

VITL Q1 FY17 Update to the Green Mountain Care Board

October 27, 2016

John K. Evans, President & Chief Executive Officer

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Agenda

- FY16 Highlights
- FY17 1st Quarter Highlights
- Financial Update

FY16 Highlights

FY16 Highlights

- Aggregation of Data
- Access to Data for Treatment & Transitions of Care
- Health Data Management
- Maintenance of the VHIE Network
- Impact of VITL's Interventions

FY16 Aggregation of Data

Health Care Spend Analysis

	A	B	C	D	E	F	G
	2014 Total Spend (1)	HIE Related	HIE Related Spend	Total Known Sources (2)	Contributing Sources	Contribution Percentage	VHIE Captured Spend
PROVIDERS & SERVICES							
Hospitals-Only	\$2,136	Y	\$2,136	14	13	93%	\$1,983
Hospital-Physicians	\$411	Y	\$411	194	118	61%	\$250
Physician Services	\$414	Y	\$414	462	64	14%	\$57
Dental Services	\$262	Y	\$262	352	0	0%	\$0
Other Professional Services	\$251	Y	\$251	29	3	10%	\$26
Home Health Care	\$128	Y	\$128	11	5	45%	\$58
Drugs & Supplies	\$817	N	\$0	0	0	0%	\$0
Vision Products & DME	\$117	N	\$0	60	0	0%	\$0
Nursing Home Care	\$271	Y	\$271	81	0	0%	\$0
Other/Unclassified Health Services	\$34	N	\$0	0	0	0%	\$0
Mental Health & Other Govt Activities	\$705	N	\$0	107	0	0%	\$0
TOTAL PROVIDER EXPENDITURES	\$5,546		\$3,873	1310	203		\$2,375

VHIE captures data associated with 61% of Vermont Health Care Expenditures (\$2,375 / 3,873)

(1) Davis, Michael and Perry, Lori, 2014 Vermont Health Care Expenditure Analysis, Green Mountain Care Board, April, 2016.

(2) Client Relationship Management System, Vermont Information Technology Leaders, June, 2016

FY16 Access to Data for Treatment & Transitions of Care

FY16 VITL Access Penetration by Client Segment

Organizations Live by Segment	FY 16 Number of Organizations (Locations)	FY 17 1st Qtr Number of Organizations (Locations)	In Flight
Hospital	3 (3)		
Hospital Owned Practices	5 (24)		
FQHC	7 (23)		
Home Health Agencies	5 (10)		
Designated Agencies	4 (4)		
Primary/Specialty Care Physician Practices	50 (55)		
Urgent Care Centers	1 (5)		
Other	4 (10)		
Nursing Homes	3 (3)		
Total	82 (137)		

FY16 Access to Data for Treatment & Transitions of Care

- Interfaces:
 - 254 total
 - 104 to the VHIE from organizations (inbound) and 150 from the VHIE to other organizations (outbound)
 - Outbound interfaces doubled from FY15
- Single Sign-on
 - UVM MC Epic EHR to VITLAccess
- Event Notification Service
 - Hospital event data feed operational in March 2016
- Medication History Queries
 - 459 Medication history queries performed in FY16
 - Number of queries performed more than tripled from FY15

FY16 Health Data Management

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- Blueprint Clinical Data Registry
 - Contracted with Capitol Health Associates to host and migrate Blueprint Clinical Data Registry (f.k.a. DocSite)
- OneCare Vermont (OCV) Data Mart
 - Developed a data repository of all clinical data for OCV patients to allow their analytics vendor to access the data directly
- Terminology Services
 - Implemented a tool from Health Language which allows VITL to translate local medical terms to standard medical terminology
- Data Quality Dashboards
 - Implemented a security and audit tool which allows us to monitor and audit access to the VHIE infrastructure and VITLAccess
- Community Health Accountable Care (CHAC) Gateway
 - Technology to filter data pertaining to CHAC's beneficiary population
- Healthfirst Gateway
 - Technology to filter data pertaining to Healthfirst's beneficiary population

FY16 Data Quality at the Source

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- Data Quality at the Source – approximately 100 provider locations
 - Security Risk Assessment
 - MU Consulting
 - General HIT Adoption Consulting
- Vermont Care Partners Data Quality Project
 - Data quality assessments were conducted to improve the completeness, accuracy and consistency for 16 Designated Agencies (DAs) and Specialized Services Agencies (SSAs)

FY16 Maintenance of the VHIE Network

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- NIST Plan of Actions and Milestones
 - Moving towards full compliance with the Federal Information Processing Standards (FIPS 200) which includes 18 families consisting of 90 individual controls developed by the National Institute of Standards and Technology (NIST)
 - The NIST control standards far exceed HIPAA requirements for security
 - VITL has evaluated each of the 90 controls and established a risk rating of High, Moderate or Low. VITL is now compliant with 74 of the 90 controls.
- Implemented Security Audit Tool
 - Implemented a security and audit tool which allows us to monitor and audit access to the VHIE infrastructure and VITLAccess
- 35% of Interfaces Required Remediation
 - Includes developing a replacement **OR** reconfiguring an existing interface
 - All remediation requires testing and validation
 - Remediation is caused by Health Care Organization activities related to:
 - EHR transitions
 - EHR upgrades
 - New location openings, closures, and acquisitions

FY16 Impact of VITL's Interventions

FY16 Introduction – VITL's Impact Assessment

Purpose

- Demonstrate VITL's value
- Two kinds of value added impacts – improved practice workflow and improved patient outcomes

Practice Workflow Impacts- Lab data entry repurposing

- Measure workflow efficiency before and after lab results interfaces
- Repurpose clinical staff from manual lab data entry to clinical tasks

Patient Impacts -

Measure level of VITL interventions and patient outcomes at Patient Centered Medical Homes (PCMHS)

- Technology maturity – interfaces
- Data quality maturity –Sprints, well formed CCDs, standard terminologies
- Community activity – VITLAccess, Client Services consulting

FY16 Practice - Lab Results Workflow Repurposing

Item	Value
Total sites surveyed (only those who responded that there was a transition)	34
<u>Current</u> Survey sample significance	Survey site potential is 63; approximately 90% confident with margin of error 10%
<u>Universe</u> of health care organization sites who did or could transition based upon their EHR technology	149
Organizations surveyed	<ul style="list-style-type: none"> • Primary care • Specialist • Designated Agency (mental health) • Nursing home • Home health
Mean salary repurposed / year	\$5,438
Vermont projected (<u>Current</u>): Mean salary repurposed / year	\$342,594
Vermont projected (<u>Universe</u>): Mean salary repurposed / year	\$810,262

FY17 1st Quarter Highlights

FY17 1st Quarter Highlights

- New method for accelerating Health Care Organization interface development with Medent
- Medicity upgrade to version 7.4.3.6
 - Improved VITLAccess performance from 5 seconds to < .5 seconds
 - Capability for organizations to electronically submit patient consent to the VHIE (Required by 4 hospitals including UVM MC)
- VITLAccess
 - Patient data queries increased by 29%
 - Patient data queries per user increased by 18%
- Initiated infrastructure review with SOV and VCO
- Phase 2 of DAIL Project for 3 Home Health Agencies to Onboard to VITLAccess
- Site security risk assessments, meaningful use & general HIT consulting for 58 clients

FY 17 Client Listening Baseline Survey

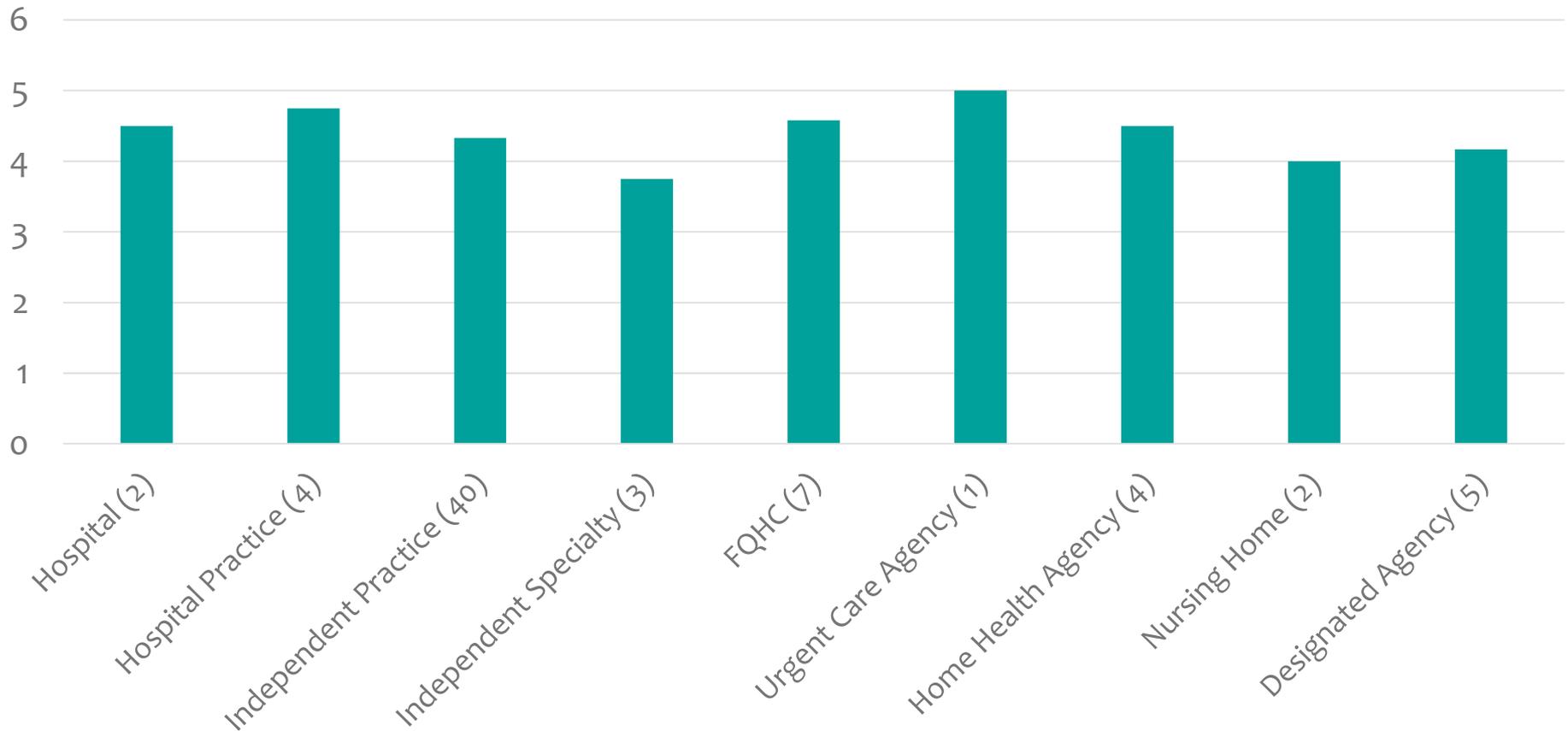
- **Survey Objective**

- Understand the following about Vermont Information Technology Leader's client base:
 - Current satisfaction with and loyalty to the organization
 - Satisfaction with the most recent (within last six months) sales & implementation experiences with the organization.

Baseline Survey Background

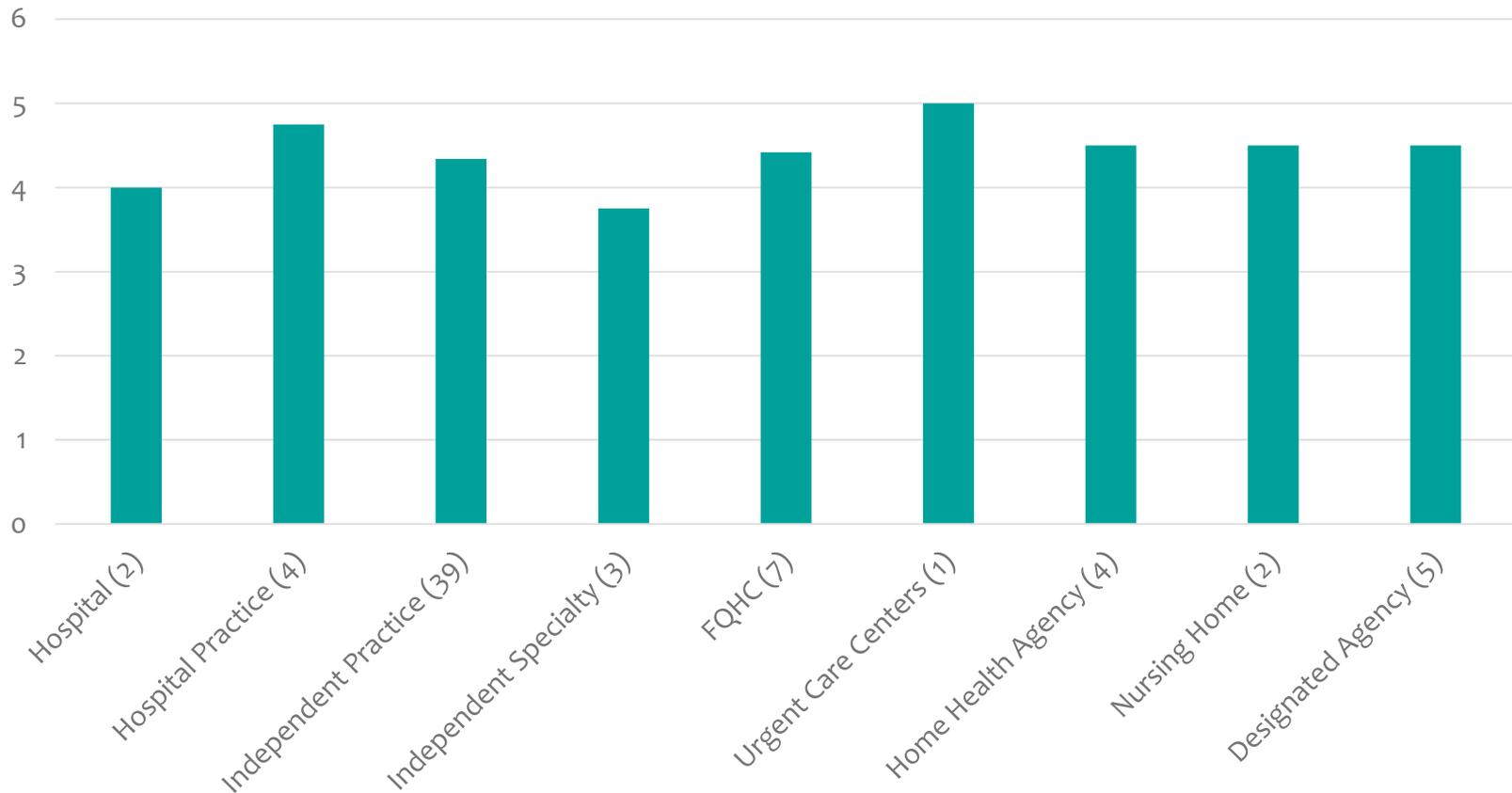
- Client Listening Team comprised of seven cross-functional team members conducted executive one-on-one telephone interviews
- Data collection period ran from May 1 – June 30, 2016
- 251 organizations contacted
- 68 organizations completed the survey
- 27% response rate

I trust Vermont Information Technology Leaders....



1. Strongly Disagree 2. Disagree 3. Neither Disagree or Agree 4. Agree 5. Strongly Agree 6. DK/Prefer Not to Answer

I would recommend Vermont Information Technology Leaders to a trusted friend or colleague....



1. Strongly Disagree 2. Disagree 3. Neither Disagree or Agree 4. Agree 5. Strongly Agree 6. DK/Prefer Not to Answer

FY17 VITL Access Penetration by Client Segment

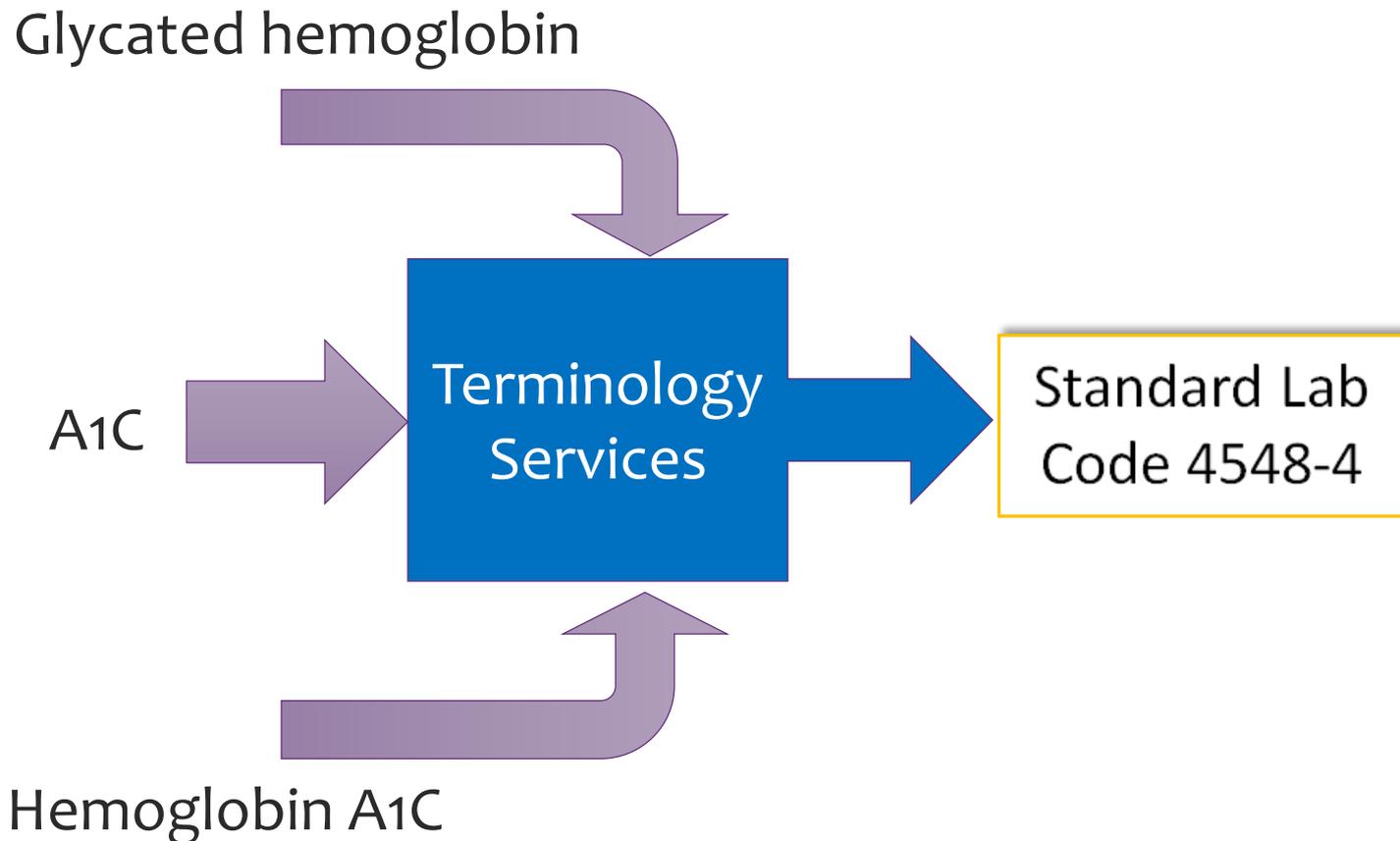
Organizations Live by Segment	FY 16 Number of Organizations (Locations)	FY 17 1st Qtr Number of Organizations (Locations)	In Flight
Hospital	3 (3)	4 (4)	4: Copley, SVMC, CVMC & UVM MC
Hospital Owned Practices	5 (24)	6 (24)	
FQHC	7 (23)	7 (24)	
Home Health Agencies	5 (10)	5 (10)	DAIL Phase 2- 3: VNA Southwest & VNA VT/NH & Caledonia, Franklin County, and Orleans/Essex
Designated Agencies	4 (4)	6 (6)	
Primary/Specialty Care Physician Practices	50 (55)	48 (52)	
Urgent Care Centers	1 (5)	1 (5)	
Other	4 (10)	4 (10)	
Nursing Homes	3 (3)	3 (4)	
Total	82 (137)	84 (139)	

FY 17 Why Build Health Data Management Infrastructure?

- Over 2 years ago VITL recognized that a HDM infrastructure would be required for health care reform initiatives
- The Blueprint for Health was the first system which required actionable clinical measures from EHRs
- The Blueprint exposed several issues with data coming directly from EHRs:
 - Data is often missing or incorrect
 - Patients are not matched across all care settings
 - Data is not in a format that can be used for analysis
 - Data is not standardized to national terminology standards

FY 17 Clinical Data Quality Improvement in the Network

- Terminology services improves the quality of data received



FY17 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

2015 ACO Measure	Measurement	Data collection vehicle
Determine if the patient has a documented diagnosis of Hypertension	Diagnosis of Hypertension	CCD or ADT
Confirmation that the blood pressure was documented during the date range	Blood Pressure (BP) > 120/80	CCD
	Follow Up: <ul style="list-style-type: none"> • Rescreen • Lifestyle change recommended • Referral given 	CCD
	Electrocardiogram	CCD
	Blood Tests	CCD or Lab
	Medication Prescribed	CCD

FY17 Measuring Data Quality at the Source

ACO Data Element Evaluation

Thomas Chittenden

Patient ACO elements evaluated in the month of April.

ACO 28 Hypertension (HTN): Blood Pressure Control	Element	Count
	DIASTOLIC	2,151
	SYSTOLIC	2,151
	DIAGNOSIS (DX)	745
	EXPLORATORY (EX)	2
	PREGNANCY	12
	ENCOUNTER	0

FY 17 Supporting Health Reform Activities

- Over these last 2 years VITL has built the HDM which supports care accountable care organizations, the Blueprint and other activities in support of health reform.
- This is a very advanced capability for HIEs and there are very few with these advanced services
- With additional resources VITL is prepared to augment the HDM to develop a statewide integrated data warehouse which includes clinical and claims data and supports full population health, data analytics and care management.

FY 17 Patient Impact – Study and Results

Purpose

- Examine outcomes for Patient Centered Medical Homes (PCMHs) that participate more intensely with data sharing and Health IT development, compared to outcomes for PCMHs that participate less intensely.
- Intensity of data sharing and health IT development demonstrated by VITL technical and data quality interventions

Results

- PCMHs that had completed a data quality sprint
 - Also had lower expenditures per person (\$357)
- PCMHs that had a higher degree of technical maturity
 - Also had lower expenditures per person (\$137)
 - Were associated with fewer ED outpatient visits (9 visits per 1000 members)

FY 17 Conclusions and Further Exploration

Further Exploration

- Understand the contribution of VITL interventions in the context of the other activities taking place in the PCMH and other environments
- Additional practice workflow efficiencies

Next Steps

- Incorporate other primary care organizations in analysis
- Incorporate other VITL interventions in analysis
- Obtain access to VHCURES claims data for non-PCMH Health Care Organizations

Financial Update

Programmatic Impacts

- Delays in contract awards affect VITL by:
 - Impacting cash flow
 - Unable to bill APD work VITL's cash flow by \$140K YTD Sept.
 - VITL went out on risk to work on SIM to ensure continued progress on VITLAccess Rollout and Interface development
 - Ability to get our work done
 - Need to conserve cash postpones SQL consulting work on APD
 - DOC & vendor ready to build interfaces, VITL not able to do so without APD funding
 - Postponed additional hires until funding is more definite

Indirect Cost Proposal

- Indirect Cost Proposal (ICP)
 - April 2016 SOV letter to VITL imposed the incorporation of an indirect rate methodology
 - VITL submitted an indirect cost proposal for FY16 in July
 - Currently in review with State
 - FY17 dependent on outcome of FY16 ICP review
 - Estimated \$500K of FY16 cost not recovered
 - VITL's FY16 Financial Audit dependent on FY16 ICP review
 - Delays ability to provide financial statements to bank, stakeholders and others

Status of FY17 DVHA Grant

	\$000s	% of TI Budget
DVHA Grant FY17 Budget	4,900	
YTD Sept 2016 Billing w/ 10% Provisional Indirect Rate	1,065	22%
YTD Sept 2016 Spend w/ Actual Indirect Rate	1,355	28%
Unbilled Grant Expenses-Indirect Rate Differential	290	