

HIE Steering Committee



April 3, 2019



Agenda

Topic	Schedule
Welcome	10:30 – 10:40
Tracy Dolan, VT Dept. of Health - Informatics Consultant, PDMP, Immunization Registry, and Cancer Registry	10:40 – 11:10
Andrea de la Bruere, VITL – Connectivity and Organizational Goals	11:10 – 11:40
Simone Rueschemeyer, Ken Gingras, Cath Burns, Vermont Care Partners – Unified EHR Project and Clinical Data Repository	11:40 – 12:10
Andrew Laing & Emily Richards, Data Governance	12:10 – 12:25
Wrap-Up	12:25 – 12:30

Year Ahead: Schedule Overview

- By February: Establish a permanent HIE Steering Committee 
- By March: Assess potential changes in the State's consent policy and the Steering Committee's related action
(Next steps: TBD)
- By March: Hire/Onboard a Steering Committee Consultant 
- By April-May: Conduct an assessment of the State's data governance efforts and define the Steering Committee's role in relation to existing work
- By April: Develop an evaluation methodology for assessing HIE proposals, current work, and the HIE Plan (group decided to not use a rigid evaluation method, rather narrate which work was reviewed and how the projects were assessed in relation to the development of the Technical Roadmap)
- By July-August: Draft a Technical Roadmap that reflects a 3-5 yr. IT investment and growth strategy related to key HIE strategic objectives
- By August: Conduct an evaluation of HIE activities (discussion to be included in the HIE Plan)
- By September: Develop the 2020 version of the financing/sustainability model (This year's version of it)
- By November: Update the HIE plan with the evaluation results, Technical Roadmap, sustainability model, items left unaddressed in 2019, and tactical plans for 2020
- Other: Stakeholder engagement to accompany Technical Roadmap planning – ongoing discussion

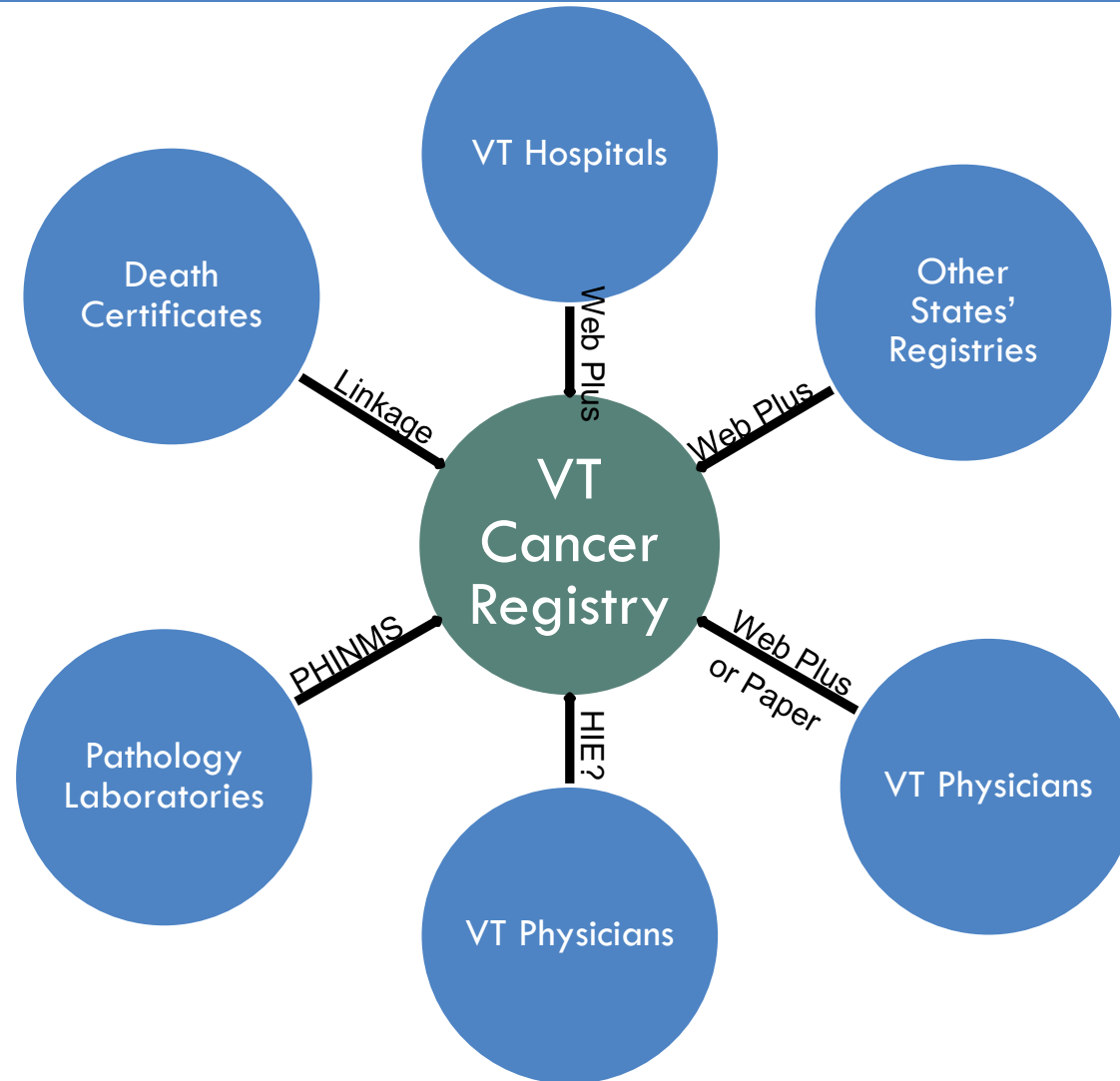


Cancer Registry

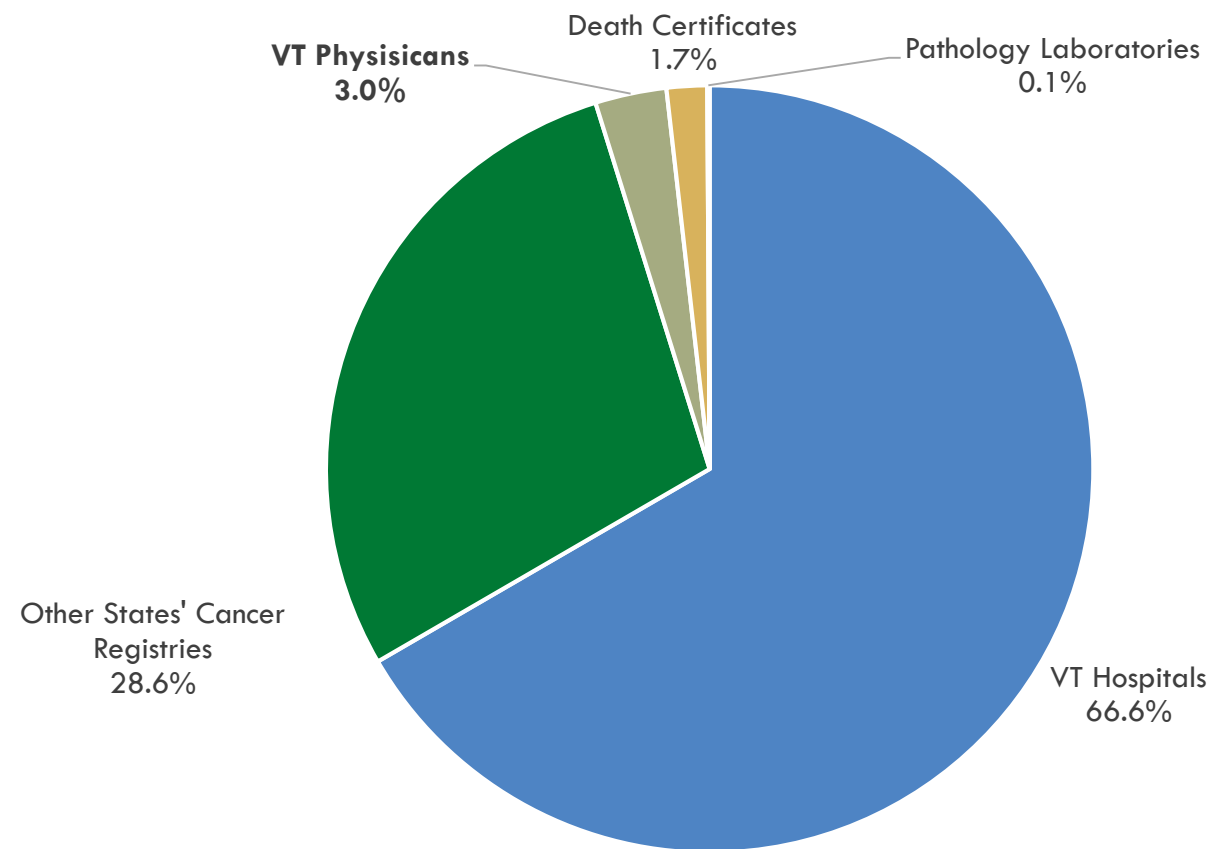
Vermont Cancer Registry

- A system for the secure collection, storage, retrieval and analysis of health information related to cancer for the State of Vermont.
- A team of people who collect, QA, and analyze cancer data to monitor efforts to reduce the impact of cancer on individuals, families and communities.

Cancer Data Sources: Mode of Transmission



Cancer Data Sources: % of Reports



Cancer Registry and Meaningful Use

Challenges

- ❑ CDC requires the Cancer Registry to receive data from electronic medical records.
- ❑ This is a small portion of Cancer Registry data.
- ❑ IT requires messages to go through the HIE and not be sent directly to VCR.
- ❑ VT has not claimed readiness or even begun to validate cancer registry reports through the HIE.

Opportunities

- ❑ VCR has software to accept CDA messages.
- ❑ Cancer CDA message validation tools exist.
- ❑ Cancer CDA message format is well-established.
- ❑ MU would improve VCR operations, which use a predominantly manual process to accept data directly from physician practices.



About	Standards	Membership	Resources	Events	Training	Certification
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Introduction to HL7 Standards
Master Grid of Standards
Primary Standards
Foundational Standards
Clinical & Administrative Domains
EHR Profiles
Implementation Guides
Rules & References
Education & Awareness
Reference Information Model
HL7 Standards Referenced in US Regulations
IP Policy

[Home](#) > [Standards](#) > Product Brief

Section 3: Clinical and Administrative Domains

Section 5: Implementation Guides

HL7 CDA ® Release 2 Implementation Guide: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers, Release 1, DSTU Release 1.1 – US Realm

DESCRIPTION

Population-based cancer surveillance is critical in North America for cancer control activities aimed at reducing the morbidity and mortality of cancer, the second leading cause of death in the United States (U.S.) and the leading cause of death in Canada. Population-based public health central cancer registries across the U.S. and most of Canada are mandated to collect complete and timely cancer diagnostic, treatment, and outcome data from hospitals, physician offices, treatment centers, clinics, laboratories, and other sources. Recent shifts in cancer treatment away from hospital settings and towards ambulatory healthcare settings are increasing the importance of ambulatory (non-hospital) healthcare providers' data for cancer surveillance. As ambulatory healthcare providers adopt modern electronic health record (EHR) systems, the opportunity to automate cancer registry reporting from ambulatory healthcare provider settings is also increasing and becoming more feasible. This document provides clear and concise specifications for electronic reporting from ambulatory healthcare provider EHR systems to public health central cancer registries using Health Level Seven (HL7) Clinical Document Architecture (CDA) based standards. This document is designed to guide EHR vendors and public health central cancer registries in the implementation of standardized electronic reporting. It includes both business rules and standardized specifications.



Immunization Registry

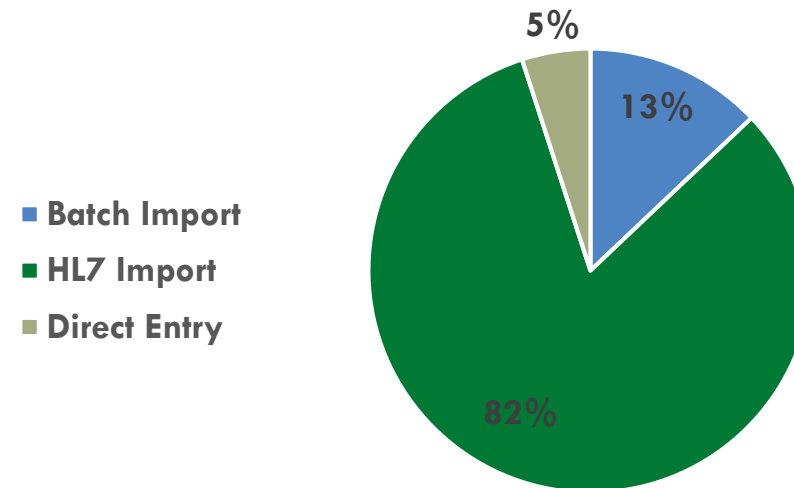
Vermont Immunization Registry (IMR)

- ❑ Secure Health Information System with immunization records for people living in Vermont.
- ❑ Information in the IMR is *used* by medical providers, hospitals, nursing homes/long-term care facilities, schools, & licensed care providers.
- ❑ Immunizations are *loaded into* the IMR by medical providers, hospitals, pharmacies, insurers, and nursing homes/long-term care facilities.

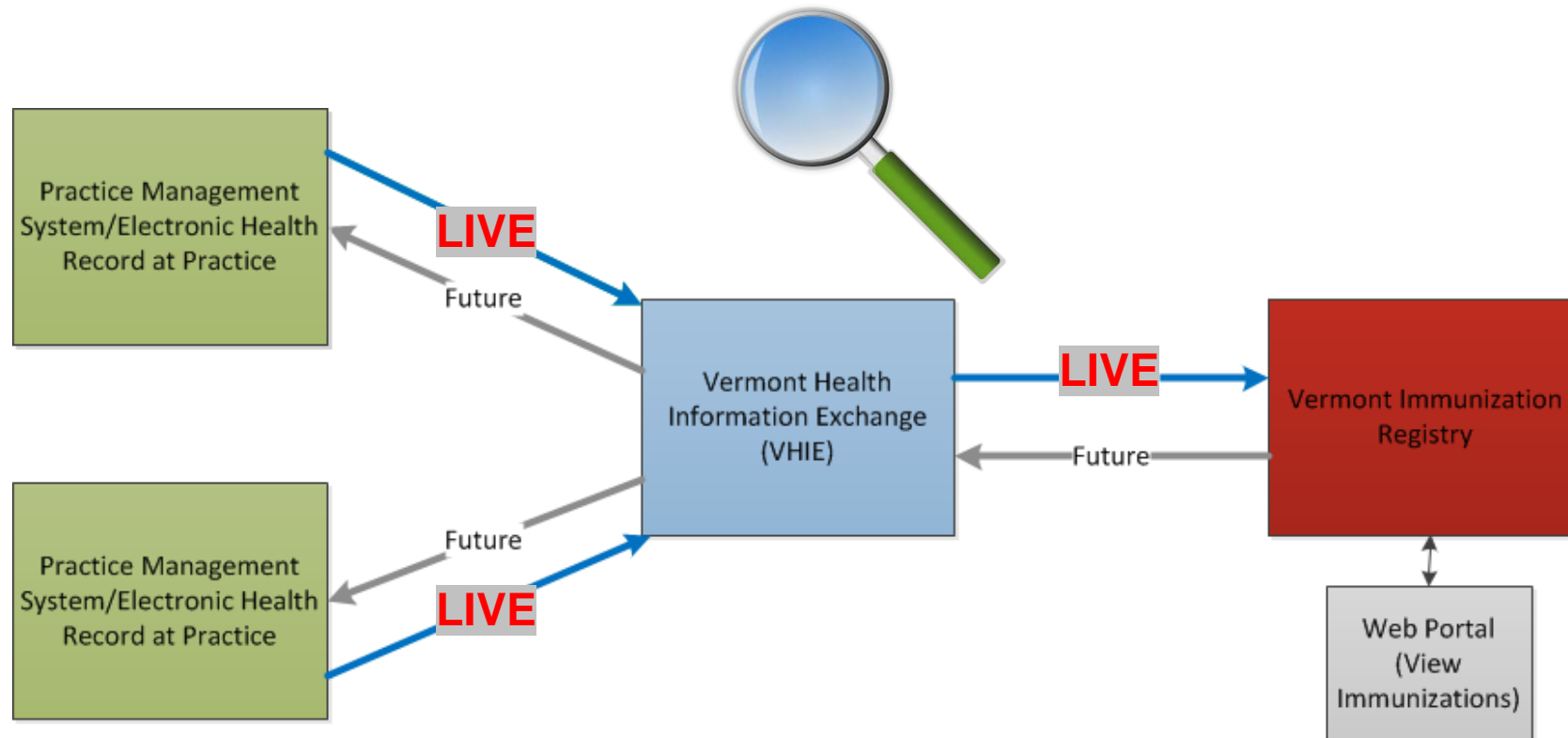
Vermont Immunization Registry (IMR)

- In 2018, 837,066 records loaded into IMR
- Immunizations are loaded into the IMR via:
 - HL7 import
 - Batch import
 - Direct entry

Immunizations Loaded into the IMR in 2018,
by Source Type



Architecture of HL7 Data Exchange to IMR



Current Challenges Related to HIE

- ❑ Need for bi-directional data sharing
- ❑ Need for ack messaging that meets CDC-endorsed HL7 implementation guide standards



VDH Health Informatics Consultant

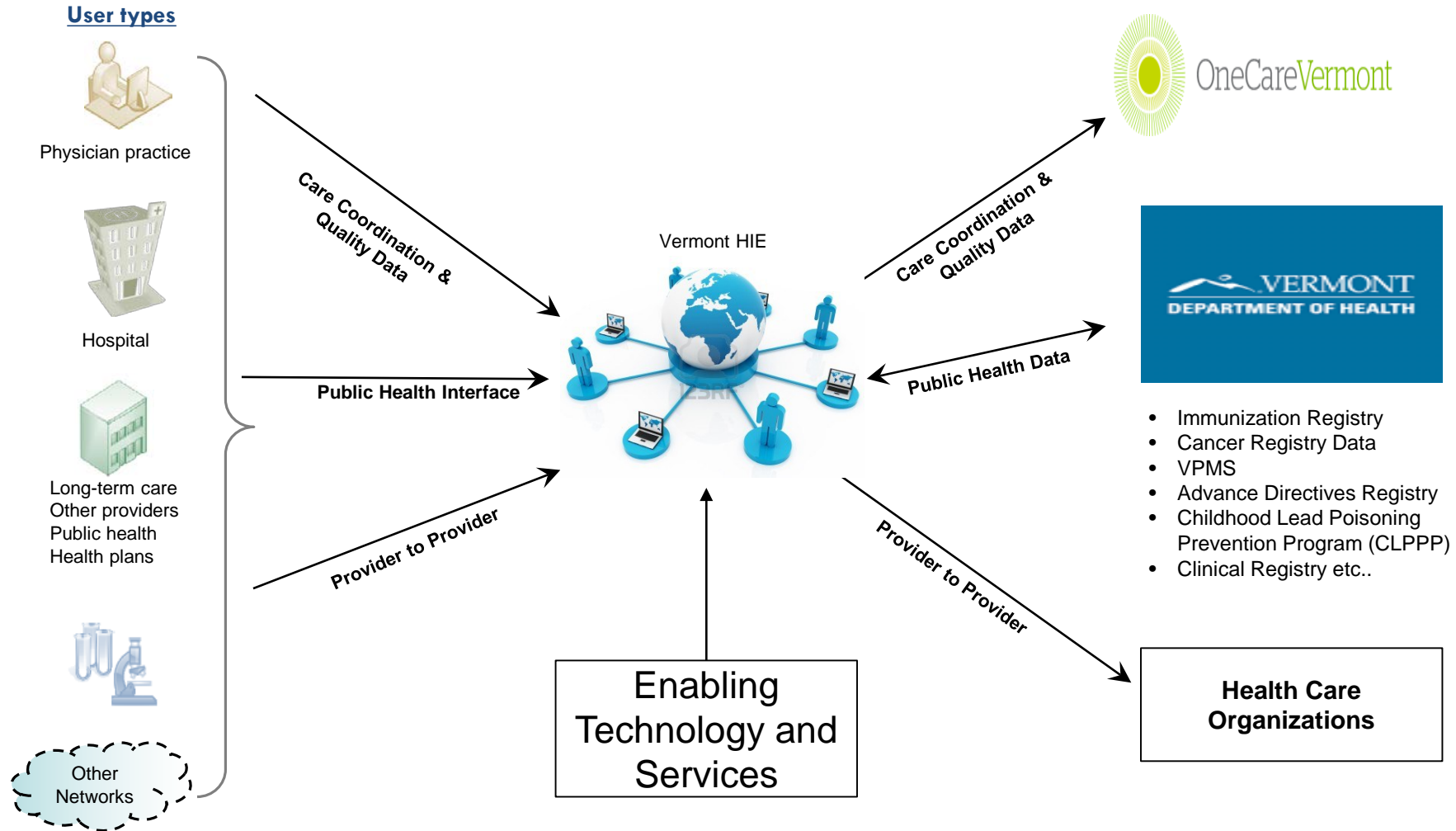
VDH Health Informatics Consultant

- VDH working with Massachusetts e-Health Collaborative (MAeHC) to address health informatics, including:
 - ▣ Collection of data at person or location level
 - ▣ Interoperability to minimize duplicate data entry
 - ▣ Bi-directional exchange
 - ▣ Data analysis and aggregation
 - ▣ Aggregate data reporting and sharing

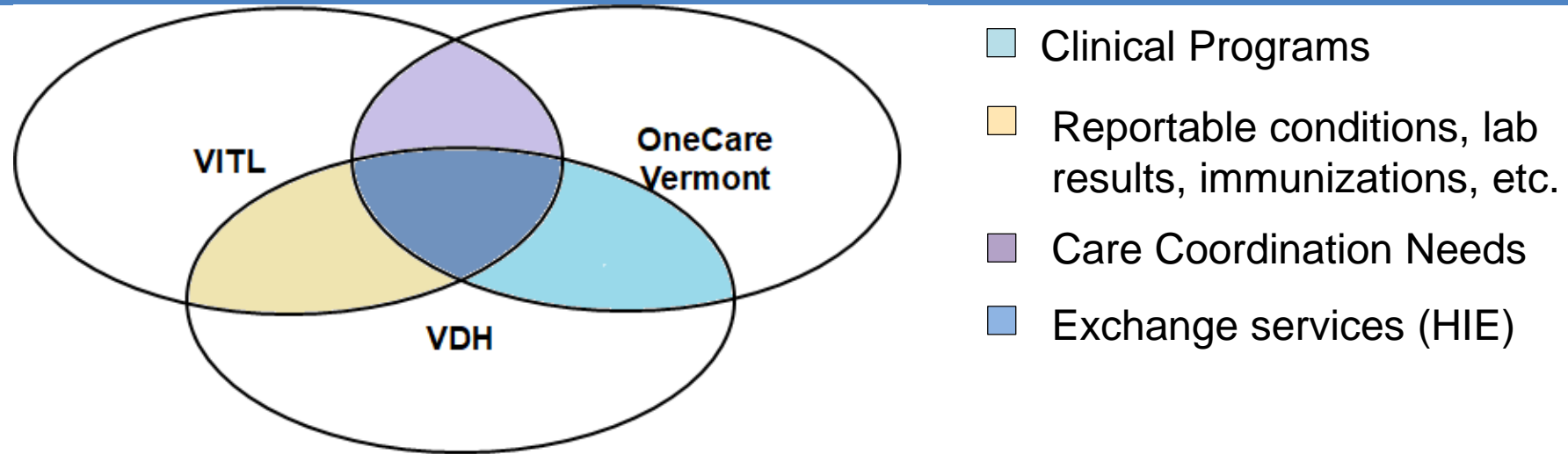
VDH Health Informatics Consultant

- MAeHC contract deliverables:
 - ▣ Develop consensus on status of health informatics
 - ▣ Needs assessment, including inventory of current and upcoming health informatics projects
 - ▣ Strategic plan that addresses use of data, use of IT, and developing, deploying, and maintaining information systems with intuitive display
 - ▣ Assess ability of current system to meet current and anticipated needs
 - ▣ Recommendations for sustainability

VDH Health Informatics Consultant – Leveraging the HIE



VDH Health Informatics Consultant – Leveraging the HIE



- ❑ Envisions leveraging Vermont HIE for information sharing, to reduce redundancy & cost, improve access & data quality
- ❑ Building Synergy is essential for the informatics team to collate these multiple data sources, data uses and apply findings to improve processes & propose optimal solution

Contact

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Public Health Statistics Chief

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(802) 863-7663

<http://www.healthvermont.gov/health-statistics-vital-records/registries/cancer>

<http://www.healthvermont.gov/health-statistics-vital-records/registries/immunization>



VERMONT PRESCRIPTION MONITORING SYSTEM

OVERVIEW

What is VPMS?

The Vermont Prescription Monitoring Program (VPMS) is a statewide electronic database of Schedule II-IV controlled substance prescriptions dispensed from Vermont-licensed pharmacies.

- VPMS is a clinical tool
- Controlled substance data collected from Vermont-licensed pharmacies includes information on the:
 - ▣ Prescribed drug
 - ▣ Recipient of the prescribed drug
 - ▣ Health care provider who wrote the prescription
 - ▣ Pharmacy that dispensed the prescription
- Prescriptions are required to be uploaded to the system within 24 hours or one business day
- Prescriptions dispensed in certain situations are not included:
 - ▣ Emergency Departments, for treatment of pain for 48 hours or less
 - ▣ Veterinarian offices
 - ▣ “Hubs” (Opioid Treatment Providers, or OTPs)

- **In 2006, the Vermont Legislature passed Act 205 authorizing the Vermont Department of Health to establish and operate a Prescription Drug Monitoring Program (PDMP).**

- Vermont Statute - 18 V.S.A Chapter 84a
- Vermont Prescription Monitoring System Rule
- Rule Governing the Prescribing of Opioids for Pain

VPMS Rule requires prescribers to query under certain circumstances.

- Broad categories for required queries include:
 - First Time
 - Re-evaluation
 - Replacement
 - Prescribers are able to delegate querying to approved office and support staff

Complete query requirements are in Section 6.2 of the VPMS Rules
(http://www.healthvermont.gov/sites/default/files/documents/pdf/REG_vpms-20170701.pdf)

VPMS Rules also requires pharmacists to query under certain circumstances.

- Broad categories for required queries include:
 - New prescriptions
 - Cash-paid prescriptions
 - Early refills
 - Multiple prescribers
 - Pharmacists are able to delegate querying to approved support staff

Complete query requirements are in Section 5.2 of the VPMS Rules
(http://www.healthvermont.gov/sites/default/files/documents/pdf/REG_vpms-20170701.pdf)

Category	Percentage
Green	10%
Blue	90%

❑ Prescriber Insight Reports

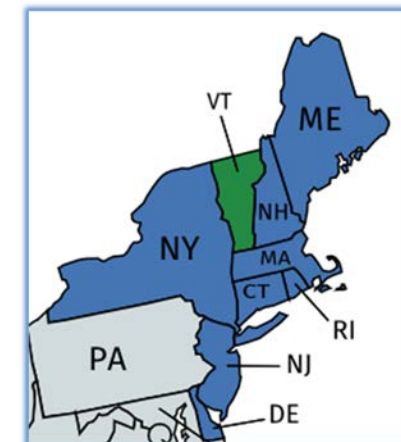
- Provide metrics on the provider's prescriptions dispensed in comparison with peers within specialty

□ Clinical Alerts

- Patients are flagged on prescriber dashboards and on patient reports
 - Patients with Morphine Milligram Equivalency (MME) over 90 – prescriptions at this level of medication are associated with complications such as dependence or overdose
 - Overlapping Benzodiazepine/Opioid Prescriptions – overlap has been associated with increased risk of overdose
 - Multiple Provider Episodes – obtaining prescriptions from multiple providers and pharmacies has been associated with a higher potential for misuse or dependence

- **Ability to query additional states**


- Prescriptions that are filled at pharmacies that aren't licensed in Vermont are not included in VPMS
 - Certain providers have “guest privileges” to query CT, DE, MA, ME, NH, NJ, NY, RI



Sample Patient Query Screen

Menu Admin Appriss Admin Support Menu
Jacob Cooper ▾

RxSearch > Patient Request





VERMONT
DEPARTMENT OF HEALTH
PREP
Powered by Awarx
Support: 888-461-8628

← Back

Patient Report Refine Search

Report Prepared: 08/28/2018
Date Range: 08/28/2017 – 08/28/2018

 Download PDF
 Download CSV

+ predisptwopatent

Multiple Provider Episode Alert 08/28/2018

Please note that this person has received controlled substances prescriptions written by 7 prescribers and had them filled at 6 pharmacies during the past 3 months. This equals or exceeds the threshold of 4 prescribers and 4 pharmacies and while there may be a valid reason for this, it also may be indicative of the practice of prescriber and pharmacy shopping.

PATIENT'S COUNTS		ALERT THRESHOLDS	
Prescribers:	7	Prescribers:	4
Pharmacies:	6	Pharmacies:	4
Time Frame: 3 Months			

Summary

Summary		Opioids* (excluding buprenorphine)		Buprenorphine*	
Total Prescriptions:	7	Current Qty:	0.0	Current Qty:	0.0
Total Prescribers:	7	Current MME/day:	0.0	Current mg/day:	0.0
Total Pharmacies:	6	30 Day Avg MME/day:	0.0	30 Day Avg mg/day:	0.0

Prescriptions

Filled	ID	Written	Drug	QTY	Days	Prescriber	Rx #	Pharmacy *	Refills	Daily Dose	Pymt Type	PMP
06/29/2018	1	06/29/2018	ALPRAZOLAM 0.5 MG TABLET	120.0	30	SH POW	484664	JOHN (1119)	0		Medicare	VT
06/28/2018	1	06/28/2018	DIAZEPAM 5 MG TABLET	120.0	30	RO DOC	4886845	JOHN (1119)	0		Medicare	VT
06/27/2018	1	06/27/2018	ALPRAZOLAM 0.5 MG TABLET	120.0	30	JO CRA	5688412	12TH (1119)	0		Medicare	VT
06/27/2018	1	06/27/2018	DIAZEPAM 5 MG TABLET	120.0	30	DA PHY	88652232	LAFAY (1119)	0		Medicare	VT
06/27/2018	1	06/27/2018	TRIAZOLAM 0.125 MG TABLET	120.0	30	SA DAV	588651	BEECH (1119)	0		Medicare	VT
06/26/2018	1	06/25/2018	TEMAZEPAM 7.5 MG CAPSULE	120.0	30	LE TES	4548741	INVER (1119)	0		Medicare	VT
06/25/2018	1	06/25/2018	CLONAZEPAM 1 MG TABLET	120.0	30	JO SMI	2252442	FAIRW (1119)	0		Medicare	VT

Patient Name and Information

Clinical Alert

Summary information

Prescription Detail

Contact VPMS

- ▣ **Reports are available on:**

<http://www.healthvermont.gov/alcohol-drugs/reports/data-and-reports>

- ▣ **Programmatic questions can be directed to the program manager,
Hannah Hauser at:**

Hannah.Hauser@vermont.gov

or

(802) 652-4147

HIE Steering Committee

April 3, 2019

Vermont Health
Information Exchange
(VHIE)

Andrea DeLaBruere, Director of
Client Services



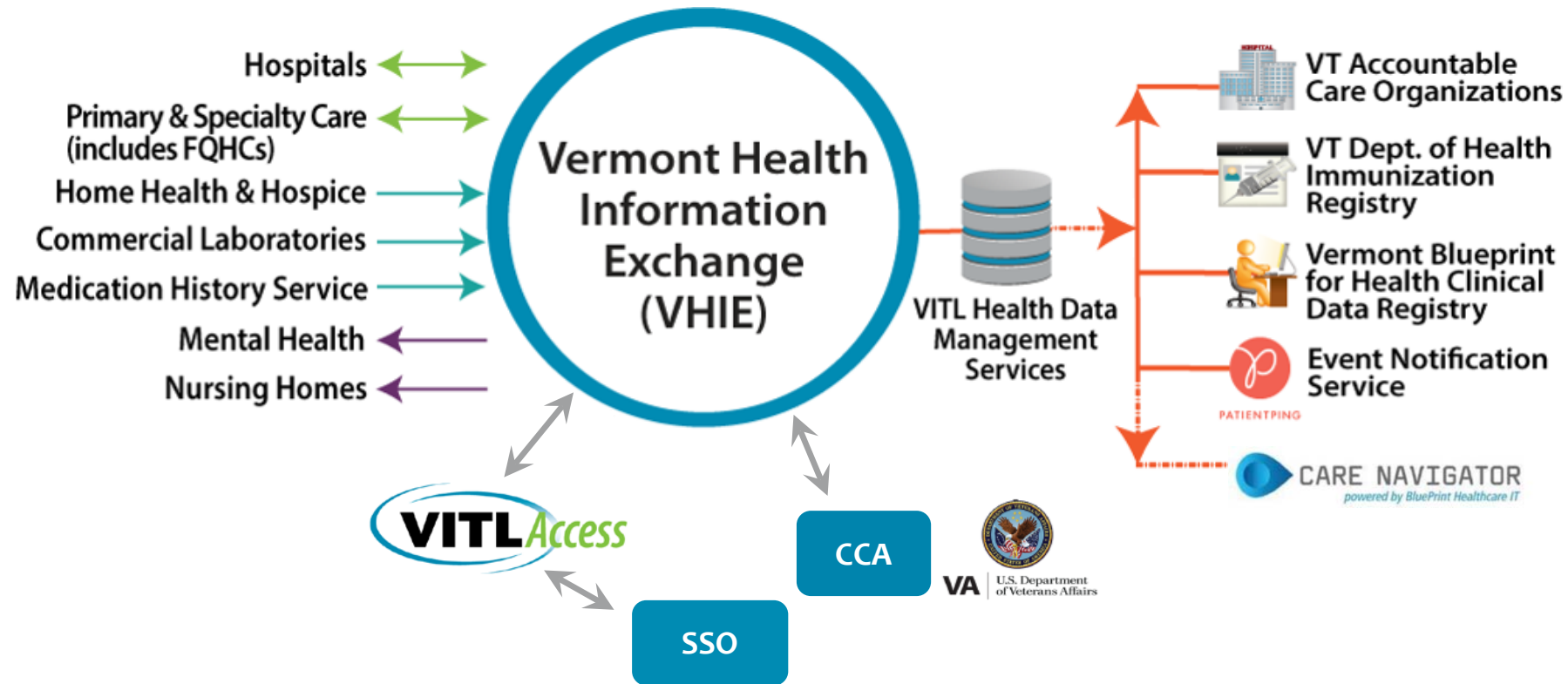
Vermont Information Technology Leaders (VITL)



- ❖ Vermont Information Technology Leaders (VITL), Incorporated July, 2005 as a 501(c)(3) nonprofit corporation.
- ❖ VITL is designated by the state of Vermont to develop, operate and maintain the Vermont Health Information Exchange (VHIE). The VHIE is a secure statewide data repository, that allows health care providers in Vermont the ability to electronically contribute data, as well as view patient information at the point of care.
- ❖ VITL is in the unique position of advancing healthcare reform through the adoption and use of technology.
- ❖ A variety of health care organizations utilize the VHIE at the point of care. Organizations do not have to **contribute** data to the VHIE in order to **view** data.

The Vermont Health Information Exchange and Health Data Management Infrastructure

Strategy: Support Healthcare Reform



Connectivity Criteria

VITL is currently working with organizations on the CY19 DVHA interface priority list to utilize the Connectivity Criteria.

This involves the following tasks:

- Introducing the Connectivity Criteria to organizations.
- Completing Baseline Connectivity Criteria Assessments (Tier 1).
- Having the organization identify the common data set elements (Tier 2) they are documenting in their EHR.
- Validating the data elements they document are making it into the electronic messages and into the VHIE during the interface testing phase.
- Creating work plans for the organizations and vendor(s) to use as a guide to meet the minimum common data set elements of Tier 2 Connectivity Criteria for the VHIE and its stakeholders.

Connectivity Criteria: New & Replacement Interfaces as of January 31, 2019

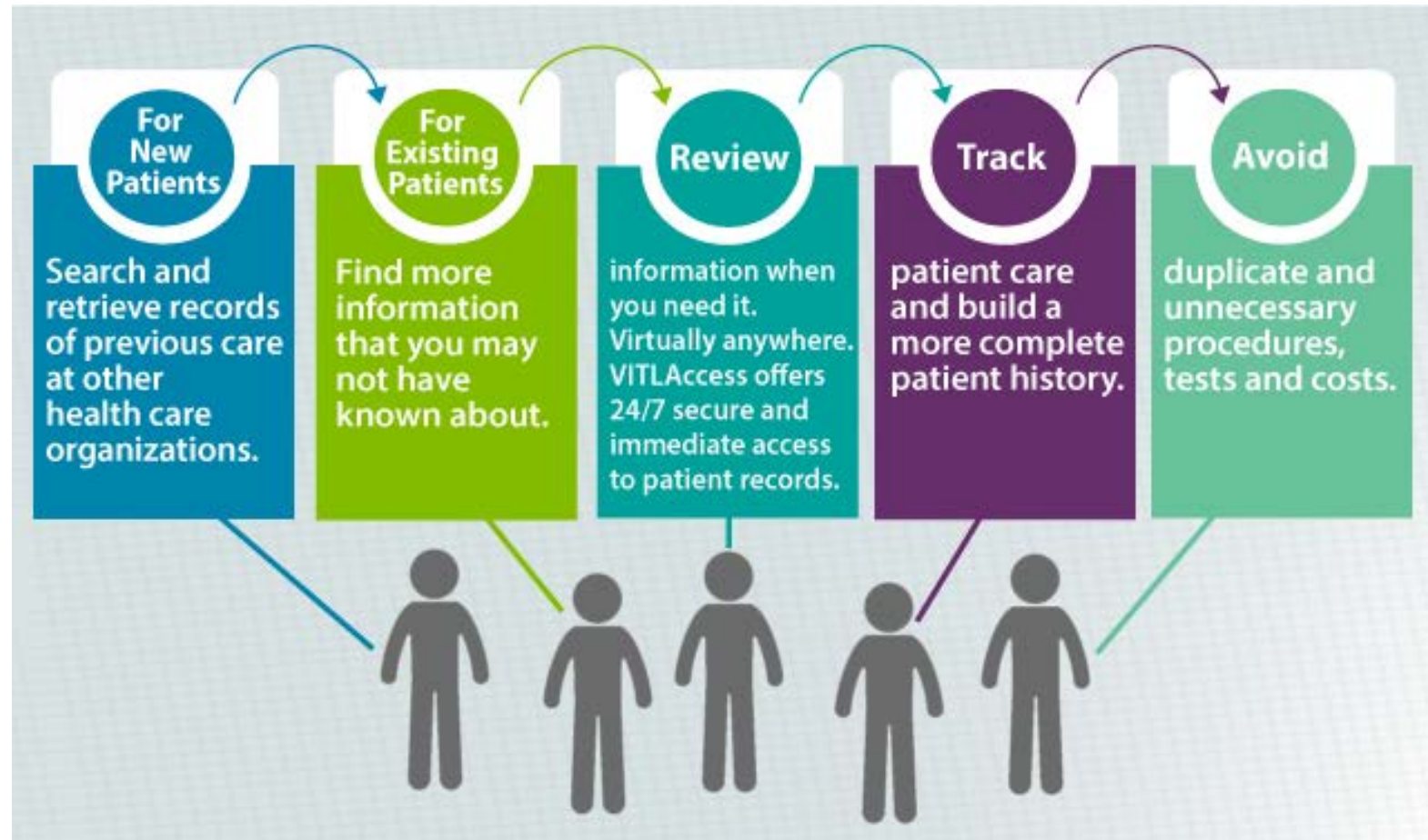
- Target of 89 work plans by the end of calendar year 2019.
- Currently there are 78 work plans in progress.
- If a Health Care Organization is connected to the VHIE they meet Tier 1 of the Connectivity Criteria.
- We are currently evaluating live organizations to see if they meet Tier 2 and will develop work plans to assist them as necessary.



Data Viewable in the VHIE

Hospital Name	Interfaces						
	Patient Demographics	Laboratory Results	Radiology Results	Transcribed Results	Pathology	Immunization	Continuity of Care Document
VERMONT HOSPITALS							
Brattleboro Memorial Hospital	✓	✓	✓			✓	✓
Central Vermont Medical Center	✓	✓	✓	✓		✓	✓
Copley Hospital	✓	✓	✓	✓	✓	✓	
Gifford Medical Center	✓	✓	✓	✓	✓	✓	
Grace Cottage Hospital	✓	✓	✓	✓	✓	✓	✓
Mt. Ascutney Hospital	✓	✓	✓	✓	✓	✓	✓
North Country Hospital	✓	✓	✓	✓	✓	✓	
Northeastern Vermont Regional Hospital	✓	✓	✓	✓		✓	✓
Northwestern Medical Center	✓	✓	✓	✓	✓	✓	✓
Porter Medical Center	✓	✓	✓	✓	✓	✓	
Rutland Regional Medical Center	✓	✓	✓	✓	✓	✓	✓
Southwestern Vermont Medical Center	✓	✓	✓	✓	✓	✓	
Springfield Hospital	✓	✓	✓	✓		✓	
The University of Vermont Medical Center	✓	✓	✓	✓	✓	✓	✓
REGIONAL HOSPITALS							
Cottage Hospital (Woodsville, NH)							
Dartmouth-Hitchcock Medical Center (Lebanon, NH)	✓	✓			✓	✓	
Samaritan Hospital (Troy, NY)		✓					

Why Should I Access the VHIE?





The great growling engine of change – technology.

Alvin Toffler

Improving ways to Access the VHIE

- VITLAccess secure web-based provider portal.
- VITLAccess via Single Sign On (SSO) from electronic health record.
- Cross-Community Access via electronic health record.
- Results Delivery (laboratory results, radiology Reports, transcribed reports).

VITLAccess Web-Based Provider Portal



Informing Health Care Decisions



I represent that I am accessing this system to obtain medical information ONLY for individuals for whom I am involved in their diagnosis and treatment, in the payment of that treatment, or in necessary health care operations related to that treatment. Access is subject to:

- Vermont Health Information Exchange Data Services and Participation Agreement, Policies and Standards
- Patient provided consent in accordance with Vermont Health Information Exchange Consent Policy
- HIPAA and all applicable federal, state and local laws statutes and regulations
- Compliance audit by VITL at any time

User Name

Password

[Reset Password?](#) [I Accept and Log In](#) ▶

Powered by
Medicity

Having a VHIE support issue? Please log in to MyVITL at <http://myvitl.net> and submit a request or call our support line at 1-877-592-4053. For information about how VITL supports VHIE users, go to <http://www.vitl.net/support>.


The Value of VITLAccess SSO

- Easy access to statewide patient information through your EHR.
- Improved integration. You're one click away from a patient chart.
- Approximately 92% of Vermonters have health information in the VHIE.
- Real-time patient history across Vermont healthcare organizations:
 - Demographic information
 - Laboratory results
 - Radiology & transcribed reports
 - Continuity of care documents
 - National filled medication histories



VITLAccess Patient Summary Screen

Home > Search Results > Patient Summary



HEART, HAVA J

Male Age 74 DOB 1/3/1942

MRN

CVMC1234

Patient Summary

Encounters

Results

Medications

Documents

Patient Summary

Additional Records May Be Available

Problems/Conditions

Most Recent

Date	Description
08/06/2016	Tooth Pain; Fatigue; Headache; Anxiety Disorder unspecified
08/03/2016	SCIATICA: PHYSICAL THERAPY NEC
08/02/2016	LOW BACK PAIN; OTHER PROBLEMS RELATED TO LIFESTYLE

Results

Most Recent

Date	Description
08/10/2016	Comp Metab 2000 Pnl SerPI
08/10/2016	Lipid 1996 Pnl SerPI
08/10/2016	PSA SerPI-mCnc

Cross-Community Access

Upgaptest, Phoenix
 Male, 31 y.o., 381987, T, J
 MDT: 3811984408
 Primary Ins: SELF PAY (P)

PCP: Link, Scott, MD
 Is PCP: None
SNAP MD PCP: Yes
 Refered by: None

Covid: Outside records available
 Receipts: None
 Immuniz: Code Exp
 Min Proxy: No (D)
 Pdx Agreement: Not on File

PST: None
 Code: Not on file
 AddpDCLST: None
 Wt weigh (lbs): 150

Specialty Comments:
 Blood Type: None
 Allergies: Unknown Not on
 Infection: None

Last HE: 1/17/2019 (70%)
 Last HT: 95.7 kg (200 lb)
 BSA: N/A
 Last BSA: None

1/21/2019 Summarization of episode note - VT Health Information Exchange

phoenix N UPGApptest
 Summarization of Care, generated on Jan 21, 2019

Patient Demographics - 31 y.o. Male, born Sept. 16, 1987

Patient Address	Communication	Language	Race / Ethnicity
104 MAPS ST BURLINGTON, VT 05401	Unknown	English	Unknown / Not on

PROBLEMS
 No Problem Records Found

PROCEDURES
 No Procedure Records Found

RESULTS

TEST	CODE	TEST	RESULT	Status	Source
STREP RAPID SCREEN	C1009	1/17/19	neg	OUT OF RANGE	Source: MOUNT ACUTE/CARE HOSPITAL REPOSITORY
LAB	Rapid Strep AB/DNA	Rapid HIV AB			REFERENCE

Performed By: MR. Audrey Hospital, Dr. Daniel Jones 288 Country Road, Windsor VT 05388 802-674-7242

ALLERGIES
 No Allergies Records Found

ENCOUNTERS
 No Encounter Records Found

PAYERS
 No Payer Records Found

Document Information

VHIE Results Delivery



Secure connections for EHR delivery:

- Laboratory Results
- Radiology Reports
- Transcribed Reports

Vermont Consent Policy & VITLAccess

- Vermont is an “**Opt-In**” state. This means that all patients start in an “**Opt-Out (Default)**” status until they are asked to give their consent.
- Vermont Consent is a **Global Consent**. This means that, with a patient’s consent, all current and future providers involved with the patient’s care are allowed to view the patient’s health information within the VHIE.
- When a patient is asked, they have the right to:
 - a. **Opt-In** (Yes, I choose to allow all providers involved with my care to access my health information).
 - b. **Opt-Out** (No, I choose not to allow all providers involved with my care to access my health information).

Why is the Vermont Consent Policy Important?

- Vermont Consent policy is Opt-In – Lack of access to patient information creates barriers to patient care.
- 92% of Vermonters have patient information in the VHIE. It can only be viewed with written patient consent.
- 39% of Vermonters have chosen to opt in and only 5% have chosen to opt out.
- ~50% of Vermonters have not been asked by their health care provider to provide consent to view their information in the VHIE.

Applying Patient Consent

- Two Ways to Apply Patient Consent:
 - **Manual Consent via VITLAccess Web Portal**
 - **Electronic Patient Consent with ADT HL7 Message (requires interface and configuration with VITL).**
- For consent to be applied to a patient in VITLAccess, the organization collecting consent must have a signed consent form and it must be updated in VITLAccess.
- Each Organization will determine their workflow for collecting patient consent. HL7 Consent can be sent in any/all ADT types currently supported by the VHIE.
- Both methods may be implemented, depending on the needs of the organization.

Collecting Electronic Patient Consent

Electronic patient consent collection implemented:

- Southwestern Vermont Medical Center
- University of Vermont Medical Center

Electronic patient consent projects in progress:

- Northeastern Vermont Regional Hospital
- North Country Hospital
- Northwestern Medical Center
- UVM Health Network - Central Vermont Medical Center
- UVM Health Network - Porter Medical Center



VHIE Users Have Reported:

- Improved workflow efficiencies (no faxing or waiting).
- Better quality of care.
- Reduction in duplicate and unnecessary tests and procedures.
- Reduced costs to the patient and the provider.
- Ability to see data that is not linked or within their own electronic health records.
- Serves as a valuable backup system when provider electronic health records are offline.

VITL's Role

We will provide resources for:

- Project management
- Configuration with your vendor
- Testing
- Training
- Go-Live support
- Technical support

Thank You



Contact: Andrea DeLaBruere,
Director of Client Services
Phone: 802-861-1956
Email: clientservices@vitl.net
Website: vitl.net



Introduction and History

What is Vermont Care Partners?

Discussion for today:

- EMR
- Repository
- COE
- Future

How has it been funded?

- HRSA Grants
- SIM Grant



EMR IMPLEMENTATION

- Network RFP, 16 responses, Vetted 5 (2-day)
 - 9 implementing new EMRs in 2019/2020
 - 4/5 on a unified platform
 - 4 others working together
 - 9 member Governance Committee (50 standardized documents)
 - Funding
 - Not rolled into case rates
-
- 16 agencies
 - 3 vendors (Netsmart, Credible, Qualifax)
 - 50 standardized documents
 - One repository

VCP Data Repository

1. What is it?

- A place where agency data is stored for review and analysis
- Data is NOT shared but aggregate information is available

2. What data is used in the repository?

- Phase 1 – Monthly Service Report (MSR) data
- Phase 2 – Service and treatment information (not CCD/ADT)

3. How was it built?

- In partnership with the National Opinion Research Center at the University of Chicago
- Tableau Analytics

4. What would I use the repository for?

- Quality improvement
- Program management
- Monitoring for payment reform activities
- Value demonstration

Vermont Care Network Analytics Platform

Agency: Vermont Care Network (VCN)

Agency Benchmarks	KPI Summaries	Demographic Analysis	Episode Analysis	Services Analysis	Crisis Services	Services by Cost Center	Crisis Bed Services	Staff Summaries	Client Summaries
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Service Date
7/1/2014 4/30/2018

Provider
(All)

Age
0 113

Gender
(All)

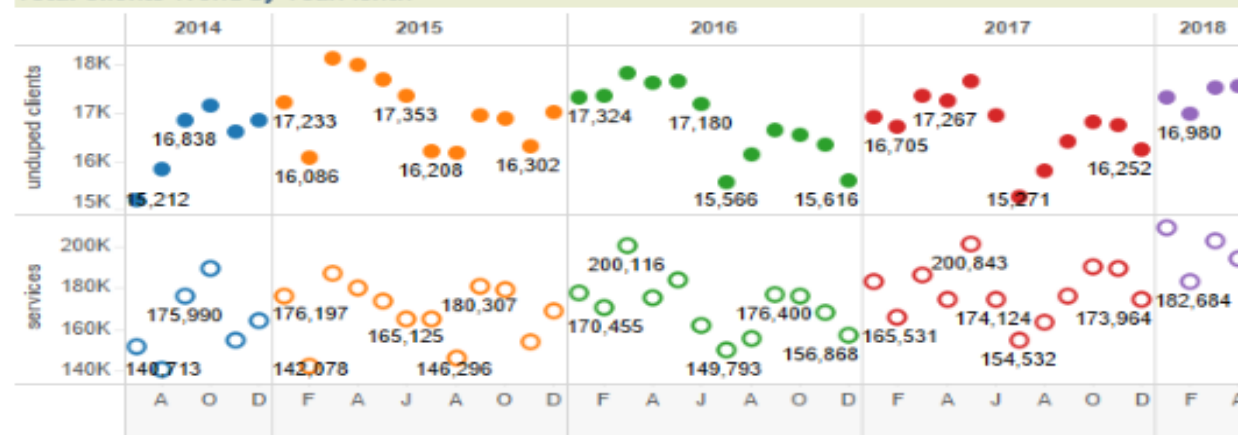
% of Total Client & Services by Service Program

	undup clients	% total clients	services	% total services
Null	3	0.00%	3	0.00%
ADAP	12,987	19.93%	232,895	2.92%
CRT	3,742	5.74%	1,540,186	19.34%
DS	4,821	7.40%	3,200,286	40.18%
EMERGENCY	20,172	30.96%	133,810	1.68%
MH Adults	18,342	28.15%	382,583	4.80%
MH Children	22,962	35.24%	2,470,888	31.02%
Other	33	0.05%	4,991	0.06%

% of Total Clients & Services by Location

	undup clients	% total clients	services	% total services
Null	1,586	2.43%	37,186	0.47%
Community 2	26,262	40.30%	1,996,193	25.06%
DA / SSA Site 1	53,922	82.75%	3,890,592	48.84%
Emergency Room 8	5,783	8.88%	16,813	0.21%
Home 5	17,021	26.12%	1,207,506	15.16%
ICF / MR A	19	0.03%	35	0.00%
Inpatient Hospital 4	6,667	10.23%	47,239	0.59%
Nursing Facility 3	1,381	2.12%	10,439	0.13%
PNMI (Private Non-Me..	32	0.05%	127	0.00%
School 6	9,991	15.33%	759,469	9.53%
Telemedicine B	27	0.04%	43	0.00%

Total Clients Trend by YearMonth



% of Total Clients & Services by Service Type

	undup clients	% total clients	services	% total services
Clinical Assessment E02 E01	35,316	54.20%	54,768	0.69%
Community Supports B01	31,388	48.17%	2,834,812	35.59%
Community Supports B02	4,552	6.99%	178,773	2.24%
Comprehensive School Based Services (CSAC Only) A02	130	0.20%	6,169	0.08%
Consultation F01	1,074	1.65%	25,448	0.32%
Day Services - Not for DS use (M Codes are CSAC Only) L01	1,125	1.73%	110,933	1.39%
Emergency / Crisis Assessment G01	22,971	35.25%	106,069	1.33%
Emergency / Crisis Beds G02	3,721	5.71%	37,719	0.47%
Employer & Job Development C02	2,579	3.96%	55,874	0.70%
Employment Assessment C01	2,098	3.22%	25,736	0.32%
Family Education B03	252	0.39%	6,344	0.08%
Family Therapy E03	4,611	7.08%	35,349	0.44%
Group Therapy E04	8,134	12.48%	135,421	1.70%



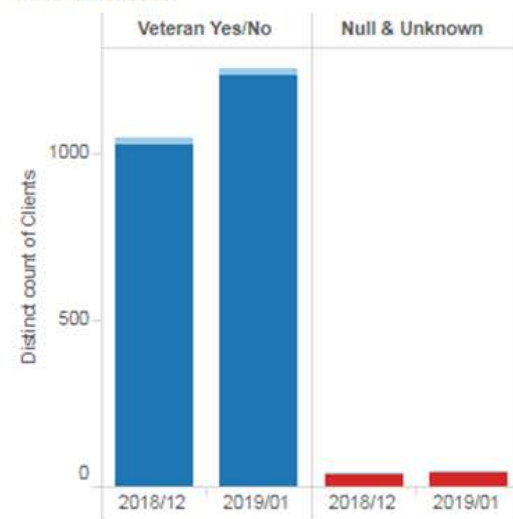
Services Report Date
Analysis

Demographic Analysis

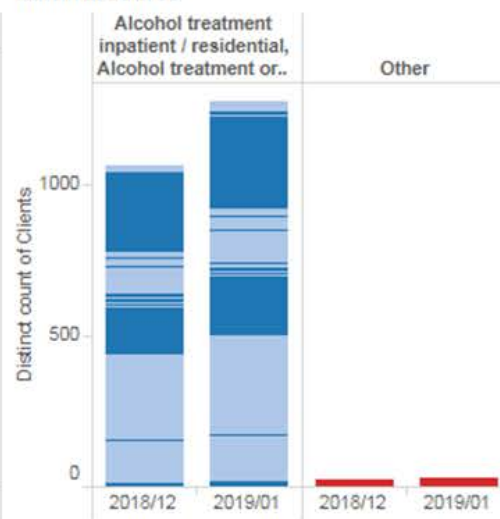
Demographic Cont.



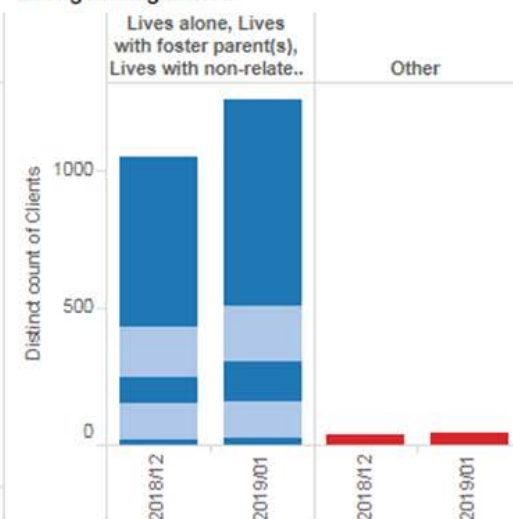
Veteran Status



Referral Source



Living Arrangements



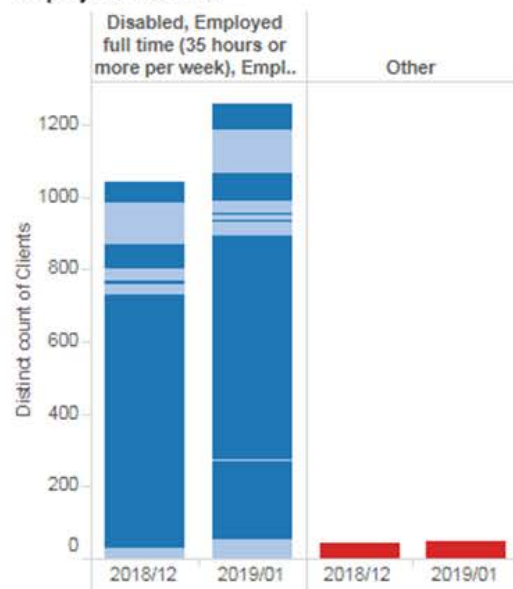
value (ppa)

- ☒ (All)
- ☒ ADAP
- ☒ C&E Recip...
- ☒ CRT
- ☒ DS
- ☒ EMERGE...
- ☒ MH-Adults
- ☒ MH-Children
- ☒ NONE

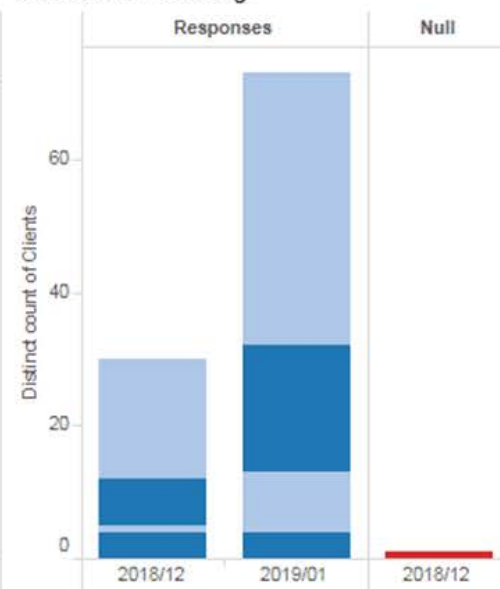
MSR Submis...

- ☐ (All)
- ☒ 2019/01
- ☒ 2018/12
- ☐ 2018/11
- ☐ 2018/10
- ☐ 2018/09
- ☐ 2018/08
- ☐ 2018/07
- ☐ 2018/06
- ☐ 2018/05
- ☐ 2018/04

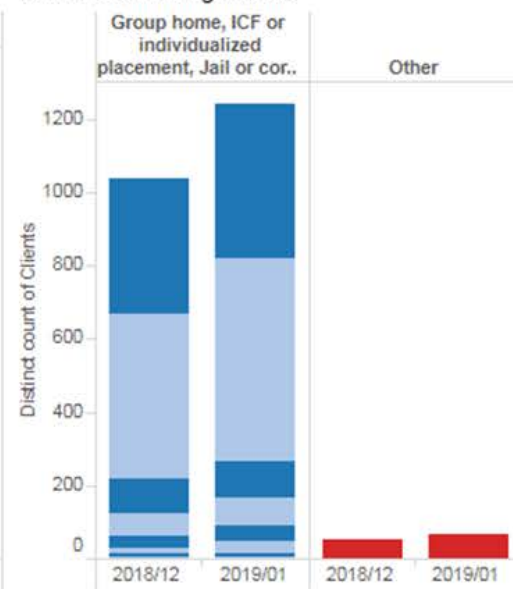
Employment Status



Condition on Discharge



Residential Arrangements



VCP System of Excellence

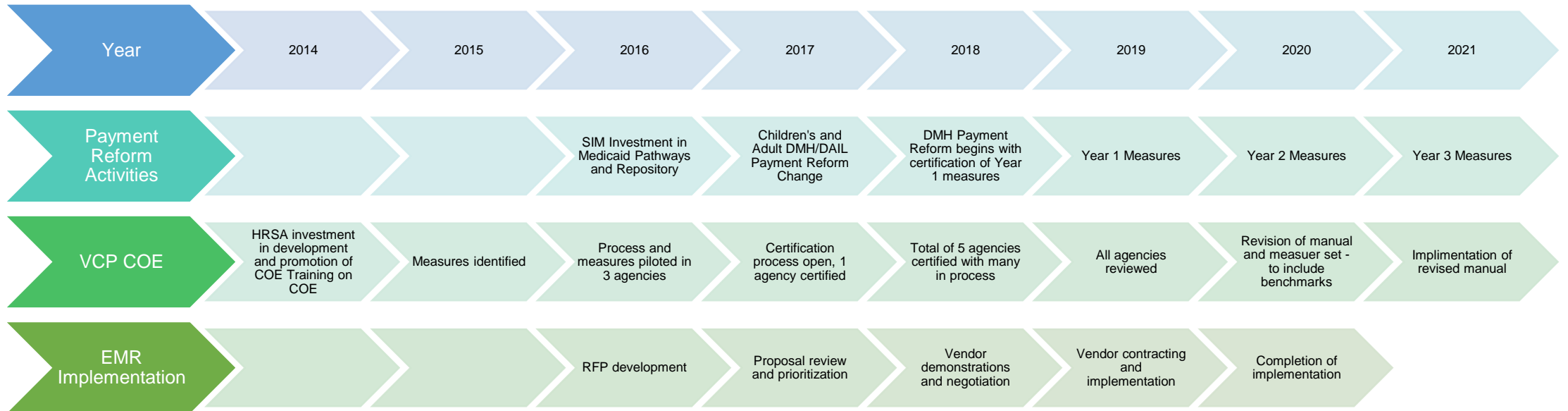
Assuming

- ✓ Integrated delivery systems
- ✓ Value-based payments
- ✓ Enhanced regional control mechanisms





VERMONT CARE PARTNERS



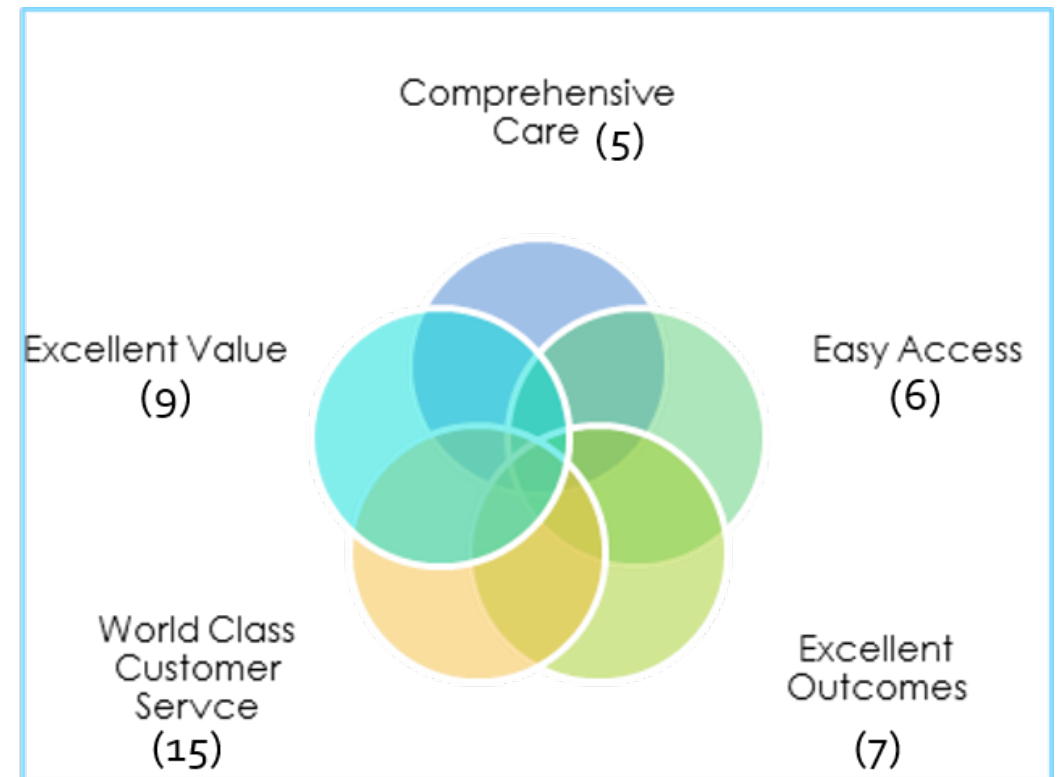
EASY ACCESS: Right care at the right time

WORLD CLASS CUSTOMER SERVICE:
Excellent, personalized, high quality care

COMPREHENSIVE CARE: A broad scope of mental health, substance use, co-occurring disorder, developmental disorder, and other social services that address the social determinants of health

EXCELLENT OUTCOMES: Clients and consumers achieve Excellent Outcomes that are important to the client, agency and community

EXCELLENT VALUE: Improved outcomes result from efficient use of services





Intersection of Repository and VCP-COE

- Dashboards being built for
 - Access to care measures
 - Screening measures
- Encourages agencies to review broader repository information for quality improvement purposes
- Repository folded into agencies' QI/QA processes using phase 2 data
- VCP COE used to drive payment reform



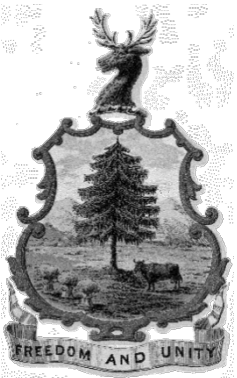
Future Direction and Investment

- Access to VCHURES Data
- Clinical and Financial Data
- Sustainability of Repository for enhanced QI/QA
- 42CFRPart2 and inclusion in VHIE (interface development)
- Coordination of data and measure sets across payors
- True interoperability with community providers (EHR)
- Direct feeds from EHRs to electronic care plans

Data Governance

- Goal: Conduct an assessment of the State's data governance efforts and define the Steering Committee's role in relation to existing work
- History: Last year, the Committee confronted the concept of “data governance” but thought it best to focus their limited time on defining the overarching state-wide goals for HIE, noting that the permanent Committee should address the issue in 2019
- Next three meetings:
 - Gain a collective understanding of data governance and the related activities taking place at the State
 - Consider the HIE Steering Committee's data governance role
 - Document/approve the articulation of that role

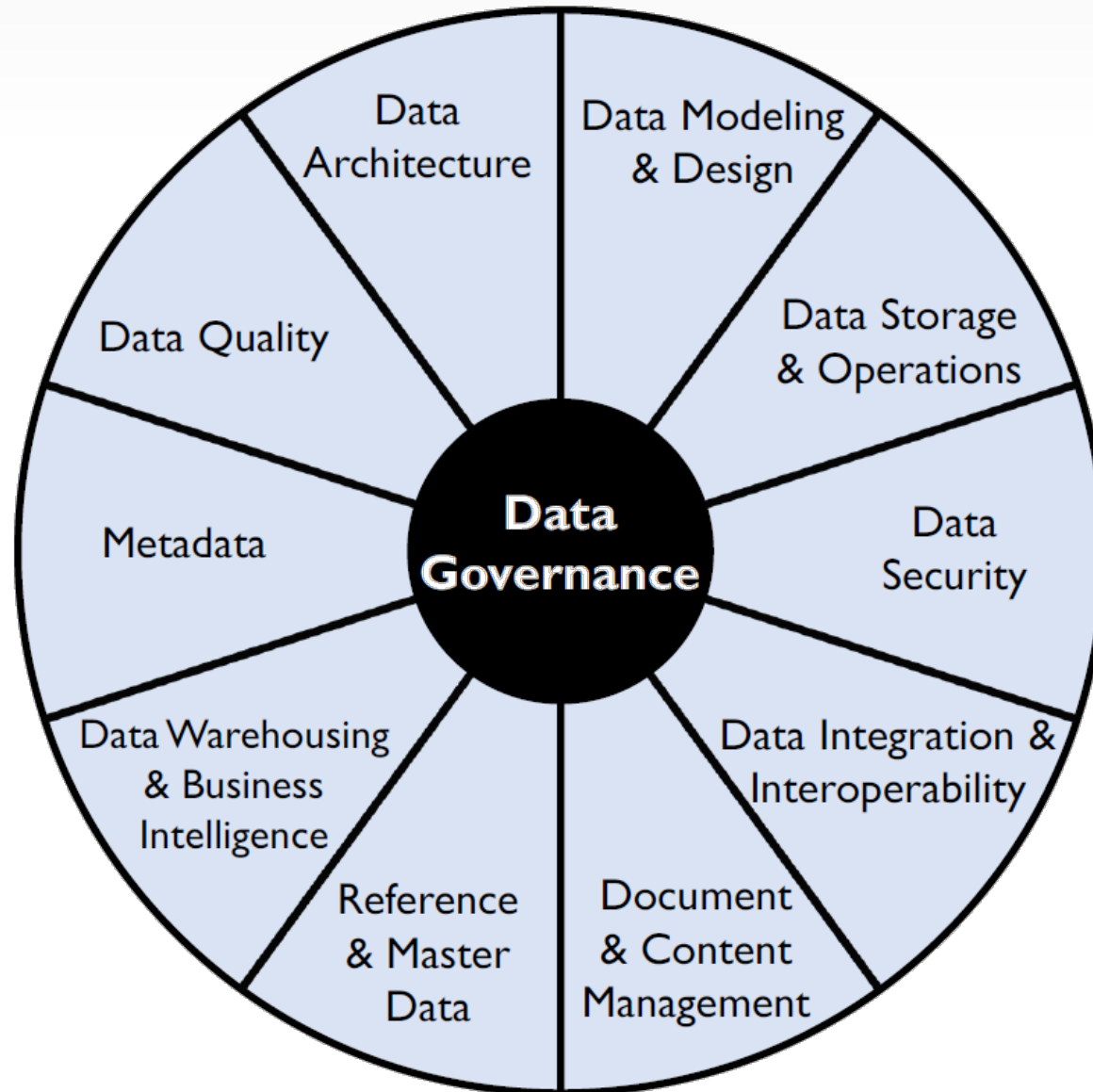
Data Governance



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

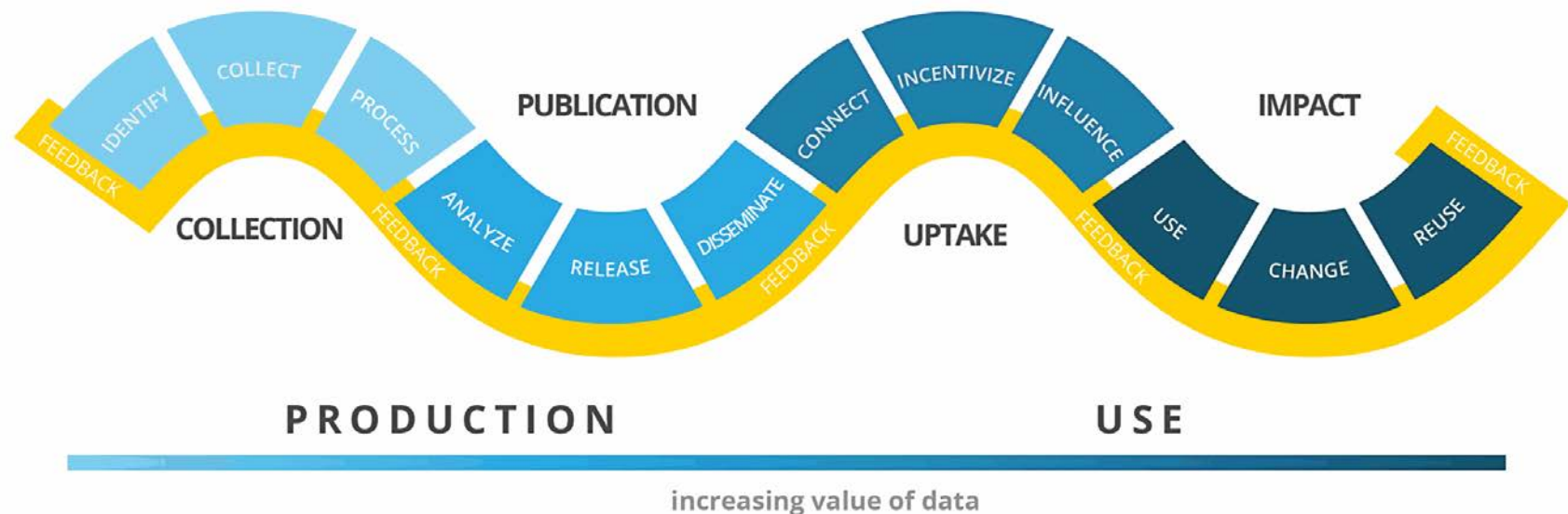


Functions of Data Governance

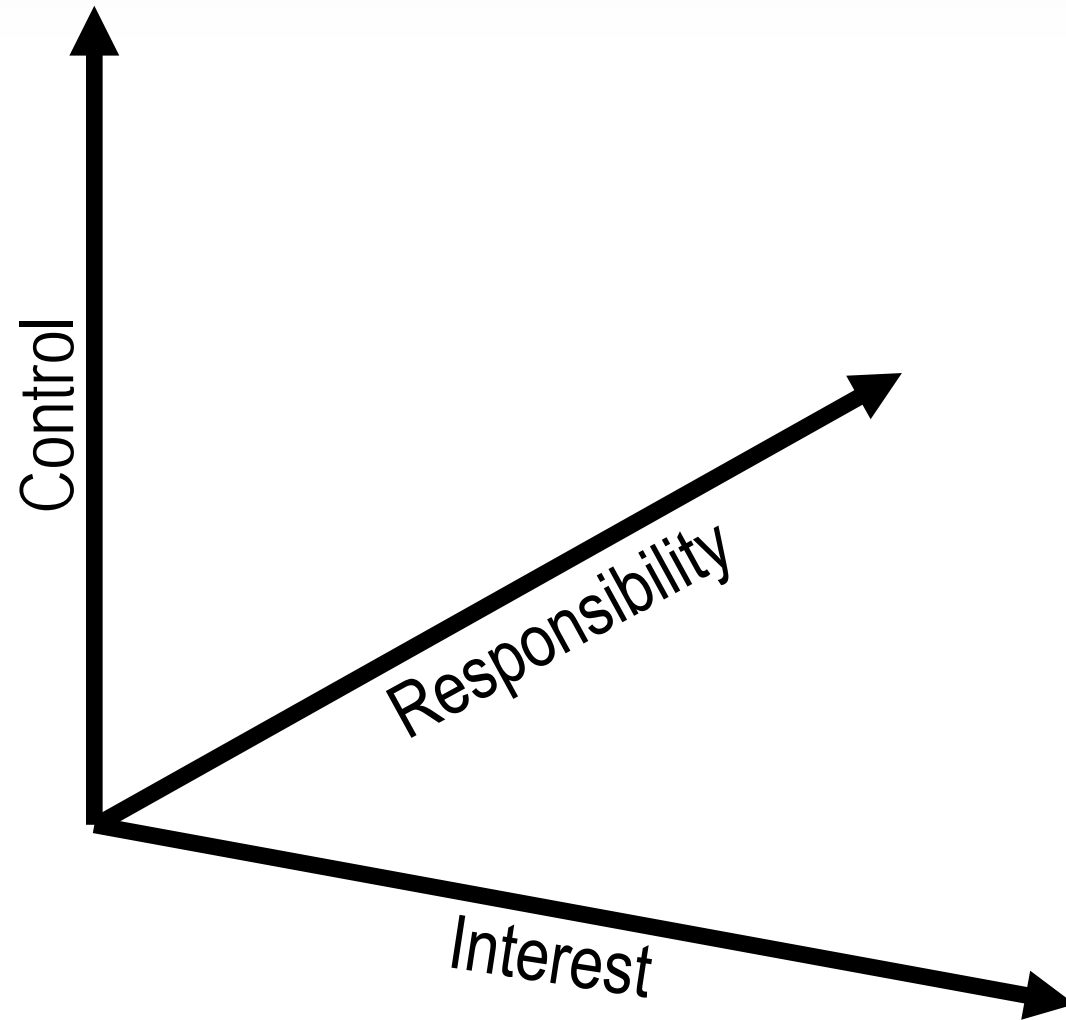
- **Strategy**
 - Define communicate and drive execution of Data Strategy and Data Governance Strategy.
- **Policy**
 - Set and enforce policy related to data management, access, use, security, and quality.
- **Standards**
 - Set and enforce data quality and data architecture standards.
- **Oversight 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?

Wrap Up

- Homework: Provide feedback on the Committee charter, if you haven't already
- Next Committee Member Presentations:
 - April 17:
 - **Georgia Maheras & Heather Skeels**, Bi-State Primary Care Association Model for Improvement
 - **Tyler Gauthier**, OneCare Vermont's Health IT Efforts in Support of the All-Payer Model
 - May 1:
 - **Beth Tanzman**, Vermont Clinical Registry & Shared Technology Project (the "Mudroom")
 - **Sarah Kinsler & Sarah Lindberg**, VHCURES – All Payer Claims Database
 - **Jimmy Mauro**, a payer's HIE perspective