VITL
FY19 Budget Presentation to Green Mountain Care Board

May 9, 2018

Mike Smith, President & Chief Executive Officer
Robert Turnau, Chief Financial Officer
Frank Harris, Interim Chief Technology Officer
Kristina Choquette, Chief Operating Officer
Agenda

- Introduction
- FY19 Budget Request
- Technology Plans
- Quarterly Report
Introduction
GMCB FY19 Budget Overview

Fiscal year 2019 will be a transition year for VITL, and the budget reflects the transition to a leaner and more focused organization. This includes $1 million in reduced reliance from state revenues over FY19 and FY20.

Six Priorities:

- Increase the number of Vermonters who consent to have their data viewable in the VHIE.
- Better matching of patients with their record.
- Implement easier ways to access the data.
- Improve the quality of the data.
- Manage the security of the VHIE.
- Promote transparency.
FY19 Objectives

Regain the confidence of VITL’s clients, including the State of Vermont, by addressing the recommendations from the Act 73 report.

VITL’s short-term and long-term focus:

- High quality data.
- Strategies to ensure accurate & complete health records.
- Efficient, effective and useful delivery to providers.
- Collaborate better with our partners.

Imperative to continue providing value-added products—which are considered non-core—such as data supplied to One Care Vermont, etc.
Looking forward

- FY19 budget is balanced through reductions.
- FY20 budget is balanced through the use of carry-forward monies.
- FY21 budget is balanced through providing value-added products to state government and Vermont providers.
GMCB FY19 Budget Overview

Risks

- VITL is a lean organization: while this is positive for efficiency, loss of crucial talent could have an impact on effectiveness.
- Unfavorable HTS follow-up evaluation could reduce state contracts further than projected.
- Legacy reconciliation issues settled within the parameters of reserve. Over the reserve could impact budget.
- VITL must meet its NIST requirements.
- Budget items must trend as planned.
Importance of the VHIE and Expected Outcomes

- Informs clinical decision making.
- Reduces utilization (tests / procedures / admissions) = reduced costs.
- Improves patient safety.
- Facilitates community-wide care coordination.
- Avoids medication errors.
- Required for Meaningful Use / MIPS.
- Blueprint for Health and OCV dependent.
Health Data Management Benefits:

- ACOs can manage to performance measures.
- Blueprint Community Health Teams and Practice Profiles.
- Meet CDC immunization specifications.
- Delivers ADT and Consent info for event notification service.
- Potential to support other regions / states.
FY19 Budget Request
VITL successfully completes contract requirements in six month extensions.

Awarded follow-on contracts in January 2019.

VITL is able to retain critical talent.

Areas of reduction:
- Elimination of three vacant positions.
- Reduction in office space starting January 2019.
- Reduction of certain employee benefits.

Complete transition of HDM from Rackspace to TechVault by November 2018.
## Revenue

<table>
<thead>
<tr>
<th></th>
<th>FY16 Audited</th>
<th>FY17 Draft</th>
<th>FY18 Forecast</th>
<th>FY19 Budget</th>
<th>FY20 Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Grant</td>
<td>$3,010,201</td>
<td>$4,135,016</td>
<td>$ -</td>
<td>3,801,044</td>
<td>3,551,000</td>
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<tr>
<td>Core Contract</td>
<td>-</td>
<td>-</td>
<td>3,973,471</td>
<td>3,801,044</td>
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<tr>
<td>APD Contract</td>
<td>1,233,498</td>
<td>744,332</td>
<td>1,421,529</td>
<td>1,143,956</td>
<td>894,000</td>
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<tr>
<td>SIM Contract</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other State Contracts</td>
<td>1,388,568</td>
<td>862,173</td>
<td>184,685</td>
<td>42,000</td>
<td>-</td>
</tr>
<tr>
<td>State/Federal Grants &amp; Contracts</td>
<td>5,632,267</td>
<td>5,741,521</td>
<td>5,579,685</td>
<td>4,987,000</td>
<td>4,445,000</td>
</tr>
<tr>
<td>Program Service Fees</td>
<td>1,478,668</td>
<td>1,194,640</td>
<td>993,120</td>
<td>1,018,760</td>
<td>1,019,000</td>
</tr>
<tr>
<td>Conference Fees</td>
<td>62,668</td>
<td>156,396</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>All Other Revenue</td>
<td>885</td>
<td>43</td>
<td>800</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Total Revenue</td>
<td>$7,174,488</td>
<td>$7,092,600</td>
<td>$6,572,805</td>
<td>$6,005,760</td>
<td>$5,464,000</td>
</tr>
</tbody>
</table>

- FY19 state funding reduced by $500K.
- FY20 state funding reduced by $500K.
State Contracts

VITL Fiscal Year 2019
7/1/18 to 6/30/19
- 12/31/18: 6 month extension
  - DVHA Core Contract Extension (Firm)
  - DVHA APD Contract Extension (Firm)

VITL Fiscal Year 2020
6/30/19 to 12/31/19
- Full 12 month period of performance
  - DVHA Core Contract Follow-on (Estimated)
  - DVHA APD Contract Follow-on (Estimated)

Discussions with state on follow-on contracts to start in late summer and scheduled to conclude by September. No indications successful conclusion is not possible.
## Expenses

<table>
<thead>
<tr>
<th></th>
<th>FY16 Audited</th>
<th>FY17 Draft</th>
<th>FY18 Forecast</th>
<th>FY19 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor Cost</td>
<td>$ 2,592,416</td>
<td>$ 2,588,565</td>
<td>$ 2,098,929</td>
<td>$ 2,079,523</td>
</tr>
<tr>
<td>Fringe Related Costs</td>
<td>1,289,135</td>
<td>1,274,580</td>
<td>1,021,092</td>
<td>863,864</td>
</tr>
<tr>
<td>Personnel Related Expenses</td>
<td>3,881,551</td>
<td>3,863,145</td>
<td>3,120,021</td>
<td>2,943,387</td>
</tr>
<tr>
<td>Medicity</td>
<td>1,011,586</td>
<td>1,114,884</td>
<td>1,161,138</td>
<td>1,071,954</td>
</tr>
<tr>
<td>Information Technology</td>
<td>611,382</td>
<td>781,391</td>
<td>845,602</td>
<td>1,019,921</td>
</tr>
<tr>
<td>Consultants</td>
<td>262,913</td>
<td>197,953</td>
<td>103,928</td>
<td>74,780</td>
</tr>
<tr>
<td>Occupancy</td>
<td>227,800</td>
<td>216,806</td>
<td>217,526</td>
<td>196,564</td>
</tr>
<tr>
<td>Legal &amp; Accounting</td>
<td>212,920</td>
<td>184,207</td>
<td>192,455</td>
<td>174,399</td>
</tr>
<tr>
<td>Education &amp; Outreach</td>
<td>128,316</td>
<td>52,347</td>
<td>16,580</td>
<td>14,642</td>
</tr>
<tr>
<td>Insurance</td>
<td>87,600</td>
<td>97,530</td>
<td>106,436</td>
<td>104,100</td>
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<tr>
<td>Prof. Dev. &amp; Travel</td>
<td>146,374</td>
<td>124,651</td>
<td>83,969</td>
<td>33,185</td>
</tr>
<tr>
<td>Telecommunications</td>
<td>62,810</td>
<td>64,285</td>
<td>68,523</td>
<td>64,857</td>
</tr>
<tr>
<td>All Other</td>
<td>132,273</td>
<td>125,032</td>
<td>95,533</td>
<td>116,435</td>
</tr>
<tr>
<td>Contingency</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>100,000</td>
</tr>
<tr>
<td><strong>Total All Expenses</strong></td>
<td><strong>$ 6,765,525</strong></td>
<td><strong>$ 6,822,231</strong></td>
<td><strong>$ 6,011,711</strong></td>
<td><strong>$ 5,914,224</strong></td>
</tr>
</tbody>
</table>

- Reduced cost to match reduced revenue.
- Investments in information technology to enhance security, improve matching and reduces future costs.
Personnel Costs

<table>
<thead>
<tr>
<th></th>
<th>FY16 Audited</th>
<th>FY17 Draft</th>
<th>FY18 Forecast</th>
<th>FY19 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Salaries &amp; Wages</td>
<td>2,914,887</td>
<td>2,917,720</td>
<td>2,352,115</td>
<td>2,359,982</td>
</tr>
<tr>
<td>Severance</td>
<td>-</td>
<td>29,578</td>
<td>49,174</td>
<td>10,000</td>
</tr>
<tr>
<td>Less PTO (Vacation/Holidays)</td>
<td>(322,471)</td>
<td>(358,734)</td>
<td>(302,361)</td>
<td>(290,459)</td>
</tr>
<tr>
<td>Total Labor Cost</td>
<td>2,592,416</td>
<td>2,588,564</td>
<td>2,098,928</td>
<td>2,079,523</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>500,660</td>
<td>528,604</td>
<td>375,261</td>
<td>337,684</td>
</tr>
<tr>
<td>Payroll Taxes</td>
<td>241,585</td>
<td>238,146</td>
<td>173,426</td>
<td>171,165</td>
</tr>
<tr>
<td>Performance Incentives</td>
<td>-</td>
<td>(64,589)</td>
<td>12,500</td>
<td>-</td>
</tr>
<tr>
<td>PTO Expense</td>
<td>322,471</td>
<td>358,734</td>
<td>302,361</td>
<td>290,459</td>
</tr>
<tr>
<td>Retirement Contributions</td>
<td>219,187</td>
<td>192,325</td>
<td>139,556</td>
<td>64,556</td>
</tr>
<tr>
<td>Accrued Vacation/PTO</td>
<td>-</td>
<td>21,360</td>
<td>17,987</td>
<td>-</td>
</tr>
<tr>
<td>All Other</td>
<td>5,232</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Fringe Expense</td>
<td>1,289,135</td>
<td>1,274,580</td>
<td>1,021,091</td>
<td>863,864</td>
</tr>
<tr>
<td>Total Personnel Expense</td>
<td>3,881,551</td>
<td>3,863,144</td>
<td>3,120,019</td>
<td>2,943,387</td>
</tr>
</tbody>
</table>

- Personnel costs represent 50 percent of total expenses.
- This budget keeps labor cost flat.
- Reduces employee benefits.
A lean organization focused on meeting stakeholder requirements.

- 23.6 FTEs (does not include medical director or interim CTO).
  (medical director is a contracted position).
# Headcount

<table>
<thead>
<tr>
<th>Department</th>
<th>FY16 Actual</th>
<th>FY17 Actual</th>
<th>FY18 Forecast</th>
<th>FY19 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>8.0</td>
<td>8.0</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Client Services</td>
<td>7.0</td>
<td>5.0</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Client Services-Technical Support</td>
<td>3.0</td>
<td>2.0</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Operations</td>
<td>7.6</td>
<td>7.6</td>
<td>6.6</td>
<td>6.6</td>
</tr>
<tr>
<td>Technology</td>
<td>6.0</td>
<td>8.0</td>
<td>6.0</td>
<td>6.0</td>
</tr>
<tr>
<td>Total</td>
<td>31.6</td>
<td>30.6</td>
<td>23.6</td>
<td>23.6</td>
</tr>
</tbody>
</table>

Change: (1.0) (7.0) 0.0

- VITL total headcount has declined by seven positions or 22 percent since FY17.
- FY19 budget has no new positions.
### Medicity Charge Services Provided

<table>
<thead>
<tr>
<th>Medicity Charge</th>
<th>Services Provided</th>
<th>Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Fee</td>
<td></td>
<td>$559,734</td>
</tr>
<tr>
<td>Remote Hosting Services</td>
<td>Data processing services, application of new releases, production scheduling &amp; control, system backup, disaster recovery, and monthly reporting</td>
<td>$170,580</td>
</tr>
<tr>
<td>Remote Storage</td>
<td>Storage of VHIE data</td>
<td>$20,640</td>
</tr>
<tr>
<td>HCS Medication History</td>
<td>Health record tool which facilitates the query and retrieval of Medication History records</td>
<td>$39,000</td>
</tr>
<tr>
<td>HISP</td>
<td>VITLDirect, Secure Clinical Messaging</td>
<td>$132,000</td>
</tr>
<tr>
<td>Interface Connectivity</td>
<td>Development and delivery of certain interfaces</td>
<td>$150,000</td>
</tr>
<tr>
<td>Total annual cost</td>
<td></td>
<td>$1,071,954</td>
</tr>
</tbody>
</table>

- **VHIE hosting vendor since 2011.**
- **Represents 18 percent of total VITL expenditures.**
## Information Technology Expenses

### Information Technology Related Expenditures

<table>
<thead>
<tr>
<th>Activity/Task</th>
<th>Data Security</th>
<th>Network Services/ Maintenance</th>
<th>Software Services/ Maintenance</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing Hosting</td>
<td>84,001</td>
<td></td>
<td></td>
<td>84,001</td>
</tr>
<tr>
<td>Existing Interface Engine Rhapsody SW</td>
<td></td>
<td>33,615</td>
<td>33,615</td>
<td></td>
</tr>
<tr>
<td>Existing All Other SW</td>
<td></td>
<td>18,203</td>
<td>18,203</td>
<td></td>
</tr>
<tr>
<td>New Project-MPI Improvement</td>
<td>140,000</td>
<td></td>
<td></td>
<td>140,000</td>
</tr>
<tr>
<td>New Project-Sysadmin Services</td>
<td>150,000</td>
<td></td>
<td></td>
<td>150,000</td>
</tr>
<tr>
<td>New Project-Transition to Cloud</td>
<td></td>
<td>100,000</td>
<td></td>
<td>100,000</td>
</tr>
<tr>
<td>New Project-Cloud-based Disaster Recovery</td>
<td>30,000</td>
<td></td>
<td></td>
<td>30,000</td>
</tr>
<tr>
<td>New Project-Off-site backups</td>
<td>55,401</td>
<td></td>
<td></td>
<td>55,401</td>
</tr>
<tr>
<td><strong>Total HDM</strong></td>
<td>-</td>
<td>459,402</td>
<td>151,818</td>
<td>611,220</td>
</tr>
<tr>
<td>Security audits and tools</td>
<td>100,871</td>
<td></td>
<td></td>
<td>100,871</td>
</tr>
<tr>
<td>New security enhancements</td>
<td>52,698</td>
<td></td>
<td></td>
<td>52,698</td>
</tr>
<tr>
<td><strong>Total Security Related Expenses</strong></td>
<td>153,569</td>
<td>-</td>
<td>-</td>
<td>153,569</td>
</tr>
<tr>
<td>Existing SW</td>
<td></td>
<td>63,000</td>
<td>63,000</td>
<td></td>
</tr>
<tr>
<td>New Mapping/Consulting</td>
<td></td>
<td>90,000</td>
<td>90,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total Terminology Services</strong></td>
<td>-</td>
<td>-</td>
<td>153,000</td>
<td>153,000</td>
</tr>
<tr>
<td>VITLAccess Onboarding Tool Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admin SW</td>
<td>2,510</td>
<td></td>
<td>2,510</td>
<td></td>
</tr>
<tr>
<td>Office SW</td>
<td>43,405</td>
<td></td>
<td>43,405</td>
<td></td>
</tr>
<tr>
<td>Backup &amp; Document Destruction</td>
<td>9,865</td>
<td></td>
<td>9,865</td>
<td></td>
</tr>
<tr>
<td>Network Maintenance</td>
<td>27,282</td>
<td></td>
<td>27,282</td>
<td></td>
</tr>
<tr>
<td>Support Services</td>
<td>12,210</td>
<td></td>
<td>12,210</td>
<td></td>
</tr>
<tr>
<td><strong>Total Indirect IT Related Expenses</strong></td>
<td>9,865</td>
<td>27,282</td>
<td>58,125</td>
<td>95,272</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>163,434</strong></td>
<td><strong>486,684</strong></td>
<td><strong>369,803</strong></td>
<td><strong>1,019,921</strong></td>
</tr>
</tbody>
</table>

VITL GMCB Presentation
## Indirect Cost

<table>
<thead>
<tr>
<th>FY16 Audited</th>
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<th>FY18 Forecast</th>
<th>FY19 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Labor Costs</td>
<td>1,853,731</td>
<td>1,829,381</td>
<td>1,321,228</td>
</tr>
<tr>
<td>Fringe applied to Dir. Labor</td>
<td>929,654</td>
<td>900,766</td>
<td>642,754</td>
</tr>
<tr>
<td>Direct Material/Services</td>
<td>2,258,195</td>
<td>2,224,475</td>
<td>2,053,099</td>
</tr>
<tr>
<td>Total Indirect Base</td>
<td>5,041,580</td>
<td>4,954,621</td>
<td>4,017,082</td>
</tr>
<tr>
<td>Indirect Labor Costs</td>
<td>738,685</td>
<td>759,185</td>
<td>777,700</td>
</tr>
<tr>
<td>Fringe applied to Ind. Labor</td>
<td>359,481</td>
<td>373,814</td>
<td>378,337</td>
</tr>
<tr>
<td>Indirect Material/Services</td>
<td>625,779</td>
<td>734,611</td>
<td>838,590</td>
</tr>
<tr>
<td>Total Indirect Expense</td>
<td>1,723,945</td>
<td>1,867,610</td>
<td>1,994,627</td>
</tr>
<tr>
<td>Indirect Rate</td>
<td>34.2%</td>
<td>37.7%</td>
<td>49.7%</td>
</tr>
<tr>
<td>Indirect as % of Total Cost</td>
<td>25.5%</td>
<td>27.4%</td>
<td>33.2%</td>
</tr>
</tbody>
</table>

- Indirect structure defined in FY16 agreement with State.
- In FY18 Forecast Indirect Rate driven by:
  - Reduction in indirect base costs.
  - Increased indirect due to transition and personnel changes.
FY19 Balance Sheet

Assets

- Cash, $1,246,369
- Accounts Rec., $452,890
- Accrued Rec., $857,023
- Prepaid Exp., $87,839
- PPE (Net), $137,525
FY19 Balance Sheet

Liabilities & Capital

- Accounts Payable, 385,053
- Accrued PTO, 168,099
- Retained Earnings, $2,225,365
FY19 Capital

Capital Budget for FY19 includes:

- Leasehold improvements to reduce footprint - $25,000
- New network hardware at VITL - $40,000
- Movement/installation of server closet - $15,000
- Network hardware at TechVault - $20,000

Total = $100,000
Technology Plans
Technology Objectives

Support VITL’s focus areas:

1. Data quality
2. Data availability/ease of use
3. Patient matching
4. Patient consent
5. Data security and privacy
Strategic Initiatives

Review approach to provide analysis data

☑ Continued self-development?

Continue to advance infrastructure approach – minimize overhead costs

☑ Improve DR capabilities.

☑ Streamline.

☑ Likely move to cloud (after critical business review).

  o Can scale up and down rapidly.

  o “Just in time” capacity capabilities.

  o Avoid periodic large investment – predictable and consistent expense.

  o Reduce overhead.
Strategic Initiatives

Data Quality

- Catalyst for data standards.
- Support formal data governance with open participation.
- Advance capability to measure data quality with actionable information.
- Advance maturity of terminology services to standardize data.
- Work with others to develop overall systematic approach to data quality management.
Strategic Initiatives

Patient Matching

- Core capability.
- Survey marketplace to identify high quality, cost effective solutions.
- Partner with others to identify solution and meet the cost challenge – objective is to find solution that can meet needs of multiple partners.

Data Availability/Ease of Use

- EHR integration.
- Single sign-on capability.
Strategic Initiatives

Patient Consent

- Focus on making collection easy and efficient through consent interfaces.

Security

- Build on solid foundation and track record of improvement.
- Continue robust program of regular audit by industry expert consultants.
- Open governance partnering with DVHA and ADS.
- Accountable, specific, agreed-upon action plans according to NIST standards.
- Establish a Cybersecurity Framework.
Quarterly Report
Q3 Activities to Address HTS Report

Increase Vermonters who Consent

- Client relationship building and re-education.
- Electronic consent implementation.

Improve Utilization of the VHIE

- Client relationship building and re-education.
- Implement VITLAccess at 14 locations (11 locations live).
- Aggregate more data - Develop and implement 85 interfaces (63 locations live).

Improve Patient Matching

- Applying pressure to HIE vendor to provide information and solutions for clean up of duplicate records.
Point of Care: Consent

Percentage of Vermont Patients Who Have Provided Consent

- December 2016: 15.0%
- January 2017: 17.0%
- February 2017: 18.0%
- March 2017: 19.0%
- April 2017: 20.0%
- May 2017: 21.0%
- June 2017: 22.0%
- July 2017: 23.0%
- August 2017: 24.0%
- September 2017: 25.0%
- October 2017: 26.0%
- November 2017: 27.0%
- December 2017: 28.0%
- January 2018: 29.0%
- February 2018: 30.0%
- March 2018: 32.5%
Point of Care: Utilization

VHIE Patient Queries

Veterans Affairs Patient Queries  VITLAccess Patient Queries

July 2017: 283
August 2017: 287
September 2017: 288
October 2017: 289
November 2017: 318
December 2017: 406
January 2018: 423
February 2018: 464
March 2018: 507

July 2017: 1706
August 2017: 1764
September 2017: 1604
October 2017: 1872
November 2017: 1951
December 2017: 1988
January 2018: 2529
February 2018: 1939
March 2018: 2429
Data Contributors

**Total Potential Locations** = all known locations including those with EHRs that are incapable of connecting, and locations that provide substance abuse disorder services which have additional restrictions on sharing.
FY19 Contract Extension Core Work Scope

- Increase the number of Vermonters who consent to have their data viewable in the VHIE.
  - GOAL = 35 percent consent rate.

- Implement easier ways to access and use data in the VHIE that does not burden providers and facilitate health care reform.
  - GOAL = Access to VHIE data.

- Improve the quality of the data in the VHIE by making sure that records are accurate and complete.
  - Terminology Services.

- Partner with the Agency of Digital Services and DVHA to improve VHIE security controls through an implementation plan and timeline.

- Support the assessment of the VHIE technical structure by completing the State's Architectural Assessment.
Reference Slides
Live Contributing Interfaces by Message Type Laboratory (LAB)

The Total Potential Locations is all Hospitals in Vermont, and Dartmouth-Hitchcock (NH), Cottage (NH), Samaritan (NY) Hospitals, and 5 Commercial Laboratories. Lab messages are used to share laboratory test results.
Live Contributing Interfaces by Message Type
Radiology (RAD) and Transcription (TRANS)

The Total Potential Locations is all Hospitals in Vermont, and Dartmouth-Hitchcock (NH), Cottage (NH) and Samaritan (NY) Hospitals. Radiology messages are used to share medical imaging reports. Transcription messages are used to share notes on the patient.
The Total Potential Locations bar shows all known healthcare locations in Vermont and surrounding areas, including those with no Electronic Health record (EHR), EHRs that are incapable of connecting, and locations that provide substance abuse disorder services, which have additional restrictions on sharing. Admission, Discharge and Transfer (ADT) messages are used to update patient demographics or communicate events about a patient. Clinical Documents are used to share summary medical information about the patient. They can contain allergies, problems, procedures, family history, medications, immunizations, results, vital signs, encounters and more.
The Total Potential Locations is locations identified by the Vermont Immunization Registry. Immunization messages are used to share new immunizations administered as well as any historical immunizations. Total Potential Locations increased on 3/1/18 per the Vermont Department of Health.