VITL
FY17 Q3 Update
to the
Green Mountain Care Board

May 25, 2017

John K. Evans, President & Chief Executive Officer

Kristina Choquette, VP Operations

Judith A. Franz, VP Client Services

Robert Gibson, VP Outreach & Business Development

Sandy McDowell, Exec. Dir., Research and Value Analysis
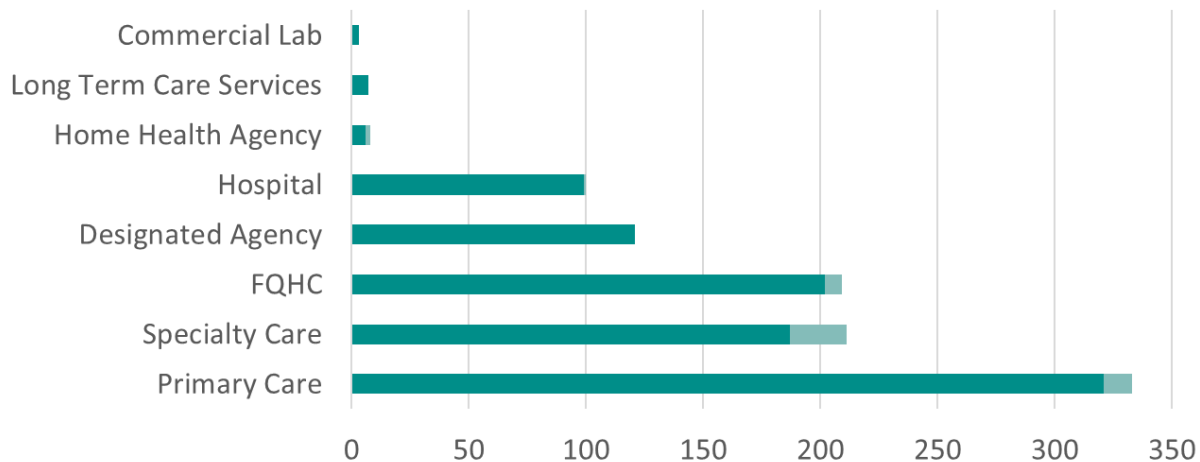
Agenda

- FY17 3rd Quarter Highlights
- Client Satisfaction Survey Results- Consulting Services
- VITLAccess Use Case Scenarios
- HIE Outreach Comparison
- VITL Impact Assessment
- Financial Update

FY17 3rd Quarter Highlights

FY17 3rd Quarter Interface Completions

Interface Completion for FY17 - Q3

	Primary Care	Specialty Care	FQHC	Designated Agency	Hospital	Home Health Agency	Long Term Care Services	Commercial Lab
Prior to FY17 Q3	321	187	202	121	99	6	7	3
FY2017 Q3	12	24	7	0	1	2	0	0

- Home Health Monitoring Results:
  - VNA of Chittenden and Grand Isle Counties
  - Central Vermont Home Health & Hospice
- CCDs Interfaces To the VHIE:
  - Northeastern Vermont Regional Hospital
  - Springfield Medical Care Systems (9 Practices)
- Immunization Interfaces to VDH:
  - Champlain Center for Natural Medicine
  - CVMC – 16 practices
  - Evergreen Family Health
- Demographics Data (ADT):
  - CVMC – 14 practices

Late Breaking News: VHIE Connection to Veterans HIE is Live

FY17 3rd Quarter Highlights (Continued)

- Fully Implemented VITLAccess Audits
  - Began performing full audits for all users of the VITLAccess service using Security Audit Manager. This tool allows VITL to identify suspicious behaviors.

- TechVault
  - Implemented a new server and storage infrastructure at TechVault to improve the performance of our Health Data Management infrastructure and provide additional storage capacity
  - VITL's previous infrastructure at Rackspace will now be used for disaster recovery
  - Provides significant cost savings that will pay for itself in 12 months

FY17 3rd Quarter Highlights
(Continued)

- Completed VITLAccess Webinars Series - The client services team developed the third in a series of three client webinars for the VITLAccess service. The live Webinar took place on Tuesday, March 21st. The production of this series of webinars is part of the approved Provider Outreach Plan supported by the grant.

- VITLAccess On-Boarding
  - Completed APD funded VITLAccess on-boarding project –July, 2016 through January 31, 2017.
  - Nearing completion of the SIM funded DAIL Home Health Agency VITLAccess on-boarding project – 1 agency remaining to go-live.

Third Quarter Client Satisfaction Survey Results- Consulting Services

Judith A. Franz

Vice President, Client Services

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FY17 Q3 VITL Satisfaction Survey Consulting Services

- Survey Objective:
  - At the end of each quarter, a client satisfaction survey is sent to all client recipients of VITL consulting services including …
    - Security Risk Assessment Consulting
    - Meaningful Use Consulting
    - General HIT Consulting
  - Overall satisfaction with the consulting service(s) provided is measured
  - Satisfaction with the individual or team's knowledge is measured

Survey Results

Loyalty Questions:	# Responses	
I trust Vermont Information Technology Leaders (VITL)...	11	4.09
I would recommend Vermont Information Technology Leaders to a trusted friend or colleague...	11	4.18
Security Risk Assessment Consulting Services	**# Responses**	
Did you receive Security Risk Assessment consulting services from the Vermont Information Technology Leaders client services team during the January to March, 2017 time frame?	11	45%
Questions:		
Please rate your satisfaction with this individual's or team's knowledge in this area.	5	4.6
Please rate your overall satisfaction with the Security Risk Assessment consulting service.	5	4.6

The survey respondents were asked to indicate their response using the following options:

1 – strongly disagree
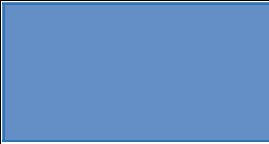
2 – disagree

3 – neither disagree nor agree

4 – agree

5 – strongly disagree

6 – don't know/prefer not to answer/NA

Survey Results
(Continued)

Meaningful Use Consulting Services	# Responses	
Did you receive Meaningful Use consulting services from the Vermont Information Technology Leaders client services team during the January to March, 2017 time frame?	11	64%
Questions:		
Please rate your satisfaction with this individual's or team's knowledge in this area.	6	4.83
Please rate your overall satisfaction with the Security Risk Assessment consulting service.	7	4.71

General Healthcare IT Consulting Services	# Responses	
Did you receive General Healthcare IT consulting services (i.e. EHR selection, optimization or workflow assessment consulting, etc.) from the Vermont Information Technology Leaders client services team during the January to March, 2017 time frame?	11	18%
Questions:		
Please rate your satisfaction with this individual's or team's knowledge in this area.	2	4
Please rate your overall satisfaction with the Security Risk Assessment consulting service.	2	4

VITLAccess Use Case Scenarios

Judith A. Franz
Vice President, Client Services

VITLAccess

- Conducted consulting engagement to develop care setting specific VITLAccess use cases to support clients' understanding of the value and usage of VITLAccess.
- Developed 23 use cases
- Highlighting 2 representative use cases

Use Case	Testimonial
Support with Opioid Management and Identifying Potential Misuse and Abuse	Dr. Marc Bouchard, ED Doc at NCH – Identified a patient as a drug seeker through the use of VITLAccess.
Supporting Management of High Risk Populations	Kenneth Major, PsyD – It is important to securely share information with colleagues outside of the VA.
Accurate Clinical Documentation Poor Historians	Derby Green Nursing Home – Detected a change in patient condition by referring to medical documentation in VITLAccess.
Expanded Access to Clinical Data Reducing Adverse Drug Events	Lamoille County Mental Health – Patient intake is easier by looking up the information in VITLAccess.
Supporting Evidence – Based Practice Standards and Transitions of Care	Dr. Leslie Lockridge – Identified an incorrect cancer diagnosis by using VITLAccess.
Supporting Transitions of Care and Outpatient Care Management	James Budis, RN, VNA Chittenden & Grand Isle: Able to access critical information in a timely fashion and provide better outcomes for our patients.

Support with Opioid Management and Identifying Potential Misuse and Abuse

"Patients present to multiple facilities for chronic pain management needs."

VITLAccess

BENEFITS:

Medication Reconciliation: Provides immediate and expanded electronic access to community medical history data which can assist in identifying compliance issues and early detection for identifying potential drug seeking behaviors.

Early Detection of Misuse & Abuse: Supports Accurate Medication Histories, for facilities and providers that are located close to bordering states where medication information may not be included in Vermont Prescription Monitoring Service (VPMS).

Satisfaction/Workflow Efficiencies: Improves staff satisfaction by reducing the phone and fax process to obtain a patient medication record.

THE CHALLENGE:

Aside from the challenges here in Vermont, more people died from drug overdoses in 2014 than in any year on record. The majority of drug overdose deaths (more than six out of ten) involve an opioid. 78 Americans die every day from an opioid overdose.

The ability to access a patient's up-to-date medication history is not only critical to the treatment rendered, it can also be helpful in supporting identifying potential misuse and abuse of medications impacting this national epidemic.

Marc Bouchard, MD, Emergency Medicine
North Country Hospital

Stopping a Drug-Seeker

"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."

HIE Outreach Comparison

Rob Gibson

Vice President, Outreach & Business Development

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HIE Outreach Comparison

- Feedback from seven other statewide / regional HIEs.

- All HIEs contacted do some level of in-house provider and consumer outreach – generally limited to 1 or 2 staff positions.

- Three HIEs are doing significantly more consumer outreach:
  - Delaware Health Information Network: $400K grant from ONC for patient / consumer outreach. Includes broadcast media, billboards, social media, print media.
  - HealtheLink (Buffalo RHIO): $200 - $500K. Includes provider and consumer.
  - Healthix (NYC Burroughs): $150 – 250K. This year focusing on patient engagement around DSRIP (NYS Medicaid Expansion)

- VITL FY2018 contract has no provisions for government funded provider or consumer outreach:
  - No Summit for first time in 10 years.

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DHIN Outreach

Billboard
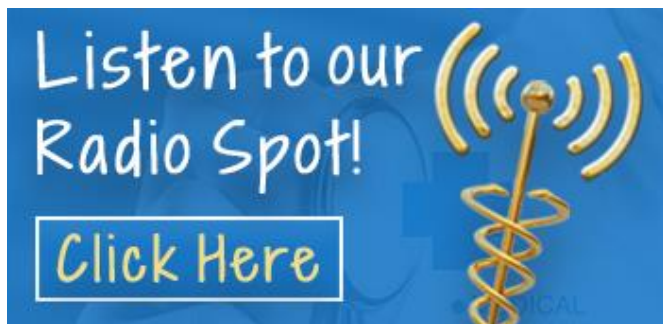
Consumer-focused Digital Campaign

HealtheLink Consumer Outreach

http://wnyhealthelink.com/WhatWeDo/AwarenessCampaigns

TV Commercials:
Doctors Get Better Information
W-NY-ers Get Better Care

Medical Minutes
(Air before 10PM Local News)
Tonawanda Pediatrics
Daniels Family Clinic

Radio Commercials:
Access
Efficient

Website Pop-up

ONE CLICK COULD SAVE YOUR LIFE.
Ask your doctor about HEALTHeLINK, or download a consent form here.

DOWNLOAD MY HEALTHeLINK
CONSENT FORM

Continue to website

HEALTHeLINK

Billboard

I'M LINKED. ARE YOU?

HEALTHeLINK IT'S WORKING.
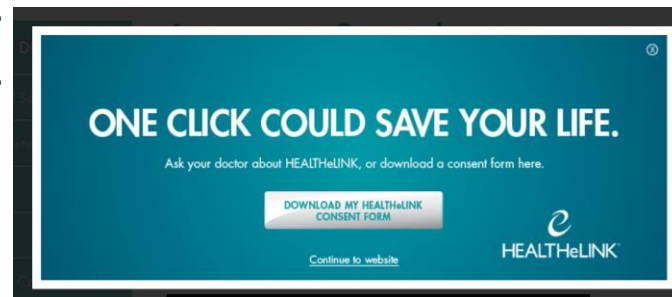
VITL Impact Assessment

Sandy McDowell

Executive Director, Research and Value Analysis

Why Conduct an Impact Assessment?

To answer these recurring questions:

1. What is the value of a Health Information Exchange (HIE)?

2. Why is Health Information Exchange important in Vermont and what are the expected outcomes?

3. How is the State benefitting from its investments in HIE?

Assessment Methodology

- Developed a Clinical Technology Maturity Model based on VITL interventions with Vermont practices:
  - Interfaces to / from the VHIE
  - Data quality consulting services
  - VITLAccess usage

- Utilized the model to score 116 PCMHs to determine their level of maturity based on the interventions (representing 308,000 patients).

- Compared the per capita total expenditures to the maturity level using claims data from VHCURES.
  - Blueprint and Onpoint Health Data assisted with data analysis and interpretation of results.

2015 Total Expenditures (1) per Capita
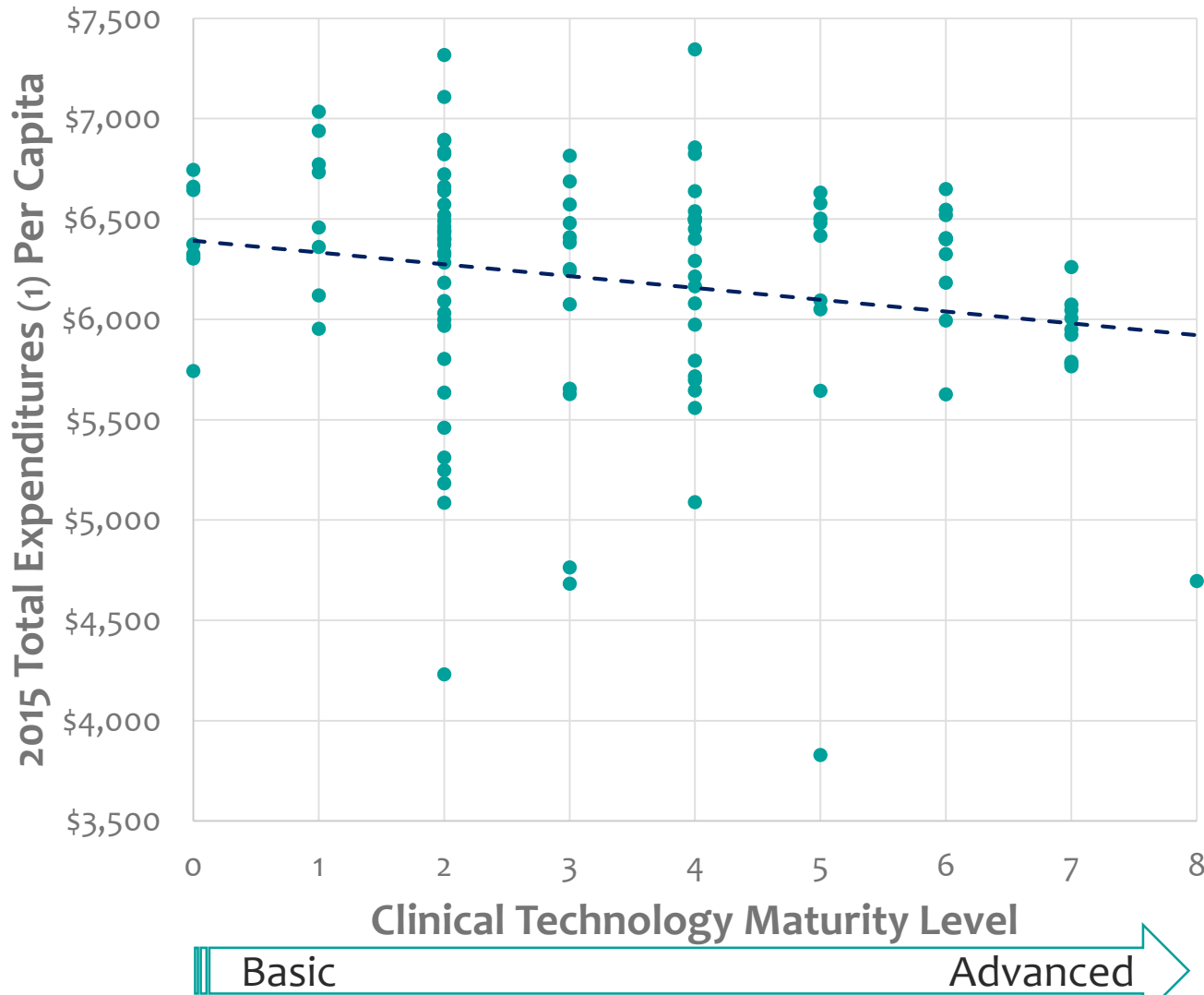
$59 average reduction in total expenditures (1) per capita for each level of PCMH maturity attained.

2015 Total Expenditures (1) Per Capita (y-axis: $3,500 – $7,500)

Clinical Technology Maturity Level (x-axis: 0 – 8)

Basic → Advanced

(1)   Excluding SMS – Special Medicaid Service

Financial Update

John K. Evans MHA, FACHE
President & CEO

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VITL Cash on Hand
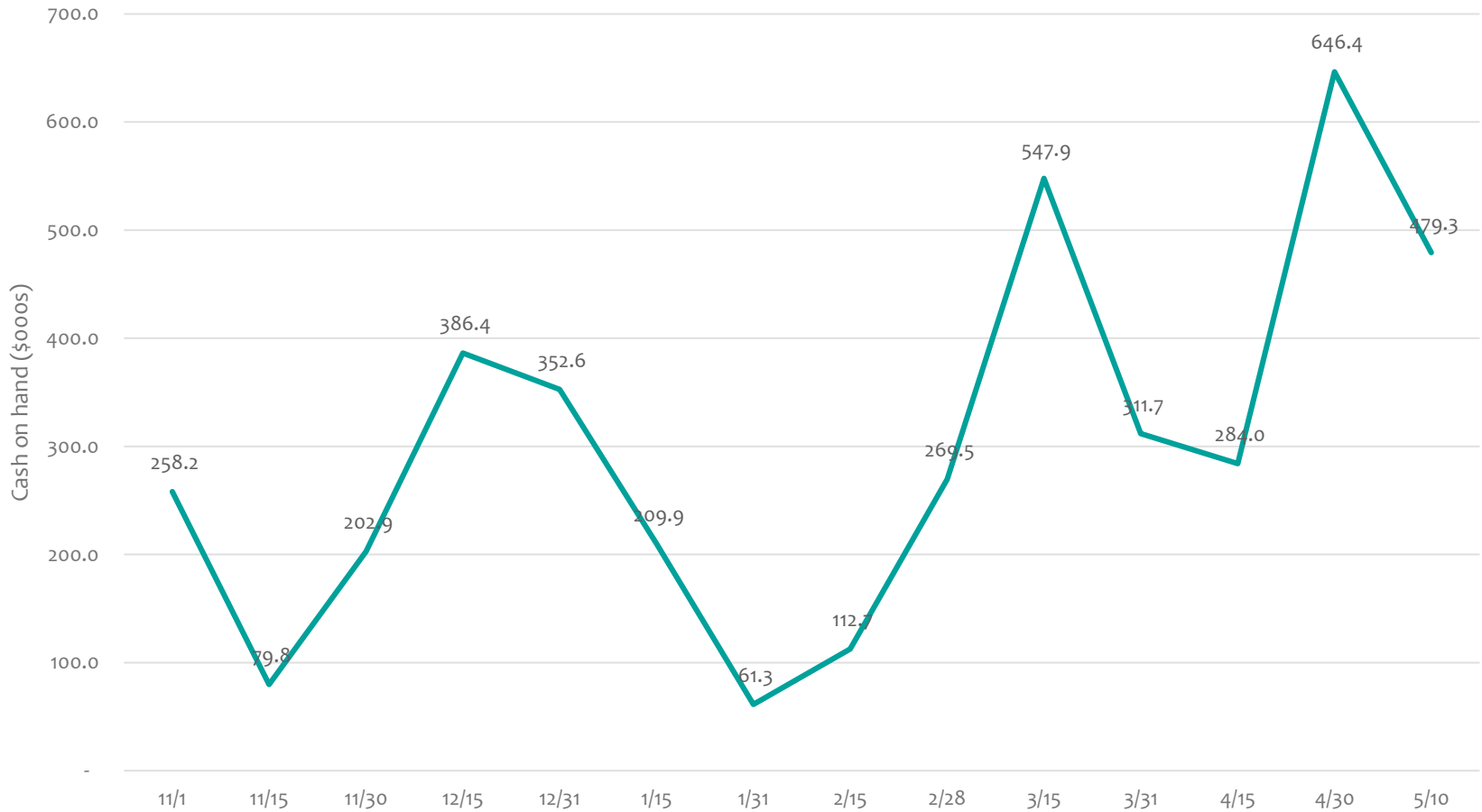
	11/1	11/15	11/30	12/15	12/31	1/15	1/31	2/15	2/28	3/15	3/31	4/15	4/30	5/10
Days of Cash	13.2	4.1	10.4	19.8	18.0	10.7	3.1	5.8	13.8	28.0	16.0	14.5	33.1	24.5

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Questions

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Appendix

Ransom Ware Cyber Security Attack

- Ransomware: malicious software that gets loaded on a machine or file server, typically encrypts any data it can find, and then provides a prompt to affected users/organizations demanding payment in order to decrypt the data.

- Current one (WanaCryptOr or WannaCry) is taking advantage of a security vulnerability in Microsoft products

- VITL is protected: Microsoft identified and patched the vulnerability back in March. Since March VITL has twice ensured that all outstanding security patches have been applied and verified and additionally have manually verified that our file servers were properly patched

- Recent cyber attack still being investigated worldwide

- Medicity networks were not compromised

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Supporting Management of High Risk Populations

"Patients with chronic care conditions require readmission due to improper medication management/ compliance."

THE CHALLENGE:

With aging populations, patients with multiple chronic complex medical conditions and complicated medication regimes, this population can be at high risk for readmission rates due to improper medication management. The need for expanded access to a patient's medication history is vital to the patient overall care management. With Medication Management incorporated as part of the patient care model, the need for technology to support these efforts is in high demand.

VITLAccess

BENEFITS:

Medication Reconciliation:
Provides immediate and expanded electronic access to community medical history data which can assist in identifying potential compliance issues and barriers with access to accurate medication fill histories.

Care Delivery:
Allows the ability to not only access accurate medication histories, but also to align disease management and medication management to support patient care and drive better patient outcomes.

Workflow Efficiencies:
Improves staff satisfaction by reducing the phone and fax process to obtain patient's medical and medication histories from outside sources.

Kenneth Major, PsyD
White River Junction VA Medical Center

Sharing Patient Data with Colleagues Outside the VA

White River Junction VA Medical Center, Vermont

"As a psychologist working with veterans, I can't overemphasize just how important it is to securely share information with colleagues outside of the VA"

Supporting Transitions of Care and Outpatient Care Management

"Patient was started on 3 new medications after discharge – unable to verbalize the names."

THE CHALLENGE:

One of the largest risks for readmission after hospital discharge is medication errors.
One of the challenges may be knowing which medications the patient was asked to stop and which new medications the patient filled after discharge.
Without this vital information, it's hard to create the best treatment plan and results in a lot of administrative work for the practice and can put the patient's safety at risk.

VITLAccess

BENEFITS:

Mid-Level Provider:
Provides immediate and expanded access to community clinical data to assist with accurately capturing medication history information.
PCP:
Provides access to summary of care documents on demand to support ongoing medical management post discharge.
Patient Safety:
Improves patient safety and reduces exposure for adverse drug events by providing accurate filled medication and clinical histories.
Billing Coordinator:
Increases access to the most recent demographic and insurance information.

James Budis, RN, MSN, MPH
Vice President of Clinical Services
VNA of Chittenden and Grand Isle Counties
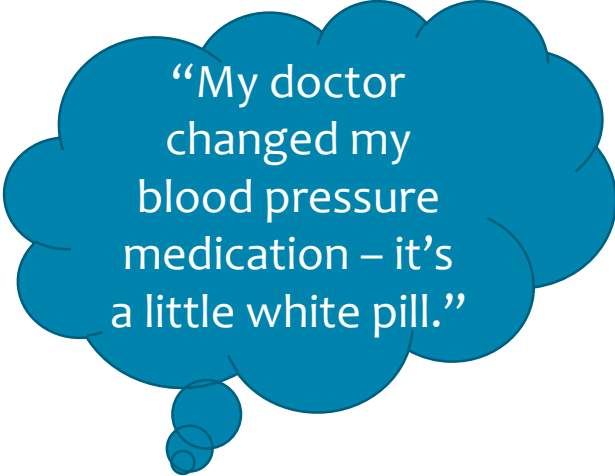
Timely Access to Data During Transitions in Care

"Prior to having VITLAccess, our staff would gather a patient's history through a variety of means. When information was missing, we had to track it down by making calls and having reports faxed to us.

"Now, we will be able to access critical information in a timely fashion and provide better outcomes for our patients."

Accurate Clinical Documentation
Poor Historians

"My doctor changed my blood pressure medication – it's a little white pill."

VITLAccess

THE CHALLENGE:

Trying to capture accurate medical histories from patients (who may be poor historians) takes tremendous time and effort.

Often, it requires clinical teams to g through the manual process of multiple phones calls and faxing to receive accurate medical information for patients who are not able to provide accurate information themselves.

Without this vital information, it can delay care and result in exposure for the clinical care teams and patients to medical errors due to incomplete and inaccurate information.

BENEFITS:

Care delivery:
Provides immediate access to clinical data to assist with capturing accurate medical history information.

Patient Safety:
Reduces the potential for adverse events due to inaccurate or missing information.

Patient/Staff:
Reduces stress levels for patients who cannot recall accurate information/eliminates the time consuming phone and fax process

Workflow Efficiencies:
Improves patient throughput by providing immediate electronic access to a patient's medical information.

Expanded Access to Clinical Data Reducing Adverse Drug Events

> "I have an allergy to an antibiotic, but I can't remember the name."

VITLAccess

THE CHALLENGE:

Patients presenting for treatment during emergent situations can have difficulty remembering current medications, complete medical history, procedures, and/or treatments.

Patients who may be taking multiple medications are susceptible to increased medication errors as a result of inability to recall. In order to obtain accurate information, clinical teams are required to obtain this information via a manual process of multiple phone calls and faxing.

Without this vital information, it can result in increased exposure for the clinical care teams and patients to medical errors due to incomplete and/or inaccurate information.

BENEFITS:

Community Provider:
Supports expanded and accurate access to medication histories for improving medication reconciliation efforts. Reduces the potential for medication misadventure.
Provides access to summary of care documents on demand to support ongoing medical management post discharge.

Patient Safety:
Improves patient safety by providing accurate medication and clinical histories, reducing exposure to adverse drug events.

Staff Satisfaction:
Improves staff satisfaction by eliminating the phone and fax process to obtain patient medication history information.

Expanded Access to Clinical Data Reducing Duplicate Testing

"Patient recently discharged within 24 hours from an ED for the same symptoms."

THE CHALLENGE:

Patients with complex chronic health conditions require multiple testing and treatment regimes to manage these conditions. As a result of the complexity of care, this can inhibit a patient's ability to accurately recall all tests, procedures, and/or treatments they had received. **As a result, clinical teams are required to obtain this information by the manual process multiple phone calls and faxing. Without immediate access to this information, it can result in delays of care and unnecessary duplicate testing performed on patients.**

VITLAccess

BENEFITS:

Community Provider:
Assists with medical decision making by providing access to recent visit histories, testing and results data to avoid unnecessary duplicate testing
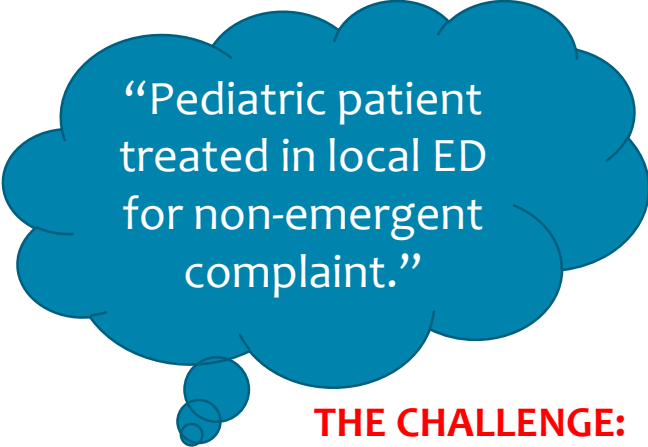Assists with transitions of care to appropriate outpatient resources for ongoing medical management.

Patient Satisfaction:
Enhances patient satisfaction by decreasing the need for patients to undergo unnecessary duplicate and uncomfortable testing and procedures.

Staff Satisfaction:
Improves staff satisfaction by eliminating the phone and fax process to obtain a patient medical record and results.

Supporting Evidence – Based Practice Standards and Transitions of Care

VITLAccess

"Pediatric patient treated in local ED for non-emergent complaint."

THE CHALLENGE:

When pediatricians send a patient to a sub-specialist or to the Emergency Room, the expectation is to receive a full report of what happened and the treatment rendered by the next day.
In the busy Emergency Department environment, the coordination of care for pediatric patients after treatment for a disease or injury is often fractured.
As the primary care physician they want to know what happened and what needs to happen next in their patient's care.

BENEFITS:

Pediatric Provider:
Pediatric Provider and office clinical care team will be able to have immediate access to procedure results and clinical data for encounter visits outside of PCP office .

Educational Opportunities:
Clinical data can provide education opportunities for ED and sub-specialist regarding appropriate Evidence - Based Practice Standards and appropriate use of medication therapies.

Cost Savings Opportunities:
Educational opportunity for parents on choosing after-hours care options vs. Emergency Departments and Urgent Care for non-emergent needs.

HIE Consumer Outreach Comparison

HIE Name / Region	Consent Policy	Outreach programs
Delaware Health Information Network (DHIN) Delaware	Opt-out	• $400K grant from ONC for patient / consumer outreach. Includes broadcast media, billboards, social media, print media. • https://youtu.be/wN9oRsbkBcs
Great Lakes Health Connect Grand Rapids, MI	Opt-out	• In-house staff only
HealtheLink Buffalo	Opt-in	• $200 - $500K (incl. external PR firm) • Both provider and consumer: varies by year as needed
Healthix NYC Burroughs	Opt-in	• $150 – 250K • This year focusing on patient engagement around DSRIP (NYS Medicaid Expansion)
Hixny Albany / Adirondacks	Opt-in	• In-house staff only
Rochester RHIO Rochester, NY	Opt-in	• In-house staff only
Wisconsin State Health Information Network Wisconsin	Opt-out	• In-house staff only