

# VITL Quarterly Update to the Green Mountain Care Board

June 16, 2016

John K. Evans, President/CEO

Bob Turnau, CFO

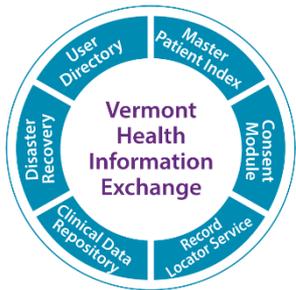
Kristina Choquette, VP of Operations

Judith A. Franz, VP of Client Services

# Objective

Highlight key VITL initiatives and challenges for FY 2016 / FY 2017 that impact Vermont's health care reform efforts.

# Population Health Management



Blueprint for Health, ACOs, VITL/ PatientPing

Blueprint Repository, Health Catalyst & Other Solutions

Blueprint, ACOs, Providers/ Patient Portal

Payment Reform

Get control of and exchange data to inform care and understand the risk, opportunity and waste within a defined population.

Connect the care community for an organized patient view across the healthcare continuum.

Manage high cost patients in a coordinated way across the continuum care team members.

Identify and reduce risk factors early on before they become costly.

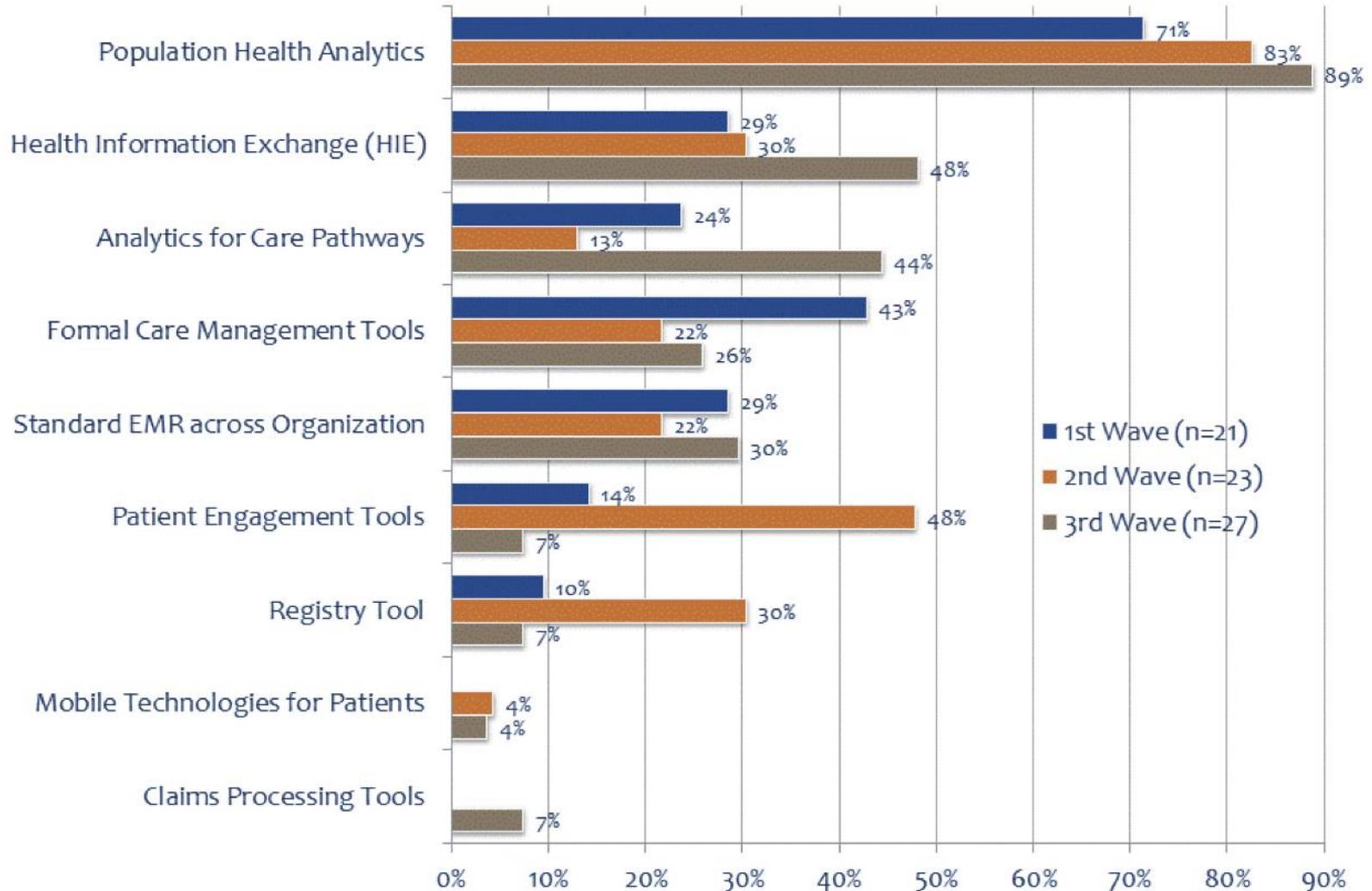
Engage individuals so they share responsibility and use the system appropriately.

Align incentives so rewards are based on value delivery, not the volume of services provided.

**Technology is the foundation for success**

# TECHNOLOGY PRIORITIES

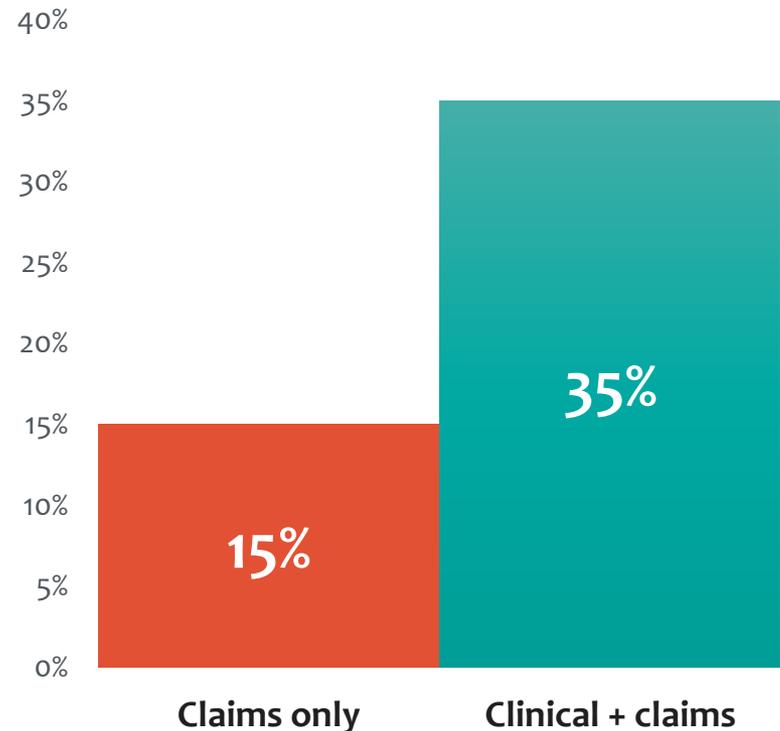
What are your top 3 technology priorities?



# Impact of using clinical data to close Quality Measures

24,205 MSSP patients of a Medicity/Healthagen client were analyzed for two years starting in January 2012

**By adding clinical data to claims data Quality Measures closure increased from 15 to 35%**



# Agenda

- Increasing the number of Vermont providers using VITLAccess
- Putting the Clinical Data Management Infrastructure to work
- Financial Update
- Summary

# Agenda

- **Increasing the number of Vermont providers using VITLAccess**
- Putting the Clinical Data Management Infrastructure to work
- Financial Update
- Summary

# VITLAccess – What Providers Are Saying



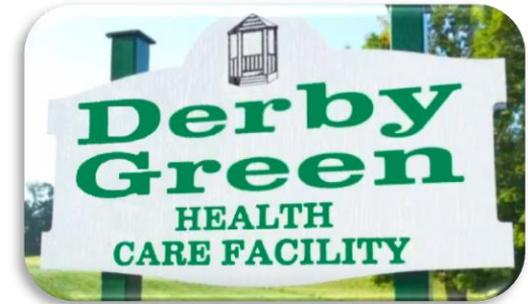
*“VITLAccess has streamlined our office activities and it’s definitely improved the care of our patients”*

Leslie Lockridge, MD  
Northeast Kingdom  
Hematology/  
Oncology



*“I think it saves money... you’re able to see clients in a much more efficient manner.”*

Mimi Bernier, RN  
CPS Nurse Manager,  
Lamoille County  
Mental Health  
Services



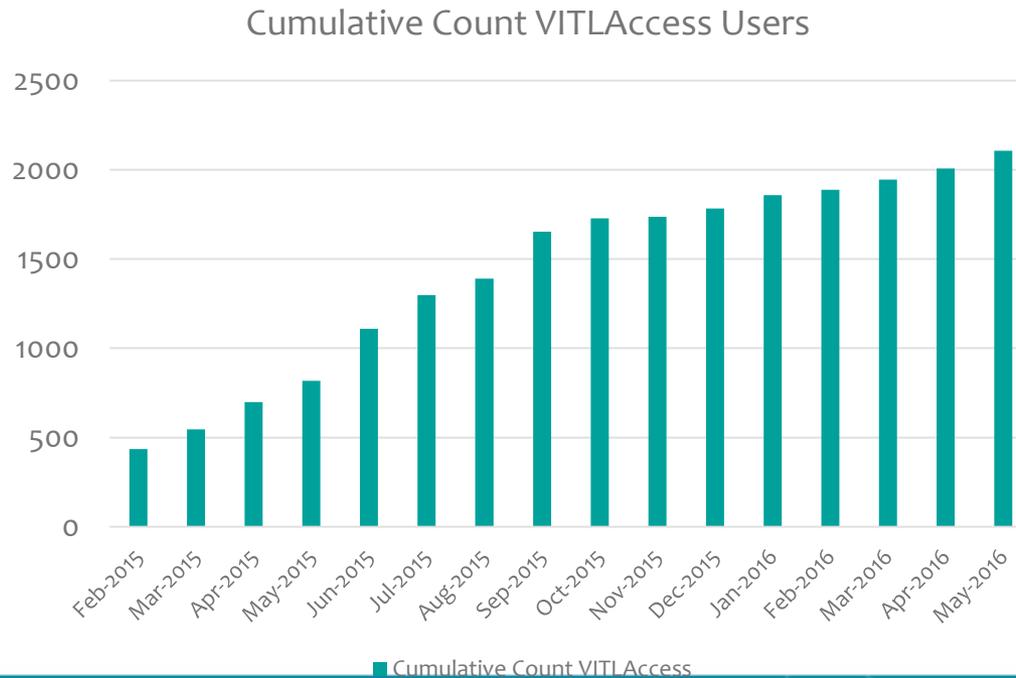
*“With VITLAccess, we’re better able to understand the person as a whole.”*

Paula Ducharme, RN  
Nursing Director,  
Derby Green

# VITL Access Enrollment Challenges

Rate and pace of enrollment has slowed due to:

1. Staffing funding delays
2. Patient consent management process
3. VITL Access performance issues
4. Lack of single sign-on
5. Labor intensive onboarding model



# Actions We're Taking

- Staffing
  - Hired a senior solutions specialist (other positions pending)
- Making patient consent management easier:
  - Developing automated (consent message sent via ADT interface between EHR and the VHIE) consent management method.
  - Engaging stakeholders to discuss current global opt-in policy.
- VITLAccess Performance Enhancements:
  - Major upgrade deployed in May, 2016
  - VITL operations team played major role in testing new functionality
  - Median search times now less than 1/2 sec. (was 5.5 sec.)
- Single Sign-on:
  - Hospital implementations underway at NMC, SVMC, NVRH and UVM MC
  - Ambulatory implementation underway at Rainbow Pediatrics
- Automating the onboarding process:
  - Developing an on-line enrollment process for small – medium sized practices
- Telling the story better:
  - Developing more clinical use cases to share with providers
  - Using current Vermont health care organizations' experiences

# Expected Outcomes

- Easier patient consent management:
  - NVRH and UVM MC roll-out target Q2 FY 2017
  - Evaluation of global patient consent 'Opt-in' model
- Increased utilization by current VITLAccess users:
  - FY 16 Target: 10% increase at selected organizations
- Single Sign-on:
  - UVM MC (Epic) – Q1 FY 2017
  - Rainbow Pediatrics (Allscripts) – Q1 FY 2017
- Care setting-specific clinical use cases:
  - Expecting 15 – 20 use cases from consultant engagement
- Automating the onboarding process:
  - RFP to be released in June
  - Implementation by Q2 FY 2017

# Agenda

- Increasing the number of Vermont providers using VITLAccess
- **Putting the Clinical Data Management Infrastructure to work**
- Financial Update
- Summary

# Need for Clinical Data Management, Warehousing and Analytics

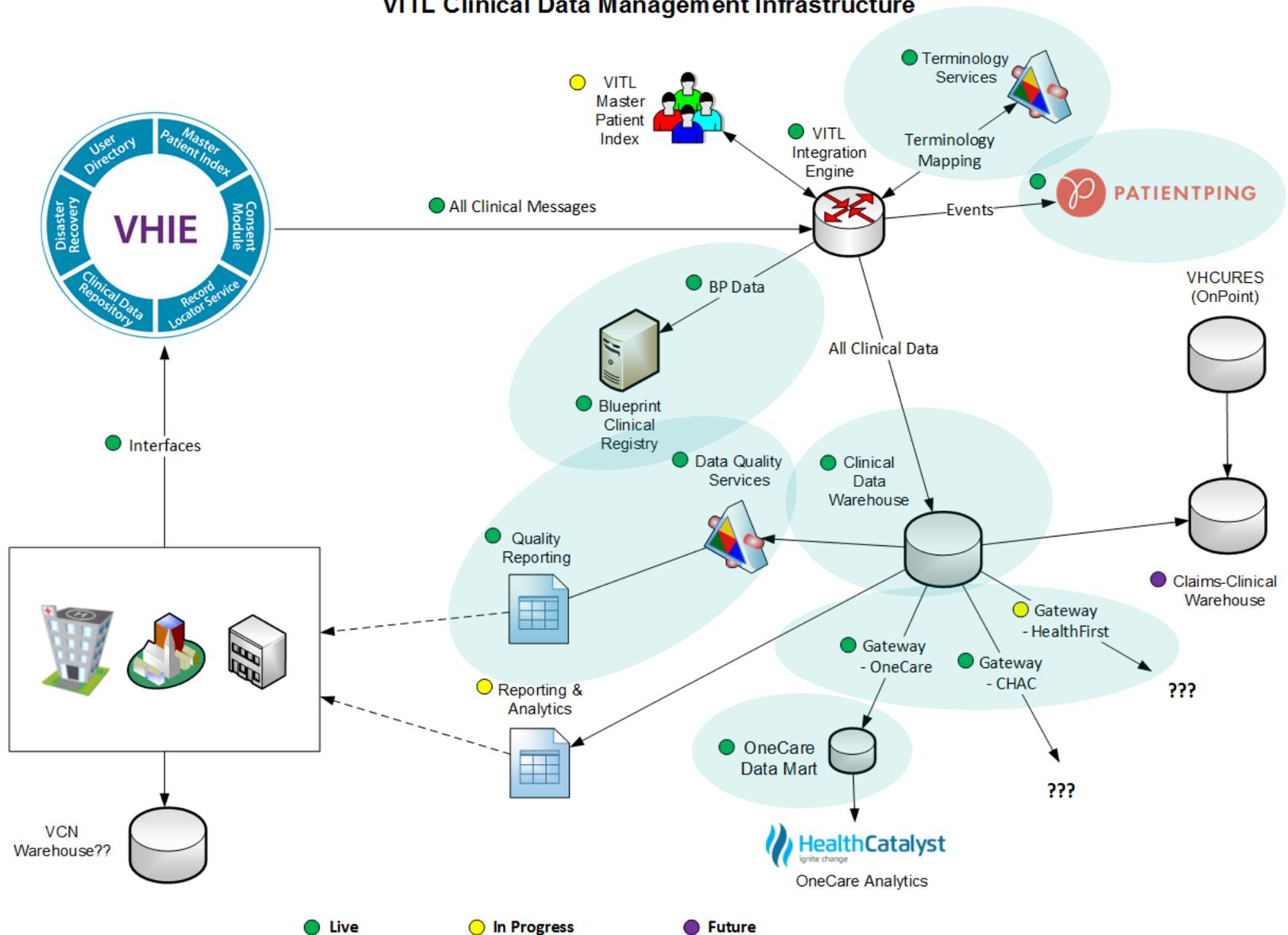
- Needs for clinical data are changing
- What works in the clinical setting is not always adequate for performance measures
- Data requirements are expanding
  - Population Health
  - Care and Cost Management
- Need to measure and improve data quality
  - Data is often missing
  - Not all data are coded to national standards
- Future claims and clinical data integration

# Data Quality Services



- **At the source:**
  - ongoing*
    - Next phase of VCN data quality project
    - Blueprint data quality efforts
  - new*
    - Additional data quality consulting
- **In the network:**
  - ongoing*
    - Deploy terminology services
  - new*
    - Expand terminology services
- **Score cards:**
  - ongoing*
    - HCO data quality reporting
    - VDH Immunization data validation
  - new*
    - Client specific reporting and analytics

# VITL Clinical Data Management Infrastructure



# Clinical Data Management Infrastructure

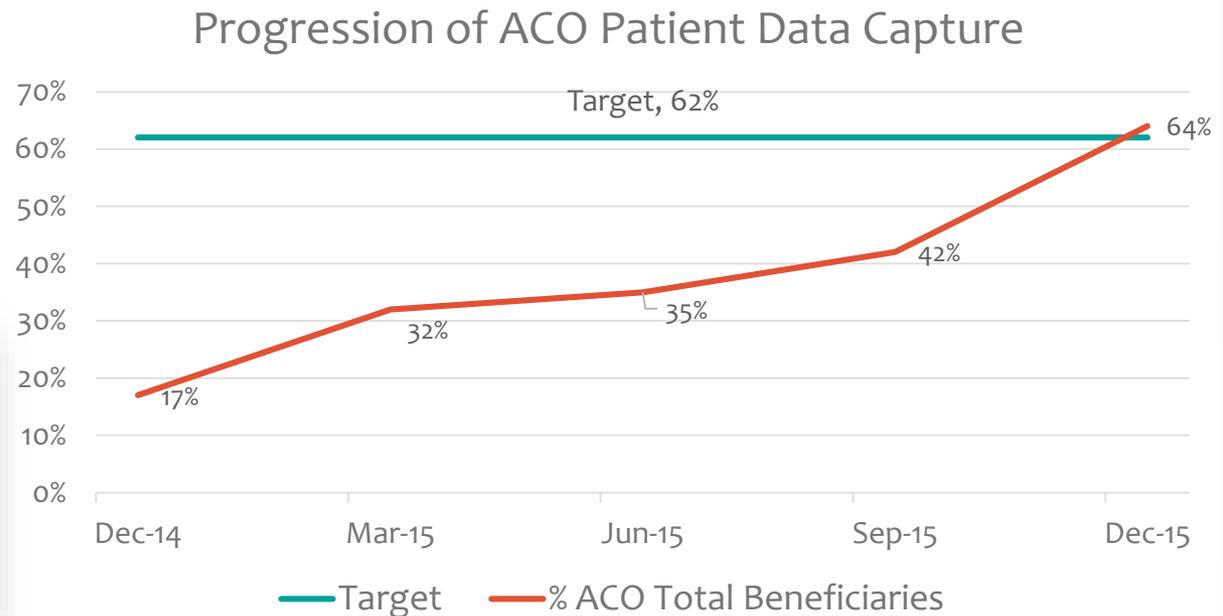
## ACO Population Health Initiatives

**The Need:** Collect data on a meaningful and significant percentage of the ACO attributed lives.

**The Reality:** In late 2014, data were only being collected on 17% of the attributed lives.

**The Objective:** Improve patient data capture to at least 62% of attributed lives.

“Data is the fuel for the engine of coordinated care”



# FY 16 Accomplishments

Gateways developed (attribution tagging): **2**

- OneCare Vermont: Medicare, Medicaid and Commercial
- CHAC: Medicaid

New Inbound VHIE Interfaces: **116**

New Organizations Contributing Data: **68**

Percentage of Attributed Patients' Data Captured: **64%**

Other firsts:

- Deployment of specialized interface engine (Orion Rhapsody)
- VHIE enterprise data warehouse / data marts (Microsoft SQL)
- CCD parsing algorithms (Orion Rhapsody)
- Analysis / Business Insights (Tableau)
- Data quality reporting to contributing organizations
- Restoration of Blueprint Clinical Data Repository

# Clinical Data Management: FY17 New Activities

- Specialized interface services:
  - Substance abuse data filter for FQHCs.
  - Connection to Vermont Chronic Care Initiative (VCCI)
  - Connection to Vermont Psychiatric Care Hospital (VPCH)
- Specialized Master Person Index (MPI) for clinical data warehouse.
- Data Quality Consulting Services:
  - VCN Data Quality consulting
  - Blueprint for Health Data Quality Sprints
- Expand Terminology Services vocabulary mapping
- Deploy Data Quality Score Cards/Dashboards

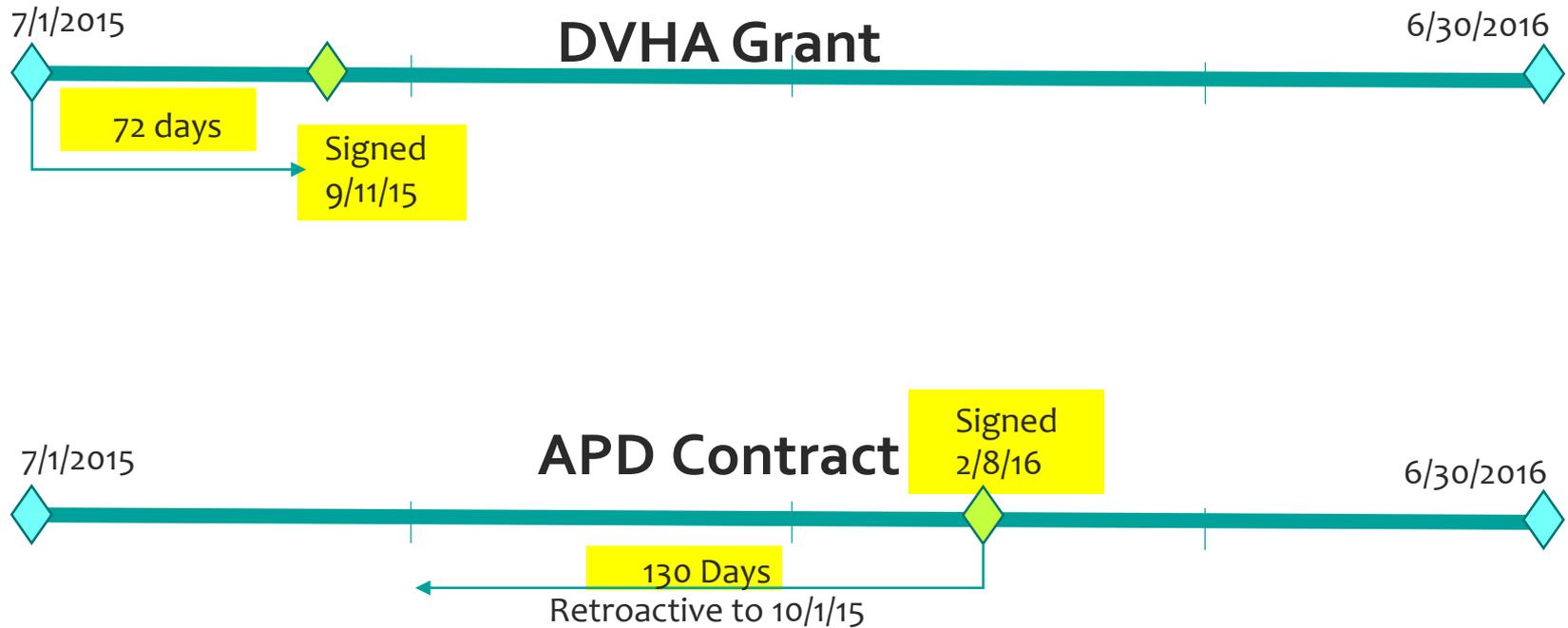
# Agenda

- Increasing the number of Vermont providers using VITLAccess.
- Putting the Clinical Data Management Infrastructure to work.
- **Financial Update**
- Summary

# FY16 Financial Challenges

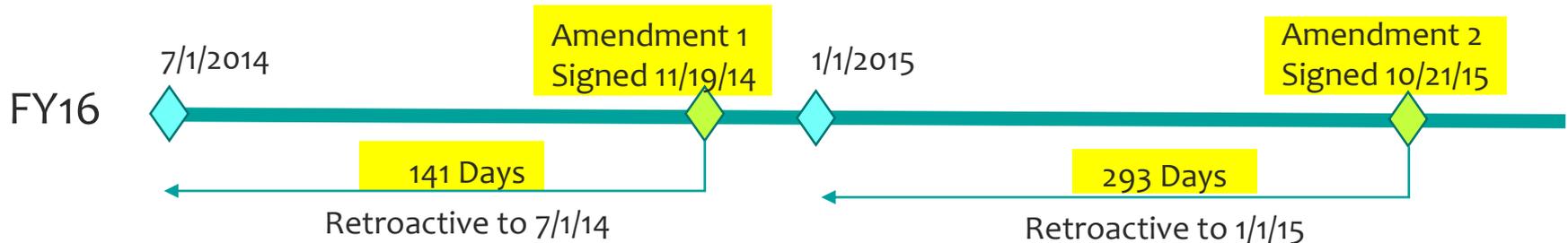
- VITL's work has been significantly delayed over the last 6 – 9 months
  - Continued delays in agreement approvals
  - No longer advancing resources to begin work without a signed agreement to include hiring personnel or engaging vendors/subcontractors
  - Increased SOV requirements and processes
  - Increased delays in review and approvals

# Timeline of Awards

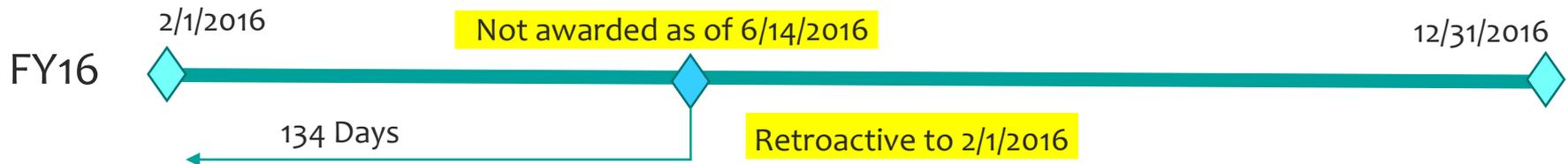


# Timeline of Awards

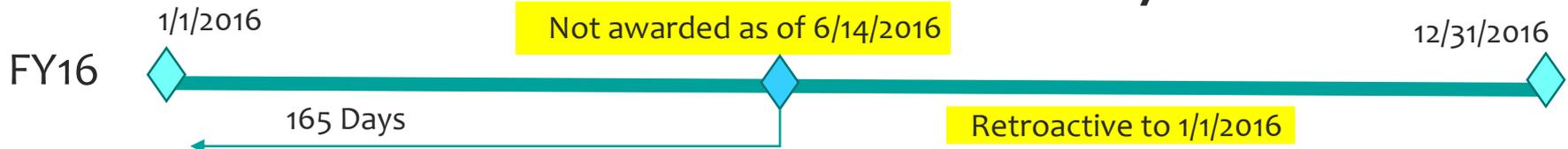
## SIM Grant



## SIM Grant I - HIE Design/Testing



## SIM Grant II – ENS/Gateway



# DVHA Grant Underspend

| Overall spend of the DVHA grant      | \$000s     | Comments   |
|--------------------------------------|------------|--|
| Total FY16 Budget                    | \$ 4,966   |  |
| Total Spend YTD April 2016           | \$ 2,579   |  |
| Remaining FY16 Budget YTD April 2016 | \$ (2,386) |  |
|                                      |            | ↓  |
| <u>Drivers of Budget Underrun</u>    |            |  |
| Cost shift to Agreements             | \$ (711)   | Not budgeted-1st full year                         |
| VITL Summit Revenue                  | \$ (63)    | Not budgeted                                       |
| VITL Direct Revenue                  | \$ (80)    | Not budgeted                                       |
| Provider Interface Reimbursements    | \$ (278)   | Implementation efficiencies                        |
| Personnel Cost                       | \$ (429)   | } Not able to begin work without signed agreements |
| Medicity Expenditures                | \$ (114)   |  |
| Outreach/Education                   | \$ (239)   |  |
| Consulting                           | \$ (198)   |  |
| Telecommunications                   | \$ (117)   |  |
| Travel/Meetings/Prof. Dev.           | \$ (68)    |  |
| All Other                            | \$ (89)    |  |

# Programmatic Impacts

- Projects that have been impacted:
  - Awareness: VITLAccess onboarding slow down
  - Non-hospital interfaces slow down
  - Data quality: Terminology services, Tableau, Site work
  - Patient Ping delayed
  - Single Sign On (SSO) delayed

# Agenda

- Increasing the number of Vermont providers using VITLAccess.
- Putting the Clinical Data Management Infrastructure to work.
- Financial Update
- **Summary**

# Summary

- VITL is well positioned to support healthcare reform initiatives and population health management:
  - The VHIE network is substantial, recognizing more ‘connections’ are needed
  - VITLAccess adoption and use a major priority
  - Clinical Data Management infrastructure built and key to improving data quality and supporting analytics
- But, interactions with the SOV on agreements, decision making and added bureaucracy needs to be improved
- Support is needed for addressing the ‘sunset’ of the HIT Fund in the 2017 legislative session

# Questions