



VERMONT INFORMATION TECHNOLOGY LEADERS

## January 2008 Progress Report

*Our vision is for a healthier Vermont, where shared health information is a critical tool for improving the overall performance of the health care system. The health care community will work together to achieve new efficiencies through the use of information technology in order to deliver better overall value and care to our citizens.*

-- Vermont Health Information Technology Plan Vision Statement

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**VERMONT INFORMATION  
TECHNOLOGY LEADERS**

January 8, 2008

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Secretary of Administration  
Commissioner, Dept. of Information and Innovation  
Commissioner, Dept. of Banking, Insurance, Securities & Health Care Admin.  
Director of the Office of Vermont Health Access

Dear Legislators and Administration Officials:

Attached please find the Vermont Information Technology Leaders, Inc. (VITL) Progress Report through January 1, 2008.

Perhaps VITL's most significant achievement of 2007 was the completion of the Vermont Health Information Technology Plan and its delivery to the General Assembly in July. The strategic plan will serve as a roadmap as VITL develops additional health information technology projects, facilitates the adoption of electronic health records, and begins health information exchange. As you will read in the Progress Report, the plan has been well received and widely disseminated.

Another highlight of 2007 was the successful completion of VITL's electronic medication history pilot project. Two Vermont hospitals participated in the pilot, which brought prescription claims data to emergency room clinicians, with patient consent. After the conclusion of the six-month pilot, the hospitals continue to use the service, and it is being offered to all other Vermont hospitals.

The experience of the medication history pilot project serves as an excellent foundation for VITL's next pilot project, which began in the fall of 2007 and will continue into 2008. A total of \$1 million in commitments to the Interim Technology Fund has been received from the Vermont Association of Hospitals and Health Systems Community Grant Foundation, the Office of Vermont Health Access, Blue Cross Blue Shield of Vermont, MVP Health Care, and the CIGNA Foundation. Using the funding, VITL will provide grants to up to 18 independent primary care physicians so that they can purchase electronic health records systems. VITL will also be working with the physicians to help them redesign their workflow and implement successfully. This pilot will set the stage for the larger undertaking of increasing the number of physicians using EHRs to more than 50 percent by 2011.

VITL thanks the General Assembly and the Administration for its past support, and we look forward to your continued support as we make additional progress in 2008.

Respectfully submitted,

W. Cyrus Jordan, MD, MPH  
Chair, VITL Board of Directors



## 1. Background

Vermont Information Technology Leaders, Inc., is a Vermont not-for-profit organization. VITL's 501(c)(3) status is pending with the Internal Revenue Service. VITL was incorporated on July 22, 2005, and is funded in part by the Vermont General Assembly. VITL is a multi-stakeholder corporation formed by a broad base of health care providers, payers, employers, consumers, and state agencies. These various constituencies are represented by volunteers who serve on VITL's board of directors, its subcommittees, and its advisory groups.

VITL has been charged by the General Assembly [V.S.A. Title 18, Chapter 221, § 9417] with the task of writing the Vermont Health Information Technology Plan (VHITP). VITL also conducts health information technology pilot projects, which provide valuable real-world information. VITL has been working with the Vermont Department of Health and other state agencies on health information technology projects, and has developed a statewide health information exchange to allow health care organizations to share data.

The efforts of VITL are being coordinated with other state and federal initiatives, including the National Health Information Network (NHIN) of the federal Office of the National Coordinator for Health Information Technology, the national eHealth Initiative, and the Vermont Blueprint for Health. VITL's work helps to facilitate communication among Vermont's privacy and health information technology experts and creates the foundation for future health information technology collaboration.

## 2. VITL Pilot Projects

In 2007, VITL undertook two pilot projects aimed at increasing the use of health information technology in Vermont hospitals and physician practices.

### a. Electronic Medication History

VITL's first pilot project is an electronic medication history service, which is available in the emergency departments of the Rutland Regional Medical Center (RRMC) and the Northeastern Vermont Regional Hospital (NVRH) in St. Johnsbury. The service went live at RRMC in late April, and went live at NVRH in late May. As of this writing, more than 20,000 transactions have been processed through the system.

With a patient's consent, the hospital emergency department is able to electronically request a list of all the prescription medications that participating payers have paid for in the last 12 months. This pharmacy claims information is being supplied by major payers through their pharmacy benefit management companies. Participating payers include Blue Cross Blue Shield of Vermont, MVP Health Care, and Vermont Medicaid. Nurses and physicians in the emergency departments then verify this information with the patient before including it in the medical record and using the data to make treatment decisions.

More than 90 percent of patients are opting in – giving permission for their electronic medication history to be accessed. The pilot demonstrated a data match rate of 80 percent of the patients who opted in. The prescription claims data provided by the payers' pharmacy benefit managers has been very accurate, and clinicians say the availability of additional prescription data has helped them to improve the quality of care and increase patient safety.



Both RRMC and NVRH have signed off on the acceptance criteria for the project and are using VITL's electronic medication history service on an ongoing basis. VITL is now rolling the electronic medication history service out to additional Vermont hospitals.

**b. Electronic Health Records Pilot Project**

VITL's second pilot project is designed to facilitate the adoption of electronic health records systems in independent primary care practices.

In Act 70 of the 2007 session, the General Assembly established an Interim Technology Fund for the pilot project, and set the goal of raising \$1 million in voluntary contributions. The legislation directed VITL to work with Vermont's secretary of administration to raise funds for the pilot project "from a broad range of stakeholders who would benefit from electronic health records."

Commitments to the fund were received from Blue Cross Blue Shield of Vermont, MVP Health Care, the CIGNA Foundation, the Office of Vermont Health Access (OVHA), and the Community Grant Foundation of the Vermont Association of Hospitals and Health Systems.

Under the pilot project, grants of up to \$45,000 per physician will be made to each practice selected to participate in the program. Practices will pay up to 25 percent of the cost of an electronic health record system. VITL will also help practices modify their clinical processes and successfully implement.

Through the pilot project, VITL expects to assist up to 18 independent primary care physicians in small practices with implementing electronic health records. Equally important, this pilot project will provide valuable information that will help VITL accelerate the adoption of electronic health records at other practices in the future.

VITL sent a request for applications to Vermont primary care practices, and more than 30 applications from practices around the state were received by the November 30 deadline. A group of semi-finalists received a detailed readiness assessment to complete. A selection panel will choose the finalists, which are expected to be announced by the end of January.

A second part of the pilot project is being conducted in parallel to the physician practice selection process. VITL sent a request for information to vendors of electronic health records systems in October, and received more than two dozen responses. A selection committee has been reviewing the responses, and VITL will release a pre-screened list of EHR products by late January. Products on the pre-screened list have met VITL's criteria for functionality, technical standards, service and support, and financial viability of the vendor.

VITL will assist practices in the EHR pilot project with developing specific requests for proposals, which will be sent to vendors of electronic health records systems that are on VITL's pre-screened product list. The pre-screened list will also be distributed to physician practices that are not participating in the pilot project, and it will be posted on VITL's website, to help guide other practices in their purchasing decisions.



### **3. VITL / Blueprint Collaboration**

In October 2006, VITL and the Vermont Department of Health signed a five-year contract to formalize this collaboration. VITL is providing comprehensive data services for the Blueprint for Health's Chronic Care Information System (CCIS). GE Healthcare is VITL's prime contractor on the project.

In mid-December, the first data for CCIS began flowing into the Vermont health information exchange from Mt. Ascutney Hospital and Health Center in Windsor. Mt. Ascutney is the first of six hospitals and health systems that will be providing data to the Vermont health information exchange under the VDH contract. Data will be consolidated, analyzed, and reports returned to physicians participating in the Blueprint for Health Initiative so they can use the information in developing interventions for their patients with chronic conditions, including diabetes.

### **4. Health Information Security and Privacy Collaboration**

In 2007, VITL continued its involvement in the Health Information Security and Privacy Collaboration (HISPC), along with 35 other states and territories. The purpose of this federally-sponsored collaborative has been to assess variations in HIE policy and law across the states in order to promote interoperability while preserving the necessary privacy and security requirements set by local communities.

VITL's participation in HISPC has allowed Vermont to play a role in national privacy and security activities, and has also provided funding opportunities to further privacy and security-related work on existing HIE projects within the state.

During the past year, the Vermont HISPC team contributed to the collaborative a list of state and national level objectives to overcome security and privacy barriers to interstate HIE. The team went on to pursue a set of specific state and regional projects designed to help meet the aforementioned objectives. These included an analysis of consent policy for the purpose of adopting an emerging technical standard for the storage of patient consent information; and a study, in cooperation with New Hampshire and Maine, of data sets for public health biosurveillance and disease reporting.

### **5. Vermont Health Information Technology Plan**

The VHITP was completed in July and delivered to the General Assembly. The 140-page plan outlines a health information technology vision for Vermont, identifies key stakeholder groups, puts forth strategies and objectives, identifies standards for health information exchange in Vermont, provides a technology architecture overview and details, describes privacy and security issues and a framework for resolving the issues, provides a plan for educating the public about health information technology and health information exchange, discusses funding, financing, and governance issues, and lays out a process for moving forward.

The plan was developed by a workgroup of more than 30 volunteers, who meet weekly by conference call. Discussions also took place via an email listserv and face-to-face at monthly advisory group meetings in Montpelier.

The complete VHITP text is posted on VITL's website, [www.vitl.net](http://www.vitl.net). Since its release in July, the electronic copy of the plan has been accessed more than 2,000 times, indicating that it is being widely disseminated in Vermont and is serving as a model for health information exchange planning efforts in other states.



Dr. Robert Kolodner, the national coordinator for health information technology, sent a letter to VITL Chair Cy Jordan, M.D., congratulating VITL's board, members of VITL's advisory group, and VITL's staff on an excellent job in developing the plan.

The Vermont Health Information Technology Plan "is among the best plans for health information exchanges around the country," Dr. Kolodner said in his letter. He also said VITL is taking a leadership role among the nation's health information exchanges.

"We are pleased that the authors of the Vermont Health Information Technology Plan addressed the issue of standards and certification for information technology systems in hospitals, physician practices, and other health care settings," Dr. Kolodner wrote. "This will be very important as we connect health information exchanges like VITL into the Nationwide Health Information Network."

Dr. Kolodner also commended VITL on including representatives of major stakeholder groups in the development of the plan, and ensuring that the document represents a consensus between the various parties. "Achieving broad consensus among stakeholders in a community will build stronger health information exchanges, which will in turn strengthen the nationwide network," he said.

## **6. VITL Board and Committees**

VITL continues to receive strong support from dedicated volunteers who serve on its board and advisory groups. These volunteers represent a broad range of interests, including consumers, insurers, employers, state agencies, physicians, hospitals, and other health care providers. The active involvement of so many people ensures that the interests of all Vermonters are well represented.

The governance structure of VITL includes a 21-member board of directors. The board meets monthly and makes decisions on all aspects of VITL's operations, including contracts and the final content of the technology plan. VITL President Greg Farnum reports to the board. A seven-member executive committee meets weekly and functions as a steering committee.

Board members have formed a governance subcommittee, which is charged with the responsibility of analyzing the organizational structure of VITL, including its board and bylaws, and may recommend changes in order to ensure that there is a balanced representation of various interests on the board. A finance committee has also been formed.

An advisory group, which mostly consists of individuals other than board members, also meets monthly to provide input on both VITL projects and the VHITP. Members of advisory group have been involved with the development of VITL's pre-screened EHR products list and the EHR Pilot Project.

Consistent with Section 12 of the VHITP, a project review committee has been formed and is charged with the responsibility of reviewing all new proposed VITL projects. The committee considers a project's potential outcomes, utilization of technical infrastructure, utilization of organizational infrastructure, and analyzes the business case for the project.





A practitioner advisory group meets monthly to provide clinician input to VITL, and a consumer advisory group meets on an as-needed basis to provide consumer feedback. Both of these groups met several times in the first half of 2007 specifically to give VITL staff and consultants valuable input into the VHITP.

## **7. VITL Communications**

In December, VITL's previously part-time communications director became a full-time employee, and his job was retitled to director of marketing and public relations. This change positions VITL to develop new products and services in 2008 and bring them to market to generate additional revenue. In April 2007, VITL launched a new website, which has received more than 30,000 hits since its implementation. VITL has also begun publishing an electronic quarterly newsletter, which has more than 130 subscribers. In 2007, VITL staff delivered more than 20 educational presentations to groups, ranging from the Vermont Medicaid Advisory Board to the annual meeting of Blue Cross Blue Shield of Vermont. Press releases and contacts with reporters have generated more than 20 news articles about VITL and health information exchange in both Vermont media and national trade press. A one-day educational event in October in Burlington attracted more than 125 attendees and 16 exhibitors. More than 40 copies of a DVD of presentations during the conference were distributed. VITL has also produced a six-minute video on the medication history service, which is available on DVD and also on VITL's website.

## **8. VITL Staff**

In 2007 VITL hired several key staff members. A chief operating officer was hired to provide oversight of the VHITP development process, VITL's EHR pilot project, and to provide expertise on policy issues. A director of clinical effectiveness was hired to provide clinical expertise and to work with physician practices on EHR adoption. A director of implementation services was hired to provide oversight of VITL's technical projects, including the development of interfaces for the Vermont health information exchange network and the Blueprint for Health CCIS project.

## **9. Health Information Technology National Scene**

VITL works closely with both the Office of the National Coordinator for Health Information Technology and the eHealth Initiative Foundation. VITL is one of the organizations that is assessing variations in privacy and security practices and providing input into national efforts to develop standards for a national health information network. At the request of Gov. Jim Douglas, VITL President Greg Farnum is serving on the National Governors' Association's State Alliance for e-Health Health Information Communication and Data Exchange Taskforce.

## **10. Future Challenges**

The major challenges that VITL faces include developing funding sources for electronic health records, providing incentives for physicians to adopt EHRs, balancing patient privacy issues with efficient data access, and achieving sustainability for VITL's ongoing operations.

Several of these issues are being addressed in an updated sustainability plan, which is under development and expected to be presented to VITL's board of directors in late January. A marketing plan is also under development which will make the sustainability plan operational and be used as a roadmap for introducing new data services to the Vermont market, which will generate production revenue for VITL.



Another challenge is sorting through all the potential projects that VITL can be involved in, and determine the best use for limited resources. VITL's Project Review Committee has begun meeting and is using a project selection process that will ensure that the maximum benefit is derived for all stakeholders.

## **11. Summary**

Significant progress was made by VITL in many areas during 2007. The first Vermont Health Information Technology Plan was completed and delivered to the General Assembly. The plan will be used as a roadmap for implementation of health information technology and electronic health records systems in Vermont. Two pilot projects were launched, and one of them (the electronic medication history service) is generating VITL's first revenue from non-public sector customers. VITL reached a critical milestone in the development of the chronic care information system for the Vermont Department of Health's Blueprint for Health Initiative. VITL also created a project review committee to consider which projects should be undertaken in the future, and VITL undertook development of a long-range plan to ensure sustainability of its operations. VITL was also successful in raising \$1 million for a program to provide technical and financial assistance for independent primary care practices that wish to adopt and implement electronic health records systems.

In 2008, VITL anticipates that it will further roll out its electronic medication history service, as well as introduce several new services to the Vermont marketplace. VITL will increase consumer involvement in its operations and programs, ensure a balance between patient privacy and access to data, and educate the public about the benefits of health information exchange and electronic health records. VITL will continue to assist physician practices with EHR adoption in its pilot program, as a prelude to more widespread EHR adoption in the years ahead.