follow-Up
Plan
CMS2v8

HIV Linkage to Care

Dental Sealants for
Children aged 6-9 Years
CMS227

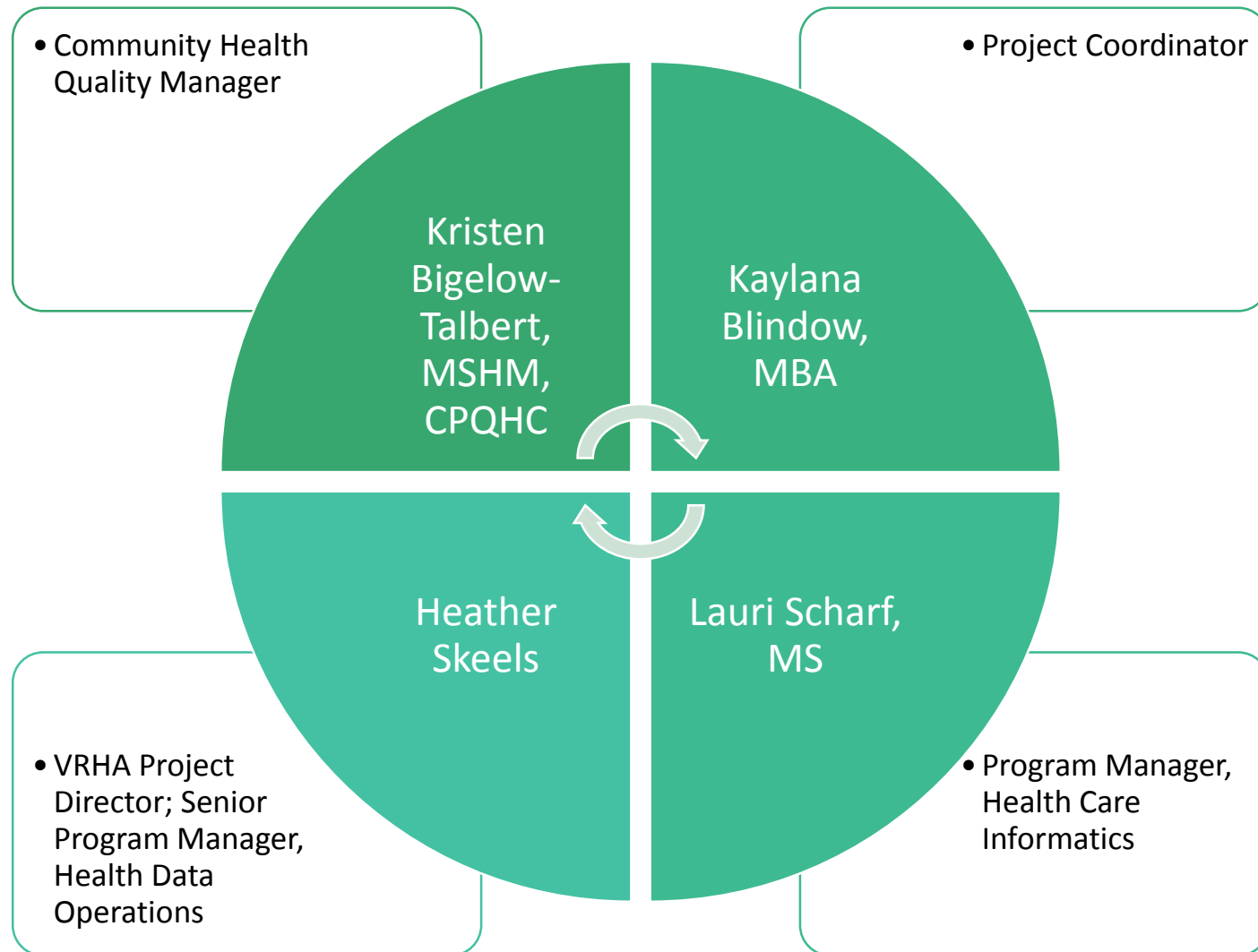
Diabetes Hemoglobin A1c
Poor Control
CMS122v7

Controlling High Blood
Pressure
CMS165v7

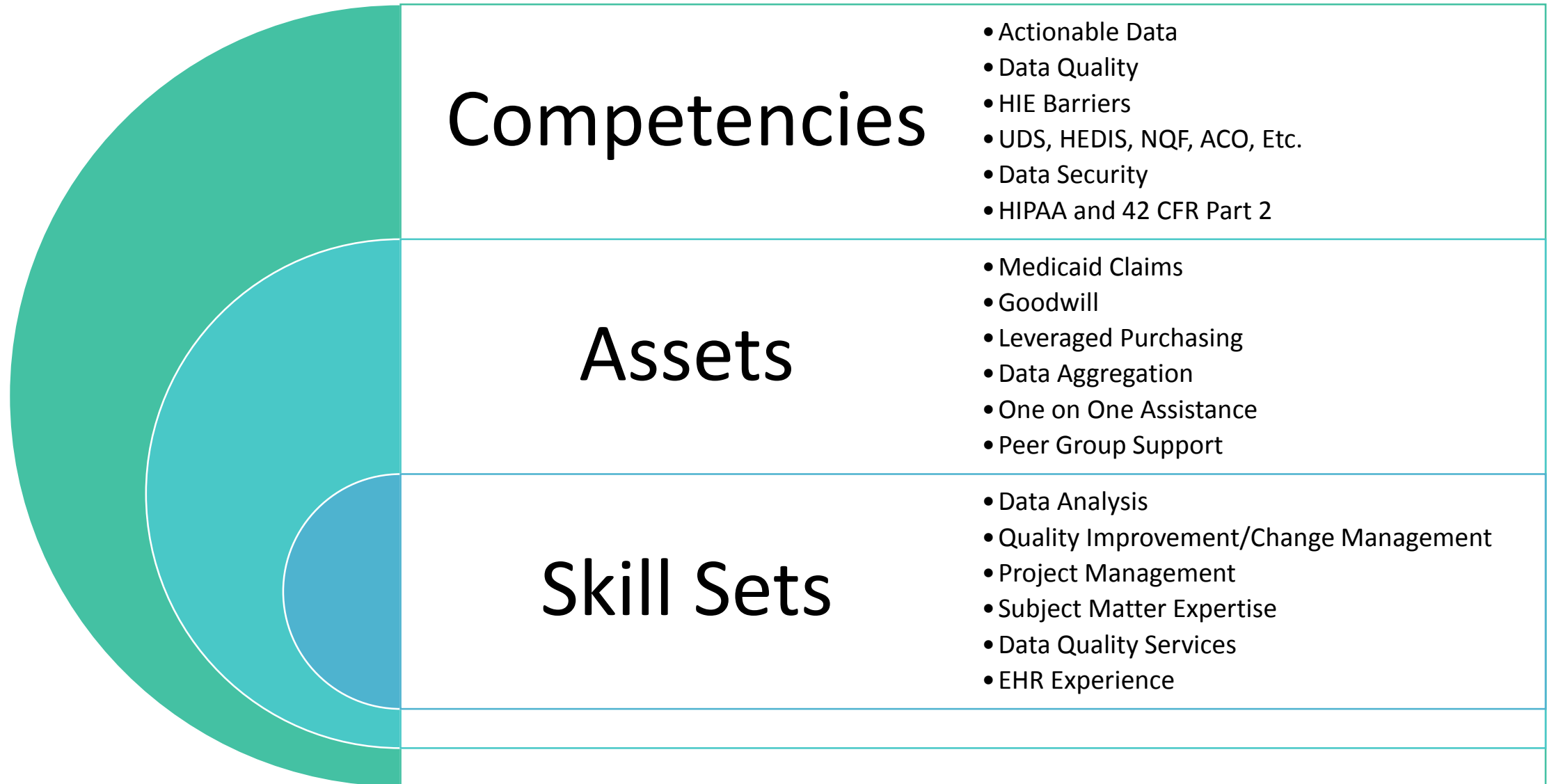
Low Birth Weight

VRHA Staff and Services

VRHA Programmatic Staff



Capabilities



Wrapping Around



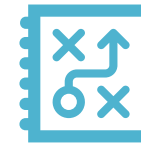
Online Training Series



Peer to Peer Groups and Meetings



Individualized Technical Assistance
and Application Development



Initiative Support e.g. CDC
1518 for DM and CVD or
IET and other ACO
Measures

Winter Training Series September to Now



Root Cause Analysis, a three-part training

Faces of Aces Presentation and Q&A

MIPS/MACRA

Flourishing Communities and Scaffolding Hope, a three-part series

Credentialing Tips and Tricks

Blood Pressure Competency Training

Introduction to LEAN

Insulin Pump Program Presentation and Discussion

Health Equity for the LGBTQ Population

Peer Groups Meeting Topics, July to Now



Care Coordinator (6x/year)

- WIC Eligibility, Neighborhood Navigator Tool, Care Coordination Tools for DM and HTN, Financial Resources and Tools for Patients, and VPQHC Overview of Care Transitions Network.

CQI Peer to Peer (6x/year)

- Site Visit Recap, LRHC Approach to BH in Schools, PCMH, Qlik Apps (every meeting), CQS Day Topic Brainstorm, Training Topics Brainstorm, HCCN Funding Opportunity, VPMS, Public Policy Summary, Hypertension Guidelines, Opportunities in the HIE and VITL Access.

Medical Directors (2x/year)

- Top UDS Performers Lessons Learned in DM and HTN, PAL 2018-03, Qlik Claims Analysis; Diabetes Prevention Program, and Lung Cancer Screening Information.

Clinical Committee (2x/year)

- Blueprint Initiatives (SBINS and Chronic Pain), CDC 1815 DM and CVD Grants, Qlik Review: Undiagnosed HTN and Food Deserts

Joint Committee (CQI, Medical Directors, and Clinical Committee - 2x/year)

- Migrant Farmworkers and Mental Health, ACES and Trauma Discussion; HCCN Feedback on Strategies for Grant Opportunity, Qlik Overview

Building a Data Driven Culture



Qlik data analytics platform

Data questionnaire

Individual approach - meeting providers and staff where they are

Supporting quality improvement structures at FQHCs

Data Road Show

Data quality – working with health centers and partners

Supporting Clinical Practice



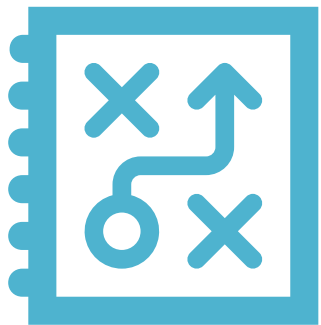
Care gap analysis

Identifying cohorts of patients

Assisting with data collection and analysis

Illustrate data by provider and clinic

Clinical Recommendations



Before and after analysis

Trends analysis

CQM

Best practices

Data Analytics

QlikSense – VRHA Data Analytics Platform

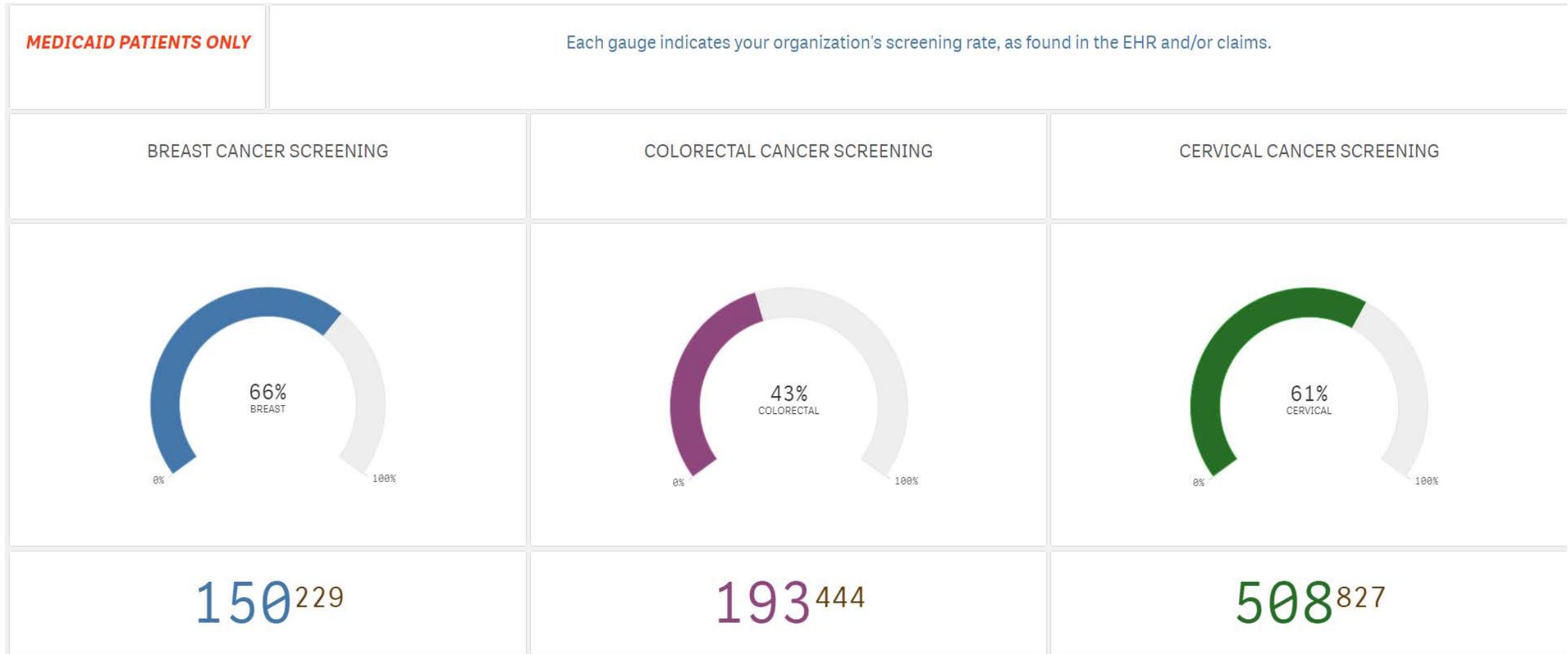
- Qlik is business intelligence tools for all business intelligence, not just for health care
- Qlik is an interactive discovery tool
- Benefit of a network tool: leveraging of applications and sheets, build for one; built for all
- Benefit of 11 FQHC participants: room for application and sheet requests (one offs)
- No identifying information in the slides ahead



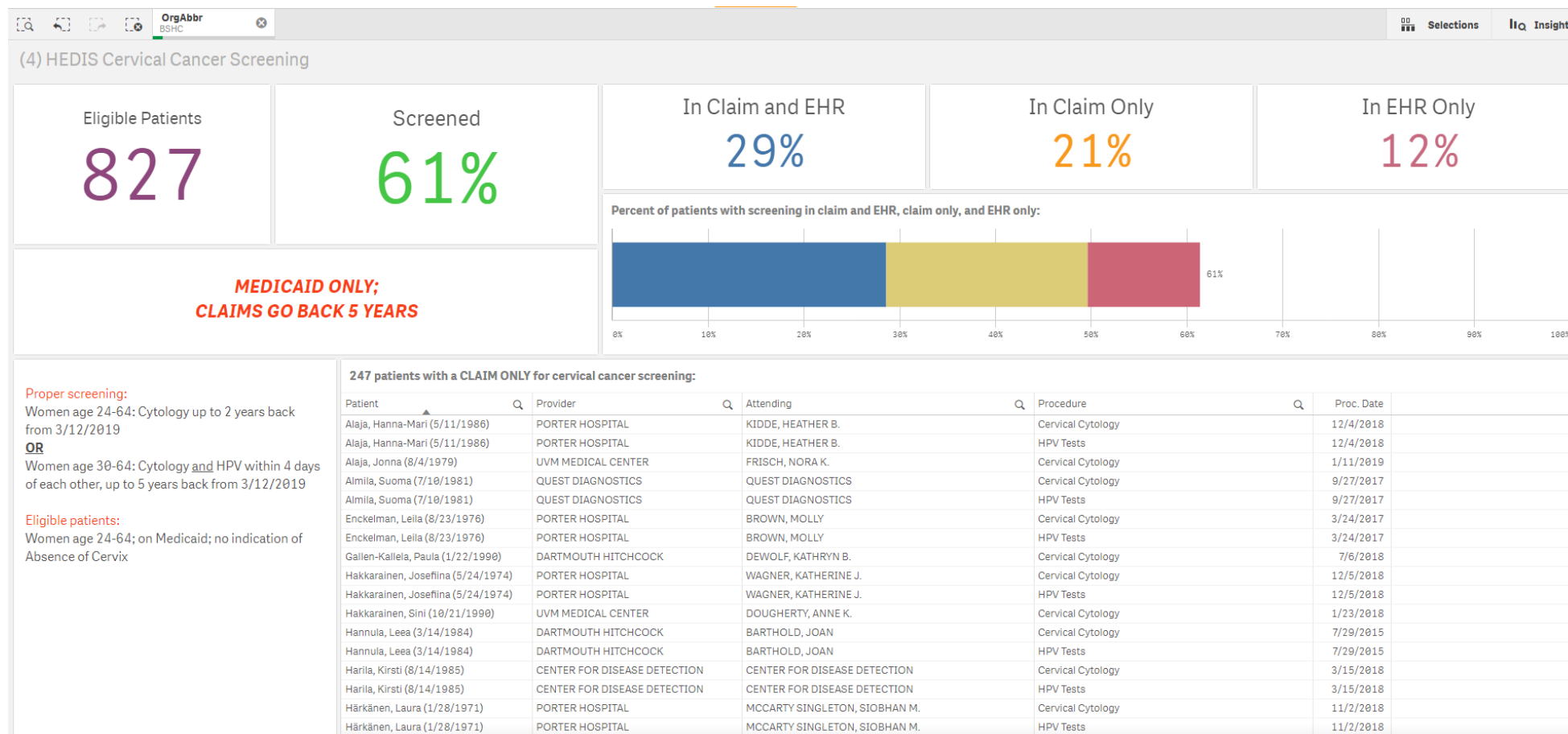
Best Business Intelligence and Analytics Software
of 2018 as Reviewed by Customers

Customers' Choice - Nov 2018

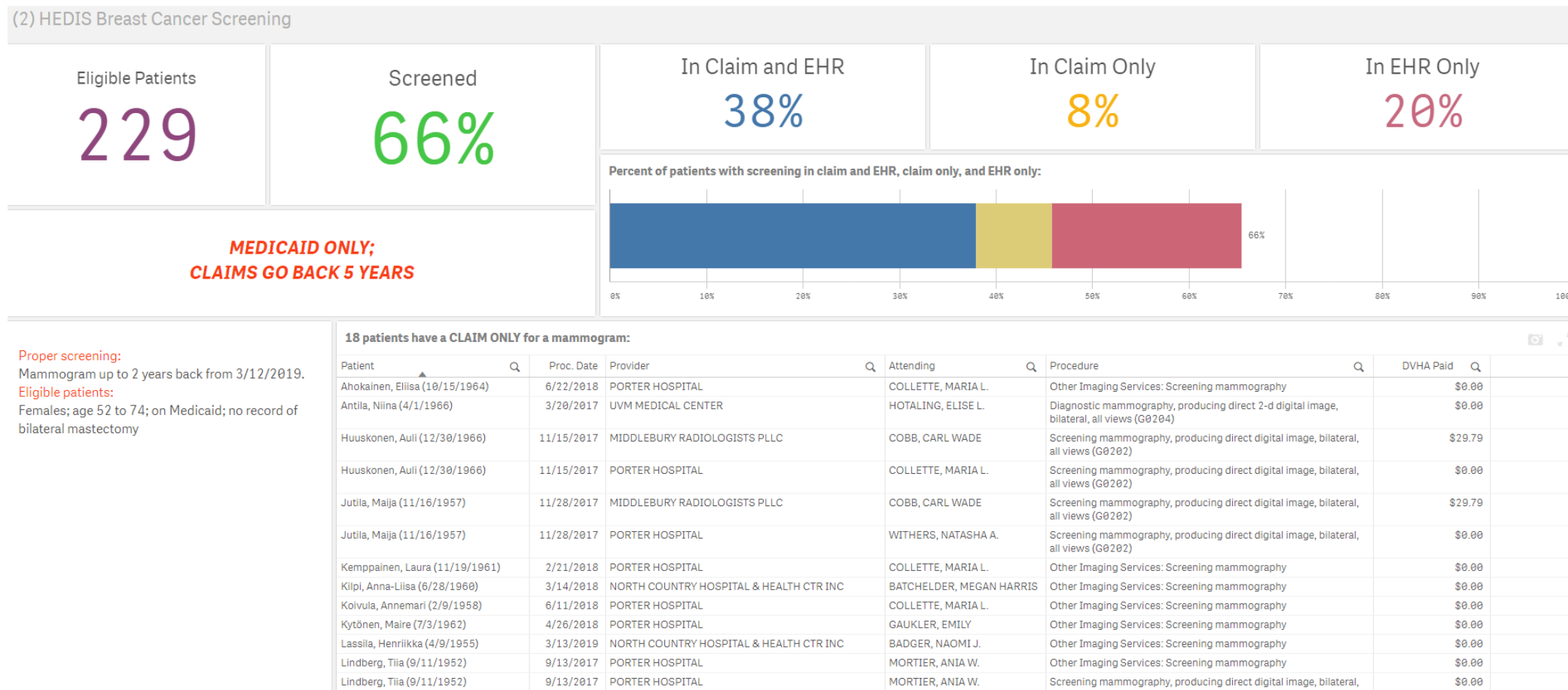
VRHA Cancer Screening App – Compliance EHR and Claims



Cancer Screening – Cervical Cancer



Cancer Screening – Breast Cancer



Cancer Screening – Cervical Cancer Claims Only

(9) CLAIMS ONLY: HEDIS Cervical Cancer Screening

MEDICAID patients with a claim for a timely screening

This sheet does NOT include your EHR data

Patients Screened

50% ⁴¹¹
OUT OF 827

Proper screening:

Women age 24-64: Cytology up to 2 years back from 3/12/2019

OR

Women age 30-64: Cytology and HPV within 4 days of each other, up to 5 years back from 3/12/2019

Eligible patients:

Women age 24-64; on Medicaid; no indication of Absence of Cervix

Patient	Provider	Attending	Procedure	Proc. Date
Aaltonen, Anette (7/10/1978)	QUEST DIAGNOSTICS	QUEST DIAGNOSTICS	Cervical Cytology	10/3/2018
Aavikko, Elisa (9/30/1961)	QUEST DIAGNOSTICS	QUEST DIAGNOSTICS	Cervical Cytology	6/3/2015
Aavikko, Elisa (9/30/1961)	QUEST DIAGNOSTICS	QUEST DIAGNOSTICS	HPV Tests	6/3/2015
Ahokainen, Mathilda (6/19/1977)	QUEST DIAGNOSTICS	QUEST DIAGNOSTICS	Cervical Cytology	12/11/2014
Ahokainen, Mathilda (6/19/1977)	QUEST DIAGNOSTICS	QUEST DIAGNOSTICS	HPV Tests	12/11/2014
Ahokas, Anita (6/6/1992)	CENTRAL VERMONT MEDICAL CENTER	FINELLI, JANIS C.	Cervical Cytology	5/15/2017
Äijälä, Armi (7/17/1980)	PORTER HOSPITAL	DOHERTY-FULLER, EILEEN	Cervical Cytology	9/16/2016
Äijälä, Armi (7/17/1980)	PORTER HOSPITAL	WEYLMAN, LAURA E.	Cervical Cytology	9/16/2016
Äijälä, Armi (7/17/1980)	PORTER HOSPITAL	DOHERTY-FULLER, EILEEN	HPV Tests	9/16/2016
Äijälä, Armi (7/17/1980)	PORTER HOSPITAL	WEYLMAN, LAURA E.	HPV Tests	9/16/2016
Alaja, Hanna-Mari (5/11/1986)	PORTER HOSPITAL	KIDDE, HEATHER B.	Cervical Cytology	12/4/2018
Alaja, Hanna-Mari (5/11/1986)	PORTER HOSPITAL	KIDDE, HEATHER B.	HPV Tests	12/4/2018
Alaja, Jonna (8/4/1979)	NORTHWESTERN MEDICAL CENTER	SULLIVAN, LAWRENCE L.	Cervical Cytology	1/11/2019
Alaja, Jonna (8/4/1979)	UVM MEDICAL CENTER	FRISCH, NORA K.	Cervical Cytology	1/11/2019
Alho, Amanda (3/12/1960)	QUEST DIAGNOSTICS	QUEST DIAGNOSTICS	Cervical Cytology	9/28/2017
Alho, Amanda (3/12/1960)	QUEST DIAGNOSTICS	QUEST DIAGNOSTICS	HPV Tests	9/28/2017
Almila, Suoma (7/10/1981)	QUEST DIAGNOSTICS	QUEST DIAGNOSTICS	Cervical Cytology	9/27/2017
Almila, Suoma (7/10/1981)	QUEST DIAGNOSTICS	QUEST DIAGNOSTICS	HPV Tests	9/27/2017
Berg, Iines (12/1/1979)	PORTER HOSPITAL	GERMAIN, SUZANNE	Cervical Cytology	7/31/2017
Berg, Iines (12/1/1979)	PORTER HOSPITAL	GERMAIN, SUZANNE	HPV Tests	7/31/2017
Berg, Iines (12/1/1979)	UVM MEDICAL CENTER	THRELKELD, KRISTEN J.	Cervical Cytology	7/31/2017
Berg, Tove (3/29/1982)	QUEST DIAGNOSTICS	QUEST DIAGNOSTICS	Cervical Cytology	10/9/2014
Berg, Tove (3/29/1982)	QUEST DIAGNOSTICS	QUEST DIAGNOSTICS	HPV Tests	10/9/2014

Cancer Screening – Patients Not Screened

Patients not screened

79²²⁹

OUT OF

Patients not screened for BREAST CANCER in the recommended timeframe:

Patient	Age	PCP
Äärilä, Eliisa (3/5/1956)	63	-
Ahonen, Ida (7/15/1956)	62	-
Alatalo, Ulla (2/24/1966)	53	-
Anderson, Veera (3/25/1963)	56	-
Antila, Elina (10/2/1962)	56	-
Anttila, Janna (5/6/1952)	66	-

Patients not screened

251⁴⁴⁴

OUT OF

Patients not screened for COLORECTAL CANCER in the recommended timeframe:

Patient (Insurer)	Age	PCP
Äärilä, Eliisa (3/5/1956)	63	-
Ahokainen, Eliisa (10/15/1964)	54	-
Alatalo, Bo (1/24/1955)	64	-
Alatalo, Ulla (2/24/1966)	53	-
Alho, Amanda (3/12/1960)	59	-
Anttila, Janna (5/6/1952)	66	-

Take snapshot

Open snapshot library

Export

Patients not screened

319⁸²⁷

OUT OF

Patients not screened for CERVICAL CANCER in the recommended timeframe:

Patient (Insurer)	Age	PCP
Äärilä, Eliisa (3/5/1956)	63	-
Äärilä, Kia (11/8/1986)	32	-
Aavikko, Tove (12/6/1968)	50	-
Ahlberg, Terttu (7/7/1989)	29	-
Ahokainen, Eliisa (10/15/1964)	54	-
Ahokainen, Pihla (1/1/1970)	40	-

Cancer Screening – Terminology Maps

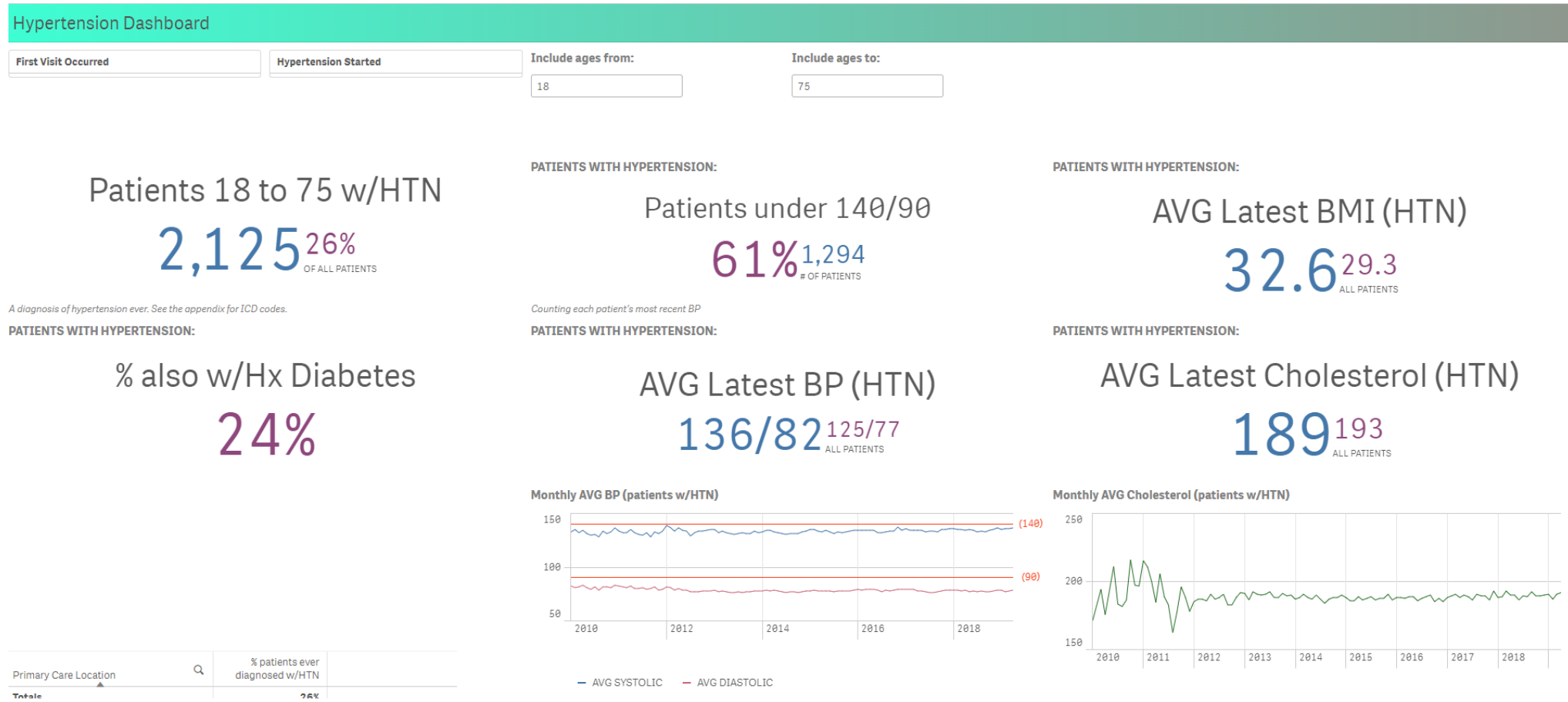
Procedure names in your EHR records mapped to standard names:			Observation names in your EHR records mapped to standard names:		
ProcedureName_Original	Q	ProcedureName_Mapped	Q	ObservationName_Original	Q
COLONOSCOPY		COLONOSCOPY		-	COLONOSCOPY
Colonoscopy		COLONOSCOPY		Blood in stool -- hemocult +	FOBT
COLONOSCOPY AND BIOPSY		COLONOSCOPY		BLOOD IN STOOL, OCCULT	FOBT
Colonoscopy and biopsy		COLONOSCOPY		Blood in stool, occult	FOBT
Colonoscopy Flexible Diagnostic		COLONOSCOPY		FECAL GLOBIN BY IMMUNOCHEM. (MEDICARE)	FOBT
Colonoscopy Flexible Remove Tumor/Polyp/Lesion Snare Technique		COLONOSCOPY		FECAL GLOBIN RESULT:	FOBT
Colonoscopy Flexible W/Biopsy		COLONOSCOPY		Fecal Occult Blood	FOBT
COLONOSCOPY FOR BLEEDING		COLONOSCOPY		Fecal occult blood	FOBT
Colonoscopy-Cottage (do not use)		COLONOSCOPY		Fecal occult blood positive	FOBT
Colonoscopy-DHMC (do not use)		COLONOSCOPY		Fecal Occult Stool cards x3	FOBT
Colonoscopy:Findings		COLONOSCOPY		Hematest: Fecal Occult Stool Card Given [x3]	FOBT
COLONOSCOPY*		COLONOSCOPY		HEMMOCULT #1	FOBT
COLONOSPCOM		COLONOSCOPY		HEMMOCULT #2	FOBT
COLORECTSCRN		COLONOSCOPY		HEMMOCULT #3	FOBT
PROC1_Colonoscopy		COLONOSCOPY		HEMOCCULT	FOBT
-HEMMOCULT OCCULT BLOOD SCREEN		FOBT		HEMOCCULT 2	FOBT
-OCCULT BLOOD, STOOL		FOBT		HEMOCCULT 3	FOBT
FECAL OCCULT BLOOD (SCREENING)		FOBT		HEMOCCULT POSITIVE STOOL	FOBT
FECAL OCCULT BLOOD TEST FOBT		FOBT		Hemocult positive stool	FOBT
FOBT		FOBT		Hemocult sp1 Stl Ql	FOBT
FOBT 1 CARD IH		FOBT		Hemocult sp2 Stl Ql	FOBT
FOBT 3 CARDS IH		FOBT		Hemocult sp3 Stl Ql	FOBT
HEMOCCULT		FOBT		Hemocult Stl Ql	FOBT
HEMOCCULT 2		FOBT		HEMOCCULTGVN	FOBT
HEMOCCULT 3		FOBT		Hemocult by DRE	FOBT
Hemoccult Stl Ql		FOBT		IFOBT	FOBT

Cancer Screening – Top Providers of Screening

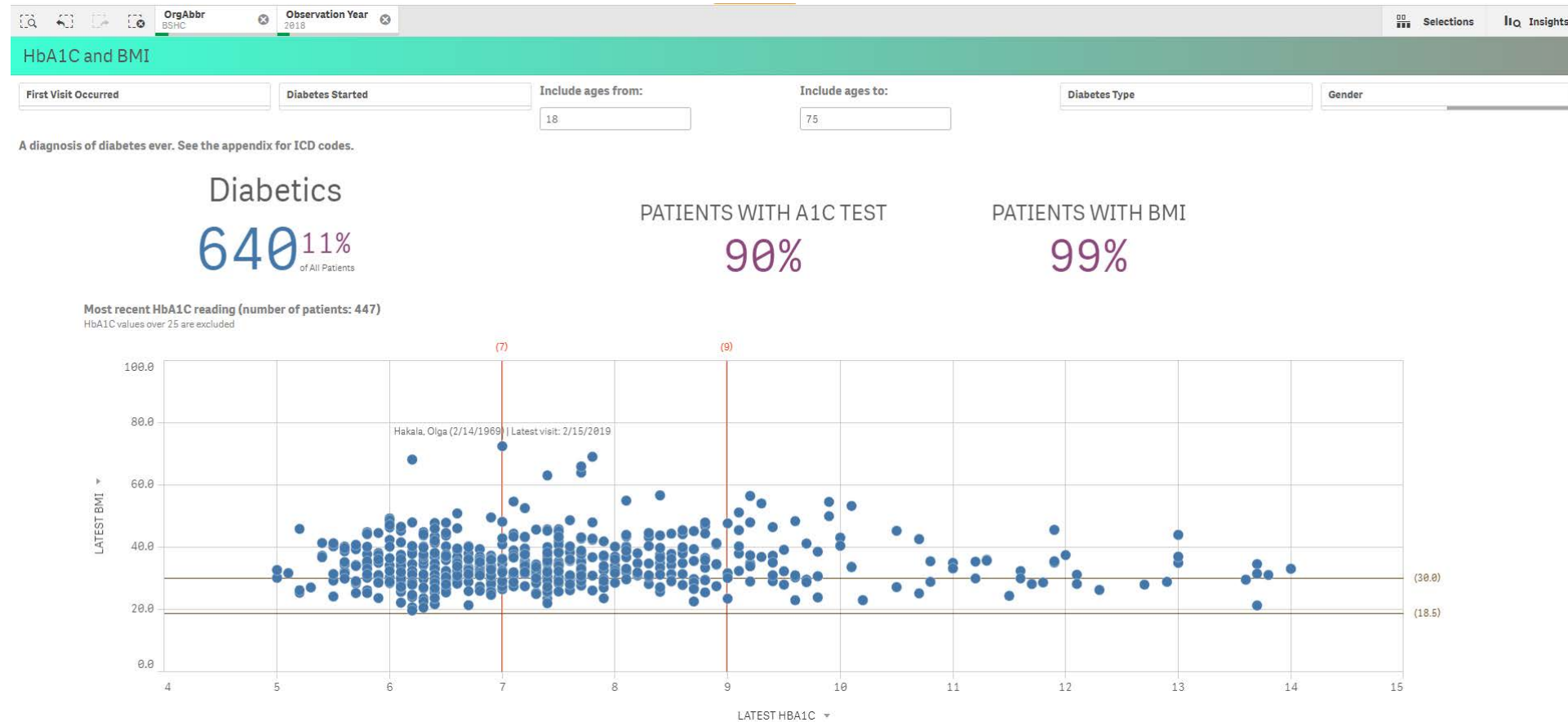
(10) Providers in Claims

Top providers of breast cancer screening:			Top providers of colorectal cancer screening:			Top providers of cervical cancer screening:		
Provider	Q	Claims	Provider	Q	Claims	Provider	Q	Claims
COTTAGE HOSPITAL		52	PORTER HOSPITAL		57	QUEST DIAGNOSTICS		169
PORTER HOSPITAL		43	COTTAGE HOSPITAL		39	PORTER HOSPITAL		112
DARTMOUTH HITCHCOCK		34	DARTMOUTH HITCHCOCK		36	UVM MEDICAL CENTER		42
DARTMOUTH-HITCHCOCK CLINIC		18	DARTMOUTH-HITCHCOCK CLINIC		36	DARTMOUTH HITCHCOCK		22
UVM MEDICAL CENTER		12	UVM MEDICAL CENTER		26	CENTER FOR DISEASE DETECTION		15
MIDDLEBURY RADIOLOGISTS PLLC		10	FULLER, BRADBURY		23	CENTRAL VERMONT MEDICAL CENTER		14
LITTLETON REGIONAL HEALTHCARE		3	PETRI, CARL B.		18	NORTHEASTERN VERMONT REG HOSP		12
NORTHEASTERN VERMONT REG HOSP		3	QUEST DIAGNOSTICS		8	RUTLAND REGIONAL MEDICAL CENTER		8
CENTRAL VERMONT MEDICAL CENTER		2	NVRH SURGICAL GROUP		7	MID VERMONT PATHOLOGY PC		5
GIFFORD MEDICAL CENTER		2	ASSOCIATES IN GASTRO		4	GIFFORD MEDICAL CENTER		4
NORTH COUNTRY HOSPITAL & HEALTH CTR INC		2	CENTRAL VERMONT MEDICAL CENTER		4	COTTAGE HOSPITAL		4
GIFFORD HEALTH CARE		1	ASNIS, ERIC L.		3	SOUTHWESTERN VERMONT MEDICAL CENTER		4
RUTLAND REGIONAL MEDICAL CENTER		1	MINKIN, ANDREW B.		2	ALICE PECK DAY MEMORIAL HOSPITAL		4
VERMONT RADIOLOGISTS		1	NORTHWESTERN MEDICAL CENTER		2	DARTMOUTH-HITCHCOCK CLINIC		3
			RUTLAND REGIONAL MEDICAL CENTER		2	NORTH COUNTRY HOSPITAL & HEALTH CTR INC		3
			RUTLAND REGIONAL SPECIALTY SERVICES		2	CONVERGE DIAGNOSTIC SERVICES LLC		3
			SOUTHWESTERN VERMONT MEDICAL CENTER		2	LITTLETON REGIONAL HEALTHCARE		1
			ALICE PECK DAY MEMORIAL HOSPITAL		1	COPLEY HOSPITAL		1
			COPLEY HOSPITAL		1	NORTHWESTERN MEDICAL CENTER		1
			FRANKLIN COUNTY SURGICAL ASSOCIATES, P.		1	CHESHIRE MEDICAL CENTER		1
			LITTLE RIVERS HEALTH CARE		1			
			MT ASCUTNEY PHYSICIAN PRACTICES		1			
			NORTHWEST MEDICAL SURGICAL ASSOCIATES I		1			
			SILVERSTEIN, JOEL W.		1			

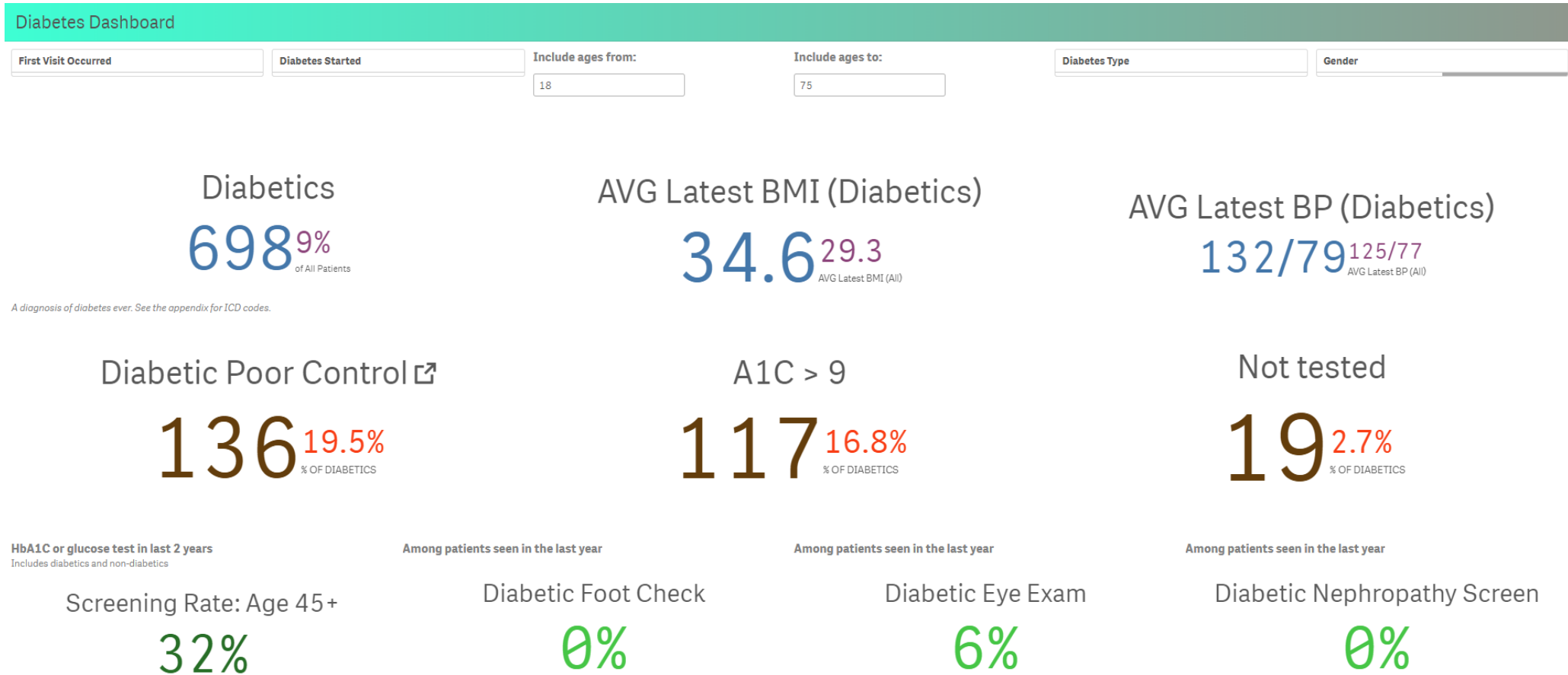
Hypertension Summary Page



Diabetes Population BMI and Patient Identification Tool



Diabetes Summary Page



Pre-Diabetes – Patient Identification Tool

Pre-Diabetes

Patients not diagnosed with diabetes whose latest Hemoglobin A1C result was between **5.7 to 6.4**

Results from 2018 to present

Select a year to start; HbA1C results from that year to the present will be included.

You have selected

2018 ▼

Include ages from:

18

Include ages to:

75

Depression Ever

Yes ✓

No

Patient	Most recent A1C test	Result	# A1C tests since 2018
Pihlava, Suví (9/5/1988)	1/29/2019	5.9	4
Lassila, Aamos (12/28/1959)	3/1/2019	6.1	3
Lämsä, Aija (10/25/1943)	5/17/2018	6.4	2
Lumme, Arja (5/18/1947)	11/26/2018	6.4	2
Saraste, Viljo (3/18/1954)	12/6/2018	6.4	2
Heinonen, Topias (9/9/1949)	2/12/2019	6.2	2
Ilola, Keijo (11/2/1955)	7/19/2018	6.2	2
Heikkilä, Hannele (1/3/1996)	1/31/2019	6.1	2
Isometsä, Essi (6/4/1955)	1/15/2019	6.0	2
Kantola, Aino (8/14/1950)	2/20/2019	6.0	2
Laaksonen, Pii-Noora (12/12/1960)	11/7/2018	6.0	2
Marila, Eliisa (2/10/1991)	1/14/2019	6.0	2
Hahli, Lempi (9/28/1963)	6/25/2018	5.9	2
Laatikainen, Laila (4/27/1961)	7/23/2018	5.9	2
Tikkanen, Juha (7/21/1959)	3/12/2019	5.9	2
Hyytiä, Päivi (3/9/1950)	3/19/2019	5.8	2
Hasu, Anni (12/28/1955)	11/9/2018	5.7	2
Hauta-aho, Erkki (2/21/1977)	11/30/2018	5.7	2
Lankila, Kirsti (1/28/1962)	1/24/2019	5.7	2
Vanhala, Kalevi (2/1/1965)	12/10/2018	5.7	2
Autio, Pertti (12/11/1957)	7/23/2018	6.4	1

Patients

67

Select 1 patient then click:

Go to A1C Detail

Summary

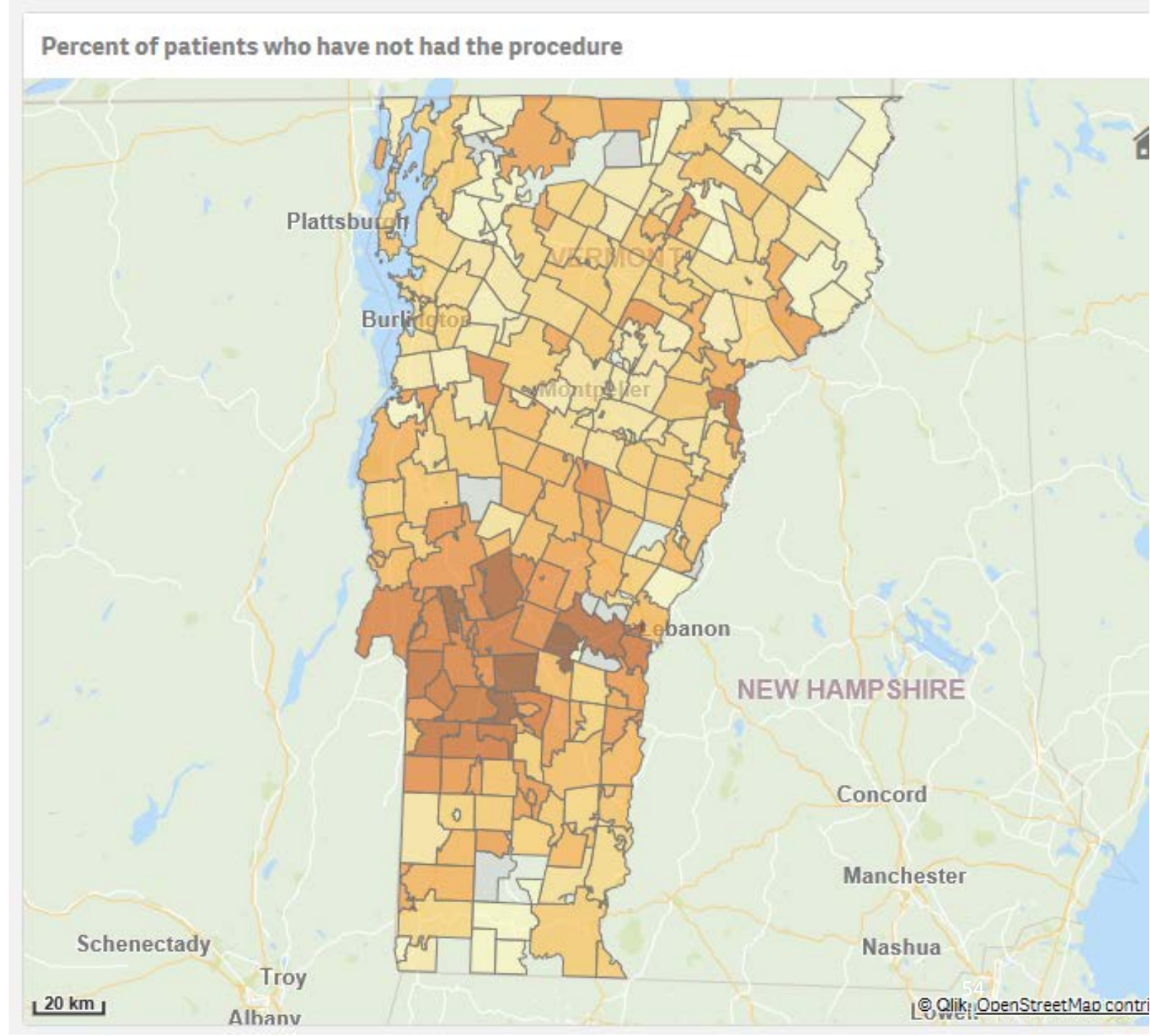
Challenges

- Software adoption for providers and patients
 - the solutions are not the same.
- 5 FQHCs on eCW
 - both server based and in cloud
- Opt-in consent model
- 42 CFR Part 2



Opportunities

- Transition to an extract from the HIE for data
- Provide subject matter expertise on clinical measurement
- Provide aggregate data to inform decision making



Wrap Up & Reminders

- Announcement:
 - You're invited to a presentation by Nick Macchione, San Diego HHS, on the Connect Well San Diego Initiative
 - March 8, time TBD
- Homework:
 - Review the updated Charter
 - Come prepared to discuss and vote on the Charter at the May 1 meeting
- Next Committee Member Presentations:
 - May 1:
 - **Beth Tanzman**, Vermont Clinical Registry & Shared Technology Project (the “Mudroom”)
 - **Sarah Kinsler & Sarah Lindberg**, VHCURES – All Payer Claims Database
 - May 15:
 - **Jimmy Mauro**, a payer's HIE perspective