A Year of Informing Health Care Decisions

2014 Annual Report

VITL

Vermont Information Technology Leaders, Inc.

OUR VISION:

A transformed health care system where health information is secure and readily available when people need it, positioning Vermont as a national example of high quality, cost effective care.

Contents ▮

Executive Summary

January 15, 2015

On behalf of the VITL board of directors and leadership team, we are pleased to provide you with this annual update on VITL's accomplishments for 2014. This report satisfies our obligations under 18 V.S.A. § 9352(e), but more importantly, we hope it gives you a sense of the positive impact that our work has on the health care delivery system in Vermont.
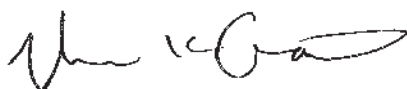
As we reflect on VITL's vision of *a transformed health care system where health information is secure and readily available when people need it*, we note the achievement of several milestones that bring this vision into focus:

- VITLAccess and VITLDirect, two important provider services are active and in use in Vermont.
- 162 clinical data interfaces to the Vermont Health Information Exchange (VHIE) have been completed.
- Connected new care settings beyond hospitals and physician practices to the VHIE.
- VITL was awarded $5.5M in funding from the State Innovation Model grant.

Within the first 90 days of availability, 294 health care providers at 29 locations were enrolled in VITLAccess and can now view, with patient consent, their patient's medication history and comprehensive clinical data from other providers. VITLDirect—a secure messaging system enabling hospitals to meet their meaningful use transition of care requirements—is in use at two Vermont hospitals.

The VHIE has significantly increased capacity with the addition of 162 new interfaces, and increased reliability with the implementation of a specialized interface engine to improve delivery of immunization data to the Vermont Department of Health. The VHIE has also increased capability with connections to care settings beyond hospitals and physician practices. Five members of the Visiting Nurse Associations of Vermont are now sending care summaries to the VHIE, and four designated mental health agencies are receiving laboratory results into their electronic health record systems via the VHIE.

VITL is the recipient of a significant portion of the Center for Medicare and Medicaid Innovations State Innovation Models grant that was awarded in 2013. The initiatives funded under this grant allow VITL to increase the value we deliver to Vermont's accountable care organizations as they work to deliver on their population health objectives, and to begin developing an architecture that will one day allow mental health data to be accessible through the VHIE.

John K. Evans, MHA, FACHE
VITL President and CEO

Paul Harrington
Chair, Board of Directors

Board of Directors

Health Care Providers

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Executive Vice President
Vermont Medical Society

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Northeastern Vermont Regional
Hospital

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Chief Medical Information Officer,
University of Vermont Medical
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Business Community

Physicians

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President and CEO
Blue Cross Blue Shield of Vermont

Ron Keene
Health Care Entrepreneur

Bruce Bullock, M.D.
Marble Valley Healthworks, LLC

Gertrude M. Hodge

Governor's Appointee

Legislative Appointee

Open Seat

VITL President & CEO

Robin Lunge
Director of Health Care Reform
VT Agency of Administration

Tristan Toleno
Representative, Windham 2-3

Amy Putnam, Treasurer
Director, Finance & Administration
Northwestern Counseling &
Support Services

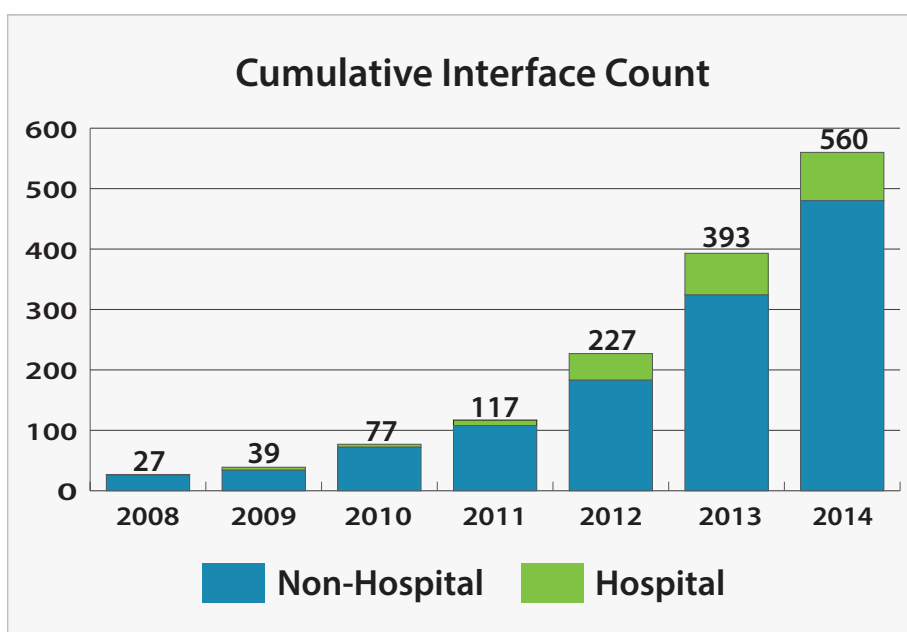John K. Evans, MHA, FACHE
President and CEO, VITL

The Vermont Health Information Exchange

Fundamental to health care reform efforts in Vermont is the ability for a health care provider to access a patient's medical information from other providers through the Vermont Health Information Exchange. For an independent primary care provider, access may mean the delivery of laboratory reports from the hospital that provides the testing service to their own electronic health record system. For an emergency room physician, access means the ability to search for a patient's medical information through a secure network.

For reform initiatives such as the Vermont Blueprint for Health, access means that information from Blueprint providers is transmitted their clinical data repository. For provider networks, such as the three Vermont accountable care organizations, access means that medical information about their patient populations is included in population health management outcomes.

The Vermont Health Information Exchange (VHIE), operated by Vermont Information Technology Leaders, gives Vermont health care providers the ability to exchange and access patient data. VITL collects, indexes, collates, and makes available protected health information to authorized providers—with patient consent—through the VHIE.

Health care information is collected into the VHIE through secure connections, known as interfaces, between Vermont health care organizations and the VHIE. These secure interfaces are used to send and receive a variety of patient information such as demographics, laboratory results, discharge summaries, radiology and other transcribed reports. It is helpful to remember that the information sent to the VHIE is useful to other providers who are involved in a patient's care, and is a subset of a patient's complete medical record kept by the originating organization.

Cumulative Interface Count

- 2008: 27
- 2009: 39
- 2010: 77
- 2011: 117
- 2012: 227
- 2013: 393
- 2014: 560

Legend: Non-Hospital, Hospital

VITL's efforts in 2014 have significantly increased both the number and types of organizations connected to the VHIE, as well as the capacity of the network, which now transmits nearly 4.2 million messages per month, compared to 2.5 million messages per month at the end of 2013.

During 2014, the first connections to mental health and home health and hospice agencies were completed.

Behavioral Health

Mental health and physical health are integral to a person's overall well-being. In 2014, VITL worked closely with Vermont Care Network, a statewide provider network of 16 nonprofit community-based agencies that serve Vermonters affected by developmental disabilities, mental health conditions and substance use disorders, to connect member agencies to the VHIE.

> *"Accurate and prompt lab work is integral to high quality psychiatric care, and electronic delivery of lab results through the VHIE to a mental health provider's EHR gives them immediate access to information that is critical for more informed treatment."*
>
> *Simone Rueschemeyer*
> *Executive Director, Vermont Care Network*

Four of the 16 member agencies are now connected to the VHIE and receive laboratory results from the hospitals providing those services.

The connected agencies include:

- **Health Care and Rehabilitative Services**
- **Counseling Services of Addison County**
- **Northwestern Counseling & Support Services**
- **Northeast Kingdom Human Services**

Home Health and Hospice

Care delivered in post-acute settings, such as in-home care, is important to a patient's recovery and, when coordinated with primary and specialty care, can reduce hospital readmission rates. Patient information gathered in these settings is useful to other providers involved in a patient's care and is also an important element in meeting the population health management goals of Vermont's accountable care organizations.

VITL has been working with the VNAs of Vermont—the professional association of nonprofit home health and hospice agencies and visiting nurse associations—to connect them to the VHIE.

During 2014, VITL completed interfaces for:

- **Central Vermont Home Health and Hospice**
- **Franklin County Home Health Agency, Inc.**
- **Rutland Area Visiting Nurse Association and Hospice**
- **Visiting Nurse Association of Chittenden and Grand Isle Counties**
- **Visiting Nurse and Hospice for Vermont and New Hampshire**

> *"Working with VITL, the VNAs of Vermont were able to secure reimbursement for our demographics interfaces from the State of Vermont.*
>
> *Because of these interfaces, important information about patient encounters with home health and hospice providers are now being made available to other providers around the state, and to OneCare Vermont to help meet our population health management objectives"*
>
> *Peter Cobb,*
> *Executive Director, VNAs of Vermont*

Hospital Interfaces

Hospitals remain the largest contributors of patient information to the VHIE, and VITL continues to focus on the implementation of interfaces that provide data from hospitals to the VHIE.

During 2014, VITL added four new interface types at Northeastern Vermont Regional Hospital, to provide patient demographics, laboratory results, radiology and other transcribed reports to the VHIE.

Work is nearing completion on six interfaces from Southwestern Vermont Regional Medical Center,

and two additional interfaces from Northwestern Medical Center.

VITL also completed immunization interfaces from seven hospitals to the Vermont Department of Health Immunization Registry:

- Brattleboro Memorial Hospital
- Copley Hospital
- Dartmouth-Hitchcock Medical Center
- Northeastern Vermont Regional Hospital
- Northwestern Medical Center
- Rutland Regional Medical Center
- The University of Vermont Medical Center

Interfaces — Vermont Hospitals	Patient Demographics	Laboratory Results	Radiology Results	Transcribed Reports	Pathology Reports	Immunization
Brattleboro Memorial Hospital	✔	✔	✔	✔		✔
Central Vermont Medical Center	✔	✔	✔	✔		
Copley Hospital	✔	✔	✔	✔	✔	✔
Gifford Medical Center	✔	✔	✔	✔	✔	
Grace Cottage Hospital	✔	✔	✔	✔	✔	
Mount Ascutney Hospital	✔	✔	✔	✔	✔	
North Country Hospital	✔	✔	✔	✔	✔	
Northeastern VT Reg. Hospital	✔	✔	✔	✔		
Northwestern Medical Center	✔	✔				✔
Porter Medical Center	✔	✔	✔	✔	✔	✔
Rutland Reg. Medical Center	✔	✔	✔	✔	✔	✔
Southwestern VT Medical Center		✔				
Springfield Hospital	✔	✔	✔	✔		
The UVM Medical Center	✔	✔	✔	✔	✔	✔
Regional Hospitals						
Cottage Hospital (Woodsville, NH)		✔				
Dartmouth-Hitchcock Medical Ctr	✔	✔			✔	✔
Samaritan Hospital (Troy, NY)		✔				

Immunization Registry

Accurate and timely immunization data are important to clinicians and public health officials. The Vermont Department of Health (VDH) maintains a comprehensive electronic immunization registry, which makes access to immunization documentation more efficient.

Providers who are eligible for the Centers for Medicare and Medicaid Services (CMS) Electronic Health Record (EHR) Stage 2 Incentive Program, must demonstrate that immunization data are being sent electronically from their EHRs to VDH.

VITL completed a major project in 2014 to deploy a specialized interface engine that improves the reliability and timeliness of the flow of immunization data into the VDH registry. VITL also completed immunization data interfaces from 39 health care organizations, an increase of nearly 300 percent over 2013, bringing the total number of immunization interfaces to 52.

> *"VITL has been creative and proactive in solving difficult electronic messaging challenges. The successful relocation of a critical interface removed a significant performance barrier to the HL7 immunization messaging service."*
>
> *Karen Clark, IT Manager*
> *Vermont Department of Health*

Vermont Blueprint for Health

The Vermont Blueprint for Health continues as one of Vermont's signature health care reform initiatives by focusing on the importance of care communities and chronic disease management. VITL supports the Blueprint for Health Clinical Data Repository, by providing the infrastructure to transmit demographics data and continuity of care documents from participating providers to the repository.

In 2014, VITL and the Blueprint completed 52 new interfaces, a record number for a single year and four times the number completed in 2013, bringing the total to 144 interfaces.
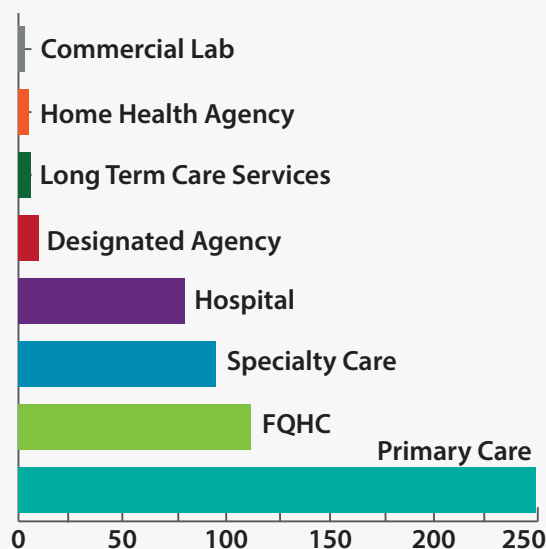
Primary and Specialty Care

Federally Qualified Health Centers (FQHC) provide comprehensive medical services for underserved urban and rural communities. VITL completed interfaces with the Community Health Centers of Burlington and the Mountain Health Center. Now all 11 of Vermont's FQHC's are connected. Additionally, 45 interfaces were completed for 16 primary and specialty health care locations around the state. Of these, Parton Center for Health and Wellness at Middlebury College became the first academic health clinic to connect to the VHIE.

Interface Development

VITL is committed to the goal of collecting as many types of clinical data as possible from all types of providers involved in a person's health care. Work is underway to connect additional care settings such as dentists and pharmacists that administer immunizations, and third party data registries.

Interface Count by Organization Type

- Commercial Lab
- Home Health Agency
- Long Term Care Services
- Designated Agency
- Hospital
- Specialty Care
- FQHC
- Primary Care

0   50   100   150   200   250

Access to Information at the Point of Care

VITLAccess

VITLAccess is a secure statewide provider portal that gives health care providers complete, accurate, and up-to-date information about their patients from across Vermont, New York and New Hampshire. The portal is available 24 hours a day, seven days a week, and can be accessed anywhere there is Internet service.

The information that is available through the VHIE is collected and indexed using a statewide master patient index. The information is then made available, with patient consent, to providers in a treating relationship with that patient.

Within 90 days of roll-out, 294 health care professionals at 29 locations were using the service. These organizations represent multiple care settings ranging from a hospital and their hospital-owned physician practices, three primary care practices, a pediatrics practice, two specialty care practices, two chiropractic practices, a physical therapy office, two skilled nursing facilities, a home health and hospice agency, and one mental health facility.

This system is dependent on patients providing their consent to allow providers to access their health information. In March 2014, the Green Mountain Care Board revised the statewide consent policy to what is known as *global consent*. Under the revised policy, once consent is granted, any provider involved in the patient's care is allowed access to all data for that patient. So far, over 10,000 Vermont patients have given consent.

VITLDirect

VITLDirect is a secure messaging system used to directly send and receive patient data. Messages are sent between providers and are not stored in the VHIE. VITLDirect is used to improve care coordination and to meet Meaningful Use Stage 2 requirements. Patient data are sent in a standard encrypted format, in compliance with the national Direct Project specifications. Information is sent securely and accurately, which minimizes time spent printing and faxing patient data, allowing more time for patient interaction.

VITLDirect has been operational since July 2014 at two Vermont hospitals: Northeastern Vermont Regional Hospital and Northwestern Medical Center. VITLDirect is easily integrated into many existing electronic health record systems, or accessed through a web portal.

"With VITLDirect, Northwestern Medical Center was able to meet the Meaningful Use Core Measure for sending electronic summary of care records for 10 percent of our referrals. For those transitions that include an electronic transmission, important information about the patient is immediately available to the next care team who will be caring for them."

Joel Benware, Vice President of Information Systems and Compliance, Northwestern Medical Center

Health Care Consumer and Clinician Outreach

With the launch of provider services that are improving the care that patients receive in Vermont, VITL has increased its efforts to reach out to clinicians and consumers alike.

In February 2014, VITL conducted a statewide random public opinion poll of 500 residents to assess Vermonters' attitudes on a variety of issues related to the exchange of health information. The survey found that more than 71 percent of Vermont residents believe the exchange of health data will improve the care they receive. About 40 percent of residents could think of specific instances when they or their family members benefited from the electronic exchange of health information between providers. Those benefits included better coordination of care, not having to wait for records to be found, and fewer duplicate tests.

Survey Question: Do you think the exchange of your health information between health care providers would improve care you receive, make care worse or have no effect on the quality of care ?
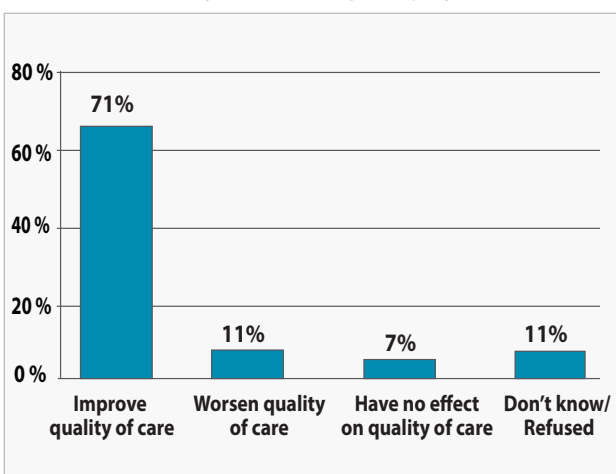
The full survey can be found at: www.vitl.net

A majority of Vermonters said they agree that HIE will improve coordination of care, and allow providers to make more informed treatment decisions. Most also agreed that HIE will allow providers to access the most accurate information about them, increase patient safety, and reduce unnecessary tests and procedures.

Percentage Indicating Health Information Exchange will Improve Health Care By

93% Faster access to recent lab results

93% Complete medical history in an emergency

90% More informed specialists

90% Giving nursing homes access to medication histories

87% Helping new providers establish a patient history

New Company Website

VITL launched a new company website in July, 2014 at www.vitl.net. The new website is VITL's 24/7 online presence that delivers reliable information and resources to inform providers, patients and community members alike about health technology-related topics.

Along with the new website VITL launched a blog called *Health IT in VT*, which can be found at www.vitl.net/blog.

Provider Advisory Committee

In July, VITL launched their Provider Advisory Committee to gather input and advice from clinicians. VITL hopes to leverage the broad health IT experience of the committee members to understand future technology needs of providers, and to develop and prioritize use cases for VITL's services.

The Provider Advisory Committee acts as a sounding board for provider focused initiatives, such as the roll-out of software and services, communication approaches and materials, and proposed education strategies.

Provider Advisory Committee Members:

- Bruce Bullock, MD: Co-chair, board member
- Kate McIntosh, MD: Co-chair
- Mark Burke, MD, FACC
- Emmy Harvey
- Krystina Lachak, RN
- Melissa Moore
- Andrea Regan, MD
- Paul Reiss, MD
- Deborah Wachtel, NP, MPH, MS
- Norman Ward, MD

Events and Sponsorships

VITL was a sponsor and exhibitor at a number of statewide health care and technology events in 2014. These sponsorships gave VITL an opportunity to engage the medical community, and to provide information about VITL's services.

2014 sponsorships included:

- March 28 - Vermont Nurse Practitioners Association Conference
- April 3 - Vermont Organization of Nurse Leaders 2014 Summit
- April 4 - Vermont State Dental Society Spring Education Conference
- April 8 - Vermont MGMA
- April 9 - Blueprint for Health Annual Meeting
- May 13 - Bi-State Primary Care Annual Conference
- September 17 - VAHHS Annual Meeting
- October 25 - VMS Annual Meeting
- October 25 - Vermont Tech Jam
- November 14 - Vermont Care Network Annual Meeting (non-exhibiting sponsor)

VITL exhibit at the Vermont Association for Hospital and Health Systems annual meeting.

VITL Summit '14
Informing Health Care Decisions

"You all [VITL] are a leader in the country, and you are doing some amazing work."
Dr. Karen DeSalvo, National Coordinator for Health IT

"Data quality at the source is essential ... Vermont seems to get this. That just illustrates that your're years ahead of most people." Dave deBronkhart, aka e-Patient Dave

On September 8 & 9, 2014, VITL hosted more than 370 health care professionals, speakers, sponsors, exhibitors, and distinguished guests for *VITL Summit '14: Informing Health Care Decisions*. This year the event was expanded to a 1-1/2 day conference. Look for videos and photos from the event at www.vitl.net/summit.

The keynote speaker, National Coordinator for Health IT Dr. Karen DeSalvo, brought a perspective on how the work of VITL fits into the national health IT landscape. A health information exchange panel provided an opportunity to learn from other state and regional HIEs. And, to reinforce the importance of sharing patient health information, patient engagement expert Dave deBronkart, e-Patient Dave, gave an intensely personal and emotional first-hand account of his experiences in battling and surviving stage four kidney cancer, and the difference it made when he and his clinicians engaged around shared patient information.

The general session featured a short vignette that followed a patient through several transitions of care after an unfortunate accident that occurred away from home. This vignette demonstrated how patient information, with proper consent, can be shared among treating providers, even when those providers are in different health care organizations.

Twelve break-out sessions offered opportunities to dig deeper into relevant topics such as access to clinical data, the changing and evolving requirements faced by clinicians, patient and provider engagement, and health care reform.

Dr. Karen DeSalvo, Summit '14 keynote speaker, VITL President & CEO John K. Evans and e-Patient Dave, Summit luncheon speaker.
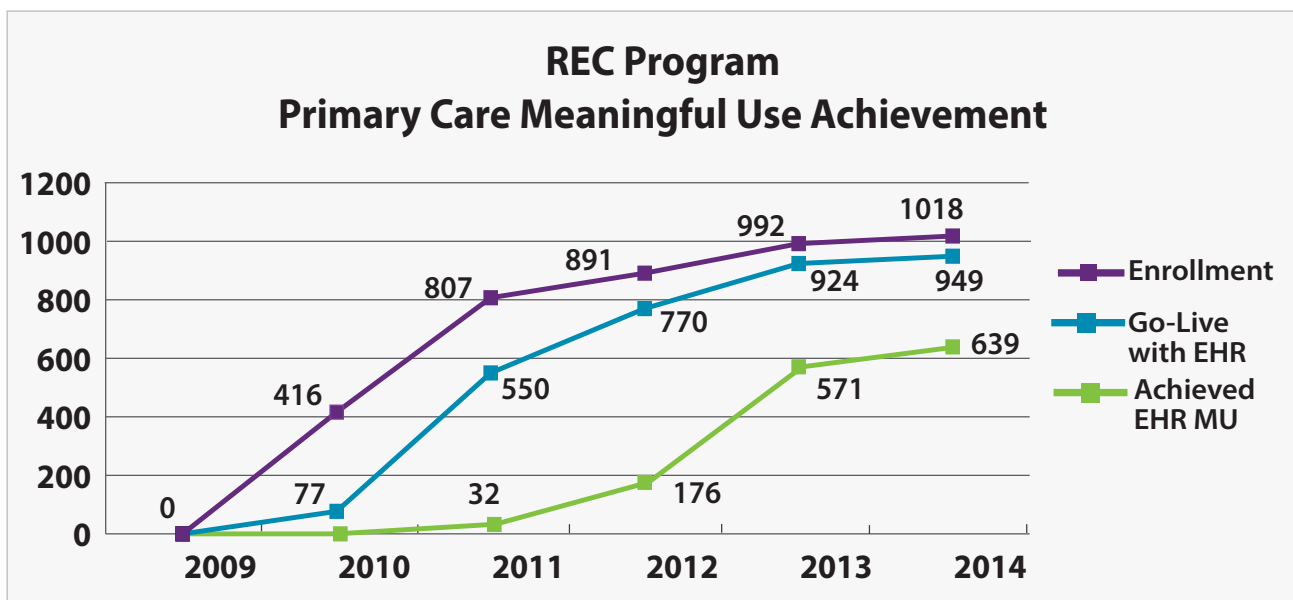
Meaningful Use and Health IT Consultation

Navigating through the intricacies of the Centers for Medicare and Medicaid Services (CMS) Electronic Health Record (EHR) Incentive Program can be a challenge for any eligible professional, eligible hospital, or Critical Access Hospital (CAH) that is participating in the program. VITL's client services team of eHealth specialists is funded to assist Vermont health care providers in meeting the reporting requirements for attestation to meaningful use of electronic health records.

In 2010, the Office of the National Coordinator for Health IT established Regional Extension Centers (REC) to assist eligible professionals in meeting the requirements of the EHR Incentive Program. VITL was the designated REC for Vermont and by the end of the program in February 2014, 1,018 providers were enrolled in the program. VITL assisted in the implementation of EHR systems for 949 eligible professionals, and assisted 639 eligible professionals in attesting to Stage 1 Meaningful Use.

Calendar year 2014 was the first year of eligibility for Stage 2 Meaningful Use. Eligible professionals were required to demonstrate over a 90-day period the meaningful use of their EHR system for a larger portion of their patient population. Stage 2 emphasizes the exchange of clinical data between providers during transitions of care.

Two significant changes were announced during the year which provided relief to clinicians who were challenged to meet the requirements for Stage 2, Year 1. On August 29, 2014, CMS announced a new rule allowing flexibility in the use of certified EHR technology (CEHRT) for 2014 attestation. This rule allowed for the continued use of 2011 Edition CEHRT in certain, limited situations.

In late November, CMS announced an extension to the filing date for eligible hospitals and CAH's from November 30, 2014 to December 31, 2014.

REC Program
Primary Care Meaningful Use Achievement

- Enrollment
- Go-Live with EHR
- Achieved EHR MU

VITL eHealth Specialist Suzanne McEachron (third from left), consulting with Porter Medical Center staff on Meaningful Use.

Meaningful Use Stage 2

In preparation for meeting the requirements of Stage 2, the VITL client services team developed and delivered three webinars on topics related to meaningful use. Response was very positive with a total attendance of 244.

VITL created a companion podcast which summarized, in a panel discussion format, the most frequently asked questions from the webinars. The information presented in these webinars remains relevant to providers who plan to attest to Stage 2 in 2015. Recordings of all three webinars, as well as the companion podcast and Q&A documents are available on VITL's website. The online videos have been viewed over 280 times.

Through a variety of grant awards, VITL continues to provide health information technology consulting to clients on a range of subjects from EHR adoption, to security risk assessments and meaningful use. This year VITL's consultative services extended to Vermont's visiting nurse associations and home health and hospice agencies, as well as members of the Vermont Care Network, which includes Vermont's designated mental health agencies and specialized services agencies.

Beyond Our Expectations

"Beyond our expectations" were the words Jean Cotner, vice president of Porter Practice Management used to describe the meaningful use assistance provided by VITL. Jean has been spearheading a nearly two-year process to implement the Meditech (formerly LSS Data Systems) electronic health record system across the eleven hospital-owned practices that make up Porter Physician Practices.

Suzanne McEachron, VITL eHealth specialist and certified meaningful use administrator, provided expert guidance on the requirements for Porter's eligible professionals to attest using the Meditech system. Not only did Suzanne provide answers to specific questions, she also sat side-by-side with staff members and guided them through the attestation process.

While everything is on track for the providers to attest to Stage 2 in January 2015, there are challenges to such an undertaking. Jean created a meaningful use taskforce to "make sure we have the right people at the table." The IT challenges were huge, but including the clinical staff in the process, and good end-user training were keys to their success.
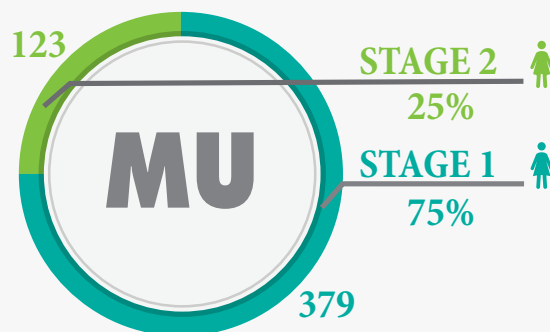
MEANINGFUL USE
Consultations

Client Services Team

Total Number of Providers

502

Stage 1 & 2 Attestations

123

MU

STAGE 2 — 25%

STAGE 1 — 75%

379

VITL is a Trusted Advisor for Alder Brook Practice

Any independent physician practice owner can tell you that they are constantly juggling many priorities. Diane Rippa, MD, owner of Alder Brook Family Health is no exception. Whether dealing with staff vacancies (Alder Brook had openings for a staff physician and an RN) or the challenges of moving to a new electronic health record system, it is important to have trusted advisors you can count on.

Alder Brook Family Practice has successfully made a transition to their third EHR system and prepared for their eligible professionals to attest to Meaningful Use Stage 2 using the 90-day reporting period that ended December 31. "I don't know if I could have done it without VITL," Dr. Rippa said when asked about the support provided by Suzanne McEachron, VITL eHealth specialist and certified meaningful use administrator.

"Some of the bigger challenges in preparing for Stage 2 were meeting the electronic transitions of care measures using a Direct messaging system, and activating our patient portal," said Rippa. The effort began with Suzanne leading the team at Alder Brook through a plan for how to meet all of the meaningful use measures. For the transitions of care measure, McEachron worked with The University of Vermont

Medical Center to ensure documents were properly transferred using Surescripts Direct Messaging.

To ensure patient adoption of the new portal, McEachron provided practical tips and suggestions that Alder Brook could use to engage patients. A patient portal does impact the office work flow, and each provider has to decide for themselves whether to answer questions directly, or have the clinical nursing staff triage questions for them.

These efforts are paying dividends, and patients have become more engaged, and are seeking answers to questions through the portal, according to Dr. Rippa.

"Some of the bigger challenges in preparing for Stage 2 were meeting the electronic transitions of care using a Direct messaging system, and activating our patient portal,"

"I don't know if I could have done it without VITL."

Diane Rippa, MD

Working with VITL Brought More Freedom to See Patients

Max Bayard, MD moved to Vermont and began practicing medicine in Saint Albans in 2010. He moved here to provide care to underserved populations. "Working with VITL has given me more freedom to see patients," Dr. Bayard said when asked about the meaningful use consulting services provided by eHealth Specialist Jennifer Lavalley.

Dr. Bayard is one of the few Vermont providers who attested to Meaningful Use Stage 2 during the first reporting period that began July 1. VITL assisted Dr. Bayard by conducting a free Security Risk Assessment which not only saved cost, but more importantly, provided an assessment that was "more thorough than previous assessments by other firms."

The expertise that Jenn provided to interpret Stage 2 requirements and help them select the three most relevant menu objectives (from the six possibilities),

kept the team focused on meeting the objectives.

Dr. Bayard successfully passed an audit of both Stage 1, Year 2 and Stage 2, Year 1 which was conducted by Figliozzi & Company, the CMS Meaningful Use auditing firm. When concerns arose about the criteria for submission of immunization data to the Vermont Department of Health, VITL acted as an advocate and helped to substantiate that the practice met the requirements for ongoing submissions.

Dr. Bayard was appreciative of the services provided by VITL and praised the hard work and diligence provided by VITL.

Dr. Bayard's practice consists of a part-time physician, two physician assistants, two full-time and two part-time nurses, and two full-time front office/practice managers.

eHealth Specialist Jennifer Lavalley (first row, far right) consulting on Meaningful Use with Dr. Bayard and practice staff.

Vermont Health Care Reform and Health IT

Health Care Innovation Grants

To spur the innovation that is required to reform the health care system, the State of Vermont was awarded a $45M State Innovation Model (SIM) grant in February, 2013 by the Center for Medicare and Medicaid Innovation. The grant provides funding and other resources to support health care payment and delivery system reforms aimed at improving care, improving the health of the population, and reducing per capita health care costs. The grant is administered by the Vermont Health Care Innovation Project (VHCIP) Office.

A robust clinical data exchange is a fundamental underpinning of the state's health care reform efforts. Speaking to the audience of VITL Summit '13, Al Gobeille, Chairman of the Green Mountain Care Board said, "We cannot do it without a robust VITL network. We cannot do it without technology. You cannot have a value based payment
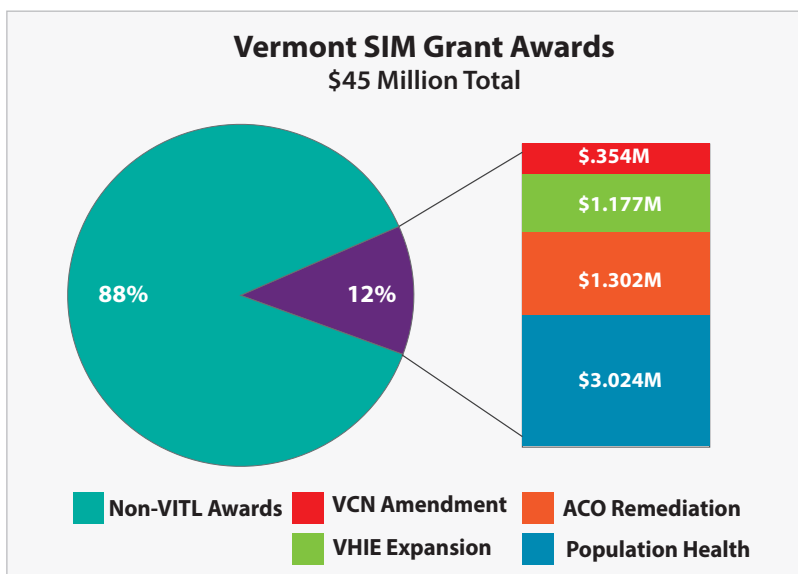
"As a recipient of SIM funds, VITL has been able to build out the infrastructure and capabilities of the Vermont Health Information Exchange to meet an ever broadening set of requirements for using statewide clinical data."

*Brian Otley & Simone Rueschemeyer,
Co-chairs, Health Information Exchange Workgroup
Vermont Health Care Innovation Project*

system at that large of a scale without the information to support it. It just simply won't work."

VITL has been the recipient or co-recipient of four awards from VHCIP, which are helping to accelerate the deployment and expansion of the Vermont Health Information Exchange. The awards are:

- VHIE Expansion Grant totaling $1.177 million, incorporated as an amendment to VITL's FY 2014 operating grant.

- Population Health Grant totaling $3.024 million, awarded in July, 2014 to VITL, in support of the Vermont accountable care organizations.

- Amendment to above grant adding support for mental health infrastructure, totaling $353,691, awarded in November, 2014.

- ACO Gap Remediation Grant totaling $1.302 million, awarded in December, 2014 to VITL and the Vermont accountable care organizations.

Vermont SIM Grant Awards
$45 Million Total

88% 12%

$.354M
$1.177M
$1.302M
$3.024M

■ Non-VITL Awards   ■ VCN Amendment   ■ ACO Remediation
■ VHIE Expansion   ■ Population Health

Grant Details

VHIE Expansion Grant

The VHIE Expansion Grant supplemented VITL's Fiscal Year 2014 operating grant by funding the Data Quality and Meaningful Use Assistance Program, which was previously funded by the CMS Regional Extension Center Program. Approximately $528,000 of this grant was used in FY2014, and the balance did not roll over to FY2015.

Population Health Grant

The Population Health Grant is being used by VITL to meet the VHIE needs of the state's accountable care organizations (ACOs): OneCare Vermont (OCV), Community Health Accountable Care (CHAC) and Accountable Care Coalition of the Green Mountains (ACCGM).

This grant called for VITL (1) to conduct a gap analysis, (2) to develop ACO data gateways, (3) to create an event notification system, and (4) to provide one year of customer and system support. The gap analysis found that an insufficient number of ACO participating providers was sending all of the required data elements electronically to the VHIE.

Operation of the clinical data gateway for OCV Medicare patients began in January 2014. This gateway sends clinical data from participating providers to the Northern New England Accountable Care Collaborative (NNEACC).

In order for ACO participating providers to stay

""OneCare Vermont's partnership with VITL is allowing us to utilize the existing Vermont Health Information Exchange to collect clinical data from our participating providers which are used for population health analytics so that we can deliver on the promise of improved patient outcomes."

Todd Moore, CEO
OneCare Vermont

informed about the progress of their patients, this grant also funds the development of an event notification system that will provide automatic system alerts to providers when their patients are admitted, discharged or transferred from an acute care facility. VITL will begin a pilot program of this system, known as VITLNotify, in 2015.

Mental Health Infrastructure

In November, the Population Health Grant was amended to support the expansion of the VHIE to include mental health providers, disability providers and those who deliver long term services and supports. Through this amendment, VITL will be providing expertise to assist five specialized service agencies in the selection of an electronic health record system, and will deploy eHealth specialists to support workflow analysis and data quality improvement at Vermont's designated and specialized service agencies for a twelve month period.

ACO Gap Remediation Grant

The objective is for all ACO participating providers to be able to submit required clinical data elements through the VHIE. In December 2014, the ACOs and VITL were awarded funding for a gap remediation plan to close gaps identified under the prior grant, and to support quality measurement reporting. The proposal supports three categories of activities: a dedicated interface development team from VITL's HIE software vendor; remediation of gaps at priority practices throughout the state; two years of terminology services that code data into standardized formats.

Beyond the Grant Awards

The continued operation of the VHIE infrastructure must be financially sustainable.

In December, VITL and OneCare Vermont signed a definitive, one-year agreement extending customer and system support on a commercial basis through December 31, 2015. The transition from grant funding to services revenue is an important element of VITL's plan to increase the amount of revenue generated from non-grant (e.g. commercial) sources.

Connectivity Criteria

During the 2013 Vermont legislative session, Act 79 was enacted, amending VSA § 9352 and empowering VITL to "establish criteria for creating or maintaining connectivity to the state's health information exchange network" (Vermont Statutes Annotated). On February 6, 2014, the Green Mountain Care Board approved the Vermont Health Information Exchange Connectivity Criteria. These criteria provide an incremental connectivity approach to the VHIE, which is consistent with VITL 's architecture and aligns with the CMS EHR Meaningful Use Incentive Program.

Connectivity Criteria Project Objectives

1 Provide a path for organizations to achieve clinical and patient connectivity to the VHIE.

2 Encourage selection of EHRs capable of meeting connectivity specifications.

3 Improve the quality of data sent to the VHIE.

4 Ensure a secure network.

As mandated by statute, VITL is expecting to submit updates to the Connectivity Criteria to the Green Mountain Care Board before March 1, 2015.

Vermont Blueprint Collaboration

VITL continues its collaborative relationship with the Vermont Blueprint for Health, providing connectivity to the VHIE and assisting Blueprint practices with improving the quality of data that are being sent to the Blueprint Clinical Data Repository. As noted earlier, 52 new interfaces were established between

Blueprint practices and the VHIE. Of those interfaces, 21 were demographic message interfaces and 31 were clinical care summary document interfaces.

The work of connecting practices to the VHIE and improving data quality occurs through a process known as a Data Quality Sprint. During a Sprint, staff members from the practice, the Blueprint Community Health Team, the Blueprint clinical data repository vendor, and VITL work together to ensure that data being sent to the clinical repository are complete, consistent and accurate. During 2014, an improved process and focus led to the completion of

"VITL is poised to move Vermont's health system to a whole new level. This year, with patient consent, a doctor will be able to use the VHIE to view patient health records from hospitals and practice sites across the state. For the first time, doctors will have timely access to more complete information to help their patients. The VHIE is also being used to improve the quality of care patients receive in Vermont's health system.

Data collected through the VHIE is being returned to practices in the form of actionable profiles and dashboards. These profiles provide comparative information on the health of the practice's patients, on the quality of care that is being delivered in their practice, and in the hospital service area where they are located.

Practices and hospitals are using this information to plan quality improvement initiatives that will help Vermonters receive the best care possible."

Craig Jones MD
Director, Vermont Blueprint for Health

Financial Summary

Vermont Information Technology Leaders, Inc. is a 501(c)(3) nonprofit organization, with fiscal years that begin on July 1 of each year and end on June 30 of the subsequent year. The financial summaries presented here are for the fiscal year that ended on June 30, 2014 and are extracted from VITL's audited financial statements.

VITL receives revenues primarily from state and Federal grants (>98 percent), with a small amount (<2 percent) derived from program service fees, and attendance and sponsorship fees from the annual VITL Summit, held in the fall of each year. For Fiscal Year 2014, total revenues amounted to $6,624,140.

Support and Revenue	FY2014
Federal and State Grants	$6,521,243
Program Service Fees	$70,616
Conference Revenue	$31,710
Interest Income	$571
TOTAL	**$6,624,140**

Expenditures	FY2014
Program Services	$5,982,585
General & Administrative	$926,417
Health Care Reform Efforts	$5,058
TOTAL	**$6,914,060**

Federal grant funding (including grants passed through the Vermont Department of Vermont Health Access) and direct state grant funding for Fiscal Year 2014 was as follows:

Grantor	Pass Through Number	*CFDA Number	Federal Funding
Direct Funding:			
U.S. Department of Health and Human Services		ARRA-93.718	$482,269
Passed through the Department of Vermont Health Access:			
Affordable Care Act (ACA) State Innovation Models	03410-1275-14	93.624	$1,077,919
Medical Assistance Program	03410-0256-14	93.778	$1,759,001
TOTAL			**$3,319,189**

* Catalog of Federal Domestic Assistance

Operational Statistics

Interface Statistics: Total number of clinical message interfaces to the VHIE = 546	
Primary care organizations	239
Federally Qualified Health Centers (FQHC)	113
Specialty care organizations	95
Hospitals	78
Mental health designated agencies	10
Long term care (nursing homes)	6
Visiting Nurse Associations (including home health and hospice agencies)	5
Commercial laboratories	3
VHIE Clinical Message Statistics: Total number of messages received (estimated) = 50,730,568	
Patient demographic messages	36,559,426
Laboratory results messages	9,172,125
Transcribed report messages	3,265,155
Radiology report messages	607,539
Continuity of care messages	676,871
Immunization messages	449,452
VITLAccess Subscriber Statistics	
Number of health care locations using VITLAccess	29
Number of authorized users of VITLAccess	294
Number of patient data queries performed using VITLAcceess	22,060
Number of unique patient records accessed	4,517
Consumer Consent Statistics	
Number of consumers who gave consent for provider access to information in the VHIE	10,720
Number of consumers who have declined to give consent for provider access to information	433
VITLDirect Subscriber Statistics	
Number of organizations using VITLDirect	4 [1]
Number of VITLDirect user IDs	20
VITL Audit Statistics	
Number of law enforcement requests for access to the VHIE	0
Number of emergency patient access audits performed (aka breaking glass)	38
Number of events arising from emergency patient access audits	2
Number of findings arising from emergency patient access audits	0
Number of patient consent audits performed	0 [2]
Number of consumer requests for audit of access to their patient information in the VHIE	1
Number of consumer requests for a copy of their patient information in the VHIE	1

Notations: (1) Northeastern VT Regional Hospital; Northeast Regional Hospital Physician Practices; Northwestern Medical Center; Vermont Information Technology Leaders. (2) Patient consent audits will begin in 2015.

OUR COMMITMENT IN 2015

Inform health care decisions in Vermont by:

- Improving patient awareness of the importance of health information exchange.
- Fostering widespread use of VITLAccess by providers.
- Supporting provider attainment of Meaningful Use by offering consultative services.
- Continuing to connect all providers to the Vermont Health Information Exchange (VHIE) with a focus on organizations providing mental health, developmental disability, substance abuse treatment, and home health and hospice services.

Advance health care reform efforts in Vermont by:

- Supporting the performance measurement and data quality needs of accountable care organizations.
- Enhancing the Blueprint for Health's data quality management in primary care practices.
- Offering a system which notifies providers of events related to transitions of care.
- Utilizing the connectivity criteria to ensure sound health information technology investments.

John K. Evans
President & CEO, VITL

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