

Committee Name: Health Information Exchange (HIE) Steering Committee	(Interim) Committee Chair: Sandi Hoffman
Meeting Goals: 1) Welcomes & Introductions 2) VITL: COVID-19 Response Update 3) OneCare: Exchanging SDoH Data (AIM Project) and COVID-19 Response Efforts 4) VT Care Partners: DA EMR Project 5) Revised Meeting Goals/Structure Proposal 6) Wrap-Up	Mtg. Facilitator: Emily Richards Mtg. Recorder: Marie Bernier Where: Virtual Meeting
	Conference Room: none
	Date: April 27, 2020 Time: 10:30am – 12:30pm
<input type="checkbox"/> May contain Confidential/Exempt information	Skype Meeting Information: +1 (802) 552-8456, 41553533

Attendees (Present Bold)			
<i>Non-Voting Member in Italics</i>			
Name	Title	Name	Title
Sandi Hoffman, Chair	Quality Improvement Director & Interim Deputy Commissioner, DVHA	Beth Tanzman	Executive Director, Blueprint for Health
Tracy Dolan	Deputy Commissioner, AHS	<i>Beth Anderson</i>	<i>VITL, Vermont's Health Information Exchange Operator</i>
Tyler Gauthier	OneCare Vermont	<i>Sarah Kinsler</i>	<i>Health Care Project Director, The Green Mountain Care Board</i>
Emma Harrigan	Vermont Association of Hospitals and Health Systems	<i>Kristin McClure</i>	<i>Chief Data Officer, ADS</i>
Georgia Maheras	Bi-State Primary Care Association	<i>Emily Richards</i>	<i>Program Director, HIE</i>
Jimmy Mauro	Blue Cross Blue Shield of Vermont	<i>Naomi Hahr</i>	<i>Program Manager, HIE</i>
Simone Rueschemeyer	Executive Director, Vermont Care Network	<i>Marie Bernier</i>	<i>Executive Assistant, HIE</i>

Non-Committee Members present			
Name	Title	Name	Title
Sarah Lindberg	The Green Mountain Care Board	Katelyn Muir	Data Quality Specialist, OneCare
Rick Steventon	IT Portfolio Manager, Agency of Digital Services (ADS)	Carolyn Stone	Director of Operations, VITL

Richard Terricciano	Enterprise Architect, ADS	Maresh Thopasridharan	Project Manager, DVHA
		Ron Werner	Finance, Agency of Human Services

	Agenda Item	Schedule
I.	Welcome & Introductions	10:30 – 10:40
II.	VITL: COVID-19 Response Update	10:40 – 11:15
III.	OneCare: Exchanging SDoH Data (AIM Project) and COVID-19 Response Efforts	11:15 – 11:45
IV.	VT Care Partners: DA EMR Project	11:45 – 12:10
V.	Revised Meeting Goals/Structure Proposal	12:10 – 12:25
VI.	Wrap Up	12:25 – 12:30

	Agenda Topic	Topic Facilitator	NOTES <i>(notes are provided in italics and blue)</i>	Action Items
I.	Welcome & Introductions	Richards	<i>Due to the Coronavirus Pandemic of 2020, this meeting was conducted remotely via Skype. Emily welcomed the group to the second meeting and introduced everyone to Sandi Hoffman. Sandi, the Director of Quality Improvement at DVHA, will be acting as Committee Chair as Jenney Samuelson has been re-deployed in light of the Coronavirus.</i>	
II.	VITL's COVID-19 Response Update	Beth Anderson	<i>Beth offered the following update on VITL's COVID-19 response activities (for presentation, see slides 3-7).</i> <ul style="list-style-type: none"> <i>o VITL is working with state agencies – mainly Vermont Department of Health (VDH) and Agency of Digital Services (ADS) – to offer real time data to support public health monitoring and modeling. VITL has trained VDH staff on the provider portal, VITLAccess, so they may access patient records in realtime. One noteworthy success of access to this data is the ability to understand how racial demographics relate to virus outbreak.</i> <i>o Based on guidance from the US Health & Human Services, and associated modifications to data sharing policy, the Secretary of Vermont's Agency of Human Services mandated data sharing from the VHIE to support COVID-19 response efforts.</i> 	

			<ul style="list-style-type: none"> ○ They are also working directly with medical practices to make sure they have the patient data they need during this time. ○ VITL is offering (re-)education to healthcare organizations and Emergency Service Teams on VITLAccess to make sure they are aware of how the tool may aid their work. ○ They are also reaching out to additional groups, such as fire and EMS, to identify greater opportunities for access-based data sharing to support direct care. ○ VITL has learned a lot through this process. Questions regarding consent and which organizations have access to needed data have arisen. They have been able to replace some manual data entry for a few of their partners through new interfaces. They have also been keeping a catalog of other helpful data they could start tracking, such as occupational data so it would be possible to target where COVID-19 (and other outbreaks) have started. ○ Emily added that we are hoping to use lessons learned from COVID-19 to inform this year's HIE strategic planning efforts. 	
III.	OneCare Vermont: Exchanging SDoH Data (AIM Grant) and COVID-19 Response Efforts	Tyler Gauthier	<p>Tyler gave the following background/update for the AIM Grant (for presentation, see slides 8-15).</p> <ul style="list-style-type: none"> ○ OneCare Vermont (OCV), with DVHA as a payer partners, was awarded to the grant to participate in a 24month pilot to develop a data and systems driven collaboration with the Agency of Human Services (AHS) to integrate social determinants of health data (SDoH) into OneCare's complex coordination program in order to better identify patients who would benefit from care coordination, that claims alone do not identify. ○ OCV is working to establish a team with stakeholders and supports from DVHA, AHS and other necessary partners to catalog and prioritize the available data, evaluate its quality, patient matching, and to establish the legal parameters. OCV is working with Craig Benson at AHS to catalogue and assess utility 	Action item: Committee to discuss establishment of an SDoH subcommittee to advise on next steps for SDoH data collection and access.

			<p><i>of AHS data to fulfill the objectives of the grant.</i></p> <ul style="list-style-type: none"> <i>○ Discussion followed regarding evaluating how best to display the data to avoid such things as multiple displays of the same information to the provider.</i> <i>○ Of note, OCV now works with all the state's health service areas (HSAs), which means that over 50% of Vermonters are attributed to a value-based program (as supposed to a fee-for-service). There may be programmatic implication related to COVID-19's negative impact on primary care usage.</i> <i>○ Previously anticipated patient matching issues are no longer expected because of VITL's improved Master Patient Index (MPI) service.</i> <i>○ The grant team is still determining the best technical solution to meet the project's objectives including how the SDoH data will be made accessible e.g., if the VHIE provider portal will be used. This will be an ongoing conversation as much of this work will not impact this Committee's work until 2021.</i> <i>○ One Committee member asked: how do other state HIE's manage SDoH data? VITL responded: they are currently assessing that and hope to report back with findings.</i> <i>○ In addition to the AIM grant, OCV is responding to those impacted by COVID-19 by providing outreach to those identified by the self-service application that OCV created.</i> <i>○ The Committee also discussed how and if SDoH data will be made accessible through VHIE to users beyond OCV, and when and if additional SDoH data elements could be added to the VHIE beyond those collected through the AIM grant work. The Committee agreed that we need a subcommittee to assess next steps. GMCB offered to lend their expertise with data release processes/procedures.</i> 	
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IV.	DA EMR Project	Simone Rueschemeyer	<p><i>Simone provided the following update on the nine Designated Agencies (DAs) implementing new Electronic Medical Records (EMRs).</i></p> <ul style="list-style-type: none"> ○ <i>The Designated Agencies were appropriated funds from Joint Fiscal, managed by a grant from the Department of Mental Health to Vermont Care Partners, and distributed to the agencies to assist in the implementation of new EMRs.</i> ○ <i>Per the grant, an independent review was completed by Berry Dunn. The independent review assessed financial risks and opportunities, and has been submitted to leadership from the Agencies of Digital & Human Services.</i> ○ <i>The selected EMR's being implemented are one of two different vendors and all will be going live summer of this year.</i> ○ <i>All DA EMR implementation efforts are intended to align to the HIE Strategic Plan.</i> ○ <i>One of the main deliverables of the grant is the development of Connectivity Criteria to the VHIE for DA data, which is scheduled for completion by July 2020.</i> 	<p>Action item: The Steering Committee will be presented the DA Connectivity Criteria for review and approval.</p>
V.	Revised Meeting Goals/Structure Proposal	Richards	<p><i>Emily reviewed the proposed changes to the 2020 HIE goals (see slides 26-28 for proposed changes). The Committee agreed with the proposed changes.</i></p>	
VI.	Wrap-Up	Richards	<p><i>Next Steps:</i></p> <p><i>Virtual Meeting – June 1st</i></p> <ul style="list-style-type: none"> ○ <i>Confirm Steering Comm. Obligations Related to Onboarding of New Data Types.</i> ○ <i>Review/Approve Subcommittees and Associated Plans</i> <ul style="list-style-type: none"> ○ <i>Subcommittees: Interface Prioritization, Consent, Collaborative Services, Connectivity Criteria – Clinical and DA EMR</i> ○ <i>Review DA EMR Connectivity Criteria</i> ○ <i>Update on Bi-State COVID Response</i> <p>○ <i>Pre-Meeting Materials will be emailed out ahead of time and will be posted online</i></p>	