

Committee Name: Health Information Exchange (HIE) Steering Committee	(Interim) Committee Chair: Sandi Hoffman
Meeting Goals: 1) Welcomes & Introductions 2) Bi-State: COVID-19 Response Update 3) VITL: Proposed Subcommittees and Review of Subcommittees Outputs 4) DVHA: Next Steps 5) Wrap-Up	Mtg. Facilitator: Emily Richards Mtg. Recorder: Marie Bernier Where: Virtual Meeting
	Conference Room: none
	Date: June 1, 2020 Time: 10:30am – 12:30pm
<input type="checkbox"/> May contain Confidential/Exempt information	Teams Meeting Information: +1 802-552-8456, 642 073 910#

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
Bechir BenSaid	Program Manager, ADS	Jessie Hammond	Public Health Statistics Manager, AHS
Katelyn Muir	Data Quality Specialist, OneCare	Ken Gingras	Health Information Technology Director, Vermont Care Network
Heather Skeels	Senior Program Manager, Bi-State	Carolyn Stone	Director of Operations, VITL

Richard Terricciano	Enterprise Architect, ADS	Mahesh Thopasridharan	Project Manager, ADS
Tim Tremblay	Data Analytics and Information Administrator, Blueprint for Health	Ron Werner	Finance, Agency of Human Services

	Agenda Item	Schedule
I.	Welcome & Introductions	10:30 – 10:40
II.	Bi-State: COVID-19 Response Update	10:40 – 11:05
III.	VITL: Proposed Subcommittees and Review of Subcommittees Outputs	11:05 – 11:45
IV.	DVHA: Next Steps	11:45 – 12:05
V.	Wrap-Up	

	Agenda Topic	Topic Facilitator	NOTES <i>(notes are provided in italics and blue)</i>	Action Items
I.	Welcome & Introductions	Richards	<i>Emily virtually welcomed the group to the third meeting of 2020.</i>	
II.	Bi-State's COVID-19 Response Update	Georgia Maheras/Heather Skeels	<ul style="list-style-type: none"> o <i>Georgia and Heather reviewed Bi-State's COVID-19 Response efforts (see presentation here.) As obligated by the Health Resources and Services Administration (HRSA) Bi-State is charged with the following role in emergency preparedness response:</i> <ul style="list-style-type: none"> o <i>Bi-State acts as a communication liaison between HRSA and Primary Care Associations (PCAs) to enhance Federally Qualified Health Centers' emergency preparedness and response efforts. PCAs must develop, exercise, maintain, and implement systems to ensure timely and accurate reporting on health center operational status during disasters and/or public health emergencies.</i> o <i>To do this Bi-State developed scalable tools, known as Event Impact Assessment tools, within Microsoft Teams to collect and tract this information.</i> o <i>The tool was first developed to track weather events and then was reviewed in January in anticipation of COVID19 to include things like infectious disease.</i> o <i>Survey & Results from forms for tracking data – breakout of who has answered, how many responses.</i> 	<p>Action item #1: The COVID-19 response efforts and activities that the Committee members have shared throughout the last few meetings will be pulled together to use as a "lessons learned" forward-looking strategic planning tool.</p> <p>Action item #2: Action item: VITL & Bi State connect on developing a feed for COVID to Bi-State</p>

			<ul style="list-style-type: none"> ○ <i>Kaylan Blindow, Bi-State staffer, participates in many emergency preparedness groups throughout VT & NH which ensures that Bi-State stays up-to-date with emergency preparedness throughout Vermont.</i> ○ <i>Bi-State retooled some existing groups and communications since the solid infrastructure for virtual work was already in place – Leadership from both states (Vermont and New Hampshire) are working together to pivot from regular roles to emergency roles as the day to day workflow is changing.</i> ○ <i>Some challenges recognized within Telehealth are as follows: rapid changes with day to day shifts in how to do work – sometimes older tools are the way to go instead of trying to use electronic tools for every single patient.</i> ○ <i>Patient Information is communicated to local hospitals and to Vermont Department of Health (VDH).</i> ○ <i>Mental Health & Chronic Care Management – people are getting services virtually, but there are some delays in care, such as dental care – we may not go back to “normal,” so we have to adapt to the new normal.</i> ○ <i>Dedicated web page – COVID is the first page that a site visitor lands on when they go to Bi-State website.</i> ○ <i>Qlik (an additional tool Bi-State is using) uses clinical data from EHRs to aggregate & visualize data to help health centers identify potentially at-risk patients. Impact for patients can be tracked over time and real-time hotspots can be identified.</i> ○ <i>Anticipating what health centers will need in the future – the new normal will be a blend of what used to happen and what needs to happen with things like telehealth.</i> ○ <i>Looking toward the future:</i> 	
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			<ul style="list-style-type: none"> ○ <i>Data needs moving forward: Vaccines, gap analysis, dental, mental health.</i> ○ <i>How does this data influence targeted outreach for patients?</i> ○ <i>How do we start talking about and demonstrating the value of telehealth?</i> ○ <i>The ongoing impact of value-based payments in the future.</i> ○ <i>Reliable clinical and claims data has become particularly important for responding to current needs and anticipating future needs. Getting information from the Vermont Health Information Exchange (VHIE) about antibodies would be helpful – knowing who needs a vaccine.</i> ○ <i>Getting immunization data back from the state would be helpful especially as progress is made with a vaccine – the flow of information without having to re-ask the patient will be helpful in patient care.</i> ○ <i>One of the areas of focus are vulnerable populations – social determinants of health (SDOH) data is something the health centers could leverage moving forward – there will be some need to focus on certain populations and more so with COVID.</i> <ul style="list-style-type: none"> ○ <i>OneCare agreed with the importance of SDOH data as they use it to risk stratify patients and provide better service.</i> ○ <i>VITL noted they are working with the state lab to get all the positive tests into the VHIE – they are also getting testing from hospitals and some of the commercial labs and popup sites – people outside of the current testing</i> 	
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			<p><i>arenas (pharmacies, etc) – VITL plans to get those connections and capture that data – most of that data is available in VITLAccess – some of the data is in a flat file but a lot of it is there – replacing flat files with interfaces is in progress.</i></p> <ul style="list-style-type: none"> ○ <i>Tyler Gauthier noted that OneCare has started to receive COVID lab feed and are using it in their applications already.</i> 	
III.	VITL: Proposed Subcommittees and Review of Subcommittees Outputs	Beth Anderson/Carolyn Stone	<p><i>Review of the following two proposed sub-committees:</i></p> <ul style="list-style-type: none"> ○ <i><u>Connectivity Criteria Sub-Committee</u></i> <i>(details available here: Committee Charter and Charter Overview)</i> ○ <i>VITL presented a proposed structure of a standing Connectivity Criteria subcommittee and the mechanisms for the Steering Committee to review membership annually and when a new data type is introduced to the process.</i> ○ <i>Discussion followed regarding the lack of providers on the Committee. Members of the subcommittee agreed to act as liaisons to the provider community, particularly during this unusually busy time. Simone, Vermont Care Partners, noted that her process for engaging providers outside of the Connectivity Criteria subcommittee worked well.</i> ○ <i>Further discussion followed regarding having better consumer representation. VITL added that Maurine Gilbert is developing a stakeholder engagement plan, which will involve consumer engagement. The plan will be presented to the Steering Committee for review.</i> ○ <i>The Committee agreed to proceed with the Connectivity Criteria subcommittee as proposed.</i> ○ <i><u>Collaborative Services Sub-Committee</u></i> <i>(Sub-Committee Plan here)</i> 	<p>Action #3: BlueCross is considering including a representative from their clinical team on the Connectivity Criteria Subcommittee Jimmy will follow up once he convenes with internal staff.</p> <p>Action #4: Committee to approve the DA Connectivity Criteria at June 22, 2020 meeting.</p> <p>Action #5: Carolyn Stone sent an email to the Committee requesting confirmation of their organizational representatives on the Collaborative Services Subcommittee.</p>

- VITL presented this new, proposed subcommittees whose objective is to provide strategic insight to VITL as they progress on the Collaborative Services Project and provide a project assessment and recommendation to the Steering Committee.
- VITL noted that the procurement group had such great success during the vendor selection process, that this is a re-engagement of the same group to provide guidance during the implementation stage of the project.
- The Committee agreed to proceed with the Collaborative Services Subcommittee as proposed.

Review Outputs of two existing sub-committees:

- **DA Connectivity Criteria** (pilot for BH//MH/SUD data; see [DA Connectivity Criteria here](#))
 - VITL reviewed their work with the Vermont Care Partners to develop Connectivity Criteria (Tier 2 only) specific to substance use disorder, mental and behavioral health data. The source of the data represented by the Criteria is the Designated Agencies (DA).
 - Discussion followed regarding the alignment challenge around terminology and how the DA's do their work – data elements & encounter data speaks to the things they do at patient visits.
 - Criteria are reviewed annually and help adjust on as needed based on what works well – align for all programs' work and the contributors of the data.
 - Next step: Committee to approve the DA Connectivity Criteria at the next meeting.

			<ul style="list-style-type: none"> ○ <i>Interface Prioritizations Sub-Committee:</i> <i>(see proposed criteria here)</i> ○ <i>VITL reviewed the work of the Interface Prioritization Subcommittee, an ad-hoc group that worked to develop criteria for prioritizing interface (connectivity) work at the VHIE.</i> ○ <i>Discussion followed regarding the scoring matrix system the Sub-Committee used in prioritizing the Interfaces.</i> ○ <i>Members also discussed the need to develop interfaces that are FHIR compatible/compliant.</i> ○ <i>The Committee agreed to approve the connectivity prioritization matrix.</i> 	
IV.	DVHA: Next Steps	Emily Richards	<ul style="list-style-type: none"> ○ <i>Emily presented an outline for the Committee’s work in the remaining months preceding the submission of the next HIE Plan update.</i> ○ <i>June 22nd meeting agenda:</i> <ul style="list-style-type: none"> ○ <i>21st Century Cures Act and associated federal rules – build awareness of the requirements to come and discuss the implications for future HIE strategy.</i> ○ <i>Review the learnings of COVID-19 efforts and discuss these efforts color future HIE plans.</i> 	
V.	Wrap-Up	Emily Richards	<ul style="list-style-type: none"> ○ <i>Emily poled the group on best ways to communicate considering the new meeting structure (meetings are virtual and pre-work is provided ahead of time).</i> ○ <i>Members noted that attaching materials to the meeting invite and sending out reminders are helpful.</i> 	Action Item # 6: HIE Team to provide pre-meeting updates via email and in the meeting invite.