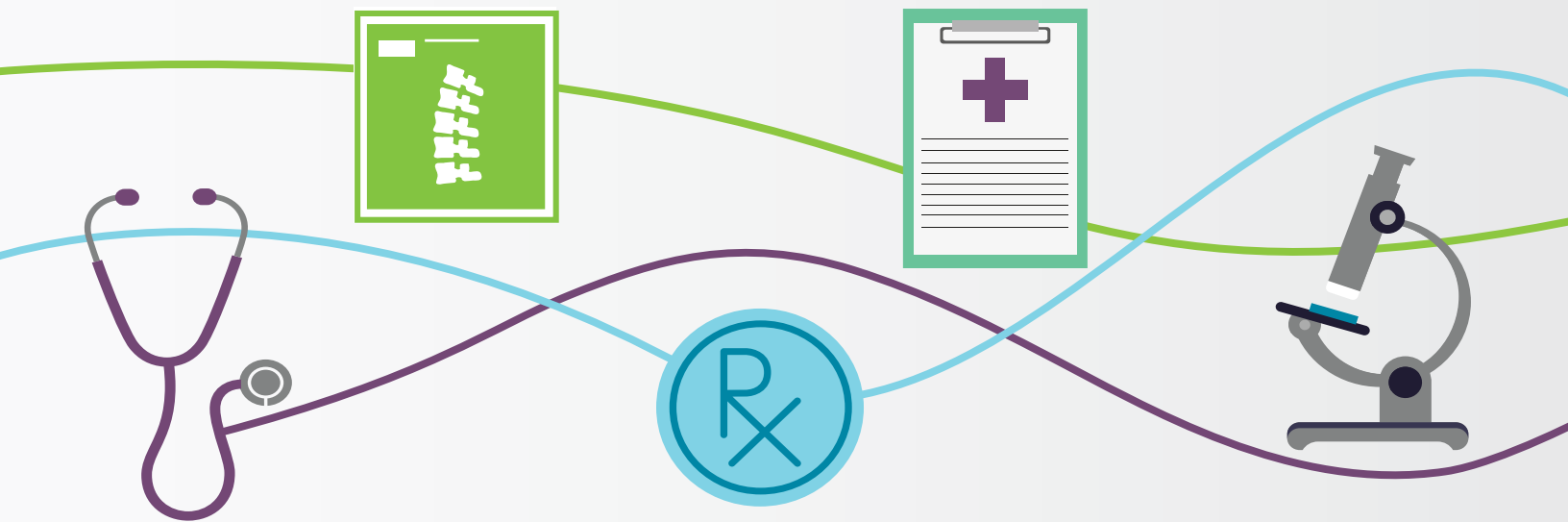




VERMONT  
INFORMATION  
TECHNOLOGY  
LEADERS, INC.

# Solutions for a Changing Health IT Landscape

## 2016 Annual Report



[www.vitl.net](http://www.vitl.net)



# Contents

- 4 Executive Summary
- 5 Board of Directors
- 6 The Vermont Health Information Exchange
- 7 Health Data Management Infrastructure
- 8 Laying the Course for Coordinated Patient Care
- 12 Measuring Care, Quality & Outcomes with Data
- 15 Health IT and Public Policy
- 16 VHIE Summit 2016
- 17 Financial Summary
- 18 Operational Statistics
- 19 Our 2017 Commitments

# Executive Summary

January 13, 2017

Vermont Information Technology Leaders, Inc. (VITL)—the operator of the Vermont Health Information Exchange (VHIE)—is pleased to provide this 2016 annual report which meets our obligations under 18 V.S.A. §9352(e).

The health care industry is in the midst of a massive transformation to deliver care in a more patient-centric manner and to create payment models that reward better patient outcomes rather than providing fees for services rendered. We can only expect that change will continue at a rapid pace. Successfully navigating change requires a high degree of preparedness and readiness, as well as the ability to adapt quickly to change as it happens.

In 2016, we delivered health IT solutions that are improving the way care is delivered in Vermont and also demonstrated the flexibility and scalability of the underlying infrastructure that is already supporting Vermont's health care reform efforts. VITL is well prepared and ready to support the continued improvement of health care in Vermont. Within this report, you will see how VITL has:

- Expanded the Vermont Health Information Exchange (VHIE) to capture 61 percent of available health care data.
- Furthered the deployment of our Health Data Management infrastructure to support the population health needs in Vermont.
- Provided data for performance measures to Vermont's accountable care organizations and other health reform initiatives.
- Improved patient care coordination by partnering with PatientPing to deploy an event notification system, and with OhMD for a secure patient-to-provider messaging service.
- Upgraded VITLAccess, the secure provider portal, resulting in greatly improved performance and increased utilization to 740 queries per day.
- Completed an extensive data quality improvement project with Vermont Care Partners.
- Supported the Vermont Blueprint for Health by migrating and hosting their clinical data registry.

At the beginning of 2017, VITL is well-positioned to respond to the changes that continue to shape Vermont's health care system.



John K. Evans MHA, FACHE  
VITL President and CEO



Bruce D. Bullock MD  
Chair, VITL Board of Directors

# Board of Directors

- Board of directors elected at the September 2016 annual meeting -



Mike Del Trecco  
VAHHS



Don George  
BCBS of VT



Joel Benware  
NMC



Amy Putnam  
NMC



John K. Evans  
VITL President & CEO



Paul Harrington  
VT Medical Society



Adam Buckley MD  
UVM Health Network



Bruce Bullock MD, PC  
Marble Valley



Robin Lunge  
\*Term ended 11/2016



Richard Slusky  
Consumer Rep.



Rep. Avram Patt  
\*Term ended 11/2016



Richard Elmore  
Allscripts



Jerry Ford  
Marathon Health, Inc.



Todd Moore  
OneCare Vermont

## Standing Committees

### Executive/Governance

- Bruce Bullock MD, Chair
- Vice Chair - vacant
- Mike Del Trecco, Treasurer
- Secretary - vacant
- John K. Evans

### Technology

- Joel Benware, Chair
- Richard Elmore
- Jerry Ford
- John K. Evans

### Finance

- Mike Del Trecco, Chair
- Amy Putnam
- Bruce Bullock MD
- John K. Evans

### Provider Advisory

- Diana Barnard MD
- Rick Barnett PsyD
- Mark Burke MD, FACC
- Rebecca Jones MD
- Kate McIntosh MD
- Andrea Regan MD
- Martha Stitelman MD
- Deborah Wachtel DNP, MPH, APRN
- Norman Ward MD

# The Vermont Health Information Exchange

## Operational Summary

The Vermont Health Information Exchange (VHIE) is a highly efficient and secure system that allows patient information to be shared among health care organizations across the state and region. With patient consent, the information collected about their medical encounters is made available to other providers who are involved in their care. Health care outcomes improve when providers have complete, timely and accurate information about their patients' medical history.

### Information Contributors

Use of the VHIE continues to expand, and approximately 61 percent of available clinical information is being captured in the VHIE from:

- all Vermont hospitals and Dartmouth-Hitchcock Medical Center.
- ten Federally Qualified Health Centers.
- 147 other primary and specialty care offices.
- five Visiting Nurse Associations.
- three commercial laboratories.

### Information Receivers

The VHIE delivers laboratory results and transcribed reports directly into the electronic medical record systems of:

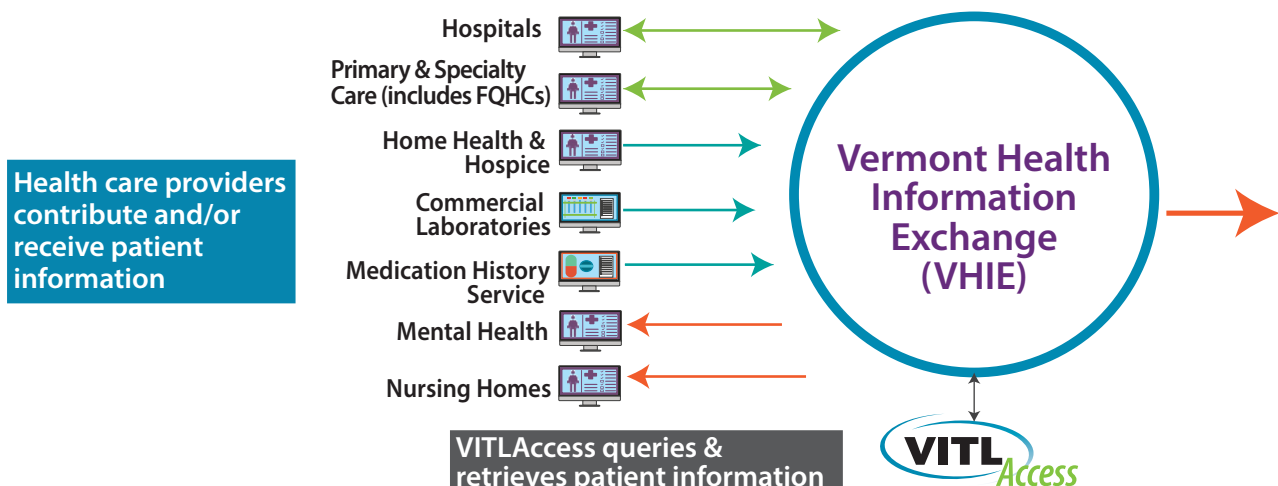
- four Designated Mental Health Agencies (lab results).
- three nursing homes (lab results).
- eleven Federally Qualified Health Centers.
- sixty-six primary and specialty care offices.

### Other Important Facts

- 2.4 million persons identified in the Master Person Index.
- 5.6 million clinical messages processed per month.
- The VHIE meets all HIPAA privacy and security requirements.
- The VHIE is compliant with 73 of the 93 controls defined by NIST 800-53 Rev. 4 (highest standard for information security).

### Provider Portal Query Statistics

- 2542 providers and their staff at 150 locations.
- Average of 740 queries per day.

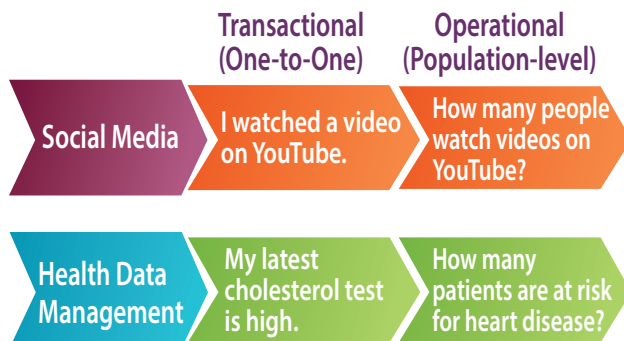


# Health Data Management Infrastructure

## Operational Summary

Just as social media platforms extract and transform data from millions of individual transactions in order to manage their platforms, data from individual medical encounters must be collected and transformed, so the organizations that manage health care risk can analyze data for population health.

The relationship between transactional events that are transformed into operational data are reflected in this example:

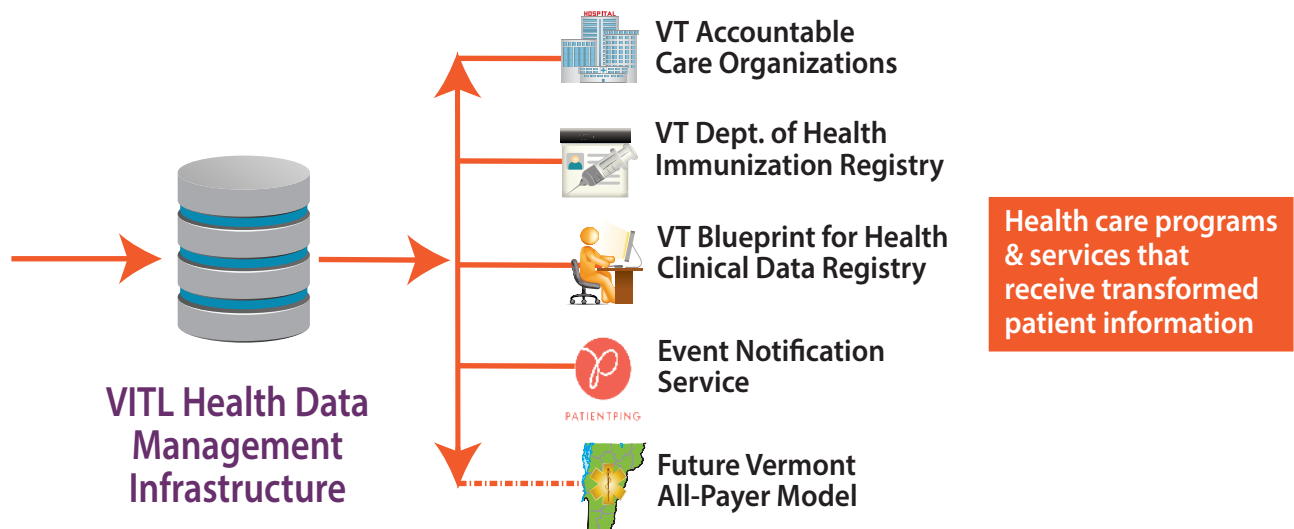


With population-level analysis, providers can target treatments and interventions toward the patients with the highest risk factors.

The VITL Health Data Management (HDM) infrastructure was built to collect, extract and transform the information in the VHIE, into data that can be used for population-based analytics.

For every clinical message sent to the VHIE, the HDM infrastructure can pull out key data such as cholesterol levels, blood pressure, and smoking status. This data is then normalized and standardized so that Vermont's accountable care organizations can use software to analyze health risks, and determine appropriate interventions for their participating providers' patients.

The HDM infrastructure also aggregates data feeds, such as pulling together encounter data from all of the VHIE contributing hospitals and visiting nurse associations, to power a statewide clinical event notification system.



# Laying the Course for Coordinated Patient Care

Anyone who is managing, or is helping a friend or loved-one manage complex medical conditions understands how difficult it can be to deal with these conditions in a health care system that is often fragmented.

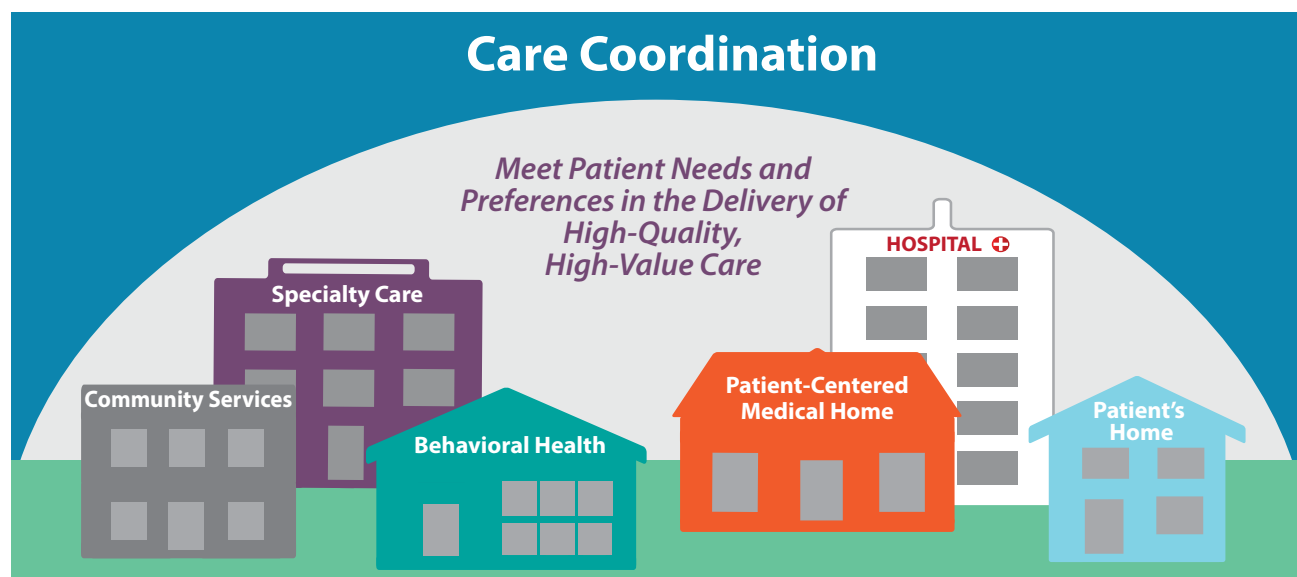
The Agency for Healthcare Research and Quality states that "Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient." ([www.ahrq.gov](http://www.ahrq.gov))

In order to effectively coordinate care, providers must be able to reach across organizational boundaries. The services provided by VITL which utilize the VHIE and the HDM infrastructure are designed to help health care providers,

accountable care organizations, the Blueprint for Health, and social service agencies give better care for their patients, by providing access to their medical information where and when they need it.

In 2016 VITL delivered or partnered with other companies to offer services that help providers better coordinate care, including:

1. VITLAccess - gives access to a statewide health record for patients, so providers can make informed decisions.
2. VITLDirect - allows direct, secure provider-to-provider exchange of clinical documents to expedite referrals and collaboration.
3. PatientPing - notifies providers when their patients receive care at another facility, so they can follow up with the patient.
4. OhMD - allows secure patient-to-provider messaging to reduce wait times and trips to the doctor.

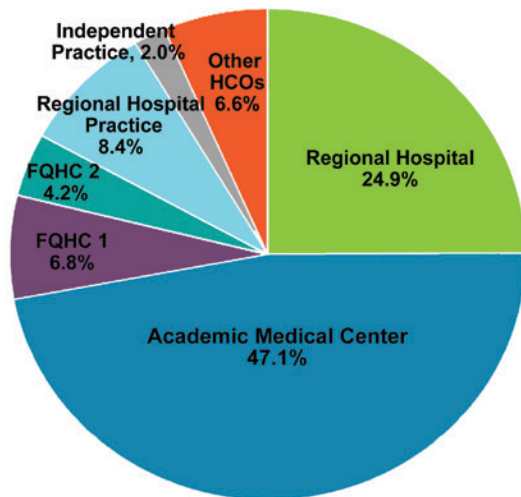




## Provider Access to Statewide Health Records

VITLAccess is a secure, web-based portal that gives providers access to real-time, statewide clinical data available in the Vermont Health Information Exchange, for a more complete view of a patient's medical history. VITLAccess gives providers important information about their patients including medication histories, hospital admissions and discharges, demographic information, clinical summaries, laboratory results, radiology reports and transcribed reports.

It is surprising to see how much patient information is generated outside of a local health care system. The graph below shows that only 25 percent of the information in the VHIE for patients that received care at one of Vermont's regional hospitals originated at the hospital. Forty-seven percent of that data came from an academic medical center, 8.4 percent from the hospital's practices, and 19.6 percent from other community providers. While the percentages are different in each Health Service Area, the point remains the same: VITLAccess provides critical information from outside an organization's own EHR.



Whether it's a physical therapist wanting to review an orthopedic surgeon's report, or a nursing home care coordinator planning for a resident's discharge from an emergency department visit, VITLAccess helps to smooth transitions of care, which improves a patient's experience, and may reduce costs and improve outcomes.

As of year-end, VITLAccess was in use by 2542 clinicians and clinical support staff, and the portal averages approximately 740 queries per day. Of the nearly 100,000 people who have been asked, just over 96 percent have given consent for all of their treating providers to have access to their medical information.

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*"We don't always get a discharge notice back when our patients return from a hospital visit. If a patient comes back late in the evening, and we don't get a discharge notice from the emergency department, we can use VITLAccess to get the information we need."*

*Coleen Kohaut, administrator at Franklin County Rehab Center, LLC.*

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Providers can enroll and use VITLAccess whether their organization contributes data to the VHIE or not. This means that VITLAccess is available to a wide range of providers. Medical providers at six of the seven corrections facilities in Vermont are using VITLAccess to care for their patients. ClearChoice MD, a walk-in urgent care center with five locations in Vermont became the first urgent care center to use VITLAccess.

Through a project that was funded by the Vermont Health Care Innovation Project, VITL received the funding necessary to implement VITLAccess at the visiting nurse associations in Vermont. So far, eight of the eleven Vermont Visiting Nurse Associations, and Bayada Home Health Care are fully trained and using VITLAccess.

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*"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."*

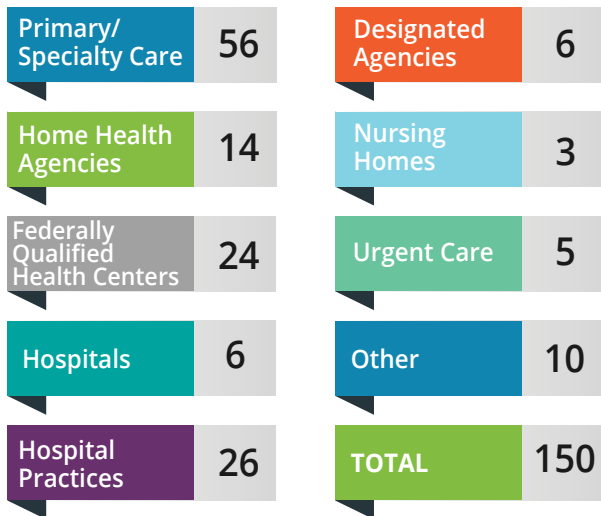
*James Budis, RN, MSN, MPH, vice president of clinical services at the VNA of Chittenden and Grand Isle Counties*

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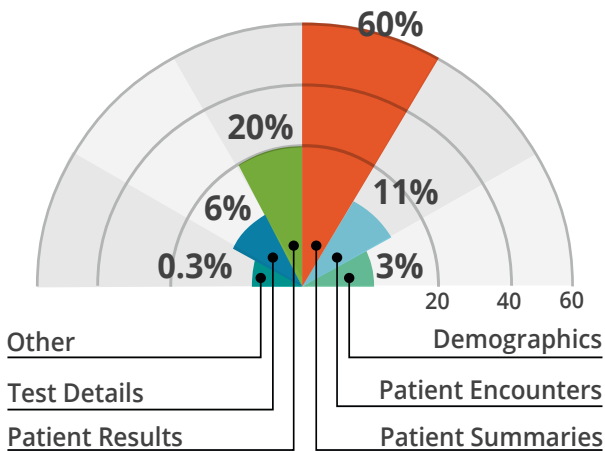
## VITLAccess Users



## Care Settings



## Patient Searches



## Secure Provider to Provider Communications

Counseling Service of Addison County (CSAC) recently became the latest user of VITLDirect, a secure messaging system that providers use to send patient information directly to one another. With VITLDirect, the medical staff can more effectively coordinate care by sharing care summaries with one another in a secure way.

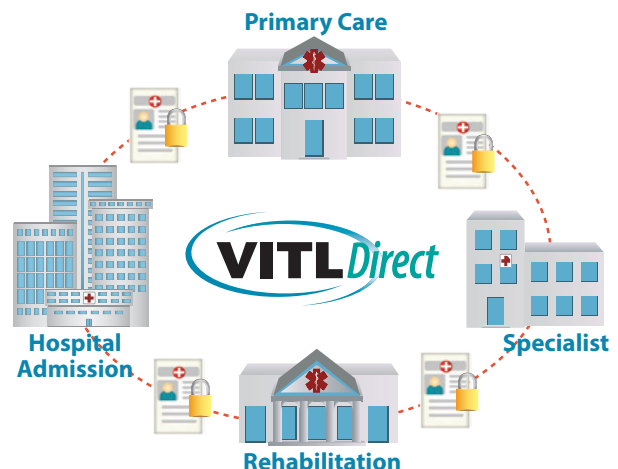
*"CSAC believes VITLDirect is another tool that can improve the communication process of informing and coordinating care between behavioral health and primary health providers."*

*William Claessens, B.S., chief financial officer at Counseling Service of Addison County*

VITLDirect has been used to securely transfer about 16,100 transition of care documents this year.


VITLDirect is being used by the following organizations:

- Burlington Health and Rehab
- Counseling Service of Addison County
- Green Mountain Nursing Home
- Northeast Vermont Regional Hospital
- Northwestern Medical Center
- Southwestern Vermont Medical Center
- The University of Vermont Medical Center
- Vermont Department of Corrections
- Wake Robin



## Notification of Admissions, Discharges and Transfers (ADT)

Under an accountable care delivery model, all members of a person’s medical care team need to be informed when changes occur in their medical status. PatientPing, in partnership with VITL and the State of Vermont, have established a statewide system so that all providers—no matter who they work for—can be informed of changes affecting their patients.

JOHN SMITH	Visit History	Care Team
<p><b>CURRENTLY:</b> DISCHARGED from Rutland Regional Medical Center (HOS) inpatient</p> <p><b>GENDER:</b> Male</p> <p><b>DATE OF BIRTH:</b> December 12, 1945 (71)</p> <p><b>PATIENT ID:</b> 234112345A</p> <p><b>ADDRESS:</b> 1 Main Street Burlington, VT 01803</p>	<p>RUTLAND REGIONAL MEDICAL CENTER</p> <ul style="list-style-type: none"> <li>January 4th, 2017 3:59 AM DISCHARGED from Rutland Reg inpatient to Home</li> <li>January 1st, 2017 2:15 PM TRANSFERRED to Rutland Reg</li> <li>January 1st, 2017 6:22 AM ADMITTED to Rutland Regional</li> </ul>	
ADDISON COUNTY HOME HEALTH AND HOSPICE		

VITL sends patient consent and patient encounter (admission, discharge and transfer) messages from all of the hospitals and five home health agencies across Vermont to PatientPing, which they use to generate notifications to providers across the state. By joining the PatientPing community, providers are notified when their patients receive care elsewhere, and they are able to share care instructions with other providers. With PatientPing, providers can deliver higher quality and more cost effective care, which improves patient outcomes and experiences.

Launched in April 2016, PatientPing is in use or being implemented by the following organizations:

- Community Health Accountable Care
- OneCare Vermont
- The Health Center
- Mountain Health
- Northern Tier Center for Health Support and Services at Home (SASH)
- Middlebury Blueprint Community Health Team

On average, PatientPing is delivering between 8,000 and 9,000 notifications per month from medical encounters in Vermont.

## Secure Communications Between Providers and Patients

In August, VITL and OhMD announced a partnership that brought a secure, HIPAA compliant text messaging service to Vermont health care providers and their patients. With smartphone use nearly universal, secure text messaging in health care makes sense as a fast and easy communications option, and offers patients more opportunities to engage in their own care.

According to a parent who participated in OhMD’s pilot program at a Middlebury pediatrics practice, “It really feels like we can get in touch when needed. Such a great service.” About a half dozen provider organizations in Vermont are currently using the secure messaging service provided by OhMD to communicate with their patients and colleagues.

OhMD is as simple to use as standard text messaging, and with built-in security and privacy to meet HIPAA standards, it offers an intuitive user experience. Texting can make care coordination with colleagues, staff and referring providers faster and easier, with the ability to quickly create channels for communicating with patients in their circle of care.

Consider a mother or father wanting to quickly send their doctor a secure text with an image of a rash their child just developed. Within the care coordination circle a clinician can forward the text to a specialist for assessment, receive a response and text the concerned parent with recommendations, without making an in-person appointment.



# Measuring Care, Quality and Outcomes with Data

## Clinical Data Collection, Extraction and Transformation

With health care payment systems moving towards value-based reimbursement strategies, the need for analytics to measure the Vermont health care systems' progress is rapidly increasing.

VITL's Health Data Management (HDM) infrastructure collects, extracts and transforms the clinical information that is sent to the VHIE, into a format and structure that can easily be consumed by other organizations for population health analytics.

**Message Collection:** Using the connection points already in place for the VHIE, the HDM collects and groups beneficiary specific messages for use by health care programs and services.

**Data Extraction:** Clinical messages and care summaries were designed to be read by humans, not necessarily by computers. VITL has developed the capability to extract important data that are needed for analytics from encounter messages, laboratory results messages and Continuity of Care Documents (CCDs).

**Data Transformation:** VITL has deployed terminology services capabilities to normalize data (convert it to common coding schemes), and standardize data (ensure consistency in the way that it is formatted and stored) for analytics.

**Data Quality:** Completeness, accuracy and consistency are the industry's—and VITL's—watchwords for data quality. VITL is improving data quality by assisting organizations that send data, implementing technology in the network, and by working with the organizations that receive data.

In 2016, VITL completed an extensive source data quality improvement program for the member agencies of the Vermont Care Network. Through this project VCN member agencies received training and resources to improve their data collection methods.

During the year VITL developed and delivered data quality reports that organizations can use to understand the gaps in the information they are providing to VITL.

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*"Through the data quality project, our staff gained a new appreciation for the importance of the client data that we collect, the need to collect that data accurately, and how that accuracy affects the interpretation of our clients' data by others"*

*Tim Gould, IT senior director at Northeast Kingdom Human Services, Inc., one of the participating agencies.*

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## Supporting Vermont Accountable Care

VITL is collaborating with OneCare Vermont (OneCare) to provide them with comprehensive population health data through the HDM infrastructure. Clinical data from the Vermont Health Information Exchange (VHIE) related to OneCare patients is separated out for their use. This data is then analyzed by OneCare for the purposes of improving care coordination and meeting its population health management and quality improvement objectives.

OneCare is Vermont’s largest accountable care organization and manages care for the more than 100,000 patients attributed to its Medicare, Medicaid, and commercial shared savings programs. OneCare tracks 34 clinical quality measures about their patients—data such as blood pressure readings, blood glucose (A1C) levels and smoking status—to identify chronic disease trends, determine the need for new clinical interventions, and to monitor the success of current interventions. Data for 18 of those measures originates in the providers' EHR systems, but the information is often buried in complex Continuity of Care Documents (CCD). VITL has developed the ability to extract just the needed data elements from a CCD.

The remaining 16 ACO measures are related to patient experience, care coordination and safety which cannot be found in clinical messages.

*“The analytics capability of this system will allow us to engage with patients in new and exciting ways. In order to improve patient outcomes, we must get to the point where we engage people as early as possible.”*

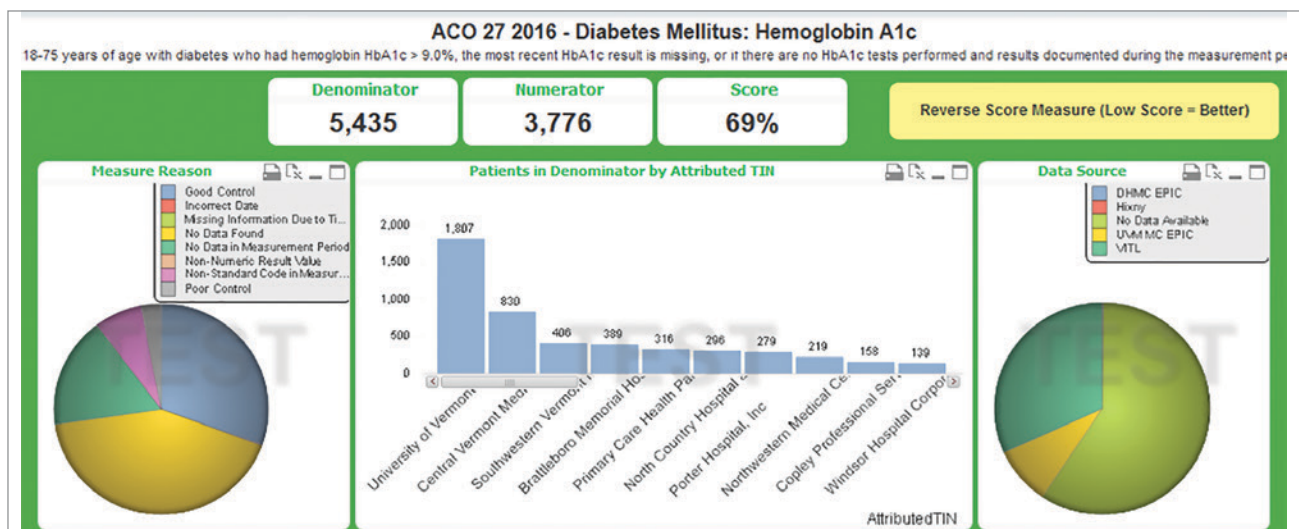
*Norman Ward, M.D.  
OneCare Vermont Chief Medical Officer*

The system works by providing a list of OneCare patients to VITL each month, which is used to identify patient information to be extracted. The data is updated on a daily basis, ensuring that OneCare is always operating on timely data.

Ongoing funding for maintenance and operation of this system is provided through a commercial agreement between OneCare and VITL.

*“Data is the fuel for the engine of coordinated care. As an ACO, we have to understand what happens to our patients across a connected health care system, to make sure we meet all their needs and see opportunities for improved care.”*

*Todd Moore  
OneCare Vermont Chief Executive Officer*



\* Image courtesy of OneCare Vermont

## Supporting Vermont Data Registries

### Vermont Blueprint for Health

The Blueprint Clinical Data Registry is a system used to evaluate the quality of care that is provided to nearly 300,000 Vermonters who receive their primary care in a Patient-Centered Medical Home (PCMH). Clinical and social data that are collected in the registry are used to look for patterns in patient health over time, and whether patients are receiving the preventive care that is recommended in national guidelines.

Profile reports generated from these data are used to guide continuous quality improvement activities at individual health care practices and across health service area.

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*Practice profiles "enable us to unite the community around common goals and common measures, especially as we move toward managing population health."*

*Jennifer Fels, RN, MS and director of the Bennington Health Service Area*

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The software company that formerly operated the Blueprint Clinical Data Registry announced that it was ending support for the application underlying the registry in 2015. VITL worked with the Blueprint for Health and Capitol Health Associates (CHA) to develop and execute a plan that reconstituted the registry. A key element of this plan was for VITL to manage a hosting environment for the registry.

VITL prevented data loss and stored incoming messages until the new system was available. Working with CHA throughout the winter and spring, VITL ensured that the servers hosting the registry were operational.

By mid-year, full functionality was restored to the registry and the Blueprint was once again focusing on utilizing the registry, now hosted by VITL, to improve health care for Vermonters.

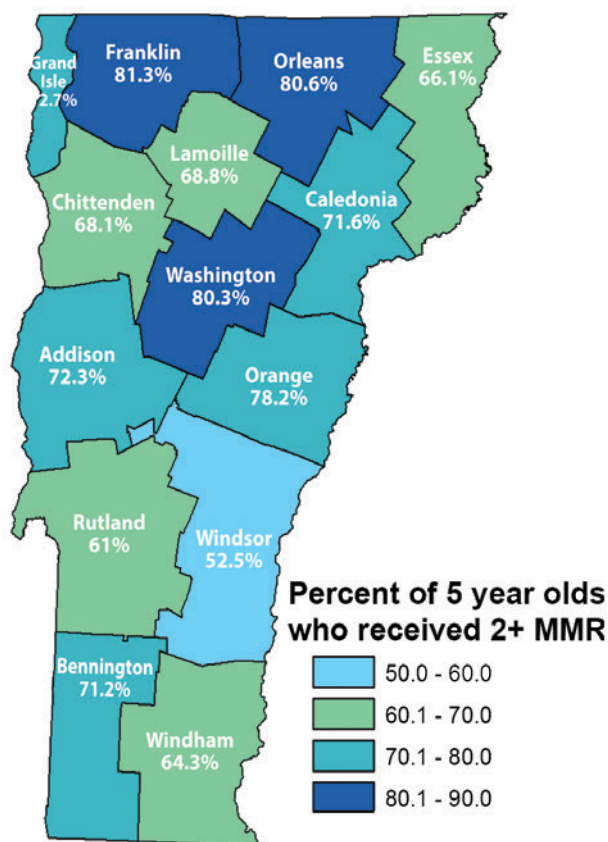
## VDH Immunization Registry

The Vermont Immunization Registry, operated by the Vermont Department of Health (VDH), is a confidential, computerized system for maintaining immunization records. A centralized registry benefits Vermont patients, Vermont health care providers and public health officials.

Since 2013, VITL has been using the HDM infrastructure to collect immunization data directly from provider EHR systems. This increases the accuracy and timeliness of information going to the registry. In 2016, VITL added 55 practice locations to those already sending immunization data directly from their EHR, bringing the total number of practice locations doing so to 175.

A total of 46.5 percent of the 1.2 million immunization records received during 2016 were collected using the HDM infrastructure.

### Percent of 5-Year Olds with 2+ MMR Vaccines



\*Data Source: Vermont Immunization Registry

# Health IT and Public Policy

## Data Capture Analysis

In October, VITL unveiled a new quantitative model to the Green Mountain Care Board (GMCB) that showed the VHIE is collecting about 61 percent of the available health care data for Vermont patients.

The model is indexed to the Vermont Health Care Expenditure Analysis which is published each April by the GMCB. This analysis is important because it provides insight into two key factors related to health information exchange, namely the relative weighting of health care segments, and the challenges of achieving a fully connected health care system.

The analysis shows how VITL has prioritized its work such that clinical data is captured for the largest portions of health care expenditures. VITL captures 87 percent of hospital data, the largest component of health care related expenditures. VITL is receiving encounter data, lab results, immunization reports, and transcribed reports from all of the hospitals as well as Continuity of Care Documents (CCD)—documents used for care transitions that are rich with patient data—from three hospitals. Work is underway with the remaining hospitals to collect CCDs from them as well, closing the gap on remaining hospital data.

Physicians—whether hospital employed or independently employed—together make up the next largest component of health care expenditures. The VHIE receives clinical data from 61 percent of the known hospital physicians and 14 percent of the known independent physicians. VITL works with OneCare Vermont and the Blueprint for Health to prioritize continued connectivity for physician practices.

## Measuring VHIE Effectiveness

VITL has embarked upon two research studies to demonstrate the impact of the VHIE on health care delivery in Vermont.

The first study demonstrated the efficiency brought to organizations that moved to direct, electronic delivery of laboratory results through the VHIE. Prior to electronic delivery, staff at health care organizations would manually transcribe printed or faxed results into their EHR systems. Through an in-depth survey of organizations equipped to directly receive results and examination of internal VITL data, the study concluded that repurposing of staff to more productive clinical tasks could be valued at \$342,594 / year.

A second study underway is seeking to relate an organization's technical maturity with its per-patient expenditures, and emergency department outpatient utilization. Patient-Centered Medical Homes (PCMH) in Vermont were assigned maturity scores based on several types of interventions completed by VITL. The analysis indicates that PCMHs that have a higher technical degree of maturity also have lower expenditures per person (\$134), and were associated with fewer emergency department outpatient visits (nine visits/1000 patients).

The impact of the maturity score on cost savings cannot be completely isolated as a single independent variable. Work is underway to further isolate maturity from the other factors that effect a change in medical expenditures per capita, and inpatient and outpatient measures of utilization. VITL anticipates publishing these research studies in 2017.

# VHIE Summit 2016

The annual Summit is an important event for VITL and the participants as well. There are few opportunities in the New England region for over 300 professionals and consumers to gather and learn about advances in health information technology. VITL hosted its tenth annual VHIE Summit on October 5 and 6, 2016.

Funded by the Department of Vermont Health Access, and in partnership with the University of Vermont Continuing Medical Education department, VITL expanded credit opportunities this year to include all of the following categories:

- Physician
- Nurse practitioner
- Nurse
- Physical therapist
- Social worker
- Nursing home administrator



## Presenter Quotes and Video Links

### John K. Evans MHA, FACHE

Navigating the Health IT Landscape

"As the delivery system changes... we want to be your reliable, central point for the aggregation of data from multiple sources, for multiple purposes, particularly related to population health. We believe that we're on a path to support you and your population health needs."



Video - <https://youtu.be/2RKWGrVTRSU>

### Keynote Speaker Charles D. Kennedy MD

How Population Health is Transforming Health Care

"What health IT is going to be uniquely required to do, is to bridge the gap between population health payment... with the needs of the individual in supporting physicians, nurses and care managers and actually optimizing treatment for each individual."



Video - <https://youtu.be/2RKWGrVTRSU?t=35m58s>

### Lunch Speaker Dana M. Lewis

Closing the Loop:  
#WeAreNotWaiting to Change Health Care

"The 'we are not waiting movement' is about anybody in health care who says that we're not going to wait for it to be better someday. We're going to be part of the process and we're going to start right now!"



Video - <https://youtu.be/sv2JxFklyzQ>

### AI Gobeille, Past Chair, GMCB

The Vermont All-Payer Model

"What we know is that what we have in the health care system today is fragmented and isn't working for most of us ... what we also know is the way we pay for health care has a tremendous impact on the way that it's delivered ... what the all-payer model does, is it changes ... the way we pay for health care."



Video - <https://youtu.be/IRAQqFWS0IY>



# Financial Summary

Vermont Information Technology Leaders, Inc. is a 501(c)(3) nonprofit incorporated in the State of Vermont with fiscal years that begin on July 1 of each year and end on June 30 of the subsequent year.

The financial summaries presented here are for the fiscal year that ended on June 30, 2016 and are extracted from VITL's unaudited financial

statements. VITL receives revenues primarily from state and federal grants (79 percent), with the remaining amount (21 percent) coming from services revenue as well as attendance and sponsorship fees from the annual VHIE Summit, held in the fall of each year.

For Fiscal Year 2016, total revenues and expenses amounted to:

Support and Revenue	FY2016
Federal and State Grants	5,536,223
Service Revenue	1,478,391
Conference Revenue	62,668
Interest Income	885
<b>TOTAL</b>	<b>7,078,167</b>

Expenditures	FY2016
Program Services	5,008,718
General & Administrative	1,805,155
<b>TOTAL</b>	<b>6,813,873</b>

Federal grant funding (including grants passed through the Vermont Department of Vermont Health Access) and direct state grant funding for Fiscal Year 2016 was as follows:

Grantor	Pass Through Number	*CFDA Number	Federal Funding
<b>Passed through the Department of Vermont Health Access:</b>			
Affordable Care Act (ACA) State Innovation Models	3410-1275-14	93,624	\$706,259
Medical Assistance Program	03410-256-16	93.778	\$2,491,222
<b>TOTAL</b>			<b>\$3,197,481</b>

\* Catalog of Federal Domestic Assistance

# Operational Statistics

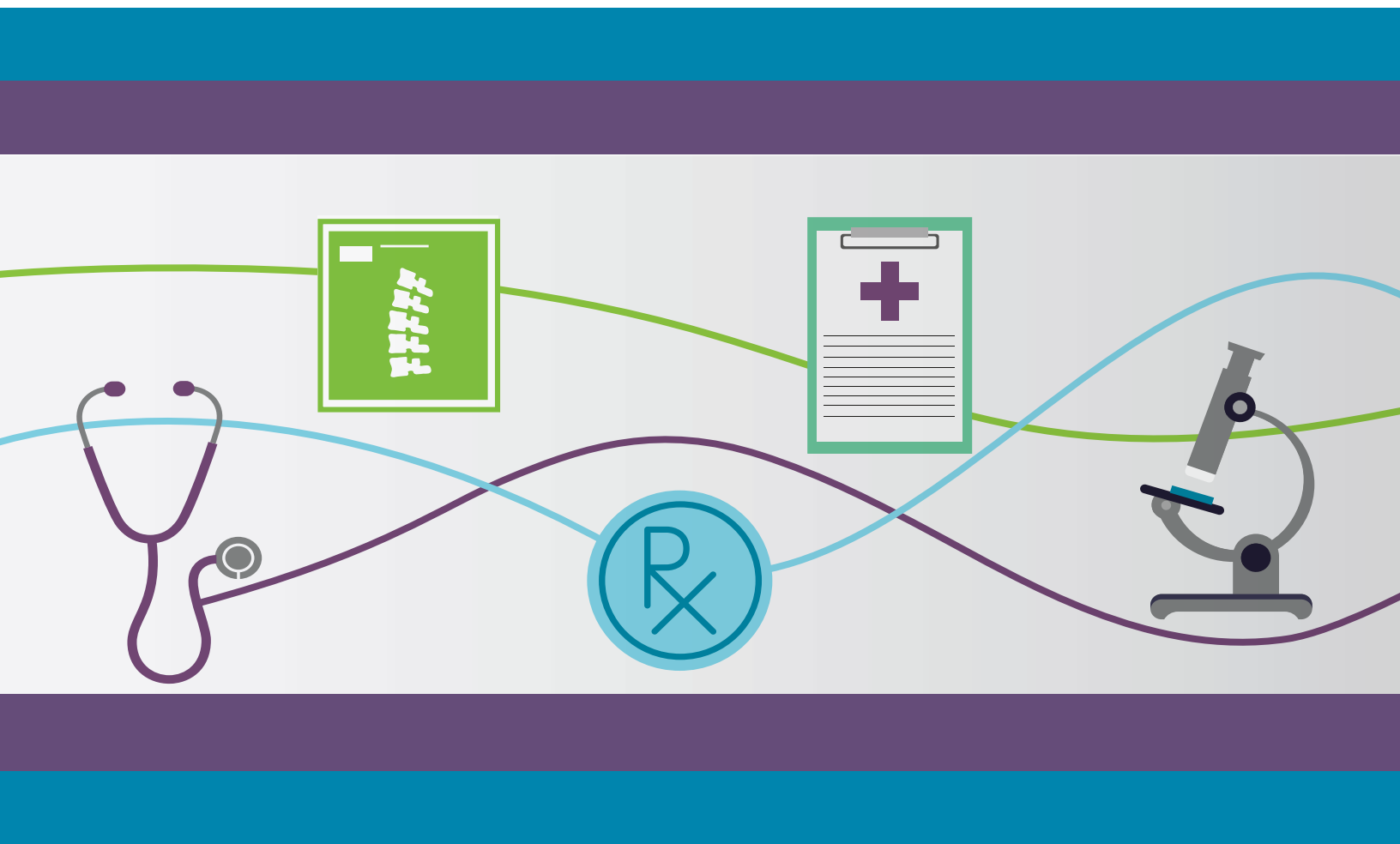
<b>Interface Statistics: Total number of clinical message interfaces to the VHIE = 955</b>	
Primary care organizations	324
Federally Qualified Health Centers (FQHC)	214
Specialty care organizations	181
Hospitals	99
Mental health designated agencies	121
Long term care (nursing homes)	7
Visiting Nurse Associations (including home health and hospice agencies)	6
Commercial laboratories	3
<b>VHIE Clinical Message Statistics: Total number of messages received = 68,065,810</b>	
Patient demographic messages	50,906,759
Laboratory, pathology, radiology or transcribed report messages	14,314,410
Continuity of care messages	2,141,672
Immunization messages	682,442
Laboratory order messages	20,527
<b>VITLAccess Subscriber Statistics</b>	
Number of health care locations using VITLAccess	146
Number of authorized users of VITLAccess	2542
Number of patient data queries performed using VITLAccess	270,122
Number of unique patient records accessed	19,865
<b>Consumer Consent Statistics</b>	
Number of consumers who gave consent for provider access to information in the VHIE	99,027
Number of consumers who have declined to give consent for provider access to information	3,760
<b>VITLDirect Subscriber Statistics</b>	
Number of organizations using VITLDirect	8
Number of VITLDirect user IDs	79
<b>VITL Audit Statistics</b>	
Number of law enforcement requests for access to the VHIE	0
Number of emergency patient access audits performed	46
Number of audits requiring follow-up with health care organizations	12
Number of findings arising from emergency patient access audits	1
Number of patient consent audits performed	514
Number of consumer requests for audit of access to their patient information in the VHIE	1
Number of consumer requests for a copy of their patient information in the VHIE	3

# Our 2017 Commitments

- ➔ Collaborate with the Vermont Care Organization, Blueprint for Health and the Agency of Human Services to support the All-Payer ACO Model.
- ➔ Improve data quality and the ability to use data for analytics and population health.
- ➔ Connect more data sources to the VHIE, including hospital CCDs and practice CCDs.
- ➔ Increase the usage of VITLAccess by enabling direct entry to VITLAccess from hospital EHR systems and deploying a self-service onboarding model for independent providers.
- ➔ Connect the VHIE with the Veterans Health Information Exchange.

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