

Vermont Information Technology Leaders (VITL)

Overview for the House Committee on Health Care

John K. Evans MHA, FACHE, President and CEO

Bruce D. Bullock MD, Board Chair

Robert D. Turnau CFO

Key Discussion Points

- What is Health Information Exchange
- Why is Health Information Exchange important in Vermont and what are the expected outcomes
- State of the Vermont Health Information Exchange (VHIE)
- VITL's Funding Sources and Scope
- VITL's Financial Impact on Health Care Costs in Vermont
- Of critical importance is that the HIT Fund sunset provision be addressed this Legislative Session

Health Information Exchange

- Electronic health information exchange (HIE) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient's vital medical information electronically—improving the speed, quality, safety and cost of patient care. (HealthIT.gov)
- Under Vermont Statute (18 VSA §9352) VITL is designated as the operator of the exclusive statewide health information exchange network for this State: known as the Vermont Health Information Exchange (VHIE).

VITL Vision Statement

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.

VHIE Connectivity Rutland Health Service Area



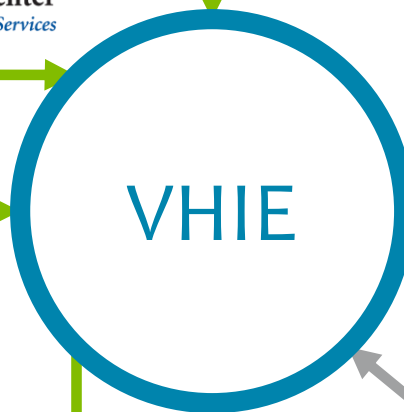
 **Rutland Regional Medical Center**
An Affiliate of Rutland Regional Health Services



Marble Valley Healthworks, LLC

Drs. Lisa and Peter Hogenkamp

Chris Corneilus, MD
Douglas L. Dier, MD



Benefits:

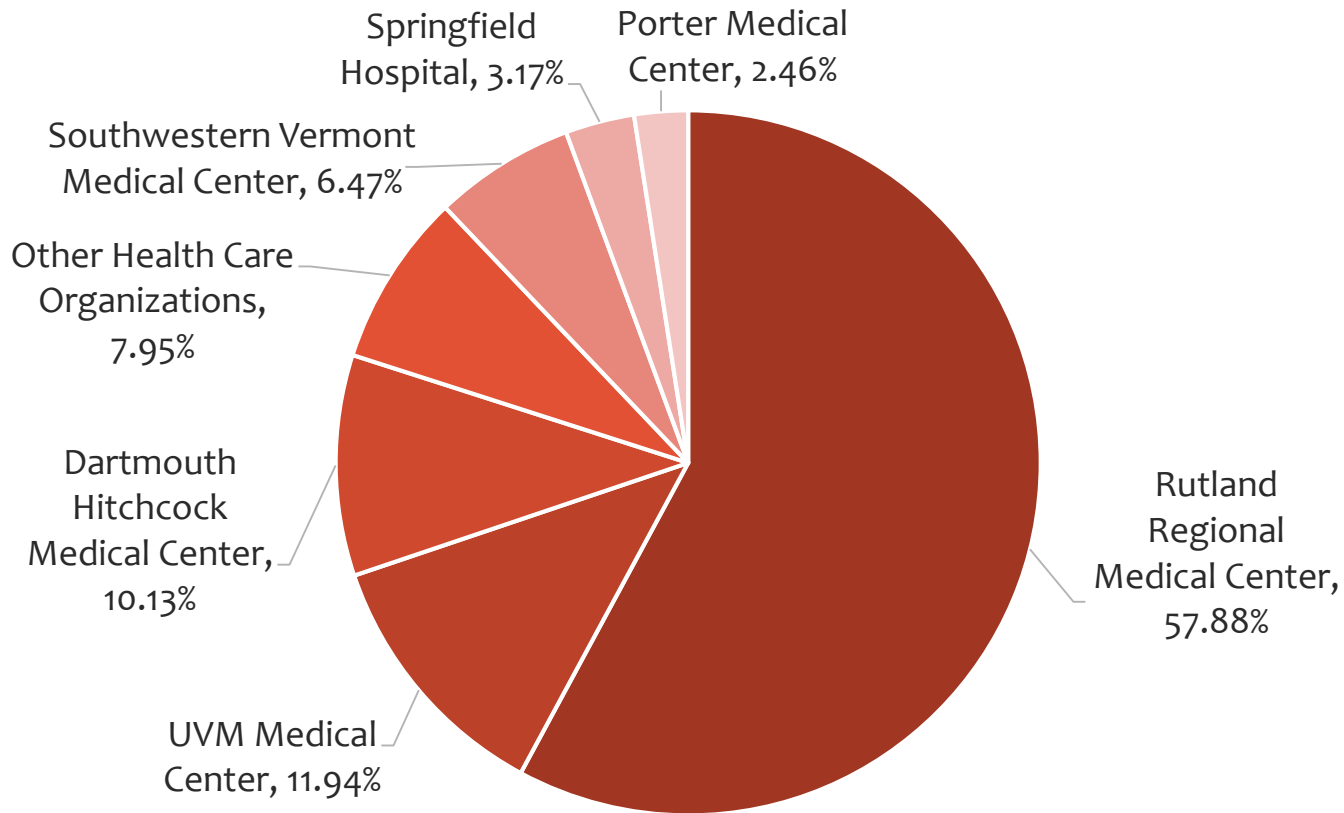
- Informs clinical decisions
- Reduces utilization (tests / procedures / admissions) leading to reduced cost
- Improves patient safety
- Community-wide care coordination
- Avoids medication errors



COMMUNITY HEALTH CENTERS
OF THE RUTLAND REGION



Health Care Data In the VHIE for Rutland Community



There are 41 interface connections between Rutland provider Electronic Health Record Systems and the VHIE

Statewide Connectivity



Health Service Area	VHIE Inbound	VHIE Outbound	Grand Total
Barre	23	18	41
Bennington	45	13	58
Brattleboro	55	58	113
Burlington	136	25	162
Middlebury	40	48	88
Morrisville	14	38	52
Newport	29	23	52
Randolph	26	4	30
Rutland	26	15	41
Springfield	18	43	61
St. Albans	56	79	135
St. Johnsbury	30	51	81
Upper Valley	7		7
Windsor	16	2	18
New Hampshire	5		5
New York	5	4	9
Commercial Labs	3		2
Grand Total	534	421	955

Marc Bouchard, MD, Emergency Medicine

North Country Hospital

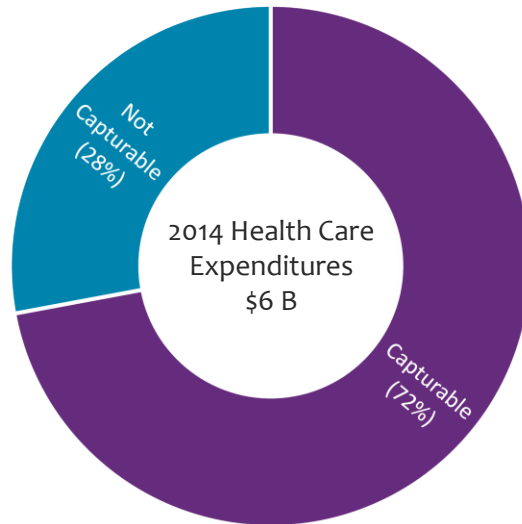
Point of Care Decision Making

"I recently saw a patient presenting with complex headaches. Turned out he had been seen at UVMHC for the same problem twice in previous days. I was able to access records through VITL and saw what was done, the response from specialist consultant over there, so it allowed me to care for the patient more efficiently without needlessly repeating tests that were done before."

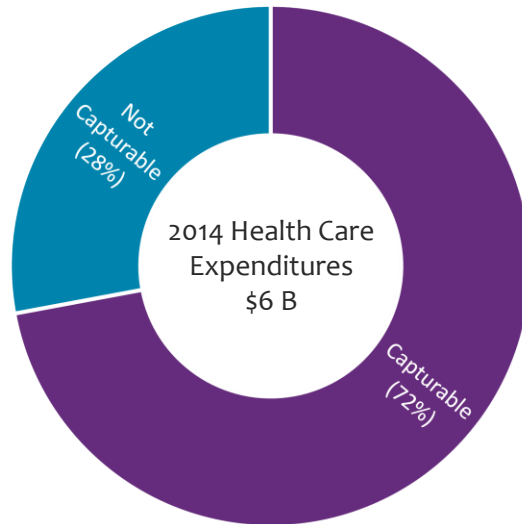


"Recently a patient came in claiming a rib injury from a fall. Mechanism of injury would be expected to cause significant pain. He had specific requests on what pain medication he wanted. After reviewing records from VITL, turns out he had presented to almost all emergency rooms around the state with a similar story, obtaining narcotics on most visits. I had a discussion with the patient about this, and in the end I did not prescribe narcotics, as it seemed apparent that there was a drug seeking behavior."

VHIE Connectivity Indexed to Health Care Expenditures



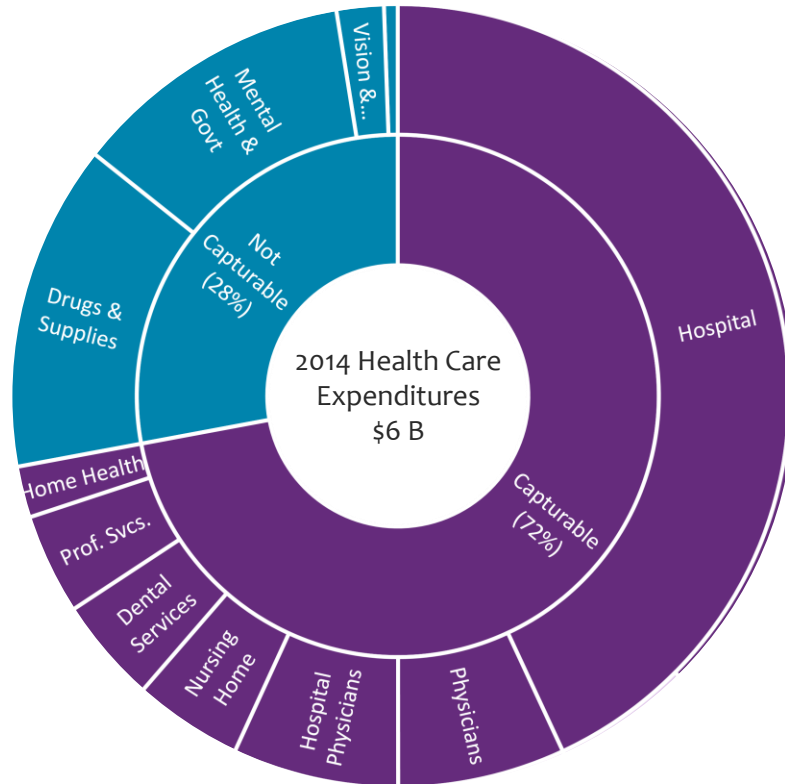
VHIE Connectivity Indexed to Health Care Expenditures



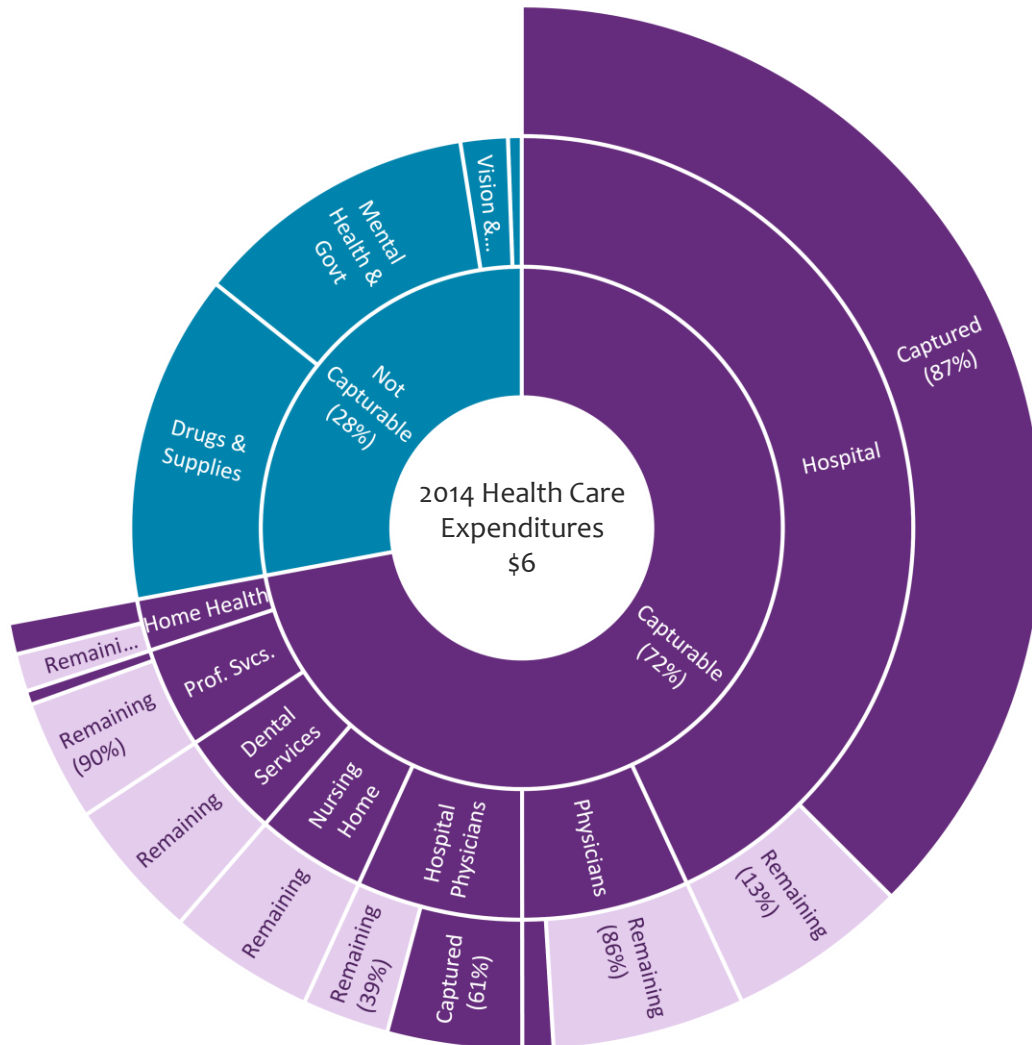
72 % of the health care data in VT that can be sent to the VHIE

100% of the health care data available in Vermont

VHIE Connectivity Indexed to Health Care Expenditures

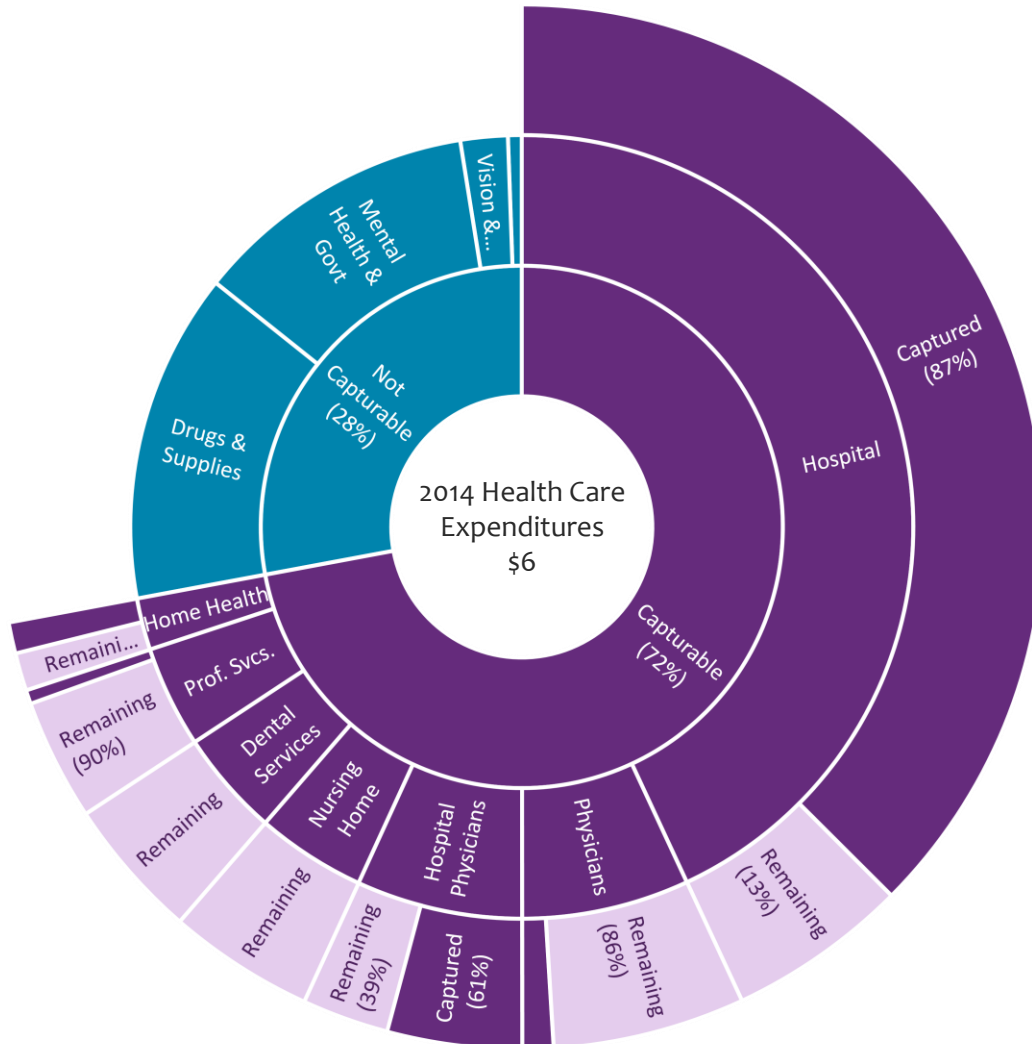


VHIE Connectivity Indexed to Health Care Expenditures



VHIE Connectivity Indexed to Health Care Expenditures

61% of Available Data Being Captured



Priorities for Remaining Collection Gaps:

- Hospital CCDs
- Hospital and Independent Providers – Prioritized by ACO and Blueprint
- Complete Home Health
- Department of Corrections
- SNF / Rehab
- Evaluate recent SAMHSA ruling for Part 2 data

VITL Funding Sources and Scope

Funding Source	Period of Performance	Contract Value (FY17)	Work Scope
DVHA Core Grant	7/1/16 to 6/30/17	\$ 4,703,000	VHIE Operation & Maintenance , VHIE Security, VITL Access expansion, VITL Direct, Clinical Data Quality, Interface Development (VDH), Interface Remediation , HIT/HIE Consulting, Clinician Education Efforts
State Innovation Model (SIM) Contract	1/1/16 to 12/31/16 (3 Yr. SIM Ended 12/31/2016)	\$ 931,693	Gateway Development, Event Notification, Terminology Services, Data Quality for Mental Health Agencies , VITL Access for Home Health Agencies, Home Agencies Interfaces, Health Data Management
DVHA Advance Planning Document (APD) Contract	7/1/16 to 6/30/17	\$ 1,008,245	VITL Access Onboarding, Interfaces for CCCI, VPCH, DOC , Clinical Data Analytics
OneCare Vermont	1/1/17 to 12/31/17	\$ 835,145	System support , Data Quality, Health Data Mgmt.
DVHA Summit Grant	7/1/16 to 12/31/17	\$ 197,000	2016 VHIE Conference
Capital Health Associates	7/1/16 to 6/30/17	\$ 160,506	Hosting of Blueprint Clinical Registry
VITL Direct Customers	Annual	\$ 120,000	Secure point to point messaging
Visiting Nurse Association of Chittenden / Grand Isle	5/23/16 to 2/28/17	\$ 98,470	Telehealth project
PatientPing	11/15/15 to 11/14/18	\$ 12,000	ADT Data Feed Agreement
OhMD	1 Year / Annual Renewal	\$ -	Collaborative Marketing Agreement
Total		\$ 8,066,059	

VITL's Impact on Health Care Costs in Vermont

- Since 2011, assisted VT providers in attesting to Stage 1 Meaningful Use: resulted in \$53,252,195 in incentive payments to Vermont eligible providers
- Research study⁽¹⁾ scored Patient-Centered Medical Homes on technical and data quality maturity.
 - Example of Technical Maturity: Interfaces to the VHIE; VITLAccess
 - Example of Data quality Maturity: Participation on data quality teams
- PCMHs with higher maturity levels may be associated with:
 - Lower per patient expenditures per maturity level (\$160)
 - Fewer ED visits per maturity level (3 visits per 1000 patients)
- Efficiency brought by electronic delivery of lab results resulted in \$342,594 of staff time repurposed to more productive tasks.

¹ Total expenditure excluding Special Medicaid Services; CY 2014; Adult Population

Summary

- The VHIE now receives 61% of available data from healthcare providers across Vermont (including DHMC)
- Aggregation of data is now equally if not more important for population health than for point of care decision making
- Vermont HIT Fund sunsets on 6/30/2017 unless extended by the Legislature
- State Innovation Model (SIM) funding has ended, reducing resources for activities like increasing VITLAccess onboarding

Questions